

Minutes

Our Mission

Serving our community by providing a lifetime of care with dedication, skill and compassion.

Our Vision

CCH will be the first choice for healthcare and wellness in Wyoming by providing Excellence Every Day.

Our Values

Care: Relentless Pursuit of Safety and Quality

People: Fairness and Dedication

Service: Care and Compassion

Business: Fiscal Responsibility with Integrity and Transparency

Our Meeting Non-Negotiables: Be prompt and present; be kind and collaborative; **We Are CCH.**

Meeting Purpose: To provide updates, deliver announcements, solicit feedback, and share information, connect and engage.

Estimated Meeting Length: 8:00a.m. – 5:00 p.m. **Location:** Golf Course at Devil's Tower

Tom Murphy, Chairman
Sara Hartsaw, Vice-Chair
Randy Hite, Treasurer
Bill Rice, Secretary
John Mansel, Trustee
Angela Biggs, Trustee
Alan Stuber, Trustee

Matt Shahan, CEO
Adam Popp, CFO
Natalie Tucker, CNO
Dawn Hodges, CHRO
Jamie Kay, Executive Assistant
Tom Lubnau, Lubnau Law
Diane Zdziennicki, UCHealth

Pledge of Allegiance Mission Statement Vision Statement	Called to order at 8:30 a.m.
Roll Call	Jamie Kay called Roll, a quorum was present.
Approval of Agenda	TRUSTEE HITE MOVED TO APPROVE THE AGENDA AS PRESENTED. TRUSTEE MANSELL SECONDED. MOTION CARRIED UNANIMOUSLY.
Opening Remarks	
Consent Agenda	TRUSTEE HARTSAW MOVED TO APPROVE THE CONSENT AGENDA AS PRESENTED. TRUSTEE HITE SECONDED THE MOTION. MOTION CARRIED UNANIMOUSLY.
Approval of Minutes	<ul style="list-style-type: none"> • September Board Meeting Minutes • October Finance Minutes • Quality Meeting Minutes • Legacy Advisory Board
Recognition	
WE are CCH Recognition	6-Month Review: Celebrating Progress & Performance
Public Questions or Comments	<ul style="list-style-type: none"> • No public questions or comments.
Board of Trustees Policies	<ul style="list-style-type: none"> • QAPI (Quality Assessment & Performance Improvement Program) ***Attachment is current year QAPI Initiatives*** The Content of this policy was not changed. There were a few grammatical errors that were addressed. • Annual Budget Process Most of this policy is required by Wyoming Statute. No Changes were presented. • Board Evaluation No changes to policy. Trustees will be receiving a Board Survey between now and the December Meeting.

Expectation Legend: **FYI** – For Information; **FD** – For Discussion; **FA** – For Action; **DM** – Decision Needs to be Made

	<ul style="list-style-type: none"> • <u>Standing Rules on Allowing the Public to be Placed on Agenda of a Hospital Governing Board Meeting</u> No Changes to policy. • <u>Orientation & Continuing Education</u> No Changes to policy • <u>Scholarship/High School Student</u> Campbell County HS, Thunder, Westwood and Wright are included. Should we expand to include Hulett? Committee Chair Mansell encourages adding Hulett and additional scholarship. Change the criteria to expand from Campbell County. • <u>Governing Body Ethics</u> No Changes to policy. • <u>Strategic Comprehensive Plan</u> <ul style="list-style-type: none"> ◦ <u>Strategic Plan Comprehensive Comparison Attachment.pdf</u> Do not approve this Policy until the spring. <p>Trustee Hartsaw moved to approve the Board of Trustees Policies, QAPI, Annual Budget Process, Board Evaluation, Orientation & Continuing Education and Governing Body Ethics, Trustee Mansell seconded. Motion carried unanimously.</p>
<p>Community Health Needs Assessment (CHNA) – Implementation Strategy</p>	<p>Discuss <u>Implementation plan</u> and approve for publication.</p> <p>The meeting covered the presentation and discussion of the Community Health Needs Assessment (CHNA) and corresponding Implementation Strategy, which had previously been approved in June. The implementation plan outlines key community health priorities identified through data review, stakeholder surveys, and input from UC Health partners.</p> <p>Process Review</p> <ul style="list-style-type: none"> • The CHNA process began nearly a year prior, involving data collection, community surveys, and analysis of local demographics, risk factors, and socioeconomic indicators. • UC Health collaborated with Campbell County Health (CCH) and the marketing department throughout the process. • The survey had limited participation (fewer than 100 responses), which was noted as typical for such assessments.

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	<ul style="list-style-type: none"> Behavioral health emerged once again as the leading community concern, followed by maternal health, cardiovascular disease, cancer care, and chronic conditions. The implementation plan must be published publicly by November 15 per federal timeline requirements. <p>Remarks from UC Health</p> <ul style="list-style-type: none"> Colette Thompson, Senior Director of Community Health Improvement, emphasized that the CHNA and implementation strategy are federally mandated, two-part processes. She noted the document is <i>dynamic</i>—subject to updates as community needs evolve or as programs are evaluated for effectiveness. UC Health acknowledged the strong collaboration with CCH leadership and staff. <p>Key Priority Areas</p> <p>Behavioral Health</p> <ul style="list-style-type: none"> Continues to be the top community concern despite ongoing investment. CCH employs approximately 20% of Wyoming's psychiatrists. Recruitment efforts continue, including new psychiatrist hires and counseling services integrated into clinics. Access-to-care delays (4–6 weeks) remain a major challenge; CCH aims to shorten wait times through expanded staff and telemedicine. A Behavioral Health Steering Committee, led by Dr. Mansell, continues to coordinate with local partners. <p>Maternal Health</p> <ul style="list-style-type: none"> CCH averages 650 annual deliveries. Discussion noted the closure of several maternity units across Wyoming, creating regional “maternity deserts.” Planning for continuity of obstetrics services, physician retention, and succession is a priority.
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	<p>Cardiovascular Health</p> <ul style="list-style-type: none"> ○ High-risk population due to labor-intensive occupations and shift work. ○ Growing number of cardiology and vascular specialists entering the Gillette market, including local recruitment and outreach from Rapid City. <p>Cancer Care</p> <ul style="list-style-type: none"> ○ Improved oncology service access; previously 60-day referral delays have been reduced. ○ Ongoing monitoring of provider staffing needs due to rising cancer prevalence. ○ The linear accelerator investment was highlighted as a significant community benefit. <p>Chronic Conditions & Preventative Care</p> <ul style="list-style-type: none"> ○ Focus on early detection and data-sharing across care networks. ○ Emphasis on screening for social determinants of health within the EHR system. <p>Community and Legislative Context</p> <ul style="list-style-type: none"> • Concerns were raised about population growth projections (10–15K potential residents) and the need to plan ahead for infrastructure and provider expansion. • Discussion referenced the historical Miners' Hospital Fund, once used for statewide wellness testing. Participants noted lost funding due to legislative and union conflicts and suggested potential future legislative advocacy to reinstate community health screening programs. <p>Other Notable Points</p> <ul style="list-style-type: none"> • Ongoing community outreach includes: <ul style="list-style-type: none"> ○ Post-Overdose Response Team (Police, Fire, and Public Health partnership) ○ Health Advocates and Harmony Speaker Series ○ Lactation support and maternal education programs • The Plan of Safe Care initiative for postnatal safety was mentioned, though progress statewide has been limited.
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	<ul style="list-style-type: none"> Continued emphasis on recruitment as a central strategy to improve access to care. Technological innovations (AI tools) were discussed as supporting efficiency for providers rather than directly increasing appointment availability. <p>Trustee Mansell motioned, seconded by Trustee Biggs, to approve the Community Health Needs Assessment as presented. Motion carried.</p>
UCHealth Report	<p>UC Health Collaboration</p> <ul style="list-style-type: none"> UC Health representatives met with Campbell County Health leadership approximately three weeks ago for a partnership update and discussion on ongoing initiatives. Follow-up actions include updating presentation materials and continuing coordination between UC Health and CCH teams. UC Health will continue supporting Chief Medical Officer (CMO) recruitment efforts and related organizational planning. <p>Strategic Planning</p> <ul style="list-style-type: none"> Matt and Ray participated in recent weekly strategy sessions with UC Health, focusing on long-term strategic planning and alignment of upcoming initiatives. Collaborative efforts are underway to refine priorities and operational goals for the upcoming year. <p>CMO Recruitment</p> <ul style="list-style-type: none"> Two qualified candidates have been identified and advanced in the recruitment process. The position will remain open for a short additional period to ensure a strong applicant pool. The administrative team will conduct initial interviews virtually, with on-site interviews and Board participation anticipated in later stages. <p>Tele-Stroke Program Check-In</p>

	<ul style="list-style-type: none"> • The Telestroke Medical Director will visit on November 7 to meet with CCH teams and review program performance. • The session will focus on operational improvements, collaboration, and upcoming goals for the service line. <p>Academic and External Relations</p> <ul style="list-style-type: none"> • Early discussions are beginning regarding potential future partnership opportunities with EMS University.
Break	
Quality Update	<p>Dr. John Houk provided an overview of how patients perceive access/experience versus internal clinical quality, explain CMS programs and public ratings, review historical performance trends, and clarify roles of Medical Staff, Quality Committee, and Board in quality oversight.</p> <p>Framework & Context</p> <ul style="list-style-type: none"> • Patient “three-legged quality”: Right care, right time (access/throughput), right presentation (experience). Patients directly perceive access and presentation; “right treatment” is less visible to them. • CMS “three steps”: <ul style="list-style-type: none"> ○ Mandatory reporting with financial penalties for non-reporting. ○ Payment adjustments based on performance across multiple programs. ○ Public reporting via 5-star systems (overall hospital & HCAHPS). • Governance roles: <ul style="list-style-type: none"> • Medical Staff: Clinical competence/professional presentation oversight. • Quality Committee: Deep review of grouped and financially linked measures; questions to administration. • Board: Oversight of finances and quality; monitors access and public ratings. <p>High-Level Performance Highlights (historical; some metrics lag 1–4 years)</p> <ul style="list-style-type: none"> • HVBP: Long-term improvement with COVID-era dip; possible recent plateau. • Readmissions Reduction: Exposure only to penalties; performance described as “not too bad.” • HAC: Recent years incurred 1% payment loss (harm signals above peers).

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	<ul style="list-style-type: none"> • SNF VBP: Historically solid; downward trend noted. • Home Health: First substantial penalty year (~4%). • Dialysis (ESRD): Avoids bottom-15% penalty; mortality flagged for attention. • Public ratings: <ul style="list-style-type: none"> ○ Overall rating currently near a “D-level” equivalent. ○ HCAHPS overall favorable, but care rating and recommend trending down (brand/experience concern). • Grouped indicators: <ul style="list-style-type: none"> ○ Hybrid mortality: Above average (needs improvement). ○ Hybrid readmissions: Closer to/better than average. ○ Patient safety composite: Historically weak; recent improvement. <p>Operational Access & Throughput Observations</p> <ul style="list-style-type: none"> • Ambulatory clinics: ~50% of expected encounters (vs. peers), while wRVUs/encounter ~120% → suggests system/throughput constraints rather than provider under-production once patients are seen. • OR utilization: ~50% of typical utilization (indicative of capacity/process opportunity). • ED: Door-to-provider and LWBS trending adversely, aligning with lower satisfaction. <p>Discussion:</p> <ul style="list-style-type: none"> • Access barriers (historical anecdotes): Instances reported where patients were told “six weeks out” despite same-day openings—consistent with system issues rather than individual providers. • Productivity question (Dr. Hartsaw): Clarified difference between encounter volume and RVUs per encounter (low volume, higher intensity per visit). • Roadmap cadence: Chair noted ongoing collaboration with Dr. Houk to present metrics in manageable segments throughout the year. <p>Data Considerations</p> <ul style="list-style-type: none"> • Public CMS measures are lagging; internal data streams (Epic) should indicate current trajectory. • Benchmarking to national norms preferred over small in-state samples to avoid skew.
Chief of Staff Report	Bylaws Committee Update

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- The **Bylaws Committee** met approximately three weeks prior to this meeting.
- A list of 10–11 priority items identified by legal counsel was reviewed.
- The committee reached consensus on nearly all items except one, which required additional discussion between **the attorneys**.
- Their follow-up meeting was scheduled for the day of this report.
- Due to timeline delays, the **General Medical Staff Meeting** will be postponed until early spring (anticipated March–April).
- Once resolved, the updated bylaws will advance to the **Medical Executive Committee (MEC)**—tentatively **December 5**—before moving to the full medical staff for approval.

Peer Review Committee Redesign

- The **Peer Review Committee**, chaired by **Dr. Mohlman**, has been completely restructured and will convene as the new committee next **Tuesday**.
- Department chairs are appointing two medical staff members per department to broaden engagement and accountability.
- The goal is to transform the committee from a primarily **reactive** body—focused on behavioral or care issues—into a **proactive, educational, data-driven** one.
- Future peer review will emphasize quality improvement, comparative outcomes (e.g., infection rates), and recognition of exemplary provider performance.

Quality Data Integration

- The new structure will require expanded collaboration with the **Quality Department**.
- Quality staff will collect and analyze clinical data, share findings with the peer review committee, and relay results back to **Credentials** for use in re-credentialing evaluations.
- This process aims to identify both positive and negative provider trends and support a culture of continuous improvement.

	<p>Timeline & Regulatory Considerations</p> <ul style="list-style-type: none"> • Discussion noted potential DNP Survey focus on credentialing and compliance timelines, not specifically on the bylaws themselves. • Legal advisors have cautioned that non-enforcement of existing bylaws or outdated credentialing processes may create compliance risks. • The Board is mindful of ensuring current bylaws accurately reflect operational practice to avoid legal exposure. <p>Medical Staff Engagement</p> <ul style="list-style-type: none"> • Leadership emphasized maintaining transparency and communication with the medical community as updates progress. • The hospital's long-standing open-door policy for providers has supported community collaboration but also created challenges in quality oversight and credentialing consistency. • Some changes may affect current medical staff membership, but they are intended to strengthen quality assurance and regulatory compliance.
CNO Report	<p>Topic: QAPI, Workplace Violence, Behavioral Health, and Program Updates</p> <p>Quality Assurance & Performance Improvement (QAPI)</p> <ul style="list-style-type: none"> • FY25 Initiative: Monitoring for any <i>Epic implementation–related occurrences</i>. • Data timeframe: July 19 – October 22. • Top 5 Incident Categories: <ul style="list-style-type: none"> ○ FY2025: Employee (38), Safety/Security (32), Falls (31), Medication/Fluid (31), Provision of Care (22) ○ FY2024: Medication/Fluid (27), Employee (16), Surgery/Procedure (15), Fall (14), Safety/Security (12) <p>Ongoing Monitoring Focus:</p> <ul style="list-style-type: none"> • Medication overrides – improvement noted since Epic go-live.

- Provider order placement accuracy (correct department/location).
- Phase-of-care functionality to ensure continuity of orders.
- Participation in Epic update and optimization meetings.
- **Specimen labeling error rate:** July 2025 – 0.0066% (FY25 avg. 0.0101%; FY24 avg. 0.0089%).

Workplace Violence Monitoring

- **2024:** 94 reported cases
 - 11% resulted in injury
 - 45% of incidents involved individuals of sound mind
 - 7% worker-on-worker; 34% verbal only
 - 59% received follow-up support
- **2025 YTD (through September):** 102 reported cases
 - 19% resulted in injury
 - 36% of sound mind; 6% worker-on-worker
 - 29% verbal only; 67% received support

Most Frequent Locations:

- Legacy Campus – 42%
- Inpatient BHS – 16%
- Emergency Room – 14%
- Medical/Surgical – 13%

Reduction of workplace violence and support have been set as an active **goal area for FY25.**

Surveys & Regulatory Updates

	<ul style="list-style-type: none"> • Hospice Survey: Two findings identified. • Level II Pediatric Survey: Conducted by the American Association of Pediatrics on November 4–5. • Pharmacy: <ul style="list-style-type: none"> ◦ Wyoming Department of Health conducted a review for participation in a vaccine program. ◦ Board of Pharmacy completed a visit for the Retail Pharmacy inspection. <p>Behavioral Health Services (BHS) Grant</p> <ul style="list-style-type: none"> • Participating in CCBHC-PDI (<i>Certified Community Behavioral Health Clinic Planning, Development & Implementation</i>)—a SAMHSA-funded initiative. • Currently in Year 3 of a 4-year cycle; annual funding averages ~\$950,000. • Funds support expanded access, treatment programming, and staffing. • Wyoming does not yet recognize CCBHC certification; CCH is piloting the model to assess potential state adoption. • Certification focuses on meeting 9 core service areas, including crisis services, peer support, and case management. <p>Community & Program Updates</p> <ul style="list-style-type: none"> • Cancer Screenings: Event held in Newcastle on October 10; Radiology scheduled 7 mammograms from participants. Next screening event set for October 25. • Dialysis Services: Working group has developed a proposal for a new reverse osmosis (RO) system to support ongoing dialysis operations.
CHRO Report	Department Report – Informational Items

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	<ul style="list-style-type: none"> • Topic: Childcare, Emergency Preparedness, Legacy Living & Rehabilitation Center, HR/Recruitment, Professional Development, Radiology, and Resident Experience • Childcare Services • Kindergarten Readiness Screenings are underway to assess developmental preparedness and early learning needs of children enrolled in the program. • Emergency Preparedness • Conducted a full-scale Code Red and evacuation exercise at <i>The Legacy</i> on October 2, in partnership with the Fire Department, Public Health, and Emergency Management. • The exercise successfully tested emergency communication, evacuation procedures, and inter-agency coordination. • Legacy Living & Rehabilitation Center • Annual Health Survey (Sept 8–11, 2025): Four citations issued. • Life Safety Survey (Sept 16–17, 2025): Fourteen citations issued. • Emergency Preparedness Survey (Sept 17, 2025): One citation issued. • Two citations have been submitted for Informal Dispute Resolution (IDR); processing is delayed due to the federal government shutdown. • Clinical Quality Measures: • Significant improvement in infection prevention—urinary tract infection rate decreased from 5.88% in July to 0.41%, surpassing the state average goal of 2.45%. • Care Compare Ratings (suppressed due to Special Focus Facility designation): • Quality Measures – ★★★★★ • Staffing – ★★★★★ • Health Inspection – ★☆☆☆☆
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	<ul style="list-style-type: none"> • Projected Overall – ★★☆☆☆ • Human Resources • Current Openings: 89 total positions • Legacy: 43 • CCH: 46 • Travelers: • CCH – 15 active, 5 pending • Legacy – 15 active, 11 pending • Since Oct 1, 2025: 31 positions filled (13 external, 18 internal). • Applications received (Oct 13–20): 89. • Ongoing HR Initiatives: • Benefits redesign. • Implementation of UKG Onboarding and electronic personnel files. • Job description modernization project. • Legacy Recruitment & Retention Focus: • Retention bonus program for full-time CNAs at six-month and one-year milestones. • Launch of a competency-based precepting and orientation program. • Leadership hires: • Assistant Director of Nursing (ADON) – <i>hired</i> • Director of Nursing (DON) – <i>two finalists in final interviews</i> • Infection Preventionist (IP) – <i>offer extended</i>
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	<ul style="list-style-type: none"> • Professional Development • EMT Basic Course launched in February; 20 students enrolled with full financial support via grant funding. • Radiology Department • Ultrasound Evening Shift (3–11 p.m.) implemented September 22, 2025. • FY25: 59 patient transfers due to US/MRI/Echo limitations (13 Ultrasound). • Post-implementation: only one transfer related to Ultrasound. • Educational Partnership: Began October 1 with <i>Western Dakota Tech Radiologic Technology Program</i>; two students completing two-year clinical rotations at CCH. • New Service: <i>Total Body Composition Exams</i> launched May 2025, performed monthly; 23 exams completed (average 4.6/month). • Occupational Health: <i>OPI approved for NIOSH x-rays</i>. • Resident Experience Survey • Completed in October with a 66% response rate. • “Staff treat me with respect” – 68% <i>Always</i>, 32% <i>Usually</i> • “I feel safe in this facility” – 81% <i>Always</i>, 19% <i>Usually</i> • “Overall, I am satisfied with my experience” – 64% <i>Always</i>, 30% <i>Usually</i> • Results demonstrate strong resident satisfaction and continued emphasis on safety and respect within the facility.
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CFO Finance Report Out	<p>Capital Budget Status (FY26 to date)</p> <ul style="list-style-type: none"> • Committed: ~\$1.4M of \$4.8M capital budget (predominantly equipment incl. ambulances approved last month). • Contingency used: ~\$13K to date. <p>Capital Request: Mammography System</p> <ul style="list-style-type: none"> • Request: \$361,595 (budgeted at ~\$401K; favorable to budget). • Context: Planned replacement; current (≈2015) unit at end-of-support/parts. <p>Implementation: Expected delivery 6–8 weeks after approval.</p> <p><i>Trustee Hite motioned, seconded by Trustee Mansell, to approve the purchase of the new Mammography System as presented. Motion carried.</i></p> <p>Ambulances – Cost Adjustment</p> <ul style="list-style-type: none"> • Update: Final quotes for chassis/cots increased total by ~\$46,000 (incl. travel to retrieve units). <p>Funding: From capital contingency.</p> <p><i>Trustee Biggs motioned, seconded by Trustee Hite, to approve the modified amount for the purchase of the four ambulances as presented. Motion carried.</i></p> <p>Bad Debt & Charity – September 2025</p> <ul style="list-style-type: none"> • Charity Care: \$88,849.25 • Bad Debt: \$2,719,755.24 • Total: \$2,808,604.49 <p>Note: Higher bad-debt submissions expected for several months due to vendor transitions and Fair Credit Reporting timelines; longer historical view to be added in future packets for trend context.</p> <p><i>Trustee Hite motioned, seconded by Trustee Mansell, to approve the September Bad Debt and Charity Care as presented. Motion carried.</i></p> <p><u>Financials—September</u></p>
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CCH – September Financials & Operations (Overview)

Volumes & Throughput

- **Acute Admissions:** 221 (prior year Sep 2024: 183)
- **Acute Patient Days:** 629 (prior year: 616)
- **Average Length of Stay:** 2.8 days (prior year: 3.4)
- **Adjusted Patient Days (overall busyness): 932**

Surgical, OB, Clinics

- **Total Surgeries:** 191 (flat vs last month; below prior year 269)
- **Deliveries:** Down vs last month and below budget
- **Clinics:** Above August; below budget

Clinic Highlights

- **Wright Clinic / WIC:** Provider PTO impacted volumes
- **Nephrology / Geriatrics / Urology:** Strong months
- **Pulmonology:** Down (temporary schedule reduction related to Epic)
- **Family Practice:** Up (return from FMLA; Dr. Wilkerson joined)
- **Pediatrics:** Down vs prior month & year (two providers opened independent practices)
- **Kid Clinic:** Down (planned provider PTO)
- **Complex Med:** Better than August; below budget
- **Occupational Health:** Significantly up (employer wellness packages)

Capacity & Staffing

- **Productive FTEs:** 845 (prior year 861) – modestly lower, not concerning
- **Average Daily Census:** 23 (budget 28)
 - Discussion noted **Critical Access** status would be detrimental (would require >50% cuts in Maternal, Inpatient BHS, ICU beds/services)

Financial Position

- **Days Cash on Hand:** 139
- **Total Gross Patient Revenue:** \$35M (on budget)
- **YTD Gross Revenue:** ~\$1M below budget
- **Allowances:** ~50% vs budget 47.5% (heavier due to Meditech legacy run-out and conservative estimates)
- **Total Net Revenue:** \$16M (budget \$17M)

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Expenses & Income

- **Expenses:** Favorable to budget and prior year (month & YTD)
 - **Contract Labor:** +\$118K vs budget (month); +~\$100K YTD
 - Pressures in **Legacy, Maternal Child, IT**
 - **Non-Employed Physician Comp:** Over budget (primarily **Anesthesia locums**)
- **Total Operating Income: (\$1.3M) vs budget (\$2.0M)**
 - **YTD: (\$4.8M) vs budget (\$7.7M) (favorable)**
- **Mill Levy:** Up vs recent months
- **Revenue in Excess of Expenses: (\$46K) vs budget (\$540K)**

Balance Sheet & Insurance Note

- **Assets Whose Use Is Limited:** Now includes **MSHRRRG Capital Call** line item.
- Prior market check indicated MSHRRRG remained materially favorable: closest alternative **+\$1M**; next **+\$2M** higher than MSHRRRG.

A summary of investment transfers into/out of will be presented.

Campbell County Health
Investment Transfers - WGIF
Presented to Finance Committee

Date	Action	Amount	Comments
10/16/2025	Transfer Out	(\$1,000,000)	Epic Revenue Cycle efforts - catch-up
10/8/2025	Transfer In	\$4,000,000	Epic Revenue Cycle efforts - catch-up
10/1/2025	Transfer Out	(\$2,000,000)	Epic / payroll week
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

Transfers out/in due to
Epic go-live - (\$1.5m)

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

Meditech A/R Trends

- **Meditech represents ~80%** of total organizational A/R.

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- Historical review shows **2024 increased over 2023**, correlating to the **first six months after Signature replaced Ensemble** as the revenue cycle vendor.
- **FY25 A/R: \$64 million → Mid-October 2025: ~\$31 million.**
- **Primary driver of decline:** Reduction in **self-pay** accounts as older balances clear.
 - FY25 self-pay initially rose due to vendor transition timing.
 - Currently self-pay sits near **\$23 million**.
- **Allowance levels:**
 - Insurance: **62%**
 - Self-Pay: **90%**
 - Combined: **~72%** allowance for doubtful accounts.
- These reserves ensure sufficient liability coverage for potential write-offs as CCH continues the Meditech wind-down.

Campbell County Health Meditech A/R Workdown

	FY22	FY23	FY24	FY25	Mid-October Meditech	% Decline	Liability Allowance
Blue Cross Blue Shield	6,321,668	4,947,719	10,856,816	5,998,566	768,882	87.2%	62.1%
Commercial (catch all)	8,896,677	9,808,788	32,903,447	11,675,712	3,292,363	71.8%	
Medicaid	6,511,974	6,984,621	5,164,597	3,707,214	2,261,076	39.0%	
Medicare	11,583,578	6,753,478	17,825,372	9,124,004	1,323,303	85.5%	90.2%
Self Pay	17,105,201	20,744,020	2,026,710	33,084,141	23,352,593	29.4%	
Total	50,419,099	49,238,626	68,776,941	63,589,636	30,998,216	51.3%	

- **EPIC Hospital Billing (HB) Stabilization:** Data current through October 10.
 - **EPIC A/R Days:** 54 (benchmark 55).
 - **Total A/R Days (including legacy):** 89.5.
 - **Denial Rate:** Increasing as claim volume rises.

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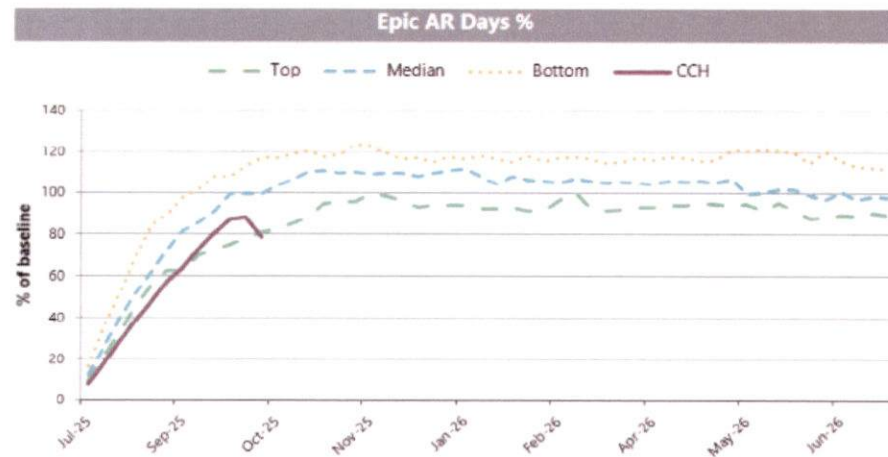
- **CFB (Consider for Billing):** Stable after pharmacy claim release; overall trending positively.

- **Meditech Legacy A/R:** Approximately 80% of total A/R, steadily declining.

week #12

CCH HB Stabilization

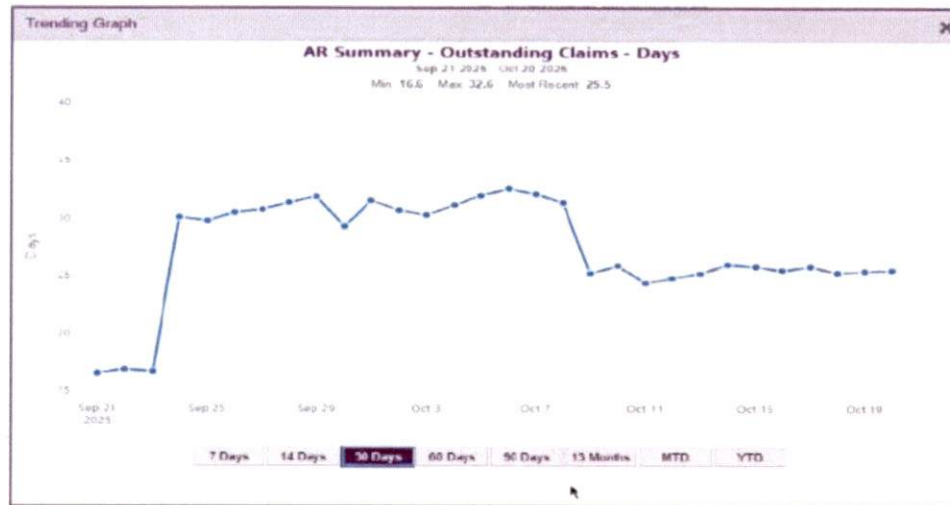
Metric	10/10	10/3	9/26	9/19	9/12	9/5	8/29	Top	Median	Bottom
Epic A/R days	53.9	60.5	59.6	55.0	49.8	43.3	38.9	55.3	68.0	79.7
Total A/R days	89.5	98.4	99.6	97.5	95.1	90.6	87.3	80.0	88.4	94.8
CFB days	17.5	18.7	18.0	30.0	33.4	29.9	24.9	8.0	13.1	18.1
Claim Edit days	2.7	2.6	4.5	7.8	23.2	20.7	18.9	2.1	3.8	9.4
Uncoded CFB days	5.9	5.9	5.0	5.5	5.2	4.6	3.7	1.3	2.4	5.0
Open Denial days	1.6	1.0	0.6	0.4	0.2	0.3	0.1	1.1	1.8	2.4
Primary Denial Rate %	13.2	12.6	10.2	10.3	8.4	8.8	9.9	10.6	14.5	19.5



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The A/R spike before September 2 was the release of Pharmacy Claims and some BCBS payments came in that caused A/Rs to dip around October 8 largely related to the pharmacy claims.



EPIC Implementation Financing Overview

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- When CCH entered into the **UHealth EPIC partnership**, an **estimated down payment** was established to cover implementation and go-live costs.
- CCH has been making **installment payments**, leaving an outstanding balance of approximately **\$3.4 million**.
- **UHealth** is currently conducting a **true-up review** of all project invoices and related expenses to confirm the final amount owed.
- Until that reconciliation is complete, **\$3.4 million** remains the **working estimate** for the balance due.
- **UHealth Risk Advisors** quoted a **9.58% interest rate** should CCH choose to finance the balance directly through UHealth.
- Given the high rate, **CFO Popp evaluated alternative financing options** through outside lenders to reduce cost and preserve cash flow.
- From a management standpoint, **CCH acknowledges the liability** for the implementation costs but aims to **secure a more favorable financing structure** than UHealth's offer.

	Assumptions	Total Project	Initial Period	Secondary Period
Start Date		1-Jul-23	1-Jul-23	8//1/25
Periods (months)		72	24	48
Implementation \$\$		\$ 6,246,813	\$ 2,100,000	\$ 3,417,383
Down payment % **10% of original project estimate	\$7,294,302	**		
Down payment \$		\$ 729,430		
Year One payments				
Interest Rate			0%	9.58%

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Option 1:

UCHealth Payment Terms

- Loan interest rate of 9.58%
- Flexible on terms
- No impact to CCH Investments
- No Prepayment Penalty

Term	Loan Balance	Mthly Pymts	Interest Paid	Investments	Overall Net Impact
4 yrs	\$3,417,000	\$85,986	\$709,945	\$0	\$709,945

Option 2:

First Interstate Bank Wealth Mgmt Account/Loan

- Required to Open WM Account - \$5M (fee reduction)
- Loan interest rate of ~ 5.90%
- Interest earned net of fees - est 3.32%
- No Prepayment Penalty

Term	Loan Balance	Mthly Pymts	Interest Paid	Investments	Overall Net Impact
4 yrs	\$3,400,000	\$79,693	\$425,279	(\$156,932)	\$582,211

Option 3:

Use investment dollars to create CD to secure a loan from First Interstate Bank.

- CD amount - Dollar for Dollar (no leverage)
- CD term locked
- Loan interest rate 2.75% over CD rate
- Forego interest from WGIF
- Low interest on secured amount
- No Prepayment Penalty

Term	Loan Balance	Mthly Pymts	Interest Paid	Investments	Overall Net Impact
4 yrs	\$3,400,000	\$75,332	\$215,930	(\$547,835)	\$763,765

Trustee Hite made a Motion to approve, on behalf of CCH, Matt S. (CEO) and/or Adam P. (CFO) moving forward with Financing - Option #2 as presented, acknowledging final rates and fees may differ slightly. CCH will transfer monies from their Wyoming Government Investment Fund (WGIF) account to First Interstate Bank Wealth Management Group (FIBWM) to secure a loan for the purpose of satisfying the remaining balance of the initial amount due to UCHealth for Epic. Trustee Mansell seconded, Motion passed.

Campbell County Health Summary - LT Debt and Financing

		Note	Start	Down Pymt	Avg Mthly	24 Pymts	36 pymts	48 pymts	60 pymts
Surgical Robot	Intuitive Surgical	5 yr term	Apr 2024	\$0					\$38,387
Linear Accelerator	Siemens Financial	5 yr term	Oct 2025	\$300,000		\$50,000	\$86,202		
FIB Loan	Epic Finance (initial pymt)	4 yr term	Oct 2025					\$79,693	
2013 Bond	LT Debt (revenue bonds)	ends FY29			\$160,395				
2017A Bond	LT Debt (revenue bonds)	ends FY32			\$195,865				
2017B Bond	LT Debt (revenue bonds)	ends FY38			\$88,774				

Campbell County Health Summary - LT Debt and Financing

	FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30	FY 31	FY 32	FY 33	FY 34	FY 35	FY 36	FY 37	FY 38
Surgical Robot	\$38,387	\$460,646	\$460,646	\$460,646	\$460,646	\$345,464									
Linear Accelerator			\$450,000	\$600,000	\$925,819	\$1,034,426	\$1,034,426	\$258,806							
FIB Loan			\$717,240	\$956,320	\$956,320	\$956,320	\$239,080								
2013 Bond	\$1,924,562	\$1,924,302	\$1,922,833	\$1,925,085	\$1,925,903	\$1,925,555									
2017A Bond	\$2,344,717	\$2,347,804	\$2,344,102	\$2,343,613	\$2,346,180	\$2,346,725	\$2,482,477	\$2,346,673	\$2,345,921						
2017B Bond	\$1,066,913	\$1,066,094	\$1,063,531	\$1,068,031	\$1,066,500	\$1,064,031	\$1,065,531	\$1,065,906	\$1,065,156	\$1,063,281	\$1,065,188	\$1,065,781	\$1,065,063	\$1,063,031	\$1,064,594
Totals	\$5,374,476	\$5,800,845	\$6,956,352	\$7,353,685	\$7,681,457	\$7,672,541	\$4,821,514	\$3,671,186	\$3,411,077	\$1,063,281	\$1,065,188	\$1,065,781	\$1,065,063	\$1,063,031	\$1,064,594

The above is informational items related to current Debt and Financing and specifics to what each financed line is related to.

CEO Report

CCH – Informational Overview Stillwater Hospice Transition

- **Stillwater Hospice** representatives have visited CCH several times in recent weeks to meet with staff.
- Some **CCH hospice employees** have indicated intent to transition to Stillwater.
- Feedback from staff who met with Stillwater has been **positive toward CCH's benefits**.
- **Operational transition date** has not yet been determined.
- **Outpatient and hospital hospice services** are expected to transition first.
- Discussions with Stillwater are ongoing regarding **support services** CCH may provide (e.g., **EVS, snow removal, medical directorship**).
- **Rental cost per square foot** is being developed to determine fair lease rates.


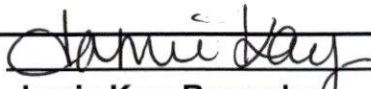
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- **CCH will not be responsible** for any Hospice House renovation or upgrade costs.
- **Rural Health Transformation Fund (RHTF)**
- **Wyoming** has until **mid-November** to submit its state application; if approved, the state could receive **\$100 million** from the federal program.
- **Year One** funding is the only guaranteed disbursement; future funding depends on federal satisfaction with state utilization.
- The remaining **\$5 billion** nationally will support **large-scale rural healthcare improvement projects**.
- **Eligible uses:** renovations (not new construction), **workforce development**, and community health infrastructure.
- **CEO Shahan** has met with the **college president** to discuss potential academic partnerships for workforce expansion.
- **Wyoming DOH** is currently inundated with vendor inquiries.
- **Independent governance structures** of Wyoming's healthcare organizations may complicate fund distribution.
- **Legislative approval** is required for allocation of funds; **DOH** may retain up to **10%** for administrative costs, though they have indicated they likely will not.
- **Epic-related expenses** are **not reimbursable** under this program.
- Funding could support **remote patient services**, **emergency medical programs**, and similar initiatives.
- Discussion noted concern about **regional collaboration resistance** and potential for funds to be directed toward **UW's PA program**, which could **benefit Northern Colorado's workforce** more than Wyoming's rural hospitals.
- Consideration also given to **renovating existing CCH facilities** as an eligible project focus.
- **EPIC Executive Dashboard**
- **CEO Shahan** presented the **EPIC Executive Dashboard**, highlighting data analytics and visualization capabilities.
- Discussion focused on:
 - The **breadth of available data** and the importance of extracting the **most relevant insights efficiently**.
 - The need to **balance analysis time** with actionable decision-making.
 - Upcoming **new tools** that will improve data mining and workflow efficiency.
- Question raised about **patient data housed in Meditech**: CCH is working with a vendor to **consolidate historical Meditech and EPIC data** into a **single archive system**.
- **Medical record retention schedules** will vary by **patient type and regulatory requirements**.
- **Spring Strategy Session**

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	<ul style="list-style-type: none"> Leadership will confirm hotel availability and pricing before finalizing session dates for the upcoming Spring Strategic Planning Retreat.
Adjourn to Executive Session	
	<p>Trustee Hartsaw moved to enter Executive Session at 2:24 p.m. 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)(ix) W.S. 1-12-102 and W.S. 16-4-405(a)(vii) and Trade Secrets Pursuant to W.S. 40-24-101 et seq. Trustee Hite seconded the Motion and Motion carried unanimously.</p>
	<p>Public Session was adjourned at 2:24 p.m.</p> <p>Trustee Hite Motioned to return to the public meeting at 4:26 p.m. Trustee Hartsaw seconded the motion. Motion carried Unanimously.</p> <p>Returned to public Session at 4:27 p.m.</p> <p>Trustee Hartsaw motioned to approve Medical Staff Appointments as presented. Trustee Stuber seconded the motion. Motion carried unanimously.</p> <p>Trustee Mansell motioned to increase CEO Shahan's base salary in Year 1 to \$530,795 and in Year 2 to \$560,500, with bonus provisions remaining unchanged, and direct legal counsel to work with UCHealth to prepare the appropriate documentation. Trustee Hartsaw seconded the motion. Motion carried unanimously.</p> <p>Trustee Hartsaw motioned to adjourn at 4:31 p.m. Trustee Mansell seconded the motion. Motion carried unanimously.</p>

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	 Bill Rice, Secretary	 Jamie Kay, Recorder

Next Meeting (date/time): December 4, 2025, at 5:00 p.m. in the CCH 5th Floor Classroom

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