CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

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

Wednesday July 26, 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.	**Call to Order**		5:30	Tom Baranousaks
II.	**Pledge of Allegiance**		5:30	Tom Baranouskas
III.	**Consent Agenda**		5:30	Tom Baranouskas

All consent agenda items will be approved by the Board with a single motion. Any of the following individual items may be pulled for discussion at the request of a commissioner.

- Meeting Agenda
- June 24, 2023 Board Meeting Minutes
- **Previous Month's Warrants Issued:** #10119615 -- 10119786 06/22/2023 – 07/18/2023 $ 525,524.24
- **Accounts Payable EFT Transactions:** #20220263 – 20220277 06/22/2023 – 07/18/2023 $ 477,713.92
- **Payroll EFT Transactions:** #14603 – 14975 06/30/2023 – 07/14/2023 $ 794,426.39
- June Bad Debt

IV.	**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	
V.	**Introduction: Lauren Liebling, PA-C & Reese Bradburn, PA-C**	5:40	Lauren Liebling Reese Bradburn
VI.	**Team-based Care Update**	5:50	Deb Williams
VII.	**Foundation Report**	6:20	Foundation Member
VIII.	**CM Values**	6:25	Diane Blake
IX.	**Public Relations Report**	6:30	Clint Strand
X.	**Old Business**	6:40	
	a. IT Update		Chad Schmitt
	b. Requests for Public Records Update		Megan Baker
	c. Q2 Dashboard Review		Diane Blake
XI.	**New Business**	7:10	
	a. WSHA Conference Discussion		Commissioners
XII.	**Committee Reports**	7:30	
	a. Finance Committee		Bruce Williams
	b. Hospital Governing Boards Committee (WSHA)		Bruce Williams
	c. WSHA Board Meeting		Bruce Williams
XIII.	**Action Items**	7:45	
	a. **MOTION**: Approve Credentialing		Commissioners
XIV.	**June Finance Report**	7:50	Marianne Vincent
XV.	**Administrator Report**	8:05	Diane Blake
XVI.	**Board Action Items**	8:25	Commissioners
XVII.	**Meeting Evaluation/Commissioner Comments** Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.	8:30	Commissioners
XVIII.	**Adjournment**	8:35	Tom Baranouskas

BOARD CALENDAR REMINDERS

August 16, 2023	CMF Board Meeting (Mall)	Arleen Blackburn Conference Room	9:00 AM
August 16, 2023	Benevolent Night	Wok About Grill- Leavenworth	4:00 PM
August 30, 2023	Staff BBQ	Cascade Medical	TBD
August 23, 2023	What Boards Need to Know About CMS QAPI	Arleen Blackburn Conference Room-Webinar	4:30 PM
August 23, 2023	Board Meeting	Arleen Blackburn Conference Room	5:30 PM
September 1, 2023	Quality Oversight Committee	Administration Conference Room	8:00 AM
September 16, 2023	Jive Time in the Cascades	Snowy Owl Theater	6:30 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

CASCADE MEDICAL
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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 July 26, 2023

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 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 so you can meet our new team members.
- **Old Business**
    - Team-based Care – Deb Williams will be in attendance with clinic team members to provide an update on progress toward hardwiring team-based care. No documents are included in your packet for this topic.
    - IT Update – No documents are included in your packet for this topic. Chad Schmitt, VFCIO, will provide an update on ongoing technology work.
    - Requests for Public Records Update – Included in your packet is a document summarizing activity and cost around fulfilling public records requests. This is being provided to you mid-year as it relates to recent board questions / discussion.
    - Q2 Dashboard Review – Included in your packet is the dashboard showing status of 2023 annual organizational goals as of the end of June. Management will be on hand to answer questions and take a deeper dive into any of the items that you wish.
- **New Business**
    - WSHA Conference Discussion – Included in your packet are notes from Mall Boyd, Jessica Kendall, and Diane Blake related to their attendance at the recent WSHA Rural Leadership Conference. You'll also receive PDF versions of the slides from the conference. This portion of the agenda is set aside for attendees to share their learnings with the full board and answer questions from other commissioners.
- **Committee Reports**
    - Finance Committee – Included in your packet is an agenda from the most recent committee meeting as well as the Q2 finance dashboard, to inform Bruce's report.
    - Hospital Governing Boards Committee – No documents are included in your packet for this topic. Bruce will provide a report of the topics of interest from the most recent WSHA Hospital Governing Board Committee, in which Bruce participates.

    - WSHA Board Meeting – No documents are included in your packet for this topic. Bruce will provide a report of the topics of interest from the most WSHA Board meeting.
- **Action Items**
    - Credentialing – Included in your packet is a list of providers ready to be considered for approval.

- **June Finance Report** – Included in your packet are the June financials, to support Marianne's report.

Further Notes

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.
- Included in your packet for informational purposes are CM's quarterly turnover numbers.
- We have typically included an executive session for review of a public employee in the July agenda / meeting, but we are pushing that to August due to the already late adjournment time anticipated for the July meeting.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Arleen Blackburn Conference Room & Video Conference Connection
June 28, 2023

Present: Mall Boyd, Secretary; Gustavo Montoya, Commissioner; Jessica Kendall, Commissioner; Diane Blake, Chief Executive Officer; Pat Songer, Chief Operating Officer; Marianne Vincent, Chief Financial Officer;; Clint Strand, Director of Public Relations**;** Megan Baker, Executive Assistant
Via Zoom: Bruce Williams, Vice President;; Clint Strand, Director of Public Relations

Excused: Tom Baranouskas, Board President; Melissa Grimm, Chief Human Resources Officer; Chad Schmitt, VFCIO

Guests: Whitney Lak, Clinic Director; Dr. Mark Wefel; Kathy Jo Evans, Director of Accounting; Ted Montgomery, CM Foundation; Kami Maztek, DZA
Via Zoom: Tyler Anderson, DZA; Mary Morse, Patient Services Representative; Duane Goehner, Community Member

Topics	Actions/Discussions
Call to Order	• Vice President Bruce Williams called the meeting to order at 5:32 pm. Gustavo then led the pledge of allegiance.
Consent Agenda	• Mall moved to approve consent the agenda. • Gustavo seconded the motion and the commissioners unanimously approved.
Community Input	• None
Introduction: Dr. Mark Wefel	• Diane introduced Dr. Wefel. • Dr. Wefel joined us June 1, 2023 from Laramie, WY. He received his MD from the University of Washington and participated in a family practice residency at the University of Wyoming. He is the recipient of many Antarctica Service Medals for his service on U.S. Antarctic expeditions. • Dr. Wefel will work 4 days per week in the clinic and will also work in the Emergency Department.

Foundation Report	• Ted Montgomery provided the Foundation Report.
	• The foundation hosted their annual golf tournament on June 19, 2023. The group anticipates clearing $40,000 which will put them closer to their Cardiac Rehabilitation goal.
	• Upcoming Benevolent Nights
	  ○ Sunday, July 1 @ Plain Cellars
	  ○ July 11 @ Squirrel Tree
	  ○ August 16 @ Wok About Grill
	  ○ September 21 @ Colchuck's
	  ○ October 12 @ Wildflower at Kahler Mountain Club
	  ○ Benevolent Nights have raised $7,500 so far this year.
	• Jive Time- September 16th

Financial Audit Report	• Kami Matzek from DZA presented the Financial Audit Report. **Basic Financial Statements and Independent Auditors' Reports**

	• **Initial items to Note**
	  o Unqualified opinion: clean opinion of financial statements
	  o No audit findings
	  o In June 2017, the Governmental Accounting Standards Board (GASB) issued Statement No.87, *Leases* which increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases previously classified as operating leases.
	• **Assets and Deferred Outflows of Resources**
	  o $1,000,000 increase in total current assets.
	  o The Medicare cost report was a big end of year return yielding $1.4 million.
	  o Law Enforcement Officers' and Fire Fighters' Benefits
	  ▪ A state program that is recognized as an asset and liability.
	• **Liabilities, Deferred Inflows of Resources, and Net Position**
	  o EHR incentive payback overpayment due to HCA error remains booked until resolved.
	• **Income Statement**
	  o Net patient service revenue saw an increase of 2% from 2021 mostly attributed to commercial insurance payments.
	  o About 64% of our operating expenses were related to salaries, wages, and employee benefits.
	  o We have almost $3,000,000 of tax revenue.
	  o CM ended the year with a positive net income of $164,771 for 2022. Diane reported the significance of CM ending the year in a positive position compared to $2.1 billion total loss across Washington state hospital systems.
	• **Patient Accounts Receivable**
	  o The internal mapping of Medicare Advantage plans in Meditech impacted the distribution of payor accounts from 2021 to 2022. The change is reflected on the general ledger in the account mapped.
	  o Kami noted the value of optimizing Medicare reimbursement.
	• **Net Patient Service Revenue**
	  o CM received over $10,000,000 from Medicare and about $2,000,000 from Medicaid.
	Financial Indicators
	• **Total Margin: 0.6%**
	  o CM netted nearly $165,000 in 2022. The goal over time should be to generate total margin of 3-6%. The prior margin of 9.5% in 2020 allowed us to sustain ourselves throughout the COVID pandemic.
	• **Days Cash on Hand: 199**
	  o DZA recommendation is 99 days cash on hand. CM noted 199 days cash on hand, which is significantly over the benchmark.
	• **Capital Expenditures Percentage of Annual Depreciation: 23%**
	  o DZA recommendation of 100% every 5 years which indicates that capital assets are being updated and replaced. CM is well over this mark.
	• **Long- term Debt to Net Position: 38%**

	○ Paying off loans as they are becoming due. A large net income of $7,000,000 is reflected from 2020 to 2022. • **Days in Net Patient Accounts Receivable: 57** ○ CM is in alignment with Washington State hospitals, but DZA recommended working to reduce days in net patient accounts receivable to 40 days. • **Gross Days in Patient Accounts Receivable: 65** ○ The average time that receivables are outstanding, or the average collection period. ○ It's positive that CM has been consistent in the last few years. • **Contractual Adjustment Percentage: 30%** ○ As a CAH, Medicare percentage of cost will increase and decrease. It is desirable to be consistent, which CM is. • **Bad Debt as a Percentage Net Patient Revenue: 2.6%** ○ CM is below Washington state benchmarks at 2.6% which is positive. • **Bad Debt and Charity Care Percentage: BD 1.8% | CC 0.6%** ○ This is an indicator of the benefit the hospital provides to in-need members of the community from a service perspective. ○ Low number of bad debt is desirable. • **Full-time Equivalent Employees FTE: 121** ○ The trend in the largest single expense of the organization. ○ CM trended consistent FTE numbers for the last few years. • **Salaries and Benefits per FTE: $135,135** ○ The increase in cost positively correlates with demands from supply chain costs associated with COVID, soaring inflation, and increased wages to hire and retain workers. • **Net Patient Service Revenue per FTE: $183,842** ○ The indicator is used as a board measure of productivity. ○ The denominator does not include contracted employees. **Letter to the Board** • There were no difficulties performing the audit and no disagreements with CM leadership. • The concept of management override of controls is a risk in any audit and DZA is required to disclose this information. Commissioner Comments • Mall expressed significant pride in CM for having an unremarkable audit. • Kami's Highlights of Positive CM Financial Decisions: ○ Tracking and use of provider relief funds were well used and invested into assets that were used to generate growth. ○ CM demonstrated good financial stewardship of The District's money. ○ The mobile clinic was a great asset and support for the community and a positive decision. • Marianne reported the value of collaborative efforts. Sarah and Jerri worked to pull data and assess inpatient registration. Kathy Jo led the audit schedule so Marianne could focus on the cost report. The team identified areas of priority and worked together to manage many efforts to sustain CM's financial health.
CM Values	• Diane Blake provided the CM Values report. • Both stories reflect three of our seven values including community, quality, and empowerment.

	• Kudos for the Natasha, Chris, and nursing and radiology team members who were quick to respond to help requested by a nurse in the ED. The feedback included much appreciation for their quick response and care for one another.
	• A patient reported great service from Sam and Lucy during an appointment in the Mobile Clinic. Sam and Lucy provided great care and demonstrated our commitment to quality by ensuring a speedy transfer of record information for the patient.
	• The value definitions highlighted in these stories include:
	  ○ Community: to enjoy helping others.
	  ○ Empowerment: loving what you do
	  ○ Quality: expect and deliver upon high standards.

Public Relations Report	• Clint Strand provided the Public Relations Report. • CM began June and Pride month with internal tie-dye stations. Over 100 team members participated and shared joy developing their creations. CM tabled a booth at the Wenatchee Pride event on June 3, 2023. Kudos to Dr. Kendall who highlighted CM's commitment to provide affirming care to our community. • Health and Safety Fair: June 24, 2023. This was our second year hosting this event at Alpine Lakes Elementary. There were about 200 folks between 11:00 AM and 2:00 PM. A big thanks to CCSO, CCFD3, Simplisafe, Airlift NW, Life Flight, Evergreen Mountain Bike Alliance, Mountain Highway Towing, and our CM EMS crew. • Looking ahead to July, CM will be working to get the word out about Dr. Wefel and produce an updated brochure to capture our updates. • The final pieces of the website refresh are coming together.

Old Business	• **Team-based Care**
	• Whitney Lak presented the Team-based Care update.
	  ○ Two teams: 3 MD/DOs and 1 PA-C. The teams will include a patient service representative imbedded in each team. The purpose is to facilitate a one-touch experience for patients. PSRs will move into their teams next week.
	  ▪ Team 1: Drs. Richardson, Jerome, and Kendall, with Kelly Boeing, PA-C.
	  ▪ Team 2: Drs. Merritt, Butruille, and Wefel, with Sam Linn, PA-C.
	  ○ The team is working to implement best practices and optimized workflows.
	  ○ CM can get patients established with two weeks.
	• **Billing Statements**
	• Marianne Vincent presented the Billing Statements update.
	  ○ There was an issue with our third-party billing vendor. Our build sat in a holding pattern for some time. There is a great volume of work for our team to catch issues before errored statements reach patients. The business office is exploring moving to a different vendor.
	  ○ There is an opportunity to offer billing statements in the desired language identified by patients.

Committee Reports	• **Governance Committee**
	• Bruce Williams provided the Governance Committee report.
	  ○ There is value in board education and the list of topics provided by WSHA was included in the board packet.
	  ○ The group plans to review the recorded webinar, *What Boards Should Know about New CMS QAPI Requirements* in August.

	○ The annual board retreat may be held in late November. Diane is working to identify a facilitator. ○ The board self-assessment may be deployed before the annual board retreat, within the fall. ○ The group requested continual input from Jessica and Gustavo as we navigate their commitments that differ from our retired commissioners. ○ Diane values the quarterly CEO review period and appreciates the feedback. There is an opportunity to shift the timing of the review from the end of the meeting at the quarter.
Action Items	• **MOTION**: **Approve Governance Charter** ○ Mall moved to approve. Jessica seconded the motion and the board unanimously approved.
May Finance Report	• Marianne provided the Finance Report. ○ We have a budget variance of $133,000. Professional fees are over budget by ($135,000) in May due to Meditech consulting fees, Nurse Registry Fees, and Clinic Provider feeds due to Locum PA. ○ Purchased Services and Repairs & Maintenance expenses are over budget ($82,000) and ($42,000) respectively in May due to Pharmacy reclassification of expenses from Professional Fees to Purchased Services of $38,000, Business Office support services of $15,000 and Plant Expenses for Chiller repairs of $42,000. ○ Year-to-date positive variance of $1,700,000. ○ Days in Net AR: 62.2 days in May. ○ The group began implementing Chargemaster Review. ○ There is an in-house audit review on 2020 Medicare Bad Debt and provider-based physician activity by Noridian coming up.
Administrator Report	• Diane provided the Administrator Report. • **Network & Firewall Update** ○ CM's current network infrastructure needs an upgrade to keep pace with internal operations. Leadership anticipates the cost between $200,000 and $225,000 to update our network which was on our radar to be addressed in the next couple of years. Leadership may be coming to the board to with a financial request to speed up the work. ○ We may need to replace our firewall for $8,000-$10,000. • **Fire Doors** ○ Our doors need to be replaced. We were cited in our Fire and Life Safety Survey. 8 doors are $30,000-$35,000. This is another needed expense. • **Badge Entry System** ○ CM may need to replace the system as it is phasing out which will cost between $125,000-$150,000. • **Free Sports Physicals** ○ CM was able to provide free sports physicals to about 80 kids on Sports Physical Night in May. • **Patient and Family Advisory Council** ○ The group had their first meeting on June 20 and plans to meet monthly. ○ Kudos to Clint and Jade as this has been a longstanding effort to launch the group..

	• **Rehab Services**
	  ○ Otago, an evidence-based structured balance and fall program recently launched with 33 initial assessments. The 8-week course will be held on Tuesdays and Thursdays from 11-12 at the senior center. Katie Faw, Gwen Baldock, and Jenn Crawford are facilitating the program.
	• **Rural Hospital Committee Meeting- Rural Payments**
	  ○ There is an ongoing attempt to implement a different payment model. Rural Health Clinics are not allowed to participate in the pilot model. There is a working group in WA (comprised of WSHA CEOs) that will meet to develop a framework to pitch to the Healthcare Authority.
	• **Upper Valley Mend Steering Committee- Workforce Housing**
	  ○ Diane will co-chair the committee with two other community members. The first meeting is July 5, 2023.
	• **Onboarding Hospitalists**
	  ○ We are revising our weekend hospitalist back up coverage.
	• **Department of Health Survey**
	  ○ Diane expressed great pride in our team who participated in and connected with our surveyors.
	  ○ There are 1-2 fewer items than the DOH provided in our exit interview.
	  ○ CM has seen a longer list of deficiencies in previous years.
	  ○ The surveyors praised CM's great work they experienced with our team, significant care provided by our staff, and excellent working relationships between leadership and staff. CM staff were engaged and demonstrated an interest in learning and implementing DOH improvements.
	  ○ CM is the cleanest hospital they've ever been in.
	  ○ This is the best survey in Diane's tenure.

Board Action Items	• Check your email. Megan will include "Response Needed" in the email subject line.

Meeting Evaluation/ Commissioner Comments	• The commissioners were pleased with the evening of such great news between the audit and DOH survey. The culture at CM is special and immeasurable.
	• Updates Requested:
	  ○ Mobile clinic update
	  ○ End date for consultants
	  ○ Public Records
	• Continue learning about gender-affirming care.
	• As a board, discuss executive burnout.

Adjournment	• Gustavo made a motion to adjourn the meeting at 8:32. Jessica seconded the motion and the commissioners unanimously agreed.

_____ _____

Tom Baranouskas, President Mall Boyd, Secretary

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

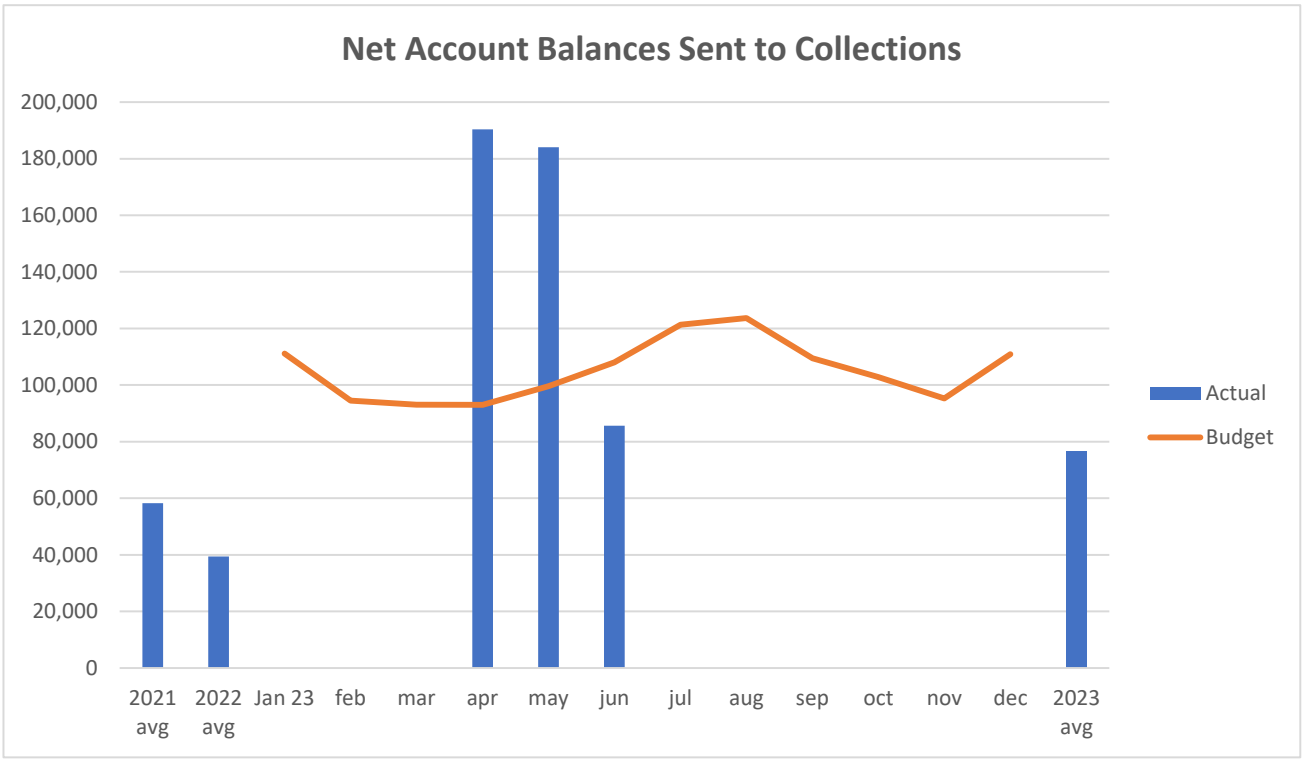
Commissioner Meeting: July 26, 2023

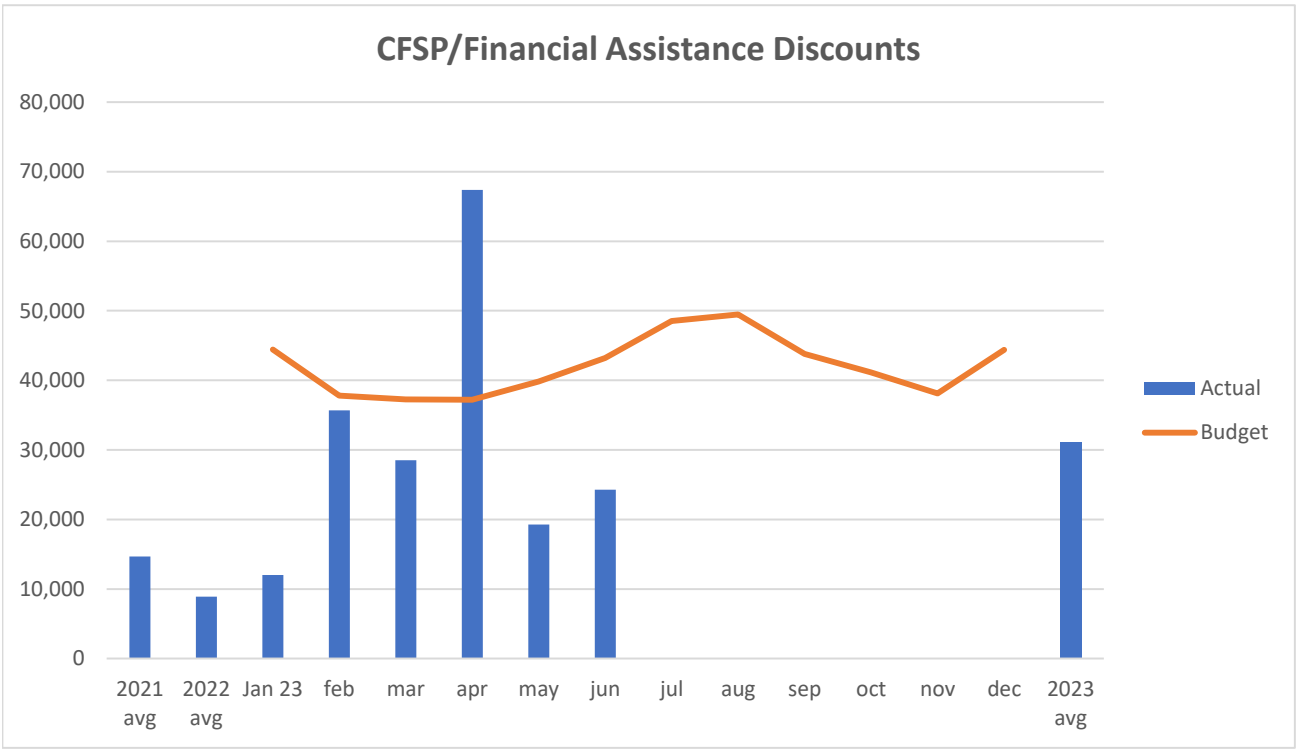
Below is a listing of the Accounts Payable warrants issued since the last Board of Commissioners meeting along with the EFT transactions and payroll EFT transactions since the last Board of Commissioners meeting.

Accounts Payable Warrant Numbers	10119615 – 10119786	$525,524.24	06/22/2023 – 07/18/2023
Accounts Payable EFT Transactions	20220263 – 20220277	$477,713.92	06/22/2023 – 07/18/2023
Payroll EFT Transactions	14603 – 14975	$794,426.39	06/30/2023 – 07/14/2023
	Grand Total	$1,797,664.55	

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

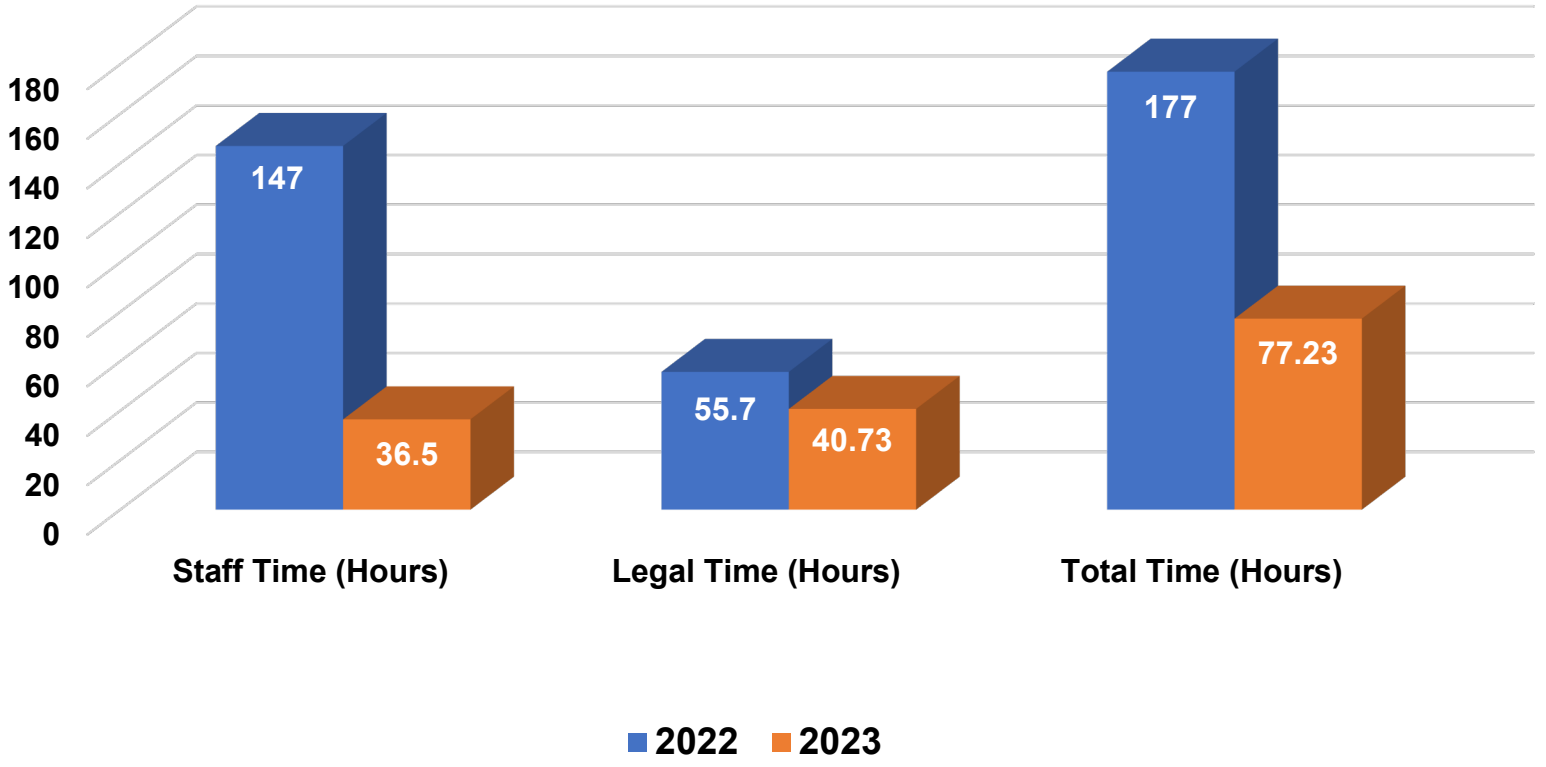
Bad Debt Write Offs
Financial Assistance Program Discounts

Month of June, 2023

Net Bad Debt Write-Offs for Board Approval	**$**	**85,593.63**
CFSP/Financial Assistance Program Discounts for Board Approval	**$**	**24,278.73**

Bad Debt/ Financial Assistance Supplemental Information			
Bad Debt Write-Offs	Sent to Collection Agency		90,776.53
	less: pullback from Agency due to receipt of payments		(5,182.90)
	Net Bad Debt Write-Offs		85,593.63
CFSP/Financial Assistance Applications - Discounts Approved		24,278.73	
	Total		109,872.36

Requests for Public Records
2022 & 2023*



2022
- 39 total requests
- 24 requests or 62% by the same person

2023
- 14 requests through May 2023
- 11 requests or 79% by the same person

*This data includes January 2023-May 2023.

Requests for Public Records
2022 & 2023*



*This data includes January 2023-May 2023.

Welcome Page
Cascade Medical

Mission

Cascade Medical is an exceptional rural healthcare facility. We are a team of compassionate and dedicated professionals who provide quality primary care, services and resources to our patients and their families

Vision

Patient & Family Centered Care: Patients and their families will experience exceptional, high-quality, safe, compassionate, whole-person care.

Financial Stewardship: Maintain a financially stable Public Hospital District that meets our communities' needs now and in the future.

Our People: Retain, attract, engage, develop, and support outstanding, community-focused team members who consistently demonstrate commitment to our Shared Values.

Community Connections: Deliver services, programs and outreach that increase access, meet community-defined needs and are developed in partnership with our communities.

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 care 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.

Long Term Objectives	Organizational Goals	Analysis	Recommendations
PILLARS **Patient & Family Centered Care**			
Deliver quality care that is accessible, equitable and safe every time every touch	↑ Complete implementation of Patient & Family Engagement Council	Had a successful meeting on June 20th with 7 members. Next meeting is scheduled for July with a monthly meeting cadence to follow.	Project on track, no recommendations to change current course.
	↑ Increase efficiency in and long-term access to primary care, with right-sized teams and infrastructure, resulting in more patient encounters per day	Practice share is well on track with an implementation date of July 10th. Electronic dashboarding is on track as Meditech works to implement the BCA module in early July. Clinic productivity is being reviewed monthly and is fairly close to budget.	Continue to analyze data to drive patient volumes and continue work with the consultant to continue to hone workflows.
	↓ Refine provider coverage structure for ED, hospital, and clinic	Goal consists of focused work on strengthening Emergency Dept (ED) coverage and implementing the hospitalist program. ED coverage work is on track, with more focused work planned for Q3. Hospitalist program was implemented by the end of June but reflects as behind track currently due to needing to rework the long term plan for weekend back up coverage.	ED provider coverage strengthening will benefit from focused attention, to ensure it stays on track.
PILLARS **Financial Stewardship**			
Grow revenue, maintain strong cash balances and manage expenses to sustain essential services and support our commitment to funding future growth	↓ Explore off-campus care delivery strategies	Urgent care is on track with much of the work continuing in the fall. Mobile Integrated Health is behind though looking to adjust the current strategy due to a recent grant opportunity and internal leadership development project.	Urgent care project on track, no recommendations to change current course. Adjust timeline and current strategy to reflect the grant, as well as look for opportunities to change tactics to reflect future consultant recommendations.
	↑ Explore and develop service line expansion strategies	Goal consists of four service line expansion areas: wound care, ultrasound, outpatient infusion, and cardiac rehab. All projects remain on track with a bulk of the work happening this fall.	All projects on track, no recommendations to change current course.
	↑ Implement revenue cycle improvements	Goal consists of four areas: chargemaster review & implementation, provider billing / coding education, reworking payor contracts, and improving charge capture. All work is on track, with the bulk of the charge capture work slated for later in the year.	Continue working to plan, with the addition of beginning to track when provider education is delivered. Leverage chargemaster recommendations to build plan for charge capture work.

Long Term Objectives	Organizational Goals	Analysis	Recommendations
PILLARS **Our People**			
Provide an exceptional employee experience within a safe, stable, family-based work environment	Develop and begin implementing Living Well Program	Projects are on track with employee teams having been created to begin developing Living Well navigation pathways.	Project on track, no recommendations to change current course.
	Continue to develop leaders	Work to optimize our policy system across the organization is on schedule, as an analysis of our current platform has been completed and implementation of recommendations has begun. Focused training for new leaders has continued, as all have completed one on one training. Further team work will continue into 3rd quarter. Training for the full leadership team has also occurred according to schedule with accountability as the first focus area.	Ensure trainer applications are complete and submitted by end of July for 3 CM RN's who will be trainers for CNA program. Continue to optimize policy program.
	Retain team by supporting growth and career and personal development	Extensive work to continue growing our apprenticeship program has occurred according to schedule, with a focus on partnering with Mountain Meadows to develop a CNA apprentice program. We anticipate filing our application with the DOH for our training program by the end of July. Expanding our education and training program is also on track, as a calendar is in development based on department and organizational training needs per director feedback. Initial work on reforming departmental onboarding has begun, though further work is needed to continue with the project according to schedule.	The project owner for department onboarding will continue to meet with HR to identify which items will be involved in general HR onboarding versus department specific training, allowing for work to continue according to schedule.
PILLARS **Community Connections**			

Long Term Objectives	Organizational Goals	Analysis	Recommendations
Collaborate with community to define needs and nurture partnerships to support healthy lifestyles	Communicate and engage to build trust in traditionally underrepresented communities	Mobile Clinic optimization is lagging due to increased workload associated with the implementation of the team-based care model in the clinic. Work on the internal and external communication plan continued in quarter two with the completion of two big bandwidth items: Wenatchee Pride and the Health and Safety Fair.	Look into adjusting timelines associated with the mobile clinic optimization to best support initiatives with team-based care. Focused conversations should be had to better understand opportunities and barriers as they relate to Hispanic community outreach.

Description

Status Key

On Target

Caution/At Risk

Below Target

Not Defined (Project has not started per timeline)

Mall Boyd
Rural Hospital Leadership Conference 6/26-27/2023

Employalty: How to Ignite Commitment and Keep Top Talent (Joe Mull)
Commitment and retention appear when employees are in their

- Ideal Job
  - Compensation
  - Workload
  - Flexibility
- Meaningful Work
  - Purpose
  - Strengths
  - Belonging
- Great Boss
  - Trust
  - Coaching
  - Advocacy

We want employees to join, stay, care and try.
Questions: Can we build some form of flexibility into jobs such as the PSR?
How do we help managers improve their coaching skills?
(It's not all about compensation, but $17/hour is living wage for one person; $30/hour is living wage if there is one child)

Burnout in Healthcare Executives: A Call to Action (Mark Andrew, Susan Snyder)
Burnout is physical, emotional or mental exhaustion.
Washington State:

- 18% of hospital CEOs have changed jobs since July 2022
- In the past 3 months there has been 22% CEO turnover in rural critical access hospitals

- What can we do as an organization?
- Increase clarity on role of board and role of CEO
  - Governance
    - Accountability
    - Goal and policy setting
    - Strategy decisions
    - Overseeing implementation
  - Management
    - Delivering results by implementing policy and strategy
    - Managing operations and reporting on performance

  Increase clarity and alignment with governance and mutually agreeable and obtainable goals.
- Engage in conversation with CEO to understand drivers of executive burnout in our organization
  - Make burnout a topic of conversation. Let them know it's ok not to be okay
  - Ask them what support they need from us and how to best work with them
- Recognize their humanity and let them know it while encouraging/requiring them to take the pressure seriously
- Stay up to date with trends in healthcare to get a sense of what our organization is going through
- Collaborate by involving others, customize, adapt

What's New in Open Public Meetings and Records Rules (Oskar Rey)

- Encouraged to offer remote access
- Provide meeting space even if board is meeting remotely (not necessary if emergency meeting)
- Provide for either oral or written comment
- Purpose of executive session to be stated in minutes

How Top Performing Boards Lead: Essential Governance Practices (Karma Bass)

Key Practices for high performing boards

- Board's role is not to be involved in operations
- Governance vs Management – bring discussion and issues back to mission and vision
- Board-Executive interaction should be part of board policy and stated in board policy manual.

Role of the Board

- Serve the mission and set strategic direction
- Oversee CEO's performance
- Confirm delivery of high-quality, safe healthcare services
- Adopt sound financial plans and monitor results
- Connect with the community and advocate for the organization
- Ensure effective governance

Role of the CEO

- Manage day-to-day operations
- Develop and implement strategic direction
- Organize research and care to provide safe, quality patient care
- Develop and implement financial plans/budget
- Achieve results
- Build human organization
- Ensure availability of necessary resources and deploy them
- Serve as organization's representative and liaison to community, clinicians, staff and board

Three key points

- Boards only have authority when meeting as a board (not as individuals or sub-sets)
- Boards must speak with one voice
- The board's primary contact – and only employee is the CEO

Profile of a High-Performing Board

- Members are focused on the organization's purpose and mission
- Roles and expectations are clearly defined and followed or met
- There is a strong focus on performance and results
- Individual board members are engaged and knowledgeable
- Members represent and actively advocate with and for the community

Jessica Kendall
Notes from the Rural
Hospital Conference

Employalty: How to ignite commitment and keep top talent

Notes

How to do you make a destination work place? The question workers (we all) are pondering is how does work fit into our lives. Questions people factor in is where, when and they work= flexibility. While you can't change some parts in a health care setting, there's a lot that can be done. Multiple factors go into having loyalty from employees. They are listed below.

- Ideal- compensation, workload, flexibility
- Meaningful- purpose, strength, sense of bellowing
- Great boss- trust, coaching, advocacy

If you have the above items and they are all aligned, people stay, they care, and they try. They remain committed. It's important to talk with employees to learn what's important to them.

Burnout in Healthcare Executives (see slides)

- 18% of hospital CEOS changed since July 2022. In Rural Critical Access hospitals in WA, there's been in a 22% change in CEOs.
- It's vital for boards to support CEOs. Talk with them about burn out. Offer/ support resources if they need them

What's New in Open Public Meetings and Record Rules

OPMA and PRA: What's New

- Changes in 2022 session

New (and required)

- Governing body may adopt generally applicable conditions determined to be reasonably necessary to protect public health or safety or to protect against interruptions.
- Agencies encouraged to provide remote access that does not require an additional cost to access the meeting.

New (and encouraged)

- Provide remote access
- Provide an online streaming option
- Make audio or video recordings
- Make recordings available online for a minimum of six months
- This does not alter recordkeeping

Oral and Written comments (?)

Emergency Meetings

- Notice is not required when special meeting is called to deal with an emergency

Interruptions and disruptions

My questions:

- Is there a way to have our public records organized in a way that makes it easier administratively?

Community Health: Emerging Trends and Reporting Requirements (see ppt)

- Population health
    - Who do we serve?
        - Community with shared experiences that shape how we engage the world
- Social drivers of health is now being used rather than Social Determinants of Health *(***this is NOT in line with the WA Health Care Authority, HHS or CMS- JK commentary on that)*
- Community partnerships are extremely valuable for serving the needs of the community
- Diversifying board leadership
    - What does that mean?
    - How do we get there?
    - How do build trust
- Social Drivers (used to be SDoH) –understanding how people have differing access to things
- Columbia Gorge region – Veggie RX program
- WSHA is interested in addressing the social drivers of health

Community Benefit and Community Investment

- How to partner on long term goals?

How to meet the data collection requirements?

- What is Cascade doing to implement this? What steps are being taken to make this successful?
- Learn about gender identity- lots of resources. Is this something that is ongoing for staff and providers?

Health equity quality measures

Questions to ask
How are we investing in community health needs?
What's the impact of our Community Health Improvement services>
Is our strategy reaching the desired target populations?

Diane's Rural Hospital Leadership Conference Notes
Chelan, June 27 – 28, 2023

In the spirit of Cassie Sauer's encouragement to come back with a few powerful ideas rather than an overwhelming list, here are the highlights from sessions I attended:

Employalty: How to Ignite Commitment and Keep Top Talent by Joe Mull

- Employalty is the commitment employers make to a more humane employee experience, because that's what triggers commitment at work. (I prefer this statement without the 'because')
- There's no staffing shortage, there's a great jobs shortage. (Question for CM: How do we make sure our jobs are great?)
- Three things make a job great:
    - People working their ideal job (the right compensation, workload, flexibility)
    - Doing meaningful work (purpose, play to their strengths, sense of belonging)
    - For a great boss (trust, coaching, boss as advocate)

Potential strategic question: What areas can we work on / be creative to advance growth in the three areas of what makes a job great? As we adapt to changing dynamics in healthcare, how can we leverage those to also improve the three areas that make a job great?

Burnout in Healthcare Executives: A Call to Action with WittKieffer

- Burnout is clinically defined as a state of physical, emotional or mental exhaustion combined with doubts about your competence and the value of your work.
- Executives experiencing burnout are more likely to feel less productive, less confidence about overcoming challenges, and lowered determination to make an impact in the organization.
- There is a risk in addressing executive burnout in that it becomes just one more thing for the executive to fix/address, adding to the problem.
- There was a lot of admiring the problem of burnout in this session, I felt, and not a lot of new actionable ways to make a difference. Fortunately for CM, we already practice the recommendations of board and admin being clear on their roles, board and CEO engaging in healthy conversations, having a strong relationship, etc. A strong relationship between boards and CEOs creates an environment that helps buffer/prevent/reduce burnout.

What's New in OPM and Records Rules, Oskar Rey with MRSC

- Even though our board does not often receive written comments during the Public Comment Period in the meetings, we may still want to consider having a policy for how written comments are handled.
- Management should ensure our offboarding processes preserve public records
- Additional resource: Local Government Public Records Consultation provides help in matters of public records questions / management

How Top Performing Boards Lead: Essential Governance Practices, Karma Bass

- In general, this was a basic refresher, with not much new presented, so just a couple points:
    - It's the board's imperative to focus on people and the human connection. (Our board does this really well.)
    - All the refresher points were good; the slides are available on the WSHA website if anyone wants to view them.
    - The speaker expressed caution about using 360 reviews to evaluate the CEO. It's not the CEO's job to be super popular, it is the CEO's job to make sometimes hard decisions. 360 reviews can be counter productive and weaponized. Speaker recommended if boards are going to do them to bring in an outside expert and work with the CEO on timing.

Potential question for the board: Are there improvements to be made to the CEO annual review process that leverage industry best practices?

Innovative Approaches to Healthcare Challenges in Rural Communities – panel discussion

- One hospital uses an hour by hour heat map of red and green on how they are meeting the nurse staffing plan. This data sharing has helped reshape the perception from staff that the hospital is not compliant with the nurse staffing plan. (The heat map almost always reflects as green.)
- The thread of perception ran through many of the presentations. A good question for us is to consider whether there are opportunities to adjust how and what we communicate to ensure team members have the right and enough information to understand realities in their workplace. We should ask a similar question about the public as well.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

A G E N D A

Board Finance Committee
July 25, 2023
9:00 – 11:00 PM
Administration Conference Room

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval • July 25, 2023 Agenda • April 25, 2023 Minutes	9:00 AM
Committee Work		
1.	Review follow-up items from minutes	9:05 AM
2.	Policy Review • Non-Payroll / EFT Release Policy • Capital Spending Approval Matrix Policy • Financial Management Policy	9:10 AM
3.	Review Q2 Financials, Contractual Allowance Summary, Bad Debt, Dashboard	9:20 AM
4.	Review Clinic stats/revenue	9:50 AM
5.	Discuss industry trends	10:00 AM
6.	Discuss Board education	10:10 AM
7.	Discuss long-term financial planning	10:25 AM
8.	Introduction to discuss opportunities for investment in new programs	10:35 AM
9.	Review Q2 OICC quarterly report	10:45 AM
Adjournment		
1.	Adjournment	11:00 PM

Materials provided in advance of meeting along with agenda:

1. April 25, 2023 Minutes
2. Non-Payroll / EFT Release Policy
3. Capital Spending Approval Matrix Policy
4. Financial Management Policy
5. June Financial Packet with Notes
6. Q2 Dashboard
7. Clinic stats/revenue
8. OICC Q2 Report

2023 Meeting Schedule

- October 24, 2023
- December 5, 2023

Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2023

Strategic Pillar	Measure	2019	2020	2021	2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	2023 YTD	2022 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex
	Total Margin	-0.2%	3.1%	24.8%	-6.1%	-3.8%	-12.3%			-8.0%	-6.3%		3.0%	
	Days Cash on Hand	108	235	217	194	190	184			183	90		60	
	Cash Growth available to Operations	-248	6,892	166	22	1,229	-879			349	-585		-	-
	Days in Net Patient Accounts Receivable	68	68	57	61	58	64			64	54		54	
	% of AR balances > 90 days since DOS	29.4%	22.0%	33.6%	41.2%					0.0%	25%		-	-
	Net Revenue as % of Staffing Costs	141%	146%	153%	144%	146%	141%			143%	136%		-	-
	Debt Service Coverage	1.70	2.39	7.36	0.73	1.26	(0.77)			0.23	1.23		3.00	
	Long Term Debt to Capitalization	83%	74%	46%	44%	44%	43%			43%	NA	-	25%	
	Medicare Outpatient Cost to Charge Ratio	0.51	0.49	0.45	0.55						NA	-	0.55	

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

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

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

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

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

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

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

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

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

Medicare Outpatient Cost to Charge Ratio is a *revenue* indicator. This indicator tells us, for Medicare patients, how many dollars it costs us to provide care for every dollar of revenue we bill. It is important to have a cost to charge ratio close to benchmark so that the amount we bill less the amount we do not collect (contractual adjustments + Charity Care + bad debts) still exceeds the amount it costs to provide the care. The amount shown in the 2022 YTD column is the rate from the 2022 final cost report.

Credentialing Approvals

Active Privileges (2-years)

- Dr. Lauren Kendall

Telestroke Privileges: (2-years)

- Dr. Claire Creutzfeldt
- Dr. Arielle Davis
- Dr. Rizwan Kalani
- Dr. Sandeep Khot
- Dr. Ryan Kiser
- Dr. W.T. Longstreth
- St. Malveeka Sharma
- Dr. Breana Taylor
- Dr. David Tirshwell
- Dr. Natalie Weathered
- Dr. Jonathan Weinstein

Teleradiology Privileges: (2-years)

- Dr. Eugene Chung
- Dr. Timothy Conner
- Dr. Jason Grennan
- Dr. Jonathan Jaksha
- Dr. Jarret Kuo
- Dr. Steven McCormack
- Dr. Kara Perrelli
- Dr. Mohammed Quraishi
- Dr. Shannon St. Clair
- Dr. Shawn Stone
- Dr. Frank Welte

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

Accompanying Notes for the June 2023 Financial Statements

June Financial Statements – Current Month Summary

June Gross patient revenue of $3,106,000 is $19,000 more than the budgeted amount of $3,087,000. The contractual allowance for June is $1,166,000, which is $107,000 less than the budgeted amount of $1,273,000. We posted a net margin of ($119,000) for June, which is ($14,000) less than the budgeted net margin of ($105,000). Our cash receipts totaled $2,081,000 in June compared to a budgeted cash receipt total of $1,697,000.

June Year-To-Date Summary

Our year-to-date net margin of ($1,039,000) is ($264,000) below the budgeted net margin of ($775,000). Through June, Swing Bed, Ambulance and Laboratory, and Clinic volumes remain below year-to-date budgeted volumes. Radiology, Acute and Rehab Services see volumes higher than budgeted. Cash receipts year-to-date total $14,220,000 compared to a budgeted amount of $12,135,000. The June month end cash balance of $13,846,000 was ahead of the budgeted cash balance of $12,780,000 by $1,066,000.

Specific Revenue and Expense Variances

1. Salaries and Wages are over budget by ($49,000) in June due to ED retroactive wages and Radiology wages.
2. Professional fees are over budget by ($37,000) due to Clinic Locum PA fees and Radiology fees.
3. Purchased Services and expenses are over budget ($36,000) in June due to IT expense for Centricity, Business Office support services and Radiology expenses.

Patient Statistics

Acute and Rehab volumes were well above budgeted volumes for June, while Swing Bed, Ambulance and Radiology saw volumes below budgeted volumes.

Cash Receipts

Cash collections of $1,837,000 in June on patient accounts were above the budgeted patient account collections of $1,631,000 by $206,000. For the year 2023 our cash receipts on patient accounts are $1,722,000 greater than budgeted cash receipts. In June we made interest payments on our two bonds, totaling just over $163,000.

Balance Sheet

Our Balance Sheet shows a decrease in cash balances in June of of $6,000.

Accounts Receivable

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.

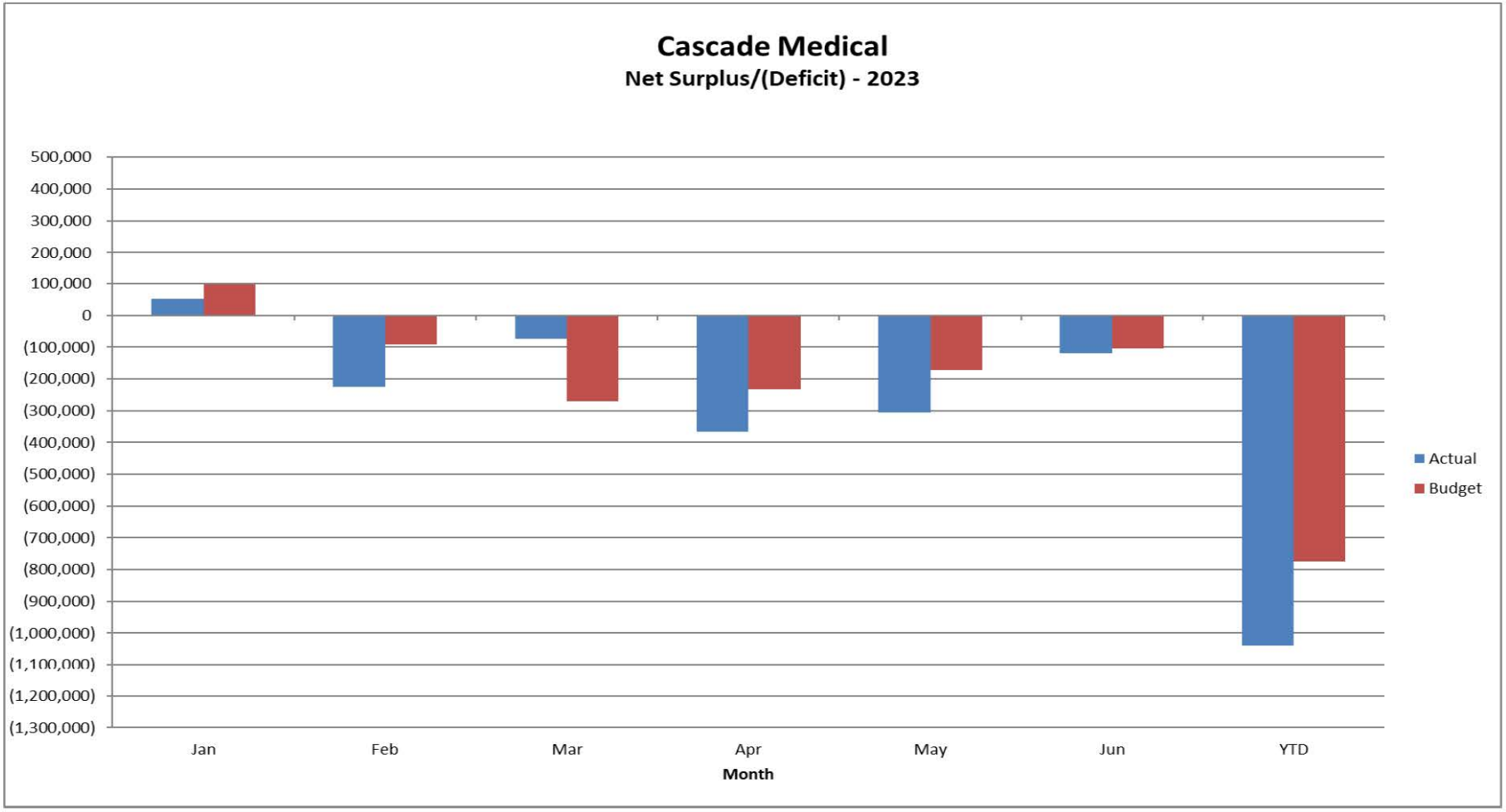
Contractual Allowances

Our Contractual Allowance for May is 37.5% of Gross Revenues, while our overall Contractual Allowance is 43% of Gross Accounts Receivable.

Final comments

For the month of June you will see some changes to our Income Statement and Balance Sheet with the implementation of the new accounting lease standard that was implemented with the 2022 audit. You will now see Right of Use Assets and Liabilities on the Balance Sheet, and related Amortization and Interest Expense on the Income Statement. The new standard provides more transparency to the financial statement viewer by requiring operating leases with terms greater than twelve months to be included on the Balance Sheet.

We have begun work to update our patient billing statements and hope to roll these changes out in the next few months. Budgeting for 2024 has begun, with Capital Budget work underway and department directors working to complete their 2024 Operating Budgets.


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)
Jan
Feb
Mar
Apr
May
Jun
YTD
Month
Actual
Budget

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

000's omitted

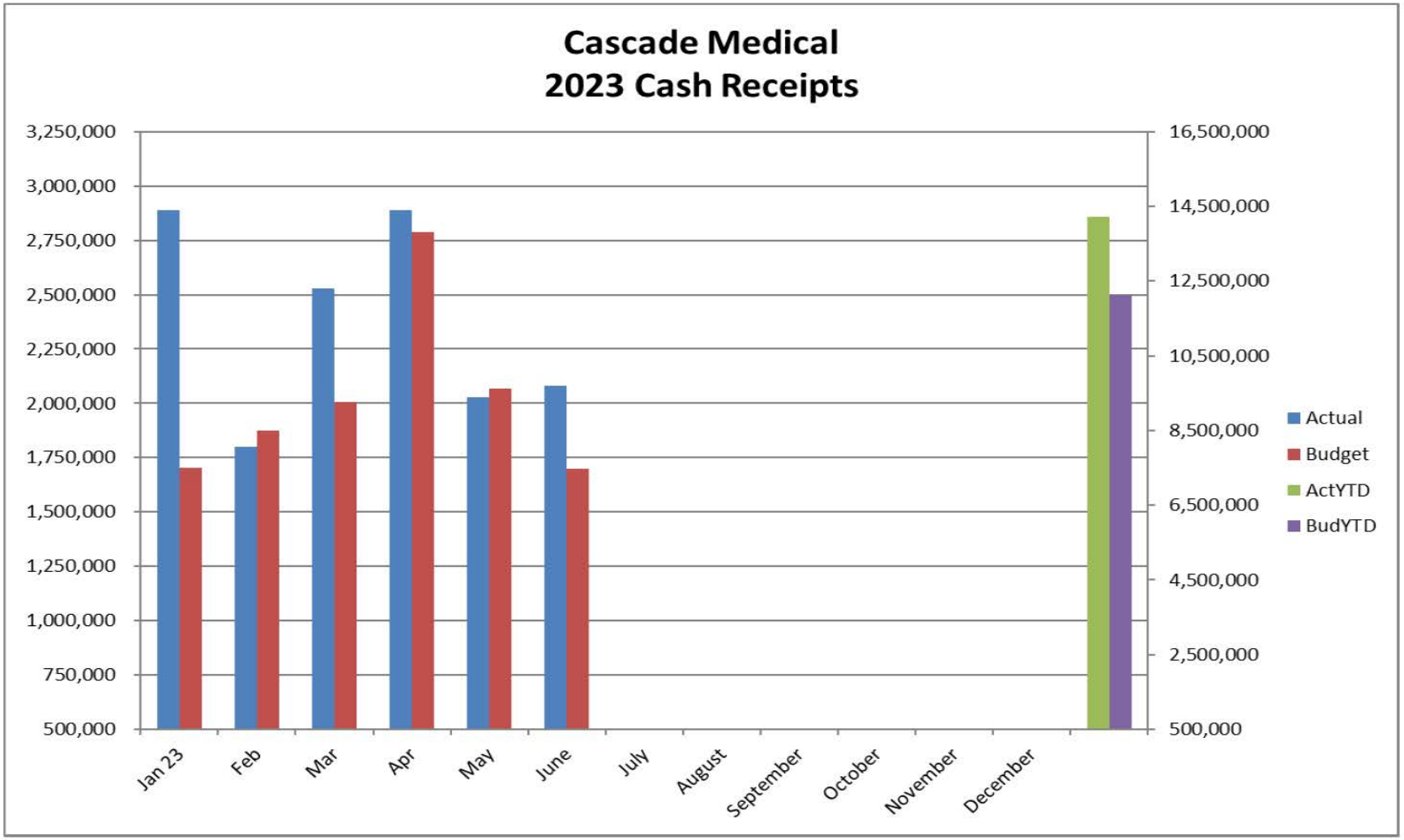
	YTD June
Net Margin	
Actual	(1,039)
Budget	(775)
Better (Worse) than Budget	(264)
Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - SBed ($365); Lab ($283);Amb ($208); AC $165	(702)
Contractual Allowances	1,125
Net Patient Revenue	423
Other Operating Revenue	225
Total Operating Revenue	648
Expenses	
Salaries & Benefits	(64)
Prof. Fees - Informatics ($253); Admin ($96); ED Prov ($31); Clin Prov ($21); HR ($21)	(470)
Supplies	(4)
Purchased Services/Repairs - Plant ($106);IT ($90); Rad ($72); BusOff ($63)	(346)
Other Operating Expenses	(36)
Total Operating Expenses	(920)
Non-Operating Revenues & Expenses	8
Actuals Better/(worse) than Budget	(264)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending June 30, 2023

	Current Period			Year-to-Date			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Net Patient Revenue	1,939,564	1,812,840	126,724	10,868,337	10,445,664	422,673	9,072,538
Grants, Contribs, Other Op Revenue	116,052	46,665	69,387	607,646	382,588	225,058	301,497
Tax Levies, unrestricted	149,665	149,665	-	897,990	897,990	-	868,728
Total Operating Revenue	2,205,281	2,009,170	196,111	12,373,973	11,726,242	647,731	10,242,763
Operating expenses							
Salaries & Benefits	1,532,695	1,485,436	(47,259)	8,841,790	8,777,786	(64,004)	8,559,862
Professional fees	163,744	91,304	(72,440)	1,057,854	587,661	(470,193)	576,799
Supplies	168,283	157,108	(11,175)	931,574	927,660	(3,914)	849,965
Purchased services	193,878	133,939	(59,939)	1,029,496	684,007	(345,489)	957,258
Depreciation	166,550	169,956	3,406	999,311	1,019,736	20,425	904,203
Other Operating Expenses	183,647	155,731	(27,916)	1,037,421	980,522	(56,899)	831,666
Total operating expenses	2,408,797	2,193,474	(215,323)	13,897,446	12,977,372	(920,074)	12,679,753
Operating gain / (loss)	(203,516)	(184,304)	(19,212)	(1,523,473)	(1,251,130)	(272,343)	(2,436,990)
Nonoperating revenues (expenses)							
Tax Levies, restricted	108,294	108,294	-	649,764	649,764	-	606,096
Interest expense on bonds	(27,214)	(27,214)	-	(163,284)	(163,284)	-	(173,749)
Other Non-Operating rev (exp)	3,280	(1,673)	4,953	(1,949)	(10,038)	8,089	(10,050)
Total nonoperating rev (exp), net	84,360	79,407	4,953	484,531	476,442	8,089	422,297
Net Income	(119,156)	(104,897)	(14,259)	(1,038,942)	(774,688)	(264,254)	(2,014,694)

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending June 30, 2023

	----- Current Period -----			----- Year-to-Date -----			
	Actual	Budget	Variance	Actual	Budget	Variance	Prior YTD
Operating revenues							
Gross Patient Revenue	3,105,632	3,086,308	19,324	16,420,947	17,123,000	(702,053)	14,273,185
less:							
Contractual Allowances	998,885	1,122,239	123,354	4,756,486	5,838,308	1,081,822	4,694,353
Reserve for Bad Debts	118,957	108,021	(10,936)	566,452	599,306	32,854	395,757
Reserve for Financial Assistance	48,226	43,208	(5,018)	229,673	239,722	10,049	110,537
Total Deductions from Revenue	1,166,068	1,273,468	107,400	5,552,610	6,677,336	1,124,726	5,200,647
Net Patient Revenue	1,939,564	1,812,840	126,724	10,868,337	10,445,664	422,673	9,072,538
Grants, Contributions	3,100	2,100	1,000	39,648	121,198	(81,551)	106,480
Other Operating Revenue	112,952	44,565	68,387	567,999	261,390	306,609	195,017
Tax Levies, unrestricted	149,665	149,665	-	897,990	897,990	-	868,728
Total Operating Revenue	2,205,281	2,009,170	196,111	12,373,973	11,726,242	647,731	10,242,763
Operating expenses							
Salaries and wages	1,256,984	1,207,805	(49,179)	7,192,001	7,117,027	(74,974)	7,010,605
Employee benefits	275,711	277,631	1,920	1,649,789	1,660,759	10,970	1,549,257
Professional fees	163,744	91,304	(72,440)	1,057,854	587,661	(470,193)	576,799
Supplies	168,283	157,108	(11,175)	931,574	927,660	(3,914)	849,965
Utilities	18,416	22,115	3,699	130,193	142,985	12,792	132,982
Repairs and maintenance	49,852	26,023	(23,829)	224,271	135,538	(88,733)	130,767
Purchased services	144,026	107,916	(36,110)	805,225	548,469	(256,756)	826,491
Continuing medical education	1,754	1,417	(337)	6,339	8,498	2,159	-
Other expenses	12,453	3,031	(9,422)	66,914	54,878	(12,036)	50,581
Dues and subscriptions	65,480	69,454	3,974	396,944	397,871	927	120,995
Travel / training / meetings	8,320	7,645	(675)	90,035	52,598	(37,437)	42,576
Leases and rentals	13,281	13,023	(258)	99,688	82,076	(17,612)	77,209
Depreciation	166,550	169,956	3,406	999,311	1,019,736	20,425	904,203
Licenses and taxes	40,642	18,605	(22,037)	119,735	118,385	(1,350)	283,984
Insurance	21,975	19,074	(2,901)	119,617	115,029	(4,588)	111,674
Interest	1,326	1,367	41	7,956	8,202	246	11,665
Total operating expenses	2,408,797	2,193,474	(215,323)	13,897,446	12,977,372	(920,074)	12,679,753
Operating gain / (loss)	(203,516)	(184,304)	(19,212)	(1,523,473)	(1,251,130)	(272,343)	(2,436,990)
Nonoperating revenues (expenses)							
Tax Levies, restricted	108,294	108,294	-	649,764	649,764	-	606,096
Interest expense on bond financing	(27,214)	(27,214)	-	(163,284)	(163,284)	-	(173,749)
Gain (loss) on disposal of equipment	3,500	-	3,500	4,000	-	4,000	-
Investment income	1,549	96	1,453	4,667	576	4,091	566
Net of bond premium/amortization	(1,769)	(1,769)	(0)	(10,616)	(10,614)	(2)	(10,616)
CARES Funds	-	-	-	-	-	-	-
PPP Loan Proceeds	-	-	-	-	-	-	-
Total nonoperating revenues (expenses), net	84,360	79,407	4,953	484,531	476,442	8,089	422,297
Net Income	(119,156)	(104,897)	(14,259)	(1,038,942)	(774,688)	(264,254)	(2,014,694)


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
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	feb 23	mar	apr	may	jun	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	18	6	15	24	25	26	26	16	61.5%	128	21	113	19	13.5%
Swing Bed	87	98	49	66	59	66	66	79	-16.2%	413	69	525	87	-21.3%
Laboratory tests	2,704	2,395	2,285	3,001	3,110	2,746	2,746	2,912	-5.7%	16,412	2,735	17,472	2,912	-6.1%
Radiology exams	274	280	301	306	356	316	316	347	-8.9%	1,864	311	1,768	295	5.4%
CT scans	91	82	115	89	125	128	128	120	6.7%	651	109	636	106	2.4%
ED visits	286	253	244	283	371	375	375	359	4.4%	1,850	308	1,814	302	2.0%
Ambulance runs	65	61	57	54	69	75	75	83	-9.6%	404	67	441	74	-8.4%
Clinic visits	991	984	1,197	1,091	1,167	1,139	1,139	1,160	-1.8%	6,637	1,106	6,855	1,143	-3.2%
Rehab procedures	2,050	2,157	2,169	2,227	2,232	2,540	2,540	2,128	19.3%	13,688	2,281	12,847	2,141	6.5%

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	2.7	5	2	5	7	6	7							5.3
Short Stay	1.5	-	4	5	3	4	3							3.2
Swing Bed	5.2	5	4	5	5	6	6							5.2
Respite Care	0.7	2	-	-	1	1	1							0.8
Total Admits	10.0	12	10	15	16	17	17							14.5
Patient Days														
Acute Care	11.3	19	6	15	24	25	26							19.2
Short Stay	1.7	1.2	5.1	4.5	4.5	4.6	5.9							4.3
Swing Bed	84.8	75	98	49	66	59	66							68.8
Respite Care	12.2	13	20	-	5	20	2							10.0
Total Patient Days	110.0	108.2	129.1	68.5	99.5	108.6	99.9							102.3
Average Length of Stay	11.0	9.0	12.9	4.6	6.2	6.4	5.9							7.5
Average Patients per Day	3.6	3.5	4.5	2.2	3.3	3.5	3.3							3.4
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	2,704	2,875	2,395	2,285	3,001	3,110	2,746							2,735
Radiology (tests)	242	253	245	231	254	292	272							258
Mammography (tests)	25	35	28	42	32	49	35							37
Cardiac Diagnostics	75	84	74	79	102	114	70							87
CT (Scans)	91	112	82	115	89	125	128							109
DXA (Scans)	7	17	7	28	20	15	9							16
PT (services billed)	1,622	1,778	1,645	1,764	1,686	1,735	1,960							1,761
ER (visits/procedures)	288	324	253	244	283	371	375							308
Ambulance (runs)	65	88	61	57	54	69	75							67
Clinic (visits)	973	1,051	976	1,197	1,091	1,167	1,139							1,104
Occupational Therapy	395	516	446	364	469	445	521							460
Speech Therapy	32	69	66	41	72	52	59							60
Endoscopy Procedures	6	7	22	20	13	12	5							13

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	$ 43,734	$ 122,267	$ (28,105)	$ 44,978	$ 104,755	$ 25,923	$ 120,085							$ 64,984
Short Stay	5,437	3,846	15,659	14,765	13,764	13,795	18,260							13,348
Respite Care	1,706	5,785	14,960	-	445	9,180	6,600							6,162
Swing Bed	200,944	144,900	272,895	118,335	113,505	176,295	108,675							155,768
Central Supply	32,181	18,694	13,789	15,385	20,622	26,042	27,275							20,301
Laboratory	323,469	323,582	273,385	356,070	356,554	343,528	297,314							325,072
Cardiac Diagnostics	19,636	24,824	23,326	25,498	33,963	38,007	26,770							28,731
CT	294,261	382,550	289,072	376,137	340,517	414,505	427,780							371,760
Radiology	111,963	126,184	121,002	126,516	141,478	148,047	138,459							133,614
Mammography	13,700	17,620	18,493	25,513	20,365	26,363	21,660							21,669
Pharmacy	115,926	132,753	87,704	193,768	150,174	157,323	90,176							135,316
Respiratory Therapy	95	-	-	-	-	-	-							-
Physical Therapy	167,692	179,529	180,871	178,606	186,602	187,312	210,686							187,268
Emergency Room	536,300	595,285	566,371	592,177	573,591	705,793	824,147							642,894
Ambulance	199,581	164,881	244,598	225,217	178,209	239,989	306,725							226,603
Clinic	230,989	206,005	249,653	282,355	310,787	259,199	333,152							273,525
Occupational Therapy	49,567	52,920	59,886	44,284	52,754	54,713	62,186							54,457
Outpatient Diagnostic Svcs	19,177	14,952	44,461	62,002	60,911	56,994	58,978							49,716
Speech/Contracted Svcs	10,957	20,019	25,402	13,392	20,241	21,366	20,863							20,214
Dietary/Contracted Svcs	1,550	5,366	3,407	8,471	5,469	3,974	5,841							5,421
Total Patient Revenue	**$ 2,378,864**	**$ 2,541,962**	**$ 2,476,829**	**$ 2,703,469**	**$ 2,684,706**	**$ 2,908,348**	**$ 3,105,632**							$ 2,736,824

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending June 30, 2023

	Jun-23	2023 YTD	2022 YTD
Cash flows from operating activities			
Receipts from and on behalf of patients	$ 1,837,336	$ 11,761,824	$ 8,692,004
Other receipts	$ 152,429	$ 377,194	$ 294,833
Payments to & on behalf of employees	$ (1,243,647)	$ (7,571,060)	$ (7,216,695)
Payments to suppliers and contractors	$ (681,035)	$ (5,264,179)	$ (4,509,047)
Net cash gained / (used) in operating activities	$ 65,084	$ (696,221)	$ (2,738,904)
Cash flows from noncapital financing activities			
Taxation for maintenance and operations, EMS	$ 26,785	$ 1,385,632	$ 1,366,263
Noncapital grants and contributions	$ 3,100	$ 39,647	$ 257,809
Net cash provided by noncapital financing activities	$ 29,885	$ 1,425,279	$ 1,624,072
Cash flows from capital and related financing activities			
Taxation for bond principal and interest	$ 8,009	$ 375,819	$ 357,575
Purchase of capital assets	$ -	$ (12,222)	$ (129,857)
Payments toward construction in progress	$ -	$ (282,083)	$ (155,447)
Proceeds from disposal of capital assets	$ 3,500	$ 4,000	$ -
Proceeds from long-term debt	$ -	$ -	$ -
Principle & Interest paid on long-term debt	$ (163,284)	$ (163,284)	$ (173,749)
Bond maintenance & issuance costs	$ -	$ -	$ -
Capital grants and contributions	$ -	$ -	$ 56,355
Net cash provided by capital and related financing activities	$ (151,775)	$ (77,770)	$ (45,124)
Cash flows from investing activities			
Investment Income	$ 50,313	$ 275,421	$ 20,476
Net increase (decrease) in cash and cash equivalents	$ (6,493)	$ 926,709	$ (1,139,480)
Cash and Cash equivalents, beginning of period	$ 13,852,407	$ 12,919,205	$ 12,895,031
Cash and cash equivalents, end of period	$ 13,845,914	$ 13,845,914	$ 11,755,551

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

	Actual 1st Qtr	Actual April	Actual May	Actual June	Acutal 2nd Qtr	Forecast 3rd Qtr	Forecast 4th Qtr	Actual/Forecast Year End 2023	Budget 2023
Cash balance, beginning of period	$ 12,919,205	$ 14,269,736	$ 14,779,014	$ 13,852,407	$ 14,269,736	$ 13,845,914	$ 13,852,426	$ 12,919,205	$ 12,919,205
Cash available for operating needs	$ 12,707,225	$ 13,935,775	$ 13,956,012	$ 12,914,584	$ 13,935,775	$ 13,056,281	$ 13,019,644	$ 12,707,225	12,707,225
Cash restricted to debt service, other restricted funds	$ 211,980	$ 333,961	$ 823,002	$ 937,823	$ 333,961	$ 789,633	$ 832,782	$ 211,980	211,980
Cash flows from operating activities									
Receipts from and on behalf of patients	$ 6,595,932	$ 1,662,750	$ 1,665,806	$ 1,837,336	$ 5,165,892	$ 5,317,289	$ 6,872,431	$ 23,951,543	$ 21,346,379
Grant receipts	$ 35,993	$ 554	$ -	$ 3,100	$ 3,654	$ 52,642	$ 2,090	$ 94,379	$ 133,798
Other receipts	$ 168,890	$ 14,712	$ 41,662	$ 155,929	$ 212,303	$ 58,378	$ 89,939	$ 529,510	$ 403,985
Payments to or on behalf of employees	$ (3,442,158)	$ (1,163,788)	$ (1,721,468)	$ (1,243,647)	$ (4,128,902)	$ (3,373,645)	$ (3,948,637)	$ (14,893,342)	$ (16,977,604)
Payments to suppliers and contractors	$ (2,413,564)	$ (1,194,647)	$ (974,932)	$ (681,035)	$ (2,850,614)	$ (2,153,381)	$ (2,308,131)	$ (9,725,691)	$ (6,239,189)
Net cash provided by operating activities	$ 945,094	$ (680,419)	$ (988,933)	$ 71,684	$ (1,597,668)	$ (98,718)	$ 707,691	$ (43,601)	$ (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	$ 674,859	$ 156,457	$ 19,700	$ 851,016	$ 58,685	$ 722,608	$ 1,801,808	$ 1,795,981
Investment Income	$ 126,178	$ 47,443	$ 51,486	$ 50,313	$ 149,242	$ 48,778	$ 90,954	$ 415,152	$ 44,952
Donations	$ -	$ -		$ -	$ -	$ -	$ 67,269	$ 67,269	$ 90,000
Net cash provided by noncapital financing activities	$ 295,678	$ 722,302	$ 207,943	$ 70,013	$ 1,000,258	$ 107,463	$ 1,127,155	$ 2,530,553	$ 2,174,890
Proceeds from Long Term Debt	$ -				$ -	$ -	$ -	$ -	$ -
Less Funds Expended for Capital Purchases	$ (12,222)	$ (21,646)	$ (260,438)	$ -	$ (282,084)	$ (45,381)	$ (93,804)	$ (433,491)	$ (554,448)
Increase/(decrease) in cash available for operations	$ 1,228,550	$ 20,237	$ (1,041,428)	$ 141,697	$ (879,494)	$ (36,637)	$ 1,741,042	$ 2,053,462	$ 287,811
Cash available for operating needs	**$ 13,935,775**	**$ 13,956,012**	**$ 12,914,584**	**$ 13,056,281**	**$ 13,056,281**	**$ 13,019,644**	**$ 14,760,687**	**$ 14,760,687**	**$ 12,995,036**
Taxation for bond prin & int (incl encumbd M&O)	$ 121,981	$ 489,040	114,821	$ 15,094	$ 618,955	$ 43,149	$ 270,318	$ 1,054,404	$ 1,055,568
Principle & Interest paid on long-term debt				$ (163,284)	$ (163,284)	$ -	$ (854,219)	$ (1,017,503)	$ (1,065,568)
Restricted grants and contributions	$ -				$ -	$ -	$ -	$ -	
Increase/(decrease) in restricted cash	$ 121,981	$ 489,040	$ 114,821	$ (148,190)	$ 455,671	$ 43,149	$ (583,901)	$ 36,901	$ (10,000)
Cash restricted to debt service, other restricted funds	**$ 333,961**	**$ 823,002**	**$ 937,823**	**$ 789,633**	**$ 789,633**	**$ 832,782**	**$ 248,881**	**$ 248,881**	**$ 201,980**
Cash balance, end of period	**$ 14,269,736**	**$ 14,779,014**	**$ 13,852,407**	**$ 13,845,914**	**$ 13,845,914**	**$ 13,852,426**	**$ 15,009,567**	**$ 15,009,567**	**$ 13,197,016**

CASCADE MEDICAL CENTER

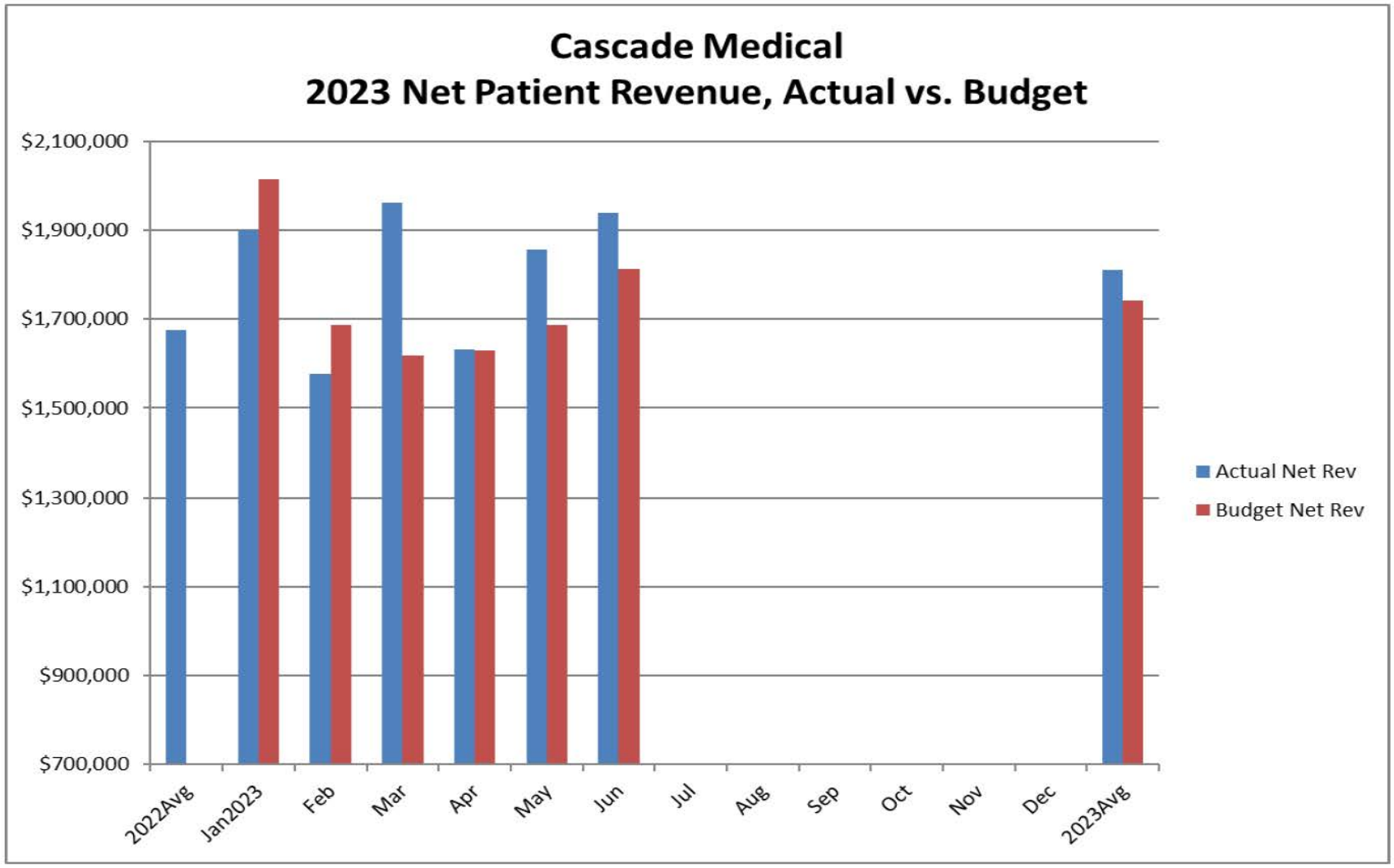
EMERGENCY MEDICAL SERVICES - JUNE, 2023

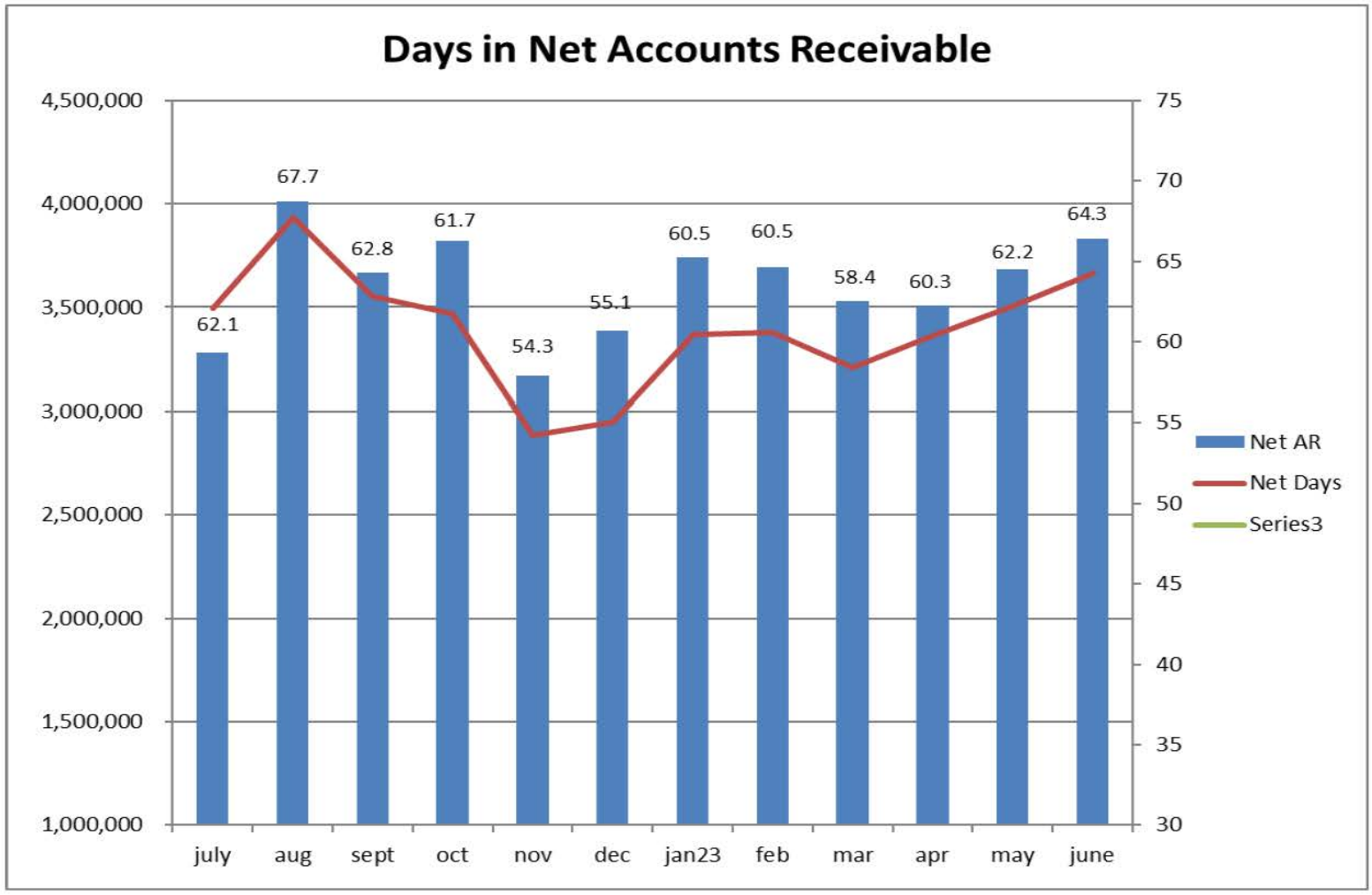
	EMERGENCY ROOM		AMBULANCE		COMBINED EMERGENCY MEDICAL SERVICES		
REVENUE	**6/30/23**	**6/30/23 YTD**	**6/30/23**	**6/30/23 YTD**	**6/30/23**	**6/30/23 YTD**	**6/30/2022 YTD**
PATIENT REVENUE	824,148	3,857,372	306,725	1,359,619	$1,130,873	$5,216,990	$0
DEDUCTIONS FROM REVENUE							
CONTRACTUAL ALLOWANCE, BAD DEBT &							
CHARITY CARE	$479,489	$2,244,219	$201,028	$891,094	$680,517	$3,135,313	$0
NET PATIENT REVENUE	**$344,659**	**$1,613,153**	**$105,697**	**$468,525**	**$450,356**	**$2,081,678**	**$0**
OTHER OPERATING REVENUE	$0	$0	-	-	$0	$0	$0
TOTAL OPERATING REVENUE	**$344,659**	**$1,613,153**	**$105,697**	**$468,525**	**$450,356**	**$2,081,678**	**$0**
OPERATING EXPENSES							
SALARIES AND WAGES	218,158	1,056,981	111,647	636,424	$329,805	$1,693,405	$0
EMPLOYEE BENEFITS	22,683	152,940	29,882	159,652	$52,565	$312,592	$0
PROFESSIONAL FEES	5,760	108,168	-	1,500	$5,760	$109,668	$0
SUPPLIES	6,157	35,202	3,148	50,270	$9,305	$85,471	$0
FUEL	-	-	2,111	11,908	$2,111	$11,908	$0
REPAIRS AND MAINT.	-	-	2,057	17,405	$2,057	$17,405	$0
PURCHASED SERVICES	3,445	16,845	21,628	98,721	$25,073	$115,566	$0
CONTINUING MEDICAL EDUCATION	-	902	918	8,477	$918	$9,379	$0
DUES	2,858	7,580	573	11,413	$3,431	$18,993	$0
OTHER EXPENSES	210	1,003	922	7,479	$1,132	$8,482	$0
LEASES / RENTALS	392	2,058	3,000	15,200	$3,392	$17,258	$0
DEPRECIATION	4,522	27,131	17,920	107,522	$22,442	$134,652	$0
TAXES AND LICENSES	-	1,338	-	-	$0	$1,338	$0
INSURANCE	1,113	6,681	4,238	25,429	$5,352	$32,110	$0
OVERHEAD COSTS	204,019	1,170,649	96,594	554,250	$300,613	$1,724,900	$0
TOTAL OPERATING EXPENSES	**$469,319**	**$2,587,476**	**$294,637**	**$1,705,651**	**$763,956**	**$4,293,126**	**$0**
MARGIN ON OPERATIONS	**($124,660)**	**($974,324)**	**($188,940)**	**($1,237,126)**	**($313,600)**	**($2,211,447)**	**$0**
TAX REVENUE					**$149,665**	**$897,990**	**$0**
NET MARGIN WITH TAX REVENUE					**($163,935)**	**($1,313,457)**	**$0**
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2023	**375**	**1,850**	**75**	**404**			
Total Ambulance Runs (includes unbillable runs)			**103**	**584**			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2022	**381**	**1,729**	**71**	**388**			
Total Ambulance Runs (includes unbillable runs)			**114**	**582**			

Cascade Medical Center
Balance Sheet
As of June 30, 2023 and December 31, 2022

	Jun 2023	Dec 2022
ASSETS		
Current Assets		
Cash and Cash Equivalents	1,280,947	879,569
Savings Account	10,579,851	9,042,895
Patient Account Receivable	6,726,102	6,045,511
less: Reserves for Contractual Allowances	(2,892,412)	(2,592,952)
Inventories and Prepaid Expenses	330,913	330,878
Taxes Receivable - M&O Levy	(33,291)	11,777
- EMS Levy	41,325	159,405
Other Assets	764,608	2,005,510
Total Current Assets	16,798,043	15,882,594
Assets Limited as to Use		
Cash and Cash Equivalents		
Funded Depreciation	1,085,983	1,314,457
CVB Memorial Fund	1,274	1,273
UTGO Bond Payable Fund	371,984	70,467
LTGO Bond Payable Fund	176,336	265,317
Investment Memorial Fund	127,543	124,539
Settlement Account	167,043	163,108
Paycheck Protection Loan Proceeds	-	-
Cash - EMS	81,268	1,160,753
	2,011,431	3,099,915
Taxes Receivable - Construction Bond Levy	(28,010)	11,494
Total Assets Limited as to Use	1,983,421	3,111,409
Property, Plant and Equipment		
Land	522,015	522,015
Land Improvements	1,392,089	1,392,089
Buildings & Improvements	10,502,550	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	299,155	17,072
Total Property, Plant and Equipment	29,297,432	29,010,559
Less: Accumulated Depreciation	(20,040,316)	(19,048,438)
	9,257,116	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	311,849	322,464
TOTAL ASSETS	30,020,016	30,948,176

	Jun 2023	Dec 2022
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	333,962	592,145
Accrued Payroll	355,481	423,350
Refunds Payable	1,284	8,112
Accrued PTO	903,675	763,093
Payroll Taxes & Benefits Payable	150,960	(91,262)
Accrued Interest Payable	27,214	27,214
Current Long Term Debt	742,360	746,195
Current OPEB Liability	928,696	861,196
Short Term Lease	33,406	33,406
Settlement Payable	741,000	741,000
Total Current Liabilities	4,218,037	4,104,448
Long Term Liabilities		
Notes Payable	207,493	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	86,300	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	12,766,238	12,769,045
Total Liabilities	16,984,275	16,873,493
Fund Balance - Prior Years	14,074,683	14,074,683
Fund Balance - Current Year	(1,038,942)	-
Total Fund Balance	13,035,741	14,074,683
TOTAL LIABILITIES & FUND BALANCE	30,020,016	30,948,176


Cascade Medical
2023 Net Patient Revenue, Actual vs. Budget
$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

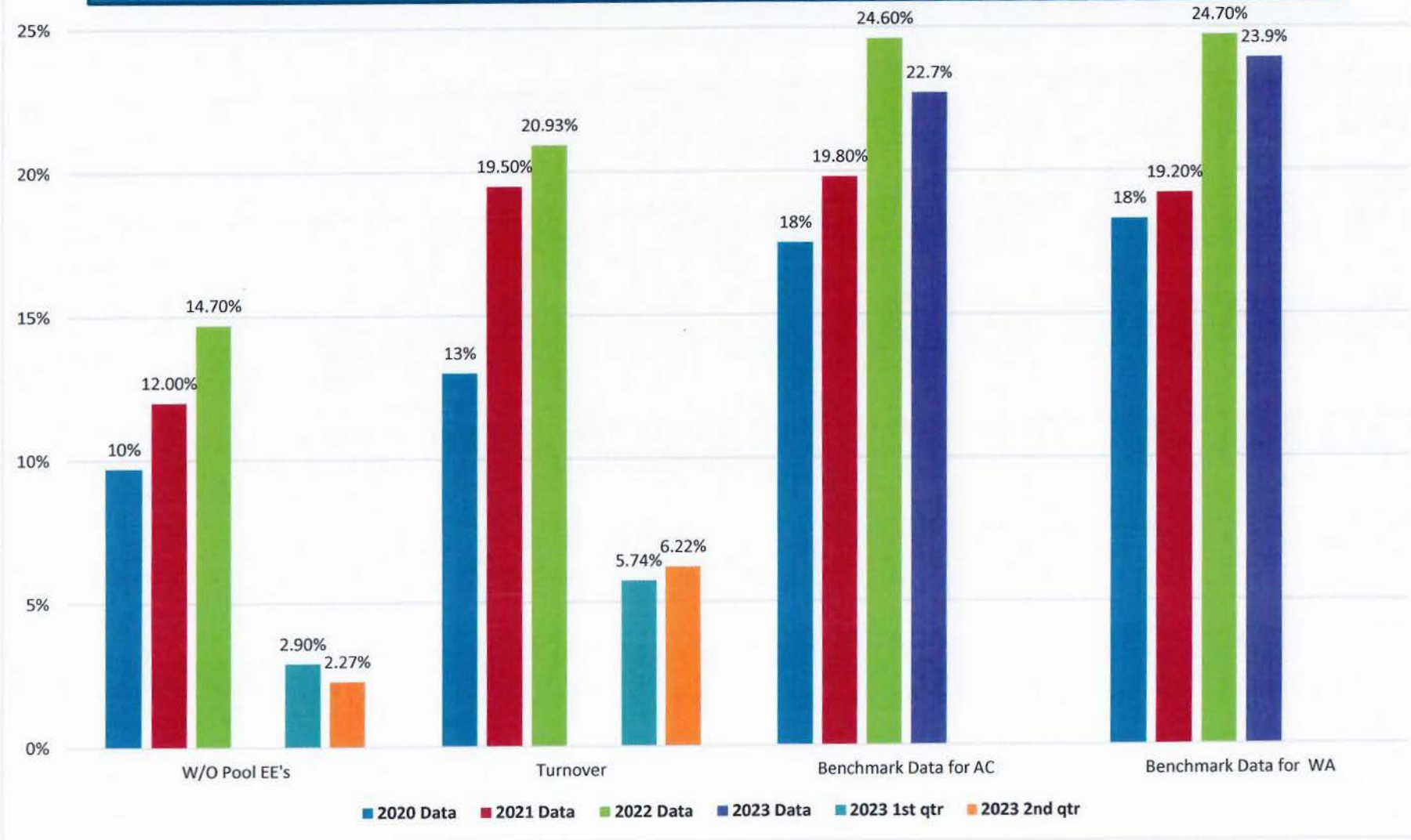

Days in Net Accounts Receivable
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
75
70
65
60
55
50
45
40
35
30
62.1
67.7
62.8
61.7
54.3
55.1
60.5
60.5
58.4
60.3
62.2
64.3
july
aug
sept
oct
nov
dec
jan23
feb
mar
apr
may
june
Net AR
Net Days
Series3

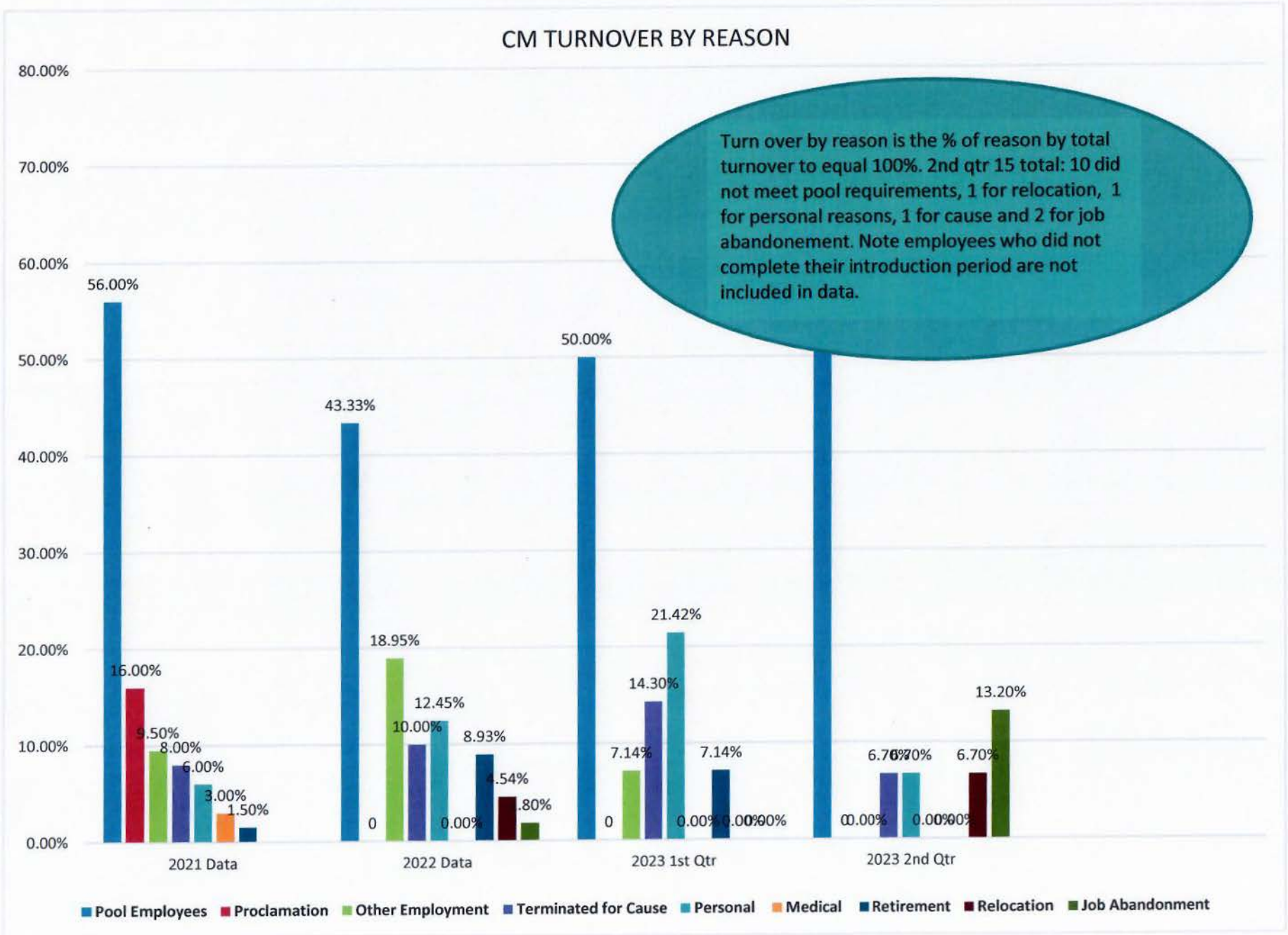
Cascade Medical
Accounts Receivable Trending Report - 2023

Total Facility	Dec 2020	Dec 2021	Dec 2022	Jan 2023	Feb	Mar	Apr	May	Jun
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	6,345,113	6,369,204	6,302,232	6,178,319	6,465,344	6,726,102
Credit bals as % of AR	5.5%	2.5%	6.8%						
% >90 w/o installs	22.0%	33.6%	41.2%						

CM TURNOVER

CM uses the W/O Pool data as that which is most reflective of our turnover. CM turnover reflects our most vulnerable number, because it includes the somewhat routine changes related to pool/per diem employees. Most employers do not include this category in a turnover calculation and we are not able to validate if the benchmark data is with or with out pool employees.




CM TURNOVER BY REASON
Turn over by reason is the % of reason by total turnover to equal 100%. 2nd qtr 15 total: 10 did not meet pool requirements, 1 for relocation, 1 for personal reasons, 1 for cause and 2 for job abandonement. Note employees who did not complete their introduction period are not included in data.
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
56.00%
16.00%
9.50%
8.00%
6.00%
3.00%
1.50%
43.33%
0
18.95%
10.00%
12.45%
0.00%
8.93%
4.54%
.80%
50.00%
0
7.14%
14.30%
21.42%
0.00%
7.14%
0.00%
0.00%
0.00%
0.00%
6.70%
6.70%
0.00%
0.00%
6.70%
13.20%
2021 Data
2022 Data
2023 1st Qtr
2023 2nd Qtr
Pool Employees
Proclamation
Other Employment
Terminated for Cause
Personal
Medical
Retirement
Relocation
Job Abandonment