



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
(209) 754-2537 Fax

**Meeting of the Board of Directors
Wed. August 26, 2020
9 am
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

Three Participation Options:

- 1. Tele-Conference Meeting:
Conference Call Information
(605) 475-2875 Code 4864697**

- 2. In Attendance With The Following Guidelines:
Social Distancing (6 ft)
Face Covering is Required**

- 3. WebEx**

Agenda

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

- 1. Call to order:**

- 2. Roll Call:**

This Institution is an Equal Opportunity Provider and Employer

Agenda – August 26, 2020 MTHCD Board Meeting

3. Approval of Agenda: Public Comment - **Action**

4. Public Comment on matters not listed on the Agenda:

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the Mark Twain Health Care District not listed on the Agenda. (The public may also comment on any item listed on the Agenda prior to Board action on such item.) **Limit of 3 minutes per speaker.** The Board appreciates your comments however it will not discuss and cannot act on items not on the agenda.

5. Consent Agenda: Public Comment - **Action**

All Consent items are considered routine and may be approved by the District Board without any discussion by a single roll-call vote. Any Board Member or member of the public may remove any item from the Consent list. If an item is removed, it will be discussed separately following approval of the remainder of the Consent items.

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for July 22, 2020.
- Un-Approved Board Meeting Minutes for July 22, 2020.

B. Correspondence:

- Habitat for Humanity – Thank You (7-24-2020)
- Pres. Trump - Executive Order on Improving Rural Health and Telehealth Access

C. MTMC MOU: Section 340B Program - Public Health Services Act:

D. CSDA Letter Approval:

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD):
 - ACHD August Advocate:
- Meetings with MTHCD CEO:
- Board Vacancy – Lori Hack:

This Institution is an Equal Opportunity Provider and Employer

- Oath of Office

B. MTMC Community Board Report:.....Ms. Al-Rafiq

C. MTMC Board of Directors:.....Ms. Reed

D. Chief Executive Officer’s Report:.....Dr. Smart

- Grant/Project Criteria:
- Conflict of Interest & Resolution:
 - **Resolution 2020 – 06:** Public Comment - **Action**
- 2020 Election:.....Ms. Stout

E. Stay Vertical Calaveras:.....Mr. Shetzline

F. Valley Springs Health & Wellness Center:.....Dr. Smart

- Construction Finance:
- VSHWC “Quality” Report: (MedStatix)
- Pharmacy – Room 400:
- VS H&W Center – Draft Policies and Forms: Public Comment – **Action**
 - Policies - Valley Springs Health & Wellness Center:

Punctuation & Grammar Changes – Please Submit to District Office Staff.

1. Bi-Annual Review: Age Restriction
2. Bi-Annual Review: Auxiliary Aids and Services for Persons with Disabilities
3. Bi-Annual Review: Cash on Hand Management
4. Bi-Annual Review: Dissemination of Non-Discrimination Policy
5. Bi-Annual Review: Emergency Release of Patient Records
6. Revised: Flat Rate Fee Program
7. Bi-Annual Review: Litigation - Potential
8. Bi-Annual Review: Marketing
9. Bi-Annual Review: Medi-Cal Eligibility Verification
10. Bi-Annual Review: Medication, Supply, and Equipment Recall
11. Bi-Annual Review: Narcotics Policy
12. Bi-Annual Review: Non-Discrimination

This Institution is an Equal Opportunity Provider and Employer

- 13. Bi-Annual Review: Par Levels
- 14. Bi-Annual Review: Patient Left Without Being Seen or Treated
- 15. Bi-Annual Review: Patient Portal
- 16. Bi-Annual Review: Patient Rights and Responsibilities Statement
- 17. Bi-Annual Review: Preventative Maintenance Inspections
- 18. Bi-Annual Review: Scope of Services
- 19. Bi-Annual Review: Section 504 Grievance
- 20. Bi-Annual Review: Section 504 Notice of Program Accessibility
- 21. Bi-Annual Review: Standardized Procedure for Administration of Flu Shots
- 22. Bi-Annual Review: Waste, Fraud, and Abuse
- 23. Revised: Business Hours

G. Ad Hoc Real Estate:Ms. Stout

- Update on Valley Springs Property - Phase II:

7. Committee Reports:

A. Finance Committee:.....Ms. Toepel / Ms. Hack

- Audit:.....Mr. Wood
- Financial Statements (July 2020): Public Comment – **Action**.....Mr. Wood
 - Reserve Allocations - Policy No. 30: Public Comment - **Action**

- **B. Ad Hoc Policy Committee:**Ms. Sellick

C. Ad Hoc Personnel Committee:Ms. Reed / Ms. Toepel

8. Board Comment and Request for Future Agenda Items:

A. Announcements of Interest to the Board or the Public:

B. Community Connection:

- Chamber of Commerce: Virtual Mixer August 20th Dr. Athwal & Gary Arvin of MTMC

9. Next Meeting:

- A.** The next meeting will be Wednesday September 23, 2020 starting at 9 am.

10. Adjournment: Public Comment – **Action**

This Institution is an Equal Opportunity Provider and Employer

Agenda – August 26, 2020 MTHCD Board Meeting

- Effective - Mar 17, 2020.

California Gov. Gavin Newsom issued [Executive Order \(N-29-20\)](#), which, in part, supersedes Paragraph 11 of Executive Order (N-25-20) issued on Thursday. The new Executive Order excuses a legislative body, under the Ralph M. Brown Act, from providing a physical location for the public to observe and comment if certain conditions are met. A physical location does not need to be provided if the legislative body:

1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;”
2. Implements a procedure for receiving and “swiftly resolving” requests for reasonable modification or accommodations from individuals with disabilities, consistent with the Americans with Disabilities Act, and resolving any doubt in favor of accessibility.
3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e. 72 hours for regular meetings and 24 hours for special meetings) and
4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

This Institution is an Equal Opportunity Provider and Employer

Agenda – August 26, 2020 MTHCD Board Meeting



P. O. Box 95
 San Andreas, CA 95249
 (209) 754-4468 Phone
 (209) 754-2537 Fax

Finance Committee Meeting
Mark Twain Medical Center Education Center – Classroom 5
768 Mountain Ranch Road
San Andreas, CA 95249
7:30 am
Wed. July 22, 2020

Two Participation Options:

1. Tele-Conference Meeting
Conference Call Information
(605) 475-2875 Code 4864697

2. In Attendance With The Following Guidelines:
Social Distancing (6 ft)
No Screening but Face Covering is Required

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order:

The meeting was called to order at 7:32am by Ms. Hack.

2. Roll Call:

Member	Present in Person	Present by Phone
Ms. Toepel	X	
Ms. Hack		X

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 22, 2020 MTHCD Finance Committee Meeting

3. Approval of Agenda: Public Comment **Action:**

Public comment: Hearing None
Motion: Ms. Hack
Second: Ms. Toepel
Vote: 2-0

4. Public Comment On Matters Not Listed On The Agenda:

Public Comment: Hearing None:

5. Consent Agenda: Public Comment **Action**

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for June 24, 2020:

Public comment: Hearing None
Motion: Ms. Toepel
Second: Ms. Hack
Vote: 2-0

6. Chief Executive Officer's Report:

- **VSHWC – Construction Finance: USDA Form 271**

Dr. Smart: Diede Construction has requested the retainage payment which is the remaining balance owed. (pkt. pg. 8 line 4, Col. H.). There is (+/-) \$385.5k for the Room 400 change order.

- **FEMA – Disaster Relief:**

Dr. Smart: The District, like other RHCs, received a CARES Act check in the amount of (+/-) \$103.2k.

- **New Bookkeeper:**

Dr. Smart: The District is still looking for a bookkeeper:

7. Accountant's Report: Public Comment – **Action:**

- **June 2020 Financials Will Be Presented To The Committee:** Public Comment **Action:**

Mr. Wood: The June financials will stay in draft form until the audit is completed (+/-) Oct. The balance sheet is strong: He will be making some changes i.e.: moving equipment to assets.

Dr. Smart: As agreed in the May 31, 2019 lease the District is paying the MTMC utilities which is a good number considering it is summer (pkt. pg. 12) at 49.7k.

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 22, 2020 MTHCD Finance Committee Meeting

Public comment: Hearing None
Motion: Ms. Toepel
Second: Ms. Hack
Vote: 2-0

- **Distribute Final Budget:**

Mr. Wood: Provided the budget for review:

8. Treasurer's Report:

- Reserve Account Allocations: Public Comment **Action**

Dr. Smart: Unrestricted funds will be categorized and brought to the Board for approval in August per the District's Policy No. 30, Mr. Woods recommendation and the CSDA handbook *Special District Reserve Guidelines*.

Public comment: Hearing None
Motion: Ms. Hack
Second: Ms. Toepel
Vote: 2-0

9. Comments and Future Agenda Items:

10. Next Meeting:

- **The next meeting:**

After discussion it was decided to change the Finance Committee Meeting day and time as follows: The Finance Committee will meet on Tues. one week prior to the Board Mtg which is the fourth Wed. of each month. The next Finance Committee meeting will be August 18th at 9am.

11. Adjournment: **Action**

Motion: Ms. Toepel
Second: Ms. Hack
Vote: 2-0
The meeting was adjourned at 8:41am

Effective - Mar 17, 2020.

California Gov. Gavin Newsom issued [Executive Order \(N-29-20\)](#), which, in part, supersedes Paragraph 11 of Executive Order (N-25-20) issued on Thursday. The new Executive Order excuses a legislative body, under the Ralph M. Brown Act, from providing a physical location for the public to observe and comment if certain conditions are met. A physical location does not need to be provided if the legislative body:

1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;”
2. Implements a procedure for receiving and “swiftly resolving” requests for reasonable modification or accommodations from individuals with disabilities, consistent with the Americans with Disabilities Act, and resolving any doubt in favor of accessibility.
3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e. 72 hours for regular meetings and 24 hours for special meetings) and
4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 22, 2020 MTHCD Finance Committee Meeting



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
(209) 754-2537 Fax

**Meeting of the Board of Directors
Wed. July 22, 2020
9 am
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

Three Participation Options:

- 1. Tele-Conference Meeting:
Conference Call Information
(605) 475-2875 Code 4864697**

- 2. In Attendance With The Following Guidelines:
Social Distancing (6 ft)
Face Covering is Required**

- 3. WebEx**

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order:

The meeting was called to order by President Lin Reed at 9:03 am

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 22, 2020 MTHCD Board Meeting

2. Roll Call:

Board Member	Present In Person	Present by Phone	Absent	Time of Arrival
Ms. Reed	X			
Ms. Atkinson			Resigned Effective 6-30-2020	
Ms. Sellick	X			
Ms. Al-Rafiq		X		
Ms. Toepel	X			

3. Approval of Agenda: Public Comment – Action

Public Comment: Hearing None

Motion: Ms. Toepel

Second: Ms. Sellick

Vote: 4-0

4. Public Comment on matters not listed on the Agenda:

San Andreas Rotary on potential fund raiser.

5. Consent Agenda: Public Comment - Action

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for June 24, 2020.
- Un-Approved Board Meeting Minutes for June 24, 2020.

B. Correspondence:

- Calaveras County Nov. 3, 2020 Election Deadlines (7-13-2020)

Public Comment: Hearing None

Motion: Ms. Al-Rafiq

Second: Ms. Sellick

Vote: 4-0

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 22, 2020 MTHCD Board Meeting

6. MTHCD Reports:

A. President's Report:

- **Association of California Health Care Districts (ACHD):**
 - **ACHD July Advocate:** (pkt. pg. 19)
- **Meetings with MTHCD CEO:** On-going
- **Appointment of Interim MTHCD Treasurer:** Public Comment:

Dr. Smart: Policy 5.2 provides for the president to appoint committee chairs.

Ms. Reed: Ms. Atkinson moved out of state and resigned effective 6-30-2020 so Ms. Toepel was appointed as interim Treasurer.

B. MTMC Community Board Report:

Ms. Al-Rafiq: The Copper Clinic has been postponed to Oct. 2020 due to funds being diverted to COVID needs. Three new members were approved i.e.: Larry Smith, Tim Oskey, and Sal LoFranco. The committee is in the process of expanding the membership to 10.

C. MTMC Board of Directors:

Ms. Reed: The philanthropist position is being changed to 1 FTE manager.

D. Chief Executive Officer's Report:

- **Calaveras Mobile Health Collaborative (CMHC) – Update:**

Dr. Smart: With COVID needs taking precedence the group is experiencing a lack of labor so will likely shift to educating the senior population about telehealth.

- **July 29 – VSHWC – Meeting:**

Dr. Smart: Board members are invited to a surprise announcement at the Clinic at 4 pm on July 29th.

- **Thank You Ad- Dr Kelaita & Public Health Department:** Action:

Dr. Smart: Presented the idea of running an ad for Dr. Kelaita and the Calaveras Public Health Department for working so hard to keep Calaveras residents informed about COVID.

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 22, 2020 MTHCD Board Meeting

Public Comment: Hearing None

Motion: Ms. Al-Rafiq

Second: Ms. Sellick

Vote: 4-0

- **Fund Raising Events During COVID:**

Ms. Reed: Suggested using a decision-making tree when approached to sponsor an event and to seek legal opinion on 1-day event liability insurance.

Board Members: Because of COVID the new trend in fund raisers is to do drive-thru events and thought the request(s) should be sent to the Grants Committee for consideration.

E. Stay Vertical Calaveras:

- **Stay Vertical Calaveras Survey Results:**

Mr. Shetzline: Due to COVID there are no in-person classes currently. Two instructors plan to video their classes to be added to our Facebook group page and posted to our web site. Stats show a remarkable improvement i.e.: Have you fallen before? Yes 14, No 19. Have you fallen since SVC? Yes 4, No 29. He is working with

- **Area 12 Agency on Aging - Fall Prevention Program:**

Ms. Stout: Has set a meeting to discuss expanding Stay Vertical Calaveras into all 5 counties.

Ms. Reed & Ms. Toepel plan to participate.

F. Valley Springs Health & Wellness Center:

- **Construction Finance:**

Dr. Smart: Diede Construction applied for 10% retainer (pkt. pg. 23, Row 32 Col E). The USDA loan payments has begun and will be paid each March and September.

- **VSHWC “Quality” Report: (MedStatix)**

Dr. Smart: Reviewed the excellent scores the Clinic staff are accomplishing in caring for our patients. (pkt. pg. 24-25).

- **Pharmacy – Room 400:**

Dr. Smart: With Ms. Pham met with Doug Oliver of the Calaveras Building Department and anticipate a permit will be available soon to start construction of Sunrise Pharmacy and Room 400 improvements.

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 22, 2020 MTHCD Board Meeting

- **VS H&W Center – Draft Policies and Forms: Public Comment – Action**

- Policies - Valley Springs Health & Wellness Center:

Punctuation & Grammar Changes – Please Submit to District Office Staff.

1. Revised - Communicable Disease Reporting 071420
2. Revised - Flat Rate Fee Program 062420
3. Revised - Medical Records Security and Retention 052620
4. Revised - Registration of Established Patient 062420
5. Revised - Registration of New Patient 062420

Public Comment: Hearing None

Motion: Ms. Al-Rafiq

Second: Ms. Toepel

Vote: 4-0

G. Ad Hoc Real Estate:

- **Update on Valley Springs Property - Phase II:**

Ms. Stout: Is in the process of setting a meeting with all interested parties.

7. Committee Reports:

A. Finance Committee:

- **Financial Statements (June. 2020):** Public Comment – Action

Mr. Wood: Recapped the financials (pkt. pg. 38-56) and added the June financials will remain in draft form until the audit is completed starting in Oct. In the meantime, there will be changes made to that end. The Finance Committee will be reviewing a list of reserve allocations per District Policy # 30 then bring it to the Board for consideration. The Finance Committee decided to move their monthly meetings to Tues. one week prior to the Board Meeting (4th Wed. of the month).

Public Comment: Hearing None

Motion: Ms. Toepel

Second: Ms. Sellick

Vote: 4-0

B. Ad Hoc Policy Committee:

Ms. Sellick: Due to COVID and Ms. Atkinson leaving the area there has been no activity.

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 22, 2020 MTHCD Board Meeting

C. Ad Hoc Personnel Committee:

Ms. Reed: No activity to report.

8. Board Comment and Request for Future Agenda Items:

A. Announcements of Interest to the Board or the Public:

B. Community Connection:

9. Board Vacancy:

A. Interviews:

Dr. Smart: Recapped the election guidelines for filling a Board seat per Gov. Code 1780 i.e.: The seat became vacant July 1, 2020 and the District has 15 days to notify the elections department of the vacancy and must appoint within 60 days or pay for a special election. After today's appointment the incumbent will need to file at the elections office to run in the Nov. 3 election. (pkt. pg. 17-18).

Board members acknowledged the excellent qualifications presented by each applicant.

- Candidate 1 - 10:30 - 10:50 am - Carol Beck Crosby
- Candidate 2 - 10:50 - 11:20 am - Lori Hack
- Candidate 3 - 11:20 - 11:40 am - Richard Randolph
- Candidate 4 - 11:40 - 12:00 am – Nancy Park Minkler

B. Final Deliberations:

C. Appointment by Vote: Public Comment - **Action**

Public Comment: Hearing None

Motion: Ms. Reed to appoint Ms. Hack

Second: Ms. Al-Rafiq

Vote: 4-0

Board members congratulated Ms. Hack and expressed how impressive each resume was then invited each of them to become a volunteer to assist the Board.

10. Next Meeting:

A. The next meeting will be Wednesday Aug. 26, 2020 starting at 9 am.

11. Adjournment: Public Comment – **Action**

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 22, 2020 MTHCD Board Meeting

Public Comment: Hearing None
Motion: Ms. Al-Rafiq
Second: Ms. Toepel
Vote: 4-0
Adjournment 11:36 am

Effective - Mar 17, 2020.

California Gov. Gavin Newsom issued [Executive Order \(N-29-20\)](#), which, in part, supersedes Paragraph 11 of Executive Order (N-25-20) issued on Thursday. The new Executive Order excuses a legislative body, under the Ralph M. Brown Act, from providing a physical location for the public to observe and comment if certain conditions are met. A physical location does not need to be provided if the legislative body:

1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;”
2. Implements a procedure for receiving and “swiftly resolving” requests for reasonable modification or accommodations from individuals with disabilities, consistent with the Americans with Disabilities Act, and resolving any doubt in favor of accessibility.
3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e. 72 hours for regular meetings and 24 hours for special meetings) and
4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 22, 2020 MTHCD Board Meeting



July 24, 2020

Mark Twain Health Care District
P. O. Box 95
San Andreas, CA 95249

Dear Friends,

Thank you so much for your recent grant of \$1000.00 to Habitat for Humanity Calaveras. We were able to use your grant to help purchase a Toshiba copier and this has greatly impacted our ability to create brochures, flyers and documents to advertise and reach out to people in our community with information about our Home Builds, Home Repair Programs and Mortgage Assistance.

On June 27, we broke ground on a new home in Copperopolis and are hoping to build 2-4 more in the next two years. Our Home Repair Program has really taken off and this past year we have spent over \$100,000 in much needed repairs for many homes in our community.

Again, your support of our work for building houses and making home repairs in Calaveras County for low-income people is a vital contribution and sincerely appreciated.

Thank you again,

A handwritten signature in blue ink that reads "Jeri Carson-Hull".

Jeri Carson-Hull
Office Manager

EXECUTIVE ORDERS

Executive Order on Improving Rural Health and Telehealth Access

HEALTHCARE

Issued on: August 3, 2020

ALL NEWS

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. Purpose. My Administration is committed to improving the health of all Americans by improving access to better care, including for the approximately 57 million Americans living in rural communities. Americans living in rural communities face unique challenges when seeking healthcare services, such as limited transportation opportunities, shortages of healthcare workers, and an inability to fully benefit from technological and care-delivery innovations. These factors have contributed to financial insecurity and impaired health outcomes for rural Americans, who are more likely to die from five leading causes, many of which are preventable, than their urban counterparts. That gap widened from 2010 to 2017 for cancer, heart disease, and chronic lower respiratory disease.

Since 2010, the year the Affordable Care Act was passed, 129 rural hospitals in the United States have closed. Predictably, financial distress is the strongest driver for risk of closure, and many rural hospitals lack sufficient patient volume to be sustainable under traditional healthcare-reimbursement mechanisms. From 2015 to 2017, the average occupancy rate of a hospital that closed was only 22 percent. When hospitals close, the patient population around them carries an increased risk of mortality due to increased travel time and decreased access.

During the COVID-19 public health emergency (PHE), hospitals curtailed elective medical procedures and access to in-person clinical care was limited. To help patients better access healthcare providers, my Administration implemented new flexibility regarding what services may be provided via telehealth, who may provide them, and in what circumstances, and the use of telehealth increased dramatically across the Nation. Internal analysis by the Centers for Medicare and Medicaid Services (CMS) of the Department of Health and Human Services

(HHS) showed a weekly jump in virtual visits for CMS beneficiaries, from approximately 14,000 pre-PHE to almost 1.7 million in the last week of April. Additionally, a recent report by HHS shows that nearly half (43.5 percent) of Medicare fee-for-service primary care visits were provided through telehealth in April, compared with far less than one percent (0.1 percent) in February before the PHE. Importantly, the report finds that telehealth visits continued to be frequent even after in-person primary care visits resumed in May, indicating that the expansion of telehealth services is likely to be a more permanent feature of the healthcare delivery system.

Rural healthcare providers, in particular, need these types of flexibilities to provide continuous care to patients in their communities. It is the purpose of this order to increase access to, improve the quality of, and improve the financial economics of rural healthcare, including by increasing access to high-quality care through telehealth.

Sec. 2. Launching an Innovative Payment Model to Enable Rural Healthcare

Transformation. Within 30 days of the date of this order, the Secretary of HHS (Secretary) will announce a new model, pursuant to section 1115A of the Social Security Act (42 U.S.C. 1315a), to test innovative payment mechanisms in order to ensure that rural healthcare providers are able to provide the necessary level and quality of care. This model should give rural providers flexibilities from existing Medicare rules, establish predictable financial payments, and encourage the movement into high-quality, value-based care.

Sec. 3. Investments in Physical and Communications Infrastructure. Within 30 days of the date of this order, the Secretary and the Secretary of Agriculture shall, consistent with applicable law and subject to the availability of appropriations, and in coordination with the Federal Communications Commission and other executive departments and agencies, as appropriate, develop and implement a strategy to improve rural health by improving the physical and communications healthcare infrastructure available to rural Americans.

Sec. 4. Improving the Health of Rural Americans. Within 30 days of the date of this order, the Secretary shall submit a report to the President, through the Assistant to the President for Domestic Policy and the Assistant to the President for Economic Policy, regarding existing and upcoming policy initiatives to:

(a) increase rural access to healthcare by eliminating regulatory burdens that limit the availability of clinical professionals;

(b) prevent disease and mortality by developing rural specific efforts to drive improved health outcomes;

(c) reduce maternal mortality and morbidity; and

(d) improve mental health in rural communities.

Sec. 5. Expanding Flexibilities Beyond the Public Health Emergency. Within 60 days of the date of this order, the Secretary shall review the following temporary measures put in place during the PHE, and shall propose a regulation to extend these measures, as appropriate, beyond the duration of the PHE:

(a) the additional telehealth services offered to Medicare beneficiaries; and

(b) the services, reporting, staffing, and supervision flexibilities offered to Medicare providers in rural areas.

Sec. 6. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

DONALD J. TRUMP

THE WHITE HOUSE,
August 3, 2020

MEMORANDUM OF UNDERSTANDING BETWEEN

Mark Twain Health Care District

AND

MARK TWAIN MEDICAL CENTER

THIS MEMORANDUM OF UNDERSTANDING is made this 20th day of July 2020 by and between the undersigned representatives of the Mark Twain Health Care District located at 768 Mountain Ranch Rd, San Andreas, CA and Dignity Health, a California nonprofit public benefit corporation formerly named Mark Twain Medical Center located at 768 Mountain Ranch Road, San Andreas, CA 95249; hereinafter referred to as "MARK TWAIN MEDICAL CENTER."

RECITALS:

WHEREAS, MARK TWAIN MEDICAL CENTER operates as a not-for-profit hospital that provides a disproportionate share of healthcare services with a disproportionate share adjustment percentage in excess of 11.75 percent, to Medicare and Medicaid participants in addition to supporting many programs that benefit the indigent, uninsured or underinsured population;

WHEREAS, MARK TWAIN MEDICAL CENTER desires to participate in the drug discount program established under Section 340B of Public Health Services Act (the "340B program");

WHEREAS, in order to participate in the 340B Program, MARK TWAIN MEDICAL CENTER must enter into an agreement with a unit of the state or local government pursuant to which MARK TWAIN MEDICAL CENTER commits to provide health care services to low income individuals who are not entitled to benefits under Title XVIII of the Social Security Act or eligible for assistance under the State Plan of Title XIX of the Social Security Act;

WHEREAS, MARK TWAIN MEDICAL CENTER desires to make such a contractual commitment to the "Government Entity"; and

WHEREAS, the "Government Entity" agrees to accept such a commitment on behalf of its citizens.

NOW, THEREFORE, in consideration of the mutual agreements and covenants contained therein and for other good valuable consideration, the receipt and sufficiency of which hereby acknowledged, it is mutually agreed and covenanted, under seal, by and between the parties to this Agreement, as follows:

1. Commitment of MARK TWAIN MEDICAL CENTER to Provide Indigent Care.

During the term of this MOU, MARK TWAIN MEDICAL CENTER agrees to provide healthcare services to low income individuals who are not entitled to benefits under Title XIX of the Social Security Act or eligible for assistance under the State Plan of Title XIX of the Social Security Act. MARK TWAIN MEDICAL CENTER will assure that all patients will receive necessary care, as required by law, in its Emergency Departments, regardless of ability to pay.

2. Commitment of MARK TWAIN MEDICAL CENTER to Submit Required Reports

During the term of this MOU, MARK TWAIN MEDICAL CENTER agrees to timely submit all reports that are required to participate in the 340B Program to HRSA, Office of Pharmacy Affairs, with copies to the "Government Entity".

3. Acceptance and Acknowledgements of the "Government Entity"

- (a) The "Government Entity" accepts the commitment of MARK TWAIN MEDICAL CENTER set forth above;
- (b) The "Government Entity" hereby acknowledges that the healthcare services provided by MARK TWAIN MEDICAL CENTER hereunder are in the public interest and are being provided to individuals who are not entitled to benefits under Title VII or eligible for assistance under any State plan pursuant to Title XIX of the Social Security Act; and
- (c) The "Government Entity" acknowledges that MARK TWAIN MEDICAL CENTER is providing these services at no reimbursement or considerable less than full reimbursement from the patients.

4. Representations of Hospital: MARK TWAIN MEDICAL CENTER represents that as of the hereof:


- (a) MARK TWAIN MEDICAL CENTER is a non-profit public benefit corporation duly organized and validly existing in good standing under the laws of the State of California with the corporate power and authority to enter into and perform its obligations under this MOU; and
- (b) MARK TWAIN MEDICAL CENTER is a tax-exempt corporation under Section 501 (c)(3) of the Internal Revenue Code of the United States, as amended, and under applicable laws of the State of California.

- 5. Term and Termination.** This Agreement shall be effective as of the date of this Agreement and shall remain in full force and effect for one (1) year thereafter and shall automatically renew for one (1) year intervals unless, prior to the expiration of any term hereof, either party gives written notice to the other party of their intent not to renew, which notice not to renew must be given at least sixty (60) days before the expiration of the initial term hereof or any extension term. Notwithstanding the above, MARK TWAIN MEDICAL CENTER has the immediate right to terminate this Agreement in the event of a threat or violation of MARK TWAIN MEDICAL CENTER's tax

exempt status or any event that jeopardizes MARK TWAIN MEDICAL CENTER's licensure, accreditation, certification or reimbursement which event(s) are caused by this Agreement or if the provisions of Section 340B are materially modified or eliminated.

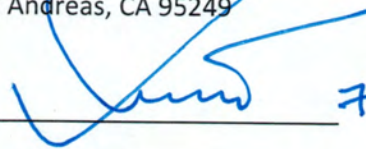
6. **Notices.** All notices required or permitted to be given under the MOU shall be deemed given when delivered by hand or sent by certified mail, return receipt requested, at the addresses set forth below.
7. **Governing Law.** This MOU shall be governed by and construed in accordance with the laws of the State of California.

IN WITNESS WHEREOF, MARK TWAIN MEDICAL CENTER and the "Government Entity" have executed this Agreement as of the day and year first written above by their duly authorized representatives.

 7/20/2020

John Chivers, Chief Financial Officer

MARK TWAIN MEDICAL CENTER
768 Mountain Ranch Road
San Andreas, CA 95249

 7/20/2020

Randall Smart MD

CEO, Mark Twain Health Care District

768 Mountain Ranch Rd

San Andreas, CA 95249

[DISTRICT LETTERHEAD]

[Month] [Day], 2020

The Honorable Dianne Feinstein
United States Senate
331 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Kamala Harris
United States Senate
112 Hart Senate Office Building
Washington, DC 20510

RE: Thank you for your leadership on S. 4308, the Special Districts Provide Essential Services Act

Dear Senator Feinstein and Senator Harris,

The [Your District Name] is thankful for your support of S. 4308, the Special Districts Provide Essential Services Act, and we are grateful for your leadership on this vital piece of legislation. This measure would bring much-needed relief resources to special districts in our community, throughout California, and across the nation.

The Special Districts Provide Essential Services Act would provide critically needed relief for local agencies that have experienced unforeseen expenditures or decrease in revenue as a result of the COVID-19 health crisis. Based on a July 2020 CSDA/National Special Districts Coalition survey, **California's special districts anticipate a \$1.26 billion impact due to COVID-19 through the end of Fiscal Year 2021.**

As a provider of [your district services (water, fire protection, parks, etc.)] to [approximate population number served] residents in the [name of community/communities/region you serve], proportional access to federal resources would help our district confront COVID-19 and overcome related unbudgeted expenses and revenue losses.

[Has your district had to cut/decrease/furlough staff? Decrease/cut services? Deferring maintenance? Will you have to delay capital improvement projects? Concerned about unpaid utility bills? Please share here. If possible, estimate or give the total expenditures and revenue losses your district has incurred. Then, very briefly share if your district has adapted to meet the needs of your community and how]

Despite the significant impact to our district, our local agency and the vast majority of California's special districts, have not received access to the Coronavirus Relief Fund. We thank you for your supporting special districts' access to COVID-19 relief fund to help us continue providing, without hinderance, vital services our community relies upon while also providing greater certainty and ability to retain our essential workers.

S. 4308 would accomplish the following:

- **Allows special districts direct access to the Coronavirus Relief Fund.** The bill requires states to distribute five percent of future Coronavirus Relief Fund allocations that they receive to special districts within their respective state within 60 days of receiving funds from the U.S. Treasury. Designating special districts as eligible for the Fund would greatly assist in their attempts to both recoup dramatic revenue losses and backfill the increase in expenditures many have experienced due to a variety of pandemic-related expenses.
- **Requires special districts to demonstrate the financial impact of COVID-19** when applying for funding. Special districts would submit information to their state demonstrating the degree to which they have experienced or anticipate they will experience COVID-19-related revenue loss, grant/inter-governmental revenue loss, or increased COVID-19-related expenditures.
- **Creates limits to allocations** such that a special district may not receive funding that exceeds the amount the district expended in any quarter of 2019. However, special districts providing services that the

federal Cybersecurity and Infrastructure Security Agency deems to be within a “critical infrastructure sector” would be exempt from limitations.

- **Provides flexibility for states with excess funds reserved for special districts** that make a good faith effort to distribute funds to districts within the state. The bill requires states to file a waiver with U.S. Treasury after 60 days demonstrating how the state distributed its special districts funding. If approved, the state may use the balance of the funds for other COVID-19 response purposes.
- **Defines “special district”** as a “political subdivision of a State, formed pursuant to general law or special act of the State, for the purpose of performing one or more governmental or proprietary functions.” With the variety of services that special districts throughout the country deliver, it is important to have a clear understanding of what is – and what is not – a special district. The definition in the bill was developed through a collaborative and consensus-driven process by special district associations across the nation.
- **Specifically permits special districts to be considered “eligible issuers” of the Federal Reserve Board’s Municipal Liquidity Facility (MLF).** The bill would direct the U.S. Department of Treasury to consider special districts as eligible issuers to take advantage of the Municipal Liquidity Facility, as established in the CARES Act, for access to capital during the current financial downturn. States, territories, tribes, cities with a population greater 250,000 and counties with a population greater than 500,000 have access to the Fed’s tool. Despite special districts’ statutory authority to issue tax and revenue anticipation notes, they are currently not considered “eligible issuers” under the CARES Act. This bill expands the Fed’s authorization to purchase these notes to include all special districts as “eligible issuers” for MLF.

We sincerely appreciate you and your staff for your outstanding leadership on special districts issues, including your June 15 letter to Treasury and the Federal Reserve regarding special districts’ access to the Municipal Liquidity Facility. We look forward to working with you on S. 4308 and strongly support its inclusion in the impending federal COVID-19 relief bill for state and local governments.

Sincerely,

[Signature block]

[NAME]
[POSITION]
[ORGANIZATION]

CC: California Special Districts Association [advocacy@cdda.net]

CC: [Your member of the U.S. House of Representatives. [Look up your representative here](#)]



ACHD Advocate

August 2020

In This Edition:

- A Message from Cathy Martin, CEO
- Legislative Update
- Upcoming Events

A Message from Cathy Martin, CEO

Greetings! My first five weeks as CEO have been a wonderful experience. The ACHD staff and members have been very inclusive and welcoming and I am excited to be leading the association. I have been particularly struck by the dedication and commitment of the ACHD staff and it is a real pleasure to be working alongside them as we serve and support our members.



We are all looking forward to our first virtual conference, [ACHD's 68th Annual Meeting: Meeting the Moment](#). I hope to have the opportunity to connect with you all on **September 23-25**. In addition, I am very happy to announce that Assemblymember Robert Rivas (D-Hollister) will be discussing his experience of "Policymaking During a Pandemic". Be sure to join us for this and many other engaging sessions by [registering here](#).

Don't forget to submit short videos/pictures of your district in action to [Marina Servantez](#). We would like to honor and recognize our districts and their staff as they continue to serve on the front lines of this pandemic. We will be producing a short video spotlighting the commitment and care that districts have provided in their communities. The video will be featured during the Annual Meeting, on our website and social media platforms.

ACHD is also seeking members who would like to participate on our standing committees. These committees are a great way to get involved with ACHD. The commitment is for one year and committees generally meet quarterly by webinar. All ACHD member district trustees, senior staff and executives are invited to [submit an interest form](#) by **Friday, August 28, 2020**.

Last, on behalf of the ACHD staff, I would like to extend our sincere gratitude for everything that healthcare districts are doing to support their communities during these challenging times. Not only is the country dealing with the effects of a global pandemic, we are now in the midst of wildfire season in California. The occurrence of natural disasters, on top of an existing public health crisis, adds to

the complexity of caring for the communities you serve. Please know ACHD is here for you, and do not hesitate to [reach out](#) if there is anything we can do to assist you in these challenging times.

Legislative Update

The Legislature returned from an elongated recess on Monday, July 27, 2020. They have until August 31 to send bills to the Governor. Due to the shortened time frame both Assemblymembers and Senators have been asked to move only high priority issues, which has led to significant tension between both houses.

Bills of Note:

[SB 977 \(Monning\): Health care system consolidation: Attorney General approval and enforcement.](#)

[SB 977](#) would require health systems sales, affiliations, and mergers with health care facilities to be approved by the State Attorney General and fails to account for the current process for healthcare district asset transfers. The bill was heard in Assembly Health Committee on August 4 where Senator Monning accepted several amendments to the bill, including a 5-year sunset to the provisions of the bill. ACHD has reviewed a draft of these amendments and they fail to address our major concerns. The bill passed out of the committee (8-4), and we will continue to actively oppose this legislation as it moves to the Assembly Appropriations Committee. Our letter of opposition [can be found here](#).

[SB 758 \(Portantino\): Health care and health care facilities: disaster and seismic preparedness.](#)

[SB 758](#), sponsored by the California Hospital Association, would extend the seismic mandate from 2030 to 2037 and require the California Department of Public Health to convene a Health Care Delivery System Preparedness Advisory Committee to make recommendations on providing care during and after the next disaster. This bill was also heard in Assembly Health Committee on August 4, where it passed out (12-0). The bill will be heard next in the Assembly Appropriations Committee, where ACHD will continue to show support.

[SB 793 \(Hill\): Flavored tobacco products](#)

[SB 793](#) would prohibit the retail sale of all flavored tobacco and electronic cigarettes in California. This bill made for a long hearing in Assembly Health Committee on Tuesday evening, as hundreds testified in both support and opposition. This two-year bill passed out of committee with a 10-2 vote, with 3 members not voting. ACHD remains supportive and will continue to advocate for its passage without additional exemptions for tobacco flavored products, as it moves to the Assembly Appropriations Committee.

[AB 890 \(Wood\): Nurse practitioners: scope of practice: practice without standardized procedure](#)

[AB 890](#) would authorize full practice authority for nurse practitioners, and allow them to practice to the full extent of their education and training without physician supervision. This bill will be heard tomorrow, August 8, in Senate Business,

Professions and Economic Development Committee. The hearing is set to begin at 10 am, you can [watch the hearing live or on demand here](#). Our letter of support [can be found here](#).

ACHD will continue to advocate and report on these bills, along with several others relating to PPE, telehealth, skilled nursing facilities, PSPS events and COVID-19 reporting, as they move quickly through the final stretch of the legislative process.

Upcoming Events

A graphic for a webinar series. The left side has a dark blue background with white and yellow text. The right side has a yellow background with a circular portrait of a woman and her name and title.

ACHD WEBINAR EDUCATION SERIES

**Exploring Mindfulness:
An Introduction to Brief
Mindfulness Practices**

**AUGUST 26, 2020
10:00 AM PST**

PRESENTED BY:



Diana Surber
Manager
Wipfli LLP

[ACHD Webinar Series: Exploring Mindfulness: An Introduction to Brief Mindfulness Practices](#)

Wednesday, August 26, 2020, 10:00 a.m. PST

Programs such as Mindfulness-Based Stress Reduction have been clinically shown to improve health and well-being but many involve hours of commitment over weeks of time. Even brief mindfulness interventions have been shown to produce positive changes in levels of stress, anxiety, mindfulness, resiliency and burnout symptoms. In this session, explore brief mindfulness techniques that can be done throughout the day and take as little as ten seconds! Learn brain-based exercises to gain awareness of the experience of being mindful and learn a tool to integrate mindfulness into the workday to increase productivity and reduce burn-out.

ACHD Members Rate: **Free**
Non-Member Price Rate: **\$90**

[Register Here](#)

Meeting the Moment: ACHD's 68th Annual Meeting



ACHD September 23-25, 2020
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS
Virtual Event



Meeting the Moment: ACHD's 68th Annual Meeting

This event will provide opportunities for networking with colleagues, sessions to hear from subject matter experts and dedicated time to sharing and collaborating on solutions and challenges of the COVID-19 pandemic. Early bird pricing is valid through August 21, 2020. Additionally, if you register 5 or more Members from your district, you receive \$10 off each registration!

[Register Here](#)

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 79 Healthcare Districts that play a profound role in responding to the specialized health needs of local communities by providing access to essential health services to tens of millions of Californians while also having direct accountability to the communities that Districts serve. In many areas, Healthcare Districts are the sole source of health, medical and well-being services in their communities.

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



Oath of Office

STATE OF CALIFORNIA,)
) ss.
COUNTY OF CALAVERAS)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Subscribed and sworn before me, this 26th day of August 2020

Linda Reed, President

Decision Tree For Requests for District Participation			
		Reviewer	
1. Is the project within the District Jurisdiction (County Borders)?	Yes, Go to Question 2	CEO	No, reject.
2. Is the project health care?	Yes, Go to Question 3	CEO	No, reject.
3. Is the project legal?	Yes, Go to Question 4	CEO	No, reject.
4. Does the District have capacity, infrastructure, funding to do the project?	Yes, Go to Question 5	CEO	No, refer to Grants committee
5. Is there liability to the District	No, Go to Question 6	CEO	Yes. Check with District carrier
6. REFER TO GRANTS COMMITTEE	Yes. Refer to Board	Chair	No, inform Board
Other Considerations: Is there history?			
Is it political?			
Is it a fundraiser? For what?			
Are there legal contracts, MOU's			
Is it within budget?			



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Telephone
(209) 754-2537 Fax

Mark Twain Health Care District County of Calaveras State of California

August 22, 2020

Resolution 2020 - 06

Resolution Adopting a conflict of Interest Code and Appendix of Designated Positions

WHEREAS, pursuant to the provisions of the Political Report Act (Govt. Code §81000, et seq.) the Mark Twain Health Care District is required to adopt a conflict of Interest Code and Appendix of designated; positions; and

WHEREAS, biennial review of the Appendix to the Conflict of Interest Code is required by state law and changes to the designated positions and disclosure categories and thereafter adopt necessary amendments.

NOW, THEREFORE, BE IT RESOLVED that the conflict of Interest Code and list of designated positions and disclosure categories as set forth in the Appendix to the Conflict of Interest Code attached hereto is hereby adopted,

ON A MOTION by Director _____, seconded by Director _____, the foregoing Resolution was duly passed and adopted by the Mark Twain Health Care District of the County of Calaveras, State of California this ___day of August, 2020, by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAINED:

Linda Reed, President

ATTEST:

Debbra Sellick, Secretary

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

This Institution is an Equal Opportunity Provider and Employer

Mark Twain Health Care District
Conflict of Interest Code

The Political Reform Act (Government Code Section 81000, et seq) requires state and local government agencies to adopt and promulgate conflict-of-interest codes. The Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730) that contains the terms of a standard conflict-of-interest code, which be incorporated by the reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendment to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict-of-interest code of the Mark Twain Health Care District.

Individuals holding designated position shall file their statements of economic interests with the Chief Executive Officer, which will make the statements available for public inspection and reproduction. Gov. Code Sec. 81008.) All statement will be retained by the Mark Twain Health Care District.

Conflict-of-Interest Code

Appendix A – Designated Positions

Designated Positions:

Designated Positions	Disclosure Category
Board Members	1 and 2
Chief Executive Officer	1 and 2
Executive Assist.	1 and 2
Consultants	1 and 2

Appendix B – Disclosure Categories

Disclosure Category 1:

Designated positions assigned to this category shall report: interests in real property located within or not more than 2 miles outside the boundaries of the jurisdiction or within two miles of any land owned by used by the District.

Disclosure Category 2:

Designated positions assigned to this category shall report”

Investments and business position in business entities, and sources of income, including loans, gifts and travel payments, from sources of the type that provide services, supplies, materials, machinery or equipment to the District. Such sources include, but are not limited to, engineering and construction firms

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Age Restriction	REVIEWED: 11/9/18; <u>7/30/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject:

Objective: The Clinic does not discriminate on the basis of age in admission or access to its programs and activities.

Response Rating:

Required Equipment:

Procedure

1. It is the policy of the Clinic to extend services to persons under and over the age of 18.

Age Restriction
Policy Number 9

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Auxiliary Aids and Services for Persons with Disabilities	REVIEWED: 11/9/18; <u>7/30/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Auxiliary Aids and Services for Persons with Disabilities

Objective: The Clinic will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights; consent to treatment forms, financial and insurance benefits forms. All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

Response Rating:

Required Equipment:

Procedure

1. Identification and assessment of need:

The Clinic provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our outreach documents and print advertisements and through notices posted in waiting rooms and treatment rooms. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

2. Provision of Auxiliary Aids and Services:

The Clinic shall provide the following services or aids to achieve effective communication with persons with disabilities:

a. For Persons Who Are Deaf or Hard of Hearing

- i. For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the Clinic Manager (209) 772-7070 is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

In the event that an interpreter is needed, the Clinic Manager is responsible for:

Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability;

Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or obtaining an outside interpreter if a qualified interpreter on staff is not available. Language Line Solutions has agreed to provide interpreter services. The agency's telephone number(s) is (staff has access code), 24 hours per day, seven days per week, holidays included.

- ii. Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

The Clinic utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number is:

California Relay Service:

(For Deaf and Hard of Hearing Callers)

TTY/TDD Dial 711 or

English TTY/TDD (800) 735-2929

Spanish TTY/TDD (800) 855-3000

Voice (800) 735-2922

iii. For the following auxiliary aids and services, staff will contact the Clinic Manager (209) 772-7070 who is responsible to provide the aids and services in a timely manner: Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

iv. Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and

conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

NOTE: Children and other patients will *not* be used to interpret, in order to ensure confidentiality of information and accurate communication.

2. For Persons who are Blind or Who Have Low Vision

- i. Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision.
- ii. The following types of large print, taped, Braille, and electronically formatted materials are available: patient forms, patient education materials. These materials may be obtained by calling the Clinic Manager at (209) 772-7070.
- iii. For the following auxiliary aids and services, staff will contact the Clinic Manager who is responsible to provide the aids and services in a timely manner:

Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

3. For Persons with Speech Impairments

To ensure effective communication with persons with speech impairments, staff will contact the Clinic Manager (209) 772-7070, who is responsible to provide the aids and services in a timely manner:

Writing materials; TDDs; computers; communication boards; and other communication aids.

4. For Persons with Manual Impairments

Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following: note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact the Clinic Manager (209) 772-7070 who is responsible to provide the aids and services in a timely manner.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Cash On Hand Management	REVIEWED: 11/12/18; <u>7/30/20</u>
SECTION: Admitting	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 12/19/18

Subject: Cash on hand management

Objective: The Clinic will maintain cash drawers with a specific amount of cash on hand for the efficient operation of the Clinic. The cash drawer funds will be provide change for patients who make cash payments either at the time of service or upon receipt of a bill from the Clinic.

Response Rating:

Required Equipment:

Procedure

Cash Drawer

1. The Clinic will have a cash drawer/box that will be located adjacent to each receptionist during the course of the business day.
2. The cash drawer/box will be removed from the receptionist area at the end of the business day and replaced in the locked cabinet after reconciliation.
3. As part of the Clinic Opening Procedure, and on a daily basis, the Front Office Coordinator or their designee and a second staff member will count the cash drawer funds and confirm the amount of money on hand. Cash on hand will equal the cash drawer fund total. Any funds in excess of the cash drawer fund total will be put aside in an appropriately marked envelope, as they are payments received from patients and are managed with a unique process outlined below.
4. The amount of cash on hand will be documented in the cash box log in the Starting Balance column. The two staff members will sign the log, attesting to the amount.
5. During the course of the business day, change may be made for patients who make cash payments.
6. As part of the Clinic Closing Procedure, and on a daily basis, the Front Office Coordinator or their designee and a second staff member will count the cash drawer fund and confirm the amount of money on hand. Cash on hand will equal the Cash Drawer fund total.
7. Should the Starting or Ending Balance not match the total anticipated, the staff members will document their findings on the cash box log and will notify the Clinic Manager immediately.

Deleted: in the agreed upon secure location

Cash on Hand Management
Policy Number 35

8. The Clinic Manager or their designee will recount the contents of the cash box. Should it be confirmed that funds are missing, the Clinic Manager will investigate the shortage and document their findings, completing an Incident Report.
 - a. If necessary, staff will be counseled regarding proper cash management and documentation.
 - b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.
9. It is the goal of the Clinic that the cash box will accurately reconcile each day. If the funds do not reconcile, the Clinic Manager will request replacement funds from the District Accounting Department.
10. The cash box logs will be maintained as a part of the Clinic's operational records.

Patient Payments

1. The Clinic will have a cash drawer/box that will be located adjacent to each receptionist during the course of the business day.
2. During the course of the business day, change may be made for patients who make cash payments.
3. As part of Clinic Closing procedure, each person who logged into the EMR who functioned as a receptionist must close their daily batch and print a receipt. The cash drawer will be counted per the process outlined above. The cash total for each drawer should equal the total of patient payments collected by that receptionist plus the cash drawer fund amount.
4. On a daily basis, the Front Office Coordinator or their designee and a second staff member will count the deposit and confirm that the amount equals the patient payment receipts. These receipts will be signed by both employees and will be placed in the appropriately marked envelope along with the money collected that day. The envelope is verified and signed by two (2) staff members, then placed and locked in the Billing Department Office.
8. Should the starting or ending balance not match the total anticipated, the staff members will document their findings on the receipt paperwork and notify the Clinic Manager and District Accounting office immediately.
9. The Clinic Manager, designee, or District Accounting office personnel will recount the deposit. Should it be confirmed that funds are missing, the Clinic Manager, designee and/or District Accounting office personnel will investigate the shortage and document their findings, completing an Incident Report.
 - a. If necessary, staff will be counseled regarding proper cash management and documentation.
 - b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.
10. In the am one (1) staff member and the biller count the money in the marked envelope from the previous night. The correct amount is verified and acknowledged by both employees placing their initials and the date.

Deleted: dropped

Deleted: lock box

Formatted: Indent: Left: 0", Hanging: 0.5"

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Dissemination of Non-Discrimination Policy	REVIEWED: 11/20/18; <u>7/30/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Dissemination of Non-Discrimination Policy

Objective: To inform staff, patients, and the general public that the Clinic does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, or status as a parent.

Response Rating: Mandatory

Required Equipment:

Procedure:

The Clinic disseminates the nondiscrimination statement in the following ways:

To the General Public:

- A copy of the nondiscrimination statement is posted in our facility for visitors, clients/patients to view.
- The nondiscrimination statement is printed in the brochure which is available for distributed to patients, referral sources, and the community.

For the Patients:

- The nondiscrimination statement is included in the patient admissions packet and contained within the Statement of Patient's Rights.
- The nondiscrimination statement is discussed with patients upon their initial visit with the facility.
- A copy of the nondiscrimination statement is available upon request.

To Employees:

Dissemination of Non-Discrimination Policy
Policy Number 55

- The nondiscrimination statement is included in employee advertisements.
- The nondiscrimination statement is included in the employee handbook.
- The nondiscrimination statement is discussed and distributed during employee orientation.

BI-ANNUAL REVIEW

Dissemination of Non-Discrimination Policy
Policy Number 55

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Emergency Release Of Patient Records	REVIEWED: 11/30/18; <u>7/30/20</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 4/24/19

Subject: Emergency release of patient medical records

Objective: For the purpose of continuity of Clinic patient care, the Clinic will act immediately on a request for patient records from a requesting emergency room in lieu of standard medical record release procedures.

Response Rating:

Required Equipment:

Procedure:

1. On request from a hospital emergency room, Clinic employees will immediately respond to fulfill the request for transfer of patient medical records to the emergency physician.
2. In lieu of the procedure for release of patient information, the staff member receiving a request for patient records from an emergency room shall immediately notify the Clinic staff member responsible for release of medical records.
3. The employee assigned to transfer the medical record will prepare chart notes to reflect what the hospital emergency room has requested from the medical record, the name of the physician requesting the information and the date and time of the request.
4. The records requested will be faxed to a secure fax number provided by the requesting emergency department. A notation will be recorded indicating the date and time the medical records were sent, as well as the fax number to which the records are sent.

Emergency Release of Patient Records
Policy Number 64

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Flat Rate Fee Program	REVIEWED: 11/12/18; 2/13/20; 5/13/20; 6/24/20; <u>7/30/20</u>
SECTION: Admitting	REVISED: 2/13/20; 5/13/20; 6/24/20; <u>7/30/20</u>
EFFECTIVE: <u>August</u> Board Meeting	MEDICAL DIRECTOR:

Deleted: July

Subject: Flat Rate Fee Program

Objective: To provide cash pay, uninsured patients with a fixed fee-for-service for urgent care and an appropriate fee schedule for chronic care, physical examinations, point-of-care testing, in-office medications, and medical supplies.

Response Rating: Mandatory

Formatted: Font: Not Bold

Required Equipment: None

Formatted: Font: Not Bold

Procedure:

1. The Flat Rate Fee Program is a pre-determined flat, all inclusive fee for uninsured, cash pay patients.
2. The flat fee is based upon the anticipated MediCal Prospective Reimbursement rate of \$145.00 per patient encounter.
3. The flat fee must be paid in full before the patient who has been assessed and is a patient requesting a focused visit with the provider for an acute, urgent medical need. Any additional charges not covered in the specific flat fee agreement will be collected at the end of the visit prior to the patient leaving the Clinic

Deleted: a non-emergency
Deleted: is seen by a provider,
Deleted: with a

a. Flat fee includes:

- Physical examination by provider
- 2-view x-ray (*additional charges apply if more than 2 views are taken*)
- Point-of-care lab testing
- Specimen collection for transfer of specimen to outside laboratory

Flat Rate Fee Program
Policy Number 78

-Tetanus and/or flu shot; antibiotic and/or ketorolac injection; *(vaccines other than tetanus or flu are additional)*

-EKG

-One follow-up for dressing change, suture removal, or follow-up for chief complaint; and a second antibiotic injection.

4. If more than one follow-up visit for dressing change or follow-up of chief complaint is required, the patient will be charged a \$40 fee which will cover up to two dressing change visits and the required supplies or one follow-up visit to evaluate status of chief complaint.
5. Flat Rate Fee Program was approved by the District Board of Trustees on 3/27/19 for implementation on the first day of service and has since been revised to include additional service elements.
6. Patients who require services beyond those included in the flat rate fee program outlined above will be advised the cost of those services in writing. The services will be priced as follows:
 - a. Vaccines: fee schedule in use on the day of service plus the current vaccine administration fee.
 - b. X-rays and other services: 100% of the fee schedule in use on the days of service less a 50% discount for cash payment.
 - c. Payment will be required on the day of service.
6. Each patient utilizing the Flat Rate Fee Program will be asked to review and sign a form titled Flat Rate Fee Schedule Acceptance Form (available in both English and Spanish). This form outlines the flat rate fee program benefits and limitations for the patient. Each Flat Fee Agreement is good for six (6) months and must be renewed if the patient wishes to continue with the program. The signed form will be scanned into the EMR and the original returned to the patient for their records.
7. The Behavioral Health Program is not included in the Flat Rate Fee Program.

a. In acknowledgement that some patient's insurance will not cover Behavioral Health Services, a discount of 50% from the Clinic's fee schedule will be extended.

b. Behavioral Health Services will be paid prior to service being rendered.

8. Patient visits for care of chronic conditions (ex high blood pressure, diabetes, asthma, congestive heart failure, arthritis), physical examinations (including pelvic exams and pap smear collection), point-of-care testing (ex urinalysis dipstick, urine pregnancy, fingerstick for blood glucose), in-office medications (ex vaccines, oral/topical medications administered in the clinic), and medical supplies (ex splints, slings, wound dressings) are not covered by the Flat Rate Fee Program.

a. Patient charges will be based upon services rendered and supplies utilized.

b. The Clinic's current fee schedule will be utilized to calculate the charges.

Moved (insertion) [1]

Formatted: Indent: First line: 0"

Deleted: ¶

Formatted: Indent: Left: 0", First line: 0"

Flat Rate Fee Program
Policy Number 78

c. A 50% discount will be offered against the current fee schedule when services are paid for at the time of service for the non-insured, cash pay patient.

d. Chronic care services and physical examinations will be paid for prior to service being rendered.

Formatted: Indent: Left: 0.5", Hanging: 0.5"

Deleted: ¶

8. In acknowledgement that some patient's insurance will not cover Behavioral Health Services, a discount of 50% from the Clinic's fee schedule will be extended. ¶

9. Behavioral Health Services will be paid prior to service being rendered. ¶

Moved up [1]: In acknowledgement that some patient's insurance will not cover Behavioral Health Services, a discount of 50% from the Clinic's fee schedule will be extended.

REVISED

Flat Rate Fee Program
Policy Number 78

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Litigation (Potential)	REVIEWED: 11/12/18; <u>7/30/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Litigation and requested documentation

Objective: All cases involved in litigation or potential litigation cases are viewed by the Medical Director and the District Executive Director.

Response Rating:

Required Equipment:

Procedure:

1. Service of all subpoenas or legal request for medical records will be directed immediately to the Clinic Manager. The request will then be noted and an impound file will be created. Any litigation case is referred to the malpractice carrier of Program BETA.
2. The request will be forwarded to the Clinic Manager and/or the Medical Director for review of the request and the electronic medical records as well as any paper documents will be copied and forwarded to the District office to be retained in the established impound file. The Electronic Health Record will be annotated that such a file exists.
3. The Chief Executive Officer, after review, will ensure records are forwarded to the malpractice carrier.
4. The carrier will determine the need for an attorney to be assigned to the clinic and/or the Medical staff and the Clinic staff.
5. All inquiries regarding the impounded medical records, with the exception of that pertinent as medical history in the assessment and treatment of a current medical problem, will be referred to the Executive Director.
6. At no time will management or Clinic staff speak with the patient, family or any family representative regarding any potential litigation, without the prior written approval of the malpractice carrier, Executive Director, or the Clinic's legal counsel.
7. The Board President will be notified of potential litigation action.

Litigation – Potential
Policy Number 100

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Marketing	REVIEWED: 1/12/18; <u>7/30/20</u>
SECTION: District	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 3/27/19

Subject: Marketing and Community Outreach

Objective: Develop and implement a successful marketing and community outreach plan consistent with the organization’s mission. Plan will be developed by the Leadership Team and under the supervision of the CEO.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will maintain an active Marketing and Community Outreach Program that will include, but not be limited to:
 - a. Signage (temporary and permanent), including billboards
 - b. Website
 - c. Direct mail pieces focused on clinic services and operations
 - d. Social media, including Facebook, Twitter, Instagram
 - e. Community outreach and service projects, such as:
 - i. Health fairs
 - ii. School and Recreation Department sports physicals
 - iii. Employer-based flu shot clinics
 - iv. Service group and church-based health-related functions
 - v. District developed and managed wellness programs
 - f. Bulletin boards and “of-the moment” postings at the Clinic

Marketing Policy
Policy Number 104

2. Marketing and Community Outreach plans will be developed by the Leadership Team with input and participation from Clinic personnel. The Plan(s) will be submitted to the Board of Directors for input and approval.
3. The website will be maintained by Mary Cole under supervision of CEO.
4. The official Facebook page and other social media outlets will be maintained by District personnel under supervision of the District.
5. Clinic medical staff and personnel will be encouraged to submit content for the website and social media sites.
6. Advertising materials will focus on Clinic services, Clinic personnel, and health and wellness topics. Advertising materials will not compare Clinic services to other community service providers and will not disparage or demean other medical care providers.
7. Should advertising materials include photographs of patients or community members, photo releases will be obtained and kept on file to demonstrate that permission was obtained before the images were utilized.
8. Where appropriate, the Clinic will partner with the health department, service organizations, insurance plans and area physicians to develop additional outreach opportunities in an effort to improve the health and wellness of community members.
 - a. Co-branded patient education resources may be utilized in cooperation with Anthem Blue Cross and California Health & Wellness (HealthNet) in extending outreach to Managed MediCal patients.
9. Where appropriate, budgets will be developed and program progress tracked/reported.
10. With the approval of the Executive Director and Medical Director, the Clinic may utilize posters, flyers, brochures and other third party developed materials to enhance existing Marketing efforts, including but not limited to, materials developed by nationally recognized organizations such as:
 - a. American Cancer Society
 - b. American Heart Association
 - c. Arthritis National Research Foundation
 - d. American Lung Foundation
 - e. Susan G. Komen Foundation
 - f. American Stroke Association
 - g. National Institutes of Health
 - h. Juvenile Diabetes Foundation
 - i. American Diabetes Association

Formatted: Indent: Left: 0.5", Hanging: 0.5"

Deleted: ¶

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medi-Cal Eligibility Verification	REVIEWED: 11/12/18; <u>7/30/20</u>
SECTION: Admitting	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 12/18/18

Subject: Medi-Cal Eligibility Verification

Objective: To ensure eligibility for patients covered by Medi-Cal.

Response Rating:

Required Equipment:

Procedure:

1. All patients who are identified as Medi-Cal insured via Medi-Cal directly or Managed MediCal plans, must have verification of benefits prior to receiving services.
2. Patients will be identified by showing their health insurance card and/or State of California MediCal card and a photo identification card. All cards will be scanned into the electronic medical record.
3. Use the EMR eligibility checking functionality
 - a. Enter subscriber ID
 - b. Enter date of birth
 - c. Enter patient's relationship to subscriber
 - d. Select perform eligibility check
3. Alternatively, use the approved online Medi-Cal verification process
 - a. Log in on the Medi-Cal website: medi-cal.ca.gov
 - b. Enter subscriber ID or social security number
 - c. Enter date of birth
 - d. Enter issue date on Medi-Cal card or current date
 - e. Enter service date (current date)
 - f. Select Submit
 - g. Print eligibility information

MediCal Eligibility Verification
Policy Number 106

4. If a patient arrives at the clinic with a life threatening or serious illness that requires immediate attention, treatment will begin immediately regardless of patient's insurance status. The receptionist will verify the patient's benefits and notify the health plan of the patient's status after the patient's condition is deemed stable or upon receiving patient information from a person accompanying the patient.

BI-ANNUAL REVIEW

MediCal Eligibility Verification
Policy Number 106

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medication, Supply, And Equipment Recalls/Warnings	REVIEWED: 11/12/18; <u>7/30/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Medication, Supply, and Equipment Recalls and Warnings

Objective: To ensure patient safety, recall/Blacks Box warnings will be addressed immediately upon receipt, with the items in question removed from patient care areas and inventory. Medical staff and Clinic personnel will be advised of the recalls and warnings (including Black Box warnings) immediately upon issuance and after affected items are removed from service.

Response Rating: Mandatory

Required Equipment:

Definitions:

Black Box warning: The strictest warning put in the labeling of prescription drugs or drug products by the Food and Drug Administration (FDA) when there is reasonable evidence of an association of a serious hazard with the drug.

Recall: A recall is a method of removing or correcting products that are in violation of laws administered by the Food and Drug Administration (FDA). Recall is a voluntary action that takes place because manufacturers and distributors carry out their responsibility to protect the public health and well-being from products that present a risk of injury or gross deception or are otherwise defective. 21 CFR 7 provides guidance so that responsible firms may conduct an effective recall.

Medical device recalls are usually conducted voluntarily by the manufacturer under 21 CFR 7. In rare instances, where the manufacturer or importer fails to voluntarily recall a device that is a risk to health, FDA may issue a recall order to the manufacturer under 21 CFR 810, Medical Device Recall Authority. 21 CFR 810 describes the procedures the FDA will follow in exercising its medical device recall authority under section 518(e) of the Federal Food, Drug, and Cosmetic Act (Act).

Procedure:

Medication Black Box Warnings

Medication, Supply and Equipment Recall
Policy Number 119

1. Black box warnings will be transmitted to the Clinic's designated contact(s) by the pharmacy vendor using US Mail and email transmission. Designated contacts include but are not limited to Clinic Manager and Health Care District Office Manager.
2. Immediately upon notice from the pharmacy vendor, the Clinic Manager will review the Clinic Formulary to confirm whether the medication in question is on the Formulary List.
3. If the medications are on the Formulary List, the Clinic Director will follow the Removal of Recalled Medications protocol and segregate the medication in question and remove it from the active inventory.
4. The Clinic Manager will document on the written Black Box Warning notice that the Clinic Formulary has been reviewed, indicate the actions taken, and will date that entry.
5. The Clinic Manager will print a copy of the written Black Box Warning notice for each Clinic practitioner and ensure each practitioner receives that notice.
6. Distribution of notice to practitioners will be documented on the Clinic Manager copy of the Black Box Warning.
7. The documented notice will be placed in the file titled Recall/Black Box Warning (Year).
 - a. Medication Recall/Black Box Warning (Year) files will be retained in the Clinic's permanent files and not be deleted.
8. The Clinic Manager will update the Clinic Formulary List.
 - a. Note on the current list the date of the Black Box warning next to the name of the affected medication.
 - b. Save the Clinic Formulary List by renaming the file with the current date, replacing the former date.
 - c. Remove the affected medication from the Clinic Formulary list.
9. When the Clinic Manager has completed these tasks, they will notify the Medical Director, in writing, that the process has been completed.

Product (supply, medication, equipment) Recall

1. Supply, medication, and equipment recalls are conducted by a company's own initiative, by FDA request, or by FDA order under statutory authority.
2. Upon notification from the manufacturer, supplier, or the FDA on the recall of a supply, medication, or patient care equipment item, the Clinic will initiate removal of items from the patient care area.
 - a. After printing the Notice of Recall, review Supply Listing, Clinic Formulary List, and/or Equipment Inventory List to determine whether recalled item is being utilized in the Clinic.

- b. If the medication is not found, document on the printed recall notice that the list was reviewed and the item was not found. Date the notice.
1. The documented printed recall notice will be placed in an online file titled Recall (Year).
 2. Medication Recall (Year) files will be retained in the Clinic's permanent files and not removed to off-site storage.
3. If the item is found, remove the item from the Clinic appropriate inventory. If a supply or medication, place it in a zip-top plastic bag with a copy of the recall notice. Document on the printed recall notice that the list was reviewed, the item found and removed from inventory. Date the documentation.
- a. The documented printed recall notice will be placed in a file titled Recall/Black Box Warning (Year).
 - b. Recall/Black Box Warning (Year) files will be retained in the Clinic's permanent files and not deleted.
 - c. Place recalled, packaged medications in the DO NOT USE box. Contents of the box will be removed and destroyed.
4. Upon notification from the manufacturer, supplier, or the FDA on the recall of a drug product, the Clinic will initiate review of patient medical records to determine whether patients were given prescriptions for the recalled medications.
- a. Utilizing the Clinic's Electronic Medical Record, the Clinic Manager or designee will generate a drug utilization report, requesting a list of all patients to whom the medication was prescribed.
 - b. Based upon the type of recall action necessary, individual patients will be contacted by telephone, e-mail or letter. The content and method of notification will be determined after consultation with the Medical Director.
 - c. The report listing the patients affected, along with a copy of the correspondence sent to those patients will be filed with the recall notice and retained in the Recall/Black Box Warning (Year) file.
 - d. The Electronic Medical Record of all patients contacted regarding recalled medications will be noted with the date of recall, medication name, type of recall, and type of contact initiated to notify the patient.
1. If correspondence advising the patient of the recall is returned as undeliverable, this information will also be entered into the patient's Medical Record.

2. Patient will be given the recall information during their next Clinic visit.
5. The Clinic Manager will update the Clinic Supply List, Clinic Formulary List and Clinic Equipment Inventory List should any items be removed due to recall.
 1. Note on the current list the date of the recall notice next to the name of the affected medication.
 2. Save the appropriate Clinic List by renaming the file with the current date, replacing the former date.
 3. Remove the affected medication from the appropriate Clinic list.
6. When the Clinic Manager has completed these tasks, they will notify the Medical Director, in writing, that the process has been completed.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Narcotics	REVIEWED: 7/1/19; <u>7/30/20</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 7/31/19

Purpose: Narcotic Policy

Objective: The Clinic is oriented to provide relief of acute medical conditions and acute pain. In that context, it is sometimes appropriate to prescribe narcotics. We recognize that there are patients in the community who require chronic pain management and others who are drug seeking. This policy is intended to allow relief of acute pain without encouraging drug seeking patients and preventing drug diversion, within the limits of state and federal laws.

Policy:

It is the goal of our practice to provide effective pain relief for acute conditions and injuries. We will not practice chronic pain management, except in the context of diagnosed medical conditions. Narcotics may be prescribed in limited quantities for acute conditions with a quantity of no more than 20 with NO REFILLS.

In the rare instances of chronic pain requiring narcotics, a plan of care needs to be outlined in the chart and a Pain Contract signed by the Physician and the patient. This plan should include the number of pills per month, a clear diagnosis, documentation of prior non-narcotic treatments, and regular follow-ups with the same physician on a scheduled basis.

The following narcotics are **acceptable** in limited quantities:

- Codeine
- Hydrocodone
- Ultram (Tramadol)
- Oxycodone
- ~~Morphine~~
- ~~Diludid~~
- ~~Fentanyl patches~~
- ~~Buphrinorphine~~

Deleted: 1
Morphine IM/IV (administered at the Clinic)

The following narcotic medications are unacceptable at this facility:

- ~~Methadone~~

Deleted: Dilaudid

Deleted: 1
Any other triplicate narcotics

Any exceptions to this policy need to be approved by the Medical Director and one other physician and documented in the chart.

Should the patient fail to comply with their Pain Contract, the patient will be terminated from the practice.

BI-ANNUAL REVIEW

Narcotic Policy
Policy Number 123

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Non-Discrimination	REVIEWED: 11/9/18; <u>7/30/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Non-discrimination

Objective: As a recipient of Federal financial assistance, the Clinic does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by the Clinic directly or through a contractor or any other entity with which the Clinic arranges to carry out its programs and activities.

Response Rating:

Required Equipment:

Procedure

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact: Facility Name: Valley Springs Health and Wellness Center

Contact Person/Section 504 Coordinator: Tina Terradista (Clinic Manager)

Telephone number: 209-772-7070

State Relay number:

California Relay Service:

(For Deaf and Hard of Hearing Callers)

TTY/TDD

Dial 711 or

English TTY/TDD (800) 735-2929

Spanish TTY/TDD (800) 855-3000

Non-discrimination
Policy Number 125

Voice

(800) 735-2922

BI-ANNUAL REVIEW

Non-discrimination
Policy Number 125

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Par Levels	REVIEWED: 11/12/18; <u>7/30/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Par Levels

Objective: To ensure that the Clinic is not overstocked with materials that may outdate and be wasted, the Clinic will be provided with inventory par levels for general medical supply and medications inventories.

Response Rating:

Required Equipment:

Procedure:

1. As a part of Clinic Operations and QAPI processes, Clinic Manager and Medical Director will consult, at least quarterly, and determine appropriate par levels of medical supplies and medications based upon current patient census projections and historical census data. Should a new service line be added or an unanticipated spike in patient census occur, review of par levels will happen immediately.
2. The par level information will be documented on a spreadsheet and available for reference purposes.
3. The par level document may also serve as an order form.
4. Medications will not be added to the Clinic formulary without consideration by the Medical Director and Clinic Manager and completion of the appropriate documentation and staff orientation.

Par Levels
Policy Number 130

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Patient Left: Not Seen Or Treated (NSOT)	REVIEWED: 11/12/18; <u>7/30/20</u>
SECTION: Operations	REVISED: <u>7/30/20</u>
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Patient left without being seen or treated (NSOT)

Objective: To track patients that leave the Clinic before being seen/treated by the practitioner.

Response Rating:

Required Equipment:

Procedure:

1. When a patient advises a staff member that they are leaving before being seen or treated by the practitioner, advise the nurse or medical assistant and have him/her speak with the patient.
2. The nurse or medical assistant will review the sign in sheet and complete the NSOT form, documenting whether the patient was interviewed, had their vital signs taken and recorded, and their observations of the patient's condition.
3. If the patient refuses to speak with the nurse or medical assistant before they leave, ask the patient why they are leaving before seeing the practitioner.
4. Mark the sign in sheet "NSOT" and document the reason the patient gave for leaving before seeing the practitioner.
5. Add the patient to the electronic scheduler by choosing the NSOT appointment type and adding the patient's reason for leaving.
6. Scan the sign in sheet into the patient's EMR under other and mark as NSOT add the current date.
7. Place all documentation in the NSOT binder.

Patient Left Without Being Seen
Policy Number 131

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Patient Portal Information	REVIEWED: 11/12/18; <u>7/30/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Policy: Patients, parents and/or guardians are entitled and encouraged to have access to their health information to enable them to understand and participate in their care and treatment with our Clinic providers. Such information will be made available by granting secure access through a patient portal in the Mark Twain Health Care District website.

Objective: Each patient, parent or guardian will be informed on how to access the online patient portal. An information flyer or brochure will be developed that indicates the website is available for general information regarding the portal. An individual portal on the website will enable the patient to have private and secure access to make/keep appointments; view their medical record, view selected laboratory/radiology results and update their demographic information.

Required Equipment: None

Procedure:

1. During the patient check-in process, the clinic will provide the patient with an instructional flyer on how to register on the online patient portal. The flyer will include the following instructions:
 - a. Go to the Clinic website, VSHWC.org
 - b. Click on 'Patient Portal Login' link
 - c. Click on 'Sign up today' link
 - d. Enter required information and click 'continue'
 - e. Choose an option to receive a temporary passcode
 - f. Retrieve temporary passcode and enter passcode
 - g. Choose a primary care provider and click 'continue'
 - h. Set a new password, click 'I have read and accepted Terms...' and click 'continue'

Patient Portal
Policy Number 133

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Patient Rights and Responsibilities Statement	REVIEWED: 11/7/18; <u>7/30/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Patient Rights and Responsibilities

Objective: To ensure that all staff and patients are aware of Patient Rights; to ensure that patients have free access to exercise their rights as needed. The patient has the fundamental right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the Clinic. The Clinic has identified and established particular patient rights and has imposed specific requirements for consent under certain conditions.

Response Rating:

Required Equipment: None

Procedure

- A. Patient Rights include, but are not limited to:
1. The exercise of these rights without regard to sex, culture, economic status, education, religion, or the source of payment for care.
 2. Considerate and respectful care.
 3. Knowledge of the name of the practitioner who has primary responsibility for coordinating the care and the names and professional relationships of physicians and non-physicians who will see the patient.
 4. Receive information about the illness, the course of the treatment, and prospects for recovery in terms that the patient can understand.
 5. Receive as much information about any proposed treatment or procedure as the patient may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or non-

Patient Rights and Responsibilities Statement
Policy Number 134

treatment and the risks involved in each and to know the name of the person who will carry out the procedures of treatment.

6. Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to the care and treatment received at the clinic. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the patient's care.
9. Reasonable responses to any reasonable requests made for service.
10. Reasonable continuity of care and to know, in advance, the time and location of appointment as well as the identity of persons providing the care.
11. Be advised if Clinic physician proposes to engage in or perform human experimentation affecting care or treatment. The patient has the right to refuse to participate in such research projects.
12. Be informed of continuing health care requirements following treatment.
13. Examine and receive an explanation of the bill regardless of source of payment.
14. Know which rules and policies apply to the patient's conduct while a patient.
15. Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Preventative Maintenance Inspections	REVIEWED: 11/12/18; <u>7/30/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Preventative maintenance inspections

Objective: The Clinic will interface with an appropriate Biomedical vendor to provide a Preventive Maintenance program that will ensure all equipment used in the diagnosis, treatment, and therapy of patients is properly maintained and will meet the standards required by Title 22 and community standards. Designated equipment in service for the care and treatment of patients will be inspected, safe and in good working order, inspected annually, with inspections and repairs documented.

Response Rating:

Required Equipment:

General Information:

1. All equipment in the Clinic will be evaluated for inclusion in a preventative maintenance program that will:
 - a. Prolong the life or improve the operation of the device.
 - b. Identify a failure or discrepancy not readily apparent to the normal user.
 - c. Assure that the items in electrical-sensitive patient locations meet the requirements of ANSI/AAMI, safe current limit stands, as specified by California Title 22.
 - d. Provide management reporting of equipment history reports and failure modes.

2. A current accurate inventory of all diagnostic and therapeutic equipment utilized within the facility will be available.

3. A Preventative Maintenance process will be developed for each equipment type that is available to the Clinic. Each process will:
 - a. Identify inspection frequency.
 - b. Include manufacturer recommended specifications, where applicable.
 - c. Verify compliance with JCAHO and/or Title 22

Preventative Maintenance Inspections
Policy Number 140

4. All service to equipment will be documented.
 - a. A copy of all service work will be kept in the department.
 - b. A summary of service history will be provided periodically to help identify failure trends.
 - c. Repairs that may affect the calibration, operation, or electrical integrity of any device will have an inspection completed after the repair, and such will be documented.
5. Inspection and request for repair of equipment is the responsibility of the Clinical Manager and/or designee.

Procedure:

1. The Bio-Medical Vendor will make annual inspections on all Clinic equipment.
2. New or borrowed equipment will be inspected by the Bio-Medical Vendor and tagged as inspected before being put into service.
3. The Clinic Manager will insure new equipment is added to the asset list and retired equipment removed from the asset list, as the asset list must be accurate at all times.
5. Defective equipment discovered by personnel is to be marked defective, removed from use and reported to the Clinical Manager.
6. Clinic Manager or their designee will contact complete Maintenance Request form and contact appropriate vendor.
7. Equipment requiring service or repair will be assigned to personnel or vendor(s) with appropriate training and any necessary credentials.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Scope of Services	REVIEWED: 11/8/18; <u>7/30/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Scope of Services

Objective: The Clinic’s scope of services shall include, but not be limited to, the following list of services:

Response Rating:

Required Equipment: None

Procedure:

Services shall be rendered to anyone, regardless of sex, race, color, creed, age, national origin, handicap or ability to pay for services rendered.

Professional:

A physician and/or a physician assistant (PA, PA-C) or family nurse practitioner (FNP) shall staff the Clinic during posted working hours to provide medical services within the scope of his/her training.

Medical staff will be available to perform:

- Complete medical histories
- Physical examinations (pre-employment, sports, school, health maintenance)
- Assessment of health status, routine laboratory and diagnostic testing
- Treatment for common acute and chronic health problems and medical conditions

Laboratory:

Point-of-care testing, under a CLIA Certificate and California Laboratory license will be provided for some modalities.

Unaffiliated laboratories will provide reference laboratory services.

Unaffiliated laboratories will provide pathology laboratory services.

Scope of Services
Policy Number 156

X-Ray:

Plain film x-rays are performed in the Clinic and over read by a radiologist.

Patients requiring other testing modalities will be referred to the service provider authorized by their insurance coverage.

Medical Procedures:

Minor surgical procedures and basic diagnostic procedures shall be performed within the scope of the medical staff's training; including but not limited to minor laceration repairs, IV hydration, IV antibiotic therapy, splinting, and medical stabilization of medical emergencies for transfer to high acuity facilities.

Pharmacy:

The Clinic will provide stock pharmacy items according to the Clinic formulary.

Prescriptions will be submitted to the patient's pharmacy via ePrescribe.

Higher Level of Care:

Referral for medical cause when the Clinic is operating will be provided on an as needed basis.

Hospitals used for transfer of patients requiring a higher level of care include:

Mark Twain Medical Center

Discharge Instructions:

All patients will be given written notes instructions, and explanations of the treatment they received in the Clinic, as well as written follow up instructions.

Policies and Procedures:

Written policies and procedures and medical protocols/Standardized Procedures governing the services of the Clinic providers are developed, executed, and annually evaluated by the Medical Committee and the Governing Body. The Committee will consist of the Medical Director, physician assistants/nurse practitioners, Clinic Director, Executive Director and any other assigned personnel.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Section 504 Grievance	REVIEWED: 11/8/18; <u>7/30/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Section 504 Grievance

Deleted: 1

Objective: It is the policy of the Clinic not to discriminate on the basis of disability. The Clinic has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that “no otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance...”The Law and Regulations may be examined in the office of Clinic Director, (661) 765-1935 who has been designated to coordinate the efforts of The Clinic to comply with Section 504.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for the Clinic to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Response Rating:

Required Equipment:

Procedure

1. Grievances must be submitted to the Section 504 Coordinator within seven (7) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
2. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
3. The Section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of Mark Twain Health Care District relating to such grievances.
4. The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.

Section 504 Grievance
Policy Number 157

5. The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to Mark Twain Health Care District Executive Director within 15 days of receiving the Section 504 Coordinator's decision.
6. The Mark Twain Health Care District Executive Director shall issue a written decision in response to the appeal no later than 30 days after its filing.
7. The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the:
 - a. U. S. Department of Health and Human Services
 - b. Office for Civil Rights

The Clinic will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Section 504 Coordinator will be responsible for such arrangements.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Section 504 Notice Of Program Accessibility	REVIEWED: 11/8/18; <u>7/30/20</u>
SECTION: Civil Rights	REVISED: <u>7/30/20</u>
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Section 504 Notice of Program Accessibility

Deleted: ¶

Objective: Compliance with Federal Section 504 Notice of Program Accessibility requirements

Formatted: Font: Not Bold

The Clinic will post a Section 504 Notice of Program Accessibility in the Clinic waiting area. Such notice will state:

The regulation implementing Section 504 requires that an agency/facility "...adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons." (45 C.F.R. §84.22(f))

The Clinic and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, patient treatment areas, including examining rooms.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
 - Qualified sign language interpreters for persons who are deaf or hard of hearing.
 - A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
 - Readers and taped material for the blind and large print materials for the visually impaired.
 - Flash Cards, Alphabet boards and other communication boards.
 - Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your medical assistant know.

Section 504 Notice of Program Accessibility
Policy Number 158

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Standardized Procedure Administration of Flu Shots	REVIEWED: 6/1/19; <u>7/30/20</u>
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 6/19/19

Subject: Flu Shots

Objective: To define and clarify procedures that may be performed by a qualified clinical nursing/medical assistant for patients requesting flu shots and to provide flu shots to appropriately screened clinic patients. Flu shots will be administered to Clinic patients in accordance with current recommendations from the National Institutes of Health and documentation prepared to support submittal with required Cost Reports.

Response Rating: Mandatory

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the outpatient clinics are authorized by the Medical Staff to administer flu shots to patients requesting such vaccinations.

1. No flu shots should be given to patients under 6 months of age.
2. The Clinic will obtain flu vaccine from the pharmacy vendor and, where applicable, from Vaccines for Children.
 - a. Vaccines for Children inventory will be used for qualified children only.
 - b. Vaccines purchased from the pharmacy vendor will be used for children who do not qualify for the Vaccines for Children program and all adults who require a flu shot.
3. Flu shots will not be given prior to the established "start date" which is recommended annually by the National Institutes of Health, unless the patient is deemed "high risk" and meets current high risk criteria established by NIH.
4. Scheduled appointments are not required for patients requesting a flu shot; however, patients must be registered for this encounter.

5. For patients presenting for a flu shot only, staff will complete the Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination screening form and follow instructions found there, after the patient or parent/guardian has signed the flu shot release form.
6. If patients mark “yes” for any contraindication on the Screening Checklist, present the completed Checklist to the provider for their review. Administer vaccine only upon approval of provider after review is completed.
7. If patients do not mark “yes” for any contraindication on the Screening Checklist, proceed with the administration of the vaccine.
8. Current vaccine information sheet (VIS) will be distributed to all patients prior to the patient being asked to sign the flu shot release form.
9. All flu shots for MediCare patients will be recorded on the flu shot log. Follow the directions included on the flu shot log.

BI-ANNUAL REVIEW

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Waste, Fraud, and Abuse	REVIEWED: 11/9/18; <u>7/30/20</u>
SECTION: District	REVISED:
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Prevention, Detection, and Reporting of Waste, Fraud, and Abuse

Deleted: 1

Objective: The Clinic will utilize ethical and conscientious practices in the care of patients, use of clinic resources, in documentation and billing practices.

Response Rating: Mandatory

Required Equipment:

Definitions:

Fraud: wrongful or criminal deception intended to result in financial or personal gain.

Abuse: practices that, either directly or indirectly, result in unnecessary costs to the health insurance program. includes any practice that is not consistent with the goals of providing patients with services that are medically necessary, meet professionally recognized standards, and are priced fairly.

False claim: overcharging or selling substandard goods and/or services

Kick-Back: pay, solicit, or receive remuneration (payment) directly or indirectly to induce or reward referrals of items or services reimbursable by a health care program.

Physician Self-Referral: physicians are prohibited from making a referral for certain designated health services to an entity in which the physician or a member of their immediate family has an ownership/investment interest or with which they have a compensation arrangement unless a specific exception applies.

Identity theft: the appropriation or misuse of a patient's or [provider's] unique medical identifying information to obtain or bill public or private payers for fraudulent medical goods or services.

Procedure:

1. The following actions, considered fraud, are forbidden by employees, contractors, and/or vendors of the Clinic:

Waste, Fraud, and Abuse
Policy Number 215

- A. Knowingly submitting false statements or making misrepresentations of fact to obtain a health care payment for which no entitlement would otherwise exist
 - B. Knowingly soliciting, paying, and/or accepting remuneration to induce or reward referrals for items or services for which reimbursement is received
 - C. Making prohibited referrals for certain designated health services as defined by Medicare (CMS).
 - D. Knowingly bill for services not furnished supplies not provided or both
 - E. Falsifying records that show delivery of services or supplies that were not provided
 - F. Billing Medicare for appointments that patients did not keep
 - G. Knowingly billing for services at a level of complexity higher than the service actually provided or documented in the medical record
2. The following actions, considered abuse are forbidden by employees, contractors, and/or vendors of the Clinic:
- A. Billing for services that were not medically necessary
 - B. Charging excessively for service or supplies
 - C. Misusing codes on a claim, such as upcoding or unbundling codes
3. Fraud and abuse expose personnel to criminal and civil liability.
4. Federal laws, including the False Claims Act, Anti-Kickback Statute, Physician Self-Referral Law (Stark Law), the Criminal Health Care Fraud statute, Social Security Act and United States Criminal Code govern Medicare and Medicaid (MediCal) fraud and abuse.
5. Scheduled and random audits of billing practices will be performed and documented.
- A. The Chief Compliance Officer (the District Executive Director) and the Medical Director will ensure billing audits are performed and resulting documentation reviewed and discussed during the course of regularly scheduled Quality Assurance Performance Improvement meetings.
6. In addition to billing practice audits, personnel are encouraged to report any concerns regarding waste, fraud, and/or abuse to the Compliance Officer.

7. Reports of suspected waste, fraud, and/or abuse will be thoroughly investigated utilizing Clinic resources, vendors, consultants, or other qualified persons or entities.
 - A. Written documentation including the medical record.
 - B. Statements from the reporting party, as well as other witnesses.
 - C. Ancillary information from third parties, including but not limited to payors, vendors, billings services.
8. If research identifies that waste, fraud, and/or abuse have occurred, the Compliance Officer will ensure proper consequences are applied, up to and/or including termination and reporting to governing bodies.
9. Supervisors, managers, or employees are not permitted to engage in retaliation, retribution, or any form of harassment directed against any employee who, in good faith, reports a compliance concern.

Reference:

“Medicare Fraud * & Abuse, Prevention, Detection, And Reporting”, Medicare Learning Network .
Downloaded May 19 from https://www.cms.gov/Outreach-Education/Medicare-Learning-Network-MLN/MNLProducts/downloads/Fraud_and_Abuse.pdf.

“Common Types of Health Care Fraud”, Medicare Learning Network. Downloaded June 2, 2016 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/downloads/fwa-factsheet.pdf> .

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Business Hours	REVIEWED: 11/9/18; <u>8/14/20</u>
SECTION: Operations	REVISED: <u>8/14/20</u>
EFFECTIVE: <u>August Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 1/30/19

Subject: Business Hours

Objective: To ensure a predictable and organized operation of the Clinic, the Clinic will maintain posted hours of operation and will report permanent revisions to District Administration and California Department of Public Health.

Response Rating:

Required Equipment:

Procedure:

1. The Clinic will be open Monday through Friday, between 8:00am and 5:00pm.
2. The Clinic will be closed for holidays.

Deleted: and Saturday between 9:00am and 12:00pm.

Business Hours
Policy Number 41



**MARK TWAIN
HEALTH CARE DISTRICT**

P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
(209) 754-2537 Fax

Agenda Item: Financial Reports (as of July, 2020)
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

The July 31, 2020 financial statements are attached for your review and approval.

- Please note that the June 30, 2020 financial reports will remain in DRAFT form until the 2019 – 2020 Audit has been completed. While the revenue and expense won't change dramatically, the Balance Sheet will definitely go through some adjustments.
- As of 06/30/20 the Clinic had generated uncollected claims of \$369,263 and you can now see that as a receivable on the Balance Sheet. This will need to be reconciled monthly, and July has yet to be completed.
- July Rental revenue includes a correction that will be made in August for the Child Advocacy revenue, which should only be \$750.
- District revenue (property tax) will be reconciled in August/September when the County provides us with a final report, we have received the final payment, we just need to do the final reconciliation.
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report will now show the reserve allocations. A little work still needs to be done to allocate the investment income.

**Mark Twain Health Care District
Annual Budget Recap**

	07/31/20 Actual Y-T-D	2020 - 2021 Annual Budget				
		Total District	Clinic	Rental	Projects	Admin
Revenues	223,745	6,171,389	3,618,701	1,352,688	0	1,200,000
Total Revenue	223,745	6,171,389	3,618,701	1,352,688	0	1,200,000
Expenses	(378,395)	(5,860,663)	(3,820,119)	(1,181,428)	(91,000)	(768,116)
Total Expenses	(378,395)	(5,860,663)	(3,820,119)	(1,181,428)	(91,000)	(768,116)
Surplus(Deficit)	(154,650)	310,726	(201,418)	171,260	91,000	431,884

**Mark Twain Health Care District
Direct Clinic Financial Projections**

	VSHWC			7/31/2020
	2020/2021 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
4083.39 Sunrise Pharmacy Gross Revenues				
4083.49 Urgent care Gross Revenues	4,674,075	19,963	19,963	0.43%
4083.60 Contractual Adjustments	(1,087,124)	0	0	
Net Patient revenue	3,586,951	19,963	19,963	0.56%
4083.90 Flu shot, Lab income, physicals	1,000			0.00%
4083.91 Medical Records copy fees	750			0.00%
4083.92 Other - Plan Incentives	30,000			0.00%
Total Other Revenue	31,750	0	0	0.00%
	3,618,701	19,963	19,963	0.55%
7083.09 Other salaries and wages	(1,008,540)	(112,762)	(112,762)	11.18%
7083.10 Payroll taxes	(78,666)	(7,923)	(7,923)	10.07%
7083.12 Vacation, Holiday and Sick Leave	(9,077)			0.00%
7083.13 Group Health & Welfare Insurance	(49,982)	(7,305)	(7,305)	14.62%
7083.14 Group Life Insurance	(1,614)			0.00%
7083.15 Pension and Retirement	(25,214)	(632)	(632)	2.51%
7083.16 Workers Compensation insurance	(10,085)	(16,697)	(16,697)	165.56%
7083.18 Other payroll related benefits	(1,513)			0.00%
Total taxes and benefits	(176,151)	(32,556)	(32,556)	18.48%
Labor related costs	(1,184,691)	(145,318)	(145,318)	12.27%
7083.05 Marketing				
7083.20 Medical - Physicians	(905,244)	(51,158)	(51,158)	5.65%
7083.22 Consulting and Management fees	(75,000)	(1,661)	(1,661)	2.21%
7083.23 Legal - Clinic	0			0.00%
7083.25 Registry Nursing personnel	(3,000)			0.00%
7083.26 Other contracted services	(126,907)	(4,992)	(4,992)	3.93%
7083.29 Other Professional fees	(80,932)			0.00%
7083.36 Oxygen and Other Medical Gases	(3,703)	(35)	(35)	0.95%
7083.38 Pharmaceuticals	(139,504)			0.00%
7083.41 Other Medical Care Materials and Supplies	(25,714)	(3,119)	(3,119)	12.13%
7083.44 Linens	(1,200)			0.00%
7083.48 Instruments and Minor Medical Equipment	(24,248)			0.00%
7083.74 Depreciation - Equipment	(150,476)			0.00%
7083.45 Cleaning supplies	(47,578)			0.00%
7083.62 Repairs and Maintenance Grounds	(8,104)			0.00%
7083.72 Depreciation - Bldgs & Improvements	(311,017)			0.00%
7083.80 Utilities - Electrical, Gas, Water, other	(95,083)	(2,690)	(2,690)	2.83%
8870.00 Interest on Debt Service	(257,355)			0.00%
7083.43 Food	(2,000)			0.00%
7083.46 Office and Administrative supplies	(15,428)	(1,252)	(1,252)	8.11%
7083.69 Other purchased services	(232,076)	(9,157)	(9,157)	3.95%
7083.81 Insurance - Malpractice	(16,854)			0.00%
7083.82 Other Insurance - Clinic	(31,102)	(24,013)	(24,013)	0.00%
7083.83 Licenses & Taxes	(1,500)			
7083.85 Telephone and Communications	(20,903)	(1,547)	(1,547)	7.40%
7083.86 Dues and Subscriptions	(1,500)	(165)	(165)	11.00%
7083.87 Outside Training	(15,000)			0.00%
7083.88 Travel costs	(4,000)			0.00%
7083.89 Recruiting	(40,000)	(1,635)	(1,635)	4.09%
Non labor expenses	(2,635,428)	(101,424)	(101,424)	3.85%
Total Expenses	(3,820,119)	(246,742)	(246,742)	6.46%
Net Expenses over Revenues	(201,418)	(226,780)	(226,780)	112.59%

**Mark Twain Health Care District
Rental Financial Projections**

Rental

7/31/2020

		2020/2021 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
9260.01	Rent Hospital Asset amortized	1,092,672	90,985	90,985	8.33%
		0			
	Rent Revenues	1,092,672	90,985	90,985	8.33%
9520.62	Repairs and Maintenance Grounds	0			
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(758,483)	(48,995)	(48,995)	6.46%
9520.72	Depreciation	(148,679)	(9,892)	(9,892)	6.65%
9520.82	Insurance				
	Total Costs	(907,162)	(58,887)	(58,887)	6.49%
	Net	185,510	32,098	32,098	14.82%
9260.02	MOB Rents Revenue	251,016	14,416	14,416	5.74%
9521.75	MOB rent expenses	(261,016)	(20,768)	(20,768)	7.96%
	Net	(10,000)	(6,353)	(6,353)	63.53%
9260.03	Child Advocacy Rent revenue	9,000	2,250	2,250	25.00%
9522.75	Child Advocacy Expenses	(11,000)			0.00%
	Net	(2,000)	2,250	2,250	-112.50%
9260.04	Sunrise Pharmacy Revenue				
7084.41	Sunrise Pharmacy Expenses		(2,250)		
		1,352,688	107,651	107,651	7.96%
		(1,181,428)	(79,656)	(79,656)	6.74%
	Summary Net	171,260	27,995	27,995	16.35%

**Mark Twain Health Care District
Projects, Grants and Support
7/31/2020**

	2020/2021 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
Project grants and support	(91,000)		0	0.00%
8890.00 Foundation				
8890.00 Veterans Support	(5,000)		0	
8890.00 Mens Health	(5,000)		0	
8890.00 Steps to Kick Cancer - October	(5,000)		0	
8890.00 Doris Barger Golf	(2,000)		0	
8890.00 Stay Vertical	(14,000)		0	0.00%
8890.00 Golden Health Grant Awards				
8890.00 RoboDoc	(60,000)			
Project grants and support	(91,000)	0	0	0.00%

Mark Twain Health Care District
General Administration Financial Projections

Admin

7/31/2020

	2016/2017	2017/2018	DRAFT 2019/2020	2020/2021 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
9060.00 Income, Gains and losses from investments	4,423	5,045	389,072	100,000	10,568	10,568	10.57%
9160.00 Property Tax Revenues	935,421	999,443	1,105,029	1,100,000	91,667	91,667	8.33%
9010.00 Gain on Sale of Asset							
9400.00 Miscellaneous Income (1% Minority Interest)	0	0	(47,231)		(6,103)	(6,103)	
Summary Revenues	939,844	1,004,488	1,446,871	1,200,000	96,132	96,132	8.01%
<hr/>							
8610.09 Other salaries and wages	(33,587)	(235,531)	(200,318)	(352,591)	(22,408)	(22,408)	6.36%
<hr/>							
8610.10 Payroll taxes			(14,132)	(23,244)	(1,502)	(1,502)	6.46%
8610.12 Vacation, Holiday and Sick Leave				(3,173)			0.00%
8610.13 Group Health & Welfare Insurance		(663)	(12,383)	(17,474)			0.00%
8610.14 Group Life Insurance				(564)			0.00%
8610.15 Pension and Retirement			(1,905)	(8,815)			0.00%
8610.16 Workers Compensation insurance			(1,226)	(3,526)			0.00%
8610.18 Other payroll related benefits				(529)			0.00%
Benefits and taxes	0	(663)	(29,647)	(57,325)	(1,502)	(1,502)	2.62%
Labor Costs	(33,587)	(236,194)	(229,965)	(409,916)	(23,910)	(23,910)	5.83%
<hr/>							
8610.22 Consulting and Management Fees	(392,908)	(332,287)	(13,922)	(61,500)	(215)	(215)	0.35%
8610.23 Legal	(15,195)	(20,179)	(13,738)	(30,000)			0.00%
8610.24 Accounting /Audit Fees	(13,945)	(18,090)	(59,232)	(125,000)	(5,398)	(5,398)	4.32%
8610.43 Food			(868)	(2,000)			0.00%
8610.46 Office and Administrative Supplies	(4,310)	(19,685)	(20,017)	(18,000)	222	222	-1.23%
8610.62 Repairs and Maintenance Grounds				0			
8610.69 Other			(12,877)		(350)	(350)	
8610.74 Depreciation - Equipment	(35,556)	(26,582)		(2,500)			0.00%
8610.75 Rental/lease equipment	(11,198)	(57,593)		(9,200)			0.00%
8610.80 Utilities			(705)	(1,000)			
8610.82 Insurance	(16,578)	(17,043)	(17,747)	(25,000)	(16,653)	(16,653)	66.61%
8610.83 Licenses and Taxes				0			
8610.85 Telephone and communications				0			
8610.86 Dues and Subscriptions	(12,554)	(14,731)	(13,779)	(20,000)	(86)	(86)	0.43%
8610.87 Outside Trainings	(1,920)	(3,030)	380	(15,000)			0.00%
8610.88 Travel	(6,758)	(17,363)	(4,669)	(15,000)			0.00%
8610.89 Recruiting			(1,898)	(2,000)	(169)	(169)	8.46%
8610.90 Other Direct Expenses	(10,895)	(5,488)	(58,591)	(32,000)	(5,437)	(5,437)	16.99%
<hr/>							
Non-Labor costs	(521,817)	(532,071)	(219,835)	(358,200)	(28,087)	(28,087)	7.84%
Total Costs	(555,404)	(768,265)	(449,801)	(768,116)	(51,996)	(51,996)	6.77%
Net	384,440	236,223	997,070	431,884	44,135	44,135	10.22%

**Investment & Reserves Report
31-Jul-20**

Reserve Funds	Minimum Target	6/30/2020 Balance	2020 Allocated	2020 Interest	7/31/2020 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,200,000	0	0	2,200,000	
Capital Improvement Fund	12,000,000	2,934,975	0	0	2,934,975	
Technology Reserve Fund	1,000,000	1,000,000	0	0	1,000,000	
Lease & Contract Reserve Fund	2,400,000	2,400,000	0	0	2,400,000	
Loan Reserve Fund	2,000,000	2,000,000	0	0	2,000,000	
Reserves & Contingencies	19,600,000	10,534,975	0	0	10,534,975	0

CalTRUST	2019 - 2020		Annualized Rates	Duration
	7/31/2020	Interest Earned		
Valley Springs HWC - Operational Reserve Fund	2,200,000	0		
Capital Improvement Fund	2,934,975	0		
Technology Reserve Fund	1,000,000	0		
Lease & Contract Reserve Fund	2,400,000	0		
Loan Reserve Fund	2,000,000	0		
Total CalTRUST	10,534,975	8,052		1 Year or Less
Five Star				
General Operating Fund	105,979	41.75		
Money Market Account	1,993,945	2,409.83		
Valley Springs - Checking	129,300	29.66		
Valley Springs - Payroll	42,936	23.59		
Total Five Star	2,272,160	2,504.83		1 Year or Less
Umpqua Bank				
Checking	212,910	0.00		
Money Market Account	4,927	0.27		
Investments	1,514			
Total Savings & CD's	219,351	0.27		
Bank of Stockton	363,779	12		1 Year or Less
Total in interest earning accounts	13,390,265	10,568		
Potential Unrealized Loss				
Total Without Unrealized Loss		10,568		

Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds. The report for this period does reflect any deviation from the District's Investment Policy.

Mark Twain Health Care District
Balance Sheet
As of July 31, 2020

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	80,824.45
1001.20 Umpqua Bank - Money Market	6,441.12
1001.30 Bank of Stockton	363,790.83
1001.40 Five Star Bank - MTHCD Checking	105,978.71
1001.50 Five Star Bank - Money Market	1,993,945.20
1001.60 Five Star Bank - VSHWC Checking	129,300.15
1001.65 Five Star Bank - VSHWC Payroll	42,936.13
1001.90 US Bank - VSHWC	101,128.59
1820 VSHWC - Petty Cash	400.00
Total Bank Accounts	\$ 2,824,745.18
Accounts Receivable	
1200 Accounts Receivable	2,603.07
Total Accounts Receivable	\$ 2,603.07
Other Current Assets	
1001.70 Umpqua Investments	1,513.65
1003.30 CalTRUST	10,534,975.13
1069 Due from Calaveras County	-82,314.69
115.20 Accrued Lease Revenue	15,232.17
1205 Due from insurance proceeds	337,860.00
1301.40 Prepaid VSHWC	737,344.74
Total Other Current Assets	\$ 11,544,611.00
Total Current Assets	\$ 14,371,959.25
Fixed Assets	
150.00 Land and Land Improvements	0.00
150.10 Land	1,189,256.50
150.20 Land Improvements	150,307.79
Total 150.00 Land and Land Improvements	\$ 1,339,564.29
151.00 Buildings and Improvements	0.00
151.10 Building	2,123,677.81
151.20 Building Improvements	2,276,955.79
151.30 Building Service Equipment	168,095.20
Total 151.00 Buildings and Improvements	\$ 4,568,728.80
152 VSHWC	5,367,411.06
152.1 VSHWC Consulting Services	4,646.25
152.10 Fixed Equipment	700,625.02
152.15 Furniture & Furnishings	7,813.00
152.92 VSHWC Clinic Land Costs	1,262,242.27
1221.5 Pharmacy Construction	12,471.33

1521.30 CIP Equipment	45,300.14
160.00 Accumulated Depreciation	-5,342,089.82
Total Fixed Assets	\$ 7,966,712.34
Other Assets	
1710.10 Minority Interest in MTMC - NEW	237,910.31
180.60 Capitalized Lease Negotiations	356,574.25
Total 180.30 Intangible Assets	\$ 594,484.56
2219 Capital Lease	6,541,930.01
Total Other Assets	\$ 7,136,414.57
TOTAL ASSETS	\$ 29,475,086.16
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	32,818.15
Total Accounts Payable	\$ 32,818.15
Other Current Liabilities	
200.00 Accts Payable & Accrued Expenes	
200.10 Other Accounts Payable	25,127.39
Total 200.00 Accts Payable & Accrued Expenes	\$ 25,127.39
2021 Accrued Payroll - Clinic	33,961.05
210.00 Deide Security Deposit	2,275.00
211.00 Valley Springs Security Deposit	1,000.00
2110.00 Payroll Liabilities - New Account for 2019	-65.51
226 Deferred Revenue	141,646.58
Total Other Current Liabilities	\$ 203,944.51
Total Current Liabilities	\$ 236,762.66
Long-Term Liabilities	
2128.01 Deferred Capital Lease	1,633,303.74
2128.02 Deferred Utilities Reimbursement	2,966,696.26
2129 Other Third Party Reimbursement - Calaveras County	-91,666.67
2210 USDA Loan - VS Clinic	6,145,187.50
Total Long-Term Liabilities	\$ 10,653,520.83
Total Liabilities	\$ 10,890,283.49
Equity	
290.00 Fund Balance	18,739,452.24
Net Income	-154,649.57
Total Equity	\$ 18,584,802.67
TOTAL LIABILITIES AND EQUITY	\$ 29,475,086.16

Mark Twain Health Care District

JOURNAL

July 2020

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT				
07/03/2020	Journal Entry	19066		Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	8610.09	8610.09 Other salaries and wages - Admin.	\$7,469.20				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	7083.09	7083.09 Other salaries and wages - Clinic	\$33,444.40				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	8610.10	8610.10 Payroll taxes - Admin.	\$108.30				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	7083.10	7083.10 Payroll taxes - Clinic	\$476.76				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	8610.10	8610.10 Payroll taxes - Admin.	\$463.09				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	7083.10	7083.10 Payroll taxes - Clinic	\$2,038.60				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	7083.10	7083.10 Payroll taxes - Clinic	\$105.55				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$1,170.12			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$5,003.38			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$5,034.06			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$2,401.87			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$105.55			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$563.93			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$1,616.64			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$911.40			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	8610.22	8610.22 Consulting and Management Fees - District	\$182.28				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	7083.22	7083.22 Consulting and Management fees - Clinic	\$729.12				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$13,714.98				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$13,714.98			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$671.64			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$27,538.71			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$671.64				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$671.64			
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020 (401K Match)	7083.15	7083.15 Pension and Retirement - Clinic	\$631.94				
				Payroll 6/14/2020 - 06/27/2020	Paid 7/03/2020 (401K Match)	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$631.94			
											\$60,035.86	\$60,035.86
				07/07/2020	Journal Entry	19053		Mother Lode Answering Service - Refund	8610.46	8610.46 Office and Administrative Supplies - District		\$222.00
								Insurance Refund	8610.82	8610.82 Insurance - District		\$95.00
								Refunds	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$317.00	
											\$317.00	\$317.00
07/17/2020	Journal Entry	19067		Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	8610.09	8610.09 Other salaries and wages - Admin.	\$7,469.20				
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	7083.09	7083.09 Other salaries and wages - Clinic	\$31,716.09				
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	8610.10	8610.10 Payroll taxes - Admin.	\$108.30				
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	7083.10	7083.10 Payroll taxes - Clinic	\$453.96				
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	8610.10	8610.10 Payroll taxes - Admin.	\$463.09				
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	7083.10	7083.10 Payroll taxes - Clinic	\$1,940.91				
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	7083.10	7083.10 Payroll taxes - Clinic	\$108.02				
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$1,124.53			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,808.00			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,712.71			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$2,164.98			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$108.02			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$411.06			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$1,617.82			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$83.00			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	8610.22	8610.22 Consulting and Management Fees - District	\$16.60				
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	7083.22	7083.22 Consulting and Management fees - Clinic	\$66.40				
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$12,918.25				
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$12,918.25			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$754.77			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$26,557.68			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$754.77				
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$382.07			
				Payroll 06/28/2020 - 07/11/2020	Paid 7/17/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$372.70			
											\$56,015.59	\$56,015.59
				07/22/2020	Journal Entry	19069		Health Resources & Services Administration - COVID Relief	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$103,253.23	
								Health Resources & Services Administration - COVID Relief	227	227 Deferred Revenue		\$103,253.23
											\$103,253.23	\$103,253.23
				07/31/2020	Journal Entry	19065		Cash flow transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$200,000.00	
								Cash flow transfer	1001.50	1001.50 Five Star Bank - Money Market - NEW		\$200,000.00
							\$200,000.00	\$200,000.00				
07/31/2020	Journal Entry	19068		Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	8610.09	8610.09 Other salaries and wages - Admin.	\$7,469.20				
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	7083.09	7083.09 Other salaries and wages - Clinic	\$34,611.09				
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	8610.10	8610.10 Payroll taxes - Admin.	\$108.30				
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	7083.10	7083.10 Payroll taxes - Clinic	\$496.47				
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	8610.10	8610.10 Payroll taxes - Admin.	\$251.05				
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	7083.10	7083.10 Payroll taxes - Clinic	\$2,122.86				
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	7083.10	7083.10 Payroll taxes - Clinic	\$179.45				
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$1,209.54			
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,747.82			

Mark Twain Health Care District

JOURNAL

July 2020

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$4,931.03
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$2,195.28
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$179.45
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$371.43
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll	\$1,605.50
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll	\$82.00
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	8610.22	8610.22 Consulting and Management Fees - District	\$16.40
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	7083.22	7083.22 Consulting and Management fees - Clinic	\$65.60
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$13,263.12
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll	\$13,263.12
				Payroll 07/12/2020 - 07/25/2020	Paid 07/31/2020	1001.65	1001.65 Five Star Bank - VSHWC Payroll	\$29,998.37
							\$58,583.54	\$58,583.54
07/31/2020	Journal Entry	19070	July 2020	July 2020		9260.02	9260.02 MOB Rents Revenue	\$13,006.77
			July 2020	July 2020		1001.10	1001.10 Umpqua Bank - Checking - NEW	\$13,006.77
			July 2020	July 2020		9260.03	9260.03 Child Advocacy Rent Revenue	\$2,250.00
			July 2020	July 2020		1001.10	1001.10 Umpqua Bank - Checking - NEW	\$2,250.00
			July 2020	July 2020		4083.49	4083.49 VSHWC Gross Revenues	\$1,760.93
			July 2020	July 2020		1001.10	1001.10 Umpqua Bank - Checking - NEW	\$1,760.93
							\$17,017.70	\$17,017.70
07/31/2020	Journal Entry	19072	July 2020	July 2020 Insurance Proceeds		1001.90	1001.90 U.S. Bank - VSHWC	\$18,201.60
			July 2020	July 2020 Insurance Proceeds		4083.49	4083.49 VSHWC Gross Revenues	\$18,201.60
							\$18,201.60	\$18,201.60
07/31/2020	Journal Entry	19073	Monthly Amortization Schedule	Monthly Amortization Schedule		2128.01	2128.01 Deferred Capital Lease	\$35,506.59
			Monthly Amortization Schedule	Monthly Amortization Schedule		9260.01	9260.01 Deferred Lease Income	\$26,491.61
			Monthly Amortization Schedule	Monthly Amortization Schedule		2219	2219 Capital Lease	\$9,014.98
			Monthly Amortization Schedule	Monthly Amortization Schedule		2128.02	2128.02 Deferred Utilities Reimbursement	\$64,493.41
			Monthly Amortization Schedule	Monthly Amortization Schedule		9260.01	9260.01 Deferred Lease Income	\$64,493.41
			Monthly Amortization Schedule	Monthly Amortization Schedule		9520.72	9520.72 Depreciation	\$9,892.02
			Monthly Amortization Schedule	Monthly Amortization Schedule		2219	2219 Capital Lease	\$9,892.02
							\$109,892.02	\$109,892.02
07/31/2020	Journal Entry	19074	July 2020 - Accrued Property Tax Revenue	July 2020 - Accrued Property Tax Revenue		2129	2129 Other Third Party Reimbursement - Calaveras County	\$91,666.67
			July 2020 - Accrued Property Tax Revenue	July 2020 - Accrued Property Tax Revenue		9160.00	9160.00 Property Tax Revenues - District	\$91,666.67
							\$91,666.67	\$91,666.67
07/31/2020	Journal Entry	19075	Anthem Blue Cross - July 2020	Sphinx Med Tech - July 2020		7083.13	7083.13 Group Health & Welfare Insurance - Clinic	\$3,652.46
			Office & Admin Supplies - July 2020	Other Clinic Services - July 2020		7083.41	7083.41 Other Medical Care Materials and Supplies - Clinic	\$390.78
			ProScreening - July 2020	Recruiting - July 2020		7083.46	7083.46 Office and Administrative supplies - Clinic	\$1,208.63
			QuickBooks - July 2020	CalNet & USPS - July 2020		7083.69	7083.69 Other purchased services - Clinic	\$426.72
			CalNet & USPS - July 2020	CalNet & USPS - July 2020		7083.86	7083.86	\$165.00
						7083.89	7083.89 Recruiting - Clinic	\$25.00
						8610.69	8610.69 Other - IT Services- District	\$150.00
						8610.86	8610.86 Dues & Subscriptions - District	\$85.95
						2001	2001 Credit Card Payable	\$6,104.54
							\$6,104.54	\$6,104.54
07/31/2020	Journal Entry	19076	July 2020 1% Minority Interest	July 2020 1% Minority Interest		9205.03	9205.03 Minority Interest MTSJ Ops - NEW	\$6,176.27
			July 2020 1% Minority Interest	July 2020 1% Minority Interest		9205.04	9205.04 Minority Interest MTSJ Invest - NEW	\$72.90
			July 2020 1% Minority Interest	July 2020 1% Minority Interest		1710.10	1710.10 Minority Interest in MTMC - NEW	\$6,103.37
							\$6,176.27	\$6,176.27
TOTAL							\$727,264.02	\$727,264.02

Mark Twain Health Care District

CHECK DETAIL

July 2020

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	CLR	AMOUNT
1001.10 Umpqua Bank - Checking - NEW						
07/31/2020	Check	SVCCHRG		Service Charge	R	-57.41
						57.41
1001.40 Five Star Bank - MTHCD Checking - NEW						
07/02/2020	Bill Payment (Check)	1426	Signal Service, Inc.		R	-85.80
						-85.80
07/02/2020	Bill Payment (Check)	1427	Blue Mountain Custom Fabrics		R	-1,726.99
						-1,726.99
07/02/2020	Bill Payment (Check)	1428	Alliant Insurance Services, Inc.- NPB Main		R	-21,923.98
						-21,923.98
07/02/2020	Bill Payment (Check)	1429	BETA Healthcare Group		R	-35,534.09
						-35,534.09
07/02/2020	Bill Payment (Check)	1430	Nuance Communications, Inc.		R	-316.00
						-316.00
07/07/2020	Bill Payment (Check)	1431	Pro Screening, LLC		R	-257.00
						-257.00
07/10/2020	Bill Payment (Check)	1452	Calaveras Telephone		R	-475.47
						-475.47
07/10/2020	Bill Payment (Check)	1453	City of Angels		R	-990.55
						-990.55
07/10/2020	Bill Payment (Check)	1454	Ebbetts Pass Gas Services		R	-22.38
						-22.38
07/10/2020	Bill Payment (Check)	1455	PG&E 07532672789-5 James Dalton(Angels Camp)	Acct # 0753262789-5	R	-3,432.09
						-3,432.09
07/10/2020	Bill Payment (Check)	1456	PG&E 2148202072-0		R	-58.64
						-58.64
07/10/2020	Bill Payment (Check)	1457	PG&E 39918320076 Cancer		R	-248.14
						-248.14
07/10/2020	Bill Payment (Check)	1458	PG&E 74021406306 SAFMC		R	-903.24
						-903.24
07/10/2020	Bill Payment (Check)	1459	RJ Pro Innovative I.T. Services		R	-1,926.57
						-1,926.57
07/10/2020	Bill Payment (Check)	1460	Modesto Welding Products		R	-35.06
						-35.06
07/10/2020	Bill Payment (Check)	1461	Cheryl Duncan Consulting		R	-19,506.72
						-19,506.72
07/10/2020	Bill Payment (Check)	1462	Dr. Joana Motiu		R	-403.75
						-403.75
07/10/2020	Bill Payment (Check)	1463	Peggy Stout			-279.45
						-279.45

Mark Twain Health Care District

CHECK DETAIL

July 2020

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	CLR	AMOUNT
07/10/2020	Bill Payment (Check)	1464	Staples		R	-11.47 -11.47
07/10/2020	Bill Payment (Check)	1465	Calaveras Public Utility District		R	-2,325.71 -2,325.71
07/10/2020	Bill Payment (Check)	1466	San Andreas Sanitary District		R	-6,083.07 -6,083.07
07/10/2020	Bill Payment (Check)	1467	The Valley Springs News		R	-40.00 -40.00
07/10/2020	Bill Payment (Check)	1468	Your Type Graphic Design		R	-91.19 -91.19
07/10/2020	Bill Payment (Check)	1469	California Special Districts Association - Financial		R	-5,671.00 -5,671.00
07/10/2020	Bill Payment (Check)	1470	AT&T OneNet		R	-1,374.13 -1,374.13
07/10/2020	Bill Payment (Check)	1471	California Waste Recovery Systems		R	-617.34 -617.34
07/10/2020	Bill Payment (Check)	1472	Novarad Corporation		R	-1,091.27 -1,091.27
07/10/2020	Bill Payment (Check)	1473	Radiologica		R	-1,637.00 -1,637.00
07/10/2020	Bill Payment (Check)	1474	Streamline		R	-200.00 -200.00
07/14/2020	Bill Payment (Check)	1475	Arnaudo Bros., L.P.		R	-20,768.49 -20,768.49
07/15/2020	Bill Payment (Check)	1476	Aspen Street Architects		R	-3,335.70 -3,335.70
07/15/2020	Bill Payment (Check)	1477	Capital Group - American Funds		R	-655.42 -655.42
07/15/2020	Bill Payment (Check)	1478	Suzanne Dietrich			-913.75 -913.75
07/15/2020	Bill Payment (Check)	1479	Mind Matters			-2,000.00 -2,000.00
07/15/2020	Bill Payment (Check)	1480	AMS.NET		R	-3,415.97 -3,415.97
07/15/2020	Bill Payment (Check)	1481	RJ Pro Innovative I.T. Services		R	-161.00 -161.00
07/15/2020	Bill Payment (Check)	1482	Calaveras Enterprise & Sierra Lodestar		R	-55.88 -55.88
07/15/2020	Bill Payment (Check)	1483	McKesson Medical Surgical		R	-10,460.29

Mark Twain Health Care District

CHECK DETAIL

July 2020

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	CLR	AMOUNT
						-10,460.29
07/15/2020	Bill Payment (Check)	1484	Your Type Graphic Design		R	-679.35 -679.35
07/22/2020	Bill Payment (Check)	1485	Dr. Joana Motiu			-1,083.75 -1,083.75
07/22/2020	Bill Payment (Check)	1486	J.S. West			-44.79 -44.79
07/22/2020	Bill Payment (Check)	1487	Best Best & Krieger, LLP		R	-572.00 -572.00
07/22/2020	Bill Payment (Check)	1488	Kathy Toepel			-100.00 -100.00
07/22/2020	Bill Payment (Check)	1489	Lin Reed			-100.00 -100.00
07/22/2020	Bill Payment (Check)	1490	Talibah Al-Rafiq			-100.00 -100.00
07/22/2020	Bill Payment (Check)	1491	Anthem Blue Cross			-3,652.46 -3,652.46
07/27/2020	Bill Payment (Check)	1492	Nuance Communications, Inc.			-158.00 -158.00
07/27/2020	Bill Payment (Check)	1493	San Andreas Sanitary District			-409.02 -409.02
07/27/2020	Bill Payment (Check)	1494	AT&T 248 134-7000			-27.83 -27.83
07/27/2020	Bill Payment (Check)	1495	Calaveras Telephone			-473.47 -473.47
07/27/2020	Bill Payment (Check)	1496	MedPro Waste Disposal LLC			-173.00 -173.00
07/27/2020	Bill Payment (Check)	1497	AT&T 754-9362			-1,117.72 -1,117.72
07/27/2020	Bill Payment (Check)	1498	Campora Propane			-31.82 -31.82
07/27/2020	Bill Payment (Check)	1499	Calaveras Power Agency			-25,603.39 -25,603.39
07/27/2020	Bill Payment (Check)	1500	Gaspers Electric			-1,354.63 -1,354.63
07/27/2020	Bill Payment (Check)	1501	AT&T - 831-000-9337 371			-1,302.40 -1,302.40
07/27/2020	Bill Payment (Check)	1502	Signal Service, Inc.			-150.00 -150.00

Mark Twain Health Care District

CHECK DETAIL

July 2020

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	CLR	AMOUNT
07/27/2020	Bill Payment (Check)	1503	Delta Building Maintenance			-4,766.66 -4,766.66
07/27/2020	Bill Payment (Check)	1504	RJ Pro Innovative I.T. Services			-3,981.00 -3,981.00
07/27/2020	Bill Payment (Check)	1505	Modesto Welding Products			-35.06 -35.06
07/27/2020	Bill Payment (Check)	1506	Arnaudo Bros., L.P.			-20,768.49 -20,768.49
07/27/2020	Bill Payment (Check)	1507	Joel Eidelson, MD		R	-22,500.33 -22,500.33
07/27/2020	Bill Payment (Check)	1508	Anthem Blue Cross			-1,631.03 -1,631.03
07/27/2020	Bill Payment (Check)	1509	BETA Healthcare Group			-2,089.09 -2,089.09
07/27/2020	Bill Payment (Check)	1510	Staples			-372.01 -372.01
07/27/2020	Bill Payment (Check)	ACH 7/27/20	Harvard M. Robbins, M.D.		R	-20,000.00 -20,000.00
07/29/2020	Bill Payment (Check)	1511	Calaveras County Water District			-2,817.36 -2,817.36
07/29/2020	Bill Payment (Check)	1512	Harvard M. Robbins, M.D.		R	-8,333.33 -8,333.33
07/29/2020	Bill Payment (Check)	1513	The Union Democrat			-735.50 -735.50
07/29/2020	Bill Payment (Check)	1514	AT&T 248 134-7000			-28.56 -28.56
07/29/2020	Bill Payment (Check)	1515	AT&T 457-7			-4.61 -4.61
07/29/2020	Bill Payment (Check)	1516	AT&T - 829-000-2774-632			-94.12 -94.12
07/29/2020	Bill Payment (Check)	1517	AT&T - 209-772-1005-735-7			-1,452.74 -1,452.74
07/29/2020	Bill Payment (Check)	1518	Kirk Stout			-398.00 -398.00
07/29/2020	Bill Payment (Check)	1519	AT&T 795-2997749			-63.13 -63.13
07/29/2020	Bill Payment (Check)	1520	Nathan Henry		R	-1,500.00 -1,500.00
07/29/2020	Bill Payment (Check)	1521	Your Type Graphic Design			-548.05 -548.05

Mark Twain Health Care District

CHECK DETAIL

July 2020

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	CLR	AMOUNT
07/29/2020	Bill Payment (Check)	1522	Blue Mountain Custom Fabrics			-3,753.75
						-3,753.75
07/29/2020	Bill Payment (Check)	1523	Calaveras Public Utility District			-170.40
						-170.40
07/29/2020	Bill Payment (Check)	1524	RJ Pro Innovative I.T. Services			-125.00
						-125.00
<hr/>						
1001.60	Five Star Bank - VSHWC Checking - NEW-1					
07/31/2020	Bill Payment (Check)	ACH	AthenaHealth		R	-3,183.53
						-3,183.53

Jul-20

\$	3,652.46	7083.13	Anthem Blue Cross	Health Benefits	\$ 3,652.46	7083.13 Group Health benefits
\$	390.78	7083.41	SPHINX MED TECH	Medical Supplies	\$ 390.78	7083.41 - OTHER MEDICAL CARE MATERIALS & SUPPLIES
		7083.43	STARBUCKS	GIFT CARDS		7083.43 - FOOD - CLINIC
		7083.43			\$ -	
		7083.46	LANGUAGE LINE, INC.	Translation line		7083.46 - OFFICE & ADMINISTRATIVE SUPPLIES - CLINIC
\$	21.89	7083.46	AMAZON			
\$	253.06	7083.46	AMAZON			
\$	125.49	7084.46	AMAZON			
\$	25.54	7083.46	AMAZON			
\$	208.65	7083.46	PictureFrames	Clinic Photo/Frame		
\$	50.00	7083.46	Dosimetry Badge	Radiology Monitoring Badges		
\$	524.00	7083.46	Henry Schein Technology			
		7083.46			\$ 1,208.63	
\$	145.00	7083.69	CALAVERAS MINI STORAGE	NO RECEIPT		7083-69 - OTHER PURCHASED SERVICES - CLINIC
\$	150.00	7083.69	MEDSTATIX	INV#27510		
\$	84.00	7083.69	HealthPartners Institute	Inv #137004		
\$	47.72	7083.69	ADA Website		\$ 426.72	
		7083.80				7083.80 - UTILITIES - CLINIC
		7083.80			\$ -	
		7083.85	MOTHERLODE ANSWERING SERVICE	INV#14530		7083.85 - TELEPHONE & COMMUNICATIONS - CLINIC
		7083.85			\$ -	
\$	165.00	7083.86	PROSCREENING	BACKGROUND/CREDENTIAL SEARCHES FOR CLINIC		7083.86- DUES & SUBSCRIPTIONS - CLINIC
		7083.86			\$ 165.00	
		7083.86				
		7083.86				
\$	25.00	7083.89			\$ 25.00	7083.89 - Clinic Recruiting
		8610.46	LOWE'S	Office Supplies	\$ -	8610.46 - OFFICE & ADMINISTRATIVE SUPPLIES - DISTRICT
		8610.46				
\$	150.00	8610.69	QUICKBOOKS	MONTHLY SUB	\$ 150.00	8610.69 - OTHER - IT SERVICES - DISTRICT
		8610.69				
		8610.80			\$ -	8610.80 - UTILITIES - DISTRICT
		8610.80				
		8610.85			\$ -	8610.85 - TELEPHONE & COMMUNICATIONS - DISTRICT
		8610.85				
\$	9.95	8610.86	CAL.NET	MONTHLY SUB	\$ 85.95	8610.86 - DUES & SUBSCRIPTIONS - DISTRICT
\$	76.00	8610.86	USPS	PO Box	\$ 85.95	8610.87 - OUTSIDE TRAINING - DISTRICT
		8610.87			\$ -	
		8610.87				
		8610.88			\$ -	8610.88 - TRAVEL - DISTRICT
		8610.88				
\$	6,104.54				\$ 6,104.54	



Virtual Mixer August 20th @ 5:30 pm

Join us as we hear from
Dr. Athwal & Gary Arvin from
Mark Twain Medical Center



Grab your favorite drink and
join us online for a virtual mixer!



7 N. Main St.
P.O. Box 1075
San Andreas CA, 95249

(209) 754-5400

Chamber@calaveras.org

