



Campbell County Health

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Board Meeting Minutes

August 28, 2025

Campbell County Health Fifth Floor Classroom– 5:00 PM

Meeting Link

Attendance:

Trustee Hartsaw	Matt Shahan, CEO
Trustee Rice	Adam Popp, CFO
Trustee Hite	Dawn Hodges, CHRO
Trustee Mansell	Natalie Tucker, CNO
Trustee Biggs	Jamie Kay, Executive Assistant
Trustee Stuber	

A. Pledge of Allegiance

B. Call to Order

- a. Mission Statement
- b. Vision Statement

C. Roll Call--Quorum is present; Chairman Murphy is excused.

D. Approval of Agenda

TRUSTEE BIGGS MOVED TO APPROVE THE AGENDA AS PRESENTED. TRUSTEE MANSELL SECONDED. MOTION CARRIED UNANIMOUSLY.

E. Consent Agenda

- a. Approval of Board Minutes –July 17, 2025
- b. Board Committee Meeting minutes - only on months with a meeting
 - i. Finance Committee
 - ii. Quality Committee
 - iii. Recruitment and Retention
 - iv. WREMS (Wyoming Regional Medical Services)

TRUSTEE HITE MOVED TO APPROVE THE CONSENT AGENDA AS PRESENTED. TRUSTEE BIGGS SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

F. Recognition Items

- a. Celebrating Linda Ducello's 50 Year Legacy
- b. Welcome Dr. Billie Wilkerson
- c. Welcome Nicole Keese, APRN
- d. Hollie Alexander Steps into Administrator Role
- e. Melinda Nielsen Receives DAISY Award
- f. Ryan Reeves is Honored with We Are CCH Award
- g. Meaningful Gift in Honor of Paxton Wells
- h. Legacy Resident Submits Letter to the Editor
- i. We are EPIC!



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- j. EMS Receives Second Mobile Response Vehicle
- k. EMS Participates in Community Outreach Events

G. Public Questions or Comments

H. Board Quality Presentation – Tanya Allee

Discussion: Trustee Biggs is the Chair of the Quality Board, and the Quality Committee are planning to expand on Quality Information that will be presented at each Board Meeting moving forward.

Tanya Allee, Executive Director of Patient Experience was in attendance to review the surveys that CCH participates in related to Patient Satisfaction Scores.

CCH participates in five regulated surveys that are regulated by CMS. HCAPS, which is our Inpatient Survey, ICU/Med Surg and Maternal Child, OASCAPS, Outpatient Ambulatory Surgery, Home Health & Hospice CAPS and ICHCAPS for Dialysis. All surveys are sent out to the patient after discharge, with the exception of the ICHCAPS, which are done twice a year. CCH participates in four nonregulated surveys, meaning these are surveys that CCH participates in voluntarily to work on process improvement, those surveys include ER Survey, Medical Clinic Survey which includes 13 medical clinics, Outpatient Surveys, which are 4 outpatient areas and Urgent Care or Walk In Clinic Survey.

Ms. Allee presented a 30,000-foot view of where CCH has been over the last 4 years. She discussed our Top Box Rating and Percentile Ranking, where we compare to other organizations within those databases. The initial goal is to reach the 50% percentile. Top Box is a scaling question 0-10 or always or never question. The nonregulated surveys are very good to very poor.

The data is utilized to create action plans based on feedback. This is the best data we have good, bad or indifferent on how we can improve.

Discussion: Hospital surveying is one of the most difficult things; Tanya does a great job, even when she may not feel like it.

I. Action Items Continued

- a. Finance Report Out

Capital Budget



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The summary capital budget document was shared. Currently just \$4.2m of the \$9.9m capital budget has been committed. The commitment includes funds committed to EPIC Projects, IT Projects, and the LINIAC Accelerator.

The EPIC Capital Project was previously approved for \$3,382,850. To date \$2,247,962 has been committed to implementing the various Interfaces

Bad Debt and Charity

June 2025: Charity \$185,691.18

Bad Debt \$179,245.75

Grand Total \$364,936.93

This information reflects Charity approved via the Financial Application Process, and Bad Debt accounts being placed with outsourced collection vendors. The "final" Bad Debt Expense, including bad debt returns and liability estimates, is reflected in the Financial Statement.

Discussion: It has been a long time, if ever that Bad Debt and Charity Meet. That is a function of the vendors. The Go Live of EPIC is usually a once in a lifetime event where you get a start over and can restart processes. You'll see Bad Debt & Charity going up in the coming months.

Trustee Hite motioned, seconded by Trustee Mansell, to approve the June Bad Debt and Charity Care as presented. Motion carried.

Financials--June

June Admissions of 191 are up compared to budget and flat when compared to May. Patient Days are 653, an increase compared to May as well as compared to budget. Average length of stay is flat compared to May. Behavioral Health admissions are below Budget at 18. Legacy Admissions are down and that is intended. Robotic surgical cases are comparable to the previous month. June deliveries are up at 54 compared to May at 48. Lab tests are down slightly at 28,524 compared to the prior month. Pharmacy orders are comparable to budget at 31,649. Related to the Campbell County Medical Group: Cardiology visits of 1,033 are ahead of budget and the previous month. Family Practice is down compared to budget and to the previous month; largely related to some changes within the duties for certain providers, such as taking on medical director roles. June has 24 Radiation Oncology visits, reflecting the replacement/installation of the Linear Accelerator (LinAcc). Productive FTEs for the month are lower than the YTD, YTD is 867 and is favorable to Budget & Prior Year.

Days Cash on Hand is currently 138.5, which is a 27-day increase compared to this time last year and almost 35 days better than our low-point following the change in revenue



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cycle vendors in 2024. Current days cash is expected to double the Bond Covenant Requirement is 65 days cash on hand.

Total Gross Patient Revenue for June of \$32.5m is below budget by approximately \$1.4m. The variance can be attributed to a couple of providers no longer providing services at CCH. Discussion Prior Year Variance is nearly \$8m better than last year.

Total Allowances are unfavorable for the month of June and favorable for YTD, compared to the budget. YTD Charity of \$6.7m represented $\approx 1.6\%$ of Total Gross Revenue compared to budget which was set at 1.75% of Total Gross Revenue. YTD Bad Debt of \$15.4m represented $\approx 3.7\%$ of Total Gross Revenue compared to budget which was set at 3.2% of Total Gross Revenue. Management provided insight as to management estimates of A/R liabilities, in light of recent changes in Revenue Cycle vendors coupled with the Epic go-live, have been recorded rather conservatively to ensure proper coverage. YTD Contractual Allowances \$200m represented $\approx 48.2\%$ of Total Gross Revenue compared to budget which was set at 49.1% of Total Gross Revenue.

Total Net Revenue of \$13.7m for June is below budget by \$2.4m while YTD was below budget by \$1m. Total Net Revenue \$197m compared to Budget of \$198m both flat to Budget and Previous Year.

YTD Total Operating Expenses ended the year \$4.8m favorable to budget and almost \$6m better than the previous year actual expenses. Contract Labor high for the month. CFO Popp booked additional accruals to ensure we were covered for invoices that may come in after the year end. Medical Supplies are favorable to Budget. End of the Year Inventory in August came in favorable.

Discussion: regarding if CCH has experienced increased Tariffs on supplies? To date, CCH has not had any experience with Tariffs. Matt has been working with Legislatures to get CCH as sole proprietary to assist with qualifying for 340b. The 340b program as a whole is under attack. There is a movement to eliminate the program all together. Critical Access Hospitals' Budgets are largely made up of 340b Funds. CCH does not receive any so at this point it would not affect us. It is true to say that 340b is the right of selected hospitals to buy drugs at a deeper discount. It does not incur any tax dollars. it does not impact government budgets.

Total Expenses of \$18m on a Budget of slightly more, YTD Actual Expenses \$22m favorable to Budget of \$227m. Mill Levy ended the year just above budget by almost \$600k. Total Operating Income (\$24.5M) against a Budget of \$28.5m. YTD Revenue in Excess of Expenses reflect favorably to prior year actuals by \$3.9m. Beat last year by \$5m, that's 17% improvement.

The Mill Levy ended the year just above budget by almost \$600k.



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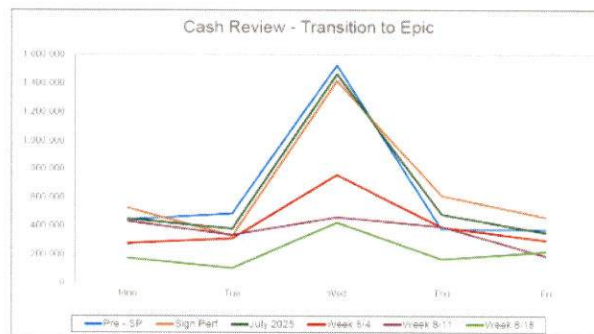
Cash in June was at \$9m compared to previous year at \$5m. Patient AR Net Allowances are down \$13m from the previous year, largely due to the change in Revenue Cycle to Signature Performance.

Moving forward, a summary of investment transfers into/out of will be presented to the Finance Committee.

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Investment Transfers - WGIF
Presented to Finance Committee

Date	Action	Amount	Comments
8/21/2025	Transfer Out	(\$2,500,000)	Epic / payroll week
8/13/2025	Transfer In	\$1,500,000	cash to WGIF
8/11/2025	Transfer In	\$1,000,000	cash to WGIF
8/6/2025	Transfer Out	(\$1,500,000)	Epic / payroll week
7/25/2025	Transfer In	\$1,000,000	cash to WGIF
3/27/2025	Transfer In	\$4,000,000	WREMS transfers / final WyoStar to WGIF
3/20/2025	Transfer In	\$16,370,000	Closed WyoStar / moved majority to WGIF

The Committee discussed average daily cash in light of the Transition to Epic.



Switching Rev Cycle Vendors takes at least 6 months for the new company to get their feed under them. Self Pay AR has grown significantly. Cash will be an issue. As we get into the issue of transferring more bad debt out. We are in a position that as we start transferring bad debt out of AR there is liability to offset on the



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Campbell County Health Patient Accounts Receivable Summary Liability Review

	FY 2025	FY 2024	FY 2023
Total Patient A/R	\$79,106,689	\$95,486,302	\$73,811,692
Total Liability Recorded	(\$57,935,288)	(\$55,304,630)	(\$42,283,742)
Liability percent	73.2%	57.9%	57.3%
Patient A/R - Insurance	\$46,327,136	\$72,526,296	\$51,489,150
Total Liability Recorded	(\$32,715,935)	(\$43,735,648)	(\$28,231,054)
Liability percent	70.6%	60.3%	54.8%
Patient A/R - Self Pay	\$32,779,553	\$22,960,006	\$22,322,542
Total Liability Recorded	(\$25,219,353)	(\$11,568,983)	(\$14,052,688)
Liability percent	76.9%	50.4%	63.0%

Liability recorded. YTD Deductions 54% actual 53.5% on an AR of \$1. Adam estimates collectability. As AR goes up and gets older, the more you must assume liability because you will not be as likely to collect. The graph is summary by payer by bucket over time. 46% is an estimate of uncollectible funds. We are a little heavy Auditors call that Conservative. We have time to fix what occurs due related to EPIC go live. The principal auditor is very comfortable with maintaining these liabilities because he understands the changes made.

Discussion: Trustee Hite and Trustee Hartsaw have celebrated the highs and lows of the organization, 200+ days on hand, the lows, policy changes, competition. Of note a 41% decrease this year is very substantial. That represents a mindset change throughout the organization. There has always been a quality stance by our staff, now it appears they are looking at that as longevity. That change of thought process starts at the top. Thank you for encouraging that change.

Trustee Hartsaw—when she looked at coming to Gillette, one of her classmates was here. She was told money grows on trees at CCH. Those days CCH was flush. Insurance paid great, coal mines paid great, mill levy was great. We were not smart; money was not managed as well. Kudos to the Executive Team about having staff involvement and buy in. What a dramatic improvement.

Trustee Hite motioned, seconded by Trustee Rice, to approve the June Finance Report Out as presented. Motion carried.

a. MSHRRRG Capital Call

Our profession malpractice program Mountain States Healthcare Risk Retention Reciprocal Group works as we all pile into a pool together to share losses and benefits. The benefit to CCH is when we went to market in December of 2023 to quote private malpractice insurance. The cheapest quote we found was nearly \$1m more compared to MSHRRRG. Some other members of the group have had very large losses. The asset pool is falling short of one of the recurrent ratios that we are required to maintain. The request is to share into Mountain States Healthcare into an account that is specific to CCH, \$646,462.68. The money goes



Campbell County Health

Excellence Every Day

to Mountain States and is held in an account designated to CCH, it is held and invested, as the program levels out, there will be a point we can request the money back or move it to a subscriber savings account, which also has interest bearing opportunities. With EPIC go live, we cannot pay all at once, they are willing to accept payments for the next 4 months. In 24-25 we saved \$2m. The next bid we got for our malpractice insurance was \$2.2m. The plan is falling a bit short. It is like raising premiums on personal insurance. If we do not move money over, we are covered through the end of year only.

Discussion: Where does the accrued interest go? It stays in the account. There is a discussion with the auditor regarding whether we will list it as an asset.

Discussion: Is this a one-time fee? Yes, this is a one-time fee. We will see a 15% increase in premiums. We saw a 15% decrease in premiums; it is going back up with the capital call. There have been some very very large settlements across the country this year.

Understanding this is not free for all to join the group, repeat offenders who receive bad settlements, they can be banned from the group. There are states that we will not engage hospitals in. New Mexico has no limits on civil cases. The new term is generational wealth; it's no longer a nuclear verdict.

Cheyenne and Jackson are in MSHRRRG, Montana, Colorado, Oregon, and one leaving from New Mexico.

Other perks of MSHRRRG: risk education and surveys without dues and premiums, a year ago we had a risk survey done, and they report back what CCH is doing to drive down risk. We have the ability to set our own coverage policies. First Payment is due at the end of September, October & December.

Trustee Biggs motioned, seconded by Trustee Mansell, to approve the Cash Call as presented. Motion carried.

J. Informational Items

a. Chairman's Report

- i. Recently in the press there has been a new hospital in Wyoming, Pinedale. They are now critical access hospital, that is very impressive to open a community-based hospital in these times. Kudos to them. There is also an additional clinic in Green River that is opening in partnership with Billings Clinic.
- ii. Yesterday's news was not good coming out of Minneapolis; Dr. Hartsaw is very grateful we live in Wyoming; we have the facilities



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we have, and we live in a community that keeps our community safe.

b. UCHealth Report

- i. EPIC is the biggest project we are working on together. Uchealth is working with CCH for CMO recruitment efforts.
- ii. Estes Park Health—Still working on that acquisition it is with Colorado Attorney General, and it is anticipated to be completed by end of the year.
- iii. UCHealth North has a magnet site visit at MCR this week; continued construction.
- iv. Diane attended the Wyoming State Trauma Conference in Cheyene and UCHealth was in attendance.

c. CFO Report

Rev Cycle: big milestones relevant to EPIC. On verge of sending out patient statements through EPIC. Magnet took over self-pay in February. We have been looking at gobs of claims since go live. Getting payors credentialed and getting confirmation through our clearing house and lock box. That is coming through this week and next week. Rev cycle cleared out 8k claims in the last 2 weeks. To bring us down on the professional billing side, we went from 8 days to 2 days of A/R. Pharmacy issues should be resolved and fixed issues to get things billed through EPIC. Kudos to Piper Allerd and Sarah Reynolds.

Accounting: The team got the EPIC to general ledger downloads working this week. We can now start producing financials, hope to have July and August at the September Board Meeting. Pework of the Audit is in high gear, we are way ahead where we were last year and the preliminary audit information will be submitted to Clifton on Friday, September 5, 2025.

HMR garage doors are going in and work on the oxygen room is almost done. Working on getting the permits from the city and we expect to be a couple months out on the install.

Physical Therapy—Volumes have returned to normal. Chelsey and her group will have a booth at Sports and Wellness expo. Kudos to Callee Catlin for obtaining her Certificate of Clinical Competence.

CCMG—Kim Schaefer started in Audiology. Interventional Cardiologist that will be renting space one day a week.



Campbell County Health

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Facilities—State Approval of retail pharmacy. Kitchen Fan was installed. Unidine did a great job during EPIC go live. MyDine is in place and running. Extended Unidine Leadership in the Kitchen at Legacy and they are settling in well. Legacy was awarded the most beautiful landscape by the City of Gillette.

d. CHRO Report

Childcare (School age program averaged 20 kids a day and will return next summer), Legacy (All Legacy dashboards met or exceeded goal for grievance resolution within the required timeframe per policy), Prof Development (Successfully tested 19 Certified Nurse Aid students in August note that 15 of those students were Campbell County High School students using the Kickstart Program (BOCHES funding), PTX (Improved *Communication about Medication* Domain for HCAHPS Scores by 3.5% Top Box and 12 percentile jump in ranking in the last year), Employee Health and Safety (Reestablished monthly safety committee meetings and departmental safety sweeps and set safety goals).

HR (CCH open Reqs 91, Legacy 48, CCH 23 travelers with 3 pending, Legacy 14 travelers with 12 pending), Employee Health and Safety (Working to increase the number of staff in the 1:1 pool to lessen the time we pull employees off the floor).

Legacy (Leadership and staff are involved in the Walk to End Alzheimer's Committee. Legacy is hosting a community BINGO fundraiser on 8/28/25. Resident experience surveys start 8/25/25. LTC surveys are not mandated at this time, but the survey follows the CAHPS survey. Has not been completed in 3 years), Prof Development (Trained 138 Legacy employees in Dementia Capable Care and is working on an application to officially designate The Legacy as a 'Dementia Capable Care Workforce'), Lab (New Pathologist Assistant has been a great asset to the CCH team and is doing a lot of networking to discuss services provided as well as additional opportunities) Employee Health and Safety (Preparing for flu season and training backup for the employee hotline).

HR (Building the applicant tracking system in UKG and 30-day new hire feedback mechanism and an introductory evaluation), Legacy (Pharmacy transition meetings daily for transition of CCH retail pharmacy. Increased cost savings for residents and Legacy with partnership of the retail pharmacy. Admissions remain on hold. Census 84 and goal was 80 to decrease travelers. Inability to decrease staff until the wing is closed. 9



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residents remain on Birch. 5 open rooms. Pending moves until more availability to decrease the risk of social isolation with only a few residents on Birch), Prof Development (Uploaded 165 Revenue Cycle (Clarivate) courses and we are working on a plan to make them available to staff and leaders), Rad (EPIC overall has made workflows better for Radiology. Example – CT workflow has decreased from working in 4 different systems to 2).

e. CNO Report

EMS—set record 1032 total calls in July (includes all bases and all services that generates run number). A grant funded project completed for needs assessment of EMS—should see those results in coming weeks.

Rad Onc—installation completed, state signed off, started treating pts with a phased approach per Varian recommendations

Inpt BHS—new CMS requirement for pt survey. Will start towards end of 2025 so that we have our process streamlined by Jan 1 when the reporting period starts. Data will be collected CY26 to be submitted in 2027 for potential impact in 2028. We will be able to track our progress through results from Press Ganey so that we are not always 2 yrs behind.

RN Residency—we have 17 new grad RNs joining us this yr. 13 from Gillette College. 7 were CCH employees who went back to school to become RNs.

Currently have 5 LPNs that were employed by CCH and now LPNs most of whom will become RNs.

5 International RNs have accepted offers on MS and ICU, awaiting arrival

ER- fast track room project will begin a redesign per state visit

Upcoming Surveys—Trauma Survey here Nov 10

Am Association of Pediatrics will be here to survey our Level II Nursery Nov 4 and 5.

f. CEO Report

Discussion: Trustees requested information related to the call center, wait time, FTE required to have a human answer and first call resolution industry standard.

Discussion: Physician Recruitment for local non-employed physicians. How has that changed? A little over 2 years ago a physician was in town, we



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were not recruiting them as we do not currently have a general surgery program. He got in contact with a private practice. We were then approached by that practice regarding the income guarantee model. We have engaged with other private practices to help the clinic and as the provider starts making money, the income guarantee is paid back to the hospital and the hospital is made whole again. Dr. Barber starts next week in the community. That is one of the assistance programs that is in the physician recruitment and retention program, but we are not sure that program will be able to continue.

That gentlemen when he was a resident, he did his residency at Matt's previous hospital and his sister competed in NHSFR in Gillette.

Briefly—regarding the events in Minnesota. CCH does a lot of drills and events, some people think it's a waste of time however, when things like that happen, and our hope is it's only ever a drill but if it were to happen, our staff is prepared.

It has been a long month since the last board meeting, the EPIC launch has taken up a lot of time. We have a lot of kinks to work out, a lot of improvements that will be coming down the line and talking to staff about what they can do is really positive.

We are very excited and remain thankful for Trustees support.

Difficult having financial information on a system that is this new is hard. Information from EPIC runs on 13-week intervals. Once we get to that point, we can start comparing ourselves to other EPIC implementations.

i. Upcoming Education Opportunities:

Wyoming Hospital Association Annual Meeting – Laramie, WY, September 3-4
AHA Rural Health Conference: Sun, Feb 08, 2026 – Wed, Feb 11, 2026

K. Adjourn

TRUSTEE MANSELL MOVED TO ENTER INTO EXECUTIVE SESSION AT 6:43 PM TO DISCUSS MEDICAL STAFF MATTERS – PURSUANT TO W.S. 16-4-405(A)(IX), W.S. 35-17-101 ET SEQ, W.S. 35-2-910 AND W.S. 35-2-618, CONFIDENTIAL PERSONNEL MATTERS AND ATTORNEY CLIENT INFORMATION – PURSUANT TO W.S. 16-4-405(A)(III), (VII) AND (IX) W.S. 1-12-102 AND W.S. 16-4-405(A)(VII) AND W.S. 16-4-



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405(A)(VII) AND TRADE SECRETS PURSUANT TO W.S. 40-24-101 ET SEQ. TRUSTEE BIGGS SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

Public Session was adjourned at 6:43 p.m.

TRUSTEE STUBER MADE A MOTION TO RETURN TO THE PUBLIC MEETING AT 8:24 P.M. TRUSTEE HITE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

Returned to Public Session at 8:24 P.M.

***Trustee Hartsaw declared a conflict of interest at left the room at 8:25 p.m. ***

TRUSTEE BIGGS MADE A MOTION TO APPROVE MEDICAL STAFF APPOINTMENTS AS PRESENTED. TRUSTEE MANSELL SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

***Trustee Hartsaw returned at 8:26 p.m. ***

TRUSTEE STUBER MADE A MOTION TO ADJOURN AT 8:27 P.M. TRUSTEE RICE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

A handwritten signature in blue ink, appearing to read 'Bill Rice', written over a horizontal line.

Bill Rice, Secretary

A handwritten signature in blue ink, appearing to read 'Jamie Kay', written over a horizontal line.

Jamie Kay, Recorder