



REDWOOD COAST MEDICAL SERVICES, INC
BOARD OF DIRECTORS - MEETING AGENDA
In person: Elaine Jacob Center | Online: Zoom
April 24, 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 March 27, 2024 	Leslie Bates	Vote	Page 2-5
5:05 pm	HUMAN RESOURCES COMMITTEE REPORT <ul style="list-style-type: none"> Update 	Renee Kaucnik		
5:15 pm	MEDICAL TEAM REPORT <ul style="list-style-type: none"> Update on clinic operations 	Barbara Brittell		
5:30 pm	DEVELOPMENT, GRANTS, OUTREACH & RISK/COMPLIANCE REPORT <ul style="list-style-type: none"> Updates Report on policies, procedures, and credentialing for review/approval Vote on acceptance of policies, procedures, and credentialing Board Training: Ch. 18 Program Monitoring and Data Reporting Systems 	Dawn McQuarrie	Votes	Page 6-40
5:40 pm	PERFORMANCE IMPROVEMENT COMMITTEE Update	Susan Hamlin		
5:55 pm	CEO REPORT Operations/Staffing Update	Ara Chakrabarti		
6:10 pm	FINANCE COMMITTEE REPORT <ul style="list-style-type: none"> Report on March Financials Vote on acceptance of the March Financials Review and vote on approval of Tax Form 990 Budget Assumptions for Fiscal Year 2024-2025 	Drew McCalley Ara Chakrabarti	Votes	Page 41-57 Form 990 sent as email attachment.
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	EMERGENCY PREPAREDNESS <ul style="list-style-type: none"> Update 	Leslie Bates		
6:50 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 March 27, 2024

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

STAFF PRESENT	
Ara Chakrabarti	
Barbara Brittell	
Renee Kaucnik	
Christie MacVitie	
Karen Wilder	

Public Attendees: 1

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, Patricia Lynch moved to accept the minutes of February 28, 2024. Seconded: Kelley.

WELCOME GUESTS:

- Jake Petrykowski, MHA Addiction Services Group, Peer Recovery Support Counselor.
- Presented services that are provided at MHA for addiction services and discussed coordination with RCMS.

HUMAN RESOURCES REPORT: Renee Kaucnik, HR/Operations Manager

- Focusing on Population Health Management Initiative (PHMI), specifically updating the organization chart.
- Continuing to develop care teams for providers.
- Continuing to interview for Refill Team and Front Desk positions.
- Continuing to utilize recruitment firms to help fill positions.
- Training team continuing the development of employee onboarding and other comprehensive staff trainings.
- March Anniversaries: Vicci Marcotte (4 years), Yvonne Fuentes (12 years), Amanda Chase (11 years), Tiffany Dickerson (14 years)

MEDICAL TEAM REPORT: Ara Chakrabarti on behalf of Barbara Brittell, Deputy Medical Director

- Measles are going around the community. Anyone with children who have not been vaccinated for measles should call RCMS and arrange for the vaccine immediately.

DEVELOPMENT, GRANTS, OUTREACH, AND RISK/COMPLIANCE REPORT: Dawn McQuarrie, Programs Manager

- UDS updates submitted March 1 – all clear and accepted by Health Resource Services Administration (HRSA)
- CalFresh RFP Response submitted March 12.
- CPCA Medi-Cal Navigator Report submitted March 15.
- Exact Sciences Colorectal Cancer Screening RFP Response submitted March 21 – awaiting response.
- California State Board of Pharmacy response packet submitted March 15.
- March 20, 2024 – fundraising event at The Sea Ranch Lodge raised approximately \$50k.
- We are leveraging print media, social media, flyers, radio, TV monitors, and The Pulse.
- We respond to all messages received via Facebook and website.
- Javier Chavez continues to assist our community members.
- Continuing to streamline policy and procedures process.

Board Training: HRSA Compliance Manual Chapter 7: *Coverage for Medical Emergencies During and After Hours*

Requirements

- Provisions for responding to patient medical emergencies during regularly scheduled hours.
- Clearly defined arrangements for responding to patient medical emergencies after hours.

Demonstrating Compliance

- At least one staff member trained and certified in basic life support present at each site.
- Follow applicable operating procedures for patient medical emergencies during hours of operation.
- After-hours coverage by TEAMHealth, a medical advice line staffed by RNs.
- RCMS receives reports of after-hours calls and any necessary follow-up.

CEO REPORT: Ara Chakrabarti, CEO

- Communications:
 - Reported on the Black and White Dinner at Sea Ranch Lodge. Confidence in RCMS was expressed by community members in attendance.
 - Small donation made to Mendonoma Health Alliance (MHA) to help with critical grant funding gaps.
- Operations Update:
 - Reported on staff attendance at state PHMI Conference.
 - RCMS Emergency Coordinator will be attending statewide Emergency Preparedness Conference.
 - Labdaq software implementation is in production now and being used in the lab, but more comprehensive training is needed.
 - Patient Portal is now set for auto-enrollment, anyone who is seen at RCMS (Urgent or Primary Care), the system will now generate an email encouraging them to enroll.
 - Dr. Afsoon will be on a 6-week sabbatical and providers already have a plan to fill any gaps.
 - Potential candidate for a Marriage and Family Therapist in Behavioral Health.
 - Annual financial audit has been completed.
 - Palliative Care Formalization – all documentation is ready to submit to the state for approval.
- Facility Update:
 - Flooring for Gualala clinic is completed.
 - Still waiting for Mendocino County Planning and Building to circulate plans to other government agencies to move project forward.
 - Capital Campaign Committee is still working on developing campaign materials.
 - Continuing to build a financial model and schedule for the project.
 - Continuing to search for any applicable grants and a professional fundraising consultant and attorney.
 - Discussed plans to begin implementation of phase one in 2025.
 - The goal is to have a new facility by the end of 2026.

FINANCE COMMITTEE REPORT: Drew McCalley, Board Treasurer

- Reviewed the Executive Summary for the month of February 2024.
- Financial position continues to be strong.
- Dedicated cash for the building expansion project has now been broken out as a separate line item.
- Year-to-date Net Income is positive \$31k, and about \$171k ahead of the budget estimates overall.
- Reviewed the key ratios and explained the reason for small dip in cash on hand for the month, still well above target range.
- Primary Care visits continue to trail behind budget, and Urgent Care above budget, as they have all year, and will likely budget visits closer to this trend for the next fiscal year.
- Discussed need to address messaging around Urgent Care and encourage patients to become Primary Care patients. Staff will coordinate on community outreach and messaging for this effort.
- Payor mix continues to be stable and on trend with prior months.



- Net Patient Revenue Variance was negative for the month due to lower visits.
- Reviewed the new Cash Management Restricted line item in the detailed financial statements for the clinic building expansion project.
- Grants are stable and strong.
- Bottom line – the financial position is good.

On behalf of the Finance Committee, Drew McCalley made the recommendation for the Board to accept the February 2024 financials as presented. Moved/Seconded: Lynch/Bates. Vote: Unanimously accepted.

MENDONOMA HEALTH ALLIANCE REPORT: Janis Dolphin, MHA Board Member

- Reported on the grant funding status at MHA. State grants confirmed but no indication from the government when the funds will be received. When the funding does come through, 2 additional Peer Recovery Coordinators will be hired.
- State funding for Mobile Clinic not estimated to be available until next fiscal year.
- Continuing to appeal to the community to raise funds to fill the gap in their funding.
- Still several permitting processes need to be complete before the MHA Mobile Clinic can operate.
- Matter of Balance class in progress.
- Reminder about Drug Take Back event April 4. Veterans Affairs will be present offering free gun locks and gun safety education.
- Healthy Living Course series will begin in April
- Mobile dental clinic, in coordination with St. Josephs/Memorial, will begin in June in Fort Ross.

AUDIT COMMITTEE REPORT: Drew McCalley, Committee Chair

- Audit was completed during the last month and the summary of the report is included in the packet.
- Clean opinion – no red flags, no audit exceptions, no identified internal control weaknesses.

On behalf of the Audit Committee, Drew McCalley made the recommendation for the Board to accept the Annual Audit Report as presented. Moved/Seconded: Lynch/Bates. Vote: Unanimously accepted.

- Reported on the results of the Request for Proposals for a new audit firm for a new 3-year contract.
- Discussed the need to periodically change audit firms.

On behalf of the Audit Committee, Drew McCalley made the recommendation for the Board to accept the CHW LLP proposed 3-year contract for annual audit services as presented. Moved/Seconded: Lynch/Bates. Vote: Unanimously accepted.

EMERGENCY PREPAREDNESS COMMITTEE REPORT: Leslie Bates, Board Chair

- 51 requests for volunteers sent out to go through county certification process for emergency mobilization. 21 have already responded yes.

EXECUTIVE COMMITTEE REPORT: Leslie Bates, Board Chair

- RCMS will be sponsoring The Sharks t-ball team this year. Opening day will be April 6 at the Dust Bowl 9am.

PUBLIC COMMENT/SHOUT OUTS:

- Leslie Bates: Thank you, Dawn McQuarrie, for organizing a great event, and Susan Hamlin, and Patricia Lynch for helping to check people in.



- Leslie Bates: Thank you, Jazelyn at Genoa Pharmacy, for your patience and professionalism. Thank you to all the administrative professionals at RCMS.
- Patricia Lynch: Thank you, Ara and Drew, for the work you do to get the organization a clean audit!
- Ara Chakrabarti: Thank you letter received regarding new pharmacy services and the extra mile they went to help educate our community members on understanding Medicare parts A, B, D etc. and how they can save money on prescriptions.

Meeting adjourned at 6:31 PM.

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

Grants, Development, Outreach, and Risk/Compliance Report

April 2024 Activities

Grants/Funding

- CADRE report 00277484 submitted April 3
- CADRE report 00277485 submitted April 3
- ECV FFR submitted April 3
- CalFresh RFP Response awarded April 4
- CADRE report 00277483 submitted April 5
- HRSA COVID-19 survey submitted April 8
- Partnership Provider Retention LOI submitted April 8
- USDA application finalized April 11
- CPCA Medi-Cal Navigator Report submitted April 11
- CPCA Medi-Cal Navigator Invoice submitted April 15
- State of California Department of Public Health facility license renewals for Point Arena Medical and Dental submitted April 15
- State of California Department of Public Health medical waste registration renewal for Point Arena Dental submitted April 17
- HRSA FTCA deeming application open April 19
- 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

Q2 CY24: in process
Q1 CY24: in process
Q4 CY23: 1,092 sent – 151 returned – 13.83% return rate – 95.71% satisfaction rate
Q3 CY23: 965 sent – 103 returned – 10.67% return rate – 97.00 satisfaction rate

Primary Care surveys are sent quarterly and compiled quarterly

Q1 CY24:
Gualala: in process
Point Arena: in process
Q4 CY23:
Gualala: 1,198 sent – 96 returned – 8.01% return rate – 91.72% satisfaction rate
Point Arena: 363 sent – 44 returned – 12.12% return rate – 92.79% satisfaction rate

Q3 CY23:

Gualala: 1,164 sent – 118 returned – 10.14% return rate – 87.86% satisfaction
Point Arena: 357 sent – 33 returned – 9.24% return rate – 92.12% satisfaction

Risk/Compliance

- Continuing to update and streamline PnPs
- Attending meeting and trainings

Other/Policies and Procedures

- Business Associate Agreement
- Claims Management
- Code of Conduct
- Conflict of Interest-Board of Directors
- Continuity of Care
- Facsimile of Protected Health Information
- Infection Control
- Internal Incident Reporting
- Occupational Exposures to Infections Substances, Including Needle Sticks
- Patient Grievance

Credentialing

- Kalev Golubjatnikov, FNP
- Amanda Chase, X-Ray
- Teresa Heinzelman, X-Ray
- Nora Messinger, RN
- Jun Hamilton, LVN

Board Training

Chapter 18: Program Monitoring and Data Reporting Systems

Ensure we have a system in place for overseeing the operations of the Federal award-supported activities to ensure compliance.

- a. We have a system to collect and organize data related to our scope of project including data elements for UDS reporting.
- b. We produce reports data-based reports on: patient service utilization; trends and patterns in the patient population (including satisfaction); and overall health center performance.



Business Associate Agreement Policy and Procedure

Department	Clinic	First Approval Date	August 3, 2016
Scope	Entire Clinic	Revision Date(s)	March 2024 June 2022 May 2021
BoD Adoption Date		Committee Approval Date	
Next Review Date	2026	Date(s) Announced to Staff	

Purpose / Policy	<p>The purpose of this Policy is to provide a process for establishing a written agreement with each of the Redwood Coast Medical Services (RCMS) Business Associates Agreement (BAA) as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. If an Independent Provider Agreement is signed, it is not necessary to sign a Business Associate Agreement (BAA).</p> <p>RCMS contracts with various outside entities and organizations to perform functions or provide services on behalf of RCMS that may involve the disclosure of Protected Health Information (PHI) to the outside entity. These outside entities are RCMS Business Associates. RCMS will obtain written assurances from BAs that they will appropriately safeguard any PHI they create, receive, or have contact with on RCMS' behalf. Such written assurances will be in place before RCMS discloses PHI to the Business Associate.</p>
Mandated by	
Definitions	
Attachments / References	Business Associate Agreement Form

PROCEDURE

- A. RCMS will follow procedures regarding contract review, revision, and approval to ensure that the contract is in compliance with state and federal law.
- B. A Business Associate Agreement is to be signed by all Non-RCMS Employees which includes:
 - Consultants
 - Attorneys
 - Vendors that have access to any building that RCMS owns or occupies– such as housekeeping, etc.
- C. The original signed BAA will be maintained by RCMS.
- D. If any RCMS staff learn of a breach or violation of the BAA, such breach or violation shall be reported to Compliance or designee. Compliance, upon consultation with the CEO, will determine whether reasonable steps can be taken to resolve the breach. If RCMS takes reasonable steps to mitigate the violations or breaches and these are unsuccessful, RCMS may:

- Terminate the contract or arrangement; or
 - If termination is not feasible, report the problem to the Secretary of the U.S. Department of Health and Human Services.
- E. RCMS Compliance and CEO may ask for a legal consultation.
- F. BAAs shall be retained for six years after the last contract was in effect.

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Department	Clinic	First Approval Date	November 2020
Scope	Entire Clinic	Revision Date(s)	June 2022
BoD Adoption Date		Committee Approval Date	
Next Review Date	2026	Date(s) Announced to Staff	

Purpose / Policy	To comply with all requirements of the Public Health Services Act (PHSA) and Federal Tort Claims Act (FTCA) in the reporting of professional liability (malpractice) claims and potential claims (potential compensatory events), including, without limitation, the provision of timely notice to the proper government authorities, the preservation of the health record of a potential claimant by locking the existing health record and the proper completion of the internal Professional Liability Claim Report. The purpose of the Professional Liability Potential Claim Report is to determine the facts in order to most appropriately address the matter, to reduce the likelihood of a claim or lawsuit, or in the case of a filed claim, to place RCMS in the most defensible position and to reduce liability and economic loss.
Mandated by	HRSA, FTCA
Definitions	
Attachments / References	FTCA Peer Assessment Questionnaire NORCAL Mutual Claims Management Information NORCAL Mutual Early Reporting Information

PROCEDURE

A. The Acknowledgement of an Incident

1. When an incident occurs that may place a patient, visitor, or staff member at risk, immediate measures will be taken by the provider(s) and staff to provide assistance and reduce the potential for an adverse outcome. The action taken should be documented in the patient medical record, on an incident report for visitor or staff, or on an OSHA report if there has been exposure to infectious material.
2. Reference should not be made in the patient medical record that an incident report, professional liability potential claim report, or claim notice report may have been filled out.

B. Reporting of an Incident

1. The initial report should be completed by a person with first-hand information about the incident. The initial report establishes an attorney-client privilege between RCMS and its legal counsel and therefore must be confidentially maintained. The initial report should be made to the Compliance/Risk Manager immediately. The Compliance/Risk Manager will notify the Chief Executive Officer (CEO) and Human Resources when the event, incident or complaint is recognized as a potential or actual liability claim.

2. Pursuant to the Federal Tort Claims Act (FTCA), the RCMS will report to the Department of Health and Human Services (DHHS) any event, incident, or complaint which has resulted in a liability claim notice being filed and to report information on a pending claim notice. The PHS must be notified at once if the claim is filed in state court, so that appropriate measures can be taken to have the claim moved to federal court pursuant to the FTCA.
3. If a notice is received from a potential claimant and/or claimant's attorney that they plan to include RCMS or RCMS staff covered by the FTCA in a malpractice lawsuit, the Compliance/Risk Manager will notify them that the suit will be handled by federal government attorneys on behalf of RCMS and will be moved to federal court. This may dissuade potential claimants from unnecessarily including RCMS or its covered staff in a lawsuit.
4. In addition to the report, the individual best informed about the situation should complete an incident report and submit it to the Compliance/Risk Manager. The Compliance/Risk Manager should use the Incident Reporting procedures to conduct an investigation, implement appropriate corrective action, and document the follow up to assure patient safety. The FTCA Peer Assessment Questionnaire should be completed as part of the Incident Reporting procedure investigation.

C. Utilization of Report

1. The professional liability potential claim report is completed by a physician or staff member having knowledge of an event, incident, or complaint that may result in a liability claim. The report is used by RCMS' legal counsel to initiate legal defense on behalf of the center. If the claim notice is filed in court, the DHHS Office of General Counsel (OGC) will request a copy of medical records and other relevant documents concerning the potential or actual claim and move the claim to federal court.

D. Confidentiality of Reports and Documents

1. The professional liability potential claim report is communication between a client and attorney; therefore, it is protected from disclosure under the attorney-client privilege.
2. The report should be kept in a secured file by the Compliance/Risk Manager. Additional reports of investigations and actions should be added to this confidential file, and not disclosed without prior approval from RCMS' legal counsel or OGC.
3. At no time does the incident report, any related document, or the notice become a part of the patient's medical record.

E. Completion of the Professional Liability Potential Claim Report

1. If an incident occurs that the staff believes may result in a liability claim, the professional liability potential claim report should be completed and given to the CEO and Compliance/Risk Manager to forward to RCMS' legal counsel and/or the RCMS Performance Improvement Committee.
2. In completing the report, answer each question accurately and completely, being factual and objective.
 - a. Do not admit liability (that will be determined by an expert opinion).

- b. Do not discuss the incident, event or variance with anyone except persons associated with the Incident Reporting procedure and RCMS' legal counsel.
- c. Do not discuss the incident with the fellow workers or family, and particularly not with the alleged injured person or their attorney.
- d. If the information requested is not relevant or not known, state that on the form.
- e. Attach documents as requested, and sign and date the form as noted.

F. Reporting of Claims Filed and Payments on Claims

1. Any payment of a claim on behalf of a licensed professional must be reported to the National Practitioner Data Bank (NPDB) pursuant to the Federal Health Care Quality Improvement Act of 1986. This is done by the Human Resources Credentialing and Privileging Manager.
2. The two forms to be used in relation to a potential or actual claim(s) include:
 - a. Initial (Potential) Professional Liability Claim Report.
 - b. FTCA Peer Assessment Questionnaire.

The OGC may provide additional questionnaires or forms to be completed and additional documentation.

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Code of Conduct Policy and Procedure

Department	Clinic	First Approval Date	August 1, 2007
Scope	Entire Clinic	Revision Date(s)	July 2022 February 2021 August 2015
BoD Adoption Date		Committee Approval Date	
Next Review Date	2026	Date(s) Announced to Staff	

Purpose / Policy	To provide standards by which directors, officers, employees, and volunteers (covered persons) of the clinic will conduct themselves in order to protect and promote organization-wide integrity and to enhance the clinic’s ability to achieve the organization’s public mission.
Mandated by	HRSA
Definitions	
Attachments / References	

INTRODUCTION

The Code of Conduct contains *Principles* and *Standards*. Principles state the RCMS policy and *Standards* provide additional guidance to persons about expected behavior.

The Principles and Standards set forth in this Code of Conduct shall be distributed periodically to directors, officers, employees, volunteers, and contracted staff. All directors, officers, employees, volunteers, and contracted staff are responsible to ensure that their behavior and activity is consistent with the Code of Conduct.

As used in this Code of Conduct, the terms, *RCMS*, and the *Clinic* refer to each and all of its divisions, subsidiaries, and operating or business units. The terms *officer*, *director*, *employee*, *volunteer*, and *contracted staff* include any person who fills such a role or provides services on behalf of RCMS or any of its divisions, subsidiaries, or operating or business units. The comprehensive term **staff** is used throughout this policy and includes each type of personnel.

Principle 1 – Legal Compliance

Redwood Coast Medical Services will strive to ensure all activity by or on behalf of the organization complies with applicable laws.

The following Standards are intended to provide guidance to staff to assist them in their obligation to comply with applicable laws. These standards are neither exclusive nor complete. Staff are required to comply with all applicable laws, whether or not specifically addressed in these policies. If questions regarding the existence of, interpretation or application of any law arise, they should be directed to the supervisor, the Corporate Compliance Manager or the Chief Executive Officer.

Standard 1.1 – Fraud and Abuse

RCMS expects its staff to refrain from conduct, which may violate the fraud and abuse laws. These laws prohibit:

1. Direct, indirect, or disguised payments in exchange for the referral of patients.
2. The submission of false, fraudulent, or misleading claims to any government entity or third party payor, including claims for services not rendered, claims which characterize the service differently than the service actually rendered, or claims which do not otherwise comply with applicable program or contractual requirements.
3. Making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment for any service.
4. Accepting false identification.

Standard 1.2 – Environmental

RCMS manages and operates its business with respect for our environment and in a manner, which conserves natural resources. RCMS staff use resources appropriately and efficiently, they recycle where possible and otherwise dispose of all waste in accordance with applicable laws and regulations. They work cooperatively with the appropriate authorities to remedy any environmental contamination for which RCMS may be responsible.

Standard 1.3 – Discrimination

RCMS believes that the fair and equitable treatment of staff, patients, and other persons is critical to fulfilling its vision and goals. RCMS has implemented the following policies regarding discrimination:

1. RCMS enrolls subscribers and treats patients without regard to the race, color, religion, sex, sexual orientation, gender identity, ethnic origin, age, or disability of such person, or any other classification prohibited by law.
2. RCMS recruits, hires, trains, promotes, assigns, transfers, lays off, recalls, and terminates employees based on their own ability, achievement, experience, and conduct without regard to race, color, religion, sex, sexual orientation, gender identity, ethnic origin, age, or disability, or any other classification prohibited by law.
3. RCMS does not allow any form of harassment or discrimination based on race, color, religion, sex, sexual orientation, gender identity, ethnic origin, age, or disability or any other classification prohibited by law will be permitted. Each allegation of harassment or discrimination will be promptly investigated in accordance with applicable human resource policies.

Principle 2 – Business Ethics

In furtherance of RCMS’s commitment to the highest standards of business ethics and integrity, staff will accurately and honestly represent RCMS and will not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.

The Standards set forth below are designed to provide guidance to ensure that RCMS business activities reflect the high standards of business ethics and integrity. Staff conduct not specifically addressed by these standards must be consistent with Principle 2.

2.1 – Honest Communication

RCMS requires candor and honesty from individuals in the performance of their responsibilities and in communication with our attorneys and auditors. Staff shall not make false or misleading statements to any patient, person or entity doing business with RCMS about:

1. Other patients, persons or entities doing business or competing with RCMS.
2. About the products or services of RCMS or its competitors .

2.2 – Misappropriation of Proprietary Information

RCMS staff shall not misappropriate confidential or proprietary information belonging to another person or entity nor utilize any publication, document, computer program, information, or product in violation of a third party’s interest in such product. All RCMS staff are responsible to ensure they do not improperly copy for their own use, documents or computer programs in violation of applicable copyright laws or licensing agreements. Staff shall not utilize confidential business information obtained from competitors, including customer lists, price lists, contracts, or other information in violation of a covenant not to compete, prior employment agreements, or in any other manner likely to provide an unfair competitive advantage to RCMS.

Principle 3 – Confidentiality

RCMS staff shall strive to maintain the confidentiality of patient and other confidential information in accordance with applicable legal and ethical standards.

RCMS and its staff are in possession of and have access to a broad variety of confidential, sensitive, and proprietary information, the inappropriate release of which could be injurious to individuals, RCMS’s business partners, and RCMS itself. Every RCMS staff has an obligation to actively protect and safeguard confidential, sensitive, and proprietary information in a manner designed to prevent the unauthorized disclosure of information.

3.1 – Patient/Member Information

All RCMS staff have an obligation to conduct themselves in accordance with the principle of maintaining the confidentiality of patient information in accordance with all applicable laws and regulations. Staff shall refrain from revealing any personal or confidential information concerning patients unless supported by legitimate business or patient care purposes. If questions arise regarding an obligation to

maintain the confidentiality of information or the appropriateness of releasing information, staff should seek guidance from a supervisor, the Health Information Officer, the Corporate Compliance Manager, or the Chief Executive Officer.

3.2 – Proprietary Information

Information, ideas, and intellectual property assets of RCMS are important to organizational success. Information pertaining to RCMS's competitive position or business strategies, payment and reimbursement information, and information relating to negotiations with employees or third parties should be protected and shared only with staff having a need to know such information in order to perform their job responsibilities. Staff should exercise care to ensure that intellectual property rights, including patents, trademarks, copyrights, and software are carefully maintained and managed to preserve and protect their value.

3.3 – Personnel Actions/Decisions

Salary, benefit and other personal information relating to employees shall be treated as confidential. Personnel files, payroll information, disciplinary matters, and similar information shall be maintained in a manner designed to ensure confidentiality in accordance with applicable laws. Staff will exercise due care to prevent the release or sharing of information beyond those persons who may need such information to fulfill their job function.

Principle 4 – Conflicts of Interest

Directors, officers, committee members, and key employees owe a duty of undivided and unqualified loyalty to the organization. Persons holding such positions may not use their positions to profit personally or to assist others in profiting in any way at the expense of the organization.

All covered persons are expected to regulate their activities to avoid actual impropriety and/or the appearance of impropriety which might arise from the influence of those activities on business decisions of RCMS, or from disclosure, or private use of business affairs or plans of RCMS.

4.1 – Outside Financial Interests

While not all-inclusive, the following will serve as a guide to the types of activities by a covered person, household member, or immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of such person, which might cause conflicts of interest:

1. Ownership in or employment by any outside concern which does business with RCMS. This does not apply to stock or other investments held in a publicly held RCMS, *provided* the value of the stock or other investments does not exceed 5% of the RCMS stock. RCMS may, following a review of the relevant facts, permit ownership interests which exceed these amounts if management concludes such ownership interests will not adversely impact RCMS business interest or the judgment of the covered person.
2. Conduct of any business not on behalf of RCMS, with any RCMS vendor, supplier, contractor, or agency, or any of their officers or employees.

3. Representation of RCMS by a covered person in any transaction in which he or she, a household member, or immediate family member (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) has a substantial personal interest.
4. Disclosure or use of confidential, special, or inside information of or about RCMS, particularly for personal profit or advantage of the covered person, household member, or immediate family member (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage).
5. Competition with RCMS by a covered person, directly or indirectly, in the purchase, sale or ownership of property or property rights or interests, or business investment opportunities.

4.2 – Contract Selection, Award, and Administration of Contracts

It is the policy of RCMS to protect its tax-exempt interest and provide for standards of conduct when it is contemplating entering into a transaction, selection, award, or administration of contracts that, at a minimum, apply to its procurement paid for in whole or by part by the federal award. This is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Such standards:

1. Apply to all RCMS employees, officers, Board members, and agents involved in the selection, award, or administration of such contracts.
2. Require written disclosure of real or apparent conflicts of interest.
3. Prohibit individuals with real or apparent conflicts of interest with a given contract from participating in the selection, award, or administration of such contract.
4. Restrict RCMS employees, officers, Board members, and agents involved in the selection, award, or administration of contracts from soliciting or accepting gratuities, favors, or anything of monetary value for private financial gain from such contractors or parties to sub-agreements (including subrecipients or affiliate organizations).
5. Enforce disciplinary actions on RCMS employees, officers, Board members, and agents for violating these standards.

4.3 – Services for Competitors/Vendors

No RCMS staff shall perform work or render services for any competitor of RCMS or for any organization with which RCMS does business or which seeks to do business outside of the normal course of his/her employment with RCMS, without the approval of the Chief Executive Officer or the person's supervisor. Nor shall any such employee be a director, officer, or consultant of such an organization, nor permit his/her name to be used in any fashion that would tend to indicate a business connection with such organization without the approval of the Chief Executive Officer.

4.4 – Participation on Boards of Directors/Trustees

1. A covered person must obtain approval from his/her supervisor prior to serving as a member of the Board of Directors/Trustees of any organization whose interests may conflict with those of RCMS.
2. A covered person who is asked, or seeks to serve on the Board of Directors/Trustees of any organization, whose interest would not impact RCMS, may do so.
3. All fees/compensation (other than reimbursement for expenses arising from Board participation) that are received for Board services provided during normal work time shall be paid directly to RCMS.
4. RCMS retains the right to prohibit membership on any Board of Directors/ Trustees where such membership might conflict with the best interest of RCMS.
5. Questions regarding whether or not Board participation might present a conflict of interest should be discussed with a covered person's supervisor.

4.5 – Honoraria

Employees are, with the permission of their supervisor, encouraged to participate as faculty and speakers at educational programs and functions. However, any honoraria in excess of fifty dollars (\$50) shall be turned over to RCMS *unless* the employee used paid time off to attend the program or that portion of the program for which the honoraria is paid.

Principle 5 – Business Relationships

Business transactions with vendors, contractors, and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

The Standards set forth below are intended to guide staff in determining the appropriateness of the listed activities or behaviors within the context of RCMS business relationships, including relationships with vendors, providers, contractors, third party payors, and government entities. It is the intent of RCMS that this policy be construed broadly to avoid even the appearance of improper activity. If there is any doubt or concern about whether specific conduct or activities are ethical or otherwise appropriate, the employee should contact his/her supervisor.

5.1 – Gifts and Gratuities

It is RCMS's desire at all times to preserve and protect its reputation and to avoid the appearance of impropriety. Consequently, RCMS follows the following guidelines:

1. **Gifts from Patients.** Staff are prohibited from soliciting tips, personal gratuities, or gifts from patients and members and from accepting monetary tips or gratuities. If a patient or another individual wishes to present a monetary gift, he/she should be referred to the appropriate personnel who can accept a donation to RCMS.

2. **Gifts Influencing Decision-making.** Staff shall not accept gifts, favors, services, entertainment, or other things of value to the extent that decision-making or actions affecting RCMS might be influenced. Similarly, the offer or giving of money, services, or other things of value influencing the judgment or decision-making process of any purchaser, supplier, customer, government official, or other person by RCMS is absolutely prohibited. Any such conduct must be reported immediately either to a supervisor, the Corporate Compliance Manager or the Chief Executive Officer.
3. **Gifts from Existing Vendors.** Staff may retain gifts from vendors, which have a nominal value. (RCMS has not attempted to define “nominal” as a specific dollar value. Rather, RCMS expects its staff to exercise good judgment and discretion in accepting gifts). If staff has any concern whether a gift should be accepted, staff should consult with his/her supervisor. To the extent possible, these gifts should be shared with co-workers. Staff shall not accept excessive gifts, meals, expensive entertainment, or other offers of goods or services, which have more than a nominal value, nor may they solicit gifts for personal use from vendors, suppliers, contractors, or other persons. Nothing in this policy shall prohibit a business unit or supervisor from establishing stricter rules relating to the acceptance of gifts, gratuities, or other things of value from vendors.

5.2 – Workshops, seminars and training sessions

Attendance at local, vendor sponsored workshops, seminars, and training sessions is permitted.

Attendance, at vendor’s expense, at out of town seminars, workshops, and training sessions is permitted only with the approval of an employee’s supervisor.

5.3 – Contracting

Staff may not utilize “insider” information for any business activity conducted by or on behalf of RCMS. All business relations with contractors must be conducted within the State and Federal guidelines for Independent Contractors, in appearance, and in compliance with RCMS policies and procedures. Staff must disclose personal relationships and business activities with contractor personnel, which may be construed by an impartial observer as influencing the staff performance or duties. Staff have a responsibility to obtain clarification from management employees on questionable issues, which may arise, and to comply, where applicable, with RCMS’s Code of Conduct policy.

5.4 – Business Inducements

RCMS staff shall not seek to gain any advantage through the improper use of payments, business courtesies, or other inducements. Offering, giving, soliciting, or receiving any form of bribe or other improper payment is prohibited.

Appropriate commissions, rebates, discounts, and allowances are customary and acceptable business inducements if RCMS management approves them and they do not constitute illegal or unethical payments. Any such payments must be reasonable in value, competitively justified, properly documented, and made to the business entity to whom the original agreement or invoice was made or issued. Such payments should not be made to individuals or agents of business entities. In addition, staff may provide gifts, entertainment, meals of nominal value to RCMS customers, current, prospective business partners, and other persons when such activities have a legitimate business purpose, are reasonable, and are consistent with all applicable laws.

Principle 6 – Protection of Assets

All staff will strive to preserve and protect RCMS’s assets by making prudent and effective use of RCMS resources and properly and accurately reporting its financial condition.

The Standards set forth below are intended to guide staff by articulating RCMS’s expectations as they relate to activities or behaviors which may impact its financial health or which reflect a reasonable and appropriate use of the assets of a nonprofit entity.

6.1 – Internal Control

RCMS has established control standards and procedures to ensure that assets are protected and properly used and that financial records and reports are accurate and reliable. All staff of RCMS share the responsibility for maintaining and complying with required internal controls.

6.2 – Financial Reporting

All financial reports, accounting records, research reports, expense accounts, time sheets, and other documents must accurately and clearly represent the relevant facts or the true nature of a transaction. Improper or fraudulent accounting, documentation, or financial reporting is contrary to the policy of RCMS and may be in violation of applicable laws.

6.3 – Travel and Entertainment

Travel and entertainment expenses should be consistent with staff’s job responsibility and the organization’s needs and resources. It is RCMS’s policy that staff should not suffer a financial loss nor a financial gain because of business travel and entertainment. Staff are expected to exercise reasonable judgment in the use of RCMS’s assets and to spend the organization’s assets as carefully as they would spend their own. Staff must also comply with RCMS policies relating to travel and entertainment expense.

6.4 – Personal Use of Clinic Assets

All staff are expected to refrain from converting assets of the organization to personal use. All property and business of the organization shall be conducted in the manner designed to further RCMS’s interest rather than the personal interest of an individual staff. Staff are prohibited from the unauthorized use or taking of RCMS’s equipment, supplies, materials, or services. Prior to engaging in any activity on company time which will result in remuneration to staff or the use of RCMS’s equipment, supplies, materials, or services for personal or nonwork-related purposes, staff shall obtain the approval of the appropriate business unit or other management of RCMS.

RCMS Employee Handbook

The RCMS Employee Handbook identifies further guidance on additional areas of compliance, which are incorporated herein to the Code of Conduct Policy, including:

1. Compliance
2. Rules of Conduct
3. No Solicitation of RCMS Employees
4. Conflicts of Interest
5. Gifts and Gratuities

6. Confidentiality and Proprietary Information
7. Ethical Concerns Guidelines

This list is not inclusive and all Employee Handbook guidance regarding conduct are to be considered incorporated into the RCMS Code of Conduct policy.

Administration and Application of this Code of Conduct.

RCMS expects each person to whom this Code of Conduct applies, to abide by the Principles and Standards set forth herein, and to conduct the business and affairs of RCMS in a manner consistent with the general statement of principles set forth herein.

Failure to abide by this Code of Conduct or the guidelines for behavior, which the Code of Conduct represents, may lead to disciplinary action. For alleged violations of the Code of Conduct, RCMS will weigh relevant facts and circumstances, including, but not limited to, the extent to which the behavior was contrary to the express language or general intent of the Code of Conduct, the egregiousness of the behavior, the staff's history with the organization, and other factors which RCMS deems relevant. Discipline for failure to abide by the Code of Conduct may, in RCMS's discretion, range from oral correction to termination for employees and separation for directors or volunteers.

Nothing in this Code of Conduct is intended to nor shall be construed as providing any additional employment or contract rights to employees or other persons.

While RCMS will generally attempt to communicate changes concurrent with or prior to the implementation of such changes, RCMS reserves the right to modify, amend, or alter the Code of Conduct without notice to any person or employee.

RCMS will utilize periodic independent review of its contracts and corporate and individual practices in regards to the Code of conduct. The results of these audits and other monitoring activities will be reported to the Board of Directors.

The Chief Executive Officer and the Board of Directors has appointed a Corporate Compliance Manager to oversee the Code of Conduct implementation. At hire, and periodically thereafter, staff will receive education in regards to the Code of Conduct.

Reporting Suspected Breaches in this Code of Conduct

If any member of the RCMS team suspects there has been a breach in the code of conduct outlined above, he/she should report such suspicion per the Reporting Corporate Compliance Issues Policy.



Conflict of Interest-Board of Directors Policy and Procedure

Department	Clinic	First Approval Date	September 6, 2012
Scope	Entire Clinic	Revision Date(s)	June 2022 September 2015
BoD Adoption Date		Committee Approval Date	
Next Review Date	2025	Date(s) Announced to Staff	

Purpose / Policy	For members of the Board of Directors (BoD) to perform their roles and responsibilities and arrange their personal professional affairs in such a manner that public confidence and trust in RCMS and the BoD members' honesty, integrity, fairness, and good faith are conserved and enhanced.
Mandated by	HRSA
Definitions	<p>Conflict of Interest One of the fiduciary responsibilities of a BoD member is the duty of loyalty to RCMS, the nonprofit organization that they serve. That duty suggests BoD members' careful deliberation and disclosure about potential, or actual, conflict of interest situations. These are situations which may compromise, or have the appearance of compromising a BoD member's judgment and priorities in carrying out their roles and responsibilities as BoD members. Specifically, conflict of interest situations might enable a BoD member to influence RCMS' activities with an outside person or other organization in ways that lead to the personal gain or improper advantage for the BoD member or other person.</p> <p>Disclosure All BoD members are responsible for disclosing potential, or actual, conflicts of interest. Disclosure shall include: the type of potential conflict, the nature of the activity or situation, description of major parties involved, potential financial interests and rewards for the BoD member, any possible violations of laws and regulations and of RCMS' plans and policies, and any other information which the BoD member feels necessary in order for the BoD to evaluate the disclosure.</p>
Attachments / References	Conflict of Interest Statement-Board

PROCEDURE

A. Procedures to Address Potential, or Actual, Conflict of Interest Situations

Upon full disclosure of a possible conflict of interest by the BoD member:

1. BoD members conclude presence of potential, or actual, conflict of interest situation by reaching at least a 2/3 majority vote of BoD members present.
2. The BoD member associated with the potential, or actual, conflict of interest situation can first pose a suitable response to the situation. Suitable responses might include:

- Abstaining from BoD decisions regarding the situation (for example, from a BoD vote to hire a consultant for a project to which the BoD member wants to apply).
 - Removal of the BoD member from the situation (for example, to quit the roles or association with another organization or person that shares products, services or markets with a conflicting or competing organization).
 - To quit the RCMS Board of Directors.
3. BoD members select suitable response by reaching at least a 2/3 majority vote of those present. It is ultimately up to the BoD member to decide what he or she wants to do. Inaction can be cause for dismissal from the BoD.
 4. BoD discussion and voting results are recorded in the BoD meeting minutes.

B. Annual Statement

All BoD members shall annually sign a Conflict of Interest Statement to be kept by RCMS.

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Continuity of Care Policy and Procedure

Department	Clinic	First Approval Date	March 5, 2020
Scope	Entire Clinic	Revision Date(s)	June 2022
BoD Adoption Date		Committee Approval Date	
Next Review Date	2024	Date(s) Announced to Staff	

Purpose / Policy	To promote continuity of care in a consistent manner. Urgent Care manages patients with urgent or emergent needs and, when needed, transfer the patient to a higher level of care. RCMS will ensure patient's record from the higher level of care is received and a follow up appointment is scheduled.
Mandated by	HRSA
Definitions	
Attachments / References	

PROCEDURE

A. PRIOR TO AND DURING HOSPITAL TRANSFER

For Urgent Care patients who must be transferred to a hospital via air, ambulance, or private car, the Urgent Care Registered Nurse or team member will:

1. Have the patient/family member sign a Release of Records Form prior to departure. The completed form will be faxed to the receiving hospital the following day.
2. If the patient's primary care provider (PCP) is at RCMS, a hospital/emergency room follow up appointment will be scheduled, and the patient's provider will be notified of the transfer by sending a message via Clinical Tasking, including the following information: patient name, date of transfer, mode of transfer, and receiving facility.

B. TRANSFER FOLLOW-UP

1. Once a month, the Quality Improvement Manager will run a report to review all transports to determine if patient was released from the hospital and has a follow up appointment.
2. Patient Transport log will be updated after the patient's follow-up visit.

C. HOSPITAL DISCHARGE FOLLOW-UP

Hospital discharge planners contact the RCMS Case Manager via phone or fax to refer patients who have a need for Home Health follow-up after discharge. The RCMS Case Manager confers with the PCP regarding home follow-up needs the patient might have. The patient is followed by Home Health as needed.



Facsimile of Protected Health Information Policy and Procedure

Department	Clinic	First Approval Date	February 2013
Scope	Entire Clinic	Revision Date(s)	October 2017 February 2013
BoD Adoption Date		Committee Approval Date	
Next Review Date	2019	Date(s) Announced to Staff	

Purpose / Policy	All protected health information (PHI), either as a hard copy medical record or information in the electronic health record (EHR) is strictly confidential. This policy is to ensure that any PHI that is transmitted via a facsimile machine (fax) is kept confidential and sent to the correct location. Information shall only be by fax transmission when proper authorization is obtained or it is in the best interest of fostering immediate patient care.
Mandated by	HRSA
Definitions	<u>PHI</u> – protected health information <u>Fax</u> – facsimile machine <u>EHR</u> – electronic health record
Attachments / References	Disclosure of Protected Health Information Cover Sheet

PROCEDURE

- A. Plain white paper shall be used, do not use colored paper when sending a fax.
- B. Pre-transmittal preparation:
 1. Prepare a fax transmittal cover sheet
 2. Verify the name and fax number of the intended recipient
 3. Make sure that you have written authorization to send the PHI
- C. Post-transmittal follow-up:
 1. If you receive a notice of failed transmission, check the fax number and try again
 2. If the fax is successful, stamp the cover sheet with a “faxed” stamp, initial, and date
 3. Place a copy of cover sheet and record request-authorization in the designated area for filing in the permanent EHR
- D. Receiving a paper fax:
 1. Check for accuracy of the patient identification to be sure that all the documents are intended for receipt by the facility
 2. Place all paper faxes in Incoming Fax box.
- E. Receiving an electronic fax:
 1. Medical Records will follow all software guidelines.
- F. Faxes may be sent via NextGen by trained clinical staff.

- G. Misdirected fax transmission:
1. Receipt of misdirected fax:
 - a. Notify sender of the inadvertent misdirection
 - b. Destroy the material by shredding/moving to lost page batch to be deleted
 2. Transmittal of material that inadvertently becomes misdirected:
 - a. Obtain the fax number of the unintended receiver (this information is usually available in the internal logging system of the equipment)
 - b. Immediately transmit a request to the unintended receiver and ask that the material be destroyed or returned by mail or delivery service
 - c. Complete an incident report and process it according to the usual risk management procedures. Give it to your supervisor or to Compliance immediately
- H. Transmission that require specific additional written consent are:
1. AIDS/HIV related conditions
 2. Sexually transmitted diseases
 3. Drug or alcohol use
 4. Psychiatric conditions
 5. Any document reflecting peer review or risk management information
 6. Medical Record information in response to requests from anyone other than direct patient care providers. This prohibition includes requests from insurance companies, attorneys, and employers
 7. Family PACT related paperwork is stored in the patient's paper chart

Infection Control Policy and Procedure

Department	Clinic	First Approval Date	February 6, 2013
Scope	Entire Clinic	Revision Date(s)	June 2018 February 2013
BoD Adoption Date		Committee Approval Date	
Next Review Date	2026	Date(s) Announced to Staff	

Purpose / Policy	Strict adherence to guidelines on infection control is of paramount importance in ensuring the safety of both patients and staff.
Mandated by	HRSA
Definitions	
Attachments / References	<p>Attachments</p> <p>Sequence for Putting On Personal Protective Equipment (PPE)</p> <p>How to Safely Remove Personal Protective Equipment (PPE) Example 1</p> <p>How to Safely Remove Personal Protective Equipment (PPE) Example 2</p> <p>Cover Your Cough</p> <p>References</p> <p>Centers for Disease Control and Prevention (CDC)</p>

PROCEDURES

- A. All staff are required to make infection control a key priority and to act at all times in a way that is compliant with safe, modern, and effective infection control practices.
- B. RCMS will make every effort to ensure staff have access to sufficient supplies of appropriate equipment including Personal Protective Equipment (PPE) to ensure they can implement effective infection control procedures and techniques.
- C. Any staff who does not feel that they have access to sufficient supplies to ensure they can implement effective infection control procedures and techniques have a duty to inform their supervisor.
- D. Staff who have open wounds will refrain from all direct patient care and from handling patient care equipment until the condition resolves.
- E. All cuts and abrasions, particularly on the hands, should be covered with waterproof dressings at all times.

STANDARD PRECAUTIONS

Handwashing

- A. All staff must observe high standards of hygiene to protect themselves and their patients from the unnecessary spread of infection.
- B. Hands should be washed thoroughly with liquid soap when: hands are visibly dirty; before and after handling medications; between seeing each and every patient where direct contact is involved, no matter how minor the contact; after handling any body fluids or waste or soiled items; after handling specimens; after known or suspected exposure to Clostridium difficile (C-diff); after known or suspected exposure to patients with infectious diarrhea during norovirus outbreaks; if exposure to Bacillus anthracis is suspected or proven; before eating; after using a restroom. Avoid touching ones face.
- C. When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet. Avoid using hot water to prevent drying of skin.

Alcohol based sanitizer

- A. When hands are not visibly dirty, alcohol-based sanitizer is the preferred method for cleaning your hands in the health care setting. Follow CDC guidelines.
- B. Put product on hands and rub the product all over the surfaces for your hands until your hands are dry. Do not wipe off.

Personal Protective Equipment (PPE)

- A. Gloves, gown, mask, and/or protective eye wear will be worn whenever there is a potential for contact with blood, blood contaminated saliva, or mucous membranes.
- B. Follow proper donning and removal of PPE. See attachments.
- C. Dental staff must wear surgical face masks and protective eye wear (including side shields on prescription glasses) or chin length plastic shield and surgical face mask when treating patients. After each patient, face shields and protective eye wear will be cleaned and disinfected.

TRANSMISSION MODE PRECAUTIONS

Contact Precautions

Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission. Conditions requiring contact precautions include but are not limited to: C-diff, Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococci (VRE), and/or Multidrug-resistant Enterobacteriaceae (carbapenem-resistant Enterobacteriaceae and extended-spectrum beta-lactamase-producing organisms).

- A. Place patient requiring contact precautions in an exam room as soon as possible.
- B. Wear PPE, gown, and gloves, for all interactions that may involve contact with the patient or the patient's environment.
- C. Don PPE upon room entry and properly discarding before exiting the patient room.
- D. Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.
- E. Limit movement of patient outside of room. When necessary, cover or contain the infected or colonized areas of the patient's body.
- F. Prioritize cleaning and disinfection ensuring rooms are frequently cleaned and disinfected focusing on frequently touched surfaces and equipment in the immediate vicinity of the patient.

Droplet Precautions

Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets. Respiratory droplets carrying infectious pathogens transmit infection when they travel directly from the respiratory tract of the infectious individual to susceptible mucosal surfaces of the recipient, generally over short distances, necessitating facial protection.

- A. Source control: put a mask on the patient.
- B. Ensure appropriate patient placement in a single room if possible. Instruct patients to follow respiratory hygiene/cough etiquette recommendations.
- C. Use PPE appropriately. Don mask upon entry into the patient room or patient space.
- D. Limit movements of patients outside of the room to medically-necessary purposes. If movement outside of the room is necessary, instruct patient to wear a mask and follow respiratory hygiene/cough etiquette. See attachment Cover Your Cough.

Airborne Precautions

Use Airborne Precautions for patient known or suspected to be infected with pathogens transmitted by the airborne route.

- A. Source control: put a mask on the patient
- B. Place the patient in a private room with the door closed to reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an Airborne Infection Isolation Room or returned home.

- C. Restrict susceptible health care personnel from entering the room of patients known or suspected to have measles, chickenpox, disseminated herpes zoster, or smallpox if other immune health care personnel are available.
- D. Limit movement of patients outside of the room to medically-necessary purposes. If movement outside the room is necessary, instruct patients to wear a surgical mask, if possible, and observe respiratory hygiene/cough etiquette. Health care personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during the transport if the patient is wearing a mask and infectious skin lesions are covered.
- E. Immunize susceptible persons as soon as possible following unprotected contact with vaccine-preventable infections (e.g., measles, varicella, or smallpox).

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Internal Incident Reporting Policy and Procedure

Department	Clinic	First Approval Date	February 1, 2018
Scope	Entire Clinic	Revision Date(s)	
BoD Adoption Date		Committee Approval Date	
Next Review Date	2026	Date(s) Announced to Staff	

Purpose / Policy	RCMS endorses and supports a culture of safety and views adverse-incident reporting as a means of improving systems and processes in providing healthcare services.
Mandated by	HRSA
Definitions	<p>Adverse Incident – is “an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.”</p> <p>Near Miss – is “an incident or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost preformed on the wrong patient due to lapse in verification of patient identification but caught at the last minute by chance).” Near misses are viewed by RCMS as opportunities for learning and for developing preventive strategies and actions.</p> <p>Sentinel Event – is any unanticipated event/incident in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient’s illness.</p>
Attachments / References	Incident Report

Our on-going effort to promote a safe environment for patients and employees, RCMS conducts a systemic program of incident reporting. Reporting is non-punitive, and all providers, employees, and volunteers are encouraged to report all patient, visitor, and employee incidents. RCMS encourages open and honest reporting of actual or potential injuries or hazards of patients, visitors, and employees at all sites and services and at all levels of care throughout the organization. Providers, employees, and volunteers are not subject to disciplinary action for reporting, EXCEPT as follows:

- a. The incident is not reported as soon as possible after discovering that the adverse incident has occurred and in accordance with incident reporting procedures.
- b. Providers, employees, or volunteers are directly involved in sabotage; malicious behavior; patient mistreatment, abuse, or neglect; chemical impairment; or criminal activity.
- c. False information is provided on the incident report or in the follow-up investigation.
- d. A provider, employee, or volunteer fails to respond to educational efforts and/or to participate in the education process or other preventive plan.

Incident reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. Incident reports may not be copied or otherwise dismissed. All information contained in the incident report, and any follow-up reports are confidential. RCMS fully supports that patients, family members, or designated representatives are to be informed of errors related to patients under one or both of the following circumstances:

- a. When an unintended act or incorrect substance affects the patient and results in harm
- b. When there is potential clinical significance of the incident to the patient

Consideration should be taken when disclosing errors that affect patients and do not result in harm. The decision to disclose these errors will depend on the circumstances of the incident and the patient. Responsibility for disclosing the error rests with the Deputy Medical Director (DMD) or Chief Executive Officer (CEO) who has overall responsibility for the patient's care; however, the Clinic Floor Supervisor (CFS) or Director of Risk (DoR) should be consulted regarding approaches for appropriate communication of the occurrence of adverse incidents or near misses.

PROCEDURE

- A. Each provider, employee, or volunteer shall be responsible for reporting all adverse incidents, near misses, or sentinel events at the time to their immediate supervisor and/or the Clinic Floor Supervisor. Immediate evaluation and stabilization of the patient or other individual(s) involved in the incident is to be completed.
- B. After any needed intervention is provided to the patient or other involved individual(s), the Incident Report (IR) must be completed. The staff that is knowledgeable about the incident must complete the IR objectively, accurately, factually, and without judgement.
- C. The completed IR is given, within 24 hours, to the supervisor then to the CFS for review. The CFS shall report the incident to DMD and/or CEO.
- D. Serious injuries and deaths resulting from an incident are reported immediately by telephone to the CFS, DMD, and/or CEO.
- E. The CEO or DMD will notify external regulatory agencies of the incident as required in accordance with state and federal statutes and regulations.
- F. Root-cause analysis (RCA) is a process for identifying the basic or causal factor(s) that underlie the occurrence or possible occurrence of an incident or near miss. An RCA will be conducted for all incidents or near misses. The information and learning from the RCA will be used to facilitate systems improvements to reduce the probability of occurrence in the future.
- G. The CFS, in conjunction with the supervisor of the department where the incident has occurred, is responsible for conducting follow-up investigations. The investigation is a form of self-critical analysis to determine the cause of the incident, analyze the process, and make improvements.
- H. Documentation in the patient's electronic health record shall include:
 1. Date and time of the incident
 2. A factual account of what happened
 3. Name of provider notified and time of notification (if applicable)
 4. Patient's condition as a result of the incident
 5. Any treatment or diagnostic test rendered to the patient

Documentation will not reflect that an incident report was completed.

- I. The incident will be reported to the QI Committee and Performance Improvement Committee (without patient identity).
- J. All IRs will be scanned and saved electronically.

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Occupational Exposures to Infectious Substances, Including Needle Sticks Policy and Procedure

Department	Clinic	First Approval Date	February 6, 2013
Scope	Entire Clinic	Revision Date(s)	November 2023 October 2017
BoD Adoption Date		Committee Approval Date	
Next Review Date	2026	Date(s) Announced to Staff	

Purpose / Policy	To provide guidelines for RCMS patients and employees regarding exposures to infectious substances, including needle sticks. It assures the health and safety of employees and patients, along with compliance with Occupational Safety and Health Administration (OSHA) and other applicable guidelines.
Mandated by	FTCA, HRSA
Definitions	
Attachments / References	<p>Attachments:</p> <p>Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis https://stacks.cdc.gov/view/cdc/20711</p> <p>References:</p> <p>Workers' Compensation – California Policy and Procedure HIV Risk Hotline can answer questions about HIV testing and refer you to testing sites in our area. Operators are available toll-free 24 hours a day, seven days a week, at: 1.88.232.4636 (English, Spanish, and TTY/deaf access). www.cdc.gov</p>

PROCEDURE

1. All employees working in RCMS clinics who are at risk for exposure to infectious substances will be familiar with the RCMS and Center for Disease Control and Prevention (CDC) policies regarding blood borne pathogens and the importance of taking active measures to prevent occupational exposures.
2. Occupational exposure to an infectious or possibly infectious substance might include any of the following:
 - Accidental needle stick contaminated with patient's blood
 - Splash of patient body fluid specimen (e.g. blood, urine) into eyes or mucus membranes
 - Bitten by a patient

In the event of an exposure, an employee is to take the following actions:

Occupational Exposures to Infectious Substances, Including Needle Sticks Policy and Procedure

- a. Immediately use copious clean water to irrigate the wound or flush the fluid from the mucus membrane
 - b. If the source patient is still present in the clinic at the time of the exposure, the employee and/or the supervisor or other staff will request that the patient remain in the clinic in order that medical personnel can determine what, if any, specimens are needed from the source patient to help determine the risk status of the exposure
 - c. As soon as possible (within 10 minutes of exposure if possible) report such exposure to the supervisor or Floor Supervisor. Within one hour, receive medical attention for the exposure, this may occur at the clinic where the employee works utilizing the clinic's providers, or, if preferred by the employee, at the employee's own medical provider of choice.
 - d. Within 24 hours, file an Incident Report (IR) providing details of the exposure and report the incident to the Deputy Medical Director and Floor Supervisor.
 - e. Within the same business day, notify Human Resources (HR) and within 24 hours Workers' Compensation paperwork to be completed and filed with HR. With an employee a first report of injury shall be completed – DWC-1 Workers' Compensation Claim Form and the Employer's Report of Occupational Injury or Illness shall be initiated and monitored by HR. Refer to HR policy and procedures Workers' Compensation – California.
3. A medical provider will provide first aid for the wound in routine fashion, and treat appropriately with wound care, tetanus booster if needed, etc. It is the role of the medical provider to determine the risk associated with the exposure and to educate and counsel the employee. The risk determination is based on assessing the invasiveness of the exposure, the estimated amount of infectious substance involved, and the known or estimated tests to be performed on both the source patient (if such information is not readily available) and the exposed employee: HCV Ab test and HBV S Ab test (to determine Hepatitis B immunity). Additionally, a full set of serologic tests for Hepatitis B should be performed on the source patient if their status is unknown (HBV S Ab, HBV Core, HBV S Ag) and HIV test. The source patient can decline testing.
4. If the exposed employee has not been fully vaccinated against Hepatitis B, this vaccine should be offered and recommended. Further Hepatitis B Prophylaxis as indicated on the attachment Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis – <https://stacks.cdc.gov/view/cdc/20711> should be administered.
5. If the risk assessment determines that antiretroviral medication should be offered or recommended, this is to be explained to the exposed employee or patient in order that he/she can make an informed decision. If the exposed employee or patient chooses to begin antiretroviral, this should occur as soon as possible, with the first dose given ideally within three hours of exposure, but no later than 72 hours post-exposure. Medications should be obtained from local pharmacies, and may be billed to RCMS. Guidelines for choosing antiretroviral may be obtained from the attachment Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis – <https://stacks.cdc.gov/view/cdc/20711>, or through the nationwide 24-hour PEP Hotline 888.448.4911.

Occupational Exposures to Infectious Substances, Including Needle Sticks Policy and Procedure

6. There is no post-exposure prophylaxis available for Hepatitis C and immune globulin is not recommended because it does not appear to be effective in preventing Hepatitis C.
7. Exposed employee or patient with significant exposures should be tested at 6 weeks, 12 weeks, and 6 month post-exposure for anti-HIV, anti-HCV, and ALD activity. The medical provider must place a standing order in EHR and a copy needs to be filed with HR. Assuming that all healthcare workers have been immunized against Hepatitis B, repeat testing for this virus is not necessary. However, if initial testing reveals non-immune status, or if the healthcare worker has not been immunized, Hepatitis B vaccine and/or HBIG would be administered, and the follow-up testing would be appropriate (HBV S Ag at 6 weeks, 12 weeks, and 6 months).
8. Documentation of the exposure will be done in the source patient and exposed employee's electronic health record (EHR), including circumstances surrounding the event, type of exposure, and an exam of the relevant area. Laboratory (lab) tests will likewise be ordered in EHR, and in the Lab section of the EHR. Providers/clinical staff will place a check mark in the box labeled "Bill Client Account" so that neither the source patient nor the exposed employee incurs a cost associated with the incident. DO NOT DOCUMENT IN EHR THAT AN INCIDENT REPORT IS FILED.
9. When the lab results return, the provider will notify the source patient and the exposed employee of the results, per usual routine. Paper copies of the test results need to be filed with HR.
10. Providers will include appropriate counseling and education in all visits associated with occupational exposures. This counseling will be performed by medical providers, registered nurses, and/or other trained personnel.
11. The supervisor will counsel the employee regarding techniques and procedures to minimize future exposures. Such advice will be documented in the IR.



Patient Grievance Policy and Procedure

Department	Clinic	First Approval Date	July 1, 2001
Scope	Entire Clinic	Revision Date(s)	October 2023 April 2022 August 2014 February 2013
BoD Adoption Date		Committee Approval Date	
Next Review Date	2026	Date(s) Announced to Staff	

Purpose / Policy	To identify opportunities for improvement in all aspects of patient care and satisfaction and to give patients and staff an opportunity to have an open, transparent, and objective dialog about the delivery of care in accordance with patient rights. Patients at RCMS have the right to bring any grievance or complaint to the attention of health center management in as expeditious and simple a manner as possible. All complaints should be documented for proper action to be taken.
Mandated by	HRSA
Definitions	
Attachments / References	Incident Report Form Patient Complaint Form-English Patient Complaint Form-Spanish

PROCEDURE

The Clinic Floor Supervisor (CFS) or designee shall be responsible for administering the program and assuring that all personnel are aware of the Patient Rights process.

When patient complaints or concerns arise, RCMS staff members should attempt to either resolve the issue or refer the issue to a supervisor or CFS. In the event that the patient wishes to file a formal complaint, the patient will be directed to meet or speak with the CFS or designee, and/or will be provided with a copy of the Patient Complaint Form, available in English and Spanish.

Any incident concerning a patient's dissatisfaction with a service or situation at RCMS should be documented by the patient, or by a staff member interacting with the patient, in the Patient Complaint Form. The completed Patient Complaint Form should be given to the CFS or designee.

A description of the complaint should be written as specifically and objectively as possible. All portions of the Patient Complaint Form should be completed. All forms will be kept in a secure location and the appropriate research and follow-up will be conducted by the CFS in a timely manner. A response indicating the cause, source, and recommended resolution will be created by the CFS. All incidents will be presented to QI for approval and closure, or they will remain open for further investigation. All incidents will be recorded on the Incident Report dashboard and the completed Patient Complaint Form and Incident Report Form will be scanned and saved.



Patient Grievance Policy and Procedure

All closed incidents (without specific patient details) will be presented to the Performance Improvement Committee and to the Board of Directors, if appropriate.

If the patient complaint relates to HIPAA issues, procedures outlined in the HIPAA Policy and Procedure should be followed.

DRAFT

Chapter 18: Program Monitoring and Data Reporting Systems

Authority

Section 330(k)(3)(I)(ii) of the PHS Act; 42 CFR 51c.303(j) and 42 CFR 56.303(j); and 45 CFR 75.342(a) and (b)

Requirements

- The health center must establish systems for monitoring program performance to ensure:
 - Oversight of the operations of the [Federal award](#) [or designation]-supported activities in compliance with applicable Federal requirements;
 - Performance expectations [as described in the terms or conditions of the Federal award or designation] are being achieved; and
 - Areas for improvement in program outcomes and productivity [efficiency and effectiveness] are identified.
- The health center must compile and report data and other information as required by HRSA, relating to:
 - Costs of health center operations;
 - Patterns of health center service utilization;
 - Availability, accessibility, and acceptability of health center services; and
 - Other matters relating to operations of the Health Center Program project, as required.
- The health center must submit required data and information to HRSA in a timely manner and with such frequency as prescribed by HRSA.

Demonstrating Compliance

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

- a. The health center has a system in place for overseeing the operations of the Federal award-supported activities to ensure compliance with applicable Federal requirements and for monitoring program performance. Specifically:
 - The health center has a system in place to collect and organize data related to the HRSA-approved [scope of project](#), as required to meet HHS reporting requirements, including those data elements for [Uniform Data System \(UDS\)](#) reporting; and

Health Center Program Compliance Manual

- The health center submits timely, accurate, and complete UDS reports in accordance with HRSA instructions and submits any other required HHS and Health Center Program reports.

- b. The health center produces data-based reports on: patient service utilization; trends and patterns in the patient population;¹ and overall health center performance, as necessary to inform and support internal decision-making and oversight by the health center's key management staff and by the governing board.

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:

- In fulfilling HRSA reporting obligations, the health center determines the type of data system(s) (for example, type of Electronic Health Record software, use of practice management system) it will utilize based on its needs and the size and complexity of the health center's operations.

- The health center determines the number, format, and types of reports the system generates to support governing board and key management staff internal decision making.

¹ Examples of data health centers may analyze as part of such reports may include patient access to and satisfaction with health center services, patient demographics, quality of care indicators, and health outcomes.

REDWOOD COAST MEDICAL SERVICES, INC.

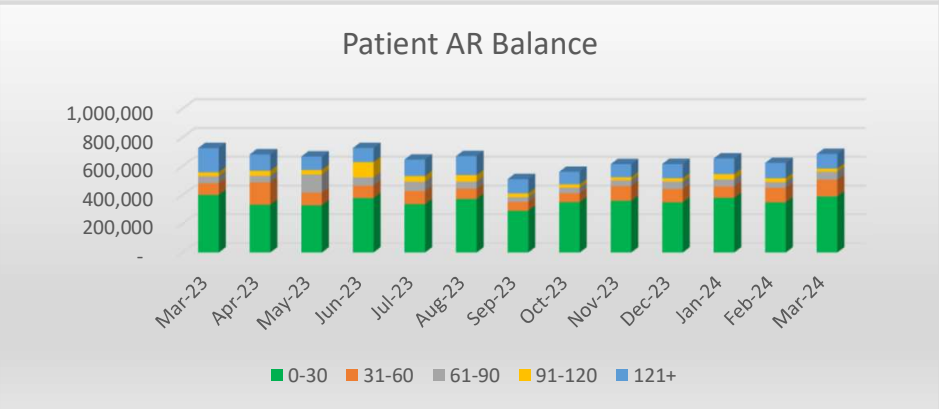
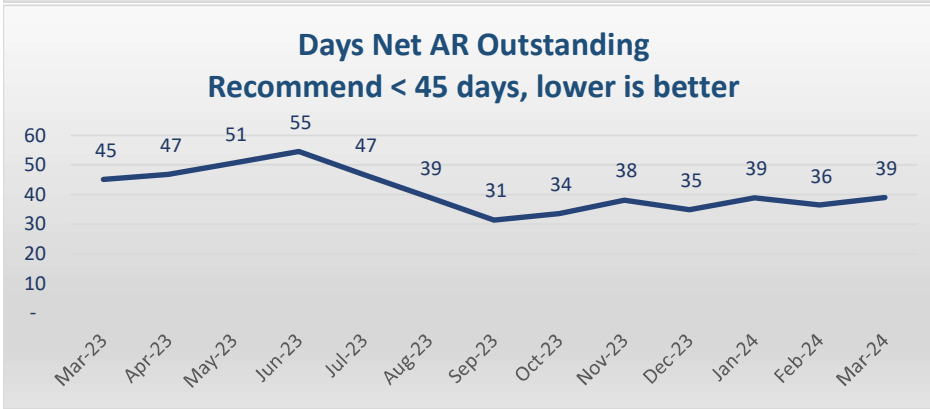
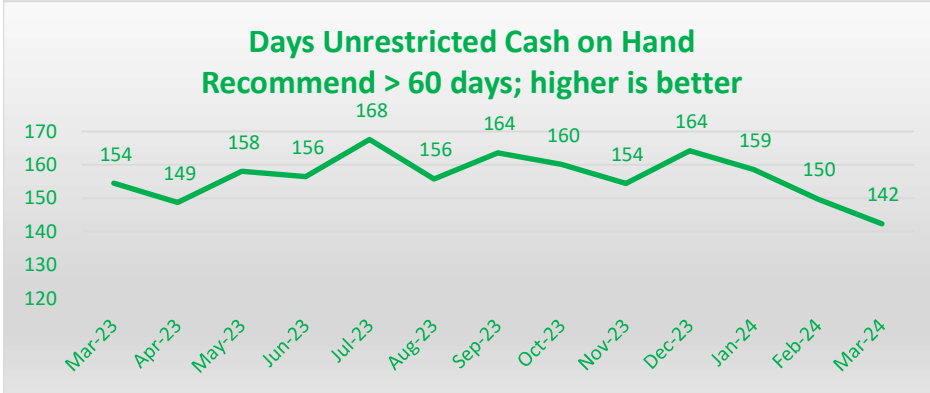
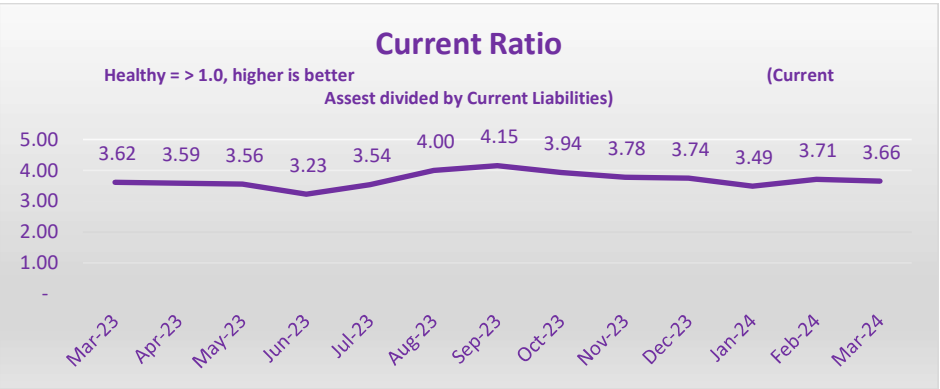
EXECUTIVE SUMMARY

March 2024

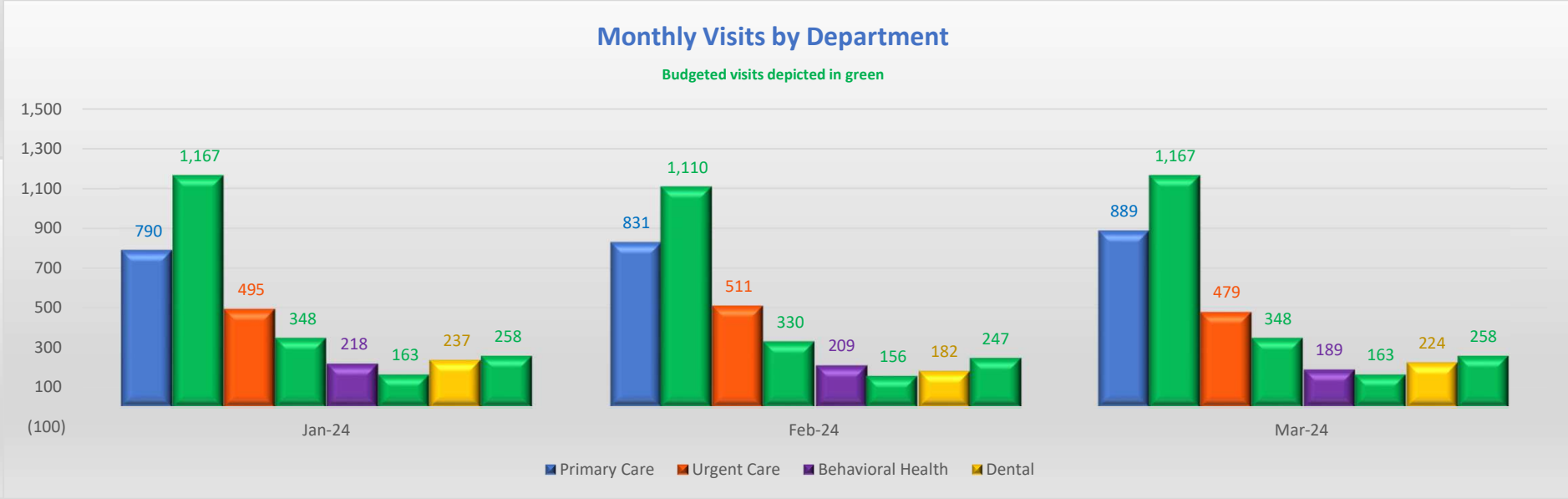
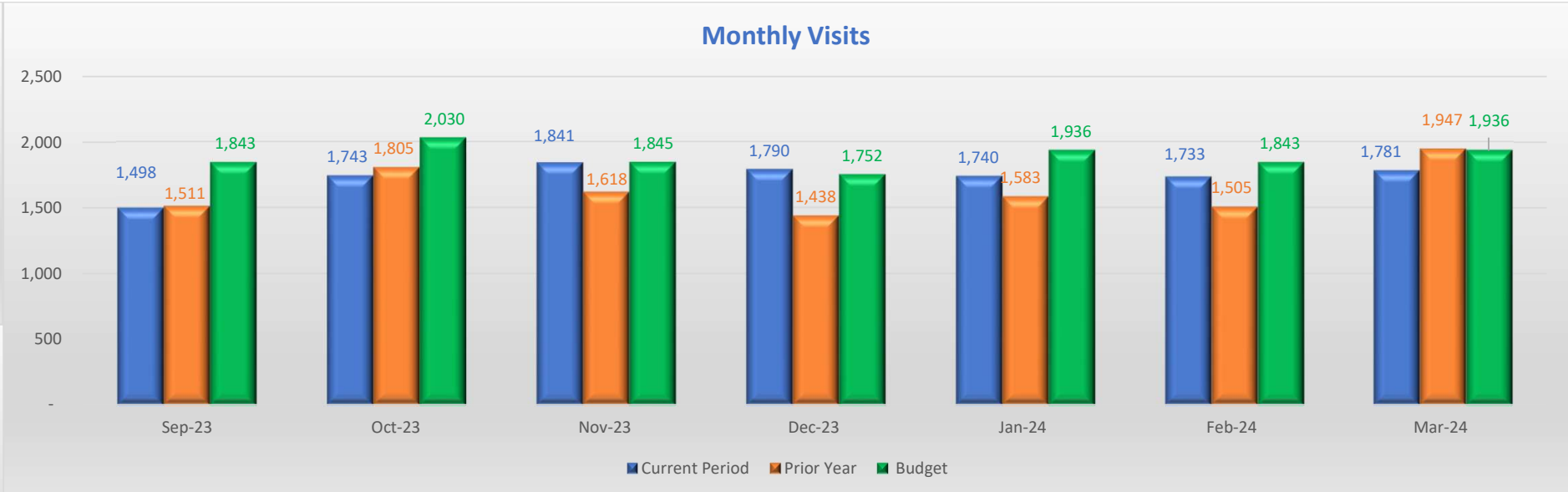
STATEMENT OF FINANCIAL POSITION					
ASSETS	Mar-24	Mar-23	Change	Feb-24	Change
Current Assets	4,146,042	4,209,785	-1.51%	4,347,481	-4.63%
Long-Term Assets	2,845,402	2,554,860	11.37%	2,826,708	0.66%
TOTAL ASSETS	6,991,444	6,764,645	3.35%	7,174,190	-2.55%
LIABILITIES AND NET ASSETS					
Current Liabilities	867,953	691,158	25.58%	864,451	0.41%
Estimated Medi-Cal Liabilities	265,753	473,195	-43.84%	306,856	-13.39%
Long-Term Debt	39,838	-	N/A	98,135	-59.40%
Total Liabilities	1,173,545	1,164,353	0.79%	1,269,442	-7.55%
Net Assets	5,817,900	5,600,292	3.89%	5,904,747	-1.47%
TOTAL LIABILITIES AND NET ASSETS	6,991,444	6,764,645	3.35%	7,174,190	-2.55%

STATEMENT OF ACTIVITIES - YTD					
REVENUES	Actual	Budget	Variance	Prior Year	Variance
Patient Service Revenue	3,121,676	3,014,349	3.56%	2,571,003	21.42%
Grant & Other Revenue	2,804,132	2,889,018	-2.94%	3,151,424	-11.02%
NET REVENUE	5,925,808	5,903,367	0.38%	5,722,428	3.55%
OPERATING EXPENSES					
Salaries and Benefits	4,617,814	4,758,822	-2.96%	4,072,022	13.40%
Contracted Services	33,572	97,688	-65.63%	137,277	-75.54%
Facility Costs	210,850	239,634	-12.01%	215,958	-2.37%
Supplies	469,731	428,902	9.52%	418,564	12.22%
Depreciation & Amortization	61,142	71,172	-14.09%	59,959	1.97%
Other Operating Expenses	1,131,117	1,142,453	-0.99%	1,236,671	-8.54%
TOTAL OPERATING EXPENSES	6,524,226	6,738,671	-3.18%	6,140,450	6.25%
OPERATING EXCESS/(DEFICIENCY)	(598,418)	(835,304)	-28.36%	(418,022)	43.15%
Net Capital Income/(Expenses)	543,036	787,429	-31.04%	644,215	-15.71%
TOTAL EXCESS/(DEFICIENCY)	(55,382)	(47,875)	15.68%	226,192	-124.48%

REDWOOD COAST MEDICAL SERVICES, INC.
EXECUTIVE SUMMARY
 March 2024



REDWOOD COAST MEDICAL SERVICES, INC.
EXECUTIVE SUMMARY
 March 2024



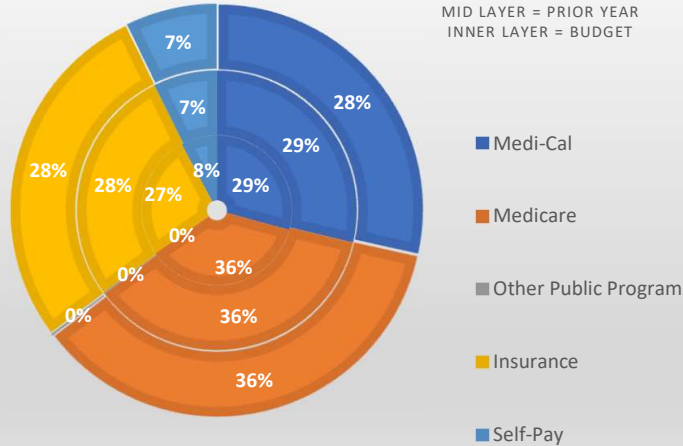
REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY

March 2024

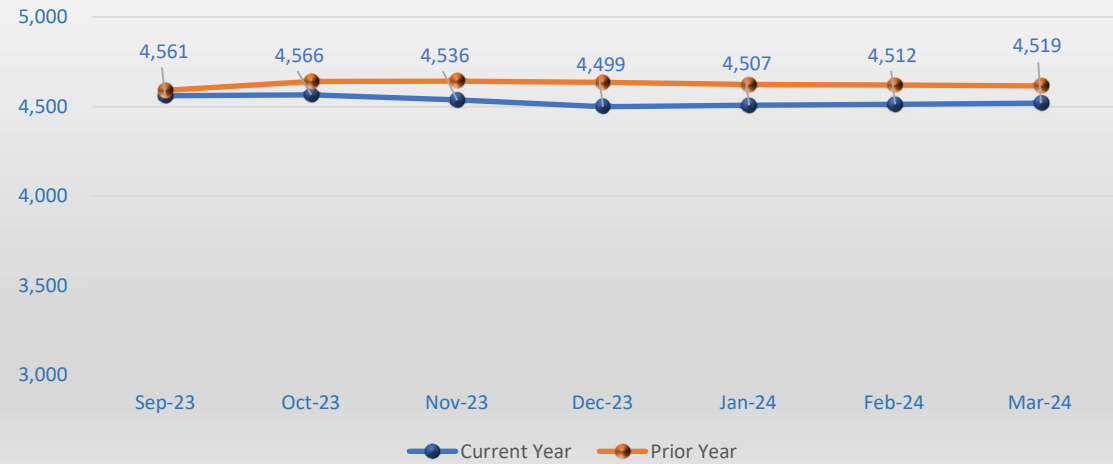
YTD PAYOR MIX

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

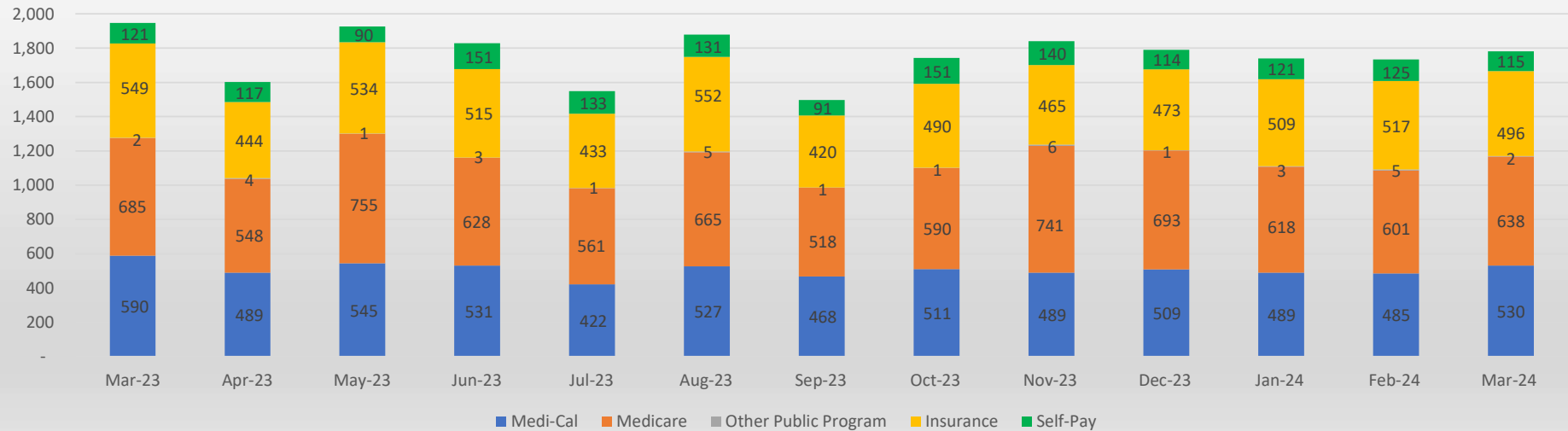


Unduplicated Patients

SAC = 5,000



Monthly Visits by Financial Class



REDWOOD COAST MEDICAL SERVICES, INC.

FINANCIAL NARRATIVE

March 2024

Prepared by Christie MacVitie, contract CFO

Operating financial results:

The year-to-date bottom-line loss of \$55,382 was \$7,507 unfavorable to the budgeted loss of \$47,875. The March bottom-line loss was \$86,848, which was \$180,591 worse than the budgeted gain of \$93,743. March's Net Patient Revenue (NPR) of \$342,188 was \$2,094 less than budgeted.

NPR Variance	\$ (2,094.46)
Due to higher/(lower) visits	\$ (27,563.90)
Due to higher/(lower) rate per visit	\$ 25,469.44

- The March visits of 1,781 were 155 less than the budgeted visits of 1,936.
- The average rate per visit of \$192.13 was \$14.30 higher than the budgeted average rate per visit of \$177.83.
- Grants and Other Revenue were \$13,494 under budget.
 - Other Grant Revenue is under budget due to lower monthly Kaiser PHMI revenue as the program ramps up.
 - 340B Revenue continues to trend under budget.
- Operating Expenses of \$778,971 were \$49,028 greater than budget.
 - Total Compensation was \$22,969 over budget due to overtime, on-call, more PTO earned than used, and one-time bonuses. We received grant funding to cover \$3,700 of the bonuses paid, which is reflected in Other Grant Revenue.
 - Janitorial expenses were \$3,068 under budget.
 - Rent expenses were \$50,229 under budget due to a change in accounting treatment to conform with ASC 842 *Leases*. New accounts Right-of-Use (ROU) Amortization and ROU Interest Expense offset the reduction in rent expense.
 - Utilities expenses were \$2,825 over budget due to seasonal propane purchases and fees due for prior month expenses.
 - Billing Services were \$2,594 over budget.

- Accounting Fees were \$4,225 over budget.
- Government Compliance Fees were \$2,709 over budget due to preparation for, and submission of, the PPS Reconciliations for three licenses for FY22-23.
- Recruiting Expense was \$6,839 below budget.
- Clinical Supplies were \$18,957 over budget due, in part, to processing older invoices. The year-to-date total includes ~\$23,000 of prior fiscal year clinical supplies. Disregarding the additional \$23,000 of expense, clinical supplies have trended over budget for the entire fiscal year, indicating that we underbudgeted for this expense.
- Vaccine Supplies were \$3,736 under budget due to timing.
- 340B Supplies were \$2,452 over budget.
- Telephone and Communications were \$3,660 over budget.
- Fundraising & Capital Activity was \$115,974 under budget.
 - Capital Grant Revenue was \$43,995 under budget, in line with the year-to-date trend.
 - Fundraising Income was \$84,317 less than budget due to timing. We received the Long Foundation contribution in April but budgeted for receipt in March.
 - Unrealized Gains exceeded the budget by \$23,659, offsetting the shortfalls

Changes in Financial position:

- Cash and Investments were \$3,358,909 as of the end of March, which is \$69,336 lower than the balance as of the end of March 2023.
 - Cash and Investments decreased by \$149,390 during the month.
 - We paid \$80,363 toward the upstairs flooring project.
 - We paid \$15,000 to the audit firm.
 - We disbursed \$51,584 for supplies during March.
 - We paid two months of health insurance premiums, at an average monthly rate of \$55,149.

Visits:

- March visits of 1,781 were 155 lower than the budgeted visits of 1,936.
 - Primary Care – 278 fewer than budgeted (889 vs. 1,167)
 - Urgent Care – 131 more than budgeted (479 vs. 348)
 - Behavioral Health – 26 more than budgeted (189 vs. 163)
 - Dental – 34 fewer than budgeted (224 vs. 258)

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position

As of 3/31/2024

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>
Current Assets			
Cash & Investments			
Cash on Hand	1,126,960.83	2,214,765.50	(1,087,804.67)
Cash-Management Restricted	565,325.00	0.00	565,325.00
Investments	1,666,622.91	1,213,479.43	453,143.48
Total Cash & Investments	<u>3,358,908.74</u>	<u>3,428,244.93</u>	<u>(69,336.19)</u>
Patient Accounts Receivable			
Accounts Receivable	641,920.16	675,163.38	(33,243.22)
Allowance for Doubtful Accounts	(197,211.00)	(251,147.00)	53,936.00
Total Patient Accounts Receivable	<u>444,709.16</u>	<u>424,016.38</u>	<u>20,692.78</u>
Other Current Assets			
Medi-Cal Receivable - Current Year	31,739.00	0.00	31,739.00
Medi-Cal Receivable - Prior Year	28,393.00	0.00	28,393.00
Grants Receivable	7,782.00	80,309.48	(72,527.48)
QIP Receivable	146,907.00	53,121.00	93,786.00
340B Receivable	0.00	30,777.68	(30,777.68)
Other Accounts Receivable	1,807.66	66,667.32	(64,859.66)
Prepaid Expenses	119,795.75	120,648.24	(852.49)
Other Assets	6,000.00	6,000.00	0.00
Total Other Current Assets	<u>342,424.41</u>	<u>357,523.72</u>	<u>(15,099.31)</u>
Total Current Assets	<u>4,146,042.31</u>	<u>4,209,785.03</u>	<u>(63,742.72)</u>
Long Term Assets			
Property & Equipment			
Property & Equipment	5,241,360.06	4,964,373.12	276,986.94
Accumulated Depreciation	(2,506,380.70)	(2,409,513.22)	(96,867.48)
Total Property & Equipment	<u>2,734,979.36</u>	<u>2,554,859.90</u>	<u>180,119.46</u>
Right-of-Use Assets			
Right-of-Use Assets	230,106.00	0.00	230,106.00
Accumulated Amortization-ROU	(119,683.46)	0.00	(119,683.46)
Total Right-of-Use Assets	<u>110,422.54</u>	<u>0.00</u>	<u>110,422.54</u>
Total Long Term Assets	<u>2,845,401.90</u>	<u>2,554,859.90</u>	<u>290,542.00</u>
Total Assets	<u><u>6,991,444.21</u></u>	<u><u>6,764,644.93</u></u>	<u><u>226,799.28</u></u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position

As of 3/31/2024

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>
Current Liabilities			
Accounts Payable	83,616.56	101,479.06	(17,862.50)
Patient Refunds Due	6,145.26	0.00	6,145.26
Accrued Compensation and Related Liabilities	429,620.75	331,144.36	98,476.39
Medi-Cal Payable - Current Year	0.00	105,550.00	(105,550.00)
Medi-Cal Payable - Prior Year	265,753.00	367,644.93	(101,891.93)
Other Liabilities	2,800.00	2,800.00	0.00
Other Accounts Payable	45,346.00	17,656.00	27,690.00
Current Portion of Long Term Debt	123,657.73	11,600.25	112,057.48
Deferred Revenue	176,767.00	226,478.00	(49,711.00)
Total Current Liabilities	<u>1,133,706.30</u>	<u>1,164,352.60</u>	<u>(30,646.30)</u>
Long Term Debt			
Leases Payable - Long Term	39,838.28	0.00	39,838.28
Total Long Term Debt	<u>39,838.28</u>	<u>0.00</u>	<u>39,838.28</u>
Total Liabilities	<u>1,173,544.58</u>	<u>1,164,352.60</u>	<u>9,191.98</u>
Net Assets			
Unrestricted Net Assets	5,873,281.47	5,374,099.98	499,181.49
Current Year Net Excess/Deficit	(55,381.84)	226,192.35	(281,574.19)
Total Net Assets	<u>5,817,899.63</u>	<u>5,600,292.33</u>	<u>217,607.30</u>
Total Liabilities & Net Assets	<u><u>6,991,444.21</u></u>	<u><u>6,764,644.93</u></u>	<u><u>226,799.28</u></u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Activities

From 3/1/2024 Through 3/31/2024

	<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	132,272.96	123,094.00	9,178.96	1,105,973.41	1,079,272.00	26,701.41
Medicare	149,168.09	125,357.00	23,811.09	1,341,482.08	1,098,478.00	243,004.08
Family Pact	(531.83)	1,365.00	(1,896.83)	5,256.53	10,920.00	(5,663.47)
Insurance	61,023.30	72,628.00	(11,604.70)	559,612.89	635,916.00	(76,303.11)
Self Pay & Other	46,614.26	40,123.00	6,491.26	286,152.91	350,389.00	(64,236.09)
Sliding Scale & Other Write-Offs	(33,759.10)	(19,481.00)	(14,278.10)	(200,303.60)	(171,390.00)	(28,913.60)
Medi-Cal PPS Settlement	(13,197.61)	0.00	(13,197.61)	(13,197.61)	0.00	(13,197.61)
Cost Report & Other Settlements	2,243.17	1,613.00	630.17	43,396.17	14,517.00	28,879.17
Patient Refunds	(1,645.70)	(417.00)	(1,228.70)	(6,696.30)	(3,753.00)	(2,943.30)
Total Patient Revenue	<u>342,187.54</u>	<u>344,282.00</u>	<u>(2,094.46)</u>	<u>3,121,676.48</u>	<u>3,014,349.00</u>	<u>107,327.48</u>
Operating Expenses						
Operating Expenses	778,970.73	729,943.00	(49,027.27)	6,524,226.34	6,738,671.00	214,444.66
Total Operating Expenses	<u>778,970.73</u>	<u>729,943.00</u>	<u>(49,027.27)</u>	<u>6,524,226.34</u>	<u>6,738,671.00</u>	<u>214,444.66</u>
Net Before Other Revenue	<u>(436,783.19)</u>	<u>(385,661.00)</u>	<u>(51,122.19)</u>	<u>(3,402,549.86)</u>	<u>(3,724,322.00)</u>	<u>321,772.14</u>
Grants & Other Revenue						
Grant Revenue-Federal 330	162,409.00	154,628.00	7,781.00	1,506,477.00	1,391,652.00	114,825.00
Grant Revenue-CADRE	0.00	0.00	0.00	9,439.00	0.00	9,439.00
Grant Revenue-Fed Hypertension	0.00	2,577.00	(2,577.00)	73,889.00	23,193.00	50,696.00
Grant Revenue-ECV	0.00	9,800.00	(9,800.00)	0.00	88,200.00	(88,200.00)
Grant Revenue-Federal UDS	0.00	1,292.00	(1,292.00)	0.00	11,628.00	(11,628.00)
Grant Revenue-USAC	0.00	0.00	0.00	19,204.34	0.00	19,204.34
Grant Revenue-Other	10,608.66	19,906.00	(9,297.34)	123,166.50	179,154.00	(55,987.50)
340B Revenue	35,146.40	44,748.00	(9,601.60)	202,894.72	402,732.00	(199,837.28)
Contract Revenue-CLSD	66,666.66	66,667.00	(0.34)	599,999.94	600,003.00	(3.06)
QIP Revenue	16,935.00	17,499.00	(564.00)	180,566.50	157,491.00	23,075.50
Rental Income	3,077.00	1,385.00	1,692.00	27,168.00	12,465.00	14,703.00
Other Income	3,800.62	0.00	3,800.62	7,183.22	0.00	7,183.22
Interest & Dividends Earned	8,864.20	2,500.00	6,364.20	54,143.46	22,500.00	31,643.46
Total Grants & Other Revenue	<u>307,507.54</u>	<u>321,002.00</u>	<u>(13,494.46)</u>	<u>2,804,131.68</u>	<u>2,889,018.00</u>	<u>(84,886.32)</u>
Net Operating Income/(Loss)	<u>(129,275.65)</u>	<u>(64,659.00)</u>	<u>(64,616.65)</u>	<u>(598,418.18)</u>	<u>(835,304.00)</u>	<u>236,885.82</u>
Fundraising & Capital Activity						
Capital Grant Revenue	(2,327.52)	41,667.00	(43,994.52)	43,860.00	375,003.00	(331,143.00)
Fundraising Income	30,683.50	115,000.00	(84,316.50)	400,087.53	397,000.00	3,087.53
Fundraising Expense	(10,586.67)	(815.00)	(9,771.67)	(21,229.08)	(7,524.00)	(13,705.08)
Donations	0.00	1,550.00	(1,550.00)	5,465.37	13,950.00	(8,484.63)
Realized/Unrealized Gains/(Losses)	24,658.53	1,000.00	23,658.53	114,852.52	9,000.00	105,852.52
Total Fundraising & Capital Activity	<u>42,427.84</u>	<u>158,402.00</u>	<u>(115,974.16)</u>	<u>543,036.34</u>	<u>787,429.00</u>	<u>(244,392.66)</u>
Net Excess of Revenue over Expenses	<u>(86,847.81)</u>	<u>93,743.00</u>	<u>(180,590.81)</u>	<u>(55,381.84)</u>	<u>(47,875.00)</u>	<u>(7,506.84)</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 3/1/2024 Through 3/31/2024

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>
Salaries & Wages						
Salaries & Wages	448,745.19	425,370.00	(23,375.19)	3,906,475.44	3,949,838.00	43,362.56
Total Salaries & Wages	448,745.19	425,370.00	(23,375.19)	3,906,475.44	3,949,838.00	43,362.56
Benefits						
Payroll Taxes	33,439.75	31,858.00	(1,581.75)	283,422.14	295,796.00	12,373.86
Health Insurance	53,718.92	47,712.00	(6,006.92)	364,297.10	443,020.00	78,722.90
Workmans Compensation	4,948.00	5,981.00	1,033.00	42,415.00	55,535.00	13,120.00
Retirement	984.54	0.00	(984.54)	16,704.30	0.00	(16,704.30)
Other Benefits	500.00	1,576.00	1,076.00	4,500.00	14,633.00	10,133.00
Total Benefits	93,591.21	87,127.00	(6,464.21)	711,338.54	808,984.00	97,645.46
Contracted Services						
Contracted Physician	2,650.00	3,485.00	835.00	17,590.00	32,361.00	14,771.00
Contracted Physicians Assistant	0.00	4,846.00	4,846.00	0.00	45,000.00	45,000.00
Contracted Mental Health Provider	500.00	0.00	(500.00)	1,000.00	0.00	(1,000.00)
Contracted Dentist Svcs	0.00	1,672.00	1,672.00	10,437.50	15,526.00	5,088.50
Contracted Pharmacist	500.00	517.00	17.00	4,544.86	4,801.00	256.14
Total Contracted Services	3,650.00	10,520.00	6,870.00	33,572.36	97,688.00	64,115.64
Total Compensation	545,986.40	523,017.00	(22,969.40)	4,651,386.34	4,856,510.00	205,123.66
Facility Expenses						
Depreciation-Facility	5,547.24	6,022.00	474.76	44,480.55	54,198.00	9,717.45
Amortization-Facility ROU	57,526.46	0.00	(57,526.46)	57,526.46	0.00	(57,526.46)
Interest Expense-Facility ROU	5,336.23	0.00	(5,336.23)	5,336.23	0.00	(5,336.23)
Janitorial	2,508.50	5,576.00	3,067.50	21,702.33	50,184.00	28,481.67
Rent	(50,228.22)	10,398.00	60,626.22	33,480.78	93,582.00	60,101.22
Repairs & Maint-Facility	923.30	1,773.00	849.70	10,433.60	15,957.00	5,523.40
Utilities	9,770.74	6,946.00	(2,824.74)	68,502.83	62,514.00	(5,988.83)
Real Estate Taxes	1,317.00	1,933.00	616.00	13,867.45	17,397.00	3,529.55
Total Facility Expenses	32,701.25	32,648.00	(53.25)	255,330.23	293,832.00	38,501.77
Other Expenses						
Advice Line	1,820.00	1,771.00	(49.00)	16,380.00	15,939.00	(441.00)
Audit Fees	0.00	0.00	0.00	15,000.00	20,000.00	5,000.00
Bad Debt	0.00	0.00	0.00	1,655.00	0.00	(1,655.00)
Bank Charges	786.24	683.00	(103.24)	9,433.84	6,147.00	(3,286.84)
Board Expense	1,888.00	1,223.00	(665.00)	18,681.44	11,007.00	(7,674.44)
Billing Services	4,150.76	1,557.00	(2,593.76)	20,674.68	14,013.00	(6,661.68)
Computer Supplies & Support	38,621.20	36,239.00	(2,382.20)	351,945.87	326,151.00	(25,794.87)
Consulting Fees	4,003.31	2,336.00	(1,667.31)	45,182.79	21,024.00	(24,158.79)
Consulting Fees - Accounting	12,801.00	8,576.00	(4,225.00)	79,175.00	77,184.00	(1,991.00)
Consulting Fees - Government Compliance	5,126.00	2,417.00	(2,709.00)	17,938.00	21,753.00	3,815.00
Consulting Fees - CFO	3,357.00	2,167.00	(1,190.00)	18,450.70	19,503.00	1,052.30
Continuing Education	438.90	2,606.00	2,167.10	12,907.71	23,454.00	10,546.29
Depreciation Expense	1,821.46	1,886.00	64.54	16,661.47	16,974.00	312.53
Donations/Contributions	471.61	580.00	108.39	3,941.09	5,220.00	1,278.91
Dues & Subscriptions	1,976.21	1,841.00	(135.21)	21,756.02	16,569.00	(5,187.02)
Employment Advertising	0.00	15.00	15.00	0.00	135.00	135.00
Employee Recognition	370.73	0.00	(370.73)	14,866.56	0.00	(14,866.56)
Equipment Lease	1,937.60	1,789.00	(148.60)	17,191.33	16,101.00	(1,090.33)
Fundraising Allocation	(10,586.67)	(815.00)	9,771.67	(21,229.08)	(7,524.00)	13,705.08
Infectious Waste Disposal	1,990.15	1,812.00	(178.15)	18,364.00	16,308.00	(2,056.00)
Insurance-General	4,712.36	3,933.00	(779.36)	29,730.00	35,397.00	5,667.00
Insurance-D&O	2,788.00	1,924.00	(864.00)	25,192.52	17,316.00	(7,876.52)

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 3/1/2024 Through 3/31/2024

	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Insurance-Malpractice	1,036.00	1,060.00	24.00	8,200.00	9,540.00	1,340.00
Interest Expense	0.00	41.00	41.00	321.41	369.00	47.59
Lab Services	7,016.68	5,785.00	(1,231.68)	36,526.98	52,065.00	15,538.02
Memberships & Publications	0.00	187.00	187.00	795.00	1,683.00	888.00
Minor Equipment	4,177.79	2,473.00	(1,704.79)	10,855.42	22,257.00	11,401.58
Outreach Golf Fundraiser	9,506.24	0.00	(9,506.24)	9,506.24	0.00	(9,506.24)
Outreach & Hlth Ed Matls Exp	380.00	2,486.00	2,106.00	8,367.25	22,374.00	14,006.75
Payroll Service Fees	2,313.91	2,054.00	(259.91)	21,506.92	18,486.00	(3,020.92)
Penalties & Late Fees	50.98	0.00	(50.98)	907.62	0.00	(907.62)
Postage & Shipping	521.20	1,193.00	671.80	8,315.87	10,737.00	2,421.13
Publicity/Advertising	1,569.42	1,423.00	(146.42)	7,767.72	12,807.00	5,039.28
Recruiting Expense	0.00	6,839.00	6,839.00	7,850.00	61,551.00	53,701.00
Recruiting-Moving Expense	0.00	125.00	125.00	0.00	1,125.00	1,125.00
Provider Housing	2,564.19	2,302.00	(262.19)	23,372.18	20,718.00	(2,654.18)
Repairs & Maint-Equipment	1,493.28	2,414.00	920.72	34,118.00	21,726.00	(12,392.00)
Retirement Administration	175.00	78.00	(97.00)	2,465.00	702.00	(1,763.00)
Supplies-Office	4,216.65	5,656.00	1,439.35	63,442.04	50,920.00	(12,522.04)
Supplies-Clinical	46,617.61	27,661.00	(18,956.61)	320,511.78	248,949.00	(71,562.78)
Supplies-Vaccines	0.00	3,736.00	3,736.00	22,077.46	33,624.00	11,546.54
Supplies-Pharmaceutical	3,803.45	4,161.00	357.55	28,888.69	37,449.00	8,560.31
Supplies-340B Pharmaceutical	7,698.86	5,247.00	(2,451.86)	26,495.54	47,223.00	20,727.46
Taxes & Licenses	1,386.00	1,240.00	(146.00)	13,586.34	11,160.00	(2,426.34)
Telephone/Communication	13,104.27	9,444.00	(3,660.27)	96,303.14	84,996.00	(11,307.14)
Transcription Services	5,639.04	7,782.00	2,142.96	56,881.62	70,038.00	13,156.38
Travel & Conferences	4,338.65	4,059.00	(279.65)	36,574.94	36,531.00	(43.94)
X-Ray Expenses	4,200.00	4,292.00	92.00	37,973.67	38,628.00	654.33
Total Other Expenses	<u>200,283.08</u>	<u>174,278.00</u>	<u>(26,005.08)</u>	<u>1,617,509.77</u>	<u>1,588,329.00</u>	<u>(29,180.77)</u>
Total Operating Expenses	<u>778,970.73</u>	<u>729,943.00</u>	<u>(49,027.73)</u>	<u>6,524,226.34</u>	<u>6,738,671.00</u>	<u>214,444.66</u>
Total Operating Expenses After Allocation	<u>778,970.73</u>	<u>729,943.00</u>	<u>(49,027.73)</u>	<u>6,524,226.34</u>	<u>6,738,671.00</u>	<u>214,444.66</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Cash Flows

As of 3/31/2024

	Current Period	Current Year
Operating Activities		
Change in Net Assets	(86,847.81)	(55,381.84)
Adjustments to Reconcile Change in Net Assets to Cash		
Depreciation and Amortization	64,895.16	118,668.48
(Increase)/Decrease in Accounts Receivable	(27,427.29)	157,863.91
(Increase)/Decrease in Grants Receivable	(22,719.48)	(35,601.00)
(Increase)/Decrease Estimated Medi-Cal Receivable	93,881.00	19,671.00
(Increase)/Decrease in Prepaid Expenses	8,314.54	(25,086.78)
(Increase)/Decrease Other Assets	0.00	0.00
Increase/(Decrease) in Accounts Payable	(36,137.75)	38,613.54
Increase/(Decrease) in Accrued Expenses	43,691.56	(50,758.09)
Increase/(Decrease in Estimated Medi-Cal Payable	(41,102.90)	(2,000.00)
Increase/(Decrease) in Deferred Revenue	(6,908.66)	(37,678.00)
Increase/(Decrease) in Other Board Approved Liability	0.00	0.00
Total Adjustments to Reconcile Change in Net Assets to Cash	76,486.18	183,693.06
Total Operating Activities	(10,361.63)	128,311.22
Cash Flows from Investing Activities		
Investing Activities		
Land Purchases & Sales	0.00	0.00
Building Improvements	(159,362.67)	(172,081.73)
Equipment Purchases & Disposals	0.00	(7,031.30)
Construction in Progress	75,773.90	(90,777.19)
Total Investing Activities	(83,588.77)	(269,890.22)
Total Cash Flows from Investing Activities	(83,588.77)	(269,890.22)
Cash Flows from Financing Activities		
Financing Activities		
Increase/(Decrease) in Notes Payable	0.00	0.00
Increase/(Decrease) in Leases Payable	(55,439.99)	(55,439.99)
Total Financing Activities	(55,439.99)	(55,439.99)
Total Cash Flows from Financing Activities	(55,439.99)	(55,439.99)
Prior Period Adj. to Net Assets	0.00	0.00
Net Increase(Decrease) in Cash	(149,390.39)	(197,018.99)
Cash at Beginning of Period	3,508,299.13	3,555,927.73
Cash at End of Period	3,358,908.74	3,358,908.74

REDWOOD COAST MEDICAL SERVICES
URGENT CARE REVENUE & EXPENSES
Quarterly Through March 2024

	Jul-Sep 2023	% of total	Oct-Dec 2023	% of total	Jan-Mar 2024	% of total	FY24 YTD	% of total
REVENUE								
Patient revenue	228,676		265,512		326,328		820,516	
CLSD contract revenue	200,000		200,000		200,000		600,000	
330 grant allocation	11,370		9,105		8,043		28,518	
QIP revenue	11,870	40%	15,617	37%	40,906	37%	68,393	38%
340B revenue	29,756	40%	(433)	37%	38,524	37%	67,847	38%
Fundraising revenue	42,184	40%	58,252	37%	43,554	37%	143,990	38%
TOTAL REVENUE	523,856		548,054		657,355		1,729,265	
EXPENSES								
Clinical Personnel	375,580		398,022		436,253		1,209,855	
Facility	2,603		2,171		2,187		6,960	
Depreciation	4,913		5,337		5,629		15,880	
Advice Line	5,460		5,460		5,460		16,380	
Computer Supplies & Support	3,114		3,240		3,398		9,752	
Consulting Fees	451		105		69		625	
Continuing Education	247		4,336		-		4,583	
Dues & Subscriptions	-		1,816		-		1,816	
Employee Recognition	-		116		-		116	
Equipment Lease (copiers)	398		401		383		1,182	
Infectious Waste Disposal	887		987		964		2,838	
Malpractice Insurance	582		604		834		2,020	
Interest Expense	-		29		-		29	
Lab Services	3,606		6,170		7,225		17,001	
Minor Equipment	2,410		37		985		3,432	
Postage & Shipping	19		105		-		124	
Publicity & Advertising	-		-		109		109	
Provider Housing	2,249		5,752		4,824		12,825	
Repairs & Maintenance-Equipment	8,181		1,287		4,033		13,501	
Supplies-Office	505		289		631		1,425	
Supplies-Clinical	55,757		44,619		111,064		211,439	
Supplies-Pharmaceutical	5,242		5,445		13,750		24,437	
Taxes & Licenses	-		918		20		938	
Telephone	143		126		182		450	
Travel & Conferences	3,000		6,252		3,912		13,164	
X-Ray Expenses	9,894		11,421		13,015		34,329	
TOTAL DIRECT COSTS	485,239		505,047		614,926		1,605,212	

REDWOOD COAST MEDICAL SERVICES
URGENT CARE REVENUE & EXPENSES
 Quarterly Through March 2024

REVENUE	Jul-Sep 2023	% of total	Oct-Dec 2023	% of total	Jan-Mar 2024	% of total	FY24 YTD	% of total
*Indirect Costs/Overhead	234,379	40%	224,859	37%	253,902	37%	713,141	38%
TOTAL COSTS	<u>719,618</u>		<u>729,906</u>		<u>868,828</u>		<u>2,318,352</u>	
NET PROFIT/(LOSS)	<u>(195,762)</u>		<u>(181,852)</u>		<u>(211,473)</u>		<u>(589,087)</u>	

*Indirect costs include a share of non-clinical salaries, benefits, and related facility costs, EHR licensing, IT, general insurance, and other costs that can't be directly assigned to a revenue generating department.

REDWOOD COAST MEDICAL SERVICES
 URGENT CARE REVENUE & EXPENSES
 ALLOCATION METHODS USED

#	Type	Allocation method
1.	Patient service revenue	Provider
2.	CLSD contract	100% to UC
3.	*QIP/340B revenue	% of Direct Costs
4.	Federal 330 grant	UC costs charged to grant
5.	Fundraising	% of Direct Costs
6.	Personnel	Payroll/contract
7.	Facility	Square footage (18.16%)
8.	Direct costs	Directly coded to UC by AP
9.	Malpractice insurance	Visits
10.	Equipment	Square footage (18.16%)
12.	Telephone	Square footage (18.16%)
11.	Admin overhead	% of Direct Costs

* Quality Improvement Program (Managed Medi-Cal) / Discount drug program (non-Medi-Cal patients)

Quality Improvement Program - we receive incentive payments for meeting specific quality measures.

340B Revenue - we purchase pharmaceuticals at discounted prices which are dispensed by our contracted pharmacies. We receive the difference between the retail sales and our discounted prices, less fees paid to the pharmacies and our third party administrator.

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

as of March 31, 2024

for April 22, 2024 Finance Committee meeting

		3/31/24 Total Invest Accts at Schwab		Target Allocation	12/31/23 Balances	Gain/(Loss) unrealized (since 12/31/23)	Gain/(Loss) unrealized (since purch)	Operational Funds at Schwab
	symbol	market value	% of total	% of total				
Cash (Schwab Bank)		\$14,121.77	0.8%		\$7,857.02			\$0.00
Schwab Govt Money Market Fund	SNVXX	\$41,724.90	2.5%		\$41,302.72			\$18.74
Schwab US Treasury Money Market Fund	SUTXX							\$1,015,769.91
Treasury Bills (\$240K, 6 month, maturing 8/29/24)		\$234,889.99	14.1%		\$238,201.39		YTM 5.33%	\$0.00
Treasury Bills (\$250K, 6 month, maturing 5/30/24)		\$247,844.85	14.9%		\$244,748.78		YTM 5.45%	\$0.00
Total Cash & Treasuries		\$538,581.51	32.3%	20%	\$532,109.91			\$1,015,788.65
Fixed Income Funds:								
Angel Oak Multi-Strategy	ANGLX	\$35,529.21	2.1%	3%	\$34,921.79	\$607.42	(\$5,623.14)	\$0.00
Pimco Income	PONAX	\$52,723.66	3.2%	4%	\$52,059.54	\$664.12	(\$3,028.95)	\$0.00
Pimco Mortgage Opportunities	PMZAX	\$63,996.22	3.8%	5%	\$63,092.64	\$903.58	(\$6,874.69)	\$0.00
River Canyon Total Return	RCTIX	\$53,904.65	3.2%	4%	\$53,131.29	\$773.36	(\$3,946.47)	\$0.00
Thornburg Strategic Income	TSIAX	\$51,880.62	3.1%	4%	\$51,499.20	\$381.42	(\$1,719.43)	\$0.00
Total Fixed Income Funds		\$258,034.36	15.5%	20%	\$254,704.46	\$3,329.90	(\$21,192.68)	\$0.00
Equity Funds & Equities:								
Vanguard Dividend Appreciation ETF	VIG	\$189,711.65	11.4%	13%	\$176,283.07	\$13,428.58	\$29,817.64	\$0.00
Vanguard International Dividend Appreciation ETF	VIGI	\$133,903.92	8.0%	10%	\$129,620.20	\$4,283.72	(\$4,461.55)	\$0.00
Vanguard Total Stock Market ETF	VTI	\$208,940.81	12.5%	14%	\$190,042.03	\$18,898.78	\$34,178.74	\$0.00
T. Rowe Price Dividend Growth	PRDGX	\$187,535.28	11.3%	13%	\$173,490.51	\$14,044.77	\$23,511.52	\$0.00
Parnassus Core Equity Investor	PRBLX	\$149,915.38	9.0%	10%	\$136,296.34	\$13,619.04	\$4,723.97	\$0.00
Total Equity Funds		\$870,007.04	52.2%	60%	\$805,732.15	\$64,274.89	\$87,770.32	\$0.00
Total Schwab Accounts		\$1,666,622.91	100.0%	100%	\$1,592,546.52	\$67,604.79	\$66,577.64	\$1,015,788.65