HOSPITAL DISTRICT NUMBER ONE OF MOHAVE COUNTY

3269 Stockton Hill Road

Kingman, Arizona 86409

AGENDA (OCTOBER 20, 2026)

The Governing Board of Hospital District Number One of Mohave County (Hospital District Board) will meet in Regular Session on Tuesday, October 20, 2026 at 4:00 p.m. The meeting will be held at the Kingman Regional Medical Center Mohave A Conference Room at 3269 Stockton Hill Road, Kingman, Arizona. The Hospital District Board may vote to go into Executive Session pursuant to A.R.S. § 38-431.03 (A)(3) for legal advice and A.R.S. § 38-431.03 (A)(4) for discussion or consultation with attorneys. The following topics and any variables thereto will be subject to Hospital District Board consideration, discussion, approval, or other action. All items are set for possible action.

I. CALL TO ORDER

II. ROLL CALL OF THE HOSPITAL DISTRICT BOARD MEMBERS

III. HOSPITAL DISTRICT BOARD CHAIRPERSON COMMENTS

IV. CONSIDERATION AND APPROVAL OF MINUTES

A. Discussion and possible action regarding the approval of Minutes of the Regular Hospital District Board Meeting of September 15, 2026. Logan Marsh presenting.

V. FINANCES

A. Discussion only regarding reimbursement for two technology related invoices paid by Logan Marsh. Logan Marsh presenting.

B. Discussion only regarding the current invoice of Hospital District Board Attorney Thomas Price. Logan Marsh presenting.

VI. NEW BUSINESS

A. Discussion and possible action regarding the 2026 AzHHA Mohave County Healthcare and Community Leadership Convening that took place on 10/8/2026. Logan Marsh presenting.

B. Discussion and possible action regarding the presentation and review of Jane Stanek's resume and qualifications for the Hospital District Board Executive Assistant and Recording Secretary Position, including consideration for hire. Logan Marsh presenting.

VII. OLD BUSINESS

A. Discussion only regarding the use of another company, that specializes in governmental agencies, for the digitization of Hospital District Board records. Logan Marsh presenting.

VIII. NEXT MEETING

A. Discussion and possible action regarding setting a second meeting date for the month of October 2026. Logan Marsh presenting.

IX. CALL TO THE PUBLIC

A. Consideration and discussion of comments from the public. Those wishing to address the Hospital District Board need not request permission in advance. Each member of the public will be limited to three (3) minutes of speaking time. The Hospital District Board is not permitted to discuss or take action on any item raised in the call to the public. However, individual Hospital District Board members may be permitted to respond to criticism directed to them after the call to the public. Otherwise, the Hospital District Board may direct that staff review the matter or that the matter be placed on a future agenda. The Hospital District Board cannot discuss or take legal action on any issue raised during the Call to the Public due to restrictions of the Open Meeting Laws.

X. ADJOURNMENT

CERTIFICATION OF POSTING OF NOTICE

The undersigned hereby certifies that a copy of the attached notice will be duly sent to the Mohave County Board of Supervisors no later than October 19th, 2026 by 4:00 p.m. for posting on their public information board. Also, notice will be posted at 3269 Stockton Hill Road (Main Entrance to KRMC) in Kingman, Arizona, and on the webpage of the Hospital District Board, no later than October 19th, 2026, 4:00 p.m. in accordance with the statement filed by the Hospital District Number One of Mohave County. Dated this 15th day of October 2026.

Posted by Billy Neal

Billy Neal on behalf of:

Logan Marsh

Chairperson of Hospital District Number One of Mohave County

Additional Meeting Resources:

Microsoft Teams meeting

Join:

https://teams.microsoft.com/meet/2934774413079750?p=aRdQRg1W3PamsHBwCZ

Meeting ID: 293 477 441 307 975 0

Passcode: 6gt7N63L

HOSPITAL DISTRICT NUMBER ONE OF MOHAVE COUNTY

3269 Stockton Hill Road – Kingman, AZ 86409

MEETING MINUTES – SEPTEMBER 15, 2026

The Governing Body of Hospital District Number One of Mohave County (Hospital District Board) met in Regular Session on Tuesday, September 15, 2026, at 4:00 p.m. The meeting was held at Kingman Regional Medical Center Mohave B Conference Room located at 3269 Stockton Hill Road, Kingman, Arizona.

I. CALL TO ORDER

The Regular Session Board Meeting of Hospital District Number One of Mohave County was called to order by Chairperson Logan Marsh at 4:05 p.m. A quorum was identified.

II. ROLL CALL OF THE HOSPITAL DISTRICT BOARD MEMBERS

Board Members Present:

Logan Marsh, Chairperson

Leanne Smith, Vice Chair

Dr. Carol Newmyer, arrived at 4:10 p.m.

Board Positions Vacant:

Two positions vacant

Members of the Public Present:

Thomas Price

Krystal Burge

KRMC Representatives Present:

Allen Poston

Barry Moore

Josh Hoffman

Heath Evans

Emmanuel Buabeng

Billy Neal

III. CONSIDERATION AND APPROVAL OF MINUTES

Discussion ensued regarding the minutes from the September 8, 2026 Regular Board Meeting.

ACTION: MOTION MADE BY VICE CHAIR SMITH AND SECONDED BY CHAIRPERSON MARSH TO ACCEPT THE SEPTEMBER 8, 2026 MINUTES AS WRITTEN. VOTE 2/0.

IV. FINANCES

A. Payment of Budgeted Legal Invoices

Chairperson Logan Marsh provided an informational update regarding the payment of a budgeted legal invoice submitted by Board Attorney Thomas Price. The invoice was included in the meeting packet and had already been paid pursuant to previously authorized Hospital District Board procedures. No action was requested or taken.

Discussion also occurred regarding former KRMC Controller Barry Moore and his 25 years of service. Chairperson Logan Marsh thanked Barry Moore, who was present at the meeting.

B. Final Supplemental Payment to Former Chairperson Katie Tacheron

Chairperson Logan Marsh provided an informational update regarding the final supplemental payment to former Chairperson Katie Tacheron for communications efforts performed on behalf of the Hospital District Board. The payment had been previously authorized and the reimbursement check had already been issued. No action was requested or taken.

C. Acceptance of a Bona Fide Donation

Discussion ensued regarding the Hospital District Board's acceptance of a bona fide donation from Kingman Regional Medical Center.

ACTION: MOTION MADE BY VICE CHAIR SMITH AND SECONDED BY CHAIRPERSON MARSH TO ACCEPT THE BONA FIDE DONATION FROM KINGMAN REGIONAL MEDICAL CENTER. VOTE 2/0.

V. NEW BUSINESS

A. Future Review and Modernization of Hospital District Bylaws

Discussion ensued regarding the planned review and revision of the Hospital District Board bylaws. Vice Chair Leanne Smith and Board Attorney Thomas Price will work together to review the bylaws and prepare proposed revisions for consideration by the full Hospital District Board.

ACTION: MOTION MADE BY CHAIRPERSON MARSH AND SECONDED BY VICE CHAIR SMITH TO HAVE VICE CHAIR SMITH AND BOARD ATTORNEY THOMAS PRICE COMPLETE THE NECESSARY BYLAW REVIEW AND PRESENT THE PROPOSED REVISIONS AT THE REGULARLY SCHEDULED OCTOBER BOARD MEETING. VOTE 2/0.

Following the vote, it was observed that the item had been listed on the agenda as informational only and that the action would need to be ratified at a future meeting.

B. Development of a Hospital District Policies and Procedures Manual

Discussion ensued regarding the future development of a comprehensive Hospital District Policies and Procedures Manual based upon the revised bylaws.

ACTION: MOTION MADE BY CHAIRPERSON MARSH AND SECONDED BY VICE CHAIR SMITH TO DEVELOP A POLICIES AND PROCEDURES MANUAL BASED UPON THE REVISED HOSPITAL DISTRICT BOARD BYLAWS AND TO POSTPONE FURTHER DISCUSSION UNTIL THE REGULARLY SCHEDULED NOVEMBER BOARD MEETING. VOTE 2/0.

Following the arrival of Board Member Dr. Carol Newmyer, further discussion occurred regarding the proposed manual and the process for revising the bylaws. Chairperson Logan Marsh explained that the bylaws must first be corrected before an appropriate policies and procedures manual can be developed. Board Attorney Thomas Price stated that the bylaws amended in April 2026 had not been agendized for formal adoption. Board Member Dr. Carol Newmyer expressed concern regarding the absence of a formal committee. Chairperson Logan

Marsh stated that all Board Members would have an opportunity to discuss the proposed revisions after they were prepared.

ACTION: MOTION MADE BY VICE CHAIR SMITH AND SECONDED BY BOARD MEMBER NEWMYER TO TABLE DISCUSSION OF THE POLICIES AND PROCEDURES MANUAL UNTIL THE REGULARLY SCHEDULED NOVEMBER BOARD MEETING. VOTE 3/0.

Following the vote, it was observed that two votes had occurred under an item listed on the agenda as informational only.

ACTION: MOTION MADE BY VICE CHAIR SMITH AND SECONDED BY BOARD MEMBER NEWMYER TO WITHDRAW VICE CHAIR SMITH'S PREVIOUS MOTION REGARDING THIS ITEM. VOTE 3/0.

It was noted that the two remaining actions taken under informational agenda items would need to be ratified at a future meeting and that future agenda items should be structured to clearly identify whether Board action may be taken.

VI. NEXT MEETING

Chairperson Logan Marsh informed attendees that the next regularly scheduled meeting of the Hospital District Board would be held on Tuesday, October 13, 2026.

VII. CALL TO THE PUBLIC

Chairperson Logan Marsh invited members of the public to address the Hospital District Board. No members of the public came forward to speak.

VIII. ADJOURNMENT

ACTION: WITH NO FURTHER BUSINESS TO DISCUSS, A MOTION WAS MADE BY VICE CHAIR SMITH AND SECONDED BY BOARD MEMBER NEWMYER TO ADJOURN THE MEETING. VOTE 3/0.

The meeting adjourned at 4:17 p.m.

Respectfully submitted by

Billy Neal On behalf of:

Logan Marsh

Chairperson Hospital District Number One of Mohave County

Payment Receipt

Google LLC
1600 Amphitheatre Pkwy
Mountain View, CA 94043
United States

Tax identification number
77-0493581

Hospital District 1 of Mohave County
LOGAN MARSH
917 South Emery Park Road
Golden Valley, AZ 86413
United States

Payment date	Oct 1, 2026
Billing ID	7240-0539-1647
Payment method	Visa ••••2449

Description	
Payment amount	$348.79

Sep 23, 2026

Summary | LOGAN | Leanne | Carol | Billy

Highlights

Service credit $25

LOGAN	$20.26	Leanne	$27.26
Carol	$27.26	Billy	$27.26

Total $102.04

Standard monthly charges

Unlimited Standard plan $100.00
4 people, $25 each

Device protection (includes insurance) $18.00
6 devices

Credits

$25 off your plan for 12 months ($25.00)
There are 7 months remaining
Promo details

Taxes & regulatory fees $9.04

LAW OFFICE OF THOMAS E. PRICE, P.C.
501 E. Oak St.
Kingman, AZ 86401-5930

Invoice
submitted to:

Hospital District Number One of Mohave County
Attn: Billy Neal - Billy.Neal@azkrmc.org or
Billy@HD1MC.org
3269 N. Stockton Hill Rd.
Kingman, AZ 86409

October 1, 2026
In Reference To: Miscellaneous

Professional Services

		Hrs/Rate	Amount
9/1/2026	Reviewed Billy Neal's August 31, 2026 and Logan Marsh's September 1, 2026 emails related to the budget; researched Arizona statutes and Constitution to respond to Logan Marsh's September 1, 2026 email. Teleconference with Billy Neal and Josh Hoffman in regards to the IGA for the GME program. Travel to and from district board meeting; met with Logan, Billy and Josh; attended district board meeting.	2.90 380.00/hr	1,102.00
9/2/2026	Reviewed the Mohave County Elections Department IGA; prepared an email to Logan Marsh accordingly.	0.20 380.00/hr	76.00
9/3/2026	Reviewed September 8, 2026 agenda and packet; teleconference with Logan Marsh regarding same.Began reviewing the Policies and Procedures Manual.	3.00 380.00/hr	1,140.00
9/4/2026	Reviewed the previous bylaw amendments.Teleconference with Logan Marsh in regards to the bylaws and the policies.	0.60 380.00/hr	228.00
9/8/2026	Emailed Leanne Smith in regards to the district's bylaws.Travel to and from board meeting; attended meeting; met with Logan after meetingin regarding elections IGA.	1.60 380.00/hr	608.00
9/9/2026	Received and reviewed Billy Neal's forwarded Mohave County Election Fees. Teleconferences with Logan Marsh..	0.90 380.00/hr	342.00
9/10/2026	Reviewed bylaws; recommended changes. Reviewed September 15, 2026 agenda.	1.00 380.00/hr	380.00

		Hrs/Rate	Amount
9/11/2026	Teleconference with Logan in regards to the September 15, 2026 agenda. Reviewed September 15, 2026 packet. Teleconference with Billy Neal regarding same. Worked on bylaws; emailed suggested changes to Leanne Smith. Begin reviewing the lease.	2.40 380.00/hr	912.00
9/12/2026	Reviewed and provided comments in regards to lease.	0.50 380.00/hr	190.00
9/14/2026	Finalized review and comments for lease; emailed to Logan Marsh regarding same.	1.00 380.00/hr	380.00
9/15/2026	Travel to and from board meeting; attended meeting	1.40 380.00/hr	532.00
9/16/2026	Teleconference with Logan Marsh in regards to lease terms; emailed the proposed lease and comments to Logan Marsh. Teleconferences with Billy Neal; teleconferences with Logan Marsh in regards to ARS Section 48-1915.	0.90 380.00/hr	342.00
9/18/2026	Reviewed Logan's email; teleconference with Logan regarding same; reviewed postings on Next Door and Logan's responses; left message for Logan.	0.50 380.00/hr	190.00
9/21/2026	Reviewed FOIA requests from Dan Valentine and Becky Foster	0.20 380.00/hr	76.00
9/22/2026	Teleconference with Logan Marsh; drafted a response to Dan Valentine's request for documents; reviewed statutes related to requested documents; teleconference with Leanne Smith in regards to the District's bylaws. Conference call with Logan Marsh and Billy Neal. Reviewed emails from Logan Marsh; teleconference with Logan Marsh regarding Same.	1.50 380.00/hr	570.00
9/25/2026	Prepared for conference with Leanne Smith; met with Leanne Smith in regards to the bylaws. Reviewed Dan Valentine's email in re "FOIA"; reviewed and approved Logan Marsh's response; reviewed and replied to Leanne Smith's email regarding same.	1.70 380.00/hr	646.00
9/28/2026	Teleconference with Leanne Smith in regards to my most recent email in regards to the bylaws. Reviewed Leanne Smith's email; revised bylaws accordingly.	0.10 380.00/hr	38.00
	For professional services rendered	20.40	$7,752.00
	Previous balance		$4,978.00
	Accounts receivable transactions		
9/3/2026	Payment - thank you		($4,978.00)

Hospital District Number One of Mohave County

	Amount
Total payments and adjustments	($4,978.00)
Balance due	$7,752.00

The balance is due upon receipt of this statement. Unless other arrangments have been made.

We appreciate your business. Thank you!

We accept VISA, Mastercard, American Express, and Discover.

If you have any questions regarding this billing statement, please contact our staff at (928) 753-1112.

AZHHA Arizona Hospital and Healthcare Association

ARIZONA HOSPITALS: COMMITMENT TO CARE

What's at stake in your community

The economic and human cost of Medicaid cuts, broken down by **who you are** and **where you live.**

Congress' cuts to Medicaid are now law. Every reduction translates into specific losses in communities: jobs gone, services closed, families driving farther and employers facing higher insurance costs. Regardless of your insurance status, these cuts are affecting your community.

Statewide Arizona

$53.9B
annual economic activity from hospital

36,400
jobs lost per $1B in Medicaid cuts

266,000+
jobs supported by Arizona healthcare sector

$3.7B
GDP contraction per $1B cut

$138M
state & local tax loss per $1B cut

- Arizona's healthcare sector is the state's second largest employer, contributing $38.1 billion to GDP and paying average wages 8.4% above the statewide average.
- A $7.5B reduction, if Arizona drops Medicaid expansion entirely, would lock in Great Recession-level losses with no recovery cycle. The Rounds Report (April 2025) confirmed this contraction would be permanent.
- Every hospital job supports 1.4 additional jobs in local businesses. Every dollar spent generates $1.23 in local economic activity.
- Costs are shifting onto private insurers as hospitals absorb more uncompensated care, raising premiums for every Arizona employer and family.

GOING DARK:
The emergency Bay

The operating room does more than perform surgeries; it helps keep the entire hospital open. When Medicaid payments shrink, that financial lifeline weakens, forcing hospitals to cut or close the services patients and communities depend on.

Rural & tribal communities

$4.2B
rural economic activity anchored by hospitals

8,300
direct rural healthcare jobs

11,700
additional jobs supported regionally

76–98%
transport time increase after rural closure

52%
Arizona Health Care Cost Containment System (AHCCCS) share of population in Apache County

- In rural and tribal Arizona, Medicaid is essential to both healthcare access and community stability. It covers 51.9% of residents in Apache County, 46.7% in Navajo County and 44.2% in Graham County. When Medicaid funding is cut, hospitals, jobs and entire communities are at risk.
- When a rural hospital closes, ambulance transport times increase 76–98% for the general population and can nearly double for patients over 65. For a patient experiencing a heart attack, stroke or traumatic injury, those added miles can mean the difference between recovery, permanent disability and death.
- Rural providers are reaching financial breaking points as Medicaid reimbursements fall. Closures accelerate job losses and remove anchor institutions from fragile local economies.
- Communities losing hospitals also lose the anchor business that supports surrounding restaurants, suppliers, schools and local government tax revenues.

GOING DARK: **The emergency room (ER)**

When a rural ER goes dark, the entire community is left farther from care and closer to crisis.

Community, safety net and behavioral health hospitals

$5B
regional economic activity from sub-acute care

32,500
total regional jobs tied to healthcare

47%
Arizona births covered by AHCCCS

105,120
total jobs lost per 10% healthcare contraction

$672M
annual state tax loss per 10% healthcare decline

- Congress's cuts to Arizona's Medicaid program (AHCCCS) are pushing community, safety net and behavioral health hospitals into negative operating margins. Mental health and substance abuse programs are losing funding that keep their doors open.
- For employers: Untreated behavioral health conditions cost more in lost productivity, absenteeism and turnover than treatment does. Cutting access increases your costs.
- AHCCCS covers nearly half of all births in Arizona, helping sustain maternity services that benefit every family. Funding cuts are already making it harder for women across the state to access prenatal care, safe delivery services and critical postpartum support.
- A 10% contraction in Arizona healthcare employment eliminates 47,160 direct jobs and cascades into 57,960 additional losses in retail, transportation, manufacturing and professional services.

GOING **DARK:**

The behavioral health wing

When this wing goes dark, a teenager in crisis has nowhere to turn, a veteran loses trusted peer support and an employer loses a valued worker. Without timely care, treatable crises escalate into emergency rooms, jails, homelessness and preventable tragedy.

Arizona employers & businesses

8.4%
higher wages in healthcare vs. Arizona average

$32.2B
annual healthcare wages in Arizona economy

$1.23
local return per $1 hospital spending

1.4x
additional jobs per healthcare position

$38.1B
contribution to the state's annual GDP

- Businesses choose locations based on local healthcare quality. As hospital access declines, companies relocate or fail to recruit. Healthcare stability is a site-selection issue.
- As hospitals absorb Medicaid losses, costs shift to private insurers. Premiums rise for every employer. Most Arizona businesses are small businesses; rising premiums often mean cutting or eliminating coverage.
- Each $1 billion reduction in Medicaid spending could result in total job losses of 36,400, affecting healthcare, retail and service industries, professional support services and transportation.
- The $1.23 local multiplier means hospitals are not just healthcare providers. They are economic anchors whose spending powers the grocery stores, contractors and services that every business depends on.

GOING DARK: **The loading dock**

Every $1 cut from hospital spending drains $1.23 from the local economy, hurting nearby businesses, disrupting supply chains and eliminating jobs far beyond the hospital walls.

Sources: Rounds Consulting Group / Arizona Chamber Foundation, Federal Medicaid Cuts & Arizona's Economy (April 2025); AHA Trendwatch Economic Contributions of Hospitals; AHCCCS Population Statistics (most recent available); KFF State Health Facts; Rural Health Research Gateway; HRSA Advisory Committee on Rural Health.

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/ArizonaHHA @azhospitals /Arizona Hospital and Healthcare Association @azhospitalassn

AzHHA Arizona Hospital and Healthcare Association

ARIZONA HOSPITALS: COMMITMENT TO CARE

Hospitals are more than buildings

They are the economic foundation, the safety net and the community investment Arizona cannot afford to lose.

$53.9B
statewide economic activity from hospitals

471,600
healthcare jobs in Arizona

$38.1B
hospital contribution to state GDP

$32.2B
annual wages paid by healthcare

Economic engine

$1.23
returned locally per $1 spent

- Every hospital dollar generates **$1.23 in local economic activity.**
- Every hospital job supports **1.4 more jobs** in surrounding businesses.
- Healthcare workers earn **8.4% more than** the average Arizona worker, fueling consumer spending and tax revenues.

Community safety net

2M+ Arizonans
covered by the Arizona Health Care Cost Containment System (AHCCCS), the state's Medicaid program

- **47% of all Arizona births** are covered by AHCCCS.
- **Two-thirds of nursing facility stays** are covered by AHCCCS.
- Hospitals provide care that they **do not get paid for** and support programs that prevent expensive health issues before they develop.

When funding falls

36,400
jobs lost for every $1 billion in Medicaid cuts

- **$3.7 billion** in **lost** economic activity for every $1 billion cut.
- **$138 million** in state and local tax revenue **lost** with every $1 billion cut.
- A $7.5 billion rollback would lead to **lasting economic losses,** comparable to the Great Recession, with no recovery in sight.

Healthcare isn't affordable if it isn't available.

We cannot make care more affordable by cutting the very resources that provide it. When hospital funding vanishes, essential services, jobs and access to care disappear – and every patient in the community suffers the consequences.

SETTING THE RECORD STRAIGHT

"Cuts only affect Medicaid patients."

They don't. Medicaid helps support the emergency rooms, maternity units, behavioral health services, specialists and rural hospitals that serve everyone. Medicaid cuts don't stop with Medicaid patients. They put care at risk for everyone.

"We can't afford Medicaid at these levels."

Arizona can't afford the cuts. AHCCCS provides healthcare to nearly one in four Arizonans and brings billions of federal healthcare dollars into communities across the state. For every $1 billion cut from Medicaid, Arizona stands to lose 36,400 jobs, $3.7 billion in economic activity and $138 million in state and local tax revenue.

"Hospitals make plenty of money."

Not on Medicaid care. AHCCCS has found that even with supplemental payments, Medicaid covered only about 83 cents of every $1 hospitals spent caring for Medicaid patients. Without those payments, reimbursement fell to about 67 cents on the dollar. The math was already upside down. Congress cut the very funding Arizona uses to help close the gap.

"Hospitals should be more efficient."

You can't "efficiency" your way out of the cost of caring for patients. Nearly 60% of hospital spending pays the doctors, nurses, technicians and other professionals who provide care around the clock. Hospitals must also absorb rapidly rising costs for medications, medical supplies, equipment and technology. At some point, "efficiency" means fewer people, fewer services and fewer places to get care.

Sources: Rounds Consulting Group / Arizona Chamber Foundation (April 2025); AHA Costs of Caring (April 2025); AHA Trendwatch Economic Contributions of Hospitals; AHCCCS Population Statistics (most recent available, 2025); KFF State Health Facts.

Impact of P.L. 119-21 on Arizona's state directed payments program

Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII)

Net reduction in payments for CD 9

Hospital Name	FFY 2026 Net HEALTHII Payments	FFY 2028 5.5%	FFY 2029 5%	FFY 2030 4.5%	FFY 2031 4%	FFY 2032 3.5%
Avenir Behavioral Health Center	$ 2,090,013	$ (268,352)	$ (536,703)	$ (805,055)	$ (1,073,406)	$ (1,341,758)
City of Hope	$ -	$ -	$ -	$ -	$ -	$ -
Exceptional Community Hospital - Bullhead City	$ -	$ -	$ -	$ -	$ -	$ -
Exceptional Healthcare Yuma	$ -	$ -	$ -	$ -	$ -	$ -
Havasu Reg Med Center LLC	$ 12,345,466	$ (1,803,062)	$ (3,606,123)	$ (5,409,185)	$ (7,212,246)	$ (9,015,308)
Kingman Regional Medical Center	$ 42,102,374	$ (5,668,562)	$ (11,337,123)	$ (17,005,685)	$ (22,674,247)	$ (28,342,808)
La Paz Regional Hospital	$ 4,693,639	$ (620,377)	$ (1,240,754)	$ (1,861,131)	$ (2,481,509)	$ (3,101,886)
Onvida Health	$ 145,193,881	$ (19,292,789)	$ (38,585,578)	$ (57,878,367)	$ (77,171,156)	$ (96,463,945)
Valley View Medical Center	$ 11,287,584	$ (1,494,639)	$ (2,989,279)	$ (4,483,918)	$ (5,978,557)	$ (7,473,197)
Western Arizona Regional Medical Center	$ 11,291,482	$ (1,515,931)	$ (3,031,861)	$ (4,547,792)	$ (6,063,723)	$ (7,579,653)
Wickenburg Community Hospital	$ 1,478,537	$ (213,370)	$ (426,739)	$ (640,109)	$ (853,479)	$ (1,066,849)
Yuma Rehabilitation Hospital	$ 220,128	$ (28,264)	$ (56,528)	$ (84,791)	$ (113,055)	$ (141,319)
Total	**$ 230,703,104**	**$ (30,905,345)**	**$ (61,810,689)**	**$ (92,716,034)**	**$ (123,621,378)**	**$ (154,526,723)**

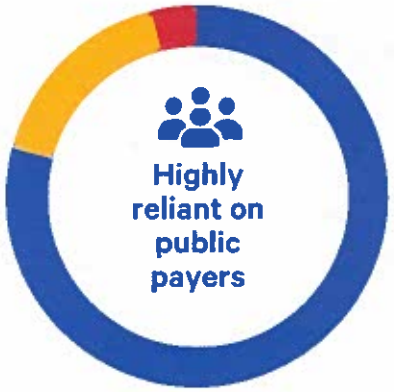
Notes:

- Does not include any reductions associated with decreasing the total amount of payments beginning on January 1, 2028 by 10% points each year until the total payment rate is equal to 100% of the published Medicare payment rate. Assumes that reductions to HEALTHII are done proportionally to the current allocation. AHCCCS has the discretion to alter or change the methodology.
- Based on FFY 2026 HEALTHII payments and assessments which utilized data from 2023 Uniform Accounting Reports and 2023 Medicare Cost Reports
- Assumes a 75.52% blended FMAP
- Assumes $100 M transfer of HAF assessment transfer to state General Fund
- Developed on 2/20/2026

Kingman Regional Medical Center: Medicaid financing at risk

A hospital-specific case study showing how Medicaid policy changes create escalating annual financial pressure.

Public payer dependence



72% of Kingman Regional Medical Center's payor mix is government

16% of patients are covered by AHCCCS

56% of patients are covered by Medicare and Medicare Advantage

CAHs are compensated 99% of the cost to deliver care to traditional Medicare and Medicare Advantage beneficiaries.

Today's outlook

Current Medicaid state directed payments (SDP) funding:

$42M annually

This supplemental support helps stabilize a small rural hospital with limited financial cushion.

Federal policy changes ahead

Beginning 2027

People lose AHCCCS coverage with work reporting requirements.

More patients may lose access to needed care.

2027–2032

Medicaid SDP are reduced from the Average Commercial Rate to the Medicare reimbursement rate.

Lower reimbursement per Medicaid service creates additional annual pressure.

By 2032

SDP cuts reduce support by roughly $28M annually.

Cumulative annual impact on Kingman Regional Medical Center

Lower Medicaid reimbursement as SDP move from Average Commercial Rate to Medicare rates

Higher uncompensated care beginning in 2027

Known annual loss by 2032:
~$28M in SDP funding

Bottom line:

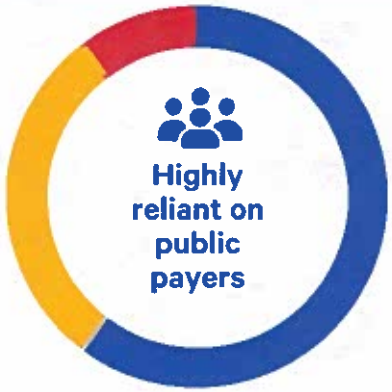
By 2032, Kingman Regional Medical Center faces at least a $28M annual loss, plus additional pressure from rising uncompensated care and lower Medicaid reimbursement.

Source basis: user-provided Kingman Regional Medical Center SDP estimates; AHCCCS hospital profitability/Medicaid

La Paz Regional Hospital & Clinics: Medicaid financing at risk

A hospital-specific case study showing how Medicaid policy changes create escalating annual financial pressure.

Public payer dependence



60% of La Paz Regional Hospital & Clinic's payor mix is government

20% of patients are covered by AHCCCS

40% of patients are covered by Medicare and Medicare Advantage

CAHs are compensated 99% of the cost to deliver care to traditional Medicare and Medicare Advantage beneficiaries.

Today's outlook

Current Medicaid state directed payments (SDP) funding:

$4.7M annually

This supplemental support helps stabilize a small rural hospital with limited financial cushion.

Federal policy changes ahead

Beginning 2027

People lose AHCCCS coverage with work reporting requirements.

More patients may lose access to needed care.

2027–2032

Medicaid SDP are reduced from the Average Commercial Rate to the Medicare reimbursement rate.

Lower reimbursement per Medicaid service creates additional annual pressure.

By 2032

SDP cuts reduce support by roughly $3.6M annually.

Cumulative annual impact on La Paz Regional Hospital & Clinics

Lower Medicaid reimbursement as SDP move from Average Commercial Rate to Medicare rates

Higher uncompensated care beginning in 2027

Known annual loss by 2032:
~$3.6M in SDP funding

Bottom line:

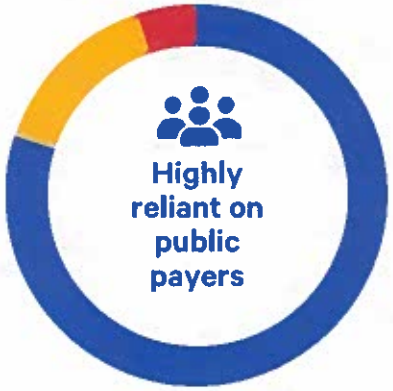
By 2032, La Paz Regional Hospital & Clinics faces at least a $3.6M annual loss, plus additional pressure from rising uncompensated care and lower Medicaid reimbursement.

Source basis: user-provided La Paz Regional Hospital & Clinics SDP estimates; AHCCCS hospital profitability/Medicaid

Valley View Medical Center: Medicaid financing at risk

A hospital-specific case study showing how Medicaid policy changes create escalating annual financial pressure.

Public payer dependence



80% of Valley View Medical Center's payor mix is government

21% of patients are covered by AHCCCS

53% of patients are covered by Medicare and Medicare Advantage

CAHs are compensated 99% of the cost to deliver care to traditional Medicare and Medicare Advantage beneficiaries.

Today's outlook

Current Medicaid state directed payments (SDP) funding:

$11.2M

annually

This supplemental support helps stabilize a small rural hospital with limited financial cushion.

Federal policy changes ahead

Beginning 2027

People lose AHCCCS coverage with work reporting requirements.

More patients may lose access to needed care.

2027–2032

Medicaid SDP are reduced from the Average Commercial Rate to the Medicare reimbursement rate.

Lower reimbursement per Medicaid service creates additional annual pressure.

By 2032

SDP cuts reduce support by roughly

$7.5M

annually.

Cumulative annual impact on Valley View Medical Center

- Lower Medicaid reimbursement as SDP move from Average Commercial Rate to Medicare rates
- Higher uncompensated care beginning in 2027

Known annual loss by 2032:
~$7.5M in SDP funding

Bottom line:

By 2032, Valley View Medical Center faces at least a $7.5M annual loss, plus additional pressure from rising uncompensated care and lower Medicaid reimbursement.

Source basis: user-provided Valley View Medical Center SDP estimates; AHCCCS hospital profitability/Medicaid volume

JANE STANEK

BOARD GOVERNANCE | EXECUTIVE ADMINISTRATION | FINANCIAL STEWARDSHIP

Golden Valley, Arizona • 708.603.8967 • jgraszer48@gmail.com

PROFESSIONAL PROFILE

Administrative and operations professional with nearly six years coordinating complex projects, schedules, stakeholders, and documentation, complemented by elected community board service and approximately two years as board treasurer. Combines firsthand governance perspective with meticulous records management, clear communication, sound judgment, and dependable follow-through. Prepared to support a hospital district Board and Chair through meeting administration, recording-secretary duties, confidential coordination, and liaison work with hospital leadership, legal counsel, and community partners.

VALUE TO THE HOSPITAL DISTRICT BOARD

BOARD GOVERNANCE

Elected director and treasurer experience; understands board accountability and collective decision-making.

FINANCIAL STEWARDSHIP

Brings a treasurer's perspective to fiscal oversight, organizational trust, and accurate records.

EXECUTIVE & MEETING SUPPORT

Coordinates priorities, documentation, timelines, and follow-up across multiple stakeholders.

PROFESSIONAL LIAISON

Maintains clear communication among leadership, partners, vendors, and external parties.

BOARD LEADERSHIP & COMMUNITY SERVICE

GOLDEN PARADISE LANDOWNERS, INC. | Golden Valley, Arizona

Board Member | March 2024–Present • Treasurer | Approximately two years (current)

- Elected to serve on the organization's board and subsequently selected for the treasurer role, reflecting the confidence of fellow members and expanded responsibility.
- Contributes a board-level perspective on organizational accountability, financial stewardship, deliberation, and responsible governance.
- Brings practical familiarity with the expectations placed on volunteer boards, including collaboration, professionalism, and responsible treatment of organizational matters.

PROFESSIONAL EXPERIENCE

MOHAVE HOMES, INC. | Arizona

Project Coordinator • Service Coordinator • Administrative Support | Nov 2020 to Sep 2026

- Coordinated concurrent project and service workflows, keeping schedules, inspections, permitting-related documentation, deliveries, and field activities organized as requirements changed.
- Managed service and warranty work orders from initial requests through technician or subcontractor coordination, documentation, customer communication, follow-up, and completion records.
- Served as a consistent communication link among homeowners, manufacturers, vendors, contractors, installers, field personnel, and internal teams to clarify priorities and keep matters moving.
- Maintained detailed project, permit, inspection, and service records, preserving accurate information for office staff, field teams, and ongoing customer matters.
- Balanced urgent needs with planned work, using sound judgment, professionalism, and close attention to detail in a demanding, multi-stakeholder environment.

RELEVANT CAPABILITIES

Board Governance & Treasurer Service • Financial Stewardship • Executive Administrative Support • Meeting Coordination • Records Organization • Confidential Correspondence • Stakeholder Liaison • Issue Tracking • Scheduling • Vendor Relations

ESTIMATE

USA IMAGING, Inc.
12923-D Pomerado Road
Poway, CA 92064

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+1 (858) 513-6565
usa-imaging.com

Bill to
Billy neal
Kingman Regional Medical Center
3269 N. Stockton Hill Rd
Kingman, AZ 86409 USA

Ship to
Billy neal
Kingman Regional Medical Center
3269 N. Stockton Hill Rd
Kingman, AZ 86409 USA

Estimate details

Estimate no.: 202107
Estimate date: 10/08/2026

#	Date	Product or service	Description	Qty	Rate	Amount
1.		**BOX SCANNING**	Professional document scanning and digitization services including document preparation, searchable PDF creation, quality control review, and organized digital file delivery.	1	$3,780.00	$3,780.00
		Standard Box Scanning	Standard storage box (10"x12"x15"), typically 2,000–3,000 pages depending on file density. • Document preparation (removal of staples, paperclips, and minor repairs) • High-quality scanning at 300 DPI • Monochrome, grayscale, and color scanning • OCR (searchable PDF) • 100% quality control review • Organized searchable digital files for efficient retrieval • Loose reassembly	13	$135.00	$1,755.00
		Folder-Level File Naming & Indexing	Files are indexed based on existing folder structure, binder labels, or client-provided file organization methodology. Standard folder-level file naming and indexing included at no additional charge.	0	$0.25	$0.00
		Document Pickup (Standard Access)	Pickup and Delivery of original Boxes/documents from the client's location. Includes two scheduled round trips between Kingman Regional Medical Center in Kingman, Arizona, and USA IMAGING's Poway, California, facility,	1	$2,000.00	$2,000.00

	totaling approximately 1,460 miles. Includes secure transportation of original records, with return delivery upon project completion.			

USB-External Digital Media Delivery	USB flash drive or external hard drive provided with scanned files for offline access, transfer, and backup. Media pricing varies based on required storage capacity. Encryption available	1	$25.00	$25.00
		Total		**$3,780.00**

Accepted date **Accepted by**

CONFIDENTIAL RECORDS HANDLING, SECURITY & PROJECT TERMS

USA IMAGING, Inc. | Kingman Regional Medical Center
Estimate #202107 | October 8, 2026

1. HIPAA Compliance & Confidentiality

USA IMAGING maintains document-handling procedures designed to support applicable HIPAA privacy and security requirements. All confidential records will be handled by authorized personnel using appropriate administrative, physical, and technical safeguards to protect against unauthorized access, disclosure, loss, or damage. If the records contain protected health information (PHI), applicable HIPAA Business Associate requirements will be addressed before processing begins.

2. Chain-of-Custody Procedures

USA IMAGING will maintain documented chain-of-custody procedures from initial pickup through transportation, document preparation, scanning, quality control, storage, and final return delivery. Records will be tracked throughout the project, including documentation of custody transfers, to maintain accountability and traceability.

3. Responsibility for Original Records

USA IMAGING will assume responsibility for the custody and handling of all original records upon documented pickup at the Hospital District's designated location. This responsibility will continue throughout transportation, scanning, processing, and storage until the original records are returned and formally transferred back to the Hospital District.

4. Secure Transportation & Storage

Original records will be transported between the Hospital District's Kingman, Arizona location and USA IMAGING's facility in Poway, California, using secure handling procedures. While in USA IMAGING's possession, records will be maintained in a controlled environment with restricted access, security monitoring, and appropriate safeguards against unauthorized access, loss, or damage.

5. Document Preparation & Loose Reassembly

Documents will be prepared for scanning, including removal of staples, paper clips, and other fasteners as necessary. Following scanning, original documents will be loosely reassembled in their original sequence and returned to their respective folders and storage boxes. Replacement of staples, paper clips, and other fasteners is not included.

6. Domestic Processing & Data Security

All original records, scanned images, electronic files, and backups will remain within the United States. No offshore processing, storage, access, or subcontracting will be permitted. All scanning, indexing, quality control, and related processing activities will be performed domestically by authorized personnel.

7. Scanning Quality Control & Digital Delivery

Documents will be scanned at 300 DPI in monochrome, grayscale, or color as appropriate. Scanned images will undergo 100% quality control review and OCR processing to produce searchable PDF documents. Electronic files will be organized according to the existing folder structure or mutually agreed-upon indexing methodology. Completed digital files will be delivered on a USB flash drive or external storage device. Encryption and password protection are available upon request to provide additional security for confidential records. When enabled, access credentials will be provided separately through a secure communication method.

8. Insurance Coverage

USA IMAGING will provide a Certificate of Insurance documenting applicable insurance coverage. Insurance protection for original records during transportation and while in USA IMAGING's possession will be confirmed with the insurance provider, including applicable coverage limits, conditions, and exclusions, before records are collected.

9. Records Retention & Destruction Authorization

No original documents, scanned images, electronic files, or backups will be destroyed or permanently deleted without prior written authorization from the Hospital District. All records and electronic files will be retained, returned, or otherwise handled in accordance with mutually agreed-upon written instructions.

10. Project Completion & Return Delivery

Upon completion of scanning, quality control, and digital file preparation, all original records will be returned to the Hospital District's designated location. Return delivery will be documented to confirm the transfer of custody back to the Hospital District.

These terms form part of USA IMAGING Estimate #202107 and are subject to acceptance by the Hospital District.