UMC Strategic Planning Committee Meeting

Delta Point Building - Emerald Conference Room - 1st Floor

Thursday, October 29, 2026

901 Rancho Lane

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
October 29, 2026 10:00 a.m.
901 Rancho Lane, Las Vegas, Nevada
Delta Point Building, Emerald Conference Room (1st Floor)

Notice is hereby given that a meeting of the UMC Governing Board Strategic Planning Committee has been called and will be held at the time and location indicated above, to consider the following matters:

This meeting has been properly noticed and posted online at University Medical Center of Southern Nevada's website http://www.umcsn.com and at Nevada Public Notice at https://notice.nv.gov/, and at 901 Rancho Lane, Las Vegas, NV.

- The main agenda is available on University Medical Center of Southern Nevada's website http://www.umcsn.com. For copies of agenda items and supporting back-up materials, please contact Stephanie Ceccarelli, Board Secretary, at (702) 765-7949. The Strategic Planning Committee may combine two or more agenda items for consideration.
- Items on the agenda may be taken out of order.
- The Strategic Planning Committee may remove an item from the agenda or delay discussion relating to an item at any time.
- Consent Agenda - All matters in this sub-category are considered by the Strategic Planning Committee to be routine and may be acted upon in one motion. Most agenda items are phrased for a positive action. However, the Strategic Planning Committee may take other actions such as hold, table, amend, etc.
- Consent Agenda items are routine and can be taken in one motion unless a Strategic Planning Committee member requests that an item be taken separately. For all items left on the Consent Agenda, the action taken will be staff's recommendation as indicated on the item.
- Items taken separately from the Consent Agenda by Committee members at the meeting will be heard in order.

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

1. Public Comment.

PUBLIC COMMENT. This is a period devoted to comments by the general public about items on ***this*** agenda. If you wish to speak to the Committee about items within its jurisdiction but not appearing on this agenda, you must wait until the "Comments by the General Public" period listed at the end of this agenda. Comments will be limited to three minutes. Please step up to the speaker's podium, clearly state your name and address and please ***spell*** your last name for the record. If any member of the Committee wishes to extend the length of a presentation, this will be done by the Chair, or the Committee by majority vote.

2. Approval of the minutes from the regular meeting of the UMC Governing Board Strategic Planning Committee on August 27, 2026. (For possible action)

3. Approval of Agenda. *(For possible action)*

SECTION 2: BUSINESS ITEMS

4. Receive a report regarding UMC Strategic Plan Updates; and direct staff accordingly. *(For possible action)*

5. Review and discuss the measurement and weighting of the FY27 organizational goals; and direct staff accordingly. *(For possible action)*

SECTION 3: EMERGING ISSUES

6. Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. *(For possible action)*

COMMENTS BY THE GENERAL PUBLIC

All comments by speakers should be relevant to the Committee's action and jurisdiction.

UMC ADMINISTRATION KEEPS THE OFFICIAL RECORD OF ALL PROCEEDINGS OF UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE. IN ORDER TO MAINTAIN A COMPLETE AND ACCURATE RECORD OF ALL PROCEEDINGS, ANY PHOTOGRAPH, MAP, CHART, OR ANY OTHER DOCUMENT USED IN ANY PRESENTATION TO THE BOARD SHOULD BE SUBMITTED TO UMC ADMINISTRATION. IF MATERIALS ARE TO BE DISTRIBUTED TO THE COMMITTEE, PLEASE PROVIDE SUFFICIENT COPIES FOR DISTRIBUTION TO UMC ADMINISTRATION.

THE COMMITTEE MEETING ROOM IS ACCESSIBLE TO INDIVIDUALS WITH DISABILITIES. WITH TWENTY-FOUR (24) HOUR ADVANCE REQUEST, A SIGN LANGUAGE INTERPRETER MAY BE MADE AVAILABLE (PHONE: 765-7949).

UMC Providence Suite
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
Thursday, August 27, 2026
10:00 a.m.

The University Medical Center Governing Board Strategic Planning Committee met at the time and location listed above. The meeting was called to order at the hour of 10:04 a.m. by Chair Palenik and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Mary Lynn Palenik, Chair
Harry Hagerty
Dr. John Fildes
Christian Haase (Via Teams)

Absent:
None

Also Present:
Mason Van Houweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
Susan Pitz, General Counsel
Stephanie Ceccarelli, Board Secretary
Vick Gill, Business Development Officer

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Palenik asked if there were any persons present in the audience wishing to be heard on any item on this agenda. No such comments were heard.

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on June 25, 2026 and the special meeting held on August 13, 2026. *(For possible action)*

Chair Palenik noted two minor amendments to the minutes.

FINAL ACTION: A motion was made by Member Fildes that the minutes be approved as amended. Motion carried by unanimous vote.

ITEM NO. 3 Approval of Agenda *(For possible action)*

Item 5 was moved to be heard after Item 7.

FINAL ACTION: A motion was made by Member Haase that the agenda be approved as amended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a presentation from Vick Gill, Business Development Officer, regarding Salaries, Wages, and Benefits (SWB); and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- PowerPoint Presentation

DISCUSSION:

Mr. Gill reviewed the current SWB landscape at UMC and explained why SWB matters strategically. SWB is UMC's single largest investment and the foundation of our ability to deliver quality care to the patients we serve.

Traditionally, SWB includes base salaries for staff, hourly wages and overtime, payroll taxes, insurance and retirement plan contributions, paid time off, workers' compensation, and employee education and training benefits. It was noted that bonuses are accrued within SWB.

Mr. Gill reviewed the benefits package specific to UMC, which includes an employer-paid pension plan, consolidated annual leave, 11-12 paid holidays, an extended illness bank, a comprehensive medical benefits package, and public service loan forgiveness for student loans. Employees do not pay Social Security or state income tax. These benefits are part of the compensation package, providing advantages over competitors. This competitive compensation is necessary to sustain workforce stability and growth.

The current SWB landscape was reviewed. Labor costs remain the largest and most significant operational investment. Annual merit increases and COLA adjustments drive SWB, and 67% of net revenue is attributable to SWB. A brief discussion followed regarding the employer-paid pension plan offered to UMC employees. The plan is fully funded by UMC and provides 36.75% participation for its employees.

Competitive compensation is necessary to sustain workforce stability and service growth. Challenges related to market adjustments, retention and turnover, hard-to-fill positions, specialty staffing recruitment, remote work, and restrictions on hiring outside of Clark County were discussed.

Strategic investment in the workforce supports patient care and services, improves financial performance, reduces turnover, and fosters a culture that promotes organizational growth and employee engagement.

Management is focusing on mitigating labor-related risks, including inflation, market wage adjustments, and workforce burnout, and is proactively monitoring productivity and engaged in workforce planning to reduce organizational risks.

DRAFT

UMC's ability to deliver on its mission and strategic plan depends on maintaining a stable, engaged, and high-performing workforce. Thoughtful management of salaries, wages, and benefits is essential to achieving that goal.

Lastly, Mr. Gill highlighted the advanced scheduling and productivity reporting platform that uses the UKG workforce management tool. A discussion followed on the data that will be generated through UKG to support workforce management.

Chair Palenik would like a follow-up SWB presentation at the October meeting that includes productivity data. She added that it would be helpful to see how the data compares with market share and asked the team to consider which metrics the committee should review and focus on from an SWB perspective. A brief discussion ensued regarding implementing process efficiencies throughout the hospital.

Mr. Van Houweling informed the Committee that they will receive updates at the board meeting regarding the projects related to Lean Six Sigma and UGM updates.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 6 Review and discuss the selection of the Priority Service Lines as they relate to the FY27 Strategic Planning Committee's Organizational Performance Goals; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
-PowerPoint Presentation

DISCUSSION:

Ms. Wakem began the discussion with a review of the Service Line Group Prioritization Matrix. The goal is to have an objective way to establish the focus of the organization's service lines. She provided a review of the service lines and the groups associated with each service line. Mission-related criteria, financials, and fair-share opportunities were discussed. Examples of ranking and percentages of the service lines were reviewed and discussed.

Chair Palenik commented that this mapping tool will help management compare market share and fair share and allow the Committee to focus on specific metrics. She added that this will help the Committee and staff be aligned on the hospital's goals and focus areas.

Member Hagerty would like to review the materials in more detail.

Member Fildes added that it would be helpful to determine which services would be considered more useful in the equation in an outpatient or inpatient setting.

DRAFT

A discussion ensued regarding the concept of a "hospital at home" patient care model. Mr. Van Houweling would like to discuss this concept at a future meeting.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 7 Review and discuss the FY27 Organizational Goals as they relate to the Strategic Planning Committee; and make a recommendation to the Human Resources and Executive Compensation Committee; and direct staff accordingly. *(For possible action)*

DISCUSSION:

The following goals were reviewed for FY27.

GOAL 1: SERVICE-LINE FINANCIAL AND CLINICAL PERFORMANCE (25%)

Improve the financial and clinical performance of the five FY2027 priority service-line groups using the normalized FY2026 results as the baseline.

•GOAL 2: ACCESS, THROUGHPUT & CAPACITY (25%)

Optimize capacity through efficient throughput management and improve timely access to care through measurable improvements in emergency and ambulatory performance.

GOAL 3: ENTERPRISE STRATEGY AND SERVICE-LINE GOVERNANCE (25%)

Secure Governing Board approval of an integrated FY2027-FY2029 enterprise strategic plan and begin execution through standardized service-line, accountable ownership, and performance reporting every two months.

•GOAL 4: STRATEGIC GROWTH, ACADEMIC MISSION & INFRASTRUCTURE (25%)

Achieve the Board-approved FY2027 milestones for strategic growth, the Academic Health Center, and priority capital projects.

A lengthy discussion ensued regarding the necessity of detail and specificity presented for each goal. Chair Palenik noted that it is important to receive clear definitions of what is expected to be achieved for each goal from management for

DRAFT

accountability and to allow the Committee to measure and score the goals accurately.

Ms. Wakem provided a brief explanation of how the data will be collected from the Strata tool and Epic.

Chair Palenik would like to establish a working group to discuss the individual measures and the evaluation criteria for each goal, and report back at the next meeting.

Member Hagerty commented that the Committee should annually reflect on the changes, opportunities, and threats affecting the healthcare community in Southern Nevada and take action to move forward and minimize threats. Mr. Van Houweling suggested a discussion focused on addressing some of the threats affecting the community. A brief discussion followed on facilitating a working group for the goals and strategic initiatives.

The Committee agreed to approve the overall FY27 goals as presented and can determine the service lines and specific weights and measures for each at the October meeting.

FINAL ACTION TAKEN:
A motion was made by Member Fildes to approve the FY27 goals as presented and recommend to the Governing Board for approval. Motion carried by unanimous vote.

ITEM NO. 5 Receive a report regarding UMC Market Share; and direct staff accordingly. ***(For possible action)***

DOCUMENT SUBMITTED:
- Market Share Update

DISCUSSION:

Chris Jones provided a high-level overview of the new SG2 Inpatient Market Share data for Q4 FY25 through Q3 FY26 across all major service lines, including performance signals, financial data, and operational performance data for each service line. Market share has been stable, ending the year at 8.9%. Based on the total number of beds, UMC is 2.5% short of the fair share market share total.

Member Hagerty inquired who is gaining and who is losing market share and why.

Mr. Jones informed the committee that the data that will be reviewed is new SG2 data, and therefore, it will be compared to previous data.

The payor mix for 3-, 5-, and 7-mile data across all service lines was reviewed.

FINAL ACTION TAKEN:

None taken.

DRAFT

At 11:53 a.m., a motion was made by Member Fildes to go into closed session pursuant to NRS450.140(3). Motion carried by unanimous vote.

At 11:54 a.m. the Committee reconvened in closed session.

SECTION 3: CLOSED SESSION

ITEM NO. 8 Go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.

At 12:09 p.m., the closed session ended on the above-referenced matter, and the Committee reconvened in open session.

SECTION 4: EMERGING ISSUES

ITEM NO. 9 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. *(For possible action)*

DISCUSSION:

The Committee would like to discuss the issue related to the social needs of ER patients, specifically the countywide issue of homelessness.

FINAL ACTION TAKEN:
No action taken

COMMENTS BY THE GENERAL PUBLIC:

Comments from the general public were called for. No such comments were heard.

There being no further business to come before the committee this time, at the hour of 12:15 p.m.

APPROVED:

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

DRAFT

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
AGENDA ITEM

Issue: **UMC Strategic Plan Update**	**Back-up:**
Petitioner: Christopher Jones, Executive Director of Support Services	
Recommendation: **That the Governing Board Strategic Planning Committee receive a report regarding UMC Strategic Plan Updates; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the strategic plan.

Cleared for Agenda
October 29, 2026

Agenda Item #

4



STRATEGIC PLAN FY27

October 29, 2026

UMC
UNIVERSITY MEDICAL CENTER

TABLE OF CONTENTS

Organizational Foundation.....3
Market Presence.....7
Enterprise Strategy Framework.....10
Service Line Framework.....13
Service Line Strategy.....16
Market Growth & Ambulatory Strategy.....44
Marketing Strategy.....50
Revenue & Payor Strategy.....53
Expense Management.....56
Technology Strategy.....59
Capital & Infrastructure.....61
Financial Model.....62



University Medical Center is dedicated to elevate the level of care for the community through the highest caliber of quality of care within a premier Academic Health Center, advancing clinical excellence, education, and innovation to address the changing needs of Southern Nevada, all sustained by disciplined fiscal stewardship. Through an integrated healthcare delivery system, we provide an unrivaled patient experience that sets us apart from every healthcare system in Southern Nevada.

UMC
UNIVERSITY MEDICAL CENTER

MISSION

To serve our community by providing patient-centered care in a fiscally responsible and learning-focused environment.

VISION

The vision of University Medical Center of Southern Nevada is to be the premier academic health center, focused on providing patient-centered care and advancing healthcare excellence in the region.

VALUES

Compassion, Accountability, Integrity, and Respect.

These values drive our mission to deliver patient-centered care and our vision to act as Nevada's premier academic health center.

MEDICAL SERVICES

- General Medical / Surgical Services
- UMC Children's Hospital
- Women's, Newborn, and Level III NICU
- Full-service Adult and Peds Emergency Services
- Comprehensive Stroke Center
- The Heart Hospital of Nevada
- Largest Military-Civilian Partnership
- Nationally Recognized Laboratory
- Certified Excellence in:
  - Advanced Heart Failure & Chest Pain
  - Orthopedics
  - Robotic Surgery

- Nevada's First Level I Trauma Center
- Level II Pediatric Trauma
- Nevada's *ONLY* Verified Burn Center
- Nevada's *ONLY* Transplant
- Nevada's *ONLY* (Magnet Certification)

NEWEST OUTPATIENT SERVICES



24/7 Quick Care Primary Care



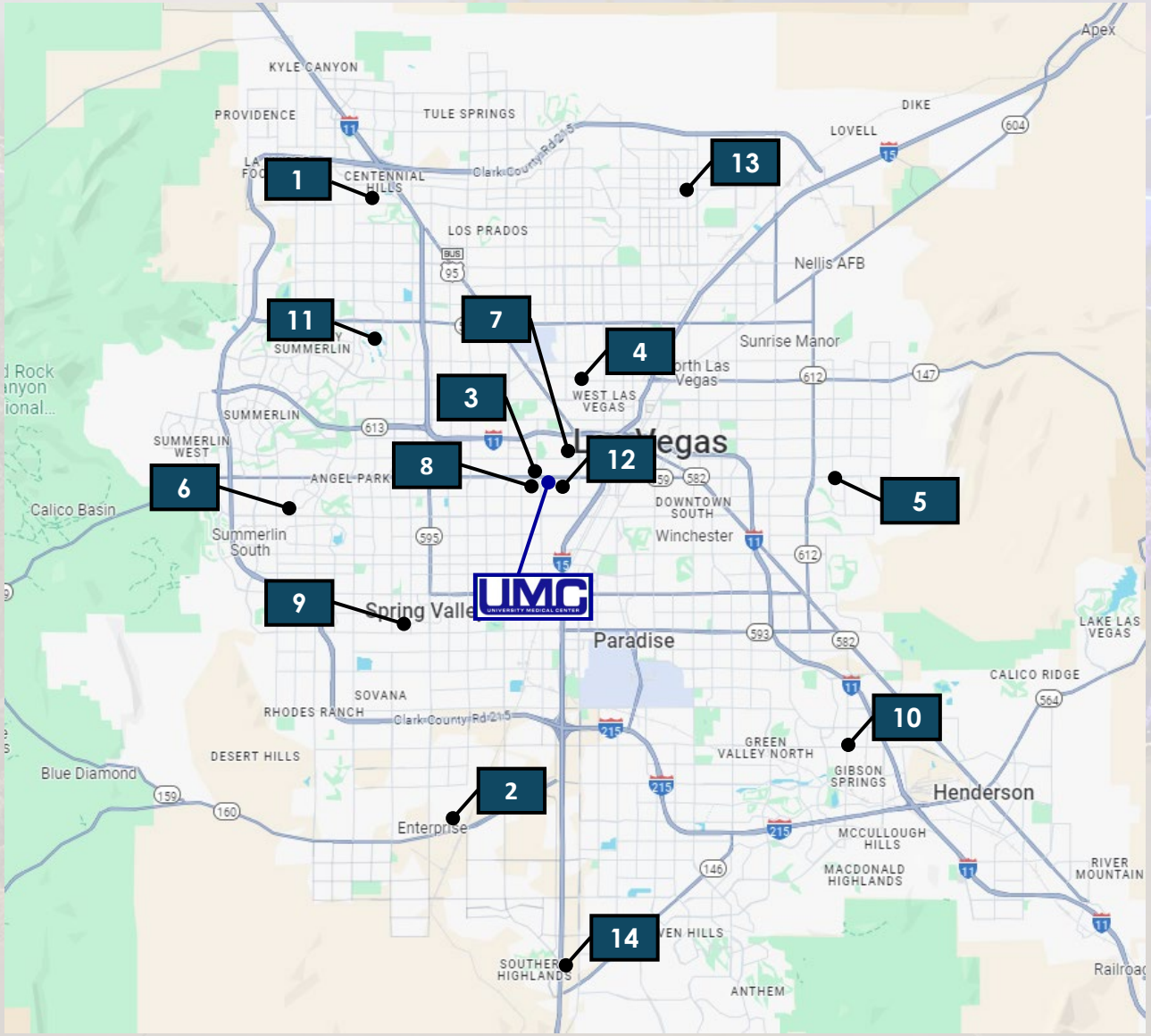
East Charleston Quick Care Primary Care



Diagnostic Innovation Laboratory – March 2027

The New UMC Lab will enhance local lab services for the community, increase hospital revenue, lower costs, accelerate results for physicians, and improve clinical care for our patients
(Confirmatory Drug Testing, Transplant Testing, Blood Donor Center & Blood Processing with Vitalant)

UMC QC AND PC



1. Centennial QC and PC
- 11,000 sq. ft.
- Lease end date – 05/31/2027
- Annual cost – $303,120

2. Blue Diamond QC
- 6,067 sq. ft.
- Lease end date – 10/10/2027
- Annual Cost – $167,400

3. Delta Point Building
- 74,310 sq. ft.
- Lease end date – 05/18/2035
- Annual Cost – $2,318,472

4. Enterprise QC
- 10,159 sq. ft.
- Lease end date – 09/15/2030
- Annual Cost – $112,000

5. East Charleston QC and PC
- 17,121 sq. Ft.
- Owned
- Opened Jan 2026

6. Peccole QC
- 5,981 sq. ft.
- Lease end date – 12/31/2031
- Annual Cost – $285,692

7. PCMD at Lied
- 4,363 sq. ft.
- Owned

8. UMC 24-Hour Family Care
- 14,658 sq. ft.
- Lease end date – 02/15/2035
- Annual Cost – $460,000

9. Spring Valley QC and PC
- 9,990 sq. ft.
- Lease end date – 06/30/2030
- Annual Cost – $206,508

10. Sunset QC and PC
- 8,500 sq. ft.
- Lease end date – 08/31/2028
- Annual Cost – $249,900

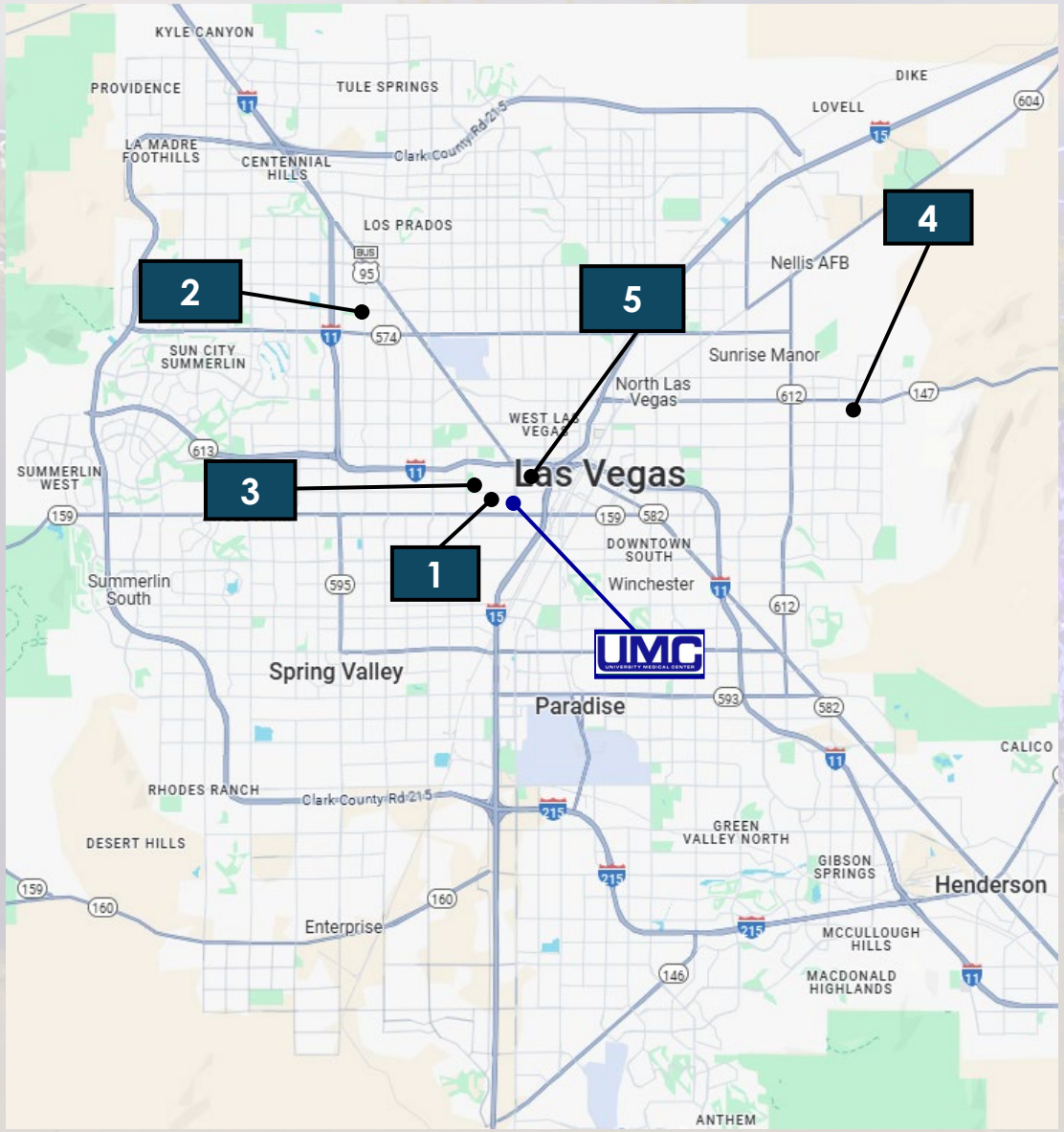
11. Summerlin QC and PC
- 8,500 sq. ft.
- Lease end date – 01/31/2027
- Annual Cost – $265,119

12. Wellness/Infusion/ID Building
- 20,318 sq. ft.
- Lease end date – 06/30/2028
- Annual Cost – $452,304

13. Alliante QC, PC and PEDS
- 9,600 sq. ft.
- Lease end date – 06/15/2031
- Annual Cost – $292,800

14. Southern Highlands PC, QC & Ortho
- 7,325 sq. ft.
- Owned

SPECIALTY CLINICS



1. Orthopedic & Spine Institute at Charleston

- 2231 W Charleston Blvd
- 1,735 sq. ft.
- Owned

2. Orthopedic & Spine Institute at Rancho

- 4231 N Rancho Dr.
- 7,047 sq. ft.
- Owned

3. UMC Offsite Offices

- 820 Rancho Lane
- 14,460 sq. ft.
- Owned

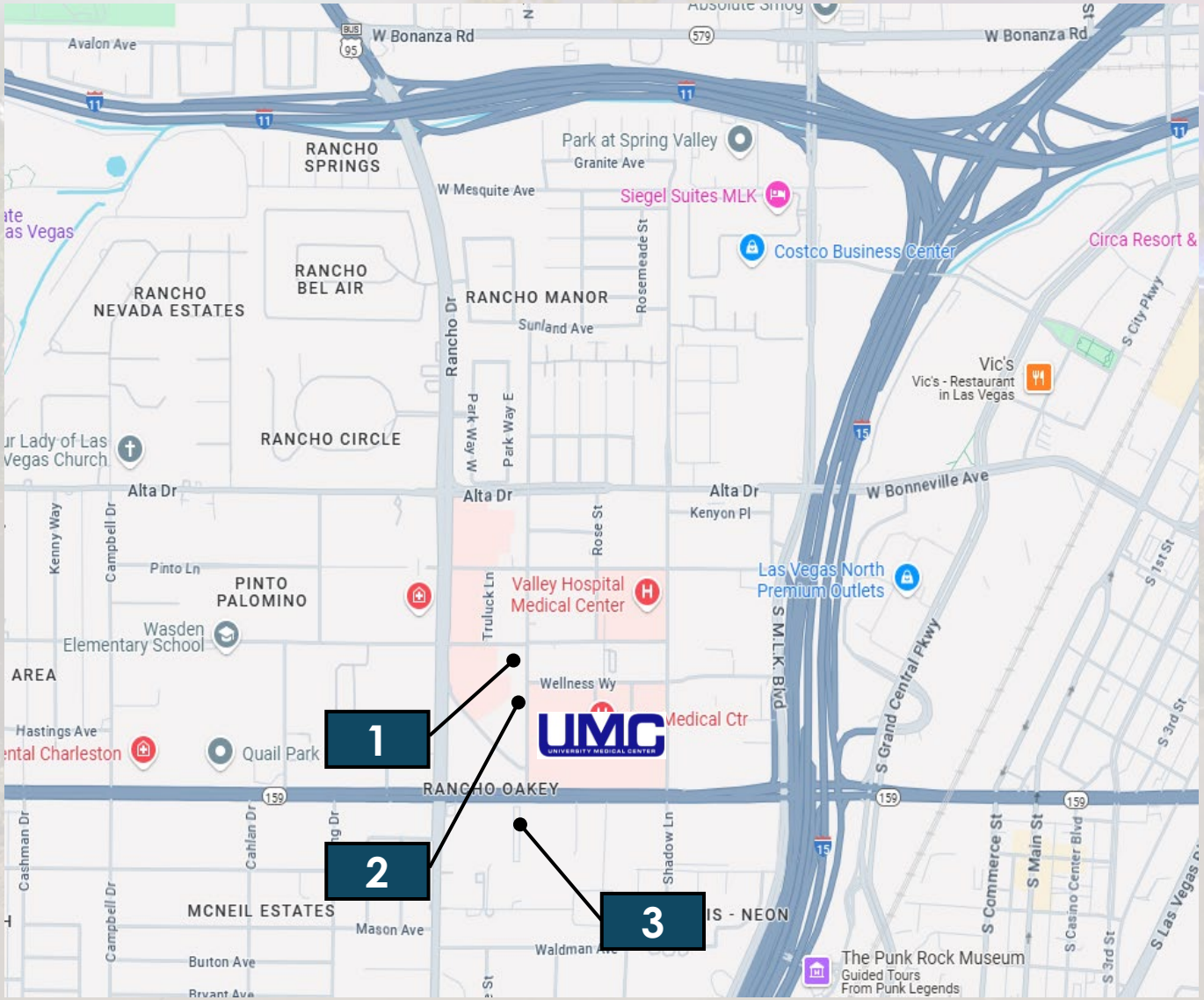
4. Crisis Stabilization Center

- 5409 E Lake Mead Blvd
- 17,066 sq. ft.

5. 300 S M.L.K, Las Vegas, NV

- 2.1 acres
- 35,550 sq. ft.
- Currently used as UMC off-site storage

COMING SOON!



1. **706 S Tonopah Dr (Owned)**
   Outpatient IR Clinic and Physician Offices
   - 20,038 sq. ft.
   - Future use: IR Follow-up Clinic (1st Floor) and Specialty Physician Clinics (2nd Floor)

2. **710 S Tonopah Dr (Owned)**
   - 3-Story Parking Garage
   - 123 Spaces

3. **2101 W Charleston Blvd (Owned)**
   - 1.45-acre land
   - Future use: Parking/office building

INTEGRATED STRATEGY MODEL

- ✓ UMC's strategic direction for FY2027–FY2029 involves a shift towards an integrated, performance-driven model
- ✓ Aligns strategy directly with measurable financial and operational outcomes
- ✓ Focuses on improving access, driving growth, and enhancing high-impact service lines
- ✓ Emphasizes enhanced expense management and operational efficiency, driving optimization in both throughput and capacity
- ✓ Supported by workforce alignment, quality and documentation improvement, and disciplined execution
- ✓ Aims to enhance patient access and clinical outcomes
- ✓ Drives sustainable financial performance
- ✓ Reinforces UMC's role as Clark County's essential safety net provider and leading academic health center

- ❖ **Community Need / Mission**
  - Maintain UMC's position as Top-Tier Healthcare Provider
- ❖ **Access & Growth Engines**
  - Primary Care, Quick Care, Referrals, Market Share
- ❖ **Service Line Strategy**
  - Cardiovascular, Orthopedics, Surgery, Spine, Neurosciences – Volume + Case Mix + Margin
- ❖ **Throughput & Capacity**
  - LOS, Bed Capacity, OR Utilization, ED Flow
- ❖ **Financial Performance**
  - Revenue Contribution Margin and Operating Income
- ❖ **Workforce Model**
  - SWB %, Productivity
- ❖ **Quality & Documentation**
  - CMI, Denials, Outcomes

KEY STRATEGIC INITIATIVES

Strategic Priorities

- Expenses Management
  - Supplies, SWB, and Contracted Services
  - Margin Improvement Team (MIT)
- Increase revenue through:
  - Improve throughput and efficiencies
  - LOS Reduction, Clinical Document Improvement
  - Payor Contracts
  - Increased Surgical Volume
- Locate **ASC Surgery Center**

Specialized Care Expansion

- Expanding UMC's community presence by adding services like **Inpatient Rehab** and **ECMO**
- Focus on expanding access to specialized care, enhancing our reputation as a **Level I Trauma Center**, and driving financial growth through key services like **Orthopedics**, **Cardiology**, and **General Surgery**.
- Investment in the UMC Master Plan involves refurbishing the facility, upgrading technology, constructing an **Inpatient Rehab Unit** and **Parking Garage**, and continuing work on replacement towers

Strengthen Partnership

- Work with **UNLV** School of Medicine targets physician shortages through current and future residency programs
- Strengthening the UNLV partnership for the academic health center, delivering exceptional quality care for the community

KEY STRATEGIC INITIATIVES

Behavioral Health and Crisis Care

- A 24/7 **Crisis Stabilization Center** serves behavioral health needs for the community, relieves emergency room overcrowding, and places patients in the proper setting

Market Share and Financial Growth

- Focus on profitable service lines like **General Surgery**, **Orthopedics**, and **Cardiac Services** to support essential community services, which aid in supporting non-profitable service lines, which are essential for the community
- Continue to grow and refine quick care and primary care sites

Legislative Advocacy

- Active involvement in local and state government to tackle healthcare policies, including physician licensing and "*Any Willing Provider*" laws

Advanced Technology Adoption

- Investing in the latest technology to enhance throughput, efficiencies, and reduce labor needs, while more importantly elevating the efficiencies, and reducing labor needs, while more importantly elevating highest quality patient care

STRATA / SG2 SERVICE LINE FRAMEWORK





Market Share and Financial Growth

- UMC has implemented **Strata Decision Support**, leveraging SG-2 service line methodology to align clinical, operational, and financial performance through the Service Lines
- SG-2 enables integrated inpatient and outpatient service line reporting, improving transparency and comparability across the enterprise, and like facilities, performance management, growth strategy, and resource allocation
- Each service line will have defined strategic initiatives tied to growth, access, quality, and financial performance
- Initiatives are developed at the patient-service level and rolled up into the service line strategy
- This creates a clear link between operations and financial outcomes, effectively supporting service line strategies
- Strata analytics and SG-2 benchmarks
  - Contribution margin and throughput optimization models
  - Workforce and productivity alignment to growth targets

TOP PERFORMING SERVICE LINES

UMC
UNIVERSITY MEDICAL CENTER

"The Fantastic Five"

General Surgery

Orthopedics

Neuroscience

Spine

Cardiovascular

- UMC will prioritize these **five high-value**, high-impact service lines, reporting, and strategy execution
- These service lines are **key drivers** of contribution margin, market share growth, and clinical excellence

Expected Outcomes

- Drive profitable growth in core clinical domains
- Improve operational efficiency and throughput
- Enhance patient access and outcomes
- Strengthen long-term financial sustainability consistent with enterprise strategy

SERVICE LINE PROFITABILITY SUMMARY

UMC UNIVERSITY MEDICAL CENTER

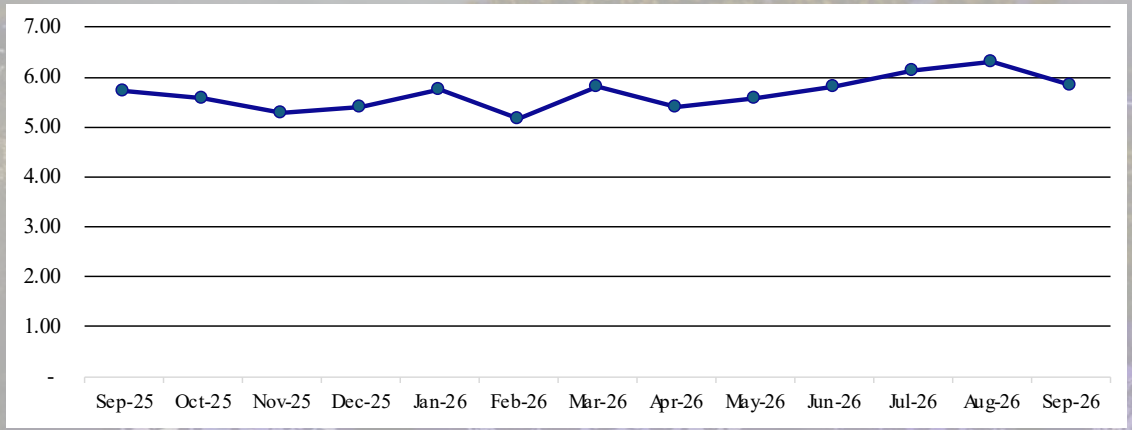
September 2026 – YTD

Service Line	Cases	Adj Net Rev	Variable Cost	Contribution Margin	CM Margin	Fixed Expense	Operating Income	Role
Surgery	27,343	$41.4M	$25.2M	**$16.2M**	39.2%	$15.9M	$0.3M	Margin Engine
Neurosciences	8,966	$21.1M	$12.2M	**$8.9M**	42.1%	$7.1M	$1.8M	Strategic High-Acuity Growth
Orthopedics	24,459	$32.5M	$24.6M	**$7.9M**	24.2%	$12.1M	($4.2M)	Margin Engine
Cardiovascular	10,336	$25.4M	$18.6M	**$6.8M**	26.8%	$9.0M	($2.2M)	Growth + Margin Engine
Spine	7,038	$7.5M	$4.7M	**$2.7M**	36.7%	$2.8M	($0.1M)	Margin Engine
Other	91,539	$115.9M	$69.7M	**$46.2M**	39.9%	$45.6M	$0.6M	Black Box / Portfolio
TOTAL	**169,681**	**$243.9M**	**$155.1M**	**$88.8M**	**36.4%**	**$92.6M**	**($3.9M)**	**Portfolio**

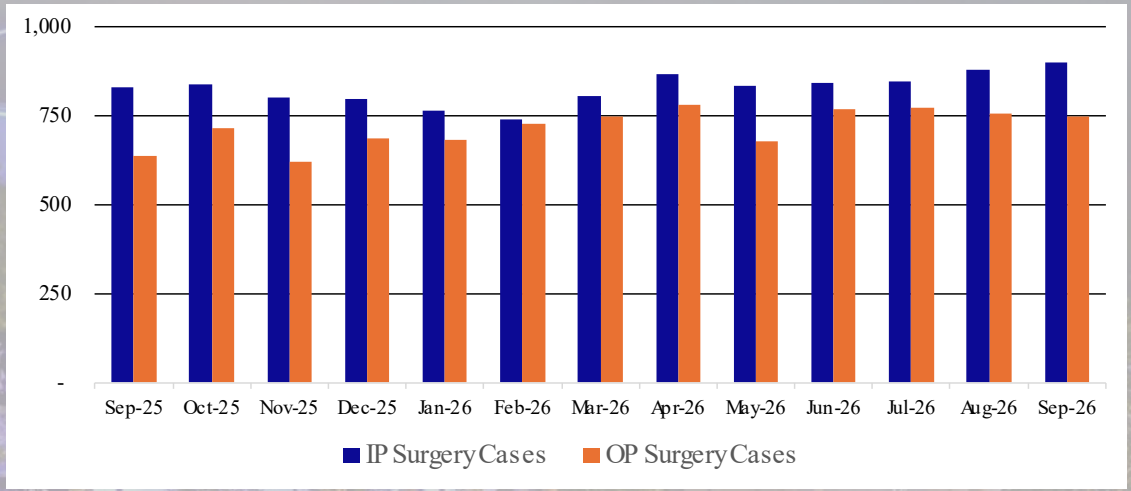
OPERATING TRENDS DRIVING STRATEGY

UMC UNIVERSITY MEDICAL CENTER

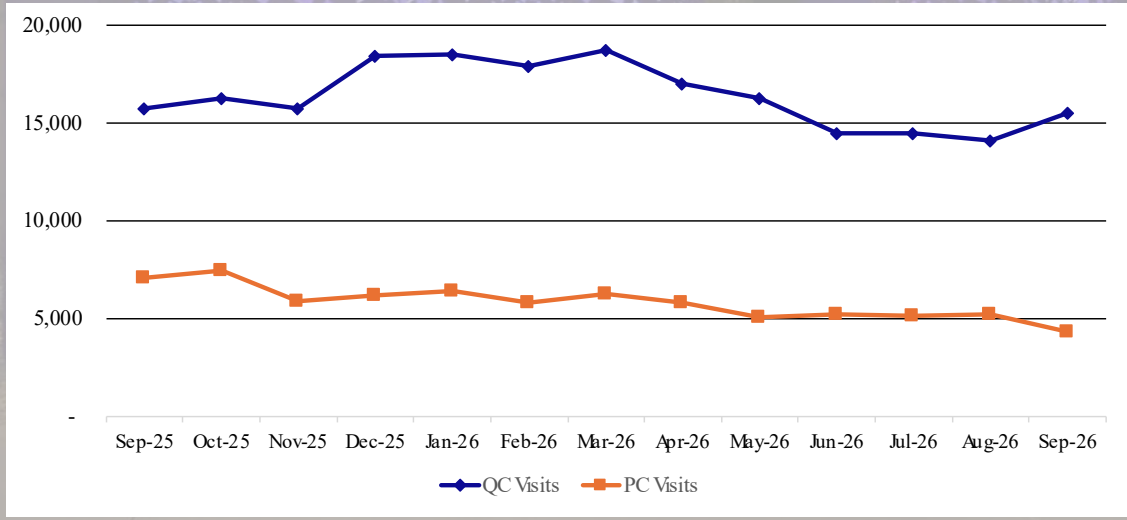
ALOS Trend



Surgery Cases Trend



Access Volume Trend



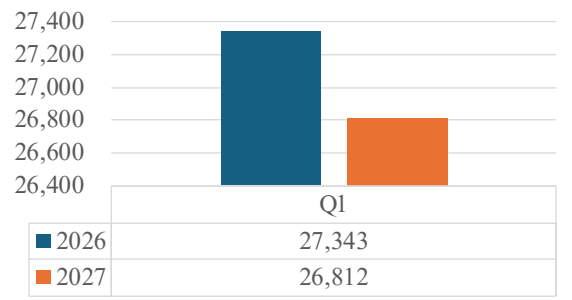
Metric	Sep Actual	Budget	Signal
ALOS (Admits)	5.83	5.54	Off Track
IP Surgery	899	823	On Track
OP Surgery	747	672	On Track
Primary Care	4,309	7,224	Off Track
Quick Care	15,520	22,065	Off Track

SURGERY

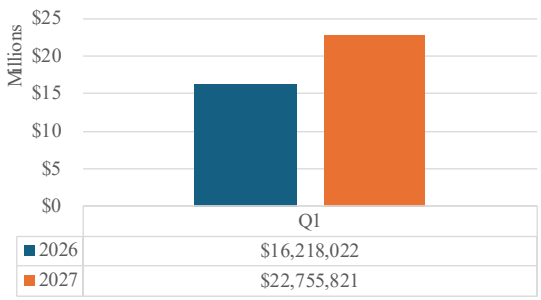
Financial & Operational Performance

Metric	FY27 YTD Actuals	FY26 YTD Actuals	Variance	FY27 Q1 Actuals	FY26 Q1 Actuals	Variance	Status
Cases / Visits	26,812	27,343	(531)	26,812	27,343	(531)	Watch
Adjusted Net Revenue	$51.1M	$41.4M	$9.7M	$51.1M	$41.4M	$9.7M	On Track
Variable Cost	$28.3M	$25.2M	($3.1M)	$28.3M	$25.2M	($3.1M)	Off Track
Contribution Margin	$22.8M	$16.2M	$6.5M	$22.8M	$16.2M	$6.5M	On Track
CM %	44.5%	39.2%	5.4 pts	44.5%	39.2%	5.4 pts	On Track
Fixed Expense	$18.1M	$15.9M	($2.2M)	$18.1M	$15.9M	($2.2M)	Off Track
Operating Income	$4.6M	$0.3M	$4.4M	$4.6M	$0.3M	$4.4M	On Track
Commercial %	34%	36%	(2 pts)	34%	36%	(2 pts)	
Medicaid %	34%	35%	(1 pts)	34%	35%	(1 pts)	
Medicare %	18%	17%	1 pts	18%	17%	1 pts	
Self-Pay %	9%	6%	3 pts	9%	6%	3 pts	

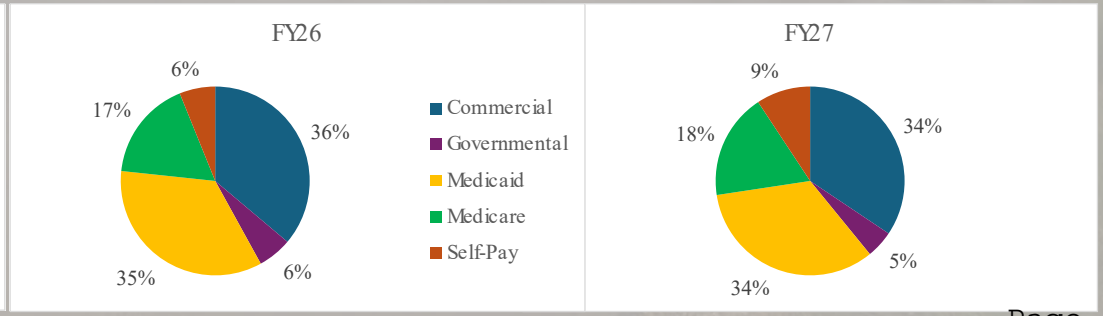
Volume Trend



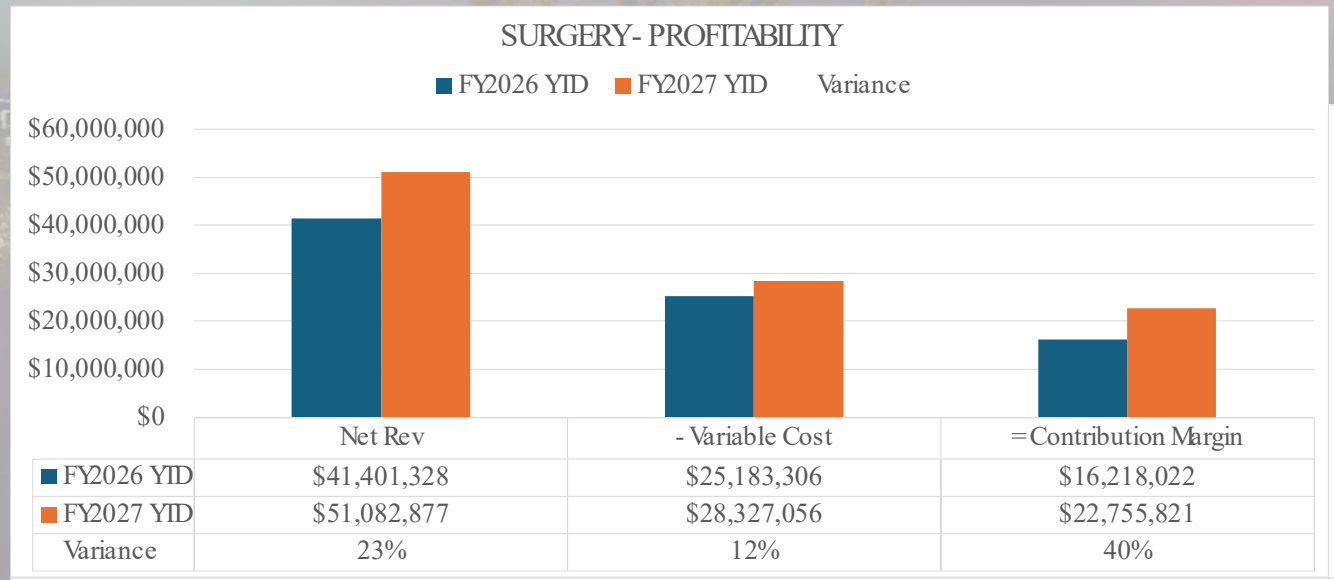
Contribution Margin Trend



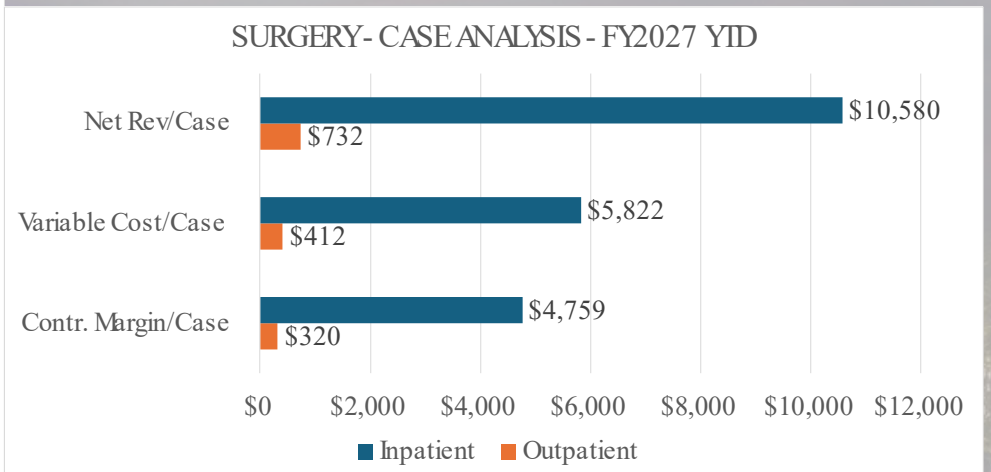
Payor Mix

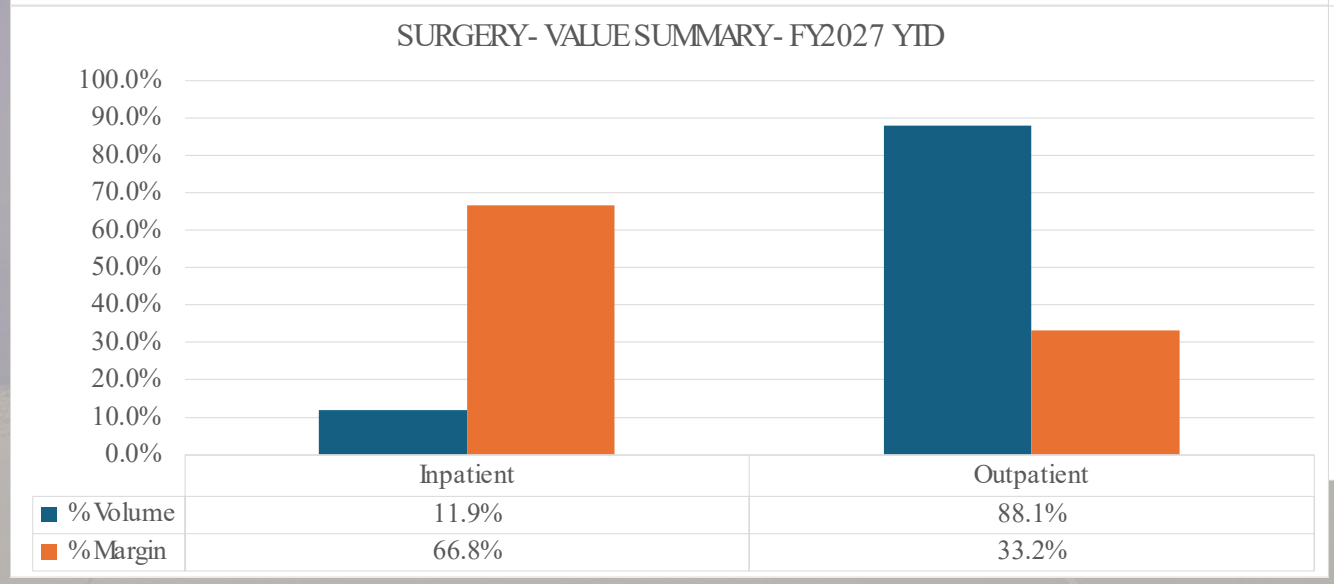


SURGERY
Performance Signals

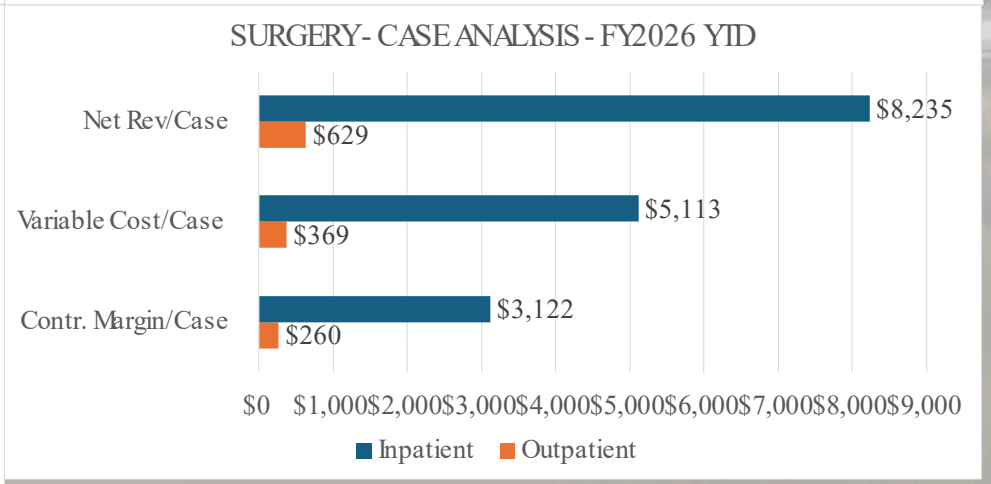


	Net Rev	- Variable Cost	= Contribution Margin
FY2026 YTD	$41,401,328	$25,183,306	$16,218,022
FY2027 YTD	$51,082,877	$28,327,056	$22,755,821
Variance	23%	12%	40%





	Inpatient	Outpatient
% Volume	11.9%	88.1%
% Margin	66.8%	33.2%



SURGERY

Inpatient Market Position & Growth Opportunity

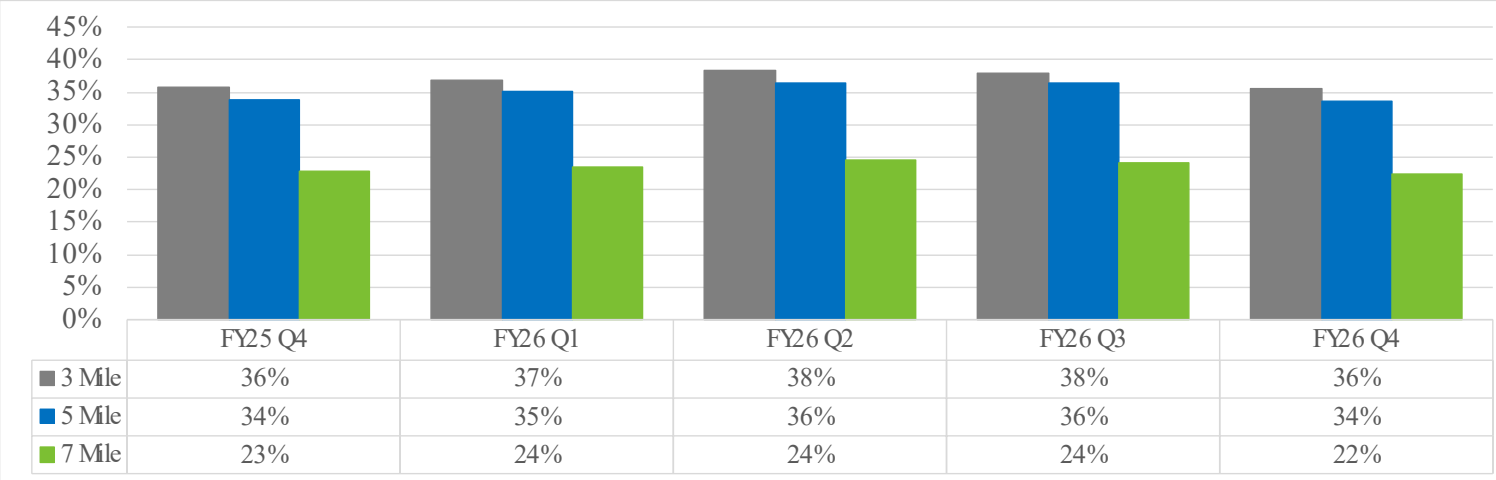
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	23%	43%	33%	33%	26%
Medicare	39%	26%	37%	37%	42%
Commercial	27%	21%	18%	18%	22%
Self Pay	3%	5%	5%	4%	3%
Other	7%	5%	7%	8%	7%

FY26 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	23%	40%	31%	32%	26%
Medicare	40%	26%	35%	35%	42%
Commercial	25%	23%	21%	20%	22%
Self Pay	4%	5%	5%	5%	4%
Other	8%	5%	8%	8%	7%

Surgery Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 Mile	36%	37%	38%	38%	36%
5 Mile	34%	35%	36%	36%	34%
7 Mile	23%	24%	24%	24%	22%

Measure	Value
Market position	2
Average Case Market Share	13.2%
FY29 Target	?

SURGERY

Emergency Market Position & Growth Opportunity

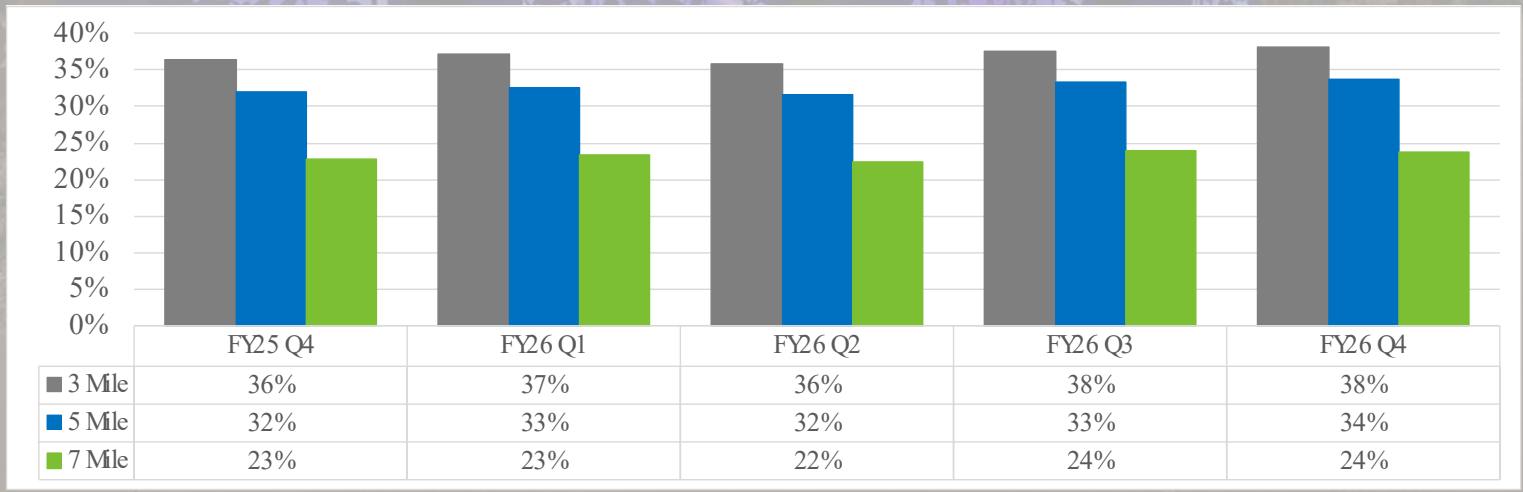
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	38%	47%	49%	48%	43%
Medicare	17%	14%	13%	13%	16%
Commercial	28%	21%	20%	19%	23%
Self Pay	8%	10%	10%	8%	8%
Other	10%	8%	8%	12%	11%

FY26 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	37%	45%	47%	47%	41%
Medicare	18%	15%	14%	13%	16%
Commercial	27%	20%	20%	19%	23%
Self Pay	9%	11%	11%	9%	9%
Other	10%	8%	8%	12%	11%

Surgery Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 Mile	36%	37%	36%	38%	38%
5 Mile	32%	33%	32%	33%	34%
7 Mile	23%	23%	22%	24%	24%

Measure	Value
Market position	2
Average Case Market Share	14.7%
FY29 Target	?

SURGERY STRATEGY

ACTIONS / RESOURCES

- Integrated operational, clinical, and technology redesign to drive surgical growth, improve throughput, and enforce accountability across the system
- Leadership Meetings (CNO, COO, UMC MD & UNLV)
  - Align UMC and UNLV Surgery performance ownership
  - Increase Anesthesia Coverage
  - Dedicated Specialty Block Time
  - The UNLV Surgical Practice needs to improve its internal processes
- Workforce & Structure: Targeted staffing and Leadership
- EPIC dashboards, OR cameras, Vocera, real-time analytics
- Scheduling: Specialty-based block model; expanded weekday, weekend, and evening capacity
- KPI: FCOT >80%, TOT<30 mins, OR utilization rate 75%, cancellation rate<5%, Block Time utilization, Surgeon report cards
- Surgery Governance & Operations Council

EXPECTED OUTCOME

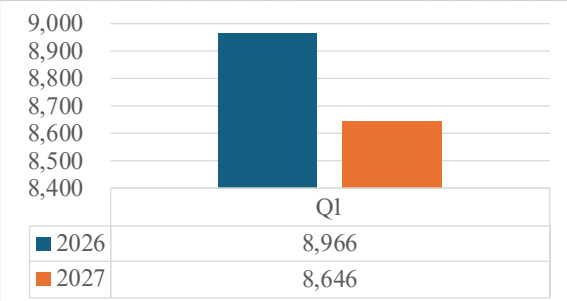
- Increased volume growth >7%
- Increased Profitability
- Increased Market Share
- Improve Efficiencies
- Reduce LOS and Denials
- Optimized block time
- Expand OR Capacity
- Inpatient Surgeries within 24hrs
- Improved surgeon satisfaction & retention

NEUROSCIENCE

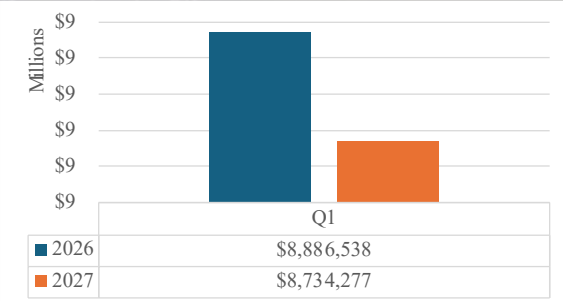
Financial & Operational Performance

Metric	FY27 YTD Actuals	FY26 YTD Actuals	Variance	FY27 Q1 Actuals	FY26 Q1 Actuals	Variance	Status
Cases / Visits	8,646	8,966	(320)	8,646	8,966	(320)	Watch
Adjusted Net Revenue	$22.0M	$21.1M	$0.9M	$22.0M	$21.1M	$0.9M	On Track
Variable Cost	$13.3M	$12.2M	($1.1M)	$13.3M	$12.2M	($1.1M)	Off Track
Contribution Margin	$8.7M	$8.9M	($0.2M)	$8.7M	$8.9M	($0.2M)	Watch
CM %	39.7%	42.1%	(2.4 pts)	39.7%	42.1%	(2.4 pts)	Off Track
Fixed Expense	$7.6M	$7.1M	($0.5M)	$7.6M	$7.1M	($0.5M)	Watch
Operating Income	$1.2M	$1.8M	($0.6M)	$1.2M	$1.8M	($0.6M)	Watch
Commercial %	24%	25%	(1 pts)	24%	25%	(1 pts)	
Medicaid %	38%	39%	(1 pts)	38%	39%	(1 pts)	
Medicare %	24%	24%	(0 pts)	24%	24%	(0 pts)	
Self-Pay %	9%	7%	2 pts	9%	7%	2 pts	

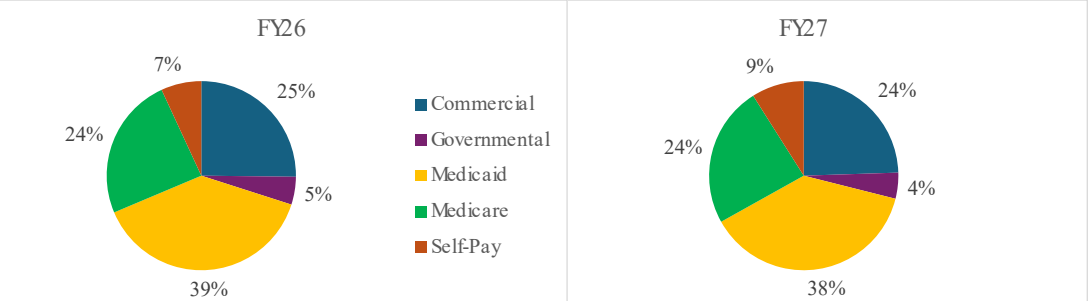
Volume Trend



Contribution Margin Trend

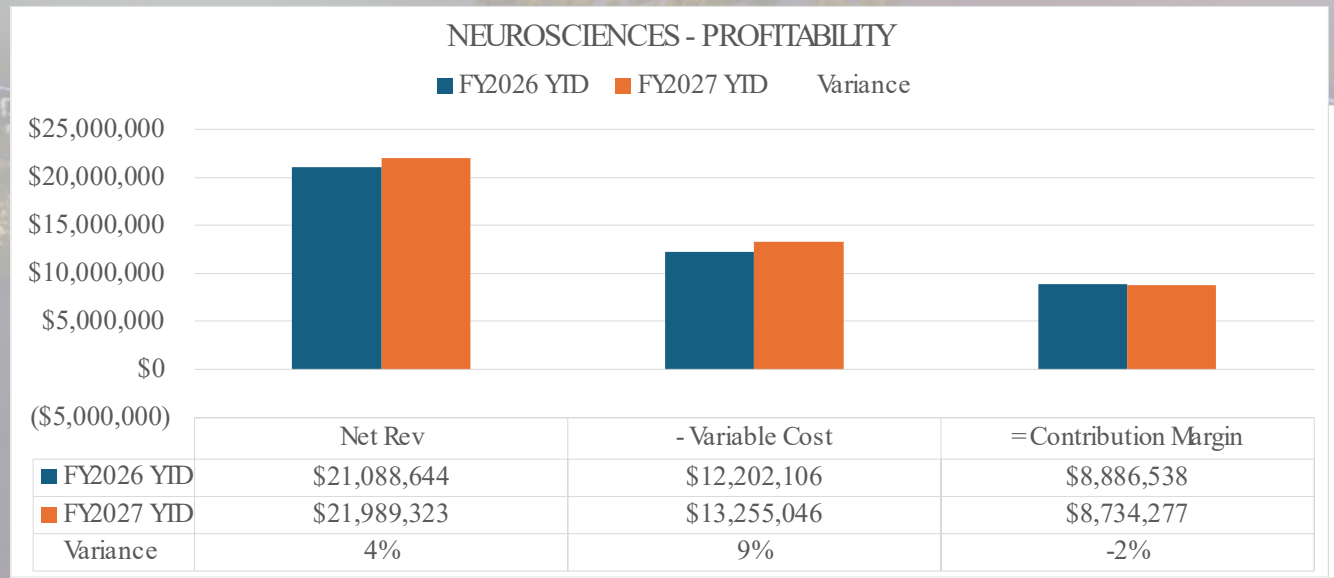


Payor Mix

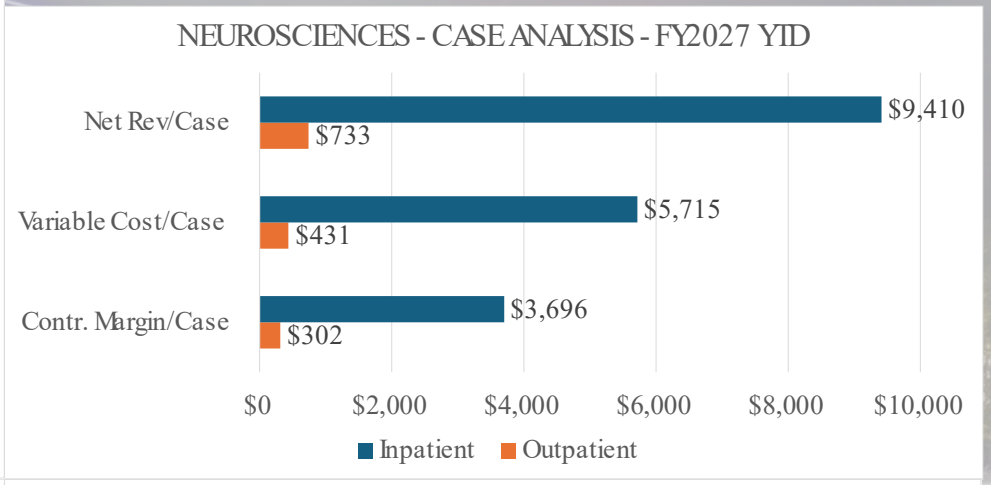


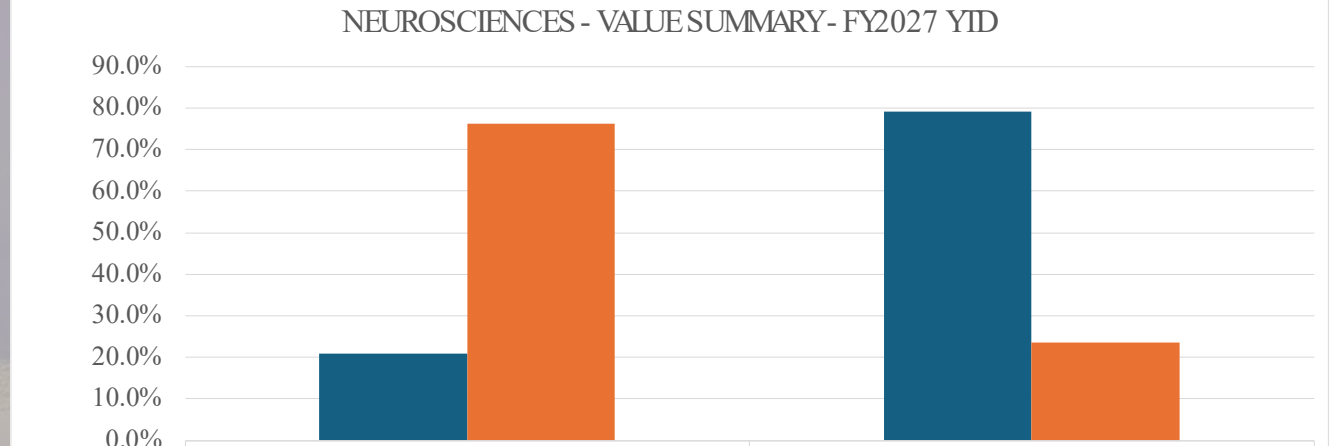
NEUROSCIENCE

Performance Signals

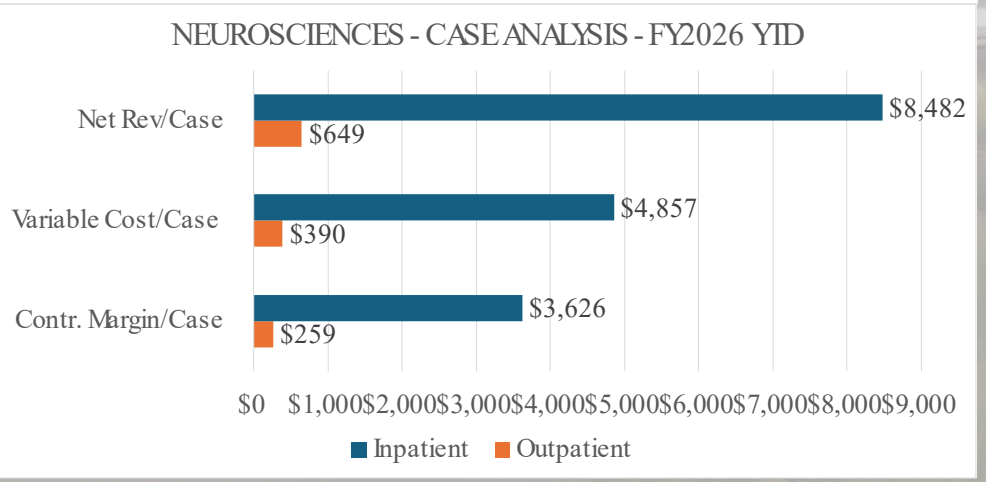


	Net Rev	- Variable Cost	=Contribution Margin
FY2026 YID	$21,088,644	$12,202,106	$8,886,538
FY2027 YID	$21,989,323	$13,255,046	$8,734,277
Variance	4%	9%	-2%





	Inpatient	Outpatient
%Volume	20.9%	79.1%
%Margin	76.3%	23.7%



NEUROSCIENCE

Inpatient Market Position & Growth Opportunity

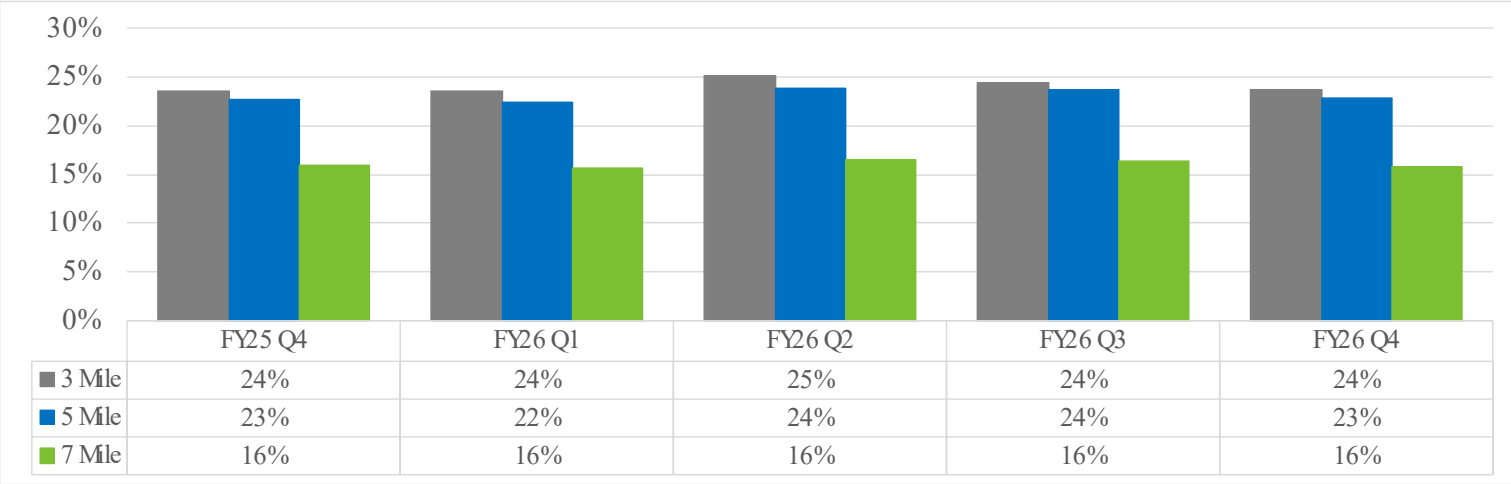
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	21%	37%	26%	27%	23%
Medicare	48%	37%	47%	46%	51%
Commercial	20%	15%	15%	15%	17%
Self Pay	3%	4%	4%	4%	3%
Other	8%	8%	7%	7%	7%

FY26 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	21%	35%	27%	28%	23%
Medicare	49%	35%	46%	46%	51%
Commercial	20%	20%	17%	16%	17%
Self Pay	3%	4%	4%	3%	3%
Other	7%	7%	6%	7%	6%

Neurosciences Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 Mile	24%	24%	25%	24%	24%
5 Mile	23%	22%	24%	24%	23%
7 Mile	16%	16%	16%	16%	16%

Measure	Value
Market position	3
Average Case Market Share	9.7%
FY29 Target	?

NEUROSCIENCE

Emergency Market Position & Growth Opportunity

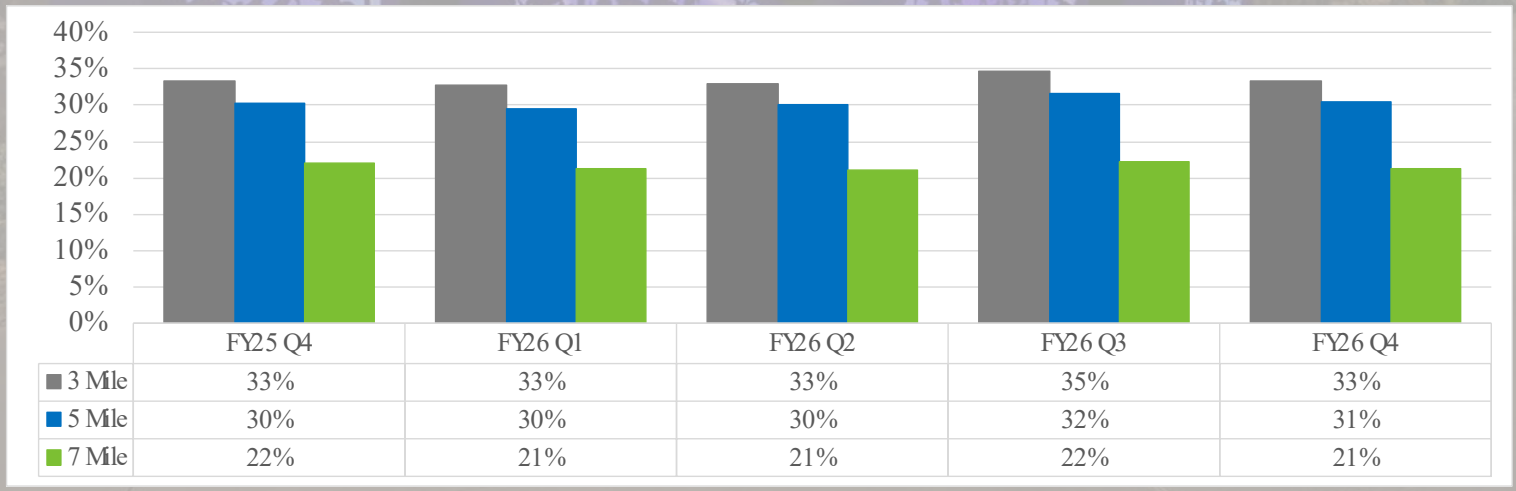
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	41%	50%	48%	48%	44%
Medicare	18%	15%	16%	16%	18%
Commercial	25%	20%	17%	17%	21%
Self Pay	8%	9%	11%	10%	9%
Other	8%	6%	7%	9%	8%

FY26 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	39%	48%	45%	46%	41%
Medicare	19%	18%	15%	16%	18%
Commercial	25%	18%	20%	19%	22%
Self Pay	8%	10%	11%	9%	9%
Other	9%	5%	9%	10%	10%

Neurosciences Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 Mile	33%	33%	33%	35%	33%
5 Mile	30%	30%	30%	32%	31%
7 Mile	22%	21%	21%	22%	21%

Measure	Value
Market position	3
Average Case Market Share	14.6%
FY29 Target	?

NEUROSCIENCE STRATEGY

MARKET POSITION & PROGRAM GROWTH

- Address regional neurosurgeon shortage by positioning UMC as the primary destination for complex neuro care
- Expand volume through regional referral growth and transfer partnerships
- Strengthen alignment with emergency services and referring facilities to capture high-acuity stroke and neuro cases
- Leverage UMC's top-tier interventional radiology capabilities to improve door-to-treatment times and clinical throughput
- Explore the potential development of Neurology Residency Program

QUALITY, CERTIFICATION & OUTREACH

- Promote the UMC Comprehensive Stroke Center by highlighting:
  - Proven quality outcomes and clinical metrics
  - Ability to manage complex stroke and neuro cases 24/7
  - Utilize outcomes data to differentiate UMC as the leader in neurosciences care in Southern Nevada
  - Utilize data outcomes to drive payer alignment and increase admissions
  - Continued targeted marketing, education, and outreach strategy to EMS and referring providers

EXPECTED OUTCOME

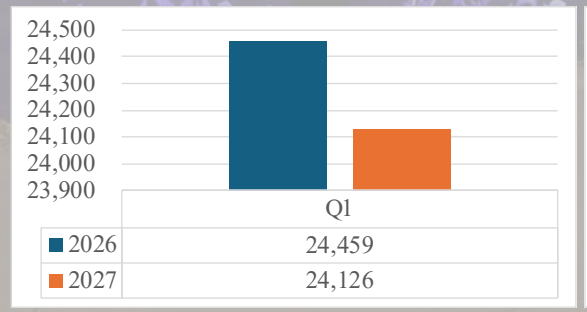
- Increased high-acuity neuro volume and market share
- Improved throughput and time-to-treatment metrics
- Strengthened UMC's position as the leading Comprehensive Stroke Center in the region

ORTHOPEDIC

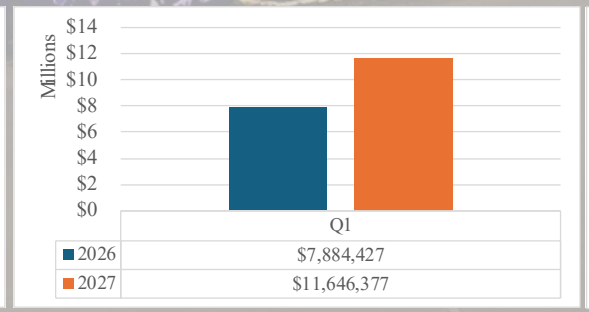
Financial & Operational Performance

Metric	FY27 YTD Actuals	FY26 YTD Actuals	Variance	FY27 Q1 Actuals	FY26 Q1 Actuals	Variance	Status
Cases / Visits	24,126	24,459	(333)	24,126	24,459	(333)	Watch
Adjusted Net Revenue	$36.5M	$32.5M	$4M	$36.5M	$32.5M	$4M	On Track
Variable Cost	$24.8M	$24.6M	($0.2M)	$24.8M	$24.6M	($0.2M)	Watch
Contribution Margin	$11.6M	$7.9M	$3.8M	$11.6M	$7.9M	$3.8M	On Track
CM %	31.9%	24.2%	7.7 pts	31.9%	24.2%	7.7 pts	On Track
Fixed Expense	$13.6M	$12.1M	($1.5M)	$13.6M	$12.1M	($1.5M)	Off Track
Operating Income	($2.0M)	($4.2M)	$2.3M	($2.0M)	($4.2M)	$2.3M	On Track
Commercial %	31%	33%	(2 pts)	31%	33%	(2 pts)	
Medicaid %	31%	29%	1 pts	31%	29%	1 pts	
Medicare %	23%	25%	(1 pts)	23%	25%	(1 pts)	
Self-Pay %	8%	5%	3 pts	8%	5%	3 pts	

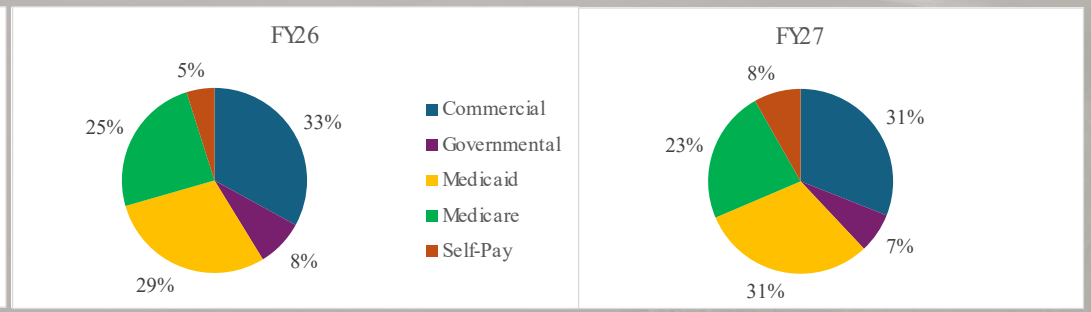
Volume Trend



Contribution Margin Trend

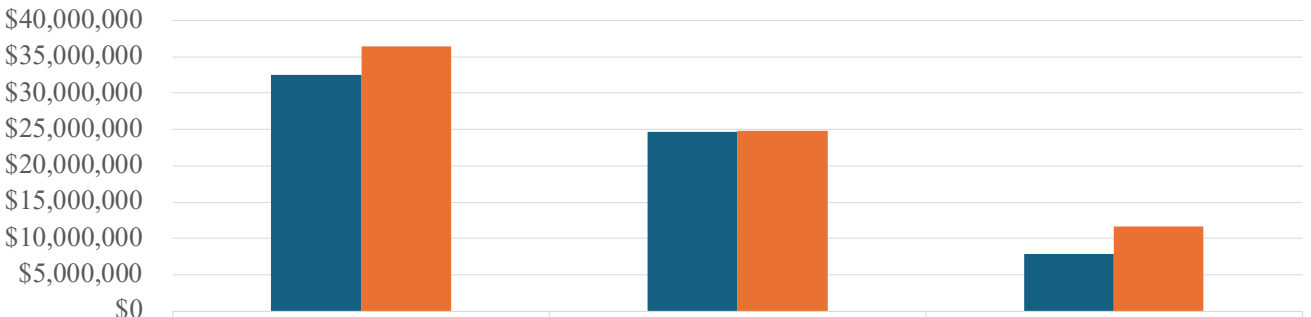


Payor Mix



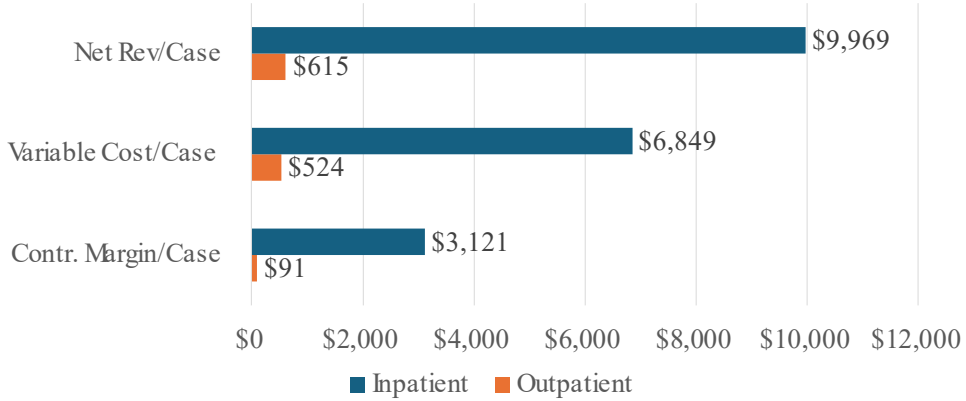
ORTHOPEDIC
Performance Signals

ORTHOPEDICS - PROFITABILITY

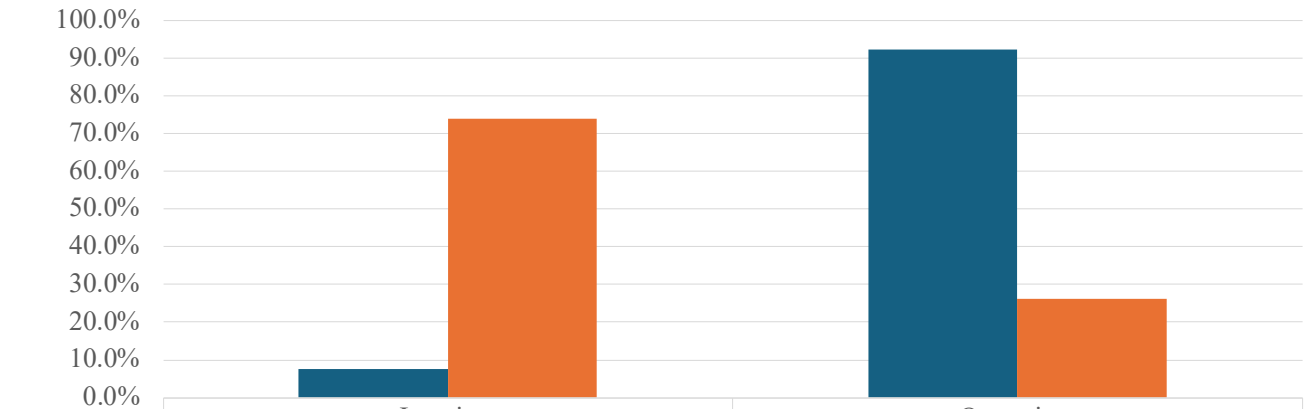


	Net Rev	- Variable Cost	= Contribution Margin
FY2026 YID	$32,519,094	$24,634,682	$7,884,427
FY2027 YID	$36,490,450	$24,844,074	$11,646,377
Variance	12%	1%	48%

ORTHOPEDICS - CASE ANALYSIS - FY2027 YID

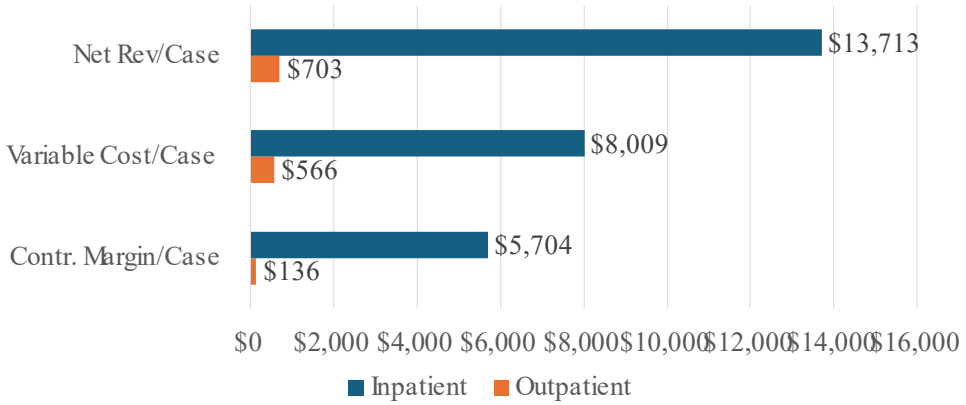


ORTHOPEDICS - VALUE SUMMARY - FY2027 YID



	Inpatient	Outpatient
% Volume	7.6%	92.4%
% Margin	73.9%	26.1%

ORTHOPEDICS - CASE ANALYSIS - FY2026 YID



ORTHOPEDIC

Inpatient Market Position & Growth Opportunity

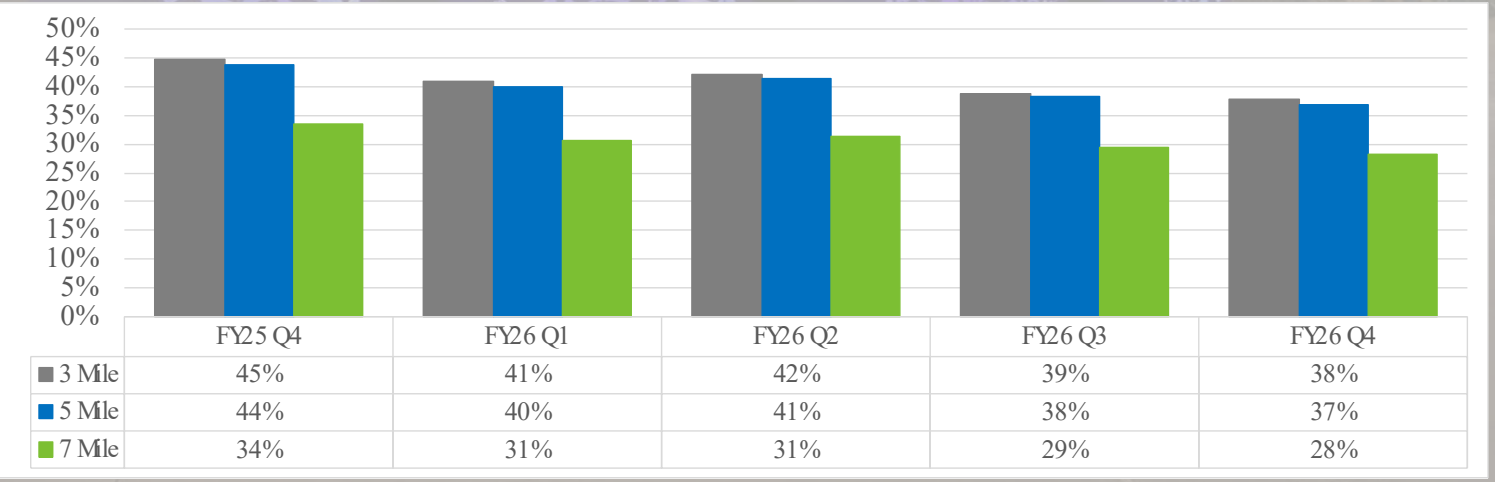
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	18%	32%	22%	23%	19%
Medicare	51%	39%	46%	46%	53%
Commercial	19%	20%	20%	20%	17%
Self Pay	3%	3%	5%	5%	4%
Other	9%	6%	7%	7%	6%

FY26 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	18%	34%	21%	21%	19%
Medicare	50%	31%	46%	46%	51%
Commercial	18%	21%	20%	19%	19%
Self Pay	3%	4%	4%	4%	3%
Other	11%	10%	9%	9%	9%

Orthopedics Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 Mile	45%	41%	42%	39%	38%
5 Mile	44%	40%	41%	38%	37%
7 Mile	34%	31%	31%	29%	28%

Measure	Value
Market position	2
Average Case Market Share	18.9%
FY29 Target	?

ORTHOPEDIC

Emergency Market Position & Growth Opportunity

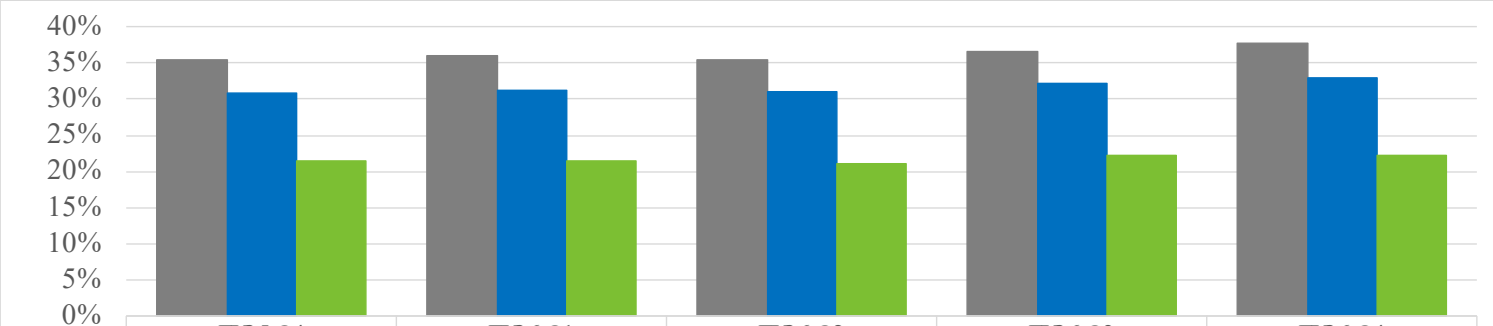
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	38%	48%	49%	49%	43%
Medicare	19%	15%	15%	14%	18%
Commercial	26%	21%	19%	18%	21%
Self Pay	7%	9%	9%	7%	7%
Other	9%	8%	9%	12%	11%

FY26 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	37%	46%	47%	48%	42%
Medicare	20%	15%	16%	15%	19%
Commercial	26%	20%	19%	18%	22%
Self Pay	8%	11%	10%	8%	8%
Other	10%	8%	8%	11%	10%

Orthopedics Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 Mile	35%	36%	36%	37%	38%
5 Mile	31%	31%	31%	32%	33%
7 Mile	21%	21%	21%	22%	22%

Measure	Value
Market position	3
Average Case Market Share	13.4%
FY29 Target	?

ORTHOPEDICS STRATEGY

ACCESS, THROUGPUT & CLINICAL OPTIMIZATION

- Improve clinic efficiency and patient throughput through workflow redesign and capacity optimization
- Expand access by backfilling clinic vacancies and optimizing provider schedules
- Shift new patient visits to APPs (mid-level providers) to improve surgeon access and procedural volume
- Strengthen call center and referral management to reduce leakage and accelerate patient access

CAPACITY EXPANSION & SITE OF CARE

- Continue to identify, lease, build, or acquire an Ambulatory Surgery Center (ASC) to shift appropriate cases to a lower-cost setting
- Expand outpatient footprint through development of an additional orthopedic clinic
- Optimize site-of-service distribution to support growth, margin improvement, and patient convenience

EXPECTED OUTCOME

- Improve throughput, access, and patient experience across the orthopedic care continuum
- Drive profitable growth through procedural volume and case mix optimization

ORTHOPEDICS STRATEGY

PROGRAM DEVELOPMENT AND DIFFERENTIATION

- Advanced designation as an Orthopedic Center of Excellence (DNV) 2027
- Develop Southern Nevada's only academic Sports Medicine program, building on existing physician base
- Launch targeted sports medicine marketing campaign to drive brand awareness and volume growth
- Expand orthopedic spine surgery as a high-demand, high-margin service
- Build a regional premier total joint replacement program, focused on outcomes, volume, and market share

AI IMPLEMENTATION

- Implement AI-enabled documentation (ambient physician)
- Improve provider efficiency and reduce clerical burden, ICD coding suggestions, improve documentation quality, and reimbursement capture
- Pilot AI in orthopedic clinic, expansion to call center and referral workflows
- Plan broader rollout to additional clinics (including Quick Care) upon successful pilot

EXPECTED OUTCOME

- Position UMC as a regional leader in orthopedics and sports medicine

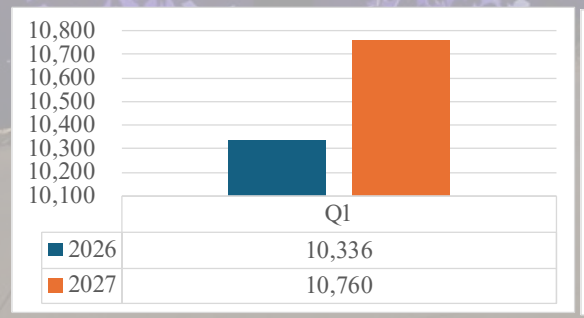
- Drive profitable growth through procedural documentation
- Labor reductions

CARDIOVASCULAR

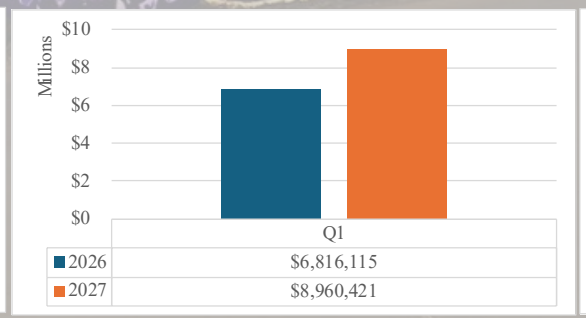
Financial & Operational Performance

Metric	FY27 YTD Actuals	FY26 YTD Actuals	Variance	FY27 Q1 Actuals	FY26 Q1 Actuals	Variance	Status
Cases / Visits	10,760	10,336	424	10,760	10,336	424	On Track
Adjusted Net Revenue	$29.5M	$25.4M	$4M	$29.5M	$25.4M	$4M	On Track
Variable Cost	$20.5M	$18.6M	($1.9M)	$20.5M	$18.6M	($1.9M)	Off Track
Contribution Margin	$9.0M	$6.8M	$2.1M	$9.0M	$6.8M	$2.1M	On Track
CM %	30.4%	26.8%	3.6 pts	30.4%	26.8%	3.6 pts	On Track
Fixed Expense	$10.6M	$9.0M	($1.6M)	$10.6M	$9.0M	($1.6M)	Off Track
Operating Income	($1.7M)	($2.2M)	$0.5M	($1.7M)	($2.2M)	$0.5M	On Track
Commercial %	22%	23%	(1 pts)	22%	23%	(1 pts)	
Medicaid %	33%	32%	1 pts	33%	32%	1 pts	
Medicare %	32%	35%	(3 pts)	32%	35%	(3 pts)	
Self-Pay %	9%	8%	2 pts	9%	8%	2 pts	

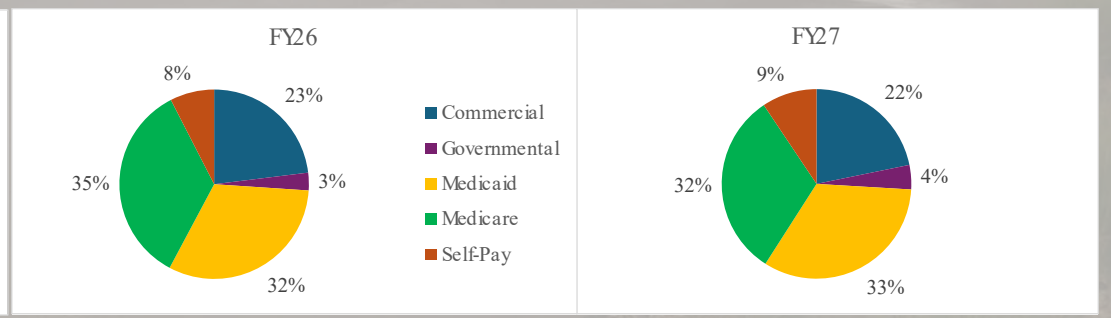
Volume Trend



Contribution Margin Trend

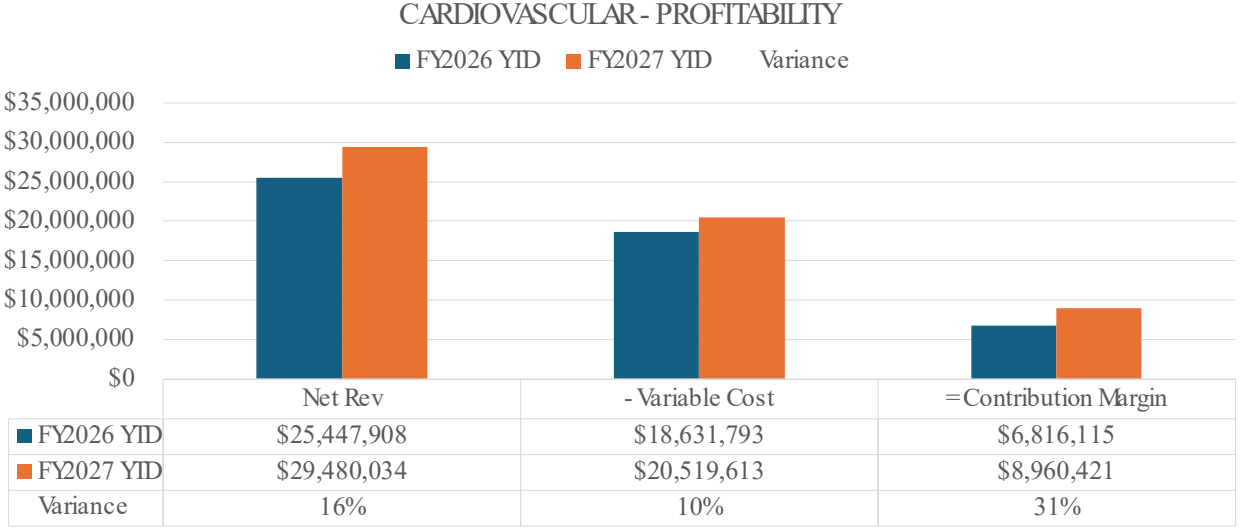


Payor Mix

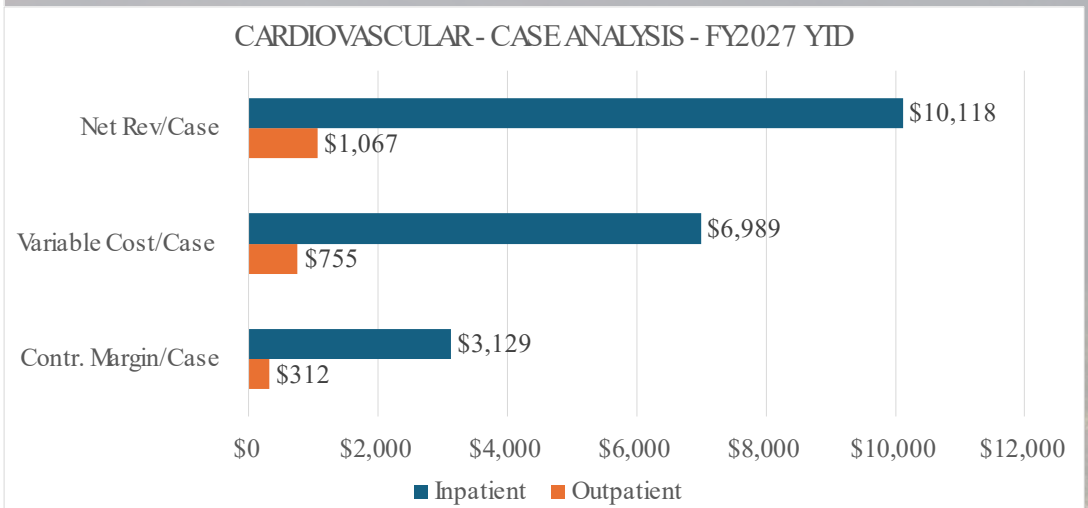


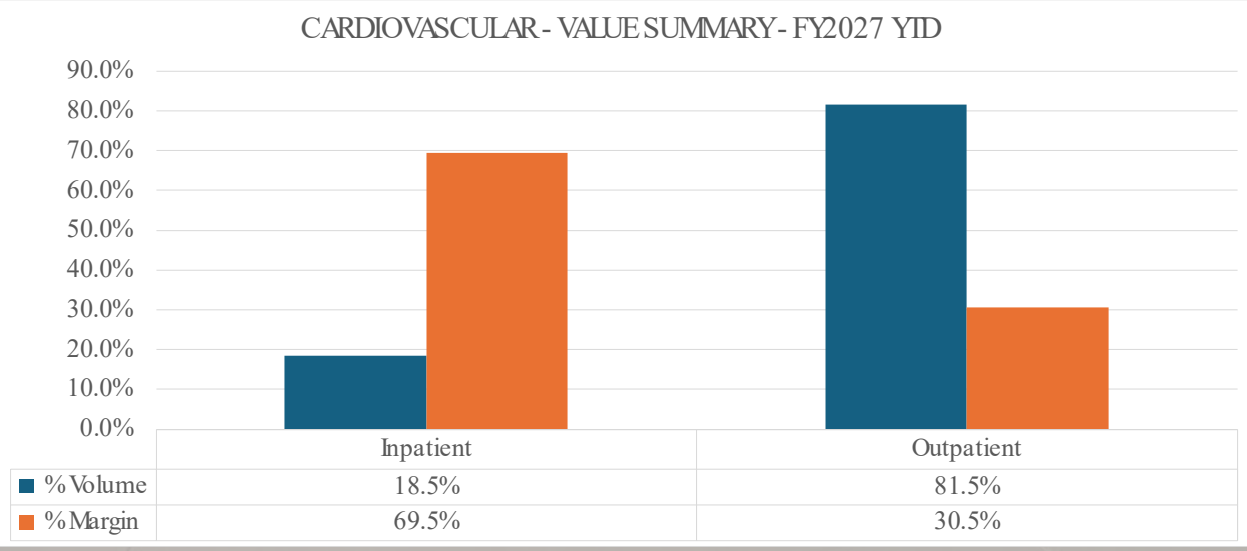
CARDIOVASCULAR

Performance Signals

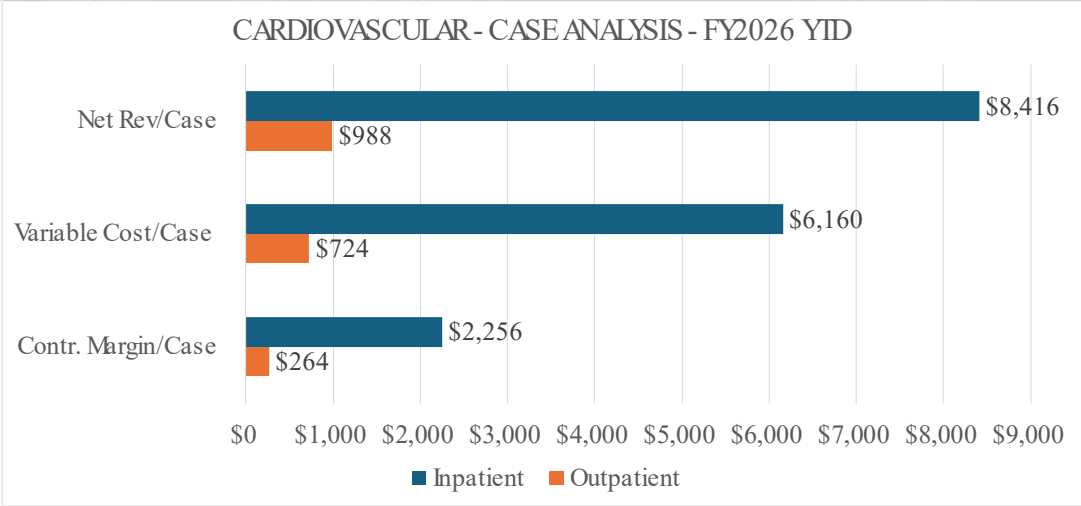


	Net Rev	- Variable Cost	=Contribution Margin
FY2026 YID	$25,447,908	$18,631,793	$6,816,115
FY2027 YID	$29,480,034	$20,519,613	$8,960,421
Variance	16%	10%	31%





	Inpatient	Outpatient
%Volume	18.5%	81.5%
%Margin	69.5%	30.5%



CARDIOVASCULAR

Inpatient Market Position & Growth Opportunity

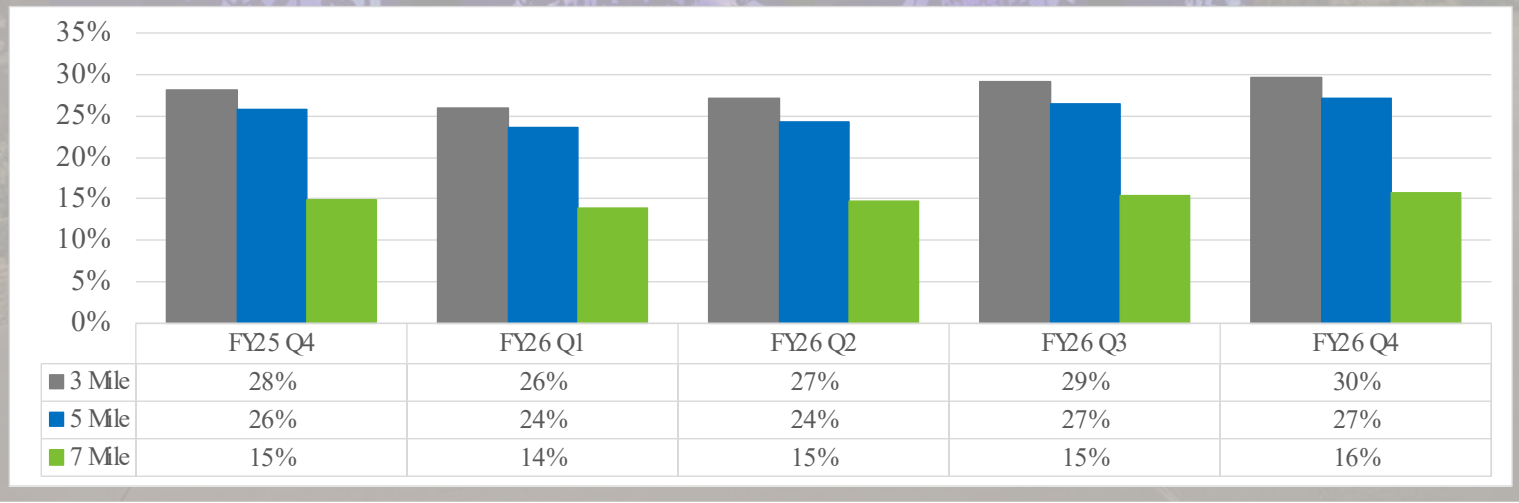
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	18%	26%	27%	28%	22%
Medicare	51%	49%	49%	47%	53%
Commercial	20%	17%	15%	14%	16%
Self Pay	2%	4%	3%	3%	2%
Other	9%	3%	5%	7%	7%

FY26 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	17%	29%	27%	28%	21%
Medicare	52%	45%	48%	47%	54%
Commercial	19%	18%	16%	16%	17%
Self Pay	2%	3%	3%	2%	2%
Other	8%	5%	5%	7%	6%

Cardiovascular Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 Mile	28%	26%	27%	29%	30%
5 Mile	26%	24%	24%	27%	27%
7 Mile	15%	14%	15%	15%	16%

Measure	Value
Market Position	5
Average Case Market Share	8.2%
FY29 Target	?

CARDIOVASCULAR

Emergency Market Position & Growth Opportunity

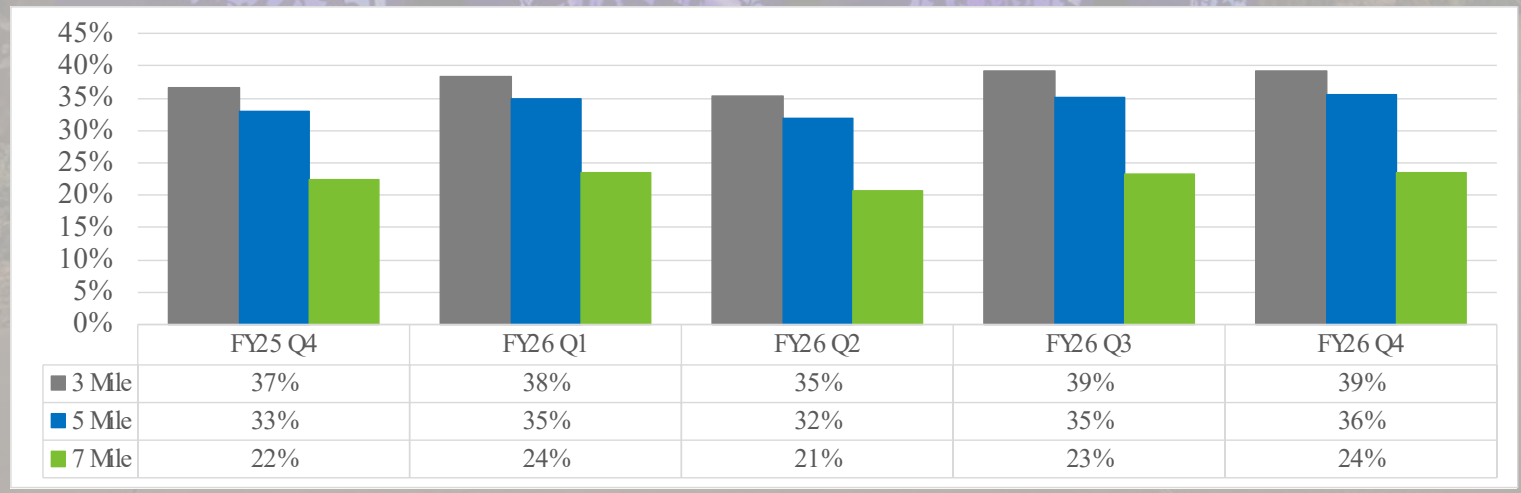
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	33%	42%	43%	45%	39%
Medicare	24%	18%	22%	20%	22%
Commercial	29%	24%	20%	19%	24%
Self Pay	7%	11%	9%	8%	7%
Other	8%	5%	6%	8%	7%

FY26 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	31%	43%	39%	41%	36%
Medicare	24%	21%	21%	20%	22%
Commercial	29%	21%	23%	21%	26%
Self Pay	7%	11%	10%	8%	8%
Other	8%	4%	7%	10%	8%

Cardiovascular Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 Mile	37%	38%	35%	39%	39%
5 Mile	33%	35%	32%	35%	36%
7 Mile	22%	24%	21%	23%	24%

Measure	Value
Market Position	3
Average Case Market Share	13.6%
FY29 Target	?

CARDIOVASCULAR STRATEGY

SUSTAIN LEADING EDGE CLINICAL INNOVATION

- Focus on positioning UMC as a market leader by adopting cutting-edge technologies and procedures
- Prioritize evaluation and selective adoption of emerging therapies to maintain clinical differentiation
- Increase clinical trials

EXPAND VASCULAR & INTERVENTIONAL CAPABILITIES

- Grow vascular services within the Cath lab to offset declines in traditional diagnostic catheterization volumes driven by advances in non-invasive imaging.
- Optimize Cath lab utilization toward higher-acuity, interventional procedures.

ADVANCE PROGRAM DESIGNATION & CLINICAL EXCELLENCE

- Successfully achieved Comprehensive Chest Pain Center designation.
- Progress toward Comprehensive Cardiac Center of Excellence status, requiring:
  - Relaunch of ECMO service line

DRIVE STRUCTURAL HEART & ADVANCED PROCEDURE GROWTH

- Execute growth plan for high-value procedures, including:
  - TAVR / cusp valve interventions
  - Pascal (mitral/tricuspid repair) procedures
  - Renal denervation
  - EP Studies

EXPECTED OUTCOME

- Strengthen financial performance through cost control and optimized care delivery

CARDIOVASCULAR STRATEGY

STRENGTHEN CARDIOVASCULAR SURGICAL VOLUME

- Continue to expand cardiovascular surgery volumes
- Align surgical growth with downstream interventional and imaging pathways
- Enhance external transfer relationships with other facilities to increase transfers

ROBUST MARKET POSITIONING & CONSUMER AWARENESS

- Launch targeted, data-driven cardiovascular marketing campaigns highlighting advanced structural heart and minimally invasive procedures
- Focus on differentiating high-end capabilities to capture market share and outmigration

PHYSICIAN ALIGNMENT & GOVERNANCE

- Maintain structured monthly and quarterly leadership forums with cardiologists and contracted group leadership
- Ensure alignment on growth strategy, quality outcomes, and operational performance

OPERATIONAL EXCELLENCE & COST DISCIPLINE

- Realignment of Cath lab leadership delivering:
  - Measurable labor cost savings and improved productivity and throughput
  - Continue to standardize product standardization on the HPG contract
  - Continue to enhance reprocessing opportunities

EXPECTED OUTCOME

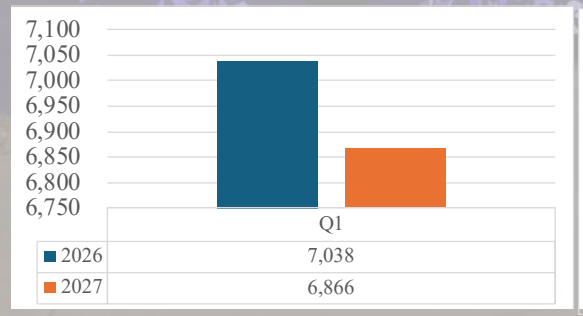
- Strengthen financial performance through cost control and optimized care delivery

SPINE

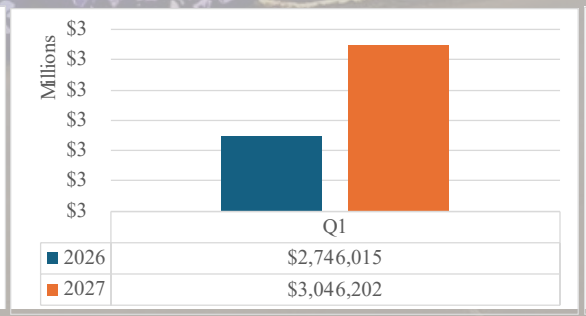
Financial & Operational Performance

Metric	FY27 YTD Actuals	FY26 YTD Actuals	Variance	FY27 Q1 Actuals	FY26 Q1 Actuals	Variance	Status
Cases / Visits	6,866	7,038	(172)	6,866	7,038	(172)	Watch
Adjusted Net Revenue	$7.6M	$7.5M	$0.1M	$7.6M	$7.5M	$0.1M	Watch
Variable Cost	$4.6M	$4.7M	$0.2M	$4.6M	$4.7M	$0.2M	Watch
Contribution Margin	$3.0M	$2.7M	$0.3M	$3.0M	$2.7M	$0.3M	Watch
CM %	39.9%	36.6%	3.3 pts	39.9%	36.6%	3.3 pts	On Track
Fixed Expense	$2.9M	$2.8M	($0M)	$2.9M	$2.8M	($0M)	Watch
Operating Income	$0.2M	($0.1M)	$0.3M	$0.2M	($0.1M)	$0.3M	Watch
Commercial %	32%	35%	(2 pts)	32%	35%	(2 pts)	
Medicaid %	27%	26%	1 pts	27%	26%	1 pts	
Medicare %	26%	27%	(0 pts)	26%	27%	(0 pts)	
Self-Pay %	9%	6%	3 pts	9%	6%	3 pts	

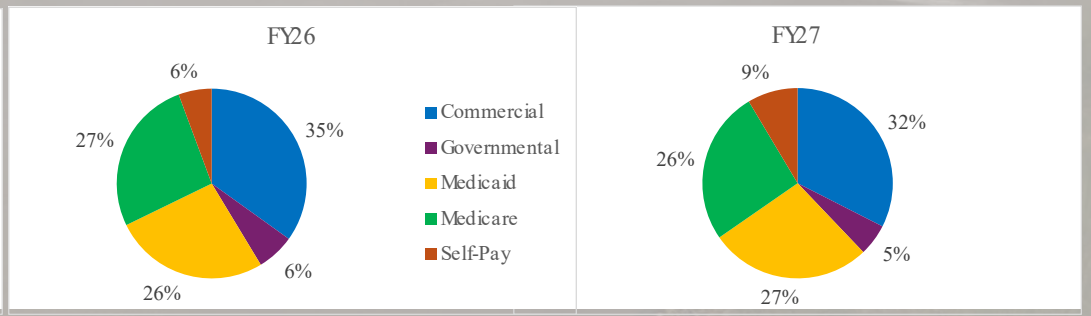
Volume Trend



Contribution Margin Trend



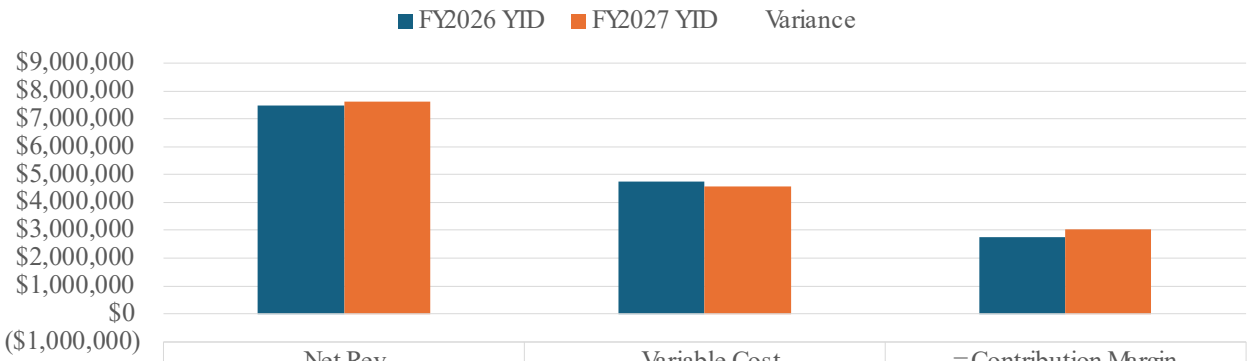
Payor Mix



SPINE

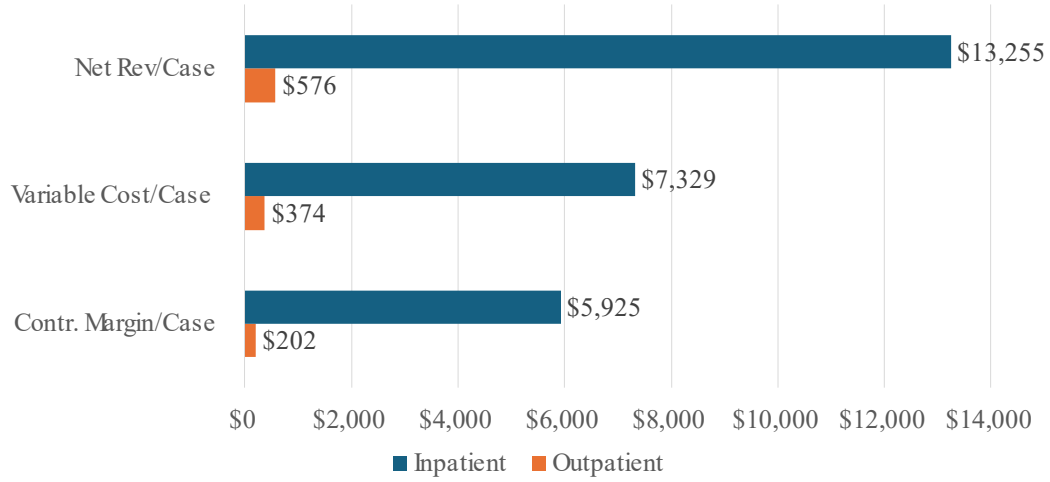
Performance Signals

SPINE - PROFITABILITY

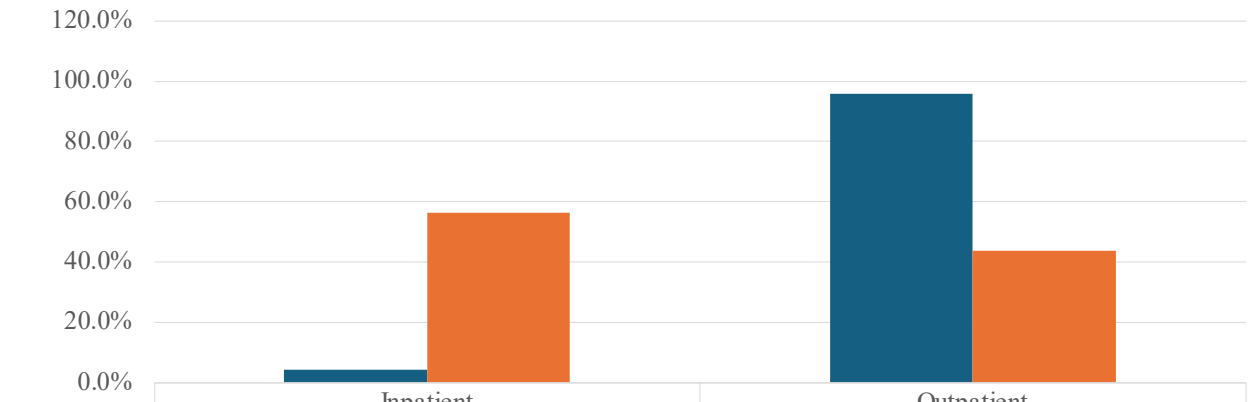


	Net Rev	- Variable Cost	=Contribution Margin
FY2026 YTD	$7,492,301	$4,746,439	$2,746,015
FY2027 YTD	$7,632,873	$4,586,672	$3,046,202
Variance	2%	-3%	11%

SPINE - CASE ANALYSIS - FY2027 YTD

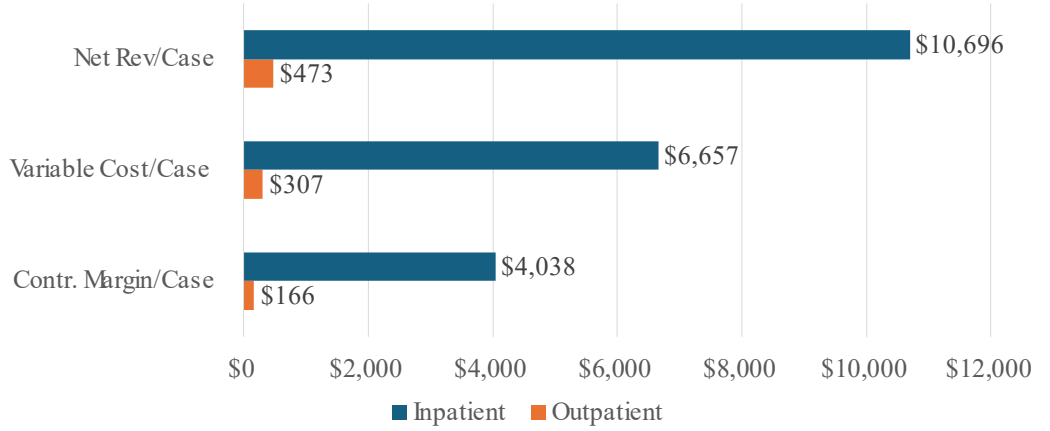


SPINE - VALUE SUMMARY - FY2027 YTD



	Inpatient	Outpatient
%Volume	4.2%	95.8%
%Margin	56.4%	43.6%

SPINE - CASE ANALYSIS - FY2026 YTD



SPINE

Inpatient Market Position & Growth Opportunity

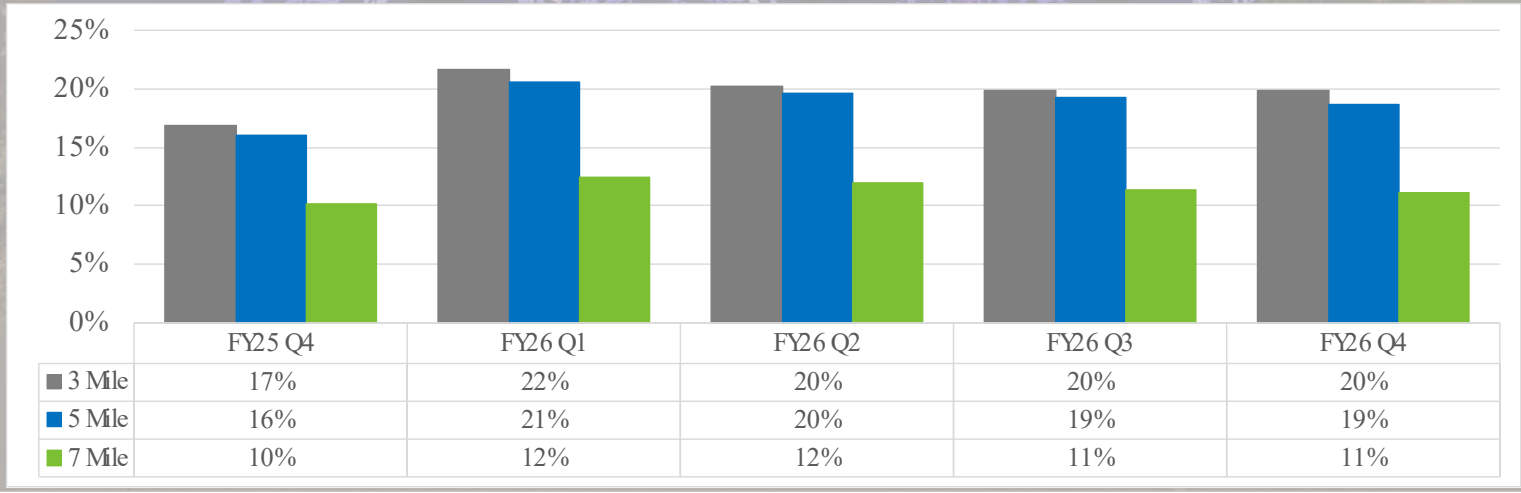
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	15%	32%	20%	20%	17%
Medicare	48%	45%	51%	50%	51%
Commercial	22%	20%	16%	16%	17%
Self Pay	2%	1%	4%	4%	3%
Other	13%	2%	9%	9%	12%

FY26 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	13%	27%	19%	19%	15%
Medicare	48%	43%	50%	49%	49%
Commercial	22%	20%	18%	19%	19%
Self Pay	1%	0%	3%	3%	2%
Other	15%	9%	11%	11%	15%

Spine Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 Mile	17%	22%	20%	20%	20%
5 Mile	16%	21%	20%	19%	19%
7 Mile	10%	12%	12%	11%	11%

Measure	Value
Market position	8
Average Case Market Share	6.2%
FY29 Target	?

SPINE

Emergency Market Position & Growth Opportunity

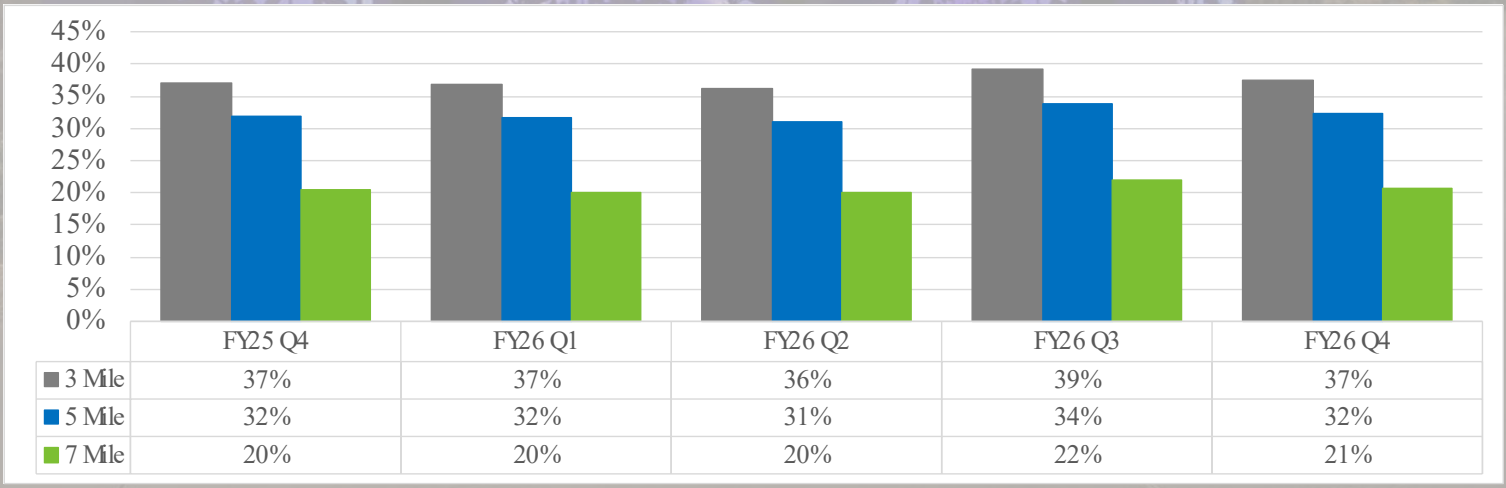
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	33%	36%	42%	42%	37%
Medicare	20%	17%	17%	16%	19%
Commercial	29%	27%	21%	21%	24%
Self Pay	9%	12%	10%	8%	8%
Other	10%	8%	10%	13%	12%

FY26 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	33%	35%	39%	39%	35%
Medicare	20%	18%	18%	17%	20%
Commercial	29%	27%	20%	21%	25%
Self Pay	8%	14%	12%	9%	9%
Other	10%	7%	11%	14%	12%

Spine Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 Mile	37%	37%	36%	39%	37%
5 Mile	32%	32%	31%	34%	32%
7 Mile	20%	20%	20%	22%	21%

Measure	Value
Market position	3
Average Case Market Share	12.3%
FY29 Target	?

SPINE STRATEGY

OPTIMIZE EFFICIENCY & CAPACITY

- Improve LOS and discharge velocity through standardized treatment pathways and care coordination (ERAS clinical pathways)
- Maximize Operating Room Turnaround

ENGAGE & ALIGN SPINE SURGEONS

- Recruit and Retain spine surgeons through offer of reliable block times, advanced imaging, and dedicated specialized staff
- Invest in enabling technology: navigation systems, robotics and minimally invasive surgery equipment

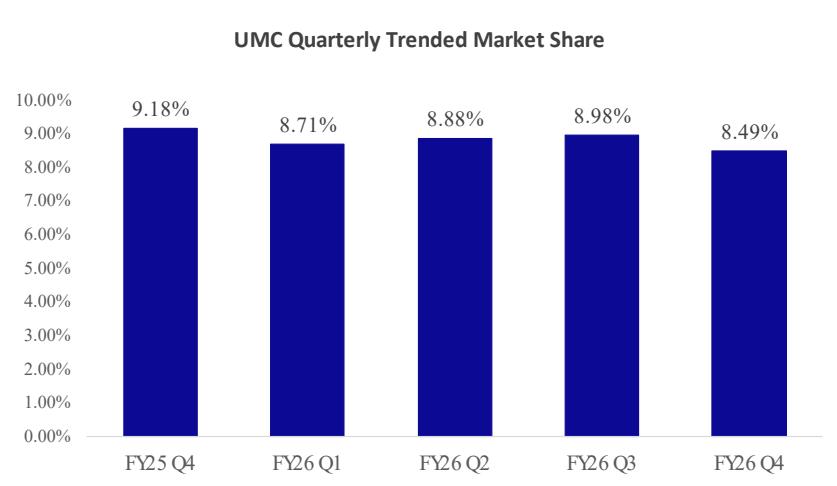
STREAMLINE PATIENT ACCESS & CONVERSION

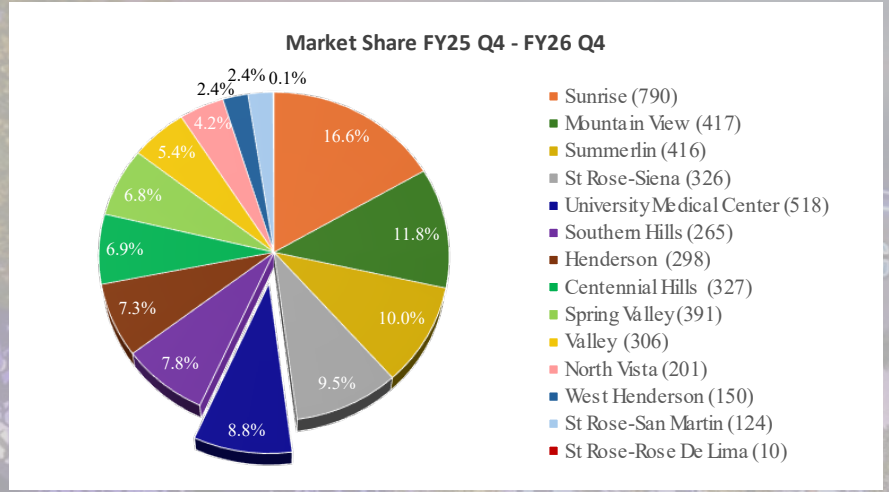
- Expand outpatient options for lower-complexity procedures to transition to ASC
- Improve Call Center operations for inbound calls, scheduling; Reduce times from initial complaint to consultation

EXPECTED OUTCOME

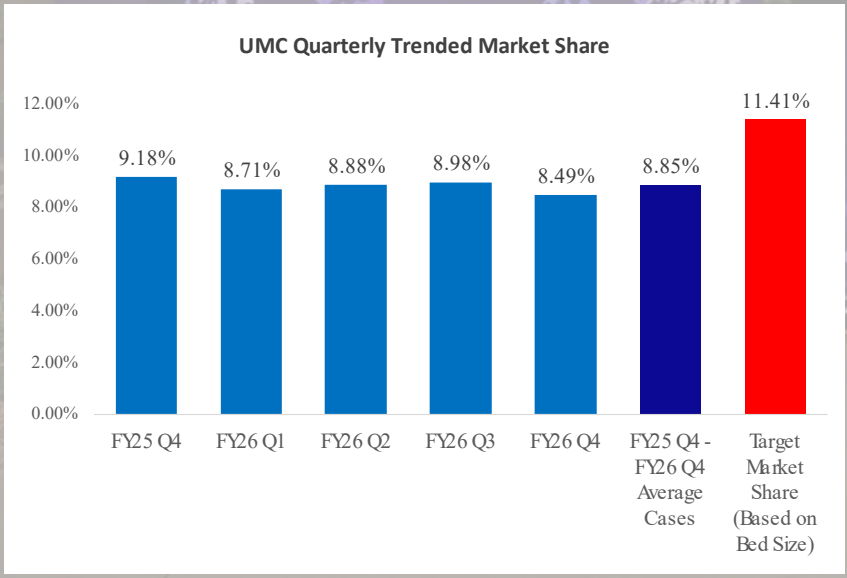
- Reduced LOS and improved throughput in Spine care
- Increase Market Share
- Improve Efficiencies
- Improve surgeon satisfaction and retention
- Increase profitability

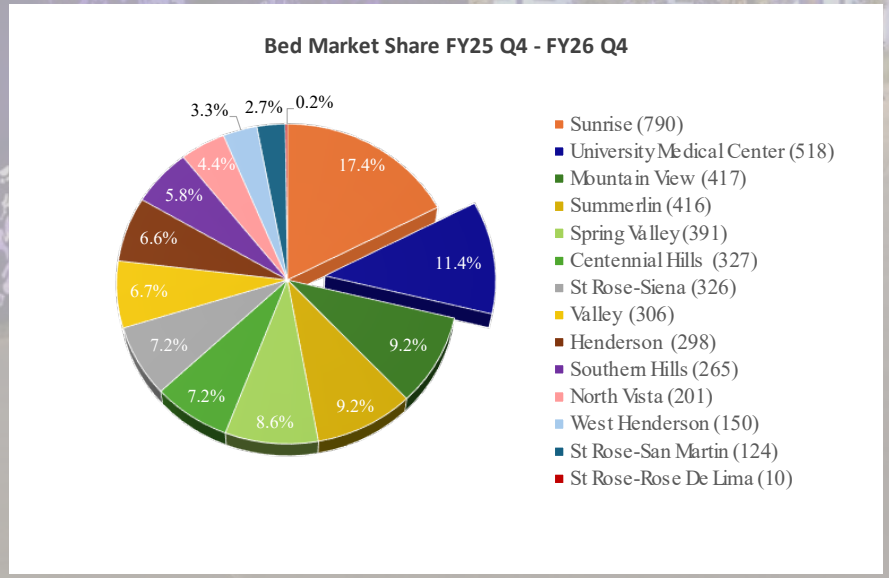
INPATIENT MARKET SHARE GROWTH

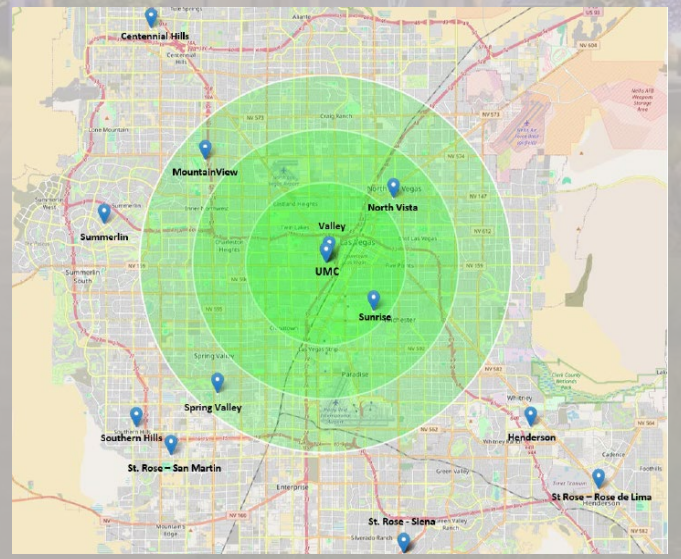




Measure	Value
Market position	5
Average Case Market Share	8.8%
Bed-Size Fair Share Target	11.4%
Fair Share Gap	(2.6 pts)
FY29 Target	?







INPATIENT MARKET SHARE GROWTH

UMC UNIVERSITY MEDICAL CENTER

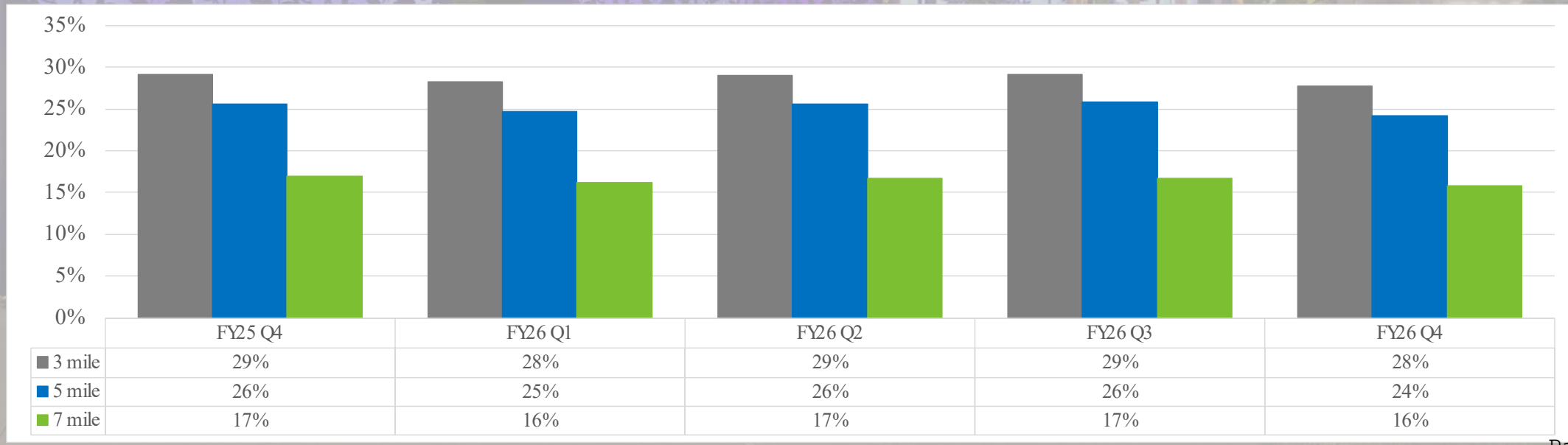
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	29%	43%	37%	40%	34%
Medicare	36%	32%	37%	35%	39%
Commercial	25%	17%	16%	15%	18%
Self Pay	3%	4%	4%	3%	3%
Other	7%	4%	6%	7%	6%

FY26 Q4 Payor Mix

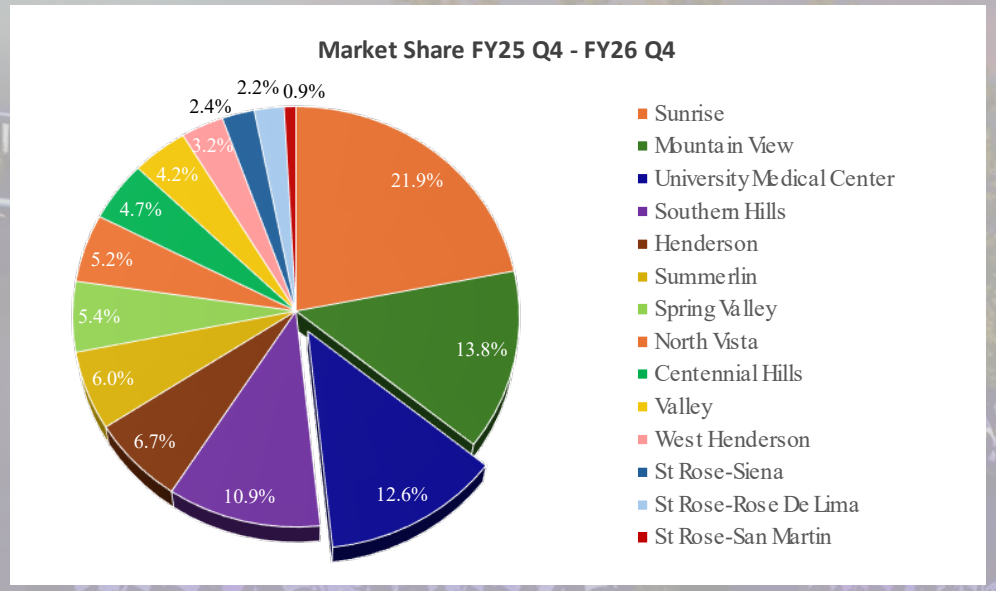
Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	28%	41%	36%	39%	32%
Medicare	37%	31%	37%	35%	40%
Commercial	24%	18%	16%	15%	19%
Self Pay	3%	4%	4%	3%	3%
Other	7%	5%	7%	7%	6%

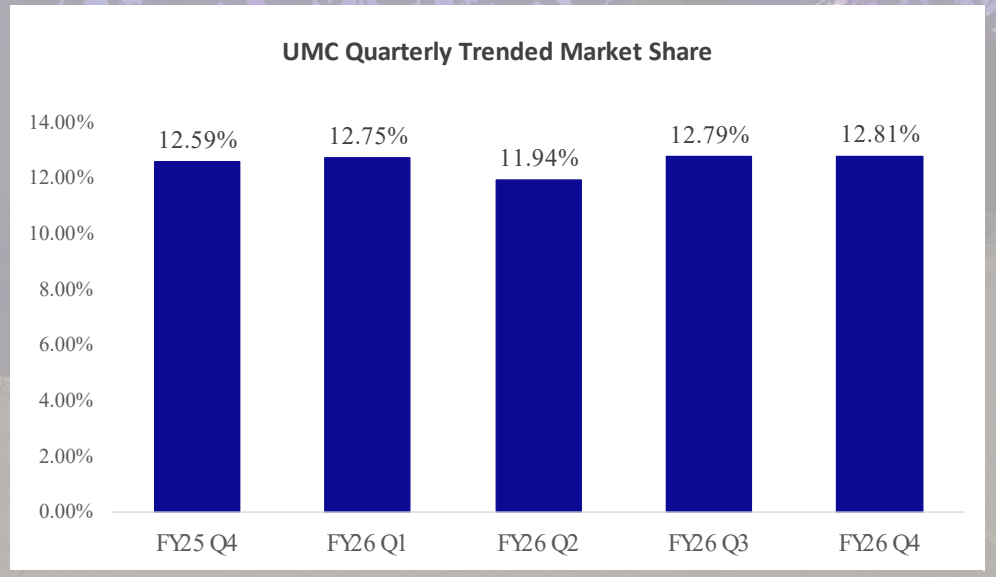
Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



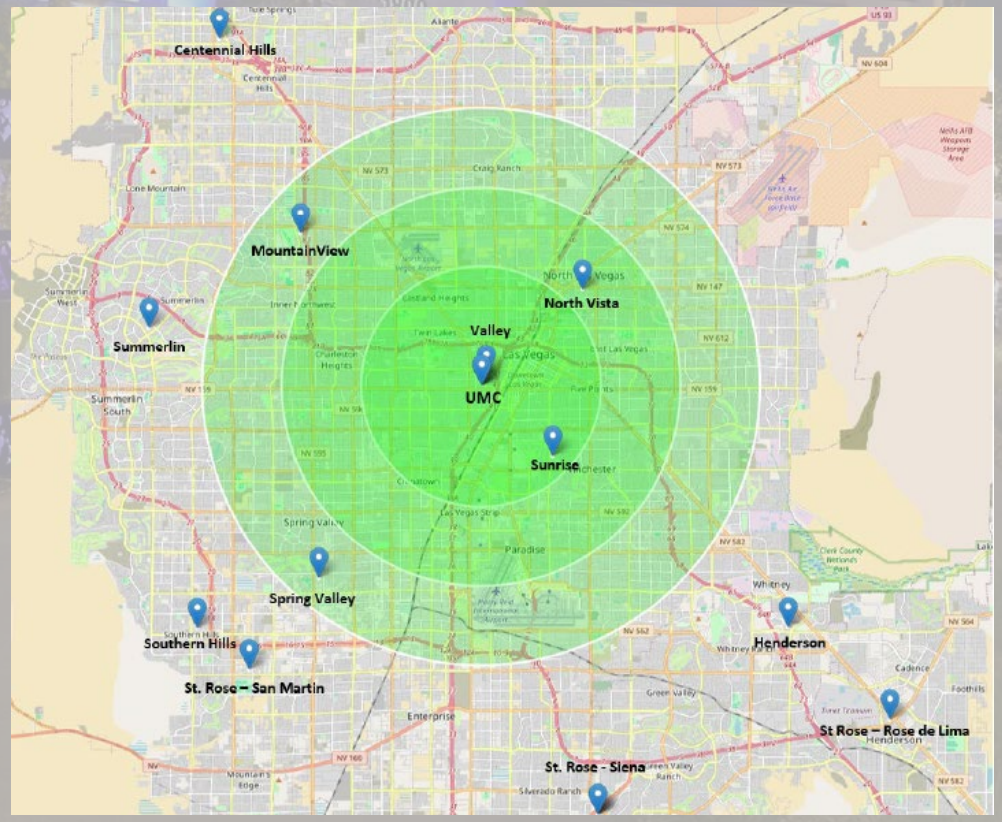
	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 mile	29%	28%	29%	29%	28%
5 mile	26%	25%	26%	26%	24%
7 mile	17%	16%	17%	17%	16%

EMERGENCY MARKET SHARE GROWTH





Measure	Value
Market position	3



EMERGENCY MARKET SHARE GROWTH

UMC UNIVERSITY MEDICAL CENTER

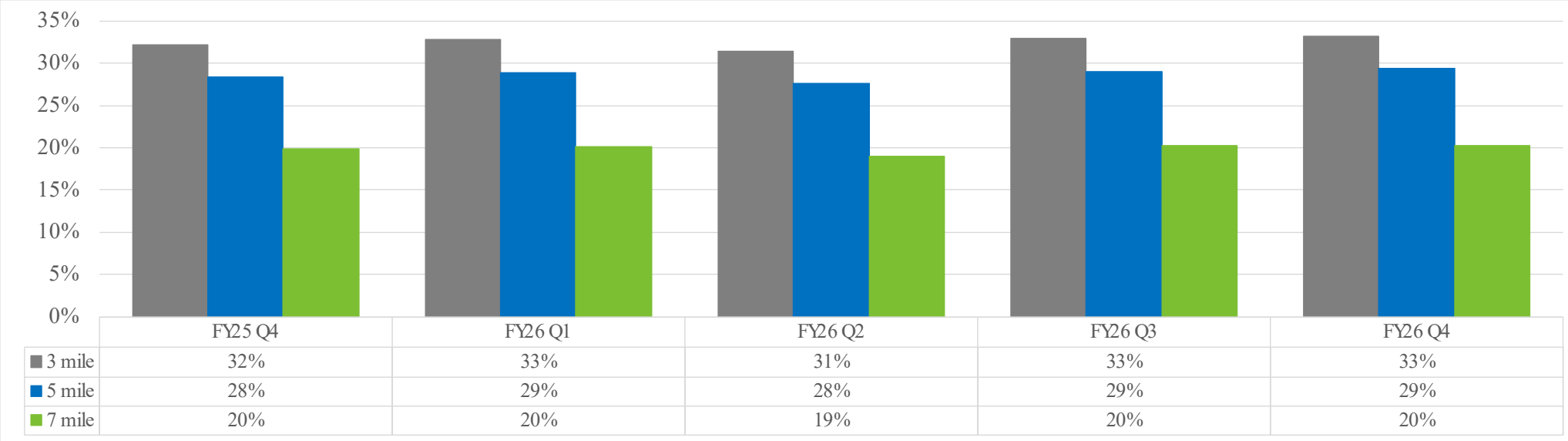
FY25 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	42%	52%	53%	53%	48%
Medicare	16%	13%	13%	13%	15%
Commercial	26%	19%	18%	17%	21%
Self Pay	8%	9%	9%	8%	8%
Other	8%	6%	7%	10%	9%

FY26 Q4 Payor Mix

Payor Mix	LV Overall Market	UMC Overall	Market 3-Mile	Market 5-Mile	Market 7-Mile
Medicaid	41%	50%	52%	51%	46%
Medicare	17%	14%	13%	12%	15%
Commercial	26%	19%	18%	17%	21%
Self Pay	8%	11%	11%	9%	9%
Other	8%	5%	7%	10%	9%

Quarterly Market Share by Proximity to UMC FY25 Q4 - FY26 Q4



	FY25 Q4	FY26 Q1	FY26 Q2	FY26 Q3	FY26 Q4
3 mile	32%	33%	31%	33%	33%
5 mile	28%	29%	28%	29%	29%
7 mile	20%	20%	19%	20%	20%

AMBULATORY CARE STRATEGY

ACCESS & CARE MODEL TRANSFORMATION

- Strengthen UMC Quick Care as the central hub for ambulatory care delivery
- Deploy an integrated "Total Care" model: Quick Care + Primary Care + Telehealth
- Deliver same-day access for all patients (walk-in and scheduled)
- 24/7 Quick Care with integrated services (PC, QC, adolescents, follow-ups, telehealth)
- Ensure immediate access to care, improving patient experience and reducing ED utilization
- Improve care coordination and patient management across service lines
- Enhance continuity of care through neighborhood-based care teams
- Drive clinical volume growth through improved access and throughput

INTEGRATED NETWORK & CONTINUITY OF CARE

- Enhance system integration and care continuity to minimize network leakage and improve patient care delivery
- Deliver a seamless "Total Care" model across Quick Care, Primary Care, and Telehealth
- Integrate care across the full continuum, including:
  - Emergency & Hospitalist Medicine
  - Surgery
  - Orthopedics
  - Radiology / Interventional Radiology
  - Infectious Disease

EXPECTED OUTCOME

- Volume Growth
- Access
- Continuity of Care
- Network Integration
- Financial improvement

AMBULATORY CARE STRATEGY

VALUE-BASED CARE & POPULATION HEALTH

- Expand value-based care programs and incentive payments
- Grow chronic care management (CCM) enrollment and effectiveness
- Improve quality performance outcomes for all patients
- Align ambulatory strategy with community health outcome improvement
- Strengthen managed care performance and contract reimbursement by creating 24/7 access to avoid unnecessary emergency room visits for care

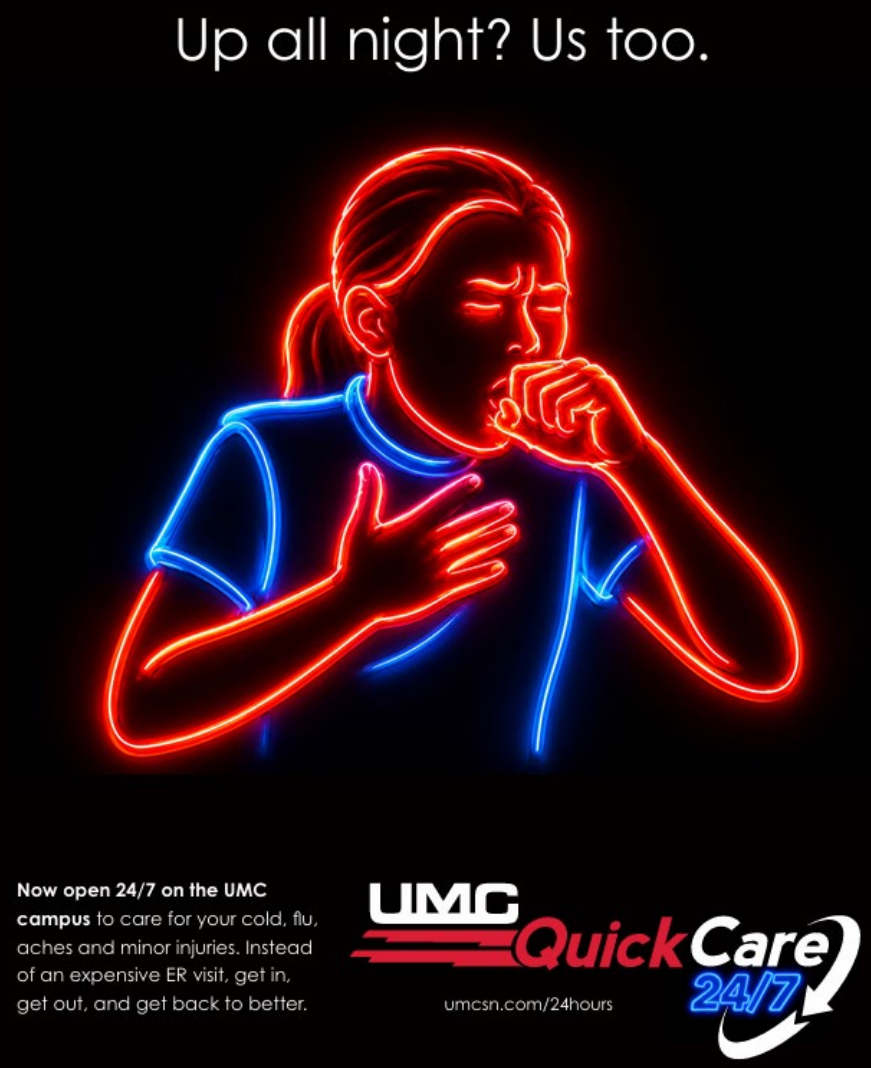
OPERATIONAL EXCELLENCE & THROUGHPUT OPTIMIZATION

- Standardize staffing templates and clinic operating models
- Optimize provider scheduling and clinical throughput
  - Drive higher productivity and balanced provider schedules
- Improve capacity utilization through workforce realignment and vacancy management
  - Add targeted staffing only where demand and access gaps require
- Implement workflow redesign to reduce waste and improve efficiency

EXPECTED OUTCOME

- Volume Growth
- Access
- Continuity of Care
- Network Integration
- Financial improvement

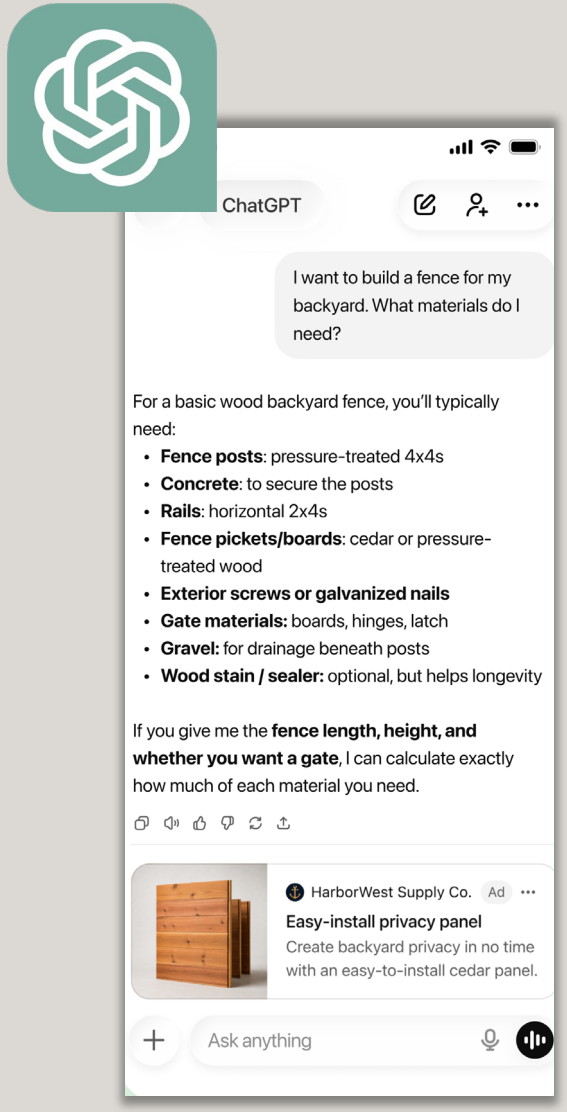
MARKETING STRATEGY

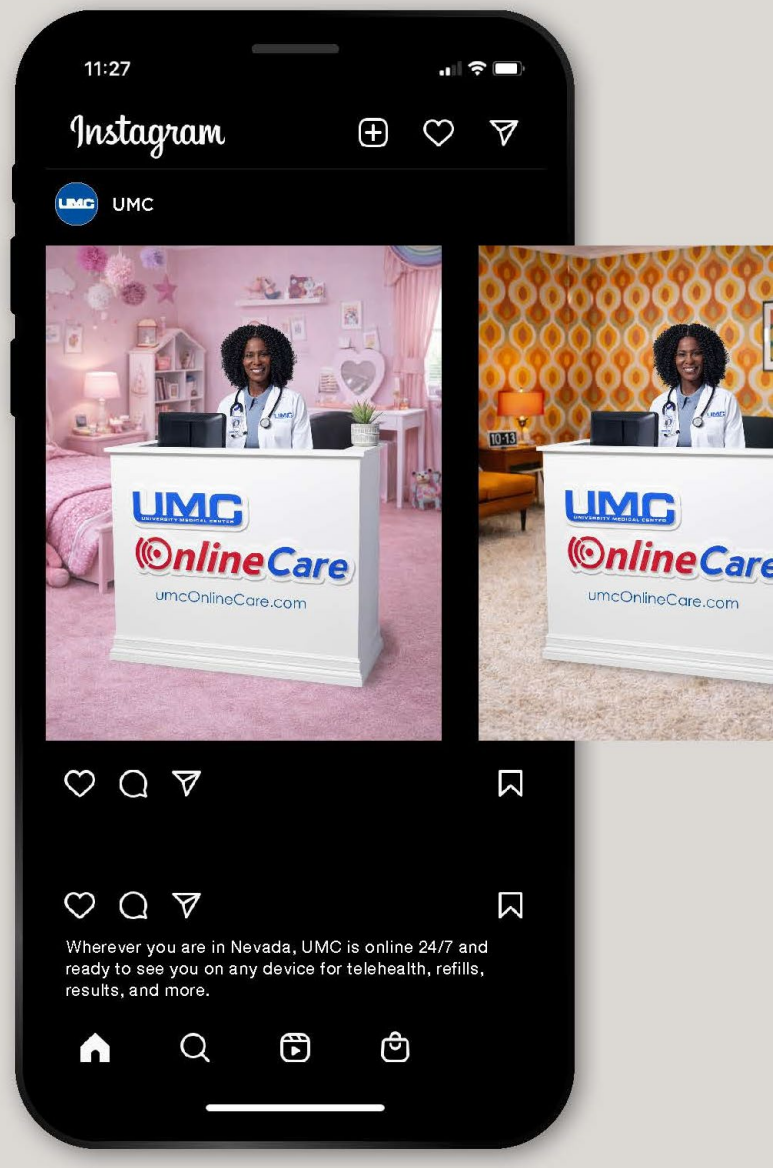


- Utilize bold, attention-grabbing creative to hold the attention of target audience members in an increasingly competitive market
- Further elevate the UMC brand by reinforcing the fact that we are much more than just a "safety net" hospital
- As families face rising prices across the board, our messaging strategy will include new language focused on health care affordability and value
- Target Audiences: Insured families and seniors
- Enhanced targeting and analytics with Epic-based email marketing
  - Launching this year, with initial campaigns focused on UMC Quick Care and Primary Care
  - Target patients based on need for a Primary Care provider, proximity to key locations and amount of time since last visit

MARKETING STRATEGY

- Maximize value through highly targeted social media, Google search, YouTube and connected TV placements
- Expand multi-platform campaign strategy to include targeted ChatGPT advertising
  - Provides contextual targeting based on users' prompts and conversations
  - Example: If a user asks if they should see a doctor for a sore throat at midnight, they may be served an ad for UMC's 24/7 Quick Care
  - Ads appear independently from the AI response
  - Starting with one campaign, with the potential for expansion based on performance





CAMPAIGNS

Service Line	Campaign	Media
24/7 Quick Care	Neon	ChatGPT, direct mail, email, YouTube, connected TV, social
Primary Care	A Healthy Relationship	Google, outdoor, print, connected TV, YouTube social, email
Quick Care	Get Back to Better and Nevada Preps	Outdoor, connected TV, YouTube, social, Google, print, web banners, email
All Service Lines	Strength Comes from Within (Branding)	TV, connected TV, print, YouTube, social
Online Care	The Shortest Distance to Care	Connected TV, YouTube, social, outdoor, Google, print
Cardiovascular	Your Heart is in the Right Place	Google, social, outdoor, print
Orthopedics/Surgery/ Sports Medicine	Patient and Surgeon Campaign (Launching Early 2027)	Connected TV, YouTube, social, print, ChatGPT (based on performance of 24/7 Quick Care campaign)
Children's Hospital	Sponsorships and community events	Sponsorships and community events
Women's Services	Sponsorships and community events	Sponsorships and community events

REVENUE ENHANCEMENT STRATEGY

SUPPLEMENTAL PAYMENT STRATEGY

- New MCO Medicaid IME supplemental payment program
  - State submitted state plan amendment(SPA) to CMS 6/26
  - Inpatient UPL – CMS SPA requesting a change in methodology from CMI to per diem
  - Create a plan to migrate all programs to UMC; this is essential for other projects
- Rural Redesignation
  - Request submitted 9/2026
  - Enhances IME benefit/Impact to Wage Index

REVENUE CYCLE REVIEW

- BDO full revenue cycle review – in the implementation phase
- Infusion Center revenue review – contract pending
- Epic revenue cycle opportunities
- ACO – New vendor coming 1/1/2027
- Implement Z-health ETCH software for IR and Cardiology Coding
- Experian Patient Access Curator – ROI 6-months post-go live
- UGM/Epic Wellstar surgery reauthorization initiative
- Explore AI Systems to assist with combating denials

EXPECTED OUTCOME

- Improved Revenue

PAYOR STRATEGY – SMART

UMC
UNIVERSITY MEDICAL CENTER

S — SPECIFIC

- Execute a cross-functional managed care renegotiation strategy engaging Revenue Integrity, Case Management, Finance, and Transplant
- Focus on revenue enhancement and cost optimization through:
- Increased MS-DRG reimbursement rates
  - Reduced claim denials
  - Expansion of covered service lines
  - Strengthened contract language and terms

M — MEASURABLE

- Achieve +5% reimbursement rate increase in Year 1
- Additional +5%–7% increases in Years 2–3
- Measured via aggregate contract rate improvements and realized net revenue impact

A — ACHIEVABLE

- Achieve +5% reimbursement rate increase in Year 1
- Additional +5%–7% increases in Years 2–3
- Measured via aggregate contract rate improvements and realized net revenue impact

R — RELEVANT

- Supports UMC's goal to optimize managed care performance and enhance revenue sustainability
- Strengthens strategic partnerships with managed care organizations
- Ensures alignment between finance, operations, and clinical leadership during negotiations

T — TIME BOUND

- Develop a comprehensive negotiation strategy document ~10 months prior to contract expiration
- Include: objectives, pricing strategy, leverage points, and relationship status
- Standard contract cycle: Majority renew in December → effective January; 10 contracts renew mid-fiscal

EXPECTED OUTCOME / GOAL

- Establish a disciplined, repeatable negotiation model to drive sustainable revenue growth, improved contract performance, and reduced leakage

MANAGED CARE GOALS

Performance Signals

Managed Care Oversees 51 Individual Contracts and Quality Agreements

Contract Negotiation by FY:

FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Alignment	Anthem Qual	Aetna	Aetna Transplant	Cigna
Hometown Health	Caresource	Anthem	Champion Transplant	Evernorth Behavioral
HPN	Champion Health	Culinary	HPN Fac	Intermountain Fac
Kaiser Transplant	Cigna	HealthDirect Partners	HSC	Intermountain Pro
NaphCare	HealthDirect Partners	HPN CSC	Kaiser (Hometown)	Multiplan
SCAN	Intermountain Pro	HPN Pro	Kaiser Transplant	NOMI
TriWest	Molina	Intermountain Fac	Molina	Optum Quality
	Multiplan	Optum Behavioral CSC	NaphCare	Optum Transplant
	Optum	Optum Hosp	Optum Fac	Prominence
	Optum MultiSpecialty	Optum Quality	Optum Pro	TriWest
	Optum Qual	Select Health Fac	Optum Quality	United Health Care Fac
	Optum Transplant	Select Health Pro	P3 Health Partners	
	P3 Health Partners	Select Health Qual	Select Fac	
	P3 Health Partners Qual	Silver Summit Hosp	Silver Summit	
	Prominence	United MA Fac		
	SCAN MOU	United MA QC		
	Select Health	UNLV		
	United Health Care Fac			
7 Contracts	**18 Contracts**	**17 Contracts**	**14 Contracts**	**11 Contracts**
Negotiated Increase $5M	**Negotiated Increase** $12.6M	**Negotiated Increase** $16.6M	**Negotiation Goal** 5% - 7% Increase ($16-$22M)	**Negotiation Goal** 5% - 7% Increase ($16-$22M)

EXPENSE MANAGEMENT STRATEGY

UMC
UNIVERSITY MEDICAL CENTER

SWB / LABOR

- UKG Phase I upgraded to the latest version
  - UKG Phase II is enhanced Dynamic Productivity (Real Time)
  - Expected go-live for productivity is December 2026
- Explore payroll solution as part of out-of-state hiring – Reduction of contract labor
- FTE management through attrition/retirement
- Expand AI Technology Enterprise Wide (currently piloting Ortho Clinic)
  - Scheduling call center and referral workflows
  - Documentation (ambient physician) and Nursing
  - Reduce clerical burden, improve documentation quality, and reimbursement capture

MARGIN IMPROVEMENT TEAM (MIT)

- Execute enterprise-wide cost review across all categories
- Complete Iron Mountain record destruction project (2028)
- Review upcoming RFP 6-8 months prior to expiration
- PSA Agreements
- Labor Opportunities

EXPECTED OUTCOME

- Improved labor productivity reduced the cost structure
- Sustainable margin improvement and operational efficiency

EXPENSE MANAGEMENT STRATEGY

SUPPLY CHAIN MMIS SYSTEM

- Hired a system administrator to maintain the system
- Exploring replacement solution/Waiting on County RFP
- HPG GPO Opportunities
  - ➢ Proactively obtain supplies/pharmaceuticals to avoid shortages or higher prices
- Implant contracting to capture additional savings
- Proactive sourcing targeted savings (orthopedics focus)
- RFP for GPO - Goal to be done by Feb 2027

OTHER

- Strata optimization project underway – new dashboards under development
- OP Pharmacy completion projected for April 2027, will assist in decreasing readmissions within 30 days, which penalizes hospitals
- Participate in County RFP to replace SAP, 3year project
  - Requires the addition of staff
- Lean capital process
- Lean contract process

EXPECTED OUTCOME

- Enhanced decision support and enterprise systems

EFFICIENCY, THROUGPUT & CAPACITY STRATEGY

UMC
UNIVERSITY MEDICAL CENTER

ACTIONS / RESOURCES

- Launched a patient throughput SWAT Team to address discharge delays and capacity constraints
- Executive oversight by CNO, CFO, COO, and Physician Advisor to drive accountability and rapid decision-making
- Medical Directors leading LOS optimization, utilization management, and denial reduction efforts
- Direct payer collaboration demonstrating UMC/UNLV Hospitalists data for quality outcomes, patient satisfaction, and appropriate admission criteria
- Implemented automated patient status review to improve accuracy and reduce avoidable denials
- Enhanced One Call Transfer Center to streamline intake, improve access, and support growth
- Deployed standardized patient pathways and dialysis patient navigation to transition care safely to outpatient settings and free inpatient capacity

EXPECTED OUTCOME

- Enhanced throughput, resulting in decreased length of stay (LOS), increased capacity, and maximized reimbursement

TECHNOLOGY STRATEGY

Commure – *Pilot Ortho Clinic*

- Implement AI-enabled documentation (ambient physician)
  - Improve provider efficiency and reduce clerical burden, ICD coding suggestions, improve documentation quality, and reimbursement capture
  - Pilot AI in orthopedic clinic, expansion to call center and referral workflows

Epic Generative AI Suite

- Established AI governance, AI policy and guardrails, and created a formal review process for new AI technology
- Began controlled adoption of Microsoft 365 Copilot
- Future expansion of clinical documentation abilities and integration of AI into operational workflows
- Taking a phased approach to more advanced AI

Surgical Procedure Mismatch Detection

- Schedulers can use AI-generated suggestions to identify missing or incorrect procedures in case requests
- Post-Visit Risk Adjustment Coding Assistant: Improve risk capture, chronic disease management, and diagnosis coding accuracy. Identifies appropriate clinical risk adjustment

CHEERS Campaigns

- Email platform build complete
- Epic's checklist requirements started. Build to start October 17, 202
- Email and SMS campaigns Epic
- TBD: Voice Appointment Reminders to replace Intrado/TeleVox product

EXPECTED OUTCOME

- Payer Platform advancement
- Expansion of Commure to other areas
- Thoughtful and strategized use of AI

TECHNOLOGY STRATEGY

OR PRE-CERTIFICATION BUILD – *Mirror Wellstar Health*

- Team modifying Rules build to only include Ortho & Spine as of May 22, 2026
- In-depth testing in progress
- Full cycle testing was successful prior to restricting to Ortho & Spine
- Pre-requisites:
  - Providers must complete Op Note within 24 hours
- Wellstar has 95% of its providers completing these
  - Dedicated pre-Auth staff
  - Dedicated Coding Staff

EPIC WILLOW AMBULATORY

- Build in progress for new Outpatient pharmacy
- UNLV will go live at the beginning of June
- UMC go-live is dependent on the Outpatient Pharmacy build-out

PAYOR PLATFORM

- Electronic Medical Prior Authorization (EMPA)
- Clinical Document Exchange (CDE)
- Claim Statuses
- Health Plan Clinical Summary

CAPITAL & REAL ESTATE STRATEGY

UMC
UNIVERSITY MEDICAL CENTER

ACTIONS / RESOURCES

- Obtain ASC Outpatient Surgery Center (Lease/Purchase)
  - Orthopedics
  - Endo cases
  - Gen surgery
  - Plastics
  - ENT
- Inpatient Rehab Unit
- UMC Parking Garage

EXPECTED OUTCOME

- Free up Hospital OR Suites for Inpatient Cases
- ACS reduces cost compared to hospital setting
- New service line, enhancement
- Improve revenue
- Strengthen UMC integrated network
- Expanded parking, to accommodate new services

SERVICE LINE FINANCIAL MODEL

Forecast

Project service line financial performance, including contribution margin, fixed expense, and operating income, over the plan horizon.

Service Line	FY2027 CM	FY2028 CM	FY2029 CM	FY2030 CM	Fixed Expense	Operating Income	Strategic Role
Surgery	$131.1M	TBD	TBD	TBD	$138.2M	($7.1M)	Expand
Neurosciences	$76.3M	TBD	TBD	TBD	$61.7M	$14.6M	Expand
Orthopedics	$94.3M	TBD	TBD	TBD	$103.5M	($9.2M)	Optimize
Cardiovascular	$73.3M	TBD	TBD	TBD	$78M	($4.7M)	Mission
Spine	$23.2M	TBD	TBD	TBD	$24.1M	($0.8M)	Mission
Other	$346.7M	TBD	TBD	TBD	$377.6M	($30.9M)	Grow

UMC does not currently budget at the Service Line level; the budgets for FY 2026 and FY 2027 were allocated to each service line:

- For FY 2026 CM: used FY25 Q1-Q2 CM by service line to allocate FY 2026 budget. Budgeted Operating Expenses allocated between Fixed and Variable Expense using the same FY25 Q1-Q2 historical data.
- For FY 2027 CM: used FY26 Q1-Q2 CM by service line to allocate FY 2027 budget. Budgeted Operating Expenses allocated between Fixed and Variable Expense using the same FY26 Q1-Q2 historical data.
- This reflects the data that would have been available at the time of each budget's preparation.

WORKFORCE & PRODUCTIVITY PLAN

Target

Enterprise Targets

Metric	FY2027 Projection	FY2027 Target	FY2028 Target	FY2029 Target	Strategic Driver	Owner
Total paid FTEs	3,982	3,906	TBD	TBD	Volume alignment	COO/CFO/ CNO
SWB as a % of Net Revenue	67.8%	68.1%	TBD	TBD	Productivity improvement	COO/CFO/ CNO
SWB per adjusted patient day	$3,071	$3,221	TBD	TBD	Cost per unit control	COO/CFO/ CNO
Adjusted Patient Days (tie to labor)	237,163	224,919	TBD	TBD	Volume improvement	COO
AEPOB	6.13	6.34	TBD	TBD	Productivity improvement	COO/CFO/ CNO
Contract labor (% of SWB)	1.6%	1.6%	TBD	TBD	Workforce stabilization	CFO/COO

ENTERPRISE DASHBOARD

Target

Category	Metric	FY2027 Target	FY2028 Target	FY2029 Target	FY2030 Target	Strategic Driver	Owner
Financial	Operating Revenue	$1,108.6M	$1,146.8M	$1,186.4M	$1,227.4M	Service line growth	CFO
Financial	Operating Expense	$1,146.8M	$1,202.5M	$1,260.9M	$1,322.1M	Cost discipline	CFO
Financial	Operating Income	($38.2M)	($55.6M)	($74.4M)	($94.7M)	Margin improvement	CFO / CNO / COO
Financial	EBITDA	$23.2M	$30.9M	$32.0M	$33.1M	Financial sustainability	CFO
Financial	EBITDA Margin %	2.09%	2.69%	2.69%	2.69%	Financial sustainability	CFO
Revenue Integrity	Net Pt Rev % Gross	16.93%	17.00%	17.20%	17.30%	Documentation / denials	CFO
Throughput	ALOS	5.50	5.50	5.50	5.50	LOS reduction	CFO / CNO / COO
Growth	IP Surgery Cases	10,527	10,738	10,952	11,171	OR throughput	COO
Growth	OP Surgery Cases	8,909	9,087	9,269	9,454	ASC / OP shift	COO
Access	Primary Care Visits	93,961	95,840	97,757	99,712	Access expansion	COO
Access	Quick Care Visits	252,313	257,360	262,507	267,757	Feeder growth	COO
Labor	SWB % of Net	68.08%	66.97%	67.53%	67.34%	Productivity	CFO / CNO / COO

Defines enterprise performance targets for FY2027-FY2030, aligned to execution of UMC's strategic priorities.

EXECUTION AND GOVERNANCE MODEL

Target

Service Line	Workstream	Expected Outcome	Reporting Cadence	Executive Owners
General Surgery	OR Throughput & Capacity Optimization	Increased surgical volume and contribution margin	Bi-monthly	CFO / COO
Orthopedics	Outpatient & Sports Medicine Expansion	Growth in Orthopedic share and procedural volume	Bi-monthly	CFO / COO
Neurosciences	Strengthen alignment with emergency services and referring facilities to promote Stroke Program	Increased high acuity volume and increase time to treatment metrics	Bi-monthly	CNO / COO
Spine	Improve LOS through standardized clinical pathways and reduce time from initial complaint to consultation	Increased profitability and volume growth	Bi-monthly	CFO / COO
Cardiology	Cath Lab & Advanced Cardiac Program Development	Increased cardiovascular procedure growth and acuity	Bi-monthly	CFO / COO
Enterprise	Throughput & Capacity Management	Reduced LOS and improved bed utilization	Monthly	CFO / CNO / COO
Enterprise	Workforce & Productivity Management	Reduced SWB % and contract labor dependency	Monthly	CFO / CNO / COO
Enterprise	Revenue Integrity & Documentation	Improved CMI, denials, and net revenue realization	Monthly	CFO
Enterprise	Real Estate & Capital Planning	Alignment of facility investments with strategic priorities	Quarterly	COO
Enterprise	Strategic Plan Governance & PMO	Ongoing execution tracking and initiative accountability	Bi-Monthly	Strat / COO / CFO

THROUGHPUT & CAPACITY

Metric	FY2027 YTD	FY2028 Target	FY2029 Target	FY2030 Target	Impact
ALOS	5.85	5.50	5.30	5.15	Inpatient capacity expansion
Geometric LOS index	1.36	1.00	1.00	1.00	Throughput optimization
Observation ALOS	1.18	0.96	0.96	0.96	Appropriate level-of-care management
Discharge before Noon %	15.0%	25.0%	25.0%	25.0%	Improved patient flow
ED LWBS %	1.4%	1.5%	1.5%	1.5%	Throughput optimization
OR utilization	63.8%	75.0%	75.0%	75.0%	Surgical growth capacity
First case on-time starts (FCOTS)	55.7%	80.0%	85.0%	85.0%	OR efficiency and throughput
Block utilization	49%	65%	75%	75%	Surgical scheduling optimization

STRATEGIC PLAN MAINTENANCE MODEL

Workstream	Finance-Owned Output	Cadence	Governance Use
Service line P&L	Revenue, variable cost, CM, fixed expense, operating income	Bi-Monthly	Identify true profitability and capital priorities
Dashboard refresh	Enterprise financials, throughput, access, labor, quality	Bi-Monthly	Board visibility and early intervention
Market / fair share	Line-specific market share, fair share gap, growth targets	Quarterly	Prioritize service line growth and marketing
Marketing ROI	Campaign spend, new patients, referrals, conversion, CM impact	Quarterly	Tie marketing to service line growth
Capital / real estate	Investment, capacity added, timing, ROI / op income impact	Quarterly / Annual	Align capital to strategic plan and master facility plan
Foundation alignment	Donor opportunities linked to strategy and community impact	Semiannual	Support Commissioners and donors with a coherent funding story

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
AGENDA ITEM

Issue:	**FY2027 Performance Goals**	**Back-up:**
Petitioner:	Christopher Jones, Executive Director of Support Services	
Recommendation: **That the Governing Board Strategic Planning Committee review and discuss the measurement and weighting of the FY27 organizational goals; and direct staff accordingly.** ***(For possible action)***		

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the FY27 performance goals.

Cleared for Agenda
October 29, 2026

Agenda Item #
7

Organizational Goals FY27
October 29, 2026



FY27 Strategic Planning Committee Goals

GOAL 1: SERVICE-LINE FINANCIAL AND CLINICAL PERFORMANCE (25%)
Improve the financial and clinical performance of the five FY2027 priority service-line groups using the normalized FY2026 results as the baseline.

GOAL 2: ACCESS, THROUGHPUT, AND CAPACITY (25%)
Optimize capacity through efficient throughput management and improve timely access to care through measurable improvements in emergency and ambulatory performance.

GOAL 3: ENTERPRISE STRATEGY AND SERVICE-LINE GOVERNANCE (25%)
Secure Governing Board approval of an integrated FY2027-FY2029 enterprise strategic plan and begin execution through standardized service-line, accountable ownership, and performance reporting every two months.

GOAL 4: STRATEGIC GROWTH, ACADEMIC MISSION, AND INFRASTRUCTURE (25%)
Achieve the Board-approved FY2027 milestones for strategic growth, the Academic Health Center, and priority capital projects.

FY27 Strategic Planning Committee Goals

GOAL 1: SERVICE-LINE FINANCIAL AND CLINICAL PERFORMANCE (25%)

- **Improve the financial and clinical performance of the five FY2027 priority service-line groups using the normalized FY2026 results as the baseline.**

MEASURES

- Increase the combined contribution margin of the five-priority service-line groups in FY2027 compared to FY2026 total of $371M
- Manage the combined operating loss of the five-priority service-line groups in FY2027 over the prior fiscal year, FY2026 loss of $14.7M
- Achieve or exceed the Board-approved FY2027 clinical quality, patient outcome, or performance target established for each priority service-line group.
- Develop and approve a comprehensive written strategic action plan for each priority service-line group by October 31, 2026, through the Strategy Committee and provide progress updates to the Strategic Planning Committee every 2 months.

FY 27 Strategic Planning Committee Goals

GOAL 2: ACCESS, THROUGHPUT, AND CAPACITY (25%)

- **Optimize capacity through efficient throughput management and improve timely access to care through measurable improvements in emergency and ambulatory performance.**

MEASURES

- Appoint an accountable **ED provider leader** by **September 1, 2026**, and achieve FY2027 ED throughput targets.
  - Reduce ED LWBS/Elopement rate from **2.5% to 2.0%**.
  - Data source is through EPIC
- Launch the **24/7 same-day care center** by **November 2, 2026**, within the approved budget.
  - Meet approved **volume and contribution margin targets** during the first eight months of operation.

FY 27 Strategic Planning Committee Goals

GOAL 3: ENTERPRISE STRATEGY AND SERVICE-LINE GOVERNANCE (25%)

- **Secure Governing Board approval of an integrated FY2027-FY2029 enterprise strategic plan and begin execution through standardized service-line, accountable ownership, and performance reporting every two months.**

MEASURES

- Secure Governing Board approval of the **integrated FY2027-FY2029 enterprise** strategic plan by December 31, 2026.
- Complete standardized strategies for all five-priority service-line groups by November 30, 2026.
- Assign an Executive Sponsor and Governing Board Liaison to each service line by September 30, 2026.
- Implement service-line dashboards reporting financial, clinical, market, access, workforce, and capital metrics every two months.
- Align and document the **FY2027–FY2029 Capital Plan** with strategic priorities and service-line objectives.
- Develop and implement a marketing plan aligned with strategic goals, including measurable ROI metrics.
- Deploy approved AI and digital access solutions to improve coding and documentation accuracy, call center performance, referral completion, and patient access outcomes.

FY 27 Strategic Planning Committee Goals

GOAL 4: STRATEGIC GROWTH, ACADEMIC MISSION, AND INFRASTRUCTURE

- **Achieve the Board-approved FY2027 milestones for strategic growth, the Academic Health Center, and priority capital projects.**

MEASURES

- **Inpatient Rehabilitation**
  - Achieve all approved FY2027 scope, budget, financing, and schedule milestones.
  - Maintain project costs within the approved budget and provide quarterly Board updates.
- **Parking Garage / Master Plan**
  - Achieve Board-approved design, financing, and construction milestones.
  - Maintain project timeline and budget targets.
- **Tower Modernization:** Maintain construction progress within the approved budget and timeline.
- **Academic Health Center**
  - Obtain successful ACGME site visit for the Sponsoring Institution.
  - Governor's GME Grant compliance and adherence to reporting milestones to ensure full reimbursement.
- **Ambulatory Surgery Center:** Secure ambulatory surgery center location, acquisition, or agreement.
  - Present business plan, proforma and transition of OP procedures to ASC and backfill of IP cases
  - Improve inpatient OR capacity and access for higher-acuity cases.

Organizational Goals FY27 (Weighting)

October 29, 2026



Organizational Performance Goals

FY27 Strategic Planning Goal Weighting

Goal	Allocation Within the Goal
Goal 1	Financial 40% (20% CM, 20% OI) Clinical/Quality 40% (collectively) Plans/Reporting 20%
Goal 2	LWBS 35% Same-Day Care 30% Other ED Throughput 35%
Goal 3	Enterprise Strategic Plan 30% Service-Line /Ownership 25% Dashboards 20% Organizational Alignment 15% AI/Digital Outcomes 10%
Goal 4	Each of the Five Measures 20%

Organizational Performance Goals

FY27 Strategic Planning Attainment And Goal Credit

Attainment	Credit
Measure not achieved	0%
Approved threshold or partial milestone achieved	50%
FY2027 target achieved	100%
Preapproved stretch target achieved	125%
Credit is applied to the weight assigned to each measure. Measures without an approved stretch target are capped at 100% credit.	

Organizational Performance Goals

FY27 Strategic Planning Committee Goals

GOAL 1 – EVALUATION CRITERIA

Contribution Margin, FY2026 Normalized Baseline: $371M			Credit
Threshold:	$13.5 M	$384.5 M (90% of the approved target)	50%
Target:	$15.0 M	$386.0 M (100% of the approved target)	100%
Stretch:	$16.5 M	$387.5 M (110% of the approved target)	125%

Operating Income, FY2026 Normalized Baseline: ($14.7M)			Credit
Threshold:	($14, 931,734)	(90% of the approved target)	50%
Target:	($14,961,040)	(100% of the approved target)	100%
Stretch:	($14,992,575)	(at least 110% of the approved target)	125%

FY27 Strategic Planning Committee Goals

GOAL 1 – EVALUATION CRITERIA – *continued*

Clinical and Quality	**Credit**
Threshold: Three of five groups achieve their approved targets	50%
Target: Four of five groups achieve their approved targets	100%
Stretch: All five groups achieve their approved targets	125%

Plans and Reporting	**Credit**
Threshold: Written action completed for at least three of the five priority groups	50%
Target: Written action completed for all five groups by October 31, 2026, with reports provided every two months	100%
Stretch: Not applicable; maximum credit 100%	N/A

Organizational Performance Goals

FY27 Strategic Planning Committee Goals

GOAL 2 – EVALUATION CRITERIA

LWBS/Elopement	Achieve	Credit
Threshold	2.3%	50%
Target	2.0%	100%
Stretch	1.8%	125%

Same-Day Care	Achieve	Credit
Threshold	Opens within 30 days of the approved date achieves at least 90% budget volume	50%
Target	Opens by November 2, 2026, target within the approved budget, achieves the budgeted volume and contribution margin	100%
Stretch	Opens by October 26, 2026, remains within budget, and achieves 110% of both budgeted volume and contribution margin during the measurement period	125%

FY27 Strategic Planning Committee Goals

GOAL 2 – EVALUATION CRITERIA – *continued*

ED Throughput Arrival to Disposition (Current Baseline 190 Minutes)	**Achieve**	**Credit**
Threshold: Planned improvement partially achieved.	176 Minutes	50%
Target: Achieve the planned improvement target.	160 Minutes	100%
Stretch: Achieve the target or exceed the planned improvement.	144 Minutes	125%

Organizational Performance Goals

FY27 Strategic Planning Committee Goals

GOAL 3 – EVALUATION CRITERIA

Enterprise Strategy	Achieve	Credit
Threshold	Enterprise strategic plan approved by the Governing Board	50%
Target	Plan approved and all first-year initiatives assigned owners, milestones, and measures	100%
Stretch	Target achieved and at least 90% of first-year milestones due by June 30 are completed on time	125%

Dashboards	Achieve	Credit
Threshold	At least four of the scheduled dashboards are produced	50%
Target	Dashboards are produced every two months	100%
Stretch	Target achieved and documented corrective action is initiated within 30 days for at least 90% of materially off-target measures	125%

FY27 Strategic Planning Committee Goals

GOAL 3 – EVALUATION CRITERIA – *continued*

AI and Digital	**Achieve**	**Credit**
Threshold	Implemented	50%
Target	*Adoption rate of 75%*	100%
Stretch	Adoption rate of 100%	125%

Service-Line Ownership	**Achieve**	**Credit**
Threshold	Standardized plans completed and owners assigned to at least three priority groups	50%
Target	Standardized plans completed and executive owners and Board liaisons assigned for all five priority groups by the approved dates	100%
Stretch	Not applicable; maximum of 100% credit	N/A

FY27 Strategic Planning Committee Goals

GOAL 3 – EVALUATION CRITERIA – *continued*

Plan Alignment	Achieve	Credit
Threshold	Alignment documented of one of the plans (capital or marketing) with the enterprise strategic plan	50%
Target	Alignment of both the capital plan and the marketing plan with the enterprise strategic plan	100%
Stretch	Not applicable; maximum credit 100%	N/A

Organizational Performance Goals

FY27 Strategic Planning Committee Goals

GOAL 4 – EVALUATION CRITERIA – *continued*

Parking Garage	**Achieve**	**Credit**
Threshold	Take Construction GMP Agreement to A&F, full GB, and BCC	50%
Target	Begin construction by April 30, 2027	100%
Stretch	Begin construction by March 31, 2027	125%

Tower Modernization	**Achieve**	**Credit**
Threshold	Completion of Phase 5 out of 10 by June 30, 2027	50%
Target	Completion of Phase 6 out of 10 by June 30, 2027	100%
Stretch	Completion of Phase 7 or greater by June 30, 2027	125%

Organizational Performance Goals

FY27 Strategic Planning Committee Goals

GOAL 4 – EVALUATION CRITERIA

Ambulatory Surgery Center	Achieve	Credit
Threshold	Present the business plan and proforma by September 30, 2026	50%
Target	Secure Location Purchase or Lease	100%
Stretch	Obtain licensure, inspections, Code Compliance, and Epic build. ASC operational by June 30, 2027	125%

Inpatient Rehabilitation	Achieve	Credit
Threshold	Guaranteed Maximum Price (GMP) completed by October 1, 2026	50%
Target	Construction to begin by March 31, 2027	100%
Stretch	Construction to begin by February 14, 2027	125%

FY27 Strategic Planning Committee Goals

GOAL 4 – EVALUATION CRITERIA

Academic Health	Achieve	Credit
Threshold	Sponsoring Institution - Achieve Accreditation with no more than two citations with ACGME site visit	50%
Target	Achieve Full Accreditation with ACGME site visit	100%
Stretch	Achieve Full Accreditation with ACGME site visit no citations or Areas for Improvement	125%

FY27 Strategic Planning Committee Goals

GOAL 4 – EVALUATION CRITERIA

Academic Health	Achieve	Credit
Threshold	Awarded Governor's GME grant for the Radiology residency program ($2.1M)	50%
Target	Comply with all reporting requirements and successfully submit for quarterly requests to receive full reimbursement	100%
Stretch	Apply to and secure $2M in the second round of the Governor's GME grant	125%

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
AGENDA ITEM

Issue: **Emerging Issues**	**Back-up:**
Petitioner: Christopher Jones, Executive Director of Support Services	
Recommendation: **That the Strategic Planning Committee identify emerging issues to be addressed by staff or by the Strategic Planning Committee at future meetings; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
October 29, 2026

Agenda Item #
6