



**BOARD OF DIRECTORS**  
*Becky Campo, President*  
*Reyna Gomez, Vice-President*  
*Ma Traore, Secretary*  
*Sylvia Ramirez, Treasurer*  
*Luis Avila, Director*  
 PO Box 187, Patterson, CA 95363  
 Phone (209) 892-8781 Fax (209) 892-3755

**REVISED**

**BOARD OF DIRECTORS' MEETING**

**Monday, February 9, 2026 @ 7:00 PM**

City Hall, 1 Plaza Circle, City Council Chambers

**PUBLIC COMMENT PERIOD:** Matters under the jurisdiction of the Board and not on the posted agenda may be addressed by the general public at the beginning of the regular agenda. If you wish to speak on an item on the agenda, you are welcome to do so during consideration of the agenda item itself. If you wish to speak on a matter that does not appear on the agenda, you may do so during the Public Comment period; however, California law prohibits the Board from acting on any matter which is not on the posted agenda unless it is determined to be an emergency by the Board of Directors. Persons speaking during the Public Comment will be limited to five minutes. Depending on the number of persons wishing to speak, speaking time may be reduced to allow all public members to address the Board. Public comments must be addressed to the board through the President. Comments to individuals or staff are not permitted.

**CONSENT CALENDAR:** These matters include routine financial and administrative actions and are identified with an asterisk (\*). All items on the consent calendar will be voted on as a single action at the beginning of the meeting under the section titled "Consent Calendar" without discussion. If you wish to discuss an item on the Consent Calendar, please notify the Clerk of the Board prior to the beginning of the meeting or you may speak about the item during Public Comment Period.

**REGULAR CALENDAR:** These items will be individually discussed and include all items not on the consent calendar, all public hearings, and correspondence.

**CLOSED SESSION:** Is the portion of the meeting conducted in private without the attendance of the public or press to discuss certain confidential matters specifically permitted by the Brown Act. The public will be provided an opportunity to comment on any matter to be considered in closed session prior to the Board adjourning into closed session.

**ANY MEMBER OF THE AUDIENCE DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA:** Please raise your hand or step to the podium at the time the Board President announces the item. In order that interested parties have an opportunity to speak, any person addressing the Board will be limited to a maximum of three minutes unless the President of the Board grants a longer period.

**BOARD AGENDAS AND MINUTES:** Board agendas and minutes are typically posted on the Internet on Friday afternoons preceding a Monday meeting at the following website: <https://dphealth.specialdistrict.org/board-meetings>.

Materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet are available for public inspection in the District office at 875 E Street, Patterson, CA during normal business hours. Such documents are also available online, subject to staff's ability to post the documents before the meeting, at the following website <https://dphealth.specialdistrict.org/board-meetings>.

**NOTICE REGARDING NON-ENGLISH SPEAKERS:** Board of Director meetings are conducted in English and translation to other languages is not provided. Please arrange for an interpreter, if necessary.

**REASONABLE ACCOMMODATIONS:** In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Clerk of the Board at (209) 892-8781. Notification 72 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.

Cell phones must be silent or set in a mode to not disturb District business during the meeting.

**Del Puerto Health Care District**  
**BOARD OF DIRECTORS' MEETING**  
City Hall, 1 Plaza Circle, City Council Chambers  
**Monday, February 9, 2026 @ 7:00 PM**

1. **Call to Order & Roll Call**
2. **Pledge of Allegiance**
3. **Reading the Vision, Mission, and Value Statements**  
*Vision: "A locally cultivated, healthier community."  
Mission: "To provide, promote, and partner in quality healthcare for all."  
Values: "Compassion – Commitment – Excellence"*
4. **Declarations of Conflict** *[Board members disclose any conflicts of interest with agenda items]*
5. **Approval of Agenda** **ACTION**  
*[\*Directors may request moving any consent calendar item to the regular calendar or change the order of the agenda items.]*
6. **Public Comment – Items not on the Agenda**
7. **Presentations/Reports** – Public Comment taken following each presentation.
  - A. NAMIWalks update
8. **Consent Calendar** – Public Comment is taken prior to Board Action **ACTION**
  - A. \*Approve Board of Directors Meeting Minutes – January 26, 2026
  - B. \*Accept Written Strategic Plan Monthly Update
  - C. \*Removed
  - D. \*Adopt Policy #2001 ACH, EFT, Direct Deposit Security
9. **Regular Calendar** – The Board President will open public comment for each item before discussion and/or action.
  - A. \*Any Consent Calendar items moved to the Regular Calendar **ACTION**
  - B. Adjustment to Ambulance Rate Schedule – first since 2017 **ACTION**
  - C. Approve Copier Replace Purchase **ACTION**
  - D. Consider e-Consult Partnership with Stanford Health **DIRECTION REQUESTED**
  - E. Establish Internal Ambulance Billing Services **ACTION**
10. **Department Reports**
  - A. Board Members – Reports on Activities or Topic Requests for Future Meeting
11. **Closed Session** *The Board may recess to closed session for matters permitted by law. Actions taken will be reported in open session. Public comment on closed session items, prior to recess, is limited to three minutes unless extended by the Board President.]*
  - A. Conference with Legal Counsel – Existing Litigation § 54956.9(b)  
Building Industry Association of the Greater Valley v. Del Puerto Health Care District, Board of Directors of the Del Puerto Health Care District, Does 1-100 [CV-25-006753].
  - B. Conference with Legal Counsel – Anticipation of Litigation § 54956.9(b)  
One potential case.
  - C. Health & Safety Code 321069(c)(2) District Health Care Trade Secret (i.e., necessary to initiate a new district service or program or add a district health care facility and, if prematurely disclosed, create a substantial probability of depriving the district of a substantial economic benefit). Anticipated disclosure: March 2026.
  - D. Conference with Real Property Negotiations § 54956.8  
Property: APN: 048-047-002-000  
Agency Negotiators: Randy Brekke, Karin Freese  
Negotiating Party: Lucero Rodriguez

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**12. Return to Open Session & Report of Any Action(s) Taken**

**13. Upcoming Regular Board and Standing Committee Meeting Dates**

Board: Mon, Mar 9-7:00 PM,  
City Hall

Finance: Wed, Mar 18-8:30 AM,  
District Office

Board: Mon, Mar 23-6:00 PM,  
City Hall

Board: Mon, Apr 13-7:00 PM,  
City Hall

Finance: Wed, Apr 22-8:30 AM,  
District Office

Board: Mon, Apr 27-6:00 PM, City  
Hall

Board: Mon, May 11-7:00 PM,  
City Hall

Finance: Wed, May 20-8:30 AM,  
District Office

Board: ~~Mon, May 25~~-Canceled  
Due To Holiday

**14. Adjourn**



**DEL PUERTO HEALTH CARE DISTRICT**  
**Board of Directors Meeting – February 9, 2026**

**8. Consent Calendar**

**Page 1 of 1**

Department: Chief Executive Office  
 Consent Calendar: Yes

CEO Concurrence: Yes  
 4/5 Vote Required: No

**SUBJECT: Consent Calendar**

**STAFF REPORT:** The following items are presented for the consent calendar:

- A. \*Approve Board of Directors Meeting Minutes – January 26, 2026
- B. \*Accept Written Strategic Plan Monthly Update
- C. \*Approve JRodriguez, M.D. – PSA Clarification Side Letter
- D. \*Adopt Policy #2001 ACH, EFT, Direct Deposit Security

**RECOMMENDED BOARD ACTION:**

ROLL CALL REQUIRED: YES / NO

RECOMMENDED MOTION: *I move that the Board of Directors adopt the consent calendar with [Items A through \_\_\_].*  
**or**  
*I move that the Board of Directors adopt the consent calendar with [Items A through \_\_\_], [but excluding Item \_\_\_\_\_].*

<b>Motion Made By</b>	<b>Motion</b>	<b>Second</b>	<b>Aye</b>	<b>No</b>	<b>Abstain</b>	<b>Absent</b>
<i>Director Avila</i>						
<i>Director Gomez</i>						
<i>Director Traore</i>						
<i>Director Ramirez</i>						
<i>Director Campo</i>						

*I, the undersigned Clerk of the Board of Directors of the Del Puerto Healthcare District, hereby certify that the foregoing is a full, true and correct copy of an action by the Board at a meeting on the \_\_\_\_\_ day of \_\_\_\_\_, 2025.*

\_\_\_\_\_  
*Jasmine Sanchez, Clerk of the Board*

**BOARD OF DIRECTORS***Becky Campo, President**Luis Avila, Vice-President**Ma Traore, Secretary**Sylvia Ramirez, Treasurer**Reyna Gomez, Director*

PO Box 187, Patterson, CA 95363

Phone (209) 892-8781 Fax (209) 892-3755

**BOARD OF DIRECTORS' MEETING MINUTES****Monday, January 26, 2026 @ 6:00 PM****1. Call to Order at 6:11 PM by President Becky Campo.****2. Pledge of Allegiance****Directors Present:**

President Becky Campo  
 Vice President Luis Avila  
 Treasurer Sylvia Ramirez  
 Director Reyna Gomez

**Staff Present:**

CEO Karin Freese, Ph.D.  
 Ambulance Director Paul Willette  
 Ambulance Clinical Ed & QI Manager Jim Withworth  
 Human Resources Manager Robert Trefault  
 Health Center Manager Suzie Benitez  
 Financial Accounting Manager/Board Clerk Maria Reyes-Palad

**District Legal Council:**

Dave Ritchie, Cole Huber, LLP

**Members of the Public:**

Online – Secretary Ma Traore  
 Ambulance Crew – Eddie Thompson

**3. Reading of the Vision, Mission, and Value Statements**

*Vision: "A locally cultivated, healthier community."*

*Mission: "To provide, promote, and partner in quality healthcare for all."*

*Values: "Compassion – Commitment – Excellence"*

**4. Declarations of Conflict - None****5. Approval of Agenda**

**Motion: To approve the agenda as presented.**

**M/S:** Avila/Ramirez

**Ayes:** Campo, Avila, Ramirez, Gomez

**Nays:** None

**Abstain:** None

**Absent:** None

**Motion: Passed**

**6. Public Comment - None****7. Presentations/Reports – Public Comment taken following each presentation.****A. FYE 2025 Audit Report Representation – Tom Ritter, Partner, WIPFLI**

The Auditor presented the audited financial statements for the fiscal year ended June 30, 2025, and introduced himself as the new engagement lead, replacing David Imus, the former team manager for the District. He reviewed the required communications, including the scope and timing of the audit, and reported the issuance of an **unmodified opinion** in compliance with **USDA federal reporting requirements**. No unusual transactions were identified during the audit. Year-end adjustments were made based on estimates, including contractual allowances,

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implementation of **GASB 87**, and third-party payer reconciliations such as **Prospective Payment** and **Medicare Cost Report** adjustments.

The Auditor noted that Management and staff were cooperative throughout the audit and that there were no disagreements in the conduct of the audit. He explained the three levels of deficiencies—control deficiencies, significant deficiencies, and material weaknesses—and reported **one significant deficiency** related to the Auditor's assistance in preparing footnote disclosures, which is common for small districts. The Auditor also presented the District's financial ratios and a comparative financial analysis versus prior years.

Board members asked questions, which were addressed by Mr. Ritter, Ms. Freese, and Ms. Reyes-Palad. A copy of the Auditor's presentation was requested to be emailed to the Board.

8. **Consent Calendar** – Public Comment is taken prior to Board Action **ACTION**
- A. \*Approve Board of Directors Meeting Minutes – December 08, 2025
  - B. Approve Finance Committee Meeting Minutes – December 18, 2025
  - C. \*Approve Finance Reports and Warrants – December 2025
  - D. \*Approve Board of Directors Meeting Minutes – January 12, 2026
  - E. \*Accept Written Department Reports – 1. Admin, 2. Ambulance, 3. Health Center, 4. HR

**Motion: To approve the consent calendar Item A to E as presented.**

**M/S:** Avila/Gomez

**Ayes:** Campo, Avila, Ramirez, Gomez

**Nays:** None

**Abstain:** None

**Absent:** Traore

**Motion: Passed**

9. **Regular Calendar**

- A. \* *Any Consent Calendar items moved to the Regular Calendar*
- B. Approve CEO Employment Agreement Seventh Amendment

Mr. Ritchie, as the District's general counsel, presented the agenda item which requires an adjustment to the CEO's base salary and the one-time payment based on the amended CEO's contract.

**Motion: To authorize the Board President to sign the Seventh Amendment to the AD/CEO's employment agreement effective January 26, 2026 setting the base annual salary at \$235,000 including a one-time payment and a separate amount of \$8,449.72.**

**M/S:** Gomez/Ramirez

**Ayes:** Campo, Avila, Ramirez, Gomez

**Nays:** None

**Abstain:** None

**Absent:** Traore

**Motion: Passed – with a Roll Call**

- C. Adopt FY 2024-25 Audited Financial Statement

**Motion: To adopt the Fiscal Year 2024-2025 financial audit as presented.**

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**M/S:** Ramirez/Avila  
**Ayes:** Campo, Avila, Ramirez, Gomez  
**Nays:** None  
**Abstain:** None  
**Absent:** Traore  
**Motion: Passed**

D. Adopt Policy #1500 Claims of Loss, Incident Response Policy

**Motion: To adopt Policy #1500 Claims of Loss, Incident Response Policy.**

**M/S:** Gomez/Ramirez  
**Ayes:** Campo, Avila, Ramirez, Gomez  
**Nays:** None  
**Abstain:** None  
**Absent:** Traore  
**Motion: Passed**

E. **Approve Variable Rate Range Program Consultant Contract CY 2025 & 2026, HMA**

Health Management Associates (HMA) provides technical oversight and administration of the District's Value-Based Reimbursement Program (VRRP), supporting federal matching fund eligibility and favorable financial outcomes. The proposed amendment extends VRRP services for CY 2025 and CY 2026 and expands coverage to include the Del Puerto Health Center (Rural Health Clinic) at an additional cost of \$10,000 per year.

The contract will not exceed \$45,000 per year for CY 2025 and CY 2026. Under the CY 2024 agreement, the District expended \$20,000 of a \$35,000 contract and anticipates approximately \$700,000 in net financial benefit, demonstrating a strong return on investment.

**Motion: To approve Variable Rate Range Program Consultant Contract CY 2025 & 2026, HMA.**

**M/S:** Ramirez/Gomez  
**Ayes:** Campo, Avila, Ramirez, Gomez  
**Nays:** None  
**Abstain:** None  
**Absent:** Traore  
**Motion: Passed – with a Roll Call**

F. Annual Election of Board Officers

Director Avila nominated Director Campo for President.  
 Director Ramirez seconded the nomination.

**M/S/C: Election of Becky Campo as Board President for CY 2026**

Directors Avila/Ramirez  
**Ayes:** Directors: Avila, Ramirez, Campo  
**Nays:** None  
**Abstain:** Traore  
**Motion: Passed**

Nominations for Vice-President

Director Campo nominated Director Gomez for Vice-President.  
 Director Avila seconded the nomination.

**M/S/C: Election of Reyna Gomez for Vice-President**  
 Directors Campo/Avila

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**Ayes:** Directors: Avila, Ramirez, Campo  
**Nays:** None  
**Abstain:** Traore  
**Motion: Passed**

Nominations for Treasurer

Director Campo nominated Director Ramirez for Treasurer.

Director Avila seconded the nomination.

**M/S/C: Election of Sylvia Ramirez for Treasurer**

Directors Campo/Avila

**Ayes:** Directors: Avila, Ramirez, Campo

**Nays:** None

**Abstain:** Traore

**Motion: Passed**

Nominations for Secretary

Director Avila nominated Director Traore for Secretary.

Director Ramirez seconded the nomination.

**M/S/C: Election of Ma Traore for Secretary**

Directors Avila/Ramirez

**Ayes:** Directors: Avila, Ramirez, Campo

**Nays:** None

**Abstain:** Traore

**Motion: Passed**

**G. Committee Appointments by Board President**

Appointment of Board Finance Committee: Board President Campo appointed Director Traore along with herself as the Finance Committee.

Appointment of the Disclosure Management Working Group: Board President Campo nominated Director Avila and Director Traore.

Appointment of the Ad Hoc Building Committee: Board President Campo nominated herself and Director Ramirez with Director Avila as an alternative.

**H. Approve Banking Security & Access Resolution 2026**

**Motion: To approve Board Resolution 2026-01 Banking Access and Security Policy.**

**M/S:** Avila/Gomez

**Ayes:** Campo, Avila, Ramirez, Gomez

**Nays:** None

**Abstain:** None

**Absent:** Traore

**Motion: Passed – with a Roll Call.**

**10. Department Reports**

- A. Patterson District Ambulance – Paul Willette and Jim Whitworth left for a Westside Board meeting. Ms. Freese stated that the District may have an opportunity in the near future to establish an in-house billing position. This could include the potential hiring of a billing staff member from Riggs Ambulance Service, which is closing their business. An in-house billing position could also provide billing services for another ambulance provider. A report on this matter will be presented at the next Board meeting.

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- B. Board Members – Reports on Activities or Topic Requests for Future Meeting  
Director Campo reiterated the importance of using Board members before considering outsourcing to consultants.  
Ms. Freese outlined the upcoming scheduled Training workshops, with the first one set for Saturday, February 21, from 9:00 AM to 12:00 PM.

**11. Closed Session Entered at 7:30PM.**

- A. Conference with Legal Counsel – Existing Litigation § 54956.9(b)  
Building Industry Association of the Greater Valley v. Del Puerto Health Care District, Board of Directors of the Del Puerto Health Care District, Does 1-100 [CV-25-006753].
- B. Health & Safety Code 321069(c)(2) District Health Care Trade Secret (i.e., necessary to initiate a new district service or program or add a district health care facility and, if prematurely disclosed, create a substantial probability of depriving the district of a substantial economic benefit). Anticipated disclosure: March 2026.

**12. Return to Open Session at 8:05 PM. No reportable action; direction given to staff.**

**13. Review of Upcoming Meetings**

**14. Meeting Adjourned 8:06 PM**

**Del Puerto Health Care District  
BOARD OF DIRECTORS' MEETING**  
City Hall, 1 Plaza Circle, City Council Chambers  
**Monday, January 26, 2026 @ 6:00 PM**

**16. Upcoming Regular Board and Standing Committee Meeting Dates**

Board: Mon, Feb 9-7:00 PM,  
City Hall

Finance: Wed, Dec TBD-8:30  
AM, DPHC Conf Rm

Board: Mon, Feb 23-6:00 PM,  
City Hall

Board: Mon, Mar 9-7:00 PM,  
City Hall

Finance: Wed, Mar 18-8:30  
AM, DPHC Conf Rm

Board: Mon, Mar 23-6:00 PM,  
City Hall

Board: Mon, Apr 13-7:00PM,  
City Hall

Finance: Wed, Apr 22-8:30 AM,  
DPHC Conf Rm City Hall

Board: Mon, Apr 27-6:00 PM,  
City Hall

**17. Adjourned at **XXX** PM.**

\_\_\_\_\_  
Ma Traore, Board Secretary

\_\_\_\_\_  
Date Signed





Del Puerto Health Care District

# **FY25/26 Annual Plan Summary**

Through Team Member Action Items

As of February 4, 2026

# Plan Overview

## Mission Statement

To provide, promote and partner in quality healthcare for all.

### Organizational Slogan

Caring for Today. Building Health for Tomorrow.

## Core Values

### Compassion: Treating every person with empathy, respect, and dignity.

We treat every person with empathy, respect, and dignity - meeting people where they are and caring for the whole individual. Compassion drives every interaction, whether with patients, families, colleagues, or community partners.

### Commitment: Dedicated to our mission, our patients, one another, and the west side of Stanislaus County.

We stand dedicated to our mission, our patients, one another, and the west side of Stanislaus County - following through with integrity, reliability, and purpose. Commitment means showing up, being accountable, and taking pride in serving our community

### Excellence: Pursuing the highest standards in healthcare, teamwork, and service

We pursue the highest standards in healthcare, teamwork, and service - striving continually to improve, innovate, and deliver exceptional care. Excellence is not a goal we reach; it is the way we work every day.

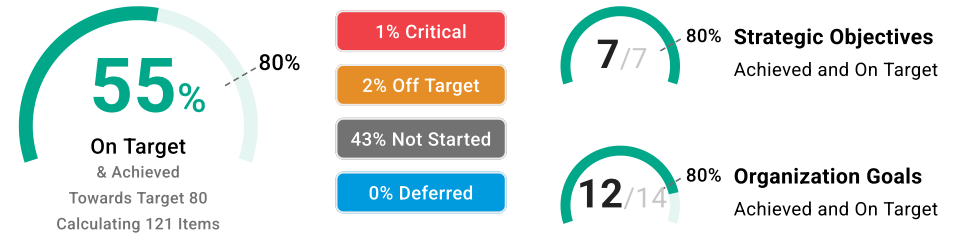
## Vision Statement

**A locally cultivated, healthier community is one where health is not imported, delayed, or out of reach – it is grown here, sustained here, and trusted here.**

Our vision is to **build a community where every resident on the west side of Stanislaus County can access high-quality, comprehensive care close to home - not someday, but across a lifetime.** A place where emergency response is immediate, primary and behavioral health care are integrated and culturally responsive, seniors can age with dignity, and families are supported through every stage of life.

This vision comes to life through a **once-in-a-generation Healthcare and Mixed-Use Campus** - not simply a collection of buildings, but a **community anchor**:

## Strategic Objectives



- 1 **Develop a Healthcare and Mixed-Use Campus** On Target
- 2 **Improve Patient Healthcare Outcomes** On Target
- 3 **Increase Patient Access to Essential Services on the West Side** On Target
- 4 **Establish an Annual District-wide Flagship Event** On Target
- 5 **Exercise Responsible Financial Stewardship and Risk Management** On Target
- 6 **Promote Forward Thinking Management and Governance** On Target
- 7 **Increase District Transparency** On Target

A hub for **primary, urgent, emergency, and behavioral health care**

A future home for **hospital services and senior living**

A center for **prevention, education, and wellness**

A catalyst for **economic stability, workforce development, and local pride**

We envision a district that no longer sends patients away for basic or urgent needs, where travel distance does not determine outcomes, and where health equity is designed into the system - through bilingual services, community partnerships, and transparent public governance. A locally cultivated, healthier community also means growing our own capacity:

Developing local healthcare professionals

Building financially sustainable systems

Partnering intentionally with cities, schools, nonprofits, and residents

Planning not just for today's population, but for decades of growth ahead

Ultimately, success looks like this:

**When health care is woven into the fabric of daily life - visible, accessible, and reliable - the community thrives.** Families stay healthier, seniors remain connected, emergencies are met with confidence, and the next generation grows up knowing that quality care is part of where they live, not somewhere they must travel to find.

This is not expansion for expansion's sake. This is **stewardship, foresight, and local investment - building the future of health, together, from the ground up.**

# Annual Goal Summary

- 1 Develop a Healthcare and Mixed-Use Campus: Create a thoughtfully planned, phased, and financially responsible community asset that brings healthcare, supportive services, housing, and complementary uses together in one integrated setting - designed to meet the needs of Patterson and the west side of Stanislaus County for generations.**

Build Basis of Healthcare, Mixed-Use Campus (1.1) (EOY Target: 100%)	95%	of 95%	Build Phase 1: DPAC and Combined Clinic (1.3)	15%	of 15%
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- 2 Improve Patient Healthcare Outcomes: Ensuring that people on the west side of Stanislaus County do not just receive care - but receive the right care, at the right time, in the right setting, leading to better health, fewer complications, and a higher quality of life.**

Improve Health Center Providers' accuracy and consistency in ICD-10 diagnostic coding for HEDIS measures from 50% to 75% by June 30, 2026. (2.1) (EOY Target: 75%)	On Target	Increase Health Center Staff to 100% (2.2) (EOY Target: 100%)	40%	of 88%
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- 3 Increase Patient Access to Essential Services on the West Side: Ensuring that residents can receive the care they need closer to home, sooner, and more reliably, without unnecessary travel, delay, or fragmentation.**

Stabilize Current Services & Prepare for Transition to New Facilities (3.1) (EOY Target: 100%)	17%	of 17%	Bring Diagnostic Imaging to the West Side in a Financially Responsible and Phased Manner (3.2)	30%	of 50%
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- 4 Establish an Annual District-wide Flagship Event: An annual event sponsored by DPHCD that showcases the district's current and future work, reaches new community members, and makes long-term community members more aware of the district**

			NAMI Walks Stanislaus (4.1) (EOY Target: 100%)	29%	of 29%
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- 5 Exercise Responsible Financial Stewardship and Risk Management: The District exercises responsible stewardship through sound fiscal management, long-term planning, and continuous improvement of financial and risk management practices.**

Update the Illness and Injury Prevention Program, publish, adopt, and implement by June 30, 2026. (5.1) (EOY Target: 100%)	On Target	Convert and maintain all Vendor contracts as electronic copies (5.2) (EOY Target: 100%)	48%	of 40%
		By August 1, 2026, establish a self-sustaining internal Ambulance Billing Department (5.3)	25%	
- 6 Promote Forward Thinking Management and Governance: Strengthen organizational leadership and governance by fostering a proactive, strategic, and forward-looking approach to decision-making.**

Ensure leadership continuity and organizational stability by developing and implementing a structured six-year CEO succession plan. (6.1) (EOY Target: 100%)	10%	of 10%	Establish an Ambulance Field Training Officer (FTO) program to enhance EMS skills development. (6.2) (EOY Target: 100%)	40%	of 50%
			Deliver In-house Governance and Management Training (6.3) (EOY Target: 100%)	45%	of 45%
- 7 Increase District Transparency: Increase District transparency by routinely sharing understandable information about services, performance, and finances so the community can see how the District operates and holds itself accountable.**

# Detailed Performance

1		Organization Goal	Team Member Goal
1	<p><b>Develop a Healthcare and Mixed-Use Campus</b>                      Create a thoughtfully planned, phased, and financially responsible community asset that brings healthcare, supportive services, housing, and complementary uses together in one integrated setting - designed to meet the needs of Patterson and the west side of Stanislaus County for generations.</p>	<p><b>95%</b> of 95%</p> <p><b>Build Basis of Healthcare, Mixed-Use Campus (1.1) (EOY Target: 100%)</b></p> <p>Owner: Karin Freese, (07/01/25 - 01/19/26)                      Updated as of 02/02/26</p> <p>Latest Comment: Updates from City engineering department may require adjustments to our master plan (Karin Freese, 02/02/26)</p>	<p><b>75%</b> of 75%</p> <p><b>Acquire property (1.1.1)</b></p> <p>Owner: Karin Freese, (07/01/24 - 08/31/26)                      Updated as of 02/02/26</p> <p>Latest Comment: closed on Mahaffy N &amp; S; one of three properties in escrow, one in eminent domain proceedings, one lying dormant as not necessary for Phase 1 of construction (Karin Freese, 01/10/26)</p>
		<p><b>15%</b> of 15%</p> <p><b>Build Phase 1: DPAC and Combined Clinic (1.3)</b></p> <p>Owner: Karin Freese, (10/01/25 - 12/31/26)                      Updated as of 02/02/26</p> <p>Latest Comment: Preparing to submit for City approval of land use (Karin Freese, 02/02/26)</p>	<p><b>90%</b> of 90%</p> <p><b>Complete an Approved Master Plan (1.1.2)</b></p> <p>Owner: Karin Freese, (07/01/25 - 01/19/26)                      Updated as of 02/02/26</p> <p>Latest Comment: requires approval from landowners for master plan to be submitted (Karin Freese, 02/02/26)</p>
			<p><b>100%</b> of 100%</p> <p>Achieved</p> <p><b>Complete 50% Schematic Design (1.3.1) (EOY Target: 100%)</b></p> <p>Owner: Karin Freese, (10/01/25 - 01/31/26)                      Updated as of 02/02/26</p>
			<p><b>66%</b> of 50%</p> <p><b>Obtain Progressive Design Build Contractor Team (1.3.2) (EOY Target: 100%)</b></p> <p>Owner: Karin Freese, (12/01/25 - 04/30/26)                      Updated as of 02/04/26</p> <p>Latest Comment: First draft expected in early February. (Karin Freese, 02/04/26)</p>

# 2

## Improve Patient Healthcare Outcomes Ensuring that people on the west side of Stanislaus County do not just receive care - but receive the right care, at the right time, in the right setting, leading to better health, fewer complications, and a higher quality of life.

### Organization Goal

### Team Member Goal

On Target

**Improve Health Center Providers' accuracy and consistency in ICD-10 diagnostic coding for HEDIS measures from 50% to 75% by June 30, 2026. (2.1) (EOY Target: 75%)**

Owner: Suzie Benitez, (12/01/25 - 05/31/26)  
Updated as of 01/09/26

Latest Comment: Need to assign to Suzie with JG, MT and RT as contributors (Robert Trefault, 01/06/26)

25%

of 25%

**Identify inaccurate ICD-10 code usage (2.1.1) (EOY Target: 100%)**

Owner: Suzie Benitez, (12/01/25 - 01/31/26)  
Updated as of 01/10/26

Latest Comment: Desired Outcome Identify missing/incorrect Icd 10 codes related to HEDIS measures (Robert Trefault, 11/26/25)

60%

of 100%

**Meet with Providers to educate and gain buy-in to implement AI tools for comprehensive billing capture (2.1.2) (EOY Target: 100%)**

Owner: Suzie Benitez, (12/15/25 - 01/15/26)  
Updated as of 01/10/26

Latest Comment: Desired Outcome Providers educated and obtained provider buy-in to implement AI tools for comprehensive billing capture (Robert Trefault, 11/26/25)

Not Started

of 100%

**Obtain outsource trainer for providers (2.1.3) (EOY Target: 100%)**

Owner: Suzie Benitez, (01/15/26 - 01/31/26)  
Updated as of 11/26/25

Latest Comment: Desired Outcome To secure an external resource with expertise in coding to conduct individualized evaluations for each provider, outlining any missed coding opportunities, similar to what has been offered in the past (Robert Trefault, 11/26/25)

Not Started

of 63%

**Coordinate meetings for the Medical Assistants with the health plans (2.1.4) (EOY Target: 100%)**

Owner: Suzie Benitez, (01/15/26 - 02/28/26)  
Updated as of 11/26/25

Latest Comment: Desired Outcome To provide medical assistants with a clearer understanding of our HEDIS measures, our current performance as a team, and the significance of these metrics in supporting the overall health of our patients. Additionally, we will discuss potential incentives and the use of a whiteboard for ongoing tracking. (Robert Trefault, 11/26/25)

40%

of 88%

**Increase Health Center Staff to 100% (2.2) (EOY Target: 100%)**

Owner: Robert Trefault, (12/01/25 - 03/31/26)  
Updated as of 01/07/26

Latest Comment: Updated Bamboo options. Posted announcement, reviewed candidates (Karin Freese, 01/07/26)

80%

of 100%

**Maximize automation capabilities of BambooHR (2.2.1) (EOY Target: 100%)**

Owner: Robert Trefault, (12/01/25 - 01/31/26)  
Updated as of 01/07/26

Latest Comment: Utilized Pipeline and auto email options in Bamboo (Robert Trefault, 01/07/26)

50%

of 97%

**Conduct interviews (2.2.2) (EOY Target: 100%)**

Owner: Robert Trefault, (01/01/26 - 02/13/26)  
Updated as of 02/03/26

Latest Comment: 2 PSRs hired, start 2/2 and 2/9 (Robert Trefault, 02/03/26)

Not Started

**March 31, 2026 onboard four new HC employees (2.2.3) (EOY Target: 100%)**

Owner: Robert Trefault, (02/15/26 - 03/31/26)  
Updated as of 01/10/26

# 3

## Increase Patient Access to Essential Services on the West Side Ensuring that residents can receive the care they need closer to home, sooner, and more reliably, without unnecessary travel, delay, or fragmentation.

Organization Goal	Team Member Goal
<div data-bbox="118 264 277 304" style="background-color: #009682; color: white; padding: 2px 5px; border-radius: 4px;">17%</div> of 17% <b>Stabilize Current Services &amp; Prepare for Transition to New Facilities (3.1) (EOY Target: 100%)</b> Owner: Karin Freese, (01/01/26 - 06/30/26) Updated as of 02/02/26 Latest Comment: Identified HEDIS measures to improve, will add a pediatrician when they are fully credentialed with payers (Karin Freese, 02/02/26)	<div data-bbox="1144 264 1303 304" style="background-color: #009682; color: white; padding: 2px 5px; border-radius: 4px;">17%</div> of 17% <b>Maintain and Improve Near-Term Access (3.1.1) (EOY Target: 100%)</b> Owner: Karin Freese, (01/01/26 - 06/30/26) Updated as of 02/02/26 Latest Comment: aligning AMB scheduling with demand (Karin Freese, 02/02/26)
<div data-bbox="118 630 277 670" style="background-color: #666666; color: white; padding: 2px 5px; border-radius: 4px;">30%</div> of 50% <b>Bring Diagnostic Imaging to the West Side in a Financially Responsible and Phased Manner (3.2)</b> Owner: Karin Freese, (07/01/25 - 06/30/29) Updated as of 02/02/26 Latest Comment: Proposals declined from Sutter and Imagen (Karin Freese, 02/02/26)	<div data-bbox="1144 550 1303 590" style="background-color: #666666; color: white; padding: 2px 5px; border-radius: 4px;">Not Started</div> of 17% <b>Plan for Local Diagnostics (3.1.2) (EOY Target: 100%)</b> Owner: Karin Freese, (01/01/26 - 06/30/26) Updated as of 02/04/26 Latest Comment: Not finding a radiology partner (Karin Freese, 02/04/26)
	<div data-bbox="1144 630 1303 670" style="background-color: #e53935; color: white; padding: 2px 5px; border-radius: 4px;">35%</div> of 59% <b>Build Transitional Access (3.1.3) (EOY Target: 100%)</b> Owner: Suzie Benitez, (01/01/26 - 06/30/26)
	<div data-bbox="1144 630 1303 670" style="background-color: #e53935; color: white; padding: 2px 5px; border-radius: 4px;">35%</div> of 59% <b>Identify Interim Imaging Solution (3.2.1) (EOY Target: 100%)</b> Owner: Karin Freese, (07/01/25 - 06/30/26) Updated as of 02/04/26 Latest Comment: Proposals rejected by Sutter and Imagen (Karin Freese, 02/02/26)

# 4

## Establish an Annual District-wide Flagship Event

An annual event sponsored by DPHCD that showcases the district's current and future work, reaches new community members, and makes long-term community members more aware of the district

### Organization Goal

### Team Member Goal

29%

of 29%

#### NAMI Walks Stanislaus (4.1) (EOY Target: 100%)

Owner: Karin Freese, (12/01/25 - 06/30/26)  
Updated as of 02/04/26

Latest Comment: Awaiting final NAMI national approval; location, date, and core committee (Karin Freese, 02/04/26)

100%

Achieved

#### Establish the Core Planning Committee (4.1.1) (EOY Target: 100%)

Owner: Karin Freese, (11/01/25 - 01/14/26)  
Updated as of 01/09/26

Latest Comment: NAMI Stanislaus, PJUSD, City of Patterson Recreation Department, (Karin Freese, 01/09/26)

75%

#### Align with NAMI National & NAMI Stanislaus (4.1.2) (EOY Target: 100%)

Owner: Karin Freese, (10/27/25 - 01/31/26)  
Updated as of 02/04/26

Latest Comment: Awaiting green light from NAMI National (Karin Freese, 02/04/26)

100%

of 100%

Achieved

#### Identify Event Coordinator (Staff or Contracted) (4.1.3) (EOY Target: 100%)

Owner: Karin Freese, (12/15/25 - 01/14/26)  
Updated as of 01/09/26

Latest Comment: Recruited Monique Whitworth as contract event coordinator (Karin Freese, 01/09/26)

76%

of 76%

#### Meet National and State Compliance Requirements (4.1.4) (EOY Target: 100%)

Owner: Karin Freese, (01/15/26 - 04/15/26)  
Updated as of 02/04/26

Latest Comment: no corrections to application required (Karin Freese, 02/04/26)

Not Started

#### Accomplish Team Recruitment & Fundraising (4.1.5) (EOY Target: 10)

Owner: Karin Freese, (02/01/26 - 04/10/26)  
Updated as of 01/09/26

Not Started

of 55%

#### Event-Day Planning & Execution (4.1.6) (EOY Target: 100%)

Owner: Karin Freese, (03/01/26 - 04/25/26)

Not Started

of 5%

#### Post-Event Wrap-Up & Continuous Improvement (4.1.7) (EOY Target: 100%)

Owner: Karin Freese, (04/27/26 - 06/30/26)

# 5

## Exercise Responsible Financial Stewardship and Risk Management The District exercises responsible stewardship through sound fiscal management, long-term planning, and continuous improvement of financial and risk management practices.

### Organization Goal

### Team Member Goal

On Target

**Update the Illness and Injury Prevention Program, publish, adopt, and implement by June 30, 2026. (5.1) (EOY Target: 100%)**

Owner: Robert Trefault, (10/01/25 - 06/30/26)  
Updated as of 01/10/26

10%

**Ensure IIPP is state regulated & broken down by department. (5.1.1) (EOY Target: 100%)**

Owner: Robert Trefault, (07/01/25 - 02/28/26)  
Updated as of 02/03/26

Latest Comment: Met with BETA on discounts, developed strategy for IIPP and Workplace Violence Policy updates. (Robert Trefault, 02/03/26)

On Target

of 100%

**Review BETA requirements for the insurance discounts we would qualify for. (5.1.2) (EOY Target: 100%)**

Owner: Robert Trefault, (01/01/26 - 01/31/26)  
Updated as of 01/10/26

Latest Comment: Made contact with BETA POC (Robert Trefault, 01/09/26)

Not Started

**Work with each dep manager to review their procedures on their equipment and environment. (5.1.3) (EOY Target: 100%)**

Owner: Robert Trefault, (03/01/26 - 04/01/26)

Not Started

of 100%

**Update the Policy: ensure that only provisions applicable to the District are included and applied. Review with CEO. (5.1.4) (EOY Target: 100%)**

Owner: Robert Trefault, (04/01/26 - 04/30/26)

Not Started

of 86%

**Adopt the IIPP (5.1.5) (EOY Target: 100%)**

Owner: Robert Trefault, (05/25/26 - 06/01/26)

Not Started

of 100%

**Publish the IIPP (5.1.6) (EOY Target: 100%)**

Owner: Robert Trefault, (06/08/26 - 06/30/26)

Not Started

of 100%

**Implement the IIPP (5.1.7) (EOY Target: 100%)**

Owner: Robert Trefault, (06/15/26 - 06/30/26)

48%

of 40%

### Convert and maintain all Vendor contracts as electronic copies (5.2) (EOY Target: 100%)

Owner: Maria Reyes-Palad, (01/01/26 - 06/30/26)  
Updated as of 01/10/26

Latest Comment: Two elements are doing well and are on track. (Robert Trefault, 01/08/26)

45%

of 7%

### ID Vendors with and without contracts (5.2.1)

Owner: Maria Reyes-Palad, (01/01/26 - 02/15/27)  
Updated as of 01/08/26

Latest Comment: Started reviewing Vendor Contract folder (Robert Trefault, 01/08/26)

50%

of 6%

### Upload all contracts to AP Contract Files (5.2.2)

Owner: Maria Reyes-Palad, (01/01/26 - 04/30/27)  
Updated as of 01/08/26

Latest Comment: Many are loaded or in other places. Many we have are outdated so we contact the vendor to get the latest. As we receive them, we place them in the proper folder (Robert Trefault, 01/08/26)

Not Started

### Search for Missing Contracts Internal (email, Scanned to other locations, Hard Copies) (5.2.3)

Owner: Maria Reyes-Palad, (02/15/26 - 03/31/27)

Not Started

### Compile Contract List accessible in TEAMS (5.2.4)

Owner: Maria Reyes-Palad, (02/15/26 - 05/31/27)  
Updated as of 11/26/25

Latest Comment: Desired Outcome Completed List of Vendors with Contracts including Term (Robert Trefault, 11/26/25)

Not Started

of 10%

### Update QuickBooks with Contract Renewal Dates (5.2.5) (EOY Target: 100%)

Owner: Maria Reyes-Palad, (02/15/26 - 06/30/26)  
Updated as of 01/06/26

Latest Comment: Wasnt able to assign RT as a contributor (Robert Trefault, 01/06/26)

Not Started

of 0%

### Search for Missing Contracts External (Department Files, Vendors) (5.2.6)

Owner: Maria Reyes-Palad, (03/31/26 - 04/30/27)

25%

### By August 1, 2026, establish a self-sustaining internal Ambulance Billing Department (5.3)

Owner: Karin Freese, (01/01/26 - 08/01/26)  
Updated as of 02/04/26

25%

### By March 31, 2026, formally establish the Ambulance Billing Department within Finance, including reporting structure, authority, internal controls, and executive oversight. (5.3.1)

Owner: Karin Freese, (01/01/26 - 02/28/26)  
Updated as of 02/04/26

Latest Comment: Proposal given to Board (Karin Freese, 02/04/26)

Not Started

### By April 30, 2026, hire or retain two qualified billing staff and finalize a documented FTE billing capacity model that supports PDA + Escalon volumes with surge capacity. (5.3.2)

Owner: Robert Trefault, (03/01/26 - 06/30/26)  
Updated as of 01/10/26

Not Started

of 49%

### By May 31, 2026, adopt and implement a complete set of ambulance billing policies and procedures that meet Medicare, Medi-Cal, GEMT/IGT, HIPAA, and AB 716 requirements. (5.3.3)

Owner: Karin Freese, (04/01/26 - 05/31/26)

Not Started

### By June 15, 2026, complete full transition readiness from the outgoing billing vendor, including data migration, payer enrollments, clearinghouse access, and testing. (5.3.4)

Owner: Karin Freese, (05/01/26 - 06/15/26)  
Updated as of 01/09/26

Not Started

of 74%

### By June 30, 2026, achieve operational billing go-live with performance tracking against an approved three-year pro forma, demonstrating cost recovery equal to or better than the prior vendor model. (5.3.5)

Owner: Karin Freese, (06/16/26 - 06/30/26)

6

**Promote Forward Thinking Management and Governance**  
**Strengthen organizational leadership and governance by fostering a proactive, strategic, and forward-looking approach to decision-making.**

Organization Goal	Team Member Goal
<p><b>10%</b> of 10%</p> <p><b>Ensure leadership continuity and organizational stability by developing and implementing a structured six-year CEO succession plan. (6.1) (EOY Target: 100%)</b></p> <p>Owner: Karin Freese, (01/01/26 - 01/31/32)                      Updated as of 01/10/26                      Latest Comment: Goal Established (Karin Freese, 01/09/26)</p>	<p><b>35%</b> of 34%</p> <p><b>Establish a Formal CEO Succession Framework (6.1.1) (EOY Target: 100%)</b></p> <p>Owner: Karin Freese, (01/01/26 - 06/30/26)                      Updated as of 01/10/26</p>
<p><b>40%</b> of 50%</p> <p><b>Establish an Ambulance Field Training Officer (FTO) program to enhance EMS skills development. (6.2) (EOY Target: 100%)</b></p> <p>Owner: Paul Willette, (09/01/25 - 06/30/26)                      Updated as of 01/10/26</p>	<p><b>30%</b> of 30%</p> <p><b>Develop Framework/draft of daily evaluation forms (6.2.1) (EOY Target: 100%)</b></p> <p>Owner: Paul Willette, (01/01/26 - 04/01/26)                      Updated as of 01/09/26                      Latest Comment: Have process developed but working on evaluations (Robert Trefault, 01/09/26)</p> <p><b>50%</b> of 99%</p> <p><b>Designate EMT and Paramedic FTO's using a formal process (6.2.2) (EOY Target: 100%)</b></p> <p>Owner: Paul Willette, (09/01/25 - 06/30/26)                      Updated as of 01/09/26                      Latest Comment: Hire as they apply and are selected. Currently have 3 Medic FTO and 0 EMTs. Recruiting for EMT FTO. (Robert Trefault, 01/09/26)</p> <p><b>Not Started</b> of 25%</p> <p><b>Develop Pre and Post testing to evaluate areas for improvement during the onboarding process (6.2.3) (EOY Target: 100%)</b></p> <p>Owner: Paul Willette, (03/01/26 - 06/30/26)</p>
<p><b>45%</b> of 45%</p> <p><b>Deliver In-house Governance and Management Training (6.3) (EOY Target: 100%)</b></p> <p>Owner: Robert Trefault, (11/01/25 - 06/30/26)                      Updated as of 01/12/26</p>	<p><b>On Target</b></p> <p><b>Frontline Staff Leadership Training (6.3.1) (EOY Target: 100%)</b></p> <p>Owner: Robert Trefault, (11/01/25 - 06/30/26)                      Updated as of 01/10/26                      Latest Comment: Curriculum complete (Karin Freese, 01/08/26)</p> <p><b>83</b> of 83</p> <p><b>Quarterly Board Training (6.3.2) (EOY Target: 100)</b></p> <p>Owner: Karin Freese, (10/01/25 - 06/30/26)                      Updated as of 02/04/26</p> <p><b>75%</b> of 75%</p> <p><b>Quarterly Management Retreat (6.3.3) (EOY Target: 100%)</b></p> <p>Owner: Karin Freese, (10/01/25 - 06/30/26)                      Updated as of 02/04/26                      Latest Comment: Scheduled for and Conducted on Jan 20 (Robert Trefault, 01/08/26)</p>

# 7

## Increase District Transparency

Increase District transparency by routinely sharing understandable information about services, performance, and finances so the community can see how the District operates and holds itself accountable.

### Organization Goal

### Team Member Goal

On Target

**Increase public trust, accountability, and understanding of EMS services by publishing a transparent, easy-to-understand quarterly EMS performance dashboard. (7.1) (EOY Target: 100%)**

Owner: Paul Willette, (01/01/26 - 06/30/26)  
Updated as of 01/09/26

Not Started

**By Feb 15, 2026, identify and approve a standardized set of EMS performance metrics suitable for public reporting. (7.1.1) (EOY Target: 100)**

Owner: Paul Willette, (01/01/26 - 02/13/26)  
Updated as of 01/09/26

Not Started

**By March 16, 2026, publish the first quarterly EMS dashboard on the District website and include it in Board materials for the March 23 meeting. (7.1.2) (EOY Target: 100%)**

Owner: Paul Willette, (02/16/26 - 03/16/26)  
Updated as of 01/09/26

Not Started

**By June 30, 2026, formalize weekly EMS dashboard reporting as a standing newspaper column. (7.1.3) (EOY Target: 100%)**

Owner: Paul Willette, (05/01/26 - 06/30/26)  
Updated as of 01/09/26

# Key Performance Indicators \*Incremental Target

# 1

## Develop a Healthcare and Mixed-Use Campus

Create a thoughtfully planned, phased, and financially responsible community asset that brings healthcare, supportive services, housing, and complementary uses together in one integrated setting - designed to meet the needs of Patterson and the west side of Stanislaus County for generations.

Measure	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	EOY Target	YTD Target	YTD Status
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# 2

## Improve Patient Healthcare Outcomes

Ensuring that people on the west side of Stanislaus County do not just receive care - but receive the right care, at the right time, in the right setting, leading to better health, fewer complications, and a higher quality of life.

Measure	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	EOY Target	YTD Target	YTD Status
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# 3

## Increase Patient Access to Essential Services on the West Side

Ensuring that residents can receive the care they need closer to home, sooner, and more reliably, without unnecessary travel, delay, or fragmentation.

Measure	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	EOY Target	YTD Target	YTD Status
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**4** **Establish an Annual District-wide Flagship Event**  
**An annual event sponsored by DPHCD that showcases the district's current and future work, reaches new community members, and makes long-term community members more aware of the district**

Measure	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	EOY Target	YTD Target	YTD Status
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**5** **Exercise Responsible Financial Stewardship and Risk Management**  
**The District exercises responsible stewardship through sound fiscal management, long-term planning, and continuous improvement of financial and risk management practices.**

Measure	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	EOY Target	YTD Target	YTD Status
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**6** **Promote Forward Thinking Management and Governance**  
**Strengthen organizational leadership and governance by fostering a proactive, strategic, and forward-looking approach to decision-making.**

Measure	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	EOY Target	YTD Target	YTD Status
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**7** **Increase District Transparency**  
**Increase District transparency by routinely sharing understandable information about services, performance, and finances so the community can see how the District operates and holds itself accountable.**

Measure	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	EOY Target	YTD Target	YTD Status
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**BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**

**Board Meeting – February 9, 2026**

**9D. ACH/EFT and Payroll Direct Deposit Policy**

**Page 1 of 2**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: Yes

4/5 Vote Required: No

**SUBJECT:** **Adoption of Policy #2001 Electronic Funds Transfer (ACH/EFT) and Payroll Direct Deposit Policy**

**STAFF REPORT:** Del Puerto Health Care District currently utilizes electronic payment methods for vendor disbursements and employee payroll; however, while best practices have been adopted, a formal board-adopted policy governing ACH/EFT transactions and payroll direct deposit has not previously been established. The State Controller's Office accounting guidance emphasizes strong internal controls, segregation of duties, and documented authorization for financial transactions, while leaving operational procedures to local agencies.

This policy:

- Confirms the use of ACH, EFT, and payroll direct deposit as approved payment methods;
- Updates segregation of duties and verification requirements for vendor and employee banking information;
- Assigns payee and employee banking maintenance responsibility to the Finance Accounting Manager;
- Requires independent vendor and employee verification for all banking changes;
- Implements email communication controls for ACH-related activities; and
- Enhances audit readiness and fraud risk mitigation.

**STRATEGIC ALIGNMENT:** This item supports the District's commitment to sound governance, fiscal accountability, and operational efficiency.

**FISCAL IMPACT:** There is no direct fiscal impact associated with adoption of this policy. Implementation supports efficient payment processing and reduces financial risk exposure.

**STAFFING IMPACT:** The policy aligns with State Controller's Office guidance for internal controls, documentation, and audit trails and supports compliance with generally accepted accounting principles (GAAP).

**CONTACT PERSON:** Maria Reyes, Financial and Accounting Manager

**ATTACHMENT(S):** Electronic Funds Transfer (ACH/EFT) and Payroll Direct Deposit Policy #2001

**BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**

**Board Meeting – February 9, 2026**

**9D. ACH/EFT and Payroll Direct Deposit Policy**

**Page 2 of 2**

**RECOMMENDED ACTION:** Adoption of Electronic Funds Transfer (ACH/EFT) and Payroll Direct Deposit Policy

**ROLL CALL REQUIRED:** NO

**RECOMMENDED MOTION:** *I move that the Board of Directors adopt Policy # 2001 regarding Electronic Funds Transfer (ACH/EFT) and Payroll Direct Deposit .*

<b>Motion Made By</b>	<b>Motion</b>	<b>Second</b>	<b>Aye</b>	<b>No</b>	<b>Abstain</b>	<b>Absent</b>
<i>Director Avila</i>						
<i>Director Campo</i>						
<i>Director Gomez</i>						
<i>Director Ramirez</i>						
<i>Director Traore</i>						

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*I, the undersigned Secretary of the Board of Directors of the Del Puerto Healthcare District, hereby certify that the foregoing is a full, true and correct copy of an action duly adopted by the Board at a meeting thereof on the 9th day of February, 2026, by the above vote of the members:*

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*Ma Traore, Board Secretary*

DEL PUERTO HEALTH CARE DISTRICT  
POLICY AND PROCEDURE

SECTION: FINANCE  
POLICY NUMBER: 2001  
PAGE: 1/3

<b>ELECTRONIC FUNDS TRANSFER (ACH/EFT) AND PAYROLL DIRECT DEPOSIT POLICY</b>	<b>EFFECTIVE DATE</b>
	1/1/2026

REVIEW DATE:	REVISION DATE:
POLICY SOURCE: State Controller Office 2026	

**Purpose:** The purpose of this policy is to establish clear authorization, internal controls, and security requirements governing the use of Automated Clearing House (ACH), Electronic Funds Transfer (EFT), and employee payroll direct deposit by Del Puerto Health Care District ("District"). This policy is intended to promote efficiency while ensuring accountability, transparency, fraud prevention, and compliance with generally accepted accounting principles (GAAP) and State Controller's Office (SCO) expectations.

**Policy:** The District may utilize ACH, EFT, and payroll direct deposit as approved methods for the disbursement of funds when such methods are determined to be secure, efficient, and in the best interest of the District. All electronic disbursements shall be subject to appropriate internal controls, segregation of duties, verification requirements, and documentation standards

**Procedure:** This policy applies to all electronic disbursements initiated by the District, including but not limited to:

- Vendor and contractor payments
- Employee payroll direct deposit
- Reimbursements and other authorized payments

This policy does **not** supersede existing procurement, payroll, budgetary, or authorization policies.

**Responsibilities:**

1. **Authorization and Approval**
  - A. All ACH/EFT and payroll direct deposit transactions must:
    - 1) Be properly authorized in accordance with District purchasing and payroll policies;
    - 2) Be supported by valid contracts, payroll records, invoices, or other appropriate documentation; and
    - 3) Be within an approved budget.
  - B. ACH/EFT disbursements and payroll activity shall be reflected in regular financial reporting to the Board of Directors.
2. **Payee and Employee Banking Information Maintenance** - To add an additional layer of security to all ACH/EFT transactions:
  - A. Responsibility - The Finance Accounting Manager shall be solely responsible for all Payee and Employee Banking Information Maintenance, including:
    - 1) Setup of new ACH/EFT vendors;



<b>ELECTRONIC FUNDS TRANSFER (ACH/EFT) AND PAYROLL DIRECT DEPOSIT POLICY</b>	<b>EFFECTIVE DATE</b>
	1/1/2026

- 2) Changes to vendor banking information;
  - 3) Maintenance of employee payroll direct deposit information.
  - B. **Prohibited Activities** - No other staff member may independently establish or modify banking information used for ACH/EFT or payroll direct deposit.
3. **Vendor and Employee Verification Requirements**
- A. **Vendor Verification**
    - 1) All new ACH/EFT vendor setups and all changes to vendor banking information must be independently verified through direct communication with the vendor.
    - 2) Verification shall not rely solely on email requests or submitted forms.
    - 3) Acceptable verification methods include:
      - 1. Documented phone confirmation using known contact information; or
      - 2. Other non-email verification methods deemed appropriate by Finance.
  - B. **Employee Verification**
    - 1) All employee payroll direct deposit authorizations and changes must be verified directly with the employee.
    - 2) Verification may include:
      - a. In-person confirmation;
      - b. Direct phone confirmation using known contact information; or
      - c. Other secure verification methods approved by Finance.
  - C. **Timing Controls** - Requests for banking changes received close to a processing date may be deferred to a subsequent payment or payroll cycle to allow for proper verification.
  - D. **Documentation** - All verification activities must be documented and retained in accordance with District record retention requirements.
4. **Email and Communication Controls**
- A. **Mandatory Email Distribution** - All emails related to ACH/EFT payments, including vendor setup, banking changes, and payment processing, must include the following individuals as copied recipients:
    - 1) Chief Executive Officer (CEO)
    - 2) Finance Accounting Manager
    - 3) Staff Accountant
  - B. **Security Awareness** - ACH/EFT requests received via email shall be treated as high-risk communications and shall not be processed without independent verification.
5. **Segregation of Duties** To maintain adequate internal controls:
- A. The individual responsible for payee and employee banking information maintenance shall not:
    - 1) Independently initiate ACH/EFT payments;
    - 2) Perform final payroll approval; or
    - 3) Perform bank reconciliations.

<b>ELECTRONIC FUNDS TRANSFER (ACH/EFT) AND PAYROLL DIRECT DEPOSIT POLICY</b>	<b>EFFECTIVE DATE</b>
	1/1/2026

- B. Bank and payroll reconciliations shall be performed timely and reviewed by a supervisor independent of transaction initiation and data entry.

**6. Payroll Direct Deposit Controls**

- A. Employee participation in payroll direct deposit requires written authorization using District-approved forms.
- B. Where feasible, pre-notification or test deposits may be used to confirm account accuracy.
- C. Payroll processing shall be reviewed and approved in accordance with District payroll authorization procedures.
- D. Any payroll direct deposit errors shall be reported immediately and corrected promptly, with documentation retained.

**7. Confidentiality and Data Protection**

- A. Vendor and employee banking information shall be treated as confidential.
- B. Access to ACH/EFT and payroll banking data shall be limited to authorized personnel only.
- C. Electronic records shall be protected in accordance with District information security practices.

**8. Recordkeeping and Audit Trail - All ACH/EFT and payroll direct deposit transactions shall be:**

- A. Properly recorded in the District's accounting system;
- B. Supported by sufficient documentation to provide a complete audit trail; and
- C. Retained in compliance with applicable record retention laws and audit standards.

**Compliance and Oversight**

- 1. This policy is intended to align with:
  - A. State Controller's Office guidance on internal controls;
  - B. GAAP requirements; and
  - C. Applicable State and local laws.
- 2. The Board of Directors retains oversight authority and may review ACH/EFT and payroll activity as part of regular financial reporting or audit processes.
- 3. This policy shall be reviewed periodically and updated as necessary to reflect changes in technology, banking practices, audit recommendations, or regulatory requirements.

**DEL PUERTO HEALTH CARE DISTRICT****Board Meeting – February 9, 2026****9B. Adjustment to Ambulance Rate Schedule****Page 1 of 2**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

**SUBJECT:** Adjustment to Ambulance Rate Schedule

**STAFF REPORT:** Staff recommends approval of an increase to the District's ambulance rate schedule to offset rising operating costs associated with providing emergency medical services. Since the last rate adjustment in May of 2017, the District has experienced significant increases in labor, fuel, medical supplies, vehicle maintenance, and insurance costs.

A review of current operating cost data demonstrates that existing rates no longer reflect the true cost of service delivery and place continued strain on the District's ambulance program. The proposed rate increase is intended to improve cost recovery while remaining consistent with regional benchmarks and industry standards. Since June 2017 to June 2025 the consumer price index for the San Francisco Bay Area has risen 29.5%

Approval of the updated rate schedule will support the financial sustainability of the District's ambulance services and help ensure continued, reliable emergency response for the west side of Stanislaus County.

**STRATEGIC ALIGNMENT:** Emergency Medical Services sustainability and fiscal stewardship.

**FISCAL IMPACT:** Approval of the proposed rate increase is expected to improve cost recovery for ambulance operations. The adjustment is not anticipated to fully offset all operating costs but will reduce the structural deficit associated with ambulance service delivery.

**STAFFING IMPACT:** None. No changes to staffing levels are associated with this action.**CONTACT PERSON:** Karin Freese, PhD, CEO

**ATTACHMENT(S):**

1. Proposed Ambulance Rate Schedule
2. Ambulance Operating Cost Data

**RECOMMENDED ACTION:** Approve the proposed ambulance rate increase as presented.**ROLL CALL REQUIRED:** YES

**RECOMMENDED MOTION:** *I move that the Board of Directors of the Del Puerto Health Care District approve the proposed ambulance rate increases and authorize staff to implement the updated rate schedule.*

## DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – February 9, 2026

**9B. Adjustment to Ambulance Rate Schedule**

Page 2 of 2

<b>Motion Made By</b>	<b>Motion</b>	<b>Second</b>	<b>Aye</b>	<b>No</b>	<b>Abstain</b>	<b>Absent</b>
<i>Director Avila</i>						
<i>Director Campo</i>						
<i>Director Gomez</i>						
<i>Director Ramirez</i>						
<i>Director Traore</i>						

*I, the undersigned Secretary of the Board of Directors of the Del Puerto Healthcare District, hereby certify that the foregoing is a full, true and correct copy of an action duly adopted by the Board at a meeting thereof on the 9<sup>th</sup> day of February, 2026, by the above vote of the members:*

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*Ma Traore, Board Secretary*



October 28, 2025

Mr. Chad Braner  
 Executive Director  
 Stanislaus County EMSA  
 3725 Oakdale Road  
 Modesto, CA 95357

Dear Mr. Braner,

The Del Puerto Health Care District (DPHCD), doing business as Patterson District Ambulance (PDA), respectfully requests approval from the Stanislaus County Emergency Medical Services Agency (EMSA) for a rate increase for cause. The rates below have been approved by the DPHCD Board of Directors on October 27, 2025.

**Causes**

Rising Costs and Unfunded Readiness: Patterson District Ambulance last adjusted its rates in 2017. Since then, our call volume has grown 27%, requiring the addition of a third staffed unit to ensure timely emergency response. However, current transport volume does not fully cover the cost of maintaining this critical readiness. At the same time, state-mandated healthcare minimum wage increases, and rising employee healthcare benefit premiums have more than doubled our operating expenses since 2017, while average reimbursement per transport has increased only 54% over that same period.

Shifting Payer Mix and Declining Reimbursements: Legislative and payer changes have further eroded ambulance revenue. The Medicare portion of transports increased from 31% to 40%, but Medicare reimburses only 67% of the cost. Medi-Cal remains high at 35%, reimbursing roughly 50% of the cost per transport. This shift toward lower-paying payers has caused our average income per transport to fall behind actual costs, resulting in a \$255,000 deficit last year and a projected \$418,000 deficit in FY 2025-26.

Without an approved rate increase, this growing gap between cost and reimbursement will threaten the sustainability of our community-based emergency medical service.

**Request for Increased Fees**

In recognition of the demonstrated increases in cost and the U.S. Bureau of Labor Statistics' Consumer Price Index, which rose 30% from July 2017 (263.971) to July 2025 (343.234), the Del Puerto Health Care District Board of Directors formally requests a 30% increase in ambulance rates, restoring parity with inflation and cost escalation.

DESCRIPTION	CURRENT	PROPOSED
ALS 1 Emergency Base Rate	\$2,865	\$3,725
ALS 1 Non-Emergency Base Rate	\$2,490	\$3,237
ALS 2 Emergency Base Rate	\$3,000	\$3,900
ALS 2 Non-Emergency Base Rate	\$2,660	\$3,458
BLS Emergency Base Rate	\$1,870	\$2,431
BLS Non-Emergency Base Rate	\$1,700	\$2,210
Dry Run	\$300	\$390
Mileage (per transport mile)	\$80	\$104
Oxygen	\$85	\$111
EKG (Standard & 12-Lead)	\$100	\$130
Night Fee (7 PM – 7 AM)	\$100	\$154

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).

**Annual Adjustment Request**

To prevent recurring shortfalls and maintain financial stability, PDA also requests that SCEMSA authorize an annual rate adjustment each July, tied to the California Consumer Price Index for the Riverside-San Bernardino-Ontario region, with a minimum of 3% per year. This mechanism would ensure operational sustainability and responsiveness to future economic conditions.

**Conclusion**

The rates and annual increase we request today simply bring us into alignment with current Stanislaus County standards, with only a modest variation to reflect our lower rural call volume. This adjustment is both reasonable and necessary to sustain the local readiness, reliability, and high-quality emergency medical service the residents of the west side of Stanislaus County depend on.

This adjustment will not generate excess profit—it will sustain a vital public safety lifeline operated by a local, community-governed health care district.

Thank you for your consideration. We are available at your convenience to provide supporting data or answer any questions.

Respectfully submitted,

**DEL PUERTO HEALTH CARE DISTRICT**



Karin Freese, PhD, Chief Executive Officer



Paul Willette, Director of Ambulance Operations

**Del Puerto Health Care District  
Patterson District Ambulance  
July 1, 2016 to June 30, 2025 Data**

Fiscal Year Totals	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	Increase between 2016 & 2025
Dispatch Volume	2406	2455	2338	2578	2894	3422	3351	3227	3051	26.8% Note 1 Increase in dispatch volume
Transports Volume	1601	1695	1722	1827	2091	2158	2146	2267	2182	36.3%
<b>Payer mix</b>										
Medicare	25%	31%	39%	22%	33%	41%	31%	37%	40%	62.0% Note 2 Increase in Medicare transports
Medi-Cal	35%	37%	33%	37%	37%	35%	41%	26%	35%	0.0% Medi-Cal volume has no change
Commercial Insurance	33%	25%	23%	34%	23%	20%	22%	31%	20%	-40.1% Volume of commercial payers has declined
Self-Pay	7%	7%	5%	7%	7%	5%	5%	6%	6%	minimal Self-pay remains steady due to good 3rd party-payer verification
<b>Average Revenue Per Transport</b>	\$ 976.49	\$ 1,085.00	\$ 1,105.06	\$ 1,095.09	\$ 1,029.12	\$ 1,114.24	\$ 1,377.71	\$ 1,625.00	\$ 1,839.09	88.3% Note 3a Revenue per transport has increased, but not matching increases in expenses.
Medicare	\$ 577.95	\$ 612.50	\$ 625.73	\$ 612.16	\$ 656.35	\$ 706.44	\$ 686.86	\$ 957.33	\$ 1,022.38	76.9%
Medi-Cal	\$ 181.31	\$ 187.55	\$ 260.68	\$ 420.36	\$ 443.16	\$ 414.75	\$ 764.68	\$ 1,135.05	\$ 1,133.78	NOTE: 2019-2022 GEMT-QAF add-on of \$230. 2023-2025 PP-GEMT-IGT add-on of \$946. IGT paid reduces net revenue to avg of \$542.71 per transport. No guarantee IGT program will be funded in FY 2025 or 2026
Commercial Insurance	\$ 1,608.52	\$ 2,711.01	\$ 2,916.29	\$ 1,951.02	\$ 2,827.04	\$ 3,598.89	\$ 3,213.34	\$ 2,612.21	\$ 3,310.92	105.8%
Self-Pay	\$ 654.42	\$ 31.72	\$ 41.59	\$ 101.98	\$ 42.33	\$ 99.48	\$ 36.26	\$ 14.09	\$ 127.59	-80.5% Minimal revenue from Self-Pay transports
<b>Total Hours</b>	42,799	44,589	44,875	45,238	49,997	51,092	54,942	56,598	60,851	36.5% Matches transport volume increase
Ambulance Staffing	35,636	36,030	36,854	37,492	38,949	40,437	44,105	45,006	48,756	36.8% Unit Hours
Paid Time Off	3,550	4,427	3,633	3,941	5,228	4,727	5,088	4,745	5,914	66.6% More full-time employees
Other	3,613	4,132	1,044	1,116	2,403	2,039	1,802	2,720	2,578	-28.6% Training, education, community events
<b>Total Direct Cost of Services</b>	\$ 2,119,507	\$ 2,230,716	\$ 2,339,713	\$ 2,513,104	\$ 2,786,728	\$ 3,026,451	\$ 3,549,311	\$ 4,049,349	\$ 4,507,499	102.1% Note 3b Expenses have increase faster than revenue
Wage & Benefits	880,997	1,095,180	1,156,045	1,288,617	1,475,114	1,664,821	1,959,628	2,141,194	2,567,243	191.4%
Other Operating Expenses	1,238,510	1,135,536	1,183,668	1,224,487	1,311,614	1,361,630	1,589,683	1,908,155	1,940,256	56.7%
<b>Cost per Transport</b>	\$ 1,323.86	\$ 1,316.06	\$ 1,358.72	\$ 1,375.54	\$ 1,332.73	\$ 1,402.43	\$ 1,653.92	\$ 1,786.21	\$ 2,065.76	56.0% Increase in cost per Transport
<b>Readiness Cost per Unit Hour</b>	\$ 118.95	\$ 123.83	\$ 126.97	\$ 134.06	\$ 143.10	\$ 149.69	\$ 160.95	\$ 179.95	\$ 184.90	55.4% Increase in cost per Unit Hour
<b>SF-Oakland-Hayward CPI (Jun 2017-2025)</b>	275.304	286.062	295.259	300.032	309.497	330.539	340.056	351.064	356.46	29.5% Note 4 June 2017 to June 2025 change in CPI

(source: [https://data.bls.gov/timeseries/CUURS49BSA0?amp%253bdata\\_tool=XGtable&output\\_view=data&include\\_graphs=true](https://data.bls.gov/timeseries/CUURS49BSA0?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true))

**Del Puerto Health Care District**  
**Profit & Loss**  
Actuals July 2016 through June 2025 / Budget FY 2025-26

	Actual									Budget
	Jul '16 - Jun 17	Jul '17 - Jun 18	Jul '18 - Jun 19	Jul '19 - Jun 20	Jul '20 - Jun 21	Jul '21 - Jun 22	Jul '22 - Jun 23	Jul '23 - Jun 24	Jul '24 - Jun 25	Jul '25 - Jun 26
Ordinary Income/Expense										
Income										
401.000 · Gross Patient Service Revenue	5,344,484	8,114,969	7,647,116	8,578,712	8,994,238	9,892,615	9,932,939	10,724,343	10,279,058	12,059,066
403.000 · Adjustments	(3,458,496)	(5,565,987)	(5,330,372)	(5,876,292)	(6,098,524)	(6,719,988)	(6,225,137)	(6,307,491)	(5,276,526)	(8,061,486)
405.000 · Bad Debt	(491,013)	(722,801)	(439,248)	(815,452)	(828,300)	(817,629)	(776,790)	(743,223)	(1,002,592)	(518,540)
407.000 · Other Income	168,386	12,888	25,421	113,753	84,469	49,540	25,546	10,243	12,955	645,744
<b>Total Income</b>	<b>1,563,361</b>	<b>1,839,069</b>	<b>1,902,917</b>	<b>2,000,721</b>	<b>2,151,883</b>	<b>2,404,538</b>	<b>2,956,558</b>	<b>3,683,872</b>	<b>4,012,895</b>	<b>4,124,784</b>
Gross Profit	1,563,361	1,839,069	1,902,917	2,000,721	2,151,883	2,404,538	2,956,558	3,683,872	4,012,895	4,124,784
Expense										
601.000 · Salaries & Wages	870,893	899,474	943,272	1,030,719	1,193,319	1,350,250	1,596,098	1,745,313	2,077,742	2,064,026
602.000 · Employee Benefits	170,104	195,706	212,773	257,898	281,795	314,571	363,530	395,881	489,501	486,269
603.000 · Professional Fees	72,998	45,954	87,998	41,784	19,962	19,752	56,218	59,700	29,601	38,374
604.000 · Purchased Services	157,164	167,141	153,004	186,355	215,016	238,842	239,193	248,961	240,648	247,808
605.000 · Supplies	60,943	66,312	68,945	90,340	92,341	90,030	87,917	100,700	79,506	98,883
606.000 · Utilities	16,450	16,742	15,164	16,824	17,675	20,007	21,851	25,482	26,741	42,284
607.000 · Rental and Lease			347	379	360	379	379			
608.000 · Insurance Coverages	267,916	267,182	196,702	150,717	178,454	180,746	206,890	229,265	240,984	290,901
609.000 · Maintenance & Repairs	62,695	94,179	102,771	71,719	62,192	72,552	84,776	91,608	117,844	183,928
610.000 · Depreciation and Amortization	87,494	96,248	116,834	153,052	156,742	165,894	190,129	182,400	212,972	317,775
611.000 · Other operating expenses	92,385	101,708	139,581	171,607	193,036	200,707	320,022	536,357	458,755	473,225
699.999 · Admin Cost Share Allocation		280,070	302,322	341,710	375,836	372,721	382,308	433,682	533,205	553,260
<b>Total Expense</b>	<b>1,859,042</b>	<b>2,230,716</b>	<b>2,339,713</b>	<b>2,513,104</b>	<b>2,786,728</b>	<b>3,026,451</b>	<b>3,549,311</b>	<b>4,049,349</b>	<b>4,507,499</b>	<b>4,796,733</b>
Net Ordinary Income	(295,681)	(391,647)	(436,796)	(512,383)	(634,845)	(621,913)	(592,753)	(365,477)	(494,604)	(671,949)
Other Income/Expense										
Other Income										
701.000 · District Tax Revenues	233,345	240,751	241,158	242,874	244,032	247,855	249,782	254,332	255,462	253,975
703.000 · Investment Income	1			1	0	0	0	0		
710.000 · Misc Other Income			(441)		6,800	5,051	1	300		
<b>Total Other Income</b>	<b>233,346</b>	<b>240,751</b>	<b>240,717</b>	<b>242,875</b>	<b>250,832</b>	<b>252,906</b>	<b>249,783</b>	<b>254,632</b>	<b>255,462</b>	<b>253,975</b>
Net Other Income	233,346	240,751	240,717	242,875	250,832	252,906	249,783	254,632	255,462	253,975
<b>Net Income</b>	<b>(62,335)</b>	<b>(150,896)</b>	<b>(196,079)</b>	<b>(269,508)</b>	<b>(384,013)</b>	<b>(369,007)</b>	<b>(342,970)</b>	<b>(110,845)</b>	<b>(239,142)</b>	<b>(417,974)</b>

Del Puerto Health Care District  
EMS 2025 Rate Increase Details

HCPCS	Rates Fee Description	CMS Detailed Definition	EOA	Zone 5		Zone 4 & D	Zone A
			American Medical Response	Current Del Puerto Health Care District	Proposed DPHCD Rates	Current Oak Valley Hospital District	Current Westside Healthcare District
A0427	ALS Emergency Transport	<b>Ambulance service, Advanced Life Support (ALS), emergency transport, Level 1.</b> This service is provided when medically necessary and the patient requires the administration of medications or provision of an ALS assessment by ALS personnel during transport.	\$3,680	\$2,865	\$ 3,725	\$3,624	\$3,000
A0426	ALS Non-Emergency Transport	<b>Ambulance service, Advanced Life Support (ALS), non-emergency transport, Level 1.</b> Used when the patient requires an ALS assessment or at least one ALS intervention, but the situation is not classified as an emergency.	n/a	\$2,490	\$ 3,237	n/a	n/a
A0433	ALS 2 Emergency Transport	<b>Ambulance service, Advanced Life Support (ALS), Level 2 (ALS2).</b> Used when the patient requires at least three medications administered by IV push/bolus or continuous infusion, or requires one or more of the following procedures: manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, or intraosseous line.	n/a	\$3,000	\$ 3,900	\$4,434	n/a
A0434	ALS2 Non-Emergency Transport	<b>Ambulance service, Advanced Life Support, Level 2 (ALS2), non-emergency transport.</b> Similar to A0433 but used when the transport is scheduled or medically necessary without being an emergency. Requires the same high-level interventions or multiple medications as ALS2.	\$2,623	\$2,660	\$ 3,458	\$2,334	\$2,000
A0429	BLS Emergency Transport	<b>Ambulance service, Basic Life Support (BLS), emergency transport.</b> Transport of a patient requiring BLS-level care in an emergency situation, typically involving the provision of oxygen, suctioning, splinting, bandaging, CPR, or other basic interventions.	n/a	\$1,870	\$ 2,431	n/a	n/a
A0430	BLS Non-Emergency Transport	<b>Ambulance service, Basic Life Support (BLS), non-emergency transport.</b> Used when medically necessary but not urgent, involving patients who require continuous medical supervision or positioning that cannot be provided by non-ambulance transport.	\$347	\$1,700	\$ 2,210	n/a	\$300
93005	EKG (12-lead tracing only)	<b>Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report.</b> This CPT code applies when EMS or healthcare staff perform the 12-lead EKG recording but another clinician (e.g., a physician) interprets and reports the results.	\$220	\$100	\$ 130	n/a	\$65
A0425	Mileage	<b>Ambulance service, mileage, per statute mile.</b> This code represents the per-mile charge for the distance traveled during medically necessary ambulance transport, billed in addition to the base rate (e.g., A0426–A0434, A0428, or A0429). Mileage is measured from the point of patient pickup to the destination.	\$81	\$80	\$ 104	\$12	\$80
(Modifier UJ)	Night Charge	<b>Modifier UJ — Round-the-clock service.</b> Used to indicate ambulance services provided during nighttime hours (typically 7 p.m. to 7 a.m.) to recognize increased costs or staffing associated with after-hours response. It is appended to base transport HCPCS codes when applicable.	\$127	\$100	\$ 130	n/a	\$100
A0998	Oxygen	<b>Ambulance service, oxygen, and oxygen supplies, per trip.</b> Used when oxygen is administered during transport, regardless of the amount used. This covers the provision of oxygen and related equipment necessary for patient care.	\$63	\$85	\$ 111	n/a	\$100
A0998	Treat, No Transport (Dry Run)	<b>Ambulance service, Basic Life Support (BLS), treatment without transport.</b> Used when EMS provides medically necessary care at the scene (such as glucose administration, CPR, oxygen, wound care, etc.) but the patient is not transported. Medicare may reimburse under specific "Treat, No Transport" programs or local protocols.	\$347	\$300	\$ 390	n/a	\$300
<b>Total Rate Increase based on Consumer Price Index Average Increase Per Year (2018-2025)</b>					<b>30% 3.80%</b>		



**DEL PUERTO HEALTH CARE DISTRICT**

**Board of Directors Meeting – February 9, 2026**

**9D. Replacement of DPHC Copy Machine**

**Page 1 of 2**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

**SUBJECT:** Replacement of Health Center End-of-Life Copy Machine

**STAFF REPORT:** The printer/scanner/copier originally leased in April 2016 has experienced a mechanical failure and cannot be repaired because replacement parts are no longer available. A temporary loaner unit is currently in place. As the existing copier/printer/scanner is fully depreciated and at the end of its useful life, staff recommend replacing the unit using the Asset Replacement Fund.

**STRATEGIC ALIGNMENT:** Transparent fiscal operations

**FISCAL IMPACT:** \$8,057 approximately including tax

**STAFFING IMPACT:** None

**CONTACT PERSON:** Danae Skinner, Staff Accountant, Facilities Manager

**ATTACHMENT(S):** Mo-Cal Summary Sheet, Mo-Cal Ricoh IM C4510

**RECOMMENDED ACTION:** Board approval of a capital purchase greater than \$2,500 from the Asset Replacement fund.

**ROLL CALL REQUIRED:** YES

**RECOMMENDED MOTION:** *I move that the Board of Directors approve as presented the purchase of a Ricoh IM C4510 from the Asset Replacement Fund.*

<b>Motion Made By</b>	<b>Motion</b>	<b>Second</b>	<b>Aye</b>	<b>No</b>	<b>Abstain</b>	<b>Absent</b>
<i>Director Avila</i>						
<i>Director Campo</i>						
<i>Director Gomez</i>						
<i>Director Ramirez</i>						
<i>Director Traore</i>						

*I, the undersigned Secretary of the Board of Directors of the Del Puerto Healthcare District, hereby certify that the foregoing is a full, true and correct copy of an action duly adopted by the Board at a meeting thereof on the 9<sup>th</sup> day of February, 2026, by the above vote of the members:*

**DEL PUERTO HEALTH CARE DISTRICT**  
**Board of Directors Meeting – February 9, 2026**

**9D. Replacement of DPHC Copy Machine**

**Page 2 of 2**

*Ma Traore, Board Secretary*

## Health Center

### Copier Replacement

Current copier broke down and we currently have a loaner. Unable to repair old copier machine. Parts are no longer available.

Model	Broken Copier	Ricoh IM C6010	Ricoh IM C4510
Page-per-Minute	60	60	45
# Paper Trays	3	3	3
Fax	Yes	Yes	Yes
Print	B&W	B&W / Color	B&W / Color
Scan	B&W	B&W / Color	B&W / Color
PPM Color	NA	60	45
PPM Black & White	60	60	45
<b>Cost</b>			
Tax is NOT included			
Purchase		\$ 8,850.00	\$ 7,450.00
Lease includes Maint			
Lease Per Month		\$ 170.01	\$ 143.11
Lease 60 Months	\$ 7,749.00	\$ 10,200.60	\$ 8,586.60
Lease Buy Out	\$ 1,870.26	\$ 2,040.12	\$ 1,717.32
Total Lease/Maint	\$ 9,619.26	\$ 12,240.72	\$ 10,303.92

**Recommend to Purchase**



Gaining Trust Through Service Since 1965

January 16, 2026

**Del Puerto Health Care District**  
**1700 Keystone Pacific Parkway, Unit B**  
**Patterson Ca 95363**

## **RICOH IM C4510**

### **Basic Equipment Configuration:**

- 45** Page-per-Minute Black & White and **45** Page-per-Minute Color
- Print/Color Scan
- 2 x 550 Sheet Tray, 2 x 1000 Sheet Tray + 100 sheet Bypass
- Fax

### **Investment Options:**

60 Month FMV Lease \$143.11 per month (Usbank) + tax.  
 Sale Price \$7,450 + tax  
 Price Include Install and Delivery.

### **Guaranteed Maintenance Agreement:**

- 2-4 Hour Response Time (during normal business hours)
- Free Equipment Loans
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Ken Lane  
 Territory Sales Manager

**DEL PUERTO HEALTH CARE DISTRICT**

Board of Directors Meeting – February 9, 2026

**9E. Stanford Health Care eConsult Program**

Page 1 of 1

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

**SUBJECT:** **Stanford Health Care eConsult Program****EXECUTIVE SUMMARY:** Discussions with Stanford Health Care began in August 2025 to explore implementation of its eConsult program to improve access to specialty clinical input for primary care providers.

The eConsult program enables provider-to-provider electronic consultation, offering timely specialist guidance through a secure platform integrated into the District's EMR.

Stanford is offering a three-year term, up to five primary care providers, approximately 200 eConsults over three years. Terms include a one-time implementation fee of \$40,000 and annual subscription fee of \$6,418.62, totaling \$59,255.86 over three years.

*[See Attached Staff Report]*

**STRATEGIC ALIGNMENT:** Expanding Access to Care**FISCAL IMPACT:** One-time implementation fee of \$40,000 and annual subscription fee of \$6,418.62, totaling \$59,255.86 over three years.**STAFFING IMPACT:** Added resource for health center providers**CONTACT PERSON:** Karin Freese, PhD; Jose M. Rodriguez, MD; Suzie Benitez**ATTACHMENT(S):** Staff Report on Stanford Health Care eConsult Program**RECOMMENDED ACTION:** **Direction given to staff to pursue or forego this partnership.**



# Del Puerto Health Care District

## Staff Report - Stanford Health Care eConsult Program

**Board Action:** Discussion and Consideration

**Prepared by:** Karin Freese, PhD

**Date Prepared:** February 3, 2026

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### BACKGROUND

In **August 2025**, District staff initiated discussions with **Stanford Health Care** regarding participation in its electronic consultation (“eConsult”) program. The discussions were prompted by the District’s ongoing efforts to expand timely access to specialty clinical input for primary care providers while reducing unnecessary referrals, wait times, and patient travel outside the service area.

Over the past several months, staff met with Stanford representatives to better understand the program model, operational requirements, and financial terms being offered to community partner clinics.

### PROGRAM OVERVIEW

The Stanford Health Care eConsult program is a **provider-to-provider electronic consultation service** that allows primary care clinicians to submit structured clinical questions to Stanford specialists through a secure, integrated digital platform. Specialists review submitted cases and provide written clinical guidance—typically within several business days—regarding diagnosis, treatment options, recommended testing, or the need for in-person specialty referral.

The program is designed to:

- Improve access to specialty expertise for primary care providers
- Support clinical decision-making and care coordination
- Reduce avoidable specialty referrals and patient travel
- Enhance continuity of care within the primary care setting

Key program components include:

- Secure electronic submission of clinical questions by primary care providers
- Specialist review and written clinical guidance
- Referral Nurse Navigator (RNN) support for eConsult curation
- Single Sign-On (SSO) integration with the District’s electronic medical record
- Provider training and implementation support
- Ongoing analytics, utilization reporting, and clinical quality assurance

The program is intended to support clinical decision-making, improve care coordination, and enhance patient access to specialty input without requiring immediate in-person referrals in all cases.

The program includes analytics and quality assurance components, such as regular utilization reports and collaborative case review opportunities.

### PROPOSED TERMS (SUBJECT TO NEGOTIATION)

Stanford Health Care has outlined a proposed **three-year participation model** with the following parameters:

- **Term:** Three (3) years
- **Participating Providers:** Up to five (5) primary care providers
- **Estimated Utilization:** Approximately 200 eConsults over the three-year term
- **Included Services:**

# Del Puerto Health Care District

## Staff Report - Stanford Health Care eConsult Program

- Specialist clinical eConsult services
- Referral Nurse Navigator support
- EMR integration with SSO
- Provider training and implementation
- Ongoing program support, analytics, and reporting

### FISCAL IMPACT

- **One-Time Training and Implementation Fee:** \$40,000 (Year 1)
- **Annual Subscription Fee:** \$6,418.62
- **Estimated Total Cost Over Three Years:** \$59,255.86

Final pricing, service levels, performance expectations, and termination provisions would be subject to negotiation and formal contract review.

No fiscal commitment is being made with this action. Any negotiated agreement would be brought back to the Board for approval prior to execution.

### RISKS AND BENEFITS

#### Potential Benefits

- **Improved Access to Specialty Expertise:** Provides District primary care providers with timely specialist input, potentially reducing wait times for specialty care and improving clinical decision-making at the point of care.
- **Enhanced Care Coordination:** Supports more appropriate referrals by clarifying which patients require in-person specialty visits and which can be managed in primary care with specialist guidance.
- **Patient Convenience and Experience:** May reduce unnecessary travel, delays, and out-of-area specialty visits for District patients.
- **Clinical Quality Support:** Includes structured clinical review, analytics, and quality assurance components that support ongoing evaluation of program effectiveness.
- **Scalable Model:** Allows the District to pilot specialty access enhancements without the fixed costs of recruiting or contracting on-site specialists.

#### Potential Risks and Considerations

- **Utilization Risk:** Actual eConsult volume may be lower than projected, which could affect cost-effectiveness if provider adoption is limited.
- **Workflow Integration:** Successful implementation depends on provider engagement and effective integration into existing clinical workflows and the electronic medical record.
- **Upfront Implementation Cost:** The one-time training and implementation fee represents a significant initial investment relative to annual subscription costs.
- **Clinical Scope Limitations:** eConsults are advisory in nature and do not replace in-person specialty evaluation when clinically indicated.
- **Contractual Commitment:** A multi-year term requires careful attention to performance standards and data reporting provisions.

# Del Puerto Health Care District

## Staff Report - Stanford Health Care eConsult Program

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### **NEXT STEPS**

If directed, the CEO will:

1. Negotiate final scope, pricing, and contractual terms with Stanford Health Care
2. Coordinate legal review of proposed agreement language
3. Return a finalized agreement to the Board for consideration and approval at a future meeting



## DEL PUERTO HEALTH CARE DISTRICT

### Board of Directors Meeting – February 9, 2026

#### 9E. Establishment of In-House Ambulance Billing Department

Page 1 of 2

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

**SUBJECT:** Establishment of In-House Ambulance Billing Department

**STAFF REPORT:** SEMSA/Riggs has notified the District that it will discontinue California ambulance billing services following the loss of its Merced County contract. As a result, billing services for new ambulance transports will no longer be available as soon as May 1, 2026. To prevent interruption in PDA billing, protect District revenue, and maintain regulatory compliance, staff recommends establishing an in-house ambulance billing department.

Alternative billing arrangements were evaluated; however, public-agency ambulance billing in California involves statutory authorities and reimbursement rules that differ materially from private ambulance billing. Vendors without direct public-sector expertise present increased compliance and revenue risk. There is also opportunity to provide ambulance billing services to other regional ambulance services to generate additional revenue.

This proposal reflects a time-sensitive operational necessity and is structured to minimize cash-flow risk, maintain continuity of collections, and ensure compliance with California public-agency ambulance billing requirements.

Establishing an in-house billing function allows the District to:

- Ensure uninterrupted billing operations following the SEMSA/Riggs exit
- Maintain direct oversight of billing accuracy and regulatory compliance
- Avoid common 3–6 month reimbursement delays associated with changing billing vendors
- Control and scale costs as transport volume increases
- Reduce long-term per-transport billing costs

The proposed staffing model is conservative and scalable. One billing FTE can support approximately **2,800 transports annually**, with additional staffing added only when documented volume exceeds capacity.

**DISTRICT PRIORITY:** Fiduciary responsibility to safeguard public funds, ensures operational continuity for emergency medical services, and positions the District for scalable growth and long-term financial stability

**FISCAL IMPACT:** Fully Loaded Cost per Billing FTE: ~\$103,729 annually

**DEL PUERTO HEALTH CARE DISTRICT**

**Board of Directors Meeting – February 9, 2026**

**Establishment of In-House Ambulance Billing Department**

Estimated Cost per Transport (PDA Only): ~\$47.27

Costs are fully accounted for, including wages, benefits, retirement, payroll taxes, HIPAA-compliant systems, training, and professional support.

As transport volume increases, the cost per transport declines, improving operational efficiency.

**STAFFING IMPACT:** Creation of a new sub section of the Finance Department

**CONTACT PERSON:** Karin Freese, PhD, CEO

**ATTACHMENT(S):** Ambulance Billing Transition Proposal – January 26, 2026

**RECOMMENDED ACTION:** Approve the establishment of an in-house ambulance billing department, including authorization for initial staffing of **one (1) billing FTE**, and completion of the transition from SEMSA/Riggs billing services.

**ROLL CALL REQUIRED:** YES

**RECOMMENDED MOTION:** *I move that the Board of Directors approve the establishment of an in-house ambulance billing department, including authorization for one (1) billing FTE.*

<b>Motion Made By</b>	<b>Motion</b>	<b>Second</b>	<b>Aye</b>	<b>No</b>	<b>Abstain</b>	<b>Absent</b>
<i>Director Avila</i>						
<i>Director Campo</i>						
<i>Director Gomez</i>						
<i>Director Ramirez</i>						
<i>Director Traore</i>						

*I, the undersigned Secretary of the Board of Directors of the Del Puerto Healthcare District, hereby certify that the foregoing is a full, true and correct copy of an action duly adopted by the Board at a meeting thereof on the 26 day of January, 2026, by the above vote of the members:*

\_\_\_\_\_  
*Ma Traore, Board Secretary*

# Del Puerto Health Care District

## Staff Report - Ambulance Billing Transition Proposal

**Board Action:** Establishment of In-House Ambulance Billing

**Prepared by:** Karin Freese, PhD

**Date Prepared:** January 27, 2026

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### Executive Summary

The District must assume responsibility for ambulance billing by **May 1, 2026**, to avoid a disruption in revenue. Our current billing provider, SEMSA/Riggs, is exiting California billing operations and will no longer bill for new ambulance transports after that date.

After evaluating available alternatives, staff recommend establishing an **in-house ambulance billing department**. This approach:

- Prevents interruption in cash flow
- Avoids common reimbursement delays
- Maintains compliance with California public-agency billing laws
- Provides long-term cost control and scalability

This is a time-sensitive, operational decision necessary to protect District revenue and fulfill the Board's fiduciary responsibilities.

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### Background

Del Puerto Health Care District currently relies on SEMSA/Riggs for ambulance billing services. Following SEMSA/Riggs' loss of the Merced County ambulance contract, they have notified the District that they are winding down all California ambulance billing operations.

As a result, **billing services for new ambulance transports will cease on May 1, 2026**. Without action, the District would be unable to bill for ambulance services provided after that date, resulting in permanent revenue loss.

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### Why Action Is Required Now

Ambulance billing is not optional. If claims are not submitted, payment cannot be recovered later.

Beginning May 1, 2026:

- SEMSA/Riggs will no longer bill on the District's behalf
- Ambulance transports would go unbilled
- District cash flow would be immediately impacted

The District must have a fully operational billing solution in place by that date.

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# Del Puerto Health Care District

## Staff Report - Ambulance Billing Transition Proposal

### Evaluation of Billing Alternatives

Staff evaluated several alternatives to ensure billing continuity:

#### Third-Party or Contract Billing

The District explored contracting with another ambulance provider that uses the same billing software. While technically feasible, the provider declined to take on third-party billing responsibilities.

Additionally, staff determined that **not all billing vendors are appropriate for public ambulance agencies.**

#### Why Public Ambulance Billing Is Different

California public-agency ambulance billing is governed by:

- State statutes
- Medicare and Medi-Cal public-provider rules
- Specific fee and reimbursement authorities

These requirements differ significantly from private ambulance billing. Vendors experienced only in private billing often require ongoing correction and oversight to ensure compliance.

Among California's 13 ambulance-providing special districts:

- Fire- and hospital-based districts typically bill internally
- In Stanislaus County, one healthcare district bills in-house; the other uses an out-of-state vendor and must continually clarify California-specific rules

SEMSA/Riggs' success in generating consistent revenue reflects their specialized knowledge of California public ambulance billing — expertise the District must now replicate internally.

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#### Why In-House Billing Is the Best Option

Establishing an internal billing function allows the District to:

- **Ensure uninterrupted billing** after SEMSA/Riggs exits
- **Maintain direct control over compliance and accuracy**
- **Resolve billing issues quickly**, improving collections
- **Avoid escalating third-party billing fees**
- **Scale staffing efficiently** as transport volume grows

This is the most conservative and controllable option available.

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#### Avoiding Payment Delays: Why This Transition Is Low Risk

# Del Puerto Health Care District

## Staff Report - Ambulance Billing Transition Proposal

Changing to an external billing company often results in three- to six-month reimbursement delays due to provider enrollment and payment routing changes — risks that are avoided under the proposed in-house model

### Why Delays Usually Occur

Payment delays typically happen when:

- The pay-to address changes
- Provider enrollment or revalidation changes
- Banking or EFT routing changes
- Ownership of receivables changes

These changes trigger payer reviews and payment holds.

### Why This Transition Is Different

In this case:

- The District remains the enrolled provider
- Payments already go directly to DPHCD
- Provider numbers and enrollment remain unchanged
- Only the **claim submitter** changes

In short, **we are changing who presses “submit,” not who gets paid.** This significantly reduces the risk of reimbursement delays.

### Staffing Model and Capacity

Ambulance billing workload scales predictably.

- **One billing FTE can process approximately 2,800 ambulance transports per year**
- This accounts for:
  - Medicare and Medi-Cal complexity
  - Public-sector payer mix
  - Compliance and quality assurance requirements

Staffing increases only when transport volume exceeds this threshold.

### Fully Loaded Cost per Billing FTE

The total annual cost of one billing FTE is **\$118,009**, which includes:

- Salary and benefits
- Retirement contributions
- Payroll taxes

# Del Puerto Health Care District

## Staff Report - Ambulance Billing Transition Proposal

- HIPAA-compliant technology
- Training and professional support
- Per transport charge of \$5.95 for Zoll Billing software and associated expenses

### Billing Cost per Transport (Key Metric)

As transport volume increases by selling billing services to another ambulance provider, **cost per transport decreases**:

### All Costs Included (Staffing + Zoll Software)

Scenario	District Transports	External Transports Billed	Billing FTEs	Staffing Cost (Fully Loaded)	Zoll Cost	External Billing Revenue	Net Annual Cost to DPHCD	Net Cost per District Transport
<b>Current Model (Outsourced)</b>	2,400	—	—	—	—	—	—	<b>\$55.00</b>
<b>No External Billing Revenue</b>	2,400	0	1.0	\$103,729	\$14,280	\$0	<b>\$118,009</b>	<b>\$49.17</b>
<b>Base Case (Recommended)</b>	2,400	1,200	1.5	\$155,594	\$21,420	(\$66,000)	<b>\$111,014</b>	<b>\$46.26</b>

This demonstrates increasing efficiency as volume grows. After including all staffing, compliance, and Zoll software costs, the District's in-house billing cost ranges from approximately **\$46 to \$49 per transport**, compared to the current **\$55 per transport** third-party rate. External billing services revenue directly offsets District billing costs and reduces the net cost per PDA transport.

### Risk Management and Transition Plan

A structured **eight-month transition plan** will ensure:

- No disruption to billing or cash flow
- Full knowledge transfer from SEMSA/Riggs
- Staff readiness by May 1, 2026
- Parallel billing and validation before go-live

This phased approach minimizes operational risk.

### Recommendation

Staff recommends that the Board authorize the establishment of an **in-house ambulance billing department effective May 1, 2026**, when SEMSA/Riggs will cease billing services.

### Board Action Requested

# Del Puerto Health Care District

## Staff Report - Ambulance Billing Transition Proposal

Approve the following:

1. Establish an in-house ambulance billing department effective May 1, 2026
2. Approve initial staffing of one billing FTE
3. Adopt a capacity standard of approximately 2,800 transports per billing FTE
4. Authorize additional staffing only when documented volume exceeds capacity
5. Complete the transition from SEMSA/Riggs billing services

### Conclusion

Approval of this action:

- Prevents avoidable revenue loss
- Ensures uninterrupted billing operations
- Maintains compliance with California public-agency billing laws
- Fulfills the Board's fiduciary responsibility
- Positions the District for long-term operational stability

### BILLING SCENARIOS MODELED

Scenario	Description	Annual Transports	Billing FTEs Required
Scenario 1: PDA Only	PDA ambulance transports only	2,194	1
Scenario 2: PDA + Billing Services Only	PDA transports plus billing services for another provider	3,894	2
Scenario 3: PDA Expanded + Billing Services	PDA transport growth plus billing services	5,494	2 <i>(still within capacity)</i>

### Fully Loaded Cost per Billing FTE

Cost Component	Description	Annual Employer Cost
Compensation	Hourly rate: \$32.69 Annual salary: \$67,995	\$67,995
Insurance Benefits	Medical, dental, vision; 72% employer-paid for employee and all dependents	\$17,424

## Del Puerto Health Care District

### Staff Report - Ambulance Billing Transition Proposal

Cost Component	Description	Annual Employer Cost
Retirement	414(h): 4% employer-paid 457(b): up to 3% employer match	\$4,760
Payroll & Statutory Costs	Employer payroll taxes and workers' compensation	\$6,550
Remote Work & Professional Support	HIPAA-compliant systems and software; Home office stipend Training, certifications, memberships	\$7,000
<b>Total Personnel Cost per FTE</b>		<b>\$103,729</b>

#### Billing Personnel Cost by Scenario

Scenario	Total Transports	Billing FTEs	Total Annual Cost
PDA Only	2,194	1	\$103,729
PDA + Billing Services	3,894	1.5	\$155,594
PDA Expanded + Billing Services	5,494	2	\$207,458

#### BILLING COST PER TRANSPORT (KEY METRIC)

One billing employee can process about **2,800 ambulance transports per year**.

When transport volume exceeds that level, the District adds another biller.

As transport volume grows, the **billing cost per transport goes down**, even though total staffing remains stable.

Scenario	Cost Per Transport
PDA Only	\$49.17
PDA + Billing Services	\$46.26
PDA Expanded + Billing Services	\$37.77



DATA SYSTEMS

# QUOTE Q-129424

11802 Ridge Parkway, Suite 400  
Broomfield, Colorado 80021-5059  
(303) 801-0000 (main)  
(800) 474-4489 (toll free)  
www.zolldata.com

## Customer Information

**Company Name:** Patterson District Ambulance  
**Address:** 875 E. St  
Patterson, CA 95363

**Bill To:** Patterson District Ambulance  
Po Box 187  
Patterson, CA 95363

**Contact:** Paul Willette  
**Email:** paul.willette@dphealth.org

## Software, SaaS and Services

**Initial Term:** 60 months

**Date:** January 20, 2026  
**Offer Expiration:** February 15, 2026  
**ZOLL Representative:** Jon Stewart  
jonathan.stewart@zoll.com

SaaS								
Item	Lic. Type	Description	Qty	Unit	List Price	Disc	Unit Price	Monthly Fee
ZOBILL1	HL	<b>ZOLL Billing</b> Includes: Electronic Claims Processing, Eligibility, Clearinghouse submission, technical support. Includes up to 3 patient statements per Claim.	190	Claim	\$5.35		\$5.35	\$1,016.50

Professional Services								
Item	Lic. Type	Description	Qty	Unit	List Price	Disc	Unit Price	Total
ZBIMPS	---	<b>ZOLL Billing Implementation Services (Excludes T&amp;E)</b>	1	N/A	\$7,500.00		\$7,500.00	\$7,500.00
ARC	---	<b>A/R Consulting Day (Excludes T&amp;E)</b>	0	Day	\$1,500.00		\$1,500.00	\$0.00

PROFESSIONAL SERVICES FEES: \$7,500.00  
MONTHLY FEES: \$1,016.50

**TOTAL FEES FOR INITIAL TERM: \$68,490.00**

1. APPLICABLE TAX, SHIPPING & HANDLING WILL BE ADDED AT TIME OF INVOICING.
2. ALL ORDERS ARE SUBJECT TO CREDIT APPROVAL BEFORE ACCEPTANCE BY ZOLL.
3. DELIVERY OF ADDITIONAL SOFTWARE LICENSES ARE TYPICALLY MADE WITHIN 48 HOURS FOLLOWING THE RECEIPT OF A SIGNED ORDER FORM.
4. FURTHER TERMS & CONDITIONS APPLY AND CAN BE FOUND AT <https://www.zolldata.com/legal>

**Del Puerto Health Care District  
Board of Directors Board Responsibilities**

	<b>Board</b>	<b>Individuals</b>	<b>Staff</b>
<b>January</b>	AGENDA: Annual Meeting & Election of Officers;  AGENDA: Banking Access & Security of Resolution;  AGENDA: Mid-Fiscal Year Operating Budget Update;	<b>ACTIVITY: Biennial Harrassment Training (Odd years)</b>	PREPARE: Mid-Fiscal Year Operating Budget Update
<b>February</b>	AGENDA: Biannual update of Conflict of Interest Policy in even years;	<b>ACTIVITY: Ethics training (Odd years)</b>  <b>ACTIVITY: Quarterly In-House District Training</b>	
<b>March</b>	Review of Policies (Finance, Governance, Personnel, Ambulance, Health Center)		PREPARE: Annual Review of Salary ranges
<b>April</b>	<b>ACTIVITY: Annual Board Retreat for Strategic Plan Update</b>	<b>ACTIVITY: Form 700 due annually</b>	PREPARE: First Draft of next FY budget (EE COLA)  CEO compiles accomplishments and suggested goals
<b>May</b>	AGENDA: First Draft next FY budget to Board	<b>ACTIVITY: Quarterly In-House District Training</b>	CEO: Annual Management Team Reviews PREPARE: Second Draft of next FY budget
<b>June</b>	AGENDA: CEO Eval Ad Hoc committee named AGENDA: Presentation of Departmental Goals & Objectives AGENDA: Adopt Budget for next Fiscal Year	<b>ACTIVITY: Complete Employee Engagement Survey</b>	PREPARE: Fall election (even years)  PRESENT: Final Draft of next FY budget
<b>July</b>	AGENDA: Adoption of Election Actions for November ballot (even years) AGENDA: CEO Presentation of FYE & update of CEO succession plan CEO Eval: Board Survey	Election notices and candidacy filing in even years  <b>ACTIVITY: Quarterly In-House District Training</b>	PREPARE: CEO Presentation of FYE & update of CEO succession plan
<b>August</b>	CEO Eval: Compile results  AGENDA: CEO Evaluation in Closed Session. Contract and Compensation in Open Session	<b>ACTIVITY: Complete CEO Leadership Survey</b>	
<b>September</b>		<b>ACTIVITY: Complete Board Self-Assessment Survey</b>	
<b>October</b>	<b>AGENDA: Annual Board Self-Assessment</b>	<b>ACTIVITY: Quarterly In-House District Training</b>	
<b>November</b>		Elections in even years for four year terms	
<b>December</b>	<b>ACTIVITY: Installation of new or re-elected District Directors</b>		