

Board Members

J. Woodfin Thomas, Chairman, District 4
Mark G. Dewane, Vice Chairman, District 2
Mary A. Harden, RN, Director, District 1
Kate Brophy McGee, Director, District 3
Mary Rose Garrido Wilcox, Director, District 5

President & Chief Executive Officer

Stephen A. Purves, FACHE

Clerk of the Board

Melanie Talbot

Meeting Location

Virginia G. Piper Charitable Trust Pavilion 2609 East Roosevelt Street Phoenix, Arizona 85008 3rd Floor, Board Room

<u>AGENDA</u> – General Session Meeting

Maricopa County Special Health Care District Board of Directors

Mission Statement

The Valleywise Health's mission is to provide exceptional care, without exception, every patient, every time.

Welcome

The Board of Directors is the governing body for the Maricopa County Special Health Care District. Each member represents one of the five districts in Maricopa County. Members of the Board are public officials, elected by the voters of Maricopa County. The Board of Directors sets policy and the President & Chief Executive Officer, who is hired by the Board, directs staff to carry out the policies.

How Citizens Can Participate

Each meeting is open to the public and there is a "Call to the Public" at the beginning of each meeting. An individual may address the Board of Directors at this time or when the agenda item to be addressed is reached. If you wish to address the Board, please complete a Request to Speak form Speaker's Slip and deliver it to the Clerk of the Board prior to the Call to the Public. If you have anything that you wish distributed to the Board and included in the official record, please hand it to the Clerk who will distribute the information to the Board members and Valleywise Health Senior Staff.

Speakers will be called in the order in which requests to speak are received. Your name will be called when the Call to the Public has been opened or when the Board reaches the agenda item which you wish to speak. As mandated by the Arizona Open Meeting Law, officials may not discuss items not on the agenda, but may direct staff to follow-up with the citizen.

Public Rules of Conduct

The Board Chair shall keep control of the meeting and require the speakers and audience to refrain from abusive or profane remarks, disruptive outbursts, applause, protests, or other conduct which disrupts or interferes with the orderly conduct of the business of the meeting. Personal attacks on Board members, staff, or members of the public are not allowed. It is inappropriate to utilize the Call to the Public or other agenda item for purposes of making political speeches, including threats of political action. Engaging in such conduct and failing to cease such conduct upon request of the Board Chair will be grounds for ending a speaker's time at the podium or for removal of any disruptive person from the meeting room, at the direction of the Board Chair.

Agendas are available within 24 hours of each meeting at Valleywise Health Medical Center, 2601 East Roosevelt, Phoenix, Arizona 85008 and on the internet at https://valleywise.health.org/about/board-of-directors/. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Virginia G. Piper Charitable Trust Pavilion, 2609 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

Virginia G. Piper Charitable Trust Pavilion
 2609 East Roosevelt Street
 Phoenix, Arizona 85008
 3rd Floor, Board Room

Wednesday, April 24, 2024 1:00 p.m.

Access to the meeting room will start at 12:50 p.m., 10 minutes prior to the start of the meeting.

One or more members of the Board of Directors of the Maricopa County Special Health Care District may be in attendance by technological means. Board members attending by technological means will be announced at the meeting.

Pursuant to A.R.S. § 38-431.03(A)(3), or any applicable and relevant state or federal law, the Board may vote to recess into an Executive Session for the purpose of obtaining legal advice from the Board's attorney or attorneys on any matter listed on the agenda. The Board also may wish to discuss any items listed for Executive Session discussion in General Session, or the Board may wish to take action in General Session on any items listed for discussion in Executive Session. To do so, the Board will recess Executive Session on any particular item and reconvene General Session to discuss that item or to take action on such item.

Please silence any cell phone, computer, etc., to minimize disruption of the meeting.

1:00 Call to Order

Roll Call

Pledge of Allegiance

Call to the Public

This is the time for the public to comment. The Board of Directors may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism or scheduling a matter for further consideration and decision at a later date.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

1:05
1. Approval of Consent Agenda: 15 min

Note: Approval of contracts, minutes, IGA's, proclamations, etc. Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any Board member.

a. Minutes:

- Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated March 27, 2024 Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- ii. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated April 4, 2024

 Melanie Talbot, Chief Governance Officer; and Clerk of the Board

General Session, Presentation, Discussion and Action, cont.:

1:05 1. Approval of Consent Agenda, cont.:

b. Contracts:

i. Approve amendment #11 to the agreement (<u>C-90-00-312-1-11</u>) between Evernorth Behavioral Health, Inc and Maricopa County Special Health Care District dba Valleywise Health, to allow members to receive behavioral health services through Valleywise Health facilities

Renee Clarke, MBA, Senior Vice President, Managed Care

ii. Approve amendment #3 to the agreement (90-14-063-1-03) between Banner University Health Plan and Maricopa County Special Health Care District dba Valleywise Health, to update AHCCCS reimbursement methodology for inpatient behavioral health services

Renee Clarke, MBA, Senior Vice President, Managed Care

iii. Approve a new agreement (90-24-211-1) between Thomas Cuisine and Maricopa County Special Health Care District dba Valleywise Health, for food nutrition and gift shop services at Valleywise Health facilities

Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer

iv. Approve a new agreement (90-24-212-1) between Xanitos, Inc and Maricopa County Special Health Care District dba Valleywise Health, for environmental services for Valleywise Health facilities

Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer

v. Approve an intergovernmental agreement (90-24-286-1) between Arizona Department of Health Services and Maricopa County Special Health Care District dba Valleywise Health, for funding for HIV care and services to eligible clients, under Ryan White Part B

Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer

vi. Approve a new contract (90-24-281-1) between BD Biosciences and Maricopa County Special Health Care District dba Valleywise Health, to rent BD flow cytometry reagent equipment

Jo-el Detzel, MSHA, RRT, Vice President Clinical Ancillary Services

vii. Amend approval of amendment #10 to the agreement number C-90-00-31-1-10, an agreement between Evernorth Behavioral Health Inc fka Cigna Behavioral Health Inc and Maricopa County Special Health Care District dba Valleywise Health, with Approval of corrected agreement number C-90-00-312-1-10 – No Handout

Renee Clarke, MBA, Senior Vice President, Managed Care

c. <u>Governance</u>:

- i. Approve affidavit appointing Eric Noble, MD and Robert Humberstone MD as
 Deputy Medical Directors in the Department of Psychiatry
 Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services
- ii. Accept the Maricopa County Special Health Care District dba Valleywise Health,

 <u>Uniform Guidance audit</u> for fiscal year ending June 30, 2023 and 2022

 Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial

 Officer

General Session, Presentation, Discussion and Action, cont.:

- 1:05 1. Approval of Consent Agenda, cont.:
 - c. Governance, cont.:
 - iii. Approve Board Resolution No. 2024-4-24-001, calling an election to be held on November 5, 2024, for three (3) vacancies of the Board of Directors of the Maricopa County Special Health Care District, created by the expiration of the four (4) year terms of Mary A. Harden, Mark G. Dewane, Mary Rose Garrido Wilcox Melanie Talbot, Chief Governance Officer; and Clerk of the Board
 - d. Medical Staff:
 - i. Approve Valleywise Health's Medical Staff credentials for April 2024

 Mark M. MacElwee, MD, Chief of Staff
 - ii. Approve Valleywise Health's Advanced Practice Clinician/Allied Health
 Professional Staff credentials for April 2024

 Mark M. MacElwee. MD. Chief of Staff
 - e. <u>Care Reimagined Capital:</u>
 - i. Intentionally Left Blank No Handout
 - f. Capital:
 - i. Intentionally Left Blank No Handout

End of Consent Agenda

- 1:20 2. Discuss and Review Patient Safety Report 10 min
 - Crystal Garcia, MBA/HCM, RN, Vice President, Specialty Services, Quality and Patient Safety
- 1:30 3. Discussion and Possible Action on Valleywise Health's 2024 <u>Legislative Agenda</u> and/or the Maricopa County Special Health Care District's position regarding proposed State and Federal legislative items 10 min

Michael Fronske, Legislative and Governmental Affairs Director

- 1:40 4. Discuss and Review <u>Preliminary Patient Volumes and Capital Targets</u> for Fiscal Year 2025 15 min Matthew Meier, MBA, Vice President, Financial Services
- Discuss and Review Valleywise Health's March 2024 <u>Financials</u> and Statistical Information;
 Quarterly <u>Investment of Funds</u> Report 15 min
 Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- 2:10 6. Update on <u>Care Reimagined Projects</u> 10 min

 Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer

General Session, Presentation, Discussion and Action, cont.:

- 2:20 7. Review and Possible Action on the Following Reports to the Board of Directors: 15 min
 - a. Monthly Marketing and Communications Report (March 2024)

 Runjhun Nanchal, MHA, Senior Vice President, Strategy, Marketing and Communications
 - b. Monthly <u>Care Reimagined Capital Purchases</u> Report (March 2024)

 Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
 - c. Monthly Valleywise Health <u>Employee Turnover</u> Report (March 2024)

 Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
 - d. Quarterly <u>Valleywise Community Health Centers Governing Council Structure</u> Report Melanie Talbot, Chief Governance Officer; and Clerk of the Board
 - e. Semi-Annual <u>Creighton University Arizona Health Education Alliance</u> Report Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
 - f. Annual Maricopa County Special Health Care District Wide Risk Management Program Report

Dale Schultz, Director Risk Management

2:35 8. Concluding Items 10 min

a. Old Business: - No Handout

March 2024

Employee Benefits Program

- Percentage of employees that completed the engagement survey
- Of those that completed the survey, how many responded to questions regarding benefits

January 24, 2024

Compliance Training

• Future discussion on disclosure of gifts District Board members receive

Care Reimagined Update

 Once available, provide the date that the Conference and Administration Center will be decommissioned

May 24, 2023

April 2023 Financials

- How will fixed costs change (old facilities vs new facilities); include the change in utility costs and maintenance costs
- b. Board Member Requests for Future Agenda Items or Reports No Handout
- c. Comments No Handout
 - i. Chairman and Member Closing Comment
 - ii. President and Chief Executive Officer Summary of Current Events

2:45 Adjourn

1.a.i. Minutes - March 27, 2024

Minutes

Maricopa County Special Health Care District
Board of Directors Meeting
Virginia G. Piper Charitable Trust Pavilion
2609 East Roosevelt Street, Phoenix, Arizona 85008
3rd Floor, Board Room
March 27, 2024, 1:00 p.m.

Present: J. Woodfin Thomas, Chairman, District 4

Mark G. Dewane, Vice Chairman, District 2 Kate Brophy McGee, Director, District 3

Absent: Mary A. Harden, RN, Director, District 1

Mary Rose Garrido Wilcox, Director, District 5

Others Present: Steve A. Purves, FACHE, President & Chief Executive Officer

Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer Lia Christiansen, MBC, Executive Vice President, Chief Administrative

Officer

Sherry Stotler, RN, MSN, Senior Vice President, Chief Nursing Officer

Mark M. MacElwee, MD, Chief of Staff

Ijana Harris, JD, Senior Vice President, General Counsel

Guest Presenters/

Speakers:

Crystal Garcia, MBA/HCM, RN, Vice President, Specialty Services, Quality

and Patient Safety

Michael Fronske, Legislative and Governmental Affairs Director

Eric Rustand, CBIZ, Senior Benefits Consultant

Runjhun Nanchal, MHA, Senior Vice President, Strategy, Marketing and

Communications

Recorded by: Melanie Talbot, Chief Governance Officer; and Clerk of the Board

Cynthia Cornejo, Senior Deputy Clerk of the Board

Call to Order:

Chairman Thomas called the meeting to order at 1:04 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, she noted that three of the five voting members of the Maricopa County Special Health Care District Board of Directors were present, which represented a quorum.

Pledge of Allegiance

Director Brophy McGee led the Pledge of Allegiance.

Call to the Public

Chairman Thomas called for public comment. There were no comments.

Mission Statement

Chairman Thomas read the mission statement aloud.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda

a. Minutes:

 Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated February 28, 2024

b. Contracts:

- Approve amendment #1 to the agreement (90-24-003-1-01) between Maricopa County Department of Public Health and Maricopa County Special Health Care District dba Valleywise Health, for services related to the Community Health Needs Assessment (2023-2026)
- ii. Approve amendment #9 to the provider services agreement (90-13-242-1-09) between Health Choice and Maricopa County Special Health Care District dba Valleywise Health, for participation in the quality incentive program
- iii. Approve a new agreement (MCO-24-007-MSA) between Humana Dental Insurance Company and Maricopa County Special Health Care District dba Valleywise Health, to allow members to receive dental services through Valleywise Health dental providers
- iv. Approve amendment #3 to the facility participation agreement (MCO-20-003-03) between United Behavioral Health, Inc and Maricopa County Special Health Care District dba Valleywise Health, to allow members to continue to receive behavioral health services through Valleywise Health facilities
- v. Approve a new cooperative agreement (90-24-239-1) between Progressive Services, Inc dba Progressive Roofing and Maricopa County Special Health Care District dba Valleywise Health, for future roof repair projects for Valleywise Health facilities
- vi. Approve a new mission support program commitment (90-18-239-4) between Dignity Health dba St. Joseph's Hospital and Medical Center and Maricopa County Special Health Care District dba Valleywise Health, to provide mission support for behavioral health services in Maricopa County
- vii. Approve amendment #1 to the contract (90-23-106-1-01) between LaneTerralever, LLC and Maricopa County Special Health Care District dba Valleywise Health, to extend the contract for creative, digital marketing, web and/or media services
- viii. Approve an intergovernmental agreement (90-24-274-1) between Arizona Health Care Cost Containment System (AHCCCS) and Maricopa County Special Health Care District dba Valleywise Health, for the administration of the Safety Net Services Initiative (SNSI) for the Contract Year ending September 30, 2024. Valleywise Health shall transfer public funds to AHCCCS in the amount of \$2,474,249.88 for the administration of the SNSI

General Session, Presentation, Discussion and Action, cont.:

1. Approval of Consent Agenda, cont.

b. Contracts, cont.:

ix. Approve an intergovernmental agreement (90-24-274-2) between Arizona Health Care Cost Containment System (AHCCCS) and Maricopa County Special Health Care District dba Valleywise Health, for the support of the Safety Net Services Initiative (SNSI) for the Contract Year ending September 30, 2024. Valleywise Health shall transfer public funds to AHCCCS in the amount of \$61,856,247.10 in support of the SNSI

c. <u>Governance</u>:

- i. Approve affidavit appointing Adeola Adelayo, MD, as Deputy Medical Director in the Department of Psychiatry
- ii. Approve Amended and Restated Maricopa County Special Health Care District Cafeteria Plan (Internal Revenue Code Section 125)
- iii. Approve Valleywise Health Foundation's ALL IN Campaign donor recognition requests

d. Medical Staff:

- i. Approve Valleywise Health's Medical Staff credentials for March 2024
- ii. Approve Valleywise Health's Advanced Practice Clinician/Allied Health Professional Staff credentials for March 2024
- iii. Approve proposed revisions to policy 39016 S Credentialing in the Event of a Disaster
- iv. Approve proposed revisions to policy 39020 T Medical Staff Credentials
- v. Approve proposed revisions to policy 39026 T Operational Credentialing
- vi. Approve proposed revisions to the Nurse Practitioner Emergency Medicine Privileges and Practice Prerogatives
- vii. Approve proposed revisions to the Physician Assistant Emergency Medicine Privileges and Practice Prerogatives
- viii. Approve proposed revisions to the Nurse Practitioner Surgery Privileges and Practice Prerogatives
- ix. Approve proposed revisions to the Physician Assistant Surgery Privileges and Practice Prerogatives

e. <u>Care Reimagined Capital:</u>

i. Intentionally Left Blank

General Session, Presentation, Discussion and Action, cont.:

- 1. Approval of Consent Agenda, cont.
 - f. Capital:
 - i. Intentionally Left Blank

Director Brophy McGee requested item 1.d.i., Valleywise Health Medical Staff credentials, be removed from the consent agenda.

MOTION: Director Brophy McGee moved to approve the consent agenda minus 1.d.i. Vice Chairman

Dewane seconded.

VOTE: 3 Ayes: Chairman Thomas, Vice Chairman Dewane, Director Brophy McGee

0 Nay

2 Absent: Director Harden, Director Wilcox

Motion passed.

MOTION: Director Brophy McGee moved to approve consent agenda item 1.d.i., minus Scott Graham

Edwards, MD.

Chairman Thomas announced that the motion failed due to lack of a second.

MOTION: Vice Chairman Dewane moved to approve consent agenda item 1.d.i., as submitted.

Chairman Thomas seconded.

VOTE: 2 Ayes: Chairman Thomas, Vice Chairman Dewane

0 Nay

1 Abstain: Director Brophy McGee

2 Absent: Director Harden, Director Wilcox

Motion passed.

2. Update on Valleywise Health's Workplace Violence Committee

Ms. Garcia outlined the scope of Valleywise Health's Workplace Violence Committee, which was to address and mitigate the increase in workplace violence in the healthcare setting. The goal was to establish a workplace violence plan based on reliable data and to provide effective staff training, resulting in a reduction of reportable incidents and injuries from workplace violence and complying with Arizona Senate Bill 1311, which was effective July 1, 2023.

Recent statistics show that healthcare workers were 12 times more likely to encounter workplace violence than the overall workforce. Reporting increased when there was an injury associated with workplace violence; however, staff wanted all workplace violence to be reported so improvements could be made.

The committee met monthly and included a variety of disciplines, including but not limited to security, nursing leadership, and leaders from behavioral health, inpatient and outpatient settings. Since its inception, the committee had created a focus study and launched an electric reporting system, prompting post-assault huddles after an incident was reported.

A policy was developed, which outlined the individual responsible for the plan. The policy also required conspicuous signs to be placed in public areas, delineated reporting and post-incident procedures and ensured the plan was evaluated annually for the effectiveness of the plan.

General Session, Presentation, Discussion and Action, cont.:

2. Update on Valleywise Health's Workplace Violence Committee, cont.

Ms. Garcia reviewed the process in place when there was violence in the workplace. The event was entered into the electronic reporting system, the employee's manager monitored the employee, and the Employee Health and Wellness department assessed the employee and assigned the severity of the injury, if any.

The Workplace Violence Committee ensured all staff received Crisis Prevention Institute (CPI) training, with some employees receiving the training online, while others receiving the training in person. The committee also documented the post-assault huddles to determine if there were ways to de-escalate the situation.

Ms. Garcia stated that staff was working with EPIC, the electronic medical record, to install a banner on the record of a patient that had a history of violent behavior to alert the clinicians caring for the patient. There was also signage throughout the organization, advising patients and visitors that aggressive behavior would not be tolerated.

Ms. Garcia reviewed the workplace violence events reported between July 2023 and December 2023. There were 206 total events, with 60% occurring in the behavioral health setting. The types of incidents reported were punching or slapping, verbal abuse, and kicking.

She stated the data was categorized by the severity of injuries, noting there were five events that resulted in an injury or visit to the emergency department, or offsite occupational health center, or loss of time since July 2023. The data was also categorized by service line, behavioral health, inpatient, and emergency departments. There was an emphasis on encouraging staff to report all workplace violence incidents, and to develop plans to reduce and mitigate future occurrences.

Chairman Thomas asked if staff received de-escalation training.

Ms. Garcia said the CPI training included de-escalation techniques.

Director Brophy McGee requested additional information related to the banner added to a patient chart, asking under what circumstances the banner would be added.

Ms. Garcia said the banner would be added to a patient chart once violent behavior was documented in the record and would remain.

Director Brophy McGee expressed concern about the possibility of mislabeling a patient and impacting the care received.

Ms. Garcia commented that the Workplace Violence Committee had ongoing discussions on when and how to alert staff of a patient with previous violent behavior.

Mr. Purves commented on the escalation of violence against healthcare workers post-pandemic and stated that staff safety was of utmost importance. It was important to be informed of the patient's behavioral history, just as it was important to know a patient's medical history and other social determinants of health.

3. Discussion and Possible Action on Valleywise Health's 2024 Legislative Agenda and/or the Maricopa County Special Health Care District's position regarding proposed State and Federal legislative items

Mr. Fronske reviewed the statistics of the current legislative session, which had been in session for 80 days and had passed 18 bills, with nine being signed by the Governor. He reviewed the legislative deadlines, noting the House Bills had been heard in the Senate committees, and the Senate Bills had been heard in the House committees. There had been no update on the budgeting process, but there were reports that all parties began meeting.

General Session, Presentation, Discussion and Action, cont.:

3. Discussion and Possible Action on Valleywise Health's 2024 Legislative Agenda and/or the Maricopa County Special Health Care District's position regarding proposed State and Federal legislative items, cont.

Mr. Fronske mentioned that 66 bills had been sent to staff for comment, with 35 of those bills continuing through the process. He provided a status update on several bills that would have an impact on the organization. House Bill (HB) 2035, insurance; claims; appeals; provider credentialing, passed out of the various committees and was awaiting a Senate vote. Senate Bill (SB) 1402, healthcare; cost reimbursement, continued to move through the process; however, had been amended to reduce the impact on the organization.

He provided an update on the bills the Board authorized staff to oppose, including HB 2744, involuntary treatment; guardians; agents; rights. Staff had worked with the sponsor of the bill and other stakeholders and amended the language to remove direct petitions by guardians. Another bill, SB 1578, involuntary treatment; substance abuse had died; however, a study committee may be developed to bring stakeholders together to discuss the topic. The final bill, SB 1609, was a striker bill that would require a 30-day supply of prescriptions be provided to all patients being discharged from an inpatient psychiatric hospital. The bill had been amended to share medication information with those that would continue to care for the patient.

He provided information related to SB 1731, public meetings; comments; members, which would allow members of a public body to engage in discussions during a call to the public; however, no legal action may be taken. The bill was awaiting House Rules and did have opposition from the Arizona Association of Counties.

Mr. Fronske had originally requested the ability to oppose three bills, however, he was now seeking ability to oppose just two. The first, HB 2504, forced organ harvesting; insurance; prohibition, contained broad language related to equipment and software that may have unintended ramifications for the organization. The second bill, SB 1216, NOW government employees; online use, stated that governmental entities would not be allowed to track an employee's social media activity.

MOTION: Vice Chairman Dewane moved to authorize staff to oppose House Bill 2504; forced organ

harvesting; insurance; prohibition, and Senate Bill 1216; NOW Government employee,

online use. Director Brophy McGee seconded.

VOTE: 3 Aves: Chairman Thomas. Vice Chairman Dewane. Director Brophy McGee

0 Nay

2 Absent: Director Harden, Director Wilcox

Motion passed.

On federal issues, Mr. Fronske stated staff continued their focus on the essential hospital designation legislation and advocating for 340B funding and protecting hospitals from site-neutral payment cut proposals.

Director Brophy McGee requested additional information related to SB 1731, public meetings, and asked the likelihood of the legislature passing the bill.

Mr. Fronske said that he was unsure and would keep the Board apprised.

Ms. Talbot informed the Board of another bill related to public meetings; HB 2481. The bill included several proposals, including removing the legislature from the definition of a public body, allowing an opportunity for individuals to make comments in person, requiring a public body to have a call to the public, and publishing the meeting documents on the public body's website including a link to the documents on the agenda. Other proposals included publishing a notice of action taken by a public body within three days and publishing approved minutes within two days on the website. The final proposal would change the notice period from 24 hours to 48 hours. She explained why she believed the proposals would not negatively impact the organization.

General Session, Presentation, Discussion and Action, cont.:

4. Discuss and Review Fiscal Year 2025 Budget Calendar

Ms. Agnew outlined the budget calendar for fiscal year (FY) 2025, noting that the Board would be presented preliminary patient volumes and capital targets in April 2024. In May 2024, the Board would review capital, volumes, revenue, expenses, and other assumptions. The final operating and capital budget would be presented to the Board in June 2024.

5. Discuss and Review Valleywise Health's February 2024 Financials and Statistical Information

Ms. Agnew explained that the FY 2024 budget was developed under the assumption that the new acute care hospital would open in late January 2024 or early February 2024 and the volumes and revenues were forecasted based on that assumption, causing variances in the monthly statistics.

Total admissions for February 2024 missed budget by 9.3%, emergency department visits missed budget by 1.6%, and ambulatory visits missed budget by 1.9 percent.

On a year-to-date basis, total admissions were nearly one percent better than budget, emergency department visits were six percent better than budget, and ambulatory visits were 1.5% better than budget.

She discussed the payer mix for January 2024, noting that significant charge corrections had been made during the month, which skewed the data. The year-to-date data was accurate, demonstrating the decrease in Medicaid utilization, while increased utilization in other categories, including other government, uninsured and commercial insurance.

Ms. Agnew reviewed the income statement, stating that the lower volumes and payer mix impacted net patient service revenue, causing a negative 5.4% variance. There was a positive 38.5% variance in other revenue due to the 340B program, retail pharmacy, and the Health II payment.

While reviewing operating expenses, she acknowledged the negative 2.5% variance in salaries and wages and the negative 14.9% variance in contract labor. She provided an explanation for the variances for other expenses, including negative variances in employee benefits, supplies and rent, attributing to an overall 3.7% negative variance in operating expenses.

Net assets, after factoring in non-operating revenue and expenses, and removing bond-related activity, decreased by \$10,190,786, compared to a budgeted decrease of \$7,357,291, resulting in a negative \$2,833,496 variance.

On a year-to-date basis, net assets, normalized, decreased by \$65,815,741, compared to a budgeted decrease of \$61,159,303, resulting in a negative \$4,656,438 variance. There were 54.8 days of cash on hand, which was impacted by the delay in receiving the graduate medical education (GME) funding. There were 75.2 days in accounts receivable; however, she noted that the February 20, 2024 cyberattack on Change Healthcare affected collections in late February 2024, and she anticipated an ongoing delay in payments.

6. Discuss, Review and Approve the Maricopa County Special Health Care District's Employee Benefits Program for Fiscal Year 2025

Ms. Christiansen explained that a benefits committee was formed to review information and form a recommendation on benefit program revisions. The guiding principles in formulating the recommendation were to remain competitive to attract new employees and retain current employees, assist employees and families in attaining optimal health and well-being, encourage employees to utilize services at Valleywise Health, and manage the overall cost to the organization and to the employees.

General Session, Presentation, Discussion and Action, cont.:

6. Discuss, Review and Approve the Maricopa County Special Health Care District's Employee Benefits Program for Fiscal Year 2025, cont.

Ms. Christiansen explained that benefit program costs were expected to increase by 10.35% due to high utilization and high-cost therapeutic drug use in the employee population. The recommendations assumed the same enrollment levels and that employees would stay within their current plan.

The overall costs for the medical and pharmacy plan were projected to increase by 9.3% over the current year due to various factors, including increased enrollment over previous years. The recommendation was to split the cost between Valleywise Health and the employee, based on the plan the employee selected. Valleywise Health would continue to pay 80% of the cost for employees selecting the Preferred Health Plan, 60% of the cost for employees selecting the Point of Service Health Plan, and 81% of the cost for employees selecting the High Deductible Health Plan.

The benefits committee benchmarked the benefits of similar healthcare organizations in the local community and revisions to the medical plan were based on those results. It was recommended that the out-of-pocket maximums be increased by \$1,000 for individuals and \$2,000 for families, reduce the copay for telemedicine and urgent care services, and increase the copay for emergency department visits. It was recommended that the High Deductible Health Plan deductible be increased based on Internal Revenue Service (IRS) guidance. For the Preferred Health Plan, it was recommended that the specialist copay be increased by \$10, and for the Point of Service Health Plan, the specialist copay be shifted to 20% of charges after the deductible was reached.

There was one recommended change to the pharmacy plan, to add an accumulator adjustment program to eliminate manufacturer coupons being leveraged to reduce employees' financial responsibility and negatively impact the plan.

There were no recommended changes to the dental and vision plans, as the rates were guaranteed through FY 2025. There were no recommended changes to the services provided by Lincoln Financial: life insurance, accidental death and dismemberment insurance, short-term disability, leave management, critical illness, and accident insurance, as there was a rate guarantee on all service lines through FY 2026.

Ms. Christiansen recommended the addition of a benefits billing program, which would assist employees who were on a leave of absence for more than 90 days. There were no recommended changes to the Employee Assistance Program.

Director Brophy McGee asked what mechanisms were in place to gather employee feedback on how the increases in benefit costs were absorbed. She also asked if Valleywise Health was benchmarked against other employers based on cost, competitive options, or employers similarly structured.

Ms. Christiansen stated that employee input was gathered through an annual employee engagement survey. While there was not a question specific to the cost of benefits, there were opportunities for employees to provide feedback on the work environment and the benefits offered in general. Other opportunities to submit input included guarterly employee forums and one-on-one meetings with their supervisors.

Director Brophy McGee asked how many employees participated in the annual employee engagement survey and, of those, how many answered the question related to benefits.

Ms. Christiansen said she would review the latest results and provide that information to the Board.

Mr. Rustand said that extensive benchmarking was done, including local and other self-insured hospital systems, comparing benefits offered, the structure, and how the cost was shared with the employees.

Director Brophy McGee asked when employees would be notified of the changes and if there would be an opportunity to provide input.

General Session, Presentation, Discussion and Action, cont.:

6. Discuss, Review and Approve the Maricopa County Special Health Care District's Employee Benefits Program for Fiscal Year 2025, cont.

Ms. Christiansen said the recommended changes would be effective at the start of the new fiscal year, July 1, 2024. After the Board approved the contracts, the communication plan would be activated. Informational sessions would be provided, and information was available online and through an application, that employees could access 24 hours a day. The open enrollment period would span several weeks.

Director Brophy McGee restated the question on how employees could provide input on the benefits offered.

Ms. Christiansen explained that employees had the ability to email questions specific to benefits to a designated email address, in addition to the other previously mentioned options.

Director Brophy McGee noted that Valleywise Health paid a large portion of benefit costs and asked if employees were aware of the employer's contribution to the benefits program.

Ms. Christiansen said the benefit brochure delineated the total cost and the employee's per pay period cost, highlighting the amount Valleywise Health contributed on their behalf.

Chairman Thomas asked if employees had a general understanding of what the benefits included.

Ms. Christiansen said there was an emphasis on educating the employees on the variety of benefits available, including information included in the online application, and there was an opportunity to reach out to staff to gain further details.

MOTION: Vice Chairman Dewane moved to approve the Maricopa County Special Health Care

District's employee benefits program for fiscal year 2025. Director Brophy McGee

seconded.

VOTE: 3 Ayes: Chairman Thomas, Vice Chairman Dewane, Director Brophy McGee

0 Nav

2 Absent: Director Harden, Director Wilcox

Motion passed.

7. Update on Care Reimagined Projects

Ms. Christiansen provided an update on the Care Reimagined projects, noting that the opening of the new acute care hospital had been delayed. However, patient and building safety were top priorities and she would keep the Board apprised of a new opening date. She expressed her appreciation to the leaders of the organization for their ongoing dedication to the project.

She announced that several celebratory events were scheduled for the first week of April 2024. There was an event specific for emergency medical technicians (EMTs) and first responders, two employee events, a physician event, two Valleywise Health Foundation events, an event for elected officials and stakeholders, and concluding with an event for the community.

To date, approximately 14,345,251 manhours had been accumulated throughout the duration of the various projects. The dashboard reflected the deviation from the original schedule and Ms. Christiansen noted that staff was in the process of reassessing the opening date.

General Session, Presentation, Discussion and Action, cont.:

7. Update on Care Reimagined Projects, cont.

Ms. Christiansen reviewed the construction progress of the new acute care hospital, highlighting the tasks that had been completed, including the certification of all elevators, lab automation line installation, and the completion of the med gas testing. The pharmacy, central sterile and surgery departments would begin transitioning to the new acute care hospital within the next 30 days. There would also be revisions to the air handler units and fire dampers.

She outlined the patient move schedule, noting that it was decided to move the labor and delivery department earlier in the day. There were no other changes to the patient move schedule.

The Day in the Life (DIL) and Mock Move activities were highlighted and she thanked the volunteers for participating, as the activities allowed staff to work through various scenarios to gain familiarity with the new space and make adjustments as needed.

Throughout the months of March 2024 and April 2024, medical equipment would continue to be deployed from the warehouse to the final locations, and specific departments would migrate to the new acute care hospital.

Ms. Christiansen provided an update on the Piper Pavilion, announcing that the physicians would move into the space on the fifth floor in mid-April 2024.

- 8. Review and Possible Action on the Following Reports to the Board of Directors:
 - a. Monthly Marketing and Communications Report (February 2024)
 - b. Monthly Care Reimagined Capital Purchases Report (February 2024)
 - c. Monthly Valleywise Health Employee Turnover Report (February 2024)

Chairman Thomas addressed item 8.c., the Monthly Valleywise Health Turnover Report, and congratulated staff on the continued improvement.

- 9. Concluding Items
 - a. Old Business:

February 28, 2024

Legislative Agenda

- Provide more information on House Bill 2686
- Provide status of House Bill 2042

Care Reimagined Update

- Provide information on the type of seating that will be in the chapel at the new acute care tower
- Provide a list of the action items identified during the Day in the Life and Mock Move for Facility/Building Systems and Construction categories, and how they relate to late change orders

January 24, 2024

Compliance Training

• Future discussion on disclosure of gifts District Board members receive

General Session, Presentation, Discussion and Action, cont.:

- 9. Concluding Items, cont.
 - a. Old Business, cont.:

January 24, 2024, cont.

Care Reimagined Update

 Once available, provide the date that the Conference and Administration Center will be decommissioned

November 21, 2023

Consent Agenda

Future discussion on disclosure of gifts District Board members receive

Behavioral Health Update

 Provide information to the Maricopa County Board of Supervisors on projects, programs and services made possible with the ARPA grant funding

Care Reimagined Update

 Once available, provide the date that the Conference and Administration Center will be decommissioned

June 28, 2023

Care Reimagined Update

 When projects are complete, compose a letter from the Board, outlining everything that was accomplished/made possible, and send to stakeholders

May 24, 2023

April 2023 Financials

 How will fixed costs change (old facilities vs new facilities); include the change in utility costs and maintenance costs

August 24, 2022

Monthly Update on Care Reimagined Projects

- Work with organized neighborhood groups near Valleywise Health Medical Center to build connections and invite to opening of new hospital
- b. Board Member Requests for Future Agenda Items or Reports
- c. Comments
 - i. Chairman and Member Closing Comment
 - ii. President and Chief Executive Officer Summary of Current Events

Ms. Talbot reiterated the requests made throughout the meeting. She reviewed old business, noting the items that were completed, as well as the ongoing items.

Ms. Nanchal addressed the request from August 24, 2022, related to working with organized neighborhood groups and extending an invitation to the grand opening events. She stated that various community organizations were invited to the event scheduled on Saturday, April 6, 2024. She also provided the anticipated number of attendees for the various events scheduled, stating that the local press was also invited to attend.

Mr. Purves said that he continued to work with the American Hospital Association (AHA) and America's Essential Hospitals (AEH), to advocate on various topics impacting the healthcare industry, including but not limited to safety net hospital designation, private equity consolidation, and the increase in pre-authorization and denial rates.

General Session, Presentation, Discussion and Action, cont.:

9. Concluding Items, cont.

Mr. Purves highlighted emergency department nurse, Ms. Leigh Ann Sondrup, who was honored at the Phoenix Fire Department's Salute to Excellence Award Ceremony. Ms. Sondrup assisted a man who was in a car accident and trapped inside the car until first responders could arrive, saving his life. He applauded her bravery and expressed his appreciation.

<u>Adjourn</u>

MOTION: Vice Chairman Dewane moved to adjourn the March 27, 2024, Maricopa County Special

Health Care District Board of Directors General Session Meeting. Director Brophy McGee

seconded.

VOTE: 3 Ayes: Chairman Thomas, Vice Chairman Dewane, Director Brophy McGee

0 Nays

2 Absent: Director Harden, Director Wilcox

Motion passed.

Meeting adjourned at 2:38 p.m.

J. Woodfin Thomas, Chairman
Maricopa County Special Health Care District
Board of Directors

1.a.ii. Minutes - April 4, 2024

Minutes

Maricopa County Special Health Care District
Board of Directors Meeting
Virginia G. Piper Charitable Trust Pavilion
2609 East Roosevelt Street, Phoenix, Arizona 85008
3rd Floor, Board Room
April 4, 2024, 10:00 a.m.

Present: J. Woodfin Thomas, Chairman, District 4 – participated remotely

Mary A. Harden, RN, Director, District 1 — participated remotely Kate Brophy McGee, Director, District 3 — participated remotely Mary Rose Garrido Wilcox, Director, District 5 — participated remotely

Absent: Mark G. Dewane, Vice Chairman, District 2

Others Present: Steve A. Purves, FACHE, President & Chief Executive Officer

Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer Lia Christiansen, MBC, Executive Vice President, Chief Administrative

Officer

Ijana Harris, JD, Senior Vice President, General Counsel William J. Sims, JD, Sims Mackin, Ltd., Board Counsel

Recorded by: Melanie Talbot, Chief Governance Officer; and Clerk of the Board – participated

remotely

Cynthia Cornejo, Senior Deputy Clerk of the Board

Call to Order:

Chairman Thomas called the meeting to order at 10:08 a.m.

Roll Call

Ms. Cornejo called roll. Following roll call, she noted that three of the five voting members of the Maricopa County Special Health Care District Board of Directors were present, which represented a quorum. Director Wilcox joined the meeting after roll call.

For the benefit of all participants, Ms. Cornejo announced the Board members participating remotely.

Call to the Public

Chairman Thomas called for public comment. There were no comments.

General Session, Presentation, Discussion and Action:

 Discussion and Possible Action on Utilizing the Funds from the Health Plan Proceeds to Financially Support Operations

Ms. Agnew stated the request is for the use of the health plan proceeds to support Valleywise Health operations.

General Session, Presentation, Discussion and Action, cont.:

1. Discussion and Possible Action on Utilizing the Funds from the Health Plan Proceeds to Financially Support Operations, cont.

Director Harden asked what the balance of the health plan proceeds was.

Ms. Agnew replied that the balance, as of February 29, 2024, was \$30,018,379.41. The information provided included the accounting of all additions and expenses from the account.

Director Harden questioned what the ramifications would be if the Board did not authorize the funds to be used to support operations.

Ms. Agnew said there were significant operational expenses pending, including payroll. Without the additional funds for operations, staff may consider accessing a line of credit through the Maricopa County Treasurer's Office. However, to be able to use that line of credit, Valleywise Health was required to reduce its assets to zero. The preference was to utilize the health plan proceeds.

She explained the various factors that contributed to the current financial challenges, including but not limited to Change Healthcare's cybersecurity breach, resulting in significant delay in payment from Valleywise Health's largest payer, Mercy Care, as well as others. The most current review stated that Mercy Care owed Valleywise Health approximately \$9.6 million, and there were large balances for other payers as well.

Chairman Thomas asked when staff anticipated to replenish the health plan proceed amount.

Ms. Agnew said she was in contact with the payers to resolve the delay in payments.

Chairman Thomas commented that the Board recently approved an intergovernmental transfer, which was imperative for the future of the organization, but also contributed to the need for additional funds for operations.

Ms. Agnew agreed and noted the transfer was made on April 1, 2024.

NOTE: Director Wilcox joined the meeting at 10:19 a.m.

Director Harden questioned if the Board authorized the use of the health plan proceeds for operations, would there be an option to segregate a specific amount to a separate account in the future.

Mr. Sims said that segregating funds would require public action to allow staff to utilize those funds. Due to transparent reporting and the Board's oversight of financial statements and budget process, he did not believe the segregation of funds was necessary. He recommended the authorization of the funds and continued monitoring of the financial performance of the organization.

Director Brophy McGee requested more detail on the consulting fees deducted from the proceeds.

Ms. Agnew said that she would research and provide that information at a later time.

Mr. Purves provided a summary of the circumstances that led to the decision to sell the health plan. At that time, staff had engaged mergers and acquisitions consultants to assist with the transaction.

Director Brophy McGee asked for details related to the expenses for the Valleywise Health Foundation.

Ms. Agnew said the expense was related to quarterly payments to the Foundation to support their operations per a Cooperative Services Agreement.

General Session, Presentation, Discussion and Action, cont.:

1. Discussion and Possible Action on Utilizing the Funds from the Health Plan Proceeds to Financially Support Operations, cont.

Director Brophy McGee asked how the health plan proceeds were reflected in the financial statements and if there would be a change in that reporting if the Board authorized the use of those funds for operations. She also questioned how the funds were monitored. She believed that the funds would be returned to a segregated account once the current financial shortfall was corrected.

Chairman Thomas reiterated that due to the financial reports received each month and Board oversight, it was not recommended to re-establish a segregated fund.

Ms. Agnew addressed Director Brophy McGee's question related to how the health plan proceeds were reported and if there would be a change if the Board authorized use for operations. She stated that the funds were included in the overall days cash on hand. There was also a separate accounting of the health plan proceeds included in the monthly financial report. If the funds were used for operations, the accounting of those funds would be included in the overall reporting.

Director Brophy McGee said she was uncomfortable with authorizing the use of the funds without parameters until another source of funding had been finalized and the funds were reflected on the income statement.

Ms. Agnew said that she was willing to receive the funds on a temporary basis and replace the funds into a segregated account, should that be the desire of the Board.

Director Brophy McGee said she would appreciate the consideration and suggested the Board revisit the need for a segregated account during the budget process for fiscal year (FY) 2025.

Director Wilcox said that the intent of the request was not to temporarily authorize the use of the funds and questioned why that was necessary.

Chairman Thomas commented that the hesitation may stem from a lack of faith in the organization and the ability to monitor the funds. He was confident that staff had implemented a plan to rectify the current financial situation and that the health plan proceeds were needed to support operations in the meantime.

Director Brophy McGee stated that it was not a lack of faith in the organization that caused the hesitation, however, it was imperative that the Board retain appropriate controls. There were various factors that were outside of staff's control and she wanted to protect the organization. She requested a temporary authorization to use the health plan funds for operations that would be finalized with the FY 2025 budget.

Ms. Agnew assured the Board that she would continue to report on the balance of the health plan proceeds every month. She was confident in the plan in place and would be prepared to discuss the need for a segregated account during the budget process.

MOTION: Director Wilcox moved to approve the release of the restriction on the sale proceeds from the health plan until the next fiscal year, upon its review.

Director Brophy McGee requested the motion include the review for permanent release, as part of the next fiscal year.

Director Wilcox did not agree to the adjustment to the motion.

Chairman Thomas announced the motion failed for lack of a second.

General Session, Presentation, Discussion and Action, cont.:

1. Discussion and Possible Action on Utilizing the Funds from the Health Plan Proceeds to Financially Support Operations, cont.

MOTION: Director Brophy McGee moved to approve the release of the restricted funds through fiscal

year-end 2024, at which time, it will be brought back to the Board for final release, as part of

the FY 2025 budget. Director Harden seconded.

VOTE: 4 Ayes: Chairman Thomas, Director Brophy McGee, Director Harden, Director Wilcox

0 Nay

1 Absent: Vice Chairman Dewane

Motion passed.

Adjourn

MOTION: Director Wilcox moved to adjourn the April 4, 2024, Maricopa County Special Health Care

District Board of Directors Meeting. Director Harden seconded.

VOTE: 4 Ayes: Chairman Thomas, Director Brophy McGee, Director Harden, Director Wilcox

0 Nays

1 Absent: Vice Chairman Dewane

Motion passed.

Meeting adjourned at 10:59 a.m.

J. Woodfin Thomas, Chairman
Maricopa County Special Health Care District
Board of Directors

1.b.i. Contracts - C-90-00-312-1-11

Melanie Talbot

From: Compliance 360 < msgsystem@usmail.compliance360.com >

Sent: Wednesday, April 10, 2024 8:45 AM

To: Melanie Talbot

Subject: Contract Approval Request: Evernorth Behavioral Health Facility Amendment 11 Evernorth Behavioral

Health, Inc. FKA Cigna Behavioral Health, Inc.

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From Purves, Stephen

To Talbot, Melanie;

Subject Contract Approval Request: Evernorth Behavioral Health Facility Amendment 11 Evernorth Behavioral Health, Inc. FKA Cigna Behavioral Health, Inc.

Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

File

Approve/Reject Contract

Click here to approve or reject the Contract.

Attachments

Name DescriptionTypeCurrent File / URL

C-90-00-312-1-11 Evernorth BH Facility Medicare AMD 11 for signature 20240408.pdf

C-90-00-312-1-11 Evernorth BH Facility Medicare AMD 11 for signature 20240408.pdf

Contract Information

Division Contracts Division

Folder Amendments

Status Pending Approval

Title Evernorth Behavioral Health Facility Amendment 11

Contract Identifier

Contract Number C-90-00-312-1-11

Primary Responsible Piper, Kimberly M. Party

Departments

Product/Service Medicare Advantage Description

Action/Background Approve a new Amendment 11 (C-90-00-312-1-11) between Evernorth

Behavioral Health, Inc. and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services.

Evaluation Process This is a new Amendment 11 (C-90-00-312-1-11) between Evernorth

Behavioral Health, Inc. and Maricopa County Special Health Care District dba Valleywise Health. This Amendment updates terms of the agreement allowing Medicare members to receive comprehensive behavioral health services through Valleywise Health facilities. This agreement excludes retail pharmacy and medical which is covered through a relationship with a separate entity.

Category Other

Effective Date

Term End Date

Annual Value \$0.00

Expense/Revenue Revenue

Budgeted Travel Type N/A

Procurement Number

Primary Vendor Evernorth Behavioral Health, Inc. FKA Cigna Behavioral Health, Inc.

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Tina R.	Approved	
Harris, Ijana M.	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.b.ii. Contracts - 90-14-063-1-03

Melanie Talbot

From: Compliance 360 < msgsystem@usmail.compliance360.com >

Sent: Wednesday, April 10, 2024 8:45 AM

To: Melanie Talbot

Subject: Contract Approval Request: Banner University Health Plan Facility Amendment 3 University

Physicians Healthcare (Banner)

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Message Information

From Purves, Stephen

To Talbot, Melanie;

Subject Contract Approval Request: Banner University Health Plan Facility

Amendment 3 University Physicians Healthcare (Banner)

Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

Click here to approve or reject the Contract.

Attachments

Name DescriptionTypeCurrent File / URL

90-14-063-1-03 Banner Health Plan Facility AMD 3 for signature 20240405.pdf

File 90-14-063-1-03 Banner Health Plan Facility AMD 3 for signature 20240405.pdf

Contract Information

Division Contracts Division

Folder Amendments

Status Pending Approval

Title Banner University Health Plan Facility Amendment 3

Contract Identifier Board - Amendment

Contract Number 90-14-063-1-03

Primary Responsible Tucker, Collee K. Party

Departments

Product/Service Description AHCCCS

Action/Background Approve a new Amendment 3 (90-14-063-1-03) between Banner University

Health Plan and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services.

rioditii, ioi ti

Evaluation Process This is a new Amendment 3 (90-14-063-1-03) between Banner University

Health Plan and Maricopa County Special Health Care District dba Valleywise

Health. This Amendment updates terms of the agreement to align

reimbursement with current AHCCCS payment methodology for inpatient behavioral health services through Valleywise Health facilities. This

agreement excludes retail pharmacy which is covered through a relationship

with a separate entity.

Category Other

Effective Date 5/1/2024

Term End Date

Annual Value \$0.00

Expense/Revenue Revenue

Budgeted Travel Type No

Procurement Number

Primary Vendor University Physicians Healthcare (Banner)

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Tina R.	Approved	
Harris, Ijana M.	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.b.iii. Contracts - 90-24-211-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>

Sent: Wednesday, April 10, 2024 8:46 AM

To: Melanie Talbot

Subject: Contract Approval Request: Outsource of Food Nutrition and Gift Shop Services Thomas Cuisine

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Message Information

From Purves, Stephen

To Talbot, Melanie;

Subject Contract Approval Request: Outsource of Food Nutrition and Gift Shop Services Thomas Cuisine

Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

Click here to approve or reject the Contract.

Attachments

Name	DescriptionTypeCurrent File / URL
Rev Scored_ Valleywise Health FNS EVS_11.7.23xlsx	File Rev Scored_ Valleywise Health FNS EVS_11.7.23xlsx
FNS-EVS RFP Review By Vizient.pdf	File FNS-EVS RFP Review By Vizient.pdf
Valleywise Health_ Support services bid_5.1.23.xlsx	File Valleywise Health_ Support services bid_5.1.23.xlsx
Valleywise site visit questions_5.1.23.xlsx	File Valleywise site visit questions_5.1.23.xlsx
Thomas Cuisine ~ Xanitos - Valleywise Health_ Support services bid_5.1.23 Revisions.xlsx	File Thomas Cuisine ~ Xanitos - Valleywise Health_ Support services bid_5.1.23 Revisions.xlsx
Thomas Cuisine _ Xanitos - Valleywise Health_ Support Services Bid 11.26.23.xlsx	File Thomas Cuisine _ Xanitos - Valleywise Health_ Support Services Bid 11.26.23.xlsx
Thomas Cuisine - RFP to Contract Bridge 2.1.24 (002).xlsx	File Thomas Cuisine - RFP to Contract Bridge 2.1.24 (002).xlsx
OIG-Thomas Cuisine-2024.pdf	File OIG-Thomas Cuisine-2024.pdf
SAM-Thomas Cuisine-2024.pdf	File SAM-Thomas Cuisine-2024.pdf

3-5-2024 Approval to Proceed email-Jori.pdf

After Presentation Responses_8.30.xlsx

Food and Nutrition Services-Taste Testing Evaluation.pdf

RFBA

BAA-Signed by Thomas Cuisine.pdf

Valleywise Thomas Cuisine Subordinate Agreement FNS 04.04.24 CLEAN VERSION.docx

File 3-5-2024 Approval to Proceed email-Jori.pdf

File After Presentation Responses_8.30.xlsx

File Food and Nutrition Services-Taste Testing Evaluation.pdf

File TASK0619776.pdf

File BAA-Signed by Thomas Cuisine.pdf

File Valleywise Thomas Cuisine Subordinate Agreement FNS 04.04.24 CLEAN VERSION.docx

Contract Information

Division Contracts Division

Folder Contracts \ Group Purchasing Organization (GPO) - Supplies

Status Pending Approval

Title Outsource of Food Nutrition and Gift Shop Services

Contract Identifier Board - New Contract

Contract Number 90-24-211-1

Primary Responsible Hammer, Mary P. Party

Departments ENVIRONMENT OF CARE SERVICES

Description

Product/Service Outsource of Food Nutrition and Gift Shop Services

Action/Background Approve a new agreement between Thomas Cuisine and Maricopa County Special Health Care District dba Valleywise Health for Food Nutrition and Gift Shop Services. Thomas Cuisine will provide Food Nutrition & Gift Shop Services for Valleywise Health facilities. This Agreement shall be executed upon signatures of by both parties and shall become effective July 1, 2024, for a period of sixty (60) months (initial term). At the end of the initial term this agreement may be renewed for up to two (2) one (1) year renewal terms. After the two (2) one (1) year renewal terms, the agreement may be renewed for an additional six (6) months in order to facilitate a transition. This agreement may be terminated for convenience with ninety (90) days' written notification.

> The anticipated annual expense is \$10,943,927.00 and has been budgeted for operational expenditures from multiple Valleywise Health departments.

This agreement is sponsored by Lia Christiansen, Executive VP, Chief Administrative Officer

Evaluation Process As part of the cost reduction initiative with Vizient, a Request for Proposal (RFP) was issued for Food and Nutrition Services, Environmental Services, and Gift Shops. Proposals were due on May 22, 2023. Four (4) responses were received. All bidders were evaluated based on the criteria set forth in the RFP. Thomas Cuisine demonstrated their ability to best meet the RFP requirements and the evaluation committee has recommended awarding the contract to Thomas Cuisine to provide Food Nutrition and Gift Shop Services to Valleywise Health.

Category Other Effective Date 7/1/2024 Term End Date 6/30/2029 Annual Value \$10,943,927.00
Expense/Revenue Expense
Budgeted Travel Type Yes
Procurement Number
Primary Vendor Thomas Cuisine

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Davis, Jori A.	Approved	
Harris, Ijana M.	Approved	
Christiansen, Lia K.	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.b.iv. Contracts - 90-24-212-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>

Sent: Wednesday, April 10, 2024 8:46 AM

To: Melanie Talbot

Subject: Contract Approval Request: Outsource of Environmental Services Xanitos Inc.

CAUTION: External Email. This Email originated <u>outside</u> of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From <u>Purves</u>, <u>Stephen</u> To <u>Talbot</u>, <u>Melanie</u>;

Subject Contract Approval Request: Outsource of Environmental Services Xanitos Inc. Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

Click here to approve or reject the Contract.

Attachments

Name	DescriptionTypeCurrent File / URL
SAM-Xanitos-2024.pdf	File SAM-Xanitos-2024.pdf
OIG - Xanitos-2024.pdf	File OIG - Xanitos-2024.pdf
Rev Scored_ Valleywise Health FNS EVS_11.7.23xlsx	File Rev Scored_ Valleywise Health FNS EVS_11.7.23xlsx
FNS-EVS RFP Review By Vizient.pdf	File FNS-EVS RFP Review By Vizient.pdf
Valleywise Health_ Support services bid_5.1.23.xlsx	File Valleywise Health_ Support services bid_5.1.23.xlsx
Valleywise site visit questions_5.1.23.xlsx	File Valleywise site visit questions_5.1.23.xlsx
Thomas Cuisine ~ Xanitos - Valleywise Health_ Support services bid_5.1.23 Revisions.xlsx	File Thomas Cuisine ~ Xanitos - Valleywise Health_ Support services bid_5.1.23 Revisions.xlsx
Xanitos_Attachment files.pdf	File Xanitos_Attachment files.pdf
Thomas Cuisine _ Xanitos - Valleywise Health_ Support Services Bid 11.26.23.xlsx	File Thomas Cuisine _ Xanitos - Valleywise Health_ Support Services Bid 11.26.23.xlsx
Xanitos - RFP to Contract Bridge 2.2.24 (002).xlsx	File Nanitos - RFP to Contract Bridge 2.2.24 (002).xlsx

3-5-2024 Approval to Proceed email-Jori.pdf

RFBA

BAA Signed by Xanitos.pdf

Vallevwise Xanitos Subordinate Agreement EVS 04.05.24v2 CLEAN VERSION.docx

File 3-5-2024 Approval to Proceed email-Jori.pdf

File TASK0619776.pdf

File BAA Signed by Xanitos.pdf

File Valleywise Xanitos Subordinate Agreement EVS 04.05.24v2 CLEAN VERSION.docx

Contract Information

Division Contracts Division

Folder Contracts \ Group Purchasing Organization (GPO) - Services

Status Pending Approval

Title Outsource of Environmental Services

Contract Identifier Board - New Contract

Contract Number 90-24-212-1

Primary Responsible Hammer, Mary P.
Party

Departments ENVIRONMENT OF CARE SERVICES

Product/Service Outsource of Enviornmental Services

Action/Background Approve a new agreement between Xanitos Inc. and Maricopa County Special Health Care District dba Valleywise Health for Environmental Services. Xanitos Inc. will provide Environmental Services for Valleywise Health facilities. This Agreement shall be executed upon signatures of by both parties and shall become effective July 1, 2024, for a period of sixty (60) months (initial term). At the end of the initial term this agreement may be renewed for up to two (2) one (1) year renewal terms. After the two (2) one (1) year renewal terms, the agreement may be renewed for an additional six (6) months in order to facilitate a transition. This agreement may be terminated for convenience with ninety (90) days' written notification.

> The anticipated annual expense is \$7,845,163.00 and has been budgeted for operational expenditures from multiple Valleywise Health departments.

This agreement is sponsored by Lia Christiansen, Executive VP, Chief Administrative Officer

Evaluation Process As part of the cost reduction initiative with Vizient, a Request for Proposal (RFP) was issued for Food and Nutrition Services, Environmental Services, and Gift Shops. Proposals were due on May 22, 2023. Four (4) responses were received. All bidders were evaluated based on the criteria set forth in the RFP. Xanitos demonstrated their ability to best meet the RFP requirements and the evaluation committee has recommended awarding the contract to Xanitos to provide Environmental Services to Valleywise Health.

Category Other

Effective Date 7/1/2024

Term End Date 6/30/2029

Annual Value \$7,845,163.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Xanitos Inc.

Responses

Mambar Nama	Ctatus	Comments
Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Davis, Jori A.	Approved	
Harris, Ijana M.	Approved	
Christiansen, Lia K.	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.b.v. Contracts - 90-24-286-1

Melanie Talbot

From: Compliance 360 < msgsystem@usmail.compliance360.com >

Sent: Wednesday, April 10, 2024 3:34 PM

To: Melanie Talbot

Subject: Contract Approval Request: (IGA) Ryan White Part B HIV Care and Services (CTR068177) Arizona

Department of Health Services (ADHS)

CAUTION: External Email. This Email originated <u>outside</u> of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From Purves, Stephen

To Talbot, Melanie;

Subject Contract Approval Request: (IGA) Ryan White Part B HIV Care and Services

(CTR068177) Arizona Department of Health Services (ADHS)

Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

Click here to approve or reject the Contract.

Attachments

Name	DescriptionTypeCurrent File / URL
RFBA	File RFBA - ADHS.pdf
DHS Contract Review (2/29/24; signed 3/4/24)	File CTR068177 AG Cover Sheet.pdf
OIG - Arizona Department of Health Services (ADHS)	File OIG - Arizona Department of Health Services (ADHS) 2024.pdf
SAM - Arizona Department of Health Services (ADHS)	, , ,
ADHS IGA - pending Board signature	

Contract Information

Division Contracts Division Folder Contracts \ Grants Status Pending Approval

Title (IGA) Ryan White Part B HIV Care and Services (CTR068177)

Contract Identifier Board - New Contract

Contract Number 90-24-286-1

Primary Responsible Tymczyna, Katherine

Departments Grants - ADHS HIV Rebate Funds

Product/Service (IGA) Ryan White Part B HIV Care and Services (CTR068177)

Action/Background Approve a new Intergovernmental Agreement (IGA) with Arizona Department of Health Services (ADHS) for the Ryan White Part B HIV Care and Services (CTR068177). This cost reimbursement agreement will provide services to eligible clients residing in Arizona. The current National HIV/AIDS strategy has four (4) goals which the Ryan White Part B program works to achieve, including: reducing new HIV infections; improving access to care and health outcomes; reducing HIV-related health disparities and achieving a more coordinated national response. The term of this IGA is April 4, 2023 through March 31, 2028. The State reserves the right to terminate the contract, in whole or in part at any time when in the best interest of the State, without penalty or recourse.

> This is a cost reimbursement with an anticipated annual reimbursement of \$2,620,313.00 and has been budgeted for operational funding to the Grants department, which includes indirect costs of 28% (\$606,103.00 annually).

This IGA is sponsored by Dr. Michael White, EVP & Chief Clinical Officer.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. Procurement has been satisfied pursuant to HS-102B(2) of the Procurement Code in that any Valleywise Health compliance with the terms and conditions of a grant, gift or beguest is exempt from the solicitation requirements of the Procurement Code.

Category IGA

Effective Date

Term End Date 3/31/2028

Annual Value \$2,620,313.00

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

Responses

Member Name	Status Comments
Pardo, Laela N.	Approved Reviewed and approve. Will have final revision for clarity purposes on page 19 in red prior to official board date.
Melton, Christopher C.	Approved
Joiner, Jennifer L.	Approved
Hixson, Jeffrey B.	Approved
Barker, Michelle J.	Approved
White, Michael	Approved
Harris, Ijana M.	Approved
Agnew, Claire F.	Approved
Purves, Stephen A.	Approved
Talbot, Melanie L.	Current

1.b.vi. Contracts - 90-24-281-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>

Sent: Saturday, April 13, 2024 4:51 AM

To: Melanie Talbot

Subject: Contract Approval Request: Flow Cytometry Equipment Reagent Rental Contract (RRC-BDB

2024-89944) BD Biosciences

CAUTION: External Email. This Email originated <u>outside</u> of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From Purves, Stephen

To Talbot, Melanie;

Subject Contract Approval Request: Flow Cytometry Equipment Reagent Rental

Contract (RRC-BDB 2024-89944) BD Biosciences

Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

Contract Information

<u>Click here</u> to approve or reject the Contract.

Attachments

Name	DescriptionTypeCurrent File / URL
RFBA	File RFBA - BD.pdf
OIG - BD Biosciences 2024	File OIG - BD Bioscience 2024.pdf
SAM - BD Biosciences 2024	File SAM - BD Bioscience 2024.pdf
BD Agreement.pdf	File BD Agreement.pdf
Risk Approval	File Risk Approval.pdf
BD REVISED Agreement - pending signature	File CH Valleywise Health RRC-BDB 2024-89944 - 04-11-24 CT rev.pdf
Risk Approved Revised Language to Reagent Warranty (4/12/24)	File BD - revised agreement language under Reagent Warranty - Approval by Risk.pdf
Language revision e-mail	File Language revision e-mail.pdf

Division Contracts Division

Folder Contracts \ Leases - Equipment

Status Pending Approval

Title Flow Cytometry Equipment Reagent Rental Contract (RRC-BDB 2024-89944)

Contract Identifier Board - New Contract

Contract Number 90-24-281-1

Primary Responsible Tymczyna, Katherine Party

Departments LAB - CLINICAL

Description

Product/Service Flow Cytometry Equipment Reagent Rental Contract (RRC-BDB 2024-89944)

Action/Background Approve a new contract between BD Biosciences and Maricopa County Special Health Care District dba Valleywise Health for a BD FACSLyric Duet Flow Cytometry Equipment Reagent Rental Agreement (RRC-BDB 2024-89944). This agreement will allow installation of new flow cytometry analyzers and service at no additional cost as long as Valleywise Health purchases a minimum of reagents. The new analyzers will improve efficiency and turnaround of testing to gain better management of patient care.

> Effective upon last date of signature ("Effective Date"), this contract continues for a period of five (5) years from the Obligation Start Date (date of installation or ninety (90) days from the Effective Date, whichever occurs first). Valleywise Health agrees to purchase a minimum of \$350,000.00 of Eligible Reagents each contract year and will receive a shortfall invoice if minimum is not met. This commitment is based on Valleywise Health's 2023 reagent spend of \$350,411.00.

Contract includes a twelve (12) month warranty, service coverage, and FACSLink support.

This Agreement is sponsored by Jo-el Detzel, VP Clinical Ancillary Services.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. Procurement has been satisfied pursuant to HS-102(E)(2) of the Procurement Code in that existing providers where continuity of care is a primary consideration and reasonable market rates are in effect.

Category Other

Effective Date

Term End Date

Annual Value \$350,000.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor BD Biosciences

Responses

Member Name	Status Comments
Pardo, Laela N.	Approved Reviewed and approve. Placement Agreement, Insurance language approved by Risk, IT new equipment but not new software.
Melton, Christopher C.	Approved
Wynn, Diane J.	Approved
Hixson, Jeffrey B.	Approved
Candelaria, Wesley J.	Approved

Detzel, Jo-El M. Approved
Harris, Ijana M. Approved
White, Michael Approved
Agnew, Claire F. Approved
Purves, Stephen A. Approved
Talbot, Melanie L. Current

1.c.i. Governance - Deputy Medical Directors in the Department of Psychiatry

OFFICIAL APPOINTMENT AND OATH OF OFFICE

STATE OF ARIZONA, COUNTY OF ARIZONA KNOW ALL MEN BY THESE PRESENTS:

Special Health Care District, State of Ariz	Deputy Medical Director in all matters, to act as if I
that I will bear true faith and allegiance to th	, do solemnly swear (or affirm) that I states and the Constitution and laws of the State of Arizona, he same and defend them against all enemies, foreign and tially discharge the duties of the Office of Deputy Medical
	Signature Eric Noble Print Name
Subscribed and sworn to before me SARAH BERMAN Notary Public - State of Arizona MARICOPA COUNTY Commission # 637967 Expires September 9, 2026 I hereby certify that the above appointed the content of	NOTARY PUBLIC IN AND FOR THE COUNTY OF MARICOPA, STATE OF ARIZONA intment was approved by the MARICOPA COUNTY SPECIAL
	CLERK, BOARD OF DIRECTORS

§ 38-231. Officers and employees required to take loyalty oath; form; classification; definition

A. In order to ensure the statewide application of this section on a uniform basis, each board, commission, agency and independent office of this state, and of any of its political subdivisions, and of any county, city, town, municipal corporation, school district and public educational institution, shall completely reproduce this section so that the form of written oath or affirmation required in this section contains all of the provisions of this section for use by all officers and employees of all boards, commissions, agencies and independent offices.

B. Any officer or employee who fails to take and subscribe to the oath or affirmation provided by this section within the time limits prescribed by this section is not entitled to any compensation until the officer or employee does so take and subscribe to the form of oath or affirmation prescribed by this section.

C. Any officer or employee having taken the form of oath or affirmation prescribed by this section, and knowingly at the time of subscribing to the oath or affirmation, or at any time thereafter during the officer's or employee's term of office or employment, does commit or aid in the commission of any act to overthrow by force, violence or terrorism as defined in § 13-2301 the government of this state or of any of its political subdivisions, or advocates the overthrow by force, violence or terrorism as defined in § 13-2301 of the government of this state or of any of its political subdivisions, is guilty of a class 4 felony and, on conviction under this section, the officer or employee is deemed discharged from the office or employment and is not entitled to any additional compensation or any other emoluments or benefits which may have been incident or appurtenant to the office or employment.

D. Any of the persons referred to in article XVIII, § 10. Constitution of Arizona, as amended, relating to the employment of aliens, are exempted from any compliance with this section.

E. In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of the office or employment, the officer or employee shall take and subscribe the following oath or affirmation:

State	Eric)	1.66	Arizona,	County	of	Maricopa	I,
	or print nan		-10				
do so	lemnly swi	ear (or	affirm) that !	will support th	e Constitut	ion of the United States a	and the
Const	itution and	laws of	the State of A	rizona, that I will	bear true fa	aith and allegiance to the sa	me and
defend	d them aga	inst al.	enemies, for	eign and domest	ic, and tha	I will faithfully and imp	artialiv
discha	arge the dut	ies of th	e affice of 1	eputy (name of off	ice) Medical Directo	r
accord	fing to the b	est of r	ny ability, so h	elp me God (or so	I do affirm).	
	La Nol						
(signa	ture of office	er or er	mployee)				

F. For the purposes of this section, "officer or employee" means any person elected, appointed or employed, either on a part-time or full-time basis, by this state or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution or any board, commission or agency of any county, city, town, municipal corporation, school district or public educational institution.

OFFICIAL APPOINTMENT AND OATH OF OFFICE

STATE OF ARIZONA, COUNTY OF ARIZONA KNOW ALL MEN BY THESE PRESENTS:

That I, CAROL KLINE OLSON, M.D., Psychiatric Medial Director of Maricopa County
Special Health Care District, State of Arizona, do hereby constitute and appoint
were present, same to become effective on 321 2024.
CAROL KLINE OLSON, M.D.
Psychiatric Medical Director
STATE OF ARIZONA, COUNTY OF MARICOPA,
I, Kober Humberstone, MD, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona, that I will bear true faith and allegiance to the same and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the Office of Deputy Medical Director according to the best of my ability, so help me God (or so I do affirm).
My Muther
Signature
Robert Humberstone Print Name
Subscribed and sworn to before me on this $\frac{28}{4}$ day of $\frac{4}{4}$.
ALYSON WOODS Notary Public - State of Arizona NOTARY PUBLIC IN AND FOR THE
MARICOPA COUNTY Commission # 625003 Expires March 14, 2026 COUNTY OF MARICOPA, STATE OF ARIZONA
I hereby certify that the above appointment was approved by the MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT BOARD OF DIRECTORS at a meeting held, 20
CLERK, BOARD OF DIRECTORS

§ 38-231. Officers and employees required to take loyalty oath; form; classification; definition

A. In order to ensure the statewide application of this section on a uniform basis, each board, commission, agency and independent office of this state, and of any of its political subdivisions, and of any county, city, town, municipal corporation, school district and public educational institution, shall completely reproduce this section so that the form of written oath or affirmation required in this section contains all of the provisions of this section for use by all officers and employees of all boards, commissions, agencies and independent offices.

B. Any officer or employee who fails to take and subscribe to the oath or affirmation provided by this section within the time limits prescribed by this section is not entitled to any compensation until the officer or employee does so take and subscribe to the form of oath or affirmation prescribed by this section.

C. Any officer or employee having taken the form of oath or affirmation prescribed by this section, and knowingly at the time of subscribing to the oath or affirmation, or at any time thereafter during the officer's or employee's term of office or employment, does commit or aid in the commission of any act to overthrow by force, violence or terrorism as defined in § 13-2301 the government of this state or of any of its political subdivisions, or advocates the overthrow by force, violence or terrorism as defined in § 13-2301 of the government of this state or of any of its political subdivisions, is guilty of a class 4 felony and, on conviction under this section, the officer or employee is deemed discharged from the office or employment and is not entitled to any additional compensation or any other emoluments or benefits which may have been incident or appurtenant to the office or employment.

D. Any of the persons referred to in article XVIII, § 10, Constitution of Arizona, as amended, relating to the employment of aliens, are exempted from any compliance with this section.

E. In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of the office or employment, the officer or employee shall take and subscribe the following oath or affirmation:

State o	of	Arizona,	County	of	Maricopa	. I
Robort -	Humbe	rstone, M	ID			
(type or print na	ame)					
do solemnly s	wear (or a	ffirm) that l	will support th	e Constitutio	on of the United	States and the
Constitution an	d laws of t	he State of A	rizona, that I will	bear true fai	th and allegiance	to the same and
defend them a	gainst all	enemies, for	eign and domest	ic, and that	I will faithfully	and impartially
discharge the d	uties of the	office of	Deputy (name of offic	e) Medical	Director
according to the	e best of m	y ability, so h	elp me God (or so	I do affirm)		
(signature of of	Mr	m	-			

F. For the purposes of this section, "officer or employee" means any person elected, appointed or employed, either on a part-time or full-time basis, by this state or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution or any board, commission or agency of any county, city, town, municipal corporation, school district or public educational institution.

1.c.ii. Governance - Uniform Guidance Audit



Maricopa County Special Health Care District

Hospital Administration & Finance 2601 E. Roosevelt Phoenix, AZ 85008 Phone: (602) 344-8428

DATE: April 12, 2024

TO: Maricopa County Special Health Care District Board of Directors

FROM: Claire Agnew, EVP, Chief Financial Officer

SUBJECT: Audited Financial Statements, Reports, Supplementary Information and Schedule

Required by the Uniform Guidance, FYE June 30, 2023 and 2022

Accountability and transparency of federal award spending is necessary for effective stewardship of these federal funds, and the audit and reporting under the Office of Management and Budget's (OMB) *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (commonly called "Uniform Guidance") is to fulfill this requirement.

The Audited Financial Statements, Reports, Supplementary Information and Schedule Required by the Uniform Guidance for the years ended June 30, 2023 and 2022 is attached for acceptance by the Maricopa County Special Health Care District Board of Directors (the Board). This report will be shared with the Valleywise Health's Finance, Audit and Compliance Committee on April 17th, 2024.

The annual audit for fiscal year ending June 30, 2023, was received by the Board in November 2023 in draft form, and final version in January 2024. Like in most recent years, the audit report did not include the results of the Uniform Guidance audit for the same time period as this audit has a different due date; nine months after the fiscal period end date as set by the Office of Management and Budget for fiscal year 2023.

The added section regarding the Uniform Guidance audit begins on **page 56**. The Schedule of Findings and Questionable Costs on **page 65** indicates that there were no material weaknesses nor significant deficiencies identified in the audit.

Also attached are presentation slides from auditors EY on the results of the FY2023 Uniform Guidance results.



Uniform Guidance audit results

A summary of the results of the Office of Management and Budget Uniform Guidance audit is presented below:

Summary of audit results	2023
Financial statement section	
Type of auditor's report issued (unmodified, qualified, adverse, or disclaimer)	Unmodified
Internal control over financial reporting:	
Material weakness(es) identified	No
Significant deficiency(ies) identified	No
Noncompliance material to financial statements noted	No
Federal awards section	
Internal control over major programs:	
Material weakness(es) identified	No
Significant deficiency(ies) identified	No
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)	No
Major programs and type of auditor's report on compliance for major programs (unmodified, qualified, adverse, or disclaimer)	
WIOA Cluster	Unmodified
Assistance Listing Number 21.027 — COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	Unmodified
Health Center Program Cluster	Unmodified
Assistance Listing Number 93.498 — COVID-19 — Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	Unmodified
Assistance Listing Number 93.917 — HIV Care Formula Grants	Unmodified
Assistance Listing Number 93.918 — Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Unmodified
Federal award expenditures section	
WIOA Cluster	\$5,000,000
Assistance Listing Number 21.027 — COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	\$12,086,006
Health Center Program Cluster	\$9,499,937
Assistance Listing Number 93.498 — COVID-19 — Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	\$12,784,970
Assistance Listing Number 93.917 — HIV Care Formula Grants	\$2,160,898
Assistance Listing Number 93.918 — Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	\$785,270
Total Expenditures of Federal Awards	\$49,653,305



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About EY's Assurance Services

Our assurance services help our clients meet their reporting requirements by providing an objective and independent examination of the financial statements that are provided to investors and other stakeholders. Throughout the audit process, our teams provide a timely and constructive challenge to management on accounting and reporting matters and a robust and clear perspective to audit committees charged with oversight.

The quality of our audits starts with our 90,000 assurance professionals, who have the breadth of experience and ongoing professional development that come from auditing many of the world's leading companies.

For every client, we assemble the right multidisciplinary team with the sector knowledge and subject matter knowledge to address your specific issues. All teams use our Global Audit Methodology and latest audit tools to deliver consistent audits worldwide.

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FINANCIAL STATEMENTS, REQUIRED SUPPLEMENTARY INFORMATION, REPORTS, SUPPLEMENTARY INFORMATION, AND SCHEDULE REQUIRED BY THE UNIFORM GUIDANCE

Maricopa County Special Health Care District d/b/a Valleywise Health
Years Ended June 30, 2023 and 2022
With Reports of Independent Auditors

Ernst & Young LLP



Financial Statements, Required Supplementary Information, Reports, Supplementary Information, and Schedule Required by the Uniform Guidance

Years Ended June 30, 2023 and 2022

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Ernst & Young LLP 101 E. Washington Street Suite 910 Phoenix, AZ 85004 Tel: +1 602 322 3000 ey.com

Report of Independent Auditors

Management and the Board of Directors Maricopa County Special Health Care District d/b/a Valleywise Health

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of the Maricopa County Special Health Care District d/b/a Valleywise Health (the District), as of and for the years ended June 30, 2023 and 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the District at June 30, 2023 and 2022, and the respective changes in financial position, and, where applicable, 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 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 (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the District 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.



Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's 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 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 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 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 District'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 financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District'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, the Schedule of District's Proportionate Share of the Net Pension Liability, the Schedule of District's Proportionate Share of the Net OPEB Liability (Asset), the Schedule of Contributions – Pension Plan, and the Schedule of Contributions – OPEB be presented to supplement the financial statements. Such information is the responsibility of management and, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, 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 financial statements, and other knowledge we obtained during our audit of the 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.



Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the District's financial statements. We have not performed any procedures with respect to the audited financial statements that collectively comprise the financial statements subsequent to November 21, 2023. The Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Information

Management is responsible for the other information included in the annual report. The other information comprises the Management's Discussion and Analysis but does not include the financial statements and our auditor's report thereon. Our opinion on the financial statements do not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 21, 2023 on our consideration of the District'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 solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's 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 District's internal control over financial reporting and compliance.

Ernst + Young LLP

November 21, 2023, except for our report on the Schedule of Expenditures of Federal Awards, for which the date is March 22, 2024.

2403-4486454 3

Management's Discussion and Analysis

Years Ended June 30, 2023 and 2022

The following discussion and analysis of the operational and financial performance of Maricopa County Special Health Care District d/b/a Valleywise Health (the District) provides an overview of the financial position and activities for the years ended June 30, 2023 and 2022. This discussion has been prepared by management and should be read in conjunction with the accompanying financial statements, as well as the notes to the financial statements, which follow this section. The financial statements discussed in this section offer short-term and long-term financial information about the District's activities, including:

Statements of Net Position: This statement includes all of the District's assets, deferred outflows of resources, liabilities, deferred inflows of resources, and net position and provides information about the nature and amounts of investments in resources (assets) and the obligations of the District to creditors (liabilities). It also provides the basis for evaluating the capital structure, and assessing the liquidity and financial flexibility of the District.

Statements of Revenues, Expenses and Changes in Net Position: This statement accounts for all of the current year's revenues and expenses, measures changes in operations over the past two years, and can be used to determine whether the District has been able to recover all of its costs through several revenue sources.

Statements of Cash Flows: The primary purpose of this statement is to answer questions such as where cash came from, what cash was used for, and what was the change in the cash balance during the reporting period.

Organizational Overview

Founded in 1877, the District has served as Maricopa County's public teaching hospital and safety net system, filling critical gaps in care for underserved populations. In partnership with District Medical Group, an unrelated not-for-profit entity, the District provides care throughout Maricopa County.

The District is an academic training center, a regional provider of primary and specialized medical services, and a leading provider of mental health services. It provides clinical rotations each year for allopathic and osteopathic medical students, nursing students, and allied health professionals.

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Management's Discussion and Analysis (continued)

Licensed for 758 beds, the District provides a full range of inpatient acute and intensive care, inpatient and outpatient behavioral health, and a full complement of ancillary, support, and ambulatory services. The facilities that are housed on the District's main campus include:

- Valleywise Health Medical Center
- Valleywise Health Arizona Burn Center
- Valleywise Comprehensive Health Center Phoenix
- Valleywise Behavioral Health Center Phoenix

The facilities that are located external to the main campus include:

- Valleywise Behavioral Health Center Maryvale
- Valleywise Behavioral Health Center Mesa
- Valleywise Comprehensive Health Center Peoria

Ambulatory care is also provided at nine Community Health Centers located throughout Maricopa County. In addition to ambulatory services, many of these locations offer outpatient behavioral health and dental services.

Care Reimagined

On November 4, 2014, the voters of Maricopa County approved Proposition 480. Proposition 480 allows the District to issue up to \$935,000,000 in general obligation bonds to be repaid in 30 years to fund outpatient health facilities, including improvement or replacement of existing outpatient health centers, a behavioral health hospital, and the construction of a new acute medical center

In 2017, the District Board set a roadmap for our organization's future by receiving the final report resulting from the Proposition 480 implementation planning initiative. This plan, known as Care Reimagined, will ensure our organization continues to be recognized for high-quality care, innovation, and service. It creates a better model of patient care and medical education that improves access, quality, cost, and outcomes for patients and increases the supply of future health care professionals.

The implementation of this capital plan is well underway; through June 30, 2023, \$817,790,916 of the bond proceeds have been expended. During fiscal year 2023, the majority of project funds

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Management's Discussion and Analysis (continued)

were expended on the main campus for the construction of the new hospital scheduled to be complete in April 2024. The Comprehensive Health Center-Peoria (Peoria) project has been completed and opened in January 2021. Peoria includes an outpatient surgery center, endoscopy suites, dialysis services, primary and specialty clinics, and a family learning center. Two new Community Health Centers, in Mesa and West Maryvale, opened during fiscal year 2022, replacing old clinics at Mesa and Maryvale locations.

The District was authorized to issue \$935,000,000, in aggregate, principal amount toward the Care Reimagined project. Through June 30, 2023, all of the District's authorized amount has been issued.

Financial Highlights

Year Ended June 30, 2023, Compared to Year Ended June 30, 2022

Net patient services revenue increased by \$14.7 million or 3.0% from the prior year 2022. Other operating revenue increased \$56.0 million, largely due to an increase in the new Arizona Health Care Cost Containment System (AHCCCS) program, HEALTHII, GME, 340B and retail pharmacy sales, and grant program related revenues.

Operating expense increased from \$815.3 million in 2022 to \$878.5 million in 2023, a \$63.2 million or 7.8% increase from the prior year. These are largely due to the increase in salaries and outside contract labor usage due to staffing shortage and increase usage of supplies as part of higher cost of treating patients and related illnesses.

Year Ended June 30, 2022, Compared to Year Ended June 30, 2021

Net patient services revenue increased by \$5.4 million or 1.1% from the prior year 2021. Other operating revenue increased \$3.5 million, largely due to an increase in the new Arizona Health Care Cost Containment System (AHCCCS) program, HEALTHII, and grant program related revenues.

Operating expense increased from \$755.1 million in 2021 to \$815.3 million in 2022, a \$60.2 million or 8.0% increase from the prior year. These are largely due to the increase in salaries and outside contract labor usage due to staffing shortage and increase usage of supplies as part of higher cost of treating patients with COVID-19 and related illnesses.

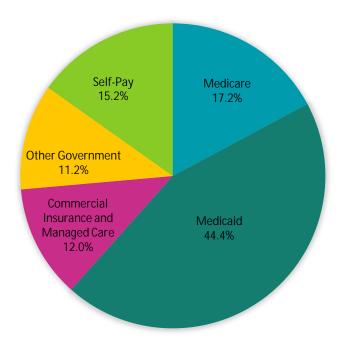
Management's Discussion and Analysis (continued)

Gross charges by major payor financial class for fiscal years 2023, 2022, and 2021 are as follows:

	Year Ended June 30			
	2023	2022	2021	
Medicare	17.2%	18.4%	18.5%	
Medicaid	44.4	42.2	44.4	
Commercial insurance and managed care	12.0	13.0	12.2	
Other government	11.2	11.9	12.8	
Self-pay	15.2	14.5	12.1	
Total	100.0%	100.0%	100.0%	

During fiscal year 2023, the District experienced an increase number of self pay/uninsured patients and significant decrease of Medicare patients. During fiscal year 2022, the District experienced an increased number of self pay/uninsured patients and significant decrease of Medicaid patients.

Year Ended June 30, 2023 Payor Mix



Management's Discussion and Analysis (continued)

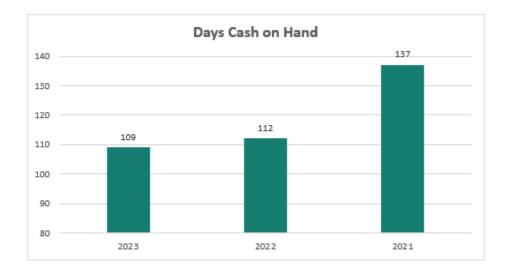
Condensed Statements of Net Position

	Year Ended June 30					
		2023		2022		2021
Assets						
Current assets	\$	471,654,469	\$	517,466,741	\$	526,969,313
Other assets		125,536,461		236,513,174		409,633,599
Capital assets		796,596,154		723,183,812		594,155,126
Total assets		1,393,787,264		1,477,163,727		1,530,758,038
Deferred outflows of resources		56,462,313		84,873,429		89,357,989
Liabilities						
Current liabilities		232,589,943		236,666,466		206,915,919
Risk claim payable, less current portion		13,784,858		12,512,090		9,283,822
Net pension and OPEB liability		356,444,643		287,090,884		394,175,117
Long-term debt		645,751,295		682,637,421		736,509,938
Total liabilities		1,248,570,739		1,218,906,861		1,346,884,796
Deferred inflows of resources		18,778,412		104,660,022		3,972,294
Net position						
Unrestricted deficit		(307,808,207))	(394,856,298)		(510,048,594)
Net investment in capital assets		281,653,768		296,238,100		298,100,940
Restricted for bonds		166,504,192		306,922,948		477,027,521
Restricted for grants		42,550,673		30,165,523		4,179,070
Total net position	\$	182,900,426	\$	238,470,273	\$	269,258,937

Management's Discussion and Analysis (continued)

Cash and Cash Equivalents

Unrestricted cash and cash equivalents for fiscal year 2023 were approximately \$241.2 million, an increase of approximately \$7.8 million from the \$233.4 million in fiscal year 2022. Days cash on hand decreased 2.5 days to 109.2 days in fiscal year 2023 from the fiscal year 2022 days of 111.7. This decrease in cash is due to increase in operating expenses specifically in salaries, wages, benefits, and purchased services. Unrestricted cash and cash equivalents for fiscal year 2022 were approximately \$233.4 million, a decrease of approximately \$28.8 million from fiscal year 2021. Days cash on hand decreased 25.8 days to 111.7 days in fiscal year 2022 from the fiscal year 2021 days of 137.5. Increased operating expenses primarily in labor costs contributed to the decrease in days cash on hand.



Management's Discussion and Analysis (continued)

Accounts Receivable - Days Outstanding

While net accounts receivable decreased by approximately \$6.9 million in fiscal year 2023 from fiscal year 2022, net days in accounts receivable decreased from the prior year by approximately 15.5%, from 68.3 to 57.7 days. Net account receivable in fiscal year 2022 decreased by \$6.8 million from fiscal year 2021 and net days also decreased by 7.9% from 74.2 to 68.3 days. Increased cash collections contributed to the decrease in account receivable and number of days in fiscal year 2023 from fiscal year 2022 and the decrease in fiscal year 2022 from fiscal year 2021.



Management's Discussion and Analysis (continued)

Capital Assets

As of June 30, 2023, 2022, and 2021 the District had \$796.6 million, \$723.2 million, and \$594.2 million, respectively, and invested in capital assets, net of accumulated depreciation. For the years ended June 30, 2023, 2022 and 2021, the District purchased capital assets amounting to \$129.3 million, \$181.3 million, and \$151.3 million, respectively. The organization has made significant investments in new facilities through the Care Reimagined project and plans to continue this investment within the coming years. These investments include:

- New Community Health Centers, which opened in 2022, providing ambulatory care in different cities of Maricopa County.
- New acute care hospital (Valleywise Health Medical Center), currently under construction and planned to be completed in April 2024.

Debt

As of June 30, 2023, 2022, and 2021, the District had bonds payable of \$666.9 million \$718.3 million, and \$763.0 million, respectively. As set forth in the voter-approved Proposition 480 language, bond proceeds are used to purchase various equipment and to fund various improvement projects on the District's existing acute behavioral health facilities and outpatient health centers.

Management's Discussion and Analysis (continued)

The following table summarizes net operating revenues, operating expenses, and non-operating revenues (expenses) for the fiscal years ended June 30, 2023, 2022, and 2021.

		Yea 2023	er Ended June 30 2022	2021
Operating revenues	-			_
Net patient service revenue	\$	509,398,504 \$	494,650,061 \$	489,209,495
AHCCS medical education revenue		50,659,492	47,113,700	51,866,779
Other revenue		126,703,335	74,234,388	66,022,660
Total operating revenues		686,761,331	615,998,149	607,098,934
Operating expenses				
Salaries and wages		296,737,796	287,796,627	278,443,621
Employee benefits		99,974,978	82,744,342	105,599,319
Purchased services		258,558,270	209,273,236	144,360,745
Medical claims and other expenses		68,529,325	81,838,190	72,572,408
Supplies		98,744,775	101,359,687	92,262,465
Depreciation		55,921,558	52,241,569	58,845,414
Total operating expenses		878,466,702	815,253,651	755,083,972
Operating loss		(191,705,371)	(199,255,502)	(147,985,038)
Nonoperating revenues (expenses)				
Property tax receipts		138,392,868	147,491,236	139,606,198
Noncapital grants		9,263,795	5,930,243	5,890,625
Noncapital subsidies from State		3,547,896	3,547,896	3,547,896
Other nonoperating revenues (expenses),				
net		(4,246,685)	27,834,946	3,212,369
Interest income		7,601,696	3,731,217	2,031,886
Interest expense		(18,424,046)	(20,068,700)	(15,027,454)
Total nonoperating revenues		136,135,254	168,466,838	139,261,520
Decrease in net position		(55,569,847)	(30,788,664)	(8,723,518)
Net position, beginning of year		238,470,273	269,258,937	277,982,455
Net position, end of year	\$	182,900,426 \$	238,470,273 \$	269,258,937

Management's Discussion and Analysis (continued)

Revenues

Net Patient Services Revenue

Net patient service revenue is derived from inpatient, outpatient, ambulatory, and emergency services provided to patients. Net patient service revenue for the year ended June 30, 2023, was \$509.4 million, an increase from the prior year net patient service revenue of \$494.7 million. Net patient service revenue increased \$14.7 million or 3.0% in the year ended June 30, 2023, mainly due to changes in payor mix and volume increases in the ambulatory areas. Net patient service revenue for the year ended June 30, 2022, was \$494.7 million, an increase from the prior year net patient service revenue of \$489.2 million. Net patient service revenue increased \$5.5 million or 1.1% in the year ended June 30, 2022, due to changes in payor mix.

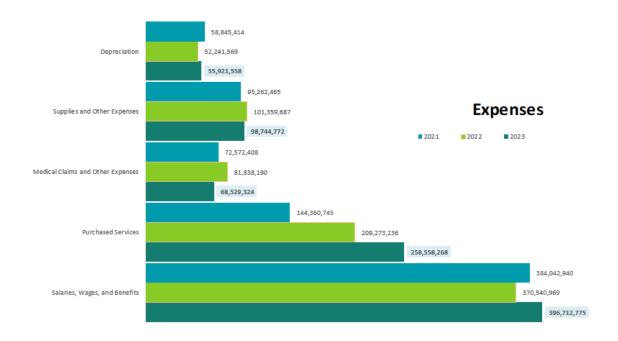
	Year Ended June 30				
	2023	2022	Increase (Decrease)		
Gross charges	\$ 2,617,939,822	\$ 2,562,415,380	2.2%		
Contractual deductions As a percentage of gross charges	1,873,553,660 (71.6)%		8.4%		
Charity care As a percentage of gross charges	209,374,248 (8.0)%		(32.9%)		
Bad debt As a percentage of gross charges	25,613,410 (1.0)%	27,142,332 (1.1)%	(14.4%)		
Net patient service revenue As a percentage of gross charges	\$ 509,398,504 19.5%		3.0%		

Total operating revenues in fiscal year 2023 were \$686.8 million in comparison with the prior year of \$616.0 million, due in great part to the quality of gross revenue and improved payor mix as noted above and increased other revenues, mainly in the new AHCCCS program, HEALTHII and increased grant programs related revenues.

Management's Discussion and Analysis (continued)

Operating Expenses

Total operating expenses in fiscal year 2023 were \$878.5 million, which is an increase of \$63.2 million (7.8%) over the prior year operating expenses of \$815.3 million. Total operating expenses in fiscal year 2022 were \$815.3 million, which is an increase of \$60.2 million (8.0%) over fiscal year 2021 operating expenses of \$755.1 million. The primary driver of the year over year increases were driven by labor expenses, specifically contract labor.



Management's Discussion and Analysis (continued)

Nonoperating Revenues and Expenses

Nonoperating revenues and expenses consist primarily of property tax receipts, both for maintenance and operation, bond debt service, and CARES Act funding. These amounts were \$100.7 million, \$37.7 million, and \$0.4 million, respectively, for the year ended June 30, 2023, \$89.5 million, \$58.0 million, and \$43.9 million respectively, for the year ended June 30, 2022, and \$84.2 million, \$55.4 million, and \$18.2 million, respectively, for the year ended June 30, 2021. Also included in nonoperating revenues are noncapital grants and noncapital subsidies from the state. These amounts were \$9.3 million and \$3.5 million, respectively, for the year ended June 30, 2023, \$5.9 million and \$3.5 million, respectively, for the year ended June 30, 2022, and \$5.9 million and \$3.5 million, respectively, for the year ended June 30, 2021. Other nonoperating revenues and expenses consisted primarily of other revenue (expenses) from subsidies, interest income, and interest expense. These amounts were (\$4.2) million, \$7.6 million and (\$18.4) million, respectively, for the year ended June 30, 2023, \$27.8 million, \$3.7 million and (\$20.1) million, respectively, for the year ended June 30, 2022, and \$3.2 million, \$2.0 million and (\$15.0) million, respectively, for the year ended June 30, 2021. A majority of the changes year over year in subsidies was due timing of payments received related to Provider Relief Funds. The year over year changes in interest income was due to changes in prevailing market conditions that influenced increase in interest rates. The interest expense year over year fluctuates based on the bond amortization schedule.

Contacting the District's Financial Management

This financial report is designed to provide the District's patients, suppliers, community members, and creditors with a general overview of the District's finances and to show the District's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to District Administration by telephoning (602) 344-8425.

Statements of Net Position

	Year Ended June 30			
	2023			2022
Assets				
Current assets:				
Cash and cash equivalents	\$	241,214,127	\$	233,412,109
Restricted cash – bond		48,489,150		77,286,783
Patient accounts receivable, net of allowances		85,709,368		92,605,989
Receivable from AHCCCS for medical education, net		49,894,607		46,875,590
Other receivables		17,263,119		39,377,126
Due from related parties		3,376,279		1,721,769
Supplies		12,217,206		11,730,777
Prepaid expenses		13,490,793		14,456,598
Total current assets		471,654,649		517,466,741
Other assets:				
Restricted cash – bond		118,015,042		229,636,165
Other assets		7,521,419		6,877,009
Total other assets		125,536,461		236,513,174
Capital assets:				
Land		35,325,278		35,615,279
Depreciable capital assets, net of accumulated depreciation		761,270,876		687,568,533
Total capital assets, net of accumulated depreciation		796,596,154		723,183,812
Total assets		1,393,787,264		1,477,163,727
Deferred outflows of resources				
Employer contributions made after measurement date		34,467,520		34,248,240
Difference between expected and actual experience		3,256,622		4,677,652
Changes in assumptions		18,643,716		39,477,696
Change in proportion and differences between employer				
contributions and proportionate share of contributions		94,455		6,469,841
Total deferred outflows of resources	\$	56,462,313	\$	84,873,429

Statements of Net Position (continued)

Liabilities and net position Current liabilities: Current maturities of long-term debt \$ 26,130,000 \$ 40,351,007 Accounts payable 79,974,978 56,365,202 Accrued payroll and expenses 28,158,703 38,205,132 Risk claims payable, current portion 513,856 553,457 Overpayments from third-party payors 10,506,859 29,549,513 Other current liabilities 87,305,547 71,642,155 Total current liabilities 356,444,643 2287,090,884 Other liabilities 5,005,017 4,699,069 Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 6,758,096 3,937,296 Long-term debt 874,912 1,052,464 Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 874,912 1,052,464 Change in proportion and differences between employer contributions and proportionate share of contribution		Year Ended June 30			
Current liabilities: \$ 26,130,000 \$ 40,351,007 Accounts payable 79,974,978 56,365,202 Accrued payroll and expenses 28,158,703 38,205,132 Risk claims payable, current portion 513,856 553,457 Overpayments from third-party payors 10,506,859 29,549,513 Other current liabilities 87,305,547 71,642,155 Total current liabilities 232,589,943 236,666,466 Risk claims payable, less current portion 13,784,858 12,512,090 Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions		2023	2022		
Current maturities of long-term debt \$ 26,130,000 \$ 40,351,007 Accounts payable 79,974,978 56,365,202 Accrued payroll and expenses 28,158,703 38,205,132 Risk claims payable, current portion 513,856 553,457 Overpayments from third-party payors 10,506,859 29,549,513 Other current liabilities 87,305,547 71,642,155 Total current liabilities 232,589,943 236,666,466 Risk claims payable, less current portion 13,784,858 12,512,090 Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 60,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of cont	Liabilities and net position				
Accounts payable 79,974,978 56,365,202 Accrued payroll and expenses 28,158,703 38,205,132 Risk claims payable, current portion 513,856 553,457 Overpayments from third-party payors 10,506,859 29,549,513 Other current liabilities 87,305,547 71,642,155 Total current liabilities 232,589,943 236,666,466 Risk claims payable, less current portion 13,784,858 12,512,090 Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources<	Current liabilities:				
Accrued payroll and expenses 28,158,703 38,205,132 Risk claims payable, current portion 513,856 553,457 Overpayments from third-party payors 10,506,859 29,549,513 Other current liabilities 87,305,547 71,642,155 Total current liabilities 232,589,943 236,666,466 Risk claims payable, less current portion 13,784,858 12,512,090 Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position <td>Current maturities of long-term debt</td> <td>\$ 26,130,000</td> <td>\$ 40,351,007</td>	Current maturities of long-term debt	\$ 26,130,000	\$ 40,351,007		
Risk claims payable, current portion 513,856 553,457 Overpayments from third-party payors 10,506,859 29,549,513 Other current liabilities 87,305,547 71,642,155 Total current liabilities 232,589,943 236,666,466 Risk claims payable, less current portion 13,784,858 12,512,090 Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources 874,912 1,052,464 Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) <tr< td=""><td>Accounts payable</td><td>79,974,978</td><td>56,365,202</td></tr<>	Accounts payable	79,974,978	56,365,202		
Overpayments from third-party payors 10,506,859 29,549,513 Other current liabilities 87,305,547 71,642,155 Total current liabilities 232,589,943 236,666,466 Risk claims payable, less current portion 13,784,858 12,512,090 Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds </td <td>Accrued payroll and expenses</td> <td>28,158,703</td> <td>38,205,132</td>	Accrued payroll and expenses	28,158,703	38,205,132		
Other current liabilities 87,305,547 71,642,155 Total current liabilities 232,589,943 236,666,466 Risk claims payable, less current portion 13,784,858 12,512,090 Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position Unrestricted deficit (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 <td>Risk claims payable, current portion</td> <td>513,856</td> <td>553,457</td>	Risk claims payable, current portion	513,856	553,457		
Total current liabilities 232,589,943 236,666,466 Risk claims payable, less current portion 13,784,858 12,512,090 Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	Overpayments from third-party payors	10,506,859	29,549,513		
Risk claims payable, less current portion 13,784,858 12,512,090 Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	Other current liabilities	87,305,547	71,642,155		
Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	Total current liabilities	232,589,943	236,666,466		
Net pension and OPEB liability 356,444,643 287,090,884 Other liabilities 5,005,017 4,699,069 Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	Risk claims payable, less current portion	13,784,858	12,512,090		
Other liabilities 5,005,017 4,699,069 Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	* *	, ,			
Long-term debt 640,746,278 677,938,352 Total liabilities 1,248,570,739 1,218,906,861 Deferred inflows of resources Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position Unrestricted deficit (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	Other liabilities	, ,			
Deferred inflows of resources 5.758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	Long-term debt	, ,			
Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	Total liabilities				
Difference between expected and actual experience 6,758,096 3,937,296 Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	Deferred inflows of resources				
Change in assumptions 874,912 1,052,464 Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523		6,758,096	3.937.296		
Difference between projected and actual investment earnings 10,161,450 98,870,631 Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523			, , , , , , , , , , , , , , , , , , ,		
Change in proportion and differences between employer contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523		,	, , , , , , , , , , , , , , , , , , ,		
contributions and proportionate share of contributions 983,954 799,631 Total deferred inflows of resources 18,778,412 104,660,022 Net position Unrestricted deficit (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	- ·	10,101,100	, ,,,,,,,,		
Net position (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523		983,954	799,631		
Unrestricted deficit (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	* *				
Unrestricted deficit (307,808,207) (394,856,298) Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	Not position				
Net investment in capital assets 281,653,768 296,238,100 Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523	•	(207 909 207	(304 856 208)		
Restricted for bonds 166,504,192 306,922,948 Restricted for grants 42,550,673 30,165,523		• • •	, , , , , , , , , , , , , , , , , , , ,		
Restricted for grants 42,550,673 30,165,523	•				
	Total net position	\$ 182,900,426			

See accompanying notes.

Statements of Revenues, Expenses and Changes in Net Position

	Year Ended June 30			
	2023	2022		
Operating revenues	•	_		
Net patient service revenue	\$ 509,398,504	\$ 494,650,061		
AHCCCS medical education revenue	50,659,492	47,113,700		
Other revenue	126,703,335	74,234,388		
Total operating revenues	686,761,331	615,998,149		
Operating expenses				
Salaries and wages	296,737,796	287,796,627		
Employee benefits	99,974,978	82,744,342		
Purchased services	258,558,270	209,273,236		
Medical claims and other expenses	68,529,325	81,838,190		
Supplies	98,744,775	101,359,687		
Depreciation	55,921,558	52,241,569		
Total operating expenses	878,466,702	815,253,651		
Operating loss	(191,705,371)	(199,255,502)		
Nonoperating revenues (expenses)				
Property tax receipts	138,392,868	147,491,236		
Noncapital grants	9,263,795	5,930,243		
Noncapital subsidies from State	3,547,896	3,547,896		
Other nonoperating (expenses) revenues, net	(4,246,685)	27,834,946		
Interest income	7,601,696	3,731,216		
Interest expense	(18,424,046)	(20,068,700)		
Total nonoperating revenues, net	136,135,524	168,466,838		
Decrease in net position	(55,569,847)	(30,788,664)		
Net position, beginning of year	238,470,273	269,258,937		
Net position, end of year	\$ 182,900,426	\$ 238,470,273		

See accompanying notes.

Statements of Cash Flows

	Year Ended June 30			
	2023	2022		
Operating activities				
Receipts from and on behalf of patients	\$ 516,295,125	\$ 501,458,115		
Payments to suppliers and contractors	(385,185,121)	(388,718,427)		
Payments to employees	(394,875,938)	(478,790,701)		
Other operating receipts	194,803,307	237,497,910		
Other operating payments	(19,042,654)	(12,895,861)		
Net cash used in operating activities	(88,005,281)	(141,448,964)		
Noncapital financing activities				
Property tax receipts supporting operations	100,676,385	89,530,796		
Noncapital contributions and grants received	9,263,795	5,930,243		
Noncapital subsidies and other nonoperating receipts	(698,789)	31,382,842		
Net cash provided by noncapital financing activities	109,241,391	126,843,881		
Capital and related financing activities				
Property tax receipts for debt service	37,716,483	57,960,440		
Principal payments on long-term debt and capital leases	(51,413,081)	(44,678,125)		
Purchase of capital assets	(129,333,900)	(181,270,255)		
Interest paid on long-term debt	(18,424,046)	(20,068,700)		
Net cash used in capital and related financing activities	(161,454,544)	(188,056,640)		
Investing activities				
Interest from cash pool	7,601,696	3,731,217		
Net cash provided by investing activities	7,601,696	3,731,217		
Decrease in cash and cash equivalents	(132,616,738)	(198,930,506)		
Cash and cash equivalents, beginning of year	540,335,057	739,265,563		
Cash and cash equivalents, end of year	\$ 407,718,319	\$ 540,335,057		
1	, -,			

Statements of Cash Flows (continued)

	Year Ended June 30			
	2023	2022		
Reconciliation of operating loss				
to net cash used in operating activities				
Operating loss	\$ (191,705,371)	\$ (199,255,502)		
Depreciation	55,921,558	52,241,569		
Changes in operating assets and liabilities:				
Patient and other accounts receivable, and other assets	54,402,727	(15,415,921)		
Due from related parties	(1,654,510)	44,696		
Supplies and prepaid expenses	479,376	(2,803,266)		
Overpayments from third-party payors	(19,042,654)	(12,895,861)		
Risk claims payable	1,233,167	2,033,963		
Accounts payable and accrued liabilities	12,360,426	34,601,358		
Net cash used in operating activities	\$ (88,005,281)	\$ (141,448,964)		

See accompanying notes.

Notes to Financial Statements

June 30, 2023

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations and Reporting Entity

Maricopa County Special Health Care District d/b/a Valleywise Health (the District) is a health care district and political subdivision of the state of Arizona. The District is located in Phoenix, Arizona, and is governed by a five-member Board of Directors elected by voters within Maricopa County, Arizona (the County).

The District was created in November 2003 by an election of the voters of the County. In November 2004, the voters first elected the District's governing board. An Intergovernmental Agreement (IGA) between the District and the County was entered into in November 2004, which, among other things, specified the terms by which the County transferred essentially all of the assets, liabilities, and financial responsibility of the medical center facility to the District effective January 1, 2005. The District operates a medical center facility (the Medical Center), which was formerly owned and operated by the County, three freestanding inpatient behavioral health facilities located on the Medical Center campus and in Maryvale, Arizona and Mesa, Arizona; a specialty clinic located on the Medical Center campus; and various outpatient health centers throughout Maricopa County. The District has the authority to levy ad valorem taxes. The District had no significant operations prior to January 1, 2005. In conjunction with the IGA, the County and the District entered into a 20-year lease for the Medical Center real estate.

On September 3, 2013, a second Amended and Restated Intergovernmental Agreement (the Amended IGA) was entered into by the District, whereby all the land and real property located at the Maricopa Medical Center and Desert Vista campuses (the Property) subject to the prior 20-year lease were donated to the District. The Property was recorded at its fair value at the date of donation, determined by a third-party valuation services firm, totaling \$117,075,000. The Property donated consisted of land of \$9,000,000, buildings of \$104,375,000 and land improvements of \$3,700,000.

The Amended IGA also provided for the District's purchase of supplies from the County and the sublease of certain space to the County, and for the County to be able to purchase supplies and utilize the District's services, among other items.

If the Property is not used for county hospital purposes, the Property shall (at the election of the County) revert to the County.

Notes to Financial Statements (continued)

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

Effective October 1, 2019, as a part of a rebranding initiative, the District, which was formerly known as Maricopa Integrated Health System, is now officially called Valleywise Health.

Basis of Accounting and Presentation

The District prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB). The financial statements of the District have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated and voluntary non-exchange transactions (principally federal and state grants and appropriations from the County) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and interest on capital assets-related debt are included in nonoperating revenues and expenses. The District first applies its restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available. The District primarily earns revenues by providing inpatient and outpatient medical services.

Use of Estimates

The preparation of these basic 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 amounts reported in the basic financial statements and accompanying notes. Actual results could differ from those estimates.

Cash and Cash Equivalents and Restricted Cash

For purposes of the statements of cash flows, the District considers all liquid investments, including those that are restricted, with original maturities of three months or less, to be cash equivalents. At June 30, 2023 and 2022, the District had approximately \$407,718,000 and \$540,335,000, respectively, of cash and cash equivalents and restricted cash. Restricted cash includes cash and cash equivalents that are restricted for use and includes approximately \$48,489,000 and \$77,287,000 as of June 30, 2023 and 2022, respectively, of tax proceeds restricted

Notes to Financial Statements (continued)

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

for debt service on the general obligation bonds and approximately \$118,015,000 and \$229,636,000 as of June 30, 2023 and 2022, respectively, of bond proceeds restricted for use under the bond agreement. A portion of the restricted cash has been classified as a long-term asset as the funds will be used to purchase long-term assets.

Risk Management

The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries; medical malpractice; and natural disasters. The District participated in the County's self-insurance program through December 3, 2012. The IGA between the District and County was amended to reflect that the District would no longer participate in the County's self-insurance program effective December 4, 2012, except for workers' compensation claims. The Amended IGA also stipulated that the County would provide a mutually agreed-upon amount to fund estimated outstanding losses and estimated future claim payments for the period January 1, 2005 through December 3, 2012. In return, the District accepted responsibility for the payment and management of these claims on an ongoing basis.

The District, through its Risk Management Department, is now responsible for identifying and resolving exposures and claims that arise from employee work-related injury, third-party liability, property damage, regulatory compliance, and other exposures arising from the District's operations. Effective December 4, 2012, the District's Board of Directors approved and implemented risk management, self-insurance, and purchased insurance programs under the Maricopa Integrated Health System Risk Management Insurance and Self-Insurance Plan (the Insurance Plan). As authorized under the Insurance Plan, the District purchases excess insurance over the District's self-insured program to maintain adequate protection against the District's exposures and claims filed against the District. It is the District's policy to record the expense and related liability for professional liability, including medical malpractice and workers' compensation, based upon annual actuarial estimates.

Notes to Financial Statements (continued)

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

Patient Accounts Receivable

The District reports patient accounts receivable for services rendered at estimated net realizable amounts due from third-party payors, patients, and others. The District provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, and existing economic conditions. The District bills third-party payors directly and bills the patient when the patient's liability is determined. Patient accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off based on individual credit evaluation and specific circumstances of the account.

Supplies

Supplies inventories are stated at the lower of cost or market, determined using the first-in, first-out method.

Capital Assets

Capital assets are recorded at cost at the date of purchase, or fair value at the date of donation if acquired by gift. The dollar threshold to capitalize capital assets is \$5,000. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are amortized over the shorter of the lease term or the assets' respective estimated useful lives. The following estimated useful lives are being used by the District:

Land improvements	2–25 years
Buildings and leasehold improvements	5–40 years
Equipment	3–20 years

Compensated Absences

District policies permit most employees to accumulate vacation and sick leave benefits (personal leave) that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as personal leave benefits and are earned whether the employee is expected to realize the benefit as time off or as a cash payment. Employees may accumulate up to 240 hours of personal leave, depending on years of service, but any personal

Notes to Financial Statements (continued)

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

leave hours in excess of the maximum amount that are unused by the calendar year-end are converted to the employee's extended illness bank (EIB). Generally, EIB benefits are used by employees for extended illness or injury, or to care for an immediate family member with an extended illness or injury. EIB benefits are cumulative but do not vest and, therefore, are not accrued. However, upon retirement, employees with accumulated EIB in excess of 1,000 hours are entitled to a \$3,000 bonus. The total compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the statement of net position date plus an additional amount for compensation-related payments such as social security and Medicare taxes, computed using rates in effect at that date.

Net Position

Net position of the District is classified into three components. Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets. Restricted net position consists of noncapital assets that must be used for a particular purpose as specified by creditors, grantors, or donors external to the District. Unrestricted net position consists of the remaining assets plus deferred outflows of resources less remaining liabilities plus deferred inflows of resources that do not meet the definition of net investment in capital assets, or restricted net position.

Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such estimated amounts are revised in future periods as adjustments become known. The District participates in the Federally Qualified Health Center (FQHC) program and receives supplemental payments from Arizona Health Care Cost Containment System (AHCCCS). The payments are made based on information filed with AHCCCS on the Annual Reconciliation and Rebase Data (ARRD) report. The District is currently in the process of reconciling with AHCCCS and various health plans regarding the federal fiscal year 2022 ARRD report.

Notes to Financial Statements (continued)

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

Charity Care

The District provides services at amounts less than its established rates to patients who meet the criteria of its charity care policy. The criteria for charity care take into consideration the patient's family size and income in relation to federal poverty guidelines and type of service rendered. The total net cost of charity care provided was approximately \$56,068,000 and \$84,878,000 for the years ended June 30, 2023 and 2022, respectively. Charity care cost is based on the percentage of total direct operating expenses less other operating revenue divided by the total gross revenue for the Medical Center. This percentage is applied to the amount written off as charity care to determine the total charity care cost. The net cost of charity care is total charity care cost less any payments received. Payments received were approximately \$10,161,000 and \$8,697,000 for the years ended June 30, 2023 and 2022, respectively.

Property Taxes

On or before the third Monday in August, the County levies real property taxes and commercial personal property taxes on behalf of the District, which become due and payable in two equal installments. The first installment is due on the first day of October and becomes delinquent after the first business day of November. The second installment is due on the first day of March of the next year and becomes delinquent after the first business day of May.

The County also levies mobile home personal property taxes on behalf of the District that are due the second Monday of the month following receipt of the tax notice and become delinquent 30 days later. A lien assessed against real and personal property attaches on the first day of January after assessment and levy.

Proposition 480 allows the County to levy additional property taxes for principal and interest debt service related to general obligation bonds (see Note 9).

Income Taxes

The District is a health district and political subdivision of the state of Arizona and is exempt from federal and state income taxes.

Notes to Financial Statements (continued)

1. Nature of Operations and Summary of Significant Accounting Policies (continued)

Pension and Postemployment Benefits Other Than Pensions (OPEB)

The District participates in the Arizona State Retirement System (ASRS) pension plan for employees. For purposes of measuring the net pension and OPEB liability, deferred outflows of resources and deferred inflows of resources related to pension and OPEB, and pension and OPEB expense, information about the fiduciary net position of ASRS and additions to/deductions from ASRS's fiduciary net position have been determined on the same basis as they are reported by ASRS. For this purpose, benefit payments are recognized when due and payable in accordance with the benefit plan terms. Investments are reported at fair value.

2. Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. These payment arrangements include the following:

- Medicare Inpatient acute care services, certain inpatient non-acute care services, and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, acuity, and other factors. Inpatient psychiatric services are paid based on a blended cost reimbursement methodology and prospectively determined rates. The District is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicare fiscal intermediary. The Medicare fiscal intermediary has audited the District's cost reports through June 30, 2018.
- AHCCCS Inpatient acute services are paid at prospectively determined rates. Inpatient
 psychiatric services are paid on a per diem basis. Outpatient services rendered to AHCCCS
 program beneficiaries are primarily reimbursed under prospectively determined rates.

Notes to Financial Statements (continued)

2. Net Patient Service Revenue (continued)

 The District has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the District under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Approximately 55% and 56% of net patient service revenues were from participation in the Medicare and state-sponsored AHCCCS programs for the years ended June 30, 2023 and 2022, respectively. Laws and regulations governing the Medicare and AHCCCS programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

3. Deposits, Pooled Funds, and Investment Income

Deposits

Custodial credit risk is the risk that in the event of a bank failure, an entity's deposits may not be returned to it. The District's deposit policy for custodial credit risk requires compliance with the provisions of state law.

The District's deposits are held by Maricopa County (the County) in conjunction with other County funds and are reported as cash and cash equivalents. The County has represented to the District that there is sufficient collateral to cover all of the County's deposits, including the District's deposits. The County issues a Comprehensive Annual Financial Report. Further information regarding County deposits and investments are contained within the basic financial statement notes to the Comprehensive Annual Financial Report. The most recent report can be obtained by writing to Maricopa County Department of Finance, 301 W. Jefferson, Suite 960, Phoenix, Arizona 85003, or at www.maricopa.gov.

Notes to Financial Statements (continued)

3. Deposits, Pooled Funds, and Investment Income (continued)

Pooled Funds

By state statute, the County is required to ensure that all County funds are either insured by the Federal Deposit Insurance Corporation, collateralized by securities held by the cognizant Federal Reserve Bank, or invested in U.S. government obligations. The District's cash held by the County is pooled with the funds of other county agencies and then, in accordance with statutory limitations, placed in banks or invested as the County may determine. The District's pooled funds are reported as part of cash and cash equivalents, and restricted cash – bond and were approximately \$380,036,000 and \$501,815,000 as of June 30, 2023 and 2022, respectively.

4. Patient Accounts Receivable

The District grants credit without collateral to its patients, many of whom are area residents and are insured under third-party payor agreements. Patient accounts receivable is presented net of allowance for uncollectible accounts of \$57,580,000 and \$54,585,000 for the years ended June 30, 2023 and 2022, respectively.

5. Receivables From AHCCCS for Medical Education

During the years ended June 30, 2023 and 2022, the District entered into intergovernmental agreements with AHCCCS such that AHCCCS provided available medical education funds from CMS. At June 30, 2023 and 2022, available funds from CMS for medical education totaled approximately \$66,022,000 and \$61,508,000, respectively. At June 30, 2023 and 2022, the amount due to the District is approximately \$49,895,000, which is net of the \$16,127,000 matching funds to be provided by the District, and \$46,876,000, which is net of the \$14,632,000 matching funds provided by the District, respectively.

Notes to Financial Statements (continued)

6. Other Receivables

At June 30, 2023 and 2022, significant components of other receivables included amounts due from third party payors, such as:

		2023	2022
B . 11	ф	2 2 6 2 0 0 0 0	1.7/2.000
Retail pharmacy accounts receivable	\$	2,263,000 \$	1,763,000
340B program		1,407,000	786,000
Home Assist Health		700,000	806,000
Grants receivable		5,739,000	2,546,000
CARES Act – Provider Relief Funds		_	27,083,000
Other		7,154,000	6,393,000
Total other receivables	\$	17,263,000 \$	39,377,000

7. Capital Assets

Capital assets activity for the year ended June 30, 2023, was as follows:

	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Capital assets not being depreciated:			•		
Construction-in-progress	\$ 369,061,921	\$ 129,623,900	\$ -	\$ (54,248,424)	\$ 444,437,397
Capitalized software-in-progress	330,119	_	_	_	330,119
Land	35,615,278	_	(290,000)	_	35,325,278
Capital assets being depreciated:					
Buildings and leasehold					
improvements	419,366,459	_	_	42,557,433	461,923,892
Capitalized software	49,516,241	-	_	_	49,516,241
Equipment	238,294,027	-	_	11,690,991	249,985,018
Total capital assets	1,112,184,045	129,623,900	(290,000)	_	1,241,517,945
Accumulated depreciation	389,000,233	55,921,558	_	_	444,921,791
Capital assets, net	\$ 723,183,812	\$ 73,702,342	\$ (290,000)	\$ -	\$ 796,596,154

Notes to Financial Statements (continued)

7. Capital Assets (continued)

Capital assets activity for the year ended June 30, 2022, was as follows:

	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Capital assets not being depreciated:					
Construction-in-progress	\$ 238,432,510	\$ 182,475,787	\$ -	\$ (51,846,376)	\$ 369,061,921
Capitalized software-in-progress	330,119	_	_	_	330,119
Land	26,342,487	_	(380,000)	9,652,791	35,615,278
Capital assets being depreciated:					
Buildings and leasehold					
improvements	393,737,421	_	(7,903,574)	33,532,612	419,366,459
Capitalized software	49,516,241	_	_	_	49,516,241
Equipment	229,935,513	_	(302,459)	8,660,973	238,294,027
Total capital assets	938,294,291	182,475,787	(8,586,033)	_	1,112,184,045
Accumulated depreciation	344,139,165	52,241,569	(7,380,501)	_	389,000,233
Capital assets, net	\$ 594,155,126	\$ 130,234,218	\$ (1,205,532)	\$ -	\$ 723,183,812

The District recognized \$10,484,000 in accelerated depreciation expenses during both years ended June 30, 2023 and 2022 due to the anticipated decommissioning of the current medical center building.

8. Risk Claims Payable

The District maintains insurance through a combination of programs utilizing purchased commercial insurance and self-insurance for professional liability claims, including medical malpractice and workers' compensation claims. The District is self-insured for workers' compensation in Arizona. In connection with the aforementioned programs, the District has accrued estimates for asserted and incurred but not reported claims. The actuarially determined claims payable is approximately \$14,299,000 and \$13,066,000, of which \$514,000 and \$553,000 has been recorded as a current liability and approximately \$13,785,000 and \$12,513,000 has been recorded as a noncurrent liability on the accompanying statements of net position as of June 30, 2023 and 2022, respectively. Risk claims payable are undiscounted.

Notes to Financial Statements (continued)

8. Risk Claims Payable (continued)

As of June 30, 2023, the District maintained commercial insurance as follows:

Insurance	Limits	Self-Insured Retention/Deductible
Workers' compensation	Statutory	\$500,000 each claim
Medical malpractice	\$15,000,000 each incident – first layer Additional \$15,000,000 – second excess layer Additional \$20,000,000 – third excess layer	\$2,000,000 each incident Additional \$2,000,000 one claim layer buffer

The insurance policies listed above became effective December 1, 2012, and remain current through June 30, 2023.

The following is a reconciliation of the risk claims payable as for the years ended June 30:

	2023 2022			2021	
Beginning balance	\$	13,065,547 \$	11 031 584	\$	12 145 246
Total incurred	Ψ	6,926,933	6,191,156	Ψ	2,949,206
Total paid		(5,693,766)	(4,157,193)		(4,062,868)
Ending balance	\$	14,298,714 \$	13,065,547	\$	11,031,584

Notes to Financial Statements (continued)

9. Other Current Liabilities

At June 30, 2023 and 2022, significant components of other current liabilities included amounts such as:

	 2023	2022
Interest payable	\$ 14,570,000	\$ 15,579,000
Deferred revenue – Grants & Research	21,829,000	19,364,000
Deferred revenue – Foundation	21,873,000	10,802,000
Other current liabilities	 29,034,000	25,897,000
Total other current liabilities	\$ 87,306,000	\$ 71,642,000

The grants and research deferred revenue includes amounts received by the District as a sub-recipient of American Rescue Plan Act (ARPA) funds that were not recognized as revenue as of the year ended June 30, 2023 and 2022. The foundation deferred revenue includes amounts received by the District from the Valleywise Health Foundation to support the completion of the Care Reimagined project and were not recognized as revenue as of the year ended June 30, 2023 and 2022.

10. Long-Term Debt

The following is a summary of long-term debt transactions for the District for the years ended June 30:

	Beg	ginning Balance	e	Additions	Reductions	Eı	nding Balance	Cu	rrent Portion
2023 General obligation bonds, series C General obligation bonds, series D	\$	422,188,095 296,101,264	\$	-	\$ (19,134,289) (32,278,792)	\$	403,053,806 263,822,472	\$	16,130,000 10,000,000
Total long-term debt	\$	718,289,359	\$	_ 	\$ (51,413,081)	\$	666,876,278	\$	26,130,000

Notes to Financial Statements (continued)

10. Long-Term Debt (continued)

2022						
General obligation bonds, series C	\$ 440,953	.718 \$	- \$	(18,765,623) \$	422,188,095 \$	15,351,007
General obligation bonds,	,	,	Ψ		, , ,	, ,
series D Direct placement general	305,008	,663	_	(8,907,399)	296,101,264	25,000,000
obligation bonds	17,000	,000	_	(17,000,000)	_	_
Total long-term debt	\$ 762,962	,381 \$	- \$	(44,664,028) \$	718,289,359 \$	40,351,007

General Obligation Bonds

On November 4, 2014, the voters of the County approved Proposition 480. Proposition 480 allows the District to issue up to \$935,000,000 in general obligation bonds to be repaid over 30 years to fund outpatient health facilities, including improvement or replacement of existing outpatient health centers; construction of new outpatient health centers in northern, eastern, and/or western Maricopa County, behavioral health facilities, including construction of a new behavioral health hospital; and acute care facilities, including replacement of the District's public teaching hospital Valleywise Health Medical Center and its Level One Trauma Center and Arizona Burn Center, on the existing campus. Through June 30, 2023, the District has issued \$935,000,000 in general obligation bonds.

On October 12, 2017, the District closed on its second offering of general obligation bonds in the amount of \$75,000,000 in order to continue the various improvement projects. The bonds bear interest at the rate of 1.61% through maturity in fiscal year 2022. Financing for the District's first and second offering were both private placements.

On October 30, 2018, the District closed on its third offering of general obligation bonds in the amount of \$422,125,000 in order to continue the various improvement projects. The bonds were issued at a premium of \$42,870,000. The bonds bear coupon interest at the rate of 5.00% through maturity in fiscal year 2038. Financing for the District's third offering were public placements.

On June 10, 2021, the District closed on its fourth offering of general obligation bonds in the amount of \$244,070,000 in order to continue the various improvement projects. The bonds were issued at a premium of \$60,939,000. The bonds bear coupon interest at the rate of 5.00% through maturity in fiscal year 2035. Financing for the District's fourth offering were public placements.

Notes to Financial Statements (continued)

10. Long-Term Debt (continued)

Proposition 480 allows the County to levy property taxes for principal and interest debt service related to the general obligation bonds.

The bond purchase agreements also contain certain nonfinancial covenants, including the maintenance of property and annual reporting requirements. Management believes it is in compliance with these covenant requirements at June 30, 2023.

Credit Facility, Maricopa County

On June 25, 2020, the County agreed to extend the District a \$30,000,000 line of credit through its credit facility in response to the COVID-19 pandemic crisis. The District did not have any outstanding borrowings on the line of credit at June 30, 2023 and 2022.

Scheduled maturities of long-term debt, excluding a net premium of \$66,541,000 as of June 30, 2023, for the years ending June 30 are as follows:

	G	General Obligation Bonds				
	P	rincipal	Interest			
2024	\$	26,130,000 \$	28,487,350			
2025		30,070,000	27,082,350			
2026		31,575,000	25,541,225			
2027		33,150,000	23,923,100			
2028		34,810,000	22,224,100			
2029–2033	2	01,975,000	82,507,125			
2034–2038	2	09,410,000	28,420,800			
2039–2041		33,215,000	664,300			
	\$ 6	00,335,000 \$	238,850,350			

Notes to Financial Statements (continued)

11. Restricted Net Position

Restricted net position at June 30, 2023 and 2022, consists of grant funds received for specific purposes that are expected to be expended as defined on the agreement, in the amount of approximately \$42,551,000 and \$30,166,000, respectively.

Restricted net position at June 30, 2023 and 2022, also consists of bond funds expected to be expended for specific purposes as defined in the bond agreement, in the amount of approximately \$166,504,000 and \$306,923,000, respectively.

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset)

General Information About the Pension and OPEB Plans

Plan Description

The District contributes to a cost-sharing, multiple-employer, defined benefit pension plan and OPEB plans administered by the ASRS. Benefits are established by state statute and generally provide retirement, death, long-term disability, survivor, and health insurance premium benefits. ASRS is governed by the ASRS Board according to the provisions of Arizona Revised Statutes Title 38, Chapter 5, Article 2.

ASRS issues a Comprehensive Annual Financial Report that includes financial statements and required supplementary information. The most recent report may be obtained at www.azasrs.gov/content/annual-reports or by writing the Arizona State Retirement System, 3300 North Central Avenue, P.O. Box 33910, Phoenix, Arizona 85067-3910, or by telephoning (602) 240-2000 or (800) 621-3778.

Funding Policy

The Arizona State Legislature establishes and may amend contribution rates for active plan members, including the District. For the years ended June 30, 2023 and 2022, active plan members, including the District, were required by statute to contribute at the actuarially determined rate of 12.17% (11.92% retirement, 0.11% health benefit supplement, and 0.14% long-term disability) and 12.41% (12.01% retirement, 0.21% health benefit supplement, and 0.19% long-term disability), respectively, of the members' annual covered payroll.

Notes to Financial Statements (continued)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset) (continued)

Benefits Provided

ASRS provides retirement, health care, and long-term disability benefits. The Defined Benefit Plan provides monthly retirement benefits to members who have reached retirement eligibility criteria, terminated employment, and applied for retirement benefits. At retirement, members have seven different payment options to choose from, including a straight-life annuity that guarantees monthly payments only for the lifetime of the member, or term certain and joint and survivor annuities that will continue to make monthly payments to a beneficiary in the event of the member's death. The amount of a member's monthly benefit is calculated based on his or her age, his or her years of service, his or her salary at retirement, and the retirement option chosen. In the event a member dies before reaching retirement eligibility criteria, the defined benefit plan will pay a lump sum or annuity to the member's beneficiary(ies). The Retiree Health Benefit Supplement (also called Premium Benefit Supplement) provides health insurance coverage for retirees and a monthly health insurance premium benefit to offset the cost of retiree health insurance. Long Term Disability provides a monthly disability benefit to partially replace income lost as a result of disability.

Contributions

The contribution rate for the pension and OPEB plans are calculated by an independent actuary at the end of each fiscal year based on the amount of investment assets the ASRS has on hand to pay benefits, liabilities associated with the benefits members have accrued to date, projected investment returns, and projected future liabilities.

Notes to Financial Statements (continued)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset) (continued)

Liabilities, Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources
Related to Pensions and OPEB

At June 30, 2023, the District reported a liability of approximately \$369,080,000 for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2022. The total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of June 30, 2021, and was rolled forward using generally accepted actuarial procedures to June 30, 2022. The District's proportion of the net pension liability was based on a projection of the District's long-term share of contributions to the pension plan relative to the projected contributions of all participating employers and the state, as actuarially determined. At June 30, 2022, the District's proportion was 2.26%, which represents a slight change from its proportion measured as of June 30, 2021.

At June 30, 2022, the District reported a liability of approximately \$297,858,000 for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2021. The total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of June 30, 2020, and was rolled forward using generally accepted actuarial procedures to June 30, 2021. The District's proportion of the net pension liability was based on a projection of the District's long-term share of contributions to the pension plan relative to the projected contributions of all participating employers and the state, as actuarially determined. At June 30, 2021, the District's proportion was 2.27%, which represents no change from its proportion measured as of June 30, 2020.

At June 30, 2023, the District reported a net (asset) of approximately (\$12,635,000) for its proportionate share of the net OPEB liability. The net OPEB liability was measured as of June 30, 2022. The total amount used to calculate the net OPEB liability was determined by an actuarial valuation as of June 30, 2021, and was rolled forward using generally accepted actuarial procedures to June 30, 2022. The District's proportion of the net OPEB liability was based on a projection of the District's long-term share of contributions to the OPEB plan relative to the projected contributions of all participating employers and the state, as actuarially determined. At June 30, 2022 and 2021, the District's proportion was 2.30% and 2.31%, respectively.

Notes to Financial Statements (continued)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset) (continued)

At June 30, 2022, the District reported a net (asset) of approximately (\$10,767,000) for its proportionate share of the net OPEB liability. The net OPEB liability was measured as of June 30, 2021. The total amount used to calculate the net OPEB liability was determined by an actuarial valuation as of June 30, 2020, and was rolled forward using generally accepted actuarial procedures to June 30, 2021. The District's proportion of the net OPEB liability was based on a projection of the District's long-term share of contributions to the OPEB plan relative to the projected contributions of all participating employers and the state, as actuarially determined. At June 30, 2021 and 2020, the District's proportion was 2.31% and 2.30%, respectively.

Within employee benefits, the District recorded pension expense of \$47,306,000 and \$33,298,000 for the years ended June 30, 2023 and 2022, respectively. At June 30, 2023, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

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Dafarrad

	Deferred Outflows of Resources		Deferred Inflows of Resources	
Employer contributions made after measurement date Differences between expected and actual experience Changes in assumptions Difference between projected and actual investment	\$	33,719,162 3,144,779 18,318,139	\$ - - -	
earnings Change in proportion and differences between employer contributions and proportionate share of		-	(9,721,916)	
contributions Total	\$	<u>-</u> 55,182,080	\$ (969,137) (10,691,053)	

Notes to Financial Statements (continued)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset) (continued)

At June 30, 2022, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of		Deferred Inflows of
		Resources	Resources
Employer contributions made after measurement date Differences between expected and actual experience Changes in assumptions Difference between projected and actual investment	\$	32,711,475 4,540,570 38,768,596	\$ - - -
earnings Change in proportion and differences between employer contributions and proportionate share of		-	(94,371,882)
contributions Total	\$	6,371,328 82,391,969	\$ (779,921) (95,151,803)

Of the amount reported as deferred outflows of resources as of June 30, 2023, \$748,000 related to pension results from District contributions subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the year ending June 30, 2023. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pension will be recognized in pension expense (benefit) as follows:

Year ending June 30:	
2024	\$ 16,797,286
2025	(4,706,275)
2026	(16,879,531)
2027	15,560,385

Notes to Financial Statements (continued)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset) (continued)

Within employee benefits, the District recorded OPEB (benefit) of (\$1,793,000) for the year ended June 30, 2023. At June 30, 2023, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources		Deferred Inflows of Resources	
Employer contributions made after measurement date Differences between expected and actual expenses Changes in assumptions Difference between projected and actual investments earnings Change in proportion and differences between	\$	748,358 111,843 325,577	\$ (6,758,096) (874,912) (439,534)	
Change in proportion and differences between employer contributions and proportionate share of contributions		94,455	(14,817)	
Total	\$	1,280,233	\$ (8,087,359)	

Notes to Financial Statements (continued)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset) (continued)

Within employee benefits, the District recorded OPEB (benefit) of (\$926,000) for the year ended June 30, 2022. At June 30, 2022, the District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources			Deferred Inflows of Resources		
Employer contributions made after measurement date Differences between expected and actual expenses Changes in assumptions Difference between projected and actual investments	\$	1,536,765 137,082 709,100	\$	(3,937,296) (1,052,464)		
earnings Change in proportion and differences between employer contributions and proportionate share of contributions		98,513	Φ.	(4,498,749)		
Total	\$	2,481,460	\$	(9,508,219)		

Of the amount reported as deferred outflows of resources, \$1,537,000 related to OPEB results from District contributions subsequent to the measurement date that will be recognized as a reduction of the net OPEB liability in the year ending June 30, 2022. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB (benefit) as follows:

Year ending June 30:	
2024	\$ (1,988,873)
2025	(2,174,578)
2026	(2,428,854)
2027	(352,442)
2028	(439,054)
Thereafter	(171,683)

Notes to Financial Statements (continued)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset) (continued)

Actuarial Assumptions

The June 30, 2021 and 2020 actuarial valuation of the total pension liability was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation 2.30%

Salary increases 2.90% - 8.40% average, including inflation

Discount rate 7.00%

Rates are based on the 2017 State Retirees of Arizona (SRA) mortality table. Generational mortality improvements in accordance with the Ultimate MP scales (beginning in 2020) and projected from the year 2017.

The June 30, 2021 and June 30, 2020 actuarial valuation of the OPEB (asset) was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation 2.30% Investment rate of return 7.00%

Mortality rates 2017 SRA Scale U-MP

Health care trend rate N/A

Rates are based on the 2017 State Retirees of Arizona (SRA) mortality table. Generational mortality improvements in accordance with the Ultimate MP scales (beginning in 2020) and projected from the year 2017.

Notes to Financial Statements (continued)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset) (continued)

The benefits paid by the plan are not impacted by health care cost trend rates. As a result, changes in the health care cost trend rate assumption will have no impact on the net OPEB (asset).

The actuarial assumptions used in the June 30, 2021 pension and OPEB valuations were based on the results of an actuarial experience study for the period July 1, 2015–June 30, 2020. The ASRS Board adopted the experience study, which recommended changes, and those changes were effective as of the June 30, 2021, actuarial valuation. The actuarial assumptions used in the June 30, 2020 pension and OPEB valuations were based on the results of an actuarial experience study for the period July 1, 2011–June 30, 2016. The ASRS Board adopted the experience study, which recommended changes, and those changes were effective as of the June 30, 2017, actuarial valuation.

The long-term expected rate of return on pension and OPEB plans' investments were determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

The target allocation and best estimates of geometric real rates of return for each major asset class for the pension and OPEB plans measured as of June 30, 2022, are summarized in the following table:

		Long-Term Expected
Asset Class	Target Allocatio	
Equity	50%	1.95%
Fixed income	30	1.04
Real estate	20	1.20
Total	100%	4.19%

Notes to Financial Statements (continued)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset) (continued)

The target allocation and best estimates of geometric real rates of return for each major asset class for the pension and OPEB plans measured as of June 30, 2021, are summarized in the following table:

		Long-Term Expected
Asset Class	Target Allocation	Real Rate of Return
Asset Class	Anocation	Ketuili
Equity	50%	2.45%
Fixed income	30	1.11
Real estate	20	1.14
Total	100%	4.70%

Discount Rate

The discount rate used to measure the overall pension liability as of June 30, 2023 and 2022, was 7.0%, and the OPEB (asset) as of June 30, 2023 and 2022, was 7.0%. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate, contributions from the District will be made at contractually required rates (actuarially determined), and contributions from the participating employers will be made at current statutorily required rates. Based on those assumptions, the plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on plan investments was applied to all periods of projected benefit payments to determine the total pension liability and OPEB (asset).

Notes to Financial Statements (continued)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset) (continued)

Sensitivity of the District's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate

The following presents the District's proportionate share of the net pension liability reported at June 30, 2023, using the discount rate of 7.0% as well as what the District's proportionate share of the net pension liability would be if it were calculated using a discount rate that is one percentage point lower 6.0% or one percentage point higher 8.0% than the current rate:

	1-1	Point Decrease	D	iscount Rate	1	Point Increase
		(6.0%)		(7.0%)		(8.0%)
District's proportionate share of						_
the net pension liability	\$	544,566,115	\$	369,079,692	\$	222,751,434

The following presents the District's proportionate share of the net pension liability reported at June 30, 2022, using the discount rate of 7.0% as well as what the District's proportionate share of the net pension liability would be if it were calculated using a discount rate that is one percentage point lower 6.0% or one percentage point higher 8.0% than the current rate:

	1-1	Point Decrease	D	Discount Rate		1-Point Increase		
		(6.0%)		(7.0%)		(8.0%)		
District's proportionate share of								
the net pension liability	\$	468,505,634	\$	297,857,967	\$	155,585,029		

The following presents the District's proportionate share of the net OPEB (asset) reported at June 30, 2023, using the discount rate of 7.0% as well as what the District's proportionate share of the net OPEB (asset) would be if it were calculated using a discount rate that is one percentage point lower 6.0% or one percentage point higher 8.0% than the current rate:

	1-P	oint Decrease	Discount Rate	1-Point Increas		
	(6.0%)		(7.0%)		(8.0%)	
District's proportionate share of					_	
the net OPEB (asset)	\$	(8,883,591)	\$ (12,635,048)	\$	(15,835,147)	

Notes to Financial Statements (continued)

12. Pension Plan and Other Post Employment Benefit (OPEB) Liabilities (Asset) (continued)

The following presents the District's proportionate share of the net OPEB (asset) reported at June 30, 2022, using the discount rate of 7.0% as well as what the District's proportionate share of the net OPEB (asset) would be if it were calculated using a discount rate that is one percentage point lower 6.0% or one percentage point higher 8.0% than the current rate:

	1-Pe	oint Decrease	Discount Rate	1-Point Increase		
		(6.0%)	(7.0%)	(8.0%)		
District's proportionate share of						
the net OPEB (asset)	\$	(6,825,194)	\$ (10,767,083)	\$	(14, 135, 798)	

Pension and OPEB Plans Fiduciary Net Position

Detailed information about the pension and OPEB plans' fiduciary net position are available in the separately issued ASRS Comprehensive Annual Financial Report.

13. Commitments and Contingencies

Litigation

In the normal course of business, the District is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the County's risk management program (see Note 1) or by commercial insurance, for example, allegations regarding employment practices or performance of contracts. The District evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of legal counsel, management records an estimate of the amount of ultimate expected loss, if any, for each allegation. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Notes to Financial Statements (continued)

14. Disproportionate Share Settlement

Section 1923 of the Social Security Act establishes federal requirements designed to aid entities that provide medical services to a disproportionate share of medically indigent patients. These requirements were met for the state fiscal years ended June 30, 2023 and 2022, through disproportionate share settlements established in Laws 2016 Second Regular Session Chapter 122 and Laws 2015 First Regular Session Chapter 14. AHCCCS was directed to distribute such settlements based on various qualifying criteria and allocation processes. The District recorded approximately \$4,202,000 of disproportionate share settlements in other operating revenue in each of fiscal years 2023 and 2022.

15. Related-Party Transactions

During the years ended June 30, 2023 and 2022, net patient service revenues included approximately \$3,776,000 and \$3,037,000, respectively, of payments received from Maricopa County Correctional Health for medical services rendered, and approximately \$8,704,000 and \$1,789,000, respectively, in grant funds from the Maricopa County Department of Public Health.

During the years ended June 30, 2023 and 2022, nonoperating revenues included approximately \$334,000 and \$952,000 in payments received from Maricopa County Industrial Development Authority (MCIDA) for program support in the District's Simulation and Training Center in fiscal years 2023 and 2022, respectively.

16. CARES Act

Through the passage of the Families First Coronavirus Response Act (Families First) and the Coronavirus Aid, Relief and Economic Security (CARES) Act, Congress provided financial support to hospitals and health care providers during the pandemic for financial stabilization. This allowed for financial support to the District in fiscal year 2022 through the Provider Relief Fund.

The District has attested to the receipt of distributions of Provider Relief Funds under the CARES Act and recorded \$0 and \$39,376,000 in other nonoperating revenue for the years ended June 30, 2023 and 2022, respectively. These distributions were used to offset expenses to prevent, prepare for, and respond to the COVID-19, or lost revenues that are attributable to COVID-19.

Notes to Financial Statements (continued)

17. Subsequent Events

Effective July 1, 2023, the District elected to levy a secondary property tax on all taxable property in the defined surrounding area at the rate necessary to generate approximately \$96,225,000 of annual tax revenue. The tax revenue is to be used to support operations of the District.

Effective July 1, 2023, the District elected to levy property tax on all taxable property in the defined surrounding area, in the amounts of \$13,849,000 and \$18,684,000 for the fifth year principal and interest debt service, respectively, related to the \$422,125,000 third bond offering.

Effective July 1, 2023, the District elected to levy property tax on all taxable property in the defined surrounding area, in the amounts of \$9,816,000 and \$10,855,000 for the third year principal and interest debt service, respectively, related to the \$244,070,000 fourth bond offering.

Required Supplementary Information

Schedule of District's Proportionate Share of the Net Pension Liability

Last 10 Fiscal Years*

	2023	2022	2021	2020	2019	2018	2017	2016	2015
District's proportion or the net pension liability	2.26%	2.27%	2.27%	2.14%	2.15%	1.96%	2.11%	2.15%	2.25%
District's proportionate share of	2.20 / 0	2.2779	2.2779	2.11.79	2.1570	1,5070	2.1170	2,1076	2.2070
the net pension liability	\$ 369,079,692	\$ 297,857,967	\$ 394,058,778	\$ 311,132,978	\$ 300,238,443	\$ 304,619,435	\$ 339,937,627	\$ 334,641,881	\$ 332,820,645
District's covered payroll	\$ 270,682,087	\$ 252,938,151	\$ 236,809,991	\$ 225,450,955	\$ 211,945,416	\$ 188,850,966	\$ 195,634,317	\$ 196,475,917	\$ 203,989,176
District's proportionate share of the net pension liability									
a percentage of its covered payroll	136.35%	117.76%	166.40%	138.00%	141.66%	161.30%	173.76%	170.32%	163.16%
Plan fiduciary net position as a percentage of the total									
pension liability	74.26%	78.58%	69.33%	73.24%	73.40%	69.92%	67.06%	68.35%	69.49%

^{*}The amounts presented for each fiscal year were determined as of the end of the prior fiscal year. Ten years of information is not yet available.

Schedule of District's Proportionate Share of the Net OPEB Liability (Asset)

Last 10 Fiscal Years*

	2023	2022	2021	2020	2019	2018
District's proportion or the net OPEB liability (asset)	2.30%	2.31%	2.30%	2.17%	2.14%	2.14%
District's proportion of the net OPEB liability (asset)	\$ (12,635,048)			\$ 812,445		\$ (361,250)
District's covered payroll	\$ 270,682,087	\$ 252,938,151	\$ 236,809,991	\$ 225,450,955	\$ 211,945,416	\$ 188,850,966
District's proportionate share of the net OPEB liability (asset)						
as a percentage of its covered payroll	(4.67)%	(4.26)%	0.05%	0.36%	0.16%	(0.19)%
Plan fiduciary net position as a percentage of the total						
OPEB liability (asset)	132.71%	125.56%	99.73%	98.07%	99.13%	101.03%

^{*}The amounts presented for each fiscal year were determined as of the end of the prior fiscal year. Ten years of information is not yet available.

Schedule of Contributions – Pension Plan

Last 10 Fiscal Years

	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014
Contractually required contribution Contributions in relation to the	\$ 33,719,162	\$ 32,711,475	\$ 29,724,443	\$ 28,321,667	\$ 25,950,721	\$ 22,402,719	\$ 20,360,215	\$ 21,226,490	\$ 21,396,442	\$ 21,827,065
contractually required contribution	(33,719,162)	(32,711,475)	(29,724,443)	(28,321,667)	(25,950,721)	(22,402,719)	(22,259,196)	(21,387,917)	(21,690,643)	(20,471,268)
Contribution deficiency (excess)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,898,981)	\$ (161,427)	\$ (294,201)	\$ 1,355,797
District's covered payroll	\$ 288,670,536	\$ 270,682,087	\$ 252,938,151	\$ 236,809,991	\$ 225,450,955	\$ 211,945,416	\$ 188,850,966	\$ 195,634,317	\$ 196,475,917	\$ 203,989,176
Contributions as a percentage of covered payroll	11.68%	12.08%	11.75%	11.96%	11.51%	10.57%	10.78%	10.85%	10.89%	10.70%

Schedule of Contributions – OPEB

Last 10 Fiscal Years

	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014
Contractually required contribution Contributions in relation to the	\$ 748,358	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 1,375,302	\$ 1,579,258	\$ 1,396,082	\$ 1,273,313	\$ 1,321,018 \$	\$ 1,213,587	\$ 1,395,848	\$ 1,715,385
contractually required contribution Contribution deficiency (excess)	(748,358	•	6	•	(1,396,082)	(1,273,313)	(1,321,018)	(1,213,587)	(1,395,848)	(1,715,385)
Contribution deficiency (excess)	3 -	- 5 –	<u>s</u> –	\$ -	2 -	2 -	2 - 3	<u> </u>	<u> </u>	<u> э</u> —
District's covered payroll	\$ 288,670,536	\$ 270,682,087	\$ 252,938,151	\$ 236,809,991	\$ 225,450,955	\$ 211,945,416	\$ 188,850,966	5 195,634,317	\$ 196,475,917	\$ 203,989,176
Contributions as a percentage of covered payroll	0.26%	6 0.57%	0.54%	0.67%	0.62%	0.60%	0.70%	0.62%	0.71%	0.84%

Reports



Ernst & Young LLP 101 E. Washington Street Suite 910 Phoenix, AZ 85004 Tel: +1 602 322 3000 ev.com

Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Management and the Board of Directors Maricopa County Special Health Care District d/b/a Valleywise Health

We have audited, in accordance with 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 (*Government Auditing Standards*), the financial statements of the Maricopa County Special Health Care District d/b/a Valleywise Health (the District), which comprise the statement of net position as of June 30, 2023, and the related statements of revenues, expenses and changes in net position and cash flows for the year then ended, and the related notes to the financial statements (collectively referred to as the "financial statements"), and have issued our report thereon dated November 21, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District'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 financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District'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. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.



Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free of 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 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*.

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 results of that testing, and not to provide an opinion on the effectiveness of the entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Ernst & Young LLP

November 21, 2023



Ernst & Young LLP 101 E. Washington Street Suite 910 Phoenix, AZ 85004 Tel: +1 602 322 3000 ev.com

Report of Independent Auditors on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance

Management and the Board of Directors Maricopa County Special Health Care District d/b/a Valleywise Health

Report of Independent Auditors on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Maricopa County Special Health Care District d/b/a Valleywise Health's (the District) compliance with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on each of the District's major federal programs for the year ended June 30, 2023. The District's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the District and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on compliance for each major federal program. Our audit does not provide a legal determination of the District's compliance with the compliance requirements referred to above.



Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the District's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the District's compliance based on our audit. 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, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, Government Auditing Standards, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, 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 District's compliance with the compliance requirements referred
 to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the District's internal control over compliance relevant to the audit in
 order to design audit procedures that are appropriate in the circumstances and to test and report on
 internal control over compliance in accordance with the Uniform Guidance, but not for the purpose
 of expressing an opinion on the effectiveness of the District's internal control over compliance.
 Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

2403-4486454



Report on Internal Control Over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations during our audit, we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Ernst + Young LLP

March 22, 2024

Supplementary Information

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2023

Federal Grantor / Program Title / Pass-Through Grantor	Assistance Listing Number	Pass-Through Entity Identifying Number	Health Center Program Cluster	Other Expenditures	Total Expenditures	Federal Expenditures Passed Through to Subrecipients
U.S. Department of Labor:						
WIOA Cluster:						
COVID-19 - WIOA Adult Program - State of Arizona, The Office of the Governor	17.258	IGA-WIOA-ARPA-VWH-070121-01	\$ -	\$ 965,081	\$ 965,081	\$ -
COVID-19 - WIOA Youth Activities - State of Arizona, The Office of the Governor	17.259	IGA-WIOA-ARPA-VWH-070121-01	-	1,419,281	1,419,281	_
COVID-19 - WIOA Dislocated Worker Formula Grants - State of Arizona, The						
Office of the Governor	17.278	IGA-WIOA-ARPA-VWH-070121-01	_	2,615,638	2,615,638	_
Total WIOA Cluster			_	5,000,000	5,000,000	_
Total U.S. Department of Labor			-	5,000,000	5,000,000	_
U.S. Department of Transportation: Highway Safety Cluster:						
State and Community Highway Safety - Arizona Governor's Office of Highway Safety	20.600	HS-FY 2016	-	17,304	17,304	_
Total Highway Safety Cluster			_	17,304	17,304	_
Total U.S. Department of Transportation			-	17,304	17,304	
U.S. Department of Treasury: COVID-19 – Coronavirus State and Local Fiscal Recovery Funds – <i>State of Arizona</i> ,						
The Office of the Governor COVID-19 – Coronavirus State and Local Fiscal Recovery Funds – State of Arizona,	21.027	IGA-WIOA-ARPA-VWH-070121-01	-	5,000,000	5,000,000	-
The Office of the Governor	21.027	IGA-ARPA-VWH-020323-01	_	2,507,751	2,507,751	_
COVID-19 – Coronavirus State and Local Fiscal Recovery Funds – <i>Maricopa County</i>	21.027	C-95-22-025-X-01	_	2,287,823	2,287,823	_
COVID-19 – Coronavirus State and Local Fiscal Recovery Funds – <i>Maricopa County</i>	21.027	90-23-100-1	_	1,223,132	1,223,132	_
COVID-19 – Coronavirus State and Local Fiscal Recovery Funds – <i>Maricopa County</i> COVID-19 – Coronavirus State and Local Fiscal Recovery Funds – <i>Arizona Alliance</i>	21.027	C-95-22-025-X-00	-	697,118	697,118	-
of Community Health Centers	21.027	MCDPHCAP2	-	262,100	262,100	_

2403-4486454

Schedule of Expenditures of Federal Awards (continued)

Year Ended June 30, 2023

Federal Grantor / Program Title / Pass-Through Grantor	Assistance Listing Number	Pass-Through Entity Identifying Number	Health Center Program Cluster	Other Expenditures	Total Expenditures	Federal Expenditures Passed Through to Subrecipients
				•	-	
COVID-19 – Coronavirus State and Local Fiscal Recovery Funds – Arizona Alliance of Community Health Centers	21.027	MCDPHCAP5	\$ -	\$ 108,082	\$ 108,082	\$ _
Total 21.027	21.027	Medi nen 3	Ψ	12,086,006	12,086,006	Ψ —
Total U.S. Department of Treasury			_	12,086,006	12,086,006	_
Federal Communications Commission:						
COVID-19 – COVID-19 Telehealth Program	32.006		_	971,710	971,710	_
Total Federal Communications Commission			_	971,710	971,710	_
U.S. Department of Health and Human Services:						
Maternal and Child Health Federal Consolidated Programs – Arizona Department of Health Services	93.110	CTR054270	-	22,800	22,800	_
Coordinated Services and Access to Research for Women, Infants, Children,						
and Youth	93.153		_	701,694	701,694	_
Family Planning Services – Arizona Family Health Partnership	93.217	CTR063883	-	86,050	86,050	_
Health Center Program (Community Health Centers, Migrant Health Centers,						
Health Care for the Homeless, and Public Housing Primary Care)	93.224		868,730	_	868,730	_
COVID-19 - Health Center Program (Community Health Centers, Migrant Health						
Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		8,347,065		8,347,065	
Total 93.224			9,215,795	_	9,215,795	_
Substance Abuse and Mental Health Services Projects of Regional and						
National Significance	93.243		_	366,814	366,814	_

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Schedule of Expenditures of Federal Awards (continued)

Year Ended June 30, 2023

	Assistance Listing	Pass-Through Entity Identifying	Health Center Program	Other	Total	Federal Expenditures Passed Through
Federal Grantor / Program Title / Pass-Through Grantor	Number	Number	Cluster	Expenditures	Expenditures	to Subrecipients
Immunization Cooperative Agreements – Arizona Alliance of Community Health Centers	93.268	CTR050821	\$ -	\$ 145,671	\$ 145,671	\$ -
$\label{thm:control-Arizona Department of Health Services} \label{thm:control-Arizona Department of Health Services} Viral Hepatitis Prevention and Control-Arizona Department of Health Services$	93.270	CTR059355	_	84,992	84,992	_
Cooperative Agreement to Support Navigators In Federally-facilitated Exchanges – Arizona Alliance of Community Health Centers	93.332	NAVCA210401-01-00	-	7,610	7,610	-
The National Cardiovascular Health Program – Arizona Department of Health Services	93.426	CTR041891	-	27,008	27,008	-
COVID-19 – Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	93.498		-	12,784,970	12,784,970	_
Grants for Capital Development in Health Centers	93.526		_	269,479	269,479	_
COVID-19 – Grants for New and Expanded Services under the Health Center Program	93.527		284,142		284,142	
Teaching Health Center Graduate Medical Education Payment	93.530		-	120,467	120,467	_
Refugee and Entrant Assistance Discretionary Grants – <i>Mercy Maricopa Integrated Care</i>	93.576	CTR057399	-	210,375	210,375	-
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B – Maricopa County Department of Human Health	93.686	C-86-22-145-x-00	_	30,220	30,220	_

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Schedule of Expenditures of Federal Awards (continued)

Year Ended June 30, 2023

Federal Grantor / Program Title / Pass-Through Grantor	Assistance Listing Number	Pass-Through Entity Identifying Number	Health Center Program Cluster	Other Expenditures	Total Expenditures	Federal Expenditures Passed Through to Subrecipients
Children's Health Insurance Program – Arizona Alliance of Community Health Centers	93.767	CMS-1Y1-19-002 CK2C-01	\$ -	\$ 27,628	\$ 27,628	\$ -
National Bioterrorism Hospital Preparedness Program – Arizona Department of Health Services	93.889	ADHS19-205773	-	100,446	100,446	_
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations – Maricopa County Department of Human Health	93.898	ADHS CTR059657	-	466,200	466,200	_
HIV Emergency Relief Project Grants – Maricopa County Department of Human Health	93.914	C-86-22-145-x-00	-	2,122,871	2,122,871	_
HIV Care Formula Grants – Arizona Department of Health Services	93.917	ADHS 17-145508	-	2,160,898	2,160,898	-
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918		-	785,270	785,270	_
HIV Prevention Activities Health Department Based – Arizona Department of Health Services	93.940	CTR056404	-	430,600	430,600	-
Block Grants for Community Mental Health Services – <i>Mercy Maricopa Integrated Care</i>	93.958	YH17-0003-03	-	893,380	893,380	-
Maternal and Child Health Services Block Grant to the States – <i>Arizona Department of Health Services</i> Total U.S. Department of Health and Human Services	93.994	CTR063883	9,499,937	232,905 22,078,348	232,905 31,578,285	
Total Expenditures of Federal Awards			\$ 9,499,937	\$ 40,153,368	\$ 49,653,305	\$ -

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Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2023

1. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying Schedule of Expenditures of Federal Awards (SEFA) includes the federal grant activity of Maricopa County Special Health Care District d/b/a Valleywise Health (the District) and is presented on the accrual basis of accounting. The information in this SEFA is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards (Uniform Guidance). The SEFA does not include payments received under the traditional Medicare and Medicaid reimbursement programs, as these programs are outside the scope of the Uniform Guidance. There were no donated goods and personal protective equipment received from federal sources that required recognition or disclosure in the notes to the SEFA.

2. Indirect Costs

The Uniform Guidance provides for a 10% de minimis indirect cost rate election; however, the District did not make this election and uses a negotiated indirect cost rate.

3. Provider Relief Fund

The amount presented on the SEFA for Assistance Listing Number 93.498, COVID-19 – Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution, is for the year ended June 30, 2023. The amount presented below was derived from the Provider Relief Fund (PRF) information reported to the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA):

Name of Reporting Entity	,	Reporting Entity Tax		Total ARP a Other Provide			
for HRSA Reporting Period PRF Report	Period	Identification Number	Type of Distribution	Relief Func Expenses			Total
Maricopa County Special Health Care District	4	860830701	ARP			56,247 \$	466,247
Maricopa County Special Health Care District Total PRF Expenditures	5	860830701	General	\$	- 12,33 - \$ 12,78	18,723 84,970 \$	12,318,723 12,784,970

2403-4486454

Notes to Schedule of Expenditures of Federal Awards (continued)

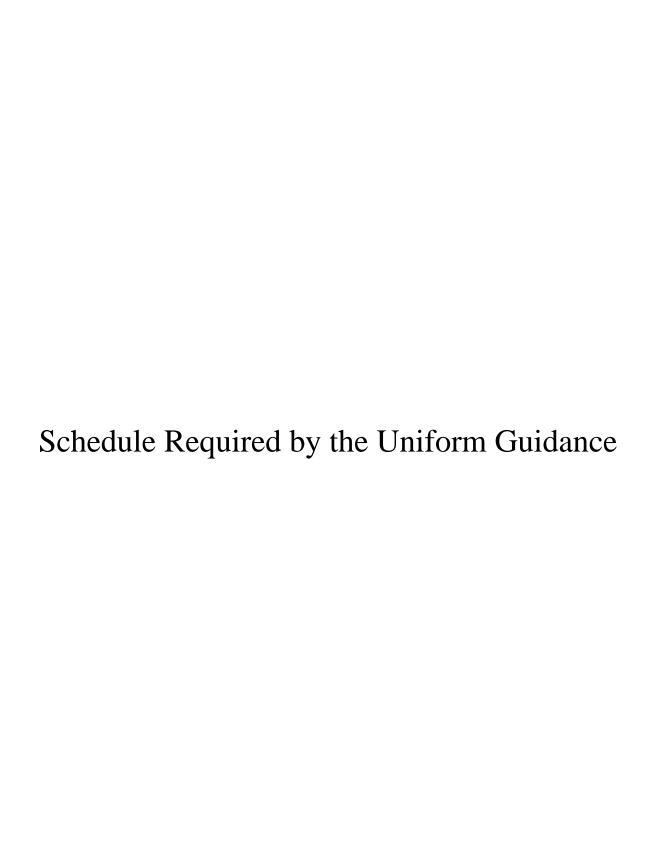
Year Ended June 30, 2023

3. Provider Relief Fund (continued)

HHS has indicated the PRF on the SEFA be reported corresponding to reporting requirements of the HRSA PRF Reporting Portal. Payments from HHS for PRF are assigned to 'Payment Received Periods' (each, a Period) based upon the date on which each payment was received. Each Period has a specified Period of Availability and timing of reporting requirements. Entities report into the HRSA PRF Reporting Portal after each Period's deadline to use the funds (i.e., after the end of the Period of Availability).

The SEFA includes \$12,784,970 of PRF received from HHS between July 1, 2021 through June 30, 2022. In accordance with guidance from HHS, these amounts are presented as Period 4 and Period 5. Such amounts were recognized as other nonoperating revenues in the District's financial statements for the year ended June 30, 2022.

2403-4486454



Schedule of Findings and Questioned Costs

For the Year Ended June 30, 2023

Section I – Summary of Auditor's Results

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in	T 1	Louis diC a d
accordance with GAAP:		Inmodified
Internal control over financial reporting:		
Material weakness(es) identified?	Yes	XNo
Significant deficiency(ies) identified?	Yes	X None reporte
Noncompliance material to financial statements noted?	Yes	XNo
Federal Awards		
Internal control over major federal programs:		
Material weakness(es) identified?	Yes	<u>X</u> No
Significant deficiency(ies) identified?	Yes	X None reporte
Type of auditor's report issued on compliance for major federal programs:	Uı	nmodified
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	Yes	X No

Schedule of Findings and Questioned Costs (continued)

For the Year Ended June 30, 2023

Section I – Summary of Auditor's Results (continued)

Identification of major federal programs:

Assistance Listing Numbers	Name of federal program or cluster			
17.258, 17.259, 17.278	WIOA Cluster			
21.027	COVID-19 – Coronavirus State and Local Fiscal Recovery Funds			
93.224, 93.527	Health Center Program Cluster			
93.498	COVID-19 – Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution			
93.917	HIV Care Formula Grants			
93.918	Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease			
Dollar threshold used to distinguish between Type A and Type B programs:	\$ 1,489,599			
Auditee qualified as low-risk auditee?	YesX No			
Section II – Financial Statement Findings				
No matters were reported.				
Section III – Federal Award Findings and Questioned Costs				
No matters were reported.				

2403-4486454

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Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2023

Federal Award Findings and Questioned Costs

Finding 2022-001

Internal control deficiency and noncompliance over amounts reported in the Schedule of Expenditures of Federal Awards (SEFA).

Auditee Status Update:

An additional review process of the SEFA was implemented that is performed by both the Vice President of Financial Services and the Chief Financial Officer to ensure the SEFA contains complete and accurate reporting of expenditures, and to ensure that applicable guidance is reviewed prior to its finalization.

Finding 2022-002

Internal control deficiency and noncompliance over program income requirements.

Auditee Status Update:

Valleywise Health management developed and implemented internal controls to ensure that program income is accurately calculated and reported in the federal financial report.

Finding 2022-003

Internal control deficiency and noncompliance over small purchase procurement requirements.

Auditee Status Update:

The Valleywise Health Administrative Policy and Procedure policy was updated for procurement procedures to be followed. The policy is now included in the Compliance 360 portal.



Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2023 (continued)

Federal Award Findings and Questioned Costs (continued)

Finding 2021-001

Noncompliance over Activities Allowed or Unallowed, Allowable Costs/Cost Principles, and Eligibility.

Auditee Status Update:

All accounts submitted under the COVID-19 – HRSA COVID-19 Claims Reimbursement for the Uninsured Program and the COVID-19 Coverage Assistance Fund were reviewed for eligibility coverage to revalidate the uninsured status of the patients at the time the services were provided. The questioned costs identified were refunded.

Finding 2021-002

Internal control deficiency and noncompliance over amounts reported in the Schedule of Expenditures of Federal Awards (SEFA).

Auditee Status Update:

An additional review process of the SEFA was implemented that is performed by both the Vice President of Financial Services and the Chief Financial Officer to ensure the SEFA contains complete and accurate reporting of expenditures, and to ensure that applicable guidance is reviewed prior to its finalization.

Finding 2021-003

Internal control deficiency and noncompliance over the calculation of lost revenues attributable to Coronavirus.

Auditee Status Update:

The Vice President of Financial Services performed an additional layer of review on the calculation of lost revenues attributable to Coronavirus. The latest audited financial statements were used for the data included in the calculation.



Summary Schedule of Prior Audit Findings For the Year Ended June 30, 2023 (continued)

Federal Award Findings and Questioned Costs (continued)

Finding 2021-004

Internal control deficiency and noncompliance over program income requirements.

Auditee Status Update:

Valleywise Health management developed and implemented internal controls to ensure that program income is accurately calculated and reported in the federal financial report.

Finding 2021-005

Internal control deficiency over procurement and suspension and debarment.

Auditee Status Update:

A new internal committee headed by the Compliance Department that also includes Accounts Payable, Supply Chain, Finance, Grants and Contracts department had been developed with the sole purpose of reviewing vendors currently doing business with Valleywise Health. The committee meets to review the listing of vendors and send them over to a third party that specializes in vendor screening for suspension and debarment.

1.c.iii. Governance - Board Resolution No. 2024-4-24-001, Calling an Election



Chief Governance Officer

2609 East Roosevelt Street • Phoenix • AZ• 85008 Phone: (602) 344-5177 • Fax: (602) 655-9337

DATE: April 13, 2024

TO: J. Woodfin Thomas, Chairman, District 4

Mark G. Dewane, Vice Chairman, District 2 Mary A. Harden, R.N., Director, District 1 Kate Brophy McGee, Director, District 3 Mary Rose Wilcox, Director, District 5

FROM: Melanie Talbot, Chief Governance Officer and Clerk of the

Board

SUBJECT: Call of Election to fill Board of Directors vacancies on

November 5, 2024

Attached are drafts of: (1) a Call of Election for a November 5, 2024 election to fill the three vacancies on the Board of Directors ("Board"), and (2) a Resolution approving the Call of Election. The vacancies that are the subject of the Call of Election are created by the expiration of the four (4) year terms of Mary A. Harden, Mark G. Dewane, and Mary Rose Garrido Wilcox.

Although the law does not specifically require the Board to issue a formal call to notice elections to fill its vacancies, the Board has issued a call in the past. The call provides the public and prospective candidates with notice regarding the upcoming vacancies and will assist the Maricopa County Election officials as they prepare the November 5, 2024 general election ballot.

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT RESOLUTION NO. 2024-4-24-001 April 24, 2024

RESOLUTION CALLING AN ELECTION, TO BE HELD ON NOVEMBER 5, 2024, TO FILL THREE VACANCIES ON THE BOARD OF DIRECTORS.

WHEREAS, the expiration of the four (4) year terms of Directors Mary A. Harden, Mark G. Dewane, and Mary Rose Garrido Wilcox will create three (3) vacancies on the Board of Directors in 2024.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Maricopa County Special Health Care District (the "District") calls an election, to be held on November 5, 2024, to fill the three (3) vacancies on the Board of Directors (the "Election").

BE IT RESOLVED FURTHER that the Board of Directors of the District authorizes the directors and officers of the District, or any of them individually or collectively, to take the necessary steps required by law for the Election to appear on the November 5, 2024 general election ballot, including notifying the Maricopa County Board of Supervisors and the Maricopa County Recorder of the Election.

DONE in open session on April 24, 2024.

Maricopa County Special Health Care Distri	ct
Board of Directors	
By:	
J. Woodfin Thomas, Chair	
Attest:	
Melanie Talbot, Clerk of the Board	

CALL OF ELECTION





BOARD OF DIRECTORS

OF

Maricopa County Special Health Care District

Notice is hereby given to all qualified electors of the above district that an election, to fill three (3) vacancies on the Board of Directors created by the expiration of the four (4) year terms of Mary A. Haren, Mark G. Dewane, and Mary Rose Garrido Wilcox, will be held on the 5th day of November 2024.

In order to vote in this election, you must be a qualified elector of this state who has registered to vote at least twenty-nine (29) days prior to the election as a resident within the district boundaries.

Anyone desiring to become a candidate for one of these positions may obtain nomination petitions and nomination papers from:

Maricopa County Elections Department 510 S. 3rd Ave. Phoenix, Arizona 85003 602-506-1511

In order for an individual's name to appear on the ballot, nomination petitions and nomination papers must be received no later than Monday, July 8, 2024, at 5:00 p.m. at:

Maricopa County Elections Department 510 S. 3rd Ave. Phoenix, Arizona 85003 602-506-1511

Voters may, at time of election, write in a candidate's name of their choosing who has not submitted a timely nomination petition but who has submitted a nomination paper to the district office listed above by July 22, 2024, at 5:00 p.m. at.

Dated the 24th day of April 2024.

J. Woodfin Thomas, ChairBoard of DirectorsMaricopa County Special Health Care District

1.d.i. Medical Staff - Medical Staff Credentials

Recommended by Credentials Committee: April 2, 2024 Recommended by Medical Executive Committee: April 9, 2024

Submitted to MSHCDB: April 24, 2024

VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested Privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT							
NAME	CATEGORY	DEPARTMENT/SPECIALTY	APPOINTMENT DATES	COMMENTS			
Christina Lee Benjamin, D.O.	Courtesy	Pediatrics (Cardiology)	5/1/2024 to 4/30/2026				
Robert Michael Humberstone, M.D.	Active	Psychiatry	5/1/2024 to 4/30/2026				
Eric Marlis Noble, M.D.	Active	Psychiatry	5/1/2024 to 4/30/2026				

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION				
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS	
Stefanie Handrick Brichta, M.D.	Psychiatry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Child Psychiatric Advanced Clinical Privileges.	
Matthew William Earle, M.D.	Emergency Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Emergency Medicine Cognitive & Procedural Privileges.	
lv Godzdanker, M.D.	Emergency Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Emergency Medicine Cognitive & Procedural Privileges.	
Noah Elliot Halpern, M.D.	Emergency Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Emergency Medicine Cognitive & Procedural Privileges.	
Jamie Caveney Harris, M.D.	Surgery	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Pediatric Surgery Core and Advanced Laparoscopic Surgical Procedures Privileges.	
Bryan Edmund Heidrich, M.D.	Emergency Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Procedural Sedation Privileges.	
Reynaldo Hernandez, M.D.	Emergency Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Emergency Medicine Cognitive & Procedural Privileges.	

Recommended by Credentials Committee: April 2, 2024 Recommended by Medical Executive Committee: April 9, 2024 Submitted to MSHCDB: April 24, 2024

	INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
Reena Kumar, D.O.	Psychiatry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Adolescent, Adult, Geriatric Psychiatry Privileges and Child Psychiatric Advanced Clinical Privileges.	
Benjamin Edward Padilla, M.D.	Surgery	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Pediatric Surgery Core and Advanced Laparoscopic Surgical Procedures Privileges.	
Carl William Pastore, M.D.	Emergency Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Procedural Sedation Privileges.	
Yash Patel, M.D.	Anesthesiology	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Anesthesia Core and Advanced Pediatric Anesthesia Core Privileges.	
Aimee Elizabeth Pierce, M.D.	Emergency Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Emergency Medicine Cognitive & Procedural Privileges and Point-of-Care Emergency Ultrasound Privileges.	
Benjamin Daniel Pirotte, M.D.	Emergency Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Emergency Medicine Cognitive & Procedural Privileges, Point-of-Care Emergency Ultrasound Privileges, Procedural Sedation Privileges.	
Brant Robert Thayer, M.D.	Psychiatry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Adolescent, Adult, Geriatric Psychiatry Privileges.	
Kathryn Rebecca Vargas, M.D.	Psychiatry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Adolescent, Adult, Geriatric Psychiatry Privileges.	
Oliver Grey Waldrop, M.D.	Internal Medicine (Palliative Medicine)	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Palliative Medicine Core Privileges.	
Jordan Rebecca Wells, M.D.	Emergency Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Emergency Medicine Cognitive & Procedural Privileges and Point-of-Care Emergency Ultrasound Privileges.	

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	DEPARTMENT/SPECIALTY	APPOINTMENT DATES	COMMENTS
Abubakr Abdelmunim Tagelsir Abdelaziz, M.D.	Courtesy	Internal Medicine (Nephrology)	5/1/2024 to 4/30/2026	
Ahmad Aldeiri, M.D.	Courtesy	Internal Medicine (Infectious Disease)	5/1/2024 to 4/30/2026	
Ezekiel Anderson, D.O.	Active	Anesthesiology	5/1/2024 to 4/30/2026	
Clint Wayne Anthony, M.D.	Active	Psychiatry	5/1/2024 to 4/30/2026	

Recommended by Credentials Committee: April 2, 2024 Recommended by Medical Executive Committee: April 9, 2024 Submitted to MSHCDB: April 24, 2024

	REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
Sheetal K. Chhaya, D.O.	Active	Internal Medicine (Rheumatology)	5/1/2024 to 4/30/2026		
Christopher Jay Delbridge, D.O.	Active	Radiology	5/1/2024 to 4/30/2026		
Erik Garyson Ellsworth, M.D.	Courtesy	Pediatrics (Cardiology)	5/1/2024 to 4/30/2026		
Jamie Caveney Harris, M.D.	Courtesy	Pediatrics (Pediatric Surgery)	5/1/2024 to 4/30/2026		
John S. Jones, M.D.	Courtesy	Anesthesiology	5/1/2024 to 4/30/2026		
Mona Khurana, M.D.	Active	Pediatrics	5/1/2024 to 4/30/2026		
Anthony Bon Young Koo, M.D.	Courtesy	Anesthesiology	5/1/2024 to 4/30/2026		
Troy J. Nelson, M.D.	Active	Pediatrics	5/1/2024 to 4/30/2026		
Benjamin Edward Padilla, M.D.	Courtesy	Pediatrics (Pediatric Surgery)	5/1/2024 to 4/30/2026		
Yash Patel, M.D.	Courtesy	Anesthesiology	5/1/2024 to 4/30/2026		
Emily Rose Shortridge, M.D.	Courtesy	Surgery (Ophthalmology)	5/1/2024 to 4/30/2026		
Nichole Lynn Townsend, M.D.	Courtesy	Anesthesiology	5/1/2024 to 4/30/2026		
Amrita Manasa Vempati, M.D.	Active	Emergency Medicine	5/1/2024 to 4/30/2026		

CHANGE IN PRIVILEGES					
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS		
Jamie Caveney Harris, M.D.	Surgery (Pediatric Surgery)	Withdrawal: Vascular Surgery Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges		
Benjamin Edward Padilla, M.D.	Surgery (Pediatric Surgery)	Withdrawal: Vascular Surgery Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges		
Nichole Lynn Townsend, M.D.	Anesthesiology	Withdrawal: Point-of-Care Ultrasound Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges		

		RESIGNATIONS	
		Information Only	
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Joseph P. Aiello, M.D.	Surgery (Ophthalmology)	Courtesy to Inactive	Resigned effective March 4, 2024
Jomarys Demorizi Guzman, M.D.	Family & Community Medicine	Courtesy to Inactive	Resigned effective March 1, 2024
Rajnikanth Narayanan, M.D.	Internal Medicine (Nephrology)	Courtesy to Inactive	Resigned effective March 4, 2024
Lisa Rutvik Shah-Patel, M.D.	Radiology	Courtesy to Inactive	Resigned effective April 30, 2024

Recommended by Credentials Committee: April 2, 2024
Recommended by Medical Executive Committee: April 9, 2024

Submitted to MSHCDB: April 24, 2024

Definitions:

Active

2 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees
Courtesy

3 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees
Reappointments Renewal of appointment and Privileges is for a period of two years unless otherwise specified for a shorter period of time.

FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

1.d.ii. Medical Staff - Advanced Practice Clinician / Allied Health Professional Staff Credentials

Recommended by Credentials Committee: April 2, 2024 Recommended by Medical Executive Committee: April 9, 2024

Submitted to MSHCDB: April 24, 2024

VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Lorna Ann Hill, A.G.N.P.	Internal Medicine	Practice Prerogatives on file	5/1/2024 to 4/30/2026	
Joshua Daniel Lehrer, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	5/1/2024 to 4/30/2026	
Farah Campbell Massardi, P.AC.	Surgery	Practice Prerogatives on file	5/1/2024 to 4/30/2026	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION				
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS	
Laney Lorraine Brown, P.AC.	Emergency Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Emergency Medicine Core Privileges.	
Spenser Kensington Dauwalder, A.G.A.C.N.P.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core Privileges.	
Jennifer Franco-Rodriguez, L.C.S.W.	Psychiatry	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Counselor/Therapist Privileges.	
Jacquelynn Marie Long, Au.D., CCC-A	Surgery	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Audiology Privileges.	
Megan Elyse Newsom, C.R.N.A.	Anesthesiology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Certified Registered Nurse Anesthetist Core Procedures Privileges.	
Charlotte Eleonore Jean Petin, P.AC.	Emergency Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Emergency Medicine Core Privileges.	
Korey Tuck Yau Shute, P.AC.	Emergency Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Procedural Sedation Privileges.	
Lawrence Patrick Thomas, L.C.S.W.	Psychiatry	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Counselor/Therapist Privileges.	

Recommended by Credentials Committee: April 2, 2024 Recommended by Medical Executive Committee: April 9, 2024 Submitted to MSHCDB: April 24, 2024

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL — REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
James Donald Ferguson, C.C.P.	Surgery	Practice Prerogatives on file	5/1/2024 to 4/30/2026	
Jennifer Franco-Rodriguez, L.C.S.W.	Psychiatry	Practice Prerogatives on file	5/1/2024 to 4/30/2026	
Jacquelynn Marie Long, Au.D., CCC-A	Surgery	Practice Prerogatives on file	5/1/2024 to 4/30/2026	
Suzanne Marie Hanson, C.N.M.	Obstetrics & Gynecology	Practice Prerogatives on file	5/1/2024 to 4/30/2026	
Megan Elyse Newsom, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	5/1/2024 to 4/30/2026	
Lawrence Patrick Thomas, L.C.S.W.	Psychiatry	Practice Prerogatives on file	5/1/2024 to 4/30/2026	
Stephanie Peishan Yu, P.AC	Family & Community Medicine	Practice Prerogatives on file	5/1/2024 to 4/30/2026	

WAIVER REQUEST				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	COMMENTS	
Becky Lynn Toman, F.N.P.	Surgery	Practice Prerogatives on file	 Requesting a permanent waiver from the Surgical Clinical Basic Core and Surgical Clinical Core Privileges criteria to be eligible to apply for privileges: Applicants for initial appointment must be able to demonstrate provision of care, treatment, and services, for at least 50 patients, reflective of the scope of privileges requested, during the past 12 months in a setting similar in scope and complexity to Valleywise Health; or demonstrate successful completion of an accredited college or university formal masters program or a post-masters program in nursing with a concentration in an advanced practice registered nursing category and specialty (as defined under R4-19-501 of the "Rules of the State Board of Nursing") within the past 12 months. The Chair of Surgery is supportive of this waiver request. 	

RESIGNATION (Information Only)				
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON	
Ethelyn E. Lara, L.C.S.W.	Psychiatry	Allied Health Professional to Inactive	Resigned effective April 30, 2024	
Kathleen Margaret Eaton McDonald, P.AC.	Emergency Medicine	Allied Health Professional to Inactive	Resigned effective April 30, 2023	

Recommended by Credentials Committee: April 2, 2024 Recommended by Medical Executive Committee: April 9, 2024

Submitted to MSHCDB: April 24, 2024

General Definitions:

Advanced Practice Clinician	An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master's degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.
Allied Health Professional	An Allied Health Professional (AHP) means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services.
Practice Prerogatives	Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

Supervision Definitions:
(1) General Supervision

The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.

(2) Direct Supervision

The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

(3) Personal Supervision A physician must be in the room during the performance of the procedure.

2. Patient Safety Report



Patient Safety

Reporting Group: Patient Safety

Person Reporting: Crystal Garcia, MBA/HCM, VP of Specialty Services, Quality and

Patient Safety

Report Created by: Jo Anna Hernandez, Quality Assurance Analyst for Patient Safety

Reporting Month: Nov/Dec 2023

Reporting Date: 4/24/2024

Patient Safety Program Manager Role and Responsibilities:

- Is an integral part of the Quality Management Department
- This position provides leadership and expertise in continuous quality improvement and facilitates patient safety improvement activities for areas within Valleywise Health.

The Patient Safety Program Manager is responsible for:

- a. Daily review of Event Reports for integrity and completeness.
- b. Assigning a Severity Code
- c. <u>Closing of the Event Report within 14 business days</u> of the Director/Manager/CRL, Pharmacy, or designee's completion of investigation and documentation, unless the occurrence is referred for RCA. Closing for RCA cases will occur when investigation is complete.
- d. Trending and analysis of events with communication via proper committee structures.
- e. Investigation, analysis, and reporting of Serious Reportable Events, as per policy #13503 S, Serious Reportable Event Response and Reporting.

Measures Meeting Benchmark

Measure	Benchmark	FY2024 Q1	FY2024 Q2	FYTD 2024
Bar Code Medication Administration (% Compliance)	>95%	97%	96%	96%
CPOE: Computerized Physician Order Entry Percent	>85%	97%	Pending	97%
Medication Reconciliation-rate of unintentional medication discrepancies per medication	TBD	0.16	Pending	0.16

Measures Meeting Benchmark

Measure	Benchmark	FY2024 Q1	Oct 2023	Nov 2023	Dec 2023	FY2024 Q2	FYTD 2024
PSI-03: Pressure Ulcer Rate (Stage 3+)	≤ 0.67	0.00	2.01	0.00	0.00	0.66	0.32
PSI-06: Iatrogenic pneumothorax rate	≤ 0.19	0.46	0.00	0.00	0.00	0.00	0.23
PSI-90 Composite (CDB4235)	≤ 0.98	0.25	0.65	0.25	0.36	0.53	0.36
HAC-Air embolism* (rate) per 1,000 acute care admissions	0	0	0	0	0	0	0

Measures Meeting Benchmark

Measure	Benchmark	FY2024 Q1	Oct 2023	Nov 2023	Dec 2023	FY2024 Q2	FYTD 2024
Prolonged Restraint: absolute number of prolonged restraint events (>5 days) - ICU units	TBD	56	15	23	14	52	108
Prolonged Restraint: absolute number of prolonged restraint events (>5 days) - Medical/Surgical units	TBD	6	1	17	8	26	29
Unanticipated Deaths per 1000 patient days	≤ 6.08	0.13	0.00	0.00	0.00	0.00	0.00
Serious Reportable Events – Inpatient acute medical	NA	3	2	0	3	5	5
RCA conducted within 45 days	100%	100%	100%	100%	100%	100%	100
Workforce fatigue identified in Root Cause Analysis (absolute number)	0	0	0	0	0	0	0

Measures NOT Meeting Benchmark

Measure	Benchmark	FY202 4 Q1	Oct 2023	Nov 2023	Dec 2023	FY2024 Q2	FYTD 2024
PSI-08: In-hospital fall rate with fracture	≤ 0.27	0.00	0.00	1.44	1.33	0.53	0.36

NOV

Toilet-related fall, unresponsive, transferred to ICU. Diagnosed with occipital skull fracture and bilateral subarachnoid hemorrhages. Neurosurgery consult recommended supportive care.

DEC

Toilet-related fall. Right mildly displaced intertrochanteric fracture with subtrochanteric extension requiring surgical intervention.

Measures NOT Meeting Benchmark

Measure	Benchmark	FY2024 Q1	Oct 2023	Nov 2023	Dec 2023	FY2024 Q2	FYTD 2024
HAC-Hospital Falls/Traumatic Events with Injuries* (fractures, dislocations, intracranial injuries, crushing injuries, burns, other injuries) per 1,000 acute care admissions	< 0.45	0.78	0.00	1.21	2.13	1.14	0.95

Correspond to the same events for PSI-08

NOV

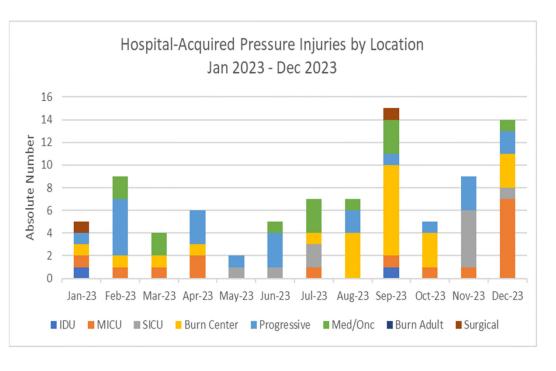
Toilet-related fall, unresponsive, transferred to ICU. Diagnosed with occipital skull fracture and bilateral subarachnoid hemorrhages. Neurosurgery consult recommended supportive care.

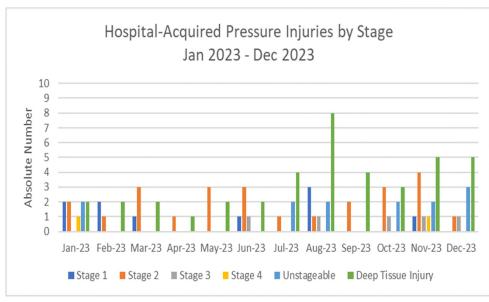
DEC

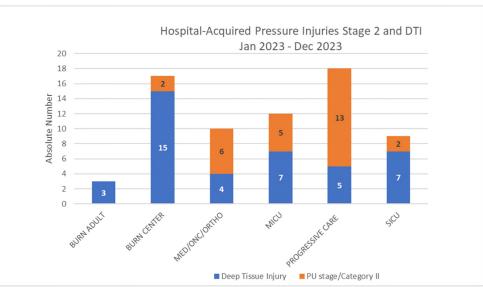
Toilet-related fall. Right mildly displaced intertrochanteric fracture with subtrochanteric extension requiring surgical intervention.

Hospital-Acquired Pressure Injuries

Inpatient HAPIs



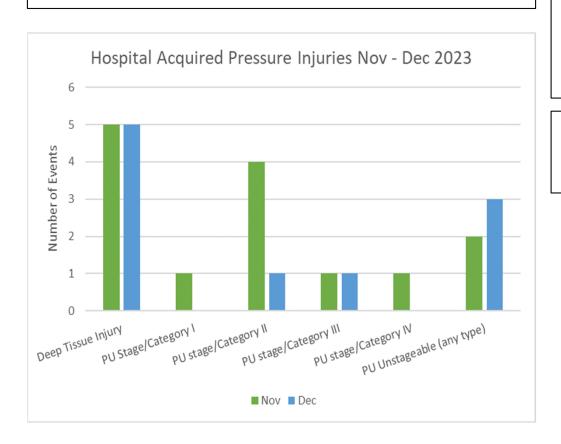




Inpatient HAPIs

Analysis:

Healthcare-acquired pressure injuries are trending up in rate.



Assessment:

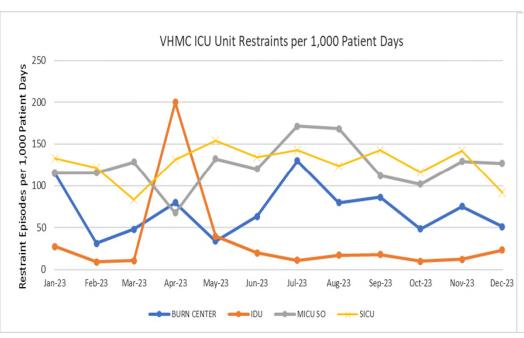
- Increase in events reported, HAPIs are being reported earlier.
 - Many events reported at the stage of Deep Tissue to Stage II.
 - 15 Events determined to not meet the criteria for HAPI!

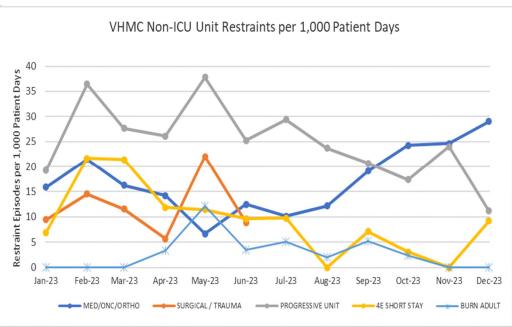
Recommended Action:

Workgroup formed for standardization reporting and decrease of HAPI.

Restraints

Restraint Episodes per 1,000 Patient Days





Analysis:

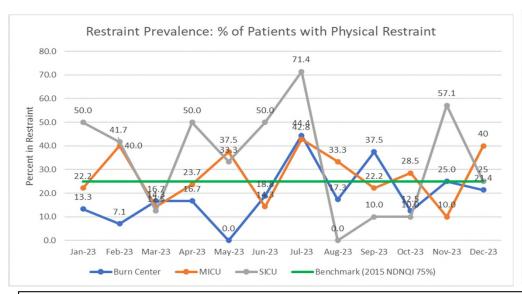
- Restraint episodes per 1,000 patient days is showing normal variation. Med/Onc trending upward.
- Reminder: Discontinued restraints need to be discontinued in EPIC.
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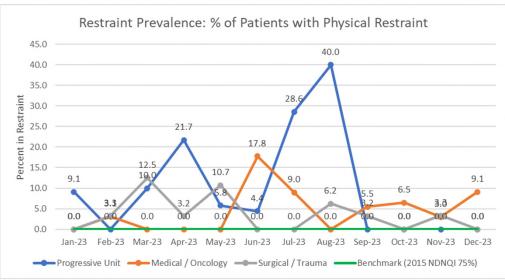
Recommended Action:

- Restraint workgroup formed.
- Restraint documentation in EPIC being reviewed for OFI.
- Audits of restraints performed for education and training opportunities.

12

Restraint Prevalence, Adult





<u>Analysis:</u>

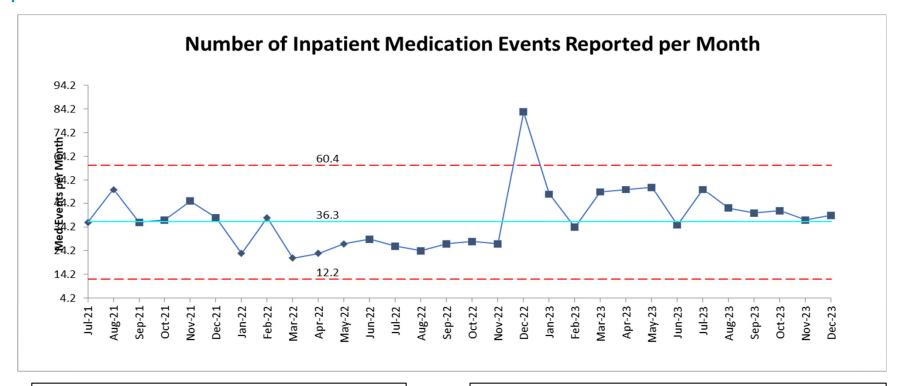
- Restraint prevalence is a one-day snapshot of the percentage of adult patients in restraints.
- Restraint Prevalence and benchmark are higher in critical care areas.
 - Burn and SICU are trending below benchmark with MICU slightly above.
 - Non-ICU units are trending near zero except for Med/ONC/Ortho trending up.

Recommended Action:

 Recommend to continue monitoring restraint prevalence. Further recommendations to be based on ongoing data trends.

Medication Safety

Inpatient Medication Events



Analysis:

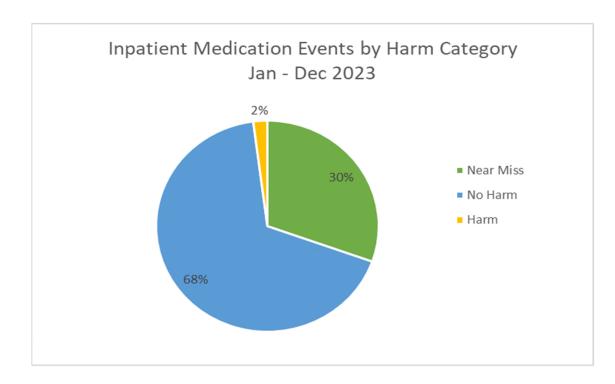
• Further drill down on subsequent slides.

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Recommended Action:

• Continue to track and trend. Identify OFIs as applicable and develop associated mitigating actions.

Inpatient Medication Events by Harm Category



Recommended Action:

• Continue to track and trend.

Analysis:

Nov: Near Miss 10, No Harm 30, 0 Harm

- Duplicate orders for hydrocortisone suspected, morning dose discontinued as a duplicated. Pt. developed adrenal crisis and required transfer to ICU.
- Burn pt. received 2 doses of oxycodone prior to dressing change. Wound care order and PRN orders are separate order in EMR. Fentanyl and versed were pulled for dressing change but canceled due to pt. desat. needing oxygen.
- Pt. returned from OR with Smart pump with norepinephrine in anesthesia mode.

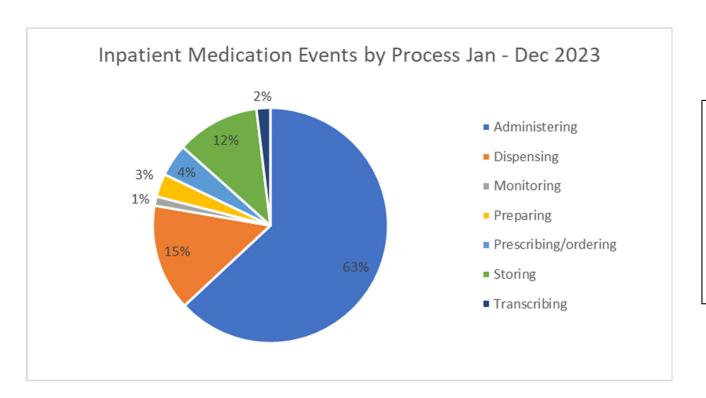
Dec: Near Miss 11 No Harm 32, 1 Harm

- Type 1 Diabetic holding in ED, no POC glucose checks or insulin corrections for 10 hours.
- Continuous IV Ca gluconate given in MICU West.

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Inpatient Medication Events by Process

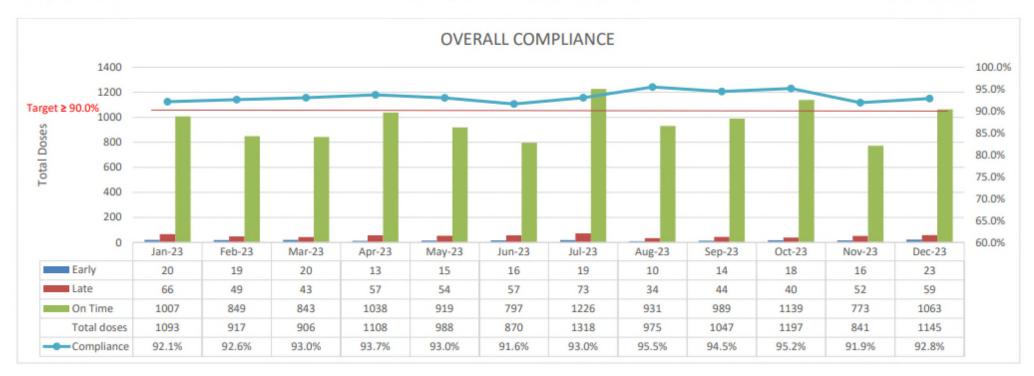


Analysis:

- Administration (63%) errors and Prescribing/ordering (32%).
- Drill down further on next slide.

Critical Medication Events

Valleywise Health Critically Timed Medication Compliance December 2023



Analysis:

Compliance ≥ 90.0 %

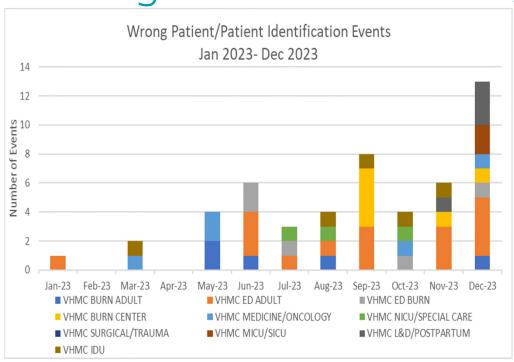
Recommended Action: Track and Trend

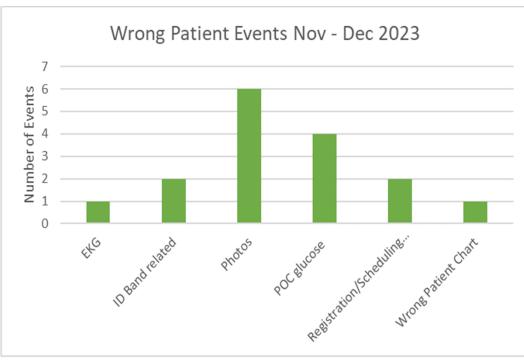
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Wrong Patient / Patient Identification

Wrong Patient / Patient ID, Acute Medical Center





Analysis: Increase in wrong pt. events

Recommended Action:

- Education concerning including SNOW ticket # in CHEQ-IT event.
- Discussion regarding increase in wrong patient identification issues.

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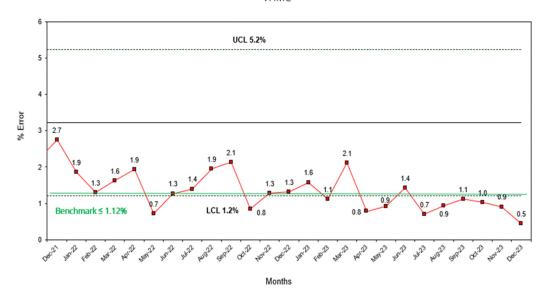
Specimen Labeling

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.

Blood Bank Specimen Labeling Cancelations

T & S Specimen Labeling Error Rate DEC '21 - DEC '23 VHMC



<u>Analysis:</u> Most common errors Missing BB ID sticker, No BB ID Form

Recommended Action:

• Track and trend.



3. Legislative Agenda



April 24, 2024

Legislative & Governmental Relations

Michael Fronske Director of Legislative and Government Affairs

Current Statistics of Session

Day 108

Bills posted 1630

Bills passed 232

Bills vetoed 42

Bills signed 167

Resolutions passed 19

2

Legislative Deadlines

JANUARY 2024

Monday 1/8 Session Begins

Thursday 1/11 House 7-bill Introduction Limit Begins at (5:00 p.m.)

Tuesday 1/16 Senate Bill Request Deadline (5:00 p.m.)

Monday 1/22 Senate Bill Intro Set Preparation Deadline (5:00 p.m.)

Monday 1/29 Senate Bill Introduction Deadline (5:00 p.m.)

FEBRUARY 2024

Friday 2/2 House Bill Request Deadline (5:00 p.m.)

Monday 2/5 House Bill Introduction Deadline (5:00 p.m.)

Friday 2/16 Last Day to Hear SBs in Senate Committees

Friday 2/16 Last Day to Hear HBs in House Committees

MARCH 2024

Friday 3/22 Last Day to Hear SBs in House Committees

Friday 3/22 Last Day to Hear HBs in Senate Committees

APRIL 2024

Friday 4/12 Last Day for Conference Committees (By Senate and House Rule)

Tuesday 4/16 100th Day of Session

State Legislation and Issues

Budget Process

The Legislature is meeting weekly as the budget is being negotiated We are awaiting budget bills following successful negotiations

State Legislation and Issues

66 Bills Sent Out for Comment (27 Died in House of Origin, 6 Signed, 3 Vetoed)

Bills We Are Tracking Closely:

- HB 2035 Insurance; claims; appeals; provider credentialing(Passed Senate Approps)
- SB 1402 Healthcare; costs; reimbursement (Awaiting House 3rd Read)
- HB 2744 Involuntary treatment; guardians; agents; rights (Signed by the Governor)
- SB 1609 Behavioral health; AHCCCS; health facilities (Awaiting House 3rd Read)
- SB 1731 Public meetings; comments; members (Moved to extend reconsideration)
- HB 2504 Forced organ harvesting; insurance; prohibition (Vetoed)
- SB 1216 NOW Government employees; online use (Motion to reconsider)

5

Federal Issues

Continue to work with our Congressional Delegation on these key issues:

- Support H.R. 7397 Reinforcing Essential Health Systems for Communities Act which includes a designation for Essential Hospitals that was introduced February 15th
- Continue to protect 340B funding, and protect against hospital siteneutral payment cut proposals



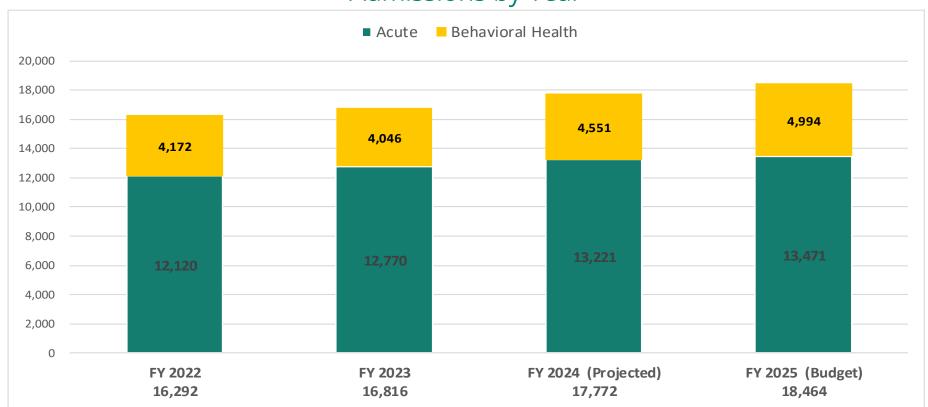
4. Preliminary Patient Volumes and Capital Targets



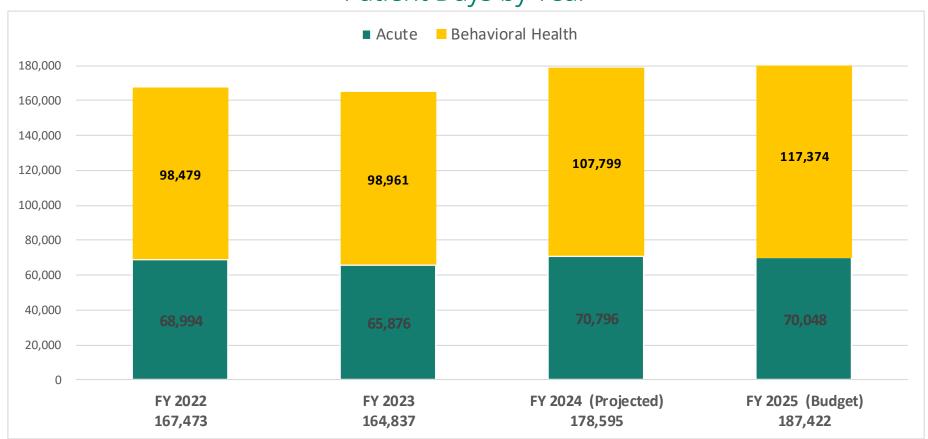
Operating & Capital Budget Fiscal Year 2025

FY 2025 PRELIMINARY STATISTICS

Valleywise Health Admissions by Year

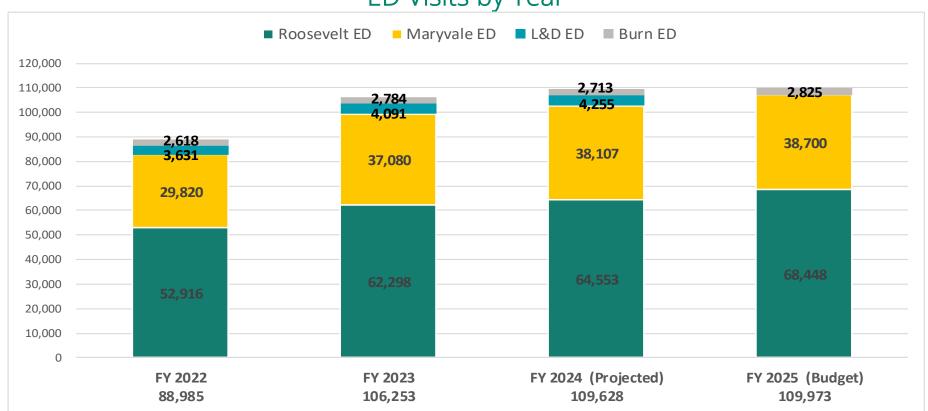


Valleywise Health Patient Days by Year

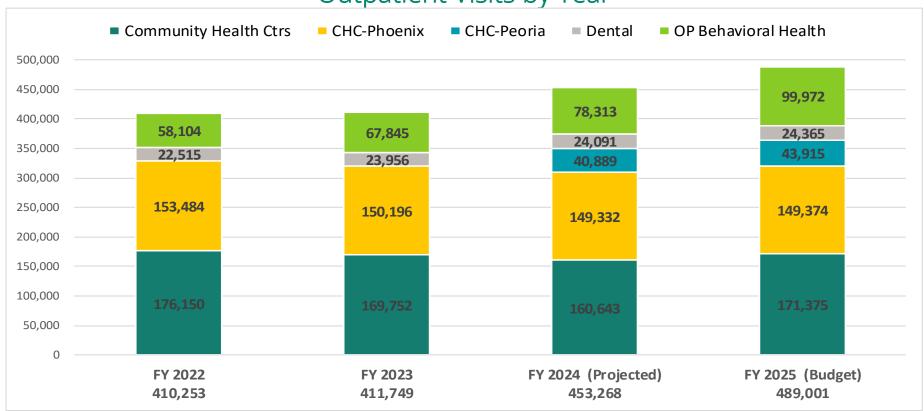


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Valleywise Health ED Visits by Year



Valleywise Health Outpatient Visits by Year



Valleywise Health Preliminary FY 2025 Budget Volumes

	FY 2022	FY 2023	FY 2024	FY 2024	FY 2024	FY 2025	Variance	Variance
	Total	Total	Total	Total	YTD MAR	Total	Fav / (Unfav)	Fav / (Unfav)
	Actual	Actual	CYF	YTD	Projection	Budget	Bud 25 - Proj 24	Bud 25 - Proj 24
ADMISSIONS								
Acute	12,120	12,770	12,920	9,916	13,221	13,471	250	1.9 %
Behavioral Health	4,172	4,046	4,458	3,413	4,551	4,994	443	9.7 %
Valleywise Behavioral Health Center-Phoenix	667	684	1,023	736	981	966	(15)	(1.6%)
Valleywise Behavioral Health Center-Mesa	1,607	1,811	1,669	1,330	1,773	1,850	77	4.3 %
Valleywise Behavioral Health Center-Maryvale	1,898	1,551	1,766	1,347	1,796	2,178	382	21.2 %
Total	16,292	16,816	17,378	13,329	17,772	18,464	692	3.9 %
OBSERVATION ADMISSIONS								
Transferred to Inpatient *	2,095	2,790	2,549	1,899	2,532	2,583	51	2.0 %
Observation Admission Only	3,610	4,663	4,478	3,337	4,449	4,443	(6)	(0.1 %)
Total Observation Admissions	5,705	7,453	7,027	5,236	6,981	7,026	45	0.6 %
TOTAL ADMISSIONS AND OBSERVATION ONLY								
Total	19,902	21,479	21,856	16,666	22,221	22,907	686	3.1%
PATIENT DAYS								
Acute	68,994	65,876	70,901	53,097	70,796	70,048	(748)	(1.1%)
Behavioral Health	98,479	98,961	106,178	80,849	107,799	117,374	9,575	8.9 %
Valleywise Behavioral Health Center-Phoenix	21,728	22,984	29,164	22,176	29,568	29,874	306	1.0 %
Valleywise Behavioral Health Center-Mesa	33,458	38,121	37,112	28,135	37,513	38,027	514	1.4 %
Valleywise Behavioral Health Center-Maryvale	43,293	37,856	39,902	30,538	40,717	49,473	8,756	21.5 %
Total	167,473	164,837	177,079	133,946	178,595	187,422	8,827	4.9 %

^{*} Already included in 'Acute Admissions'.

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Valleywise Health Preliminary FY 2025 Budget Volumes

	EV 2022	EV 2022	EV 2024	51/ 2024	EV 2024	EV 2025		., .
	FY 2022	FY 2023	FY 2024	FY 2024	FY 2024	FY 2025	Variance	Variance
	Total	Total	Total	Total	YTD MAR	Total	Fav / (Unfav)	
	Actual	Actual	CYF	YTD	Projection	Budget	Bud 25 - Proj 24	Bud 25 - Proj 24
OPERATING ROOM SURGERIES								
Inpatient	4,558	4,448	4,225	3,295	4,393	4,500	107	2.4 %
Outpatient	3,201	3,383	3,329	2,572	3,429	3,459	30	0.9 %
Total	7,759	7,831	7,554	5,867	7,823	7,959	136	1.7 %
OPERATING ROOM SURGERIES - PEORIA								
Outpatient	382	552	1,015	781	1,041	1,070	29	2.8 %
ENDOSCOPY PROCEDURES - ROOSEVELT								
Inpatient	1,157	1,076	930	685	913	968	55	6.0 %
Outpatient	2,722	2,268	2,169	1,612	2,149	2,149	(0)	(0.0 %)
Total	3,879	3,344	3,099	2,297	3,063	3,117	54	1.8 %
ENDOSCOPY PROCEDURES - PEORIA								
Outpatient	1,004	1,312	1,401	1,043	1,391	1,313	(78)	(5.6 %)
DELIVERIES								
Total	2,055	2,365	2,658	2,000	2,667	2,710	43	1.6 %

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Valleywise Health Preliminary FY 2025 Budget Volumes

	FY 2022	FY 2023	FY 2024	FY 2024	FY 2024	FY 2025	Variance	Variance
	Total	Total	Total	Total	YTD MAR	Total	Fav / (Unfav)	Fav / (Unfav)
	Actual	Actual	CYF	YTD	Projection	Budget	Bud 25 - Proj 24	Bud 25 - Proj 24
ED VISITS								
Adult	52,916	62,298	64,219	48,415	64,553	68,448	3,895	6.0 %
Maryvale	29,820	37,080	38,083	28,580	38,107	38,700	593	1.6 %
Labor & Delivery	3,631	4,091	4,242	3,191	4,255	0	(4,255)	(100.0%)
Burn	2,618	2,784	2,741	2,035	2,713	2,825	112	4.1%
Total	88,985	106,253	109,285	82,221	109,628	109,973	345	0.3 %
AMBULATORY VISITS								
Valleywise Community Health Centers	176,150	169,752	160,825	120,482	160,643	171,375	10,732	6.7 %
Valleywise Comprehensive Health Center-Phoenix	153,484	150,196	149,388	111,999	149,332	149,374	42	0.0 %
Valleywise Comprehensive Health Center-Peoria	38,662	36,829	40,454	30,667	40,889	43,915	3,026	7.4 %
Outpatient Behavioral Health	58,104	67,845	80,298	58,735	78,313	99,972	21,659	27.7 %
Dental	22,515	23,956	23,843	18,068	24,091	24,365	274	1.1 %
Total	448,915	448,578	454,808	339,951	453,268	489,001	35,733	7.9 %

FY 2025 CAPITAL

Valleywise Health Capital Budget FY 2023 Preliminary Summary

 Routine Capital and Emergency Capital is preliminarily budgeted at the \$20M.

5. Financials





Financial and Statistical Information

for the month ending March 31, 2024



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Summary financial highlights	1
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Graphs - Payor mix	7
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Balance Sheet	13
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Income Statement indicators - MTD & YTD	22
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Health plan sale proceeds (net)	33



Financial Highlights – March 2024

Patient Activity

Total admissions in March were 5.4% under budget and 14.5% higher than March of last year. Inpatient acute admissions for the month were 10.2% under budget and 12.1% higher than last March. Behavioral health admissions were 9.4% over budget for the month and 20.8% higher than March 2023. Emergency department visits were 2.7% over budget for the month and 2.2% higher than March of last year. Ambulatory visits were 5.3% under budget for the month and 9.9% lower than the same month in the prior year.

Operating Revenue

Net patient service revenues were 15.3% under budget for the month and were 3.0% lower on a year-to-date basis. Other revenues were 15.7% under budget for the month, primarily in revenues related to prior year reconciliation related to the Health II program. Overall total operating revenues were 15.4% under budget mostly in net patient service revenue.

Operating Expense

Total operating expenses were 7.9% over budget for March. Labor expense, which includes salaries, benefits, and contract labor, were 6.4% over budget for the month. Majority of negative variances were in employee benefits due to large medical claims paid during the month. Net medical service fees were 20.4% over budget for the month primarily due to higher than budgeted staffing fees. Supplies were 21.0% over budget primarily in pharmaceuticals (specialty drugs), surgery related medical supplies (implants) due to purchases for the new hospital, and laboratory supplies. Purchased services were 9.2% over budget primarily in other services, consulting & management, advertising services, and attorney & legal fees. Lastly, all other expenses excluding depreciation were 17.1% over budget for the month primarily in risk management related expenses, medical equipment rental, and utilities expenses. A large adjustment was made in deprecation due to the delay in opening of the new hospital.

Non-Operating Revenue (Expense)

In total, net non-operating revenues and expenses were 2.6% under budget for the month of March, primarily due to local match program expenses and capital related grant revenue.



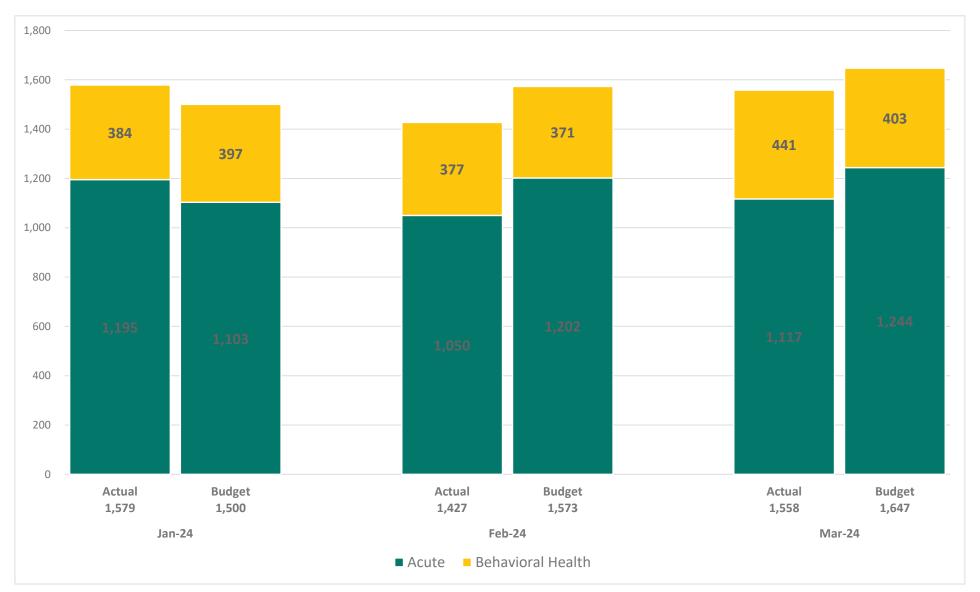
Cash and Cash Equivalents (including investments)

	March 24	June 23
Operating / General Fund Bond related – Restricted Total cash and cash equivalents (including investments)	\$164.8M \$71.3M \$236.1M	\$241.2M \$166.5M \$407.7M
Select Ratios	FY20 YTD Actual	YTD Budget
Liquidity		
Days cash on hand (unrestricted)	69.4	89.7
Days in Accounts Receivable	75.2	60
Current Ratio (excludes Bond funds)	1.8	3.7
	FY20 YTD Actual)24 YTD Budget
	I ID Actual	1 1D Budget
Profitability		
Operating Margin (%)	(34.2)	(30.1)
Excess Margin – normalized (%)	(11.6)	(7.6)
Productivity		
FTE/AOB w/o Residents	4.15	4.26

If you have any questions, please do not hesitate to contact Melanie Talbot or Claire Agnew, CFO.

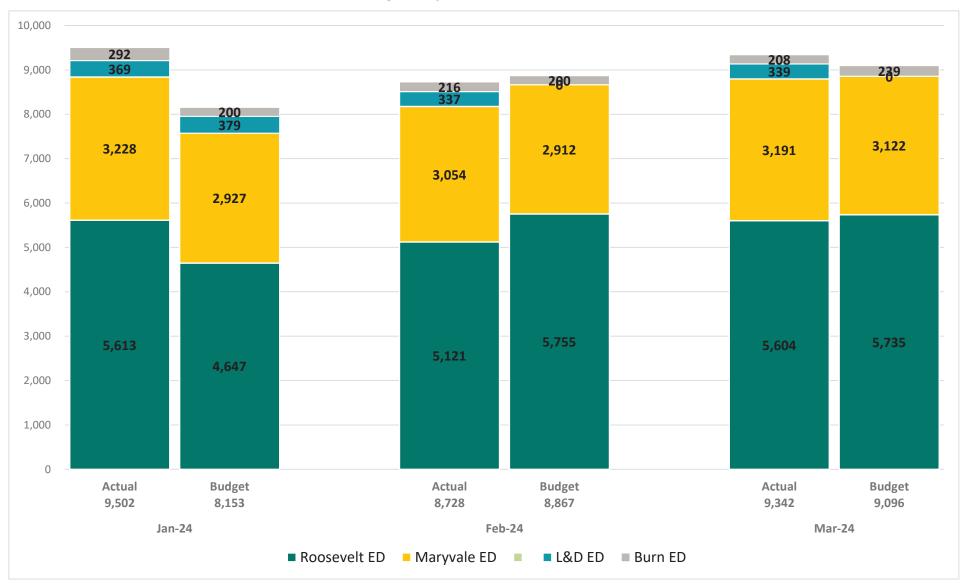


Fiscal Year 2024 Admissions





Fiscal Year 2024 Emergency Department Visits





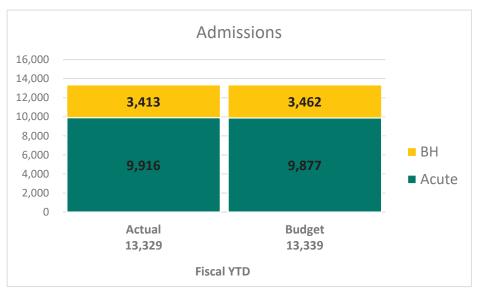
Fiscal Year 2024 Ambulatory Visits

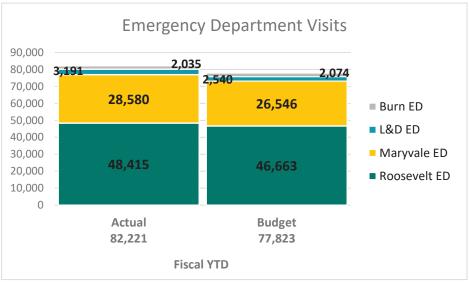


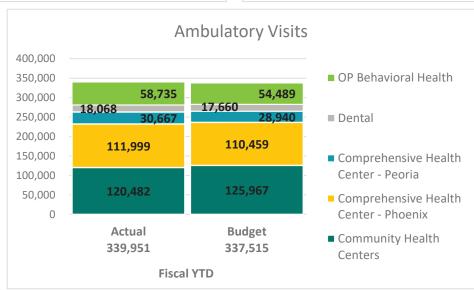
* Includes Telehealth visits -- 5,093 (January 2024) || 4,746 (February 2024) || 4,415 (March 2024)



Fiscal Year 2024 Year-to-Date Volume Summary



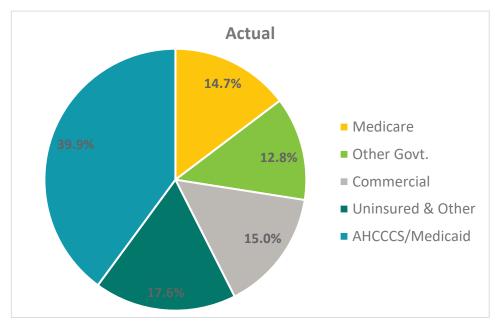




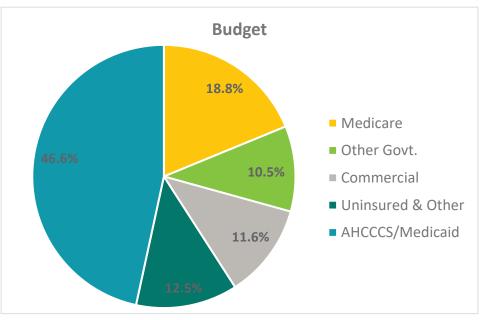
^{*} Includes 41,816 Telehealth visits in FY 2024



Fiscal Year 2024
Patient Revenue Source by Gross Revenue

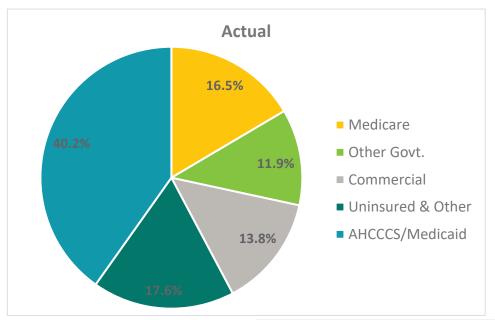


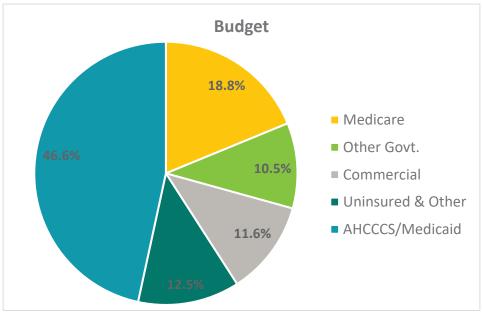
Actual Gross Revenue is month of March 31, 2024

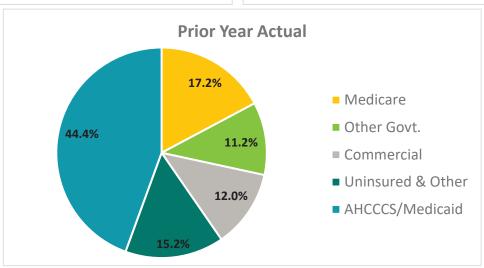




Fiscal Year 2024
Patient Revenue Source by Gross Revenue







Actual Gross Revenue is YTD as of March 31, 2024

Prior Year Gross Revenue is all of fiscal year 2023



VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
STATEMENT OF REVENUES AND EXPENSES
For the Period Ending March 31, 2024

	Mar-24 Actual	Mar-24 Budget	Mar-24 Variance	Mar-24 % Change	Prior Year Same Month Mar-23	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue	\$ 38,147,949	\$ 45,061,377	\$ (6,913,428)	(15.3 %) \$	46,944,199		(18.7 %)
Other Revenue	 10,952,914	12,992,661	(2,039,747)	(15.7 %)	15,826,519	(4,873,605)	(30.8 %)
Total Operating Revenue	49,100,864	58,054,038	(8,953,175)	(15.4 %)	62,770,718	(13,669,854)	(21.8 %)
OPERATING EXPENSES							
Salaries and Wages	28,732,182	28,150,101	(582,081)	(2.1 %)	25,253,071	(3,479,110)	(13.8 %)
Contract Labor	6,597,125	5,753,267	(843,858)	(14.7 %)	7,961,395	1,364,270	17.1 %
Employee Benefits	9,573,693	8,313,654	(1,260,039)	(15.2 %)	7,014,639	(2,559,054)	(36.5 %)
Medical Service Fees	11,718,501	9,730,890	(1,987,611)	(20.4 %)	11,088,595	(629,906)	(5.7 %)
Supplies	10,687,195	8,831,513	(1,855,683)	(21.0 %)	9,382,731	(1,304,464)	(13.9 %)
Purchased Services	5,144,718	4,711,942	(432,775)	(9.2 %)	5,344,493	199,776	3.7 %
Repair and Maintenance	1,993,518	1,860,506	(133,012)	(7.1 %)	1,992,152	(1,366)	(0.1 %)
Utilities	789,849	659,589	(130,260)	(19.7 %)	585,854	(203,995)	(34.8 %)
Rent	808,236	509,140	(299,096)	(58.7 %)	542,898	(265,338)	(48.9 %)
Other Expenses	2,578,826	2,239,582	(339,244)	(15.1 %)	2,912,264	333,438	11.4 %
Provider Assessment	0	0	0	0.0 %	0	0	0.0 %
Depreciation	 (2,365,745)	5,870,501	8,236,246	140.3 %	4,073,850	6,439,595	158.1 %
Total Operating Expense	76,258,098	76,630,684	372,586	0.5 %	76,151,943	(106,155)	(0.1 %)
Operating Income (Loss)	(27,157,234)	(18,576,645)	(8,580,589)	(46.2 %)	(13,381,225)	(13,776,009)	(103.0 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	1,177,732	536,994	640,738	119.3 %	460,562	717,170	155.7 %
NonCapital Transfers from County/State	295,658	295,658	0	0.0 %	295,658	0	0.0 %
Investment Income	487,568	577,742	(90,175)	(15.6 %)	762,942	(275,375)	(36.1 %)
Other NonOperating Revenues (Expenses)	1,049,827	1,978,012	(928,185)	(46.9 %)	147,233	902,594	613.0 %
Interest Expense	(1,416,729)	(1,416,729)	0	0.0 %	(2,453,383)	1,036,654	42.3 %
Tax Levy	 12,452,350	12,452,350	0	0.0 %	10,767,838	1,684,513	15.6 %
Total NonOperating Revenues (Expenses)	14,046,406	14,424,027	(377,622)	(2.6 %)	9,980,850	4,065,556	40.7 %



VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
STATEMENT OF REVENUES AND EXPENSES
For the Period Ending March 31, 2024

	Mar-24 Actual	Mar-24 Budget	Mar-24 Variance	Mar-24 % Change	Prior Year Same Month Mar-23	Prior Year Same Month Variance	Prior Year Same Month % Change
Excess of Revenues over Expenses	\$ (13,110,828) \$	(4,152,618) \$	(8,958,211)	(215.7 %) \$	(3,400,375) \$	(9,710,454)	(285.6 %)
Bond-Related Revenues and Expenses	 (3,218,056)	(3,356,776)	138,720	4.1 %	(1,073,158)	(2,144,898)	(199.9 %)
Increase (Decrease) in Net Assets (normalized)	\$ (16,328,884) \$	(7,509,393) \$	(8,819,491)	(117.4 %) \$	(4,473,533) \$	(11,855,352)	(265.0 %)



VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
STATEMENT OF REVENUES AND EXPENSES
For the Nine Periods Ending March 31, 2024

				YTD	YTD	YTD	YTD
	Mar-24	Mar-24	Mar-2	4 Mar-24	Prior Year	Prior Year	Prior Year
	YTD Actual	YTD Budget	YTD Variance	% Change	Mar-23	Variance	% Change
Net Patient Service Revenue	\$ 376,424,855	\$ 387,917,984	\$ (11,493,129) (3.0 %) \$	374,864,817	\$ 1,560,038	0.4 %
Other Revenue	131,376,611	116,837,761	14,538,850	12.4 %	118,441,361	12,935,250	10.9 %
Total Operating Revenue	507,801,466	504,755,745	3,045,721	0.6 %	493,306,177	14,495,289	2.9 %
OPERATING EXPENSES							
Salaries and Wages	246,538,044	236,172,512	(10,365,532	2) (4.4 %)	219,531,674	(27,006,370)	(12.3 %)
Contract Labor	54,918,694	56,717,186	1,798,493	3.2 %	64,929,844	10,011,150	15.4 %
Employee Benefits	76,374,996	69,759,398	(6,615,598	(9.5 %)	64,829,961	(11,545,034)	(17.8 %)
Medical Service Fees	79,670,234	86,326,160	6,655,926	7.7 %	81,095,360	1,425,126	1.8 %
Supplies	88,143,747	73,518,204	(14,625,543	3) (19.9 %)	73,676,408	(14,467,339)	(19.6 %)
Purchased Services	45,172,388	42,432,959	(2,739,429	(6.5 %)	40,863,348	(4,309,040)	(10.5 %)
Repair and Maintenance	16,680,387	16,402,166	(278,221	(1.7 %)	16,324,548	(355,839)	(2.2 %)
Utilities	7,042,050	6,168,376	(873,674	(14.2 %)	6,229,154	(812,896)	(13.0 %)
Rent	5,566,921	4,329,096	(1,237,825	(28.6 %)	4,640,537	(926,384)	(20.0 %)
Other Expenses	22,349,453	20,586,303	(1,763,150	(8.6 %)	17,864,744	(4,484,708)	(25.1 %)
Provider Assessment	0	0	C	0.0 %	5,891,876	5,891,876	100.0 %
Depreciation	 32,355,901	44,222,185	11,866,284	26.8 %	32,966,481	610,580	1.9 %
Total Operating Expense	674,812,814	656,634,546	(18,178,269	(2.8 %)	628,843,936	(45,968,878)	(7.3 %)
Operating Income (Loss)	(167,011,348)	(151,878,801)	(15,132,547	(10.0 %)	(135,537,758)	(31,473,590)	(23.2 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	8,137,956	6,334,337	1,803,619	28.5 %	4,115,571	4,022,386	97.7 %
NonCapital Transfers from County/State	2,660,922	2,660,922	C	0.0 %	2,660,922	0	0.0 %
Investment Income	6,180,005	5,199,681	980,324	18.9 %	5,201,520	978,485	18.8 %
Other NonOperating Revenues (Expenses)	(1,574,091)	(94,444)	(1,479,647	') (1566.7 %)	(5,036,542)	3,462,451	68.7 %
Interest Expense	(12,797,140)	(12,797,140)	(0	(0.0 %)	(22,054,283)	9,257,143	42.0 %
Tax Levy	 112,071,154	112,071,154	C		97,926,123	14,145,031	14.4 %
Total NonOperating Revenues (Expenses)	114,678,807	113,374,510	1,304,297	1.2 %	82,813,311	31,865,496	38.5 %



VALLEYWISE HEALTH (COMBINED CARE SYSTEM) STATEMENT OF REVENUES AND EXPENSES For the Nine Periods Ending March 31, 2024

	 Mar-24 YTD Actual	Mar-24 YTD Budget	Mar-24 YTD Variance	YTD Mar-24 % Change	YTD Prior Year Mar-23	YTD Prior Year Variance	YTD Prior Year % Change
Excess of Revenues over Expenses	\$ (52,332,542) \$	(38,504,291)	(13,828,250)	(35.9 %) \$	(52,724,448) \$	391,906	0.7 %
Bond-Related Revenues and Expenses	 (29,812,084)	(30,164,405)	352,321	1.2 %	(9,122,222)	(20,689,862)	(226.8 %)
Increase (Decrease) in Net Assets (normalized)	\$ (82,144,625) \$	(68,668,696) \$	(13,475,929)	(19.6 %) \$	(61,846,669) \$	(20,297,956)	(32.8 %)



VALLEYWISE HEALTH (COMBINED CARE SYSTEM) STATEMENT OF NET POSITION March 31, 2024

	3/31/2024	6/30/2023
ASSETS		
Current Assets		
Cash and Cash Equivalents		
Cash - Care System	\$ 164,798,898	\$ 241,214,127
Cash and Short-Term Investment	164,798,898	241,214,127
Cash - Bond	71,347,772	166,504,192
Cash and Short-Term Investment - Bond	71,347,772	166,504,192
Total Cash and Cash Equivalents	236,146,670	407,718,319
Patient A/R, Net of Allowances	100,891,239	85,709,368
Other Receivables and Prepaid Items	60,668,422	42,225,086
Estimated Amounts Due from Third-Party Payors	43,241,105	50,640,640
Due from Related Parties	14,108,872	3,376,279
Other Current Assets	2,516,402	2,516,402
Total Current Assets	457,572,710	592,186,093
Capital Assets, Net	842,743,821	796,596,154
Other Assets		
Long-Term Portion - Right to use Assets	5,005,017	5,005,017
Total Other Assets	5,005,017	5,005,017
Total Assets	1,305,321,549	1,393,787,264
Deferred Outflows	56,462,313	56,462,313
Total Assets and Deferred Outflows	\$ 1,361,783,862	\$ 1,450,249,577



VALLEYWISE HEALTH (COMBINED CARE SYSTEM) STATEMENT OF NET POSITION March 31, 2024

	3/31/2024	6/30/2023
LIABILITIES AND NET POSITION		
Current Liabilities		
Current Maturities of Long-Term Debt	\$ 39,544,927	\$ 43,216,702
Accounts Payable	85,318,040	75,381,153
Accrued Payroll and Expenses	33,099,000	28,158,703
Medical Claims Payable	18,548,863	18,892,539
Due to Related Parties	(2,605,604)	1,434
Other Current Liabilities	74,709,837	80,724,270
Total Current Liabilities	248,615,063	246,374,801
Long-Term Debt		
Bonds Payable	602,372,843	640,746,278
Other Long-Term Debt	5,005,017	5,005,017
Total Long-Term Debt	607,377,860	645,751,296
Long-Term Liabilities	356,444,644	356,444,644
Total Liabilities	1,212,437,567	1,248,570,741
Deferred Inflows	18,778,412	18,778,412
Net Position		
Invested in Capital Assets, Net of Related Debt	798,193,877	748,374,435
Temporarily Restricted	42,560,090	49,521,120
Unrestricted	(710,186,084)	(614,995,130)
Total Net Position	130,567,882	182,900,424
Total Liabilities, Deferred Inflows, and Net Position	\$ 1,361,783,862	\$ 1,450,249,577





Supplemental Information

Valleywise Health Financial and Statistical Information 31-Mar-24

Legend	
Greater than or equal to 100% of Budget	
Within 95% to 100% of Budget	(
Less than 95% of Budget	

		Current	Month		Fiscal Year to Date			Prior Fis	Date		
[Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %
Acute											
Admissions	1,117	1,244	(127)	(10.2%)	9,916	9,877	39	0.4%	9,666	250	2.6%
Length of Stay (LOS)	5.2	4.7	(0.5)	(10.6%)	5.4	5.1	(0.3)	(5.9%)	5.2	(0.1)	(2.1%)
Patient Days	5,793	5,835	(42)	(0.7%)	53,097	49,936	3,161	6.3%	50,697	2,400	4.7%
Acute - Observation Days and Admits				_							
Observation Days	593	606	(13)	(2.1%)	5,960	5,222	738	14.1%	5,763	197	3.4%
Observation Admission - Transfer to Inpatient	200	221	(21)	(9.5%)	1,899	1,919	(20)	(1.0%)	2,044	(145)	(7.1%)
Observation Admission Only	351	364	(13)	(3.6%)	3,337	3,160	177	5.6%	3,399	(62)	(1.8%)
Total Admissions - Acute plus Observation Only	1,468	1,608	(140)	(8.7%)	13,253	13,037	216	1.7%	13,065	188	1.4%
Behavioral Health											
Admissions	441	403	38	9.4%	3,413	3,462	(49)	(1.4%)	2,953	460	15.6%
Length of Stay (LOS)	22.8	23.5	0.7	3.0%	23.7	23.5	(0.2)	(0.8%)	24.8	1.1	4.4%
Patient Days	10,061	9,475	586	6.2%	80,849	81,369	(520)	(0.6%)	73,187	7,662	10.5%
Valleywise Behavioral Health Center-Phoenix	2,732	2,135	597	28.0%	22,176	18,896	3,280	17.4%	16,367	5,809	35.5%
Valleywise Behavioral Health Center-Mesa Valleywise Behavioral Health Center-Maryvale	3,393 3,936	3,550 3,790	(157) 146	(4.4%) (3.9% (28,135 30,538	31,268 31,205	(3,133) (667)	(10.0%) (2.1%) (2.1%)	28,561 28,259	(426) 2,279	(1.5%) (8.1%
Combined (Acute + Behavioral Health)	0.407	0.400	(0.0)	(4.40()	00.407	05.000	4.404	4.50/	04.047	0.450	0.00/
Adjusted Admissions	3,127	3,163	(36)	(1.1%)	26,467	25,333	1,134	4.5%	24,317	2,150	8.8%
Adjusted Patient Days	31,821	29,401	2,420	8.2%	265,973	249,372	16,601	6.7%	238,728	27,245	11.4%
Case Mix Index											
Total Hospital	1.53	1.55	(0.02)	(1.3%)	1.56	1.55	0.01	0.6%	1.56	0.00	0.0%
Acute (Excluding Newborns)	1.59	1.75	(0.16)	(9.1%)	1.66	1.75	(0.09)	(5.1%)	1.78	(0.12)	(6.7%)
Behavioral Health	1.32	1.26	0.06	4.8%	1.30	1.26	0.04	3.2%	1.25	0.05	4.0%
Medicare	2.08	2.10	(0.02)	(1.0%)	2.04	2.10	(0.06)	(2.9%)	2.13	(0.09)	(4.2%)
AHCCCS	1.53	1.82	(0.29)	(15.9%)	1.65	1.82	(0.17)	(9.3%)	1.84	(0.19)	(10.3%)
Ambulatory Valleywise Community Health Centers Visits	13,265	15,463	(2,198)	(14.2%)	120,482	125,967	(5,485)	(4.4%)	128,301	(7,819)	(6.1%)
Valleywise Comprehensive Health Center-Phoenix Visits	12,407	12,614	(207)	(1.6%)	111,999	110,459	1,540	1.4%	110,903	1,096	1.0%
Valleywise Comprehensive Health Center-Peoria Visits	3,697	3,332	365	11.0%	30,667	28,940	1,727	6.0%	28,090	2,577	9.2%
Dental Clinics Visits	2,173	2,028	145	7.1%	18,068	17,660	408	2.3%	17,699	369	2.1%
OP Behavioral Health Visits	6,341	6,504	(163)	(2.5%)	58,735	54,489	4,246	7.8%	50,120	8,615	17.2%
Total Ambulatory Visits :	37,883	39,941	(2,058)	(5.2%)	339,951	337,515	2,436	0.7%	335,113	4,838	1.4%

Valleywise Health Financial and Statistical Information 31-Mar-24

Legend	
Greater than or equal to 100% of Budget	
Within 95% to 100% of Budget	
Less than 95% of Budget	•

		Current	Month			Fiscal Year to	Date		Prior Fis	ate	
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %
aak]											
Other											
Operating Room Utilization Total Main OR Surgical Minutes - Roosevelt	74% 75,495	70% 83,924	3.8% (8,429)	5.5% (10.0%)	72% 676,620	70% 647,414	1.8% 29,206	2.6% 4 .5%	70% 660.480	1.6% 16.140	2.3% 2 .4% 3
Main OR Minutes per Case - Roosevelt	116	115	(1.4)	(1.2%)	115	115	(0.4)	(0.3%)	113	(1.9)	(1.7%)
Total Main OR Surgeries - Roosevelt	649	730	(81)	(11.1%)	5,867	5,631	236	4.2%	5,825	42	0.7%
OP Surgeries - Peoria	110	102	8	7.8%	781	835	(54)	(6.5%)	392	389	99.2%
Total Surgeries - Roosevelt (Main OR) and Peoria	759	832	(73)	(8.8%)	6,648	6,466	182	2.8%	6,217	431	6.9%
Endoscopy Procedures - Roosevelt	232	308	(76)	(24.8%)	2,297	2,676	(379)	(14.2%)	2,492	(195)	(7.8%)
Endoscopy Procedures - Peoria	110	119	(9)	(7.5%)	1,043	917	126	13.7%	1,014	29	2.9%
Total Endoscopy Procedures - Roosevelt and Peoria	342	427	(85)	(20.0%)	3,340	3,594	(254)	(7.1%)	3,506	(166)	(4.7%)
Deliveries	228	211	17	8.1%	2,000	1,833	167	9.1%	1,833	167	9.1%
Trauma Visits (subset of ED Visits)	141	178	(37)	(20.8%)	1,364	1,513	(149)	(9.8%)	1,499	(135)	(9.0%)
Emergency Department (ED)	9,342	9,096	246	2.7%	82,221	77,823	4,398	5.7%	78,123	4,098	5.2%
Roosevelt ED	5,604	5,735	(131)	(2.3%)	48,415	46,663	1,752	3.8%	45,794	2,621	5.7%
Maryvale ED L&D ED	3,191 339	3,122 -	69 339	2.2% 1 00.0%	28,580 3,191	26,546 2,540	2,034 651	7.7% 2 5.6% 3	27,155 3,101	1,425 90	5.2% 2 .9% 3
Burn ED	208	239	(31)	(13.0%)	2,035	2,074	(39)	(1.9%)	2,073	(38)	(1.8%)
% of Total ED Visits Resulting in Admission Roosevelt	12.1%	14.4%	(2.4%)	(16.4%)	12.4%	13.1%	(0.7%)	(5.6%)	12.2%	0.1%	1.0%
% of Total ED Visits Resulting in Admission Maryvale	5.2%	5.0%	0.1%	2.8%	5.1%	5.0%	0.1%	1.9%	5.0%	0.2%	3.4%
% of Acute Patients Admitted Through the ED	91.9%	82.6%	9.2%	11.2%	91.5%	89.9%	1.5%	1.7%	88.9%	2.5%	2.9%
Left Without Treatment (LWOT) ROOSEVELT	1.0%	<3%	2.0%	65.3%	1.4%	<3%	1.6%	53.3%	1.4%	(0.0%)	(0.7%)
Left Without Treatment (LWOT) MARYVALE	1.3%	<3%	1.7%	57.1%	1.1%	<3%	1.9%	63.3%	1.1%	(0.0%)	1.9%
Overall ED Median Length of Stay (minutes) ROOSEVELT	210	<240	30	12.5%	217	<240	23	9.6%	219	2	0.9%
Overall ED Median Length of Stay (minutes) MARYVALE	160	<220	60	27.3%	157	<220	63	28.6%	181	24	(13.3%)
PSYCH ED Median LOS (minutes) ROOSEVELT PSYCH ED Median LOS (minutes) MARYVALE	589 622	<240 <240	(589) (622)	(145.4%) (1 59.2%) (1	588 775	<240 <240	(588) (775)	(145.0%) (222.9%)	625 542	37 (233)	5.9% (43.0%)
,			, ,	` ' —			,	, _		` ,	, , —
Median Time to Treatment (MTT) (minutes) ROOSEVELT Median Time to Treatment (MTT) (minutes) MARYVALE	26 24	<30 <30	4 6	13.3% 2 0.0%	29 24	<30 <30	1 6	3.3% 2 0.0% 3	29 28	0 4	0.0%
Cath Lab Utilization - Room 1	16%	45%	(29.2%)	(64.9%)	21%	45%	(23.6%)	(52.5%)	23%	(1.4%)	(6.1%)
Cath Lab Utilization - Room 2	9%	45%	(36.1%)	(80.3%)	18%	45%	(27.4%)	(60.9%)	24%	(6.1%)	(25.8%)
Cath Lab Utilization - IR	78%	65%	13.1%	20.2%	100%	65%	35.3%	54.3%	93%	7.7%	8.3%
CCTA/Calcium Score	28	15	13	86.7%	169	135	34	25.2%	156	13	8.3%
Pediatric ED Visits at Maryvale (under age 18) Adult ED Visits at Maryvale (age 18 and over)	653 2,538				5,439 23,141				5,611 21,544	(172) 1,597	(3.1%) (7.4% (
											_
Maryvale ED to Inpatient OR (under age 18) Maryvale ED to Inpatient OR (Total)	4 36				30 425				34 286	(4) 139	(11.8%) 4 8.6%
Pediatric ED Visits at Roosevelt (under age 18)	906				7,136				7,989	(853)	(10.7%)
Adult ED Visits at Roosevelt (ander age 16) Adult ED Visits at Roosevelt (age 18 and over)	4,698				41,278				37,805	3,473	9.2%
= :											

Valleywise Health Financial and Statistical Information 31-Mar-24

Legend
Greater than or equal to 100% of Budget
Within 95% to 100% of Budget
Less than 95% of Budget

3 I-Mai-24												LC33 IIIdii	9 J 70	or budget		
			Curre	nt Mon	th				Fisc	al Year to	Date			Prior Fisca	al Year to Date	9
		Actual	Budget		'ariance	Var %		Actual	Budg		Variance	Var %			Variance	Var %
							_						_			
Operating Income / (Loss) in 000s																
Valleywise Health	\$	(27,157)	\$ (18,57	77) ¢	(8,581)	(46.2%)	Ф	(167,011)	¢ (1)	51,879) \$	(15,133)	(10.0%)	a	(135,538) \$	(31,474)	(23.2%)
valleywise riealui	Ф	(27,137)) (10,5 <i>1</i>	7) Þ	(0,361)	(40.2%)	Φ	(107,011)	φ (16	51,0 <i>19</i>) \$	(15,135)	(10.0%)	1	(133,336) \$	(31,474)	(23.270)
Net Income / (Loss) in 000s																
Valleywise Health	\$	(13,111)	§ (4.15	53) \$	(8,958)	(215.7%)	\$	(52,333)	\$ (3	38,504) \$	(13,828)	(35.9%)	9	(52,724) \$	392	0.7%
· , · · · · · · · · · · · · · · ·	•	(10,111)	((,,	-, +	(-,)	(= : • : :)	•	(,)	• (,, +	(:-,)	(55.5.1)		(==,:=:, +		• • • • • • • • • • • • • • • • • • • •
W. (
Net Income / (Loss) in 000s																
Normalized																
Valleywise Health	\$	(16,329)	\$ (7,50	9) \$	(8,819)	(117.4%) 🧧	\$	(82,145)	\$ (6	88,669) \$	(13,476)	(19.6%)	9	61,847) \$	(20,298)	(32.8%) 🦲
	, ,															
														Dei au Eia	V F	
DATIOS:													⊢		cal Year End	1/0/
RATIOS:													L	Actual	Variance	Var %
Liquidity																
Total Cash and Investments (000s)							\$	164.8					9	\$ 241.9 \$	(77.1)	(31.9%)
Total Days Cash on Hand								70.5						109.2	(38.7)	(35.4%)
Current Ratio								1.8						2.6	(8.0)	(30.8%)
Current Ratio without Bond-related								1.6						2.3	(0.7)	(30.4%)
Assets & Liabilities								1.0						2.5	(0.7)	(30.470)
Days in Accounts Receivable (Hospital only)								75.2						57.7	(17.5)	(30.3%)
Capital Structure																
EBIDA Debt Service Coverage								(0.02)						0.70	(0.72)	(102.9%)
EDIDA Debt Service Coverage								(0.02)						0.70	(0.72)	(102.970)
Profitability																
Operating Margin		(55.3%)	(32.0	%)	(23.3%)	(72.8%)		(32.9%)	(30.1%)	(2.8%)	(9%)		(24.3%)	(8.6%)	(35.4%)
		,	,	,	,	` /-		,	,	,	,	. , ,		,	, ,	` / _
Labor													_			
FTE/AOB WO Residents		4.01	4.2	25	0.23	5.5%		4.15		4.26	0.11	2.6%		4.32	0.17	4.0%
			Curre	nt Mon	th				Rolling L	ast Twelv	e Months					
		Actual	Prior Yea		Variance	Var %		Actual		r Year	Variance	Var %				
Turnover Rate - Voluntary		1.47%	1.23	3%	(0.24%)	(19.51%)		15.42%		19.08%	3.66%	19.18%				
Turnover Rate - Involuntary		0.52%	0.33		(0.19%)	(57.58%)		4.67%		4.64%	(0.03%)	(0.65%)				
Turnover Rate - Uncontrollable		0.33%	0.33		0.00%	0.00%		5.09%		4.95%	(0.14%)	(2.83%)				
Turnover Rate - Total		2.32%	1.89		(0.43%)	(22.75%)		25.18%		28.67%	3.49%	12.17%				
				-	(,,						, ,				

Appendix A Definition of Financial Indicators

				Desired	Position
					tive to
Indicator	Definition			Trend	Median
	Cash + Short-Term Investments				
Total Days Cash on Hand	(Operating Expenses Less - Depreciation) / YTD Days			Up	Above
Days in Accounts	Net Patient Accounts Receivable (including Due/From)				
Receivable	Net Patient Service Revenue / YTD Days			Down	Below
	,				
	Cash + Short-Term Investments				
Cushion Ratio	Principal + Interest Expenses			Up	Above
	opa				
	Cook + Short Town Investments				
Cash to Debt	= Cash + Short-Term Investments Long Term Debt	X	100	Up	Above
	2019 10111 2001				
EDITO A Dale Carrel	EDITO A				
EBITDA Debt Service Coverage	= EBITDA Principal + Interest Expenses			Up	Above
Covolugo	1 morphi - morott Exponete				
	Louis Town Bold				
Debt to Net Assets	= Long Term Debt Long Term Debt + Unrestricted Assets	X	100	Down	Below
	Long Term Dest : Office tricted Assets				
Operating Margin	= Operating Income (Loss) Operating Revenues	X	100	Up	Above
	Operating Revenues				
EBITDA Margin	= EBITDA Operating Revenues + Non Operating Revenues	X	100	Up	Above
	Operating Revenues + Non Operating Revenues				
Excess Margin	= Net Income Operating Revenues + Non Operating Revenues	X	100	Up	Above
	Operating Revenues 1 Non Operating Revenues				
Case Mix Index -	All discharged accounts. = Includes normal newborns (DRG 795).			Up	Above
Total Hospital	Includes hormal newborns (DKG 795). Includes discharges with a Behavioral Health patient type.			Op	Above
	· · · · · · · · · · · · · · · · · · ·				
	Discharged accounts.				
Case Mix Index - Acute	= Excludes normal newborns (DRG 795).			Up	Above
(Excluding Newborns)	Excludes discharges with a Behavioral Health patient type.				
Case Mix Index -	- Dischause with a Dahavianal Health matient time			I I m	Abaua
Behavioral Health	= Discharges with a Behavioral Health patient type.			Up	Above
	Discharged accounts with a financial class of Medicare or				
Case Mix Index - Medicare	= Medicare Managed Care. Excludes normal newborns (DRG 795).			Up	Above
	Excludes discharges with a Behavioral Health patient type.				
	Discharged accounts with a financial class of AHCCCS or				
Case Mix Index - AHCCCS	 Maricopa Health Plan. Excludes normal newborns (DRG 795). Excludes discharges with a Behavioral Health patient type. 			Up	Above
	Exclasion alcoharges with a behavioral fleath patient type.				

For ALL Case Mix values -- only Patient Types of Inpatient, Behavioral Health and Newborn are counted (as appropriate). Patient Types of Observation, Outpatient and Emergency are excluded from all CMI calculations at all times.

New individual MS-DRG weights are issued by CMS each year, with an effective date of October 1st.



VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
VOLUMES
For the Nine Periods Ending March 31, 2024

_	Mar-24 Actual	Mar-24 Budget	Mar-24 Variance	Mar-24 % Change	Prior Year Same Month Mar-23	Prior Year Same Month % Change	Mar-24 YTD Actual	Mar-24 YTD Budget	Mar-24 YTD Variance	YTD Mar-24 % Change	YTD Prior Year Mar-23	YTD Prior Year % Change
ADMISSIONS												
Acute	1,117	1,244	(127)	(10.2 %)	996	12.1 %	9,916	9,877	39	0.4 %	9,666	2.6 %
Behavioral Health	441	403	38	9.4 %	365	20.8 %	3,413	3,462	(49)	(1.4 %)	2,953	15.6 %
Valleywise Behavioral Health Center-Phoenix	103	91	12	13.2 %	57	80.7 %	736	794	(58)	(7.3 %)	489	50.5 %
Valleywise Behavioral Health Center-Mesa	175	151	24	15.9 %	165	6.1 %	1,330	1,340	(10)	(0.7 %)	1,325	0.4 %
Valleywise Behavioral Health Center-Maryvale	163	161	2	1.2 %	143	14.0 %	1,347	1,328	19	1.4 %	1,139	18.3 %
Total	1,558	1,647	(89)	(5.4 %)	1,361	14.5 %	13,329	13,339	(10)	(0.1 %)	12,619	5.6 %
OBSERVATION ADMISSIONS												
Transferred to Inpatient *	200	221	(21)	(9.5 %)	249	(19.7 %)	1,899	1,919	(20)	(1.0 %)	2,044	(7.1 %)
Observation Admission Only	351	364	(13)	(3.6 %)	441	(20.4 %)	3,337	3,160	177	5.6 %	3,399	(1.8 %)
Total Observation Admissions	551	585	(34)	(5.8 %)	690	(20.1 %)	5,236	5,079	157	3.1 %	5,443	(3.8 %)
TOTAL ADMISSIONS AND OBSERVATION ONLY												
Total	1,909	2,011	(102)	(5.1 %)	1,802	5.9 %	16,666	16,499	167	1.0 %	16,018	4.0 %
ADJUSTED ADMISSIONS												
Total	3,127	3,163	(36)	(1.1 %)	2,782	12.4 %	26,467	25,333	1,134	4.5 %	24,317	8.8 %
PATIENT DAYS												
Acute	5,793	5,835	(42)	(0.7 %)	5,345	8.4 %	53,097	49,936	3,161	6.3 %	50,697	4.7 %
Behavioral Health	10,061	9,475	586	6.2 %	8,881	13.3 %	80,849	81,369	(520)	(0.6 %)	73,187	10.5 %
Valleywise Behavioral Health Center-Phoenix	2,732	2,135	597	28.0 %	2,182	25.2 %	22,176	18,896	3,280	17.4 %	16,367	35.5 %
Valleywise Behavioral Health Center-Mesa	3,393	3,550	(157)	(4.4 %)	3,295	3.0 %	28,135	31,268	(3,133)	(10.0 %)	28,561	(1.5 %)
Valleywise Behavioral Health Center-Maryvale	3,936	3,790	146	3.9 %	3,404	15.6 %	30,538	31,205	(667)	(2.1 %)	28,259	8.1 %
Total	15,854	15,310	544	3.6 %	14,226	11.4 %	133,946	131,305	2,641	2.0 %	123,884	8.1 %
AVERAGE DAILY CENSUS												
Acute	187	188	(1)	(0.7 %)	172	8.4 %	193	182	11	6.3 %	185	4.4 %
Behavioral Health	325	306	19	6.2 %	286	13.3 %	294	296	(2)	(0.6 %)	267	10.1 %
Valleywise Behavioral Health Center-Phoenix	88	69	19	28.0 %	70	25.2 %	81	69	12	17.4 %	60	35.0 %
Valleywise Behavioral Health Center-Mesa	109	115	(5)	(4.4 %)	106	3.0 %	102	114	(11)	(10.0 %)	104	(1.8 %)
Valleywise Behavioral Health Center-Maryvale	127	122	5	3.9 %	110	15.6 %	111	113	(2)	(2.1 %)	103	7.7 %
Total	511	494	18	3.6 %	459	11.4 %	487	477	10	2.0 %	452	7.7 %
ADJUSTED PATIENT DAYS												
Total	31,821	29,401	2,420	8.2 %	29,082	9.4 %	265,973	249,372	16,601	6.7 %	238,728	11.4 %

^{*} Already included in 'Acute Admissions'.



VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES
For the Nine Periods Ending March 31, 2024

_	Mar-24 Actual	Mar-24 Budget	Mar-24 Variance	Mar-24 % Change	Prior Year Same Month Mar-23	Prior Year Same Month % Change	Mar-24 YTD Actual	Mar-24 YTD Budget	Mar-24 YTD Variance	YTD Mar-24 % Change	YTD Prior Year Mar-23	YTD Prior Year % Change
Inpatient	376	429	(53)	(12.4 %)	362	3.9 %	3,295	3,308	(13)	(0.4 %)	3,375	(2.4 %)
Outpatient	273	301	(28)	(9.3 %)	332	(17.8 %)	2,572	2,323	249	10.7 %	2,450	5.0 %
Total	649	730	(81)	(11.1 %)	694	(6.5 %)	5,867	5,631	236	4.2 %	5,825	0.7 %
Inpatient Minutes	45,015	52,853	(7,838)	(14.8 %)	44,700	0.7 %	408,285	407,721	564	0.1 %	400,485	1.9 %
Outpatient Minutes	30,480	31,071	(591)	(1.9 %)	33,345	(8.6 %)	268,335	239,693	28,642	11.9 %	259,995	3.2 %
Total	75,495	83,924	(8,429)	(10.0 %)	78,045	(3.3 %)	676,620	647,414	29,206	4.5 %	660,480	2.4 %
OPERATING ROOM SURGERIES - PEORIA												
Outpatient	110	102	8	7.8 %	61	80.3 %	781	835	(54)	(6.5 %)	392	99.2 %
Outpatient Minutes	7,425	6,123	1,302	21.3 %	5,505	34.9 %	56,265	45,748	10,517	23.0 %	35,355	59.1 %
ENDOSCOPY PROCEDURES - ROOSEVELT												
Inpatient	65	96	(31)	(32.1 %)	102	(36.3 %)	685	831	(146)	(17.6 %)	801	(14.5 %)
Outpatient	167	213	(46)	(21.5 %)	217	(23.0 %)	1,612	1,845	(233)	(12.7 %)	1,691	(4.7 %)
Total	232	308	(76)	(24.8 %)	319	(27.3 %)	2,297	2,676	(379)	(14.2 %)	2,492	(7.8 %)
ENDOSCOPY PROCEDURES - PEORIA												
Outpatient	110	119	(9)	(7.5 %)	148	(25.7 %)	1,043	917	126	13.7 %	1,014	2.9 %
DELIVERIES												
Total	228	211	17	8.1 %	177	28.8 %	2,000	1,833	167	9.1 %	1,833	9.1 %
ED VISITS												
Roosevelt	5,604	5,735	(131)	(2.3 %)	5,385	4.1 %	48,415	46,663	1,752	3.8 %	45,794	5.7 %
Maryvale	3,191	3,122	69	2.2 %	3,189	0.1 %	28,580	26,546	2,034	7.7 %	27,155	5.2 %
Labor & Delivery	339	0	339	100.0 %	330	2.7 %	3,191	2,540	651	25.6 %	3,101	2.9 %
Burn	208	239	(31)	(13.0 %)	233	(10.7 %)	2,035	2,074	(39)	(1.9 %)	2,073	(1.8 %)
Total	9,342	9,096	246	2.7 %	9,137	2.2 %	82,221	77,823	4,398	5.7 %	78,123	5.2 %
AMBULATORY VISITS												
Valleywise Community Health Centers	13,265	15,463	(2,198)	(14.2 %)	15,715	(15.6 %)	120,482	125,967	(5,485)	(4.4 %)	128,301	(6.1 %)
Valleywise Comprehensive Health Center-Phoenix	12,407	12,614	(207)	(1.6 %)	14,305	(13.3 %)	111,999	110,459	1,540	1.4 %	110,903	1.0 %
Valleywise Comprehensive Health Center-Peoria	3,697	3,332	365	11.0 %	3,501	5.6 %	30,667	28,940	1,727	6.0 %	28,090	9.2 %
Outpatient Behavioral Health	6,341	6,504	(163)	(2.5 %)	6,239	1.6 %	58,735	54,489	4,246	7.8 %	50,120	17.2 %
Dental	2,173	2,028	145	7.1 %	2,328	(6.7 %)	18,068	17,660	408	2.3 %	17,699	2.1 %
Total	37,883	39,941	(2,058)	(5.2 %)	42,088	(10.0 %)	339,951	337,515	2,436	0.7 %	335,113	1.4 %



VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL INDICATORS
For the Period Ending March 31, 2024

	Mar-24 Actual	Mar-24 Budget	Mar-24 Variance	Mar-24 % Change	Prior Year Same Month Mar-23	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue per APD	\$ 1,199	\$ 1,533	(\$ 334)	(21.8 %)	\$ 1,614	(\$ 415)	(25.7 %)
Salaries	\$ 28,732,182	\$ 28,150,101	(\$ 582,081)	(2.1 %)	\$ 25,253,071	(\$ 3,479,110)	(13.8 %)
Benefits	9,573,693	8,313,654	(1,260,039)	(15.2 %)	7,014,639	(2,559,054)	(36.5 %)
Contract Labor	6,597,125	5,753,267	(843,858)	(14.7 %)	7,961,395	1,364,270	17.1 %
Total Labor Costs	\$ 44,903,000	\$ 42,217,022	(\$ 2,685,978)	(6.4 %)	\$ 40,229,106	(\$ 4,673,894)	(11.6 %)
Supplies	\$ 10,687,195	\$ 8,831,513	(\$ 1,855,683)	(21.0 %)	\$ 9,382,731	(\$ 1,304,464)	(13.9 %)
Medical Service Fees	11,718,501	9,730,890	(1,987,611)	(20.4 %)	11,088,595	(629,906)	(5.7 %)
All Other *	11,682,049	9,419,475	(2,262,573)	(24.0 %)	13,683,812	2,001,763	14.6 %
Total	\$ 34,087,745	\$ 27,981,878	(\$ 6,105,867)	(21.8 %)	\$ 34,155,138	\$ 67,393	0.2 %
Total Operating and Non-Operating Expenses * * Excludes Depreciation	\$ 78,990,745	\$ 70,198,900	(\$ 8,791,845)	(12.5 %)	\$ 74,384,243	(\$ 4,606,502)	(6.2 %)
Tax Levy							
Property Tax	\$ 8,018,745	\$ 8,018,745	\$ 0	0.0 %	\$ 7,673,441	\$ 345,305	4.5 %
Bonds	4,433,605	4,433,605	0	0.0 %	3,094,397	1,339,208	43.3 %
Total Tax Levy	\$ 12,452,350	\$ 12,452,350	\$ 0	0.0 %	\$ 10,767,838	\$ 1,684,513	15.6 %
Patient Days - Acute	5,793	5,835	(42)	(0.7 %)	5,345	448	8.4 %
Patient Days - Behavioral Health	10,061	9,475	586	6.2 %	8,881	1,180	13.3 %
Patient Days - Total	15,854	15,310	544	3.6 %	14,226	1,628	11.4 %
Adjusted Patient Days	31,821	29,401	2,420	8.2 %	29,082	2,739	9.4 %
APD Ratio	2.01	1.92	0.09	4.5 %	2.04	(0.04)	(1.8 %)
Admissions - Acute	1,117	1,244	(127)	(10.2 %)	996	121	12.1 %
Admissions - Behavioral Health	441	403	38	9.4 %	365	76	20.8 %
Admissions - Total	1,558	1,647	(89)	(5.4 %)	1,361	197	14.5 %
Adjusted Admissions	3,127	3,163	(36)	(1.1 %)	2,782	345	12.4 %



VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL INDICATORS
For the Period Ending March 31, 2024

	Mar-24 Actual	Mar-24 Budget	Mar-24 Variance	Mar-24 % Change	Prior Year Same Month Mar-23	Prior Year Same Month Variance	Prior Year Same Month % Change
Average Daily Census - Acute	187	188	(1)	(0.7 %)	172	14	8.4 %
Average Daily Census - Behavioral Health	325	306	19	6.2 %	286	38	13.3 %
Average Daily Census - Total	511	494	18	3.6 %	459	53	11.4 %
Adjusted Occupied Beds - Acute	375	361	14	3.8 %	352	23	6.4 %
Adjusted Occupied Beds - Behavioral Health	651	587	64	11.0 %	586	66	11.2 %
Adjusted Occupied Beds - Total	1,026	948	78	8.2 %	938	88	9.4 %
Paid FTEs - Payroll	3,799	3,792	(7)	(0.2 %)	3,481	(318)	
Paid FTEs - Contract Labor	514	438	(76)	(17.4 %)	533	18	3.5 %
Paid FTEs - Total	4,314	4,230	(84)	(2.0 %)	4,014	(300)	(7.5 %)
FTEs per AOB	4.20	4.46	0.26	5.8 %	4.28	0.08	1.8 %
FTEs per AOB (w/o Residents)	4.01	4.25	0.23	5.5 %	4.08	0.06	1.6 %
Benefits as a % of Salaries	33.3 %	29.5 %	(3.8 %)	(12.8 %)	27.8 %	(5.5 %)	(20.0 %)
Labor Costs as a % of Net Patient Revenue	117.7 %	93.7 %	(24.0 %)	(25.6 %)	85.7 %	(32.0 %)	(37.4 %)
Salaries and Contract Labor per APD	\$ 1,110	\$ 1,153	\$ 43	3.7 %	\$ 1,142	\$ 32	2.8 %
Benefits per APD	301	283	(18)	(6.4 %)	241	(60)	, ,
Supplies per APD	336	300	(35)	(11.8 %)	323	(13)	(4.1 %)
Medical Service Fees per APD	368	331	(37)	(11.3 %)	381	13	3.4 %
All Other Expenses per APD *	367	320	(47)	(14.6 %)	471	103	22.0 %
Total Expenses per APD *	\$ 2,482	\$ 2,388	(\$ 95)	(4.0 %)	\$ 2,558	\$ 75	2.9 %
Salaries and Contract Labor per Adj. Admission	\$ 11,298	\$ 10,719	(\$ 579)	(5.4 %)	\$ 11,938	\$ 640	5.4 %
Benefits per Adj. Admission	3,062	2,629	(433)	(16.5 %)	2,521	(540)	(21.4 %)
Supplies per Adj. Admission	3,418	2,792	(625)	(22.4 %)	3,372	(45)	(1.3 %)
Medical Service Fees per Adj. Admission	3,747	3,077	(671)	(21.8 %)	3,985	238	6.0 %
All Other Expenses per Adj. Admission *	3,736	2,978	(758)	(25.4 %)	4,918	1,182	24.0 %
Total Expenses per Adj. Admission *	\$ 25,260	\$ 22,195	(\$ 3,065)	(13.8 %)	\$ 26,735	\$ 1,475	5.5 %

^{*} Excludes Depreciation



VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL INDICATORS
For the Nine Periods Ending March 31, 2024

	Mar-24 YTD Actual	Mar-24 YTD Budget	Mar-24 YTD Variance	YTD Mar-24 % Change	YTD Prior Year Mar-23	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue per APD	\$ 1,415	\$ 1,556	(\$ 140)	(9.0 %)	\$ 1,570	(\$ 155)	(9.9 %)
Salaries Benefits Contract Labor	\$ 246,538,044 76,374,996 54,918,694	\$ 236,172,512 69,759,398 56,717,186	(\$ 10,365,532) (6,615,598) 1,798,493	(4.4 %) (9.5 %) 3.2 %	\$ 219,531,674 64,829,961 64,929,844	(\$ 27,006,370) (11,545,034) 10,011,150	(12.3 %) (17.8 %) 15.4 %
Total Labor Costs	\$ 377,831,733	\$ 362,649,096	(\$ 15,182,637)	(4.2 %)	\$ 349,291,479	(\$ 28,540,254)	(8.2 %)
Supplies Medical Service Fees All Other *	\$ 88,143,747 79,670,234 111,182,430	\$ 73,518,204 86,326,160 102,810,485	(\$ 14,625,543) 6,655,926 (8,371,945)	(19.9 %) 7.7 % (8.1 %)	\$ 73,676,408 81,095,360 118,905,032	(\$ 14,467,339) 1,425,126 7,722,602	(19.6 %) 1.8 % 6.5 %
Total	\$ 278,996,411	\$ 262,654,849	(\$ 16,341,562)	(6.2 %)	\$ 273,676,800	(\$ 5,319,610)	(1.9 %)
Total Operating and Non-Operating Expenses * * Excludes Depreciation	\$ 656,828,143	\$ 625,303,945	(\$ 31,524,199)	(5.0 %)	\$ 622,968,280	(\$ 33,859,864)	(5.4 %)
Tax Levy Property Tax Bonds	\$ 72,168,709 39,902,445	\$ 72,168,709 39,902,445	\$ 0 0	0.0 % 0.0 %	\$ 69,784,690 28,141,433	\$ 2,384,019 11,761,012	3.4 % 41.8 %
Total Tax Levy	\$ 112,071,154	\$ 112,071,154	\$ 0	0.0 %	\$ 97,926,123	\$ 14,145,031	14.4 %
Patient Days - Acute Patient Days - Behavioral Health	53,097 80,849	49,936 81,369	3,161 (520)	6.3 % (0.6 %)	50,697 73,187	2,400 7,662	4.7 % 10.5 %
Patient Days - Total	133,946	131,305	2,641	2.0 %	123,884	10,062	8.1 %
Adjusted Patient Days APD Ratio	265,973 1.99	249,372 1.90	16,601 0.09	6.7 % 4.6 %	238,728 1.93	27,245 0.06	11.4 % 3.0 %
Admissions - Acute Admissions - Behavioral Health	9,916 3,413	9,877 3,462	39 (49)	0.4 % (1.4 %)	9,666 2,953	250 460	2.6 % 15.6 %
Admissions - Total	13,329	13,339	(10)	(0.1 %)	12,619	710	5.6 %
Adjusted Admissions	26,467	25,333	1,134	4.5 %	24,317	2,150	8.8 %



VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL INDICATORS
For the Nine Periods Ending March 31, 2024

	Mar-24	Mar-24	Mar-24	YTD Mar-24	YTD Prior Year	YTD Prior Year	YTD Prior Year
	YTD Actual	YTD Budget	YTD Variance	% Change	Mar-23	Variance	% Change
_							
Average Daily Census - Acute	193	182	11	6.3 %	185	8	4.4 %
Average Daily Census - Behavioral Health	294	296	(2)	(0.6 %)	267	27	10.1 %
Average Daily Census - Total	487	477	10	2.0 %	452	35	7.7 %
Adjusted Occupied Beds - Acute	383	345	39	11.2 %	357	27	7.5 %
Adjusted Occupied Beds - Behavioral Health	584	562	22	3.9 %	515	69	13.4 %
Adjusted Occupied Beds - Total	967	907	60	6.7 %	871	96	11.0 %
Paid FTEs - Payroll	3,742	3,594	(149)	(4.1 %)	3,445	(297)	(8.6 %)
Paid FTEs - Contract Labor	467	473	6	1.3 %	506	40	7.8 %
Paid FTEs - Total	4,209	4,066	(142)	(3.5 %)	3,951	(257)	(6.5 %)
FTEs per AOB	4.35	4.48	0.13	3.0 %	4.54	0.18	4.1 %
FTEs per AOB (w/o Residents)	4.15	4.26	0.11	2.6 %	4.32	0.17	4.0 %
Benefits as a % of Salaries	31.0 %	29.5 %	(1.4 %)	(4.9 %)	29.5 %	(1.4 %)	(4.9 %)
Labor Costs as a % of Net Patient Revenue	100.4 %	93.5 %	(6.9 %)	(7.4 %)	93.2 %	(7.2 %)	(7.7 %)
Salaries and Contract Labor per APD	\$ 1,133	\$ 1,175	\$ 41	3.5 %	\$ 1,192	\$ 58	4.9 %
Benefits per APD	287	280	(7)	(2.6 %)	272	(16)	(5.7 %)
Supplies per APD	331	295	(37)	(12.4 %)	309	(23)	(7.4 %)
Medical Service Fees per APD	300	346	47	13.5 %	340	40	11.8 %
All Other Expenses per APD *	418	412	(6)	(1.4 %)	498	80	16.1 %
Total Expenses per APD *	\$ 2,470	\$ 2,508	\$ 38	1.5 %	\$ 2,610	\$ 140	5.4 %
Salaries and Contract Labor per Adj. Admission	\$ 11,390	\$ 11,562	\$ 172	1.5 %	\$ 11,698	\$ 308	2.6 %
Benefits per Adj. Admission	2,886	2,754	(132)	(4.8 %)	2,666	(220)	(8.2 %)
Supplies per Adj. Admission	3,330	2,902	(428)	(14.8 %)	3,030	(301)	(9.9 %)
Medical Service Fees per Adj. Admission	3,010	3,408	397	11.7 %	3,335	325	9.7 %
All Other Expenses per Adj. Admission *	4,201	4,058	(142)	(3.5 %)	4,890	689	14.1 %
Total Expenses per Adj. Admission *	\$ 24,817	\$ 24,683	(\$ 134)	(0.5 %)	\$ 25,618	\$ 802	3.1 %

^{*} Excludes Depreciation

OPERATING REVENUE

Patient Days, Admissions and Adjusted Patient Days

Acute Care	Actual	Budget	Variance	%Variance
MTD - Patient Days	5,793	5,835	(42)	-0.7%
YTD - Patient Days	53,097	49,936	3,161	6.3%
MTD - Admissions	1,117	1,244	(127)	-10.2%
YTD - Admissions	9,916	9,877	39	0.4%
MTD - Average Length of Stay (ALOS)	5.2	4.7	(0.5)	-10.6%
YTD - Average Length of Stay (ALOS)	5.4	5.1	(0.3)	-5.9%
ATD. Average Deily Copeys (ADC)	187	188	(4)	-0.7%
MTD - Average Daily Census (ADC) YTD - Average Daily Census (ADC)	194	182	(1) 12	6.3%
Behavioral Health	Actual	Budget	Variance	%Variance
	Actual 10,061	Budget 9,475	Variance 586	%Variance 6.2%
MTD - Patient Days				
ATD - Patient Days ATD - Patient Days	10,061 80,849	9,475 81,369	586 (520)	6.2% -0.6%
ITD - Patient Days TD - Patient Days ITD - Admissions	10,061	9,475	586	6.2%
ATD - Patient Days ATD - Patient Days ATD - Admissions ATD - Admissions	10,061 80,849 441 3,413	9,475 81,369 403 3,462	586 (520) 38 (49)	6.2% -0.6% 9.4% -1.4%
MTD - Patient Days MTD - Patient Days MTD - Admissions MTD - Admissions MTD - Average Length of Stay (ALOS)	10,061 80,849 441 3,413	9,475 81,369 403 3,462 23.5	586 (520) 38 (49)	6.2% -0.6% 9.4% -1.4%
MTD - Patient Days /TD - Patient Days MTD - Admissions /TD - Admissions MTD - Average Length of Stay (ALOS)	10,061 80,849 441 3,413	9,475 81,369 403 3,462	586 (520) 38 (49)	6.2% -0.6% 9.4% -1.4%
Behavioral Health MTD - Patient Days MTD - Admissions MTD - Admissions MTD - Average Length of Stay (ALOS) MTD - Average Daily Census (ADC)	10,061 80,849 441 3,413	9,475 81,369 403 3,462 23.5	586 (520) 38 (49)	6.2% -0.6% 9.4% -1.4%

Adjusted Patient Days (APD)
Month-to-Date

Year-to-Date

Actual	Budget	Variance	%Variance
31,821	29,401	2,420	8.2%
265,973	249,372	16,601	6.7%

Net patient service revenue

Month-to-Date Year-to-Date Month-to-Date Per APD Year-to-Date Per APD

Actual		Budget		Variance		%Variance
\$	38,147,949	\$	45,061,377	\$	(6,913,428)	-15.3%
\$	376,424,855	\$	387,917,984	\$	(11,493,129)	-3.0%
\$	1,199	\$	1,533	\$	(334)	-21.8%
\$	1.415	\$	1.556	\$	(140)	-9.0%

Other operating revenue

Month-to-Date Year-to-Date

	Actual	Budget		Variance		%Variance
\$	10,952,914	\$	12,992,661	\$	(2,039,747)	-15.7%
\$	131,376,611	\$	116,837,761	\$	14,538,850	12.4%

The majority of the negative variances are in Health II, and value-based incentive revenue; while the majority of the positive variances for the month are in the 340(b) program, retail pharmacies revenues, offsetting revenue grants/research & foundation, and other miscellaneous operating revenue.

Total operating revenues

Month-to-Date Year-to-Date

	Actual	Budget	Variance	%Variance
Γ	\$ 49,100,864	\$ 58,054,038	\$ (8,953,175)	-15.4%
Г	\$ 507.801.466	\$ 504.755.745	\$ 3.045.721	0.6%

OPERATING EXPENSES

Salaries and wages

	Actual	Budget	Variance	
Month-to-Date	\$ 28,732,182	\$ 28,150,101	\$ (582,081)	Ī
Year-to-Date	\$ 246,538,044	\$ 236,172,512	\$ (10,365,532)	Γ

	Actual	Budget	Variance	%Variance
Paid FTE's - Payroll	3,799	3,792	(7)	-0.2%

	Actual	Budget	Variance	%Variance
Paid FTE's - Payroll (w/o Residents)	3,798	3,788	(10)	-0.3%

	Actual	Budget	Variance	%Variance
Salaries per FTE's - Payroll	\$ 7,562	\$ 7,424	\$ (139)	-1.9%

Contract labor

	Actual		Budget	Variance		%Variance
Month-to-Date	\$ 6,597,125	\$	5,753,267	\$	(843,858)	-14.7%
Year-to-Date	\$ 54,918,694	. \$	56,717,186	\$	1,798,493	3.2%

	Actual	Budget	Variance	%Variance	
FTE's - Contract Labor incl Outsource	514	438	(76)	-17.4%	

FTE's - Contract Labor	Actual	Budget	Variance	%Variance
Nursing operations - Acute	115	126	11	8.7%
Revenue Cycle	-	-	-	-100.0%
Behavioral Health	139	28	(111)	-389.9%
Information Technology	-	-	-	-100.0%
Support Services	15	10	(5)	-50.9%
Interns & Residents	192	202	10	5.0%

	Actual	Budget	Variance	%Variance
Paid FTE's - Payroll & Contract Labor	4,314	4,230	(84)	-2.0%

	Actual	Budget	Variance	%Variance
Adjusted Occupied Beds (AOB)	1,026	948	78	8.2%

	Actual	Budget	Variance	%Variance
Paid FTE's per AOB	4.20	4.46	0.26	5.8%

	Actual	Budget	Variance	%Variance
Paid FTE's per AOB (w/o Residents)	4.01	4.24	0.23	5.4%

Employee benefits

	Actual	Budget	Variance		%Variance	
Month-to-Date	\$ 9,573,693	\$ 8,313,654	\$	(1,260,039)	-15.2%	
Year-to-Date	\$ 76,374,996	\$ 69,759,398	\$	(6,615,598)	-9.5%	

The primary negative variances for the month are in the net medical expenses, and the paid leave accrual.

%Variance -2.1%

-4.4%

Benefits as a % of salaries

Month-to-Date Year-to-Date

Actual	Budget	Variance	%Variance
33.3%	29.5%	-3.8%	-12.8%
31.0%	29.5%	-1.4%	-4.9%

Medical service fees

Month-to-Date Year-to-Date

Actual	Budget	Variance	%Variance
\$ 11,718,501	\$ 9,730,890	\$ (1,987,611)	-20.4%
\$ 79,670,234	\$ 86,326,160	\$ 6,655,926	7.7%

The majority of the negative variance for the month is in DMG staffing fees, lower than anticipated DMG collections.

Supplies

Month-to-Date Year-to-Date

Actual	Budget	Variance	%Variance
\$ 10,687,195	\$ 8,831,513	\$ (1,855,683)	-21.0%
\$ 88,143,747	\$ 73,518,204	\$ (14,625,543)	-19.9%

The negative variances for the month are primarily in pharmaceuticals (mainly 340B related), surgery related medical supplies (implants), laboratory supplies, and other supplies; while the positive variance for the month is in radiology supplies, and blood & plasma supplies.

Purchased services

Month-to-Date Year-to-Date

	Actual	Budget	Variance	%Variance
\$	5,144,718	\$ 4,711,942	\$ (432,775)	-9.2%
\$	45,172,388	\$ 42,432,959	\$ (2,739,429)	-6.5%

The major negative variances for the month are in other services, consulting & management fees, advertising services, and attorney & legal services. The major positive variances for the month are in other professional services.

Other expenses

Month-to-Date Year-to-Date

Actual		Budget	Variance	%Variance
\$ 6,170,429	\$	5,268,816	\$ (901,613)	-17.1%
\$ 51,638,811	\$	47,485,942	\$ (4,152,869)	-8.7%

The major negative variances for the month are in risk management expenses, rent expense, repairs & maintenance, utilities, and freight. The major positive variance for the month is in other miscellaneous expenses.

Depreciation

Month-to-Date Year-to-Date

	Actual	Budget	Variance	%Variance
Γ;	\$ 4,055,482	\$ 5,870,501	\$ 1,815,019	30.9%
Γ:	\$ 17,911,582	\$ 44,222,185	\$ 26,310,603	59.5%

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT VALLEYWISE HEALTH (COMBINED CARE SYSTEM) FINANCIAL STATEMENT HIGHLIGHTS

For the month ending March 31, 2024

Total operating expenses

Month-to-Date Year-to-Date

	Actual	Budget	Variance	%Variance
\$	82,679,325	\$ 76,630,684	\$ (6,048,641)	-7.9%
\$	660,368,495	\$ 656,634,546	\$ (3,733,949)	-0.6%

Operating income (loss)

Month-to-Date Year-to-Date

	Actual	Budget	Variance	%Variance
\$	(33,578,461)	\$ (18,576,645)	\$ (15,001,816)	-80.8%
\$	(152,567,029)	\$ (151,878,801)	\$ (688,228)	-0.5%

Non-operating revenues (expenses)

Month-to-Date Year-to-Date

-	Actual		Budget	Variance	%Variance
	\$ 14,046,	06 \$	14,424,027	\$ (377,622)	-2.6%
١	\$ 114,678,	07 \$	113,374,510	\$ 1,304,297	1.2%

The majority of the negative variances are in local match related expenses, and capital related grant revenues. The majority of the positive variance is in non capital grants.

Excess of revenues over expenses

Month-to-Date Year-to-Date

	Actual	Budget	Variance	%Variance
1	(19,532,055)	\$ (4,152,618)	\$ (15,379,437)	370.4%
9	(37,888,222)	\$ (38.504.291)	\$ 616,069	-1.6%

ASSETS

Cash and cash equivalents - Delivery system

Mar-24	Jun-23	Change	% change
\$ 164,798	98 \$ 241,214,127	\$ (76,415,229)	-31.7%

Cash and cash equivalents - Bond (restricted)

Mar-24	Jun-23	Change	% change
\$ 71,347,772	\$ 166,504,192	\$ (95,156,420)	-57.1%

Paid \$40.7M in principal and interest in July 2023 related to the 3rd and 4th bond offerings.

Paid \$13.9M in interest in January 2024 related to the 3rd and 4th bond offerings.

Patient A/R, net of allowances

Mar-24	Jun-23	Change	% change
\$ 100,891,239	\$ 85,709,368	\$ 15,181,871	17.7%

Other receivables and prepaid items

	Mar-24	Jun-23	Change	% change
:	\$ 60,668,422	\$ 42,225,086	\$ 18,443,337	43.7%

FY24 other receivables / prepaids includes:

\$18.7M in prepaids/deposits

\$12.4M in inventories

\$9.1M receivables from grants & research sponsors

\$8.8M in Health II

\$4.4M in Psych subsidy

\$3.1M due from other receivables

\$1.4M due from Wellpartner/340B program

\$1.2M in retail pharmacy receivable

\$771K due from other hospital - resident rotation

\$600K due from Home Assist Health

\$254K due from Health Foundation

Estimated amounts due from third party payors

	Mar-24	Jun-23	Change	% change
ſ	\$ 43,241,105	\$ 50.640.640	\$ (7.399.534)	-14.6%

FY24 due from third party payors includes: \$39.7M due from AHCCCS for GME - FY2024 \$3.2M due from AHCCCS for DSH - FY2024

\$361K due from First Things First

Due from related parties

ſ	Mar-24	Jun-23	Change	% change
ſ	\$ 14.108.872	\$ 3.376.279	\$ 10.732.593	317.9%

FY24 due from related parties includes:

\$11.3M due from Maricopa County for tax levy collection

\$2.8M due from Public Health Ryan White Part A programs

Other Current Assets

Mar-24	Jun-23	Change	% change
\$ 2.516.402	\$ 2.516.402	\$ -	0.0%

Capital Assets, net

Mar-24	Jun-23	Change	% change
\$ 836,322,594	\$ 796,596,154	\$ 39,726,441	5.0%

Other Assets

	Mar-24	Jun-23	Change	% change
ſ	\$ 5,005,017	\$ 5,005,017	\$	0.0%

Deferred outflows

Mar-24	Jun-23	Change	% change
\$ 56,46	313 \$ 56,462,313	\$ -	0.0%

LIABILITIES AND NET POSITION

Current maturities of long-term debt

Mar-24	Jun-23	Change	% change
\$ 39,544,927	\$ 43,216,702	\$ (3,671,775)	-8.5%

FY24 current maturities includes:

\$37.0M in Bond current portion and interest payable

\$2.5M in current portion - Lease Liability

Accounts payable

Mar-24	Jun-23	Change	% change
\$ 85,318,040	\$ 75,381,153	\$ 9,936,887	13.2%

FY24 accounts payable includes:

\$43.9M in vendor related expense accruals/estimates

\$19.4M due to DMG for annual recon and pass thru payments

\$22.0M in vendor approved payments

Accrued payroll and expenses

Mar-24	Jun-23	Change	% change
\$ 33,099,000	\$ 28,158,703	\$ 4,940,297	17.5%

Medical claims payable

Mar-24	Jun-23	Change	% change
\$ 18,548,863	\$ 18,892,539	\$ (343,676)	-1.8%

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT VALLEYWISE HEALTH (COMBINED CARE SYSTEM) FINANCIAL STATEMENT HIGHLIGHTS

For the month ending March 31, 2024

Due to related parties

	Mar-24	Jun-23	Change	% change
ſ	\$ (2,605,604)	\$ 1,434	\$ (2,607,038)	-181822.1%

Timing of tax levy revenue accrual and actual collection received.

Other current liabilities

	Mar-24	Jun-23	Change	% change
5	74,709,837	\$ 80,724,270	\$ (6,014,433)	-7.5%

FY24 other current liabilities includes:

\$24.3M in deferred income (Health Foundation)

\$13.0M in patient credit balances

\$10.4M in deferred income (MC ARPA)

\$9.8M in deferred income (FQHC)

\$7.7M in settlement reserved for Medicare

\$4.7M in other deferred income (TIP, Optum, APSI)

 $\$3.0M\,$ in deferred income for grants, research, & study residuals

\$1.3M in capitation payments

\$377K in unclaimed/stale dated checks

\$219K in other deferred income (Target distribution/High impact areas)

Bonds payable

Mar-24	Jun-23	Change	% change
\$ 602,372,843	\$ 640,746,278	\$ (38,373,435)	-6.0%

Reclassed current maturities portion of Bond payable

Other long-term debt

Mar-24	Jun-23	Change	% change
\$ 5,005,017	\$ 5,005,017	\$ -	0.0%

Long-term portion of lease liability

Long-term liabilities

Mar-24	Jun-23	Change	% change
\$ 356,444,644	\$ 356,444,644	-	0.0%

Pension liability per ASRS report - GASB68

Deferred inflows

-				
ſ	Mar-24	Jun-23	Change	% change
ſ	\$ 18.778.412	\$ 18,778,412	\$ -	0.0%

Net position

Mar-24	Jun-23	Change	% change
\$ 124,146,656	\$ 182,900,424	\$ (58,753,767)	-32.1%



Valleywise Health Health Plan sale proceeds

Beginr	ning balance - February 01, 2017		\$ -
ADD:	Payment received from UHC for member transfer Investment income Fund Interest Bank interest income received - YTD	\$ 33,361,499.99 1,601,294.04 1,325,168.86 85,731.73	36,373,694.62
LESS:	Consulting services expense Valleywise Health Foundation Funding Bank charges - transfer fees	(547,601.00) (5,750,000.00) (50.00)	(6,297,651.00)
Ending	g balance as of March 31, 2024		\$ 30,076,043.62

5. Investment of Funds



Investment of Funds report Fiscal Year 2024

FY2024 Combined	Average Cash Balance **		-	Allocated nvestment Income	Effective Yield	Annual Yield		
July	\$	345,729,041	\$	986,521	0.29%	3.42%		
August	\$	313,961,568	\$	833,756	0.27%	3.19%		
September	\$	295,378,340	\$	643,467	0.22%	2.61%		
October	\$	329,677,831	\$	706,204	0.21%	2.57%		
November	\$	296,463,445	\$	1,028,869	0.35%	4.16%		
December	\$	276,850,653	\$	588,693	0.21%	2.55%		
January	\$	236,089,876	\$	551,052	0.23%	2.80%		
February	\$	192,176,518	\$	555,366	0.29%	3.47%		
March	\$	240,001,249	\$	494,381	0.21%	2.47%		
Monthly average	\$	280,703,169	\$	709,812	0.25%	3.03%		

FY2024 Operating - VHMC	Average Cash Balance **		In	llocated vestment Income	Effective Yield	Annual Yield	
July	\$	220,821,449	\$	489,246	0.22%	2.66%	
August	\$	202,635,393	\$	451,380	0.22%	2.67%	
September	\$	186,365,634	\$	349,533	0.19%	2.25%	
October	\$	210,867,147	\$	409,058	0.19%	2.33%	
November	\$	185,211,829	\$	608,096	0.33%	3.94%	
December	\$	170,745,784	\$	350,271	0.21%	2.46%	
January	\$	151,885,513	\$	339,664	0.22%	2.68%	
February	\$	113,030,376	\$	352,614	0.31%	3.74%	
March	\$	168,653,909	\$	318,189	0.19%	2.26%	
Monthly average	\$	178,913,004	\$	407,561	0.23%	2.78%	

FY2024 Bond - related	Average Cash Balance **		In	llocated vestment Income	Effective Yield	Annual Yield
July	\$	124,907,591	\$	456,682	0.37%	4.39%
August	\$	111,326,176	\$	339,074	0.30%	3.65%
September	\$	109,012,706	\$	253,937	0.23%	2.80%
October	\$	118,810,684	\$	258,829	0.22%	2.61%
November	\$	111,251,616	\$	383,614	0.34%	4.14%
December	\$	106,104,869	\$	199,946	0.19%	2.26%
January	\$	84,204,363	\$	211,375	0.25%	3.01%
February	\$	79,146,142	\$	202,740	0.26%	3.07%
March	\$	71,347,341	\$	176,180	0.25%	2.96%
Monthly average	\$	101,790,165	\$	275,820	0.27%	3.21%

^{**} Average cash balance includes both cash and cash equivalents, short and long term investments

^{**} Investments are part of Maricopa County Treasurer's investment pool.

6. Care Reimagined Projects



April 24, 2024

Care Reimagined Updates

Presented by: Lia Christiansen, Chief Administrative Officer

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Care Reimagined Program Overview

Care Reimagined Program Features



\$935M bond-funded program



13 Updated or new locations



510 Design & Construction Professionals Engaged



7 Decommission sites



Expanding High Quality Care



Over 29,983 total views on The Vine

Completion to Date:

•	
Valleywise Health Medical	
Center Campus	91%
Valleywise Behavioral Health Center	
Maryvale	100%
Ambulatory	
Peoria	100%
South Phoenix/Laveen	100%
North Phoenix	100%
Mesa	100%
West Marwale	100%

Approximately 14,363,362 Accumulative Man Hours For All Projects

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Source: Vanir CM, updated 04/08/24

Care Reimagined Program Dashboard

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	Schedule	Budget	Land Acquisition	Operational Program	Design	Construction	Off-Site Utilities	Long-Lead Materials		FF&E	Safety	Issues
VHMC MAIN CAMPUS												
Central Utilities Plant / Utility Corridors (2611)			N/A						N/A			
Valleywise Health Medical Center			N/A									
West Parking			N/A						N/A	N/A		
Site Hardscape			N/A				N/A		N/A	N/A		
Admin / Research / Faculty : Piper Pavilion			N/A									
Abatement / Demolition (VHMC)			N/A						N/A	N/A		N/A
Valleywise Behavioral Health Center-Phoenix (Annex)			N/A						N/A			

Valleywise Health Medical Center Campus

Budget alignment and escalation: Valleywise Health approved an alternate funding source for \$20M plus the cost of the additional beds. Industry material and labor shortages, and project changes have impacted the cost and schedule for the ACH, as well as future site and demolition work packages.

The project team is reassessing the Go-Live date based on an unforeseen condition.

2601 E. Roosevelt St. Phoenix, AZ 85008

Vanir Project Director: Mike Miller Programming: Blue Cottage

CM at Risk: Kitchell Contractors Inc.

Architect: Cuningham Group Architecture Inc.

Project Information:

The Medical Center Campus scope is comprised of many elements for hospital improvement that include replacing the existing Acute Care Hospital, Annex behavioral health air handling unit, and server accommodations. The new Central Utility Plant was built with an immediate connection to the existing site buildings for combined annual energy savings throughout the site construction duration.

Decommissioning of existing buildings, current Valleywise Health Medical Center, CAC (Administration Building), Hogan, and Central Energy Plant, to be phased post-Medical Center go-live. The laundry building decommissioning made way for the Piper Pavilion currently nearing completion (phased occupancy).

VHMC Acute Care & Ancillary Facilities Timeline

Final Design Completion	Dec 2020
Construction Contract-Substantial Completion	Oct. 30, 2023
Substantial Completion Based on Approved Change Orders	November 29, 2023
Substantial Completion Based on Observed Construction Progress (Estimated)	March 30, 2024
Activation/Licensing	Began Sept. 2023
"Go-Live"	TBD

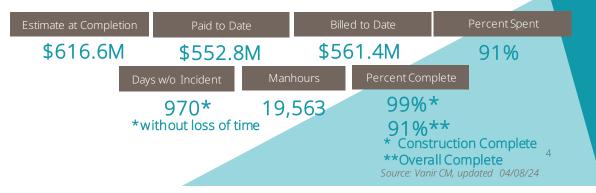
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CONSTRUCTION UPDATE:

- Fire alarm and door integration testing is near completion.
- A preliminary Air Balance Report has been submitted to the engineer for review of all areas except AHU 3-3 and AHU 3-9. Stair pressurization is complete.
- Final painting is complete throughout the building.
- The fire dampers have been installed at AHU 3-3 and 3-9 and reconstruction is underway. A final Air Balance Report will be submitted within two weeks.

EQUIPMENT & ACTIVATION UPDATE:

- Activation planning is ongoing and relocation planning is underway
- NEXT 30 DAYS:
- Acceptance walks of each level continue through May 9th.
- AHU 3-3 and 3-9 and fire damper revisions will be completed.
- All medical equipment has been ordered and continues to be installed and activated as it arrives.



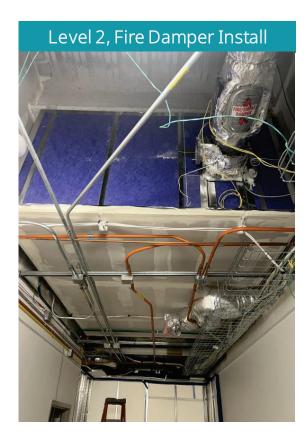
2601 E. Roosevelt St. Phoenix, AZ 85008





2601 E. Roosevelt St. Phoenix, AZ 85008





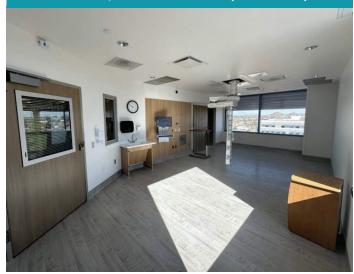


2601 E. Roosevelt St. Phoenix, AZ 85008

Acute Care Hospital

- Concrete for the CT pad and sidewalks will be placed by 4/18/24
- Steris light and boom completion is pending connection by Kitchell/Delta in 5 locations
- Punch item corrections continue on all levels
- Phase 4C demolition and site fencing installation will begin on 4/8/24

Level 7, Patient Room (Isolation)



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Level 1, Digital X-Ray Room



Level 4, Care Team Station



Source: Vanir CM, updated 04/08/24; images courtesy Kitchell Construction

2601 E. Roosevelt St. Phoenix, AZ 85008







2601 E. Roosevelt St. Phoenix, AZ 85008







Valleywise Health Medical Center Campus 2601 E. Roosevelt St. Phoenix, AZ 85008



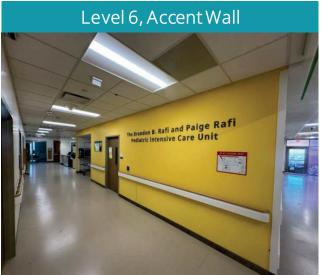




Source: Vanir CM, updated 04/08/24; images courtesy Kitchell Construction

Valleywise Health Medical Center Campus 2601 E. Roosevelt St. Phoenix, AZ 85008









April 22, 2024

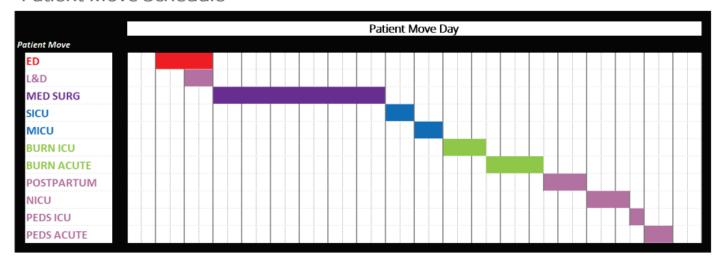
Care Reimagined Updates

Move Management Updates

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Patient Move Schedule



Minor adjustments have been made:

- L&D has been shifted to early morning, which will overlap with ED move.
- Burn ICU and Burn Acute will not move concurrently
- Total number of Transfer Teams has increased from 10 to 15

Operational Assumptions:

- Opening day activities will begin at 3:00 am
- Support and Ancillary services will move before the Go-Live date and will be available to support dual operations through the duration of the patient move.
- Emergency Department (ED) services in the Legacy MMC will close at 3:00 am while the ED services in the Acute Care Hospital (ACH) will open at 3:00 am. Any ED patients will be moved over at 3:00 am.
- The following departments will be open in the ACH and available to provide services as needed starting at 3:00 am: Burn ED, Perioperative, IR/Cath Lab, L&D, NICU, and Dialysis.
- The current assumption is that the inpatient move will take 13 hours. However, the patient move team will continue to validate.

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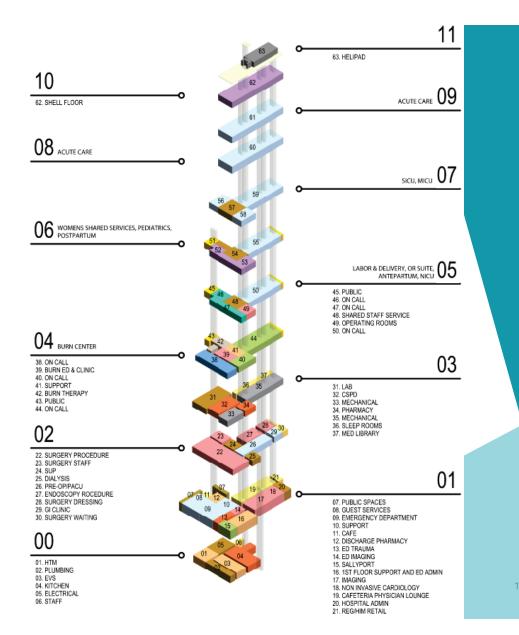
March/April 2024:

- Continue deployment of new equipment from the warehouse into final locations
- Complete the migration of the existing histology, cytology, and pathology labs to the new lab in ACH
- Start the migration of the existing Chemistry, Hematology, and Core Lab operations to the new lab in ACH

April/May 2024:

- Continue deployment of new equipment from the warehouse into final locations
- Finish the migration of the existing lab to the new lab in ACH
- Make final adjustments to the Relocation Guide
- Update the detailed department move plans with current information

Departmental stacking diagram



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Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

2609 E. Roosevelt St. Phoenix, AZ 85008

Vanir Project Manager: Shannon Lobdell

Programming: Blue Cottage

CM at Risk: Kitchell Contractors Inc.

Architect: Cuningham Group Architecture Inc.

Project Information:

The Piper Pavilion scope comprises of a multi-story building that will house Supply Chain, Research & Education, SIM Lab, Faculty Spaces and Administrative Programs to support the new Acute Care Hospital						
Pi per Pavilion Timeline						
Final Design Completion	January 2021					
Construction Completion	Nov 2023					
Temporary Certificate of Occupancy (TCO) 1st and 2nd Floors	June 2023					
Warehouse "Go Live"	June 2023					
Temporary Certificate of Occupancy (TCO) 3 rd Floor	July 2023					
Temporary Certificate of Occupancy (TCO) 4 th and 6 th Floors	August 2023					
Activation (including 5 th Floor)	June –February 2024					
Final Certificate of Occupancy (Completion of 5 th Floor)	November 2, 2023					
5 th Floor Move-In	April 18-19, 2024					

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CONSTRUCTION UPDATE:

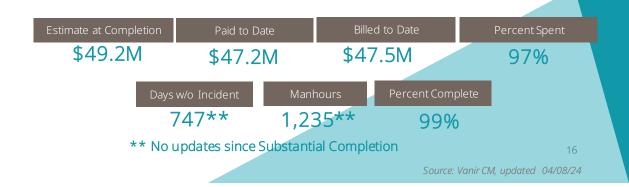
Activation activities continue on level 5.

EQUIPMENT & ACTIVATION UPDATE:

Level 5 activation activities continue.

NEXT 30 DAYS:

- Activation activities on level 5 will be completed.
- Physician move-in to occur on 4/18-4/19.



Conclusion – Discussion – Q&A – Next Steps



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7.a. Reports to the Board - Marketing and Communications



Marketing Communications Snapshot

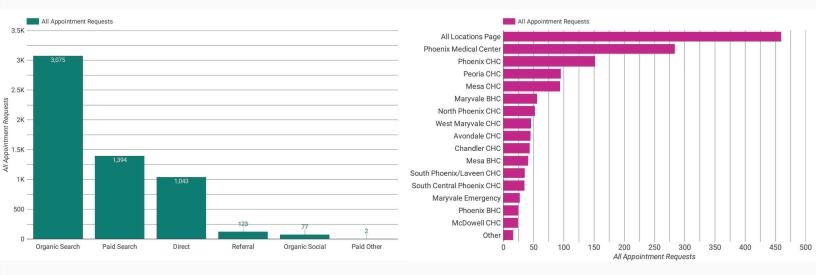
Mar 1, 2024 - Mar 31, 2024

How Many People Are Visiting Valleywise



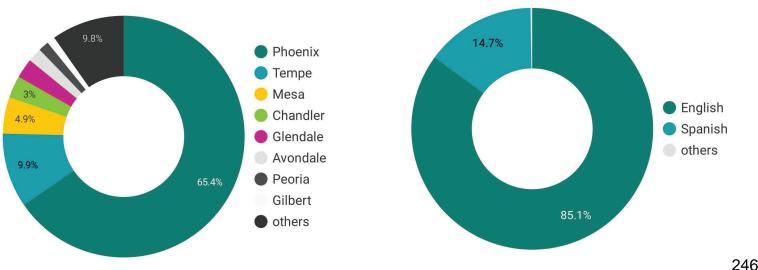
What Marketing Channels Are Driving Visits?

Location Pages Viewed Before Requesting an Appointment



Where Are People in Arizona Making Appointments From?

What Language Do They Speak?



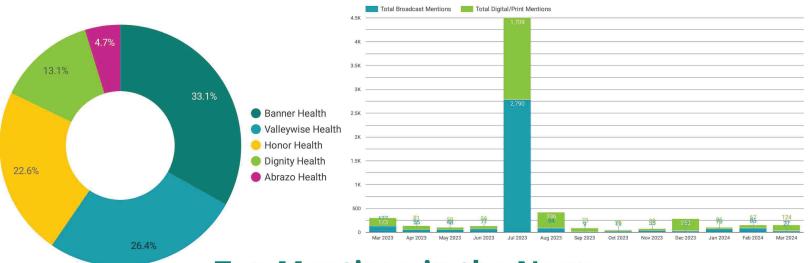


Marketing Communications Snapshot

Mar 1, 2024 - Mar 31, 2024

Share of Voice

Total News Mentions by Month



Top Mentions in the News

		-	
Date -	Media Outlet	Local/National	Торіс
Mar 5, 2024	PBS	Local	Valleywise Health reopens behavioral health beds in Maryvale
Mar 11, 2024	Phoenix Magazine	Local	5 Biggest Health News Stories in Arizona in 2024
Mar 12, 2024	Daily Independent	Local	Arizona HIV cases rise 20%, mostly affecting Hispanic communities
Mar 18, 2024	Gilbert Sun	Local	Journey of hope and healing for Gilbert girl









How People Are Engaging with Our Newsletters

Community E-News

Open Rate
20.1%

3.30% from previous month

Family Resource Center

Open Rate
31.6%

4.00% from previous month

McDowell Clinic

Open Rate
18.4%

-1.50% from previous month



Marketing **Communications Snapshot**

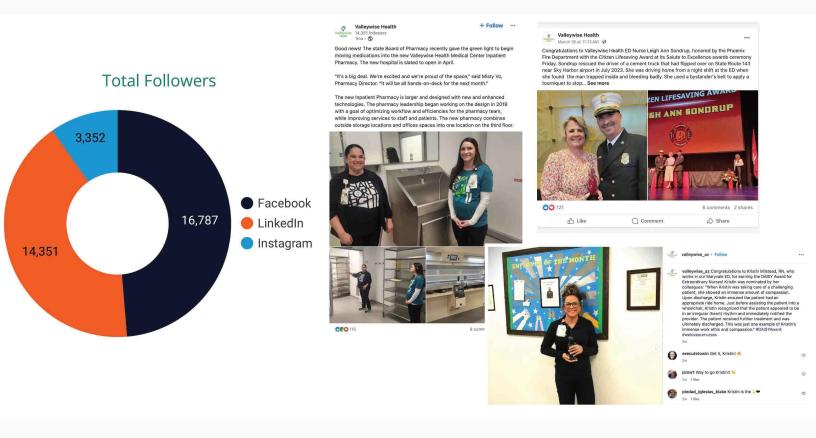
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Showcase at ASU West **WESTMARC**

248/295

Mar 1, 2024 - Mar 31, 2024

Social Media

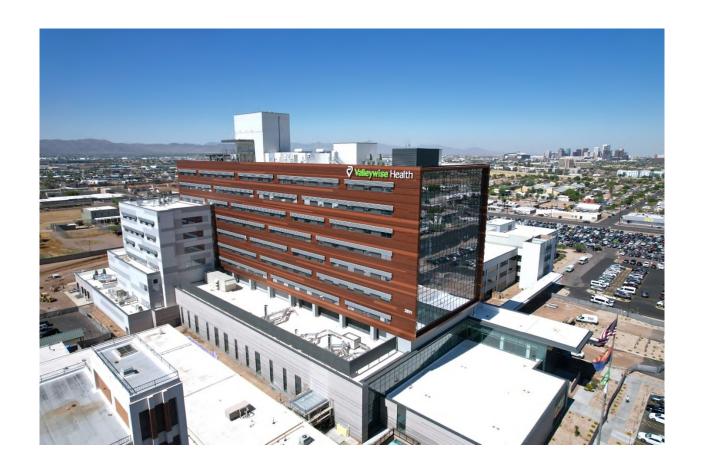


Community Outreach

			Candelen			
_	Meetings	Dorticipanta	Glendale Strong Families Network			
Partner	Meetings	Participants	Maricopa County Public	Health - Building		
	Q	148	Bridges to Health			
Engagement	O	140	MesaC	AN		
			Wilson Schoo	l District		
			East Valley Spring WIC Health and Resource Fair	2000 families		
	11	Approximate Reach	Faith Missionary Baptist Church Wellness Fair	200 families		
Events		3,000	Southwest Human Development Playfest	300 familes		
270110		0,000	Spring into Health @ Burton Barr Library	100 families		
			The Hub Health Fair @ North Phoenix	95 families		
Business	E	Mantinga	Greater Phoenix Equality Chamber			
	Events	Meetings	Peoria Chamber of Commerce			
Development	0	4	Peoria Chamber of Commerce Wellness Showcase at ASU West			
Bevelopinent			WESTA	NDC		

7.b. Reports to the Board - Care Reimagined Capital Purchases





Care Reimagined – Spend report (March 2024)

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	Budgeted Amount	CER Number	CER Amount		Amount Paid	Amount Paid	Amount Paid	Amount Paid
					JAN'24	FEB'24	MAR'24	Cumulative Total
Functional Area - Outpatient Health Facilities								
ABBOTT RAPID DIAGNOSTICS		19-930		_				\$ 1,870
ADVANCED STERILIZATION		19-930		_				\$ 140,587
Advanced Testing		19-930						\$ 10,605
Airpark Signs		19-930						\$ 184,498
ALLEGIANCE CORP		19-930						\$ 40,417
ALTURA		19-930						\$ 204,410
AMICO		19-930						\$ 5,648
ARC Products LLC		19-930						\$ 3,699
Arizona Department of Health		19-930						\$ 300
ARIZONA PUBLIC SERVICE		19-930						\$ (32,545)
Armstrong Medical		19-930						\$ 8,955
ARTHREX		19-930						\$ 64,558
B BRAUN		19-930						\$ 180,457
BAYER HEALTHCARE		19-930						\$ 86,500
Baxter Health		19-930						\$ 4,995
BONNY PIONTKOWSKI		19-930						\$ 7,720
BPG Technologies		19-921						\$ 174,467
BPG Technologies		19-930						\$ 16,080
CAPSULE TECH		19-930						\$ 164,493
CARDINAL HEALTH		19-930						\$ 2,070
CAREFUSION		19-930						\$ 269,605
CDW Government		19-930						\$ 296,946
CENTURYLINK		19-930						\$ 12,532
CHEMDAQ		19-930						\$ 21,874
City of Peoria								\$ 80,987
CME		19-930						\$ 1,731,072
COOPER ATKINS		19-930						\$ 33,020
COOPER SURGICAL		19-930						\$ 11,787
COVIDIEN		19-930						\$ 83,550
CROSSPOINT COMMUNICATIONS		19-930						\$ 18,657
Cushman and Wakefield of Arizona	\$ 16,50	0	\$ 16	,500				\$ 4,000
C-SCAN TECHNOLOGIES		19-930						\$ 230
DAAVLIN DISTRUBITING		19-930						\$ 7,000
DAN GWILLIAM CONSULTING								\$ 300
DANIELS MOVING		19-930						\$ 23,133
Davis Enterprises		19-930						\$ 14,807
DATA INNOVATIONS LLC								\$ 14,285
DATEX OHMEDA								\$ 387,508
DEPUY SYNTHES		19-930						\$ 48,170
DIBBLE ENGINEERING								\$ 12,570
ELITECHGROUP INC		19-930						\$ 16,895
EXTENDATA		19-930					<u> </u>	\$ 60,844

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	Budgeted Amount		CER Number	CER Amount		Amount Paid	Amount Paid	Amount Paid	Amount Paid	
						JAN'24	FEB'24	MAR'24	Cur	mulative Total
FILLMASTER			19-930						\$	1,494
FOLLETT			19-930						\$	1,690
E3 DIAGNOSTICS			19-930						\$	7,319
GE			19-930						\$	4,264,076
GE PRECISION HEALTHCARE LLC			19-930						\$	42,646
GLOBAL SURGICAL			16-930						\$	14,442
Goodmans			19-930						\$	898,159
GRAINGER									\$	19,076
GRAYBAR ELECTRIC									\$	630
HELMER									\$	137,145
Henry Schein			19-930						\$	404,003
HILL ROM			19-930						\$	49,105
Hobbs and Black Associates Inc	\$	1,080,140		\$	1,080,140				\$	3,224,039
Hobbs and Black Associates Inc			19-930						\$	35,773
Hologic			19-907	\$	659,797				\$	673,682
HP INC			19-930						\$	134,737
Hye Tech Network									\$	1,015,724
INTELLIGENT HEARING			19-930						\$	4,185
INTERMETRO INDUSTRIES									\$	147,669
J AND J HEALTHCARE SYSTEMS			19-930						\$	32,013
KRONOS			19-930						\$	23,505
Lanmor			19-930						\$	664
LEICA MICROSYSTEMS			19-930						\$	28,107
LPIT SOLUTIONS									\$	10,500
Mar Cor Purification			19-930						\$	205,641
Maricopa County Environmental Services	\$	2,200	19-930	\$	2,200				\$	2,515
Maricopa County Planning and Development	\$	3,000	19-930	\$	3,000				\$	571,470
MDM COMMERCIAL			19-930						\$	43,692
MEDIVATORS									\$	8,982
MEDTRONIC			19-930						\$	12,909
MIZUHO ORTHOPEDICS			19-930						\$	2,347
MONOPRICE INC			19-930						\$	757
NATUS MEDICAL			19-930						\$	35,088
NCI INC									\$	9,262
Ninyo and Moore Geotechnical and Environment	\$	38,350		\$	38,350				\$	131,484
NUAIER			19-930						\$	13,123
OIEC MEDICAL SYSTEMS			19-930						\$	250,893
Okland Construction Company	\$	465,089	19-930	\$	465,089				\$	43,421,603
Olympus			19-930	ļ					\$	592,862
OWENS AND MINOR			19-930	ļ					\$	1,683
O&M HALYARD INC			19-930	ļ					\$	11,441
PARKS MEDICAL			19-930						\$	710
PARTS SOURCE			19-930	ļ					\$	1,761
PATRIOT PURVEYORS									\$	29,499

Description	Budg	eted Amount	CER Number	CI	ER Amount	Amount Paid	Amo	unt Paid	Amount Paid	P	Amount Paid
						JAN'24	F	EB'24	MAR'24	Cui	mulative Total
PENTAX MEDICAL			19-930							\$	122,737
PHILIPS HEALTHCARE			19-930							\$	29,975
Radiation Physics and Engineering										\$	6,250
RICOH			19-930							\$	17,536
SIGNOSTICS INC			19-930							\$	22,020
SCRIPTPRO										\$	199,244
SOFT COMPUTER			19-930							\$	65,675
SMITH & NEPHEW			19-930							\$	49,859
SMITHS MEDICAL			19-930							\$	12,972
SPEEDIE AND ASSOCIATES										\$	2,637
SPHERE COMMERCE										\$	1,577
Steris			19-930							\$	387,839
Stryker Communications	\$	515,073	19-921	\$	515,073					\$	683,239
Stryker Communications			19-930							\$	8,397
STRYKER SALES CORPORATION			19-930							\$	300,593
TBCX										\$	156,758
THUNDERBIRD GRANT			19-930							\$	(187,982)
THE BAKER CO.			19-930							\$	14,485
THE CBORD GROUP			19-930							\$	21,623
THE CLOROX SALES			19-930							\$	44,800
THE GRAPHICS MEDICAL			19-930							\$	6,550
Thomas Printworks			19-930							\$	5,204
TRANSONIC SYSTEMS										\$	24,389
UTECH PRODUCTS										\$	47,600
VERATHON			19-930							\$	14,620
Vizient Inc	\$	132,024	10 000	\$	132,024					\$	379,135
West Valley Fidelity National Title - Land Purchase (Grand Ave/Cotton)	\$	5,595,598		\$	5,595,598					Ś	5,595,598
West Valley Fidelity National Title (escrow)	\$	75,000		\$	75,000					\$	75,000
AS SOFTWARE INC	Ť	10,000		Ť	,					\$	9,500
GF HEALTH PRODUCTS INC										\$	5,519
INVIVO CORPORATION										Ś	53,865
TOTAL West Valley Specialty Center (WVSC)	Ś	7,922,974		Ś	8,582,771	\$ -	Ś		\$ -	Ś	69,114,875
Alliance Land Surveying LLC	·	7- 7-	19-942	,	-77		·			\$	1,825
Great American Title (escrow/property tax) - Chandler			19-942	\$	15,000					Ś	1,195,064
SPEEDIE AND ASSOC			19-942	† ·	.,					Ś	3,600
Ninyo and Moore Geotechnical and Environment			19-942							Ś	70,599
TOTAL Chandler FHC (CHAN)	\$	-	20012	\$	15,000	\$ -	Ś		\$ -	\$	1,271,088
Fidelity National Title (escrow) - Miller&Main	\$	25,000	19-944	\$	25,000	<u> </u>	7		*	\$	1,989,756
AMAZON	Ψ	20,000	19-944	<u> </u>	20,000					Ś	129
Allstare Rent A Fence			19-944							\$	2,847
ALLEGIANCE CORPORATION			19-944							\$	8,996
ALTURA COMMUNICATIONS	+		19-944	+						\$	16,489
ABBOTT RAPID DIAGNOSTICS INFORMATICS INC	+		19-944	+						\$	67
BPG TECHNOLOGIES LLC	+		19-944	1						\$	1,075

Description	Budge	ted Amount	CER Number	CER A	mount	Amount Paid	Amount Paid	Amount Paid		Amount Paid
						JAN'24	FEB'24	MAR'24	C	umulative Total
BONNY PIONTKOWSKI			19-944						\$	1,120
CDW G			19-944						\$	36,138
ALTURA COMMUNICATIONS			19-944						\$	18,826
CENTURYLINK			19-944						\$	19,853
CITY OF MESA			19-944						\$	92,022
GE PRECISION HEALTHCARE			19-944						\$	34,138
GE HEALTHCARE IITS USA CORP			19-944						\$	134,394
CME			19-944						\$	139,688
COOPER ATKINS CORPORATION			19-944						\$	6,560
CAPSULE TECH INC			19-944						\$	55,920
SPEEDIE AND ASSOC			19-944						\$	3,600
DAVES CONSTRUCTION			19-944						\$	72,981
DIBBLE ENGINEERING			19-944						\$	8,256
DWL ARCHITECTS + PLANNERS INC			19-944						\$	1,027,447
DANIELS MOVING & STORAGE			19-944						\$	15,825
HELMER INC			19-944						\$	18,323
HP INC			19-944						\$	23,058
HOLOGIC INC			19-944						\$	349,945
HYE TECH NETWORK AND SECURITY SOLUTIONS			19-944						\$	143,092
FILLMASTER			19-944						\$	1,494
INTERMETRO INDUSTRIES			19-944						\$	13,859
JENSEN HUGHES			19-944						\$	7,031
Maricopa County - Envionmental Services Dept			19-944						\$	1,485
Maricopa County Planning			19-944						\$	64,615
MDM COMMERCIAL			19-944						\$	6,997
MONOPRICE			19-944						\$	335
OKLAND CONSTRUCTION			19-944						\$	9,989,592
THE CBORD GROUP INC			19-944						\$	2,826
TEMP ARMOUR			19-944						\$	9,947
THE GRAPHS MEDICAL PHYSICS			19-944						\$	2,450
SCIPTPRO USA			19-944						\$	104,544
SMITHCRAFT SIGNS			19-944						\$	106,105
SPEEDIE AND ASSOC			19-944						\$	20,116
STRYKER SALES			19-944						\$	6,665
SPRAY SYSTEMS			19-944						\$	29,640
TRANSACT COMMERCIAL			19-944						\$	332,754
Ninyo and Moore Geotechnical and Environment	\$	15,400	19-944	\$	15,400				\$	34,055
CROSSPOINT COMMUNICATIONS									\$	8,161
FIDELITY NATIONAL TITLE AGENCY INC									\$	557
VANIR CONSTRUCTION MANAGEMENT INC									\$	1,209,344
TOTAL Mesa FHC (MESA)	\$	40,400		\$	40,400	\$ -	\$ -	\$ -	\$	16,173,120.85
Clear Title Agency (escrow) - Central Phoenix Clinic									\$	2,704,752
Clear Title Agency (escrow) - Phoenix Metro	\$	50,000		\$	50,000				\$	50,000
Cushman and Wakefield of Arizona Inc			19-945						\$	4,750

Description	Budget	ed Amount	CER Number	CEF	R Amount	Amount Paid	Amount Paid	Amount Paid		Amount Paid
						JAN'24	FEB'24	MAR'24	Ci	ımulative Total
DAVES CONSTRUCTION			19-945						\$	171,254
DWL ARCHITECTS + PLANNERS INC			19-945						\$	681,890
JENSEN HUGHES			19-945						\$	398
MARICOPA COUNTY PLANNING			19-945						\$	62,251
Ninyo and Moore Geotechnical and Environment			19-945						\$	53,438
OKLAND CONSTRUCTION			19-945						\$	346,215
SPEEDIE AND ASSOC			19-945						\$	3,600
Spray Systems			19-945						\$	119,430
ALLIANCE LAND SURVEYING LLC									\$	2,400
STRYKER SALES CORPORATION									\$	247
VANIR CONSTRUCTION MANAGEMENT INC									\$	840,810
TOTAL Central Phoenix FHC (PHXM)	\$	50,000		\$	50,000	\$ -	\$ -	\$ -	\$	5,041,435.57
DIBBLE ENGINEERING			19-929						\$	6,904
ABBOTT RAPID DIAG			19-929						\$	190
ALLEGIANCE CORP			19-929						\$	1,591
ALTURA COMMUNICATION			19-929						\$	52,314
BONNY PIONTKOWSKI			19-929						\$	1,645
BPG TECHNOLOGIES			19-929						\$	28,099
CAPSULE TECH			19-929						\$	57,185
CITY OF PHOENIX			19-929						\$	1,262
COOPER ATKINS			19-929						\$	9,754
CROSSPOINT COMMUNICATION			19-929						\$	8,138
DANIELS MOVING			19-929						\$	11,266
DWL ARCHITECTS + PLANNERS INC			19-929						\$	942,593
CDW G			19-929						\$	21,797
CME			19-929						\$	162,064
FED EX FREIGHT			19-929						\$	376
Fidelity National Title (escrow) - North Metro	\$	20,000	19-929	\$	20,000				\$	2,307,776
FILLMASTER			19-929						\$	1,494
GE HEALTHCARE			19-929						\$	331,885
GRAINGER			19-929						\$	3,225
HP INC			19-929						\$	17,086
HYE TECH NETWORK			19-929						\$	152,885
INTERMETRO INDUSTRIES			19-929						\$	11,756
Jensen Hughes			19-929						\$	8,788
LOVITT & TOUCHE			19-929						\$	8,196
MARICOPA COUNTY PLANNING AND DEVELOPMENT			19-929						\$	51,093
MDM COMMERCIAL			19-929						\$	4,339
OFFSITE OFFICE EQUIPMENT STORAGE			19-929						\$	250
OLYMPUS			19-929						\$	1,232
SCRIPTPRO			19-929						\$	104,544
SMITHCRAFT SIGNS			19-929						\$	99,956
SPEEDIE AND ASSOC			19-929						\$	11,910
SALT RIVER PROJECT			19-929						\$	4,265

Description	Budgeted Amount	CER Number	CER Amount		Amount Paid	Amou	nt Paid	Amount Paid		Amount Paid
					JAN'24	FE	B'24	MAR'24	С	umulative Total
SPHERE COMMERCE		19-929							\$	797
Stryker Communications		19-929							\$	12,626
Sundt Construction Inv		19-929							\$	9,303,374
THE GRAPHS MEDICAL PHYSICS, INC.		19-929							\$	700
TEMP ARMOUR		19-929							\$	9,897
TRANSACT COMMERCIAL		19-929							\$	279,878
THE CBORD GROUP		19-929							\$	2,794
AMAZON									\$	136
EXTENDATA SOLUTIONS									\$	11,706
MONOPRICE INC									\$	513
PAL-WW NORTHERN STORAGE JV LLC				_					\$	106,121
RICOH AMERICAS CORPORATION									\$	140
THOMAS PRINTWORKS									\$	71
VANIR CONSTRUCTION MANAGEMENT INC									\$	1,561,667
TOTAL North Phoenix FHC (19AV)	\$ 20,000		\$ 20,00	00	\$ -	\$	-	\$ -	\$	15,716,277.76
Cox Communications		19-928							\$	4,489
Cox Communications									\$	(1,699)
ABBOTT RAPID DIAG		19-928							\$	238
ALTURA		19-928		_					\$	50,192
ALLEGIANCE CORP		19-928		_					\$	10,318
AZ Dept of Env Quality		19-928		_					\$	100
BONNY PIONTKOWSKI		19-928							\$	1,645
BPG Technologies		19-928							\$	28,048
CAPSULE TECH		19-928							\$	56,193
CDW GOVERNMENT INC		19-928							\$	21,760
Centurylink		19-928							\$	24,539
CITY OF PHOENIX		19-928							\$	218,063
CME		19-928							\$	184,168
COOPER ATKINS		19-928							\$	6,576
CROSSPOINT COMMUNICATION		19-928							\$	8,008
Daniels Moving		19-928							\$	11,441
DIBBLE ENGINEERING		19-928							\$	7,168
DWL ARCHITECTS + PLANNERS INC		19-928							\$	1,152,163
EXTENDATA		19-928							\$	11,102
Fidelity National Title (escrow) - South Mountain		19-928							\$	721,482
FILLMASTER SYSTEMS		19-928							\$	1,494
GE HEALTHCARE		19-928							\$	502,285
GRAINGER		19-928							\$	978
HELMER		19-928							\$	20,426
HP INC		19-928							\$	12,772
Hye Tech Network		19-928							\$	(59,083)
INTERMETRO INDUSTRIES		19-928							\$	19,591
JENSEN HUGHES		19-928							\$	11,464
LOVITT & TOUCHE		19-928							\$	3,144

Description	Budgeted Amou	cer Number	CER Amount		Amount Paid	Amount Paid	Amount Paid		Amount Paid
					JAN'24	FEB'24	MAR'24	Cı	ımulative Total
MARICOPA COUNTY PLANNING AND DEVELOPMENT		19-928						\$	51,046
MDM COMMERCIAL		19-928						\$	5,429
MONOPRICE		19-928						\$	526
NATUS		19-928						\$	2,130
OFFSITE OFFICE		19-928						\$	395
OLYMPUS AMERICA		19-928						\$	1,229
Ricoh		19-928						\$	132
SCRIPTPRO USA INC		19-928						\$	104,544
SMITHCRAFT SIGNS		19-928						\$	100,570
Speedie and Associates		19-928						\$	15,670
SPHERE COMMERCE		19-928						\$	795
SRP		19-928						\$	13,775
Sundt Construction Inc		19-928						\$	9,083,290
Stryker Communications		19-928						\$	12,626
TEMP ARMOUR		19-928						\$	6,448
THE CBORD GROUP		19-928						\$	2,794
THE GRAPHICS MEDICAL		19-928						\$	700
TRANSACT		19-928						\$	280,739
THOMAS PRINTWORKS		19-928						\$	326
VANIR CONSTRUCTION MANAGEMENT INC								\$	1,295,734
TOTAL South Phoenix FHC (SPHX)	\$	-	\$	-	\$ -	\$ -	\$ -	\$	14,007,963.47
CDW GOVERNMENT INC		19-946						\$	56,372
ADVANCE INNOVATIVE SOLUTIONS		19-946						\$	4,623
ALLEGIANCE CORP		19-946						\$	920
ALTURA COMMUNICATIONS		19-946						\$	33,123
ABBOTT RAPID DIAGNOSTICS INFORMATICS INC		19-946						\$	96
BPG TECHNOLOGIES		19-946						\$	757
BONNY POINTKOWSKI		19-946						\$	1,645
CARDINAL HEALTH		19-946						\$	8,996
CAPSULE TECH		19-946						\$	56,272
CITY OF PHOENIX		19-946						\$	40,670
CME		19-946						\$	156,950
COOPER ATKINS		19-946						\$	8,233
DIBBLE ENGINEERING		19-946						\$	6,534
DWL ARCHITECTS + PLANNERS INC		19-946						\$	811,095
DANIELS MOVING		19-946						\$	20,892
Fidelity National Title (escrow) - 79thAve&Thomas	\$ 50,0	00 19-946	\$ 50,	000				\$	1,878,902
FILLMASTER SYSTEMS		19-946						\$	1,494
GE PRECISION		19-946						\$	168,532
HYE TECH		19-946						\$	138,754
HP INC		19-946						\$	29,510
INTERMETRO INDUSTRIES		19-946						\$	15,951
JENSEN HUGHES		19-946						\$	9,999
MARICOPA COUNTY PLANNING AND DEVELOPMENT		19-946						\$	60,744

Description	Budge	eted Amount	CER Number	CER Amo	unt	Amount Paid	Amount Paid	Amount P	aid	Amount Paid
						JAN'24	FEB'24	MAR'24	4 (Cumulative Total
MARICOPA COUNTY ENVIRONMENTAL SERVICES			19-946						\$	1,490
MARICOPA COUNTY RECORDER			19-946						\$	30
MDM COMMERICIAL			19-946						\$	5,546
MONOPRICE			19-946						\$	522
MOBILE COMMUNICATIONS AMERICA INC			19-946						\$	8,161
NATUS MEDICAL			19-946						\$	1,141
Ninyo and Moore Geotechnical and Environment	\$	6,600	19-946	\$	6,600				\$	11,400
Okland Construction Company			19-946						\$	9,433,806
OLYMPUS			19-946						\$	1,211
SALT RIVER PROJECT			19-946						\$	25,648
SMITHCRAFT SIGNS			19-946						\$	106,985
SPEEDIE AND ASSOC			19-946						\$	24,143
SCRIPT PRO			19-946						\$	104,544
THE CBORD GROUP			19-946						\$	2,883
TEMP ARMOUR			19-946						\$	9,947
TRANSACT COMMERCIAL			19-946						\$	291,462
THE GRAPHICS MEDICAL			19-946						\$	950
SPHERECOMMERCE LLC			19-946						\$	895
AMAZON									\$	135
KITCHELL CONTRACTORS INC OF ARIZONA									\$	3,280
STRYKER SALES CORPORATION									\$	247
VANIR CONSTRUCTION MANAGEMENT INC									\$	1,034,425
TOTAL West Maryvale FHC (WM79)	\$	56,600		\$	56,600	\$ -	\$.	\$	- \$	14,579,914.85
	\$	138,657,244		\$ 8	,764,771	\$.	\$.	\$	- \$	135,904,676

Note:	Prior months	amount naid	are hidden
NOLE:	Prior monuis	arriourit baia	are maaen

Functional Area - Behavioral Health Services					
Adams and WENDT				\$	118,891
ADVANCED INN VATIVE SOLUTIONS				\$	11,735
Advanced Egress Solutions	19-912			\$	3,090
Airclean Systems	19-912			\$	4,457
Allscripts Healthcare	18-913			\$	5,760
Allscripts Healthcare	19-909			\$	225,345
Altura Communications	19-909			\$	477,526
Altura Communications	19-939			\$	91,807
Altura Communications	18-913			\$	1,340
Amazon	19-909			\$	1,080
AMT Datasouth	19-912			\$	4,124
ARC Products LLC	19-912			\$	58,715
ARIZONA DEPT OF HEALTH	19-939			\$	150
Arizona Lock and Safe				\$	1,025

Description	Budg	eted Amount	CER Number	CER Amo	ount	Amount Paid	Amount Paid	Amount Paid	An	nount Paid
						JAN'24	FEB'24	MAR'24	Cum	ulative Total
Armstrong Medical			19-912						\$	36,470
Arrington Watkins Architects	\$	52,167		\$	52,167				\$	301,274
Arrow International			19-912						\$	610
Baxter Healthcare Corp			19-912						\$	5,368
Bayer Healthcare			18-920						\$	74,376
BEL-Aire Mechanical									\$	40,215
Burlington Medical			19-912						\$	3,028
CAPSA SOLUTIONS			19-909						\$	5,936
CAPSA SOLUTIONS			19-912						\$	(25)
Capsule Tech			19-912						\$	143,422
Cardinal Health			19-912						\$	85,931
CDW Government			19-909						\$	275,954
CDW Government			19-938						\$	48,448
CDW Government			19-939						\$	161,925
CME			19-912						\$	185,907
Comprehensive Risk Services									\$	547,333
Coviden			19-912						\$	11,817
Crosspoint Communications									\$	25,724
Datcard Systems			19-909						\$	18,821
EXTENDATA SOLUTIONS			19-909						\$	500
KRONOS INC			19-909						\$	196
MDM COMMERCIAL ENTERPRISES INC			19-909						\$	1,400
RETAIL MANAGEMENT SOLLUTIONS			19-909						\$	(5,961)
THE CBORD GROUP INC			19-909						\$	(1,234)
CME			18-918						\$	68
MEDTRONIC USA INC			18-918						\$	59
THE CBORD GROUP INC			18-918						\$	14
GE MEDICAL SYSTEMS ULTRASOUND PRIMARY			18-918						\$	527,736
GE MEDICAL SYSTEMS ULTRASOUND PRIMARY			18-922						\$	219,671
Delynn Consultant			19-940						\$	114,187
DLR Group Inc									\$	4,222,015
EMD Millpore			19-912						\$	7,175
ENDOSCOPE SERVICES			19-912						\$	32,270
Epstexas Storage			19-912						\$	633
EQ2 LLC			19-912						\$	67,500
Ethos Evacuation			19-912						\$	10,130
ETL REPONSE			19-912						\$	29,482
EXTENDATA SOLUTIONS									\$	66,659
Felix Storch Inc									\$	5,796
FERGUSON ENTERPRISES			19-912						\$	3,571
First American Title - Maryvale Hospital	\$	7,438,977		\$ 7	7,438,977				\$	7,582,335
Follett			19-912						\$	40,303
GE Healthcare			18-915		2,029,921				\$	773,012
GE Healthcare			19-901	\$	14,880				\$	14,880

Description	Budgeted Amount	CER Number	CER Amount	Amount Paid	Amount Paid	Amount Paid	Amount Paid
				JAN'24	FEB'24	MAR'24	Cumulative Total
GE Healthcare		18-917					\$ 766,491
GE Healthcare		18-918	\$ 4,172,080				\$ (787,011)
GE Healthcare		19-938					\$ 13,999
GE Medical Systems		19-912					\$ 13,999
GE Medical Ultrasound		18-917					\$ 138,680
General Devices		19-912					\$ 47,400
Gentherm		19-912					\$ 16,692
Gilbane Building CO.		18-913					\$ 55,180,150
FED EX FREIGHT		18-913					\$ 3,481
Global Equipment		19-912					\$ 2,003
Goodmans		19-916					\$ 96,476
Goodmans		19-917					\$ 104,809
Goodmans		19-923					\$ 551,725
Goodmans		19-926					\$ 154,049
Goodmans		19-939					\$ 1,570
Goodmans		18-913					\$ 3,900
JENSEN HUGHES INC		18-913					\$ 11,538
VALLEY SYSTEMS		18-913					\$ 9,952
Grainger		19-912					\$ 63,690
Graybar Electric							\$ 5,586
GUEST COMMUNICATIONS		19-912					\$ 17,130
Haemonetics		19-912					\$ 83,854
HD Supply Facilities Maintenance Ltd		19-912					\$ 39,937
Helmer Inc		19-912					\$ 144,487
Hill Rom							\$ 20,409
HP INC		19-909					\$ 363,091
HP INC		19-939					\$ 168,146
HUMANE RESTRAINT		19-909					\$ 40,160
HUMANE RESTRAINT		19-912					\$ (4,480)
Hye Tech Network		19-909					\$ 368,641
IMEG Corp							\$ 91,590
Interior Solutions		19-923					\$ 242,017
Interior Solutions		19-926					\$ 100,132
Intermetro Industries		19-912					\$ 42,332
Intersan Manufacturing		19-912					\$ 3,603
Jensen Hughes							\$ 2,750
Kronos Inc							\$ 72,000
Lanmor Services Inc							\$ 1,952
LOGIQUIP		19-912					\$ 1,059
MARICOPA COUNTY PLANNING AND DEVELOPMENT							\$ 299,669
MARICOPA COUNTY PLANNING AND DEVELOPMENT		18-913					\$ (19,806)
MARKETLAB		19-912					\$ 10,824
MCG HEALTH LLC							\$ 37,017
MDM Commericial		19-909					\$ 40,622

Description	Budget	ed Amount	CER Number	CER A	Amount	Amount Paid	Amount Paid	Amount Paid	An	nount Paid
						JAN'24	FEB'24	MAR'24	Cum	ulative Total
Medline			19-912						\$	3,628
Medtronic			19-912						\$	7,931
Mindray			19-912						\$	98,014
Monoprice			19-909						\$	968
Monoprice			19-939						\$	842
MOPEC			19-912						\$	20,479
NORIX GROUP INC			19-926						\$	11,918
NANOSONICS INC			19-912						\$	22,944
Ninyo and Moore Geotechnical and Environment			19-923						\$	11,700
NORIX GROUP INC									\$	400,689
Olympus America									\$	32,231
Olympus America			19-912						\$	135
OEC Medical Systems			19-904						\$	80,529
OMC INVESTERS LLC									\$	11,518
OMC INVESTERS LLC			19-912						\$	117
Owens and Minor			19-912						\$	56,788
PAC VAN									\$	(790
PAC VAN									\$	1,295
Parks Medical			19-912						\$	2,167
Philips Healthcare	\$	38,597	18-921	\$	38,597				\$	38,523
Physio Control			19-912						\$	19,458
Progressive Roofing			19-931						\$	84,628
PRONK TECHNOLOGIES INC									\$	3,040
PRONK TECHNOLOGIES INC			19-912						\$	16
QRS Calibrations			19-912						\$	7,151
Radiation Physics and Engineering			18-917						\$	1,250
Radiation Physics and Engineering			18-920						\$	1,600
RAY-BAR			18-913						\$	4,905
RETAIL MANAGEMENT SOLUTIONS									\$	5,961
RICOH AMERICAS CORPORATION									\$	29,892
Ruiz Custom Upholstery			19-912						\$	53,718
SCOTTSDALE RESTAURANT SUPPLY									\$	5,391
Signodtics			19-912						\$	22,460
Smiths Medical			19-912						\$	9,253
SOFT COMPUTER CONSULTANT INC									\$	89,550
Smithcraft Signs			18-913						\$	10,266
Speedie and Associates	\$	900		\$	900				\$	17,823
SALT RIVER PROJECT			18-913						\$	(23,852
Standard Textile			19-912						\$	4,464
Stryker Communications	\$	170,089	19-910	\$	170,089				\$	(14,174
Stryker Communications			19-910						\$	5,103
Stryker Communications			19-920						\$	9,072
Steris Corp									\$	13,950
Stryker		\neg							\$	175,192

TBJ Inc								
TBJ Inc				JAN'24	FEB'24	MAR'24	Cur	mulative Total
		19-912					\$	5,654
TD INDUSTRIES		19-924					\$	460,415
The Cbord Group		19-909					\$	26,421
THYSSENKRUPP ELEVATOR CORP		19-912					\$	587,346
Translogic		19-912					\$	3,931
Tucson Business Interiors		19-912					\$	3,000
Tucson Business Interiors		19-923					\$	34,193
Tucson Business Interiors		19-926					\$	335,704
UMF Medical		19-912					\$	11,788
Verathon		19-912					\$	14,020
VERIZON		19-909					\$	16,853
WAXIE		19-912					\$	3,002
World Wide Technology							\$	701,128
Zoll Medical		19-912					\$	46,732
AFFILIATED ENGINEERS INC							\$	203,070
CUSHMAN AND WAKEFIELD OF ARIZONA INC							\$	12,500
MARICOPA COUNTY TREASURER							\$	10,000
PHOENIX FENCE							\$	2,283
RELAYHEALTH INC							\$	11,250
THOMAS PRINTWORKS							\$	4,863
TOTAL Maryvale Campus (MV)	\$ 7,700,731		\$ 13,917,612	\$ -	\$ -	\$ -	\$	79,088,184.52
Adams and Wendt		19-936					\$	114,235
APS		19-936					\$	(14,700)
AIRPARK SIGNS							\$	1,305
Arizona Department of Health		19-936					\$	1,050
AFFILIATED ENGINEERS		19-936					\$	394,767
BUREAU VERITAS		19-936					\$	28,125
Engineering Economics		19-936		\$ 61,453			\$	63,807
GOODMANS		19-936					\$	109,429
Grainger		19-936					\$	5,504
JENSEN HUGHES		19-936					\$	15,462
KITCHELL		19-936					\$	8,386,706
MARICOPA COUNTY PLANNING AND DEVELOPMENT		19-936					\$	230
Speedie and Assoc		19-936					\$	2,040
Valley Systems		19-936					\$	14,320
INNERFACE ARCHITECTURAL SIGNAGE							\$	862
MARICOPA COUNTY TREASURER							\$	8,212
THE CBORD GROUP INC							\$	13,022
VANIR CONSTRUCTION MANAGEMENT INC							\$	631,930
TOTAL Annex HVAC Replacement (RSVT)	\$ -		\$ -	\$ 61,453.00	\$ -	\$ -	\$	9,776,304.24

Care Reimagined - Expenditure Report

Description	Budg	geted Amount	CER Number		CER Amount	Amount Paid	Amount Paid	Amount Paid	Aı	mount Paid
						JAN'24	FEB'24	MAR'24	Cun	nulative Total
Note: Prior months amount paid are hidden								T		
Functional Area - Acute Care Facilities'									<u> </u>	
eSTF - Enterprise Strengthening the Foundation (see attached for detail)	\$	14,000,000	17-900	\$	14,000,000				\$	6,237,142
Client & Mobility (Phase 1)	\$	4,340,400	16-934	\$	1,356,068				\$	1,434,893
Client & Mobility (Phase 2)			17-906	\$	1,377,677				\$	1,512,376
IPT (PBX Replacement)	\$	3,188,083	16-909	\$	3,000,000				\$	2,789,264
Legacy Storage (DP-007)	\$	2,500,000	16-910	\$	2,500,000				\$	2,506,978
Single Sign on	\$	500,000	17-913	\$	90,000				\$	81,150
OPTIV SECURITY INC			16-900						\$	(25)
Perimeter, Internal security	\$	700,000	16-900	\$	67,176				\$	67,213
Perimeter, Internal security			18-907	\$	151,109				\$	151,310
Perimeter, Internal security			18-910	\$	44,235				\$	44,235
Perimeter, Internal security			18-912	\$	51,561				\$	51,561
Epic 2014 Monitors (Phase 1)	\$	1,050,000	16-933	\$	421,500				\$	341,470
Epic 2014 Monitors (Phase 2)			17-905	\$	457,910				\$	474,480
LCM	\$	200,000	16-937	\$	125,000				\$	199,936
SEIMS	\$	250,000	17-912	\$	235,134				\$	235,134
SEIMS			18-911	\$	14,468				\$	14,468
ESB Framework Enablement	\$	1,280,900	18-914	\$	1,280,900				\$	1,111,233
Clinical Image Repository	\$	1,262,914	18-915	\$	1,262,914				\$	1,271,214
Imprivata Identity	\$	576,880	18-916	\$	576,880				\$	576,880
Chartmaxx Infrastructure Upgrade	\$	757,484	19-906	\$	757,484				\$	859,682
Imprivata ConfirmID	\$	139,872	19-911	\$	139,872				\$	137,295
ESB (Tibco) - Infrastructure	\$	176,464	19-918	\$	176,464				\$	34,861
PWIM Global Monitor Software - additional funding required to support imple	\$	33,200	16-924	\$	35,400				\$	35,400
AMICO ACCESSORIES			16-908						\$	(704)
Patient monitors - High Acuity	\$	6,979,132	16-908	\$	6,979,132				\$	6,240,243
NHR NEWCO HOLDINGS LLC			16-908						\$	(339)
NHR NEWCO HOLDINGS LLC			16-910						\$	(86)
Stretcher replacement	\$	403,200	16-912	\$	398,013				Ś	395,538
IVUS - intravascular ultrasound for placement of stents	\$	160,000	16-922	\$	132,500				Ś	128,371
VOLCANO CORPORATION	_		16-922	Ť					Ś	(323)
EDWARDS LIFESCIENCES LLC			16-928						Ś	(116)
Vigileo Monitors (8)	\$	112,000	16-928	\$	111,930				Ś	96,132
VANIR CONSTRUCTION	-		16-928	—	,550				Ś	463,755
Balloon Pumps	\$	110,000	16-920	\$	142,151				Ś	149,197
MAQUET MEDICAL SYSTEMS USA	-	,	16-920	-	2,.01				Ś	(2,897)
Zeiss - Cirrus HD opthal camera	\$	60,655	16-919	\$	60,655				\$	60,654
Vivid Q BT12 Ultrasound	\$	55,750	16-931	\$	55,750				Ś	55,019
MINDRAY DS USA INC	Ψ	55,750	16-931	Ψ	33,730				Ś	(19)
Zoll Thermoguard XP (formerly Alsius)	\$	33,230	16-906	\$	33,230				\$	33,230
3:1 Mesher	\$	13,300	16-906	\$	13,300				Ś	12,870
1:1 Mesher	\$	26,600	16-927	\$	26,600				ċ	26,190
T.I IVICOLICI	Ψ	20,000	10-327	φ	20,000				۶	20,190

Description	Budget	ed Amount	CEI	R Number	CER Amount	Amo	ount Paid	Amount Paid	Amount Paid	Am	ount Paid
						J	AN'24	FEB'24	MAR'24	Cumu	lative Total
2:1 Mesher	\$	26,600		16-927	\$ 26,911					\$	26,190
Urodynamics machine (for surgery Clinic)	\$	22,835		16-929	\$ 17,935					\$	17,935
UltraMist System	\$	20,120		16-925	\$ 24,670					\$	20,195
MIZUHO ORTHOPEDIC SYSTEMS INC				NO PO						\$	(52)
Doppler	\$	3,950		16-935	\$ 3,950					\$	3,950
Ultrasound (for breast Clinic)	\$	27,821		16-931	\$ 27,821					\$	22,685
Biom 5	\$	10,513		16-930	\$ 10,513					\$	8,103
Wilson Frame	\$	5,253		18-902	\$ 5,322					\$	4,852
Medical Beds for Psych Units	\$	209,968		16-932	\$ 207,429					\$	211,197
SIZEWISE RENTALS				16-932						\$	(4,056)
King Tong Pelvic fx reducer	\$	8,600		16-926	\$ 8,600					\$	9,500
Stryker Core Power Equipment Contract	\$	369,113		16-904	\$ 369,113					\$	369,113
Patient Monitoring (Low Acuity) - Formerly named Alarm Management	\$	350,010		16-907	\$ 350,010					\$	347,029
AIMS Upgrade	\$	176,382		16-901	\$ 52,482					\$	51,232
AIMS Upgrade				16-902	\$ 12,000					\$	12,000
AIMS Upgrade				16-903	\$ 101,500					\$	112,850
Temperature Monitoring - Non FQHC Depts	\$	150,000		17-908	\$ 119,219					\$	133,615
2 Pillcams for Endo	\$	13,950		17-911	\$ 13,826					\$	13,826
Replace 11 ultrasounds	\$	1,307,000		16-931	\$ 1,307,000					\$	1,884,099
POC Ultrasounds (10)	\$	450,000		16-931	\$ 455,128					\$	634,702
Ice Machine Replacement				16-911	\$ 23,801					\$	23,881
FOLLETT CORPORATION				16-911						\$	(880)
Steam Condensate Return Piping Replacement				16-914	\$ 62,569					\$	62,529
Laundry/Finance/Payroll/Facilities Roof Repairs				17-917	\$ 82,955					\$	82,955
MMC 7th Floor Roof				16-905	\$ 276,425					\$	274,582
Facility upkeep	\$	3,655		17-910	\$ 3,655					\$	4,205
Facility upkeep	\$	52,790		18-905	\$ 52,790					\$	69,218
Colposcopes	\$	23,421		18-909	\$ 23,421					\$	24,607
OWENS AND MINOR				18-909						\$	279
Chandler ADA Doors	\$	5,667		18-042	\$ 5,667					\$	5,867
Glendale Digital X-Ray unit and Sensors (Panoramic Digital AND Nomad digital	\$	68,202		16-917	\$ 68,202					\$	63,217
Chandler Dental Digital Radiology - Panoramic x-ray	\$	63,564		16-915	\$ 63,564					\$	63,564
CHC - Digital Panoramic x-ray	\$	60,419		16-916	\$ 60,419					\$	60,419
CHC Dental Replace Chairs Lights, Compressor and Deliverey Units	\$	127,642		18-905	\$ 127,642					\$	127,642
CHC Cost for new equipment and cost of moving existing to Avondale X-Ray	\$	70,276		16-921	\$ 70,276					\$	83,327
Avondale- Replace all flooring.	\$	70,435		17-904	\$ 70,435					\$	72,635
Temperature Monitoring - FQHC Depts	\$	52,936		17-909	\$ 52,936					\$	82,219
McDowell Dental	\$	15,990		16-918	\$ 15,990					\$	15,990
CHC Internal Medicine Clinic Renovation - Increase the number of exam room		217,539		18-900	\$ 217,539					\$	221,124
CHC Dental Autoclave Replacement including printer & Cassette rack	\$	19,122		18-908	\$ 19,122					\$	19,122
Chandler Dental Autoclave Replacement including printer & Cassette rack	\$	6,374		18-908	\$ 6,374					\$	6,374
Avondale Dental Autoclave Replacement including printer & Cassette rack	\$	6,374		18-908	\$ 6,374					\$	6,374
FHC Helmer Medical Refrigerators	\$	11,110		17-714	\$ 11,110					\$	11,110
FHC Helmer Medical Refrigerators	\$	156,625		17-901	\$ 156,625					\$	164,096

Description	Budg	eted Amount	С	ER Number	CER Amount		Amount Paid	Am	ount Paid	Amount Paid	Aı	mount Paid
			Г			П	JAN'24		FEB'24	MAR'24	Cun	nulative Total
Cabinet and Countertop Replacement South Central FHC	\$	8,419		18-904	\$ 8,419						\$	8,419
CHC Dental Refresh	\$	89,374		18-905	\$ 89,374						\$	96,361
POC Molecular (26 units)	\$	1,069,947		19-914	\$ 1,069,947						\$	1,049,613
CEPHEID				19-914							\$	1,098
Bili Meter - Draegar (10 units)	\$	71,875		19-927	\$ 71,875						\$	71,875
Colposcope - Guadalupe	\$	9,686		19-925	\$ 9,686						\$	9,927
EKG machines (3 units)	\$	37,278		19-922	\$ 37,278						\$	37,278
Bond related expenses (legal fees, etc.)	\$	325,646		N/A	\$ 325,646						\$	325,646
Audiology - Astera Audiometer	\$	11,326		16-913	\$ 11,326						\$	11,326
ALTURA COMMUNICATIONS				16-909							\$	138,061
AMICO ACCESSORIES				17-903							\$	(55)
ASCOM WIRELESS SOLUTIONS				17-903							\$	(35)
EXTENDATA SOLUTIONS				17-903							\$	(92)
3rd Floor Behavioral Health/Medical Unit Remodel	\$	2,532,000		17-903	\$ 2,532,000						\$	2,570,464
CREATIVE COMMUNICATIONS				17-903							\$	(23)
OWENS AND MINOR				17-903							\$	(230)
PATIENT TELEPHONE SUPPLY LLC				17-903							\$	(22)
22 Behavioral Health Beds for 3rd Floor MMC	\$	181,773		17-907	\$ 181,773						\$	188,527
SIZEWISE RENTALS				17-907							\$	(3,377)
Replace MMC Radiology GE Fluoroscopy Imaging Equipment	\$	274,145		17-914	\$ 274,145						\$	262,145
Endura CCTV System Replacement	\$	167,422		18-901	\$ 167,422						\$	168,739
IT - (17-900) eSTF Project	\$	92,032		17-900	\$ 92,032						\$	95,059
Diablo Infrastructure Costs	\$	306,662		18-903	\$ 306,662						\$	431,149
KRONOS INC				18-903							\$	(37)
HP INC				16-923							\$	(38)
Epic Willow - Ambulatory & Inventory	\$	964,038		18-906	\$ 964,038						\$	428,269
Navigant - Proposition 480 planning	\$	994,000		16-923	\$ 994,000						\$	910,000
Kaufmann Hall - Prop 480 planning	\$	370,019		16-923	\$ 370,019						\$	370,019
IPv4XChange (ARIN Based Transfer Escrow Payment)	\$	7,040		16-923	\$ 7,040						\$	7,040
MARSH & MCLENNAN AGENCY LLC				16-923							\$	15,000
MARSH & MCLENNAN AGENCY LLC				17-916							\$	(15,000)
Vanir Construction Management (Planning Phase)	\$	749,971		17-915	\$ 749,971						\$	749,971
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)	\$	6,227,840		17-916	\$ 6,227,840						\$	4,580,656
Vanir Construction Management (Planning Phase)				16-923				\$	483,047		\$	1,286,190
IPMO Modular Building	\$	305,106		17-902	\$ 305,106						\$	329,631
Dickenson Wright PLLC	\$	181,495		16-923	\$ 181,495						\$	181,495
GE HEALTHCARE				19-918							\$	(32,336)
Sims Murrary LD	\$	24,128		16-923	\$ 24,128						\$	24,128
Devenney Group LTD	\$	242,450		16-923	\$ 242,450						\$	242,450
MTI Connect Inc	\$	181		16-923	\$ 181						\$	181
SHI INTERNATIONAL				19-911							\$	2,577
Payroll/Supplies/Misc Expenses	\$	792,042		16-923	\$ 792,042						\$	792,042
EPIC replatform and upgrade to 2016 (see attached for detail)	\$	9,000,000		17-900	\$ 9,000,000						\$	7,675,491
Guidesoft				17-900							\$	(27,373)

Description	Bud	geted Amount		CER Number	(CER Amount		Amount Paid	Amount Paid	Amount Paid		Amount Paid
			ı					JAN'24	FEB'24	MAR'24	C	umulative Total
Reimbursement for Capital Expenditures	\$	36,000,000		N/A	\$	36,000,000					\$	36,000,000
OCULUS SURGICAL INC											\$	(52)
Vcore Technology											\$	(68,550)
Other exp/recon items							Г				\$	677
TOTAL TRANCH 1	\$	117,224,854			\$	102,000,075	\$	-	\$ 483,046.80) \$ -	\$	92,162,569.38
Bond issuance costs	\$	228,750	П		\$	228,750					\$	817,684
BPG Technologies LLC											\$	288,397
Dickinson Wright PLLC											\$	323,597
Hye Tech Neywork and Security Solutions							L				\$	3,795,099
Goodmans							L				\$	4,790
GOODMANS				16-923							\$	(2,921)
JRC DESIGN				19-955			L				\$	282,995
Lovitt & Touche INC				16-923			L				\$	75,000
Lovitt & Touche INC				19-934			\$	8,189		\$ 58,282	\$	4,226,819
PAC VAN INC				19-934			L				\$	80,395
MARSH & MCLENNAN AGENCY LLC				19-934			L				\$	653,165
LOVITT & TOUCHE INC				19-951			L				\$	505
PAC-VAN				19-955			L				\$	71,160
Payroll/Supplies/Misc Expenses	\$	792,900			\$	792,900					\$	8,068,292
Sims Murrary LD							L				\$	30,441
Sims Murrary LD				19-955							\$	9,433
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)	\$	4,054,473			\$	4,054,473	L				\$	21,497,247
World Wide Technology Co Inc											\$	448,569
Zurich North America				16-923							\$	60,512
AFFILIATED ENGINEERS INC											\$	38,348
BALLARD SPAHR											\$	288,544
BLUETREE NETWORK INC											\$	178,563
CARAHSOFT TECHNOLOGY CORPORATION											\$	143,344
CDW GOVERNMENT INC											\$	555,016
CENTURYLINK											\$	170,013
CORPORATE TECHNOLOGY SOLUTIONS LLC											\$	178,552
DEVENNEY GROUP LTD							ш				\$	530,623
DWL ARCHITECTS + PLANNERS INC							L				\$	272,318
EPIC SYSTEMS CORPORATION							L				\$	554,536
FITCH RATINGS											\$	120,000
GRAYBAR ELECTRIC							ш				\$	17,357
GREENBERG TRAURIG, LLP											\$	240,000
GUIDESOFT INC							L				\$	503,715
HP INC											\$	19,960
INTEGRATED CONTROL SYSTEMS INC											\$	2,160
LANMOR SERVICES INC											\$	209,036
MISCELLANEOUS											\$	228,750
MOODY'S							L				\$	120,000
MOSS ADAMS LLP											\$	42,500

Description	Budgeted Amount	CER Number	CER Amount		Amount Paid	Amount Paid	Amount Paid	,	Amount Paid
					JAN'24	FEB'24	MAR'24	Cu	mulative Total
ORRICK								\$	35,000
PRESIDIO NETWORKED SOLUTIONS INC								\$	310,797
RICOH AMERICAS CORPORATION								\$	180
RMJ ELECTRICAL CONTRACTORS INC								\$	43,305
SAVVIS COMMUNICATIONS LLC								\$	116,363
SHI INTERNATIONAL CORP								\$	122,929
SPRAY SYSTEMS ENVIRONMENTAL INC								\$	13,780
STIFEL								\$	268,910
THOMAS PRINTWORKS								\$	1,291
US BANK								\$	900
US BANK - CORPORATE TRUST SERVICES								\$	600
Valleywise								\$	1,509
VANIR CONSTRUCTION MANAGMENT INC								\$	(4,511,972)
WALMART.COM								\$	549
WOODRUFF CONSTRUCTION								\$	17,015
TOTAL Enterprise	\$ 5,159,62	7	\$ 5,159,62	27	\$ 8,189.17	\$ -	\$ 58,282.00	\$	41,565,668.02
Adams and Wendt		19-935						\$	32,697
APS		19-935						\$	(2,108,461)
Affiliated Engineers Inc		19-935						\$	1,587,215
Affiliated Engineers Inc		19-935						\$	2,068,896
Arnold Machinery		19-935						\$	34,209
ARIZONA DEPARTMENT OF HEALTH		19-935						\$	150
ALTURA COMMUNICATIONS SOLUTIONS LLC		19-935						\$	5,749
BPG TECHNOLOGIES LLC		19-935						\$	2,774
CABLE SOLUTIONS LLC		19-935					\$ 4,447	\$	85,327
CDW GOVERNMENT INC		19-935						\$	337
CENTERLINE MECHANICAL		19-935						\$	24,522
CITY OF PHOENIX		19-935						\$	2,296
ELONTEC LLC		19-935						\$	3,414
ENGINEERING ECONOMICS		19-935						\$	135,362
GOODMANS		19-935						\$	12,143
НҮЕ ТЕСН		19-935			\$ 17,862			\$	2,078,861
JENSEN HUGHES		19-935						\$	12,263
KITCHELL		19-935					\$ 94,924	\$	54,723,338
KM FACILITY SERVICES		19-935						\$	71,885
LANMOR		19-935						\$	23,708
Maricopa County		19-935						\$	1,500
MDM COMMERCIAL		19-935						\$	1,760
Soft Computer Consultants		19-935						\$	5,250
SMITHCRAFT SIGNS		19-935						\$	5,782
Speedie snd Assoc		19-935						\$	29,245
SOUTHWEST GAS		19-935						\$	121,938
SYNTELLIS PERFORMANCE SOLUTIONS LLC		19-935						\$	28,000
Thomas Printworks		19-935						\$	41

Description	Budgeted Amount	CER Number	CER Amount		Amount Paid	Amount Paid	Amount Paid	Amount I	Paid
					JAN'24	FEB'24	MAR'24	Cumulative	e Total
VALLEY SYSTEMS		19-935						\$	960
WESTERN STATES FIRE		19-935						\$	705
ARIZONA PUBLIC SERVICE COMPANY								\$ 1,7	773,158
HYE TECH NETWORK AND SECURITY SOLUTIONS								\$	7,125
MARICOPA COUNTY PLANNING AND DEVELOPMENT								\$ 2	239,965
MARICOPA COUNTY TREASURER								\$ 1	135,146
VANIR CONSTRUCTION MANAGEMENT INC								\$ 7	719,110
TOTAL Central Utility Plant (RSVT)	\$ -		\$	- \$	17,862.01	\$ -	\$ 99,370.45	\$ 61,866	6,367.09
ADAMS AND WENDT		19-949						\$	65,342
ADAMS AND WENDT		19-948						\$	32,968
ADAMS AND WENDT		19-947						\$	71,561
ADAMS AND WENDT		19-951						\$	90,538
ADAMS AND WENDT								\$	6,600
ADVANCED INSTRUMENTS LLC		19-947						\$	30,605
ACIST MEDICAL SYSTEMS INC		19-947						\$ 1	150,700
ACCUVEIN INC		19-947						\$	28,925
HYE TECH NETWORK		19-947						\$ 2,9	953,494
HYE TECH NETWORK		19-951						\$	14,702
ADAMS AND WENDT		19-953						\$	5,460
ADAMS AND WENDT		19-948						\$	2,596
AFFILIATED ENGINEERS		19-948						\$ 3	396,165
AFFILIATED ENGINEERS		19-954						\$	1,050
AFFILIATED ENGINEERS								\$	1,092
ANCO SANITATION		19-948						\$	1,450
ATLANTIC RELOCATIONS		19-948						\$	49,125
ALLEGIANCE CORPORATION		19-947						\$	14,858
ABBOTT LABORATORIES INC		19-947						\$ 1	178,515
ALTURA COMMUNICATIONS		19-947						\$	34,924
AMAZON		19-947						\$	965
ARMSTRONG MEDICAL INDUSTRIES INC		19-951						\$	2,151
ARMSTRONG MEDICAL INDUSTRIES INC		19-947						\$	10,755
AMICO ACCESSORIES		19-951						\$	43,425
BAKER SERVICES		19-951						\$	2,950
BAKER SERVICES		19-947						\$	4,600
BECTON DICKINSON		19-947				\$ 48,500		\$	48,500
BUNNELL INC		19-947						\$	82,940
BPG TECH		19-948						\$ 1	182,186
BPG TECH		19-947						\$	7,339
BPG TECH		19-951						\$	23,013
B BRAUN MEDICAL INC		19-947						\$	58,963
BAYER HEALTHCARE LLC		19-947						\$	55,065
CABLE SOLUTIONS		19-947		\$	383,746	\$ 114,287	\$ 172,026	\$ 8,0	054,482
CABLE SOLUTIONS		19-951		\$	686		\$ 16,419	\$ 1,1	106,331
CARL ZEISS MEDITEC INC		19-947						\$ 1,0	086,286

Description	Budgeted Amount	CER Number	CER Amount	Amount Paid	Amount Paid	Amount Paid	Amount Paid
				JAN'24	FEB'24	MAR'24	Cumulative Total
C-SCAN TECHNOLOGIES		19-947					\$ 12,513
CAPSULE TECH		19-951					\$ 8,708
CAPSULE TECH		19-947					\$ 154,564
CDW G		19-947		\$ 12,835	\$ (116)	\$ 10,805	\$ 1,379,063
CDW G		19-951					\$ 1,024
CENTURY LINK		19-951					\$ 6,706
CENTRAK INC		19-947		\$ 147,621	\$ 68,362		\$ 1,143,142
CHEMDAQ INC		19-947				\$ 8,300	\$ 8,300
CITY OF PHOENIX		19-947					\$ 84,493
CITY OF PHOENIX		19-948					\$ 9,525
CME		19-948					\$ 21,924
CME		19-951					\$ 7,046
CME		19-947		\$ 16,767	\$ 131,628		
CUNINGHAM ARCHITECT		19-947		\$ 39,883	\$ 40,800	\$ 12,613	\$ 32,470,721
CUNINGHAM ARCHITECT		19-951					\$ 40,640
CUNINGHAM ARCHITECT		19-937					\$ 73,619
CLIMATEC LLC		19-947					\$ 8,322
CONNECWIVITY WIRELESS INC		19-947					\$ 1,364,094
CONNECWIVITY WIRELESS INC		19-951				\$ 2,078	\$ 190,469
CONNECTIVITY WIRELESS SOLUTIONS		19-951		\$ 20,422			\$ 111,636
CONNECTIVITY WIRELESS SOLUTIONS		19-947		\$ 46,525		\$ 34,964	\$ 134,220
COOPER ATKINS CORPORATION		19-947					\$ 32,350
CARAHSOFT TECHNOLOGY							\$ 2,520
CS MEDICAL LLC		19-947					\$ 27,880
DATEX OHMEDA		19-951					\$ 708,780
DATEX OHMEDA		19-947				\$ 444,126	\$ 444,126
DANIELS MOVING		19-948					\$ 18,756
DYNAMIC INSTALLATION		19-948					\$ 23,932
DYNAMIC INSTALLATION		19-951					\$ 501
DISTRICT MEDICAL GROUP		19-948					\$ 89,356
DIASORIN INC		19-947				\$ 6,625	\$ 6,625
ECD SYSTEMS		19-947		\$ 38,802	\$ 177,590	\$ 28,500	\$ 2,040,131
ECD SYSTEMS		19-951					\$ 40,938
ENDOSCOPE SERVICES		19-951					\$ 16,503
ENDOSCOPE SERVICES AND PRODUCTS INC		19-947				\$ 4,329	\$ 4,329
ENGINEERING ECONOMICS		19-951					\$ 62,767
ENGINEERING ECONOMICS		19-947					\$ 508,258
ENDOSOFT LLC		19-947					\$ 73,920
EVOQUA WATER TECHNOLOGIES		19-947					\$ 97,291
EXCESSIVE CARTS		19-948					\$ 23,182
EPIC SYSTEMS CORPORATION		19-947					\$ 5,000
FISHER HEALTHCARE		19-947					\$ 245,295
FC HOSPITALITY		19-948					\$ 216,732
Follett		16-923					\$ 63,102

Description	Budgeted Amount	CER Number	CER Amount	Amount Paid	Amount Paid	Amount Paid	Amount Paid
				JAN'24	FEB'24	MAR'24	Cumulative Total
Follett		19-947					\$ 53,753
FILLMASTER SYSTEMS LLC		19-947					\$ 1,495
GOODMANS							\$ 101,011
GOODMANS		19-951					\$ 30,993
GOODMANS		19-947			\$ 2,595,842	\$ 1,704,567	\$ 6,341,156
GENERAL DEVICES LLC		19-947		\$ 20,595			\$ 20,595
GRAINGER		19-947		\$ 39,390		\$ (198)	\$ 135,332
GRAINGER		19-951			\$ 3,651	\$ 2,213	\$ 34,874
GE MEDICAL SYSTEMS		19-947			\$ 932,197	\$ 105,777	\$ 1,037,974
GE HEALTHCARE IITS USA CORP		19-947		\$ 2,924,749	\$ 640,242	\$ 32,036	\$ 5,328,205
GE PRECISION HEALTHCARE LLC		19-947			\$ 335,646		\$ 1,582,117
GETINGE USA SALES LLC		19-947					\$ 721,318
Helmer Inc		19-947		\$ 237,896	\$ 39,087		\$ 356,693
HILL ROM		19-951					\$ 16,453
HILL ROM		19-947					\$ 185,040
HP INC		19-947		\$ 128,604	\$ 1,033,580		\$ 1,237,479
HOLOGIC INC		19-947					\$ 4,000
HOME DEPOT - Buyers Log		19-948					\$ 587
HYE TECH NETWORK AND SECURITY SOLUTIONS		19-951		\$ 2,296			\$ 64,438
HYE TECH NETWORK AND SECURITY SOLUTIONS		19-947				\$ 1,052	\$ 747,744
Innerface Architectural Signage		19-948					\$ 13,927
Innerface Architectural Signage		19-951					\$ 833
INTERMETRO INDUSTRIES CORPORATION		19-947		\$ 42,945	\$ 386,462		\$ 708,897
INTERMETRO INDUSTRIES CORPORATION							\$ 1,351
INDOFF INCORPORATED		19-947		\$ 29,784			\$ 29,784
INNERSPACE		19-947		\$ 104,101	\$ 37,296	\$ 373,111	\$ 514,508
JENSEN HUGHES		19-947					\$ 82,763
JENSEN HUGHES		19-951					\$ 41,127
KRONOS INC		19-947					\$ 6,444
KITCHELL		19-947		\$ 3,344,687	\$ 1,394,136	\$ 2,548,837	\$ 304,810,265
KITCHELL		19-937					\$ 667,452
KITCHELL		19-948					\$ 11,950,855
KITCHELL		19-951		\$ 93,306		\$ 865,284	\$ 34,863,903
KITCHELL		19-954					\$ 8,373
LANMOR		19-947		\$ 100,000			\$ 933,283
LANMOR		19-948					\$ 4,547
LANMOR		19-951					\$ 124,428
LEVEL 3 AUDIO VISUAL		19-947					\$ 636,289
LEVEL 3 AUDIO VISUAL		19-951					\$ 265,798
LEICA MICROSYSTEMS INC		19-947		\$ 367,342			\$ 367,342
LUDLUM MEASUREMENTS INC		19-947				\$ 15,856	\$ 15,856
MCMASTER CARR		19-947		\$ 810			\$ 810
MASIMO AMERICAS INC		19-947					\$ 22,486
MARICOPA COUNTY PLANNING AND DEVELOPMENT		19-951					\$ 289,918

Description	Budgeted Amount	CER Number	CER Amount	,	Amount Paid	Amount Paid	Amount Paid	Amount Paid
					JAN'24	FEB'24	MAR'24	Cumulative Total
MARICOPA COUNTY PLANNING AND DEVELOPMENT		19-947						\$ 2,044,437
MARICOPA COUNTY PLANNING AND DEVELOPMENT								\$ 6,211
MARICOPA COUNTY ENVIRONMENTAL SERVICES		19-947						\$ 3,550
MARICOPA COUNTY PLANNING AND DEVELOPMENT		19-948						\$ 3,308
MARKETLAB INC		19-947				\$ 15,552		\$ 15,552
MEDLINE INDUSTRIES INC		19-947						\$ 4,538
MINDRAY DS USA INC		19-947						\$ 270,878
MIZUHO ORTHOPEDICS SYSTEMS INC		19-947						\$ 183,505
MDM COMMERCIAL		19-951						\$ 14,695
MDM COMMERCIAL		19-947		\$	66,920		\$ 29,220	\$ 365,197
MDM COMMERCIAL		19-950						\$ 748
MOBILE COMMUNICATIONS AMERICA INC		19-947						\$ 5,738
MONOPRICE INC		19-947						\$ 15,477
NINYO AND MOORE		19-947						\$ 11,200
NINYO AND MOORE		19-947						\$ 6,824
NINYO AND MOORE		19-951						\$ 16,293
NCLINC		19-947						\$ 19,725
NATUS MEDICAL INC		19-947						\$ 60,912
OHIO MEDICAL LLC		19-947						\$ 238,474
OHIO MEDICAL LLC		19-951						\$ 1,029
OLYMPUS AMERICA INC		19-947				\$ 348,862	\$ 93,556	\$ 473,662
OFFSITE EQUIPMENT STORAGE		19-948						\$ 650
OEC MEDICAL SYSTEMS INC		19-947		\$	207,774	\$ 222,074		\$ 429,848
PAC-VAN		19-947						\$ 7,220
POHLE NV CENTER INC		19-948						\$ 11,904
PERRY BAROMEDICAL CORPORATION		19-947				\$ 27,502		\$ 297,771
PHILIPS HEALTHCARE		19-947						\$ 3,575,331
PATIENT TELEPHONE SUPPLY		19-947						\$ 3,825
PERIGEN		19-947		\$	43,499		\$ 10,875	\$ 54,374
RETROTEL INC		19-947				\$ 4,247		\$ 4,247
RECLASS UTILITIES ALLOCATION TO CONSTRUCTION PROJECTS		19-951						\$ (34,000
RECLASS UTILITIES ALLOCATION TO CONSTRUCTION PROJECTS		19-947						\$ 34,000
RMJ Electrical Contractors								\$ 551
SIEMENS HEALTHCARE DIAGNOSTICS		19-947				\$ 775,950		\$ 3,956,350
SKYTRON		19-947						\$ 239,934
SKYTRON		19-951						\$ 13,430
SKYTRON								\$ (207,963
SMITHCRAFT SIGNS		19-947						\$ 34,085
SMITHCRAFT SIGNS		19-951						\$ 54,388
SMITHCRAFT SIGNS		20-404		\$	52,405			\$ 468,253
SPEEDIE AND ASSOC		19-947		\$	24,965	\$ 6,665		\$ 332,948
SPEEDIE AND ASSOC		19-951						\$ 55,190
STERIS CORPORATION		19-947		\$	52,027	\$ 101,081	\$ 51,311	\$ 5,434,242
STERIS CORPORATION		19-951						\$ 110,622

Description	Budgeted Amount	CER Number	CER Amount		Amo	unt Paid	Ar	mount Paid	Amount Paid		Amount Paid
					JA	N'24		FEB'24	MAR'24	Cı	ımulative Total
SCRIPTPRO USA INC		19-947							\$ 16,311	\$	163,112
STRYKER SALES CORPORATION		19-951			\$	2,757				\$	52,056
STRYKER SALES CORPORATION		19-947			\$	489,269	\$	800,054	\$ 163,797	\$	5,985,272
STRYKER COMMUNICATIONS		19-947								\$	1,339,235
SWISSLOG		19-947								\$	2,500
SIRVA MOVE MANAGEMENT		19-947							\$ 368,989	\$	737,978
TEMP ARMOUR		19-951								\$	6,649
Valley Systems		19-948								\$	756
Valley Systems		19-951								\$	1,018
Speedie and Assoc		19-947								\$	80,881
Speedie and Assoc		19-951								\$	28,802
Speedie and Assoc		19-948								\$	1,120
SRP		19-947								\$	500
WAXIE SANITARY SUPPLY		19-947								\$	840
UTILITY ALLOCATION		19-947								\$	1,346,500
UTILITY ALLOCATION										\$	18,500
VYAIRE MEDICAL 211 INC		19-947								\$	62,815
TED PELLA INC		19-947					\$	38,629		\$	38,629
THOMAS PRINTWORKS										\$	4,069
THOMAS PRINTWORKS		19-947					\$	37		\$	568
THUNDER BISCUIT LLC		19-947					\$	18,650	\$ 24,040	\$	42,690
Trademark Visual		19-948								\$	2,576
THE BAKER COMPANY		19-947								\$	148,103
TRANSACTT COMMERCIAL INTERIORS		19-951			\$	1,031				\$	16,188
TRANSACT COMMERCIAL FURNISHINGS INC		19-947			\$	2,760				\$	2,760
TRANSACT COMMERCIAL FURNISHINGS INC		19-951			\$	2,760				\$	2,760
ORANGE FACTOR IMAGING PHYSICISTS LLC										\$	6,400
ZOLL MEDICAL CORPORATION		19-947					\$	4,249	\$ 149,805	\$	154,053
ZORO TOOLS		19-948								\$	14,481
ALTURA COMMUNICATIONS SOLUTIONS LLC										\$	11,827
DH PACE COMPANY INC										\$	1,468
ENTERPRISE SECURITY INC										\$	13,715
HD SUPPLY FACILITIES MAINTENANCE LTD										\$	3,780
INTERMETRO INDUSTRIES CORPORATION										\$	833
LOVITT & TOUCHE INC										\$	505
MARICOPA COUNTY TREASURER										\$	7,310
SKYLINE BUILDERS AND RESTORATION INC										\$	122,769
STRYKER SALES CORPORATION										\$	384,697
TEMPE DIABLO LLC										\$	33,132
TUCSON BUSINESS INTERIORS INC										\$	447,192
VANIR CONSTRUCTION MANAGEMENT INC										\$	13,782,360
WORLD WIDE TECHNOLOGY HOLDINGS CO LLC										\$	35,500
TOTAL Roosevelt Campus Site Development Plan (RSVT)	\$ 482,057		\$ 482,	057	\$ 9	,102,146.84	\$	8,569,508.71	\$ 7,782,798.72	\$	476,336,457.93
CDW GOVERNMENT INC		IPMO					\$	185,796.83		\$	185,797

Description	Budgeted Amount	CER Number	CER Amount		Amount Paid	Amount Paid	Amount Paid		Amount Paid
					JAN'24	FEB'24	MAR'24	(Cumulative Total
ASSI (ACCURATE SURG/SCI INSTR CORP)		IPMO				\$ 2,060.30		\$	2,060
INTUITIVE SURGICAL INC		IPMO				\$ 116,860.00		\$	116,860
J & J HEALTHCARE SYSTEMS INC		IPMO				\$ 1,575.86		\$	1,576
MEDLINE INDUSTRIES INC		IPMO				\$ 392.67		\$	393
OLYMPUS AMERICA INC		IPMO				\$ 3,195.00		\$	3,195
STRYKER ORTHOPAEDICS		IPMO				\$ 406.98		\$	407
SYNTHES USA ORTHO		IPMO				\$ 28,967.08		\$	28,967
CME		IPMO				\$ 39,781.96		\$	39,782
AESCULAP INC		IPMO				\$ 39,292.84		\$	39,293
CAREFUSION 2200 INC		IPMO				\$ 61,338.98		\$	61,339
Total IPMO					\$ -	\$ 479,668.50	\$ -	\$	479,668.50
	\$ 122,866,539		\$ 107,641,759	_ :	\$ 9,128,198.02	\$ 9,052,555.51	\$ 7,940,451.17	\$	671,931,062.42
Bond Proceeds received to DBte:									
\$935,805,959									
TOTAL MONTHLY SPENT AMOUNT	\$ 631,287,454		\$ 130,324,142		\$ 9,189,651.02	\$ 9,052,555.51	\$ 7,940,451.17	\$	896,700,227
VARIANCE: Bond Proceeds amount vs CER amount issued			\$ 500,963,312	2					-
REMAINING Cash for disbursement				•	\$56,098,738	\$47,046,183	\$39,105,731.76	i	\$39,105,731.76

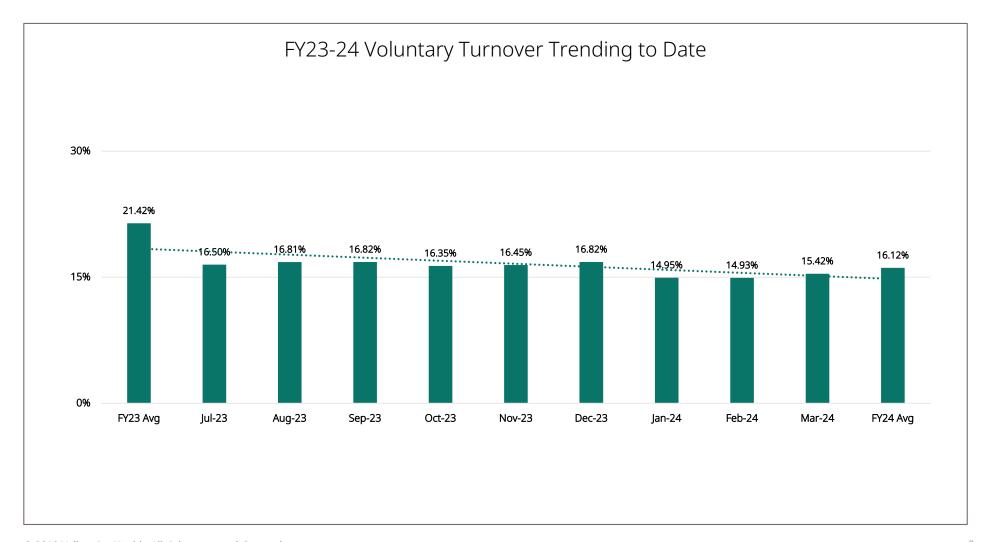
7.c. Reports to the Board - Employee Turnover



Human Resources Board Turnover Data

March 2024

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Valleywise Health March Turnover



ALL Valleywise Health Summary

March - 2024	Avg Emps	Hires	Vol Terms	Invol Terms	Uncon Terms	Vol %	Invol %	Uncon %	Total (Last 12 Months)	Avg Emps	Hires	Vol Terms	Invol Terms	Uncon Terms	Vol %	Invol %	Uncon %
Administrative	540	15	7	4	5	1.30%	0.74%	0.93%	Administrative	537	150	77	24	35	14.34%	4.47%	6.52%
Clinical Certified	243	8	4	3	0	1.65%	1.23%	0.00%	Clinical Certified	237	104	55	17	11	23.21%	7.17%	4.64%
Clinical Non-Certified	722	20	17	7	6	2.35%	0.97%	0.83%	Clinical Non-Certified	702	350	157	77	63	22.36%	10.97%	8.97%
Dentist	10	0	0	0	0	0.00%	0.00%	0.00%	Dentist	10	1	0	0	0	0.00%	0.00%	0.00%
Director	50	0	0	0	0	0.00%	0.00%	0.00%	Director	52	9	1	2	3	1.92%	3.85%	5.77%
Executive	22	0	1	0	0	4.55%	0.00%	0.00%	Executive	24	0	2	0	1	8.33%	0.00%	4.17%
Manager	100	0	1	0	0	1.00%	0.00%	0.00%	Manager	102	11	4	3	5	3.92%	2.94%	4.90%
Nurse	757	29	11	2	0	1.45%	0.26%	0.00%	Nurse	687	345	142	14	19	20.67%	2.04%	2.77%
Nurse Coordinator	107	2	0	1	0	0.00%	0.93%	0.00%	Nurse Coordinator	110	15	9	2	4	8.18%	1.82%	3.64%
Nurse Director	11	0	0	0	0	0.00%	0.00%	0.00%	Nurse Director	11	1	0	0	1	0.00%	0.00%	9.09%
Nurse Manager	20	0	1	1	0	5.00%	5.00%	0.00%	Nurse Manager	21	3	2	1	1	9.52%	4.76%	4.76%
Nurse Practitioner	6	0	0	0	0	0.00%	0.00%	0.00%	Nurse Practitioner	6	0	0	0	0	0.00%	0.00%	0.00%
Nurse Supervisor	135	0	3	0	0	2.22%	0.00%	0.00%	Nurse Supervisor	142	8	5	3	6	3.52%	2.11%	4.23%
Professional IT	123	1	0	0	0	0.00%	0.00%	0.00%	Professional IT	123	16	6	0	6	4.88%	0.00%	4.88%
Professional Licensed	214	5	2	0	0	0.93%	0.00%	0.00%	Professional Licensed	211	37	12	2	6	5.69%	0.95%	2.84%
Professional Non-Licensed	193	2	1	0	0	0.52%	0.00%	0.00%	Professional Non-Licensed	191	47	18	4	3	9.42%	2.09%	1.57%
Supervisor	73	0	1	0	0	1.37%	0.00%	0.00%	Resident	1	0	0	0	2	0.00%	0.00%	200.00%
Support IT	37	0	1	0	0	2.70%	0.00%	0.00%	Supervisor	74	9	4	2	1	5.41%	2.70%	1.35%
Support Service	145	2	3	0	1	2.07%	0.00%	0.69%	Support IT	33	21	11	1	2	33.33%	3.03%	6.06%
Technologists	156	0	1	1	0	0.64%	0.64%	0.00%	Support Service	144	44	20	9	9	13.89%	6.25%	6.25%
Total	3,664	84	54	19	12	1.47%	0.52%	0.33%	Technologists	155	46	26	6	4	16.77%	3.87%	2.58%
									Total	3,573	1,217	551	167	182	15.42%	4.67%	5.09%



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7.d. Reports to the Board - Valleywise Community Health Centers Governing Council Structure

Demographic Characteristics of Valleywise Community Health Centers Governing Council Members

Numbers of

Members	Consumers	Race	Ethnicity	Gender	Areas of Expertise	District
11	55.0%	18% Asian 0% Native Hawaiian 0% Other Pacific Islander 18% Black/African American 0% American Indian/Alaska Native 46% White 9% More than one race 9% Unreported/refused to report	73% Non-Hispanic or Latino 27% Hispanic or Latino 0% Unreported/refused to report	45% Female 55% Male 0% Chose not to disclose	Legal Community Affairs Social Services Healthcare Government Finance	18% District 1 9% District 2 55% District 3 9% District 4 9% District 5

Demographic Characteristics of Valleywise Health FQHC Patients*

Total patients	Race	Ethnicity	Gender identity
87,875	2.3% Asian	56.5% Non-Hispanic or Latino	46.8% Female
	<1% Native Hawaiian	41.2% Hispanic or Latino	28.4% Male
	<1% Other Pacific Islander	2.3% Unreported/refused to report	<1% Chose not to disclose
	12.4% Black/African American		24% Unknown
	1.4% American Indian/Alaska Native		
	78% White		
	<1% More than one race		
	4.4% Unreported/refused to report		

^{*} Data source: Valleywise Health UDS Report Submitted to HRSA Feb 2023

7.e. Reports to the Board - Creighton University Arizona Health Education Alliance

Creighton Alliance Q2 Board Report

Oct. 1 - Dec. 31, 2023

GRADUATE MEDICAL EDUCATION

Recruitment Season

- Reviewed more than 10,000 applicants and kicked off recruitment for our 8 residency and 7 fellowship programs.
- Successfully matched fellows in the following:
 - > Cardiovascular Disease: 4 fellows
 - > Child & Adolescent Psychiatry: 4 fellows, 2 filled from CUSOM-PHX Psychiatry
 - > Gastroenterology: 2 fellows
 - > Hospice & Palliative Medicine: 2 fellows, 1 filled from CUSOM-PHX IM
 - > Surgical Critical Care: 1 fellow
- General Surgery hosted the in-person interview days for the first time since the COVID-19 pandemic (pilot recruitment strategy)

Accreditation Compliance

- Completed annual program evaluations for all ACGME-accredited programs.
- Held GMEC subcommittee leadership meetings:
 - > Wellbeing
 - > Quality Improvement & Patient Safety
 - > Scholarly Activity
 - > Faculty Development
 - > Housestaff Leadership Council
 - > Diversity, Inclusion & Belonging
- Hosted medical education grand rounds for residents:
 - > October: Transitions of Care presented by Alexzandra Hollingworth, MD MEd FACS
 - > November & December: No presentations due to holiday schedule

Other GME Operational Items

- Completed benefits open enrollment for residents and fellows
- Facilitated a retreat for associate program directors
- Released resident and fellow individualized learning plans
- Held resident and fellow semi-annual portfolio reviews
- Issued the annual housestaff and faculty internal survey
- Listening sessions held with residents and separately with faculty members from each program; many were combined GME & UME sessions.

SCHOLARLY ACTIVITY

Research Reporting Development

Launched a monthly reporting process to highlight the volume of scholarly activity Phoenix-based Creighton learners are participating in. Report is segmented by hospital, department, and learner type. The volume of Creighton-learner engagement in scholarly activity has increased, prompting members to help standardize the CITI training courses and streamline onboarding.

Resident/Fellow Scholarly Activity Needs Assessment

Annual curriculum continues to be refined. Subject matter experts to deliver the content are being solidified. Alliance member IRB onboarding, clinical research design and statistical methods were presented to Radiology, Surgery, Cardiovascular and Internal Medicine programs.



Junior Faculty Research Roadshow Presentation

Co-hosted, in collaboration with Creighton University School of Medicine—Phoenix, the inaugural Junior Faculty Clinical Research Presentation in November. Part two of the roadshow will take place in January 2024, with virtual presentations on study design and mentoring by Omaha-based leadership.

Subcommittee Enhancement

Revisiting the charters and membership of the Quality Improvement/Patient Safety and Scholarly Activity subcommittees for Creighton in Phoenix. In addition to re-evaluating the scope of committees, we are also ensuring each subcommittee is aligned with ACGME requirements. By Q3, we anticipate having these two committees relaunched and better equipped to contribute to the Creighton Alliance's commitment to excellence in research and academic pursuits.

PHYSICIAN WELLBEING

Relaunched the Wellbeing Executive Committee in November. Leaders from Alliance members compose the committee membership. The committee determined the following charge:

- Oversee the overall wellbeing of residents, fellows, faculty and staff (focused on residents and fellows at the current time)
- Use data to develop wellbeing goals and priorities
- Oversee progress toward well-being goals
- Advocate for culture change strategies

The following are the key priorities that will be developed into working groups, reporting back to the executive committee:

- Campus (university, hospital, clinic) Infrastructure: Facilities, IT, building access, etc.
- Data Collection: Assessing our current data, collecting additional data and creating a new data collection tool
- Learning Environment: Feelings of values, safety, fulfillment, etc.
- Mental Health: Destignatization, access, etc.
- Resources: Availability, access, marketing, etc.
- Social: Needs, process, marketing, etc.

The director of Wellbeing continued professional development by attending the Champions of Wellness Virtual Summit, Mental Health First Aid training, and Strategic Storytelling training.

We continued to learn from our residents and fellows by hosting several listening sessions. These sessions focused on the meaning of wellbeing and what we could do to support physician wellbeing. Outcomes from the wellbeing listening sessions will be developed into a summary for wellbeing-related committees to incorporate into planning.

STUDENT OPERATIONS

- DHMG continues to support the medical and PA student experience, allocating an additional FTE to help with scheduling and student navigation within their departments.
- Hosted quarterly Alliance member student coordinator meeting in October. Objectives included
 having a shared understanding of the differentiation of roles/responsibilities within the partners
 and process improvement opportunities. School of Medicine provided education on LCME
 requirements to provide content and rationale for some processes and requests.
- SJHMC increasing Creighton OT student rotation opportunities for FY25 year by 27%.
- All FY24 health science student rotations are finalized and aggregated. Projecting almost 4,000 clinical rotations within Alliance member sites in Arizona among all affiliated school health science programs. Over 50% of those rotations are Creighton Health Science students. Detailed summary in development by program and location.

MARKETING AND COMMUNICATIONS

Social Media

- Q2 saw a 58% decrease in impressions vs. the previous quarter and a 33% decrease YoY.
 - Some factors:
 - We posted less to Alliance channels: 94 posts during Q2 vs. 100 in Q1.
 - Impressions and engagements rebounded to be closer to average for Alliance channels. Q1 was the second-largest quarter for impressions and engagements going back to Jan. 2022.
- Video views increased 60% over the previous quarter.
- Overall total engagement rate of 4.7% is down 55% from Q1. That said, the Alliance audience is more engaged overall compared to other University social channels. Alliance social during Q2 has a 34% higher engagement than main University channels and 42% higher than all Creighton school/college social channels.
- Q2 Alliance social was heavily reliant on graphics, and algorithms on some social networks (especially Instagram) downgraded the distribution of graphic-heavy images.

Earned Media

- Creighton University President Rev. Daniel S. Hendrickson, SJ, PhD, penned an opinion editorial for the <u>Arizona Mirror</u> reflecting on Thanksgiving and finding a sense of purpose in current times. Additionally, the <u>AZ Capitol Times</u> published an opinion editorial authored by Father Hendrickson regarding the healthcare staffing shortage in Arizona and how it will take collaborative efforts to address it. Father Hendrickson also spoke with <u>AZ Big Media</u> about how Creighton and partners are contributing to growing biosciences clusters in Arizona like the Phoenix Medical Quarter.
- Founding Associate Dean and Professor Daniel Castellanos, School of Medicine, served as a subject-matter expert on the mental health struggles of Latino youth/Gen Z. This longer format interview was featured on <u>PBS</u> and multiple Arizona PBS broadcasts.
- **Regional Dean Randy Richardson**, School of Medicine, was recognized as a Healthcare Industry Leader by <u>AZ Big Media</u>.
- Assistant Professor Tim Ivers, School of Pharmacy and Health Professions, provided pharmacy subject-matter expertise to the Surprise Independent (print edition) to help people through the cold and flu season.

Website

- Began migration of 100+ Phoenix GME residency and fellowship from under the Alliance section to the School of Medicine section of Creighton.edu.
- Additional updates to the Alliance pages continue in Q3.

2023-2024

Student Rotations within the Alliance

In the 2023-2024 academic year, Valleywise Health and Dignity Health St. Joseph's Hospital and Medical Center will host nearly 4,000 clinical rotations for health sciences students in six disciplines: medicine, nursing, pharmacy, physical therapy, occupational therapy and physician assistant. Those rotations will be experienced by over 1,800 unique students.

Creighton University make up

51%

of the health sciences clinical rotations.

20%

of the students are from Creighton Health Science Campus in Phoenix.

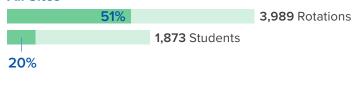
Creighton

Arizona Health
Education Alliance



ALL PROGRAMS

All Sites





MEDICINE

Valleywise Health

	65%	961 Rotations
37%	442 Students	

St. Joseph's Hospital and Medical Center



NURSING

11%

Valleywise Health



PHYSICIAN ASSISTANT



Student Rotations within the Alliance



PHARMACY

Valleywise Health

36%	14 Rotations
31%	13 Students

St. Joseph's Hospital and Medical Center

52%	50 Rotations
44%	36 Students

OCCUPATIONAL THERAPY

Valleywise Health

73%	11 Rotations
73%	11 Students

St. Joseph's Hospital and Medical Center

34%	32 Rotations
34%	29 Students

PHYSICAL THERAPY

Valleywise Health

33%	3 Rotations
33%	3 Students

St. Joseph's Hospital and Medical Center

19%	32 Rotations
19%	31 Students

Health Sciences Student Rotations
Data as of January 2, 2024 for the July 1, 2023 – June 30, 2024 (FY24 time frame)

7.f. Reports to the Board - Risk Management Program



Annual Maricopa County Special Health Care District Wide Risk Management Program Report

April 24, 2024

Dale Schultz Director of Risk Management

Trisha Farrell Risk Management Operations Manager

Risk Surveillance

- Review/Evaluate Patient Safety Reports Daily
- Leadership Quality and Safety Rounds Daily
- CNO Report of Significant Occurrences Daily
- Valleywise/DMG Risk Management Meetings Biweekly
- Quality/Patient Safety & Risk Management Meetings Weekly

Risk Funding and Transfer

- Self Insurance Plan funded to actuary's recommendation
- Statement from broker attesting that our comprehensive insurance program meets healthcare industry standards
- Annual analysis of self-funding options
- Risk transfer when appropriate through contract language and tender to co-defendants
- Set and monitor reserves

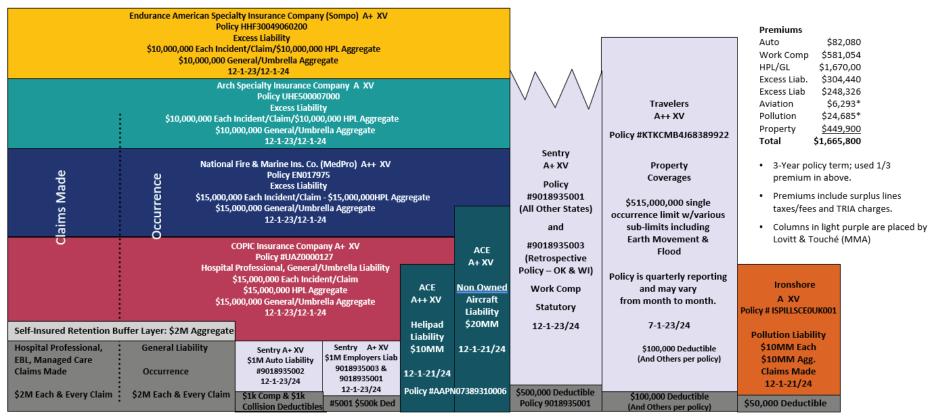
Risk Mitigation

- Quarterly Workers' Compensation Claim Review with broker and insurer
- Daily Risk Management review of patient injuries and claims
- Remedial measures required after every non-clinical claim
- Support Employee Health Program (Workers' Compensation and Return-to-Work Program)
- Provide consultation and guidance to departments
- Collaboration with Human Resources to reduce employment claims (i.e., EEOC, ADA and FLSA)
- Support Compliance & Human Resources with investigations
- Support Service Excellence with investigations

Current Risk Activities

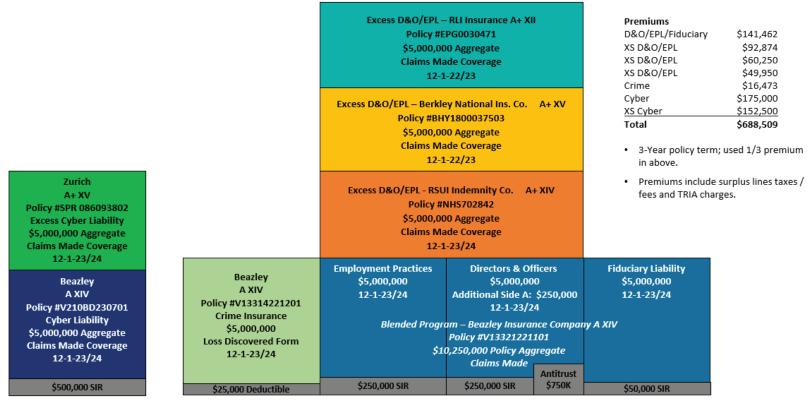
- Owner Controlled Insurance Program, safety and claims
- Implementation of insurance and risk management programs at new facilities
- Facilitation of return-to-work on any lost time employee injuries
- Mitigation efforts for violence in the workplace
- Development of policies and procedures to reduce environmental risks
- Support leaders in dismissal of problematic or potentially violent patients
- Collaborate with Security and leaders in reviewing and analyzing videos
- Provided in-person risk training with Security

Valleywise Health Current Program 2023 - 2024



This figure is a graphical, rather than a literal, representation of the coverage provided. For example, a DIC policy, and subsequently the excess policies, frequently will not cover sublimited lines of coverage in a local policy. Please consult the terms and conditions of the actual policies, which necessarily govern. Please consult the terms and conditions of the actual policies, which necessarily govern. Please consult the terms and conditions of the actual policies, which necessarily govern.

Valleywise Health Current Program 2023 - 2024



This figure is a graphical, rather than a literal, representation of the coverage provided. For example, a DIC policy, and subsequently the excess policies, frequently will not cover sublimited lines of coverage in a local policy. Please consult the terms and conditions of the actual policies, which necessarily govern. Please consult the terms and conditions of the actual policies, which necessarily govern. Not to scale.

Valleywise Health Coverage Statement 2023 - 2024



Jeffrey T. Johnson Senior Vice President Marsh USA LLC

2325 East Camelback Road Suite 600 Phoenix, AZ 85016 *1 602 337 6226

April 9, 2024

Marsh Coverage Statement Regarding 12/1/2023 Insurance Renewals

As the insurance Broker for Maricopa County Special Healthcare District (the "District"), we have been requested to provide a statement regarding the insurance coverages placed by us on the District's behalf. We have placed the insurance which is the subject of this statement for the District since December 2012, when the District established its own insurance program separate from Maricopa County, in each case after consultation with the District and based upon the District's instructions. Terms of coverage, including the limits and deductibles, are based upon information furnished to us by the District, which information we have not independently verified.

We are pleased to confirm:

- 1. The insurance policies listed on the attached insurance schedule are for the current insurance program.
- It is our opinion based upon our experience as insurance brokers that the coverages provided by the policies are consistent with those normally provided to other healthcare companies engaged in the same or similar business activities and similarly situated as the District and having similar risks as the District with respect to their operations.

We express no view and assume no liability with respect to the solvency or future ability to pay of any of the insurance companies which have issued the policies.

We assume no obligation to advise you of any developments regarding the policies subsequent to the date hereof. This letter is given on the understanding that we will have no liability to you based upon the placement of the policies and/or the statements made herein except to the extent arising out of our gross negligence or fraud.

This letter may not be republished by you or used for any other purpose without our prior written consent.

This letter shall be governed by and construed in accordance with the laws of the State of New York, without regard to its conflicts of law provisions.

Cincoroly

Jeffrey T. Johnson Senior Vice President Marsh USA LLC