



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

January 30, 2019

12:45 P.M.

Meeting Location

1515 N. Flagler Drive, Suite 101

West Palm Beach, FL 33401

If a person decides to appeal any decision made by the board, with respect to any matter at such meeting or hearing, he will need a record of the proceedings, and that, for such purpose, he may need to ensure that a verbatim record of the proceedings made, which record includes the testimony and evidence upon which the appeal is to be based.

**BOARD OF DIRECTORS MEETING
AGENDA
January 30, 2019
1515 N. Flagler Drive
West Palm Beach, FL 33401**

1. **Call to Order – James Elder, Chair**
 - A. Roll Call
 - B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.
2. **Agenda Approval**
 - A. Additions/Deletions/Substitutions
 - B. Motion to Approve Agenda
3. **Awards, Introductions and Presentations**
 - A. Compliance and Cultural Competency Board Training.
(Ellen Pentland)
 - B. Medical Dental Integration.
(Dr. Duclos Dessalines & Dr. Tamara-Kay Tibby)
4. **Disclosure of Voting Conflict**
5. **Public Comment**
6. **Meeting Minutes**
 - A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of December 12, 2018.
[Pages 1-6]
7. **Consent Agenda – Motion to Approve Consent Agenda Items**

All matters listed under this item are considered routine and action will be taken by one motion. There will be no separate discussion of these items unless a Commissioner or person so requests, in which the item will be removed from the general order of business and considered on its normal sequence on the Agenda.

7. **Consent Agenda – Motion to Approve Consent Agenda Items (continued)**

A. ADMINISTRATION

7A-1 **RECEIVE AND FILE:**

December 2018 Internet Posting of District Public Meeting.
<http://www.hcdpbc.org/index.aspx?recordid=2597&page=15>

7A-2 **RECEIVE AND FILE:**

Attendance tracking.
[Page 9]

7A-3 **RECEIVE AND FILE:**

Summary of Board Member Self-Evaluations.
[Pages 10-14]

B. POLICIES

7B-1 **Staff Recommends a MOTION TO APPROVE:**

Referral Tracking Policy.
(Dr. Noelle Stewart) [Pages 15-17]

C. CREDENTIALING AND PRIVILEGING

7C-1 **Staff Recommends a MOTION TO APPROVE:**

Modification of General Dentistry Privileges.
(Sarah Gonzalez) [Pages 18-19]

8. **Regular Agenda**

A. ADMINISTRATION

8A-1 **RECEIVE AND FILE:**

Board Member Resignation – Joan Roude
(Thomas Cleare) [Pages 22-23]

8A-2 **Staff recommends a MOTION TO APPROVE:**

Board Member Re-Appointments.
(Thomas Cleare) [Pages 24-26]

8A-3 **Staff recommends a MOTION TO APPROVE:**

Appointment of Julia Bullard and Mike Smith to the Clinic Board.
(Thomas Cleare) [Pages 27-28]

8A-4 **Staff recommends a MOTION TO APPROVE:**

Committee Assignments.
(Thomas Cleare) [Pages 29-30]

8. Regular Agenda (continued)

B. FINANCE

8B-1 Staff recommends a MOTION TO APPROVE:

C. L. Brumback Primary Care Clinics Finance Report December 2018.
(Dawn Richards) [Pages 31-49]

C. EXECUTIVE

8C-1 RECEIVE AND FILE:

Executive Director Informational Update.
(Belma Andric) [Pages 50-51]

D. CREDENTIALING AND PRIVILEGING

8D-1 Staff Recommends a MOTION TO APPROVE:

Licensed Independent Practitioner Credentialing and Privileging – Duclos
Dessalines, MD.
(Sarah Gonzalez) [Pages 52-53]

E. OPERATIONS

8E-1 Staff Recommends a MOTION TO APPROVE:

Operations Reports – November & December 2018.
(Terry Megiveron) [Pages 54-89]

F. QUALITY

8F-1 Staff Recommends a MOTION TO APPROVE:

Quality Council Reports.
(Dr. Noelle Stewart) [Pages 90-110]

9. VP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

February 27, 2019 (HCD Board Room)

12:45pm Board of Directors

March 26, 2019 (HCD Board Room)

2:00PM Joint Meeting with The Health Care District Board of Commissioners

March 27, 2019 (HCD Board Room)

12:15PM Board Strategic Planning

April 24, 2019 (HCD Board Room)

12:45pm Board of Directors

May 29, 2019 (HCD Board Room)

12:45pm Board of Directors

June 26, 2019 (HCD Board Room)

12:45pm Board of Directors

July 31, 2019 (HCD Board Room)

12:45pm Board of Directors

August 28, 2019 (HCD Board Room)

12:45pm Board of Directors

September 25, 2019 (HCD Board Room)

12:45pm Board of Directors

October 30, 2019 (HCD Board Room)

12:45pm Board of Directors

November 27, 2019 (HCD Board Room)

12:45pm Board of Directors

December 18, 2019 (HCD Board Room)

12:45pm Board of Directors

12. Motion to Adjourn

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
12/12/2018**

Present: Bessie Brown, Chairperson; James Elder, Vice Chairperson; John Casey Mullen, Secretary; Frances Navarro, Treasurer; David Kendle; Irene Figueroa; Joan Roude; Shanti Howard

Excused: Joseph Morel; Cory Neering

Staff: Darcy Davis; Dr. Belma Andric; Valerie Shahriari; Terry Megiveron; Dr. Tamara-Kay Tibby; Dr. Noelle Stewart; Ellen Pentland; Cindy Yarborough; Sarah Gonzalez

Minutes Transcribed By: Marguerite Lynch

Meeting Scheduled For 12:45 PM

Meeting Began at 12:53 PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Mrs. Bessie Brown called the meeting to order. Roll call was taken. Mrs. Bessie Brown read the Affirmation of Mission	The meeting was called to order at 12:53 pm.
2. Agenda Approval 2A. Additions/Deletions/ Substitutions 2B. Motion to Approve Agenda Items	Mrs. Bessie Brown called for an approval of the meeting agenda. Dr. Andric made a substitution for item 8A2 – Change in Scope –Mangonia Park. The document was updated and distributed at the meeting for consideration. The agenda for the December 2018 meeting was approved wit substitution of updated document referenced above.	VOTE TAKEN: Mr. Kendle made a motion to approve the agenda with the substitution as referenced. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.
3. Awards, Introductions and Presentations	Dr. Andric recognized Bessie Brown, David Kendle and Francis Navarro, for their many years of Board service	No action necessary.

	<p>with a plaque. They will be exiting the Board of Directors after this meeting due to term expiration. Remaining Board members offered their comments and gratitude.</p> <p>Darcy Davis, thanked the board members who will be leaving the Board of Directors for their many years of service and advocacy on behalf of the clinic patients.</p> <p>Valerie Shahriari also thanked the board members for their contributions and many years of service to the clinics board.</p>	
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes 6A Staff Recommends a Motion to Approve: Board Meeting Minutes of November 28, 2018	<p>There were no changes to the minutes dated November 28, 2018.</p> <p>Ms. Brown asked for an explanation of the minutes on page 4. Could you explain the PCMH recognition in Jupiter and West Boca. Dr. Andric explained the process. All other locations are currently PCMH certified. These two locations have to go through the certification process that takes quite a while to complete.</p>	VOTE TAKEN: Mr. Kendle made a motion to approve the minutes of November 28, 2018 as presented. The motion was duly seconded by Ms. Navarro. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Mr. Kendle made a motion to approve the consent agenda as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: December 2018 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.
7B. POLICIES		

<p>7B-1. Staff recommends a Motion to Approve: Telemedicine and Tracking Higher Level of Care Referrals Policies</p>	<p>Staff presented policy 1500-18 Telemedicine Services and 832-14 Tracking Higher Level of Care Referrals for approval. The C.L. Brumback Primary Care Clinics have contracted with Certintell to provide telepsych services between clinics. This will allow our two psychiatrists to see more patients overall. The clinics have also changed the title of the policy previously named "Tracking Hospital and ER Visits" to "Tracking Higher Level of Care Referrals" to accurately reflect the processes in place.</p>	<p>Motion referenced above. No further action necessary.</p>
<p>8. Regular Agenda</p>		
<p>A. EXECUTIVE</p>		
<p>8A-1. RECEIVE AND FILE: Executive Director Informational Update</p>	<p>Dr. Andric provided an Executive Director informational update:</p> <p>Lakeside Medical Center Clinic (Belle Glade) The project is 95% complete with demolition and 90% complete with put back work (i.e. metal framing) Permits are expected this week. Many contracts for subcontractors are in place. Terry Megiveron is participating in daily huddles with construction team. IT is working hard to get this set up by end of March. April/May will be the future open house.</p> <p>Mobile Van was recently parked at the Lords Place. This is a busy homeless resource facility in West Palm. The Lord's Place employees toured the coach and we saw 5 patients. It will be an excellent center to park at.</p> <p>Mr. Kendle asked for the mobile van have we also alerted law enforcement about our services. Dr. Andric advised that we work closely with Homeless Assessment Team from the County. We also have an LCSW who will be starting soon and providing service from the mobile van. Sheriff's Department usually recommends patients go to the clinics. There is a schedule for the mobile van that is not yet available on the Internet. IT is working on this. We are distributing in paper form at this time in the community.</p>	<p>Receive and file. No further action necessary.</p>

	<p>Ms. Howard has noticed homeless often congregate around churches for food. Dr. Andric advised we are trying to connect in the community where the other homeless services are.</p>	
<p>8A-2. Change in Scope – Mangonia Park</p>	<p>In September, we received additional HRSA funding that we will utilize to expand the Lantana MAT Clinic to a new larger location next door to the JFK North Emergency Room. The clinic will be named Mangonia Park. The C.L. Brumback Clinics are respectfully requesting approval to proceed with a Change in Scope application with HRSA to add a new health center site. The proposed site will be located at 2151 N. Congress, Ste. 102, West Palm Beach, FL. This site is a stand-alone clinic that will house our existing, and expanded Medication Assisted Treatment program. In addition, we will have an ARNP located at this site to assist patients with their primary medical needs.</p> <p>On July 16, 2018, the CLBPCC administration submitted a grant to HRSA requesting funding for Substance Use Disorder and Mental Health Services assistance in the amount of \$313,750 to begin September 1, 2018. In order to make this expansion, we must see approval from HRSA.</p> <p>The financial information originally included in the package had errors. The fiscal analysis was updated and distributed at the meeting. The annual net revenue reflects the incremental revenue of \$313,750 from the HRSA grant. The annual expenditures reflect the incremental cost of expanding the MAT Clinic including \$236,783 in additional staffing, and \$175,123 in additional operating expenses. Operating expenses include \$70,000 in rent, \$40,000 in furniture and equipment, \$33,600 in purchased services, \$24,435 in lab services, \$6,000 in supplies, and \$1,088 in other expenses.</p>	<p>VOTE TAKEN: Mr. Kendle made a motion to approve the Change in Scope for Mangonia Park based on substitution distributed at the meeting. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>

8B. Credentialing and Privileging		
8B-1. Staff recommends a Motion to Approve: Licensed Independent Practitioner Credentialing and Privileging	Sophia March, ARNP, has satisfactorily completed the credentialing and privileging process and met the standards set forth within the approved Credentialing and Privileging Policy. Staff recommends the Board approve the initial credentialing and privileging for Sophia March, ARNP.	VOTE TAKEN: Mr. Kendle made a motion to approve the initial credentialing and privileging of Sophia March, ARNP as presented. The motion was duly seconded by Ms. Howard. A vote was called, and the motion passed unanimously
9. CMO, VP and Executive Director of Clinical Services Comments	Dr. Andric had no additional comments.	No action necessary.
10. Board Member Comments	<p>Mr. Mullen thanked the board members who are leaving for their leadership.</p> <p>Mr. Elder also said it is a pleasure to have worked with them and he has learned a lot from each of them.</p> <p>Ms. Howard thanked them and their example of community services.</p> <p>Ms. Roude is sorry she hasn't worked with everyone longer. She appreciates the work that they have done before her and providing a clear mission for her to follow.</p> <p>Mr. Kendle shared that everyone will continue to giving back to their community in other ways.</p>	No action necessary.
11. Establishment of Upcoming Meetings	<p>2019 Board of Directors Meetings were approved at the November 28, 2018 Board meeting. All meetings start at 12:45 PM:</p> <ul style="list-style-type: none"> • January 30, 2019 • February 27, 2019 • March 26, 2019 (2:00 PM start) Joint with HCD • March 27, 2019 (12:15 PM) Strategic Planning • April 24, 2019 • June 26, 2019 • July 31, 2019 • August 28, 2019 	No action necessary.

	<ul style="list-style-type: none"> • September 25, 2019 • October 30, 2019 • November 27, 2019 • December 18, 2019 	
12. Motion to Adjourn	There being no further business, the meeting was adjourned.	Mr. Kendle made a motion to adjourn and Mr. Elder seconded. The meeting was adjourned at 1:33 p.m.

Minutes Submitted by: _____
Signature Date

**C. L. Brumback Primary Care Clinics
Board of Directors**

Attendance Tracking

	7/25/18	8/22/18	9/26/18	10/24/18	11/28/18	12/12/18	1/30/19	2/27/19	3/26/19	4/24/19	5/29/19	6/26/19
James Elder	X	X	X	X	X	X						
Irene Figueroa	X	X	E	X	X	X						
John Casey Mullen	X	X	X	X	X	X						
Shanti Howard	E	X	X	X	E	X						
Cory M. Neering	X	X	X	E	X	E						
Joan Roude	X	X	E	X	E	X						
Joseph Morel			X	X	X	E						

X= Present

C= Cancel

E= Excused

A= Absent

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019**

1. Description: Summary of Board Member Self-Evaluations

2. Summary:

In December, the board completed an annual self-evaluation.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics completes an annual self-evaluation yearly. Attached you will find the tally for 2018.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

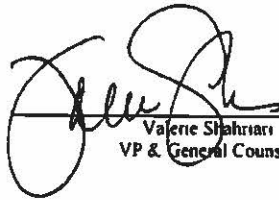
Date Approved

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019**


6. Recommendation:

Staff recommends the Board receive and file the Board member self-evaluation tally results.


Approved for Legal sufficiency :



Valerie Shahriari
VP & General Counsel



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services



**BOARD SELF EVALUATION
 TALLY SHEET 2018**

Criteria or Measures of:	YES	NO	Need to Work On	N/A
Our Board Prepares to do its job by				
SELECTION AND COMPOSITION				
Ensuring that the Board is composed of persons vitally interested in the work of the organization.	9			
Ensuring that the Board is widely representative of the community.	9			
Ensuring that there is a satisfactory combination of experience and new Board members to guarantee both continuity and new thinking.	8			
ORIENTATION AND TRAINING				
Ensuring that the organization has a Board Member manual, which it supplies to all Board members. The manual is revised periodically.	9			
Ensuring that Board members participate in community, state regional and national training opportunities.	9			
Conducting a thorough orientation of all new Board members.	9			
Integrating new members into the team as quickly as possible	8	1		
Attending Board development activities for all Board members.	8		1	
Providing Board development activities for all Board members.	8		1	
Performing an annual evaluation of Board and organization operations.	9			
Providing all Board members with copies of the mission statement, by-laws, and all other important documents of all organization.	8		1	
Touring all facilities on a regular basis.	6	2	1	
Ensuring that Board members understand their legal responsibilities	9			
Ensuring that Board activities are confined to policy issues rather than management issues.	9			



**BOARD SELF EVALUATION
 TALLY SHEET 2018**

Criteria or Measures of:	YES	NO	Need to Work On	N/A
Our Board Ensures Good Meeting by				
Ensuring that the minutes of the Board and committee meetings are written and circulated to members	9			
Limiting most meeting to two (2) hours or less.	9			
Providing a comfortable meeting room conducive to business	9			
Convening and adjourning on time.	9			
Sticking to the prepared agenda and are businesslike.	7	1	1	
Working for consensus rather than fighting for a majority	8	1		
Following a businesslike system of parliamentary rules.	9			
Including the Executive Director and/or other appropriate staff.	9			
Confining all discussion to policy issues and avoiding management issues.	9			
Allowing/encouraging all Board members to participate in discussion.	9			
INDIVIDUAL BOARD MEMBERS				
Attend at least 80% of all Board meetings and committee meetings to which they are assigned.	9			
Come to meetings prepared to discuss agenda issues.	9			
Come to meetings on time.	9			
See themselves as a part of a team effort.	8			
Act as lobbyists for the organization, as required and/or needed.	9			
Know their responsibility as trustees of the organization.	9			
Attempt to exercise authority only during official meetings of a Board	9			
Represent the Board interest of the organization and all constituents, not special interests.	9			
Understand that the most efficient way to govern is to delegate management to the Executive Director.	9			
Our Board Plans for the future of the organization by:				
Annually reviewing and approving the mission statement.	6			
Operating from opportunity to opportunity rather than crisis to crisis.	9			

BOARD SELF EVALUATION TALLY SHEET 2018

Comments:

REINFORCEMENTS AND SOLUTIONS:

In which of the major categories above does the Board show real strength?

- Rather come working for consensus than fighting for majority.
- Through a diverse board make-up.
- See themselves as part of a team effort.
- Represent the board interest.
- Organization.

In which of the major categories above does our Board need improvement?

- Participating in community, State, Regional and national opportunities.
- Participation in training opportunities.



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

1. Description: Referral Tracking Policy

2. Summary:

C. L. Brumback Primary Care Clinics have updated the Referral Tracking Policy to align with their current process.

3. Substantive Analysis:

Attached you will find the Referral Tracking Policy staff are recommending for approval.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N A

Committee Name

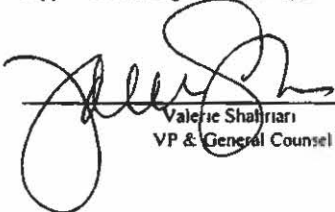
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019


6. Recommendation:

Staff recommends the Board approve the updated Referral Tracking Policy.


Approved for Legal sufficiency:



Valerie Shafarian
VP & General Counsel



Dr Noelle Stewart D O
FQHC Medical Director



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services



POLICY

Policy Title: **Referral Tracking**

Effective Date: 7/26/2017

Department: **Primary Care Clinics**

Policy Number: 831-14

POLICY

It is the policy of CL Brumback Primary Care Clinics to track referrals to specialists generated by all our service lines including but not limited to Primary Care Medical, Dental, OB/GYN, Behavioral Health and Substance Abuse programs, using an electronic reporting system.

APPROVED BY	DATE
Belma Andric, MD, MPH, FQHC Executive Director	
Board Chair	

POLICY REVISION HISTORY

Original Policy Date

10/23/2014

Revisions

07/26/2017	
01/30/2019	

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

1. Description: Modification of General Dentistry clinical privileges

2. Summary:

The agenda item represents the practitioner(s) recommended by the Dental Director for modification of their current General Dentistry privileges to include Sectioning of bridge(s) to facilitate removal of teeth.

3. Substantive Analysis:

The practitioner(s) listed below meet the qualifications to perform Sectioning of bridge(s) to facilitate removal of teeth documented by the practitioner's education, training and experience.

Last Name	First Name	Credentials	Specialty
Seminario	Ada	DDS	General Dentistry

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

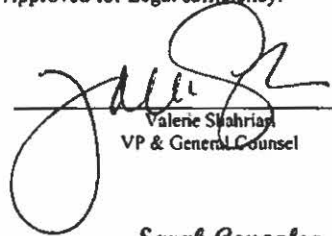
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

6. Recommendation:

Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. Ada Seminario, General Dentistry.


Approved for Legal sufficiency:



Valene Shahriani
VP & General Counsel

Sarah Gonzalez

Sarah Gonzalez, CPMSM, CPC
Director, Credentialing & Provider Services



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

DISTRICT CLINICS HOLDING, INC.
BOARD OF DIRECTORS
January 30, 2019

1. Description: Board Member Resignation – Joan Roude

2. Summary:

Joan Roude has notified the C.L. Brumback Primary Care Clinics that she is resigning from her position on the Board.

3. Substantive Analysis:

On January 22, 2019, Joan Roude provided email notification to the C. L. Brumback Primary Care Clinics that she is resigning from her position on the Board. Ms. Roude indicated that other responsibilities have limited her available time.

Ms. Roude conveyed that serving on the Clinic Board has been an honor and a pleasure and that the residents of Palm Beach County are fortunate to have the Clinics available to them.

Ms. Roude also indicated she will continue to follow the Clinics' progress as a member of the Health Care District Finance and Audit Committee.

Consistent with the District Clinics Holdings, Inc. Bylaws, Section 9.2(a), the Board has the following requirements to fill the open Board position.

9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing or to replace any member whose Term is ended, will be as follows:

- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.

Staff recommends that the Nominating/Membership Committee meet prior to the next Board meeting to identify candidates to nominate to fill the vacancy.

DISTRICT CLINICS HOLDING, INC.
BOARD OF DIRECTORS
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4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

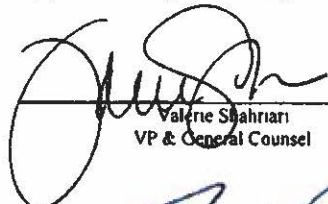
 Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board Receive and File Joan Roude's resignation from the Board.


Approved for Legal sufficiency:



 Valerie Shahriari
 VP & General Counsel



 Thomas Cleare
 Vice President of Strategy



 Dr. Belma Andric
 Chief Medical Officer, VP & Executive Director
 of Clinic Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

1. Description: Board Member Re-Appointments

2. Summary:

The 3-year Board Membership term ended December 31, 2018. All Board Members eligible for re-appointment must be re-appointed to another 3-year term.

3. Substantive Analysis:

The current 3-year Board Membership term ended on December 31, 2018. All Board Members eligible for re-appointment must be re-appointed to another 3-year term.

Board Members cannot be re-appointed if they have served 2 full terms. The following Board Members are eligible for re-appointment:

James Elder
John Casey Mullen
Cory Neering
Irene Figueroa
Shanti Howard
Joseph Morel

For reference, the information on Board Membership Terms as specified in the Bylaws under Section 9, is provided below:

Section 9 – Term of Membership

- 9.1 Board membership will be for a period of three (3) years starting in January of each year and terminate in December of the third year. No Board member shall serve more than two (2) consecutive terms. If at any time there is a question concerning the length of the term of office for any Board member, the Governing Board will decide through any appropriate means the term of the questioned incumbent.
- 9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing may or to replace any member whose Term is ended, will be as follows:
 - a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.

- b. Members eligible to serve for a second 3-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Members 3-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the annual meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the annual meeting. In selecting its new members, the Board will use the criteria set out in Section 8.
- 9.3 Membership on the board may be terminated by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences. For purposes of these Bylaws, an unexcused absence occurs when a Board member fails to attend a regularly scheduled meeting and fails to give advance notice of such absence to the Executive Director who will notify the Chair. After two (2) unexcused absences, the secretary shall send the member a reminder. On the third unexcused absence, the Board shall take action to terminate membership and the individual shall be so advised. The migrant/seasonal farm worker who is absent due to job obligation will be granted and excused absence without restrictions.
- 9.4 Board member can be removed for cause including, but not limited to:
- a. Repeated failure to attend Board meetings, or for conduct detrimental to the interests of the clinics.
 - b. Refusing to act in a manner consistent with the clinic's mission and priorities.
 - c. Individual is suspended or debarred from participation in federal programs.
- 9.5 Each member will be entitled to one (1) vote.
- a. Membership shall be designated as Consumer, Health Care Provider, Community Representative, or Migrant/Seasonal Farm worker.
 - b. Voting Conflict. No member shall cast a vote on any matter that could result in direct or indirect financial benefit to such member or otherwise give the appearance of or create a conflict of interest as defined in Ch. 112, Florida Statutes. Nothing in the foregoing shall prevent Board Members from voting upon matters of Board Compensation as set forth in Section 10.5.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

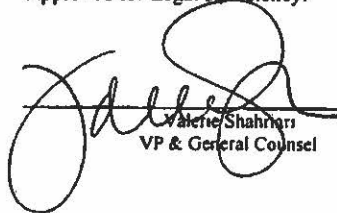
 Committee Name

 Date Approved


6. Recommendation:

Staff recommends the Board approve the re-appointment of James Elder, John Casey Mullen, Cory Neering, Irene Figueroa, Shanti Howard, and Joseph Morel to a 3-year term beginning January 1, 2019 and expiring December 31, 2021.

Approved for Legal sufficiency:


 Irene Shahriari
 VP & General Counsel


 Thomas Cleare
 VP of Strategy


 Dr. Belma Andric
 Chief Medical Officer VP & Executive Director
 of Clinic Services

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019**

1. Description: Appointment of Julia Bullard and Mike Smith to the Clinic Board

2. Summary:

Julia Bullard and Mike Smith’s applications for the Board or Committee Appointment.

3. Substantive Analysis:

Julia Bullard and Mike Smith have submitted applications for consideration to the Membership / Nominating Committee to be appointed to the District Clinic Holdings, Inc. Board of Directors.

Ms. Bullard is a retired elementary school principal with expertise in working with divers groups.

Mr. Smith is a former healthcare executive and previously served on the Health Care District Finance and Audit Committee.

A copy of Ms. Bullard and Mr. Smith’s applications are attached to this agenda item.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N A

Dawn Richards
VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

5. Reviewed/Approved by Committee:

Nominating Committee

Committee Name

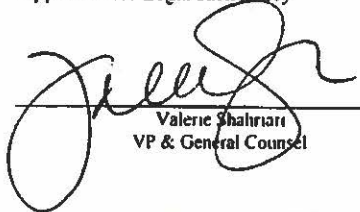
1/15/2019

Date Approved

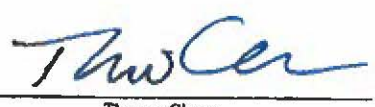
6. Recommendation:

The Nominating Committee recommends the Board approve Julia Bullard and Mike Smith to join the District Clinic Holdings, Inc. Board.


Approved for Legal sufficiency



Valerie Shahriari
VP & General Counsel



Thomas Cleare
VP of Strategy



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

1. Description: Board Member Committee Assignments

2. Summary:

The Board has several vacant committee assignments that need to be filled. This agenda item presents the listing of the most recent assignments and requests that the Board fill the open committee assignments.

3. Substantive Analysis:

The recent term limits for 3 Board Members has created vacancies on some of the Clinic and District committees. Below is a listed of the current assignments.

Finance Committee

Vacant, Chair – formerly David Kendle

James Elder, Vice Chair

Vacant – formerly Francis Navarro

Vacant – formerly Bessie Brown

Membership/Nominating Committee

John Casey Mullen

Irene Figueroa

Health Care District Board Advisory Member

James Elder

Quality Council

Vacant – formerly Francis Navarro

Good Health Foundation

Vacant – formerly David Kendle

Health Care District Quality, Patient Safety and Compliance Committee

James Elder

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

Health Care District Finance Committee

Vacant – formerly Joan Roude

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure

N/A

 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

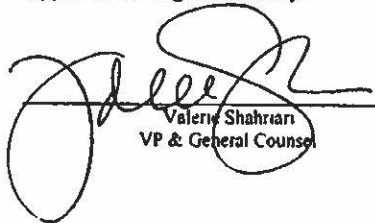
 Committee Name

 Date Approved

6. Recommendation:

Staff recommends the Board fill the vacant committee assignments.


Approved for Legal sufficiency:



 Valerie Shahrman
 VP & General Counsel



 Thomas Cleare
 VP of Strategy



 Dr. Belma Andric
 Chief Medical Officer, VP & Executive Director
 of Clinic Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

1. Description: C. L. Brumback Primary Care Clinics Financial Report December 2018

2. Summary:

The YTD December 2018 financial statements for the C.L. Brumback Primary Care Clinics are presented for your information.

3. Substantive Analysis:

Management has provided the income statements for C.L. Brumback Primary Care Clinics. Additional Management discussion and analysis is incorporated into the financial statements presentation.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

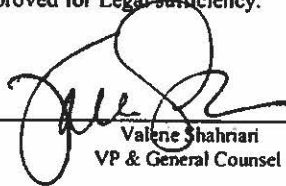
 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

6. Recommendation:

Staff recommends the Board receive and file the December 2018 financials.


Approved for Legal sufficiency:



Valene Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

MEMO

To: Finance Committee
From: Dawn L. Richards
Chief Financial Officer
Date: January 23, 2019

Subject: Management Discussion and Analysis of December 2018 C.L. Brumback Primary Care Clinic Financial Statements

The December statements represent the financial performance for the first three months of the 2019 fiscal year for C.L. Brumback. Included below are explanations of volume, revenue and expense variances.

Summary

Clinic volumes (medical, dental, and Suboxone combined), are below budget by 1,957 visits or 5.9%. Suboxone clinic visits of 872 were above budget of 824 by 48 or 5.8%. All other medical clinics combined (net of Suboxone) were below budgeted volume by 573 visits or 2.4%. Mobile van visits of 544 were above budget of 520 by 24 or 4.6%. Total revenues are below budget by \$196k or 4.3% due to less than anticipated grants revenue for the Belle Glade Construction and Quality Incentive. Total operating expenses are below budget by \$378k or 6.1%. Net operating margin is a loss of \$2.5M compared to a budgeted loss of \$2.8M. The Health Care District has subsidized the Primary Care Clinics with \$2.6M.

Volume Analysis

Total medical clinic visits in all adult and pediatric clinics of 24,510 were below budget of 25,035 by 525 or 2.1% and are below prior year of 24,601 by 91 or 0.4%. Dental visits of 6,513 were below budget of 7,945 by 1,432 or 18.0% and below prior year of 8,297 by 1,784 or 21.5%. Suboxone clinic visits of 872 were above budget of 824 by 48 or 5.8%. Medical visits (net of Suboxone) of 23,638 were below budget of 24,211 by 573 or 2.4% and below prior year of 23,917 by 279 or 1.2%.

Net Revenue

Clinic Medical net patient revenue of \$1.9M was above budget of \$1.7M by \$194k or 11.2% and below prior year of \$2.3M by \$409k or 17.5%. Medical net patient revenue per visit was \$78.6 compared to budget of \$69.2 and prior year of \$95.0. Clinic Dental net patient revenue of \$564k was above budget of \$551k by \$13k or 2.3% and below prior year of \$957k by \$393k or 41.1%. Dental net patient revenue per visit was \$86.6 compared to budget of \$84.6 and prior year of \$115.4. Grant revenue of \$1.9M was below budget of \$2.3M by \$393k or 17.4% and above prior year of \$1.8M by \$109k or 6.2%. This is due to the delayed relocation of the Belle Glade clinic to

Lakeside Medical Center, the clinics were unable to recognize HRSA grant funding for construction at the site. Other revenue of \$38k is below budget of \$47k by \$9k or 19.4% due to less than anticipated EHR incentive.

Expenses

Total Clinics operating expenses are positive in benefits (\$43k), medical services (\$38k), and other supplies (\$33k). Clinic Medical operating expenses of \$4.8M were below budget of \$5.0M by \$202k or 4.0% and above prior year of \$4.3M by \$410k or 9.4%. Notable favorable variances are in benefits (\$36k), other supplies (\$16k), and other expense (\$11k). Clinic Dental operating expenses of \$1.1M were below budget of \$1.2M by \$83k or 7.0% and above prior year of \$1.0M by \$64k or 6.2%. Most of this positive variance relates to other supplies (\$18k), medical supplies (\$16k), and benefits (\$8k).

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Dec 31, 2018</u>	<u>Nov 30, 2018</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	658,577	1,168,442	\$ (509,866)
Accounts Receivable, net	1,253,874	1,077,211	176,664
Due From Other Funds	-	-	-
Due from Other Governments	1,845,151	1,178,476	666,674
Other Current Assets	181,609	234,924	(53,315)
Net Investment in Capital Assets	642,903	648,061	(5,158)
Total Assets	<u>\$ 4,582,114</u>	<u>\$ 4,307,115</u>	<u>\$ 274,999</u>
Liabilities			
Accounts Payable	437,224	435,523	1,701
Due To Other Governments	-	-	-
Deferred Revenue	81,055	94,570	(13,515)
Other Current Liabilities	685,646	523,678	161,968
Non-Current Liabilities	749,580	728,163	21,417
Total Liabilities	<u>1,953,505</u>	<u>1,781,935</u>	<u>171,570</u>
Net Position			
Net Investment in Capital Assets	642,903	648,061	(5,158)
Unrestricted	1,985,705	1,877,118	108,587
Total Net Position	<u>2,628,608</u>	<u>2,525,180</u>	<u>103,429</u>
Total Liabilities and Net Position	<u>\$ 4,582,114</u>	<u>\$ 4,307,115</u>	<u>\$ 274,999</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
2,006,898	1,888,776	118,122	6.3%	1,726,128	280,770	16.3%	5,445,259	5,597,662	(152,403)	(2.7%)	5,272,768	172,491	3.3%
955,352	452,798	(502,554)	(111.0%)	337,720	(617,632)	(182.9%)	2,109,040	1,347,212	(761,828)	(56.5%)	1,184,455	(924,585)	(78.1%)
411,855	719,664	307,809	42.8%	167,151	(244,704)	(146.4%)	1,304,575	2,129,235	824,660	38.7%	225,214	(1,079,361)	(479.3%)
187,946	185,584	(2,362)	(1.3%)	190,754	2,807	1.5%	533,590	549,078	15,488	2.8%	569,642	36,052	6.3%
1,555,153	1,358,046	(197,107)	(14.5%)	695,625	(859,528)	(123.6%)	3,947,205	4,025,525	78,320	1.9%	1,979,311	(1,967,894)	(99.4%)
346,606	237,340	109,266	46.0%	-	346,606	0.0%	992,787	712,020	280,767	39.4%	-	992,787	
798,350	768,070	30,280	3.9%	1,030,503	(232,153)	(22.5%)	2,490,841	2,284,157	206,684	9.0%	3,293,457	(802,616)	(24.4%)
39.78%	40.66%			59.70%			45.74%	40.81%		62.46%			
690,034	754,822	(64,788)	(8.6%)	610,755	79,279	13.0%	1,871,266	2,264,466	(393,200)	(17.4%)	1,762,178	109,087	6.2%
24,768	15,821	8,947	56.5%	109,616	(84,848)	(77.4%)	38,234	47,463	(9,229)	(19.4%)	114,336	(76,102)	(66.6%)
714,802	770,643	(55,841)	(7.2%)	720,371	(5,569)	(0.8%)	1,909,499	2,311,929	(402,430)	(17.4%)	1,876,514	32,985	1.8%
1,513,151	1,538,713	(25,562)	(1.7%)	1,750,874	(237,723)	(13.6%)	4,400,340	4,596,086	(195,746)	(4.3%)	5,169,972	(769,631)	(14.9%)
<i>Direct Operational Expenses:</i>													
1,317,029	1,261,616	(55,413)	(4.4%)	1,156,021	(161,008)	(13.9%)	3,894,897	3,909,072	14,176	0.4%	3,520,684	(374,213)	(10.6%)
314,881	358,121	43,240	12.1%	306,130	(8,752)	(2.9%)	976,571	1,110,173	133,602	12.0%	916,208	(60,363)	(6.6%)
50,770	63,886	13,116	20.5%	55,668	4,898	8.8%	184,412	195,421	11,009	5.6%	123,727	(60,685)	(49.0%)
14,573	40,677	26,104	64.2%	41,871	27,298	65.2%	83,706	120,434	36,728	30.5%	101,160	17,453	17.3%
2,672	35,912	33,240	92.6%	5,444	2,772	50.9%	40,767	103,196	62,429	60.5%	18,574	(22,194)	(119.5%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	15,355	15,355	100.0%
19,144	57,409	38,265	66.7%	-	(19,144)	0.0%	77,492	169,936	92,444	54.4%	-	(77,492)	0.0%
36,129	47,823	11,694	24.5%	48,821	12,692	26.0%	121,217	141,566	20,349	14.4%	148,021	26,803	18.1%
32,150	6,166	(25,984)	(421.4%)	58,740	26,590	45.3%	98,587	43,929	(54,658)	(124.4%)	137,038	38,451	28.1%
104,526	109,866	5,340	4.9%	90,150	(14,375)	(15.9%)	318,291	329,598	11,307	3.4%	310,652	(7,639)	(2.5%)
5,313	6,251	938	15.0%	8,236	2,923	35.5%	16,439	18,753	2,314	12.3%	18,802	2,363	12.6%
24,682	34,310	9,628	28.1%	9,617	(15,064)	(156.6%)	39,632	86,873	47,242	54.4%	69,778	30,146	43.2%
2,170	2,469	299	12.1%	1,416	(753)	(53.2%)	6,764	7,407	643	8.7%	4,972	(1,793)	(36.1%)
1,924,039	2,024,506	100,467	5.0%	1,782,114	(141,924)	(8.0%)	5,858,775	6,236,358	377,584	6.1%	5,384,969	(473,806)	(8.8%)
Net Performance before Depreciation													
(410,887)	(485,793)	74,906	(15.4%)	(31,240)	(379,647)	1,215.3%	(1,458,434)	(1,640,272)	181,838	(11.1%)	(214,997)	(1,243,437)	578.3%

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
5,158	20,384	15,226	74.7%	16,992	11,834	69.6%	39,671	62,584	22,913	36.6%	50,976	11,305	22.2%
<i>Overhead Allocations:</i>													
8,246	12,715	4,469	35.1%	13,641	5,395	39.5%	33,660	38,145	4,485	11.8%	29,930	(3,730)	(12.5%)
124,187	91,067	(33,120)	(36.4%)	34,355	(89,832)	(261.5%)	309,150	273,201	(35,949)	(13.2%)	130,010	(179,140)	(137.8%)
5,120	5,559	439	7.9%	-	(5,120)	0.0%	15,360	16,677	1,317	7.9%	5	(15,355)	(293,589.1%)
16,141	20,787	4,646	22.4%	20,813	4,672	22.4%	49,442	62,361	12,919	20.7%	62,646	13,204	21.1%
21,164	24,923	3,759	15.1%	26,547	5,384	20.3%	72,262	74,769	2,507	3.4%	77,115	4,853	6.3%
34,863	34,245	(618)	(1.8%)	33,802	(1,061)	(3.1%)	102,615	102,735	120	0.1%	76,863	(25,751)	(33.5%)
8,094	12,733	4,639	36.4%	13,345	5,251	39.3%	26,465	38,199	11,734	30.7%	26,391	(74)	(0.3%)
6,067	8,444	2,377	28.2%	3,963	(2,104)	(53.1%)	19,039	25,332	6,293	24.8%	12,975	(6,063)	(46.7%)
3,605	11,698	8,093	69.2%	6,603	2,998	45.4%	16,578	35,094	18,516	52.8%	18,280	1,702	9.3%
1,209	1,428	219	15.3%	1,163	(46)	(4.0%)	3,830	4,284	454	10.6%	4,032	202	5.0%
22,630	34,893	12,263	35.1%	22,431	(199)	(0.9%)	79,601	104,679	25,078	24.0%	70,866	(8,735)	(12.3%)
8,336	13,149	4,813	36.6%	7,362	(974)	(13.2%)	21,179	39,447	18,268	46.3%	20,828	(351)	(1.7%)
97,329	99,679	2,350	2.4%	80,805	(16,525)	(20.4%)	246,981	299,037	52,056	17.4%	287,415	40,434	14.1%
-	-	-	0.0%	2,397	2,397	100.0%	-	-	-	0.0%	7,046	7,046	100.0%
2,150	2,714	564	20.8%	1,372	(779)	(56.7%)	9,900	8,142	(1,758)	(21.6%)	9,437	(463)	(4.9%)
3,039	5,764	2,725	47.3%	4,302	1,263	29.4%	10,479	17,292	6,813	39.4%	13,355	2,876	21.5%
362,180	379,798	17,618	4.6%	272,899	(89,282)	(32.7%)	1,016,541	1,139,394	122,853	10.8%	847,195	(169,346)	(20.0%)
2,291,377	2,424,688	133,311	5.5%	2,072,005	(219,373)	(10.6%)	6,914,987	7,438,336	523,349	7.0%	6,283,140	(631,847)	(10.1%)
\$ (778,226)	\$ (885,975)	\$ 107,749	(12.2%)	\$ (321,131)	\$ (457,095)	142.3%	\$ (2,514,646)	\$ (2,842,250)	\$ 327,604	(11.5%)	\$ (1,113,168)	\$ (1,401,478)	125.9%
(13,581)	203,615	217,196	106.7%	(10,221)	3,360	(32.9%)	(13,581)	610,845	624,426	102.2%	-	13,581	0.0%
\$ 930,086	\$ 1,087,500	\$ 157,414	14.5%	\$ -	\$ (930,086)	0.0%	\$ 2,627,860	\$ 3,262,500	\$ 634,640	19.5%	\$ -	\$ (2,627,860)	0.0%

District Clinics Holdings, Inc. Statement of Revenues and Expenses by Month

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year to Date
Gross Patient Revenue	1,946,640	1,491,722	2,006,898	-	-	-	-	-	-	-	-	-	5,445,259
Contractual Allowances	629,927	523,761	955,352	-	-	-	-	-	-	-	-	-	2,109,040
Charity Care	522,280	370,440	411,855	-	-	-	-	-	-	-	-	-	1,304,575
Bad Debt	209,421	136,222	187,946	-	-	-	-	-	-	-	-	-	533,590
Other Patient Revenue	185,546	460,636	346,606	-	-	-	-	-	-	-	-	-	992,787
Net Patient Revenue	770,557	921,934	798,350	-	-	-	-	-	-	-	-	-	2,490,841
Collections %	39.58%												45.74%
Grant Funds	574,778	606,454	690,034	-	-	-	-	-	-	-	-	-	1,871,266
Other Revenue	4,645	8,821	24,768	-	-	-	-	-	-	-	-	-	38,234
Total Other Revenues	579,423	615,275	714,802	-	-	-	-	-	-	-	-	-	1,909,499
Total Revenues	1,349,980	1,537,209	1,513,151	-	-	-	-	-	-	-	-	-	4,400,340
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,387,450	1,190,417	1,317,029	-	-	-	-	-	-	-	-	-	3,894,897
Benefits	339,645	322,045	314,881	-	-	-	-	-	-	-	-	-	976,571
Purchased Services	65,028	68,614	50,770	-	-	-	-	-	-	-	-	-	184,412
Medical Supplies	41,828	27,305	14,573	-	-	-	-	-	-	-	-	-	83,706
Other Supplies	34,148	3,947	2,672	-	-	-	-	-	-	-	-	-	40,767
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	58,809	(461)	19,144	-	-	-	-	-	-	-	-	-	77,492
Drugs	47,555	37,534	36,129	-	-	-	-	-	-	-	-	-	121,217
Repairs & Maintenance	29,881	36,555	32,150	-	-	-	-	-	-	-	-	-	98,587
Lease & Rental	109,171	104,594	104,526	-	-	-	-	-	-	-	-	-	318,291
Utilities	4,568	6,558	5,313	-	-	-	-	-	-	-	-	-	16,439
Other Expense	15,526	(576)	24,682	-	-	-	-	-	-	-	-	-	39,632
Insurance	2,425	2,170	2,170	-	-	-	-	-	-	-	-	-	6,764
Total Operational Expenses	2,136,034	1,798,702	1,924,039	-	-	-	-	-	-	-	-	-	5,858,775
Net Performance before Depreciation & Overhead Allocations	(786,055)	(261,492)	(410,887)	-	-	-	-	-	-	-	-	-	(1,458,434)
Depreciation	17,256	17,256	5,158	-	-	-	-	-	-	-	-	-	39,671
<i>Overhead Allocations:</i>													
Risk Mgt	9,302	16,111	8,246	-	-	-	-	-	-	-	-	-	33,660
Rev Cycle	86,904	98,059	124,187	-	-	-	-	-	-	-	-	-	309,150
Internal Audit	5,120	5,120	5,120	-	-	-	-	-	-	-	-	-	15,360
Palm Springs Facility	17,032	16,269	16,141	-	-	-	-	-	-	-	-	-	49,442
Administration	24,974	26,124	21,164	-	-	-	-	-	-	-	-	-	72,262
Human Resources	33,486	34,265	34,863	-	-	-	-	-	-	-	-	-	102,615
Legal	6,468	11,903	8,094	-	-	-	-	-	-	-	-	-	26,465
Records	6,520	6,452	6,067	-	-	-	-	-	-	-	-	-	19,039
Compliance	5,776	7,197	3,605	-	-	-	-	-	-	-	-	-	16,578
Planning/Research	1,340	1,281	1,209	-	-	-	-	-	-	-	-	-	3,830
Finance	24,095	32,875	22,630	-	-	-	-	-	-	-	-	-	79,601
Public Relations	6,478	6,365	8,336	-	-	-	-	-	-	-	-	-	21,179
Information Technology	80,379	69,273	97,329	-	-	-	-	-	-	-	-	-	246,981
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	3,986	3,764	2,150	-	-	-	-	-	-	-	-	-	9,900
Managed Care Contract	3,421	4,019	3,039	-	-	-	-	-	-	-	-	-	10,479
Total Overhead Allocations	315,282	339,079	362,180	-	-	-	-	-	-	-	-	-	1,016,541
Total Expenses	2,468,573	2,155,037	2,291,377	-	-	-	-	-	-	-	-	-	6,914,987
Net Margin	\$ (1,118,593)	\$ (617,827)	\$ (778,226)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (2,514,646)
Capital	-	-	(13,581)	-	-	-	-	-	-	-	-	-	(13,581)
General Fund Support/ Transfer In	1,101,337	596,437	930,086	-	-	-	-	-	-	-	-	-	\$ 2,627,860

District Clinics Holdings, Inc. - Medical Statement of Revenues and Expenses by Location

FOR THE THIRD MONTH ENDED DECEMBER 31, 2018

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Jerome Golden Center	Lewis Center	Rams Clinic	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subzone Clinic	Mobile Van	Total
Gross Patient Revenue	-	795,766	906,523	682,183	477,819	-	208,294	-	694,518	230,051	436,788	-	87,389	4,519,332
Contractual Allowances	-	355,538	321,311	330,751	238,983	(5,021)	106,488	158	243,833	73,829	171,019	-	26,770	1,863,659
Charity Care	-	162,995	215,666	96,085	61,884	-	40,111	-	159,823	38,010	90,973	-	15,287	880,834
Bad Debt	-	89,669	140,760	83,978	74,621	(2,670)	42,457	(92)	37,681	7,019	24,443	-	21,670	519,537
Total Contractual Allowances and Bad Debt	-	608,203	677,738	510,814	375,488	(7,690)	189,056	66	441,336	118,859	286,434	-	63,727	3,264,030
Other Patient Revenue	-	142,874	107,479	135,309	93,950	-	18,677	-	104,277	28,517	32,313	-	8,100	671,495
Net Patient Revenue	-	330,438	336,265	306,678	196,281	7,690	37,915	(66)	357,459	139,708	182,667	-	31,762	1,926,797
Collection %	0.00%	41.52%	37.09%	44.96%	41.08%	0.00%	18.20%	0.00%	51.47%	60.73%	41.82%	0.00%	36.35%	42.63%
Grant Funds	204,770	223,283	216,998	196,653	125,986	-	55,189	-	246,724	71,043	107,197	51,586	8,798	1,508,227
Other Revenue	6,705	4,257	1,062	1,690	3,461	-	148	-	3,516	2,812	842	13,506	4	38,001
Total Other Revenues	211,475	227,541	218,060	198,343	129,447	-	55,337	-	250,240	73,855	108,038	65,092	8,802	1,546,228
Total Revenues	211,475	557,978	554,324	505,021	325,728	7,690	93,252	(66)	607,699	213,563	290,705	65,092	40,564	3,473,025
<i>Direct Operational Expenses:</i>														
Salaries and Wages	434,096	479,349	472,150	400,812	266,540	-	116,204	-	491,180	149,870	221,348	80,906	61,574	3,174,028
Benefits	76,876	110,106	120,550	115,441	68,181	-	25,689	-	134,490	39,122	52,617	18,975	20,208	782,253
Purchased Services	8,935	20,771	20,737	15,294	15,989	-	2,419	-	27,596	20,957	18,707	284	4,851	156,540
Medical Supplies	-	4,347	15,661	3,785	3,587	-	1,677	-	6,711	746	2,324	-	-	38,838
Other Supplies	9,715	595	8,881	(714)	702	-	57	-	1,162	421	574	-	1,865	23,259
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	13,398	16,378	-	14,554	-	1,602	-	15,601	2,650	13,309	-	-	77,492
Drugs	-	26,563	46,502	23,827	10,508	-	916	-	6,727	4,608	952	-	0	120,603
Repairs & Maintenance	-	15,220	15,157	15,864	8,955	-	2,528	-	15,759	5,906	8,505	900	1,063	89,856
Lease & Rental	-	34,355	20,030	25,945	41,761	5,013	636	-	57,685	19,327	28,562	-	-	233,314
Utilities	-	272	986	272	5,877	-	544	-	2,630	1,692	1,353	-	-	13,625
Other Expense	26,424	1,228	811	1,336	1,057	-	1,447	-	553	345	2,518	-	108	35,828
Insurance	-	1,271	1,069	864	316	90	-	-	200	169	193	-	2,387	6,559
Total Operational Expenses	556,046	707,474	738,913	602,726	438,028	5,103	153,720	-	760,293	245,812	350,961	101,065	92,057	4,752,196
Net Performance before Depreciation & Overhead Allocations	(344,571)	(149,496)	(184,588)	(97,705)	(112,300)	2,588	(60,468)	(66)	(152,594)	(32,248)	(60,256)	(35,973)	(51,493)	(1,279,172)
Depreciation	2,231	1,330	1,143	449	627	107	322	14	1,815	1,281	1,199	-	18,750	29,268
<i>Overhead Allocations:</i>														
Risk Mgt	3,450	3,709	3,706	3,275	2,105	-	779	-	4,323	1,481	2,222	1,387	624	27,060
Rev Cycle	-	38,502	38,470	33,998	21,846	-	8,083	-	44,873	15,374	23,062	14,397	6,481	245,086
Internal Audit	1,574	1,693	1,691	1,495	960	-	355	-	1,973	676	1,014	633	285	12,348
Palm Springs Facility	43,986	-	-	-	-	-	-	-	-	-	-	-	-	43,986
Administration	7,406	7,963	7,956	7,031	4,518	-	1,672	-	9,280	3,180	4,770	2,977	1,340	58,094
Human Resources	6,368	13,161	12,355	11,038	6,368	-	2,123	-	12,142	4,670	8,067	4,246	1,698	82,236
Legal	2,712	2,916	2,914	2,575	1,655	-	612	-	3,399	1,164	1,747	1,090	491	21,276
Records	1,951	2,098	2,096	1,852	1,190	-	440	-	2,445	838	1,257	784	353	15,306
Compliance	1,699	1,827	1,825	1,613	1,037	-	384	-	2,129	729	1,094	683	308	13,328
Planning/Research	393	422	422	373	239	-	89	-	492	169	253	158	71	3,079
Finance	8,158	8,771	8,764	7,745	4,977	-	1,841	-	10,223	3,502	5,254	3,280	1,477	63,993
Public Relations	2,171	2,334	2,332	2,061	1,324	-	490	-	2,720	932	1,398	873	393	17,026
Information Technology	25,314	27,216	27,193	24,032	15,442	-	5,714	-	31,719	10,867	16,302	10,177	4,581	198,556
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	1,015	1,091	1,090	963	619	-	229	-	1,271	436	653	408	184	7,959
Managed Care Contract	-	1,305	1,304	1,152	740	-	274	-	1,521	521	782	488	220	8,307
Total Overhead Allocations	106,197	113,007	112,119	99,203	63,021	-	23,085	-	128,511	44,538	67,873	41,580	18,506	817,641
Total Expenses	664,475	821,811	852,175	702,378	501,676	5,209	177,127	14	890,618	291,631	420,032	142,645	129,312	5,599,105
Net Margin	\$ (453,000)	\$ (263,833)	\$ (297,850)	\$ (197,357)	\$ (175,948)	\$ 2,481	\$ (83,875)	\$ (80)	\$ (282,919)	\$ (78,068)	\$ (129,327)	\$ (77,554)	\$ (88,748)	\$ (2,126,080)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer in	\$ 2,627,860	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,627,860

District Clinic Holdings, Inc.- Medical Statement of Revenue and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,748,762	1,549,791	198,971	12.8%	1,425,915	322,847	22.6%	4,519,332	4,594,725	(75,393)	(1.6%)	4,299,396	219,936	5.1%
869,005	382,027	(486,978)	(127.5%)	358,242	(510,763)	(142.6%)	1,863,659	1,137,824	(725,835)	(63.8%)	1,250,348	(613,311)	(49.1%)
300,323	562,116	261,793	46.6%	152,762	(147,561)	(96.6%)	880,834	1,663,107	782,273	47.0%	184,965	(695,869)	(376.2%)
189,154	170,751	(18,403)	(10.8%)	178,568	(10,586)	(5.9%)	519,537	505,193	(14,344)	(2.8%)	527,945	8,408	1.6%
1,358,482	1,114,894	(243,588)	(21.8%)	689,572	(668,910)	(97.0%)	3,264,030	3,306,124	42,094	1.3%	1,963,258	(1,300,772)	(66.3%)
232,242	148,099	84,143	56.8%	-	232,242	0.0%	671,495	444,297	227,198	51.1%	-	671,495	0.0%
622,522	582,996	39,526	6.8%	736,343	(113,822)	(15.5%)	1,926,797	1,732,898	193,899	11.2%	2,336,138	(409,342)	(17.5%)
35.60%	37.62%			51.64%			42.63%	37.71%		54.34%			
552,339	560,993	(8,654)	(1.5%)	510,864	41,476	8.1%	1,508,227	1,682,979	(174,752)	(10.4%)	1,467,793	40,434	2.8%
24,768	12,988	11,780	90.7%	109,616	(84,848)	(77.4%)	38,001	38,964	(963)	(2.5%)	114,336	(76,335)	(66.8%)
577,107	573,981	3,126	0.5%	620,480	(43,373)	(7.0%)	1,546,228	1,721,943	(175,715)	(10.2%)	1,582,130	(35,901)	(2.3%)
1,199,629	1,156,977	42,652	3.7%	1,356,823	(157,194)	(11.6%)	3,473,025	3,454,841	18,184	0.5%	3,918,268	(445,243)	(11.4%)
<i>Direct Operational Expenses:</i>													
1,083,982	1,028,755	(55,227)	(5.4%)	952,590	(131,392)	(13.8%)	3,174,028	3,187,545	13,517	0.4%	2,849,092	(324,936)	(11.4%)
254,861	290,477	35,616	12.3%	247,009	(7,851)	(3.2%)	782,253	900,478	118,225	13.1%	729,336	(52,917)	(7.3%)
41,480	52,229	10,749	20.6%	44,608	3,128	7.0%	156,540	156,456	(84)	(0.1%)	99,594	(56,946)	(57.2%)
6,682	17,067	10,385	60.8%	19,732	13,051	66.1%	38,838	50,523	11,685	23.1%	47,195	8,357	17.7%
8,573	24,177	15,604	64.5%	6,223	(2,351)	(37.8%)	23,259	69,975	46,716	66.8%	16,873	(6,386)	(37.8%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	15,355	15,355	100.0%
19,144	57,409	-	0.0%	-	(19,144)	0.0%	77,492	169,936	-	0.0%	-	(77,492)	0.0%
36,054	46,175	10,121	21.9%	47,187	11,133	23.6%	120,603	136,684	16,081	11.8%	143,816	23,213	16.1%
28,281	4,409	(23,872)	(541.4%)	53,581	25,300	47.2%	89,856	27,872	(61,984)	(222.4%)	121,208	31,352	25.9%
74,267	82,422	8,155	9.9%	72,929	(1,338)	(1.8%)	233,314	247,266	13,952	5.6%	239,669	6,354	2.7%
4,340	5,503	1,163	21.1%	7,209	2,869	39.8%	13,625	16,509	2,884	17.5%	16,447	2,822	17.2%
20,454	31,285	10,831	34.6%	8,280	(12,174)	(147.0%)	35,828	76,653	40,825	53.3%	59,259	23,431	39.5%
2,105	2,410	305	12.7%	1,331	(774)	(58.2%)	6,559	7,230	671	9.3%	4,671	(1,889)	(40.4%)
1,580,223	1,642,318	23,831	1.5%	1,460,678	(119,545)	(8.2%)	4,752,196	5,047,127	202,486	4.0%	4,342,515	(409,681)	(9.4%)
Net Performance before Depreciation													
(380,594)	(485,341)	66,482	(13.7%)	(103,855)	(276,739)	266.5%	(1,279,172)	(1,592,286)	220,670	(13.9%)	(424,247)	(854,924)	201.5%

District Clinic Holdings, Inc.- Medical Statement of Revenue and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
9,900	6,072	(3,828)	(63.0%)	4,517	(5,382)	(119.1%)	Depreciation	29,268	18,216	(11,052)	(60.7%)	13,552	(15,716)	(116.0%)
<i>Overhead Allocations:</i>														
6,630	10,221	3,591	35.1%	10,702	4,072	38.1%	Risk Mgt	27,060	30,663	3,603	11.7%	23,479	(3,581)	(15.3%)
98,452	72,195	(26,257)	(36.4%)	26,627	(71,825)	(269.7%)	Rev Cycle	245,086	216,585	(28,501)	(13.2%)	100,765	(144,321)	(143.2%)
4,116	4,469	353	7.9%	-	(4,116)	0.0%	Internal Audit	12,348	13,407	1,059	7.9%	4	(12,344)	(301,078.8%)
14,360	18,493	4,133	22.4%	17,816	3,456	19.4%	Palm Springs Facility	43,986	55,479	11,493	20.7%	53,627	9,641	18.0%
17,014	20,036	3,022	15.1%	20,827	3,812	18.3%	Administration	58,094	60,108	2,014	3.4%	60,497	2,404	4.0%
27,940	27,444	(496)	(1.8%)	25,509	(2,430)	(9.5%)	Human Resources	82,236	82,332	96	0.1%	58,006	(24,230)	(41.8%)
6,507	10,236	3,729	36.4%	10,469	3,962	37.8%	Legal	21,276	30,708	9,432	30.7%	20,704	(572)	(2.8%)
4,877	6,789	1,912	28.2%	3,109	(1,768)	(56.9%)	Records	15,306	20,367	5,061	24.9%	10,179	(5,126)	(50.4%)
2,898	9,404	6,506	69.2%	5,180	2,282	44.1%	Compliance	13,328	28,212	14,884	52.8%	14,341	1,014	7.1%
972	1,148	176	15.3%	912	(60)	(6.6%)	Planning/Research	3,079	3,444	365	10.6%	3,163	84	2.7%
18,193	28,051	9,858	35.1%	17,597	(596)	(3.4%)	Finance	63,993	84,153	20,160	24.0%	55,595	(8,398)	(15.1%)
6,701	10,572	3,871	36.6%	5,775	(926)	(16.0%)	Public Relations	17,026	31,716	14,690	46.3%	16,340	(686)	(4.2%)
78,246	80,135	1,889	2.4%	63,392	(14,854)	(23.4%)	Information Technology	198,556	240,405	41,849	17.4%	225,481	26,925	11.9%
-	-	-	0.0%	1,880	1,880	100.0%	Budget & Decision Support	-	-	-	0.0%	5,528	5,528	100.0%
1,729	2,181	452	20.7%	1,076	(653)	(60.6%)	Corporate Quality	7,959	6,543	(1,416)	(21.6%)	7,403	(556)	(7.5%)
2,409	4,569	2,160	47.3%	3,334	925	27.7%	Managed Care Contract	8,307	13,707	5,400	39.4%	10,351	2,044	19.7%
291,044	305,943	14,899	4.9%	214,206	(76,838)	(35.9%)	Total Overhead Allocations	817,641	917,829	100,188	10.9%	665,463	(152,177)	(22.9%)
1,881,166	1,954,333	73,167	3.7%	1,679,401	(201,765)	(12.0%)	Total Expenses	5,599,105	5,983,172	384,067	6.4%	5,021,531	(577,574)	(11.5%)
\$ (681,537)	\$ (797,356)	\$ 115,819	(14.5%)	\$ (322,578)	\$ (358,959)	111.3%	Net Margin	\$ (2,126,080)	\$ (2,528,331)	\$ 402,251	(15.9%)	\$ (1,103,263)	\$ (1,022,817)	92.7%
-	75,000	75,000	100.0%	-	-	0.0%	Capital	-	225,000	225,000	100.0%	-	-	0.0%
\$ 930,086	\$ 1,087,500	\$ 157,414	14.5%	\$ -	\$ (930,086)	0.0%	General Fund Support/ Transfer In	\$ 2,627,860	\$ 3,262,500	\$ 634,640	19.5%	\$ -	\$ (2,627,860)	0.0%

District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses by Location

FOR THE THIRD MONTH ENDED DECEMBER 31, 2018

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Lake Worth Dental Clinic	West Boca Dental Clinic	Total
Gross Patient Revenue	-	329,594	246,574	236,150	113,611	-	-	925,928
Contractual Allowances	-	91,011	57,465	63,935	32,969	-	-	245,380
Charity Care	-	132,747	125,297	121,353	44,346	-	-	423,742
Bad Debt	-	(360)	6,965	3,916	3,532	-	-	14,053
Total Contractual Allowances and Bad Debt	-	223,398	189,727	189,203	80,846	-	-	683,175
Other Patient Revenue	-	108,375	72,634	76,430	63,852	-	-	321,292
Net Patient Revenue	-	214,571	129,480	123,377	96,617	-	-	564,044
Collection %	-	65.10%	52.51%	52.25%	85.04%	0.00%	0.00%	60.92%
Grant Funds	34,900	117,001	85,623	86,056	39,458	-	-	363,038
Other Revenue	-	-	-	-	233	-	-	233
Total Other Revenues	34,900	117,001	85,623	86,056	39,691	-	-	363,271
Total Revenues	34,900	331,572	215,102	209,433	136,307	-	-	927,316
<i>Direct Operational Expenses:</i>								
Salaries and Wages	71,599	232,037	173,495	164,802	78,937	-	-	720,868
Benefits	12,597	68,287	42,702	48,505	22,226	-	-	194,318
Purchased Services	-	6,235	5,222	5,144	11,271	-	-	27,872
Medical Supplies	-	14,909	12,829	11,503	5,628	-	-	44,868
Other Supplies	-	10,064	1,810	5,264	371	-	-	17,509
Contracted Physician Expense	-	-	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-	-	-
Drugs	-	39	300	35	240	-	-	614
Repairs & Maintenance	-	2,167	2,453	2,036	2,074	-	-	8,731
Lease & Rental	-	30,224	18,308	17,556	18,888	-	-	84,977
Utilities	-	428	1,142	428	816	-	-	2,814
Other Expense	1,212	1,645	2,217	(1,783)	512	-	-	3,804
Insurance	-	-	-	-	205	-	-	205
Total Operational Expenses	85,408	366,036	260,477	253,490	141,168	-	-	1,106,578
Net Performance before Depreciation & Overhead Allocations	(50,508)	(34,463)	(45,375)	(44,056)	(4,860)	-	-	(179,262)
Depreciation	-	3,779	1,633	2,554	2,437	-	-	10,403
<i>Overhead Allocations:</i>								
Risk Mgt	428	2,077	1,823	1,408	863	-	-	6,600
Rev Cycle	-	21,561	18,928	14,619	8,957	-	-	64,065
Internal Audit	195	948	832	643	394	-	-	3,012
Palm Springs Facility Administration	5,457	-	-	-	-	-	-	5,457
Administration	919	4,459	3,915	3,023	1,852	-	-	14,168
Human Resources	849	6,368	5,944	4,670	2,547	-	-	20,379
Legal	336	1,633	1,434	1,107	678	-	-	5,189
Records	242	1,175	1,031	797	488	-	-	3,733
Compliance	211	1,023	898	694	425	-	-	3,250
Planning/Research	49	236	207	160	98	-	-	751
Finance	1,012	4,912	4,312	3,330	2,041	-	-	15,607
Public Relations	269	1,307	1,147	886	543	-	-	4,153
Information Technology	3,140	15,241	13,379	10,333	6,331	-	-	48,425
Budget & Decision Support	-	-	-	-	-	-	-	-
Corporate Quality	126	611	536	414	254	-	-	1,941
Managed Care Contract	-	731	642	496	304	-	-	2,172
Total Overhead Allocations	13,233	62,283	55,029	42,580	25,775	-	-	198,901
Total Expenses	98,641	432,098	317,139	298,624	169,380	-	-	1,315,882
Net Margin	\$ (63,741)	\$ (100,526)	\$ (102,036)	\$ (89,190)	\$ (33,072)	\$ -	\$ -	\$ (388,566)
Capital	-	-	-	-	(13,581)	-	-	(13,581)
General Fund Support/ Transfer In	-	-	-	-	-	-	-	\$ -

District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
258,136	338,985	(80,850)	(23.9%)	300,213	(42,077)	(14.0%)	Gross Patient Revenue	925,928	1,002,937	(77,010)	(7.7%)	973,372	(47,445)	(4.9%)
86,347	70,771	(15,576)	(22.0%)	(20,522)	(106,869)	520.8%	Contractual Allowances	245,380	209,388	(35,992)	(17.2%)	(65,893)	(311,273)	472.4%
111,533	157,548	46,016	29.2%	14,390	(97,143)	(675.1%)	Charity Care	423,742	466,128	42,386	9.1%	40,249	(383,492)	(952.8%)
(1,208)	14,833	16,041	108.1%	12,185	13,393	109.9%	Bad Debt	14,053	43,885	29,832	68.0%	41,697	27,644	66.3%
196,671	243,152	46,481	19.1%	6,053	(190,618)	(3,149.0%)	Total Contractuals and Bad Debts	683,175	719,401	36,226	5.0%	16,053	(667,122)	(4,155.7%)
114,364	89,241	25,123	28.2%	-	114,364	0.0%	Other Operating Revenue	321,292	267,723	53,569	20.0%	-	321,292	0.0%
175,828	185,074	(9,246)	(5.0%)	294,160	(118,332)	(40.2%)	Net Patient Revenue	564,044	551,259	12,785	2.3%	957,319	(393,275)	(41.1%)
68.11%	54.60%			97.98%			Collection %	60.92%	54.96%		98.35%			
137,695	193,829	(56,134)	(29.0%)	99,891	37,803	37.8%	Grant Funds	363,038	581,487	(218,449)	(37.6%)	294,385	68,653	23.3%
-	2,833	(2,833)	(100.0%)	-	-	0.0%	Other Revenue	233	8,499	(8,266)	(97.3%)	-	233	0.0%
137,695	196,662	(58,967)	(30.0%)	99,891	37,803	37.8%	Total Other Revenues	363,271	589,986	(226,715)	(38.4%)	294,385	68,886	23.4%
313,523	381,736	(68,213)	(17.9%)	394,051	(80,528)	(20.4%)	Total Revenues	927,316	1,141,245	(213,929)	(18.7%)	1,251,704	(324,388)	(25.9%)
<i>Direct Operational Expenses:</i>														
233,047	232,861	(186)	(0.1%)	203,431	(29,616)	(14.6%)	Salaries and Wages	720,868	721,527	659	0.1%	671,592	(49,276)	(7.3%)
60,021	67,644	7,624	11.3%	59,120	(900)	(1.5%)	Benefits	194,318	209,695	15,377	7.3%	186,871	(7,446)	(4.0%)
9,290	11,657	2,367	20.3%	11,060	1,769	16.0%	Purchased Services	27,872	38,965	11,093	28.5%	24,133	(3,739)	(15.5%)
7,891	23,610	15,719	66.6%	22,138	14,247	64.4%	Medical Supplies	44,868	69,911	25,043	35.8%	53,964	9,096	16.9%
(5,902)	11,735	17,637	150.3%	(778)	5,123	(658.1%)	Other Supplies	17,509	33,221	15,712	47.3%	1,701	(15,808)	(929.5%)
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
74	1,648	1,574	95.5%	1,634	1,560	95.5%	Drugs	614	4,882	4,268	87.4%	4,204	3,590	85.4%
3,870	1,757	(2,113)	(120.3%)	5,159	1,289	25.0%	Repairs & Maintenance	8,731	16,057	7,326	45.6%	15,830	7,099	44.8%
30,259	27,444	(2,815)	(10.3%)	17,221	(13,038)	(75.7%)	Lease & Rental	84,977	82,332	(2,645)	(3.2%)	70,984	(13,993)	(19.7%)
973	748	(225)	(30.1%)	1,027	54	5.2%	Utilities	2,814	2,244	(570)	(25.4%)	2,355	(459)	(19.5%)
4,227	3,025	(1,202)	(39.8%)	1,338	(2,890)	(216.0%)	Other Expense	3,804	10,220	6,416	62.8%	10,519	6,715	63.8%
65	59	(6)	(10.0%)	86	21	24.4%	Insurance	205	177	(28)	(15.7%)	301	96	32.0%
343,816	382,188	38,372	10.0%	321,436	(22,380)	(7.0%)	Total Operational Expenses	1,106,578	1,189,231	82,653	7.0%	1,042,454	(64,124)	(6.2%)
Net Performance before														
(30,293)	(452)	(29,841)	6,602.1%	72,615	(102,908)	(141.7%)	Depreciation & Overhead Allocations	(179,262)	(47,986)	(131,276)	273.6%	209,250	(388,512)	(185.7%)

District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses
FOR THE THIRD MONTH ENDED DECEMBER 31, 2018

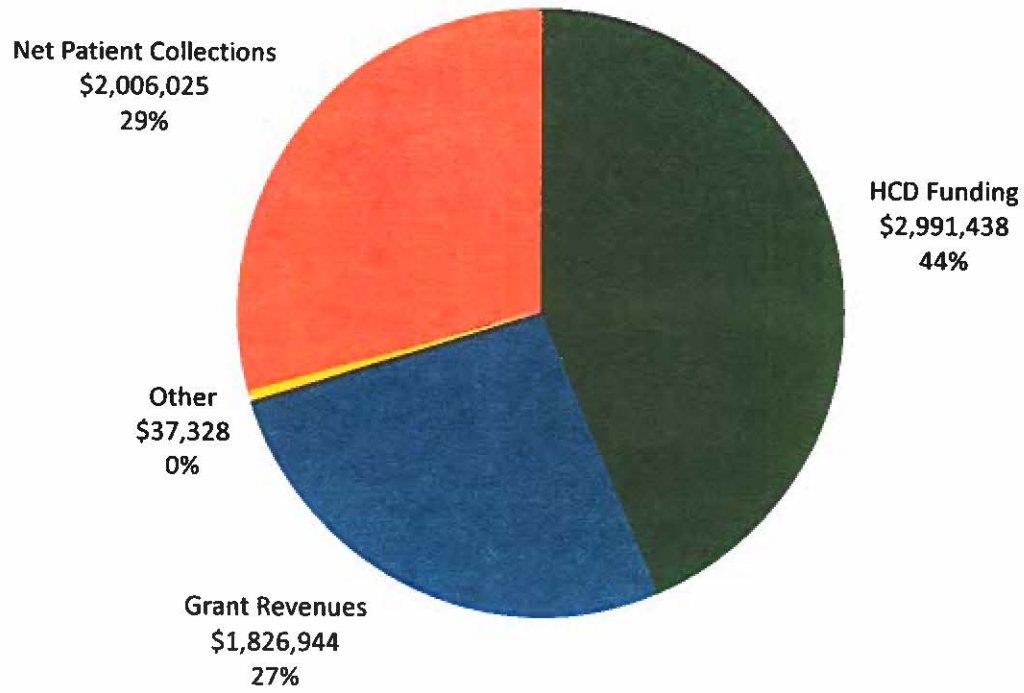
Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
(4,741)	14,312	19,053	133.1%	12,475	17,216	138.0%	10,403	44,368	33,965	76.6%	37,424	27,021	72.2%
							<i>Overhead Allocations:</i>						
1,617	2,494	877	35.2%	2,939	1,323	45.0%	6,600	7,482	882	11.8%	6,451	(149)	(2.3%)
25,735	18,872	(6,863)	(36.4%)	7,728	(18,007)	(233.0%)	64,065	56,616	(7,449)	(13.2%)	29,245	(34,819)	(119.1%)
1,004	1,090	86	7.9%	-	(1,004)	0.0%	3,012	3,270	258	7.9%	1	(3,010)	(266,414.2%)
1,781	2,294	513	22.3%	2,997	1,215	40.6%	5,457	6,882	1,425	20.7%	9,020	3,563	39.5%
4,150	4,887	737	15.1%	5,721	1,571	27.5%	14,168	14,661	493	3.4%	16,617	2,449	14.7%
6,924	6,801	(123)	(1.8%)	8,293	1,369	16.5%	20,379	20,403	24	0.1%	18,857	(1,521)	(8.1%)
1,587	2,497	910	36.4%	2,876	1,289	44.8%	5,189	7,491	2,302	30.7%	5,687	498	8.8%
1,189	1,655	466	28.1%	854	(336)	(39.3%)	3,733	4,965	1,232	24.8%	2,796	(937)	(33.5%)
707	2,294	1,587	69.2%	1,423	716	50.3%	3,250	6,882	3,632	52.8%	3,939	689	17.5%
237	280	43	15.3%	251	13	5.4%	751	840	89	10.6%	869	118	13.6%
4,437	6,842	2,405	35.2%	4,834	396	8.2%	15,607	20,526	4,919	24.0%	15,271	(337)	(2.2%)
1,634	2,577	943	36.6%	1,586	(48)	(3.0%)	4,153	7,731	3,578	46.3%	4,488	336	7.5%
19,083	19,544	461	2.4%	17,412	(1,671)	(9.6%)	48,425	58,632	10,207	17.4%	61,934	13,509	21.8%
-	-	-	0.0%	517	517	100.0%	-	-	-	0.0%	1,518	1,518	100.0%
422	533	111	20.9%	296	(126)	(42.6%)	1,941	1,599	(342)	(21.4%)	2,034	92	4.5%
630	1,195	565	47.3%	968	338	34.9%	2,172	3,585	1,414	39.4%	3,004	833	27.7%
71,137	73,855	2,718	3.7%	58,693	(12,444)	(21.2%)	198,901	221,565	22,664	10.2%	181,731	(17,169)	(9.4%)
410,211	470,355	60,144	12.8%	392,604	(17,608)	(4.5%)	1,315,882	1,455,164	139,282	9.6%	1,261,609	(54,273)	(4.3%)
\$ (96,689)	\$ (88,619)	\$ (8,070)	9.1%	\$ 1,448	\$ (98,136)	(6,779.5%)	\$ (388,566)	\$ (313,919)	\$ (74,647)	23.8%	\$ (9,905)	\$ (378,661)	3,822.8%
(13,581)	128,615	142,196	110.6%	(10,221)	3,360	(32.9%)	(13,581)	385,845	399,426	103.5%	-	13,581	0.0%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%



C. L. Brumback
Primary Care Clinics
 Health Care District Palm Beach County

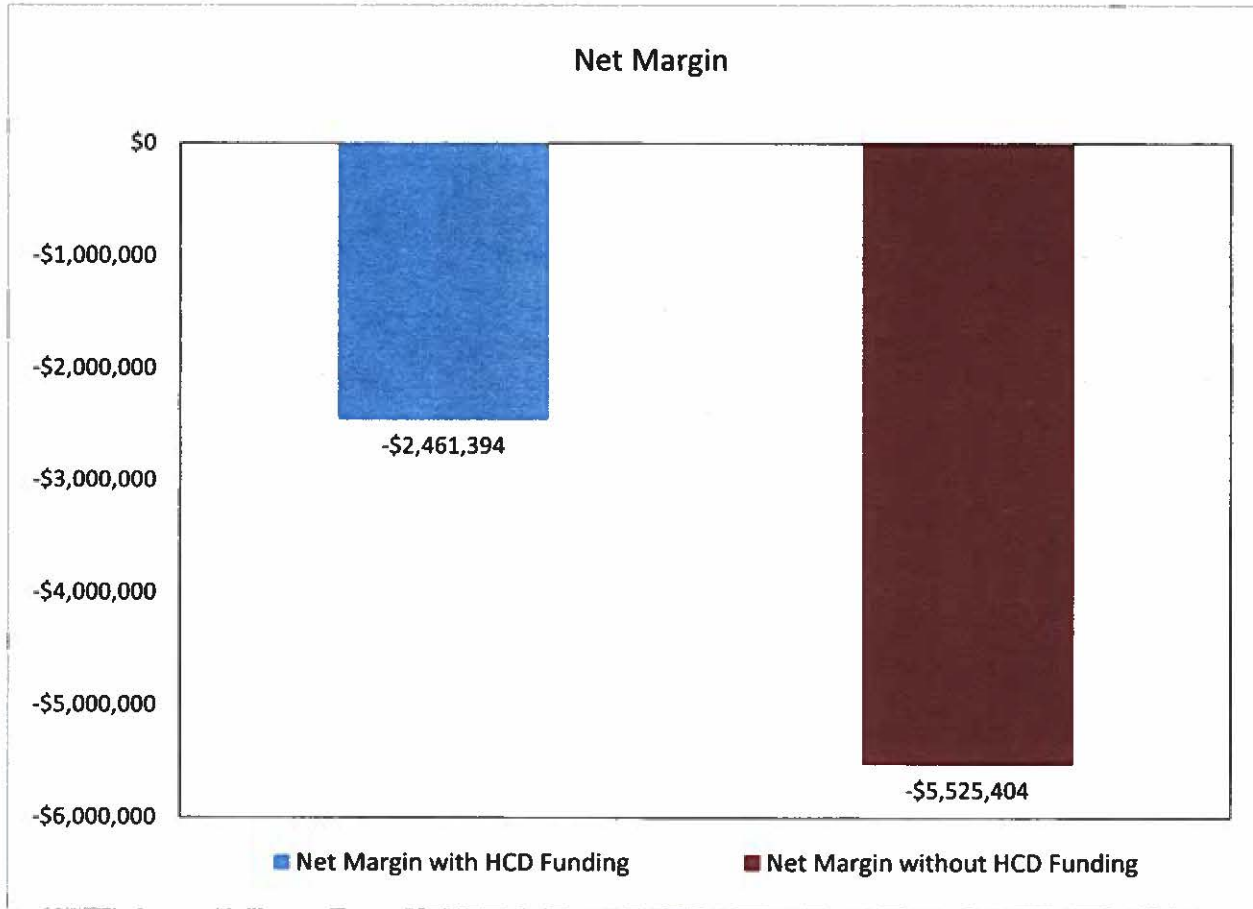
Clinic Visits - Adults and Pediatrics	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
West Palm Beach	1,661	1,289	1,312										4,262	4,444	(4.1%)	4,759
Delray	1,355	1,162	1,134										3,651	4,124	(11.5%)	4,386
Lantana	1,411	1,309	1,261										3,981	4,279	(7.0%)	3,874
Belle Glade	1,030	790	839										2,659	2,243	18.5%	2,545
Jerome Golden Center	-	-	-										-	-	0.0%	746
Lewis Center	267	233	229										729	624	16.8%	571
Lake Worth & Women's Health Care	1,608	1,153	1,104										3,865	4,495	(14.0%)	4,468
Jupiter Clinic	421	457	418										1,296	1,502	(13.7%)	1,370
West Boca & Women's Health Care	1,009	861	781										2,651	1,980	33.9%	1,198
Mobile Van	239	186	119										544	520	4.6%	-
Suboxone	361	289	222										872	824	5.8%	684
Total Clinic Visits	9,362	7,729	7,419	-	-	-	-	-	-	-	-	-	24,510	25,035	(2.1%)	24,601
Dental Visits																
West Palm Beach	918	722	704										2,344	2,545	(7.9%)	2,827
Lantana	653	508	468										1,629	2,406	(32.3%)	2,243
Delray	676	522	446										1,644	1,946	(15.5%)	2,124
Belle Glade	406	260	230										896	1,048	(14.5%)	1,103
Lake Worth	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Boca	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	-
Total Dental Visits	2,653	2,012	1,848	-	-	-	-	-	-	-	-	-	6,513	7,945	(18.0%)	8,297
Total Medical and Dental Visits	12,015	9,741	9,267	-	-	-	-	-	-	-	-	-	31,023	32,980	(5.9%)	32,898
Mental Health Counselors (non-billable)																
West Palm Beach	124	100	103										327	239	36.8%	204
Delray	137	118	102										357	236	51.3%	273
Lantana	467	414	368										1,249	658	89.8%	510
Belle Glade	17	21	22										60	41	46.3%	45
Lewis Center	268	219	192										679	270	151.5%	184
Lake Worth	173	99	73										345	356	(3.1%)	282
Jupiter	-	-	-	-	-	-	-	-	-	-	-	-	-	82	(100.0%)	68
West Boca	-	-	-	-	-	-	-	-	-	-	-	-	-	56	(100.0%)	44
Mobile Van	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Mental Health Screenings	1,186	971	860	-	-	-	-	-	-	-	-	-	3,017	1,938	55.7%	1,610

Primary Care Clinics Funding Sources

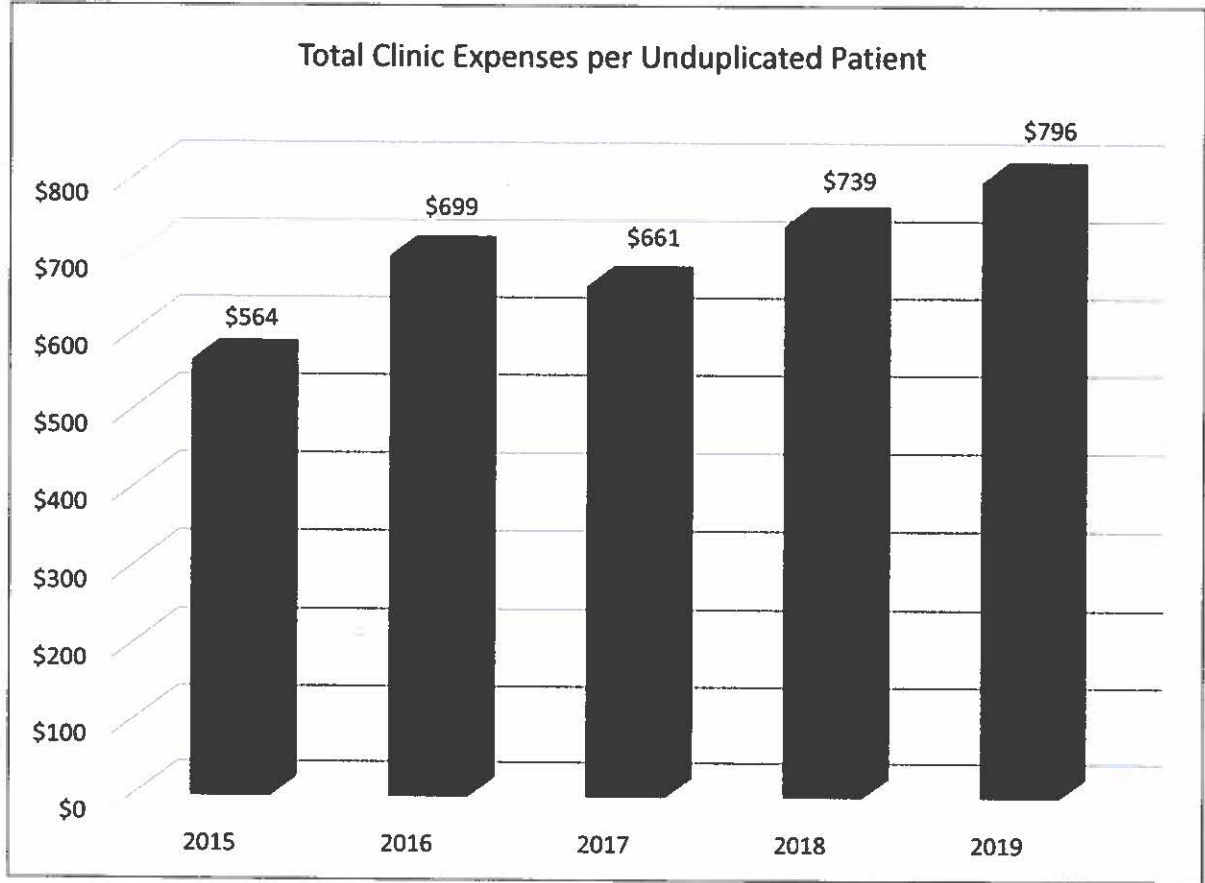


YTD December Fiscal Year 2019 Total Expenses

*Total expenses include overhead allocations and capital, and exclude depreciation.

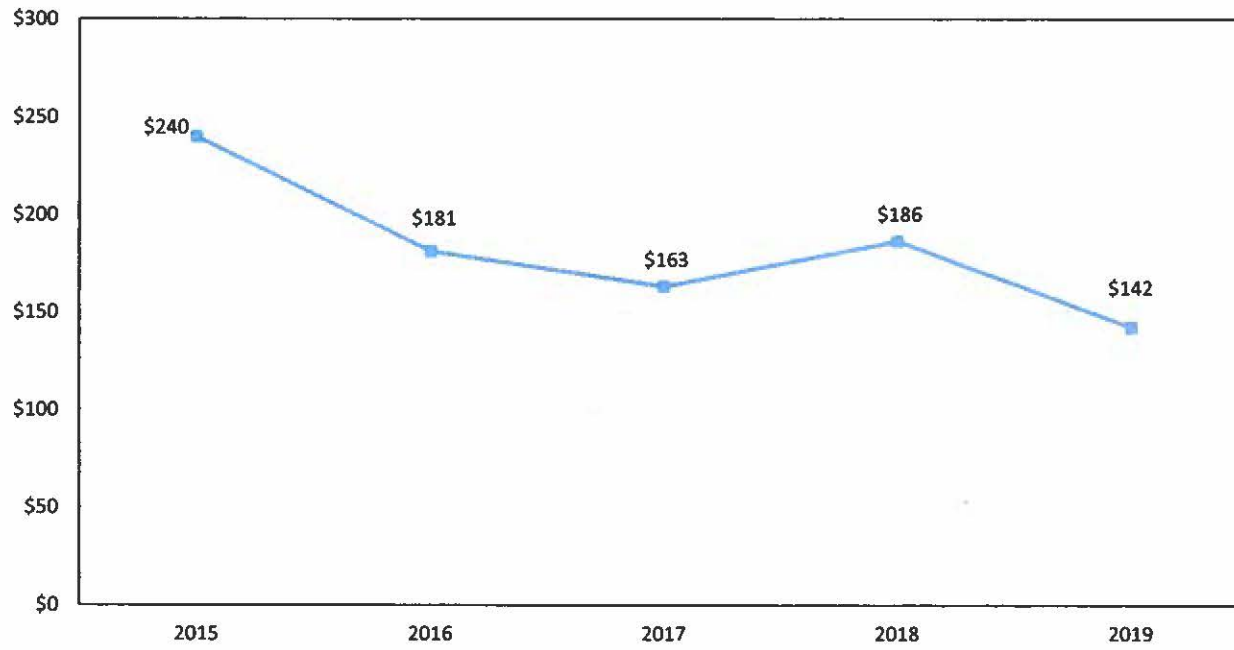


* Net Margin includes overhead allocations and capital, and excludes depreciation.



* 2019 data reflects fiscal year-to-date December expenses annualized.

Total Clinic Revenue per Visit



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

1. Description: Executive Director Informational Update

2. Summary:

Updates on key changes within C. L. Brumback Primary Care Clinics:

- Lakeside Medical Center Clinic (Belle Glade)
- Mangonia Park
- FY2019 Service Area Competition Grant

3. Substantive Analysis:

Lakeside Medical Center Clinic (Belle Glade)

Mechanical, electrical and plumbing are well underway. There have been changes to the plans to maximize patient flow. Chandler still expects to meet our completion timeline of 4/1/2019.

Mangonia Park

Construction has begun at the new clinic with expectation that we will open within a few months.

FY2019 Service Area Competition Grant

On 12/20/2018 we received our Notice of Award from HRSA confirming our grant continuation through 12/31/2021. Our current approved grant budget is \$7,617,174.00.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	\$7,617,174.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019**

5. Reviewed/Approved by Committee:

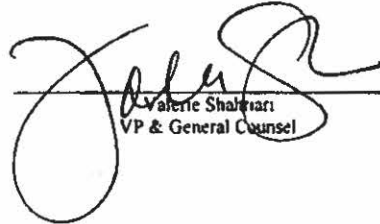
N/A

Committee Name Date Approved


6. Recommendation:

Staff recommends Board receive and file the Executive Director Informational Update.


Approved for Legal sufficiency:



Valerie Shalinski
VP & General Counsel



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

The agenda item represents the licensed independent practitioner(s) recommended for credentialing and privileging by the FQHC Medical Director.

3. Substantive Analysis:

The LIP(s) listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:

- Current licensure, registration or certification
- Relevant education, training and experience
- Current clinical competence
- Health fitness, or ability to perform the requested privileges
- Malpractice history (NPDB query)
- Immunization and PPD status; and
- Life support training (BLS)

Last Name	First Name	Degree	Specialty	Credentialing
Dessalines	Duclos	MD	Pediatrics	Recredentialing

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

The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director to support the credentialing and privileging process.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30, 2019

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

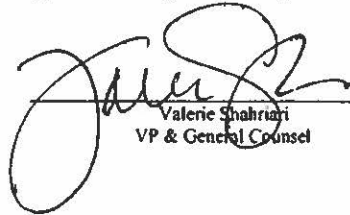
Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the recredentialing and renewal of privileges for Dr. Duclos Dessalines, Pediatrics.


Approved for Legal sufficiency:



Valerie Shahrani
VP & General Counsel



Sarah Gonzalez, CPMSM, CPC
Director, Credentialing & Provider Services



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
 January 30th, 2019

1. **Description:** Operations Reports - November & December 2018

2. **Summary:**

This agenda item provides the following operations reports for November & December 2018:

- Productivity Summary Report

3. **Substantive Analysis:**

See attached reports.

4. **Fiscal Analysis & Economic Impact Statement:**

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Dawn Richards
 VP & Chief Financial Officer

5. **Reviewed/Approved by Committee:**

N/A

 Committee Name

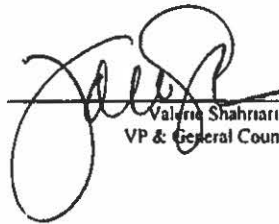
 Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30th, 2019

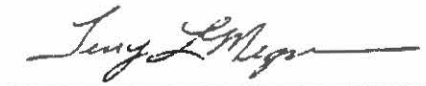
6. Recommendation:

Staff recommends the Board Approve the Operations Reports for November & December 2018.


Approved for Legal sufficiency:



Valeria Shahrari
VP & General Counsel



Terry Megiveron
Director of Practice Operations

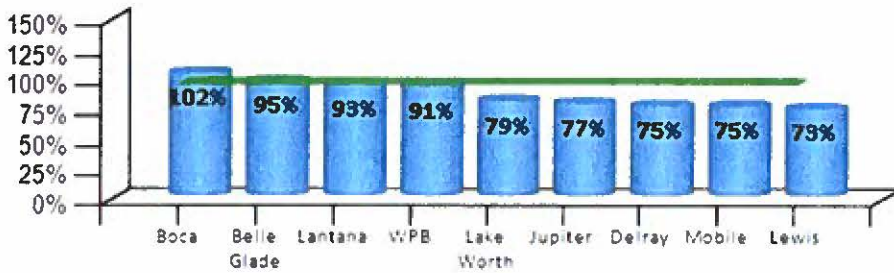


Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

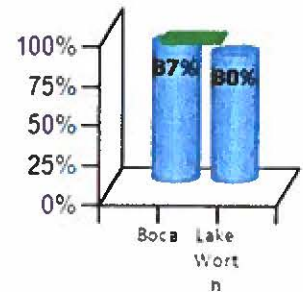
ALL CLINICS PRODUCTIVITY NOVEMBER 2018

	Target	Total seen	% Monthly Target
PEDIATRIC CARE	1779	1413	79%
ADULT CARE	6536	5583	85%
MENTAL HEALTH	1080	971	90%
SUBSTANCE ABUSE	259	289	112%
WOMEN'S HEALTH CARE	540	444	82%
DENTAL	2134	1682	79%
DENTAL HYGIENE	404	330	82%

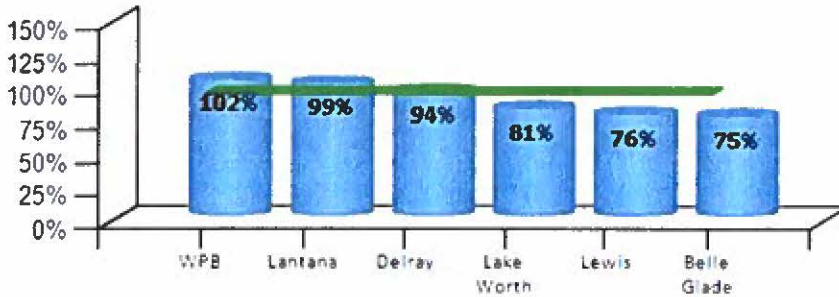
Adult care



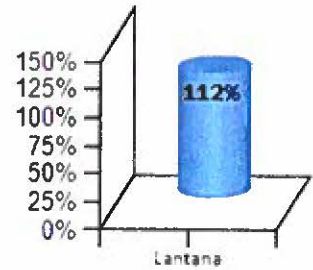
Women's Health



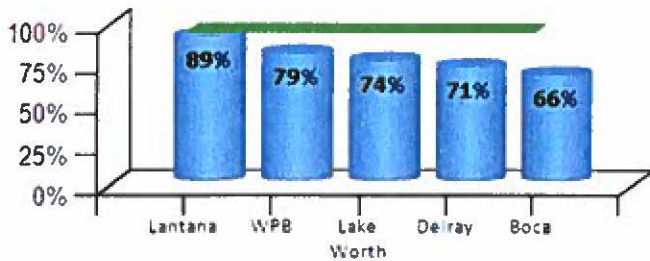
Mental Health



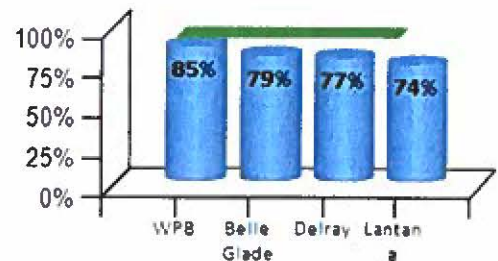
Substance Abuse



Pediatric Care



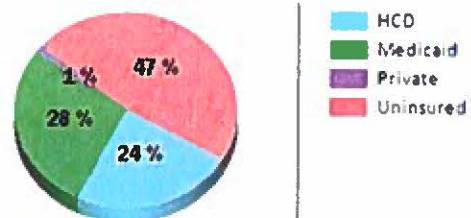
Dental & Dental Hygiene



Medical Payer Mix YTD



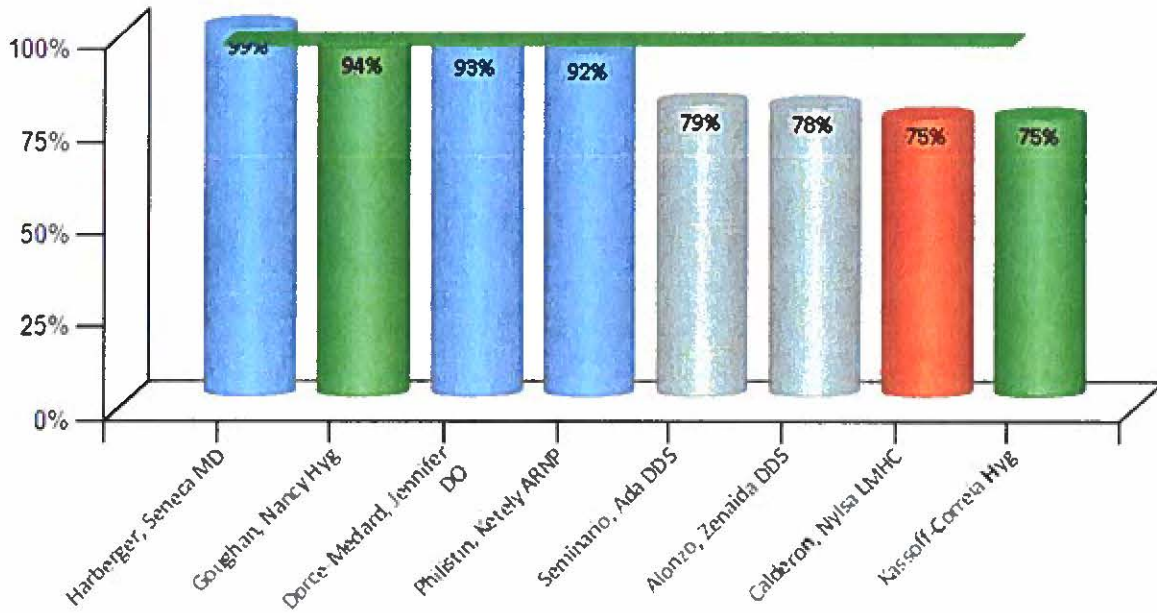
Dental Payer Mix YTD



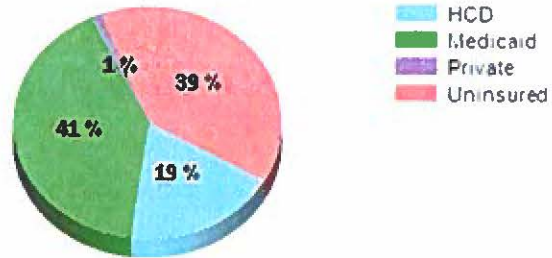
BELLE GLADE CLINIC TOTALS FOR NOVEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Harberger, Seneca MD	18	19.0	342	339	99%	17.8
Dorce-Medard, Jennifer DO	18	11.0	198	185	93%	16.8
Philistin, Ketely ARNP	16	18.0	288	266	92%	14.8
BELLE GLADE ADULT CARE TOTALS		48.0	828	790	95%	
MENTAL HEALTH						
Calderon, Nylsa LMHC	7	4.0	28	21	75%	5.3
BELLE GLADE MENTAL HEALTH TOTALS		4.0	28	21	75%	
DENTAL						
Seminario, Ada DDS	16	16.5	264	208	79%	12.6
Alonzo, Zenaida DDS	16	2.0	32	25	78%	12.5
BELLE GLADE DENTAL TOTALS		18.5	296	233	79%	
DENTAL HYGIENE						
Goughan, Nancy Hyg	8	2.0	16	15	94%	7.5
Kassoff-Correia Hyg	8	2.0	16	12	75%	6.0
BELLE GLADE DENTAL HYGIENE TOTALS		4.0	32	27	84%	
BELLE GLADE TOTALS		74.5	1184	1071	90%	

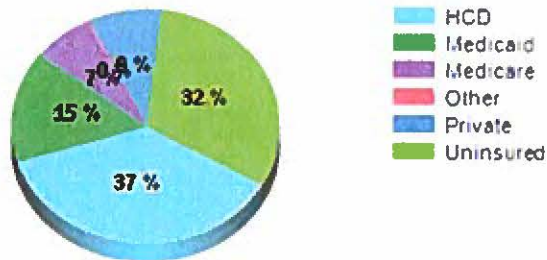
BELLE GLADE PROVIDER PRODUCTIVITY NOVEMBER 2018



Dental Payer Mix YTD



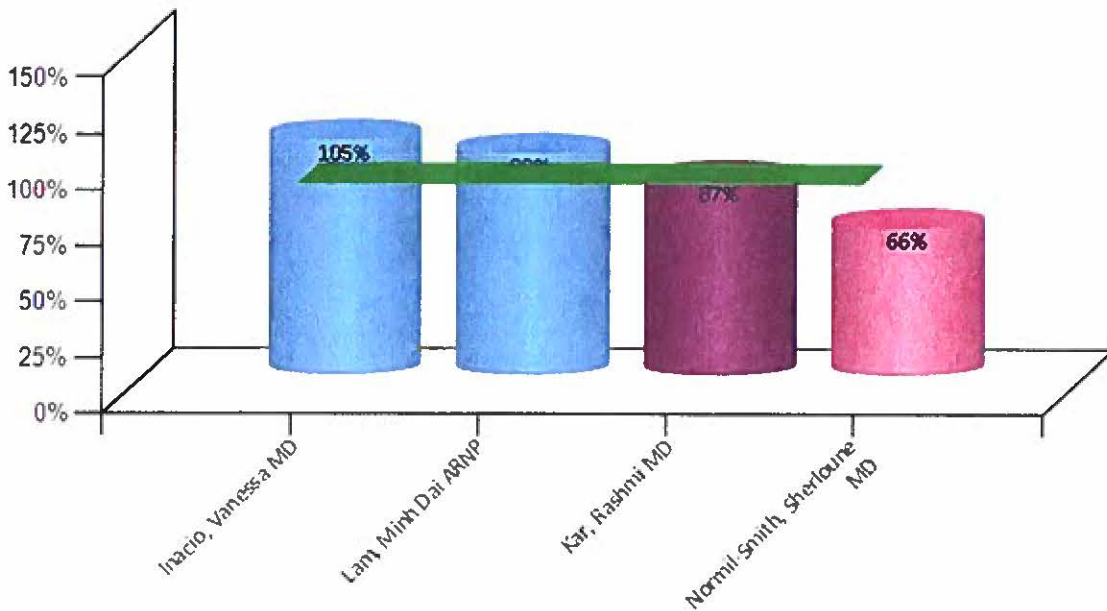
Medical Payer Mix YTD



BOCA CLINIC TOTALS FOR NOVEMBER 2018

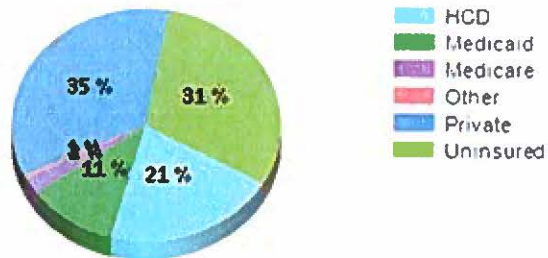
	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Inacio, Vanessa MD	18	18.5	333	350	105%	18.9
Lam, Minh Dai ARNP	16	18.5	296	293	99%	15.8
BOCA ADULT CARE TOTALS		37.0	629	643	102%	
PEDIATRIC CARE						
Normil-Smith, Sherlounne MD	18	6.5	117	77	66%	11.8
BOCA PEDIATRIC CARE TOTALS		6.5	117	77	66%	
WOMEN'S HEALTH CARE						
Kar, Rashmi MD	18	9.0	162	141	87%	15.7
BOCA WOMEN'S HEALTH CARE TOTALS		9.0	162	141	87%	
BOCA TOTALS		52.5	908	861	95%	

BOCA PROVIDER PRODUCTIVITY NOVEMBER 2018

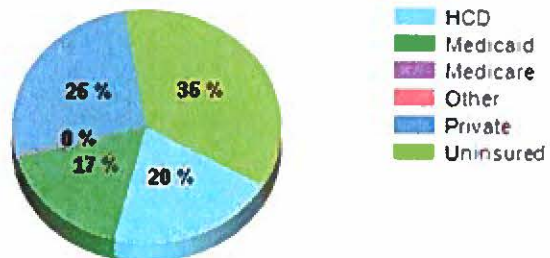


■ Pediatrics
 ■ Adult Care
 ■ Women's Health

Medical Payer Mix YTD



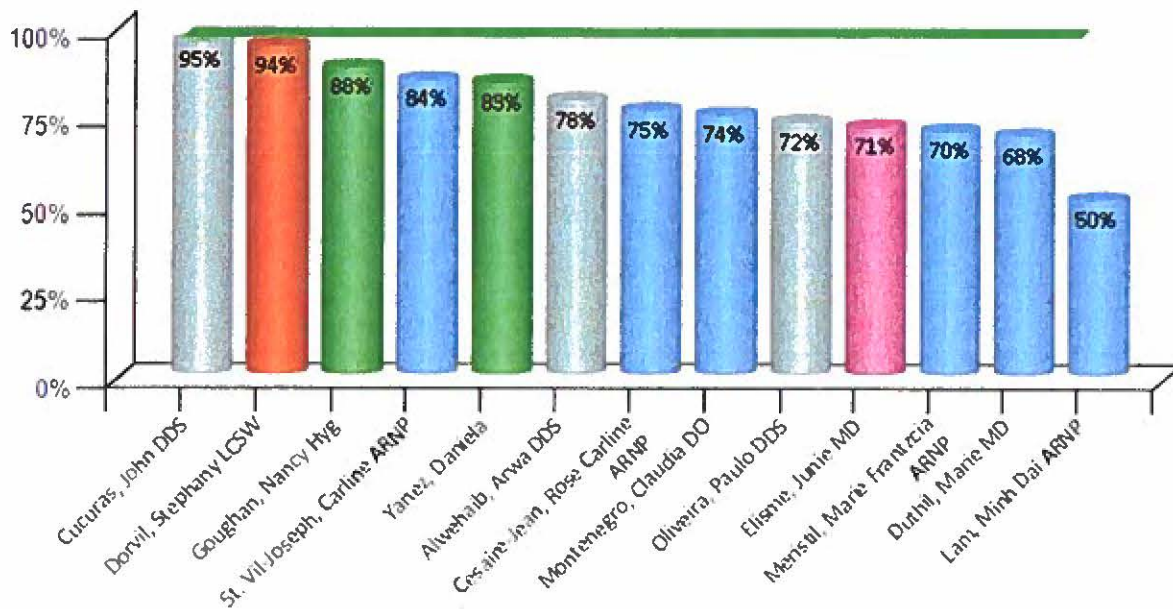
WOMEN'S HEALTH CARE Payer Mix YTD



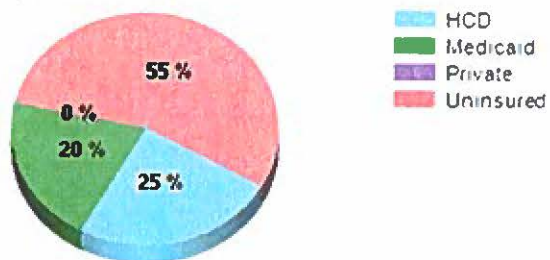
DELRAY BEACH CLINIC TOTALS FOR NOVEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
St. Vil-Joseph, Carline ARNP	16	17.5	280	235	84%	13.4
Cesaire-Jean, Rose Carline ARNP	16	17.0	272	205	75%	12.1
Montenegro, Claudia DO	18	18.5	333	247	74%	13.4
Meristil, Marie Frantzcia ARNP	16	3.5	56	39	70%	11.1
Duthil, Marie MD	18	17.0	306	209	68%	12.3
Lam, Minh Dai ARNP	16	0.5	8	4	50%	8.0
DELRAY BEACH ADULT CARE TOTALS		74.0	1255	939	75%	
PEDIATRIC CARE						
Elisme, Junie MD	18	17.5	315	223	71%	12.7
DELRAY BEACH PEDIATRIC CARE TOTALS		17.5	315	223	71%	
MENTAL HEALTH						
Dorvil, Stephany LCSW	7	18.0	126	118	94%	6.6
DELRAY BEACH MENTAL HEALTH TOTALS		18.0	126	118	94%	
DENTAL						
Cucuras, John DDS	4.7	6.5	31	29	95%	4.5
Alwehaib, Arwa DDS	16	17.5	280	219	78%	12.5
Oliveira, Paulo DDS	14	18.5	259	187	72%	10.1
DELRAY BEACH DENTAL TOTALS		42.5	570	435	76%	
DENTAL HYGIENE						
Goughan, Nancy Hyg	8	1.0	8	7	88%	7.0
Yanez, Daniela	8	12.0	96	80	83%	6.7
DELRAY BEACH DENTAL HYGIENE TOTALS		13.0	104	87	84%	
DELRAY BEACH TOTALS		165.0	2370	1802	76%	

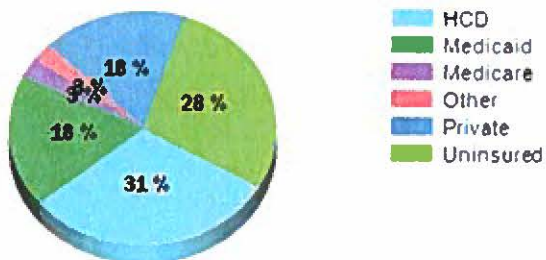
DELRAY BEACH PROVIDER PRODUCTIVITY NOVEMBER 2018



Dental Payer Mix YTD



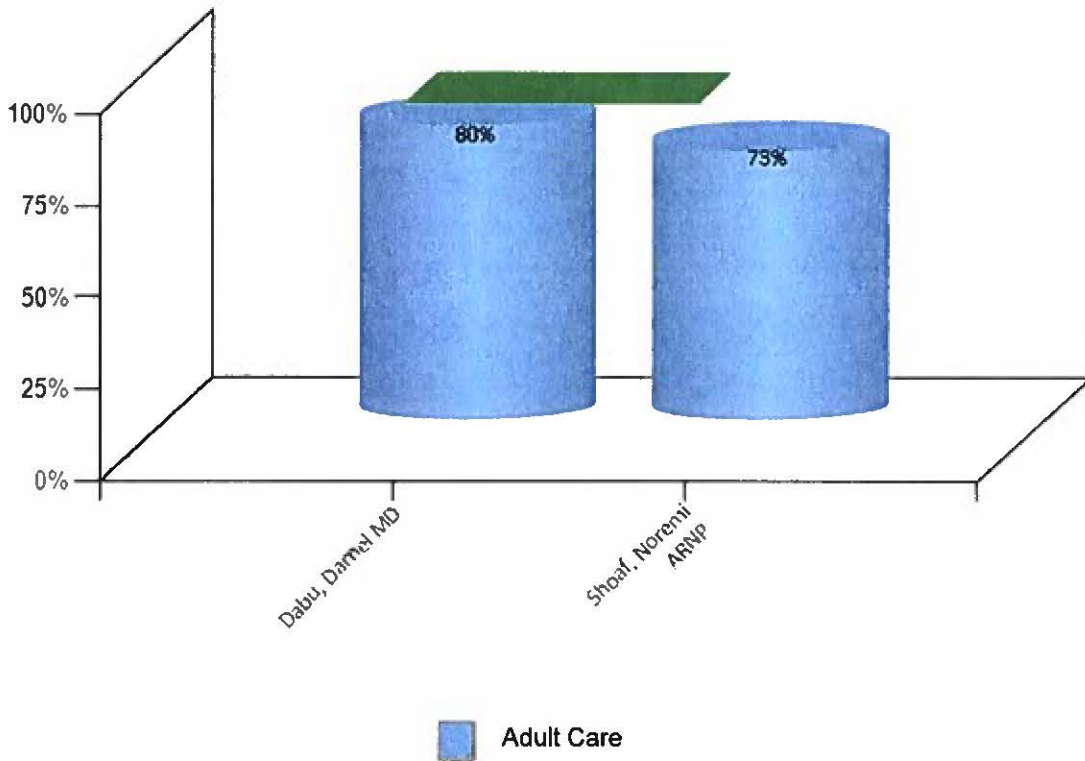
Medical Payer Mix YTD



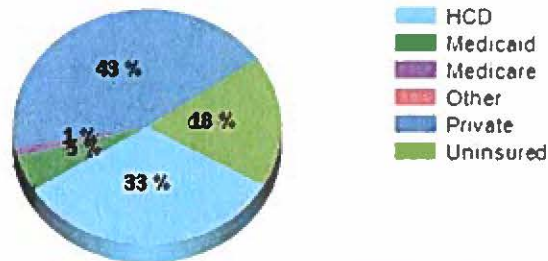
JUPITER CLINIC TOTALS FOR NOVEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Dabu, Darnel MD	18	17.5	315	252	80%	14.4
Shoaf, Noremi ARNP	16	17.5	280	205	73%	11.7
JUPITER ADULT CARE TOTALS		35.0	595	457	77%	
JUPITER TOTALS			35.0	595	457	77%

JUPITER PROVIDER PRODUCTIVITY NOVEMBER 2018



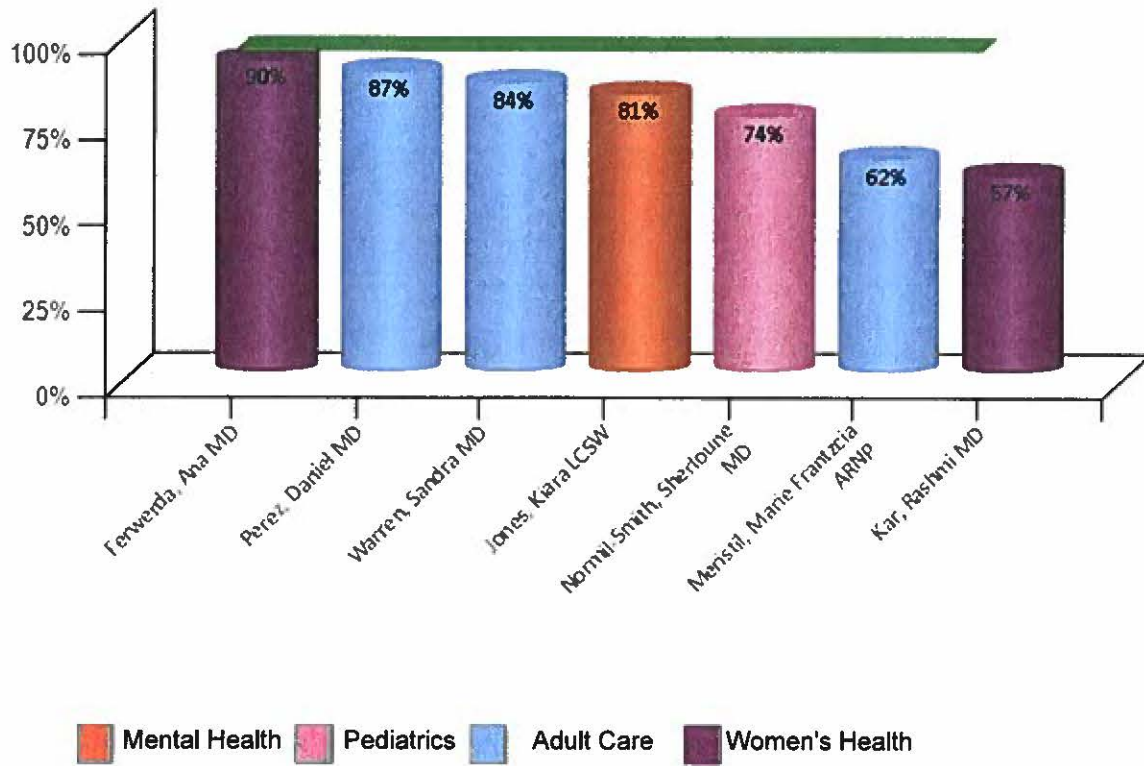
Medical Payer Mix YTD



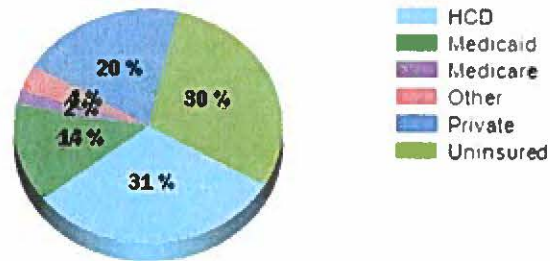
LAKE WORTH CLINIC TOTALS FOR NOVEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Perez, Daniel MD	18	17.0	306	267	87%	15.7
Warren, Sandra MD	18	19.5	351	295	84%	15.1
Meristil, Marie Frantzcia ARNP	16	15.5	248	154	62%	9.9
LAKE WORTH ADULT CARE TOTALS		52.0	905	716	79%	
PEDIATRIC CARE						
Normil-Smith, Sherloune MD	18	10.0	180	134	74%	13.4
LAKE WORTH PEDIATRIC CARE TOTALS		10.0	180	134	74%	
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	14.5	261	236	90%	16.3
Kar, Rashmi MD	18	6.5	117	67	57%	10.3
LAKE WORTH WOMEN'S HEALTH CARE TOTALS		21.0	378	303	80%	
MENTAL HEALTH						
Jones, Kiara LCSW	7	17.5	123	99	81%	5.7
LAKE WORTH MENTAL HEALTH TOTALS		17.5	123	99	81%	
LAKE WORTH TOTALS		100.5	1586	1252	79%	

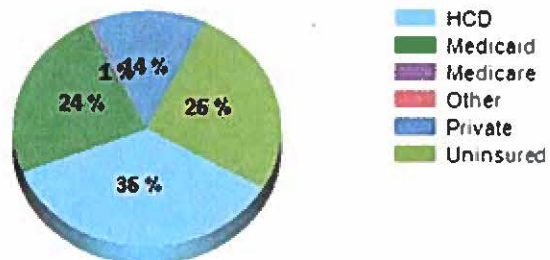
LAKE WORTH PROVIDER PRODUCTIVITY NOVEMBER 2018



Medical Payer Mix YTD



WOMEN'S HEALTH CARE Payer Mix YTD



LANTANA CLINIC TOTALS FOR NOVEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Presendieu, Heden ARNP	16	14.5	232	229	99%	15.8
Navarro, Elsy ARNP	16	18.5	296	278	94%	15.0
Alfonso-Puentes, Ramiro MD	18	18.5	333	300	90%	16.2
Perez, Daniel MD	18	0.5	9	5	56%	10.0
LANTANA ADULT CARE TOTALS		52.0	870	812	93%	

PEDIATRIC CARE						
Dessalines, Duclos MD	18	12.5	225	212	94%	17.0
Lazaro, Nancy MD	18	17.5	315	274	87%	15.7
Buchholz, Ellen ARNP	16	1.0	16	11	69%	11.0
LANTANA PEDIATRIC CARE TOTALS		31.0	556	497	89%	

MENTAL HEALTH						
Alvarez, Franco MD	13	4.0	52	59	113%	14.8
Rowling, Courtney MD	18	14.5	261	265	102%	18.3
Calderon, Nylsa LMHC	7	15.0	105	90	86%	6.0
LANTANA MENTAL HEALTH TOTALS		33.5	418	414	99%	

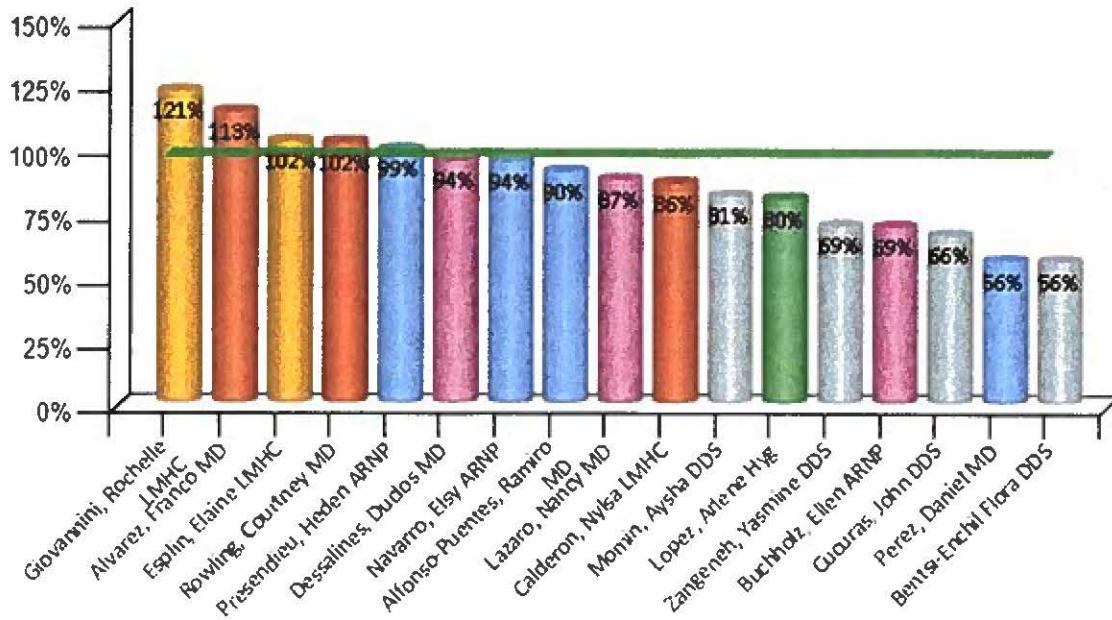
SUBSTANCE ABUSE						
Giovannini, Rochelle LMHC	7	18.5	130	157	121%	8.5
Esplin, Elaine LMHC	7	18.5	130	132	102%	7.1
LANTANA SUBSTANCE ABUSE TOTALS		37.0	259	289	112%	

DENTAL						
Momin, Aysha DDS	16	16.5	264	213	81%	12.9
Zangeneh, Yasmine DDS	13	12.0	156	108	69%	9.0
Cucuras, John DDS	16	4.0	64	42	66%	10.5
Bentsi-Enchil Flora DDS	16	4.5	72	40	56%	8.9
LANTANA DENTAL TOTALS		37.0	556	403	72%	

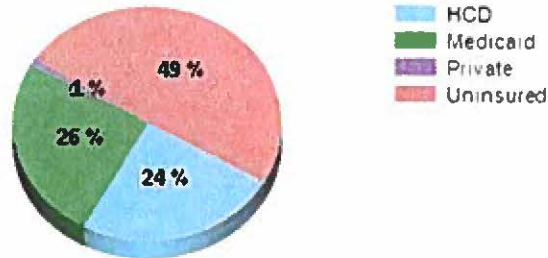
DENTAL HYGIENE						
Lopez, Arlene Hyg	8	16.5	132	105	80%	6.4
LANTANA DENTAL HYGIENE TOTALS		16.5	132	105	80%	

LANTANA TOTALS		207.0	2791	2520	90%	
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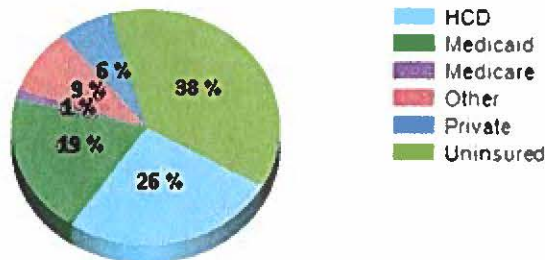
LANTANA PROVIDER PRODUCTIVITY NOVEMBER 2018



Dental Payer Mix YTD



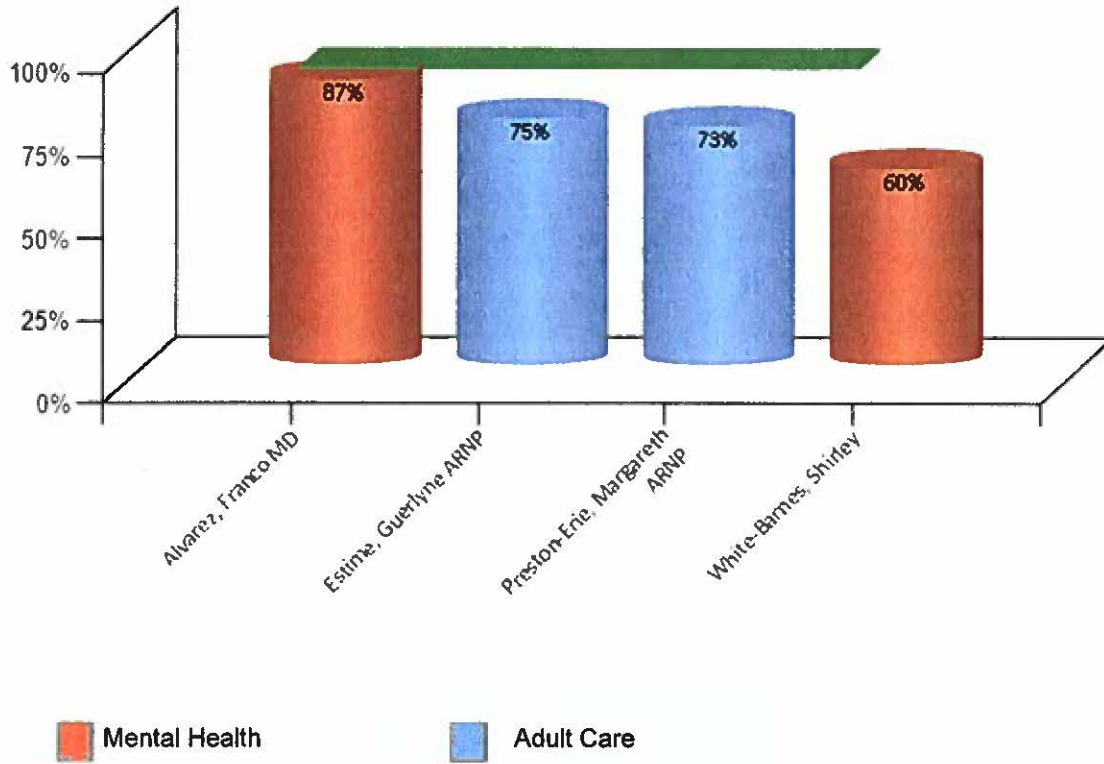
Medical Payer Mix YTD



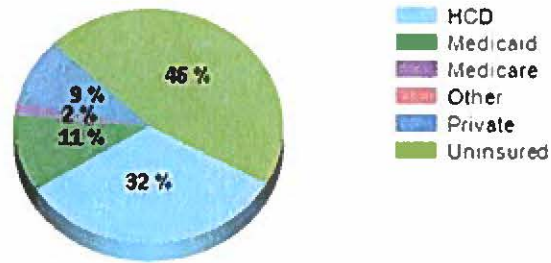
LEWIS CENTER CLINIC TOTALS FOR NOVEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Estime, Guerlyne ARNP	16	1.5	24	18	75%	12.0
Preston-Erie, Margareth ARNP	16	18.5	296	215	73%	11.6
LEWIS CENTER ADULT CARE TOTALS		20.0	320	233	73%	
MENTAL HEALTH						
Alvarez, Franco MD	13	13.5	176	152	87%	11.3
White-Barnes, Shirley	7	16.0	112	67	60%	4.2
LEWIS CENTER MENTAL HEALTH TOTALS		29.5	288	219	76%	
LEWIS CENTER TOTALS		49.5	608	452	74%	

LEWIS CENTER PROVIDER PRODUCTIVITY NOVEMBER 2018



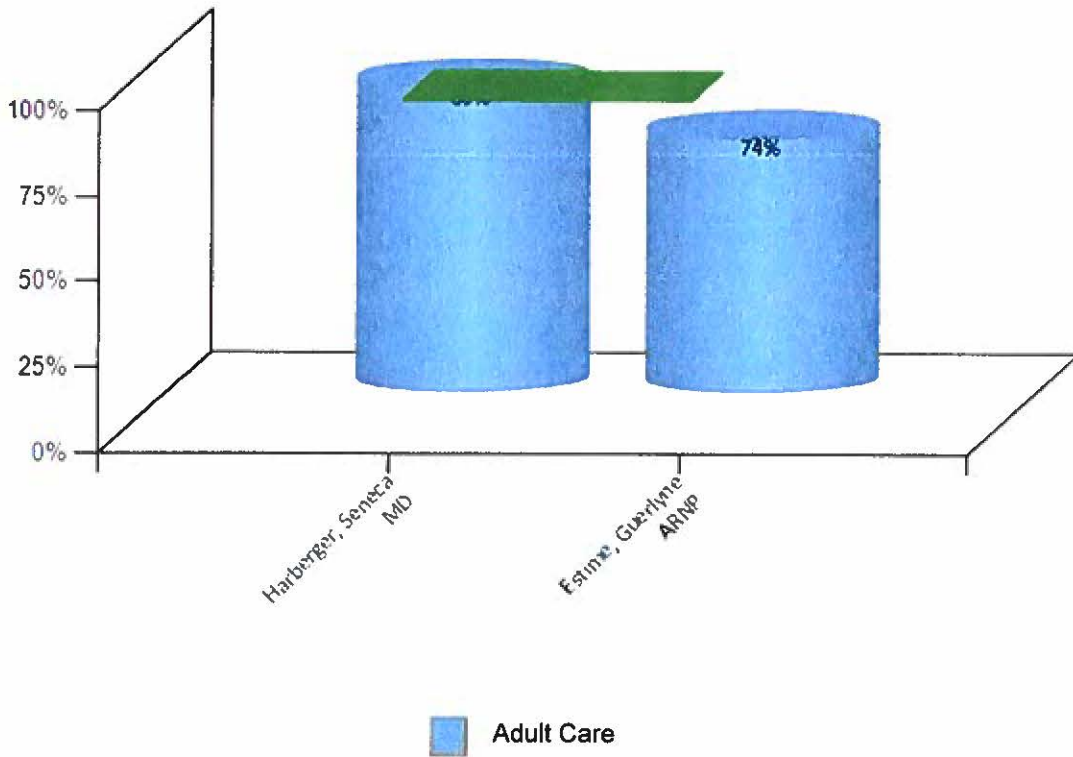
Medical Payer Mix YTD



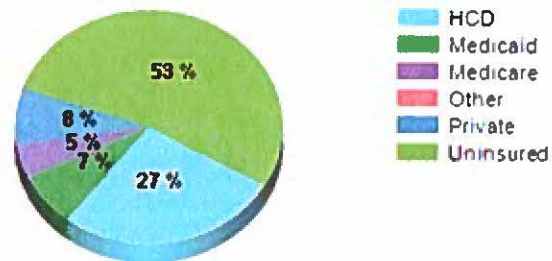
MOBILE CLINIC TOTALS FOR NOVEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Harberger, Seneca MD	18	0.5	9	8	89%	16.0
Estime, Guerlyne ARNP	16	15.0	240	178	74%	11.9
MOBILE CLINIC ADULT CARE TOTALS		15.5	249	186	75%	
MOBILE CLINIC TOTALS		15.5	249	186	75%	

MOBILE CLINIC PROVIDER PRODUCTIVITY NOVEMBER 2018



Medical Payer Mix YTD



WEST PALM BEACH CLINIC TOTALS FOR NOVEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Preston-Erie, Margareth ARNP	16	0.5	8	10	125%	20.0
Petit, Jesula ARNP	16	15.5	248	241	97%	15.5
Florez, Gloria MD	18	18.5	333	298	89%	16.1
Celin-Metellus, Jourdine ARNP	16	18.5	296	258	87%	13.9
WEST PALM BEACH ADULT CARE TOTALS		53.0	885	807	91%	

PEDIATRIC CARE						
Clarke-Aaron, Noella MD	18	17.5	315	255	81%	14.6
Millien, Eleonore ARNP	16	18.5	296	227	77%	12.3
WEST PALM BEACH PEDIATRIC CARE TOTALS		36.0	611	482	79%	

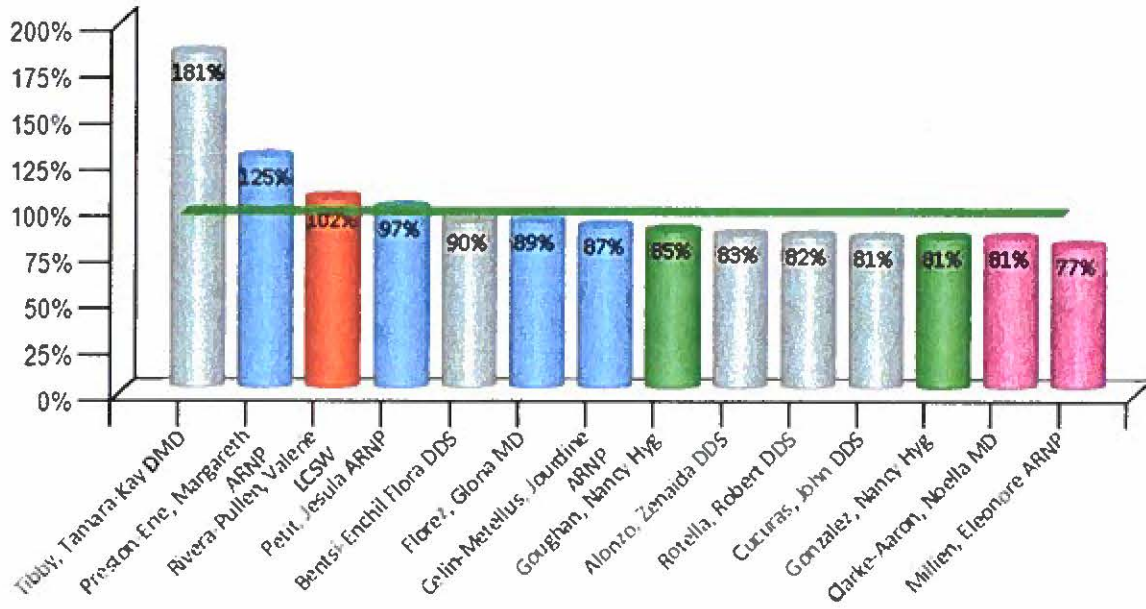
MENTAL HEALTH						
Rivera-Pullen, Valerie LCSW	7	14.0	98	100	102%	7.1
WEST PALM BEACH MENTAL HEALTH TOTALS		14.0	98	100	102%	

DENTAL						
Tibby, Tamara-Kay DMD	16	1.0	16	29	181%	29.0
Bentsi-Enchil Flora DDS	16	7.5	120	108	90%	14.4
Alonzo, Zenaida DDS	16	13.5	216	179	83%	13.3
Rotella, Robert DDS	16	15.5	248	204	82%	13.2
Cucuras, John DDS	16	7.0	112	91	81%	13.0
WEST PALM BEACH DENTAL TOTALS		44.5	712	611	86%	

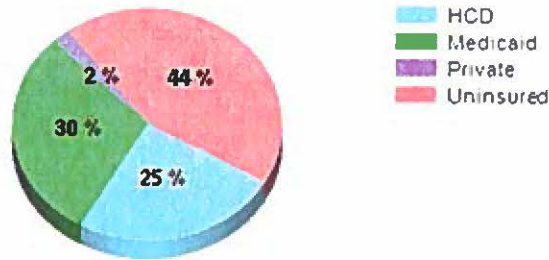
DENTAL HYGIENE						
Goughan, Nancy Hyg	8	2.5	20	17	85%	6.8
Gonzalez, Nancy Hyg	8	14.5	116	94	81%	6.5
WEST PALM BEACH DENTAL HYGIENE TOTALS		17.0	136	111	82%	

WEST PALM BEACH TOTALS		164.5	2442	2111	86%	
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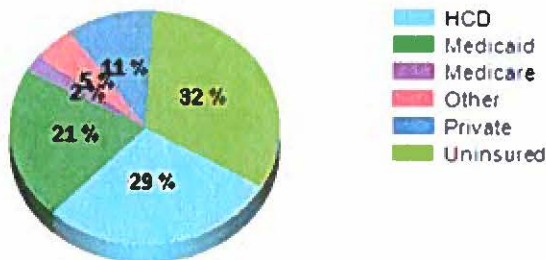
WEST PALM BEACH PROVIDER PRODUCTIVITY NOVEMBER 2018



Dental Payer Mix YTD



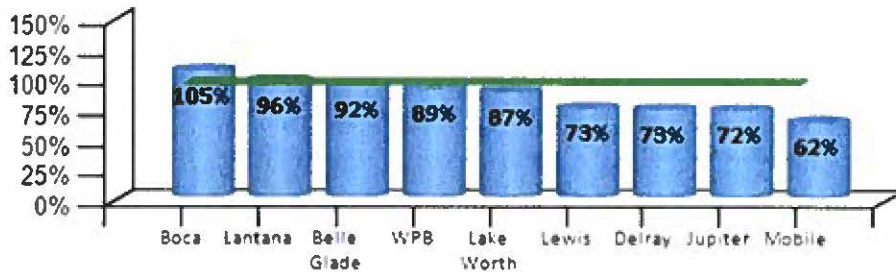
Medical Payer Mix YTD



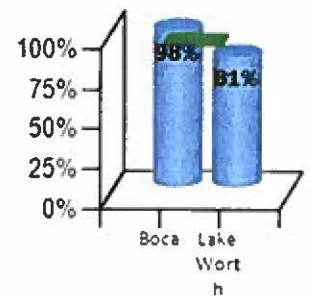
ALL CLINICS PRODUCTIVITY DECEMBER 2018

	Target	Total seen	% Monthly Target
ADULT CARE	6494	5538	85%
PEDIATRIC CARE	1728	1309	76%
SUBSTANCE ABUSE	193	222	115%
MENTAL HEALTH	1049	860	82%
WOMEN'S HEALTH CARE	405	350	86%
DENTAL	2003	1576	79%
DENTAL HYGIENE	352	272	77%

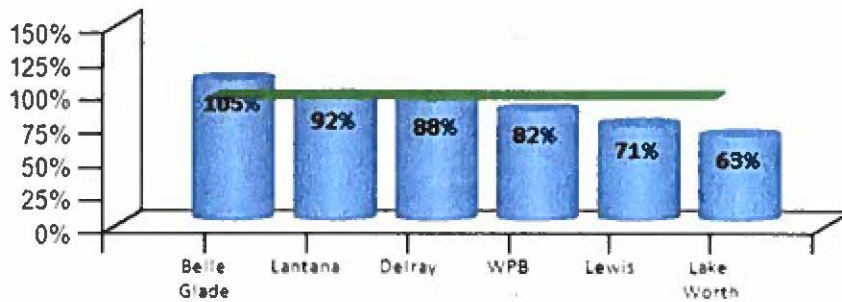
Adult care



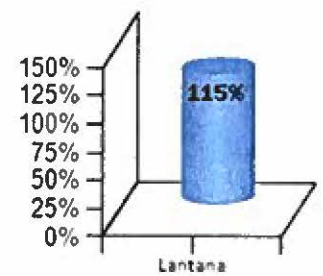
Women's Health



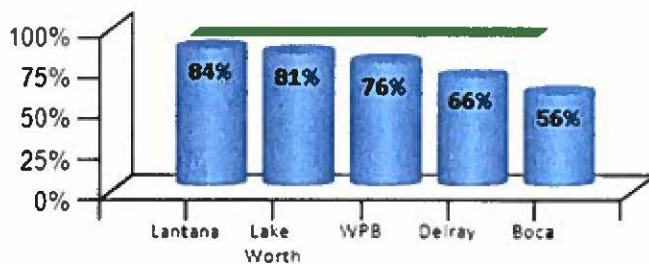
Mental Health



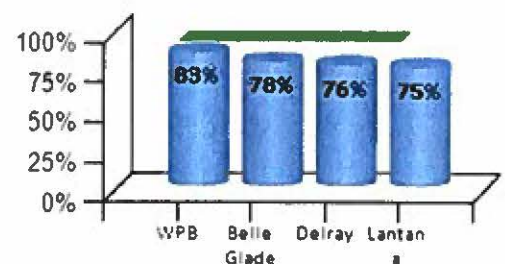
Substance Abuse



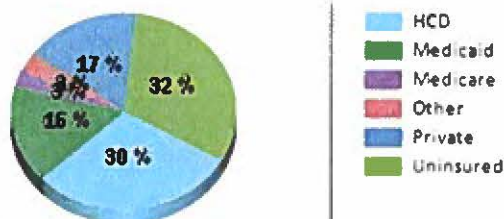
Pediatric Care



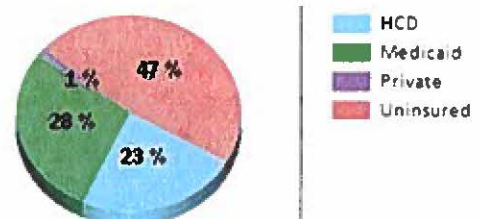
Dental & Dental Hygiene



Medical Payer Mix YTD



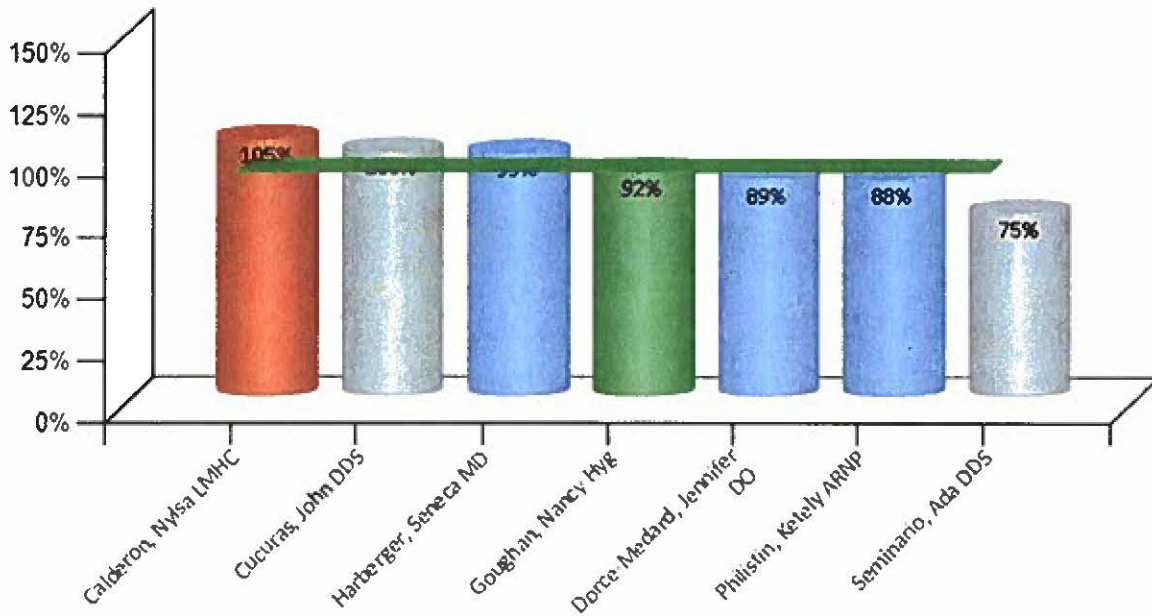
Dental Payer Mix YTD



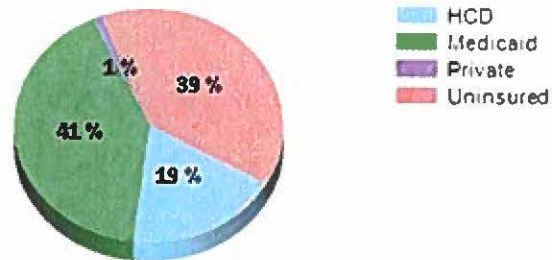
BELLE GLADE TOTALS FOR DECEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Harberger, Seneca MD	18	19.0	342	339	99%	17.8
Dorce-Medard, Jennifer DO	18	15.0	270	239	89%	15.9
Philistin, Ketely ARNP	16	18.5	296	261	88%	14.1
BELLE GLADE ADULT CARE TOTALS		52.5	908	839	92%	
MENTAL HEALTH						
Calderon, Nylsa LMHC	7	3.0	21	22	105%	7.3
BELLE GLADE MENTAL HEALTH TOTALS		3.0	21	22	105%	
DENTAL						
Cucuras, John DDS	16	1.0	16	16	100%	16.0
Seminario, Ada DDS	16	16.0	256	192	75%	12.0
BELLE GLADE DENTAL TOTALS		17.0	272	208	76%	
DENTAL HYGIENE						
Goughan, Nancy Hyg	8	3.0	24	22	92%	7.3
BELLE GLADE DENTAL HYGIENE TOTALS		3.0	24	22	92%	
BELLE GLADE TOTALS		75.5	1225	1091	89%	

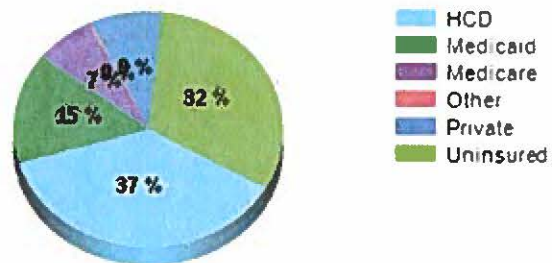
BELLE GLADE PROVIDER PRODUCTIVITY DECEMBER 2018



Dental Payer Mix YTD



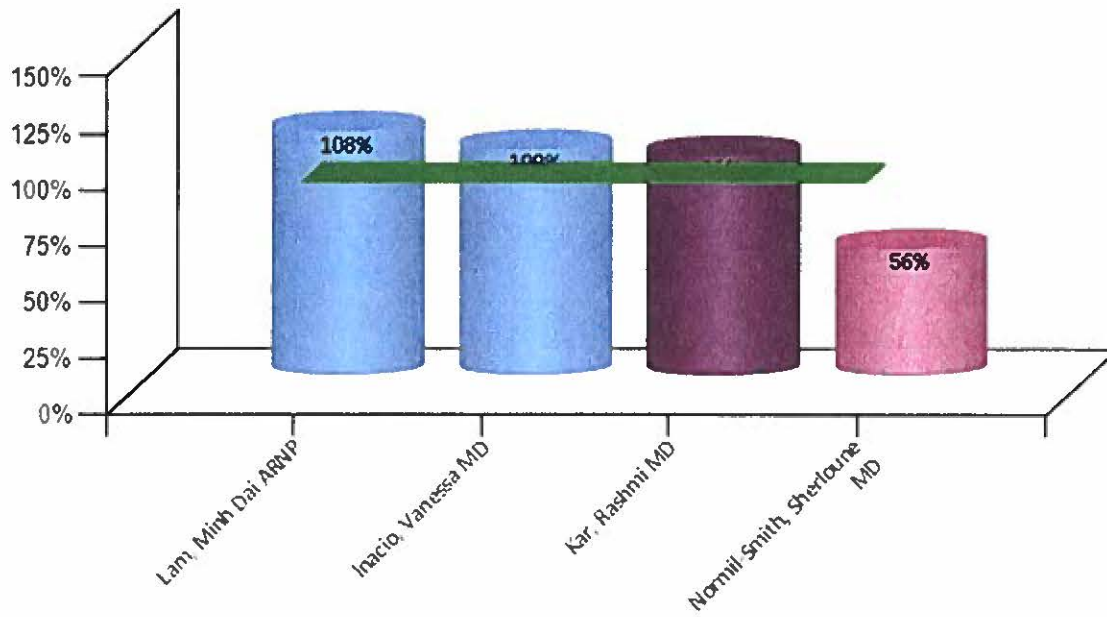
Medical Payer Mix YTD



BOCA TOTALS FOR DECEMBER 2018

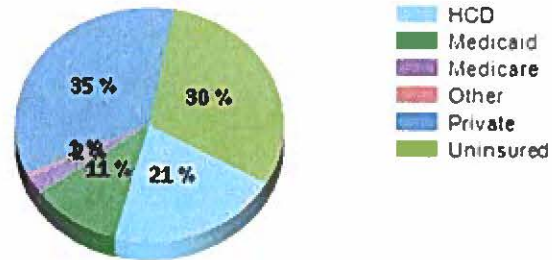
	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Lam, Minh Dai ARNP	16	18.5	296	321	108%	17.4
Inacio, Vanessa MD	18	15.0	270	271	100%	18.1
BOCA ADULT CARE TOTALS		33.5	566	592	105%	
PEDIATRIC CARE						
Normil-Smith, Sherloun MD	18	6.5	117	66	56%	10.2
BOCA PEDIATRIC CARE TOTALS		6.5	117	66	56%	
WOMEN'S HEALTH CARE						
Kar, Rashmi MD	18	7.0	126	123	98%	17.6
BOCA WOMEN'S HEALTH CARE TOTALS		7.0	126	123	98%	
BOCA TOTALS		47.0	809	781	97%	

BOCA PROVIDER PRODUCTIVITY DECEMBER 2018

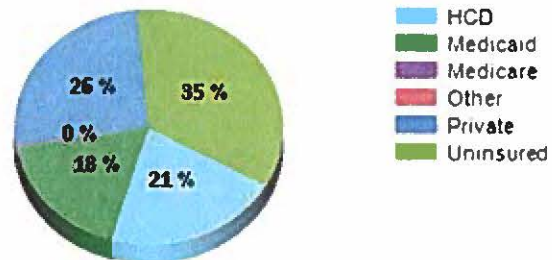


■ Pediatrics
 ■ Adult Care
 ■ Women's Health

Medical Payer Mix YTD



WOMEN'S HEALTH CARE Payer Mix YTD



DELRAY BEACH TOTALS FOR DECEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Lam, Minh Dai ARNP	16	1.0	16	19	119%	19.0
Meristil, Marie Frantzcia ARNP	16	5.0	80	66	83%	13.2
Cesaire-Jean, Rose Carline ARNP	16	18.5	296	230	78%	12.4
St. Vil-Joseph, Carline ARNP	16	18.0	288	208	72%	11.6
Montenegro, Claudia DO	18	18.5	333	226	68%	12.2
Duthil, Marie MD	18	13.5	243	162	67%	12.0
DELRAY BEACH ADULT CARE TOTALS		74.5	1256	911	73%	

PEDIATRIC CARE						
Buchholz, Ellen ARNP	16	3.0	48	32	67%	10.7
Elisme, Junie MD	18	16.0	288	191	66%	11.9
DELRAY BEACH PEDIATRIC CARE TOTALS		19.0	336	223	66%	

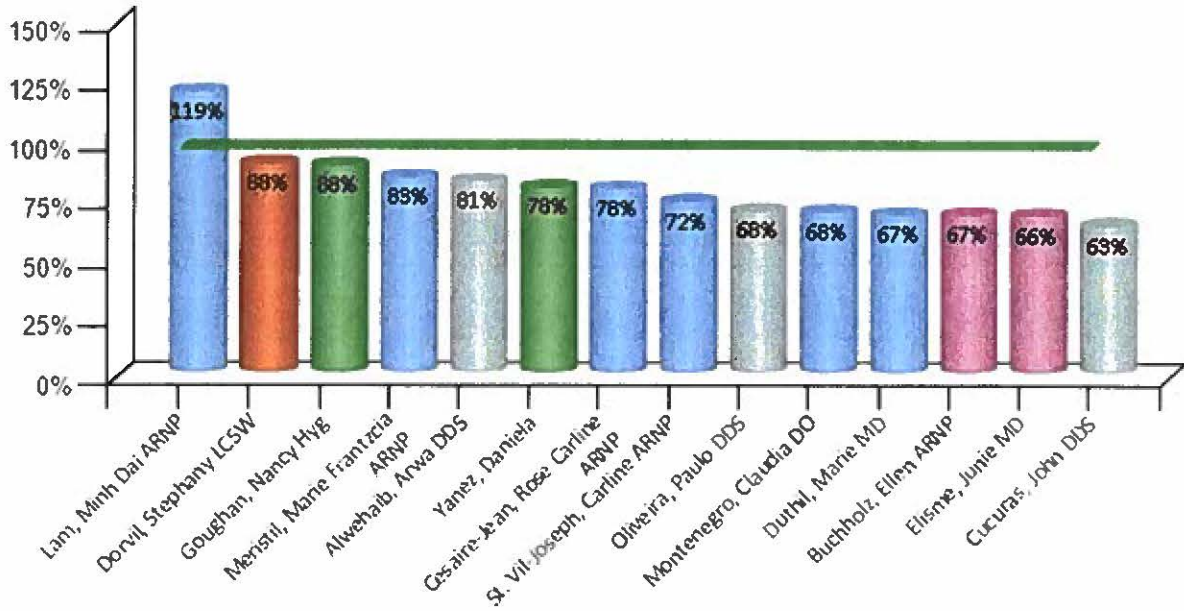
MENTAL HEALTH						
Dorvil, Stephany LCSW	7	16.5	116	102	88%	6.2
DELRAY BEACH MENTAL HEALTH TOTALS		16.5	116	102	88%	

DENTAL						
Alwehaib, Arwa DDS	16	18.5	296	240	81%	13.0
Oliveira, Paulo DDS	14	14.0	196	134	68%	9.6
Cucuras, John DDS	16	1.5	24	15	63%	10.0
DELRAY BEACH DENTAL TOTALS		34.0	516	389	75%	

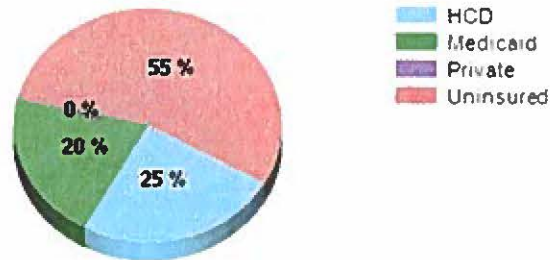
DENTAL HYGIENE						
Goughan, Nancy Hyg	8	1.0	8	7	88%	7.0
Yanez, Daniela	8	8.0	64	50	78%	6.3
DELRAY BEACH DENTAL HYGIENE TOTALS		9.0	72	57	79%	

DELRAY BEACH TOTALS		153.0	2296	1682	73%	
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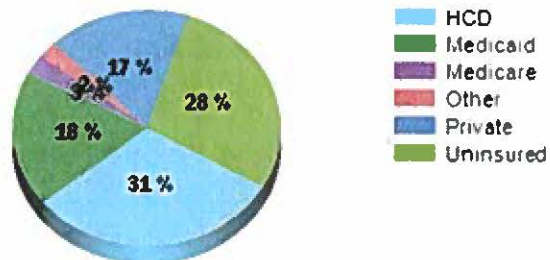
DELRAY BEACH PROVIDER PRODUCTIVITY DECEMBER 2018



Dental Payer Mix YTD



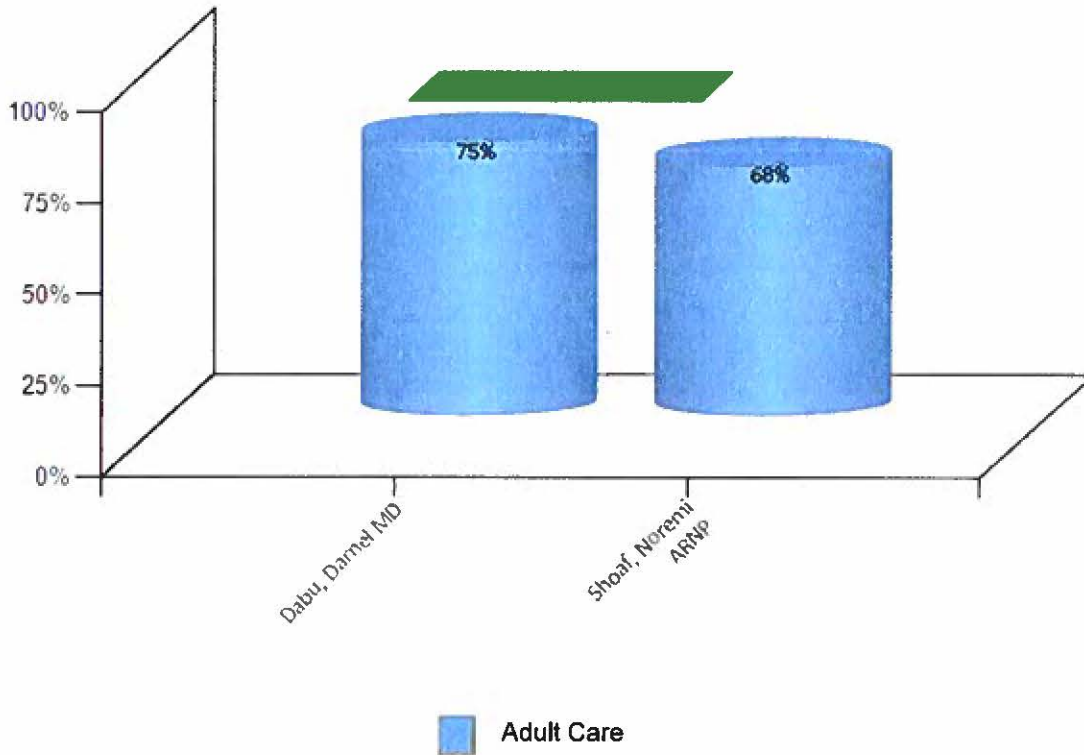
Medical Payer Mix YTD



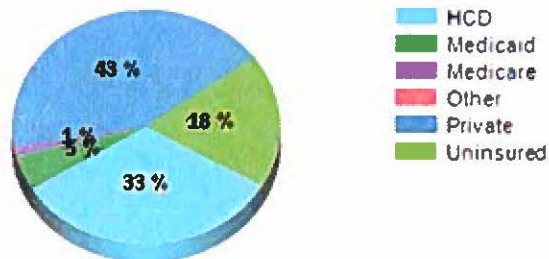
JUPITER TOTALS FOR DECEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Dabu, Darnel MD	18	18.5	333	249	75%	13.5
Shoaf, Noremi ARNP	16	15.5	248	169	68%	10.9
JUPITER ADULT CARE TOTALS		34.0	581	418	72%	
JUPITER TOTALS			34.0	581	72%	

JUPITER PROVIDER PRODUCTIVITY DECEMBER 2018



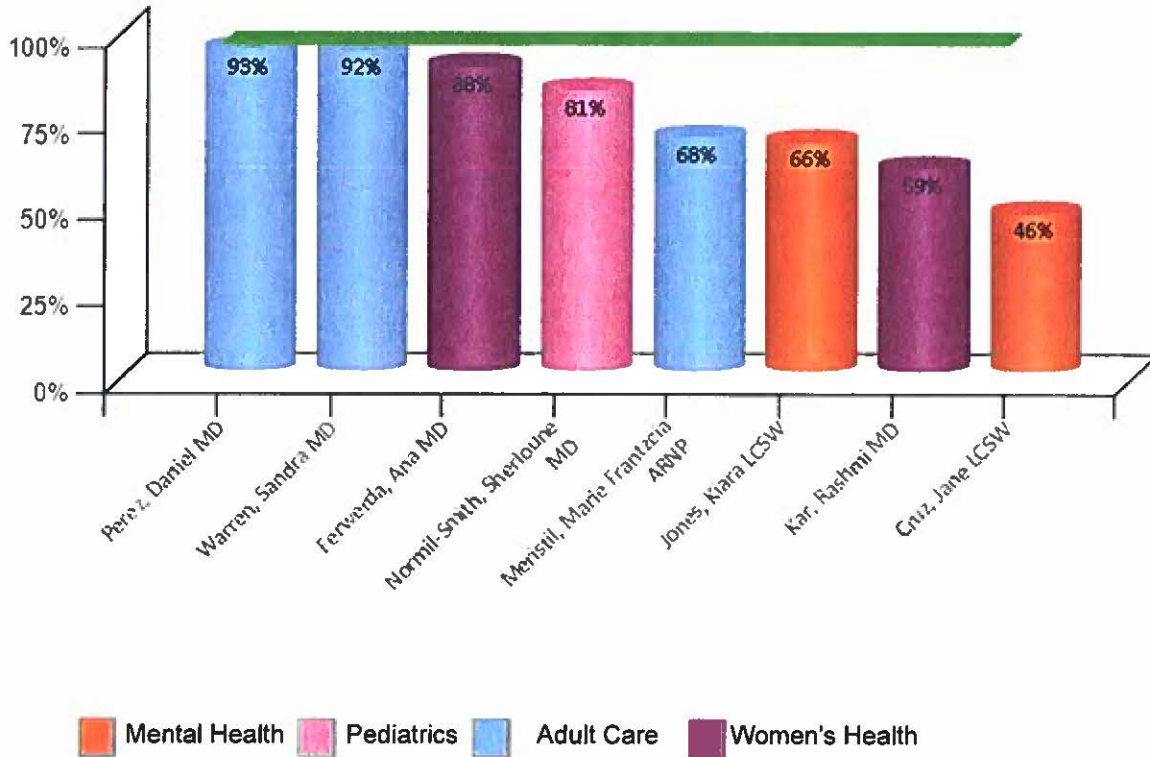
Medical Payer Mix YTD



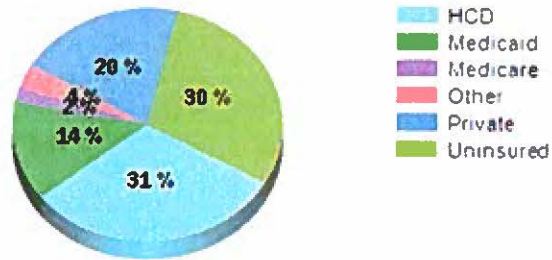
LAKE WORTH TOTALS FOR DECEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Perez, Daniel MD	18	19.0	342	318	93%	16.7
Warren, Sandra MD	18	17.0	306	283	92%	16.6
Meristil, Marie Frantzcia ARNP	16	12.0	192	130	68%	10.8
LAKE WORTH ADULT CARE TOTALS		48.0	840	731	87%	
PEDIATRIC CARE						
Normil-Smith, Sherloune MD	18	10.0	180	146	81%	14.6
LAKE WORTH PEDIATRIC CARE TOTALS		10.0	180	146	81%	
WOMEN'S HEALTH CARE						
Ferwerda, Ana MD	18	12.0	216	190	88%	15.8
Kar, Rashmi MD	18	3.5	63	37	59%	10.6
LAKE WORTH WOMEN'S HEALTH CARE TOTALS		15.5	279	227	81%	
MENTAL HEALTH						
Jones, Kiara LCSW	7	14.0	98	65	66%	4.6
Cruz, Jane LCSW	7	2.5	18	8	46%	3.2
LAKE WORTH MENTAL HEALTH TOTALS		16.5	116	73	63%	
LAKE WORTH TOTALS		90.0	1415	1177	83%	

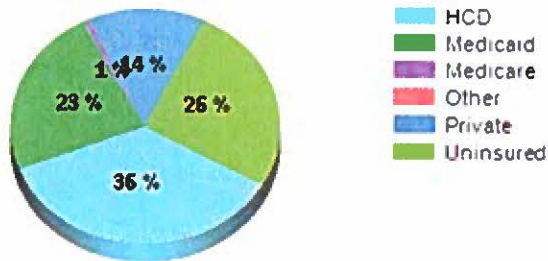
LAKE WORTH PROVIDER PRODUCTIVITY DECEMBER 2018



Medical Payer Mix YTD



WOMEN'S HEALTH CARE Payer Mix YTD



LANTANA TOTALS FOR DECEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Meristil, Marie Frantzcia ARNP	16	1.5	24	28	117%	18.7
Presendieu, Heden ARNP	16	16.0	256	263	103%	16.4
Perez, Daniel MD	18	0.5	9	9	100%	18.0
Alfonso-Puentes, Ramiro MD	18	15.0	270	250	93%	16.7
Navarro, Elsy ARNP	16	18.0	288	264	92%	14.7
LANTANA ADULT CARE TOTALS		51.0	847	814	96%	

PEDIATRIC CARE						
Dessalines, Duclos MD	18	7.5	135	137	101%	18.3
Lazaro, Nancy MD	18	13.5	243	201	83%	14.9
Buchholz, Ellen ARNP	16	9.5	152	109	72%	11.5
LANTANA PEDIATRIC CARE TOTALS		30.5	530	447	84%	

MENTAL HEALTH						
Rowling, Courtney MD	18	14.5	261	261	100%	18.0
Calderon, Nylsa LMHC	7	12.5	88	68	78%	5.4
Alvarez, Franco MD	13	4.0	52	39	75%	9.8
LANTANA MENTAL HEALTH TOTALS		31.0	401	368	92%	

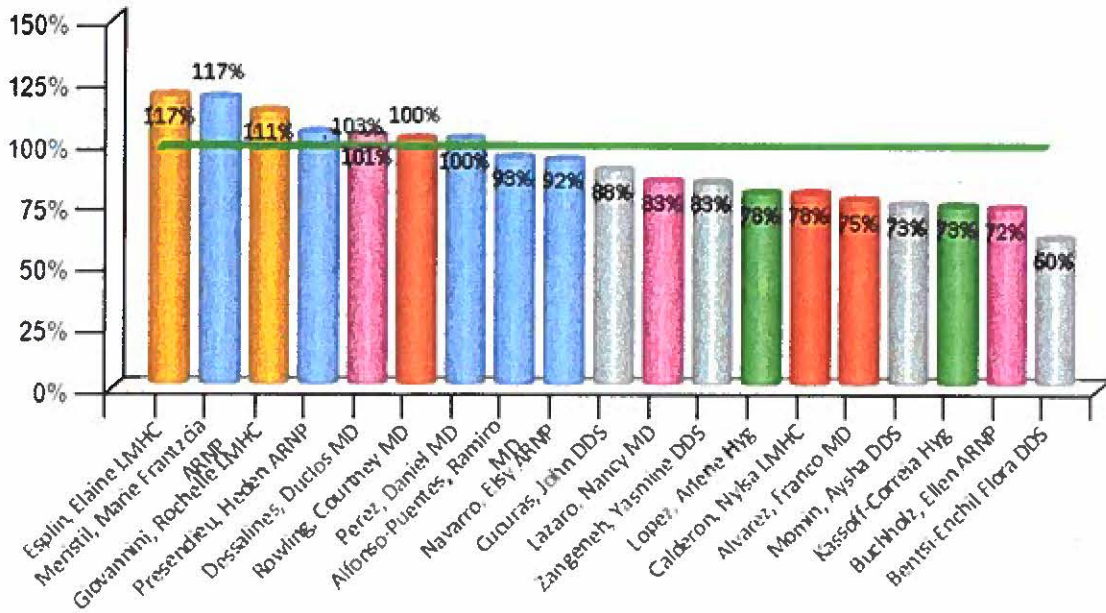
SUBSTANCE ABUSE						
Esplin, Elaine LMHC	7	18.0	126	148	117%	8.2
Giovannini, Rochelle LMHC	7	9.5	67	74	111%	7.8
LANTANA SUBSTANCE ABUSE TOTALS		27.5	193	222	115%	

DENTAL						
Cucuras, John DDS	16	1.0	16	14	88%	14.0
Zangeneh, Yasmine DDS	13	11.0	143	118	83%	10.7
Momin, Aysha DDS	16	18.0	288	211	73%	11.7
Bentsi-Enchil Flora DDS	16	4.5	72	43	60%	9.6
LANTANA DENTAL TOTALS		34.5	519	386	74%	

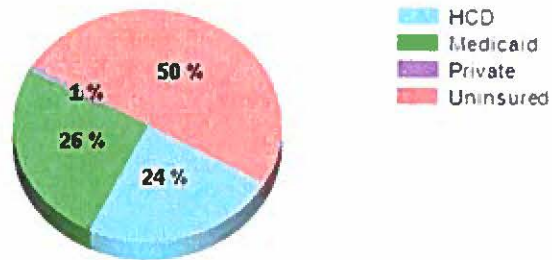
DENTAL HYGIENE						
Lopez, Arlene Hyg	8	8.5	68	53	78%	6.2
Kassoff-Correia Hyg	8	5.0	40	29	73%	5.8
LANTANA DENTAL HYGIENE TOTALS		13.5	108	82	76%	

LANTANA TOTALS		188.0	2597	2319	89%	
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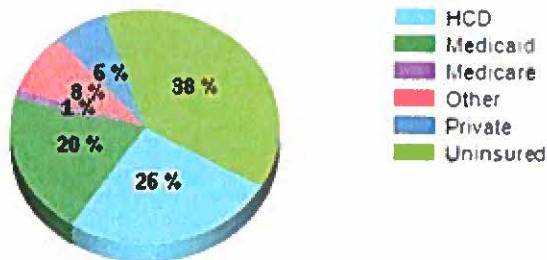
LANTANA PROVIDER PRODUCTIVITY DECEMBER 2018



Dental Payer Mix YTD



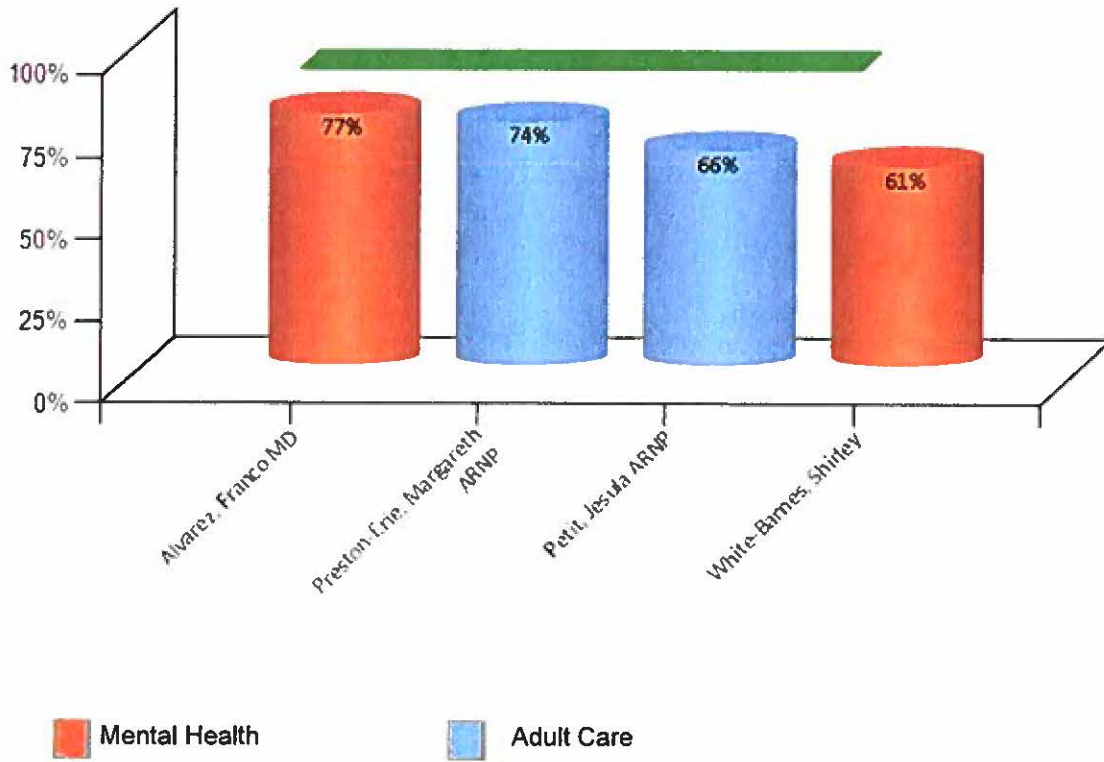
Medical Payer Mix YTD



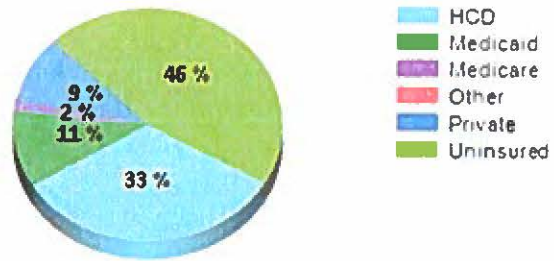
LEWIS CENTER TOTALS FOR DECEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Preston-Erie, Margareth ARNP	16	17.5	280	208	74%	11.9
Petit, Jesula ARNP	16	2.0	32	21	66%	10.5
LEWIS CENTER ADULT CARE TOTALS		19.5	312	229	73%	
MENTAL HEALTH						
Alvarez, Franco MD	13	13.0	169	130	77%	10.0
White-Barnes, Shirley	7	14.5	102	62	61%	4.3
LEWIS CENTER MENTAL HEALTH TOTALS		27.5	271	192	71%	
LEWIS CENTER TOTALS		47.0	583	421	72%	

LEWIS CENTER PROVIDER PRODUCTIVITY DECEMBER 2018



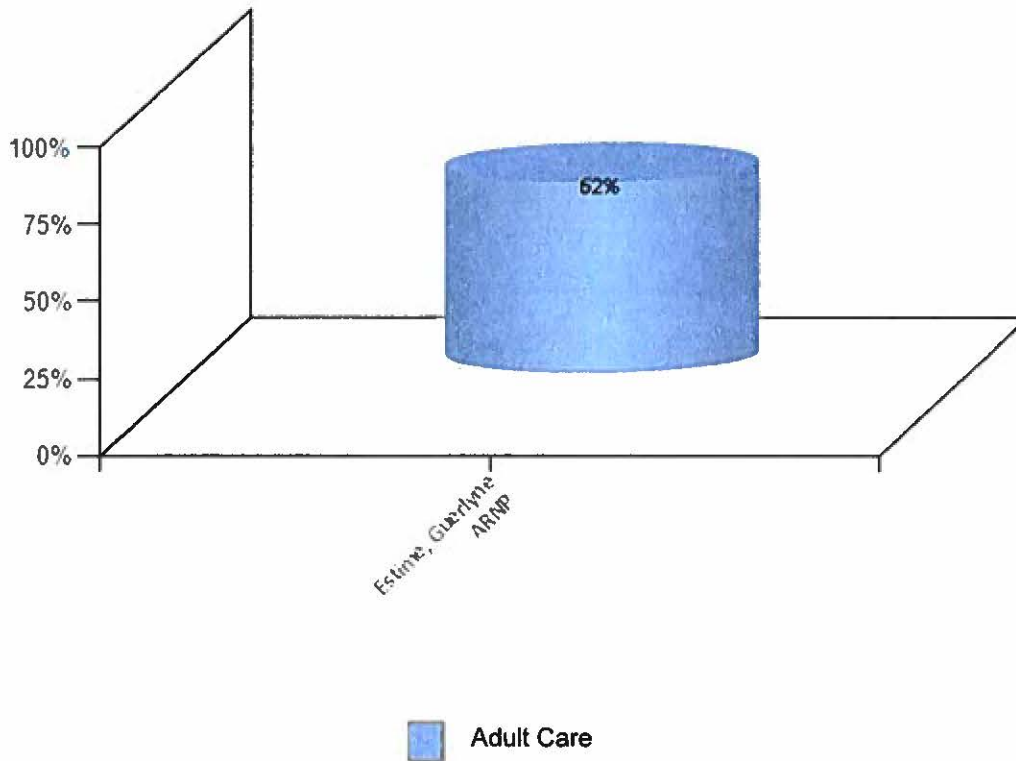
Medical Payer Mix YTD



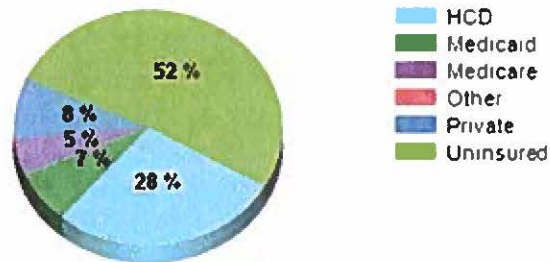
MOBILE CLINIC TOTALS FOR DECEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Estime, Guerlyne ARNP	16	12.0	192	119	62%	9.9
MOBILE CLINIC ADULT CARE TOTALS		12.0	192	119	62%	
MOBILE CLINIC TOTALS		12.0	192	119	62%	

MOBILE CLINIC PROVIDER PRODUCTIVITY DECEMBER 2018



Medical Payer Mix YTD



WEST PALM BEACH TOTALS FOR DECEMBER 2018

	Daily Target	Days Worked	Target for the month	Total for month seen	% Monthly Target Achieved	Daily Average
ADULT CARE						
Preston-Erie, Margareth ARNP	16	0.5	8	8	100%	16.0
Secin-Santana, Delvis MD	14	19.0	266	249	94%	13.1
Celin-Metellus, Jourdine ARNP	16	10.5	168	155	92%	14.8
Petit, Jesula ARNP	16	17.0	272	243	89%	14.3
Meristil, Marie Frantzcia ARNP	16	0.5	8	7	88%	14.0
Florez, Gloria MD	18	15.0	270	223	83%	14.9
WEST PALM BEACH ADULT CARE TOTALS		62.5	992	885	89%	

PEDIATRIC CARE						
Millien, Eleonore ARNP	16	19.0	304	238	78%	12.5
Clarke-Aaron, Noella MD	18	14.5	261	189	72%	13.0
WEST PALM BEACH PEDIATRIC CARE TOTALS		33.5	565	427	76%	

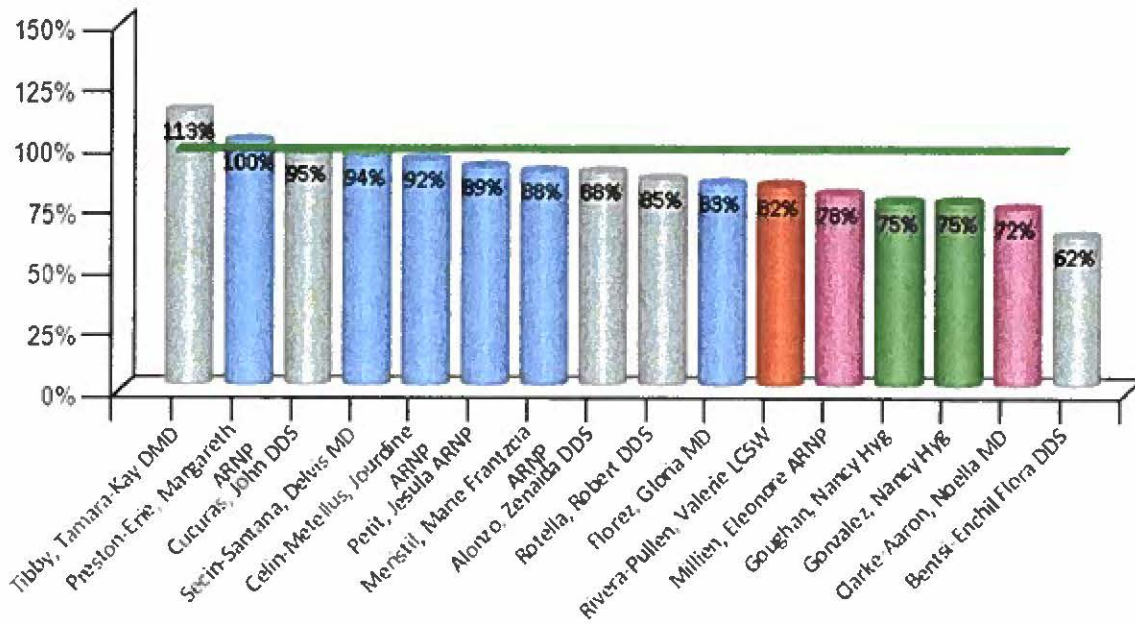
MENTAL HEALTH						
Rivera-Pullen, Valerie LCSW	7	18.0	126	103	82%	5.7
WEST PALM BEACH MENTAL HEALTH TOTALS		18.0	126	103	82%	

DENTAL						
Tibby, Tamara-Kay DMD	16	1.0	16	18	113%	18.0
Cucuras, John DDS	16	15.5	248	235	95%	15.2
Alonzo, Zenaida DDS	16	1.0	16	14	88%	14.0
Rotella, Robert DDS	16	19.0	304	257	85%	13.5
Bentsi-Enchil Flora DDS	16	7.0	112	69	62%	9.9
WEST PALM BEACH DENTAL TOTALS		43.5	696	593	85%	

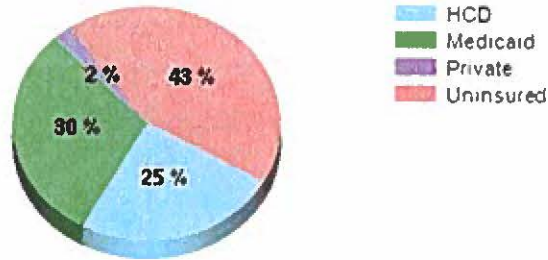
DENTAL HYGIENE						
Goughan, Nancy Hyg	8	0.5	4	3	75%	6.0
Gonzalez, Nancy Hyg	8	18.0	144	108	75%	6.0
WEST PALM BEACH DENTAL HYGIENE TOTALS		18.5	148	111	75%	

WEST PALM BEACH TOTALS		176.0	2527	2119	84%	
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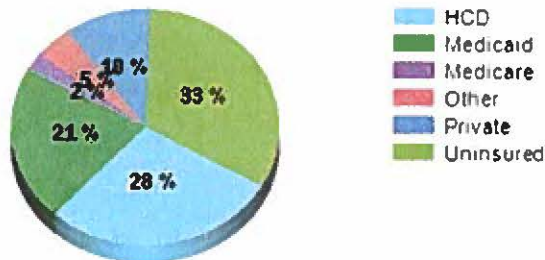
WEST PALM BEACH PROVIDER PRODUCTIVITY DECEMBER 2018



Dental Payer Mix YTD



Medical Payer Mix YTD



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30th, 2019

1. Description: Quality Council Reports

2. Summary:

This agenda item provides the following:

- Quality Council Minutes – January 2019
- UDS Report – YTD November 2018

3. Substantive Analysis:

See attached minutes and UDS report.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure

N A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N A

Committee Name

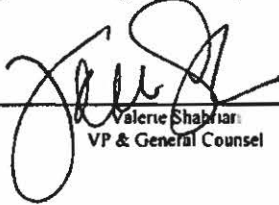
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 30th, 2019


6. Recommendation:

Staff recommends the Board Approve the Quality Council Minutes and UDS Report.


Approved for Legal sufficiency:



Valerie Shabrian
VP & General Counsel



Dr. Noelle Stewart
FQHC Medical Director



Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

Quality Council Meeting Minutes

Date: January 11th, 2019

Time: 1:00pm – 2:50 pm

Attendees: Dr. Belma Andric – Chief Medical Officer/Executive Director, Dr. Noelle Stewart – FQHC Medical Director (via WebEx), Dr. Duclos Dessalines – Director of Pediatrics, Dr. Tamara-Kay Tibby - Dental Director, David Speciale – Quality Manager, Dr. Ana Ferwerda – FQHC Director of Women’s Health, Dr. Courtney Rowling - Director of Behavioral Health, Lisa Hogans - Corporate Quality Manager, Luis Rodriguez, Quality & Compliance Pharmacists, Kristine Macaya – Assistant Director of Pharmacy, Amy Walker – Director of Patient Access, Hector Munoz, Clinical Infomaticist, Francis Navarro – FQHC Board Member, Nancy Fox-Goughan, Dental Quality Coordinator, Terry Megiveron - Director of Practice Operations, Maria Chamberlin – Nurse Manager, Jane Cruz - Director of Social Services; Andrea Steele – Corporate Quality Director (via WebEx), Victoria Pruitt (via WebEx)

Excused:

Minutes by: Alena Ranucci / David Speciale

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
QUALITY				
48-Hour Metrics	<p><u>Medical Metrics:</u></p> <ul style="list-style-type: none"> • Open Documents, & lab Results – Care check report received but was missing providers. New report requested and received and remainder of providers will be reviewed. Summary to be presented next meeting. Audits of buckets will performed weekly. • Encounters Closed Rate November 2018 – 89% of Providers in compliance <ul style="list-style-type: none"> • Family Medicine – 92% compliance • General Practice – 100% compliance • Residents – 80% compliance • OB/GYN – 100% compliance • Pediatric Medicine – 86% compliance • Psychiatry – 50% compliance • Social Work – 75% compliance 	Will bring QA’d data to next WG	David Speciale	2/15/19

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TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
<p>UDS & Quality Metrics</p>	<p>December 2018 - 87% of Providers in compliance</p> <ul style="list-style-type: none"> • Family Medicine – 100% compliance • General Practice – 100% compliance • Residents – 89% compliance • OB/GYN – 100% compliance • Pediatric Medicine – 71% compliance • Psychiatry – 50% compliance • Social Work – 100% compliance • All Providers that did not meet the benchmark were notified and retrained. <p>Dental Metrics:</p> <p>Closing Encounters - (Unlocked Notes) - (Reported Quarterly: Jan / April / July / Oct). Trended up from 9 in November to 11 in December. One provider was up to 5 of the 11 in November.</p> <p>Imaging Reports - Dexis Image Bucket - A folder within the Dexis program where dental images are retained if not assigned to chart.</p> <ul style="list-style-type: none"> • November 2018 – 0 dental radiograph found in the Dexis image bucket. • December 2018 – 1 missing PFC in Lantana. Found x-rays and dumped them in patient file. <p>UDS Report - Dashboard January thru November (YTD) 2018. Of the 14 UDS Measures: 9 Exceeded the HRSA Goal, 2 met the goal, 1 and 3 were short of HRSA Goals. (Clinic Score/ HRSA Goal)</p> <ul style="list-style-type: none"> • Childhood immunization: (49% / 70%) <p>All staff was training on how to reconcile since last Quality Council meeting</p>			

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<ul style="list-style-type: none"> • Cervical Cancer Screening: (60% / 60%) • Weight assessment, Children & Adolescent: (81% / 60%) • Adult Weight screening and follow up: (94% / 60%) • Tobacco use screening & cessation: (95% / 90%) • Asthma Pharmacologic Therapy: (100% / 97%) • Coronary Artery Disease CAD: (91% / 75%) • Ischemic Vascular Disease (IVD): (85% / 75%) • Colorectal Cancer Screening: (57% / 60%) • HIV linkage: (60% / 100%) <p>We have low denominator of patients. 2 of them DOH tried to contact, but were not successful</p> <ul style="list-style-type: none"> • Depression screening: (92% / 80%) • Dental Sealant: (81% / 70%) • Hypertension: (72% / 65%) • Diabetes: (67% / 65%) <p><u>Medical Quality Metrics:</u></p> <ul style="list-style-type: none"> • HPV – develop month reporting to go to patient access to call patients back and to receive their needed dose. • Determine the best definition for tracking HPV. Work with Jennifer of ACS. • Schedule regular reports to provide to patient access for scheduling of patient due/overdue for final vaccine. • Refusal form was uploaded in Athena and providers will present this to patients that decline to receive the vaccine. <p><u>Dental Quality Metrics:</u></p> <ul style="list-style-type: none"> • UDS - Dental Sealants – 81% • Complication Rates — Pending Hector & Monica for November & December. Dr. Tibby QA'd Sealant measure and post-op complications for both Nov & Dec 	<p>Will report Carries risk assessment for Nov. & Dec</p>	<p>Dr. Tibby</p>	<p>2/8/19</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
<p>Grant Updates</p>	<p>Human Resources Quality Metrics: November 2018</p> <ul style="list-style-type: none"> • New hires = 2 • Termination = 0 • Workers Comp = 1 <p>December 2018</p> <ul style="list-style-type: none"> • New hires = 4 • Termination = 1 (voluntary) • Workers Comp = 1 <p>American Cancer Society: Our CEE grant ended in December 2018. Final report is in process.</p> <ul style="list-style-type: none"> - Received 13,000 from Quantum foundation specifically for HPV <p>QI Grant: Funding will go towards supporting Avhana, a software that will assist in pre-visit planning.</p> <p>Farris Foundation: Through this grant we just hired our LCSW for the mobile clinic that started January 7th of this year with these grant funds.</p> <p>Service Area Competition (SAC): We received HRSA funding \$7 million with no conditions for 3 years.</p>			
<p>Chart Review</p>	<p>Medical Chart Review : Morbidity & Mortality Review</p> <ul style="list-style-type: none"> • Working on abnormal PAP procedure. Executive leadership met with Borinquen Health Care Center to exchange best practices. • Provider will start reviewing charts of deceased patients and providing the reason of death who will continue to sign the death certificates. This will help expedite the submission of the death certificate as the usual care provider is more 	<p>Moving forward, Medical Director will now report this as part of peer review in WG on monthly basis</p>	<p>Dr. Stewart</p>	<p>1/18/19</p>

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
Peer Review	<p>familiar with the patients' medical history and probable reason for death. This will also serve as an opportunity for the providers to review the charts and their documentation. Medical director will continue to peer review all deceased charts.</p> <p>Dental Chart Review: ER Referral Chart Reviews In process and to be prepared for next workgroup (Nov).</p> <ul style="list-style-type: none"> • 4 were charts were reviewed among 3 providers. In all cases appropriate diagnosis was made, patients were hospitalized. Significant finding was ¼ patients was referred to outside provider. Continue to work on new procedure of dental ER referrals and merge with medical procedure for ER referrals • 15 documentation errors found in November out of possible document 270 errors = 6% • 4 exposure and radiograph errors out of 105 in November = 4% • Nancy retrained DA's at clinic team member meeting on exposure techniques skills. Also revised our onboarding process to improve x-rays errors. <p>Behavioral Health Chart Review:</p> <ul style="list-style-type: none"> • Program chart review to begin in January for the MAT program <p><i>Quarter 4 (October, November & December 2018 Chart Reviews will be completed electronically through the RiskQual system. All providers will be trained during the February Boot Camp.</i></p>	Will present carries report in next quality council meeting	Dr. Tibby	2/18/19

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<p>Medical Peer Review: November 2018 (Q3) 10 charts were peer reviewed for new provider of which 2 were evaluated as “within standard of care”, 0 were evaluated as, “Provider Self-identified Remediation”, 8 were evaluated as “Provider Education Required”, and 0 were evaluated as “Inappropriate Care”. Medical Director presented summary and outcomes reviewed with Provider.</p> <ul style="list-style-type: none"> • Medical Director reviewed conducted peer review on new provider. Outcomes were reviewed with the provider. <p>Dental Peer Review: (Q3) <i>(include direct patient care dental outcomes i.e. Radiographic Quality, documentation of complications, patient return rates)</i> - 21 out of 25 were PR. 19 evaluated as standard of care. 3 were dental self-identified remediation. 7 dental provider education req = fail to update local anesthesia and failure to diagnose caries</p> <p>New provider Peer Review – 15 Charts reviewed in November. Findings included: 3/15 unacceptable- caries diagnosis 5/16 - no medical alert 6/16 - no meaningful use 2/16 - periodontal diagnosis</p> <p>Q4 December – 9 charts reviewed. Of 9, 1 failed to due failure to complete patient being pregnant. 1:1 was taken place with this provider. All providers were re-educated</p> <p>Behavioral Health Peer Review – report in process.</p> <p>Women’s Health Peer Review: 10 charts were peer reviewed for new provider of which 8 were evaluated as “within standard of care”, 0 were evaluated as, “Provider Self-identified Remediation”,</p>			

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TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
Quality Items	<p>and 2 were evaluated as "Provider Education Required" in documentation.</p> <p>Provider was re-educated. Partially was an issue with our billing department regarding a billable and non-billable code. Billing was notified of this issue.</p> <p>Hospital Follow Up – Final reports in process and annual trends for 2018 to be reported next meeting</p> <p>Dental Quality QSV Report: Clinic Site Visit -- December 2018.</p> <p>Trends and recommendations for improvement included:</p> <ul style="list-style-type: none"> • Tested the automated QSV in RiskQual – Revisions submitted <p>Infection Control</p> <ul style="list-style-type: none"> • Operatory – Organizational Supplies – (cleanliness of countertops & drawers, organization of supplies) 50% Compliance. 2 clinics that were not turning off the equipment along with snacks left in the op rooms. Both of these incidents were addressed at round table and WG's at clinic team member meeting. • Equipment Barriers – (items on pre-determined equipment): 50% Compliance - (primarily on saliva injectors and x-ray machines) • PPE – 25% Compliance (Gloves, Goggles, Masks, gowns) – Primarily wearing masks around the chin, removing PPE's when leaving operatories) • Staff trained on the above and improvements noted. <p>Instadose – December 2018</p> <ul style="list-style-type: none"> • Wearing – 100% • Reporting – 94% 			

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
<p>Policy & Procedure</p>	<ul style="list-style-type: none"> • Guest Wearing – 100% • Guest Reporting – 100% <p>Medical - Quality QSV Report – Clinic site visits – December 2018. All Quality Site Visit were completed electronically through the RiskQual System. Final reports are in process and will be presented in the February Quality Council meeting. report is pending</p> <p>Women’s Health – Quality QSV Report – Clinic site visits – December 2018. All Quality Site Visit were completed electronically through the RiskQual System. Final reports are in process and will be presented in the February Quality Council meeting.</p> <p>Behavioral Health -Quality QSV Report – BAM reports is completed and scheduled to review in the next workgroup.</p> <p>All Sites: <u>Quality Site Visits</u> – Conducted in December for all clinics. Final Report pending workgroup discussion <u>2019 Patient Satisfaction Survey</u> – The Winter 2019 Patient Satisfaction Survey was launched at all clinics on January 3, 2019. The survey is available in English, Spanish, and Creole. It has been made available to patients through the Clinic website, on clinic iPads, and on paper. The survey will run through January and results to be compiled, reported, and submitted to the Board at the February meeting.</p> <p>Policy & Procedure – The Committee met to review Policies and Procedures required for FTCA. The Committee recommended</p>	<p>Will provide an update on how many surveys have been completed. Followed by an update on clinic iPad’s</p>	<p>David Speciale</p>	<p>2/18/19</p>

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TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
<p>Director Updates</p>	<p>changes to the Referral Tracking Policy. Additional Policies and Procedures scheduled for FTCA review include: Diagnostic Tracking, Patient Compliant & Grievance, Incident Reporting, and the QI Plan.</p> <p><u>Medical Updates:</u></p> <ul style="list-style-type: none"> • Provider training on the Hepatitis C Protocol has commenced. All providers in Lantana will manage Hepatitis C, as well as physicians' in West Palm Beach, in addition to our ARNP in MAT clinic. • We started our pharmacy workgroup to discuss collaboration. • Hepatitis C Protocol – providers undergoing training, started Pharmacy Workgroup. • All service boot camp for our February team-member meeting with an intensive focus on quality metrics and customer service. • Vaccine for Adults (VFA) • <u>New Employee Orientation</u> – the following new employees attended New employee orientation <ul style="list-style-type: none"> ▪ Sherri Colon – RN Chart Auditor – Lantana (Suboxone) Clinic ▪ Patricia Paxton – MA - West Boca Clinic ▪ Jennifer Rodriguez Gomez – LPN – West Palm Beach Clinic ▪ Wendy Penalver – Dental Registration Specialist – Lantana Dental Clinic ▪ Reynette Romain – Behavioral Health Specialist – Lantana Clinic ▪ Aalysha Gonzalez - Behavioral Health Specialist – Mobile Clinic <p><u>Dental Updates:</u></p> <ul style="list-style-type: none"> • <u>Medical - Dental Integration-</u> Dental will now be prioritizing certain population and limiting comprehensive care. Priority 			

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<p>patients include: Age 0-20, pregnant women and post-partum up to 6 months, Special needs, high risk diabetics with A1C 8-10, and emergencies.</p> <ul style="list-style-type: none"> On February 7th, we will also have a dental provider boot camp focusing on diabetes, pregnancy and pediatrics. <p><u>Nursing Updates:</u></p> <ul style="list-style-type: none"> The Clinical Nurse Educator and Nurse Chart Auditor positions have been filled and staff are completing orientation. The Infection Control Nurse position remains vacant and the position is posted. <p><u>Behavioral Health Updates:</u></p> <ul style="list-style-type: none"> - Training new staff in MAT program - Working with Jane and Terry - Move up BH specialists to 12 to February 1st - New addiction counselor, Additional MAT groups will be implemented. - Jane would like to increase our groups that identify individuals that have mental health issues to increase to 2 per week. - Manually tracking WHO's from this point forward. - Creating a new P&P every week to improve based off of Cherokee P&P. <p><u>Pediatric Updates:</u></p> <ul style="list-style-type: none"> <u>Dental/Pediatric Integration-</u> The dental hygienist will function as a member of the primary care team. The dental hygienist will perform an oral health screening, oral health education, toothbrush prophylaxis, and fluoride varnish in the medical examination rooms. 			

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<p>Women's Health Updates:</p> <ul style="list-style-type: none"> - Extended an offer to a new ARNP to tentatively start in February. This ARNP would replace one of our Women's Health providers. <p>Operations Updates:</p> <ul style="list-style-type: none"> • Doing some internal shifting. June will be the new practice manager of Lake Worth Clinic and moving Jeanne to Jupiter Clinic. • Created a Quality-Operations Workgroup (second Tuesday of every month) • Created a new appointment type called "Results Follow-Up" 	<p>Will report November and December productivity reports in the next Operations WG</p> <p>Will review Nov & Dec Productivity reports to bring to next meeting</p>	<p>Terry Megiveron</p> <p>Terry Megiveron</p>	<p>1/18/19</p> <p>2/18/19</p>
UTILIZATION				
<p>Productivity</p> <p>Cycle Time</p> <p>No Shows</p> <p>3rd Next Available</p>	<p>November 2018</p> <ul style="list-style-type: none"> • Medical provider productivity report presented • Group therapy productivity report – in process <p>Cycle Time Report in Process</p> <p>No-Show Goal for 2019 – 30% no show rate (Report in process) Pediatric as a whole has high no show rates all over 42%. Interventions:</p> <ul style="list-style-type: none"> - Reminders for non-English speaking patients - Pre-visit planning and robust call back from clinic teams - Real-time access- by providing sooner appointments and not booking so far out. <ul style="list-style-type: none"> • Report in process 			

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
Walk-Ins	<ul style="list-style-type: none"> Report in process 			
PATIENT SATISFACTION				
Patient Relations	<p><u>Patient Relations - November 2018</u></p> <ul style="list-style-type: none"> Complaints – Total of 3, of which: <ul style="list-style-type: none"> 3 – Care & Treatment (Women’s Health, Primary Care, Dental) Grievances – Total of 4, of which <ul style="list-style-type: none"> 3 – Communication / Poor– (Dental and Medical) 1 – Physician / Communication – Medical Compliments – Total of 18 across 5 locations, of which <ul style="list-style-type: none"> 9 – Medical <ul style="list-style-type: none"> 1 = 870 1 = 879 5 = 884 2 = 889 5 – Dental <ul style="list-style-type: none"> 2 = 879 3 = 880 1 - Women’s Health 3 – Behavioral Health (884) <p><u>Patient Relations - December 2018</u></p> <ul style="list-style-type: none"> Complaints – Total of 2, of which: <ul style="list-style-type: none"> 2 – Other / Wait Time (Behavioral Health, Primary Care) Grievances – Total of 4, of which <ul style="list-style-type: none"> 1 – Communication / Poor– (Medical) 1 – Care and TX /Confidence in Caregiver (Medical) 2 – Other / Wait Time / Scheduling (Medical, Dental) 			

TOPIC	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
	<ul style="list-style-type: none"> • Compliments – Total of 12 across 5 locations, of which <ul style="list-style-type: none"> ▪ 10 – Medical <ul style="list-style-type: none"> - 3 = 870 - 1 = 871 - 2 = 872 - 2 = 884 - 2 = 889 ▪ 1 – Dental (872) <ul style="list-style-type: none"> ▪ 1 – MAT Program • Trends over time for CY 2018 presented. 			
Meeting Adjourned – 2:50 pm				



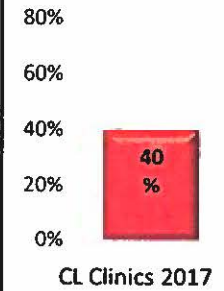
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD NOVEMBER 2018

CHILDHOOD IMMUNIZATION

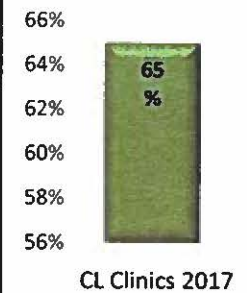
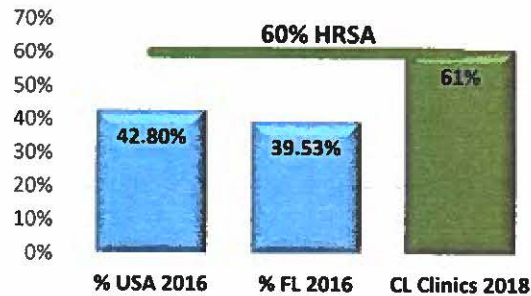


Findings: 1. Florida shots is still not crossing over

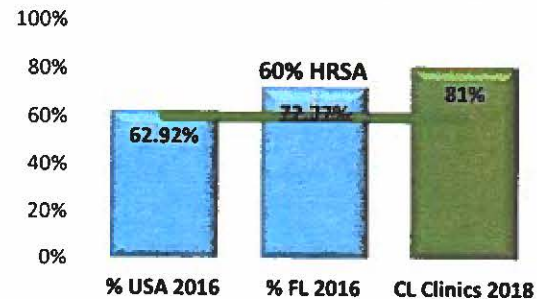
Interventions: 1. IT continues to work with Florida Shots to get updates and improve interface and capabilities to pull data from Florida Shots directly 3. Staff trained on reconciling vaccines and documenting historical vaccines in Athena



CERVICAL CANCER SCREENING



WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS

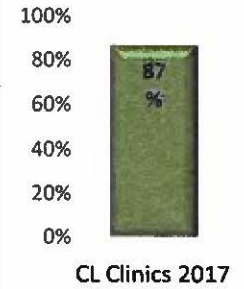
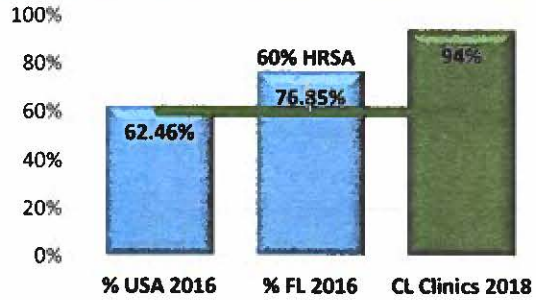


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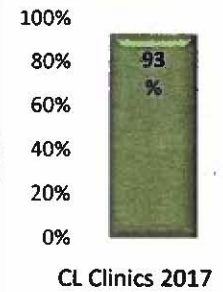
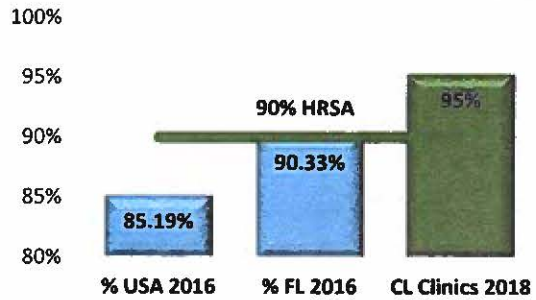


C. L. BRUMBACK PRIMARY CARE CLINICS
YTD NOVEMBER 2018

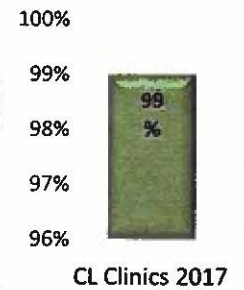
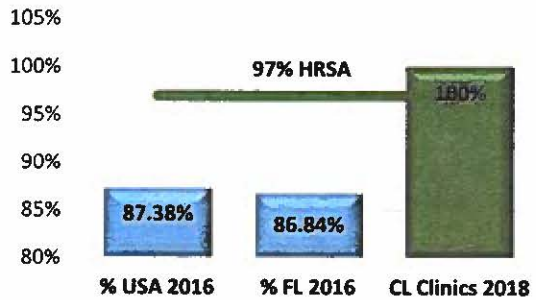
ADULT WEIGHT SCREENING AND FOLLOW UP



TOBACCO USE SCREENING AND CESATION INTERVENTION

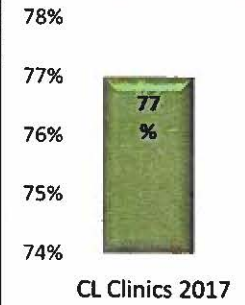


ASTHMA PHARMACOLOGIC THERAPY

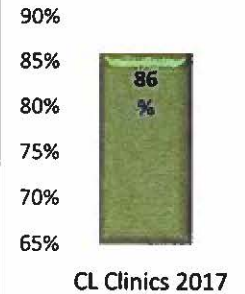
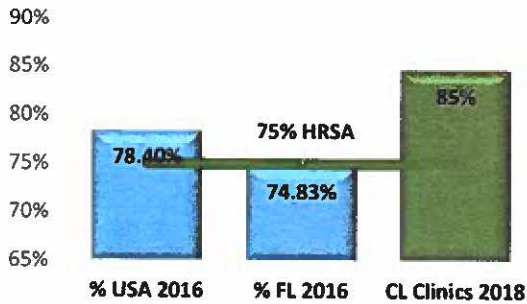


C. L. BRUMBACK PRIMARY CARE CLINICS
YTD NOVEMBER 2018

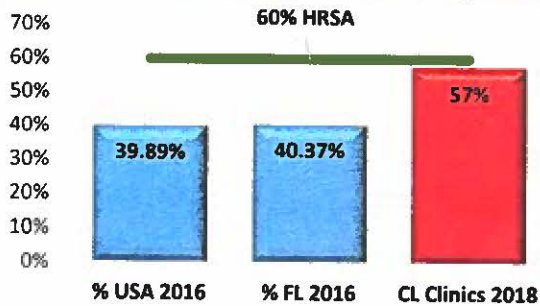
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

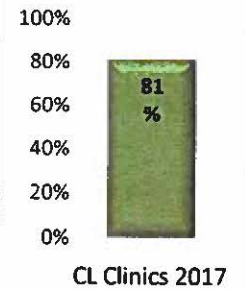


COLORECTAL CANCER SCREENING



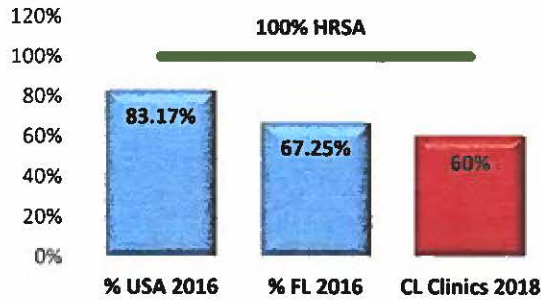
Findings: 1. Low specimen return rate. 2. Low rates for POD.

Interventions: 1. Continuous staff education on importance of colon cancer screening 2. Incentivise staff with highest POD rates. 3. Restart data sharing with all staff



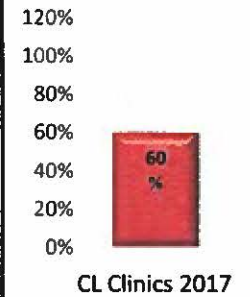
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD NOVEMBER 2018

HIV LINKAGE TO CARE

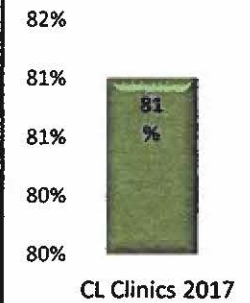
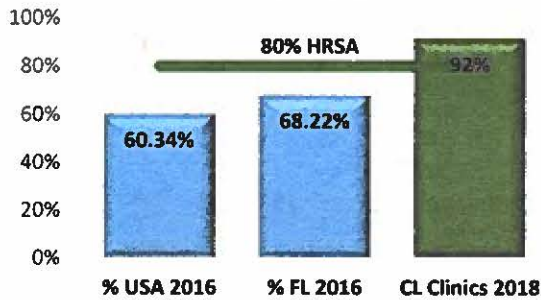


Findings: 1. Low denominator of just 5 newly diagnosed HIV patients for the 2018 reporting year yields low percent with just two non-compliant patients. 2. DOH has made several failed attempts to connect to patients

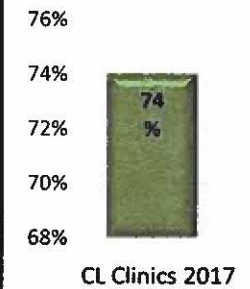
Interventions: 1. DOH and CLBPCC will continue to follow-up.



PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP



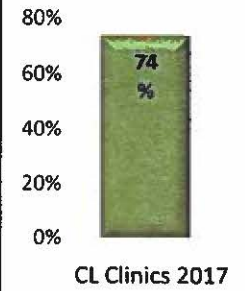
DENTAL SEALANTS





C. L. BRUMBACK PRIMARY CARE CLINICS
YTD NOVEMBER 2018

HYPERTENSION



DIABETES

