Public Hospital District 3 of Pacific County
Ocean Beach Health
BOARD OF COMMISSIONERS MEETING
July 23, 2026

AGENDA	DISUSSION / CONCLUSION	RECOMMENDATIONS / ACTION / FOLLOW-UP
CALL TO ORDER	The Public Hospital District 3 of Pacific County Board of Commissioners Meeting was called to order July 23, 2026, at 4:00pm by Nancy Gorshe. Commissioner's present: Nancy Gorshe, Chairperson Ariel Smith, Secretary, Commissioner Elise Chayet, Commissioner (Zoom) Sandy Stonebreaker, Commissioner Excused Absence: Madeline Matson, Commissioner Also, Present Merry-Ann Keane, CEO (Zoom) Brenda Sharkey, CNO Dr. Gerald Weaver, Chief of Medical Staff Eric Volk, CFO Tammie Jefferies, Chief of Staff Christine Bighaus, Sr. Director of Risk Compliance Terri Morris, HIM/IT Manager Jennifer Barth, Controller Hilda Barnum, Ancillary Manager (temporary) Eddie Hillard, Ilwaco Mayor	
Comments from Citizens and Guests	Lunden Kennedy shared that he is with the Democratics of Pacific County and they would like to be introduced to the five new providers.	
CONENT AGENDA	Nancy shared moving forward under the consent agenda resolutions and vouchers will be	A motion to approve the Consent

Agenda July Leadership Communication OBH	added to the consent agenda.	Agenda Sandra Stonebreaker; Elise Chayet seconded. The motion passed by unanimous vote.
Board Education	Education: 7 Highly Effective Habits – Habit 5 presented by Stacey Brown.	
Board Calendar	Board Meeting Committee Schedule: Meetings will be held via Zoom and In-Person Capital Projects Committee – 7/10/2026 11:00am Foundation Meeting – 7/8/10 1:00pm Environment of Care – 7/152/26 2:00PM Quality Committee – 7/15/2026 12:00PM Strategic Planning Committee – None Finance Committee – 7/16/2026 Government Relations Committee – 7/22/2026 Board Meeting - 7/23/2026at 4:00PM	
Medical Staff	Medical Staff – Credentialing: Appointments Dr. Kirpal Clark, MD Emergency Medicine Courtesy 2 years Dr. Mikhail Podlog, DO Emergency Medicine Courtesy 2 years	A motion to approve the appointments were made by Ariel Smith; Elise Chayet seconded. The motion passed by unanimous vote.
Quality Report	Quality Report: Elise shared the committee reviewed and approved 3 policies. They looked at the Quality Metrics dashboard. Christine presented the Executive Summary and Scorecard, highlighting successes and opportunities. The ED Bounce Back meeting was productive and an effect on ED return visit measures is anticipated as meetings continue monthly.	
Foundation	Carol reported the foundation raised over $100k for the Women's and Children's clinic. The fund-raising event for the Women's and Children's clinic is the golf tournament. The foundations next fundraising will go towards a new MRI.	
EOC Report	Sandy referred to EOC report.	
Strategic Planning	The committee did not meet.	
Capital Projects Committee	Elise referred to Merry-Ann for her report.	
Government Relations Committee	The application for the UW Residency Program was submitted today. We are continuing to explore the Residency program using the RHTP funds.	
Resolutions	Resolution 2026-04 Resolution 2026-05 Resolution 2026-06	A motion to approve the Resolutions was made by Sandra Stonebreaker; Ariel Smith seconded. The motion passed by unanimous vote.
Finance Report June	Eric Volk presented the June Finance report.	

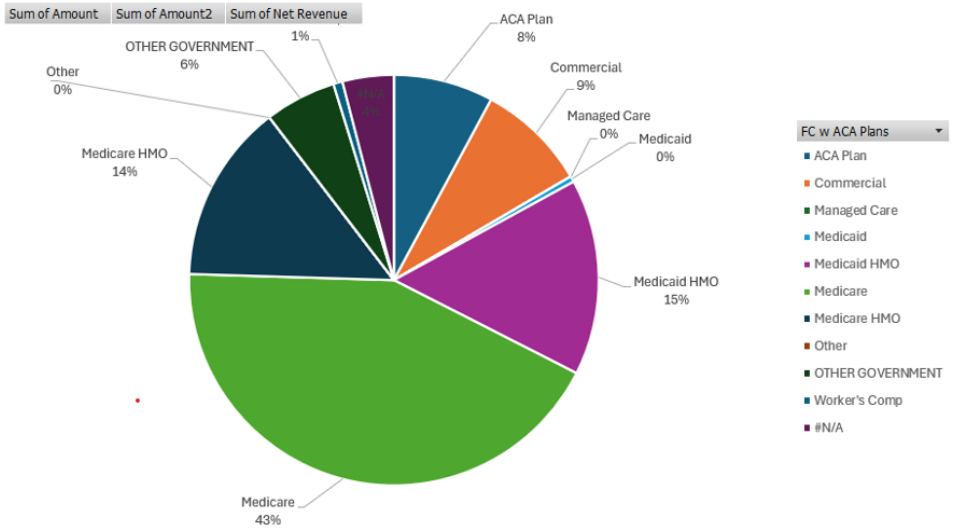
	June Vouchers: 68253 thru 68588 Total Distribution Accounts Payable $1,541,751.10 General Account – including ACH Transactions & Wires 6033 &6034 Net Wages including direct deposit transactions $2,733,946.81 Total: $4,275,697.91 June Finance Review Operating Margin -0.8% Total Margin 3.7% Unrestricted days cash on hand: 63 Inpatient Admissions: 18 Inpatient Length of Stay: 5.2 Swing Bed Admits: 4 Swing Bed Length of Stay: 9.01 Acute Patient Days: 127 Swing Bed Patient Days: 35 Days Net A/R Days: 79 Debt Service Coverage: 1.57 Inpatient Revenue: $633,767 YTD: $3,512,962 Outpatient Revenue: $5,321,850 YTD: $29,746,042 Clinic Revenue: $465,516 YTD: 2,588,220 Charity Care: $56,163 YTD: $02,623	A motion to approve the May vouchers was made by Ariel Smith; Sandra Stonebreaker seconded. The motion passed by unanimous vote.

6/30/2026	**Month-End**		**6,992,493**	65	Days/Cash
	Inflow (remits)		2,680,546		
	Outflow (AP/Projects)		(761,952)		
	Payroll/Benefits		(1,472,035)		
	Misc (340b/SNAP)		139,119		
	MTD (net)		**585,679**		
7/23/2026	**Cash Balance**		**7,578,172**	70	Days/Cash
July/August	SNAP Estimate		281,970		
2025 MCR Cost Report Receivable			995,762		
2026 Medicare Lump Sum (estimated)			400,000		
12/31/2025	Gross AR	9,419,907		51	Days/AR
7/23/2026	Gross AR	15,888,165		85	Days/AR
	Variance	**6,468,258**			
	Estimated Net (50%)		3,234,129		
	Projected (July/Aug)		**12,490,033**	116	Days/Cash
Date	Gross Charges MTD	Month-End Projection			
7/23/2026	4,665,463	6,574,062			
Previous July Max (2025)		6,644,159			
Previous all-time Max (July of 2025)		6,644,159			

Cash decreased by $(880k). Net accounts receivable increased by $1.268k Non-depreciable capital assets increased by $87k due to the ongoing projects. $45k Long Beach Clinic and $111k OR Modernization/Air Handlers. Nursing Station/Pharm $15k.

2024 Charity Care Total: $635,000: $52,917/month
2025 Charity Care Total: $907,809: $75,651/month
2026 YTD Charity Care Average: $51,132

Sum of Total Account Balance		Medicaid Payer
Financial Class	Total	Secondary
MEDICARE	6,752,033	575,194
COMMERCIAL	2,950,052	172,350
MEDICAID HMO	2,371,350	
MEDICARE HMO	2,254,239	886,962
OTHER GOVERNMENT	1,012,501	15,694
SELF-PAY	695,421	
WORKER'S COMP	380,007	863
MEDICAID	170,851	
OTHER	27,353	
Grand Total	**16,613,806**	**1,651,063**
MCD Crossover Percentage		10%



Sum of Amount	Months (Post Dt)								
FC w ACA Plans	Jan	Feb	Mar	Apr	May	Jun	Grand Total	YTD	PY YTD %
Medicare	1,975,233	2,522,100	2,635,938	2,698,161	2,506,383	2,568,433	14,906,248	42%	44%
Medicare HMO	872,586	963,918	1,075,396	1,085,483	1,029,261	1,185,787	6,212,432	17%	16%
Medicaid HMO	722,945	966,110	1,013,015	1,020,237	1,003,350	972,551	5,698,208	16%	13%
Commercial	474,889	564,687	475,936	492,391	532,515	582,762	3,123,181	9%	8%
ACA Plan	401,523	323,550	404,886	474,001	436,515	451,775	2,492,251	7%	7%
OTHER GOVERNMENT	221,735	275,454	315,793	229,433	301,072	354,995	1,698,483	5%	6%
Self-Pay	224,304	217,598	245,503	243,576	208,547	247,187	1,386,715	4%	4%
Worker's Comp	36,052	51,340	29,764	35,409	35,620	21,447	209,634	1%	1%
Medicaid	14,311	14,075	12,681	14,716	25,617	18,178	99,580	0%	0%
Other	1,820					18,016	19,836	0%	0%
Grand Total	**4,945,399**	**5,898,833**	**6,208,914**	**6,293,407**	**6,078,881**	**6,421,133**	**35,846,567**	**100%**	**100%**
ACA %	8.12%	5.48%	6.52%	7.53%	7.18%	7.04%	6.95%		
2025 Monthly ACA	432,241	481,233	422,914	406,659	409,039	359,895	**2,511,981**		
2025 Monthly Gross Re	5,963,715	5,586,041	5,592,578	5,501,185	5,616,176	5,464,642	**33,724,338**		
ACA %	7.25%	8.61%	7.56%	7.39%	7.28%	6.59%	7.45%		
Year-over-Year $$	(1,018,316)	312,792	616,335	792,221	462,705	956,491	2,122,228		
Year-over-Year %	82.92%	105.60%	111.02%	114.40%	108.24%	117.50%	106.29%		

Long Beach Clinic	
Remodel Phase 1 + Equipment	124,701
Remodel Phase 2	311,789
Total	**436,490**

CEO Report

The District's work over the past 22 months has created the momentum required to a future of sustainability. Financials are starting to rebound after implementation of our revenue cycle contract change in January; new providers are coming online across clinics to increase access; and bond and District funded construction projects are moving forward.

Financials: Financial performance has shown slow but steady improvement showing an increase of $140K this month; this does not alleviate our FY shortfall, but we are closing the gap. The OBH team continues to work with R1 to ensure reduced AR and recovery of billed receivables. CMS has given OBH a violation notice based on "Price Transparency" files on our website. A CAP has been created and approved by CMS. Work on all aspects of the CAP have been completed or are under completion.

Operations and Capital Projects: The HVAC project is well underway. The HVAC equipment has been delivered to our contractor. Long Beach Clinic is receiving the last touches to allow providers to utilize phase 2 of the renovations. The grand opening has been set for August 27th at 2 pm. The WSHA funds for RHTP applications are open; the OBH team met with a

vendor to receive a quote for the new CT machine that we intend to purchase with the RHTP funds. Once we have a solid quote, we will explore what other capital needs may be filled using the remainder of the funds.

Staff Experience and Culture: I have committed to meetings with each department to understand what is going well and where we have opportunities across the District. Those team meetings will be scheduled in August through September.

Patient Experience and Access: Oly Cardiology group has been signed they will be joining us in September, once per week, onsite. A new Internal Medicine Hospitalist has been interviewed and may choose to join OBH; an offer has been made. OBH is exploring a Rural Residency program with UW. The residency program would allow OBH to "grow their own" Family Practice physicians. The program takes three years from planning through residents being on site.

Governmental Affairs and Strategic Partnerships: External funding and partnership opportunities continue to develop. RHTP funds are being accessed through the RNEP program, WSHA, TRC, and potentially UW for the Residency program. Advocacy continues with local, state, and federal representatives.

Vytalize ACO Information:

- No downside financial risk. This is a *risk-free* ACO arrangement — Ocean Beach Health does not take on losses or repayment obligations.
- Primary-care–centric model. The ACO is built around supporting primary care providers, which aligns with RHCs.
- Shared savings opportunity. Because Ocean Beach Health employs a large primary-care panel, the organization is positioned to earn meaningful shared savings without exposing the CAH to financial risk (an advance is provided on 50/50 split).
- Enhanced care-management resources. The ACO provides additional RN care managers, behavioral health support, pharmacy support, and analytics — at no cost to Ocean Beach Health.
- Improved patient outcomes. The model focuses on chronic disease management, preventive care, behavioral health integration, and reducing avoidable ED visits and hospitalizations.
- Operational fit for RHCs. The structure aligns well with Ocean Beach's

	provider-based RHCs, strengthening care coordination and panel management. ▪ **Limited direct financial benefit to the hospital.** As a CAH, reductions in ED visits and admissions may reduce hospital revenue, but the RHCs and PCPs gain the most financial upside. ▪ **Governance remains external.** Ocean Beach Health participates in the ACO but does not control its governance or strategic direction. Merry-Ann reported the $720k RHTP funds application was submitted today. She received a quote from the CT scan at $528k which means there will be around $200k left to replace the ultrasound machine. RHTP opportunities: Working with the TRC for Medicare bootcamp, credentialing and HR Compliance review. Public Records Act policy. The board of commissioners reviewed and approved the policy. The resolution will be presented for approval at the next board meeting.	A motion to approve the PRA policy was made by Elise Chayet; Ariel Smith seconded. The motion passed by unanimous vote.
Other Reports	None.	
Public Participation	None.	
Adjournment	Nancy Gorshe asked for a motion to adjourn the general meeting; Elise Chayet made a motion; Ariel Smith seconded; all were in favor. Meeting adjourned at 5:24pm	

Submitted and signed by: Tammie Jefferies, Chief of Staff 7.23.26