CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

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

Wednesday August 23, 2023 | 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.	**Board Education** What Boards Need to Know About the New CMS QAPI Requirement	4:30	Commissioners
II.	**Call to Order**	5:30	Tom Baranousaks
III.	**Pledge of Allegiance**	5:30	Tom Baranouskas
IV.	**Consent Agenda** 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.	5:30	Tom Baranouskas

- Meeting Agenda
- July 26, 2023 Board Meeting Minutes
- **Policy**: Non-Payroll Warrant/EFT Release
- **Policy**: Capital Spending Approval Matrix
- **Policy**: Financial Management

• **Previous Month's Warrants Issued:**	#10119787 -- 10119963	07/19/2023 – 08/18/2023	$ 909,411.85
• **Accounts Payable EFT Transactions:**	#20220278 – 20220294	07/19/2023 – 08/18/2023	$ 587,396.15
• **Payroll EFT Transactions:**	#14976 – 15348	07/28/2023 – 08/11/2023	$ 801,385.08

- July Bad Debt

V.	**Community Input** Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.	5:35	Commissioners
VI.	**Introductions: Reese Bradburn, PA-C & Lauren Liebling, PA-C**	5:40	Diane Blake
VII.	**Foundation Report**	5:50	Foundation Member
VIII.	**CM Values**	5:55	Diane Blake
IX.	**Public Relations Report**	6:00	Clint Strand
X.	**Action Items** a. **MOTION**: Approve Credentialing b. **MOTION**: Approve Resolution 2023-07 Surplus Whirlpool Refrigerator c. **MOTION**: Approve Resolution 2023-08 Surplus Refrigerator d. **MOTION**: Approve Resolution 2023-09 Surplus Garbage Disposal	6:10	Commissioners
XI.	**Old Business** a. IT Update	6:15	Chad Schmitt
XII.	**July Finance Report**	6:25	Marianne Vincent
XIII.	**Administrator Report**	6:40	Diane Blake
XIV.	**Board Action Items**	6:55	Commissioners
XV.	**Meeting Evaluation/Commissioner Comments** Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.	7:00	Commissioners
XVI.	**Executive Session- Potential Litigation RCW 42.30.110(1)(i)**	7:05	Commissioners
XVII.	**Adjournment**	7:50	Tom Baranouskas

BOARD CALENDAR REMINDERS

August 30, 2023	Staff BBQ	Cascade Medical	11:30 AM
September 5, 2023	Quality Oversight Committee	Administration Conference Room	8:00 AM
September 17, 2023	Jive Time in the Cascades	Snowy Owl Theater	6:00 PM
September 18-20, 2023	Rural Advocacy Days	Washington, D.C.	All Day
September 20, 2023	CMF Board Meeting	Arleen Blackburn Conference Room	9:00 AM
September 27, 2023	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
October 12, 2023	Benevolent Night	Wildflour	4:00 PM
October 18, 2023	CMF Board Meeting- Bruce	Arleen Blackburn Conference Room	9:00 AM
October 22-23, 2023	WSHA Annual Meeting	Renton, WA	All Day
October 24, 2023	Finance Committee	Administration Conference Room	8:00 AM
October 25, 2023	Board Meeting	Arleen Blackburn Conference Room	5:30 PM

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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 August 23, 2023

REMINDER: A webinar will be available at 4:30 for group viewing for those Commissioners who wish to join. The topic relates to new Board requirements regarding hospital quality oversight.

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

- **Consent Agenda** – The three policies included in the consent agenda have been reviewed by the Finance Committee, who recommends them to the full Board for approval. Also, please feel free to connect with Marianne or Diane with any questions in advance of Wednesday's meeting and / or pull individual warrants or other items from the consent agenda at the meeting, should you wish to discuss.
- **Introduction of Lauren Liebling and Reese Bradburn** – Lauren Liebling and Reese Bradburn, our two new Physician Assistant hospitalist/clinic walk-in providers, have been working with us since the last week of June/first week of July. We're excited to introduce them during the board meeting.
- **Action Items**
    - Credentialing – Included in your packet is a list of providers ready to be considered for approval.
    - Surplus Resolutions – Included in your packet are three resolutions for you to consider which would allow us to surplus old, no longer used equipment. As a reminder, for asset-tagged capital items, we are required to receive board approval prior to disposal.
- **Old Business**
    - IT Update – No documents are included in your packet for this topic. Chad Schmitt, VFCIO, will provide an update on ongoing technology work.
- **July Finance Report** – Included in your packet are the July financials, to support Marianne's report.

<u>Further Notes</u>

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.

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Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Arleen Blackburn Conference Room & Video Conference Connection
July 26, 2023

Present: Tom Baranouskas, Board President; Bruce Williams, Vice President; Diane Blake, Chief Executive Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Clint Strand, Director of Public Relations; Megan Baker, Executive Assistant
Via Zoom: Gustavo Montoya, Commissioner; Jessica Kendall, Commissioner; Chad Schmitt, Virtual Fractional Chief Information Officer; Clint Strand, Director of Public Relations

Excused: Mall Boyd, Secretary; Pat Songer, Chief Operations Officer

Guests: Lauren Kendall, CM Physician; Whitney Lak, Clinic Director; Deb Williams, Clinic Consultant; Natasha Piestrup, Director of Nursing; Shannon Keller, CMF Board Chair; Karl Kranz, CM Free Clinic
Via Zoom: Mary Morse, Patient Services Representative; Duane Goehner, Community Member

Topics	Actions/Discussions
Call to Order	• President Tom Baranouskas called the meeting to order at 5:31 pm. Tom then led the pledge of allegiance.
Consent Agenda	• Tom moved to approve consent the agenda. • Bruce seconded the motion and the commissioners unanimously approved.
Motion: Approve Credentialing	• Bruce moved to approve credentialing the listed providers. • Gustavo seconded the motion and the commissioners unanimously approved.

Team-based Care Update	• Deb Williams led the Team-based Care (TBC) Update
	• Deb introduced Lauren Kendall, MD and Whitney Lak, Clinic Director.
	• Pods 1 and 2 are one team. Pods 3 and 4 are one team. Each team has a large whiteboard for morning huddles. Provider schedules now align to allow resource sharing and collaboration.
	• Clint is working on new provider headshots and care team pictures. Photos will be displayed in exam rooms and used as a talking points for team-based care education.
	
	Dr. Kendall
	• Internal benefits
	  ○ Having the same schedule as her pod mate has been a wonderful change that allows for connection and comradery.
	  ○ There has been an energetic shift, a “vibe change” in the clinic.
	  ○ Regular team meetings every Wednesday is lovely.
	• External benefits:

	○ TBC allows for better patient access and communication, and closer contact with support staff. Whitney • Utilizing staff to the top of their licensure and working together as a group to create workflows and standardize processes has been enjoyable and exciting. • She will continue to work toward recruitment and retention. Questions from Commissioners: ***What are the challenges of implementing this work?*** • Standardizing processes which will not impede provider practice style or patient relationships. ***What's coming up next for this project?*** • Ensuring operational workflows are dialed in • Staff training to dial in speed and efficiency • Utilizing hospitalists in the clinic • Growing capacity and patient access ***How are we going to notify CM patients and community about TBC?*** • Deb does not recommend a formal communication ahead of time because it can be confusing. She encourages patients to move through awareness by experiencing care at CM. • CM staff, employees, and commissioners can help spread the word about TBC. Jessica commended Cascade Medical leadership for bringing in an outside consultant to help facilitate and implement this work.
Community Input	• Karl Kranz gave tremendous praise for team-based care work and Whitney's leadership. He is excited about the project and glad it is moving forward.
Foundation Report	• Shannon Keller, CM Foundation Chair, provided the Foundation Report. • CMF has a new board member, Aileen Jost. She and her husband are owners of 509 Spirits and live in Plain. The group is always open to recruiting new members. • The foundation hosted their annual golf tournament on June 19, 2023. The group cleared $46,000, their highest funded event ever. • Benevolent Night: Plain Cellars evening yielded $3,600. • Jive Time in the Cascades: September 17th at Snowy Owl Theater.
CM Values	• Diane Blake provided the CM Values report. • The ED staff searched throughout the valley to transfer a medication to a different pharmacy that could get it filled. Kudos to Jonah and Sarah who reflected our shared values of community, commitment, and quality.
Public Relations Report	• Clint Strand provided the Public Relations Report. • Next week, providers will have new headshots and action shots for a full photographic refresh. • Clint developed a sign to clarify CM's impartiality to candidates which was an effort to address political signs near CM property. As a public hospital district, CM does not endorse any political candidates. • The successful 2022 audit, Dr. Wefel, Dr. Gentles' service dog, and team-based care are all articles in progress.

	• Clint is working on signage for the mobile clinic with Gustavo who is leading the connection to the Latinx community. • The new website will be available in Spanish and is anticipated to launch at the end of August.

Old Business	• **IT Update**
	• Chad Schmitt presented the IT Update
	  ○ The department is working through several infrastructure projects.
	  ○ There are cybersecurity changes occurring at the federal level.
	  ○ The leadership team is supportive of recommended security investments.
	• **Request for Public Records**
	• Diane Blake & Megan Baker provided the Requests for Public Records Update
	  ○ This agenda item was prompted by questions from the commissioners.
	  ○ Diane reviewed the process of responding to a request for public records which includes providing an acknowledgement of communication within five business days of receipt.
	  ○ It's common for most agencies to take time beyond those five days to respond. A response may include clarifying the request, locate and assemble records, perform redactions or exemptions when necessary, and to notify third parties of records that pertain to them.
	  ○ CM has traditionally utilized legal counsel to support and guide internal team members through complex requests or those that necessitate legal citations or exemption statutes.
	  ○ In our policy, we have a mechanism to recover some costs, but public agencies are limited in their ability to charge requestors.
	  ○ Megan's duties include executive assistant responsibilities, provider scheduling, managing public records, and supporting the medical staff (providers).
	  ○ Non-financial impacts of high volumes of requests:
	  ▪ Delays in task completion
	  ▪ Losing the opportunity to utilize Megan other spaces
	  ▪ The morale cost of regularly being bombarded with disrespect and condescension is at a point of wearing Megan down.
	  ○ Historically the public records officer has always fallen within the executive assistant duties. However, the volumes of requests have never been this high. The group was left to consider an FTE to manage requests for public records.
	• **Q2 Dashboard Review**
	• Diane Blake led the Q2 Dashboard Review.
	• Patient and Family Centered Care
	  ○ **(On Track)** Huge kudos to Jade Wolfe who was able to get the Patient Family Advisory Council (PFAC) off the ground.
	  ○ **(On Track)** Team-based care is a big lift and Diane expressed gratitude for Deb and Whitney's work.
	  ○ **(On Track)** Hospitalist long-term back up coverage is behind schedule. Great teamwork of the Medical Staff to

	recognize and support the change in coverage. It is now back on track. • Financial Stewardship ○ **(Below Target)** CM is purposefully behind on Mobile Integrated Health due to the recent grant award. We want to be intentional with how we plan to allocate recently received grant funds. ○ **(On Track)** with service line expansion strategies. ○ **(On Track)** with revenue cycle improvement implementation. • Our People ○ **(On Track)** developing and implementing a Living Well Program. About 35 people, composed into 8 groups, are engaged in this project. ○ **(On Track)** continuing to develop leaders. ○ **(On Track)** retaining team by supporting growth and career development. • Community Connections ○ **(Caution/At Risk)** communicating and engaging to build trust in traditionally underrepresented communities. ○ CM is slightly behind, but work is in progress and Diane is confident we will get that work back on track. • We are grateful that the board supports our meaningful work which eases staff stress. Change for the sake of change can cause burnout. However, meaningful change is energizing and connects with and aligns to our values.
New Business	• **WSHA Conference Discussion** • Jessica ○ Commissioners, were asked to consider the following: ○ ***How do you create a work environment where people feel heard and valued and a sense of belonging?*** ○ ***How do we better serve vulnerable populations?*** ○ ***How do we continue to lift the voices of folks that are not in the room?*** ○ CM is exempt from tracking community benefit dollars as a public entity. ○ 18% of hospital CEOs nationwide have turned over since July 2022. In Rural Critical Access Hospitals in WA, 22% of CEOs have turned over. • Diane ○ A conference session focused on healthcare challenges in rural communities. They offered transparency and perception management as tools for leaders. Transparency includes being open about what what's going on, including the management of issues that bring challenges. This allowed employees to have a more accurate view of what was happening. Perception includes considering whether there are opportunities to adjust how and what we communicate to ensure ream members have the right and enough information to understand realities in their workplace. ○ Strategic Question: ○ ***What work do we have to do to manage and reshape perception?***

	• The commissioners reported the value of governance education has allowed board to better understand their roles and support the CEO, rather than trying to fulfill the CEO's responsibilities.
Committee Reports	**Finance Committee** • Bruce Williams provided the Finance Committee report. o A huge thanks to Strode Weaver, a member of the Finance Committee. He always brings great insight, perspective, and wisdom to the group. o All policies were recommended to be approved and will be in August's consent agenda. o CM generated a small profit last year. We budgeted a deficit for 2023 that included valuable investments in market wages, consultant work, and other process improvement items. o The group is heavily focused on clinic stats and revenue to grow the number of clinic visits. The goals of this review are to ensure better patient access, improve and support staff morale through team-based care, and monitor revenue for sustainability. o CM currently has $13.8 million in cash and cash equivalents. o Kudos to Gustavo as a newer commissioner and forward-thinking individual, who initiated a discussion around investing in innovative programs at CM. **Hospital Governing Boards Committee & WSHA Board Committee** • Bruce Williams provided the Hospital Governing Boards Committee report. o The meetings encouraged Commissioners to think about employee health and burnout at all levels. o The groups were asked to monitor the employee impact of nurse staffing ratio legislation and rollout. o The DOH interpreted that anyone in the world who receives care in WA is eligible to be considered for a hospital's charity care program. o WSHA is moving quickly to confront payor challenges by collecting statewide data.
June Finance Report	• Marianne provided the Finance Report. o We have a budget variance of $133,000. Professional fees are over budget by ($37,000) due to Meditech consulting fees, Nurse Registry Fees, and Clinic Provider feeds due to Locum PA. o Purchased services and expenses are over budget by ($36,000) due to IT expense for Centricity, Business Office support services, and Radiology expenses. o Days in Net Accounts Receivable increased from 62.2 days in May to 64.3 days in June and Gross Accounts Receivable has increased by $261,000 from May. o CM is moving forward with TruBridge, who has been helping us in the business office for the last 18 months. Within the next 60 days, new billing statements should be rolled out. o Marianne hosted two Finance orientations for Gustavo, Jessica, Kathy Jo, and Megan.

	○ CM built out a preliminary 2024 capital budget. Directors have been working to submit operational and capital expenses. ○ There is interim cost report work to come. ○ It is fabulous to work with new hospitalists. ○ Megan revitalized Open Forum slides and brought a new tangible energy.
Administrator Report	• Diane provided the Administrator Report. • **Open Forum** ○ There was good attendance at the July Open Forum meetings, totaling 15-20 people each session. We may need to rethink the evening Open Forum which does not typically yield a high turnout. • **Noridian (Liaison for Medicare Payments)** ○ CM applied for ambulance cost-based reimbursement. We do not meet the distance requirement, but are the only ambulance allowed by statute to provide services in our district. If approved, this will provide a significant and positive impact for us. • **WSNA** ○ The current WSNA contract ends in September. Negotiations are underway and Melissa and Natasha are to thank for moving this work. CM aims to finalize discussions by September 30th. • **Thriving Together NCW** ○ CM was awarded a $125,000 planning grant for Mobile Integrated Health that must be allocated by the end of September. CM hired a consultant to help structure the work. • **NCW Hospital Council** ○ Diane will attend a council meeting on July 27th. Sue Birch from the Healthcare Authority will be in attendance. Hospital leaders will talk with her about rural challenges, payment reform and the Healthcare Cost Transparency board. • **New Per Diem Physician** ○ Drew Chambers, PA-C will be joining our team in late summer/early fall. We anticipate that he will work in the clinic and cover hospital patients. • Congratulations to Whitney for achieving her master's degree. • Kudos to Melissa for leading the effort to bring HR professionals together. A group will be hosted in September at CM.
Board Action Items	• Check your email. • There is an education session prior to August board meeting at 4:30 PM.
Meeting Evaluation/ Commissioner Comments	• The team-based care report was excellent, and the group is pleased with the Q2 dashboard. • Requested future updates: ○ Nursing ○ Data around the number of folks on Apple Health who were lost to redetermination requirements.
Adjournment	• Tom made a motion to adjourn the meeting at 8:24 PM. Bruce seconded the motion and the commissioners unanimously agreed.

_____	_____
Tom Baranouskas, President	Mall Boyd, Secretary

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Title:	**Non-Payroll Warrant / EFT Release**	Effective Date:	**07/01/2004**
Categories:	**Board of Commissioners**	Approved Date:	**Not Approved** Yet
Prepared By:	**Marianne Vincent (Chief Financial Officer)**		
Reviewed By:	**Diane Blake** (Chief Executive Officer)		
Approved By:	**Board of Commissioners; No Users**		

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

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

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

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

CASCADE MEDICAL
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Title:	**Capital Spending Approval Matrix**	Effective Date:	**11/01/2007**
Categories:	**Board of Commissioners**	Approved Date:	**08/25/2020**
Prepared By:	**Marianne Vincent (Chief Financial Officer)**		
Reviewed By:	**Diane Blake (Chief Executive Officer); Board Finance Committee**		
Approved By:	**Board of Commissioners; Diane Blake (Chief Executive Officer)**		

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

PROCEDURE:

Approving Authority Matrix

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

R=Recommend
A=Approve

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Title:	**Financial Management Policy**	Effective Date:	**08/19/2017**
Categories:	**Board of Commissioners**	Approved Date:	**Not Approved** Yet
Prepared By:	**Marianne Vincent (Chief Financial Officer)**		
Reviewed By:	**Diane Blake** (Chief Executive Officer)**; Board Finance Committee**		
Approved By:	**Board of Commissioners; No Users**		

Purpose

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

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

Overall Financial Policy

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

Sections

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

Title:	**Financial Management Policy**	Effective Date:	**08/19/2017**
Categories:	**Board of Commissioners**	Approved Date:	**Not Approved** Yet
Prepared By:	**Marianne Vincent (Chief Financial Officer)**		
Reviewed By:	**Diane Blake** (Chief Executive Officer)**; Board Finance Committee**		
Approved By:	**Board of Commissioners; No Users**		

I. General Policies

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

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

1. Accounting principles. The District will account for assets, liabilities, revenues and expenses in conformity with accounting principles generally accepted in the United States of America and the state of Washington as applicable to public hospital districts, and in accordance with standards established by the Governmental Accounting Standards Board. The District will use enterprise fund accounting and revenues and expenses will be recognized on an accrual basis using the economic resources measurement focus. The District will utilize a fiscal period ending on December 31st of each year.
2. Departmental Accounting. Gross revenues and operating expenses for individual service areas within the District's hospital and clinic will be segregated through the use of departmental accounting, in a manner consistent with State Auditor's Office and Medicare Cost Reporting requirements.
3. Restricted funds. The District will account for expenditures from funds that are restricted as to use by donors, restricted to specific purposes by the Board of Commissioners, restricted by financing covenants or otherwise restricted by law. Funds received that are not under such restrictions will be part of the general fund and not earmarked for specific purposes or activities.

Title:	**Financial Management Policy**	Effective Date:	**08/19/2017**
Categories:	**Board of Commissioners**	Approved Date:	**Not Approved** Yet
Prepared By:	**Marianne Vincent (Chief Financial Officer)**		
Reviewed By:	**Diane Blake** (Chief Executive Officer)**; Board Finance Committee**		
Approved By:	**Board of Commissioners; No Users**		

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

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

1. Deposits. All cash receipts will be deposited or transferred to the CM accounts held by the Chelan County Treasurer, who serves as the treasurer for the District. District funds will be invested by the County Treasurer's office in the Washington State Local Government Investment Pool or other investments as permitted by RCW chapter 39.
2. Cash Accounts. The District will establish cash accounts with the County Treasurer's office for various purposes, including debt service, capital asset purchases, cost report settlement reserves and others. Funds will be deposited into and transferred between these accounts in accordance with the District's established Cash Management policy.
3. Reconciliations. Cash balances held with the County Treasurer will be reconciled on a monthly basis to the District's accounting records by District Accounting staff, under the supervision of the District's CFO.
4. Cash Balancing. The District's daily cash and check receipts will be listed, balanced and, except for an authorized change fund amount, deposited to the Depository Account. Deposits to the depository will be made each day the total cash deposit reaches $200 and/or when there are checks to deposit. When receiving payment in person from a patient or other individual, the District will provide a numerically sequential receipt. Any out-of-balance conditions (cash over/short) will be immediately reported to the CEO or CFO, reviewed, and posted. Cash over/short conditions of more than $100 shall be reported to the CEO immediately. The Board of Commissioners will be notified no later than the next regular Board meeting.

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

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

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

a. Unlimited Tax General Obligation bonds, to be used for capital projects only, which will require the approval of the voters within the District.
b. Limited Tax General Obligation bonds, which do not require voter approval and are payable from funds collected through an existing tax levy, providing the District determines it can afford the payments and UTGO or other funding is not readily available.
c. Short-term commercial borrowing, lines of credit and capital lease financing, as permitted by law, for the purpose of financing major equipment purchases, Information Technology investments or meeting short-term liquidity needs during anticipated temporary interruptions in cash receipts from operations.
d. Revenue bonds, to be used for financing building construction or improvements.
e. Refunding bonds, to be used in debt refinance to achieve true savings as market opportunities arise. Refunding debt will not be used for the purpose of avoiding debt service obligations. A target 5% cost savings (discounted to its present value) over the remainder of the debt must be demonstrated unless otherwise justified.

7. Arbitrage earnings. The use of interest earnings on bond proceeds will be limited to funding the improvements specified in the authorizing bond ordinance or payment of debt service on the bonds. Proceeds from debt will be used in accordance with the purpose of the debt issue.
8. Bond compliance. To maintain the District's credit worthiness, the CEO, CFO and staff will maintain active relationships with ratings agencies and outside parties involved in debt funding and will act in accordance with the District's established Bond Compliance Policy. The District will maintain its bond rating at the highest level fiscally prudent.

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

1. Billing and Collections. To support the ongoing provision of health care services to the residents of the District and to those in need of care while visiting, the District will establish and maintain systems to collect appropriate amounts from patients and their government-sponsored or commercial health insurance plans for the care received. District staff will utilize an Electronic Health Record and Patient Accounting system to document the care received, create charges for the individual services provided and bill and collect payments from patients and their health plans.
2. Charges for services. In accordance with Medicare program requirements and contracts with individual health plans, all patients will be charged the same amounts for individual service or supply items through the use of a standardized Charge Master. Maintenance of the Charge Master will be overseen by the District's CFO. The District will periodically evaluate pricing levels against industry standards, Medicare fee schedules and other available references.
3. Compliance. District staff will make appropriate efforts to ensure compliance with Medicare and Medicaid billing requirements, the provisions of contracts with individual commercial health plans and the compliance policies established by the District.

Title:	**Financial Management Policy**	Effective Date:	**08/19/2017**
Categories:	**Board of Commissioners**	Approved Date:	**Not Approved** Yet
Prepared By:	**Marianne Vincent (Chief Financial Officer)**		
Reviewed By:	**Diane Blake** (Chief Executive Officer)**; Board Finance Committee**		
Approved By:	**Board of Commissioners; No Users**		

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

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

1. Means of payments. Any payments made by the District will be done using either warrants drawn on CM accounts held by the Chelan County Treasurer, electronic fund transfers, or payroll direct deposits initiated from those accounts to individual employee bank accounts. In accordance with the established Warrant/EFT Release policy, these payments will be approved by the Board of Commissioners at a public meeting.
2. Authorizations. Payments will be authorized by one of the following means prior to release:
   a. Purchase orders that are completed in accordance with the established General Fund Distribution policy.
   b. Payments made for goods or services as part of a vendor contract signed by the District's CEO. These will be authorized by the applicable Department Director or Senior Leader.

c. Check requests signed by a Department Director or Senior Leader and in accordance with the Spending Approval Matrix policy.
d. Reimbursements made to employees for travel expenses or personal expenditures made on behalf of the District, which will be done using established forms and subject to inclusion of supporting documentation and approval by the employee's supervisor in accordance with the Expense and Travel Reimbursement policy.
e. Electronic fund transfers authorized by the CFO or CEO.
f. Payroll expenditures authorized by the employee's supervisor using the District's payroll/time & attendance system and subject to existing payroll policies and union contracts where applicable.

3. Recording payments. All expenditures will be recorded in the District's accounting system and will be assigned to an account number in accordance with the type of expenditure and the benefitting service.
4. Petty cash. The CFO may authorize one or more petty cash or change funds for minor cash expenditures or making change for cash payments. Payments made from petty cash will be recorded individually in the District's accounting system in accordance with the established Petty Cash policy. In no event will the value of a petty cash fund exceed $250.

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

1. Financial statements. District financial staff will prepare financial statements on a monthly basis for review by the Board of Commissioners, District staff and interested members of the public. Statements will be prepared on an accrual basis with revenues and expenses shown in the period in which services occurred or benefits were provided. Monthly financial statements will include, at a minimum, Balance Sheet, Revenue and Expense and Cash Flow statements.
2. Statement presentation. Financial statements will be presented to the Board of Commissioners by the District's CFO, who will also provide comparisons with budgeted and prior year financial results, patient volume statistics and other analytical reports as requested by the Board. Financial statements for the most recent month will normally be provided at the Commissioners' next public meeting. The Board will also be provided, for approval, a vouchers summary~~detailed listing~~ of the previous month's warrants issued, and electronic fund transfers made, along with the balances of patient accounts sent to collection agencies and discounts provided under the Financial Assistance (Charity) policy. The Board will receive an emailed Voucher Register prior to each Board meeting with a detailed listing of the previous month's warrants issued, and electronic fund transfer made.
3. Finance Committee. District financial staff and the CFO will provide additional, in-depth financial reporting and a discussion of District financial issues to the Board of Commissioner's Finance Committee, in accordance with the Committee's charter and annual work plan. Any changes to the financial information package presented to the full Board will be reviewed and approved by the Finance Committee.

Title:	**Financial Management Policy**	Effective Date:	**08/19/2017**
Categories:	**Board of Commissioners**	Approved Date:	**Not Approved** Yet
Prepared By:	**Marianne Vincent (Chief Financial Officer)**		
Reviewed By:	**Diane Blake** (Chief Executive Officer)**; Board Finance Committee**		
Approved By:	**Board of Commissioners; No Users**		

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

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

1. Budgeting purpose. The Board of Commissioners and management of the District will prepare budgets for the purpose of establishing a financial plan for future periods, guiding decision-making in those periods and serving as a control and comparison during those periods.
2. Annual Budgets. On an annual basis, the Board of Commissioners will adopt a Revenues and Expenses (Operating) Budget, a Cash Flow Budget and a Capital Budget.
3. Approval. Budgets will be prepared by the District's management staff and presented to the Board in draft form at a public meeting in September of each year. After initial review, budgets will be presented to the Board for final approval at a public budget hearing in October. Public notice of the budget hearing will be made in advance in accordance with statutory requirements of the State of Washington. Budget approval will consist of Resolutions adopting the final budgets and authorizing tax levy amounts.
4. Management responsibilities. Operating and Capital Budgets will be prepared by Department Directors and will project patient volumes, line item revenues and expenses and capital equipment needs for their departments. Operating Budgets will be prepared for the upcoming fiscal year while Capital Budgets will show projected capital needs for at least three years into the future. Department Directors will strive to ensure budgets are consistent with the District's Strategic Objectives and are prepared in a complete, accurate and realistic manner. District Senior Leadership will review submitted budgets, provide preliminary approval, deferral or disapproval, and consolidate budgets for Board review.

5. Budget guidelines. It will be the goal of the District to create Operating and Cash Flow budgets in which operating revenues plus tax receipts meet or exceed necessary expenditures. Budget volumes and revenue estimates will be made conservatively using information from reliable economic forecasts and state or other governmental agencies. Revenues from expected donations, grants or sources of limited duration will be fully disclosed during budget review and approval and will not be utilized to support on-going operations.

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

   Provisions within the budgets will be made to ensure adequate funds for the following:
   a. Debt service.
   b. Proper maintenance and timely replacement of the District's capital assets.
   c. Staffing levels sufficient to provide health care services and support for District operations.
6. Budgeting new programs and services. Planned new programs, expansions in service or increases in staffing levels will wherever possible be evaluated as part of the annual Operating Budget prior to approval. New programs and services will be expected to generate sufficient revenues to offset capital and operating expense increases. In evaluating staffing increases, attempts to expand individual and work group productivity rather than adding to the work force will be made, including investment in technology and other efficiency tools to maximize productivity. The District will hire additional staff only after the need for such positions has been demonstrated and documented and no productivity improvements are feasible.
7. Use of Budgets. Once adopted, the budgets will be used as a financial plan for the District's operations, and during the fiscal year will be used as a comparison and control tool for evaluation of current operations. Financial management staff will include comparisons of actual financial results to budgeted amounts in monthly reporting to the Board and District management staff.

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

1. Capital equipment. Items costing over $5,000 per item will be authorized prior to purchase in accordance with the established Capital Requisition policy and the Spending Approval Matrix policy.
2. Asset tagging. Capital equipment items, along with minor equipment items costing over $500, must be authorized for ordering by completion of the Capital Request Form by a Department Director or Senior Leader. When received, these items will be tagged prior to being placed into service using asset tags applied by the Materials Management department staff. Where applicable,

equipment used in patient care areas will also be inspected by the District's Biomedical Engineering consultant.

3. Surplus. Any previously purchased capital or minor equipment item with an asset tag that has exceeded its useful life and is meant to be traded-in, sold or discarded, must be declared as surplus by the Board of Commissioners.
4. Capital Facilities Plan (CFP). In addition to the three-year Capital Budget, the District may create and maintain a Capital Facilities Plan which will encompass a longer-term planning period, as follows:
   a. The CFP will include all projects to maintain public capital facilities required to maintain service levels at standards established by the Board of Commissioners. It may also include for consideration such other projects as requested by the CEO or Board of Commissioners.
   b. The CFP will provide details on each capital project plan including estimated costs, sources of financing and a full description of the project.
   c. The District will finance only those capital improvements that are consistent with the adopted CFP and District priorities. All capital improvement operating and maintenance costs will be included in operating budget forecasts.
   d. A status review of the CFP will be conducted periodically, and a report will be presented by the CEO or his/her designee, to the Board of Commissioners.
5. Insurance. The District will purchase and maintain liability, property and other insurance policies that fully protect the District from all reasonably-anticipated losses. These policies will include:
   a. Professional and general liability, including medical malpractice liability and non-medical tort claims.
   b. Directors and Officers liability, including employment practices liability.
   c. Property, covering buildings, equipment and vehicles.
   d. Employee dishonesty and other crime-related risks.
   e. Cybercrime.

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

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

Title:	**Financial Management Policy**	Effective Date:	**08/19/2017**
Categories:	**Board of Commissioners**	Approved Date:	**Not Approved** Yet
Prepared By:	**Marianne Vincent (Chief Financial Officer)**		
Reviewed By:	**Diane Blake** (Chief Executive Officer)**; Board Finance Committee**		
Approved By:	**Board of Commissioners; No Users**		

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

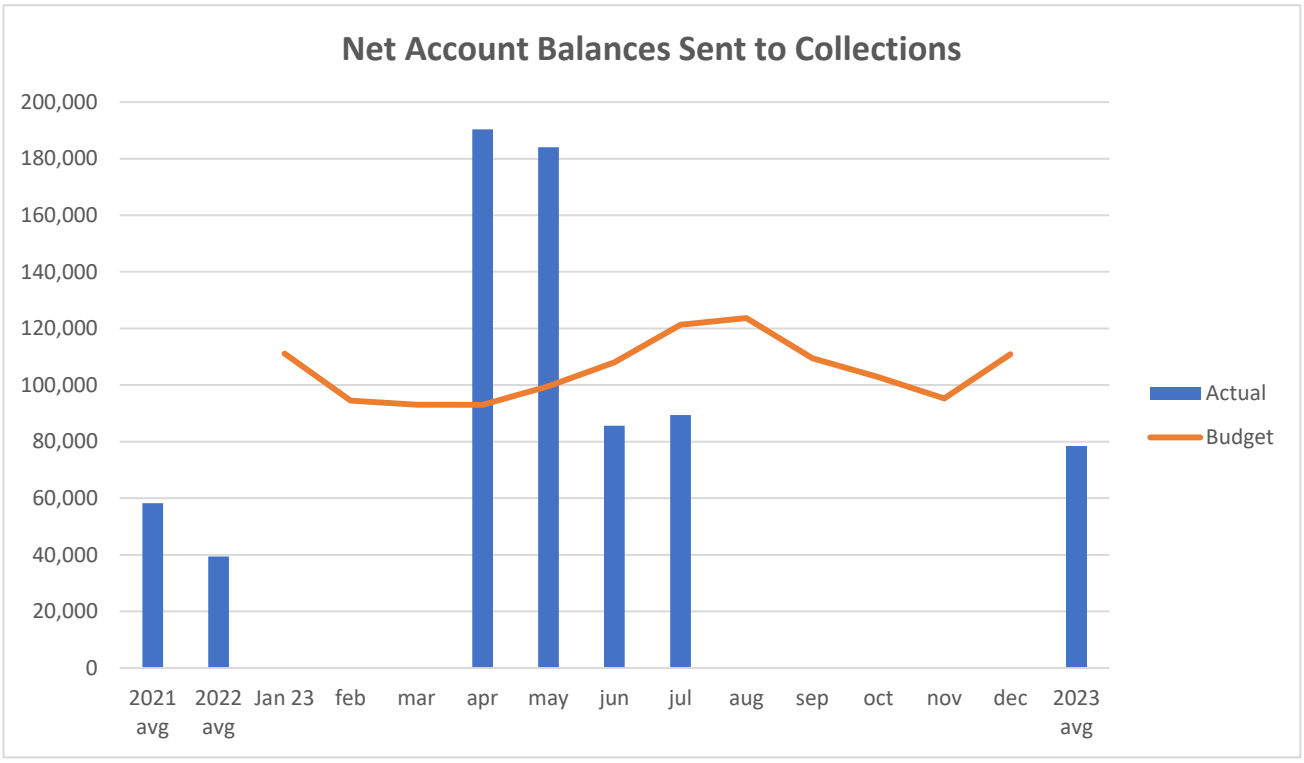
Commissioner Meeting: Aug 23, 2023

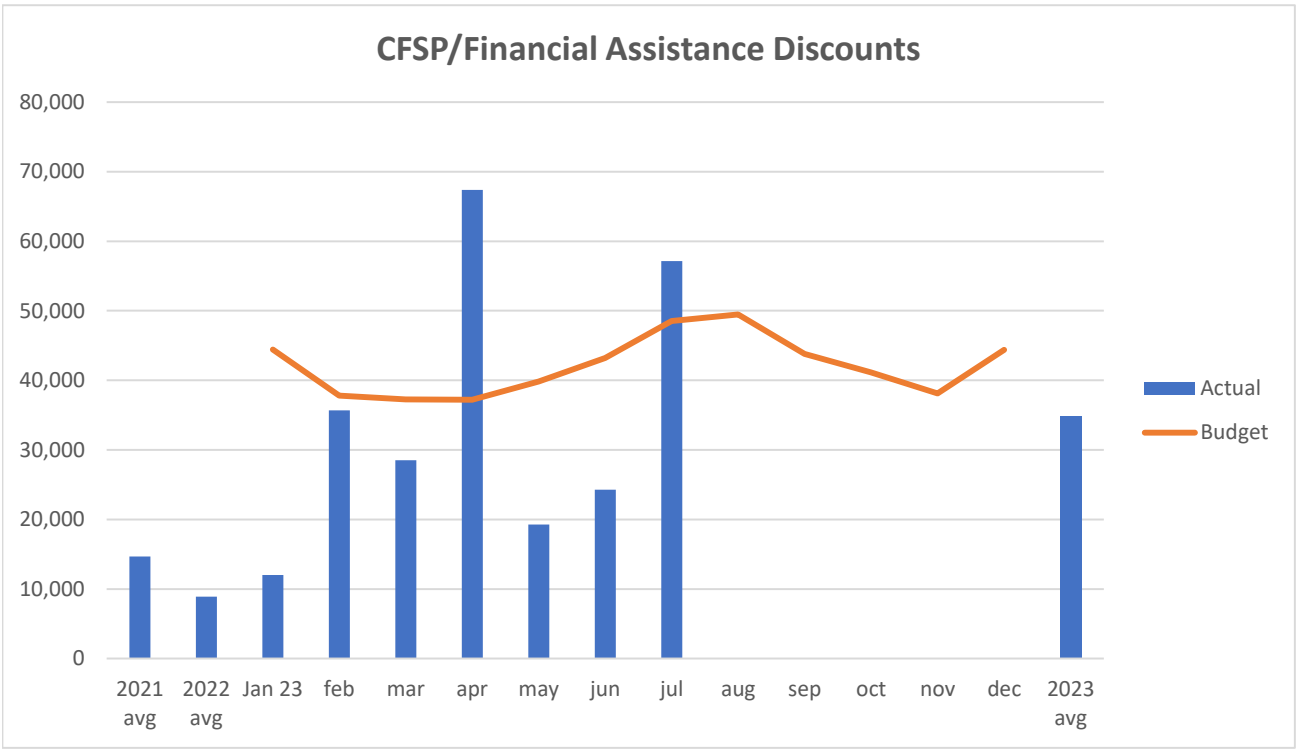
Below is a listing of the Accounts Payable warrants issued since the last Board of Commissioners meeting along with the EFT transactions and payroll EFT transactions since the last Board of Commissioners meeting.

Accounts Payable Warrant Numbers	10119787 – 10119963	$909,411.85	07/19/2023 – 08/11/2023
Accounts Payable EFT Transactions	20220276 – 20220294	$587,396.15	07/19/2023 – 08/11/2023
Payroll EFT Transactions	14976 – 15348	$801,385.08	07/28/2023 – 08/11/2023
	Grand Total	$2,298,193.08	

Prepared by:

Kathy Jo Evans
Director of Accounting


Net Account Balances Sent to Collections
200,000
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
2021 avg
2022 avg
Jan 23
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2023 avg
Actual
Budget


CFSP/Financial Assistance Discounts
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
2021 avg
2022 avg
Jan 23
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2023 avg
Actual
Budget

Cascade Medical

Bad Debt Write Offs
Financial Assistance Program Discounts

Month of July, 2023

Net Bad Debt Write-Offs for Board Approval	**$**	**89,447.67**
CFSP/Financial Assistance Program Discounts for Board Approval	**$**	**57,121.50**

Bad Debt/ Financial Assistance Supplemental Information			
Bad Debt Write-Offs	Sent to Collection Agency		89,817.46
	less: pullback from Agency due to receipt of payments		(369.79)
	Net Bad Debt Write-Offs		89,447.67
CFSP/Financial Assistance Applications - Discounts Approved		$	57,121.50
	Total		146,569.17

Credentialing Approvals

Adjunct Privileges: (1-year)

- Dr. Matthew Messerschmidt
- Dr. Joshua Frank

Active Privileges (2-years)*

- Corey Rubinfeld, PA-C
- Dr. Lauren Kendall was approved in July and the chart review was completed.

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

RESOLUTION NO. 2023-07

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

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 following descriptions:

Description	Serial Number	CM Asset Tag #	Market Value	Recommendation
Whirlpool Refrigerator	VSH4913947/ ET14JKXGW01	02011	$0	Scrap Yard

---

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a regular meeting of the board on August 23, 2023.

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 surplus and sell or dispose the equipment listed above.

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

It is hereby found and declared that the equipment be surplused.

ADOPTED AND APPROVED by the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington, at a Regular Open Public Meeting of the Board on the 23 day of August, 2023, the following Commissioners being present and voting in favor of this resolution.

_____
Board President, Thomas Baranouskas

_____
Board Vice President, Bruce Williams

_____
Commissioner Mall Boyd

_____
Commissioner Jessica Kendall

_____
Commissioner Gustavo Montoya

RESOLUTION NO. 2023-08

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

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 following descriptions:

Description	Serial Number	CM Asset Tag #	Market Value	Recommendation
Refrigerator	L101919/ CTR-26PG	02989	$0	Scrap Yard

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a regular meeting of the board on August 23, 2023.

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 surplus and sell or dispose the equipment listed above.

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

It is hereby found and declared that the equipment be surplused.

ADOPTED AND APPROVED by the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington, at a Regular Open Public Meeting of the Board on the 23 day of August, 2023, the following Commissioners being present and voting in favor of this resolution.

Board President, Thomas Baranouskas

Board Vice President, Bruce Williams

Commissioner Mall Boyd

Commissioner Jessica Kendall

Commissioner Gustavo Montoya

RESOLUTION NO. 2023-09

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

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 following descriptions:

Description	Serial Number	CM Asset Tag #	Market Value	Recommendation
Garbage Disposal	50830/ Model 200	None	$0	Scrap Yard

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a regular meeting of the board on August 23, 2023.

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 surplus and sell or dispose the equipment listed above.

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

It is hereby found and declared that the equipment be surplused.

ADOPTED AND APPROVED by the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington, at a Regular Open Public Meeting of the Board on the 23 day of August, 2023, the following Commissioners being present and voting in favor of this resolution.

Board President, Thomas Baranouskas

Board Vice President, Bruce Williams

Commissioner Mall Boyd

Commissioner Jessica Kendall

Commissioner Gustavo Montoya

Accompanying Notes for the July 2023 Financial Statements

July Financial Statements – Current Month Summary

July Gross patient revenue of $3,064,000 is ($401,000) less than the budgeted amount of $3,465,000. The contractual allowance for July is $1,232,000, which is $198,000 less than the budgeted amount of $1,430,000. We posted a net margin of ($138,000) for July, which is ($245,000) less than the budgeted net margin of $107,000. Our cash receipts totaled $1,989,000 in July compared to a budgeted cash receipt total of $1,763,000.

July Year-To-Date Summary

Our year-to-date net margin of ($1,177,000) is ($510,000) below the budgeted net margin of ($667,000). Through July, Swing Bed, Ambulance and Laboratory, and Clinic volumes remain below year-to-date budgeted volumes. CT, Acute and Rehab Services see volumes higher than budgeted. Cash receipts year-to-date total $16,208,000 compared to a budgeted amount of $13,898,000. The July month end cash balance of $13,621,000 was ahead of the budgeted cash balance of $12,034,000 by $1,587,000.

Specific Revenue and Expense Variances

1. Professional fees are over budget by ($90,000) in July due to ED registry nurses, Admin Consulting for Clinic Practice Share and Fiscal Services Audit and Accounting fees.
2. Purchased Services expenses over budget by ($69,000) for July due to IT expense for Centricity, Business Office support, the timing of Ambulance expenses and Radiology staffing.

Patient Statistics

Acute and CT volumes were well above budgeted volumes for July, while Swing Bed, Radiology and Clinic saw volumes below budgeted volumes.

Cash Receipts

Cash collections of $1,863,000 in July on patient accounts were above the budgeted patient account collections of $1,716,000 by $147,000. For the year 2023 our cash receipts on patient accounts are $1,868,000 greater than budgeted cash receipts

Balance Sheet

Our Balance Sheet shows a decrease in cash balances in July of ($392,000).

Accounts Receivable

Days in Net Accounts Receivable increased from 64.3 days in June to 70.0 days in July and Gross Accounts Receivable has increased by $763,000 from June.

Contractual Allowances

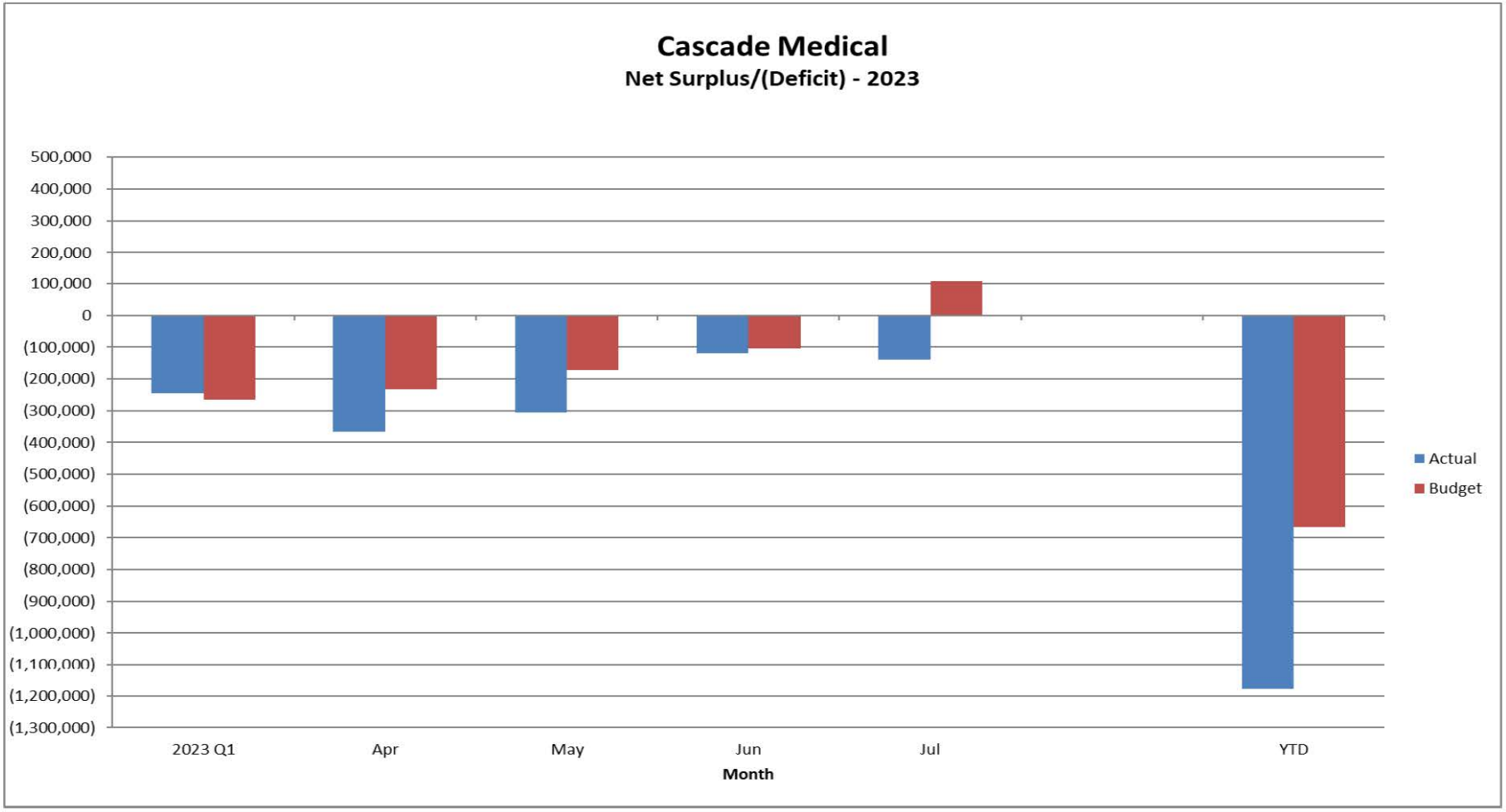
Our Contractual Allowance for July is 40.2% of Gross Revenues, while our overall Contractual Allowance is 43% of Gross Accounts Receivable.

Final comments

As we are now over midway through the budget year, we have two areas where we are well over budget in 2023, both the Professional Fees and Purchased Services. While these expenses have been significant, we have still been able to grow our cash balances.

We have experienced a lag in our revenue recognition, with over $660,000 in charges for service dates prior to August 1, 2023, that have yet to be recognized as revenue as of the end of July. We will see a substantial amount of this revenue recognized in August. The delay was partially the result of staff out of the office but primarily due to reduced workflow by coding services purchased from an outside vendor. We are working with the vendor to ensure that this work is completed in a timely manner going forward.

The Operating Budget work is well underway, and we continue to work with a consultant on our payor contracts.


Cascade Medical
Net Surplus/(Deficit) - 2023
500,000
400,000
300,000
200,000
100,000
0
(100,000)
(200,000)
(300,000)
(400,000)
(500,000)
(600,000)
(700,000)
(800,000)
(900,000)
(1,000,000)
(1,100,000)
(1,200,000)
(1,300,000)
2023 Q1
Apr
May
Jun
Jul
YTD
Month
Actual
Budget

Cascade Medical Center
Financial Performance Summary
Year-to-Date - July, 2023

000's omitted

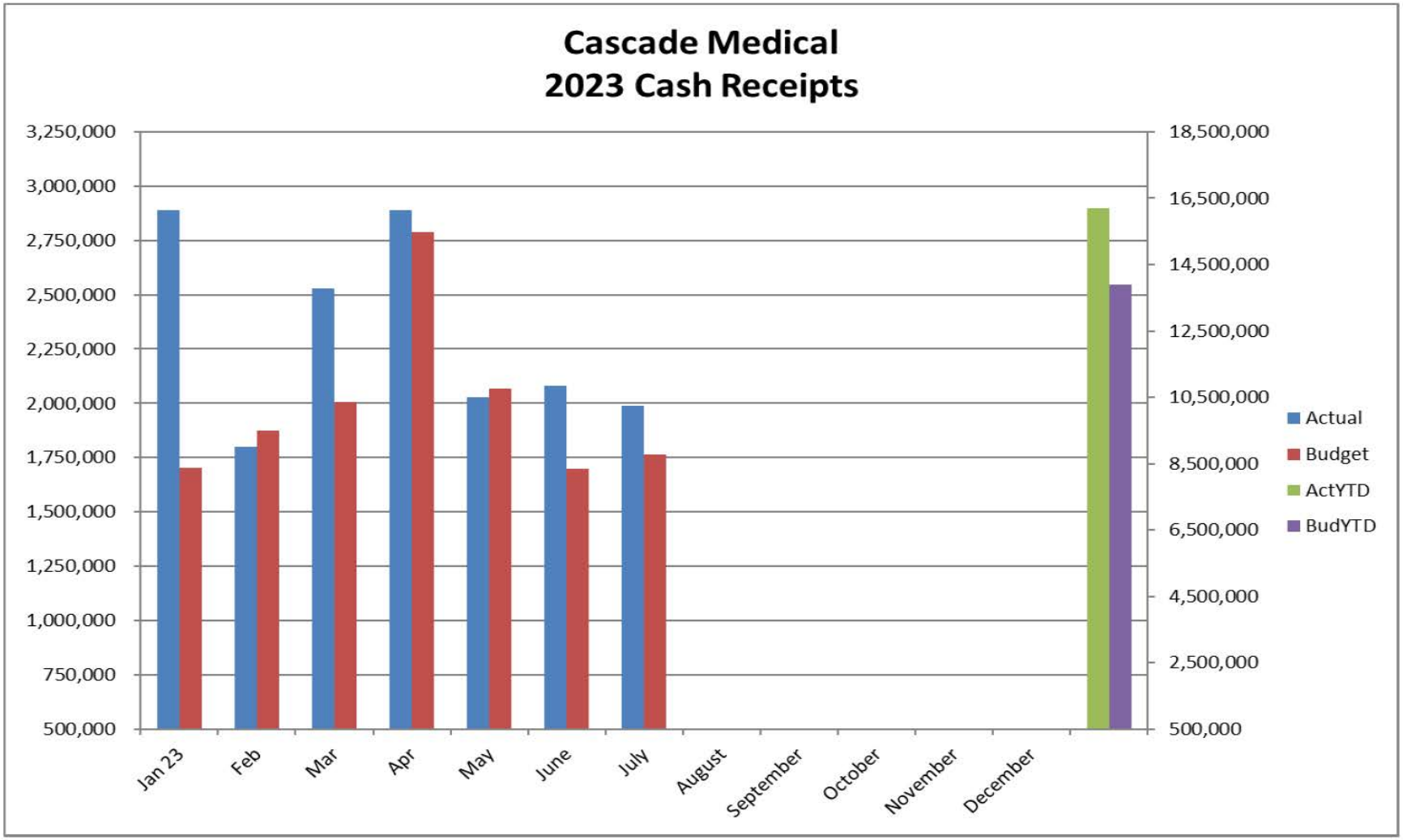
	YTD July
Net Margin	
Actual	(1,177)
Budget	(667)
Better (Worse) than Budget	(510)
Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - SBed ($404); Lab ($336);Amb ($294); ED ($259);Clinic ($144); CT $211	(1,103)
Contractual Allowances	1,323
Net Patient Revenue	221
Other Operating Revenue	305
Total Operating Revenue	525
Expenses	
Salaries & Benefits	21
Prof. Fees - Informatics ($253); Admin ($115); Clin Prov ($33); ED Prov ($31)	(560)
Supplies	(29)
Purchased Services/Repairs - IT ($107);Plant ($96); BusOff ($81); Rad ($80)	(402)
Other Operating Expenses - Bank Charges ($55); Excise Tax ($33)	(75)
Total Operating Expenses	(1,045)
Non-Operating Revenues & Expenses	10
Actuals Better/(worse) than Budget	(510)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending July 31, 2023

	Current Period			Year-to-Date			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	1,832,731	2,034,808	(202,077)	12,701,069	12,480,472	220,597	10,611,089
Grants, Contribs, Other Op Revenue	111,369	31,665	79,704	719,015	414,253	304,762	384,582
Tax Levies, unrestricted	149,665	149,665	-	1,047,655	1,047,655	-	1,013,516
Total Operating Revenue	2,093,765	2,216,138	(122,373)	14,467,739	13,942,380	525,359	12,009,187
Operating expenses							
Salaries & Benefits	1,428,240	1,513,427	85,187	10,270,030	10,291,213	21,183	9,630,812
Professional fees	182,179	92,455	(89,724)	1,240,035	680,116	(559,919)	570,239
Supplies	189,188	163,918	(25,270)	1,120,762	1,091,578	(29,184)	1,042,374
Purchased services	161,556	105,061	(56,495)	1,191,052	789,068	(401,984)	1,184,213
Depreciation	166,550	169,956	3,406	1,165,861	1,189,692	23,831	1,057,603
Other Operating Expenses	185,249	143,392	(41,857)	1,222,669	1,123,914	(98,755)	1,026,904
Total operating expenses	2,312,963	2,188,209	(124,754)	16,210,408	15,165,581	(1,044,827)	14,512,145
Operating gain / (loss)	(219,198)	27,929	(247,127)	(1,742,670)	(1,223,201)	(519,469)	(2,502,958)
Nonoperating revenues (expenses)							
Tax Levies, restricted	108,294	108,294	-	758,058	758,058	-	707,112
Interest expense on bonds	(27,214)	(27,214)	-	(190,498)	(190,498)	-	(202,707)
Other Non-Operating rev (exp)	(124)	(1,673)	1,549	(2,073)	(11,711)	9,638	(11,819)
Total nonoperating rev (exp), net	80,956	79,407	1,549	565,487	555,849	9,638	492,586
Net Income	(138,241)	107,336	(245,577)	(1,177,183)	(667,352)	(509,831)	(2,010,372)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending July 31, 2023

	Current Period			Year-to-Date			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	3,064,486	3,465,148	(400,662)	19,485,434	20,588,148	(1,102,714)	16,659,792
less:							
Contractual Allowances	1,055,155	1,260,548	205,393	5,811,641	7,098,856	1,287,215	5,420,820
Reserve for Bad Debts	125,658	121,280	(4,378)	692,110	720,586	28,477	482,272
Reserve for Financial Assistance	50,942	48,512	(2,430)	280,615	288,234	7,619	145,611
Total Deductions from Revenue	1,231,755	1,430,340	198,585	6,784,365	8,107,676	1,323,311	6,048,703
Net Patient Revenue	1,832,731	2,034,808	(202,077)	12,701,069	12,480,472	220,597	10,611,089
Grants, Contributions	10,000	2,100	7,900	49,648	123,298	(73,651)	157,622
Other Operating Revenue	101,369	29,565	71,804	669,368	290,955	378,413	226,960
Tax Levies, unrestricted	149,665	149,665	-	1,047,655	1,047,655	-	1,013,516
Total Operating Revenue	2,093,765	2,216,138	(122,373)	14,467,739	13,942,380	525,359	12,009,187
Operating expenses							
Salaries and wages	1,209,076	1,235,539	26,463	8,401,077	8,352,566	(48,511)	7,919,890
Employee benefits	219,164	277,888	58,724	1,868,953	1,938,647	69,694	1,710,922
Professional fees	182,179	92,455	(89,724)	1,240,035	680,116	(559,919)	570,239
Supplies	189,188	163,918	(25,270)	1,120,762	1,091,578	(29,184)	1,042,374
Utilities	31,534	21,863	(9,671)	161,728	164,848	3,121	159,299
Repairs and maintenance	12,520	25,473	12,953	236,791	161,011	(75,780)	149,815
Purchased services	149,037	79,588	(69,449)	954,261	628,057	(326,204)	1,034,398
Continuing medical education	-	1,417	1,417	6,339	9,915	3,576	3,021
Other expenses	11,685	2,606	(9,079)	78,598	57,484	(21,114)	57,710
Dues and subscriptions	77,445	58,984	(18,461)	474,389	456,855	(17,534)	138,140
Travel / training / meetings	2,231	5,648	3,417	92,265	58,246	(34,019)	60,144
Leases and rentals	15,085	13,624	(1,461)	114,772	95,700	(19,072)	91,413
Depreciation	166,550	169,956	3,406	1,165,861	1,189,692	23,831	1,057,603
Licenses and taxes	15,425	18,809	3,384	135,160	137,194	2,034	361,864
Insurance	30,519	19,074	(11,445)	150,136	134,103	(16,033)	142,190
Interest	1,326	1,367	41	9,282	9,569	288	13,123
Total operating expenses	2,312,963	2,188,209	(124,754)	16,210,408	15,165,581	(1,044,827)	14,512,145
Operating gain / (loss)	(219,198)	27,929	(247,127)	(1,742,670)	(1,223,201)	(519,469)	(2,502,958)
Nonoperating revenues (expenses)							
Tax Levies, restricted	108,294	108,294	-	758,058	758,058	-	707,112
Interest expense on bond financing	(27,214)	(27,214)	-	(190,498)	(190,498)	-	(202,707)
Gain (loss) on disposal of equipment	-	-	-	4,000	-	4,000	-
Investment income	1,646	96	1,550	6,312	672	5,640	566
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(12,385)	(12,383)	(2)	(12,385)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	80,956	79,407	1,549	565,487	555,849	9,638	492,586
Net Income	(138,241)	107,336	(245,577)	(1,177,183)	(667,352)	(509,831)	(2,010,372)


Cascade Medical
2023 Cash Receipts
3,250,000
3,000,000
2,750,000
2,500,000
2,250,000
2,000,000
1,750,000
1,500,000
1,250,000
1,000,000
750,000
500,000
18,500,000
16,500,000
14,500,000
12,500,000
10,500,000
8,500,000
6,500,000
4,500,000
2,500,000
500,000
Actual
Budget
ActYTD
BudYTD
Jan 23
Feb
Mar
Apr
May
June
July
August
September
October
November
December

Cascade Medical
Statistics Summary - 2023

	YTD 2022 avg/mo	mar 23	apr	may	jun	jul	2023 Act mo	2023 Bud mo	Act/Bud % var	2023 Act YTD Tot	2023 Act avg/mo	2023 Bud YTD Tot	2023 Bud avg/mo	Act/Bud % var
Acute Care	17	15	24	25	26	18	18	16	10.3%	146	21	129	18	13.1%
Swing Bed	85	49	66	59	66	61	61	96	-36.2%	474	68	620	89	-23.6%
Laboratory tests	2,700	2,285	3,001	3,110	2,746	3,080	3,080	3,062	0.6%	19,492	2,785	20,534	2,933	-5.1%
Radiology exams	270	301	306	356	316	319	319	395	-19.2%	2,183	312	2,163	309	0.9%
CT scans	97	115	89	125	128	157	157	121	29.8%	808	115	757	108	6.7%
ED visits	309	244	283	371	375	467	467	459	1.7%	2,317	331	2,273	325	1.9%
Ambulance runs	69	57	54	69	75	83	83	85	-2.4%	487	70	526	75	-7.4%
Clinic visits	979	1,197	1,091	1,167	1,139	1,087	1,087	1,226	-11.3%	7,724	1,103	8,081	1,154	-4.4%
Rehab procedures	2,028	2,169	2,227	2,232	2,540	2,282	2,282	2,176	4.9%	15,970	2,281	15,023	2,146	6.3%

Patient Statistics

	2022	2023												2023
Admits	**YTD Mo Avg**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	2.9	5	2	5	7	6	7	55						12.4
Short Stay	1.4	-	4	5	3	4	3	5						3.4
Swing Bed	5.4	5	4	5	5	6	6	5						5.1
Respite Care	0.6	2	-	-	1	1	1	-						0.7
Total Admits	10.3	12	10	15	16	17	17	65						21.7
Patient Days														
Acute Care	12.7	19	6	15	24	25	26	18						19.0
Short Stay	1.5	1.2	5.1	4.5	4.5	4.6	5.9	5.2						4.4
Swing Bed	82.6	75	98	49	66	59	66	61						67.7
Respite Care	10.4	13	20	-	5	20	2	11						10.1
Total Patient Days	107.2	108.2	129.1	68.5	99.5	108.6	99.9	95.2						101.3
Average Length of Stay	10.4	9.0	12.9	4.6	6.2	6.4	5.9	1.5						6.6
Average Patients per Day	3.5	3.5	4.5	2.2	3.3	3.5	3.3	3.1						3.3
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	2,700	2,875	2,395	2,285	3,001	3,110	2,746	3,080						2,785
Radiology (tests)	239	253	245	231	254	292	272	267						259
Mammography (tests)	24	35	28	42	32	49	35	40						37
Cardiac Diagnostics	75	84	74	79	102	114	70	91						88
CT (Scans)	97	112	82	115	89	125	128	157						115
DXA (Scans)	7	17	7	28	20	15	9	12						15
PT (services billed)	1,598	1,778	1,645	1,764	1,686	1,735	1,960	1,908						1,782
ER (visits/procedures)	312	324	253	244	283	371	375	467						331
Ambulance (runs)	69	88	61	57	54	69	75	83						70
Clinic (visits)	961	1,051	976	1,197	1,091	1,167	1,139	1,087						1,101
Occupational Therapy	397	516	446	364	469	445	521	299						437
Speech Therapy	33	69	66	41	72	52	59	75						62
Endoscopy Procedures	6	7	22	20	13	12	5	22						14

REVENUE COMPARISON	2022	2023												2023
	YTD Mo Avg	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	$ 39,917	$ 122,267	$ (28,105)	$ 44,978	$ 104,755	$ 25,923	$ 120,085	$ 345						$ 55,750
Short Stay	4,660	3,846	15,659	14,765	13,764	13,795	18,260	15,897						13,712
Respite Care	1,463	5,785	14,960	-	445	9,180	6,600	7,150						6,303
Swing Bed	200,489	144,900	272,895	118,335	113,505	176,295	108,675	198,030						161,805
Central Supply	31,085	18,694	13,789	15,385	20,622	26,042	27,275	23,260						20,724
Laboratory	324,950	323,582	273,385	356,070	356,554	343,528	297,314	339,080						327,073
Cardiac Diagnostics	19,675	24,824	23,326	25,498	33,963	38,007	26,770	26,196						28,369
CT	309,144	382,550	289,072	376,137	340,517	414,505	427,780	556,372						398,133
Radiology	111,736	126,184	121,002	126,516	141,478	148,047	138,459	128,102						132,827
Mammography	13,407	17,620	18,493	25,513	20,365	26,363	21,660	18,493						21,215
Pharmacy	114,611	132,753	87,704	193,768	150,174	157,323	90,176	121,354						133,322
Respiratory Therapy	82	-	-	-	-	-	-							-
Physical Therapy	162,786	179,529	180,871	178,606	186,602	187,312	210,686	210,456						190,580
Emergency Room	517,145	595,285	566,371	592,177	573,591	705,793	824,147	761,154						659,788
Ambulance	219,466	164,881	244,598	225,217	178,209	239,989	306,725	215,014						224,948
Clinic	229,238	206,005	249,653	282,355	310,787	259,199	333,152	301,340						277,499
Occupational Therapy	48,498	52,920	59,886	44,284	52,754	54,713	62,186	37,947						52,099
Outpatient Diagnostic Svcs	19,069	14,952	44,461	62,002	60,911	56,994	58,978	75,290						53,370
Speech/Contracted Svcs	10,624	20,019	25,402	13,392	20,241	21,366	20,863	23,305						20,655
Dietary/Contracted Svcs	1,926	5,366	3,407	8,471	5,469	3,974	5,841	5,701						5,461
Total Patient Revenue	**$ 2,379,970**	**$ 2,541,962**	**$ 2,476,829**	**$ 2,703,469**	**$ 2,684,706**	**$ 2,908,348**	**$ 3,105,632**	**$ 3,064,486**						$ 2,783,633

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending July 31, 2023

	Jul-23	2023 YTD	2022 YTD
Cash flows from operating activities			
Receipts from and on behalf of patients	$ 1,862,817	$ 13,624,641	$ 10,517,388
Other receipts	$ 40,949	$ 418,143	$ 315,222
Payments to & on behalf of employees	$ (1,315,505)	$ (8,886,565)	$ (8,449,793)
Payments to suppliers and contractors	$ (898,191)	$ (6,162,369)	$ (5,147,039)
Net cash gained / (used) in operating activities	$ (309,930)	$ (1,006,151)	$ (2,764,222)
Cash flows from noncapital financing activities			
Taxation for maintenance and operations, EMS	$ 16,991	$ 1,402,623	$ 1,376,029
Noncapital grants and contributions	$ 10,000	$ 49,647	$ 257,809
Net cash provided by noncapital financing activities	$ 26,991	$ 1,452,271	$ 1,633,838
Cash flows from capital and related financing activities			
Taxation for bond principal and interest	$ 6,180	$ 381,999	$ 360,371
Purchase of capital assets	$ -	$ (12,222)	$ (154,706)
Payments toward construction in progress	$ -	$ (282,083)	$ (167,844)
Proceeds from disposal of capital assets	$ -	$ 4,000	$ -
Proceeds from long-term debt	$ -	$ -	$ -
Principle & Interest paid on long-term debt	$ -	$ (163,284)	$ (173,749)
Bond maintenance & issuance costs	$ -	$ -	$ -
Capital grants and contributions	$ -	$ -	$ 107,497
Net cash provided by capital and related financing activities	$ 6,180	$ (71,591)	$ (28,432)
Cash flows from investing activities			
Investment Income	$ 51,600	$ 327,021	$ 33,409
Net increase (decrease) in cash and cash equivalents	$ (225,159)	$ 701,550	$ (1,125,406)
Cash and Cash equivalents, beginning of period	$ 13,845,914	$ 12,919,205	$ 12,895,031
Cash and cash equivalents, end of period	$ 13,620,755	$ 13,620,755	$ 11,769,625

Forecasted Statement of Cash Flows
Cascade Medical Center
For the year ending July 31, 2023

	Actual 1st Qtr	Acutal 2nd Qtr	Actual July	Forecast August	Forecast September	Forecast 3rd Qtr	Forecast 4th Qtr	Actual/Forecast Year End 2023	Budget 2023
Cash balance, beginning of period	$ 12,919,205	$ 14,269,736	$ 13,845,914	$ 13,620,755	$ 13,228,592	$ 13,845,914	$ 13,613,193	$ 12,919,205	$ 12,919,205
Cash available for operating needs	$ 12,707,225	$ 13,935,775	$ 13,056,281	$ 12,820,456	$ 12,419,865	$ 13,056,281	$ 12,775,115	$ 12,707,225	12,707,225
Cash restricted to debt service, other restricted funds	$ 211,980	$ 333,961	$ 789,633	$ 800,299	$ 808,727	$ 789,633	$ 838,078	$ 211,980	211,980
Cash flows from operating activities									
Receipts from and on behalf of patients	$ 6,595,932	$ 5,165,892	$ 1,862,817	$ 1,425,002	$ 2,066,903	$ 5,354,721	$ 6,872,431	$ 23,988,976	$ 21,346,379
Grant receipts	$ 35,993	$ 3,654	$ 10,000	$ -	$ 1,500	$ 11,500	$ 2,090	$ 53,237	$ 133,798
Other receipts	$ 168,890	$ 212,303	$ 40,949	$ 25,404	$ 12,585	$ 78,938	$ 89,939	$ 550,070	$ 403,985
Payments to or on behalf of employees	$ (3,442,158)	$ (4,128,902)	$ (1,315,505)	$ (1,076,301)	$ (1,064,247)	$ (3,456,053)	$ (3,948,637)	$ (14,975,750)	$ (16,977,604)
Payments to suppliers and contractors	$ (2,413,564)	$ (2,850,614)	$ (898,191)	$ (795,055)	$ (720,335)	$ (2,413,580)	$ (2,308,131)	$ (9,985,890)	$ (6,239,189)
Net cash provided by operating activities	$ 945,094	$ (1,597,668)	$ (299,930)	$ (420,950)	$ 296,406	$ (424,474)	$ 707,691	$ (369,356)	$ (1,332,631)
Cash flows from noncapital financing activities									
Unencumbered M & O taxation	$ -	$ -	$ -	$ -	$ -	$ -	$ 246,325	$ 246,325	$ 243,957
Taxation for Emergency Medical Services	$ 169,499	$ 851,016	$ 12,504	$ 11,471	$ 40,022	$ 63,997	$ 722,608	$ 1,807,120	$ 1,795,981
Investment Income	$ 126,178	$ 149,242	$ 51,600	$ 17,023	$ 18,822	$ 87,445	$ 90,954	$ 453,819	$ 44,952
Donations	$ -	$ -			$ -	$ -	$ 67,269	$ 67,269	$ 90,000
Net cash provided by noncapital financing activities	$ 295,678	$ 1,000,258	$ 64,105	$ 28,494	$ 58,844	$ 151,443	$ 1,127,155	$ 2,574,533	$ 2,174,890
Proceeds from Long Term Debt	$ -	$ -				$ -	$ -	$ -	$ -
Less Funds Expended for Capital Purchases	$ (12,222)	$ (282,084)		$ (8,135)	$ -	$ (8,135)	$ (93,804)	$ (396,245)	$ (554,448)
Increase/(decrease) in cash available for operations	$ 1,228,550	$ (879,494)	$ (235,825)	$ (400,591)	$ 355,250	$ (281,166)	$ 1,741,042	$ 1,808,932	$ 287,811
Cash available for operating needs	**$ 13,935,775**	**$ 13,056,281**	**$ 12,820,456**	**$ 12,419,865**	**$ 12,775,115**	**$ 12,775,115**	**$ 14,516,157**	**$ 14,516,157**	**$ 12,995,036**
Taxation for bond prin & int (incl encumbd M&O)	$ 121,981	$ 618,955	$ 10,667	$ 8,428	$ 29,351	$ 48,446	$ 270,318	$ 1,059,701	$ 1,055,568
Principle & Interest paid on long-term debt		$ (163,284)				$ -	$ (854,219)	$ (1,017,503)	$ (1,065,568)
Restricted grants and contributions	$ -	$ -				$ -	$ -	$ -	
Increase/(decrease) in restricted cash	$ 121,981	$ 455,671	$ 10,667	$ 8,428	$ 29,351	$ 48,446	$ (583,901)	$ 42,197	$ (10,000)
Cash restricted to debt service, other restricted funds	**$ 333,961**	**$ 789,633**	**$ 800,299**	**$ 808,727**	**$ 838,078**	**$ 838,078**	**$ 254,177**	**$ 254,177**	**$ 201,980**
Cash balance, end of period	**$ 14,269,736**	**$ 13,845,914**	**$ 13,620,755**	**$ 13,228,592**	**$ 13,613,193**	**$ 13,613,193**	**$ 14,770,334**	**$ 14,770,334**	**$ 13,197,016**

CASCADE MEDICAL CENTER

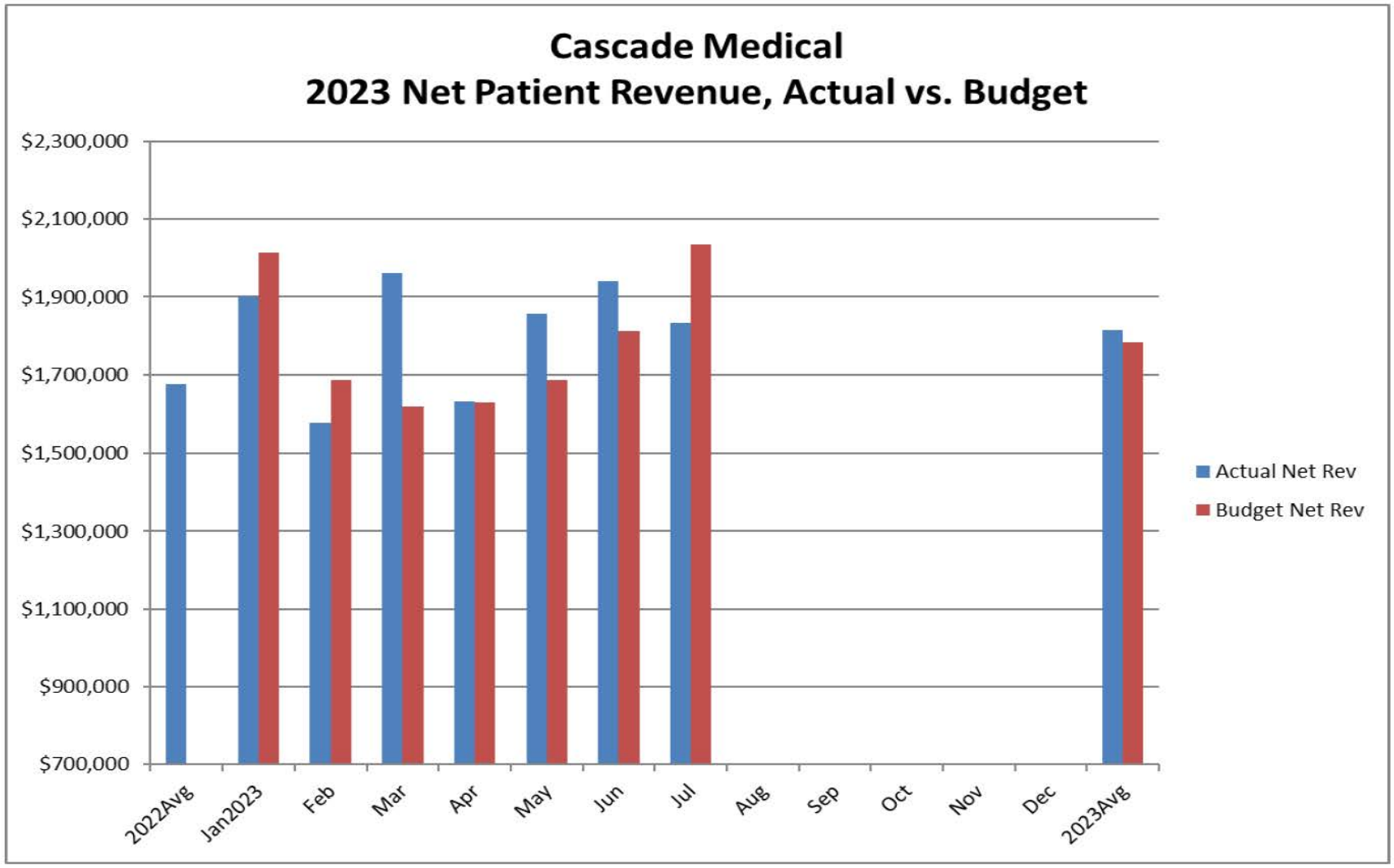
EMERGENCY MEDICAL SERVICES - JULY, 2023

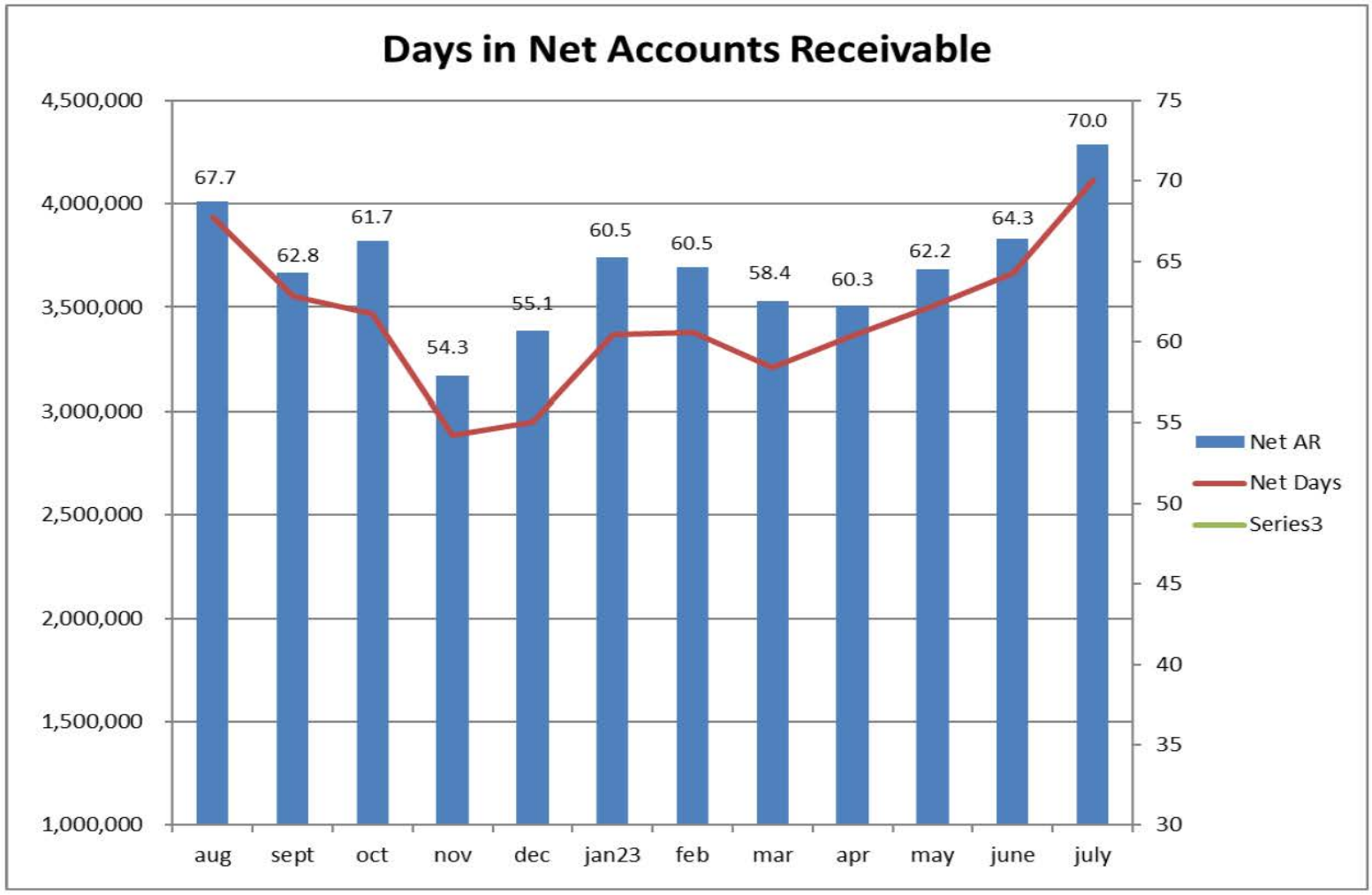
REVENUE	EMERGENCY ROOM 7/31/23	EMERGENCY ROOM 7/31/23 YTD	AMBULANCE 7/31/23	AMBULANCE 7/31/23 YTD	COMBINED EMERGENCY MEDICAL SERVICES 7/31/23	COMBINED EMERGENCY MEDICAL SERVICES 7/31/23 YTD	COMBINED EMERGENCY MEDICAL SERVICES 7/31/2022 YTD
PATIENT REVENUE	761,155	4,618,526	215,014	1,574,633	$976,169	$6,193,159	$0
DEDUCTIONS FROM REVENUE CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	$442,840	$2,687,059	$140,920	$1,032,014	$583,760	$3,719,073	$0
NET PATIENT REVENUE	**$318,315**	**$1,931,468**	**$74,094**	**$542,618**	**$392,409**	**$2,474,087**	**$0**
OTHER OPERATING REVENUE	$0	$0	-	-	$0	$0	$0
TOTAL OPERATING REVENUE	**$318,315**	**$1,931,468**	**$74,094**	**$542,618**	**$392,409**	**$2,474,087**	**$0**
OPERATING EXPENSES							
SALARIES AND WAGES	178,042	1,235,023	109,976	746,400	$288,018	$1,981,423	$0
EMPLOYEE BENEFITS	19,709	172,649	20,256	179,908	$39,965	$352,557	$0
PROFESSIONAL FEES	43,228	151,396	-	1,500	$43,228	$152,896	$0
SUPPLIES	14,313	49,514	2,010	52,280	$16,322	$101,793	$0
FUEL	-	-	2,005	13,914	$2,005	$13,914	$0
REPAIRS AND MAINT.	-	-	5,384	22,789	$5,384	$22,789	$0
PURCHASED SERVICES	3,673	20,517	13,756	112,477	$17,429	$132,995	$0
CONTINUING MEDICAL EDUCATION	-	902	-	8,477	$0	$9,379	$0
DUES	1,932	9,512	436	11,849	$2,368	$21,361	$0
OTHER EXPENSES	210	1,213	1,146	8,625	$1,356	$9,838	$0
LEASES / RENTALS	244	2,302	2,100	17,300	$2,344	$19,602	$0
DEPRECIATION	4,522	31,652	17,920	125,442	$22,442	$157,094	$0
TAXES AND LICENSES	-	1,338	-	-	$0	$1,338	$0
INSURANCE	1,113	7,794	4,238	29,667	$5,352	$37,461	$0
OVERHEAD COSTS	182,038	1,352,688	86,187	640,438	$268,226	$1,993,125	$0
TOTAL OPERATING EXPENSES	**$449,024**	**$3,036,500**	**$265,415**	**$1,971,065**	**$714,438**	**$5,007,564**	**$0**
MARGIN ON OPERATIONS	**($130,709)**	**($1,105,033)**	**($191,321)**	**($1,428,447)**	**($322,029)**	**($2,533,477)**	**$0**
TAX REVENUE					**$149,665**	**$1,047,655**	**$0**
NET MARGIN WITH TAX REVENUE					**($172,364)**	**($1,485,822)**	**$0**
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2023	**467**	**2,317**	**83**	**487**			
Total Ambulance Runs (includes unbillable runs)			**117**	**701**			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2022	**452**	**2,181**	**97**	**485**			
Total Ambulance Runs (includes unbillable runs)			**144**	**726**			

Cascade Medical Center
Balance Sheet
As of July 31, 2023 and December 31, 2022

	Jul 2023	Dec 2022
ASSETS		
Current Assets		
Cash and Cash Equivalents	589,777	879,569
Savings Account	10,625,342	9,042,895
Patient Account Receivable	7,518,876	6,045,511
less: Reserves for Contractual Allowances	(3,233,120)	(2,592,952)
Inventories and Prepaid Expenses	332,713	330,878
Taxes Receivable - M&O Levy	15,315	11,777
- EMS Levy	178,530	159,405
Other Assets	745,767	2,005,510
Total Current Assets	16,773,201	15,882,594
Assets Limited as to Use		
Cash and Cash Equivalents		
Funded Depreciation	1,090,789	1,314,457
CVB Memorial Fund	1,274	1,273
UTGO Bond Payable Fund	378,163	70,467
LTGO Bond Payable Fund	176,336	265,317
Investment Memorial Fund	128,108	124,539
Settlement Account	167,782	163,108
Paycheck Protection Loan Proceeds	-	-
Cash - EMS	93,773	1,160,753
	2,036,224	3,099,915
Taxes Receivable - Construction Bond Levy	22,673	11,494
Total Assets Limited as to Use	2,058,897	3,111,409
Property, Plant and Equipment		
Land	522,015	522,015
Land Improvements	1,392,089	1,392,089
Buildings & Improvements	10,502,549	10,502,549
Fixed Equip - Hospital	8,759,776	8,747,554
Major Movable Equipment Hospital	7,821,847	7,829,280
Construction in Progress	299,156	17,072
Total Property, Plant and Equipment	29,297,432	29,010,559
Less: Accumulated Depreciation	(20,206,866)	(19,048,438)
	9,090,566	9,962,121
ROU Leases		
ROU Leases	106,054	106,054
Less Accumulated Amortization	(30,796)	(30,796)
	75,258	75,258
Other Assets		
Long Term Pension Assets	730,164	730,164
Deferred OPEB/Pension Costs	864,166	864,166
Deferred Bond Costs	310,079	322,464
TOTAL ASSETS	29,902,332	30,948,176

	Jul 2023	Dec 2022
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	382,485	592,145
Accrued Payroll	469,571	423,350
Refunds Payable	1,285	8,112
Accrued PTO	884,478	763,093
Payroll Taxes & Benefits Payable	(9,257)	(91,262)
Accrued Interest Payable	54,428	27,214
Current Long Term Debt	741,721	746,195
Current OPEB Liability	939,946	861,196
Short Term Lease	33,406	33,406
Settlement Payable	741,000	741,000
Total Current Liabilities	4,239,061	4,104,448
Long Term Liabilities		
Notes Payable	207,494	207,493
Covid SHIP Funding	-	-
PPP Note Payable	-	-
CARES Act Funds Reserve	-	-
UTGO Bond Payable	5,021,000	5,021,000
LTGO Bond Payable	4,440,000	4,440,000
Deferred Revenue/Bond Premium	85,832	89,106
Long Term OPEB/Pension Liability	2,969,594	2,969,594
Long Term ROU Leases	41,852	41,852
Total Long Term Liabilities	12,765,770	12,769,045
Total Liabilities	17,004,832	16,873,493
Fund Balance - Prior Years	14,074,683	14,074,683
Fund Balance - Current Year	(1,177,183)	-
Total Fund Balance	12,897,500	14,074,683
TOTAL LIABILITIES & FUND BALANCE	29,902,332	30,948,176


Cascade Medical
2023 Net Patient Revenue, Actual vs. Budget
$2,300,000
$2,100,000
$1,900,000
$1,700,000
$1,500,000
$1,300,000
$1,100,000
$900,000
$700,000
2022Avg
Jan2023
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2023Avg
Actual Net Rev
Budget Net Rev


Days in Net Accounts Receivable
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
75
70
65
60
55
50
45
40
35
30
67.7
62.8
61.7
54.3
55.1
60.5
60.5
58.4
60.3
62.2
64.3
70.0
aug
sept
oct
nov
dec
jan23
feb
mar
apr
may
june
july
Net AR
Net Days
Series3

Cascade Medical
Accounts Receivable Trending Report - 2023

Total Facility	Dec 2020	Dec 2021	Dec 2022	Feb 2023	Mar	Apr	May	Jun	Jul
0 - 30 days	2,902,699	2,437,008	2,660,733						
31-60 days	546,254	863,160	545,432						
61-90 days	547,840	332,252	349,290						
91-180 days	570,339	991,256	1,129,065						
over 180 days	728,885	1,016,613	1,360,992						
Total Balance	5,296,017	5,640,289	6,045,511	6,369,204	6,302,232	6,178,319	6,465,344	6,726,102	7,518,876
Credit bals as % of AR	5.5%	2.5%	6.8%						
% >90 w/o installs	22.0%	33.6%	41.2%						