NARRAGANSETT INDIAN TRIBE

DEPARTMENT OF HEALTH & HUMAN SERVICES

Narragansett Indian Health Center

2024 ANNUAL REPORT SUMMARY
January - December 31, 2024

NARRAGANSETT INDIAN HEALTH CENTER
2024 ANNUAL OPERATIONS SUMMARY

Patient Registration

There are 2,418 living patients registered at NIHC, which is 10 more than last year. This number does not represent the 'Active User Population'. There were 26 new patients, 1 birth, and 9 deaths during this period. This data is based on the Patient Registration File.

Purchased And Referred Care (PRC) formerly CHS

At the time of this report, total PRC expenditures (obligations adjusted by payments) for 2024 were $200,130.29. The number and dollar amount of authorizations by type were:

Hospitalization	37	$ 16,231.22
Dental	87	$ 15,364.00
Non-Hospital Service	1098	$168,535.07
TOTAL	**1222**	**$200,130.29**

Ambulatory Care Visits

In 2024, there was a total of 9,295 all visit types or all visit types including nurse and medical assistant. All visit types included visits with a medical provider, nurse, medical assistant, telemedicine and telebehavioral health visits, flu clinic, lab draw, vaccines, patient education, phone calls, and chart reviews. There were 3,070 ambulatory visits, 741 telehealth visits, and 1693 documented calls with patients. In 2024, there were 407 no show visits, 18 less than 2023 (this may be due to having one less provider for most 2024 or “no shows” might have been greater). A no show means a patient did not show up for a scheduled and confirmed appointment and did not call to cancel or reschedule the appointment. Thus, there were 407 appointment times that could have been offered to other patients if we had been notified that a patient needed to cancel or reschedule. Coupled with the loss of one medical provider and other clinic staff shortage may account for the decrease in patients. There were 3,091 Chart Reviews and *1,693 telecommunications (phone calls) documented. In addition, 3,070 ambulatory visits and 741 Telehealth/TeleBehavioral health visits were documented.

These visits were provided to 510 individual patients, which is 28 less than in 2023. These do not equate to 'official' APC Visits which are identified in other PCC Reports. By Service Category:
*****(This figure does not accurately reflect the numerous calls made and received that are not documented in system) The ten leading purposes of ambulatory visits by individual ICD Code are listed below. Both primary and secondary diagnoses are included in the counts. By ICD Diagnosis:

1. Encounter onsite for other administrative	1694
2. Encounter onsite to issue repeat prescription	1683
3. Essential (primary) hypertension onsite visits	332
4. Type 2 diabetes mellitus w/o co-morbidity	307
5. Post-traumatic stress disorder, unspecified	195
6. Long-term(current) use of oral hypertension medication	170
7. Dysthymic disorder (Persistent Depressive Disorder PPD)	166
9. Obesity, unspecified	135
10. Hyperlipidemia, unspecified	126

Injuries

In 2024, 112 visits for injuries, which is 10 more than in 2023. Of these, 66 were new injuries, which is 89 more than in 2023. The five leading causes were:

1. Overexertion from strenuous movement	5
2. Person injured in unspecified motor vehicle accident	4
3. Unspecified fall, subsequent encounter	3
4. Contact with powered garden and outdoor	3
5. Other unspecified overexertion or s	3

Emergency Room

During 2024, there were 41 referrals processed and $16,682.45 obligated for emergency room visits.

Pharmacy

NIHC primarily pays for prescriptions for uninsured patients through the Mashantucket Pequot Pharmacy (PRxN). Occasionally the total cost for a prescription may be less than the co-payment for an insured patient and thus is purchased from PRxN. In 2024, 118 fewer prescriptions were purchased through the PRxN than in 2023, however the total cost of prescriptions increased by $17,979.83 despite the decrease in the number of prescriptions. This was mainly due to a significant increase in the average ingredient cost, average drug cost per claim, and the types of medications prescribed.

NIHC primarily pays the co-payment only for prescriptions filled through CVS for insured patients. There was a total of 1833 prescription purchased through CVS, in 2024, which is an increase of 110 prescription over 2023. The cost for prescriptions purchased through CVS in 2024 was $189,103.97, which was an increase of $9,437.09 over the 2023 cost for prescriptions.

The total paid in 2024 for 2,716 prescriptions, of which 1683 were refilled prescriptions and 1033 were new prescriptions, was $189,103.97, an increase of $27,416.92 over 2023. The total prescriptions filled was 8 less than in 2023.

The total prescriptions purchased through **PRxN** in 2024 was:

Prescription Type	**Year 2024 Count**	**Year 2024 Cost**
Total Rx Brand	148	$74,132.02
Total Rx Generic	761	$29,513.77
Total Number of PRxN Prescriptions Total PRxN	**883**	
Prescriptions Cost:		$108,380.62
Total Dispensing Fees		$ 13,245.00
TOTAL PRxN Costs		**$121,625.62**
Total prescriptions purchased though CVS Pharmacy apx.:	**1,833**	
Total 2023 PRxN and CVS combined apx.	**2,716**	
TOTAL CVS Cost:		**$ 67,478.35**
TOTAL ALL PRESCRIPTION COSTS:		**$189,103.97**

COVID-19

In 2024 there was a significant drop in patients requesting COVID-19 vaccinations and testing. NIHC gave 70 COVID-19 vaccine shots to patients from January 2024 through December 2024, bringing the grand total of vaccines administered to date to 1721.

As part of our giveaway bags, NIHC provided more than 500 individual COVID home tests kits along with other health items and health information handouts at the 2024 Annual Health Fair. NIHC continued to take preventative measures to ensure patients/staff safety and viral containment by providing free COVID test kits to staff for weekly testing. NIHC also tested all new employees on their first day of work.

Other than NIHC employees, we were unable to confirm the number of positive and negative test results, as very few recipients of the home test kits reported their results to us. Therefore, unless they presented to NIHC for treatment, they were not included in the number of tests performed count nor the number of positive tests results. Overall, NIHC successfully assisted the tribal community through the Coronavirus pandemic with consistent testing, vaccinations, the provision of test kits, pulse oximeters, contact free thermometers, hand sanitizers, antibacterial soaps, cleaning wipes to kill viruses on surfaces, face masks, gloves, other supplies to help combat the spread of the COVID-19 virus, education and educational handouts about the virus, and appropriate treatment and treatment guidance.

2024 NIHC Medical Staff:

- Dr. Thomas Warcup remained in service as our part-time Medical Director. He rejoined our team in 2021, after returning from the University of North Carolina – Chapel Hill where he finished his service as the Senior Medical Director for their accountable care organization. He remained in full-time medical practice at the Block Island Health Services throughout the year.
- Dr. Casci has been in practice for more than 28 years. He came to us from a South County Hospital primary care practice. Dr. Casci, a board-certified Family Medicine physician, worked the majority of his career in the South County Emergency Department where he served many of our Tribal members.
- Laurie Anderson, Advanced Practice Registered Nurse (APRN), continued part-time.
- Karen Johnson, APRN, remained full-time with NIHC during the first quarter of 2024. She continued to provide healthcare services for our patients and assisted with our Special Diabetes Program for Indians.
- Dr. Robert Casci and Laurie Anderson, APRN remained as the continuity provider team serving the patients of NIHC until Jackie Woodside, ARPN joined our team in July of 2024.
- Charlotte Rozzero, RN, a nurse for more than 42 years, joined our team in 2021. She continued to apply her wealth of nursing experience as our Clinic Nurse Supervisor throughout 2024.
- Susan Bradanini, RN, CDOE, CVDOE is a nurse with more than 31 years of experience and a member of the MicMac Shubenacadie First Nation. By the end of the year, she had been with the NIHC for more than 10 years. Sue, a Certified Diabetes Outpatient Educator and a Cardiovascular Disease Outpatient Educator continued to work as our Office Community Health Nurse Supervisor (OCHNS) taking the lead on the SDPI program, Emergency Preparedness initiatives, Community Health Program Planning and Community Health Services among many other roles. She trained new employees in the OCHP and the clinic. She also continued to fill-in when needed in the clinic and pharmacy.
- Maggie Fitton, RN, remained as our Community Health Nurse in the Office of Community Health Programs (OCHP). She continued to assist with planning community programs, staff preparedness trainings, home visits, and other activities related to community healthcare, she also filled-in for the clinic and pharmacy, when needed.

- Jennifer Bradley, a Pharmacy Technician II (PT) for more than 27 years, remained in her position. She continued to be instrumental to coordinating prescription orders and refills. Jenn also volunteered to be trained to administer vaccines, which she did throughout the pandemic and part of 2024.
- Craig Gaspard, LICSW, has remained in his role as our Office of Behavioral Health Programs counselor since 2019. Craig completed his Bachelors of Social Work at the University of Southern Maine, he completed his Masters of Social Work at Washington University in Missouri, and he completed his Masters of Public Administration at the University of RI.

2024 Medical Clinic Accomplishments:

- Continued to successfully improve our Government Performance and Results Act (GPRA) measures in cancer prevention and diabetes surveillance
- Continued to provide preventative medication usage
- Successfully passed our Rhode Island DOH vaccination storage and distribution protocol audit
- Maintained a Quest Diagnostics Lab Interface so results go directly into patients' EHR
- Continued association with Quest Diagnostics for all labs ordered by providers and received lab results via designated NIHC printer
- 100% of visit notes and 100% of prescriptions entered into the Electronic Health Record (EHR)
- Achievement continued for pre-visit planning
- Continued utilization of tools for controlled substance management
- Increased use of the EHR allowed NIHC to provide better care and track patients with chronic health problems who require long term consistent healthcare management
- Added a smoking cessation and vaping screening tool
- Continued use of the Asthma registry, which helps us identify asthmatic patients, focus on interventions and monitor to improve wellness and reduce ER visits
- Added a screening tool for food insecurity
- Added in office pulmonary function testing
- Added portable health monitors to help identify patients with heart arrythmias
- Complied with all vaccine documentation in RPMS

Among other achievements in patient care, NIHC met the following goals:

- NIHC surpassed the goal for the number of patients with Controlled blood pressure under 140/90
- NIHC surpassed the goal for the number of patients with Poor Glycemic Control (>9) decreased
- NIHC surpassed the goal for the number of patients needing and receiving statin therapy
- NIHC is within 5% of the goal for the number of patients 18 and over with Influenza Vaccine
- NIHC surpassed the goal for the number of patients with Colorectal Cancer Screening
- NIHC surpassed the goal for the number of patients Controlling High Blood Pressure - Million Hearts
- NIHC surpassed the goal for the number of patients with needing and receiving CVD Statin Therapy
- NIHC surpassed the goal for the number of patients 18 and over with Depression Screening
- NIHC surpassed the goal for the number of patients with Intimate Partner/Domestic Violence Screening
- NIHC surpassed the goal for the number of patients with Mammogram Screening
- NIHC surpassed the goal for the number of patients with a Universal Alcohol Screening

Example of the services NIHC provided in 2024:

- Direct primary care ranging from newborn to geriatric care
- Cardiac ECG monitoring
- Pulse spirometry with oxygen support
- Full complement of blood drawing services

- Multiple injectable medications available
- Diabetic Outpatient Certified counseling
- CLIA Waived Labs for Liver Function Testing, A1C, Lipids, drug screening, pregnancy tests, Strep A testing
- Full range of vaccination services for children and adult patients
- Tobacco screening and cessation education
- Blood Pressure screening, education and intervention measures to control high blood pressure
- Depression screening, education, and referral services for treatment
- Medication evaluation and prescribing
- HIV screening, education, and treatment interventions
- Hepatitis screening, education, and treatment interventions
- Weight control assessment, education, and treatment interventions
- Behavioral Health Counseling and other Behavioral Health related services
- Community Health Education programs
- Purchased and Referred Care
- Providers/staff provided a holistic approach to patients by offering education, treatment, prescription management and referrals to care needed and not available at NIHC

2025 Medical Clinic Goals:

- Address the significant no-show visit rate, which can result in poor outcomes
- Continue providing flu, pneumonia, and other vaccinations, as well as, provide education to the Tribal Community
- Screening for diabetic related vascular disease using dopplers
- Coordinating with OCHP staff for weight loss management in diabetics with plans to expand to the general patient population
- Conduct an audit for specific medications
- Explore feasibility of implementing a multidisciplinary weight loss group
- Re-establish onsite JVN Diabetic Retinopathy screening exams
- Continue to improve electronic capture of work toward satisfying Meaningful Use and GPRA Measures
- Continue to explore barriers to glycemic control and engage in collaborative practice improvement and innovation
- Maximize Health Information Technology
- Increase understanding of the EHR's capabilities for documentation, communication and reporting
- Fully implement and utilize iCare including for pre-visit planning, disease process Management, and individual prescription treatment plans/goals
- Improve chronic disease management
- Implement performance of gynecologic procedures
- Attend WebEx trainings of Lab Interface Package
- Continue to enter Immunization directly into the RI KidsNet Registry
- Increase 2025 vaccination rates over 2024 rates for both Influenza and Pneumonia by utilizing the EHR Immunization Forecasting feature
- Re-establish onsite diabetes group visits
- Train all appropriate employees not yet trained on VistA imaging
- Re-establish onsite meetings with patients and PRC staff
- Re-establish onsite Behavioral Health visits and decrease tele-behavioral health visits
- Continue efforts to hire skilled and experienced staff to fill open clinic positions

OFFICE OF COMMUNITY HEALTH PROGRAMS

Susan Bradanini, RN, CDOE, CVDOE remained in the OCHP Nurse Supervisor (OCHPNS) position. She has been planning to retire and requested to reduce her hours to one to two days per week. She continued to assist the Director with interviews to fill the vacant clinic and OCHP positions. Due to an extended leave, emergency preparation meetings were attended only through March given the limited staffing.

The OCHP Staff Nurse hired at the end of 2023, remained in her position until March of 2024. She was also responsible for planning and overseeing community health activities, emergency and disaster planning, home visits and providing educational materials for the community. However, the OCHP Staff Nurse spent much of her time in the medical clinic and pharmacy, as well. The Gentle Seated Yoga program was resumed and returned to in-person classes. The yoga program meetings were held once a week and the program halted for the summer months. No other programs were scheduled due to a lack of staff.

The OCHP Staff Nurse created a Government Performance and Results Act (GPRA) bulletin board to reflect the IHS performance goals set and NIHC's performance and progress with meeting those goals for all clinic staff and patients to view. The OCHP Staff RN completed FEMA trainings on Emergency Preparedness and attended meetings with state and local agencies to learn more as part of an effort to update the NIHCs Emergency Preparedness Operations Manual. She Learned and reviewed the EHR-RPMS system to complete requirements of our Special Diabetes Prevention Program and worked with other staff on this effort. She completed Certified Diabetic Outpatient Educator courses and attended other meeting, trainings, and conferences concerning Diabetes and Emergency Preparedness.

The staff collaborated and organized FREEStyle to be offered through NIHC for patients with diabetes. They maintained the Diabetic Patient Registry's 'Master List', conducted home visits, and completed and submitted required reports. Finally, OCHP staff assisted patients directly with identifying needed resources and assisted the clinic and PRC staff with durable medical equipment research for patients.

All Hazards Planning

Over the past 18 years, NIHC developed and maintained local area relationships with the Town of Charlestown and the South County Hospital, as our reservation falls within each respective catchment area. NIHC was able to fulfill a grant objective required to retain a state RIDOH Health Preparedness grant, which NIHC has maintained since 2005. NIHC is considered in the Public Health category. NIHC is part of the coalition as it stands and is the only Tribal health center in Rhode Island. NIHC, along with the hospitals and health centers that have been active in the Hospital Preparedness Program (HPP) program, continued to be part of the coalition partnership. Coalition entities supported each other and were required to attend all meetings, however, due to limited staff, emergency planning and coordination activities including meeting attendance were limited to the first quarter of 2024. Appropriate staff were identified to earn FEMA certifications to fulfill training requirements for Incident Command Systems (ICS).

2024 Office of Community Health Programs (OCHP) Accomplishments:

- Continued to assist in the clinic and address medication calls, as needed to cover absent staff
- Coordinated with the United Way of RI to continue to have the 211 Van onsite, monthly, as an additional patient resource on housing, food, affordable childcare, healthcare coverage, etc.
- Continued to update and complete the SDPI grant tasks, which included completion of the SDPI diabetic audit. This required an annual chart review of all the patients on the diabetic patient registry and an assessment care sheet be printed for each diabetic patient. The chart review assessed missing data, which included eye exam, foot exam, dental exam and labs. All taxonomies

related to the diabetic program were reviewed and diabetic patients' medications were evaluated with the Pharmacy Technician. Data and quality checks were completed and the final report was exported and uploaded to the annual Diabetic Report for the SDPI program, by the due date and, also completed the SDPI Outcomes system (SOS) diabetic audit

- Continued to work on the diabetic audit and ran reports to evaluate the program, throughout 2024.
- Worked with other NIHC staff to complete the 2024 SDPI Competitive Grant for submission
- Continued the SDPI orientation process with NIHC's full-time APRN, as the APRN began to take on more responsibility for the oversight of that initiative
- Scheduled and provided Certified Diabetic Outpatient Educator (CDOE) appointments
- Continued oversight of the Reach Out and Read program and provided training on the program for new employees. Received books from the Reach Out and Read Program on autism inclusion with other give-a-way books; monitored inventory; and tracked books given to children under 5, during well-child visits. Providers assessed each child's skills and encouraged parents to read to the child; completed and submitted the required annual and bi-annual report.
- Continued to support NIHC's responsibilities to address substance abuse and overdose concerns, coordinated several Naloxone/Narcan tables at the center as well as the 2024 Health Fair
- Coordinated and successfully offered our weekly chair yoga program
- Coordinated a Kids' Day backpack giveaway with the Administration department
- Maintained All Hazard Planning relationships

2025 OCHP Goals:

- Fill all vacant positions
- Continue with Weight and Blood pressure screenings at the Tribe's Senior Center
- Reach out to new clients and incorporate them healthcare system
- Focus on Health Promotion Disease Prevention
- Continue to remain active with various conferences/meetings
- Re-establish the exercise and walking programs for Tribal members
- Continue to implement the yoga program
- Continue with the 211 Van
- Ensure new staff complete all necessary FEMA courses
- Plan and provide an onsite emergency preparedness tabletop exercise for NIHC staff
- Complete the Asthma Educator training program and certification
- Continue to participate on CEMA committee for emergency preparedness
- Continue with RIHCA meetings and planned exercise
- Continue with HARI meetings
- Re-establish with the cooking program
- Plan and implement Community Education events ex. Kids Day, Women's Day and Men's Day
- Continue to plan and implement diabetic classes at the clinic
- Continue with the SNAP program at the senior center
- Increase the number of home visits per month
- Continue with Certified Diabetes Outpatient Educator (CDOE) visits at the clinic
- Continue using iCare program along with RPMS
- Plan a social security retirement seminar
- Plan an Opioids/Alcohol Misuse seminar
- Plan a non-traditional tobacco cessation program
- Plan safety/falls prevention event
- Continue Emergency Preparedness Planning and Education Activities

- Plan and implement Community Education events e.g. Women's Day
- Continue to plan and implement diabetic classes at the clinic
- Continue with the SNAP program at the senior center
- Increase the number of home visits per month
- Continue with Certified Diabetes Outpatient Educator (CDOE) visits at the clinic
- Continue using iCare program along with RPMS
- Plan a social security retirement seminar
- Plan an Opioids/Alcohol seminar
- Plan a tobacco cessation program safety/ falls/ emergency preparedness seminar

OFFICE OF BEHAVIORAL HEALTH PROGRAMS

2024 Office of Behavioral Health Programs (OBHP) Accomplishments:

- Continued to provide counseling services to NIHC clients via tele-behavioral health calls
- Continued to attend quarterly Substance Abuse and Mental Health Services Administration (SAMHSA) meetings
- Completed the SAMHSA N-SUMNNS Survey for internal review and then submission
- Smooth usage of RPMS EHR charting, utilized closely with dually diagnosed clients with concurrent medical conditions and Mental Health or Substance Abuse Disorder diagnoses. This supported NIHC's providers regarding patients discharged from hospitalizations and assisted them in assessing treatment received offsite
- Developed a new routine and schedule in order to service more patients
- Regular communication with probation departments, court officers, and those representing Tribal members required or recommended for outpatient (O/P) treatment
- Interacted with, initiated and supported all indigenous suicide prevention programs such as the Tribal Suicide Prevention program from the Suicide Prevention Resource Center
- Utilized trauma and cultural trainings to increase consistency of therapy to avoid referring the patients elsewhere
- Helped several suicidal patients before a terrible outcome occurred
- Attended multiple continuing education (CE) and non-CE training. One extremely helpful training was through Brown University called Mindfulness Training. This has helped significantly with depressed and traumatized patients
- Continued to support a Brown University program and Native American student aides' efforts to learn mindfulness and focusing techniques from NIT Elders and turn the learned techniques into useful strategies to help Tribal members
- Supported and assisted Brown University's Tribal mindfulness working group. The group used the information gleaned from the initiative to inform the tribe, through Council, of their efforts. This led to the recruitment of Tribal elders to focus groups to garner relevant historical and cultural phenomenon to be used to assemble into a mindfulness therapeutic report; this will be useful in both medical and behavioral holistic health treatment

2025 OBHP Goals:

- More training and knowledge in suicide prevention and develop programs to aid patients in need
- Decrease telebehavioral health visits and return to onsite visits
- Work with the no-cost source at URI Pharmacy to provide free Narcan kits, used to reverse overdoses and have officers trained to store these and give away or administer safely

- Continue to work with the NIHC Director and Medical Director to develop programs to aide in the reduction of opiate and Fentanyl overdose and addiction, such as a MAT program or other addition treatment/prevention platforms
- Continue to support and assist Brown University's Tribal mindfulness working group lead by a Brown PhD professor and Narragansett Tribal member and Councilwoman Heather Angel Mars-Martin
- Attend more training sessions and acquire certifications in Mindfulness Training
- Continue to take all required CEU trainings in order to maintain LICSW license

2024 NIHC ADMINISTRATION TASKS AND ACCOMPLISHMENTS

Throughout 2024, NIHC Administration carried out an extensive range of operational, administrative, and strategic responsibilities to ensure the effective day-to-day functioning of the Narragansett Indian Health Center, in accordance with the 2024 Annual Funding Agreement (AFA) and Scope of Work. This work required continuous oversight of all administrative, clinical support, and programmatic components of NIHC. Core responsibilities included providing administrative support to all NIHC staff and programs and the weekly review and approval of timesheets, check requests, Purchased and Referred Care (PRC) referrals, and PRC Accounts Payable Vouchers. Administrative staff also participated, when possible, in conference calls and webinars hosted by USET, CMS, HRSA, and other partner organizations.

Recruitment and retention remained a significant focus throughout the year. NIHC Administration updated job descriptions; prepared and posted employment advertisements; reviewed applications; scheduled and conducted interviews; scheduled selected candidates for background investigation and reviewed all results; completed final assessment of candidates; drafted offer letters; completed onboarding including new employee orientation, ensured both online and hands-on training was completed etc. This work included substantial and sustained efforts to recruit and hire qualified staff necessary for the daily operation of the health center. These ongoing efforts focused on filling office, clinic, community health, and dental health positions during the post-COVID-19 pandemic period, when workforce shortages and broader labor-market conditions continued to make recruitment and retention especially challenging. Although the COVID-19 pandemic had formally ended, staffing challenges continued throughout 2024.

NIHC Administration completed daily staff management and supervisory activities; developed and managed operating budgets; and provided comprehensive oversight of grant writing, grants management, and grant compliance. Administration also renewed existing contracts, reviewed and approved proposals from multiple operations and facility maintenance vendors, and renewed and/or executed new contracts with third-party insurance companies.

NIHC Administration also managed a wide range of operational and logistical functions, including reviewing, approving, and ordering supplies; tracking equipment, warranties, and inventories; and overseeing receipt and distribution of orders. Administrative staff coordinated repairs and maintenance for office, clinic, and building equipment and managed mail operations, including retrieval, logging, internal distribution, and coordination with third-party carriers.

Financial and administrative operations included processing accounts payable; maintaining accurate records of invoices, payments, and credits; and managing program financials and reporting. Administration supported and assisted with, planning, arranging, and hosting programs and trainings, including registration and procurement of supplies and materials, preparing and distributing program flyers/mailings.

Additional responsibilities included negotiating, renewing, and maintaining service contracts; coordinating facility and grounds maintenance and improvements; processing internal timesheets for payroll

submission; preparing and managing incoming and outgoing correspondence; maintaining files and records; IT hardware and software ordering, computer stations set-up and maintenance, in addition to other site management duties, overseeing data backup processes; coordinating telephone calls and conference calls; managing calendars, meetings, and staffing schedules; processing personnel leave requests and absences; retrieving and documenting third-party payments; updating administrative policies and forms; and scheduling space for meetings, visitors, staff orientations, and staff trainings.

NIHC Administration maintained strong working relationships with the State of Rhode Island by submitting required statistical data and reports for state-funded programs and grants, participating in oversight meetings, and fulfilling contractual deliverables. Staff also attended virtual and teleconference meetings with a broad range of partners and stakeholders, including USET, NIHB, the Indian Health Service (IHS), and CMS Region I.

Major administrative accomplishments in 2024 included updating and successfully negotiating the Annual Funding Agreement (AFA) with the Indian Health Service (IHS), including the Scope of Work and budget, as well as negotiating and executing the 2024 Annual Lease Agreement. Originally prepared, negotiated, and awarded in 2017, the Lease Agreement has covered the majority of NIHC's mortgage costs annually since its inception and the full mortgage cost since 2021, representing a significant and ongoing cost-containment achievement.

Since execution, the Lease Agreement has supported nearly ninety percent (90%) of total mortgage payments to date and has provided one hundred percent (100%) of annual mortgage coverage for the past four years. In addition, the Lease Agreement covers one hundred percent (100%) of required building insurance costs, which have increased substantially in recent years due to post-COVID market conditions affecting construction, insurance, and facilities nationwide. The Lease also requires the establishment of restricted reserves to support future capital replacement needs, including major building systems and equipment.

In 2024, NIHC Administration successfully negotiated a significant one-time funding increase to the Annual Lease Agreement to address deferred maintenance, necessary building repairs and improvements, and the expansion of in-house service capacity, further strengthening the long-term viability of the facility.

NIHC Administration also provided daily staff management and oversight; developed and managed budgets; wrote and submitted applications for various grant funding, completed grants management tasks, and completed required grants and contracts reporting activities; completed and submitted grants and contracts deliverables to the appropriate funding sources; renewed contracts; and reviewed and approved proposals from multiple operations and facility maintenance vendors. New and renewed contracts with third-party insurance companies were also completed.

NIHC Administration worked to ensure that all staff remained current with required trainings, certifications, and emerging health and operational information. All NIHC employees completed mandatory trainings, including HIPAA, Patient Confidentiality, and FEMA training, as well as education related to RPMS and EHR updates, COVID-19 response, clinical services, emergency preparedness, and other regulatory and operational requirements. These ongoing efforts supported NIHC's commitment to delivering services at the highest standard.

NIHC Administration also processed and invoiced contract and agreement extensions for the Rhode Island Department of Health (RIDOH) Breast Cancer and Colorectal Cancer Screening Program and successfully renegotiated multiple grants and contracts. One long-standing screening grant, initially funded at a minimal

level when established in 2005, has increased by more than two thousand percent (2,000%) over time through sustained negotiation efforts, with additional increases secured in both 2023 and 2024. In 2024, NIHC Administration also successfully negotiated the inclusion of indirect cost recovery of approximately twenty-three percent (23%) of the total award, a provision that had not previously been allowed since the grant's inception. ICD funds are used to help offset the increased administrative costs of processing the grant funds used in support of our uninsured or underinsured patients receiving breast and colorectal screenings. The IDC funds were provided to the Narragansett Indian Tribe.

Service Delivery Barriers and Concerns

NIHC experienced significant staff turnover and difficulty with hiring and retaining staff during the Pandemic. 2024 ended well, however, as NIHC was ultimately able to recruit and hire staff to fill most vacant positions with permanent or temporary staff with an option to transition to permanent employee status. NIHC continued its challenge to compete in the job market due to: (1) an inability to compete with current market pay rates 2) inability to provide cost of living increases 3) inappropriate and aggressive behavior by a small number of patients toward staff. This matter remains a significant concern for NIHC, as turnover makes it difficult and challenging to provide smooth and consistent operations.

Third-Party Billing

In 2024, NIHC continued to outsource third-party billing services to a billing company. Through this contract, the NIHC continued to bill all primary, secondary, and wrap around claims for its patients. Through the NIT Finance Department, NIHC and DT-Trak continued the bank deposit and batching reconciliation process to verify all collections are accounted for in both the financial institution and the RPMS system. In addition, NIT Finance continued to provide oversight reviews of other reports for status and reconciliation monitoring, such as the Claims Listing report, Coding Queue and Aged Claims reports.

In 2024, there were 246 patients enrolled in Medicare Part A and 224 patients enrolled in Part B. Both parts A and B had a decrease of two enrolled patients. There were 37 patients enrolled in Medicare Part D, which is two more enrolled patients than last year. In addition, there were 486 patients enrolled in Medicaid, a decrease of 18 compared with 2023; and there were 1364 registered patients with active private insurance, at the CY-2024 year-end, which was 1 more than in 2023.

As of the current reporting period, not all wraparound claims have been submitted for billing. These claims represent the most significant financial components of our billing portfolio. Denials and delays in payment contribute to the delay in wrap around billing.

Of the CY-2024 billed claims a portion was uncollectable for various reasons such as over allowable, co-insurance, co-payment, non-covered service, patient not covered. Of the unpaid balance at the 2024 year-end, we expect to collect 55%, however, not all wraparound claims for FY-2024 have been billed yet which would increase the unpaid balance for 2024 and subsequently the total expected to collect.

There was an unpaid balance on aged claims on Dec 31, 2024. This aged balance is the billed amount of which NIHC expects to collect 55% which is the average collection rate.

2025 Third-Party Billing Goals:

- Monitor denial increase for United Healthcare of New England
- Continue with the streamlined reconciliation process
- Maximize revenue collections

- Minimize delays in billing due to revalidation and enrollment issues
- Maintain/update provider credentials

Building Update

At the beginning of 2024, NIHC was preparing to move forward with several construction projects. NIHC had previously tasked a Forensic General Contractor (FGC) to oversee and assess necessary repairs and to develop and implement an essential Scopes of Work. The FGC as also tasks with assisting NIHC in developing the RFPs needed for advertising the work, and then to oversee the completion of the work needed based on the result of the Forensic GC's 2023 provided assessment.

After an extensive process, we identified a General Contractor to complete the work. That contractor provided a proposal with estimates to complete the projects and then NIHC worked to realize the funding and was successful in this effort.

We then negotiated a contract through the contractor's legal representative and the NIHC's attorney. This was a significantly lengthy process and in the end the contractor was uncomfortable with the federal contract requirements that had to be included and thus we could not proceed as the GC withdrew.

This action resulted in starting anew to prepare a universal RFP for an A/E firm, an RFP for a General Contractor, an updated AIA contract, an Owner's Rep Contract, and a new Consultant Agreement to continue a relationship with the Forensic GC, given his substantial knowledge of the facility.

At year end, we had the funding in place, both RFPs, and the updated AIA Contract. The Owner's Rep contract was near completion and will be completed in 2025 along with the Consultant Agreement. There was a delay in getting these documents completed by year end as the main attorney was preparing to retire and ongoing health issues with another separate integral involved party.

2024 Building Maintenance Tasks And Completed Activities

Cleaning and Maintenance HVAC/Carpets: NIHC scheduled the annual inspection and cleaning of the Heating, Ventilation, and Air Conditioning (HVAC) Ductwork system, which was completed by a contractor who specializes in this trade. During inspection the contractor noted the ERV Enthalpy Wheel and the ERV filters, which are required quarterly, needed to be cleaned. A quote was provided and subsequently approved, and the work was completed.

We reached out to the contractor responsible for these tasks and were informed that due to a large turnover of staff at their company, the new employees they sent to our site were not familiar with our agreement and were unaware of the specific maintenance tasks they needed complete. We informed them of the required maintenance, per the manufacturer's recommendations, and referred the back to the agreement. We will revisit this contract when the renewal is due in early 2025.

In 2024, NIHC scheduled the annual cleaning of all carpet throughout the building. As the carpet is aging, a second cleaning was scheduled and replacement will need to be considered and explored in 2025.

Rubber Roof: NIHC scheduled the annual inspection and maintenance of the rubber roof, which requires cleaning twice per year. The cleanings were completed and the inspection identified the need for repairs which were approved and completed.

Generator: The bi-weekly inspections of the generator were reinstated in 2024. NIHC had allocated a staff member to do the basic inspections during COVID while the authorized third party completed monthly inspections. We requested a quote to provide an electronic monitoring system (EMS) of the generator.

The EMS of our generator could ascertain valuable data, such as; activation/deactivation, duration of operation, consumption of material, potential routine service monitoring, etc. NIHC will receive competitive quotes in 2025, as previously discussed with vendors in 2024.

NIHC informed the third-party generator NIHC (or our/we) had a damaged wind sock. The wind sock's function is to identify wind direction, which is extremely vital. In the event of a propane leak, by having a functional wind sock, any of NHIC's staff would be able to determine whether the (propane) leak is blowing towards our building. In such an event, we would need every advantage as it would or could impact our services. The windsock was placed per our request.

Pest Control: In addition to annual routine pest control services, NIHC arranged a specialist to address an infestation of wasps in and outside the building, several times during 2024. This required contracting a lift to be onsite to reach all areas around the exterior of the building. Unfortunately, according to the specialist, the wasps will continue to be an issue we will need to address as they will return yearly.

Security/Fire/ and Sprinkler Alarms and Systems: NIHC scheduled the annual fire alarm system testing which was completed. No issues were found and the system passed inspection. We Identified the location of fire extinguishers for new staff and scheduled the annual inspection of the extinguishers. The inspection concluded they were due for replacement and recommended we install an additional extinguisher. Though this was not required per code, we followed the recommendation and purchased and installed new extinguishers and added the additional extinguisher.

In 2024, there was an ongoing issue that involved a fire panel alarm sounding off in the medical reception area. We contacted the contractor and scheduled an inspection each time. It took multiple times for the contractor to identify the cause, which was found to be a faulty horn located on the front exterior of the building. The horn needed to be replaced and was ordered but was delayed by more than a month as it was on back order. During that time, the alarm continued to sound off occasionally and had to be reset multiple times. The horn was successfully replaced and the issue was resolved.

In 2024, NIHC began exploring options of engaging another company to provide our fire, building, and security alarm systems. We identified four companies and will continue to explore this option further in 2025, when we plan to prepare a SOW and request quotes.

Construction Repair Projects: NIHC contacted the General Contractor (GC) hired to investigate the faulty workmanship of the flashing and cedar siding and to recommend permanent repairs required to address the issues. The intent was to hire them to complete all repairs as they were the only contractor at the time, who responded to our advertisement.

In the course of their investigation, they removed existing flashing and siding and this resulted in water infiltrating into the building and damaging ceiling tiles in several offices. We informed them and they made temporary repairs to prevent further issues and replaced ceiling tiles at no cost.

We continued working to negotiate a construction contract with them to complete the rest of the building repairs. However, after several months of contract writing, legal reviews, rewrites, and negotiations, they

notified us they could not fulfill all federal requirements of the contact and they withdrew from the project.

At that time, we started over per legal representative advice and started work to write a universal contracts and agreements: a Project Consultant Agreement, an Owner's Representative Agreement, a RFP, a General Contractor Agreement, and an Architect and Engineer Agreement. We expect these documents to be completed in 2025 and the project to go out again for bid.

HVAC System (Heating, Ventilation, and Air Conditioning System): NIHC explored the installation of a multi- split heating and cooling unit to address the excess heat in the server room. We contacted the original contractor who installed the entire HVAC system and confirmed that this unit would not cause any issues with the existing system.

We then contacted our HVAC contractor for a quote to install the multi-split unit; however, the cost was high due to the route the plumbing would need to follow to reach the server room. At year end we were waiting for them to provide alternative plan proposal. This matter will be addressed in 2025.

We scheduled all six (6) wall cabinet heating unit filters to be changed twice, in 2024, down from four times per year during COVID and updated the contract to include this maintenance change going forward. We also confirmed that one air conditioning condenser failed, which we subsequently replaced. We identified malfunctioning thermostats and contacted the HVAC contractor to identify the cause, which ultimately led to the need for them to explore the entire system and resolve the matter.

The contractor identified the problem with one thermostat which required a software update to that unit and a switch to be ordered and replaced in corresponding the air handling unit in the ceiling. It took significant time to complete the exploration/investigation of all units and to complete that one repair identified as the wrong part came in and had to be re-ordered before they could return to complete the repair. This issue appeared to be resolved by year end.

All thermostats were then traced as part of the exploration/investigation and they were renamed correctly as they were not communicating with the control system due to improper labeling by the original contractor. This was a major task as each thermostat had to be traced back to the specific Air Handling Unit and condensers. As the issue persisted, the contractor spent significant time investigating and identifying the reason their repair did not correct the problem.

They found that the Control System for the HVAC thermostats software needed to be updated along with several thermostat's software so they would function properly. The company's IT support people for the Control system we scheduled to come onsite and work with the HVAC technicians to complete the updates. We were informed the matter was resolved, however, there were still a few issues which we will continue to address in 2025.

Testing, Adjusting, and Balancing of HVAC System: We need to wait until all repairs to the HVAC system are complete and the system is operating correctly before we can have a company complete the Testing, Adjusting, and Balancing of HVAC System. In the meantime, we contacted three (3) companies and requested updated quotes to perform this service and provide a report. This work is planned to be addressed in 2025 when the HVAC system contractor completes all outstanding issues with the heating and cooling systems.

Electric System: The Lighting Control Panel for the electric system was not operating correctly, which was affecting lighting in various locations throughout the building. We contacted an electrician and the Contral Panel manufacturer to come onsite and work together to resolve lighting issue. The lighting schedule was reset successfully and correctly and this issue appeared to be resolved by year end.

Landscaping: NIHC researched a replacement landscaper as the current landscaper had health issues that were preventing him from completing all landscaping and maintenance tasks. We contacted three (3) companies and received no response by year end. We will continue to search for a landscaper who can address all of NIHC's landscaping needs We hope to identify a company early in 2025. In the meantime, we arranged for the NIT Natural Resources Department to mow and plow.

Otis Elevator: The annual maintenance and inspection for the elevator was scheduled and completed with not issues identified.

Roadway, Sidewalks, Drainage System and Bioswale System: NIHC scheduled the contractor who originally installed our roadway system including the parking lots and sidewalks, the drainage system, and the bioswale systems to check all construction and systems and provide a proposal to include all annual inspections, maintenance, and repairs. We received and accepted a proposal and the work was started.

By year end, the contractor had completed the inspection and maintenance of the drainage systems. The contractor inspected the roadway, parking lots, and sidewalks and identified needed repairs. The contractor stated he will return in the spring of 2025 (March) or shortly thereafter to address the necessary maintenance and repairs including for the two bioswale systems that he was not able to complete in 2024 due to weather conditions. He will provide an updated proposal in 2025 following an updated assessment.

2024 NIHC Administration Achievements:

- Realized an additional year of Lease Funding for building maintenance and operations and increased the annual funding amount to be received
- Realized an additional year of Special Diabetes Program for Indians (SDPI) Funds
- Realized an additional year of Cancer Screening funds and negotiated an increase in Direct and IDC funds to this award
- Successfully renegotiated the 2025 Annual Funding Agreement to operate the health center
- Completed all reports including the 2023 Annual Operations Report
- Updated all 2024 program budgets
- Successfully prepared for the Annual Health Fair and provided 500 COVID-19 and Wellness Bags with educational materials, sunscreen, water bottles, toothbrushes, toothpaste, floss etc.; COVID home test kits, antibacterial soaps, masks, hand sanitizer, thermometers, pulse oximeters, disinfecting wipes, and educational materials etc
- Researched, prepared, and posted information on the Tribe's website and prepared tribal-wide Mailings to provide information to the tribal community
- Returned full-time to in-person clinical visits

2025 NIHC Administration Goals:

- Fill vacant positions
- Continue to seek funds to operate the dental component;
- Hire and train dental staff
- Prepare to upgrade all dental suite hardware and software

- Prepare a plan to replace all outdated computer equipment throughout the clinic
- Replace outdated server(s) with redundant system where possible
- Explore improvements in bandwidth
- Explore additional services that can be offered onsite
- Continue to explore process and feasibility of adding a pharmacy onsite
- Continue oversight for completion of all building construction projects
- Continue to improve third-party billing and increase third-party revenues to support the program;
- Continue to explore process of providing services to non-native spouses
- Continue to search for opportunities for funds to operate the physical therapy and wellness services planned to be offered in-house
- Continue to improve staff morale through recognition for commitment to patients, clients, performance, positive attitude, and continued observance of recognition days (nurse's, pharmacy, administrative assistants' day etc.)

This concludes the 2024 Annual Report for the Narragansett Indian Health Center.