



REDWOOD COAST MEDICAL SERVICES, INC
BOARD OF DIRECTORS - MEETING AGENDA
In person: Elaine Jacob Center | Online: Zoom
January 31, 2024 5:00 PM – 7:00 PM

Order of Business	Business Item	Person	Vote(s) Required	Page #
5:00 pm	AGENDA <ul style="list-style-type: none"> Review and vote on acceptance of Meeting Agenda 	Leslie Bates	Vote	Page 1
5:01 pm	MINUTES <ul style="list-style-type: none"> Vote on acceptance of the Minutes of December 20, 2023 	Leslie Bates	Vote	Page 2-5
5:05 pm	WELCOME GUESTS <ul style="list-style-type: none"> Chris Behrens, Emergency Preparedness Coordinator David Crowl, District Administrator Coast Life Support District 	Leslie Bates		
5:15 pm	HUMAN RESOURCES COMMITTEE REPORT <ul style="list-style-type: none"> Update 	Renee Kaucnik		
5:25 pm	MEDICAL TEAM REPORT <ul style="list-style-type: none"> Update on clinic operations 	Barbara Brittell		
5:35 pm	DEVELOPMENT, GRANTS, OUTREACH & RISK/COMPLIANCE REPORT <ul style="list-style-type: none"> Updates Review of Risk Assessment Activities for Q4 2023 Board Training: HRSA Compliance Manual Ch. 6: Accessible Locations and Hours of Operation 	Dawn McQuarrie		Page 6-19
5:45 pm	PERFORMANCE IMPROVEMENT COMMITTEE Update	Susan Hamlin		
5:55 pm	CEO REPORT <ul style="list-style-type: none"> Operations/Staffing Update Facilities update 	Ara Chakrabarti Jim Nybakken		
6:10 pm	FINANCE COMMITTEE REPORT <ul style="list-style-type: none"> Report on December Financials and Urgent Care Cost Analysis Vote on acceptance of the December Financials Vote on acceptance of Sliding Fee Discount program 2024 	Drew McCalley	Votes	Page 20-42
6:25 pm	INFORMATION TECHNOLOGY COMMITTEE REPORT <ul style="list-style-type: none"> Update 	Drew McCalley		
6:35 pm	MENDONOMA HEALTH ALLIANCE REPORT <ul style="list-style-type: none"> Update 	Janis Dolphin		
6:45 pm	EXECUTIVE COMMITTEE REPORT <ul style="list-style-type: none"> Update 	Leslie Bates		
6:55 pm	PUBLIC COMMENT/SHOUT OUTS	Leslie Bates		

The mission of Redwood Coast Medical Services (RCMS) is to provide high quality, family-oriented, community based medical care, dental care and behavioral health services, including a broad range of preventive health services to residents and visitors within the coastal areas of Southern Mendocino and Northern Sonoma Counties. Services are designed to meet identified needs of the communities served, are integrated with other existing health care services and systems and are evaluated on a regular basis to assure that community health needs are being met. As a non-profit corporation receiving public funds, RCMS provides services to qualifying individuals on a sliding fee scale as well as to patients with MediCal and MediCare coverage, private insurance or self pay status. RCMS plays a special role as the sole provider of medical care in the community and in responding to public health emergencies.



Redwood Coast Medical Services, Inc.
 Board of Directors Meeting – Zoom Online Meeting
Meeting Minutes of December 20, 2023

BOARD MEMBER	P	A/E	BOARD MEMBER	P	A/E
Leslie Bates	X		Drew McCalley	X	
Janis Dolphin	X		Brian Murphy		X
Susan Hamlin	X		Jim Nybakken	X	
Hall Kelley	X		Andrea Polk	X	
Kimberley Lakes	X		Laurie Voss	X	
Patricia Lynch	X		Harriet Wright	X	

STAFF PRESENT	
Ara Chakrabarti	
Barbara Brittell	
Renee Kaucnik	
Dawn McQuarrie	
Karen Wilder	

Public Attendees: 2

CALL TO ORDER: Leslie Bates called the meeting to order at 5:00 pm.

APPROVAL OF AGENDA: After review, Susan Hamlin moved to accept the agenda. Unanimously accepted.

APPROVAL OF MINUTES: After review and corrections, Janis moved to accept the minutes of November 29, 2023. Moved/Seconded: Nybakken/McCalley. Vote: 1 abstention.

BOARD NOMINATION: Leslie Bates, Board Chair

- Welcome Janet Sanchez
- Long time resident, mother, and a great representative of the younger community in the area

On behalf of the RCMS Board of Directors, Leslie Bates moved to appoint Janet Sanchez to the RCMS Board of Directors. Vote: Unanimously accepted.

HUMAN RESOURCES REPORT: Renee Kaucnik, HR/Operations Manager

- Looking at creating a Health Technician position – responsibilities would include rooming patients, collecting/recording vitals, help with room turn over after patient visit, and would work with every provider team. This will also help MAs keep up with their work flows
- 2 Health Technicians hired (1 Gualala, 1 Point Arena) – 82 total employees (part and full time)
- MA hiring event at the Sea Watch Building on 11/30 – 1 hired
- Job posts continued to be shared across several websites and online job boards including local colleges
- Currently looking to fill a full-time front desk position and full-time MD or DO position
- Housing options continue to come through periodically, help finding these opportunities is always appreciated
- Continuing to build out the training for MAs to enhance staff skill and knowledge
- Continuing to develop comprehensive trainings for all in house positions
- HR Committee meeting on Jan 6

MEDICAL TEAM REPORT: Barbara Brittell, Deputy Medical Director

- COVID, flu and RSV is out in the community – please be aware that it is on the rise, mask appropriately
- Vaccines are available at Genoa Pharmacy
- Grateful to build up the provider empanelment for the community
- Norovirus is popping up, be sure to use good handwashing
- Rocky Mountain Spotted Fever coming out of Mexico – anyone with symptoms should call the clinic
- Another strain of the MPOX virus is in the United States – be aware and stay safe
- Thank you Renee for all the efforts getting providers staffed



- Carolyn Hand will be stepping down from several functions but will be around for MAT therapy treatments and at the teen clinic
- Ukiah Family Practice Residency will be sending 2 new residents in the spring
- Recent 24 hour AT&T phone outage – a good reminder on how to work together to prepare for emergencies (check on your neighbors)
- Discussed

DEVELOPMENT, GRANTS, OUTREACH & RISK/COMPLIANCE REPORT: Dawn McQuarrie, Programs Director

- Awarded MediCal Navigator grant to implement the expansion of MediCal program
- HRSA COVID-19 survey submitted December 4
- ARP Capital Semi Annual Progress Report submitted December 5
- Prepping for UDS 2024 – due February 15
- March 20, 2024 – save the date for a fundraising event at The Sea Ranch Lodge
- Continuing to leverage all media sources to get the word out on clinic activities
- Outreach and Enrollment – Javier continues to assist community members with enrollment and other ongoing outreach activities
- Positive feedback on recent surveys received
- Risk/Compliance – Continuing to go through policies and procedures and streamline the process
- Discussed policies reviewed by QI and PIC
- Reviewed the Risk Management Plan for 2024

On behalf of the Performance Improvement Committee, Dawn McQuarrie recommended that the Board accept the Controlled Substance Inventory and Reconciliation, Hours of Operation, and Risk Management CY2024 policies/procedures as presented. Moved/Seconded: bates/dolphin. Vote: Unanimously accepted.

On behalf of the Performance Improvement Committee, Dawn McQuarrie recommended that the Board accept the updated staff credentialing for the following clinical staff:

Cayo Alba, Psych NP – contractor	Delena Alvarez, MA	Jennifer Black, RN
Leon Koenck, PA-C	Ben Olmedo, PA-C	Madeline Perket, RN
Liz Santana, MA		

Moved/Seconded: bates/McCalley. Vote: Unanimously accepted.

Monthly Board Training on the HRSA Compliance Manual – Chapter 16: Billing and Collections

- Must prepare a schedule of fees for the provision of our services consistent with locally prevailing rates or charges and designed to cover our reasonable costs of operations
- Establish systems for eligibility determination and for billing and collections (with respect to third party payors).
- Make every reasonable effort to enter into contractual or other arrangements to collect reimbursement of our costs with a State Medicaid plan and The Children’s Health Insurance Program (CHIP)
- Make every reasonable effort to collect appropriate reimbursement for our costs on the basis of the full amount of fees and payments for health center services without application of any discount when providing services to persons who are entitled to Medicare coverage, Medicaid coverage, and assistance for medical expenses under any other public assistance program, grant program, or private health insurance or benefit program
- Make every reasonable effort to secure payment for services from patients, in accordance with our fee schedules and the corresponding schedule of discounts



PERFORMANCE IMPROVEMENT COMMITTEE REPORT: Susan Hamlin, Committee Chair

- Reported the highlights of the quarter 3 surveys received for Point Arena Primary Care 2023
 - 100% reported satisfaction with care and notable improvements in waiting time
- Reported the highlights of the quarter 3 surveys received for Urgent Care 2023
 - 39% of patients came from Gualala, 27% from Sea Ranch
- Reported improvements in receiving patient care plans in Gualala Primary Care for quarter 3 2023

CEO REPORT: Ara Chakrabarti, CEO

- End of Year Status Report:
 - Noted several challenges throughout the year where staff stepped up to serve our rural community
 - RCMS relies on the staff and is continually working to put programs in place for staff training, compensation, benefits, and feedback communication loop
 - RCMS relies on patients – we have not fully recovered from the visit shortages each month but there have been improvements in the lab, coordinating services with visiting specialist, implementing the patient portal, opening a pharmacy, significant facility improvements, all help to improve our services to the patients
 - Finances – RCMS continues to have clean audits, healthy cash reserves, and is in a strong financial position
 - Participating in Statewide initiatives and participating in, and coordinating with agencies at the local, county, state, and federal levels
 - Looking to the future and making plans for future sustainability and improvements
 - State of RCMS is solid and sound at the end of 2023
- Facility Improvements:
 - Central air conditioning unit installed in Urgent Care
 - Currently replacing and upgrading the flooring in the Gualala main clinic to hospital standards
 - Proposal for facility expansion ready to send to the county and Coastal Commission
 - Reviewed plans for the future building expansion – renderings included in the packet
 - The expansion will be implemented in 4 phases, currently focusing on phase 1 & 2
 - Expand the west side of the building 2,500 square feet of clinic space (2 stories with attic space)
 - Designed with environmental sensitivity and efficiency for water and energy usage
 - Following guidelines for the highest standards of clinic/hospital design
 - Will add 50% more exam rooms for Primary Care
 - Permit packet has been submitted to the County for approval
 - Will meet with Gualala Municipal Advisory Council (GMAC) to review plans once approved
 - Gualala Water Supply is on board with the current proposed plans
 - New soil surveys will be required
 - Construction costs are estimated at \$3.8 million with contingency up to \$6 million
 - Capital campaigns and any available grants will be used to fund the project
 - Facility improvements will help to make RCMS sustainable for the next 15-20 years

FINANCE COMMITTEE REPORT: Drew McCalley, Board Treasurer

- Reviewed the Executive Summary for the month of November 2023
- Year-to-Date we are at a positive \$29k
- Total visits for November 23 were very close to budget estimates
- Key ratios are all on track
- Net patient revenue was positive for the month – continuing to get paid better than budgeted per visit
- CFO will be providing a better explanation of the MediCal payment system in the near future
- Medicare payment was positive for the month
- Operating expenses continue to be under budget



- Grants and Other Revenue – negative variance for the month due to 340B transition to new onsite pharmacy, it should catch up later in the fiscal year
- Fundraising ran a little under budget for November due to timing of annual appeal mailing – expected to increase in December
- Investments did well for the month
- Salaries were over budget for the month – increased staffing has also lead to increased visits so it balanced positively for the month

On behalf of the Finance Committee, Drew McCalley made the recommendation for the Board to accept the November 2023 financials as presented. Moved/Seconded: Hamlin/Bates. Vote: Unanimously accepted.

INFORMATION TECHNOLOGY COMMITTEE REPORT: Drew McCalley, Committee Chair

- Intellichart patient portal implementation is going well – still in beta testing phase
- Roll out will start small with 50 or so patients and grow from there – on track with January roll out
- All printer platforms have been updated with new Canon equipment (printers, fax machine, etc.)

MENDONOMA HEALTH ALLIANCE REPORT: Janis Dolphin, MHA Board Member

- MHA received a 3-year grant through CDPH overdose initiative
- Enhanced Care Management Program (CalAIM) program continues to roll out, income has improved and increased
- MHA organized and hosted the reception for the National Rural Health Day event – congratulations to all the health heroes awarded
- \$7,500 from the Community Foundation of Mendocino for continuing to provide free health screenings
- \$5,000 from Sonoma County Board of Supervisors to help with expenses associated with their mobile clinic
- 3 Matter of Balance courses held in 2023 with a total of 42 people who participated. Planning 4 for 2024.
- Continuing to improve communication and referral process with other agencies – meeting with RCMS

PUBLIC COMMENT/SHOUT OUTS:

- Leslie Bates: Thank you Renee for organizing a great Christmas party.
- Susan Hamlin: Thank you Ara for the beautiful way you conducted the awards given at the party.
- Patricia Lynch: Thank you Renee for moving so quickly on creating and recruiting the Health Technician position.
- Janis Dolphin: Cultural change and group attitude was notably positive – glad to see it. Thank you to everyone who has had anything to do with that.

Meeting adjourned at 6:35 PM.

Karen Wilder, for Janis Dolphin, Board Secretary for the RCMS Board of Directors

Grants, Development, Outreach, and Risk/Compliance Report

January 2024 Activities

Grants/Funding

- SAM Registration activated January 4
- HRSA COVID-19 survey submitted January 8
- HRSA NHCI-HTN SAPR submitted January 9
- DHCS Equity and Practice Transformation awarded January 11
- HRSA CADRE SAPR submitted January 16
- HRSA NHCI survey submitted January 19
- CalFresh FY24 Q2 invoice submitted January 22
- HRSA CADRE Final Reports submitted January 26
- Working on UDS 2024 – due February 15
- Working on PATH CITED Round 3 application – due February 15
- March 20, 2024 – fundraising event at The Sea Ranch Lodge
- Looking at potential grants
- Attended meetings for all grants

Marketing

- We are leveraging print media, social media, flyers, radio, TV monitors, and The Pulse
- We respond to all messages received via Facebook and website

Outreach and Enrollment

- Javier Chavez continues to assist our community members
- Community education is an ongoing activity

Surveys

Urgent Care surveys are sent weekly and compiled quarterly

Q1 CY24:	in process
Q4 CY23:	in process
Q3 CY23:	965 given – 103 surveys returned – 10.67% return rate
Q2 CY23:	1,075 were sent – 171 surveys returned – 15.91% return rate
Q1 CY23:	1,064 were sent – 112 surveys returned – 10.53% return rate

Primary Care surveys are sent quarterly and compiled quarterly

Q4 CY23:	
Gualala:	in process
Point Arena:	in process
Q3 CY23:	
Gualala:	1,164 were sent – 118 surveys returned – 10.14% return rate
Point Arena:	357 were sent – 33 surveys returned – 9.24% return rate
Q2 CY23:	
Gualala:	1,163 were sent – 123 surveys returned – 10.58% return rate
Point Arena:	327 were sent – 44 surveys returned – 13.46% return rate
Q1 CY23:	
Gualala:	1,076 were sent – 98 surveys returned – 9.11% return rate
Point Arena:	317 were sent – 47 surveys returned – 14.83% return rate

Risk/Compliance

- Continuing to update PnPs as needed
- Attending meeting and trainings

Other/Policies and Procedures

- CY23 Q4 risk assessment
- CY23 risk assessment activities
- CY23 Q4 risk management activities

Credentialing

- None to be presented

Safety

December

- Installed two new tires on disaster trailer
- Updated facility shut-off locations – maps to be located at facilities
- Replaced waiting room door hinge in Gualala
- Ordered wet floor signs for patient entry, delivery entry, and west facing door entry near time clock – ordering more for Point Arena
- No movement on the Mendocino County Emergency Trailer
- Met with VOAD, discussed disaster preparedness

Board Training

Chapter 6: Accessible Locations and Hours of Operation

Requirements:

- We must be available and accessible in our service area promptly and in a manner which ensures continuity of service to our residents.

Risk Assessment

Staff Working Above Credentialing and Licensure

Internal		External	
S Strengths	W Weaknesses	O Opportunities	T Threats
<ul style="list-style-type: none"> We have a robust credentialing process to ensure that all licenses, professional education, and competencies have been verified and approved by appropriate staff We have staff who are proactive in filling service gaps and being team players We have staff who are not siloed in their roles and responsibilities Our staff are proactive in ensuring that staff are not acting above their credentialing and licensure but to the peak of it 	<ul style="list-style-type: none"> Due to our short staffing issues – due to not enough, call-outs/PTO, or surges in needs – some team members are working above their credentialing and licensure 	<ul style="list-style-type: none"> We have the opportunity to evaluate and re-evaluate our staff’s skill sets to ensure they are operating at the peak of their credentialing and licensure We have the opportunity to continue to provide skill set training and evaluation on an on-going basis 	<ul style="list-style-type: none"> When staff are working above their credentialing and licensure, we are exposed to liability concerns Procedures may be performed without proper training, credentialing, or licensure

Action:

Supervisory staff continue to monitor staff assignments and trainings to ensure compliance is met.



Risk Assessments 2023

Risk Assessment	Quarter	Risk Level	Action(s)
January 2023 Storms (presented to BoD May 24)	Q1	High	Action: Ensure we captured lessons learned to ensure that any future episode is handled effectively to ensure the best possible health care outcomes to those affected. Continue to maintain strong relationships with Mendocino County Public Health, CLSD, local volunteer fire departments, and other CBOs.
Policy and Procedures Updating (presented to BoD June 28)	Q2	High	Action: Actively reviewing and updating/deleting all policies and procedures to relevancy. Streamlining storage to enhance ease of accessibility by staff. This activity does not have an end date as it is a constant on-going process.
Vaccine Refrigerator Excursions (presented to BoD November 29)	Q3	High	Action: A vaccine refrigerator with several temperature excursions is being replaced by a new, updated refrigerator. Temperature monitor will be used on new refrigerator in order to determine if there are temperature excursions.
Staff Working Above Credentialing and Licensure (presented to BoD January 31, 2024)	Q4	High	Action: Supervisory staff continue to monitor staff assignments and trainings to ensure compliance is met.

CY23 Risk Management Activities

Compliance and Safety (Risk Management Review) are standing agenda items at the following meetings: Board of Directors, Performance Improvement Committee, Quality Improvement Committee, Leadership, and Provider Meetings.

Month	Activity	Remediation/Status
Compliance		
October	<p><u>Grants/Funding:</u></p> <ul style="list-style-type: none"> Partnership Lead Care II POC Testing Site Device application submitted October 3 HRSA Bridge Access Program budget submitted October 4 Partnership Led Care II POC Testing Device questions answered October 4 DHCS Equity and Practice Transformation application submitted to Partnership October 10 HRSA SAC Form 1C submitted October 10 NHCI Survey submitted October 11 HRSA COVID-19 Survey submitted October 11 HRSA Bridge Access Program budget resubmitted October 12 HRSA Bridge Access Program budget resubmitted October 16 HRSA SAC updates submitted October 16 HRSA Bridge Access Program budget resubmitted October 17 HRSA Bridge Access Program budget resubmitted October 18 HRSA Bridge Access Program budget resubmitted October 19 HRSA SAC updates submitted October 19 DHCS Equity and Practice Transformation application submitted to DHCS October 23 CalFresh invoice submitted October 24 HRSA SAC updates submitted October 24 CPCA Medi-Cal Navigator application submitted to HANC/NCCN October 26 <p><u>Training/Meetings:</u></p> <ul style="list-style-type: none"> CPCA Compliance Officer Peer Network meeting – October 3 Partnership EPT Provider information webinar – October 3 PHMI Empanelment SME meeting – October 3 	

Month	Activity	Remediation/Status
	<p>HRSA UDS Clinical Tables Part 1: Screening and Preventative Care Measures webinar – October 3</p> <p>Bonterra-Giving Tuesday webinar – October 4</p> <p>PHMI DQ&R meeting – October 5</p> <p>PHMI Panel prep meeting – October 5</p> <p>RCMS Team Leads check in – October 10</p> <p>ASHRM Webinar: Sustainable ERM: Getting the “E” Right in ESG – October 11</p> <p>UDS Clinical Tables Part 2: Maternal Care and Children’s Health – October 11</p> <p>ARCH Leadership Training Program – October 12</p> <p>RCMS PIC Meeting – October 12</p> <p>Partnership Equity and Practice Transformation Provider Payment webinar – October 17</p> <p>HRSA Today with Macrae – October 17</p> <p>HRSA OFAM Recipient Technical Assistance – October 18</p> <p>RCMS All Hands Meeting – October 19</p> <p>PHMI Empanelment meeting – October 19</p> <p>PHMI All Stakeholders meeting – October 23</p> <p>NCHI NextGen Health Centers: SMBP Grant Workflow – October 23</p> <p>NCCN Meeting: Medi-Cal Navigators Phase II Project – October 25</p> <p>HRSA UDS Clinical Tables Part 3: Disease Management – October 26</p> <p>NHCI Office Hours – October 26</p> <p><u>Other:</u></p> <p>RCMS Flu Shot Clinic – October 21</p> <p>Genoa COVID-19 Shot Clinic – October 21</p> <p><u>Board Training:</u></p> <p>Chapter 14: Collaborative Relationships</p>	<p>Presented to BoD October 25</p>
November	<p><u>Grants/Funding:</u></p> <p>Partnership LeadCare II POC grant awarded – November 6, lead testing device</p> <p>Community Foundation of Mendocino County – 2023 Community Response, Resiliency, and Preparedness Fund awarded – November 7, \$7,500</p>	

Month	Activity	Remediation/Status
	<p>HRSA COVID-19 Survey submitted – November 8 Community Foundation of Mendocino County – Angel Fund awarded – November 8, \$2,000 PHMI Business Case Kick-Off meeting – November 8 PHMI Care Teams Meeting – November 9 ARP Capital Progress Report submitted – November 10 SAM Registration Renewal submitted – November 16 HRSA Bridge Access Program Budget approved – November 21 HRSA CADRE Final budget submitted – November 22 HRSA CADRE Project Completion Certificate submitted – November 22 HRSA CADRE Tangible Personal Property Report submitted – November 22</p> <p><u>Training/Meetings:</u> HRSA UDS Financial and Operational Tables webinar – November 7 CalAIM/ECM meeting – November 7 RCMS Team Leads Check-in meeting – November 14 Outreach Partners Meeting – Mendocino County ACT Team – November 14 HRSA UDS: Successful Submission Strategies webinar – November 16 MHA/Jim Wood event – November 16 RCMS/PUN Audit Update meeting – November 20 PHMI Care Team meeting – November 20 Mendocino County All Clinics call – November 21 RCMS/PUN Audit Update meeting – November 27 PHMI Planning meeting – November 28 PHMI Care Teams meeting – November 28 RCMS Board of Directors meeting – November 29 RCMS QI meeting – November 30 Kevin Mitnick Security Awareness Training – November 30</p> <p><u>Other:</u> Partnership MendocinoVaxFacts website information update submitted – November 27</p> <p><u>Board Training:</u> Chapter 15: Financial Management and Accounting Systems</p>	<p>Presented to BoD November 29</p>

Month	Activity	Remediation/Status
December	<p><u>Grants/Funding:</u></p> <ul style="list-style-type: none"> SAM registration renewal submitted December 4 HRSA COVID-19 survey submitted December 4 ARP-Capital Semi-Annual Progress report submitted December 5 Partnership LeadCare II POC MOU signed December 13 CPCA Medi-Cal Navigator grant awarded December 15 - \$50,000 CalHHS DxF Grant submitted December 19 SacValley CalHHS DxF Grant submitted December 19 <p><u>Training/Meetings:</u></p> <ul style="list-style-type: none"> RCMS/PUN Audit Update meeting – December 4 DHCS Medi-Cal 26-49 Adult Expansion Advocate and Stakeholder Webinar – December 4 HRSA NHCI Achievement Recognition and Sustainability Virtual Summit Day 1 – December 5 CPCA UDS Annual State-Based Training Day 1 – December 5 HRSA NHCI Achievement Recognition and Sustainability Virtual Summit Day 2 – December 5 CPCA UDS Annual State-Based Training Day 2 – December 5 PHMI Care Teams meeting – December 11 CPCA DxF Grant Application webinar – December 11 PHMI Care Teams meeting – December 12 RCMS PIC Meeting – December 14 NextGen UDS update call – December 18 i2i UDS call – December 18 PHMI DQ&R meeting – December 18 PHMI All Stakeholders meeting – December 18 RCMS/Sea Ranch Lodge fundraiser call – December 19 RCMS Board Meeting – December 20 OSIS Core Team meeting – December 21 CPCA PATH CITED informational webinar – December 22 PHMI Care Teams meeting – December 26 MCHC Grants meeting – December 27 PHMI Core Team meeting – December 29 <p><u>Other:</u></p>	

Month	Activity	Remediation/Status
	Board Training: Chapter 16: Billing and Collections	Presented to BoD December 20
Credentialing		
October	Medical Assistants Sharon Ruiz-Higuera Providers Isabel Orellana, PA-C	Presented and approved by BoD October 25
November		
December	Ben Olmedo, PA-C Delena Alvarez, MA Jennifer Black, RN Liz Santana, MA Madeline Perket, RN Cayo Alba, Psych NP – contractor Leon Koenck, PA-C	Presented and approved by BoD December 20
Environmental Safety		
October	<ul style="list-style-type: none"> Met with Terrence Toste from Mendocino County, regarding the status of the County Emergency Trailer. Based on content and usage of this trailer, it is likely this trailer will be removed and not replaced. Conducted Earthquake Drill in Main Clinic, PA-Med, and PA-Dent. Participated in Ham Radio Drill as part of Mendocino County and California Great Shakeout Drill. 	Presented to BoD November 29
November	<ul style="list-style-type: none"> In progress moving the Ham Radio in Point Arena Medical to a different location in the clinic, to afford more space and hope it will improve reception Hiring of Chris Behrens to replace David Abdo as Safety Coordinator has taken affect. On November 24, we had an extensive communication outage lasting 26-hours. While providers could still chart, phones were down at all clinics, including some apps required for NextGen. Mendocino County Public Health was notified, and performed “Hot Wash” with them on what could be improved upon, suggestions, etc. Meeting with ATT on December 1 to discuss communication redundancies. Also requested information for Startlink. 	Presented to BoD December 20

Month	Activity	Remediation/Status
December	<ul style="list-style-type: none"> Installed two new tires on disaster trailer Updated Facility shut-off locations-maps to be located at facilities. Replaced waiting room door hinge in Gualala. Ordered wet floor signs for patient entry, delivery entry and west facing door entry near time clock-ordering more for Point Arena No movement on the Mendocino County Emergency Trailer. Met with VOAD. Discussed disaster preparedness. 	Presented to BoD January 31
Incident Reports/Complaints		
October	1 – incident report Mislabeled sample	Presented to PIC October 12
November	None presented	
December	None presented	None presented to PIC December 14
Policies and Procedures		
October	American with Disability Act – ADA Harassment, Discrimination, and Retaliation Prevention Rehire Eligibility and Service Recognition Telecommuting Confidentiality of Computer Data Credentialing and Privileging of Healthcare Providers Laboratory Process and Tracking Notice of Privacy Practices Radiology Process and Tracking Visiting Nurse / Palliative Care	Presented to and approved by BoD October 25
November		
December	Controlled Substance Inventory and Reconciliation Hours of Operation Risk Management CY2024	Presented to and approved by BoD December 20
Quality and Process Improvement		
October	Metrics for: Child and Adolescent Well Care 2023 Asthma Med ratio Breast Cancer Screening Cervical Cancer Screening Childhood Immunization Status (CIS 10)	Presented to PIC October 12

Performance Improvement Committee Meetings 2023:

February 9 April 13 June 8
August 10 3 October 12 December 14

Chapter 6: Accessible Locations and Hours of Operation

Authority

Section 330(k)(3)(A) of the PHS Act; and 42 CFR 51c.303(a) and 42 CFR 56.303(a)

Requirements

- The [required primary health services](#) of the health center must be available and accessible in the [catchment \[service\] area](#) of the center promptly, as appropriate, and in a manner which ensures continuity of service to the residents of the center's catchment area.

Demonstrating Compliance

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

- a. The health center's [service site\(s\)](#) are accessible to the patient population relative to where this population lives or works (for example, in areas immediately accessible to public housing for health centers targeting [public housing residents](#), or in shelters for health centers targeting [individuals experiencing homelessness, or](#) at migrant camps for health centers targeting [agricultural workers](#)). Specifically, the health center considers the following factors to ensure the accessibility of its sites:
 - Access barriers (for example, barriers resulting from the area's physical characteristics, residential patterns, or economic and social groupings); and
 - Distance and time taken for patients to travel to or between service sites in order to access the health center's full range of in-scope services.
- b. The health center's total number and scheduled hours of operation across its service sites are responsive to patient needs by facilitating the ability to schedule appointments and access the health center's full range of services within the HRSA-approved [scope of project](#)¹ (for example, a health center service site might offer extended evening hours 3 days a week based on input or feedback from patients who cannot miss work for appointments during normal business hours).

¹ Services provided by a health center are defined at the [awardee](#)/designee level, not by individual site. Thus, not all services must be available at every health center service site; rather, health center patients must have reasonable access to the full complement of services offered by the center as a whole, either directly or through formal written established arrangements. See <http://www.bphc.hrsa.gov/programrequirements/scope.html> for further details on scope of project, including services and column descriptors listed on [Form 5A: Services Provided](#).

Health Center Program Compliance Manual

- c. The health center accurately records the sites in its HRSA-approved scope of project² on its [Form 5B: Service Sites](#) in HRSA's [Electronic Handbooks \(EHB\)](#).

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

- The health center determines which methods to use for obtaining patient input on the accessibility of its service sites and hours of operation (for example, annual survey, focus groups, input from patient board members).
- The health center determines how to measure and consider distance and travel time to or between the health center's sites when assessing its impact on patient access to the health center's services.
- The health center determines how to support patient access to the various service sites included within its HRSA-approved scope of project (for example, whether to provide patient transportation between service sites or use mobile service sites). The health center also determines which service(s) to provide at each site within its HRSA-approved scope of project.

² In accordance with 45 CFR 75.308(c)(1)(i), health centers must request prior approval from HRSA for a "Change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval)." This prior approval requirement applies to the addition, deletion, or replacement of a service site. These changes require prior approval from HRSA and must be submitted by the health center as a formal change in scope request. See <http://www.bphc.hrsa.gov/programrequirements/scope.html> for further details on scope of project.

REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY-PRELIMINARY

December 2023

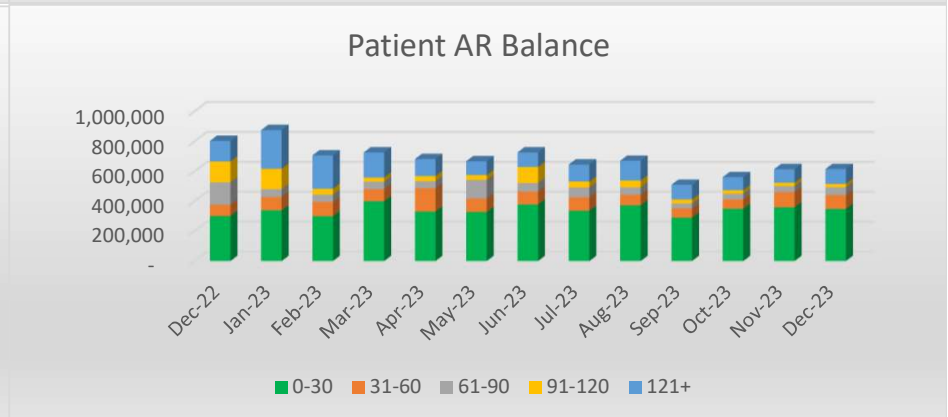
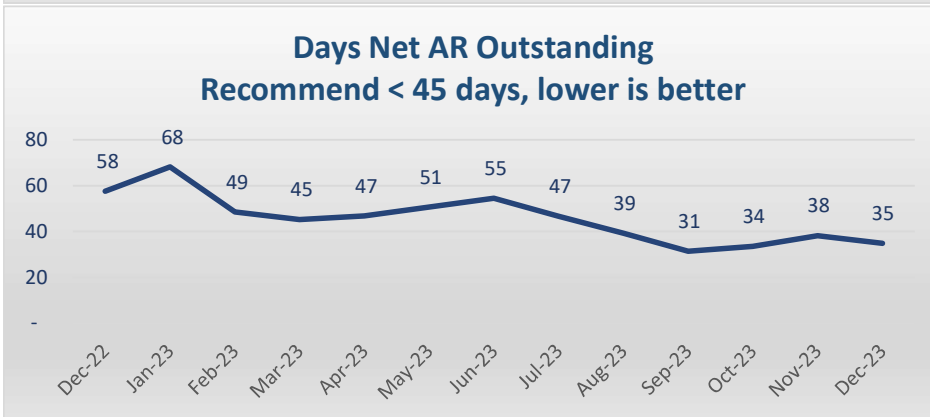
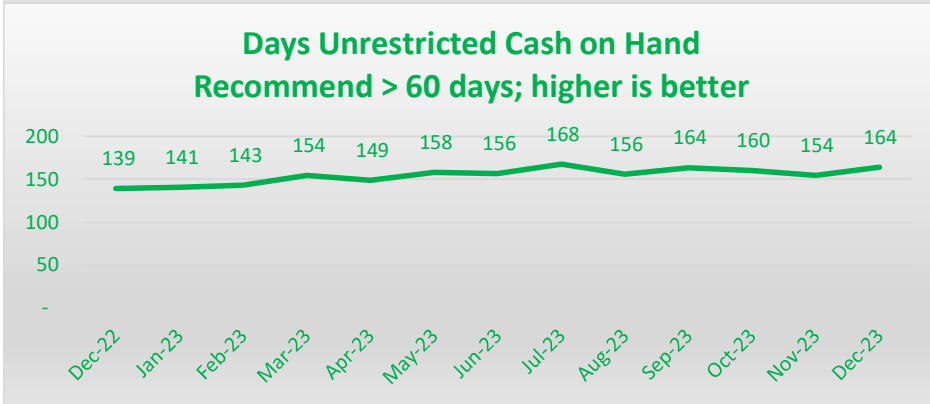
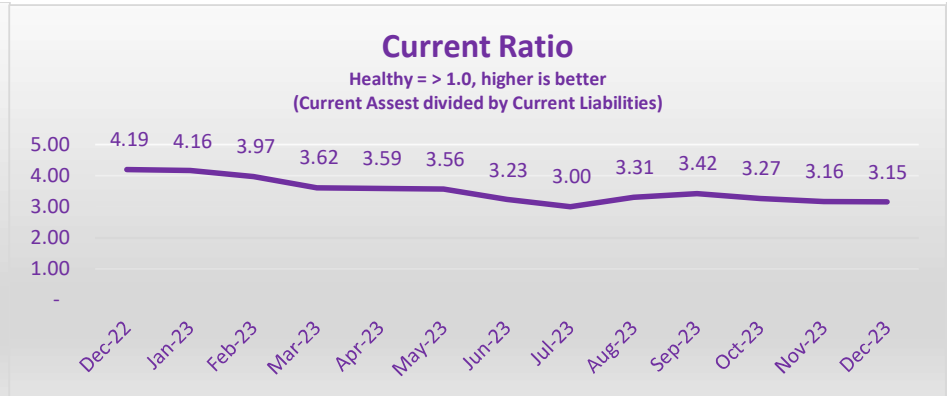
STATEMENT OF FINANCIAL POSITION

ASSETS	Dec-23	Dec-22	Change	Nov-23	Change
Current Assets	4,376,664	3,890,122	12.51%	4,261,316	2.71%
Long-Term Assets	2,645,384	2,527,483	4.66%	2,638,487	0.26%
TOTAL ASSETS	7,022,048	6,417,605	9.42%	6,899,803	1.77%
LIABILITIES AND NET ASSETS					
Current Liabilities	814,562	570,937	42.67%	773,370	5.33%
Estimated Medi-Cal Liabilities	574,193	357,021	60.83%	574,193	0.00%
Total Liabilities	1,388,755	927,958	49.66%	1,347,563	3.06%
Net Assets	5,633,293	5,489,647	2.62%	5,552,240	1.46%
TOTAL LIABILITIES AND NET ASSETS	7,022,048	6,417,605	9.42%	6,899,803	1.77%

STATEMENT OF ACTIVITIES - YTD

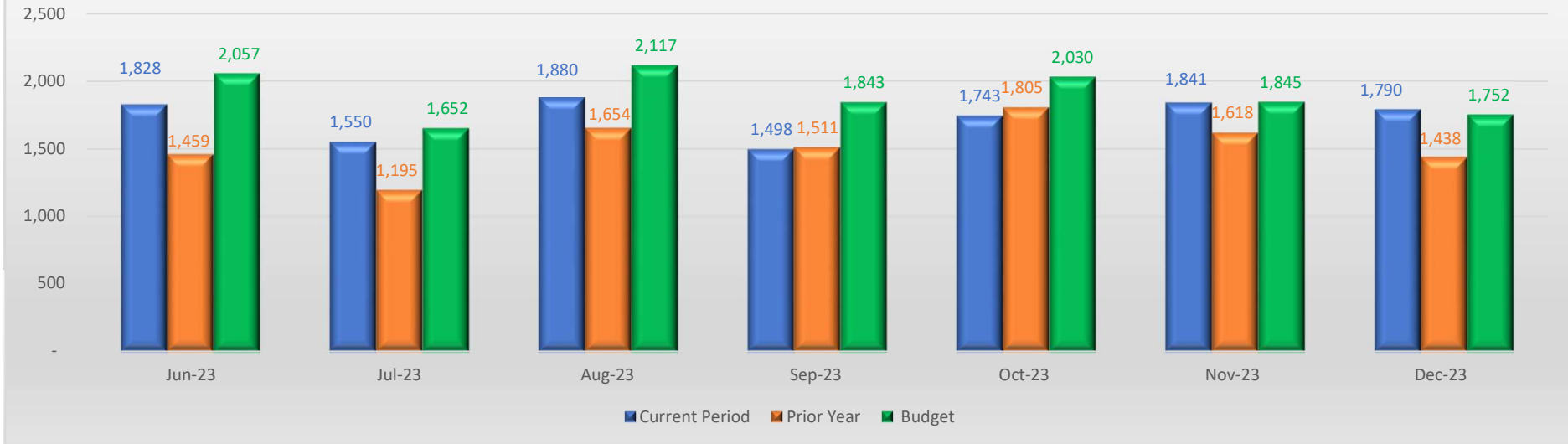
REVENUES	Actual	Budget	Variance	Prior Year	Variance
Patient Service Revenue	2,047,947	1,998,282	2.49%	1,647,089	24.34%
Grant & Other Revenue	1,842,591	1,926,012	-4.33%	2,133,584	-13.64%
NET REVENUE	3,890,538	3,924,294	-0.86%	3,780,673	2.91%
OPERATING EXPENSES					
Salaries and Benefits	2,964,367	3,172,544	-6.56%	2,682,407	10.51%
Contracted Services	19,397	65,126	-70.22%	107,349	-81.93%
Facility Costs	137,303	159,756	-14.05%	137,787	-0.35%
Supplies	235,899	285,940	-17.50%	268,815	-12.24%
Depreciation & Amortization	39,942	47,448	-15.82%	37,913	5.35%
Other Operating Expenses	737,425	768,302	-4.02%	861,353	-14.39%
TOTAL OPERATING EXPENSES	4,134,334	4,499,116	-8.11%	4,095,624	0.95%
OPERATING EXCESS/(DEFICIENCY)	(243,796)	(574,822)	-57.59%	(314,951)	-22.59%
Net Capital Income/(Expenses)	353,466	508,286	-30.46%	430,498	-17.89%
TOTAL EXCESS/(DEFICIENCY)	109,671	(66,536)	-264.83%	115,547	-5.09%

REDWOOD COAST MEDICAL SERVICES, INC.
 EXECUTIVE SUMMARY-PRELIMINARY
 December 2023



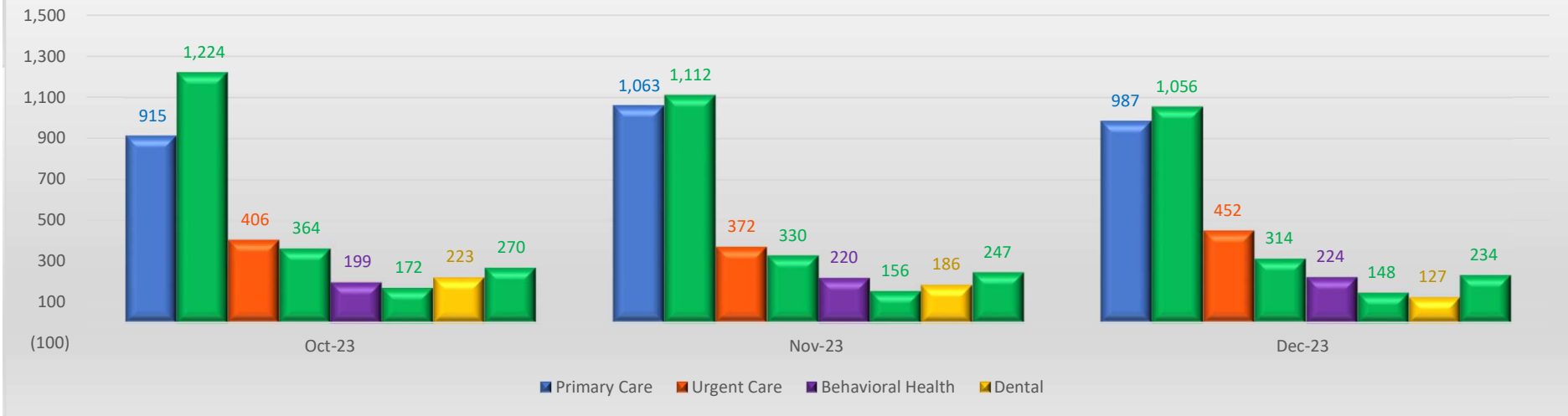
REDWOOD COAST MEDICAL SERVICES, INC.
 EXECUTIVE SUMMARY-PRELIMINARY
 December 2023

Monthly Visits



Monthly Visits by Department

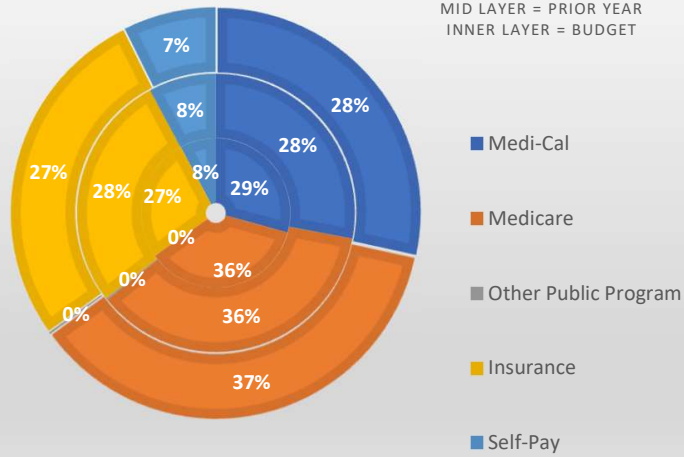
Budgeted visits depicted in green



REDWOOD COAST MEDICAL SERVICES, INC.
 EXECUTIVE SUMMARY-PRELIMINARY
 December 2023

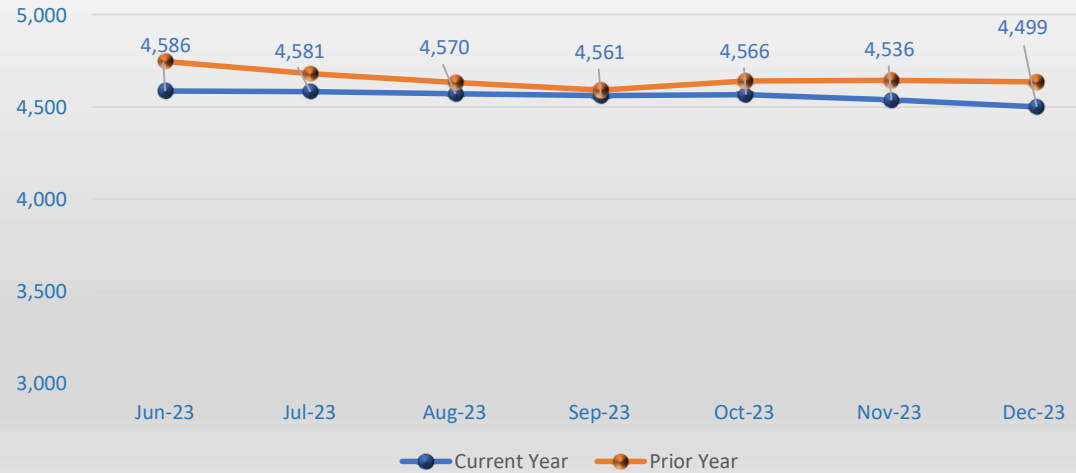
YTD PAYOR MIX

OUTER LAYER = CURRENT YEAR
 MID LAYER = PRIOR YEAR
 INNER LAYER = BUDGET

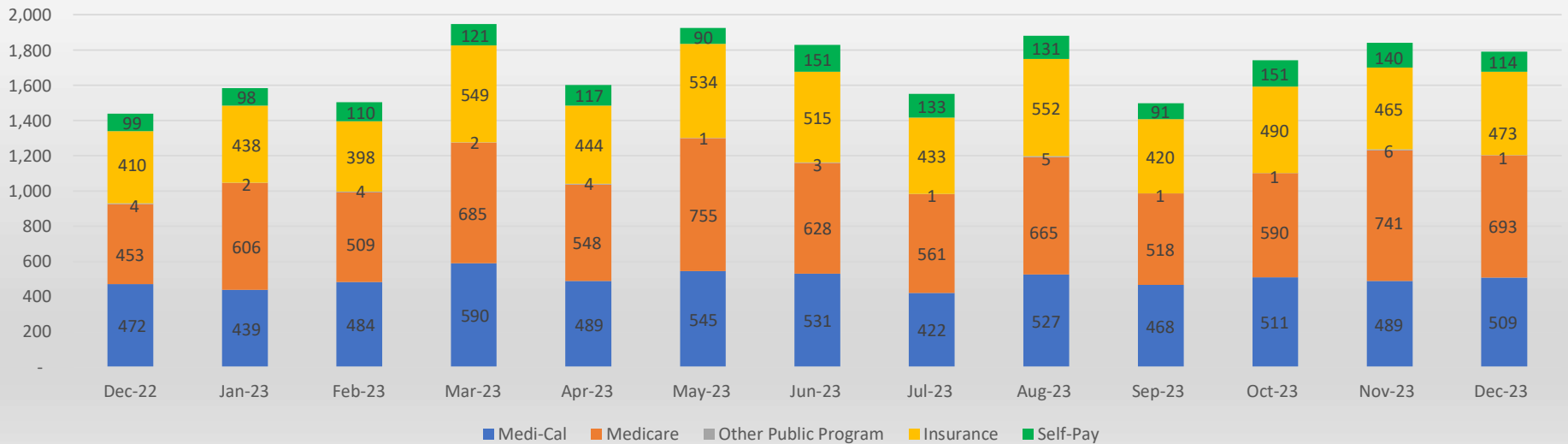


Unduplicated Patients

SAC = 5,000



Monthly Visits by Financial Class



REDWOOD COAST MEDICAL SERVICES, INC.

FINANCIAL NARRATIVE – PRELIMINARY

December 2023

Prepared by Christie MacVitie, contract CFO

Operating financial results:

The month of December ended with a bottom-line profit of \$81,054, which was \$14,361 less than the anticipated profit of \$95,415. The year-to-date bottom-line result was a profit of \$109,671 which is \$176,207 favorable to the budgeted loss of \$66,536. Net Patient Revenue (NPR) of \$323,640 was \$12,670 over budget.

NPR Variance	\$ 12,670.08
Due to higher/(lower) visits	\$ 6,744.78
Due to higher/(lower) rate per visit	\$ 5,925.30

- December visits of 1,790 were 38 more than the 1,752 visits budgeted!
- The average rate per visit of \$180.80 was \$3.31 higher than the budgeted average rate per visit of \$177.49.
- Operating Expenses of \$711,878 were \$18,081 under budget.
 - Total Compensation was \$22,753 under budget, despite the anticipated increase in Salaries and Wages, due to Benefits savings and lower-than-anticipated utilization of Contract Services.
 - Janitorial expenses were \$3,343 under budget, as a staff position now performs a portion of these services.
 - Computer Supplies & Support were \$3,010 over budget due to annual license renewals.
 - Consulting Fees-Accounting were \$4,170 over budget.
 - Continuing Education was \$2,513 over budget.
 - Dues & Subscription were \$2,792 over budget due to annual subscription renewals.

- Employee Recognition expenses were \$3,878 over budget due to the annual holiday party costs.
- Recruiting Expense was \$6,839 below budget.
- Clinical Supplies were \$8,904 under budget.
- Taxes & Licenses were \$2,864 higher than budget.
- Telephone and Communications were \$3,610 over budget.

Changes in Financial position:

- Cash and Investments were \$3,654,789 as of the end of December, which is \$586,320 more than the balance as of the end of December 2022.
 - Cash and Investments increased by \$233,925 during the month.
 - Recorded the highest collection of patient fees this fiscal year
 - Received two CLSD payments in December

Visits:

- December visits of 1,790 were 38 higher than the budgeted visits of 1,752.
 - Primary Care – 69 fewer than budgeted (987 vs. 1,056)
 - Urgent Care – 138 more than budgeted (452 vs. 314)
 - Behavioral Health – 76 more than budgeted (224 vs. 148)
 - Dental – 107 fewer than budgeted (127 vs. 234)

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position-Preliminary

As of 12/31/2023

	<u>Current Year</u>	<u>Prior Year</u>	<u>Variance</u>
Current Assets			
Cash & Investments			
Cash on Hand	2,062,242.03	1,894,866.00	167,376.03
Investments	1,592,546.52	1,173,602.97	418,943.55
Total Cash & Investments	<u>3,654,788.55</u>	<u>3,068,468.97</u>	<u>586,319.58</u>
Patient Accounts Receivable			
Accounts Receivable	602,596.83	760,531.22	(157,934.39)
Allowance for Doubtful Accounts	(213,924.00)	(245,352.00)	31,428.00
Total Patient Accounts Receivable	<u>388,672.83</u>	<u>515,179.22</u>	<u>(126,506.39)</u>
Other Current Assets			
Grants Receivable	18,188.48	54,178.00	(35,989.52)
Medi-Cal Receivable - Current Year	58,832.00	0.00	58,832.00
QIP Receivable	129,434.00	49,998.00	79,436.00
340B Receivable	0.00	32,389.25	(32,389.25)
Other Accounts Receivable	3,332.66	66,666.66	(63,334.00)
Prepaid Expenses	117,415.51	96,425.98	20,989.53
Other Assets	6,000.00	6,815.49	(815.49)
Total Other Current Assets	<u>333,202.65</u>	<u>306,473.38</u>	<u>26,729.27</u>
Total Current Assets	<u>4,376,664.03</u>	<u>3,890,121.57</u>	<u>486,542.46</u>
Property & Equipment			
Property & Equipment	5,130,565.26	4,914,950.60	215,614.66
Accumulated Depreciation	(2,485,180.89)	(2,387,467.54)	(97,713.35)
Total Property & Equipment	<u>2,645,384.37</u>	<u>2,527,483.06</u>	<u>117,901.31</u>
Total Assets	<u>7,022,048.40</u>	<u>6,417,604.63</u>	<u>604,443.77</u>
Current Liabilities			
Accounts Payable	95,065.76	76,230.86	18,834.90
Patient Refunds Due	6,827.91	0.00	6,827.91
Accrued Compensation and Related Liabilities	494,308.07	398,779.15	95,528.92
Medi-Cal Payable - Current Year	0.00	90,388.00	(90,388.00)
Medi-Cal Payable - Prior Year	574,193.30	266,632.93	307,560.37
Other Liabilities	2,800.00	2,800.00	0.00
Other Accounts Payable	23,067.00	33,804.13	(10,737.13)
Current Portion of Long Term Debt	0.00	23,200.50	(23,200.50)
Deferred Revenue	192,493.00	36,122.00	156,371.00
Total Current Liabilities	<u>1,388,755.04</u>	<u>927,957.57</u>	<u>460,797.47</u>
Total Liabilities	<u>1,388,755.04</u>	<u>927,957.57</u>	<u>460,797.47</u>
Net Assets			
Unrestricted Net Assets	5,523,622.55	5,374,099.98	149,522.57
Current Year Net Excess/Deficit	109,670.81	115,547.08	(5,876.27)
Total Net Assets	<u>5,633,293.36</u>	<u>5,489,647.06</u>	<u>143,646.30</u>
Total Liabilities & Net Assets	<u>7,022,048.40</u>	<u>6,417,604.63</u>	<u>604,443.77</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Activities

From 12/1/2023 Through 12/31/2023

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>
Patient Revenue						
Medi-Cal	128,237.58	111,497.00	16,740.58	737,532.31	715,532.00	22,000.31
Medicare	156,431.23	113,673.00	42,758.23	902,690.64	728,702.00	173,988.64
Family Pact	77.62	1,092.00	(1,014.38)	2,700.03	7,098.00	(4,397.97)
Insurance	52,717.01	65,454.00	(12,736.99)	360,434.83	421,707.00	(61,272.17)
Self Pay & Other	11,304.46	35,504.00	(24,199.54)	169,427.89	231,691.00	(62,263.11)
Sliding Scale & Other Write-Offs	(24,104.00)	(17,446.00)	(6,658.00)	(120,752.50)	(113,624.00)	(7,128.50)
Cost Report & Other Settlements	0.00	1,613.00	(1,613.00)	0.00	9,678.00	(9,678.00)
Patient Refunds	(1,023.82)	(417.00)	(606.82)	(4,086.28)	(2,502.00)	(1,584.28)
Total Patient Revenue	<u>323,640.08</u>	<u>310,970.00</u>	<u>12,670.08</u>	<u>2,047,946.92</u>	<u>1,998,282.00</u>	<u>49,664.92</u>
Operating Expenses						
Operating Expenses	711,877.71	729,959.00	18,081.29	4,134,333.91	4,499,116.00	364,782.09
Total Operating Expenses	<u>711,877.71</u>	<u>729,959.00</u>	<u>18,081.29</u>	<u>4,134,333.91</u>	<u>4,499,116.00</u>	<u>364,782.09</u>
Net Before Other Revenue	<u>(388,237.63)</u>	<u>(418,989.00)</u>	<u>30,751.37</u>	<u>(2,086,386.99)</u>	<u>(2,500,834.00)</u>	<u>414,447.01</u>
Grants & Other Revenue						
Grant Revenue-Federal 330	162,408.00	154,628.00	7,780.00	1,019,250.00	927,768.00	91,482.00
Grant Revenue-CADRE	0.00	0.00	0.00	9,439.00	0.00	9,439.00
Grant Revenue-Fed Hypertension	12,209.00	2,577.00	9,632.00	63,836.00	15,462.00	48,374.00
Grant Revenue-ECV	0.00	9,800.00	(9,800.00)	0.00	58,800.00	(58,800.00)
Grant Revenue-Federal UDS	0.00	1,292.00	(1,292.00)	0.00	7,752.00	(7,752.00)
Grant Revenue-Other	6,908.65	19,906.00	(12,997.35)	87,661.34	119,436.00	(31,774.66)
340B Revenue	8,203.51	44,748.00	(36,544.49)	85,914.91	268,488.00	(182,573.09)
Contract Revenue-CLSD	66,666.66	66,667.00	(0.34)	399,999.96	400,002.00	(2.04)
QIP Revenue	16,935.00	17,499.00	(564.00)	122,518.50	104,994.00	17,524.50
Rental Income	3,002.00	1,385.00	1,617.00	18,012.00	8,310.00	9,702.00
Interest & Dividends Earned	12,853.19	2,500.00	10,353.19	35,959.67	15,000.00	20,959.67
Total Grants & Other Revenue	<u>289,186.01</u>	<u>321,002.00</u>	<u>(31,815.99)</u>	<u>1,842,591.38</u>	<u>1,926,012.00</u>	<u>(83,420.62)</u>
Net Operating Income/(Loss)	<u>(99,051.62)</u>	<u>(97,987.00)</u>	<u>(1,064.62)</u>	<u>(243,795.61)</u>	<u>(574,822.00)</u>	<u>331,026.39</u>
Fundraising & Capital Activity						
Capital Grant Revenue	13,111.00	41,667.00	(28,556.00)	37,457.00	250,002.00	(212,545.00)
Fundraising Income	129,767.37	150,000.00	(20,232.63)	269,107.19	248,000.00	21,107.19
Fundraising Expense	(1,420.30)	(815.00)	(605.30)	(6,688.00)	(5,016.00)	(1,672.00)
Donations	2,500.00	1,550.00	950.00	5,673.32	9,300.00	(3,626.68)
Realized/Unrealized Gains/(Losses)	36,147.09	1,000.00	35,147.09	47,916.91	6,000.00	41,916.91
Total Fundraising & Capital Activity	<u>180,105.16</u>	<u>193,402.00</u>	<u>(13,296.84)</u>	<u>353,466.42</u>	<u>508,286.00</u>	<u>(154,819.58)</u>
Net Excess of Revenue over Expenses	<u>81,053.54</u>	<u>95,415.00</u>	<u>(14,361.46)</u>	<u>109,670.81</u>	<u>(66,536.00)</u>	<u>176,206.81</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 12/1/2023 Through 12/31/2023

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>
Salaries & Wages						
Salaries & Wages	429,762.87	425,370.00	(4,392.87)	2,534,632.27	2,633,222.00	98,589.73
Total Salaries & Wages	<u>429,762.87</u>	<u>425,370.00</u>	<u>(4,392.87)</u>	<u>2,534,632.27</u>	<u>2,633,222.00</u>	<u>98,589.73</u>
Benefits						
Payroll Taxes	27,012.96	31,858.00	4,845.04	169,524.57	197,196.00	27,671.43
Health Insurance	34,104.63	47,712.00	13,607.37	226,876.93	295,347.00	68,470.07
Workmans Compensation	6,476.00	5,981.00	(495.00)	27,571.00	37,023.00	9,452.00
Retirement	898.44	0.00	(898.44)	2,762.46	0.00	(2,762.46)
Other Benefits	500.00	1,576.00	1,076.00	3,000.00	9,756.00	6,756.00
Total Benefits	<u>68,992.03</u>	<u>87,127.00</u>	<u>18,134.97</u>	<u>429,734.96</u>	<u>539,322.00</u>	<u>109,587.04</u>
Contracted Services						
Contracted Physician	(60.00)	3,485.00	3,545.00	9,540.00	21,574.00	12,034.00
Contracted Physicians Assistant	0.00	4,846.00	4,846.00	0.00	30,000.00	30,000.00
Contracted Dentist Svcs	0.00	1,672.00	1,672.00	6,812.50	10,351.00	3,538.50
Contracted Pharmacist	1,569.10	517.00	(1,052.10)	3,044.86	3,201.00	156.14
Total Contracted Services	<u>1,509.10</u>	<u>10,520.00</u>	<u>9,010.90</u>	<u>19,397.36</u>	<u>65,126.00</u>	<u>45,728.64</u>
Total Compensation	<u>500,264.00</u>	<u>523,017.00</u>	<u>22,753.00</u>	<u>2,983,764.59</u>	<u>3,237,670.00</u>	<u>253,905.41</u>
Facility Expenses						
Depreciation-Facility	4,972.65	6,022.00	1,049.35	28,987.98	36,132.00	7,144.02
Janitorial	2,233.50	5,576.00	3,342.50	14,996.14	33,456.00	18,459.86
Rent	10,398.00	10,398.00	0.00	62,538.00	62,388.00	(150.00)
Repairs & Maint-Facility	967.10	1,773.00	805.90	7,700.42	10,638.00	2,937.58
Utilities	8,362.49	6,946.00	(1,416.49)	42,151.86	41,676.00	(475.86)
Real Estate Taxes	2,256.03	1,933.00	(323.03)	9,916.45	11,598.00	1,681.55
Total Facility Expenses	<u>29,189.77</u>	<u>32,648.00</u>	<u>3,458.23</u>	<u>166,290.85</u>	<u>195,888.00</u>	<u>29,597.15</u>
Other Expenses						
Advice Line	1,820.00	1,771.00	(49.00)	10,920.00	10,626.00	(294.00)
Audit Fees	0.00	0.00	0.00	0.00	20,000.00	20,000.00
Bad Debt	0.00	0.00	0.00	1,655.00	0.00	(1,655.00)
Bank Charges	1,616.93	683.00	(933.93)	5,746.34	4,098.00	(1,648.34)
Board Expense	1,888.00	1,223.00	(665.00)	11,161.44	7,338.00	(3,823.44)
Billing Services	2,601.76	1,557.00	(1,044.76)	10,706.90	9,342.00	(1,364.90)
Computer Supplies & Support	39,249.22	36,239.00	(3,010.22)	234,784.90	217,434.00	(17,350.90)
Consulting Fees	4,730.37	2,336.00	(2,394.37)	33,201.26	14,016.00	(19,185.26)
Consulting Fees - Accounting	12,746.00	8,576.00	(4,170.00)	44,837.00	51,456.00	6,619.00
Consulting Fees - Government Compliance	2,911.00	2,417.00	(494.00)	11,243.00	14,502.00	3,259.00
Consulting Fees - CFO	1,383.00	2,167.00	784.00	11,916.70	13,002.00	1,085.30
Continuing Education	5,118.94	2,606.00	(2,512.94)	11,534.91	15,636.00	4,101.09
Depreciation Expense	1,825.70	1,886.00	60.30	10,954.23	11,316.00	361.77
Donations/Contributions	714.46	580.00	(134.46)	723.25	3,480.00	2,756.75
Dues & Subscriptions	4,632.54	1,841.00	(2,791.54)	15,796.56	11,046.00	(4,750.56)
Employment Advertising	0.00	15.00	15.00	0.00	90.00	90.00
Employee Recognition	3,878.00	0.00	(3,878.00)	13,705.26	0.00	(13,705.26)
Equipment Lease	1,641.72	1,789.00	147.28	12,054.30	10,734.00	(1,320.30)
Fundraising Allocation	(1,420.30)	(815.00)	605.30	(6,688.00)	(5,016.00)	1,672.00
Infectious Waste Disposal	2,626.00	1,812.00	(814.00)	13,073.85	10,872.00	(2,201.85)
Insurance-General	2,798.36	3,933.00	1,134.64	19,423.42	23,598.00	4,174.58
Insurance-D&O	3,148.26	1,924.00	(1,224.26)	16,468.26	11,544.00	(4,924.26)
Insurance-Malpractice	878.00	1,060.00	182.00	5,250.00	6,360.00	1,110.00
Interest Expense	46.78	41.00	(5.78)	232.66	246.00	13.34
Lab Services	3,659.57	5,785.00	2,125.43	22,533.19	34,710.00	12,176.81

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 12/1/2023 Through 12/31/2023

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>
Memberships & Publications	0.00	187.00	187.00	42.00	1,122.00	1,080.00
Minor Equipment	0.00	2,473.00	2,473.00	4,350.07	14,838.00	10,487.93
Outreach & Hlth Ed Matls Exp	1,020.00	2,486.00	1,466.00	6,267.25	14,916.00	8,648.75
Payroll Service Fees	2,333.20	2,054.00	(279.20)	13,716.19	12,324.00	(1,392.19)
Penalties & Late Fees	0.00	0.00	0.00	110.88	0.00	(110.88)
Postage & Shipping	619.01	1,193.00	573.99	5,248.46	7,158.00	1,909.54
Publicity/Advertising	1,384.26	1,423.00	38.74	4,677.58	8,538.00	3,860.42
Recruiting Expense	0.00	6,839.00	6,839.00	6,600.00	41,034.00	34,434.00
Recruiting-Moving Expense	0.00	125.00	125.00	0.00	750.00	750.00
Provider Housing	3,226.80	2,302.00	(924.80)	15,219.31	13,812.00	(1,407.31)
Repairs & Maint-Equipment	3,137.65	2,414.00	(723.65)	26,628.65	14,484.00	(12,144.65)
Retirement Administration	0.00	78.00	78.00	1,547.50	468.00	(1,079.50)
Supplies-Office	6,434.79	5,672.00	(762.79)	33,972.49	33,952.00	(20.49)
Supplies-Clinical	18,756.81	27,661.00	8,904.19	152,226.51	165,966.00	13,739.49
Supplies-Vaccines	4,384.69	3,736.00	(648.69)	18,012.47	22,416.00	4,403.53
Supplies-Pharmaceutical	3,237.66	4,161.00	923.34	13,932.52	24,966.00	11,033.48
Supplies-340B Pharmaceutical	6,267.25	5,247.00	(1,020.25)	12,506.49	31,482.00	18,975.51
Taxes & Licenses	4,104.00	1,240.00	(2,864.00)	9,209.00	7,440.00	(1,769.00)
Telephone/Communication	13,053.93	9,444.00	(3,609.93)	60,826.43	56,664.00	(4,162.43)
Transcription Services	6,693.19	7,782.00	1,088.81	40,005.58	46,692.00	6,686.42
Travel & Conferences	5,057.79	4,059.00	(998.79)	23,047.56	24,354.00	1,306.44
X-Ray Expenses	<u>4,218.60</u>	<u>4,292.00</u>	<u>73.40</u>	<u>24,897.10</u>	<u>25,752.00</u>	<u>854.90</u>
Total Other Expenses	<u>182,423.94</u>	<u>174,294.00</u>	<u>(8,129.94)</u>	<u>984,278.47</u>	<u>1,065,558.00</u>	<u>81,279.53</u>
Total Operating Expenses	<u>711,877.71</u>	<u>729,959.00</u>	<u>18,081.29</u>	<u>4,134,333.91</u>	<u>4,499,116.00</u>	<u>364,782.09</u>
Total Operating Expenses After Allocation	<u>711,877.71</u>	<u>729,959.00</u>	<u>18,081.29</u>	<u>4,134,333.91</u>	<u>4,499,116.00</u>	<u>364,782.09</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Cash Flows

As of 12/31/2023

	<u>Current Period</u>	<u>Current Year</u>
Operating Activities		
Change in Net Assets	81,053.54	109,670.81
Adjustments to Reconcile Change in Net Assets to Cash		
Depreciation and Amortization	6,798.35	39,942.21
(Increase)/Decrease in Accounts Receivable	108,450.08	213,900.24
(Increase)/Decrease in Grants Receivable	12,321.00	(32,387.00)
(Increase)/Decrease Estimated Medi-Cal Receivable	6,677.00	(58,832.00)
(Increase)/Decrease in Prepaid Expenses	(8,870.18)	(22,706.54)
(Increase)/Decrease Other Assets	0.00	0.00
Increase/(Decrease) in Accounts Payable	8,284.41	40,411.88
Increase/(Decrease) in Accrued Expenses	32,316.02	1,983.74
Increase/(Decrease in Estimated Medi-Cal Payable	0.00	(12,075.10)
Increase/(Decrease) in Deferred Revenue	591.35	(21,952.00)
Increase/(Decrease) in Other Board Approved Liability	0.00	0.00
Total Adjustments to Reconcile Change in Net Assets to Cash	<u>166,568.03</u>	<u>148,285.43</u>
Total Operating Activities	<u>247,621.57</u>	<u>257,956.24</u>
Cash Flows from Investing Activities		
Investing Activities		
Land Purchases & Sales	0.00	0.00
Building Improvements	0.00	(12,719.06)
Equipment Purchases & Disposals	0.00	0.00
Construction in Progress	(13,696.10)	(146,376.36)
Total Investing Activities	<u>(13,696.10)</u>	<u>(159,095.42)</u>
Total Cash Flows from Investing Activities	<u>(13,696.10)</u>	<u>(159,095.42)</u>
Cash Flows from Financing Activities		
Financing Activities		
Increase/(Decrease) in Notes Payable	0.00	0.00
Total Financing Activities	<u>0.00</u>	<u>0.00</u>
Total Cash Flows from Financing Activities	<u>0.00</u>	<u>0.00</u>
Prior Period Adj. to Net Assets	0.00	0.00
Net Increase(Decrease) in Cash	<u>233,925.47</u>	<u>98,860.82</u>
Cash at Beginning of Period	3,420,863.08	3,555,927.73
Cash at End of Period	<u><u>3,654,788.55</u></u>	<u><u>3,654,788.55</u></u>

**RCMS Investment Portfolio
and operational funds at Schwab
Quarterly Report**

as of December 31, 2023

for January 29, 2024 Finance Committee meeting

		12/31/23 Total Invest Accts at Schwab		Target Allocation	12/31/22 Balances	Gain/(Loss) unrealized (since 12/31/22)	Gain/(Loss) unrealized (since purch)	Operational Funds at Schwab
	symbol	market value	% of total	% of total				
Cash (Schwab Bank)		\$7,857.02	0.5%		\$20,039.18			\$0.00
Schwab Govt Money Market Fund	SNVXX	\$41,302.72	2.6%		\$18.10			\$18.63
Schwab US Treasury Money Market Fund	SUTXX							\$1,004,879.16
Treasury Bills (\$240K, 6 month, maturing 2/22/24)		\$238,201.39	15.0%		\$239,041.68		YTM 5.51%	\$0.00
Treasury Bills (\$250K, 6 month, maturing 5/30/24)		\$244,748.78	15.4%		\$239,041.68		YTM 5.45%	\$0.00
Total Cash & Treasuries		\$532,109.91	33.4%	20%	\$498,140.64			\$1,004,897.79
Fixed Income Funds:								
Angel Oak Multi-Strategy	ANGLX	\$34,921.79	2.2%	3%	\$33,240.60	\$1,681.19	(\$5,756.86)	\$0.00
Pimco Income	PONAX	\$52,059.54	3.3%	4%	\$47,811.49	\$4,248.05	(\$2,968.12)	\$0.00
Pimco Mortgage Opportunities	PMZAX	\$63,092.64	4.0%	5%	\$59,232.58	\$3,860.06	(\$6,674.46)	\$0.00
River Canyon Total Return	RCTIX	\$53,131.29	3.3%	4%	\$48,292.34	\$4,838.95	(\$3,790.43)	\$0.00
Thornburg Strategic Income	TSIAX	\$51,499.20	3.2%	4%	\$48,006.37	\$3,492.83	(\$1,539.07)	\$0.00
Total Fixed Income Funds		\$254,704.46	16.0%	20%	\$236,583.38	\$18,121.08	(\$20,728.94)	\$0.00
Equity Funds & Equities:								
Vanguard Dividend Appreciation ETF	VIG	\$176,283.07	11.1%	13%	\$153,966.20	\$22,316.87	\$17,184.81	\$0.00
Vanguard International Dividend Appreciation ETF	VIGI	\$129,620.20	8.1%	10%	\$111,443.51	\$18,176.69	(\$8,036.56)	\$0.00
Vanguard Total Stock Market ETF	VTI	\$190,042.03	11.9%	14%	\$150,782.01	\$39,260.02	\$16,009.38	\$0.00
T. Rowe Price Dividend Growth	PRDGX	\$173,490.51	10.9%	13%	\$152,650.69	\$20,839.82	\$9,907.52	\$0.00
Parnassus Core Equity Investor	PRBLX	\$136,296.34	8.6%	10%	\$109,096.32	\$27,200.02	(\$8,730.11)	\$0.00
Total Equity Funds		\$805,732.15	50.6%	60%	\$677,938.73	\$127,793.42	\$26,335.04	\$0.00
Total Schwab Accounts		\$1,592,546.52	100.0%	100%	\$1,412,662.75	\$145,914.50	\$5,606.10	\$1,004,897.79



Sliding Fee Discount Program Policy and Procedure

Department	Clinic	First Approval Date	July 1, 2001
Scope	Entire Clinic	Revision Date(s)	May 2022 January 2019 June 2015 April 2013 November 2003
BoD Adoption Date		Committee Approval Date	
Next Review Date	February 2025	Date(s) Announced to Staff	

Purpose / Policy	<p>To assure access to health care services by families and individuals at a cost based on the eligible person's ability to pay.</p> <p>A Sliding Fee Discount Program will be provided to uninsured and underinsured patients and their family members with income levels at or below 200% of the current federal poverty guidelines, based on their family's size. The health center will request a nominal fee of \$20 for medical and behavioral health services, and \$50 for exam, cleanings and restorative services per provider visit. This policy is intended to adjust charges based on the patient's ability to pay in order to eliminate any financial barrier to care.</p>
Mandated by	HRSA
Definitions	
Attachments / References	<p>Sliding Fee Scale Form – Federal Poverty Guidelines (updated annually)</p> <p>Sliding Fee Discount Program Application (English)</p> <p>Sliding Fee Discount Program Application (Spanish)</p> <p>Sliding Fee Scale Attestation Form (English)</p> <p>Sliding Fee Scale Attestation Form (Spanish)</p>

PROCEDURE

1. THE SLIDING FEE DISCOUNT SCHEDULE FOR RCMS SLIDING FEE DISCOUNT PROGRAM WILL BE UPDATED ON AN ANNUAL BASIS.
 - A. In February of each year, the Chief Financial Officer or his/her designee will obtain the updated federal poverty income guidelines from the Federal Register and update the sliding fee discount schedule and ensure that the appropriate changes are made in the billing system. In conjunction with the Sliding Fee Discount Schedule review, the policies and procedures related to administration of the Sliding Fee Discount Program will be reviewed and updated, if needed.
 - B. The annual update to the sliding fee discount schedule and any policy updates proposed by the Chief Financial Officer will be presented to the finance committee of the board of directors for review. After finance committee review, the discount schedule and policy updates will be presented to the board of directors for final review and approval.

- C. No later than April 1 of each year, the updated Sliding Fee Discount Schedule will be put into effect.
 - D. At a minimum, once every three years, the clinic evaluates its sliding fee discount program by one of the following methods:
 - E. Taking a survey of the sliding fee patient population, particularly regarding the magnitude of the fees collected, to ensure they do not present a barrier to care. The data gathered will allow the clinic to evaluate the effectiveness of the sliding fee discount program and to identify potential barriers to care and make changes as needed.
 - F. Reviewing utilization data by type of service and by sliding fee scale category to determine if patients are successfully using the Sliding Fee Discount Program to access the health center's services. The results of this data will be brought to the Board for discussion and review in order to evaluate the effectiveness of the Sliding Fee Discount Program from the patients' perspective and/or to make changes as necessary.
2. THE HEALTH CENTER STAFF WILL ENSURE THAT PATIENTS ARE INFORMED ABOUT THE AVAILABILITY OF THE SLIDING FEE DISCOUNT PROGRAM.
- A. As part of the registration process, prior to patient appointments, front office staff will perform eligibility screening to determine whether the patient is eligible for any public program before being considered for the Sliding Fee Discount Program. All patients who qualify for the Sliding Fee Discount Program based on their family size and income level will be informed about the Sliding Fee Discount Program and assisted by the front office staff in completing the Sliding Fee application.
 - B. The health center will post lobby signs regarding the availability of the Sliding Fee Discount Program and issue periodic reminders via printed messages on billing statements and other appropriate communication methods.
3. THE HEALTH CENTER WILL MAINTAIN A UNIFORM PROCESS FOR SLIDING FEE DISCOUNT PROGRAM APPLICATIONS AND WILL VERIFY PATIENT ELIGIBILITY WHEN APPLICABLE.
- A. Patients applying for the Sliding Fee Discount Program must provide written verification of income and family size.
 - a. Per the Census Bureau, income is defined as the amount of monetary income received in the preceding calendar year before payments for personal income taxes, social security, union dues, Medicare deductions, etc.
 - b. For purposes of the Sliding Fee Discount Program, family is defined as individuals of a household, both traditional and non-traditional families, who are tied together financially. Family may include a single individual who is counted as one person for "family size."
 - c. Examples of written verification include prior year's W-2 forms, a recent pay stub, unemployment check stub, notification of benefit for disability, social security statement, workers compensation stub, monthly bank statement or the prior year income tax return or self-attestation. Patients providing this level of income documentation will have their income verified no less than annually.
 - d. The Sliding Fee Discount Program application spells out all the details.
 - B. All Sliding Fee Discount Program applications will be reviewed by supervisory staff to ensure that the correct level of income has been calculated and therefore the appropriate level of discount will be applied,

- C. Patients with insurance coverage will be screened for the Sliding Fee Discount Program. If they qualify, their charge for the visit will be the lesser of their co-pay amount or the sliding fee. Insured patients whose family income is at or below 200% of the Federal Poverty Level shall not pay more than the sliding fee for which they qualify, when possible within insurance company contract terms. These out-of-pocket costs include deductibles, co-pays, and services not covered by the plan.
 - D. Self-declaration/attestation may be used. Patients who are unable to provide written verification may provide a signed statement of income or attestation. This statement will be presented to the Front Office Supervisor for review and final determination as to the appropriate sliding fee discount.
 - E. If a patient qualifies, the appropriate Sliding Fee Discount shall be granted. There are four different levels available for Sliding Fee Discounts. To determine the level of Sliding Fee Discount appropriate for the patient, the total family size and income levels shall be compared to the Sliding Fee Discount Schedule (see attached).
 - F. Patients unable or unwilling to provide written verification of income may still be eligible to participate in the Sliding Fee Discount Program and will be required to pay full fees, until such time as they provide written verification of income or attestation. At the time written verification of income is provided, any eligible discount will be applied to previous services retroactively up to 30 days.
 - G. Patients applying for the Sliding Fee Discount Program will be informed that they are obligated to contact the health center if their income level or family size changes.
 - H. The Front Office Supervisor has the authority to reduce or waive any fee(s) for any patient of the health center, regardless of their insurance status or pay class, including the nominal fee, in cases where it is determined that the charge(s) represents a barrier to care. The nominal fee may be waived under circumstances of indigence (suffering extreme poverty), particularly when combined with immigration status, mental health issues, homelessness with no income or other assets, unemployment with no other assets, and disability with no other assets; also, in cases of patients having no income due to serious medical issues or personal emergencies due to serious, expensive medical diagnoses, major accidents, catastrophes, earthquakes, fires, or floods, or any other unusual circumstance determined by the Front Office Supervisor to be causing a financial barrier to the patient's ability to access health care.
4. THE HEALTH CENTER WILL MAINTAIN UNIFORM MINIMUM PAYMENT TERMS FOR SLIDING FEE DISCOUNT PROGRAM SERVICES.
- A. When a Sliding Fee Discount Program patient is in need of additional services (lab or x-rays) the fee paid is inclusive of those services for Sliding Fee Discount Program Patients.
 - B. Services covered by the Sliding Fee Discount Program must be medically necessary, as determined by the provider. If certain expensive procedures or lab tests with less expensive options are requested by a patient, these procedures or test may be exempted from sliding fee discounts, but the patient and provider will have an agreement in advance of these if requested by the patient.
5. THE HEALTH CENTER WILL MAINTAIN CONSISTENT EXPECTATIONS FOR PAYMENT ON OUTSTANDING BALANCES AND CLEARLY COMMUNICATE THESE EXPECTATIONS.
- A. The health center staff will request and expect payment at time of visit. Patients who cannot make the nominal charge payment at the time of service will be asked to bring payment to the

next visit. If it is determined that the nominal fee is presenting a barrier to care, the fee will be waived in accordance with paragraph 3H.

- B. The health center Sliding Fee Discount Program patient accounts are handled in a manner consistent with payment and collection policies offered by other businesses that extend credit. Patients on the Sliding Fee Discount Program will be billed at least monthly. All accounts must be kept current, and the health center's Billing Clerks will work with patients to establish payment plans. After 30 days of no activity on an account, staff will contact the patient to establish a payment plan. After 90 days of insufficient activity, except for those patients whose income is equal or less than 100% of the federal poverty level.
- C. The BOD and Finance Committee reserve the right to engage a collection agency if deemed necessary, but currently, RCMS does not use collection agencies to assist in collection of slow-pay/no-pay patients.

DRAFT



2024 Federal Poverty Levels

By Family Size and Income for determining patient sliding scale eligibility
Effective 02/01/2023

	SS (A)	SS (B)	SS (C)	SS (D)
Medical:	\$20.00	\$30.00	\$40.00	\$50.00
Behavioral Health:	\$20.00	\$30.00	\$40.00	\$50.00
Dental:	\$50.00	\$60.00	\$70.00	\$80.00

Family Size	A 0-100% Medical: \$20.00 Behavioral Health: \$20.00 Dental: \$50.00	B 100.01-133.00% Medical: \$30.00 Behavioral Health: \$30.00 Dental: \$60.00	C 133.01-166.00% Medical: \$40.00 Behavioral Health: \$40.00 Dental: \$70.00	D 166.01-200.00% Medical: \$50.00 Behavioral Health: \$50.00 Dental: \$80.00
1	\$0 – 15,060	\$15,061 – 20,030	\$20,031 – 25,000	\$25,001 - 30,120
2	0 – 20,440	20,441 – 27,185	27,186 – 33,930	33,931 – 40,880
3	0 – 25,820	25,821 – 34,341	34,342 – 42,861	42,862 – 51,640
4	0 – 31,200	31,201 – 41,496	41,497 – 51,792	51,793 – 62,400
5	0 – 36,580	36,581 – 48,651	48,652 – 60,723	60,724 – 73,160
6	0 – 41,960	41,961 – 55,807	55,808 – 69,654	69,655 – 83,920
7	0 – 47,340	47,341 – 62,962	62,963 – 78,584	78,585 – 94,680
8	0 – 52,720	52,721 – 70,118	70,119 – 87,515	87,516 – 105,440
For each additional family member, add:	5,380	5,831	7,156	8,931

Patients with an income over 200% of the Federal Poverty Guidelines do not qualify for the Sliding Fee Discount Program.

OUR MISSION: The mission of Redwood Coast Medical Services (RCMS) is to provide high quality, family-oriented, community based primary medical and dental care, including a broad range of preventive health services to residents and visitors within the coastal areas of Southern Mendocino and Northern Sonoma Counties.

RCMS is a not-for-profit health center providing a full range of healthcare services at its three clinics located in Gualala and Point Arena. Services are designed to meet identified needs of the community services, are integrated with other existing healthcare services and systems, and are evaluated on a regular basis to assure that community health needs are being met.



A, B, C, or D
Exp.

RCMS – Gualala RCMS – Point Arena Point Arena Dental Clinic

Redwood Coast Medical Services - Patient Financial Screening

Patients are required to pay their sliding-scale fees at the time of service. No Patient will be denied services.

Patient Name: _____ Date of Birth: _____

Social Security #: _____

Responsible Person: _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please list all members of your household – spouse and children under 18 – for whom you have financial responsibility.

	Name	Date of Birth	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I/We do declare my/our monthly gross household income is: \$ _____ # in Household _____

You are requested to provide proof of income within your initial 30-day eligibility period. Initial here: _____

By signing below, I agree that I am financially responsible for treatment I receive. I also declare under penalty of perjury that the answers and documents I have provided are correct and true to the best of my knowledge and belief. I also understand that payment is required at the time of service and, if payments are not made in a timely manner, then the unpaid balance will be turned over to a collection agency.

Sliding scale patients needing diagnostic services: I authorize RCMS to release this information to another health care provider in order to qualify for their charity care program for diagnostic tests ordered by RCMS providers.

Patient or Guardian's Signature Date RCMS Staff Signature Date

RCMS Staff Only

Sliding Scale Account # _____
Date of discount authorization Expiration date of authorization

Patient or Family Member has emergency Medi-Cal Or High Share of Cost.

This information will be treated with confidentiality as according to HIPAA standards.



Patient Copy - Documentation of Income

To be eligible for RCMS's Sliding Scale program, you must provide one of the following proofs of income within 30 days of application or the Sliding scale will expire. You may reapply again.

- W-2 form
- Last year's income tax return
- Most recent pay check stub
- Unemployment check stub
- Notification of Benefit for disability income
- Social Security payment letter or bank statement showing proof of direct deposit of Social Security income
- If self-employed, either prior year's Schedule C income statement or quarterly profit and loss statement
- Worker's Compensation stub or proof of direct deposit
- Signed personal letter stating declaration of income such as income from boarders, odd jobs, or assistance from charity, family for friends

If you are unable to provide RCMS with one of the approved forms of income documentation, or if you have any questions, I am here to support you access to health care. Please call me at:

Yvonne Fuentes
PO Box 629 / 175 Main St.
Point Arena, CA 95468
(707)882-2189 x100
yfuentes@rcms-healthcare.com

If you are eligible for Sliding Scale assistance and provide proof of income or a signed attestation form your eligibility will be evaluated yearly.

Gualala Medical Center
46900 Ocean Drive
Gualala, CA 95445
(707) 884-4005

Point Arena Medical Center
30 Mill Street
Point Arena, CA 95468
(707) 882-1704

Point Arena Dental Center
175 Main Street
Point Arena, CA 95468
(707) 882-2189

This information will be treated with confidentiality as according to HIPAA standards.

P:\Common Drive\Commonly Used Forms\Sliding Fee Scale Forms\Sliding Fee Scale Application-English

Updated 04/2018



A, B, C, or D
Exp.

 RCMS – Gualala RCMS – Point Arena Point Arena Dental Clinic**Redwood Coast Medical Services - Proyección Financiera del Paciente**

Es requerido el pago de los cargos basados en el descuento al momento del servicio médico. No Paciente es negado servicios.

Nombre del Paciente: _____ Fecha de Nacimiento: _____

No. Seguro Social _____

Persona Responsable: _____ Fecha de Nacimiento: _____

Dirección Postal _____

Dirección Residencial: _____

Teléfono Casa: _____ Tel. Trabajo: _____ Tel. Móvil: _____

Favor enumerar a los miembros de su familia – cónyuge e hijos menores de 18 años – con los que usted tenga responsabilidad financiera.

	Nombre	Fecha de Nacimiento	Parentesco
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Yo/nosotros declaramos que mi/nuestro ingreso bruto mensual es de: \$ _____ # de miembros en su familia _____

Se le pide a prueba de ingresos de su período inicial de elegibilidad de 30 días. Iniciales: _____

Firmando abajo afirmo que soy financieramente responsable por el tratamiento que recibo. También declaro bajo pena de perjurio que las respuestas y documentos providenciados son correctos y verdaderos al mejor de mi entendimiento y creencia. También entiendo que pagos son necesarios al tiempo de recibir los servicios médicos y, si los pagos no se efectúan, el balance no recibido será reportado a una agencia de cobros

Firma del Paciente_____
Fecha_____
Firma Empleado/a de RCMS_____
Fecha**RCMS Staff Only**

Sliding Scale Account # _____

Date of discount authorization_____
Expiration date of authorization Patient or Family Member has emergency Medi-Cal Or High Share of Cost.

Esta información será tratada confidencialmente en acuerdo a las normas de HIPAA.

P:Common Drive/Commonly Used Forms/Sliding Fee Scale Forms/Sliding Fee Scale Application-Spanish

Updated 06/2021



Copia para el Paciente – Documentación de Ingreso

Para ser elegible para el Programa de la Escala de Descuento usted debe proveernos una prueba de documentación de los ingresos de cada persona que vive en su hogar. Puede volver a solicitarla nuevamente.

- Forma W-2
- Impuestos del año pasado
- El talón de cheques más reciente
- Talón del desempleo
- Notificación de sus beneficios de incapacidad
- Carta del Seguro Social o estado de la cuenta bancaria que muestre prueba de depósito directo de su ingreso del Seguro Social
- Si usted es propio empleado, muestre el Horario C de su estado de ingreso o la prueba de los últimos cuatro meses
- Talón de Compensación al Trabajador o comprobante de depósito directo
- Carta personal firmada que indique una declaración de ingresos, como ingresos de huéspedes, trabajos ocasionales o asistencia de organizaciones benéficas, familiares o amigos

Si no puede proporcionar RCMS con una de las formas aprobadas de documentación de ingresos, o si tiene alguna pregunta, por favor llámeme. Estoy aquí disponible para ayudarlo a obtener cuidado de salud:

Yvonne Fuentes
PO Box 629 / 175 Main St.
Point Arena, CA 95468
(707)882-2189 x100 yfuentes@rcms-healthcare.org

Si usted es elegible para asistencia de la Escala el Descuento, su elegibilidad será evaluada cada tres meses. En ese momento, su documentación de ingreso será requerida si usted continúa su elegibilidad.

Gualala Medical Center
46900 Ocean Drive
Gualala, CA 95445
(707) 884-4005

Point Arena Medical Center
30 Mill Street
Point Arena, CA 95468
(707) 882-1704

Point Arena Dental Center
175 Main Street
Point Arena, CA 95468
(707) 882-2189

Esta información será tratada confidencialmente en acuerdo a las normas de HIPAA.

P:Common Drive/Commonly Used Forms/Sliding Fee Scale Forms/Sliding Fee Scale Application-Spanish

Updated 06/2021



ATTESTATION FORM:

Only use this form if you cannot provide proof of income documentation

Name: _____ **Date of Birth** _____

Social Security No: _____

My estimated annual household income currently is \$ _____
(Please include dollar amount)

- \$ _____ Social Security Disability Income (SSDI)
(Beginning Date __/__/__)
- \$ _____ Supplemental Security Income (SSI)
- \$ _____ Aid from the Department of Public Welfare
- \$ _____ Unemployment Benefits (From __/__/__ to __/__/__)
- \$ _____ Workers Compensation Benefits (From __/__/__ to __/__/__)
- \$ _____ Dividends, interest, or investment accounts
- \$ _____ Employment (Myself and/or my spouse)
- \$ _____ Other (include assistance from family, friends, charity, or church. Please specify the amount financial assistance you receive – may include percentage of rent, food, etc.)

Number of people in household: _____

Patient's Signature: _____ Date _____

RCMS Staff Signature: _____ Date _____



**ATTESTATION FORM:
CERTIFICACIÓN DE INGRESOS**

Utilice éste formulario si no puede providenciar prueba de sus ingresos

Nombre: _____ Fecha de Nacimiento _____
No. del Seguro Social: _____
Mi estimado de ingresos anuales es \$ _____

\$ _____ Ingresos por Incapacidad (SSDI) (Fecha de Comienzo ___/___)

\$ _____ Ingreso de Seguro Suplementario (SSI)

\$ _____ Ayuda del Departamento de Asistencia Social (Welfare)

\$ _____ Beneficios por Desempleo (de ___/___ a ___/___)

\$ _____ Beneficios de Compensación al Empleado (de ___/___ a ___/___)

\$ _____ Dividendos, intereses o ingresos por inversiones

\$ _____ Empleo (Propio y/o cónyuge)

\$ _____ Otros ingresos (Incluya asistencia familiar, caridades o iglesias. Favor de especificar la cantidad de ayuda financiera recibida- puede incluir el porcentaje por renta, comida, etc.)

Número de personas en su hogar : _____

Firma del Paciente: _____ Fecha _____

RCMS Staff Signature: _____ Date: _____