



Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday February 26, 2025 | 5:30 PM
Arleen Blackburn Conference Room and Zoom Connection

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

I.	Call to Order	5:30	Shari Campbell
II.	Pledge of Allegiance	5:30	Shari Campbell
III.	Consent Agenda	5:30	Shari Campbell
	All consent agenda items will be approved by the Board with a single motion. Any of the following individual items may be pulled for discussion at the request of a commissioner.		
	<ul style="list-style-type: none"> Meeting Agenda January 22, 2025 Board Meeting Minutes 		
	Previous Month's Warrants Issued:	10125635 – 10125852	01/11/2025 – 02/10/2025 \$ 977,460.88
	Accounts Payable EFT Transactions:	20250004 – 20250019	01/11/2025 – 02/10/2025 \$ 720,792.92
	Payroll EFT Transactions:	24371 – 24799	01/11/2025 – 02/10/2025 \$ 1,002,675.70
	<ul style="list-style-type: none"> Policy: Receiving Legal Documents From a Process Server Policy: Policy Creation, Review, & Approval January 2025 Bad Debt 		
IV.	Community Input	5:35	Commissioners
	Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.		
V.	Medical Director Report	5:40	Dr. Lauren Kendall
VI.	CM Values	5:55	Diane Blake
VII.	Foundation Report	6:00	Rex McMillian
VIII.	<u>Committee Reports</u>	6:05	
	a. Medical Staff		Jessica Kendall
	b. Board Quality Rounding		Jessica & Gustavo
	c. Community Outreach & Awareness Committee		Shari Campbell
	d. Governance Committee		Shari Campbell
IX.	<u>Discussions & Reports</u>	6:35	
	a. Clinic Remodel		Pat Songer
	<ul style="list-style-type: none"> Does this work strategically advance patient access, team coordination and team satisfaction? How? How does this work position CM for longer-term growth and success? 		
	b. Advocacy Day Recap		Shari & Diane
	c. Topics for Part-time Resident Advisory Council		Shari Campbell
X.	<u>Action Items</u>	7:10	Commissioners
	a. MOTION: Approve Credentialing		
XI.	December 2024 Preliminary & January 2025 Financials	7:15	Marianne Vincent
XII.	Administrator Report	7:25	Diane Blake
XIII.	Board Action Items	7:45	Commissioners
XIV.	Meeting Evaluation/Commissioner Comments	7:50	Commissioners
	<ul style="list-style-type: none"> What topics should come back at a future meeting for more discussion? What additional information is needed to deepen your understanding? Were there any agenda items for which you need more information from management? What additional information would be helpful? What would have helped the meeting be more efficient, without sacrificing important discussion time? 		
XV.	Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g))	8:00	Commissioners
XVI.	Adjournment	8:30	Shari Campbell

BOARD CALENDAR REMINDERS

March 18, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
April 16, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
May 6, 2025	Community Engagement Night	Leavenworth Festhalle	TBD
May 7, 2025	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
May 13, 2025	Q2 Open Forum	Arleen Blackburn Conference Room	12:30 PM
May 14, 2025	Q2 Open Forum	Arleen Blackburn Conference Room	11:30 AM
May 15, 2025	Q2 Open Forum	Arleen Blackburn Conference Room	5:15 PM
May 15, 2025	Q2 Open Forum	Arleen Blackburn Conference Room	12:00 PM
May 21, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
June 11, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
June 16, 2025	CMF Golf Classic	TBD	TBD
July 16, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
August 6, 2025	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
August 12, 2025	Q3 Open Forum	Arleen Blackburn Conference Room	12:30 PM
August 13, 2025	Q3 Open Forum	Arleen Blackburn Conference Room	11:30 AM
August 14, 2025	Q3 Open Forum	Arleen Blackburn Conference Room	5:15 PM
August 15, 2025	Q3 Open Forum	Arleen Blackburn Conference Room	12:00 PM
August 20, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
August 21, 2025	Community Block Party	TBD	TBD
September 17, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
October 1, 2025	Medical Staff Meeting	Arleen Blackburn Conference Room	7:00 AM
October 22, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
November 11, 2025	Q4 Open Forum	Arleen Blackburn Conference Room	12:30 PM
November 12, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
November 12, 2025	Q4 Open Forum	Arleen Blackburn Conference Room	11:30 AM
November 13, 2025	Q4 Open Forum	Arleen Blackburn Conference Room	5:15 PM
November 14, 2025	Q4 Open Forum	Arleen Blackburn Conference Room	12:00 PM
November 18, 2025	Community Engagement Night	Leavenworth Festhalle	TBD
December 10, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM

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 February 26, 2025

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

- **Consent Agenda** – The policies have been reviewed by the Governance Committee, who recommend them to the board for approval. Additionally, please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual warrants or other items from the consent agenda at the meeting, should you wish to discuss.
- **Medical Director Report** – Dr. Kendall will be on hand to update you on happenings in the clinic and share more about current areas of focus.
- **Committee Reports**
 - Medical Staff – No documents are included in your packet for this item. Jessica, who attended the February meeting, will report out.
 - Board Quality Rounding – No documents are included in your packet for this item. Jessica and Gustavo, who participated in the most recent quality rounding, will report.
 - Community Outreach & Awareness Committee – Included in your packet is the agenda from the most recent committee meeting, to inform Shari’s report. Also included, for informational purposes, are the finalized EMS Levy FAQs, Commissioner Talking Points, and the Employee Campaign Do’s and Don’ts documents.
 - Governance Committee – Included in your packet is the agenda from the most recent committee meeting, to inform Shari’s report.
- **Discussions & Reports**
 - Clinic Remodel – Included in your packet is a document describing the remodel project management wishes to undertake in the clinic to advance the benefits of team-based care. This discussion is a follow up to having introduced the topic in January and is a precursor to management requesting board approval to begin the work of requesting proposals / bids. Optional strategic questions are included on the agenda to assist the group with thinking about the strategic implications of this proposed project.
 - Advocacy Day Recap – No documents are included in your packet for this topic. Shari and Diane, who attended Olympia Advocacy Days, will provide a verbal report of the day and share key issues for which hospitals advocated.
 - Topics for Part-time Resident Advisory Council (PTRAC) – No documents are included in your packet for this topic. This is an opportunity for the Board to discuss and identify strategic priority topics you wish the PTRAC to discuss and offer input on at their upcoming meeting in April.

- **Action Items**
 - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
- **December 2024 Preliminary and January 2025 Financials** – Included in your packet are the preliminary December financials as well as January 2025 financials. Our practice is to report on December at the February meeting, rather than January, to allow more time for completion of the many required year-ending adjustments and journal entries. Please keep in mind we will not finalize our Medicare Cost Report until the latter part of May which typically has a material impact on the final year-ending numbers.

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.
- In December we had discussed having an agenda item at the January meeting to brainstorm potential education topics for the year. In January we let you know that we would plan to bring that discussion back in a subsequent month, when the agenda provided more available time. Governance Committee discussed key education topics at their recent meeting and do plan to bring a focused list to a subsequent meeting for discussion.



Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1

Arleen Blackburn Conference Room & Video Conference Connection

January 22, 2025

- Present:** Shari Campbell, President; Gustavo Montoya, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer; Chief Operating Officer/Chief of EMS; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Megan Baker, Executive Assistant; Clint Strand, Director of Public Relations
- Via Zoom:** Tom Baranouskas, Vice President; Bruce Williams, Commissioner; Jessica Kendall, Commissioner; Natasha Piestrup, Director of Nursing
- Guests:** Bob Adamson, CM Foundation; Matt Ellsworth, Association of Washington Public Hospital Districts (AWPHD)

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none">President Bruce Williams called the meeting to order at 5:33 pm. Shari then led the pledge of allegiance.
Consent Agenda	<ul style="list-style-type: none">Jessica moved to approve the consent agenda. Tom seconded the motion, and the group unanimously approved.
Election of Officers	<ul style="list-style-type: none">Bruce announced his resignation from the board, effective May 1, 2025.Officer Proposal<ul style="list-style-type: none">Shari Campbell, PresidentTom Baranouskas, Vice PresidentJessica Kendall, SecretaryGustavo moved to approve the election of officers, Tom seconded the motion and the group unanimously approved.Incoming president, Shari Campbell took over leadership of the meeting.
Community Input	<ul style="list-style-type: none">None
Foundation Report	Bob Adamson provided the report: <ul style="list-style-type: none">CMF's current project is the Clinic Bundle, which is anticipated to be funded by the golf scholarship.Applications are now open for the Mark Judy Education Scholarship.Benevolent Night is scheduled for February 5 at Prusik.
CM Values	Diane Blake provided the report. <ul style="list-style-type: none">Diane shared two patient stories that showcased CM's exceptional patient care. One story highlighted a colonoscopy patient who expressed heartfelt gratitude to the staff—Sierra, Jeremy, and Dr. Butruille—for their professionalism and outstanding care. The second story featured Kalie Thompson, who joined CM in November and has already made a significant impact. A patient, sick for months, finally felt heard and cared for, praising Kalie for her incredible listening skills and her calm, collected approach. These stories reflect the dedication and compassion of the CM team.
EMS Levy Education	Matt Ellsworth provided the education. <ul style="list-style-type: none">Executive Director of AWPHD, supporting PHDs in community communication, district establishment, funding needs, and education, backed by extensive advocacy and legislative experience.Five years ago, only 20% of levies and bonds passed in PHDs, with less

	<p>than 4% failing by a narrow margin.</p> <ul style="list-style-type: none"> • Currently, over 68% of levies pass, with an average margin of 16 points. • Key Points: <ul style="list-style-type: none"> ○ Clearly convey the community value and specify needs. ○ Incorporate "Community Owned Healthcare" in the tagline. ○ Focus on 3–4 core messages for a concise, effective pitch. ○ Use simple, relatable language. ○ Emphasize that funding is a worthwhile investment. ○ Engage employees as top advocates—host staff town halls and provide QR codes on banners for easy access to information. ○ Do: Show value, stay engaged, and be proactive. ○ Don't: Be complacent, negative, or off-message. ○ Prioritize impactful communication over oversaturation.
Committee Reports	<p>Community Outreach & Awareness Committee Shari Campbell provided the report.</p> <ul style="list-style-type: none"> • CM and DH are collaborating to craft value propositions and refine overall messaging. The proposed value proposition, "Trusted Care that Puts You First," emphasizes quality and community connection. • Key Messages: <ul style="list-style-type: none"> ○ Exceptional care from people you know ○ Timely care close to home ○ When minutes matter, we're ready to respond ○ The levy ensures medical care is there when the community needs it. • Social Media Strategy: <ul style="list-style-type: none"> ○ Raise awareness ○ Inform community ○ Drive engagement ○ Provide EMS education • The committee is making significant progress on the EMS levy timeline, with messaging integration across all platforms and physical media development targeted for March. After April, committee focus will shift to overall commissioner outreach. • Commissioners are encouraged to review their calendars and identify which outreach events they'd like to attend. • Tom will attend presentations on 3/12 and 4/26. <p>Medical Staff Jessica Kendall provided the report.</p> <ul style="list-style-type: none"> • The Emergency Department experienced a busy holiday season but is grateful for the recent slowdown. Medical staff gained new insight into the important connection between funding and the Emergency Department and EMS, emphasizing the value of education on these ties. Staff were enthusiastic about receiving patient data and expressed interest in metrics like door-to-provider time. Meanwhile, the Quality team is developing a dashboard to track key metrics, and providers are eager to receive patient feedback to enhance care.
Discussions & Reports	<p>A. Q4 Dashboard Review Diane Blake provided the review.</p> <ul style="list-style-type: none"> • CM is currently mid-cycle in the three-year strategic plan. • In the future, for objectives with multiple projects, we may want to consider goal as a certain percentage of total project completion rather than all completed in order to meet goal. • Improving the patient first-touch experience includes testing a new digital patient interface with the Patient and Family Advisory Council. • Team-based care efforts are mostly complete, with some workflow refinements ongoing. Telepsychiatry remains a challenge due to financial commitments tied to volume, and CM is exploring ways to

	<p>make this service financially viable.</p> <ul style="list-style-type: none"> • The development and implementation of Spanish-language initiatives have made progress and will continue as 2025 focus. • CM is pivoting to establish a framework for developing and sustaining a long-term financial plan—seeking a tool that enhances the analysis of multiple areas to better assess their impact. <p>B. Clinic Remodel Discussion Pat Songer let the discussion.</p> <ul style="list-style-type: none"> • The clinic's physical layout will be redesigned to support the maximization of the team-based care model. A request for proposal for remodeling will be presented to the board for approval in the near future. • The goal is to reorganize the four existing pods to enable shared care by opening up space between each group of two pods. Plans are finalized, with an anticipated cost ranging from \$125K to \$150K, depending on contractor fees and supply and demand costs. This expense has been accounted for in the 2025 budget. • The plan is to minimize disruption to patient care as much as possible during the remodel. • If Commissioners have any requests for additional specific information to be presented at the February meeting, please connect with Diane or Pat. <p>C. Foundation Golf Tournament Sponsorship Shari Campbell led the sponsorship discussion.</p> <ul style="list-style-type: none"> • Historically, the Commissioners have personally donated \$125 per person to share in a large sponsorship with the medical staff and executive team to help support the CM Foundation and their annual golf tournament. There was general commissioner support for participating again. • Shari encouraged individuals donate what they are able to and feel comfortable donating; the Foundation deeply values this support.
Action Items	<p>Motion: Approve Credentialing</p> <ul style="list-style-type: none"> • Tom moved to approve, pending technology issue being resolved which delayed one review; Jessica seconded. Motion unanimously approved. <p>Motion: Approve Board Committee & Liaison Appointments</p> <ul style="list-style-type: none"> • Jessica moved to approve the proposal from the Governance Committee; Gustavo seconded. Motion unanimously approved. <p>Motion: Appoint Pro/Con EMS Levy Committee Members</p> <ul style="list-style-type: none"> • The Committee's responsibilities include drafting the respective statements for the voter's pamphlet. Commissioners can appoint members directly; if they choose not to, the county will advertise for appointments. • Dave Walker (LWFR), Kelly O'Brien (FD3), and Shari Day-Campbell expressed interest in serving on the Pro Committee. Bruce moved to appoint the three; Tom seconded. Motion unanimously approved. • No one stepped forward with interest in Con Committee participation. <p>Motion: Approve Resolution 2025-01 Amendment to CEO Employment Agreement</p> <ul style="list-style-type: none"> • Bruce moved to approve; Gustavo seconded. Motion unanimously approved.
Administrator Report	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> • Local Legislation: Work is underway to address the significant state budget deficit. The Washington State Hospital Association (WSHA) is advocating against cuts to healthcare. Shari and Diane will attend Hospital Advocacy Days on February 10th and 11th in Olympia. • Federal Legislation: Health and Human Services has suggested that

	<p>Critical Access Hospitals (CAH) should not receive special payment for the Swing Bed care and should instead be reimbursed at nursing home rates. While this is not an immediate concern, it raises some concerning points and could pose a future challenge to rural healthcare.</p> <ul style="list-style-type: none"> • Clinic Team: Whitney brought in a team specializing in mock survey assessments for the clinic. The survey results identified a few areas for improvement, including policy updates, revisions to the Emergency Preparedness Plan, and securing sharps equipment. Work is already underway to address these findings. Kudos to our team for their dedication, and a special thanks to Pat for their support in this effort. • Mobile Clinic: We're excited to collaborate with Kalie Thompson, PA, who has requested transitioning to 20-minute appointments from 40-minute slots, which will allow for increased access in the future. The team is exploring new locations and may temporarily adjust mobile clinic hours until appointment volumes increase. As demand grows, the schedule will be expanded to enhance access to the mobile clinic. • EMTALA Training: A big thank you to Natasha for coordinating additional training for her team in response to their request for further education in this critical area. • Endoscopy Services: CM is exploring expansion of endoscopy services. Diane and Pat are collaborating with Lake Chelan Health to finalize key details for the first step of securing provider coverage during Dr. Butruille's sabbatical. Additional work is underway to define plan for clinic and hospital operations to regularly add one additional endoscopy day per week. • CHNA (Community Health Needs Assessment): The majority of work is scheduled for Q1 and April, with finalization planned for Q2. We are working toward focus groups with representatives from Cascade School District, Upper Valley MEND, Plain Pantry/Church, Methodist Church, the Senior Center, and Spanish-speaking community connections. Preparations are underway to distribute a survey that will help us identify priority focus areas, which will be integrated into the strategic planning process. • Certificate Signature: Megan will be coordinating with Commissioners to obtain signatures for a certificate honoring Hannah Smith's completion of the MA-C program. • Hospitalist: CM has appreciated spending time with Linda Greiner, PA, this week as she completes her onboarding. We look forward to welcoming her back on-site in March for her first patient care shifts. • Diane is out of the office next week.
Board Action Items	<ul style="list-style-type: none"> • Please sign your annual Commissioner pledge, via DocuSign • Please check your email weekly. • Please let us know if you're going to be out of town. • Please reply all to coverage for EMS levy outreach. • Jessica will attend February Med Staff.
Meeting Evaluation/Commissioner Comments	<ul style="list-style-type: none"> • Matt's presentation was highly informative and valuable. • Kudos to Shari on successfully leading her first meeting as president.
Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g))	<ul style="list-style-type: none"> • Shari called the executive session to order at 7:55 PM for 45 minutes. • At 8:40PM, the group extended the meeting for an additional 20 minutes • The group exited the executive session at 9:00 PM
Adjournment	<ul style="list-style-type: none"> • Shari moved to adjourn at 9:00 PM; Gustavo seconded, and the group unanimously agreed.

Shari Campbell, President

Jessica Kendall, Secretary

**FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED**

Commissioner Meeting: February 26, 2025

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

Accounts Payable Warrant Numbers ¹	10125635 – 10125852	\$977,460.88	1/11/2025 – 2/10/2025
Accounts Payable EFT Transactions	20250004 – 20250019	\$720,792.92	1/11/2025 – 2/10/2025
Payroll EFT Transactions ²	24371 – 24799	\$1,002,675.70	1/11/2025 – 2/10/2025
Grand Total		\$2,700,929.50	

Notes:

¹ AP warrants #10125715 and #10125787 were voided due to a processing issue.

² Payroll Warrants #24371 and #24372 were adjustments made to the employee's record to correct the 2024 YTD tax totals.

Prepared by:

Kathy Jo Evans
Director of Accounting



Title:	Receiving Legal Documents from a Process Server	Effective Date:	08/01/2001
Categories:	Board of Commissioners	Approved Date:	03/05/2021
Prepared By:	Diane Blake (Chief Executive Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer), Board Governance Committee		
Approved By:	Diane Blake (Chief Executive Officer), Board of Commissioners		

POLICY: In accordance with RCW 4.96.020, as amended by Chapter 119, Laws of 2001 or thereafter amended, the Board of Commissioners appoint the Administrator to act as an agent (the “Agent”) to receive any claim for damages made under Chapter 4.96 RCW.

PROCEDURE:

In accordance with RCW 4.96.020, the Board of Commissioners adopted Resolution 2007-20 and the following procedures for accepting legal service.

- a) Procedure for Presenting Claims. All claims for damages made under Chapter 4.96 RCW shall be presented to the Agent at the address and within the business hours recorded with the Auditor and, further, shall be presented within the applicable period of limitations for which an action must be commenced. A claim is deemed presented when the claim form is delivered in person or is received by the Agent by regular mail, registered mail, or certified mail, with return receipt requested, to the agent designated to accept delivery at the Agent’s office.

Cascade Medical’s Agent is Diane Blake, Administrator, located at 817 Commercial Street, Leavenworth, Washington. The hours of acceptable service are 9:00 a.m. to 5:00 p.m., Monday-Friday, excepting legal holidays.



Title:	Policy Creation, Review and Approval	Effective Date:	10/01/2003
Categories:	Board of Commissioners	Approved Date:	02/29/2024
Prepared By:	Diane Blake (Chief Executive Officer)		
Reviewed By:	Diane Blake (Chief Executive Officer), Board Governance Committee		
Approved By:	Diane Blake (Chief Executive Officer), Board of Commissioners		

POLICY: Establishes parameters around the creation, review and approval of policies for Cascade Medical.

WHAT SHOULD BE MEMORIALIZED IN A POLICY?

Use the following parameters to determine which policies are needed in each area:

- Policies shall be created and maintained as required by Medicare Conditions of Participation (CoPs) and State law (RCWs & WACs). Typically these are policies which require compliance and which are mandatory for CM to establish and maintain.
- Other policies not specifically required by CoPs, RCWs or WACs should be established as policies if any one of the below criteria relate to the process or situation:
 - If failure to comply results in disciplinary action
 - The need to state required action or desired result, rather than means of implementation

Standards, guidelines, procedures and standard work should not be established in policy format.

Definitions of each are below:

- Standard: A mandatory action or rule designed to support and conform to a policy.
- Guideline: General statements, recommendations or administrative instructions designed to achieve the policy's objectives by providing a framework within which to implement procedures.
- Procedures: Describe policy implementation by establishing a framework of who does what, when they do it and under what criteria.
- Standard Work: Describes how to accomplish a specific job.

WHO APPROVES EACH POLICY?

All policies required under State law and / or Medicare Conditions of Participation shall follow the development and approval requirements as established in Code of Federal Regulations (CFR) 485.635(a)(2). These policies also require final approval from the CEO and, when applicable, the Board of Commissioners.

All other policies shall be reviewed by the department director and the chief to whom the director reports; the CEO shall approve all policies. When required by statute, regulation, or as requested by administration and/or the Board of Commissioners, the Board of Commissioners will also approve policies. A current list of policies requiring Board approval may be found in the Board folder of Policy Tech.

WHEN ARE POLICIES ESTABLISHED AND REVIEWED?

Policies shall be established on an as-needed basis throughout the year. Policies will be reviewed at least annually, per the Conditions of Participation with Medicare.

Please see the Director of Continuous Quality Improvement and Education for the proper process on establishing and reviewing Cascade Medical policies.

Cascade Medical

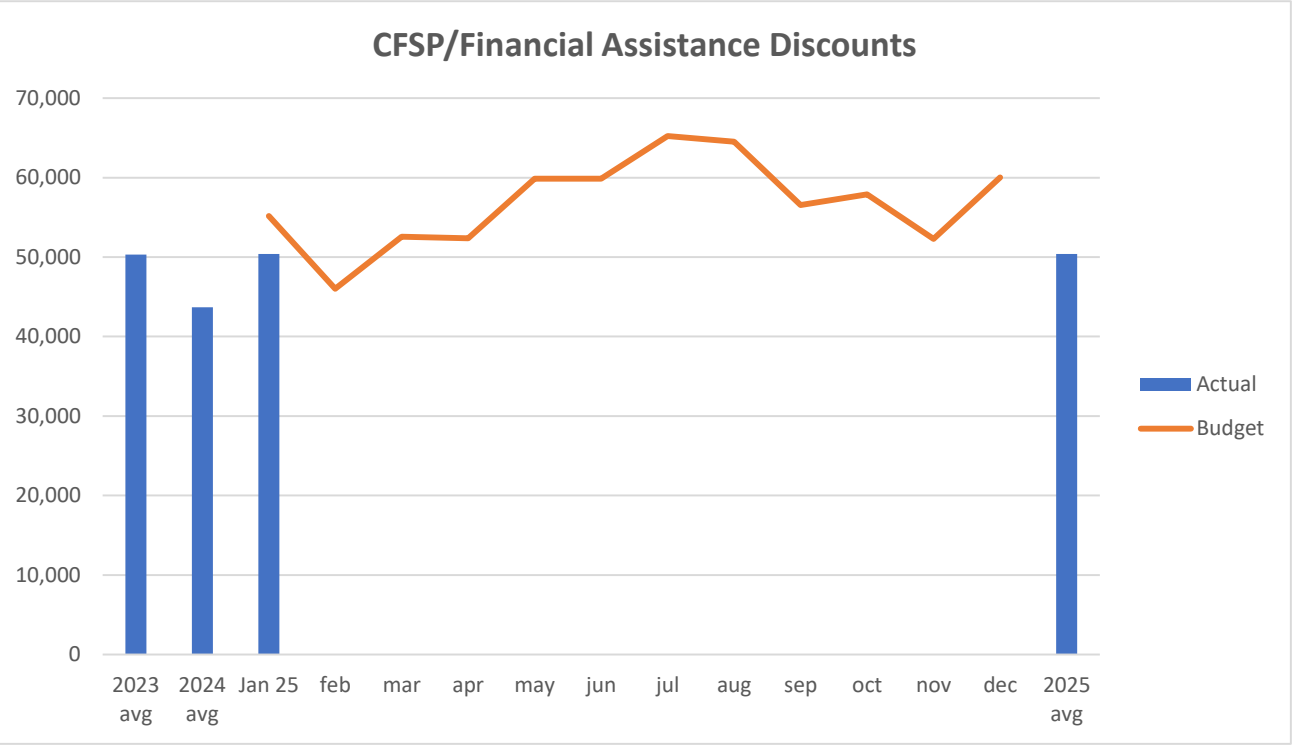
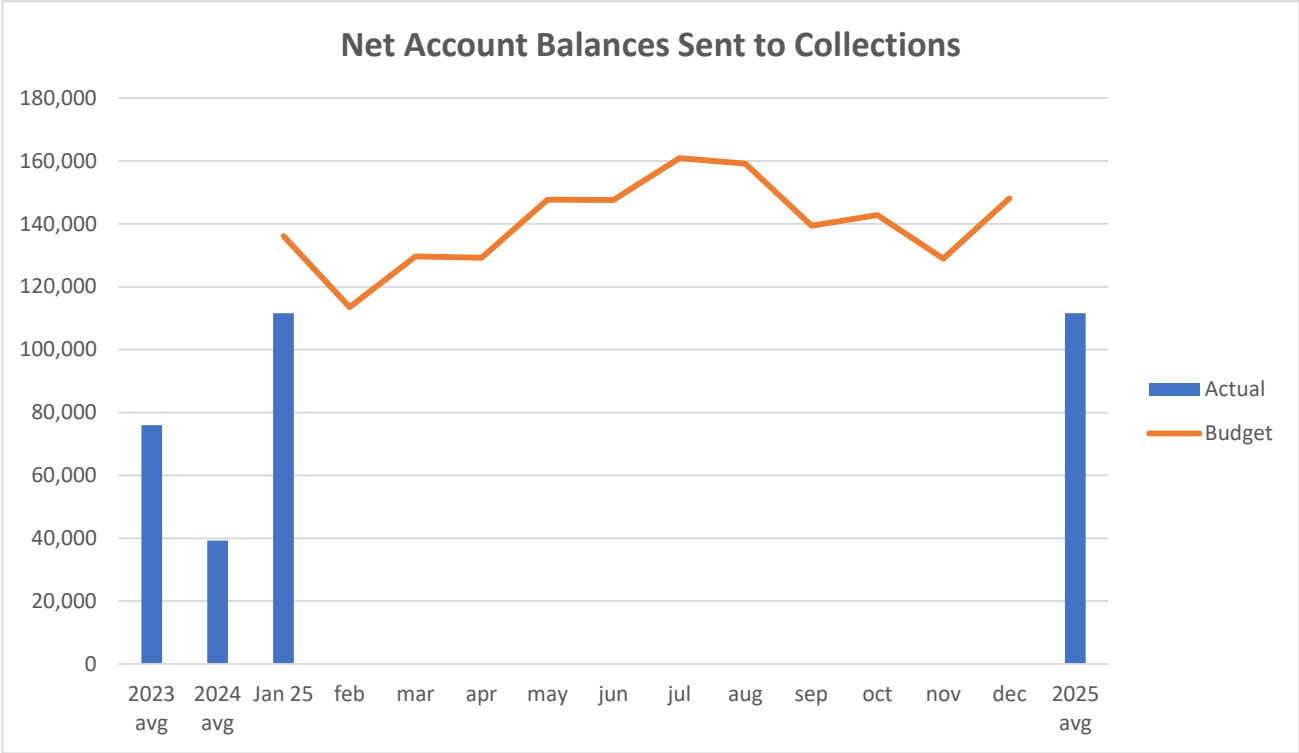
Bad Debt Write Offs

Financial Assistance Program Discounts

Month of January, 2025

Net Bad Debt Write-Offs for Board Approval	\$	111,602.08
CFSP/Financial Assistance Program Discounts for Board Approval	\$	50,406.53

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	127,097.30
	less: pullback from Agency due to receipt of payments	(15,495.22)
	Net Bad Debt Write-Offs	<u>111,602.08</u>
CFSP/Financial Assistance Applications - Discounts Approved	\$	50,406.53
Total		162,008.61





CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

AGENDA

Community Outreach & Awareness Committee

February 12, 2025

3:00 PM – 5:00 PM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	3:00 PM
2.	Consent Agenda Approval <ul style="list-style-type: none">February 12, 2025 AgendaJanuary 13, 2025 Minutes	3:00 PM
Committee Work		
1.	Review final DH materials, including around EMS levy, for informational purposes	3:00 PM
2.	Review EMS levy documents/materials <ul style="list-style-type: none">Final FAQ'sBack pocket FAQ questions / answersCommissioner talking pointsEmployee campaign do's and don'tsPresentation slides/outline of planned slides<ul style="list-style-type: none">What feedback do you have for improving the materials?Any additional materials that would be helpful? Review outreach plan and refine if necessary, including setting date for community night, if desired	3:15 PM
3.	Continue to refine Community Health Needs Assessment outreach plan <ul style="list-style-type: none">Review proposed list of focus groups and amend if necessaryReview proposed survey questions and amend if necessary	4:00 PM
4.	Discuss future of Community Outreach & Awareness Committee <ul style="list-style-type: none">Current plan was for COAC to be a temporary committee meeting through late summer. Should COAC be established more permanently? If so:<ul style="list-style-type: none">What future meeting cadence should be established?Should we revisit committee purpose and refine?Should we invite community representation?	4:20 PM
5.	Brief Meeting Recap and Next Steps, including scheduling future meeting(s)	4:50 PM
Adjournment		
1.	Adjournment	5:00 PM

Materials provided in advance of meeting along with agenda:

1. January 2025 minutes
2. DH Messaging Platform Implementation Guide
3. DH Brand Manual – Pages 4-8 have been updated and will be discussed
4. DH Social Media Visuals
5. Finalized EMS levy FAQ's
6. Back pocket FAQ questions / answers
7. Commissioner talking points
8. Employee campaign do's and don'ts
9. Outline planned for slides
10. EMS Levy Outreach Calendar
11. Proposed CHNA focus groups
12. Proposed CHNA questions
13. COAC Charter



EMS Levy Facts

What is the EMS Levy?

The EMS Levy is a renewal of a tax measure that has supported Ambulance Services, including the Paramedic and Emergency Medical Technicians, and hospital Emergency Department Services for more than 35 years. The Levy provides critical funds to support both these services.

Why is the EMS Levy necessary?

The cost to operate the 24/7/365 hospital Emergency Department and Ambulance Service runs more than what billing and insurance covers. While fees for these services cover about **60 percent** of the costs and Cascade Medical pays for an additional **20 percent** with revenue from other services, there is still a significant gap in funding. **The EMS Levy covers that critical 20 percent gap**, enabling these services to be offered.

Is this a new tax?

No. This is a continuation of the EMS Levy that has been supported by Upper Valley communities (Stevens to Blewett Pass and residents of Leavenworth, Lake Wenatchee/Plain, Dryden, Peshastin and all points in between) for more than 35 years.

How much do we pay?

The rate is the same as the 2019 Levy — 50 cents per thousand of the assessed value of your property. For a home assessed at \$500,000, the cost would be about \$250 a year, or less than \$21 a month.

Is it necessary for Cascade Medical to offer hospital Emergency Services every day, 24 hours a day?

Emergencies happen at all hours of the day and night - and last year Cascade Medical treated nearly 4,500 patients. While our sophisticated Emergency Department treats fractures, stitches, and other conditions that aren't life-threatening - but need immediate care - some of the most common conditions we treat include stroke symptoms, breathing difficulties and head injuries. When minutes matter, the Emergency Department, in coordination with our Ambulance Services, is always ready to care for our community.

How are Levy funds used?

The Levy funds are used exclusively to operate the hospital Emergency Department and Ambulance Service. This includes:

- Staffing, including emergency physicians and providers, paramedics, EMTs, nursing and other support staff (Lab, Imaging) to maintain 24/7/365 coverage
- Purchasing specialized replacement ambulances and equipment, insurance, fuel, and repairs
- Skills training and education for nurses, paramedics and EMTs

What happens if the Levy isn't renewed?

Because Cascade Medical is a small, rural healthcare organization with limited funds, it's likely we would need to make significant cuts to the Ambulance and Paramedic/EMT services if the Levy fails. We may also need to consider some service changes to the hospital Emergency Department.

If my property value doubles, will the amount I pay for this Levy double?

No. By law, funds generated by the Levy cannot increase more than one percent per year.

What if I live on a fixed income and cannot afford to support the Levy?

If you're age 62 or older, or have a disability, you may qualify for a tax exemption. Call Chelan County Assessor's Office at 509-667-6365 for information.



For more information, visit cascademedical.org or email emsinfo@cascademedical.org.

EMS Levy Commissioner Talking Points

- The levy provides dedicated funding support for paramedics, EMTs, ambulances and your hospital Emergency Department, ensuring care is there for you 24-hours a day, 7 days a week.
- This is not a new tax but a continuation of a levy that has been supported by the community for over 35 years. The rate is the same as the prior EMS levy: 50 cents per thousand of the assessed value of your property.
- This Levy is essential to cover gaps in funding. Fees and services account for only 60 percent of costs, and Cascade Medical subsidizes an additional 20% through fees from other services. After that, there is still a 20 percent gap in funding we need to cover. This Levy addresses that critical gap.
- Without EMS levy funding, Cascade Medical would be unable to sustain the current level of services and would most likely need to close its ambulance services.
- Local ambulance service significantly reduces the time between your 911 call and lifesaving care from skilled EMTs and paramedics. For example, Cascade's ambulance response time averages 3-5 minutes for a call from Leavenworth compared to 30-40 minutes if an ambulance comes from Wenatchee, and 4-15 minutes to respond to a call from Plain, compared to 40-50 minutes if the ambulance comes from Wenatchee.
- With a population that is both growing and aging, we expect more people to need care in the coming years, making it even more critical to provide these essential services.
- Ballots should arrive in your mailbox on April 1 and are due April 22.



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

EMS Levy Do's and Don'ts

FOR CASCADE MEDICAL TEAM MEMBERS



Don'ts ❌

DO NOT use Cascade Medical resources for any campaign activity. Campaign activity means doing anything to advocate for a certain type of vote (yes or no).

This means:

- ❌ **DO NOT** use CM facilities, office supplies, computer, phone, email, copier, etc. to encourage others to vote a certain way.
- ❌ **DO NOT** promote a yes or no vote during work hours.
- ❌ **DO NOT** put up signs, wear buttons, stickers, etc. encouraging to vote a certain way regarding the levy on CM property.

Do's ✅

- ✅ **DO** encourage people to vote during work time, if you like (but do not encourage them how to vote).
 - ✅ **DO** campaign, if you wish, **during non-work hours**, provided you do not use any CM resources (such as CM phone, computer, copier, email address, etc.).
- This means, for example:**
- ✅ **DO** email people from your personal email account while not at work advocating for a certain type of vote, if you wish.
 - ✅ **DO** talk with your friends and neighbors during non-work time about the levy, including advocating for a certain vote, if you wish.

- ✅ **DO** share EMS levy facts at any time, even while you are at work. CM employees are permitted to provide education to those who ask while at work, provided the education provides facts and not opinions on how to vote.

This means:

- ✅ **DO** share facts, including the FAQ sheet, with those who ask.
- ✅ **DO** share where people can get more information, including:
 - EMS email for additional information: emsinfo@cascademedical.org.
 - CM EMS Levy webpage (coming soon).
- ✅ **DO** use CM resources to provide education (meaning facts), if you wish, such as using your CM email to send the FAQs to another person, for example.
- ✅ **DO** encourage folks to email emsinfo@cascademedical.org if you are asked a question you can't answer, or don't feel comfortable articulating an answer to.
- ✅ **DO** alert **Clint or Diane** if you see a conversation on social media about the levy that is concerning to you, or if you have a concern about something you've been hearing out in public.



AGENDA

Board Governance Committee

February 18, 2025

1:00 PM-3:00 PM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	1:00 PM
2.	Consent Agenda Approval <ul style="list-style-type: none">February 18, 2025 AgendaNovember 14, 2024 Minutes	1:00 PM
Committee Work		
1.	Review Policies: <ul style="list-style-type: none">Receiving legal documents from a process serverPolicy Creation, Review, & Approval	1:00 PM
2.	Board future/succession planning: <ul style="list-style-type: none">Review board composition strategy against matrix to identify key candidate attributesReview applications for board positionReview proposed interview questions and interview process, including who comprises the interview teamDetermine what materials will be sent ahead of time to intervieweesCheck in on remaining recruitment workDiscuss options for new commissioner mentorship	1:05 PM
3.	Plan work to meet Board objectives	1:50 PM
4.	Review list of outreach events for which Commissioners received compensation	1:55 PM
5.	Discuss framework for strategic planning for the year, including board retreat	2:00 PM
6.	Set plans for future board/management collaborative work, including: <ul style="list-style-type: none">Creating structure for board evaluation of future contracted servicesBoard's goal of a long-term financial planTransparencyCommunity engagementReviewing strategic planning process and continue to amend planning framework document to meet board and team needs	2:20 PM
7.	Finalize 2025 Committee Work Plan	2:45 PM
8.	Discuss ways to continue to grow the Board's approach to thinking strategically	2:50 PM
9.	Set next meeting date	2:55 PM
Adjournment		
1.	Adjournment	3:00 PM

Materials provided in advance of meeting along with agenda:

- Minutes from November 14, 2024 Meeting
- Policy: Receiving legal documents from a process server
- Policy: Policy Creation, Review, & Approval
- Board Composition Strategy document
- Board Matrix
- Applications for Board position
- Interview Questions
- Previous recruitment timeline
- Board Mentorship Guidelines
- 2025 Board objectives
- List of approved Commissioner outreach
- 2025 Committee work plan

SBAR: Rural Health Clinic Remodel Proposal

Situation:

Cascade Medical's Rural Health Clinic is committed to delivering high-quality, patient-centered care by fostering a team-based approach that improves communication, collaboration, and efficiency, ultimately maximizing community access to services and enhancing the work environment for team members.

However, the current clinic layout—divided into four separate pods—creates significant barriers to this model. Each pod functions independently, with isolated provider offices and treatment spaces. This separation limits real-time communication between providers, medical assistants (MAs), nurses, and other support staff, leading to inefficiencies in care coordination, delays in patient consults, and reduced opportunities for multidisciplinary collaboration.

To enhance team-based care and improve patient outcomes, we propose remodeling the clinic space by consolidating the four existing pods into two larger, open team-based care areas. This transformation will remove physical barriers, create shared provider offices, and establish collaborative spaces where care teams can work together seamlessly.

Background:

The existing pod structure was initially designed to accommodate independent provider workflows rather than the team-based model we've implemented. Industry best practices emphasize team-based care, where providers, MAs, nurses, behavioral health specialists, and care coordinators work closely together in a shared space to provide integrated care. The current layout presents several challenges that hinder this model:

- **Limited Communication:** Each pod operates in isolation, making it difficult for teams to collaborate quickly on patient care decisions.
- **Restricted Access to Multidisciplinary Teams:** Providers and MAs are separated from nurses and other team members, leading to fragmented care planning and missed opportunities for immediate consults.
- **Inefficiencies in Workflow:** Without a shared space, patient needs often require multiple handoffs and follow-ups instead of real-time discussions and decision-making.
- **Provider and Staff support:** The lack of shared space can lead to silos, increased workload, and limited peer support.

Removing walls between pods and creating two team-based care areas will foster real-time collaboration, improve communication, and support a team-based care model where all members work together in a connected, open environment.

Assessment:

The remodel will involve structural changes that support efficient, coordinated, and patient-focused care delivery.

Key benefits include:

1. **Enhanced Communication & Collaboration:**

- Open workspaces will allow providers, MAs, nurses, and behavioral health specialists to consult on patient cases in real time, ensuring timely decision-making and reducing inefficiencies.
 - Improved communication pathways will lead to faster responses to patient needs, reducing wait times and improving patient satisfaction.
2. Interdisciplinary Team Integration:
 - Providers will have direct access to their team's MAs, clinic nurses, and care coordinators, allowing for a seamless exchange of information and improved patient care plans.
 - Shared provider workspaces will encourage peer-to-peer consultation, reducing the need for delayed referrals and multiple patient visits.
 3. Improved Patient Outcomes & Continuity of Care:
 - Team-based care models have been proven to improve patient outcomes, particularly for chronic disease management, preventative care, and service coordination. With fewer physical barriers, the care team can monitor patient needs more effectively.
 4. Operational Efficiency & Staff Satisfaction:
 - Workflow improvements will streamline patient throughput, reducing bottlenecks and inefficiencies.
 - The remodeled space will support a culture of collaboration, increasing staff engagement.

Additionally, we anticipate minimal disruption to patient care during a remodel as we're proposing to conduct the remodel one pod at a time, ensuring patient visits remain uninterrupted. Because of this, we anticipate no decrease in patient volume or major workflow disruptions during construction. We do anticipate some inconveniences to provider locations during construction, and we will work to minimize those as much as possible.

Recommendation:

Management recommends the board authorize CM to issue a Request for Proposal (RFP) to begin the process of planning for the construction process.

A planned expenditure of \$150,000 for the remodel was included in the 2025 capital budget. Cost estimates derived from the architectural plans estimate construction costs of \$125 sq/ft to \$150 sq/ft for approximately 1,000 square feet of impacted space.

The proposed remodel, which will create connected, collaborative work areas for the clinic team, will create a physical space that supports best practices in team-based care and modern clinic delivery models. It will create a more collaborative and efficient work environment for our providers and staff, and it will enhance patient care coordination, help reduce wait times/increase access, and support continued improved health outcomes for our community.

Credentialing Approvals

Active Privileges (4-months)

- Eric Stirling, MD*

*Dr. Stirling was emergently credentialed in January, prior to his privilege expiration.

Provisional Active Privileges (6-months)

- Brandon Douglass, MD
- Linda Greiner, PA-C

Teleradiology Privileges: (2-years)

- Jennifer Huckabee, MD
- Vatroslav Vrdoljak, MD

Teleradiology Provisional Privileges: (1-year)

- Matthew Bourne, DO

Accompanying Notes for the December 2024 Financial Statements

December Financial Statements –Quarterly Summary

Our Q4 results show a net loss of (\$107,000) compared to a budgeted net margin of \$239,000 for the quarter. While gross revenues outpaced budgeted revenues for the quarter by \$1,400,000, operating expenses were over budget for the quarter by (\$654,000) and we booked a larger than budgeted contractual allowance, bad debt reserve and financial assistance reserve in December in anticipation of uncollectible patient accounts, contributing to our negative budget variance in Q4. Our cash balances increased by \$98,000 in Q4.

December Year-To-Date Summary

Year-to-date our net margin of \$1,818,000 is \$1,379,000 more than the budgeted net margin of \$439,000.

Revenue and Expense Variances

In reviewing 2024 we have seen consistent budget variances month over month in several expense categories as we have invested heavily in professional fees, purchased services and staff training as we strived to meet strategic goals for 2024. Professional Fees and Purchased Services continued along these trends in Q4, while budget overages for Travel/Training expenses leveled out in Q4.

1. Gross Patient Revenues exceeded budgeted volumes for the year by over \$4,000,000, led by CT, ED, Clinic, and Lab revenues.
2. Professional Fee expense variances have primarily been for consultants for Clinic practice share work, Hospitalist coverage for an unstaffed position, Clinic provider leave coverage, and marketing initiatives undertaken to promote our operations and prepare for the upcoming EMS levy.
3. Budget overages in Purchased Services have been related to Business Office support, CT service contracts, IT expenses, and contracted Pharmacy expenses.
4. Travel/Training expenses were over budget in 2024 due primarily to leadership training support for new directors and for our second cohort of director training.

Patient Statistics

Patient volume trends mostly stayed consistent in Q4, except for CT scans and Clinic visits, which dipped slightly, while Ambulance and Rehab volumes increased slightly. Overall, volumes variances for 2024, while mixed, saw positive variances in Acute, CT, Lab, and Radiology volumes. Radiology volumes included newly offered ultrasound services and these services were expanded beyond our original estimates due to high demand. Swing Bed and Rehab volumes were below budgeted volumes for the, with rehab operating at reduced staffing for a portion of 2024. While the Clinic closed out the year with a small negative volume variance, we had an ambitious increase budgeted for 2024.

Cash Receipts and Balances

Cash collections for the year of \$34,700,000 were greater than the \$29,000,000 budgeted, with a portion of this being Medicare settlements for 2023 claims and mid-year adjustments for 2024 Medicare claims. The Medicare adjustments totaled \$987,000. Our cash balances of \$16,245,000 at the end of 2024 were \$1,224,000 greater than the budgeted cash balances of

\$15,021,000. We were pleased with the ability to continue to grow our cash reserves while committing to significant out of budget expenditures for investments in our operations, EMR, and people.

Accounts Receivable

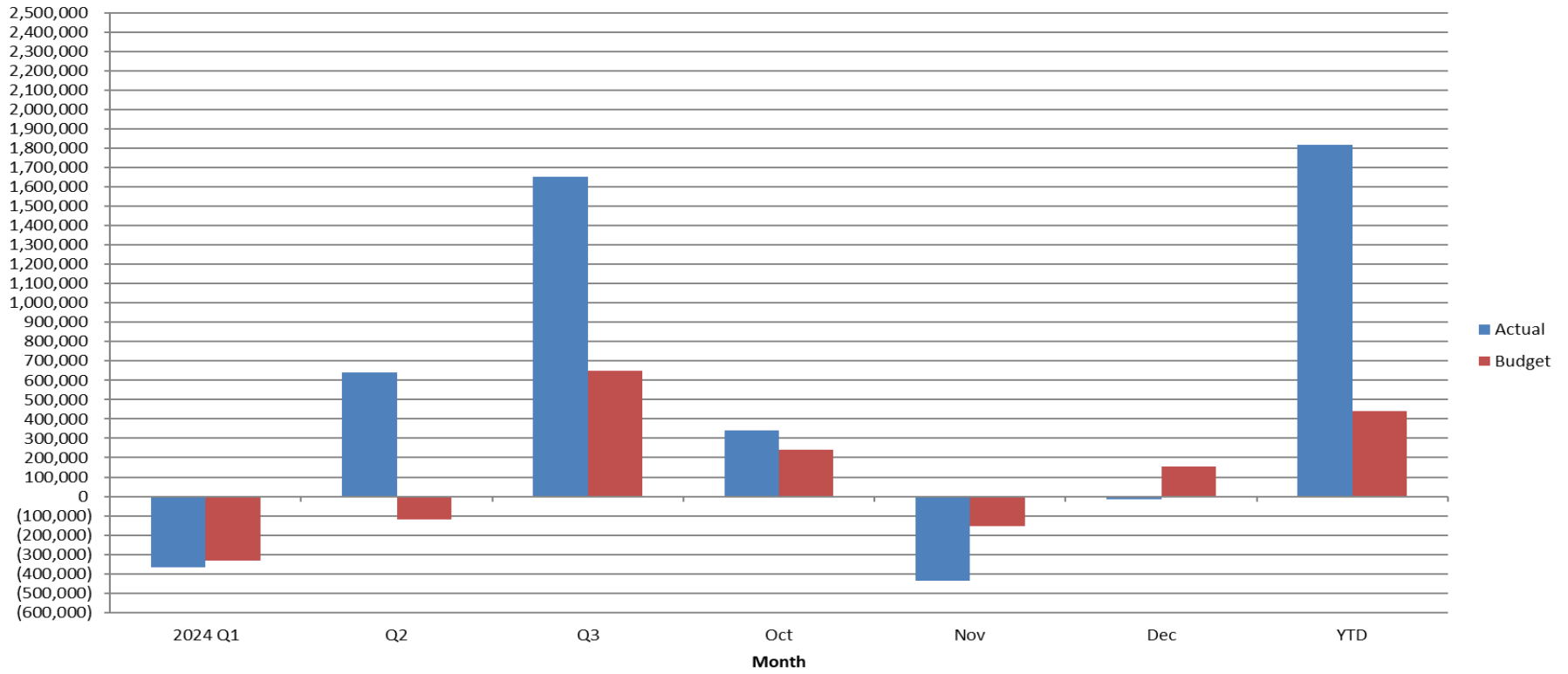
Days in Net Accounts Receivable ended the year at 50.7 days. Gross Accounts Receivable balances have increased over the year and particular attention is focused on patient balances because of the suspension of statements for a portion of the year. Efforts are underway to isolate patient balances for patients paying on contracts so that we can understand what portion of the patient balances are seeing regular collections and what portion need closer review.

Final comments and Upcoming

Work with HealthNET consulting continued through the end of 2024 and was primarily focused on the clinical side. While this work also impacts revenue cycle, we will see more focused work in the revenue cycle in 2025. We held open our Revenue Cycle and Accounts Payable modules at the end of 2024 in efforts to capture more of our 2024 revenue and expenses. We do expect to see a few more entries to our 2024 financials as we work to prepare audit and cost report worksheets. Among those entries will likely be a fine turning of our contractual allowance for 2024 and we know that as the cost report is completed by our audit firm, we will see a related entry for our Medicare Receivable/Payable.

Cascade Medical

Net Surplus/(Deficit) - 2024



Cascade Medical Center
Financial Performance Summary
Year-to-Date - December, 2024

000's omitted

YTD Dec

Net Margin

Actual	1,818
Budget	439
	<hr/>
Better (Worse) than Budget	1,379

Variance Analysis - favorable vs (unfavorable)

Gross Revenue - CT \$1776; ED \$918; Clinic \$769; Lab \$538; Acute \$490; SwingBed (\$562)	4,126
Contractual Allowances	(1,322)
	<hr/>
Net Patient Revenue	2,803
Other Operating Revenue	299
	<hr/>
Total Operating Revenue	3,102

Expenses

Salaries & Benefits	(129)
Prof. Fees - Admin (\$215); Acute (\$193); HR (\$104); Clinic Prov (\$78)	(799)
Supplies	311
Purchased Services/Repairs - Bus Off (\$254); CT(\$72); IT(\$72); Pharmacy (\$65); Plant (\$59)	(566)
Other Operating Expenses - Safety Net (\$202); Admin (\$243)	(475)
	<hr/>
Total Operating Expenses	(1,657)

Non-Operating Revenues & Expenses	(66)
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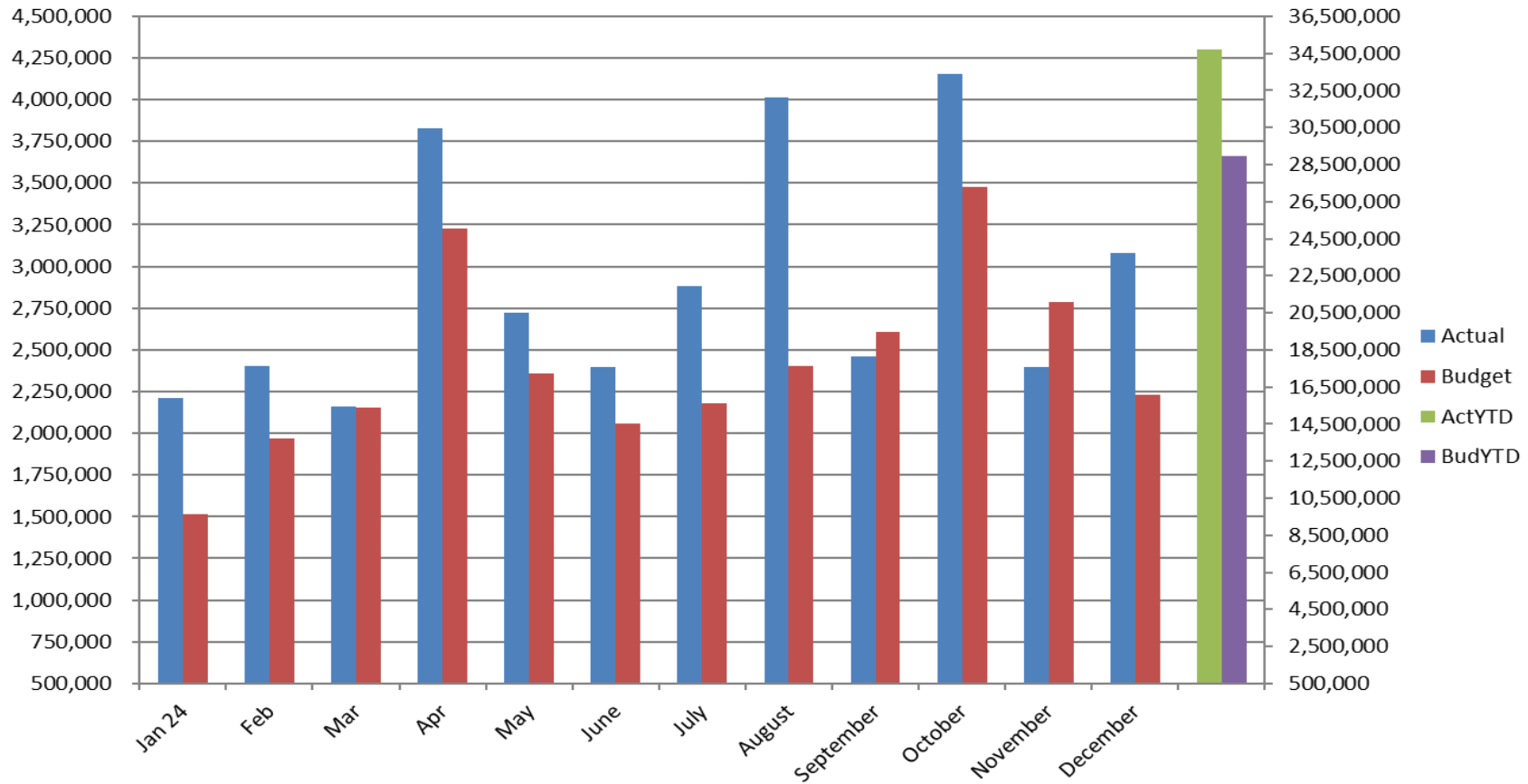
Actuals Better/(worse) than Budget	1,379
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	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	2,331,981	2,320,202	11,778	28,930,822	26,127,385	2,803,437	24,252,645
Grants, Contribs, Other Op Revenue	86,975	108,770	(21,795)	1,736,498	1,519,240	217,258	1,059,384
Tax Levies, unrestricted	<u>136,878</u>	<u>137,725</u>	<u>(847)</u>	<u>1,734,353</u>	<u>1,652,700</u>	<u>81,653</u>	<u>1,686,783</u>
Total Operating Revenue	2,555,834	2,566,697	(10,863)	32,401,674	29,299,325	3,102,349	26,998,813
Operating expenses							
Salaries & Benefits	1,828,668	1,707,715	(120,953)	20,393,482	20,264,940	(128,542)	18,108,261
Professional fees	232,086	106,566	(125,520)	2,161,401	1,362,219	(799,182)	2,238,346
Supplies	(172,575)	186,047	358,622	1,763,394	2,074,193	310,799	1,900,161
Purchased services	246,077	138,374	(107,703)	2,261,113	1,695,195	(565,918)	2,162,476
Depreciation	199,546	169,874	(29,672)	2,093,894	2,038,488	(55,406)	2,013,059
Other Operating Expenses	<u>254,619</u>	<u>191,075</u>	<u>(63,544)</u>	<u>2,880,541</u>	<u>2,461,321</u>	<u>(419,220)</u>	<u>2,296,914</u>
Total operating expenses	2,588,420	2,499,651	(88,769)	31,553,826	29,896,356	(1,657,470)	28,719,218
Operating gain / (loss)	(32,586)	67,046	(99,632)	847,848	(597,031)	1,444,879	(1,720,405)
Nonoperating revenues (expenses)							
Tax Levies, restricted	105,070	112,641	(7,571)	1,344,121	1,351,692	(7,571)	1,311,013
Interest expense on bonds	(23,324)	(25,328)	2,004	(301,922)	(303,936)	2,014	(324,682)
Other Non-Operating rev (exp)	<u>(64,692)</u>	<u>(989)</u>	<u>(63,703)</u>	<u>(71,829)</u>	<u>(11,868)</u>	<u>(59,961)</u>	<u>3,725</u>
Total nonoperating rev (exp), net	17,054	86,324	(69,270)	970,370	1,035,888	(65,518)	990,056
Net Income	(15,532)	153,370	(168,902)	1,818,218	438,857	1,379,361	(730,349)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending December 31, 2024

	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	4,204,543	3,442,453	762,090	42,745,355	38,619,827	4,125,528	36,303,045
less:							
Contractual Allowances	1,332,915	953,571	(379,344)	11,513,186	10,600,069	(913,117)	10,174,642
Reserve for Bad Debts	404,736	120,486	(284,250)	1,658,253	1,351,695	(306,558)	1,334,676
Reserve for Financial Assistance	134,912	48,194	(86,718)	643,095	540,678	(102,417)	541,082
Total Deductions from Revenue	1,872,563	1,122,251	(750,312)	13,814,533	12,492,442	(1,322,091)	12,050,400
Net Patient Revenue	2,331,981	2,320,202	11,778	28,930,822	26,127,385	2,803,437	24,252,645
Grants, Contributions	69,572	2,000	67,572	250,942	169,000	81,942	244,309
Other Operating Revenue	17,403	106,770	(89,367)	1,485,556	1,350,240	135,316	815,076
Tax Levies, unrestricted	136,878	137,725	(847)	1,734,353	1,652,700	81,653	1,686,783
Total Operating Revenue	2,555,834	2,566,697	(10,863)	32,401,674	29,299,325	3,102,349	26,998,813
Operating expenses							
Salaries and wages	1,485,392	1,410,970	(74,422)	16,870,753	16,606,577	(264,176)	14,868,567
Employee benefits	343,275	296,745	(46,530)	3,522,729	3,658,363	135,634	3,239,693
Professional fees	232,086	106,566	(125,520)	2,161,401	1,362,219	(799,182)	2,238,346
Supplies	(172,575)	186,047	358,622	1,763,394	2,074,193	310,799	1,900,161
Utilities	34,300	25,206	(9,094)	291,448	299,447	7,999	283,711
Repairs and maintenance	32,562	22,844	(9,718)	329,711	274,128	(55,583)	509,514
Purchased services	213,515	115,530	(97,985)	1,931,402	1,421,067	(510,335)	1,652,962
Continuing medical education	2,759	2,167	(592)	20,653	26,004	5,351	16,412
Other expenses	6,767	11,981	5,214	342,171	190,451	(151,720)	161,077
Dues and subscriptions	92,563	81,593	(10,970)	1,047,210	1,049,005	1,795	827,540
Travel / training / meetings	33,940	7,525	(26,415)	357,627	129,085	(228,542)	237,128
Leases and rentals	45,754	13,978	(31,776)	258,169	180,391	(77,778)	222,722
Depreciation	199,546	169,874	(29,672)	2,093,894	2,038,488	(55,406)	2,013,059
Licenses and taxes	15,632	25,103	9,471	302,982	306,016	3,034	278,457
Insurance	21,791	22,248	457	244,583	265,634	21,051	253,481
Interest	1,112	1,274	162	15,698	15,288	(410)	16,386
Total operating expenses	2,588,420	2,499,651	(88,769)	31,553,826	29,896,356	(1,657,470)	28,719,218
Operating gain / (loss)	(32,586)	67,046	(99,632)	847,848	(597,031)	1,444,879	(1,720,405)
Nonoperating revenues (expenses)							
Tax Levies, restricted	105,070	112,641	(7,571)	1,344,121	1,351,692	(7,571)	1,311,013
Interest expense on bond financing	(23,324)	(25,328)	2,004	(301,922)	(303,936)	2,014	(324,682)
Gain (loss) on disposal of equipment	(65,461)	-	(65,461)	(65,461)	-	(65,461)	10,413
Investment income	2,539	780	1,759	14,864	9,360	5,504	14,543
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(21,231)	(21,228)	(3)	(21,231)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	17,054	86,324	(69,270)	970,370	1,035,888	(65,518)	990,056
Net Income	(15,532)	153,370	(168,902)	1,818,218	438,857	1,379,361	(730,349)

Cascade Medical 2024 Cash Receipts



Cascade Medical
Statistics Summary - 2024

	YTD 2023						2024 Act	2024 Bud	Act/Bud	2024 Act	2024 Act	2024 Bud	2024 Bud	Act/Bud
	avg/mo	aug24	sep	oct	nov	dec	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	22	39	20	43	43	47	47	33	42.4%	408	34	289	24	41.2%
Swing Bed	68	41	88	45	69	39	39	101	-61.6%	729	61	1,137	95	-35.9%
Laboratory tests	3,033	3,254	3,399	3,377	3,049	3,815	3,815	2,735	39.5%	40,133	3,344	34,493	2,874	16.4%
Radiology exams	318	426	356	386	265	431	431	320	34.7%	4,344	362	3,879	323	12.0%
CT scans	133	176	160	156	133	163	163	130	25.4%	1,860	155	1,398	117	33.0%
ED visits	341	468	337	358	285	437	437	392	11.5%	4,382	365	4,069	339	7.7%
Ambulance runs	70	92	74	88	51	88	88	82	7.3%	863	72	865	72	-0.2%
Clinic visits	1,145	1,216	1,234	1,264	1,063	1,237	1,237	1,215	1.8%	14,496	1,208	15,000	1,250	-3.4%
Rehab procedures	2,230	2,338	2,318	2,413	2,094	1,917	1,917	2,328	-17.7%	25,729	2,144	30,336	2,528	-15.2%

Patient Statistics

	2023	2 0 2 4												2024
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Admits														
Acute Care	6.0	7	4	5	8	10	12	10	12	7	11	6	13	8.8
Short Stay	4.2	6	7	7	5	7	8	9	7	4	5	9	7	6.8
Swing Bed	4.8	4	1	6	6	2	3	4	4	8	2	6	5	4.3
Respite Care	0.6	2	1	-	-	-	-	2	-	-	-	1	2	0.7
Total Admits	15.5	19	13	18	19	19	23	25	23	19	18	22	27	20.4
Patient Days														
Acute Care	21.6	34	9	25	23	38	42	45	39	20	43	43	47	34.0
Short Stay	5.4	8.3	11.3	8.3	4.8	11.1	9.2	8.8	10.6	4.8	5.3	10.4	12.9	8.8
Swing Bed	68.4	70	38	84	102	75	29	49	41	88	45	69	39	60.8
Respite Care	6.3	7	6	-	-	-	-	9	-	-	-	5	8	2.9
Total Patient Days	101.7	119.3	64.3	117.3	129.8	124.1	80.2	111.8	90.6	112.8	93.3	127.4	106.9	106.5
Average Length of Stay	6.6	6.3	4.9	6.5	6.8	6.5	3.5	4.5	3.9	5.9	5.2	5.8	4.0	5.3
Average Patients per Day	3.3	3.8	2.2	3.8	4.3	4.0	2.7	3.6	2.9	3.8	3.0	4.2	3.4	3.5
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	3,033	3,427	2,847	3,114	3,377	3,389	3,519	3,566	3,254	3,399	3,377	3,049	3,815	3,344
Radiology (tests)	263	263	246	233	334	352	344	374	371	332	309	215	382	313
Mammography (tests)	39	36	38	37	38	35	18	36	41	20	60	28	35	35
Cardiac Diagnostics	91	87	80	95	85	133	128	132	127	133	111	96	136	112
CT (Scans)	133	144	131	129	138	173	177	180	176	160	156	133	163	155
DXA (Scans)	16	13	10	11	8	21	6	27	14	4	17	22	14	14
PT (services billed)	1,802	1,463	1,441	1,507	1,862	1,978	1,691	2,072	1,862	1,888	2,077	1,847	1,629	1,776
ER (visits/procedures)	341	325	262	287	327	385	421	490	468	337	358	285	437	365
Ambulance (runs)	70	64	47	73	44	66	87	89	92	74	88	51	88	72
Clinic (visits)	1,148	1,264	1,132	1,146	1,233	1,314	1,150	1,243	1,216	1,234	1,264	1,063	1,237	1,208
Occupational Therapy	370	302	246	320	251	462	153	353	405	334	221	187	252	291
Speech Therapy	59	70	62	66	59	61	33	55	60	59	52	10	4	49
Cardiac Rehab	-	7	12	15	35	40	24	9	11	37	63	50	32	28
Endoscopy Procedures	-	27	24	17	24	24	26	17	17	28	25	18	21	22
REVENUE COMPARISON														
	2023	2 0 2 4												2024
	YTD Mo Avg	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD Mo Avg
Acute Care	\$ 60,723	\$ 124,350	\$ 28,890	\$ 80,250	\$ 73,830	\$ 121,980	\$ 134,820	\$ 144,450	\$ 125,190	\$ 64,200	\$ 138,030	\$ 138,030	\$ 150,870	\$ 110,408
Short Stay	16,490	27,810	36,660	29,145	15,875	37,340	30,820	29,810	35,025	16,115	17,745	34,770	42,695	29,484
Respite Care	3,814	5,005	3,300	-	-	-	-	4,950	-	-	1,540	4,675	6,325	2,150
Swing Bed	165,428	190,780	98,230	217,140	263,670	193,875	74,965	126,665	105,985	227,480	116,325	178,365	100,815	157,858
Central Supply	28,419	46,843	20,703	20,645	37,524	42,262	38,128	43,430	37,797	26,985	35,783	31,692	40,503	35,191
Laboratory	355,807	448,711	343,301	383,678	399,112	391,498	409,357	413,910	385,054	411,522	405,859	367,584	482,061	403,471
Cardiac Diagnostics	29,656	22,436	24,588	29,132	27,721	40,176	40,238	37,466	34,350	36,090	32,197	28,860	43,003	33,021
CT	447,937	529,581	462,108	479,319	462,828	632,780	703,940	628,700	644,109	603,323	590,062	541,744	608,060	573,879
Radiology	135,593	140,411	131,027	132,687	178,723	210,109	189,286	229,994	227,637	187,136	197,028	147,399	221,815	182,771
Mammography	22,987	22,920	24,666	27,284	17,304	30,432	11,934	16,618	29,238	14,532	40,188	20,184	25,026	23,360
Pharmacy	140,524	164,563	105,684	129,592	156,409	200,553	150,876	157,085	120,329	163,625	183,600	107,135	111,313	145,897
Respiratory Therapy	-	90	-	269	-	-	-	358	179	716	895	-	-	228
Physical Therapy	193,336	162,891	164,573	167,178	143,098	297,086	210,615	240,604	209,279	217,691	234,838	211,676	195,126	204,554
Emergency Room	741,782	739,709	570,388	625,754	743,812	845,980	989,160	1,247,391	1,055,598	865,021	824,130	607,289	1,162,811	856,420
Ambulance	241,477	229,135	146,682	220,818	150,456	255,368	260,492	373,435	328,169	258,530	299,153	154,287	345,689	251,851
Clinic	311,383	400,468	367,968	319,558	328,510	408,211	393,139	424,269	334,025	372,458	490,257	345,027	521,982	392,156
Occupational Therapy	44,181	34,011	33,089	45,081	22,581	71,747	28,424	46,507	49,304	43,519	30,833	24,479	35,178	38,729
Outpatient Diagnostic Svcs	60,737	71,615	94,840	94,169	95,743	102,705	94,677	82,484	65,747	121,760	48,395	145,855	100,083	93,173
Speech/Contracted Svcs	19,586	24,359	21,522	23,619	15,337	30,539	13,827	19,110	20,962	20,722	18,828	3,813	1,695	17,861
Cardiac Rehab	-	1,575	2,475	3,600	7,875	9,000	5,400	2,025	2,475	8,325	13,500	11,925	7,200	6,281
Wound Care	-	-	-	-	-	-	-	-	-	885	-	-	-	80
Dietary/Contracted Svcs	-	6,856	5,265	8,729	7,212	8,513	1,434	-	(518)	-	-	-	2,297	3,316
Total Patient Revenue	\$ 3,019,861	\$ 3,394,117	\$ 2,685,959	\$ 3,037,644	\$ 3,147,618	\$ 3,930,151	\$ 3,781,529	\$ 4,269,259	\$ 3,809,933	\$ 3,660,633	\$ 3,719,184	\$ 3,104,786	\$ 4,204,543	\$ 3,562,113

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending December 31, 2024

	<u>Dec-24</u>	<u>2024 YTD</u>	<u>2023 YTD</u>
<i>Cash flows from operating activities</i>			
Receipts from and on behalf of patients	\$ 2,664,944	\$ 29,635,381	\$ 25,673,214
Other receipts	\$ 214,617	\$ 1,059,893	\$ 507,217
Payments to & on behalf of employees	\$ (1,442,326)	\$ (17,908,828)	\$ (15,751,568)
Payments to suppliers and contractors	\$ (909,751)	\$ (12,084,311)	\$ (11,168,229)
Net cash gained / (used) in operating activities	\$ 527,485	\$ 702,135	\$ (739,365)
<i>Cash flows from noncapital financing activities</i>			
Taxation for maintenance and operations, EMS	\$ 16,213	\$ 2,399,295	\$ 2,472,869
Noncapital grants and contributions	\$ -	\$ 82,856	\$ 308,428
Net cash provided by noncapital financing activities	\$ 16,213	\$ 2,482,151	\$ 2,781,297
<i>Cash flows from capital and related financing activities</i>			
Taxation for bond principal and interest	\$ 4,927	\$ 694,255	\$ 677,712
Purchase of capital assets	\$ (11,547)	\$ (1,204,378)	\$ (226,153)
Payments toward construction in progress	\$ (46,540)	\$ (442,293)	\$ (731,918)
Proceeds from disposal of capital assets	\$ -	\$ 30,000	\$ 4,500
Proceeds from long-term debt	\$ -	\$ -	\$ -
Principle & Interest paid on long-term debt	\$ (937,963)	\$ (1,089,925)	\$ (1,065,569)
Bond maintenance & issuance costs	\$ -	\$ (550)	\$ (550)
Capital grants and contributions	\$ 68,572	\$ 167,087	\$ 20,486
Net cash provided by capital and related financing activities	\$ (922,550)	\$ (1,845,804)	\$ (1,321,493)
<i>Cash flows from investing activities</i>			
Investment Income	\$ 112,500	\$ 668,097	\$ 598,500
Net increase (decrease) in cash and cash equivalents	\$ (266,353)	\$ 2,006,578	\$ 1,318,939
Cash and Cash equivalents, beginning of period	\$ 16,511,074	\$ 14,238,144	\$ 12,919,205
Cash and cash equivalents, end of period	\$ 16,244,722	\$ 16,244,722	\$ 14,238,144

Forecasted Statement of Cash Flows
Cascade Medical Center
For the year ending December 31, 2024

		<u>Actual</u> <u>1st Qtr</u>	<u>Actual</u> <u>2nd Qtr</u>	<u>Actual</u> <u>3rd Qtr</u>	<u>Actual</u> <u>October</u>	<u>Actual</u> <u>November</u>	<u>Actual</u> <u>December</u>	<u>Actual</u> <u>4th Qtr</u>	<u>Actual</u> <u>Year End 2024</u>	<u>Budget</u> <u>2024</u>
Cash balance, beginning of period	\$	14,238,144	\$ 13,783,098	\$ 14,023,100	\$ 16,146,984	\$ 17,034,162	\$ 16,511,074	\$ 16,146,984	\$ 14,238,144	\$ 15,474,072
Cash available for operating needs	\$	14,021,607	\$ 13,479,513	\$ 13,196,331	\$ 15,275,662	\$ 15,919,729	\$ 15,363,360	\$ 15,275,662	\$ 14,021,607	\$ 15,219,177
Cash restricted to debt service, other restricted funds	\$	216,537	\$ 303,585	\$ 826,769	\$ 871,321	\$ 1,114,433	\$ 1,147,714	\$ 871,321	\$ 216,537	\$ 254,895
<i>Cash flows from operating activities</i>										
Receipts from and on behalf of patients	\$	6,145,318	\$ 7,073,582	\$ 8,658,678	\$ 2,871,404	\$ 2,221,455	\$ 2,664,944	\$ 7,757,802	\$ 29,635,380	\$ 24,445,262
Grant receipts	\$	74,176	\$ 49,674	\$ 10,000	\$ 3,021	\$ -	\$ -	\$ 3,021	\$ 136,871	\$ 79,000
Other receipts	\$	187,045	\$ 115,919	\$ 381,218	\$ 137,401	\$ 23,693	\$ 214,617	\$ 375,711	\$ 1,059,893	\$ 794,340
Payments to or on behalf of employees	\$	(3,932,884)	\$ (4,793,421)	\$ (4,192,885)	\$ (2,130,342)	\$ (1,416,971)	\$ (1,442,325)	\$ (4,989,638)	\$ (17,908,828)	\$ (19,537,764)
Payments to suppliers and contractors	\$	(2,699,435)	\$ (3,131,698)	\$ (2,859,970)	\$ (1,079,679)	\$ (1,403,778)	\$ (909,750)	\$ (3,393,208)	\$ (12,084,311)	\$ (7,610,953)
Net cash provided by operating activities	\$	(225,780)	\$ (685,944)	\$ 1,997,041	\$ (198,196)	\$ (575,602)	\$ 527,486	\$ (246,312)	\$ 839,006	\$ (1,830,116)
<i>Cash flows from noncapital financing activities</i>										
Unencumbered M & O taxation	\$	-	\$ -	\$ -	\$ 231,410	\$ 32,407	\$ 4,469	\$ 268,286	\$ 268,286	\$ 271,769
Taxation for Emergency Medical Services	\$	113,004	\$ 865,909	\$ 51,999	\$ 609,035	\$ 84,957	\$ 11,743	\$ 705,735	\$ 1,736,646	\$ 1,652,698
Investment Income	\$	165,805	\$ 161,220	\$ 171,017	\$ 57,556	\$ -	\$ 112,500	\$ 170,056	\$ 668,097	\$ 552,360
Donations	\$	-	\$ -	\$ 44,499	\$ -	\$ -	\$ 68,572	\$ 68,572	\$ 113,071	\$ 90,000
Net cash provided by noncapital financing activities	\$	278,809	\$ 1,027,128	\$ 267,514	\$ 898,001	\$ 117,364	\$ 197,285	\$ 1,212,650	\$ 2,786,101	\$ 2,566,827
Proceeds from Long Term Debt	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$	(595,122)	\$ (624,367)	\$ (185,224)	\$ (55,739)	\$ (98,131)	\$ (58,087)	\$ (211,957)	\$ (1,616,670)	\$ (1,180,056)
Increase/(decrease) in cash available for operations	\$	(542,094)	\$ (283,183)	\$ 2,079,332	\$ 644,067	\$ (556,370)	\$ 666,684	\$ 754,381	\$ 2,008,436	\$ (443,345)
Cash available for operating needs	\$	13,479,513	\$ 13,196,331	\$ 15,275,662	\$ 15,919,729	\$ 15,363,360	\$ 16,030,043	\$ 16,030,043	\$ 16,030,043	\$ 14,775,832
Taxation for bond prin & int (incl encumbrd M&O)	\$	87,048	\$ 675,147	\$ 45,102	\$ 243,112	\$ 33,281	\$ 4,927	\$ 281,320	\$ 1,088,618	\$ 1,079,927
Principle & Interest paid on long-term debt			\$ (151,963)	\$ (550)			\$ (937,963)	\$ (937,963)	\$ (1,090,476)	\$ (1,089,926)
Restricted grants and contributions	\$	-	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
Increase/(decrease) in restricted cash	\$	87,048	\$ 523,184	\$ 44,552	\$ 243,112	\$ 33,281	\$ (933,036)	\$ (656,643)	\$ (1,858)	\$ (9,999)
Cash restricted to debt service, other restricted funds	\$	303,585	\$ 826,769	\$ 871,321	\$ 1,114,433	\$ 1,147,714	\$ 214,679	\$ 214,679	\$ 214,679	\$ 244,896
Cash balance, end of period	\$	13,783,098	\$ 14,023,100	\$ 16,146,984	\$ 17,034,162	\$ 16,511,074	\$ 16,244,722	\$ 16,244,722	\$ 16,244,722	\$ 15,020,728

CASCADE MEDICAL CENTER
EMERGENCY MEDICAL SERVICES - DECEMBER, 2024

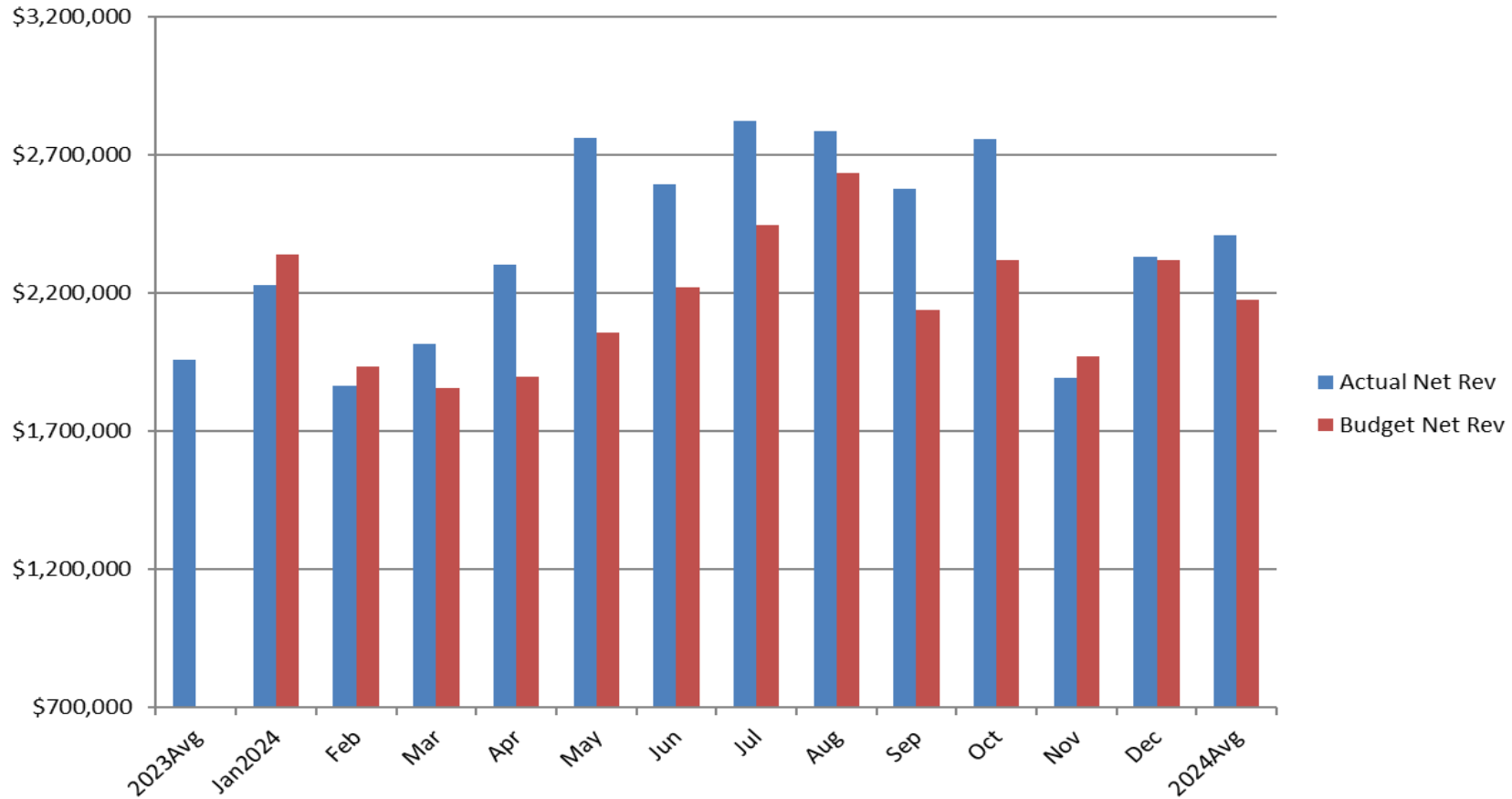
REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	12/31/2024	12/31/2024 YTD	12/31/2024	12/31/2024 YTD	12/31/2024	12/31/2024 YTD	12/31/2023 YTD
PATIENT REVENUE	1,162,811	10,277,040	345,689	3,022,212	\$1,508,500	\$13,299,252	\$11,799,124
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$676,523	\$5,979,182	\$185,186	\$1,618,999	\$861,709	\$7,598,181	\$7,078,003
NET PATIENT REVENUE	\$486,287	\$4,297,858	\$160,503	\$1,403,213	\$646,791	\$5,701,072	\$4,721,121
OTHER OPERATING REVENUE	\$0	\$0	-	43,198	\$0	\$43,198	(\$223)
TOTAL OPERATING REVENUE	\$486,287	\$4,297,858	\$160,503	\$1,446,411	\$646,791	\$5,744,270	\$4,720,897
OPERATING EXPENSES							
SALARIES AND WAGES	229,407	2,415,720	159,106	1,667,922	\$388,513	\$4,083,642	\$3,304,983
EMPLOYEE BENEFITS	28,846	331,313	36,587	381,343	\$65,433	\$712,655	\$592,227
PROFESSIONAL FEES	-	124,647	-	5,550	\$0	\$130,197	\$308,374
SUPPLIES	7,989	87,748	14,942	111,300	\$22,931	\$199,046	\$182,316
FUEL	-	-	1,628	21,948	\$1,628	\$21,948	\$25,151
REPAIRS AND MAINT.	-	150	11,036	48,559	\$11,036	\$48,709	\$49,722
PURCHASED SERVICES	3,993	40,451	15,316	190,610	\$19,309	\$231,061	\$232,784
CONTINUING MEDICAL EDUCATION	3,815	20,878	4,903	36,351	\$8,717	\$57,229	\$31,209
DUES	1,034	16,609	603	20,169	\$1,637	\$36,778	\$29,505
OTHER EXPENSES	280	3,643	979	50,322	\$1,259	\$53,966	\$24,956
LEASES / RENTALS	221	2,731	2,420	39,806	\$2,641	\$42,537	\$39,486
DEPRECIATION	4,522	54,261	17,597	211,159	\$22,118	\$265,420	\$269,305
TAXES AND LICENSES	-	530	839	1,423	\$839	\$1,953	\$1,451
INSURANCE	1,079	12,942	4,455	53,462	\$5,534	\$66,404	\$64,219
OVERHEAD COSTS	217,366	2,285,993	99,172	1,042,976	\$316,538	\$3,328,969	\$3,538,197
TOTAL OPERATING EXPENSES	\$498,551	\$5,397,615	\$369,582	\$3,882,899	\$868,133	\$9,280,513	\$8,693,885
MARGIN ON OPERATIONS	(\$12,263)	(\$1,099,758)	(\$209,079)	(\$2,436,488)	(\$221,343)	(\$3,536,243)	(\$3,972,988)
TAX REVENUE					\$136,878	\$1,734,353	\$1,686,783
NET MARGIN WITH TAX REVENUE					(\$84,464)	(\$1,801,889)	(\$2,286,205)
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	437	4,382	88	863			
Total Ambulance Runs (includes unbillable runs)			144	1,280			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2023	385	4,086	78	838			
Total Ambulance Runs (includes unbillable runs)			121	1,213			

**Cascade Medical Center
Balance Sheet**

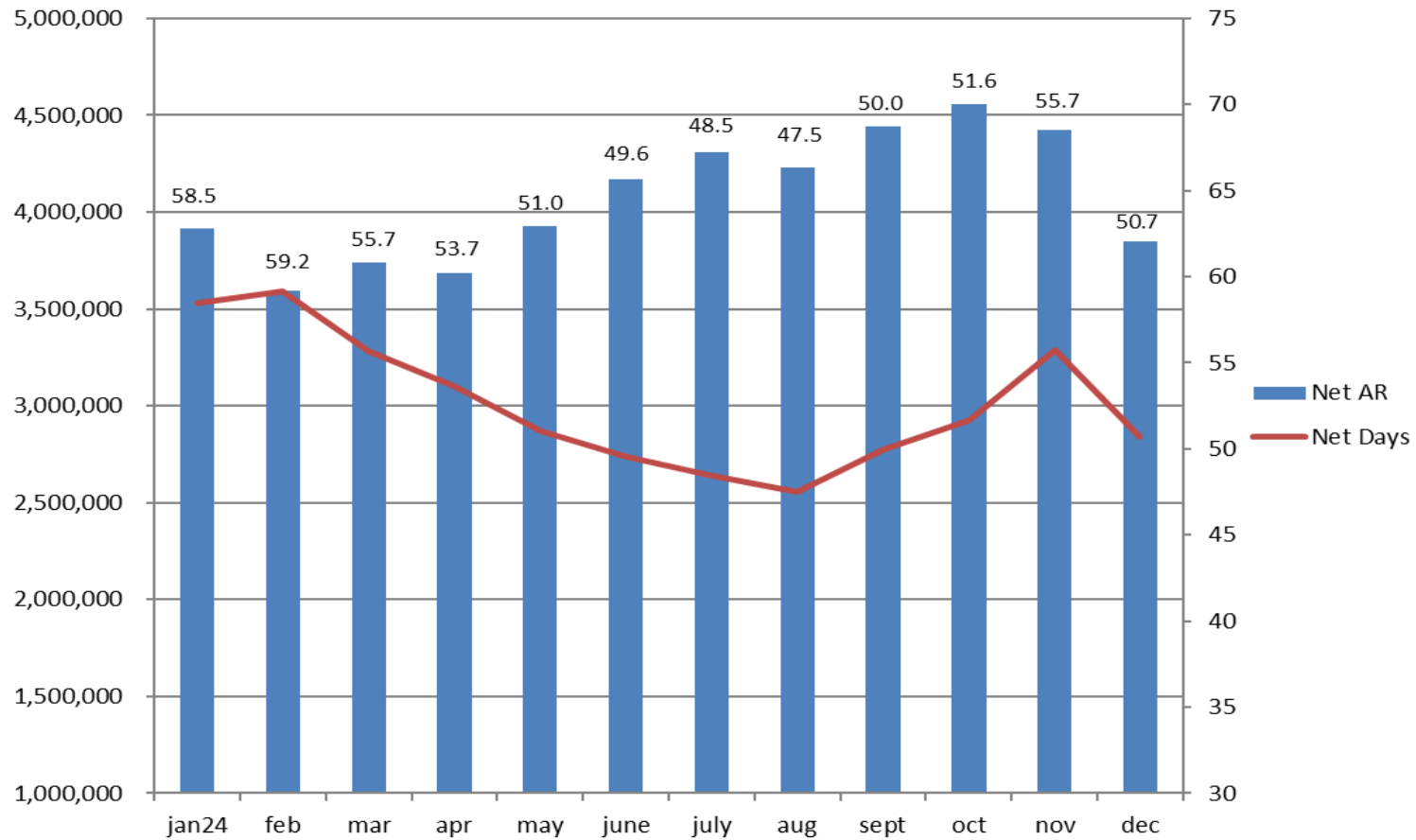
As of December 31, 2024 and December 31, 2023

	Dec 2024	Dec 2023		Dec 2024	Dec 2023
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	961,831	925,852	Accounts Payable	346,650	636,707
Savings Account	14,144,282	11,886,669	Accrued Payroll	665,443	457,506
Patient Account Receivable	8,085,162	6,490,775	Refunds Payable	-	1,285
less: Reserves for Contractual Allowances	(4,235,840)	(2,859,845)	Accrued PTO	984,137	854,110
Inventories and Prepaid Expenses	319,451	270,696	Payroll Taxes & Benefits Payable	84,261	83,616
Taxes Receivable - M&O Levy	11,990	11,199	Accrued Interest Payable	23,324	25,327
- EMS Levy	31,939	31,211	Current Long Term Debt	850,286	793,670
Other Assets	532,789	1,064,683	Current OPEB Liability	942,361	996,196
Total Current Assets	19,851,605	17,821,239	Short Term Lease	36,493	36,493
			ST Subscriptions	46,906	46,906
Assets Limited as to Use			Settlement Payable	737,742	741,000
Cash and Cash Equivalents			Total Current Liabilities	4,717,603	4,672,815
Funded Depreciation	681,259	964,217			
CVB Memorial Fund	1,275	1,274	Long Term Liabilities		
UTGO Bond Payable Fund	76,126	75,373	Notes Payable	191,323	199,824
LTGO Bond Payable Fund	47,292	2,004	Covid SHIP Funding	-	-
Investment Memorial Fund	138,023	131,019	PPP Note Payable	-	-
Settlement Account	180,769	171,595	CARES Act Funds Reserve	-	-
Paycheck Protection Loan Proceeds	-	-	UTGO Bond Payable	3,848,000	4,460,000
Cash - EMS	68,794	82,148	LTGO Bond Payable	3,985,000	4,215,000
	1,193,538	1,427,630	Deferred Revenue/Bond Premium	77,880	83,493
Taxes Receivable - Construction Bond Levy	12,315	11,246	Long Term OPEB/Pension Liability	2,651,452	2,651,452
Total Assets Limited as to Use	1,205,853	1,438,875	Long Term ROU Leases	5,359	5,359
			Long Term Subscriptions	13,039	13,039
Property, Plant and Equipment			Total Long Term Liabilities	10,772,052	11,628,165
Land	522,015	522,015	Total Liabilities	15,489,654	16,300,980
Land Improvements	1,420,326	1,420,326			
Buildings & Improvements	10,709,788	10,502,549	Fund Balance - Prior Years	13,979,478	13,979,478
Fixed Equip - Hospital	9,676,405	8,946,455	Fund Balance - Current Year	1,818,218	-
Major Movable Equipment Hospital	8,820,605	7,975,703	Total Fund Balance	15,797,696	13,979,478
Construction in Progress	18,446	760,146			
Total Property, Plant and Equipment	31,167,585	30,127,194			
Less: Accumulated Depreciation	(22,833,480)	(21,023,868)			
	8,334,105	9,103,326			
ROU Leases					
ROU Leases	243,095	243,095			
Less Accumulated Amortization	(120,495)	(120,495)			
	122,600	122,600			
Other Assets					
Long Term Pension Assets	591,878	591,878			
Deferred OPEB/Pension Costs	901,308	901,308			
Deferred Bond Costs	280,002	301,233			
TOTAL ASSETS	31,287,351	30,280,459	TOTAL LIABILITIES & FUND BALANCE	31,287,351	30,280,459

Cascade Medical 2024 Net Patient Revenue, Actual vs. Budget



Days in Net Accounts Receivable



Cascade Medical
Accounts Receivable Trending Report - 2024

Total Facility	Dec 2021	Dec 2022	Dec 2023	Jul24	Aug	Sept	Oct	Nov	Dec
0 - 30 days	2,437,008	2,660,733	2,851,120						3,276,645
31-60 days	863,160	545,432	839,394						668,472
61-90 days	332,252	349,290	451,019						594,276
91-180 days	991,256	1,129,065	1,005,422						1,383,758
over 180 days	1,016,613	1,360,992	1,343,819						2,162,011
Total Balance	5,640,289	6,045,511	6,490,775	7,556,174	7,424,893	7,796,748	7,994,910	8,046,943	8,085,162
Credit bals as % of AR	2.5%	6.8%							
% >90 w/o installs	33.6%	41.2%							

Accompanying Notes for the January 2025 Financial Statements

January Financial Statements –Current Month Summary

We show a negative net margin for January of (\$267,000) which is below budget by (\$300,000). Gross revenue is notably under budget, but not concerning. We typically have revenues that spill into subsequent months for service dates in the current month but left our revenue cycle open a bit longer in December to capture revenue in the appropriate year. Likewise, we try to pull in all 2024 expenses in December so may see lighter expenses in January due to timing differences.

Revenue and Expense Variances

1. Dues & Subscription for January are over budget by (\$47,000). This includes our annual dues of \$40,000 to The Rural Collaborative that will need to be reallocated in February as these dues should be expensed throughout the year.
2. Professional Fees are under budget by \$35,000 and will balance out in subsequent months.

Patient Statistics

Our Emergency Department and Ambulance were busy in January. Lower than anticipated volumes were seen by CT, Clinic, and in Acute Care.

Cash Receipts and Balances

Cash collections were lower than budgeted in January while cash reserves continue to be higher than projected by \$452,000.

Accounts Receivable

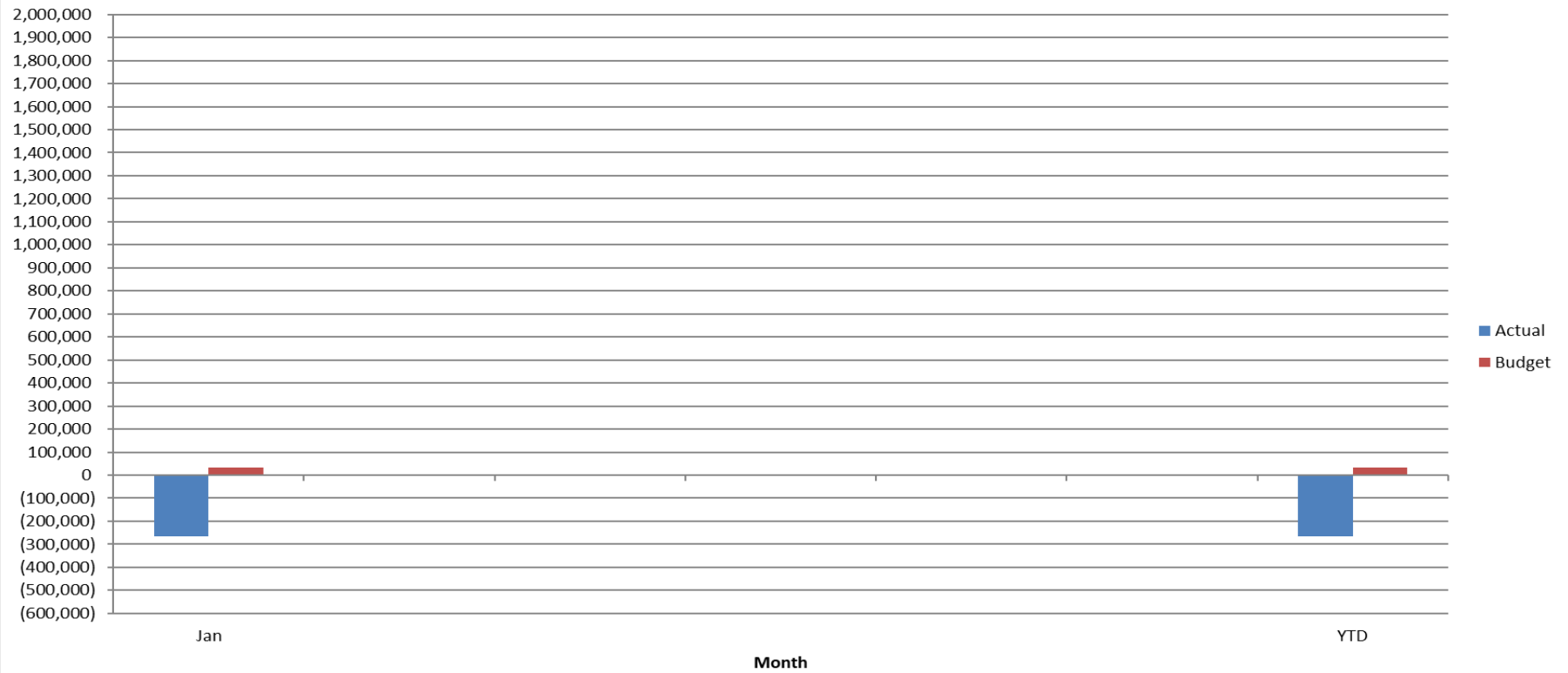
While Days in Net Accounts Receivable grew again in January, we are continuing to give focused attention to collection of patient balances and did see higher than average cash collections on patient account balances in December and January.

Final comments and Upcoming

In January we continued to work with Agile Consulting to review our B & O and Sales & Use Tax payments for the years 2020-2024 and expect that work to wrap up in late March. We anticipate being able to book a receivable for overpaid taxes as an adjustment to our 2024 financials. This work, undertaken by several members of The Rural Collaborative, will result in changes to our tax calculations going forward after training is provided to participating members. Revenue Cycle has been working with HealthNET consulting on workflow optimizations with one implementation completed in January, with more to come as we continue working with them.

Cascade Medical

Net Surplus/(Deficit) - 2025



Cascade Medical Center
Financial Performance Summary
Year-to-Date - January, 2025

000's omitted

	YTD Jan
<hr/>	
Net Margin	
Actual	(267)
Budget	33
	<hr/>
Better (Worse) than Budget	(300)
 Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - Rx (\$60); CT (\$75); Acute (\$85); Clinic (\$191)	(523)
Contractual Allowances	267
	<hr/>
Net Patient Revenue	(256)
 Other Operating Revenue - Safety Net (\$118); 340B (\$34)	<hr/>
Total Operating Revenue	(157)
	<hr/>
Total Operating Revenue	(413)
 Expenses	
Salaries & Benefits	20
Prof. Fees - Admin \$31; ClinProv \$13; HR \$10	52
Supplies	29
Purchased Services/Repairs - Bus Off \$19; Rad \$16; Lab \$12	51
Other Operating Expenses	(37)
	<hr/>
Total Operating Expenses	114
 Non-Operating Revenues & Expenses	(1)
 Actuals Better/(worse) than Budget	(300)

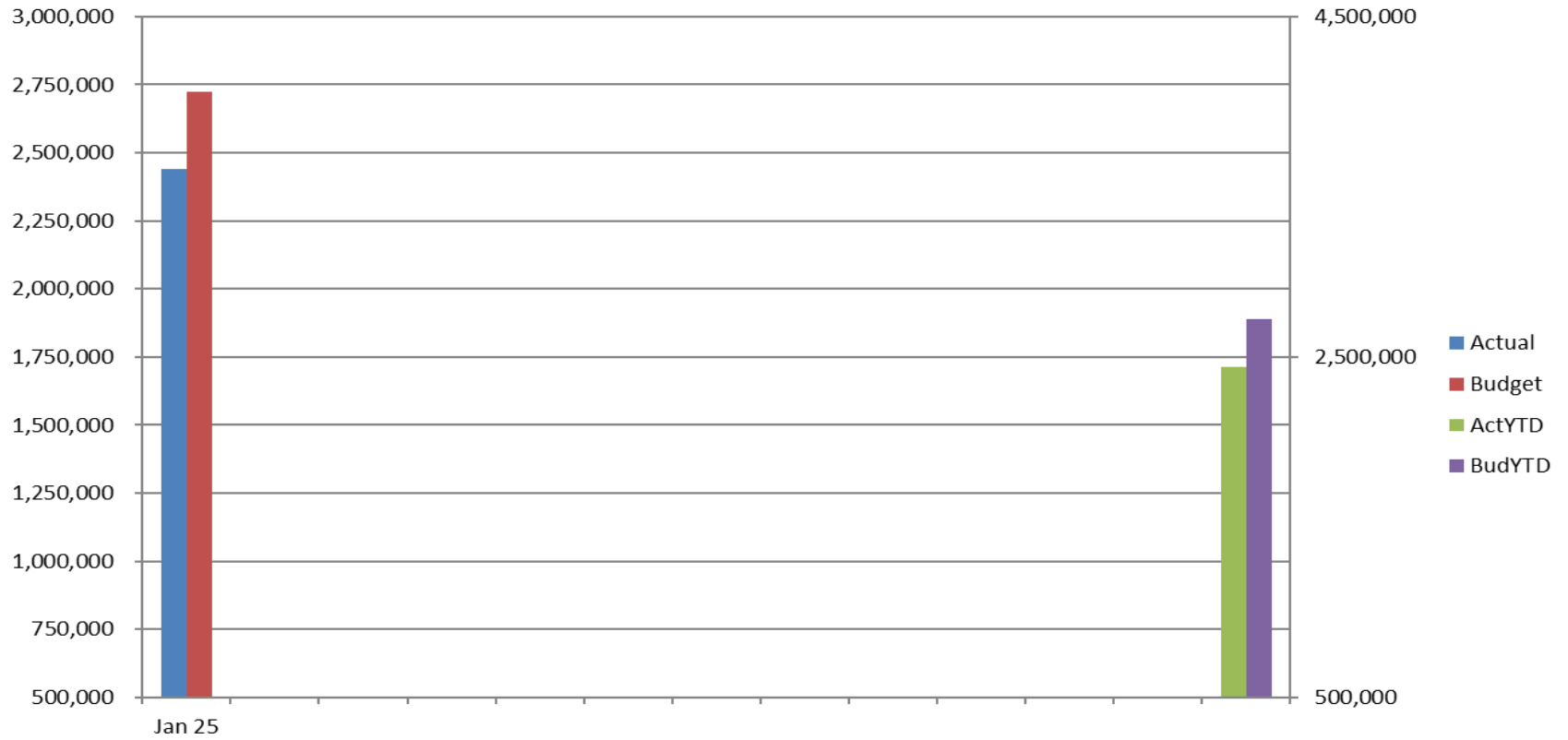
Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending January 31, 2025

	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	2,193,561	2,449,902	(256,341)	2,193,561	2,449,902	(256,341)	2,228,918
Grants, Contribs, Other Op Revenue	67,704	224,695	(156,991)	67,704	224,695	(156,991)	131,606
Tax Levies, unrestricted	<u>146,762</u>	<u>146,762</u>	<u>-</u>	<u>146,762</u>	<u>146,762</u>	<u>-</u>	<u>137,725</u>
Total Operating Revenue	2,408,027	2,821,359	(413,332)	2,408,027	2,821,359	(413,332)	2,498,249
Operating expenses							
Salaries & Benefits	1,869,047	1,888,552	19,505	1,869,047	1,888,552	19,505	1,696,131
Professional fees	121,829	174,182	52,353	121,829	174,182	52,353	117,929
Supplies	174,492	203,099	28,608	174,492	203,099	28,608	203,709
Purchased services	151,561	202,357	50,796	151,561	202,357	50,796	148,396
Depreciation	184,321	167,320	(17,001)	184,321	167,320	(17,001)	162,874
Other Operating Expenses	<u>262,640</u>	<u>242,262</u>	<u>(20,378)</u>	<u>262,640</u>	<u>242,262</u>	<u>(20,378)</u>	<u>160,204</u>
Total operating expenses	2,763,890	2,877,772	113,883	2,763,890	2,877,772	113,883	2,489,243
Operating gain / (loss)	(355,862)	(56,413)	(299,449)	(355,862)	(56,413)	(299,449)	9,005
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	113,918	113,918	-	112,641
Interest expense on bonds	(23,324)	(23,324)	(0)	(23,324)	(23,324)	(0)	(25,327)
Other Non-Operating rev (exp)	<u>(1,501)</u>	<u>(939)</u>	<u>(562)</u>	<u>(1,501)</u>	<u>(939)</u>	<u>(562)</u>	<u>(1,424)</u>
Total nonoperating rev (exp), net	89,093	89,655	(562)	89,093	89,655	(562)	85,890
Net Income	(266,769)	33,242	(300,011)	(266,769)	33,242	(300,011)	94,895

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending January 31, 2025

	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	3,155,306	3,678,744	(523,438)	3,155,306	3,678,744	(523,438)	3,394,117
less:							
Contractual Allowances	826,518	1,037,547	211,029	826,518	1,037,547	211,029	998,141
Reserve for Bad Debts	90,152	136,114	45,962	90,152	136,114	45,962	118,868
Reserve for Financial Assistance	45,076	55,181	10,105	45,076	55,181	10,105	48,190
Total Deductions from Revenue	961,745	1,228,842	267,097	961,745	1,228,842	267,097	1,165,199
Net Patient Revenue	2,193,561	2,449,902	(256,341)	2,193,561	2,449,902	(256,341)	2,228,918
Grants, Contributions	-	2,000	(2,000)	-	2,000	(2,000)	51,791
Other Operating Revenue	67,704	222,695	(154,991)	67,704	222,695	(154,991)	79,815
Tax Levies, unrestricted	146,762	146,762	-	146,762	146,762	-	137,725
Total Operating Revenue	2,408,027	2,821,359	(413,332)	2,408,027	2,821,359	(413,332)	2,498,249
Operating expenses							
Salaries and wages	1,514,304	1,553,922	39,618	1,514,304	1,553,922	39,618	1,320,415
Employee benefits	354,743	334,630	(20,113)	354,743	334,630	(20,113)	375,716
Professional fees	121,829	174,182	52,353	121,829	174,182	52,353	117,929
Supplies	174,492	203,099	28,608	174,492	203,099	28,608	203,709
Utilities	16,742	25,927	9,185	16,742	25,927	9,185	16,350
Repairs and maintenance	12,156	28,329	16,174	12,156	28,329	16,174	17,036
Purchased services	139,406	174,028	34,622	139,406	174,028	34,622	131,360
Continuing medical education	2,247	2,488	241	2,247	2,488	241	-
Other expenses	8,712	27,279	18,567	8,712	27,279	18,567	3,457
Dues and subscriptions	138,195	90,916	(47,279)	138,195	90,916	(47,279)	80,172
Travel / training / meetings	38,362	14,761	(23,601)	38,362	14,761	(23,601)	12,316
Leases and rentals	7,789	17,134	9,345	7,789	17,134	9,345	9,254
Depreciation	184,321	167,320	(17,001)	184,321	167,320	(17,001)	162,874
Licenses and taxes	27,477	40,445	12,968	27,477	40,445	12,968	24,653
Insurance	21,791	22,093	302	21,791	22,093	302	12,676
Interest	1,326	1,219	(107)	1,326	1,219	(107)	1,326
Total operating expenses	2,763,890	2,877,772	113,883	2,763,890	2,877,772	113,883	2,489,243
Operating gain / (loss)	(355,862)	(56,413)	(299,449)	(355,862)	(56,413)	(299,449)	9,005
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	113,918	113,918	-	112,641
Interest expense on bond financing	(23,324)	(23,324)	(0)	(23,324)	(23,324)	(0)	(25,327)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	-
Investment income	269	830	(561)	269	830	(561)	346
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(1,769)	(1,769)	(0)	(1,769)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	89,093	89,655	(562)	89,093	89,655	(562)	85,890
Net Income	(266,769)	33,242	(300,011)	(266,769)	33,242	(300,011)	94,896

Cascade Medical 2025 Cash Receipts



Cascade Medical
Statistics Summary - 2025

	YTD 2024 avg/mo	jan25	2025 Act mo	2025 Bud mo	Act/Bud % var	2025 Act YTD Tot	2025 Act avg/mo	2025 Bud YTD Tot	2025 Bud avg/mo	Act/Bud % var
Acute Care	34	16	16	35	-54.9%	16	16	35	35	-54.9%
Swing Bed	70	77	77	73	5.5%	77	77	73	73	5.5%
Laboratory tests	3,427	3,192	3,192	3,381	-5.6%	3,192	3,192	3,381	3,381	-5.6%
Radiology exams	312	379	379	363	4.4%	379	379	363	363	4.4%
CT scans	144	128	128	148	-13.5%	128	128	148	148	-13.5%
ED visits	325	384	384	332	15.7%	384	384	332	332	15.7%
Ambulance runs	64	72	72	68	5.9%	72	72	68	68	5.9%
Clinic visits	1,264	1,244	1,244	1,379	-9.8%	1,244	1,244	1,379	1,379	-9.8%
Rehab procedures	1,842	2,365	2,365	2,356	0.4%	2,365	2,365	2,356	2,356	0.4%

[illegible]

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending January 31, 2025

	<u>Jan-25</u>	<u>2025 YTD</u>	<u>2024 YTD</u>
<i>Cash flows from operating activities</i>			
Receipts from and on behalf of patients	\$ 2,310,872	\$ 2,310,872	\$ 2,032,625
Other receipts	\$ 66,628	\$ 66,628	\$ 64,149
Payments to & on behalf of employees	\$ (1,516,516)	\$ (1,516,516)	\$ (1,335,784)
Payments to suppliers and contractors	\$ (939,406)	\$ (939,406)	\$ (808,208)
Net cash gained / (used) in operating activities	\$ (78,422)	\$ (78,422)	\$ (47,217)
<i>Cash flows from noncapital financing activities</i>			
Taxation for maintenance and operations, EMS	\$ 4,860	\$ 4,860	\$ 2,739
Noncapital grants and contributions	\$ -	\$ -	\$ -
Net cash provided by noncapital financing activities	\$ 4,860	\$ 4,860	\$ 2,739
<i>Cash flows from capital and related financing activities</i>			
Taxation for bond principal and interest	\$ 1,593	\$ 1,593	\$ 930
Purchase of capital assets	\$ (122,779)	\$ (122,779)	\$ (217,773)
Payments toward construction in progress	\$ -	\$ -	\$ (92,267)
Proceeds from disposal of capital assets	\$ -	\$ -	\$ -
Proceeds from long-term debt	\$ -	\$ -	\$ -
Principle & Interest paid on long-term debt	\$ -	\$ -	\$ -
Bond maintenance & issuance costs	\$ -	\$ -	\$ -
Capital grants and contributions	\$ -	\$ -	\$ 51,791
Net cash provided by capital and related financing activities	\$ (121,186)	\$ (121,186)	\$ (257,319)
<i>Cash flows from investing activities</i>			
Investment Income	\$ 55,211	\$ 55,211	\$ 57,363
Net increase (decrease) in cash and cash equivalents	\$ (139,536)	\$ (139,536)	\$ (244,434)
Cash and Cash equivalents, beginning of period	\$ 16,244,722	\$ 16,244,722	\$ 14,238,144
Cash and cash equivalents, end of period	<u>\$ 16,105,185</u>	<u>\$ 16,105,185</u>	<u>\$ 13,993,710</u>

Forecasted Statement of Cash Flows
Cascade Medical Center
For the year ending December 31, 2025

		<u>Actual</u> <u>January</u>	<u>Forecast</u> <u>February</u>	<u>Forecast</u> <u>March</u>	<u>Forecast</u> <u>1st Qtr</u>	<u>Forecast</u> <u>2nd Qtr</u>	<u>Forecast</u> <u>3rd Qtr</u>	<u>Forecast</u> <u>4th Qtr</u>	<u>Actual/Forecast</u> <u>Year End 2025</u>	<u>Budget</u> <u>2025</u>
Cash balance, beginning of period	\$	16,244,722	\$ 16,105,186	\$ 16,134,571	\$ 16,244,722	\$ 16,112,337	\$ 16,829,631	\$ 16,742,080	\$ 16,244,722	\$ 16,377,421
Cash available for operating needs	\$	16,030,043	\$ 15,887,577	\$ 15,886,678	\$ 16,030,043	\$ 15,775,854	\$ 15,998,998	\$ 15,874,803	\$ 16,030,043	16,149,621
Cash restricted to debt service, other restricted funds	\$	214,679	\$ 217,609	\$ 247,893	\$ 214,679	\$ 336,483	\$ 830,633	\$ 867,277	\$ 214,679	227,800
<i>Cash flows from operating activities</i>										
Receipts from and on behalf of patients	\$	2,310,872	\$ 2,401,137	\$ 2,257,740	\$ 6,969,749	\$ 6,703,307	\$ 7,804,657	\$ 7,594,992	\$ 29,072,704	\$ 29,250,631
Grant receipts	\$	-	\$ 2,000	\$ 37,000	\$ 39,000	\$ 26,000	\$ 6,000	\$ 6,000	\$ 77,000	\$ 79,000
Other receipts	\$	66,628	\$ 64,460	\$ 68,460	\$ 199,548	\$ 281,380	\$ 266,380	\$ 281,380	\$ 1,028,688	\$ 1,134,520
Payments to or on behalf of employees	\$	(1,516,516)	\$ (1,717,272)	\$ (1,649,954)	\$ (4,883,742)	\$ (5,013,957)	\$ (5,809,591)	\$ (4,958,632)	\$ (20,665,922)	\$ (21,688,558)
Payments to suppliers and contractors	\$	(939,406)	\$ (749,493)	\$ (897,455)	\$ (2,586,354)	\$ (2,468,260)	\$ (2,317,610)	\$ (2,325,213)	\$ (9,697,437)	\$ (9,574,652)
Net cash provided by operating activities	\$	(78,422)	\$ 832	\$ (184,209)	\$ (261,799)	\$ (471,530)	\$ (50,165)	\$ 598,527	\$ (184,967)	\$ (799,059)
<i>Cash flows from noncapital financing activities</i>										
Unencumbered M & O taxation	\$	-	\$ -	\$ -	\$ -	\$ -	\$ 436	\$ 281,706	\$ 282,142	\$ 282,142
Taxation for Emergency Medical Services	\$	3,523	\$ 39,015	\$ 114,131	\$ 156,669	\$ 816,912	\$ 47,772	\$ 737,725	\$ 1,759,078	\$ 1,761,145
Investment Income	\$	55,211	\$ 49,990	\$ 49,990	\$ 155,191	\$ 149,970	\$ 149,970	\$ 149,970	\$ 605,101	\$ 599,880
Donations	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,000	\$ 90,000	\$ 90,000
Net cash provided by noncapital financing activities	\$	58,735	\$ 89,005	\$ 164,121	\$ 311,861	\$ 966,882	\$ 198,178	\$ 1,259,401	\$ 2,736,322	\$ 2,733,167
Proceeds from Long Term Debt				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$	(122,779)	\$ (90,736)	\$ (90,736)	\$ (304,251)	\$ (272,208)	\$ (272,208)	\$ (272,205)	\$ (1,120,872)	\$ (1,088,829)
Increase/(decrease) in cash available for operations	\$	(142,467)	\$ (899)	\$ (110,824)	\$ (254,190)	\$ 223,144	\$ (124,195)	\$ 1,585,723	\$ 1,430,483	\$ 845,279
Cash available for operating needs	\$	15,887,577	\$ 15,886,678	\$ 15,775,854	\$ 15,775,854	\$ 15,998,998	\$ 15,874,803	\$ 17,460,526	\$ 17,460,526	\$ 16,994,900
Taxation for bond prin & int (incl encumbr M&O)	\$	2,931	\$ 30,284	\$ 88,590	\$ 121,805	\$ 634,095	\$ 36,644	\$ 290,923	\$ 1,083,467	\$ 1,084,874
Principle & Interest paid on long-term debt						\$ (139,945)	\$ -	\$ (981,945)	\$ (1,121,890)	\$ (1,121,890)
Restricted grants and contributions				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$	2,931	\$ 30,284	\$ 88,590	\$ 121,805	\$ 494,150	\$ 36,644	\$ (691,022)	\$ (38,423)	\$ (37,016)
Cash restricted to debt service, other restricted funds	\$	217,609	\$ 247,893	\$ 336,483	\$ 336,483	\$ 830,633	\$ 867,277	\$ 176,255	\$ 176,255	\$ 190,784
Cash balance, end of period	\$	16,105,186	\$ 16,134,571	\$ 16,112,337	\$ 16,112,337	\$ 16,829,631	\$ 16,742,080	\$ 17,636,781	\$ 17,636,781	\$ 17,185,684

CASCADE MEDICAL CENTER
EMERGENCY MEDICAL SERVICES - JANUARY, 2025

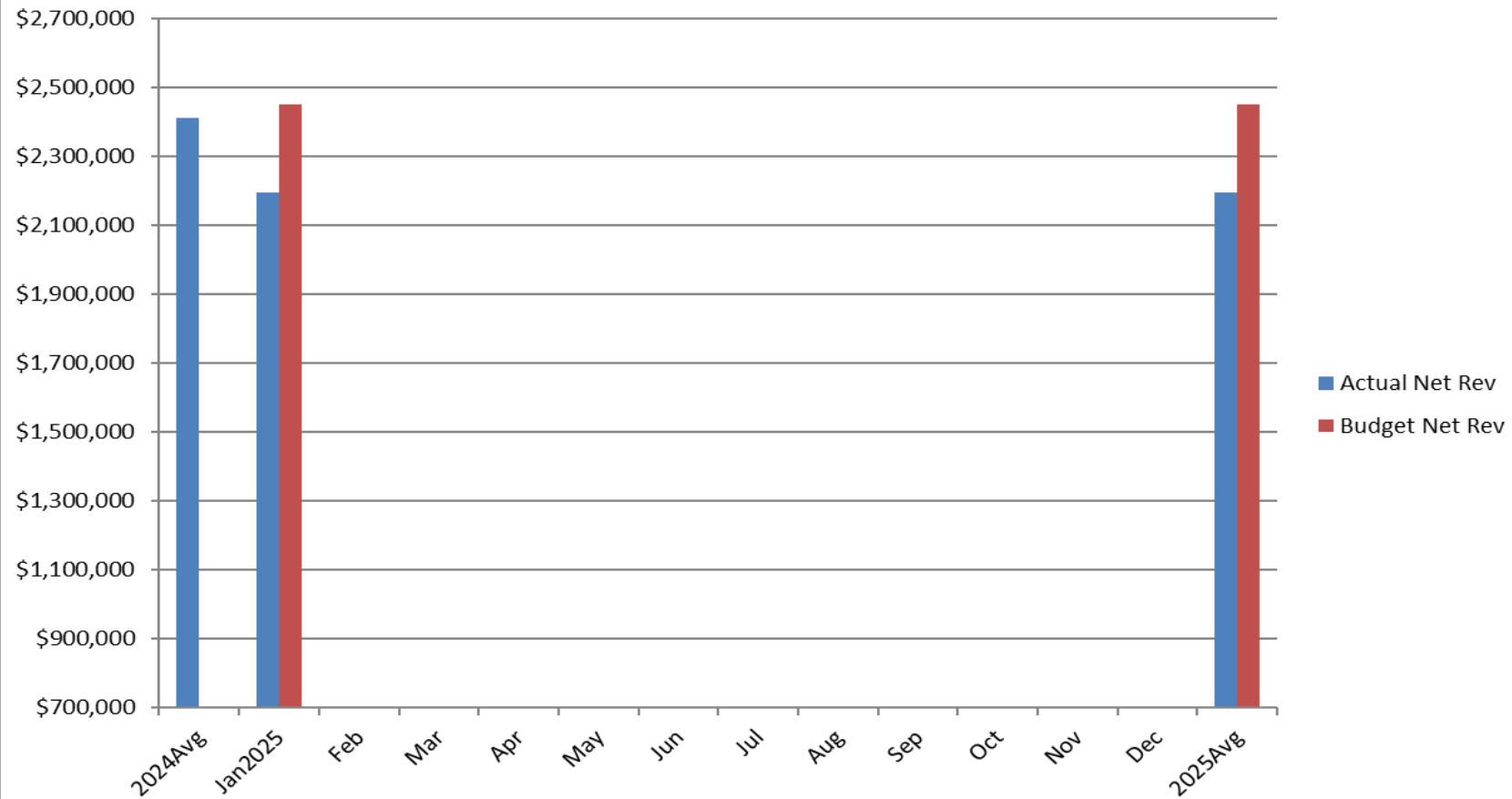
REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	1/31/2025	1/31/2025 YTD	1/31/2025	1/31/2025 YTD	1/31/2025	1/31/2025 YTD	1/31/2024 YTD
PATIENT REVENUE	786,626	786,626	217,830	217,830	\$1,004,456	\$1,004,456	\$968,844
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$457,659	\$457,659	\$116,692	\$116,692	\$574,350	\$574,350	\$580,537
NET PATIENT REVENUE	\$328,967	\$328,967	\$101,138	\$101,138	\$430,105	\$430,106	\$388,306
OTHER OPERATING REVENUE	\$0	\$0	-	-	\$0	\$0	\$5,173
TOTAL OPERATING REVENUE	\$328,967	\$328,967	\$101,138	\$101,138	\$430,105	\$430,106	\$393,479
OPERATING EXPENSES							
SALARIES AND WAGES	224,745	224,745	162,554	162,554	\$387,299	\$387,299	\$284,431
EMPLOYEE BENEFITS	35,242	35,242	39,874	39,874	\$75,116	\$75,116	\$69,221
PROFESSIONAL FEES	-	-	-	-	\$0	\$0	\$3,960
SUPPLIES	5,307	5,307	14,200	14,200	\$19,507	\$19,506	\$8,719
FUEL	-	-	2,293	2,293	\$2,293	\$2,293	\$1,602
REPAIRS AND MAINT.	-	-	889	889	\$889	\$889	\$851
PURCHASED SERVICES	4,131	4,131	20,528	20,528	\$24,659	\$24,659	\$17,992
CONTINUING MEDICAL EDUCATION	4,768	4,768	639	639	\$5,408	\$5,408	\$160
DUES	215	215	5,404	5,404	\$5,619	\$5,619	\$5,139
OTHER EXPENSES	280	280	789	789	\$1,070	\$1,070	\$1,038
LEASES / RENTALS	-	-	6,720	6,720	\$6,720	\$6,720	\$2,801
DEPRECIATION	4,570	4,570	23,841	23,841	\$28,411	\$28,411	\$22,118
TAXES AND LICENSES	-	-	177	177	\$177	\$177	\$0
INSURANCE	837	837	3,359	3,359	\$4,196	\$4,196	\$5,534
OVERHEAD COSTS	195,035	195,035	88,984	88,984	\$284,019	\$284,019	\$249,620
TOTAL OPERATING EXPENSES	\$475,131	\$475,131	\$370,252	\$370,252	\$845,383	\$845,382	\$673,186
MARGIN ON OPERATIONS	(\$146,164)	(\$146,165)	(\$269,114)	(\$269,114)	(\$415,277)	(\$415,275)	(\$279,707)
TAX REVENUE					\$146,762	\$146,762	\$137,725
NET MARGIN WITH TAX REVENUE					(\$268,515)	(\$268,513)	(\$141,982)
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	384	384	72	72			
Total Ambulance Runs (includes unbillable runs)			116	116			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	325	325	64	64			
Total Ambulance Runs (includes unbillable runs)			93	93			

**Cascade Medical Center
Balance Sheet**

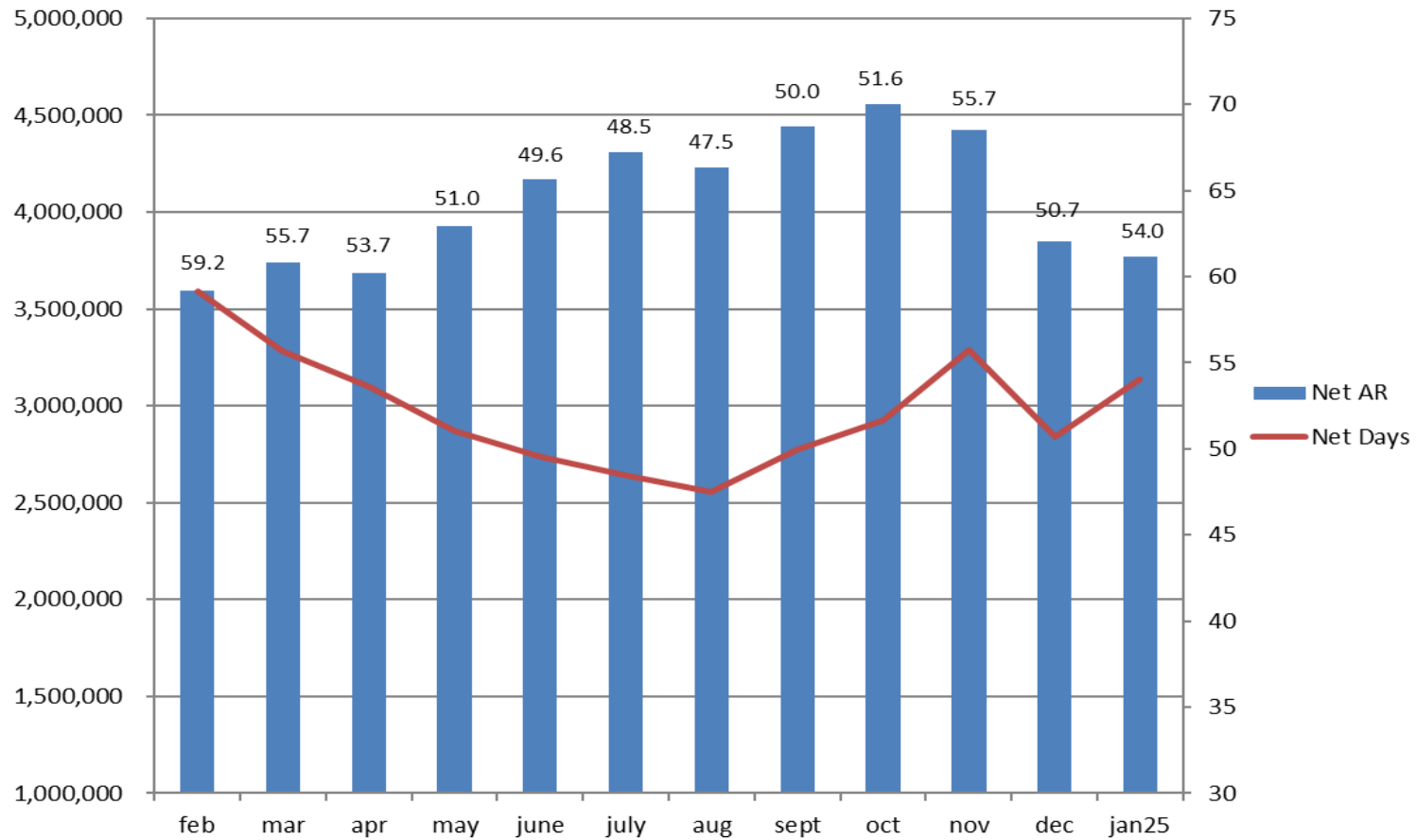
As of January 31, 2025 and December 31, 2024

	Jan 2025	Dec 2024		Jan 2025	Dec 2024
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	1,230,229	961,831	Accounts Payable	233,609	346,650
Savings Account	13,695,733	14,144,282	Accrued Payroll	902,293	665,443
Patient Account Receivable	7,953,177	8,085,162	Refunds Payable	111	-
less: Reserves for Contractual Allowances	(4,184,063)	(4,235,840)	Accrued PTO	978,043	984,137
Inventories and Prepaid Expenses	323,161	319,451	Payroll Taxes & Benefits Payable	(2,420)	84,261
Taxes Receivable - M&O Levy	66,781	11,990	Accrued Interest Payable	46,648	23,324
- EMS Levy	175,403	31,939	Current Long Term Debt	849,647	850,286
Other Assets	384,052	532,789	Current OPEB Liability	938,361	942,361
Total Current Assets	19,644,473	19,851,605	Short Term Lease	36,493	36,493
			ST Subscriptions	46,906	46,906
	3,769,114		Settlement Payable	737,742	737,742
Assets Limited as to Use			Total Current Liabilities	4,767,434	4,717,602
Cash and Cash Equivalents					
Funded Depreciation	683,821	681,259	Long Term Liabilities		
CVB Memorial Fund	1,275	1,275	Notes Payable	191,323	191,323
UTGO Bond Payable Fund	77,720	76,126	Covid SHIP Funding	-	-
LTGO Bond Payable Fund	47,292	47,292	PPP Note Payable	-	-
Investment Memorial Fund	138,542	138,023	CARES Act Funds Reserve	-	-
Settlement Account	181,449	180,769	UTGO Bond Payable	3,848,000	3,848,000
Paycheck Protection Loan Proceeds	-	-	LTGO Bond Payable	3,985,000	3,985,000
Cash - EMS	72,317	68,794	Deferred Revenue/Bond Premium	77,412	77,880
	1,202,415	1,193,538	Long Term OPEB/Pension Liability	2,651,452	2,651,452
Taxes Receivable - Construction Bond Levy	68,867	12,315	Long Term ROU Leases	5,359	5,359
Total Assets Limited as to Use	1,271,282	1,205,853	Long Term Subscriptions	13,039	13,039
Property, Plant and Equipment			Total Long Term Liabilities	10,771,584	10,772,053
Land	522,015	522,015	Total Liabilities	15,539,017	15,489,655
Land Improvements	1,420,326	1,420,326			
Buildings & Improvements	10,709,788	10,709,788	Fund Balance - Prior Years	15,797,696	13,979,478
Fixed Equip - Hospital	9,676,405	9,676,405	Fund Balance - Current Year	(266,769)	1,818,218
Major Movable Equipment Hospital	8,930,993	8,820,605			
Construction in Progress	18,446	18,446	Total Fund Balance	15,530,927	15,797,696
Total Property, Plant and Equipment	31,277,972	31,167,585			
Less: Accumulated Depreciation	(23,017,800)	(22,833,480)			
	8,260,172	8,334,105			
ROU Leases					
ROU Leases	243,095	243,095			
Less Accumulated Amortization	(120,495)	(120,495)			
	122,600	122,600			
Other Assets					
Long Term Pension Assets	591,878	591,878			
Deferred OPEB/Pension Costs	901,308	901,308			
Deferred Bond Costs	278,232	280,002			
TOTAL ASSETS	31,069,945	31,287,351	TOTAL LIABILITIES & FUND BALANCE	31,069,945	31,287,351

Cascade Medical 2025 Net Patient Revenue, Actual vs. Budget



Days in Net Accounts Receivable



Cascade Medical
Accounts Receivable Trending Report - 2025

Total Facility	Dec 2022	Dec 2023	Dec 2024	Jan25	Aug	Sept	Oct	Nov	Dec
0 - 30 days	2,660,733	2,851,120	3,276,645						
31-60 days	545,432	839,394	668,472						
61-90 days	349,290	451,019	594,276						
91-180 days	1,129,065	1,005,422	1,383,758						
over 180 days	1,360,992	1,343,819	2,162,011						
Total Balance	6,045,511	6,490,775	8,085,162	7,953,177					
Credit bals as % of AR	6.8%								
% >90 w/o installs	41.2%								