



Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday October 28, 2026 | 5:00 PM
Arleen Blackburn Conference Room and Zoom Connection

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

I. Call to Order	5:00	Shari Campbell
II. Pledge of Allegiance	5:00	Shari Campbell
Consent Agenda 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 23 Board Meeting Minutes - October 1-2 Board Retreat Minutes	5:00	Shari Campbell
Previous Month's Warrants Issued:	10128828 -- 10128903	09/12/2026 -- 10/13/2026 \$ 383,114.83
Accounts Payable EFT Transactions:	20260113 -- 20260123	09/12/2026 -- 10/13/2026 \$ 655,831.79
Accounts Payable ACH Transactions:	EP16419 -- EP16450 ; EP16469 -- EP16523 ; EP16557 -- EP16611 ; EP16639 -- EP16689	09/12/2026 -- 10/13/2026 \$ 924,464.39
Payroll EFT Transactions:	34109 -- 34539	09/12/2026 -- 10/11/2026 \$ 1,050,992.12
Bad Debt: September 2026		
III. Community Input	5:00	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.		
IV. CM Values	5:05	Shari Campbell
V. Q3 Finance Report	5:15	Marianne Vincent
VI. Finance Committee Report	5:30	Cary Ecker
VII. 2027 Budget Hearing: 2nd Reading	5:45	Marianne Vincent
VIII. Action Item:	6:15	Commissioners
a. MOTION: Approve Resolution 2026-10: 2027 Operating & Capital Budget		
IX. Committee Reports	6:20	
a. Board Quality Rounding (10/6)		Jessica Kendall & Cary Ecker
b. Medical Staff (10/7)		Shari Campbell
c. Community Outreach & Awareness Committee (10/13)		Shari Campbell
d. Part-time Resident Advisory Council (PTRAC, 10/24)		Shari Campbell
X. Discussion / Report	6:40	
a. Master Facilities Plan Update		Diane Blake
b. Q3 Organizational Dashboard Review		Diane Blake
c. 2027 Draft Annual Objectives		Diane Blake
XI. Action Items	7:10	Commissioners
a. MOTION: Approve Credentialing		
b. MOTION: Approve Resolution 2026-11: Authorizing the 2027 Regular Property Tax Levy		
c. MOTION: Approve Resolution 2026-12: Authorizing the 2027 EMS Property Tax Levy		
d. MOTION: Approve Resolution 2026-13: Surplus Equipment		
e. MOTION: Accept Offer for Sale of Riverfront Property		
XII. Administrator Report	7:30	Diane Blake
XIII. Board Follow Up Items / Meeting Evaluation / Commissioner Input Roundtable	7:50	Commissioners
discussion to evaluate meeting topics, share feedback / input, and identify opportunities for meeting improvement.		
XIV. Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g))	8:00	Commissioners
XV. Adjournment	8:30	Shari Campbell

BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2 for non-Open Public Meetings)	Location	Time
November 9, 2026	Governance Committee	Shari & Cary	Admin Conference Room	9:00AM -- 11:00 AM
November 11, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
November 16, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
November 17, 2026	Community Engagement Night		Leavenworth Festhalle	4:00 PM – 7:00 PM
November 18, 2026	Board Meeting		ABC Room	5:00 PM
December 1, 2026	Q4 Open Forum		ABC Room	12:00 PM – 12:30 PM
December 2, 2026	Q4 Open Forum		ABC Room	12:15 PM – 12:45 PM
December 3, 2026	Q4 Open Forum		ABC Room	11:30 AM – 12:00 PM
December 4, 2026	Q4 Open Forum		ABC Room	12:00 PM – 12:30 PM
December 4, 2026	CM Holiday Party		TBD	TBD
December 7, 2026	Finance Committee	Cary & Julie	Admin Conference Room	9:00 AM – 11:00 AM
December 15, 2026	Community Outreach & Awareness Committee	Shari & Jessica	Admin Conference Room	1:00 PM – 3:00 PM
December 16, 2026	Board Meeting		ABC Room	5:00 PM

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 28, 2026

Below is an explanation of agenda items for the upcoming Board meeting for which you may find pre-explanation helpful. Also, you may notice a different order of items than is typical; our normal October meeting format attempts to group together the items most pertinent to you for the budget approval process, for continuity, so that causes the order of the agenda to look a bit different.

- **Consent Agenda** – Please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual items from the consent agenda at the meeting, should you wish to discuss.
- **Q3 Finance Report** – Included in your packet are the September ending / third quarter 2026 financial reports, to inform Marianne’s report. The financial report is presented early in the meeting, in advance of the budget, so current year-to-date financials may be considered prior to budget approval.
- **Finance Committee Report** – Included in your packet is the agenda from the most recent meeting as well as the third quarter finance dashboard, to inform Cary’s report. The Finance Committee report comes ahead of the budget reading so any budget discussion at the committee meeting can help inform the presentation of the second reading of the budget.
- **2027 Budget Hearing: 2nd Reading** – Included in your packet are the materials summarizing the operating and capital budget for 2027. **If you have any big questions or anticipate needing additional information and you realize that ahead of the meeting, please submit those ahead of time to Marianne, if at all possible.** This will help ensure we are as prepared as possible at Wednesday’s meeting. (It’s still perfectly fine to have questions at the meeting as well – we look forward to them!) As a reminder, there are a few processes we need to follow to properly conduct the budget hearing:
 - Marianne will make the budget presentation. The board may ask Marianne questions during the presentation.
 - After the budget is presented, the Board President will open the public hearing to hear comments from the public specifically on the budget.
 - After all public comments have been received, the Board President will close the public hearing.
 - The board can then enter into a longer discussion / deliberation on the budget, including regarding the question of annual increases, should the board desire.
- **Action Item**
 - Approve Resolution 2026-10: 2027 Operating and Capital Budget – Included in your packet is a resolution for the board to vote on to pass the 2026 operating and capital budget. This motion comes after the board deliberation described above.
- **Committee Reports**
 - Board Quality Rounding – No documents are included in your packet for this item. Jessica and Cary, who participated, will provide a verbal report.

- Medical Staff – No documents are included in your packet for this item; Shari will provide a verbal report of the October meeting.
- Community Outreach and Awareness Committee (COAC) – Included in your packet is the agenda from the most recent meeting as well as proposed Q4 Board talking points, to inform Shari's report.
- Part-time Resident Advisory Council (PTRAC) – Included in your packet is the agenda from the most recent meeting, which Shari also attended, to inform the report.
- **Discussion/Report**
 - Master Facilities Plan Update – No documents are included in your packet for this item. Management will walk through a presentation of what has occurred since the September meeting and touch bases on what comes next in this work.
 - Q3 Organizational Dashboard Review – Included in your packet is the dashboard illustrating organizational progress toward meeting annual objectives as well as a written document providing additional summary context. The written document has a list of question prompts designed to solicit your input. Please come prepared to discuss those and to share any other thoughts, feedback or questions you have.
 - 2027 Draft Annual Objectives – Included in your packet are proposed 2027 organizational objectives for your consideration. Management is still working on metrics for some of the objectives, and this work will continue into November at least. These objectives were shaped from input from medical staff and leaders throughout the organization, as well as input from our risk stratification work and feedback as offered by the entire team. Now is the point in our process where we share with the Board where we're at with planning for next year and seek your feedback on whether you see, from your broad governance view, whether we're missing anything or should adjust direction. We look forward to your questions, discussion and feedback.
- **Action Items**
 - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
 - Approve Resolution 2026-11: Authorizing the 2027 Regular Property Tax Levy – Approval of this resolution allows us to direct the County to authorize collection of the 2027 regular property tax levy, which is planned for in our 2027 budget and is necessary to support operations as well as paying the LTGO debt service obligations.
 - Approve Resolution 2026-12: Authorizing the 2027 EMS Tax Levy – Approval of this resolution allows us to direct the County to authorize collection of the 2027 EMS property tax levy, which is planned for in our 2027 budget and necessary for the continuation of ambulance and emergency department services.
 - Approve Resolution 2026-13: Surplus Equipment – Included in your packet is a resolution to dispose of surplus property. As a reminder, as a public agency, we must receive board approval to surplus certain types of items prior to disposal or sale.
 - Accept Offer for Sale of Riverfront Property – While the previous resolution and documents around the sale of the property provide authority to management to

sign offer acceptance documents and conduct other business required for the sale of the property, the board is still required to vote to approve and memorialize the offer acceptance. No documents are included in your packet for this topic, and management will provide additional details about the offer during the Board meeting.

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.



Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Administration Conference Room & Zoom Connection
September 23, 2026

Present: Shari Campbell, President; Cary Ecker, Vice President; Jessica Kendall, Commissioner; Dr. Jesse Knight, Commissioner; Julie Pankow, Commissioner; Glenn Adams, Chief Operating Officer; Melissa Grimm, Chief Human Resources Officer; Marianne Vincent, Chief Financial Officer; Whitney Lak, Senior Director Rural Health Clinic; Megan Baker, Executive Assistant

Guests: Jason Satterfield, EMS

Zoom: Diane Blake, Chief Executive Officer; Mike Stanford, EMS

Topics	Actions/Discussions
Call to Order	President Shari Campbell called the meeting to order at 5:05 PM and then Cary Ecker led the Pledge of Allegiance.
Consent Agenda	Cary moved to approve the consent agenda; Jessica seconded the motion; motion unanimously approved.
Community Input	None
CM Values	Diane Blake provided the report. This story reflected our values of Community and Quality. After a patient was transported to Confluence and required several overnight stays, they expressed concern about their dog at home. Erin, a member of our EMS team, picked up the dog and cared for it at her home while the patient was hospitalized. A Confluence staff member called it “such a Cascade thing to do,” reflecting the care and service we extend beyond the walls of our facility.
Committee Reports	A. Medical Staff Jessica Kendall provided the report. - The group met in early August and continued work on policy language related to patient medical marijuana use and external referral responses. The group also received a Master Facilities Plan update from senior leadership and reflected shared excitement to pursue outpatient cardiology and endocrinology services through a local group. B. Quality Oversight Committee Jessica Kendall provided the report. - The group met in early August and discussed recent Board quality rounding, reviewed progress within CM’s prioritized data areas, and reviewed the timeline for DNV’s evaluation. C. Governance Committee Shari Campbell provided the report. - The group met in early September and reviewed policies, discussed upcoming Board retreat themes, confirmed the CEO review process, tracked the Board’s annual objectives, and identified potential topics for Board education in 2027.
Master Facilities Plan Update	A. Master Facilities Plan Update Diane Blake facilitated the presentation. Interest in the riverfront property has been received. Internal work is ongoing to evaluate financing options. CM is generally tracking to the existing timeline, with upcoming work including anticipated Board meetings related to the property, exploration of state and federal funding opportunities, and a Board retreat focused on solidifying the project vision and financing direction. B. Risk Work Overview

	Melissa Grimm facilitated the presentation. • The Executive Leadership Team ranked perceived risks, and the results were compiled, analyzed, and discussed to identify the organization's top ten risks for 2026. • The Board recommended adding rising interest rates and changes to Medicaid, including an anticipated increase in uninsured community members and related downstream impacts, to the pool of risks under consideration. C. 1st Reading of the Draft Budget Marianne Vincent led the report. • CM's 2027 budget considerations include: increases in anticipated visits, FTE increases in rehab services and informatics, a depreciation decrease and decreases in professional fees. • The contractual allowance was given considerable review and will be reviewed again prior to completion of the final budget draft. • There are several capital budget items that will be paid for with Rural Health Transformation Program funds. • September financials will feed into final budget considerations which will be presented at the October meeting. • Diane Blake presented a historical review of CM's compensation philosophy and focused wage work, current process, budget considerations, and next steps. Commissioners are asked to share what additional information may be helpful for the October meeting. D. Board Portal Update Julie Pankow and Shari Cambell led the report. • Julie and Shari discussed the value a Board portal could provide, along with the effort required to establish and maintain it. The group discussed preserving Megan's bandwidth at this time and recommended launching a SharePoint-based Board portal around Q2 2027.
Action Items	MOTION: Approve Credentialing • Credentialing Candidates: ○ Dannica Ballard, DO (CM Provider) ○ Connor Dixon, MD (CM Provider) ○ Rachel Nelson, MD (Teleradiologist) ○ John Vigilante, MD (Teleradiologist) ○ Jonathan Arnow, MD (Teleradiologist) ○ Michael Murphy, MD (Teleradiologist) ○ Kenneth Brumberger, MD (Teleradiologist) • A motion was made by Dr. Knight to approve the updated candidate list, seconded by Cary, and unanimously approved. MOTION: Approve Surplus Equipment • A motion was made by Cary to approve the surplus equipment, seconded by Shari, and unanimously approved. MOTION: Authorize CEO Signature: Approval of WSNA Contract • Kudos to Melissa, Natasha, and our nurses who worked together to come to an agreement. • A motion was made by Dr. Knight to authorize Diane's signature, seconded by Jessica, and unanimously approved. MOTION: Approve Community Member Appointment to Finance Committee • A motion was made by Cary to approve Tiffany Brine-Davis, seconded by Julie, and unanimously approved. MOTION: Approve Delineation and Request of Limited Privileges: Emergency Department

	A motion was made by Jessica to approve the limited privilege categories for the ED, seconded by Dr. Knight, and unanimously approved.
August Financial Report	Marianne Vincent led the report. - August margin of \$280,000 was (\$192K) below budgeted net margin. Volumes were down across CM, outside of Rehab Services. - Negative variance in gross rev (\$632K) and positive variance in contractual allowance. - Other Operating Revenue is \$252K favorable to budget, reflecting \$129K of SNAP revenue and \$171K of 340B revenue. CM is slowly receiving SNAP payments. The 2026 SNAP program was approved by CMS in mid-August, so additional funding is expected over the next few months. - Salaries are favorable to budget as CM continues working to fill clinic provider vacancies. Two new clinic providers are expected in late Q3 and Q4. - Purchased services over budget year-to-date and include an estimated \$60,000 for expenses related to the LOGE property purchases. - Cash receipts are \$705K ahead of budget in August, including the \$542K 2025 Medical Settlement, and CM is only \$342K behind budgeted cash balances excluding the LOGE property purchases. A \$221K lump-sum Medicare payment for 2026 claims is expected in September. - CM switched 340B vendors (transition completed early July) and anticipates savings from this change. Data review is planned in the coming months. - Days in net AR are down and related to lower gross rev and AR balances. Days in net AR went from 42.0 in June and 37.2 in July to 35.0 in August.
Administrator Report	Diane Blake provided the report. Clinic: Recruitment continues for a full-time Clinic Medical Director and physician. Dr. Ballard will start at the end of September, and Dr. Dixon will begin in November. Dr. Seguin is now booking approximately eight weeks out for dermatology and will add patient care days to support access. Thanks to Whitney for her work supporting Dr. Seguin. DNV Accreditation Update: DNV surveyed CM in late August as part of the accreditation process, which replaces the DOH survey for CMS. CM will bring the detailed deficiencies to QOC, which will report the results to the full Board. Teleradiology: The current teleradiology group will no longer provide mammography reads for CM. Glenn and Dez identified a replacement vendor to support mammography services. Advocacy Days: Key advocacy priorities included preserving the integrity of the 340B pharmacy program, holding Medicare Advantage plans accountable for practices affecting patients and providers, addressing decreased payments resulting from HR1, and responding to further CMS payment restraints. Board Reminders: Board members were asked to complete the mission work survey and watch for communication from Infection Prevention regarding annual flu vaccine requirements and declination. Funding Updates: CM submitted 14 funding applications, with four already approved by CMS. A two-year grant to support development of cardiology and endocrinology services was also approved. Kudos to Glenn and the team for their work securing these funds. Compact Work: The group met in August, will meet again next week, and is nearing completion of a draft. Strategic Planning: The Executive Team will present a draft of the 2027 objectives at the October Board meeting. Leadership Update: Glenn has been with CM for more than 90 days and has become an asset to the team. He has focused on listening to providers and staff and has demonstrated a curious and collaborative approach. WSHA/AHA Recognition: Kudos to Shari, who was invited to serve on the

	WSHA Governance Committee and will participate as a panelist at the AHA conference in January 2027. • Provider Compensation Philosophy: Data build is complete and committee reconvenes in October to continue work.
Board Follow Up Items / Meeting Evaluation / Commissioner Comments	• Kudos to Diane who was asked to be Team Captain in DC and groups through Advocacy Days. WSHA continually counts on Diane's leadership and is an asset to advocating for our hospital and others. • Please send Megan your timecard information. • Any questions or thoughts about upcoming Board retreat, please route to Shari. • Holiday party is December 4 • 9/28: 8 AM-11 AM Open House in EMS ; 11 AM-2 PM Chips & Salsa on LOGE patio • Board Quality Rounding: Jessica and Cary ,10/28 2 PM-4 PM
Adjournment	• Shari adjourned the meeting at 8:05 PM.

Shari Campbell, President

Jessica Kendall, Secretary



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1

Sleeping Lady Resort

October 1, 2026

Present: Shari Campbell, President; Cary Ecker, Vice President; Jessica Kendall, Commissioner; Dr. Jesse Knight, Commissioner; Julie Pankow, Commissioner; Diane Blake, Chief Executive Officer; Glenn Adams, Chief Operating Officer; Melissa Grimm, Chief Human Resources Officer; Marianne Vincent, Chief Financial Officer; Natasha Piestrup, Senior Director of Nursing; Whitney Lak, Senior Director, Rural Health Clinic; Katie Grove, Director of Marketing and Public Relations; Megan Baker, Executive Assistant; Maxwell Moholy, PhD; Paul Lee, MD.

Guests: Deb Williams, Consultant

Topics	Actions/Discussions
Call to Order	Shari called the meeting to order at 4:36 PM.
Meeting	The retreat opened with an icebreaker in which participants paired up and identified three things they had in common. Katie Grove, Director of Marketing and Public Relations, then presented an update on the District's mission work. The group concluded with a visioning exercise exploring what Cascade Medical could look like, feel like, and offer in 10 to 20 years.
Adjournment	Shari adjourned the meeting at 7:35 PM.

Shari Campbell, President

Jessica Kendall, Secretary



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1

Icicle Village Resort

October 2, 2026

Present: Shari Campbell, President; Cary Ecker, Vice President; Jessica Kendall, Commissioner; Dr. Jesse Knight, Commissioner; Julie Pankow, Commissioner; Diane Blake, Chief Executive Officer; Glenn Adams, Chief Operating Officer; Melissa Grimm, Chief Human Resources Officer; Marianne Vincent, Chief Financial Officer; Natasha Piestrup, Senior Director of Nursing; Whitney Lak, Senior Director, Rural Health Clinic; Katie Grove, Director of Marketing and Public Relations; Megan Baker, Executive Assistant; Maxwell Moholy, PhD; Paul Lee, MD.

Guests: Deb Williams, Consultant; Caitlin Caldwell, Cain Brothers of Key Banc

Topics	Actions/Discussions
Call to Order	Shari called the meeting to order at 9:00 AM.
Meeting	The retreat opened with an icebreaker in which participants identified their “walk-up” song and shared it with the group. Diane Blake, CEO, then led an education session on financial stability as it relates to services and on refreshing the District’s current space, covering constraints and realities, parking considerations, District demographics, and service demand data. Deb Williams, Consultant, facilitated breakout sessions in which participants considered the topics from two perspectives: as a leader (Board, executive, provider) and as a community member. The group broke for lunch from 12:15 to 12:45 PM. In the afternoon, participants reviewed previous Master Facility Plan options and received detailed information on financing options from Caitlin Caldwell of Cain Brothers, KeyBanc. The retreat concluded with a fist-to-five exercise to align direction for next steps. One participant gave the direction a 4 and all others gave the direction a 5, illustrating alignment in next steps. As a result, Cascade Medical will move forward with a feasibility study and the engagement of an architect.
Adjournment	Shari adjourned the meeting at 4:17 PM

Shari Campbell, President

Jessica Kendall, Secretary

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: October 28, 2026

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

Accounts Payable Warrant Numbers	10128828 – 10128903	\$383,114.83	09/12/2026 – 10/13/2026
Accounts Payable EFT Transactions	20260113 – 20260123	\$655,831.79	09/12/2026 – 10/13/2026
Accounts Payable ACH Transactions	EP16419 – EP16450 EP16469 – EP16523 EP16557 – EP16611 EP16639 – EP16689	\$924,464.39	09/12/2026 – 10/13/2026
Payroll EFT Transactions	34109 – 34539	\$1,050,992.12	09/12/2026 – 10/13/2026
Grand Total		\$3,014,403.13	

Note: The ACH transaction numbers are not reported sequentially; there is a gap between batch runs.

Prepared by:

Kathy Jo Evans
Director of Accounting

Cascade Medical

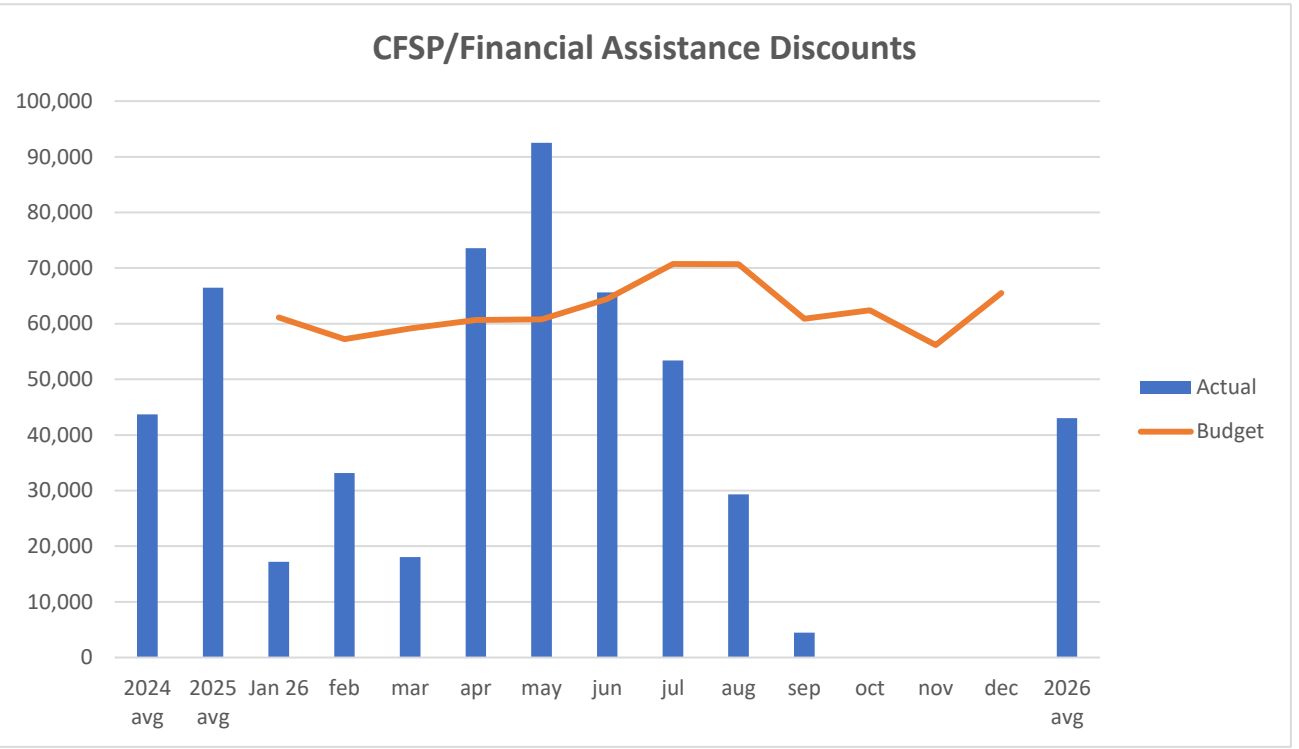
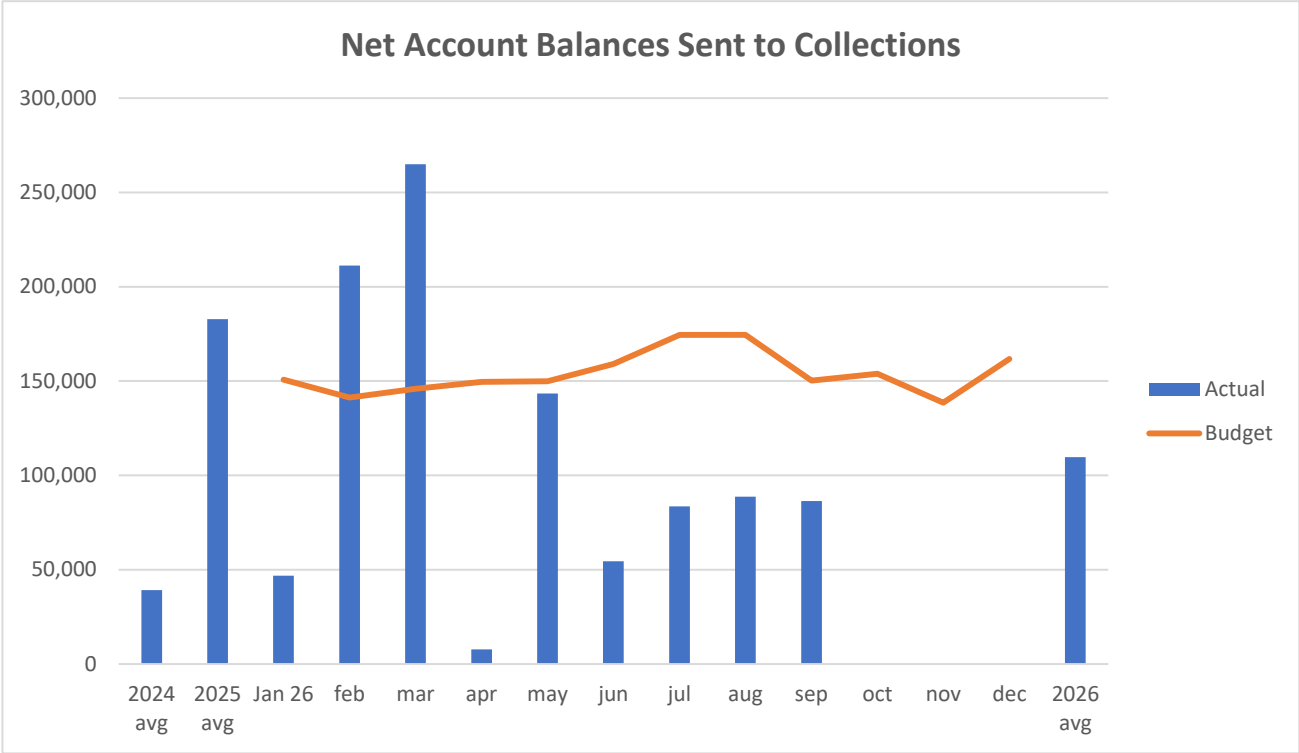
Bad Debt Write Offs

Financial Assistance Program Discounts

Month September, 2026

Net Bad Debt Write-Offs for Board Approval	\$	86,326.73
CFSP/Financial Assistance Program Discounts for Board Approval	\$	4,467.59

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	107,353.08
	less: pullback from Agency due to receipt of payments	(21,026.35)
	Net Bad Debt Write-Offs	86,326.73
CFSP/Financial Assistance Applications - Discounts Approved		
	\$	4,467.59
Total		90,794.32



Accompanying Notes for the September 2026 Financial Statements

September Financial Statements –Quarterly Summary

We ended the third quarter with a margin of \$701,000 resulting in a budget variance of (\$73,000). Gross revenues of \$4,292,940 for September were \$234,000 ahead of budgeted gross revenues for September, helping to narrow the year-to-date budget gap of (\$1,583,000). Q3 net patient revenue lagged YTD budgeted net patient revenue. This negative variance is offset by the positive variance within the contractual allowance and operating expenses. We continued to hold operating expenses below budget in the quarter, ending with a positive variance of \$926,000 through September for operating expenses.

Revenue and Expense Variances

1. Inpatient and ED volumes contributed to the gross revenue budget variance (\$737,000) and (\$715,000) respectively while PT exceeded budgeted gross revenue by \$550,000.
2. Salaries and Benefits continue showing favorable variances in Q3 as we await the arrival of two new Clinic providers that begin work in October and November and as we continue to recruit for another Clinic provider/Clinic Medical Director.
3. The professional fee variance reduced from (\$140,000) at the end of Q2 to (\$100) in Q3.
4. We anticipated receiving SNAP revenue in Q2 and Q3 and this did not materialize, leaving us with a (\$271,000) variance contributing to the overall budget variance of (\$291,000) for Other Operating Revenue. We now anticipate that we will receive Q2 and Q3 payments by the end of the calendar year but will likely receive Q4 payments in 2027.
5. We continue to show a positive variance of \$155 in depreciation expense after the cleanup to our depreciable asset list that occurred after our budget projections for 2026 were complete.

Patient Statistics

Acute and Swing bed volumes, while higher in September continue to suffer in Q3, lagging budgeted volumes, while Radiology and CT, volumes have grown and exceeded budget. Clinic volumes dipped a bit in Q3 as we await the onboarding of two new providers in Q4.

Cash Receipts and Balances

Strong cash collections during Q3 resulted in year-to-date cash collections exceeding budgeted cash collections by \$1,328,000. Excluding our cash payments for the purchase of the LOGE properties, our cash balances remain behind budgeted cash balances by (\$1,276,000), which was an improvement from the Q1 variance of (\$2,767,000). We received a 340B pharmacy rebate of \$170,000 in August along with the 2025 lump sum settlement from Noridian in September to bolster our cash receipts.

Accounts Receivable

Our gross accounts receivable is slightly lower at the end of September than at the end of Q2. We have seen fewer accounts sent to collection in Q3 along with decrease in the number of patients requesting financial assistance in the quarter.

Contractual Allowance

The contractual allowance is 47.5%, an increase over the rate of 44.6% in Q2.

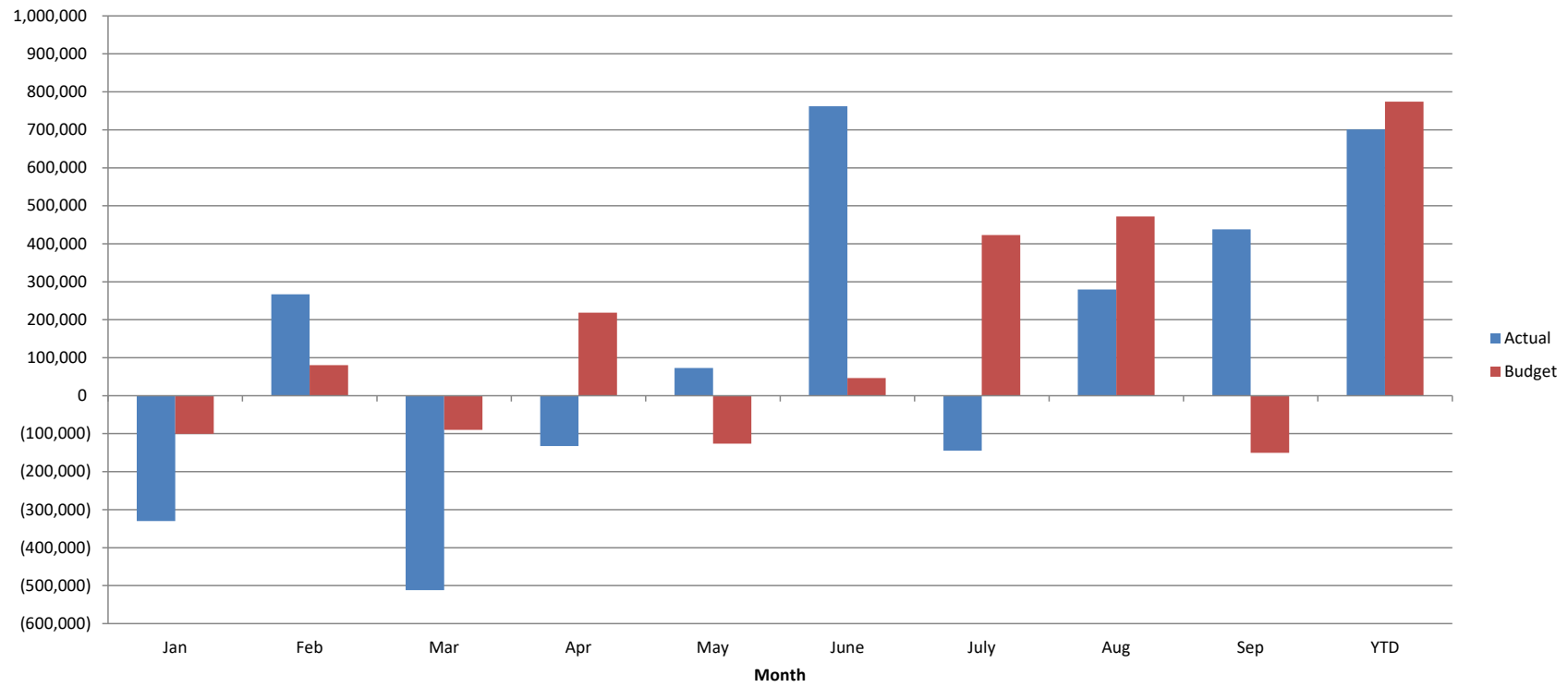
Final comments and Upcoming

A handful of orders have been placed for the thirteen approved Rural Health Transformation Program (RHTP) projects. In total, we anticipate receiving \$709,000 from WSHA and \$20,000 from The Rural Collaborative. We will need to spend the funds prior to September 30, 2027. Our chargemaster review has been delayed as The Rural Collaborative worked through contracting with the vendor that we will work with to complete the review.

In September, Noridian, our Medicare intermediary, completed desk reviews on our FY2021 and FY2022 cost reports, with both resulting in a small settlement in our favor. We recently received notice that Noridian will now revisit our FY2020 cost report desk review, which stalled out several years ago due to staffing issues at Noridian. DZA has completed the 2026 Interim Cost Report which shows a large receivable due to us.

Cascade Medical

Net Surplus/(Deficit) - 2026



Cascade Medical Center
Financial Performance Summary
Year-to-Date - September, 2026

000's omitted

YTD Sept

Net Margin

Actual	701
Budget	<u>774</u>
Better (Worse) than Budget	(73)

Variance Analysis - favorable vs (unfavorable)

Gross Revenue - Acute (\$737); ED (\$715); CT (\$470); CT Scanning (\$470); SwingBed (\$409); PT \$550; AMB \$270	(1,583)
Contractual Allowances	<u>873</u>
Net Patient Revenue	(710)
Other Operating Revenue - SNAP (\$271); Int Inc (\$122); CM Foundation \$81	<u>(291)</u>
Total Operating Revenue	(1,001)

Expenses

Salaries & Benefits - Clinic Prov \$317; Clinic \$212; ED Prov \$163; Admit \$138; Acute (\$225); PT (\$205)	906
Prof. Fees - InfoMat (\$270); HR (\$91); Clinic Prov \$78; Acute \$77	(100)
Supplies - Lab \$65; IT \$39; ED \$30; Amb \$21; Pharm (\$56); Food (\$26)	141
Purchased Services/Repairs - Plant (\$99); MRI (\$64); Lab (\$27); Acute \$33	(143)
Other Operating Expenses - Depr \$155	<u>122</u>
Total Operating Expenses	926
Non-Operating Revenues & Expenses	2
Actuals Better/(worse) than Budget	(73)

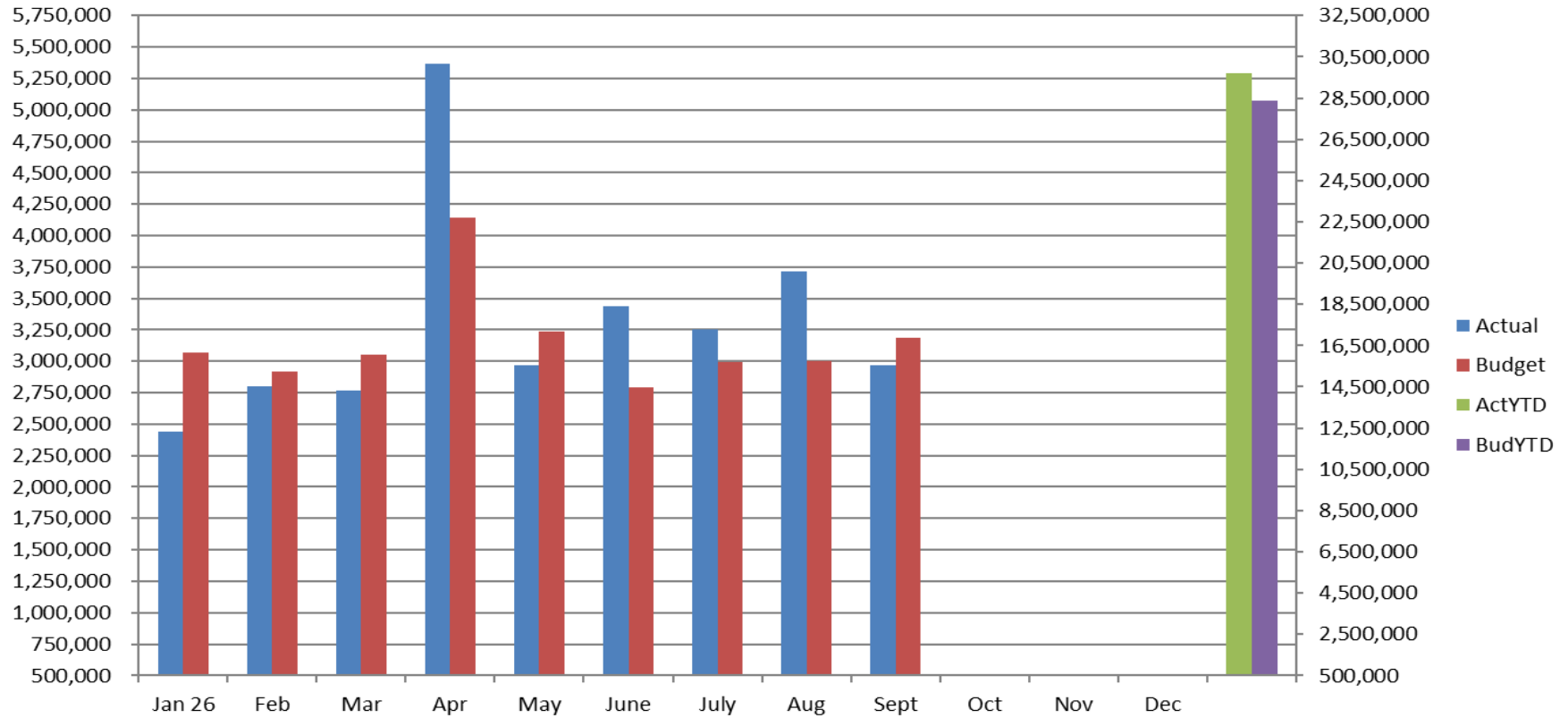
Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending September 31, 2026

	----- Current Period -----				----- Year-to-Date -----				
	Actual	Budget	Variance		Actual	Budget	Variance		Prior YTD
Operating revenues									
Net Patient Revenue	3,149,964	2,613,102	536,862	21%	24,356,443	25,066,600	(710,157)	-3%	24,797,960
Grants, Contribs, Other Op Revenue	119,349	107,113	12,236	11%	1,165,365	1,456,017	(290,652)	-20%	1,215,669
Tax Levies, unrestricted	<u>209,770</u>	<u>209,770</u>	<u>-</u>	<u>0%</u>	<u>1,887,930</u>	<u>1,887,930</u>	<u>-</u>	<u>0%</u>	<u>1,320,858</u>
Total Operating Revenue	3,479,083	2,929,985	549,098	19%	27,409,738	28,410,547	(1,000,809)	-4%	27,334,487
Operating expenses									
Salaries & Benefits	1,966,663	2,080,064	113,401	5%	18,040,619	18,947,214	906,595	5%	16,803,112
Professional fees	206,661	214,784	8,123	4%	2,199,146	2,098,733	(100,413)	-5%	2,207,004
Supplies	255,667	191,440	(64,227)	-34%	1,389,335	1,530,434	141,099	9%	1,552,862
Purchased services	212,989	223,004	10,015	4%	1,943,603	1,800,376	(143,227)	-8%	1,670,568
Depreciation	171,932	183,485	11,553	6%	1,497,216	1,651,365	154,149	9%	1,703,447
Other Operating Expenses	<u>320,552</u>	<u>280,503</u>	<u>(40,049)</u>	<u>-14%</u>	<u>2,477,688</u>	<u>2,445,484</u>	<u>(32,204)</u>	<u>-1%</u>	<u>2,243,595</u>
Total operating expenses	3,134,463	3,173,280	38,817	1%	27,547,607	28,473,606	925,999	3%	26,180,588
Operating gain / (loss)	344,620	(243,295)	587,915	242%	(137,869)	(63,059)	(74,810)	-119%	1,153,899
Nonoperating revenues (expenses)									
Tax Levies, restricted	115,132	115,132	-	0%	1,036,188	1,036,188	-	0%	1,025,262
Interest expense on bonds	(21,191)	(21,191)	0	0%	(190,717)	(190,719)	2	0%	(209,918)
Other Non-Operating rev (exp)	<u>(328)</u>	<u>(939)</u>	<u>611</u>	<u>65%</u>	<u>(6,738)</u>	<u>(8,451)</u>	<u>1,713</u>	<u>20%</u>	<u>(6,808)</u>
Total nonoperating rev (exp), net	93,614	93,002	612	1%	838,733	837,018	1,715	0%	808,537
Net Income	438,234	(150,293)	588,527	392%	700,864	773,959	(73,095)	-9%	1,962,435

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending September 31, 2026

	----- Current Period -----				----- Year-to-Date -----				
	Actual	Budget	Variance		Actual	Budget	Variance		Prior YTD
Operating revenues									
Gross Patient Revenue	4,292,940	4,059,167	233,773	6%	36,130,033	37,713,344	(1,583,311)	-4%	34,071,538
less:									
Contractual Allowances	905,815	1,234,988	329,173	27%	10,406,907	10,685,648	278,741	3%	8,052,994
Reserve for Bad Debts	168,443	150,189	(18,254)	-12%	985,062	1,395,394	410,332	29%	998,475
Reserve for Financial Assistance	68,718	60,888	(7,830)	-13%	381,622	565,702	184,080	33%	222,109
Total Deductions from Revenue	1,142,976	1,446,065	303,089	21%	11,773,591	12,646,744	873,153	7%	9,273,578
Net Patient Revenue	3,149,964	2,613,102	536,862	21%	24,356,443	25,066,600	(710,157)	-3%	24,797,960
Grants, Contributions	-	2,000	(2,000)	-100%	141,471	71,000	70,471	99%	140,660
Other Operating Revenue	119,349	105,113	14,236	14%	1,023,895	1,385,017	(361,122)	-26%	1,075,008
Tax Levies, unrestricted	209,770	209,770	-	0%	1,887,930	1,887,930	-	0%	1,320,858
Total Operating Revenue	3,479,083	2,929,985	549,098	19%	27,409,738	28,410,547	(1,000,809)	-4%	27,334,487
Operating expenses									
Salaries and wages	1,610,615	1,698,097	87,482	5%	14,765,398	15,409,678	644,280	4%	13,739,926
Employee benefits	356,047	381,967	25,920	7%	3,275,222	3,537,536	262,314	7%	3,063,186
Professional fees	206,661	214,784	8,123	4%	2,199,146	2,098,733	(100,413)	-5%	2,207,004
Supplies	255,667	191,440	(64,227)	-34%	1,389,335	1,530,434	141,099	9%	1,552,862
Utilities	29,039	27,047	(1,992)	-7%	267,297	243,867	(23,430)	-10%	228,842
Repairs and maintenance	32,830	19,419	(13,411)	-69%	247,354	176,661	(70,693)	-40%	191,765
Purchased services	180,159	203,585	23,426	12%	1,696,249	1,623,715	(72,534)	-4%	1,478,803
Continuing medical education	-	2,875	2,875	100%	25,845	25,875	30	0%	17,070
Other expenses	65,695	28,805	(36,890)	-128%	267,516	260,206	(7,310)	-3%	241,970
Dues and subscriptions	112,994	105,106	(7,888)	-8%	996,426	975,079	(21,347)	-2%	906,492
Travel / training / meetings	27,055	29,576	2,521	9%	169,495	210,534	41,039	19%	186,711
Leases and rentals	26,799	28,101	1,302	5%	244,754	252,966	8,212	3%	243,269
Depreciation	171,932	183,485	11,553	6%	1,497,216	1,651,365	154,149	9%	1,703,447
Licenses and taxes	29,986	31,860	1,874	6%	236,172	234,176	(1,996)	-1%	215,605
Insurance	27,657	25,914	(1,743)	-7%	258,249	231,810	(26,439)	-11%	191,703
Interest	1,326	1,219	(107)	-9%	11,933	10,971	(962)	-9%	11,933
Total operating expenses	3,134,463	3,173,280	38,817	1%	27,547,607	28,473,606	925,999	3%	26,180,588
Operating gain / (loss)	344,620	(243,295)	587,915	242%	(137,869)	(63,059)	(74,810)	-119%	1,153,899
Nonoperating revenues (expenses)									
Tax Levies, restricted	115,132	115,132	-	0%	1,036,188	1,036,188	-	0%	1,025,262
Interest expense on bond financing	(21,191)	(21,191)	0	0%	(190,717)	(190,719)	2	0%	(209,918)
Gain (loss) on disposal of equipment	-	-	-	0%	1,000	-	1,000	0%	-
Investment income	1,442	830	612	74%	8,185	7,470	715	10%	9,116
Net of bond premium/amortization	(1,769)	(1,769)	(0)	0%	(15,924)	(15,921)	(3)	0%	(15,924)
CARES Funds	-	-	-	0%	-	-	-	0%	-
PPP Loan Proceeds	-	-	-	0%	-	-	-	0%	-
Total nonoperating revenues (expenses), net	93,614	93,002	612	1%	838,733	837,018	1,715	0%	808,537
Net Income	438,234	(150,293)	588,527	392%	700,864	773,959	(73,095)	-9%	1,962,435

Cascade Medical 2026 Cash Receipts



Cascade Medical
Statistics Summary - 2026

	YTD 2025						2026 Act	2026 Bud	Act/Bud	2026 Act	2026 Act	2026 Bud	2026 Bud	Act/Bud
	avg/mo	may26	jun	jul	aug	sep	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	31	34	17	7	19	29	29	21	38.1%	196	22	311	35	-37.0%
Swing Bed	100	77	96	95	55	116	116	90	28.9%	777	86	925	103	-16.0%
Laboratory tests	3,377	3,480	3,529	3,378	3,009	3,753	3,753	3,296	13.9%	30,454	3,384	28,969	3,219	5.1%
Radiology exams	364	461	425	456	384	461	461	371	24.3%	3,775	419	3,337	371	13.1%
CT scans	140	179	173	150	135	158	158	144	10.0%	1,282	142	1,293	144	-0.9%
ED visits	361	419	404	457	368	395	395	345	14.5%	3,267	363	3,394	377	-3.7%
Ambulance runs	79	99	93	88	88	75	75	75	0.0%	760	84	688	76	10.5%
Clinic visits	1,228	1,271	1,231	1,146	1,198	1,307	1,307	1,305	0.2%	11,298	1,255	11,694	1,299	-3.4%
Rehab procedures	2,246	3,008	3,159	2,688	2,754	2,888	2,888	2,427	19.0%	25,543	2,838	20,864	2,318	22.4%

Patient Statistics

	2025	2 0 2 6												2026
Admits	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Acute Care	6.5	8	9	2	2	8	3	3	4	8				5.2
Short Stay	5.2	6	8	5	8	5	2	3	4	-				4.6
Swing Bed	6.3	4	8	6	7	9	5	9	5	9				6.9
Respite Care	0.5	-	-	-	-	-	-	-	-	-				0.0
Total Admits	18.5	18	25	13	17	22	10			17				16.7
Patient Days														
Acute Care	38.8	22	47	13	8	34	17	7	19	29				21.7
Short Stay	7.5	7.3	9.4	5.4	10.0	8.2	3.9	2.5	3.0	-				5.5
Swing Bed	90.2	79	79	100	80	77	96	95	55	116				86.3
Respite Care	12.2	-	-	-	-	-	-	-	-	-				-
Total Patient Days	148.7	108.3	135.4	118.4	98.0	119.2	116.9	104.5	77.0	145.0				113.5
Average Length of Stay	8.0		5.4	9.1	5.8	5.4	11.7	7.0	5.9	8.5				7.4
Average Patients per Day	4.9	3.5	4.8	3.8	3.3	3.8	3.9	3.4	2.5	4.8				3.8
Worked FTEs	-													
FTEs (W/ Non-Working Pay*)	-													
Laboratory (tests)	3,328	3,159	3,170	3,608	3,368	3,480	3,529	3,378	3,009	3,753				3,384
Radiology (tests)	304	308	321	340	333	376	344	358	310	379				341
Mammography (tests)	40	18	33	31	30	35	42	43	29	30				32
MRI	-	33	24	27	34	32	25	41	33	42				32
Cardiac Diagnostics	106	105	96	128	95	128	95	126	106	130				112
CT (Scans)	131	138	114	138	97	179	173	150	135	158				142
DXA (Scans)	16	12	13	16	15	18	14	14	12	10				14
PT (services billed)	1,857	2,190	2,044	2,144	2,309	2,305	2,523	2,076	2,145	2,259				2,222
ER (visits/procedures)	334	300	291	328	305	419	404	457	368	395				363
Ambulance (runs)	68	92	83	79	63	99	93	88	88	75				84
Clinic (visits)	1,227	1,244	1,100	1,362	1,438	1,269	1,232	1,146	1,198	1,307				1,255
Occupational Therapy	373	504	487	454	575	596	526	493	485	502				514
Speech Therapy	29	51	52	59	46	47	59	69	84	79				61
Cardiac Rehab	38	38	21	18	54	60	51	50	40	48				42
Endoscopy Procedures	28	31	25	39	49	18	41	21	30	36				33

REVENUE COMPARISON

REVENUE COMPARISON	2025	2 0 2 6											2026	
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Acute Care	\$ 132,512	\$ 67,260	\$ 205,320	\$ 42,480	\$ 28,320	\$ 120,360	\$ 60,180	\$ 24,780	\$ 67,260	\$ 74,340				\$ 76,700
Short Stay	26,228	27,204	35,542	21,078	36,911	30,276	14,158	9,711	11,930	-				20,757
Respite Care	6,417	-	-	-	-	-	-	-	-	-				-
Swing Bed	244,350	211,654	202,421	285,100	228,080	219,527	273,696	270,845	156,805	353,524				244,628
Central Supply	32,958	26,152	33,889	36,969	30,355	36,499	41,108	38,200	34,460	43,164				35,644
Laboratory	427,937	434,877	445,929	504,503	448,321	467,925	484,040	445,818	397,717	513,862				460,332
Cardiac Diagnostics	33,241	28,752	29,782	39,378	30,709	41,895	30,830	39,583	32,080	42,176				35,021
CT	501,933	476,317	417,842	485,429	383,397	657,741	687,028	577,641	528,549	548,982				529,214
Radiology	202,608	173,549	203,078	213,423	207,224	237,423	222,103	229,052	197,623	223,101				211,842
Mammography	28,771	19,093	25,947	22,751	23,067	26,875	32,048	32,089	23,381	23,258				25,390
MRI	-	74,781	75,624	86,189	102,326	95,361	76,934	136,004	107,735	128,661				98,179
Pharmacy	104,371	95,850	112,773	71,743	83,353	120,003	107,713	67,327	128,157	180,039				107,440
Respiratory Therapy	31	1,287	1,292	1,089	1,094	1,485	1,089	1,287	1,089	2,673				1,376
Physical Therapy	221,920	277,877	267,396	285,086	308,864	308,266	328,303	289,424	278,524	288,879				292,513
Emergency Room	800,384	686,540	809,728	746,893	943,427	785,699	1,169,744	991,500	1,121,229	925,428				908,910
Ambulance	240,475	277,650	328,327	331,506	230,186	279,642	436,570	389,692	314,979	343,279				325,759
Clinic	378,629	207,513	373,691	488,718	370,751	378,599	420,234	495,832	418,993	326,403				386,748
Occupational Therapy	51,907	70,788	70,659	61,973	69,629	99,569	80,335	76,906	62,194	70,630				73,631
Outpatient Diagnostic Svcs	112,654	30,324	183,992	167,035	222,435	102,531	149,494	115,046	149,112	153,944				141,546
Speech/Contracted Svcs	11,170	13,500	20,401	24,001	19,247	17,949	23,121	27,303	34,710	33,414				23,738
Cardiac Rehab	8,414	9,462	5,229	4,482	13,458	14,940	12,699	12,450	9,960	11,952				10,515
Wound Care	10,174	(89)		398	(4,312)	(5,429)	(244)	(239)	-	-				(1,102)
Dietary/Contracted Svcs	10,174	4,331	3,955	6,261	8,357	6,462	5,803	4,453	6,148	5,232				5,667
Total Patient Revenue	\$ 3,587,256	\$ 3,214,672	\$ 3,852,816	\$ 3,926,483	\$ 3,785,198	\$ 4,043,598	\$ 4,656,987	\$ 4,274,705	\$ 4,082,635	\$ 4,292,940				\$ 4,014,448

Increase (Decrease) in Cash and Cash Equivalents
 Cascade Medical Center
 For the Month Ending September, 2026

	<u>Sep-26</u>	<u>2026 YTD</u>	<u>2025 YTD</u>
<i>Cash flows from operating activities</i>			
Receipts from and on behalf of patients	\$ 2,786,223	\$ 26,066,836	\$ 24,918,372
Other receipts	\$ 58,992	\$ 773,325	\$ 754,539
Payments to & on behalf of employees	\$ (2,254,864)	\$ (16,323,967)	\$ (14,354,140)
Payments to suppliers and contractors	\$ (1,278,376)	\$ (10,605,257)	\$ (9,891,587)
Net cash gained / (used) in operating activities	\$ (688,025)	\$ (89,063)	\$ 1,427,183
<i>Cash flows from noncapital financing activities</i>			
Taxation for maintenance and operations, EMS	\$ 75,222	\$ 1,971,392	\$ 1,404,981
Noncapital grants and contributions	\$ -	\$ 69,099	\$ 23,555
Net cash provided by noncapital financing activities	\$ 75,222	\$ 2,040,491	\$ 1,428,536
<i>Cash flows from capital and related financing activities</i>			
Taxation for bond principal and interest	\$ 18,186	\$ 450,845	\$ 420,735
Purchase of capital assets	\$ (121,854)	\$ (1,134,641)	\$ (479,667)
Payments toward construction in progress		\$ (6,635,256)	\$ (57,243)
Proceeds from disposal of capital assets		\$ 1,000	\$ -
Proceeds from long-term debt		\$ -	\$ -
Principle & Interest paid on long-term debt		\$ (127,144)	\$ -
Bond maintenance & issuance costs		\$ (550)	\$ (140,495)
Capital grants and contributions	\$ -	\$ 72,371	\$ 79,478
Net cash provided by capital and related financing activities	\$ (103,668)	\$ (7,373,374)	\$ (177,192)
<i>Cash flows from investing activities</i>			
Investment Income	\$ 32,272	\$ 316,325	\$ 492,533
Net increase (decrease) in cash and cash equivalents	\$ (684,199)	\$ (5,105,622)	\$ 3,171,061
Cash and Cash equivalents, beginning of period	\$ 13,149,866	\$ 17,571,288	\$ 16,244,722
Cash and cash equivalents, end of period	<u>\$ 12,465,667</u>	<u>\$ 12,465,667</u>	<u>\$ 19,415,782</u>

Forecasted Statement of Cash Flows
Cascade Medical Center
For the year ending December 31, 2026

		<u>Actual</u> <u>1st Qtr</u>		<u>Actual</u> <u>2nd Qtr</u>		<u>Actual</u> <u>July</u>		<u>Actual</u> <u>August</u>		<u>Actual</u> <u>September</u>		<u>Actual</u> <u>3rd Qtr</u>		<u>Forecast</u> <u>4th Qtr</u>		<u>Actual/Forecast</u> <u>Year End 2026</u>		<u>Budget</u> <u>2026</u>
Cash balance, beginning of period	\$	17,571,288	\$	16,709,642	\$	12,087,158	\$	12,455,072	\$	13,149,866	\$	12,087,158	\$	12,465,667	\$	17,571,288	\$	20,310,484
Cash available for operating needs	\$	17,352,680	\$	16,483,508	\$	11,219,669	\$	11,547,306	\$	12,235,129	\$	11,219,669	\$	11,532,744	\$	17,352,680		20,117,679
Cash restricted to debt service, other restricted funds	\$	218,608	\$	226,134	\$	867,489	\$	907,766	\$	914,737	\$	867,489	\$	932,923	\$	218,608		192,805
<i>Cash flows from operating activities</i>																		
Receipts from and on behalf of patients	\$	7,486,926	\$	9,419,293	\$	2,952,524	\$	3,421,870	\$	2,786,223	\$	9,160,617	\$	8,441,244	\$	34,508,079	\$	33,083,305
Grant receipts	\$	15,999	\$	48,127	\$	70,124	\$	7,221	\$	-	\$	77,345	\$	6,000	\$	147,471	\$	77,000
Other receipts	\$	350,483	\$	123,913	\$	16,073	\$	224,865	\$	58,992	\$	299,929	\$	312,614	\$	1,086,939	\$	1,233,456
Payments to or on behalf of employees	\$	(4,774,599)	\$	(5,788,558)	\$	(1,757,671)	\$	(1,748,275)	\$	(2,254,864)	\$	(5,760,811)	\$	(5,651,664)	\$	(21,975,632)	\$	(24,685,273)
Payments to suppliers and contractors	\$	(3,537,239)	\$	(3,438,684)	\$	(1,083,524)	\$	(1,267,435)	\$	(1,278,376)	\$	(3,629,335)	\$	(2,441,320)	\$	(13,046,578)	\$	(10,386,634)
Net cash provided by operating activities	\$	(458,431)	\$	364,091	\$	197,526	\$	638,245	\$	(688,025)	\$	147,746	\$	666,874	\$	720,280	\$	(678,146)
<i>Cash flows from noncapital financing activities</i>																		
Unencumbered M & O taxation	\$	-	\$	-	\$	-	\$	2,201	\$	15,627	\$	17,829	\$	284,899	\$	302,728	\$	288,966
Taxation for Emergency Medical Services	\$	10,101	\$	1,343,713	\$	134,156	\$	14,835	\$	59,595	\$	208,586	\$	1,054,446	\$	2,616,846	\$	2,517,240
Investment Income	\$	136,956	\$	76,085	\$	38,469	\$	32,542	\$	32,272	\$	103,283	\$	153,990	\$	470,315	\$	615,960
Donations	\$	-	\$	-					\$	-	\$	-	\$	90,000	\$	90,000	\$	90,000
Net cash provided by noncapital financing activities	\$	147,058	\$	1,419,799	\$	172,625	\$	49,579	\$	107,494	\$	329,698	\$	1,583,335	\$	3,479,889	\$	3,512,166
Proceeds from Long Term Debt	\$	-	\$	-							\$	-	\$	-	\$	-	\$	-
Less Funds Expended for Capital Purchases	\$	(557,799)	\$	(7,047,728)	\$	(42,515)	\$	-	\$	(121,854)	\$	(164,369)	\$	(406,785)	\$	(8,176,681)	\$	(1,627,140)
Increase/(decrease) in cash available for operations	\$	(869,172)	\$	(5,263,839)	\$	327,637	\$	687,823	\$	(702,385)	\$	313,075	\$	1,843,424	\$	(3,976,512)	\$	1,206,880
Cash available for operating needs	\$	16,483,508	\$	11,219,669	\$	11,547,306	\$	12,235,129	\$	11,532,744	\$	11,532,744	\$	13,376,168	\$	13,376,168	\$	21,324,559
Taxation for bond prin & int (incl encumbr M&O)	\$	7,526	\$	768,499	\$	40,277	\$	7,521	\$	18,186	\$	65,984	\$	316,314	\$	1,158,322	\$	1,146,288
Principle & Interest paid on long-term debt			\$	(127,144)			\$	(550)			\$	(550)	\$	(1,029,145)	\$	(1,156,839)	\$	(1,156,289)
Restricted grants and contributions	\$	-	\$	-							\$	-	\$	-	\$	-		
Increase/(decrease) in restricted cash	\$	7,526	\$	641,355	\$	40,277	\$	6,971	\$	18,186	\$	65,434	\$	(712,831)	\$	1,483	\$	(10,001)
Cash restricted to debt service, other restricted funds	\$	226,134	\$	867,489	\$	907,766	\$	914,737	\$	932,923	\$	932,923	\$	220,092	\$	220,092	\$	182,804
Cash balance, end of period	\$	16,709,642	\$	12,087,158	\$	12,455,072	\$	13,149,866	\$	12,465,667	\$	12,465,667	\$	13,596,259	\$	13,596,259	\$	21,507,363

CASCADE MEDICAL CENTER
EMERGENCY MEDICAL SERVICES - SEPTEMBER, 2026

REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	09/30/2026	09/30/2026 YTD	09/30/2026	09/30/2026 YTD	09/30/2026	09/30/2026 YTD	09/30/2025 YTD
PATIENT REVENUE	925,428	8,180,187	343,279	2,931,829	\$1,268,707	\$11,112,016	\$10,674,853
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$538,414	\$4,759,233	\$183,895	\$1,570,581	\$722,308	\$6,329,813	\$6,091,943
NET PATIENT REVENUE	\$387,014	\$3,420,954	\$159,384	\$1,361,248	\$546,398	\$4,782,203	\$4,582,910
OTHER OPERATING REVENUE	\$0	\$0	-	-	\$0	\$0	\$0
TOTAL OPERATING REVENUE	\$387,014	\$3,420,954	\$159,384	\$1,361,248	\$546,398	\$4,782,203	\$4,582,910
OPERATING EXPENSES							
SALARIES AND WAGES	205,599	1,775,598	162,530	1,466,676	\$368,129	\$3,242,274	\$3,239,681
EMPLOYEE BENEFITS	31,207	271,296	39,830	368,066	\$71,037	\$639,362	\$617,190
PROFESSIONAL FEES	14,105	140,895	-	4,400	\$14,105	\$145,295	\$175,872
SUPPLIES	6,474	58,038	7,338	68,085	\$13,813	\$126,122	\$134,554
FUEL	-	-	3,810	26,683	\$3,810	\$26,683	\$22,345
REPAIRS AND MAINT.	-	3,871	2,460	25,354	\$2,460	\$29,225	\$60,033
PURCHASED SERVICES	3,988	31,886	14,121	141,652	\$18,109	\$173,538	\$183,305
CONTINUING MEDICAL EDUCATION	-	11,309	491	19,754	\$491	\$31,063	\$15,943
DUES	1,361	11,014	208	41,669	\$1,569	\$52,683	\$28,346
OTHER EXPENSES	323	4,925	790	7,941	\$1,113	\$12,866	\$10,276
LEASES / RENTALS	174	2,257	5,401	59,847	\$5,575	\$62,104	\$47,095
DEPRECIATION	2,581	23,225	19,934	179,408	\$22,515	\$202,633	\$255,699
TAXES AND LICENSES	-	1,776	-	390	\$0	\$2,166	\$869
INSURANCE	837	7,537	3,359	30,228	\$4,196	\$37,765	\$37,765
OVERHEAD COSTS	187,766	1,679,881	120,250	1,075,841	\$308,017	\$2,755,723	\$2,559,104
TOTAL OPERATING EXPENSES	\$454,415	\$4,023,507	\$380,522	\$3,515,996	\$834,937	\$7,539,502	\$7,388,078
MARGIN ON OPERATIONS	(\$67,401)	(\$602,554)	(\$221,138)	(\$2,154,749)	(\$288,539)	(\$2,757,299)	(\$2,805,168)
TAX REVENUE					\$209,770	\$1,887,930	\$1,320,858
NET MARGIN WITH TAX REVENUE					(\$78,769)	(\$869,369)	(\$1,484,310)
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2026	395	3,266	75	760			
Total Ambulance Runs (includes unbillable runs)			110	1,136			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	332	3,245	91	707			
Total Ambulance Runs (includes unbillable runs)			126	1,003			

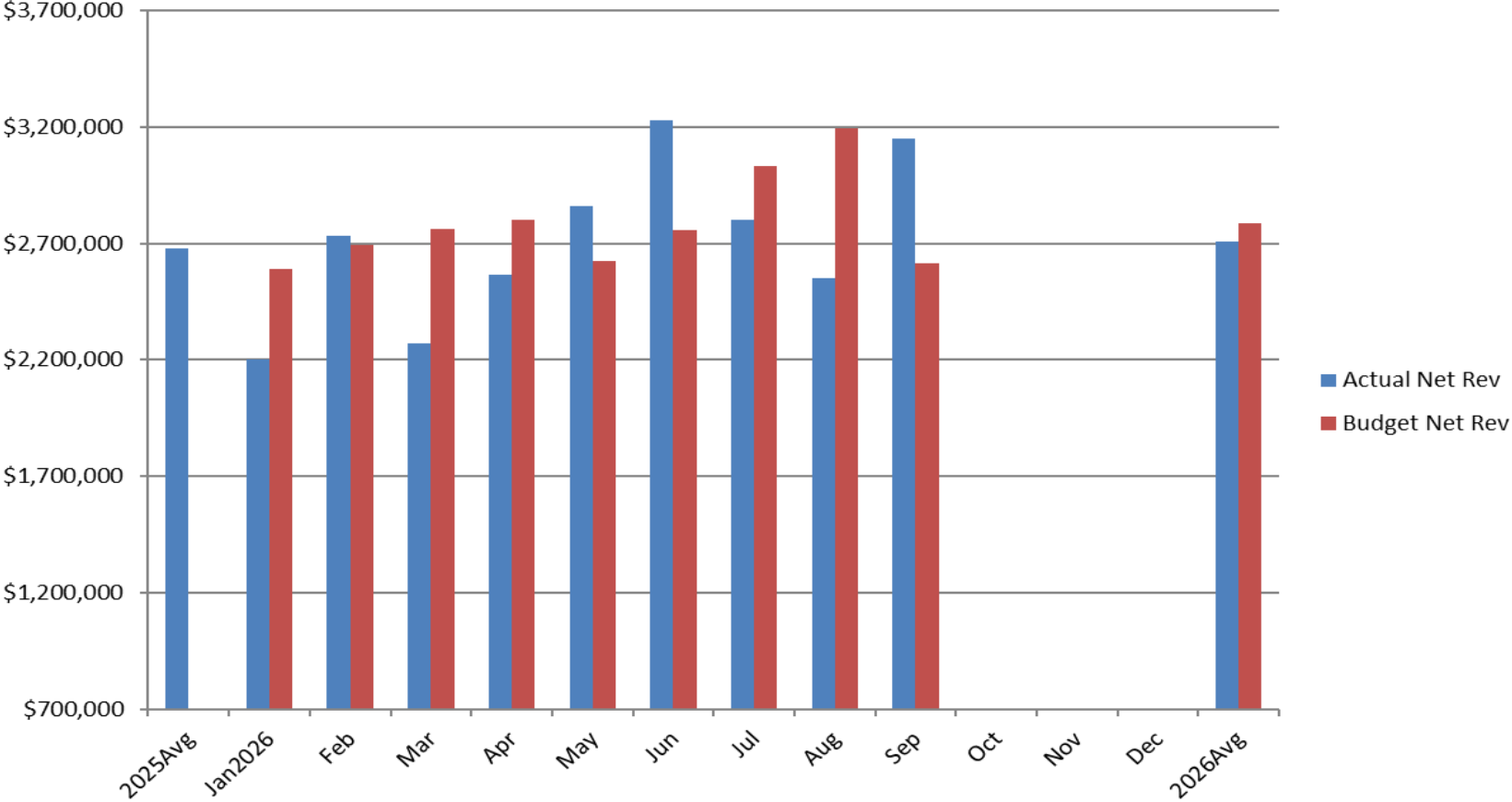
Cascade Medical Center

Balance Sheet

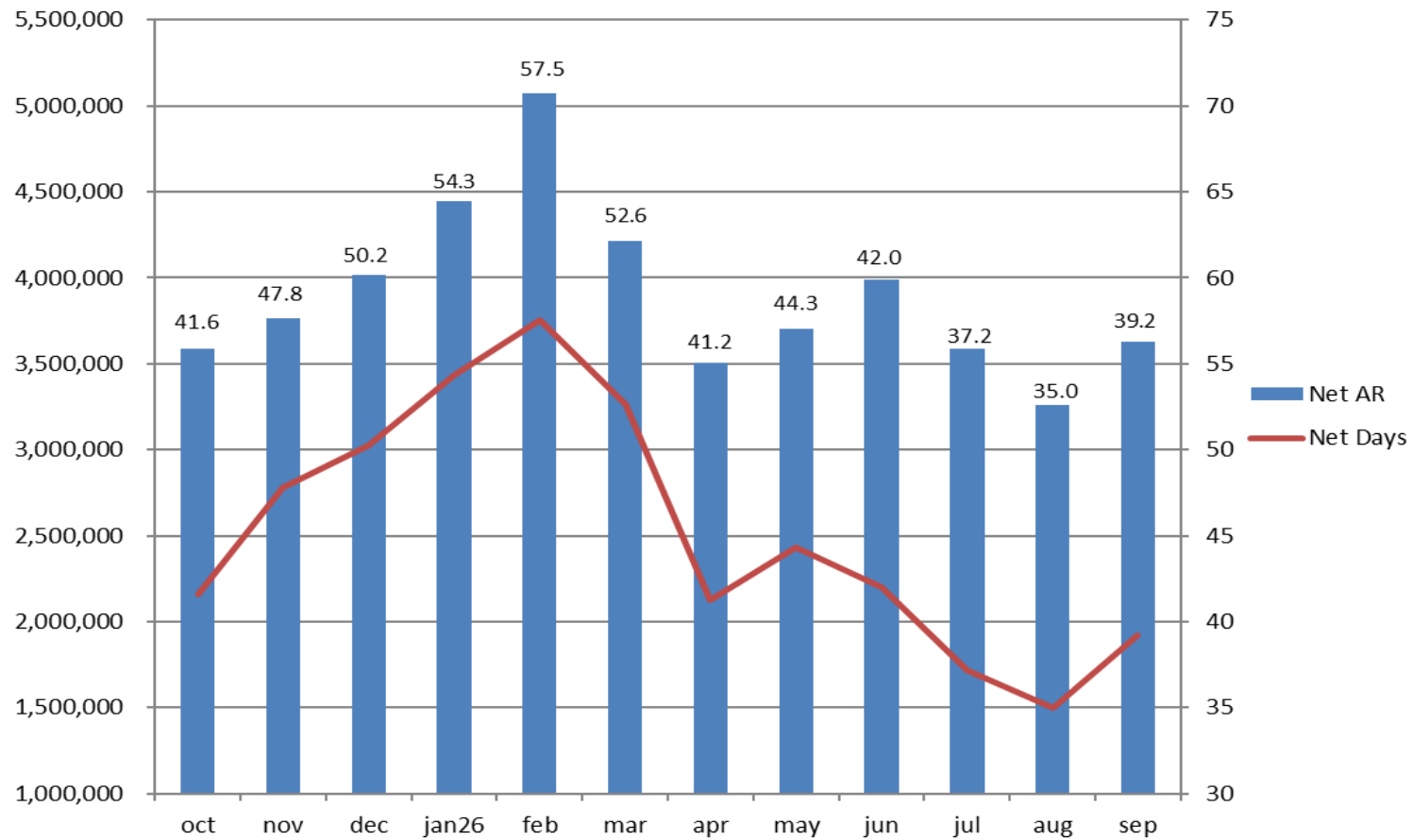
As of September 30, 2026 and December 31, 2025

	Sep 2026	Dec 2025		Sep 2026	Dec 2025
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	1,297,178	1,252,061	Accounts Payable	540,598	607,352
Savings Account	10,262,773	15,762,050	Accrued Payroll	655,787	770,056
Patient Account Receivable	6,907,533	7,063,319	Refunds Payable	(1,177)	-
less: Reserves for Contractual Allowances	(3,281,411)	(3,226,153)	Accrued PTO	1,061,226	1,009,328
Inventories and Prepaid Expenses	336,586	329,797	Accrued SL & SD	936,900	936,900
Taxes Receivable - M&O Levy	118,376	15,982	Payroll Taxes & Benefits Payable	(318,257)	80,572
- EMS Levy	346,406	17,469	Accrued Interest Payable	84,763	21,191
Other Assets	<u>810,195</u>	<u>1,542,368</u>	Current Long Term Debt	905,319	911,072
Total Current Assets	16,797,637	22,756,893	Current OPEB Liability	858,361	894,361
			Short Term Lease	-	-
Assets Limited as to Use			ST Subscriptions	-	-
Cash and Cash Equivalents			Settlement Payable	-	-
Funded Depreciation	66,461	460,201	Total Current Liabilities	<u>4,723,520</u>	<u>5,230,832</u>
CVB Memorial Fund	1,276	1,275			
UTGO Bond Payable Fund	479,487	80,405	Long Term Liabilities		
LTGO Bond Payable Fund	30,648	106,579	Notes Payable	182,251	182,251
Investment Memorial Fund	148,081	144,037	Covid SHIP Funding	-	-
Settlement Account	193,942	188,645	PPP Note Payable	-	-
Paycheck Protection Loan Proceeds	-	-	CARES Act Funds Reserve	-	-
Cash - EMS	<u>150,842</u>	<u>188,442</u>	UTGO Bond Payable	3,186,000	3,186,000
	1,070,737	1,169,585	LTGO Bond Payable	3,745,000	3,745,000
Taxes Receivable - Construction Bond Levy	<u>102,127</u>	<u>16,854</u>	Deferred Revenue/Bond Premium	68,057	72,267
Total Assets Limited as to Use	1,172,864	1,186,438	Long Term OPEB/Pension Liability	2,542,590	2,542,590
			Long Term ROU Leases	-	-
Property, Plant and Equipment			Long Term Subscriptions	-	-
Land	522,015	522,015	Total Long Term Liabilities	<u>9,723,898</u>	<u>9,728,108</u>
Land Improvements	1,485,893	1,485,893			
Buildings & Improvements	10,944,297	10,915,993	Total Liabilities	14,447,418	14,958,939
Fixed Equip - Hospital	9,377,765	9,362,642			
Major Movable Equipment Hospital	8,087,000	7,393,948	Fund Balance - Prior Years	17,851,079	17,851,079
Construction in Progress	<u>6,645,602</u>	<u>10,346</u>	Fund Balance - Current Year	700,864	-
Total Property, Plant and Equipment	37,062,571	29,690,838			
Less: Accumulated Depreciation	<u>(23,949,224)</u>	<u>(22,755,588)</u>	Total Fund Balance	<u>18,551,943</u>	<u>17,851,079</u>
	13,113,347	6,935,250			
ROU Leases					
ROU Leases	39,178	39,178			
Less Accumulated Amortization	<u>(33,736)</u>	<u>(33,736)</u>			
	5,442	5,442			
Other Assets					
Long Term Pension Assets	530,957	530,957			
Deferred OPEB/Pension Costs	1,136,268	1,136,268			
Deferred Bond Costs	<u>242,847</u>	<u>258,770</u>			
TOTAL ASSETS	32,999,361	32,810,019	TOTAL LIABILITIES & FUND BALANCE	32,999,361	32,810,019

Cascade Medical
2026 Net Patient Revenue, Actual vs. Budget



Days in Net Accounts Receivable





A G E N D A

Board Finance Committee

October 26, 2026

9:00 – 11:00 PM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval - October 26, 2026 Agenda - July 20, 2026 Minutes	9:00 AM
Committee Work		
1.	Review follow-up items from minutes	9:05 AM
2.	Review Q3 Financials, Contractual Allowance Summary, Bad Debt, Dashboard	9:10 AM
3.	Review final proposed budget for 2026 - Discuss market wage plans - Discuss and review 5-year capital plan	9: 20 AM
4.	Review Clinic stats	9:45 AM
5.	Review Rehab Worksheet	9:50 AM
6.	Discuss industry trends	9:55 AM
7.	Long-Term Planning	10:00 AM
8.	Review Financial Pillar and 2026 Objectives	10:10 AM
9.	Financing Discussion	10:20 AM
10.	Review OICC quarterly report	10:25 AM
11.	Compliance with bond reporting requirements	10:30 AM
12.	Discuss Board education	10:35 AM
13.	Recommend audit firm selection process	10:40 AM
14.	Review committee self-assessment discussion topics	10:50 AM
15.	Set remaining meeting date	10:55 AM
Adjournment		
1.	Adjournment	11:00 AM

Materials provided in advance of meeting along with agenda:

1. July 20, 2026 Minutes
2. Installment Policy
3. Draft Self-Pay Payment Policy
4. Q3 Financial Packet with Notes
5. Q3 Dashboard
6. 2026 Budget Packet & Notes
7. Clinic stats
8. Rehab Worksheet
9. Long-Term Planning Document
10. 2026 Strategic Plan
11. OICC Q3 Report

12. Bond Compliance information
13. 2025 Committee Self-Assessment Survey Questions

2026 Meeting Schedule

- TBD

Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2026

Strategic Pillar	Measure	2022	2023	2024	2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026	2026 YTD	2026 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex
FINANCE	Total Margin	-6.1%	-2.6%	5.4%	4.0%	-6.8%	7.1%	5.7%		2.5%	2.6%		3.0%	
	Days Cash on Hand	194	190	197	197	173	116	122		125	90		60	
	Cash Growth available to Operations	22	1,314	2,008	1,323	-869	-5,264	313		-5820	-637		-	-
	Days in Net Patient Accounts Receivable	61	56	49	46	53	42	39		41	54		54	
	% of AR balances > 90 days since DOS	41.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%			-	-
	Net Revenue as % of Staffing Costs	144%	152%	162%	163%	144%	163%	161%		156%	153%		-	-
	Debt Service Coverage	0.73	1.44	3.40	3.27	(0.09)	4.36	3.95		2.75	3.01		3.00	
	Long Term Debt to Capitalization	44%	40%	34%	28%	29%	28%	28%		28%	NA	-	25%	
	Medicare Outpatient Cost to Charge Ratio	0.55	0.59	0.57	0.60						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 2025 YTD column is the rate from the 2025 final cost report.

Cascade Medical

Operating and Capital Budgets

Fiscal Year Ending 12/31/2027

Final draft – presented October 28, 2026

Cascade Medical

Budget Calendar – 2027

Cascade Medical				
Operating and Capital Budget Calendar - Fiscal Year 2027				
Operating Budget			Capital Budget	
Date	Item		Date	Item
July 9, 2026	Training for Operating Budget at Leadership meeting		June 11, 2026	Capital budget discussion at Leadership meeting
July 7	Sr. Leaders prepare preliminary volume projections for 2027.		Jul 12	Capital budget form, 2027 budget calendar, Long Term Cap Bud emailed to Directors
July 17	Operating budget packages sent to Department Directors.		Jul 10	Department Directors turn in Capital Budget forms to Marianne and their respective Sr. Leaders
July 17 - Aug 7	Department Directors complete financial packages, meet with their Sr. Leaders to refine. Turn in to Finance by August 7		Aug 11	Preliminary Capital Budget presented to Leadership team
July 21	Strategic Plan discussion, preliminary Goal setting at Sr. Leadership meeting			
Aug 27	First draft of Operating Budget complete for review at full day Sr. Leadership meeting.			
Sept 8	Second review of draft Operating Budget at Monday pm Sr. Leadership meeting			
Sept 23	Draft 2027 Operating, Capital Budgets presented to Board of Commissioners.			
Oct 14	First public notice of Budget Hearing			
Oct 21	Second public notice of Budget Hearing			
Oct 20 or 26, tbd	Final Budget review, Finance Committee			
Oct 28	Budget hearing, Board of Commissioners			
Nov 12	Final budget presentation at Leadership meeting			

Cascade Medical

Operating and Capital Budgets, FY 2027

Budget process summary and assumptions

The schedules shown below represent our final draft of our Operating and Capital budgets for FY 2027. 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 2027, based on recommendations from Department Directors and a review by the Executive Team, along with as complete a listing of projects for 2028 - 2031 as we can make so far in our planning cycle. The final draft of the Capital Budget shows a slightly higher total as we added a feasibility study and removed a few of the RHTP fund purchases that were able to make in 2026.

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 2026 is as follows:

- | | |
|--------------|--------------|
| a. Acute IP | 0.0% growth |
| b. Swing Bed | 1.0% growth |
| c. Emergency | 2.6% growth |
| d. Clinic | 10.6% growth |

We reviewed September actual volumes prior to finalizing the budget and made a few changes for projections for forecasted volumes through the end of 2026. While projected volume increases for Acute, Swing Bed, and Clinic remain close to our preliminary forecast, we did adjust ED volumes down slightly.

Budget Assumptions

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

- Patient charge increases – we used a base charge increase of 5% over current charge levels for most services, 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 4% 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 \$100,000 in Foundation donations.
- e. Tax revenues have been estimated with a net 1% increase for the M&O levy and the EMS levy, and an amount for the Construction Bond levy that will meet our debt service requirements.

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 2027 projections to prior and current years. The model currently shows a net margin of \$2,853,167, or 6.8% 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 available rates.

FTEs

We project to add 3.0 FTE for 2027.

Capital Equipment Matrix

Capital Equipment and Building Items requested by Department Directors for 2027 through 2031 are shown, with a projected total for 2027 of \$1,649,000.

Cascade Medical
Income Comparison Summary
Budget Year 2027

	<u>Actual</u> <u>12/31/2025</u>	<u>Budget</u> <u>12/31/2026</u>	<u>Actual</u> <u>09/30/2026</u>	<u>Annualized</u> <u>12/31/2026</u>	<u>Budget</u> <u>12/31/2027</u>	<u>Budget To Budget</u> <u>Change</u>	<u>Bud To Bud</u> <u>% change</u>	<u>Bud to Annualzld</u> <u>% change</u>
Patient Revenue	\$ 45,734,427	\$ 49,984,703	\$ 36,130,033	\$ 48,156,864	\$ 54,607,649	\$ 4,622,946	9.2%	13.4%
Less: Contractual Adjust	<u>(13,057,830)</u>	<u>(16,682,225)</u>	<u>(11,773,591)</u>	<u>(15,699,138)</u>	<u>(19,254,472)</u>	<u>(2,572,247)</u>	<u>15.4%</u>	<u>22.6%</u>
Net Patient Revenue	\$ 32,676,597	\$ 33,302,478	\$ 24,356,443	\$ 32,457,727	\$ 35,353,178	\$ 2,050,700	6.2%	8.9%
Other Operating Revenue	<u>\$ 5,029,419</u>	<u>\$ 5,928,142</u>	<u>\$ 4,098,669</u>	<u>\$ 4,792,350</u>	<u>\$ 6,630,241</u>	<u>\$ 702,099</u>	<u>11.8%</u>	<u>38.4%</u>
Total Revenue	\$ 37,706,016	\$ 39,230,620	\$ 28,455,112	\$ 37,250,076	\$ 41,983,419	\$ 2,752,798	7.0%	12.7%
Expenses:								
Salaries	\$ 18,519,096	\$ 20,633,658	\$ 14,765,398	\$ 19,687,197	\$ 22,296,054	\$ 1,662,396	8.1%	13.3%
Benefits	3,979,939	4,680,195	3,275,222	4,366,962	5,022,066	\$ 341,871	7.3%	15.0%
Legal Fees	99,422	142,500	66,589	88,786	125,000	\$ (17,500)	-12.3%	40.8%
Audit and Accounting Fees	78,585	95,000	73,434	80,000	100,000	\$ 5,000	5.3%	25.0%
Professional Fees	3,046,165	2,421,678	2,059,122	2,716,498	1,779,902	\$ (641,776)	-26.5%	-34.5%
Supplies	1,780,950	2,027,407	1,389,335	1,844,141	1,798,281	\$ (229,126)	-11.3%	-2.5%
Utilities	329,312	323,632	267,297	356,046	377,847	\$ 54,215	16.8%	6.1%
Repairs and Maintenance	280,518	235,724	247,354	339,806	275,989	\$ 40,266	17.1%	-18.8%
Purchased Services	2,142,146	2,173,047	1,696,249	2,258,529	2,150,470	\$ (22,578)	-1.0%	-4.8%
Continuing Medical Education	24,522	34,500	25,845	32,000	31,248	\$ (3,252)	-9.4%	-2.4%
Dues and Subscriptions	1,236,899	1,279,089	996,426	1,323,902	1,413,404	\$ 134,314	10.5%	6.8%
Other Expenses	479,844	171,179	283,440	34,756	212,938	\$ 41,759	24.4%	512.7%
Travel/Training/Meetings	289,330	264,703	169,495	237,224	271,914	\$ 7,211	2.7%	14.6%
Leases and Rentals	284,194	337,285	244,754	326,339	357,597	\$ 20,312	6.0%	9.6%
Depreciation	2,275,359	2,201,820	1,497,216	2,036,703	1,792,423	\$ (409,397)	-18.6%	-12.0%
Taxes and Licenses	292,727	517,938	236,172	98,973	541,109	\$ 23,171	4.5%	446.7%
Insurance	258,566	309,552	258,249	306,480	345,604	\$ 36,052	11.6%	12.8%
Interest	322,207	268,917	202,650	268,917	238,406	\$ (30,511)	<u>-11.3%</u>	<u>-11.3%</u>
Total Department Expenses	<u>\$ 35,719,781</u>	<u>\$ 38,117,823</u>	<u>\$ 27,754,247</u>	<u>\$ 36,403,258</u>	<u>\$ 39,130,251</u>	<u>\$ 1,012,428</u>	<u>2.7%</u>	<u>7.5%</u>
Income	<u>\$ 1,986,235</u>	<u>\$ 1,112,797</u>	<u>\$ 700,864</u>	<u>\$ 846,818</u>	<u>\$ 2,853,167</u>	<u>\$ 1,740,370</u>	<u>156.4%</u>	<u>236.9%</u>
	5.3%	2.8%	2.5%	2.3%	6.8%			

**CASCADE MEDICAL
MONTHLY SUMMARY**

	sept2026ytd	Avg/mo	Jan 2027	Feb 2027	Mar 2027	Apr 2027	May 2027	Jun 2027	Jul 2027
Patient Revenue	\$ 36,130,033	\$ 4,014,448	\$ 4,446,695	\$ 4,135,325	\$ 4,339,456	\$ 4,323,470	\$ 4,576,939	\$ 4,797,549	\$ 5,245,087
Contr Adjusts #	\$ (11,773,591)	\$ (1,308,177)	\$ (1,567,890)	\$ (1,458,102)	\$ (1,530,077)	\$ (1,524,441)	\$ (1,613,813)	\$ (1,691,600)	\$ (1,849,400)
Net Patient Revenue	\$ 24,356,443	\$ 2,706,271	\$ 2,878,805	\$ 2,677,224	\$ 2,809,378	\$ 2,799,029	\$ 2,963,126	\$ 3,105,950	\$ 3,395,687
Other Operating Rev	\$ 4,098,669	\$ 455,408	\$ 533,017	\$ 533,017	\$ 565,517	\$ 553,017	\$ 570,545	\$ 565,017	\$ 533,017
	\$ 28,455,112	\$ 3,161,679	\$ 3,411,823	\$ 3,210,241	\$ 3,374,896	\$ 3,352,046	\$ 3,533,671	\$ 3,670,967	\$ 3,928,704
Expenses:									
Salaries	\$ 14,765,398	\$ 1,640,600	\$ 1,869,090	\$ 1,794,712	\$ 1,870,758	\$ 1,836,799	\$ 1,892,184	\$ 1,837,434	\$ 1,867,858
Benefits	\$ 3,275,222	\$ 363,914	\$ 428,599	\$ 420,791	\$ 426,051	\$ 423,639	\$ 427,690	\$ 422,219	\$ 422,160
Legal Fees	\$ 66,589	\$ 7,399	\$ 12,500	\$ 7,500	\$ 15,000	\$ 12,500	\$ 15,000	\$ 7,500	\$ 12,500
Audit/ Accounting Fees	\$ 73,434	\$ 8,159	\$ 5,000	\$ 2,550	\$ 5,750	\$ 15,000	\$ 22,400	\$ 17,500	\$ 4,000
Professional Fees	\$ 2,059,122	\$ 228,791	\$ 150,496	\$ 137,496	\$ 162,196	\$ 152,696	\$ 137,496	\$ 157,496	\$ 149,421
Supplies	\$ 1,389,335	\$ 154,371	\$ 175,634	\$ 175,149	\$ 184,090	\$ 190,235	\$ 190,796	\$ 175,051	\$ 164,780
Utilities	\$ 267,297	\$ 29,700	\$ 30,989	\$ 30,329	\$ 30,074	\$ 31,144	\$ 30,554	\$ 30,954	\$ 30,084
Repairs and Maint	\$ 247,354	\$ 27,484	\$ 17,587	\$ 18,987	\$ 18,587	\$ 29,987	\$ 31,287	\$ 34,087	\$ 17,087
Purchased Services	\$ 1,696,249	\$ 188,472	\$ 181,187	\$ 178,595	\$ 179,689	\$ 173,895	\$ 180,395	\$ 180,623	\$ 174,212
Continuing Medical Educ	\$ 25,845	\$ 2,872	\$ 2,604	\$ 2,604	\$ 2,604	\$ 2,604	\$ 2,604	\$ 2,604	\$ 2,604
Dues and Subscriptions	\$ 996,426	\$ 110,714	\$ 123,647	\$ 128,497	\$ 128,605	\$ 113,009	\$ 113,942	\$ 117,651	\$ 114,259
Other Expenses	\$ 283,440	\$ 31,493	\$ 16,764	\$ 14,764	\$ 24,764	\$ 16,764	\$ 20,014	\$ 17,014	\$ 17,014
Travel/Training/Meetings	\$ 169,495	\$ 18,833	\$ 36,484	\$ 20,259	\$ 22,234	\$ 25,644	\$ 15,034	\$ 26,534	\$ 31,459
Leases and Rentals	\$ 244,754	\$ 27,195	\$ 32,541	\$ 28,054	\$ 28,177	\$ 32,801	\$ 27,841	\$ 28,329	\$ 32,624
Depreciation	\$ 1,497,216	\$ 166,357	\$ 149,369	\$ 149,369	\$ 149,369	\$ 149,369	\$ 149,369	\$ 149,369	\$ 149,369
Taxes and Licenses	\$ 236,172	\$ 26,241	\$ 45,376	\$ 45,168	\$ 49,730	\$ 44,700	\$ 43,796	\$ 43,796	\$ 45,672
Insurance	\$ 258,249	\$ 28,694	\$ 28,592	\$ 28,592	\$ 28,592	\$ 28,592	\$ 29,192	\$ 28,592	\$ 28,592
Interest	\$ 202,650	\$ 22,517	\$ 20,071	\$ 20,071	\$ 20,071	\$ 20,071	\$ 20,071	\$ 20,071	\$ 20,071
Total Expenses	\$ 27,754,247	\$ 3,083,805	\$ 3,326,528	\$ 3,203,486	\$ 3,346,340	\$ 3,299,448	\$ 3,349,664	\$ 3,296,824	\$ 3,283,762
Gross Margin	\$ 700,864	\$ 77,874	\$ 85,295	\$ 6,755	\$ 28,556	\$ 52,599	\$ 184,007	\$ 374,143	\$ 644,942

CASCADE MEDICAL
MONTHLY SUMMARY

Aug 2027	Sep 2027	Oct 2027	Nov 2027	Dec 2027	Total 2027	Avg/mo	2026 Annualized	% Chg
\$ 4,963,423	\$ 4,486,281	\$ 4,415,729	\$ 4,111,429	\$ 4,766,266	\$ 54,607,649	\$ 4,550,637	\$ 48,156,864	13.4%
\$ (1,750,086)	\$ (1,581,847)	\$ (1,556,971)	\$ (1,449,676)	\$ (1,680,569)	\$ (19,254,472)	\$ (1,604,539)	\$ (15,699,138)	
\$ 3,213,337	\$ 2,904,433	\$ 2,858,758	\$ 2,661,753	\$ 3,085,697	\$ 35,353,178	\$ 2,946,098	\$ 32,457,727	8.9%
\$ 533,017	\$ 533,017	\$ 633,017	\$ 533,017	\$ 545,022	\$ 6,630,241	\$ 552,520	\$ 4,792,350	38.4%
\$ 3,746,354	\$ 3,437,451	\$ 3,491,775	\$ 3,194,771	\$ 3,630,719	\$ 41,983,419	\$ 3,498,618	\$ 37,250,076	12.7%
\$ 1,896,254	\$ 1,835,203	\$ 1,867,577	\$ 1,860,679	\$ 1,867,507	\$ 22,296,054	\$ 1,858,004	\$ 19,687,197	13.3%
\$ 417,910	\$ 409,586	\$ 408,004	\$ 407,598	\$ 407,817	\$ 5,022,066	\$ 418,505	\$ 4,366,962	15.0%
\$ 7,500	\$ 7,500	\$ 12,500	\$ 7,500	\$ 7,500	\$ 125,000	\$ 10,417	\$ 88,786	40.8%
\$ 5,000	\$ 10,000	\$ -	\$ 5,300	\$ 7,500	\$ 100,000	\$ 8,333	\$ 80,000	25.0%
\$ 136,421	\$ 156,421	\$ 146,921	\$ 136,421	\$ 156,421	\$ 1,779,902	\$ 148,325	\$ 2,716,498	-34.5%
\$ 166,543	\$ 196,593	\$ 168,804	\$ 162,982	\$ (152,375)	\$ 1,798,281	\$ 149,857	\$ 1,844,141	-2.5%
\$ 31,694	\$ 30,384	\$ 30,204	\$ 30,604	\$ 40,834	\$ 377,847	\$ 31,487	\$ 356,046	6.1%
\$ 17,587	\$ 18,887	\$ 18,487	\$ 19,537	\$ 33,887	\$ 275,989	\$ 22,999	\$ 339,806	-18.8%
\$ 186,837	\$ 175,836	\$ 173,912	\$ 178,453	\$ 186,836	\$ 2,150,470	\$ 179,206	\$ 2,258,529	-4.8%
\$ 2,604	\$ 2,604	\$ 2,604	\$ 2,604	\$ 2,604	\$ 31,248	\$ 2,604	\$ 32,000	-2.4%
\$ 111,698	\$ 117,720	\$ 113,795	\$ 113,298	\$ 117,287	\$ 1,413,404	\$ 117,784	\$ 1,323,902	6.8%
\$ 14,764	\$ 19,784	\$ 19,764	\$ 16,764	\$ 14,764	\$ 212,938	\$ 17,745	\$ 34,756	512.7%
\$ 21,934	\$ 29,234	\$ 19,034	\$ 13,534	\$ 10,534	\$ 271,914	\$ 22,660	\$ 237,224	14.6%
\$ 27,564	\$ 28,462	\$ 33,387	\$ 28,781	\$ 29,035	\$ 357,597	\$ 29,800	\$ 326,339	9.6%
\$ 149,369	\$ 149,369	\$ 149,369	\$ 149,369	\$ 149,369	\$ 1,792,423	\$ 149,369	\$ 2,036,703	-12.0%
\$ 42,800	\$ 48,432	\$ 43,788	\$ 43,796	\$ 44,057	\$ 541,109	\$ 45,092	\$ 98,973	446.7%
\$ 28,972	\$ 28,972	\$ 28,972	\$ 28,972	\$ 28,972	\$ 345,604	\$ 28,800	\$ 306,480	12.8%
\$ 20,071	\$ 20,071	\$ 20,071	\$ 20,071	\$ 17,625	\$ 238,406	\$ 19,867	\$ 268,917	-11.3%
\$ 3,285,519	\$ 3,285,056	\$ 3,257,190	\$ 3,226,262	\$ 2,970,173	\$ 39,130,251	\$ 3,260,854	\$ 36,403,258	7.491%
\$ 460,835	\$ 152,395	\$ 234,585	\$ (31,491)	\$ 660,546	\$ 2,853,167	\$ 237,764	\$ 846,818	237%

Cascade Medical
Operating Budget 2027
Schedule of Changes in Final Proposed Budget

Item	Amount
Budgeted margin, 1st draft	2,007,584
Changes:	
1. Salary adjustments	(46,619)
2. Volume adjustments	9,994
3. Insurance	30,760
4. Levies/Bond	35,885
5. Misc expense items	(26,134)
6. Contractuall Allowance	841,697
Revised margin	<u>\$ 2,853,167</u>

Cascade Medical
2027 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>		\$	2,853,167 6.8%
3. Margin with annual increase for all non-union staff**		\$	2,617,661 6.2%
	3.00%		
		\$	2,562,610 6.1%
	3.50%		
			2,517,005 6.0%
	4.00%		
			2,463,843 5.9%
	4.50%		

** team members on step scale receive increase in two parts,
one at beginning of the year and one at time of step increase

Statement of Cash Flows - Operating Budget
Cascade Medical Center
For the year ending December 31, 2027

	<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	\$ 13,596,259	\$ 13,479,604	\$ 13,380,305	\$ 13,535,182	\$ 13,567,002	\$ 14,012,875	\$ 13,887,545	\$ 14,020,040	\$ 14,364,305	\$ 14,758,508	\$ 15,388,387	\$ 16,043,780
Cash available for operating needs	\$ 13,376,167	\$ 13,254,746	\$ 13,122,184	\$ 13,179,755	\$ 12,720,864	\$ 12,970,658	\$ 12,949,108	\$ 13,075,114	\$ 13,409,445	\$ 13,784,295	\$ 14,198,865	\$ 14,757,228
Cash restricted to debt service, other restricted funds	\$ 220,092	\$ 224,858	\$ 258,121	\$ 355,427	\$ 846,138	\$ 1,042,217	\$ 938,437	\$ 944,926	\$ 954,860	\$ 974,213	\$ 1,189,522	\$ 1,286,552
<i>Cash flows from operating activities</i>												
Receipts from and on behalf of patients	\$ 2,756,271	\$ 2,792,538	\$ 2,754,100	\$ 2,788,469	\$ 2,761,877	\$ 2,857,178	\$ 2,956,035	\$ 3,154,921	\$ 3,238,325	\$ 3,171,152	\$ 2,992,176	\$ 2,808,315
Grant receipts	\$ 60,783	\$ 60,783	\$ 93,283	\$ 80,783	\$ 98,311	\$ 80,783	\$ 60,783	\$ 60,783	\$ 60,783	\$ 60,783	\$ 60,783	\$ 60,783
Other receipts	\$ 87,420	\$ 87,420	\$ 87,420	\$ 87,420	\$ 87,420	\$ 99,420	\$ 87,420	\$ 87,420	\$ 87,420	\$ 87,420	\$ 87,420	\$ 99,420
Payments to or on behalf of employees	\$ (2,073,832)	\$ (2,214,003)	\$ (2,073,037)	\$ (3,238,461)	\$ (2,093,870)	\$ (2,107,510)	\$ (2,066,903)	\$ (2,088,713)	\$ (2,093,636)	\$ (3,081,545)	\$ (2,115,559)	\$ (2,053,632)
Payments to suppliers and contractors	\$ (853,998)	\$ (813,141)	\$ (874,689)	\$ (964,168)	\$ (854,349)	\$ (862,329)	\$ (818,904)	\$ (796,134)	\$ (865,045)	\$ (806,388)	\$ (782,763)	\$ (522,073)
Net cash provided by operating activities	\$ (23,355)	\$ (86,403)	\$ (12,923)	\$ (1,245,957)	\$ (610)	\$ 67,542	\$ 218,431	\$ 418,277	\$ 427,847	\$ (568,577)	\$ 242,057	\$ 392,813
<i>Cash flows from noncapital financing activities</i>												
Unencumbered M & O taxation							\$ 886	\$ 4,705	\$ 11,092	\$ 204,274	\$ 87,301	\$ 6,312
Taxation for Emergency Medical Services	\$ 8,680	\$ 60,587	\$ 177,239	\$ 893,812	\$ 357,151	\$ 17,654	\$ 13,434	\$ 18,095	\$ 42,658	\$ 785,619	\$ 335,751	\$ 24,274
Investment Income	\$ 30,700	\$ 30,700	\$ 30,700	\$ 30,700	\$ 30,700	\$ 30,700	\$ 30,700	\$ 30,700	\$ 30,700	\$ 30,700	\$ 30,700	\$ 30,700
Donations									\$ 100,000			
Net cash provided by noncapital financing activities	\$ 39,380	\$ 91,287	\$ 207,939	\$ 924,512	\$ 387,851	\$ 48,354	\$ 45,020	\$ 53,500	\$ 84,450	\$ 1,120,593	\$ 453,752	\$ 61,286
Less Funded Depreciation utilized for Information System												
Less Funds Expended for Capital Purchases	\$ (137,446)	\$ (137,446)	\$ (137,446)	\$ (137,446)	\$ (137,446)	\$ (137,446)	\$ (137,446)	\$ (137,446)	\$ (137,446)	\$ (137,446)	\$ (137,446)	\$ (137,443)
Increase/(decrease) in cash available for operations	\$ (121,421)	\$ (132,562)	\$ 57,570	\$ (458,891)	\$ 249,795	\$ (21,550)	\$ 126,005	\$ 334,331	\$ 374,851	\$ 414,570	\$ 558,363	\$ 316,656
Cash available for operating needs	\$ 13,254,746	\$ 13,122,184	\$ 13,179,755	\$ 12,720,864	\$ 12,970,658	\$ 12,949,108	\$ 13,075,114	\$ 13,409,445	\$ 13,784,295	\$ 14,198,865	\$ 14,757,228	\$ 15,073,884
Taxation for bond prin & int (incl encumbd M&O)	\$ 4,766	\$ 33,263	\$ 97,306	\$ 490,711	\$ 196,079	\$ 9,692	\$ 6,489	\$ 9,934	\$ 19,353	\$ 215,309	\$ 97,030	\$ 7,015
Principle & Interest paid on long-term debt					\$	(113,472)						\$ (1,073,472)
Restricted grants and contributions												
Increase/(decrease) in restricted cash	\$ 4,766	\$ 33,263	\$ 97,306	\$ 490,711	\$ 196,079	\$ (103,780)	\$ 6,489	\$ 9,934	\$ 19,353	\$ 215,309	\$ 97,030	\$ (1,066,457)
Cash restricted to debt service, other restricted funds	\$ 224,858	\$ 258,121	\$ 355,427	\$ 846,138	\$ 1,042,217	\$ 938,437	\$ 944,926	\$ 954,860	\$ 974,213	\$ 1,189,522	\$ 1,286,552	\$ 220,095
Cash balance, end of period	\$ 13,479,604	\$ 13,380,305	\$ 13,535,182	\$ 13,567,002	\$ 14,012,875	\$ 13,887,545	\$ 14,020,040	\$ 14,364,305	\$ 14,758,508	\$ 15,388,387	\$ 16,043,780	\$ 15,293,979

Cascade Medical
Volume Forecast - Budget Year 2027

Acute Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2022	8	1	13	16	1	29	21	15	3	11	19	73	210
Actual	2023	30	4	15	29	25	26	18	17	36	17	16	26	259
Actual	2024	34	9	25	23	38	42	45	39	20	43	43	47	408
Actual	2025	16	32	41	65	37	42	31	10	6	12	6	23	321
Actual/Projected	2026	21	47	13	8	34	17	7	19	29	29	19	29	272
Forecast	2027	17	22	20	25	29	27	32	22	12	22	17	27	272
increase/decrease over 2026														0.0%

Swing Bed Patient Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2022	131	116	74	46	52	90	69	114	46	133	43	63	977
Actual	2023	75	98	49	61	59	66	61	102	67	61	57	69	825
Actual	2024	70	38	84	102	75	29	49	41	88	45	69	39	729
Actual	2025	76	115	101	79	62	108	101	166	93	97	55	102	1,155
Actual/Projected	2026	79	79	100	80	77	96	95	55	116	105	70	84	1,036
Forecast	2027	76	79	96	73	80	83	123	94	94	73	85	90	1,046
increase/decrease over 2026														1.0%

Emergency Visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2022	293	213	252	267	323	381	452	424	354	374	330	390	4,053
Actual	2023	324	253	244	283	371	375	467	416	346	342	280	385	4,086
Actual	2024	325	262	287	327	385	421	490	468	337	358	285	437	4,382
Actual	2025	384	297	309	289	357	368	447	462	332	317	263	351	4,176
Actual/Projected	2026	300	291	328	305	419	404	457	368	395	354	304	415	4,340
Forecast	2027	389	304	313	294	360	431	494	481	348	342	293	404	4,453
increase/decrease over 2026														2.6%

Clinic visits		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Actual	2022	908	750	1,097	971	987	1,122	892	1,103	991	930	1,069	925	11,745
Actual	2023	1,051	976	1,197	1,091	1,167	1,148	1,098	1,333	1,178	1,224	1,177	1,135	13,775
Actual	2024	1,264	1,132	1,146	1,233	1,314	1,150	1,243	1,216	1,234	1,264	1,063	1,237	14,496
Actual	2025	1,244	1,125	1,231	1,347	1,337	1,076	1,296	1,151	1,243	1,193	1,129	1,145	14,517
Actual/Projected	2026	1,244	1,100	1,362	1,438	1,269	1,232	1,146	1,198	1,307	1,341	1,305	1,260	15,202
Forecast	2027	1,412	1,264	1,407	1,512	1,475	1,301	1,468	1,436	1,423	1,429	1,316	1,370	16,813
increase/decrease over 2026														10.6%

**Cascade Medical Center
Contractual Allowance Worksheet
Budget 2027**

<u>Hospital</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Inpatient Revenue	\$ 1,181,330	\$ 113,069	\$ 217,220	\$ 1,511,619
Patient Days	213	20	39	272
Reimb Rate	<u>\$ 7,418</u>	<u>\$ 7,111</u>	<u>69.6%</u>	<u>\$ 6,885.23</u>
Total Payment	<u>\$ 1,576,828</u>	<u>\$ 144,667</u>	<u>\$ 151,288</u>	<u>\$ 1,872,783</u>
Contr Allow	\$ (395,498)	\$ (31,598)	\$ 65,931	\$ (361,165)

-65.40% -27.95% 30.35%

Swing Bed Revenue	\$ 4,257,555	\$ -	\$ 44,744	\$ 4,302,299
Patient Days	1,035	-	11	1,046
Reimb Rate	<u>\$ 7,168</u>	<u>\$ 6,960</u>	<u>69.6%</u>	<u>\$ 7,123</u>
Total Payment	<u>\$ 7,419,273</u>	<u>\$ -</u>	<u>\$ 31,163</u>	<u>\$ 7,450,436</u>
Contr Allow	\$ (3,161,718)	\$ -	\$ 13,581	\$ (3,148,137)

-73%

Outpatient Revenue	\$ 17,677,955	\$ 5,452,044	\$ 15,183,731	\$ 38,313,729
Reimb Rate	<u>58.2%</u>	<u>42.7%</u>	<u>51.0%</u>	<u>53%</u>
Total Payment	<u>\$ 10,287,685</u>	<u>\$ 2,328,801</u>	<u>\$ 7,745,149</u>	<u>\$ 20,361,636</u>
Contr Allow	\$ 7,390,269	\$ 3,123,242	\$ 7,438,582	\$ 17,952,093

47%

Total Revenue	\$ 28,329,348	\$ 7,078,509	\$ 19,199,793	\$ 54,607,649
Total contractual Allow	\$ 4,190,740	\$ 3,056,054	\$ 9,604,941	\$ 16,851,735

<u>Clinic</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Revenue	\$ 2,827,464	\$ 849,732	\$ 2,294,217	\$ 5,971,414
Visits	7,961	2,392		
Reimb Rate	<u>\$ 484.00</u>	<u>\$ 481.00</u>	<u>40.2%</u>	<u>99%</u>
Total Payment	<u>\$ 3,853,102</u>	<u>\$ 1,150,788</u>	<u>\$ 922,712</u>	<u>\$ 5,926,602</u>
Contr Allow	\$ (1,025,638)	\$ (301,056)	\$ 1,371,505	\$ 44,811

1%

<u>Ambulance</u>	<u>Mcare</u>	<u>Mcaid</u>	<u>Other</u>	<u>Total</u>
Revenue	\$ 2,385,044	\$ 663,664	\$ 1,459,881	\$ 4,508,589
Reimb Rate	<u>42.0%</u>	<u>60.0%</u>	<u>51.0%</u>	<u>48%</u>
Total Payment	<u>\$ 1,001,718</u>	<u>\$ 398,199</u>	<u>\$ 744,539</u>	<u>\$ 2,144,456</u>
Contr Allow	\$ 1,383,325	\$ 265,466	\$ 715,342	\$ 2,364,133

52%

<u>Bad Debt</u>	<u>C.S.P</u>
Rate	3.1%
Reserve	1.3%
1,692,837	709,899

Total Contractual Allowance, Bad Debt Reserve, Charity	\$ 19,254,472	35.3%
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Cascade Medical
FTE Budget, Staffing Additions
FY 2027

Dept Number	Department	Authorized FTEs 2026	Requested Change in FTEs	Budgeted FTEs FY 2027	Notes
60000	Acute IP	16.80		16.80	
60100	Swing Bed	0.34		0.34	
80400	Central Supply	1.00		1.00	
60700	Laboratory	9.60		9.60	
60800	Cardiac Diagnostic	0.27		0.27	
60900	CT	2.69		2.69	
61000	Radiology	2.88		2.88	
61050	MRI	0.55		0.55	
61100	Pharmacy	-		-	
61500	Physical Therapy	11.06	1.0	12.06	
60500	Emergency Department	6.60		6.60	
60550	ED Providers	4.21		4.21	
60400	Ambulance	24.40		24.40	
60600	Endoscopy	2.80		2.80	
60200	Clinic	17.00		17.00	
60250	Clinic Providers	10.67		10.67	
61600	Occupational Therapy	1.60		1.60	
61700	Speech Therapy	0.80		0.80	
61800	Cardiac Rehab	0.60		0.60	
80800	Food/Nutrition Svcs	6.00		6.00	
81300	Laundry	2.00		2.00	
81400	Materials Management	0.80		0.80	
81600	Plant Operations	3.00		3.00	
80600	Environmental Services	5.00		5.00	
81100	Information Technology	-		-	
80700	Fiscal Services	3.00		3.00	
80300	Business Office	10.00		10.00	
80100	Admitting	9.75		9.75	
80000	Administration	5.00		5.00	
81700	Public Relations	1.00		1.00	
81000	Human Resources	2.50		2.50	
83000	Foundation	0.75		0.75	
80900	Health Information Mgt	5.00		5.00	
81900	Utilization Review	5.50		5.50	
81500	Nursing Admin	4.50		4.50	
82000	Informatics	2.25	2.0	4.25	
81200	Inservice Education	-		-	
		179.92	3.0	182.92	

Cascade Medical
Capital Equipment Requests - Long Range Plan 2027 - 2031

Dept #	Item	Est / Required Completion Date	Original Request Date	Estimated Project/Equipment Costs	Projected 2027	Projected 2028	Projected 2029	Projected 2030	Projected 2031
	<u>Buildings/Building Improvements/Grounds</u>								
Admint	Architecture Fees	2027	2027	200,000	200,000				
Admint	Feasibility Study	2027	2027	150,000	150,000				
Plant	Security Gate - New Parking Lot	6/2026	2020	43,440		43,440			
Plant	Lab Remodel/Upgrade	7/2023	2021	400,000		400,000			
Plant	Replace carpet in Patient Area & Corridor-RHTP	8/2023	2022	260,880	260,880				
Plant	Shelled Space	6/2020	2018	300,000		300,000			
Plant	Chiller Replacement	4/2027	2023	151,900		151,900			
Plant	Roof Replacement	2029	2024	400,000			400,000		
Plant	Cameras/Access Control System Additions	2/2027	2025	15,204	15,204				
Plant	Parking Lot Sealing/	5/2027	2025	21,077	21,077				
Plant	Lighting-RHTP	1/2027	2026	150,000	150,000				
Plant	Generator wiring-RHTP	1/2027	2026	100,000	100,000				
	<u>Major Moveable Equipment</u>								
Amb	Ambulance - Demers - replace 2011	5/2028	2023	453,945		453,945			
Amb	Ambulance - Demers - replacement unit	5/2030	2026	461,550				461,550	
Amb	Chevrolet Tahoe-response sprint unit	1/2027	2023	79,278		79,278			
Amb	Stryker Stair Chair-RHTP	1/2026	2026	5,529	5,529				
Card	EKG Machine or New Technology	1/2026	2024	8,688		8,688			
CS	Autoclave-RHTP	1/2027	2026	23,357	23,357				
Clin	Body Composition Scale	1/2027	2026	9,540		9,540			
CT	CT Upgrade to 64 slice	1/2027	2024	625,263		625,263			
ED	Stretcher-2-RHTP	2/2027	2024	40,164	40,164				
ED	Ventilator bundle ED/EMS-RHTP	2/2027	2026	50,585	50,585				
FNS	True Refrigerator-RHTP	2/2027	2026	19,112	19,112				
IT	USAC Switch Upgrade (Scaled Health) EX4400	2026	2025	8,198					
IT	Cybersecurity bundle-RHTP	1/2027	2026	30,000	30,000				
Lab	Ortho Workstation	2026	2024	16,896		16,896			
Lab	Blood Bank Refrigerator-Helmer	2026	2025	6,171		6,171			
Lab	Abbott Alinity	2027	2026	165,400	165,400				
Lab	Microscope	2027	2026	12,170	12,170				
PT	Ultrasound/E-Stim Unit (PT)	2027	2017	6,000	6,000				
PT	Treadmill-RHTP	2027	2022	9,272	9,272				
PT	Replacement Tx Table	6/2027	2024	5,680	5,680				
PT	Replacement Tx Table	6/2029	2024	6,223			6,223		
Rad	Ultrasound-Sequoia Crown Edition	5/2025	2024	163,432		163,432			
Rad	Mammography Machine	1/2026	2025	378,077	378,077				
Rad	Portable X-Ray	1/2030	2025	249,780				249,780	
Rad	Cios Flow-Neo C-arm	2028	2026	198,624		198,624			
Rad	Rad Modern Way Pigg-O-Stat pediatric mobilizer	2027	2026	6,842	6,842				
		TOTAL		\$ 5,232,277	\$ 1,649,349	\$ 2,457,177	\$ 406,223	\$ 711,330	\$ -

RHTP Funding
Service line growth / new service
Replaces aging / obsolete item
Supports quality and safety / mitigates risk
Enhances access

Disclaimer: The Rural Health Transformation Program (RHTP) is supported by CMS/HHS as a financial assistance award; in this budget, Cascade Medical will be utilizing federal RHTP dollars totaling \$510,515, which equals 100% of the project costs. Cascade Medical will be utilizing \$0 and 0% of non-federal funds to support these projects. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

RESOLUTION NO. 2026-10

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 2027 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 2027 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 28, 2026, 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 2027 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 28th day of October 2026, the following commissioners being present and voting in favor of this resolution.

Board President, Shari Campbell

Board Vice President, Cary Ecker

Commissioner Jessica Kendall

Commissioner Julie Pankow

Commissioner Dr. Jesse Knight



AGENDA
Community Outreach and Awareness
October 13, 2026
1:00 PM-3:00 PM
Administration Conference Room

Agenda Item		Time
1.	Call to Order	1:00 PM
2.	Consent Agenda Approval - October 13, 2026 Agenda - July 16, 2026 Minutes	1:00 PM
Committee Work		
1.	Strategic lens on marketing and communication - Review data shaping marketing and communication work - Discuss areas of focus for coming months	1:00 PM
2.	Check-in on outreach plan for board and organization, ensure strategic priorities are met - Review outreach opportunities, provide guidance on board participation - Propose themes/areas of focus for Q4 board talking points	1:20 PM
3.	Review Committee Charter & perform COAC Self-Evaluation	1:30 PM
4.	Plan communication needed for Master Facility Plan next steps	1:45 PM
5.	Community Feedback – broadly what have you been hearing in the community about Cascade Medical that we should be aware of?	2:30 PM
6.	Prepare for December report to full Board regarding progress / annual results of committee work by reviewing work plan with notes	2:45 PM
7.	Set next meeting date (December)	2:55 PM
Adjournment		
1.	Adjournment	3:00 PM

Materials provided in advance of meeting along with agenda:

- Minutes from July 16, 2026, meeting
- Summary of strategic marketing and communication for Q3
- Upcoming outreach opportunities
- Q3 Board talking points, to inform discussion around Q4 talking points
- Committee charter
- Committee self-evaluation discussion questions
- Master Facility Plan (MFP) project scope & costs slides
- MFP Update September Board meeting slides
- 2026 committee work plan, with notes

Fourth Quarter Talking Points Cascade Medical

What's New at Cascade?

Establishing care is easier than ever.

We've made several improvements to make it easier for new patients, with new patient appointments available each week. With Dr. Dannica Ballard and Dr. Connor Dixon just joining the team, there's good availability to establish care. Patients can now schedule a new patient appointment online.

Saturday Clinic hours have expanded.

Saturday Clinic is now open from 8 a.m. to 3 p.m. Patients can schedule online or walk-in. There is also dedicated parking available.

We have strong availability for several specialty services.

We currently have good availability for imaging services, including **MRI and CT**, with relatively short wait times for **endoscopy** as well.

Dermatology is now available at Cascade.

Dr. Sharon Seguin brings more than 25 years of experience, with appointments currently *booking 4–6 weeks out*.

Plans for LOGE Property

We have been working through the research and due diligence needed to determine the best path forward for the LOGE property. Early on, this included ensuring the building was properly insured, as we had never owned a hotel property or had a tenant. Our focus now is on understanding our funding options and the healthcare needs we are best positioned to address.



Part-time Resident Advisory Council Meeting

October 24, 2026 | 10:00 AM

Arleen Blackburn Conference Room & Zoom Connection

Optional Social Time

9:30 AM

- | | | | |
|------|---|---|-----------------|
| I. | Call to Order | Jim Elliot, President | 10:00 AM |
| II. | Introductions | Jim Elliot, President | |
| III. | Approval of April 25, 2026 Minutes | Council Members | |
| | Discussion | | 10:10 AM |
| IV. | Cascade Medical <ul style="list-style-type: none">Value StoryCM & Industry UpdatesMaster Facility Plan Update, with agenda time for feedback, input, open Q&A | Diane Blake, CEO | |
| VII. | Council Input <ul style="list-style-type: none">Mission Statement Feedback: Cascade Medical is updating its mission statement and values the council's perspective on the draft, including whether it feels clear, welcoming, and true to the community we serve.Council Recruitment / Sourcing Strategy: We'd love the council's input on what makes participation on this council most valuable to you, including the people, the format, the setting, and the impact of our work, and how we might share those strengths in our recruitment outreach to welcome new members. | Katie Grove, Marketing & Communications Director

Council Members | 10:30 AM |
| VII. | Council Business <ul style="list-style-type: none">Member Directory: A member directory could make it easier for council members to stay connected. We'd like the council's input on whether to create one and what it should include. | Jane Mounsey, Vice President | 11:30 AM |
| IX. | General Q&A Council Thoughts | Council Members | 11:50 AM |
| X. | Adjournment | Jim Elliot, President | 12:00 PM |

Lunch – In Person or To Go options

12:00 PM

- Discussion Topic Invitation:** Please join us for lunch following the meeting for a conversation about local neighborhood topics.

Future Meetings:

2027	2028
April 24 th	April 29 th
October 16 th	October 21 st

Dashboard Strategy / Performance Measures
Cascade Medical 2026

	2026-2028 Focus with 2026 Objectives	Q1 '26	Q2 '26	Q3 '26	Q4 '26	Target/ Comparative	YTD Status
Patient & Family Centered Care	Three-year Objective: Continue our process of expanding access to healthcare, including through service expansion, innovation and partnerships.						
	Grow family medicine market share to at least 55% of market by the end of 2026	45.2%	45.6%	46.0%		55% by YE	46.0%
	Track and monitor data to determine current behavioral health utilization trends across the organization, to assess access needs/gaps	One Area Lagging	On Track	On Track		Meet Project Timelines	On Track
	Three-year Objective: Continued focus on providing safe, high-quality care within a personalized, patient-centered environment, with emphasis on care integration, whole-person care and creating an exceptional first-touch experience.						
	Meet the first year timelines of the three-year work plan to achieve hospital DNV accreditation by or before the end of 2028	On Track	On Track	On Track		Meet Project Timelines	On Track
	Achieve and maintain organization-wide Net Promotor Score (NPS) that exceeds the Qualtrics Healthcare overall benchmark for NPS	81.3	82.2	86.0		Q3 Benchmark = 82.0	86.0
Financial Stewardship	Three-year Objective: Implement master facility plan recommendations that allow for strategic service expansion through 2028 while positioning Cascade Medical for longer-term growth.						
	Conduct a full evaluation of all long-term parking solutions for CM campus by June 30, 2026, with opportunity for potential decision by no later than the July Board meeting	On Track	On Track	On Track		Meet Project Timelines	On Track
	Three-year Objective: Focused strengthening of organizational financial performance to ensure CM is positioned to best meet future community needs.						
	Meet budgeted total margin projections for 2026	-6.80%	7.10%	5.70%		Thru Q3 = 2.6%	2.50%
	Meet budgeted total cash projections for 2026	\$16.7M	\$12.1M	\$12.5M		Q3 = \$20.3M	\$12.5M
	Rehab Services delivers break even or better monthly financial performance by end of 2026	-12.0%	7.4%	0.74%		0% or Better Margin by YE	-0.9%
Our People	Three-year Objective: Invest in and continue to grow a desirable working culture that retains, engages, develops and supports our outstanding community-focused team members.						
	Achieve turnover rate in 2026 that is less than or equal to 75% of the WA Acute Care turnover benchmark	7.89%	8.14%	7.44%		Q3 Benchmark = 13.5%	7.44%
Community Connections	Three-year Objective: Increase options for and utilization of convenient access points for care and services across all segments of and in partnership with our community.						
	Develop and implement a strategic marketing plan to increase community awareness of, including how to conveniently access, CM services and outreach. Success will be measured through on-time completion of 85% of initiatives.	88%	93%	100%		85%	94%

Status: On Track Behind At Risk

*Unlikely to meet projections due to unanticipated opportunity to purchase property for expansion in Q2 for \$6.5M.

Board Dashboard Companion Document
Q3 2026
Cascade Medical

In your packet is the Dashboard Strategy / Performance Measures document which provides a snapshot of our organizational progress to date toward meeting our board-approved strategic objectives for the year. This longer document provides additional information to help clarify and provide transparency around organizational progress. As you review the dashboard and refer to this document to better understand the work, please try to focus your questions and feedback on broad organizational direction; sharing your thoughts and perspectives from viewing our progress as a whole, rather than in individual tactical elements, is essential to helping us stay on track, to pivoting where necessary, and to future planning.

As you consider our strategic plan from a governance perspective, please consider your thoughts to the following questions:

- We're 3/4 of the way through the year. What thoughts do you have about organizational performance compared to plan? Any concerns? Any highlights? Is there anything you're excited to share with the community?
- Is there strategic level work we're not doing that you think we should be?
- How does our organizational performance in 2026 impact your thoughts about planning for 2027? What should we be thinking about to ensure we're consistently working to support our three-year objectives?
- Are there any areas of focus on the dashboard for which you would like more information, to assist with strategic considerations?

Patient & Family Centered Care

2026-2028 Focus Area One: Continue our process of expanding access to healthcare, including through service expansion, innovation and partnerships.

2026 Objectives

1. Grow family medicine market share to at least 55% of market by the end of 2026
 - a. Progress is slower than anticipated on this goal, partly as a result of panel cleanup work primarily in second quarter, where patients who have moved, for example, have been removed from clinic provider panels. New patient additions were also slow over the third quarter, when we added less than 50 net new patients. We anticipate ramping up the number of new patients in the coming months with the additions of Dr. Ballard and Dr. Dixon as well as some additional targeted marketing and communications focus; this will deliver a boost in the final quarter of the year and set us up for good growth in 2027, but we will end the year far from our original expectations.
2. Track and monitor data to determine current behavioral health utilization trends across the organization, to assess access needs/gaps

- a. The Executive Team is reviewing data from across the organization on a monthly basis. This is the first step to helping us better understand utilization, access and need, to inform future planning. Additionally, in third quarter we kicked off internal work with the behavioral health team to better understand what they're experiencing, and we assessed patient referral patterns out of CM, to better understand needs. This work has set up Q4 where we'll be focused on improving our internal systems while developing a plan for continued behavioral health access expansion in 2027.

2026-2028 Focus Area Two: Continue our process of expanding access to healthcare, including through service expansion, innovation and partnerships.

2026 Objectives

1. Meet first year timelines of the three-year work plan to achieve hospital DNV accreditation by or before the end of 2028
 - a. This work is on track. We experienced our first DNV survey in August, which resulted in 13 improvement opportunities, which we understand is a typical number as we begin this process. We submitted our plan of correction on time in September, which was subsequently approved by DNV, and we ended Q3 on track to implement the corrective action plan by October 15.
2. Achieve and maintain organization-wide Net Promotor Score (NPS) that exceeds the Qualtrics Healthcare overall benchmark for NPS
 - a. Net promotor score measures, on a scale of one to ten, how likely a patient is to recommend CM to others. People who answer a 9 or 10 on this scale are considered net promoters. We are nicely above benchmark organization-wide for this score, which is good, and we plan to stay focused on the data and leverage it for making continued improvements.

Financial Stewardship

2026-2028 Focus Area One: Implement master facility plan recommendations that allow for strategic service expansion through 2028 while positioning Cascade Medical for longer-term growth.

2026 Objective

1. Conduct a full evaluation of all long-term parking solutions for CM campus by June 30, 2026, with opportunity for potential decision by no later than the July Board meeting
 - a. With the purchase of LOGE properties, we are ahead of schedule on this objective, as adjacent property acquisition was one of the proposed, and most ideal, solutions to explore. We will continue to stay focused on the master facility plan work, with an emphasis on understanding and educating on the financing side of the work next as well as refreshing the expansion plan, setting us up for next steps coming out of the October retreat.

2026-2028 Focus Area Two: Focused strengthening of organizational financial performance to ensure CM is positioned to best meet future community needs.

2026 Objectives

1. Meet budgeted total margin projections for 2026
 - a. Financial performance remained strong in third quarter, although we are one tenth of a percent under budget expectations for September year-to-date performance, so margin is reflected as yellow/behind. This is a result of a slow start to the year, with lower volumes and revenue in first quarter still impacting year-to-date numbers. As a reminder, our attention on strong operating statement performance is driven in part by the desire to set CM up for optimal financing opportunities, to support service and facility expansion.
2. Meet budgeted cash projections for 2026
 - a. As expected, cash balances at the end of second quarter did not meet budget projections. This is driven largely by the acquisition of the LOGE properties. As you'll note from the finance dashboard, we ended third quarter with days cash on hand at 122, down from previous quarters of about 180-190 days cash on hand. While 122 days cash on hand is still quite strong in comparison to other small, rural hospitals, we are eager to replenish reserves through the sale of the riverfront property to ensure we have a strong balance to weather the at times volatile healthcare industry pressures. Having a strong cash balance will also set us up for optimal financing opportunities for facility expansion.
3. Rehab Services delivers break even or better monthly financial performance by end of 2026
 - a. Rehab Services delivered breakeven performance in third quarter, reflecting continued solid operational performance. Given we've posted breakeven or better performance two quarters in a row, we are confident this trend will continue through Q4 and beyond, so this objective is considered green / on track. Ensuring the right efficiencies are in place to maximize access and financial performance means we can continue to offer and grow this essential program and keep it a vibrant resource for our community for years to come.

Our People

2026-2028 Focus: Invest in and continue to grow a desirable working culture that retains, engages, develops and supports our outstanding community-focused team members.

2026 Objective

1. Achieve turnover rate in 2026 that is less than or equal to 75% of the WA Acute Care turnover benchmark
 - a. Turnover is materially better than benchmark for Q3. This is measured on a rolling 12-month average (August 2025 – September 2026). Over that period, we would need our turnover to be no greater than 13.5% to be 25% better than the WA benchmark. Performance is significantly better than that, at 7.44%. While some percentage of turnover is expected and even considered

good/necessary, in general a lower turnover compared to benchmark indicates a good culture and employee-positive focus in the organization.

Community Connections

2026-2028 Focus: Increase options for and utilization of convenient access points for care and services across all segments of and in partnership with our community

2026 Objective

1. Develop and implement a strategic marketing plan to increase community awareness of, including how to conveniently access, CM services and outreach. Success will be measured through on-time completion of 85% of initiatives.
 - a. This objective is on track, with a 100% on-time achievement of initiatives in Q3 (and an average of 94% across the three quarters). The 100% completion rate reflects advancement of planned initiatives across multiple areas, including:
 - i. Advanced mission work and organizational listening
 - ii. Expanded community outreach and strategic partnerships
 - iii. Developed campaigns, like Think Pink, and strengthened provider and service line marketing
 - iv. Advanced future patient growth strategy

Organizational Objectives for 2026 - 2028 With Proposed 2027 Annual Objectives

For more than a century, Cascade Medical has been our community's hub for health. Our purpose is to care for the health and well-being of our community by providing exceptional care that meets patient and community needs both today and for years to come.

To continue this purpose, the 2026-2028 strategic plan and objectives highlight key work the organization will undertake over this three-year period to continue to expand access to care, address identified health needs and improve the health and well-being of our community.

We center this work around four pillars, believing these to be the four essential areas of focus to deliver on our purpose of caring for the health and well-being of our community for years to come. The four pillars, with definitions, are:

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.

The foundation supporting these four pillars are guiding principles which describe the way we consistently approach our work. These guiding principles include:

1. Despite our small size and rural location, we are committed to meeting the highest quality and safety standards while maintaining adherence to changing regulatory requirements. Achieving this within a resource-constrained environment requires flexibility, innovation, and a steadfast commitment to ensuring our patients receive the highest quality, safest care possible.
2. Because healthcare continues to be an industry challenged by financial constraints and declining government funding, we must consider financial sustainability as part of our commitment to caring for our community. This means making decisions that support fiscal sustainability to ensure care remains available in the local community for years to come.

3. Healthcare is a people industry. It is our team of providers, care givers, support staff across all departments and leaders who care for our community. Without our people there would be no Cascade Medical. We strive to provide a warm, respectful, nurturing environment for our people, rooted in a culture of seven Shared Values. We further strive to honor our team through the provision of wages and benefits that meet or exceed the market, while ensuring we do so within the context of long term organizational sustainability.
4. As an organization by and for the community, we consistently strive to engage and involve our community in our key objectives and to always consider community need and impact when making operational and service decisions.

It is within this framework and centered on these guiding principles that we present the draft 2027 annual objectives, framed within the 2026 – 2028 objectives.

Patient & Family Centered Care
2026-2028 Long Term Objectives:

Continue our process of expanding access to healthcare, including through service expansion, innovation and partnerships.

2027 Annual Objectives:

1. Grow market share by increasing net number of empaneled patients by 1,000 in 2027.
2. Identify a partner for psychiatric care, implement a collaborative plan, then monitor and evaluate for sustainability.
3. Grow specialty services by implementing cardiology and endocrinology. Measure utilization and monitor program for sustainability by end of 2028.

Continued focus on providing safe, high-quality care within a personalized, patient-centered environment, with emphasis on care integration, whole-person care and creating an exceptional first-touch experience.

2027 Annual Objectives:

1. Maintain DNV certification while meeting year two timelines of the work plan to achieve ISO 9000 compliance in 2029.
2. Achieve and maintain organization-wide Net Promoter Score (NPS) that exceeds the Qualtrics Healthcare overall benchmark for NPS.
3. Make every digital interaction easy, reliable, and connected to the patient's care.

Financial Stewardship

2026-2028 Long Term Objectives:

Implement master facility plan recommendations that allow for strategic service expansion through 2028 while positioning Cascade Medical for longer-term growth.

2027 Annual Objective:

1. Complete feasibility study to ensure / shape facility expansion in a way that supports organizational sustainability.
2. Identify an architectural partner and develop architectural plans for facility expansion.
3. Develop and implement interim plan that maximizes space for near-term service growth while supporting long-term expansion strategy.

Focused strengthening of organizational financial performance to ensure CM is positioned to best meet future community needs.

2027 Annual Objectives:

1. Meet budgeted total margin and cash projections for 2027
2. Engage in Lean practices by training teams and then mapping at least three workflows, with at least one process improvement implemented for each workflow.
3. Maximize external funding streams by meeting quarterly reporting for the Rural Health Transformation Program and exploring at least two additional sources of external funding.

Our People

2026-2028 Long Term Objective:

Invest in and continue to grow a desirable working culture that retains, engages, develops and supports our outstanding community-focused team members.

2027 Annual Objectives:

1. Achieve turnover rate in 2027 that is at least 25% better than the WA Acute Care turnover benchmark.
2. Conduct staff listening sessions, with a goal of achieving at least 40% employee participation.
3. Develop structures and processes and fully implement the clinician compact by end of 2027.

Community Connections

2026-2028 Long Term Objective:

Increase options for and utilization of convenient access points for care and services across all segments of and in partnership with our community.

2027 Annual Objectives:

1. Ensure connection with outlying areas of the District by participating in outreach events at least four times in the year, with focus on Plain / Lake Wenatchee, Peshastin / Dryden, and Cashmere.
2. Successfully implement communication plan to build connection with our community on the developments of our facility / facility planning.
3. Expand convenient local access to existing services, with focused attention on the process for infusion services.

Credentialing Approvals

CM Active Privileges (2-years)

- Sharon Seguin, MD

Teleradiology Provisional Privileges (1-year)

- Shannon St. Clair, MD

Teleradiology Active Privileges (2-years)

- Buddy Thompson, MD
- Karen Phillips, MD
- Ron Pearson, MD
- Randall Snyder, MD

RESOLUTION NO. 2026-11

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 2027; and

WHEREAS, the District's actual general property tax levy amount for 2026 was \$696,763.37; 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 28, 2026, 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 2027 tax year and that the dollar amount of the increase over the actual levy amount from the previous year shall be \$6,967.63 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 28th day of October 2026, the following commissioners being present and voting in favor of this resolution.

Board President, Shari Campbell

Board Vice President, Cary Ecker

Commissioner Jessica Kendall

Commissioner Julie Pankow

Commissioner Dr. Jesse Knight

RESOLUTION NO. 2026-12

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 2027; and

WHEREAS, the District's actual EMS levy amount for 2026 was \$2,679,688.63; 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 2027 tax year and that the dollar amount of the increase over the actual levy amount from the previous year shall be \$26,796.89 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 28th day of October 2026, the following commissioners being present and voting in favor of this resolution.

Board President, Shari Campbell

Board Vice President, Cary Ecker

Commissioner Jessica Kendall

Commissioner Julie Pankow

Commissioner Dr. Jesse Knight

RESOLUTION NO. 2026-13

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

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington (the “District”), relating to the finances of the District; authorizing the surplus equipment identified in Exhibit A.

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a regular meeting of the board on October 28, 2026.

WHEREAS, the members of the commission of the district, after due consideration, declare that the items listed in Exhibit A is surplus to the needs of the District, agree to trade in the equipment.

BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO 1, CHELAN COUNTY, WASHINGTON, AS FOLLOWS:

It is hereby found and declared the equipment be surplus.

ADOPTED and APPROVED by the Commission of Chelan County 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 28th day of October 2026, the following commissioners being present and voting in favor of this resolution.

Board President, Shari Campbell

Board Vice President, Cary Ecker

Commissioner, Jessica Kendall

Commissioner, Dr. Jesse Knight

Commissioner, Julie Pankow



Surplus Equipment: Exhibit A

Description / Model Number	Date Acquired	Serial No.	Asset Tag	Market Value	Book Value	Recommendation
Midmark Exam Table		V950247	00428	\$0	\$0	Vendor trade-in
Midmark Exam Table		V1401892	02533	\$0	\$0	Vendor trade-in
Midmark Exam Table		V1643710	02665	\$0	\$0	Vendor trade-in
Midmark Exam Table		V1668052	02688	\$0	\$0	Vendor trade-in
Midmark Exam Table		V1401878	00427	\$0	\$0	Vendor trade-in
Midmark Exam Table		V950271	00423	\$0	\$0	Vendor trade-in
Midmark Exam Table		Unknown	00336	\$0	\$0	Vendor trade-in
Midmark Exam Table		Unknown	00316	\$0	\$0	Vendor trade-in
Midmark Exam Table		Unknown	00323	\$0	\$0	Vendor trade-in
Midmark Exam Table		Unknown	02534	\$0	\$0	Vendor trade-in