CCMC HOSPITAL SERVICES BOARD OF DIRECTORS
AGENDA
JULY 29, 2026, SPECIAL MEETING
12:00PM HYBRID IN-PERSON

AT CCMC, WE BELIEVE THAT HEALTHY PEOPLE CREATE A HEALTHY COMMUNITY.

Board of Directors
Kelsey Hayden exp. 3/29
Liz Senear exp. 3/27
Ann Linville exp. 3/28
Diane Ujioka exp. 3/27
Shelly Kocan exp. 3/28
CEO
Hannah Sanders, M.D.
CFO
Denna Stavig

OPENING: Call to Order
Roll Call - Kelsey Hayden, Liz Senear, Ann Linville, Diane Ujioka and Shelly Kocan.
Establishment of a Quorum

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS (Speaker must give name and agenda item)
1. Audience Comments
2. Guest Speakers

B. CONFLICT OF INTEREST
C. APPROVAL OF AGENDA
D. APPROVAL OF MINUTES
1. June 24, 2026, Meeting Minutes — Pgs 1-4

E. REPORTS OF OFFICERS OR ADVISORS
1. July 2026 CEO Report — Pg 5
2. July 2026 CFO Report — Pgs 6-9
3. Q2 Medical Director Report — Pg 10
4. Q2 Director of Nursing Report — Pgs 11-12
5. Q2 Quality Report — Pgs 13-14
6. Q2 Director of Support Services Report — Pg 15
7. Q2 Behavioral Health and Dietary Report — Pgs 16-17

F. DISCUSSION ITEMS
G. ACTION ITEMS
1. Financial Services Manual — Pgs 18-41
   i. Procurement Policy- Section VIII — Pgs 33-41
   ii. Memo for Approval of Financial Services — Pg 42
2. Employee Handbook — Pgs 43-93
   i. Memo for Approval of Employee Handbook — Pgs 94-95

I. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker) Members of the public are given the opportunity to comment on matters which are within the subject matter authority of the Board and are appropriate for discussion in an open session.
J. BOARD MEMBER COMMENTS
K. EXECUTIVE SESSION
L. ADJOURNMENT

This Board of Directors meeting will be held via ZOOM:
https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09&omn=87257285186#success
Meeting ID: 467 570 1050; Passcode: 379187
To call in: 1-253-215-8782
Meeting ID: 467 570 1050; Passcode: 379187
For a full packet, go to www.cityofcordova.net/government/boards-commissions/health-services-board

*Executive Session: Subjects that may be considered in executive session are: 1) Matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; 2) Subjects that tend to prejudice the reputation and character of any person, provided that the person may request a public discussion; 3) Matters which by law, municipal charter, or ordinance are required to be confidential; 4) Matters involving consideration of governmental records that by law are not subject to public disclosure; 5) Direction to an attorney or labor negotiator regarding the handling of specific legal matters or labor negotiations.

CORDOVA COMMUNITY MEDICAL CENTER
HOSPITAL SERVICES BOARD OF DIRECTORS MEETING MINUTES

Date: June 24, 2026
Time: 12:00
Location: CCMC Conference Room/Zoom Meeting Room

1. Call to Order

The meeting was called to order at 12:08.

2. Roll Call

Board Members Present:

- Liz Senear (Vice-Chair)
- Kelsey Hayden
- Diane Ujioka
- Shelly Kocan (Treasurer)

Board Members Absent:

- Ann Linville (Chair)

A quorum was established.

3. Communications, Visitors, and Petitions

None.

4. Conflict of Interest Disclosures

None reported.

5. Approval of Agenda

Motion: Diane Ujioka moved to approve the agenda.
Second: Kelsey Hayden
Vote: Motion carried unanimously.

6. Approval of Minutes

Motion: Diane Ujioka moved to approve the prior meeting minutes.
Second: Kelsey Hayden
Vote: Motion carried unanimously.

7. CEO Report

CEO Hannah Sanders introduced Alexis as the new Board Clerk and welcomed her to this new role.

Dr. Sanders provided an update on Rural Health Transformation activities, including:

- Submission of CCMC's Rural Health Transformation funding applications.
- Upcoming regional convening hosted by the State of Alaska.
- CCMC's submitted proposals including:
    - Approximately $2 million for a pharmacy transformation project.
    - Behavioral health integration planning and consulting.
    - Senior dining and community education space improvements.

Dr. Sanders explained that the pharmacy project would establish sterile compounding and hazardous medication handling capabilities, allowing CCMC to provide additional infusion services locally and reduce patient travel.

8. Financial Report

CFO Denna Stavig was absent from the meeting. The board reviewed the financial statements included in the board packet.

Discussion included:

- Lower than-anticipated patient volume.
- Lack of swing bed utilization during the reporting period.
- Contractual adjustments and bad debt write-offs.
- Overall year-to-date financial performance remained ahead of budget projections despite a challenging month.

9. Discussion Items

None.

10. Action Items

Approval of CAH Modernization Coordinator

Motion: Kelsey Hayden motioned to approve the addition of one FTE CAH Modernization Coordinator position with an annual budget impact of $120,000, including salary and fringe benefits, as presented by administration.
Second: Diane Ujioka

Discussion included:

- Project management needs associated with the generator replacement project and anticipated Rural Health Transformation projects.
- Expected reimbursement of position costs through grant and project funding.
- Long term succession planning and facilities support needs.

Roll Call Vote:

- Liz Senear- Yes
- Kelsey Hayden- Yes
- Diane Ujioka- Yes
- Shelly Kocan- Yes

Result: Motion carried unanimously.

Approval of Credentials

Motion: Kelsey Hayden motioned that the CCMC Hospital Authority Board approve full privileges for Robert Hurlow, MD.

Second: Diane Ujioka

Administration reported that Dr. Hurlow had successfully completed a mentored credentialing period and had received favorable recommendations from medical staff leadership.

Roll Call Vote:

- Kelsey Hayden – Yes
- Liz Senear – Yes
- Diane Ujioka – Yes
- Shelly Kocan – Yes

Motion passed.

11. Audience Participation

None.

12. Board Member Comments

Board members discussed:

- Upcoming Rural Health Transformation Regional Meetings.
- Registration and participation logistics.
- State and federal funding processes.
- Generator replacement project status.
- Future facility infrastructure needs and long-term hospital planning.

13. Next Meeting

The next regular meeting was scheduled for July 29, 2026.

14. Adjournment

Motion: Diane Ujioka moved to adjourn the meeting.
Second: Kelsey Hayden

The meeting was adjourned at 12:35.

JULY 2026 CEO Report

Volume:

Hospital volume has been low across departments this period, and this is reflected directly in the financials. We are monitoring volume trends. Volume declines are broad-based rather than isolated to a single service.

Rural Health Transformation

The State of Alaska Department of Health (DOH) has not yet issued award notifications for Year 1 funding, and notification is running behind the timeline we had anticipated.

- Statewide context: DOH received nearly 1,800 Letters of Interest and narrowed the field to roughly 400 projects for further review as of early June; final funding decisions have not yet been announced statewide.
- The State is under its own pressure to obligate Alaska's $272M Year 1 allocation by an October 2026 deadline or risk forfeiting unspent funds back to the federal government.
- DOH anticipates opening a Year 2 LOI/application window in early fall 2026, with performance periods potentially starting January 1, 2027.
- We will report award outcomes as soon as DOH notifies us.

Congressional Appropriation

CCMC submitted its HRSA Community Project Funding/CDS construction grant application, covering three infrastructure projects: the emergency generator/electrical upgrade, fire alarm panel replacement, and HVAC return fan replacement. We are now awaiting HRSA's award decision. The generator/electrical upgrade is the priority project pending this award.

Statewide:

- Statewide nursing shortage: the Alaska Board of Nursing reports roughly a 22% vacancy rate for hospital RN positions, an average of 118 days to fill an open RN role, and a need for about 1,350 new nursing recruits annually — pressures that are especially acute in rural and frontier facilities like CCMC.
- Coverage and uninsurance: federal subsidy changes under the One Big Beautiful Bill Act have reduced ACA marketplace enrollment in Alaska by roughly 10% and are expected to add to Medicaid attrition over time as new work requirements take effect.

	Actual	Budget	Variance	Percent Variance	FY2026 Actual	FY2026 Budget	Variance	Percent Variance
	**********SINGLE MONTH**********				**********YEAR TO DATE**********			
REVENUE								
ACUTE REVENUE	$185,431.48	$500,477.40	($315,045.92)	-63%	$1,338,431.28	$1,212,310.18	$126,121.10	10%
SWING BED REVENUE	$155,777.72	$384,900.73	($229,123.01)	-60%	$1,742,515.29	$2,308,617.69	($566,102.40)	-25%
LONG TERM CARE REVENUE	$484,521.76	$403,376.80	$81,144.96	20%	$2,575,913.96	$2,432,023.36	$143,890.60	6%
CLINIC REVENUE	$81,455.01	$121,608.79	($40,153.78)	-33%	$472,822.34	$582,010.53	($109,188.19)	-19%
ANCILLARY DEPARTMENT REVENUE	$463,837.69	$389,672.53	$74,165.16	19%	$2,268,820.33	$2,097,489.58	$171,330.75	8%
EMERGENCY DEPARTMENT REVENU	$217,013.68	$795,498.53	($578,484.85)	-73%	$2,405,684.72	$2,629,715.23	($224,030.51)	-9%
BEHAVIORAL HEALTH REVENUE	$34,180.00	$26,428.72	$7,751.28	29%	$200,249.00	$141,115.28	$59,133.72	42%
RETAIL PHARMACY REVENUE	$234,136.46	$201,827.30	$32,309.16	16%	$1,305,002.96	$1,250,140.94	$54,862.02	4%
REVENUE	**$1,856,353.80**	**$2,823,790.80**	**($967,437.00)**	**-34%**	**$12,309,439.88**	**$12,653,422.79**	($343,982.91)	-3%
DEDUCTIONS								
CHARITY	($11,328.13)	($16,239.90)	$4,911.77	-30%	($58,259.06)	($65,280.18)	$7,021.12	-11%
CONTRACTUAL ADJUSTMENTS	($486,383.32)	($755,341.40)	$268,958.08	-36%	($3,716,613.81)	($4,028,476.90)	$311,863.09	-8%
ADMINISTRATIVE ADJUSTMENTS	($24,288.43)	($7,203.66)	($17,084.77)	237%	($105,610.62)	($49,919.07)	($55,691.55)	112%
BAD DEBT	($220,875.00)	$35,976.27	($256,851.27)	-714%	($715,753.38)	($144,917.10)	($570,836.28)	394%
DEDUCTIONS TOTAL	**($742,874.88)**	**($742,808.69)**	**($66.19)**	**0%**	**($4,596,236.87)**	**($4,288,593.25)**	($307,643.62)	7%
COST RECOVERIES								
GRANTS	$0.00	$672.70	($672.70)	(1)	$217,031.45	$210,887.28	$6,144.17	0
IN KIND CONTRIBUTIONS	$16,685.63	$16,682.63	$3.00	0%	$100,113.78	$100,315.78	($202.00)	0%
OTHER REVENUE	$19,588.98	$7,094.27	$12,494.71	176%	$115,774.19	$44,415.40	$71,358.79	161%
COST RECOVERIES TOTAL	**$36,274.61**	**$24,449.60**	**$11,825.01**	**48%**	**$432,919.42**	**$355,618.46**	$77,300.96	22%
TOTAL REVENUES	$1,149,753.53	$2,105,431.71	($955,678.18)	-45%	$8,146,122.43	$8,720,448.00	($574,325.57)	-7%
EXPENSES								
WAGES	$558,806.72	$565,329.96	($6,523.24)	-1%	$3,332,050.83	$3,518,183.13	($186,132.30)	-5%
TAXES & BENEFITS	$270,709.34	$280,274.65	($9,565.31)	-3%	$1,782,162.19	$1,662,379.94	$119,782.25	7%
PROFESSIONAL SERVICES	$427,139.28	$269,164.38	$157,974.90	59%	$1,932,746.36	$1,558,240.43	$374,505.93	24%
SUPPLIES	$243,159.49	$210,598.64	$32,560.85	15%	$1,398,822.07	$1,312,484.67	$86,337.40	7%
MINOR EQUIPMENT	$12,312.73	$2,057.19	$10,255.54	499%	$28,369.53	$52,615.67	($24,246.14)	-46%
REPAIRS & MAINTENANCE	$31,863.69	$4,589.70	$27,273.99	594%	$84,933.67	$44,889.89	$40,043.78	89%
RENTS AND LEASES	$17,845.79	$12,921.21	$4,924.58	38%	$102,773.99	$79,485.07	$23,288.92	29%
UTILITIES	$53,945.22	$47,455.37	$6,489.85	14%	$323,847.35	$290,152.96	$33,694.39	12%
TRAVEL & TRAINING	$13,036.97	$2,572.61	$10,464.36	407%	$78,981.45	$55,439.21	$23,542.24	42%
INSURANCE	$24,076.92	$22,014.56	$2,062.36	9%	$155,118.44	$133,230.61	$21,887.83	16%
RECRUITMENT AND RELOCATION	$1,051.16	$232.94	$818.22	351%	$5,719.57	$3,043.09	$2,676.48	88%
DEPRECIATION	$38,877.83	$38,568.23	$309.60	1%	$275,892.15	$275,273.03	$619.12	0%
OTHER EXPENSES	$7,678.16	$30,890.94	($23,212.78)	-75%	$91,757.82	$96,016.30	($4,258.48)	-4%
TOTAL EXPENSES	**$1,700,503.30**	**$1,486,670.38**	**$213,832.92**	**14%**	**$9,593,175.42**	**$9,081,434.00**	$511,741.42	6%
NET INCOME	**($550,749.77)**	**$618,761.33**	**($1,169,511.10)**	**-189%**	**($1,447,052.99)**	**($360,986.00)**	($1,086,066.99)	301%

	JUN 2026	JUN 2025	NET CHANGE
ASSETS			
CURRENT ASSETS			
CASH & CASH EQUIVALENTS	$1,727,726.24	$1,478,964.26	$248,761.98
NET ACCOUNTS RECEIVABLE	$2,380,749.96	$2,385,700.20	($4,950.24)
THIRD PARTY RECEIVABLE	($1,934.66)	$728,230.34	($730,165.00)
CLEARING ACCOUNTS	$133,618.69	$84,750.63	$48,868.06
PREPAID EXPENSES	$78,383.96	$69,576.66	$8,807.30
INVENTORY	$575,432.95	$517,295.09	$58,137.86
CURRENT ASSETS	$4,893,977.14	$5,264,517.18	($370,540.04)
PROPERTY PLANT & EQUIPMENT			
LAND	$122,010.00	$122,010.00	$0.00
BUILDINGS	$8,666,889.19	$8,666,889.19	$0.00
EQUIPMENT	$10,223,024.55	$10,181,930.16	$41,094.39
CONSTRUCTION IN PROGRESS	$95,726.60	$20,170.70	$75,555.90
SUBTOTAL PP&E	$19,107,650.34	$18,991,000.05	$116,650.29
LESS ACCUMULATED DEPRECIATION	($16,083,184.49)	($15,532,007.97)	($551,176.52)
TOTAL PROPERTY PLANT & EQUIPMENT	$3,024,465.85	$3,458,992.08	($434,526.23)
OTHER ASSETS			
GOODWILL PHARMACY	$150,000.00	$150,000.00	$0.00
AMORTIZATION GOODWILL	($127,500.00)	($112,500.00)	($15,000.00)
GOODWILL PHARMACY	$22,500.00	$37,500.00	($15,000.00)
PERS DEFERRED OUTFLOW	$792,989.85	$792,989.85	$0.00
OTHER ASSETS	$815,489.85	$830,489.85	($15,000.00)
TOTAL ASSETS	**$8,733,932.84**	**$9,553,999.11**	**($820,066.27)**

LIABILITIES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	$641,507.45	$402,209.82	$239,297.63
PAYROLL AND RELATED LIABILITIES	$964,532.30	$872,601.98	$91,930.32
OTHER CURRENT PAYABLES	$0.00	$0.00	$0.00
INTEREST AND OTHER PAYABLES	$570.53	$1,283.44	($712.91)
LONG TERM DEBT CITY	$5,466,458.55	$5,466,458.55	$0.00
OTHER CURRENT LONG TERM DEBT	$250,731.00	$329,293.53	($78,562.53)
TOTAL CURRENT LIABILITIES	$7,323,799.83	$7,071,847.32	$251,952.51
LONG TERM LIABILITIES			
2015 NET PENSION LIABILITY	$8,778,433.00	$8,778,433.00	$0.00
TOTAL LONG TERM LIABILITIES	$8,778,433.00	$8,778,433.00	$0.00
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	($3,607,683.00)	($3,607,683.00)	$0.00
DEFERRED INFLOWS OF RESOURCES	($3,607,683.00)	($3,607,683.00)	$0.00
TOTAL LIABILITIES AND FUND BALANCE	$12,494,549.83	$12,242,597.32	$251,952.51
UNRESTRICTED FUND BALANCE	($2,710,351.78)	($2,254,175.34)	($456,176.44)
TEMPORARY RESTRICTED FUND BALANCE	$20,090.50	$18,513.60	$1,576.90
NET POSITION (EQUITY)	($2,690,261.28)	($2,235,661.74)	($454,599.54)
NET INCOME	($1,070,355.71)	($452,936.47)	($617,419.24)
LIABILITY AND FUND BALANCE	**$8,733,932.84**	**$9,553,999.11**	**($820,066.27)**

Cordova Community Medical Center Statistics

Days per Month	31	28	31	30	31	30	31	31	30	31	30	31		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Total	Monthly Average
Hosp Acute+SWB Avg. Census		29												
FY 2022	1.6	3.3	2.8	2.1	1.5	1.9	3.5	3.5	3.9	0.5	1.0	2.1		2.3
FY 2023	2.5	1.3	2.3	3.6	2.0	0.5	1.1	0.5	2.3	2.7	2.9	2.9		2.1
FY 2024	1.4	1.4	1.4	0.6	1.9	1.3	1.7	2.4	2.7	1.6	0.9	0.7		1.5
FY 2025	0.7	2.2	2.5	1.4	0.5	2.8	4.7	2.7	3.1	2.7	0.8	0.2		2.0
FY 2026	0.4	1.7	3.8	1.7	1.3	0.7								1.6
Acute Admits														
FY 2022	6	1	2	3	5	7	8	4	3	4	3	5	51	4.3
FY 2023	1	3	6	2	5	4	5	4	2	2	3	4	41	3.4
FY 2024	4	4	2	1	5	8	3	4	12	7	4	4	58	4.8
FY 2025	2	4	3	2	1	6	9	5	8	4	4	2	50	4.2
FY 2026	4	7	14	2	4	3								5.7
Acute Patient Days														
FY 2022	15	11	7	10	8	10	21	9	12	7	5	14	129	10.8
FY 2023	3	9	16	15	15	11	18	4	12	4	9	10	126	10.5
FY 2024	12	14	10	1	18	29	15	15	31	13	10	21	189	15.8
FY 2025	7	13	23	7	2	43	33	25	29	17	21	6	226	18.8
FY 2026	9	32	42	9	8	10								18.3
SWB Admits														
FY 2022	1	3	0	1	2	2	3	2	4	2	2	1	23	1.9
FY 2023	2	1	3	2	1	1	1	0	3	2	3	1	20	1.7
FY 2024	2	2	1	0	4	1	2	1	3	1	2	0	19	1.6
FY 2025	1	2	2	1	0	4	3	2	3	3	0	0	21	1.8
FY 2026	1	1	5	0	0	2								1.5
SWB Patient Days														
FY 2022	34	81	79	54	37	48	89	101	104	7	24	52	710	59.2
FY 2023	73	28	55	94	48	5	15	13	57	80	79	81	628	52.3
FY 2024	30	25	34	16	42	11	39	58	50	38	18	2	363	30.3
FY 2025	15	48	53	36	12	41	112	60	64	66	4	0	511	42.6
FY 2026	4	15	76	43	31	10								29.8
CCMC LTC Admits														
FY 2022	0	0	0	0	0	1	0	0	0	0	0	0	1	0.1
FY 2023	0	0	0	1	1	0	1	2	0	1	0	0	6	0.5
FY 2024	1	0	0	0	0	0	0	0	0	1	0	0	2	0.2
FY 2025	0	1	0	0	0	0	1	0	1	0	0	1	4	0.3
FY 2026	0	0	1	0	1	1								0.5
CCMC LTC Resident Days														
FY 2021	300	300	298	300	310	299	298	310	300	310	298	309	3,632	302.7
FY 2022	310	280	310	300	310	299	310	310	300	310	290	310	3,639	303.3
FY 2023	310	280	310	309	296	270	257	268	252	271	270	279	3,372	281.0
FY 2024	309	290	290	270	262	240	248	248	240	254	270	279	3,200	266.7
FY 2025	273	250	279	270	279	270	283	257	252	248	240	258	3,159	263.3
FY 2026	250	213	249	240	279	279								251.7
CCMC LTC Avg. Census														
FY 2022	10	10	10	10	10	10	10	10	10	10	10	10		10.0
FY 2023	10	10	10	10	10	9	8	9	8	9	9	9		9.2
FY 2024	10	10	9	9	9	8	8	8	8	8	9	9		8.7
FY 2025	9	9	9	9	9	9	9	8	8	8	8	9		8.7
FY 2026	8	8	8	8	9	9								8.3
ER Visits														
FY 2022	38	38	42	50	75	85	76	97	64	63	38	46	712	59.3
FY 2023	62	39	67	39	56	84	109	100	69	40	48	45	758	63.2
FY 2024	58	44	37	39	51	97	80	78	79	55	42	55	715	59.6
FY 2025	44	50	59	43	76	94	99	106	70	52	47	66	806	67.2
FY 2026	51	61	56	57	61	57								57.2
PT Procedures														
FY 2022	275	459	551	394	307	352	396	384	360	201	274	442	4,395	366.3
FY 2023	364	322	458	405	345	209	304	325	479	550	436	343	4,540	378.3
FY 2024	302	213	291	289	341	252	256	321	402	270	266	277	3,480	290.0
FY 2025	341	388	306	341	294	317	356	301	267	316	175	225	3,627	302.3
FY 2026	232	218	202	278	351	368								274.8
OT Procedures														
FY 2022	122	190	251	134	120	229	243	200	197	53	87	164	1,990	165.8
FY 2023	94	51	152	115	75	94	70	106	167	163	144	104	1,335	111.3
FY 2024	121	56	79	86	133	85	122	82	131	92	107	115	1,209	100.8
FY 2025	87	89	96	147	89	246	173	136	135	152	0	11	1,361	113.4
FY 2026	40	45	147	76	183	149								106.7
Lab Tests														
FY 2022	825	576	671	902	958	699	610	822	594	585	499	553	8,294	691.2
FY 2023	545	546	575	578	801	655	766	649	512	501	478	539	7,145	595.4
FY 2024	513	526	503	778	814	628	703	637	667	593	576	502	7,440	620.0
FY 2025	542	447	627	787	672	872	746	603	735	579	449	577	7,636	636.3
FY 2026	573	462	709	864	624	544								629.3
X-Ray Procedures														
FY 2022	82	63	64	94	60	82	69	93	51	72	58	61	849	70.8
FY 2023	72	45	63	49	50	88	97	107	83	71	61	67	853	71.1
FY 2024	76	54	88	54	75	54	82	64	60	62	58	44	771	64.3
FY 2025	79	61	62	51	67	100	83	77	86	88	56	62	872	72.7
FY 2026	53	85	96	81	56	61								72.0
CT Procedures														
FY 2022	21	21	36	25	29	42	31	26	16	30	15	28	320	26.7
FY 2023	30	18	22	18	16	36	39	34	26	4	23	24	290	24.2
FY 2024	38	27	2	16	19	29	31	32	29	17	17	27	284	23.7
FY 2025	23	20	32	20	28	45	48	56	36	32	29	28	397	33.1
FY 2026	35	37	24	24	19	24								27.2
CCMC Clinic Visits														
FY 2022	288	196	199	237	260	241	221	212	304	359	219	182	2,918	243.2
FY 2023	221	158	151	176	214	188	230	289	242	371	216	193	2,649	220.8
FY 2024	205	188	196	188	241	202	250	209	235	298	205	163	2,580	215.0
FY 2025	201	175	196	181	220	219	207	186	235	262	201	174	2,457	204.8
FY 2026	164	149	161	165	152	178								161.5
Behavioral Hlth Visits														
FY 2022	84	74	83	79	82	67	74	99	126	125	108	94	1,095	91.3
FY 2023	150	68	86	98	122	86	94	97	94	106	136	118	1,255	104.6
FY 2024	167	128	117	118	79	51	53	75	68	96	99	108	1,159	96.6
FY 2025	108	86	82	107	87	87	118	104	99	99	104	92	1,173	97.8

Cordova Community Medical Center Medical Director Report 2nd Quarter Report

July 19, 2026

Quarterly chart reviews are performed for all deaths and transfers. Random chart reviews are also performed for all physicians. This includes care in the emergency department, inpatient, observation, swing bed and long-term care. I will be performing chart reviews for the second quarter soon.

Our long-term care census was at ten residents briefly but is now down to eight. We should be back up to ten shortly with new residents being admitted. One nice thing about these new admissions is that these people are from the Cordova community. We are always glad when our community members can benefit from our services. Our swing bed program continues to get patients regularly.

Our emergency department visits are down somewhat this summer compared to average. This is likely multifactorial. Dr. Hurlow has joined our group of emergency physicians and has been a regular part of the rotation this spring and summer. We are happy to have him, along with all of our other current physicians who provide excellent care to our community members.

I hope everyone is able to get out and enjoy some of what the rest of summer has to offer in spite of the very poor fishing season.

Respectfully,

Curtis M. Bejes, M.D.

Cordova Community
MEDICAL CENTER
P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

Chief Nursing Officer Report

2nd Quarter, 2026

7/22/2026

Leadership

CCMC continues to focus on quality of care and improving staff satisfaction and retention within each department. The 2nd quarter saw a steady increase in patient volume, which was well supported by our additional float nurse position. We are working on updating and increasing our Trauma policies and procedures as part of the effort to become a Trauma Level IV facility. We also continue our work and preparedness for pediatric patients by defining procedures specifically for children.

Staffing

Permanent staffing gained one nurse in June! A CHS graduate has returned to Cordova after passing his NCLEX and is learning the float position currently. This means we have 2 in the ER, 2 in LTC and 1 in Float. We have maintained 2 local as-needed ER nurses, 3 local as-needed Float nurses for the swing and acute patients, and 5 full-time travel nurses (3 ER/Float, 2 LTC). We are continuing to seek permanent full-time ER, Float, and LTC nurses. Our Certified Nursing Assistants (CNA) are all permanent staff, and all 4 of our current full-time Unit Clerks are licensed CNAs as well. We have one CHS graduate working as a CNA this summer between college semesters. She is on a pre-nursing track and we are glad to be a part of her continuing nursing education.

Summer so far has not been quite as busy as last year. We continue to staff extra CNAs on the acute side as needed when our census is high. Our hospital case manager, Olivia Carroll, has been busy assisting our hospitalized patients with insurance and social needs, as well as coordinating referrals from outside facilities. We have seen an uptick in referrals for both swing and LTC and will continue to work with outside hospitals. Madeline Ladd has been coordinating with outside providers and families for LTC referrals.

Education Plan

A TNCC instructor came in May and renewed or newly certified many of our nursing staff. He also taught a Pediatric emergency class which was well attended. I continue to share online resources trough AHHA or other nursing organizations for continuing education, with a recent focus on pediatrics. There will be some new policies and procedures to get acquainted with as our trauma program grows. We are planning a mock code for August for CCMC staff that

will be a pediatric case, as well as a joint mock code in September with EMS and 1-2 Guardian life flight nurses.

Part of our application for the RHTP funds includes expanding our infusion services. This will create the need to have infusion certified nurses on staff. Both of our current permanent ER nurses are willing to pursue this education when the time calls for it.

We continue to encourage and assist employees with education goals as often as possible. Our hope is to foster an atmosphere of growth and encourage learning among current staff, so that we can continue to offer excellent and safe patient care in all departments.

Census

We currently have 9 Long Term Care residents, with a 10th on the horizon by the end of July. There were a total of 6 swing bed patients during the 2nd quarter, for a combined total of 90 swing bed days. There were 168 ER patient encounters.

Please don't hesitate to reach out with any questions.

Olivia Moreno

CNO

Cordova Community MEDICAL CENTER

Board of Directors

Quarterly Quality Report

July 2026

CCMC continues to prioritize continuous quality improvement through staff education, process improvement projects, regular facility surveillance and chart reviews. The quality improvement committee meets quarterly. The last quarterly meeting was held in July of 2026.

Recent quality related events:

- One of most wide reaching quality improvement projects of 2026 involves updating and improving our onboarding and orientation program. This process involved significant planning and communication amongst the leadership team and all department heads. We have already deployed our updated job specific orientation training for new employees and will use our updated annual training plan for all employees in 2027. Goals include: No future CMS tags related to training deficits, onboarding and annual training plans will be assigned at more convenient times and in digestible chunks. Additionally, department heads will have visibility of their employees onboarding and continuing education status.
- We had our state LTC survey in mid March. Our QAPI committee is very engaged in our plans of correction and we are in compliance with all of our tags and their plans of correction.
- Our interdisciplinary team meets weekly to discuss all swing bed and awaiting LTC care patients. This team includes DON, RN, physician on-call, PT, OT, pharmacist, case manager and Director of Operations. We focus on current and future care needs, as well discharge planning.

Noelle Camarena

Director of Operations

CCMC Authority Board of Director's Quarterly Report
July 22, 2026
Director of Support Services
Tamara Russin

Clinic

Now is a great time to get kids into the Clinic for annual well exams. Providers can go over normal milestones, immunization needs, answer questions from both patient and parent, and complete any needed school forms for participation. Commercial insurances cover annual well exams with no out-of-pocket costs.

Dr. Kaufman, Podiatrist, is in the Clinic July 27 and 28. Appointments are made through her office, Anchorage Foot and Ankle Clinic, at 907-344-2155.

Dr. Barry, Pediatrician, will be in Clinic August 19. Please call the Clinic at 907-424-8200 to schedule.

Human Resources

Staffing: Assuring adequate staffing is an ongoing effort at CCMC. Growing and maintaining all services requires collaboration and flexibility. CCMC has been fortunate to fill several positions with talented local hires and augment the workforce with experienced travelers.

Recent local hires:

Patient Accounts Specialist: Emily Anderson

Rehab Receptionist/SLPA: Marita Kleissler

Float RN: Rich Collado

Recruitment: There are open positions on the CCMC website. Some positions such as nursing will need ongoing traveler support but ideally CCMC would prefer to hire permanent staff for as many positions as possible. This includes a permanent Emergency Department provider based in Cordova, a permanent Physical Therapist, and permanent Behavioral Health Clinician.

Newly posted position:

Modernization Coordinator: The congressional appropriation projects will require management and oversight to meet and fulfill all requirements. This position will provide support which includes grant compliance, contractor management, and project coordination. Support would also be provided for any Rural Health Transformation Program applications that are funded.

Please encourage anyone interested in work at CCMC to look on the CCMC website or contact me directly.

July 2026 Board Report (4/1/2026-6/30/2026)
Sound Alternatives
Barb Jewell-Director of Community Services

Behavioral Health

Sound Alternatives provided 381 services to 43 clients in this past quarter; a slight increase in services from the past quarter. We experienced a significant slowdown in the last weeks of the quarter, receiving no referrals in the month of June. Staff provided 7 emergency service interventions to 3 clients.

We continue to await information from the state regarding funding. The good news is that the state announced they were rescinding their decision to cut grants by 75%. They announced they would reinstate the current continuation grant, but as of this report still have not announced the funding amount.

Dietary & Senior Services

Last quarter we reported that we had noticed a significant drop in services compared to last year's 3rd quarter, As noted, some of this decrease is due to older Cordovans who were heavy users of the senior services passing away, but wanted to make sure that the data is being entered and accounted for correctly. Upon auditing the data, we discovered a significant number of unreported services; upwards of 450 missed services. This was due to a changeover in the data collection system used by the state. These numbers have been corrected in our system and will be updated on our end of he year report to the state.

This quarter Dietary staff provided a total of 4993 meals, roughly 10% more than last quarter but also 10% less than same time last year. We have noticed a decline in the number of seniors coming in for Congregate meals. We provided 1658 meals for Long Term Care, 850 meals through the Congregate meal program and 1741 Home delivered meals, 379 meals for staff, 120 meals for Acute Care Patients and 245 meals for swing bed patients.

In addition to meals, we have provided 353 rides this past quarter. We also provided 39 Homemaker services. These services include picking up groceries or medications.

We completed our biannual survey, receiving 30 responses. Of note only one response rated services as fair. All other responses indicate either Excellent (75%) or Fair (25%). Respondents indicate that Senior services improved their quality of life, helped them eat more balanced meals, created healthier friends and social interactions and saved them from getting soaked going to the post office.

We will continue to focus on getting the word out about senior services to make sure that the people who are eligible are informed of the services.

Cordova Community Medical Center (CCMC) is a not-for-profit critical access hospitals whose mission is to provide quality health care and social services to all persons regardless of economic status with the understanding that the term health is an inclusive one that seeks to improve the quality of life of the whole community.

Table of Contents

POLICY ONE: GENERAL ACCOUNTING REQUIREMENTS

1.1 Establishing Financial Policies

Purpose: To define authority to set/modify policies and procedures and establish a responsibility structure to ensure appropriate oversight for policy changes.

Policy: All new financial policies and changes to any existing policies must be approved by CCMC's Hospital Authority Board.

Procedure:

1. All financial policies and procedures will be reviewed by the management at a minimum of every two years.
2. It is the responsibility of the Chief Financial Office (CFO) to communicate the need for a new policy or changes to existing policies to the Hospital Administrator and the Hospital Authority Board.
3. It is the responsibility of the CFO to communicate any significant or unusual changes in the financial position and condition of CCMC to the Hospital Administrator and the Hospital Authority Board.
4. The CFO will oversee the process of developing recommendations for new policies and changes to existing policies.
5. All operating procedures within the finance and patient accounting departments will be established in accordance with applicable regulations of governing and administrative agencies, including, but not limited to Generally Accepted Accounting Principles (GAAP), Medicare Cost Principles, and the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200).
6. The CFO will review all suggested policy changes with the Administrator and when appropriate, the Hospital Authority Board.
7. The Hospital Authority Board will approve all necessary polices by majority vote.
8. It is the responsibility of the CFO to implement and maintain operating procedures in accordance with approved policies.

1.2 Maintenance of Accounting Records

Purpose: To define the specific structure of the financial system.

Policy: CCMC will maintain a rational, appropriately structured financial system based on Generally Accepted Accounting Principles.

Procedure:

1. CCMC's fiscal year will run from January 1st to December 31st.
2. CCMC will maintain its accounting records according to the accrual basis of accounting.
3. An audit of CCMC's financial books and position will be conducted annually as soon as possible following the close of the fiscal year by an independent and qualified auditor. The audit will be conducted in accordance with the requirements of 2 CFR Part 200, Subpart F (Audit Requirements), when CCMC's federal expenditures meet the Single Audit threshold.
4. Upon completion of the audit, the accountant's audit report will be presented to the Hospital Authority Board for review and approval. The CFO has final responsibility for the proper use

and maintenance of the operational accounting system used for CCMC.

5. The general ledger (GL) and patient accounting system will be closed on a monthly basis. Revenue and expense accounts will be closed to the fund balance account annually at the close of the fiscal year.

1.3 Chart of Accounts

Purpose: To ensure the chart of accounts is properly maintained.

Policy: CCMC will maintain a chart of accounts which is designed to organize the finances of CCMC and to segregate expenditures, revenues, assets and liabilities in order to report the financial health of CCMC and to provide accurate cost reporting data.

Procedure:

1. The chart of accounts will be structured to facilitate data collection and completion of the Medicare and Medicaid cost reports.
2. All financial transactions will be designated by an account G/L code.
3. For ease of preparation of different reports, the chart of accounts will be designed to segregate each individual department and cost center.
4. The chart of accounts will be reviewed annually by the CFO and Finance Staff.
5. Any changes to the chart of accounts must be approved by the CFO and documented accordingly.
6. Accounts no longer needed will be inactivated as soon as that determination has been made and all use cases have been checked.

1.4 Cost Control and Fraud Prevention

Purpose: To control costs and prevent fraud.

Policy: The Hospital Administrator will minimize costs and spend funds responsibly.

Procedure:

1. Spending in excess of 10% of the overall approved annual operating budget must be authorized by the Hospital Authority Board. In addition, capital purchases in excess of $25,000 require board approval.
2. The CFO and Hospital Administrator are authorized to access federal grant funds in accordance with applicable federal requirements.
3. Excess cash funds, as determined by the CFO and Hospital Administrator, may be invested into interest- bearing instruments with approval from the Hospital Authority Board. All dollars received from the Federal government must be placed into an interest-bearing account until used.
4. The Hospital Administrator has authority to enter into arms-length transactions for service, consulting/personnel, and other operational contracts on behalf of the organization. Any contract with a related party or with any potential for a conflict of interest must be authorized in advance by the Hospital Authority Board.
5. CCMC avoids contracting with employees or their families for services or projects not normally included in their job description such as construction projects or computer support. These projects are subjected to a competitive bidding process.
6. The Hospital Administrator will receive approval from the Hospital Authority Board prior to

signing a contract for building or land purchases; initiating construction or renovation projects; or obligating the organization for long-term lease arrangements (in excess of 3 years).

1.5 Bank Accounts

Purpose: To ensure proper asset management and minimize opportunity for abuse.

Policy: The opening or closing of bank accounts must be authorized in advance by the Hospital Authority Board.

Procedure:

1. CCMC will maintain a checking account for operations and payroll and an interest-bearing savings account.
2. CCMC maintains a repurchase account that functions as a sweep account. Excess funds are automatically transferred into the account, and funds are transferred out as needed to meet operational requirements.
3. Additional bank accounts will be opened and maintained for merchant account transactions as needed.
4. Transfers must be documented indicating the purpose for the transfer and the accounts transferred from and to.
5. All open accounts will be reconciled on a monthly basis by the Finance Department and reviewed by the CFO.

1.6 Financial Reports

Purpose: To ensure all parties responsible for managing CCMC have the information necessary to make informed decisions.

Policy: Financial data will be communicated to the Hospital Authority Board and Management Team in a timely manner.

Procedure:

1. The Hospital Administrator will determine the reporting requirements and timeframe for communicating to Management.
2. Financial reports, including, but not limited to the Balance Sheet and Income Statement, will be completed each month under the direction of the CFO.
3. Appropriate patient accounting reports, including patient statistical reports, as defined by the CFO and Hospital Administrator, will be maintained by the CFO for use in monitoring operations.
4. The CFO will ensure all federally mandated reports, including, but not limited to the Medicare and Medicaid cost report and Federal Single Audits are submitted by the appropriate deadline, or with appropriate extension requests in order to provide accurate information.
5. The CFO and Finance Department will prepare a preliminary budget for review and comment by management before the close of the fiscal year. The CFO will formulate the annual operating budgets based on incremental changes to the previous budget and historical financial data. The operating budget will be presented to the Hospital Authority Board annually for approval at least one month prior to the start of the related fiscal year.

1.7 Records Retention

Purpose: To protect the safety and integrity of records.

Policy: Records will be maintained and stored to ensure information is protected and accessible at all times.

Procedure:

1. Access to financial and patient accounting records will be controlled through the use of passwords and user access privileges for computerized records and physical measures for hard-copy records.
2. The computerized financial accounting systems will be backed up on a daily basis utilizing a cloud based back up.
3. All financial and patient accounting records will be held for the appropriate length of time in accordance with federal and legal requirements and in accordance with Admin Policy 102.

1.8 Monthly Reconciliation

Purpose: To ensure that all transactions were processed properly.

Policy: A monthly reconciliation process should occur as part of the monthly closing procedures for all types of accounts (balance sheet and income statement).

Procedure:

1. The bank statements are reconciled on a monthly basis by someone other than the person making deposits. The reconciliation is then reviewed by the CFO.
2. Credit card and any other billing statements are reconciled for accuracy each month.

1.9 Annual Independent Financial Audit

Purpose: To provide an objective independent examination of the financial statements to increase the value and credibility of the financial statements produced by management.

Policy: The Finance Department will compile data to assist in the preparation of an annual audit which will be conducted by an independent audit firm.

Procedure:

1. Each year an independent audit firm will be engaged to conduct an audit for CCMC.
2. The Finance Department prepares the monthly books and reviews them for accuracy on a regular basis.
3. All payroll taxes are cleared at the end of the year.
4. All bank statements are reconciled.
5. Accruals are set-up for accounts payable and payroll at year end and during the year at any grant or program end if they don't coincide with CCMC's fiscal year.
6. A detailed list of accounts payable and accounts receivable is ready upon auditor request.
7. The auditor is provided with a trial balance that is in balance.
8. A detailed list of all capital assets bought and sold during the fiscal year is available.

9. If CCMC has notes or loans payable, the auditor is provided with paperwork on all new loans and balances as of the end of the fiscal year for all existing loan obligations.
10. A bad debt estimate is prepared.
11. If any leases or contracts are in force, copies are prepared for the auditor's use.
12. Documentation for any significant facility renovations and/or improvements completed during the year is provided.
13. Copies of minutes from Hospital Authority Board meetings are available.
14. Checks, including voided checks are filed and maintained for 7 years.
15. Invoices are filed in alphabetic order by vendor and maintained for 7 years.

1.10 Maintenance of Check Numbers

Purpose: To provide internal control of all checks.

Policy: Checks will be stored in a secure location. All checks whether blank, issued or voided will be documented and maintained in order to assure adequate controls over access to disbursements.

Procedure:

1. When ordering a new supply of checks, a sufficient lead time should be allowed for printing and delivery to prevent running out.
2. Checks are ordered when the existing supply is low.
3. Voided checks are processed in the system and filed in a voided check file.
4. All checks will be secured in such a manner that only authorized staff have access.

POLICY TWO: ASSET MANAGMENT

2.1 Fixed Assets

Purpose: To ensure an accurate and up-to-date valuation of CCMC assets.

Policy: Fixed (Capital) assets will be valued and depreciated properly.

Procedure:

1. All depreciable fixed assets will be depreciated over their estimated useful lives using the straight-line method, without regard to salvage value.
2. The valuation of equipment, whether purchased or fabricated, will be based on unit cost. The total unit cost will be determined by the sum of the cash disbursed (purchase price less applicable discounts plus applicable transportation, installation charges and parts necessary for the proper functioning of the item for each unit; and the net book value of any assets given in exchange.)
3. The determination of an asset's useful life will be based upon the current American Hospital Association Estimated Useful Lives of Depreciable Hospital Assets or other appropriate reference source as designated by the CFO.
4. All new assets with an initial cost of $5,000 or greater will be considered capital items and depreciated.
5. Repair and maintenance expenses that total under $20,000.00 will not be capitalized unless they significantly improve or change function, or will significantly prolong its life.
6. Costs for projects not completed are tracked over the time needed to complete the job and

then capitalized at the time the project is placed into use by CCMC. These items will be recorded as construction-in-progress on the financial statements.
7. Land, certain land improvements, construction-in-progress, inexhaustible works of art, historical treasures and similar assets are not depreciated.
8. A record of capital assets will be maintained on a continuous basis. The record will include purchase of new assets and retirement and/or disposal of existing assets.
9. A physical inventory of capital assets will be conducted annually.
10. Capital assets may only be disposed of (sold or salvaged) with prior approval from the Hospital Administrator. For all assets purchased with Federal dollars that have a net book value of $5,000 or more, CCMC must obtain approval from the funder before disposing of the asset.
11. A formal bid process is required for all equipment purchases greater than $25,000.
12. Purchase of any single item costing more than $25,000, not previously approved through the budget, requires authorization by the Hospital Authority Board.

2.2 Physical Inventories

Purpose: To ensure that inventory is accounted for correctly and safeguard the organization's assets.

Policy: A physical inventory of equipment and pharmaceuticals will be conducted annually.

Procedure:

1. An inventory of CCMC's equipment will be conducted annually by site. This inventory will include assets and non-assets to prepare an estimated value for insurance purposes.
2. A physical inventory will be conducted of supplies in the following departments: Materials Management, Pharmacy, Retail Pharmacy, and Dietary. This is completed for the Medicare Cost reports as well as facility records.

POLICY THREE: PURCHASING

3.1 Purchasing Process

Purpose: To contain cost and prevent fraud.

Policy: CCMC's CFO will provide proper oversight for the purchasing process. The Materials Manager will manage the purchasing processes. Purchasing policies and protocols must be adhered to at all times.

Procedures:

1. The CEO/Administrator is authorized to purchase items up to $24,999.99 without board approval. Anything $25,000.00 or over must be presented to the board for approval.
2. Department managers are authorized to make purchases up to $1,000.00. Anything over $1,000.00 must be approved by the CEO/Administrator.
3. Preferred vendors for supplies and other common use items will be established periodically utilizing our current Group Purchasing Organization (GPO) and/or a contract review process as necessary. The contract review process will consider quality, availability and reliability as well as price.

4. Established Purchasing Policies and Procedures will be followed.

3.2 Petty Cash

Purpose: To manage cash and prevent fraud.

Policy: A petty cash fund will be maintained by a designated staff member for the payment of miscellaneous expenses.

Procedure:

1. The petty cash fund is used for payment of miscellaneous expenses with a maximum amount of fund expenditures of $300.
2. Petty Cash funds are reimbursed at the end of the month or whenever the fund's balance is depleted.
3. The approved reimbursement form and receipts are attached to check copies in the Accounts Payable files.
4. All petty cash disbursements must be approved by the Department Manager or designated staff in advance of incurring the expense.
5. The Department Manager or designated staff will prepare a monthly Petty Cash Log & Reimbursement Request Form detailing all disbursements and send to the Accounts Payable department for reimbursement.
6. The petty cash disbursements are accounted for in the general ledger. The expenses are approved by the designated department manager and coded to the appropriate expense accounts.
7. The CFO reviews and approves the petty cash reimbursement request accordingly, and a check request is prepared to restore the fund to the approved balance.
8. The reimbursement check is drawn to the order of "CCMC Petty Cash."
9. The petty cash box is also used to make change when needed. A bank change border is completed when needed.
10. A surprise audit of the petty cash fund may be conducted at any time at the discretion of the Hospital Administrator or CFO.

3.3 Credit Cards

Purpose: To contain cost and prevent fraud.

Policy: Obtaining a corporate credit card must be approved by the Hospital Administrator.

Procedure:

1. A company credit card will be used for the following situations:
    a. To secure reservations and payment for lodging, and transportation for out-of- town work-related trips.
    b. For meals, transportation or lodging related to recruitment/retention.
    c. For payment of over-the-phone or internet purchases for materials that may not be able to wait for a check to be mailed.
    d. To purchase supplies or materials in instances when a check is not available.
    e. For payment of approved online purchases when an open account with the vendor is not established.
    f. For services such as language assistance, background checks, etc. that require

payment with a credit card.

2. Justification for all credit card usage will be fully documented and must follow CCMC's standard purchasing policies.
3. Payment to the credit card account will be made after all charges and receipts have been reconciled with receipts, expense reports and/or purchase orders.

3.4 Reimbursement for Travel

Purpose: To contain costs and prevent abuse of the system.

Policy: Reimbursement for work-related travel expenses will be made when the completed form and receipts are received and approved for payment.

Procedure:

1. No first-class travel of any kind will be reimbursed.
2. All travel expenses financed with Federal dollars must follow the cost principles in 2 CFR Part 200, Subpart E, including the travel cost requirements of 2 CFR § 200.475.
3. Any employee desiring to travel outside Cordova for official business or for continuing education purposes will complete an Expense/Out of Area Travel Form.
4. When completing this form, include the destination, dates of travel, purpose of the travel and estimated costs.
5. The Supervisor/Department Manager will review the request in terms of appropriateness, cost verses benefit, workload demands, and available travel funds. For provider staff with a continuing education budget, these forms will be sent to the Hospital Administrator for review and approval. Availability of funds will be reviewed and determined prior to the approval by the Hospital Administrator or designee.
6. While on approved out of area travel, the employee will request and receive itemized receipts for airfare, lodging, meals, parking fees, and all other expenses for which reimbursement will be requested. Lodging should be booked at the conference or destination host hotel if possible, otherwise lodging will be booked at a safe, and reasonably priced hotel as approved by the supervisor. Reimbursement for meals and incidentals will not exceed per diem costs up to standard GSA rates. Gratuity reimbursement for meals will not exceed 20% and should be written on the receipt. Alcoholic beverages and snacks do not qualify for reimbursement. Meals will only be reimbursed with an itemized receipt. If the meal is paid by credit card, an itemized bill should be requested. If more than one guest appears on the receipt, the employee must circle what he/she consumed.
7. Within two weeks of return, the employee will complete an expense form recording all final expenses related to the travel to include the date and expense incurred the amount and the purpose. The employee will attach the receipt for each expense recorded, add the total, and submit the completed and signed form to his/her Department Manager/Supervisor for review.
8. The Department Manager/Supervisor will review and certify the submitted form and receipts for appropriateness. The Manager will review the request for accuracy and compliance with policies and forward it to the Hospital Administrator, CFO, or designee for authorization to reimburse.

POLICY FOUR: ACCOUNTS PAYABLE

4.1 Disbursements

Purpose: To contain costs and prevent fraud.

Policy: All disbursements for accounts payable require a written request accompanied by appropriate documentation and approval by the appropriate supervisor.

Procedure:

1. Individuals authorized to sign checks will be approved by the Hospital Authority Board. The Hospital Authority Board members and designated employees are authorized to sign checks.
2. All invoices are forwarded to Accounts Payable for processing with appropriate GL code and department approval. Any Purchase Order items will be processed through Materials Management and marked off against the applicable PO before being sent to Accounts Payable for processing.
3. Accounts Payable will be processed in a timely manner, as agreed upon by the CFO and the Hospital Administrator. All efforts will be made to process payments in accordance with the terms required by the vendor.
4. Approved invoices will be entered into AP and processed in a timely manner.
5. Patient refunds are reviewed by Billing and the CFO and then processed through the accounts payable system.
6. Payable reports can be run at any time upon request. Invoices/vendors to be paid are approved by the CFO.
7. Checks will be cut for vendors selected for payment. All vendor backup invoices will be attached to a copy of the check and filed.
8. Approved check signers review and sign checks. Checks are scanned, copied, attached to the backup, and filed.

POLICY FIVE: CASH MANAGMENT

5.1 Segregation of Duties

Purpose: To manage cash and prevent fraud.

Policy: CCMC maintains a segregation of duties to ensure that receipts received via the mail at the administrative offices are adequately safeguarded and properly deposited.

Procedure:

1. The CFO is responsible for implementing and monitoring cash management protocols.
2. The mail is opened and sorted each day. Staff will segregate checks from other material, scan, and then forward the other material for distribution to the appropriate individual/department.
3. The designated staff member manually enters the cash and checks in a spreadsheet separated by payer type.
4. The designated staff member will prepare the deposit slip weekly. A separate staff member will run a calculator tape of each of the deposits and verify the totals balance to the spreadsheet and the deposit form.
5. All payments by individual patients are posted against the self-pay receivable and any insurance payment is posted against that particular insurance carrier's account.
6. All checks are scanned in and sorted by deposit type. The Billing Specialist will review the deposits, post the payments, and ensure that all postings match the deposit
7. The deposit is taken to the bank by a designated staff member.

5.2 Recording of Revenues

Purpose: To manage cash and prevent fraud.

Policy: Controls are established to ensure that all receipts are properly recorded in the accounting records.

Procedure:

1. Medical encounters are generated in the Electronic Health Record (EHR) system and directly interfaced with the practice management billing system. All electronic encounters include the CPT/DPT and ICD codes.
    a. Patient payments made in person may be accepted at the front desk.
2. Patient payments may be made by check, cash, or credit card.
3. All patient payments received will be posted to the billing system on the date of receipt.
4. Checks must be made payable to "Cordova Community Medical Center" or "CCMC" to be accepted. All checks must be endorsed.
5. Receipts will be issued as requested by the patient/guarantor.
6. All receipts will be identified with enough detail to help prepare the monthly financial reports. The CFO will determine the categories used to identify receipts.
7. Each month, the journal entries for contract, and patient revenue are booked with the corresponding entries to the appropriate receivable accounts on the General Ledger (GL). All adjustments to patient accounts are also booked at this time.
8. Patient accounts are aged on a monthly basis.

5.3 Bank Deposits

Purpose: To manage cash and prevent fraud.

Policy: There should be a segregation of duties to ensure that receipts received at the centers are adequately safeguarded and properly deposited.

Procedure:

1. The Department Managers are responsible for implementing and monitoring cash management protocols as defined by the CFO at the centers.
2. Credit card receipts will be reconciled every day to the credit card daily batch totals. The Billing Specialist will save the batch total to include with the end of day reconciliation. A credit card reconciliation/verification spreadsheet will be completed by the billing specialist and verified by the CFO or designee.
3. Credit card deposits are made automatically by the vendor. When the monthly bank statement is issued, the CFO of designee will reconcile the bank deposits with the credit card reconciliation/verification spreadsheet.
4. Bank deposits for cash and checks received will be made weekly. A receipt from the bank will be given at the time of each deposit.
5. A copy of the weekly deposit, the daily credit card reconciliation/verification spreadsheet, a copy of the bank deposit ticket, and the bank deposit receipt, are scanned and saved by the Finance Department.
6. If there is a discrepancy with bank deposits and documentation, the finance staff member will notify the CFO who will contact the Billing Specialist to verify the deposit amount and the amount posted to the account. Any needed corrections to the system and recorded payments will be made at this time.
7. In the unlikely event a weekly bank deposit cannot be made, the CFO will be informed why the deposit cannot be made and when it will be made.

5.4 Security of Cash Drawers

Purpose: To prevent theft.

Policy: Cash is to be kept in a secure location at all times.

Procedure:

1. Cash may be placed in the front desk cash drawer.
2. The front desk cash drawer is to be locked any time the staff person performing the check-out/cashier function is away from the front desk, including lunch breaks.

5.5 Maintenance of Cash Drawers

Purpose: To manage cash and prevent fraud.

Policy: A cash drawer with a balance between $50 and $100 will be maintained at each front desk, depending on patient volume and size.

Procedure:

1. The center's cash drawer may only be used to make change for patient payments. The cash drawer is not a source of petty cash funds for the center.
2. Shortages and overages are to be reported to the Department Manager. The Department Manager is responsible for notifying the CFO of any cash shortage or overage greater than $20.00.
3. For a shortage a request should be submitted to resupply the funds. For an overage the amount should be deposited in a separate deposited indicating that it is an overage.

POLICY SIX: PATIENT ACCOUNTING

6.1 Patient Billing

Purpose: To specify a standard process for collecting patient payments and billing patients for services rendered.

Policy: CCMC will bill for all services rendered and make every effort to collect assuring that procedures do not present a barrier to care, and patient privacy and confidentiality are protected throughout the process.

Procedure:

1. Statements are generated on a monthly basis and mailed to patients with an account balance greater than five dollars.

6.2 Collections

Purpose: To maximize collection of patient revenues.

Policy: CCMC will make reasonable efforts to collect payment from patients for services rendered on outstanding balances.

Procedure:

1. CCMC sends monthly statements for all patient balances.

2. The first patient statement is sent the month following the date of service.
3. The second and subsequent patient statements are sent monthly until outstanding balances are at zero dollars.
4. Returned statements are processed by clerical staff as follows:
    a. Verify if address has been updated since statement was generated.
    b. Attempt to contact patient for updated address information.
    c. Enter alert note on patient account for bad address.
    d. Mark account to suspend statement until address is updated.

6.3 Maximize Reimbursement Purpose: To maximize patient revenues.

Policy: CCMC will seek to maximize reimbursement through billing, charging and coding accurately.

Procedure:

1. CCMC participates in the Medicaid Program, the Medicare Program, other public assistance programs as applicable, and private third-party payers (hereinafter referred to as insurance) used by our patient population.
2. CCMC maintains electronic access to online or downloaded billing procedure manuals for payers frequently billed if available.
3. The Accounts Receivable (A/R) Department processes claims daily for Medicaid, Medicare and third-party payers and submits them to the contracted clearinghouse. A Claims Submission Detail report is prepared daily and maintained by the A/R Department.
4. A failed claim(s) production report is generated upon submission of claim(s) and worked by A/R. Failed claims by the contracted clearinghouse are worked as received by A/R.
5. Each month an outstanding insurance claims report by aging is generated by A/R. Claims over 60 days are reviewed and prioritized based on payer timely filing rules. Claims are worked to determine what action is needed.
6. Denied insurance claims are worked by A/R no more than thirty days after receipt.
7. Common denials are communicated to the responsible staff member by email, phone and site visits. Errors are sent to staff for correction by Department Managers or designee.
8. A/R will post insurance payments received within three business days of the date on the Administration Daily Funds Summary form. Balances remaining that are determined to be patient responsibility will be adjusted if the patient qualified for Sliding Fee Scale discount and this is not precluded by the insurance contract terms. The patient will receive a patient statement in the next monthly billing cycle.

6.4 Credit Balance

Purpose: To accurately reflect revenues and accounts receivable balances.

Policy: Patient credit balances are limited to a dollar maximum determined by the CFO for all patients, except those covered by Medicare.

Procedure:

1. Accounts with a patient and/or insurance credit balance are reviewed by A/R.
2. Accounts with a Medicare credit balance are reported to Medicare on the CMS-838 within 30 days after the close of the calendar quarter for future recoupment.
3. A/R staff will provide a refund request and supporting documentation on which a credit

balance is due to the CFO for approval.
4. Upon approval, refund checks will be issue by the Accounts Payable department.

6.5 Fee Schedule

Purpose: To maximize revenues.

Policy: Fees, as established by the Hospital Administrator, and CFO will be collected for all patient care services.

Procedure:

1. CCMC's fee schedule is reviewed annually and revised as needed. The CFO reviews current charges in its market and ensures that charges are comparable to similar markets and in line with where they should be according to the Medicare Cost Report.
2. Upon approval, revised fees will be entered in chargemaster.

6.6 Collection from Patients

Purpose: To maximize revenues.

Policy: CCMC supports patient's responsibility to pay for services at the time of service.

Procedure:

1. At the time of the patient visit the staff will make every effort to collect the appropriate payment from the patient or work with the patient to enroll in the CCMC sliding fee scale or to establish a payment plan.
2. CCMC staff members discuss financial matters with patients in a way that ensures privacy.
3. For billing and collection purposes, the clerical staff obtains or verifies telephone, address and insurance information for each patient at each visit. The staff member collects co-pays and explains that payment for balances due, as applicable is expected.
4. If a patient expresses difficulty in paying the entire amount owed, the staff tries to obtain a partial payment.
5. If the patient states that they cannot pay the portion of the balance which is their responsibility, the appropriate staff person offers to arrange a payment plan.
6. If a patient does not have primary care insurance and cannot afford to pay the debt with the assistance of a payment plan, the appropriate staff member asks the patient if they have applied for the CCMC sliding fee scale discount and directs the patient to the appropriate contact.

6.7 Write Off for All Insurances

Purpose: To ensure insurance accounts receivable balances are reasonable for financial reporting.

Policy: To write off any accounts receivable from insurance, which are deemed to be uncollectable.

Procedure:

1. All accounts which are designated insurance with balances over 365 days old will be brought to the CFO and may be written off with approval during the month-end procedures.
2. A write-off summary report will be provided to the CFO.

6.8 Payment Plan

Purpose: To specify use of payment plan for collection of payment for services.

Policy: CCMC will offer Payment Plans for collection of payment for services.

Payment Plan Guidelines

1. Patients may request payment plans or patient accounts may be proactively identified.
2. Patients who are showing good faith efforts to make account payments will not be required to establish a payment plan agreement.
3. Payment plans will have a monthly minimum payment amount of $20.

Payment Plan Agreement

1. Once patients have requested a payment plan or have been selected for a payment plan, a billing team member will reach out to the responsible party.
2. The responsible party will be notified of current account balance and history of payments.
3. Staff will work with the responsible party to set up an agreed upon minimum payment of not less than $20 per month. *Payments less than $20 will not result in declined services.*
4. The payment plans will start the month following the agreement on the date chosen by the responsible party.
5. The original agreement will be retained by the billing department and a copy will be given to the responsible party if requested.
6. Payment plan agreements may be set up by phone, provided the proper paperwork is completed and signed off on.
7. Billing department staff will enter payment plan details into account notes and the payment plan spreadsheet.
8. Patients will continue to get a monthly statement while paying on a payment plan.

6.9 Misuse of Center Funds or Property

Purpose: To decrease opportunities for fraud and abuse.

Policy: Misuse of CCMC funds or property is reported immediately to the appropriate parties.

Procedure:

1. The CFO and the Finance Department are primarily responsible for the ongoing implementation, oversight, review and enforcement of financial policies and procedures that promote integrity and ensure adequate internal controls within.
2. Each person or groups of persons employed by or contracted with CCMC and each member of the Hospital Authority Board has a professional and ethical responsibility to report any suspicion or knowledge of the misuse, misappropriation, or unauthorized use of CCMC funds or property. This includes but is not limited to inappropriate and/or illegal activity involving accounts payable, payroll, procurement, and/or travel.
3. Any suspected or known misuse should be reported to the CFO or, in the event of the CFO's absence, the Hospital Administrator. If the suspected or known misuse involves the CFO, the activity should be reported directly to the Hospital Administrator.
4. If the suspected or known misuse involves the Hospital Administrator, the CFO is empowered to report said misuse to the Chairperson of the Hospital Authority Board.
5. Depending upon the level of suspected misuse, the CFO, Hospital Administrator, or Board Chair will conduct a thorough investigation of all known or suspected inappropriate and/or illegal activities and take action, as required or advised.

SECTION SEVEN: GRANTS MANAGEMENT

7.1 Monitoring and Reporting

Purpose: To ensure that CCMC is fulfilling our obligations in regard to the stewardship of federal, state, and private grant funds.

Policy: Each grant awarded to CCMC will have a program manager assigned to oversee grant activities.

Procedure:

1. Upon receipt of grant award notifications, a program manager will be assigned based on the grant type.
2. Grant award information will be distributed to the assigned program manager.
3. The program manager is responsible for implementing grant activities, comparing expenditures to budget and reporting requirements.

SECTION EIGHT: PROCUREMENT FOR FEDERAL AWARD FUNDS

8.1 Purpose and Scope

Purpose: To establish procurement standards for CCMC when purchasing property, equipment, supplies, or services using funds received under federal awards, including grants, cooperative agreements, and subawards; to ensure compliance with applicable federal requirements; to obtain the best value for federal funds; to maintain transparency and accountability; and to avoid conflicts of interest.

Policy: All procurement transactions funded in whole or in part by a federal award will comply with 2 CFR Part 200, Subpart D — Procurement Standards, as updated effective October 1, 2025. Where Alaska state law or CCMC's internal controls impose stricter requirements than federal regulations, the stricter requirement governs.

Procedure:

1. This policy applies to all CCMC employees, officers, Hospital Authority Board members, volunteers, and agents who are involved in any stage of a procurement transaction funded in whole or in part by a federal award.
2. This policy applies regardless of the dollar amount of the transaction.
3. This policy supplements Policy 3.1 (Purchasing Process). Where a purchase involves federal award funds, the requirements of Policy Eight apply in addition to CCMC's general purchasing thresholds and approval requirements.

8.2 General Procurement Principles

Purpose: To ensure all federally funded procurement transactions satisfy federal general procurement standards.

Policy: All procurement transactions using federal award funds must be necessary, reasonable,

allowable, and conducted with open and free competition to the maximum extent practicable, consistent with 2 CFR § 200.318.

Procedure:

1. Necessity and Allowability: Purchases must be necessary for the performance of the federal award, allowable under applicable federal cost principles (2 CFR Part 200, Subpart E), and consistent with the approved project budget and scope of work.

2. Reasonableness: The price paid for any goods or services must be reasonable — consistent with what a prudent person would pay for the same or similar items under comparable circumstances. Price reasonableness must be documented for all purchases, regardless of dollar amount.

3. Competition: CCMC must pursue open and free competition to the maximum extent practicable for all federally funded procurements. Competition requirements vary by dollar threshold and are described in Sections 8.3 through 8.7. Practices that restrict, eliminate, or otherwise discourage competition are prohibited.

4. Conflict of Interest: No CCMC employee, officer, Hospital Authority Board member, or agent who has a real or apparent conflict of interest — including any financial or personal interest in a vendor, contractor, or supplier — may participate in the selection, evaluation, award, or administration of a contract paid for with federal funds. All individuals involved in procurement decisions must disclose potential conflicts of interest in writing prior to participating in any procurement activity (see Section 8.10). Violations may result in disciplinary action and disallowance of costs.

5. The following practices are strictly prohibited in connection with federally funded procurements:

- Splitting a procurement transaction into smaller purchases for the purpose of avoiding competitive requirements or dollar thresholds (transaction splitting)
- Accepting or soliciting gifts, gratuities, favors, or anything of monetary value from contractors, vendors, or suppliers
- Awarding contracts to vendors who are debarred, suspended, or otherwise excluded from federal programs (CCMC must verify all vendors at sam.gov prior to award; see Section 8.11)
- Using geographic preferences to limit competition, except where expressly authorized by federal statute
- Including unnecessary requirements in specifications that unreasonably restrict competition
- Awarding contracts to the entity that prepared specifications, unless an exception is justified in writing and approved by the CFO

8.3 Procurement Thresholds

Purpose: To define the level of competition and documentation required at each dollar threshold.

Policy: CCMC adopts the federal procurement thresholds established under the Federal Acquisition Regulation (FAR), as incorporated by reference in 2 CFR § 200.1, effective October 1, 2025.

Procedure:

1. The following thresholds determine the level of competition and documentation required for each transaction:

Category	**Dollar Range**	**Competition Required**	**Documentation Required**
Micro-Purchase	Up to $15,000	None required — price must be reasonable	Record of purchase; reasonableness

Category	**Dollar Range**	**Competition Required**	**Documentation Required**
			determination; distribute among suppliers where practical
Simplified Acquisition	$15,001 – $350,000	Price or rate quotes from an adequate number of qualified sources (minimum 3 quotes recommended)	Written quote documentation; source selection rationale; price reasonableness determination
Formal Competitive Procurement	Over $350,000	Full sealed bid (IFB) or competitive proposal (RFP) process with public notice	RFP/IFB; all bids/proposals received; evaluation documentation; written award justification; public notice record
Sole Source / Noncompetitive	Any dollar amount	Competition waived — written justification required before award	Written sole-source justification citing specific allowable exception; CEO/CFO approval required

2. Thresholds are reviewed by the CFO annually. CCMC may set lower internal thresholds at its discretion; CCMC may not set thresholds higher than the federal maximums.

3. The aggregate value of related purchases must be used to determine the applicable threshold — transaction splitting to avoid a higher threshold is prohibited.

Note: *Regardless of the federal thresholds above, CCMC's internal approval limits under Policies 1.4, 2.1, and 3.1 continue to apply — including Hospital Authority Board approval for purchases of $25,000 or more.*

8.4 Micro-Purchases (Up to $15,000)

Purpose: To provide an efficient method for low-dollar purchases while ensuring price reasonableness.

Policy: Micro-purchases may be awarded without soliciting competitive price or rate quotations, provided price reasonableness is documented.

Procedure:

1. The price must be considered reasonable based on research, experience, purchase history, or other documented information.

2. To the extent practicable, purchases are distributed equitably among qualified suppliers over time.

3. The purchasing employee must document the basis for the reasonableness determination at the time of purchase. A receipt, invoice, or purchase record must be retained.

Authority: 2 CFR § 200.320(a)(1)

8.5 Simplified Acquisition Procedures ($15,001 – $350,000)

Purpose: To ensure adequate competition and documentation for mid-range procurements.

Policy: Procurements valued between $15,001 and $350,000 must use simplified acquisition procedures, obtaining price or rate quotations from an adequate number of qualified sources. CCMC's standard is a minimum of three (3) written quotes.

Procedure:

1. The Procurement Officer or designee obtains a minimum of three written quotes. Where fewer than three qualified sources exist, the procurement officer must document the effort to identify sources and justify why fewer quotes were obtained.
2. Simplified acquisition documentation must include:

- A description of the goods or services being procured
- Evidence that at least three sources were solicited (or documentation of why fewer were available)
- Copies of all quotes received, including vendor name, date, and amount
- A written selection rationale explaining which quote was selected and why
- A price reasonableness determination

Note: *Purchases through pre-negotiated Group Purchasing Organization (GPO) agreements where the GPO was competitively established are generally consistent with this requirement. Document the GPO agreement and discount structure in the procurement file.*

Authority: 2 CFR § 200.320(a)(2)

8.6 Formal Competitive Procurement (Over $350,000)

Purpose: To ensure full and open competition for high-dollar procurements.

Policy: All procurements exceeding $350,000 require formal competitive procurement using sealed bidding (IFB) or competitive proposals (RFP).

Procedure:

1. Sealed Bidding (Invitation for Bids — IFB) is the preferred method when requirements can be clearly defined, price is the primary basis for award, and multiple responsible bidders are available. The IFB process requires:

- Preparation of a complete and accurate specification or scope of work
- Public advertisement of the IFB with sufficient time for bidders to prepare responses (minimum 14 days for local procurements; minimum 21 days recommended for construction)
- Public opening of all bids at the time and place specified in the IFB
- Award to the lowest responsive and responsible bidder whose bid conforms to the solicitation
- Documentation of all bids received and written award justification

2. Competitive Proposals (Request for Proposals — RFP) are used when sealed bidding is not appropriate — typically when qualifications, technical approach, or factors other than price are important to the selection decision (e.g., professional services, technology implementation, specialty consulting). The RFP process requires:

- Preparation of an RFP that clearly describes the scope of work, evaluation criteria, and their relative weight
- Public solicitation to an adequate number of qualified sources with sufficient response time
- Receipt and independent evaluation of proposals by at least two reviewers using the stated criteria

- Negotiation with the highest-ranked offeror(s) as appropriate
- Written award justification documenting how the selected vendor best met the stated criteria
- Retention of all proposals received and the evaluation documentation

Authority: 2 CFR § 200.320(b)

8.7 Noncompetitive / Sole-Source Procurement

Purpose: To restrict noncompetitive awards to circumstances expressly permitted by federal regulation.

Policy: Noncompetitive procurement — awarding a contract without competition — is permitted only under circumstances allowed by 2 CFR § 200.320(c) and requires written justification and approval before award.

Procedure:

1. Noncompetitive procurement is permitted only when one of the following applies:
- The item or service is available only from a single source (true sole source)
- A public emergency exists that does not permit the delay required for competitive procurement
- The awarding federal agency or pass-through entity (e.g., Alaska DOH) expressly authorizes noncompetitive procurement in response to a written request
- After solicitation from a number of sources, competition is determined to be inadequate

2. Sole-source procurement is not permitted merely because:
- It is more convenient or faster than competitive procurement
- A particular vendor is preferred by CCMC staff
- A vendor has provided services to CCMC in the past
- Time pressure resulted from poor planning

3. All noncompetitive procurements require:
- A written sole-source justification prepared before contract award, citing the specific allowable exception
- Documentation of the basis for price reasonableness
- Written approval by the CFO for amounts over $15,000 and by the CEO/Administrator for amounts over $100,000
- Notification to the federal awarding agency or pass-through entity as required

Authority: 2 CFR § 200.320(c)

8.8 Contract Requirements

Purpose: To ensure all federally funded contracts contain required provisions and are properly administered.

Policy: All contracts and purchase orders funded by federal awards must be in writing and include, at minimum, the provisions required by 2 CFR § 200.327 and Appendix II to Part 200.

Procedure:

1. The following provisions must be included in all federally funded contracts, as applicable based on contract type and dollar amount:
- Termination for cause and convenience provisions (all contracts over $10,000)
- Equal Employment Opportunity clause (all contracts over $10,000)
- Davis-Bacon Act wage requirements (construction contracts over $2,000)

- Copeland Anti-Kickback Act (construction and repair contracts)
- Contract Work Hours and Safety Standards Act (construction contracts over $100,000)
- Clean Air Act and Federal Water Pollution Control Act compliance (contracts over $150,000)
- Debarment and Suspension certification (all contracts over $25,000)
- Byrd Anti-Lobbying Amendment certification (all contracts over $100,000)
- Rights to audit: access by CCMC, the federal awarding agency, the Comptroller General, and their authorized representatives to all records related to the contract (all contracts)
- Compliance with 2 CFR Part 200 requirements, as applicable

2. The CFO or designated Procurement Officer is responsible for administering all federally funded contracts, including monitoring contractor performance, approving invoices, maintaining contract files, and ensuring deliverables are received in accordance with contract terms.

3. Any contract modifications, extensions, or scope changes must be documented in writing and approved by the CFO before becoming effective.

8.9 Documentation and Record Retention

Purpose: To maintain sufficient records to detail the history of each federally funded procurement action.

Policy: Procurement records must be retained for the longer of three years after final payment or the period required by the applicable federal award terms, consistent with Policy 1.7 (Records Retention).

Procedure:

1. At minimum, the procurement file for each transaction must contain:
- The basis for the procurement method selected
- Selection of contract type
- Contractor selection or rejection rationale
- The basis for the contract price
- Evidence of competition (quotes, bids, proposals received)
- Any approvals required under this policy
- A copy of the executed contract or purchase order
- Invoices and payment records
- Evidence of delivery or performance

Note: *For purchases using RHTP funds specifically, retain all procurement records through at least June 30, 2031, or three years after final closeout of the applicable performance period, whichever is later.*

Authority: 2 CFR § 200.334

8.10 Conflict of Interest Standards

Purpose: To implement the standards of conduct required by 2 CFR § 200.318(c).

Policy: No individual with a real or apparent conflict of interest may participate in any federally funded procurement decision, and gifts or gratuities from actual or potential vendors are prohibited.

Procedure:

1. Any CCMC employee, officer, Hospital Authority Board member, or agent who has a real or apparent conflict of interest with respect to a procurement decision must: (a) disclose the conflict in writing to the CFO (or to the CEO/Administrator if the conflict involves the CFO) before any

procurement activity begins; (b) recuse themselves from all aspects of the procurement, including evaluation, selection, and award; and (c) not attempt to influence the procurement decision in any way.

2. A conflict of interest exists when a person involved in a procurement decision has a financial interest — directly or through a family member or business associate — in any entity that is competing for or has been awarded a contract. This includes ownership interests, employment, consulting relationships, and board memberships.

3. CCMC employees and agents must not solicit or accept gifts, gratuities, favors, entertainment, or anything of monetary value from any actual or potential contractor, vendor, or supplier. De minimis items of nominal value (under $25) that are standard business courtesies are excluded from this prohibition, provided they are not given in connection with a specific procurement decision.

8.11 Debarment and Suspension Verification

Purpose: To prevent awards to excluded parties.

Policy: CCMC must verify that all vendors, contractors, and subrecipients awarded contracts or subawards using federal funds are not debarred, suspended, or otherwise excluded from federal programs prior to award.

Procedure:

1. Verification is performed by searching the System for Award Management (SAM) at sam.gov.
2. A screenshot or printed record of the search result is retained in the procurement file.
3. Verification must occur before contract execution and, for ongoing contracts, annually thereafter.

Authority: 2 CFR §§ 200.213, 200.332; Executive Order 12549

8.12 Small and Disadvantaged Business Utilization

Purpose: To assure participation of small and disadvantaged businesses in federally funded procurement.

Policy: Consistent with 2 CFR § 200.321, CCMC must take affirmative steps to assure that small businesses, minority-owned businesses, women-owned businesses, veteran-owned businesses, and labor surplus area firms are used when possible in procurement under federal awards.

Procedure:

1. Affirmative steps include:

- Including such businesses on solicitation lists
- Assuring that such businesses are solicited whenever they are potential sources
- Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation
- Establishing delivery schedules that encourage participation
- Using the services and assistance of the Small Business Administration and the Minority Business Development Agency

2. Documentation of affirmative steps taken must be retained in the procurement file.

8.13 Construction Procurement

Purpose: To apply additional federal requirements to construction contracts.

Policy: All construction contracts funded by federal awards are subject to this policy and the additional provisions below. Board approval requirements under Policy 1.4 (construction and

renovation projects) continue to apply.

Procedure:

1. Sealed bidding (IFB) is the preferred method for construction contracts over $350,000.

2. Davis-Bacon Act prevailing wage requirements apply to construction contracts over $2,000 and must be included in all solicitations and contracts.

3. Contractors must comply with the Copeland Anti-Kickback Act.

4. Performance and payment bonds may be required for construction contracts over $150,000 as determined by the CFO in consultation with the federal awarding agency.

5. CMS prior approval is required for construction-related activities under RHTP awards as specified in program guidance; no construction contract may be executed until required approvals are obtained.

8.14 Roles and Responsibilities

Purpose: To define accountability for procurement compliance.

Policy: Procurement responsibilities are assigned as follows:

Role	Responsibilities
Chief Financial Officer (CFO)	Owns and administers this policy; approves all sole-source justifications over $15,000; approves all contracts over $100,000; maintains procurement records; conducts annual policy review; trains staff; ensures SAM.gov verification
Chief Executive Officer (CEO) / Hospital Administrator	Approves sole-source justifications over $100,000; approves policy revisions; countersigns major contracts as required by CCMC's signatory authority policy
Procurement Officer / Designee	Conducts day-to-day procurement activities; prepares solicitations; obtains and documents quotes; maintains procurement files; verifies SAM.gov status; processes purchase orders
Program / Department Staff	Identifies procurement needs; provides specifications and requirements to Procurement Officer; certifies receipt of goods or services; notifies CFO of potential conflicts of interest
Hospital Authority Board	Approves this policy and any material revisions per Policy 1.1; receives annual report on procurement activity and compliance

8.15 Policy Violations

Purpose: To decrease opportunities for fraud and abuse and define consequences of noncompliance.

Policy: Violations of this policy are subject to the reporting requirements of Policy 6.9 (Misuse of Center Funds or Property) and may carry the consequences below.

Procedure:

1. Violations of this policy may result in:

- Disallowance of the procurement cost by the federal awarding agency, requiring CCMC to repay the funds from non-federal sources
- Disciplinary action up to and including termination of employment
- Referral to appropriate legal or regulatory authorities

- Suspension or termination of the federal award

2. Employees who become aware of potential violations of this policy are encouraged to report them to the CFO or CEO/Administrator in accordance with Policy 6.9. CCMC prohibits retaliation against any employee who, in good faith, reports a suspected violation.

8.16 Regulatory References

Purpose: To identify the governing authorities for this policy.

Regulation / Authority	Topic
2 CFR §§ 200.317–200.327	Core federal procurement standards for grant recipients
2 CFR § 200.318	General procurement standards — competition, conflict of interest, documentation
2 CFR § 200.319	Competition requirements
2 CFR § 200.320	Procurement methods and thresholds
2 CFR § 200.321	Contracting with small and disadvantaged businesses
2 CFR § 200.322	Domestic preferences (Build America, Buy America)
2 CFR § 200.323	Contract cost and price
2 CFR § 200.324	Federal awarding agency or pass-through entity review
2 CFR § 200.325	Bonding requirements
2 CFR § 200.326	Contract provisions
2 CFR Appendix II	Required contract clauses for non-federal entity contracts
2 CFR § 200.334	Record retention requirements
FAR 2.101 (48 CFR Part 2)	Simplified acquisition and micro-purchase threshold definitions (updated Oct 1, 2025)
Executive Order 12549	Debarment and suspension
Davis-Bacon Act (40 U.S.C. §§ 3141–3148)	Prevailing wage requirements for construction

Memo for Approval of Financial Services

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Financial Services Manual as presented."

Cordova Community MEDICAL CENTER
P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

Cordova Community Medical Center EMPLOYEE HANDBOOK

REVISED: July 29, 2026

This handbook has been reviewed and approved

Administrator/CEO Signature:

Hannah Sanders, MD
Chief Executive Officer

CCMC Authority Board:

CCMC Authority Board of Director

1. INTRODUCTION

1.1 Source of Handbook

The Cordova Community Medical Center ("CCMC" or the "Medical Center") Handbook of employee policies has been prepared to inform and guide all Medical Center personnel. Additional information may be found in other documents and standards, such as resolutions of CCMC Authority Board of Director's, the Cordova City Council, other adopted policies and procedures, and the official plan documents of CCMC's employee benefit plans. In the event you have questions or need clarification of personnel policies, procedures, or expectations, please contact your Department Manager, the Human Resources Manager or the Administrator/CEO.

1.2 Medical Center History

The current CCMC facility was dedicated on May 31, 1986, and is one of Cordova's largest employers. The Medical Center is a Department of the City of Cordova, with its own governing board known as the CCMC Authority Board of Director's. CCMC is certified as a Critical Access Hospital (CAH) and as a Long-Term Care (LTC) facility, and provides community health services including:

- 13-Bed Acute and Swing Care Medical Center
- 10 Long Term Care Beds
- 24-hour Emergency Room Services
- Rehab Services
- Imaging Department
- Laboratory Services
- Primary Care Clinic
- Specialty Clinics
- Sound Alternatives Behavioral Health Clinic

1.3 Purpose of this Handbook

An important goal of CCMC is to inform employees of the Medical Center's rules and regulations, which guide the responsibilities of both the employee and employer. This Handbook is designed solely to provide you with the general nature of such personnel policies. Please keep in mind that the policies and procedures in this Handbook are for general reference only and may not be applicable in all cases. A number of laws apply to CCMC and to the employee/employer relationship, including certain provisions of the Cordova City Code. This Handbook touches on some of the more common requirements. In the event of any conflicts between this Handbook and applicable laws, Medical Center grant requirements, Medicaid requirements, or the obligations of applicable contracts, the governing contract, law or guideline will prevail over this Handbook.

1.4 Handbook Disclaimers

You should familiarize yourself with the contents of this Handbook and, when in doubt about any policy or procedure, or any information contained herein, you should contact your Department Manager or Human Resources.

This Handbook is not an employment contract, and only summarizes policies existing at the time of publication. As such, nothing in this Handbook is intended to alter the fact that your employment is "at-will." CCMC reserves the right to alter, change, add, or delete any policy, procedure, or guideline at any time and without prior or subsequent notice. We will, however, endeavor to let you know of any changes that are made.

1.5 Nature of Employment

Employment at CCMC is voluntary, indefinite in nature, and subject to termination by you or CCMC "at-will", with or without cause, and with or without notice, at any time in accordance with federal, state, and/or local laws. Nothing in this Handbook shall be interpreted to be in conflict with or to eliminate or modify in any way the "at-will" employment status of CCMC employees. This policy of employment "at-will" may not be modified by any member of CCMC management and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved and executed by the Administrator/CEO of CCMC and the CCMC Authority Board Chairperson (or his/her designee).

2. YOUR EMPLOYMENT RELATIONSHIP WITH CCMC

2.1 Equal Opportunity Policy

In order to provide equal employment opportunities to all applicants and employees, CCMC's employment decisions are made without regard to race, creed, color, religion, gender, age, national origin or ancestry, marital status, change in marital status, physical or mental disability, genetic information, pregnancy, parenthood, or any other status or condition protected under federal, state and local laws.

2.2 Reasonable Accommodation of Qualifying Disabilities

CCMC is committed to providing equal employment opportunities to qualified individuals with disabilities, which may include providing reasonable accommodation where appropriate. In general, it is your responsibility to notify the Administrator/CEO or the Human Resources Manager of the need for accommodation. Upon doing so, the Administrator/CEO or Human Resources Manager may ask you for your input on the type of accommodation you believe may be necessary for the functional limitations related to your disability. Accommodation will not be undertaken when providing the accommodation: (1) causes a direct threat to others in the workplace and the threat cannot be eliminated by reasonable accommodation; or (2) if the accommodation creates undue hardship to CCMC. When appropriate, CCMC may seek your permission to obtain additional information from your health care provider regarding your capacity to perform the essential functions of your job position, with or without reasonable accommodation.

2.3 Diversity and Inclusion Statement:

At CCMC, we are committed to fostering a diverse, inclusive, and equitable environment where all employees, patients, and visitors are valued and respected. We believe that embracing diversity enriches our organization and enhances the care we provide to our community.

Diversity: We celebrate the unique backgrounds, experiences, and perspectives of our staff and patients. We are dedicated to building a workforce that reflects the diversity of the communities we serve and to creating an environment where everyone feels welcome and supported.
Inclusion: We strive to create a culture where all individuals feel included and empowered to contribute their best. Our practices and policies are designed to ensure that every voice is heard and that everyone has the opportunity to participate fully in the workplace.
Equity: We are committed to providing fair and equitable opportunities for all employees and patients. We actively work to identify and eliminate barriers that may hinder access to opportunities and resources, ensuring that everyone has the support they need to succeed.

We are dedicated to ongoing education and dialogue to promote understanding and address any issues of inequity or exclusion. Our goal is to maintain a workplace where diversity, inclusion, and equity are integral to our mission and values.

Every employee is expected to uphold these principles and contribute to an environment that supports and respects the dignity of every individual.

2.4 Policy Against Harassment and Discrimination

CCMC is committed to providing a work environment that is free of discrimination and unlawful harassment on the basis of protected status under local, state or federal law. Actions, words, jokes, or comments based on an employee's race, color, creed, religion, national origin, gender, physical or mental disability, age, marital status, pregnancy or parenthood, genetic information, veteran's status, status with regard to public assistance, or any other status protected by federal, state or local law will not be tolerated. Gender-based discrimination, whether or not sexual in nature, and the creation of an unlawful hostile environment based on any other protected characteristic are also prohibited under this policy.

Sexual harassment is specifically prohibited. Examples of unlawful sexual harassment include unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
- Submission to or rejection of such conduct by an individual is used as the basis of employment decisions affecting such individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Unlawful sexual harassment may include, but is not limited to, sexual touching, advances or propositions, use of sexually explicit language, sexual comments or jokes, staring or leering, and displaying sexually suggestive objects or pictures.

Sexual harassment applies to the conduct of a Department Manager toward a subordinate; an employee toward another employee; a non-employee, such as patients, vendors or other business visitors toward an employee; or an employee toward an applicant for employment. Other examples of sexual harassment include inappropriate sexual advances or other unwanted sexual, physical, or verbal conduct at business-related social functions or while traveling on CCMC business. Harassment or discrimination in any context must be reported in accordance with this policy.

Any employee who believes that s/he or another employee is or has been the subject of discrimination or harassment should report the alleged conduct immediately to their Department Manager, the Human Resources Manager, or another member of CCMC management. Any Department Manager who learns of potential sexual or other unlawful harassment or discrimination will promptly consult the Human Resources Manager or the Administrator/CEO.

All complaints will be investigated promptly, thoroughly, and fairly. The length of time it takes to perform the investigation will depend on the nature of the complaint. However, employees are free at any time to inquire about the status of the investigation. The existence and nature of the complaint will be disclosed only to the extent necessary to make a prompt and thorough investigation or as may be necessary to take appropriate corrective measures.

No retaliation or reprisal against any employee for reporting discrimination or harassment concerns will be tolerated.

The facts will determine the response to each allegation. Employee conduct which is found to constitute unlawful discrimination or harassment will be disciplined, up to and including immediate dismissal.

The Alaska Human Rights Commission's address is 2902 Bragaw Street, Suite 300, Anchorage, AK 9950 and its telephone number is (907)274-4692.

2.5 Workplace Violence Policy

CCMC is committed to preventing workplace violence and to maintaining a safe work environment. Given the increasing violence in society in general, CCMC has adopted the following guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that may occur by or against CCMC employees, or members of the public, while on CCMC premises or while performing CCMC business at other locations.

This policy does not apply to security personnel, engaged in their official duties.

All employees, including Department Managers and temporary employees, should be treated with courtesy and respect at all times. Violence, threats, harassment, intimidation, and other disruptive behavior in the workplace (or while on CCMC business outside of the workplace), whether committed by patients, visitors, vendors, or CCMC employees, will not be tolerated.

The following is a nonexclusive list of the types of conduct prohibited by this policy:

- Oral or written statements, gestures, or expressions that communicate a threat of physical harm;
- Physically harming, attempting to harm, or threatening to harm one's self, another person, or property;
- Coercion, intimidation, or stalking of another;
- Use of, or threatening to use, any weapon;
- Any form of non-consensual physical contact (including shoving or grabbing);
- Bringing any unauthorized weapon to CCMC premises;
- Any other conduct that would cause a reasonable person to believe violence may occur.

Individuals who commit such acts may be removed from the premises and subject to criminal penalties. Employees engaging in such conduct also may be subject to disciplinary action, up to and including termination of employment. Further, during an investigation of an incident, an employee may be suspended. If you notice or witness conduct you think is suspicious, please report it immediately to your Department Manager, or any other member of management. Any employee facing a situation that may result in violence should avoid confrontation. Instead, if possible, the employee should retreat to a location of safety and report the incident. However, if you believe there is a threat to personal safety involved, the police should be summoned immediately.

No workplace is immune from disruptive behavior. CCMC needs your cooperation to implement this policy effectively and to maintain a safe working environment. All threats of violence or acts of violence, both direct and indirect, should be reported as soon as possible. This includes threats by employees, as well as threats by patients, visitors, vendors, solicitors, or other members of the public. Additionally, CCMC encourages employees to report any threats of violence or acts of violence that occur in their personal lives that could affect workplace security (i.e. issuance of a restraining order to protect the employee or threatening email received outside the workplace).

All reports of violations of this policy will be taken seriously and will be investigated promptly. CCMC encourages employees to bring disputes and differences to the attention of a Department Manager before the situation escalates into potential violence. As far as reasonably possible, CCMC will maintain the confidentiality of the reporting employee and of the investigation, consistent with the need to investigate and take action. CCMC will not tolerate any retaliation or reprisal by or against any employee who makes a good faith report of, or experiences, workplace violence.

2.6 Confidentiality

Employees of the Medical Center have access to highly personal and confidential information, both in written and unwritten form. All employees are obligated to maintain the confidentiality of information which they access, and to only access such information for the purposes of performing duties or functions of their position. Confidential information is not solely defined in terms of patient or resident information or written records, but also includes:

- Information concerning Medical Center employees or volunteers;
- Information concerning physicians or other professionals affiliated with the Medical Center; and
- Information concerning visitors, families, or patient/residents, whether stored electronically or in document form or obtained through other means of communication.

Sharing proprietary information regarding CCMC operations, practices, and procedures with patients or any other third party is prohibited. Impermissible disclosures of CCMC confidential or proprietary information will result in discipline up to and including immediate termination.

Accessing confidential information for personal advantage or any reason not related to the employee's job responsibilities is a serious violation and is strictly forbidden. Individuals who improperly access, copy or disclose confidential information will be disciplined, and may be referred to proper authorities (including licensing agencies). Unauthorized removal, destruction or loss of any document or protected health information and conduct which creates a risk of impermissible disclosure will result in discipline, up to and including immediate termination.

CCMC is committed to adhering to all state and federal laws regarding patient confidentiality. All employees must comply with the HIPAA Privacy and Security policies and procedures of CCMC. Any questions should be promptly directed to the compliance officer.

2.7 Ethics and Avoiding Conflicts of Interest

The successful operation and reputation of CCMC is built upon the ethical conduct of our employees. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

CCMC will comply with all applicable laws and regulations and expects its employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct. The examples in this policy are not exhaustive and are designed to give you basic guidelines regarding ethical principles.

Ethical principles require that you not take advantage of your position at CCMC to profit personally from any confidential or proprietary information that you receive during your employment.

During your employment you are expected to give patients and residents the most efficient and professional care without expecting any reward beyond your regular pay. You may not ask for or accept a material gift from a patient, resident or vendor. Material gifts include substantial favors, money, free or discounted goods or services, trips, lodging, entertainment or other similar items. CCMC employees must politely but firmly refuse such gifts.

It is a conflict of interest if you have an interest outside of work that interferes with your responsibilities to CCMC or affects your ability to perform your duties properly. You must avoid conflicts of interest and situations where there might be the appearance of a conflict of interest. You may accept outside employment only so long as it does not create a conflict of

interest or interfere with your job performance at CCMC. Employees are required to notify their Department Manager if they work for another employer so that potential conflicts of interest can be investigated.

Failure to disclose a potential conflict of interest may result in discipline. Questions regarding ethical issues and potential conflicts of interest should be discussed with the Compliance Officer or the Administrator/CEO.

3. HIRING POLICIES AND PROCEDURES

3.1 Prerequisites to Commencing Employment

3.1.1 Pre-employment Drug Testing

Applicants who have been given a conditional offer of employment must pass a drug-test to complete offer requirements. Applicants are responsible for completing required testing within the first two days of beginning work. If an employee is unable, unavailable, or otherwise fails to complete the screening in this timeframe, CCMC may withdraw or otherwise modify its offer of employment at its discretion.

3.1.2 Criminal Background Checks

All employees are required to maintain a current and valid State of Alaska background check as a condition of employment.

Renewal Timeline
Employees must initiate the background check renewal process no later than six (6) months prior to the expiration date of their current background check. Early initiation is required due to potential delays associated with fingerprinting and processing in a remote location.

Employee Responsibility
It is the responsibility of each employee to comply with background check renewal requirements and complete all necessary steps within established timelines.

Notification Process
Human Resources (HR) will provide monthly email reminders to employees beginning six (6) months prior to the expiration date of their background check and continuing until renewal is completed.

Monitoring and Oversight
HR will maintain a tracking system for all employee background check expiration dates. Compliance will be monitored on an ongoing basis. The Chief Executive Officer (CEO) will provide secondary oversight to ensure adherence to this policy.

Disciplinary Action
Employees who have not completed the background check renewal process at least two (2) months prior to expiration will be subject to disciplinary action, up to and including termination, in accordance with CCMC disciplinary policies.

Non-Compliance
Employees who do not have a current, valid background check on file by the expiration date will be removed from duty immediately and may be subject to termination of employment.

3.1.3 Licensure and Certifications

Employees required by state or federal law to be licensed, certified or registered to practice a healthcare profession must demonstrate licensure, certification or registration upon hire and maintain such credentials throughout their employment with CCMC. Failure to do so may result in immediate dismissal or result in CCMC withdrawing or modifying an offer of employment.

CCMC will reimburse employees for license and certification renewal required for their position at Cordova Community Medical Center. A completed employee reimbursement form submitted to their manager with attached receipts is needed for reimbursement.

3.1.4 Verification of Employment Eligibility

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility.

3.1.5 Health Screening.

Screening for tuberculosis, varicella, and hepatitis A and B must be completed before an employee commences to perform services for CCMC. A medical exam also may be required, depending on the functions of your position. On the date you are scheduled to commence work, Human Resources will refer you to the Employee Health Nurse, for completion of CCMC's required employee health forms.

All CCMC employees are required to have a yearly tuberculosis screening. The Employee Health Nurse, according to appropriate protocol, will coordinate required screening. Hepatitis A and B vaccinations, Covid-19 and flu vaccinations (when available) are provided to all employees at no cost. Periodic screening for communicable diseases (i.e., Covid-19 or Influenza) may be required. The employee has the right to decline screening and/or vaccination for infectious diseases. The employee must sign a waiver stating they are declining the vaccine or screening tests. By declining the screening or vaccination of communicable illness, they may also be forfeiting the employment.

3.2 Orientation.

New employees meet with CCMC staff for facility orientation and compliance training/onboarding their first day of work. Additionally new employees meet with individual departments for fire/safety training, materials, infection control, and employee health. Once system log-ins are tested, corporate compliance is complete, and onboarding documents are signed, employees begin department specific training.

3.3 Introductory Period.

New employees, rehires and transfers are subject to a 6-month probationary period. During this time, the employee participates actively in any orientation and training applicable to the position, as well as ongoing assessments of his/her skills and suitability for the job position.

Assessments may be informal, and a formal written evaluation may not be provided. The introductory period may be extended, if deemed appropriate by the Administrator/CEO upon recommendation by the employee's Department Manager, to obtain more information and understanding about the employee's skills, training and abilities. If the Medical Center determines that the employee is not suited for the position, separation may occur at any time. Completion of the introductory period should not be construed

as creating a contract nor guarantee of employment for any specific duration. All employees are considered "at-will" at all times and for all purposes.

Introductory employees accrue but are not eligible to use PTO during the first three (3) months of the introductory period, except as approved by the Administrator/CEO. Leave authorized for personal needs during the first three months of the introductory period, other than sickness or bereavement, will be unpaid and will be offered at the sole discretion of CCMC and with the approval of the Administrator/CEO.

3.4 Personnel Records

Your personnel file (including all component files) is maintained by the Human Resources Department. To keep insurance benefits and records of employment up to date, notify Human Resources and your Department Manager of any change in name, address, marital status, dependents, telephone number, citizenship, person to notify in case of emergency, and registration, certification, or licensure. All employee records are held and maintained in confidence and in compliance with state and federal laws. No information is released to third parties without written authorization from the employee, by court order, or as otherwise permitted by law.

Employees are permitted to review their personnel file in the presence of the Human Resources Manager with reasonable advance notice during regular business hours. Copies will be provided upon written request from the employee with advance payment of the reasonable cost of copying.

3.5 Nepotism

No person may be employed in a position directly supervised by another family member. If an employee and his/her Department Manager should marry, they shall elect which employee may continue with the department, and which employee shall apply for a new position within the facility, or who will terminate employment. If that decision is not made within 30 calendar days, CCMC will decide the matter based on the qualifications and staffing needs of the Medical Center.

For purposes of the nepotism policy, "family member(s)" means spouses, parents, children, brothers, sisters, brothers and sisters-in-law, fathers and mothers-in-law, stepparents, stepbrothers, stepsisters and stepchildren. This policy also applies to individuals who are not legally related but who reside with another employee.

4. COMPENSATION

4.1 Employment Classifications

Employees are classified into certain categories, listed below, which may impact compensation and benefits. The term "employee" does not include individuals hired on an independent contractor basis.

4.1.1 Full-time regular employee:

An employee regularly assigned to work a predetermined schedule of 60-80 hours per pay period.

4.1.2 Part-time regular employee:

An employee regularly assigned to work a predetermined schedule of 30-59 hours per pay period.

4.1.3 Temporary employee:

An employee hired as an interim replacement for temporary or seasonal work. A temporary employee's length of service will not exceed twelve months. The duration of each assignment will be determined and documented at the date of hire. Temporary employees are not eligible for PERS.

4.1.4 Casual Employee:

Casual employees work with no set hours or days of work and are normally asked to work when shifts are needed. Casual employees understand there is no firm advance commitment to ongoing work or an agreed upon pattern of work.

If a Casual employee is asked to fill in full-time to cover shifts for specific period, a Contract Detail Letter (CDL) will be created with terms for that coverage. Once the CDL is completed, the employee will remain in Casual status.

CCMC shall offer all casual employees the option to convert to full-time or part-time permanent employment following 12 months casual status, but these employees may elect to continue casual status. Causal status employees are not eligible for PERS.

To remain eligible for Casual status, an employee must work a minimum of six shifts in 12 months.

4.1.5 Volunteers:

Although volunteers are not employees of the Medical Center, they are required to comply with all relevant laws, policies, and rules of the facility. Refer any questions concerning volunteer opportunities, volunteer activities or functions to Human Resources or the Administrator/CEO.

4.1.6 Student Observers/Job Shadowing:

Although student observers are not employees of the Medical Center, they are required to comply with all relevant laws, policies, and rules of the facility. Refer any questions concerning student observers or job shadowing to Human Resources or the Administrator/CEO.

4.2 Position Changes by Administration

Position changes and reclassification may be made by CCMC at any time, based on the needs of CCMC. Such changes may result in changes to personnel assignments, classification, compensation, required skills, assigned hours, and essential job functions. Changes may impact one or more positions or individuals. Management may transfer an employee, modify or reorganize a position, or make other changes needed to achieve the interests of the Medical Center. Changes which are substantially based on disciplinary, or performance grounds, may be grieved in accordance with the Grievance Policy, Section 12 if the employee has achieved regular status. Separation procedures are addressed in Section 9. Performance grounds are addressed in section 7.

Due to CCMC's needs or at an employee's request, employment status may be changed (e.g., going from regular to temporary). When such a change is made effective, appropriate changes in benefit accrual will take place. This will include items such as paid time off accrual and insurance coverage.

4.2.1 Change of Position

If an employee changes positions within the Medical Center, the Employee will be subject to a six (6) month probationary period.

4.2.2 Reasonable notice of a demotion

(Up to 2 weeks) will be provided by management. Changes in job descriptions from time to time do not qualify as demotions.

4.3 Wage and Hour Job Classification

All employees are further classified for purposes of minimum wages and overtime laws:

4.3.1 Exempt:

An employee who is not subject to overtime and minimum wage laws under the federal Fair Labor Standards Act.

4.3.2 Non-exempt:

An employee who is subject to overtime compensation as defined by the Fair Labor Standards Act.

4.4 Workday and Workweek

4.4.1 Workday.

The definition of workday for purposes of payroll and overtime calculations is 12:00 a.m. to 11:59 p.m. However, the Medical Center may establish shift schedules in order to avoid calculating a single shift on two separate calendar dates. Each shift is recorded on the applicable workday in which the shift began.

4.4.2 Work Week.

The workweek is defined as 12:00 am Sunday through 11:59 pm Saturday.

4.5 Timekeeping.

Exempt employees record their days worked utilizing the electronic pay system, for purposes of calculating pay, benefits, and the accrual and use of leave.

Non-Exempt employees will be held accountable for using the electronic web-based time clock.

Under no circumstances should any employee fill out a time sheet for another employee or have another employee fill out their time sheet. All employees are subject to this policy and are required to accurately record all time worked and all break periods. In the event of noncompliance with this policy, an employee may be subject to disciplinary action, up to and including discharge from employment. Time worked is all the time actually spent on the job performing assigned duties. The minimum increment for time reporting is 15 minutes. Time between 7 minutes and 15 minutes should be recorded as 15 minutes. An employee's electronic submission of the time sheet is considered a certification that the document provides a true and correct statement of dates and time actually worked. Time off that is eligible for pay or leave without pay shall be designated using a leave description. The employee's Department

Manager reviews time sheets and submits them to payroll through the electronic payroll system.

Hours each week should equal the regular number of hours scheduled. If an employee is regularly scheduled for 40 hours, time should equal 40 hours. For example, if an employee works 37 hours, 3 hours of PTO should be used to equal 40 hours. PTO can be used in 15 minute increments as needed.

4.6 Payroll

4.6.1 Pay Period/Paydays.

CCMC's pay period is biweekly, with scheduled paydays every other Friday after the end of the pay period.

4.6.2 Direct Deposit.

Employees will have paychecks electronically deposited into a checking and/or savings account. The employee has access through the electronic payroll system of their pay stub in lieu of a pay stub on payday detailing the direct deposit.

4.6.3 Payroll Deductions.

All contributions required by federal or state law or by benefit plans (to include PERS), will be deducted from the employees' paychecks, and reflected in the summary attached. Other deductions may be withheld as authorized by written agreement with the employee.

4.6.4 Pay Advances.

An employee may request a payroll advance only in a serious emergency, with the approval of the Administrator/CEO at his or her sole discretion. The employee must complete and sign the Request for Payroll Advance form, providing two days' advance notice to the Payroll Office. An advance may not exceed 90% of the employee's net pay for hours worked to-date that pay period. The amount of the advance will be automatically deducted from the employee's next paycheck. An individual employee may receive no more than a single payroll advance in a calendar year.

4.7 Wage Scale.

Compensation and Pay Increases

Compensation increases are determined based on the Board-approved policy that aligns with the salary pay bands for Alaska hospitals. Pay increases are merit-based and are influenced by the employee's annual performance review conducted by their manager.

Each employee's pay will be reviewed and adjusted within the established pay scale for their specific job role, considering both the market rate and individual performance. Raises are not guaranteed and will depend on the employee's performance, contributions to the organization, and compliance with organizational goals and expectations.

4.8 Shift Differential.

Non-exempt employees may be eligible for shift differential pay, as defined herein. A shift is recorded on the calendar day on which the shift began. Each workday, all hours are recorded and paid according to the shift that includes the majority (more than half) of the

hours worked. R.N., L.P.N., C.N.A., and Unit Clerks are eligible for the Night Shift Differential. Other non-exempt employees asked by the Administrator/CEO or their Department Manager to work night shift hours may be eligible for shift differential pay for working Night Shift hours with approval of the Administrator/CEO.

4.8.1 Night Shift Differential:

Night shift differential is 12% of the base rate of pay. Shifts are defined as follows: Night Shift: A shift in which greater than 50% of the employee's hours worked occur between 6:00 pm and 6:00 am. Day Shift: A shift in which greater than 50% of the employee's hours worked occur between 6:00 a.m. and 6:00 p.m. Equal Day and Night Shift: If an employee works equal hours in the Day Shift and Night Shift, the base day rate is paid for Day Shift hours with shift differential paid for Night Shift hours.

4.8.2 Night Shift Differential and Time Off:

Night Shift Differential applies to Holiday Worked hours. Night Shift differential **does not** apply to Holiday Pay, PTO, Bereavement, or any other forms of paid time off.

4.9 Overtime.

Overtime is calculated based on actual hours worked which includes only hours worked and hours worked during call-back. PTO, holidays, on-call hours and other types of time off do not count for determining if overtime is due. Compensation for overtime is paid at one- and one-half times the base rate of pay for hours worked over 40 in a workweek.

Overtime hours accrued on a daily basis do not accumulate for calculation of overtime toward a 40-hour week. Shift Differential will be included in the overtime calculation when paid as defined in section 4.8. Every attempt is made to schedule work so that the need for overtime is kept to a minimum. However, situations may arise which make overtime unavoidable. In such cases, your Department Manager may schedule you to work overtime. **Overtime work must be pre-approved.**

Overtime compensation is available only to non-exempt personnel entitled to be paid overtime wages for overtime work under the Federal Fair Labor Standards Act. Although non-exempt employees of CCMC are not legally entitled to receive overtime pay for hours worked more than 8 hours per workday under the Alaska Wage and Hour Act, CCMC voluntarily pays overtime compensation for hours worked in excess of 8 hours per workday for most positions, with the exception of certain signed shift arrangements. CCMC may modify or eliminate this voluntary policy with or without advance notice in its sole discretion.

4.10 On-Call Compensation

Non-exempt employees required to be on-call may be eligible to receive a flat hourly rate for hours spent available to take on-call work assignments. The on-call schedule is managed by the Department Manager. Non-exempt employees required to report to work as a result of being on- call shall receive one and one-half times the employee's base rate of pay for all hours actually worked when called in. An employee called in to work shall receive a minimum of one hour of pay at the applicable rate.

4.11 Breaks and Meal Periods

Employees may be scheduled by their Department Managers for breaks and meal periods based upon the number of hours an employee is scheduled to work, the needs of the facility, and coverage availability.

For a workday of 6 hours or more, employees may be scheduled for an unpaid meal period of 30 – 60 consecutive minutes as schedules allow. Meal breaks of up to 30 minutes are paid if the employee is authorized by their supervisor to continue work duties..

For every 5 hours worked, employees may take one paid 15 minute break onsite as scheduled by their supervisor.

Breaks and meal periods may not be accumulated or delayed in order to leave work early or take an extended meal period on another workday.

4.12 Holidays

CCMC has established holiday policies designed to accommodate a 7-day per week/24-hour day operation. CCMC recognizes and pays nine (9) holidays annually.

4.12.1 Recognized Holidays

CCMC recognizes the following holidays:

New Year's Day ..... January 1st
President's Day .....3rd Monday in February
Seward's Day .....Last Monday in March
Memorial Day .....Last Monday in May
Fourth of July .....July 4th
Labor Day ..... 1st Monday in September
Thanksgiving…..... 4th Thursday in November
Day after Thanksgiving .....4th Friday in November
Christmas ..... December 25th

4.12.2 Time Off on Holiday

When a recognized holiday falls on the day an employee is normally scheduled to work, that employee must take the holiday off unless asked by the Administrator/CEO or Department Manager, to work that day. The exception to this shall be non-exempt staff members deemed essential such as R.N.'s, L.P.N.'s, C.N.A.'s, Unit Clerks, Housekeeping, and Dietary staff members. When a recognized holiday falls on a Saturday, the preceding Friday shall be recognized as the holiday. When a recognized holidays falls on a Sunday, the following Monday shall be recognized as the holiday.

4.12.3 Compensation for Holidays Not Worked.

A full-time regular employee not required to work on a recognized holiday shall be paid eight (8) hours of Holiday Pay at the employee's base rate of pay. A part-time regular employee not required to work on a recognized holiday shall be paid four (4) hours of Holiday Pay at the employee's base rate of pay. PTO time does not accrue during an unpaid leave. If you run out of paid time off while on FMLA and a holiday fall in the time in which you are on unpaid leave, you will not be paid for that holiday.

4.12.4 Compensation for Holiday Worked – Non-Exempt Personnel

When a non-exempt employee is required to work the actual (not recognized date) holiday by the Department Manager, the employee shall receive Holiday Pay as defined above, plus one and one-half times their base rate of pay, plus any applicable overtime and shift differential. If an employee is on call and called

back to work, they shall receive two- times their base rate of pay, plus any applicable overtime and shift differential.

4.12.5 Holiday Pay for Holidays Falling on a Weekend

When a recognized holiday falls on a weekend, and the holiday is observed on the following weekday, employees who work on both the actual holiday (Saturday or Sunday) and the observed holiday (Monday or Friday) will be compensated at the holiday rate of time and a half for hours worked on both days.

This policy ensures that all employees working on both the actual holiday and the observed holiday receive appropriate compensation for their time.

4.12.6 Compensation for Holiday Worked- Exempt Personnel

An employee in a position that is FLSA exempt and who is required to work on a recognized holiday shall, at the discretion of the Administrator/CEO, receive a compensatory day off to be used within thirty days of the recognized holiday.

5 EMPLOYEE BENEFITS

5.1 Paid Time Off (PTO)

Paid Time Off is the employee leave program adopted to provide paid time off for rest, relaxation, personal needs and illness. PTO is earned through service time. PTO covers vacation, personal, and sick time off, and includes both scheduled and unscheduled absences.

PTO accrual is capped, in order to encourage employees to take their accrued leave in a prompt and regular manner, as provided below.

5.1.1 Accrual

Eligible employees accrue PTO each pay period according to the number of hours paid per pay period (not to exceed a base of 80 hours), and FTE hours of service. Only regular full- time and part-time employees are eligible for PTO. PTO is accrued while on PTO.

5.1.2 Rate Schedule

Length of Service	PTO Accrued Per Hour Worked (incl. Holidays)	PTO Accrued Per Year (FTE)
0 – 4,160 hrs (0-2 yrs completed)	0.096154	200 hrs (25 days)
4,161–10,400hrs(2-5yrs completed)	0.115385	240 hrs (30 days)
10,401–20,800hrs (5+yrs completed)	0.134616	280 hrs (35 days)

Employees who are not full-time status accrue PTO pro rata, at the rate indicated in the PTO Accrued Per Hour Worked column for fewer hours and will not accrue the full FTE amount per year. PTO accrual is based on actual hours worked. FTE years in the chart above are estimated based upon a 40-hour work week.

5.1.3 Use of PTO

To ensure adequate staffing, each Department Manager will schedule and approve PTO requests. Each Department may set standards for planning leave in advance, subject to approval by the Administrator/CEO. The amount of or blocks of

consecutive weeks of leave may be limited, depending on the needs of the facility or department and the timing of the request. Requests for over two weeks of PTO at one time must be reviewed and approved by the Administrator/CEO. Employees may not use PTO during their introductory period, except with prior approval of the Administrator/CEO as provided in Section 3.3 of this Handbook.

PTO must be accrued before it can be taken. PTO cannot be advanced and an employee cannot draw their PTO bank into a negative balance. If you run out of PTO while on an approved absence, you may be treated as in violation of CCMC's attendance policy unless you received advance approval to take unpaid time off. PTO is deducted from the employee's leave bank based on his/her regular work schedule. PTO can be taken in quarter-hour segments when needed. PTO use should be in accordance with the employee status. If an employee's normal work week is 36 hours, the employee will be required to use 36 PTO hours per week while on PTO. If an employee's normal work week is 40 hours, the employee will be required to use 40 PTO hours per week while on PTO. Part- time employees will be required to use no less than 20 hours per week. No more than 40 hours of PTO per week can be used for any position.

An employee in a position that is FLSA exempt is required to use PTO for partial or full days. Deductions from PTO are made for partial day absences of any length. An employee that is in a FLSA exempt position is not required to take PTO for an absence in a week in which the employee works more than 40 hours.

Sick leave cannot be denied or delayed if the absence qualifies under Alaska sick leave protections.

5.1.4 PTO Carryover and Forfeiture

To encourage employees to schedule and take their leave on an ongoing basis, the Medical Center caps leave accrual at 320 hours of PTO. PTO amounts accrued beyond 320 will be forfeited. When an employee reaches 280 hours of accrued PTO, the Medical Center will notify them of the need to meet with their Department Manager and establish a plan to use sufficient leave to remain below the cap of 320 hours.

5.1.5 Donated Leave

Co-workers will be allowed to donate accrued leave to another employee who has exhausted their leave benefit for: a serious medical issue; or an extraordinary circumstance that would require time away from work. All leave donation requests will be reviewed and approved by the Administrator/CEO. Employees may donate up to 40 hours of their PTO annually to other Medical Center employees in the event the receiving employee is experiencing an illness or emergency and has exhausted their PTO and has no IAP available. To ensure that a co-worker is not exhausting his/her own leave balances (both annual and bank) by donating leave, they must retain a total of at least 80 hours of leave. Medical Center employees may accept a maximum of 160 hours of donated PTO per fiscal year. All donations will remain anonymous. Employees are prohibited from lobbying for leave donations. Leave donated will be based on donor's hourly rate. Cash-in of donated leave is not allowed, and donated leave will not be paid out to the receiving employee upon termination of employment for any reason.

5.1.6 Alaska Sick Leave Compliance

Effective July 1, 2025, CCMC will comply with the Alaska Paid Sick Leave Law. The law requires all employees, including full-time, part-time, temporary, and casual workers, to accrue paid sick leave.

To meet this requirement, CCMC tracks designated sick leave hours congruent with PTO or other hours, as follows:

Full-Time and Part-Time Regular Employees
These employees accrue Paid Time Off (PTO) according to CCMC's standard accrual schedule. All PTO hours may be used for any qualifying sick leave reason under state law, including personal illness, medical appointments, or caring for a family member. No additional sick leave is accrued outside of PTO.
PTO used for sick leave purposes will be tracked congruently to meet the state's required sick leave documentation and reporting.

Temporary and Casual Employees
Employees who are not eligible for PTO under CCMC policy will accrue paid sick leave at the rate of 1 hour for every 30 hours worked, beginning on their first day of employment. These employees may accrue up to 56 hours of paid sick leave per year, with unused hours carrying over. A maximum of 56 hours of sick leave can be used per year. Sick leave may be used for any qualifying reason as defined under Alaska law. Sick leave is not paid out at termination.

Tracking and Documentation
"Congruent use" means that when PTO is used for sick leave purposes, CCMC will document those hours as both PTO and state-required sick leave. This approach does not reduce or increase available time but ensures CCMC remains compliant with tracking rules under Alaska law.

5.2 Employee Benefit Plans

CCMC sponsors and/or participates in several welfare and retirement plans for the benefit of eligible employees, including health, life and Alaska PERS. Detailed information regarding these benefits is contained in summary plan descriptions, insurance policies, CCMC's official plan documents, and the plan documents maintained by the PERS system. CCMC has sole discretion to interpret the employee benefit plan documents, including questions of eligibility, availability or amount of benefits, terms, conditions and limitations. The official plan documents and not this handbook or any other document or verbal representation will govern CCMC's determination of all questions regarding plan benefits.

Employees are encouraged to contact the Human Resources Department for further information about the plans, including eligibility requirements for CCMC sponsored benefits.

While it is CCMC's present intention to continue these benefits for the indefinite future, CCMC reserves the right to amend, modify, curtail, reduce or eliminate any benefit, in whole or in part at any time. No amendment or termination will take away vested benefits. However, future accruals or benefits may be reduced or eliminated. Neither the benefit programs nor their descriptions are intended to create any guarantees regarding employment or continued employment.

5.2.1 Eligibility In General

Some employee benefits are provided to CCMC employees based on job classification and hours of service. Eligible employee benefits start on the first of the month following the date of hire. The chart below describes typical breakdown, however, the requirements and restrictions contained in the official plan documents will determine eligibility for any benefit plans.

Employee Status	Eligible for Benefits	Eligible for PTO	Eligible for Holiday Pay
Full-time Regular	Yes	Yes	8 hours

Part-time Regular	Yes	Yes	4 hours
Temporary	No	No	No
Casual	No	No	No

5.2.2 Group Health Insurance

CCMC provides eligible employees with an opportunity to participate in its group major medical, dental, and vision benefits programs designed to assist employees and their eligible dependents in meeting the financial burdens that can result from injury or illness. The terms of eligibility and participation are set forth in the official plan documents, which can be obtained from Human Resources.

5.2.3 Life Insurance

Regular full-time and part-time employees are eligible for group life insurance the first of the month following date of employment. Eligible employees receive $10,000 of basic life insurance, $10,000 of accidental death and dismemberment coverage (AD&D), and $2,000 of basic life insurance for spouse and children at no cost. Employees may purchase additional life insurance and AD&D coverage at their own cost, as well as optional policies for spouse and dependent(s), based on plan terms.

5.2.4 Retirement Plan (PERS)

CCMC is a participant in the State of Alaska's Public Employees Retirement System (PERS). Coverage is mandatory for all full-time and part-time regular employees. Retirement benefits and other details regarding the retirement system may be obtained from Payroll or by contacting PERS directly.

5.2.5 Employee Assistance Program (EAP)

A range of issues (i.e., emotional, physical, and mental conditions, family and marital stress, financial difficulties, addiction or substance abuse) may impair or negatively impact an employee's job performance. The Medical Center provides access to an EAP at Sound Alternatives, which provides confidential assistance to employees and eligible family members who are struggling with issues similar to those listed above.

5.2.6 Long Term Disability

Regular full-time employees are eligible for group Long Term Disability insurance effective the first of the month following date of employment. The cost of this benefit is paid for by The Medical Center.

5.2.7 457b Retirement Savings

Optional retirement savings plan available through the State of Alaska.

6 LEAVE POLICIES

6.1 Family & Medical Leave.

The Alaska Family Leave Act (AFLA) (Chapter 96 SLA 1992) became effective September 16, 1992 and the Federal Family and Medical Leave Act of 1993 (FMLA) became effective August 5, 1993. The Acts promote preservation of the integrity and stability of the family unit, job security for the employee, as well as accommodating the legitimate business interests of the employer.

- The AFLA provides a job-protected absence for up to 18 weeks in a 24-month period to eligible employees for a qualifying serious medical condition. It also provides a job-

protected absence for up to 18 weeks in a 12-month period to eligible employees for pregnancy, childbirth or adoption.

- The FMLA provides a job protected absence for up to 12 weeks in a 12-month period to eligible employees for a qualifying condition.

6.1.1 Eligibility For Leave

To be eligible for State of Alaska (AFLA) an employee must have worked for CCMC for at least 35 hours per week for six consecutive months or 17.5 hours per week for twelve consecutive months. The rolling backward method applies as well. Under this method, an employee will not be eligible for family medical leave if the employee has taken eighteen weeks of family and medical leave in the twelve calendar months (or twenty-four months, if appropriate) immediately preceding each day of leave requested.

6.1.2 Reasons Eligible employees may be granted FMLA or State FMLA (AFLA)

6.1.2.1 Birth or placement of a child

Eligible employees may request a leave of absence to provide care for a child following the child's birth, adoption, or foster placement in the employee's home. For AFLA this leave must be taken within 24 months after the child is born, adopted or placed in the employee's home. Where both the mother and father of a newborn, adopted or foster child are eligible employees of CCMC, they are jointly entitled to a total of eighteen weeks of unpaid FMLA and State AFLA leave to care for the child. The eighteen weeks may be divided between them as they agree.

In accordance with the Pregnant Workers Fairness Act, CCMC will provide reasonable accommodations for employees affected by pregnancy, childbirth, or related medical conditions, unless doing so would cause undue hardship. Examples include more frequent breaks, light duty, temporary transfer, or modified work schedules. Employees seeking accommodations should notify Human Resources.

6.1.2.2 Illness of a family member

Eligible employees may request a leave of absence to provide care for a

child, parent or spouse who has a serious health condition.

6.1.2.3 Illness of an employee

Eligible employees may also request a leave of absence if they are unable to work due to their own serious health condition.

6.1.3 Military Family Leave.

Leave is also available under FMLA and allows for up to 26 weeks of unpaid leave during a single 12-month period for an employee to care for an injured/ill service member who is recovering from an illness or injury sustained in the line of duty on active duty. The service member must be the spouse, son, daughter, parent or next of kin of the covered service member. CCMC requires that you use your paid leave (PTO) for Military Family Leave. Certain Exigency Leave is available for the spouse, son, daughter, or parent of an employee who is on active duty or has been notified of an impending call to active-duty status, in support of a contingency operation. In such cases, up to 12 weeks of leave may be available. Please see the

Human Resources Manager for further information on these types of leave or review the FMLA rights poster on the bulletin board.

6.1.4 When Medical Certification Is Required.

Employees may be required to provide a medical certification (on a form supplied by CCMC) supporting the need for leave due to a serious health condition affecting the employee or a family member. If the employee is taking leave on an intermittent or reduced work schedule basis, then the medical certification should indicate that such a leave schedule is medically necessary. Where requested, the medical certificate must be received by CCMC prior to the commencement of leave. However, if the need for leave was unforeseen, CCMC should receive the medical certification no later than fifteen calendar days from the date the employee requests leave. Employees may be required to provide second or third medical opinions or periodic recertifications at CCMC's expense. Employees may be required to provide periodic reports during leave regarding their status and intent to return to work. Prior to returning to work from leave due to his or her own serious health condition, an employee must provide CCMC with a fitness for duty certification from the employee's health care provider stating that the employee is able to perform the essential functions of the employee's position. If an employee who is required to provide such a certification fails to do so, CCMC will not restore the employee to employment until such a certification is provided.

6.1.5 Compensation

FMLA/AFLA leave is unpaid, however, CCMC requires employees eligible for FMLA or Military Family Leave to exhaust their accumulated PTO/IAP. CCMC has no obligation to pay the employee more than any accumulated PTO, which must be used at the beginning of the leave (Paid time off is counted as part of the FMLA/AFLA State Leave entitlement, (not in addition to it). PTO time does not accrue during an unpaid leave. Paid holidays are counted as part of the FMLA leave and do not serve to "extend" the leave when taking into account the holiday time. If the employee runs out of paid time off while on FMLA and a holiday falls in the time in which they are on unpaid leave, they will not be paid for that holiday. Where appropriate, CCMC will coordinate an employee's workers' compensation leave with FMLA/State AFLA leave so that the two run concurrently. FMLA/State AFLA leave shall run concurrently with any other qualifying leave.

6.1.6 Benefits Continuation

Group Health Benefits

Employees may continue their CCMC group health insurance coverage during family or medical leave on the same terms as before such leave. If the employee elects to continue group health coverage, the employee will be required to pay CCMC the employee's portion of the insurance premium for all time away up to 18 weeks. Payment will be automatically deducted from the employee's paycheck while on paid leave. When paid leave is exhausted, the employee is responsible for contacting the Payroll Office regarding the options available to them to pay for continued health insurance during the unpaid portion of their FMLA leave. CCMC may recover from an employee its portion of the premiums paid to maintain an employee's health insurance coverage during leave if the employee: (1) fails to return to work after the employee's leave entitlement has expired or (2) fails to work at least thirty days after returning from leave. CCMC may not recover its premiums paid on behalf of the employee if the employee's failure to return to work is due to (1) the continuation, recurrence, or onset of a serious health condition or (2) other circumstances beyond the employee's control. An employee who fails to return from leave will be deemed to have terminated employment voluntarily and may be entitled to elect COBRA continuation coverage of CCMC's group health benefits.

Life Insurance

An employee who is on unpaid FMLA leave may continue his or her life insurance by paying the full premium cost for coverage. Such employees should consult the Human Resources regarding the options available to them to pay for continued life insurance.

6.1.7 Job Restoration

Upon returning from FMLA leave, an employee will be restored to his or her original job, or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions. An employee's use of FMLA leave will not result in the loss of any employment benefit that the employee would have been entitled to if the employee had not taken leave.

6.1.8 Key Employees

Upon requesting FMLA/State AFLA leave, CCMC will inform the employee if the employee is considered a key employee. CCMC may inform a key employee while the employee is on FMLA/State AFLA leave that if the employee does not return to work immediately CCMC will suffer substantial and grievous economic harm. CCMC will offer the key employee a reasonable opportunity to return to work after giving this notice. CCMC may deny job restoration to the key employee if the employee does not return to work after receiving such notice. The key employee will then be permanently replaced with no right of job restoration.

6.1.9 Fitness for Duty

Employees on FMLA leave must notify CCMC at least two weeks prior to the end of the leave of their availability and capacity to return to work. CCMC requires medical certification of fitness to return to duty before an employee will be permitted to return to work. An employee's failure to return from leave, or failure to contact CCMC on the scheduled date of return are grounds for termination.

6.1.10 Employee Notice

Eligible employees seeking to use FMLA leave are required to provide:

30-day advance notice of the need to take FMLA leave when the need is foreseeable; Notice "as soon as practical" when the need to take FMLA leave is not foreseeable. Except in the most extraordinary circumstances, this requires you to report your need for FMLA leave before the start of your shift in accordance with the normal absence-reporting procedures; Sufficient information for CCMC to understand that the employee needs leave for FMLA- qualifying reasons (the employee need not mention FMLA when requesting leave to meet this requirement but must provide sufficient information to put CCMC on notice that the absence may be FMLA-protected); and where CCMC was not made aware that an employee was absent for FMLA reasons, leave will be retroactively designated as FMLA leave.

6.1.11 Employer Notice

In addition to the information provided in this Handbook, CCMC has taken the following steps to provide information to employees about FMLA:

Posted a notice explaining your rights and responsibilities under FMLA-see the Notice of Rights Under FMLA on the bulletin board.

Provided a written notice designating the leave as FMLA leave and detailing specific expectations and obligations of an employee who is exercising his/her FMLA entitlements within five business days after we have received the notice of need for leave. If your leave is not FMLA-protected, the notice will inform you of the reason.

Provided you a notice of eligibility, informing you whether or not the leave you are requesting qualifies under FMLA. Employees on worker's compensation leave will also be placed on FMLA leave, to the extent the employee is eligible, and the absence qualifies under both laws. In such cases, the two types of leave will run simultaneously.

6.1.12 Definitions

Child

Anyone under 18 years who is the employee's biological, adopted, or foster child, stepchild, legal ward, or an adult legally dependent child. This may also include a child for whom the employee has day-to-day responsibility.

Continuing Treatment

One or more of the following:

- treatment two or more times by a health care provider. Normally this would require visits to the health care provider or to a nurse or physician assistant under direct supervision of the health care provider.
- treatment two or more times by a provider of health care services (for example, a physical therapist) under orders of, or on referral by, a health care provider, or treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider (for example, a course of medication or therapy) to resolve the condition.
- continuing supervision of, but not necessarily active treatment by, a health care provider due to a serious long-term or chronic condition or disability which cannot be cured (for example, Alzheimer's, a severe stroke, or the terminal stage of a disease).

Health Care Provider.

- a Doctor of Medicine or osteopathy authorized to practice medicine or surgery by the state;
- a podiatrist, physician's assistant, dentist, clinical psychologist, optometrist or chiropractor (limited to manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice, and performing within the scope of that practice, under state law;

- a nurse practitioner or nurse-midwife authorized to practice, and performing within the scope of that practice, as defined under state law; or

Key Employee

A salaried employee who is among the highest paid ten percent of CCMC's employees.

Parent

Biological, foster or adoptive parents, stepparents, legal guardians, or someone who plays or has played the role of parent, but does not include parents-in-law.

Serious Health Condition.

An illness, injury, impairment, or physical or mental condition that involves: any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility.

- any period of incapacity requiring absence of more than three calendar days from work, school, or other regular daily activities that also involves either: (i) two in-person visits with a health care provider within seven days of the onset of leave and within a thirty day period thereafter, or (ii) one in-person visit with a health care provider within seven days of the onset of leave and with a regimen of continuing treatment by or under the supervision of, a health care provider; or
- continuing treatment of at least two visits per year by or under the supervision of, a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days, or prenatal care.

- Spouse - A legal marital relationship under applicable state law.

6.2 Bereavement Leave

When death occurs in a regular employee's immediate family (i.e. spouse, parent, child(ren), sibling, or step-relation thereof, father or mother-in-law or grandparent(s) or grandchild(ren), the employee may request leave under this policy. The Administrator/CEO may grant up to forty (40) hours of paid Bereavement Leave for full-time employees. For part-time employees, bereavement leave is prorated based on regular hours worked in one week. The employee may be requested to provide verification of the need for, eligibility for, or duration of leave.

6.3 Uniformed Service Leave

A uniformed service leave of absence will be granted to CCMC employees in accordance with federal and state law. Eligible employees are those called to serve in the uniformed services who have not had more than 5 years of total absence from CCMC for all uniformed service.

6.3.1 Giving of Notice

Employees must provide as much advance notice of uniformed service as possible. Notice may be given either orally or in writing to the Human Resources Division. Employees will be required to provide copies of military orders or other documents to validate the need for leave.

6.3.2 Length of Leave

The duration of any single uniformed service leave may not exceed six months in a 12- month period. Additionally, an employee may not receive a total amount of uniformed service leave from CCMC that exceeds five (5) years of cumulative uniformed service leave. An employee who exceeds 6 months of uniformed service leave in a 12-month period will be terminated with eligibility for rehire but will retain reemployment rights as described below so long as their cumulative uniformed service leave from CCMC does not exceed five years. All periods of uniformed service leave taken in a twelve-month period from October 1 of each year to September 30 of the following year will be included in calculating the total military leave used, including, but not limited to, weekend training exercises.

6.3.3 Return to Work

An employee serving from 1 to 30 days must report to his/her Department Manager by the beginning of the first regularly scheduled workday that would fall eight hours after the employee returns home from uniformed service. Uniformed service includes reasonable time for travel to and from the place of service. An employee whose uniformed service lasts from 31 to 180 days must make application for reemployment no later than 14 days after completion of the period of uniformed service. An employee whose uniformed service lasts more than 180 days must make application for reemployment no later than 90 days after completion of the period of uniformed service. Employees returning from service will be required to provide satisfactory documentation: (1) of their period of service, (2) of the timeliness of their application for reemployment, (3) that their service did not exceed the 5-year limit, and (4) that the character of their service was honorable.

6.3.4 Reemployment Position

An employee serving from 1 to 90 days will be reemployed in the position the employee would have held had the employee remained continuously employed, so long as the employee is qualified for the position or can become qualified after reasonable efforts. An employee serving 91 days or more will be reemployed in (1) the position the employee would have held had the employee been continuously employed, or (2) a position of equivalent status and pay, so long as the employee is qualified for the position or can become qualified after reasonable efforts. If the employee cannot become qualified, the employee will be reemployed in any other position of lesser status and pay that the employee is qualified to perform with full-service credit.

6.3.5 Nondiscrimination

No one may discriminate against any employee who is called to serve in the uniformed services. CCMC prohibits acts of reprisal against returning uniformed service members and those who would testify to discrimination against a uniformed service member. If you are the victim of discrimination on the basis of your uniformed service, you are requested and encouraged to make a complaint to CCMC. You may complain directly to your Department Manager, the Human Resources Manager, or the Administrator/CEO. CCMC will promptly and thoroughly investigate any complaint or report of a violation of this policy.

6.3.6 Benefits Continuation During Uniformed Service Leaves

6.3.6.1 Group Health Plan

Employees who experience a loss of coverage under CCMC's group health plan due to uniformed service may elect to continue such coverage. The maximum period of continuation coverage of the employee and the

employee's dependents shall be the lesser of (1) the 18 month period beginning on the date on which the employee's absence begins, or (2) the day after the date on which the employee fails to apply for or return to a position of employment within the time periods specified above. Employees may continue coverage under CCMC's group health plan regardless of the employee's eligibility for military health care coverage (CHAMPUS/TriCare). Employees serving for 1-30 days may continue health coverage and pay only the employee share of coverage. An employee serving for 31 or more days will be required to pay 102 percent of the full premium under CCMC's group health plan. An employee whose health coverage terminated due to uniformed services is not required to complete a waiting period for reinstatement to CCMC's group health plan following reemployment.

6.3.6.2 Life Insurance Benefits

An employee on military leave may continue other benefits under the same terms as under any other leave of absence. An employee who returns to employment as specified above, will be reinstated to such other benefits without waiting for an open enrollment period.

6.3.7 Compensation

Employees may take paid leave for up to 16.5 working days per twelve-month period for training, instruction, and search and rescue in the U.S. armed forces reserves provided that the employee obtains the approval of the Human Resources Manager. In addition, five days of paid time off are provided to employees called to active duty by the governor. In all other cases, military leave is unpaid. Employees are permitted, but not required, to run accrued paid time off concurrently with unpaid uniformed service leave.

6.4 Court Leave

Any regular employee who is called to serve as a juror or who is subpoenaed as a witness shall be entitled to court leave. A copy of the court summons will be required. Court leave will be paid at the employee's base rate of pay not to include shift differential or overtime.

6.5 Voting Leave

CCMC encourages employees to fulfill their civic responsibilities by participating in elections. Generally, employees are able to find time to vote either before or after their regular work schedule. If employees are unable to vote in an election during their non-working hours, CCMC will grant up to two hours of paid time off to vote. If any employee has two consecutive hours in which to vote, either between the opening of the polls and the beginning of the employee's regular working shift, or between the end of the regular working shift and the closing of the polls, the employee shall be considered to have sufficient time outside working hours within which to vote and will not be entitled to paid time off to vote. If unable to find time to vote before or after regular work schedules, employees should request time off to vote from their Department Manager at least two working days prior to the Election Day. Advance notice is requested so that necessary time off can be scheduled at the beginning or end of the work shift; whichever provides the least disruption to the normal work schedule.

6.6 Educational Support and Leave

Leave for education purposes, when the time spent is not work time, must be pre-approved by the Department Manager or taken as PTO. Any other type of leave sought by the employee (such as paid leave not deducted from PTO) must be approved by the

Administrator/CEO. Licensed or certified personnel may have specific amounts of educational leave set out by individual contract, in which case the taking of leave shall be addressed and scheduled pursuant to department policy and the contract. Other forms of educational support, such as reimbursement for books, tuition or travel, must also be pre-approved in writing by the Administrator/CEO. CCMC may impose conditions on reimbursement, including a minimum passing grade or continued employment with the Medical Center, as a condition of granting leave or financial support. CME reimbursement will not be considered without a Certificate of Completion along with receipts. The reimbursement will be specific to the signed Agreement between the Employee and the Administrator/CEO.

6.7 Income Assurance Program (IAP)

This was a former benefit accrued each pay period to be used for medical leave as defined under the Family and Medical Leave Act (FMLA) of 1993. The accrual of this benefit is no longer effective as of July 8, 2001. Employees who have accrued IAP shall retain their IAP bank for appropriate use through the term of their employment. There is no cash redemption value to the IAP with the exception of the employees defined under the IAP Recovery Policy. The IAP is not to be used in addition to benefits payable under workers compensation.

6.7.1 IAP Use

The employee may use IAP for the following purposes:

- A serious health condition;
- To care for a family member with a serious health condition;
- The birth of a child;
- The placement of a child for adoption or foster care.

To request use of IAP, the employee must complete the leave paperwork in accordance with the Family and Medical Leave Act Policy. Such paperwork may be obtained from the HR department. IAP may be used after one calendar week of absence due to the above conditions.

6.7.2 IAP Recovery

Employees hired before July 1, 1996, shall retain eligibility for a prior provision regarding payment of one-half of their IAP account. Eligible employees have letters so stating in their individual personnel file.

6.8 Lactation Accommodations

CCMC complies with federal and state laws regarding lactation accommodation. Employees who need to express breast milk will be provided with reasonable break time and access to a private, non-bathroom space that is shielded from view and free from intrusion. These breaks may run concurrently with paid or unpaid rest periods. Requests for accommodation should be directed to Human Resources.

7 PERFORMANCE STANDARDS

7.1 ATTENDANCE

7.1.1 Reporting to Work

The Medical Center is a 24-hour a day, seven-day a week health care facility. Absences cause undue hardship on co-workers and can adversely impact our patients. Reporting to work when scheduled is an essential function of all Medical Center positions. While regular attendance is an essential function of all positions,

CCMC fully complies with Alaska's Paid Sick Leave Law and ensures that employees will not be disciplined or terminated for the lawful use of protected sick leave.

7.1.2 Notice of Absence or Lateness

Absence, for whatever reason, must be promptly reported to your Department Manager when you learn of the need for the absence, and at least four (4) hours in advance of your scheduled reporting time. If your Department Manager is not available, leave them a voicemail message on their cell phone and then call 907-424-8000. Inform the individual answering the phone that you are calling out for your shift and request that they give a message to your Department Manager. If you are in an essential position such as nursing or CNA, you need to start calling your coworkers to find coverage for your shift. You are responsible for providing your Department Manager with up-to-date telephone numbers where you can be reached, in case of an emergency situation, or for adjustment of scheduled shifts.

7.1.3 Grounds

An absence without valid reason may be treated as unexcused. One or more "no-call" or "no-show" absences constitutes grounds for disciplinary action, including termination.

Excessive absenteeism and abuse of leave policies may result in negative performance evaluation, and/or discipline up to and including immediate termination of employment.

Three (3) consecutive call-outs, prior to employees returning to work the employee will be required to provide a note from their PCP or from CCMC Employee Health.

7.1.4 Illness

We reserve the right to send home any employee who reports to work sick, ill, or impaired, and to require them to use PTO if available. Time off is provided in our employee policies to accommodate illness and conditions that impair the employee's ability to work safely and effectively. An employee who appears to be impaired by the effects of alcohol or drugs may be required to undergo drug/alcohol screening. An infectious illness must be reported to your Department Manager in confidence, to assist in identifying or preventing facility-wide infectious outbreaks and confirming your eligibility to work without risk to patients, residents, and co-workers.

7.2 Performance Evaluations

Performance evaluations will be completed on annual basis by the department heads. Performance evaluations are prepared in order to communicate regularly about the position requirements, employee strengths and weaknesses, opportunities for improvement and training, and goals for performance. Forms for evaluation may be obtained from Human Resources. CCMC fully reserves the option of tailoring evaluation forms to the needs of the position as well as the individual employee.

7.2.1 Regular Assessments

Written performance evaluations will be provided for regular employees, on an annual schedule. Both the Department Manager and the employee are responsible for participating in the process, which may include a self-evaluation, and scheduled interview/discussion. The performance evaluation will be filed in the personnel file when completed and signed. The employee may add comments to

the evaluation within 20 days, in the space provided.

7.2.2 Following Introductory Period.

A written evaluation may be provided but is not required before deciding to release an employee at the end of or during the introductory period or an extension; a written evaluation is optional in the judgment of the Department Manager in consultation with Human Resources.

7.2.3 Unsatisfactory Rating

An unsatisfactory performance rating in two or more categories indicates the manager and employee shall discuss a plan of action, when a mutual and constructive discussion can occur.

7.3 Smoke-Free Workplace

CCMC is a Smoke-Free Facility as well as a Smoke-Free property. CCMC encourages employees not to smoke and smoking cessation resources are available to those employees who desire to quit smoking. See your Department Manager or Human Resources for more information. Smoking is not allowed in CCMC vehicles or in housing furnished by CCMC.

7.4 Standards of Performance

The Medical Center has identified a number of common violations and types of misconduct which may result in disciplinary action. The list provides illustrations only, and other grounds not specifically listed may result in personnel action. In addition, an employee's inability or failure to meet performance goals or standards may result in an adverse personnel action (such as no wage increase, transfer, demotion, dismissal), with or without active misconduct or other grounds for discipline.

The following non-inclusive list describes examples of conduct or activities which are unacceptable:

- Excessive absenteeism and/or unauthorized absences, tardiness.
- Unauthorized use of or willful damage of facility property;
- Leaving the job or facility premises without permission while on duty;
- Sleeping on duty;
- Abuse of lunch or rest breaks;
- Discourtesy or disrespect to patient/residents, visitors, physicians, or coworkers;
- Acceptance of gifts or tips;
- Intentional violation of safety rules;
- Fighting;
- Insubordination;
- Dishonesty or theft;
- Timecard violations;
- Sabotage or vandalism;
- Falsifying records;
- Illegal behavior or activities;
- Having illegal possession of, being under the influence of, or partaking of intoxicants or controlled substances while on the job;
- Vulgar or abusive language;
- Disclosure of confidential information;
- Failure to comply with departmental or Medical Center policies or procedures;
- Disregard of personal grooming, cleanliness, appearance, or conduct standards;
- Smoking in unauthorized areas;
- Falsification or omission of employment application information;

- Performance of personal work or study on Medical Center time;
- Other causes recognized by law, grant requirements, or posted rules.

7.5 Compliance with Healthcare Laws

As a recipient of government funds, including Medicare and Medicaid funds, this facility and each of its employees have an affirmative obligation to strictly comply with Civil False Claims Act, 31
U.S.C. § 3729-3788 (1995), which prohibits health care providers from knowingly or recklessly submitting false or fraudulent claims for payment to the government.

7.5.1 Reporting Requirements

As an employee of the Medical Center, you have an obligation to report any conduct which you reasonably believe violates the law or the Medical Center's policies, procedures or code of conduct, including violation of any adopted compliance plan. Employees should report a suspected violation to the Administrator/CEO or the Compliance Officer.

7.5.2 Medical Center's Response

The Medical Center takes all reports of potential violations of law or policy seriously, and any employee receiving a report shall forward the information to the Compliance Officer who shall promptly review the report or evidence and determine whether there is any basis to suspect that a violation has occurred. CCMC will take follow-up steps to ensure compliance, which may include warning, other discipline, training, or other measures to prevent repetition.

7.6 Solicitation

Employees are not permitted to solicit during working time or in patient/resident care areas. An employee may not solicit another employee during the latter's work time. Employees are not permitted to distribute literature during working time or in working areas. Employees are not permitted to solicit or distribute literature to non-employees on the Medical Center premises. Off-duty employees are prohibited from entering any area not open to the public and are prohibited from interfering with an on-duty employee's performance of her/his work tasks.

For purposes of this section, working time does not include meal breaks or other specified times during the work shift when employees are not engaged in performing their work tasks. Working areas are defined as areas on the premises where employees perform their work tasks, but do not include break rooms, rest rooms, parking lots, or other non-work areas. Immediate patient/resident care areas include patient/resident rooms, therapy rooms, nursing stations, radiology, and other patient/resident treatment rooms.

Any solicitation of patients and residents is strictly prohibited.

7.7 Maintaining the Proper Healthcare Environment

The staff of CCMC work hard to create an environment that will be conducive to recovery from illness and to establish a warm and comfortable living environment. An important element of patient/resident care is isolation from unwanted noise and unpleasant distraction; be considerate of patients and residents by keeping voices down, avoiding distracting or unnecessary conversation with co-workers, and minimizing equipment or traffic sounds.

All employees must be continuously aware of how employee interactions and communications are overheard and observed by patients and residents. All staff are

encouraged to maintain a professional demeanor commensurate with the important mission of the Medical Center. Patients may be disturbed by loud conversation, laughter, whistling, singing, hallway chit-chat, excess traffic and movement, and employee socializing. Public discussion of complaints, criticisms, inter- departmental gossip and internal dissension communicated by or among staff can be especially distressing and impair the trust and confidence of Medical Center clients. Accordingly, we have provided opportunities for breaks, as well as specific procedures for communicating about concerns privately, with the goal of minimizing impacts on internal operations and patient relations.

The conduct of employee's children on the premises is the responsibility of the employee. Children of employees may be authorized to wait briefly in designated areas with the consent of the Department Manager.

7.8 Personal Appearance/Dress Code

Your CCMC name badge must be worn at all times during work hours. Uniforms are recommended in patient care areas. Any questions regarding uniforms, scrubs, hairnets or other requirements should be directed to the Department Manager.

Jewelry must be modest and safe in areas of direct patient care. All employees having patient or resident contact must be sensitive to irritants, allergenic substances, scent, dander, and sprays which may cause reactions. Perfume is not allowed in patient care areas.

Employees working in the kitchen, housekeeping, or individuals providing any type of patient care services are forbidden to wear false nails due to infection control issues.

During hours of operation, business or business casual clothing must be worn at all times in the facility. This may include pants, jeans, slacks, skirts, dresses, sweaters, dress or casual shirts. All clothing must be clean and in good repair (i.e., no holes, rips, tears, or excessive fading). Clothing inappropriate to the workplace includes sweats, t-shirts with inappropriate logos, statements or images, tank tops, halter tops, shorts, and “netted” clothing.

7.9 Telephones/Cell Phones

Medical Center telephone lines are available as a priority for medical and emergency purposes only. Receiving or making personal telephone calls should be minimized to avoid distraction, disturbance and noise to others.

Cell Phone use: To maintain a productive and professional work environment, the use of personal cell phones during work hours should be kept to a minimum, except during designated break times or in the case of an emergency. Employees are expected to keep personal devices set to silent mode while on duty and use for work related duties only. If you need to use your phone for personal reasons, please do so during scheduled breaks or in an appropriate area away from workstations. Unauthorized cell phone use during work hours may result in disciplinary action.

7.10Cybersecurity, Computer, Internet and E-Mail Usage

This Personnel Policy and Procedures Manual describes CCMC’s policy regarding use of the internet, email, computer software, voice mail, and all other equipment owned or leased by CCMC, including, but not limited to, computers, telephones, fax machines, and photocopiers. Internet access, email, computers and computer software, telephones, voice mail, fax machines, photocopiers, and all other equipment owned or leased by CCMC (collectively referred to in this policy as "such items") are provided to employees for work-related purposes only. Personal use of such items does not afford employees any privacy rights. Instead, such items are provided solely for use in work-related transactions or work-related communications for, or on behalf of, CCMC.

Email Usage on Personal Cell Phones:

If the user is a Non-Exempt employee and their Department Manager or Administrator/CEO did not authorize the employee to respond to emails on the employee's personal cell phone, the employee will not be compensated. If the employee is non-exempt and work performed for the benefit of the employer at the request of the Department Manager or Administrator/CEO it is compensable. The employer has the right to enforce what is expected in terms of work hours and activities.

While such items are provided for the conduct of CCMC business, it is understood that they may be used occasionally for personal use as well. Reasonable occasional personal use is not prohibited, so long as it does not interfere with employees' performance of their job responsibilities. Any questions regarding what constitutes reasonable occasional personal use should be directed to your Department Manager.

Notwithstanding the above provision regarding the use of such items for reasonable occasional personal use, employees shall not at any time communicate anything that might be construed as discrimination or harassment, or offensive to others based on race, color, marital or veteran status, sex, disability, age, religion, national origin, or other legally protected status, by means of such items. Further, employees shall not use such items at any time to solicit business for a venture not related to work or for other personal gain. Employees shall not at any time use such items for illegal activities, solicitation, or to promote their religious or political beliefs. Finally, employees shall not access such items from home or outside the workplace at any time to communicate personal or private matters, for discrimination or harassment, for a venture not related to work or for other personal gain, for illegal activities, solicitation or to promote religious or political beliefs.

Employees must exercise special care in handling privileged, proprietary, confidential, or copyrighted information and communications. Any dissemination of such materials must be limited to persons with a legal right to access them. Almost all data and software is copyrighted. Care should be exercised whenever accessing or copying any information that does not belong to you.

Due to CCMC's limited network and storage capacity, employees shall not download any programs, graphics, video, or audio to the network unless it is necessary for CCMC business purposes and authorized by the employee’s Department Manager and IT Department.

All traffic to and from the internet must travel through CCMC's approved internet gateway in order to assure maximum security, virus protection, monitoring, and system management capabilities. Employees may be provided an email account.

Any executable files, programs or utilities downloaded or received (by Email, USB or other media) from the internet or other external source must be scanned for viruses and licensed prior to launching. Scan all files with any virus prevention software provided to you by CCMC.

If you require assistance in scanning for viruses or licensing software, please contact your Department Manager and/or the IT Department. Employees are prohibited from using CCMC's systems for transmission of destructive programs such as viruses or self-replicating code.

Regarding email and internet communications, it is important for employees to understand that such communications can be traced to the sender even after they have been "deleted." In addition, CCMC may be required to produce email messages, internet communications, or other communications, in connection with legal proceedings. Further, CCMC may regularly review, audit, and download email messages, internet communications, or other communications that employees sent or received. An employee may not create or send abusive or inappropriate email or participate in improper activities not related to work utilizing the internet, such as chat rooms, or download abusive or inappropriate matters from the internet. Employees are not permitted to print, display, download, or send any sexually

explicit images, messages, cartoons, or jokes. If an employee receives such things from another person, he or she must immediately advise the sender that he or she is not permitted to receive such information and not to send it again. If the employee needs assistance in responding to situations such as that described above, he or she must contact his/her Department Manager.

If you are a Non-Exempt (hourly) employee and you choose to add work email to your personal devices, you will not be compensated for time spent reviewing and responding to emails during personal time away from work. If the employee is non-exempt and work performed for the benefit of the employer is at the request of the Department Manager or Administrator/CEO the time spent responding to email is compensable. The employer has the right to enforce what is expected in terms of work hours and activities. In order to provide access to various properties owned or leased by CCMC, a password may be assigned to an employee and is the property of CCMC. Assigning a password to an employee does not mean that the employee has a right of privacy in his or her password, or in that item to which the password provides access. For example, assigning an employee a password to log on to a computer does not mean that the employee's use of that computer is in any way private; CCMC retains the right, at all times, to access stored and other data on the computer. An employee cannot use unauthorized or secret passwords, and all passwords must be shared with your Department Manager, or other management employee upon request.

7.10.1 Additional policies and procedures for Use of the Internet

The following policies and procedures are in addition to those described above. CCMC encourages use of the internet to disseminate information to the public and CCMC's employees (collectively called "users") to improve communications with the public and/or to carry out official business when such business can be accomplished consistent with the following guidelines:

Departments and employees should base decisions to use the internet on sound business practices. The conduct of business via the internet is particularly compelling where costs are reduced and/or the services provided to users are improved in measurable ways.

7.10.1.1 Information and services presented via the internet should emphasize ease of use for a broad audience, be presented in a friendly manner, and include clear choices, ease of navigation, on-screen instruction, and the like.

7.10.1.2 Disseminate information that is current, accurate, complete, and consistent with CCMC policy. Information accuracy is particularly important on the internet. Where paper-based information is often not current, information presented electronically is expected to be current. Users expect this information to be not only current but often to be the first available.

7.10.1.3 Protect privileged, confidential, copyrighted and proprietary information of CCMC. Questions regarding any such information should be routed to your Department Manager.

7.10.1.4 Never make an unauthorized attempt to enter any computer or another site on the internet from CCMC's servers (commonly known as "hacking").

7.10.1.5 If you are using information from an internet site, you should verify the integrity of that information. You should verify whether the site is updated on a regular basis (the lack of revision date might indicate out-of-date information) and that it is a valid

provider of the information you are seeking. Just because it is there does not mean that it is accurate or valid.

7.10.1.6 Use of internet mailing lists and news groups is prohibited unless authorized by a Department Manager and the IT Department.

7.10.1.7 The use of social media, i.e., Facebook, Twitter, Flickr, Pinterest, Tumblr, Vimeo is prohibited without prior written approval from your Department Manager. A copy will be given to the Human Resources Manager/IT Department.

7.10.1.8 There will be no slander, misrepresentation, or defamation of CCMC by any employee or contracted employee in conversation or on social media.

7.10.2 Additional Policies and Procedures for Use of Email.

The following policies and procedures are in addition to those described above:

7.10.2.1 The representation of yourself as someone else, real or fictional, or a message sent anonymously is prohibited.

7.10.2.2 Email requires extensive network capacity. Sending unnecessary email, or not exercising restraint when sending very large files, or sending to a large number of recipients, consumes network resources that are needed for CCMC business. When CCMC grants an individual employee access to the network, it is the responsibility of the employee to be cognizant and respectful of network resources.

ELECTRONIC MAIL ON THE INTERNET IS NOT SECURE. Never include in an email message anything that you want to keep private and confidential because email is sent unencrypted and is easily read.

7.10.2.3 Be careful if you send anything but plain ASCII text as email. Recipients may not have the ability to translate other documents, for example, Word documents. Be careful when sending replies – make sure you are sending to a group when you want to send to a group, and to an individual when you want to send to an individual. Check carefully the "To" and "From" before sending mail. It can prevent unintentional errors.

7.10.2.4 Include a signature (an identifier that automatically appends to your email message) that contains the method(s) by which others can contact you. (Usually your email address, phone number, fax number, etc.)

7.10.2.5 Use automatic spell check programs if available.

7.11 Remote Work

CCMC permits eligible employees to work from a remote office location approved by Administration/CEO subject to certain conditions**.** The following policies and procedures apply:

A. **Eligibility:** Not all work performed by CCMC lends itself to remote work. Thus, managers determine individual responsibilities and obligations during the remote work period and whether work is conducive to a remote working environment. Eligibility to work remotely shall be determined by the manager and approved by the CEO. This permission may be withdrawn at any time as the hospital requires.

B. **Designated Workspace:** It is the responsibility of the employee to designate a remote workspace, which is typically a space in the employee's home (an office, spare bedroom, etc.).

   If, while working from a designated workspace, the employee experiences technical issues with his or her computer or internet access that prevent the employee from working remotely, the employee must notify his or her manager immediately. Interruptions to work caused by internet outages may require the employee to work from their regular office space for the remainder of the day, or until the outage is fixed. Employees working from a designated workspace may, from time to time, be required to come to their usual work site as required by the needs of the business.

C. **Remote Meetings:** Employees working from a designated workspace will be expected to attend all essential meetings via video conference or by phone.

D. **Rules and Policies:** All of CCMC's rules and policies, including those set forth in this Employee Handbook, apply while working from a designated workspace. These policies include, but are not limited to, policies regarding attendance, confidentiality, and policies prohibiting harassment. Employees are reminded that this Work From Home Policy is not to be used in place of sick leave, FMLA leave, etc. CCMC is not responsible for any expenses related to remote work. CCMC is not responsible for associated cost of telephone or internet service to the individual's designated remote workspace.

E. **Labor Laws:** If the employee's designated workspace is not located in Alaska, all local state labor laws must also be followed.

F. **Computer Monitoring:** Employees working from a designated remote workspace understand that their computers and the internet may be monitored periodically by CCMC during their work time. Employees approved to work remotely must comply with all CCMC data privacy, HIPAA, and cybersecurity protocols. Personal devices used for work purposes must have adequate security measures, and access to patient or confidential information must be conducted through secure channels.

G. **Designated Work Time:** Employees must follow their regular assigned work schedule, unless otherwise discussed with and approved by the employee's manager. All arrangements for childcare, elder care, repair persons, etc. must be arranged so as not to interfere with the employee's regular work schedule.

H. **Time Keeping:** Employees who are non-exempt from the overtime requirements of federal and state laws will be required to accurately record all hours worked and submit accurate time records to their Department Managers. Non-exempt employees must obtain prior approval before performing any work outside of scheduled hours, including remote work, responding to work-related messages, or using

electronic systems after hours. All time worked must be accurately recorded and will be compensated in accordance with state and federal wage laws.

I. **Meal and Rest Breaks:** Non-exempt employees are expected to adhere to the meal and rest break policies set forth in the Employee Handbook. These non-exempt employees may take an uninterrupted meal break of 30 minutes to 60 minutes. Such time will be unpaid. Employees may also take a 15 minute paid rest break every five hours. Employees are relieved of all duties during such meal and rest breaks and should not conduct work of any kind while they are on their meal or rest breaks.

J. **Confidentiality and Security:** Employees working remotely are reminded that even if they are working from a designated remote workspace, they are bound by any confidentiality and/or security agreements they signed in connection with their employment with CCMC, and any confidentiality and/or security policies contained in the Employee Handbook. Thus, consistent with CCMC's expectations of information security for employees working in the office, remote employees will be expected to ensure the protection of proprietary company and customer information accessible from their home office. Steps include regular password maintenance, locked file cabinets and desks to store sensitive information, and any other measures appropriate for the job and the environment of the designated workspace.

8 DRUG AND ALCOHOL FREE WORKPLACE

8.1 Federal Drug Free Workplace Act Policy Statement

This Statement is provided pursuant to the Drug-Free Work Place Act of 1988. CCMC provides this Statement to its employees because it may receive certain federal grant funds.

8.1.1 Statement

CCMC HAS A ZERO TOLERENCE POLICY FOR ABUSE OF SCHEDULED AND ILLEGAL DRUGS WHILE ON DUTY.

CCMC has a policy of maintaining a drug-free workplace. In accord with the Drug-Free Workplace Act of 1988 and to promote drug-free awareness among employees, CCMC, informs its employees that:

8.1.1.1 Drug abuse in the workplace creates a dangerous environment for the employee engaged in the drug abuse and endangers the health, safety and welfare of all employees and other persons in the workplace.

8.1.1.2 It is the policy of CCMC to maintain a drug-free workplace. The illegal manufacture, distribution, possession or use of controlled substances in any CCMC workplace is strictly prohibited at any time.

8.1.1.3 Upon the request of an employee, the employee will be provided with information on a confidential basis about drug counseling or rehabilitation program(s) that might assist the employee.

8.1.1.4 Actions may be taken against employees for violations of CCMC's policy, up to and including termination of employment.

8.1.2 Policy and Procedures

The unlawful manufacture, distribution, possession, or use of a controlled substance is prohibited on any premises occupied or controlled by CCMC. Appropriate disciplinary actions, up to and including termination, will be taken against CCMC employees for violations of this prohibition.

"Controlled substance" for purposes of this Statement means a controlled substance listed in schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. § 812), and as further defined by federal regulations (21 C.F.R. 1308.11 – 1308.15). This list includes, but is not limited to, heroin, PCP, cocaine and amphetamines.

A condition of employment for work under certain grants received by CCMC from the federal government, is that each employee will, as a condition of continued employment:

8.1.2.1 Abide by the terms of this Statement.

8.1.2.2 Notify CCMC of his or her conviction under a criminal drug statute for any violation occurring in the workplace no later than five days after such conviction.

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes.

"Criminal drug statute" means a Federal or non-federal criminal statute involving manufacture, distribution, dispensing, use or possession of any controlled substance.

If the criminal drug statute violation occurred in the workplace a sanction will be imposed on the employee so convicted within 30 days after receiving notice of the conviction:

CCMC will take appropriate disciplinary action against such employee, up to and including termination; or CCMC will require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purpose by a Federal, State, or local health, law enforcement or other appropriate agency.

Employees are encouraged to use any resources available to them to address personal drug and alcohol abuse issues. An employee may be entitled to leave under the Family Medical Leave Act ("FMLA") or AS 39.20.500 through AS 39.20.550 ("State FMLA") to address personal drug and alcohol abuse issues. Additionally, employees may also be entitled to use accrued Paid Time Off and/or leave without pay other than FMLA or State FMLA to address such issues. The Human Resources Department can provide an employee with additional information about these options.

8.2 Drug and Alcohol Testing

All questions regarding this policy should be directed to the Human Resources Department for CCMC.

8.2.1 Purpose

CCMC is committed to promoting a work environment free of drugs and alcohol and to maintaining the highest standards for the health and safety of its employees and the public at large. Employees who are under the influence of drugs or alcohol pose a serious threat to the safety of the employee, co-workers and the public. Employees may not report to work impaired by drugs and/or alcohol or engage in other prohibited conduct as provided in this policy.

8.2.2 Prohibited Conduct

This policy prohibits certain conduct related to alcohol and controlled substances as described below.

8.2.2.1 Consequences for Prohibited Conduct Related to Alcohol Use

An Employee shall not report for duty while having any amount of alcohol in their system. As used in this policy, "duty" means all time from the time when the Employee begins to work or is required to be in readiness to work, until the time he/she is relieved from work and all responsibility for work.

No Employee shall drink alcohol while on duty. No Employee required to take a post-accident alcohol test shall drink alcohol for eight (8) hours following the accident, or until he/she undergoes a post-accident test if the post-accident test occurs before the 8 hours has elapsed.

An Employee engaging in any of the prohibited conduct described above will be immediately removed from duty. An Employee shall also be disciplined for engaging in such prohibited conduct, up to and including termination.

8.2.2.2 Controlled Substances.

No Employee shall report for duty or be on duty under the influence of any substance.

8.2.2.3 Other On the Job Violations

The unauthorized use, possession, manufacture, distribution or sale of alcohol or an illegal drug, controlled substance or drug paraphernalia on or in CCMC owned property (including CCMC vehicles) or while on CCMC business, or during working hours can result in termination.

8.2.2.4 Refusal to Undergo Testing

Refusing to immediately submit to a drug or alcohol test when requested by CCMC, in accordance with this policy may result in termination.

8.2.2.5 Failing Testing

Testing positive for drugs or alcohol in violation of this policy may result in termination.

8.2.2.6 Removal from Duties

An Employee engaging in any of the prohibited conduct described above shall be immediately removed from duty. An Employee shall also be disciplined for engaging in such prohibited conduct, up to and including termination.

8.2.3 Categories of Employees Tested

All CCMC employees who are not required to obtain a Commercial Driver's License are subject to Reasonable Cause testing under this policy. CCMC employees who hold Safety Sensitive positions and who are not required to obtain a Commercial Driver's License are subject to Pre-Employment, Post-Accident, Reasonable Cause, Random testing and Return to Work testing under this policy.

8.2.4 Testing

An Employee will be tested for alcohol/controlled substances use under the following circumstances:

8.2.4.1 Pre-Employment Testing

Prior to the first time an Employee in a Safety Sensitive position is required to report for duty at the start of his or her employment with CCMC, the Employee must undergo testing for controlled substances.

8.2.4.2 Post-Accident Testing

An Employee in a Safety Sensitive position shall be tested for alcohol and controlled substances after use of equipment or a vehicle by the Employee while on the job in the following circumstances: when a human fatality, bodily injury requiring treatment, or property damage in excess of $500 results from the Employee's use of the equipment or vehicle.

8.2.4.3 Reasonable Cause Testing

Any CCMC Employee may be subject to testing upon a reasonable and articulable suspicion or belief that the Employee is using a controlled substance or alcohol on the basis of specific, contemporaneous physical, behavioral, or performance indicators of probable drug or alcohol use. Trained Department Managers and/or Administrator/CEO will make the decision whether there is reasonable suspicion to believe an employee has used drugs or alcohol in violation of this policy. If there is reasonable suspicion of active intoxication with marijuana, a positive drug screen for marijuana will be interpreted as evidence of current use.

8.2.4.4 Return to Duty Testing

Employees in all positions engaged in conduct prohibited by this policy will be required to undergo a return-to-duty test, if the Employee has not already been discharged. With alcohol, the Employee must have an alcohol concentration of less than 0.02 on a return-to-duty test. With controlled substances, the Employee must test negative on a return-to-duty test.

8.2.5 Testing Procedures

Testing for alcohol concentration and controlled substances is conducted in

accordance with the same testing procedures that apply to CDL drivers, i.e., in compliance with 49 C.F.R. Part 40 and 49 C.F.R. Part 382. A copy of those regulations is on file at CCMC offices and is available for your review.

CCMC utilizes urine specimen collection procedures for testing for controlled substances.

A clean, single-use specimen bottle that is securely wrapped until filled with the specimen is used, as is a clean, single-use collection container that is securely wrapped until it is employed. CCMC also has a tamperproof sealing system on all bottles to ensure against undetected tampering, a numbering system to ensure proper identification, and a lab technician who is properly trained or qualified. There is a designated collection site where specimens are taken, and where adequate privacy and security measures are in place. Persons collecting samples are trained to maintain the integrity and identity of the specimens. A medical review officer (MRO) examines and interprets test results.

For alcohol testing, a breath alcohol technician (BAT) operates an evidential breath-testing device (EBT). This test may be completed in cooperation with local law enforcement. The testing occurs in a location affording privacy, and the BAT utilizes a federally developed Breath Alcohol Testing form to ensure accuracy as to testing results.

There are special testing procedure rules applicable to post-accident testing. If an alcohol test is not administered within two hours following the accident, CCMC prepares and maintains on file a record stating the reasons the test was not promptly administered. If a test is not administered within eight hours following the accident, CCMC shall cease attempts to administer an alcohol test and shall prepare and maintain the same record.

If a post-accident test for controlled substances is not administered within 32 hours following the accident, CCMC shall cease attempts to administer a controlled substances test and prepare and maintain on file a record stating the reasons the test was not promptly administered.

An Employee who is subject to post-accident testing must remain readily available for such testing or may be deemed by CCMC to have refused to submit to testing. Medical attention for injured people following an accident is of the highest importance, and an Employee may leave the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

8.2.6 Reporting Test Results

The MRO shall review confirmed positive test results prior to the transmission of results to CCMC. The MRO shall contact the employee within 48 hours and offer an opportunity to discuss the confirmed test result. If the MRO determines there is a legitimate medical explanation for the positive test result, the MRO shall report the test as negative.

An employee may obtain a copy of the written test results only upon written request made within six months of the date of the test. CCMC will provide the written test results to the employee pursuant to that request within five working days of its receipt.

An employee who would like an opportunity to explain a positive test result in a confidential setting must make such a request in writing within 10 working days of being notified of the test result. An employee who submits such a timely written request will be given the opportunity, within 72 hours after its receipt or before taking adverse employment action, to explain the positive test in a confidential setting.

8.2.7 Requirement to Submit to Testing/Refusals to Submit

An Employee must submit to the testing described above. Refusal to submit to testing shall result in discipline, up to and including termination. Refusal to submit occurs in the following situations: (1) failure by an Employee to provide a urine sample without genuine inability to provide a specimen (as determined by a medical evaluation) after he or she received notice of the requirement to be tested; (2) failure to provide an adequate breath for testing without a valid medical explanation after receiving notice of the requirement to be tested; and (3) engaging in conduct that clearly obstructs the testing process.

8.2.8 Confidentiality of Results

All records relating to drug and alcohol testing will be maintained in a secure, confidential medical file in the Human Resources Department. A communication received by MRO relevant to drug or alcohol test results and received through CCMC's testing program is confidential and privileged, and will not be disclosed by CCMC to anyone outside CCMC except:

8.2.8.1 to the tested employee, prospective employee or another person designated in writing by the employee or prospective employee;

8.2.8.2 an individual designated to receive and evaluate test results or hear the explanation from the employee or prospective employee;

8.2.8.3 as ordered by a court or governmental agency; or

8.2.8.4 in any proceeding initiated by or on behalf of the individual and arising from a positive test.

8.2.9 Definitions

8.2.9.1 Accident

for purposes of this program will be defined as an incident involving a vehicle or piece of machinery or equipment operated by a CCMC employee that causes or is involved with the loss of human life, the issuance of a moving traffic citation under state or local law, medical treatment (other than first aid) administered away from the scene, or significant property damage.

8.2.9.2 Alcohol

means ethanol, isopropanol, or methanol.

8.2.9.3 Breath Alcohol Technician (BAT)

means an individual who operates an EBT and instructs and assists individuals in the alcohol testing process.

8.2.9.4 Detectable or Measurable Quantity

means at or above the levels identified in this policy.

8.2.9.5 Drug(s)

means a substance considered unlawful under AS 11.71 or under federal law, or the metabolite of the substance.

8.2.9.6 Drug Testing

means testing for evidence of the use of a drug.

8.2.9.7 Evidential Breath Testing Device (EBT)
is a device approved by the National Highway Traffic Safety Administration for the evidential testing of breath.

8.2.9.8 Failing A Drug Test
shall mean the test results show positive evidence of the presence of a drug or drug metabolite in an employee's system.

8.2.9.9 Medical Review Officer (MRO)
is the licensed physician or doctor of osteopathy who is responsible for reviewing positive laboratory results generated by CCMC 's testing program.

8.2.9.10 Prospective Employee
means a person who has been offered a job, whether by oral or written means.

8.2.9.11 Safety Sensitive Functions
are those having a substantially significant degree of responsibility for the safety of the public where the unsafe performance of an incumbent could result in death or injury to self or others.

8.2.9.12 Sample
means urine or breath from the person being tested.

8.2.9.13 Screening Test or Initial Test
means an analytic procedure to determine whether an employee may have a prohibited concentration of drugs or alcohol in a specimen.

8.2.9.14 Refusal to submit
means failure to cooperate and provide a drug or alcohol sample, after receiving notice of the test in accordance with CCMC Drug and Alcohol Abuse and Testing Policy. A refusal will be treated the same as a positive test result.

8.2.9.15 Under the Influence, affected by, or Impaired by drugs or alcohol means the presence of drugs or alcohol.

9 DISCIPLINE AND DISMISSAL

9.1 Disciplinary Action

Violations of standards will result in disciplinary action. Disciplinary response may range from informal action (counseling, reminder, verbal warning), to more formal action (written reprimand, suspension, dismissal), depending upon the nature and seriousness of the offense. Disciplinary measures may be progressive, but not in all cases. This policy does not specify the step or response that must occur at any stage of the disciplinary process. Each individual and circumstance will call for a tailored response and managerial judgment.

9.2 Separation from Employment

All employees are hired at CCMC for an indefinite period of time and may be discharged with or without reason or notice. Separations generally occur when: an employee is laid off due to lack of work either temporarily or permanently, when an employee is discharged, or

when an employee resigns his or her position within CCMC. The three types of separations are:

9.2.1 Layoff

If it becomes necessary to reduce the workforce, employees affected by the workforce reduction will be given preferential rehire rights.

9.2.2 Discharge

The decision to discharge employees is based not only on the seriousness of the current performance infraction but also on the individual's overall performance record.

9.2.3 Resignation

Employees in most positions are requested to give their Department Manager two weeks' written notice of their intent to resign; employees classified as direct care providers, licensed personnel, managers, and directors are requested to give four weeks' notice. Failure to give such notice could result in ineligibility for rehire. All employees who resign their positions with CCMC for any reason are asked to participate in an exit interview with the Human Resources Manager.

9.3 Wage Payment Upon Termination

Where an employee is involuntarily terminated by CCMC, the employee will be paid within three (3) working days of termination all wages, salary or other compensation due. In cases where an employee voluntarily terminates/resigns, the employee will be paid all wages, salary or other compensation due by the next regular payroll date.

9.4 Return of Property

On their last day of employment, employees are required to return all CCMC property to their Department Manager or designee. Terminating employees will be provided information pertaining to benefits by the Human Resources Department.

9.5 Promotions and Transfers

It is CCMC's policy to promote from within CCMC whenever possible. It is our intent to maintain a highly qualified work force at all times. Current employees who are qualified for and interested in a posted position are required to submit a resume and application to Human Resources in accordance with CCMC's hiring procedure. It is the general policy to make all appointments on the basis of merit and fitness for the particular position and to fill vacancies from within CCMC by promotion when qualified employees are available. However, CCMC reserves the right in every instance to hire the most qualified candidate for each job position.

9.6 Re-Employment

9.6.1 Former Employees

If you are re-employed, previous service will be considered for PTO accrual. If re-employed within 90 days, other benefits could be reinstated.

9.6.2 Recalled Employees

A "recall" following layoff is an offer of reemployment to the same or equivalent

position, which occurs within 90 days of the lay-off, for employees who remain eligible for employment with CCMC. If an employee is recalled to work, employee will have 3 calendar days to notify CCMC whether they accept the recall, and a total of 7 business days to return to work from the time of notice of the recall option, unless CCMC waives the time limits in writing. If the employee does not respond affirmatively, or fails to return as scheduled, all recall opportunities are deemed automatically forfeited.

9.7 References Policy

Reference requests must be directed to Human Resources for response. The Medical Center furnishes dates of employment, title, and position(s) held without requiring a release or authorization from the former employee. A signed employee release of information is required by CCMC prior to releasing or disclosing any additional information. This policy does not waive any right or privilege of CCMC under Alaska law regarding responding to reference requests.

10 HEALTH AND SAFETY

10.1 Reporting Employee Injuries

Employees must report all workplace illness or injury within 24 hours of the injury, to the Department Manager or Clinic nurse. A Report of Occupational Injury or Illness Form must be completed and returned to HR at that time. Failure to complete this form will delay processing and may cause denial of workers' compensation claims. Fraudulent or intentionally inaccurate statements contained in the Report of Occupational Injury or Illness Form or an unreasonable failure to report an occupational injury or illness is cause for disciplinary action.

10.2 Accidents/Needle Sticks

Potential hazards should be reported to the Department Manager, the Facilities Manager, and/or the Administrator/CEO. If an accident does occur involving an employee, patient, resident, or visitor, it must be reported immediately to the Department Manager, and/or Administrator/CEO and a written report must be prepared. Reporting procedure packets are available at the Nurses Station. Needle sticks must be handled in a similar fashion and the employee must report to the employee Clinic nurse during the same workday.

10.3 Weapons Prohibited

CCMC specifically prohibits the possession of weapons or firearms by any persons while in the Medical Center, with the exception of law enforcement personnel.

11 OPEN COMMUNICATION POLICY

The Medical Center seeks to promote positive working relationships consistent with effective delivery of health care. Maintaining an Open Door Policy for exchanging ideas and discussing issues that impact the Medical Center (either positively or negatively) is an important responsibility. Our policies are intended to allow employees to informally bring up issues of concern affecting the Medical Center, other employees, policymaking, or their department, in a timely manner.

Employees are encouraged to consult management at appropriate times during the business day, in appropriate settings and locations, to foster constructive and thoughtful discussion. If a matter is urgent, it may be helpful to introduce the topic with the Department Manager and determine if a later scheduled appointment will permit fuller discussion. The Human Resources Manager can assist you in determining whether an issue is of general concern.

To the extent practicable, sensitive matters will be treated confidentially. Participants are expected to

use appropriate judgment and discretion when sharing issues outside the relevant, responsible managers and staff.

12 GRIEVANCE PROCEDURE

It is the policy of CCMC to treat all employees equitably and fairly in matters affecting their employment. Each employee of the Medical Center shall have the opportunity to respond and resolve those matters affecting their employment which are a violation of these policies and procedures. The employee shall have the right to present any grievance without fear of reprisal.

12.1 Definition of a Grievance

A grievance is a written complaint by a regular full-time or regular part time employee or group of employees challenging the interpretation, application or alleging a violation of a specific personnel policy, departmental rule, or other regulation which affects the terms of conditions of their employment. Temporary employees, casual employees and volunteers are not eligible to use these grievance procedures. Any employee in his/her introductory period is not entitled to use these grievance procedures.

12.2 Grievance Process

12.2.1 Step 1

Any employee having a problem regarding the terms and conditions of his/her employment shall first discuss the problem with his/her Department Manager If the problem is not settled, and it can be defined as a grievance, the employee has the right to present the grievance as a Step 2 grievance. All appeals from suspensions of more than three (3) working days, disciplinary demotion or disciplinary separation shall be initiated at Step 3. Employees may bypass one or more Steps of the grievance process when reporting a complaint or expressing any issue of concern regarding alleged discrimination or harassment and may raise such concerns directly with the Administrator/CEO (Step 3).

12.2.2 Step 2

If the grievance is not settled informally, the employee shall document, in detail, the specific personnel policy, departmental rule, or other regulation alleged to be misinterpreted, misapplied or violated. This formal grievance shall be dated, signed and submitted to the Department Head within five (5) working days from: (i) the date of receipt of a disciplinary action memo by employee, in person, or by mailing, or (ii) of the violation which is the subject matter of the employee's complaint. If acceptance of the letter transmitting a disciplinary action memo is refused, or the letter is not picked up within ten (10) working days of posting, the employee will be deemed to have waived his/her rights to grieve. The Department Head shall reply to the written grievance in writing within five (5) working days after receipt of the written grievance. A determination made by the Department Head that the form of the grievance is insufficient, may be appealed to the Administrator/CEO (Step 3).

12.2.3 Step 3

Upon receipt of the Department Head's response, the employee shall have five working days to appeal the decision in writing to the Administrator/CEO. If the employee fails to appeal the Department Head's decision within five (5) working days, such failure to respond will decide the grievance in favor of the Department Head's Step 2 decision. The Administrator/CEO shall reply in writing within five (5) working days after the date of presentation of the grievance.

12.2.4 Step 4

Upon receipt of the Administrator/CEO response or failure of the Administrator/CEO to respond, the employee shall have five (5) working days to request mediation. If the employee fails to file a written request for mediation within five (5) working days, such failure will serve to decide the grievance in favor of the Administrators Step 3 decision.

12.3 Mediation

12.3.1 Step 1

Within ten (10) working days of the receipt of a request for mediation, the Administrator/CEO shall schedule a meeting with the parties involved, including the CCMC Human Resources Manager, to attempt to resolve the differences through informal mediation. This is a nonbinding good faith attempt to resolve differences. Neither party shall be entitled to any additional representation. If resolved at this informal meeting, the decision shall be reduced to writing, signed and copies distributed to all parties.

12.3.2 Step 2

If the grievance is not resolved through informal mediation within ten (10) working days, the aggrieved employee(s) may request arbitration of the dispute, as provided for below.

12.4 Arbitration

12.4.1 Step 1

The aggrieved employee(s) may select, within five (5) working days, a mutually acceptable competent Alaskan arbitrator who can commit to scheduling a hearing and rendering a decision in an expeditious manner. Should the Administrator/CEO and the aggrieved employee(s) be unable to agree upon the appointment of an arbitrator, they shall select an arbitrator, by the striking method, from a list of seven qualified Alaskan arbitrators supplied by the Federal Mediation and Conciliation Service (FMC). The Administrator/CEO and the aggrieved employee(s) shall alternatively strike one name from such list, and the sole remaining name shall be appointed as the arbitrator.

12.4.2 Step 2

The arbitrator shall conduct a hearing in accordance with generally accepted standards and procedures for grievance or arbitration and in as expeditious manner as possible.

12.4.3 Step 3

Any decision by the FMC's arbitrator shall be final and binding upon the parties concerned. The arbitrator has the power to decide all issues, including awards of back pay if appropriate. It is understood and agreed that the arbitrator shall not have any power to add to or amend any of the provisions of these policies or rules.

12.4.4 Step 4

Each party in the proceedings will pay the cost of presenting their case. The arbitrator's fee will be paid by CCMC, unless it is found by the arbitrator that the

grievance has been frivolous or not in good faith. In such an event, the employee shall pay the arbitrator's fees.

12.5Time Limits of the Essence

The time limits referred to in this policy must be strictly adhered to but may be waived or modified by mutual agreement in writing. It is the intent that all procedures set forth herein shall be complied with as expeditiously as practicable. If the employee shall fail to comply with the limits imposed within this section the grievance shall be deemed waived. If the Department Manager, or Administrator/CEO shall fail to meet the time limits imposed within this section, a disciplinary action which forms the basis of the employee's grievance shall be suspended during the period of noncompliance with the time limits and the employee will continue to accrue all pay and benefits as if the disciplinary action had not occurred.

12.6Exclusive Remedy

The grievance, mediation and arbitration procedures of this section are the sole and exclusive remedies of the employees of CCMC contesting violations of these policies and/or disciplinary actions. An employee must fully exhaust these remedies prior to filing any lawsuit or other administrative action.

Memorandum

To: CCMC Authority Board of Directors
From: Dr. Hannah Sanders, Chief Executive Officer
Subject: **Approval of 2026 Employee Handbook**
Date: 07/29/2026

CCMC's Employee handbook was reviewed and revised to ensure compliance with applicable laws and regulations. Section 3.1.2 was updated to reflect CCMC policy regarding Alaska Background Clearance. A couple of sections were edited/expanded for clarification.

3.1.2Criminal Background Checks

All employees are required to maintain a current and valid State of Alaska background check as a condition of employment.

Renewal Timeline

Employees must initiate the background check renewal process no later than six (6) months prior to the expiration date of their current background check. Early initiation is required due to potential delays associated with fingerprinting and processing in a remote location.

Employee Responsibility

It is the responsibility of each employee to comply with background check renewal requirements and complete all necessary steps within established timelines.

Notification Process

Human Resources (HR) will provide monthly email reminders to employees beginning six (6) months prior to the expiration date of their background check and continuing until renewal is completed.

Monitoring and Oversight

HR will maintain a tracking system for all employee background check expiration dates. Compliance will be monitored on an ongoing basis. The Chief Executive Officer (CEO) will provide secondary oversight to ensure adherence to this policy.

Disciplinary Action

Employees who have not completed the background check renewal process at least two (2) months prior to expiration will be subject to disciplinary action, up to and including termination, in accordance with CCMC disciplinary policies.

Non-Compliance

Employees who do not have a current, valid background check on file by the expiration date will be removed from duty immediately and may be subject to termination of employment.

Under section 2.1 Timekeeping, an additional paragraph was added for clarification:

Hours each week should equal the regular number of hours scheduled. If an employee is regularly scheduled for 40 hours, time should equal 40 hours. For example, if an employee works 37 hours, 3 hours of PTO should be used to equal 40 hours. PTO can be used in 15 minute increments as needed.

Section 4.11 was clarified:

4.11Breaks and Meal Periods

Employees may be scheduled by their Department Managers for breaks and meal periods based upon the number of hours an employee is scheduled to work, the needs of the facility, and coverage availability.

For a workday of 6 hours or more, employees may be scheduled for an unpaid meal period of 30 – 60 consecutive minutes as schedules allow. Meal breaks of up to 30 minutes are paid if the employee is authorized by their supervisor to continue work duties..

For every 5 hours worked, employees may take one paid 15 minute break onsite as scheduled by their supervisor.

Breaks and meal periods may not be accumulated or delayed in order to leave work early or take an extended meal period on another workday.

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the revised CCMC Employee Handbook."

AUGUST 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					