CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Public Hospital District No.1: Board of Commissioners Meeting Agenda

Wednesday September 23, 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**	5:00	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.

- Meeting Agenda
- July 22 Board Meeting Minutes
- Policies: Capital Spending Approval Matrix, Financial Assistance, Financial Management, Non-payroll Warrant / EFT Release, Conflict of Interest, Open Public Meetings, Risk Management Program

Previous Month's Warrants Issued:	10128672 -- 10128827	07/12/2026 – 09/11/2026	$ 841,505.28
Accounts Payable EFT Transactions:	20260086 – 20260112	07/12/2026 – 09/11/2026	$ 1,589,506.34
Accounts Payable ACH Transactions:	EP15821 – EP15870 ; EP15906 – EP15936 ; EP15962 – EP15994 ; EP16024 – EP16065 ; EP16084 – EP16135 ; EP16163—EP 16198 ; EP16220 – EP16258 ; EP16287 – EP16327 ; EP16343 – EP16395	07/12/2026 – 09/11/2026	$ 1,534,449.34
Payroll EFT Transactions:	33166 – 34108	07/12/2026 – 09/11/2026	$ 2,194,669.10

- Bad Debt: July & August 2026

III.	**Community Input** 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.	5:00	Commissioners
IV.	**CM Values**	5:05	Diane Blake
V.	**Committee Reports**	5:10	
	a. Medical Staff (8/5)		Jessica Kendall
	b. Quality Oversight Committee (8/3)		Jessica Kendall
	c. Governance Committee (9/2)		Shari Campbell
VI.	**Discussion / Report**	5:25	
	a. Master Facilities Plan Update		Diane Blake
	b. Risk Work Overview		Melissa Grimm
	c. First Reading of Draft 2027 Budget		Marianne Vincent
	d. Board Portal Update		Shari Campbell & Julie Pankow
VII.	**Action Items**	6:50	Commissioners
	a. **MOTION**: Approve Credentialing		
	b. **MOTION**: Approve Surplus Equipment		
	c. **MOTION**: Authorize CEO Signature: Approval of WSNA Contract		
	d. **MOTION**: Approve Community Member Appointment to Finance Committee		
	e. **MOTION**: Approve Delineation and Request of Limited Privileges: Emergency Department		
VIII.	**August Financial Report**	7:20	Marianne Vincent
IX.	**Administrator Report**	7:30	Diane Blake
X.	**Board Follow Up Items / Meeting Evaluation / Commissioner** Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.	7:50	Commissioners
XI.	**Adjournment**	8:00	Shari Campbell

BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2 for non-Open Public Meetings)	Location	Time
October 1, 2026	Board Retreat, Day 1	All	Sleeping Lady	TBD
October 2, 2026	Board Retreat, Day 2	All	Icicle Village Resort	All Day
October 7, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
October 13, 2026	Community Outreach & Awareness Committee	Shari & Jessica	Admin Conference Room	1:00 PM – 3:00 PM
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 26, 2026	Finance Committee	Cary & Julie	Admin Conference Room	9:00 AM – 11:00 AM
October 28, 2026	Board Meeting		ABC Room	5:00 PM
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 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 September 23, 2026

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. The included policies were reviewed by their respective Board committee, and all are recommended by committee for Board approval. As a matter of best practice, Governance Committee requests commissioners take time, particularly, to thoroughly read and digest the Conflict of Interest policy.
- **Committee Reports**
    - Medical Staff – No documents are included in your packet for this item; Jessica will provide a verbal report of the August meeting.
    - Quality Oversight Committee (QOC) – Included in your packet is the agenda from the most recent QOC meeting to inform Jessica's report.
    - Governance Committee – Included in your packet are the agenda, the Board's annual goals, and the Board education plan, to inform Shari's report.
- **Discussion/Report**
    - Master Facility Plan Update – No documents are included in your packet for this item. Management will walk through a presentation of what has occurred since the July meeting and touch bases on what comes next in this work.
    - Risk Work Overview – Included in your packet are documents summarizing recent risk stratification work and defining risks. This is part of management's annual strategic planning work and helps us ensure our annual organizational planning considers risk mitigation. We're interested in your thoughts and feedback, including whether you believe anything is missing or could be ranked differently.
    - First Reading of the Draft 2027 Budget – Included in your packet is the current draft version of the 2027 budget. Marianne will provide updates of our progress to date in budget planning for the coming year. Your questions and feedback at this September board meeting will help us continue to shape the 2027 budget as we work to refine it prior to seeking approval at the October board meeting. (Please also keep in mind the approval in October is needed to meet statutory timelines and if the finalization of organizational objectives drives budget changes, we can amend the budget in subsequent months if needed.)
    - Board Portal Update – No documents are included in your packet for this item. Shari and Julie will report out on recent portal demos and the recommendation from both as well as the Governance Committee.
- **Action Items**
    - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.

- Approve 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.
- Authorize CEO Signature of WSNA Contract – As you may recall at the July Board meeting, we reported that management and the Washington State Nurses Association (WSNA) had reached tentative agreement on the collective bargaining agreement. Subsequently, the WSNA members voted to ratify the agreement. As part of the required process, management now seeks approval from the Board authorizing CEO signature of the agreement. No documents are included for this item; instead, a verbal summary of the agreement will be provided at the Board meeting.
- Approve Community Member Appointment to Finance Committee – No document is included in your packet for this item. A community member has been identified to serve on the Board Finance Committee, Governance has reviewed, and the next step is to ask the full board to consider appointment. Additional candidate details will be shared at the Board meeting.
- Approve Delineation and Request for Limited Privileges – Included in your packet is a document delineating a new privilege category for the Emergency Department (ED). This new category has been developed through the Medical Executive Committee and was approved by Med Staff at their September meeting. Final step to allow us to privilege providers into this category is for the Board to approve the category. The purpose of this category is to allow more flexibility in ED coverage by allowing providers who are not trained specifically for working alone in the ED to provide support and care in the ED when another provider is working to assist with patient surge, etc. This flexibility will allow for more timely patient care and support of team needs during exceptionally busy times.

- **August Financial Reports** – Included in your packet are the August financial reports, to inform Marianne's report.

Further Notes

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.
- Included in your packet is a report from the Foundation. This update is provided to you in lieu of an in-person visit to the September 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.
  - Tuesday, October 13, 1:00 – 3:00 PM
  - Tuesday, October 27, 1:00 – 3:00 PM
  - Wednesday, October 28, 2:00 – 4:00 PM

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Administration Conference Room & Zoom Connection
July 22, 2026

Present: Shari Campbell, President; Cary Ecker, Vice President; Jessica Kendall, Commissioner; Dr. Jesse Knight, Commissioner; Julie Pankow, Commissioner; Diane Blake, Chief Executive 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; Megan Baker, Executive Assistant

Guests: Rich Adamson, CM Foundation

Zoom: Lester Stoltz, EMS; Mike Stanford, EMS; Caitlin Caldwell, KeyBanc

Topics	Actions/Discussions
Call to Order	• President Shari Campbell called the meeting to order at 5:00 PM and then Cary Ecker led the Pledge of Allegiance.
Consent Agenda	• Cary moved to approve the consent agenda; Dr. Knight seconded the motion; motion unanimously approved.
Community Input	• None
Master Facility Plan Scope	Diane Blake facilitated the presentation. • CM completed the MFP process in 2025 in response to organizational growth, space limitations, and parking challenges. Key findings included a growing and ageing community, with CM-owned parking currently meeting only 47% of demand. Costs for Options D and E were updated to reflect the purchase of LOGE. The Board will determine the financing range before the project scope is finalized, with a decision timeline anticipated in fall 2026.
Board Education: Project Financing	Caitlin Caldwell provided the project financing education. • The group reviewed financing options, including tax-backed debt capacity, revenue bond capacity, the Federal Housing Administration (FHA) Section 242 HUD Mortgage Insurance Program, and the USDA Community Facilities Loan Program.
CM Values	Diane Blake provided the report. • A patient shared her colonoscopy experience.
Break	The Board took a break at 6:15 PM and resumed at 6:30 PM.
Committee Reports	**A. Community Outreach and Awareness** Shari Campbell provided the report. • The group welcomed Cindy Rudolph to her first meeting. • Key committee work included reviewing marketing efforts, including QR code utilization and associated data; reviewing the upcoming newsletter; discussing community feedback and opportunities to communicate improvements in the patient experience; identifying upcoming community outreach opportunities; developing Q3 talking points; and identifying potential topics for the Part-Time Resident Advisory Council meeting in October. **B. Finance Committee** Cary Ecker provided the report. • The group welcomed Doug Stockwell to the committee. • Key committee work included reviewing policies, highlighting Q2 financial results, reviewing clinic and rehabilitation statistics, discussing long-term financial planning, and providing an update on the terms of the professional liability policy. **C. Board Quality Rounding**

	Shari Campbell and Jessica Kendall attended rounding. • Attendees reviewed Clinic and HIM departments and reported a strong commitment to quality improvement, noting that transparency is evident and data is consistently used to inform decision-making.
Discussion	**A. Master Facility Plan Update** Diane Blake led the discussion. • Diane provided an update on Master Facilities Plan (MFP) efforts to date in 2026. Since the June Board meeting, CM has listed the river property for sale, the Finance Committee has met to explore financing options, and the full Board received education on potential financing options. The Executive Team also conducted an MFP refresh at its July 15 meeting, and additional information is being developed for the October Board retreat. • CM plans to explore a progressive design-build model as one potential approach to the project. • Items to expect in the coming months include potential special meetings related to the property sale, focused advocacy efforts to pursue state and federal funding opportunities, and increased expenses associated with building ownership. **B. Q2 Organizational Dashboard Review** Diane Blake led the discussion. • **At Risk**: Progress is slower than anticipated on the goal to grow family medicine market share to at least 55% by the end of 2026. • **On Track**: Meet first year timelines of three-year work plan to achieve hospital DNV accreditation by or before the end of 2028. CM elected to invite DNV in this year for a survey, which is one year ahead of schedule. • **On Track:** Achieve and maintain organization-wide Net Promoter Score (NPS) that exceeds the Qualtrics Healthcare overall benchmark for NPS. CM plans to stay focused on the data score and leverage it for making continued improvements. • **On Track**: Rehab Services delivers break even or better monthly financial performance by end of 2026. Kudos to this group and their top-notch performance in second quarter, delivering a positive margin for those three months of 7.4%. **C.** CM Mission Statement Work Diane Blake led the discussion. • Diane reviewed the mission statement development timeline with the Board. Board members indicated that they feel appropriately involved and included throughout the process.

Action Items	**MOTION: Approve Credentialing**
	• Credentialing Candidates:
	  ○ Nicholas Wolfe, MD
	  ○ Trevor Lewis, MD
	• A motion was made by Dr. Knight to approve the updated candidate list, seconded by Julie, and unanimously approved.

Q2 2026 Financial Report	Marianne Vincent led the report. • CM had strong financial performance in June, contributing to an overall strong Q2. • Coding and billing processes are lagging somewhat, presenting an opportunity to capture additional revenue. • CM is nearly $100,000 ahead of budget. • Year-to-date cash collections are approximately $600,000 ahead of budget, with strong performance in April and June contributing to the results. • CM anticipates receiving approximately $540,000 from the 2025 Medicare Cost Report. • Maintenance costs for the additional property are expected to be approximately $60,000 for the year.

Administrator Report	Diane Blake provided the report. • **Rural Health Transformation Program:** The application period is now open. The application is lengthy, with a September 1 deadline. Each project requires a separate application, with total funding of approximately $709,000. • **Compact Work Group:** The group held its second meeting last week. Glenn is now officially part of CM and is participating in the work group. The group has finalized its operating principles and identified key themes to guide the work moving forward. • **External Connections:** WSHA hosted a regional CEO meeting in Moses Lake, where Medicaid changes and payer behavior were primary topics of discussion. CVCH CEO Manuel Navarro also presented to the Executive Team earlier this month. Earlier this week, Diane attended a WSHA retreat in Woodinville, which emphasized collaboration and information sharing. Topics included AI governance, class action lawsuits, and the anticipated decrease in future SNAP benefits. • **Recruitment Update:** Recruitment efforts continue for a full-time Clinic Medical Director and physician. Dr. Matthew Hoefler is providing remote Clinic Medical Director support on an interim basis. Kalie Thompson, PA-C, has requested to reduce her hours and will transition to 0.75 FTE at the end of September. • **2027 Planning:** The Executive Team is engaged in risk stratification work, which will be presented to the Board in the coming months. The team is also reviewing market wages and beginning to develop potential objectives for 2027. • **Good News:** The Washington State Nurses Association (WSNA) contract expires at the beginning of October, and negotiations began earlier this month. The parties reached a tentative agreement today, keeping the contract negotiations on schedule. The agreement is expected to come before the Board in September, pending confirmation. • **30 Under 35:** CM is proud to have three employees selected as award recipients: Megan S., Lab Director; Courtney G., Clinic Manager; and Jade W., Admissions Coordinator/Utilization Review. Congratulations and kudos to all three!
Board Follow Up Items / Meeting Evaluation / Commissioner Comments / WSHA Conference Learnings	• Please send your WSHA conference learnings to Shari who will compile thoughts and share with the group.
Adjournment	• Shari adjourned the meeting at 7:51 PM.

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Shari Campbell, President

_____
Jessica Kendall, Secretary

CASCADE MEDICAL
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Department: Board of Commissioners

Capital Spending Approval Matrix

POLICY: The Board of Commissioners delegate authority for approving major and minor capital spending according to the guidelines set forth below. These guidelines shall also be used to set approval limits for purchased services and agreements. With the exception of Purchase Orders, all other contracts and agreements entered into by Cascade Medical must be signed by the CEO and/or the Board of Commissioners.

PROCEDURE: Approving Authority Matrix

	Dept. Head	Assistant Administrators	CEO	Board of Commissioners
Capital Equipment – Budgeted				
New ($5,000 - $25,000)	R	R	A	Inform
New (Over $25,000)	R	R	R	A
Replacement ($5,000 - $25,000)	R	R	A	Inform
Replacement (Over $25,000)	R	R	R	A
Urgent/Emergent	R	R	A	Inform
Capital Equipment – Non Budgeted				
New (Up to $25~~0~~,000)	R	R	A	Inform
New (Over $25~~0~~,000)	R	R	R	A
Minor Equipment	$500 A	$501 - $2,500 A	$2,501 - $4,999 A	N/A N/A
Urgent/Emergent	R	R	A	Inform

R=Recommend
A=Approve

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Department: Business Office

Financial Assistance

POLICY

Cascade Medical is committed to the provision of health care services to all persons in need of medically necessary care regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following Financial Assistance Program is established, which is designed to be consistent with the requirements of the Washington Administrative Code (WAC), Chapter 246-453, the 2016 WSHA/DOH voluntary Financial Assistance Program application guidelines and the Internal Revenue Service 501(r) regulations. The program criteria will assist staff in making consistent, objective decisions regarding eligibility for financial assistance while maintaining Cascade Medical's financial integrity.

PROCEDURE:

COMMUNICATIONS TO THE PUBLIC

Information about Cascade Medical's Financial Assistance Program will be made publicly available as follows:

A. A notice advising patients that Cascade Medical provides financial assistance will be posted in key public areas of the facility, including Admissions, the Emergency Department and the Family Practice Clinic. Information about the Program will also be featured prominently on CM's website. This notice will conform to IRS 501(r) regulations and the WSHA/DOH standardized application process.

B. In order to meet Notice Language requirements, both written information about the Financial Assistance Program and verbal explanations shall be available in any language spoken by more than five percent of the population in Cascade Medical's service area. As of the effective date of this policy, written and verbal information will be made available in English and Spanish. At any point in the future, should Cascade Medical determine that another language is spoken by five percent or more of the service area population, written and verbal information will be provided in that language as well. Where possible, interpretation for other non-English speaking or limited-English speaking patients and for other patients who cannot understand the writing and/or explanation will be provided. Cascade Medical will, on at least an annual basis, provide training to receptionists, registration and other front-line staff. This training will help staff answer financial assistance and charity care questions correctly, provide staff with the appropriate Financial Assistance Program application and informational materials, and direct further inquiries to the Patient Financial Counselor in a timely manner.

C. Written notice about Cascade Medical's Financial Assistance Program, including a plain-language summary of its provisions, financial assistance application form, and information on the current federal poverty levels by family size will be made available to any person who requests the information, by mail, by email, by telephone or in person. Information about Cascade Medical's current discount schedule, schedule of charges and estimates of charges for planned procedures will also be made available upon request.

D. In accordance with RCW 70.170.060(8)(a) All billing statements and other written communications concerning billing or collection of a bill will include a statement displayed prominently on the first page of the statement in both English and the second most spoken language in the hospital's service area that the patient may qualify for free care or a discount on their hospital bill, whether or not they have insurance, and will direct the patient to contact our Financial Assistance Counselor at

cascademedical.org or at 509-548-3436. Patients with self-pay balances who are receiving periodic statements from CM's Billing department will, at the time of or prior to receiving a final notice, be provided with a plain language summary of the Financial Assistance Program, including necessary contact information and other key information about the Program. Patient accounts will not be turned to collections and no other extraordinary collection efforts will be undertaken until such notice has been provided and the patient has been provided 30 days to respond.

ELIGIBILITY CRITERIA AND DESCRIPTION OF BENEFITS

1. Discounts made under Cascade Medical's Financial Assistance Program will be considered secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal or military programs, third party liability (e.g. auto accidents or personal injuries covered under a liability insurance policy), or any other situation in which another person or entity has a legal responsibility to pay for the costs of medical services. Cascade Medical will work to identify patients and guarantors eligible for medical assistance programs under Medicaid or the Washington State health benefit exchange and assist patients in applying for available coverage. If a patient or guarantor is eligible for retroactive Medicaid coverage, Cascade Medical may choose to not provide financial assistance to any patient or guarantor who does not make reasonable efforts to cooperate with Cascade Medical in the Medicaid application process.
2. Patients will be eligible to receive financial assistance without discrimination due to age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, association, veteran or military status, the presence of any sensory, mental, or physical disability or the related need for a trained dog guide or service animal, or any other basis prohibited by federal, state, or local law.
3. Hospital, Clinic and Ambulance services eligible for discount under the Financial Assistance Program will be limited to appropriate, medically necessary hospital, outpatient, and professional services that Cascade Medical provides. With the exception of Clinical Pathology services, which are provided and billed through an outside medical group, all professional services provided at Cascade Medical will be from physicians, mid-levels and other providers employed or contracted by CM and will be eligible for program discounts.
4. Discounts made under the Financial Assistance Program will be based on the patient's family income, Federal Poverty Level (FPL) published by the US Department of Health and Human Services and Cascade Medical's Amounts Generally Billed (AGB), as defined by the Internal Revenue Service 501(r) regulations. The AGB is calculated annually by Cascade Medical financial staff and represents the average percent of billed charges paid by the Medicare and Medicaid programs and commercial insurance plans. To calculate discounts under the Program, the AGB discount percentage will be applied to billed charges as follows:
    1. Patients with family incomes at or below 200% of the Federal Poverty Levels: 100% discount.
    2. Patients with family incomes between 201% and 250% of FPLs: 75% discount from the Amounts Generally Billed (AGB) percentage.

3. Patients with family incomes between 251% and 300% of FPLs: 50% discount from the AGB percentage.

4. Patients with family incomes over 300% of FPL: at the discretion of the Cascade Medical CFO, patients suffering severe financial hardship, personal loss or other catastrophic circumstances may qualify for a discount under the program.

5. A Financial Assistance Program Schedule of Discounts will be prepared and updated annually by CM financial staff, showing the current Federal Poverty Levels applicable to the state of Washington, the current AGB discount percentages and the income levels by family size used for eligibility determination. Federal Poverty Levels are determined annually by the US Department of Health and Human Services and are shown at https://aspe.hhs.gov/poverty-guidelines. The description of the Financial Assistance Program shown on Cascade Medical's website will include the Program's current Schedule of Discounts and will also include this hyperlink.
6. For the purposes of determining family income, CM will normally require inclusion of the incomes of those persons defined in WAC 246-453-010 as family members.
7. The responsible party's financial obligation which remains after the application of any Financial Assistance Program discounts will be payable as negotiated between Cascade Medical and the responsible party. If three or more installment payments are missed and there is no satisfactory contact with the patient or responsible party, Cascade Medical reserves the right to initiate its standard collection efforts to recover any remaining balances.
8. Cascade Medical will not require a disclosure of the existence and availability of family assets from Financial Assistance Program applicants whose income is at or below 200% of the current Federal Poverty Level. Patients with family income above 200% of the current FPL will be required to disclose the existence and availability of family assets, and the CFO may require that available liquid assets, with the exception of the specific monetary assets exempt from consideration listed below be used to meet all or part of the patient's financial obligation prior to approving eligibility for the Program. Monetary Assets exempt from consideration: 1) The first $5,000 in monetary assets for an individual, $8,000 for a family of two, and $1,500 of monetary assets for each additional family member. 2) Equity in a primary residence. 3) Retirement plans other than 401(k) plans. 4) One motor vehicle (and a second motor vehicle if it is necessary for employment or medical purposes). 5) Prepaid burial contracts or burial plots. 6) Life insurance policies with a face value of $10,000 or less.

INITIAL DETERMINATION OF ELIGIBILITY

A. Cascade Medical's Financial Assistance Program will use an application process to determine eligibility. CM will utilize the standard application form developed by the Washington State Hospital Association and Department of Health.

B. Requests to provide financial assistance will be accepted from patients, family members or those parties responsible for the patient's financial obligations. Requests will also be accepted from sources such as physicians, community or religious groups, social services or CM financial services

personnel who are aware of factors that might qualify the patient for assistance under the Program. Patients are encouraged to apply prior to receiving services at CM, but applications will be accepted at any point from preadmission through settlement of the final bill.

C. Patients, family members or other parties may apply for program benefits by completing an application and submitting it, along with supporting documentation, to CM's Patient Financial Counselor. Applications may be submitted prior to receiving services or at any time after receiving services up to the final adjudication of the patient's account. Patients and other parties may obtain applications, receive assistance in completing applications and ask questions about the Financial Assistance program by speaking with the Patient Financial Counselor, between the hours of 8 am and 5 pm, Monday through Friday. Applications and information may also be requested from Registration or Business Office staff, by telephone at 509-548-3436 or on the hospital's website at www.cascademedical.org. Applications will be provided at no charge.

D. An initial determination of eligibility for financial assistance will, to the extent feasible, be completed by the Patient Financial Counselor or other CM financial services personnel at the time an application is made or as soon as possible thereafter. The patient, family member or responsible party will be duly informed of this determination.

E. During the application review process CM financial services staff will work with the patient and/or responsible party to pursue other sources of payment, such as Medicare, Medicaid and other assistance programs, and will attempt to verify application information as feasible. CM financial services staff will not impose application procedures or verification requirements that place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application process. Where verification would impose such a burden or is otherwise not possible, CM may rely on written or verbal attestations made by the patient or responsible party. CM will not require a patient to apply for any state or federal aid program for which they are clearly ineligible, or for which they have been found ineligible in the past 12 months.

F. In accordance with WAC 246-453-030(3), if a patient or responsible party is unable to complete the Financial Assistance Program application process, but CM staff are able to determine through other means that there is a high likelihood the patient would qualify for Program benefits, CM's CFO may approve Program eligibility based solely on this determination. In these cases, CM staff will not be required to complete full verification of documentation.

G. Pending final eligibility determination, CM will initiate no collection efforts, will not require deposits for current services or payments on previous account balances and will not require patients to apply for bank loans or other credit as a condition for receiving benefits under the Program.

FINAL DETERMINATION OF ELIGIBILITY

A. Cascade Medical will notify the patient, family member or responsible party of its final determination of eligibility within 14 days of receipt of a complete application and required documentation. This determination will be made by the Business Office Manager or, in his/her absence, a designee. For discounts under the program that exceed $1,000, the approval of the Chief Financial Officer will also be required.

B. If a patient is determined to be eligible for Program benefits, that eligibility will extend for one year from the time of the application. If the application has been made more than three months prior to a new request, CM financial staff will request verification from the patient or responsible party that a patient's family income and Medicare, Medicaid or insurance coverage availability are unchanged and, if necessary, will request updates to the information provided in the application.

C. If, after due consideration, the patient is determined to be ineligible for benefits under the Program, the patient or responsible party will be provided written notice of the application denial, a description of the reasons for the denial and instructions for appeal or reconsideration. If eligibility was denied due to a lack of needed information, CM will so inform the patient or responsible party of the needed information.

D. The patient or responsible party will have 30 days from the date of the final determination of eligibility to appeal the decision.

E. In the event a patient or responsible party has made partial or full payment for hospital services and is subsequently found to have been eligible for Program benefits at the time of those services, the patient or responsible party will be reimbursed the amounts paid.

F. In the event that the hospital's final decision upon appeal affirms the previous denial of financial assistance designation under the criteria described in WAC 246-453-040 (1) or (2), the responsible party and the Department of Health shall be provided with copies of the documentation upon which the decision was based.

DOCUMENTATION AND RECORDS

A. All information relating to applications made for Financial Assistance Program benefits, including supporting documentation provided and copies of any related correspondence, will be kept confidential and not disclosed to any outside parties, except as required by law.

B. In accordance with the State of Washington's Record Retention requirements for Public Hospital Districts, documents pertaining to the Financial Assistance Program will be retained for six years following final account activity.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Department: Board of Commissioners

Financial Management Policy

Purpose

The health care services provided by Chelan County Public Hospital District No. 1 are a valuable resource to the residents of Leavenworth and western Chelan County and to the visitors who come to enjoy the Upper Valley's scenic and cultural attractions. The set of policies outlined below are designed to keep these resources available and to anticipate health care needs of residents and visitors well into the future.

Written, adopted financial policies have many benefits, such as assisting the elected officials and staff in the financial management of the municipality, saving time and energy when discussing financial matters, engendering public confidence, and providing continuity over time as elected officials and staff members change. While these policies will be amended periodically, they will provide the foundation and framework for many of the issues and decisions facing the District. They will promote sound financial management and assist the District's stability, efficiency, and effectiveness.

Overall Financial Policy

- Ensure the ongoing financial integrity of the District.
- Safeguard the financial assets of the District and preserve the taxpayer's investments.
- Ensure adequate funds are available to support on-going health care services and to meet the future health care needs of the community.
- Provide accurate financial information to District Commissioners, staff and the public in a timely manner.
- Maintain a spirit of openness and transparency while being fully accountable to the public for the District's fiscal activities.

Sections

I. General Policies
II. Accounting policies
III. Cash Management policies and maintenance of cash reserves
IV. Debt policies
V. Revenue Cycle Management policies
VI. Expenditure policies
VII. Financial Reporting policies
VIII. Budgeting policies
IX. Management of capital and other assets
X. Communication policies

Financial Management Policy

I. General Policies

1. The District may adopt resolutions to set financial policies to assure the financial strength and accountability of the District.
2. The Chief Executive Officer ("CEO") and Chief Financial Officer ("CFO") will develop administrative directives and general procedures for implementing financial policies approved by the Board of Commissioners.
3. All Departments will share in the responsibility of meeting policy goals and ensuring long-term financial health. Future service plans and programs will be developed to reflect current policy directives, projected resources, and future service requirements.
4. To attract and retain employees necessary for providing high quality services, the District will establish and maintain a competitive compensation and benefit package with the public and private sectors.
5. Efforts will be coordinated with other governmental agencies to achieve common policy objectives, share the cost of providing governmental services on an equitable basis, and support favorable legislation at the state and federal level.
6. The District will initiate, encourage, and participate in economic development efforts to create job opportunities and strengthen the local economy.
7. The District will strive to maintain fair and equitable relationships with its contractors and suppliers.

II. Accounting Policies - *Comply with prevailing federal, state, and local statutes and regulations. Conform to a comprehensive basis of accounting in compliance with Washington State statutes and with generally accepted accounting principles (GAAP) as promulgated by the Governmental Accounting Standards Board (GASB) where applicable.*

1. Accounting principles. The District will account for assets, liabilities, revenues and expenses in conformity with accounting principles generally accepted in the United States of America and the state of Washington as applicable to public hospital districts, and in accordance with standards established by the Governmental Accounting Standards Board. The District will use enterprise fund accounting and revenues and expenses will be recognized on an accrual basis using the economic resources measurement focus. The District will utilize a fiscal period ending on December 31st of each year.
2. Departmental Accounting. Gross revenues and operating expenses for individual service areas within the District's hospital and clinic will be segregated through the use of departmental accounting, in a manner consistent with State Auditor's Office and Medicare Cost Reporting requirements.
3. Restricted funds. The District will account for expenditures from funds that are restricted as to use by donors, restricted to specific purposes by the Board of Commissioners, restricted by financing

covenants or otherwise restricted by law. Funds received that are not under such restrictions will be part of the general fund and not earmarked for specific purposes or activities.

4. Capital items. Building and equipment purchases costing in excess of $5,000 per item and having useful lives of one year or more will be recorded as capital assets on the District's balance sheet and depreciated on a straight line basis. Leased items meeting the definition of capital leases will be amortized over the lesser of the useful life or lease term.
5. Inventory. Inventories of medical, pharmaceutical and other supplies will be valued on a first in, first out basis. Inventory values will be verified at least annually by departmental and accounting staff.
6. Prepaid expense. Non-capital expenses costing $~~5~~10,000 or more that will be of value to or benefit future periods will be treated as prepaid expenses and amortized over the expected benefit period.
7. Tax revenue. Tax revenues that are expected to be received over the course of a fiscal year will be recognized as a level amount in each monthly accounting period.
8. Time off accrual. The value of any accrued compensated absence time, such as Paid Time Off, that may be paid to employees of the District upon termination of employment will be shown as a liability on the District's Balance Sheet.
9. Record retention. Accounting records will be retained in conformity with the state of Washington's record retention guidelines for Public Hospital Districts, or a longer period if required by state or federal regulatory authority.

III. Cash management and maintenance of cash reserves - *Manage and invest the District's operating cash to ensure its legality, safety, provide for necessary liquidity, avoid imprudent risk, and optimize yield.*

1. Deposits. All cash receipts will be deposited or transferred to the CM accounts held by the Chelan County Treasurer, who serves as the treasurer for the District. District funds will be invested by the County Treasurer's office in the Washington State Local Government Investment Pool or other investments as permitted by RCW chapter 39.
2. Cash Accounts. The District will establish cash accounts with the County Treasurer's office for various purposes, including debt service, capital asset purchases, cost report settlement reserves and others. Funds will be deposited into and transferred between these accounts in accordance with the District's established Cash Management policy.
3. Reconciliations. Cash balances held with the County Treasurer will be reconciled on a monthly basis to the District's accounting records by District Accounting staff, under the supervision of the District's CFO.
4. Cash Balancing. The District's daily cash and check receipts will be listed, balanced and, except for an authorized change fund amount, deposited to the Depository Account. Deposits to the depository will be made each day the total cash deposit reaches $200 and/or when there are checks to deposit. When receiving payment in person from a patient or other individual, the

District will provide a numerically sequential receipt. Any out-of-balance conditions (cash over/short) will be immediately reported to the CEO or CFO, reviewed, and posted. Cash over/short conditions of more than $100 shall be reported to the CEO immediately. The Board of Commissioners will be notified no later than the next regular Board meeting.

5. Internal Control policies. The District will maintain written policies on cash handling, accounting, segregation of duties, and other internal control components. These policies will be reviewed and updated on at least an annual basis.
6. Reserves. Cash reserves, excluding those restricted to debt service or donations restricted to a specific use by donors, will be maintained at a level equivalent to 60 days of operating expenses or higher.

IV. Debt policy – *Establish guidelines for debt financing that will provide needed capital equipment and infrastructure improvements while minimizing the impact of debt payments on current revenues.*

1. Overall Debt Policy. The Debt Policy for the District is established to help ensure that all debt is issued both prudently and cost effectively. The Debt Policy sets forth comprehensive guidelines for the issuance and management of all financings of the District. Adherence to the policy is essential to ensure that the District maintains a sound debt position and protects the credit quality of its obligations.
2. Legal Governing Principles. In the issuance and management of debt, the District shall comply with the state constitution and with all other legal requirements imposed by federal, state, and local rules and regulations, as applicable.
   a. State Statutes – The District may contract indebtedness as provided for by State law, subject to the statutory and constitutional limitations on indebtedness.
   b. Federal Rules and Regulations – The District shall issue and manage debt in accordance with the limitations and constraints imposed by federal rules and regulations including the Internal Revenue Code of 1986, as amended; the Treasury Department regulations there under; and the Securities Acts of 1933 and 1934.
   c. Local Rules and Regulations – The District shall issue and manage debt in accordance with the limitations and constraints imposed by local rules, policies, and regulations.
3. Debt purposes. The District may issue bonds or enter into other types of indebtedness to support major building additions or improvements, major capital equipment purchases, major purchases of software licenses or the acquisition of property. The term of any debt entered into will not exceed the useful life of the project or purchase and in no instance will exceed 40 years.
4. Deficit financing. Long term debt will not be used to support current operating requirements. Further, the District will not use deficit financing or short-term borrowing in the case of projected long-term (greater than one year) revenue shortfalls.

5. New debt. Any new debt, capital lease obligations or refinancing of current debt will be approved by the District's Board of Commissioners. The bond underwriter and bond counsel will also be approved by the Board, as will the term, rates and other significant financing components. Sufficient funding to allow the repayment of debt obligations will be provided for in budgets approved by the Board.
6. Types of debt. The District may utilize the following types of debt, subject to Board approval:
   a. Unlimited Tax General Obligation bonds, to be used for capital projects only, which will require the approval of the voters within the District.
   b. Limited Tax General Obligation bonds, which do not require voter approval and are payable from funds collected through an existing tax levy, providing the District determines it can afford the payments and UTGO or other funding is not readily available.
   c. Short-term commercial borrowing, lines of credit and capital lease financing, as permitted by law, for the purpose of financing major equipment purchases, Information Technology investments or meeting short-term liquidity needs during anticipated temporary interruptions in cash receipts from operations.
   d. Revenue bonds, to be used for financing building construction or improvements.
   e. Refunding bonds, to be used in debt refinance to achieve true savings as market opportunities arise. Refunding debt will not be used for the purpose of avoiding debt service obligations. A target 5% cost savings (discounted to its present value) over the remainder of the debt must be demonstrated unless otherwise justified.
7. Arbitrage earnings. The use of interest earnings on bond proceeds will be limited to funding the improvements specified in the authorizing bond ordinance or payment of debt service on the bonds. Proceeds from debt will be used in accordance with the purpose of the debt issue.
8. Bond compliance. To maintain the District's credit worthiness, the CEO, CFO and staff will maintain active relationships with ratings agencies and outside parties involved in debt funding and will act in accordance with the District's established Bond Compliance Policy. The District will maintain its bond rating at the highest level fiscally prudent.

V. Revenue Cycle Management policy – ***Design, maintain and administer a revenue cycle to ensure a reliable, equitable, diversified and sufficient revenue stream to support desired services.***

1. Billing and Collections. To support the ongoing provision of health care services to the residents of the District and to those in need of care while visiting, the District will establish and maintain systems to collect appropriate amounts from patients and their government-sponsored or commercial health insurance plans for the care received. District staff will utilize an Electronic Health Record and Patient Accounting system to document the care received, create charges for the individual services provided and bill and collect payments from patients and their health plans.

2. Charges for services. In accordance with Medicare program requirements and contracts with individual health plans, all patients will be charged the same amounts for individual service or supply items through the use of a standardized Charge Master. Maintenance of the Charge Master will be overseen by the District's CFO. The District will periodically evaluate pricing levels against industry standards, Medicare fee schedules and other available references.
3. Compliance. District staff will make appropriate efforts to ensure compliance with Medicare and Medicaid billing requirements, the provisions of contracts with individual commercial health plans and the compliance policies established by the District.
4. Cash receipt controls. The District's Business Services Director and CFO will enforce proper segregation of duties to ensure that staff opening mail and preparing daily cash and check deposits are different from those staff updating payments and adjustments to individual patient accounts.
5. Payment reconciliation. The Business Services Director, Accounting Director and CFO will ensure that patient and health plan payments are reconciled on a monthly basis with bank and County Treasurer records.
6. Delinquent accounts. The District will make professional and timely efforts to collect balances due on patient accounts. The District may utilize one or more collection agencies, which may in turn utilize legal actions, liens and other methods of collection as allowed by law. The District may also establish installment payment plans with patients needing additional time to pay their accounts.
7. Financial Assistance. In accordance with the District's established Financial Assistance policy, District staff will identify and assist patients who are unable to make full payment on their accounts and meet the income and other criteria established in the policy.
8. Overpayments. When overpayments have occurred on patient accounts, the Business Office staff will initiate refunds to patients or either refunds or payment adjustments with health plans, as appropriate, on a timely basis.
9. Reporting. Accounts Receivable balances, collection trends and other revenue cycle management information will be reported by the CFO to the CEO and Board of Commissioners on a monthly basis.
10. Cost Reports. With the assistance of the District's audit firm, financial staff will file a cost report with the Medicare program each year within the regulatory deadline. Information in the report will be evaluated to ensure optimal reimbursement from the Medicare program.
11. Insurance contracts. The CFO will endeavor to establish contractual relationships with health care plans providing coverage to residents of the District, wherever possible at terms favorable to the District.

VI. Expenditure policies – *establish appropriate service levels and administer the expenditures of available resources to ensure fiscal stability and the effective and efficient delivery of services*

1. Means of payments. Any payments made by the District will be done using either warrants drawn on CM accounts held by the Chelan County Treasurer, electronic fund transfers, or payroll direct deposits initiated from those accounts to individual employee bank accounts. In accordance with the established Warrant/EFT Release policy, these payments will be approved by the Board of Commissioners at a public meeting.
2. Authorizations. Payments will be authorized by one of the following means prior to release:
   a. Purchase orders that are completed in accordance with the established General Fund Distribution policy.
   b. Payments made for goods or services as part of a vendor contract signed by the District's CEO. These will be authorized by the applicable Department Director or Senior Leader.
   c. Check requests signed by a Department Director or Senior Leader and in accordance with the Spending Approval Matrix policy.
   d. Reimbursements made to employees for travel expenses or personal expenditures made on behalf of the District, which will be done using established forms and subject to inclusion of supporting documentation and approval by the employee's supervisor in accordance with the Expense and Travel Reimbursement policy.
   e. Electronic fund transfers authorized by the CFO or CEO, or designee.
   f. Payroll expenditures authorized by the employee's supervisor using the District's payroll/time & attendance system and subject to existing payroll policies and union contracts where applicable.
3. Recording payments. All expenditures will be recorded in the District's accounting system and will be assigned to an account number in accordance with the type of expenditure and the benefitting service.
4. Petty cash. The CFO may authorize one or more petty cash or change funds for minor cash expenditures or making change for cash payments. Payments made from petty cash will be recorded individually in the District's accounting system in accordance with the established Petty Cash policy. In no event will the value of a petty cash fund exceed $250.

VII. Financial Reporting policies – *to provide complete and accurate reporting of the District's financial position to Commissioners, District staff and interested members of the public.*

1. Financial statements. District financial staff will prepare financial statements on a monthly basis for review by the Board of Commissioners, District staff and interested members of the public. Statements will be prepared on an accrual basis with revenues and expenses shown in the period in which services occurred or benefits were provided. Monthly financial statements will include, at a minimum, Balance Sheet, Revenue and Expense and Cash Flow statements.
2. Statement presentation. Financial statements will be presented to the Board of Commissioners by the District's CFO, who will also provide comparisons with budgeted and prior year financial results,

patient volume statistics and other analytical reports as requested by the Board. Financial statements for the most recent month will normally be provided at the Commissioners' next public meeting. The Board will also be provided, for approval, a vouchers summary of the previous month's warrants issued, and electronic fund transfers made, along with the balances of patient accounts sent to collection agencies and discounts provided under the Financial Assistance (Charity) policy. The Board will receive an emailed Voucher Register prior to each Board meeting with a detailed listing of the previous month's warrants issued, and electronic fund transfer made.

3. Finance Committee. District financial staff and the CFO will provide additional, in-depth financial reporting and a discussion of District financial issues to the Board of Commissioner's Finance Committee, in accordance with the Committee's charter and annual work plan. Any changes to the financial information package presented to the full Board will be reviewed and approved by the Finance Committee.
4. Annual audit. On an annual basis, the Board of Commissioners will approve the engagement of an independent Certified Public Accounting firm, which will review and audit the District's financial records, prepare financial statements in conformance with the Accounting Policies shown in Section I and review and report upon the adequacy of the District's financial controls. The CPA firm will report directly to the Board and will receive the full cooperation and support of the District's financial and management staff during the course of their audit.
5. Reporting. The District's CPA firm will provide their report, including audited financial statements, to the Board of Commissioners no later than June 30 of each year. The CPA firm will also provide the audited financial statements, copies of their workpapers and any additional requested reports to the Washington State Auditor's office in accordance with the SAO's established timelines. District financial staff will cooperate fully with any requests for additional information made by the State Auditor's Office staff.
6. Other services. At the discretion of District Management, the CPA firm engaged to perform the District's annual audit may also assist in the preparation of the District's annual Medicare Cost Report, along with responses to external audits that may be performed by the Medicare program, its administrative contractors, the Washington State Health Care Authority and Medicaid Managed Care Organizations. The CPA firm may also assist in the preparation of reports required by the Washington State Department of Health.

VIII. Budgeting policies – *to establish a planning and control process for future periods*

1. Budgeting purpose. The Board of Commissioners and management of the District will prepare budgets for the purpose of establishing a financial plan for future periods, guiding decision-making in those periods and serving as a control and comparison during those periods.
2. Annual Budgets. On an annual basis, the Board of Commissioners will adopt a Revenues and Expenses (Operating) Budget, a Cash Flow Budget and a Capital Budget.

3. Approval. Budgets will be prepared by the District's management staff and presented to the Board in draft form at a public meeting in September of each year. After initial review, budgets will be presented to the Board for final approval at a public budget hearing in October. Public notice of the budget hearing will be made in advance in accordance with statutory requirements of the State of Washington. Budget approval will consist of Resolutions adopting the final budgets and authorizing tax levy amounts.
4. Management responsibilities. Operating and Capital Budgets will be prepared by Department Directors and will project patient volumes, line item revenues and expenses and capital equipment needs for their departments. Operating Budgets will be prepared for the upcoming fiscal year while Capital Budgets will show projected capital needs for at least three years into the future. Department Directors will strive to ensure budgets are consistent with the District's Strategic Objectives and are prepared in a complete, accurate and realistic manner. District Senior Leadership will review submitted budgets, provide preliminary approval, deferral or disapproval, and consolidate budgets for Board review.
5. Budget guidelines. It will be the goal of the District to create Operating and Cash Flow budgets in which operating revenues plus tax receipts meet or exceed necessary expenditures. Budget volumes and revenue estimates will be made conservatively using information from reliable economic forecasts and state or other governmental agencies. Revenues from expected donations, grants or sources of limited duration will be fully disclosed during budget review and approval and will not be utilized to support on-going operations.

   In the event a balanced budget is not attainable, and the cause of the imbalance is expected to last for no more than one year, the planned use of cash reserves to balance the budget is permitted. If a budget shortfall is expected to continue beyond one year, the planned use of reserves must be developed as part of a corresponding strategic financial plan to close the gap through revenue increases or expenditure decreases.

   Provisions within the budgets will be made to ensure adequate funds for the following:
   a. Debt service.
   b. Proper maintenance and timely replacement of the District's capital assets.
   c. Staffing levels sufficient to provide health care services and support for District operations.
6. Budgeting new programs and services. Planned new programs, expansions in service or increases in staffing levels will wherever possible be evaluated as part of the annual Operating Budget prior to approval. New programs and services will be expected to generate sufficient revenues to offset capital and operating expense increases. In evaluating staffing increases, attempts to expand individual and work group productivity rather than adding to the work force will be made, including investment in technology and other efficiency tools to maximize productivity. The District will hire

additional staff only after the need for such positions has been demonstrated and documented and no productivity improvements are feasible.

7. Use of Budgets. Once adopted, the budgets will be used as a financial plan for the District's operations, and during the fiscal year will be used as a comparison and control tool for evaluation of current operations. Financial management staff will include comparisons of actual financial results to budgeted amounts in monthly reporting to the Board and District management staff.

IX. Management of capital and other assets - *review and monitor the state of the District's capital equipment and infrastructure, setting priorities for its replacement and renovation based on needs, funding alternatives, and availability of resources.*

1. Capital equipment. Items costing over $5,000 per item will be authorized prior to purchase in accordance with the established Capital Requisition policy and the Spending Approval Matrix policy.
2. Asset tagging. Capital equipment items, along with minor equipment items costing over $500, must be authorized for ordering by completion of the Capital Request Form by a Department Director or Senior Leader. When received, these items will be tagged prior to being placed into service using asset tags applied by the Materials Management department staff. Where applicable, equipment used in patient care areas will also be inspected by the District's Biomedical Engineering consultant.
3. Surplus. Any previously purchased capital or minor equipment item with an asset tag that has exceeded its useful life and is meant to be traded-in, sold or discarded, must be declared as surplus by the Board of Commissioners.
4. Capital Facilities Plan (CFP). In addition to the three-year Capital Budget, the District may create and maintain a Capital Facilities Plan which will encompass a longer-term planning period, as follows:
   a. The CFP will include all projects to maintain public capital facilities required to maintain service levels at standards established by the Board of Commissioners. It may also include for consideration such other projects as requested by the CEO or Board of Commissioners.
   b. The CFP will provide details on each capital project plan including estimated costs, sources of financing and a full description of the project.
   c. The District will finance only those capital improvements that are consistent with the adopted CFP and District priorities. All capital improvement operating and maintenance costs will be included in operating budget forecasts.
   d. A status review of the CFP will be conducted periodically, and a report will be presented by the CEO or his/her designee, to the Board of Commissioners.
5. Insurance. The District will purchase and maintain liability, property and other insurance policies that fully protect the District from all reasonably-anticipated losses. These policies will include:

a. Professional and general liability, including medical malpractice liability and non-medical tort claims.
b. Directors and Officers liability, including employment practices liability.
c. Property, covering buildings, equipment and vehicles.
d. Employee dishonesty and other crime-related risks.
e. Cybercrime.

X. **Communications policy** – *maintain transparency and comply with public information laws*

1. It is the policy of the District to remain as transparent as possible, follow public meetings laws and respond promptly to public information requests.
2. The District shall manage relationships with the rating analysts assigned to the District's credit, using both informal and formal methods to disseminate information.
3. The District's Basic Financial Statements and Notes shall be a vehicle for compliance with continuing disclosure requirements. The Notes to the Financial Statements may be supplemented with additional documentation as required. Each year included in the Notes to the Financial Statements, the District will report its compliance with debt targets and the goals of the Debt Policies.
4. The District shall seek to maintain and improve its current bond rating.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Department: Board of Commissioners

Non-Payroll Warrant / EFT Release

POLICY: It is the policy of CM to release approved non-payroll warrants and electronic fund transfers (EFT's) only after being authorized by the Chief Executive Officer, Chief Financial Officer, or the Chief Operating Officer.

PROCEDURE: Accounts payable warrants will be run every week. Warrants will go through the normal administrative review and approval process, including signature authorization. This process includes a review by the Director of Accounting, the Chief Financial Officer and ~~either~~ the Chief Executive Officer, ~~or the~~ Chief Operating Officer, or Chief Human Resources Officer. The Accounting Team may use the signature stamp for the AP warrants, with the permission of the Chief Executive Officer or Chief Financial Officer. At this point the signed warrants are released.

Electronic fund transfers may be established for selected vendors and employee benefit administrators with prior approval by the CFO or CEO and appropriate staff with the County Treasurer. EFT transactions will be approved by the CFO or CEO, or designee, before being sent to the County Treasurer for processing.

Prior to each Board of Commissioners monthly board meeting, the Voucher Register with an explanation for each purchase is provided to the Board of Commissions via email. and a Vouchers Summary is provided in the Board packet. The Board of Commissioners may approve the Vouchers Summary through consent agenda, having the option to pull and review any items prior to approval. Once the Vouchers Summary is approved by the Board of Commissioners, the warrants and EFTs are filed in the accounting department.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Department: Board of Commissioners

Conflict of Interest

POLICY:

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

PROCEDURE:

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

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

1. Has received a copy of this Conflict of Interest Policy;
2. Has read and understands this policy;

3. Has read and understands the obligations of RCW 42.20 and RCW 42.23;
4. Has agreed to comply with this policy and statutes.

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

1. With respect to their fiduciary responsibility. This means, specifically, that there must be no self-dealing or any conduct of private business or personal services between any Board member and Cascade Medical except as procedurally controlled to assure openness, competitive opportunity, and equal access to inside information.
2. Direct or indirect solicitation or acceptance of personal fees or commissions in connection with Cascade Medical business.
3. Use of their position to secure special privileges or exemptions for themselves, spouse, child, parents, or other related persons from vendors, contractors, physicians, patients, the medical center, or its staff.
4. Use of their position to obtain employment at Cascade Medical for themselves, family members, or close associates. Should a member desire employment, he or she must first resign from the Board and follow the provisions of the RCW with respect to this subject.
5. Solicitation of gifts or gratuities for personal use for themselves or related parties from Cascade Medical's customers, suppliers, consultants or anyone else doing business with the District. Unsolicited non-cash gifts of nominal value such as flowers, meals, plaques, cups, pens, or calendars may be accepted.
6. Acceptance of a paid trip from a vendor to visit an installation or attend a seminar if the dominant theme is entertainment. Such trips may be acceptable for educational purposes, or an installation visit that is the result of a decision to purchase a specific vendor's product and is directly related to the installation of the product.
7. Placing themselves in a position that may create or lead to a conflict of interest, or the appearance of one, such as engaging in any outside business activity, financial relationship or investment that conflicts with the District, competes with the District, or may interfere with Board members' responsibilities to the District. Board members are also prohibited from having any personal interest, directly or indirectly, in any transaction with Cascade Medical unless disclosed in writing in advance to the medical center's administrator. A decision can then be made as to whether a conflict of interest

exists.

8. Engaging in outside business, other activities, or private employment that would result in the inducement to divulge confidential information about the District, other employees or patients.
9. Disclosure of confidential information about the District or use of such information for personal gain or benefit. It is a primary responsibility of all Board members to protect the confidentiality of District information. The breaking of confidentiality is the repeating of any information, written or spoken, when unauthorized or indiscrete disclosure could be harmful or injurious to the interests of a patient, employee, or the District in general.
10. Attempts to exercise individual authority over Cascade Medical except as explicitly set forth in Board policies. Members' interactions with the CEO or with staff must recognize the lack of authority vested in individuals except when explicitly Board authorized.

Violations of this policy may be reported to the State Auditor and/or District's attorney for investigation.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Department: Board of Commissioners

Open Public Meetings

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

PROCEDURE:

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

6. Within 90 days of taking office, per the Open Government Trainings Act (ESB 5964), new Commissioners will complete the Open Public Meeting Act training (RCWs 42.56.150, 42.30.205). Education on open public meeting requirements will be conducted on an as-needed, periodic basis (but no less than every four years) for the full Commission.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Department: Quality Assurance

Risk Management Program

POLICY:

In accordance with the continuing efforts to provide quality patient care, minimize losses, and provide a safe environment for patients, visitors and staff, CM endorses establishment of a comprehensive Risk Management Program. This program shall include participation of the Board, administration, medical staff, and all other CM staff.

PROCEDURE:

1. It shall be the object of the Board, Administration, and Medical Staff to establish a Risk Management Program that:

    a. Through risk identification, evaluation, and control, helps to reduce the frequency and severity of adverse events and thus contributes to quality and safe patient care while minimizing loss across the organization.

    b. Encourages effective patient/family communications on patient care and safety problems. Enhances facility relations, community image, and consumer confidence.

    c. Continually improves the ongoing delivery of healthcare services and strengthens the entire organization.

2. The authority and responsibility for the establishment, maintenance, support, and evaluation of the Risk Management program is vested in the Board of Commissioners. The Board delegates the responsibility for the implementation of risk management functions to the Chief Executive Officer. The coordination of all risk management activities is assigned to the Risk Manager.

3. Risk Management Program Components

    a. Communication/coordination with quality improvement program. The quality improvement component is a primary mechanism for improving quality and safety. QI program activities that contribute to the risk management process include:

        i. “How Are We Doing? cards”

        ii. Credentialing and Reappraisal activities – activities designed to ensure that the facility is staffed by qualified individuals who perform at an appropriate level. This applies to both physicians and non-physicians and includes appointment and reappointment for medical staff members, delineation of clinical privileges, credential and reference checks for medical staff and facility staff.

iii. Continuous monitoring activities such as mortality review, drug utilization, patient surveys, and utilization review.

b. Safety/Security Program. The safety program endeavors to create and maintain a safe environment for patients, visitors, and staff. Safety activities that contribute to the Risk Management Program include:

i. Electrical safety

ii. Fire protection and safety

iii. Patient safety measures including a functioning nurse call system, appropriate floor covering, appropriate policies and procedures for patient risk identification

iv. Disaster preparedness activities – planning for internal and external disasters and conducting periodic disaster drills

v. Preventative maintenance activities

c. Loss Control Program includes:

i. Incident reporting system – the Risk Manager receives all incident reports, patient complaints, and verbal reports of adverse effects of medical management. This information shall be utilized for the following purposes:

1. To take immediate action to develop all facts relating to a particular incident and enable determination of the degree of liability for the injury or for the likelihood that a claim will be presented.

2. To formulate actions to avoid recurrence of incidents of similar nature by analyzing the causes and recommending measures to prevent repetition.

3. The Risk Manager will determine which incidents will be reported to Cascade Medical's insurance carrier.

ii. Claims Investigation – The Risk Manager or designee shall investigate serious complaints, incidents, and reports of alleged or possible medical mismanagement and report the results of these investigations to the appropriate individuals, working with liability carrier and legal counsel in claims resolution, claims investigation, and maintaining files of claims-related correspondence.

iii. Risk Reduction - Risk Manager or designee shall assist medical providers and all other staff in investigations, recommendations, and follow-up in areas identified as having potential risk.

d. Patient Complaint and Grievance Process includes:

i. Identification of patient concerns through administration of a patient satisfaction survey, developing and implementing a facility-wide system for handling patient complaints and education of staff regarding identification and response to patient concerns.

ii. Evaluation – discussion of a complaint or problem with the patient and family by a designated CM representative and analysis of patient satisfaction surveys.

iii. Intervention –will be performed as deemed appropriate by the Risk Manager.

iv. Cascade Medical shall provide a system whereby patients and/or their significant others or representatives, can voice a grievance/complaint about the quality of care and/or services received at Cascade Medical.

v. Cascade Medical shall respond to such concerns in a timely, reasonable, and consistent manner. Concerns regarding care received include, but are not limited to, concerns over perceptions or consequences related to premature discharge.

vi. Cascade Medical shall not subject patients who voice complaints and recommend changes to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.

vii. Detailed information regarding the Patient Complaint process can be referenced in the Patient Concern policy.

4. Risk Management Program will be coordinated by the Risk Manager or designee. These individuals shall be responsible for the following activities:

a. Collection and aggregation of incident report and patient complaint data.

b. Submission of aggregate reports of incidents, patient complaints, and adverse outcome reports to administration for review.

c. Conducting, with the assistance of liability carrier and legal counsel, investigations of potentially compensable events in preparation for possible litigation.

d. Maintaining all Risk Management files and statistics in accordance with applicable regulations.

e. Ensuring maximum confidentiality and limited access to Risk Management data.

f. Conducting periodic risk management education programs for medical staff and employees.

5. All data and information collected and maintained by the Risk Management Program or office shall be considered part of the facility-wide Quality Improvement Program. The confidential nature of Quality Improvement records will be respected. The identity of providers, hospital employees, and patients will remain confidential and will be revealed only to appropriate medical staff committees and facility committees, as defined by Medical Staff Bylaws and the Board of Commissioners. The identity of non-physician personnel will be revealed only to the administrator or appropriate department director.

6. The confidentiality of Quality Improvement data is protected from subpoena or discovery by RCWs 70.41.200, 43.70.510 and 4.24.250. This law provides that the proceedings, reports, and written records of a regularly constituted review committee whose duty it is to review and evaluate the quality of patient care shall not be subject to subpoena or out of the recommendation of committees involving restriction or revocation of clinical privileges.

7. The Board Quality Oversight Committee shall evaluate the Risk Management Plan and Process at least annually. The evaluation will be based on attainment of the established program objectives, scope, organization, and effectiveness and revisions will be made as necessary.

REFERENCE: 42 CFR 482.13

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: September 23, 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	10128672 – 10128827	$841,505.28	07/12/2026 – 09/11/2026
Accounts Payable EFT Transactions	20260086 – 20260112	$1,589,506.34	07/12/2026 – 09/11/2026
Accounts Payable ACH Transactions	EP15821 – EP15870 EP15906 – EP15936 EP15962 – EP15994 EP16024 – EP16065 EP16084 – EP16135 EP16163 – EP16198 EP16220 – EP16258 EP16287 – EP16327 EP16343 – EP16395	$1,534,449.34	07/12/2026 – 09/11/2026
Payroll EFT Transactions	33166 – 34108	$2,194,669.10	07/12/2026 – 09/11/2026
	Grand Total	$6,160,130.06	

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 July, 2026

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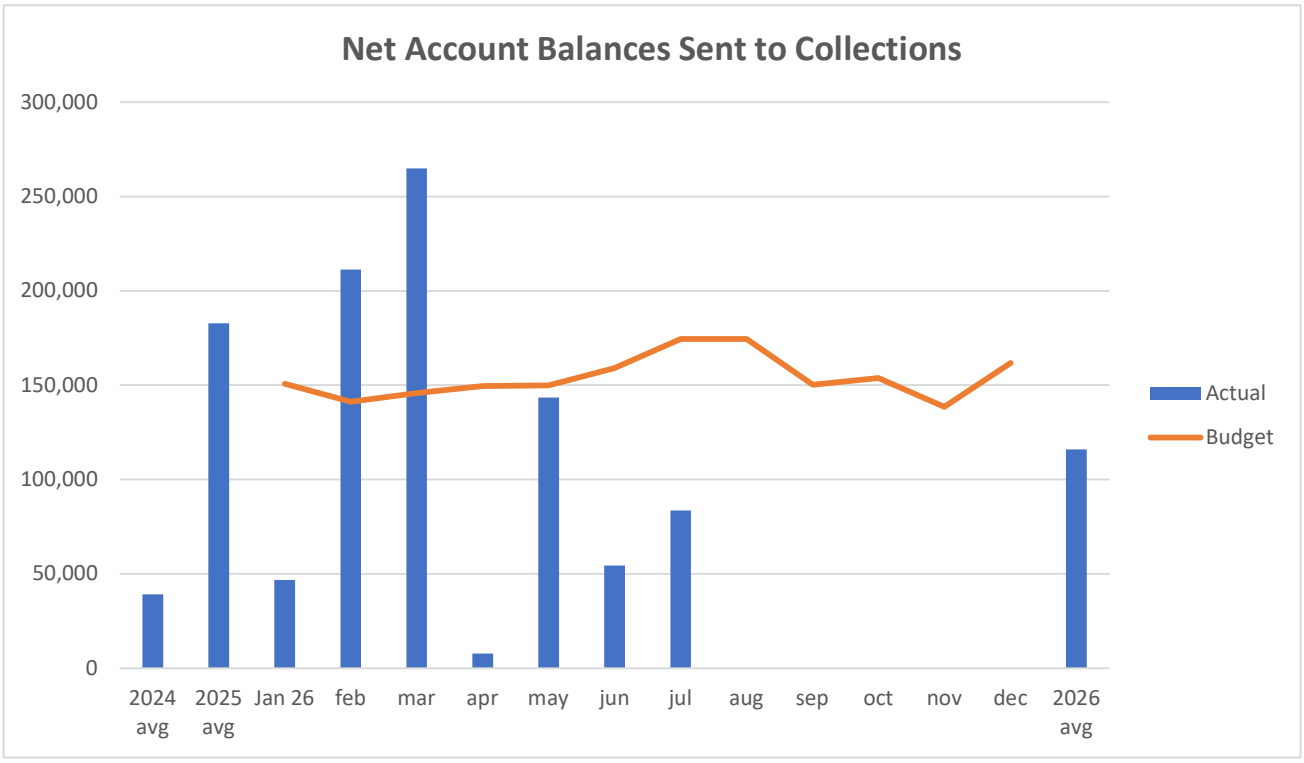
Net Bad Debt Write-Offs for Board Approval	$	83,496.27
CFSP/Financial Assistance Program Discounts for Board Approval	$	53,366.85

Bad Debt/ Financial Assistance Supplemental Information			
Bad Debt Write-Offs	Sent to Collection Agency		100,650.70
	less: pullback from Agency due to receipt of payments		(17,154.43)
	Net Bad Debt Write-Offs		83,496.27
CFSP/Financial Assistance Applications - Discounts Approved		$	53,366.85
	Total		136,863.12


Net Account Balances Sent to Collections
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200,000
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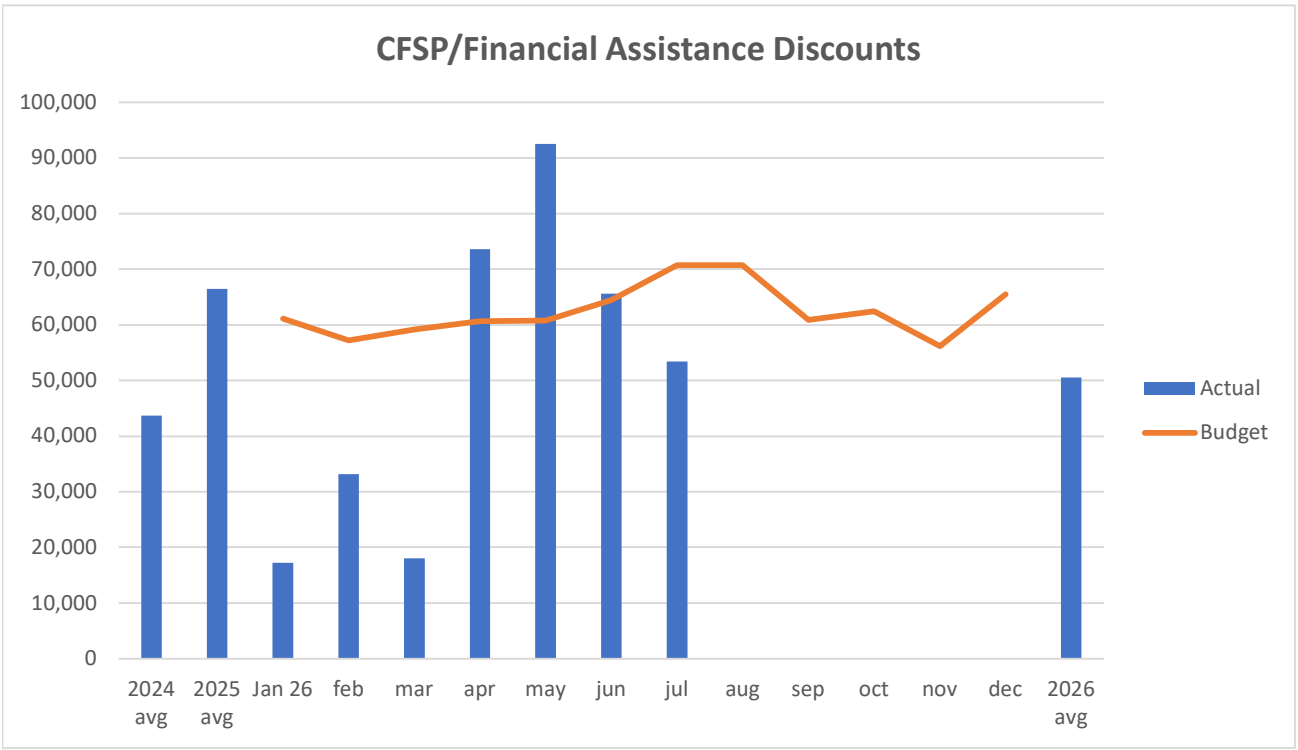
Actual
Budget


CFSP/Financial Assistance Discounts
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2026 avg
Actual
Budget

Cascade Medical

Bad Debt Write Offs
Financial Assistance Program Discounts

Month August, 2026

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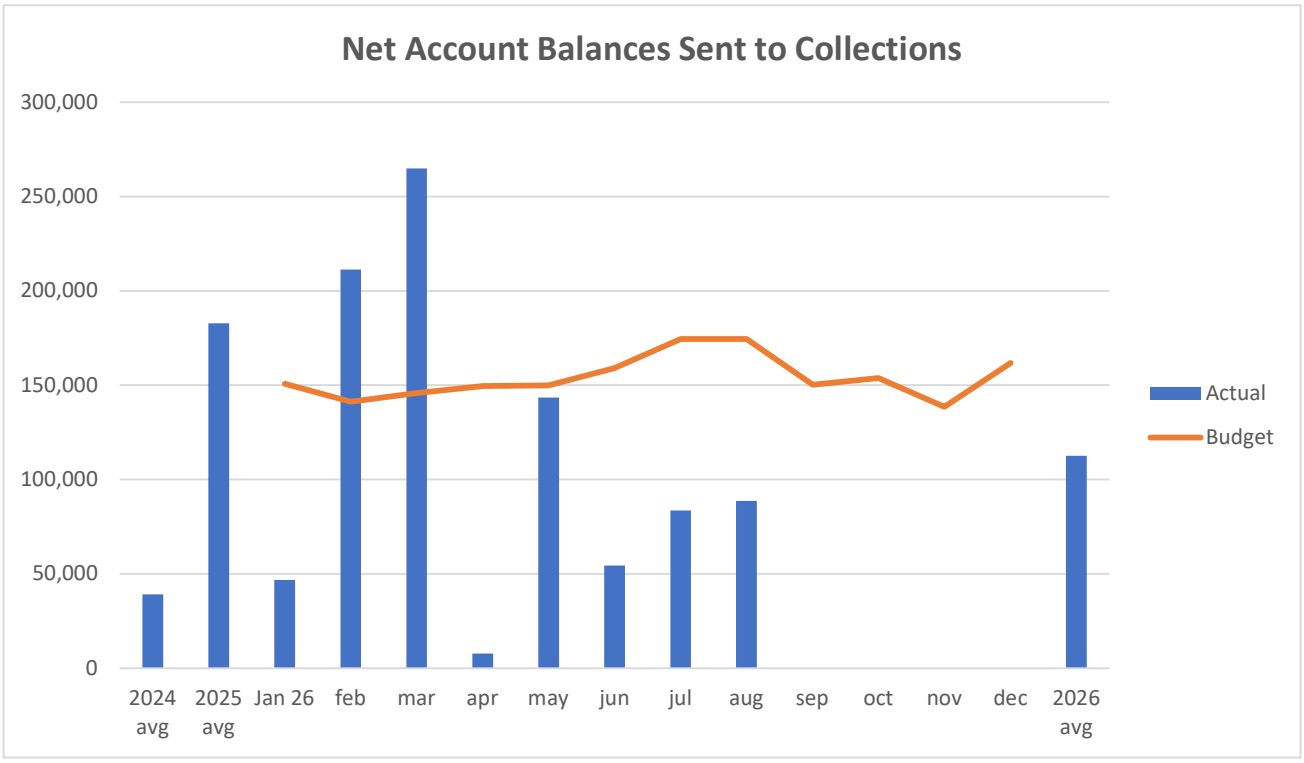
Net Bad Debt Write-Offs for Board Approval	$	88,803.48
CFSP/Financial Assistance Program Discounts for Board Approval	$	29,318.97

Bad Debt/ Financial Assistance Supplemental Information			
Bad Debt Write-Offs	Sent to Collection Agency		102,631.05
	less: pullback from Agency due to receipt of payments		(13,827.57)
	Net Bad Debt Write-Offs		88,803.48
CFSP/Financial Assistance Applications - Discounts Approved		$	29,318.97
	Total		118,122.45


Net Account Balances Sent to Collections
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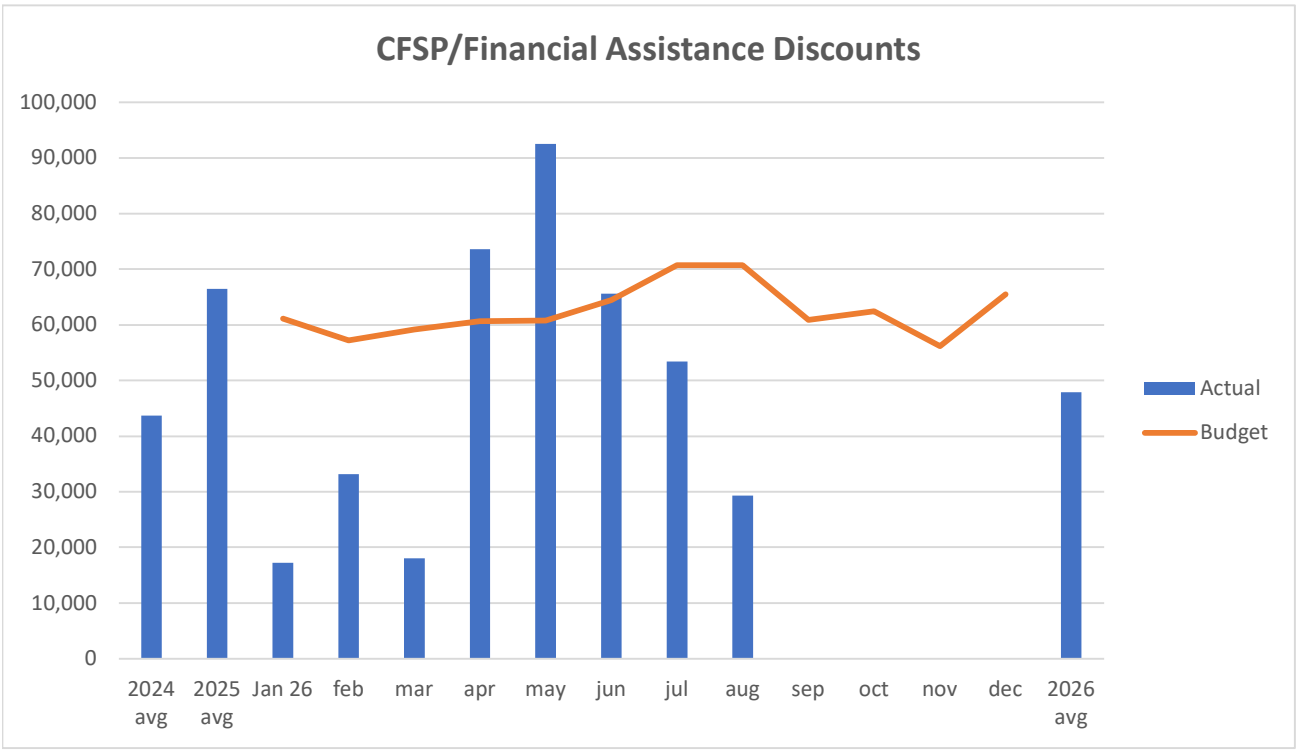
Actual
Budget


CFSP/Financial Assistance Discounts
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Actual
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CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

A G E N D A

Board Quality Oversight Committee
August 3rd, 2026
12:00 PM – 2:00 PM
Admin Conference Room

The documents contained in this file are part of the performance/quality improvement and peer review programs to review the services rendered in the hospital/clinic areas, both retrospectively and prospectively, in order to improve the quality of medical care of patients and to prevent medical malpractice (RCW 70.41.200 (1) (a)).

Therefore, **all** information following the agenda is confidential and protected under: RCW 4.24.250; RCW 70.41.200; and Senate Bill 5666

Agenda Item		Time
1.	Call to Order	12:00 PM
2.	Consent Agenda Approval • August 3, 2026, Agenda • May 18, 2026, Minutes	12:00 PM
Committee Work		
1.	Review Action Items	12:05 PM
2.	Patient Story	12:05 PM
3.	Board Quality Rounding Review	12:15 PM
4.	Organizational Performance - Data Outliers	12:25 PM
5.	Updates on Prioritized Process Improvement Projects	12:30 PM
6.	DNV Updates	12:55 PM
7.	Policy Review • Risk Management Program	1:15 PM
8.	Q1 & Q2 Quality Committee Reports	1:25 PM
9.	Plan for Committee Self-Assessment	1:35 PM
10.	Confirm Q3 Meeting Date	1:50 PM
11.	Provider Credentialing	1:55 PM
Adjournment		
1.	Adjournment	2:00 PM

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.*

Materials provided in advance of meeting along with agenda:

1. May 18, 2026, Minutes
2. Board Quality Rounding Documents
    a. Clinic
    b. HIM
3. Organizational Performance – Data Outliers
4. Prioritized Process Improvement Projects – Data
    a. Documentation of Current Medications Rate
    b. Screening for Depression and Follow-Up Rate
    c. Annual Wellness Visit Rate
    d. Average Inpatient Length of Stay
5. Policy
    a. Risk Management Program
6. Q1 Quality Committee Reports
    a. Emergency Care Committee
    b. Patient and Family Advisory Council
    c. Safe Patient Handling

    d. Safety Committee
    e. Swing Bed Committee
    f. Utilization Management Committee
7. Q2 Quality Committee Reports
    a. Emergency Care Committee
    b. Patient Equity and Access Committee - *new*
    c. Patient and Family Advisory Council
    d. Safe Patient Handling
    e. Safety Committee
    f. Utilization Management Committee
8. Committee Self-Assessment Questions

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

AGENDA

Board Governance Committee
September 2, 2026
2:00 PM-4:00 PM
Administration Conference Room

Agenda Item		Time
1.	Call to Order	2:00 PM
2.	Consent Agenda Approval • September 2, 2026 Agenda • June 16, 2026 Minutes	2:00 PM
Committee Work		
1.	Review policies: • Conflict of Interest • Open Public Meetings	2:00 PM
2.	Finalize Retreat Topics / Plan	2:10 PM
3.	Preliminary discussion to refine / review process for CEO annual review	2:40 PM
4.	Board future / succession planning: • Check-in on Board Objectives • Review Board Education plan • Discuss officer & committee rotations for 2027 • Review community member appointment to Finance Committee	2:50 PM
5.	Review committee self-evaluation questions and plan for November discussion	3:20 PM
6.	Part-Time Resident Advisory Council October Meeting Topics	3:30 PM
7.	Check in on board portal evaluations	3:40 PM
8.	Set November meeting date	3:55 PM
Adjournment		
1.	Adjournment	4:00 PM

Materials provided in advance of meeting along with agenda:

- Minutes from June 16, 2026 meeting
- Policy: Conflict of Interest
- Policy: Open Public Meetings
- Draft Retreat Topic Framework
- CEO Review Timeline
- CEO Evaluation Form
- Board 2026 annual objectives
- Board education plan
- Committee / Board roster
- Committee self-evaluation questions

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

2026 Education Plan

Cascade Medical Board of Commissioners

Cascade Medical embraces education and learning throughout the organization, recognizing purposeful investments in this area support and empower team, drive high quality care, and equip leaders to successfully shepherd CM through a rapidly changing healthcare environment. Because resources are finite, careful consideration is given throughout the organization to ensure educational investments provide high value and fill the most pressing needs. This same principle applies to Board education, where CM-supported Board education is designed to support the Board in being equipped to navigate subjects related to CM's strategic plan, to lead strategically, and to continue growth in governance best practices.

Date	Location	Topic	Comments
January 21, 2026	ABC Room		
February 25, 2026	ABC Room		
March 25, 2026	ABC Room	Open Public Meetings Refresher	Presentation by Chuck Zimmerman
April 22, 2026	ABC Room		
May 27, 2026	ABC Room	Finance	Via presentation of audited financials
June 24, 2026	ABC Room		
June 28 – July 1	Chelan	Rural Healthcare & Leadership	WSHA & AWPHD Conference
July 22, 2026	ABC Room	PHD Project Financing Options	
Sept 23, 2026	ABC Room	Strategic-level Finance	Consider in advance of Sept budget report and consider WSHA Finance II education short
October 1, 2026	Sleeping Lady	Vision Work	Board Retreat
October 2, 2026	Icicle Village Resort	Master Facility Plan	Board Retreat
October 28, 2026	ABC Room		
November 18, 2026	ABC Room		
December 16, 2026	ABC Room		

2026 Topics:

- Q1: OPMA Refresher
- Q2: Public Hospital District Financing
- Q3: Strategic-level Finance, Board Retreat
- Q3 or Q4: Board Strategy / Strategic Growth, possibly tie to Board retreat

Running List of Future Potential Topics

- Long range financial planning, including capital investment planning and service line expansion
- Artificial Intelligence and update on CM's progress
- Future / service line planning in context of rural service delivery / needs to serve the community into the future, services offered, particular areas of expertise needed based on demographics
- Governance: education on advocacy how-to's, does board want to set expectations for current and incoming Commissioners?? (WSHA presenter?)
- The Board's Role in Health Care Experience (AHA article) and provider and staff engagement

Last Updated: 8/28/2026

- How to improve at strategic planning/thinking
- Finance education, financial risks
- Board's role in organizational succession planning
- Cybersecurity

Governance Education Shorts available on demand via the WSHA/AWPHD Governance Education Portal

- Board Ethics & Conflict of Interest
- Board Fiduciary Duties
- Eight Areas of Diligence for Board Members
- Three Major Sources of Payment for Hospitals
- Understanding Hospital Financial Statements
- Hospital Finances 101: Payer Overview & Payer Methods
- Hospital Finances 201: Balance Sheets, Income Statements, & Cash Flow Statements
- Charity Care 101: Areas of Risk, Common Pitfalls, & FAQs
- Charity Care 101: Obligations for WA State Hospitals
- Hospital Board's Role in Credentialing & Privileging
- Hospital Board's Responsibility for QAPI & CQIP
- Executive Session
- How to be a High-Functioning Board
- Roles Defined at a PHD
- Serial Meeting – Violation of OPMA
- What Hospital Boards Should Know About Quality Data & Analytics
- Hospital Board's Responsibility in Clinical Measures
- What Washington's $181M Rural Health Transformation Funding Means for Your Community
- The Board's Role in the New CMS Conditions of Participation for Emergency & OB Services
- Board's Role in State and Federal Regulatory Requirements
- Board's Responsibility for Safety & Quality
- Engaging Your Board in its Role of Safety & Quality
- Procurement for PHDs
- New Hospital Workflows to respond to Federal Changes

Link to check progress on certification: https://governanceeducation-wsha.talentlms.com/

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.

Cascade Medical

Operating and Capital Budgets

Fiscal Year Ending 12/31/2027

First draft – presented September 23, 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 first 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 preliminary 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. Currently, our Capital Budget for 2027 totals $1,601,000.

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 4.6% growth
d. Clinic 10.6% growth

Prior to budget completion in the next four weeks, we will factor in September volumes, check our growth rates, and fine-tune volume projections as needed.

Budget Assumptions

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

a. Patient charge increases – we used a base charge increase of 5% over current charge levels with revenue added in for any new services. We did not increase Lab fees for 2027 and will be reviewing these fees as we complete our Chargemaster Review.
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 and EMS levies, 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 $2,007,584, or 4.9% of revenue, with no salary increases included other than the 1.5% step increase and the increases required by our collective bargaining agreements. This margin could change due to volume forecast fine-tuning and the results of our interim Medicare cost report.

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 rates and will be adjusted once DZA has completed our interim report if time allows.

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 2026 of $1,601,000.

Cascade Medical
Income Comparison Summary
Budget Year 2027

	Actual 12/31/2025	Budget 12/31/2026	Actual 08/31/2026	Annualized 12/31/2026	Budget 12/31/2027	Budget To Budget Change	Bud To Bud % change	Bud to Annualzd % change
Patient Revenue	$ 45,734,427	$ 49,984,703	$ 31,837,093	$ 47,741,072	$ 55,330,789	$ 5,346,086	10.7%	15.9%
Less: Contractual Adjust	(13,057,830)	(16,682,225)	(10,630,615)	(15,945,518)	(20,867,717)	(4,185,492)	25.1%	30.9%
Net Patient Revenue	$ 32,676,597	$ 33,302,478	$ 21,206,478	$ 31,795,554	$ 34,463,072	$ 1,160,594	3.5%	8.4%
Other Operating Revenue	$ 5,029,419	$ 5,928,142	$ 3,652,977	$ 4,797,985	$ 6,594,356	$ 666,214	11.2%	37.4%
Total Revenue	$ 37,706,016	$ 39,230,620	$ 24,859,455	$ 36,593,539	$ 41,057,428	$ 1,826,808	4.7%	12.2%
Expenses:								
Salaries	$ 18,519,096	$ 20,633,658	$ 13,154,784	$ 19,732,173	$ 22,213,054	$ 1,579,396	7.7%	12.6%
Benefits	3,979,939	4,680,195	2,919,175	4,378,762	5,015,804	$ 335,610	7.2%	14.5%
Legal Fees	99,422	142,500	64,564	96,847	125,000	$ (17,500)	-12.3%	29.1%
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	1,854,487	2,746,982	1,729,882	$ (691,796)	-28.6%	-37.0%
Supplies	1,780,950	2,027,407	1,133,668	1,691,662	1,798,281	$ (229,126)	-11.3%	6.3%
Utilities	329,312	323,632	238,258	357,029	377,847	$ 54,215	16.8%	5.8%
Repairs and Maintenance	280,518	235,724	214,525	331,787	275,989	$ 40,266	17.1%	-16.8%
Purchased Services	2,142,146	2,173,047	1,516,090	2,270,997	2,150,470	$ (22,578)	-1.0%	-5.3%
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	883,432	1,320,498	1,413,404	$ 134,314	10.5%	7.0%
Other Expenses	479,844	171,179	215,974	33,956	212,938	$ 41,759	24.4%	527.1%
Travel/Training/Meetings	289,330	264,703	142,439	224,719	271,914	$ 7,211	2.7%	21.0%
Leases and Rentals	284,194	337,285	217,955	326,933	357,597	$ 20,312	6.0%	9.4%
Depreciation	2,275,359	2,201,820	1,325,284	2,028,342	1,792,423	$ (409,397)	-18.6%	-11.6%
Taxes and Licenses	292,727	517,938	206,186	94,112	541,109	$ 23,171	4.5%	475.0%
Insurance	258,566	309,552	230,593	306,480	404,478	$ 94,926	30.7%	32.0%
Interest	322,207	268,917	180,133	268,917	238,406	$ (30,511)	-11.3%	-11.3%
Total Department Expenses	$ 35,719,781	$ 38,117,823	$ 24,596,825	$ 36,322,197	$ 39,049,843	$ 932,020	2.4%	7.5%
Income	$ 1,986,235	$ 1,112,797	$ 262,630	$ 271,343	$ 2,007,584	$ 894,787	80.4%	639.9%
	5.3%	2.8%	1.1%	0.7%	4.9%			

CASCADE MEDICAL
MONTHLY SUMMARY

		aug2026ytd	Avg/mo	Jan 2027	Feb 2027	Mar 2027	Apr 2027	May 2027	Jun 2027
Patient Revenue		$ 31,837,093	$ 3,979,637	$ 4,502,797	$ 4,188,942	$ 4,410,531	$ 4,383,239	$ 4,636,021	$ 4,860,080
Contr Adjusts	#	$ (10,630,615)	$ (1,328,827)	$ (1,698,206)	$ (1,579,838)	$ (1,663,409)	$ (1,653,115)	$ (1,748,451)	$ (1,832,954)
Net Patient Revenue		$ 21,206,478	$ 2,650,810	$ 2,804,591	$ 2,609,104	$ 2,747,123	$ 2,730,123	$ 2,887,570	$ 3,027,126
Other Operating Rev		$ 3,652,977	$ 456,622	$ 530,027	$ 530,027	$ 562,527	$ 550,027	$ 567,555	$ 562,027
		$ 24,859,455	$ 3,107,432	$ 3,334,618	$ 3,139,132	$ 3,309,650	$ 3,280,150	$ 3,455,125	$ 3,589,154
Expenses:									
Salaries		$ 13,154,784	$ 1,644,348	$ 1,862,173	$ 1,787,795	$ 1,863,842	$ 1,829,882	$ 1,885,267	$ 1,830,517
Benefits		$ 2,919,175	$ 364,897	$ 428,037	$ 420,264	$ 425,522	$ 423,112	$ 427,161	$ 421,692
Legal Fees		$ 64,564	$ 8,071	$ 12,500	$ 7,500	$ 15,000	$ 12,500	$ 15,000	$ 7,500
Audit/ Accounting Fees		$ 73,434	$ 9,179	$ 5,000	$ 2,550	$ 5,750	$ 15,000	$ 22,400	$ 17,500
Professional Fees		$ 1,854,487	$ 231,811	$ 146,327	$ 133,327	$ 158,027	$ 148,527	$ 133,327	$ 153,327
Supplies		$ 1,133,668	$ 141,708	$ 175,634	$ 175,149	$ 184,090	$ 190,235	$ 190,796	$ 175,051
Utilities		$ 238,258	$ 29,782	$ 30,989	$ 30,329	$ 30,074	$ 31,144	$ 30,554	$ 30,954
Repairs and Maint		$ 214,525	$ 26,816	$ 17,587	$ 18,987	$ 18,587	$ 29,987	$ 31,287	$ 34,087
Purchased Services		$ 1,516,090	$ 189,511	$ 181,187	$ 178,595	$ 179,689	$ 173,895	$ 180,395	$ 180,623
Continuing Medical Educ		$ 25,845	$ 3,231	$ 2,604	$ 2,604	$ 2,604	$ 2,604	$ 2,604	$ 2,604
Dues and Subscriptions		$ 883,432	$ 110,429	$ 123,647	$ 128,497	$ 128,605	$ 113,009	$ 113,942	$ 117,651
Other Expenses		$ 215,974	$ 26,997	$ 16,764	$ 14,764	$ 24,764	$ 16,764	$ 20,014	$ 17,014
Travel/Training/Meetings		$ 142,439	$ 17,805	$ 36,484	$ 20,259	$ 22,234	$ 25,644	$ 15,034	$ 26,534
Leases and Rentals		$ 217,955	$ 27,244	$ 32,541	$ 28,054	$ 28,177	$ 32,801	$ 27,841	$ 28,329
Depreciation		$ 1,325,284	$ 165,660	$ 149,369	$ 149,369	$ 149,369	$ 149,369	$ 149,369	$ 149,369
Taxes and Licenses		$ 206,186	$ 25,773	$ 45,376	$ 45,168	$ 49,730	$ 44,700	$ 43,796	$ 43,796
Insurance		$ 230,593	$ 28,824	$ 33,140	$ 33,140	$ 33,140	$ 33,618	$ 34,218	$ 33,618
Interest		$ 180,133	$ 22,517	$ 20,071	$ 20,071	$ 20,071	$ 20,071	$ 20,071	$ 20,071
Total Expenses		$ 24,596,825	$ 3,074,603	$ 3,319,427	$ 3,196,421	$ 3,339,273	$ 3,292,861	$ 3,343,075	$ 3,290,237
Gross Margin		$ 262,630	$ 32,829	$ 15,191	$ (57,290)	$ (29,623)	$ (12,710)	$ 112,051	$ 298,917

CASCADE MEDICAL
MONTHLY SUMMARY

	Jul 2027	Aug 2027	Sep 2027	Oct 2027	Nov 2027	Dec 2027	Total 2027	Avg/mo	2026 Annualized	% Chg
Patient Revenue	$ 5,307,163	$ 5,024,106	$ 4,545,826	$ 4,477,675	$ 4,166,554	$ 4,827,855	$ 55,330,789	$ 4,610,899	$ 47,741,072	15.9%
Contr Adjusts	$ (2,001,569)	$ (1,894,815)	$ (1,714,434)	$ (1,688,732)	$ (1,571,394)	$ (1,820,800)	$ (20,867,717)	$ (1,738,976)	$ (15,945,518)	
Net Patient Revenue	$ 3,305,594	$ 3,129,291	$ 2,831,392	$ 2,788,943	$ 2,595,160	$ 3,007,055	$ 34,463,072	$ 2,871,923	$ 31,795,554	8.4%
Other Operating Rev	$ 530,027	$ 530,027	$ 530,027	$ 630,027	$ 530,027	$ 542,027	$ 6,594,356	$ 549,530	$ 4,797,985	37.4%
	$ 3,835,622	$ 3,659,318	$ 3,361,419	$ 3,418,971	$ 3,125,187	$ 3,549,082	$ 41,057,428	$ 3,421,452	$ 36,593,539	12.2%
Expenses:										
Salaries	$ 1,860,941	$ 1,889,337	$ 1,828,286	$ 1,860,660	$ 1,853,762	$ 1,860,591	$ 22,213,054	$ 1,851,088	$ 19,732,173	12.6%
Benefits	$ 421,631	$ 417,393	$ 409,077	$ 407,499	$ 407,097	$ 407,318	$ 5,015,804	$ 417,984	$ 4,378,762	14.5%
Legal Fees	$ 12,500	$ 7,500	$ 7,500	$ 12,500	$ 7,500	$ 7,500	$ 125,000	$ 10,417	$ 96,847	29.1%
Audit/ Accounting Fees	$ 4,000	$ 5,000	$ 10,000	$ -	$ 5,300	$ 7,500	$ 100,000	$ 8,333	$ 80,000	25.0%
Professional Fees	$ 145,252	$ 132,252	$ 152,252	$ 142,752	$ 132,252	$ 152,260	$ 1,729,882	$ 144,157	$ 2,746,982	-37.0%
Supplies	$ 164,780	$ 166,543	$ 196,593	$ 168,804	$ 162,982	$ (152,375)	$ 1,798,281	$ 149,857	$ 1,691,662	6.3%
Utilities	$ 30,084	$ 31,694	$ 30,384	$ 30,204	$ 30,604	$ 40,834	$ 377,847	$ 31,487	$ 357,029	5.8%
Repairs and Maint	$ 17,087	$ 17,587	$ 18,887	$ 18,487	$ 19,537	$ 33,887	$ 275,989	$ 22,999	$ 331,787	-16.8%
Purchased Services	$ 174,212	$ 186,837	$ 175,836	$ 173,912	$ 178,453	$ 186,836	$ 2,150,470	$ 179,206	$ 2,270,997	-5.3%
Continuing Medical Educ	$ 2,604	$ 2,604	$ 2,604	$ 2,604	$ 2,604	$ 2,604	$ 31,248	$ 2,604	$ 32,000	-2.4%
Dues and Subscriptions	$ 114,259	$ 111,698	$ 117,720	$ 113,795	$ 113,298	$ 117,287	$ 1,413,404	$ 117,784	$ 1,320,498	7.0%
Other Expenses	$ 17,014	$ 14,764	$ 19,784	$ 19,764	$ 16,764	$ 14,764	$ 212,938	$ 17,745	$ 33,956	527.1%
Travel/Training/Meetings	$ 31,459	$ 21,934	$ 29,234	$ 19,034	$ 13,534	$ 10,534	$ 271,914	$ 22,660	$ 224,719	21.0%
Leases and Rentals	$ 32,624	$ 27,564	$ 28,462	$ 33,387	$ 28,781	$ 29,035	$ 357,597	$ 29,800	$ 326,933	9.4%
Depreciation	$ 149,369	$ 149,369	$ 149,369	$ 149,369	$ 149,369	$ 149,369	$ 1,792,423	$ 149,369	$ 2,028,342	-11.6%
Taxes and Licenses	$ 45,672	$ 42,800	$ 48,432	$ 43,788	$ 43,796	$ 44,057	$ 541,109	$ 45,092	$ 94,112	475.0%
Insurance	$ 33,618	$ 33,998	$ 33,998	$ 33,998	$ 33,998	$ 33,998	$ 404,478	$ 33,706	$ 306,480	32.0%
Interest	$ 20,071	$ 20,071	$ 20,071	$ 20,071	$ 20,071	$ 17,625	$ 238,406	$ 19,867	$ 268,917	-11.3%
Total Expenses	$ 3,277,173	$ 3,278,942	$ 3,278,487	$ 3,250,625	$ 3,219,700	$ 2,963,622	$ 39,049,843	$ 3,254,154	$ 36,322,197	7.510%
Gross Margin	$ 558,448	$ 380,376	$ 82,932	$ 168,345	$ (94,513)	$ 585,460	$ 2,007,584	$ 167,299	$ 271,343	640%

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	22	47	13	8	34	17	7	19	*17*	*29*	*19*	*29*	261
Forecast	2027	*16*	*21*	*19*	*24*	*28*	*26*	*31*	*21*	*11*	*21*	*16*	*27*	261
												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	71	100	80	77	96	95	55	*68*	*105*	*70*	*84*	980
Forecast	2027	*71*	*74*	*95*	*68*	*75*	*78*	*118*	*89*	*89*	*68*	*80*	*85*	990
												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*	*360*	*354*	*304*	*415*	4,305
Forecast	2027	*393*	*308*	*317*	*298*	*364*	*436*	*498*	*485*	*352*	*346*	*297*	*408*	4,502
												increase/decrease over 2026		4.6%

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	*1,305*	*1,341*	*1,305*	*1,260*	15,200
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

Hospital	**Mcare**	**Mcaid**	**Other**	**Total**	
Inpatient Revenue	$ 1,150,018	$ 110,072	$ 211,462	$ 1,471,552	
Patient Days	204	20	38	261	
Reimb Rate	$ 6,774	$ 6,467	69.6%	$ 6,342.03	
Total Payment	$ 1,381,743	$ 126,248	$ 147,278	$ 1,655,269	
Contr Allow	$ (231,725)	$ (16,176)	$ 64,184	**$ (183,717)**	-12%
	-46.69%	-14.70%	30.35%		
Swing Bed Revenue	$ 4,144,706	$ -	$ 43,558	$ 4,188,264	
Patient Days	979	-	10	$ 989	
Reimb Rate	$ 6,524	$ 6,316	69.6%	$ 6,487	
Total Payment	$ 6,384,837	$ -	$ 30,337	$ 6,415,174	
Contr Allow	$ (2,240,131)	$ -	$ 13,221	**$ (2,226,910)**	-53%
Outpatient Revenue	$ 18,056,295	$ 5,568,727	$ 15,508,690	$ 39,133,713	
Reimb Rate	58.2%	42.7%	51.0%	53%	
Total Payment	$ 10,509,733	$ 2,378,642	$ 7,910,909	$ 20,799,284	
Contr Allow	$ 7,546,562	$ 3,190,085	$ 7,597,781	**$ 18,334,428**	47%
Total Revenue	$ 28,585,778	$ 7,199,914	$ 19,545,097	$ 55,330,789	
Total contractual Allow	**$ 5,497,986**	**$ 3,153,774**	**$ 9,781,403**	**$ 18,433,163**	33%

Clinic	**Mcare**	**Mcaid**	**Other**	**Total**	
Revenue	$ 2,896,046	$ 870,343	$ 2,349,864	$ 6,116,253	
Visits	7,961	2,392			
Reimb Rate	$ 481.00	$ 481.00	40.2%	97%	
Total Payment	$ 3,829,220	$ 1,150,788	$ 945,093	$ 5,925,100	
Cont Allow	$ (933,174)	$ (280,445)	$ 1,404,771	**$ 191,153**	3%
	-32.22%	-32.22%			

Ambulance	**Mcare**	**Mcaid**	**Other**	**Total**	
Revenue	$ 2,338,713	$ 650,772	$ 1,431,522	$ 4,421,007	
Reimb Rate	42.0%	60.0%	51.0%	48%	
Total Payment	$ 982,259	$ 390,463	$ 730,076	$ 2,102,799	
Contr Allow	$ 1,356,453	$ 260,309	$ 701,446	**$ 2,318,208**	52%

	Bad Debt	**C.S.P**
Total Revenue		
Rate	3.1%	1.3%
Reserve	**1,715,254**	**719,300**

Total Contractual Allowance, Bad Debt Reserve, Charity	**$ 20,867,717**	**37.7%**

Cascade Medical
FTE Budget, Staffing Additions
FY 2027

Dept Number	Department	Authorized FTEs 2026	Requested Change in FTEs	Budgeted FTEs FY 2027
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
	Buildings/Building Improvements/Grounds								
Admint	Architecture Fees	2027	2027	200,000	200,000				
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				
	Major Moveable Equipment								
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	Procedure Chair 631-RHTP	1/2027	2026	18,611	18,611				
Clin	Stretcher-Transport-RHTP	1/2027	2026	5,276	5,276				
Clin	Body Composition Scale	1/2027	2026	9,540		9,540			
Clin	Exam Tables-RHTP	1/2027	2026	49,728	49,728				
Clin	Exam Tables-RHTP	1/2027	2026	15,934	15,934				
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	Refrigerator-RHTP	1/2027	2026	11,850	11,850				
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		$ 5,183,676	$ 1,600,748	$ 2,457,177	$ 406,223	$ 711,330	$ -

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

Enhances Access
RHTP Funding

Credentialing Approvals

CM Provisional Privileges (6-months)

- Dannica Ballard, DO
- Connor Dixon, MD

Teleradiology Provisional Privileges (1-year)

- Kenneth Brumberger, MD
- Jonathan Arnow, MD
- Michael Murphy, MD
- John Vigilante, MD

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

RESOLUTION NO. 2026-09

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 of a Wallach Ultra Freeze Liquid Nitrogen Cryosurgical Sprayer.

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a regular meeting of the board on September 23, 2026.

WHEREAS, the members of the Commission of the District, after due consideration, have determined that the equipment listed above is surplus to the needs of the District and have agreed to dispose of 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 that the equipment be surplused.

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 26th day of September 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

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

DELINEATION AND REQUEST OF LIMITED PRIVILEGES
Emergency Department

Provider Name _____ ☐**M.D.** ☐ **D.O.** ☐ **A.R.N.P** ☐ **PA-C**

To be eligible to request clinical privileges, the following minimal threshold criteria must be met:

APPOINTMENT OR REAPPOINTMENT REQUIREMENTS

Basic Education: M.D., D.O., ARNP, PA-C

Minimal Formal Training: The applicant must meet at least **one** of the following criteria: Check all that apply

☐ Successful completion of an approved residency program in Family Practice or Emergency Medicine with fulfillment or qualification of board certification with the requirements of the applicant's American Specialty Board. Reciprocity agreements with international boards will apply.

☐ Advanced Practice Provider (ARNP or PA-C) successful completion of a graduate degree in advanced nursing practice or graduate of an accredited physician assistant program and passed a national certifying exam.

Limited privileges for Providers in the Emergency Department
Providers are expected to perform work commensurate within their training and ability while in the emergency department. It is understood that providers will have random and/or focused chart review by the Emergency Department Medical Director and/or Medical Executive Committee.

It is expected that providers are familiar with standard policies and procedures commonly implemented in the Emergency Department, including but not limited to triage protocol, patient monitoring and current documentation practices.

It is understood that providers have knowledge and competency in procedural sedation. It is required at Cascade Medical that ongoing documentation regarding procedural sedation competency be maintained as outlined below.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

DELINEATION AND REQUEST OF LIMITED PRIVILEGES
Emergency Department

The following are three recommended ways to document competencies in the use of Procedural Sedation. Please attach the appropriate documentation with this form. Check all that apply

☐ Training, and demonstrated competency as part of a residency program within the past five years or by certification from a residency program chair.

☐ Documentation *and* attestation that the applicant has performed Procedural Sedation for at least 20 patients in the past two years without significant quality variation identified through the quality improvement process.

☐ Evidence of participation in Category 1 CME in Procedural Sedation within the past two years.

In addition, providers with limited privileges are required to have active and available ED provider support for emergency department cases. They are not allowed to work outside of their clinical scope. The provider may see patients deemed ESI level 4-5 independently, staff ESI level 3 and may assist in ESI level 1-2's. Any advanced procedures or sedation needs to be staffed with attending PA or MD prior to care administered. If individual patient cases are discussed with the on shift ED provider, the visit will be cosigned by the ED provider.

SIGNATURES

_____ _____
Requesting Practitioner **Date**

_____ _____
Emergency Department Director or MEC member **Date**

Accompanying Notes for the August 2026 Financial Statements

August Financial Statements – Current Month Summary

The net margin of $280,000 in August lagged the budgeted margin of $472,000 by ($192,000). Gross revenues of $4,083,000 were below budgeted revenues of $4,715,000 by ($632,000). August operating expenses were less than budgeted by $194,000.

Revenue and Expense Variances

1. Inpatient, Swing Bed and ED volumes and related gross revenues were less than budgeted during August by ($104,000), ($233,000) and ($132,000) respectively.
2. Salaries and Benefits are still showing favorable variances for August as we continue working to fill staff vacancies for clinic providers.
3. We received SNAP revenue in August of $129,000 along with 340B Revenue of $171,000, contributing to the overall budget variance of $252,000 for Other Operating Revenue.

Patient Statistics

The month of August was a slower month across most service lines with volumes lagging in most departments except Radiology and Rehab Services. Rehab Services continues to see more visits per month than budgeted.

Cash Receipts and Balances

August cash receipts included the receipt of the 2025 Medical Settlement dollars of $516,000, along with the receipt of 340B revenue of $170,100 and SNAP payments of $129,000 boosting our cash receipts to $705,000 greater than budgeted for the month of August. Cash balances remain well below budgeted balances, due to the recent property purchases. Excluding the expenditure for the LOGE property purchases, our cash balances are $342,000 lower than budgeted balances, indicating our cash position related to operations has improved from early in the year.

Accounts Receivable

Day in Net Accounts Receivable have decreased from 42.0 days in June, and 37.2 days in July, to 35.0 in August.

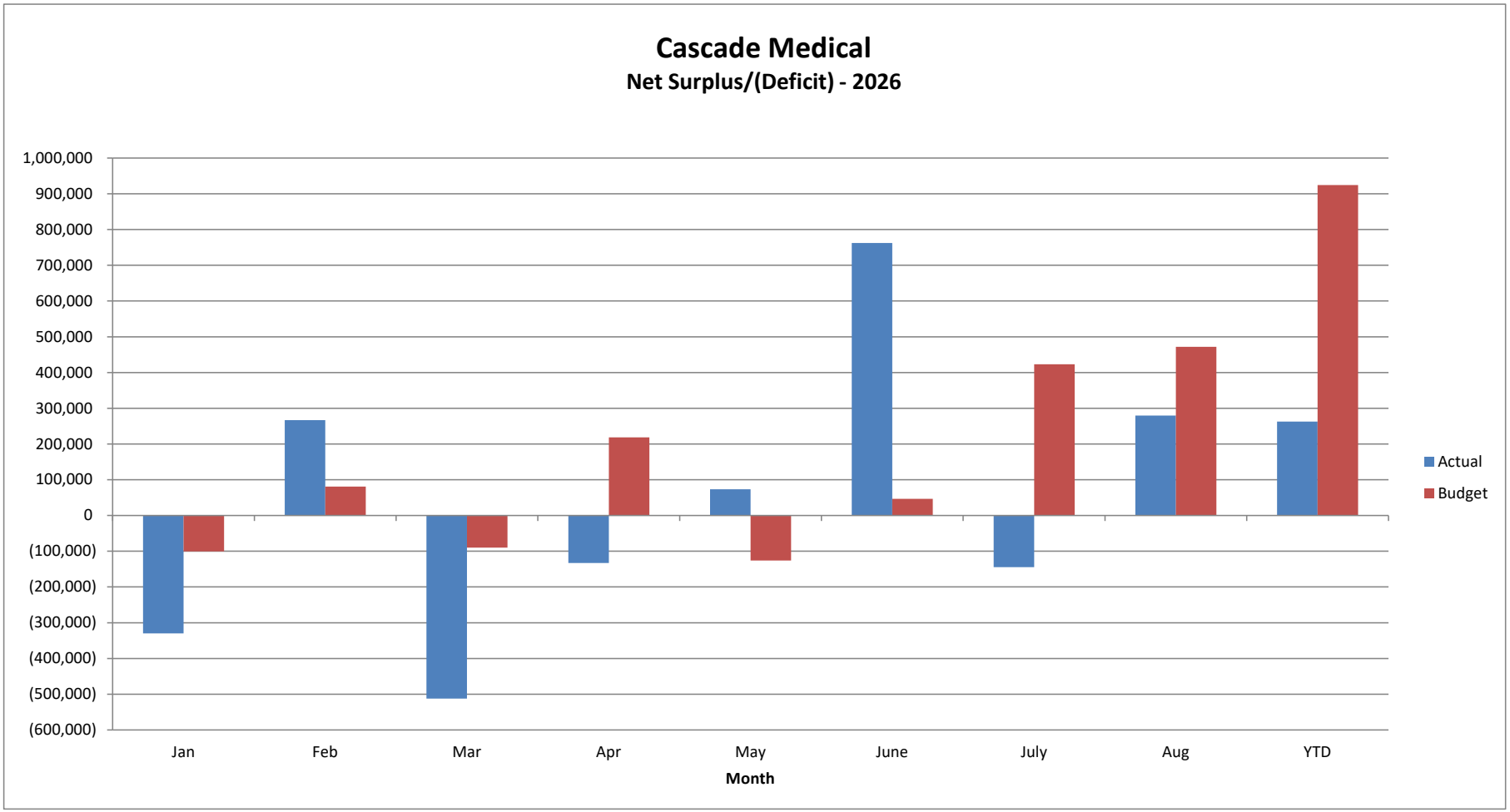
Contractual Allowance

The contractual allowance is 50.0% for August.

Final comments and Upcoming

We are due $221,000 in a lump sum from Medicare for 2026 claims and after reaching out to Medicare to inquire about the delay in payment, we anticipate receiving those funds in September. The 2026 SNAP program was finally approved by CMS in mid-August and so we should see additional SNAP funding in the next few months. Our 340B program transition to a new third-party administrator was complete in early July and we look forward to reviewing data in the coming months to understand if the change will improve the program performance for our facility.

We look forward to the arrival of two new Clinic providers in late Q3 and Q4.


Cascade Medical
Net Surplus/(Deficit) - 2026
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
(100,000)
(200,000)
(300,000)
(400,000)
(500,000)
(600,000)
Jan
Feb
Mar
Apr
May
June
July
Aug
YTD
Month
Actual
Budget

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

000's omitted

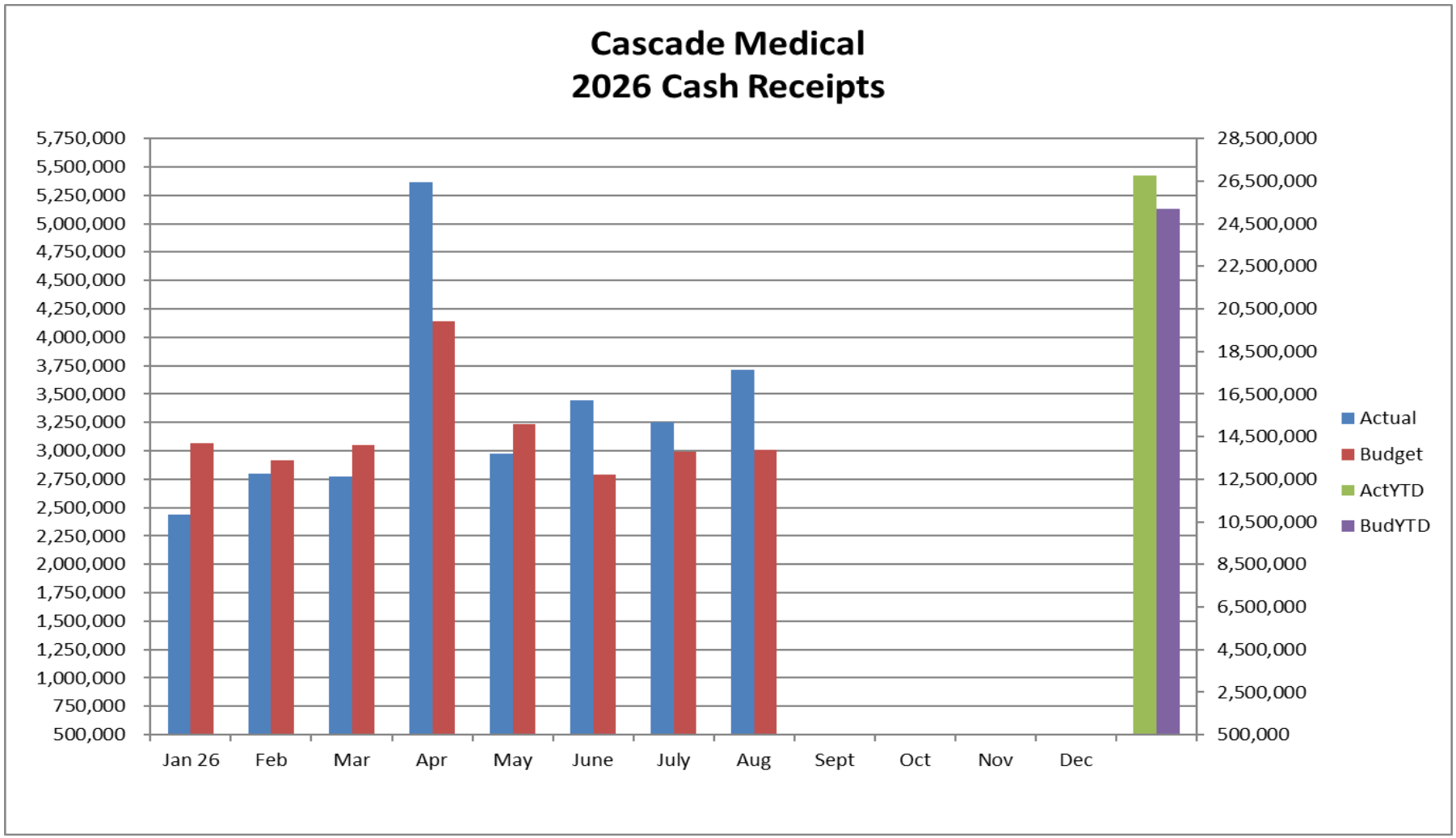
	YTD Aug
Net Margin	
Actual	263
Budget	924
Better (Worse) than Budget	(662)
Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - ED ($736); Acute ($686); SwingBed ($509); CT ($437); PT $505; AMB $244	(1,817)
Contractual Allowances	570
Net Patient Revenue	(1,247)
Other Operating Revenue - SNAP ($296); Int Inc ($106); CM Foundation $81	(303)
Total Operating Revenue	(1,550)
Expenses	
Salaries & Benefits - Clinic Prov $250; Clinic $195; ED Prov $144; Acute ($205); PT ($183)	793
Prof. Fees - InfoMat ($253); HR ($107); Admin ($48); Clinic Prov $74; Acute $68	(109)
Supplies - Lab $68; IT $34; ED $27; Amb $22; Food ($20)	205
Purchased Services/Repairs - Plant ($90); MRI ($44); HIM $(23)	(153)
Other Operating Expenses - Depr $143	150
Total Operating Expenses	887
Non-Operating Revenues & Expenses	1
Actuals Better/(worse) than Budget	(662)

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

	Current Period				Year-to-Date				
	Actual	Budget	Variance		Actual	Budget	Variance		Prior YTD
Operating revenues									
Net Patient Revenue	2,550,395	3,194,402	(644,007)	-20%	21,206,478	22,453,498	(1,247,320)	-6%	21,999,665
Grants, Contribs, Other Op Revenue	364,164	107,113	257,051	240%	1,046,017	1,348,904	(302,887)	-22%	1,081,242
Tax Levies, unrestricted	209,770	209,770	-	0%	1,678,160	1,678,160	-	0%	1,174,096
Total Operating Revenue	3,124,329	3,511,285	(386,956)	-11%	23,930,655	25,480,562	(1,550,207)	-6%	24,255,003
Operating expenses									
Salaries & Benefits	2,003,729	2,139,744	136,015	6%	16,073,957	16,867,150	793,193	5%	14,973,091
Professional fees	151,194	197,678	46,484	24%	1,992,485	1,883,949	(108,536)	-6%	1,942,969
Supplies	97,706	158,918	61,212	39%	1,133,668	1,338,994	205,326	15%	1,227,949
Purchased services	221,274	191,864	(29,410)	-15%	1,730,614	1,577,372	(153,242)	-10%	1,463,571
Depreciation	171,332	183,485	12,153	7%	1,325,284	1,467,880	142,596	10%	1,499,375
Other Operating Expenses	293,094	260,585	(32,509)	-12%	2,157,136	2,164,981	7,845	0%	1,991,563
Total operating expenses	2,938,329	3,132,274	193,945	6%	24,413,144	25,300,326	887,182	4%	23,098,518
Operating gain / (loss)	186,000	379,011	(193,011)	-51%	(482,489)	180,236	(662,725)	-368%	1,156,485
Nonoperating revenues (expenses)									
Tax Levies, restricted	115,132	115,132	-	0%	921,056	921,056	-	0%	911,344
Interest expense on bonds	(21,191)	(21,191)	0	0%	(169,526)	(169,528)	2	0%	(186,594)
Other Non-Operating rev (exp)	(330)	(939)	609	65%	(6,411)	(7,512)	1,101	15%	(6,638)
Total nonoperating rev (exp), net	93,612	93,002	610	1%	745,119	744,016	1,103	0%	718,112
Net Income	279,612	472,013	(192,401)	-41%	262,630	924,252	(661,622)	-72%	1,874,597

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

	Current Period				Year-to-Date				
	Actual	Budget	Variance		Actual	Budget	Variance		Prior YTD
Operating revenues									
Gross Patient Revenue	4,082,635	4,714,606	(631,971)	-13%	31,837,093	33,654,177	(1,817,084)	-5%	30,219,248
less:									
Contractual Allowances	1,279,180	1,275,045	(4,135)	0%	9,501,092	9,450,660	(50,432)	-1%	7,026,977
Reserve for Bad Debts	197,146	174,440	(22,706)	-13%	816,619	1,245,205	428,586	34%	969,488
Reserve for Financial Assistance	55,913	70,719	14,806	21%	312,904	504,814	191,910	38%	223,118
Total Deductions from Revenue	1,532,239	1,520,204	(12,035)	-1%	10,630,615	11,200,679	570,064	5%	8,219,582
Net Patient Revenue	2,550,395	3,194,402	(644,007)	-20%	21,206,478	22,453,498	(1,247,020)	-6%	21,999,665
Grants, Contributions	7,221	2,000	5,221	261%	141,471	69,000	72,471	105%	58,760
Other Operating Revenue	356,943	105,113	251,830	240%	904,546	1,279,904	(375,358)	-29%	1,022,482
Tax Levies, unrestricted	209,770	209,770	-	0%	1,678,160	1,678,160	-	0%	1,174,096
Total Operating Revenue	3,124,329	3,511,285	(386,956)	-11%	23,930,655	25,480,562	(1,549,907)	-6%	24,255,003
Operating expenses									
Salaries and wages	1,655,687	1,750,538	94,851	5%	13,154,782	13,711,581	556,799	4%	12,244,866
Employee benefits	348,042	389,206	41,164	11%	2,919,175	3,155,569	236,394	7%	2,728,225
Professional fees	151,194	197,678	46,484	24%	1,992,485	1,883,949	(108,536)	-6%	1,942,969
Supplies	97,706	158,918	61,212	39%	1,133,668	1,338,994	205,326	15%	1,227,949
Utilities	30,012	27,847	(2,165)	-8%	238,258	216,820	(21,438)	-10%	202,213
Repairs and maintenance	21,816	20,839	(977)	-5%	214,525	157,242	(57,283)	-36%	174,085
Purchased services	199,458	171,025	(28,433)	-17%	1,516,090	1,420,130	(95,960)	-7%	1,289,486
Continuing medical education	-	2,875	2,875	100%	25,845	23,000	(2,845)	-12%	12,017
Other expenses	66,260	28,775	(37,485)	-130%	201,820	231,401	29,581	13%	228,811
Dues and subscriptions	108,998	102,606	(6,392)	-6%	883,432	869,973	(13,459)	-2%	799,607
Travel / training / meetings	8,304	18,176	9,872	54%	142,439	180,958	38,519	21%	175,620
Leases and rentals	26,208	28,101	1,893	7%	217,955	224,865	6,910	3%	206,156
Depreciation	171,332	183,485	12,153	7%	1,325,284	1,467,880	142,596	10%	1,499,375
Licenses and taxes	28,495	25,072	(3,423)	-14%	206,186	202,316	(3,870)	-2%	187,115
Insurance	23,491	25,914	2,423	9%	230,593	205,896	(24,697)	-12%	169,416
Interest	1,326	1,219	(107)	-9%	10,607	9,752	(855)	-9%	10,607
Total operating expenses	2,938,329	3,132,274	193,945	6%	24,413,144	25,300,326	887,182	4%	23,098,518
Operating gain / (loss)	186,000	379,011	(193,011)	-51%	(482,489)	180,236	(662,725)	-368%	1,156,485
Nonoperating revenues (expenses)									
Tax Levies, restricted	115,132	115,132	-	0%	921,056	921,056	-	0%	911,344
Interest expense on bond financing	(21,191)	(21,191)	0	0%	(169,526)	(169,528)	2	0%	(186,594)
Gain (loss) on disposal of equipment	-	-	-	0%	1,000	-	1,000	0%	-
Investment income	1,440	830	610	73%	6,744	6,640	104	2%	7,516
Net of bond premium/amortization	(1,769)	(1,769)	(0)	0%	(14,154)	(14,152)	(2)	0%	(14,154)
CARES Funds	-	-	-	0%	-	-	-	0%	-
PPP Loan Proceeds	-	-	-	0%	-	-	-	0%	-
Total nonoperating revenues (expenses), net	93,612	93,002	610	1%	745,119	744,016	1,103	0%	718,112
Net Income	279,612	472,013	(192,401)	-41%	262,630	924,252	(661,622)	-72%	1,874,597


Cascade Medical
2026 Cash Receipts
5,750,000
5,500,000
5,250,000
5,000,000
4,750,000
4,500,000
4,250,000
4,000,000
3,750,000
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24,500,000
22,500,000
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18,500,000
16,500,000
14,500,000
12,500,000
10,500,000
8,500,000
6,500,000
4,500,000
2,500,000
500,000
Jan 26
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec
Actual
Budget
ActYTD
BudYTD

Cascade Medical
Statistics Summary - 2026

	YTD 2025 avg/mo	apr26	may	jun	jul	aug	2026 Act mo	2026 Bud mo	Act/Bud % var	2026 Act YTD Tot	2026 Act avg/mo	2026 Bud YTD Tot	2026 Bud avg/mo	Act/Bud % var
Acute Care	34	8	34	17	7	19	19	36	-47.2%	167	21	290	36	-42.4%
Swing Bed	101	80	77	96	95	55	55	138	-60.1%	661	83	835	104	-20.8%
Laboratory tests	3,374	3,368	3,480	3,529	3,378	3,009	3,009	3,155	-4.6%	26,701	3,338	25,673	3,209	4.0%
Radiology exams	366	412	461	425	456	384	384	371	3.5%	3,314	414	2,966	371	11.7%
CT scans	141	97	179	173	150	135	135	144	-6.0%	1,124	141	1,150	144	-2.2%
ED visits	364	305	419	404	457	368	368	478	-23.0%	2,872	359	3,049	381	-5.8%
Ambulance runs	77	63	99	93	88	88	88	95	-7.4%	685	86	613	77	11.7%
Clinic visits	1,226	1,438	1,271	1,231	1,146	1,198	1,198	1,450	-17.4%	9,991	1,249	10,389	1,299	-3.8%
Rehab procedures	2,252	2,984	3,008	3,159	2,688	2,754	2,754	2,404	14.5%	22,655	2,832	18,437	2,305	22.9%

Patient Statistics

	2025	2026											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					4.9
Short Stay	5.2	6	8	5	8	5	2	3	4					5.1
Swing Bed	6.3	4	8	6	7	9	5	9	5					6.6
Respite Care	0.5	-	-	-	-	-	-	-	-					0.0
Total Admits	18.5	18	25	13	17	22	10							16.6
Patient Days														
Acute Care	38.8	22	47	13	8	34	17	7	19					21.8
Short Stay	7.5	7.3	9.4	5.4	10.0	8.2	3.9	2.5	3.0					6.2
Swing Bed	90.2	79	79	100	80	77	96	95	55					81.6
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					109.6
Average Length of Stay	8.0		5.4	9.1	5.8	5.4	11.7	7.0	5.9					7.2
Average Patients per Day	4.9	3.5	4.8	3.8	3.3	3.8	3.9	3.4	2.5					3.6
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					3,338
Radiology (tests)	304	308	321	340	333	376	344	358	310					336
Mammography (tests)	40	18	33	31	30	35	42	43	29					33
MRI	-	33	24	27	34	32	25	41	33					31
Cardiac Diagnostics	106	105	96	128	95	128	95	126	106					110
CT (Scans)	131	138	114	138	97	179	173	150	135					141
DXA (Scans)	16	12	13	16	15	18	14	14	12					14
PT (services billed)	1,857	2,190	2,044	2,144	2,309	2,305	2,523	2,076	2,145					2,217
ER (visits/procedures)	334	300	291	328	305	419	404	457	368					359
Ambulance (runs)	68	92	83	79	63	99	93	88	88					86
Clinic (visits)	1,227	1,244	1,100	1,362	1,438	1,269	1,232	1,146	1,198					1,249
Occupational Therapy	373	504	487	454	575	596	526	493	485					515
Speech Therapy	29	51	52	59	46	47	59	69	84					58
Cardiac Rehab	38	38	21	18	54	60	51	50	40					42
Endoscopy Procedures	28	31	25	39	49	18	41	21	30					32

REVENUE COMPARISON	2025	2026											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					$ 76,995
Short Stay	26,228	27,204	35,542	21,078	36,911	30,276	14,158	9,711	11,930					23,351
Respite Care	6,417	-	-	-	-	-	-		-					-
Swing Bed	244,350	211,654	202,421	285,100	228,080	219,527	273,696	270,845	156,805					231,016
Central Supply	32,958	26,152	33,889	36,969	30,355	36,499	41,108	38,200	34,460					34,704
Laboratory	427,937	434,877	445,929	504,503	448,321	467,925	484,040	445,818	397,717					453,641
Cardiac Diagnostics	33,241	28,752	29,782	39,378	30,709	41,895	30,830	39,583	32,080					34,126
CT	501,933	476,317	417,842	485,429	383,397	657,741	687,028	577,641	528,549					526,743
Radiology	202,608	173,549	203,078	213,423	207,224	237,423	222,103	229,052	197,623					210,434
Mammography	28,771	19,093	25,947	22,751	23,067	26,875	32,048	32,089	23,381					25,656
MRI	-	74,781	75,624	86,189	102,326	95,361	76,934	136,004	107,735					94,369
Pharmacy	104,371	95,850	112,773	71,743	83,353	120,003	107,713	67,327	128,157					98,365
Respiratory Therapy	31	1,287	1,292	1,089	1,094	1,485	1,089	1,287	1,089					1,214
Physical Therapy	221,920	277,877	267,396	285,086	308,864	308,266	328,303	289,424	278,524					292,968
Emergency Room	800,384	686,540	809,728	746,893	943,427	785,699	1,169,744	991,500	1,121,229					906,845
Ambulance	240,475	277,650	328,327	331,506	230,186	279,642	436,570	389,692	314,979					323,569
Clinic	378,629	207,513	373,691	488,718	370,751	378,599	420,234	495,832	418,993					394,291
Occupational Therapy	51,907	70,788	70,659	61,973	69,629	99,569	80,335	76,906	62,194					74,007
Outpatient Diagnostic Svcs	112,654	30,324	183,992	167,035	222,435	102,531	149,494	115,046	149,112					139,996
Speech/Contracted Svcs	11,170	13,500	20,401	24,001	19,247	17,949	23,121	27,303	34,710					22,529
Cardiac Rehab	8,414	9,462	5,229	4,482	13,458	14,940	12,699	12,450	9,960					10,335
Wound Care	10,174	(89)		398	(4,312)	(5,429)	(244)	(239)	-					(1,239)
Dietary/Contracted Svcs	10,174	4,331	3,955	6,261	8,357	6,462	5,803	4,453	6,148					5,721
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**					$ 3,979,637

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending August, 2026

	Aug-26	2026 YTD	2025 YTD
Cash flows from operating activities			
Receipts from and on behalf of patients	$ 3,421,869	$ 23,280,613	$ 21,847,278
Other receipts	$ 224,865	$ 714,334	$ 736,775
Payments to & on behalf of employees	$ (1,748,275)	$ (14,069,103)	$ (12,915,890)
Payments to suppliers and contractors	$ (1,267,435)	$ (9,326,881)	$ (8,752,912)
Net cash gained / (used) in operating activities	$ 631,023	$ 598,962	$ 915,251
Cash flows from noncapital financing activities			
Taxation for maintenance and operations, EMS	$ 18,865	$ 1,896,170	$ 1,391,831
Noncapital grants and contributions	$ 7,221	$ 69,099	$ 23,555
Net cash provided by noncapital financing activities	$ 26,086	$ 1,965,269	$ 1,415,386
Cash flows from capital and related financing activities			
Taxation for bond principal and interest	$ 5,693	$ 432,659	$ 415,535
Purchase of capital assets	$ -	$ (1,012,786)	$ (440,842)
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)	$ (550)	$ (140,495)
Capital grants and contributions		$ 72,371	$ 1,578
Net cash provided by capital and related financing activities	$ 5,143	$ (7,269,706)	$ (221,467)
Cash flows from investing activities			
Investment Income	$ 32,542	$ 284,053	$ 433,733
Net increase (decrease) in cash and cash equivalents	$ 694,793	$ (4,421,422)	$ 2,542,903
Cash and Cash equivalents, beginning of period	$ 12,455,072	$ 17,571,288	$ 16,244,722
Cash and cash equivalents, end of period	$ 13,149,866	$ 13,149,866	$ 18,787,625

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

	Actual 1st Qtr	Actual 2nd Qtr	Actual July	Actual August	Forecast September	Forecast 3rd Qtr	Forecast 4th Qtr	Actual/Forecast Year End 2026	Budget 2026
Cash balance, beginning of period	$ 17,571,288	$ 16,709,642	$ 12,087,158	$ 12,455,072	$ 13,149,866	$ 12,087,158	$ 13,400,105	$ 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	$ 12,467,049	$ 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	$ 933,056	$ 218,608	192,805
Cash flows from operating activities									
Receipts from and on behalf of patients	$ 7,486,926	$ 9,419,293	$ 2,952,524	$ 3,421,870	$ 3,018,918	$ 9,393,312	$ 8,441,244	$ 34,740,775	$ 33,083,305
Grant receipts	$ 15,999	$ 48,127	$ 70,124	$ 7,221	$ 2,000	$ 79,345	$ 6,000	$ 149,471	$ 77,000
Other receipts	$ 350,483	$ 123,913	$ 16,073	$ 224,865	$ 53,538	$ 294,475	$ 312,614	$ 1,081,486	$ 1,233,456
Payments to or on behalf of employees	$ (4,774,599)	$ (5,788,558)	$ (1,757,671)	$ (1,748,275)	$ (1,895,329)	$ (5,401,276)	$ (5,651,664)	$ (21,616,097)	$ (24,685,273)
Payments to suppliers and contractors	$ (3,537,239)	$ (3,438,684)	$ (1,083,524)	$ (1,267,435)	$ (906,271)	$ (3,257,230)	$ (2,441,320)	$ (12,674,474)	$ (10,386,634)
Net cash provided by operating activities	$ (458,431)	$ 364,091	$ 197,526	$ 638,245	$ 272,856	$ 1,108,627	$ 666,874	$ 1,681,161	$ (678,146)
Cash flows from noncapital financing activities									
Unencumbered M & O taxation	$ -	$ -	$ -	$ 2,201	$ 4,067	$ 6,268	$ 284,899	$ 291,167	$ 288,966
Taxation for Emergency Medical Services	$ 10,101	$ 1,343,713	$ 134,156	$ 14,835	$ 39,262	$ 188,253	$ 1,054,446	$ 2,596,514	$ 2,517,240
Investment Income	$ 136,956	$ 76,085	$ 38,469	$ 32,542	$ 51,330	$ 122,341	$ 153,990	$ 489,373	$ 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	$ 94,659	$ 316,863	$ 1,583,335	$ 3,467,054	$ 3,512,166
Proceeds from Long Term Debt	$ -	$ -				$ -	$ -	$ -	$ -
Less Funds Expended for Capital Purchases	$ (557,799)	$ (7,047,728)	$ (42,515)	$ -	$ (135,595)	$ (178,110)	$ (406,785)	$ (8,190,422)	$ (1,627,140)
Increase/(decrease) in cash available for operations	$ (869,172)	$ (5,263,839)	$ 327,637	$ 687,823	$ 231,920	$ 1,247,380	$ 1,843,424	$ (3,042,207)	$ 1,206,880
Cash available for operating needs	**$ 16,483,508**	**$ 11,219,669**	**$ 11,547,306**	**$ 12,235,129**	**$ 12,467,049**	**$ 12,467,049**	**$ 14,310,472**	**$ 14,310,472**	**$ 21,324,559**
Taxation for bond prin & int (incl encumbd M&O)	$ 7,526	$ 768,499	$ 40,277	$ 7,521	$ 18,319	$ 66,117	$ 316,314	$ 1,158,456	$ 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	$ 18,319	$ 65,567	$ (712,831)	$ 1,617	$ (10,001)
Cash restricted to debt service, other restricted funds	**$ 226,134**	**$ 867,489**	**$ 907,766**	**$ 914,737**	**$ 933,056**	**$ 933,056**	**$ 220,225**	**$ 220,225**	**$ 182,804**
Cash balance, end of period	**$ 16,709,642**	**$ 12,087,158**	**$ 12,455,072**	**$ 13,149,866**	**$ 13,400,105**	**$ 13,400,105**	**$ 14,530,697**	**$ 14,530,697**	**$ 21,507,363**

CASCADE MEDICAL CENTER

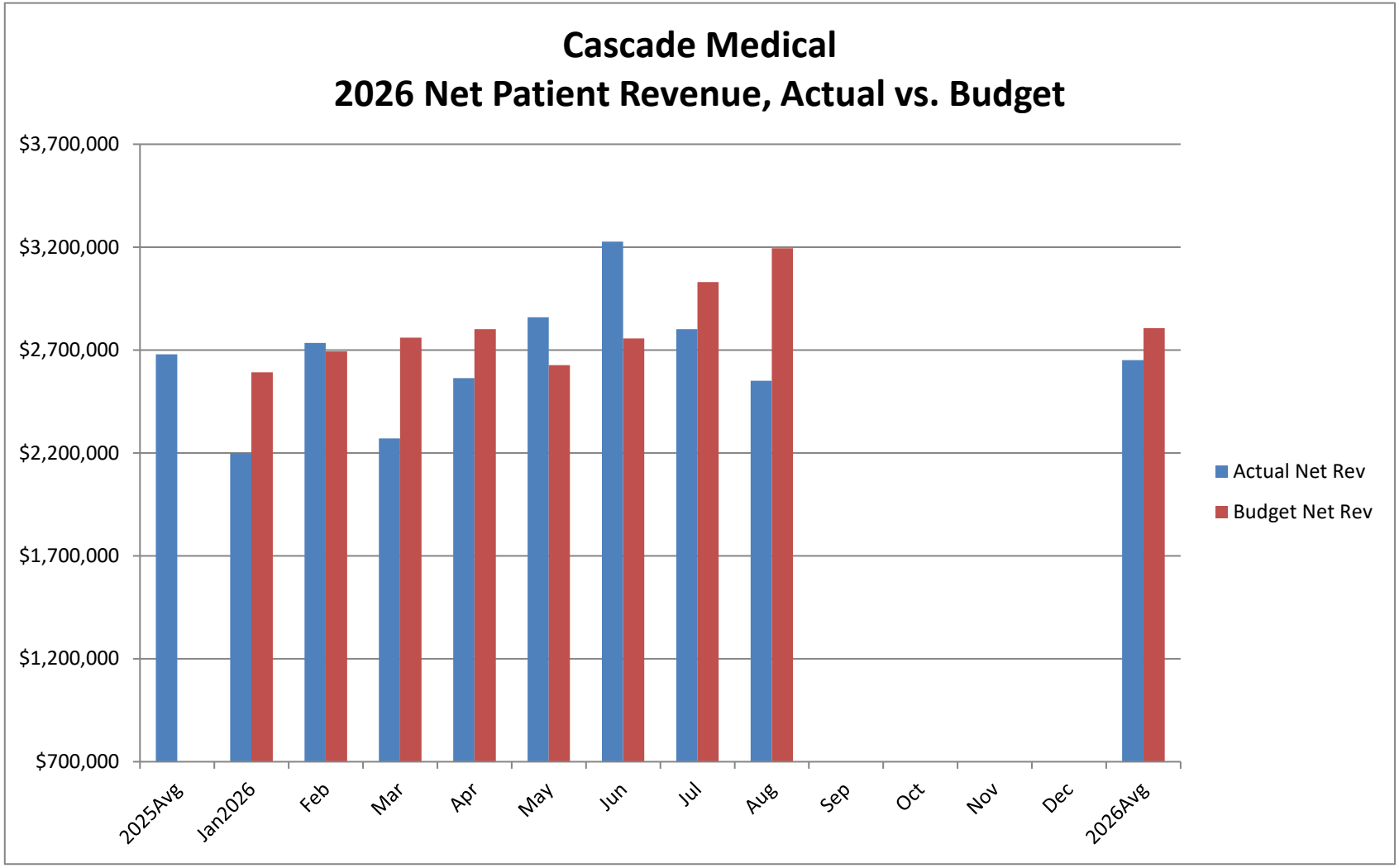
EMERGENCY MEDICAL SERVICES - AUGUST, 2026

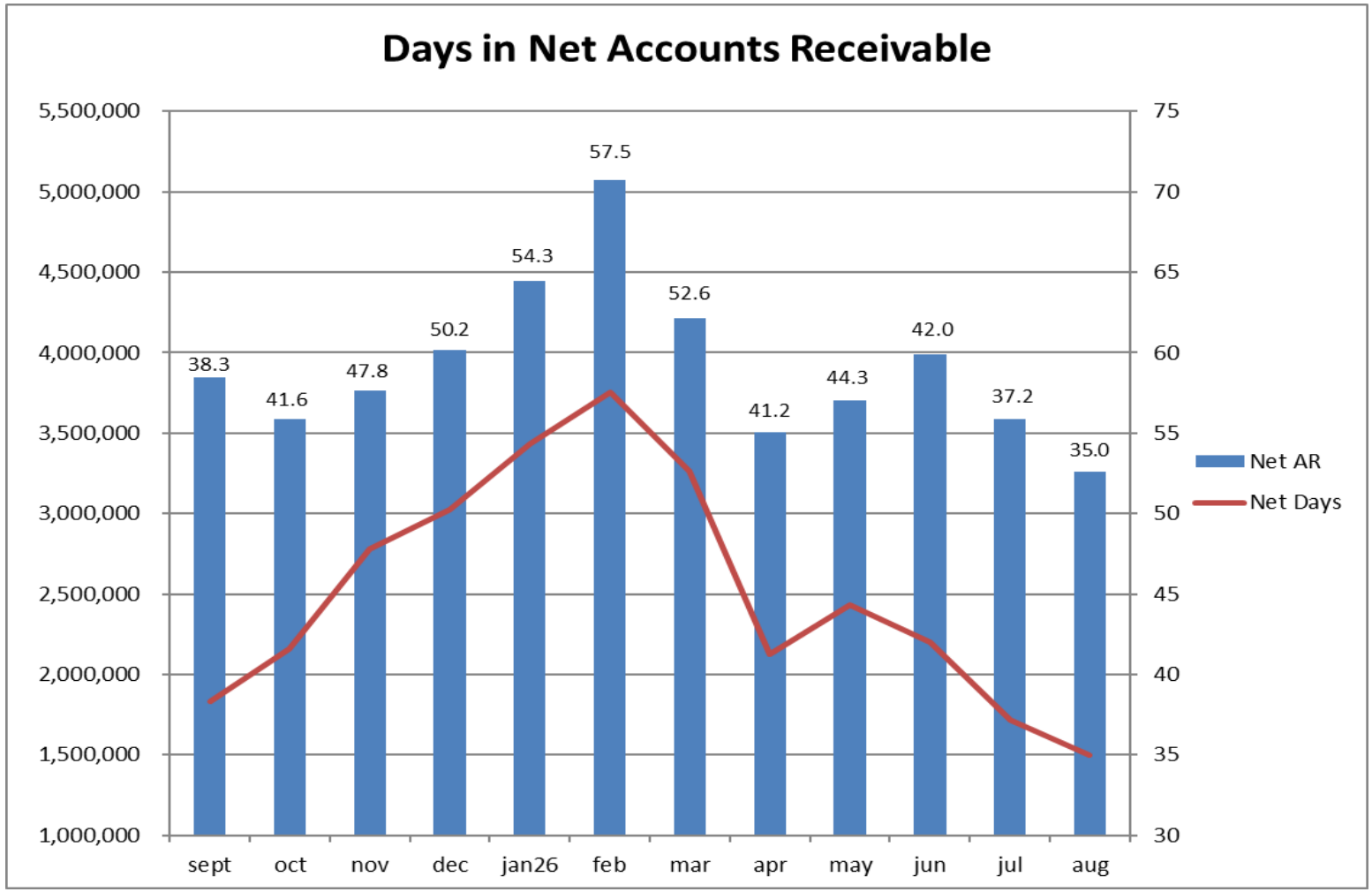
REVENUE	EMERGENCY ROOM 08/31/2026	EMERGENCY ROOM 08/31/2026 YTD	AMBULANCE 08/31/2026	AMBULANCE 08/31/2026 YTD	COMBINED EMERGENCY MEDICAL SERVICES 08/31/2026	COMBINED EMERGENCY MEDICAL SERVICES 08/31/2026 YTD	COMBINED EMERGENCY MEDICAL SERVICES 08/31/2025 YTD
PATIENT REVENUE	1,121,230	7,254,760	314,979	2,588,550	$1,436,208	$9,843,309	$9,304,125
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	$652,331	$4,220,819	$168,734	$1,386,686	$821,065	$5,607,505	$5,312,799
NET PATIENT REVENUE	**$468,898**	**$3,033,940**	**$146,245**	**$1,201,864**	**$615,143**	**$4,235,805**	**$3,991,326**
OTHER OPERATING REVENUE	$0	$0	-	-	$0	$0	$0
TOTAL OPERATING REVENUE	**$468,898**	**$3,033,940**	**$146,245**	**$1,201,864**	**$615,143**	**$4,235,805**	**$3,991,326**
OPERATING EXPENSES							
SALARIES AND WAGES	228,155	1,569,998	169,070	1,304,146	$397,225	$2,874,145	$2,925,192
EMPLOYEE BENEFITS	30,193	240,090	40,463	328,236	$70,655	$568,326	$552,202
PROFESSIONAL FEES	-	126,790	-	4,400	$0	$131,190	$154,922
SUPPLIES	8,305	51,564	5,523	60,747	$13,828	$112,309	$118,496
FUEL	-	-	3,519	22,873	$3,519	$22,873	$19,046
REPAIRS AND MAINT.	-	3,871	44	22,895	$44	$26,765	$57,508
PURCHASED SERVICES	3,361	27,898	2,746	127,531	$6,107	$155,429	$161,341
CONTINUING MEDICAL EDUCATION	-	11,534	610	19,264	$610	$30,797	$15,704
DUES	1,035	11,228	8,835	41,461	$9,870	$52,689	$27,312
OTHER EXPENSES	435	2,802	1,094	7,152	$1,529	$9,953	$9,173
LEASES / RENTALS	174	2,083	5,405	54,446	$5,579	$56,529	$42,025
DEPRECIATION	2,581	20,645	19,934	159,474	$22,515	$180,118	$227,288
TAXES AND LICENSES	888	1,776	-	390	$888	$2,166	$869
INSURANCE	837	6,699	3,359	26,870	$4,196	$33,569	$33,569
OVERHEAD COSTS	169,242	1,492,115	114,409	999,696	$283,651	$2,491,811	$2,284,901
TOTAL OPERATING EXPENSES	**$445,206**	**$3,569,092**	**$375,010**	**$3,179,580**	**$820,216**	**$6,748,671**	**$6,629,548**
MARGIN ON OPERATIONS	**$23,692**	**($535,152)**	**($228,765)**	**($1,977,716)**	**($205,073)**	**($2,512,866)**	**($2,638,221)**
TAX REVENUE					**$209,770**	**$1,678,160**	**$1,161,800**
NET MARGIN WITH TAX REVENUE					**$4,697**	**($834,706)**	**($1,476,421)**
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2026	**368**	**2,872**	**88**	**685**			
Total Ambulance Runs (includes unbillable runs)			**140**	**1,026**			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	**462**	**2,913**	**98**	**616**			
Total Ambulance Runs (includes unbillable runs)			**130**	**877**			

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

	Aug 2026	Dec 2025
ASSETS		
Current Assets		
Cash and Cash Equivalents	1,905,521	1,252,061
Savings Account	10,231,772	15,762,050
Patient Account Receivable	6,523,537	7,063,319
less: Reserves for Contractual Allowances	(3,260,696)	(3,226,153)
Inventories and Prepaid Expenses	335,411	329,797
Taxes Receivable - M&O Levy	76,994	15,982
- EMS Levy	194,951	17,469
Other Assets	846,660	1,542,368
Total Current Assets	16,854,150	22,756,893
Assets Limited as to Use		
Cash and Cash Equivalents		
Funded Depreciation	66,255	460,201
CVB Memorial Fund	1,276	1,275
UTGO Bond Payable Fund	461,301	80,405
LTGO Bond Payable Fund	30,648	106,579
Investment Memorial Fund	147,620	144,037
Settlement Account	193,338	188,645
Paycheck Protection Loan Proceeds	-	-
Cash - EMS	91,247	188,442
	991,686	1,169,585
Taxes Receivable - Construction Bond Levy	60,249	16,854
Total Assets Limited as to Use	1,051,935	1,186,438
Property, Plant and Equipment		
Land	522,015	522,015
Land Improvements	1,485,893	1,485,893
Buildings & Improvements	10,944,297	10,915,993
Fixed Equip - Hospital	9,377,765	9,362,642
Major Movable Equipment Hospital	7,946,909	7,393,948
Construction in Progress	6,645,602	10,346
Total Property, Plant and Equipment	36,922,480	29,690,838
Less: Accumulated Depreciation	(23,777,293)	(22,755,588)
	13,145,187	6,935,250
ROU Leases		
ROU Leases	39,178	39,178
Less Accumulated Amortization	(33,736)	(33,736)
	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	244,616	258,770
TOTAL ASSETS	32,968,556	32,810,019

	Aug 2026	Dec 2025
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	230,166	607,352
Accrued Payroll	1,033,887	770,056
Refunds Payable	(1,317)	-
Accrued PTO	1,061,556	1,009,328
Accrued SL & SD	936,900	936,900
Payroll Taxes & Benefits Payable	37,397	80,572
Accrued Interest Payable	63,572	21,191
Current Long Term Debt	905,958	911,072
Current OPEB Liability	862,361	894,361
Short Term Lease	-	-
ST Subscriptions	-	-
Settlement Payable	-	-
Total Current Liabilities	5,130,481	5,230,832
Long Term Liabilities		
Notes Payable	182,251	182,251
Covid SHIP Funding	-	-
PPP Note Payable	-	-
CARES Act Funds Reserve	-	-
UTGO Bond Payable	3,186,000	3,186,000
LTGO Bond Payable	3,745,000	3,745,000
Deferred Revenue/Bond Premium	68,525	72,267
Long Term OPEB/Pension Liability	2,542,590	2,542,590
Long Term ROU Leases	-	-
Long Term Subscriptions	-	-
Total Long Term Liabilities	9,724,366	9,728,108
Total Liabilities	14,854,846	14,958,939
Fund Balance - Prior Years	17,851,079	17,851,079
Fund Balance - Current Year	262,630	-
Total Fund Balance	18,113,710	17,851,079
TOTAL LIABILITIES & FUND BALANCE	32,968,556	32,810,019


Cascade Medical
2026 Net Patient Revenue, Actual vs. Budget
$3,700,000
$3,200,000
$2,700,000
$2,200,000
$1,700,000
$1,200,000
$700,000
2025Avg
Jan2026
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2026Avg
Actual Net Rev
Budget Net Rev


Days in Net Accounts Receivable
5,500,000
5,000,000
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
75
70
65
60
55
50
45
40
35
30
38.3
41.6
47.8
50.2
54.3
57.5
52.6
41.2
44.3
42.0
37.2
35.0
sept
oct
nov
dec
jan26
feb
mar
apr
may
jun
jul
aug
Net AR
Net Days

Cascade Medical
Accounts Receivable Trending Report - 2026

Total Facility	Dec 2023	Dec 2024	Dec 2025	Mar 2026	Apr	May	Jun	Jul	Aug
0 - 30 days	2,851,120	3,276,645	2,986,673	2,996,523	2,920,897	3,166,279	3,596,874	3,191,431	2,910,580
31-60 days	839,394	668,472	1,012,199	1,300,232	1,084,190	1,113,802	1,136,669	1,007,094	1,057,485
61-90 days	451,019	594,276	632,753	1,074,994	693,955	568,090	608,174	540,115	537,578
91-180 days	1,005,422	1,383,758	1,248,551	1,006,541	991,163	824,538	834,314	911,512	1,048,437
over 180 days	1,343,819	2,162,011	1,183,143	1,037,367	1,036,744	968,912	1,019,425	1,031,649	969,457
Total Balance	6,490,775	8,085,162	7,063,319	7,415,657	6,726,949	6,641,622	7,195,455	6,681,800	6,523,537
Credit bals as % of AR			2.8%	2.4%	3.5%	3.0%	3.2%	3.1%	3.6%
% >90 w/o installs									

CASCADE MEDICAL FOUNDATION
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Leavenworth, WA 98826
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Sept. 23, 2026

RE: Report to Cascade Medical Hospital Commissioners

Foundation event highlights

- **Jive Time in the Cascades** on Aug. 29 raised $18,300 for the Endoscopy Suite Campaign. Thanks to our attendees, volunteers and sponsors for another successful year. Planning is underway for 2027 under the leadership of Kelly Wagman, taking over for Shannon Keller.

- Summer **Benevolent Events** raised more than $5,400, including:
  - Plain Cellars (July 4): $2,800
  - Squirrel Tree (Sept. 15): $2,600

- More fundraising events are ahead:
  - **Sept. 24:** Bergdorf Cellars benefiting the Think Pink Fund
  - **Oct. 21:** Bear Bear Benevolent Day
  - **Nov. 5:** Yodelin Broth Co. Benevolent Day

- Foundation board members and volunteers participated in the Chamber's Summer Recreation Ambassador program, earning a stipend for our current campaign. We also hope to assist with Christmastown activities in the Festhalle.

- We will again participate in **GiveNCW**, raising funds for the **community AED program** from Thanksgiving through Dec. 31.

Supporting our community

- The Foundation will host an **Employee Appreciation BBQ** for Cascade Medical staff on Oct. 7 and provide treat baskets for night and weekend staff.

- A new crop of donors will soon have their names placed on the **Orchard of Giving** display in the clinic lobby. Donors qualify with cumulative gifts of $250 or more in cash donations (not including sponsorships or tickets)

- Two additional names were added last month to the **Legacy Walkway** in front of the hospital. The engraved tiles serve as a community recognition and outreach project.

Bottom line

The Foundation surpassed its initial 2026 Endoscopy Suite Campaign goal of raising $101,000 and is extremely close to funding a stretch goal, a big-wheel stretcher. Any proceeds from our remaining events exceeding what we need for Endoscopy will go toward our 2027 goal for a new mammogram machine.