



Campbell County Health

Excellence Every Day

Board Meeting Minutes

September 25, 2025

Campbell County Health Fifth Floor Classroom– 5:00 PM

[Meeting Link](#)

Attendance:

Trustee Murphy
Trustee Hartsaw
Trustee Hite
Trustee Mansell
Trustee Biggs

Matt Shahan, CEO
Adam Popp, CFO
Jamie Kay, Executive Assistant

A. Pledge of Allegiance

B. Call to Order

- a. Mission Statement
- b. Vision Statement

C. Roll Call

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 –[August 28, 2025](#)
- b. Board Committee Meeting minutes - only on months with a meeting
 - i. [Finance Committee](#)
 - ii. [Quality Committee](#)
 - iii. [Legacy Advisory Board](#)

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

F. Recognition Items

- a. Welcome Nicole Keesee, APRN
- b. Welcome Mason Stillman, MD
- c. Welcome Dan McKearney, MD
- d. Outstanding Community Health Award
- e. County 17's Best of 2025
- f. Gillette Area Leadership Institute
- g. WREMS Response Recognition
- h. Thank you to August & September Health Habits & Harmony Speakers
- i. Linear Accelerator Open House
- j. CCH Employee Movie Night
- k. First Annual Crisis Summit: Compassion without Collapse
- l. Hospice House Joint Venture



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G. Public Questions or Comments

Navar Holmes, is a Service-Connected Veteran, who expressed his concern regarding the preauthorization process related to seeing the cardiologist. Navar's preauthorization through the VA expired, and he was unaware. CCH is unable to request preauthorization, the patient has to, and Cardiology proceeded with the appointment and billed his secondary insurance. Navar was frustrated that CCH did not communicate with him that the preauthorization had expired and they had proceeded with the appointment. Navar expressed his concern related to the billing process from July 2024.

CEO Shahan addressed Mr. Holmes and we will be in touch with him this week.

H. Discussion Items

a. Board Quality Presentation – Tanya Allee

Tanya Allee's presentation focused primarily on HCAPS, Hospital Consumer Assessment of Healthcare Provider and Systems, an internal survey for MedSurg/ICU/Maternal Child. This is the very first CMS Survey released in 2005. It consists of 32 questions related to 9 Dimensions.

- 9 Dimensions
 - *Communication with Nurses*
 - *Communication with Doctors*
 - *Responsiveness of Hospital Staff*
 - *Communication about Medications*
 - *Discharge Information*
 - *Care Coordination*
 - *Restfulness of Hospital Environment*
 - *Cleanliness*
 - *Global Items*

This survey is distributed to all patients discharged home. The first survey is sent via email. If it goes unanswered, the survey is then mailed to patients.

The information is utilized by CMS to establish CCH's Star Ratings on the CMS Compare website. The CMS website reflects data that is about two years old. CCH has a 4 Star rating related to patient satisfaction. CCH had a 21% response rate, and the National Response rate is about 24%.

Each domain is broken down and compares CCH to National and State Responses. Most areas CCH is comparable or higher than national ranking and same is true for State Rankings.

Keeping that in mind, that Top Box Top Box scores only calculate the 9 and 10 ratings, whereas Favorable Responses calculate the 8,9, and 10 ratings.

Current internal star calculations conducted by our third-party vendor, specifically looking at current rolling calendar data. Current data (not on CMS website, between 9-19-24 to 8-30-25, CCH is very consistent at 4 stars



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overall. CCH has 4 stars in nearly all domains, there are a few areas that are 3 star and the global questions, rate the hospital and recommend the hospital are lower. The global ratings are what CMS uses to give an overview from the patient that rates the hospital as a general rating on a 0-10 scale.

The “Rate the Hospital” is scored as Definitely Yes, Yes, No, and Definitely No rating. “Definitely Yes” is the only rating that counts toward the Top Box Score, resulting in 59.4% for that category. Alternatively, Favorable Responses include 8s, 9s and 10s, placing CCH at close to 80%.

The “Recommend the Hospital” Top Box Score is 53.5% while the Favorable Responses came in at 93.4%.

HCAPS are the most formulated surveys that we have. The longest in state at this point, this survey is what CCH bases all our scores around.

Discussion: We can review most of the ratings that are mostly 4 and some 5 stars, however that does not seem to coincide with how the community rates the hospital or recommends the hospital. Is there a way to narrow why those discrepancies exist.

It is hard to determine the state of mind patients are in when they are answering the questions. Some research points to overall loyalty to the organization, trust and understanding of workflows of the organization are directly related to the recommend categories. Continuing to build trust with the community and loyalty and universal care from billing to care coordination, all of that comes into play when answering those questions.

Is there another scoring system that can be utilized? As frustrating as those numbers are, the comparisons are equally unfair across the board to all organizations. The favorable response is a much more accurate representation of the patient care and responses.

b. Community Scorecard—Trustee Biggs

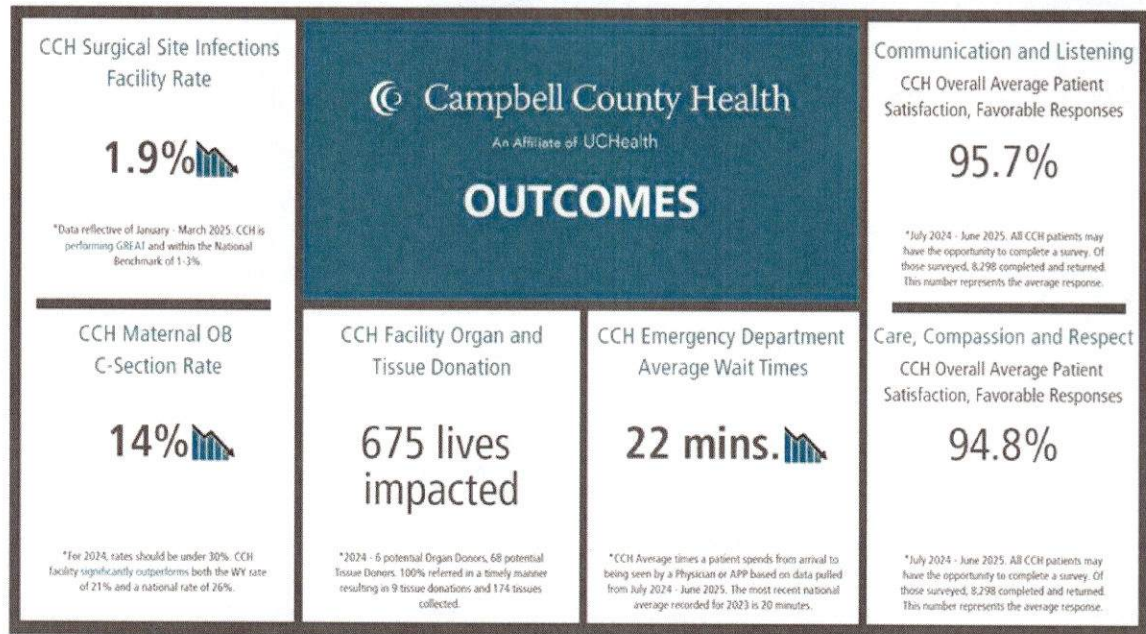
There are hundreds of quality measures that are tracked throughout the organization. Our goal is to increase community communication by rolling out, each quarter, the results of some of the measures.



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For the first community scorecard, the overall scores are greatly positive; we have areas for improvement and areas that we'd like to maintain the current level of care and success. This graphic will be on the main CCH website.



I. Action Items

a. [Finance Report Out](#)

Capital Budget

The EPIC Capital Project was previously approved for \$3,382,850. To date \$2,610,545 has been committed to implementing the various Interfaces.

EMS brought forward a Capital Request in the amount of \$1,363,064 for four ambulances. Previously, CCH applied for and was initially awarded \$3.8M from the Wyoming Department of Health - EMS Regionalization Pilot Project Grant. Subsequently, CCH received notice that this Grant was no longer being funded. CCH had placed orders for the 4 units requested above and decided to go ahead with the purchase and budget as part of FY26. Also, the manufacturer has announced a price increase for new orders. CCH is basically getting 4 units for the cost of three with consideration of the upcoming price increase.

Discussion: How many ambulances do we have? 18 in the fleet; we are replacing several that have been re-engine and remounted and have hundreds of thousands of miles. Is there a replacement schedule for all 18 ambulances? Yes.

Trustee Hite motioned, seconded by Trustee Hartsaw, to approve the purchase of four ambulances in the amount of \$1,363,064. Motion carried.

The July summary of the capital budget document was shared. No capital purchases have been brought forward in FY26.



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Bad Debt and Charity

July 2025: Charity \$520,276.21

Bad Debt \$94,774.15

Grand Total \$615,050.36

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.

Trustee Hartsaw motioned, seconded by Trustee Biggs, to approve the July Bad Debt and Charity Care as presented in the amount of \$615,050.36. Motion carried.

Financials--July

Days Cash on Hand is currently 145, July reflected a good cash month aiding CCH in nearly reaching our goal of having 150 days cash on hand at EPIC Go-Live.

Volumes and Stats are not available for these months; the training in Slicer Dicer to pull that information out took place this week.

Total Gross Patient Revenue for July of \$32.8m is favorable to budget by approximately \$822k. Charity came in slightly over budget, and Bad Debt came in slightly under budget. Given the recent Epic go-live, Allowances were booked somewhat conservatively resulting in being slightly unfavorable to budget. Total Net Revenue was \$15.4m against a budget of \$15.6m, slightly behind the previous July.

Total Operating Expenses are favorable at just over \$18m against a budget of \$19m. Non-Employed Physician Comp is unfavorable to budget, primarily related to Anesthesia Locums. Overall, Total Operating Expenses are favorable to budget by just under \$1m and favorable to the prior July by about \$600k. Operating Income (\$2.6m) compared to a budget of (\$3.4m), reflects favorably by almost \$800k for the month of July.

The Mill Levy came in slightly under budget.

Revenue in Excess of Expenses (\$1.4M) against a budget of (\$2m), slightly favorable by \$550k.

On the Balance Sheet, Cash & Equivalents for July reflect \$11.5m compared to the previous month of not quite \$9m. Total Assets reflect lower than a year ago, comparing FY26 July to the previous July, with favorable Cash and Unfavorable Net Patient A/R (reflecting the decline in A/R from MediTech). Relative to Epic, there are several Pharmacy claims that have not been released yet. Anticipate those claims likely will come through in September. Meditech AR is coming down faster than EPIC AR is growing. That is a large factor in the decline in assets.

Long Term Debt is reflecting current Principal Payment Amount; a portion is due in September and in November. Following those payments the Balance Sheet will be updated to reflect next year's Current Maturities Amount.



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Trustee Biggs motioned, seconded by Trustee Mansell, to approve the July Finances as presented. Motion carried.

Financials--August

The August summary capital budget document was shared. No capital purchases have been brought forward in FY26.

Bad Debt and Charity

August 2025: Charity \$404,534.48

Bad Debt \$2,814,596.94

Grand Total \$3,219,131.42

Charity leveled off compared to last month. Bad Debt has increased as we have sent out our first transmissions to Triple A Collections for Bad Debt collection outsourcing. Moving forward there will be weekly transmissions out of Bad Debt. Recall previous discussions regarding the Fair Credit Reporting Act and collection effort timelines starting over.

How is it possible to emphasize to the community that these numbers indicate what is given back to the community in charity care? That is a good question when we look at how fortunate we are for the tax dollars to come in; Mill Levy was \$17m last fiscal year; we had over \$20m in Charity and Bad Debt, that care is care that we cannot and will not collect on.

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

Days Cash On Hand 141, we expected to see a slight decline largely related to the EPIC Go Live.

Total Patient Revenue for August is \$36.5m on a Budget of \$36.3m, YTD compared to budget reflects favorably by nearly \$1m, although we are behind last year YTD.

Gross Revenue is positive. Deductions are off compared to Budget due to conservative Allowance accruals. Total Net Revenue YTD \$32.5 against Budget of \$33.2, unfavorable by about \$700k. August Operating Expenses YTD \$36m on a Budget of \$39m, and compare favorably to last year by \$1.5m. Total Operating Income YTD Loss \$3.5m on a Budget of \$5.7m so we are favorable \$2.2m.

The Mill Levy came in slightly under budget.

Revenue in Excess of Expenses YTD just under (\$1m) against a budget of (\$2.8m), slightly favorable by about \$1.9m.

On the Balance Sheet, Cash & Equivalents declined compared to the more favorable month of July, to \$8.7m. As stated previously, July was an unusually good cash month. Net A/R are starting to increase following EPIC go live.



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Discussion: Follow Up to emphasizing community aide. Is there another organization in the community that provides uncompensated care, and we are required to do so. As a non-profit organization we are required to provide care to all people.

Trustee Biggs motioned, seconded by Trustee Hartsaw, to approve the August Finances as presented. Motion carried.

The transfers in and out of the WGIF account are outlined below. To date CCH "owes" the investment fund approximately \$2.5m.

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Investment Transfers - WGIF
Presented to Finance Committee

Date	Action	Amount	Comments
9/17/2025	Transfer Out	(\$2,000,000)	Epic / payroll week
9/9/2025	Transfer In	\$1,500,000	cash to WGIF
9/3/2025	Transfer Out	(\$1,500,000)	Epic / payroll week
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

Pharmacy Project- Servicing Legacy and Retail-

Legacy was serviced by Geneva Woods; Geneva Woods was bought by Omni Care. The Casper servicing location was closed, and Geneva Woods began servicing the Legacy contract out of Billings, and it has not gone very well. A few years ago, there was some research into opening an MOB and opening a retail pharmacy; a lot of that output was based on maintaining 340b status. CCH lost contingent access (COVID-19) to 340b this past year. Considering our self-insured plan and Legacy's situation, it led us to look at opening a retail pharmacy again. Approval from the board for equipment and location has been approved. The data below addresses a request from a Trustee to memorialize the combined Pharmacy project in one review.



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Retail Rx Project - estimates

September 22, 2025

The Legacy began to experience difficulties in securing drug packs for their long term residents. Geneva Woods was bought out by Omnicare. CCH was notified that our primary servicing location (Casper), was closing, and that CCH would be serviced out of Billings, MT. Secondly, CCH has experienced numerous issues with our self-insured TPA, and management believes this is the right time to process Retail Rx for our own employees.

* Ultimate goal is to be able to roll-out Retail Rx services to the community (Impact not estimated).

Physical Space:

Parata	\$205,500	7 yrs
Construction	\$70,000	15 years
Cabinets	\$1,200	5 yrs
Other Equipment	\$25,000	5 yrs
Utilities	\$8,000	

Labor (initial state):

CCH Pharmacy Staff	\$278,200	2 FTE's
CCH Facility Labor	\$2,100	Various

Labor (future state):

CCH Pharmacy Staff	\$278,200	2 FTE's
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Drug Cost Structure:

Long Term Residents	\$295,000
Retail for Employees	\$2,000,000

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Initial State - LT Care Residents

Annual Estimates	Up Front \$	Annual \$
Construction	\$70,000	\$4,867
Cabinets	\$1,200	\$240
Other Equipment	\$25,000	\$5,000
Utilities		\$6,000
Labor		\$280,300
Total Est Annual Costs		\$296,207
Current Drug Costs thru Omnicare	\$295,000	
Estimated Savings from supplying drugs (20%)		(\$59,000)
Estimated Part D Rev	\$600,000	\$300,000
Estimated Net Savings Retail Pharmacy		\$62,793

The last page reflects the future state of Retail Pharmacy for our employees. Many of the costs are already accounted for in the LTC estimate.



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Future State - Retail Rx Services Annual Estimates	Up Front \$	Annual \$	
Parata	\$205,500	\$29,357	
Construction	\$70,000		Included in LT Care
Cabinets	\$1,200		Included in LT Care
Other Equipment	\$28,000		Included in LT Care
Utilities			Included in LT Care
Consumables		\$12,500	
Labor		<u>\$276,200</u>	
Total Est Annual Costs		\$320,057	
Current Drug Costs thru SBA (self insured)	\$2,000,000		
Estimated Savings from supplying drugs (25%)		\$500,000	
Estimated Net Savings Retail Pharmacy		\$179,943	

J. Informational Items

a. Chairman's Report

Thank you to CCH and the Trustees for allowing the Murphy Family time following Diane's passing. They have had experience with many lines of service throughout the facility. The care was exceptional; we should all be very proud of our hospital.

b. UCHealth Report

-Colorado Hospital Association meetings this week.

-Estes Park Health Acquisition was finally approved by Colorado AG. It will officially come under UCHealth Nov. 1, 2025.

-One of Banner's hospital's McKean Medical Center in Loveland, Colorado announced they'd be closing and laid off 390 employees. NCR is already at capacity and will still be taking on the community needs of Loveland. Another 100 beds will be opened in June.

-CCH specific, Diane is working with Matt related to CMO recruiting assistance. - Uchealth Annual Leadership meeting October 7.

c. Chief of Staff Report

-The bylaws committee met October 4, 2025 to make a hard push to get the accepted changes approved that both attorneys have suggested.

-Peer Review Committee has been revamped; it is now consists of two representatives from each department and should help with medical, practice and professionalism.

d. CFO Report

-EPIC Update: EPIC has a nice graph package and is most accurate at 13 weeks. The Rev Cycle team reviews the graph package weekly.

EPIC A/R: CCH is a bit high at 55; Top Box for other installs are 50 days.

Pharmacy related claims have been held since go live, because we needed to address the pricing model. Those claims were submitted this week, 4500 claims for about \$11.7m were submitted this week and the other \$10m are actively working to be submitted by next week. Professional Billing: sitting at EPIC A/R 44 days Top Box score is 44.9, even though CCH has experienced some hiccups, we have worked through them timely.



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Discussion issues and fixes are being caught quicker and fixed quicker with EPIC.

Discussion: Are you well within the timely billing for insurance companies? CCH has been in contact with the companies we are close on, and CFO Popp does not anticipate that being a problem. Rev Cycle has been proactive to try to prevent nonpayment due to timeliness.

e. CEO Report

The things we have been working on is well documented in our recognition items. Still a lot of EPIC.

Congresswoman Hageman stopped in and this is the 3rd visit that Congresswoman Hageman has made to CCH. Good conversations around EMS; Insurance reform, One Big Beautiful Bill; local and national issues. At the end of meeting they discussed 340B program—the ask is to get Sole Community Hospitals as part of the qualifications; if we were able to do that it would be \$3.5-\$4m assistance to CCH. Talked quickly on the One Big Beautiful Bill; a lot of information out there, but very little details; funds cannot be used to build buildings or renovate; for profit clinics and hospitals qualify for the funds even if they do not take Medicare and Medicaid. The funds will be given to the Department of Health and distributed based on the projects submitted, \$100m per year for the next 5 years. The receiving facilities will need to make sure the infrastructure is in place to ensure the project is sustainable long term and without the additional funds. DOH must submit the Wyoming's application. Matt has reached out to the college to discuss adding future programs the college. Wyoming is not great at network project, not many people want to work together.

The phone outage affecting CCH yesterday was a Verizon outage, it was not CCH related. Cell phones from the disaster preparedness were implemented.

Mychart See Your Bill went live and within 24 hours CCH started seeing payments come in.

i. **Upcoming Education Opportunities:**

AHA Rural Health Conference: Sun, Feb 08, 2026 – Wed, Feb 11, 2026

K. **Adjourn**

TRUSTEE HARTSAW MOVED TO ENTER INTO EXECUTIVE SESSION AT 6:36 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. 16-4-405(A)(VII) AND TRADE SECRETS PURSUANT TO W.S. 40-24-101 ET SEQ. TRUSTEE BIGGS SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.



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Public Session was adjourned at 6:36 p.m.

TRUSTEE MANSELL MADE A MOTION TO RETURN TO THE PUBLIC MEETING AT 8:37 P.M. TRUSTEE HITE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

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

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

TRUSTEE HARTSAW MADE A MOTION TO APPROVE CEO SHAHAN'S PERFROMANCE BONUS IN THE AMOUNT OF \$42,500 OUT OF A POSSIBLE \$50,000.00 TRUSTEE MANSELL SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

TRUSTEE HARTSAW MADE A MOTION TO ADJOURN AT 8:38 P.M. TRUSTEE HITE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.

Public Session was adjourned at 8:38 p.m.