



Partnership Health Center Board of Directors' Monthly Meeting

PHC Pre-Meeting Session 11:30am – Watershed Tour

AGENDA

November 21, 2025 12:00 P.M. – 1:30 P.M.

WATERSHED NAVIGATION CENTER, 2200 MULLAN RD, Missoula

Virtual: [Click here to join the meeting](#) | Meeting ID = 212 629 758 056 | Passcode: bd9bN9ig

A Board quorum is currently seven members, with a majority of patient Board members (P/M). We value your time and try to keep the meeting length to a minimum. We need a quorum to conduct business immediately upon Call to Order. When calling in, please mute your phone to prevent background noise from carrying through. **If you need to leave before the meeting adjourns, please notify attendees at the time you vacate.**

I.	Call to Order	12:00
II.	Acknowledgement of Land Stewards – stated below ¹	12:00
III.	Public Comments regarding Agenda and Non-Agenda Items	12:03
IV.	Referrals/Comments from Board Members	12:03
	• Board Member Conflict of Interest Disclosures*	
V.	Committee updates	12:05
	• Executive/Finance Committee (EFC)*	
VI.	Topics requiring Motions/Discussion	12:05
	• Audit Engagement Letter* (<i>Motion requested to approve items as presented</i>)	
VII.	Chief Executive Officer (CEO) Presentation*	12:15
VIII.	Chief Financial Officer (CFO) Report* (<i>Motion proposed to accept CEO and CFO updates</i>)	
IX.	Consent Agenda: (<i>Motion requested to approve items as presented</i>)	
	• Other Reports/Info	
	○ Fully Executed Contracts*	
	○ October Credentialing Summary*	
	• Board of Directors' – Full and Committee Minutes/Reports	
	○ Board of Directors' 10/31/25 Meeting Minutes <i>Approval*</i>	
	○ Executive/Finance Committee 10/22/25 Minutes Review*	
X.	Next Board Meeting date: December 19, 2025	
XI.	Adjournment (<i>Motion requested to adjourn meeting</i>)	1:30

¹Partnership Health Center respectfully acknowledges that we occupy the traditional homelands of the Séliš, Q̓íispé, and Ktunaxa-Ksanka nations. We also recognize that these lands are a site of trade, medicine gathering, healing, and travel for other Native tribes in the area and is still home for many Indigenous people. We honor these people – past, present, and future, along with the many other Indigenous peoples who inhabited, continue to inhabit, hold sacred, and steward these lands.

We acknowledge that the health care system has played a role in the oppression of Indigenous peoples. We commit to ongoing learning about the impact of colonization on the health and wellbeing of Indigenous peoples, and we commit to meaningful action that reverses health disparities.

(*) Enclosed in Packet

Consent agenda: The items listed under the consent agenda (information items) are considered to be routine matters and will be approved by a single motion of the Board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda for discussion.

Action items (outside of Consent Agenda) are in blue

Board packet copies available to the Public upon request and/or posted within public meeting announcement.

Email to request packets: walkerb@phc.missoula.mt.us

2025 Monthly Board Meeting Dates:

<i>January</i>	<i>01/31/2025</i> <i>¾ day retreat</i>
<i>February</i>	<i>02/28/2025</i>
<i>March</i>	<i>03/28/2025</i>
<i>April</i>	<i>04/25/2025</i>
<i>May</i>	<i>05/30/2025</i>
<i>June</i>	<i>06/27/2025</i>
<i>July</i>	<i>07/25/2025</i>
<i>August</i>	<i>08/20/2025</i> <i>OSV</i>
<i>September</i>	<i>09/26/2025</i>
<i>October</i>	<i>10/31/2025</i>
<i>November</i>	<i>11/28/2025</i> <i>11/21/2025</i>
<i>December</i>	<i>12/26/2025</i> <i>12/19/2025</i>



BOARD OF DIRECTORS Conflict of Interest Disclosures

BOARD MEMBER OWNERSHIP

LIST OF BOARD MEMBERSHIP | EMPLOYMENT

Suzette Baker (P/M)

Employer: 1 Dash, COO

Board Membership: Seeley Swan Hospital District

John Crawford (P/M)

Board Membership: All Nations Health Center

Jilayne Dunn (NP/M)

Employer: City of Missoula

Annie Green (P/M)

Employer: University of Montana

Patty Kero (P/M)

Potential Conflict: University of Montana affiliation

Joe Melvin (P/M)

Employer: self

Krissy Petersen (NP/M)

Employer: Providence St. Patrick Hospital

Jay Raines (P/M)

Mark Thane (NP/M)

Service in the Montana State Legislature

Appointment to ARPA Oversight Committee

Board Memberships: Community Medical Center

Esther Tuttle (NP/M)

University of Montana student

Volunteerism: Missoula Urban Indian Center

Kathleen Walters (P/M)

Employer: Montana Realty Network

Nathalie Wolfram (P/M)

Employer: University of Montana



**FINANCIAL REPORT
DRAFT**



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Audit Formatted Financial Statement Oct. 2025

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Monthly Finance Overview

October Year to Date 2025

The preparation of these financial statements required management to make estimates and assumptions that affect the reported amounts of income and expenses. Actual results could differ from those estimates.

YTD (Year to date) Financial Position:

	Actual YTD	Budget	Variance	Variance %
REVENUE				
Total Operating Revenue	12,577,303	12,302,816	274,487	2.2%
Total Non-Operating Revenue	3,755,448	3,013,549	242,307	6.9%
TOTAL REVENUE	16,332,751	15,815,957	516,795	3.3%
EXPENSE				
Personnel	8,695,683	9,153,808	(458,125)	-5.0%
Supplies	5,470,359	5,570,825	(100,465)	-1.8%
Purchased Services	1,188,032	1,752,728	(564,696)	-32.2%
Depreciation	100,000	100,000	-	0.0%
TOTAL EXPENSES	15,354,074	16,477,361	(1,123,287)	-6.8%
NET INCOME/(LOSS)	978,677	(661,404)	1,640,082	-248.0%
Net Margin	6.0%	-4.2%		

Operating Margin:



Cost Per Encounter:

Drill Down Measure
Cost Per Encounter

Medicaid APM Rate for 2025: \$353.73

	July 25	August 25	Sept. 25	Oct. 25	Budget YTD
Medical	391	386	391.62	372.88	430.85
Dental	319	317	328.56	326.62	365.77
Behavioral Health	275	291	311.63	298.46	330.77
School Based Health	1,401	1,539	577.15	446.52	317.93
Total Clinical	371	372	371.98	354.47	392.98
Pharmacy	135	148	149.96	149.46	142.16

Calculations include overhead allocation.
All expenses are included, including depreciation.

Key Talking Points

Oct-25

Key Utilization

Total Encounters Month to Date (MTD) are 6,439 with a Budget of ,6477.
Year to Date (YTD) total is 23,180 and the Budget is 25,319 for a % variance of -8.4.
The prior YTD total was 24,975. Year to Date and Prior Year ratio 92.81%.

Total Medical Encounters MTD are 3,262 with a Budget of 3,374.
YTD total is 11,903 and the Budget is 13,189 for a % variance of -9.8.
The prior YTD total was 14,563. Year to Date and Prior Year ratio 81.7%.

Total Behavioral Health Encounters MTD are 973 with a Budget of 900.
YTD Total is 3,551 and the Budget is 3,519 for a % variance of 0.9.
The prior YTD total was 3,561 Year to Date and Prior Year ratio 99.7%.

Total School Based Behavioral Health Encounters MTD are 536 with a Budget of 498.
YTD Total is 1,285 and the Budget is 1,946 for a % variance of -34.
The prior YTD total was 696 Year to Date and Prior Year ratio 184.6%.

Total Dental Encounters MTD are 1,407 with a Budget of 1,425.
YTD Total is 5,555 and the Budget is 5,569 for a % variance of -0.3.
The prior YTD total was 5,737 Year to Date and Prior Year ratio 96.8%.

Pharmacy Prescriptions Filled MTD are 11,236 with a Budget of 11,358.
YTD Total is 43,920 and the Budget is 45,760 for a % variance of -4.
The prior YTD total was 44,294 Year to Date and Prior Year ratio 99.2%.

Balance Sheet

Missoula County has not made month end or year end cash balances available as of the date of this publishing.

Days in Epic Clinical Accounts Receivable are 86, and the current receivable balance is \$3,509,779.
Epic Clinical AR is presented net of an allowance for uncollectible amounts.
eCW Clinical Accounts Receivable balance is \$1,299,480.
eCW Clinical AR is presented gross and does not include an adjustment for assessment of collectability.
Days in Pharmacy Accounts Receivable are 20, and the current receivable balance is 1,577,252
Pharmacy AR is presented net of an allowance for uncollectible patient accounts.

Revenue and Expense

Fee Revenue for the month totaled \$3.76m with a Budget of \$3.08m for a % variance of 22.2%.

YTD Fee Revenue is \$12.58m with a Budget of \$12.3m for a % variance of 2.2%.
The prior YTD revenue was \$11.65m for a % variance of 7.9%.

Total Revenue for the month is \$4.53m with a Budget of \$3.95m for a % variance of 14.6%.

YTD Total Revenue is \$16.3m with a Budget of \$15.8m for a % variance of 3.3%.

Expenses for the month totaled \$3.79m with a Budget of \$4.12m for a % variance of -8.1%.
YTD expenses are \$15.35m with a Budget of \$16.48m for a % variance of -6.8%.
The prior YTD expenses are \$16.18m for a variance of -5.1%.

Net Income for the month is \$744,598 with a Budget of \$-165,351 for a % variance of -550.31%.
YTD Net Income is \$978,677 with a Budget of \$-661,404 for a % variance of -247.97%.
Capital Reserve Interest revenue posted for the month is \$0

Current Month					Year To Date					YTD		
Oct. 31, 2025		Daily			Oct. 31, 2025				Budget	Oct. 31, 2024	%	
Actual	Budget	Avg	Var	Var %	Actual	Budget	Var	Var %	12 Mo Total	Prior Year	Change	
VOLUME INDICATORS												
3,262	3,374	153	(112)	-3.3%	Medical	11,903	13,189	(1,286)	-9.8%	38,494	14,563	-18.3%
973	900	41	73	8.1%	BH	3,551	3,519	32	0.9%	10,053	3,561	-0.3%
536	498	23	38	7.7%	School Based BH	1,285	1,946	(661)	-34.0%	5,679	696	84.6%
1,407	1,425	65	(18)	-1.2%	Dental	5,555	5,569	(14)	-0.3%	16,254	5,737	0.0%
181	167	65	(18)	-1.2%	Psych	572	651	(79)	-12.1%	1,900	0	0.0%
80	114	5	(34)	-29.8%	Clinical Pharmacy	314	445	(131)	-29.5%	1,300	418	11.3%
6,439	6,477	294	(38)	-0.6%	Total Encounters	23,180	25,319	(2,139)	-8.4%	73,680	24,975	0.0%
11,236	11,358	516	(122)	-1.1%	Pharmacy Prescriptions	43,920	45,760	(1,840)	-4.0%	130,936	44,294	-0.8%
22					Work Days	86						
Avg Encounters By Day												
148.3	153.4				Medical	138.4	153.4			169.3		
44.2	40.9				BH	41.3	40.9			41.4		
24.4	22.6				School Based BH	14.9	22.6			8.1		
64.0	64.8				Dental	64.6	64.8			66.7		
3.6	5.2				Clinical Pharmacy	3.7	5.2			4.9		
292.7	294.4				Total Encounters	269.5	294.4			290.4		
511	516				Pharmacy Prescriptions	511	532			515		
					Creamery Medical % of Creamery Medical Visits	51%						
					Creamery Residency % Creamery Medical Visits	49%						

OTHER INDICATORS

Prescription Mix				Encounter Mix				Productivity			
	Current Month	Prior Year Month	Change								
	10/31/2025	10/31/2024			10/31/2025	10/31/2024	Change	Encounter Mix	Jul 25 - Oct 25	Jul 24 - Oct 24	Change
Medicaid	28.2%	28.7%	-0.6%	Medicaid	35.9%	33.6%	2.3%	Medicaid	35.9%	32.7%	3.2%
Medicare				Medicare	17.8%	18.3%	-0.5%	Medicare	17.3%	19.2%	-1.9%
Self Pay	19.5%	20.4%	-0.9%	Self Pay	13.2%	21.8%	-8.6%	Self Pay	13.2%	21.0%	-7.7%
Medicare/Medicaid				Medicare/Medicaid	0.1%	0.9%	-0.8%	Medicare/Medicaid	0.1%	0.9%	-0.8%
Private Pay	52.3%	50.8%	1.5%	Private Pay	32.9%	25.3%	7.6%	Private Pay	33.5%	26.3%	7.2%
Total Prescriptions	100.0%	100.0%	0.0%	Total Encounters	100%	100%	0.0%	Total Encounters	100%	100.0%	0.0%
Productivity				Productivity							
Prescription Mix	Jul 25 - Oct 25	Jul 24 - Oct 24	Change	Total Hours	08/31/2025-09/13/2025	08/17/2025-08/30/2025	8/3/2025-8/16/2025				
Medicaid	29.4%	29.1%	0.3%	Pay Period 19	20,760	20,917	21,166				
Self Pay	19.3%	21.3%	-1.9%	Total FTEs	259.5	261.5	264.58				
Private Pay	51.3%	49.6%	1.6%	Productive Hours	16,082	18,014	17,710				
Total Prescriptions	100%	100%	0%	Productive FTEs	201.0	225.2	221.4				
RATIO Productive to Total Hours					77.5%	86.1%	83.7%				
Total Encounters					2443	2715	2616				
Encounter Per Staffed FTE					9.4	10.4	9.9				

FINANCIAL STATISTICS

		10/31/2025	Budget	Year to Date	Year to Date Budget		
Operating Margin w/internal granting		16.4%	-4.2%	6.0%	-4.2%		
2019 Capital Link	Strategic Plan				Insurance Balance	Patient Balance	Change since Epic Go-Live
Industry Benchmark	< = 60	Epic Clinical AR Days and Net Balance	86	\$ 3,509,779	\$ 2,889,485	\$ 620,294	
60		eCW Clinical AR Days and Gross Balance		\$ 1,299,480	\$ 197,060	\$ 1,148,811	2,644,260.74
		Pharmacy AR, Net Collectible Value	20	1,577,252	\$ 1,549,799	\$ 27,453	
		Days Cash on Hand	Current Month		Prior Month	Change	
45	> = 120	Operating Cash				-	
		Capital Fund				-	
		Total Cash				-	

Service Line Margin YTD Oct 2025



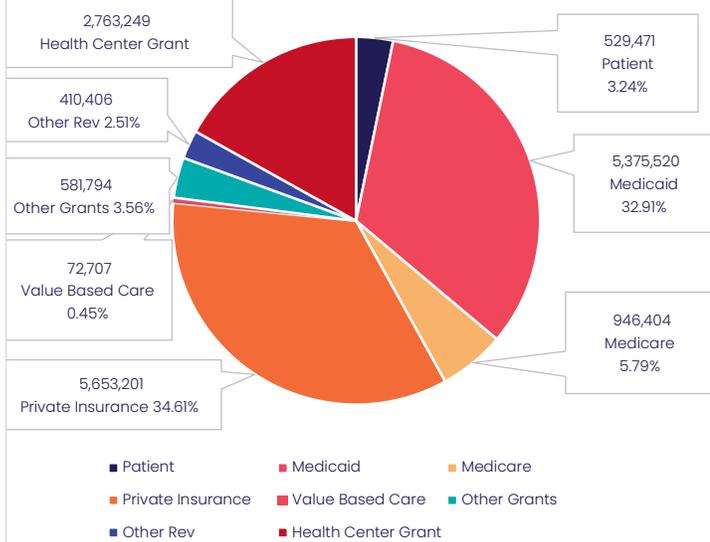
	Medical	Dental	Pharmacy	BH	School Based
Net Income (loss)	1,232,365	230,886	915,978	325,452	273,387
Budget Net Income (Loss)	794,998	(169,304)	880,496	182,841	288,456

Other Unit Margin YTD Oct. 2025



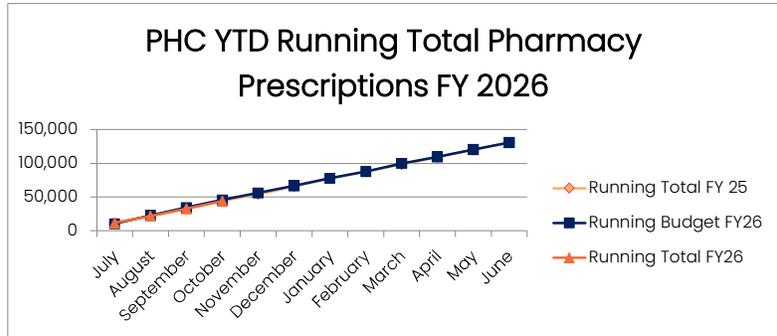
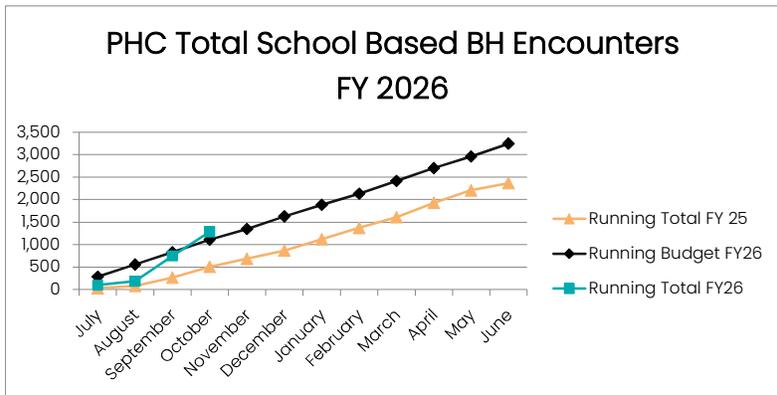
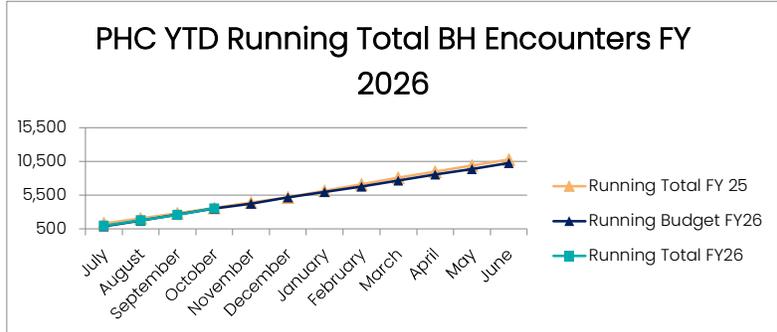
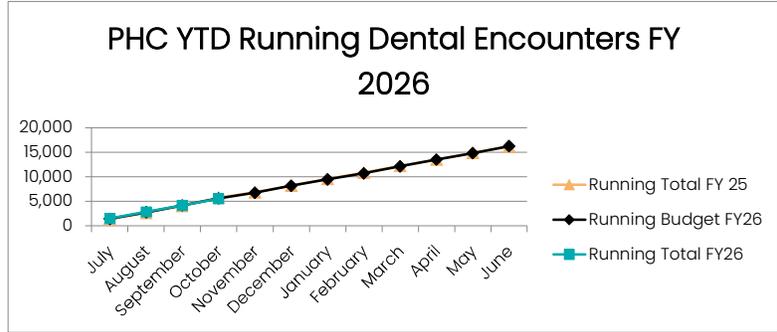
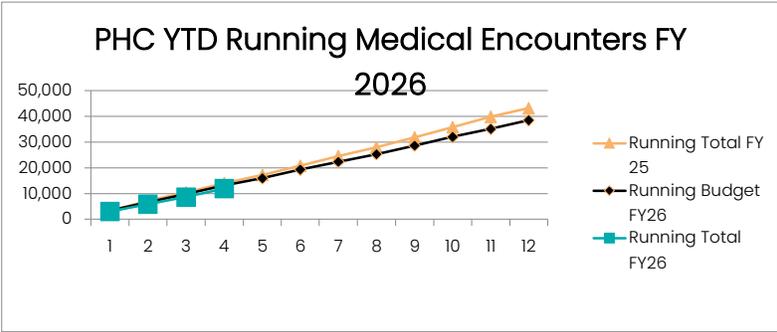
	Comm unity	Suppo rt	Out of Scope - MST
Net Income (loss)	(36,149)	(1,882,886)	(80,355)
Budget Net Income (Loss)	(82,037)	(2,556,855)	-

Total YTD Oct. 2025 by Payor Rev



PARTNERSHIP HEALTH CENTER
DRAFT STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
For the Month Ended October 2025

	ACTUAL MTD	MTD BUDGET	ACTUAL YTD	YTD BUDGET	FY 2026 Annual BUDGET	Accrual AUDITED 2024
<u>OPERATING REVENUE</u>						
Charges for Services	3,757,231	3,075,704	12,577,303	12,302,816	36,908,447	33,470,311
Operating Revenue	3,757,231	3,075,704	12,577,303	12,302,816	36,908,447	33,470,311
On-Behalf Revenue-Pensions						533,111
Total Operating Revenue	3,757,231	3,075,704	12,577,303	12,302,816	36,908,447	34,003,422
<u>OPERATING EXPENSES</u>						
Personnel	2,135,945	2,287,152	8,695,155	9,148,608	27,445,824	28,804,939
Other Operating Expenses- Clothing	500	1,300	528	5,200	15,600	
Other Operating Expenses- Supplies	1,396,485	1,392,706	5,470,359	5,570,825	16,712,474	
Other Operating Expenses- Purchased Services	228,909	413,182	1,088,032	1,652,728	4,958,184	
Other Operating Expenses						18,630,029
Depreciation	25,000	25,000	100,000	100,000	300,000	963,047
Operating Expenses	3,786,839	4,119,340	15,354,074	16,477,361	49,432,082	48,398,015
Uncompensated Absences						1,785,668
Pension Expense						2,700,247
OPEB Expense						249,869
Total Operating Expenses	3,786,839	4,119,340	15,354,074	16,477,361	49,432,082	48,398,015
Operating Loss	(29,608)	(1,043,636)	(2,776,771)	(4,174,545)	(12,523,636)	(14,394,593)
<u>NON-OPERATING REVENUE (EXPENSE)</u>						
Intergovernmental Revenue	638,966	589,380	2,380,953	2,357,522	7,072,565	9,202,192
Private/Local Grants and Donations	114,682	269,301	1,253,601	1,077,206	3,231,617	289,811
Miscellaneous Revenue	20,557	13,353	120,895	53,414	160,241	91,105
Investment Earnings	-	6,250	-	25,000	75,000	119,939
Interest Expense	(2,467)	(2,467)	(9,867)	(9,867)	(29,600)	(39,750)
Loss on Disposal of Assets						(279)
Total Non-Operating Revenue (Expense)	774,206	878,285	3,755,448	3,513,141	10,539,423	9,663,018
Change in Net Position	744,598	(165,351)	978,677	(661,404)	(1,984,213)	(4,731,575)
Net Position, Beginning of Year	21,656,140	21,656,140	21,656,140	21,656,140	21,656,140	26,387,715
Net Position, End of Period	22,400,738	21,490,789	22,634,817	20,994,736	19,671,927	21,656,140





October 16, 2025

Board of Directors
Mr. Bryan Chalmers
Partnership Health Center
401 Railroad Street West
Missoula, MT 59802

Dear Board of Directors and Mr. Bryan Chalmers:

We are pleased to confirm our understanding of the services we are to provide for Partnership Health Center (Organization) for the years ended December 31, 2026, 2027, and 2028.

Audit Scope and Objectives

We will audit the financial statements of the Organization, which comprise the statements of financial position as of December 31, 2026, 2027, and 2028, the related statements of activities, functional expenses (if applicable), and cash flows for the years then ended, and the disclosures (the financial statements).

Also, the following supplementary information accompanying the financial statements will be subjected to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America, and we will provide an opinion on it in relation to the financial statements as a whole in a report combined with our auditor's report on the financial statements:

- Schedule of Expenditures of Federal Awards
- Notes to the Supplementary Information

The objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and issue an auditor's report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America (GAAP), and to report on the fairness of the supplementary information referred to above when considered in relation to the financial statements as whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards* will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood

that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements. The objectives also include reporting on:

- Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance)

Auditor's Responsibilities for the Audit of the Financial Statements and Single Audit

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of the Uniform Guidance, and will include tests of accounting records, a determination of major program(s) in accordance with Uniform Guidance, and other procedures we consider necessary to enable us to express such an opinion(s). As part of an audit in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the Organization or to acts by management or employees acting on behalf of the Organization. Because the determination of waste and abuse is subjective, *Government Auditing Standards* do not expect auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste or abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements or noncompliance may not be detected by us, even though the audit is properly planned and performed in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major program(s). However, we will inform the

appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. We will include such matters in the reports required for a Single Audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, tests of the physical existence of inventories (if applicable), and direct confirmation of receivables and certain assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may also request written representations from your attorneys and confirmations from financial institutions as part of the engagement, and they may bill you directly or indirectly through us for responding to this inquiry.

In the event that representation by legal counsel, during the term of this agreement or subsequently, is deemed necessary by Maher Duessel in connection with any aspect of this engagement, fees and expenses for counsel will be reimbursed to the auditor as out-of-pocket expenses. In addition, you shall compensate Maher Duessel for all time we expend in connection with such legal responses at normal and customary hourly rates.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

The Organization and Maher Duessel agree that any claim arising from this agreement shall be commenced within one year of the date of the auditor's report or the date of the engagement letter if no report has been issued. Maher Duessel's responsibility for any claims, damages or cost shall be limited to the amount of fees paid for the services rendered under this engagement letter.

Our audit of the financial statements does not relieve you of your responsibilities.

Audit Procedures—Internal Control

We will obtain an understanding of the Organization and its environment, including the system of internal control, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinion(s). The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, and the Uniform Guidance.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the Organization's compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance, and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with federal statutes, regulations, and the terms and conditions of federal awards applicable to major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the Organization's major programs. For federal programs that are included in the Compliance Supplement, our compliance and internal control procedures will relate to the compliance requirements that the Compliance Supplement identifies

as being subject to audit. The purpose of these procedures will be to express an opinion on the Organization's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

Other Services

We will assist in preparing the financial statements (as defined in the audit scope and objectives section above) including the supplementary information, and data collection form of the Organization in conformity with the basis of accounting previously defined, based on information provided by you. We will also prepare the Organization's IRS FORM 990 for the years ended December 31, 2026, 2027, and 2028 based on information provided by you. If the above noted returns are unable to be completed by the return due date, you authorize us to prepare and file an extension of time to file the returns on the Organization's behalf. Please note that this is only an extension to file the return, and if any tax is owed it will need to be paid at the time of the extension request. We assume no liability for late filing or late payment penalties. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*.

We will perform the services in accordance with applicable professional standards, including the Statements on Standards for Tax Services issued by the American Institute of Certified Public Accountants. The other services are limited to the financial statement services and data collection form and tax services previously defined and the Uniform Guidance. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities. We will advise management with regard to tax positions taken in the preparation of the information return, but management must make all decisions with regard to those matters.

Responsibilities of Management for the Financial Statements and Single Audit

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for (1) designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements; and (4) ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles; for the preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, and all accompanying information in conformity with the basis of accounting described above. and for compliance with applicable laws and regulations (including federal statutes), rules, and the provisions of contracts and grant agreements (including award agreements). Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

You are also responsible for making drafts of financial statements, schedule of expenditures of federal awards, all financial records, and related information available to us and for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers) and for the evaluation of whether there are any conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance; (3) additional information that we may request for the purpose of the audit; and (4) unrestricted access to persons within the Organization from whom we determine it necessary to obtain audit evidence.

As an attest client, Maher Duessel cannot retain your documents on your behalf. This is in accordance with the ET 1.295.143 of the AICPA Code of Professional Conduct. The Organization is responsible for maintaining its own data and records.

Maher Duessel does not host any of the Organization's information. Suralink is used solely as a method of exchanging information and is not intended to store the Organization's information. Upon completion of the engagement, data and other content will either be removed from Suralink or become unavailable to Maher Duessel within a reasonable time frame. For multi-year engagements, completion of the engagement occurs when the deliverables are completed for that year.

At the conclusion of our audit, we will require certain written representations from you about the financial statements; schedule of expenditures of federal awards; federal award programs; compliance with laws, regulations, contracts, and grant agreements; and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the written management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the Organization involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the Organization received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the Organization complies with applicable laws, regulations, contracts, agreements, and grants. You are also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements

that we report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review.

You are responsible for identifying all federal awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received, and COVID-19-related concepts, such as lost revenues, if applicable) in conformity with the Uniform Guidance. You agree to include our report on the schedule of expenditures of federal awards in any document that contains, and indicates that we have reported on, the schedule of expenditures of federal awards.

You also agree to include the audited financial statements with any presentation of the schedule of expenditures of federal awards that includes our report thereon OR make the audited financial statements readily available to intended users of the schedule of expenditures of federal awards no later than the date the schedule of expenditures of federal awards is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is stated fairly in accordance with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

You are also responsible for the preparation of the supplementary information, which we have been engaged to report on, in conformity with the basis of accounting previously defined. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with the basis of accounting previously defined; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with the basis of accounting previously described; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

With regard to publishing the financial statements on your website (if applicable), you understand that websites are a means of distributing information and, therefore, we are not required to read the information contained in those sites or to consider the consistency of other information on the website with the original document.

With regard to including the auditor's report in an exempt offering document, you agree that the aforementioned auditor's report, or reference to Maher Duessel, will not be included in any such offering document without our prior permission or consent. Any agreement to perform work in connection with an exempt offering document, including an agreement to provide permission or consent, will be a separate engagement. With regard to an exempt offering document with which Maher Duessel is not involved, you agree to clearly indicate in the exempt offering document that Maher Duessel is not involved with the contents of such offering document.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you, your employees, or agents may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Scope and Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or other engagements or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities for all nonaudit services we provide as defined in the Other Services section of this letter. You will be required to acknowledge in the management representation letter the following related to our nonaudit services:

- Management is responsible for the substantive outcomes of the work and therefore, has a responsibility to be in a position in fact and appearance to make an informed judgment on the results of these services.
- Management has designated a management-level individual to be responsible and accountable for overseeing these services who possesses skill, knowledge, and/or experience to oversee our services.
- Management will establish and monitor the performance of these services to ensure that it meets management's objectives.
- Management will evaluate the adequacy and will review and accept responsibility for the services performed.

We will schedule the engagement based in part on deadlines, working conditions, and the availability of your key personnel. We will plan the engagement based on the assumption that your personnel will

cooperate and provide assistance by performing tasks such as preparing requested schedules, retrieving supporting documents, and preparing confirmations. If, for whatever reason, your personnel are unavailable to provide the necessary assistance in a timely manner, it may substantially increase the work we have to do to complete the engagement within the established deadlines, resulting in an increase in fees over our original fee estimate.

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

Engagement Administration and Other

We understand that your employees will prepare all cash, accounts receivable, and other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. We will electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditor's reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. If applicable, we will provide copies of our report for you to include with the reporting package you will submit to pass-through entities. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

We will provide copies of our reports to the Organization; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date or for any additional period requested by the federal or pass-through entity. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

David P. Duessel is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them. To ensure that Maher Duessel's independence is not impaired under the AICPA Code of Professional Conduct, you agree to inform the engagement partner before entering into any substantive employment discussions with any of our personnel. In addition, in recognition of the investment made into training and developing our employees, in the event that any of our employees who were part of your engagement team accept a position of employment with your organization, or any of its related parties at any time while we are performing services for you or within one year thereafter, you agree to pay us a placement fee equal to fifty percent of the employee's annual salary in effect on the date such employment was contracted. This fee would be payable at the time the employee accepts a position.

Professional standards require Maher Duessel to establish policies and procedures designed to provide it with reasonable assurance that it deals appropriately with complaints and allegations. It is Maher Duessel's policy that any complaints or allegations should be reported to the CEO, or any other partner as identified on our website at www.md-cpas.com.

Audit Meetings

Management will arrange for Maher Duessel to meet with the Organization's Board of Directors or an appropriate committee thereof, as requested, in connection with the audit(s). Generally, the meeting can occur in advance of and following the completion of year-end fieldwork for the audit of the Organization's financial statements.

Use and Distribution of Reports

Maher Duessel will provide draft reports to management for review and approval before issuance. Final reports for internal use and external distribution will be delivered to the Organization. The Organization's use and distribution of reports is expected to be limited to (1) filings routinely required by non-profit agencies, (2) existing and potential donors, and (3) internal use. If the Organization intends to publish or otherwise reproduce the financial statements and make reference to our firm name, the Organization agrees to provide Maher Duessel with printer's proofs or masters for our review and approval prior to printing. The Organization also agrees to provide Maher Duessel with a copy of the final reproduced material for our approval before it is distributed.

Reporting

We will issue written report(s) upon completion of our Single Audit. Our reports will be addressed to the Board of Directors of the Organization. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinion(s), add a separate section, or add an emphasis of- matter or other-matter paragraph to our auditor's report, or if necessary, withdraw from this engagement. If circumstances occur related to the condition of your records, the availability of sufficient, appropriate audit evidence, or the existence of a significant risk of material misstatement of

the financial statements caused by error, fraudulent financial reporting, or misappropriation of assets, which in our professional judgment prevent us from completing the audit or forming an opinion(s) on the financial statements, we retain the right to take any course of action permitted by professional standards, including declining to express an opinion or issue report(s), or withdrawing from the engagement.

The *Government Auditing Standards* report on internal control over financial reporting and on compliance and other matters will state that (1) the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance, and (2) the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The Uniform Guidance report on internal control over compliance will state that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Both reports will state that the report is not suitable for any other purpose, which will also address other information in accordance with AU-C 720, *The Auditor's Responsibilities Relating to Other Information Included in Annual Reports* (if applicable).

Confidentiality

The audit documentation for this engagement is the property of Maher Duessel and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the federal oversight agency or pass-through agency for audit or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Maher Duessel personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The AICPA requires members who practice public accounting to participate in either a Quality Review or Peer Review practice-monitoring program. Maher Duessel is enrolled in such a program. The Organization grants permission for Maher Duessel to respond fully to inquiries and allow review of working papers in connections with practice monitoring program activities.

Fees

The professional fees for the scope of services will be:

2026	\$	49,000
2027		49,000
2028		49,000

Fees, denoted above, include costs to perform the single audit for the Organization, which includes the required testing of one major program within the single audit component. Additional single audit programs requiring testing after performing our major program determination will be billed at a price of \$5,000 per major program.

Out-of-pocket expenses associated with these services will be reimbursed.

The fee estimate is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the engagement. If significant additional time is necessary, we will keep you informed of any problems we encounter and our fees will be adjusted accordingly. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 60 days or more overdue and will not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed even if we have not issued our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

You may request that we perform additional services not addressed in this engagement letter. If this occurs, we will communicate with you concerning the scope of the additional services and the estimated fees. We also may issue a separate engagement letter covering the additional services. In the absence of any other written communication from us documenting such additional services, our services will continue to be governed by the terms of this engagement letter.

Federal, State, and Local rule-making bodies may at times make changes that require us to modify our scope of work. Such changes require monitoring and evaluation by Maher Duessel, and often result in new and/or expanded procedures on our part. To the extent these required changes will significantly impact the time required to complete our procedures, an adjustment to the fee will be necessary. Should such a situation occur, we will meet with you to discuss a revised fee estimate.

Additional Services

Maher Duessel may provide additional services which can be either non-recurring matters or changes to the scope of recurring services, including matters such as: (1) changes to the body of compliance and other requirements applicable to the Organization; (2) changes in the nature or scope of programs that comprise the reporting entity; (3) changes in the application of accounting principles or the application of new principles; (4) changes to auditing standards of a nature that results in an increase in the audit effort required; (5) management requests for procedures of a nature and extent beyond those necessitated for an audit; (6) consent letters; (7) changes to accounting software; (8) changes required as part of a prior period restatement and (9) matters of management responsibility (e.g. the condition of records) or other matters beyond Maher Duessel's reasonable control that impair the efficient conduct or expand the scope of effort beyond the audit procedures necessary for the scope of recurring services.

In the event that the Organization requires additional services, the Organization may request that Maher Duessel provide such additional services and pay fees based upon professional hours.

We appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the document, and return it to us.

Sincerely,

Maher Duessel

BY: 

David P. Duessel, Partner

The arrangements described above are accepted by the Organization.

BY:

Signature

Name of authorized signer

Title

Date

MaherDuessel

October 16, 2025

Board of Directors
Mr. Bryan Chalmers
Partnership Health Center
401 Railroad Street West
Missoula, MT 59802

Dear Board of Directors and Mr. Bryan Chalmers:

Please accept this letter as an addendum to the services outlined in our original engagement letter of September 27, 2023.

Maher Duessel understands that a change in accounting period has been implemented for Partnership Health Center. Due to Partnership Health Center changing its accounting period, Maher Duessel will audit the financial statements of the business-type activities, and the disclosures, which collectively comprise the basic financial statements of the Organization as of and for the six-month audit period ending December 31, 2025. This will serve as the fourth year of the engagement letter dated September 27, 2023 and the fee will remain the same of \$45,900.

This engagement is considered to be an extension of the services outlined in our engagement letter of September 27, 2023 and all relevant terms and conditions of that letter are still applicable.

If these arrangements for our engagement are acceptable, please sign the document, and return it to us.

Sincerely,

Maher Duessel

BY: 

David P. Duessel - Partner

The arrangements described above are accepted by Partnership Health Center.

BY: _____
Signature

Title

Name of authorized signer

Date



CEO and Leadership Report

Board Meeting

November 25

Mission: To promote health and Wellbeing for all through comprehensive patient-focused, accessible, and equitable care.

Vision: Healthy People, Strong Communities

Values:

Respect

Community

Equity

Service Excellence

Compassion



Pillars

Operational Excellence

Joy In Work

Impeccable Quality

Innovations in Population Health

Barrier-Free Access

2024-2025 Areas of Focus

Service Innovation and Responsiveness

Internal Optimization

Financial Sustainability

A Strategy Rooted in Care



PHC Independence Update

Administrative Separation Progress

Benefits Fair – Success!

Policies and Procedures – In progress.

Communication with HRSA

Our separation and Successor in Interest application has not yet been approved by HRSA

Additional information was requested last week and was submitted per request.

HRSA staff indicated our Successor In Interest package will go to the Office of General Council by 11/14

Operational Continuity Plan

We will continue implementing systems to support HR and Financial operations.

MC is not including our staff in their systems.

Developing agreements to support continuity of patient care, operations, cost/efficiency

Protection of Key Programs

PHC prioritizes safeguarding programs like 340B, FTCA, and PPS to ensure service quality and stability.



Rural Transformation Funds Proposal

\$50 Billion Federal Dollars Available for Rural Health.

Montana will be receiving a sizeable portion of these funds.

FQHCs are called-out several times in the State's RHTF plan:

<https://dphhs.mt.gov/assets/RuralHealthTransformation/RHTP-Plan.pdf>

It is not yet clear how funds will be dispersed.

MPCA hosting weekly calls with Montana FQHCs to provide information and updates.



Chief Financial Officer Report

October 2025



October

Medical Encounters

YTD total is 11,903 and the Budget is 13,189 for a % variance of -9.8.

Behavioral Health Encounters

YTD Total is 3,551 and the Budget is 3,519 for a % variance of 0.9.

School Based Encounters

YTD Total is 1,285 and the Budget is 1,946 for a % variance of -34.

Dental Encounters

YTD Total is 5,555 and the Budget is 5,569 for a % variance of -0.3.

Pharmacy Prescriptions

YTD Total is 43,920 and the Budget is 45,760 for a % variance of -4.

Month end cash balance was unavailable from Missoula County at the time of publishing these financial reports.

Days in Epic Clinical Accounts Receivable are 86, and the current receivable balance is \$3,509,779. Epic Clinical AR is presented net of an allowance for uncollectible amounts. eCW Clinical Accounts Receivable balance is \$1,299,480. eCW Clinical AR is presented gross and does not include an adjustment for assessment of collectability.

Days in Pharmacy Accounts Receivable are 20, and the current receivable balance is 1,577,252

Pharmacy AR is presented net of an allowance for uncollectible patient accounts.

YTD Fee Revenue is \$12.58m with a Budget of \$12.3m for a % variance of 2.2%.

YTD Total Revenue is \$16.3m with a Budget of \$15.8m for a % variance of 3.3%.

YTD expenses are \$15.35m with a Budget of \$16.48m for a % variance of -6.8%.

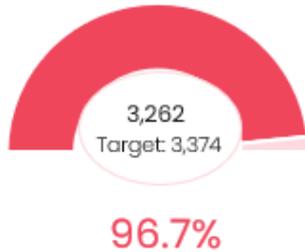
YTD Net Income is \$978,677 with a Budget of \$-661,404 for a % variance of -247.97%.



Patient Service

Volumes, Reporting Month

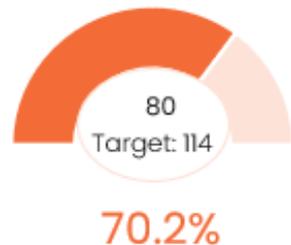
Medical



Psych.



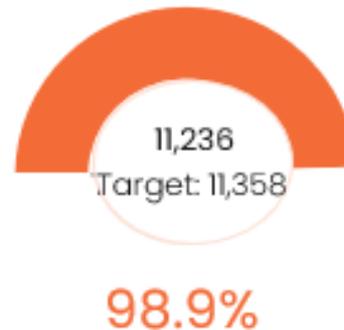
Clinical Pharmacy



Dental



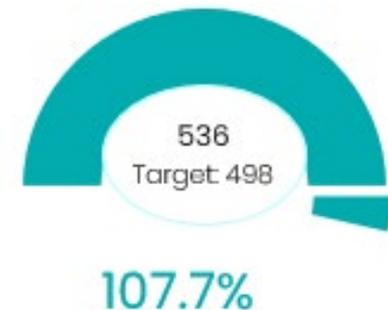
Pharmacy



Behavioral Health



School Based Behavioral Health





Patient Service Volumes, Year to Date

Medical



90.2%

Dental



99.7%

Behavioral Health



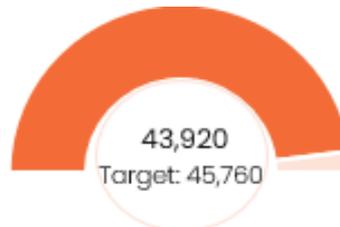
100.9%

Psych.



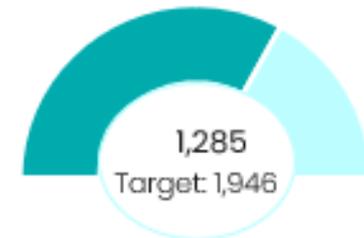
87.9%

Pharmacy



96.0%

School Based Behavioral Health



66.0%

Clinical Pharmacy



70.5%

PARTNERSHIP HEALTH CENTER
DRAFT STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
For the Month Ended October 2025

	ACTUAL MTD	MTD BUDGET	ACTUAL YTD	YTD BUDGET	FY 2026 Annual BUDGET
<u>OPERATING REVENUE</u>					
Charges for Services	3,757,231	3,075,704	12,577,303	12,302,816	36,908,447
Operating Revenue	3,757,231	3,075,704	12,577,303	12,302,816	36,908,447
On-Behalf Revenue-Pensions					
Total Operating Revenue	3,757,231	3,075,704	12,577,303	12,302,816	36,908,447
<u>OPERATING EXPENSES</u>					
Personnel	2,135,945	2,287,152	8,695,155	9,148,608	27,445,824
Other Operating Expenses- Clothing	500	1,300	528	5,200	15,600
Other Operating Expenses- Supplies	1,396,485	1,392,706	5,470,359	5,570,825	16,712,474
Other Operating Expenses- Purchased Services	228,909	413,182	1,088,032	1,652,728	4,958,184
Other Operating Expenses					
Depreciation	25,000	25,000	100,000	100,000	300,000
Operating Expenses	3,786,839	4,119,340	15,354,074	16,477,361	49,432,082
Uncompensated Absences					
Pension Expense					
OPEB Expense					
Total Operating Expenses	3,786,839	4,119,340	15,354,074	16,477,361	49,432,082
Operating Loss	(29,608)	(1,043,636)	(2,776,771)	(4,174,545)	(12,523,636)

	ACTUAL MTD	MTD BUDGET	ACTUAL YTD	YTD BUDGET	FY 2026 Annual BUDGET
<u>NON-OPERATING REVENUE (EXPENSE)</u>					
Intergovernmental Revenue	638,966	589,380	2,380,953	2,357,522	7,072,565
Private/Local Grants and Donations	114,682	269,301	1,253,601	1,077,206	3,231,617
Miscellaneous Revenue	20,557	13,353	120,895	53,414	160,241
Investment Earnings	-	6,250	-	25,000	75,000
Interest Expense	(2,467)	(2,467)	(9,867)	(9,867)	(29,600)
Loss on Disposal of Assets					
Total Non-Operating Revenue (Expense)	774,206	878,285	3,755,448	3,513,141	10,539,423
Change in Net Position	744,598	(165,351)	978,677	(661,404)	(1,984,213)
Net Position, Beginning of Year	21,656,140	21,656,140	21,656,140	21,656,140	21,656,140
Net Position, End of Period	22,400,738	21,490,789	22,634,817	20,994,736	19,671,927



Performance Indicators

Financial Sustainability and Growth

Drill Down Measure

Cost Per Encounter

Medicaid APM Rate for 2025: \$353.73

	July 25	August 25	Sept. 25	Oct. 25	Budget YTD
Medical	391	386	391.62	372.88	430.85
Dental	319	317	328.56	326.62	365.77
Behavioral Health	275	291	311.63	298.46	330.77
School Based Health	1,401	1,539	577.15	446.52	317.93
Total Clinical	371	372	371.98	354.47	392.98
Pharmacy	135	148	149.96	149.46	142.16

Calculations include overhead allocation.

All expenses are included, including depreciation.

Drill Down Measure Operating Margin

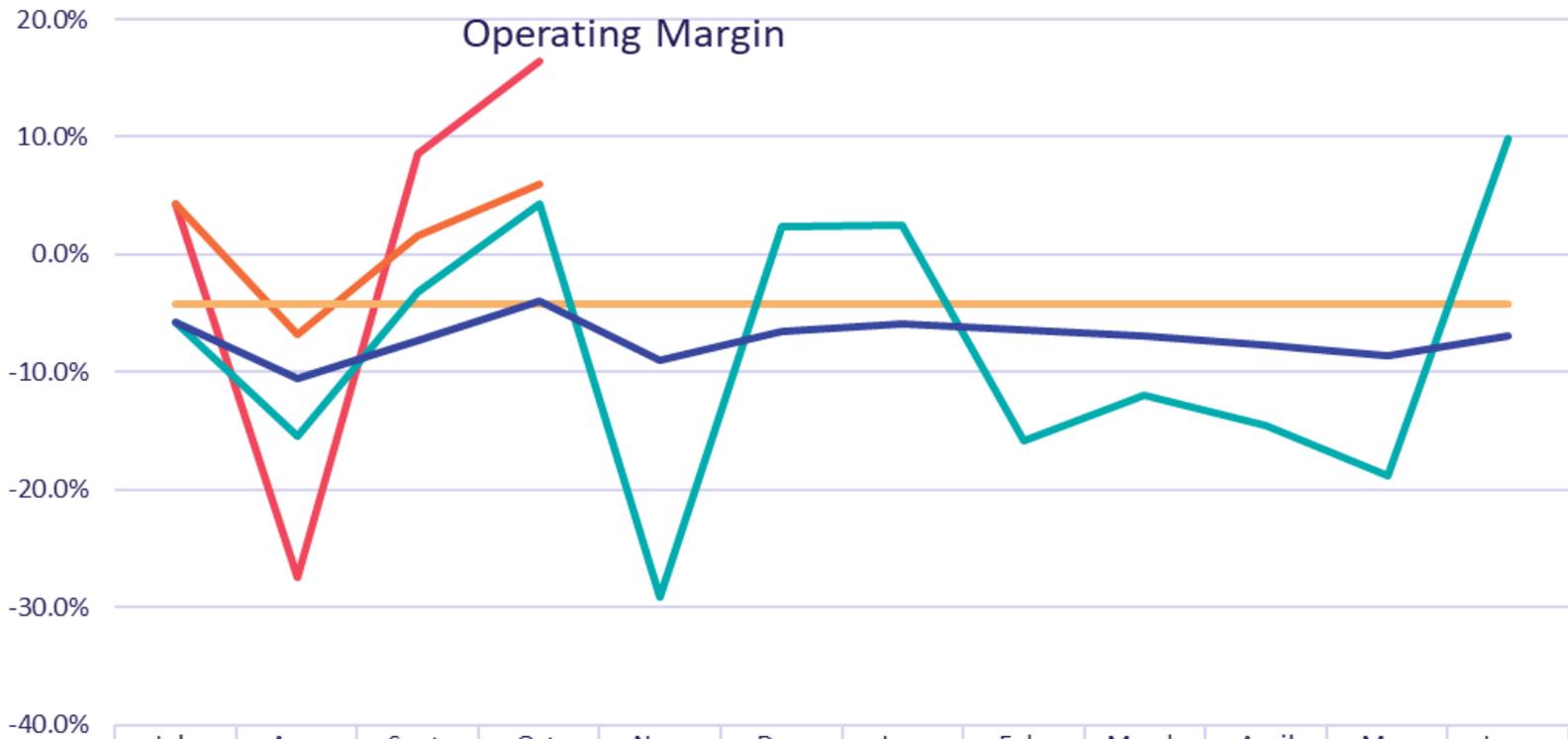
net income / total revenue

	Actual FY25	Actual FY26	Budget FY26
July:	-5.8%	4.2%	-4.2%
August:	-15.4%	-27.5%	-4.2%
September:	-3.2%	8.6%	-4.2%
October:	4.3%	16.4%	-4.2%
November:	-29.2%		-4.2%
December:	2.4%		-4.2%
January:	2.5%		-4.2%
February:	-15.9%		-4.2%
March:	-11.9%		-4.2%
April:	-14.5%		-4.2%
May:	-18.8%		-4.2%
June:	9.8%		-4.2%
Year To Date:	-6.9%	6.0%	-4.2%

Excluding information added during the financial audit:

- On-Behalf Revenue-Pensions
- Uncompensated Absences
- Pension Expense
- OPEB Expense

Graphical Operating Margin



	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
Month FY 26	4.2%	-27.5%	8.6%	16.4%								
Fiscal Year To Date 2026	4.2%	-6.8%	1.6%	6.0%								
Fiscal Year 2026 Budget	-4.2%	-4.2%	-4.2%	-4.2%	-4.2%	-4.2%	-4.2%	-4.2%	-4.2%	-4.2%	-4.2%	-4.2%
Month FY 25	-5.8%	-15.4%	-3.2%	4.3%	-29.2%	2.4%	2.5%	-15.9%	-11.9%	-14.5%	-18.8%	9.8%
Fiscal Year To Date 2025	-5.8%	-10.6%	-7.3%	-3.9%	-9.0%	-6.6%	-5.9%	-6.4%	-7.0%	-7.7%	-8.6%	-6.9%

Bryan Chalmers

Chief Financial Officer
Partnership Health Center

Direct: (406) 258-4445 | Main: (406) 258-4789



Integrated Services Clinical Programs

CMO Report



- Maven-Help with video consults/curbsides.
- Saturday Clinic
 - Lowell
 - Going great
 - Patients expressing gratitude
 - Other services may benefit from being open Saturday.

COO Report



UDS clinical quality measures

- Validation with Azara close to complete.
- Plan to use DRVS for 2025 UDS reporting.
- Spreading Epic tip sheets on quality measures to Care Teams. Improving with standard work at IO Connect.

UDS Clinical Quality Measures	Old DRVS TY 3/25 (PHC Goals)	Old DRVS Num/Den	Combined DRVS on TY 10/31/2025	Combined DRVS Num/Den	HCN UDS 4/5-10/31/25 (HCN Goals)	Num/Den	PHC Primary Goal (by 12/23)	PHC Secondary Goal (by 4/26)	HCN Goals
Childhood Immunization Status (CMS 117v13)	29.1%	37/127	24.5%	25/102	26.9%	18/67	28.9%	38.6%	≥39%
Child Weight Assessment / Counseling for Nutrition / Physical Activity (CMS 155v13)	53.7%	863/1607	26.7%	358/1339	43.0%	485/1127	60.0%	70.0%	≥77.4%
BMI Screening and Follow-Up 18+ Years (CMS 69v13)	36.4%	4453/122249	35.5%	3923/11049	43.2%	3912/9047	44.0%	60.0%	≥83.1%
Depression Remission at Twelve Months (CMS 159v13)	3.7%	32/856	2.8%	23/819	NA	NA	3.9%	4.2%	NA
Screening for Depression and Follow-Up Plan (CMS 2v14)	82.5%	9694/11754	73.6%	7750/10532	56.9%	4950/8700	82.0%	89.9%	≥80.5%
Tobacco Use: Screening and Cessation (CMS 138v13)	84.7%	7676/9067	85.2%	6548/7688	87.5%	5228/5976	86.0%	93.0%	≥80%
Colorectal Cancer Screening (CMS 130v13)	33.1%	1659/5012	37.3%	1656/4435	33.6%	1264/3769	50.8%	55.4%	≥68.3%
Cervical Cancer Screening (CMS 124v13)	45.9%	1787/3892	45.1%	1595/3535	44.1%	1335/3027	54.7%	59.7%	≥79.2%
Breast Cancer Screening Ages 50-74 (CMS 125v13)	39.6%	794/2005	43.0%	771/1792	34.7%	532/1532	42.0%	46.0%	≥80.3%
Hypertension Controlling High Blood Pressure (CMS165v13)	60.7%	1802/2971	59.9%	1714/2861	62.0%	1269/2048	61.6%	70.0%	≥80%
Diabetes A1c or GMI > 9 or Untested (CMS 122v13)	30.3%	362/1195	33.8%	373/1102	22.1%	209/946	28.0%	26.0%	≥11.6%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS 347v8)	73.9%	1579/2187	73.0%	1548/2120	72.7%	1178/1621	76.0%	81.5%	≥80%
Initiation of Substance Use Disorder Treatment (CMS137v13a)	20.6%	107/524	23.3%	120/514	24.1%	113/469	NA	NA	NA
Initiation and Engagement of Substance Use Disorder Treatment (CMS137v13b)	4.2%	22/524	2.5%	13/514	3.6%	17/469	NA	NA	NA
IVD Aspirin Use (CMS 164v7.2)	79.9%	349/437	79.6%	364/457	67.4%	351/521	85.5%	92.0%	≥80%
HIV and Pregnant	0.0%	0/164	0.0%	0/136	NA	NA	NA	NA	NA
HIV Screening (CMS 349v7)	29.8%	2890-/9686	29.4%	2521/8575	37.2%	2633/7077	27.9%	30.4%	NA
HIV Linkage to Care	100.0%	4/4	100.0%	5/5	NA	NA	75.0%	100.0%	NA
Dental Sealants for Children between 6-9 Years (CMS 277v0)	70.0%	28/40	14.3%	1/7	63.6%	7/11	70.0%	80.0%	NA
Dental Treatment plans completed within 18 months	47.0%					NA	50.0%	50.0%	NA

Other Key Performance Indicators

Indicator	Measure	Goal	Date/Date	SLT Owner	Standard Work and Improvement initiatives
Clinical Quality is Best in Class	UDS Clinical Quality Measures (CQMs) meeting primary goals	See UDS Clinical Quality spreadsheet	See UDS Clinical Quality spreadsheet	COO/Performance Excellence Facilitator/Director of Quality Engagement	<ul style="list-style-type: none"> IO Connect (Informatics/Operations) Team reformed as a multidisciplinary group to review quality and address standard documentation practices to provide high quality care and documentation standards. MA Supervisors are focusing on Pre-Visit Planning standardization (Depression, Tobacco, Cancer, HIV screenings at every visit, collection of vitals, HbA1c, medication reconciliation) Dental sealant monitoring, tobacco screening Education and interventions as appropriate to address screenings Proactive Immunization outreach (Pediatric RN) Link newly diagnosed HIV patients to Ryan White Program
	Eligible patients complete Medicare Wellness visit annually	50% of eligible patients	TY 10/25 13.38% (219/1637)	COO/Director of Quality Assurance	<ul style="list-style-type: none"> Data Abstractor are calling and educating eligible patients about MWV and scheduling them. 10-20% get scheduled Care Team promote and educate patients during their interactions MTPCA supports high utilizing patient support for direct outreach.
Innovations in Population Health	Use of primary care by CCT patients	Becca will give to Marge	HOLD	CINNO	<ul style="list-style-type: none"> Open recruitment for CCT RN and Provider; Will continue to measure once CCT hired.
	MST will bill for 50% operating cost	50%	In progress	CINNO	\$185,596 Medical reimbursement / \$989,956 total budget for MST (FY 2025 (7/1/24-6/30/25))
	Patients will retain housing if engaged with Blue Heron Place	80% after 6 months	(9/2023-7/22/25) 88%	CINNO	Care Coordination service for housed patients at BHP by PHC. (9/2023-7/22/25) 88%

Other Key Performance Indicators

Indicator	Measure	Goal	Date/Data	SLT Owner	Standard Work and Improvement initiatives
Finances are stable and we are growing	# Unused appointments	<10%, Medical: 1 per ½ day in Medical Dental: BH:	Max by 12/31/25	COO/CMO/Service line Directors	<ul style="list-style-type: none"> Medical LDM Boards pareto charts on reasons appts go unused Schedule Work Group=Proactive Scheduling optimization Proactive Empanelment activities Proactive No show management and policies
	# Unique patients	19,500	TY 10/2025 15,871	COO/CMO/ Clinic Director	<ul style="list-style-type: none"> Communications: Outreach Working with DRVS to give accurate information (16,495-18000)
	Cost per encounter	\$321	BOARD REPORT	CFO	<ul style="list-style-type: none"> Actively analyzing staffing
	Operating Margin	3.9%	BOARD REPORT	CFO	
	No show Rate	Medical <15%; BH<25%, Dental <25%	18.1% (Epic, all) Med: 19.2%, PCBH 24.9%, SBBH 4.5%, Den: 20.2% 4/5-10/31	Directors of Service Lines/COO	<ul style="list-style-type: none"> Proactive Dental No Show Policy management Proposal: Revise enforcement of Medical and/or Behavioral health No show Policies Clinical Informatics working towards activating "Fastpass" in Epic which provides automated options for re scheduling after a No show. Operations Team developing proactive no show management strategies.
	Clean claim rate, days to bill, denials	In progress	In the revenue report	CFO/ACFO	<ul style="list-style-type: none"> Split into 3 different metrics Clean claim rate or denials Days to bill Epic only (may be in Epic) PB Dashboard

Other Key Performance Indicators

Indicator	Measure	Goal	Date/Date	SLT Owner	Standard Work and Improvement initiatives
Patients are Engaged	Patient Experience	NPS of >90%	4/1 92% 8/25 85.2%	Director of Quality Engagement/COO	<ul style="list-style-type: none"> • Combination of our patient experience staff, Informatics, and Supervisors contact and address patient's complaints and feedback. • Completed a Patient experience survey in August 2025, see slide for details • Emitter has some sort of pt experience data
	Patient Retention	65%	In progress	Clinic Director/COO	- Will have by 1/1/25
	Service Line Utilization	70%	In progress	Service Line Directors/COO	- Data providing.
	Market Penetration	60%	In Progress		<ul style="list-style-type: none"> - Only annual data, UDS mapper - What is the denominator of people in Missoula in the 200% or less or on all for a denominator; JF working on it
Staff are Engaged	Engagement Survey	70% agreement on all questions	In progress	Director of Staff Engagement/CEO	<ul style="list-style-type: none"> • HR providing from last survey.
	Trainings per staff	100% are training in core areas	In progress	Director of Staff Engagement/CEO	<ul style="list-style-type: none"> - Base off competencies by dept - Leaders can track in MedTrainer - Current goal for all Leaders to complete New Manager Training. Cohort 1 started in October.
	Staff turnover	Less than 13%	3/25 16%	Director of Staff Engagement	<ul style="list-style-type: none"> - Yearly and Monthly - Hold for UKG to set goals and regularly track

Other Key Performance Indicators

Indicator	Measure	Goal	Date/Data	SLT Owner	Standard Work and Improvement initiatives
Access is Barrier Free	# enc across PHC daily/weekly	Budgetary Encounter goals	Reviewed weekly with SLT	Directors of Service Lines	<ul style="list-style-type: none"> Schedule Workgroup templated with Epic best practices 18 visits per day (9 per ½ day) Providers have goals based on patient facing time (week of 10/13/25) Med total YTD=95.07%; BH Total=84.73%, Dental Total=84.73%, Pharmacy Rxs=100.27%; Total Clinical=93.92% Total Clinical (by week): 10/13=92.17%; 10/6=99.86%; 9/29=98.78%; 9/22=96.78%
	3rd next available	7-14 days	Individual by Provider	Clinic Director/COO /CMO	<ul style="list-style-type: none"> 3rd next available for both new patients and active patients is used for empanelment activities Empanelment Committee reviewing with other panel data (panel size, no show rate, schedule utilization) to determine scheduling templates.
	MyChart activations	40-50%	6/30 31% 9/22 35% 10/20 36% 10/31 36.5% (5158/14138)	Director of Quality Engagement/COO	<ul style="list-style-type: none"> Patients asked at check in and check out Any staff member can send activation through patient's chart at any point via text, email or call.
	Appointments booked online	30% (in progress)	9/22 1.4% TY 10/25 1.6%	CIO	<ul style="list-style-type: none"> Data Team exploring database CI Team exploring fast pass, and 3 other items towards open scheduling

Innovations –



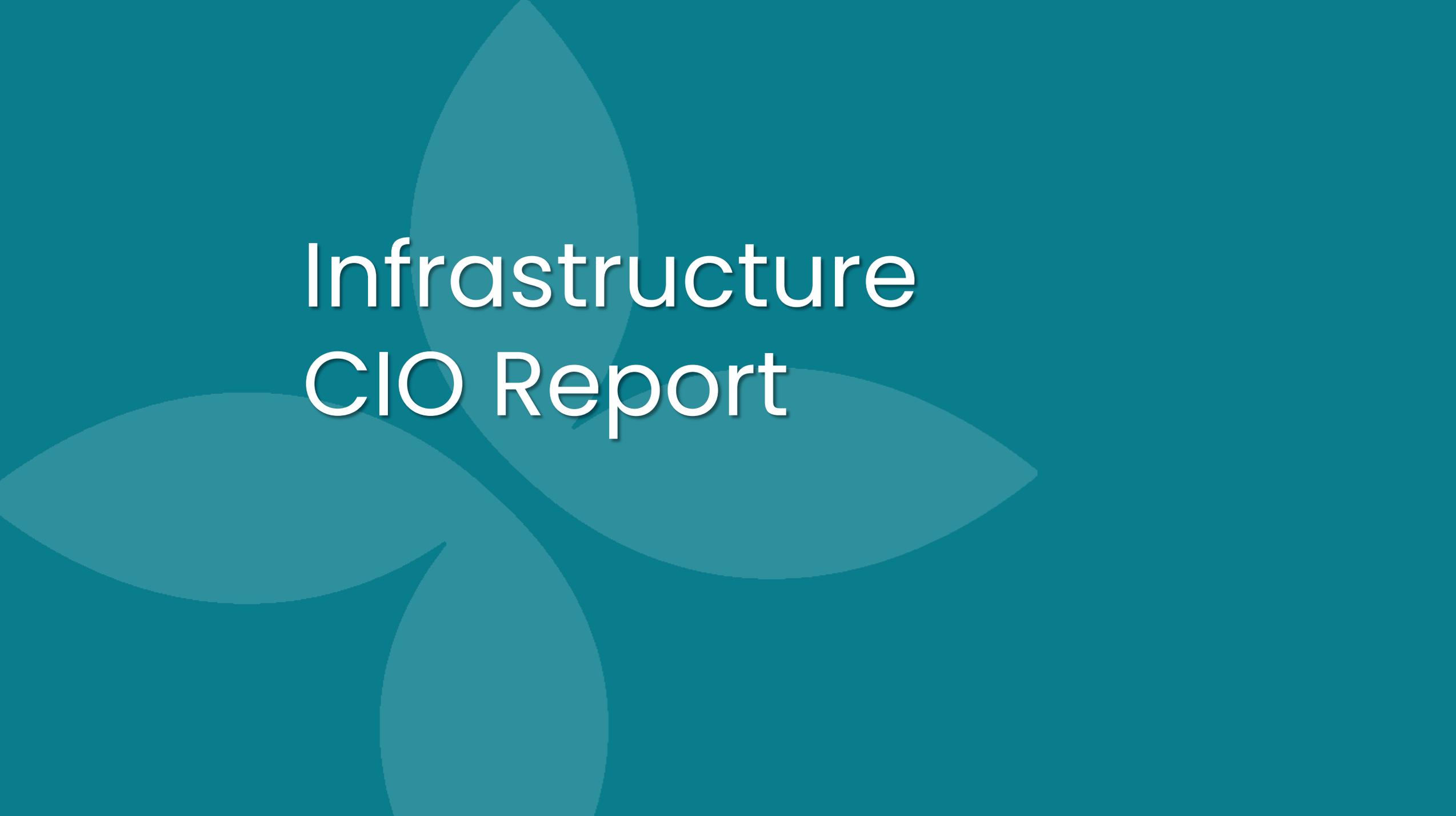
Innovations Team Updates

Youth Systems of Care SAMHSA Grant

- Grant PHC has been administering that will now be administered by the county.
- Focus is on improving the care for youth and families with social emotional disturbance.

Upcoming -

Legislative site visit at Watershed/Blue Heron Place

The background is a solid teal color with several large, overlapping, semi-transparent leaf-like shapes in a lighter shade of teal. The shapes are arranged in a way that they appear to be part of a larger, stylized plant or flower.

Infrastructure CIO Report

Electronic Health Record

Continued work on EPIC stabilization and optimization tasks

Archiving solution for long term retention of eclinicalworks data tool selected; contract signed, implementation kick off meeting held

EPIC Gallery document management tool to be implemented in December

Continued work on failover options for internet outages

Big Sky Care Connect access for selected staff to determine use case of the Health Information Exchange access at PHC

Data team developing foundational structure for long term delivery of PHC KPIs



IT Services

- PC fleet on Windows 11
- Network improvements
- Planning for future server hardware needs
- Identifying and planning for systems to be replaced related to Separation- phones/domain
- Assisting with new HR and Finance software implementation



Facilities

- Security/badge access management moving in house, Alder and Lowell Buildings completed, Creamery begins in November
- Developing Internal PHC Facilities Department and Sustainability Plan for Post-Separation: Staffing, Vendors, Contracts, etc.
- Hired Carl Klepzig
- Posted 2 positions for PHC Facilities staff in anticipation of end of those services/staff being provided by county
- Staff moved out of Freight house east and west



A photograph of laboratory glassware on a shelf, including a small Erlenmeyer flask, a larger Erlenmeyer flask, a beaker with a scale, and a test tube, all containing a blue liquid. The background is a blurred laboratory setting. A white, torn-paper-like graphic element separates the image from the text on the right.

Business Development

Business Cases

- Lab
- Radiology
- Pharmacy Expansion
- Hours of Operation expansion:
Had first Saturday clinic at
Lowell Clinic: 5 Encounters

MEDICAL STAFF MEMBERSHIP AND PRIVILEGES
OCTOBER 2025

STAFF APPLICATION FOR INITIAL APPOINTMENT or REAPPOINTMENT PRIVILEGES

The following applicants are recommended for appointment/reappointment and approval of privileges as requested. The recommendation is based on the verification and review of education, training, experience, licensure, National Practitioner Data Bank, and liability history. Unless otherwise noted in the practitioner's information that follows, no issues were identified during the credentialing process.

Conor Cahalan, PA-C – Mr. Cahalan will begin employment with Partnership Health Center on 11/04/2025. He graduated from Emory University Physician Assistance Program in December of 2019 with a Master of Science in Physician Assistant Studies and a Master of Public Health. He is certified by the National Commission on Certification of Physician Assistant.

Mariah Bonner, DO - Dr. Bonner has been functioning as a preceptor since October 2019. She graduated from the Western University of Health Sciences College of Osteopathic Medicine in June 2015 with a Doctor of Osteopathic Medicine degree. She completed her Family Medicine residency at Family Medicine Residency of Western Montana from June 2015 to June 2018. She is certified by the American Osteopathic Board of Family Medicine.

Michael Duchschere, APRN, PMHNP - Mr. Duchschere has been employed with Partnership Health Center since September 2019. He graduated from Gonzaga University in May 2019 with a Master of Science in Nursing. He is certified by the American Nurses Credential Center and holds the certification of Psychiatric Mental Health Nurse Practitioner.

Leah Gordon, MD - Dr. Gordon graduated from Oregon Health and Science University in May 2012 with a Doctor of Medicine degree. She received an Internal Medicine, Primary Care degree in June 2013 at the University of Washington, Internal Medicine. She completed her residency from July 2013 to June 2015 at the University of Washington, Internal Medicine Residency. From July 2015 to June 2016, she was Chief Medical Resident at Harborview Medical Center. She is certified by the American Board of Internal Medicine.

Nerissa Koehn, MD: Dr. Koehn has been with Partnership Health Center since August 2011 and is currently functioning as a preceptor for the Family Medicine Residency of Western Montana. She graduated from Harvard Medical School in 2001 with a Doctor of Medicine degree. She completed her Family Medicine Residency from July 2000 to June 2003 at Tacoma Family Medicine Residency Program. She is certified by the American Board of Family Medicine.

Dan McCarthy, DO: Dr. McCarthy has been a faculty member of the Family Medicine Residency of Western Montana since October 2017. He graduated from the Ohio University Heritage College of Osteopathic Medicine in May 2013 with a Doctor of Osteopathic Medicine degree. He completed his Family Medicine Residency from June 2013 to June 2016 at Family Medicine Residency of Western Montana. He completed a Neuromusculoskeletal Fellowship from June 2016 to June 2017 at Good Samaritan Regional Medical. He is certified by the American Osteopathic Board of Family Medicine/OMT and Neuromusculoskeletal Med/OMM.

Curt Tweedy, LCSW - Mr. Tweedy has been employed with Partnership Health Center since September 2019. He graduated from the University of Montana in May 2013 with a Master of Social Work degree.

RESIGNATIONS:

1. Brielle Rogers, DMD – 10/03/2025
2. Christian Wold, LMSW – 09/19/2025



PHC Board Meeting – November 2025

Recent Fully Executed Contracts

Contractor	Contract Type	Purpose	Term	Date Approved
Mutual of Omaha	Contract	Group Insurance agreement	11/19/25 – 11/19/26	11/2025
OneDigital	Contract	Insurance set up contractor	9/1/25 – 9/1/26	11/2025
Idaho College of Osteo	AA amendment	Medical students	1/1/26 – 12/31/26	11/2025
BCBS of MT	BAA	Insurance claims administrator	11/10/25 – 11/10/26	11/2025
LabCorp	Contract	Lab services	1/1/23 – 12/20/25	11/2025
Jestine MacDonald, MD	EA	1.0 FTE (40 hours/week)	1/1/26 – 12/31/26	10/2025
HCN	SOW	Data collection	10/20/25 – 10/20/26	10/2025
Republic Services	Contract	Garbage collection, price adj	10/16/25 – 10/16/28	10/2025

ACRONYM	DEFINITION
AA	Affiliation Agreement
BAA	Business Associates Agreement
EA	Employment Agreement
EFT	Electronic Funds Transfer
FUA	Facility Use Agreement
ICA	Independent Contractor Agreement
MOU	Memorandum of Understanding
PSA	Professional Service Agreement
MSA	Master Services Agreement
SOW	Statement of Work



**PARTNERSHIP HEALTH CENTER (PHC)
BOARD OF DIRECTORS MINUTES
October 31, 2025**

P/M PRESENT:

Kathleen Walters (P/M) *Chair*
John Crawford (P/M) *Vice-Chair*
Joe Melvin (P/M) *Secretary*
Jay Raines (P/M)
Suzette Baker (P/M)
Nathalie Wolfram (P/M)
Annie Green (P/M)

NP/M PRESENT:

Jilayne Dunn (NP/M) *Treasurer*
Krissy Petersen (NP/M)
Mark Thane (NP/M)

STAFF:

Lara Salazar, Chief Executive Officer (CEO)
Bryan Chalmers, Chief Financial Officer (CFO)
Dr. James Quirk, Chief Medical Officer (CMO)
Rebecca Goe, Chief Innovations Officer (CINNO)
Marge Baack, Chief Operations Officer (COO)
Jen Gregory, Director of Employee Relations
Jaime Dixon, Assistant Chief Financial Officer
Leslie Kemmis, Clinic Director
Dr. Robert Stenger, FMRWM Program Director
Dr. Emma Wright, FMRWM Associate Program Director

ABSENT:

Jeanna Miller (Ex-Officio) – **Excused**
Esther Tuttle (NP/M) – **Unexcused**
Patty Kero (P/M) - **Excused**

RECORDING SECRETARY:

Brianne Walker, Executive Assistant Supervisor

(Purple = virtual)

ISSUE	DISCUSSION	ACTION
<p>EDUCATION:</p> <p>CALL TO ORDER:</p> <p>LAND STEWARDS:</p> <p>PUBLIC COMMENTS <i>Introductions</i></p> <p>BOARD MEMBER COMMENTS: <i>Board Officers</i></p> <p><i>Conflict of Interest</i></p>	<p>Lara Salazar presented on the Healthcare Landscape. See attached slides for detailed information.</p> <p>The meeting was called to order by Kathleen Walters, Board Chair at 12:13 PM.</p> <p>Acknowledgement: <i>Partnership Health Center respectfully acknowledges that we occupy the traditional homelands of the Séliš, Qlispé, and Ktunaxa-Ksanka nations. We also recognize that these lands are a site of trade, medicine gathering, healing, and travel for other Native tribes in the area and is still home for many Indigenous people. We honor these people – past, present, and future, along with the many other Indigenous peoples who inhabited, continue to inhabit, hold sacred, and steward these lands. We acknowledge that the health care system has played a role in the oppression of Indigenous peoples. We commit to ongoing learning about the impact of colonization on the health and wellbeing of Indigenous peoples, and we commit to meaningful action that reverses health disparities.</i></p> <p>Introduction of Residents joining the Board meeting for October:</p> <ul style="list-style-type: none"> • Mac Turner, MD – second year resident • Annalise Mann, DO – third year resident • Keely Hackett, DO – first year resident <p>Board Officers: The following have been nominated as Officers of the PHC Board of Directors. A vote was requested at this time</p> <ul style="list-style-type: none"> • Kathleen Walters, Chair • John Crawford, Vice Chair • Joe Melvin, Secretary • Jilayne Dunn, Treasurer <p>Board Member Conflict of Interest Disclosures: listings included in packet and based upon annual submissions.</p>	<p>* It was moved by (Suzette Baker, Jay Raines) and carried to elect the Officers as nominated. The vote was unanimous.</p>

<p>COMMITTEE UPDATES: <i>Executive/Finance</i></p>	<p>Executive/Finance Committee (EFC): The group met for an in-depth review of the financial report. All Board members are invited to listen in each month.</p>	
<p>TOPICS REQUIRING MOTIONS / DISCUSSION:</p>	<p>All Board members received the following policies in the Board packet for review:</p> <ul style="list-style-type: none"> • Expanded Hours Policy – beginning Saturday clinic hours on November 8 at Lowell School. <p><i>Suzette Baker inquired how the marketing would work for the change in hours. Dr. Quirk will be the provider on Saturday's for now. There has been internal marketing with the care teams scheduling patients during those Saturday hours. This allows for a soft launch and to ensure the staffing ratio is appropriate. Kathleen Walters suggested getting information to the Saturday markets for marketing. Becca Goe advised that PHC will have a fully developed marketing plan to share at the January Strategic Planning meeting.</i></p> <p><i>Krissy Petersen inquired if the St Patrick Hospital Emergency Room should be aware to be able to refer patients. Leslie Kemmis requested to do so after having done a few Saturday clinics to ensure efficiency and capacity.</i></p>	<p>* It was moved by (John Crawford, Annie Green) and carried to approve the Expanded Hours Policy with amended start date of November 8. The vote was unanimous.</p>
<p>LEADERSHIP REPORT</p>	<p>All Board members received a copy of the CEO Report in the packet for review. Lara Salazar presented the following:</p> <ul style="list-style-type: none"> • Preparing for January Strategic Planning Retreat with the Board. Strategies will flow from the current pillars. Will evaluate last years focus areas and consider if those should be adjusted. • CHAMPS Conference update – Suzette Baker, John Crawford from the Board attended with other staff members. • Separation Update – tracking for December 31 deadline. HRSA has not yet approved the Successor in Interest request. There has been some communication which is promising. PHC has a contingency plan in place in the event HRSA is unable to approve the separation by December 31. • November 5 is the All Staff Meeting which will be a benefits fair for employees to attend. Review of the health plan selected with Blue Cross Blue Shield of Montana. Offering a flexible spending account (FSA) but will not offer an HSA (health savings account) due to not having a high deductible plan. 	

<p>CFO REPORT</p>	<ul style="list-style-type: none"> • Continuing work on the cash reserves and should have more answers next week. • Mobile Support Team Strategic Planning update – new leadership with the focus on expanding hours, improving data integration and aligning crisis response systems. • Supervisor / Manager training has started. Training covers a broad array of areas. Going well with good feedback from staff. <p>All Board members received the Chief Financial Officer’s Report in the Board packet for review. Bryan Chalmers presented the following:</p> <ul style="list-style-type: none"> • Cash draw was done and received. • Audit is in progress and going well. Engagement letter received and will be brought to the next Executive Finance meeting. • NetSuite (financial software) being implemented December 1. • Form 990 – requested extension. • UKG (HR software) being implemented January 1. • Open enrollment in progress • Budget work for next fiscal year is starting • Provider Contracts – changing the compensation model and will be tied to encounters. <i>Suzette Baker inquired if PHC is moving to a value based system. Lara Salazar advised moving to partly value based outcome with quality and access components. Krissy Petersen asked what the target goal is for encounters. Bryan Chalmers advised 2,400 for MD’s/DO’s and 2,200 for APP’s per year. These numbers are aligned with national surveys.</i> • Volume indicators – medical is lower due to fewer providers than planned, however not having a full provider roster is a savings in itself. • Operating Expenses – in line with budgeted • Net Position – budgeted at \$496k loss; actual is \$189k positive. • Cost per encounter – less than budgeted overall; pharmacy is increasing due to more expensive medications. • Accounts Receivable - \$3.6 million; should improve after remedied workflow. • Cash Reserves – no cash report received from the County since May. Continuing to work on obtaining the transfer. With Federal Grants and County 	
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interest, would be almost \$21 million; without grants and interest would be \$17 million. Review of cash balance tracking sheet.

Dr. Quirk reported the following for medical operations:

- New PA starting Monday, November 3; part time APP (Advanced Practice Provider).
- Dr. MacDonald starting January 6; full time provider.
- Continuing search for a Medical Director.
- UDS numbers are improving. Will be continuing to streamline the process for providers and ensure that data is being updated with the work.
- Hiring in basket coverage to help as needed for backlog work.

Marge Baack reported the following update for operations:

- Goal of improving cancer screening measures and depression quality measures.
- Review of UDS data.
- Empanelment group has reconvened and evaluated panel size of providers, risk stratification and third next available.
- Providers are able to access their own data which is very helpful.

Becca Goe reported the following update for innovations:

- Attended Internal Conference for Healthcare Philanthropy.
- Communications specialist did vacate position; no immediate plans to replace that position.
- Planning for campaigns in the community.
- Will be bringing a Communications and Marketing plan to the Board in January.
- Ryan White updates – Mary Ellen Helmer retired at the beginning of September. Redistributing the work to the Charge Nurse's. Will be working together to streamline Epic documentation in the future.

Jody Faircloth reported the following update for infrastructure:

- Implementing Gallery which helps streamline process of getting documents from the fax inbasket into the patient's chart.

<p>CONSENT AGENDA</p>	<ul style="list-style-type: none"> • Continuing work on networking and KPI's. • Ensuring all computers update to Windows 11. • Hired a facilities supervisor; currently all facilities staff is contracted with the County so this ensures PHC Inc. will have a facilities employee. • Most of the staff have been moved from the FreightHouse West building and plan is to terminate the lease by the end of the year. Potential for getting out lease of FreightHouse East in 2026. <p><i>Krissy Petersen vacated at 1:30 pm. Quorum remains.</i></p> <p>Consent Agenda: The Board members have agreed to use a consent agenda. Time is saved by voting on these items as a unit. Approval is requested for the following:</p> <ul style="list-style-type: none"> • <i>Acknowledgement of Fully Executed Contracts.</i> • <i>Acknowledgement of October Quality and Corporate Compliance Committee Minutes as presented.</i> <ul style="list-style-type: none"> ○ <i>Request for additional Board members to join the Quality and Corporate Compliance Committee.</i> • <i>Approval of Board of Directors Meeting Minutes of 09/26/25 as presented.</i> • <i>Acknowledgement of Executive/Finance Committee Meeting Minutes of 09/17/25 as presented.</i> 	<p>* It was moved, seconded (John Crawford, Jil Dunn) and carried to approve the Leadership update as presented. The vote was unanimous.</p> <p>*It was moved, seconded (John Crawford, Jay Raines) and carried to approve the Consent Agenda items as presented. The vote was unanimous.</p>
<p>NEXT MEETING</p>	<p>The next monthly Board meeting will be held on Friday, November 21, 2025 at Watershed Navigation Center.</p>	<p>*It was moved, seconded (John Crawford, Annie Green) and carried to adjourn the meeting. The vote was unanimous.</p>
<p>ADJOURNMENT</p>	<p>The meeting adjourned at 1:34 PM.</p> <p>Respectfully submitted,</p> <hr/> <p>Joe Melvin, PHC Board Secretary Brianne Walker, Recording Secretary</p>	

*Indicates motions made and accepted.		
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¹ Family Medicine Residency of Western Montana



PARTNERSHIP HEALTH CENTER (PHC)

EXECUTIVE/FINANCE COMMITTEE (EFC) MEETING MINUTES

October 22, 2025

PRESENT: Kathleen Walters, Chair
 John Crawford, Vice Chair
 Jil Dunn, Treasurer
 Joe Melvin, Secretary
 Patty Kero, Board Member

STAFF: Bryan Chalmers, Chief Financial Officer
 Lara Salazar, Chief Executive Officer
 Jody Faircloth, Chief Infrastructure Officer
 Becca Goe, Chief Innovations Officer
 Marge Baack, Chief Operations Officer

OTHER: Susan Hurteau, First Interstate Bank
 Bryan Goodfried, First Interstate Bank
 Paul McKean, First Interstate Bank

ABSENT: James Quirk

Brianna Walker, Recording Secretary

*Virtual

ISSUE	DISCUSSION	ACTION
CALL TO ORDER	The meeting was called to order by Kathleen Walters, Chair, at 10:37 a.m.	
PUBLIC COMMENTS	Kathleen Walters called for public comments: None heard.	
MINUTES	All Committee members received a copy of the September Executive/Finance Committee Meeting Minutes for review.	
CASH RESERVES	Lara Salazar presented an update on the cash reserves due to PHC from the County. The reserves were to be transferred by October 14 th per the separation agreement. Andrew Czorny, CFO for the County sent a letter with what appears to be an incorrect calculation and saying PHC is due \$10 million instead of the \$24 million PHC believes it is due. PHC Leadership had a meeting with the County, showing calculations that state amount PHC deems as due. The County has not reported cash reserves since May 2025 even though Jaime Dixon has asked for these numbers every month. Bryan Chalmers and Andrew Czorny will be meeting to review records in detail. The following step will be to meet with Brian West and Justin Cole. Will consider PHC Board meeting with the County Commissioners if cannot come to a resolution.	*It was moved, seconded (John Crawford, Joe Melvin) & carried to approve the EFC Meeting Minutes of September 2025 as presented. The vote was unanimous.

<p>INTRODUCTIONS</p>	<p>Bryan Chalmers displayed and reviewed calculations of cash reserves.</p>	
<p>CFO REPORT</p>	<p>Investment Banker introductions: Susan Hurteau with First Interstate Bank introduced Bryan Goodfried, Wealth Advisor and Paul McKean, Portfolio Manager. Review of services offered and plan for transfer of funds once received.</p> <p>Bryan Chalmers distributed the September financial statement to all committee members (see attached) and reported the following:</p> <ul style="list-style-type: none"> - Total encounters: medical 82% compared to prior year, down to 135 from 153, likely due to fewer providers. Work is being done to increase encounter minimums, with provider contracts moving towards productivity and quality incentive based. - Payor mix: driving revenue - Total FTE's: 259 - Net income: positive - Computer: \$12.50 per encounter cost with Epic; cancellation of different software coming up - Net income: positive \$189k; budgeted a loss of \$496k. 	
<p>NEXT BOARD AGENDA</p>	<p>The draft agenda for Friday, October 31, 2025, Board Meeting was reviewed.</p>	
<p>NEXT MEETING</p>	<p>The next Executive/Finance Committee meeting will be November 19, 2025.</p>	
<p>ADJOURNMENT</p>	<p>The meeting was adjourned at 11:58 am.</p> <p>Respectfully submitted,</p>	
<p>* Indicates motions made and accepted.</p>	<p>_____ Joe Melvin, Board Secretary</p> <p>_____ Brienne Walker, Recording Secretary</p>	<p>*It was moved, seconded (John Crawford, Jil Dunn) & carried to approve the October Board Meeting Agenda as presented with the line item change as discussed. The vote was unanimous.</p>



MISSOULA'S COMMUNITY HEALTH CENTER

PARTNERSHIP HEALTH CENTER BOARD OF DIRECTORS
As of 1/2/2025

Name/Title	Email	Phone	Joined	Officer
Baker, Suzette*	Suzettesmc@gmail.com	970-759-0388	April 2024	N/A
Crawford, John* Vice-Chairman	jcblackfeet@msn.com	406-552-8218	Feb. 2016	Vice-Chair as of 11/2024
Dunn, Jilayne Treasurer	jdunn@ci.missoula.mt.us	406-552-6157	(Appointed) Dec. 2013	Treasurer as of 11/2024
Green, Annie*	annie.green@gmail.com	406-240-0239	Mar. 2021	N/A
Kero, Patty*	pmcpherson20@gmail.com	406-529-5335	Nov. 2021	N/A
Melvin, Joe* Secretary	jmelvinmt@gmail.com	406-207-8107	Jan. 2019	Secretary as of 11/2024
Petersen, Krissy	Kristin.petersen@providence.org	406-490-6741	Sept. 2024	N/A
Raines, Jay*	mrjayraines@gmail.co	406-274-1493	Jan. 2024	N/A
Thane, Mark	mt59801@gmail.com	406-552-3957	Oct. 2019	N/A
Tuttle, Esther	Siousspassion7@gmail.com	307-223-6967	Dec. 2024	N/A
Walters, Kathleen* Chairwoman	kathleen@montanarealtynetwork.com	406-880-8818	Jul. 2013	Chair as of 11/2024
Wolfram, Nathalie*	nathalie.wolfram@gmail.com	406-370-7731	Oct. 2018	N/A

* = Patient Member (P/M)

GUESTS/ EX-OFFICIO REPRESENTATIVES

Miller, Jeanna Missoula County Health Department	301 W. Alder Missoula, MT 59802 Ph: 258-4996 Fax: 523-4781	jmiller@missoulacounty.us
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Healthy People, Strong Communities



Board Education Topics

Date Presented	Topic
1/31/25	Board Retreat – with Capital Link Demand Study
02/2025	Budget/Financial Education
03/2025	UDS & Quality Management Improvement Plan
04/2025	HCN Go live update
05/2025	Safety and Risk Management report
06/2025	OSV overview
07/2025	Board open discussion on education topics
08/2025	None – due to OSV
09/2025	Leadership Roles
10/2025	State and Federal Shifts
11/2025	Watershed Tour
12/2025	Finance Series – “Follow the Dollar”, preparation for separation
01/2026	Strategic Planning Board Retreat
	Ideas
	Open – Board of Directors Discussion
	340B – explanation of program, direct impact to PHC
9/2025	Explanation of Leadership Roles
	Commonly used acronyms
	Follow the patient
	Incident Command System (ICS) 101
10/2025	Site visits tour with Board meeting off site
	UDS Map and Analysis
	Marketing Strategy
12/2025	“Follow the Patient”
	Key Performance Indicators (KPIs) – in depth
	PHC Values Work – Communications Dept
	330 HRSA Grant Refresher
	Med Trainer
	PERS education
	Legislative Update - Stacey Anderson
	LDM updates with Cass

PARTNERSHIP HEALTH CENTER, INC.
BOARD OF DIRECTORS' COMMITTEE MEMBERSHIP LIST
-JAN 2025-

EXECUTIVE/FINANCE COMMITTEE (EFC)

Kathleen Walters, Chair

John Crawford

Jilayne Dunn

Joe Melvin

Staff: Lara Salazar, CEO

Bryan Chalmers, CFO

**QUALITY AND CORPORATE COMPLIANCE
COMMITTEE (QCCC)**

Jilayne Dunn, Chair

John Crawford

Staff: Marge Baack, COO

Quality Assurance Mgr

Bryan Chalmers, CFO

Meets Quarterly

BYLAWS COMMITTEE

Joe Melvin, Chair

Patty Kero

Kathleen Walters

Staff: Lara Salazar, CEO

Meets as needed

PERSONNEL COMMITTEE

Nathalie Wolfram, Chair

John Crawford

Kathleen Walters

Annie Green

Meets as needed

AD HOC COMMITTEE

Annie Green, Chair

Kathleen Walters

Nathalie Wolfram

John Crawford

Staff: Lara Salazar, CEO

Bryan Chalmers, CFO

Jody Faircloth, CIO

Meets as needed

Partnership Health Center Board of Directors Annual Work Plan	HRSA Chapter	Q1			Q2			Q3			Q4		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Review adherence to HRSA requirements	2							X					
Review and approve the Service Area based on UDS data	3				X								
Review and approve Scope of Services - 5A review	4											X	
Review and approve hours and locations	6											X	
Finance committee reviews updated SFDS, presents to full board for approval	9												
Patient survey data on SFDP is shared with Board	9					X							
Review and approve clinical policies annually	10						X						
CMO presents clinical performance data	10				X				X		X		X
CFO presents bimonthly financial performance data	10					X		X		X		X	
Division Director strategic reports	10				X	X	X	X	X	X	X	X	X
CEO performance evaluation	11						process check			start	complete		
Board approves contracts and agreements that relate to scope of services	12											X	
Board members and key exec staff sign annual conflict of interest form	13												
Board conflicts are disclosed to the board	13				X	X	X	X	X	X	X	X	X
Board approves financial policies annually	15					X							
Finance committee reviews annual audit, presents to full board for approval	15					X							
Finance committee reviews annual IRS 990 submission, presents for approval	15					X							
Reviews updated sliding fee schedule & policy, presented for approval as needed	16												X
Finance committee reviews annual budget submission to HRSA, presents for approval	17												X
Finance committee reviews annual operating budget, presents for approval	17						X						
Board meets monthly	19				X	X	X	X	X	X	X	X	X
Board participates in annual strategic thinking process	19										X		
Board monitors progress on strategic objectives	19				X	X	X	X	X	X	X	X	X
Board completes self-evaluation annually	19						X						
Board engages in education	19				X	X	X	X	X	X	X	X	X
Governance committee develops board leadership, presents officer slate for vote	19									Nom	Vote		
Poll Board Members for Officer nominations during Sept. meeting	20					X							
Reviews and approves annual risk management plan	21						X						
FTCA Inservice	21								X				

As Needed		
Review and approve applicable needs assessments every three years	3	As needed
Review and approve any new or additional services	4	As needed
Board is notified of credentialing and privileging decisions	5	As needed
Board considers accessibility, availability, continuity, and demographics	5	As needed
Review and approve QI Plan every three years	10	As needed (last done April 2022)
Board approves grant applications	19	As needed
Governance committee reviews and updates By-laws, presenting for approval	19	As needed
Board adopts a three-year plan for financial management and capital expenditures	19	As needed
Governance committee assesses board composition, recruits to fill needs	20	As needed
Board approves Credentialing & Privileging Policy at least every three years	21	As needed
Coordinating committee meets 2x/year - Co-applicant agreement	12	Includes MCCHD director, PHC ED, board member - from PHC and MCCHD, CAO, and a county commissioner
Confirms no current staff or immediate clinic family members	20	Ongoing and annually