



**CCMC HOSPITAL SERVICES BOARD OF DIRECTORS  
AGENDA  
DECEMBER 18, 2025, SPECIAL MEETING  
12:00PM HYBRID IN-PERSON**

AT CCMC, WE BELIEVE THAT HEALTHY PEOPLE CREATE A HEALTHY COMMUNITY.

**Board of Directors**

Kelsey Hayden exp. 3/26  
Liz Senear exp. 3/27  
Ann Linville exp. 3/28  
Diane Ujioka exp. 3/27  
Shelly Kocan exp. 3/28

**CEO**

**Hannah Sanders, M.D.**

**CFO**

**Denna Stavig**

**OPENING:** Call to Order

Roll Call - Kelsey Hayden, Liz Senear, Ann Linville, Diane Ujioka and Shelly Kocan.  
Establishment of a Quorum

**A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS  
(Speaker must give name and agenda item)**

1. Audience Comments
2. Guest Speaker

**B. CONFLICT OF INTEREST**

**C. APPROVAL OF AGENDA**

**D. APPROVAL OF MINUTES**

1. November 25, 2025, Meeting Minutes

Pgs 1-4

**E. REPORTS OF OFFICERS OR ADVISORS**

1. CEO Report
2. Budget
3. Budget Assumptions

Pgs 5

Pg 6

Pg 7-8

**F. DISCUSSION ITEMS**

**G. ACTION ITEMS**

1. See L.1.

**I. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker)** Members of the public are given the opportunity to comment on matters which are within the subject matter authority of the Board and are appropriate for discussion in an open session.

**J. BOARD MEMBER COMMENTS**

**K. EXECUTIVE SESSION – Workforce Salary Structure Discussion**

**L. BUDGET**

1. Motion for Budget Approval

Pg 9

**M. ADJOURNMENT**

**This Board of Directors meeting will be held via ZOOM:**

<https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09&omn=87257285186#success>

Meeting ID: 467 570 1050; Passcode: 379187

To call in: 1-253-215-8782

Meeting ID: 467 570 1050; Passcode: 379187

**For a full packet, go to [www.cityofcordova.net/government/boards-commissions/health-services-board](http://www.cityofcordova.net/government/boards-commissions/health-services-board)**

\*Executive Session: Subjects that may be considered in executive session are: 1) Matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; 2) Subjects that tend to prejudice the reputation and character of any person, provided that the person may request a public discussion; 3) Matters which by law, municipal charter, or ordinance are required to be confidential; 4) Matters involving consideration of governmental records that by law are not subject to public disclosure; 5) Direction to an attorney or labor negotiator regarding the handling of specific legal matters or labor negotiations.

# **Cordova Community Medical Center Authority Board of Directors**

## **Regular Meeting Minutes**

**November 25, 2025 – 12:06 PM**

Location: CCMC Conference Room & Teleconference

**Draft – Pending Board Approval**

### **1. Call to Order**

The regular meeting of the CCMC Authority Board of Directors was called to order by Chair **Kelsey Hayden** at **12:06 PM**. **Liz Senear** seconded.

### **2. Roll Call**

Board Members Present:

- **Kelsey Hayden**, Chair
- **Liz Senear**, Vice Chair
- **Shelly Kocan**, Secretary/Treasurer

Board Members Absent:

- **Anne Linville**
- **Diane Ujoka**

A quorum was established.

### **3. Approval of Agenda**

**Motion:** Approve the agenda as presented.

**Motion by:** Kelsey Hayden

**Second by:** Liz Senear

**Roll Call Vote:**

- Hayden – Yes
  - Senear – Yes
  - Kocan – Yes
- Motion passed.**

### **4. Conflict of Interest**

No conflicts of interest were declared.

## 5. Visitors & Guest Speakers

There were no visitors or guest speakers.

## 6. Approval of Minutes

**Motion:** Approve the minutes of the **October 30, 2025 Special Meeting**.

**Motion by:** Kelsey Hayden

**Second by:** Shelly Kocan

### Roll Call Vote:

- Hayden – Yes
  - Senear – Yes
  - Kocan – Yes
- Motion passed.**

## 7. CEO Report

CEO provided a written report and summarized the following items:

- **Recruitment challenges** remain significant, particularly for physicians, nursing, occupational therapy, and other licensed roles. Efforts include website improvements, targeted outreach, and broader visibility.
- **Rural Health Transformation funding:** State proposal submitted; awaiting federal determination.
- **Pet euthanasia program:** Insurance has been finalized; several staff are enrolled or enrolling in the University of Florida vet tech training.
- **Healthcare premiums and Medicare cost report:**
  - Premium increase approximately 10% this year (following a 25% increase prior year).
  - Interim cost report indicates an estimated **\$1.4 million payable to Medicare**, resulting from 2024 low volumes followed by higher volumes in 2025.
  - Cash remains sufficient to meet obligations.
- **Recruitment visibility efforts:** Discussion about online outreach (Facebook, LinkedIn, potential Instagram).
- CEO responded to questions from board members regarding Medicare adjustments, cash flow, recruiting strategies, and public communication.

## 8. CFO Report

CFO was absent. CEO provided the financial overview:

- A large contractual adjustment impacted the financials positively, but the month would have been strong even without it.

- Volumes remain high and consistent; staffing improvements have allowed more patient retention.
- Cash position remains stable even with anticipated Medicare recoupment.
- Capital Improvement Plan (CIP) will be presented with the budget; the list is expected to be larger this year due to the potential **\$3 million federal capital appropriation** still included in the current federal appropriations bill.

No further questions from the Board.

## 9. Discussion Items

None.

## 10. Action Items

### A. Community Health Needs Assessment (CHNA) – Final Report

Board discussed the CHNA, including priorities identified:

- Mental health & substance use
- Elder care & aging in place
- Health literacy and insurance benefits education
- Community partnerships and outreach
- Clarification on data sources and geographic boundaries
- Correction of two minor typographical errors (e.g., “Tom” vs. “Tim” Hokanson)

**Motion:** Approve the **Community Health Needs Assessment Final Report** with minor edits as noted.

**Motion by:** Kelsey Hayden

**Second by:** Shelly Kocan

### Roll Call Vote:

- Hayden – Yes
- Senear – Yes
- Kocan – Yes

**Motion passed.**

Board acknowledged Barb Jewell for her leadership in preparing the CHNA.

### B. Facility Assessment

CEO explained that the Facility Assessment is a regulatory requirement for Long-Term Care and is brought forward periodically for board oversight. Certain pages containing sensitive, patient-identifying information were withheld from the public packet in compliance with privacy requirements.

**Motion:** Approve the **Facility Assessment** as presented.

**Motion by:** Kelsey Hayden

**Second by:** Shelly Kocan

**Roll Call Vote:**

- Hayden – Yes
- Senear – Yes
- Kocan – Yes

**Motion passed.**

## **11. Adjournment**

The regular meeting of the CCMC Authority Board of Directors was called to adjournment by Chair **Kelsey Hayden** at **12:37 PM**.

**Motion:** Adjourn November 25 Regular Board of Director Meeting.

**Motion by:** Kelsey Hayden

**Second by:** Shelly Kocan

**Roll Call Vote:**

- Hayden – Yes
- Senear – Yes
- Kocan – Yes

**Motion passed.**

## CEO Report December 2025

As we are near the end of 2025, I want to thank everyone for their continued support and commitment to our mission. A reminder that our annual holiday party will be held December 20 at The Pioneer. It's a great opportunity to connect, reflect on the year, and strengthen our community spirit in advance of the new year.

### **Rural Health Network Updates**

CCMC continues to participate in discussions regarding the formation of a Rural Health Network with the three Alaska Critical Access Hospitals, along with Homer and Petersburg. This collaboration aims to expand shared resources, improve operational stability, and support rural Alaska healthcare as a whole.

As part of this work, we are also exploring a Graduate Medical Education (GME) residency partnership. CAHs across the country are increasingly integrating residency rotations to improve recruitment and retention. We are evaluating potential partner programs and what infrastructure would be required for CCMC to participate.

### **Year-End**

As we close out the year, we remain focused on strengthening our workforce pipeline, improving recruitment and retention strategies, and positioning CCMC for long-term operational and financial sustainability. This includes ongoing assessment of service lines, leveraging collaborative opportunities through the rural health network discussions, and ensuring we are aligned with the community's evolving needs.

As we reflect on this past year, I want to extend heartfelt gratitude to our board and to the Cordova community for its unwavering support of CCMC. Your trust, partnership, and engagement strengthen our ability to serve and sustain high-quality healthcare close to home. We are deeply appreciative of the community's resilience, collaboration, and commitment to ensuring that our hospital remains an active part of care for all who live here. Thank you for standing with us.

RUN DATE 12/03/25  
TIME 14:38

CORDOVA COMMUNITY MEDICAL CENTER  
OPERATING/INCOME STATEMENT  
Projected 2025 vs Budgeted 2026

	Actual 2024	Annualized 2025	Projected 2026	\$ Variance	% Variance
REVENUE					
ACUTE	1,794,930.87	2,874,480.57	3,025,465.60	(150,985.03)	(5.00)
SWING BED	3,107,367.53	4,721,091.54	4,694,648.86	26,442.68	.56
LONG TERM CARE	5,347,979.90	5,409,589.94	4,903,334.40	506,255.54	10.32
CLINIC	1,229,410.14	1,139,003.77	1,198,331.41	(59,327.64)	(4.96)
ANCILLARY DEPTS	3,303,460.31	4,077,634.04	4,293,160.28	(215,526.24)	(5.03)
EMERGENCY DEPARTMENT	3,889,688.94	5,820,972.17	6,126,727.44	(305,755.27)	(5.00)
BEHAVIORAL HEALTH	262,782.40	272,607.99	286,354.51	(13,746.52)	(4.81)
RETAIL PHARMACY	2,118,747.22	2,532,444.58	2,560,008.83	(27,564.25)	(1.08)
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PATIENT SERVICES TOTAL	21,054,367.31	26,847,824.60	27,088,031.33	(240,206.73)	(.89)
DEDUCTIONS					
CHARITY	132,343.89	158,624.01	164,968.99	(6,344.98)	(3.85)
CONTRACTUAL ADJUSTMENTS	5,218,314.45	7,620,847.33	7,873,467.86	(252,620.53)	(3.21)
ADMINISTRATIVE ADJUSTMENTS	170,854.30	122,422.74	116,546.08	5,876.66	5.04
BAD DEBT	(54,751.30)	1,016,027.29	1,141,468.40	(125,441.11)	(10.99)
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DEDUCTIONS TOTAL	5,466,761.34	8,917,921.37	9,296,451.33	(378,529.96)	(4.08)
COST RECOVERIES					
GRANTS	655,857.97	431,773.20	410,305.15	21,468.05	5.23
PPP GRANT	.00	.00	.00	.00	.00
IN-KIND CONTRIBUTIONS	711,773.56	400,411.53	300,411.56	99,999.97	33.28
OTHER REVENUE	143,004.43	99,560.11	73,528.25	26,031.86	35.40
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COST RECOVERIES TOTAL	1,510,635.96	931,744.84	784,244.96	147,499.88	18.80
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TOTAL REVENUES	17,098,241.93	18,861,648.07	18,575,824.96	285,823.11	1.53
EXPENSES					
WAGES	6,461,925.59	6,499,141.98	7,102,271.13	(603,129.15)	(8.50)
TAXES & BENEFITS	3,532,337.48	3,076,622.73	3,332,333.73	(255,711.00)	(7.68)
PROFESSIONAL SERVICES	2,769,909.86	3,220,432.69	3,317,044.71	(96,612.02)	(2.92)
SUPPLIES	2,456,830.05	2,747,699.50	2,834,049.37	(86,349.87)	(3.05)
MINOR EQUIPMENT	43,468.80	84,779.87	87,322.62	(2,542.75)	(2.92)
REPAIRS & MAINTENANCE	188,043.20	91,885.15	119,641.56	(27,756.41)	(23.20)
RENTS & LEASES	146,070.19	163,271.72	168,169.60	(4,897.88)	(2.92)
UTILITIES	578,252.24	536,548.89	552,643.92	(16,095.03)	(2.92)
TRAVEL & TRAINING	91,435.73	100,136.13	102,994.92	(2,858.79)	(2.78)
INSURANCES	276,697.47	265,555.25	265,317.83	237.42	.08
RECRUIT & RELOCATE	4,278.42	18,036.18	4,239.68	13,796.50	325.41
DEPRECIATION	576,852.74	590,102.91	506,676.35	83,426.56	16.46
OTHER EXPENSES	201,788.44	177,082.76	182,394.16	(5,311.40)	(2.92)
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TOTAL EXPENSES	17,327,890.21	17,571,295.76	18,575,099.58	(1,003,803.82)	(5.41)
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OPERATING INCOME	(229,648.28)	1,290,352.31	725.38	1,289,626.93	177,786.39
NET INCOME	(229,648.28)	1,290,352.31	725.38	1,289,626.93	177,786.39
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## 2026 Budget Assumptions

### Revenue:

**Utilization:** CCMC inpatient, swing bed, LTC, clinic, ED, behavioral health, pharmacy, and ancillary volumes are projected to remain consistent with annualized 2025 activity. As a rural facility with a stable local population base, we do not anticipate material volume growth; instead, we expect utilization patterns to reflect historic trends.

**Revenue:** Revenue is based on statistical projections from 2025. As a Critical Access Hospital, CCMC continues to receive Medicare cost-based reimbursement and Alaska Medicaid has indicated that CAH cost-based payment methodology will continue for 2026. Modest inflationary adjustments are applied to the charge master.

**Contractual Allowances:** Payer mix is expected to follow historic patterns. Medicare and Medicaid CAH reimbursement are assumed to remain stable for 2026. Federal sequestration is expected to continue. No new federal rural stabilization or CAH-specific relief funding is included.

**Charity Care and Bad Debts:** Charity and bad debt are projected using historical trends as a percentage of gross revenue. There are expected pressures including national projections of increased rural uncompensated care due to insurance churn and Medicaid redeterminations. While the budget is based on historical trends, we do have visibility regarding collection rate risks.

No improvement in collection rates is assumed; conservative budgeting consistent with 2025 experience is used. Given continuing economic pressures on rural households, we do not assume improvements in collection performance in 2026.

**Cost Recoveries:** Major grants that run July–June are budgeted based on known award amounts for the first half of 2026, with conservative assumptions for renewals in the second half. In-kind contributions, including telecommunications support, are budgeted at current levels. No new federal rural health grants are included.

**Cash Needs from the City:** Continued City support is anticipated to address deferred maintenance, capital infrastructure, and facility upgrades that cannot be funded through operating revenues alone.

### Expenses

**Salaries:** Salary projections include full-year effects of prior market adjustments and incorporate vacancy factors appropriate for rural recruitment historic ability.

**Taxes and Benefits:** Payroll taxes follow salary projections. Health insurance premiums are expected to rise in line with prior renewal trends.

**Travelers:** Continued reliance on travelers in key clinical areas is expected, with some reduction possible later in 2026.

**Professional Services:** Necessary professional services in IT, clinical support, and administration are budgeted using historical spending and known contracting needs.

**Insurance:** Premiums for property, liability, malpractice, and cyber coverage are known for the beginning of the year and are projected based on current rate data.

**Depreciation:** Based on existing schedules and anticipated 2026 capital purchases.

**Other Operating Expenses:** Supplies, utilities, minor equipment, travel, and other categories are budgeted using historical data and known needs for 2026.

### **National and State Rural Health Policy**

Federal and state forecasts indicate increased financial stress on rural hospitals due to declining population, workforce shortages, and payer policy changes.

Continued bipartisan congressional interest in protecting CAH status and cost-based reimbursement, but uncertainty persists in broader Medicaid funding.

Federal proposals for long-term rural health transformation funds are not assumed in baseline revenue.

**TO:** CCMC Hospital Authority Board

**FROM:** Hannah Sanders, MD, CEO

**DATE:** 12/18/2025

**SUBJECT:** Approval of FY Budget Including Employee and CEO COLA Adjustments

**Purpose**

The purpose is to request Board approval of the FY budget, inclusive of a Cost-of-Living Adjustment (COLA) for all eligible CCMC employees and the CEO. These adjustments are intended to support retention, remain competitive in the healthcare labor market, and ensure CCMC continues to provide high-quality care to the community.

**Suggested Motion:**

“I move to approve the FY budget as presented, including the Cost-of-Living Adjustment (COLA) for CCMC employees and the CEO.”