



Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday March 25, 2026 | 4:30 PM
Arleen Blackburn Conference Room and Zoom Connection

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

I.	Call to Order	4:30	Shari Campbell
II.	Pledge of Allegiance	4:30	Shari Campbell
	<ul style="list-style-type: none"> • Consent Agenda 4:30 Shari Campbell 		
	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.		
	<ul style="list-style-type: none"> • Meeting Agenda • February 25, 2026 Board Meeting Minutes • March 6, 2026 Special Board Meeting Minutes • March 9, 2026 Special Board Meeting Minutes • March 10, 2026 Special Board Meeting Minutes • March 16, 2026 Special Board Meeting Minutes 		
	Previous Month's Warrants Issued:	10128169 -- 10128265	02/14/2026 – 03/13/2026 \$ 747,359.83
	Accounts Payable EFT Transactions:	20260023 – 20260037	02/14/2026 – 03/13/2026 \$ 597,183.61
	Payroll EFT Transactions:	30516 – 30947	02/14/2026 – 03/13/2026 \$ 990,843.93
	<ul style="list-style-type: none"> • Bad Debt: February 2026 		
III.	(Action Item) New Commissioner Appointment, Position No. 3	4:35	Commissioners
IV.	Oath of Office	4:40	Megan Baker
V.	Foundation Update	4:45	Bob Adamson
VI.	Community Input	4:50	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.		
VII.	Board Education: Open Public Meetings Act Training	4:55	Chuck Zimmerman
VIII.	CM Values	5:55	Diane Blake
IX.	<u>Committee Reports</u>	6:00	
	a. Finance Committee		Cary Ecker
X.	<u>Discussion</u>	6:10	
	a. Quality Messaging Framework		Jessica Kendall & Shari Campbell
	b. Review CHNA Draft Work Plan		Diane Blake
	c. Topics for Part-time Resident Advisory Council		Diane Blake
	d. Master Facilities Planning: Next Steps		Diane Blake
XI.	<u>Action Items</u>	6:40	Commissioners
	a. MOTION: Approve Credentialing		
	b. MOTION: Approve 2026 Board Annual Goals		
	c. MOTION: Approve Resolution 2026-03 Authorizing Purchase of Real Property		
	d. MOTION: Approve Resolution 2026-04 Reimbursement Resolution		
XII.	February 2026 Financial Report	7:00	Marianne Vincent
XIII.	Administrator Report	7:20	Diane Blake
XIV.	Board Follow Up Items / Meeting Evaluation / Commissioner Comments	7:25	Commissioners
	Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.		
XV.	Adjournment	7:30	Shari Campbell

BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2 for non-Open Public Meetings)	Location	Time
April 15, 2026	CMF Board Meeting		ABC Room	9:00 AM - 11:00 AM
April 15, 2026	Governance Committee	Shari & Cary	Admin Conference Room	2:00 PM – 4:30 PM
April 22, 2026	Board Meeting		ABC Room	5:00 PM
April 25, 2026	Part-time Resident Advisory Council		ABC Room	9:30 AM-12:00 PM
May 5, 2026	Community Engagement Night		Leavenworth Festhalle	4:00 PM – 7:00 PM
May 6, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
May 9, 2026	Healthcare Week Street Fair		Behind Hospital	11:00 AM – 2:00 PM
May 11, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
May 13 2026	Community Outreach & Awareness Committee	Shari & Jessica	Admin Conference Room	12:00 PM – 2:00 PM
May 20, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
May 26, 2026	Board Meeting		ABC Room	5:00 PM
June 17, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
June 22, 2026	CMF Annual Golf Tournament		Kahler Mountain Club	All Day
June 24, 2026	Board Meeting		ABC Room	5:00 PM
June 28, 2026- July 1, 2026	WSHA Conference		Chelan, WA	All Day
July 15, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
July 22, 2026	Board Meeting		ABC Room	5:00 PM
August 5, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
August 10, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
August 19, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
August 20, 2026	Community Block Party		Osborn Playfield	4:00 PM – 7:00 PM
September 16, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
September 23, 2026	Board Meeting		ABC Room	5:00 PM
October 7, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
October 21, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
October 24, 2026	Part-time Resident Advisory Council		ABC Room	9:30 AM-12:00 PM
October 28, 2026	Board Meeting		ABC Room	5:00 PM
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 9, 2026	CMF Board Meeting		TBD	TBD
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 March 25, 2026

PLEASE NOTE: This meeting is scheduled to **begin at 4:30 PM** to allow adequate time for the in-meeting education on Open Public Meetings and the Public Records Act.

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

- **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.
- **New Commissioner Appointment, Position No. 3** – CM has been following the legal appointment process to fill an open commission spot; the process the board has followed thus far has been to request applications and interview. At this point, if a commissioner wishes to nominate a candidate, they may make a motion to do so. Just like all motions, there is an opportunity for a second and then discussion. A candidate is selected, ultimately, when at least three of the four commissioners vote to appoint.
- **Oath of Office** – If a candidate is appointed by majority vote of the Board, then Megan will administer the oath of office to the new commissioner, and they can then begin serving as a commissioner immediately following the oath of office.
- **Board Education: Open Public Meetings Act Training** – No documents are included in your packet for this item, but copies of the slide deck will be provided to you at the meeting. Chuck Zimmerman, an attorney from the offices of Ogden, Murphy, Wallace who has worked with CM for many years, will provide a refresher on the Open Public Meetings Act (OPMA). This will include opportunity for discussion / Q&A around how the board upholds the OPMA while deliberating and discussing topics which may benefit from additional care when discussed during regular board meetings.
- **Committee Reports**
 - Finance Committee – Included in your packet is the agenda from the most recent committee meeting as well as the Finance Dashboard, to inform Cary’s report.
- **Discussion**
 - Quality Messaging Framework – This discussion topic is a follow up to the February meeting discussion during which the board discussed options for most clearly communicating about the quality and safety of care at CM. The selected approach was to develop a document providing a framework for the ways CM stays focused on providing quality care to patients. Attached is a draft framework for your review and comment. We’re interested in your feedback on whether this will be a helpful communication tool for the board and welcome any and all comments / suggestions.
 - Review CHNA Draft Work Plan – The board approved the Community Health Needs Assessment (CHNA) in 2025, on time. The one piece of remaining Board work that needs to be completed is to approve a supplemental work plan for the

CHNA. This approval is needed by May 15, 2026, which means we'd like to seek the Board's approval at the April Board meeting. Included in your packet is a proposed work plan. This work plan was developed in partnership with medical staff and the broader leadership team and is meant to address needs identified through the CHNA process and align with our strategic plan. Please review the draft work plan and provide feedback so we may continue to refine prior to the April meeting. All input is welcome, and we are particularly looking for your thoughts on what may be missing or which listed items are most critical to our organizational strategic plan.

- Topics for Part-time Resident Advisory Council (PTRAC) – We're coming up on the spring meeting date for the PTRAC, which is a group of board-appointed council members who own property in the hospital district but who do not reside here on a full-time basis. This group serves in an advisory capacity to help us understand how we best serve part-time residents. They also weigh in on other broader topics and have been a great sounding board for a variety of topics. The council finds it valuable to understand what topics the commission would most like them to address, and this portion of the meeting will allocate time to discuss. There are no documents included in your packet for this topic; please come prepared to share what you would most like to learn from the group in April.
- Master Facilities Planning: Next Steps – No documents are included in your packet for this topic. Diane will discuss efforts that have occurred to date and explain, broadly, the plans that lie ahead for next steps. In addition to sharing information, we hope to have a generative discussion around what big ideas or questions you have that we should keep in mind as we begin embarking on next stages of work. Your input is invaluable as we forge our path ahead, and we anticipate asking at least the following questions:
 - Are there any elements of the master facility plan you would like refreshed for you?
 - What elements are most critical to keep our eye on as we develop future plans for our facility?
 - What are you most excited about with the master facility plan work?
 - What pitfalls do you imagine lay ahead that we would be wise to consider?
- **Action Items**
 - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
 - Approve 2026 Board annual Goals – The Board discussed the proposed Board goals for 2026 at the February meeting and generally blessed the version that is included in your packet. The next step is to approve via vote of the Board.
 - Resolution 2026-03 – Materials for this item are being finalized and will be sent to you for review prior to the Board meeting. This resolution will memorialize the vote the Board took at the special meeting on March 6, 2026.

- Resolution 2026-04 – Included in your packet is a resolution which would allow the Board to roll the upcoming expenditure for property into a future bond issuance / financing vehicle. An approval of this resolution does not commit the Board to rolling the cost of property acquisition into future project financing, but it allows the Board to retain the option to do so, effectively allowing future reimbursement of the cash expenditure we'll be making to acquire property.
- **February Financial Reports** – Included in your packet are the financial reports for February.

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.
- Below are proposed dates and times from which to choose for the next Board Quality Rounding. The intent is that attendees and a final date and time will be decided during the Board Follow Up Items section of this meeting. This list of proposed dates is included to simplify the work of scheduling; please come prepared to know which dates may work for you.
 - Thursday, April 9: 9:00 AM – 12:00 PM (two hour window during this time frame)
* **preferred**
 - Wednesday, April 15: 1:00 PM – 3:00 PM* **preferred**
 - Thursday, April 16: 9:30 AM – 11:30 AM



Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1
Administration Conference Room & Zoom Connection
February 25, 2026

- Present:** Shari Campbell, President; Cary Ecker, Vice President; Dr. Knight, Commissioner; Tom Baranouskas, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operating Officer/Chief of EMS; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Natasha Piestrup, Senior Director of Nursing; Megan Baker, Executive Assistant
- Zoom:** Jessica Kendall, Commissioner; Mike Stanford, EMS; Lester Stoltz, EMS
- Guests:** Jennifer Andrews, MSO- EMS; Justin Stoltzfus, NP

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none"> President Shari Campbell called the meeting to order at 5:01 PM and then led the Pledge of Allegiance.
Consent Agenda	<ul style="list-style-type: none"> Dr. Knight moved to approve the consent agenda. Cary seconded the motion; motion unanimously approved.
Community Input	<ul style="list-style-type: none"> Tom Baranouskas announced his plans to retire at the end of March or early April and shared that the transition timeline will remain flexible to support organizational continuity.
CM Values	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> Diane highlighted the organization’s shared value of <i>Commitment</i>, emphasizing continuous individual and organizational growth and a dedication to pursuing answers, understanding root causes, and advocating for the best course of action. Appreciation was expressed to Tom for his long-standing service and supportive board leadership. Gratitude was also shared for the extensive coordination across teams to support recent recruitment efforts led by Melissa, reflecting strong collaboration among clinical and operational staff. These efforts underscore the organization’s culture of teamwork and commitment to excellence.
Introduction	<ul style="list-style-type: none"> Justin Stoltzfus, NP shared his background, noting prior experience in Quincy with a focus on preventive care, chronic disease management, and serving a large pediatric population. He expressed enthusiasm for the opportunity to care for patients in the Upper Valley and a goal of expanding pediatric access locally. He also shared his passion to making a meaningful impact in the broader community.
Committee Reports	<p>A. Quality Oversight Committee Jessica Kendall provided the report.</p> <ul style="list-style-type: none"> The Quality Committee met in early February to finalize its annual work plan and discuss the potential development of a quality dashboard. Members supported focusing on readily available, reliable data and identified possible measures such as treatment timeliness, patient safety indicators, infection rates, and emergency department wait times. The discussion centered on whether the Commission would find value in a dashboard and which body should lead its development. The Committee plans to seek additional input from the Community Outreach and Awareness Committee. <p>B. Medical Staff Shari Campbell provided the report.</p> <ul style="list-style-type: none"> The group met in early February and received an update from the

	<p>Rehabilitation team, which has expanded service hours to 6:30 AM–6:00 PM to improve patient access. Appointments remain readily available, with patient follow-through on scheduling identified as the primary operational challenge. A new department director is expected to begin in March. Treadmill testing services continue and remain open to referrals. Emergency Department recruitment efforts are ongoing, and the Behavioral Health team has launched a caregiver support group.</p> <p>C. Community Outreach and Awareness Committee Shari Campbell provided the report.</p> <ul style="list-style-type: none"> The group discussed early planning for a September public event, including potential locations and community engagement opportunities, as well as continued efforts to support onboarding for new members. Marketing strategy was reviewed with a focus on measuring campaign effectiveness, supporting growth in Family Practice, and tracking patient experience through Net Promoter Score. The group also explored practical ways to gather community feedback at summer events to help inform decisions such as potential clinic hour expansion. <p>D. Governance Committee Shari Campbell provided the report.</p> <ul style="list-style-type: none"> The Governance Committee reviewed its annual work plan, including the education plan provided in the meeting packet. Upcoming retreat logistics and timing were discussed, along with opportunities to strengthen the Board’s strategic focus and clarify annual objectives. In considering future board members, the group highlighted the value of bringing individuals with financial knowledge and a strong understanding of hospital operations to support effective governance.
<p>Discussion</p>	<p>A. Foundation Golf Tournament Sponsorship Shari Campbell led the discussion.</p> <ul style="list-style-type: none"> Historically, the Commissioners have donated \$125 per person to share in a large sponsorship with the medical staff and executive team to help support the CM Foundation and their annual golf tournament. The group agreed to partake in the sponsorship again this year. <p>B. Introduce Capital Purchase for Budgeted Monitors Diane Blake led the discussion.</p> <ul style="list-style-type: none"> The organization has planned a system-wide defibrillator replacement to ensure all equipment is standardized and up to date. Tom made a motion to approve the purchase, Dr. Knight seconded the motion, and the group unanimously agreed.
<p>Break</p>	<ul style="list-style-type: none"> The group took a break at 6:10 PM and resumed at 6:25 PM.
<p>December 2025 & January 2026 Financial Reports</p>	<p>Marianne Vincent led the reports.</p> <p>December 2025 Financials</p> <ul style="list-style-type: none"> Cascade Medical typically keeps year-end financials open until the end of January to capture all 2025 revenue. December closed with a positive margin of \$375K, exceeding the budgeted \$115K. Preliminary year-to-date margin totaled \$1.5M, with additional entries anticipated, to include an additional Medicare cost report settlement entry that could be either a payment from Medicare or a payment to Medicare, Patient volumes were moderate toward the end of the year. A planned entry for retiree benefits will be recorded as part of the final entries. Supply costs showed a large positive variance, driven by 340B program entries that are made annually at year end.

	<ul style="list-style-type: none"> • Other operating expenses: depreciation was over budget, and leases/rentals were \$85K over, related to EMS housing and interim Rehab Director lodging. • November and December cash collections were below budget, but the year ended with \$2.3M more cash collected. • Yearend cash balances are \$385K greater than our budgeted cash balances for year end. • Net days in accounts receivable continue to increase due to Medicare contractual allowance adjustments and our larger Account Receivable balances. • The 340B program is moving to a new vendor, with an April 1 planned go-live. • Overall, the organization ended the year in a strong financial position. <p>January 2026 Financials</p> <ul style="list-style-type: none"> • January closed with a negative margin of approximately \$330K, about \$230K below budget; expenses are expected to normalize in the coming months. • Weather conditions, including recent storms and limited snowfall, impacted patient volumes. • Audit work continued through January and February, with results expected to be presented at the May Board meeting. • Contractual allowances showed a positive variance, consistent with lower gross revenue. • Other operating revenue variance of (\$185K) was primarily related to timing of the receipt of quarterly SNAP program funds. • Salaries and benefits showed a positive variance due in part to the use of outside resources to cover a physician and other staff vacancies. • Cash receipts were lower in January (approximately \$629K), including about \$180K less than expected in Medicare payments. • An error was identified in the EMS worksheet and is being addressed. • Days in net accounts receivable have increased and are expected to improve as collections normalize.
Administrator Report	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> • A water heater was replaced as a planned maintenance expense at a cost of approximately \$15K. • Rural Health Transformation Program: The Washington State Hospital Association Rural Hospital Committee is finalizing the distribution approach for the Rural Health Transformation Program. Approximately 70% of funds will be distributed as a base allocation with adjustments for hospital size and Medicaid population. Cascade Medical anticipates receiving roughly \$600K annually over the next five years to support innovation, technology, and capital infrastructure. Additional details are expected in the coming weeks. • Legislative Update: Early proposals from the state legislative session indicate healthcare funding may fare better than initially anticipated, and the organization remains cautiously optimistic as the process continues. • Recruitment Update: Efforts are ongoing to fill the full-time physician and clinic medical director role. An Emergency Department physician candidate recently interviewed, and an offer was be extended. A dermatology provider agreement has also been finalized. An interim remote medical director has also been engaged to support clinical leadership. • Rehab Services: The department has adjusted workflows and extended clinic hours to 6:30 AM – 6:00 PM to improve patient access. Operational changes, including updated door access and support from patient service representatives, have been implemented to support the expanded schedule.
Board Follow Up Items / Meeting Evaluation / Commissioner Comments	<ul style="list-style-type: none"> • Please check your email and calendars.
Action Items	<p>MOTION: Approve Credentialing</p> <ul style="list-style-type: none"> • Credentialing Candidates <ul style="list-style-type: none"> ○ Matthew Bourne, DO

	<ul style="list-style-type: none"> ○ Naveed Majd, DO ○ Theodore Baker, MD <ul style="list-style-type: none"> • Dr. Knight moved to approve, Tom seconded, and the motion unanimously approved. <p>MOTION: Approve 2026-2028 Organizational Objectives and 2026 Annual Objectives</p> <ul style="list-style-type: none"> • Jessica moved to approve, Dr. Knight seconded, and the motion unanimously approved. <p>MOTION: Approve Resolution 2026-02: CEO Employment Agreement</p> <ul style="list-style-type: none"> • The Board discussed the proposed CEO compensation adjustment, including considerations related to prior discussions about staff wage increases and recent efforts to enhance staff compensation. • A motion was made and seconded to approve the resolution. The motion passed with Shari Campbell, Cary Ecker, Dr. Knight, and Tom Baranouskas in favor, and Jessica Kendall against.
Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g))	<ul style="list-style-type: none"> • Shari called the executive session to order at 7:22 PM for 30 minutes. • At 7:52 PM, the group extended the meeting for another 30 minutes. • The group exited the executive session at 8:22 PM
Adjournment	<ul style="list-style-type: none"> • Tom moved to adjourn the meeting at 8:23 PM, Cary seconded, and the group unanimously approved.

Shari Campbell, President

Jessica Kendall, Secretary



Minutes of the Board of Commissioners Special Meeting
Cascade Medical – Administration Conference Room
Chelan County Public Hospital District No. 1 – March 6, 2026

In Person: Shari Campbell, President; Cary Ecker, Vice President; Jessica Kendall, Commissioner; Dr. Jesse Knight, Commissioner; Tom Baranouskas, Commissioner; Diane Blake, CEO; Marianne Vincent, CFO, Megan Baker, Executive Assistant

Guest: Ken West, Realtor

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none">▪ President Shari Campbell called the meeting to order at 1:09 PM.
Agenda Approval	<ul style="list-style-type: none">▪ The board unanimously approved the agenda.
Executive Session	<ul style="list-style-type: none">▪ The board moved into executive session at 1:09 PM for 44 minutes to discuss: [RCW: 42.30.110(1)(b)]
Adjourn Executive Session	<ul style="list-style-type: none">▪ The board moved back into Open Session at 1:53 PM.
Board Action	<ul style="list-style-type: none">▪ Jessica made a motion to authorize the CEO to purchase real property for a not to exceed amount of \$8 Million. Tom seconded. Motion unanimously passed.
ADJOURNMENT	<ul style="list-style-type: none">▪ There being no further business, Shari moved to adjourn the meeting.▪ Jessica seconded the motion.▪ The meeting was adjourned at 1:54 PM.

Shari Campbell, President

Jessica Kendall, Secretary



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Special Meeting
Cascade Medical – Administration Conference Room
Chelan County Public Hospital District No. 1 – March 9, 2026

In Person: Shari Campbell, President; Cary Ecker, Vice President; Dr. Jesse Knight, Commissioner; Diane Blake, CEO; Melissa Grimm, CHRO

Via Zoom: Jessica Kendall, Commissioner

Guest: Doug Stockwell

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none">▪ President Shari Campbell called the meeting to order at 5:02 PM.
Agenda Approval	<ul style="list-style-type: none">▪ The board unanimously approved the agenda.
Candidate Interview	<ul style="list-style-type: none">▪ The board interviewed Doug Stockwell.
ADJOURNMENT	<ul style="list-style-type: none">▪ Dr. Knight moved to adjourn the meeting.▪ Cary seconded the motion.▪ The meeting was adjourned at 6:04 PM.

Shari Campbell, President

Jessica Kendall, Secretary



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Special Meeting
Cascade Medical – Administration Conference Room
Chelan County Public Hospital District No. 1 – March 10, 2026

In Person: Shari Campbell, President; Cary Ecker, Vice President; Dr. Jesse Knight, Commissioner; Diane Blake, CEO; Melissa Grimm, CHRO

Via Zoom: Jessica Kendall, Commissioner

Guest: Cindy Rudolph

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none">▪ President Shari Campbell called the meeting to order at 5:03 PM.
Agenda Approval	<ul style="list-style-type: none">▪ The board unanimously approved the agenda.
Candidate Interview	<ul style="list-style-type: none">▪ The board interviewed Cindy Rudolph.
ADJOURNMENT	<ul style="list-style-type: none">▪ Cary moved to adjourn the meeting.▪ Dr. Knight seconded the motion.▪ The meeting was adjourned at 5:40 PM.

Shari Campbell, President

Jessica Kendall, Secretary



Minutes of the Board of Commissioners Special Meeting
Cascade Medical – Administration Conference Room
Chelan County Public Hospital District No. 1 – March 16, 2026

In Person: Shari Campbell, President; Cary Ecker, Vice President; Dr. Jesse Knight, Commissioner; Diane Blake, CEO; Melissa Grimm, CHRO

Via Zoom: Jessica Kendall, Commissioner

Guest: Julie Pankow

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none">▪ President Shari Campbell called the meeting to order at 3:04 PM.
Agenda Approval	<ul style="list-style-type: none">▪ The board unanimously approved the agenda.
Candidate Interviewed	<ul style="list-style-type: none">▪ The board interviewed Julie Pankow.
Executive Session	<ul style="list-style-type: none">▪ The board moved into executive session at 3:40 PM for 65 minutes to discuss: [RCW: 42.30.110(1)(h)]
Adjourn Executive Session	<ul style="list-style-type: none">▪ The board moved back into Open Session at 4:45 PM.
ADJOURNMENT	<ul style="list-style-type: none">▪ There being no further business, Cary moved to adjourn the meeting.▪ Dr. Knight seconded the motion.▪ The meeting was adjourned at 4:46 PM.

Shari Campbell, President

Jessica Kendall, Secretary

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: March 25, 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	10128169 – 10128265	\$747,359.83	02/14/2026 – 03/13/2026
Accounts Payable EFT Transactions	20260023 – 20260037	\$597,183.61	02/14/2026 – 03/13/2026
Accounts Payable ACH Transactions	EP14449 – EP14485 EP14518 – EP14550 EP14590 – EP14621 EP14644 – EP14698	\$668,222.96	02/14/2026 – 03/13/2026
Payroll EFT Transactions	30516 – 30947	\$990,843.93	02/14/2026 – 03/13/2026
Grand Total		\$3,003,610.33	

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

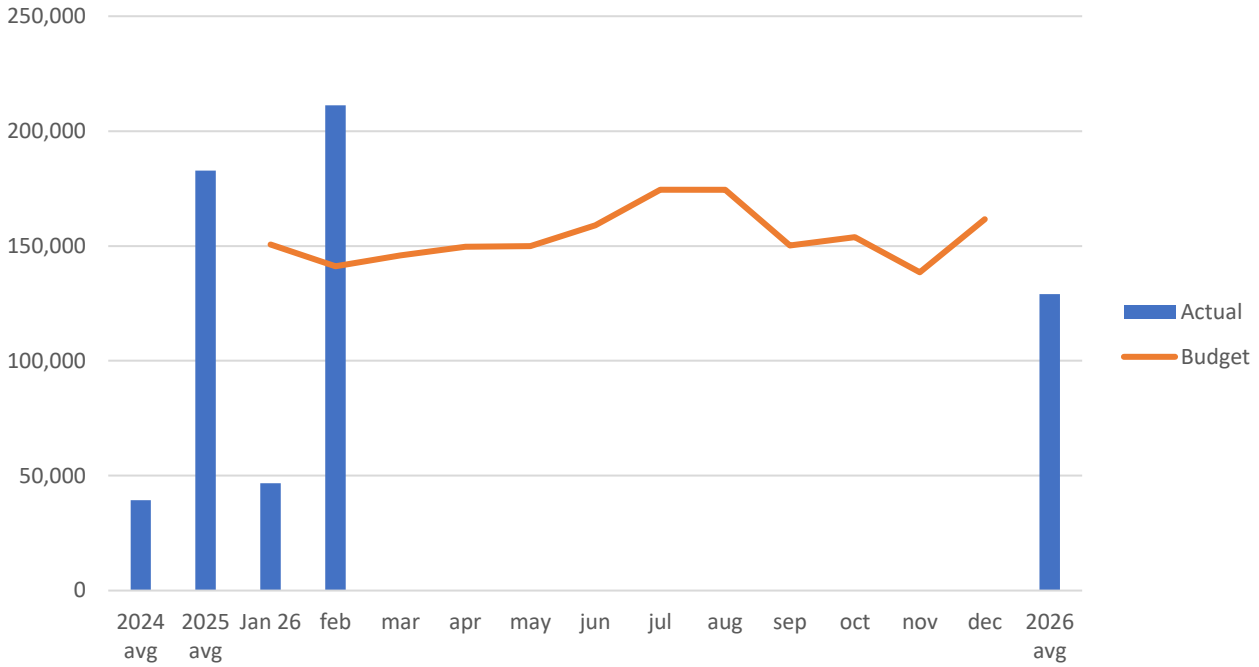
Bad Debt Write Offs Financial Assistance Program Discounts

Month February, 2026

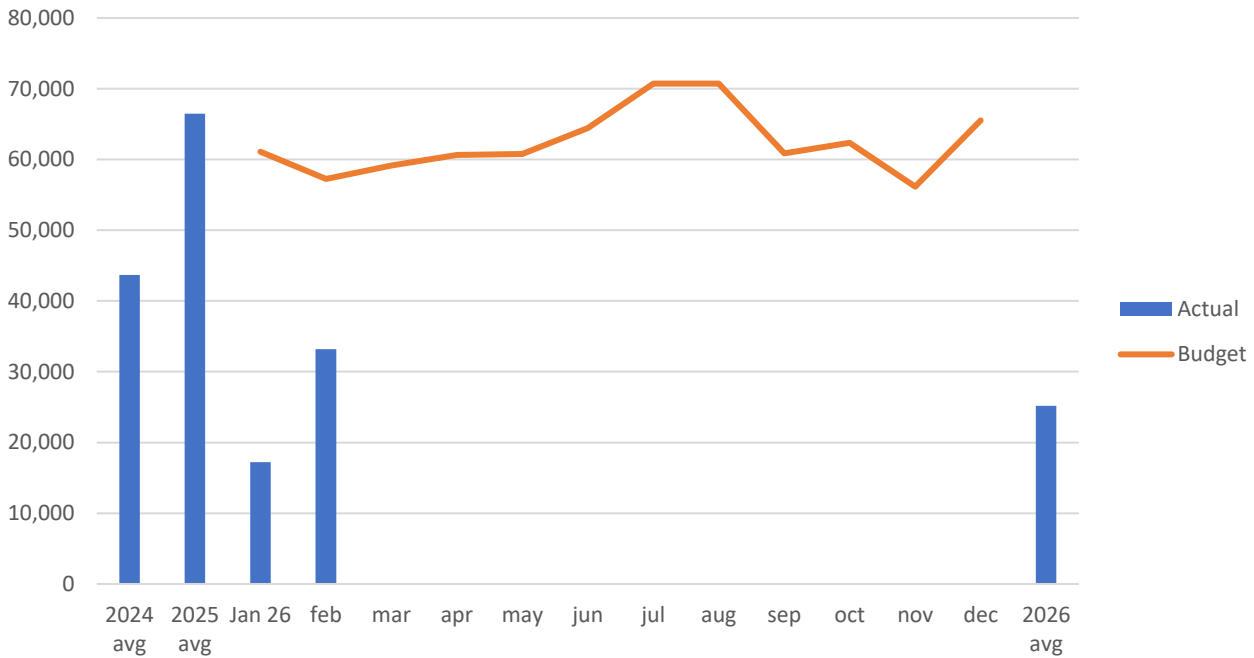
Net Bad Debt Write-Offs for Board Approval	\$	211,269.06
CFSP/Financial Assistance Program Discounts for Board Approval	\$	33,169.15

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	258,342.11
	less: pullback from Agency due to receipt of payments	(47,073.05)
	Net Bad Debt Write-Offs	<u>211,269.06</u>
CFSP/Financial Assistance Applications - Discounts Approved	\$	33,169.15
	Total	244,438.21

Net Account Balances Sent to Collections



CFSP/Financial Assistance Discounts





A G E N D A

Board Finance Committee

March 23, 2026

1:00 – 3:00 PM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	1:00 PM
2.	Consent Agenda Approval <ul style="list-style-type: none">• March 23, 2026 Agenda• December 8, 2025 Minutes	1:00 PM
Committee Work		
1.	Discuss insurance renewals	1:05 PM
2.	Review follow-up items from minutes	1:25 PM
3.	Review December Financials, Contractual Allowance Summary, Bad Debt, Dashboard	1:30 PM
4.	Review Clinic stats	1:40 PM
5.	Discuss industry trends	1:45 PM
6.	Review Financial Pillar and 2026 Objectives	1:55 PM
7.	Approve Annual Committee Work Plan	2:05 PM
8.	Approve Finance Dashboard indicators and their targeted thresholds	2:15 PM
9.	Review OICC quarterly report	2:25 PM
10.	Discuss financial impact of potential property acquisition	2:30 PM
11.	Discuss Board education	2:40 PM
12.	Discuss community member appointment to Finance Committee	2:45 PM
13.	Set remaining meeting dates	2:50 PM
Adjournment		
1.	Adjournment	3:00 PM

Materials provided in advance of meeting along with agenda:

1. December 8, 2025 Minutes
2. December Financial Packet with Notes
3. Clinic stats/revenue
4. 2026 Strategic Plan
5. Draft 2026 Work Plan
6. Finance Dashboard
7. OICC Q4 Report

2026 Meeting Schedule

- TBD

Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2025

Strategic Pillar	Measure	2021	2022	2023	2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	2025 YTD	2025 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex
FINANCE	Total Margin	24.8%	-6.1%	-2.6%	5.4%	-1.9%	7.4%	13.4%	-5.3%	4.0%	1.1%		3.0%	
	Days Cash on Hand	217	194	190	197	178	195	200	194	197	90		60	
	Cash Growth available to Operations	166	22	1,314	2,008	-540	1,573	1,469	(1,180)	1323	845		-	-
	Days in Net Patient Accounts Receivable	57	61	56	49	55	40	38	50	46	54		54	
	% of AR balances > 90 days since DOS	33.6%	41.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			-	-
	Net Revenue as % of Staffing Costs	153%	144%	152%	162%	146%	167%	186%	152%	163%	153%		-	-
	Debt Service Coverage	7.36	0.73	1.44	3.40	1.56	4.51	7.06	0.58	3.27	2.15		3.00	
	Long Term Debt to Capitalization	46%	44%	40%	34%	34%	32%	30%	28%	28%	NA		25%	
	Medicare Outpatient Cost to Charge Ratio	0.45	0.55	0.59	0.57						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 2023 YTD column is the rate from the 2023 final cost report.

DRAFT

Quality and Safety Message Framework & Proof Points

March 17, 2026

Providing safe, high quality and accessible care to the community is our top priority at Cascade Medical. We demonstrate this commitment by:

- 1. Participating actively in external, expert reviews of our care and services.**
 - a. DOH inspection for hospital and clinic services
 - b. Imaging and lab accreditations
 - c. AWPHD Quality Award
 - d. External peer review of hospital and ambulance services
 - e. Pursuit of DNV healthcare accreditation, which involves annual, outside reviews for continuous improvement

- 2. Involving everyone in our organization – from physicians to nurses and medical technicians to our maintenance team, managers and leaders – in the daily work of quality and safety.**
 - a. Quality committee
 - b. Trauma committee
 - c. Emergency Care committee
 - d. Antibiotic stewardship
 - e. Infection Control committee
 - f. Chart reviews
 - g. Department-based quality initiatives
 - h. Rural health collaborative and/or “networking
 - i. Best practices/research/data (Needs a one sentence explainer, but feel like it’s a grounding, true statement).

- 3. Innovating our care and services to better serve our patients and the community.**
 - a. Team-based care so patients get care when they need it and the entire team is able to understand their unique needs, care for them
 - b. Mobile health clinic delivering care to rural locations
 - c. Launching cardiac rehab program at Cascade because one of the biggest barriers to care is distance/travel
 - d. Stroke care certification and collaboration with Harborview

- e. Expanding services locally to minimize delays and reduce travel for locals (again, not the exact message, but MRI, Ultrasound and Endoscopy are good examples of how there are significant delays in getting service if you have to travel to Wenatchee)
- f. Adopting AI tool to help physicians focus on one-to-one, personalized care while capturing accurate visit notes.
- g. UW medicine collaboration/being an approved “place” for residents to learn, contribute and participate in rural care delivery.

Cascade Medical
Community Health Needs Assessment Implementation Plan
2026 – 2028

Cascade Medical aligns its strategic planning cycle with the three-year Community Health Needs Assessment (CHNA) cycle. As such, many strategic plan elements align with and will address needs identified in the CHNA.

The four areas of focus identified during the CHNA process are

- 1) Aging Supports and Chronic Health Conditions
- 2) Access to Healthcare, With Focus on Behavioral Health
- 3) Child and Family Wellness, with Particular Focus on Primary Care Access and Youth Behavioral Health
- 4) Equity and Building Trust in Traditionally Underserved Communities

Below are Cascade Medical’s planned tactics to address these four focus areas during the period 2026 – 2028. Progress and completion will be tracked through a combination of standard quarterly strategic plan dashboarding as well as other methods of regular monitoring.

Tactic or Initiative	Timeline or Measure	Focus Area
Continue robust student preceptorship programs	Continue through 2028	2, 3
Continue CNA Training Program with CHS	Continue through 2028	2, 3
Continue MA Apprenticeship Program	Continue through 2028	2, 3
Continue CNA Apprenticeship Program	Continue through 2028	2, 3
Explore additional apprenticeship programs	Through 2028	2, 3
Continue peer support work	Continue through 2028	2, 3
Develop Telepsychiatry referral options	By end of 2027	2, 3
Consider access to counselors/psychologists who are not located in our communities	By end of 2028	2, 3
Explore offering behavioral health services in conjunction with the Mobile Clinic	By end of 2028	2, 3, 4
Continue school-based clinic and educate potential users on services offered	Continue through 2028	3, 4
Continue offering behavioral health services at the high school	Continue through 2028	3
Continue free sports physicals night with vaccination support	Continue through 2028	3
Continue partnership with UV MEND for Free Clinic	Continue through 2028	2, 3, 4
Continue to offer drive through flu shot clinics	Continue through 2028	1, 2, 3, 4

Tactic or Initiative	Timeline or Measure	Focus Area
Conduct annual health & safety fair	Continue through 2028	3, 4
Continue Patient & Family Advisory Council	Continue through 2028	1, 2, 3, 4
Optimize Mobile Integrated Health program	Continue through 2028	1, 2, 3, 4
Maintain Telestroke program	Continue through 2028	1, 2
Maintain Cardiac Rehab program	Continue through 2028	1, 2
Optimize utilization of mobile clinic	Continue through 2028	1, 2, 3, 4
Further expand hours for clinic	Implement by end of 2028	1, 2, 3, 4
Sustain and grow chronic care management	Continue through 2028	1, 2, 3, 4
Continue to conduct and grow chronic disease group classes	Continue through 2028	1, 2, 3, 4
Enhance clinic lobby and exam rooms to be more welcoming to a wider variety of patients (kids, larger-sized patients, etc.)	Through 2028	1, 2, 3, 4
Educate community on our expertise to care for children	Through 2028	3
Continue caregiver support classes	Continue through 2028	1, 2
Continue Parkinson support classes	Continue through 2028	1, 2
Narrow HEDIS gaps within our patient population	Continue through 2028	1, 2, 3, 4
Explore IHI's concept of an Age Friendly Health system	By end of 2028	1
Promote certification for menopause treatment and caring for female population	Through 2028	2, 4
Increase care team access for new patients	Continue through 2028	1, 2, 3, 4
Explore additional service line expansion	Continue through 2028	1, 2, 3, 4
Continued support for OTAGO (Community Fall Prevention Program)	Continue through 2028	1
Continue working with North Central Region Fall Prevention Coalition and host fall prevention education event	Continue through 2028	1
Explore transportation options, including whether DART expansion is possible and understand possibilities about being able to bill for wheelchair van service	By end of 2028	1, 2, 3, 4

Credentialing Approvals

Locum Tenens: (90-days)

- Galen Church, DO
- Joe Montgomery, PA-C

Real Radiology Active Privileges: (2-years)

- Fang Yu, MD
- Kevin Marcum, MD
- Jason DiVito, DO

Radiology Provisional Privileges: (1-year)

- Eric Munoz, MD
- Nicolas Henson, MD
- Steven Black, MD

Cascade Medical's credentialing process has been followed for these providers.

2026 Board Annual Objectives

2026 Board Objectives:

1. Maintain commitment to board development by ensuring education occurs once per quarter in connection with board meetings and each commissioner additionally participates in at least one external education offering annually.
2. Enrich Board's ongoing connection to and communication with our community by thoughtfully approaching commissioner participation in events in ways that consider schedule availability, impact of participation, and which segments or areas of our community will be in attendance.
3. Develop, execute and maintain a process for regularly identifying community members who have the potential to serve on the CM Foundation, the CM Part Time Resident Advisory Council and/or CM board committees.

2025 Board Objectives:

1. Maintain commitment to board development by ensuring education occurs once per quarter in connection with board meetings and each commissioner additionally participates in at least one external education offering annually.
2. Maximize Board's ongoing connection to and communication with the community.
3. Develop, execute and maintain a process for regularly identifying community members who have the potential to serve on the CM Foundation, the CM Part Time Resident Advisory Council and/or CM board committees.

2024 Board Objectives:

4. 100% of Board members achieve and / or maintain WSHA Health Care Governance Certification, with quarterly reporting on achievement percentage.
5. Assess and refine Board's ongoing connection to and communication with the community.
6. Refine board succession and new commissioner orientation / onboarding plans.

RESOLUTION NO. 2026-04

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

A RESOLUTION (“Resolution”) of Public Hospital District No. 1, Chelan County, Washington, declaring its official intent to reimburse capital expenditures from proceeds of a future borrowing in connection with acquiring, constructing, renovating, remodeling, equipping, and furnishing improvements to the District’s hospital and other health care facilities.

WHEREAS, Public Hospital District No. 1, Chelan County, Washington (the “District”), intends to make expenditures for the Project (identified below) from funds that are available but that are not (and are not reasonably expected to be) reserved, allocated on a long-term basis, or otherwise set aside for those expenditures, and reasonably expects to be reimbursed for those expenditures from proceeds of bonds or other obligations (“Bonds”) issued to finance those expenditures; and

WHEREAS, certain federal regulations (the “federal reimbursement regulations”) relating to the use of proceeds of tax exempt bonds to reimburse the issuer of the bonds for expenditures made before the issue date of the bonds require, among other things, that not later than 60 days after payment of the original expenditure the District (or any person designated by the District to do so on its behalf) declare a reasonable official intent to reimburse those expenditures from proceeds of bonds; NOW, THEREFORE,

BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO. 1, CHELAN COUNTY, WASHINGTON, as follows:

Section 1. Description of Project for Which Expenditures are to be Made. The District intends to make (and/or, not more than 60 days before the date of this declaration, has made) expenditures from the District’s operating fund, and reasonably expects to reimburse itself for those expenditures from proceeds of one or more series of Bonds, for the following project (the “Project”):

Acquiring, constructing, renovating, remodeling, equipping, and furnishing improvements to the District’s hospital and other health care facilities including acquiring property adjacent to the District’s existing hospital for purposes of constructing a medical or parking facility to permit the expansion of the District’s existing hospital.

Section 2. Maximum Principal Amount of Obligations Expected to be Issued for the Project. The District expects that the maximum principal amount of Bonds that will be issued in one or more series to finance the Project will be \$45,000,000.

Section 3. Declaration Reasonable. The Commission has reviewed its existing and reasonably foreseeable budgetary and financial circumstances and has determined that the District reasonably expects to reimburse itself for expenditures for the Project from proceeds of bonds because the District has no funds available that already are, or are reasonably expected to be, reserved, allocated on a long-term basis, or otherwise set aside by the District for those expenditures on the Project.

Section 4. Limitations on Uses of Reimbursement Amounts. The District will not, within one year after the expected reimbursement, use amounts corresponding to proceeds received from bonds issued in the future to reimburse the District for previously paid expenditures for the Project in any manner that results in those amounts being treated as replacement proceeds of any tax exempt bonds, i.e., as a result of being deposited in a reserve fund, pledged fund, sinking fund or similar fund (other than a bona fide debt service fund) that is expected to be used to pay principal of or interest on tax-exempt bonds. Nor will the District use those amounts in any manner that employs an abusive arbitrage device to avoid arbitrage restrictions.

Section 5. Date of Declaration. This declaration of official intent shall be dated as of the date of adoption of this resolution.

Section 6. Effective Date. This resolution shall be in full force and effect from and after its adoption and approval.

ADOPTED by the Commission of Public Hospital District No. 1, Chelan County, Washington, at a regular open public meeting thereof this 25th day of March, 2026.

Shari Campbell, President and Commissioner

Jesse Knight, M.D., Commissioner

Cary Ecker, Vice President and Commissioner

Commissioner

Jessica Kendall, Commissioner

CERTIFICATION

I, the undersigned, Secretary of the Board of Commissioners (the “**Commission**”) of Public Hospital District No. 1, Chelan County, Washington (the “**District**”), hereby certify as follows:

1. The attached copy of Resolution No. 2026-04 (the “**Resolution**”) is a full, true, and correct copy of a resolution duly adopted at a meeting of the Commission held at the regular meeting place thereof on March 25, 2026, as that Resolution appears on the minute book of the District; and the Resolution is now in full force and effect;

2. That a quorum was present throughout the meeting through telephonic, electronic, internet, or other means of remote access, and a majority of the members of the Commission so present at the meeting voted in the proper manner for the adoption of the Resolution; and

3. That all other requirements and proceedings incident to holding of the meeting and the proper adoption of the Resolution have been duly fulfilled, carried out, and otherwise observed, and that I am authorized to execute this Certificate.

IN WITNESS WHEREOF, I have hereunto set my hand this 25th day of March, 2026.

Secretary of the Commission

Accompanying Notes for the February 2026 Financial Statements

February Financial Statements –Current Month Summary

The February net margin of \$267,000 exceeded our budgeted margin of \$81,000 by \$186,000. Gross revenues of \$3,853,000 outpaced the budgeted target of \$3,816,000 by \$37,000. Operating expenses of \$2,886,000 in February were held below the budgeted total of \$3,022,000 by \$136,000.

Revenue and Expense Variances

1. Salaries and benefits continued to show a favorable variance in February due to continued use of locums in the ED and Clinic and Clinic Providers positive variances due to staff on leave.
2. The professional fees spend for informatics was over budget in February with our continued spend with HealthNET. Part of this is a timing difference.
3. Purchased services were over budget due to the timing of payment of Lab expenses.

Patient Statistics

ED and CT volumes continue to be below budget in February, while Ambulance and Rehab volumes are running well ahead of budget.

Cash Receipts and Balances

Cash collections ran lower than budgeted for the second month in 2026 and we do know that we have seen delays in some Medicare payments due to changes in provider enrollment processes. We should be seeing these payments come through soon as the enrollments are revised. Our cash balances are well below budgeted cash balances by (\$2,200,000), although we did make progress from our January variance.

Accounts Receivable

Days in Net Accounts Receivable have continued to increase and are at 57.5%, the highest we have seen since February 2025, but trending similar to the early months of 2025. The higher rate is the continued result of higher Accounts Receivable balances at year end as we held open revenue cycle to capture December revenue in the appropriate year.

Contractual Allowance

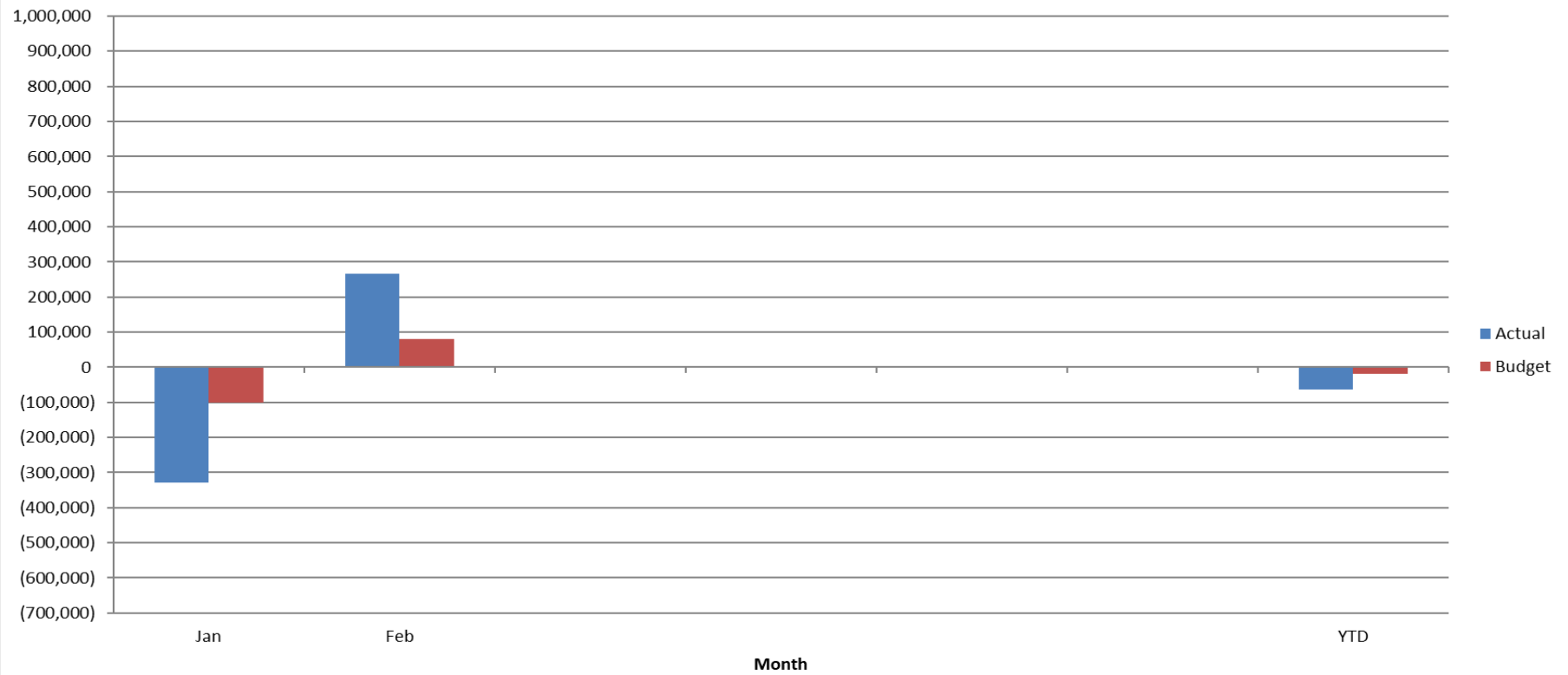
The contractual allowance is at 38.8%.

Final comments and Upcoming

As we head toward the close of quarter one for 2026, we are working to provide the last of the 2025 data requested by our audit firm for the 2025 financial audit and Medicare Cost Report work. Our teams continue to work to improve revenue cycle operations and our Accounts Receivable patient balances are down \$800,000 from a year ago, the result of continued work to clean up stale accounts.

Cascade Medical

Net Surplus/(Deficit) - 2026



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

000's omitted

YTD February

Net Margin

Actual	(63)
Budget	(20)
	(43)
Better (Worse) than Budget	(43)

Variance Analysis - favorable vs (unfavorable)

Gross Revenue - ED (\$299); SwingBed (\$241); CT (\$225); Clinic (\$220); Endo (\$124); PT \$123	(821)
Contractual Allowances	471
	(350)
Other Operating Revenue - SNAP (\$142)	(177)
Total Operating Revenue	(527)

Expenses

Salaries & Benefits - ED Prov \$86; Clinic Prov \$84; Clinic \$40	368
Prof. Fees	(12)
Supplies	24
Purchased Services/Repairs	(6)
Other Operating Expenses - Depr \$46; SNAP \$34	110
Total Operating Expenses	485

Non-Operating Revenues & Expenses (1)

Actuals Better/(worse) than Budget (43)

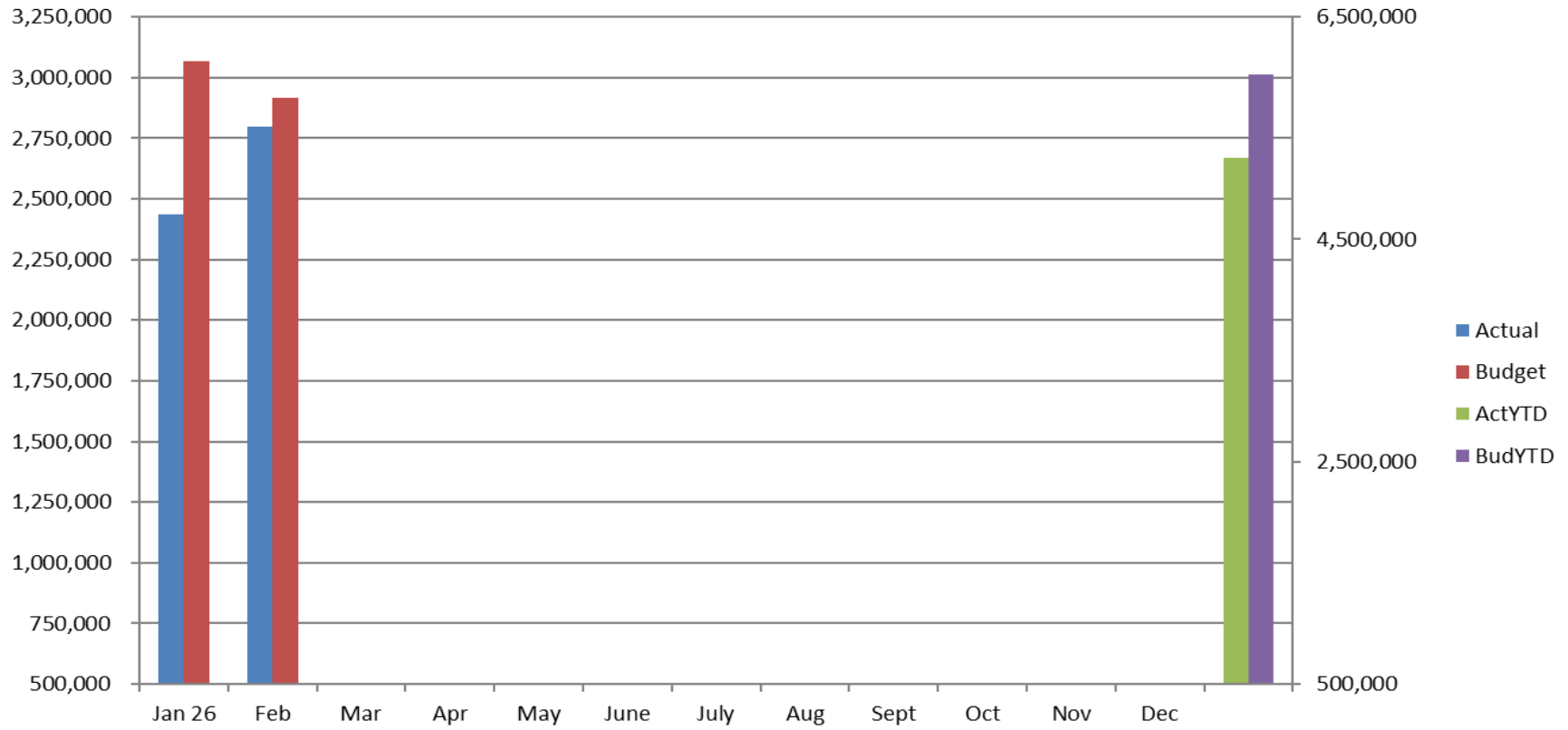
Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending February 28, 2026

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Net Patient Revenue	2,734,286	2,692,869	41,417	4,934,288	5,284,487	(350,199)	4,763,698
Grants, Contribs, Other Op Revenue	116,090	107,113	8,977	179,761	356,226	(176,465)	143,796
Tax Levies, unrestricted	209,770	209,770	-	419,540	419,540	-	293,524
Total Operating Revenue	3,060,146	3,009,752	50,394	5,533,589	6,060,253	(526,664)	5,201,018
Operating expenses							
Salaries & Benefits	1,842,586	1,969,383	126,797	3,740,141	4,108,323	368,182	3,603,884
Professional fees	277,861	243,806	(34,055)	534,569	522,195	(12,374)	301,437
Supplies	151,454	164,697	13,243	316,532	340,519	23,987	322,649
Purchased services	210,116	191,294	(18,822)	386,941	381,458	(5,483)	307,250
Depreciation	161,693	183,485	21,792	322,915	366,970	44,055	371,519
Other Operating Expenses	242,014	269,474	27,460	480,509	546,756	66,247	469,287
Total operating expenses	2,885,724	3,022,139	136,415	5,781,608	6,266,221	484,613	5,376,025
Operating gain / (loss)	174,422	(12,387)	186,809	(248,019)	(205,968)	(42,051)	(175,008)
Nonoperating revenues (expenses)							
Tax Levies, restricted	115,132	115,132	-	230,264	230,264	-	227,836
Interest expense on bonds	(21,191)	(21,191)	0	(42,382)	(42,382)	1	(46,648)
Other Non-Operating rev (exp)	(1,544)	(939)	(605)	(3,113)	(1,878)	(1,235)	(3,028)
Total nonoperating rev (exp), net	92,398	93,002	(604)	184,770	186,004	(1,234)	178,160
Net Income	266,820	80,615	186,205	(63,249)	(19,964)	(43,285)	3,152

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending February 28, 2026

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Gross Patient Revenue	3,852,816	3,815,795	37,021	7,067,488	7,888,430	(820,942)	6,681,603
less:							
Contractual Allowances	921,829	924,504	2,675	1,801,455	2,193,743	392,288	1,707,500
Reserve for Bad Debts	175,657	141,185	(34,472)	269,574	291,873	22,299	140,306
Reserve for Financial Assistance	21,044	57,237	36,193	62,170	118,327	56,157	70,100
Total Deductions from Revenue	1,118,530	1,122,926	4,396	2,133,199	2,603,943	470,744	1,917,905
Net Patient Revenue	2,734,286	2,692,869	41,417	4,934,288	5,284,487	(350,199)	4,763,698
Grants, Contributions	8,951	2,000	6,951	10,451	4,000	6,451	5,882
Other Operating Revenue	107,139	105,113	2,026	169,310	352,226	(182,916)	137,914
Tax Levies, unrestricted	209,770	209,770	-	419,540	419,540	-	293,524
Total Operating Revenue	3,060,146	3,009,752	50,394	5,533,589	6,060,253	(526,664)	5,201,018
Operating expenses							
Salaries and wages	1,486,289	1,583,396	97,107	3,021,699	3,323,974	302,275	2,921,738
Employee benefits	356,297	385,987	29,690	718,442	784,349	65,907	682,146
Professional fees	277,861	243,806	(34,055)	534,569	522,195	(12,374)	301,437
Supplies	151,454	164,697	13,243	316,532	340,519	23,987	322,649
Utilities	30,264	26,613	(3,651)	48,180	53,761	5,581	44,736
Repairs and maintenance	18,928	19,419	491	36,520	38,838	2,318	35,942
Purchased services	191,188	171,875	(19,313)	350,421	342,620	(7,801)	271,309
Continuing medical education	3,850	2,875	(975)	3,850	5,750	1,900	2,247
Other expenses	5,796	29,916	24,120	17,688	58,691	41,003	23,993
Dues and subscriptions	120,623	112,606	(8,017)	221,761	229,477	7,716	198,181
Travel / training / meetings	22,192	16,576	(5,616)	46,791	38,152	(8,639)	65,540
Leases and rentals	18,874	28,101	9,227	50,364	56,221	5,857	39,810
Depreciation	161,693	183,485	21,792	322,915	366,970	44,055	371,519
Licenses and taxes	15,957	25,942	9,985	43,050	51,014	7,964	48,547
Insurance	23,131	25,626	2,495	46,172	51,252	5,080	43,583
Interest	1,326	1,219	(107)	2,652	2,438	(214)	2,652
Total operating expenses	2,885,724	3,022,139	136,415	5,781,608	6,266,221	484,613	5,376,025
Operating gain / (loss)	174,422	(12,387)	186,809	(248,019)	(205,968)	(42,051)	(175,008)
Nonoperating revenues (expenses)							
Tax Levies, restricted	115,132	115,132	-	230,264	230,264	-	227,836
Interest expense on bond financing	(21,191)	(21,191)	0	(42,382)	(42,382)	1	(46,648)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	-
Investment income	226	830	(604)	426	1,660	(1,234)	511
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(3,539)	(3,538)	(1)	(3,539)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	92,398	93,002	(604)	184,770	186,004	(1,234)	178,160
Net Income	266,820	80,615	186,205	(63,249)	(19,964)	(43,285)	3,152

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	jan26	feb	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	24	22	47	47	29	62.1%	69	35	44	22	56.8%
Swing Bed	96	79	79	79	138	-42.8%	158	79	232	116	-31.9%
Laboratory tests	3,032	3,159	3,170	3,170	2,761	14.8%	6,329	3,165	6,068	3,034	4.3%
Radiology exams	370	371	391	391	370	5.7%	762	381	740	370	3.0%
CT scans	126	138	114	114	136	-16.3%	252	126	277	138	-8.9%
ED visits	341	300	291	291	300	-3.0%	591	296	685	343	-13.7%
Ambulance runs	67	92	83	83	61	36.1%	175	88	138	69	26.8%
Clinic visits	1,185	1,244	1,100	1,100	1,172	-6.1%	2,344	1,172	2,490	1,245	-5.9%
Rehab procedures	2,296	2,783	2,604	2,604	2,126	22.5%	5,387	2,694	4,296	2,148	25.4%

Patient Statistics

	2025		2 0 2 6										2026		
	YTD Mo Avg		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Admits															
Acute Care	5.5		9	8											8.5
Short Stay	3.5		6	8											7.0
Swing Bed	7.0		4	8											6.0
Respite Care	0.5		-												0.0
Total Admits	16.5		19	24											21.5
Patient Days															
Acute Care	24.0		22	47											34.5
Short Stay	5.8		7.3	9.4											8.3
Swing Bed	95.5		79	79											79.0
Respite Care	4.5		-												-
Total Patient Days	129.8		108.3	135.4											121.8
Average Length of Stay	7.9			5.6											5.6
Average Patients per Day	4.4		3.5	4.8											4.2
Worked FTEs	-														#DIV/0!
FTEs (W/ Non-Working Pay*)	-														#DIV/0!
Laboratory (tests)	3,032		3,159	3,170											3,165
Radiology (tests)	328		308	321											315
Mammography (tests)	33		18	33											26
MRI	-		33	24											29
Cardiac Diagnostics	108		105	96											101
CT (Scans)	126		138	114											126
DXA (Scans)	10		12	13											13
PT (services billed)	1,851		2,190	2,044											2,117
ER (visits/procedures)	341		300	291											296
Ambulance (runs)	67		92	83											88
Clinic (visits)	1,185		1,244	1,100											1,172
Occupational Therapy	405		504	487											496
Speech Therapy	14		51	52											52
Cardiac Rehab	26		38	21											30
Endoscopy Procedures	34		28	24											26
															#DIV/0!

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	\$ 80,904	\$ 67,260	\$ 205,320												\$ 136,290
Short Stay	19,933	27,204	35,542												31,373
Respite Care	2,475	-													-
Swing Bed	259,283	211,654	202,421												207,038
Central Supply	27,779	26,152	33,889												30,020
Laboratory	398,007	434,877	445,929												440,403
Cardiac Diagnostics	30,525	28,752	29,782												29,267
CT	482,536	476,317	417,842												447,079
Radiology	207,375	173,549	203,078												188,314
Mammography	22,415	19,093	25,947												22,520
MRI	-	74,781	75,624												75,203
Pharmacy	109,296	95,850	112,773												104,311
Respiratory Therapy	94	1,287	1,292												1,290
Physical Therapy	221,871	277,877	267,396												272,637
Emergency Room	791,825	686,540	809,728												748,134
Ambulance	225,019	277,650	328,327												302,988
Clinic	295,190	207,513	373,691												290,602
Occupational Therapy	55,619	70,788	70,659												70,724
Outpatient Diagnostic Svcs	94,019	30,324	183,992												107,158
Speech/Contracted Svcs	5,927	13,500	20,401												16,951
Cardiac Rehab	6,162	9,462	5,229												7,346
Wound Care	-	(89)													(89)
Dietary/Contracted Svcs	-	4,331	3,955												4,143
Total Patient Revenue	\$ 3,336,252	\$ 3,214,672	\$ 3,852,816												\$ 3,533,744

Increase (Decrease) in Cash and Cash Equivalents
 Cascade Medical Center
 For the Month Ending February 28, 2026

	<u>Feb-26</u>	<u>2026 YTD</u>	<u>2025 YTD</u>
<i>Cash flows from operating activities</i>			
Receipts from and on behalf of patients	\$ 2,472,350	\$ 4,805,860	\$ 4,230,681
Other receipts	\$ 260,802	\$ 311,059	\$ 74,710
Payments to & on behalf of employees	\$ (1,591,127)	\$ (3,170,773)	\$ (3,020,501)
Payments to suppliers and contractors	\$ (913,356)	\$ (2,161,560)	\$ (2,064,949)
Net cash gained / (used) in operating activities	\$ 228,670	\$ (215,414)	\$ (780,059)
<i>Cash flows from noncapital financing activities</i>			
Taxation for maintenance and operations, EMS	\$ 9,111	\$ 9,401	\$ 10,069
Noncapital grants and contributions	\$ 8,951	\$ 10,451	\$ 5,882
Net cash provided by noncapital financing activities	\$ 18,062	\$ 19,852	\$ 15,951
<i>Cash flows from capital and related financing activities</i>			
Taxation for bond principal and interest	\$ 2,618	\$ 2,888	\$ 2,842
Purchase of capital assets	\$ (36,382)	\$ (217,676)	\$ (141,507)
Payments toward construction in progress		\$ -	\$ (7,379)
Proceeds from disposal of capital assets		\$ -	\$ -
Proceeds from long-term debt		\$ -	\$ -
Principle & Interest paid on long-term debt		\$ -	\$ -
Bond maintenance & issuance costs		\$ -	\$ -
Capital grants and contributions		\$ -	\$ -
Net cash provided by capital and related financing activities	\$ (33,764)	\$ (214,788)	\$ (146,044)
<i>Cash flows from investing activities</i>			
Investment Income	\$ 45,487	\$ 98,087	\$ 103,290
Net increase (decrease) in cash and cash equivalents	\$ 258,455	\$ (312,264)	\$ (806,862)
Cash and Cash equivalents, beginning of period	\$ 17,000,569	\$ 17,571,288	\$ 16,244,722
Cash and cash equivalents, end of period	<u>\$ 17,259,024</u>	<u>\$ 17,259,024</u>	<u>\$ 15,437,859</u>

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

	<u>Actual</u> <u>January</u>	<u>Actual</u> <u>February</u>	<u>Forecast</u> <u>March</u>	<u>Forecast</u> <u>1st Qtr</u>	<u>Forecast</u> <u>2nd Qtr</u>	<u>Forecast</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	\$ 17,000,569	\$ 17,259,024	\$ 17,571,288	\$ 17,318,857	\$ 18,596,551	\$ 18,218,524	\$ 17,571,288	\$ 20,310,484
Cash available for operating needs	\$ 17,352,680	\$ 16,781,601	\$ 17,034,818	\$ 17,352,680	\$ 17,001,639	\$ 17,740,731	\$ 17,327,839	\$ 17,352,680	20,117,679
Cash restricted to debt service, other restricted funds	\$ 218,608	\$ 218,968	\$ 224,206	\$ 218,608	\$ 317,218	\$ 855,820	\$ 890,685	\$ 218,608	192,805
<i>Cash flows from operating activities</i>									
Receipts from and on behalf of patients	\$ 2,333,510	\$ 2,472,350	\$ 2,653,247	\$ 7,459,107	\$ 7,844,914	\$ 8,617,440	\$ 8,441,244	\$ 32,362,705	\$ 33,083,305
Grant receipts	\$ 1,500	\$ 8,951	\$ 35,000	\$ 45,451	\$ 26,000	\$ 6,000	\$ 6,000	\$ 83,451	\$ 77,000
Other receipts	\$ 50,257	\$ 260,802	\$ 53,538	\$ 364,597	\$ 315,614	\$ 302,614	\$ 312,614	\$ 1,295,439	\$ 1,233,456
Payments to or on behalf of employees	\$ (1,579,647)	\$ (1,591,127)	\$ (1,885,147)	\$ (5,055,920)	\$ (5,709,199)	\$ (6,619,526)	\$ (5,651,664)	\$ (23,036,309)	\$ (24,685,273)
Payments to suppliers and contractors	\$ (1,248,204)	\$ (913,356)	\$ (968,683)	\$ (3,130,243)	\$ (2,653,071)	\$ (2,538,974)	\$ (2,441,320)	\$ (10,763,608)	\$ (10,386,634)
Net cash provided by operating activities	\$ (442,585)	\$ 237,620	\$ (112,045)	\$ (317,009)	\$ (175,741)	\$ (232,446)	\$ 666,874	\$ (58,323)	\$ (678,146)
<i>Cash flows from noncapital financing activities</i>									
Unencumbered M & O taxation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,067	\$ 284,899	\$ 288,966	\$ 288,966
Taxation for Emergency Medical Services	\$ 200	\$ 6,493	\$ 163,130	\$ 169,823	\$ 1,167,629	\$ 68,282	\$ 1,054,446	\$ 2,460,180	\$ 2,517,240
Investment Income	\$ 52,600	\$ 45,487	\$ 51,330	\$ 149,417	\$ 153,990	\$ 153,990	\$ 153,990	\$ 611,387	\$ 615,960
Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,000	\$ 90,000	\$ 90,000
Net cash provided by noncapital financing activities	\$ 52,800	\$ 51,979	\$ 214,460	\$ 319,239	\$ 1,321,619	\$ 226,339	\$ 1,583,335	\$ 3,450,532	\$ 3,512,166
Proceeds from Long Term Debt				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$ (181,294)	\$ (36,382)	\$ (135,595)	\$ (353,271)	\$ (406,785)	\$ (406,785)	\$ (406,785)	\$ (1,573,626)	\$ (1,627,140)
Increase/(decrease) in cash available for operations	\$ (571,079)	\$ 253,217	\$ (33,180)	\$ (351,041)	\$ 739,093	\$ (412,892)	\$ 1,843,424	\$ 1,818,583	\$ 1,206,880
Cash available for operating needs	\$ 16,781,601	\$ 17,034,818	\$ 17,001,639	\$ 17,001,639	\$ 17,740,731	\$ 17,327,839	\$ 19,171,263	\$ 19,171,263	\$ 21,324,559
Taxation for bond prin & int (incl encumbrd M&O)	\$ 360	\$ 5,238	\$ 93,012	\$ 98,610	\$ 665,746	\$ 34,865	\$ 316,314	\$ 1,115,535	\$ 1,146,288
Principle & Interest paid on long-term debt					\$ (127,144)	\$ -	\$ (1,029,145)	\$ (1,156,289)	\$ (1,156,289)
Restricted grants and contributions				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$ 360	\$ 5,238	\$ 93,012	\$ 98,610	\$ 538,602	\$ 34,865	\$ (712,831)	\$ (40,754)	\$ (10,001)
Cash restricted to debt service, other restricted funds	\$ 218,968	\$ 224,206	\$ 317,218	\$ 317,218	\$ 855,820	\$ 890,685	\$ 177,854	\$ 177,854	\$ 182,804
Cash balance, end of period	\$ 17,000,569	\$ 17,259,024	\$ 17,318,857	\$ 17,318,857	\$ 18,596,551	\$ 18,218,524	\$ 19,349,117	\$ 19,349,117	\$ 21,507,363

CASCADE MEDICAL CENTER
EMERGENCY MEDICAL SERVICES - FEBRUARY, 2026

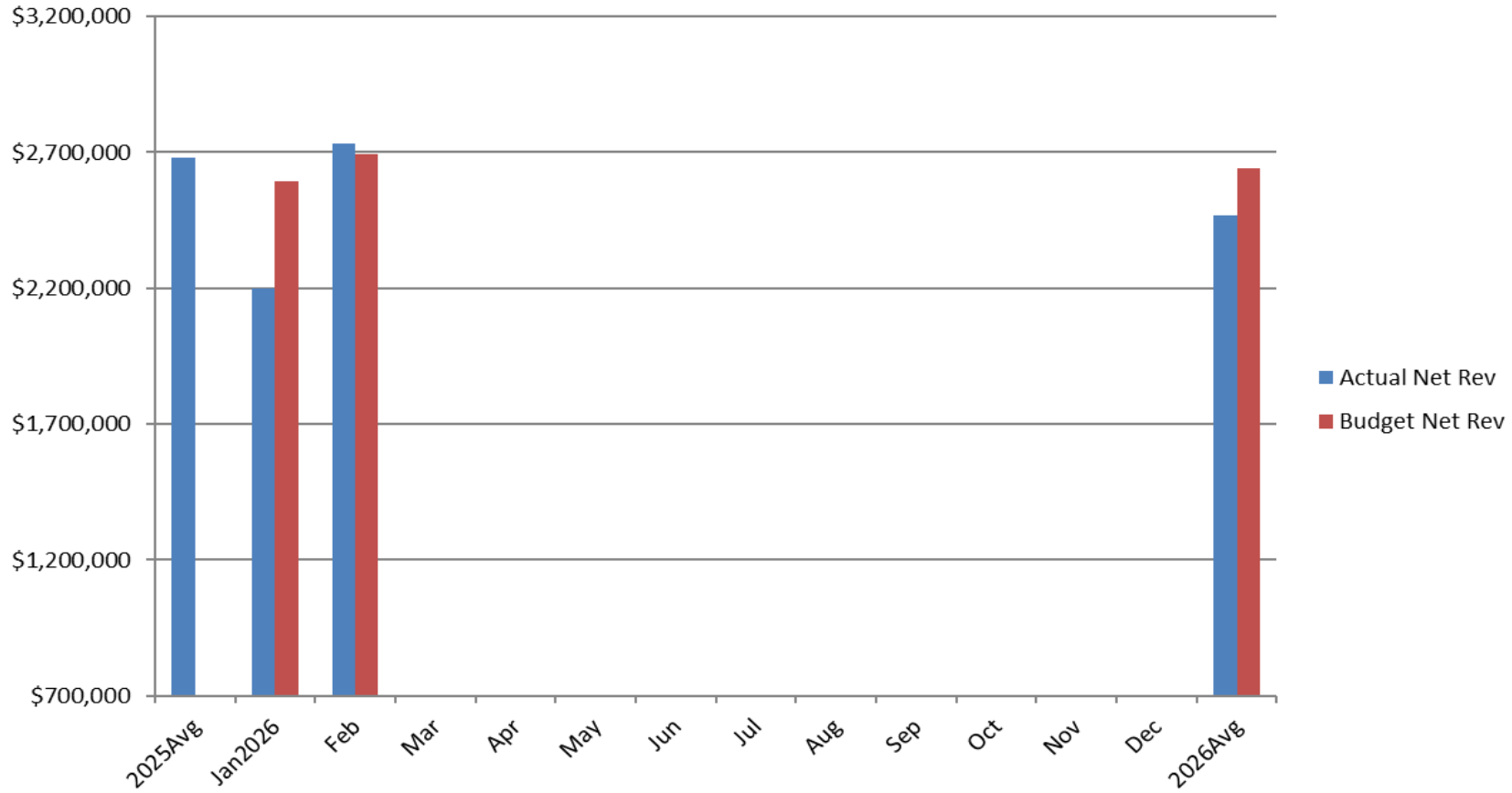
REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	2/28/2026	2/28/2026 YTD	2/28/2026	2/28/2026 YTD	2/28/2026	2/28/2026 YTD	2/28/2025 YTD
PATIENT REVENUE	809,728	1,496,268	328,327	605,976	\$1,138,055	\$2,102,244	\$2,033,688
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$471,100	\$870,529	\$175,885	\$324,621	\$646,984	\$1,195,150	\$1,162,453
NET PATIENT REVENUE	\$338,628	\$625,739	\$152,442	\$281,355	\$491,070	\$907,095	\$871,235
OTHER OPERATING REVENUE	\$0	\$0	-	-	\$0	\$0	
TOTAL OPERATING REVENUE	\$338,628	\$625,739	\$152,442	\$281,355	\$491,070	\$907,095	\$871,235
OPERATING EXPENSES							
SALARIES AND WAGES	145,339	321,152	151,886	305,057	\$297,225	\$626,209	\$693,172
EMPLOYEE BENEFITS	25,632	56,851	40,246	80,363	\$65,878	\$137,214	\$140,042
PROFESSIONAL FEES	-	31,549	-	-	\$0	\$31,549	\$1,656
SUPPLIES	6,914	12,648	3,272	14,873	\$10,186	\$27,520	\$29,811
FUEL	-	-	2,445	5,099	\$2,445	\$5,099	\$4,076
REPAIRS AND MAINT.	-	-	10,347	5,584	\$10,347	\$5,584	\$13,482
PURCHASED SERVICES	3,033	5,533	17,289	37,962	\$20,321	\$43,495	\$47,953
CONTINUING MEDICAL EDUCATION	144	310	4,722	11,755	\$4,866	\$12,065	\$7,015
DUES	1,725	2,650	9,297	10,221	\$11,022	\$12,871	\$10,795
OTHER EXPENSES	502	837	955	1,681	\$1,457	\$2,518	\$2,272
LEASES / RENTALS	174	592	5,288	14,394	\$5,462	\$14,986	\$9,761
DEPRECIATION	2,581	5,161	19,934	39,868	\$22,515	\$45,030	\$56,822
TAXES AND LICENSES	-	-	390	390	\$390	\$390	\$177
INSURANCE	837	1,675	3,359	6,717	\$4,196	\$8,392	\$8,392
OVERHEAD COSTS	183,769	371,400	114,388	231,180	\$298,157	\$602,580	\$566,648
TOTAL OPERATING EXPENSES	\$370,650	\$810,358	\$383,817	\$765,143	\$754,467	\$1,575,500	\$1,592,074
MARGIN ON OPERATIONS	(\$32,022)	(\$184,620)	(\$231,375)	(\$483,789)	(\$263,396)	(\$668,405)	(\$720,839)
TAX REVENUE					\$209,770	\$419,540	\$293,524
NET MARGIN WITH TAX REVENUE					(\$53,626)	(\$248,865)	(\$427,315)
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2026	291	591	83	175			
Total Ambulance Runs (includes unbillable runs)			118	245			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	297	681	61	133			
Total Ambulance Runs (includes unbillable runs)			89	205			

Cascade Medical Center
Balance Sheet
As of February, 2026 and December 31, 2025

	Feb 2026	Dec 2025		Feb 2026	Dec 2025
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	694,323	1,252,061	Accounts Payable	133,101	502,319
Savings Account	14,955,357	15,762,050	Accrued Payroll	866,667	739,809
Patient Account Receivable	8,288,157	7,063,319	Refunds Payable	(162)	-
less: Reserves for Contractual Allowances	(3,218,139)	(3,045,615)	Accrued PTO	1,056,454	1,009,328
Inventories and Prepaid Expenses	333,063	329,797	Payroll Taxes & Benefits Payable	19,845	76,604
Taxes Receivable - M&O Levy	126,707	15,982	Accrued Interest Payable	63,572	21,191
- EMS Levy	430,521	17,469	Current Long Term Debt	909,793	911,072
Other Assets	<u>530,482</u>	<u>800,978</u>	Current OPEB Liability	886,361	894,361
Total Current Assets	<u>22,140,471</u>	<u>22,196,041</u>	Short Term Lease	36,493	36,493
			ST Subscriptions	13,039	13,039
Assets Limited as to Use			Settlement Payable	-	-
Cash and Cash Equivalents			Total Current Liabilities	<u>3,985,163</u>	<u>4,204,215</u>
Funded Depreciation	462,869	460,201			
CVB Memorial Fund	1,275	1,275	Long Term Liabilities		
UTGO Bond Payable Fund	83,262	80,405	Notes Payable	182,251	182,251
LTGO Bond Payable Fund	106,579	106,579	Covid SHIP Funding	-	-
Investment Memorial Fund	144,946	144,037	PPP Note Payable	-	-
Settlement Account	189,847	188,645	CARES Act Funds Reserve	-	-
Paycheck Protection Loan Proceeds	-	-	UTGO Bond Payable	3,186,000	3,186,000
Cash - EMS	<u>95,134</u>	<u>188,442</u>	LTGO Bond Payable	3,745,000	3,745,000
	1,083,914	1,169,585	Deferred Revenue/Bond Premium	71,332	72,267
Taxes Receivable - Construction Bond Levy	<u>133,764</u>	<u>16,854</u>	Long Term OPEB/Pension Liability	2,616,404	2,616,404
Total Assets Limited as to Use	<u>1,217,677</u>	<u>1,186,438</u>	Long Term ROU Leases	5,359	5,359
			Long Term Subscriptions	-	-
Property, Plant and Equipment			Total Long Term Liabilities	<u>9,806,345</u>	<u>9,807,281</u>
Land	522,015	522,015			
Land Improvements	1,485,893	1,485,893	Total Liabilities	<u>13,791,508</u>	<u>14,011,496</u>
Buildings & Improvements	10,944,297	10,915,993			
Fixed Equip - Hospital	9,362,642	9,362,642	Fund Balance - Prior Years	18,205,340	18,205,341
Major Movable Equipment Hospital	7,433,192	7,393,948	Fund Balance - Current Year	(63,249)	-
Construction in Progress	<u>10,346</u>	<u>10,346</u>	Total Fund Balance	<u>18,142,092</u>	<u>18,205,341</u>
Total Property, Plant and Equipment	29,758,385	29,690,838			
Less: Accumulated Depreciation	<u>(23,078,503)</u>	<u>(22,755,588)</u>			
	6,679,882	6,935,250			
ROU Leases					
ROU Leases	214,816	214,816			
Less Accumulated Amortization	<u>(144,523)</u>	<u>(144,523)</u>			
	70,293	70,293			
Other Assets					
Long Term Pension Assets	472,138	472,138			
Deferred OPEB/Pension Costs	1,097,906	1,097,906			
Deferred Bond Costs	<u>255,232</u>	<u>258,770</u>			
TOTAL ASSETS	<u>31,933,599</u>	<u>32,216,837</u>	TOTAL LIABILITIES & FUND BALANCE	<u>31,933,599</u>	<u>32,216,837</u>

Cascade Medical

2026 Net Patient Revenue, Actual vs. Budget



Days in Net Accounts Receivable

