



Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday April 23, 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 March 26, 2025 Board Meeting Minutes 		
	Previous Month's Warrants Issued:	10126184 – 10126450	03/15/2025 – 04/11/2025 \$ 802,290.19
	Accounts Payable EFT Transactions:	20250037 – 20250050	03/15/2025 – 04/11/2025 \$ 559,556.49
	Payroll EFT Transactions:	25455 – 25886	03/15/2025 – 04/11/2025 \$ 981,642.52
	Payroll Warrant Numbers:	80050	4/4/2025 \$ 146.53
	<ul style="list-style-type: none"> March 2025 Bad Debt 		
IV.	(Action Item) New Commissioner Appointment Position No. 4	5:35	Commissioners
V.	Oath of Office	5:40	Megan Baker
VI.	Community Input	5:45	Commissioners
	Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.		
VII.	CM Values	5:50	Diane Blake
VIII.	<u>Committee Reports</u>	5:55	
	a. Finance Committee		Tom Baranouskas
	b. Governance Committee		Shari Campbell
	<ul style="list-style-type: none"> MOTION: Approve Board Committee & Liaison Appointments 		
	c. Board Quality Rounding		Tom & Cary
	d. Part-time Resident Advisory Council		Shari Campbell
	<ul style="list-style-type: none"> MOTION: Approve Part-time Resident Advisory Council Member Appointments 		
IX.	<u>Discussions & Reports</u>	6:25	
	a. Q1 Organizational Dashboard Review		Diane Blake
	<ul style="list-style-type: none"> What are the leading indicators of success or early warning signals of problems for our organization? How are we doing in regard to them? Are we measuring what matters most for our strategic progress? 		
	b. CHNA Update		Diane Blake
	c. EMS Levy Results		Commissioners
X.	<u>Action Items</u>	6:55	Commissioners
	a. MOTION: Approve Credentialing		
	b. MOTION: Approve Ambulance Purchase		
	c. MOTION: Approve Master Facilities Planning		
XI.	March Financials	7:15	Marianne Vincent
XII.	Administrator Report	7:30	Diane Blake
XIII.	Board Action Items	7:50	Commissioners
XIV.	Meeting Evaluation/Commissioner Comments	7:55	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.	Adjournment	8:05	Shari Campbell

BOARD CALENDAR REMINDERS

May 6, 2025	Community Engagement Night	Leavenworth Festhalle	4:00 PM
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 17, 2025	Healthcare Week Street Fair	Behind the Hospital	11:00 AM
May 21, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
May 31, 2025	CM Health & Safety Fair	Alpine Lakes Elementary	11:00 AM
June 11, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
June 16, 2025	CMF Golf Classic	Kahler Mountain Club	All Day
June 22-25, 2025	WSHA Annual Conference	Campbell's Resort, Chelan, WA	All Day
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 April 23, 2025

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

- **Consent Agenda** – Please feel free to connect with Marianne or Diane with any questions in advance of Wednesday’s meeting and / or pull individual items from the consent agenda at the meeting, should you wish to discuss.
- **New Commissioner Appointment, Position No. 4** – CM has been following the legal appointment process to fill an open commission spot; the process the board has followed thus far has been to request applications and interview. At this point, if a commissioner wishes to nominate a candidate, they may make a motion to do so. Just like all motions, there is an opportunity for a second and then discussion. A candidate is selected, ultimately, when at least three of the four commissioners vote to appoint.
- **Oath of Office** – If a candidate is appointed by majority vote of the Board, then Megan will administer the oath of office to the new commissioner, and they can then begin serving as a commissioner immediately following the oath of office.
- **Committee Reports**
 - Finance Committee – Included in your packet is the agenda from the most recent committee meeting as well as the Q1 finance dashboard, to inform Tom’s report.
 - Governance Committee – Included in your packet is the agenda from the most recent committee meeting, the board’s 2025 goals, and the Q2 outreach calendar, to inform Shari’s report. Also included is the current list of Board Committee and Liaison Assignments as approved in January with amendments to reflect board retirements. The Governance Committee meets prior to the board meeting and will be prepared to recommend changes to committee assignments, to reflect board changes. Discussion on this topic is welcome as well, and the included document is intended to give the board the full picture of which commissioner is doing what currently and which spots need to be filled.
 - Board Quality Rounding – No documents are included in your packet for this item. Tom and Cary, who participated in the rounding, will provide a verbal summary of the rounding.
 - Part-time Resident Advisory Council (PTRAC) – Included in your packet is the agenda from the most recent meeting to inform Shari’s report. Because the PTRAC meets after this packet is disbursed, we will email the list of proposed council appointments to you prior to the Wednesday board meeting. Per the PTRAC bylaws, new members must be appointed by a vote of the CM Commissioners.
- **Discussions & Reports**
 - Q1 Organizational Dashboard Review – Included in your packet is the Q1 Dashboard as well as a companion document providing additional summarized information on organizational progress. These documents are a change in format intended to improve strategic plan clarity for the board on what we’re

navigating by and how we're progressing. Feedback on this is welcome; your input is essential as we work to continuously improve communication around our strategic plan work. Additionally, we've included a couple of questions on the agenda that may serve as starter questions as you think about what more you'd like to know and what feedback you'd like to provide to management.

- CHNA Update – No documents are included in your packet for the Community Health Needs Assessment discussion. Diane will provide a verbal update on progress and timelines. As a reminder, the CHNA will provide key data inputs for our strategic planning work.
- EMS Levy Results – No documents are included in your packet for this topic. This is an opportunity for discussion, since the preliminary results of the EMS Levy will be available the evening before the board meeting.
- **Action Items**
 - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
 - Ambulance Purchase – Included in your packet is a document detailing management's recommendation to move forward with purchasing an ambulance. While this is a budgeted item, the cost requires board approval, per policy, to move forward with the purchase.
 - Master Facilities Planning – No documents are included in your packet for this item. The day prior to the board meeting, the Governance Committee will review the summarized proposals from firms who are interested in doing our master facilities planning work. We'll discuss next steps in that meeting, including the best way to keep the full board informed. While selection of a firm for this type of work is typically an operational decision to be made by management, the expense and connection to strategic plan work cause us to plan to bring it in front of the board. We'll share more information on Wednesday.
- **March Financials** – Included in your packet is the financial report for March 2025.

Further Notes

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.
- Included in your packet is turnover data, in the form of two graphs, which are provided for your review. This information is provided to you on a quarterly basis to help provide a strategic view of the CM environment via turnover data.
- Under the Board Action Items section, which is meant to provide reminders about Commissioner To Do's outside of the meeting (rather than are actual meeting action items), we plan to discuss whether board members would be available to come early to the May board meeting to receive education ahead of the meeting. We'll also briefly discuss the Chelan conference in June (22 – 25) and who's planning to attend. Please bring your calendars.



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1

Arleen Blackburn Conference Room & Video Conference Connection

March 26, 2025

Present: Shari Campbell, President; Tom Baranouskas, Vice President; Cary Ecker, 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; Madison McNeil, HR Coordinator

Via Zoom: Jessica Kendall, Commissioner; Gustavo Montoya, Commissioner; Janeth Baltazar; Financial Counselor

Guests: Luke Hoisington, Virtual Fractional Chief Information Officer; Natasha Piestrup, Director of Nursing; Kalie Thompson, PA-C; Terri Judy, CM Foundation

Topics	Actions/Discussions
Call to Order	<ul style="list-style-type: none">President Shari Campbell called the meeting to order at 5:31 PM. Tom then led the Pledge of Allegiance.
Consent Agenda	<ul style="list-style-type: none">Tom moved to approve the consent agenda. Jessica seconded the motion, and the group unanimously approved.
(Action Item) New Commissioner Appointment, Position No.2	<ul style="list-style-type: none">Tom Baranouskas moved to appoint Cary Ecker to Position No.2. Shari seconded and the group of 4 Commissioners unanimously approved.
Oath of Office	<ul style="list-style-type: none">Megan Baker administered the oath of office to Cary Ecker, who affirmed his commitment as a commissioner to Cascade Medical.
Community Input	<ul style="list-style-type: none">None
Introduction: Kalie Thompson, PA-C	Diane Blake introduced Kalie Thompson <ul style="list-style-type: none">Kalie joined CM in November as a bilingual provider for the mobile clinic. With a background from Emory University in Atlanta and experience at CVCH, Kalie has quickly become a valued team member, receiving overwhelmingly positive feedback from patients. She has helped update mobile clinic locations to improve visibility and accessibility, leading to increased walk-in traffic, particularly near Plain Hardware. Her fresh ideas and enthusiasm are bringing renewed energy to the mobile clinic, enhancing care for the community.
CM Values	Diane Blake provided the report. <ul style="list-style-type: none">Cascade Medical's commitment to community care and transparency was on display during recent EMS Levy education efforts, where residents expressed gratitude for life-saving services and the excellence of CM's team. The board, leadership team, staff, and Foundation continue to uphold CM's shared values—Commitment, Community, Empowerment, Integrity, Quality, Respect, and Transparency—in their work. Patients have shared positive feedback about the compassionate and timely care they've received, from attentive service in the clinic to individualized follow-up in the emergency department. Additionally, the Wenatchee Valley College nursing program recognized CM's strong, values-driven culture, reinforcing CM's role as a trusted community healthcare provider.
Foundation Report	Terri Judy provided the report: <ul style="list-style-type: none">In 2024, the Foundation raised \$100K to fund a hematology analyzer

	<p>and a vehicle for the Mobile Integrated Health (MIH) program.</p> <ul style="list-style-type: none"> • Leadership transitions are underway, with three members rolling off the board and five new members joining. President Rich Adamson is leading efforts to strengthen the Foundation's structure. • The CM Foundation Annual Golf Tournament is set for June 16, with Terri serving as the volunteer coordinator. • The Clinic Bundle initiative, which includes low-barrier exam tables and point-of-care ultrasound technology, will significantly enhance patient care with an \$80K investment. • Fundraising efforts are already moving toward a stretch goal, with strong community support. The March 20 Benevolent Night at Wildflour was a tremendous success, and the next event is scheduled for April 17 at South.
Committee Reports	<p>Quality Oversight Committee Pat Songer provided the report.</p> <ul style="list-style-type: none"> • Q4 Quality Data review showed strong performance, with CM benchmarking above most Critical Access Hospitals (CAHs) in Washington for net promoter score. • A recent mock survey in the Rural Health Clinic received positive results. • The CAH Program Evaluation, a key document for survey readiness, contains valuable insights and is required by CMS. Commissioners expressed appreciation for the team's efforts in preparing a thorough document. <p>Community Outreach & Awareness Committee Shari Campbell provided the report.</p> <ul style="list-style-type: none"> • EMS Levy efforts include extensive outreach through social media, newsletters, the annual report, and an upcoming mailer to keep the community informed. • Please reach out if you are able to participate. • Originally formed as a temporary group, the committee has become a helpful way to strengthen commissioner connections with the community. The committee recommends updating the charter to make the committee permanent and consider the addition of community members. • Motion: Approve Charter <ul style="list-style-type: none"> ○ Tom moved to approve; Cary seconded. Motion unanimously approved. <p>Finance Committee Tom Baranouskas provided the report.</p> <ul style="list-style-type: none"> • The Finance Committee finalized the 2024 Finance Work Plan, updated the Bad Debt schedule, and discussed long-term planning priorities. • Insurance renewal details are pending, with no major changes expected. • The committee reviewed the AI Acceptable Use Policy, discussing compliance, financial impact, and human oversight in AI applications. • CM is moving forward with removing a \$741K liability, with legal guidance related to an old meaningful use payment. • Discussions covered industry trends, including uncertainty around the Medicaid Federally Directed Payment Program, and the committee approved the Annual Committee Work Plan, Finance Dashboard Indicators, and long-term financial planning efforts.
Discussions & Reports	<p>A. IT Security Report Luke Hoisington, CM's Virtual Fractional Chief Information Officer and ScaledData's COO, led the discussion.</p> <ul style="list-style-type: none"> • ScaledData enhances access to IT leadership and expertise by sharing

	<p>resources, helping to reduce direct costs for CM. Recently, ScaledData conducted three key assessments to evaluate CM's IT environment: a cybersecurity assessment, an external penetration test, and a HIPAA security risk assessment. These assessments help ensure strong security measures, regulatory compliance, and the protection of patient data. Results show CM outperforms many hospitals, with a low risk of external penetration. Opportunities for further improvement focus on enhancing policies and procedures, reinforcing CM's commitment to security, compliance, and patient data protection.</p> <p>B. Education: Performance Evaluations Melissa Grimm provided the education.</p> <ul style="list-style-type: none"> Performance management is an ongoing process of feedback and communication between leaders and employees to align with organizational objectives. It is essential to establish clear SMART goals at the start of the review period and communicate any changes or redirections promptly. The final evaluation should reflect only what has been addressed during ongoing feedback, ensuring there are no surprises. The Board's evaluation should be limited to the CEO, as she is the only direct report. Additionally, performance evaluations should focus on current goals and data. To enhance clarity and consistency, a three-point rating scale is recommended: Continued Growth Needed, Meets Expectations, and High Performer. <p>C. Provider Strategy Diane Blake led the discussion.</p> <ul style="list-style-type: none"> CM plans to expand its endoscopy services by adding a second procedure day per week, following an evaluation of space and demand. To support this expansion and strengthen long-term provider strategy, CM recommends hiring a full-time clinic physician. This investment will enhance patient access, provider morale, and operational sustainability. Recruitment aligns with, clinic operational needs, and upcoming provider retirements. A full-time physician would also support clinic call coverage and hospital backup. Bringing on a full-time physician would optimize patient access and continuity of care to meet demand and ensure sustainable operations. The board did not vote but expressed support for the plan.
Action Items	<p>Motion: Approve Credentialing</p> <ul style="list-style-type: none"> Tom moved to approve; Shari seconded. Motion unanimously approved. <p>Motion: Approve Resolution 2025-02: Surplus Lab Equipment</p> <ul style="list-style-type: none"> Tom moved to approve; Cary seconded. Motion unanimously approved. <p>Motion: Approve Artificial Intelligence (AI) Acceptable Use Policy (AUP)</p> <ul style="list-style-type: none"> Tom moved to approve; Shari seconded. Motion unanimously approved. The board expressed interest in ongoing updates related to AI usage at CM.
February 2025 Financials	<p>Marianne Vincent provided the report.</p> <ul style="list-style-type: none"> CM achieved a net margin of \$270,000, exceeding the budgeted (\$433,000) loss by \$703,000. Gross revenue was \$459,000 above budgeted volumes. CM maintains a positive margin of \$3,000, with mostly favorable budget variances in expenses. Depreciation is over budget by \$20,000 and may be underestimated for the year. Contractual allowances contributed positively to the margin. Year-to-date cash collections are \$800K–\$900K below budget, though CM is actively addressing this. Days in net AR increased slightly in February. CM is working closely

	<p>with a third-party vendor, holding biweekly meetings to improve collections and reduce delays.</p> <ul style="list-style-type: none"> • 2024 audit work is nearly complete, with a HealthNet visit expected in early April to review revenue cycle management. • Cash reserves are \$246,000 below budget, following slightly lower-than-expected collections in January and February. However, Medicare payments remain timely, and patient balance collections were strong for the month. • CM is optimizing Meditech functionality to enhance revenue cycle efficiency. Audit preparations are on track for March completion, and efforts to centralize contracts in third-party software are progressing as audit work winds down. • The B&O and Sales & Use Tax review by Agile Consulting was completed in early March, supporting financial accuracy and compliance.
Administrator Report	<p>Diane Blake provided the report.</p> <ul style="list-style-type: none"> • Ambulance Purchase: CM has budgeted for a new van-style ambulance and will bring the purchase to the board when ready. The order has not yet been placed but we have requested to get in line for the purchase. • Guest Passes: CM is moving forward with integrating guest passes into the security system, improving facility visibility and safety in case of emergencies. CM anticipates a spend of \$20,000 which is budgeted. • Strategic Planning: CM is making strong progress on its Master Facilities Plan and Community Health Needs Assessment. While community survey responses have been slower than expected, CM remains committed to gathering valuable input and will begin focus groups once sufficient data is collected. The RFP for Master Facilities Plan is on track for release. • State Budget: Significant healthcare funding cuts are expected, starting at \$292 million and growing to \$688 million over time. This does not account for potential federal SNAP funding cuts. WSHA urges hospital leaders to engage with legislators on funding concerns. Diane will email contact information and messaging to Commissioners. • Prior Authorization Bill: Designed to restrict AI-driven insurance denials and ensure physician-to-physician reviews, the bill failed to pass. Efforts are underway to attach it to another bill. • AHA Regional Policy Board Meeting: Diane attended and emphasized the need for greater advocacy and focus on the West. Discussions also addressed the physician shortage, CMS federal appointments and federal efforts to stabilize healthcare staffing.
Board Action Items	<ul style="list-style-type: none"> • Tom and Cary are available for Board Quality Rounding on the following days: <ul style="list-style-type: none"> ○ Monday 4/14, 1-3 PM ○ Monday 4/21, 1-3 PM ○ Thursday 4/24, 10 AM-12 PM • The group plans to revise committee assignments next month.
Meeting Evaluation/Commissioner Comments	<ul style="list-style-type: none"> • No comments.
Adjournment	<ul style="list-style-type: none"> • Shari moved to adjourn at 8:28 PM; Cary seconded, and the group unanimously agreed.

Shari Campbell, President

Jessica Kendall, Secretary

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: April 23, 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	10126184 – 10126450	\$802,290.19	3/15/2025 – 4/11/2025
Accounts Payable EFT Transactions	20250037 – 20250050	\$559,556.49	3/15/2025 – 4/11/2025
Payroll EFT Transactions	25455 – 25886	\$981,642.52	3/15/2025 – 4/11/2025
Payroll Warrant Numbers ¹	80050	\$146.53	4/4/2025
Grand Total		\$2,343,635.73	

Notes:

¹ Payroll Warrant #80050 was issued manually due to missing direct deposit details.

Prepared by:

Kathy Jo Evans
Director of Accounting

Cascade Medical

Bad Debt Write Offs

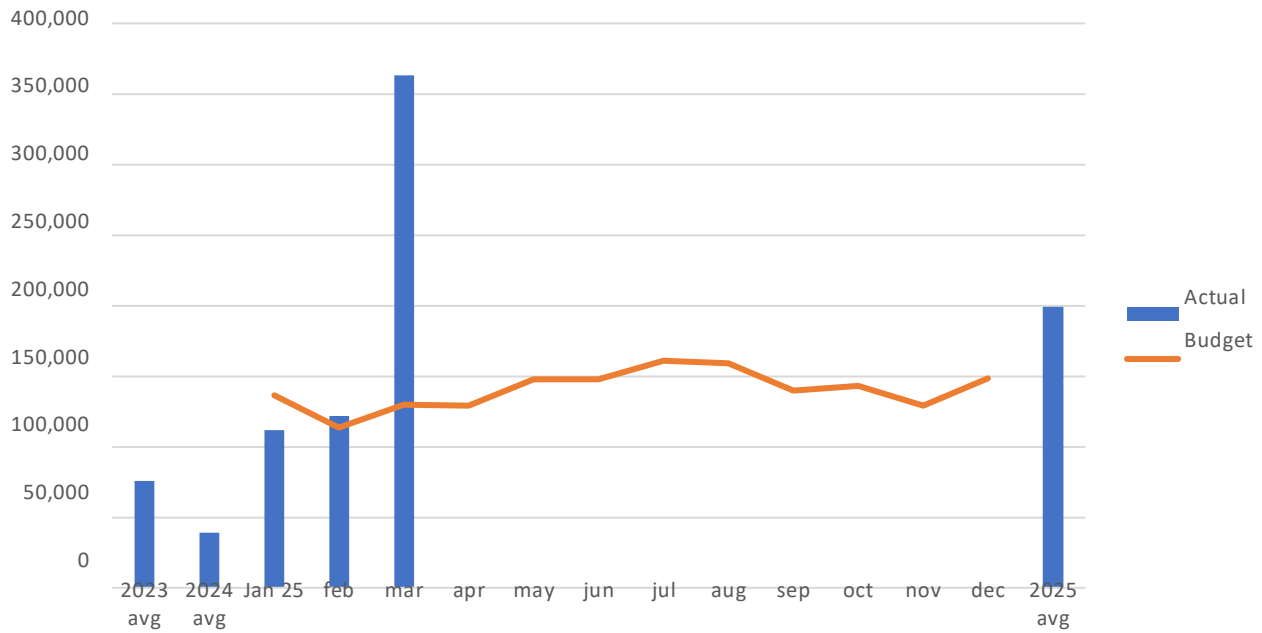
Financial Assistance Program Discounts

Month of March, 2025

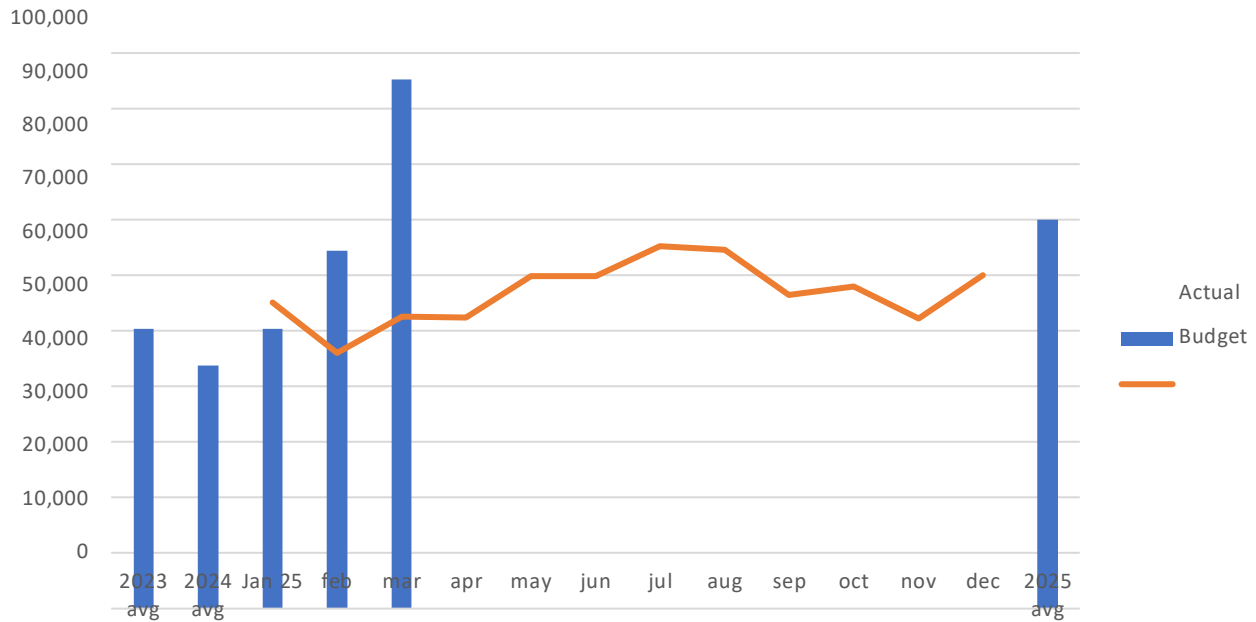
Net Bad Debt Write-Offs for Board Approval	\$	363,311.05
CFSP/Financial Assistance Program Discounts for Board Approval	\$	95,200.62

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	413,681.72
	less: pullback from Agency due to receipt of payments	(50,370.67)
	Net Bad Debt Write-Offs	<u>363,311.05</u>
CFSP/Financial Assistance Applications - Discounts Approved	\$	95,200.62
	Total	458,511.67

Net Account Balances Sent to Collections



CFSP/Financial Assistance Discounts





A G E N D A

Board Finance Committee

April 21, 2025

9:00 – 11:00 AM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval <ul style="list-style-type: none">April 21, 2025 AgendaMarch 24, 2025 Minutes	9:00 AM
Committee Work		
1.	Review follow-up items from minutes	9:05AM
2.	Policy Review <ul style="list-style-type: none">Change Order Authority	9:15AM
3.	Review Q1 Financials, Contractual Allowance Summary, Bad Debt, Dashboard	9:30 AM
4.	Financial Assistance stats	9:55 AM
5.	Review Clinic stats/revenue	10:00 AM
6.	Discuss industry trends	10:05 AM
7.	Discuss Board education	10:15 AM
8.	Review Long-Term Planning document	10:25 AM
9.	Review Q1 OICC quarterly report	10:45 AM
Adjournment		
1.	Adjournment	11:00 AM

Materials provided in advance of meeting along with agenda:

1. March 24, 2025 Minutes
2. Change Order Authority
3. Q1 Financial Packet & Notes
4. Q1 Dashboard
5. Financial Assistance stats
6. Clinic stats/revenue
7. Long-Term Planning document
8. OICC Q1 Report

2025 Meeting Schedule

- July 21, 2025
- October 20, 2025
- December 8, 2025

Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2025

Strategic Pillar	Measure	2021	2022	2023	2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	2025 YTD	2025 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex
FINANCE	Total Margin	24.8%	-6.1%	-2.6%	5.4%	-1.9%				-1.9%	-7.4%		3.0%	
	Days Cash on Hand	217	194	190	197	178				178	90		60	
	Cash Growth available to Operations	166	22	1,314	2,008	-540				-540	-839		-	-
	Days in Net Patient Accounts Receivable	57	61	56	49	55				55	54		54	
	% of AR balances > 90 days since DOS	33.6%	41.2%	0.0%	0.0%	0.0%				0.0%			-	-
	Net Revenue as % of Staffing Costs	153%	144%	152%	162%	146%				146%	153%		-	-
	Debt Service Coverage	7.36	0.73	1.44	3.40	1.56				1.56	(0.07)		3.00	
	Long Term Debt to Capitalization	46%	44%	40%	34%	34%				34%	NA	-	25%	
	Medicare Outpatient Cost to Charge Ratio	0.45	0.55	0.59							NA	-	0.55	

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

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

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

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

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

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

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

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

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

Medicare Outpatient Cost to Charge Ratio is a *revenue* indicator. This indicator tells us, for Medicare patients, how many dollars it costs us to provide care for every dollar of revenue we bill. It is important to have a cost to charge ratio close to benchmark so that the amount we bill less the amount we do not collect (contractual adjustments + Charity Care + bad debts) still exceeds the amount it costs to provide the care. The amount shown in the 2023 YTD column is the rate from the 2023 final cost report.



AGENDA

Board Governance Committee

April 22, 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"> April 22, 2025 Agenda February 18, 2025 Minutes 	1:00 PM
Committee Work		
1.	Review Policies: <ul style="list-style-type: none"> New Commissioner Orientation Public Records Request 	1:00 PM
2.	Board future/succession planning: <ul style="list-style-type: none"> Review Board Matrix Recommend updates to Board Committee & Liaison Assignments Plan board mentorship assignments Check in on new commissioner orientation progress 	1:05 PM
3.	Retrospective on 2024 CEO Evaluation process	1:20 PM
4.	Discuss and refine board decision-making matrix	1:30 PM
5.	Strategic Planning process update and discussion, including: <ul style="list-style-type: none"> CHNA status and next steps Master Facilities Plan status and next steps Other plan elements and how those intersect with board work Discuss potential timing of annual retreat 	1:50 PM
6.	Review Board Education Plan	2:15 PM
7.	Check progress of Board's 2025 objectives work	2:25 PM
8.	Commissioner Outreach <ul style="list-style-type: none"> Check in on opportunities for Q2 to maximize opportunity Review list of approved Commissioner Outreach events 	2:30 PM
9.	Begin to discuss strategy and timing of full board self-assessment <ul style="list-style-type: none"> Consider individual board member self-assessments 	2:40 PM
10.	Structure for community appointments on board committees, if time permits	2:50 PM
11.	Set next meeting date	2:55 PM
Adjournment		
1.	Adjournment	3:00 PM

Materials provided in advance of meeting along with agenda:

- Minutes from February 18, 2025 Meeting
- Policy: New Commissioner Orientation
- Policy: Public Records Request
- Updated board matrix
- Board Committee & Liaison Assignments
- Board mentorship guide
- Snapshot of Cary's orientation completed and outstanding orientation items
- Draft board decision-making matrix
- Summary of strategic planning work to date, with update on Master Facilities Planning vendor selection progress
- 2025 Board Education Plan
- 2025 Board Objectives
- Q2 Outreach calendar
- List of approved Commissioner outreach
- Previous Board Self-Assessment Survey Questions with past practice explanation
- Draft guidance for community appointments on committees

2025 Board Annual Objectives

2025 Proposed Board Objectives:

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

2024 Board Objectives:

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

2023 Board Objectives:

7. 100% of Board members achieve and / or maintain WSHA Health Care Governance Certification, with quarterly reporting on achievement percentage
8. Assess and refine Board's ongoing connection to and communication with the community.
9. Fully integrate new commissioners to the board through continued mentorship, regular check-ins and by continuing to adapt processes to support needs while optimizing board work.

Q2 Outreach Opportunities

April 26, 2025	EMS Levy Outreach: Chiwawa River Pines HOA (Tom)	Plain, WA	4:00 PM
May 6, 2025	Community Engagement Night	Leavenworth Festhalle	4:00 PM
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 17, 2025	Healthcare Week Street Fair	Behind the Hospital	11:00 AM
May 21, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
May 31, 2025	CM Health & Safety Fair	Alpine Lakes Elementary	11:00 AM
June 11, 2025	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
June 16, 2025	CMF Golf Classic	Kahler Mountain Club	All Day
June 22-25, 2025	WSHA Annual Conference	Campbell's Resort, Chelan, WA	All Day



2025 Board of Commissioners Committee & Liaison Assignments

Commissioners

Name	Email	Term Expiration	Status of Term
Jessica Kendall Secretary	jessica.kendall@cascademical.org	Position 1 12/2025	Appointed in 2022, elected in 2023, will run to serve new term in 2025.
Cary Ecker	cary.ecker@cascademical.org	Position 2 12/2029	Appointed in 2025, will run to serve remainder of term in 2025.
Tom Baranouskas Vice President	tomb@cascademical.org	Position 3 12/2027	Re-elected in 2021.
		Position 4 12/2025	
Shari Day-Campbell President	shari.daycampbell@cascademical.org	Position 5 12/2027	Appointed in 2024, will run to serve remainder of term in 2025.

Committee Assignments

Finance	Governance	Quality Oversight	COAC
Tom Baranouskas - Chair	Shari Day-Campbell - Chair	Jessica Kendall - Chair	Shari Day-Campbell-- Chair
	Tom Baranouskas	Tom Baranouskas	

Ad Hoc Liaison Appointments

Medical Staff	Foundation	Part Time Resident Advisory Council
Open to All Board Members	Open to All Board Members	Open to All Board Members



Part-time Resident Advisory Council Meeting

April 19, 2025 | 10:00 AM

Arleen Blackburn Conference Room & Zoom Connection

Optional Social Time			9:30 AM
I.	Call to Order	Neil McReynolds, President	10:00 AM
II.	Introductions	Neil McReynolds, President	
III.	Approval of October 26, 2024 Minutes	Council Members	
	<u>Discussion</u>		10:10 AM
IV.	Cascade Medical <ul style="list-style-type: none">Value StoryCascade Medical & Industry Updates	Diane Blake, CEO Diane Blake, CEO	
V.	Foundation Report	Rich Adamson & Strode Weaver, Foundation Members	10:30 AM
VI.	Leavenworth Update	Clint Strand, Director of Public Relations	10:40 AM
VII.	<u>Council Input</u> <ul style="list-style-type: none">Communication with Visitors & Part-time Residents: What are the most effective ways for CM to share information and promote services to visitors and part-time residents?Service Offerings: What healthcare services or resources do part-time residents and visitors find most valuable when in the area that we should promote?Master Facilities Plan: How can CM align its space planning with community needs and opportunities? Are there specific services or facility enhancements that would provide the greatest value to visitors and part-time residents?	Council Members	10:45 AM
VIII.	<u>Council Business</u> <ul style="list-style-type: none">Council officer election – current officers are permitted to each serve another year; standard Council practice would recommend both to continue in the role:<ul style="list-style-type: none">President: Neil McReynoldsVice President: Jim ElliottRecommended council appointment: Therese CampionCouncil recruitment effortsOctober 2025 Date Change Reminder	Neil McReynolds, President	11:35 AM
IX.	General Q&A Council Thoughts	Council Members	11:50 AM
X.	Adjournment	Neil McReynolds, President	12:00 PM
Lunch – In Person or To Go options			12:00 PM

Future Meetings:

2025	2026
	April 25th
October 18th	October 24 th

Dashboard Strategy / Performance Measures
Cascade Medical 2025

	2023-2025 Focus with 2025 Objectives	Q1 '25	Q2 '25	Q3 '25	Q4 '25	Target/ Comparative	YTD Status
Patient & Family Centered Care	Three-year Objective: Deliver quality care that is accessible, equitable, and safe every time, every touch						
	• Develop a Master Facilities Plan, in collaboration with our strategic planning process, that supports community needs for service expansion					Meet Project Timelines	On Track
	• Explore accreditation options, with goal of ending 2025 with recommendation of program and timeline to become accredited					Meet Project Timelines	On Track
	• Integrate care delivery by developing and implementing a plan to coordinate mobile clinic, school clinic, mobile integrated health, clinic expansion of hours, telehealth and hospitalist programs under the umbrella of Team-Based Care, with continued emphasis on enhancing patients' first touch experience with CM					For Q1, Meet Project Timelines	On Track
	• Meet planned cadence of communication with stakeholder groups related to data validation work and electronic health records systems improvements					Meet Communication Cadence	On Track
Financial Stewardship	Three-year Objective: Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth						
	• Continue charge capture work, including departmental charge reconciliation and implementation of barcoding for supplies					To Timeline, then Track Data	On Track
	• Explore tools that appropriately leverage artificial intelligence and implement at least one before end of 2025					Meet Project Timelines	On Track
	• Conduct thorough employee and community education program around the EMS Levy					Meet Timelines	On Track
	• Fully develop and finalize the 2026 – 2028 strategic plan before end of 2025, ensuring plan is finalized to allow completion of Master Facilities Plan by end of 2025					Meet Timelines	On Track
	• Focused hospital service line optimization and growth (Swing Bed, Infusion, Rehab Services)					Timelines / Metrics	Lagging
Our People	Three-year Objective: Provide an exceptional employee experience within a safe, stable, family-based work environment						
	• Conduct employee listening sessions by end of May 2025 and utilize feedback to inform strategic plan development					Meet Timelines	On Track
	• Continue robust professional development programs, including focused leadership development					Meet Timelines	On Track
	• Launch a CNA program in collaboration with Cascade High School					Meet Timelines	On Track
	• Understand compensation strategy options, for future consideration					Meet Timelines	On Track
Community Connections	Three-year Objective: Collaborate with community to define needs and nurture partnerships to support healthy lifestyles						
	• Implement structured, robust plan for bilingual community dialogue to inform Community Health Needs Assessment, which will, in turn, inform the next strategic plan					Meet Project Timelines	At Risk
	• Implement structured communication and outreach plan that is consistently on message, including communications about first touch improvements; maintains focus on priority areas; strengthens connection to Spanish-speaking population; and utilizes regular measurement to adapt work as needed					85% Tactics Completed By Timeline	Lagging

Status: On Track Behind Timeline At Risk

Board Dashboard Companion Document
Q1 2025
Cascade Medical

In your packet is the Dashboard Strategy / Performance Measures document which provides a snapshot of our organizational progress to date toward meeting our board-approved strategic goals for the year. This longer document provides additional information to help clarify and provide transparency around organizational progress.

Patient & Family Centered Care 2023-2025 Focus: Deliver quality care that is accessible, equitable, and safe very time, every touch.

2025 Objectives

1. Develop a master Facilities Plan, in collaboration with our strategic planning process, that supports community needs for service expansion
 - a. This work is on track. The Request for Proposal (RFP) was completed, including a review by legal, and released. We received four responses which are on track to be evaluated / scored in April, with a recommendation for selection by the end of April.
2. Explore accreditation options, with goal of ending 2025 with recommendation of program and timeline to become accredited
 - a. This work is on track. An internal team (Accreditation Evaluation Team) has been assembled and has met to work through the evaluation process. Informational meetings have been held with all four potential accreditors, and cost estimates have been received. The foundational work has been completed as planned in Q1 which will allow the team to move forward with a thorough evaluation process in subsequent months.
3. Integrate care delivery by developing and implementing a plan to coordinate mobile clinic, school clinic, mobile integrated health, clinic expansion of hours, telehealth and hospitalist programs under the umbrella of Team-Based Care, with continued emphasis on enhancing patients' first touch experience with CM
 - a. This objective is tracking a number of tactics and work is currently on schedule. Q1 focus was on making adjustments to the mobile clinic operations to increase access and team efficiency, including now offering point of care lab tests. Q1 tasks to begin to dovetail mobile integrated health (MIH) and clinic work are underway. Luma (for improved patient digital connection) went live in February, allowing the team to make a few adjustments so that by the end of Q1 we're ready to start a communication push about its convenience. We're also surveying the community about clinic hours, in a lead up to Q2 work to develop a plan for expanded clinic hours. Additionally, we're working with Cascade School District to establish a schedule and plan for mobile clinic services with the school, which is due to start in April. As this collective work moves forward, we will look at utilizing data to measure progress, beyond task completion.
4. Meet planned cadence of communication with stakeholder groups related to data validation work and electronic health records systems improvements

- a. This work is on track in that all of the pieces related to data validation and electronic health records (EHR) systems improvements are moving strongly ahead. This goal is also about communicating about the data validation and EHR work, which will be a heavier focus in Q2 and beyond, as reports related to the work become available. Executive Team and Dr. Kendall have been communicated with regarding progress, and regular cadences for updates are planned for Q2 and beyond that will additionally include Quality Oversight Committee and providers.

Financial Stewardship 2023-2025 Focus: Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth.

2025 Objectives

1. Continue charge capture work, including departmental charge reconciliation and implementation of barcoding for supplies
 - a. Q1 tasks were completed on timeline. These included convening the charge reconciliation committee to plan and prepare for work with individual department directors, establishing best practices for charge reconciliation, researching revenue cycle department structure and resources at other Critical Access Hospitals, convening the barcoding committee and prepping for Q2 launch of ED supply barcoding. As charge reconciliation and barcoding are implemented, we'll begin to track success and measure with data. Additional work for this objective in subsequent quarters includes determining optimal internal structure and resources, including identifying if additional charge capture position(s) are warranted, and developing an implementation plan.
2. Explore tools that appropriately leverage artificial intelligence and implement at least one before end of 2025
 - a. This objective is well underway, with the board having approved the AI Governance and Use policy in March. Early in Q2 we will convene the committee that policy established. An AI tool for clinic provider usage has been identified and is in the testing phase. We are on track meet this goal, hopefully well before year end.
3. Conduct thorough employee and community education program around EMS Levy
 - a. This goal is considered on track/substantially met. We had two communication pieces that failed to meet timeline of original plan, which were the two EMS Levy specific mailers. The CM mailer was intended to go mid-March and the AWPHD mailer beginning of April. Instead, the CM mailer went beginning of April and the AWPHD mailer will come out the end of the week before the vote, to remind those who haven't yet voted to do so. All other communications, internal and external meetings, earned media, etc. were delivered on time. While we met our communication / education plan, the real results will be illuminated by how our community responds.

4. Fully develop and finalize the 2026 – 2028 strategic plan before end of 2025, ensuring plan is finalized to allow completion of Master Facilities Plan by end of 2025
 - a. This plan is so far on track, which has more to do with timing of activities than a big chunk of work having been completed. In addition to the work of the Community Health Needs Assessment and employee listening sessions, which will be a data inputs, and the Master Facilities Planning work, which will be performed in tandem with and as part of strategic planning, which are on track, we have established the resource to facilitate bringing all the pieces together and identified additional data that we believe we'll need, in addition to the inputs already mentioned. We'll begin to solidify timeframe and additional activities around this in Q2 as we have more clarity on the Master Facilities process and know when we'll have the CHNA data inputs.
5. Focused hospital service line optimization and growth (Swing Bed, Infusion, Rehab Services)
 - a. This objective consists of three areas of focus, and we do not consider the goal on track unless all three are on track. Additionally, each area of focus is driven by a lengthy and detailed task list. Below is the status of each area:
 - i. Swing Bed – This project area is slightly behind timeline and had eight associated tasks for Q1. For the quarter, 3/8 were complete, 2/8 were on track and the remaining three were started but behind timeline at end of Q1. The goal of this work will be to ensure our Swing Bed program is efficient and consistently delivers high quality care, with a goal of increasing our annual number of Swing Bed days. An example of one element of this detailed operational work is the training our team is doing so we can care for patients with wound vacs (a specialized device to help wounds heal more quickly), with a goal of being able to accept our first patient with a wound vac by June 1, 2025. Further, our measurement going forward on this detailed tactic will be to accept 90% of referred patients with a wound vac, allowing wiggle room for insurance barriers or other care complexities that are not a fit at CM.
 - ii. Infusion – This project is lagging a bit, with 1/3 tasks complete for Q1 and 2/3 behind timeline. The goal of this work is to assess formalizing an infusion program at CM and then work to grow volumes, provided an appropriate approach is identified. We are in the evaluation stage currently, working with a vendor who offers a structured program and learning from peer hospitals on how they operate their programs. Master Facilities planning could impact program direction.
 - iii. Rehab Services – This project includes seven focus areas, some of which were identified through the 2024 assessment. These are: (1) Establish Financial Margin, (2) Improve Patient Access and Productivity, (3) Retain and Recruit Team Members, (4) Promote OT, Pediatric, and SLP Services, (5) Achieve Cardiac Rehab Certification through AACVPR, (6) Ensure DOH Survey Readiness, and (7) Evaluate Facility Design and Space Utilization. Limited progress was made in productivity tracking, staff

engagement, outpatient therapy marketing, and DOH preparation. Outpatient scheduling changes were implemented on January 1, 2025. The schedule changes have increased capacity, although comparative volume growth is limited due to unfilled positions, something which peer organizations across the state are experiencing as well. While some work has advanced, overall this project is lagging.

Our People 2023-2025 Focus: Provide an exceptional employee experience within a safe, stable, family-based work environment.

2025 Objectives

1. Conduct employee listening sessions by end of May 2025 and utilize feedback to inform strategic plan development
 - a. This work is on track to meet stated timelines. Q1 work included gathering time preference for listening sessions, building structure around intent for the listening sessions, and communicating about the upcoming opportunity with staff.
2. Continue robust professional development programs, including focused leadership development
 - a. This work is tracking to plan and timeline. Q1 activities included launching the Medical Assistant to Certified Nursing Assistant (CNA) bridge course, working to determine what other apprenticeship programs CM could provide, and determining a list of priority topics for leader training, with the first training, on crucial conversations, having been delivered to the Leadership Team in March.
3. Launch CNA program in collaboration with Cascade High School
 - a. On track. We worked for and received our minor's work permit, met with the state and the school district and toured other local high school training programs. We are on track to finalize all the elements of this collaborative work to be able to launch the program as planned in January 2026.
4. Understand compensation strategy options, for future consideration
 - a. On track. We've connected with all Rural Collaborative members who have tackled compensation work in the past 18 months, and we have obtained options for consultants to partner with on this project. Additionally, work has just begun on performance review redesign and platform options. Further, the provider compensation work is on track to have provider interviews and on-site work performed in Q2.

Community Connections 2023-2025 Focus: Collaborate with community to define needs and nurture partnerships to support healthy lifestyles.

2025 Objectives

1. Implement structured, robust plan for bilingual community dialogue to inform Community Health Needs Assessment, with will, in turn, inform the next strategic plan
 - a. This goal is at risk, due to challenges getting results so far. We may be able to change the outcome in Q2 if further efforts are successful, but so far our

outreach is not hitting the mark to gather Spanish-speaking feedback. A sampling of our efforts include connecting with the owners of a busy café in Dryden to ask for help in encouraging survey response, providing survey QR codes at fruit warehouses/packing sheds, seeking assistance with sharing the surveys at the public libraries. We are working with a food truck vendor, but that is still in process. We are hoping for a Spanish-language focus group, but that is also TBD. Despite focused effort, we have yet to find the right tactics to get the results we'd hoped for.

2. Implement structured communication and outreach plan that is consistently on message, including communication about first touch improvements; maintains focus on priority areas; strengthens connection to Spanish-speaking population; and utilizes regular measurement to adapt work as needed
 - a. This measure is lagging, and we are working to bring it back on track in Q2 with renewed focus. While foundational messaging work was completed in Q1, we did not have the focused time to address all elements of this goal, including finalizing all elements of the annual plan and measures, while also maintaining focus on EMS Levy communication.

Credentialing Approvals

Active Privileges: (2-years)

- Corey Rubinfeld, PA-C
- Megan Guffey, MD

Telestroke Privileges: (2-years)

- Claire Creutzfeldt, MD
- Arielle Davis, MD
- Rizwan Kalani, MD
- Sandeep Khot, MD
- Ryan Kiser, MD
- W.T. Longstreth, MD
- Hope Opara, MD
- Breana Taylor, MD
- David Tirshwell, MD
- Natalie Weathered, MD
- Jonathan Weinstein, MD
- Vivian Yang, MD

Locum Tenens Privileges: (90 Days)

- Robert Glazewski, PA-C: Hospitalist

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

SBAR for Proposed Ambulance Purchase

SITUATION

Cascade Medical Ambulance Department is requesting approval to purchase a stock Demers Type II Aid/Medic Unit, built on a Ford Transit T250 All-Wheel-Drive chassis, for a price of \$206,371. While this exceeds the budgeted amount of \$179,190 in the 2025 Capital Budget, the increase reflects significant market inflation, and global supply chain issues.

BACKGROUND

This purchase is included in Cascade Medical's approved 2025 Capital Budget. Additionally, a full-size Type III ambulance (CM's standard response model) is planned in the 2026 Capital Budget, which is anticipated to take 12 to 18 months to build unless the market improves. Current industry delays have made immediate procurement of quality units challenging.

The unit identified for 2025 purchase is a demo model readily available for purchase, allowing Cascade Medical to bypass current industry build delays. This Type II ambulance will replace our current embedded ambulance assigned to Chelan County Fire District 3 under our Interlocal Agreement, which is branded as a Cascade Medical ambulance. It will provide both basic life support response capability and enhanced capacity for long-distance interfacility transports to hospitals in places such as Seattle and Spokane.

ASSESSMENT

- The Ambulance will replace the current 2015 Type III ambulance at Chelan County Fire District 3 and will continue to function as a BLS backup unit under our Interlocal Agreement.
- It will continue supplement our 911 response capacity when frontline units are unavailable due to high call volume or maintenance.
- The unit is also suitable for long-distance interfacility transports to places such as Seattle and Spokane, providing increased comfort and efficiency for patients and EMS crews.
- Purchasing this demo unit now avoids service gaps and positions us proactively in a constrained supply market.
- Our current embedded ambulance in Fire District 3 was utilized 21 times in 2024 when our advanced life support ambulances were not available, and they are placed on standby approximately once a week due to CM staffing needs.
- The vehicle will be Cascade Medical-owned, operated under the same protocols and staffing standards as our ambulance in Lake Wenatchee, with mutual availability for back-up and coverage.

- Cascade Medical has seen a steady increase in long-distance transports, particularly to Seattle, Spokane, and Wenatchee. At the same time, availability from third-party transport providers has declined, leading to delays and interruptions in patient care continuity.

RECOMMENDATION

Approve the purchase of the Demers Type II Aid/Medic Unit on a Ford Transit T250 AWD chassis for \$206,371.00, to replace our current ambulance in Fire District 3 which is operated under our Interlocal Agreement. While the price exceeds the budgeted \$179,190, this acquisition is a strategic and time-sensitive investment to ensure response capacity and support our growing interfacility transport volume. Given the continued rise in costs from inflation, tariffs, and manufacturing delays, securing this unit now provides value and long-term operational benefit.



Sample photo

Accompanying Notes for the March 2025 Financial Statements

March Financial Statements - Quarterly Summary

Our first quarter 2025 results show a net margin of (\$160,000), which is a positive variance of \$434,000 over the budgeted margin of (\$594,000). Gross patient revenue exceeded budgeted volumes by \$190,000. Operating expenses were under budget for the quarter by \$149,000, reversing our 2024 trend of operating expense overruns. Our cash collections increased late in the quarter but continue to lag budgeted balances.

Revenue and Expense Variances - Quarterly Summary

1. Salaries & Benefits are over budget by \$90,000 primarily due to Acute RN wage expenses.
2. Depreciation is over budget (\$57,000) and as mentioned previously will continue to run over budget for the year totaling approximately (\$215,000).
3. Other expenses are under budget by \$89,000 with much of this due to budgeting for the Paramedic Lecture Series that was discontinued in 2025.
4. Our supply expense is under budget for the quarter by \$87,000, attributable to both the 340B Program expense and lab expense.
5. Other Operating Revenue is well below budget at (\$215,000) primarily due to the viability of the Safety Net Assessment Program being in question because of the change in federal administration as well as revenue budgeted for the Paramedic Lecture Series.

Patient Statistics

Inpatient volumes were well over budget in Q1 for both Swing Bed and Acute and ED visits were also above budgeted volumes. Clinic and CT volumes both continue to lag below budgeted volumes by (9%).

Cash Receipts and Balances

Cash collections in Q1 were under budget by (\$760,000) while cash balances are \$143,000 over budgeted balances. Collections on patient balances averaged \$242,000 per month compared to an average collection rate of \$175,000 in Q1 of 2024, demonstrating that we are making up ground on collections on patient balances.

Accounts Receivable

Once again, we saw strong collections on patient balances for the month. Accounts totaling over \$400,000 were sent to collections in March. The larger write-offs in March were tied to the timing of when distribution of our patient statements resumed toward the end of 2024 and when unpaid balances reached a delinquent status.

Contractual Allowance

The contractual allowance is currently at 44.5% of receivables, a conservative number tied to our higher patient balances that result in greater write-offs than we see from other payers.

Final comments and Upcoming

The submission of audit and Medicare Cost Report materials is substantially complete, with the cost report currently under review with our audit firm. After reconsideration we opted not to book a receivable for anticipated B&O and Sales and Use tax refunds due to the uncertainty of

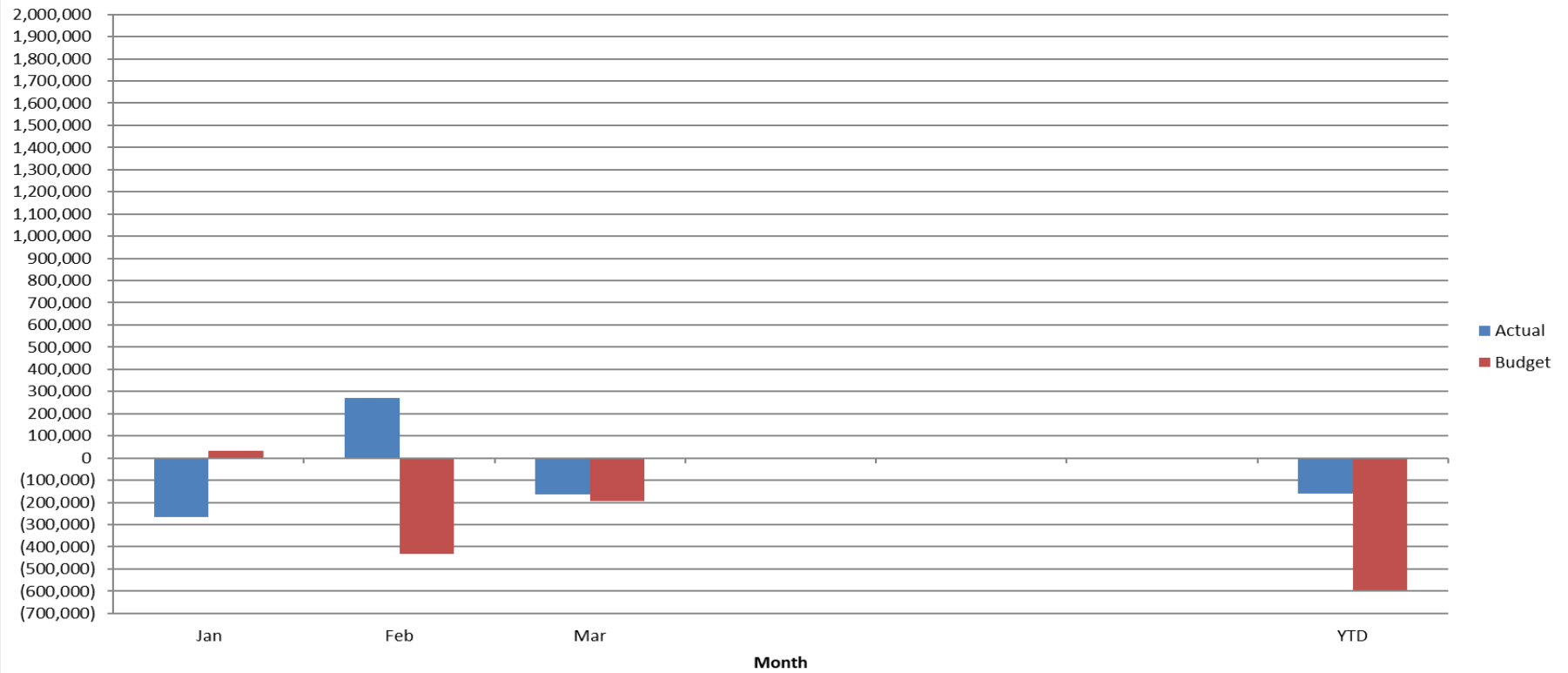
the actual amount that we will see as a refund after the state audits the claims and the consulting vendor takes their contracted percentage.

Work in revenue cycle to optimize the functionality of Meditech will continue through the end of April with the primary focus on charge reconciliation, HIM workflows, and the use of barcoding for capturing supply costs in the ED. Work to use ACH functionality for Accounts Payable payments is underway and should result in fewer lost checks as the process for payments becomes automated for those vendors who can accept electronic payment. A related process to approve invoices for payment within Meditech, reducing lost invoices and resulting in fewer overdue account balances, will be undertaken once the ACH work is complete.

There is still uncertainty on whether we will receive payments from Medicaid for the Safety Net Assessment Program in 2025. We hope to have an update on this in the coming weeks.

Cascade Medical

Net Surplus/(Deficit) - 2025



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

000's omitted

YTD Mar

Net Margin

Actual	(160)
Budget	(594)
	<u>434</u>
Better (Worse) than Budget	434

Variance Analysis - favorable vs (unfavorable)

Gross Revenue - SBed \$253; ED \$172; Endo \$127; Clinic (\$245); Radio (\$116)	190
Contractual Allowances	347
	<u>536</u>
Net Patient Revenue	536
Other Operating Revenue - Safety Net (\$118); 340B (\$71)	(250)
	<u>287</u>
Total Operating Revenue	287

Expenses

Salaries & Benefits - Acute (\$121)	(90)
Prof. Fees	30
Supplies - Pharmacy - \$65; Lab \$49	87
Purchased Services/Repairs - Info Tech \$33; Rad \$31; Lab \$20; Bus Off \$19; Amb (\$15)	80
Other Operating Expenses	41
	<u>149</u>
Total Operating Expenses	149

Non-Operating Revenues & Expenses	(2)
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Actuals Better/(worse) than Budget	434
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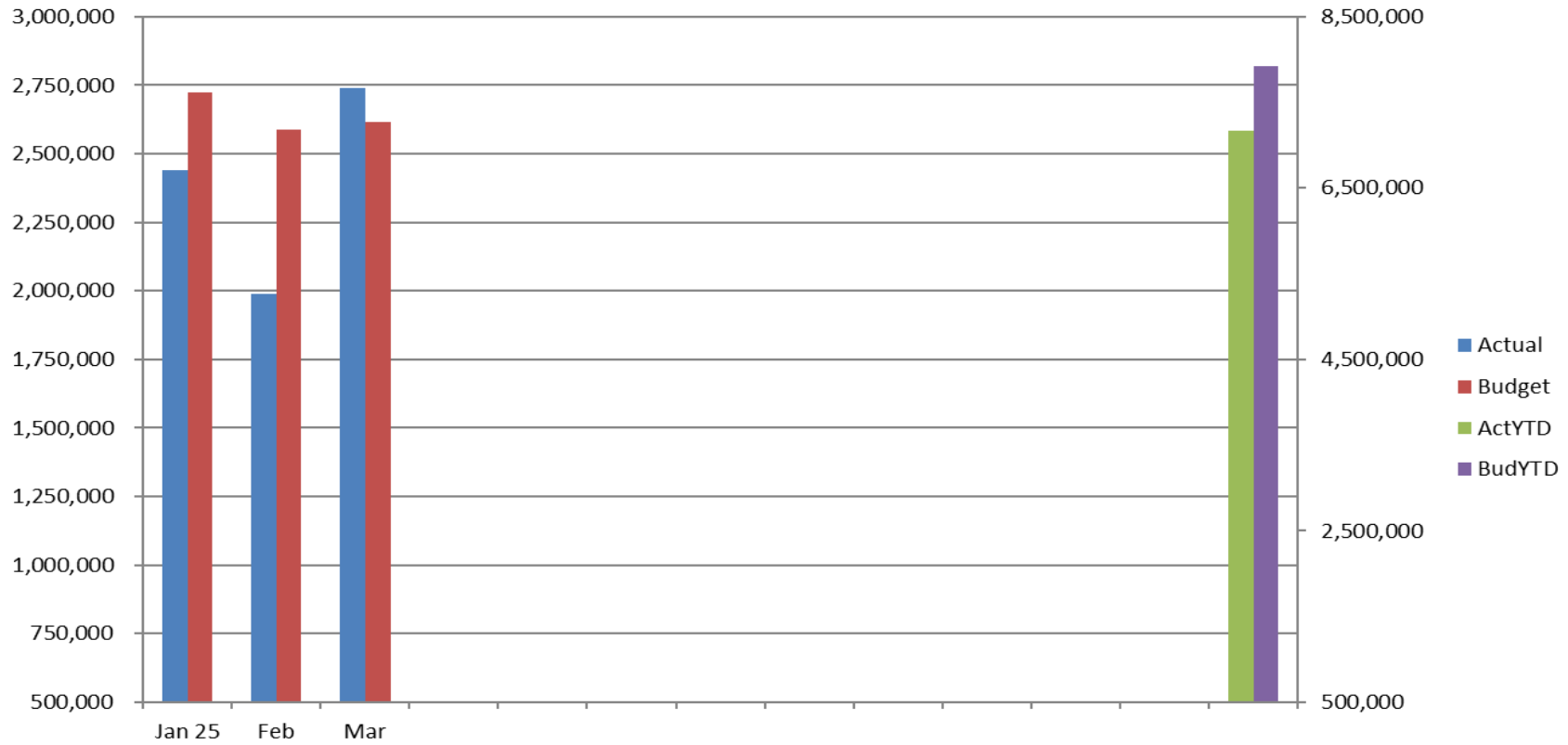
Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending March 31, 2025

	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	2,500,589	2,369,897	130,692	7,264,287	6,727,792	536,495	6,109,926
Grants, Contribs, Other Op Revenue	103,358	155,695	(52,337)	247,154	497,085	(249,931)	389,198
Tax Levies, unrestricted	<u>146,762</u>	<u>146,762</u>	<u>-</u>	<u>440,286</u>	<u>440,286</u>	<u>-</u>	<u>413,175</u>
Total Operating Revenue	2,750,709	2,672,354	78,355	7,951,726	7,665,163	286,563	6,912,299
Operating expenses							
Salaries & Benefits	2,031,053	1,884,819	(146,234)	5,634,936	5,545,203	(89,733)	4,951,520
Professional fees	188,057	181,170	(6,887)	489,494	519,605	30,111	482,981
Supplies	134,281	182,471	48,190	456,930	544,256	87,326	522,940
Purchased services	226,556	230,846	4,290	533,807	614,165	80,358	514,636
Depreciation	187,198	167,320	(19,878)	558,717	501,960	(56,757)	487,976
Other Operating Expenses	<u>235,931</u>	<u>308,910</u>	<u>72,979</u>	<u>705,218</u>	<u>802,707</u>	<u>97,489</u>	<u>577,512</u>
Total operating expenses	3,003,077	2,955,536	(47,541)	8,379,102	8,527,896	148,794	7,537,565
Operating gain / (loss)	(252,368)	(283,182)	30,814	(427,376)	(862,733)	435,357	(625,266)
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	341,754	341,754	-	337,923
Interest expense on bonds	(23,324)	(23,324)	(0)	(69,973)	(69,972)	(1)	(75,981)
Other Non-Operating rev (exp)	<u>(1,495)</u>	<u>(939)</u>	<u>(556)</u>	<u>(4,523)</u>	<u>(2,817)</u>	<u>(1,706)</u>	<u>(4,267)</u>
Total nonoperating rev (exp), net	89,099	89,655	(556)	267,259	268,965	(1,706)	257,675
Net Income	(163,269)	(193,527)	30,258	(160,117)	(593,768)	433,651	(367,591)

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

	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	3,758,646	3,503,841	254,805	10,440,249	10,250,355	189,894	9,117,720
less:							
Contractual Allowances	1,071,683	951,744	(119,939)	2,779,183	2,989,544	210,361	2,576,633
Reserve for Bad Debts	171,095	129,642	(41,453)	311,401	379,263	67,862	306,788
Reserve for Financial Assistance	15,279	52,558	37,279	85,379	153,756	68,377	124,373
Total Deductions from Revenue	1,258,057	1,133,944	(124,113)	3,175,962	3,522,563	346,601	3,007,794
Net Patient Revenue	2,500,589	2,369,897	130,692	7,264,287	6,727,792	536,495	6,109,926
Grants, Contributions	778	37,000	(36,222)	6,660	41,000	(34,340)	74,177
Other Operating Revenue	102,580	118,695	(16,115)	240,494	456,085	(215,591)	315,021
Tax Levies, unrestricted	146,762	146,762	-	440,286	440,286	-	413,175
Total Operating Revenue	2,750,709	2,672,354	78,355	7,951,726	7,665,163	286,563	6,912,299
Operating expenses							
Salaries and wages	1,659,565	1,552,939	(106,626)	4,581,303	4,553,783	(27,520)	4,055,846
Employee benefits	371,488	331,880	(39,608)	1,053,634	991,420	(62,214)	895,674
Professional fees	188,057	181,170	(6,887)	489,494	519,605	30,111	482,981
Supplies	134,281	182,471	48,190	456,930	544,256	87,326	522,940
Utilities	27,360	25,825	(1,535)	72,096	77,135	5,039	76,574
Repairs and maintenance	23,742	38,348	14,606	59,684	92,177	32,493	68,726
Purchased services	202,814	192,498	(10,316)	474,123	521,988	47,865	445,910
Continuing medical education	-	5,488	5,488	2,247	10,464	8,217	5,325
Other expenses	10,741	71,376	60,635	34,734	123,801	89,068	56,685
Dues and subscriptions	93,431	98,424	4,993	291,612	285,539	(6,073)	236,259
Travel / training / meetings	39,426	26,376	(13,050)	104,965	60,623	(44,342)	36,305
Leases and rentals	15,194	17,002	1,808	55,004	51,010	(3,994)	34,289
Depreciation	187,198	167,320	(19,878)	558,717	501,960	(56,757)	487,976
Licenses and taxes	28,817	40,445	11,628	77,363	122,875	45,512	82,430
Insurance	19,637	22,755	3,118	63,220	67,603	4,383	46,993
Interest	1,326	1,219	(107)	3,978	3,657	(321)	2,652
Total operating expenses	3,003,077	2,955,536	(47,541)	8,379,102	8,527,896	148,794	7,537,565
Operating gain / (loss)	(252,368)	(283,182)	30,814	(427,376)	(862,733)	435,357	(625,266)
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	341,754	341,754	-	337,923
Interest expense on bond financing	(23,324)	(23,324)	(0)	(69,973)	(69,972)	(1)	(75,981)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	-
Investment income	274	830	(556)	785	2,490	(1,705)	1,041
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(5,308)	(5,307)	(1)	(5,308)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	89,099	89,655	(556)	267,259	268,965	(1,706)	257,675
Net Income	(163,269)	(193,527)	30,258	(160,117)	(593,768)	433,651	(367,591)

Cascade Medical 2025 Cash Receipts



Cascade Medical
Statistics Summary - 2025

	YTD 2024				2025 Act	2025 Bud	Act/Bud	2025 Act	2025 Act	2025 Bud	2025 Bud	Act/Bud
	avg/mo	jan25	feb	mar	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	23	16	32	41	41	26	54.8%	89	30	72	24	22.8%
Swing Bed	64	77	115	101	101	85	18.8%	293	98	198	66	48.0%
Laboratory tests	3,129	3,192	2,871	3,401	3,401	3,300	3.1%	9,464	3,155	9,829	3,276	-3.7%
Radiology exams	296	379	361	322	322	357	-9.8%	1,062	354	1,053	351	0.9%
CT scans	135	128	124	125	125	133	-6.0%	377	126	416	139	-9.4%
ED visits	291	384	297	309	309	293	5.5%	990	330	892	297	11.0%
Ambulance runs	61	72	61	55	55	65	-15.4%	188	63	185	62	1.6%
Clinic visits	1,181	1,244	1,125	1,231	1,231	1,372	-10.3%	3,600	1,200	3,977	1,326	-9.5%
Rehab procedures	1,837	2,365	2,226	2,408	2,408	2,497	-3.6%	6,999	2,333	7,163	2,388	-2.3%

[illegible]

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending March 31, 2025

	<u>Mar-25</u>	<u>2025 YTD</u>	<u>2024 YTD</u>
<i>Cash flows from operating activities</i>			
Receipts from and on behalf of patients	\$ 2,419,631	\$ 6,650,312	\$ 6,145,318
Other receipts	\$ 54,159	\$ 128,869	\$ 187,045
Payments to & on behalf of employees	\$ (1,488,721)	\$ (4,509,222)	\$ (3,932,884)
Payments to suppliers and contractors	\$ (855,292)	\$ (2,920,241)	\$ (2,699,435)
Net cash gained / (used) in operating activities	\$ 129,777	\$ (650,282)	\$ (299,956)
<i>Cash flows from noncapital financing activities</i>			
Taxation for maintenance and operations, EMS	\$ 164,140	\$ 174,208	\$ 155,994
Noncapital grants and contributions	\$ -	\$ 5,882	\$ 22,385
Net cash provided by noncapital financing activities	\$ 164,140	\$ 180,090	\$ 178,379
<i>Cash flows from capital and related financing activities</i>			
Taxation for bond principal and interest	\$ 48,449	\$ 51,291	\$ 44,058
Purchase of capital assets	\$ -	\$ (141,507)	\$ (327,598)
Payments toward construction in progress	\$ (27,468)	\$ (34,847)	\$ (267,525)
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	\$ 20,981	\$ (125,063)	\$ (499,274)
<i>Cash flows from investing activities</i>			
Investment Income	\$ 51,854	\$ 155,143	\$ 165,805
Net increase (decrease) in cash and cash equivalents	\$ 366,751	\$ (440,111)	\$ (455,046)
Cash and Cash equivalents, beginning of period	\$ 15,437,859	\$ 16,244,722	\$ 14,238,144
Cash and cash equivalents, end of period	\$ 15,804,610	\$ 15,804,610	\$ 13,783,098

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

		<u>Actual</u> <u>January</u>	<u>Actual</u> <u>February</u>	<u>Actual</u> <u>March</u>	<u>Actual</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	\$ 15,437,859	\$ 16,244,722	\$ 15,804,610	\$ 16,521,904	\$ 16,434,354	\$ 16,244,722	\$ 16,377,421
Cash available for operating needs	\$	16,030,043	\$ 15,887,577	\$ 15,217,575	\$ 16,030,043	\$ 15,490,527	\$ 15,713,671	\$ 15,589,476	\$ 16,030,043	16,149,621
Cash restricted to debt service, other restricted funds	\$	214,679	\$ 217,609	\$ 220,284	\$ 214,679	\$ 314,084	\$ 808,234	\$ 844,878	\$ 214,679	227,800
<i>Cash flows from operating activities</i>										
Receipts from and on behalf of patients	\$	2,310,872	\$ 1,919,809	\$ 2,419,631	\$ 6,650,312	\$ 6,703,307	\$ 7,804,657	\$ 7,594,992	\$ 28,753,267	\$ 29,250,631
Grant receipts	\$	-	\$ 5,882	\$ -	\$ 5,882	\$ 26,000	\$ 6,000	\$ 6,000	\$ 43,882	\$ 79,000
Other receipts	\$	66,628	\$ 8,082	\$ 54,159	\$ 128,869	\$ 281,380	\$ 266,380	\$ 281,380	\$ 958,009	\$ 1,134,520
Payments to or on behalf of employees	\$	(1,516,516)	\$ (1,503,985)	\$ (1,488,722)	\$ (4,509,223)	\$ (5,013,957)	\$ (5,809,591)	\$ (4,958,632)	\$ (20,291,403)	\$ (21,688,558)
Payments to suppliers and contractors	\$	(939,406)	\$ (1,125,543)	\$ (855,292)	\$ (2,920,241)	\$ (2,468,260)	\$ (2,317,610)	\$ (2,325,213)	\$ (10,031,324)	\$ (9,574,652)
Net cash provided by operating activities	\$	(78,422)	\$ (695,755)	\$ 129,776	\$ (644,401)	\$ (471,530)	\$ (50,165)	\$ 598,527	\$ (567,568)	\$ (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	\$ 3,782	\$ 118,789	\$ 126,094	\$ 816,912	\$ 47,772	\$ 737,725	\$ 1,728,503	\$ 1,761,145
Investment Income	\$	55,211	\$ 48,078	\$ 51,854	\$ 155,144	\$ 149,970	\$ 149,970	\$ 149,970	\$ 605,054	\$ 599,880
Donations	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,000	\$ 90,000	\$ 90,000
Net cash provided by noncapital financing activities	\$	58,735	\$ 51,860	\$ 170,643	\$ 281,238	\$ 966,882	\$ 198,178	\$ 1,259,401	\$ 2,705,699	\$ 2,733,167
Proceeds from Long Term Debt				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$	(122,779)	\$ (26,106)	\$ (27,468)	\$ (176,354)	\$ (272,208)	\$ (272,208)	\$ (272,205)	\$ (992,975)	\$ (1,088,829)
Increase/(decrease) in cash available for operations	\$	(142,467)	\$ (670,001)	\$ 272,951	\$ (539,517)	\$ 223,144	\$ (124,195)	\$ 1,585,723	\$ 1,145,156	\$ 845,279
Cash available for operating needs	\$	15,887,577	\$ 15,217,575	\$ 15,490,527	\$ 15,490,527	\$ 15,713,671	\$ 15,589,476	\$ 17,175,199	\$ 17,175,199	\$ 16,994,900
Taxation for bond prin & int (incl encumbrd M&O)	\$	2,931	\$ 2,675	\$ 93,800	\$ 99,405	\$ 634,095	\$ 36,644	\$ 290,923	\$ 1,061,067	\$ 1,084,874
Principle & Interest paid on long-term debt					\$ (139,945)	\$ -	\$ (981,945)	\$ (1,121,890)	\$ (1,121,890)	\$ (1,121,890)
Restricted grants and contributions				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$	2,931	\$ 2,675	\$ 93,800	\$ 99,405	\$ 494,150	\$ 36,644	\$ (691,022)	\$ (60,823)	\$ (37,016)
Cash restricted to debt service, other restricted funds	\$	217,609	\$ 220,284	\$ 314,084	\$ 314,084	\$ 808,234	\$ 844,878	\$ 153,856	\$ 153,856	\$ 190,784
Cash balance, end of period	\$	16,105,186	\$ 15,437,859	\$ 15,804,610	\$ 15,804,610	\$ 16,521,904	\$ 16,434,354	\$ 17,329,055	\$ 17,329,055	\$ 17,185,684

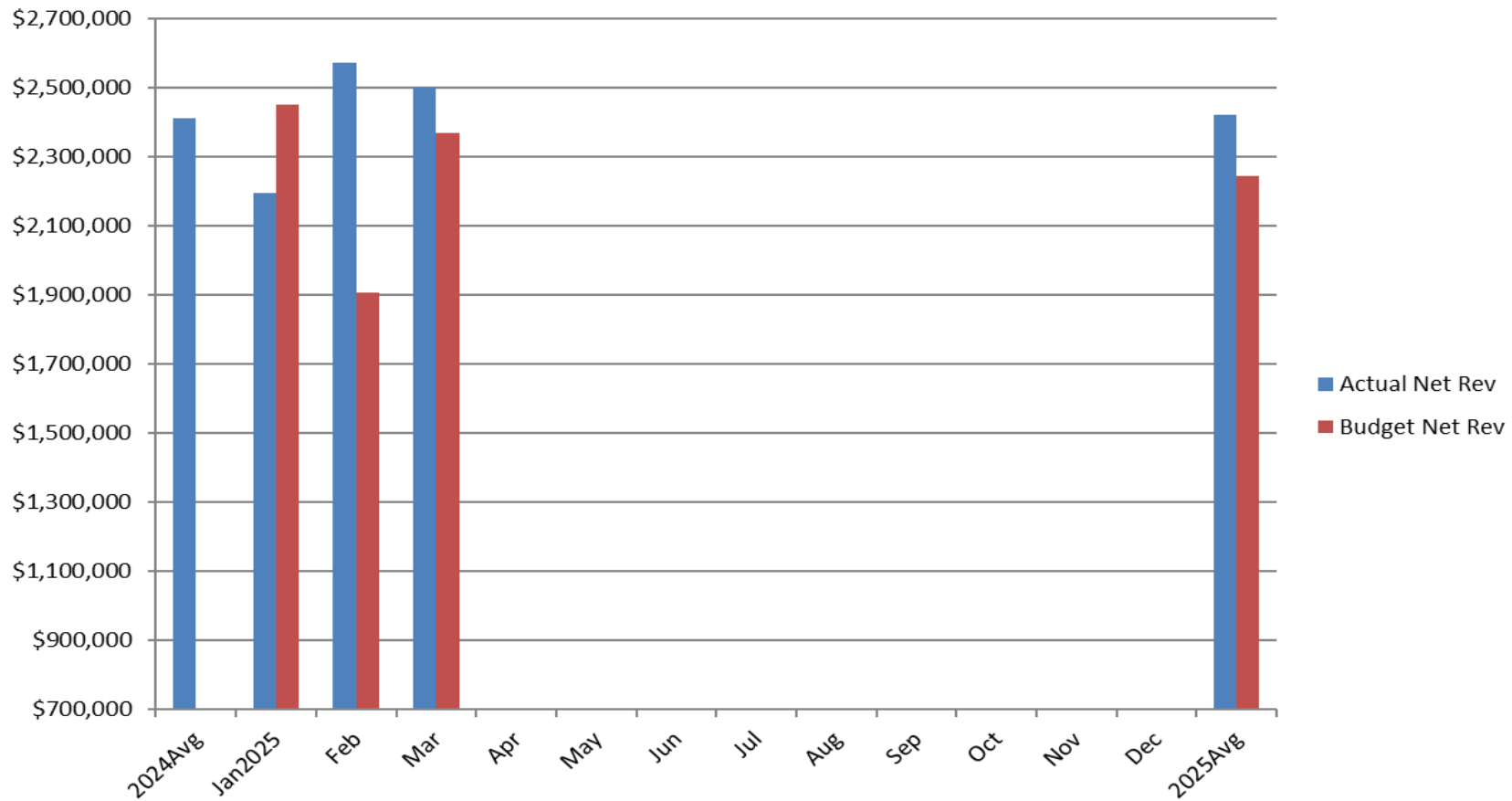
CASCADE MEDICAL CENTER
EMERGENCY MEDICAL SERVICES - MARCH, 2025

REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	3/31/2025	3/31/2025 YTD	3/31/2025	3/31/2025 YTD	3/31/2025	3/31/2025 YTD	3/31/2024 YTD
PATIENT REVENUE	765,715	2,349,365	240,049	690,087	\$1,005,764	\$3,039,452	\$2,532,486
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$445,493	\$1,366,861	\$128,594	\$369,679	\$574,087	\$1,736,540	\$1,519,222
NET PATIENT REVENUE	\$320,222	\$982,505	\$111,455	\$320,407	\$431,677	\$1,302,913	\$1,013,264
OTHER OPERATING REVENUE	\$0	\$0	-	-	\$0	\$0	\$38,818
TOTAL OPERATING REVENUE	\$320,222	\$982,505	\$111,455	\$320,407	\$431,677	\$1,302,913	\$1,052,082
OPERATING EXPENSES							
SALARIES AND WAGES	238,656	627,917	162,060	465,971	\$400,716	\$1,093,889	\$936,480
EMPLOYEE BENEFITS	36,845	101,044	39,384	115,228	\$76,229	\$216,271	\$181,502
PROFESSIONAL FEES	5,441	7,097	-	-	\$5,441	\$7,097	\$23,595
SUPPLIES	6,607	15,750	6,290	26,958	\$12,897	\$42,707	\$45,365
FUEL	-	-	1,469	5,545	\$1,469	\$5,545	\$4,771
REPAIRS AND MAINT.	-	-	7,566	21,048	\$7,566	\$21,048	\$6,453
PURCHASED SERVICES	2,263	10,620	15,314	54,910	\$17,577	\$65,530	\$54,205
CONTINUING MEDICAL EDUCATION	-	4,768	-	2,246	\$0	\$7,015	\$1,055
DUES	2,183	3,282	629	10,324	\$2,812	\$13,607	\$12,496
OTHER EXPENSES	280	840	974	2,685	\$1,254	\$3,526	\$38,889
LEASES / RENTALS	-	259	2,624	12,126	\$2,624	\$12,385	\$5,233
DEPRECIATION	4,570	13,711	23,841	71,522	\$28,411	\$85,233	\$66,355
TAXES AND LICENSES	-	-	-	177	\$0	\$177	\$163
INSURANCE	837	2,512	3,359	10,076	\$4,196	\$12,588	\$16,601
OVERHEAD COSTS	220,406	609,521	100,560	278,092	\$320,966	\$887,614	\$782,969
TOTAL OPERATING EXPENSES	\$518,089	\$1,397,323	\$364,070	\$1,076,911	\$882,159	\$2,474,233	\$2,176,132
MARGIN ON OPERATIONS	(\$197,867)	(\$414,819)	(\$252,615)	(\$756,504)	(\$450,482)	(\$1,171,320)	(\$1,124,050)
TAX REVENUE					\$146,762	\$440,286	\$413,175
NET MARGIN WITH TAX REVENUE					(\$303,720)	(\$731,034)	(\$710,875)
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	309	990	55	188			
Total Ambulance Runs (includes unbillable runs)			73	278			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	287	874	73	184			
Total Ambulance Runs (includes unbillable runs)			100	269			

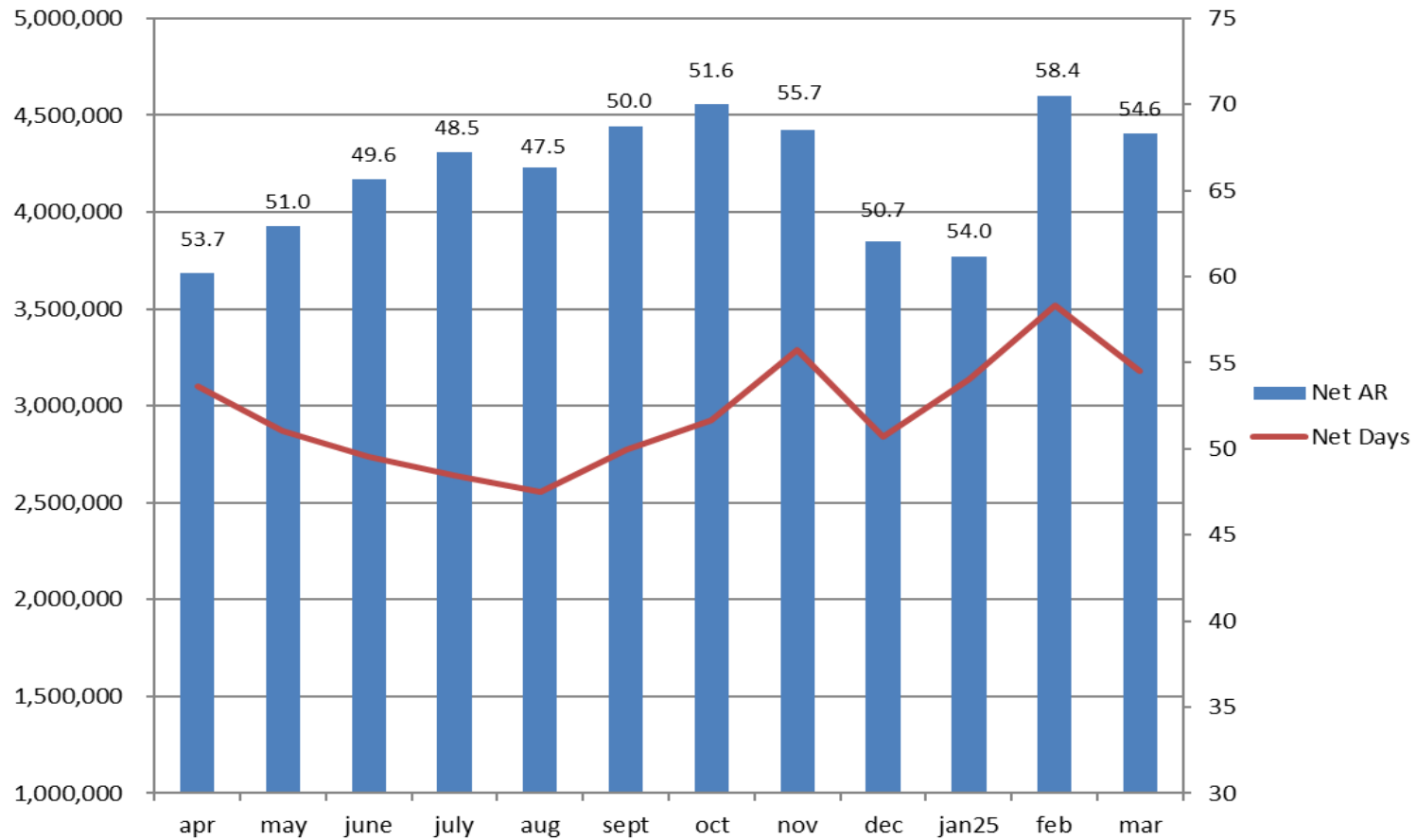
Cascade Medical Center
Balance Sheet
As of March 31, 2025 and December 31, 2024

	Mar 2025	Dec 2024		Mar 2025	Dec 2024
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	1,230,726	961,831	Accounts Payable	217,851	367,456
Savings Account	13,288,531	14,144,282	Accrued Payroll	1,118,273	665,443
Patient Account Receivable	7,935,534	8,085,162	Refunds Payable	(4,570)	-
less: Reserves for Contractual Allowances	(3,532,033)	(4,278,265)	Accrued PTO	1,038,145	984,137
Inventories and Prepaid Expenses	322,994	319,451	Payroll Taxes & Benefits Payable	72,864	84,261
Taxes Receivable - M&O Levy	132,663	11,990	Accrued Interest Payable	93,297	23,324
- EMS Levy	347,861	31,939	Current Long Term Debt	848,480	850,397
Other Assets	414,308	542,989	Current OPEB Liability	930,361	942,361
Total Current Assets	20,140,583	19,819,380	Short Term Lease	36,493	36,493
			ST Subscriptions	46,906	46,906
			Settlement Payable	737,742	737,742
Assets Limited as to Use			Total Current Liabilities	5,135,841	4,738,520
Cash and Cash Equivalents					
Funded Depreciation	688,681	681,259	Long Term Liabilities		
CVB Memorial Fund	1,275	1,275	Notes Payable	191,323	191,323
UTGO Bond Payable Fund	127,417	76,126	Covid SHIP Funding	-	-
LTGO Bond Payable Fund	47,292	47,292	PPP Note Payable	-	-
Investment Memorial Fund	139,527	138,023	CARES Act Funds Reserve	-	-
Settlement Account	182,738	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	194,888	68,794	Deferred Revenue/Bond Premium	76,477	77,880
	1,381,818	1,193,538	Long Term OPEB/Pension Liability	2,651,452	2,651,452
Taxes Receivable - Construction Bond Levy	135,786	12,315	Long Term ROU Leases	5,359	5,359
Total Assets Limited as to Use	1,517,604	1,205,853	Long Term Subscriptions	13,039	13,039
			Total Long Term Liabilities	10,770,649	10,772,053
Property, Plant and Equipment			Total Liabilities	15,906,489	15,510,572
Land	522,015	522,015			
Land Improvements	1,420,326	1,420,326	Fund Balance - Prior Years	15,744,553	13,979,478
Buildings & Improvements	10,709,788	10,709,788	Fund Balance - Current Year	(160,117)	1,765,075
Fixed Equip - Hospital	9,698,477	9,676,405			
Major Movable Equipment Hospital	8,930,557	8,820,605	Total Fund Balance	15,584,436	15,744,553
Construction in Progress	53,293	18,446			
Total Property, Plant and Equipment	31,334,456	31,167,585			
Less: Accumulated Depreciation	(23,392,197)	(22,833,480)			
	7,942,260	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	274,694	280,002			
TOTAL ASSETS	31,490,926	31,255,126	TOTAL LIABILITIES & FUND BALANCE	31,490,926	31,255,126

Cascade Medical 2025 Net Patient Revenue, Actual vs. Budget



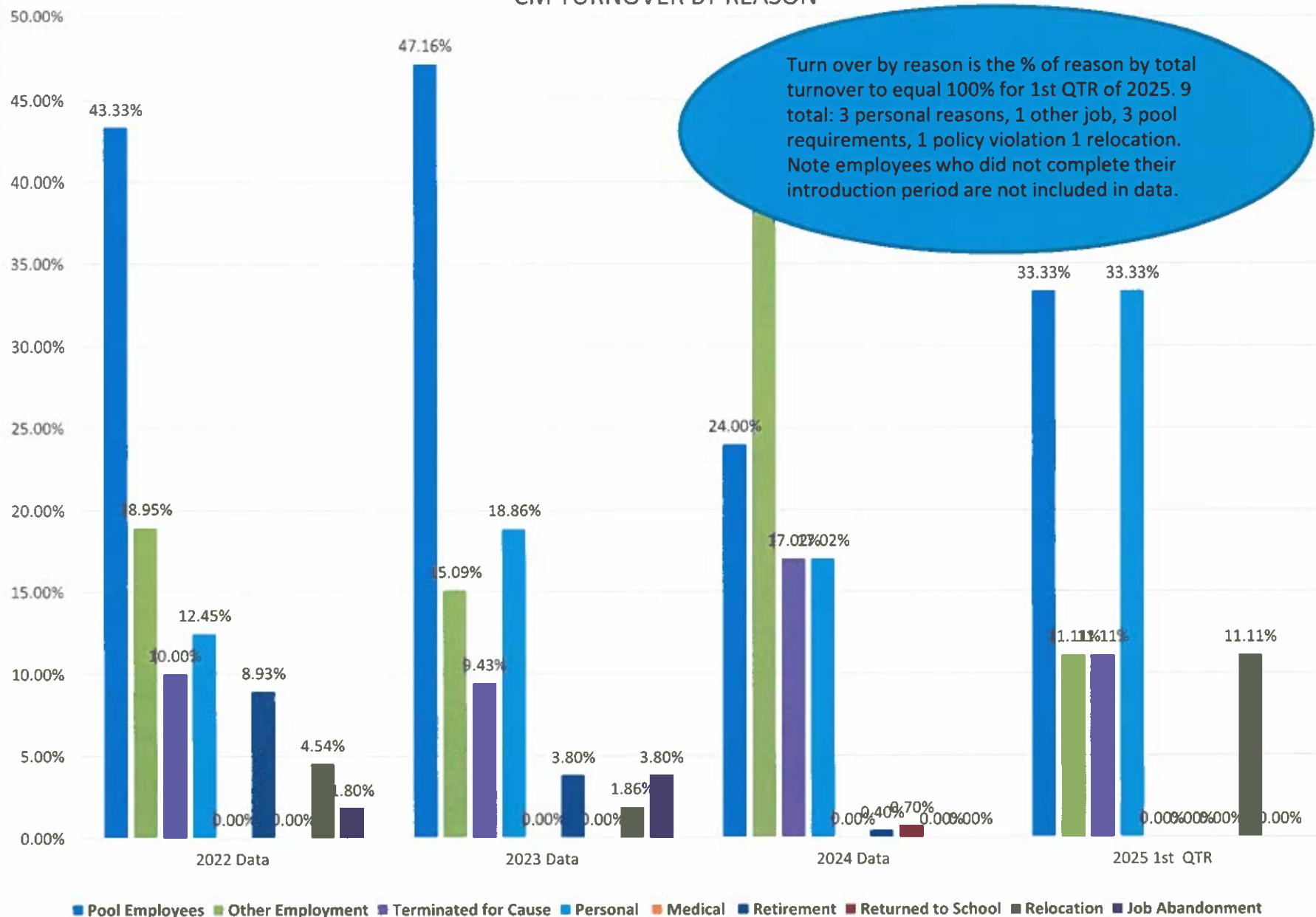
Days in Net Accounts Receivable



Cascade Medical
Accounts Receivable Trending Report - 2025

Total Facility	Dec 2022	Dec 2023	Dec 2024	Jan25	Feb	Mar	Apr	May	June
0 - 30 days	2,660,733	2,851,120	3,276,645		3,189,037	2,817,073			
31-60 days	545,432	839,394	668,472		1,234,728	1,240,487			
61-90 days	349,290	451,019	594,276		825,290	768,009			
91-180 days	1,129,065	1,005,422	1,383,758		1,006,457	1,070,264			
over 180 days	1,360,992	1,343,819	2,162,011		2,343,051	2,039,701			
Total Balance	6,045,511	6,490,775	8,085,162	7,953,177	8,598,563	7,935,534			
Credit bals as % of AR	6.8%				1.5%	1.8%			
% >90 w/o installs	41.2%								

CM TURNOVER BY REASON



CM TURNOVER

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

