



**Public Hospital District No.1: Board of Commissioners Meeting Agenda**  
**Wednesday October 25, 2023 | 5:30 PM**  
**Arleen Blackburn Conference Room and Zoom Connection**

All times listed are approximates and not a true indication of the amount of time to be spent on any area.

<b>I.</b>	<b>Call to Order</b>	5:30	Tom Baranouskas
<b>II.</b>	<b>Pledge of Allegiance</b>	5:30	Tom Baranouskas
<b>III.</b>	<b>Consent Agenda</b>	5:30	Tom Baranouskas
	All consent agenda items will be approved by the Board with a single motion. Any of the following individual items may be pulled for discussion at the request of a commissioner.		
	• Meeting Agenda		
	• September 27, 2023 Board Meeting Minutes		
	• Open Public Meetings Policy		
	• <b>Previous Month's Warrants Issued:</b>	#10119964 -- 10120228	08/17/2023 – 09/14/2023 \$ 963,455.01
	• <b>Accounts Payable EFT Transactions:</b>	#20220295 – 20220308	08/12/2023 – 09/14/2023 \$ 470,859.43
	• <b>Payroll EFT Transactions:</b>	#15349 – 15919	08/12/2023 – 09/22/2023 \$1,175,103.31
	• September Bad Debt		
<b>IV.</b>	<b>Community Input</b>	5:35	Commissioners
	Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.		
<b>V.</b>	<b>Foundation Report</b>	5:40	Foundation Member
<b>VI.</b>	<b>September Finance Report</b>	5:45	Marianne Vincent
<b>VII.</b>	<b>2024 Budget Hearing: 2<sup>nd</sup> Reading</b>	6:00	Marianne Vincent
<b>VIII.</b>	<b>CM Values</b>	6:20	Diane Blake
<b>IX.</b>	<b>Public Relations Report</b>	6:25	Clint Strand
<b>X.</b>	<b>Old Business</b>	6:35	
	a. IT Update		Chad Schmitt
	b. 2024 Draft Objectives		Diane Blake
	<b>Strategic Questions:</b>		
	• Which of the proposed objectives for 2024 do you see as the highest priority?		
	• Is there any big picture work missing from the plan which will be essential to tackle in 2024?		
<b>XI.</b>	<b>New Business</b>	7:00	
	a. Commissioner Time Commitment Document		Diane Blake
	b. Q3 Organizational Dashboard Review		Commissioners
	c. WSHA Annual Meeting Recap		Commissioners
	d. Quality Rounding Report		Commissioners
<b>XII.</b>	<b>Committee Reports</b>	7:25	
	a. Finance Committee		Bruce Williams
	b. WSHA Board Meeting		Bruce Williams
<b>XIII.</b>	<b>Action Items</b>	7:35	Commissioners
	a. <b>MOTION:</b> Approve Conflict of Interest Policy		
	b. <b>MOTION:</b> Approve Resolution 2023-11: 2024 Operating & Capital Budget		
	c. <b>MOTION:</b> Approve Resolution 2023-12: Authorizing the 2024 Regular Property Tax Levy		
	d. <b>MOTION:</b> Approve Resolution 2023-13: Authorizing the 2024 EMS Property Tax Levy		
<b>XIV.</b>	<b>Administrator Report</b>	7:50	Diane Blake
<b>XV.</b>	<b>Board Action Items</b>	8:10	Commissioners
<b>XVI.</b>	<b>Meeting Evaluation/Commissioner Comments</b>	8:15	Commissioners
	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.		
<b>XVII.</b>	<b>Executive Session: Performance of a Public Employee (RCW42.30.110)(1)(g)</b>	8:20	Commissioners
<b>XVIII.</b>	<b>Adjournment</b>	8:50	Tom Baranouskas



## Values

**Commitment** – We demonstrate our pursuit of individual and organizational development by always going above and beyond to find the answer, discover the cause, and advocate the most appropriate course of action.

**Community** – We demonstrate our effectiveness and quality in complete transparency with each other and in line with the values of our medical center.

**Empowerment** – We prove our promise to patients and our dedication to both organization and community through the manner in which we empower each other and carry out each action.

**Integrity** – We set a strong example of behavioral and ethical standards by demonstrating our accountability to patient needs and our devotion to performing alongside one another as we exhibit our high standards each and every day.

**Quality** – We demonstrate an exceptional and enduring commitment to excellence. We are devoted to processes and systems that align our actions to excellence, compassion and effectiveness on a daily basis.

**Respect** – We embrace equality on a daily basis through positive, personal interactions and recognize the unique value within each of our colleagues, patients, and ourselves.

**Transparency** – We demonstrate complete openness by providing clear, timely and trusted information that shapes the health, safety, well-being and stability of each other and our community.

## **AGENDA / PACKET EXPLANATION**

### **For Meeting on October 25, 2023**

Below is an explanation of agenda items for the upcoming Board meeting for which you may find pre-explanation helpful.

- **Consent Agenda** – The Open Public Meetings policy included in the consent agenda was reviewed by the Governance Committee, who recommends it to the full Board for approval. Also, please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual warrants or other items from the consent agenda at the meeting, should you wish to discuss.
- **September Finance Report** – Included in your packet are the September financials, to support Marianne’s report. Marianne will be attending the October board meeting virtually due to a schedule conflict with an essential conference. The September Finance Report and the budget presentation are earlier on the agenda for this month so that Marianne will be able to maximize participation in conference events while still fulfilling her role in working with the board.
- **2024 Budget Hearing** – Included in your packet are the documents for the proposed 2024 budget. We look forward to reviewing together and discussing your questions and feedback.
- **Old Business**
  - IT Update – No documents are included in your packet for this topic. Chad Schmitt, VFCIO, will provide an update on ongoing technology work.
  - 2024 Draft Objectives – Included in your packet is the current iteration of proposed objectives for 2024. We look forward your thoughts and feedback as we continue to refine our plan for next year. Finalized objectives will be presented to you for approval by the December meeting.
    - Strategic questions are included in the agenda as starting points to assist in gathering Board input and thoughts regarding planning for the coming year and beyond. Please feel free to work beyond these questions as you wish; they are merely suggested jumping off points.
- **New Business**
  - Commissioner Time Commitment Document – Included in your packet is an updated document estimating the annual time commitment required to serve as a CM commissioner. Part of good governance is ensuring structures are in place to facilitate strong succession planning, and this document is one element of that structure. Your input and feedback are appreciated.
  - Q3 Organizational Dashboard Review – Included in your packet is the dashboard showing status of 2023 annual organizational goals as of the end of September. Management will be on hand to answer questions and take a deeper dive into any of the items that you wish to discuss.
  - WSHA Annual Meeting Recap – No documents are included in your packet for this topic. Commissioners and management who attended the WSHA annual meeting earlier in the week will provide highlights of what they learned.

- Quality Rounding Report – No documents are included in your packet for this topic. The commissioners who participated in Board Quality Rounding earlier in the month will provide a verbal report.
- **Committee Reports**
  - Finance Committee – Included in your packet is the agenda from the most recent committee meeting as well as the Q3 Finance Dashboard, to support Bruce’s report.
  - WSHA Board Meeting – No documents are included in your packet for this topic. Bruce, who attended the meeting, will provide a verbal report.
- **Action Items**
  - Conflict of Interest Policy – Included in your packet is our Conflict of Interest policy, which is reviewed and discussed by the Board annually. Additionally, the Governance Committee reviews this policy annually. Also included is a proposed Conflict Disclosure document for review as well. These documents are presented in the main body of the meeting to allow for Board discussion prior to action.
  - Resolution 2023-11: 2024 Operating and Capital Budget – Included in your packet is a resolution which will need to be voted on. State law requires our budget to be approved annually in time to be submitted to the county in November.
  - Resolution 2023-12: Authorizing 2024 Regular Property Tax Levy – Included in your packet is a resolution authorizing collection of the regular property tax levy in 2024.
  - Resolution 2023-13: 2024 EMS Property Tax Levy – Included in your packet is a resolution authorizing collection of the EMS property tax levy in 2024.

**Further Notes**

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.
- Included in your packet for informational purposes are CM’s quarterly turnover numbers.



**CASCADE MEDICAL**  
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting  
Chelan County Public Hospital District No. 1  
Arleen Blackburn Conference Room & Video Conference Connection  
September 27, 2023

**Present:** Tom Baranouskas, Board President; Bruce Williams, Vice President; Mall Boyd, Secretary; Jessica Kendall, Commissioner; Diane Blake, Chief Executive Officer; Marianne Vincent, Chief Financial Officer; Megan Baker, Executive Assistant

**Via Zoom:** Chad Schmitt, Virtual Fractional Chief Information Officer; Clint Strand, Director of Public Relations

**Excused:** Gustavo Montoya, Commissioner; Pat Songer, Chief Operations Officer; Melissa Grimm, Chief Human Resources Officer

**Guests:** Natasha Piestrup, Director of Nursing; Shawndra Duke, Operational Safety Manager; Vange Schasse, Cascade Medical Foundation; Karl Kranz, Community Member; Cindy Puckett, Community Member

**Via Zoom:** Chad Avery, Facilities Director; Duane Goehner, Community Member; Don Morse, Community Member; Michael (No other information); David Smith (No affiliation known); Nick Amaro (No affiliation known)

Topics	Actions/Discussions
<b>Call to Order</b>	<ul style="list-style-type: none"> <li>President Tom Baranouskas called the meeting to order at 5:32 pm. Tom then led the pledge of allegiance.</li> </ul>
<b>Consent Agenda</b>	<ul style="list-style-type: none"> <li>Bruce moved to approve consent the agenda.</li> <li>Mall seconded the motion and the commissioners unanimously approved.</li> </ul>
<b>Community Input</b>	<ul style="list-style-type: none"> <li>None.</li> </ul>
<b>Foundation Report</b>	<ul style="list-style-type: none"> <li>Vange Schasse provided the Foundation Report.</li> <li>CM Foundation raised \$10,684 at their Jive Time event.</li> <li>There is a new social media campaign for a hematology analyzer as the group concluded their fundraising for Cardiac Rehab.</li> <li>The group is working to recruit new members.</li> <li>CMF recently launched an education fund in honor and memory of Mark Judy. The funds are at \$18,000 and will be used for ongoing education needs by CM employees. Will be a place on CMF Website to donate electronically.</li> </ul>
<b>CM Values</b>	<ul style="list-style-type: none"> <li>Diane Blake provided the CM Values report.</li> <li>Diane shared a note Natasha received from one of her team members and nurses, Sarah Baker.</li> <li>A patient came into the clinic with symptoms that developed after starting antibiotics. Lauren L., PA-C was trying to determine if the patient had c-diff and desired a culture to be expedited. CM Lab Tech, Johnathan H. ferried the sample down to Confluence Health in</li> </ul>

	<p>the middle of the day to support Lauren's efforts to result the patient's labs sooner. Sarah acknowledged Jon's commitment and drive to serve our patients and community.</p> <ul style="list-style-type: none"> <li>• Many thanks to Sarah for celebrating her team. Thanks to Natasha for fostering and encouraging others to share gratitude and recognize the good works of others.</li> </ul>
<b>Public Relations Report</b>	<ul style="list-style-type: none"> <li>• Clint Strand provided the Public Relations Report.</li> <li>• <b>Outreach</b></li> <li>• September <ul style="list-style-type: none"> <li>○ 9/20: Finding our Balance Senior Health Fair: a community partnership event that was hosted at CM.</li> <li>○ 9/22: Multilingual Resource Fair: CM took the mobile clinic and provided immunizations.</li> </ul> </li> <li>• October <ul style="list-style-type: none"> <li>○ Think Pink (Breast Cancer Awareness) all month long. An ad will run in the Echo next week.</li> </ul> </li> <li>• <b>Social Media</b></li> <li>• Feeds are taking off with an 82% increase in reach in the last 28 days. There were video crews onsite today filming a variety of reels, a 60-90 second public service announcement. The video crew reported how dedicated and passionate our CM staff are and noted that it shined through in our videos.</li> <li>• <b>Website Update</b> <ul style="list-style-type: none"> <li>○ CM will go live with the new website next week.</li> </ul> </li> <li>• Anticipate a Community Engagement Night in the next 6-8 weeks.</li> <li>• Jessica gave many kudos to Clint and our team for being present at the PD Multilingual Resource Fair. Jessica requested a plug on our website for not only flu vaccines, but also Covid boosters when distribution is available.</li> </ul>
<b>Old Business</b>	<p><b>IT Update</b></p> <ul style="list-style-type: none"> <li>• Chad Schmitt provided the IT Update</li> <li>• CM's hospital cabling is about 15 years old and will be replaced as part of our Network refresh project. The project will begin in the next few weeks and the team was able to negotiate the cost down to around \$100,000, about half of what was previously anticipated. CM is grateful for the large savings.</li> <li>• Value Projects <ul style="list-style-type: none"> <li>○ Imprivata: Tap &amp; Go badge system is in initial stages of development.</li> <li>○ Cyber security work is ongoing</li> </ul> </li> </ul>
<b>New Business</b>	<p><b>Medicaid Re-enrollments</b></p> <ul style="list-style-type: none"> <li>• Diane Blake led the discussion.</li> <li>• At the start of the pandemic, Congress enacted the Families First Coronavirus Response Act (FFCRA), which included a requirement that Medicaid programs keep people continuously enrolled through the end of the COVID-19 public health emergency (PHE), in exchange for enhanced federal funding.</li> <li>• Eligible individuals are at risk for losing coverage if they do apply for re-enrollment.</li> <li>• CM has 338 patients on our Medicaid roster that will be impacted by re-enrollment. Our business office staff are currently working with our managed care organizations and reaching out via phone to our patients. These phone calls connect patients with our insurance navigators if needed.</li> </ul>

- Jessica advised that it would be valuable for CM to educate folks about plan options.
- DC Rural Advocacy Days**
- Bruce Williams led the discussion.
  - Bruce and Diane went to D.C. for Rural Advocacy Days September 19<sup>th</sup> through the 22<sup>nd</sup>. Their attendance goals were to ensure rural hospital disparities were not left out of conversations. Along with many other rural hospitals, the group hoped to educate lawmakers about the impacts of regulations and funding related to rural hospital operations. Of the hospitals that attended, nearly all had at least one commissioner representative present.
  - Diane thanked Bruce for his work leading the meeting with Kim Schrier.
- Risk Work Overview**
- Diane Blake led the discussion.
  - Each year the team evaluates risks to ensure viability and sustainability of our organization. The risks were ranked on the criteria of three concepts: likelihood (very/not), impact (catastrophic), and velocity (how likely to occur in next 24 months). The group prioritized the top 10 risks based on the criteria described. Yellow highlights indicated risks that were new to the top 10 in 2023. This is either due to other risks falling off or those individual risks growing in priority.
  - Top 10 risks were listed in reverse alphabetical order and not in rank order of priority.
  - When planning for the year we think about mitigation and how to best serve our community. Mitigation does not mean something is bad, only that it necessitates being prepared.
  - Breach referred to IT security. Attacks on hospitals have been increasing and CM is aware of that threat. IT vulnerability referred to network structure such as the cabling mentioned earlier.
- Update on 2024 Organizational Goals Work**
- Diane Blake led the discussion.
  - Pre-work included assessing where we're at with our 2023 plan. An item may be listed for 2024 if it was recently implemented and there is optimization work to be done. The list will be assessed by the medical staff, leadership, and executive teams, before being brought before the board again.
- First Reading of Draft Budget**
- Marianne Vincent led the discussion.
  - **Increases**
  - 5% in supply costs, 4.5-5% in medical insurance. We pay around \$135,000 medical benefits/month. CM anticipates around \$90,000 from CMF fundraising.
  - **Decreases**
  - EMS levy collections will likely be reduced in 2024 because 2023 is the last year of correction for too low of collections in the first year of the levy.
  - **Patient Volume forecast**
  - Acute inpatient: + 33.2 %
    - Anticipate growth due to hospitalist program. Based on 2 more admissions per month. Percentage is large due to the small number in the equation.
  - Swing Bed: +0.0%
    - Reflects a decline in our SWB admissions over last few years.

	<ul style="list-style-type: none"> <li>• Emergency: +1.5%</li> <li>• Clinic: +9.5% <ul style="list-style-type: none"> <li>○ Ambitious but we anticipate meeting this goal as we are fully staffed and implementing Team Based Care improvements.</li> </ul> </li> <li>• <b>Budget Highlights</b></li> <li>• FTE increase of 4.15: <ul style="list-style-type: none"> <li>○ 2 MSO (Medical Services Officer) who will help manage EMS resource utilization and efficiency.</li> <li>○ 1.0 in Business Office: Consultant to evaluate overall numbers of revenue cycle staff.</li> <li>○ 1.0 FTE for Informatics.</li> </ul> </li> <li>• <b>Proposed Capital Budget additions of \$1,305,000 in 2024</b></li> <li>• Due to the IT savings Chad described, the capital budget will be closer to \$1.2 million.</li> <li>• <b>Medicare Cost-Based Reimbursement for Ambulance Services</b> <ul style="list-style-type: none"> <li>○ CM is currently reimbursed through a fee schedule.</li> <li>○ Our auditors reported that if we would have been cost based in 2022, we would have had an increase of \$900,000 revenue. Due to a change in Medicare regulation, CM was able to apply for cost-based reimbursement. In 2022 we were reimbursed at a rate of 23% of costs. If approved to file as cost-based we would yield closer to 90% cost reimbursement.</li> </ul> </li> <li>• <b>Revenue and Expense Summary</b> <ul style="list-style-type: none"> <li>○ 2024 budget anticipates a 2.6% increase which is a little over \$700,000. This includes 1.5 step increase for hourly employees, and union contract agreements.</li> </ul> </li> </ul> <p><b><u>Strategic Questions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Is there risk mitigation work that requires more priority attention?</b></li> <li>• Competition/Market Share/Loss of Volume.</li> <li>• Bruce thought work-force dynamics should be in top 10. Diane reported that it may not have been included due to ongoing work such as MA/CNA apprentice programs and recruitment efforts.</li> <li>• <b>What elements of the draft goals are most essential to meeting our long-term objectives, including carrying us beyond 2025? Anything missing?</b></li> <li>• The group elevated the Patient and Family Centered Care and Financial Stewardship pillars, including opportunities to launch provider campaigns, develop plans to regularly seeking grant funding, and build a structure for developing and sustaining a long-term financial plan.</li> <li>• Prioritize finishing what we started.</li> <li>• <b>What topics essential to CM's future remain unaddressed in the goals or budget work?</b> <ul style="list-style-type: none"> <li>○ Interested in emphasis on quality.</li> <li>○ Financial stability always important.</li> </ul> </li> </ul>
<p><b>Committee Reports</b></p>	<p><b>Quality Oversight</b></p> <ul style="list-style-type: none"> <li>• Mall Boyd shared the report.</li> <li>• The group reviewed and discussed the committee charter, a new policy, the quarterly dashboard, and DOH survey implementations. Surveyors were complimentary about our CM staff, who were open and willing to share information.</li> </ul>



	<ul style="list-style-type: none"> <li>• There are really good patient satisfaction scores coming in from the clinic. The patient story generated discussion around facial-recognition cameras.</li> <li>• Notable Achievements <ul style="list-style-type: none"> <li>○ 100% of full-time staff completed required Workplace Violence Prevention training.</li> <li>○ Successfully utilized ClearPoint Strategies to develop our first dashboard of our Strategic Plan.</li> <li>○ Submitted our annual Safe Patient Handling program evaluation to the department of Labor and Industries.</li> </ul> </li> <li>• Bruce requested a future summary of patient satisfaction survey data.</li> </ul> <p><b>Governance Committee</b></p> <ul style="list-style-type: none"> <li>• Tom Baranouskas shared the report.</li> <li>• The group engaged in policy review, board future and succession planning, and analyzed the CEO performance review process. The Commissioner Time Commitment document will be shared at the October board meeting for discussion by the full board.</li> <li>• 3 commissioners have full WSHA Governance certifications, 2 ongoing.</li> </ul> <p><b>WSHA Hospital Governing Boards Committee</b></p> <ul style="list-style-type: none"> <li>• Bruce Williams shared the report.</li> <li>• WSHA will hold a press conference in early October to let folks know how much money hospitals are losing.</li> <li>• The group requested additional education from WSHA regarding artificial intelligence. They also discussed considering whether hospitals should consider adding community members to their quality committees.</li> </ul>
<b>Action Items</b>	<p><b>Motion: Authorize Approval of WSNA Contract</b></p> <ul style="list-style-type: none"> <li>• The contract period beginning in October 2023 through September 2026 had 100% yes vote for ratification from WSNA members. A big thank you to Melissa, Natasha, and all nurses for coming to an agreed contract on time.</li> <li>• Bruce moved to approve, Tom seconded the motion and commissioners unanimously approved.</li> </ul> <p><b>Motion: Approve Security System Replacement</b></p> <ul style="list-style-type: none"> <li>• Kudos to Chad and Shawndra for their work on this.</li> <li>• Mall moved to approve, Bruce seconded the motion and commissioners unanimously approved.</li> </ul> <p><b>Motion: Approve Credentialing</b></p> <ul style="list-style-type: none"> <li>• Mall moved to approve, Bruce seconded the motion and commissioners unanimously approved.</li> </ul> <p><b>Motion: Approve Disclosure of Unanticipated Outcomes Policy</b></p> <ul style="list-style-type: none"> <li>• This is a new policy, standard to healthcare, and required by the Department of Health for all facilities.</li> <li>• Jessica moved to approve, Tom seconded the motion and commissioners unanimously approved.</li> </ul> <p><b>Motion: Approve Resolution 2023-10 Surplus IT Equipment</b></p> <ul style="list-style-type: none"> <li>• Bruce moved to approve, Mall seconded the motion and commissioners unanimously approved.</li> </ul>
<b>August Finance Report</b>	<p><b>Marianne Vincent provided the report.</b></p> <ul style="list-style-type: none"> <li>• August's net margin of \$586,000 was well above the budgeted net margin of \$202,000 for a variance of \$384,000.</li> <li>• Our year-to-date margin of (\$591,000) is (\$126,000) below the budgeted net margin of (\$465,000).</li> </ul>

	<ul style="list-style-type: none"> <li>• The August net margin of just over \$586,000 resulted from not only higher than budgeted gross revenues, but also from unbudgeted revenue resulting from the grant funds received to support work around Mobile Integrated Health and higher than budgeted interest income.</li> <li>• Our Contractual Allowance for August is 31.2% of Gross Revenues, while our overall Contractual Allowance is 43% of Gross Accounts Receivable.</li> <li>• The August month end cash balance of \$14,071,000 was ahead of the budgeted cash balance of \$12,123,000 by \$1,948,000.</li> <li>• Days in Net Accounts Receivable decreased from 70.0 days in July to 55.3 days in August and Gross Accounts Receivable has decreased by \$633,000 from July.</li> <li>• Sarah Portin led the Meditech BCA module work. CM is transitioning to weekly calls with them.</li> <li>• Marianne and Jerri were recently on a Charity Care webinar that provided really great information.</li> <li>• When the time is right, CM will invite Washington State Hospital Services' to perform a charity care review.</li> </ul>
<b>Administrator Report</b>	<p><b>Diane Blake provided the report.</b></p> <p><b>Unanticipated Expense</b></p> <ul style="list-style-type: none"> <li>• CM incurred a \$35,000 expense related to replacing a portable x-ray part that recently failed.</li> </ul> <p><b>CMF Mark Judy Education Program</b></p> <ul style="list-style-type: none"> <li>• This is a wonderful way to celebrate and honor Mark Judy. There is currently \$18,000 in the Community Foundation for this cause.</li> <li>• CMF does not want to erode funding for capital projects and Diane anticipates the group will grow the program over time.</li> </ul> <p><b>Locum Tenens</b></p> <ul style="list-style-type: none"> <li>• There were two shifts in emergency department we couldn't fill in October. In the past, October was one of the hardest months to staff due to folks not wanting to be here during Oktoberfest if they didn't have to.</li> </ul> <p><b>Reinterpreted Charity Care Law</b></p> <ul style="list-style-type: none"> <li>• Regardless of primary residence location, the DOH contends patients can apply to receive charity care wherever they've received medical care in the State of Washington. CM does not have geographic limitation language in our charity care policy. This interpretation change would have a massive, detrimental impact, particularly to some hospitals in WA.</li> </ul> <p><b>Rural Health Collaborative (TRHC)</b></p> <ul style="list-style-type: none"> <li>• The TRHC is a consortium of 24 public hospital districts that come together for shared services and programs, alternative payment models through value-based contracting, and statewide peer networking.</li> <li>• Annual dues are around \$20,000.</li> <li>• We are in the process of applying to become the 25<sup>th</sup>, and possibly final, hospital in the collaborative.</li> </ul> <p><b>PERS 2 Retirement System Audit</b></p> <ul style="list-style-type: none"> <li>• There are a small number of folks who participate, yet we will have to engage in an audit with the retirement system every 1-2 years. Our first audit is complete with excellent results.</li> <li>• The commissioners commended CM for such excellent responses on a variety of recent audits.</li> </ul> <p><b>CM Geofence</b></p>

	<ul style="list-style-type: none"> <li>• CM's network is not accessible outside of the country; this is a reminder that you may not be able to access CM email while travelling internationally.</li> </ul> <p><b>School-based Clinic</b></p> <ul style="list-style-type: none"> <li>• Cascade School District has expressed a need for behavioral health services at Cascade High. Visits would be billed as regular rural health clinic visit. Implementation has begun.</li> </ul> <p><b>Celebrating Team Members</b></p> <ul style="list-style-type: none"> <li>• Melissa has been an advocate for work-force development. She led much of the work to implement the medical assistance program about two years ago. This year she, is working to implement a CNA apprenticeship program.</li> <li>• Melissa has been asked to join both a state board and additional task force to collaborate with others on work-force program implementation.</li> <li>• Pat was appointed as the WSHA rural representative to the EMS and Trauma Care Steering Committee. His passion for EMS is illuminated in this appointment.</li> </ul> <p>CM benefits greatly from the work Pat and Melissa have done in their respective fields and we look forward to supporting their efforts on these task forces. Kudos to Pat and Melissa!</p>
<b>Board Action Items</b>	<ul style="list-style-type: none"> <li>• Please check your email.</li> </ul>
<b>Meeting Evaluation/ Commissioner Comments</b>	<ul style="list-style-type: none"> <li>• The commissioners remarked that they really enjoy the embedded strategic questions.</li> </ul>
<b>Adjournment</b>	<ul style="list-style-type: none"> <li>• Bruce made a motion to adjourn the meeting at 8:22 PM. Mall seconded the motion and the commissioners unanimously approved.</li> </ul>

---

Tom Baranouskas, President

---

Mall Boyd, Secretary



Title:	<b>Open Public Meetings</b>	Effective Date:	<b>04/01/2005</b>
Categories:	<b>Board of Commissioners</b>	Approved Date:	<b>09/19/2017</b>
Prepared By:	<b>Diane Blake (Chief Executive Officer)</b>		
Reviewed By:	<b>Board Governance Committee; Diane Blake (Chief Executive Officer)</b>		
Approved By:	<b>Board of Commissioners; Diane Blake (Chief Executive Officer)</b>		

**POLICY:**

Cascade Medical (CM) Board of Commissioners (BOC, governing body) and staff will follow and uphold requirements of the Open Public Meetings Act (OPMA), per chapter 42.30 of the Revised Code of Washington.

**PROCEDURE:**

1. Generally, a meeting occurs when a quorum (majority) of the governing body is in attendance and action is taken, which includes discussion or deliberation as well as voting. These meetings shall be open and public, except for certain exceptions expressly outlined in the OPMA. Because electronic communications (email, text messaging, instant messaging) can implicate the OPMA, the following practice tips should be followed by BOC and staff, to ensure electronic communications do not violate the OPMA:
  - a. Passive receipt of information via email is permissible, but discussion of issues via email by the governing body can constitute a meeting and should be avoided.
  - b. An email message to a majority or more of your colleagues on the governing body is allowable when the message is to provide only documents or factual information, such as emailing a document to all members for their review prior to the next meeting.
    - i. If you want to provide information or documents via email to other members of the governing body, especially regarding a matter that may come before the body for a vote, have the first line of the email clearly state: “For informational purposes only. Do not reply.”
  - c. Unless for informational purposes only, don’t send an email to all or a majority of the governing body, and don’t use “reply all” when the recipients are all or a majority of the members of the governing body.
  - d. Alternatively, rather than emailing materials to your colleagues on the governing body in preparation for a meeting, have a designated staff member email the documents or provide hard copies to each member. It’s permissible, for example, for a staff member to communicate via email with members of the governing body in preparation for a meeting, but the staff member needs to take care not to share any email replies with the other members of the governing body as part of that email exchange.
2. Phone calls and voice messages can also constitute a meeting, if a majority of the members of the governing body takes “action” on behalf of CM through phone calls or voice mail exchange. Taking “action” under the OPMA can occur through mere discussion of CM business, and the participants don’t have to be participating in that exchange at the same time, as a serial or rolling meeting can occur in violation of the OPMA.
3. BOC may confer a Special Meeting, under RCW 42.30.080. It is permissible for a majority of members of the governing body to confer outside of a public meeting for the sole purpose of discussion of whether to call a special meeting; this includes conferring for that purpose via electronic communications.
4. BOC may conduct Executive Sessions per the guidelines of RCW 42.30.110 and RCW 70.44.062.
5. It shall not be a violation of the OPMA for a majority of the members of a governing body to travel together or gather for purposes other than a regular meeting or a special meeting, provided no action is taken. (RCW 42.30.070)
6. Within 90 days of taking office, per the Open Government Trainings Act (ESB 5964), new Commissioners will complete the Open Public Meeting Act training (RCWs 42.56.150, 42.30.205). Education on open public meeting requirements will be conducted on an as-needed, periodic basis (but no less than every four years) for the full Commission.

FINANCIAL ACCOUNTING  
WARRANTS / EFTS ISSUED

Commissioner Meeting: Oct. 25, 2023

Below is a listing of the Accounts Payable warrants issued since the last Board of Commissioners meeting along with the EFT transactions and payroll EFT transactions since the last Board of Commissioners meeting.

Accounts Payable Warrant Numbers	10120229 – 10120445	\$900,559.30	09/15/2023 – 10/13/2023
Accounts Payable EFT Transactions	20220309 – 20220320	\$477,011.73	09/15/2023 – 10/13/2023
Payroll EFT Transactions	15920 – 16299	\$823,015.72	09/23/2023 – 10/20/2023
Grand Total		\$2,200,586.75	

Prepared by:

---

Kathy Jo Evans  
Director of Accounting

# Cascade Medical

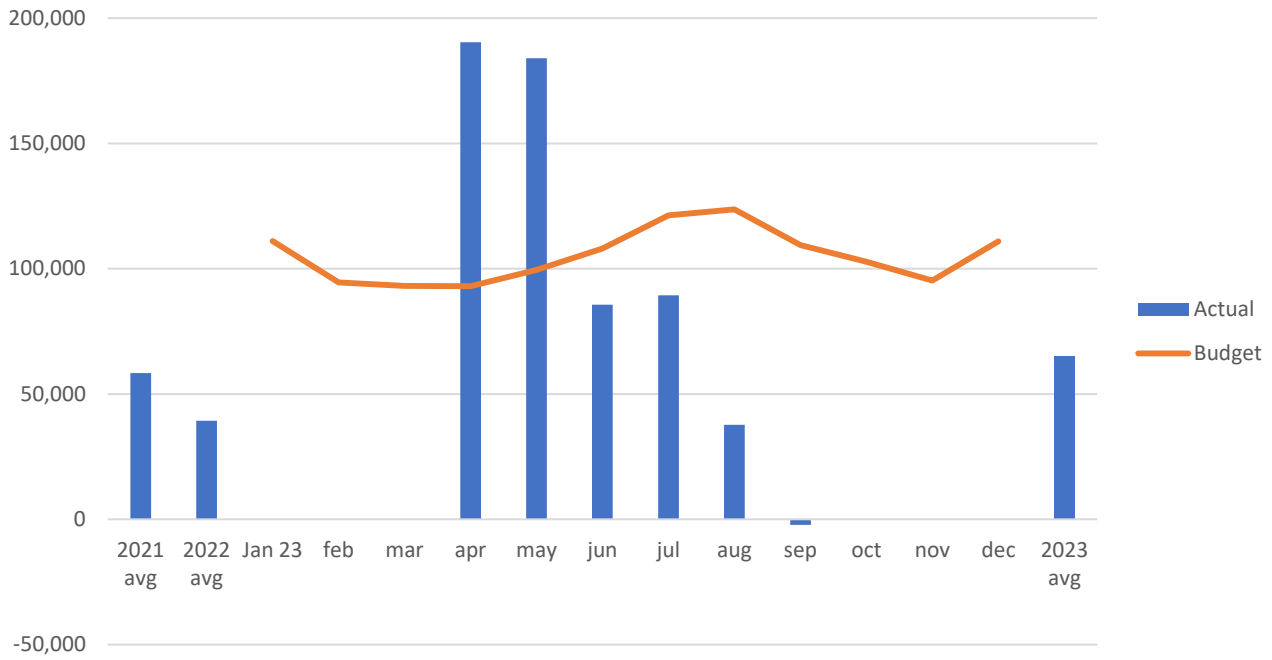
## Bad Debt Write Offs Financial Assistance Program Discounts

Month of September, 2023

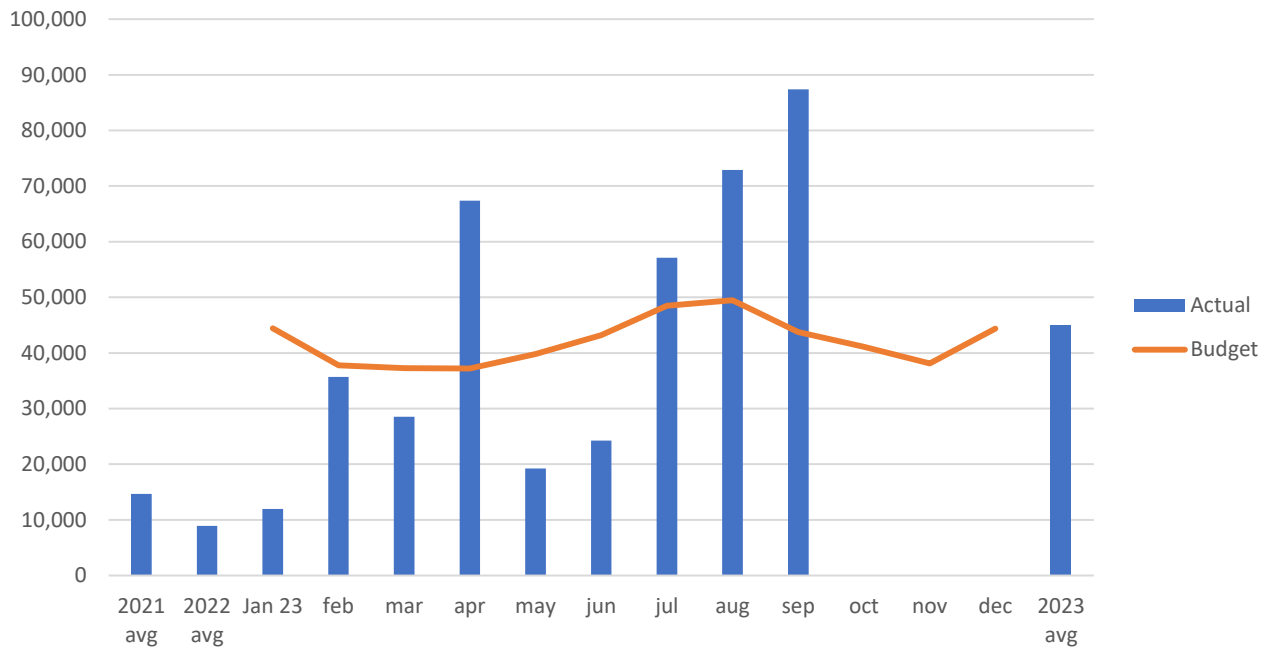
Net Bad Debt Write-Offs for Board Approval	\$	<b>(2,188.23)</b>
CFSP/Financial Assistance Program Discounts for Board Approval	\$	<b>87,383.70</b>

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	47,892.01
	less: pullback from Agency due to receipt of payments	(50,080.24)
	Net Bad Debt Write-Offs	<u>(2,188.23)</u>
CFSP/Financial Assistance Applications - Discounts Approved	\$	87,383.70
	Total	85,195.47

### Net Account Balances Sent to Collections



### CFSP/Financial Assistance Discounts



## Accompanying Notes for the September 2023 Financial Statements

### September Financial Statements – Current Month Summary

September gross patient revenue of \$2,995,000 was less than the budgeted amount of \$3,127,000 by (\$132,000). The contractual allowance for September of \$913,000 was less than the budgeted amount of \$1,250,000 by \$337,000. The net margin of \$97,000 was higher than the budgeted net margin of (\$37,000) by \$134,000. Our cash receipts totaled \$3,018,000 in September, compared to a budgeted cash receipt total of \$2,095,000.

### September Year-To-Date Summary

Our year-to-date net margin of (\$493,000) is \$9,000 greater than the budgeted net margin of (\$502,000). Swing Bed volumes remain well below year-to-date budgeted volumes and Ambulance volumes are lower than budgeted. CT, Acute and Rehab Services volumes are higher than budgeted through September. Cash receipts year-to-date totaling \$22,017,000 are well above the budgeted amount of \$17,922,000. The September month end cash balance of \$15,058,000 is ahead of the budgeted cash balance of \$12,333,000 by \$2,725,000.

### Specific Revenue and Expense Variances

1. Other operating revenue for September includes grant funding from the DOH for the MIH study and a SHIP grant to support coding work, as well as from the Healthcare Authority for work on our CHARS reporting.
2. Supply expenses are over budget by (\$51,000) in September due to Clinic vaccine purchases and Pharmacy expense.
3. Professional fees are over budget by (\$149,000) in September due to Admin. Consulting for Clinic practice share consulting, legal expenses, our interim director for Radiology, and nurse registry staffing.

### Patient Statistics

Acute, CT and Lab volumes were over budgeted volumes for September, while Swing Bed, Radiology and Ambulance volumes were lower than budgeted. We had eleven admits to Acute inpatient in September, which is much higher than our 2022 average of 2.8 admits per month.

### Cash Receipts

September cash collections on patient accounts of \$2,709,000 were above budgeted patient account collections of \$2,015,000 by \$694,000. For the year 2023 our cash receipts on patient accounts are \$3,351,000 greater than budgeted cash receipts, much of this due to the increase in per diem rates paid by Medicare because of higher overall expenses in 2022.

### Balance Sheet

Our Balance Sheet shows an increase in cash balances in September of \$986,000.

### Accounts Receivable

Days in Net Accounts Receivable decreased from 55.3 days in August to 49.6 days in September and Gross Accounts Receivable has decreased by \$580,000 from August.



### Contractual Allowances

Our Contractual Allowance for August is 30.5% of Gross Revenues, while our overall Contractual Allowance is 43% of Gross Accounts Receivable.

### Final comments

While we have incurred some unexpected expenses in 2023, we are able to report a net margin close to budget through September, as our Medicare reimbursements have been higher than anticipated due to the increased operating expenses we incurred in 2022.

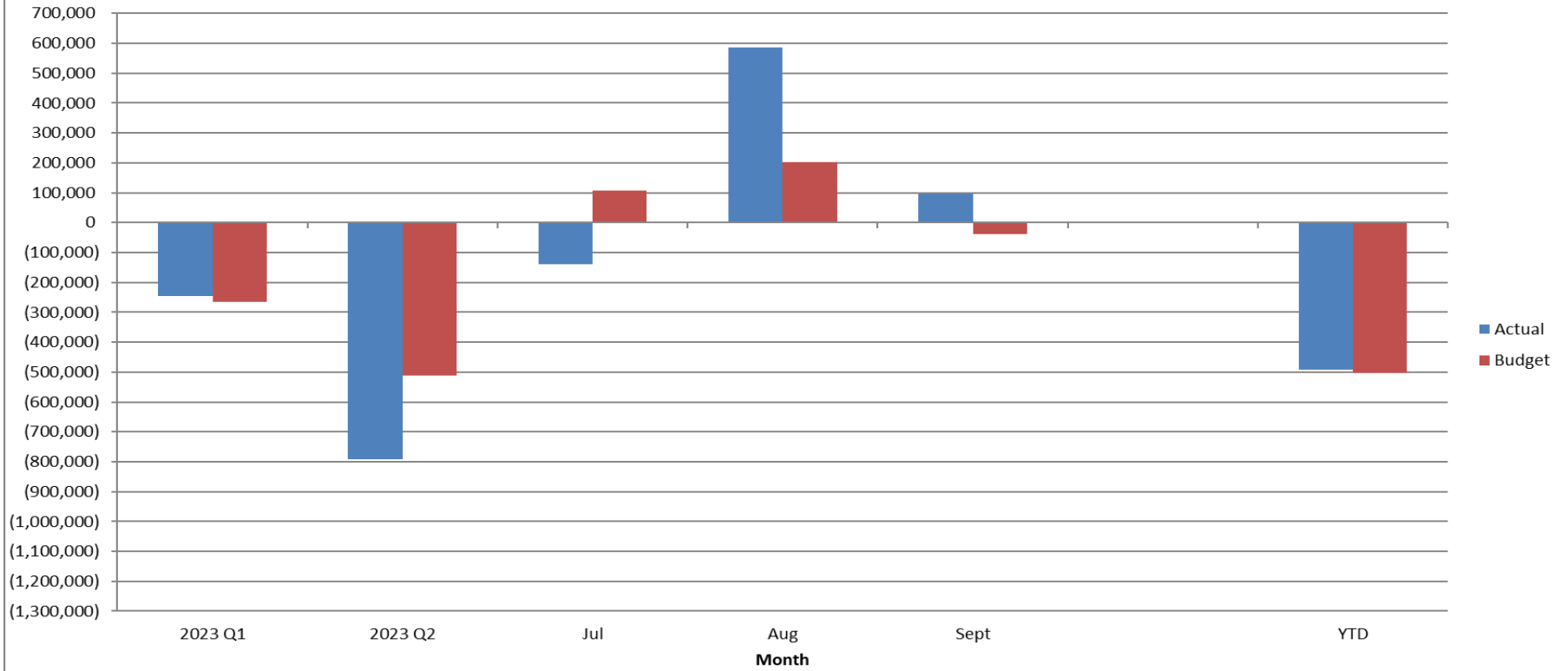
As anticipated, we received \$332,000 in September for our 2022 Medicare cost report tentative settlement as well as a lump sum settlement of \$107,000 for 2023 year-to-date Medicare claims.

Currently we are working to provide information for both the Ambulance GEMT cost report for Medicaid transports for FY2023 as well as information required for compilation of the 2023 Medicare interim cost report that is due by the end of November.

We are working to identify a resource to review our revenue cycle operations so that we can ensure that we have enough resources for the work in both HIM and the Business Office, as well as to help us identify resources needed for charge capture work.

# Cascade Medical

## Net Surplus/(Deficit) - 2023



**Cascade Medical Center  
Financial Performance Summary  
Year-to-Date - September, 2023**

000's omitted

YTD Sept

**Net Margin**

Actual	(494)
Budget	<u>(502)</u>
Better (Worse) than Budget	9

**Variance Analysis - favorable vs (unfavorable)**

Gross Revenue - SBed (\$601); Lab (\$350); Amb (\$299); Clinic (\$132); Acute \$330; CT \$303	(764)
Contractual Allowances	<u>1,827</u>
Net Patient Revenue	1,063
 Other Operating Revenue	 <u>556</u>
Total Operating Revenue	1,619

**Expenses**

Salaries & Benefits	(48)
Prof. Fees - Admin (\$266); Informatics (\$255); HR (\$69); ED Prov (\$47); ED (\$38)	(838)
Supplies	(111)
Purchased Services/Repairs - Plant (\$202); IT (\$128); Rad (\$84); BusOff (\$64)	(483)
Other Operating Expenses - Bank Charges (\$70); Admin (\$56); Excise Tax (\$53)	<u>(143)</u>
Total Operating Expenses	(1,623)

Non-Operating Revenues & Expenses	13
-----------------------------------	----

Actuals Better/(worse) than Budget

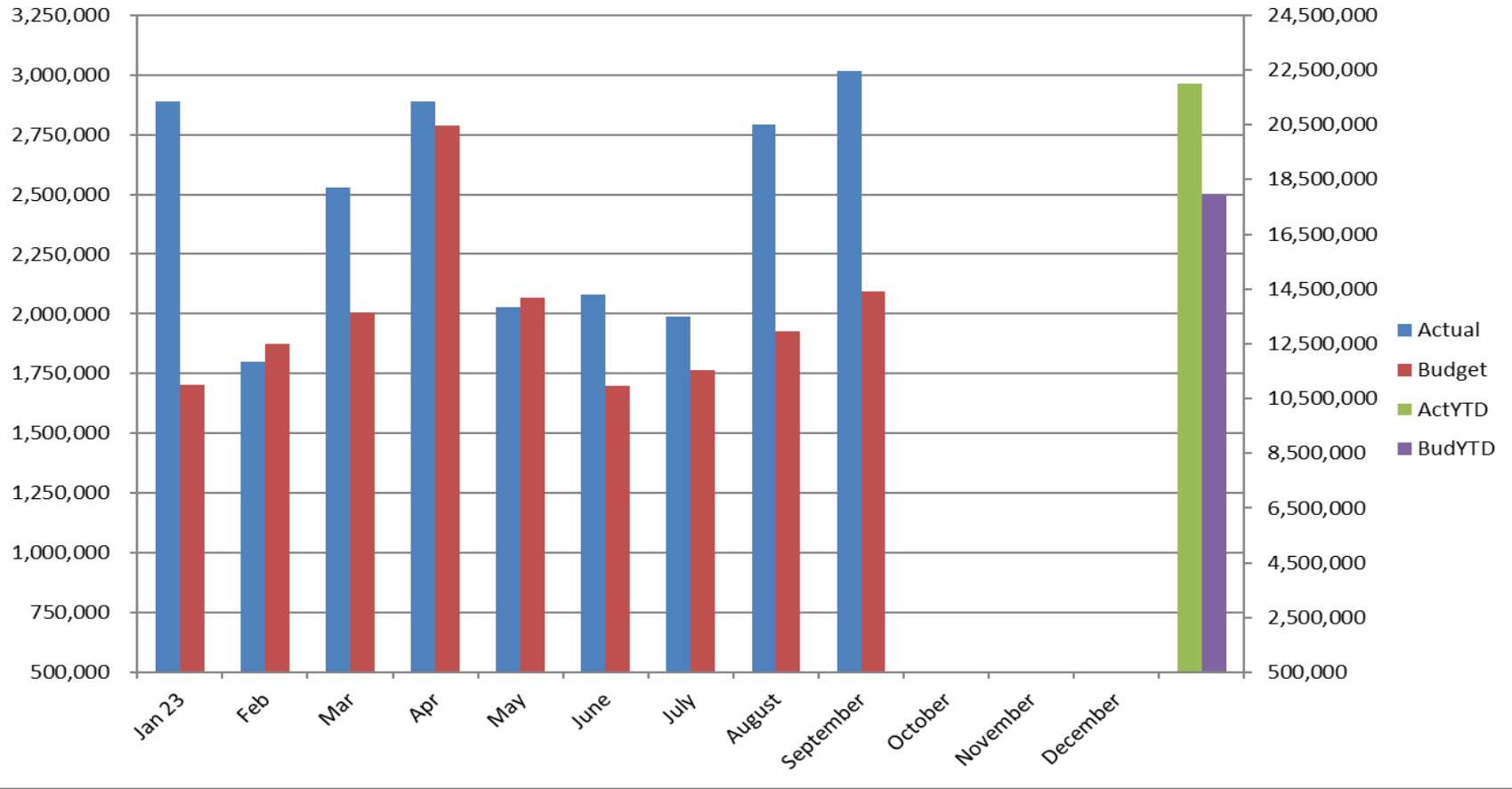
Cascade Medical Center  
Statement of Revenues, Expenses and Net Income  
For the Month Ending September 30, 2023

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Net Patient Revenue	2,082,764	1,877,423	205,341	17,538,102	16,474,716	1,063,386	14,442,887
Grants, Contribs, Other Op Revenue	192,397	31,665	160,732	1,033,363	477,583	555,780	790,851
Tax Levies, unrestricted	<u>149,665</u>	<u>149,665</u>	<u>-</u>	<u>1,346,985</u>	<u>1,346,985</u>	<u>-</u>	<u>1,303,092</u>
Total Operating Revenue	2,424,826	2,058,753	366,073	19,918,450	18,299,284	1,619,166	16,536,830
Operating expenses							
Salaries & Benefits	1,500,294	1,473,724	(26,570)	13,319,362	13,271,737	(47,625)	12,430,512
Professional fees	235,273	86,597	(148,676)	1,701,331	863,342	(837,989)	715,518
Supplies	221,550	170,657	(50,893)	1,538,348	1,427,738	(110,610)	1,357,559
Purchased services	101,758	123,904	22,146	1,491,875	1,008,433	(483,442)	1,601,012
Depreciation	167,198	171,945	4,747	1,500,047	1,531,593	31,546	1,422,793
Other Operating Expenses	<u>182,483</u>	<u>148,515</u>	<u>(33,968)</u>	<u>1,588,425</u>	<u>1,413,524</u>	<u>(174,901)</u>	<u>1,335,111</u>
Total operating expenses	2,408,556	2,175,342	(233,214)	21,139,386	19,516,367	(1,623,019)	18,862,505
Operating gain / (loss)	16,270	(116,589)	132,859	(1,220,936)	(1,217,083)	(3,853)	(2,325,675)
Nonoperating revenues (expenses)							
Tax Levies, restricted	108,294	108,294	-	974,646	974,646	-	909,144
Interest expense on bonds	(27,214)	(27,214)	-	(244,926)	(244,926)	(0)	(260,624)
Other Non-Operating rev (exp)	<u>(86)</u>	<u>(1,673)</u>	<u>1,587</u>	<u>(2,260)</u>	<u>(15,057)</u>	<u>12,797</u>	<u>(13,968)</u>
Total nonoperating rev (exp), net	80,994	79,407	1,587	727,460	714,663	12,797	634,553
Net Income	97,264	(37,182)	134,446	(493,477)	(502,420)	8,943	(1,691,122)

Cascade Medical Center  
Statement of Revenues, Expenses and Net Income  
For the Month Ending September 30, 2023

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
<b>Operating revenues</b>							
Gross Patient Revenue	2,995,296	3,127,160	(131,864)	26,485,669	27,249,119	(763,451)	22,657,462
less:							
Contractual Allowances	766,359	1,096,506	330,147	7,649,357	9,439,196	1,789,839	7,276,165
Reserve for Bad Debts	104,008	109,451	5,443	923,705	953,720	30,015	703,224
Reserve for Financial Assistance	42,165	43,780	1,615	374,505	381,487	6,982	235,186
Total Deductions from Revenue	912,532	1,249,737	337,205	8,947,567	10,774,403	1,826,836	8,214,575
Net Patient Revenue	2,082,764	1,877,423	205,341	17,538,102	16,474,716	1,063,386	14,442,887
Grants, Contributions	43,598	2,100	41,498	138,246	127,498	10,748	411,856
Other Operating Revenue	148,799	29,565	119,234	895,118	350,085	545,033	378,995
Tax Levies, unrestricted	149,665	149,665	-	1,346,985	1,346,985	-	1,303,092
Total Operating Revenue	2,424,826	2,058,753	366,073	19,918,450	18,299,284	1,619,166	16,536,830
<b>Operating expenses</b>							
Salaries and wages	1,213,004	1,206,203	(6,801)	10,874,536	10,792,960	(81,576)	10,205,693
Employee benefits	287,290	267,521	(19,769)	2,444,826	2,478,777	33,951	2,224,819
Professional fees	235,273	86,597	(148,676)	1,701,331	863,342	(837,989)	715,518
Supplies	221,550	170,657	(50,893)	1,538,348	1,427,738	(110,610)	1,357,559
Utilities	25,096	21,851	(3,245)	200,109	208,863	8,754	202,398
Repairs and maintenance	9,011	16,023	7,012	359,492	192,507	(166,985)	183,768
Purchased services	92,747	107,881	15,134	1,132,383	815,926	(316,457)	1,417,244
Continuing medical education	378	1,417	1,039	7,309	12,749	5,440	3,256
Other expenses	18,783	2,271	(20,380)	120,033	62,026	(58,007)	79,911
Dues and subscriptions	25,512	59,512	34,000	569,264	576,586	7,323	184,054
Travel / training / meetings	30,304	11,598	(18,706)	154,266	73,027	(81,239)	83,289
Leases and rentals	19,058	13,750	(5,308)	145,759	123,294	(22,465)	113,177
Depreciation	167,198	171,945	4,747	1,500,047	1,531,593	31,546	1,422,793
Licenses and taxes	40,439	17,675	(22,764)	198,697	172,425	(26,272)	470,296
Insurance	21,588	19,074	(2,514)	181,057	172,251	(8,806)	182,690
Interest	1,326	1,367	41	11,933	12,303	370	16,040
Total operating expenses	2,408,556	2,175,342	(237,082)	21,139,386	19,516,367	(1,623,019)	18,862,505
Operating gain / (loss)	16,270	(116,589)	132,859	(1,220,936)	(1,217,083)	(3,853)	(2,325,675)
<b>Nonoperating revenues (expenses)</b>							
Tax Levies, restricted	108,294	108,294	-	974,646	974,646	-	909,144
Interest expense on bond financing	(27,214)	(27,214)	-	(244,926)	(244,926)	(0)	(260,624)
Gain (loss) on disposal of equipment	-	-	-	4,000	-	4,000	-
Investment income	1,684	96	1,588	9,664	864	8,800	1,956
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(15,924)	(15,921)	(3)	(15,924)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	80,994	79,407	1,587	727,460	714,663	12,797	634,553
Net Income	97,264	(37,182)	134,446	(493,477)	(502,420)	8,943	(1,691,122)

## Cascade Medical 2023 Cash Receipts



Cascade Medical  
 Statistics Summary - 2023

	YTD 2022						2023 Act	2023 Bud	Act/Bud	2023 Act	2023 Act	2023 Bud	2023 Bud	Act/Bud
	avg/mo	may 23	jun	jul	aug	sep	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	16	25	26	18	15	36	36	18	98.0%	197	22	171	19	15.0%
Swing Bed	84	59	66	61	98	67	67	95	-29.1%	639	71	821	91	-22.1%
Laboratory tests	2,714	3,110	2,746	3,080	3,659	3,100	3,100	3,062	1.2%	26,251	2,917	26,658	2,962	-1.5%
Radiology exams	271	356	316	319	373	298	298	347	-14.1%	2,854	317	2,905	323	-1.8%
CT scans	103	125	128	157	154	149	149	136	9.6%	1,111	123	1,029	114	8.0%
ED visits	327	371	375	467	416	346	346	341	1.3%	3,079	342	3,058	340	0.7%
Ambulance runs	71	69	75	83	81	69	69	75	-8.0%	637	71	686	76	-7.1%
Clinic visits	1,001	1,167	1,139	1,087	1,320	1,178	1,178	1,143	3.1%	10,222	1,136	10,470	1,163	-2.4%
Rehab procedures	2,011	2,232	2,540	2,282	2,417	2,310	2,310	2,151	7.4%	20,697	2,300	19,351	2,150	7.0%

**Patient Statistics**

	2022	2 0 2 3											2023	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
<b>Admits</b>														
Acute Care	2.8	5	2	5	7	6	7	5	5	11				5.9
Short Stay	1.7	-	4	5	3	4	3	5	5	8				4.1
Swing Bed	5.1	5	4	5	5	6	6	5	9	3				5.3
Respite Care	0.7	2	-	-	1	1	1	-	-	-				0.6
<b>Total Admits</b>	10.2	12	10	15	16	17	17	15	19	22				15.9
<b>Patient Days</b>														
Acute Care	11.9	19	6	15	24	25	26	18	15	34				20.2
Short Stay	2.4	1.2	5.1	4.5	4.5	4.6	5.9	5.2	6.4	9.8				5.2
Swing Bed	81.4	75	98	49	66	59	66	61	98	67				71.0
Respite Care	8.6	13	20	-	5	20	2	11	-	-				7.9
<b>Total Patient Days</b>	104.3	108.2	129.1	68.5	99.5	108.6	99.9	95.2	119.4	110.8				104.3
<b>Average Length of Stay</b>	10.2	9.0	12.9	4.6	6.2	6.4	5.9	6.3	6.3	5.0				7.0
<b>Average Patients per Day</b>	3.4	3.5	4.5	2.2	3.3	3.5	3.3	3.1	3.9	3.7				3.4
<b>Worked FTEs</b>	-													#DIV/0!
<b>FTEs (W/ Non-Working Pay*)</b>	-													#DIV/0!
<b>Laboratory (tests)</b>	2,714	2,875	2,395	2,285	3,001	3,110	2,746	3,080	3,659	3,100				2,917
<b>Radiology (tests)</b>	238	253	245	231	254	292	272	267	312	251				264
<b>Mammography (tests)</b>	26	35	28	42	32	49	35	40	38	35				37
<b>Cardiac Diagnostics</b>	75	84	74	79	102	114	70	91	65	119				89
<b>CT (Scans)</b>	103	112	82	115	89	125	128	157	154	149				123
<b>DXA (Scans)</b>	7	17	7	28	20	15	9	12	23	12				16
<b>PT (services billed)</b>	1,577	1,778	1,645	1,764	1,686	1,735	1,960	1,908	2,046	1,988				1,834
<b>ER (visits/procedures)</b>	329	324	253	244	283	371	375	467	416	346				342
<b>Ambulance (runs)</b>	71	88	61	57	54	69	75	83	81	69				71
<b>Clinic (visits)</b>	980	1,051	976	1,197	1,091	1,167	1,139	1,087	1,320	1,178				1,134
<b>Occupational Therapy</b>	396	516	446	364	469	445	521	299	305	274				404
<b>Speech Therapy</b>	38	69	66	41	72	52	59	75	66	48				61
<b>Endoscopy Procedures</b>	9	9	22	20	13	27	12	19	24	20				18
<b>REVENUE COMPARISON</b>														
	2022	2 0 2 3											2023	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Acute Care	\$ 28,616	\$ 122,267	\$ (28,105)	\$ 44,978	\$ 104,755	\$ 25,923	\$ 120,085	\$ 345	\$ 90,000	\$ 179,431				\$ 73,298
Short Stay	7,250	3,846	15,659	14,765	13,764	13,795	18,260	15,897	19,590	30,479				16,228
Respite Care	3,646	5,785	14,960	-	445	9,180	6,600	7,150	-	-				4,902
Swing Bed	186,596	144,900	272,895	118,335	113,505	176,295	108,675	198,030	205,275	94,185				159,122
Central Supply	28,881	18,694	13,789	15,385	20,622	26,042	27,275	23,260	34,301	43,723				24,788
Laboratory	325,300	323,582	273,385	356,070	356,554	343,528	297,314	339,080	410,126	359,447				339,898
Cardiac Diagnostics	20,214	24,824	23,326	25,498	33,963	38,007	26,770	26,196	32,558	25,891				28,559
CT	330,631	382,550	289,072	376,137	340,517	414,505	427,780	556,372	500,946	517,785				422,852
Radiology	111,424	126,184	121,002	126,516	141,478	148,047	138,459	128,102	164,226	130,145				136,018
Mammography	14,302	17,620	18,493	25,513	20,365	26,363	21,660	18,493	24,762	21,783				21,672
Pharmacy	114,802	132,753	87,704	193,768	150,174	157,323	90,176	121,354	253,326	128,447				146,114
Respiratory Therapy	90	-	-	-	-	-	-	-	-	-				-
Physical Therapy	157,284	179,529	180,871	178,606	186,602	187,312	210,686	210,456	226,039	191,336				194,604
Emergency Room	637,830	595,285	566,371	592,177	573,591	705,793	824,147	761,154	1,257,262	628,619				722,711
Ambulance	227,863	164,881	244,598	225,217	178,209	239,989	306,725	215,014	342,986	221,148				237,641
Clinic	233,664	206,005	249,653	282,355	310,787	259,199	333,152	301,340	322,022	307,311				285,758
Occupational Therapy	46,462	52,920	59,886	44,284	52,754	54,713	62,186	37,947	34,393	30,089				47,686
Outpatient Diagnostic Svcs	27,761	14,952	44,461	62,002	60,911	56,994	58,978	75,290	56,700	67,703				55,332
Speech/Contracted Svcs	12,061	20,019	25,402	13,392	20,241	21,366	20,863	23,305	23,211	14,983				20,309
Dietary/Contracted Svcs	2,820	5,366	3,407	8,471	5,469	3,974	5,841	5,701	7,216	2,795				5,360
<b>Total Patient Revenue</b>	<b>\$ 2,517,496</b>	<b>\$ 2,541,962</b>	<b>\$ 2,476,829</b>	<b>\$ 2,703,469</b>	<b>\$ 2,684,706</b>	<b>\$ 2,908,348</b>	<b>\$ 3,105,632</b>	<b>\$ 3,064,486</b>	<b>\$ 4,004,939</b>	<b>\$ 2,995,296</b>				<b>\$ 2,942,852</b>



Increase (Decrease) in Cash and Cash Equivalents  
 Cascade Medical Center  
 For the Month Ending September 30, 2023

	<u>Sep-23</u>	<u>2023 YTD</u>	<u>2022 YTD</u>
<b><i>Cash flows from operating activities</i></b>			
Receipts from and on behalf of patients	\$ 2,708,773	\$ 18,999,834	\$ 14,009,293
Other receipts	\$ 58,472	\$ 484,850	\$ 353,211
Payments to & on behalf of employees	\$ (1,174,223)	\$ (11,185,194)	\$ (10,590,341)
Payments to suppliers and contractors	\$ (845,223)	\$ (8,179,311)	\$ (6,662,428)
Net cash gained / (used) in operating activities	\$ 747,799	\$ 120,180	\$ (2,890,266)
<b><i>Cash flows from noncapital financing activities</i></b>			
Taxation for maintenance and operations, EMS	\$ 54,305	\$ 1,470,304	\$ 1,445,857
Noncapital grants and contributions	\$ 128,203	\$ 222,850	\$ 259,309
Net cash provided by noncapital financing activities	\$ 182,508	\$ 1,693,154	\$ 1,705,166
<b><i>Cash flows from capital and related financing activities</i></b>			
Taxation for bond principal and interest	\$ 16,152	\$ 403,212	\$ 379,816
Purchase of capital assets	\$ (11,289)	\$ (57,456)	\$ (154,706)
Payments toward construction in progress	\$ -	\$ (292,228)	\$ (175,979)
Proceeds from disposal of capital assets	\$ -	\$ 4,000	\$ -
Proceeds from long-term debt	\$ -	\$ -	\$ -
Principle & Interest paid on long-term debt	\$ -	\$ (163,284)	\$ (173,749)
Bond maintenance & issuance costs	\$ (550)	\$ (550)	\$ -
Capital grants and contributions	\$ -	\$ -	\$ 107,497
Net cash provided by capital and related financing activities	\$ 4,313	\$ (106,307)	\$ (17,122)
<b><i>Cash flows from investing activities</i></b>			
Investment Income	\$ 51,814	\$ 431,699	\$ 69,254
Net increase (decrease) in cash and cash equivalents	\$ 986,435	\$ 2,138,726	\$ (1,132,967)
Cash and Cash equivalents, beginning of period	\$ 14,071,496	\$ 12,919,205	\$ 12,895,031
Cash and cash equivalents, end of period	<u>\$ 15,057,931</u>	<u>\$ 15,057,931</u>	<u>\$ 11,762,064</u>

**Forecasted Statement of Cash Flows**  
**Cascade Medical Center**  
**For the year ending December 31, 2023**

	<u>Actual</u> <u>1st Qtr</u>	<u>Actual</u> <u>2nd Qtr</u>	<u>Actual</u> <u>3rd Qtr</u>	<u>Forecast</u> <u>October</u>	<u>Forecast</u> <u>November</u>	<u>Forecast</u> <u>December</u>	<u>Forecast</u> <u>4th Qtr</u>	<u>Actual/Forecast</u> <u>Year End 2023</u>	<u>Budget</u> <u>2023</u>
Cash balance, beginning of period	\$ 12,919,205	\$ 14,269,736	\$ 13,845,914	\$ 15,057,931	\$ 17,080,379	\$ 17,166,333	\$ 15,057,931	\$ 12,919,205	\$ 12,919,205
Cash available for operating needs	\$ 12,707,225	\$ 13,935,775	\$ 13,056,281	\$ 14,219,135	\$ 16,029,169	\$ 16,064,596	\$ 14,219,135	\$ 12,707,225	\$ 12,707,225
Cash restricted to debt service, other restricted funds	\$ 211,980	\$ 333,961	\$ 789,633	\$ 838,796	\$ 1,051,211	\$ 1,101,737	\$ 838,796	\$ 211,980	\$ 211,980
<i>Cash flows from operating activities</i>									
Receipts from and on behalf of patients	\$ 6,595,932	\$ 5,165,892	\$ 7,238,010	\$ 2,857,015	\$ 2,283,719	\$ 1,731,697	\$ 6,872,431	\$ 25,872,265	\$ 21,346,379
Grant receipts	\$ 35,993	\$ 3,654	\$ 183,203	\$ 2,090	\$ -	\$ -	\$ 2,090	\$ 224,940	\$ 133,798
Other receipts	\$ 168,890	\$ 212,303	\$ 107,657	\$ 18,533	\$ 24,735	\$ 46,671	\$ 89,939	\$ 578,789	\$ 403,985
Payments to or on behalf of employees	\$ (3,442,158)	\$ (4,128,902)	\$ (3,614,134)	\$ (1,112,590)	\$ (1,679,753)	\$ (1,156,294)	\$ (3,948,637)	\$ (15,133,831)	\$ (16,977,604)
Payments to suppliers and contractors	\$ (2,413,564)	\$ (2,850,614)	\$ (2,915,132)	\$ (742,242)	\$ (769,755)	\$ (796,134)	\$ (2,308,131)	\$ (10,487,442)	\$ (6,239,189)
<b>Net cash provided by operating activities</b>	\$ 945,094	\$ (1,597,668)	\$ 999,604	\$ 1,022,806	\$ (141,054)	\$ (174,061)	\$ 707,691	\$ 1,054,721	\$ (1,332,631)
<i>Cash flows from noncapital financing activities</i>									
Unencumbered M & O taxation	\$ -	\$ -	\$ -	\$ 190,298	\$ 49,540	\$ 6,487	\$ 246,325	\$ 246,325	\$ 243,957
Taxation for Emergency Medical Services	\$ 169,499	\$ 851,016	\$ 62,351	\$ 565,694	\$ 139,119	\$ 17,795	\$ 722,608	\$ 1,805,474	\$ 1,795,981
Investment Income	\$ 126,178	\$ 149,242	\$ 156,278	\$ 700	\$ 44,894	\$ 45,360	\$ 90,954	\$ 522,652	\$ 44,952
Donations	\$ -	\$ -	\$ -	\$ 67,269	\$ -	\$ -	\$ 67,269	\$ 67,269	\$ 90,000
<b>Net cash provided by noncapital financing activities</b>	\$ 295,678	\$ 1,000,258	\$ 218,629	\$ 823,961	\$ 233,553	\$ 69,642	\$ 1,127,155	\$ 2,641,719	\$ 2,174,890
Proceeds from Long Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$ (12,222)	\$ (282,084)	\$ (55,379)	\$ (36,733)	\$ (57,071)	\$ -	\$ (93,804)	\$ (443,489)	\$ (554,448)
Increase/(decrease) in cash available for operations	\$ 1,228,550	\$ (879,494)	\$ 1,162,854	\$ 1,810,034	\$ 35,428	\$ (104,419)	\$ 1,741,042	\$ 3,252,952	\$ 287,811
<b>Cash available for operating needs</b>	\$ 13,935,775	\$ 13,056,281	\$ 14,219,135	\$ 16,029,169	\$ 16,064,596	\$ 15,960,177	\$ 15,960,177	\$ 15,960,177	\$ 12,995,036
Taxation for bond prin & int (incl encumbrd M&O)	\$ 121,981	\$ 618,955	\$ 49,713	\$ 212,415	\$ 50,996	\$ 6,907	\$ 270,318	\$ 1,060,968	\$ 1,055,568
Principle & Interest paid on long-term debt	\$ -	\$ (163,284)	\$ (550)	\$ -	\$ (470)	\$ (853,749)	\$ (854,219)	\$ (1,018,053)	\$ (1,065,568)
Restricted grants and contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$ 121,981	\$ 455,671	\$ 49,163	\$ 212,415	\$ 50,526	\$ (846,842)	\$ (583,901)	\$ 42,915	\$ (10,000)
<b>Cash restricted to debt service, other restricted funds</b>	\$ 333,961	\$ 789,633	\$ 838,796	\$ 1,051,211	\$ 1,101,737	\$ 254,895	\$ 254,895	\$ 254,895	\$ 201,980
<b>Cash balance, end of period</b>	\$ 14,269,736	\$ 13,845,914	\$ 15,057,931	\$ 17,080,379	\$ 17,166,333	\$ 16,215,072	\$ 16,215,072	\$ 16,215,072	\$ 13,197,016

**CASCADE MEDICAL CENTER**  
**EMERGENCY MEDICAL SERVICES - SEPTEMBER, 2023**

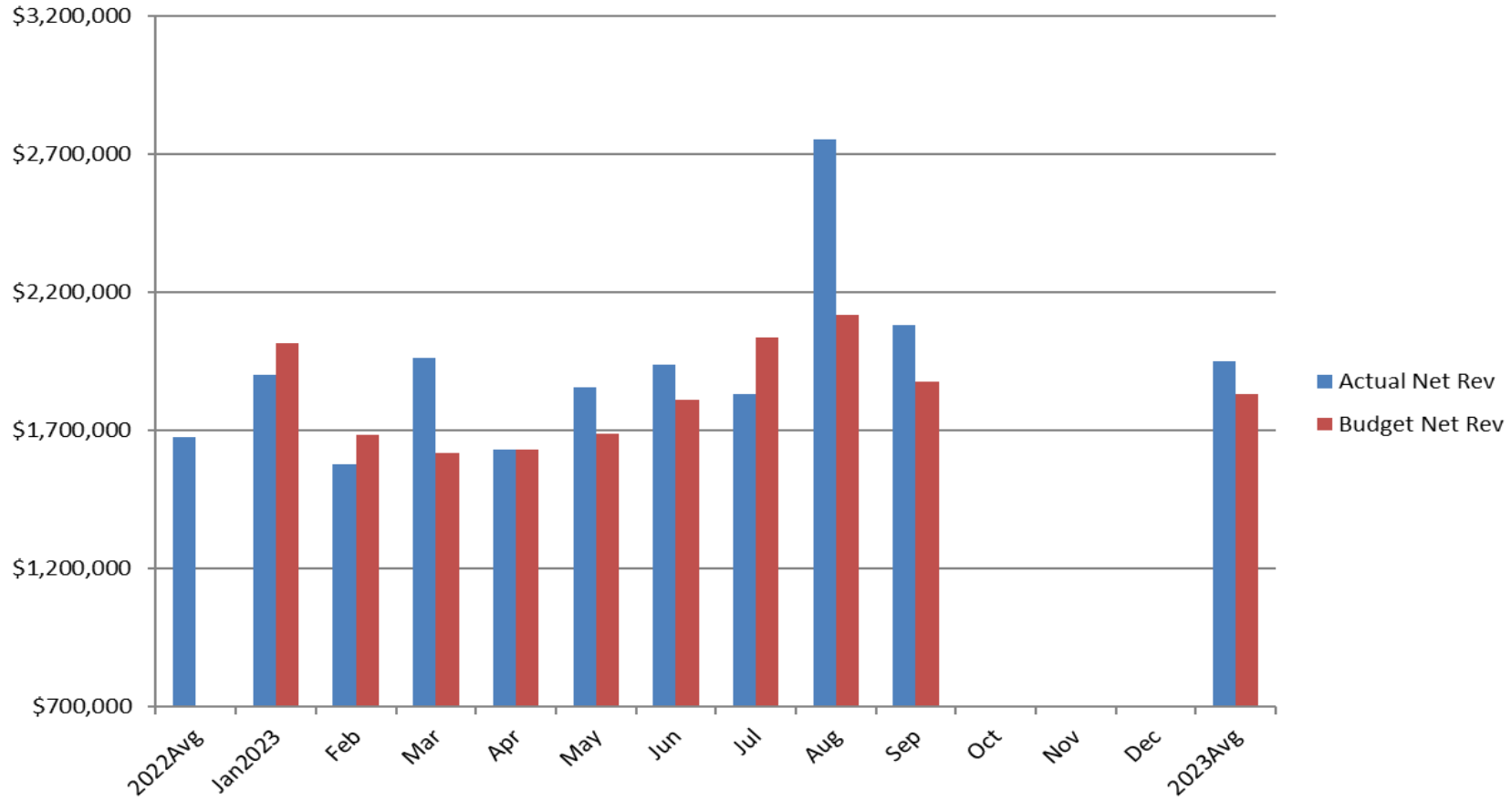
REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	9/30/23	9/30/23 YTD	9/30/23	9/30/23 YTD	9/30/23	9/30/23 YTD	9/30/2022 YTD
PATIENT REVENUE	628,619	6,504,408	221,148	2,138,766	\$849,766	\$8,643,174	\$7,791,683
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$365,730	\$3,784,265	\$144,940	\$1,401,747	\$510,671	\$5,186,012	\$4,162,495
NET PATIENT REVENUE	<b>\$262,888</b>	<b>\$2,720,144</b>	<b>\$76,207</b>	<b>\$737,019</b>	<b>\$339,096</b>	<b>\$3,457,163</b>	<b>\$3,629,188</b>
OTHER OPERATING REVENUE	\$0	\$0	-	-	\$0	\$0	\$0
TOTAL OPERATING REVENUE	<b>\$262,888</b>	<b>\$2,720,144</b>	<b>\$76,207</b>	<b>\$737,019</b>	<b>\$339,096</b>	<b>\$3,457,163</b>	<b>\$3,629,188</b>
OPERATING EXPENSES							
SALARIES AND WAGES	164,919	1,453,427	94,975	960,801	\$259,893	\$2,414,229	\$2,361,729
EMPLOYEE BENEFITS	23,639	209,630	26,361	236,038	\$50,000	\$445,668	\$408,487
PROFESSIONAL FEES	35,279	224,052	736	2,236	\$36,015	\$226,288	\$91,906
SUPPLIES	4,530	65,278	(590)	65,545	\$3,940	\$130,823	\$162,850
FUEL	-	-	1,917	18,437	\$1,917	\$18,437	\$21,241
REPAIRS AND MAINT.	-	-	914	29,283	\$914	\$29,283	\$29,034
PURCHASED SERVICES	3,033	26,837	15,570	138,592	\$18,603	\$165,428	\$158,199
CONTINUING MEDICAL EDUCATION	-	1,494	2,777	14,507	\$2,777	\$16,001	\$27,218
DUES	944	11,400	(2,526)	12,736	(\$1,582)	\$24,136	\$24,422
OTHER EXPENSES	419	1,632	1,968	18,941	\$2,387	\$20,573	\$11,033
LEASES / RENTALS	488	2,790	2,100	21,500	\$2,588	\$24,290	\$23,881
DEPRECIATION	4,522	40,696	17,920	161,283	\$22,442	\$201,979	\$72,892
TAXES AND LICENSES	-	1,338	114	114	\$114	\$1,451	\$2,072
INSURANCE	1,113	10,021	4,238	38,144	\$5,352	\$48,164	\$37,346
OVERHEAD COSTS	187,226	1,759,378	88,643	832,988	\$275,870	\$2,592,366	\$1,795,892
TOTAL OPERATING EXPENSES	<b>\$426,113</b>	<b>\$3,807,974</b>	<b>\$255,116</b>	<b>\$2,551,144</b>	<b>\$681,230</b>	<b>\$6,359,116</b>	<b>\$5,228,201</b>
MARGIN ON OPERATIONS	<b>(\$163,225)</b>	<b>(\$1,087,831)</b>	<b>(\$178,909)</b>	<b>(\$1,814,125)</b>	<b>(\$342,134)</b>	<b>(\$2,901,953)</b>	<b>(\$1,599,013)</b>
TAX REVENUE					<b>\$149,665</b>	<b>\$1,346,985</b>	<b>\$1,303,092</b>
NET MARGIN WITH TAX REVENUE					<b>(\$192,469)</b>	<b>(\$1,554,968)</b>	<b>(\$295,921)</b>
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2023	346	3,079	69	637			
Total Ambulance Runs (includes unbillable runs)			102	915			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2022	354	2,959	70	643			
Total Ambulance Runs (includes unbillable runs)			109	971			

**Cascade Medical Center**  
**Balance Sheet**  
As of September 30, 2023 and December 31, 2022

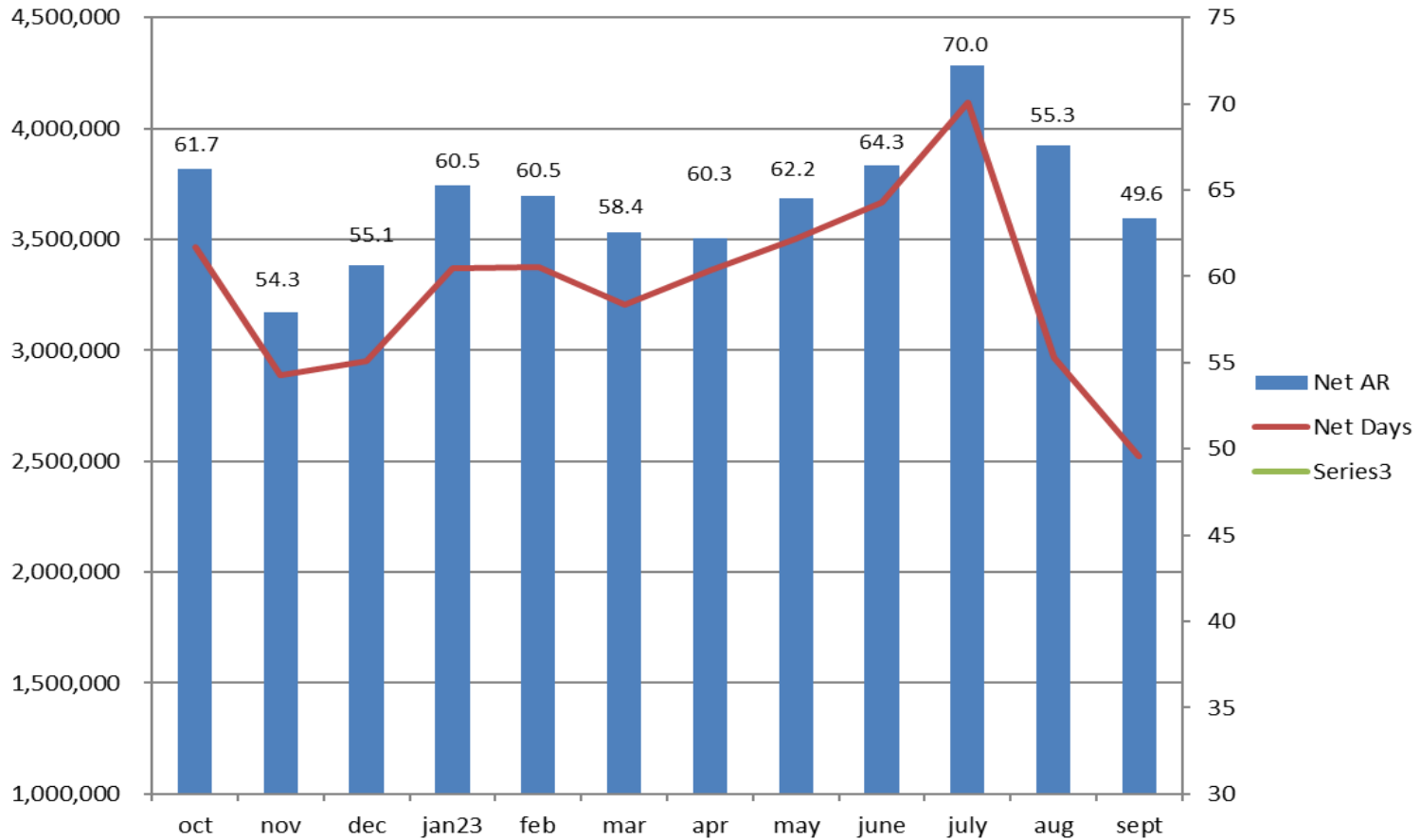
	Sep 2023	Dec 2022		Sep 2023	Dec 2022
<b>ASSETS</b>			<b>LIABILITIES &amp; FUND BALANCE</b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash and Cash Equivalents	2,257,785	879,569	Accounts Payable	218,552	592,145
Savings Account	10,717,626	9,042,895	Accrued Payroll	775,196	423,350
Patient Account Receivable	6,306,286	6,045,511	Refunds Payable	1,285	8,112
less: Reserves for Contractual Allowances	(2,711,703)	(2,592,952)	Accrued PTO	857,617	763,093
Inventories and Prepaid Expenses	329,627	330,878	Payroll Taxes & Benefits Payable	46,214	(91,262)
Taxes Receivable - M&O Levy	103,831	11,777	Accrued Interest Payable	108,856	27,214
- EMS Levy	428,559	159,405	Current Long Term Debt	740,442	746,195
Other Assets	386,928	2,005,510	Current OPEB Liability	962,446	861,196
<b>Total Current Assets</b>	<u>17,818,938</u>	<u>15,882,594</u>	Short Term Lease	33,406	33,406
			Settlement Payable	741,000	741,000
<b>Assets Limited as to Use</b>			<b>Total Current Liabilities</b>	<u>4,485,012</u>	<u>4,104,448</u>
Cash and Cash Equivalents					
Funded Depreciation	1,100,537	1,314,457	<b>Long Term Liabilities</b>		
CVB Memorial Fund	1,274	1,273	Notes Payable	207,493	207,493
UTGO Bond Payable Fund	399,176	70,467	Covid SHIP Funding	-	-
LTGO Bond Payable Fund	175,986	265,317	PPP Note Payable	-	-
Investment Memorial Fund	129,253	124,539	CARES Act Funds Reserve	-	-
Settlement Account	169,282	163,108	UTGO Bond Payable	5,021,000	5,021,000
Paycheck Protection Loan Proceeds	-	-	LTGO Bond Payable	4,440,000	4,440,000
Cash - EMS	143,620	1,160,753	Deferred Revenue/Bond Premium	84,896	89,106
	<u>2,119,127</u>	<u>3,099,915</u>	Long Term OPEB/Pension Liability	2,969,594	2,969,594
Taxes Receivable - Construction Bond Levy	115,246	11,494	Long Term ROU Leases	41,852	41,852
<b>Total Assets Limited as to Use</b>	<u>2,234,373</u>	<u>3,111,409</u>	<b>Total Long Term Liabilities</b>	<u>12,764,835</u>	<u>12,769,045</u>
<b>Property, Plant and Equipment</b>			<b>Total Liabilities</b>	<u>17,249,846</u>	<u>16,873,493</u>
Land	522,015	522,015			
Land Improvements	1,392,089	1,392,089	Fund Balance - Prior Years	14,074,683	14,074,683
Buildings & Improvements	10,502,549	10,502,549	Fund Balance - Current Year	(493,477)	-
Fixed Equip - Hospital	8,759,776	8,747,554	<b>Total Fund Balance</b>	<u>13,581,206</u>	<u>14,074,683</u>
Major Movable Equipment Hospital	7,867,081	7,829,280			
Construction in Progress	299,156	17,072			
<b>Total Property, Plant and Equipment</b>	<u>29,342,665</u>	<u>29,010,559</u>			
<b>Less: Accumulated Depreciation</b>	<u>(20,541,052)</u>	<u>(19,048,438)</u>			
	8,801,614	9,962,121			
<b>ROU Leases</b>					
ROU Leases	106,054	106,054			
<b>Less Accumulated Amortization</b>	<u>(30,796)</u>	<u>(30,796)</u>			
	75,258	75,258			
<b>Other Assets</b>					
Long Term Pension Assets	730,164	730,164			
Deferred OPEB/Pension Costs	864,166	864,166			
Deferred Bond Costs	306,541	322,464			
<b>TOTAL ASSETS</b>	<u>30,831,053</u>	<u>30,948,176</u>	<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<u>30,831,053</u>	<u>30,948,176</u>

# Cascade Medical

## 2023 Net Patient Revenue, Actual vs. Budget



## Days in Net Accounts Receivable



Cascade Medical

Accounts Receivable Trending Report - 2023

<b>Total Facility</b>	<b>Dec 2020</b>	<b>Dec 2021</b>	<b>Dec 2022</b>	<b>Apr23</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>
0 - 30 days	2,902,699	2,437,008	2,660,733						
31-60 days	546,254	863,160	545,432						
61-90 days	547,840	332,252	349,290						
91-180 days	570,339	991,256	1,129,065						
over 180 days	728,885	1,016,613	1,360,992						
Total Balance	5,296,017	5,640,289	6,045,511	6,178,319	6,465,344	6,726,102	7,518,876	6,886,109	6,306,286
Credit bals as % of AR	5.5%	2.5%	6.8%						
% >90 w/o installs	22.0%	33.6%	41.2%						

Cascade Medical  
Operating and Capital Budgets

Fiscal Year Ending 12/31/2024

Final draft – presented October 25, 2023



## Cascade Medical Budget Calendar – 2024

Cascade Medical				
Operating and Capital Budget Calendar - Fiscal Year 2024				
Operating Budget			Capital Budget	
Date	Item		Date	Item
July 10	Sr. Leaders prepare preliminary volume projections for 2024.		June 16, 2023	Capital budget form, 2024 budget calendar, Long Term Cap Bud emailed to Directors
July 11	Training for Operating Budget at Leadership meeting		Jul 14	Department Directors turn in Capital Budget forms to Marianne Vincent and their respective Sr.
July 17	Operating budget packages sent to Department Directors.		July 24	Preliminary Capital Budget presented to Leadership team
July 17 - Aug 4	Department Directors complete financial packages, meet with their Sr. Leaders to refine. Turn in to Finance by August 4			
July 24	Strategic Plan discussion, preliminary Goal setting at Leadership meeting			
Aug 22	First draft of Operating Budget complete for review at full day Sr. Leadership meeting.			
Sept 13	2nd review of draft Operating Budget at Monday pm Sr. Leadership meeting			
Sept 27	Draft 2024 Operating, Capital Budgets presented to Board of Commissioners.			
Oct 11	First public notice of Budget Hearing			
Oct 18	Second public notice of Budget Hearing			
Oct 24	Final Budget review, Finance Committee			
Oct 25	Budget hearing, Board of Commissioners			
Nov 14	Final budget presentation at Leadership meeting			

Cascade Medical  
Operating and Capital Budgets, FY 2024  
Budget process summary and assumptions

The schedules shown below represent our final draft of our Operating and Capital budgets for FY 2024. As shown on our calendar above, we started our budget process in June. Department Directors have provided their projected capital budget needs and, for their Operating Budgets, have projected patient volumes, staffing needs, and operational expense requirements for their departments.

Our Long-Term Capital Budget listing has our recommendation for projects to approve for 2024, based on recommendations from Department Directors and a review by the Sr. Leadership Team, along with as complete a listing of projects for 2025 - 2028 as we can make so far in our planning cycle.

Patient volume forecast

Patient volumes by department have been forecasted using historical trends, our knowledge of current factors and estimates of volumes from new programs and services. Based on our best knowledge, our preliminary volume forecast for 2024 is as follows:

- |              |              |
|--------------|--------------|
| a. Acute IP  | 33.2% growth |
| b. Swing Bed | 0.0% growth  |
| c. Emergency | 1.5% growth  |
| d. Clinic    | 9.5% growth  |

We reviewed September actual volumes prior to finalizing the budget and made no changes to our preliminary forecast.

Budget Assumptions

We used the following assumptions in making our Operating Budget projections:

- a. Patient charge increases – we used a base charge increase of 7% over current charge levels for most departments, except for Ambulance 6% and Clinic 5 %, with revenue added in for any new services.
- b. Salary increases – we have included step increases of 1.5% for non-union, non-management staff, as well as contracted adjustments for members of the collective bargaining units. No additional amounts are included for exempt or contracted staff.

- c. Supplies and other expenses – we used a base inflation factor of 5% for supplies with different increase percentages for individual line items where we have knowledge of different amounts.
- d. In miscellaneous revenues, we have included an estimated \$90,000 in Foundation donations.
- e. Tax revenues have been estimated with a net 1% increase for the M&O and EMS levies, and an amount for the Construction Bond levy that will meet our debt service requirements. Our EMS levy revenues will be lower than in 2023 as 2023 was the final year in which we collected funds to compensate for the under-levy in 2020.
- f. We have budgeted for the Ambulance based on cost-based reimbursement, which is a significant change from prior years. We are still awaiting word from Noridian-Medicare as to whether they will approve our request to reimburse based on cost.

### Notes on budget schedules

#### Income Comparison Summaries

These two worksheets show the annual and monthly roll-up of individual department projections and compares our latest 2024 projections to prior and current years. The model currently shows a net margin of \$796,328, or 2.6% of revenue, with no salary increases included other than the 1.5% step increase and the increases required by our collective bargaining agreements.

#### Contractual Allowances

Contractual Allowances are based on our current payer mix, meaning the proportions of Medicare, Medicaid and other payers would stay the same as our current year. Medicare and Medicaid allowances were calculated using our latest interim rates.

#### FTEs

We project to add 4.15 FTE for 2024.

#### Capital Equipment Matrix

Capital Equipment and Building Items requested by Department Directors for 2024 through 2028 are shown, with a projected total for 2024 of \$1,180,000.

**Cascade Medical  
Income Comparison Summary  
Budget Year 2024**

	<u>Actual</u> <u>12/31/2022</u>	<u>Budget</u> <u>12/31/2023</u>	<u>Actual</u> <u>08/31/2023</u>	<u>Annualized</u> <u>12/31/2023</u>	<u>Budget</u> <u>12/31/2024</u>	<u>Budget To Budget</u> <u>Change</u>	<u>Bud To Bud</u> <u>% change</u>	<u>Bud to Annualzd</u> <u>% change</u>
<b>Patient Revenue</b>	\$ 31,398,482	\$ 36,079,032	\$ 16,420,947	\$ 35,167,393	\$ 38,619,844	\$ 2,540,811	7.0%	9.8%
<b>Less: Contractual Adjust</b>	(11,232,776)	(14,117,659)	(5,552,610)	(12,308,588)	(12,766,472)	1,351,188	-9.6%	3.7%
<b>Net Patient Revenue</b>	\$ 20,165,706	\$ 21,961,373	\$ 10,868,337	\$ 22,858,806	\$ 25,853,372	\$ 3,891,999	17.7%	13.1%
<b>Other Operating Revenue</b>	\$ 5,424,895	\$ 3,774,241	\$ 2,164,067	\$ 4,644,062	\$ 4,532,994	\$ 758,753	20.1%	-2.4%
<b>Total Revenue</b>	\$ 25,590,601	\$ 25,735,614	\$ 13,032,404	\$ 27,502,868	\$ 30,386,366	\$ 4,650,752	18.1%	10.5%
<b>Expenses:</b>								
Salaries	\$ 13,441,232	\$ 14,474,917	\$ 7,192,001	\$ 14,493,089	\$ 16,011,966	\$ 1,537,050	10.6%	10.5%
Benefits	3,012,573	3,276,295	1,649,789	3,223,479	3,621,462	\$ 345,168	10.5%	12.3%
Legal Fees	50,487	56,000	79,514	142,410	108,000	\$ 52,000	92.9%	-24.2%
Audit and Accounting Fees	73,396	71,600	43,003	64,000	70,000	\$ (1,600)	-2.2%	9.4%
Professional Fees	934,884	1,007,483	935,338	1,973,507	1,184,209	\$ 176,725	17.5%	-40.0%
Supplies	1,601,301	1,899,026	931,574	1,968,956	2,074,211	\$ 175,184	9.2%	5.3%
Utilities	278,582	284,388	130,193	261,947	299,193	\$ 14,805	5.2%	14.2%
Repairs and Maintenance	271,724	239,469	224,271	535,722	274,132	\$ 34,663	14.5%	-48.8%
Purchased Services	1,941,264	1,081,337	805,225	1,556,843	1,418,385	\$ 337,048	31.2%	-8.9%
Continuing Medical Education	12,001	17,000	6,339	8,196	26,000	\$ 9,000	52.9%	217.2%
Dues and Subscriptions	241,930	764,125	396,944	815,898	1,045,415	\$ 281,291	36.8%	28.1%
Other Expenses	130,221	89,840	77,530	91,838	217,609	\$ 127,769	142.2%	136.9%
Travel/Training/Meetings	110,816	85,996	90,035	195,633	129,085	\$ 43,089	50.1%	-34.0%
Leases and Rentals	124,563	167,748	99,688	190,050	180,395	\$ 12,646	7.5%	-5.1%
Depreciation	1,901,218	2,047,431	999,311	2,004,933	2,038,492	\$ (8,939)	-0.4%	1.7%
Taxes and Licenses	632,041	229,826	119,735	97,720	306,627	\$ 76,800	33.4%	213.8%
Insurance	244,098	229,478	119,617	259,200	265,634	\$ 36,156	15.8%	2.5%
Interest	423,299	342,968	171,240	417,087	319,224	\$ (23,744)	-6.9%	-23.5%
<b>Total Department Expenses</b>	\$ 25,425,630	\$ 26,364,927	\$ 14,071,347	\$ 28,300,507	\$ 29,590,038	\$ 3,225,111	12.2%	4.6%
<b>Income</b>	\$ 164,971	\$ (629,312)	\$ (1,038,943)	\$ (797,639)	\$ 796,328	\$ 1,425,641	-226.5%	-199.8%
	0.6%	-2.4%	-8.0%	-2.9%	2.6%			

**CASCADE MEDICAL  
MONTHLY SUMMARY**

	aug2023ytd	Avg/mo	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024
<b>Patient Revenue</b>	\$ 16,420,947	\$ 2,052,618	\$ 3,328,158	\$ 2,763,670	\$ 2,750,408	\$ 2,777,115	\$ 3,130,280	\$ 3,377,848	\$ 3,757,559
<b>Contr Adjusts</b> #	\$ (5,552,610)	\$ (694,076)	\$ (1,100,181)	\$ (913,580)	\$ (909,196)	\$ (918,025)	\$ (1,034,769)	\$ (1,116,607)	\$ (1,242,128)
<b>Net Patient Revenue</b>	\$ 10,868,337	\$ 1,358,542	\$ 2,227,976	\$ 1,850,090	\$ 1,841,212	\$ 1,859,091	\$ 2,095,511	\$ 2,261,241	\$ 2,515,432
<b>Other Operating Rev</b>	\$ 2,164,067	\$ 270,508	\$ 349,916	\$ 359,916	\$ 398,916	\$ 524,916	\$ 364,916	\$ 359,916	\$ 344,916
	\$ 13,032,404	\$ 1,629,051	\$ 2,577,893	\$ 2,210,006	\$ 2,240,128	\$ 2,384,007	\$ 2,460,427	\$ 2,621,157	\$ 2,860,348
<b>Expenses:</b>									
Salaries	\$ 7,192,001	\$ 899,000	\$ 1,355,788	\$ 1,267,966	\$ 1,348,301	\$ 1,311,176	\$ 1,359,834	\$ 1,317,377	\$ 1,357,704
Benefits	\$ 1,649,789	\$ 206,224	\$ 309,216	\$ 302,985	\$ 308,467	\$ 305,960	\$ 309,350	\$ 305,221	\$ 306,051
Legal Fees	\$ 79,514	\$ 9,939	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000
Audit/ Accounting Fees	\$ 43,003	\$ 5,375	\$ -	\$ 8,000	\$ 4,000	\$ 20,000	\$ -	\$ 20,000	\$ 6,000
Professional Fees	\$ 935,338	\$ 116,917	\$ 99,486	\$ 99,492	\$ 98,155	\$ 102,152	\$ 98,465	\$ 102,379	\$ 96,885
Supplies	\$ 931,574	\$ 116,447	\$ 175,318	\$ 160,043	\$ 153,661	\$ 141,663	\$ 154,301	\$ 181,551	\$ 192,149
Utilities	\$ 130,193	\$ 16,274	\$ 25,235	\$ 24,635	\$ 24,535	\$ 24,560	\$ 24,885	\$ 25,010	\$ 25,510
Repairs and Maint	\$ 224,271	\$ 28,034	\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844
Purchased Services	\$ 805,225	\$ 100,653	\$ 124,214	\$ 120,614	\$ 119,214	\$ 123,323	\$ 119,214	\$ 119,214	\$ 115,307
Continuing Medical Educ	\$ 6,339	\$ 792	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167
Dues and Subscriptions	\$ 396,944	\$ 49,618	\$ 90,879	\$ 97,897	\$ 88,764	\$ 83,989	\$ 88,262	\$ 85,144	\$ 83,314
Other Expenses	\$ 77,530	\$ 9,691	\$ 15,264	\$ 15,264	\$ 55,264	\$ 16,743	\$ 15,264	\$ 14,264	\$ 14,264
Travel/Training/Meetings	\$ 90,035	\$ 11,254	\$ 15,175	\$ 5,445	\$ 12,214	\$ 16,030	\$ 9,141	\$ 9,605	\$ 16,925
Leases and Rentals	\$ 99,688	\$ 12,461	\$ 17,923	\$ 18,178	\$ 18,128	\$ 14,198	\$ 14,138	\$ 14,128	\$ 13,928
Depreciation	\$ 999,311	\$ 124,914	\$ 169,874	\$ 169,874	\$ 169,874	\$ 169,874	\$ 169,874	\$ 169,874	\$ 169,874
Taxes and Licenses	\$ 119,735	\$ 14,967	\$ 25,154	\$ 25,654	\$ 25,154	\$ 25,154	\$ 26,054	\$ 25,554	\$ 25,154
Insurance	\$ 119,617	\$ 14,952	\$ 21,600	\$ 21,600	\$ 21,600	\$ 22,248	\$ 22,850	\$ 22,248	\$ 22,248
Interest	\$ 171,240	\$ 21,405	\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602
<b>Total Expenses</b>	\$ 14,071,347	\$ 1,758,918	\$ 2,505,740	\$ 2,398,261	\$ 2,507,946	\$ 2,437,683	\$ 2,472,247	\$ 2,472,182	\$ 2,505,927
<b>Gross Margin</b>	\$ (1,038,943)	\$ (129,868)	\$ 72,153	\$ (188,255)	\$ (267,817)	\$ (53,676)	\$ (11,820)	\$ 148,975	\$ 354,421

**CASCADE MEDICAL  
MONTHLY SUMMARY**

Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Total 2024	Avg/mo	2023 Annualized	% Chg
\$ 3,908,481	\$ 3,214,122	\$ 3,306,723	\$ 2,863,024	\$ 3,442,455	\$ 38,619,844	\$ 3,218,320	\$ 35,167,393	9.8%
\$ (1,292,018)	\$ (1,062,485)	\$ (1,093,096)	\$ (946,423)	\$ (1,137,964)	\$ (12,766,472)	\$ (1,063,873)	\$ (12,308,588)	
\$ 2,616,464	\$ 2,151,637	\$ 2,213,627	\$ 1,916,601	\$ 2,304,491	\$ 25,853,372	\$ 2,154,448	\$ 22,858,806	13.1%
\$ 344,916	\$ 344,916	\$ 434,916	\$ 344,916	\$ 359,916	\$ 4,532,994	\$ 377,750	\$ 4,644,062	-2.4%
\$ 2,961,380	\$ 2,496,553	\$ 2,648,543	\$ 2,261,517	\$ 2,664,407	\$ 30,386,366	\$ 2,532,197	\$ 27,502,868	10.5%
\$ 1,360,436	\$ 1,314,142	\$ 1,345,724	\$ 1,313,417	\$ 1,360,101	\$ 16,011,966	\$ 1,334,331	\$ 14,493,089	10.5%
\$ 300,811	\$ 294,719	\$ 293,146	\$ 291,429	\$ 294,108	\$ 3,621,462	\$ 301,789	\$ 3,223,479	12.3%
\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 108,000	\$ 9,000	\$ 142,410	-24.2%
\$ -	\$ -	\$ 4,000	\$ 6,000	\$ 2,000	\$ 70,000	\$ 5,833	\$ 64,000	9.4%
\$ 96,365	\$ 100,929	\$ 99,569	\$ 94,765	\$ 95,565	\$ 1,184,209	\$ 98,684	\$ 1,973,507	-40.0%
\$ 204,003	\$ 186,130	\$ 176,055	\$ 163,287	\$ 186,048	\$ 2,074,211	\$ 172,851	\$ 1,968,956	5.3%
\$ 25,510	\$ 24,960	\$ 24,635	\$ 24,535	\$ 25,185	\$ 299,193	\$ 24,933	\$ 261,947	14.2%
\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844	\$ 22,844	\$ 274,132	\$ 22,844	\$ 535,722	-48.8%
\$ 116,057	\$ 115,307	\$ 115,307	\$ 115,307	\$ 115,307	\$ 1,418,385	\$ 118,199	\$ 1,556,843	-8.9%
\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,167	\$ 26,000	\$ 2,167	\$ 8,196	217.2%
\$ 90,192	\$ 81,444	\$ 81,314	\$ 92,924	\$ 81,294	\$ 1,045,415	\$ 87,118	\$ 815,898	28.1%
\$ 14,264	\$ 14,264	\$ 14,264	\$ 14,244	\$ 14,244	\$ 217,609	\$ 18,134	\$ 91,838	136.9%
\$ 6,045	\$ 9,475	\$ 13,780	\$ 7,725	\$ 7,525	\$ 129,085	\$ 10,757	\$ 195,633	-34.0%
\$ 13,928	\$ 13,978	\$ 13,938	\$ 13,948	\$ 13,978	\$ 180,395	\$ 15,033	\$ 190,050	-5.1%
\$ 169,874	\$ 169,874	\$ 169,874	\$ 169,874	\$ 169,874	\$ 2,038,492	\$ 169,874	\$ 2,004,933	1.7%
\$ 25,154	\$ 25,734	\$ 25,154	\$ 27,554	\$ 25,154	\$ 306,627	\$ 25,552	\$ 97,720	213.8%
\$ 22,248	\$ 22,248	\$ 22,248	\$ 22,248	\$ 22,248	\$ 265,634	\$ 22,136	\$ 259,200	2.5%
\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602	\$ 26,602	\$ 319,224	\$ 26,602	\$ 417,087	-23.5%
\$ 2,505,501	\$ 2,433,816	\$ 2,459,623	\$ 2,417,869	\$ 2,473,245	\$ 29,590,038	\$ 2,465,836	\$ 28,300,507	4.557%
\$ 455,879	\$ 62,737	\$ 188,921	\$ (156,352)	\$ 191,162	\$ 796,328	\$ 66,361	\$ (797,639)	-200%

Cascade Medical  
Operating Budget 2024  
Schedule of Changes in Final Proposed Budget

<u>Item</u>	<u>Amount</u>
Budgeted margin, 1st draft	\$ 792,135
Changes:	
1. Increase to Exempt Wages	(35,342)
2. Increase to Professional Fees	(679)
3. Increase to Levy/Bond Revenue	54,934
3. Increase to Depreciation Expense	(14,720)
Revised margin	<u>\$ 796,328</u>

Cascade Medical  
2024 Operating Budget

Margin with Annual Wage Increase Options  
For managers, providers and non-union staff

**Final  
Margin**

1. Margin with no non-union changes other than step increases <i>(Note: union contract changes, with step increases, are included)</i>			\$ <b>796,328</b> 2.6%
3. Margin with annual increase for all staff			
non-union staff increase **	3.00%	\$	505,515
Managers, Providers increase	4.50%		1.7%
non-union staff increase **	3.50%	\$	465,779
Managers, Providers increase	5.00%		1.5%
non-union staff increase **	4.00%		438,857
Managers, Providers increase	5.50%		1.4%
non-union staff increase **	4.50%		400,723
Managers, Providers increase	6.00%		1.3%

\*\* - this increase is in addition to the 1.5%  
step increases already included on line 1



**Statement of Cash Flows - Operating Budget**  
**Cascade Medical Center**  
**For the year ending December 31, 2024**

	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
Cash balance, beginning of period	\$ 15,474,072	\$ 13,953,548	\$ 13,636,758	\$ 13,556,703	\$ 14,469,092	\$ 14,628,753	\$ 14,286,416	\$ 13,484,134	\$ 13,657,307	\$ 14,049,291	\$ 15,336,433	\$ 15,928,928
Cash available for operating needs	\$ 15,219,177	\$ 13,694,363	\$ 13,347,629	\$ 13,179,977	\$ 13,650,618	\$ 13,633,764	\$ 13,434,665	\$ 12,625,743	\$ 12,789,973	\$ 13,160,874	\$ 14,243,821	\$ 14,752,154
Cash restricted to debt service, other restricted funds	\$ 254,895	\$ 259,185	\$ 289,129	\$ 376,726	\$ 818,474	\$ 994,989	\$ 851,751	\$ 858,391	\$ 867,334	\$ 888,417	\$ 1,092,612	\$ 1,176,774
<i>Cash flows from operating activities</i>												
Receipts from and on behalf of patients	\$ 1,408,542	\$ 1,793,259	\$ 1,812,203	\$ 1,973,093	\$ 1,850,131	\$ 1,931,938	\$ 2,071,947	\$ 2,290,728	\$ 2,464,379	\$ 2,427,844	\$ 2,327,243	\$ 2,093,955
Grant receipts	\$ 2,000	\$ 2,000	\$ 37,000	\$ 2,000	\$ 22,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
Other receipts	\$ 50,445	\$ 60,445	\$ 64,445	\$ 225,445	\$ 45,445	\$ 60,445	\$ 45,445	\$ 45,445	\$ 45,445	\$ 45,445	\$ 45,445	\$ 60,445
Payments to or on behalf of employees	\$ (2,301,271)	\$ (1,562,701)	\$ (1,488,186)	\$ (1,501,077)	\$ (1,499,400)	\$ (1,506,174)	\$ (2,245,870)	\$ (1,492,232)	\$ (1,493,353)	\$ (1,472,020)	\$ (1,489,606)	\$ (1,485,874)
Payments to suppliers and contractors	\$ (637,467)	\$ (624,041)	\$ (647,909)	\$ (716,631)	\$ (598,544)	\$ (645,668)	\$ (638,255)	\$ (640,337)	\$ (621,040)	\$ (616,836)	\$ (609,107)	\$ (615,120)
<b>Net cash provided by operating activities</b>	<b>\$ (1,477,751)</b>	<b>\$ (331,038)</b>	<b>\$ (222,447)</b>	<b>\$ (17,170)</b>	<b>\$ (180,368)</b>	<b>\$ (157,459)</b>	<b>\$ (764,732)</b>	<b>\$ 205,604</b>	<b>\$ 397,431</b>	<b>\$ 386,434</b>	<b>\$ 275,975</b>	<b>\$ 55,407</b>
<i>Cash flows from noncapital financing activities</i>												
Unencumbered M & O taxation			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 184,081	\$ 81,776	\$ 5,912
Taxation for Emergency Medical Services	\$ 5,245	\$ 36,612	\$ 107,103	\$ 540,119	\$ 215,822	\$ 10,668	\$ 8,118	\$ 10,935	\$ 25,778	\$ 474,740	\$ 202,890	\$ 14,668
Investment Income	\$ 46,030	\$ 46,030	\$ 46,030	\$ 46,030	\$ 46,030	\$ 46,030	\$ 46,030	\$ 46,030	\$ 46,030	\$ 46,030	\$ 46,030	\$ 46,030
Donations	\$ -	\$ -			\$ -	\$ -		\$ -	\$ -	\$ 90,000		\$ -
<b>Net cash provided by noncapital financing activities</b>	<b>\$ 51,275</b>	<b>\$ 82,642</b>	<b>\$ 153,133</b>	<b>\$ 586,149</b>	<b>\$ 261,852</b>	<b>\$ 56,698</b>	<b>\$ 54,148</b>	<b>\$ 56,965</b>	<b>\$ 71,808</b>	<b>\$ 794,851</b>	<b>\$ 330,696</b>	<b>\$ 66,610</b>
Less Funded Depreciation utilized for Information System												
Less Funds Expended for Capital Purchases	\$ (98,338)	\$ (98,338)	\$ (98,338)	\$ (98,338)	\$ (98,338)	\$ (98,338)	\$ (98,338)	\$ (98,338)	\$ (98,338)	\$ (98,338)	\$ (98,338)	\$ (98,338)
Increase/(decrease) in cash available for operations	\$ (1,524,814)	\$ (346,734)	\$ (167,652)	\$ 470,641	\$ (16,854)	\$ (199,099)	\$ (808,922)	\$ 164,231	\$ 370,901	\$ 1,082,947	\$ 508,333	\$ 23,679
<b>Cash available for operating needs</b>	<b>\$ 13,694,363</b>	<b>\$ 13,347,629</b>	<b>\$ 13,179,977</b>	<b>\$ 13,650,618</b>	<b>\$ 13,633,764</b>	<b>\$ 13,434,665</b>	<b>\$ 12,625,743</b>	<b>\$ 12,789,973</b>	<b>\$ 13,160,874</b>	<b>\$ 14,243,821</b>	<b>\$ 14,752,154</b>	<b>\$ 14,775,832</b>
Taxation for bond prin & int (incl encumbd M&O)	\$ 4,290	\$ 29,944	\$ 87,597	\$ 441,748	\$ 176,515	\$ 8,725	\$ 6,640	\$ 8,943	\$ 21,083	\$ 204,195	\$ 84,162	\$ 6,085
Principle & Interest paid on long-term debt					\$ -	\$ (151,963)						\$ (937,963)
Restricted grants and contributions												
Increase/(decrease) in restricted cash	\$ 4,290	\$ 29,944	\$ 87,597	\$ 441,748	\$ 176,515	\$ (143,238)	\$ 6,640	\$ 8,943	\$ 21,083	\$ 204,195	\$ 84,162	\$ (931,878)
<b>Cash restricted to debt service, other restricted funds</b>	<b>\$ 259,185</b>	<b>\$ 289,129</b>	<b>\$ 376,726</b>	<b>\$ 818,474</b>	<b>\$ 994,989</b>	<b>\$ 851,751</b>	<b>\$ 858,391</b>	<b>\$ 867,334</b>	<b>\$ 888,417</b>	<b>\$ 1,092,612</b>	<b>\$ 1,176,774</b>	<b>\$ 244,896</b>
<b>Cash balance, end of period</b>	<b>\$ 13,953,548</b>	<b>\$ 13,636,758</b>	<b>\$ 13,556,703</b>	<b>\$ 14,469,092</b>	<b>\$ 14,628,753</b>	<b>\$ 14,286,416</b>	<b>\$ 13,484,134</b>	<b>\$ 13,657,307</b>	<b>\$ 14,049,291</b>	<b>\$ 15,336,433</b>	<b>\$ 15,928,928</b>	<b>\$ 15,020,728</b>

Cascade Medical  
Volume Forecast - Budget Year 2024

Acute Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2019	27	12	11	24	8	14	12	15	14	27	11	11	186
Actual	2020	25	14	20	14	16	11	15	25	14	32	18	5	209
Actual	2021	23	29	12	11	21	18	7	26	14	11	8	15	195
Actual	2022	8	1	13	16	1	29	21	15	3	11	19	73	210
Actual/Projected	2023	19	6	15	24	25	26	18	15	18	25	12	14	217
Forecast	2024	29	17	20	25	20	28	20	30	18	30	19	33	289
<i>increase/decrease over 2023</i>														33.2%

Swing Bed Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2019	154	121	79	107	68	77	113	128	113	134	102	92	1,288
Actual	2020	128	155	54	68	104	68	42	123	120	111	152	202	1,327
Actual	2021	155	74	51	87	66	49	138	160	74	150	67	43	1,114
Actual	2022	131	116	74	46	52	90	69	114	46	133	43	63	977
Actual/Projected	2023	75	98	49	66	59	66	61	98	95	108	107	100	982
Forecast	2024	111	97	52	64	59	60	78	109	77	110	80	85	982
<i>increase/decrease over 2023</i>														0.0%

Emergency Visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2019	250	219	209	218	283	305	369	391	281	297	224	357	3,403
Actual	2020	276	262	194	145	216	241	358	382	297	248	236	285	3,140
Actual	2021	294	240	235	263	346	387	477	428	327	286	229	364	3,876
Actual	2022	293	213	252	267	323	381	452	424	354	374	330	390	4,053
Actual/Projected	2023	324	253	244	283	371	375	467	416	341	301	250	385	4,010
Forecast	2024	316	261	249	259	339	371	465	455	352	331	279	392	4,069
<i>increase/decrease over 2023</i>														1.5%

Clinic visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2019	1,490	1,127	1,174	1,326	1,349	1,237	1,452	1,365	1,300	1,490	1,277	1,309	15,896
Actual	2020	1,408	1,112	860	769	1,025	1,148	1,320	1,205	1,110	1,269	1,107	1,147	13,480
Actual	2021	1,016	1,050	1,317	1,006	962	1,080	1,190	1,213	1,070	1,005	998	980	12,887
Actual	2022	908	750	1,097	971	987	1,122	892	1,103	991	930	1,069	925	11,745
Actual/Projected	2023	1,051	976	1,197	1,091	1,167	1,139	1,087	1,320	1,143	1,250	1,146	1,134	13,701
Forecast	2024	1,300	1,110	1,249	1,143	1,215	1,267	1,346	1,357	1,243	1,316	1,239	1,215	15,000
<i>increase/decrease over 2023</i>														9.5%

**Cascade Medical Center  
Contractual Allowance Worksheet  
Budget 2024**

<u>Hospital</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Inpatient Revenue	\$ 1,336,348	\$ 105,561	\$ 192,167	\$ 1,634,076
Patient Days	236	19	34	289
Reimb Rate	<u>\$ 5.533</u>	<u>\$ 2,828</u>	<u>58.3%</u>	<u>\$ 5,095.22</u>
Total Payment	<u>\$ 1,307,724</u>	<u>\$ 52,789</u>	<u>\$ 112,006</u>	<u>\$ 1,472,519</u>
Contr Allow	\$ 28,624	\$ 52,772	\$ 80,161	\$ <b>161,557</b>

-44.70%                      49.99%                      41.71%

<u>Clinic</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Revenue	\$ 1,843,959	\$ 663,054	\$ 1,428,025	\$ 3,935,038
Visits	7,029	2,528		
Reimb Rate	<u>\$ 466.00</u>	<u>\$ 465.61</u>	<u>44.7%</u>	<u>129%</u>
Total Payment	<u>\$ 3,275,514</u>	<u>\$ 1,176,829</u>	<u>\$ 638,123</u>	<u>\$ 5,090,467</u>
10% Cont Allow	\$ (1,431,555)	\$ (513,775)	\$ 789,902	\$ <b>(1,155,429)</b>

-77.63%                      -77.49%

<u>Ambulance</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Revenue	\$ 1,544,363	\$ 582,270	\$ 968,903	\$ 3,095,536
Reimb Rate	<u>90.0%</u>	<u>56.0%</u>	<u>44.0%</u>	<u>69%</u>
Total Payment	<u>\$ 1,389,927</u>	<u>\$ 326,071</u>	<u>\$ 426,317</u>	<u>\$ 2,142,315</u>
Contr Allow	\$ 154,436	\$ 256,199	\$ 542,586	\$ <b>953,221</b>

Swing Bed Revenue	\$ 3,064,059	\$ -	\$ 179,705	\$ 3,243,764
Patient Days	928	-	54	982
Reimb Rate	<u>\$ 5,455</u>	<u>\$ 1,255</u>	<u>58.3%</u>	<u>\$ 5,259</u>
Total Payment	<u>\$ 5,059,779</u>	<u>\$ -</u>	<u>\$ 104,742</u>	<u>\$ 5,164,521</u>
Contr Allow	\$ (1,995,720)	\$ -	\$ 74,962	\$ <b>(1,920,758)</b>

-59%

Outpatient Revenue	\$ 12,276,573	\$ 4,484,849	\$ 9,950,008	\$ 26,711,430
Reimb Rate	<u>51.3%</u>	<u>35.9%</u>	<u>60.0%</u>	<u>52%</u>
Total Payment	<u>\$ 6,295,216</u>	<u>\$ 1,610,702</u>	<u>\$ 5,970,005</u>	<u>\$ 13,875,922</u>
Contr Allow	\$ 5,981,357	\$ 2,874,148	\$ 3,980,003	\$ <b>12,835,508</b>

48%

Total Revenue	\$ 20,065,302	\$ 5,835,735	\$ 12,718,807	\$ 38,619,844
Total contractual Allow	\$ <b>2,737,142</b>	\$ <b>2,669,343</b>	\$ <b>5,467,614</b>	\$ <b>10,874,099</b>

<b>Total Revenue</b>	
Rate	3.5%
28% Reserve	1.4%

<u>Bad Debt</u>	<u>C.S.P</u>
1,351,695	540,678

<b>Total Contractual Allowance, Bad Debt Reserve, Charity</b>	<b>\$ 12,766,472</b>	<b>33.1%</b>
---	----------------------	--------------

Cascade Medical  
 FTE Budget, Staffing Additions  
 FY 2024

Dept Number	Department	Authorized FTEs 2023	Requested Change in FTEs	Budgeted FTEs FY 2024	Notes
60000	Acute IP	16.80		16.80	
60100	Swing Bed	0.34		0.34	
80400	Central Supply	1.00		1.00	
60700	Laboratory	7.60		7.60	
60800	Cardiac Diagnostic	0.27		0.27	
60900	CT	0.48		0.48	
61000	Radiology	4.33		4.33	
61100	Pharmacy	-		-	
61500	Physical Therapy	7.00	0.30	7.30	
60500	Emergency Department	6.60		6.60	
60550	ED Providers	4.21		4.21	
60400	Ambulance	21.40	2.00	23.40	
60600	Endoscopy	0.90		0.90	
60200	Clinic	19.00	(0.25)	18.75	
60250	Clinic Providers	10.18		10.18	
61600	Occupational Therapy	1.60		1.60	
61700	Speech Therapy	0.50	0.10	0.60	
80800	Food/Nutrition Svcs	5.00		5.00	
81300	Laundry	1.00		1.00	
81400	Materials Management	0.80		0.80	
81600	Plant Operations	3.00		3.00	
80600	Environmental Services	5.50	(0.50)	5.00	
81100	Information Technology	-		-	
80700	Fiscal Services	3.00		3.00	
80300	Business Office	7.00	1.00	8.00	
80100	Admitting	10.00		10.00	
80000	Administration	5.00		5.00	
81700	Public Relations	1.00		1.00	
81000	Human Resources	1.50		1.50	
83000	Foundation	0.75		0.75	
80900	Health Information Mgt	5.15		5.15	
81900	Utilization Review	4.50		4.50	
81500	Nursing Admin	2.10	0.50	2.60	
82000	Informatics	2.00	1.00	3.00	
81200	Inservice Education	-		-	
		<u>159.51</u>	<u>4.2</u>	<u>163.66</u>	





Estimated Annual Time Commitment of Commissioner

<u>Activity</u>	<u>Frequency</u>	<u>Annual Estimated Time</u>
Attend Regular Board Meetings	Once per month	36 – 48 hours
Attend Committee Meetings *	≥Once per quarter	8 - 120 hours
Individual prep time for regular Board & Committee meetings	1-2 hours per mtg	17 - 24 hours
The CM Board has a strong commitment to education. Many options exist from virtual on-demand education to conference attendance. All Commissioners are encouraged to achieve and maintain a Health Care Governance certification. (12 hours the first year, then 18 hours over the next 3 years)	Variable, with flexible options	10 – 12 hours minimum
Special Board Meetings	As needed, <u>but at least one annually</u>	<u>2 hours - variable</u>
Board Retreat	Annual	<u>1 day / 8 hours</u>
Attendance at Medical Staff, Foundation, Board Rounding, <u>and/or</u> Advisory Committee <u>meetings and/or community meetings</u>	<u>Optional Encouraged, but and up to three times per year</u>	Up to 9 hours, if desired
One on One Discussions with Individual Board Members <u>and/or the CEO</u>	As needed/desired	Variable
Connecting with Constituents about CM business	As needed	Variable

This reflects the average annual time commitment for a CM Commissioner. As the CM board works toward building a more diverse composition of members, which is their desire, the board recognizes and supports adjusting time commitment expectations, including meeting times and hybrid/virtual options, to accommodate new Commissioners who may be balancing board commitment with work and/or family.

Every three years Cascade Medical performs a Community Health Needs Assessment (CHNA). In a CHNA year, additional meetings are held which Commissioners are encouraged to attend, in the lead up to the retreat. In a CHNA year, if all CHNA meetings are attended, this may add an additional time commitment of 6 – 9 hours to the above table.

Commissioners are encouraged to participate in various leadership roles during their tenure. Board Committee Chairs may spend an additional 4 – 6 hours on this work annually, in addition to the time listed in the above table. Responsibilities for Board President increase the time commitment by an additional 12 – 16 hours per year.

\*Each Board member typically serves on at least one committee, but some serve on two, which would increase the time commitment of the estimate.

**Working Copy Draft 2024 Goals**  
**Includes Pillar Statements & 2023-2025 Objectives**  
**Cascade Medical**

**Patient & Family Centered Care:** Patients and their families will experience exceptional, high-quality, safe, compassionate, whole-person care.

**Long Term Objective:** **Deliver quality care that is accessible, equitable, and safe every time, every touch**

**2024 Annual Draft Objectives** (some with identified tactics listed, to capture them):

- Implement Mobile Integrated Healthcare
- Optimize Team-Based Care
  - Explore expansion of family practice hours
  - Identify new provider for telepsychiatry services
  - Implement school-based clinic
  - Continue optimization of mobile clinic
  - Partner mobile clinic with other community resources, such as mobile library and mobile food bank
- Improve patients' first touch experience at CM

**Financial Stewardship:** Maintain a financially stable Public Hospital District that meets our communities' needs now and in the future.

**Long Term Objective:** **Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth**

**2024 Annual Draft Objectives** (some with identified tactics listed, to capture them):

- Service Line Expansion
  - Explore and implement outpatient infusion opportunities
  - Develop implementation plan for urgent care (dependent upon impending study)
  - Explore mobile MRI
  - Explore telehealth expansion with attention to retail health trends
- Develop and implement charge capture program
- Build structure for developing and sustaining long term financial plan
- Optimize Rehab Services

**Our People:** Retain, attract, engage, develop, and support outstanding, community-focused team members who consistently demonstrate commitment to our Shared Values.

**Long Term Objective:** Provide an exceptional employee experience within a safe, stable, family-based work environment

**2024 Draft Annual Objectives:**

- Optimize the Living Well Program
- Continue to develop leaders
- Expand education / training opportunities and workforce training / apprenticeship programs
- Explore alternative retention strategies

**Community Connections:** Deliver services, programs and outreach that increase access, meet community-defined needs and are developed in partnership with our communities.

**Long Term Objective:** Collaborate with community to define needs and nurture partnerships to support healthy lifestyles

**2024 Draft Annual Objectives** (some with identified tactics listed, to capture them):

- Promote Cascade Medical in the community
  - Prepare for educating the community about the EMS Levy
  - Develop and implement comprehensive external communication plan, including around marketing
  - Increase promotion of Charity Care
- Develop and implement Spanish language focus for mobile clinic, chronic care, and same day appointments



## Welcome Page

Cascade Medical

### Mission

Cascade Medical is an exceptional rural healthcare facility. We are a team of compassionate and dedicated professionals who provide quality primary care, services and resources to our patients and their families

### Vision

**Patient & Family Centered Care:** Patients and their families will experience exceptional, high-quality, safe, compassionate, whole-person care.

**Financial Stewardship:** Maintain a financially stable Public Hospital District that meets our communities' needs now and in the future.

**Our People:** Retain, attract, engage, develop, and support outstanding, community-focused team members who consistently demonstrate commitment to our Shared Values.

**Community Connections:** Deliver services, programs and outreach that increase access, meet community-defined needs and are developed in partnership with our communities.

### Values

#### Commitment

We demonstrate our pursuit of individual and organizational development by always going above and beyond to find the answer, discover the cause, and advocate the most appropriate course of action.

#### Community

We demonstrate our effectiveness and quality care in complete transparency with each other and in line with the values of our medical center.

#### Empowerment

We prove our promise to patients and our dedication to both organization and community through the manner in which we empower each other and carry out each action.

#### Integrity

We set a strong example of behavioral and ethical standards by demonstrating our accountability to patient needs and our devotion to performing alongside one another as we exhibit our high standards each and every day.

#### Quality

We demonstrate an exceptional and enduring commitment to excellence. We are devoted to processes and systems that align our actions to excellence, compassion and effectiveness on a daily basis.



#### Respect

We embrace equality on a daily basis through positive, personal interactions and recognize the unique value within each of our colleagues, patients, and ourselves.

#### Transparency

We demonstrate complete openness by providing clear, timely and trusted information that shapes the health, safety, well-being and stability of each other and our community.

Long Term Objectives	Organizational Goals	Analysis	Recommendations
PILLARS			
<b>Patient &amp; Family Centered Care</b>			
<p>Deliver quality care that is accessible, equitable and safe every time every touch</p>	<p>↑ Complete implementation of Patient &amp; Family Engagement Council</p>	<p>This goal is complete. The Patient &amp; Family Engagement Council has been established and is meeting monthly. First meetings consisted of providing information to the council at their request. Subsequent meetings will utilize council feedback to assist with improvements for patients and their families.</p>	<p>Continue to work with cross-departmental teams to identify and forward projects to the Patient &amp; Family Engagement Council.</p>
	<p>↑ Increase efficiency in and long-term access to primary care, with right-sized teams and infrastructure, resulting in more patient encounters per day</p>	<p>Team-based care structure is in place, and work continues with consultant, clinic providers and staff to improve workflows, optimize roles, and ensure there is a clear decision-making matrix in place. Additionally, the dashboarding model is now active and we are working on expanded reports to share metric information with all team members.</p>	<p>Continue work and check-ins to ensure adjusted processes are hard-wired as work continues.</p>
	<p>↑ Refine provider coverage structure for ED, hospital, and clinic</p>	<p>Hospitalist program has been established and is in place. Work continues on optimizing team processes for the hospitalist/clinic walk-in role. Work is underway and on target to identify additional back up coverage options for Emergency Department Physician Assistants.</p>	<p>Continue work per plan.</p>
PILLARS			
<b>Financial Stewardship</b>			
<p>Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth</p>	<p>■ Explore off-campus care delivery strategies</p>	<p>Mobile Integrated Healthcare is on track to a revised timeline adjusted to allow for the delivery of the consultant's report on best practice implementation. This work was made possible by a grant received this summer. The second half of this objective, Exploring Urgent Care Services, is slightly behind timeline. We are awaiting completion of the in depth study, which was originally anticipated to be finalized by the end of September.</p>	<p>2024 draft budget has been updated to incorporate broad recommendations while we await grant-funded MIH report; recommend adjusting timelines into 2024 to maximize MIH best practice recommendations. Ensure prioritization of urgent care report examination upon completion.</p>

Long Term Objectives	Organizational Goals	Analysis	Recommendations
	<p> Explore and develop service line expansion strategies</p>	<p>This objective is comprised of four objectives, all of which are on track. We have much work in Q4 on the Cardiac Rehab Program, and it is properly on schedule for January implementation. Wound care is also on track; we are finalizing the agreement with the wound care provider and we have two CM providers championing the project. Ultrasound exploration is also tracking appropriately, and we anticipate being able to move forward with an outpatient ultrasound program around the end of 2023. The fourth objective relates to outpatient infusion services; the bulk of that work is slated for Q4. It is currently on track, but may need to extend into 2024 for completion.</p>	<p>Ensure final push for Cardiac Rehab stays on track, approve wound care agreement by end of October and finalize ultrasound agreement by the end of November. Assess infusion services work for carry over work to 2024.</p>
	<p> Implement revenue cycle improvements</p>	<p>This objective consists of four tactics: conduct and implement chargemaster study, conduct regular provider education, update payor contracts and conduct charge capture work. Chargemaster work is well underway but is behind timeline in part due to elements requiring support from our informatics team for documentation purposes. This requires communication with Meditech analysts to complete, which has slowed the work timetable. Provider education is on track, with HIM providing coding tips on a steady basis. Payor contract work has been slow, but the CM team has been diligent in providing requested information to our outside consultant. While charge capture work was slated for Q4 it is showing as behind timeline as we believe it will need to push into 2024.</p>	<p>Continue pushing ahead with the three tactics underway. Identify outside resource by yearend to assess charge capture processes in order to launch implementation in 2024.</p>

PILLARS

**Our People**

Long Term Objectives	Organizational Goals	Analysis	Recommendations
<p>Provide an exceptional employee experience within a safe, stable, family-based work environment</p>	<p>↑ Develop and begin implementing Living Well Program</p>	<p>Resilient first aid course has been taught to two groups and work is ongoing to develop measures to assess project impacts. The Living Well Roadmap is meeting development timelines as is the Living Well Program implementation, which has a planned rollout following Q4 Open Forums.</p>	<p>Continue work, with special emphasis on the Living Well guide to ensure we meet our distribution timeline in Q4.</p>
	<p>↑ Continue to develop leaders</p>	<p>This objective consists of three tactics: focused attention on new leaders, provide education to the full leadership team, and optimize policy work across the organization. All three are on track, with currently six new CM leaders going through a year-long leadership training program; with quarterly education delivered to the full Leadership Team, and with our current policy program and process undergoing refinement.</p>	<p>Continue work. Reassess software platform for policies closer to the end of our current contract.</p>
	<p>↑ Retain team by supporting growth and career and personal development</p>	<p>This objective includes two tactics: expanding education and training program and developing comprehensive onboarding program. Both are on track. Directors and staff have been polled for preferences on education and education related to the polling has been scheduled. Nursing education has been ongoing throughout the year. Onboarding is shifting to a two day process in November to accommodate the expanded onboarding plan.</p>	<p>Directors will need to update their project owner at the upcoming Leadership Team meeting.</p>
<p>PILLARS</p> <p><b>Community Connections</b></p>			

Long Term Objectives	Organizational Goals	Analysis	Recommendations
<p>Collaborate with community to define needs and nurture partnerships to support healthy lifestyles</p>	<p><span style="color: yellow;">■</span> Communicate and engage to build trust in traditionally underrepresented communities</p>	<p>This objective consists of two tactics: Optimize the mobile clinic and formalize and implement external communications. Both tactics are lagging, although steady progress continues. Handouts are in process to be able to give clinic patients regarding the mobile clinic and we are finalizing a survey to capture community input on the best locations and times to site the mobile clinic. Additionally, the Patient and Family Advisory Council will be assisting us with developing processes and outreach plans. Significant work has occurred with social media expansion in the third quarter while website refresh and Spanish-language community outreach are lagging.</p>	<p>Complete work with PR to expand mobile clinic awareness and continue to work with the school district to establish behavioral health services. Consider which aspects of the communication plan need to carry over to 2024.</p>

**Description**

**Status Key**

- ↑ On Target
- Caution/At Risk
- ↓ Below Target
- Not Defined (Project has not started per timeline)



## **A G E N D A**

### **Board Finance Committee**

**October 24, 2023**

**8:00 – 10:00 PM**

Administration Conference Room

<b>Agenda Item</b>		<b>Time</b>
<b>1.</b>	Call to Order	8:00 AM
<b>2.</b>	Consent Agenda Approval <ul style="list-style-type: none"><li>October 24, 2023 Agenda</li><li>July 25, 2023 Minutes</li></ul>	8:00 AM
<b>Committee Work</b>		
<b>1.</b>	Review follow-up items from minutes	8:05 AM
<b>2.</b>	Review Q3 Financials, Contractual Allowance Summary, Bad Debt, Dashboard	8:10 AM
<b>3.</b>	Review final proposed budget for 2024	8:30 AM
<b>4.</b>	Review Clinic stats/revenue	9:05 AM
<b>5.</b>	Bond Compliance Reporting check-in	9:10 AM
<b>6.</b>	Audit firm selection/process	9:15 AM
<b>7.</b>	Discuss/prepare committee self-assessment survey	9:20 AM
<b>8.</b>	Review Q3 OICC quarterly report	9:25 AM
<b>9.</b>	Discuss industry trends	9:30 AM
<b>10.</b>	Discuss Board education	9:35 AM
<b>11.</b>	Discuss long-term financial planning	9:40 AM
<b>12.</b>	Discuss opportunities for investment in new programs	9:45 AM
<b>Adjournment</b>		
<b>1.</b>	Adjournment	10:00 PM

Materials provided in advance of meeting along with agenda:

1. July 25, 2023 Minutes
2. Q3 Financial Packet with Notes
3. Q3 Dashboard
4. 2024 Budget Packet & Notes
5. Clinic stats/revenue
6. Draft 2023 Committee Self-Assessment Survey
7. OICC Q3 Report

### **2023 Meeting Schedule**

- December 5, 2023

## Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2023

Strategic Pillar	Measure	2019	2020	2021	2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	2023 YTD	2022 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex
□□□□□□□□	Total Margin	-0.2%	3.1%	24.8%	-6.1%	-3.8%	-12.3%	6.9%		-2.4%	-2.6%		3.0%	
	Days Cash on Hand	108	235	217	194	190	184	194		198	90		60	
	Cash Growth available to Operations	-248	6,892	166	22	1,229	-879	1,163		1512	-1068		-	-
	Days in Net Patient Accounts Receivable	68	68	57	61	58	64	50		56	54		54	
	% of AR balances > 90 days since DOS	29.4%	22.0%	33.6%	41.2%			0.0%		0.0%			-	-
	Net Revenue as % of Staffing Costs	141%	146%	153%	144%	146%	141%	169%		152%	136%		-	-
	Debt Service Coverage	1.70	2.39	7.36	0.73	1.26	(0.77)	4.08		1.52	1.55		3.00	
	Long Term Debt to Capitalization	83%	74%	46%	44%	44%	43%	42%		42%	NA	-	25%	
	Medicare Outpatient Cost to Charge Ratio	0.51	0.49	0.45	0.55						NA	-	0.55	

**Key:** Blue = Better than Target, Green = At Target, Red = Worse than Target

**Note:** If targets were established by the Cascade Medical budget, then current performance is measured against those targets. For measures which a corresponding target was not established during the most recent budget process, the dashboard uses benchmarks established by the Flex Monitoring Team as a basis for comparison.

**Total Margin** is a measure of how *profitable* an organization is. This measure is important because it lets us know how well expenses are controlled, relative to revenues. Over time, a consistent negative margin indicates an organization's current business model may not be sustainable.

**Days Cash on Hand** is a measure of an organization's *liquidity*. Days cash on hand measures the number of days an organization could operate if no cash was collected or received.

**Cash Growth available to Operations** is an internal measure of *liquidity*. It measures how well we are growing our operational cash balance since the start of the fiscal year and compares this to our Cash Flow budget.

**Days in Net Patient Accounts Receivable** is another measure of *liquidity*. This measure tells us how many days, on average, it takes us to collect what we've billed to insurers and patients. Too high or too low of a value indicates processes may not allow for the full collection of what we're owed for services we provide.

**Percent of AR balances over 90 days since Date of Service** is also an operational measure of our Business Office operations and measures how consistently we follow through working older accounts.

**Net Revenue as a % of Staffing Costs** is designed to gauge the effectiveness of the organization's ability to generate net revenues from patient care activities, using not only staffing costs but also professional fees in the denominator.

**Debt Service Coverage** and **Long Term Debt to Capitalization** are *capital structure* indicators. These measures show our ability to meet current debt service requirements and the percentage of total capital that is debt. Cascade Medical is fairly highly leveraged, primarily due to the debt we incurred to remodel and build our new facility. With the refinancing we completed in 2017, we will actually see somewhat higher debt service amounts during the next several years than we would have under the previous financing. Both ratios will improve over time as we retire bond debt.

**Medicare Outpatient Cost to Charge Ratio** is a *revenue* indicator. This indicator tells us, for Medicare patients, how many dollars it costs us to provide care for every dollar of revenue we bill. It is important to have a cost to charge ratio close to benchmark so that the amount we bill less the amount we do not collect (contractual adjustments + Charity Care + bad debts) still exceeds the amount it costs to provide the care. The amount shown in the 2022 YTD column is the rate from the 2022 final cost report.



Title:	<b>Conflict of Interest</b>	Effective Date:	<b>02/01/2015</b>
Categories:	<b>Board of Commissioners</b>	Approved Date:	<b>Not Approved Yet</b>
Prepared By:	<b>Diane Blake (Chief Executive Officer)</b>		
Reviewed By:	<b>Diane Blake (Chief Executive Officer); Board Governance Committee</b>		
Approved By:	<b>Board of Commissioners; No Users</b>		

**POLICY:**

Board members and officers of the District shall conform, in the conduct of ~~their~~ office, to the provisions of RCW 42.20 and RCW 42.23 so that no conflict of interest concerns arise concerning any particular issue of business transacted by the Board of Commissioners as a whole, or in part. The Board commits itself and its members to ethical, professional, and lawful conduct to include proper use of authority and appropriate decorum when acting as Board ~~members~~Commissioners.

**PROCEDURE:**

In the event any ~~Board member~~Commissioner or officer has a real or potential conflict of interest on a matter coming before the Board, that person shall disclose such real or potential conflict prior to any participation in discussion or voting on the issue. The individual shall also state ~~his/her~~their intent to participate in discussion or voting or excuse themselves from the meeting; best practice typically indicates the most conservative route, meaning the individual should leave the room and not participate in discussion or the vote. Should any other ~~Board member~~Commissioner disagree with the individual's stated intent, the issue of participation in discussion and/or voting shall be decided by a majority vote of the remaining ~~Board members~~Commissioners. The Board of Commissioners may by motion require that affected Commissioner leave the room during both the discussion and vote on the matter at issue; provided, that the Commissioner who is alleged to have a conflict of interest with regard to the matter may not vote on the motion to exclude that Commissioner from the discussion and vote on the matter. If the Commissioner excluded is the President of the ~~Commission~~Board, then in their absence the Vice President will preside, and in the absence of the Vice President, the Secretary will preside. If the matter for which a Commissioner has a conflict of interest is the only item of business for which a special meeting of the Board of Commissioners was called, the affected Commissioner, or Commissioners will not be counted to establish a quorum, nor will he or she or they participate in the deliberations or vote on it.

~~Board members~~Commissioners must represent unconflicted loyalty to the interests of the District. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups, membership to other Boards or staffs, and the personal interests of any ~~Board member~~Commissioner acting as a consumer of Cascade Medical services. Each Commissioner shall annually sign a statement (the Disclosure Concerning Financial or Other Interests that Create a Potential or Actual Conflict of Interest Statement) disclosing any potential or actual conflicts of interest and affirming that the Commissioner:

1. Has received a copy of this Conflict of Interest Policy;
2. Has read and understands this policy;
3. Has read and understands the obligations of RCW 42.20 and RCW 42.23;
4. Has agreed to comply with this policy and statutes.

Board members should avoid ~~the following~~any conflicts including, but not limited to the following conflicts:

1. With respect to their fiduciary responsibility. This means, specifically, that there must be no self-dealing or any conduct of private business or personal services between any Board member and Cascade Medical except as procedurally controlled to assure openness, competitive opportunity, and equal access to inside information.





Title:	<b>Conflict of Interest</b>	Effective Date:	<b>02/01/2015</b>
Categories:	<b>Board of Commissioners</b>	Approved Date:	<b>Not Approved Yet</b>
Prepared By:	<b>Diane Blake (Chief Executive Officer)</b>		
Reviewed By:	<b>Diane Blake (Chief Executive Officer); Board Governance Committee</b>		
Approved By:	<b>Board of Commissioners; No Users</b>		

2. Direct or indirect solicitation or acceptance of personal fees or commissions in connection with Cascade Medical business.
3. Use of their position to secure special privileges or exemptions for themselves, spouse, child, parents, or other related persons from vendors, contractors, physicians, patients, the medical center, or its staff.
4. Use of their position to obtain employment at Cascade Medical for themselves, family members, or close associates. Should a member desire employment, he or she must first resign from the Board and follow the provisions of the RCW with respect to this subject.
5. Solicitation of gifts or gratuities for personal use for themselves or related parties from Cascade Medical’s customers, suppliers, consultants or anyone else doing business with the District. Unsolicited non-cash gifts of nominal value such as flowers, meals, plaques, cups, pens, or calendars may be accepted.
6. Acceptance of a paid trip from a vendor to visit an installation or attend a seminar if the dominant theme is entertainment. Such trips may be acceptable for educational purposes, or an installation visit that is the result of a decision to purchase a specific vendor's product and is directly related to the installation of the product.
7. Placing themselves in a position that may create or lead to a conflict of interest, or the appearance of one, such as engaging in any outside business activity, financial relationship or investment that conflicts with the District, competes with the District, or may interfere with Board members’ responsibilities to the District. Board members are also prohibited from having any personal interest, directly or indirectly, in any transaction with Cascade Medical unless disclosed in writing in advance to the medical center’s administrator. A decision can then be made as to whether a conflict of interest exists.
8. Engaging in outside business, other activities, or private employment that would result in the inducement to divulge confidential information about the District, other employees or patients.
9. Disclosure of confidential information about the District or use of such information for personal gain or benefit. It is a primary responsibility of all Board members to protect the confidentiality of District information. The breaking of confidentiality is the repeating of any information, written or spoken, when unauthorized or indiscrete disclosure could be harmful or injurious to the interests of a patient, employee, or the District in general.
10. Attempts to exercise individual authority over Cascade Medical except as explicitly set forth in Board policies. Members’ interactions with the CEO or with staff must recognize the lack of authority vested in individuals except when explicitly Board authorized.

Violations of this policy may be reported to the State Auditor and/or ~~medical-center~~District’s attorney for investigation.

**DISCLOSURE CONCERNING FINANCIAL OR OTHER INTERESTS THAT CREATE  
A POTENTIAL OR ACTUAL CONFLICT OF INTEREST**

STATEMENT OF PURPOSE:

As a Board Commissioner, I understand that I owe certain duties to Cascade Medical including, but not limited to, a duty of loyalty to Cascade Medical. I understand that one aspect of fulfilling my duties to Cascade Medical is to avoid actual or potential conflict of interest where my allegiance might be divided, or appear to be divided, between a position of responsibility to Cascade Medical, and another professional, personal, business, or volunteer position or responsibility.

To help avoid actual or potential conflict of interest, I am disclosing other responsibilities and affiliations that may create or appear to create a conflict with regard to my duties to Cascade Medical.

AGREEMENT AND DISCLOSURE:

I have read Cascade Medical's Conflict of Interest Policy and agree to comply with the terms of the policy. **I understand the Conflict of Interest Policy, the provisions of RCW 42.20 and RCW 42.23, and agree to supplement this Disclosure Form in the event of additional conflicts that arise between my annual required signature.**

If there are no disclosures, write "None" in the blank fields.

1. Are you related to anyone at Cascade Medical (i.e. spouse, child, parent, or sibling) or in a romance with anyone at Cascade Medical?
  
2. Please disclose if you have a personal relationship with an individual who has a business, financial or fiduciary relationship with Cascade Medical:
  
3. Are you in a position to initiate or participate in decisions that provide a direct benefit to anyone related to you that is employed by Cascade Medical? (i.e. hiring, merit increases, work assignments, contracting, performance appraisals, etc.)
  
4. Please disclose your business relationships (e.g., an actual or forthcoming compensation arrangement either by contract or employment) with: (1) Cascade Medical; (2) an entity with which Cascade Medical has entered (or is negotiating to enter) a transaction or arrangement; or (3) an entity that is a competitor or potential competitor of Cascade Medical:

5. Please disclose your financial relationships (*e.g.*, a controlling or material ownership, or investment interest) with: (1) an entity with which Cascade Medical has entered (or is negotiating to enter) a transaction or arrangement; or (2) an entity that is a competitor or potential competitor of Cascade Medical:
  
6. Please disclose your fiduciary relationships (*e.g.*, board member, director, trustee, or officer) with: (1) an entity with which Cascade Medical has entered (or is negotiating to enter) a transaction or arrangement; or (2) an entity that is a competitor or potential competitor of Cascade Medical:
  
7. Please suggest means of mitigating any of the situations identified in Items 1-6:
  
8. I know of no professional, business, or volunteer position or responsibility, including vendor situations that might give rise to an actual or apparent conflict of interest or otherwise impair my ability to make decisions in the best interests of Cascade Medical.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## RESOLUTION NO. 2023-11

CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1  
CHELAN COUNTY, WASHINGTON dba CASCADE MEDICAL

### RCW 70.44.060

**A RESOLUTION** of the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington, authorizing the adoption of the 2024 operating and capital budget.

**WHEREAS**, the Board of Commissioners of Public Hospital District No. 1 of Chelan County is required by RCW 70.44.060 to adopt annual budgets; and

**WHEREAS**, the superintendent has prepared and submitted a proposed operating and capital budget, for the year 2024 and submitted it to the Board of Commissioners in accordance with RCW 70.44.060; and

**WHEREAS**, the Board of Directors held a public hearing on October 25, 2023, and received and considered public testimony on the proposed operating and capital budget, NOW, THEREFORE,

**BE IT RESOLVED** by the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington, that the proposed 2024 operating and capital budget, be hereby adopted.

**ADOPTED and APPROVED** by the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington, at an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 25<sup>th</sup> day of October 2023, the following commissioners being present and voting in favor of this resolution.

\_\_\_\_\_  
Board President, Thomas Baranouskas

\_\_\_\_\_  
Board Vice President, Bruce Williams

\_\_\_\_\_  
Commissioner Mall Boyd

\_\_\_\_\_  
Commissioner Jessica Kendall

\_\_\_\_\_  
Commissioner Gustavo Montoya

## RESOLUTION NO. 2023-12

CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1  
CHELAN COUNTY, WASHINGTON dba CASCADE MEDICAL

### RCW 84.55.120

**WHEREAS**, the Board of Commissioners of Public Hospital District No. 1 of Chelan County has met and considered its budget for the calendar year 2024; and

**WHEREAS**, the District's actual general property tax levy amount for 2023 was \$649,181.16; and

**WHEREAS**, the population of the District is more than 10,000; NOW, THEREFORE,

**WHEREAS**, the Board of Directors held a public hearing on October 25, 2023, and received and considered public testimony on the proposed operating and capital budget, NOW, THEREFORE,

**BE IT RESOLVED** by the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington, that an increase in the District's regular property tax levy is hereby authorized for the levy to be collected in the 2024 tax year and that the dollar amount of the increase over the actual levy amount from the previous year shall be \$6491.81 which is a percentage increase of 1.0% from the previous year. This increase is exclusive of additional revenue resulting from: (i) new construction; (ii) increases in assessed value due to construction of wind turbine, solar, biomass, and geothermal facilities, if such facilities generate electricity and the property is not included elsewhere; (iii) improvements to property; (iv) any increase in the assessed value of state-assessed property; and (v) any refunds made.

**ADOPTED and APPROVED** by the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington, at an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 25<sup>th</sup> day of October 2023, the following commissioners being present and voting in favor of this resolution.

\_\_\_\_\_  
Board President, Thomas Baranouskas

\_\_\_\_\_  
Board Vice President, Bruce Williams

\_\_\_\_\_  
Commissioner Mall Boyd

\_\_\_\_\_  
Commissioner Jessica Kendall

\_\_\_\_\_  
Commissioner Gustavo Montoya

**RESOLUTION NO. 2023-13**

CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1  
CHELAN COUNTY, WASHINGTON dba CASCADE MEDICAL

**RCW 84.55.120**

**WHEREAS**, the Board of Commissioners of Public Hospital District No. 1 of Chelan County has met and considered its budget for the calendar year 2024; and

**WHEREAS**, the District’s actual EMS levy amount for 2023 was \$1,815,972.34; and

**WHEREAS**, the population of the District is more than 10,000; NOW, THEREFORE,

**BE IT RESOLVED** by the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington, that an increase in the District’s emergency medical services property tax levy is hereby authorized for the levy to be collected in the 2024 tax year and that the dollar amount of the increase over the actual levy amount from the previous year shall be \$18,159.72, which is a percentage increase of 1.0% from the previous year. This increase is exclusive of additional revenue resulting from: (i) new construction; (ii) increases in assessed value due to construction of wind turbine, solar, biomass, and geothermal facilities, if such facilities generate electricity and the property is not included elsewhere; (iii) improvements to property; (iv) any increase in the assessed value of state-assessed property; and (v) any refunds made.

**ADOPTED and APPROVED** by the Board of Commissioners of Public Hospital District No. 1, Chelan County, Washington, at an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 25<sup>th</sup> day of October 2023, the following commissioners being present and voting in favor of this resolution.

\_\_\_\_\_  
Board President, Thomas Baranouskas

\_\_\_\_\_  
Board Vice President, Bruce Williams

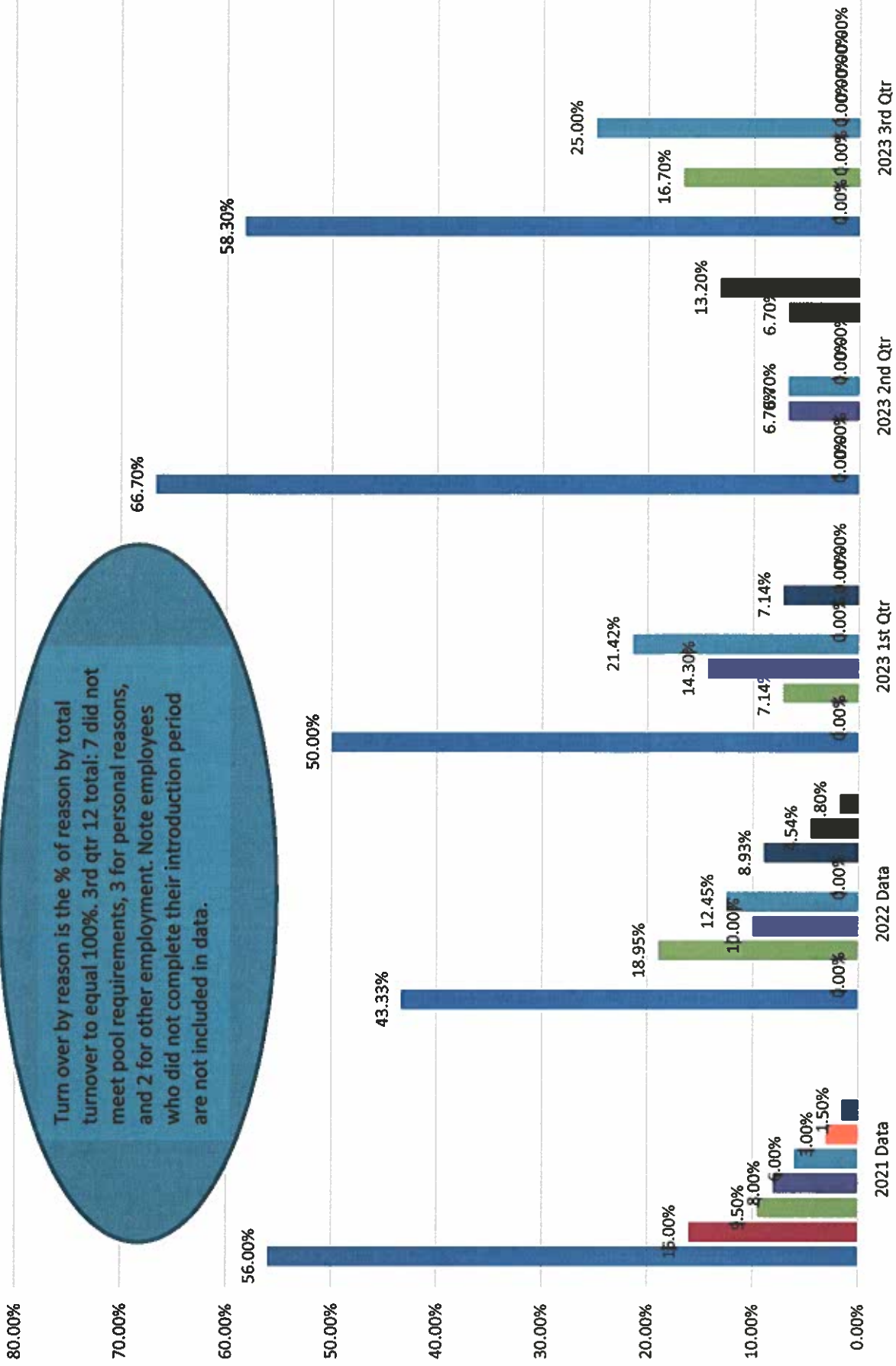
\_\_\_\_\_  
Commissioner Mall Boyd

\_\_\_\_\_  
Commissioner Jessica Kendall

\_\_\_\_\_  
Commissioner Gustavo Montoya

# CM TURNOVER BY REASON

Turn over by reason is the % of reason by total turnover to equal 100%. 3rd qtr 12 total: 7 did not meet pool requirements, 3 for personal reasons, and 2 for other employment. Note introduction period who did not complete their introduction period are not included in data.



■ Pool Employees ■ Proclamation ■ Other Employment ■ Terminated for Cause ■ Retirement ■ Medical ■ Personal ■ Relocation ■ Job Abandonment

## CM TURNOVER

CM uses the W/O Pool data as that which is most reflective of our turnover. CM turnover reflects our most vulnerable number, because it includes the somewhat routine changes related to pool/per diem employees. Most employers do not include this category in a turnover calculation and we are not able to validate if the benchmark data is with or without pool employees.

