



PO BOX 213, Vashon WA 98070
vashonhealthcare.org

Board of Commissioner's Meeting July 7, 2021

Superintendent's Report

Superintendent Goals - Draft

The following are draft goals I have prepared for the contract beginning July 1. They are based on discussion during my evaluation plus other priority areas.

1. Superintendent will expand his visibility to the Vashon community so that he becomes more of the public face of the District.
 - a. Join Vashon Rotary and attend weekly meetings
 - b. District to join Vashon Chamber. Superintendent to represent district at activities
2. Superintendent will improve his knowledge of the island and its culture and establish more of a physical presence. The goal will be to be on-island one day per week. Most likely on days when there is a Rotary, Chamber or in-person board meeting.
3. Superintendent will implement a regular report to the island community in a newsletter format, quarterly
4. Complete annual financial review of clinic performance and subsidy required and negotiate contract renewal
 - a. Include details on payer contracted rates and contractual allowances
 - b. Obtain back-up from Sea Mar for allocated overhead expenses
 - c. Discuss any changes planned by Sea Mar for changes in scope of services
5. Follow-up to make sure Sea Mar establishes clinical outcome indicators and quarterly reporting on those indicators
6. In conjunction with stakeholders and commissioners formulate a capital fund-raising strategy for a new clinic building
7. Advocate and negotiate for a partnership between Sea Mar and VHCD in development of a new clinic building
 - a. Reach agreement on financial commitment from VHCD
 - b. Assure that building includes additional community space
 - c. Consider added clinical space for future specialty care services
8. Revise accounting processes and procedures. Consider upgrading Quick Books Online to include capability to report against budget.
9. Prepare a 2022 budget calendar with key approval and regulatory milestones.
10. Develop a 2022 financial forecast and 2022 budget based on the following: projected increase in property assessed values; a reduction in the Sea Mar financial subsidy; and an assumption that the levy rate will be adjusted downward accordingly.

11. Engage in local discussions about preparation for the 2022 Cascadia Rising disaster drill and what role, if any, VHCD should play.
12. Initiate a VHCD strategic planning process to re-visit mission and strategic goals for the District for 2022, including consideration community expectations beyond primary care support.

Capital Project for Clinic Construction

I've had brief follow-up calls with Tom and Bill Hamilton. Bill has an upcoming call scheduled with Senator Murrays office.

Chamber of Commerce

Included is an invoice for membership in Vashon Chamber of Commerce. This seems like an appropriate membership for the VHCD. The Business Connection membership is \$225 per year. They have monthly membership meetings on the last Friday of the month and a monthly coffee networking social on the 2nd Friday.

Vashon Rotary

I attended the June 24 virtual Vashon Rotary meeting. Beginning July 1, they are planning to start meeting in person. I am planning to join Rotary and attend their Thursday lunch meetings as much as possible. The annual dues are currently \$372 and increasing to \$400. I am requesting the District pay for this.

Unfinished Business and Committee Reports

Unfinished Business

King County Roads Levy – Eric Pryne has a report here.

Administration and Finance

Wolczko

Payroll - Payroll for the period July 16 – 31 is \$ 3533.72.

Outreach Committee

Pryne

The committee agenda on the 24th centered on ways to reach the Medicaid population, plans for participation in the Strawberry Festival with a float, and possible outreach to the churches. The committee discussed reaching out to Vashon Household, which operates JG Commons and its 76 subsidized rental units, to educate residents about Sea Mar including development of a flyer (see attached). Included in your packet is Version 3.0 of the FAQs, which updates information related to after hours call, etc. There will be an update from the Outreach Committee meeting which is tomorrow before the Board meeting.

Tom and Wendy will report on a meeting they had with Kerry and Dr. Erdmann last week. An issue of concern to them was the need to educate the community on why it is important to not try to address more than one major concern in a 15-minute clinic visit. A hand-out is being discussed on how to make the most out of a Sea Mar visit as a patient.

New Business

Resolution No. 2021-1 - Appointment Of Agent To Receive Claims For Damages

I was contacted by Enduris, our insurer, advising us that the district does not have an agent on file with the county auditor to receive claims. Per RCW, the district is to appoint an agent to receive claims (they recommend a title rather than a name). This is the person in the organization who would receive claims on behalf of the district. By not being in compliance this could preclude the district from raising a defense in the event of a claim. Included in your packet is a resolution, instructions and a claim for damage form, as well as a Medicare form. The instructions, claim for damage form and Medicare form is what you would give a third party wishing to file a claim with the district. This claim for damage form meets the RCW requirements.

It is recommended the district have on its website how to report a claim (who to contact and where) as it needs to be readily available to the public. It is also recommended that the district maintains the claim for damage form with the Agent to Receive Claims.

Board Policy on Superintendent Evaluation

Included is a proposed policy describing the superintendent evaluation process for the Board's consideration. It also references the approval process for any changes in superintendent compensation, which must be made by resolution.



Annual Performance Review District Superintendent

Board of Commissioners
DRAFT

Type: **Policy**
Status: **Official**
Last Reviewed:

Page 1 of 1

Policy

It is the policy of the Board of Commissioners, King County Public Hospital District No. 5, dba Vashon Health Care District, to conduct an annual performance review of the District Superintendent. This review shall be conducted by the Board in Executive Session on or around the contract renewal date, either at a regular or special board meeting.

Procedure

Prior to the performance review, the Superintendent will prepare a self-assessment of his/her accomplishments towards goals set for the year and send this to the Board President. The Board President will solicit feedback on the Superintendent's performance from individual commissioners using a performance evaluation tool derived from the Superintendent's job description and the jointly established goals for the year. A draft written performance review will be prepared from commissioner feedback and the Superintendent's self-evaluation representing a consensus of the commissioner's input. This will be presented to the Superintendent in Executive Session for dialogue. Following that discussion, the performance review will be finalized.

The Superintendent will also send to the Board any proposed modifications to the Superintendent's contract. Any agreed upon changes to the Superintendent's contract shall be introduced at an open public meeting of the Board and acted upon at a subsequent open public meeting.

The Board President will submit documentation describing the performance review to the District office for permanent retention.

Effective Date:

**Document
Owner:**

Revision Date(s):

Public Hospital District No. 5, King County
dba Vashon Health Care District
RESOLUTION NO. 2021-1

**APPOINTMENT OF AGENT TO RECEIVE CLAIMS FOR DAMAGES
(RCW 4.96.020)**

WHEREAS, pursuant to the provisions of RCW 4.96.020 the governing body of each local governmental entity shall appoint an agent to receive any claim for damages made under Chapter 4.96 RCW; and

WHEREAS, the identity of the agent and the address where he or she may be reached during the normal business hours of the local governmental entity are public records and shall be recorded with the auditor of the county in which the entity is located; and

WHEREAS, all claims for damages against a local governmental entity, or against any local governmental entity's officers, employees, or volunteers, acting in such capacity, shall be presented to the agent within the applicable period of limitations within which an action must be commenced; and

WHEREAS, the failure of a local governmental entity to comply with the requirements of this section precludes that local governmental entity from raising a defense under Chapter 4.96 RCW.

NOW THEREFORE, BE IT RESOLVED, that the Board of the Vashon Health Care District appoints the below listed agent to receive any claims for damages made under Chapter 4.96 RCW.

Agent Appointed: Superintendent
Office Address: P.O. Box 213, Vashon, WA 98070
Business Hours: M-F, 9 a.m. to 5 p.m.

BE IT FURTHER RESOLVED, by the Board of Vashon Health Care District that the clerk of the Vashon Health Care District will record this document with the King County Auditor.

PASSED AND ADOPTED by the Board of Directors of the Vashon Health Care District at a regular meeting this 7th day of July, 2021.

INSTRUCTIONS FOR COMPLETING THE CLAIM FOR DAMAGE FORM

Before filing a Claim for Damage please read these instructions and the Claim for Damage form in its entirety.

Type or print clearly in ink and sign the Claim for Damage form. If you are incapacitated, a minor or a non-resident of the state, a relative, attorney or agent may sign on your behalf.

Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.

If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.

The following are examples on how to complete the Claim for Damage form:

- (1) Doe, John Conner, 12/01/1910
- (2) 222 One Way Street, Apt. Z, Seattle, Washington 98178
- (3) Post Office Box 111, Seattle, Washington 98178
- (4) Same
- (5) (206) 555-5555
- (6) January 1, 2009, 8:00 a.m.
- (7) If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in item (7).
- (8) Washington, Thurston, Tumwater, parking lot of XYZ Cleaners.
- (9) I-5, southbound, Milepost, near XYZ Exit.
- (10) XYZ Barone Sanitation
- (11) Fitzgerald III, Mortamer, 3287 Wonderful Lane, Seattle, Washington 98187, (360)111-1111; tow truck driver, XYZ Towing.
- (12) Unknown
- (13) List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items (11) and (12). Also include a description of their knowledge. For example, if your sister was with you, when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
- (14) Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
- (15) If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.
- (16) Please provide all of your medical providers with their names, address, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include medical records and bills.
- (17) Attach documents which support the claim's allegations.
- (18) Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss etc. This amount should represent your opinion of total compensation.
- (19) If you were injured, please complete the Medicare Verification form (attached).

Mail or Deliver Original Claim to:

Agent to Receive Claim Superintendent _____ Address P.O. Box 213 Vashon, WA 98970 _____
District Public Hospital District No. 5, King County _____
Business Hours M-F, 9 - 5 _____

CLAIM FOR DAMAGE FORM

Under penalty of law, Enduris intends to prosecute all false claims.

CLAIMANT INFORMATION

- (1) Claimant's Name: _____,
(Last Name) (First) (Middle) (Date of Birth: mm/dd/yyyy)
- (2) Current Residential Address: _____
- (3) Mailing Address (if different): _____
- (4) Residential Address for Six Months Prior to the Date of the Incident (if different from current address):

- (5) Claimant's Daytime Phone Numbers: Home Phone # _____, Business/Cell # _____,
Claimant's Email Address: _____

INCIDENT INFORMATION

- (6) Date of Incident: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)
- (7) If the incident occurred over a period of time, date of first and last occurrences:
From: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)
To: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)
- (8) Location of Incident: _____
(state and county) (city if applicable) (place where occurred)
- (9) If the incident occurred on a street or highway: _____
(name of street/highway) (mile post) (at intersection with or
nearest intersecting street)
- (10) District or agency alleged responsible for damage/injury: _____
- (11) Names, address, and telephone numbers of all persons involved in or witness to this incident:

- (12) Name, addresses, and telephone numbers of all district or agency employee having knowledge about this incident:

- (13) Names, addresses, and telephone numbers of all individuals not already identified in (11) and (12) above that have knowledge regarding the liability issues involved in this incident, or knowledge of the claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

- (14) Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

(15) Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

(16) Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

(17) Please attach documents which support the claim's allegations.

(18) I claim damages in the amount of \$_____

(19) If you are injured, are you a Medicare beneficiary? Yes No (check one) If Yes, please complete the Medicare Verification form.

****ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY****

License Plate # _____	Driver License # _____
Type Auto: _____ (year)	(make) _____ (model)
DRIVER: Address: _____	OWNER: Address: _____
Phone #: _____	Phone #: _____
PASSENGERS: Name: _____ Address: _____	Name: _____ Address: _____

The claimant must sign this claim form unless he or she is incapacitated, a minor, or a nonresident of the state, in which case it may be signed on behalf of the claimant by any relative, attorney, or agent representing the claimant.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

I, _____, being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

x _____

x _____
Signature of Claimant(s)

Subscribed and sworn to before me this _____ day of _____, 20____.

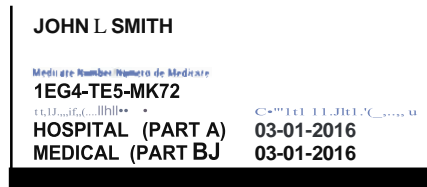
NOTARY PUBLIC in and for the State of Washington

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare program. Many Medicare beneficiaries have other insurance in addition to their Medicare benefits. Sometimes, Medicare is supposed to pay after the other insurance. However, if certain other insurance delays payment, Medicare may make a "conditional payment" so as to not inconvenience the beneficiary, and then recover after the other insurance pays.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a federal law that became effective January 1, 2009, requires that liability insurers (including self-insurers), no-fault insurers, and workers' compensation plans report specific information about Medicare beneficiaries who have other insurance coverage. This reporting is to assist CMS and other insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

We are asking you to answer the questions below so that we may comply with this law.

Please review this picture of the Medicare card to determine if you have, or have ever had, a similar Medicare card.



Section I

Are you presently, or have you ever been, enrolled in Medicare Part A or Part B?														<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If yes, please complete the following. If no, proceed to Section II.																			
Full Name: (Please print the name exactly as it appears on your SSN or Medicare card if available)																			
Medicare Number:										Date of Birth (Mo/Day/Year)									
**Social Security Number: (If Medicare Number is Unavailable)										-				-		Sex		<input type="checkbox"/> Female <input type="checkbox"/> Male	

** Note: If you are uncomfortable with providing your full Social Security Number (SSN), you have the option to provide the last 5 digits of your SSN in the section above.

Section II

I understand that the information requested is to assist the requesting insurance arrangement to accurately coordinate benefits with Medicare and to meet its mandatory reporting obligations under Medicare law.

Claimant Name (Please Print)

Medicare Number

Name of Person Completing This Form If Claimant is Unable (Please Print)

Signature of Person Completing This Form

Date

If you have completed Sections I and II above, stop here. If you are refusing to provide the information requested in Sections I and II, proceed to Section III.

Section III

Claimant Name (Please Print)

Medicare Number

For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Reason(s) for Refusal to Provide Requested Information:

Signature of Person Completing This Form

Date

ESTABLISHING CARE

How do I go about choosing a provider at Sea Mar to be my primary care physician?

To establish a provider as your primary physician at Vashon Sea Mar you just need to call the clinic at 206-463-3671 and schedule an appointment with the provider you want. Just let the front desk know you want to make that provider your primary care physician.

Can I choose which doctor?

Yes, you can choose your doctor at Vashon Sea Mar.

Are all of the clinic providers accepting new patients?

Yes, all our providers are accepting new patients.

Do any of the clinic providers limit their patient panels by age, gender or medical condition?

We do not have any providers limiting their panels.

Can I see the same provider each time I make an appointment?

Yes, we try to schedule with the same provider if you make that request. If the reason for your visit is urgent or your regular provider is not available, we will schedule you with a provider who is available within a timeframe that meets your needs.

Who are the doctors and other providers at the clinic? What are their backgrounds?

Our current providers are: Thomas Erdmann, MD, family practice; Jeffrey HansPetersen, MD, family practice; Mitzie Laney, ARNP; and Jessica Wesch, MD, family practice and obstetrics. All are Vashon residents.

What kinds of services can the Sea Mar clinic offer me if I choose to have a primary care physician elsewhere, but might find it convenient at times to go to the clinic to avoid a trip to the mainland? Do I first need to register with Sea Mar, or get into their “system” in some way?

You can receive primary care services at Sea Mar Vashon while maintaining a relationship with a primary care provider elsewhere. No pre-registration is required – that can be done the day you are making an appointment.

TRANSFERRING RECORDS

I was a patient at the clinic when NeighborCare operated it. If I choose to continue there with Sea Mar, what should I do to transfer my medical records?

Once you have made your first appointment here at Vashon Sea Mar, we are able to get access to your NeighborCare records through the EPIC system. We can access some records, but we ask patients to complete a “Release of Information” form at their first visit so we can access all their old primary care provider records.

I want to receive my primary care at the clinic, but I was not a patient there with NeighborCare. How do I transfer my records from my current provider to Sea Mar?

If you want to transfer your records to Vashon Sea Mar from another care provider, you can fill out a records release form when in the clinic for your appointment. There are multiple systems we can access through EPIC as well to obtain your medical records.

COVID VACCINATIONS

Can I get a COVID-19 vaccination at the clinic?

Yes. You can save time and a trip by making an appointment in advance, calling (206) 463-3671. Drop-ins are welcome without an appointment, but making arrangements in advance may save you a wasted trip, since Sea Mar is trying to concentrate patients into a few days a week to synchronize with the reduced demand for vaccinations and avoid wasting leftover vaccine from the multi-dose vials.

INSURANCE/PAYMENT

What insurance does Sea Mar bill from the clinic?

Sea Mar takes most insurance, including Medicaid (Apple Health), Medicare, Kaiser Permanente and numerous others.

How do I determine if Sea Mar will accept my insurance?

The best way to determine if Sea Mar takes your insurance is to call your insurance company to verify.

I'm uninsured. What's the process for determining what and how I will pay?

We have a sliding fee scale for services for patients who are uninsured or underinsured. This sliding scale and the cost of services are based on your household size and household income. You can view the scales for medical, behavioral health and dental services, in English and Spanish, at seamar.org/sliding-fee. The scales also are posted in both languages in the clinic lobby (while we do not have dental on Vashon, it's good to have that information for anyone who may go off-island to another Sea Mar clinic for dental care).

What do I need to provide to demonstrate I qualify for a sliding fee discount?

In order to apply, we ask that you bring proof of income to your first appointment. Our front desk staff will help you fill out the application during the registration process, and will also provide an estimate of what you can expect to pay. We are always available if you need help understanding the sliding fee scale; our front desk staff will be more than happy to help.

REFERRALS/SPECIALISTS

How does Sea Mar handle referrals? Can I request a certain specialist? Can I get primary care at Sea Mar while continuing with my existing specialists?

Referrals are handled in clinic by your provider care team. You can request to go to a specific specialist. We do work with your insurance to make sure the cost is covered, as going outside of your insurance may cost you more out-of-pocket. You can continue primary care here at Vashon Sea Mar while seeing your current specialists.

How does Sea Mar coordinate with outside providers or specialists? How are records shared?

Sea Mar coordinates care with your outside provider or specialists through chart notes and the electronic health record system.

WALK-IN CARE AND SAME-DAY APPOINTMENTS

If I suffer an acute injury or illness, can I get care at the clinic without an appointment? Must I first be a patient of record with Sea Mar?

If you suffer an acute injury or illness you can get care here at the clinic without an appointment, and without being a previously registered patient. We will register you at the time you are being seen. We try to keep several appointments open each day for this reason. We are limited in our scope of practice, and are not an emergency room. There is a

chance that after you have been assessed by our team, they may determine, for your health and safety, that you should go to an emergency room.

What are some examples of acute injuries and illnesses that the clinic can treat on a walk-in or same-day appointment basis? What kinds of acute injuries or illnesses are beyond its scope?

Some examples of acute injuries we can treat are lacerations, fractures and sprains. We can treat a wide variety of acute illnesses. Due to COVID, however, we are limiting in-person treatment of respiratory viruses at the clinic. We would have you schedule a phone appointment with a provider for the first visit and follow up from there.

You should call 911 INSTEAD OF coming to the clinic if you experience any of the following. Again, the clinic is NOT an emergency room:

- High fever that medicine cannot bring down
- Injury to neck or spine
- Poisoning
- Head injury / concussion
- Major burns
- Chest pain / heart attack
- Seizures
- Stroke / stroke symptoms
- Broken bones that have punctured the skin
- Paralysis
- Severe pain anywhere in the body
- Any severe injury
- Unconsciousness
- Deep wounds
- Coughing or vomiting blood
- Major allergic reactions
- Uncontrollable vomiting or diarrhea
- Drug or alcohol overdose
- Suicidal thoughts
- Electrical shock
- Bleeding that will not stop
- Removal of glass or other foreign bodies

What if I need care after business hours – at night or on weekends?

One of the clinic providers is on call nights and weekends. Call the main clinic number: 206-463-3671. They cannot care for you right away, but can give advice, and may be able to see you as soon as the clinic re-opens. For potentially life-threatening issues, always call 911 for immediate medical attention.

TELEMEDICINE

Are telehealth appointments available? Are they just by telephone, or is video also available?

Telehealth appointments are available, both by phone and video.

SPANISH-SPEAKING PATIENTS

Do you have Spanish-speaking interpreters available for telephone calls? For doctor visits? Are there interpreters on-site?

We have Spanish interpreter services available by phone through our Health Care Authority broker, Universal Language Services, for all telephone calls and phone and office visits. We do not at this time have on-site interpreters available, but do we do have plans to have bilingual, Spanish-speaking staff.

ANCILLARY SERVICES

What lab services are available at the clinic? Are they available just to Sea Mar patients, or to patients who receive primary care elsewhere?

We offer full lab service here at Vashon, five days a week. We will continue to provide outside lab orders, meaning that if you have a specialist order a lab you can get it done here at Sea Mar Vashon. You do not have to be a patient at Sea Mar for outside orders to be done.

Can I get X-rays at the clinic?

Yes. A new X-ray technician has completed training, and the clinic is again offering this service.

Questions from Vashon Health Care District, based on input from the community. Answers provided by Sea Mar Vashon, current as of July 5, 2021.

I have a list of problems I want to discuss

Let your provider know that you may need more time..

Ask for another appointment. That way your healthcare provider can spend enough time focusing on each problem, and provide better care.

I get sick or injured and the clinic is closed.

One of the providers is on call nights and weekends. Call the main clinic number. They cannot care for you right away but can give advice and may see you as soon as the clinic reopens.

I think I may be having a heart attack or a stroke

*****CALL 911 Do not come to the clinic first*****

Remember--this is our island clinic. If we use it wisely we help them provide good care, we help keep the clinic open...and that helps us all !



How to get the most benefit from my Sea Mar clinic visit



- Plan ahead and decide : what is my most important concern for this visit?
- If I have a new problem: When did it start? Is there a pattern? What have I tried already? What makes it worse and what makes it better?
- If there is a change in my medications: bring a list of my meds or bring them to my visit in a bag
- If I have questions: write them down so I don't forget them
- If I have had any significant life changes: mention them during the visit

SeaMar CHC
Vashon Medical & BH Intergrated, Dept 317 & Dept. 410
For the 02nd Month Period Ending May 31, 2021

SeaMar CHC -
Vashon
Contract Period - Nov
2020 through March

SeaMar CHC -
Vashon
Contract Period - Nov
2020 through May

Fiscal Period	2 Current Month	1 Prior Month	Variance	Current YTD	% Change from Prior Month	YTD Nov 2020 - Mar 2021	%	Contract YTD (Nov 20- May 21)	%
Clinic Days per Month	19	22	(3)	41		121		162	
Visits	1,025	1,115	(90)	2,140	91.9%	4,505		6645	
Visits per Clinical Day	54	51	3	52	105.9%	37		41	
Annualized Productivity	4,231	3,753	479	3,976		3,838			
Personnel Cost per Visit	128	114	14	121		139		133	
Supplies per Visit	34	16	18	25		22		23	
Direct Cost per Visit	195	186	9	190		184		186	
Total Cost per Visit	218	210	8	213	103.8%	220		218	
FTEs									
Providers	3.20	3.39	(0.19)	3.30					
Support Staff	6.79	7.28	(0.49)	7.04					
	9.99	10.67	(0.68)	10.33	93.6%				
Provider to Staff Ratio	2.12	2.15	(0.03)	2.14					
	Current Month	Prior Month	Variance	Current YTD	Payer Mix %	YTD Nov 2020 - Mar 2021	Payer Mix %	Contract YTD (Nov 20- May 21)	Payer Mix %
Private Pay	23,146	28,269	(5,123)	51,415	6.7%	62,188	4.2%	113,603	5.1%
Medicaid FFS	4,089	2,178	1,912	6,267	0.8%	37,286	2.5%	43,553	1.9%
Medicare FFS	88,145	105,609	(17,465)	193,754	25.2%	425,510	28.9%	619,264	27.6%
Medicare Advantage FFS	116,053	107,674	8,379	223,727	29.1%	380,919	25.9%	614,654	27.4%
Commercial Ins	88,310	103,207	(14,897)	191,518	24.9%	390,927	26.5%	582,445	26.0%
Other FFS	2,099	2,027	73	4,126	0.5%		0.0%	4,126	0.2%

Managed Care FFS	56,070	40,841	15,229	96,911	12.6%	173,041	11.7%	269,952	12.0%
TOTAL FEE FOR SERVICES	377,913	389,805	(11,892)	767,718	100.0%	1,473,492	100.0%	2,241,210	100.0%
TOTAL MEDICAID								313,505	14.0%
TOTAL MEDICARE								1,233,918	55.1%
Bad Debt Allowances	(20,778)	(22,818)	2,040	(43,597)		(203,173)		(246,770)	
Uncompensated Care	(15,669)	(29,719)	14,050	(45,388)		(70,259)		(115,647)	
Contractual Allowances	(243,043)	(229,172)	(13,871)	(472,215)		(883,043)		(1,355,258)	
DEDUCTIONS FROM REVENUES	(279,491)	(281,710)	2,219	(561,200)		(1,156,476)		(1,717,676)	
TOTAL NET FEE FOR SERVICES	98,423	108,095	(9,673)	206,518		317,016		523,534	
Managed Care Capitation	321	866	(545)	1,187		4,225		5,412	
FQHC Enhancement	38,042	32,704	5,339	70,746		97,306		168,052	
TOTAL MANAGED CARE	38,363	33,570	4,793	71,933		101,531		173,464	
GRANTS	0	0	0	0		78		78	
County Contracts	125,000	125,000	0	250,000		625,000		875,000	
Other Contracts & Funding	0	50	(50)	50				50	
CONTRACTS	125,000	125,050	(50)	250,050		625,000		875,050	
TOTAL NET REVENUE	261,786	266,715	(4,929)	528,501		1,043,626		1,572,127	
EXPENSES						YTD	%	Contract	%
						Nov 2020 -		YTD	
						Mar 2021		(Nov 20-	
								May 21)	
Total Salary	106,674	99,989	6,686	206,663		499,306		705,969	
Fringe Benefits	24,797	27,144	(2,346)	51,941		125,246		177,187	
TOTAL PERSONNEL	131,472	127,132	4,340	258,604		624,552		883,156	
Operating Supplies	34,731	18,046	16,686	52,777		96,912		149,689	
Depre & Amortization	901	901	0	1,802		4,220		6,022	
Building & Equipment Rental	7,430	7,341	89	14,771		43,349		58,120	
Repair and Maintenance	209	4,440	(4,231)	4,649		9,333		13,982	
Utilities	1,281	1,066	214	2,347		7,356		9,703	
Telephone	0	453	(453)	453		260		713	
Technology	0	766	(766)	766		17,440		18,206	

Office Supplies	300	1,003	(703)	1,303	1,196	2,499
Other Contractual Services	21,925	45,003	(23,078)	66,928	16,344	83,272
Travel & Meeting	671	845	(173)	1,516	4,013	5,529
					2,698	2,698
Interest Expense	935	1	934	935	3,419	4,354
TOTAL EXPENSES	<u>199,855</u>	<u>206,996</u>	<u>(7,142)</u>	<u>406,851</u>	<u>831,091</u>	<u>1,237,942</u>
NET CONTRIBUTION	61,931	59,719	2,212	121,650	212,535	334,185
Total Allocated Indirect Costs	23,198	26,715	(3,517)	49,913	158,929	208,842
TOTAL EXPENSES	223,053	233,711	(10,658)	456,764	990,019	1,446,783
NET GAIN / (LOSS)	\$38,733	\$33,004	\$5,729	\$71,737	\$52,606	\$124,343