



DISTRICT BOARD MEETING AGENDA AMENDED

**January 26, 2023 at 2:00PM
1515 N Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Link: <https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZ1dDQT09>

Telephone Dial-in Access: (646) 558-8656 / Meeting ID: 550 789 5592 / Password: 946503

- 1. Call to Order – Dr. Alina Alonso, Chair**
 - A. Roll Call
 - B. Invocation
 - C. Pledge of Allegiance
 - D. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.
- 2. Introduction of New Board Members – Darcy Davis**
 - A. Carlos Vidueira, Tracy Caruso & Patrick Rooney, Jr.
- 3. Election of Board Chair – Dr. Alina Alonso**
- 4. Agenda Approval**
 - A. Additions/Deletions/Substitutions
 - B. Motion to Approve Agenda
- 5. Awards, Introductions and Presentations**
 - A. Recognition of Dr. Alina Alonso (Darcy Davis)
 - B. Introduction of Geoffrey Washburn, VP & Chief Human Resources Officer (Darcy Davis)
 - C. Introduction of Daniel Scott, AVP / Chief Information Officer (Darcy Davis)
 - D. Oracle Project (Candice Abbott)
 - E. Tabletop Exercise (Daniel Scott)

6. **Disclosure of Voting Conflict**
7. **Public Comment**
8. **Meeting Minutes**
 - A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of September 27, 2022 [Pages 1-7]
 - B. **Staff Recommends a MOTION TO APPROVE:**
TRIM Public Hearing Meeting Minutes of September 27, 2022 [Pages 8-9]

9. **Committee Reports**

- 9.1 Finance and Audit Committee – (Sean O’Bannon)
- 9.2 Good Health Foundation Committee – (No Report)
- 9.3 Quality, Patient Safety and Compliance Committee – (Dr. Alonso)
- 9.4 Lakeside Health Advisory Board – (Dr. Alonso)
- 9.5 Primary Care Clinics Board – (Commissioner Jackson-Moore)

10. **Consent Agenda – Motion to Approve Consent Agenda Items**

HEALTH CARE DISTRICT

A. **ADMINISTRATION**

- 10A-1 **RECEIVE AND FILE:**
January 2023 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=344&m=0|0&DisplayType=C>
- 10A-2 **RECEIVE AND FILE**
Health Care District Board Attendance [Page 10]
- 10A-3 **Staff Recommends a MOTION TO APPROVE:**
Health Care District Financial Report October 2022 (Candice Abbott)
[Pages 11-58]
- 10A-4 **RECEIVE AND FILE:**
Amendment to the Quality, Patient Safety & Compliance Committee Charter
(Bernabe Icaza) [Pages 59-66]
- 10A-5 **Staff Recommends a MOTION TO APPROVE:**
Finance & Audit Standing Committee Designation, Appointments and
Reappointments (Bernabe Icaza) [Pages 67-68]

10. Consent Agenda (Continued)

10A-6 **Staff Recommends a MOTION TO APPROVE:**

Quality, Patient Safety & Compliance Standing Committee Appointments
(Bernabe Icaza) [Pages 69-70]

10A-7 **RECEIVE AND FILE:**

Recent Regulatory Updates and Industry Enforcement Activity (Heather Bokor)
[Pages 71-89]

10A-8 **RECEIVE AND FILE:**

Compliance, Privacy, and Ethics Work Plan (Heather Bokor) [Pages 90-100]

10A-9 **Staff Recommends a MOTION TO APPROVE:**

Internal Audit Work Plan (Candice Abbott) [Pages 101-102]

10A-10 **Staff Recommends a MOTION TO APPROVE:**

Credentialing and Privileging of Healey Center Practitioner(s)
(Belma Andric, MD) [Pages 103-104]

DISTRICT HOSPITAL HOLDINGS, INC.

B. **ADMINISTRATION**

10B-1 **Staff Recommends a MOTION TO APPROVE:**

Medical Staff Appointment(s) for Lakeside Medical Center (Belma Andric, MD)
[Pages 105-107]

11. Regular Agenda

A. **ADMINISTRATION**

10A-1 **RECEIVE AND FILE:**

Transition of EPIC IT Operations and Services (Candice Abbott) [Pages 108-109]

12. HCD Board Member Comments

13. CEO Comments

14. Establishment of Upcoming Board Meetings

March 16, 2023

- 9:00AM, Health Care District Strategic Planning followed by the Health Care District Board Meeting

June 15, 2023

- 2:00PM, Joint Meeting with the Finance & Audit Committee

(1st) September Meeting (Date TBD)

- 4:00PM, Joint Meeting with the Finance & Audit Committee
- 5:15PM, Truth In Millage (TRIM) Meeting

(2nd) September Meeting (Date TBD)

- 4:00PM, Health Care District Board Annual Meeting (Officer Elections)
- 5:15PM, Truth In Millage (TRIM) Meeting

December 14, 2023

- 2:00PM, Health Care District Board Meeting

15. Motion to Adjourn



**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
BOARD OF COMMISSIONERS MEETING
SUMMARY MEETING MINUTES
September 27, 2022
1515 N Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order

Les Daniels called the meeting to order.

A. Roll Call

Health Care District Board members present: Les Daniels, Chair; Dr. Alonso, Vice Chair; Nancy Banner; Tammy Jackson-Moore; and Erica Whitfield. Ed Sabin, Secretary; and Sean O'Bannon were absent.

Staff present: Dr. Belma Andric, Chief Medical Officer; Bernabe Icaza, General Counsel; Steven Hurwitz, Chief Administrative Officer; Candice Abbott, Chief Financial Officer; Heather Bokor, Chief Compliance & Privacy Officer and Patty Lavelly, Chief Information & Digital Officer.

Recording/Transcribing Secretary: Heidi Bromley

B. Invocation

Ms. Abbott led the invocation.

C. Pledge of Allegiance

The Pledge of Allegiance was recited.

D. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.

Health Care District Board
Summary Meeting Minutes
September 27, 2022

2. Agenda Approval

A. Additions/Deletions/Substitutions

Mr. Icaza stated that we would like to remove agenda item 9A-5 from the agenda since the Quality, Patient Safety & Compliance Committee meeting was canceled earlier today.

B. Motion to Approve Agenda

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the revised agenda as presented. The motion was duly seconded by Commissioner Jackson-Moore. There being no opposition, the motion passed unanimously.

3. Awards, Introductions and Presentations

A. Recognition of Leslie B. Daniels

Dr. Alonso recognized Commissioner Leslie Daniels for his 9 years of leadership and dedicated volunteer service. Commissioner Daniels was first appointed to this Board in 2013 by former Florida Governor Rick Scott. He was reappointed for a second term in 2017 and has served as Board Chair since 2019.

B. Recognition of Nancy C. Banner

Dr. Alonso recognized Commissioner Nancy Banner for her 11 years of leadership and dedicated, volunteer service. Commissioner Banner was appointed by Governor Scott in 2011 and then reappointed in 2015. Over the years, she has served as Vice Chair, Board Secretary and as an invaluable member of the Finance and Audit Committee.

C. 2022 Community Health Improvement Plan

Dr. Cleare presented the 2022 Community Health Improvement Plan to the Board.

At this time, Ms. Abbott introduced Regina All, (VP & Chief Nursing Officer) to the Board members. The Board welcomed Ms. All to the Health Care District and wished her well.

4. Disclosure of Voting Conflict

5. Public Comment

Health Care District Board
Summary Meeting Minutes
September 27, 2022

6. Election of Officers

Chair Daniels stated that the Health Care District Bylaws require that this Board elect its officers at the annual meeting in September. The newly elected officers will take office at the next regular meeting and will hold office for a one-year term for no more than 3 full terms. All three Board positions are open: Chair, Vice Chair and Secretary. This is the last Board meeting for myself and Nancy. Ed, Secretary, attended his last Board meeting earlier this month. Dr. Alonso is the current Vice Chair.

A. Chair

CONCLUSION/ACTION: Chair Daniels made a motion to nominate the current Vice Chair, Dr. Alonso as the next Chair. The motion was duly seconded by Commissioner Jackson-Moore. There being no opposition, the motion passed unanimously.

B. Vice Chair

CONCLUSION/ACTION: Commissioner Alonso made a motion to nominate Sean O'Bannon as the next Vice Chair. The motion was duly seconded by Commissioner Tammy Jackson-Moore. There being no opposition, the motion passed unanimously.

C. Secretary

CONCLUSION/ACTION: Commissioner Alonso made a motion to nominate Tammy Jackson-Moore as the next Secretary. The motion was duly seconded by Commissioner Banner. There being no opposition, the motion passed unanimously.

7. Meeting Minutes

A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of September 8, 2022

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the Board Meeting Minutes of September 8, 2022. The motion was duly seconded by Commissioner Alonso. There being no opposition, the motion passed unanimously.

B. **Staff Recommends a MOTION TO APPROVE:**
TRIM Public Hearing Meeting Minutes of September 8, 2022

Health Care District Board
Summary Meeting Minutes
September 27, 2022

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the TRIM Public Hearing Meeting Minutes of September 8, 2022. The motion was duly seconded by Commissioner Alonso. There being no opposition, the motion passed unanimously.

8. Committee Reports

- 8.1 Finance and Audit Committee – (No Report)
- 8.2 Good Health Foundation Committee – (No Report)
- 8.3 Quality, Patient Safety and Compliance Committee – (No Report)
- 8.4 Lakeside Health Advisory Board – (No Report)
- 8.5 Primary Care Clinics Board – (No Report)

9. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Consent Agenda. The motion was duly seconded by Commissioner Jackson-Moore. There being no opposition, the motion passed unanimously.

HEALTH CARE DISTRICT

A. ADMINISTRATION

- 9A-1 **RECEIVE AND FILE:**
September 2022 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=344&m=0|0&DisplayType=C>
- 9A-2 **RECEIVE AND FILE**
Health Care District Board Attendance
- 9A-3 **Staff Recommends a MOTION TO APPROVE:**
Settlement Offer
- 9A-4 **Staff Recommends a MOTION TO APPROVE:**
Settlement Offer
- 9A-5 **Staff Recommends a MOTION TO APPROVE:**
~~Quality, Patient Safety & Compliance Committee Charter (Agenda Item
Removed)~~

Health Care District Board
Summary Meeting Minutes
September 27, 2022

9A-6 **Staff Recommends a MOTION TO APPROVE:**

Lakeside Health Advisory Board Appointment

9A-7 **Staff Recommends a MOTION TO APPROVE:**

Standing Committee Appointments

9A-8 **RECEIVE AND FILE**

Recent Regulatory Updates and Industry Enforcement Activity

DISTRICT HOSPITAL HOLDINGS, INC.

B. **ADMINISTRATION**

9B-1 **Staff Recommends a MOTION TO APPROVE:**

Medical Staff Appointment(s) for Lakeside Medical Center

10. Regular Agenda

C. **ADMINISTRATION**

10C-1 **Staff Recommends a MOTION TO APPROVE:**

Indirect Medical Education Program

Ms. Abbott stated that this agenda item was originally approved at the September 8th meeting, but since then, the Indirect Medical Education Program asked for an increase of 276,000 in funding for the IGT's. This is a budgeted item. Staff is recommending a motion to approve to be able to sign the letter of agreement for the Indirect Medical Education Program.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the Indirect Medical Education Program. The motion was duly seconded by Commissioner Alonso. There being no opposition, the motion passed unanimously.

10C-2 **Staff Recommends a MOTION TO APPROVE:**

Medicaid Directed Payment Program – Lakeside Medical Center

This agenda item presented the Board with a request to approve funding the Intergovernmental Transfer required for participation in the 2022-23 Medicaid Directed Payment Program. AHCA received the authority to implement the Directed Pay Program through Intergovernmental Transfers in 2021. The District has the opportunity to provide an IGT to support the Directed Payment Program for Lakeside Medical Center.

Health Care District Board
Summary Meeting Minutes
September 27, 2022

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Medicaid Directed Payment Program for Lakeside Medical Center. The motion was duly seconded by Commissioner Jackson-Moore. There being no opposition, the motion passed unanimously.

10C-3 **Staff Recommends a MOTION TO APPROVE:**

Local Provider Participation Fund for the Directed Payment Program – Palm Beach County

Ms. Abbott provided an overview of the Health Care District’s role as the administrator of the Local Provider Participation Fund for the Medicaid Directed Payment Program as requested by Palm Beach County. She stated that the IGT payable to AHCA for all the private hospitals is 67.3 million and 15.9 million of that 67.3 million was sitting in a fiduciary account to carry over from last year. The District is taking some of the money out of that fiduciary account and attaching it to this letter of agreement and sending up a total of 67.8 reducing our fiduciary account balance for the private hospitals to 1.6 million. Staff is recommending a motion to approve the Local Provider Participation Fund for the Directed Payment for Palm Beach County.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Local Provider Participation Fund for the Directed Payment Program for Palm Beach County. The motion was duly seconded by Commissioner Banner. There being no opposition, the motion passed unanimously.

10C-4 **RECEIVE AND FILE:**

Leonardo AW169 Helicopter Status Update

Mr. Pagano provided an update to the Board on the helicopter delay. He stated that the latest anticipated delivery date provided by Augusta Westland Philadelphia Corporation for Leonardo helicopters is December 2022.

CONCLUSION/ACTION: Received and filed.

11. HCD Board Member Comments

12. Establishment of Upcoming Board Meetings

December 14, 2022

- 2:00PM, Health Care District Board Meeting

Health Care District Board
Summary Meeting Minutes
September 27, 2022

13. Motion to Adjourn

There being no further business, the meeting was adjourned.

Tammy Jackson-Moore, Secretary

Date



**HEALTH CARE DISTRICT OF PALM BEACH COUNTY
TRUTH IN MILLAGE (TRIM) PUBLIC HEARING MINUTES
September 27, 2022 at 5:15p.m.
1515 N Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Link:
<https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZ1dDQT09>

Via Telephone dial-in access: (646) 558-8656 / Meeting ID: 550 789 5592 / Password: 946503

1. Call to Order

Les Daniels called the meeting to order.

Health Care District Board members present: Les Daniels, Chair; Dr. Alonso, Vice Chair; Nancy Banner; Tammy Jackson-Moore; and Erica Whitfield. Ed Sabin, Secretary; and Sean O’Bannon were absent.

2. Adoption of Agenda

CONCLUSION/ACTION: Commissioner Whitfield made a motion to adopt the agenda. The motion was duly seconded by Commissioner Alonso. There being no opposition, the motion passed unanimously.

3. Regular Agenda

A. Public Hearing

1. Announce the proposed millage rate.

“The proposed millage rate of 0.7261 is 13.17% above the rolled-back rate of 0.6416.

2. Read into the record the specific purpose for ad valorem taxes.

“The purpose for levying the ad valorem taxes is to provide funding for programs to maximize the health and well-being of Palm Beach County residents by addressing their health care needs and planning for the access and delivery of services. This will be accomplished through the following programs: the trauma system, children’s health programs, care coordination programs for indigent and medically needy residents, Primary Care Clinics, Lakeside Medical Center and the Edward J. Healey Rehabilitation and Nursing Center.”

TRIM PUBLIC HEARING MINUTES

September 27, 2022

Page 2 of 2

3. Public Comment

None.

B. Motion to adopt resolution number 2022R-002 establishing a millage rate of 0.7261 mills.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to adopt resolution number 2022R-002 establishing a millage rate of 0.7261 mills. The motion was duly seconded by Commissioner Whitfield.

Roll Call Vote:

Commissioner Whitfield	Yes
Commissioner Jackson-Moore	Yes
Commissioner Banner	Yes
Commissioner Alonso	Yes
Chair Daniels	Yes

C. Motion to adopt resolution number 2022R-003 approving a total expenditure budget of \$277,331,897.

CONCLUSION/ACTION: Commissioner Whitfield made a motion to adopt resolution number 2022R-003 approving a total expenditure budget of \$277,331,897. The motion was duly seconded by Commissioner Alonso.

Roll Call Vote:

Commissioner Whitfield	Yes
Commissioner Jackson-Moore	Yes
Commissioner Banner	Yes
Commissioner Alonso	Yes
Chair Daniels	Yes

D. Adjournment

There being no further business, the TRIM Public Hearing was adjourned.

Tammy Jackson-Moore, Secretary

Date

**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
BOARD OF COMMISSIONERS**

Board Meeting Attendance Tracking for 1/23 – 1/24

	1/26/23	3/16/23	6/15/23	September (TBD)	September (TBD)	12/14/23
Dr. Alonso						
Sean O'Bannon						
Tammy Jackson-Moore						
Erica Whitfield						
Patrick Rooney						
Tracy Caruso						
Carlos Vidueira						

**HEALTH CARE DISTRICT BOARD
January 26, 2023**

1. Description: Health Care District Financial Report October 2022

2. Summary:

The October 2022 financial statements for the Health Care District are presented for Board review.

3. Substantive Analysis:

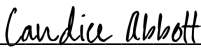
Management has provided the income statements and key statistical information for Health Care District. Additional Management discussion and analysis is incorporated into the financial statement presentation.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 Finance and Audit Committee
 Committee Name

 12/14/22
 Date

6. Recommendation:

Staff recommends the Board approve the Health Care District October 2022 YTD financial statements.

HEALTH CARE DISTRICT BOARD
January 26, 2023

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Candice Abbott

Candice Abbott
VP & Chief Financial Officer

DocuSigned by:
Darcy Davis

Darcy Davis
Chief Executive Officer



MEMO

To: Finance & Audit Committee

From: Candice Abbott, Chief Financial Officer

Date: January 26, 2023

Subject: Management Discussion and Analysis as of October 2022 Health Care District Financial Statements

The October statements represent the financial performance through the first month of the 2023 fiscal year for the Health Care District. Total revenue year to date (YTD) of \$5.4M is unfavorable to budgeted revenue of \$5.9M by (\$461k) or (7.8%). Operational expenditures YTD are \$5.0M favorable to budget or 23.3%. YTD, the consolidated net margin is (\$11.3M), with a favorable variance to budget of \$4.5M.

The General Fund YTD total revenue of \$472k is favorable to budget of (\$54k) by \$526k. This overall favorable variance is partially due to reduced unrealized losses from investments as well as increased interest earnings. The unrealized loss on investment of (\$385k) represents a decrease in current market value of the investment portfolio held by the District. Rising interest rates are adversely impacting the portfolio's value, but this total loss will only be realized should the District liquidate its portfolio or underlying investments. The favorable variance in intergovernmental revenue of \$334k is a timing difference related to school health revenue.

Expenditures in the General Fund YTD before overhead allocation are favorable to budget by \$3.5M or 31.4%. Significant categories of favorable YTD budget variances include; purchased services of \$1.0M, medical services of \$837k, and other expense of \$780k. Noted favorable variances are anticipated to be a result of expense timing.

The General Fund YTD has a net margin of (\$5.7M) versus a budgeted net margin of (\$8.9M), for a favorable net margin variance of \$3.2M or 35.8%.

The Healey Center total revenue YTD of \$1.5M was favorable to budget by \$57k. This favorable variance is primarily due to less charity care being recognized than projected. Total YTD operating expenses before overhead allocation of \$1.7M were favorable to budget by \$128k or 7.0%. This favorable variance is mainly due to savings in the categories of salaries, wages, and benefits of \$33k, purchased services \$35k and Medical Supplies \$29k. Timing of these expenses are the primary reason for savings. The YTD net margin after overhead allocations for the Healey Center was a loss of (\$466k) compared to the budgeted loss of (\$739k) or (37.0%).



Lakeside Medical Center total revenue YTD of \$1.2M was unfavorable to budget by (\$730k) or (36.9%). This unfavorable variance mainly resulted from lower patient volumes and a timing difference in other patient revenue. Net patient revenue YTD of \$1.2M was under budget by (\$730k) or (36.9%). Total operating expenses YTD of \$3.2M were favorable to budget by \$861k or 21.2%. The YTD net margin after overhead allocations at Lakeside Medical Center was a loss of (\$2.8M) compared to a budgeted loss of (\$3.3M) for a favorable variance of \$516k or (15.5%).

The Primary Care Clinics total revenue YTD of \$1.7M was under budget by (\$314k). This unfavorable variance was primarily due to timing of revenue recognition for grants and other financial assistance as well as reduced patient volume in the medical clinics than was budgeted. Net patient revenue YTD was unfavorable to budget by (\$17k) or (2.0%). Total operating expenses YTD for the clinics are favorable to budget by \$518k or 16.9%. This favorable variance is primarily due to salaries, wages, and benefits \$260k, medical supplies \$67k, lease and rental \$58k, and purchased services \$50k. Expense timing is the primary reason for savings. Total net margin YTD after overhead allocations for the Primary Care Clinics is a loss of (\$1.4M), compared to budgeted loss of (\$2.0M) for a favorable variance of \$531k or (27.0%).

Cash and investments have a combined balance of \$160.8M, of which \$9k is restricted. Due from other governments of \$184.5M reflects grants receivable of \$3.7M, Tax Collector receivable of \$180.8M. Total net position for all funds combined is \$207.2M.



Health Care District of Palm Beach County



FINANCIAL STATEMENT

October 2022



Table of Contents

Management Discussion and Analysis

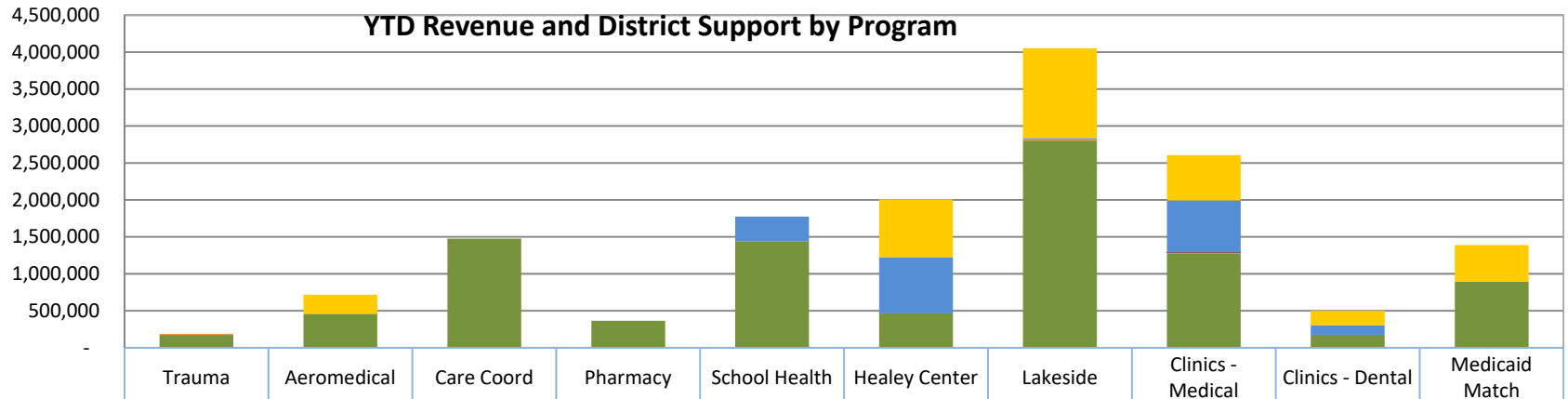
Combined Financial Statements

Revenues and Expenditures – Combined All Funds (Functional).....	1
Revenues and Expenses by Fund YTD.....	2
Combined Statement of Net Position.....	3 - 4

Supplemental Information

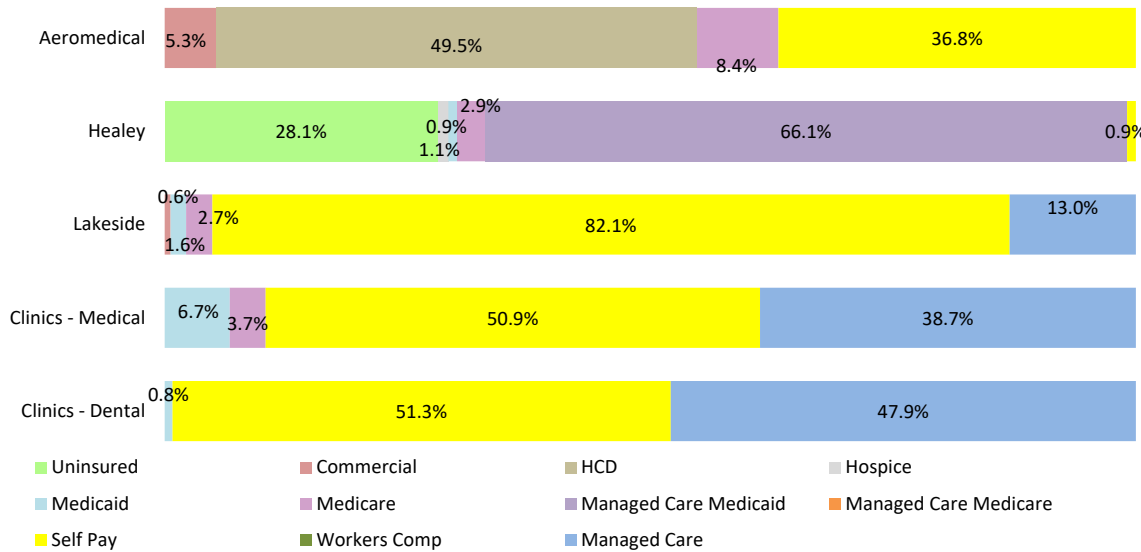
General Fund.....	5 - 13
Healey Center.....	14 - 16
Lakeside Medical Center.....	17 - 20
Primary Care Clinics.....	21 - 33
Medicaid Match.....	34 - 35

Program Dashboard - YTD October 2022

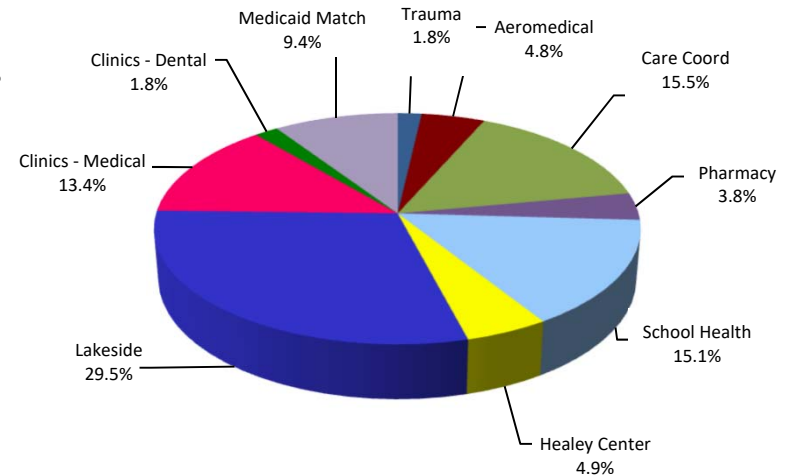


	Trauma	Aeromedical	Care Coord	Pharmacy	School Health	Healey Center	Lakeside	Clinics - Medical	Clinics - Dental	Medicaid Match
■ Patient Revenue, Net	-	256,698	-	-	-	782,963	1,215,115	611,655	196,599	491,667
■ Grants/Intergovernmental Payments	-	-	-	-	333,657	758,333	17,544	703,896	127,762	-
■ Other Revenue	13,148	-	-	-	-	861	15,399	633	(9)	-
■ Other Financial Assistance	-	-	-	-	-	-	-	12,477	-	-
■ District Support (overhead & shortfall)	175,021	460,621	1,475,338	366,243	1,440,387	465,525	2,803,848	1,277,283	176,108	896,427

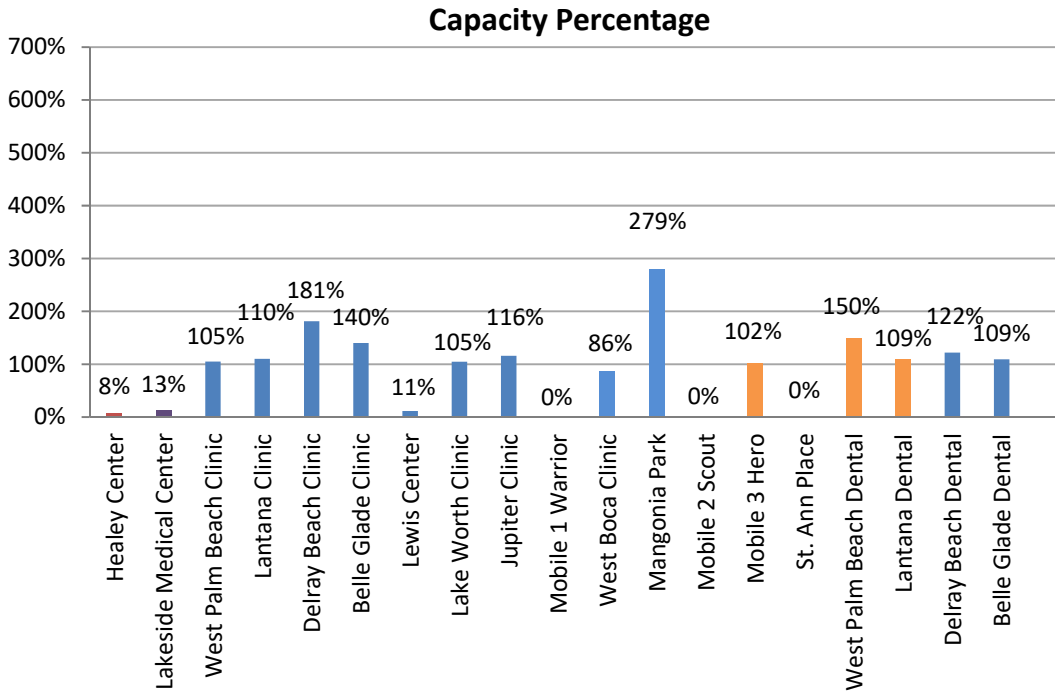
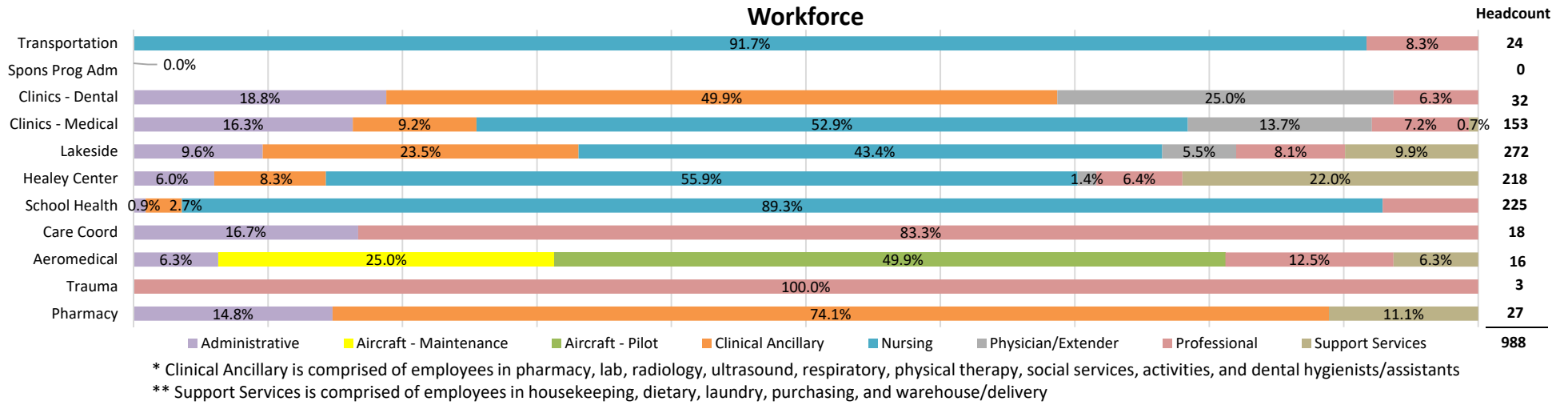
YTD Payor Mix by Volume



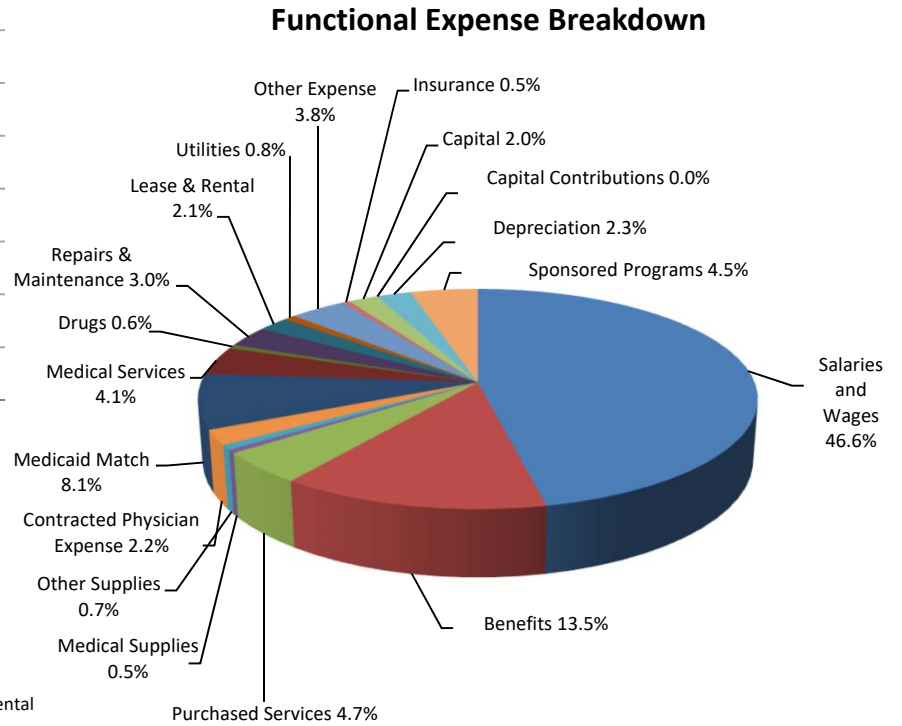
District Support (overhead and shortfall)



Program Dashboard - YTD October 2022



Healey Center and Lakeside Medical Center capacity percentages reflect the year-to-date average daily census. Primary Care and Dental Clinic capacity percentages represent the number of completed visits compared to the budgeted number of visits at each location.



Revenues & Expenditures - Combined All Funds (Functional)

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
Revenues:													
\$ -	\$ 75	\$ (75)	(100.0%)	\$ -	\$ -	0.0%	\$ -	\$ 75	\$ (75)	(100.0%)	\$ -	\$ -	0.0%
3,110,715	3,719,131	(608,416)	(16.4%)	2,058,402	1,052,314	51.1%	3,110,715	3,719,131	(608,416)	(16.4%)	2,058,402	1,052,314	51.1%
1,583,657	1,250,001	333,656	26.7%	1,562,844	20,813	1.3%	1,583,657	1,250,001	333,656	26.7%	1,562,844	20,813	1.3%
849,202	1,162,633	(313,431)	(27.0%)	1,062,260	(213,059)	(20.1%)	849,202	1,162,633	(313,431)	(27.0%)	1,062,260	(213,059)	(20.1%)
217,777	105,106	112,671	107.2%	185,353	32,423	17.5%	217,777	105,106	112,671	107.2%	185,353	32,423	17.5%
(385,088)	(500,000)	114,912	(23.0%)	(751,661)	366,572	(48.8%)	(385,088)	(500,000)	114,912	(23.0%)	(751,661)	366,572	(48.8%)
12,477	127,048	(114,571)	(90.2%)	-	12,477	0.0%	12,477	127,048	(114,571)	(90.2%)	-	12,477	0.0%
34,091	19,652	14,439	73.5%	24,021	10,070	41.9%	34,091	19,652	14,439	73.5%	24,021	10,070	41.9%
\$ 5,422,829	\$ 5,883,646	\$ (460,817)	(7.8%)	\$ 4,141,219	\$ 1,281,610	30.9%	\$ 5,422,829	\$ 5,883,646	\$ (460,817)	(7.8%)	\$ 4,141,219	\$ 1,281,610	30.9%
Expenditures:													
8,016,096	8,284,870	268,774	3.2%	7,516,296	(499,800)	(6.6%)	8,016,096	8,284,870	268,774	3.2%	7,516,296	(499,800)	(6.6%)
2,312,317	2,401,989	89,673	3.7%	2,247,890	(64,427)	(2.9%)	2,312,317	2,401,989	89,673	3.7%	2,247,890	(64,427)	(2.9%)
795,237	2,095,911	1,300,675	62.1%	1,230,107	434,870	35.4%	795,237	2,095,911	1,300,675	62.1%	1,230,107	434,870	35.4%
77,751	309,129	231,377	74.8%	274,435	196,683	71.7%	77,751	309,129	231,377	74.8%	274,435	196,683	71.7%
114,244	453,986	339,742	74.8%	267,325	153,081	57.3%	114,244	453,986	339,742	74.8%	267,325	153,081	57.3%
380,726	655,382	274,655	41.9%	275,267	(105,460)	(38.3%)	380,726	655,382	274,655	41.9%	275,267	(105,460)	(38.3%)
1,388,093	1,396,769	8,677	0.6%	1,407,924	19,831	1.4%	1,388,093	1,396,769	8,677	0.6%	1,407,924	19,831	1.4%
693,996	1,556,404	862,408	55.4%	946,509	252,513	26.7%	693,996	1,556,404	862,408	55.4%	946,509	252,513	26.7%
105,819	164,749	58,930	35.8%	213,107	107,288	50.3%	105,819	164,749	58,930	35.8%	213,107	107,288	50.3%
515,434	1,060,160	544,726	51.4%	919,599	404,165	44.0%	515,434	1,060,160	544,726	51.4%	919,599	404,165	44.0%
350,624	424,759	74,135	17.5%	331,307	(19,317)	(5.8%)	350,624	424,759	74,135	17.5%	331,307	(19,317)	(5.8%)
130,846	140,963	10,116	7.2%	104,151	(26,695)	(25.6%)	130,846	140,963	10,116	7.2%	104,151	(26,695)	(25.6%)
644,914	1,414,220	769,306	54.4%	513,877	(131,037)	(25.5%)	644,914	1,414,220	769,306	54.4%	513,877	(131,037)	(25.5%)
79,444	158,002	78,558	49.7%	84,783	5,339	6.3%	79,444	158,002	78,558	49.7%	84,783	5,339	6.3%
774,083	836,492	62,409	7.5%	734,362	(39,721)	(5.4%)	774,083	836,492	62,409	7.5%	734,362	(39,721)	(5.4%)
16,379,624	21,353,785	4,974,161	23.3%	17,066,937	687,313	4.0%	16,379,624	21,353,785	4,974,161	23.3%	17,066,937	687,313	4.0%
Net Performance before Depreciation & Overhead Allocations													
\$ (10,956,795)	\$ (15,470,139)	\$ 4,513,345	(29.2%)	\$ (12,925,718)	\$ 1,968,923	(15.2%)	\$ (10,956,795)	\$ (15,470,139)	\$ 4,513,345	(29.2%)	\$ (12,925,718)	\$ 1,968,923	(15.2%)
387,425	410,248	22,823	5.6%	387,524	99	0.0%	387,425	410,248	22,823	5.6%	387,524	99	0.0%
16,767,050	21,764,034	4,996,984	23.0%	17,454,462	687,412	3.9%	16,767,050	21,764,034	4,996,984	23.0%	17,454,462	687,412	3.9%
\$ (11,344,220)	\$ (15,880,388)	\$ 4,536,167	(28.6%)	\$ (13,313,242)	\$ 1,969,022	(14.8%)	\$ (11,344,220)	\$ (15,880,388)	\$ 4,536,167	(28.6%)	\$ (13,313,242)	\$ 1,969,022	14.8%
334,283	1,886,928	1,552,644	82.3%	114,987	(219,296)	(190.7%)	334,283	1,886,928	1,552,644	82.3%	114,987	(219,296)	(190.7%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ (11,678,504)	\$ (17,767,315)	\$ 6,088,812	(34.3%)	\$ (13,428,229)	\$ 1,749,726	(13.0%)	\$ (11,678,504)	\$ (17,767,315)	\$ 6,088,812	(34.3%)	\$ (13,428,229)	\$ 1,749,726	13.0%

Note: Excludes Interfund Transfers

Revenues and Expenses by Fund YTD

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

	General Fund	Healey Center	Lakeside Medical	Healthy Palm Beaches	Primary Care Clinics	Medicaid Match	Capital Funds	Total
Revenues:								
Ad Valorem Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Premiums	-	-	-	-	-	-	-	-
Patient Revenue, Net	288,785	782,963	1,215,115	-	823,853	-	-	3,110,715
Intergovernmental Revenue	333,657	758,333	-	-	-	491,667	-	1,583,657
Grants	-	-	17,544	-	831,658	-	-	849,202
Interest Earnings	217,777	-	-	-	-	-	-	217,777
Unrealized Gain/(Loss)-Investments	(385,088)	-	-	-	-	-	-	(385,088)
Other Financial Assistance	-	-	-	-	12,477	-	-	12,477
Other Revenue	17,206	861	15,399	-	624	-	-	34,091
Total Revenues	\$ 472,336	\$ 1,542,158	\$ 1,248,058	\$ -	\$ 1,668,611	\$ 491,667	\$ -	\$ 5,422,829
Expenditures:								
Salaries and Wages	3,676,616	1,085,663	1,539,968	-	1,713,850	-	-	8,016,096
Benefits	1,100,340	360,082	424,068	-	427,827	-	-	2,312,317
Purchased Services	282,699	45,961	452,813	-	13,764	-	-	795,237
Medical Supplies	1,426	26,346	14,107	-	35,872	-	-	77,751
Other Supplies	24,904	79,353	(2,396)	-	12,383	-	-	114,244
Contracted Physician Expense	-	150	380,576	-	-	-	-	380,726
Medicaid Match	-	-	-	-	-	1,388,093	-	1,388,093
Medical Services	637,669	747	-	-	55,581	-	-	693,996
Drugs	(8,582)	33,212	43,713	-	37,475	-	-	105,819
Repairs & Maintenance	356,088	26,346	122,273	-	10,726	-	-	515,434
Lease & Rental	169,124	103	73,901	-	107,496	-	-	350,624
Utilities	10,091	39,586	72,730	-	8,438	-	-	130,846
Other Expense	468,329	3,332	57,764	-	115,489	-	-	644,914
Insurance	50,932	6,830	15,528	-	6,154	-	-	79,444
Sponsored Programs	774,083	-	-	-	-	-	-	774,083
Total Operational Expenditures	7,543,720	1,707,709	3,195,046	-	2,545,056	1,388,093	-	16,379,625
Net Performance before Depreciation & Overhead Allocations	\$ (7,071,384)	\$ (165,552)	\$ (1,946,988)	\$ -	\$ (876,445)	\$ (896,427)	\$ -	\$ (10,956,795)
Budget	\$ (11,055,966)	\$ (350,076)	\$ (2,077,960)	\$ -	\$ (1,081,035)	\$ (905,102)	\$ -	\$ (15,470,139)
Prior Year: Net Performance before Depreciation & Overhead Allocations	\$ (8,955,780)	\$ (239,553)	\$ (2,410,882)	\$ -	\$ (403,252)	\$ (916,257)	6	\$ (12,925,718)

Combined Governmental Funds Statement of Net Position

As of October 31, 2022

	General Fund October 2022	General Fund September 2022	Medicaid Match October 2022	Medicaid Match September 2022	Capital Projects October 2022	Capital Projects September 2022	Governmental Funds October 2022	Governmental Funds September 2022
Assets								
Cash and Cash Equivalents	\$ 36,692,605	\$ 45,871,070	\$ 609,042	\$ 609,042	\$ 3,665,501	\$ 4,258,861	\$ 40,967,148	\$ 50,738,973
Restricted Cash	-	-	-	-	-	-	-	-
Investments	133,439,182	134,171,570	-	-	-	-	133,439,182	134,171,570
Notes Receivable	-	-	-	-	-	-	-	-
Accounts Receivable, net	1,251,819	1,164,266	-	-	-	-	1,251,819	1,164,266
Due From Other Funds	-	-	-	-	-	-	-	-
Due From Other Governments	180,754,172	1,985,252	-	-	-	-	180,754,172	1,985,252
Inventory	22,866	22,866	-	-	-	-	22,866	22,866
Other Current Assets	5,914,225	6,142,620	-	-	-	-	5,914,225	6,142,620
Total Assets	\$ 358,074,869	\$ 189,357,645	\$ 609,042	\$ 609,042	\$ 3,665,501	\$ 4,258,861	\$ 362,349,413	\$ 194,225,548
Liabilities								
Accounts Payable	1,548,817	5,401,982	-	-	73,286	369,144	1,622,103	5,771,127
Medical Benefits Payable	1,959,515	1,736,000	-	-	-	-	1,959,515	1,736,000
Due To Other Funds	-	-	-	-	-	-	-	-
Due To Other Governments	-	-	-	-	-	-	-	-
Deferred Revenue	181,216,974	2,781,710	-	-	-	-	181,216,974	2,781,710
Other Current Liabilities	2,595,473	2,452,140	-	-	-	-	2,595,473	2,452,140
Noncurrent Liabilities	555,174	555,174	-	-	-	-	555,174	555,174
Total Liabilities	187,875,952	12,927,007	-	-	73,286	369,144	187,949,238	13,296,151
Fund Balances								
Nonspendable	5,559,613	5,559,613	-	-	-	-	5,559,613	5,559,613
Stabilization Fund	69,332,974	67,253,000	-	-	-	-	69,332,974	67,253,000
Assigned to Capital Projects	-	-	-	-	3,592,215	3,889,717	3,592,215	3,889,717
Assigned to Medicaid Match	-	-	609,042	609,042	-	-	609,042	609,042
Unassigned	95,306,330	103,618,026	-	-	-	-	95,306,330	103,618,026
Ending Fund Balance	170,198,917	176,430,639	609,042	609,042	3,592,215	3,889,717	174,400,174	180,929,398
Total Liabilities and Fund Balances	\$ 358,074,869	\$ 189,357,645	\$ 609,042	\$ 609,042	\$ 3,665,501	\$ 4,258,861	\$ 362,349,411	\$ 194,225,548

Combined Business-Type Funds Statement of Net Position

As of October 31, 2022

	Healey Center October 2022	Healey Center September 2022	Healthy Palm Beaches October 2022	Healthy Palm Beaches September 2022	Lakeside Medical Center October 2022	Lakeside Medical Center September 2022	Primary Care Clinics October 2022	Primary Care Clinics September 2022	Business-Type Funds October 2022	Business-Type Funds September 2022
Assets										
Cash and Cash Equivalents	\$ (15,035)	\$ 555,007	\$ -	\$ 411,656	\$ (9,557,028)	\$ (6,290,077)	\$ (4,030,240)	\$ (1,841,941)	\$ (13,602,303)	\$ (7,165,356)
Restricted Cash	8,855	8,855	-	-	-	-	-	-	8,855	8,855
Accounts Receivable, net	955,754	779,798	-	-	1,321,549	1,517,028	2,093,125	1,973,903	4,370,429	4,270,729
Due From Other Funds	-	-	-	-	-	-	-	-	-	-
Due From Other Governments	-	-	-	-	885,335	819,975	2,835,206	1,802,934	3,720,541	2,622,909
Inventory	-	-	-	-	1,128,682	1,071,750	-	-	1,128,682	1,071,750
Other Current Assets	93,305	92,153	-	-	392,844	439,076	170,207	291,074	656,357	822,302
Net Investment in Capital Assets	16,516,001	16,596,827	-	-	31,678,552	31,959,691	2,506,388	2,532,870	50,700,942	51,089,388
Total Assets	<u>\$ 17,558,881</u>	<u>\$ 18,032,639</u>	<u>\$ -</u>	<u>\$ 411,656</u>	<u>\$ 25,849,935</u>	<u>\$ 29,517,442</u>	<u>\$ 3,574,686</u>	<u>\$ 4,758,841</u>	<u>\$ 46,983,502</u>	<u>\$ 52,720,577</u>
Deferred Outflows of Resources										
Deferred Outflows Related to Pensions	\$ 100,311	\$ 100,311	\$ -	\$ -	\$ 11,716	\$ 11,716	\$ 17,936	\$ 17,936	\$ 129,963	\$ 129,963
Liabilities										
Accounts Payable	112,846	231,726	-	-	1,631,846	2,690,547	227,954	462,585	1,972,646	3,384,859
Medical Benefits Payable	-	-	-	-	-	-	-	-	-	-
Due to Other Funds	-	-	-	-	-	-	-	-	-	-
Due to Other Governments	55,857	55,857	-	-	57,723	57,723	-	-	113,581	113,581
Deferred Revenue	339,662	339,662	-	-	15,601	15,601	774,159	786,636	1,129,422	1,141,899
Other Current Liabilities	1,825,206	1,704,693	-	-	2,639,259	2,461,506	2,422,135	1,889,828	6,886,600	6,056,027
Noncurrent Liabilities	1,146,886	1,156,753	-	-	1,460,816	1,536,168	1,346,593	1,321,634	3,954,295	4,014,554
Total Liabilities	<u>\$ 3,480,458</u>	<u>\$ 3,488,690</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,805,245</u>	<u>\$ 6,761,545</u>	<u>\$ 4,770,842</u>	<u>\$ 4,460,683</u>	<u>\$ 14,056,544</u>	<u>\$ 14,710,919</u>
Deferred Inflows of Resources										
Deferred Inflows	\$ 224,538	\$ 224,538	\$ -	\$ -	\$ 14,966	\$ 14,966	\$ 2,177	\$ 2,177	\$ 241,681	\$ 241,681
Net Position										
Net Investment in Capital Assets	16,516,001	16,596,827	-	-	31,678,552	31,959,691	2,506,388	2,532,870	50,700,942	51,089,388
Restricted	8,855	8,855	-	-	-	-	-	-	8,855	8,855
Unrestricted	(2,570,660)	(2,185,960)	-	411,656	(11,637,112)	(9,207,044)	(3,686,785)	(2,218,954)	(17,894,557)	(13,200,302)
Total Net Position	<u>13,954,196</u>	<u>14,419,721</u>	<u>-</u>	<u>411,656</u>	<u>20,041,440</u>	<u>22,752,647</u>	<u>(1,180,397)</u>	<u>313,917</u>	<u>32,815,240</u>	<u>37,897,941</u>
Total Net Position	<u>\$ 17,434,654</u>	<u>\$ 17,908,412</u>	<u>\$ -</u>	<u>\$ 411,656</u>	<u>\$ 25,846,685</u>	<u>\$ 29,514,192</u>	<u>\$ 3,590,445</u>	<u>\$ 4,774,600</u>	<u>\$ 46,871,784</u>	<u>\$ 52,608,859</u>



SUPPLEMENTAL INFORMATION

GENERAL FUND

General Fund Revenue & Expenditures

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ -	\$ 75	\$ (75)	(100.0%)	\$ -	\$ -	0.0%	\$ -	\$ 75	\$ (75)	(100.0%)	\$ -	\$ -	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
288,785	206,985	81,800	39.5%	(641,186)	929,971	(145.0%)	288,785	206,985	81,800	39.5%	(641,186)	929,971	(145.0%)
333,657	-	333,657	0.0%	312,844	20,813	6.7%	333,657	-	333,657	0.0%	312,844	20,813	6.7%
-	133,333	(133,333)	(100.0%)	-	-	0.0%	-	133,333	(133,333)	(100.0%)	-	-	0.0%
217,777	105,106	112,671	107.2%	185,327	32,450	17.5%	217,777	105,106	112,671	107.2%	185,327	32,450	17.5%
(385,088)	(500,000)	114,912	(23.0%)	(751,661)	366,572	(48.8%)	(385,088)	(500,000)	114,912	(23.0%)	(751,661)	366,572	(48.8%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
17,206	400	16,806	4,201.6%	7,399	9,807	132.6%	17,206	400	16,806	4,201.6%	7,399	9,807	132.6%
\$ 472,336	\$ (54,101)	\$ 526,437	(973.1%)	\$ (887,277)	\$ 1,359,613	(153.2%)	\$ 472,336	\$ (54,101)	\$ 526,437	(973.1%)	\$ (887,277)	\$ 1,359,613	(153.2%)
Expenditures:													
3,676,616	3,619,069	(57,547)	(1.6%)	3,229,687	(446,928)	(13.8%)	3,676,616	3,619,069	(57,547)	(1.6%)	3,229,687	(446,928)	(13.8%)
1,100,340	1,106,171	5,830	0.5%	1,033,429	(66,911)	(6.5%)	1,100,340	1,106,171	5,830	0.5%	1,033,429	(66,911)	(6.5%)
282,699	1,360,096	1,077,398	79.2%	730,072	447,374	61.3%	282,699	1,360,096	1,077,398	79.2%	730,072	447,374	61.3%
1,426	20,933	19,507	93.2%	7,182	5,756	80.1%	1,426	20,933	19,507	93.2%	7,182	5,756	80.1%
24,904	166,031	141,128	85.0%	85,705	60,802	70.9%	24,904	166,031	141,128	85.0%	85,705	60,802	70.9%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
637,669	1,474,994	837,325	56.8%	903,753	266,084	29.4%	637,669	1,474,994	837,325	56.8%	903,753	266,084	29.4%
(8,582)	1,000	9,582	958.2%	(21,793)	(13,211)	(60.6%)	(8,582)	1,000	9,582	958.2%	(21,793)	(13,211)	(60.6%)
356,088	822,108	466,020	56.7%	685,656	329,568	48.1%	356,088	822,108	466,020	56.7%	685,656	329,568	48.1%
169,124	207,112	37,988	18.3%	166,851	(2,272)	(1.4%)	169,124	207,112	37,988	18.3%	166,851	(2,272)	(1.4%)
10,091	10,572	480	4.5%	9,667	(425)	(4.4%)	10,091	10,572	480	4.5%	9,667	(425)	(4.4%)
468,329	1,248,748	780,419	62.5%	447,724	(20,605)	(4.6%)	468,329	1,248,748	780,419	62.5%	447,724	(20,605)	(4.6%)
50,932	128,539	77,606	60.4%	56,206	5,274	9.4%	50,932	128,539	77,606	60.4%	56,206	5,274	9.4%
774,083	836,492	62,409	7.5%	734,362	(39,721)	(5.4%)	774,083	836,492	62,409	7.5%	734,362	(39,721)	(5.4%)
7,543,720	11,001,865	3,458,145	31.4%	8,068,503	524,783	6.5%	7,543,720	11,001,865	3,458,145	31.4%	8,068,503	524,783	6.5%
Net Performance before Overhead													
(7,071,384)	(11,055,966)	3,984,582	(36.0%)	(8,955,780)	1,884,396	(21.0%)	(7,071,384)	(11,055,966)	3,984,582	(36.0%)	(8,955,780)	1,884,396	(21.0%)
(1,330,754)	(2,108,835)	778,081	(36.9%)	(1,806,507)	(475,753)	26.3%	(1,330,754)	(2,108,835)	778,081	(36.9%)	(1,806,507)	(475,753)	26.3%
6,212,966	8,893,030	2,680,064	30.1%	6,261,996	49,030	0.8%	6,212,966	8,893,030	2,680,064	30.1%	6,261,996	49,030	0.8%
\$ (5,740,630)	\$ (8,947,131)	\$ 3,206,501	(35.8%)	\$ (7,149,273)	\$ 1,408,643	(19.7%)	\$ (5,740,630)	\$ (8,947,131)	\$ 3,206,501	(35.8%)	\$ (7,149,273)	\$ 1,408,643	(19.7%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ (479,777)	\$ (8,916,631)	\$ 8,436,854	(94.6%)	\$ (931,238)	\$ (451,461)	48.5%	\$ (479,777)	\$ (8,916,631)	\$ 8,436,854	(94.6%)	\$ (931,238)	\$ (451,461)	48.5%

Trauma Statement of Revenues and Expenditures

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 13,148	\$ -	\$ 13,148	0.0%	\$ 5,421	\$ 7,727	142.5%	\$ 13,148	\$ -	\$ 13,148	0.0%	\$ 5,421	\$ 7,727	142.5%
-	133,333	(133,333)	(100.0%)	-	-	0.0%	-	133,333	(133,333)	(100.0%)	-	-	0.0%
13,148	133,333	(120,185)	(90.1%)	5,421	7,727	142.5%	13,148	133,333	(120,185)	(90.1%)	5,421	7,727	142.5%
<i>Direct Operational Expenses:</i>													
28,624	34,244	5,621	16.4%	20,433	(8,191)	(40.1%)	28,624	34,244	5,621	16.4%	20,433	(8,191)	(40.1%)
7,523	9,690	2,167	22.4%	6,895	(629)	(9.1%)	7,523	9,690	2,167	22.4%	6,895	(629)	(9.1%)
-	125,416	125,416	100.0%	-	-	0.0%	-	125,416	125,416	100.0%	-	-	0.0%
136,199	624,998	488,798	78.2%	405,095	268,896	66.4%	136,199	624,998	488,798	78.2%	405,095	268,896	66.4%
-	38	38	100.0%	-	-	0.0%	-	38	38	100.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
278	13,783	13,506	98.0%	638	360	56.5%	278	13,783	13,506	98.0%	638	360	56.5%
172,624	808,168	635,545	78.6%	433,060	260,437	60.1%	172,624	808,168	635,545	78.6%	433,060	260,437	60.1%
Net Performance before Overhead													
(159,475)	(674,835)	515,360	(76.4%)	(427,639)	268,164	(62.7%)	(159,475)	(674,835)	515,360	(323.2%)	(427,639)	268,164	(62.7%)
<i>Overhead Allocations:</i>													
699	641	(58)	(9.0%)	133	(566)	(424.3%)	699	641	(58)	(9.0%)	133	(566)	(424.3%)
157	392	235	59.9%	-	(157)	0.0%	157	392	235	59.9%	-	(157)	0.0%
2,757	2,480	(277)	(11.2%)	927	(1,830)	(197.4%)	2,757	2,480	(277)	(11.2%)	927	(1,830)	(197.4%)
200	1,660	1,460	88.0%	181	(19)	(10.5%)	200	1,660	1,460	88.0%	181	(19)	(10.5%)
252	249	(3)	(1.1%)	71	(181)	(257.2%)	252	249	(3)	(1.1%)	71	(181)	(257.2%)
379	661	282	42.7%	138	(241)	(174.1%)	379	661	282	42.7%	138	(241)	(174.1%)
394	389	(5)	(1.3%)	289	(105)	(36.3%)	394	389	(5)	(1.3%)	289	(105)	(36.3%)
1,449	1,988	539	27.1%	789	(660)	(83.6%)	1,449	1,988	539	27.1%	789	(660)	(83.6%)
648	284	(364)	(128.2%)	187	(461)	(247.4%)	648	284	(364)	(128.2%)	187	(461)	(247.4%)
623	1,014	391	38.6%	179	-	0.0%	623	1,014	391	38.6%	179	-	0.0%
374	322	(52)	(16.2%)	-	-	0.0%	374	322	(52)	(16.2%)	-	-	0.0%
2,132	2,765	633	22.9%	1,690	-	0.0%	2,132	2,765	633	22.9%	1,690	-	0.0%
592	1,008	416	41.3%	195	(397)	(204.2%)	592	1,008	416	41.3%	195	(397)	(204.2%)
504	481	(23)	(4.7%)	169	(335)	(198.1%)	504	481	(23)	(4.7%)	169	(335)	(198.1%)
1,555	2,480	925	37.3%	-	(1,555)	0.0%	1,555	2,480	925	37.3%	-	(1,555)	0.0%
1,292	1,696	404	23.8%	-	(1,292)	0.0%	1,292	1,696	404	23.8%	-	(1,292)	0.0%
1,539	1,635	96	5.9%	1,230	(309)	(25.2%)	1,539	1,635	96	5.9%	1,230	(309)	(25.2%)
15,546	20,146	4,600	22.8%	6,177	(8,109)	(131.3%)	15,546	20,146	4,600	22.8%	6,177	(8,109)	(131.3%)
188,170	828,314	640,145	77.3%	439,237	252,328	57.4%	188,170	828,314	640,145	77.3%	439,237	252,328	57.4%
\$ (175,021)	\$ (694,981)	\$ 519,960	(74.8%)	\$ (433,816)	\$ 260,055	(59.9%)	\$ (175,021)	\$ (694,981)	\$ 519,960	(74.8%)	\$ (433,816)	\$ 260,055	59.9%

Care Coordination Statement of Revenues and Expenditures

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
-	-	-	0.0%	-	-	0.0%	Total Revenue	-	-	-	0.0%	-	-	0.0%
<i>Direct Operational Expenses:</i>														
117,236	124,838	7,602	6.1%	17,562	(99,673)	(567.5%)	Salaries and Wages	117,236	124,838	7,602	6.1%	17,562	(99,673)	(567.5%)
38,308	38,183	(125)	(0.3%)	9,994	(28,314)	(283.3%)	Benefits	38,308	38,183	(125)	(0.3%)	9,994	(28,314)	(283.3%)
-	286,357	286,357	100.0%	305,000	305,000	100.0%	Purchased Services	-	286,357	286,357	100.0%	305,000	305,000	100.0%
501,470	849,997	348,527	41.0%	498,657	(2,812)	(0.6%)	Medical Services	501,470	849,997	348,527	41.0%	498,657	(2,812)	(0.6%)
61	1,775	1,714	96.6%	-	(61)	0.0%	Other Supplies	61	1,775	1,714	96.6%	-	(61)	0.0%
774,083	836,492	62,409	7.5%	-	(774,083)	0.0%	Sponsored Program	774,083	836,492	62,409	7.5%	-	(774,083)	0.0%
4,640	11,533	6,893	59.8%	1,999	(2,642)	(132.2%)	Other Expense	4,640	11,533	6,893	59.8%	1,999	(2,642)	(132.2%)
1,435,798	2,149,175	713,377	33.2%	833,213	(602,586)	(72.3%)	Total Operational Expenses	1,435,798	2,149,175	713,377	33.2%	833,213	(602,586)	(72.3%)
(1,435,798)							(1,435,798)							
(2,149,175)							(2,149,175)							
713,377							713,377							
(33.2%)							(33.2%)							
(833,213)							(833,213)							
(602,586)							(602,586)							
72.3%							72.3%							
<i>Net Performance before Overhead</i>							<i>Net Performance before Overhead</i>							
<i>Allocations</i>							<i>Allocations</i>							
<i>Overhead Allocations:</i>							<i>Overhead Allocations:</i>							
1,890	1,733	(157)	(9.0%)	885	(1,005)	(113.5%)	Risk Management Allocation	1,890	1,733	(157)	(9.0%)	885	(1,005)	(113.5%)
425	1,060	635	59.9%	-	(425)	0.0%	Internal Audit Allocation	425	1,060	635	59.9%	-	(425)	0.0%
7,453	6,704	(749)	(11.2%)	6,155	(1,298)	(21.1%)	Administration Allocation	7,453	6,704	(749)	(11.2%)	6,155	(1,298)	(21.1%)
540	4,488	3,948	88.0%	-	(540)	0.0%	Legal Allocation	540	4,488	3,948	88.0%	-	(540)	0.0%
680	674	(6)	(0.9%)	468	(212)	(45.2%)	Records Allocation	680	674	(6)	(0.9%)	468	(212)	(45.2%)
1,026	1,788	762	42.6%	918	(108)	(11.7%)	Compliance Allocation	1,026	1,788	762	42.6%	918	(108)	(11.7%)
1,065	1,051	(14)	(1.3%)	1,919	854	44.5%	Project Management Allocation	1,065	1,051	(14)	(1.3%)	1,919	854	44.5%
3,917	5,374	1,457	27.1%	5,242	1,325	25.3%	Finance Allocation	3,917	5,374	1,457	27.1%	5,242	1,325	25.3%
1,751	768	(983)	(128.0%)	1,239	(512)	(41.4%)	IT Allocation	1,751	768	(983)	(128.0%)	1,239	(512)	(41.4%)
1,684	2,741	1,057	38.6%	1,185	(499)	(42.1%)	Corporate Communications Allocation	1,684	2,741	1,057	38.6%	1,185	(499)	(42.1%)
1,011	870	(141)	(16.2%)	-	(1,011)	0.0%	Supply Chain Alloc	1,011	870	(141)	(16.2%)	-	(1,011)	0.0%
5,764	7,476	1,712	22.9%	11,220	5,456	48.6%	IT Operations Allocation	5,764	7,476	1,712	22.9%	11,220	5,456	48.6%
1,601	2,725	1,124	41.2%	1,292	(309)	(23.9%)	IT Security Allocation	1,601	2,725	1,124	41.2%	1,292	(309)	(23.9%)
1,363	1,302	(61)	(4.7%)	1,123	(240)	(21.4%)	Corporate Quality Allocation	1,363	1,302	(61)	(4.7%)	1,123	(240)	(21.4%)
4,203	6,704	2,501	37.3%	-	(4,203)	0.0%	IT Service Center Allocation	4,203	6,704	2,501	37.3%	-	(4,203)	0.0%
5,167	6,785	1,618	23.8%	2,167	(3,000)	(138.5%)	Human Resources Allocation	5,167	6,785	1,618	23.8%	2,167	(3,000)	(138.5%)
39,540	52,244	12,704	24.3%	33,815	(5,725)	(16.9%)	Total Overhead Allocations	39,540	52,244	12,704	24.3%	33,815	(5,725)	(16.9%)
1,475,338	2,201,419	726,081	33.0%	867,027	(608,311)	(70.2%)	Total Expenses	1,475,338	2,201,419	726,081	33.0%	867,027	(608,311)	(70.2%)
\$ (1,475,338)	\$ (2,201,419)	\$ 726,081	(33.0%)	\$ (867,027)	\$ (608,311)	70.2%	Net Margin	\$ (1,475,338)	\$ (2,201,419)	\$ 726,081	(33.0%)	\$ (867,027)	\$ (608,311)	70.2%

Pharmacy Services Statement of Revenues and Expenditures

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ -	-	\$ -	0.0%	\$ -	\$ -	0.0%	Grants	\$ -	-	\$ -	0.0%	\$ -	\$ -	0.0%	
-	-	-	0.0%	-	-	0.0%	Total Revenues	-	-	-	0.0%	-	-	0.0%	
<i>Direct Operational Expenses:</i>															
237,747	216,527	(21,220)	(9.8%)	230,719	(7,028)	(3.0%)	Salaries and Wages	237,747	216,527	(21,220)	(9.8%)	230,719	(7,028)	(3.0%)	
70,866	70,568	(299)	(0.4%)	73,181	2,314	3.2%	Benefits	70,866	70,568	(299)	(0.4%)	73,181	2,314	3.2%	
2,029	3,881	1,852	47.7%	1,551	(478)	(30.8%)	Purchased Services	2,029	3,881	1,852	47.7%	1,551	(478)	(30.8%)	
3,666	11,854	8,189	69.1%	2,377	(1,288)	(54.2%)	Other Supplies	3,666	11,854	8,189	69.1%	2,377	(1,288)	(54.2%)	
(8,582)	(250)	8,332	(3,332.8%)	(21,793)	(13,211)	60.6%	Drugs	(8,582)	(250)	8,332	(3,332.8%)	(21,793)	(13,211)	60.6%	
-	1,883	1,883	100.0%	277	277	100.0%	Repairs & Maintenance	-	1,883	1,883	100.0%	277	277	100.0%	
6,113	13,488	7,375	54.7%	6,099	(14)	(0.2%)	Lease & Rental	6,113	13,488	7,375	54.7%	6,099	(14)	(0.2%)	
-	130	130	100.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
7,360	8,152	792	9.7%	6,928	(432)	(6.2%)	Other Expense	7,360	8,152	792	9.7%	6,928	(432)	(6.2%)	
2,307	3,508	1,202	34.2%	2,341	34	1.5%	Insurance	2,307	3,508	1,202	34.2%	2,341	34	1.5%	
321,506	329,741	8,235	2.5%	301,680	(19,825)	(6.6%)	Total Operational Expenses	321,506	329,611	8,105	2.5%	301,680	(19,825)	(6.6%)	
Net Performance before Overhead															
(321,506)	(329,741)	8,235	(2.5%)	(301,680)	(19,825)	6.6%	Allocations	(321,506)	(329,611)	8,105	(2.5%)	(301,680)	(19,825)	6.6%	
<i>Overhead Allocations:</i>															
1,259	1,154	(105)	(9.1%)	723	(536)	(74.2%)	Risk Management Allocation	1,259	1,154	(105)	(9.1%)	723	(536)	(74.2%)	
283	706	423	59.9%	36	(247)	(692.3%)	Internal Audit Allocation	283	706	423	59.9%	36	(247)	(692.3%)	
4,963	4,464	(499)	(11.2%)	5,026	63	1.3%	Administration Allocation	4,963	4,464	(499)	(11.2%)	5,026	63	1.3%	
683	1,190	507	42.6%	750	67	8.9%	Compliance Allocation	683	1,190	507	42.6%	750	67	8.9%	
709	700	(9)	(1.3%)	1,567	858	54.8%	Project Management Allocation	709	700	(9)	(1.3%)	1,567	858	54.8%	
2,608	3,578	970	27.1%	4,280	1,672	39.1%	Finance Allocation	2,608	3,578	970	27.1%	4,280	1,672	39.1%	
1,166	511	(655)	(128.1%)	1,011	(155)	(15.3%)	IT Allocation	1,166	511	(655)	(128.1%)	1,011	(155)	(15.3%)	
1,122	1,826	704	38.5%	968	(154)	(15.9%)	Corporate Communications Allocation	1,122	1,826	704	38.5%	968	(154)	(15.9%)	
673	579	(94)	(16.1%)	-	(673)	0.0%	Supply Chain Alloc	673	579	(94)	(16.1%)	-	(673)	0.0%	
3,838	4,978	1,140	22.9%	9,162	5,324	58.1%	IT Operations Allocation	3,838	4,978	1,140	22.9%	9,162	5,324	58.1%	
1,066	1,815	749	41.3%	1,055	(11)	(1.0%)	IT Security Allocation	1,066	1,815	749	41.3%	1,055	(11)	(1.0%)	
908	867	(41)	(4.8%)	917	9	1.0%	Corporate Quality Allocation	908	867	(41)	(4.8%)	917	9	1.0%	
2,798	4,464	1,666	37.3%	-	(2,798)	0.0%	IT Service Center Allocation	2,798	4,464	1,666	37.3%	-	(2,798)	0.0%	
7,621	10,008	2,387	23.9%	5,525	(2,096)	(37.9%)	Human Resources Allocation	7,621	10,008	2,387	23.9%	5,525	(2,096)	(37.9%)	
14,227	20,832	6,605	31.7%	-	(14,227)	0.0%	Security Services Allocation	14,227	20,832	6,605	31.7%	-	(14,227)	0.0%	
44,737	61,111	16,374	26.8%	31,019	(13,718)	(44.2%)	Total Overhead Allocations	44,737	61,111	16,374	26.8%	31,019	(13,718)	(44.2%)	
366,243	390,851	24,609	6.3%	332,700	(33,543)	(10.1%)	Total Expenses	366,243	390,721	24,479	6.3%	332,700	(33,543)	(10.1%)	
\$ (366,243)	\$ (390,851)	\$ 24,609	(6.3%)	\$ (332,700)	\$ (33,543)	10.1%	Net Margin	\$ (366,243)	\$ (390,721)	\$ 24,479	(6.3%)	\$ (332,700)	\$ (33,543)	10.1%	

Transportation Statement of Revenues and Expenditures

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 287,559	\$ 102,999	\$ 184,560	179.2%	\$ -	\$ 287,559	0.0%	Gross Patient Revenue	\$ 287,559	\$ 102,999	\$ 184,560	179.2%	\$ -	\$ 287,559	0.0%	
135,377	55,584	(79,793)	(143.6%)	-	(135,377)	0.0%	Contractual Allowances	135,377	55,584	(79,793)	(143.6%)	-	(135,377)	0.0%	
-	8,083	8,083	100.0%	-	-	0.0%	Charity Care	-	8,083	8,083	100.0%	-	-	0.0%	
120,095	8,083	(112,012)	(1,385.8%)	-	(120,095)	0.0%	Bad Debt	120,095	8,083	(112,012)	(1,385.8%)	-	(120,095)	0.0%	
255,472	71,750	(183,722)	(256.1%)	-	(255,472)	0.0%	Total Contractuals and Bad Debt	255,472	71,750	(183,722)	(256.1%)	-	(255,472)	0.0%	
32,087	31,249	838	2.7%	-	32,087	0.0%	Net Patient Revenue	32,087	31,249	838	2.7%	-	32,087	0.0%	
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	-	-	0.0%	
32,087	31,249	838	2.7%	-	-	0.0%	Total Revenue	32,087	31,249	838	2.7%	-	-	0.0%	
<i>Direct Operational Expenses:</i>															
95,563	94,467	(1,095)	(1.2%)	-	(95,563)	0.0%	Salaries and Wages	95,563	94,467	(1,095)	(1.2%)	-	(95,563)	0.0%	
23,075	21,943	(1,131)	(5.2%)	-	(23,075)	0.0%	Benefits	23,075	21,943	(1,131)	(5.2%)	-	(23,075)	0.0%	
2,400	4,000	1,600	40.0%	-	(2,400)	0.0%	Purchased Services	2,400	4,000	1,600	40.0%	-	(2,400)	0.0%	
-	6,750	6,750	100.0%	-	-	0.0%	Medical Supplies	-	6,750	6,750	100.0%	-	-	0.0%	
3,400	4,772	1,372	28.7%	-	(3,400)	0.0%	Other Supplies	3,400	4,772	1,372	28.7%	-	(3,400)	0.0%	
-	1,250	1,250	100.0%	-	-	0.0%	Drugs	-	1,250	1,250	100.0%	-	-	0.0%	
1,164	1,017	(147)	(14.5%)	-	(1,164)	0.0%	Repairs & Maintenance	1,164	1,017	(147)	(14.5%)	-	(1,164)	0.0%	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
-	1,417	1,417	100.0%	-	-	0.0%	Lease & Rental	-	1,417	1,417	100.0%	-	-	0.0%	
11	2,684	2,673	99.6%	-	(11)	0.0%	Other Expense	10	2,684	2,674	99.6%	-	(10)	0.0%	
1,131	1,600	469	29.3%	-	(1,131)	0.0%	Insurance	1,131	1,600	469	29.3%	-	(1,131)	0.0%	
126,743	139,900	13,157	9.4%	-	(126,743)	0.0%	Total Operational Expenses	126,742	139,900	13,158	9.4%	-	(126,742)	0.0%	
Net Performance before Overhead															
(94,656)	(108,651)	13,995	(12.9%)	-	(126,743)	0.0%	Allocations	(94,655)	(108,651)	13,996	(12.9%)	-	(126,742)	0.0%	
<i>Overhead Allocations:</i>															
534	490	(44)	(9.0%)	-	(534)	0.0%	Risk Management Allocation	534	490	(44)	(9.0%)	-	(534)	0.0%	
120	299	179	59.9%	-	(120)	0.0%	Internal Audit Allocation	120	299	179	59.9%	-	(120)	0.0%	
2,106	1,894	(212)	(11.2%)	-	(2,106)	0.0%	Administration Allocation	2,106	1,894	(212)	(11.2%)	-	(2,106)	0.0%	
153	1,268	1,115	87.9%	-	(153)	0.0%	Legal Allocation	153	1,268	1,115	87.9%	-	(153)	0.0%	
192	190	(2)	(0.8%)	-	(192)	0.0%	Records Allocation	192	190	(2)	(0.8%)	-	(192)	0.0%	
290	505	215	42.6%	-	(290)	0.0%	Compliance Allocation	290	505	215	42.6%	-	(290)	0.0%	
301	297	(4)	(1.4%)	-	(301)	0.0%	Project Management Allocation	301	297	(4)	(1.4%)	-	(301)	0.0%	
1,107	1,518	411	27.1%	-	(1,107)	0.0%	Finance Allocation	1,107	1,518	411	27.1%	-	(1,107)	0.0%	
495	217	(278)	(128.2%)	-	(495)	0.0%	IT Allocation	495	217	(278)	(128.2%)	-	(495)	0.0%	
476	775	299	38.5%	-	(476)	0.0%	Corporate Communications Allocation	476	775	299	38.5%	-	(476)	0.0%	
286	246	(40)	(16.3%)	-	(286)	0.0%	Supply Chain Alloc	286	246	(40)	(16.3%)	-	(286)	0.0%	
1,628	2,112	484	22.9%	-	(1,628)	0.0%	IT Operations Allocation	1,628	2,112	484	22.9%	-	(1,628)	0.0%	
452	770	318	41.3%	-	(452)	0.0%	IT Security Allocation	452	770	318	41.3%	-	(452)	0.0%	
385	368	(17)	(4.7%)	-	(385)	0.0%	Corporate Quality Allocation	385	368	(17)	(4.7%)	-	(385)	0.0%	
105	175	70	39.9%	-	(105)	0.0%	Reimburse Alloc	105	175	70	39.9%	-	(105)	0.0%	
1,187	1,894	707	37.3%	-	(1,187)	0.0%	IT Service Center Allocation	1,187	1,894	707	37.3%	-	(1,187)	0.0%	
352	428	76	17.8%	-	(352)	0.0%	HIM Allocation	352	428	76	17.8%	-	(352)	0.0%	
900	909	9	0.9%	-	(900)	0.0%	Coding Allocation	900	909	9	0.9%	-	(900)	0.0%	
5,296	6,955	1,659	23.9%	-	(5,296)	0.0%	Human Resources Allocation	5,296	6,955	1,659	23.9%	-	(5,296)	0.0%	
6,183	10,727	4,544	42.4%	-	(6,183)	0.0%	Revenue Cycle Allocation	6,183	10,727	4,544	42.4%	-	(6,183)	0.0%	
22,548	32,036	9,488	29.6%	-	(22,548)	0.0%	Total Overhead Allocations	22,548	32,036	9,488	29.6%	-	(22,548)	0.0%	
2,830	-	-	-	-	-	-									
149,291	171,936	22,645	13.2%	-	(149,291)	0.0%	Total Expenses	149,290	171,936	22,646	13.2%	-	(149,290)	0.0%	
-	-	-	0.0%	-	-	0.0%	Transfer Out to Funds	-	-	-	0.0%	-	-	0.0%	
(117,204)	(140,687)	23,483	(16.7%)	-	(149,291)	0.0%	Net Margin	(117,203)	(140,687)	23,484	(16.7%)	-	(149,290)	0.0%	
-	-	-	-	-	-	0.0%	Capital Contributions	-	-	-	0.0%	-	-	0.0%	
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	General Fund Support/Transfer In	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	

School Health Statement of Revenues and Expenditures

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 333,657	\$ -	\$ 333,657	0.0%	\$ 312,844	\$ 20,813	6.7%	\$ 333,657	\$ -	\$ 333,657	0.0%	\$ 312,844	\$ 20,813	6.7%
-	0	-	0.0%	0	-	0.0%	-	-	-	0.0%	-	-	0.0%
333,657	-	333,657	0.0%	312,844	20,813	6.7%	333,657	-	333,657	0.0%	312,844	20,813	6.7%
<i>Direct Operational Expenses:</i>													
1,223,644	1,045,975	(177,668)	(17.0%)	1,042,569	(181,075)	(17.4%)	1,223,644	1,045,975	(177,668)	(17.0%)	1,042,569	(181,075)	(17.4%)
387,624	375,741	(11,883)	(3.2%)	363,576	(24,049)	(6.6%)	387,624	375,741	(11,883)	(3.2%)	363,576	(24,049)	(6.6%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
204	12,500	12,296	98.4%	4,800	4,596	95.7%	204	12,500	12,296	98.4%	4,800	4,596	95.7%
180	7,617	7,437	97.6%	-	(180)	0.0%	180	7,617	7,437	97.6%	-	(180)	0.0%
-	1,733	1,733	100.0%	-	-	0.0%	-	1,733	1,733	100.0%	-	-	0.0%
-	317	317	100.0%	-	-	0.0%	-	317	317	100.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
(266)	7,025	7,291	103.8%	160	426	266.7%	(266)	7,025	7,291	103.8%	160	426	266.7%
1,611,385	1,450,908	(160,478)	(11.1%)	1,411,104	(200,281)	(14.2%)	1,611,385	1,450,908	(160,478)	(11.1%)	1,411,104	(200,281)	(14.2%)
Net Performance before Overhead													
(1,277,729)	(1,450,908)	173,179	(11.9%)	(1,098,261)	(179,468)	16.3%	(1,277,729)	(1,450,908)	173,179	(11.9%)	(1,098,261)	(179,468)	16.3%
<i>Overhead Allocations:</i>													
5,537	5,077	(460)	(9.1%)	3,474	(2,063)	(59.4%)	5,537	5,077	(460)	(9.1%)	3,474	(2,063)	(59.4%)
1,244	3,104	1,860	59.9%	-	(1,244)	0.0%	1,244	3,104	1,860	59.9%	-	(1,244)	0.0%
21,833	19,640	(2,193)	(11.2%)	24,151	2,318	9.6%	21,833	19,640	(2,193)	(11.2%)	24,151	2,318	9.6%
1,583	13,148	11,565	88.0%	4,717	3,134	66.4%	1,583	13,148	11,565	88.0%	4,717	3,134	66.4%
1,992	1,975	(17)	(0.9%)	1,838	(154)	(8.4%)	1,992	1,975	(17)	(0.9%)	1,838	(154)	(8.4%)
3,005	5,237	2,232	42.6%	3,603	598	16.6%	3,005	5,237	2,232	42.6%	3,603	598	16.6%
3,121	3,079	(42)	(1.3%)	7,530	4,409	58.6%	3,121	3,079	(42)	(1.3%)	7,530	4,409	58.6%
11,475	15,743	4,268	27.1%	20,568	9,093	44.2%	11,475	15,743	4,268	27.1%	20,568	9,093	44.2%
5,130	2,249	(2,881)	(128.1%)	4,860	(270)	(5.5%)	5,130	2,249	(2,881)	(128.1%)	4,860	(270)	(5.5%)
4,934	8,031	3,097	38.6%	4,651	(283)	(6.1%)	4,934	8,031	3,097	38.6%	4,651	(283)	(6.1%)
2,961	2,549	(412)	(16.2%)	-	(2,961)	0.0%	2,961	2,549	(412)	(16.2%)	-	(2,961)	0.0%
16,885	21,901	5,016	22.9%	44,024	27,139	61.6%	16,885	21,901	5,016	22.9%	44,024	27,139	61.6%
4,690	7,983	3,293	41.2%	5,071	381	7.5%	4,690	7,983	3,293	41.2%	5,071	381	7.5%
3,994	3,813	(181)	(4.8%)	4,406	412	9.3%	3,994	3,813	(181)	(4.8%)	4,406	412	9.3%
12,311	19,640	7,329	37.3%	-	(12,311)	0.0%	12,311	19,640	7,329	37.3%	-	(12,311)	0.0%
53,216	69,888	16,672	23.9%	-	(53,216)	0.0%	53,216	69,888	16,672	23.9%	-	(53,216)	0.0%
8,747	9,293	546	5.9%	6,991	(1,756)	(25.1%)	8,747	9,293	546	5.9%	6,991	(1,756)	(25.1%)
-	-	-	-	-	-	-	-	-	-	-	-	-	-
162,658	212,352	49,694	23.4%	135,883	(26,775)	(19.7%)	162,658	212,352	49,694	23.4%	135,883	(26,775)	(19.7%)
1,774,043	1,663,260	(110,783)	(6.7%)	1,546,987	(227,056)	(14.7%)	1,774,043	1,663,260	(110,783)	(6.7%)	1,546,987	(227,056)	(14.7%)
\$ (1,440,387)	\$ (1,663,260)	\$ 222,873	(13.4%)	\$ (1,234,144)	\$ (206,243)	16.7%	\$ (1,440,387)	\$ (1,663,260)	\$ 222,873	(13.4%)	\$ (1,234,144)	\$ (206,243)	16.7%

General Fund Statement of Revenues and Expenditures by Month

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Year to Date
Revenues:													
Ad Valorem Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Premiums													-
Patient Revenue, Net	288,785	-	-	-	-	-	-	-	-	-	-	-	288,785
Intergovernmental Revenue	333,657	-	-	-	-	-	-	-	-	-	-	-	333,657
Grants	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest Earnings	217,777	-	-	-	-	-	-	-	-	-	-	-	217,777
Unrealized Gain/(Loss)-Investments	(385,088)	-	-	-	-	-	-	-	-	-	-	-	(385,088)
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	17,206	-	-	-	-	-	-	-	-	-	-	-	17,206
Total Revenues	\$ 472,336	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 472,336
Expenditures:													
Salaries and Wages	3,676,616	-	-	-	-	-	-	-	-	-	-	-	3,676,616
Benefits	1,100,340	-	-	-	-	-	-	-	-	-	-	-	1,100,340
Purchased Services	282,699	-	-	-	-	-	-	-	-	-	-	-	282,699
Medical Supplies	1,426	-	-	-	-	-	-	-	-	-	-	-	1,426
Other Supplies	24,904	-	-	-	-	-	-	-	-	-	-	-	24,904
Medical Services	637,669	-	-	-	-	-	-	-	-	-	-	-	637,669
Drugs	(8,582)	-	-	-	-	-	-	-	-	-	-	-	(8,582)
Repairs & Maintenance	356,088	-	-	-	-	-	-	-	-	-	-	-	356,088
Lease & Rental	169,124	-	-	-	-	-	-	-	-	-	-	-	169,124
Utilities	10,091	-	-	-	-	-	-	-	-	-	-	-	10,091
Other Expense	468,329	-	-	-	-	-	-	-	-	-	-	-	468,329
Insurance	50,932	-	-	-	-	-	-	-	-	-	-	-	50,932
Sponsored Programs	774,083	-	-	-	-	-	-	-	-	-	-	-	774,083
Total Operational Expenditures	7,543,720	-	-	-	-	-	-	-	-	-	-	-	7,543,720
Net Performance before Overhead Allocations	\$ (7,071,384)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	(7,071,384)
Overhead Allocations	(1,330,754)	-	-	-	-	-	-	-	-	-	-	-	(1,330,754)
Total Expenses	6,212,966	-	-	-	-	-	-	-	-	-	-	-	6,212,966
Net Margin	\$ (5,740,630)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	(5,740,630)
General Fund Support/ Transfer In (Out)	\$ (479,777)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	(479,777)



General Fund Program Statistics

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Current Year Total	Prior Year Total
Aeromedical														
Patients Transported - Actual	73												73	38
Patients Transported - Budget	51												51	51
Variance	22	-	-	-	-	-	-	-	-	-	-	-	22	(13)
Actual Hours Available for Service	1,104												1,104	1,054
Service Hours Utilized	114.0												114	60
Utilization %	10.3%												10.3%	5.7%
# of Flights - Training/Public Education	1												1	10
# of Flights - Maintenance	3												3	10
Ground Transportation														
Ground Transportation Trips-Actual	142												142	-
Ground Transportation Trips-Budget	87												87	-
Variance	55	-	-	-	-	-	-	-	-	-	-	-	55	-
School Health														
Medical Events	27,608												27,608	40,494
Screenings	23,716												23,716	34,874
Covid-19 Testing	110												110	2,344
Influenza Testing	88												88	-
Total Events- Actual	51,522	-	-	-	-	-	-	-	-	-	-	-	51,522	77,712
Total Events- Budget	78,000												78,000	42,015
Pharmacy														
Total Prescriptions Filled at In-House Pharmacies	13,077												13,077	12,863
Total Prescriptions Filled at Retail Pharmacies	-												-	-
Total Prescriptions Filled Inhouse/Retail- Actual	13,077	-	-	-	-	-	-	-	-	-	-	-	13,077	12,863
Total Prescriptions Filled- Budget	11,998												11,998	17,641

* Data will not be available until after the publication of the financials.



SUPPLEMENTAL INFORMATION

HEALEY CENTER

Healey Center Statement of Revenues and Expenses

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 1,133,282	\$ 1,207,946	\$ (74,664)	(6.2%)	\$ 1,168,331	\$ (35,049)	(3.0%)	Gross Patient Revenue	\$ 1,133,282	\$ 1,207,946	\$ (74,664)	(6.2%)	\$ 1,168,331	\$ (35,049)	(3.0%)	
93,187	89,636	(3,551)	(4.0%)	147,781	54,594	36.9%	Contractual Allowances	93,187	89,636	(3,551)	(4.0%)	147,781	54,594	36.9%	
257,132	372,917	115,785	31.0%	340,110	82,978	24.4%	Charity Care	257,132	372,917	115,785	31.0%	340,110	82,978	24.4%	
-	19,067	19,067	100.0%	527	527	100.0%	Bad Debt	-	19,067	19,067	100.0%	527	527	100.0%	
350,319	481,620	131,301	27.3%	488,418	138,099	28.3%	Total Contractuals and Bad Debt	350,319	481,620	131,301	27.3%	488,418	138,099	28.3%	
782,963	726,326	56,637	7.8%	679,914	103,049	15.2%	Net Patient Revenue	782,963	726,326	56,637	7.8%	679,914	103,049	15.2%	
69.09%	60.13%			58.20%			Collection %	69.09%	60.13%			58.20%			
758,333	758,334	(1)	(0.0%)	758,333	-	0.0%	PBC Interlocal	758,333	758,334	(1)	(0.0%)	758,333	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Other Financial Assistance	-	-	-	0.0%	-	-	0.0%	
861	617	244	39.6%	892	(31)	(3.5%)	Other Revenues	861	617	244	39.6%	892	(31)	(3.5%)	
759,195	758,951	244	0	759,226	(31)	(0.0%)	Total Other Revenues	759,195	758,951	244	0.0%	759,226	(31)	(0.0%)	
1,542,158	1,485,277	56,881	3.8%	1,439,139	103,018	7.2%	Total Revenues	1,542,158	1,485,277	56,881	3.8%	1,439,139	103,018	7.2%	
<i>Direct Operational Expenses:</i>															
1,085,663	1,107,124	21,461	1.9%	1,018,442	(67,220)	(6.6%)	Salaries and Wages	1,085,663	1,107,124	21,461	1.9%	1,018,442	(67,220)	(6.6%)	
360,082	371,515	11,433	3.1%	348,484	(11,597)	(3.3%)	Benefits	360,082	371,515	11,433	3.1%	348,484	(11,597)	(3.3%)	
45,961	80,869	34,908	43.2%	51,858	5,897	11.4%	Purchased Services	45,961	80,869	34,908	43.2%	51,858	5,897	11.4%	
26,346	55,517	29,172	52.5%	80,463	54,117	67.3%	Medical Supplies	26,346	55,517	29,172	52.5%	80,463	54,117	67.3%	
79,353	80,879	1,526	1.9%	77,833	(1,520)	(2.0%)	Other Supplies	79,353	80,879	1,526	1.9%	77,833	(1,520)	(2.0%)	
150	2,275	2,125	93.4%	684	534	78.1%	Contracted Physician Expense	150	2,275	2,125	93.4%	684	534	78.1%	
747	6,250	5,503	88.1%	2,973	2,226	74.9%	Medical Services	747	6,250	5,503	88.1%	2,973	2,226	74.9%	
33,212	32,750	(462)	(1.4%)	32,758	(454)	(1.4%)	Drugs	33,212	32,750	(462)	(1.4%)	32,758	(454)	(1.4%)	
26,346	34,425	8,079	23.5%	14,639	(11,707)	(80.0%)	Repairs & Maintenance	26,346	34,425	8,079	23.5%	14,639	(11,707)	(80.0%)	
103	103	(0)	(0.0%)	103	-	0.0%	Lease & Rental	103	103	(0)	(0.0%)	103	-	0.0%	
39,586	37,655	(1,931)	(5.1%)	37,115	(2,471)	(6.7%)	Utilities	39,586	37,655	(1,931)	(5.1%)	37,115	(2,471)	(6.7%)	
3,332	17,938	14,606	81.4%	5,626	2,294	40.8%	Other Expense	3,332	17,938	14,606	81.4%	5,626	2,294	40.8%	
6,830	8,053	1,223	15.2%	7,713	883	11.4%	Insurance	6,830	8,053	1,223	15.2%	7,713	883	11.4%	
1,707,709	1,835,353	127,644	7.0%	1,678,692	(29,017)	(1.7%)	Total Operational Expenses	1,707,709	1,835,353	127,644	7.0%	1,678,692	(29,017)	(1.7%)	
Net Performance before Depreciation &															
(165,552)	(350,076)	184,525	(52.7%)	(239,553)	74,001	(30.9%)	Overhead Allocations	(165,552)	(350,076)	184,525	(52.7%)	(239,553)	74,001	(30.9%)	
80,825	79,916	(909)	(1.1%)	80,220	(606)	(0.8%)	Depreciation	80,825	79,916	(909)	(1.1%)	80,220	(606)	(0.8%)	
<i>Overhead Allocations:</i>															
7,005	6,424	(581)	(9.0%)	3,754	(3,251)	(86.6%)	Risk Management Allocation	7,005	6,424	(581)	(9.0%)	3,754	(3,251)	(86.6%)	
1,574	3,927	2,353	59.9%	-	(1,574)	0.0%	Internal Audit Allocation	1,574	3,927	2,353	59.9%	-	(1,574)	0.0%	
27,623	24,849	(2,774)	(11.2%)	26,097	(1,526)	(5.8%)	Administration Allocation	27,623	24,849	(2,774)	(11.2%)	26,097	(1,526)	(5.8%)	
2,003	16,635	14,632	88.0%	5,097	3,094	60.7%	Legal Allocation	2,003	16,635	14,632	88.0%	5,097	3,094	60.7%	
2,520	2,499	(21)	(0.8%)	1,986	(534)	(26.9%)	Records Allocation	2,520	2,499	(21)	(0.8%)	1,986	(534)	(26.9%)	
3,802	6,626	2,824	42.6%	3,893	91	2.3%	Compliance Allocation	3,802	6,626	2,824	42.6%	3,893	91	2.3%	
3,949	3,896	(53)	(1.4%)	8,137	4,188	51.5%	Project Management Allocation	3,949	3,896	(53)	(1.4%)	8,137	4,188	51.5%	
14,518	19,918	5,400	27.1%	22,225	7,707	34.7%	Finance Allocation	14,518	19,918	5,400	27.1%	22,225	7,707	34.7%	
6,491	2,846	(3,645)	(128.1%)	5,252	(1,239)	(23.6%)	IT Allocation	6,491	2,846	(3,645)	(128.1%)	5,252	(1,239)	(23.6%)	
6,243	10,161	3,918	38.6%	5,026	(1,217)	(24.2%)	Corporate Communications Allocation	6,243	10,161	3,918	38.6%	5,026	(1,217)	(24.2%)	
3,746	3,225	(521)	(16.1%)	-	(3,746)	0.0%	Supply Chain Alloc	3,746	3,225	(521)	(16.1%)	-	(3,746)	0.0%	
21,363	27,710	6,347	22.9%	47,571	26,208	55.1%	IT Operations Allocation	21,363	27,710	6,347	22.9%	47,571	26,208	55.1%	
5,934	10,100	4,166	41.2%	5,480	(454)	(8.3%)	IT Security Allocation	5,934	10,100	4,166	41.2%	5,480	(454)	(8.3%)	
5,053	4,824	(229)	(4.8%)	4,760	(293)	(6.1%)	Corporate Quality Allocation	5,053	4,824	(229)	(4.8%)	4,760	(293)	(6.1%)	
15,577	24,849	9,272	37.3%	-	(15,577)	0.0%	IT Service Center Allocation	15,577	24,849	9,272	37.3%	-	(15,577)	0.0%	
10,236	29,804	19,568	65.7%	37,892	27,656	73.0%	IT Applications Allocation	10,236	29,804	19,568	65.7%	37,892	27,656	73.0%	
56,614	74,350	17,736	23.9%	-	(56,614)	0.0%	Human Resources Allocation	56,614	74,350	17,736	23.9%	-	(56,614)	0.0%	
24,897	36,456	11,559	31.7%	26,647	1,750	6.6%	Security Services Allocation	24,897	36,456	11,559	31.7%	26,647	1,750	6.6%	
219,148	309,098	89,950	29.1%	203,815	(15,333)	(7.5%)	Total Overhead Allocations	219,148	309,098	89,950	29.1%	203,815	(15,333)	(7.5%)	
2,007,683	2,224,368	216,685	9.7%	1,962,726	(44,956)	(2.3%)	Total Expenses	2,007,683	2,224,368	216,685	9.7%	1,962,726	(44,956)	(2.3%)	
(465,525)	(739,091)	273,566	(37.0%)	(523,587)	58,062	(11.1%)	Net Margin	(465,525)	(739,091)	273,566	(37.0%)	(523,587)	58,062	(11.1%)	
-	-	-	0.0%	-	-	0.0%	Capital Contributions	-	-	-	0.0%	-	-	0.0%	
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	General Fund Support/Transfer In	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	

Healey Center Statement of Revenues and Expenses by Month

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Year to Date
Gross Patient Revenue	\$ 1,133,282	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,133,282
Contractual Allowances	93,187	-	-	-	-	-	-	-	-	-	-	-	93,187
Charity Care	257,132	-	-	-	-	-	-	-	-	-	-	-	257,132
Bad Debt	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Contractuals and Bad Debt	350,319	-	-	-	-	-	-	-	-	-	-	-	350,319
Net Patient Revenue	782,963	-	-	-	-	-	-	-	-	-	-	-	782,963
Collections %	69.09%	-	-	-	-	-	-	-	-	-	-	-	69.09%
PBC Interlocal	758,333	-	-	-	-	-	-	-	-	-	-	-	758,333
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenues	861	-	-	-	-	-	-	-	-	-	-	-	861
Total Other Revenues	759,195	-	-	-	-	-	-	-	-	-	-	-	759,195
Total Revenues	1,542,158	-	-	-	-	-	-	-	-	-	-	-	1,542,158
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,085,663	-	-	-	-	-	-	-	-	-	-	-	1,085,663
Benefits	360,082	-	-	-	-	-	-	-	-	-	-	-	360,082
Purchased Services	45,961	-	-	-	-	-	-	-	-	-	-	-	45,961
Medical Supplies	26,346	-	-	-	-	-	-	-	-	-	-	-	26,346
Other Supplies	79,353	-	-	-	-	-	-	-	-	-	-	-	79,353
Contracted Physician Expense	150	-	-	-	-	-	-	-	-	-	-	-	150
Medical Services	747	-	-	-	-	-	-	-	-	-	-	-	747
Drugs	33,212	-	-	-	-	-	-	-	-	-	-	-	33,212
Repairs & Maintenance	26,346	-	-	-	-	-	-	-	-	-	-	-	26,346
Lease & Rental	103	-	-	-	-	-	-	-	-	-	-	-	103
Utilities	39,586	-	-	-	-	-	-	-	-	-	-	-	39,586
Other Expense	3,332	-	-	-	-	-	-	-	-	-	-	-	3,332
Insurance	6,830	-	-	-	-	-	-	-	-	-	-	-	6,830
Total Operational Expenses	1,707,709	-	-	-	-	-	-	-	-	-	-	-	1,707,709
Net Performance before Depreciation & Overhead Allocations	(165,552)	-	-	-	-	-	-	-	-	-	-	-	(165,552)
Depreciation	80,825	-	-	-	-	-	-	-	-	-	-	-	80,825
<i>Overhead Allocations:</i>													
Risk Management Allocation	7,005	-	-	-	-	-	-	-	-	-	-	-	7,005
Internal Audit Allocation	1,574	-	-	-	-	-	-	-	-	-	-	-	1,574
Administration Allocation	27,623	-	-	-	-	-	-	-	-	-	-	-	27,623
Legal Allocation	2,003	-	-	-	-	-	-	-	-	-	-	-	2,003
Records Allocation	2,520	-	-	-	-	-	-	-	-	-	-	-	2,520
Compliance Allocation	3,802	-	-	-	-	-	-	-	-	-	-	-	3,802
Project Management Allocation	3,949	-	-	-	-	-	-	-	-	-	-	-	3,949
Finance Allocation	14,518	-	-	-	-	-	-	-	-	-	-	-	14,518
IT Allocation	6,491	-	-	-	-	-	-	-	-	-	-	-	6,491
Corporate Communications Allocation	6,243	-	-	-	-	-	-	-	-	-	-	-	6,243
Supply Chain Alloc	3,746	-	-	-	-	-	-	-	-	-	-	-	3,746
IT Operations Allocation	21,363	-	-	-	-	-	-	-	-	-	-	-	21,363
IT Security Allocation	5,934	-	-	-	-	-	-	-	-	-	-	-	5,934
Corporate Quality Allocation	5,053	-	-	-	-	-	-	-	-	-	-	-	5,053
IT Service Center Allocation	15,577	-	-	-	-	-	-	-	-	-	-	-	15,577
IT Applications Allocation	10,236	-	-	-	-	-	-	-	-	-	-	-	10,236
Human Resources Allocation	56,614	-	-	-	-	-	-	-	-	-	-	-	56,614
Security Services Allocation	24,897	-	-	-	-	-	-	-	-	-	-	-	24,897
Total Overhead Allocations	219,148	-	-	-	-	-	-	-	-	-	-	-	219,148
Total Expenses	2,007,683	-	-	-	-	-	-	-	-	-	-	-	2,007,683
Net Margin	(465,525)	-	-	-	-	-	-	-	-	-	-	-	(465,525)
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



Census	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Current Year Total	Prior Year Total
Admissions	9												9	10
Discharges	9												9	8
Average Daily Census	109												109	111
Budget Census	118												118	118
Occupancy % (120 licensed beds)	91%												91%	93%
Days By Payor Source:														
Medicaid	31												31	70
Managed Care Medicaid	2,233												2,233	2,408
Medicare	97												97	33
Private Pay	31												31	-
Hospice	36												36	-
Charity	948												948	940
Total Resident Days	3,376	-	-	-	-	-	-	-	-	-	-	-	3,376	3,451



SUPPLEMENTAL INFORMATION

LAKESIDE MEDICAL CENTER

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
9,410,011	10,455,362	(1,045,351)	(10.0%)	10,598,653	(1,188,642)	(11.2%)	Gross Patient Revenue	9,410,011	10,455,362	(1,045,351)	(10.0%)	10,598,653	(1,188,642)	(11.2%)
7,526,313	7,642,935	116,622	1.5%	8,676,994	1,150,681	13.3%	Contractual Allowances	7,526,313	7,642,935	116,622	1.5%	8,676,994	1,150,681	13.3%
188,852	529,270	340,418	64.3%	283,939	95,086	33.5%	Charity Care	188,852	529,270	340,418	64.3%	283,939	95,086	33.5%
527,547	1,208,744	681,197	56.4%	708,297	180,750	25.5%	Bad Debt	527,547	1,208,744	681,197	56.4%	708,297	180,750	25.5%
\$ 8,242,713	\$ 9,380,949	\$ 1,138,236	12.1%	\$ 9,669,231	\$ 1,426,518	14.8%	Total Contractuals and Bad Debt	\$ 8,242,713	\$ 9,380,949	\$ 1,138,236	12.1%	\$ 9,669,231	\$ 1,426,518	14.8%
47,816	870,391	(822,575)	(94.5%)	105,967	(58,150)	-54.9%	Other Patient Revenue	47,816	870,391	(822,575)	(94.5%)	105,967	(58,150)	(54.9%)
1,215,115	1,944,804	(729,689)	(37.5%)	1,035,389	179,725	17.4%	Net Patient Revenue	1,215,115	1,944,804	(729,689)	(37.5%)	1,035,389	179,725	17.4%
12.91%	18.60%			9.77%			Collection %	12.91%	18.60%		9.77%			
17,544	17,425	119	0.7%	17,425	119	0.7%	Grant Funds	17,544	17,425	119	0.7%	17,425	119	0.7%
-	-	-	0.0%	-	-	0.0%	Other Financial Assistance	-	-	-	0.0%	-	-	0.0%
15,399	16,175	(776)	(4.8%)	14,663	736	5.0%	Other Revenues	15,399	16,175	(776)	(4.8%)	14,663	736	5.0%
32,943	33,600	(657)	(2.0%)	32,088	855	2.7%	Total Other Revenues	32,943	33,600	(657)	(2.0%)	32,088	855	2.7%
1,248,058	1,978,404	(730,346)	(36.9%)	1,067,477	180,580	16.9%	Total Revenues	1,248,058	1,978,404	(730,346)	(36.9%)	1,067,477	180,580	16.9%
<i>Direct Operational Expenses:</i>														
1,539,968	1,640,569	100,601	6.1%	1,637,976	98,008	6.0%	Salaries and Wages	1,539,968	1,640,569	100,601	6.1%	1,637,976	98,008	6.0%
424,068	440,128	16,060	3.6%	450,162	26,094	5.8%	Benefits	424,068	440,128	16,060	3.6%	450,162	26,094	5.8%
452,813	591,160	138,347	23.4%	399,201	(53,612)	(13.4%)	Purchased Services	452,813	591,160	138,347	23.4%	399,201	(53,612)	(13.4%)
14,107	129,595	115,488	89.1%	154,266	140,159	90.9%	Medical Supplies	14,107	129,595	115,488	89.1%	154,266	140,159	90.9%
(2,396)	147,109	149,505	101.6%	90,760	93,156	102.6%	Other Supplies	(2,396)	147,109	149,505	101.6%	90,760	93,156	102.6%
380,576	653,107	272,530	41.7%	274,582	(105,994)	(38.6%)	Contracted Physician Expense	380,576	653,107	272,530	41.7%	274,582	(105,994)	(38.6%)
43,713	82,041	38,328	46.7%	151,151	107,438	71.1%	Drugs	43,713	82,041	38,328	46.7%	151,151	107,438	71.1%
122,273	149,943	27,670	18.5%	175,093	52,820	30.2%	Repairs & Maintenance	122,273	149,943	27,670	18.5%	175,093	52,820	30.2%
73,901	52,211	(21,690)	(41.5%)	57,925	(15,976)	(27.6%)	Lease & Rental	73,901	52,211	(21,690)	(41.5%)	57,925	(15,976)	(27.6%)
72,730	81,214	8,484	10.4%	49,432	(23,298)	(47.1%)	Utilities	72,730	81,214	8,484	10.4%	49,432	(23,298)	(47.1%)
57,764	71,959	14,195	19.7%	20,974	(36,790)	(175.4%)	Other Expense	57,764	71,959	14,195	19.7%	20,974	(36,790)	(175.4%)
15,528	17,328	1,800	10.4%	16,838	1,310	7.8%	Insurance	15,528	17,328	1,800	10.4%	16,838	1,310	7.8%
3,195,046	4,056,364	861,318	21.2%	3,478,360	283,314	8.1%	Total Operational Expenses	3,195,046	4,056,364	861,318	21.2%	3,478,360	283,314	8.1%
Net Performance before Depreciation & Overhead Allocations														
(1,946,988)	(2,077,960)	130,972	(6.3%)	(2,410,882)	463,894	(19.2%)		(1,946,988)	(2,077,960)	130,972	(6.3%)	(2,410,882)	463,894	(19.2%)

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
281,138	297,082	15,944	5.4%	275,662	(5,476)	(2.0%)	Depreciation	281,138	297,082	15,944	5.4%	275,662	(5,476)	(2.0%)
<i>Overhead Allocations:</i>														
15,481	14,197	(1,284)	(9.0%)	8,720	(6,761)	(77.5%)	Risk Management Allocation	15,481	14,197	(1,284)	(9.0%)	8,720	(6,761)	(77.5%)
3,478	8,680	5,202	59.9%	-	(3,478)	0.0%	Internal Audit Allocation	3,478	8,680	5,202	59.9%	-	(3,478)	0.0%
61,049	54,919	(6,130)	(11.2%)	60,624	(425)	(0.7%)	Administration Allocation	61,049	54,919	(6,130)	(11.2%)	60,624	(425)	(0.7%)
4,427	36,765	32,338	88.0%	11,840	7,413	62.6%	Legal Allocation	4,427	36,765	32,338	88.0%	11,840	7,413	62.6%
5,570	5,523	(47)	(0.9%)	4,613	(957)	(20.7%)	Records Allocation	5,570	5,523	(47)	(0.9%)	4,613	(957)	(20.7%)
8,404	14,643	6,239	42.6%	9,043	639	7.1%	Compliance Allocation	8,404	14,643	6,239	42.6%	9,043	639	7.1%
8,727	8,611	(116)	(1.3%)	18,903	10,176	53.8%	Project Management Allocation	8,727	8,611	(116)	(1.3%)	18,903	10,176	53.8%
32,086	44,020	11,934	27.1%	51,630	19,544	37.9%	Finance Allocation	32,086	44,020	11,934	27.1%	51,630	19,544	37.9%
14,345	6,289	(8,056)	(128.1%)	12,200	(2,145)	(17.6%)	IT Allocation	14,345	6,289	(8,056)	(128.1%)	12,200	(2,145)	(17.6%)
13,798	22,457	8,659	38.6%	11,675	(2,123)	(18.2%)	Corporate Communications Allocation	13,798	22,457	8,659	38.6%	11,675	(2,123)	(18.2%)
8,279	7,128	(1,151)	(16.1%)	-	(8,279)	0.0%	Supply Chain Alloc	8,279	7,128	(1,151)	(16.1%)	-	(8,279)	0.0%
47,214	61,241	14,027	22.9%	110,510	63,296	57.3%	IT Operations Allocation	47,214	61,241	14,027	22.9%	110,510	63,296	57.3%
13,116	22,322	9,206	41.2%	12,729	(387)	(3.0%)	IT Security Allocation	13,116	22,322	9,206	41.2%	12,729	(387)	(3.0%)
11,167	10,661	(506)	(4.7%)	11,059	(108)	(1.0%)	Corporate Quality Allocation	11,167	10,661	(506)	(4.7%)	11,059	(108)	(1.0%)
3,269	5,459	2,190	40.1%	-	(3,269)	0.0%	Reimburse Alloc	3,269	5,459	2,190	40.1%	-	(3,269)	0.0%
34,425	54,919	20,494	37.3%	-	(34,425)	0.0%	IT Service Center Allocation	34,425	54,919	20,494	37.3%	-	(34,425)	0.0%
11,003	13,383	2,380	17.8%	-	(11,003)	0.0%	HIM Allocation	11,003	13,383	2,380	17.8%	-	(11,003)	0.0%
28,125	28,383	258	0.9%	-	(28,125)	0.0%	Coding Allocation	28,125	28,383	258	0.9%	-	(28,125)	0.0%
108,095	314,731	206,636	65.7%	88,025	(20,070)	(22.8%)	IT Applications Allocation	108,095	314,731	206,636	65.7%	88,025	(20,070)	(22.8%)
68,523	89,990	21,467	23.9%	52,621	(15,902)	(30.2%)	Human Resources Allocation	68,523	89,990	21,467	23.9%	52,621	(15,902)	(30.2%)
35,567	52,080	16,513	31.7%	44,412	8,845	19.9%	Security Services Allocation	35,567	52,080	16,513	31.7%	44,412	8,845	19.9%
39,573	68,653	29,080	42.4%	83,610	44,037	52.7%	Revenue Cycle Allocation	39,573	68,653	29,080	42.4%	83,610	44,037	52.7%
575,721	945,052	369,331	39.1%	592,215	16,494	2.8%	Total Overhead Allocations	575,721	945,052	369,331	39.1%	592,215	16,494	2.8%
4,051,905	5,298,499	1,246,593	23.5%	4,346,237	294,332	6.8%	Total Expenses	4,051,905	5,298,499	1,246,593	23.5%	4,346,237	294,332	6.8%
\$ (2,803,848)	\$ (3,320,095)	\$ 516,247	(15.5%)	\$ (3,278,760)	\$ 474,912	(14.5%)	Net Margin	\$ (2,803,848)	\$ (3,320,095)	\$ 516,247	(15.5%)	\$ (3,278,760)	\$ 474,912	(14.5%)
-	-	-	0.0%	-	-	0.0%	Capital Contributions	-	-	-	0.0%	-	-	0.0%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%

Lakeside Medical Center Statement of Revenues and Expenses by Month

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Year to Date
Gross Patient Revenue	9,410,011	-	-	-	-	-	-	-	-	-	-	-	9,410,011
Contractual Allowances	7,526,313	-	-	-	-	-	-	-	-	-	-	-	7,526,313
Charity Care	188,852	-	-	-	-	-	-	-	-	-	-	-	188,852
Bad Debt	527,547	-	-	-	-	-	-	-	-	-	-	-	527,547
Total Contractuals and Bad Debt	\$ 8,242,713	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,242,713
Other Patient Revenue	47,816	-	-	-	-	-	-	-	-	-	-	-	47,816
Net Patient Revenue	1,215,115	-	-	-	-	-	-	-	-	-	-	-	1,215,115
Collection %	12.91%	-	-	-	-	-	-	-	-	-	-	-	12.91%
Grant Funds	17,544	-	-	-	-	-	-	-	-	-	-	-	17,544
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	15,399	-	-	-	-	-	-	-	-	-	-	-	15,399
Total Other Revenues	32,943	-	-	-	-	-	-	-	-	-	-	-	32,943
Total Revenues	1,248,058	-	-	-	-	-	-	-	-	-	-	-	1,248,058
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,539,968	-	-	-	-	-	-	-	-	-	-	-	1,539,968
Benefits	424,068	-	-	-	-	-	-	-	-	-	-	-	424,068
Purchased Services	452,813	-	-	-	-	-	-	-	-	-	-	-	452,813
Medical Supplies	14,107	-	-	-	-	-	-	-	-	-	-	-	14,107
Other Supplies	(2,396)	-	-	-	-	-	-	-	-	-	-	-	(2,396)
Contracted Physician Expense	380,576	-	-	-	-	-	-	-	-	-	-	-	380,576
Drugs	43,713	-	-	-	-	-	-	-	-	-	-	-	43,713
Repairs & Maintenance	122,273	-	-	-	-	-	-	-	-	-	-	-	122,273
Lease & Rental	73,901	-	-	-	-	-	-	-	-	-	-	-	73,901
Utilities	72,730	-	-	-	-	-	-	-	-	-	-	-	72,730
Other Expense	57,764	-	-	-	-	-	-	-	-	-	-	-	57,764
Insurance	15,528	-	-	-	-	-	-	-	-	-	-	-	15,528
Total Operational Expenses	3,195,046	-	-	-	-	-	-	-	-	-	-	-	3,195,046
Net Performance before Depreciation & Overhead Allocations	(1,946,988)	-	-	-	-	-	-	-	-	-	-	-	(1,946,988)
Depreciation	281,138	-	-	-	-	-	-	-	-	-	-	-	281,138
<i>Overhead Allocations:</i>													
Risk Management Allocation	15,481	-	-	-	-	-	-	-	-	-	-	-	15,481
Internal Audit Allocation	3,478	-	-	-	-	-	-	-	-	-	-	-	3,478
Administration Allocation	61,049	-	-	-	-	-	-	-	-	-	-	-	61,049
Legal Allocation	4,427	-	-	-	-	-	-	-	-	-	-	-	4,427
Records Allocation	5,570	-	-	-	-	-	-	-	-	-	-	-	5,570
Compliance Allocation	8,404	-	-	-	-	-	-	-	-	-	-	-	8,404
Project Management Allocation	8,727	-	-	-	-	-	-	-	-	-	-	-	8,727
Finance Allocation	32,086	-	-	-	-	-	-	-	-	-	-	-	32,086
IT Allocation	14,345	-	-	-	-	-	-	-	-	-	-	-	14,345
Corporate Communications Allocation	13,798	-	-	-	-	-	-	-	-	-	-	-	13,798
Supply Chain Alloc	8,279	-	-	-	-	-	-	-	-	-	-	-	8,279
IT Operations Allocation	47,214	-	-	-	-	-	-	-	-	-	-	-	47,214
IT Security Allocation	13,116	-	-	-	-	-	-	-	-	-	-	-	13,116
Corporate Quality Allocation	11,167	-	-	-	-	-	-	-	-	-	-	-	11,167
Reimburse Alloc	3,269	-	-	-	-	-	-	-	-	-	-	-	3,269
IT Service Center Allocation	34,425	-	-	-	-	-	-	-	-	-	-	-	34,425
HIM Allocation	11,003	-	-	-	-	-	-	-	-	-	-	-	11,003
Coding Allocation	28,125	-	-	-	-	-	-	-	-	-	-	-	28,125
IT Applications Allocation	108,095	-	-	-	-	-	-	-	-	-	-	-	108,095
Human Resources Allocation	68,523	-	-	-	-	-	-	-	-	-	-	-	68,523
Security Services Allocation	35,567	-	-	-	-	-	-	-	-	-	-	-	35,567
Revenue Cycle Allocation	39,573	-	-	-	-	-	-	-	-	-	-	-	39,573
Total Overhead Allocations	575,721	-	-	-	-	-	-	-	-	-	-	-	575,721
Total Expenses	4,051,905	-	-	-	-	-	-	-	-	-	-	-	4,051,905
Net Margin	\$ (2,803,848)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	(2,803,848)
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Lakeside Medical Center
Statistical Information

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Current Year Total	YTD Budget Total	% Var to Budget	Prior YTD Total	% Var to Prior Yr
Admissions																	
Newborn	10	-	-	-	-	-	-	-	-	-	-	-	10	11	(12.0%)	13	(23.1%)
Pediatrics	8	-	-	-	-	-	-	-	-	-	-	-	8	40	(80.0%)	7	14.3%
Adult	61	-	-	-	-	-	-	-	-	-	-	-	61	91	(32.8%)	82	(25.6%)
Total	79	-	-	-	-	-	-	-	-	-	-	-	79	142	(44.4%)	102	(22.5%)
Adjusted Admissions	298	-	-	-	-	-	-	-	-	-	-	-	298	376	(20.7%)	271	10.0%
Patient Days																	
Med Surg (14 beds)	46	-	-	-	-	-	-	-	-	-	-	-	46	(2)	(2,400.0%)	4	1,050.0%
Pediatrics (12 beds)	36	-	-	-	-	-	-	-	-	-	-	-	36	43	(16.3%)	43	(16.3%)
Telemetry (22 beds)	75	-	-	-	-	-	-	-	-	-	-	-	75	266	(71.8%)	268	(72.0%)
ICU (6 beds)	96	-	-	-	-	-	-	-	-	-	-	-	96	74	29.7%	75	28.0%
Obstetrics (16 beds)	24	-	-	-	-	-	-	-	-	-	-	-	24	36	(33.3%)	36	(33.3%)
Total (70 beds)	277	-	-	-	-	-	-	-	-	-	-	-	277	417	(33.6%)	426	(35.0%)
Adjusted Acute Patient Days	1,046	-	-	-	-	-	-	-	-	-	-	-	1,046	1,104	(5.3%)	1,132	(7.6%)
Other Key Inpatient Statistics																	
Occupancy Percentage	13%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-	-	1%	19%	(94.4%)	20%	(94.5%)
Average Daily Census (excl. newborns)	8.9	-	-	-	-	-	-	-	-	-	-	-	8.9	13.5	(33.6%)	13.7	(35.0%)
Average Daily Census (incl. newborns)	9.3	-	-	-	-	-	-	-	-	-	-	-	9.3	14.4	(35.4%)	14.7	(36.7%)
Average Length of Stay (excl newborns)	4.01	-	-	-	-	-	-	-	-	-	-	-	4.01	3.19	25.9%	4.79	(16.1%)
Average Length of Stay (incl newborns)	3.65	-	-	-	-	-	-	-	-	-	-	-	3.65	3.14	16.1%	4.46	(18.3%)
Case Mix Index- Medicare	1.3254	-	-	-	-	-	-	-	-	-	-	-	1.3254	-	-	1.5652	-
Case Mix Index- Medicaid	0.5175	-	-	-	-	-	-	-	-	-	-	-	0.5175	-	-	0.3060	-
Case Mix Index- All Payers	1.0738	-	-	-	-	-	-	-	-	-	-	-	1.0738	-	-	1.2321	-
Emergency Room and Outpatients																	
ER Admissions	42	-	-	-	-	-	-	-	-	-	-	-	42	49	(14.3%)	51	(17.6%)
ER Visits	1,692	-	-	-	-	-	-	-	-	-	-	-	1,692	1,422	19.0%	1,409	20.1%
Outpatient Visits	281	-	-	-	-	-	-	-	-	-	-	-	281	430	(34.7%)	430	(34.7%)
ER and Outpatient Visits	2,122	-	-	-	-	-	-	-	-	-	-	-	2,122	1,852	14.6%	1,839	15.4%
Observation Patient Stays	100	-	-	-	-	-	-	-	-	-	-	-	100	133	(24.8%)	133	(24.8%)
Surgery and Other Procedures																	
Inpatient Surgeries	15	-	-	-	-	-	-	-	-	-	-	-	15	20	(25.0%)	20	(25.0%)
Outpatient Surgeries	-	-	-	-	-	-	-	-	-	-	-	-	-	4	(100.0%)	4	(100.0%)
Endoscopies	1	-	-	-	-	-	-	-	-	-	-	-	1	6	(83.3%)	6	(83.3%)
Radiology Procedures	1,089	-	-	-	-	-	-	-	-	-	-	-	1,089	1,999	(45.5%)	1,000	8.9%
Lab Charges	13,002	-	-	-	-	-	-	-	-	-	-	-	13,002	10,033	29.6%	27,346	(52.5%)
Staffing																	
Paid FTE	224.93	-	-	-	-	-	-	-	-	-	-	-	224.93	265.25	(15.2%)	261.11	(13.9%)
Paid FTE per Adjusted Occupied Bed	6.67	-	-	-	-	-	-	-	-	-	-	-	6.67	7.45	(10.5%)	7.15	(6.7%)
Operational Performance																	
Gross Revenue Per Adj Pat Day	8,997	-	-	-	-	-	-	-	-	-	-	-	8,997	9,467	(5.0%)	9,360	(3.9%)
Net Revenue Per Adj Pat Day	1,162	-	-	-	-	-	-	-	-	-	-	-	1,162	1,761	(34.0%)	914	27.0%
Salaries & Benefits as % of Net Pat Revenue	162%	-	-	-	-	-	-	-	-	-	-	-	162%	107%	51.1%	202%	(19.9%)
Labor Cost per Adj Pat Day	1,878	-	-	-	-	-	-	-	-	-	-	-	1,878	1,884	(0.3%)	1,844	1.8%
Total Expense Per Adj Pat Day	2,185	-	-	-	-	-	-	-	-	-	-	-	2,185	3,673	(40.5%)	3,072	(28.9%)



SUPPLEMENTAL INFORMATION

PRIMARY CARE CLINICS

Primary Care Clinics Statement of Revenues and Expenses

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
25,462	33,250	7,788	23.4%	31,642	6,181	19.5%	25,462	33,250	7,788	23.4%	31,642	6,181	19.5%
<i>Overhead Allocations:</i>													
11,692	10,722	(970)	(9.0%)	5,725	(5,967)	(104.2%)	11,692	10,722	(970)	(9.0%)	5,725	(5,967)	(104.2%)
63,371	109,939	46,568	42.4%	139,350	75,979	54.5%	63,371	109,939	46,568	42.4%	139,350	75,979	54.5%
2,627	6,555	3,928	59.9%	283	(2,344)	(828.6%)	2,627	6,555	3,928	59.9%	283	(2,344)	(828.6%)
30,821	32,746	1,925	5.9%	28,190	(2,631)	(9.3%)	30,821	32,746	1,925	5.9%	28,190	(2,631)	(9.3%)
46,107	41,477	(4,631)	(11.2%)	39,803	(6,304)	(15.8%)	46,107	41,477	(4,631)	(11.2%)	39,803	(6,304)	(15.8%)
76,105	99,947	23,842	23.9%	47,430	(28,675)	(60.5%)	76,105	99,947	23,842	23.9%	47,430	(28,675)	(60.5%)
3,344	27,766	24,422	88.0%	7,774	4,430	57.0%	3,344	27,766	24,422	88.0%	7,774	4,430	57.0%
4,206	4,171	(35)	(0.8%)	3,029	(1,177)	(38.9%)	4,206	4,171	(35)	(0.8%)	3,029	(1,177)	(38.9%)
6,347	11,059	4,712	42.6%	5,937	(410)	(6.9%)	6,347	11,059	4,712	42.6%	5,937	(410)	(6.9%)
2,482	4,143	1,661	40.1%	-	(2,482)	0.0%	2,482	4,143	1,661	40.1%	-	(2,482)	0.0%
35,658	46,251	10,593	22.9%	72,556	36,898	50.9%	35,658	46,251	10,593	22.9%	72,556	36,898	50.9%
9,905	16,858	6,953	41.2%	8,357	(1,548)	(18.5%)	9,905	16,858	6,953	41.2%	8,357	(1,548)	(18.5%)
81,636	237,695	156,059	65.7%	57,793	(23,843)	(41.3%)	81,636	237,695	156,059	65.7%	57,793	(23,843)	(41.3%)
39,124	57,288	18,164	31.7%	53,294	14,170	26.6%	39,124	57,288	18,164	31.7%	53,294	14,170	26.6%
6,253	5,383	(870)	(16.2%)	-	(6,253)	0.0%	6,253	5,383	(870)	(16.2%)	-	(6,253)	0.0%
24,232	33,245	9,013	27.1%	33,898	9,666	28.5%	24,232	33,245	9,013	27.1%	33,898	9,666	28.5%
10,421	16,960	6,539	38.6%	7,665	(2,756)	(36.0%)	10,421	16,960	6,539	38.6%	7,665	(2,756)	(36.0%)
10,834	4,750	(6,084)	(128.1%)	8,010	(2,824)	(35.3%)	10,834	4,750	(6,084)	(128.1%)	8,010	(2,824)	(35.3%)
8,434	8,052	(382)	(4.7%)	7,261	(1,173)	(16.2%)	8,434	8,052	(382)	(4.7%)	7,261	(1,173)	(16.2%)
6,591	6,503	(88)	(1.3%)	12,411	5,820	46.9%	6,591	6,503	(88)	(1.3%)	12,411	5,820	46.9%
8,351	10,156	1,805	17.8%	-	(8,351)	0.0%	8,351	10,156	1,805	17.8%	-	(8,351)	0.0%
21,345	21,541	196	0.9%	-	(21,345)	0.0%	21,345	21,541	196	0.9%	-	(21,345)	0.0%
25,999	41,476	15,477	37.3%	-	(25,999)	0.0%	25,999	41,476	15,477	37.3%	-	(25,999)	0.0%
535,885	854,683	318,798	37.3%	538,765	2,880	0.5%	535,885	854,683	318,798	37.3%	538,765	2,880	0.5%
3,106,403	3,951,367	844,964	21.4%	3,003,866	(102,537)	(3.4%)	3,106,403	3,951,367	844,964	21.4%	3,003,866	(102,537)	(3.4%)
\$ (1,437,791)	\$ (1,968,968)	\$ 531,176	(27.0%)	\$ (973,659)	\$ (464,132)	47.7%	\$ (1,437,791)	\$ (1,968,968)	\$ 531,176	(27.0%)	\$ (973,659)	\$ (464,132)	47.7%
36,782	153,690	116,908	76.1%	100,000	63,218	63.2%	36,782	153,690	116,908	76.1%	100,000	63,218	63.2%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%

Primary Care Clinics Statement of Revenues and Expenses by Month

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Year to Date
Gross Patient Revenue	1,895,746	-	-	-	-	-	-	-	-	-	-	-	1,895,746
Contractual Allowances	416,333	-	-	-	-	-	-	-	-	-	-	-	416,333
Charity Care	1,080,772	-	-	-	-	-	-	-	-	-	-	-	1,080,772
Bad Debt	49,730	-	-	-	-	-	-	-	-	-	-	-	49,730
Other Patient Revenue	474,943	-	-	-	-	-	-	-	-	-	-	-	474,943
Net Patient Revenue	823,853	-	-	-	-	-	-	-	-	-	-	-	823,853
Collections %	43.46%												43.46%
Grant Funds	831,658	-	-	-	-	-	-	-	-	-	-	-	831,658
Other Financial Assistance	12,477	-	-	-	-	-	-	-	-	-	-	-	12,477
Other Revenue	624	-	-	-	-	-	-	-	-	-	-	-	624
Total Other Revenues	844,758	-	-	-	-	-	-	-	-	-	-	-	844,758
Total Revenues	1,668,611	-	-	-	-	-	-	-	-	-	-	-	1,668,611
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,713,850	-	-	-	-	-	-	-	-	-	-	-	1,713,850
Benefits	427,827	-	-	-	-	-	-	-	-	-	-	-	427,827
Purchased Services	13,764	-	-	-	-	-	-	-	-	-	-	-	13,764
Medical Supplies	35,872	-	-	-	-	-	-	-	-	-	-	-	35,872
Other Supplies	12,383	-	-	-	-	-	-	-	-	-	-	-	12,383
Medical Services	55,581	-	-	-	-	-	-	-	-	-	-	-	55,581
Drugs	37,475	-	-	-	-	-	-	-	-	-	-	-	37,475
Repairs & Maintenance	10,726	-	-	-	-	-	-	-	-	-	-	-	10,726
Lease & Rental	107,496	-	-	-	-	-	-	-	-	-	-	-	107,496
Utilities	8,438	-	-	-	-	-	-	-	-	-	-	-	8,438
Other Expense	115,489	-	-	-	-	-	-	-	-	-	-	-	115,489
Insurance	6,154	-	-	-	-	-	-	-	-	-	-	-	6,154
Total Operational Expenses	2,545,056	-	-	-	-	-	-	-	-	-	-	-	2,545,056
Net Performance before Depreciation & Overhead Allocations	(876,445)	-	-	-	-	-	-	-	-	-	-	-	(876,445)
Depreciation	25,462	-	-	-	-	-	-	-	-	-	-	-	25,462
<i>Overhead Allocations:</i>													
Risk Mgt	11,692	-	-	-	-	-	-	-	-	-	-	-	11,692
Rev Cycle	63,371	-	-	-	-	-	-	-	-	-	-	-	63,371
Internal Audit	2,627	-	-	-	-	-	-	-	-	-	-	-	2,627
Home Office Facilities	30,821	-	-	-	-	-	-	-	-	-	-	-	30,821
Administration	46,107	-	-	-	-	-	-	-	-	-	-	-	46,107
Human Resources	76,105	-	-	-	-	-	-	-	-	-	-	-	76,105
Legal	3,344	-	-	-	-	-	-	-	-	-	-	-	3,344
Records	4,206	-	-	-	-	-	-	-	-	-	-	-	4,206
Compliance	6,347	-	-	-	-	-	-	-	-	-	-	-	6,347
Reimburse	2,482	-	-	-	-	-	-	-	-	-	-	-	2,482
IT Operations	35,658	-	-	-	-	-	-	-	-	-	-	-	35,658
IT Security	9,905	-	-	-	-	-	-	-	-	-	-	-	9,905
IT Applications	81,636	-	-	-	-	-	-	-	-	-	-	-	81,636
Security Services	39,124	-	-	-	-	-	-	-	-	-	-	-	39,124
Supply Chain	6,253	-	-	-	-	-	-	-	-	-	-	-	6,253
Finance	24,232	-	-	-	-	-	-	-	-	-	-	-	24,232
Public Relations	10,421	-	-	-	-	-	-	-	-	-	-	-	10,421
Information Technology	10,834	-	-	-	-	-	-	-	-	-	-	-	10,834
Corporate Quality	8,434	-	-	-	-	-	-	-	-	-	-	-	8,434
Project MGMT Office	6,591	-	-	-	-	-	-	-	-	-	-	-	6,591
HIM	8,351	-	-	-	-	-	-	-	-	-	-	-	8,351
Coding	21,345	-	-	-	-	-	-	-	-	-	-	-	21,345
IT Service Center	25,999	-	-	-	-	-	-	-	-	-	-	-	25,999
Total Overhead Allocations	535,885	-	-	-	-	-	-	-	-	-	-	-	535,885
Total Expenses	3,106,403	-	-	-	-	-	-	-	-	-	-	-	3,106,403
Net Margin	\$ (1,437,791)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,437,791)
Capital	36,782	-	-	-	-	-	-	-	-	-	-	-	36,782
General Fund Support/ Transfer In	-	-	-	-	-	-	-	-	-	-	-	-	\$ -

Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
1,052,999	1,362,719	(309,720)	(22.7%)	1,316,000	(263,002)	(20.0%)	Gross Patient Revenue	1,052,999	1,362,719	(309,720)	(22.7%)	1,316,000	(263,002)	(20.0%)
141,028	351,340	210,312	59.9%	1,008,021	866,992	86.0%	Contractual Allowances	141,028	351,340	210,312	59.9%	1,008,021	866,992	86.0%
606,654	538,012	(68,642)	(12.8%)	1,056	(605,598)	(57,356.4%)	Charity Care	606,654	538,012	(68,642)	(12.8%)	1,056	(605,598)	(57,356.4%)
28,298	217,325	189,027	87.0%	(122,731)	(151,030)	123.1%	Bad Debt	28,298	217,325	189,027	87.0%	(122,731)	(151,030)	123.1%
775,980	1,106,677	330,697	29.9%	886,345	110,365	12.5%	Total Contractuals and Bad Debts	775,980	1,106,677	330,697	29.9%	886,345	110,365	12.5%
334,637	379,135	(44,498)	(11.7%)	301,506	33,132	11.0%	Other Patient Revenue	334,637	379,135	(44,498)	(11.7%)	301,506	33,132	11.0%
611,655	635,177	(23,522)	(3.7%)	731,161	(119,505)	(16.3%)	Net Patient Revenue	611,655	635,177	(23,522)	(3.7%)	731,161	(119,505)	(16.3%)
58.09%	46.61%			55.56%			Collection %	58.09%	46.61%		55.56%			
703,896	864,001	(160,105)	(18.5%)	875,629	(171,733)	(19.6%)	Grant Funds	703,896	864,001	(160,105)	(18.5%)	875,629	(171,733)	(19.6%)
12,477	127,048	(114,571)	(90.2%)	-	12,477	0.0%	Other Financial Assistance	12,477	127,048	(114,571)	(90.2%)	-	12,477	0.0%
633	2,460	(1,827)	(74.3%)	1,087	(454)	(41.7%)	Other Revenue	633	2,460	(1,827)	(74.3%)	1,087	(454)	(41.7%)
717,006	993,509	(276,503)	(27.8%)	876,715	(159,709)	(18.2%)	Total Other Revenues	717,006	993,509	(276,503)	(27.8%)	876,715	(159,709)	(18.2%)
1,328,661	1,628,686	(300,025)	(18.4%)	1,607,876	(279,215)	(17.4%)	Total Revenues	1,328,661	1,628,686	(300,025)	(18.4%)	1,607,876	(279,215)	(17.4%)
<i>Direct Operational Expenses:</i>														
1,424,955	1,621,061	196,106	12.1%	1,375,383	(49,572)	(3.6%)	Salaries and Wages	1,424,955	1,621,061	196,106	12.1%	1,375,383	(49,572)	(3.6%)
356,864	411,085	54,220	13.2%	350,913	(5,952)	(1.7%)	Benefits	356,864	411,085	54,220	13.2%	350,913	(5,952)	(1.7%)
12,668	57,496	44,828	78.0%	46,564	33,896	72.8%	Purchased Services	12,668	57,496	44,828	78.0%	46,564	33,896	72.8%
20,163	83,645	63,482	75.9%	16,601	(3,563)	(21.5%)	Medical Supplies	20,163	83,645	63,482	75.9%	16,601	(3,563)	(21.5%)
12,022	50,957	38,935	76.4%	9,541	(2,481)	(26.0%)	Other Supplies	12,022	50,957	38,935	76.4%	9,541	(2,481)	(26.0%)
55,581	59,500	3,919	6.6%	39,783	(15,798)	(39.7%)	Medical Services	55,581	59,500	3,919	6.6%	39,783	(15,798)	(39.7%)
37,475	48,958	11,483	23.5%	50,990	13,515	26.5%	Drugs	37,475	48,958	11,483	23.5%	50,990	13,515	26.5%
8,701	51,615	42,914	83.1%	38,692	29,991	77.5%	Repairs & Maintenance	8,701	51,615	42,914	83.1%	38,692	29,991	77.5%
84,934	137,465	52,532	38.2%	88,962	4,029	4.5%	Lease & Rental	84,934	137,465	52,532	38.2%	88,962	4,029	4.5%
6,657	9,018	2,362	26.2%	6,336	(321)	(5.1%)	Utilities	6,657	9,018	2,362	26.2%	6,336	(321)	(5.1%)
109,595	70,436	(39,159)	(55.6%)	36,104	(73,492)	(203.6%)	Other Expense	109,595	70,436	(39,159)	(55.6%)	36,104	(73,492)	(203.6%)
6,077	3,992	(2,084)	(52.2%)	3,938	(2,138)	(54.3%)	Insurance	6,077	3,992	(2,084)	(52.2%)	3,938	(2,138)	(54.3%)
2,135,693	2,605,229	469,537	18.0%	2,063,806	(71,886)	(3.5%)	Total Operational Expenses	2,135,693	2,605,229	469,537	18.0%	2,063,806	(71,886)	(3.5%)
(807,031)	(976,543)	169,512	(17.4%)	(455,931)	(351,101)	77.0%	Net Performance before Depreciation & Overhead Allocations	(807,031)	(976,543)	169,512	(17.4%)	(455,931)	(351,101)	77.0%

Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
18,017	27,500	9,483	34.5%	24,070	6,053	25.1%	Depreciation	18,017	27,500	9,483	34.5%	24,070	6,053	25.1%
<i>Overhead Allocations:</i>														
9,870	9,052	(818)	(9.0%)	4,921	(4,949)	(100.6%)	Risk Mgt	9,870	9,052	(818)	(9.0%)	4,921	(4,949)	(100.6%)
52,392	90,891	38,499	42.4%	118,713	66,321	55.9%	Rev Cycle	52,392	90,891	38,499	42.4%	118,713	66,321	55.9%
2,218	5,534	3,316	59.9%	243	(1,975)	(812.1%)	Internal Audit	2,218	5,534	3,316	59.9%	243	(1,975)	(812.1%)
26,953	28,637	1,684	5.9%	25,493	(1,460)	(5.7%)	Home Office Facilities	26,953	28,637	1,684	5.9%	25,493	(1,460)	(5.7%)
38,923	35,014	(3,909)	(11.2%)	34,212	(4,711)	(13.8%)	Administration	38,923	35,014	(3,909)	(11.2%)	34,212	(4,711)	(13.8%)
64,997	85,359	20,362	23.9%	40,606	(24,391)	(60.1%)	Human Resources	64,997	85,359	20,362	23.9%	40,606	(24,391)	(60.1%)
2,823	23,440	20,617	88.0%	6,682	3,859	57.8%	Legal	2,823	23,440	20,617	88.0%	6,682	3,859	57.8%
3,551	3,521	(30)	(0.8%)	2,603	(948)	(36.4%)	Records	3,551	3,521	(30)	(0.8%)	2,603	(948)	(36.4%)
5,358	9,336	3,978	42.6%	5,103	(255)	(5.0%)	Compliance	5,358	9,336	3,978	42.6%	5,103	(255)	(5.0%)
2,095	3,497	1,402	40.1%	-	(2,095)	-	Reimburse	2,095	3,497	1,402	40.1%	-	(2,095)	0.0%
30,102	39,045	8,943	22.9%	62,363	32,261	51.7%	IT Operations	30,102	39,045	8,943	22.9%	62,363	32,261	51.7%
8,362	14,231	5,869	41.2%	7,183	(1,179)	(16.4%)	IT Security	8,362	14,231	5,869	41.2%	7,183	(1,179)	(16.4%)
68,917	200,661	131,744	65.7%	49,674	(19,243)	(38.7%)	IT Applications	68,917	200,661	131,744	65.7%	49,674	(19,243)	(38.7%)
32,293	47,286	14,993	31.7%	45,363	13,070	28.8%	Security Services	32,293	47,286	14,993	31.7%	45,363	13,070	28.8%
5,279	4,545	(734)	(16.2%)	-	(5,279)	0.0%	Supply Chain	5,279	4,545	(734)	(16.2%)	-	(5,279)	0.0%
20,457	28,066	7,609	27.1%	29,136	8,679	29.8%	Finance	20,457	28,066	7,609	27.1%	29,136	8,679	29.8%
8,797	14,318	5,521	38.6%	6,588	(2,209)	(33.5%)	Public Relations	8,797	14,318	5,521	38.6%	6,588	(2,209)	(33.5%)
9,146	4,010	(5,136)	(128.1%)	6,885	(2,261)	(32.8%)	Information Technology	9,146	4,010	(5,136)	(128.1%)	6,885	(2,261)	(32.8%)
7,120	6,797	(323)	(4.8%)	6,241	(879)	(14.1%)	Corporate Quality	7,120	6,797	(323)	(4.8%)	6,241	(879)	(14.1%)
5,564	5,490	(74)	(1.3%)	10,667	5,103	47.8%	Project MGMT Office	5,564	5,490	(74)	(1.3%)	10,667	5,103	47.8%
7,050	8,574	1,524	17.8%	-	(7,050)	0.0%	HIM	7,050	8,574	1,524	17.8%	-	(7,050)	0.0%
18,019	18,185	166	0.9%	-	(18,019)	0.0%	Coding	18,019	18,185	166	0.9%	-	(18,019)	0.0%
21,948	35,014	13,066	37.3%	-	(21,948)	0.0%	IT Service Center	21,948	35,014	13,066	37.3%	-	(21,948)	0.0%
452,234	720,501	268,267	37.2%	462,678	10,444	2.3%	Total Overhead Allocations	452,234	720,501	268,267	37.2%	462,678	10,444	2.3%
2,605,944	3,353,230	747,287	22.3%	2,550,554	(55,389)	(2.2%)	Total Expenses	2,605,944	3,353,230	747,287	22.3%	2,550,554	(55,389)	(2.2%)
\$ (1,277,283)	\$ (1,724,544)	\$ 447,262	(25.9%)	\$ (942,679)	\$ (334,604)	35.5%	Net Margin	\$ (1,277,283)	\$ (1,724,544)	\$ 447,262	(25.9%)	\$ (942,679)	\$ (334,604)	35.5%
23,881	116,559	92,678	79.5%	100,000	76,119	76.1%	Capital	23,881	116,559	92,678	79.5%	100,000	76,119	76.1%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%

Primary Care Clinics- Dental Statement of Revenues and Expenses by Location

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Portable Clinic Dental Clinic	Total
Gross Patient Revenue	-	308,695	227,249	157,456	104,614	666	798,680
Contractual Allowances	-	81,456	96,377	44,849	58,990	-	281,672
Charity Care	-	197,790	110,414	104,963	42,407	666	456,241
Bad Debt	-	14,454	(2,522)	(14,689)	4,253	(261)	1,233
Total Contractual Allowances and Bad Debt	-	293,700	204,268	135,123	105,650	405	739,145
Other Patient Revenue	-	48,473	36,381	26,899	25,311	-	137,064
Net Patient Revenue	-	63,468	59,362	49,232	24,276	261	196,599
Collection %	-	20.56%	26.12%	31.27%	23.20%	0.00%	24.62%
Grant Funds	13,511	49,313	31,328	19,326	14,284	-	127,762
Other Financial Assistance	-	-	-	-	-	-	-
Other Revenue	-	-	(9)	-	-	-	(9)
Total Other Revenues	13,511	49,313	31,319	19,326	14,284	-	127,753
Total Revenues	13,511	112,781	90,680	68,558	38,560	261	324,351
<i>Direct Operational Expenses:</i>							
Salaries and Wages	28,040	111,657	71,791	49,764	27,645	-	288,896
Benefits	7,643	23,305	17,093	14,354	8,567	-	70,962
Purchased Services	-	62	31	681	323	-	1,096
Medical Supplies	-	6,980	3,878	2,429	2,423	-	15,709
Other Supplies	-	-	46	251	64	-	361
Repairs & Maintenance	-	491	45	752	737	-	2,025
Lease & Rental	-	9,192	5,448	5,085	2,837	-	22,562
Utilities	-	376	371	104	930	-	1,782
Other Expense	1,681	1,171	799	1,180	1,063	-	5,894
Insurance	-	-	-	-	77	-	77
Total Operational Expenses	37,364	153,234	99,501	74,599	44,666	-	409,364
Net Performance before Depreciation & Overhead Allocations	(23,853)	(40,452)	(8,821)	(6,041)	(6,107)	-	(85,012)
Depreciation	-	2,669	953	804	3,019	-	7,444
<i>Overhead Allocations:</i>							
Risk Management Allocation	1,822	-	-	-	-	-	-
Internal Audit Allocation	409	-	-	-	-	-	-
Administration Allocation	7,184	-	-	-	-	-	-
Legal Allocation	521	-	-	-	-	-	-
Records Allocation	655	-	-	-	-	-	-
Compliance Allocation	989	-	-	-	-	-	-
Project Management Allocation	1,027	-	-	-	-	-	-
Finance Allocation	3,775	-	-	-	-	-	-
IT Allocation	1,688	-	-	-	-	-	-
Corporate Communications Allocation	1,624	-	-	-	-	-	-
Supply Chain Alloc	974	-	-	-	-	-	-
IT Operations Allocation	5,556	-	-	-	-	-	-
IT Security Allocation	1,543	-	-	-	-	-	-
Corporate Quality Allocation	1,314	-	-	-	-	-	-
Reimburse Alloc	387	-	-	-	-	-	-
IT Service Center Allocation	4,051	-	-	-	-	-	-
HIM Allocation	1,301	-	-	-	-	-	-
Coding Allocation	3,326	-	-	-	-	-	-
IT Applications Allocation	12,719	-	-	-	-	-	-
Human Resources Allocation	11,108	-	-	-	-	-	-
Security Services Allocation	6,831	-	-	-	-	-	-
Facilities Allocation	3,868	-	-	-	-	-	-
Revenue Cycle Allocation	10,979	-	-	-	-	-	-
Total Overhead Allocations	83,651	-	-	-	-	-	-
Total Expenses	121,015	155,903	100,454	75,402	47,685	-	500,459
Net Margin	\$ (107,504)	\$ (43,122)	\$ (9,773)	\$ (6,845)	\$ (9,125)	\$ 261	\$ (176,108)
Capital	-	12,901	-	-	-	-	12,901
General Fund Support/ Transfer In	\$ -	-	49	-	-	-	-

Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
7,444	5,750	(1,694)	(29.5%)	7,572	128	1.7%	7,444	5,750	(1,694)	(29.5%)	7,572	128	1.7%
<i>Overhead Allocations:</i>													
1,822	1,671	(151)	(9.1%)	804	(1,018)	(126.5%)	1,822	1,671	(151)	(9.1%)	804	(1,018)	(126.5%)
10,979	19,047	8,068	42.4%	20,637	9,658	46.8%	10,979	19,047	8,068	42.4%	20,637	9,658	46.8%
409	1,021	612	60.0%	40	(369)	(929.4%)	409	1,021	612	60.0%	40	(369)	(929.4%)
3,868	4,110	242	5.9%	2,697	(1,171)	(43.4%)	3,868	4,110	242	5.9%	2,697	(1,171)	(43.4%)
7,184	6,462	(722)	(11.2%)	5,591	(1,593)	(28.5%)	7,184	6,462	(722)	(11.2%)	5,591	(1,593)	(28.5%)
11,108	14,588	3,480	23.9%	6,825	(4,283)	(62.8%)	11,108	14,588	3,480	23.9%	6,825	(4,283)	(62.8%)
521	4,326	3,805	88.0%	1,092	571	52.3%	521	4,326	3,805	88.0%	1,092	571	52.3%
655	650	(5)	(0.8%)	425	(230)	(54.0%)	655	650	(5)	(0.8%)	425	(230)	(54.0%)
989	1,723	734	42.6%	834	(155)	(18.6%)	989	1,723	734	42.6%	834	(155)	(18.6%)
387	645	258	40.0%	-	(387)	0.0%	387	645	258	40.0%	-	(387)	0.0%
5,556	7,206	1,650	22.9%	10,192	4,636	45.5%	5,556	7,206	1,650	22.9%	10,192	4,636	45.5%
1,543	2,627	1,084	41.3%	1,174	(369)	(31.4%)	1,543	2,627	1,084	41.3%	1,174	(369)	(31.4%)
12,719	37,034	24,315	65.7%	8,118	(4,601)	(56.7%)	12,719	37,034	24,315	65.7%	8,118	(4,601)	(56.7%)
6,831	10,002	3,171	31.7%	7,930	1,099	13.9%	6,831	10,002	3,171	31.7%	7,930	1,099	13.9%
974	839	(135)	(16.1%)	-	(974)	0.0%	974	839	(135)	(16.1%)	-	(974)	0.0%
3,775	5,180	1,405	27.1%	4,762	987	20.7%	3,775	5,180	1,405	27.1%	4,762	987	20.7%
1,624	2,642	1,018	38.5%	1,077	(547)	(50.8%)	1,624	2,642	1,018	38.5%	1,077	(547)	(50.8%)
1,688	740	(948)	(128.1%)	1,125	(563)	(50.0%)	1,688	740	(948)	(128.1%)	1,125	(563)	(50.0%)
1,314	1,255	(59)	(4.7%)	1,020	(294)	(28.8%)	1,314	1,255	(59)	(4.7%)	1,020	(294)	(28.8%)
1,027	1,013	(14)	(1.4%)	1,743	716	41.1%	1,027	1,013	(14)	(1.4%)	1,743	716	41.1%
1,301	1,582	281	17.8%	-	(1,301)	0.0%	1,301	1,582	281	17.8%	-	(1,301)	0.0%
3,326	3,356	30	0.9%	-	(3,326)	0.0%	3,326	3,356	30	0.9%	-	(3,326)	0.0%
4,051	6,462	2,411	37.3%	-	(4,051)	0.0%	4,051	6,462	2,411	37.3%	-	(4,051)	0.0%
83,651	134,182	50,531	37.7%	76,087	(7,564)	(9.9%)	83,651	134,182	50,531	37.7%	76,087	(7,564)	(9.9%)
500,459	598,136	97,677	16.3%	453,311	(47,148)	(10.4%)	500,459	598,136	97,677	16.3%	453,311	(47,148)	(10.4%)
\$ (176,108)	\$ (244,423)	\$ 68,316	(27.9%)	\$ (30,980)	\$ (145,127)	468.5%	\$ (176,108)	\$ (244,423)	\$ 68,316	(27.9%)	\$ (30,980)	\$ (145,127)	468.5%
12,901	37,130	24,230	65.3%	-	(12,901)	0.0%	12,901	37,130	24,230	65.3%	-	(12,901)	0.0%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%

Primary Care Clinics- Behavioral Health Statement of Revenues and Expenses by Location

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

	Portable Behavioral Health	West Palm Beach Behavioral Health	Lantana Behavioral Health	Delray Behavioral Health	Belle Glade Behavioral Health	Lewis Center Behavioral Health	West Boca Behavioral Health	Mangonia Behavioral Health	Total
Gross Patient Revenue	-	(10)	-	-	(784)	(14,373)	-	59,234	44,067
Contractual Allowances	-	12	-	-	914	14,896	-	(22,189)	(6,367)
Charity Care	-	-	-	-	31	1,458	-	16,389	17,878
Bad Debt	-	234	-	41	247	30,470	-	(10,793)	20,199
Total Contractual Allowances and Bad Debt	-	246	-	41	1,191	46,824	-	(16,593)	31,710
Other Patient Revenue	-	-	-	-	31	-	-	3,211	3,242
Net Patient Revenue	-	(256)	-	(41)	(1,944)	(61,198)	-	79,038	15,599
Collection %	-	2557.20%	0.00%	0.00%	248.01%	425.77%	0.00%	133.43%	35.40%
Grant Funds	-	-	-	-	-	-	-	-	-
Other Financial Assistance	-	-	-	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-	-	-	-
Total Other Revenues	-	-	-	-	-	-	-	-	-
Total Revenues	-	(256)	-	(41)	(1,944)	(61,198)	-	79,038	15,599
<i>Direct Operational Expenses:</i>									
Salaries and Wages	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-
Purchased Services	-	-	-	-	-	-	-	-	-
Medical Supplies	-	-	-	-	-	-	-	-	-
Other Supplies	-	-	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-	-	-
Lease & Rental	-	-	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-	-	-
Other Expense	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Total Operational Expenses	-	-	-	-	-	-	-	-	-
Net Performance before Depreciation & Overhead Allocations	-	(256)	-	(41)	(1,944)	(61,198)	-	79,038	15,599
Depreciation	-	-	-	-	-	-	-	-	-
<i>Overhead Allocations:</i>									
Risk Mgt	-	-	-	-	-	-	-	-	-
Rev Cycle	-	-	-	-	-	-	-	-	-
Internal Audit	-	-	-	-	-	-	-	-	-
Home Office Facilities	-	-	-	-	-	-	-	-	-
Administration	-	-	-	-	-	-	-	-	-
Human Resources	-	-	-	-	-	-	-	-	-
Legal	-	-	-	-	-	-	-	-	-
Records	-	-	-	-	-	-	-	-	-
Compliance	-	-	-	-	-	-	-	-	-
Comm Engage Plan	-	-	-	-	-	-	-	-	-
IT Operations	-	-	-	-	-	-	-	-	-
IT Security	-	-	-	-	-	-	-	-	-
IT Applications	-	-	-	-	-	-	-	-	-
Security Services	-	-	-	-	-	-	-	-	-
IT EPIC	-	-	-	-	-	-	-	-	-
Finance	-	-	-	-	-	-	-	-	-
Public Relations	-	-	-	-	-	-	-	-	-
Information Technology	-	-	-	-	-	-	-	-	-
Corporate Quality	-	-	-	-	-	-	-	-	-
Project MGMT Office	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	-	-	-	-	-	-	-	-	-
Total Expenses	-	-	-	-	-	-	-	-	-
Net Margin	\$ -	\$ (256)	\$ -	\$ (41)	\$ (1,944)	\$ (61,198)	\$ -	\$ 79,038	\$ 15,599
Capital	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ -	-	-	52	-	-	-	-	-

Primary Care Clinics- Behavioral Health Statement of Revenues and Expenses

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	0.0%	-	-	0.0%	Depreciation	-	-	-	0.0%	-	-	0.0%
<i>Overhead Allocations:</i>														
-	-	-	0.0%	-	-	0.0%	Risk Mgt	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Internal Audit	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Home Office Facilities	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Administration	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Human Resources	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Legal	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Records	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Compliance	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Comm Engage Plan	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	IT Operations	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	IT Security	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	IT Applications	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Security Services	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	IT EPIC	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Finance	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Public Relations	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Information Technology	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Corporate Quality	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Project MGMT Office	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Managed Care Contract	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Total Overhead Allocations	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Total Expenses	-	-	-	0.0%	-	-	0.0%
\$ 15,599	\$ -	\$ 15,599	0.0%	\$ -	\$ 15,599	0.0%	Net Margin	\$ 15,599	\$ -	\$ 15,599	0.0%	\$ -	\$ 15,599	0.0%
-	-	-	0.0%	-	-	0.0%	Capital	-	-	-	0.0%	-	-	0.0%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%



District Clinic Holdings, Inc.

Clinic Visits - Adults and Pediatrics	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
	West Palm Beach	1,597												1,597	1,577	1.3%
Delray	832												832	477	74.4%	477
Lantana	2,017												2,017	1,821	10.8%	1,821
Belle Glade & Women's Health Care	920												920	691	33.1%	691
Lewis Center	57												57	488	(88.3%)	488
Lake Worth & Women's Health Care	1,408												1,408	1,334	5.5%	1,334
Jupiter	518												518	447	15.9%	447
West Boca & Women's Health Care	350												350	407	(14.0%)	407
St Ann Place	-												-	20	(100.0%)	-
Clb Mob 1 Warrior	-												-	18	(100.0%)	658
Clb Mob 2 Scout	-												-	-	#DIV/0!	416
Clb Mob 3 Hero	51												51	50	2.0%	178
Mangonia Park	923												923	128	621.1%	128
Total Clinic Visits	8,673	-	-	-	-	-	-	-	-	-	-	-	8,673	7,458	16.3%	8,439
Dental Visits																
West Palm Beach	1,101												1,101	736	49.6%	736
Lantana	769												769	708	8.6%	708
Delray	536												536	439	22.1%	439
Belle Glade	369												369	338	9.2%	338
Lake Worth	-												-	-	#DIV/0!	-
West Boca	-												-	-	#DIV/0!	-
Total Dental Visits	2,775	-	-	-	-	-	-	-	-	-	-	-	2,775	2,221	24.9%	2,221
Total Medical and Dental Visits	11,448	-	-	-	-	-	-	-	-	-	-	-	11,448	9,679	18.3%	10,660
Mental Health Counselors (non-billable)																
West Palm Beach	169												169	103	64.1%	103
Delray	158												158	69	129.0%	69
Lantana	80												80	82	(2.4%)	82
Belle Glade	148												148	71	108.5%	71
Mangonia Park	860												860	511	68.3%	511
Lewis Center	-												-	10	(100.0%)	866
Lake Worth	174												174	179	(2.8%)	179
Jupiter	-												-	-	#DIV/0!	-
West Boca	-												-	-	#DIV/0!	-
Mobile Van	-												-	-	#DIV/0!	-
Total Mental Health Screenings	1,589	-	-	-	-	-	-	-	-	-	-	-	1,589	1,025	55.0%	1,881
GRAND TOTAL	13,037	-	-	-	-	-	-	-	-	-	-	-	13,037			12,541



SUPPLEMENTAL INFORMATION

MEDICAID MATCH FUND

Medicaid Match Statement of Revenues and Expenditures

FOR THE FIRST MONTH ENDED OCTOBER 31, 2022

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
491,667	491,667	(0)	(0.0%)	491,667	-	0.0%	PBC Interlocal	491,667	491,667	(0)	(0.0%)	491,667	-	0.0%	
-	-	-	0.0%	1	(1)	(100.0%)	Other revenue	-	-	-	0.0%	1	(1)	(100.0%)	
491,667	491,667	(0)	(0.0%)	491,667	(1)	(0.0%)	Total Revenue	491,667	491,667	(0)	(0.0%)	491,667	(1)	(0.0%)	
<i>Direct Operational Expenses:</i>															
-	-	-	0.0%	-	-	0.0%	Salaries and Wages	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Benefits	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Medical Supplies	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Other Supplies	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Drugs	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Repairs & Maintenance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Lease & Rental	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
1,388,093	1,396,769	8,677	0.6%	1,407,924	19,831	1.4%	Other Expense	1,388,093	1,396,769	8,676	0.6%	1,407,924	19,831	1.4%	
-	-	-	0.0%	-	-	0.0%	Insurance	-	-	-	0.0%	-	-	0.0%	
1,388,093	1,396,769	8,677	0.6%	1,407,924	19,831	1.4%	Total Operational Expenses	1,388,093	1,396,769	8,676	0.6%	1,407,924	19,831	1.4%	
Net Performance before Overhead															
(896,426)	(905,102)	8,676	(1.0%)	(916,257)	19,831	(2.2%)	Allocations	(896,427)	(905,102)	8,676	(1.0%)	(916,257)	19,830	(2.2%)	
<i>Overhead Allocations:</i>															
-	-	-	0.0%	-	-	0.0%	Risk Mgt	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Internal Audit	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Administration	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Human Resources	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Legal	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Records	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Compliance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Finance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Information Technology	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Total Overhead Allocations	-	-	-	0.0%	-	-	0.0%	
1,388,093	1,396,769	8,677	0.6%	1,407,924	19,831	1.4%	Total Expenses	1,388,093	1,396,769	8,676	0.6%	1,407,924	19,831	1.4%	
(896,426)	(905,102)	8,676	(1.0%)	(916,257)	19,831	(2.2%)	Net Margin	(896,427)	(905,102)	8,676	(1.0%)	(916,257)	19,830	2.2%	
\$ 896,426	\$ 916,258	\$ (19,832)	(2.2%)	\$ 916,257	(19,831)	(2.2%)	Total Transfers In	\$ 896,426	\$ 916,258	\$ (19,832)	(2.2%)	\$ 916,257	\$ (19,831)	(2.2%)	

Medicaid Match Statement of Revenues and Expenditures by Month

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Year to Date
Patient Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PBC Interlocal	491,667	-	-	-	-	-	-	-	-	-	-	-	491,667
Other revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Revenue	491,667	-	-	-	-	-	-	-	-	-	-	-	491,667
<i>Direct Operational Expenses:</i>													
Salaries and Wages	-	-	-	-	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-
Purchased Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
Lease & Rental	-	-	-	-	-	-	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Expense	1,388,093	-	-	-	-	-	-	-	-	-	-	-	1,388,093
Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Operational Expenses	1,388,093	-	-	-	-	-	-	-	-	-	-	-	1,388,093
Net Performance before Overhead Allocations	(896,426)	-	-	-	-	-	-	-	-	-	-	-	(896,426)
<i>Overhead Allocations:</i>													
Risk Mgt	-	-	-	-	-	-	-	-	-	-	-	-	-
Rev Cycle	-	-	-	-	-	-	-	-	-	-	-	-	-
Internal Audit**	-	-	-	-	-	-	-	-	-	-	-	-	-
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration**	-	-	-	-	-	-	-	-	-	-	-	-	-
Human Resources	-	-	-	-	-	-	-	-	-	-	-	-	-
Legal	-	-	-	-	-	-	-	-	-	-	-	-	-
Records	-	-	-	-	-	-	-	-	-	-	-	-	-
Compliance**	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	-	-	-	-	-	-	-	-	-	-	-	-	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	1,388,093	-	-	-	-	-	-	-	-	-	-	-	1,388,093
Net Margin	(896,426)	-	-	-	-	-	-	-	-	-	-	-	(896,426)
Total Transfers In	\$ 896,426	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 896,426

HEALTH CARE DISTRICT BOARD
January 26, 2023

1. Description: Amendment to the Quality, Patient Safety and Compliance Committee Charter

2. Summary:

This item presents proposed amendments to the Quality, Patient Safety and Compliance Committee Charter (“Charter”).

3. Substantive Analysis:

The Charter was last updated on March 10, 2021. The District proposes amending the Charter, Section titled, ‘Composition of Committee’. The proposed new language designates the Lakeside Medical Center Chief of Staff as a new Committee member. Attached for your review is the following document:

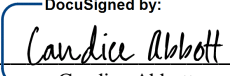
- Updated version of the Charter showing the proposed amendments with other minor edits.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Quality, Patient Safety & Compliance
 Committee

 Committee Name

12/14/22

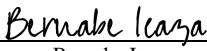
 Date

HEALTH CARE DISTRICT BOARD
January 26, 2023

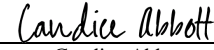
6. Recommendation:

Staff recommends the Board receive and file the amendment to the Quality, Patient Safety and Compliance Committee Charter.

Approved for Legal sufficiency:

DocuSigned by:


Bernabe Icaza
VP & General Counsel

DocuSigned by:


Candice Abbott
VP & Chief Financial Officer

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER

PURPOSE

The purpose of the Quality, Patient Safety, ~~and~~ Compliance ~~& Patient Privacy~~ Committee ~~Charter~~ of the Health Care District and its ~~A~~affiliated ~~E~~entities (“District”) is to assist the Board of Commissioners in fulfilling its oversight responsibilities in overseeing the quality, patient safety, compliance and privacy program, corporate ethics, and risk management activities of the District and promote an organizational “Culture of SafetyQuality”. The Committee will monitor and oversee the District’s process for ensuring compliance with laws and regulations and the District’s compliance and privacy program.

COMPOSITION OF COMMITTEE

The Committee shall have at least five (5) but no more than nine (9) members. A minimum of two (2) Board members shall be appointed to the Committee, one of which will chair the Committee, and their term shall be the same as the term of their Board membership. One (1) Committee member shall represent the Glades community, ~~and~~ one (1) Committee member shall serve on the District Clinic Board, one~~and~~(1) Committee member shall be a community member at large, and one (1) Committee member shall be the Lakeside Medical Center Chief of Staff (“Chief of Staff”). The Board shall appoint Committee members, except who are not a Board for the Board members, or the Chief of Staff to a four (4) year term, commencing on the date of appointment, with Committee membership limited to two (2) full terms unless otherwise recommended by the Committee and approved by the Board. The term for Board members and the Chief of Staff appointed to serve on the Committee shall run concurrently with their term on the Board or while serving in the position of Chief of Staff. The composition of the Committee shall be regularly reviewed to ensure that each member meets the requirements set forth by the Board for the Committee. Each member of the Committee shall have expertise and experience in quality, patient safety, legal compliance, healthcare, risk management and/or insurance and such other matters as the Board may deem appropriate.

MEETINGS

Regular meetings of the Committee shall be conducted quarterly. Public notice of each meeting and the date, time and location of same shall be made as required by law. The Chief Executive Officer may cancel and/or reschedule a ~~R~~regular meeting, upon proper notice to Committee members and the public, if it is determined that a quorum will not be present or for other reasons in consultation with the Chair.

There shall be an agenda for every meeting of the Committee. However, the Committee is not prohibited from discussing and/or taking action on an item or matter not specified in the agenda. Minutes of each meeting shall be accurately taken, preserved and provided to members.

Regular attendance shall be expected for all Committee members. If a member misses more than twenty-five percent (25%) of the Regular Committee meetings during the twelve (12) month calendar period, the Chair shall advise the Board.

The presence of the majority of appointed Committee members shall be necessary at any meeting to constitute a quorum or to transact business. The Board shall promulgate rules of order for the conduct of all Committee meetings. All procedural matters not addressed in said rules of order, by this Charter, or by the Bylaws, shall be governed by the latest edition of "Roberts Rules of Order".

If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the Committee will adjust their meetings accordingly.

VOTING BY TELEPHONIC OR ELECTRONIC COMMUNICATION

If a quorum of the Committee is physically present at a Committee meeting and at the time of a Committee vote, other members of the Committee may participate and vote by telephonic or electronic communication provided that such members are:

- a. Physically outside the borders of Palm Beach County; or
- b. Unable to attend the meeting due to illness of the Board member; or

c. Unable to attend the meeting due to some unforeseen circumstance beyond the Board member's control.

The Committee shall ensure that any telephonic or electronic communication utilized to permit committee members to participate and/or vote in a committee meeting is properly amplified or displayed so that all attending the meeting can hear and/or see the committee member's comments and/or vote and so that the committee members can hear and/or see all other committee members' comments and/or votes and the comments of other participants in the meeting.

Notwithstanding the above, if an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the above requirements shall not be applicable.

POWERS AND DUTIES

The following functions shall be the common recurring functions of the Committee in carrying out its oversight role.

1. ***Policies & Procedures.*** The Committee shall review and approve policies and procedures developed to promote quality patient care, patient safety, risk management, and compliance.
2. ***Reporting.*** The Committee shall regularly report to the Board of Commissioners about Quality, Patient Safety & Compliance Committee activities, issues, and related recommendations; provide an open avenue of communication between Committee and the Board of Commissioners.
3. ***Quality.*** The Committee shall review, as appropriate, information relating to quality, clinical risk, and performance improvement. Monitor and assess performance against targets of the care delivery system, including clinical performance and member satisfaction with the care experience.
4. ***Patient Safety.*** The Committee evaluate results of Patient Safety Organization including recommended actions and follow-up.
5. ***Quality Improvement Plans.*** The Committee shall review and approve business unit Quality Improvement (QI) plans for quality clinical care, patient safety, and clinical services improvement strategies. Review and update HCD QI Plan at least every three years (more often if substantial changes are made in the QI Program).
6. ***Internal Systems & Controls.*** The Committee shall oversee the development and implementation of internal systems and controls to carry out the District's standards, policies and procedures relating to risk management, including, without limitation,

processes designed to facilitate communication across the organization regarding risk management, patient care loss prevention/control and safety improvement opportunities and activities and the evaluation thereof.

7. ***Risk Management Program.*** The Committee shall review and provide advice on the development and implementation of a corporate risk management program, in conjunction with existing business processes and systems, to facilitate management of the District's clinical and operational risks.
8. ***Credentialing.*** Conduct an annual formal review of the credentialing process and offer revisions to credentialing criteria to reflect best practices and protocols. Review the integrity of systems relating to the selection, credentialing, and competence of physicians and other health care practitioners, including systems for granting or terminating clinical privileges, professional or medical staff or clinical staff membership, peer review, proctoring, and continuing education.
9. ***Risk.*** The Committee shall review asset protection needs of the District, and make recommendations to the Board for approval.
10. ***Risk Management Plans.*** The Committee shall review and approve business unit Risk Management plans.
11. ***Compliance Reports.*** The Committee shall receive and review reports from the Compliance Program that may have a significant effect on the District's compliance activities or have a material impact on the financial statements.
12. ***Policy and Procedure.*** The Committee shall review and approve compliance policies, procedures, plans or the mechanism by which staff shall approve such policies, procedures and plans.
13. ***Board Report.*** The Committee shall report regularly to the District Board of Commissioners regarding the development and implementation of the District compliance plans. Annually, the Committee will evaluate the Chief Compliance and Privacy Officer.
14. ***Compliance Work Plans.*** The Committee shall ensure that the District maintains compliance work plans designed to encourage integrity, accountability in reimbursement and adherence to applicable laws. The compliance plans shall at minimum be designed and implemented to promote compliance and detect and deter non-compliance with regard to:
 - a. Medicare, Medicaid and other laws and regulations that apply to the District because of its participation in federal health benefit programs;
 - b. Laws and regulations dealing with business relationships with physicians including, but not limited to, the anti-kickback statute, Stark Laws and other laws;
 - c. Federal and state anti-trust law prohibitions regarding anti-competitive conduct;
 - d. Federal Sentencing Guidelines; and,
 - e. Laws which apply to the District as a result of its tax-exempt status.

15. ***Compliance Program.*** The Committee shall review the Compliance Program for adherence to the OIG's Compliance Guidance's for applicable businesses, including for hospitals, nursing homes, managed care, physician offices, etc.
16. ***Corrective Action.*** The Committee shall review and approve appropriate corrective action steps should a material error or violation of compliance policy and procedure occur.
17. ***Education.*** The Committee shall work with the Chief Compliance Officer, as necessary, to develop effective on-going training.
18. ***Monitor Compliance Program.*** The Committee shall assure that methodologies developed to monitor compliance are appropriate to maximize compliance and assure confidential treatment of material.
19. ***Standard of Conduct.*** The Committee shall periodically review and approve the Standard of Conduct.

THE HISTORY OF THE QUALITY PATIENT SAFETY AND COMPLIANCE CHARTER

The initial Charter of the Quality Patient Safety and Compliance Committee was first adopted on the 23rd day of May 2017.

Change Number	Date of Adoption	Section(s) Amended
1	September 25, 2018	Amended Composition of Committee Board Reporting Sections.
2	March 26, 2019	Amended Meetings Section, to specify the need for a majority presence to constitute a quorum.
3	May 28, 2019	Composition of Committee, Board shall appoint members who are not Board members, to a four (4) year term, commencing on the date of their appointment, with Committee membership limited to two (3) full terms.
4	September 24, 2019	Amended Meetings Section to reflect that the regular meetings of the Committee shall be conducted quarterly.
5	March 10, 2021	Amended to add Section titled, Voting by Electronic or Telephonic Communication.
6	December 14, 2022	<u>Amended to add to the Committee the LMC Chief of Staff.</u>

HEALTH CARE DISTRICT BOARD

January 26, 2023

1. Description: Finance and Audit Standing Committee Designation, Appointments and Reappointments.

2. Summary:

This agenda item designates Sean O'Bannon as Chair of the Finance and Audit standing committee, and presents the Board with a recommendation to fill the vacancies on the Finance and Audit standing committee.

3. Substantive Analysis:

The Bylaws of the Health Care District of Palm Beach County states that the Board shall appoint standing committee members to a four (4) year term with the standing committee membership limited to two (2) full terms. This agenda item includes the recommendation to appoint the following members to the Finance and Audit standing committee:

Designation:

- **Chair, Mr. Sean O'Bannon.** Mr. O'Bannon is a current District Board member.

Appointment:

- **Mr. Carlos Vidueira,** is a current District Board member.
- **Mr. Patrick Rooney, Jr.,** is a current District Board member.

Reappointment:

- **Mr. Mark Marciano,** is a current Finance and Audit Standing Committee member.
- **Mr. Richard Sartory,** is a current Finance and Audit Standing Committee member.

HEALTH CARE DISTRICT BOARD January 26, 2023

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


00712000131437..
 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

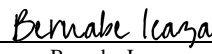
 N/A
 Committee Name

 N/A
 Date

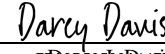
6. Recommendation:

Staff recommends the Board approve the standing committee designation, appointments, and reappointments.

Approved for Legal sufficiency:

DocuSigned by:


00712000131437..
 Bernabe Icaza
 VP & General Counsel

DocuSigned by:


71212000131437..
 Darcy Davis
 Chief Executive Officer

HEALTH CARE DISTRICT BOARD

January 26, 2023

1. Description: Quality, Patient Safety and Compliance Standing Committee Appointments

2. Summary:

This agenda item presents the Board with a recommendation to fill the vacancies on the Quality, Patient Safety and Compliance standing committee.

3. Substantive Analysis:

The Bylaws of the Health Care District of Palm Beach County states that the Board shall appoint standing committee members to a four (4) year term with the standing committee membership limited to two (2) full terms. This agenda item includes the recommendation to appoint the following members to the Quality, Patient Safety and Compliance standing committee:

Appointment:

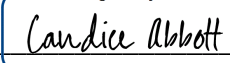
- **Ms. Tracy Caruso**, is a current District Board member.
- **Dr. Alina Alonso**, is a previous Board member who will join the committee as a community member at large, effective March 1, 2023.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date

HEALTH CARE DISTRICT BOARD
January 26, 2023

6. Recommendation:

Staff recommends the Board approve the standing committee appointments.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0C8A7D871647A...
VP & General Counsel

DocuSigned by:
Darcy Davis
77A3B398AD...
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

January 26, 2023

1. Description: Report on Recent Regulatory Updates and Industry Enforcement Activity (June – December 2022)

2. Summary:

This item presents recent health care regulatory updates and industry enforcement activity which may impact the Health Care District of Palm Beach County (“HCD”). An overall summary and supplemental details are being provided to the Board as informational only, including: Recent Regulatory Updates and Industry Enforcement Activity since the last meeting held (covering June – December 2022).

3. Substantive Analysis:

HCD Compliance, Privacy, and Ethics (“CPE”) consistently reviews regulatory updates and industry enforcement activity to keep abreast of the changes and potential impacts to HCD, communicate information to necessary parties, and help shape CPE’s Work Plan. Information is searched, tracked, reviewed, analyzed, monitored, and posted to our regulatory dashboard. HCD CPE determines the information necessary to communicate to HCD staff, physicians, and leadership, as well as if additional action (e.g., audit, policy, training) is necessary. These updates are presented to the HCD Board by the HCD VP/Chief Compliance, Privacy, & Risk Officer, quarterly.

Recent trends in the Regulatory and Enforcement arena include, but are not limited to: The *Dobbs* decision, which overturned *Roe v. Wade*, and the subsequent actions by President Biden and HHS to ensure adequate protection for related services. This also includes guidance on patient privacy in light of the decision, as well as court cases that are beginning to arise to determine the scope of EMTALA in these situations. CMS has begun issuing Final Rules related to reimbursement for the upcoming year. The Opioid epidemic continues to be a focus area, with criminal cases continuing to proceed against physicians who inappropriately prescribed the medication. Cybersecurity continues to be an area of focus, as hospitals continue to see an increased number of breaches of patient data due to hackers. With the increase in the number of cybersecurity attacks, there has also been an increase in the number of patient lawsuits against the health systems that have experienced the breaches, as those patients had their data compromised to varying extents.

Regulatory Updates

1. Centers for Medicare and Medicaid (“CMS”) Issues Proposal to Amend 60 Day Overpayment Rule
2. President Biden Signs Consolidated Appropriations Act of 2023
3. House of Representatives Introduces Legislation to Protect Healthcare Workers
4. CMS Issues Memorandum to Hospitals to Emphasize Obligation to Protect Patients and Staff
5. Department of Justice (“DOJ”) to Appeal UnitedHealth-Change Merger
6. 22 States Request CMS Withdraw Healthcare Vaccine Mandate
7. CMS Releases Calendar Year 2023 Medicare Physician Fee Schedule Final Rule

HEALTH CARE DISTRICT BOARD

January 26, 2023

8. CMS Releases Calendar Year 2023 Hospital Outpatient Prospective Payment System Final Rule
9. Congressional Committee Requests Price Transparency Investigation
10. CMS Penalizes Over 2,000 Hospitals for Readmission Rates
11. CMS Updates Nursing Home Staff Vaccination Requirements
12. Supreme Court of the United States (“SCOTUS”) Declines to Hear Challenge to CMS Vaccine Mandate
13. The Joint Commission (“TJC”) to Review Accreditation Requirements that Exceed CMS Requirements
14. The Office of Inspector General (“OIG”) Report Finds Over 1700 Providers with Telehealth Billing Concerns
15. TJC Issues Most Common Sentinel Events for Beginning of 2022
16. Health Cybersecurity Coordination Center Sends out Warning Over Cybercriminal Group EvilCorp
17. CMS Issues Final Inpatient Prospective Payment System and Long-Term Care Hospital Final Rule
18. CMS Launches Maternity Care Action Plan
19. CMS Issues FY2023 Inpatient Rehabilitation Facility PPS Final Rule
20. CMS Issues FY2023 Medicare Inpatient Psychiatric Facility PPS Final Rule
21. The Department of Health and Human Services (“HHS”) Announces Proposed Rule to Strengthen Nondiscrimination in Health Care
22. CMS Issues Hospital Outpatient PPS and Ambulatory Surgical Center Proposed Rule
23. HHS Issues Guidance to Emergency Access to Care After *Dobbs* ruling
24. President Biden to Sign Executive Order Protecting Access to Reproductive Health Care Services
25. HHS Issues Guidance to Protect Patient Privacy Following SCOTUS Decision
26. SCOTUS Sides with HHS in Medicare DSH Payments Decision
27. HHS Sends Warning to Providers on Return of Emotet
28. CMS Issues First Price Transparency Fines
29. CMS Cites Numerous Hospitals for Noncompliance with Vaccine Mandates

Industry Updates

1. DOJ Files Lawsuit Against AmerisourceBergen Corporation and Subsidiaries for Controlled Substance Act Violations
2. Two South Carolina Nurses Arrested on Charges of Neglecting Nursing Home Patients
3. Ambulance Company Settles Allegations of Improper Billing
4. Florida Neurological Injury Compensation Plan Agrees to Pay \$51 Million to Resolves False Claims Act (“FCA”) Allegations
5. Physician and Medical Office to Pay Over \$2.6 Million to Resolve FCA and Anti-Kickback (“AKS”) Allegations
6. Two Doctors and Operators of Three Pain Clinics Charged with \$2.6 Million Illegal Opioid Distribution Conspiracy
7. Attorney General Healey Reaches Settlement with Rowley Nursing Home Over Pandemic Response Failures
8. Mental Health Practitioner Convicted of Wire Fraud, Aggravated Identity Theft in \$1.4 Million Fraud Conspiracy

HEALTH CARE DISTRICT BOARD

January 26, 2023

9. Hudson Physician and Ohio Pharmaceutical Representative Plead Guilty to Roles in Drug Kickback Conspiracy
10. Michigan Nurse (Bratcher) Faces Charges Over Failure to Properly Report and Respond to Medication Error
11. Improper Garbage Disposal of Patient Information (PHI) Leads to \$300,000 HIPAA Settlement for New England Dermatology
12. Pain Management Clinic Physician Convicted of 24-Counts of Unlawfully Distributing Opioids, Faces Up to 20 Years in Prison for each Charge
13. Nurse Practitioner Sentenced to 87-Months in Prison and Ordered to Pay Over \$1.6 Million for Telemedicine Scheme / Illegal Kickback Conspiracy Involving Orthotic Devices
14. Five Individuals and Two SNFs in Pennsylvania Indicted for Health Care Fraud on Conspiracy to Defraud the U.S. Involving False Records and Statements for Increased Reimbursement on Staffing Levels and Resident Assessments
15. Troy Gastroenterology Pays \$261,000 After Self-Disclosing Civil Monetary Penalties Law (“CMPL”) Violation for Remuneration Received for Ownership and Legal Fees
16. Medical Device Manufacturer (Biotronik, Inc.) to Pay Nearly \$13 Million to Resolve Kickback and FCA for Payments made to Physicians as Bribes
17. Beaumont Health Agrees to Pay \$1.7 Million to Resolve CMPL and Kickback Allegations for Excess Physician Compensation and Providing Resources and Services of Value Free of Charge
18. West Virginia Hospital to Pay \$1.5 Million to Resolve FCA and Stark Law Allegations for Physician Compensation that Exceeded Fair Market Value (“FMV”) and Considered Referrals
19. Sanford Health and Entities Agree to Pay Over \$25,000 to Resolve CMPL Violations for Submitting Improper Telemedicine Services Claims that Did not meet Requirements
20. Richmond County Ambulance Agrees to Pay \$1.5 Million After Self-Disclosing CMPL Violations
21. MorseLife Nursing Home Agrees to Pay \$1.75 to Settle FCA Related to Providing COVID-19 Vaccines to Ineligible yet Preferential Persons
22. Cheshire Medial Center Agrees to Pay \$1.2 Million After Self-Disclosing CMPL Violations for Inpatient Rehabilitation Services Not Provided
23. 15 Texas Doctors Agree to Pay Nearly \$3 Million to Resolve Kickback Allegations as part of a Larger Agreement with the Department of Justice for Improper Physician Payments and Referrals
24. Hy-Vee Agrees to Pay \$105,000 to Resolve CMPL Allegations for Employing an Excluded Person
25. Molina Healthcare Agrees to Pay Approximately \$4.6 Million to Resolve FCA Allegations for Licensure and Supervision Issues in Claims Submission
26. AnMed Health Cannon to Pay Over \$550K to Resolve Self-Disclosed CMPL and Kickback Violations for Improper Physician Payments

(EXPANDED DETAILS BELOW ARE PROVIDED AS INFORMATION ONLY):

Regulatory Updates

1. **The Centers for Medicare and Medicaid (“CMS”) Issues Proposal to Amend 60 Day Overpayment Rule (12/2022)**

HEALTH CARE DISTRICT BOARD

January 26, 2023

- In December, CMS issued a proposed rule that would materially change the obligations of entities participating in the Medicare program to report and return overpayments of Medicare Part A and Part B funds. The proposed rule would revert to the definition of “identified” that CMS originally proposed in 2012 and removes the concept of quantification of the overpayment.
- The change surrounds a proposed amendment to the key and critical definition of “identifying” an overpayment. The 60-days for return would be based on when the entity had actual knowledge of the overpayment (even if the amount is not quantified). If CMS does go forward with the proposal, we suspect clarification on new standards to be provided. Note that this is important for purposes of investigations, audits, billing, and refunding of overpayments as it would revert back to 2012, removing the diligence period health systems have become accustomed to.

2. President Biden Signs Consolidated Appropriations Act of 2023 (12/2022)

- President Biden recently signed the Consolidated Appropriations Act of 2023, a \$1.7 trillion bill that was passed to prevent a government shutdown. The bill provides increased funding for numerous health programs, including \$120.7 billion for HHS, \$47.5 billion to NIH, \$9.2 billion to the CDC with an aim to increase public health infrastructure, and \$4.1 billion to CMS. Groups focused on mental health will receive \$7.5 billion, with a focus on substance use disorder and crisis response services. In particular, the mobile crisis units will focus on children, mothers, and veterans. Medicare will now cover services provided by marriage and family therapists or counselors. Another \$3.3 billion being provided to assist with pandemic preparedness. The bill also extends telehealth waivers passed during the pandemic and they will remain in effect until 12/31/2024. The hospital at home program was also extended. States can now conduct Medicaid redetermination processes.
- The bill also creates new obligations for employers, including protections for pregnant and breastfeeding workers. These are entitled the Pregnant Workers Fairness ACT and PUMP.

3. House of Representatives Introduces Legislation to Protect Healthcare Workers (12/2022)

- The United States House of Representatives introduced a bill that would implement criminal penalties on individuals who assault or threaten hospital workers. The protections would mirror those in place for airline crews, who have also faced an increase in violence from passengers.
- The bill, entitled “Safety from Violence for Healthcare Employees”, was introduced with the aim to prevent such attacks from occurring in the future. There are currently no federal laws that specifically prevent attacks on hospital workers. The bill is heavily supported by organizations representing healthcare professionals.

4. CMS Issues Memorandum to Hospitals to Emphasize Obligation to Protect Patients and Staff (11/2022)

- CMS issued a memo to remind hospitals of their duty to protect patients and staff from harm.
- CMS cited the Conditions of Participation (“COP”), noting “Medicare certified hospitals have a regulatory obligation to care for patients in a safe setting under the COP.”
- CMS added in order to achieve this, hospitals should “identify patients at risk for intentional harm to self or others, identify environmental safety risks for such patients, and provide education and training for staff and volunteers.
- The memorandum notes not all risks can be mitigated, though hospitals should still work to demonstrate the ways patients are identified who are at risk for self-harm or harm to others.

HEALTH CARE DISTRICT BOARD

January 26, 2023

5. The Department of Justice (“DOJ”) to Appeal UnitedHealth-Change Merger (11/2022)

- The Department of Justice plans to appeal a previous court’s ruling that allowed UnitedHealth Group to continue with its acquisition of Change Healthcare.
- The DOJ had previously filed a lawsuit in an effort to prevent the deal from moving forward, citing anticompetitive practices. UnitedHealth argued that it has sufficient policies to ensure sensitive customer data would not be affected. Ultimately, the merger was finalized in October.

6. 22 States Request CMS Withdraw Healthcare Vaccine Mandate (11/2022)

- 22 states, including Florida, have requested that CMS rescind its mandate that requires healthcare workers to receive COVID-19 vaccinations. The rule applies to healthcare facilities that receive Medicare or Medicaid funding. States cited the changing nature of the pandemic.
- Previously, CMS was not required to abide by the Administrative Procedure Act for the mandate.

7. CMS Releases Calendar Year 2023 Medicare Physician Fee Schedule Final Rule (11/2022)

- On November 1, 2022, CMS issued the Medicare Physician Fee Schedule final rule.
- Budget neutrality adjustments and the expiration of a 3 percent supplemental increase have led to \$1.55 decrease from the fiscal year 2022 conversion factor, which is set at \$33.06 for 2023.
- The final rule extended several temporary telehealth services that have been available during the PHE. These telehealth services will be available until at least January 1, 2024. This includes finalizing a proposal to allow physicians and practitioners to continue to bill the place of service indicator as if the service had been provided in person. Modifier 95 should be used for these.
- CMS finalized a behavioral health proposal to allow for increased access to these services. CMS added an exception to the direct supervision under the “incident to” regulation (42 CFR 410.26) to allow behavioral health services to be provided under the general supervision of a physician or non-physician practitioner, as opposed to direct supervision, when the service is provided by licensed professional counselors and Licensed Marriage and Family Therapists.

8. CMS Releases Calendar Year 2023 Hospital Outpatient Prospective Payment System (“OPPS”) Final Rule (11/2022)

- On November 1, 2022, CMS issued the OPSS final rule for calendar year 2023.
- CMS is updating OPSS payment rates for hospitals that meet quality requirements by 3.8 percent.
- The final rule established a new Medicare provider type called Rural Emergency Hospitals, which become effective January 1, 2023. These are facilities that convert from either a CAH or a rural hospital with no more than 50 beds and do not provide acute care inpatient services, with the exception of post-hospital extended care services furnished in a distinct part unit licensed as a SNF.
 - These REH would still be allowed to furnish emergency services and observation care.
 - Payment for these services will be the equivalent of the OPSS payment rate, plus 5 percent.
 - There are separate Conditions of Participation for this new facility type.
- For drugs acquired through the 340B program, CMS will return to the general payment rate of Average Sales Price plus 6 percent. Future rulemaking will address 340B payments from 2018-2022, which were paid at ASP minus 22.5 percent.

HEALTH CARE DISTRICT BOARD

January 26, 2023

- CMS finalized a rule that allows behavioral health services to be furnished remotely by clinical staff at hospital outpatient departments via telecommunications technology to patients in their homes.

9. Congressional Committee Requests Price Transparency Investigation (11/2022)

- The House Committee on Energy requested that the Government Accountability Office open an investigation into hospital practices and compliance with the requirement that hospitals publish prices and negotiated rates with insurance providers.
- The rule took effect January 1, 2021. The Committee has received reports that hospitals are failing to publish data that would allow consumers to obtain adequate estimates prior to receiving care.
- The request seeks to obtain information on the extent of hospital compliance and whether they are meeting all required aspects of the price transparency rule, as well as how CMS is monitoring this.

10. CMS Penalizes Over 2,000 Hospitals for Readmission Rates (10/2022)

- 2,273 hospitals face reduced payment due to the high number of readmissions of the past two years.
- The Hospital Readmissions Reduction Program penalizes hospitals for these high readmission rates.
- Due to the COVID-19 pandemic, data from the January-June 2020 was excluded when calculating readmission rates. Patients who were readmitted with pneumonia were also excluded.

11. CMS Updates Nursing Home Staff Vaccination Requirements (10/2022)

- CMS recently issued an update to nursing home staff vaccination requirements, which now requires facilities to have 100 percent of staff vaccinated. Staff are now required to receive the correct amount of doses, unless required by law or a recommendation by the CDC.
- Facilities that fail to have 100 percent vaccination rates will be found to be noncompliant with the new requirements, which could lead to financial penalties. As a last resort, CMS could terminate the Medicare contract with the facility, but this would likely only be for egregious noncompliance.

12. Supreme Court of the United States (“SCOTUS”) Declines to Hear Challenge to CMS Vaccine Mandate (10/2022)

- On October 3, 2022, the SCOTUS declined to hear a challenge brought by 10 states that sought to overturn the healthcare worker vaccination mandate.
- Note these states are still seeking to overturn the mandate, as per the above November update.

13. The Joint Commission (“TJC”) to Conduct Review of Certain Accreditation Requirements that Exceed CMS Requirements (09/2022)

- TJC announced that it will begin to conduct a review of certain accreditation requirements that exceed the thresholds set by CMS Conditions of Participation and are not on crosswalks to the Conditions of Participation. TJC compared this to the actions taken by CMS to review certain requirements that were waived during the PHE. As part of this, TJC will focus on:
 - Does the requirement still address an important quality and safety issue?
 - Is the requirement redundant?

HEALTH CARE DISTRICT BOARD

January 26, 2023

- Are the time and resources needed to comply with the requirement commensurate with the estimated benefit to patient care and health outcomes?

14. The Office of Inspector General (“OIG”) Report Finds Over 1700 Providers with Telehealth Billing Concerns (09/2022)

- A report from the HHS-OIG found that 1,714 providers (out of approximately 742,000) whose billing for telehealth services poses a high risk to Medicare. Each of the providers identified had at least one concerning billing on one of the seven measures that could indicate instances of fraud, waste, or abuse. While 1,714 providers were identified, they combined to treat about 500,000 beneficiaries. The report indicates that many providers are a part of the same medical practice as at least one other provider whose billing poses a high risk of fraud, waste, or abuse.
- The seven measures include billing for both a telehealth service and a facility fee for most visits; billing telehealth services at the highest, most expensive level every time; billing telehealth services for a high number of days in a year; billing both Medicare fee-for-service and a Medicare Advantage plan for the same service for a high proportion of services; billing a high average number of hours of telehealth services per visit; billing telehealth services for a high number of beneficiaries; and billing for a telehealth service and ordering medical equipment for a high proportion of beneficiaries.

15. TJC Issues Most Common Sentinel Events for Beginning of 2022 (09/2022)

- TJC issued a report that outlines the most common sentinel events reported by hospitals.
- Through June 2022, TJC received 832 reports of sentinel events, the majority of which were reported self-disclosed by the hospital systems. If the trend continues, this would be the highest number of reported events in a single year since the inception of the program.
- The Most common sentinel events for January-June 2022: Falls (199), Inadvertent retention of a foreign object (30), Death by Suicide (26), Delay in treatment (25), Wrong surgery (19), Assault/Rape/Sexual Assault (16), Medical Mismanagement (12), Self-Harm (11), and Fire (10).

16. Health Sector Cybersecurity Coordination Center Sends out Warning Over Cybercriminal Group EvilCorp (08/2022)

- The Health Sector Cybersecurity Coordination Center [recently issued warning](#) about cybercrime, which notes the U.S. healthcare industry should be vigilant about potential attacks from the cybercriminal group EvilCorp. EvilCorp “...are responsible for the development and operations of several of the most powerful malware and ransomware variants, and maintain strong relationships not just with other powerful cybercriminal gangs, but also the Russian government.”
- According to the U.S. Treasury, in 2019, “Evil Corp has used the Dridex malware to infect computers and harvest login credentials from hundreds of banks and financial institutions in over 40 countries, causing more than \$100 million in theft,” and also has, “caused millions of dollars of damage to U.S. and international financial institutions and their customers.”

17. CMS Issues Final Inpatient Prospective Payment System (“IPPS”) and Long-Term Care Hospital PPS Final Rule (08/2022)

HEALTH CARE DISTRICT BOARD

January 26, 2023

- CMS issued the IPPS final rule on August 1, 2022. It increases IPPS payment rates by 4.3% for hospitals in the Hospital IQR program and that are meaningful EHR (Electronic Health Record) users for FY23.
- Payment reductions may be implemented for excess readmissions under HRRP, a one percent reduction for the worst-performing quarter under the HAC Reduction Program, and upward or downward adjustments under the Hospital VBP program.
- CMS decreased payments to Disproportionate Share Hospitals (“DSH”) by \$300 million, though CMS still plans to provide \$6.8 billion in uncompensated care payments for the upcoming year.
- This will increase payments made under IPPS by approximately \$2.6 billion.

18. CMS Launches Maternity Care Action Plan (07/2022)

- On July 27, CMS announced its plan to implement the Maternity Care Action Plan. It aims “...to improve health outcomes and reduce inequities for people during pregnancy, childbirth, and the postpartum period.” Focus areas include coverage and access to care, working to improve data collection efforts, quality of care, improving the workforce by providing improved access to several maternity care occupations, and providing social support.
- In conjunction with this announcement, CMS indicated it is moving forward in implementing the “Birthing-Friendly” hospital designation. This designation was initially included in the fiscal year 2023 IPPS proposed rule, which would have the designation publicly listed on CMS’s website.

19. CMS Issues Fiscal Year 2023 Inpatient Rehabilitation Facility (“IRF”) Prospective Payment System (“PPS”) Final Rule (07/2022)

- On July 27, 2022, CMS issued a final rule to adjust payment rates under the IRF PPS.
- For FY2023, CMS is updating IRF PPS payment rates by 3.9%.
- An outlier threshold adjustment is being made, which will maintain outlier payments at 3.0%.
- The rule finalized a permanent 5% cap on annual wage index decreases.

20. CMS Issues Fiscal Year 2023 Medicare Inpatient Psychiatric Facility (“IPF”) Prospective Payment System (“PPS”) Final Rule (07/2022)

- On July 27, 2022, CMS issued a final rule to adjust payment rates under the IPF PPS.
- IPF PPS payments rates will increase by 3.8%. Total estimated payments to IPFs are expected to increase by 2.5%, or a \$90 million increase from FY2022. The final rule implements a permanent 5% cap policy to smooth year over year changes. CMS updated the outlier threshold, meaning estimated outlier payments remain at two percent of the total payments.

21. HHS Announces Proposed Rule to Strengthen Nondiscrimination in Health Care (07/2022)

- The [HHS Proposed Rule Announcement to Strengthen Nondiscrimination in Health Care](#).
- HHS announced a proposed rule implementing Section 1557 of the Affordable Care Act (“ACA”) that prohibits discrimination on the basis of race, color, national origin, sex, age, and disability in certain health programs and activities. The rule restores and strengthens civil rights protections for patients and consumers in certain federally funded health programs and HHS programs after the 2020 version of the rule limited its scope and power to cover fewer programs and services.

HEALTH CARE DISTRICT BOARD

January 26, 2023

- The proposed rule affirms protections against discrimination on the basis of sex, including sexual orientation and gender identity consistent with the SCOTUS’ holding in *Bostock v. Clayton County*, and reiterates protections from discrimination for seeking reproductive health care services. Strengthening this rule is part of the Biden-Harris Administration’s commitment to advancing gender and health equity and civil rights.
- Makes clear that discrimination on the basis of sex includes discrimination on the basis of pregnancy or related conditions, including “pregnancy termination.”
- Requires entities to give staff training on the provision of language assistance services for individuals with Limited English Proficiency (LEP), and effective communication and reasonable modifications to policies and procedures for people with disabilities.

22. CMS Issues Hospital Outpatient Prospective Payment System (“OPPS”) and Ambulatory Surgical Center (“ASC”) Proposed Rule (07/2022)

- On July 15, 2022, CMS issued the Calendar Year 2023 Hospital Outpatient Prospective Payment System (“OPPS”) proposed rule. *Please see analysis of the Final Rule above.*

23. The Department of Health and Human Services (“HHS”) Issues Guidance on Emergency Medical Care and Abortion Services After *Dobbs* ruling (07/2022)

- HHS issued guidance to clarify that “emergency medical care” includes abortion services via the Emergency Medical Treatment and Labor Act (“EMTALA”). Secretary Becerra, in a separate letter, also announced federal law preempts state law where there are conflicts.
- This announcement follows President Biden’s [executive order](#) on reproductive health issued Friday. HHS, through the CMS, issued clarifying guidance on the EMTALA and reaffirmed that it protects providers when offering legally-mandated, life- or health-saving abortion services in emergency situations. In addition, Secretary Xavier Becerra, [in a letter to providers, made clear that this federal law preempts state law restricting access to abortion in emergency situations - PDF*](#).
- In separate guidance, [CMS stated](#) that “The determination of an EMC [Emergency Medical Condition] is the responsibility of the examining physician or other qualified medical personnel. Emergency medical conditions involving pregnant patients may include, but are not limited to, ectopic pregnancy, complications of pregnancy loss, or emergent hypertensive disorders, such as preeclampsia with severe features.
- Any state laws or mandates that employ a more restrictive definition of an emergency medical condition are preempted by the EMTALA statute. The course of treatment necessary to stabilize such emergency medical conditions is also under the purview of the physician or other qualified medical personnel. Stabilizing treatment could include medical and/or surgical interventions (e.g., abortion, removal of one or both fallopian tubes, anti-hypertensive therapy, methotrexate therapy etc.), irrespective of any state laws or mandates that apply to specific procedures.”

24. President Biden to Sign Executive Order Protecting Access to Reproductive Health Care Services (07/2022)

- Following the SCOTUS decision to overturn *Roe v. Wade*, President Biden signed an Executive Order to protect access to reproductive health care services. President Biden also indicated that he will be looking to Congress to restore the protections of *Roe* as federal law. Prior to that time, he will

HEALTH CARE DISTRICT BOARD

January 26, 2023

aim to protect reproductive rights and access to safe and legal abortions. The Executive Order will: Safeguard access to reproductive health care services, including abortion and contraception; Protect the privacy of patients and their access to accurate information; Promote the safety and security of patients, providers, and clinics; and Coordinate the implementation of Federal efforts to protect reproductive rights and access to health care.

- The President also instructed the Secretary of HHS to perform the following actions and submit a written report within 30 days on the following efforts: Protecting access to medication abortion; Ensuring emergency medical care; Protecting access to contraception; Launch outreach and public education efforts; and Convene volunteer lawyers.

25. HHS Issues Guidance to Protect Patient Privacy Following SCOTUS Decision (06/2022)

- Following the SCOTUS ruling in *Dobbs vs. Jackson Women’s Health Organization*, President Biden and HHS Secretary Becerra [called on HHS agencies](#) to take action to protect access to sexual and reproductive health care, including abortion, pregnancy complications, and other related care. Accordingly, the HHS Office for Civil Rights (“OCR”) issued new guidance to help protect patients seeking reproductive health care, as well as their providers.
- In general, the guidance does two things: Addresses how federal law and regulations protect individuals’ private medical information (known as protected health information or “PHI”) relating to abortion and other sexual and reproductive health care – making it clear that providers are not required to disclose private medical information to third parties; and addresses the extent to which private medical information is protected on personal cell phones and tablets, and provides tips for protecting individuals’ privacy when using period trackers and other health information apps.
- This guidance addresses the circumstances under which the Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Rule permits disclosure of PHI without an individual’s authorization. It explains that disclosures for purposes not related to health care, such as disclosures to law enforcement officials, are permitted only in narrow circumstances tailored to protect the individual’s privacy and support their access to health care, including abortion care. Specifically, the guidance:
 - Reminds HIPAA covered entities and BAs that they can use and disclose PHI, without an individual’s authorization, *only* as expressly permitted or required by the Privacy Rule.
 - Explains the Privacy Rule’s restrictions on disclosures of PHI when required by law, for law enforcement purposes, and to avert a serious threat to health or safety.

26. SCOTUS Sides with HHS in Medicare DSH Payments Decision (06/2022)

- In a 5-4 decision, SCOTUS upheld the methodology utilized by HHS in calculating Medicare payments to hospitals that treat a large number of low-income patients.
- The decision notes that the formula utilized to calculate DSH is supported by statute.

27. HHS Sends Warning to Providers on Return of Emotet (06/2022)

- HHS recently [issued a briefing entitled](#) “The Return of Emotet and Threat to the Healthcare Sector.” HHS notes the following on Emotet:

HEALTH CARE DISTRICT BOARD

January 26, 2023

- It has been operational since at least 2014; it initially functioned as a banking Trojan; Emotet is also commonly referred to as Geodo or Heodo; Europol has called it the “World’s most dangerous malware”; while it frequently targets healthcare, is it widespread.

28. CMS Issues First Price Transparency Fines (06/2022)

- After initially sending warnings notices to hospitals that were not in compliance with the Price Transparency requirements, CMS has issued the first fines related to non-compliance.
- These are the first fines related to lack of compliance with the Price Transparency requirements.
- CMS issued the first fines related to price transparency to Northside Hospital, which ended up combining to total over \$1 million. It should be noted that the conduct of the Northside Hospitals was particularly egregious for their lack of responsiveness and corrective action plan, with multiple attempts from CMS to work with the Hospital from April 2021 to June 2022.
- Ultimately, on June 6, 2022, Northside Hospital Atlanta was issued a CMP totaling \$883,180.00 and Northside Hospital Cherokee was issued a CMP totaling \$214,320.00 for the following violations: Machine-Readable File Violations; and Displaying Shoppable Services Violations.

29. CMS Cites Numerous Hospitals for Noncompliance with Vaccine Mandates (06/2022)

- Per Politico, CMS cited 69 hospitals for failure to comply with the vaccine mandates for healthcare workers. CMS is currently working with the cited hospitals to bring them into compliance. Some estimates believe that up to 33% of health care workers have not received the required vaccinations.
- CMS has noted that it lacks a sufficient number of employees to investigate all reports currently.

(DETAILS PROVIDED BELOW ARE PROVIDED AS INFORMATION ONLY):

Industry Updates

1. The DOJ Files Lawsuit Against AmerisourceBergen Corporation and Subsidiaries for Controlled Substances Act Violations (12/2022)

- The DOJ filed a lawsuit against AmerisourceBergen Corporation and two of its subsidiaries for their role in the distribution of controlled substances to pharmacies and other customers around the United States. This conduct contributed to the opioid epidemic.
- Per the complaint, the illegal conduct resulted in hundreds of thousands of violations of the Controlled Substances Act. The DOJ is seeking civil penalties and injunctive relief. Pharmaceutical distributors have a legal obligation to monitor orders they receive and must notify the DEA of any suspicious orders. From 2014 to the present, it is alleged that AmerisourceBergen violated the CSA by failing to report hundreds of thousands of suspicious orders. This includes filling and failing to report numerous orders from pharmacies that AmerisourceBergen knew were likely facilitating diversion. The DOJ contends that AmerisourceBergen put profits over the protection of people. The penalties associated with each alleged violation vary based on the year the alleged violation occurred. In total, civil penalties could reach billions of dollars.

HEALTH CARE DISTRICT BOARD

January 26, 2023

2. Two South Carolina Nurses Arrested on Charges of Neglecting Nursing Home Patients (12/2022)

- Two (2) South Carolina nurses were arrested on charges of neglecting nursing home patients. The South Carolina Attorney General announced that its Medicaid Fraud Control Unit (MFCU) arrested two nurses, who each face two charges of Neglect of a Vulnerable Adult. From September 9 - 11, 2022, the nurses were employed as LPNs at a Skilled Nursing Facility (SNF). The pair are alleged to have knowingly and willfully failed to provide necessary care needed to maintain the health and safety of two residents. The nurses failed to change the patients' dressings, which caused the wound to expand and led to unnecessary harm and risk to the patients' health. In South Carolina, Neglect of a Vulnerable Adult is a felony and carries a sentence of up to 5 years in prison.

3. Ambulance Company (MedicOne) Settles Allegations of Improper Billing (11/2022)

- An ambulance company, MedicOne, entered into a civil settlement agreement to resolve allegations related to improper billing for ambulance services. MedicOne will pay \$302,124.37.
- The government alleged that the ambulance company (MedicOne) routinely billed Medicare for non-emergency ambulance transports to regularly scheduled dialysis treatments when the services did not meet Medicare requirements. Typically, the ambulance picked up patients at their residences or nursing homes and transported the patients to and from dialysis treatment, sometimes for years.
- The government alleged many of the non-emergency ambulance transports did not meet Medicare requirements for coverage because the services were not medically necessary, particularly when the patients safely rode in other forms of transportation – such as personal vehicles, medical transport cars, and wheelchair vans – to medical appointments and social outings.

4. Florida Neurological Injury Compensation Plan Agrees to Pay \$51 Million to Resolves FCA Allegations (11/2022)

- The Florida Birth-Related Neurological Injury Compensation Plan and its administrator have agreed to pay \$51 million to resolve FCA Allegations. The alleged violations include that NICA caused participants to submit healthcare claims to Medicaid instead of the NICA, which violates the law that requires Medicaid be a payor of last resort.

5. Physician and Medical Office to Pay Over \$2.6 Million to Resolve False Claims Act (“FCA”) and Anti-Kickback (“AKS”) Allegations (11/2022)

- Feel Well Health Center of Southington and Dr. Kevin Greene agreed to pay over \$2.6 million to resolve allegations that they violated the FCA for improperly billing healthcare programs and that they violated the AKS. Per the allegations, it is alleged that Medicare and Connecticut Medicaid were improperly billed between 2016-2020. Claims were submitted for reimbursement when patients were only receiving fitness-related services with no medical component.
- To disguise the scheme, Greene and the Center falsified medical records and entered false diagnoses.
- Further, the parties submitted claims for reimbursement allegedly provided by Dr. Greene when he was on vacation, out of the country, or in a different office at the time.
- Further, the parties allegedly violated the AKS by receiving compensation from Boston Heart Diagnostics Corporation in return for ordering clinical laboratory services for Medicare patients.

HEALTH CARE DISTRICT BOARD

January 26, 2023

- Compensation was provided under the guise of “processing and handling fees” from October 2012-June 2014 and for “speaker fees” from January 2017-December 2018. To resolve the allegations, the parties agreed to pay \$2,656,685.52 plus interest.
- 6. Two Doctors and Operators of Three Pain Clinics Charged with \$2.6 Million Illegal Opioid Distribution Conspiracy (11/2022)**
- Six individuals, including two physicians and the operators of three pain clinics, were charged with conspiracy to distribute approximately 500,000 opioid pills. The indictment indicated the pills are valued at over \$2.6 million. The indictment indicates the defendants engaged in a conspiracy to distribute several opioids, including Oxycodone, Oxymorphone, Percocet, and Hydrocodone.
 - The pain clinics would utilize patient recruiters to see Dr. Bayolo and Dr. Garcia via telehealth.
 - The physicians were paid to issue these prescriptions despite not conducting a physical examination on the patient and not when there was no legitimate medical necessity for the prescriptions.
- 7. Attorney General Healey Reaches Settlement with Rowley Nursing Home Over Pandemic Response Failures (11/2022)**
- Attorney General Maura Healey announced a settlement agreement had been reached with a Rowley nursing home and its owner to resolve allegations that the nursing home failed to implement proper infection control practices and procedures at the beginning of the COVID-19 pandemic.
 - The agreement resolves allegations from a May 2022 civil suit. As part of the settlement, Sea View Retreat, Inc. and its owner Stephen Comley have agreed to pay a total of \$175,000.00.
 - The investigation into Sea View began in June 2020 after receiving complaints.
 - An investigation revealed that Sea View failed to institute basic infection control and prevention procedures, which include a failure to properly room patients, conduct testing of staff and residents, screen staff at entrances, train staff on PPE use, provide COVID-19 competence training to staff, and failure to ensure consistent staffing teams for COVID-19 positive residents.
- 8. Mental Health Practitioner Convicted of Wire Fraud, Aggravated Identity Theft in \$1.4 Million Fraud Conspiracy (11/2022)**
- Eskender Yousuf was convicted for his role in a \$1.4 million Medicare fraud conspiracy. Yousuf was convicted on seven counts, including conspiracy to commit wire fraud, wire fraud, and aggravated identity theft. Nine individuals were involved in the conspiracy, six of which have already pleaded guilty before trial, while two co-conspirators remain at large.
 - Yousuf was a mental health practitioner and worked at Live Better, LLC. Yousuf and the co-conspirators knowingly prepared and signed client progress notes for mental health services and related interpreter verification forms for services that were not actually provided.
 - Yousuf and others then submitted the claims to Minnesota Medicaid for reimbursement, which totaled over \$1.4 million. Sentencing will be announced at a later date.

HEALTH CARE DISTRICT BOARD

January 26, 2023

9. Hudson Physician and Ohio Pharmaceutical Rep Plead Guilty to Roles in Drug Kickback Conspiracy (10/2022)

- Dr. Deepak Raheja and Frank Mazzucco pleaded guilty for participating in a pharmaceutical kickback scheme. Dr. Raheja wrote prescriptions to patients that did not actually require the medication in exchange for money and other forms of remuneration.
- Both parties pleaded guilty to conspiracy to solicit, receive, offer, and pay health care kickbacks.
- Per court documents, Dr. Raheja was employed as a physician working in psychiatry and neurology, while Mazzucco was an employee of Avanir Pharmaceuticals as a regional business manager.
- From February 2011-July 2016, the parties conspired to increase the number of prescriptions written for a certain drug. In exchange for each prescription written, the physician would receive money or other remuneration. Raheja also participated in a speaker's bureau to promote the drug.
- Raheja received about \$331,550.00 from the pharmaceutical company during the period in question. During this time, he wrote over 10,000 prescriptions for the drug, the highest in the country. Raheja agreed to serve 30 months in prison, surrender his medical license, and pay at least \$1.1 million.

10. Michigan Nurse Faces Charges Over Failure to Properly Respond to Medication Error (09/2022)

- Beverly Bratcher, a nurse in Michigan, faces charges of causing serious physical and mental harm to a vulnerable adult. She was practicing as an LPN at Grand Rapids Home for Veterans.
- Bratcher became aware of two incorrect medication doses that were administered to a resident of the home. Bratcher failed to report these two errors to a physician or supervisor in a timely manner.

11. Improper Disposal of PHI Leads to \$300,000 HIPAA Settlement with Office for Civil Rights ("OCR") for New England Dermatology (08/2022)

- The OCR announced a settlement with New England Dermatology over improper disposal of protected health information. As a part of the settlement, NED agreed to institute a corrective action plan to remedy deficiencies. The settlement comes after the OCR received a complaint that empty specimen containers with PHI on the labels was found in the garbage bin in their parking lot. PHI contained included patient names and dates of birth, dates of sample collection, and name of the provider who took the specimen.

12. Ohio Pain Management Physician Convicted of Unlawfully Distributing Opioids (08/2022)

- Thomas Romano, a pain management physician, was convicted for unlawfully distributing opioids.
- Romano was the owner and operator of a pain management clinic. Patients would routinely travel hundreds of miles to obtain prescriptions for opioids and other controlled substances. Romano would only accept cash payments in exchange for these prescriptions, which included \$750 for an initial prescription and \$120 for additional monthly prescriptions.
- The medication would be prescribed in doses that exceeded what was reasonable and medically necessary and would be co-prescribed with other controlled substances that were life-threatening and increased addiction issues. From January 2015 through June 2019, Romano prescribed over 111,000 pills, ranging from opioids, benzodiazepines, and muscle relaxers, to nine clients.

HEALTH CARE DISTRICT BOARD

January 26, 2023

- This conduct led to Romano being convicted of 24 counts of unlawful distribution of a controlled substance outside the usual course of professional practice, and not for a legitimate medical purpose.

13. Nurse Practitioner Sentenced to Prison and Ordered to Pay Over \$1.5 Million for Telemedicine Scheme (08/2022)

- Sherley Beaufils, a nurse practitioner in Georgia, was sentenced to 87-months in federal prison and ordered to pay over \$1.6 million in restitution for her role in a telemedicine fraud scheme.
- Beaufils was convicted of participating in an illegal kickback conspiracy, five counts of Health Care Fraud, False Statements Related to Health Care, and Aggravated Identity Theft. Beaufils must also pay restitution and serve three years of supervised release after the prison sentence is completed.
- According to court documents, Beaufils assisted in facilitating orders for over 3000 orthotic braces that resulted in over \$3 million in fraudulent or excessive charges to Medicare.
- Beaufils conspired with others, who obtained the identities of senior citizens through a telemarketing scheme. Beaufils would then sign her name on a fraudulent medical record, which certified that she had examined the patients despite never meeting or seeing them.

14. Five Individuals and Two SNFs Indicted on Conspiracy to Defraud the United States and Health Care Fraud Charges (08/2022)

- Five (5) individuals and two for-profit skilled nursing facilities (“SNFs”) were indicted by a grand jury on charges of conspiracy to defraud the United States and other health care fraud charges.
- The Superseding Indictment alleges that Sam Halper, the CEO and partial owner of the SNFs, conspired with others to defraud the United States and commit healthcare fraud.
- Management employees at the SNFs knowingly provided or instructed others to knowingly provide falsified staffing records to the Pennsylvania Department of Health during federal surveys and made false statements in resident assessments to increase federal healthcare reimbursement.
- These false statements made it appear as though the SNFs were compliant with Medicare Conditions of Participation (“COP”) and Pennsylvania Medicaid requirements, when they were not.

15. Troy Gastroenterology Pays \$261,000 After Self-Disclosing CMPL Violation (07/2022)

- Troy Gastroenterology agreed to pay \$261,786.72 after self-disclosing conduct to the OIG.
- Troy self-disclosed conduct related to potential violations of the CMPL, specifically by receiving remuneration in the form of ownership interest and reimbursement for legal fees.
- The allegations include that Troy received the remuneration from a sports medicine practice and surgery center in the form of an ownership interest in the center and reimbursement of legal fees.

16. Medical Device Manufacturer to Pay Nearly \$13 Million to Resolve Kickback and False Claims Allegations (07/2022)

- Medical device manufacturer Biotronik Inc. [agreed to pay nearly](#) \$13 million to resolve allegations that it violated the FCA and AKS by paying bribes to physicians to induce the use their devices. The illegal payments to physicians resulted in the submission of false claims to federal payors.
- The kickbacks took place by paying physicians to conduct new employee trainings. Investigations revealed that the trainings were over-utilized, and, in some cases, was never even provided.

HEALTH CARE DISTRICT BOARD

January 26, 2023

- The conduct continued despite their compliance department warnings of problematic conduct.

17. Beaumont Health Agrees to Pay \$1.7 Million to Resolve Civil Money Penalties Law (“CMPL”) and Kickback Allegations (07/2022)

- William Beaumont Hospital [agreed to pay](#) approximately \$1.7 million to resolve allegations that it violated the CMPL by paying remuneration to cardiologists in the form of excess compensation.
- Additionally, the hospital paid remuneration to a medical practice by providing free items, specifically the use of medical equipment and medical personnel, violations of the AKS.
- Beaumont Health self-disclosed the conduct the HHS-OIG.

18. West Virginia Hospital to Pay \$1.5 Million to Resolve FCA and Stark Law Allegations (07/2022)

- Weirton Medical Center [agreed to pay](#) approximately \$1.5 million to resolve allegations that it violated the FCA and Stark Law, which prohibits certain physician self-referrals. The settlement arose after Weirton submitted false claims that came as a result of improper referrals from physicians.
- These physicians were receiving payments that exceeded fair market value and took into account the volume or value of the referrals, in violation of the Stark Law. The hospital voluntarily disclosed the violations. Notably, the settlement amount was based in part on the hospital’s ability to pay.

19. Sanford Health and Entities Agree to Pay Over \$25,000 to Resolve CMPL Violations for Submitting Improper Telemedicine Services Claims (07/2022)

- Sanford Health, Clinic, and Medical Center [agreed to pay \\$25,842](#) to resolve allegations that it violated CMPL by submitting claims for telemedicine services that did not meet requirements.
- Claims were submitted to federal healthcare programs, including Medicare, Medicaid, TRICARE, and the HRSA COVID-19 Uninsured Program for telemedicine services.
- Allegations include that some of the claims submitted were scheduled for times when the physician was out of the country and without Sanford’s approved telemedicine platform, did not involve two-way video and audio as required, and services that were to be for multiple family members when the physician had only spoken to one family member.

20. Richmond County Ambulance Agrees to Pay \$1.5 Million After Self-Disclosing Violations (07/2022)

- Richmond County Ambulance entered into a \$1,578,412.00 settlement agreement with the OIG after self-disclosing alleged violation of the Civil Monetary Penalties Law by submitting claims for services covered by the SNF consolidated billing payment.
- Per the settlement, Richmond County Ambulance submitted claims to Medicare Part B for ambulance to and from skilled nursing facilities, despite such transportation already being covered by SNF consolidated billing payment under Medicare Part A.

HEALTH CARE DISTRICT BOARD

January 26, 2023

21. MorseLife Nursing Home Agrees to Pay \$1.75 to Settle FCA Related to Providing COVID-19 Vaccine (06/2022)

- Morselife Health System Inc. agreed to pay \$1.75 to resolve potential liability under the FCA.
- MorseLife facilitated COVID-19 vaccinations for hundreds of people that were ineligible to receive such vaccines in the CDC's Pharmacy Partnership for Long-Term Care Program, which was designed to ensure LTC (Long Term Care) residents and staff received the vaccine.
- At the time the vaccinations they were in limited supply and not widely available. Instead of going to residents or staff, rich donors instead received priority and access to these vaccines.

22. Cheshire Medial Center Agrees to Pay Approximately \$1.2 Million After Self-Disclosure for Violating CMPL (06/2022)

- Cheshire Medical Center ("CMC") agreed to pay \$1,217,770.50 for allegedly violating the CMPL by submitting claims for therapy services not provided as claimed.
- The OIG alleged that CMC improperly submitted claims to Medicare Part A for inpatient rehabilitation facility therapy services that were not provided as indicated.
- These submissions resulted in CMC receiving outlier payments from Medicare, when in fact CMC was not entitled to these payments.

23. Fifteen Texas Doctors Agree to Pay Nearly \$3 Million to Resolve Kickback Allegations (06/2022)

- Fifteen (15) Texas doctors have agreed to pay a combined \$2.83 million to resolve FCA Allegations. These allegations involve receiving kickbacks that resulted in violations of both the Stark Law and AKS. The doctors also agreed to cooperate with the DOJ's investigations and lawsuits against other parties. In all, 33 Texas physicians have settled related fraud allegations recently.
- Per the settlement, the physicians are alleged to have received thousands of dollars in remuneration from nine management service organizations in exchange for the ordering of laboratory tests from Rockdale Hospital, True Health Diagnostics, and Boston Heart Diagnostics Corporation.

24. Hy-Vee Agrees to Pay \$105,000 to Resolve CMPL Allegations over Exclusion (06/2022)

- Hy-Vee, Inc. agreed to pay \$105,000.00 to resolve allegations that it violated the CMPL by employing an excluded individual.
- Hy-Vee self-disclosed the conduct after discovering it had inadvertently employed an individual who was excluded from participation in Federal health care programs.

25. Molina Healthcare Agrees to Pay Approximately \$4.6 Million to Resolve FCA Allegations (06/2022)

- Molina Healthcare and its previously owned subsidiary agreed to pay \$4,625,000.00 to resolve allegations that it violated the FCA. Molina allegedly submitting claims for reimbursement while violating numerous regulations related to licensure and supervision of relevant staff.

HEALTH CARE DISTRICT BOARD

January 26, 2023

- The conduct in question took place from November 2015- March 2018, during which time Molina operated a group of mental health centers. During this period, Molina illicitly submitted claims for reimbursement to MassHealth and other care entities managed by MassHealth.
- These claims were inappropriate as staff were not properly licensed and there was a failure to supervise mental health center staff, including social workers and psychological associates.
- Further, Molina failed to timely provide documentation related to the provision of adequate clinical supervision for those individuals that required such supervision.

26. AnMed Health Cannon Self-Discloses Kickback Violations for Violations of the CMPL (06/2022)

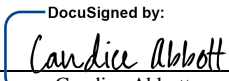
- AnMed Health Cannon agreed to pay \$551,749.68 for allegedly violating the CMPL. In particular, the self-disclosure was provided after uncovering violations of the Anti-Kickback Statute. It is alleged that Cannon paid remuneration to two physicians, violating the AKS.
- Remuneration was provided in the form of space and lease rental agreements, equipment lease rentals, free supplies, free staff costs, and personal services contracts.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date

HEALTH CARE DISTRICT BOARD
January 26, 2023

6. Recommendation:

Staff recommends the Board receive and file the HCD's Compliance, Privacy, & Ethics Report of Regulatory Updates and Industry Enforcement Activity as informational as part of the consent agenda.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza

Bernabe Icaza
VP & General Counsel

Heather N. Bokor
VP & Chief Compliance, Privacy, & Risk Officer

DocuSigned by:
Darcy Davis

Darcy Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

January 26, 2023

1. Description: Compliance, Privacy, and Ethics Work Plan (FY23-24)

2. Summary:

This item presents for receive and file a summary of the Health Care District's ("HCD" or the "District") Compliance, Privacy, and Ethics Program ("Compliance" or "Program") Work Plan beginning in Fiscal Year 2023 ("FY23"), through FY24. Information on the preparation for and development of the Work Plan was provided to the Quality, Patient Safety, and Compliance Committee at the December 14, 2022 meeting, and formal approval was requested and received. A summarized copy of the Work Plan is being provided to the Board of Commissioners as informational.

3. Substantive Analysis:

- Approval of the Compliance, Privacy, and Ethics Work Plan for FY23-24 was requested and received from the Quality, Patient Safety, and Compliance Committee.
- A copy of the Work Plan is provided (See attached).
- A summary of its composition/development is included below.
- As initiated in FY22, the goal for the FY23-24 Work Plan is to continue our efforts to ensure a proactive, risk-based, and effective program – in addition to meeting or exceeding the recommendations described in the OIG's Compliance Program Guidance on Effectiveness ("Elements").
- As initiated in FY22, the FY23-24 Work Plan includes all items identified that are standing or are not yet complete from FY22 (these items have been transferred from FY22 to FY23-24), in addition to other items to be added based on internal assessment and to address the OIG's Elements of an Effective Compliance Program: (1) Governance and High-Level Oversight, (2) Policies and Standards of Conduct, (3) Open Communication and Reporting, (4) Training and Education, (5) Auditing and Monitoring, (6) Enforcing Standards, (7) Addressing Known or Potential Issues, and (8) Compliance Program Effectiveness.
- As initiated in FY22, the Department considered and included the following in developing its annual Work Plan: Leadership/Management requests, feedback and input; Standing items; OIG Compliance Program and Supplemental Guidance; OIG Monthly Work Plan items; New or changed rules; Recent industry enforcement and Government report findings; Published guidance from Regulators and Authorities; High volume, high dollar, and high reimbursement areas; Data analytics and reporting trends; Known or potential areas of risk/concern; Past items requiring re-check or monitoring; New or changed business units; COVID-19 potential or known risk areas; and Compliance Program Effectiveness and Compliance Program Evaluation Guidelines from Government and Other Entities/Authorities (e.g., DOJ, OIG, CMS).

HEALTH CARE DISTRICT BOARD

January 26, 2023

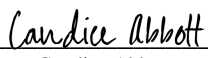
4. Attachment: Compliance, Privacy, and Ethics Work Plan (FY23-24)
(Refer to attached PDF for a copy of the Work Plan).

5. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 Candice Abbott
 VP & Chief Financial Officer

6. Reviewed/Approved by Committee:

Patient Safety, Quality, and
 Compliance Committee

 Committee Name


12/14/22

 Date

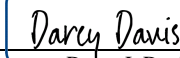
7. Recommendation:

Staff recommends the Board receive and file the District’s Compliance, Privacy, and Ethics FY23-24 Work Plan.

Approved for Legal sufficiency:

DocuSigned by:

 Bernabe Icaza
 VP & General Counsel

 Heather N. Bokor
 VP & Chief Compliance, Privacy, & Risk Officer

DocuSigned by:

 Darcy Davis
 Chief Executive Officer

1 - GOVERNANCE AND HIGH-LEVEL OVERSIGHT (BOARD AND COMMITTEES)		
Item Type	Work Plan Item	Description
Committees	Quality, Patient Safety and Compliance Committee of the Board; Finance and Audit Committee of the Board; Clinics Board; and HCD Board	Conduct periodic meetings to communicate and/or review of compliance activities, issues, and pertinent rules and information, per OIG for effectiveness. Continue reporting and metrics per recommendation/CCO. Regular reporting to Quality, Patient Safety and Compliance Committee of the Board.
Committees	HCD Compliance and Audit Committee (Internal Management)	Conduct periodic meetings (quarterly) to communicate and/or review of compliance activities, issues, and pertinent rules and information, per OIG for effectiveness. Allows for an internal group focused on risks/controls. Committee to replace Internal Controls Committee, in part. Begin reporting per recommendation/CCO.
Committees	HCD Compliance and Audit Workgroup (Compliance, Privacy, and Ethics, and Internal Audit Departments)	Conduct periodic meetings to communicate and/or review of compliance and audit activities, issues, and pertinent regulations. Allows for an internal group focused on risks/controls. Committee to replace Internal Controls Committee, in part.
Committees	Other Oversight Committee Development: Standing/Adhoc	Establish new Committee(s) to address compliance and privacy or related areas as requested or needed.
Committees	Other Committee Participation: Standing/Adhoc	Participate in existing Committee(s) to address compliance and privacy or related areas as requested or needed.
2 - POLICIES AND STANDARDS OF CONDUCT		
Item Type	Work Plan Item	Description
Policies & Procedures Review	Policy Review and Committee Participation (HCD, non-Compliance, Privacy, and Ethics)	Committee participation on FY22/23 established Policy and Procedure Committee(s). Review of HCD policies (non-CPE).
Policies & Procedures Review	Review and Gap Analysis: Compliance, Privacy, and Ethics Internal Policy and Procedure Review	Review of internal Compliance, Privacy, and Ethics Policies & Procedures to ensure policy awareness, alignment, and determine revisions or new policy development needs.
Policies & Procedures Revision	Revision and Redeployment: HCD Organization Wide Compliance, Privacy, and Ethics Policies (as needed)	Identification, development, and redeployment (see training and education) of existing Compliance, Privacy, and Ethics policies.
Policies & Procedures: New Policy Development	Development and Deployment of New Policies and/or Procedures (as needed, see below)	Involves the identification, development, and deployment (see training and education) of new Compliance, Privacy, and Ethics policies.

HCD Compliance, Privacy Ethics Workplan (FY23-24)

11/29/22

Policy & Standards of Conduct Revision	Standards of Conduct Policy and Booklet Revisions and Redeployment to HCD staff	Policy and Booklet Revisions and Redeployment of the HCD Standards of Conduct. Revisions consistent with recommendations and internal assessment.
Policies & Procedures: Revision and Redeployment	Conflicts of Interest Policy and Questionnaire	Additional review and revision of Conflicts of Interest Policy and Disclosures. Includes consideration of bylaws review and revision.
Policies & Procedures Review	Employee Acceptance of Vendor or Business Associate Sponsored Training and Honoraria	Review of the Employee Acceptance of Vendor or Business Associate Sponsored Training and Honoraria Policies & Procedures to ensure policy awareness, alignment, and determine revisions or new policy development needs. Process development assistance.
Policies & Procedures: New Development and/or Revision, and Redeployment	Physician Employment, Contracts, and Compensation	Comprehensive review of physician agreement and compensation policies and procedures to determine compliance with applicable laws and regulations and for process improvement.
Policies & Procedures: New Policy Development	The Family Educational Rights and Privacy Act (FERPA): New Policy Development	New policy development and deployment of the FERPA Policy to provide general guidance on FERPA for School Health Program (HCD Compliance).
Policies & Procedures: New Policy Development	Records Management / Record Retention and Destruction [Compliance] Policy	New Compliance (HCD) policy development and deployment of the Records Management and Retention Schedule Policy to ensure awareness of retention standards and to assist in the proper identification, storage, retention, protection, and disposal of records.
Policies & Procedures: New Form Development	Hotline Investigating Processes	Develop and implement new process and form for assigning Hotlines to other core service departments (e.g., Human Resources, Risk Management / Quality, and Patient Experience) for referred cases, and ensuring proper communication, investigation, and closure.
Policies & Procedures: New Policy Development	Law Enforcement Requests and Disclosures	Develop Policies and guidance for LMC/other staff on law enforcement requests and disclosures (e.g., blood alcohol and urine / specimen draw, mandatory reporting) and guidance for staff on uses and disclosures for PHI and patient consent.
Policies & Procedures Review	340B Compliance and Program Integrity Policies and Procedures	Review of 340B Policies and Procedures to evaluate compliance with 340B Program Requirements.
Policies & Procedures Review	Service Animal Policy and Procedure	For review by CPE in order for feedback and re-assignment, as requested by Administrative Policy and Procedure Committee.
3 - OPEN / EFFECTIVE COMMUNICATION AND REPORTING		
Item Type	Work Plan Item	Description

HCD Compliance, Privacy Ethics Workplan (FY23-24)

11/29/22

Monitoring / Analysis / Communication / Dissemination of Information: Regulatory Guidance	Regulatory Updates and Industry Enforcement Activity	Continuous monitoring, review, and communication/dissemination of regulatory updates and industry enforcement activity or audit reports related to peers, industry, and state, federal, and local authorities (to HCD staff/Board). Analysis of rules and potential impacts to HCD. Publish information in a variety of ways, including posting to the regulatory dashboard and reporting to HCD's Board.
Development / Communication / Dissemination of Information	Development / Communication / Dissemination of Information to HCD staff on Compliance, Privacy, and Ethics matters.	Development/dissemination of Compliance and Privacy topics in various formats (FYIs, alerts, action alerts) to Departments/areas as needed, also includes: Sharing of Webinars, Materials, and Information to HCD Departments and Staff. See also "OIG Monitoring" for FYI's. Training and Education Topics and Other Information to HCD staff.
Monitoring / Communication / Dissemination of Information	Various Government and Contractor Notifications and Monitoring for Approved Work, as needed	Continuous monitoring, review, and communication to HCD of various Government and Contractor Notifications and Activity (CMS Recovery Audit Contractor proposed and approved items, CMS publications and/or notices (MLN Matters, Outpatient NCD/LCD changes in rules for Medicare's National and/or Local Coverage Determinations).
Communication / Dissemination of Information	Compliance, Privacy, and Ethics Compliance Website(s) Enhancements / Development	Communication and maintenance of the Compliance, Privacy, and Ethics public-facing and internal website to ensure HCD staff have various resources, regulatory and industry enforcement activity updates, educational material, and open lines of communication and reporting for compliance related questions or concerns.
Survey / Questionnaire Development / Deployment	Compliance, Privacy, and Ethics Annual Awareness Survey	Conduct Compliance, Privacy, and Ethics Annual Awareness Survey
Survey / Questionnaire Development / Deployment	Leadership Engagement and Program Satisfaction Survey	Survey to be sent to new members of HCD's senior leadership team and executive team members to collect feedback to help measure program satisfaction and effectiveness, identify strengths and opportunities for improvement, gauge reputation, and provide a mechanism to communicate their needs and provide feedback. Further, it will help Compliance to understand the factors that help satisfy each department, division, and HCD's organization needs, and enable us to modify our Program accordingly.

4 - TRAINING AND EDUCATION; COMPLIANCE AWARENESS

Item Type	Work Plan Item	Description
Training and Education: Committee Members	HCD Board / Committee Training	Conduct training and education on Compliance/Privacy/Ethics-related matters at least annually to the HCD Quality Patient Safety and Compliance Committee and/or HCD Board. E.g., Sunshine Law.
Training and Education: Compliance Awareness Events	Compliance, Privacy, and Ethics Awareness Week	Annual week-long series of events, activities, and education to share information and focus on the importance of compliance and ethics.

HCD Compliance, Privacy Ethics Workplan (FY23-24)

11/29/22

Training and Education: Modules Development or Revision	Cybersecurity Training	Develop and or revise training as required under Florida Statutes, that relates to Cybersecurity for the Health Sector.
Training and Education: Modules Development or Revision	Education on Employee Acceptance of Vendor or Business Associate Sponsored Training and Honoraria Policy	Conduct training and education on employee acceptance of vendor or business associate sponsored training and honoraria.
Training and Education: Modules Development or Revision	Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report Training	Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report training at the request of the LMC Utilization Review Committee.
Training and Education: Billing Compliance	Billing Compliance matters	Provide guidance / conduct training and education on Billing Compliance matters to HCD staff, such as: A/B Rebilling, Orders, 2 midnight, Observation, as needed or requested.
Training and Education: Modules Development or Revision	Baker Act	Develop and disseminate Baker Act training based on Florida Statutes and supplemental guidance issued by additional parties.
Privacy Guidance / Training	Authorization for Marketing/Patient Stories	Provide guidance / education on Communications' authorizations in compliance with the Privacy rules (as per HIPAA) for Marketing/Patient Stories.
Privacy Guidance / Training	Release of Information	Provide guidance / education on Release of Information (ROI) in compliance with the Privacy rules (as per HIPAA) for ROI.
Training and Education: Presentation	New Hire Orientation (NHO) Live/Virtual Presentation and Participation	Continue to provide Compliance, Privacy, and Ethics Orientation for newly hired HCD staff.
Training and Education: Modules Development or Revision	Development and Review/Revision of New Hire Orientation (NHO) Presentation and Modules for Compliance, Privacy, and Ethics	Development and Review of Training Modules for Compliance, Privacy, and Ethics, as needed (including and outside of Cornerstone).
Training and Education: Modules Development or Revision	Development and Review/Revision of Annual Refresher Presentation Modules for Compliance, Privacy, and Ethics	Development and deployment of Annual Refresher Compliance, Privacy, and Ethics training presentations/modules for all HCD staff, and in compliance with various rules and regulatory surveys.
Training and Education: Modules Development or Revision	Development and Review/Revision of Training and Education Modules and Materials, as needed	Development and Review of new/existing Training Modules that relate to Compliance, Privacy, and Ethics, as needed (including and outside of Cornerstone) for potential staff assignment.

Training and Education: Staff Development	Privacy Training and Education and/or Development and Communication / Dissemination of Information to HCD staff.	Conduct training and education on Privacy-related matters to HCD staff, as needed, such as: including FERPA (School Health), HIPAA, and FIPA, as needed or requested.
Training and Education: Staff Development	Compliance Services Internal Staff Learning and Development	Ongoing Compliance, Privacy, and Ethics Internal Team Development, also to include LEAN (Yellow belt).
5 - AUDITING AND MONITORING		
Item Type	Work Plan Item	Description
Compliance Audit	Physician Employment, Contracts, and Compensation	Review of employed physician agreement and compensation to determine compliance with applicable laws, regulations, internal policies and procedures, and for process improvement.
Compliance Audit	Contracted Physician Agreements and Compensation	Review of independent contracted physician agreement and compensation to determine compliance with applicable laws, regulations, internal policies and procedures, and for process improvement.
Compliance Audit	Referral Source Audits	Ongoing review of referral sources and payments made to physicians as invoiced (pre-payment review and sign-off by CCO).
Mandatory Monthly Reporting and Monitoring / Review	Exclusion Screening Reviews (Monthly)	Exclusion Screening Monthly Reviews to ensure compliance with requirements under the Office of Inspector General (OIG) and other rules, where no excluded individual or entity can work for, be paid by, or do business with the HCD.
Risk Assessment/ Compliance Audit	EMTALA and Access to Emergency Services and Care Risk Assessment	Review(s)/Risk Assessment(s) on EMTALA (Emergency Medical Treatment and Labor Act) (federal law) and Access to Emergency Services and Care (state law, Florida) requirements to ensure compliance with these Rules, impacting LMC.
Compliance Audit	Ground Transport (Ambulance) restocking/narcotics workflow	Review workflow/processes (diversion and replenishing under Stark & AKS laws) for Ambulance for new program/processes.
Compliance Audit	Ground Transport /Ambulance Billing Audit	New Service (LifeTrans). Review of ambulance transports provided by LifeTrans and billed to ensure accuracy and compliance with the rules/requirements.
Compliance Audit	Air Ambulance (Aeromedical/Helicopter) Billing Audit	New Helicopters / Existing Services (Aeromedical). Review of air ambulance transports provided by Aeromedical and billed to ensure accuracy and compliance with the rules/requirements.
Compliance Audit	Aeromedical Compliance with FAA Regulations: Pilot Certifications & Recertifications	Review/Audit pilot certifications and timely recertifications (training) to ensure compliance with FAA regulations.
Mini-Risk Assessment / Compliance Audit	Required licensure and certifications (e.g., BLS, CPR)	Risk assessment/Audit to assess processes and compliance with required licensure and certifications by departments, including Human Resources, to ensure activity.

HCD Compliance, Privacy Ethics Workplan (FY23-24)

11/29/22

Compliance Audit	Substance Abuse Confidentiality - Part 2 Privacy Program Requirements	Review of Policies and Procedures, service lines offered at HCD facilities to determine applicability of 42 CFR Part 2, and review of current practices for ensuring the protection of confidential patient information for patients with substance use disorders.
Compliance Audit	Medicare Outpatient Observation Notice (MOON)	Audit to ensure compliance with Medicare observation notice delivery requirements per the Federal Rules. To be performed by Compliance or Department.
Compliance Audit	Hospital Outpatient Observation Notice (HOON)/State Notice	Audit to ensure compliance with observation notice delivery requirements per State rules. To be performed by Compliance or Department.
Mini-Risk Assessment	Observation Billing Process Review	Mini-Risk assessment of hospital observation policy and procedures / processes to ensure accurate billing.
Monitoring / Analysis / Communications	Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report Monitoring for Short Term Acute Care Hospitals (STACH: LMC)	Monitoring of STACH quarterly PEPPER reports for processes and data that reflects potential target areas for Medicare severity diagnosis related groups (“DRGs”) and discharges at high-risk for improper payment due to potential billing, coding and/or admission necessity issues.
Monitoring / Analysis / Communications	Program for Evaluation Payment Patterns Electronic Report (PEPPER) Report Monitoring for Skilled Nursing Facilities (SNF: Healey)	Monitoring of SNF annual PEPPER reports for processes and data that reflects potential target areas for Medicare discharges at high-risk for improper payment due to potential billing, coding and/or admission necessity issues.
Evaluation and Assessment	Pharmacy Controls and Drug Diversion	Review Consultant findings and evaluate needs for future risk assessment on Pharmacy Controls and/or ongoing system/vendor monitoring efforts for routine monitoring.
Risk Assessment	Credentialing Risk Assessment	Risk Assessment on controls and compliance with regulatory / accreditation requirements for credentialing and privileging.
Risk Assessment/ExternalAttestation	340B Office of Pharmacy Affairs Information System (340B OPAIS)	Review to understand rules and assess compliance with the OPAIS database system, in order to attest and complete requirements with 340B for HCD Pharmacy/Purchasing Operations. External attestation required.
Data Risk Assessment	Facility (Hospital) & Physician Procedure Code Match	Obtain data and review to compare physician/hospital procedure codes reported, for the same service, to ensure billing accuracy.
Risk Assessment	Billing Process Review - Healey	Billing Risk Assessment to ensure processes are setup for compliant billing at the SNF.
Data Risk Assessment	High Dollar / High Volume / High Reimbursement Services Data Risk Assessment and Analysis - Professional Services	High Dollar / High Volume / High Reimbursement Professional Services Data Review and Risk Assessment to determine future work plan items that may require review (FY24 forward, annually) or pose external audit risk to the organization based on volume and activity.

HCD Compliance, Privacy Ethics Workplan (FY23-24)

11/29/22

Data Risk Assessment	High Dollar / High Volume / High Reimbursement Services Data Risk Assessment and Analysis - Hospital Services	High Dollar / High Volume / High Reimbursement Hospital Services Data Review and Risk Assessment to determine future work plan items that may require review (FY24 forward, annually) or pose external audit risk to the organization based on volume and activity.
External Audits and Activity	External Agency Activity (General)	Monitoring of External Agency Activity (general line item to address and document specific external agency reviews/ audits/investigations/communications)
Mini-Risk Assessment	Industry Enforcement Activity (as needed) (General entry item)	Mini-Risk Assessment(s) based on monitored Industry Enforcement Activity in lieu of audits (or in advance of audits) to communicate information to departments and staff and to test compliance or help direct future needs.
Monitoring / Analysis / Communications	Office of Inspector General (OIG) Monthly Work Plan	Office of Inspector General (OIG) Compliance Audit Notifications and Monitoring and Consideration for Work Plan placement. FYT's and other data mining to be performed, at a minimum on HCD-applicable OIG Work Plan items.
Privacy Audits	FairWarning system monitoring/auditing of detected potential privacy violations via red flags by Epic Users	FairWarning weekly system monitoring/auditing of Epic User Access: High Access of Deceased Patients, High Access of Break-the-Glass, Person of Interest Snooping, High Access of Discharged Patients, and Coworker Snooping (when applicable).
Risk Assessment/Survey	Privacy and Security Compliance Surveys for HCD Departments	Conduct onsite and/or electronic risk assessment for controls and compliance with Privacy and Security Rules (HIPAA/FERPA/FIPA) through Surveys to random or selected departments and facilities, and or new/moved locations.
Risk Assessment/Survey	Privacy and Security Compliance Surveys for IT Security Department	Conduct electronic risk assessment for controls and compliance for cybersecurity per CISA and RSM control audits.
Privacy Audits	Authorization for Marketing/Patient Stories	Audit of compliance with privacy rules for 45 CFR 164.501, 164.508(a)(3)] - Marketing. This audit will follow issued guidance and training to test our compliance with the rules.
Privacy Audits	Release of Information (ROI)	Audit of compliance with privacy rules for 45 CFR 164.506] - Release of Information. This audit will follow issued guidance and training to test our compliance with the rules.
Risk Assessment	Records Management / Record Retention and Destruction Policy	Risk assessment of the Records Management and Retention Schedule Policy to ensure awareness of retention standards and to assist in the proper identification, storage, retention, protection, and disposal of records.
Compliance Audit	Telehealth	Audit of Telehealth compliance with regulatory, billing and documentation requirements.
Risk Assessment	Blood Bank	Compliance process surrounding of implementation of new system for blood bank. Scope to be determined, based on new service/system.
Risk Assessment	Beaker Laboratory	Compliance process surrounding of implementation of new system for Laboratory, Beaker system. Scope to be determined, based on new service/system.

HCD Compliance, Privacy Ethics Workplan (FY23-24)

11/29/22

Monitoring / Analysis / Communications	New or Changed Business Units, Locations, or Services	Monitoring of new or changed business units, locations, or services for needed assistance or review for compliance purposes.
Evaluation and Mandatory Rule Implementation / Development and Monitoring	CMS Open Payments; Review and Dispute Reconciliation	Analysis of CMS' Open Payments entries during the review and dispute period for LMC/HCD applicable facilities/physicians.
6 - ISSUING GUIDANCE AND ENFORCING STANDARDS		
Item Type	Work Plan Item	Description
Mandatory Annual Event Reporting	Annual Breach Event Reporting to the Office for Civil Rights for < 500 individuals (Existing OCR Requirement, State Rules)	Annual Breach Reporting to HHS OCR (for events <500 individuals), required under HIPAA, for events that require patient notification of an unauthorized access, use, or disclosure of PHI.
Annual Review Process	Conflicts of Interest Disclosure and Review Process - HCD Staff	Perform Annual Conflicts of Interest Disclosure and Review Process for HCD Staff (Policy Requirement)
Annual Review Process	Conflicts of Interest Disclosure and Review Process - HCD Board and Committees	Perform Annual Conflicts of Interest Disclosure and Review Process for HCD (Policy Requirement)
Monitor and Issue Regulatory Guidance	Framework for Emergency Response and Disaster Preparedness	Development of Framework for Emergency Response and Disaster Preparedness, per Leadership request.
Monitor and Issue Regulatory Guidance	Guidance on Physician Employment, Contracts, and Compensation	Provide guidance / conduct training and education on physician employment, contracts, and compensation to HCD staff, as needed.
Mandatory Annual Event Reporting	Data Breach Response	Compliance preparation / readiness for Privacy/Security Data Breach Response (e.g., toolkit, processes, and vendor relations).
Flowchart/Process	Business Associate Agreements and Decision Tree	Review and revision of Business Associate Agreement template and BA Decision Tree
Regulatory Analysis	Applicable rules, laws, and regulations to HCD for future activities and work plan setting.	To assess compliance for HCD entities with applicable regulatory requirements.
Contract Reviews	Contract Reviews and Recommendations	Perform various contract reviews (Compliance360, other) as required or requested to assess issues such as patient information, HIPAA, Medicare billing provisions, fraud and abuse issues, and/or Stark and Anti-Kickback issues.
Evaluation and Mandatory Rule Implementation / Development and Monitoring	ONC HIT Information Blocking Rule (New Rule)	Compliance with Information Blocking requirements focused on prohibition with Privacy. HCD Privacy to work with HCD departments to evaluate new rules, determine needs, and ensure compliance with the new rules.

Sanctions	Development of Privacy Violations / Sanctions Grid	Development and implementation of Privacy Sanctions Grid to assist Human Resources in consistent and appropriate recommendations of sanctions for violations of privacy by HCD staff, as applicable.
Monitor and Issue Regulatory Guidance	Law Enforcement Disclosures	Issue guidance for staff on blood draw requests when law enforcement is present #2 issue guidance for staff on PHI requests.
7 - RESPONDING TO / ADDRESSING KNOWN OR POTENTIAL ISSUES		
Item Type	Work Plan Item	Description
Hotline Reporting	Hotline Call Response	Track, triage, investigate, and address calls made to the HCD ComplianceLine.
Responsiveness	Response to issues/inquiries/investigations	Respond to and address inquiries / issues communicated to Compliance, Privacy, and Ethics (Inquiries / Issues / Investigations)
Development and Monitoring of Action Plans	Monitoring of Recommendations / Action Items	Involves the development of recommended actions required as a result of various audits, risk assessments, and/or other identified areas of risk and monitoring to ensure completion and to prevent repeat occurrences.
8 - PROGRAM EFFECTIVENESS		
Item Type	Work Plan Item	Description
Implementation / Development	Compliance Program Development	Compliance Program Ongoing Implementation / Development for HCD
Self Assessment / Effectiveness Survey	Compliance Program Effectiveness	Compliance Program Effectiveness Continued Reviews (Internal, Government / Industry) and Addressing the External Effectiveness Assessment (Attac)

HEALTH CARE DISTRICT BOARD

January 26, 2023

1. **Description: Internal Audit FY23 Workplan**

2. **Summary:**

The agenda for the Internal Audit will include the Internal Audit Work Plan for FY 2023.

3. **Substantive Analysis:**

For FY2023, Internal Audit carried forward the FY 2022 overarching risk assessment to prepare the Internal Audit Work Plan. The highest risks for the Health Care District of Palm Beach County were discussed with the CEO and CFO, and IA developed the plan based on their input.

	Health Care District Palm Beach County 2023 Risk Assessment			Executive Sponsor	FY2023 Comments
	Risk Title	Category	Entity		
2	Aeromed and Transportation Regulatory Requirements	Aeromed Operations: Epic Post Implementation and Ground Transportation: Conditions	Aeromed and Ground Transportation	Gerald Pagano and Amaury Hernandez	The scope of these reviews will be determined.
5	Denials Management	Revenue Cycle	All	Candice Abbott	This is a carryover from FY 22, internal audit is in process.
6	Charity Care Process	Revenue Cycle	All	Candice Abbott	This is a carryover from FY 22, internal audit is in process.
13	IT Project Management	Information Management & Technology	All	Daniel Scott, Jessica Cafarelli	Assistance with Oracle Implementation in oversight of testing, and review of internal controls to account for 60% of Internal Audit Senior
25	Patient Access Admissions & Registration	Revenue Cycle	All	Candice Abbott	This is a carryover from FY 22, internal audit is in process.

HEALTH CARE DISTRICT BOARD


January 26, 2023

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

 Committee Name


12/14/22

 Date


6. Recommendation:

The Finance & Audit Committee recommends that the Board approve the Internal Audit FY23 Workplan.

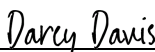
Approved for Legal sufficiency:

DocuSigned by:


 Bernabe Icaza
 VP & General Counsel

DocuSigned by:


 Candice Abbott
 VP & Chief Financial Officer

DocuSigned by:


 Darcy Davis
 Chief Executive Officer

HEALTH CARE DISTRICT BOARD**January 26, 2023****1. Description: Credentialing and Privileging of Healey Center Practitioner(s).****2. Summary:**

The below practitioners are recommended for approval by the Chief Medical Officer:

Last Name	First Name	Credentials	Specialty
Peart	Yvette	APRN	Nurse Practitioner
Fernandes	Florinda	PA	Physician Assistant
Grossman	Traci	MD	Wound Care Management

3. Substantive Analysis:

The practitioners have satisfactorily completed the Initial Credentialing and Recredentialing and privileging process. The credentialing and privileging process ensures that all facility practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:

- Current licensure
- Relevant education, training and experience
- Current clinical competence
- Health fitness, or ability to perform the requested privileges
- Malpractice history (NPDB query)

Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state and federal requirements. A nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.

The Healey Center utilized internal Credentialing staff and the Chief Medical Officer to support the credentialing and privileging process.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

HEALTH CARE DISTRICT BOARD

January 26, 2023

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:
Candice Abbott

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date

6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of the Healey Center practitioners.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza

Bernabe Icaza
VP & General Counsel

DocuSigned by:
Belma Andric

Belma Andric, MD
Chief Medical Officer

DocuSigned by:
Darcy Davis

Darcy Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

January 26, 2023

1. **Description: Medical Staff Appointment(s) for Lakeside Medical Center**

2. **Summary:**

The agenda item represents the practitioner(s) recommended for Medical Staff appointment by the Medical Executive Committee of Lakeside Medical Center.

3. **Substantive Analysis:**

The practitioner(s) listed below satisfactorily completed the credentialing and privileging process and met the standards set forth within the approved Medical Staff Bylaws. The credentialing and privileging process ensures that all Medical Staff meet specific criteria and standards of professional qualifications; this criterion includes, but is not limited to:

- Current licensure
- Relevant education, training and experience
- Current clinical and professional competence
- Health fitness and ability to perform requested privileges
- Malpractice history and liability insurance coverage
- Immunization status; and
- Applicable life support training

Last Name	First Name	Degree	Specialty	Appointment	Privileges
Alyyarov	Ilya	MD	Emergency Medicine	Initial Appointment	Provisional
Brown	Thomas	MD	Radiology	Initial Appointment	Provisional
Davison	Patrick	DO	Emergency Medicine	Initial Appointment	Provisional
Izzo	Joseph	MD	Radiology	Initial Appointment	Provisional
Roger	Marie	MD	Infectious Disease	Initial Appointment	Provisional
Shah	Animesh	MD	Radiology	Initial Appointment	Provisional
Solanki	Hareshku mar	MD	Radiology	Initial Appointment	Provisional
Srinath	Latha	MD	Infectious Disease	Initial Appointment	Provisional
Flora	Maria	APRN	Infectious Disease	Initial Appointment	Provisional Allied Health
Jacob	Sheeba	APRN	Infectious Disease	Initial Appointment	Provisional Allied Health
Jansen	Jaime	APRN	Cardiology	Initial Appointment	Provisional Allied Health
Abu	Yaw	MD	Pulmonary Disease	Reappointment	Active

HEALTH CARE DISTRICT BOARD January 26, 2023

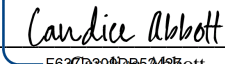
Anglade	Moise	MD	Cardiovascular Disease	Reappointment	Active
Joseph	John	MD	Anesthesiology	Reappointment	Active
Gasho	Christopher	MD	Internal Medicine	Reappointment	Active
Eby	Marcus	MD	General Surgery	Reappointment	Active
Magramo Del Valle	Rosalie	APRN	Nurse Practitioner	Reappointment	Allied Health Professional
Smith	Mechele	APRN	Physician Assistant	Reappointment	Allied Health Professional
Isma	Michelle	APRN	Nurse Practitioner	Reappointment	Allied Health Professional

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 F63722092654470
 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date

HEALTH CARE DISTRICT BOARD

January 26, 2023

6. Recommendation:

Staff recommends the Board approve the Medical Staff Appointment(s) for Lakeside Medical Center.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
Bernabe Icaza
VP & General Counsel

DocuSigned by:
Belma Andric
Belma Andric, MD
Chief Medical Officer

DocuSigned by:
Darcy Davis
Darcy Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

January 26, 2023

1. Description: Transition of EPIC IT Operations and Services

2. Summary:

This item presents the proposed transition of the EPIC IT Operations and Services to South Broward Hospital District d/b/a Memorial Healthcare System (“Memorial”).

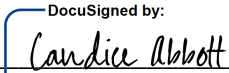
3. Substantive Analysis:

The Health Care District’s Management team has determined that Memorial, as the current EPIC Community Connect Provider relating to EHR System Services, shall now provide ongoing IT staffing coverage and support. Memorial will manage the EPIC Customer Support, Software Maintenance, and EHR Build functionality for maximized service and efficiency. This amended relationship will result in the transition of 15 existing positions from HCD to employment by MHS. It is expected that the customer support and response times will improve when support staff has direct access to modify system elements. Agreed upon response times have been built into the contract. Deviation from the support levels will allow HCD to withhold funds to MHS. The transition will become effective February 2, 2023 upon execution of an amendment to the existing Memorial Health contract.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	\$1,956,563.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date

HEALTH CARE DISTRICT BOARD
January 26, 2023

6. Recommendation:

Staff recommends the Board receive and file the transition of EPIC IT Operations and Services.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6B00764A2A
VP & General Counsel

DocuSigned by:
Candice Abbott
F637A200524B07
VP & Chief Financial Officer

DocuSigned by:
Darcy Davis
77A88386A2A715
Chief Executive Officer