



Public Hospital District No.1: Board of Commissioners Meeting Agenda
Wednesday June 25, 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 • May 28, 2025 Board Meeting Minutes 		
	Previous Month's Warrants Issued:	10126732-10126967	05/17/2024 – 06/13/2024 \$ 904,312.14
	Accounts Payable EFT Transactions:	20250070-20250086	05/17/2025 – 06/13/2025 \$ 590,466.97
	Payroll EFT Transactions:	26534-26949	05/17/2025 – 06/13/2025 \$ 1,002,385.38
	<ul style="list-style-type: none"> • Bad Debt: May 2025 		
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.	Foundation Report	5:40	Rich Adamson
VI.	CM Values	5:45	Diane Blake
VII.	<u>Discussions & Reports</u>	5:50	
	a. CHNA Report		Health Facility Planning
	b. Strategic Plan Timeline Check-in		Diane Blake
VIII.	<u>Committee Reports</u>		
	a. Governance	7:00	Shari Campbell
IX.	<u>Action Items</u>	7:15	Commissioners
	a. MOTION: Approve Credentialing		
	b. MOTION: Approve Resolution 2025-03 Meeting Time Update		
	c. MOTION: Approve Resolution 2025-04 Surplus Items		
X.	May Financial Report	7:25	Marianne Vincent
XI.	Administrator Report	7:35	Diane Blake
XII.	Board Action Items	7:55	Commissioners
XIII.	Meeting Evaluation/Commissioner Comments	8:00	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? • Given the updates you heard today and our 2025 strategic objectives, do you have any additional questions about these focus areas? • Is there anything you think we should do more of/less of to achieve our priorities? 		
XIV.	Adjournment	8:10	Shari Campbell

BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2)	Location	Time
June 11, 2025	CMF Board Meeting		ABC Room	9:00 AM
June 16, 2025	CMF Golf Classic	Shari	Kahler Mountain Club	All Day
June 22-25, 2025	WSHA Annual Conference	All Commissioners Welcome	Campbell's Resort, Chelan, WA	All Day
July 16, 2025	CMF Board Meeting		ABC Room	9:00 AM
August 6, 2025	Medical Staff Meeting		ABC Room	7:00 AM
August 12, 2025	Q3 Open Forum		ABC Room	12:30 PM
August 13, 2025	Q3 Open Forum		ABC Room	11:30 AM
August 14, 2025	Q3 Open Forum		ABC Room	5:15 PM
August 15, 2025	Q3 Open Forum		ABC Room	12:00 PM
August 20, 2025	CMF Board Meeting		ABC Room	9:00 AM
August 21, 2025	Community Block Party		TBD	TBD
September 17, 2025	CMF Board Meeting		ABC Room	9:00 AM
October 1, 2025	Medical Staff Meeting		ABC Room	7:00 AM
October 22, 2025	CMF Board Meeting		ABC Room	9:00 AM
November 11, 2025	Q4 Open Forum		ABC Room	12:30 PM
November 12, 2025	CMF Board Meeting		ABC Room	9:00 AM
November 12, 2025	Q4 Open Forum		ABC Room	11:30 AM
November 13, 2025	Q4 Open Forum		ABC Room	5:15 PM
November 14, 2025	Q4 Open Forum		ABC Room	12:00 PM
November 18, 2025	Community Engagement Night		Leavenworth Festhalle	TBD
December 10, 2025	CMF Board Meeting		ABC 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 June 25, 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.
- **Discussions & Reports**
 - Health Facilities Planning will provide a summary report of the findings from the Community Health Needs Assessment. Additionally, they will be proposing a list of priority areas for us to consider focusing on in the coming three years. While we will not be selecting a finalized list of priority areas at this meeting, and will instead finalize them later in the year, in conjunction with setting our strategic plan, it will be valuable to hear your thoughts on what areas of focus/priorities rise to the top for you, for now. A set of draft slides will be sent to you separately from this packet, for review prior to the meeting if you wish. Lastly, we’ve attempted to allow robust meeting time for this topic, and we acknowledge the actual time spent on this topic can vary greatly depending on the amount of questions and discussion, which may make it more likely than usual to end at time that may vary from the estimated adjournment time.
 - Strategic Planning Timeline – Included in your packet is a document which provides a summarized framework of remaining strategic plan work, including the master facilities plan work, for the year. This timeline is a tool to both provide clarity on how the process is currently planned / envisioned and provide a framework for board feedback regarding whether changes in the plan would be welcome/advised by the board to continue fine tuning opportunities for board-level input and discussion.
- **Committee Reports**
 - Governance Committee – Included in your packet are several documents to inform Shari’s report. These include: the most recent meeting agenda, the board education plan, the board’s 2025 objectives, and a proposed structure for appointing community members to board committees.
- **Action Items**
 - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
 - Resolution 2025-03 – Included in your packet is a resolution proposing adjusting the start time of board meetings to 5:00 PM. As a reminder, board meeting schedule is required to be set by board resolution. We look forward to board discussion on this topic as the board considers this change to meeting start time.
 - Resolution 2025-04 – Included in your packet is resolution with a detailed list of equipment being proposed for surplus/disposal. As a reminder, as a public

agency, we must receive board approval to surplus certain types of items prior to disposal or sale.

- **May Financials** – Included in your packet is the financial report for May 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.



Minutes of the Board of Commissioners Meeting

Chelan County Public Hospital District No. 1

Arleen Blackburn Conference Room & Video Conference Connection

May 28, 2025

Present: Shari Campbell, President; Tom Baranouskas, Vice President; Cary Ecker, Commissioner; Dr. Jesse Knight, Commissioner; Jessica Kendall, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operating Officer/Chief of EMS; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Natasha Piestrup, Senior Director of Nursing; Whitney Lak, Senior Director, Rural Health Clinic; Madison McNeil, HR Coordinator

Guests: Kami Matzek, DZA

Zoom: Lester; Travis Beyerl, SAO; Tyler Anderson, DZA

Topics	Actions/Discussions
Call to Order 5:33	Subsequent to the 4:30 education session on quality, President Shari Campbell called the meeting to order at 5:33 PM. Tom Baranouskas then led the Pledge of Allegiance.
Consent Agenda 5:36	April minutes need to be updated to reflect Jessica's attendance. Tom moved to approve the consent agenda, with the change to the minutes. Cary seconded. Motion unanimously approved.
Community Input	None
Introduction: Linda Greiner, PA-C 5:37	Diane Blake introduced Linda, CM's new hospitalist and clinic provider. Linda is also able to provide care in the emergency department. Conversation ensued between Linda and the board.
2024 Audit Presentation 5:49	Kami Matzek provided an overview of the financial documents included in the board meeting packet. <ul style="list-style-type: none"> • GASBY 101 was implemented • Estimates of the allowance for patient accounts and 3rd party settlements were reviewed • No material audit adjustments were posted • Audit focuses on areas of potential risk; for example, any management override of controls, places where financial estimates are utilized, implementation of the new GASBY standard • Cascade received a clean audit consistent with our standards of quality
CM Values 6:42	Diane Blake provided the Shared Values reflection which was a note from a grateful patient about Dr. Frank's care in the emergency department: <ul style="list-style-type: none"> • The patient had a positive experience and particularly noted astute patient assessment, patient listening, and investigative questions to piece together patient's history and current state of health. • Both the patient, and the patient's family expressed their deep appreciation.
Committee Reports 6:47	Quality Oversight Committee <ul style="list-style-type: none"> • Jessica Kendall provided a summary report of the most recent meeting • Rachel and Jessica will be speaking about our board quality rounding process at the WSHA leadership conference in June. There is a lot of interest for us to share more about our quality program and how we structure board quality rounding so it supports the board's role of broad oversight.

	<p>Medical Staff</p> <ul style="list-style-type: none"> • Shari Campbell provided the report. • There was concern with a DEXA scan, through collaborative discussion a transcription issue was identified. A thorough audit was performed and determined no lapse in quality patient care. <p>Community Outreach and Awareness Committee</p> <ul style="list-style-type: none"> • Shari Campbell provided the report. • The EMS Levy passed with 77% approval. Management will document an after-action report of what worked well and what can be improved, to retain for future. • The committee is continuing discussion to formulate a structured plan to maintain our relationship with the community. • We are marketing strategically and considering our broad areas of focus, with priority areas for continued growth: family medicine, imaging, ER. • We are considering how to use data to further hone/inform methods of outreach/marketing and messaging. • The committee is interested in the addition of one to two community members to the committee.
<p>Discussions & Reports 7:00</p>	<p>Meditech Update</p> <ul style="list-style-type: none"> • Pat Songer provided the report and opened the discussion. • Healthnet Consulting Group has been partnering with us on optimization efforts. • We have found that reports from Meditech with a single source truth is resulting in higher quality reporting. • Meditech response is often delayed, which slows pace of optimization work. There is a plan to use collaborative strength in numbers to encourage Meditech development. • The new report format is appreciated by the board. <p>Decision Matrix</p> <ul style="list-style-type: none"> • Diane Blake opened the discussion. • The matrix is a proposed framework for contractual decisions: how the board and management work together, and who is responsible for each piece, and what type of information is needed. • The framework was reviewed by the governance committee and is intended to provide process clarity around future big decisions. • Board discussion raised questions of where management / board discussion happens, at what point in the framework decisions happen and whether a timeframe should be provided. Governance Committee will review and recommend changes to the document.
<p>Action Items 7:15</p>	<p>Motion: Approve Credentialing</p> <ul style="list-style-type: none"> • Diane provided information on one deviation from standard process, which was that one physician, filling two roles, reviewed the 90-day extension application, rather than two. • Jessica moved to approve; Tom seconded. Motion unanimously approved. <p>Motion: Approve Capital Spending for Clinic Remodel</p> <ul style="list-style-type: none"> • Tom moved to approve; Cary seconded. Motion unanimously approved. <p>Motion: Appoint COAC Committee Member</p> <ul style="list-style-type: none"> • Shari moved to nominate Jessica Kendall for appointment to COAC. Jesse seconded. Motion unanimously approved.
<p>April 2025 Financials 7:24</p>	<ul style="list-style-type: none"> • Marianne Vincent provided the report. • CM achieved a net margin of \$358,000 exceeding the budgeted margin

	<p>of \$20,000 by \$338,000. Gross revenue exceeded budgeted volumes by \$112,000. Operating expenses for April were under budget by \$1,000</p> <p>Revenue and Expense Variances</p> <ul style="list-style-type: none"> Professional fees were over budget by \$53,000 due to consulting fees for Meditech optimization. Supplies are below budget in April due to pharmacy and lab expenses being lower than budgeted. Several lab supply contracts were reworked in 2024 and the lower expenses in 2025 are likely a result of this work as volumes are just slightly under budgeted volumes. <p>Cash Receipts and Balances</p> <ul style="list-style-type: none"> April cash collections on patient accounts were \$1,290,000,000 more than budgeted and combined with April tax collections resulted in total cash collections that were \$1,468,000 more than budgeted, closing the negative variance seen through March. Cash balances for the year remain strong at \$961,000 greater than budgeted balances. <p>Accounts Receivable</p> <ul style="list-style-type: none"> Strong collections on patient balances for the month combined with continued work on stale accounts resulted in Gross Accounts Receivable being reduced by \$862,000 <p>Contractual Allowance</p> <ul style="list-style-type: none"> The contractual allowance is at 46%, allowing for a conservative estimate of our uncollectible accounts. <p>Future work</p> <ul style="list-style-type: none"> Work to upload contracts to our new software continues as does Accounts Payable efforts to streamline payments to vendors. We hope to collaborate with an outside vendor to review our 340B pharmacy program functionality and will be working to provide data to Wipfli, who will be assisting with our Master Facilities Plan. Lisa Steen will be filling the role of Director of HIM and Revenue Integrity
<p>Administrator Report 7:31</p>	<p>Diane Blake provided the report.</p> <p>Provider Recruitment</p> <ul style="list-style-type: none"> We continue to recruit for a full time clinic physician. We are also working on a plan for summer provider coverage and what other additions may need to be made. <p>Federal Updates</p> <ul style="list-style-type: none"> CMS administrator did not visit WA in May, may come in August; opportunity to educate on the realities of providing care in the rural setting Federal bill passed in the house and now in the senate. In it's current form, it's predicted that up to 440,000 Washingtonians could lose insurance coverage, that WA providers could experience and additional \$700M annually in payment cuts, with up to \$500B in cuts predicted for WA providers in 2026 – 2034 On the positive side, WA's federally directed payment program was approved by CMS, so those funds, critical to supporting the care of Medicaid patients, will begin to flow into our state DOH approved our plans for the mobile MRI, anticipate seeing patients mid-summer Following board approval of the AI governance policy, the steering committee now is readying the utilization of an ambient listening solution to support providers with efficiency in charting.

	<ul style="list-style-type: none"> The project to install thin clients in clinic exam rooms, to improve provider efficiency/work flows is in process. <p>Strategic Planning</p> <ul style="list-style-type: none"> Community Health Needs Assessment is wrapping up, we're working on timeline to bring before the board. Launched the master facilities planning work, currently providing a large pull of data to vendor leading that project. Will be determining timing of touch points to the board and how the master facilities planning dovetails to the October board retreat. Employee listening sessions occurred in May, providing us with valuable input and feedback. Our last session will be a hybrid with Med staff in early June. <p>Communication / Outreach since last board meeting</p> <ul style="list-style-type: none"> Chiwawa Homeowner's Association City engagement night 5/6 Free sports physical at the school 5/27 Arrive Alive at the high school We had a presence at both Early Learning Fair and Dia de los Ninos Booth at Wildfire Coalition event Diane toured Dr. Andrew Jones with Confluence Health and received update on CH's strategic plans, which are collaborative in the region Diane participated in WHSA's convening meeting of regional CEO's in Moses Lake <p>Kudos</p> <ul style="list-style-type: none"> Megan Sawyer navigated a situation where the chemistry analyzer probes were recalled and new ones would not be available until fall. She was able to find a useful trade with a hospital in Spokane to swap probes and ensure we could continue to perform these vital tests. Thank you to Whitney and Natasha for stepping into the roles of senior directors
<p>Board Action Items 7:50</p>	<p>Meeting Evaluation/Commissioner Comments Commissioners expressed appreciation for a good meeting and did not have specific feedback on the questions provided on the agenda.</p>
<p>Executive Session 8:06</p>	<p>The board moved into executive session at 8:06 for 30 minutes for the Performance of a Public Employee (RCW 42.30.110(1)(g)). At 8:36 the board extended the executive session for an additional 15 minutes. The board came out of executive session at 8:51 PM.</p>
<p>Adjournment 8:52</p>	<p>Tom moved to adjourn the meeting. Cary seconded, and motion was unanimously approved.</p>

Shari Campbell, President

Jessica Kendall, Secretary

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: June 25, 2025

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

Accounts Payable Warrant Numbers	10126732 – 10126967	\$904,312.14	5/17/2025 – 6/13/2025
Accounts Payable EFT Transactions	20250070 – 20250086	\$590,466.97	5/17/2025 – 6/13/2025
Accounts Payable ACH Transactions	EP12025 – EP12026	\$433.00	5/17/2025 – 6/13/2025
Payroll EFT Transactions	26534 – 26949	\$1,002,385.38	5/17/2025 – 6/13/2025
Grand Total		\$2,497,597.49	

Prepared by:

Kathy Jo Evans
Director of Accounting

Cascade Medical

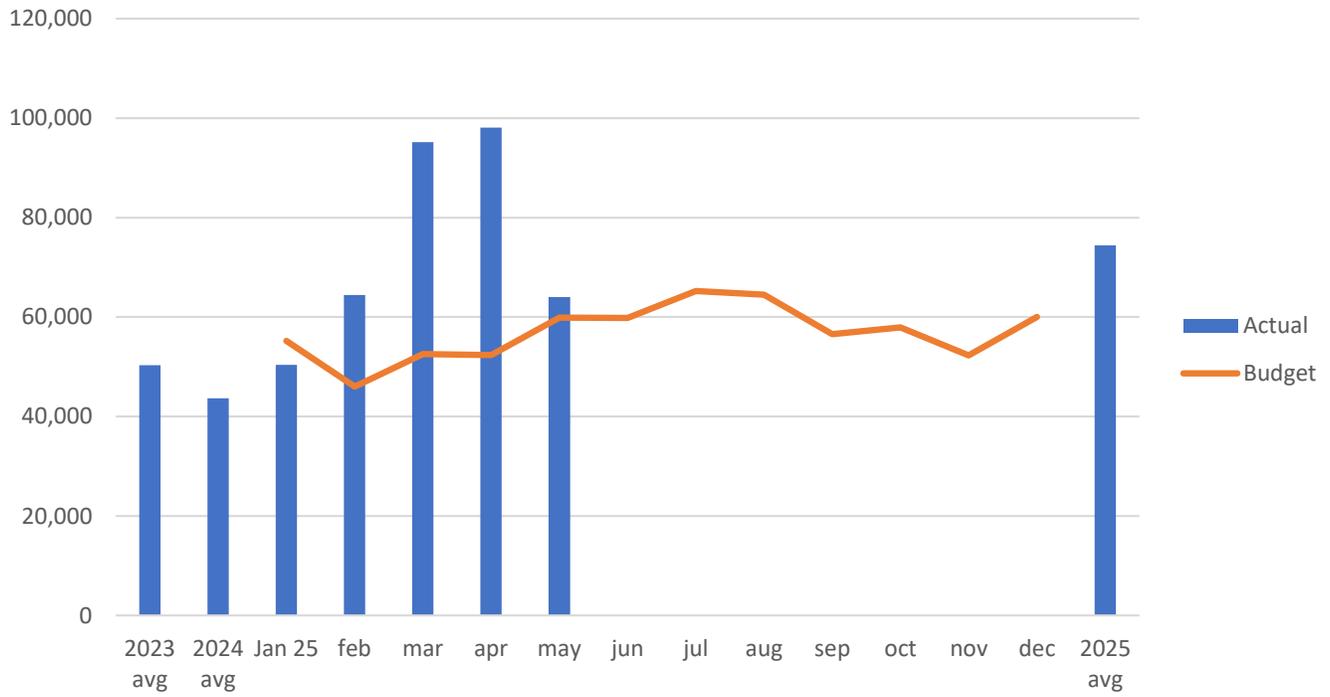
Bad Debt Write Offs
Financial Assistance Program Discounts

Month May, 2025

Net Bad Debt Write-Offs for Board Approval	\$	180,294.17
CFSP/Financial Assistance Program Discounts for Board Approval	\$	64,059.62

Bad Debt/ Financial Assistance Supplemental Information		
Bad Debt Write-Offs	Sent to Collection Agency	237,871.71
	less: pullback from Agency due to receipt of payments	(57,577.54)
	Net Bad Debt Write-Offs	<u>180,294.17</u>
CFSP/Financial Assistance Applications - Discounts Approved	\$	64,059.62
	Total	244,353.79

CFSP/Financial Assistance Discounts



Strategic* Planning Work Timeline & Purpose
Cascade Medical
June – December 2025

Purpose: By end of October 2025, finalize a Master Facilities Plan which will provide a 10- to 20-year roadmap for growing our services and the structures by which we provide them, in a fiscally responsible manner intended to best support and care for community health needs over that same ten to twenty year period. Additionally, before the end of 2025, finalize a three-year strategic plan, for years 2026 – 2028, that advances the Master Facilities Plan work in addition to other pillar objectives.

The inputs to support this work include:

- Community Health Needs Assessment (CHNA) data and defined areas of focus
- Feedback from employees, primarily gathered from Listening Sessions
- Market data – provided by both H&H Leadership and the Master Facilities Plan vendor
- Industry trends – provided by both H&H Leadership and the Master Facilities Plan vendor
- Master Facilities Plan work/process
- Annual budget, with long term projections
- Stratified organizational risks

The interweaving of these inputs, including coordinating internal and multiple external resources, combined with a tight-ish timeline mean we'll perform best by clearly communicating and working to a timeline of activities. The table below is intended to map out the activities management and the board should be involved in from June 2025 through the end of the year. We acknowledge we may need to maintain some flexibility as we coordinate with two consulting firms and manage internal resources, but we recognize we will be most successful in achieving our purpose, stated above, if we can manage work and inputs to align closely with the timelines established in the table below.

* Strategy can be defined as the **intelligent allocation** of **limited resources** through a **unique** system of activities to **outperform** the industry to best serve the health needs of our community.

**Proposed Strategic Planning Timeline
June – December 2025**

Black = Work involving Board; Orange = Management work

June	July	August	September	October	November
<p>Final draft review of Community Health Needs Assessment (CHNA) data</p> <p>Review CHNA summary at June Board meeting, give direction on areas of focus</p> <p>Submit all requested data to Master Facilities Plan consultants (MFPC)</p> <p>Regular cadence established with MFPC for internal steering committee meetings</p> <p>Capital budget kickoff</p> <p>Board Governance Committee establishes outline for October retreat</p>	<p>Review summary of Listening Sessions, develop action plan</p> <p>Review & discuss summary of Listening Sessions feedback at July Board meeting</p> <p>Establish when board will have touchpoints with master facility plan work</p> <p>Operational budget kickoff</p> <p>MFPC on-site assessments, market & affordability analysis, steering committee meetings</p> <p>Receive master facility plan update at July Board meeting</p> <p>Finalize risk stratification</p>	<p>Review initial budget draft</p> <p>MFPC on-site assessments, market & affordability analysis, steering committee meetings</p> <p>Potential: board update of master facilities plan process at special meeting?</p> <p>Develop rough draft list of next three year strategic plan focuses (recognizing it will be impacted by ongoing master facilities work)</p> <p>Review salary/wage survey data</p> <p>Internal steering committee reviews initial concept options presented by MFPC</p>	<p>Review first budget draft</p> <p>Governance finalizes retreat agenda</p> <p>MFPC models potential scenarios for service growth, expansion, etc. and shares preliminary phasing/affordability matrix</p> <p>Review & discuss stratified risks as they relate to strategic planning</p> <p>Gather feedback from Leadership Team and Medical Staff on rough draft of organizational objectives (long- and shorter-term)</p> <p>Narrow concepts for three-year strategic plan and 2026 plan</p>	<p>Retreat on 10/3 with discussion of and final master facility plan deliverable as well as development of three-year plan (discuss and develop objectives for strategic plan)</p> <p>Approve 2026 CM budget</p>	<p>Approve CHNA</p> <p>Approve three-year strategic plan</p> <p>Begin developing organizational tactics for 2026</p>

Note: December reserved for any spillover items and for management to finalize tactics to support 2026 and beyond objectives.



AGENDA

Board Governance Committee

June 17, 2025

2:00 PM-4:00 PM

Administration Conference Room

Agenda Item		Time
1.	Call to Order	2:00 PM
2.	Consent Agenda Approval <ul style="list-style-type: none">June 17, 2025 AgendaApril 22, 2025 Minutes	2:00 PM
Committee Work		
1.	Strategic Planning process update and discussion, including: <ul style="list-style-type: none">Discuss Board touch points for other strategic planning workDiscuss October 3 Board retreat	2:00 PM
2.	Review and update board education plan	2:30 PM
3.	Review YTD approved Commissioner outreach events	2:45 PM
4.	Review Board suggested updates to decision-making matrix	2:50 PM
5.	Board future/succession planning: <ul style="list-style-type: none">Check in on new commissioners' orientation progressDiscuss opportunities for additional community involvement, near- and farther-term	3:00 PM
6.	Develop structure for community appointments on board committees	3:20 PM
7.	Check progress of Board's 2025 objectives work	3:35 PM
8.	Discuss ways to continue to grow the Board's approach to thinking strategically	3:45 PM
9.	Set next meeting date	3:55 PM
Adjournment		
1.	Adjournment	4:00 PM

Materials provided in advance of meeting along with agenda:

- Minutes from April 22, 2025 Meeting
- Summary of planned strategic planning work and timelines
- 2025 Board Education Plan
- List of approved Commissioner outreach
- Board decision-making matrix with edits
- Snapshot of Cary's and Jessie's orientation completed and outstanding orientation items
- Draft guidance for community appointments on committees
- 2025 Board Objectives



2025 Education Plan
Cascade Medical Board of Commissioners

Date	Location	Topic	Comments
January 22, 2025	ABC Room	EMS Levy Education	Matt Ellsworth, AWP/PHD, attending virtually
February 26, 2025	ABC Room	NA	
March 26, 2025	ABC Room	Performance Evaluations	Melissa Grimm, CHRO
April 23, 2025	ABC Room	NA	
May 28, 2025	ABC Room	CM's Quality Program	Held in advance of the meeting, starting at 4:30. Led by Rachel Avery, Director of Continuous Quality Improvement.
June 23 – 25	Chelan	Rural Healthcare & Leadership	WSHA & AWP/PHD Conference
June 25, 2025	ABC Room	NA	
July 23, 2025	ABC Room	TBD	Consider time for attendees to share thoughts from June conference
Sept 24, 2025	ABC Room	Finance	Mix of foundational finance education with information about budget considerations / impacts and update on long-term financial planning
October 3, 2025	Icicle Inn	Strategic Planning	Board annual retreat with focus on Master Facility Plan and short- and long-term strategic plan finalization
October 29, 2025	ABC Room	TBD	
November 19, 2025	ABC Room	TBD	
December 17, 2025	ABC Room	TBD	

Running List of Future Potential Topics

- Long range financial planning, including capital investment planning, service line expansion, impact from Rural Health Clinic payment cap (carryover priority topic from 2024)
- Artificial Intelligence and update on CM's progress
- Opioids and Substance Use Disorder in our community and how CM addresses (potential for Chelan Co Sherriff's Office and school district presence to share what they see?)
- Current and future work of CM out in the community; relates to population health, CHNA, health equity
- Expansion of services / facility
- Long-term planning around providers needed to serve the community into the future, services offered, particular areas of expertise, taking care of infants/children
- Updates on Patient and Family Engagement Council work
- Governance: education on advocacy how-to's, does board want to set expectations for current and incoming Commissioners?? (WSHA presenter?)
- Strategic Question: Do we have the right mission and vision statements to appropriately guide the direction of the organization? Revise mission and vision statements.
- Compliance Training

- Patient retention metrics
- The Board's Role in Health Care Experience (AHA article) and provider and staff engagement
- Vaccination information
- How to improve at strategic planning/thinking
- Finance education, financial risks
- Board's role in organizational succession planning

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

- Board Ethics & Conflict of Interest
- Board Fiduciary Duties
- Eight Areas of Diligence for Board Members
- Three Major Sources of Payment for Hospitals
- Understanding Hospital Financial Statements
- Update on Hospital Finances Through 9.30.24
- Executive Session
- How to be a High-Functioning Board
- Roles Defined at a PHD

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

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.



Procedure for Appointing Community Members to Board Committees

Cascade Medical Board of Commissioners may wish to invite community members to serve on one or more board committees. The benefits to community participation are many, including:

- Potential to identify community members who may be good future board members
- Bring additional expertise and insight to board committee work
- Create additional transparency with the community
- Provide another mechanism for two-way communication with the community

This document provides general guidelines and procedures for making and managing community appointment(s) to board committees.

The mechanism for recommending which committee(s) should include community involvement can come from multiple places: the committee itself, the Governance Committee, or the full board. Ultimately, the decision to add one or more community members to a board committee will be made by the full board, through approval of an updated committee charter. Additionally, appointments of specific community members shall also be made by vote of the full board, after candidate review by the Governance Committee.

A community member appointed to a board committee ideally will serve a maximum of two 2-year terms. If more than one community member is appointed to a board committee, appointments and terms of service will be staggered. Cascade Medical's Executive Assistant will track committee appointments and terms.

Procedure

The committee wishing to add a community member will:

- Update the committee charter to reflect the addition of one or more community members
- Define ideal attributes / skills community member(s) should possess

These will be presented to the full board for approval.

Once approved, the committee will seek one or more candidates to serve who possess the right attributes or desired skill set as previously determined by the committee.

After the candidate has been selected by the committee, the full board will vote to appoint the community member to the committee. Service on the board committee will begin after vote of the full board.

Each committee will determine how to best orient the community member to the committee. The term of service begins at the beginning of the quarter (January 1, April 1, July 1 or October 1) with the first meeting attended by the community member. Once appointed, community member(s) will have input on the calendaring of future meetings. If a community member has an unexcused absence for two or more consecutive committee meetings, they may be asked to step down from the committee. The full board may modify appointments of community members serving on board committees at any time.

Credentialing Approvals

Teleradiology Initial Privileges (1-year)

- Travis Petree, MD

Locum Tenens Privileges: (90 Days)

- Troy Bender, PA-C
 - Troy was emergently credentialed via the process for that due to the timing of coverage needs in the Emergency Department
- Michelle Bailey, PA-C
 - Michelle was emergently credentialed via the process for that due to the timing of coverage needs in the Emergency Department

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

CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1
CHELAN COUNTY, WASHINGTON

RESOLUTION 2025-03

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington (the "District"), setting the schedule for regular Board Meetings.

WHEREAS, RCW 42.30 requires all regular Board meetings to be public, and that Board meeting dates and times be set up by resolution;

WHEREAS, the previous regular meetings were set by Resolution 2024-01; and

WHEREAS, the Commissioners of the District desire to change the regular Board meeting schedule;

NOW, THEREFORE,

BE IT RESOLVED BY the Commission of Chelan County Public Hospital District No. 1, Chelan County, Washington, as follows:

Board meetings will be held on the fourth Wednesday of each month, except for August in which no meeting will take place, and November and December when the meetings will be held on the third Wednesday of the month, in the Arleen Blackburn Conference Room, beginning at 5:00 p.m. until completed.

All meetings are open, public meetings. The Board may take action at any or all meetings at its sole discretion.

ADOPTED and APPROVED by the Commission of Chelan County Public Hospital District No. 1, Chelan County, Washington, at an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 25th day of June, 2025 the following commissioners being present and voting in favor of this resolution.

President and Commissioner

Secretary and Commissioner

Commissioner

Commissioner

Commissioner

RESOLUTION NO. 2025-04

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

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

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a regular meeting of the board on June 25, 2025.

WHEREAS, the members of the commission of the district, after due consideration, declare that the above equipment is surplus to the needs of the District, agree to dispose of the equipment in the attached description.

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

It is hereby found and declared that the equipment be removed via disposal. ADOPTED and APPROVED by the Commission of Chelan County Public Hospital District No. 1, Chelan County, Washington, at an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 25th day of June 2025, the following commissioners being present and voting in favor of this resolution.

President and Commissioner

Secretary and Commissioner

Commissioner

Commissioner

Description	Serial No.	Model Number	CM Asset Tag No.	Market Value	Recommendation
Welch Allyn Portable Monitor	SA051555		Unknown	\$0.00	Disposal
LifeCare PCA 3	12932513		Unknown	\$0.00	Disposal
ZOU M Series CCT	H639		Unknown	\$0.00	Disposal
ZOLL M Series CCT	A6100-000828		Unknown	\$0.00	Disposal
Welch Allyn Vital Signs Lxi	(21)206161214509		Unknown	\$0.00	Disposal
Welch Allyn Portable Monitor	JA105132		Unknown	\$0.00	Disposal
Welch Allyn Propaq CS Monitor	GA112091		Unknown	\$0.00	Disposal
Welch Allyn Monitor	JA105131		Unknown	\$0.00	Disposal
Welch Allyn Monitor and Charging Cradle (Propaq LT)	KA008108 L008182		Unknown	\$0.00	Disposal
Polymount Stand with Cords	Unknown		Unknown	\$0.00	Disposal

Accompanying Notes for the May 2025 Financial Statements

April Financial Statements –Current Month Summary

May's net margin of (\$137,000) fell below the budgeted margin of \$109,000 by (\$245,000). Gross revenues of \$3,613,000 were below budgeted revenues of \$3,991,000 by (\$378,000). May operating expenses exceeded budgeted operating expenses by (\$186,000).

Revenue and Expense Variances

1. Professional fees were over budget by (\$113,000) in May due to consulting fees for Meditech optimization.
2. Employee benefit expenses were over budget in May by (\$60,000) with much of this attributable to an administrative adjustment and provider incentive related benefits.

Patient Statistics

Ambulance and Lab both exceeded budgeted volumes in May while CT, Swing Bed, and Rehab volumes were below budgeted volumes. Clinic volumes exceeded budgeted volumes for the second consecutive month.

Cash Receipts and Balances

May cash collections on patient accounts were \$883,000 more than budgeted. Cash balances for the year remain strong at \$1,314,000 greater than budgeted cash balances.

Accounts Receivable

Continued strong collections on patient balances have resulted in a \$315,000 reduction in Gross Accounts Receivable during May.

Contractual Allowance

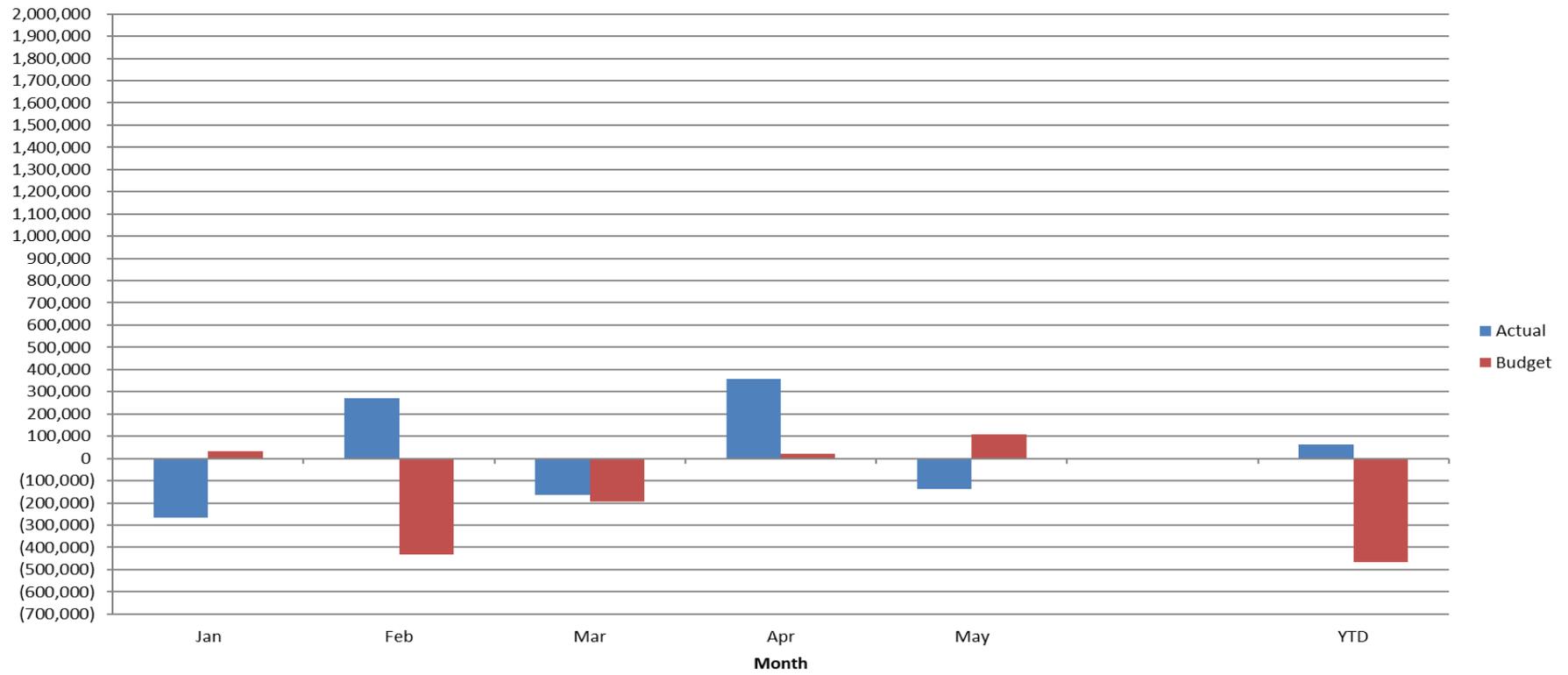
The contractual allowance is at 50%, allowing for a conservative estimate of our uncollectible accounts. This allowance is higher than typical, and we will take a closer look at our allowance in June.

Final comments and Upcoming

As we approach the mid-point of the year we look forward to the onboarding of our new Director of HIM and Revenue Integrity and to continued progress on our work related to improving workflows within Meditech and charge capture. Data has been provided to Wipfli for their work on our Master Facilities Plan.

Cascade Medical

Net Surplus/(Deficit) - 2025



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

000's omitted

YTD May

Net Margin

Actual	61
Budget	(465)
	526
Better (Worse) than Budget	526

Variance Analysis - favorable vs (unfavorable)

Gross Revenue - Acute \$223; Endo \$188; SBed \$145; Lab \$83; CT (\$288); Clinic (\$240); Pharm (\$179)	(76)
Contractual Allowances	1,031
	955
Net Patient Revenue	955
Other Operating Revenue - Safety Net (\$236); 340B (\$108)	(390)
	565
Total Operating Revenue	565

Expenses

Salaries & Benefits - Acute (\$169)	(146)
Prof. Fees - Informatics \$(193); HR \$34; Clinic Providers \$33	(135)
Supplies - Pharmacy - \$89; Lab \$73	181
Purchased Services/Repairs - Info Tech \$52; Rad \$32; Bus Off \$23; Amb (\$41)	56
Other Operating Expenses	6
	(38)
Total Operating Expenses	(38)
Non-Operating Revenues & Expenses	(1)
Actuals Better/(worse) than Budget	526

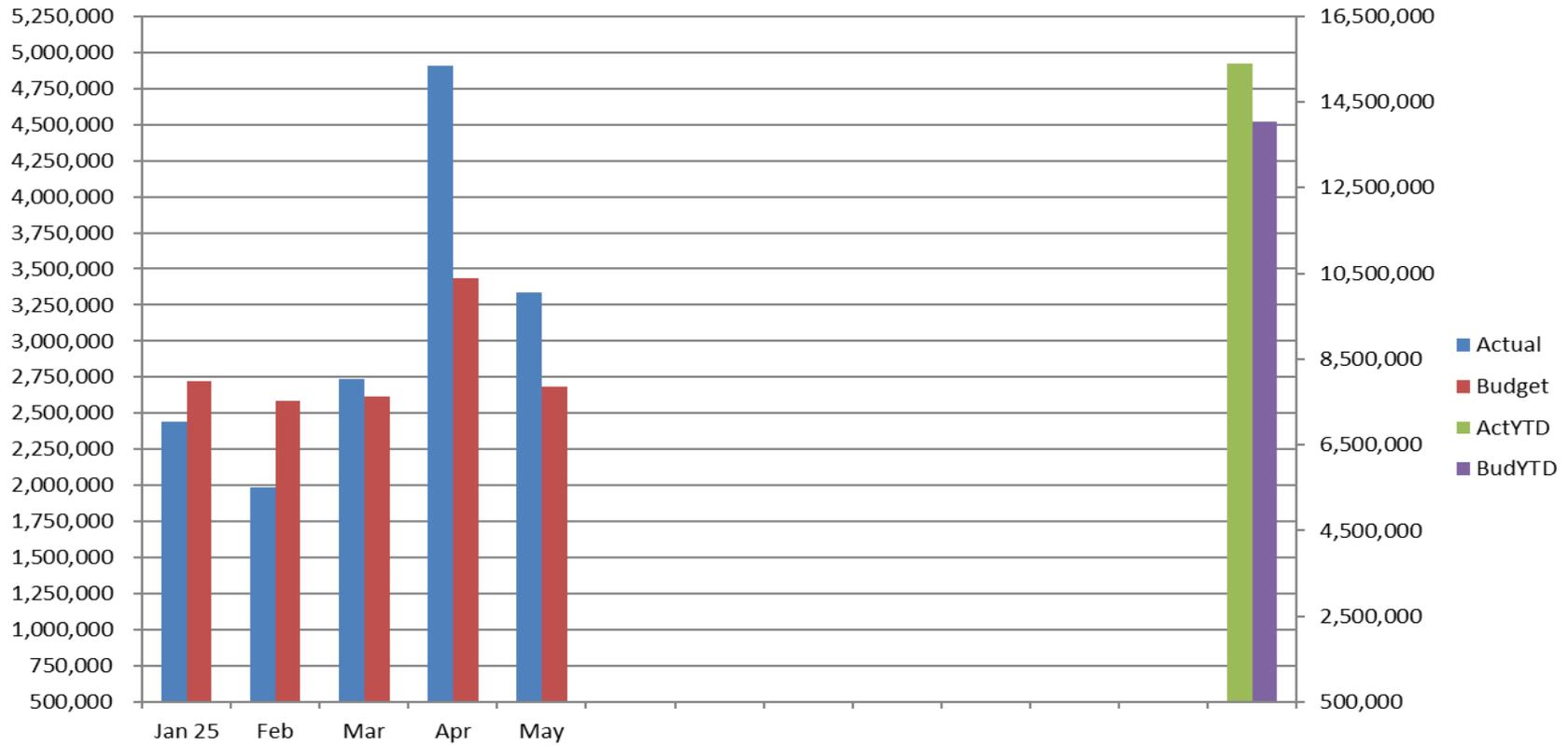
Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending May 31, 2025

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Net Patient Revenue	2,608,576	2,627,494	(18,918)	12,698,804	11,744,133	954,671	11,171,346
Grants, Contribs, Other Op Revenue	80,873	121,695	(40,822)	448,023	838,475	(390,452)	629,023
Tax Levies, unrestricted	<u>146,762</u>	<u>146,762</u>	<u>-</u>	<u>733,810</u>	<u>733,810</u>	<u>-</u>	<u>688,625</u>
Total Operating Revenue	2,836,211	2,895,951	(59,740)	13,880,637	13,316,418	564,219	12,488,994
Operating expenses							
Salaries & Benefits	1,967,463	1,897,748	(69,715)	9,443,794	9,298,152	(145,642)	8,380,303
Professional fees	289,328	176,557	(112,771)	1,003,988	868,386	(135,602)	911,499
Supplies	148,012	172,195	24,183	733,451	914,009	180,558	871,506
Purchased services	197,520	188,629	(8,891)	931,031	987,223	56,192	965,501
Depreciation	187,502	167,320	(20,182)	933,387	836,600	(96,787)	836,513
Other Operating Expenses	<u>273,615</u>	<u>274,623</u>	<u>1,008</u>	<u>1,220,445</u>	<u>1,325,139</u>	<u>104,694</u>	<u>1,041,439</u>
Total operating expenses	3,063,439	2,877,072	(186,367)	14,266,095	14,229,509	(36,586)	13,006,761
Operating gain / (loss)	(227,228)	18,879	(246,107)	(385,459)	(913,091)	527,632	(517,767)
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	569,590	569,590	-	563,205
Interest expense on bonds	(23,324)	(23,324)	(0)	(116,621)	(116,620)	(1)	(126,636)
Other Non-Operating rev (exp)	<u>(183)</u>	<u>(939)</u>	<u>756</u>	<u>(5,981)</u>	<u>(4,695)</u>	<u>(1,286)</u>	<u>(5,441)</u>
Total nonoperating rev (exp), net	90,411	89,655	756	446,988	448,275	(1,288)	431,128
Net Income	(136,817)	108,534	(245,351)	61,529	(464,816)	526,345	(86,639)

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

	----- Current Period -----			----- Year-to-Date -----			Prior YTD
	Actual	Budget	Variance	Actual	Budget	Variance	
Operating revenues							
Gross Patient Revenue	3,612,634	3,990,969	(378,335)	17,657,161	17,733,453	(76,292)	16,195,489
less:							
Contractual Allowances	764,087	1,155,944	391,857	4,205,317	5,067,179	861,862	4,303,892
Reserve for Bad Debts	179,122	147,666	(31,456)	544,615	656,138	111,523	512,486
Reserve for Financial Assistance	60,849	59,865	(984)	208,426	266,003	57,577	207,765
Total Deductions from Revenue	1,004,058	1,363,475	359,417	4,958,358	5,989,320	1,030,962	5,024,143
Net Patient Revenue	2,608,576	2,627,494	(18,918)	12,698,804	11,744,133	954,671	11,171,346
Grants, Contributions	-	22,000	(22,000)	39,509	65,000	(25,491)	109,961
Other Operating Revenue	80,873	99,695	(18,822)	408,514	773,475	(364,961)	519,062
Tax Levies, unrestricted	146,762	146,762	-	733,810	733,810	-	688,625
Total Operating Revenue	2,836,211	2,895,951	(59,740)	13,880,637	13,316,418	564,219	12,488,994
Operating expenses							
Salaries and wages	1,574,243	1,564,949	(9,294)	7,658,157	7,643,772	(14,385)	6,867,786
Employee benefits	393,219	332,799	(60,420)	1,785,637	1,654,380	(131,257)	1,512,517
Professional fees	289,328	176,557	(112,771)	1,003,988	868,386	(135,602)	911,499
Supplies	148,012	172,195	24,183	733,451	914,009	180,558	871,506
Utilities	24,864	25,825	961	131,089	128,343	(2,746)	121,362
Repairs and maintenance	23,013	24,580	1,567	121,678	141,865	20,187	133,850
Purchased services	174,506	164,049	(10,457)	809,352	845,358	36,006	831,651
Continuing medical education	460	2,488	2,028	3,969	15,440	11,471	6,153
Other expenses	58,171	25,146	(33,025)	102,947	176,226	73,279	85,773
Dues and subscriptions	99,642	85,506	(14,136)	490,750	456,239	(34,511)	403,624
Travel / training / meetings	30,543	45,211	14,668	170,786	130,595	(40,191)	129,849
Leases and rentals	13,293	17,080	3,787	88,237	85,237	(3,000)	79,769
Depreciation	187,502	167,320	(20,182)	933,387	836,600	(96,787)	836,513
Licenses and taxes	19,995	48,535	28,540	116,380	212,725	96,345	120,017
Insurance	25,321	23,613	(1,708)	109,657	114,239	4,582	88,263
Interest	1,326	1,219	(107)	6,630	6,095	(535)	6,629
Total operating expenses	3,063,439	2,877,072	(186,367)	14,266,095	14,229,509	(36,586)	13,006,761
Operating gain / (loss)	(227,228)	18,879	(246,107)	(385,459)	(913,091)	527,632	(517,767)
Nonoperating revenues (expenses)							
Tax Levies, restricted	113,918	113,918	-	569,590	569,590	-	563,205
Interest expense on bond financing	(23,324)	(23,324)	(0)	(116,621)	(116,620)	(1)	(126,636)
Gain (loss) on disposal of equipment	-	-	-	-	-	-	-
Investment income	1,586	830	756	2,865	4,150	(1,285)	3,405
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(8,846)	(8,845)	(1)	(8,846)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	90,411	89,655	756	446,988	448,275	(1,288)	431,128
Net Income	(136,817)	108,534	(245,351)	61,529	(464,816)	526,345	(86,639)

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	apr	may	mo	mo	% var	YTD Tot	avg/mo	YTD Tot	avg/mo	% var
Acute Care	26	16	32	41	65	37	37	39	-6.3%	191	38	136	27	40.0%
Swing Bed	74	77	115	101	79	62	62	78	-20.5%	434	87	376	75	15.4%
Laboratory tests	3,231	3,192	2,871	3,401	3,372	3,831	3,831	3,362	14.0%	16,667	3,333	16,366	3,273	1.8%
Radiology exams	335	379	361	322	346	387	387	422	-8.3%	1,795	359	1,839	368	-2.4%
CT scans	143	128	124	125	147	130	130	178	-27.0%	654	131	736	147	-11.1%
ED visits	317	384	297	309	289	357	357	393	-9.0%	1,636	327	1,619	324	1.1%
Ambulance runs	59	72	61	55	68	79	79	65	21.5%	335	67	302	60	10.9%
Clinic visits	1,218	1,244	1,125	1,231	1,347	1,337	1,337	1,332	0.4%	6,284	1,257	6,547	1,309	-4.0%
Rehab procedures	2,052	2,365	2,226	2,408	2,265	2,287	2,287	2,591	-11.7%	11,551	2,310	12,228	2,446	-5.5%

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending May 31, 2025

	<u>May-25</u>	<u>2025 YTD</u>	<u>2024 YTD</u>
<i>Cash flows from operating activities</i>			
Receipts from and on behalf of patients	\$ 3,037,737	\$ 13,172,895	\$ 10,940,086
Other receipts	\$ 27,253	\$ 215,715	\$ 270,505
Payments to & on behalf of employees	\$ (1,681,597)	\$ (8,407,072)	\$ (7,384,434)
Payments to suppliers and contractors	\$ (1,143,387)	\$ (5,144,658)	\$ (5,012,907)
Net cash gained / (used) in operating activities	\$ 240,006	\$ (163,119)	\$ (1,186,750)
<i>Cash flows from noncapital financing activities</i>			
Taxation for maintenance and operations, EMS	\$ 167,671	\$ 1,353,339	\$ 1,340,385
Noncapital grants and contributions	\$ -	\$ 5,882	\$ 55,944
Net cash provided by noncapital financing activities	\$ 167,671	\$ 1,359,221	\$ 1,396,330
<i>Cash flows from capital and related financing activities</i>			
Taxation for bond principal and interest	\$ 50,422	\$ 400,172	\$ 384,192
Purchase of capital assets	\$ (21,058)	\$ (168,048)	\$ (805,072)
Payments toward construction in progress	\$ (10,277)	\$ (57,243)	\$ (292,710)
Proceeds from disposal of capital assets		\$ -	\$ 30,000
Proceeds from long-term debt		\$ -	\$ -
Principle & Interest paid on long-term debt		\$ -	\$ -
Bond maintenance & issuance costs		\$ -	\$ -
Capital grants and contributions		\$ -	\$ 54,016
Net cash provided by capital and related financing activities	\$ 19,087	\$ 174,881	\$ (629,573)
<i>Cash flows from investing activities</i>			
Investment Income	\$ 54,457	\$ 260,022	\$ 272,986
Net increase (decrease) in cash and cash equivalents	\$ 481,220	\$ 1,631,005	\$ (147,007)
Cash and Cash equivalents, beginning of period	\$ 17,394,506	\$ 16,244,722	\$ 14,238,144
Cash and cash equivalents, end of period	<u>\$ 17,875,726</u>	<u>\$ 17,875,726</u>	<u>\$ 14,091,137</u>

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

	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Actual/Forecast	Budget
	1st Qtr	April	May	June	2nd Qtr	3rd Qtr	4th Qtr	Year End 2025	2025
Cash balance, beginning of period	\$ 16,244,722	\$ 15,804,610	\$ 17,394,506	\$ 17,875,726	\$ 15,804,610	\$ 17,692,434	\$ 17,604,883	\$ 16,244,722	\$ 16,377,421
Cash available for operating needs	\$ 16,030,043	\$ 15,490,527	\$ 16,502,473	\$ 16,886,955	\$ 15,490,527	\$ 16,834,783	\$ 16,710,589	\$ 16,030,043	\$ 16,149,621
Cash restricted to debt service, other restricted funds	\$ 214,679	\$ 314,084	\$ 892,033	\$ 988,771	\$ 314,084	\$ 857,650	\$ 894,294	\$ 214,679	\$ 227,800
<i>Cash flows from operating activities</i>									
Receipts from and on behalf of patients	\$ 6,650,312	\$ 3,484,846	\$ 3,037,737	\$ 2,352,920	\$ 8,875,503	\$ 7,804,657	\$ 7,594,992	\$ 30,925,463	\$ 29,250,631
Grant receipts	\$ 5,882	\$ -	\$ -	\$ 2,000	\$ 2,000	\$ 6,000	\$ 6,000	\$ 19,882	\$ 79,000
Other receipts	\$ 128,869	\$ 59,593	\$ 27,253	\$ 64,460	\$ 151,306	\$ 266,380	\$ 281,380	\$ 827,935	\$ 1,134,520
Payments to or on behalf of employees	\$ (4,509,223)	\$ (2,216,253)	\$ (1,681,597)	\$ (1,674,929)	\$ (5,572,779)	\$ (5,809,591)	\$ (4,958,632)	\$ (20,850,224)	\$ (21,688,558)
Payments to suppliers and contractors	\$ (2,920,241)	\$ (1,081,030)	\$ (1,143,387)	\$ (767,245)	\$ (2,991,661)	\$ (2,317,610)	\$ (2,325,213)	\$ (10,554,725)	\$ (9,574,652)
Net cash provided by operating activities	\$ (644,401)	\$ 247,157	\$ 240,006	\$ (22,793)	\$ 464,369	\$ (50,165)	\$ 598,527	\$ 368,331	\$ (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	\$ 126,094	\$ 731,969	\$ 121,354	\$ 11,368	\$ 864,691	\$ 47,772	\$ 737,725	\$ 1,776,283	\$ 1,761,145
Investment Income	\$ 155,144	\$ 50,423	\$ 54,457	\$ 49,990	\$ 154,869	\$ 149,970	\$ 149,970	\$ 609,953	\$ 599,880
Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,000	\$ 90,000	\$ 90,000
Net cash provided by noncapital financing activities	\$ 281,238	\$ 782,391	\$ 175,811	\$ 61,358	\$ 1,019,561	\$ 198,178	\$ 1,259,401	\$ 2,758,377	\$ 2,733,167
Proceeds from Long Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Less Funds Expended for Capital Purchases	\$ (176,354)	\$ (17,602)	\$ (31,335)	\$ (90,736)	\$ (139,673)	\$ (272,208)	\$ (272,205)	\$ (860,440)	\$ (1,088,829)
Increase/(decrease) in cash available for operations	\$ (539,517)	\$ 1,011,946	\$ 384,482	\$ (52,171)	\$ 1,344,257	\$ (124,195)	\$ 1,585,723	\$ 2,266,268	\$ 845,279
Cash available for operating needs	\$ 15,490,527	\$ 16,502,473	\$ 16,886,955	\$ 16,834,783	\$ 16,834,783	\$ 16,710,589	\$ 18,296,312	\$ 18,296,312	\$ 16,994,900
Taxation for bond prin & int (incl encumbrd M&O)	\$ 99,405	\$ 577,950	\$ 96,738	\$ 8,824	\$ 683,512	\$ 36,644	\$ 290,923	\$ 1,110,484	\$ 1,084,874
Principle & Interest paid on long-term debt	\$ -	\$ -	\$ -	\$ (139,945)	\$ (139,945)	\$ -	\$ (981,945)	\$ (1,121,890)	\$ (1,121,890)
Restricted grants and contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Increase/(decrease) in restricted cash	\$ 99,405	\$ 577,950	\$ 96,738	\$ (131,121)	\$ 543,567	\$ 36,644	\$ (691,022)	\$ (11,406)	\$ (37,016)
Cash restricted to debt service, other restricted funds	\$ 314,084	\$ 892,033	\$ 988,771	\$ 857,650	\$ 857,650	\$ 894,294	\$ 203,272	\$ 203,272	\$ 190,784
Cash balance, end of period	\$ 15,804,610	\$ 17,394,506	\$ 17,875,726	\$ 17,692,434	\$ 17,692,434	\$ 17,604,883	\$ 18,499,584	\$ 18,499,584	\$ 17,185,684

CASCADE MEDICAL CENTER
EMERGENCY MEDICAL SERVICES - MAY, 2025

REVENUE	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
	5/31/2025	5/31/2025 YTD	5/31/2025	5/31/2025 YTD	5/31/2025	5/31/2025 YTD	5/31/2024 YTD
PATIENT REVENUE	882,666	3,969,764	259,457	1,167,561	\$1,142,123	\$5,137,325	\$4,528,100
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	\$513,535	\$2,309,609	\$138,991	\$625,462	\$652,526	\$2,935,071	\$2,711,438
NET PATIENT REVENUE	\$369,131	\$1,660,155	\$120,466	\$542,098	\$489,597	\$2,202,255	\$1,816,662
OTHER OPERATING REVENUE	\$0	\$0	-	-	\$0	\$0	\$43,198
TOTAL OPERATING REVENUE	\$369,131	\$1,660,155	\$120,466	\$542,098	\$489,597	\$2,202,255	\$1,859,860
OPERATING EXPENSES							
SALARIES AND WAGES	208,630	1,044,178	160,682	777,998	\$369,312	\$1,822,176	\$1,573,901
EMPLOYEE BENEFITS	34,157	168,011	41,679	195,075	\$75,837	\$363,086	\$299,525
PROFESSIONAL FEES	18,202	25,300	-	900	\$18,202	\$26,200	\$54,541
SUPPLIES	6,802	29,023	8,593	38,305	\$15,396	\$67,328	\$72,987
FUEL	-	-	1,902	9,888	\$1,902	\$9,888	\$7,795
REPAIRS AND MAINT.	-	-	12,664	38,591	\$12,664	\$38,591	\$16,691
PURCHASED SERVICES	3,452	19,765	13,692	85,158	\$17,144	\$104,923	\$95,147
CONTINUING MEDICAL EDUCATION	-	4,768	497	3,717	\$497	\$8,485	\$3,201
DUES	1,034	6,235	2,336	14,853	\$3,371	\$21,088	\$15,590
OTHER EXPENSES	306	1,427	1,021	4,684	\$1,328	\$6,111	\$43,092
LEASES / RENTALS	222	599	2,843	21,418	\$3,065	\$22,018	\$16,732
DEPRECIATION	4,570	22,851	23,841	119,204	\$28,411	\$142,055	\$110,592
TAXES AND LICENSES	-	-	-	177	\$0	\$177	\$755
INSURANCE	837	4,187	3,359	16,794	\$4,196	\$20,981	\$27,668
OVERHEAD COSTS	203,784	900,590	118,001	521,487	\$321,785	\$1,422,077	\$1,361,363
TOTAL OPERATING EXPENSES	\$481,998	\$2,226,935	\$391,112	\$1,848,249	\$873,110	\$4,075,183	\$3,699,580
MARGIN ON OPERATIONS	(\$112,867)	(\$566,781)	(\$270,646)	(\$1,306,150)	(\$383,513)	(\$1,872,928)	(\$1,839,720)
TAX REVENUE					\$146,762	\$733,810	\$688,625
NET MARGIN WITH TAX REVENUE					(\$236,751)	(\$1,139,118)	(\$1,151,095)
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	357	1,636	79	335			
Total Ambulance Runs (includes unbillable runs)			112	486			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2024	385	1,586	66	294			
Total Ambulance Runs (includes unbillable runs)			93	428			

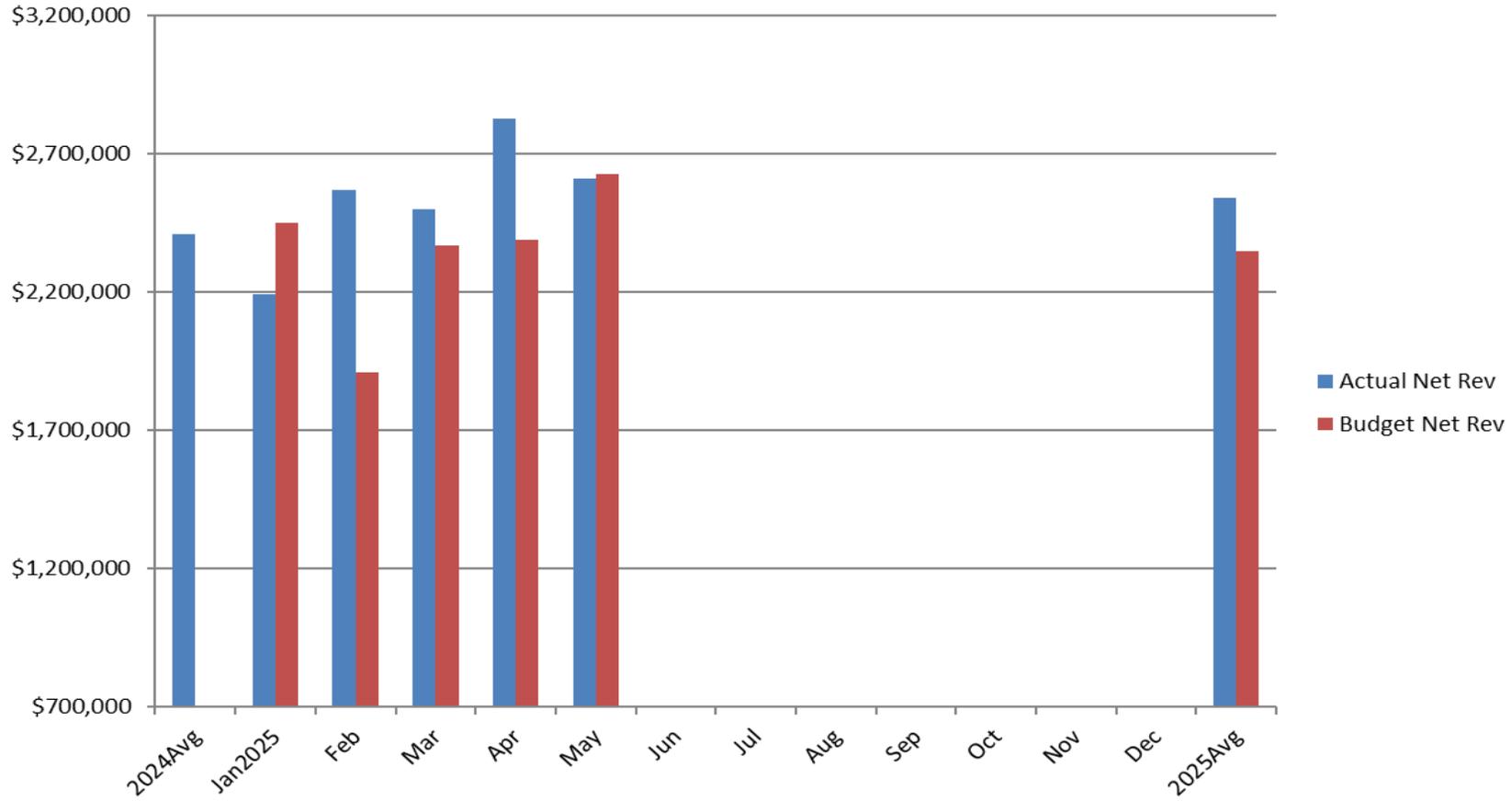
**Cascade Medical Center
Balance Sheet**

As of May 31, 2025 and December 31, 2024

	May 2025	Dec 2024		May 2025	Dec 2024
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash and Cash Equivalents	1,675,894	961,831	Accounts Payable	354,975	367,456
Savings Account	14,586,028	14,144,282	Accrued Payroll	584,784	665,443
Patient Account Receivable	6,758,069	8,085,162	Refunds Payable	(373)	-
less: Reserves for Contractual Allowances	(3,365,565)	(4,278,265)	Accrued PTO	1,067,879	984,137
Inventories and Prepaid Expenses	321,108	319,451	Payroll Taxes & Benefits Payable	79,506	82,610
Taxes Receivable - M&O Levy	(80,764)	11,990	Accrued Interest Payable	139,945	23,324
- EMS Levy	(211,160)	31,939	Current Long Term Debt	847,201	850,397
Other Assets	606,731	622,759	Current OPEB Liability	922,361	942,361
Total Current Assets	<u>20,290,341</u>	<u>19,899,150</u>	Short Term Lease	36,493	36,493
			ST Subscriptions	13,039	13,039
Assets Limited as to Use			Settlement Payable	(33,625)	(33,625)
Cash and Cash Equivalents			Total Current Liabilities	<u>4,012,186</u>	<u>3,931,636</u>
Funded Depreciation	693,710	681,259	Long Term Liabilities		
CVB Memorial Fund	1,275	1,275	Notes Payable	191,323	191,323
UTGO Bond Payable Fund	476,298	76,126	Covid SHIP Funding	-	-
LTGO Bond Payable Fund	97,292	47,292	PPP Note Payable	-	-
Investment Memorial Fund	140,546	138,023	CARES Act Funds Reserve	-	-
Settlement Account	184,073	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	<u>188,211</u>	<u>68,794</u>	Deferred Revenue/Bond Premium	75,542	77,880
	1,781,404	1,193,538	Long Term OPEB/Pension Liability	2,616,404	2,616,404
Taxes Receivable - Construction Bond Levy	<u>(95,094)</u>	<u>12,315</u>	Long Term ROU Leases	5,359	5,359
Total Assets Limited as to Use	1,686,310	1,205,853	Long Term Subscriptions	-	-
			Total Long Term Liabilities	<u>10,721,627</u>	<u>10,723,966</u>
Property, Plant and Equipment			Total Liabilities	14,733,813	14,655,601
Land	522,015	522,015	Fund Balance - Prior Years	16,703,846	16,703,846
Land Improvements	1,420,326	1,420,326	Fund Balance - Current Year	61,529	-
Buildings & Improvements	10,709,788	10,709,788	Total Fund Balance	<u>16,765,374</u>	<u>16,703,846</u>
Fixed Equip - Hospital	9,698,477	9,676,405			
Major Movable Equipment Hospital	8,951,616	8,820,605			
Construction in Progress	<u>75,689</u>	<u>18,446</u>			
Total Property, Plant and Equipment	31,377,911	31,167,585			
Less: Accumulated Depreciation	<u>(23,766,867)</u>	<u>(22,833,480)</u>			
	7,611,044	8,334,105			
ROU Leases					
ROU Leases	214,816	214,816			
Less Accumulated Amortization	<u>(144,523)</u>	<u>(144,523)</u>			
	70,293	70,293			
Other Assets					
Long Term Pension Assets	472,138	472,138			
Deferred OPEB/Pension Costs	1,097,906	1,097,906			
Deferred Bond Costs	<u>271,155</u>	<u>280,002</u>			
TOTAL ASSETS	<u>31,499,187</u>	<u>31,359,447</u>	TOTAL LIABILITIES & FUND BALANCE	<u>31,499,187</u>	<u>31,359,447</u>

Cascade Medical

2025 Net Patient Revenue, Actual vs. Budget



Days in Net Accounts Receivable

