



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

**Meeting of the Board of Directors
Wed. Feb 26, 2020
9am
Mark Twain Medical Center Classroom 2
768 Mountain Ranch Rd,
San Andreas, CA**

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:**
- 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.

This Institution is an Equal Opportunity Provider and Employer

Agenda – Feb 26, 2020 MTHCD Board Meeting

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:

- Finance Committee Meeting Minutes for January 16, 2020
- Un-Approved Special Board Meeting Minutes for January 21, 2020

B. Correspondence:

- News Clip: Common Spirit Health co-CEO Kevin Lofton Retiring June 2020

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD):
 - ACHD Leadership Feb. 20-21 in Sacramento:
- Meetings with MTHCD CEO:

B. Ambulance Service Update:.....Mr. Archer

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

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

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

- Strategic Planning Workshop:
- Donation - MTHCD to MTMC Foundation:

F. MTMC Community Needs Assessment:.....Ms. Stevens

- https://www.dignityhealth.org/central-california/-/media/Service%20Areas/central-california/Documents/mark_twain_medical_center_2019-CHNA-FINAL%2010-2-19.ashx?la=en&hash=5F2DE31A5D204B9406718E029E063FA97029E123

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Agenda – Feb 26, 2020 MTHCD Board Meeting

G. Stay Vertical Calaveras:.....Mr. Shetzline

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

- Construcion Finance:
- Finance Strategy:
- VSHWC “Quality” Report:
- Pharmacy:
- 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. Draft List of Services 021220
2. Draft Initial Patient Contact and Medical Emergencies 021420
3. Draft Answering a Phone Call 021220
4. Draft Appointment Notification 021220
5. Draft Appointment Scheduling 021220
6. Draft Cleaning Duties 021420
7. Draft Communication with Persons w/ Limited English Proficiency 021220
8. Draft Expedited Partner Therapy for STDs 020120
9. Draft Follow Up Calls 021420
10. Draft Follow-up of Patients 021420
11. Draft Holter Monitor Testing
12. Draft List of Services 021220
13. Draft Medication Management Storage of Multi-Use Containers 020820
14. Draft Flat Rate Fee Program 021320
15. Draft New Employee Onboarding Policy 020820
16. Draft No Show 012820
17. Draft Patient with Urgent Complaint or Distress 021420
18. Draft Peer Review 021220
19. Draft Reference Resources 013020
20. Draft Registering Patient Complaints 021420
21. Draft Registration of Established Patient 021420
22. Draft Registration of New Patient 021420
23. Draft Statement of Ownership and Governance 021220
24. Draft Threatening or Hostile Patient 021420

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Agenda – Feb 26, 2020 MTHCD Board Meeting

I. Ad Hoc Real Estate: Ms. Al-Rafiq / Ms. Reed

- Update on Valley Springs Property - Phase II:

7. Committee Reports:

A. Finance Committee:.....Ms. Atkinson

- Financial Statements (Jan. 2020): Public Comment – **Action**.....Mr. Wood

B. Ad Hoc Policy Committee:Ms. Sellick / Ms. Atkinson

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

D. Ad Hoc Golden Health Community Grants Committee:Ms. Al-Rafiq / Ms. Sellick

8. Board Comment and Request for Future Agenda Items:

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

B. Community Connection:

9. Next Meeting:

A. The next meeting will be Wednesday March 25, 2020 starting at 9am.

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

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Agenda – Feb 26, 2020 MTHCD Board Meeting



P. O. Box 95
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Special Finance Committee Meeting
Mark Twain Medical Center Education Center – Classroom 5
768 Mountain Ranch Road
San Andreas, CA 95249
9:00 am
Thurs. January 16, 2020

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 Treasurer Susan Atkinson at 9:00am.

2. Roll Call:

Present for roll call was Ms. Atkinson, Ms. Toepel and Ms. Hack.

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

Ms. Toepel moved to approve the Agenda. Ms. Hack provided her second and the motion passed 3-0.

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

Hearing none.

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

A. Un-Approved Minutes:

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Minutes – Jan. 16, 2020 MTHCD Finance Committee Meeting

- Finance Committee Meeting Minutes for Dec. 11, 2019:

Ms. Hack moved to approve the Consent Agenda as discussed. Ms. Toepel provided her second and the motion passed 3-0.

6. Chief Executive Officer's Report:.....Dr. Smart

- Foundation Grant Request - \$300,000 for Copperopolis Clinic: Gift agreement was signed by the CEO and VP of Dignity; committee must take action to Board to move forward. Ms. Hack will investigate constant budgets. Dr. Smart will investigate the lease. The committee is seeking a matching donation from Dignity Health around March. No lease or budget yet.
- **Bank of Stockton Investment account:** Invested \$500,000 CD at Umpqua matured. Dr. Smart met with Dan Fargo at Bank of Stockton and want to move money to Bank of Stockton and compare to CalTrust account.
- USDA Construction Financing: Application #15; final of the original contract. Now at \$225k and \$600k on retain. Owe \$28k on generator, \$350k on new pharmacy, and \$15k on conference room; leaves about an \$80k balance. Will make payments to USDA in February and September which will include interest.

7. Accountant's Report: Public Comment **ActionMr. Wood**

- **Nov. & Dec. Financials Will Be Presented to The Committee:** Even though the District hasn't received the 1% minority interest amount for December. Dr. Smart: expects a \$270k loss from no Medi-Cal contract and will book it as "unreimbursed care-community benefit"

Ms. Hack moved to approve the Financial report. Ms. Toepel provided her second and the motion passed 3-0.

- **Investment & Reserve Accounts:**

Ms. Toepel moved to approve the Financial report. Ms. Hack provided her second and the motion passed 3-0.

- **2019 Audit:**

Ms. Hack moved to approve the Audit report. Ms. Toepel provided her second and the motion passed 3-0.

8. Treasurer's Report:.....Ms. Atkinson

- Reserve Account Allocations:
 This Institution is an Equal Opportunity Provider and Employer
 Minutes – Jan. 16, 2020 MTHCD Finance Committee Meeting

9. **Comments and Future Agenda Items:**

10. **Next Meeting:**

- Starting in Feb. and on-going the Finance Committee meeting will be held on the same day as the Board meeting starting at 7:30 am on Wed. Feb. 26, 2020.

11. **Adjournment:** Action

Ms. Toepel moved to adjourn the meeting. Ms. Hack provided her second and the meeting was adjourned at 10:23am.

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Minutes – Jan. 16, 2020 MTHCD Finance Committee Meeting



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**Special Meeting of the Board of Directors
Tues. Jan 21, 2020
9am
Mark Twain Medical Center Classroom 2
768 Mountain Ranch Rd,
San Andreas, CA**

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 Secretary, Debbie Sellick at 9:02am.

2. Roll Call:

Present for roll call was Susan Atkinson, MSW; Debbie Sellick CMP and Talibah Al-Rafiq. Kathy Toepel were absent and excused. Lin Reed, MBA OTR/L was absent.

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

Dr. Smart: There will not be a report on Stay Vertical Calaveras. (Item 6.G.)

Public Comment: Hearing None.

Ms. Atkinson moved to approve the agenda as amended. Ms. Al-Rafiq provided her second and the motion passed 3-0.

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

Hearing None:

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Minutes – Jan. 21, 2020 Special MTHCD Board Meeting

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for Dec. 11, 2019
- Un-Approved Special Board Meeting Minutes for Dec. 4, 2019
- Un-Approved Special Board Meeting Minutes for Dec.18, 2019

B. Correspondence:

- Common Ground - Grant Report (12-31-2019)

Public Comment: Hearing None.

Ms. Al-Rafiq moved to approve the Consent Agenda. Ms. Atkinson provided her second and the motion passed 3-0.

6. MTHCD Reports:

A. President's Report:

Ms. Reed: Wasn't available to give a report.

B. MTMC Community Board Report:

Ms. Al-Rafiq: Dr. John Krpan will be joining the MTMC staff as the Medical Director overseeing the clinics as well as seeing patients; grand opening for the James Dalton Medical Center in Angels Camp will be Feb. 19th at 8:30am; due to excessive costs to upgrade the facility the Dignity Clinic in Valley Springs will close effective April 15th.

C. MTMC Board of Directors.

Ms. Reed: Wasn't available to give a report.

D. Chief Executive Officer's Report:

Dr. Smart: Suggested the Board take advantage of the CSDA Education Opportunities; forward suggestions to him to include in the planning of the spring strategic planning workshop.

- **Donation - MTHCD to MTMC Foundation:**

Dr. Smart: Items still needed to move forward with a donation to relocate the Copper Clinic to the Copper Square are tenant lease and the construction budget. A non-binding letter of intent will be prepared.

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Minutes – Jan. 21, 2020 Special MTHCD Board Meeting

E. Valley Springs Health & Wellness Center:

Dr. Smart: Explained the latest USDA Form 271 and the VSHWC Quality Report (12-31- 2019):

Ms. A-Rafiq: Would like to see the Quality Report include days worked per month.

- 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. Draft Medical Staff Composition 12-26-2019
2. Draft Infection Control Overview 12-26-19
3. Draft Registering Patient Complaints 12-26-19
4. Draft Sterile Supplies and Instruments 12-26-19
5. Draft Policy Development and Review 12-26-19
6. Draft Waived Testing Influenza A and B 12-27-19
7. Draft Waived Testing CoaguChek XS PT
8. Draft Waived Testing Hemoglobin A1C 12-27-2019

Changes to policies as follows:

Policy 1. (pkt. pkg. 26) Medical Staff Composition - Procedure 3 section A - strike OB/GYN

Policy 2. (pkt. pkg. 32) Sterile Supplies and Instruments - Procedure 1 - change "store" to "stored"

Policy 3. (pkt. pkg. 34) Policy Development and Review - Procedure 5 - change "quarterly" to "monthly".

Dr. Smart: The new ruling from Medicare (CMS) - policies only need to be reviewed every two years instead of the prior requirement of annually.

Public Comment: Hearing None.

Ms. Atkinson moved to approve the policies as amended. Ms. Al-Rafiq provided her second and the motion passed 3-0.

F. Ad Hoc Real Estate:

Dr. Smart: The Community Health Needs Assessment will determine moving forward with the remaining Valley Springs Property i.e.: Phase II: Ms. Stevens will be invited to attend the Feb. Board meeting to discuss the Community Health Needs Assessment adopted by the MTMC Community Board in Sept 2019. In addition, the topic will be discussed at the District's spring strategic plan meeting.

G. Stay Vertical Calaveras:

Mr. Shetzline was not available to give a report.

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Minutes – Jan. 21, 2020 Special MTHCD Board Meeting

7. Committee Reports:

A. Finance Committee:

- **Annual Audit:** Public Comment – Action

Mr. Jackson: Outlined the June 30, 2019 Audit report (pkt. pg. 42-60) drawing attention to (pkt. pg. 49) indicating a clean opinion.

Mr. Jackson: Offered assistance with the rate setting for VSHWC Clinic. A meeting will be set to include the treasurer, staff, himself and Kelly Hohenbrink.

Public Comment: Hearing None.

Ms. Al-Rafiq moved to approve the June 30, 2019 Audit Report prepared by JWT & Associates, LLP. Ms. Atkinson provided her second and the motion passed 3-0.

- **Financial Statements (Nov. & Dec. 2019):** Public Comment – Action

Mr. Wood: Once the Clinic receives a Medi-Cal number it will be able to bill for services. He will add a line-item reflecting the investments at Bank of Stockton and is glad to see the District bank locally. He's satisfied that the District's investments are well diversified.

Public Comment: Hearing None.

Ms. Al-Rafiq moved to approve the Nov. 2019 Financials including the investment report (pkt. pg. 66). Ms. Atkinson provided her second and the motion passed 3-0.

Ms. Al-Rafiq moved to approve the Dec. 2019 Financials including the investment report (pkt. pg. 89). Ms. Atkinson provided her second and the motion passed 3-0.

C. Ad Hoc Policy Committee:

- **Resolution 2020-01 Change in Board Policies:** Public Comment - Action
 - Policies 19, 20, 21, & 24 Were Presented for 30-day review on 12-18-2019
Action:
 - Policy 19 – Public Record Request: Public Comment:
 - Policy 20 – Records Retention: Public Comment:
 - Policy 21 – Amendments to Policies, Procedures & Waiver of Policies: Public Comment: Action
 - Policy 24 – Website Content & Social Media: Public Comment:

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Minutes – Jan. 21, 2020 Special MTHCD Board Meeting

Public Comment: Hearing None.

Ms. Atkinson moved to approve **Resolution 2020-01**. Ms. Al-Rafiq provided her second and the motion passed 3-0.

D. Personnel Committee:

Nothing new to report.

E. Golden Health Community Grants Committee:

Ms. Al-Rafiq: The Committee will meet on Feb. 4th. Information and ads will be forthcoming.

8. Board Comment and Request for Future Agenda Items:

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

The Board wished Dr. Smart a happy birthday (today) in addition to announcing he will be honored at the Calaveras Chamber of Commerce's Annual Award Dinner Jan. 31, 2020 at Ironstone for his achievement and efforts in progressing business, supporting the overall economy of Calaveras County as well as succeeding in setting a great example of community involvement through service and dedication. Congratulations Dr. Smart!

B. Community Connection:

Dr. Smart: Reported the benefits of attending the On the Right Track at Bret Harte High School – April 20 and Calaveras High School – April 24th.

Staff: Ms. Reed, Ms. Al-Rafiq and Ms. Toepel plan to attend the ACHD Leadership Feb. 20-21 in Sacramento:

9. Next Meeting:

A. The next meeting will be Wednesday Feb. 26, 2020. Please note new meeting time of 9am.

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

Public Comment: Hearing None.

Ms. Atkinson moved to adjourn the meeting at 10:36am. Ms. Al-Rafiq provided her second and the motion passed 3-0.

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Minutes – Jan. 21, 2020 Special MTHCD Board Meeting

CommonSpirit Health co-CEO Kevin Lofton will retire in June

BY CATHIE ANDERSON
canderson@sacbee.com

The parent company of Dignity Health, CommonSpirit Health, announced this week that one of its co-chief executive officers will retire from the health care system June 30.

Kevin E. Lofton was the CEO at Catholic Health Initiatives when the Denver-based company announced a merger with Dignity in 2017. The two companies officially merged in February 2019. This summer, Lofton will leave the reins of CommonSpirit to his co-CEO, Lloyd Dean, who was the longtime CEO of Dignity prior to the merger.

Tessie Guillermo, chair of the CommonSpirit board of directors, described Lofton, 65, as an exceptionally accomplished and influential leader in the health care industry. The board decided to give him the honorary title CEO emeritus of CommonSpirit Health to recognize his lasting imprint on the organization and health care in general.

"We have been lucky to be on this journey under the leadership and expertise of both Kevin and Lloyd as they worked side-by-side in the office of the CEO," Guillermo said.

Under Lofton's lead-

ership, Catholic Health Initiatives expanded beyond being a \$6 billion hospital company to become a diversified \$15.5 billion health care operation that operated in 18 states. In addition to hospitals, CHI operated outpatient clinics and surgery centers, accredited nursing colleges, home-care service agencies, long-term care facilities, and 11 clinically integrated networks focused on improving care while also reducing costs.

As chairman of the American Hospital Association's board of trustees, Lofton was a leading voice in the organization's Equity of Care initiative that addressed disparities in health care for ethnic and racial minorities, according to CHI.

Lofton became CEO of Catholic Health Initiatives in 2003. According to the news release, he chose to make the announcement now as Chicago-based CommonSpirit approaches its one-year anniversary because it has a strong foundation, a clear mission and strategy, and talented leadership.

Dean said: "It has been an honor to share the creation of CommonSpirit Health with Kevin, and there is no question that all of us have appreciated the gifts that he brought forward."

Cathie Anderson:
916-321-1193,
@CathieA_SacBee



Lloyd Dean



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

ACHD Advocate

February 2020

In This American Heart Month Special Edition:

- From the Desk of Ken Cohen, CEO
- Important Information
- Legislative Update
- Upcoming Events



From the Desk of Ken Cohen, CEO

Happy Heart Month! This is a great opportunity to empower our communities on their journey to better heart health.

We are looking forward to the ACHD Leadership Academy and hope to see you there. Whether you're a new District Trustee or a seasoned Executive, you'll discover the right insight to support your District's. [Click here to register.](#)

ACHD is proud to share the growing success of the 2020 Corporate Sponsorship Program. Created in 2019, the [ACHD Corporate Sponsorship Program](#) helps fund the products and services ACHD provides the Membership. In January we welcomed [Huron](#) Consulting as a Gold Corporate Sponsor and [Chandler Asset Management](#) as a Bronze Corporate Sponsor!

I have had the opportunity to work with [Huron](#) throughout my career and what excites me the most about their Corporate Sponsorship is their acute understanding of our mission and needs of our diverse Membership. They are a global consultancy with vast experience partnering with public healthcare providers to drive strategic growth, ignite innovation and fulfill community missions. [Chandler Asset Management](#) is a 100% employee-owned firm of experienced financial professionals deeply committed to their clients, managing over \$19.5 billion in assets and we are very excited to work with them. Please join me in welcoming these two new ACHD Corporate Sponsors.

Finally, this is your last chance to weigh in on educational changes ACHD is embarking on. Please [provide your feedback here](#) about your preferences for ACHD Regional Education events. In addition, [please take this survey](#) regarding our new 2021 Annual Meeting and Leadership Academy merger.

Important Information

The Office of Statewide Health Planning and Development (OSHPD) Health Workforce Division's workforce development programs:

Applications have opened for the various grants and scholarship programs to increase the number of primary care healthcare providers in undeserved areas, include the [Song Brown Grant Program](#). Learn more about the loan repayment, scholarships and grants [available to your District and apply here](#).

The Beverlee A. Myers Award for Excellence in Public Health Award:

The California Department of Public Health (CDPH) is seeking nominations for individuals who have exhibited outstanding leadership and accomplishments in public health in CA. Nomination letters must be received by March 2, 2020 to michael.marks@cdph.ca.gov. Learn about how to [submit a nomination here](#).

Award recipients will be recognized at a special awards ceremony in Sacramento, as a part of National Public Health Week.

Telehealth Billing Guide:

The Center for Connected Health Policy has released a telehealth billing guide to aid in the complex nature of billing for telehealth services. You can [access this guide here](#).

Legislative Update

Governor Newsom recently announced Brad Gilbert, M.D. as the new Director of the Department of Health Care Services (DHCS). Dr. Gilbert most recently served as CEO at Inland Empire Health Plan, with a tenured background in public health.

With the Legislature back and in full swing, ACHD's Advocacy Team has been hard at work representing Healthcare Districts in the Capitol.

[AB 890 \(Wood\): Nurse Practitioners](#)

AB 890, which was held in the Assembly Appropriations Committee last year, moved out of that Committee with amendments on January 23. In a 61-1 vote, [AB 890 passed off the Assembly Floor](#) ahead of the January 31 deadline, and is headed to the Senate Business & Professions Committee where ACHD will continue to work on advancing the bill.


We are still requesting letters of support on behalf of your District. Read ACHD's letter of support [here](#), and use [this sample letter](#) to easily submit your position of support. Find your District's representative [here](#). Email your completed letters to sarah.bridge@achd.org to submit on your behalf.

The Legislature has until February 21 to introduce new bills. We are analyzing bills as they are introduced and will be adopting official positions on measures following the deadline. For updates on pressing legislation, be sure to continue following us in the monthly Advocate and in the weekly HBE publication.

Upcoming Events



SPECIAL HEART MONTH WEBINAR
PRESENTED BY:

 LIZ LAZAR-JOHNSON Executive Director, Via Heart Project	 CHERYL FAMA CEO, Peninsula Health Care District	 PAMELA KURTZMAN CEO, Sequoia Healthcare District
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Webinar: How Two Healthcare Districts Made Their Schools and Community a Heart Safe Place with the Via Heart Project.
February 25, 2020 at 10 AM

Learn more about how Healthcare Districts can become Heart Safe Communities, with a focus on treatment and prevention of cardiac arrest. Join two leaders of Heart Safe Communities; Pamela Kurtzman and Cheryl Fama, along with Liz Lazar-Johnson of the Via Heart Project for our February webinar!

ACHD Member Price: Free
Non-Member Price: \$90

[Register Here](#)

LEADERSHIP ACADEMY
FEBRUARY 20-21, 2020
EMBASSY SUITES
SACRAMENTO



Registration Closing Soon - 2020 Leadership Academy!

[Register Here](#)

Should your District have any questions about registering for webinars and events with ACHD's new registration system please feel free to email [Marina Servantez](mailto:Marina.Servantez@achd.org).

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.

Association of California Healthcare Districts
www.achd.org





**MARK TWAIN
HEALTH CARE DISTRICT**

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

LETTER OF INTENT TO DONATE

Date: 2 | 10 | 2020

RE: Donation to Qualified Organization

This donation letter of intent (the "Letter of Intent") represents the basic terms for an agreement that shall be considered non-binding. After this Letter of Intent has been made, a formal gift agreement to the benefit of the Parties involved will be signed and executed.

I. The Donor: Mark Twain Healthcare District (the "Donor").

II. The Donee: Mark Twain Medical Center Foundation (the "Donee").

III. The Donation:

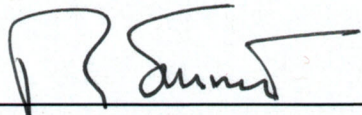
One-time Monetary Donation: The Donor wishes to make a one-time monetary donation to the Donee in the amount of \$300,000.

IV. Donation Designation: The above-described donation should be used for the following purpose(s): Tenant improvement and medical technologies to benefit the residents of Copperopolis and surrounding areas.

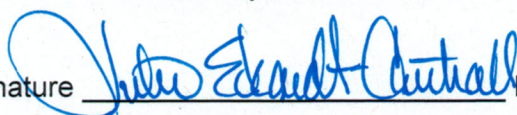
V. Organization Type: The Donee is an organization that is:

Classified as a 501(c)(3) non-profit organization by the standards of the Internal Revenue Service (IRS). Therefore, the donation may be tax-deductible to the extent allowed by law. The Donee's tax identification number is 68-0023507.

VI. Acceptance:

Donor's Signature  Date 2 | 10 | 2020

Print Name Randy Smart

Donee's Signature  Date 2 | 15 | 2020

Print Name Julie Eckardt-Contrall

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".

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

POLICY: List of Services	REVIEWED: 11/9/18; 2/12/20
SECTION: Civil Rights	REVISED: 2/12/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: List of Services

Objective: The Clinic is an outpatient service. The clinic is designated and licensed as rural health clinics, offering a variety of patient services.

Response Rating:

Required Equipment:

Procedure

Practice includes:

Internal Medicine (including EKG and Holter Monitor)

Gynecology (non-surgical)

Pediatrics

Geriatrics

Well Baby Visits

Well Child Visits

Immunizations

Minor Surgery

Primary Dental

Certified Diabetic Education/Nutrition Counseling

Licensed Marriage Family Therapist

Specialty Services available by referral:

Cardiology

Obstetrics
Gastroenterology
Pulmonology
Dermatology
Neurology
Internal Medicine
Surgery
Ophthalmology
Psycho-social
Chiropractic
ENT
Allergy
Dental
Endocrinology

Telemedicine:

As needed, and when available, the Clinic will provide telemedicine services using secure connections and approved practitioners, including but not limited to:

Dermatology
Mental Health Services
Pulmonology

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

POLICY: Initial Patient Contact And Medical Emergencies	REVIEWED: 2/1/19; 2/14/20
SECTION: Patient Care	REVISED: 2/14/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Medical Emergency Routine

Policy: Patients will be acknowledged upon arrival at the Clinic and will be interviewed to determine their reason for coming to the Clinic. Patients with a need for immediate care will be prioritized and seen before other patients, regardless of their order of arrival.

Objectives: To provide medical care according to immediate need.

Response Rating: Severe

Required Equipment: This will vary according to patient condition.

Applies to: All Personnel and Practitioners

Policy:

1. If a patient presents with symptoms that may require **immediate care**, the nurse and/or a provider will be called to the front to assess the patient's condition immediately.
2. Some of the conditions that require immediate attention include chest pain, shortness of breath, trauma, dizziness, altered thinking, bleeding, active labor, and severe pain.
3. If an emergency condition arises the following protocol will be followed:
 - a. Obtain the patient's vital signs and a brief history.
 - b. Notify the physician of the patient's condition.
 - c. If the physician feels there is an emergency situation an EMS squad is to be called immediately. Dial 911.
 - d. If the patient is unstable or unconscious, bring the emergency medication kit and automatic defibrillator to the patient bedside.
 - e. Transfer form will be signed by patient or friend/family member who is with patient if patient is

unable to sign.

- f. Copies of all test results and medical records are to be copied and sent with the patient if transferred.
- g. The receiving hospital will be notified of the transport and the physician will advise the receiving physician.

REVISED

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

POLICY: Answering A Phone Call	REVIEWED: 1/2/19; 2/12/20
SECTION: Operations	REVISED: 2/12/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Answering a phone call

Objective: To provide prompt, excellent customer service

Response Rating:

Required Equipment:

Procedure:

1. All staff members will answer the telephone in the same, approved manner.
2. Answer by stating, "Valley Springs Health and Wellness Center, this is (your name). How may I help you?"
3. Calls should be answered immediately, before the third ring.
4. Answer the caller's questions courteously. Give accurate answers. If you are unsure of the correct answer, place the caller on hold and seek assistance.
5. If you must place a caller on hold, ask permission to do so ("May I place you on hold for a moment please?"). Wait for the caller's response before placing them on hold. If there is an extended wait for the caller, go back on the line to inform them that they haven't been forgotten and that you continue to work on this issue. Offer the patient the opportunity to leave their number so you can complete your research and return their call.
6. If the person the caller is attempting to reach is unavailable, ask if you may take a message or if they would prefer to be transferred to voice mail (where voice mail is available [Clinic Manager, Billing Department]). If the patient's issue is urgent, contact the Supervisor on duty to assist the caller.
 - a. If the caller is a patient, enter the telephone message in the EMR and forward the message to the appropriate medical practitioner.
7. When transferring a call, advise the patient to whom they are being transferred prior to taking that action.

8. When answering your telephone extension, answer “This is (your name). How may I help you?”

REVISED

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

POLICY: Appointment Notification	REVIEWED: 11/12/18; 2/12/20
SECTION: Admitting	REVISED: 2/12/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Appointment Notification

Objective: Clinic EMR will automatically contact all patients who have a scheduled appointment at least 24 hours prior to the appointment day/time and remind those patients of their scheduled appointment in an effort to reduce no shows, improve communication with the patient, and to most accurately predict the next day's schedule.

Response Rating:

Required Equipment:

Procedure

1. Each day, Clinic EMR will contact patients with scheduled appointments to provide a reminder of that appointment.
2. Patients will be asked to confirm that the time and date of the scheduled appointment are still convenient for them. In the event the patient would like to reschedule the appointment, they will be prompted to do so during the reminder call.
3. In the event an appointment is canceled, that appointment will be made available for other patients who may need to see the physician or mid-level practitioner.

The practitioner will be notified if the patient has canceled and not rescheduled the appointment, so that appropriate follow-up contact with the patient may be initiated.

4. Notations will be made in the EMR documenting when contact has been made. The documentation can be reviewed by generating reports from the EMR Communicator functions.

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

POLICY: Appointment Scheduling	REVIEWED: 11/12/18; 2/12/20
SECTION: Admitting	REVISED: 2/12/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Appointment Scheduling

Objective: Patient appointments will be scheduled in an effort to manage/decrease patient waiting time, increase patient satisfaction, and manage clinic workflow.

Response Rating:

Required Equipment: EHR

Procedure:

1. Patients will be encouraged to schedule appointments in order to decrease wait time and improve workflow in the Clinic.
2. Patients will be scheduled in 20-minute intervals, unless otherwise indicated by the practitioner, the visit type, or the patient's acuity.
3. When scheduling an appointment, staff will confirm the patient's address and telephone number as it is recorded in the scheduling system and remind the patient that any co-payment required will be due.
4. If the patient has not been seen in the Clinic previously, staff will capture all patient demographic information, if time permits.
5. New patients will be asked to arrive at the Clinic before their scheduled appointment time, so that their demographic record and signed new patient documents may be entered into the system.
 - a. Patients who will bring completed paperwork with them should be asked to arrive 15 minutes before their scheduled appointment time.
 - b. Patients who will not bring completed paperwork with them should be asked to arrive 30 minutes before their scheduled appointment time.
6. Patients will be pre-registered the day before their appointment.

7. Patients that arrive late for their appointment (10 minutes or more) will be treated as walk-in patients and will be seen as patient volume allows. Patients will be advised of this change from scheduled to walk-in status upon their arrival at the Clinic.

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

POLICY: Cleaning Duties	REVIEWED: 3/1/19; 2/14/20
SECTION: Infection Control	REVISED: 2/14/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Cleaning Duties

Objectives: To limit the spread of nosocomial infections by maintaining a hygienic, sanitized environment.

Acuity Rating: Mandatory

Required Equipment: Germicidal solutions, general cleaning supplies, gloves.

Applies to: All Personnel

Procedure

1. All surfaces will be cleaned with an approved germicidal solution on a daily basis.
2. Exam tables will be covered with disposable paper covers and cleaned between patients with an approved germicidal solution.
3. All exam tables will be wiped with approved sanitizing wipe or spray at the end of the shift. This includes the underside of the table.
4. Blood or body fluids spilled will be cleaned up immediately by staff using an approved spill kit.
5. Sinks and door knobs will be cleaned in each examination room, between each patient encounter.
6. Thorough cleaning by a janitorial service will be performed 6 days per week after business hours.

Daily Cleaning

- a. Exam tables, chairs, wheelchairs, and gurneys will be wiped by staff with an approved germicidal wipe after each use.
- b. Clinic supplied toys for patients and guests will be stored in the receptionist work area, offered to patients, then wiped with an approved germicidal wipe after each use and returned to the designated storage area.
- c. Spot cleaning of floors and walls is done as needed, using approved products only
- d. Front counters and patient chairs and tables will be wiped as needed using sanitizing wipes and/or sprays. (Frequently during infectious disease outbreaks ie: flu/viral infections.)
- e. Equipment contaminated with body fluids will be cleaned immediately.
- f. Waiting room, and restrooms will be monitored throughout the shift and shall be kept free of debris and remain in clean status.

Unscheduled non-hazardous spills, non-biohazardous spills, and/or visibly soiled floors

- a. The spill area may be visibly cleaned with a dry or wet mop utilizing an approved product.
- b. In no circumstance is the dry or wet mop to replace the current approved disinfectant product for hazardous or biohazard waste.

Weekly Cleaning

- a. IV stands, vital monitors, cardiac monitors, laboratory equipment, and all medical equipment will be cleaned per manufactures' instructions using approved germicidal and sanitizing products.
- b. Laboratory, exam room, triage, front office, and nursing station counters will be cleaned and free of supplies, papers, notes and etc. and will be dusted behind and around computer equipment.
- c. Medication dispensing machine will be wiped down.
- d. Door handles will be wiped.
- e. Trashcan surfaces will be wiped down.

Monthly Duties

- a. All walls, ceilings, lights, vents, windows and doors will be cleaned. Monthly cleaning will be performed by the janitorial service.

Communication with Janitorial Service

A communication log for the janitorial service will be kept at the front desk. Any concerns or non-urgent task that needs to be addressed will be written in the Housekeeping Communication Log. Any issues with the janitorial service will be addressed with the clinical administrator.

Hazardous Conditions/ Broken Equipment/Building Damage

- a. Conditions that have a potential to cause harm/injury to patients and/or staff are to be reported to the Clinic Manager or District Chief Executive Officer immediately. A maintenance form will be completed and faxed following telephonic notification of the hazard.
- b. Areas affected by hazardous conditions will be taken out of service and marked as restricted from use.
- c. Equipment which is broken or functioning outside of approved parameters will be removed from service and marked DO NOT USE, SERVICE/REPLACEMENT PENDING.
- d. Where hazardous conditions, broken equipment, and/or building damage put patients and/or personnel at risk, the Clinical Director, District Executive Director and/or the District Board of Trustees may make the decision to close the clinic to use until the hazardous conditions, damage, etc. are resolved.

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

POLICY: Communication with Persons with Limited English Proficiency	REVIEWED: 11/9/18; 2/12/20
SECTION: Civil Rights	REVISED: 2/12/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Communication with Persons with Limited English Proficiency

Objective: The Clinic will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of The Clinic is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, Language Line Solutions providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

The Clinic will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

Response Rating:

Required Equipment:

Procedure

1. Identifying Limited English Proficiency (LEP) Persons

The Clinic will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

2. Obtaining a Qualified Interpreter

Clinic Manager, (209) 772-7070 is responsible for:

- a. Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff and/or the contact information of the 24-hour interpreter service (provide the list);
- b. Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;
- c. Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language. The Clinic has made arrangements with Language Line Solutions to provide qualified interpreter services. Language Line Solutions is available 24 hours a day, 365 days a year. Language Line Solutions contact and access information can be found on the Emergency Contacts list found at all phones in the Clinic.
- d. Where the patient's insurance carrier provides a language line for the patient's use, Clinic staff will access the insurance provider's offered service to the patient.
- e. Where the patient requires a sign language interpreter, Clinic staff will contact the patient's insurance carrier to determine what resources are made available to the insured and will schedule those resources as needed. It is understood that a patient accessing same day care does not allow the Clinic to schedule a sign language interpreter through their insurance carrier as there is no lead time to obtain the assistance. When this occurs, the Clinic will contact Language Line Solutions and utilize their video conferencing technology to access an American Sign Language interpreter.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that 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 LEP 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 to the LEP person.

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

3. Providing Written Translations

- a. When translation of vital documents is needed, The Clinic will submit documents for translation into frequently-encountered languages to Language Line Solutions. See the Emergency Contacts list located at each telephone for contact and access information. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.

- b. Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.
- c. The Clinic will set benchmarks for translation of vital documents into additional languages over time.

4. Providing Notice to LEP Persons

The Clinic will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to the waiting room and treatment rooms. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspaper advertisements.

5. Monitoring Language Needs and Implementation

On an ongoing basis, the Clinic will assess changes in demographics, types of services, or other needs that may require reevaluation of this policy and its procedures. In addition, the Clinic will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations.

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

POLICY: Expedited Partner Therapy for STDs	REVIEWED: 2/1/20
SECTION: Patient Care	REVISED:
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Expedited Partner Therapy for Sexually Transmitted Diseases

Objective: The Clinic will provide Expedited Partner Therapy (EPT) in the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner *without the health care provider first examining the partner.*

Response Rating:

Required Equipment:

Procedure:

1. Clinic patients will be screened for sexually transmitted diseases.
 - a. Yearly at physical examinations
 - b. During the course of well woman examinations for patients above the age of 21
 - c. Earlier than age 21 for patients that participate in risky behavior
 - d. More frequently than once a year for patients that participate in risky behavior
 - e. Upon patient presentation to the Clinic with symptoms consistent with recognized sexually transmitted diseases.
2. EPT is authorized for chlamydia, gonorrhea or other sexually transmitted infections as determined by the California Department of Public Health (CDPH).
3. Treatment may be conducted by physicians, nurse practitioners, certified nurse midwives and physician assistants.

Reference:

California Health & Safety Code § 120582.

<https://www.cdc.gov/std/ept/default.html> (referenced 1/11/19)

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

POLICY: Follow Up Calls	REVIEWED: 2/1/19; 2/14/20
SECTION: Patient Care	REVISED: 2/14/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Follow Up Calls

Objectives: To check progress of patient’s condition; to obtain feedback regarding effectiveness of medication and treatments; to document the patient’s understanding of diagnosis and instructions; to review laboratory results.

Policy: After discharge from the Clinic, patients will be contacted to determine their health status, effectiveness of medications and treatments rendered during their Clinic visit, their understanding of diagnosis and aftercare instructions, as well as to disclose the results of laboratory testing sent out from the Clinic as directed by the practitioner.

Response Rating: Mandatory

Required Equipment: Telephone, EMR, Daily Log Sheet

Applies to: All Personnel

Procedure:

1. All acutely ill or injured patients will be called by Clinic staff two days following their visit unless otherwise specified by the practitioner. This call is to inquire as to how the patient is feeling and complying with doctor’s orders. It is also a time for the patient and family to ask questions. This communication is to be documented on a Follow-Up Call Form.
2. If unable to complete call, 2 more attempts will be made at spaced intervals. It is acceptable to leave a message on patient’s answering machine stating, “This is (insert name) from the Clinic leaving a message for (insert patient name). Please contact the Clinic at 209-772-7070 at your soonest convenience.” If a third attempt to reach patient fails, document same on the Follow Up Form.
3. Patient’s that are having difficulties, are not improving, or whose condition is worsening will be discussed with the practitioner on duty by the nurse/medical assistant. The nurse/medical assistant will record the physician order for follow up and notify the patient of any necessary action to be taken.
4. Follow up call forms will be documented in a patient case in the EMR.

5. Before conveying results/information over the phone, staff will request two identifiers from the party with whom they are speaking, to confirm they are communicating with the correct person and to protect the patient's privacy. The patient's name and date of birth are acceptable patient identifiers. Alternate identifiers are the patient's driver's license number or the last four digits of their social security number.
6. Patients with positive STD results will be contacted to schedule a follow-up appointment for the disclosure and discussion of positive results.
7. The following is a list of conditions that require a call back:
 - a. ALL transfers. (by ambulance and/or private car)
 - b. All hospital discharges
 - c. All admissions to hospice
 - d. All admissions to home health
 - e. Addition of insulin to patient's medication regimen
 - f. Discretion of the practitioner
8. Clinical staff may be assigned patient call-backs on a random basis.
9. Generally speaking, the following three methods of completing follow-up calls for results are acceptable:
 - a. Practitioner call to patient: typically utilized when the patient's acuity warrants direct communication with the provider AND/OR unexpected positive results must be discussed.
 - b. RN/LVN call to patient: typically utilized when the patient was advised by the practitioner that positive results were expected. RN/LVN may answer patient questions consistent with guidance from the practitioner's orders/notes.
 - c. MA call to patient: typically utilized when the patient's results are negative and no further actions are required beyond the scheduling of a follow-up encounter.

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

POLICY: Follow-Up Of Patients	REVIEWED: 2/1/19; 2/14/20
SECTION: Patient Care	REVISED: 2/14/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Follow-up of patients subsequent to care rendered in the Clinic

Objective: Patients seen shall be followed up with in a reasonable time.

Response Rating:

Required Equipment:

Procedure

1. If deemed necessary by the practitioner, persons receiving antibiotics will be given a return appointment when initially seen. Return visit will occur at the end of the course of antibiotic treatment.
2. Patients who are given antibiotics while febrile or vomiting shall be directed by the practitioner to return and be seen if not improving. Return visit may occur every 48-72 hours if clinically determined close follow up of the infection is required and then again at end of the ten days
3. During the office visit, the practitioner shall instruct the patient regarding when to return for routine follow-up or to return if not improving. Patient advised to return to Clinic ASAP or go to the ER if at any time the infection becomes worse, new symptoms, (fever, chills nausea, vomiting, headache or increased pain, redness swelling /red streaks around the wound).
4. Results and reports (laboratory, including pap smears, and x-ray) will be available to the practitioner via the EMR Clinic Inbox and the patient notified of the abnormal results and the need for further treatment, if indicated. This communication shall be documented in the patient's EMR.
5. Referrals and appointments made with other providers are to be followed up with a review of the written consultation report and, as required, a telephone call to the patient to discuss the results and to determine if further treatment is necessary.
6. Persons who fail to keep scheduled follow-up appointments shall have their charts documented NO SHOW for that day and a NO SHOW call placed to the phone number of record provided by the patient. Should the patient fail to respond to the initial "NO SHOW" contact, at minimum two additional

contacts will be attempted, by phone. Each attempt at contacting the patient will be documented in the EMR and will be available through the report aggregation process for review and confirmation.

REVISED

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

POLICY: Holter Monitor Testing	REVIEWED: 02/10/2020
SECTION: Patient Care	REVISED:
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Holter Monitoring, 24 Hr. (Outpatient)

Objective: For Advanced (24 Hour) Outpatient monitoring of patient heart rhythms

Response Rating: Mandatory

Indications: Continuous Non-activated Recorder (e.g. Holter Monitor): 24- to 48-hour continuous external unattended cardiac monitoring device is considered medically necessary as a diagnostic tool to evaluate symptoms suggestive of cardiac arrhythmias.

Required Equipment: A Holter monitor with case and strap, a Holter monitoring kit which includes: Holter electrodes (5), Battery AAA (1), Patient Diary, Alcohol pad, Skin Prep Scrub, pencil, Gauze pad, access to Vision Express Software Program and a razor, if needed, Patient Acknowledgement Form, Holter Monitor Test Patient Guide.

Procedure:

1. Upon receipt of a signed Provider order, Staff will:
 - a. Provide the patient with a copy of the Holter Monitor Test Patient Guide and Holter Monitor Patient Acknowledgement Form.
 - b. The patient will review and sign the Holter Monitor Patient Acknowledgement Form and staff will scan the completed form into the EMR.
 - c. The staff will schedule a follow-up nurse visit appointment for the patient to return for removal of the device after the ordered test duration is complete.
 - d. The staff member will initiate placement of the Holter monitor on the same day of the order by:
 - Preparing the Holter for a new patient test
 - Preparing the patient and placing the electrodes and monitor per protocol.
 - e. The staff will verify the patient has a complete understanding of the test and instructions.

2. When patient returns for the follow-up nurse visit:
 - a. Staff will remove the Holter monitor from the patient.
 - b. Staff will verify the unit has been returned in good working condition and signed off on the Patient Acknowledgement Form.

- c. Staff will disinfect the Holter unit.
 - d. Staff will collect the patient diary for Provider review.
 - e. Staff will download the Holter information to the software per protocol.
 - f. Staff will document as needed in the EMR.
 - g. If patient reports having no incidents during the monitoring period, it is possible, at the Provider's discretion to place an order to extend the Holter monitoring period to 48 hours. In this event, staff will verify electrode placement security.
3. It is understood that placement of the Holter monitor on a day the patient has been examined by the ordering Provider is preferred.
 4. Charges will be entered upon placement of the Holter monitor, but the claim will be held until the device is returned by the patient.

DRAFT

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

POLICY: List of Services	REVIEWED: 11/9/18; 2/12/20
SECTION: Civil Rights	REVISED: 2/12/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: List of Services

Objective: The Clinic is an outpatient service. The clinic is designated and licensed as rural health clinics, offering a variety of patient services.

Response Rating:

Required Equipment:

Procedure

Practice includes:

Internal Medicine (including EKG and Holter Monitor)

Gynecology

Pediatrics

Geriatrics

Well Baby Visits

Well Child Visits

Immunizations

Minor Surgery

Primary Dental

Certified Diabetic Education/Nutrition Counseling

Licensed Marriage Family Therapist

Specialty Services available by referral:

Cardiology

Obstetrics
Gastroenterology
Pulmonology
Dermatology
Neurology
Internal Medicine
Surgery
Ophthalmology
Psycho-social
Chiropractic
ENT
Allergy
Dental
Endocrinology

Telemedicine:

As needed, and when available, the Clinic will provide telemedicine services using secure connections and approved practitioners, including but not limited to:

Dermatology
Mental Health Services
Pulmonology

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

POLICY: Medication Management – Storage of Multi-Use Containers	REVIEWED: 11/21/18; 9/7/19
SECTION: Medication Management	REVISED: 9/7/19
EFFECTIVE: 9/20/19	MEDICAL DIRECTOR:

Subject: Medication management and storage of multi-use containers

Objective: To utilize multiple dose vials appropriately; to store and manage open multiple dose vials in a safe and appropriate manner.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. Medications will be stored in their original containers according to manufacturer guidelines.
2. Upon opening of a multiple dose container/vial (with preservatives), nursing staff shall affix a “vial open” label to the container. Label will include use by date (also known as the beyond use date) for each vial that has been opened and will also state “MDV” to indicate multi-dose vial.
2. For sterile medications: when staff has used aseptic technique, the shelf life of the open vial will be twenty-eight (28) days or the manufacturer’s expiration date, if shorter. The vial will then be discarded regardless of the expiration date of the medication.
 - a. IPOL polio vaccine shall be labeled with a beyond use date one year after date of opening. This variation of the usual process has been confirmed with the manufacturer, Vaccines for Children program, and The Joint Commission.
3. For non-sterile medications, the beyond use date/discard date shall be one year from the date of opening or the manufacturer’s expiration date, if shorter. This policy includes hydrogen peroxide and betadine and over-the-counter type medications (example: Motrin, Tylenol, Mylanta).
4. Single-dose vials (without preservatives) shall be discarded after initial puncture
5. Immuno-compromised patients should not have medications administered from previously used multi-dose vials.

6. If suspected contamination has occurred with any open container/vial of medication, regardless of the documented beyond use date, that container/vial will be discarded immediately.
7. Opened multi-dose vials will remain in the medication room. Opened multi-dose vials removed from the medication room will be disposed of immediately after use.
8. Wasted/discarded vials will be documented in the medication management waste stream, as well as the medication management machine to ensure accurate inventory management and timely replacement of inventory.

DRAFT

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

POLICY: Flat Rate Fee Program	REVIEWED: 11/12/18; 2/13/20
SECTION: Admitting	REVISED: 2/13/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Flat Rate Fee Program

Objective: To provide cash pay, uninsured patients with a fixed fee-for-service

Response Rating:

Required Equipment:

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 non-emergency patient is seen by a provider, with any additional charges collected at the end of the visit prior to the patient leaving the Clinic
 - a. Flat fee includes:
 - Focused 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
 - Tetanus and/or flu shot; antibiotic and/or ketorolac injection; (*vaccines other than tetanus or flu are additional*)

-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.
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. The signed form will be scanned into the EMR and the original returned to the patient for their records.
7. The Flat Rate Fee agreement is valid for six months from the date of signature and must be renewed upon expiration if the patient wishes to continue with this program.

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

POLICY: New Employee Onboarding and Annual Training	REVIEWED: 2/8/20
SECTION: Workforce	REVISED:
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Policy: This policy applies to all employees who were successful in receiving an offer of employment and have accepted it according to the specified protocol. As each new employee is hired to work for the Health Care District, the following items must be completed before the new employee can be put on the schedule. Documentation and training that will be required annually are listed below.

Objective: In addition to ensuring that the onboarding process is a positive experience for both the new employee and the organization, onboarding will ensure the organization is compliant with governing Standards. This policy governs the onboarding process and sets roles and responsibilities to ensure all new employees are appropriately oriented and trained. This policy applies to all employees: full time, part time, or per diem.

To ensure that compliance measures are met, this policy governs the process and roles of the District as well as the employee initially and annually basis.

Procedure:

A. After the new employee has been offered a job the following items need to be completed and returned to the Human Resources for processing.

1. Completed Application
2. Resume
3. W 4
4. I -9
5. A signed Job Description
6. Confidentiality statement
7. Signed Employee Handbook acknowledgement
8. Insurance enrollment (full-time employees only)
9. 403 (B) packet
10. Background Check
11. Physical
12. TB Test
13. Hepatitis B Test Results or Waiver
14. OIG (Office of Inspector General) Screening
15. Technology User Agreement

16. Photocopies of all Professional Licenses and CPR cards, Certificates of Completion

After all of the above documents have been returned, and the new employee has been entering into the database, online training will be issued. The modular training is as follows:

- 1) Customer Service
- 2) Ergonomics in the Workplace
- 3) Legal Social Media in the Workplace
- 4) Health Insurance Portability & Accountability Act
- 5) Paychex Learning Help and FAQs
- 6) Preventing Bullying & Violence in the Workplace
- 7) Bloodborne Pathogens
- 8) Fire Safety
- 9) GHS Hazcom
- 10) Hand Hygiene
- 11) HIPPA, HITECH & Omnibus
- 12) Sharps Safety
- 13) EZIZ Vaccines for Children Requirements
- 14) EZIZ Storing Vaccines
- 15) EZIZ Refrigerator and Freezer Temperature Logs
- 16) EZIZ Monitoring Storage Unit Temperatures
- 17) EZIZ Conducting a Vaccine Inventory
- 18) EZIZ Preparing Vaccines
- 19) EZIZ Administering Vaccines
- 20) Immunization PowerPoint & Test
- 21) Policy and Procedure Review and Test

Required Annual Training will include:

- 1) Customer Service
- 2) Ergonomics in the Workplace
- 3) Legal Social Media in the Workplace
- 4) Health Insurance Portability & Accountability Act
- 5) Preventing Bullying & Violence in the Workplace
- 6) Bloodborne Pathogens
- 7) Fire Safety
- 8) GHS Hazcom
- 9) Hand Hygiene
- 10) HIPPA, HITECH & Omnibus
- 11) Sharps Safety
- 12) EZIZ Vaccines for Children Requirements
- 13) EZIZ Storing Vaccines
- 14) EZIZ Refrigerator and Freezer Temperature Logs
- 15) EZIZ Monitoring Storage Unit Temperatures
- 16) EZIZ Conducting a Vaccine Inventory
- 17) EZIZ Preparing Vaccines
- 18) EZIZ Administering Vaccines

19) Immunization PowerPoint & Test

Annual Requirements:

- 1) TB Test Results or Waiver
- 3) OIG (Office of Inspector General) Screening
- 4) Photocopies of all Professional Licenses and CPR cards, Certificates of Completion

D R A F T

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

POLICY: No Show	REVIEWED: 1/28/20
SECTION: Admitting	REVISED:
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Patient No Show

Objective: Management and minimization of patient “no shows” which are defined as appointments not attended without the patient contacting the Clinic to reschedule or cancel the appointment.

Response Rating:

Required Equipment: None

Procedure:

1. The EMR will contact each patient who is in “no show” status, reminding them they have failed to keep their appointment and directing them to contact the Clinic to reschedule.
2. Daily, including Saturday, staff will identify patients in “no show” status and contact the patient to reschedule their appointment. This contact will be documented in the EMR as directed. If unable to contact the patient, staff will make one additional attempt within seven days, documenting both attempts.
3. A monthly “no show” report will be generated after month end and will be forwarded to the CEO for the purpose of inclusion on the Dashboard Report submitted to the Board of Trustees each month.
4. A historical “no show” report will be generated for the most recent six-month period and will be analyzed for the purpose of identifying all patients who are chronically missing their appointments.
5. Patients who chronically miss their appointments (3 or more “no shows” [defined as not attending their appointment without contacting the office to reschedule or cancel] over the course of six months).
6. The list will be aggregated and the Clinic Manager or designee will meet with the patient’s practitioner of record to determine whether the “no show” status of the patient should be addressed with the patient or if there are mitigating circumstances that should be considered.
7. Acceptance of mitigating circumstances will be documented in the EMR using a patient case.
8. If the patient does not have known mitigating circumstances, the patient will be contacted by mail and advised that their chronic “no show” status may affect their ability to schedule future appointments. The patient will be asked to contact the office if they are unable to keep their scheduled appointments.

9. If the patient continues to “no show” and reaches a total of 4 “no shows” over the course of seven months, the patient will receive a letter advising that after their next “no show” they will only be allowed to schedule same day appointments. Letter will be sent return receipt requested.

DRAFT

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

POLICY: Patient With Urgent Complaint Or Distress	REVIEWED: 7/1/19; 2/14/20
SECTION: Safety and Emergency Planning	REVISED: 2/14/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Patient with Urgent Complaint or Distress

Objective: To assure patients with urgent medical conditions are directed to care as required based on their medical condition.

Response Rating:

Required Equipment:

Procedure:

When a patient presents to the Clinic with an urgent complaint or in distress:

1. Registration personnel will immediately request the nurse and direct the nurse to the patient in question.
2. The nurse will follow the current Initial Patient Contact and Medical Emergency policy.
3. If the patient is accompanied by a friend or family member, ask that individual for patient demographic information so as to complete a registration and open the EMR for use.
4. If the patient is unaccompanied or their companion is unable to provide the requested information, obtain the information from the patient after the practitioner has seen them and they are deemed able to respond to queries.
5. If the patient is unable to complete a sign in sheet, personnel may interview the patient and obtain the information verbally and enter that information into the EMR.
6. If the patient is in extreme distress/duress provide life saving treatment and call 911. Input of demographic information into the EMR becomes a low priority task.

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

POLICY: Peer Review	REVIEWED: 7/1/19; 2/12/20
SECTION: Medical Staff	REVISED: 2/12/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Peer review of medical records

Objective: Peer review will be conducted for the Clinic in accordance with guidelines established by the Medical Director, in collaboration with the Executive Director and Clinic practitioners. Those guidelines will be reviewed regularly and revised as deemed necessary.

Response Rating:

Required Equipment: None

Procedure

1. The Medical Director in collaboration with the Executive Director and Clinic practitioners will develop criteria for the selection of clinic medical records for chart review. Peer review will be accomplished on a monthly basis.
2. Per the agreed upon criteria, clinic charts will be selected and presented to the Medical Director or his designee(s) for review.
3. Chart review will be completed and documented using the Clinic Peer Review data capture tool or other appropriate worksheet. Peer review will be confidential within the medical/provider group and reports thereof will be summarized and reported in a confidential manner through QAPI reports to the Board.
4. Medical Director may modify the selection criteria at any time. Peer review may be performed by qualified physicians from outside the District at the direction of the Medical Director and with approval of the leadership.
5. Medical Director may alter the data capture tool utilized for Peer Review at their discretion.
6. The results of the Peer Review process will be shared and distributed to each provider whose work was reviewed.

7. After review by the Medical Director, the results of the Peer Review process will be maintained with other pertinent Medical Staff information.
8. Peer review results will be considered during scheduled practitioner performance evaluation periods.
9. Non-physician practitioners (Certified Diabetic Educator, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist) will have their medical records reviewed as follows:
 - a. The first ten (10) charts
 - b. A minimum of 10% or 10 charts (whichever is greater) each month.

REVISSED

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

POLICY: Reference Resources	REVIEWED: 1/30/20
SECTION: Medical Staff	REVISED:
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Medical Staff Reference Resources List

Objective: The Medical Staff, under direction of the Medical Director, will maintain a list of approved medical reference resources. This list will be included in both the Policy and Procedure Manual and as a part of the Standardized Procedure Mid-Level Practitioners and will be reviewed and updated according to the Policy Development and Review policy.

Response Rating: Required

Required Equipment:

Procedure:

1. In-house protocols
 - a. List of scheduled drugs (as a part of the formulary)
 - b. Schedule II Patient Specific Protocol for Acute Conditions; Chronic, Acute, Recurring, and Persistent Limited Conditions; Severe Pain, Attention Deficit Hyperactivity Disorder
2. Examples of References
 - a. Up-to-Date (online resource, quick link on all computers)
 - b. Epocrates (embedded in athenaHealth EMR, quick link on all computers)
 - c. Taber's Cyclopedic Medical Dictionary
 - d. The 5 Minute Clinical Consult (29th Edition 2020)
 - e. Epidemiology and Prevention of Vaccine Preventable Diseases (13th Edition)
 - f. The Harriet Lane Handbook (app downloaded to smart phone of NP/PA and interested MD)
 - g. SDS sheets for all medications and supplies where available

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

POLICY: Registering Patient Complaints	REVIEWED: 2/1/19; 12/26/19; 2/14/20
SECTION: Operations	REVISED: 12/26/19; 2/14/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Patient complaints

Objective: To give consideration of all complaints and concerns and correct processes that are problematic, all patient complaints and concerns will be addressed in a timely manner.

Response Rating:

Required Equipment: Clinic patient complaint form; patient complaint forms provided by payor groups

Procedure:

1. Patient complaint regarding billing
 - a. Patients will be given access to the appropriate patient complaint forms and advised/assisted in the completion and submission of said form.
 - b. The registration staff will explain the charges and insurance billing procedure.
 - c. If patient concerns are not resolved to the patient’s satisfaction, the patient will be referred to the Biller(s) for further breakdown of charges.
 - i. If the Biller(s) is not available, the Clinic Manager will speak with the patient.
 - d. If patient concerns are not resolved to the patient’s satisfaction, the patient will be referred to the Chief Executive Office for problem resolution.

2. Patient complaint regarding services rendered
 - a. Patients will be given access to the appropriate patient complaint forms and advised/assisted in the completion and submission of said form.
 - b. The registration staff will refer patient and complaint to the Clinic Manager who will review and explain services rendered and attempt to resolve the patient’s complaint.

- c. If the patient is not satisfied with the Clinic Manager's explanation, the patient and their complaint will be referred to the attending physician or mid-level provider for review and recommendation for resolution.
 - d. If the patient is not satisfied with this explanation, the patient will be referred to the Executive Director for further discussion.
 - e. All patient complaints are to be routed to the Clinic Manager, regardless of their resolution status, so that the Clinic Manager can review complaints and determine whether changes in clinic operations are required.
 - f. Complaints will be included in the QAPI meeting agenda and addressed in that venue.
3. Patient complaint regarding Section 504 issues
 - a. Refer to Section 504 Grievance policy
 4. Patients will have access to the Patient Grievance forms specific to their insurance carrier. Upon request, these forms will be provided to the patient.
 5. Patient grievances will be analyzed and trends identified as part of the Clinic Annual Review process with findings and recommendations shared with the leadership team.
 6. Patients are requested to contact Clinic Manager, the Clinic's accreditation agency should they have a complaint or grievance. Clinic Manager can be reach by telephone at 209-772-7070 or via the internet via <https://www.mthcd.org/valley-springs-health-wellness-center>.

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

POLICY: Registration Of Established Patient	REVIEWED: 11/12/18; 2/14/20
SECTION: Admitting	REVISED: 2/14/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Registration of established patient

Objective: To register the patient quickly, efficiently, and accurately

Response Rating:

Required Equipment:

Procedure:

1. Greet the patient in a friendly and professional manner. If there are no other patients waiting, ask the patient for their name and date of birth, locating them in the EMR for registration purposes.
2. Ask the patient for their insurance card and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient.
3. Ask the patient to be seated and indicate you will be with them momentarily.
4. Using the information provided on the sign in sheet or as a result of information received directly from the patient, search patient's date of birth and name
5. Select the correct patient.
6. If a walk-in patient, add to the schedule for the time of arrival by clicking time slot on schedule and adding name.
7. Verify patient's insurance eligibility.
8. Verify correct information is entered in the patient's demographics in EMR.
7. Verify the patient's emergency contact name and phone number.
 - a. Ensure there is an alternative emergency contact phone number other than the patient's primary phone number. If there is no other phone number document in the EMR "declines alternative emergency contact phone number"

- b. If the patient denies an emergency contact state “declined” and enter “000-000-0000” for the emergency contact number.
- 9 Scan the patient’s insurance cards and photo identification into the EMR.
 11. Ask the patient to sign any required admitting forms after confirming the patient’s PCP and entering same in the EMR.
 12. Scan the signed forms into the EMR.
 13. Collect any required co-payments. Provide the patient with a receipt for their payment.
 14. If the patient arrives with a serious illness or injury that requires immediate medical attention, treatment will begin immediately regardless of the patient’s insurance or arrival time.

REVISITED

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

POLICY: Registration of New Patient	REVIEWED: 11/12/18; 2/14/20
SECTION: Admitting	REVISED: 2/14/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Registration of a new patient

Objective: To register patients quickly, efficiently, and accurately

Response Rating:

Required Equipment:

Procedure:

1. Greet the patient in a friendly and professional manner, asking them to sign in on the sign-in sheet.
2. Ask the patient for their insurance card and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient.
3. Ask the patient to be seated and indicate you will be with them momentarily.
4. Using the information provided on the sign in sheet, search patient's date of birth in the Electronic Medical Record (EMR) using the search function, then check for a patient with the same name and date of birth.
5. If patient is not found in the EMR, this indicates the patient is new to the Clinic.
6. Add the patient's demographic information.
7. Add the patient's emergency contact name and phone number.
 - a. Ensure there is an alternative emergency contact phone number other than the patient's primary phone number. If there is no other phone number document in the EMR "declines alternative emergency contact phone number"
 - b. If the patient denies an emergency contact state "declined" and enter "000-000-0000" for the emergency contact number.
7. Verify patient's insurance eligibility.

8. Scan the patient's insurance cards and photo identification into the EMR.
9. Ask the patient to sign the required admitting forms, after confirming the patient's PCP and entering same in the EMR.
10. Scan the signed forms into the EMR.
11. Collect any required co-payments. Provide the patient with a receipt for their payment.
12. If the patient arrives with a serious illness or injury that requires immediate medical attention, treatment will begin immediately regardless of the patient's insurance or arrival time.

REVISSED

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

POLICY: Ownership and Governance Statement	REVIEWED: 11/1/18; 2/1/20
SECTION: Civil Rights	REVISED: 2/1/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Clinic Ownership and Governance

Objective: To make available to the public a clear and concise statement of Clinic ownership and governance.

Response Rating:

Required Equipment:

Procedure:

The Mark Twain Health Care District owns and operates Rural Health Clinic(s).

The District was formed in 1946 and governance is comprised of a Board of five members who are elected during the general election or appointed as/if required in accordance with Sec 32000 et. seq of the State Code. Board members serve four-year terms. As of November 2018, Board Members are:

Lin Read, MBA, OTR/L: Board President

Debbie Sellick, CMP: Member-at-Large

Susan Atkinson, MSW: Treasurer

Talibah Al-Rafiq: Member-at-Large

Kathi Toepel: Member-at-Large

The District has appointed a District Executive Director who is responsible for the overall supervision of the District and its operations, including the Clinic(s).

The District has engaged a physician to serve as Medical Director/Laboratory Director. The Medical Director will provide patient care and Medical Staff leadership, including supervision of mid-level practitioners (nurse practitioner, physician assistant) and licensed physicians providing medical care to patients.

The District has appointed a Clinic Manager who, in cooperation with the District Administrator and Medical Director, is responsible for the daily operation of the Clinic and the supervision of the non-provider staff members.

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

POLICY: Threatening Or Hostile Patient	REVIEWED: 3/1/19; 2/14/20
SECTION: Safety and Emergency Planning	REVISED: 2/14/20
EFFECTIVE: February Board Meeting	MEDICAL DIRECTOR:

Subject: Threatening or Hostile Patient

Objective: To ensure the safety and well-being of patients, visitors, and Clinic staff

Response Rating:

Required Equipment:

Procedure:

If someone in the Clinic displays hostile behavior and/or is threatening you or others:

1. Attempt to defuse the situation by speaking calmly with the person. Do not approach the person or touch them.
2. Call for the Supervisor and or the practitioner, asking for their back-up and support.
3. If the person does not calm down and de-escalate their behavior, request intervention by the Clinic Manager. If the Clinic Manager is not available, tell the person that they must leave the premises.
4. Call 911 if the person does not comply with your request to leave the premises.
5. If escalating:
 - a. Use the overhead page "code gray" and location if the patient is combative.
 - b. Use the overhead page "code silver" If the patient has a weapon and call 911.
 - c. Move other patients and guests from the area. Consider Shelter in Place policy.
6. Call local law enforcement's non-emergency line to report the hostile person and ask for drive-by observation during the balance of the business day.
7. Complete an Incident Report according to policy and forward to the Clinic Manager, who will ensure the report is also reviewed by both the Medical and Executive Directors.



**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 January, 2020)
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

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

- These are our first set of financial statements post-audit, and there are no real surprises.
- District revenue (property tax) is as expected, and District related expenses are tracking well compared to budget.
- We still have considerable work to do on the revenue side for the Clinic, specifically on how to capture, record, and move the revenue.
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report looks great! CalTRUST and Five Star Bank have done well so far in this fiscal year.

VSHWC Revenue: The revenue projections and expenses for VSHWC are based on feasibility studies done in 2018. Revenue was linked to several anticipated actions including: contracting with managed Medi-Cal plans, straight Medi-Cal, CMS (Medicare), commercial health plans; and most importantly, state and federal recognition of Rural Health Clinic status.

The District has experienced the expected bureaucratic speed bumps in processing the VSHWC RHC application. Until an application is accepted by CDPH all (Medi-Cal), services provided in the Clinic will be unpaid and recorded as part of the community benefit cost. Once accepted, the RHC application triggers the site survey and the ability to be reimbursed by Medi-Cal under a FFS method. Passing the survey becomes the effective date of the RHC status and the ability to be reimbursed under the per visit methodology. The vision of the VSHWC RHC includes Dental and Xray services. These activities are planned to be available before the survey. Survey should be accomplished in the final quarter of the fiscal year.

Feb 5, 2020

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

	Total District	01/31/20	BUDGET			
		Actual Y-T-D	Clinic	Rental	Projects	Admin
Non-Cash rent revenue	1,200,000	639,097	0	1,200,000	0	0
Revenues	3,676,864	901,656	2,080,234	232,958	0	1,363,672
Total Revenue	4,876,864	1,540,753	2,080,234	1,432,958	0	1,363,672
Non-Cash depr expense	(384,665)		(346,120)	(36,045)	0	(2,500)
Expenses	(4,686,939)	(2,321,759)	(2,271,601)	(924,024)	(652,000)	(839,314)
Total Expenses	(5,071,604)	(2,321,759)	(2,617,721)	(960,069)	(652,000)	(841,814)
Surplus(Deficit)	(194,740)	(781,005)	(537,487)	472,889	652,000	521,858

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

	15 Rooms VSHWC			1/31/2020
	1			
	2019/2020 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
4083.39 Sunrise Pharmacy Gross Revenues				
4083.49 Urgent care Gross Revenues	2,097,973	1,988	8,293	0.00%
4083.60 Contractual Adjustments	34,637			
Net Patient revenue	2,063,337	1,988	8,293	0.00%
4083.90 Flu shot, Lab income, physicals	765			0.00%
4083.91 Medical Records copy fees	383			0.00%
4083.92 Other - Plan Incentives	15,750			0.00%
Total Other Revenue	16,898	0	0	0.00%
	2,080,235	1,988	8,293	0.40%
7083.09 Other salaries and wages	(650,053)	(85,932)	(422,740)	65.03%
7083.10 Payroll taxes	(42,278)	(7,456)	(23,567)	55.74%
7083.12 Vacation, Holiday and Sick Leave	(9,751)			0.00%
7083.13 Group Health & Welfare Insurance	(107,259)	(9,100)	(14,368)	13.40%
7083.14 Group Life Insurance	(1,040)			0.00%
7083.15 Pension and Retirement	(16,251)			0.00%
7083.16 Workers Compensation insurance	(13,001)	(1,700)	(5,100)	39.23%
7083.18 Other payroll related benefits	(975)			0.00%
Total taxes and benefits	(190,555)	(18,255)	(43,035)	22.58%
Labor related costs	(840,608)	(104,188)	(465,775)	55.41%
7083.20 Medical - Physicians	(549,564)	(41,667)	(120,518)	21.93%
7083.22 Consulting and Management fees	(101,250)	(917)	(136,047)	134.37%
7083.23 Legal - Clinic	0	(639)	(22,499)	0.00%
7083.25 Registry Nursing personnel	(1,875)			0.00%
7083.26 Other contracted services	(84,563)	(4,160)	(28,968)	34.26%
7083.29 Other Professional fees	(5,625)	(400)	(8,119)	144.33%
7083.36 Oxygen and Other Medical Gases	(1,599)		(428)	26.77%
7083.38 Pharmaceuticals	(68,513)			0.00%
7083.41 Other Medical Care Materials and Supplies	(10,240)	(9,322)	(73,970)	722.37%
7083.44 Linens	(2,048)			0.00%
7083.48 Instruments and Minor Medical Equipment	(11,878)			0.00%
7083.74 Depreciation - Equipment	(112,857)			0.00%
7083.45 Cleaning supplies	(9,896)			0.00%
7083.62 Repairs and Maintenance Grounds	(5,900)			0.00%
7083.72 Depreciation - Bldgs & Improvements	(233,263)			0.00%
7083.80 Utilities - Electrical, Gas, Water, other	(93,253)	(8,712)	(21,212)	22.75%
8870.00 Interest on Debt Service	(269,494)		(60,469)	22.44%
7083.43 Food	(819)		(340)	41.55%
7083.46 Office and Administrative supplies	(8,601)	(565)	(16,441)	191.15%
7083.69 Other purchased services	(134,280)	(2,705)	(36,420)	27.12%
7083.81 Insurance - Malpractice	(30,265)	(831)	(4,661)	15.40%
7083.82 Other Insurance - Clinic			(23,332)	0.00%
7083.85 Telephone and Communications	(10,240)	(222)	(3,771)	36.82%
7083.86 Dues and Subscriptions	(1,903)	(889)	(7,848)	412.40%
7083.87 Outside Training	(4,915)		(199)	4.05%
7083.88 Travel costs	(4,096)		(3,493)	85.27%
7083.89 Recruiting	(20,177)	(1,577)	(13,106)	64.96%
7084.41 Sunrise Pharmacy Expense		(2,174)	(2,174)	
Non labor expenses	(1,777,114)	(74,779)	(584,013)	32.86%
Total Expenses	(2,617,722)	(178,967)	(1,049,788)	40.10%
Net Expenses over Revenues	(537,487)	(176,979)	(1,041,495)	193.77%

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

Rental

1/31/2020

		2019/2020 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
9260.01	Rent Hospital Asset amortized	1,200,000	91,196	639,097	53.26%
		0			
	Rent Revenues	1,200,000	91,196	639,097	53.26%
9520.62	Repairs and Maintenance Grounds	0	(255)	(2,481)	
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(684,000)	(43,221)	(363,811)	53.19%
9520.72	Depreciation	(36,045)	(10,103)	(71,446)	198.21%
9520.82	Insurance	(2,000)			0.00%
	Total Costs	(722,045)	(53,579)	(437,738)	60.62%
	Net	477,955	37,617	201,359	113.88%
9260.02	MOB Rents Revenue	227,181	12,627	118,302	52.07%
9521.75	MOB rent expenses	(233,024)	(19,825)	(138,775)	59.55%
	Net	(5,843)	(7,198)	(20,473)	350.39%
9260.03	Child Advocacy Rent revenue	5,777	750	5,250	90.88%
9522.75	Child Advocacy Expenses	(5,000)		(297)	5.95%
	Net	777	750	4,953	637.41%
		1,432,958	104,573	762,649	53.22%
		(960,069)	(73,404)	(576,811)	60.08%
	Summary Net	472,889	31,169	185,839	39.30%

**Mark Twain Health Care District
Projects, Grants and Support
1/31/2020**

	2019/2020 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
Project grants and support	652,000		(424,000)	-65.03%
8890.00 Foundation	500,000		(377,000)	-75.40%
8890.00 Stay Vertical	52,000		(42,000)	-80.77%
8890.00 Golden Health Grant Awards	100,000	(5,000)	(5,000)	-5.00%
Project grants and support	652,000	(5,000)	(424,000)	-65.03%

**Mark Twain Health Care District
General Administration Financial Projections**

Admin

1/31/2020

	2016/2017	2017/2018	2019/2020 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
9060.00 Income, Gains and losses from investments	4,423	5,045	250,000	21,631	195,352	78.14%
9160.00 Property Tax Revenues	935,421	999,443	1,098,672	92,086	644,600	58.67%
9010.00 Gain on Sale of Asset						
9400.00 Miscellaneous Income (1% Minority Interest)	0	0	15,000	(14,515)	(70,142)	-467.61%
Summary Revenues	939,844	1,004,488	1,363,672	99,202	769,810	56.45%
<hr/>						
8610.09 Other salaries and wages	(33,587)	(235,531)	(362,024)	(22,162)	(123,925)	34.23%
<hr/>						
8610.10 Payroll taxes			(22,225)	(2,033)	(8,288)	37.29%
8610.12 Vacation, Holiday and Sick Leave			(5,430)			0.00%
8610.13 Group Health & Welfare Insurance		(663)	(59,734)	(1,658)	(12,383)	20.73%
8610.14 Group Life Insurance			(579)			0.00%
8610.15 Pension and Retirement			(9,051)		(1,000)	11.05%
8610.16 Workers Compensation insurance			(7,240)		(1,226)	16.93%
8610.18 Other payroll related benefits			(543)			0.00%
Benefits and taxes	0	(663)	(104,802)	(3,691)	(22,897)	21.85%
Labor Costs	(33,587)	(236,194)	(466,826)	(25,853)	(146,822)	31.45%
<hr/>						
8610.22 Consulting and Management Fees	(392,908)	(332,287)	(61,500)	(143)	(13,187)	21.44%
8610.23 Legal	(15,195)	(20,179)	(30,000)	(111)	(13,521)	45.07%
8610.24 Accounting /Audit Fees	(15,249)	(19,231)	(123,000)	(5,332)	(33,244)	27.03%
8610.43 Food			(1,538)		(620)	40.33%
8610.46 Office and Administrative Supplies	(4,310)	(19,685)	(20,000)	(659)	(8,686)	43.43%
8610.62 Repairs and Maintenance Grounds			0			
8610.69 Other					(5,945)	
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			0		(420)	
8610.82 Insurance	(16,578)	(17,043)	(35,000)		(16,459)	47.03%
8610.83 Licenses and Taxes			0			
8610.85 Telephone and communications			0			
8610.86 Dues and Subscriptions	(12,554)	(14,731)	(19,475)	(521)	(12,387)	63.61%
8610.87 Outside Trainings	(1,920)	(3,030)	(15,375)	(620)	380	-2.47%
8610.88 Travel	(6,758)	(17,363)	(15,375)	(117)	(2,926)	19.03%
8610.89 Recruiting			(10,250)	(635)	(1,805)	17.61%
8610.90 Other Direct Expenses	(76,490)	(34,233)	(31,775)	(2,308)	(15,518)	48.84%
Non-Labor costs	(588,716)	(561,957)	(374,988)	(10,445)	(124,338)	33.16%
Total Costs	(622,303)	(798,151)	(841,814)	(36,298)	(271,160)	32.21%
Net	317,541	206,337	521,859	62,904	498,651	95.55%

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

Reserve Funds	Minimum Target	12/31/2018 Balance	2019 Allocated	2019 Interest	1/31/2020 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	0	0	0	0	0
Capital Improvement Fund	12,000,000	0	0	0	0	0
Technology Reserve Fund	1,000,000	0	0	0	0	0
Lease & Contract Reserve Fund	3,000,000	0	0	0	0	0
Loan Reserve Fund	1,300,000	0	0	0	0	0
Reserves & Contingencies	19,500,000	0	0	0	0	0

CalTRUST	2019 - 2020		Annualized Rates	Duration
	1/31/2020	Interest Earned		
Valley Springs HWC - Operational Reserve Fund	0	0		
Capital Improvement Fund	0	0		
Technology Reserve Fund	0	0		
Lease & Contract Reserve Fund	0	0		
Loan Reserve Fund	0	0		
Total CalTRUST	10,352,885	141,152	2.4% - 2.5%	1 Year or Less
Five Star				
General Operating Fund	215,421	261.55		
Money Market Account	3,209,434	48,148.17		
Valley Springs - Checking	78,964	71.39		
Total Five Star	3,503,819	48,481.11	2.30%	1 Year or Less
Umpqua Bank				
Checking	97,237	0.00		
Money Market Account	4,901	38.67		
Investments	497,039	5,679.81	1.60%	
Total Savings & CD's	599,176	5,718.48		
Bank of Stockton	285,794	0	0.00%	1 Year or Less
Total in interest earning accounts	14,741,674	195,352		
Potential Unrealized Loss		0		
Total Without Unrealized Loss		195,352		

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
List of Renters and Leases
January 31, 2020**

2/18/2020

Name	Contract Date	Commencement Date	CPI Increase Date	Increase Rate (%)	Lease Term	Expire Date	MOB Suite	Location	District Pays Utilities	Type	Monthly Rent	Sq Ft Rate	CAM	Total	Sq Ft.	Comments
								704 Mountain First Floor								
								Ranch Rd, Building E								
<u>Medical Office Building Subleases</u>																
Stockton Cardiology	8/15/2007	8/14/2017	8/14/2019	2.0	3 years	8/14/2020	101	see above	N	Office	\$ 2,896.09	2.27	\$ 552.50	\$ 3,448.59	1,276	Current thru 10/2019
Multi-Specialty Clinic	9/1/2012	9/1/2017	9/1/2019	3.0	5 years	9/1/2022	102	see above	Y	Clinic	\$ 2,798.65	2.19	\$ 552.50	\$ 3,351.15	1,276	Current thru 10/2019
San Andreas FMC	7/1/2014	7/1/2019	6/30/2024	CPI	5 years	7/1/2019	03 / 10	see above	Y	Clinic	\$ 7,456.93	3.24	*	\$ 7,456.93	2,304	Current thru 10/2019
San Andreas FMC	7/1/2014	7/1/2019	6/30/2024	CPI	5 years	7/1/2019	105	see above	Y	Office	\$ 3,984.84	2.42	\$ 552.50	\$ 4,537.34	1,644	Current thru 10/2019
Sunrise Pharmacy	12/31/2019	4/31/2020	4/31/2025	2.5	10 years	4/31/30	110	Way, STE 110, Valley Springs, CA	Y	Pharma cy	\$ 2,124.00	2.36			900	
Total MOB lease income											\$ 19,260.51	\$ 1,657.50	\$ 18,794.01	7,400		
<u>Valley Springs Rental</u>																
Resource Connection	3/1/2018	3/1/2018	2/1/2019		3 years	3/1/2021	N/A	1934 Highway 26	Y	Office	\$ 750.00	N/A	N/A	\$ 750.00		Current thru 10/2019
<u>Hospital Lease Agreement w/Corporation</u>																
Mark Twain Medical Cent	1/1/1990	1/1/1990			30 years	12/31/2019		768 Mountain Ranch Rd	Reimbur se	Hospita l	\$ -		N/A	\$ -		
<u>Office Lease</u>																
and Professional Offices	3/1/2007	7/1/2019		3.0	5 years	2/28/2027	Floor	Ranch Rd,	N	Office	\$ 12,627.30		\$ 2,314.71	\$ 14,942.01	6,500	Rent increases 3% each year. CAM IS NOT BEING PAID UNTIL ACCT RECONCILED
<u>Land Lease</u>																
Jake Koplen	5/3/1994	5/3/1994			50 years	5/2/2044		Parcel 5, 700 Mountain Ranch Road, MOB Bldgs A,B,C	Y	Land	\$ 481.42		N/A	\$ 481.42	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.
San Andreas Medical and Professional Offices (Arnaudo Bros.)	5/20/2004	5/20/2004			50 years	5/19/2054		Parcel 3, Building E (MOB Property)	N	Land	\$1 / Yr.		N/A	\$1 / Yr.	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.

* CAM Charges included in rent

Mark Twain Healthcare District

JOURNAL January 2020

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
01/02/2020	Journal Entry	15910	Rent - Resource Connection		9260.03	9260.03 Child Advocacy Rent Revenue		\$750.00
			Rent - Resource Connection		100.30	100.30 Umpqua Bank Checking	\$750.00	
							\$750.00	\$750.00
01/03/2020	Journal Entry	15905	Wages - District		8610.09	8610.09 Other salaries and wages - Admin.	\$7,323.60	
			Wages - Clinic		7083.09	7083.09 Other salaries and wages - Clinic	\$23,802.02	
			Employer Tax Expense (Medicare)Dist		8610.10	8610.10 Payroll taxes - Admin.	\$170.14	
			Employer Tax Expense (Medicare)Clinic		7083.10	7083.10 Payroll taxes - Clinic	\$281.18	
			Employer Tax Expense (SocSec)Dist		8610.10	8610.10 Payroll taxes - Admin.	\$727.48	
			Employer Tax Expense (SocSec)Clinic		7083.10	7083.10 Payroll taxes - Clinic	\$1,202.31	
			Employer Tax Expense (SUI & IT)Clinic		7083.10	7083.10 Payroll taxes - Clinic	\$908.49	
			Medicare - ER & EE		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$902.64
			SocSec - ER & EE		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$3,859.58
			Federal W/H		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,129.85
			State W/H		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$1,837.51
			State SUI & CA Employment Training		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$908.49
			VSHWC Bank		100.80	100.80 Five Star Bank - Valley Springs Health & WC Checking		\$741.40
			Payroll Processing Expense - District		8610.22	8610.22 Consulting and Management Fees - District	\$100.09	
			Payroll Processing Expense - VS Clinic		7083.22	7083.22 Consulting and Management fees - Clinic	\$641.31	
			Payroll Liabilities		2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$11,638.07	
			VSHWC Bank		100.80	100.80 Five Star Bank - Valley Springs Health & WC Checking		\$11,638.07
			Checks Issued		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$840.52
			Direct Deposit - VSHWC Checking Acct		100.80	100.80 Five Star Bank - Valley Springs Health & WC Checking		\$21,936.63
							\$46,794.69	\$46,794.69
01/08/2020	Journal Entry	15922	Funds Transfer		101.00	101.00 Umpqua Investments		\$500,000.00
			Funds Transfer		100.40	100.40 Money Market - Umpqua	\$500,000.00	
							\$500,000.00	\$500,000.00
01/09/2020	Journal Entry	15918	Clinic Deposit		100.30	100.30 Umpqua Bank Checking	\$185.00	
			Clinic Deposit		4083.49	4083.49 VSHWC Gross Revenues		\$185.00

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
							\$185.00	\$185.00
01/10/2020	Journal Entry	15920	VSHWC Fleece Sweaters		100.30	100.30 Umpqua Bank Checking	\$1,032.66	
			VSHWC Fleece Sweaters		4083.49	4083.49 VSHWC Gross Revenues		\$1,032.66
							\$1,032.66	\$1,032.66
01/14/2020	Journal Entry	15923	Funds Transfer		100.40	100.40 Money Market - Umpqua		\$500,000.00
			Funds Transfer		100.30	100.30 Umpqua Bank Checking	\$500,000.00	
							\$500,000.00	\$500,000.00
01/17/2020	Journal Entry	15934	VSHWC Deposit		4083.49	4083.49 VSHWC Gross Revenues		\$600.00
			VSHWC Deposit		100.30	100.30 Umpqua Bank Checking	\$600.00	
							\$600.00	\$600.00
01/17/2020	Journal Entry	15936	Wages - District		8610.09	8610.09 Other salaries and wages - Admin.	\$7,514.81	
			Wages - Clinic		7083.09	7083.09 Other salaries and wages - Clinic	\$25,644.43	
			Employer Tax Expense (Medicare) Dist		8610.10	8610.10 Payroll taxes - Admin.	\$108.96	
			Employer Tax Expense (Medicare) Clinic		7083.10	7083.10 Payroll taxes - Clinic	\$371.86	
			Employer Tax Expense (SocSec) Dist		8610.10	8610.10 Payroll taxes - Admin.	\$465.92	
			Employer Tax Expense (SocSec) Clinic		7083.10	7083.10 Payroll taxes - Clinic	\$1,589.94	
			Employer Tax Expense (SUI & IT) Clinic		7083.10	7083.10 Payroll taxes - Clinic	\$681.28	
			Medicare - ER & EE		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$961.64
			SocSec - EE & ER		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,111.72
			Federal W/H		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,615.96
			State W/H		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$2,074.94
			State SUI & CA Employment Training		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$681.28
			VSHWC Bank		100.80	100.80 Five Star Bank - Valley Springs Health & WC Checking		\$228.00
			Payroll Processing Expense - District		8610.22	8610.22 Consulting and Management Fees - District	\$30.78	
			Payroll Processing Expense - VS Clinic		7083.22	7083.22 Consulting and Management fees - Clinic	\$197.22	
			Payroll Liabilities		2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$12,445.54	
			VSHWC Bank		100.80	100.80 Five Star Bank - Valley Springs Health & WC Checking		\$12,445.54
			Checks Issued		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$948.08
			Direct Deposit - VSHWC Checking Account		100.80	100.80 Five Star Bank - Valley Springs Health & WC Checking		\$22,983.58
							\$49,050.74	\$49,050.74
01/21/2020	Journal Entry	15924	Funds transfer		100.70	100.70 Five Star Bank - MMA		\$300,000.00

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
				Funds transfer	100.60	100.60 Five Star Bank	\$300,000.00	
							\$300,000.00	\$300,000.00
01/21/2020	Journal Entry	15925		Funds Transfer	100.60	100.60 Five Star Bank		\$75,000.00
				Funds Transfer	100.80	100.80 Five Star Bank - Valley Springs Health & WC Checking	\$75,000.00	
							\$75,000.00	\$75,000.00
01/22/2020	Journal Entry	15935		2019-20 Property Tax Distribution	100.30	100.30 Umpqua Bank Checking	\$623,885.58	
				2019-20 Property Tax Distribution	227	227 Deferred Revenue		\$623,885.58
							\$623,885.58	\$623,885.58
01/23/2020	Journal Entry	15946		January 2020 Rent for San Andreas Medical \$ Professional Offices - BLDG E	9260.02	9260.02 MOB Rents Revenue		\$12,627.30
				January 2020 Rent for San Andreas Medical \$ Professional Offices - BLDG E	100.30	100.30 Umpqua Bank Checking	\$12,627.30	
							\$12,627.30	\$12,627.30
01/28/2020	Journal Entry	15940		To Record Cleared Payroll Check#1015 for Mary Ann Carley	100.80	100.80 Five Star Bank - Valley Springs Health & WC Checking		\$948.08
				To Record Cleared Payroll Check#1015 for Mary Ann Carley	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$948.08	
							\$948.08	\$948.08
01/28/2020	Journal Entry	15941		To Record Cleared Payroll Check# 1014 for Mary Ann Carley	100.80	100.80 Five Star Bank - Valley Springs Health & WC Checking		\$840.52
				To Record Cleared Payroll Check# 1014 for Mary Ann Carley	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$840.52	
							\$840.52	\$840.52
01/28/2020	Journal Entry	15942		Funds Transfer	100.50	100.50 Stockton Bank of	\$193,784.40	
				Funds Transfer	2210	2210 USDA Loan - VS Clinic		\$193,784.40
							\$193,784.40	\$193,784.40
01/31/2020	Journal Entry	15937		Wages - District	8610.09	8610.09 Other salaries and wages - Admin.	\$7,323.60	
				Wages - Clinic	7083.09	7083.09 Other salaries and wages - Clinic	\$27,245.89	
				Employer Tax Expense (Medicare) Dist	8610.10	8610.10 Payroll taxes - Admin.	\$106.18	
				Employer Tax Expense (Medicare) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$395.04	
				Employer Tax Expense (SocSec) Dist	8610.10	8610.10 Payroll taxes - Admin.	\$454.06	
				Employer Tax Expense (SocSec) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$1,689.26	
				Employer Tax Expense (SUI & IT) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$336.30	
				Medicare - ER & EE	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$1,002.44
				SocSec- EE & ER	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,286.64
				Federal W/H	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,771.42
				State W/H	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$2,135.62
				State SUI & CA Employment Training	2110.00	2110.00 Payroll Liabilities -		\$336.30

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
			VSHWC Bank		100.80	New Account for 2019 100.80 Five Star Bank - Valley Springs Health & WC Checking		\$91.00
			Payroll Processing Expense - District		8610.22	8610.22 Consulting and Management Fees - District	\$12.29	
			Payroll Processing Expense - VS Clinic		7083.22	7083.22 Consulting and Management fees - Clinic	\$78.72	
			Payroll Liabilities		2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$12,532.42	
			VSHWC Bank		100.80	100.80 Five Star Bank - Valley Springs Health & WC Checking		\$12,532.42
			VSHWC Bank		100.80	100.80 Five Star Bank - Valley Springs Health & WC Checking		\$25,017.92
							\$50,173.76	\$50,173.76
01/31/2020	Journal Entry	15939	VSHWC Deposit		100.30	100.30 Umpqua Bank Checking	\$170.00	
			VSHWC Deposit		4083.49	4083.49 VSHWC Gross Revenues		\$170.00
							\$170.00	\$170.00
01/31/2020	Journal Entry	15943	Deferred Third Party Reimbursement		2129	2129 Other Third Party Reimbursement - Calaveras County	\$92,085.75	
			Property Tax Revenues		9160.00	9160.00 Property Tax Revenues - District		\$92,085.75
							\$92,085.75	\$92,085.75
01/31/2020	Journal Entry	15944	Deffer Capital Lease		2128.01	2128.01 Deferred Capital Lease	\$35,506.59	
			Interest Income		9260.01	9260.01 Deferred Lease Income		\$26,702.78
			Capital Lease		2219	2219 Capital Lease		\$8,803.81
			Deferred Utility Reimburesment		2128.02	2128.02 Deferred Utilities Reimbursement	\$64,493.41	
			Other Income		9260.01	9260.01 Deferred Lease Income		\$64,493.41
							\$100,000.00	\$100,000.00
01/31/2020	Journal Entry	15945	Depreciation Expense		9520.72	9520.72 Depreciation	\$10,103.19	
			Capital Lease		2219	2219 Capital Lease		\$10,103.19
							\$10,103.19	\$10,103.19
01/31/2020	Journal Entry	15950	Minority Interest MTSJ Ops		750.03	750.03 Minority Interest MTSJ Ops	\$15,140.10	
			Minority Interest MTSJ Invest		750.04	750.04 Minority Interest MTSJ Invest		\$625.11
			Minority Interest in MTMC		170.00	170.00 Minority Interest in MTMC		\$14,514.99
							\$15,140.10	\$15,140.10
TOTAL							\$2,573,171.77	\$2,573,171.77

Mark Twain Healthcare District

BALANCE SHEET As of January 31, 2020

	TOTAL	
	AS OF JAN 31, 2020	AS OF JAN 31, 2019 (PY)
ASSETS		
Current Assets		
Bank Accounts		
100.30 Umpqua Bank Checking	1,267,107.59	372,237.36
100.40 Money Market - Umpqua	4,924.23	272,268.07
100.50 Stockton Bank of	505,266.23	231,883.24
100.60 Five Star Bank	-121,499.36	59,072.43
100.70 Five Star Bank - MMA	2,424,849.61	707,592.69
100.80 Five Star Bank - Valley Springs Health & WC Checking	44,538.69	16,329.28
1001.40 Five Star Bank - MTHCD Checking - NEW	-2,400.00	-2,400.00
1820 VSHWC - Petty Cash	400.00	
Total Bank Accounts	\$4,123,186.99	\$1,656,983.07
Accounts Receivable		
1200 Accounts Receivable	-1,106.89	53,757.86
1201 Allowance for Doubtful Accounts	0.00	0.00
Total Accounts Receivable	\$ -1,106.89	\$53,757.86
Other Current Assets		
101.00 Umpqua Investments	1,512.73	719,994.54
102.00 CDARS Investments	0.00	0.00
103.00 CalTRUST	10,403,778.95	
1069 Due from Calaveras County - New GL#	1,105,029.00	
115.05 Due From Calaveras County	4,843.95	-16,676.82
115.10 Due from MTSJHC	0.00	0.00
115.20 Accrued Lease Revenue	15,232.17	0.00
115.30 Due from Deide Construction	0.00	0.00
115.40 Accrued Interest Receivable	0.00	0.00
120. Rent Receivable	0.00	0.00
130.00 Prepaid Expenses		
130.20 Prepaid Malpractice	0.00	6,644.61
130.30 Other Prepaid Expenses	0.00	0.00
130.40 Prepaid Valley Springs Clinic	689,008.69	
Total 130.00 Prepaid Expenses	689,008.69	6,644.61
135 Security Deposit	0.00	0.00
140 Assets Whose Use is Limited		
145.00 Board Designated Assets		
145.10 Ukiah Valley Sanitation Dist.	0.00	0.00
Total 145.00 Board Designated Assets	0.00	0.00
Total 140 Assets Whose Use is Limited	0.00	0.00
1499 Undeposited Funds	0.00	0.00
Total Other Current Assets	\$12,219,405.49	\$709,962.33
Total Current Assets	\$16,341,485.59	\$2,420,703.26
Fixed Assets		

	TOTAL	
	AS OF JAN 31, 2020	AS OF JAN 31, 2019 (PY)
1251	9,135.63	
150.00 Land and Land Improvements	0.00	0.00
150.10 Land	1,189,256.50	1,189,256.50
150.20 Land Improvements	150,307.79	150,307.79
Total 150.00 Land and Land Improvements	1,339,564.29	1,339,564.29
151.00 Buildings and Improvements	0.00	0.00
151.10 Building	2,123,677.81	2,123,677.81
151.20 Building Improvements	2,276,955.79	2,276,955.79
151.30 Building Service Equipment	168,095.20	168,095.20
Total 151.00 Buildings and Improvements	4,568,728.80	4,568,728.80
152 CIP	5,303,976.07	1,153,656.94
152.1 CIP Consulting Services	4,646.25	4,646.25
152.10 Fixed Equipment	698,156.25	698,156.25
152.15 Furniture & Furnishings	7,813.00	0.00
152.2 CIP Admin	0.00	0.00
152.3 CIP - HVAC	0.00	0.00
152.4 CIP Education Center	0.00	0.00
152.5 CIP Boiler Room	0.00	0.00
152.6 CIP Parking Lot	0.00	0.00
152.7 CIP North Wing Renovation	0.00	0.00
152.8 CIP Financial Services Offices	0.00	0.00
152.9 CNE Office Remodel	0.00	0.00
152.91 CIP - Angels Clinic Land Costs	0.00	0.00
152.92 CIP - VS Clinc Land Costs	1,262,174.77	1,078,300.09
153.20 Cap. Interest Income & Expenses	0.00	0.00
153.30 Cap. Interest & Issue Costs	0.00	0.00
160.00 Accumulated Depreciation	-5,342,089.82	-5,332,453.00
Total Fixed Assets	\$7,852,105.24	\$3,510,599.62
Other Assets		
168 Suspense	0.00	0.00
169 Payroll Clearing	0.00	0.00
170.00 Minority Interest in MTMC	217,551.56	14,510,261.00
171.00 Due from State - Prop 1A funds	0.00	0.00
180.00 Bond Issue Costs		
180.10 Bond Issue Costs	141,088.00	141,088.00
180.20 Accumulated Amortization	-141,088.00	-141,088.00
Total 180.00 Bond Issue Costs	0.00	0.00
180.30 Intangible Assets	0.00	0.00
180.40 Creekside - Intangible	0.00	0.00
180.50 Land Lease Legal Fees	28,081.11	28,081.11
180.55 Accumulated Amortization-LLLF	-28,081.11	-26,688.11
180.60 Capitalized Lease Negotiations	356,574.25	357,567.49
Total 180.30 Intangible Assets	356,574.25	358,960.49
185.00 Notes Receivable		
185.10 Professional Office - Angels	0.00	0.00
Total 185.00 Notes Receivable	0.00	0.00
195.10 Due from MTSJHC	0.00	0.00
2219 Capital Lease	6,655,372.00	

	TOTAL	
	AS OF JAN 31, 2020	AS OF JAN 31, 2019 (PY)
Total Other Assets	\$7,229,497.81	\$14,869,221.49
TOTAL ASSETS	\$31,423,088.64	\$20,800,524.37
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 Accounts Payable	10,814.67	21,148.52
Total Accounts Payable	\$10,814.67	\$21,148.52
Other Current Liabilities		
200.00 Accts Payable & Accrued Expenses		
200.10 Other Accounts Payable	25,127.39	5,692.34
200.20 Accrued Interest		
200.30 Accrued Professional Fees	0.00	0.00
200.40 Accrued Utilities	0.00	38,218.30
200.50 Accrued County Fees	0.00	0.00
Total 200.00 Accts Payable & Accrued Expenses	25,127.39	43,910.64
2021 Accrued Payroll - Clinic	33,961.05	
205.00 Prepaid Rent Revenue	0.00	0.00
210.00 Deide Security Deposit	2,275.00	2,275.00
211.00 Valley Springs Security Deposit	1,000.00	1,000.00
2110.00 Payroll Liabilities - New Account for 2019	1,266.60	
215.10 Due to MTSJHC	0.00	0.00
220.10 Due to MTMC - Rental Clearing	0.00	29,002.15
225.00 Current Maturities		
225.10 Current Maturities - N/P Cal.	0.00	0.00
225.15 Current Maturities - GE CLO	0.00	0.00
Total 225.00 Current Maturities	0.00	0.00
226 Deferred Rental Revenue	38,393.35	38,393.35
227 Deferred Revenue	623,885.58	
24000 Payroll Liabilities	0.00	5,893.81
Total Other Current Liabilities	\$725,908.97	\$120,474.95
Total Current Liabilities	\$736,723.64	\$141,623.47
Long-Term Liabilities		
2128.01 Deferred Capital Lease	1,846,343.28	
2128.02 Deferred Utilities Reimbursement	3,353,656.72	
2129 Other Third Party Reimbursement - Calaveras County	460,428.75	
2210 USDA Loan - VS Clinic	6,249,161.79	1,754,844.49
Total Long-Term Liabilities	\$11,909,590.54	\$1,754,844.49
Total Liabilities	\$12,646,314.18	\$1,896,467.96
Equity		
290.00 Fund Balance	648,149.41	648,149.41
291.00 PY - Minority Interest MTMC	19,720,638.00	19,720,638.00
3000 Opening Bal Equity	0.03	0.03
3900 Retained Earnings	-811,007.59	-1,479,669.97
3901 CY - Minority Interest MTMC	0.00	-149,672.00
Net Income	-781,005.39	164,610.94
Total Equity	\$18,776,774.46	\$18,904,056.41

	TOTAL	
	AS OF JAN 31, 2020	AS OF JAN 31, 2019 (PY)
TOTAL LIABILITIES AND EQUITY	\$31,423,088.64	\$20,800,524.37

Mark Twain Healthcare District

BILL PAYMENT LIST

January 2020

DATE	NUM	VENDOR	AMOUNT
100.60 Five Star Bank			
01/04/2020	15930	Outlet Tek	-81.00
01/04/2020	15931	City Signs	-872.22
01/04/2020	15932	BETA Healthcare Group	-1,700.00
01/04/2020	15933	AT&T 754-9362	-1,032.47
01/04/2020	15934	Calaveras County Chamber of Commerce	-1,250.00
01/04/2020	15935	Clark Pest Control of Stockton, Inc.	-75.00
01/04/2020	15936	Campora Propane	-115.21
01/04/2020	15937	JWT & Associates, LLP	-7,135.00
01/04/2020	15938	Suburban Propane-Ortho	-1,478.48
01/04/2020	15939	Nuance Communications, Inc.	-158.00
01/04/2020	15940	RJ Pro Innovative I.T. Services	0.00
01/04/2020	15941	Alpine Natural Gas	-875.33
01/04/2020	15942	AT&T 209 772-7070 662 VSHWC Main Phone Line	-84.55
01/04/2020	15943	AT&T 209-772-2791 VSHWC	-1,327.10
01/04/2020	15944	Your Type Graphic Design	0.00
01/04/2020	15945	La Contenta Plaza	-1,287.77
01/04/2020	15946	AT&T 795-2997749	-135.67
01/04/2020	15947	Staples	-443.80
01/04/2020	15948	Modesto Welding Products	-35.06
01/04/2020	15949	Debbie Sellick	-100.00
01/04/2020	15950	Lin Reed	-100.00
01/04/2020	15951	Susan Atkinson	-100.00
01/04/2020	15952	Talibah Al-Rafiq	-100.00
01/04/2020	15953	Calaveras Public Utility District	-1,627.18
01/04/2020	15954	San Andreas Sanitary District	-6,492.09
01/04/2020	15955	City of Angels	-981.22
01/04/2020	15956	PG&E 46578486352 VS Clinic # 10	-122.09
01/04/2020	15957	PG&E 46995152991 VS Clinic # 9	-252.59
01/04/2020	15958	PG&E 2148202072-0	-4.93
01/04/2020	15959	RJ Pro Innovative I.T. Services	-255.00
01/04/2020	15960	Alliant Insurance Services, Inc.- NPB Main	-250.00
01/04/2020	15961	Calaveras First	-866.84
01/04/2020	15962	BETA Healthcare Group	-1,700.00
01/04/2020	15963	MedPro Waste Disposal LLC	-108.00
01/04/2020	15964	Clark Pest Control of Stockton, Inc.	-75.00
01/04/2020	15965	Streamline	-200.00
01/04/2020	15966	Your Type Graphic Design	-256.24
01/04/2020	15967	RJ Pro Innovative I.T. Services	-1,341.34
01/09/2020	15969	Delta Building Maintenance	-4,766.66
01/09/2020	15970	JWT & Associates, LLP	-3,675.00
01/09/2020	15971	California Special Districts Association - Financial	-3,560.52
01/09/2020	15972	SWRCB	-484.00
01/09/2020	15973	The Valley Springs News	-1,415.00

DATE	NUM	VENDOR	AMOUNT
01/09/2020	15974	Calaveras Power Agency	-18,193.11
01/09/2020	15975	PG&E 07532672789-5 James Dalton(Angels Camp)	-1,315.13
01/09/2020	15976	PG&E 39918320076 Cancer	-237.98
01/09/2020	15977	PG&E 89195984003 Cancer/Infusion	-660.48
01/09/2020	15978	PG&E 74021406306 SAFMC	-448.44
01/09/2020	15979	Chad Poortinga	-300.00
01/09/2020	15980	REM Net Communications	-1,010.00
01/09/2020	15981	NARHC	-600.00
01/09/2020	15982	James Mosson	-731.00
01/09/2020	15983	McKesson Medical Surgical	-22,938.52
01/09/2020	15984	BETA Healthcare Group	-1,661.20
01/09/2020	15985	AT&T OneNet	-1,135.83
01/09/2020	15986	Calaveras Telephone	-479.49
01/09/2020	15987	Gold Country Regional Chapter	-25.00
01/09/2020	15988	Your Type Graphic Design	-85.77
01/09/2020	15989	RJ Pro Innovative I.T. Services	-1,559.00
01/09/2020	15990	Helen & Company Advertising Inc.	-247.50
01/10/2020	15994	Tribble and Ayala	-17.25
01/10/2020	15995	Shred-It	-68.60
01/10/2020	15996	Cornish & Carey Commercial	-2,173.50
01/10/2020	15997	Peggy Stout	-359.13
01/10/2020	15998	J.S. West	-543.38
01/10/2020	15999	Cheryl Duncan Consulting	-14,915.48
01/10/2020	16000	California Waste Recovery Systems	-1,234.68
01/10/2020	16001	Accountemps	-1,119.77
01/10/2020	16002	PG&E 2306121143-1 ortho	-553.15
01/10/2020	16003	AT&T 754-9362	-1,006.31
01/17/2020	16004	Dignity Health Central Verification Unit	-200.00
01/17/2020	16005	Dignity Health Central Verification Unit	-200.00
01/17/2020	16006	Weber-Ghio & Associates Inc	-828.13
01/17/2020	16007	Murphys Senior Center	-5,000.00
01/17/2020	16008	Dr. Randall Smart	-164.40
01/17/2020	16009	Anthem Blue Cross	-7,525.83
01/17/2020	16010	Suburban Propane-Ortho	-1,907.43
01/17/2020	16011	Ebbetts Pass Gas Services	-1,154.40
01/17/2020	16012	AT&T 248 134-7000	-41.72
01/17/2020	16013	PG&E 42630399709 Hospital	-11,196.05
01/17/2020	16014	The Union Democrat	-1,027.85
01/17/2020	16015	Staples	-320.12
01/17/2020	16016	Condor Earth Technologies, Inc.	-2,869.94
01/17/2020	16017	McKesson Medical Surgical	-7,835.14
01/17/2020	16018	Gateway Press	-13.87
01/17/2020	16019	Best Best & Krieger, LLP	-749.63
01/17/2020	16020	Kirk Stout	-255.00
01/24/2020	16021	Alpine Natural Gas	-1,336.43
01/24/2020	16022	Novarad Corporation	-33.34
01/24/2020	16023	Campora Propane	-234.07
01/24/2020	16024	Calaveras County Tax Collector	-29.00
01/24/2020	16025	Your Type Graphic Design	-128.04
01/24/2020	16026	Suburban Propane-Ortho	-503.20

DATE	NUM	VENDOR	AMOUNT
01/24/2020	16027	Cal.net-Motherlode	-24.90
01/24/2020	16028	Ebbetts Pass Gas Services	-1,276.68
01/24/2020	16029	Signal Service, Inc.	-1,390.77
01/24/2020	16030	Debbie Sellick	-112.65
01/24/2020	16031	Kathy Toepel	-100.00
01/24/2020	16032	Lin Reed	-100.00
01/24/2020	16033	Susan Atkinson	-100.00
01/24/2020	16034	Talibah Al-Rafiq	-100.00
01/24/2020	16035	Harvard M. Robbins, M.D.	-20,000.00
01/24/2020	16036	Joel Eidelson, MD	-21,667.00
01/28/2020	ACH 01/16/20	Umpqua Bank Credit Card	-2,556.16
01/29/2020	001015	Diede Construction, Inc.	-108,236.41
01/31/2020	16042	Calaveras Public Utility District	-1,712.06
01/31/2020	16041	Ebbetts Pass Gas Services	-92.30
01/31/2020	16043	Suburban Propane-Ortho	-1,068.48
01/31/2020	16044	BETA Healthcare Group	-2,530.60
01/31/2020	16045	Arnaudo Bros., L.P.	-39,650.10
01/31/2020	16046	Calaveras Mentoring Foundation	-1,500.00
01/31/2020	16047	Nuance Communications, Inc.	-158.00
Total for 100.60 Five Star Bank			\$ -366,469.76
100.80 Five Star Bank - Valley Springs Health & WC Checking			
01/13/2020	ACH 12/20/20	AthenaHealth	-154.12
Total for 100.80 Five Star Bank - Valley Springs Health & WC Checking			\$ -154.12

Mark Twain Healthcare District

PROFIT AND LOSS

January 2020

	TOTAL	
	JAN 2020	JUL 2019 - JAN 2020 (YTD)
Income		
4083.49 VSHWC Gross Revenues	1,987.66	8,293.38
9060.00 Income, Gains & losses from investments - District	21,631.06	195,352.07
9160.00 Property Tax Revenues - District	92,085.75	644,600.25
9260.01 Deferred Lease Income	91,196.19	639,097.47
9260.02 MOB Rents Revenue	12,627.30	118,301.89
9260.03 Child Advocacy Rent Revenue	750.00	5,250.00
Total Income	\$220,277.96	\$1,610,895.06
GROSS PROFIT	\$220,277.96	\$1,610,895.06
Expenses		
7083.09 Other salaries and wages - Clinic	85,932.34	422,739.81
7083.10 Payroll taxes - Clinic	7,455.66	23,566.51
7083.13 Group Health & Welfare Insurance - Clinic	9,099.72	14,368.39
7083.16 Workers Compensation Insurance - Clinic	1,700.00	5,100.00
7083.20 Medical - Physicians - Cliic	41,667.00	120,517.86
7083.22 Consulting and Management fees - Clinic	917.25	136,047.06
7083.23 Legal - Clinic	639.00	22,498.71
7083.26 Other contracted services - Clinic	4,159.89	28,967.95
7083.29 Other Professional fees - Clinic	400.00	8,118.52
7083.36 Oxygen and Other Medical Gases - Clinic		427.99
7083.41 Other Medical Care Materials and Supplies - Clinic	9,321.90	73,970.40
7083.43 Food - Clinic		340.35
7083.46 Office and Administrative supplies - Clinic	564.66	16,415.68
7083.69 Other purchased services - Clinic	2,704.76	36,419.70
7083.80 Utilities - Electrical, Gas, Water, other - Clinic	8,712.49	20,926.96
7083.81 Insurance - Malpractice - Clinic	830.60	4,661.20
7083.82 Other Insurance - Clinic		23,331.70
7083.85 Telephone and Communications - Clinic	222.00	3,770.72
7083.86 Dues and Subscriptions - Clinic	889.00	6,598.05
7083.87 Outside Training - Clinic		199.00
7083.88 Travel costs - Clinic		3,271.20
7083.89 Recruiting - Clinic	1,577.24	13,106.13
730.00 Utilities		
730.79 Water/Sewer		284.89
Total 730.00 Utilities		284.89
740.00 Miscellaneous		
740.86 Dues & Subscriptions		1,250.00
740.88 Travel, Meals & Lodging		221.56
740.89 Office Supplies and Expense		24.95
Total 740.00 Miscellaneous		1,496.51
8610.09 Other salaries and wages - Admin.	22,162.01	123,924.92
8610.10 Payroll taxes - Admin.	2,032.74	8,288.23

	TOTAL	
	JAN 2020	JUL 2019 - JAN 2020 (YTD)
8610.13 Group Health & Welfare Insurance - Admin.	1,657.92	12,383.04
8610.15 Pension and Retirement - Admin.		1,000.00
8610.16 Workers Compensation Insurance - Admin		1,226.00
8610.22 Consulting and Management Fees - District	143.16	13,186.55
8610.23 Legal - District	110.63	13,521.16
8610.24 Accounting / Audit Fees - District	5,331.87	33,243.76
8610.43 Food - District		620.00
8610.46 Office and Administrative Supplies - District	659.19	8,686.03
8610.69 Other - IT Services- District	2,274.78	5,944.73
8610.80 Utilities - District (no budget amount)		419.92
8610.82 Insurance - District		16,459.00
8610.86 Dues & Subscriptions - District	520.90	12,387.42
8610.87 Outside Training's - Admin.	620.10	-379.90
8610.88 Travel - District	117.05	2,926.29
8610.89 Recruiting - District	635.04	1,805.09
8610.90 Other Direct Expenses - Stipends, Community Ed & Marketing, Misc. -District	2,307.50	15,517.63
8870 Debt Financing Costs		60,469.18
8890.00 Foundation - Stay Vertical, Golden Health Grant Awards - Dist.	5,000.00	424,000.00
9520.62 Repairs & Maintenance Grounds	255.00	2,481.01
9520.72 Depreciation	10,103.19	71,446.47
9520.80 Utilities - Electrical, Gas, Water, Phone, other	43,220.86	363,810.62
9521.75 MOB rent expenses	19,825.05	138,775.35
9522.75 Child Advocacy Expenses		297.31
Total Expenses	\$293,770.50	\$2,319,585.10
NET OPERATING INCOME	\$ -73,492.54	\$ -708,690.04
Other Income		
750.03 Minority Interest MTSJ Ops	-15,140.10	-75,079.79
750.04 Minority Interest MTSJ Invest	625.11	4,937.94
Total Other Income	\$ -14,514.99	\$ -70,141.85
Other Expenses		
7084.41 Sunrise Pharmacy Expense	2,173.50	2,173.50
Total Other Expenses	\$2,173.50	\$2,173.50
NET OTHER INCOME	\$ -16,688.49	\$ -72,315.35
NET INCOME	\$ -90,181.03	\$ -781,005.39

MTHCD Journal Entry

For: Monthly Amortization Schedule

Date	Account #	Account Name	Debit	Credit
1/31/2020	2128.01	Deffer Capital Lease	\$ 35,506.59	
	9260.01	Interest Income		\$ 26,702.78
	2219.00	Capital Lease		\$ 8,803.81
	2128.02	Deferred utility reimbursement	\$ 64,493.41	
	9260.01	Other Income		\$ 64,493.41
		Total	\$ 100,000.00	\$ 100,000.00

MTHCD Journal Entry

For: Additional Monthly Amortization Schedule

Date	Account #	Account Name	Debit	Credit
1/31/2020	9520.72	Depreciation Expense	\$ 10,103.19	
	2219.00	Capital Lease		\$ 10,103.19
		Total	\$ 10,103.19	\$ 10,103.19

MTHCD Journal Entry

For: County of Calaveras Estimated Revenue for 2019-20

Budget year

Date	Account #	Account Name	Debit	Credit
1/31/2020	2129.00	Deferred Third party Reimbursment	\$ 92,085.75	
	9160.00	Property Tax Revenues		\$ 92,085.75
		January 2020 Accrual		
		Total	\$ 92,085.75	\$ 92,085.75

MTHCD Journal Entry

For: January 2020 1% District Share of MTMC Investment

Date	Account #	Account Name	Debit	Credit
1/31/2020	750.03	Minority Interest MTSJ Ops	\$ 15,140.10	
	750.04	Minority Interest MTSJ Invest		\$ 625.11
	170.00	Minority Interest in MTMC		\$ 14,514.99
		Total	\$ 15,140.10	\$ 15,140.10

Actual	ProForma Pos/Neg	Actual excl Proforma (Scrubbed)	Budget		Actual	Actual excl Proforma Pos/Neg	Proforma (Scrubbed)	Budget
6,240,382	0	6,240,382	6,972,026	Operating Revenues				
11,832,071	0	11,832,071	13,890,527	Gross non-cap inpt revenue	34,884,211	0	34,884,211	41,249,396
				Gross non-cap outpt revenue	77,039,450	0	77,039,450	89,329,335
18,072,453	0	18,072,453	20,862,553	Total gross patient rev	111,923,661	0	111,923,661	130,578,731
(12,120,482)	0	(12,120,482)	(13,510,533)	Deductions from Revenue	(72,445,745)	0	(72,445,745)	(83,814,553)
(438,385)	0	(438,385)	(441,033)	Administrative Write-offs	(3,138,358)	0	(3,138,358)	(3,208,241)
(38,310)	0	(38,310)	(54,379)	Charity	(341,468)	0	(341,468)	(336,976)
5,475,276	0	5,475,276	6,856,608	Net patient Revenue	35,998,090	0	35,998,090	43,218,961
14,446	0	14,446	0	Contributions	42,804	0	42,804	0
18,273	0	18,273	36,038	Other operating revenue	253,747	0	253,747	252,047
5,507,995	0	5,507,995	6,892,646	Total Operating Revenue	36,294,641	0	36,294,641	43,471,008
1,959,860	0	1,959,860	2,502,365	Operating Expenses				
289,791	0	289,791	312,949	Salaries-Productive	13,999,729	(30,000)	13,969,729	16,374,887
111,370	0	111,370	14,329	Salaries-non productive	2,326,213	0	2,326,213	2,411,147
1,023,905	0	1,023,905	1,092,902	Registry/temp agency exp	631,043	0	631,043	147,700
638,871	0	638,871	989,922	Benefits	6,257,996	0	6,257,996	6,949,881
392,706	0	392,706	334,053	Supplies	5,154,705	0	5,154,705	5,879,182
1,125,489	0	1,125,489	1,110,291	Medical fees	3,097,346	0	3,097,346	2,339,719
7,529	0	7,529	8,951	Purchased Services	8,039,238	0	8,039,238	7,916,176
28,816	0	28,816	59,749	Utilities	92,769	0	92,769	62,657
136,651	0	136,651	169,938	Insurance	375,028	0	375,028	418,245
0	0	0	0	Other	950,269	152,324	1,102,593	1,318,553
1,306,932	0	1,306,932	285,733	Income Taxes	2,974	0	2,974	0
85	0	85	333	Depreciation	2,950,851	0	2,950,851	1,936,471
				Interest	(40,272)	0	(40,272)	2,331
7,022,005	0	7,022,005	6,881,515	Total Operating Expenses	43,837,889	122,324	43,960,213	45,756,949
(1,514,010)	0	(1,514,010)	11,131	Operating Income (Loss)	(7,543,248)	(122,324)	(7,665,572)	(2,285,941)
62,511	0	62,511	77,937	Investment Income	529,823	0	529,823	545,556
(1,451,499)	0	(1,451,499)	89,068	Excess(deficit)of Rev/Exp	(7,013,425)	(122,324)	(7,135,749)	(1,740,385)
10,620,303	0	10,620,303	89,068	Excess(deficit) attrib to DH	5,058,379	(122,324)	4,936,055	(1,740,385)
(206,995)	0	(206,995)	297,198	EBITDA	(4,629,695)	(122,324)	(4,752,019)	(347,139)