



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

December 14, 2021

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
December 14, 2021
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Login: <https://tinyurl.com/yda3vnks>

or

DIAL +1 (646) 558 8656; Meeting ID: 550 789 5592; Access number: 946503

- 1. Call to Order – Mike Smith, 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. Public Service Announcements- Covid-19 Vaccine (Robin Kish)
- 4. Disclosure of Voting Conflict**
- 5. Public Comment***
- 6. Meeting Minutes**
 - A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of November 30, 2021 [Pages 1-11]
- 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.

(Consent Agenda cont.)

A. ADMINISTRATION

- 7A-1 **RECEIVE AND FILE:**
December 2021 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>
- 7A-2 **RECEIVE AND FILE:**
Attendance tracking [Page 12]
- 7A-3 **Staff recommends a MOTION TO APPROVE:**
Proposed Schedule for 2022 Board Meetings
(Dr. Hyla Fritsch) [Pages 13-14]
- 7A-4 **Staff recommends a MOTION TO APPROVE:**
Board Member Transition- Marjorie Etienne
(Thomas Cleare) [Pages 15-17]

B. FINANCE

- 7B-1 **Staff recommends a MOTION TO APPROVE:**
District Clinic Holdings, Inc. Financial Report September 2021
(Candice Abbott) [Pages 18-35]

C. POLICIES

- 7C-1 **Staff recommends a MOTION TO APPROVE:**
Referral Tracking Policies and Diagnostic Test Results Tracking Policies
(Andrea Steele) [Pages 36-41]

8. Regular Agenda

A. ADMINISTRATION

- 8A-1 **Staff recommends a MOTION TO APPROVE:**
Bylaws Change
(Thomas Cleare) [Pages 42-69]

B. EXECUTIVE

- 8B-1 **RECEIVE AND FILE:**
Executive Director Informational Update
(Dr. Hyla Fritsch) [Pages 70]

(Regular Agenda cont.)

C. CREDENTIALING

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging –
(Dr. Charmaine Chibar) [Pages 71-72]

D. OPERATIONS

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report
(Marisol Miranda) [Pages 73-79]

E. QUALITY

- 8E-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report
(Dr. Charmaine Chibar) [Pages 80-121]

9. AVP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

January 26, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

February 23, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

March 30, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

April 27, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

May 25, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

June 29, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

July 27, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

**C. L. Brumback Primary Care Clinics
Board of Directors
Meeting Agenda
December 14, 2021**

(Regular Agenda cont.)

August 24, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

September 28, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

October 26, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

November 29, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

December 14, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

12. Motion to Adjourn

13. Closed Meeting

*District Clinic Holdings, Inc. welcomes public comment during its regular monthly meetings. This month, public comment should be emailed to swynn@hcdpbc.org or submitted via phone at 561-829-1211 prior to Noon on The Scheduled Meeting Date. All comments received during this time frame will be read aloud and included in the official meeting record.

Any person(s) not adhering to the Board's guidelines or who make comments which could be perceived as slanderous or disruptive may be barred from making future comments before the Board.

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
11/30/2021**

Present: Mike Smith, Chair; Melissa Mastrangelo, Vice-Chair; Julia Bullard, Secretary; Joseph Gibbons, Treasurer; John Casey Mullen; Tammy Jackson-Moore; James Elder; Irene Figueroa

Excused: Robert Glass

Absent: Marjorie Etienne

Staff: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, Chief Medical Officer; Dr. Hyla Fritsch, Executive Director of Clinic and Pharmacy Services; Bernabe Icaza, VP & General Counsel; Candice Abbott, VP & CFO; Shauniel Brown, Risk Manager; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Experience; Dr. Charmaine Chibar, FQHC Medical Director; Donald Moniger, Desktop Engineer; Shannon Wynn, Administrative Assistant; Marisol Miranda, Director of Operations; Andrea Steele; Heather Bokor; Alexa Goodwin; Jonathan Dominique; Robin Kish; Maria Chamberlin; Lisa Hogans; Thomas Cleare; Patricia Lavelly; Dr. Jennifer Dorce-Medard

Minutes Transcribed By: Shannon Wynn

Meeting Scheduled for 12:45 p.m.

Meeting Began at 12:45 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	The meeting was called to order at 12:45 p.m.
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	


2. Agenda Approval		
2A. Additions/Deletions/ Substitutions 2B. Motion to Approve Agenda Items	<p>None.</p> <p>Mr. Smith called for approval of the meeting agenda.</p>	<p>VOTE TAKEN: Mr. Elder made a motion to approve the agenda. Ms. Mastrangelo duly seconded the motion. A vote was called and the motion passed unanimously.</p>
3. Awards, Introductions and Presentations		
3A. COVID-19 Testing and Vaccination Update	<p>Dr. Andric updated the Board with the most recent Covid testing and vaccine update.</p> <p>Dr. Andric will retire the COVID testing and Vaccine update because there is not much need for it.</p> <p>Mr. Smith asked how we distribute the vaccines to the children.</p> <p>Dr. Andric stated that the mobile clinics have a schedule that allows them to go from school to school. Usually one school in the morning and one school in the afternoon.</p> <p>Mr. Mullen asked if the mobile clinics will be used for testing also</p> <p>Dr. Andric replied by saying the mobile clinics will only vaccinate, and if you need to get testing for COVID, you would either make an appointment with your provider or see an outside vendor.</p> <p>Ms. Jackson-Moore asked if the vaccination sites at the school are being well received.</p> <p>Dr. Andric stated that we had vaccinated over 1,000 children between the ages of 5 and 11. She feels that this is a great start.</p>	<p>No action necessary.</p>

	<p>Ms. Bullard asked when will last date be for the mobile clinics going to the schools.</p> <p>Ms. Miranda stated sometime at the end of December 2021.</p> <p>Mr. Smith asked what the holiday schedule is for the clinics.</p> <p>Dr. Andric stated we have a standard schedule and are closed for Federal Holidays.</p>	
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes 6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of October 27, 2021	There were no changes or comments to the minutes dated October 27, 2021.	VOTE TAKEN: As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of October 27, 2021. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the consent agenda as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: November 2021 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action is necessary.

7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action is necessary.
7B. FINANCE		
7B-1. Receive & File: District Clinic Holdings, Inc. Top 20 utilized procedure's pricing	<p>The top 20 CPT codes and pricing are for the District Clinic Holdings, Inc. and are presented for Board review.</p> <p>Management has provided the top 20 CPT codes for District Clinics Holdings, Inc. with a pricing comparison to the Medicare Allowed Amount. Additional Management discussion and analysis are incorporated into the presentation.</p>	VOTE TAKEN: Mr. Elder made a motion to approve the Top 20 utilized procedure's pricing. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.
8. REGULAR AGENDA		
8A. ADMINISTRATION		
8A-1. Staff Recommends a MOTION TO APPROVE: Bylaws Change	<p>This agenda item presents the District Clinic Holdings, Inc. update bylaws. This update presents two changes. The first update changes the membership term from three (3) to four (4) years and the term period from January through December three (3) years later to the date of appointment until 4 years later. The second update changes the requirement for the Finance Committee meeting from monthly to quarterly.</p> <p>The first update recommended includes a change to the Bylaws Section 9.1 Term of Membership. The update includes the following changes:</p> <ul style="list-style-type: none"> • The membership term will change from three (3) to four (4) years. This change will align the Clinic Board Membership Terms to the same number of years as the District Board, Lakeside Health Advisory Board, and District Committees. • The period of time for membership terms will change from January through December, 3 years later to a simple 4 year term from the date of appointment. This change should reduce the number of Board members whose terms expire at the same time. • The language-related to unexpired terms will be removed from 9.2(a) since according to this update all appointments will be for a 4 year period. 	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Bylaws Change. Mr. Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.

	<p>Mr. Smith asked if the Finance Committee was to meet quarterly, would the Board of Directors be able to review the financial reports monthly.</p> <p>Ms. Abbott stated she is willing to provide the monthly financial reports to the Board of Directors in the Consent Agenda portion of the packet.</p> <p>Dr. Andric explained that the financial reports would be provided to the Board of Direction in the consent agenda portion of the Board packet. If the Board members would like to discuss more in detail, it can be moved to the regular agenda. The quarterly Finance meeting is where they will discuss the finances.</p>	
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8B. EXECUTIVE

<p>8B-1. Receive and File: Executive Director Information Update</p>	<p>Updates on key changes within C. L. Brumback Primary Care Clinics:</p> <ul style="list-style-type: none"> FY2021 Quality Award <p>FY2021 Quality Award</p> <p>The Health Resources and Services Administration (HRSA) recognized the C. L. Brumback Primary Care Clinics with several Health Center Quality Improvement Fiscal Year 2020 Grant Awards, including \$180,431 and a gold badge as a Health Center Quality Leader for ranking among the top 10% of health centers nationally for clinical quality.</p> <p>The Brumback Clinics received recognition in the following categories:</p> <ul style="list-style-type: none"> Gold Health Center Quality Leader: Achieved the best overall clinical performance among all health centers and was recognized in the Gold tier (top 10%). 	<p>Receive & File. No further action necessary.</p>
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- Advancing Health Information Technology (HIT) for Quality: Recognized health centers that optimized health information technology services for advancing telehealth, patient engagement, interoperability, and collection of social determinants of health to increase access to care and advance quality of care between 2019 and 2020.



- Patient-Centered Medical Home (PCMH) Recognition: Recognized health centers with patient-centered medical home recognition in one or more delivery sites.



- COVID-19-specific awards recognition:



Mr. Elder thanks the staff for an excellent job for their achievements.

Ms. Jackson-Moore asked if we let any media outlets know of our achievements and recognitions.

Ms. Kish stated that we had informed the media of our achievements, which have been in the spotlight.

	<p>Mr. Smith asked if it was recorded anywhere</p> <p>Ms. Kish replied that it had been recorded in the South Florida Hospital News and publications.</p> <p>Mr. Smith asked if the patients knew of our achievements.</p> <p>Dr. Andric stated that we do post our achievements in all clinics.</p> <p>Ms. Kish also stated that HRSA promoted our vaccination efforts and achievements on all their platforms.</p>	
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8C. CREDENTIALING

<p>8C-1. Staff Recommends a MOTION TO APPROVE Licensed Independent Practitioner Credentialing and Privileging</p>	<p>The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.</p> <p>The LIPs 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:</p> <ul style="list-style-type: none"> • 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) • 	<p>VOTE TAKEN: Mr. Elder made a motion to approve the Initial Credentialing and privileges of S M Atiqur Rahman, Diana Perez-Nunez and re-credentialing of Nancy Lazaro; Michaelle Kaloglian Silva; Rose Carline Cesaire-Jean; Joanne Pierre-Louis; Claudia Rexach and Kiara Jones as presented. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.</p>																				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Rahman</td> <td style="width: 15%;">S M Atiqur</td> <td style="width: 10%;">MD</td> <td style="width: 20%;">Preventive Medicine</td> <td style="width: 35%;">Initial Credentialing</td> </tr> <tr> <td>Perez-Nunez</td> <td>Diana</td> <td>APRN</td> <td>Nurse Practitioner</td> <td>Initial Credentialing</td> </tr> <tr> <td>Lazaro</td> <td>Nancy</td> <td>MD</td> <td>Pediatric Medicine</td> <td>Recredentialing</td> </tr> <tr> <td>Kaloglian Silva</td> <td>Michelle</td> <td>DDS</td> <td>General Dentistry</td> <td>Recredentialing</td> </tr> </table>	Rahman	S M Atiqur	MD	Preventive Medicine	Initial Credentialing	Perez-Nunez	Diana	APRN	Nurse Practitioner	Initial Credentialing	Lazaro	Nancy	MD	Pediatric Medicine	Recredentialing	Kaloglian Silva	Michelle	DDS	General Dentistry	Recredentialing	
Rahman	S M Atiqur	MD	Preventive Medicine	Initial Credentialing																		
Perez-Nunez	Diana	APRN	Nurse Practitioner	Initial Credentialing																		
Lazaro	Nancy	MD	Pediatric Medicine	Recredentialing																		
Kaloglian Silva	Michelle	DDS	General Dentistry	Recredentialing																		

Cesaire-Jean	Rose Carline	APRN	Nurse Practitioner	Recredentialing
Pierre-Louis	Joanne	APRN	Nurse Practitioner	Recredentialing
Rexach	Claudia	LMHC	Licensed Mental Health Counselor	Recredentialing
Jones	Kiara	LCS W	Licensed Clinical Social Worker	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.

S M Atiqur Rahman, MD, joined the West Boca Clinic in 2021, specializing in Preventive Medicine. He attended the Rajshahi University in Bangladesh and completed his residency at the University of Colorado Denver School of Public Health. Dr. Rahman is certified in Public Health and General Preventive Medicine by the American Board of Preventive Medicine. He has been in practice for eight years and is fluent in Bengali, Persian and Hindi.

Diana Perez-Nunez, APRN, joined the Lewis Center Clinic in 2021 as a Nurse Practitioner specializing in Psychiatric Mental Health. She attended Regis College and is certified in Psychiatric Mental Health by the American Nurses Credentialing Center. Ms. Perez-Nunez has been in practice for five years.

Nancy Lazaro, MD, joined the West Palm Beach Clinic in 2015, specializing in Pediatric Medicine. She attended the University of Puerto Rico and completed her residency at Puerto Rico Medical Center. Dr. Lazaro has been in practice for seventeen years and is fluent in Italian and Spanish.

Michelle Kaloglian Silva, DDS, joined the West Palm Beach Clinic in 2019, specializing in General Dentistry. She attended Sao Francisco University and completed her residency at the University of Florida, College of Dentistry. Dr. Kaloglian Silva has been in practice for five years and is fluent in Portuguese and Spanish.

	<p>Rose Carline Cesaire-Jean, APRN, joined the West Palm Beach Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended Florida International University and is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. Cesaire-Jean has been in practice for six years and is fluent in Creole and French.</p> <p>Joanne Pierre-Louis, APRN, joined the Lake Worth Clinic in 2015 as a Nurse Practitioner specializing in Family Medicine. She attended Florida Atlantic University and is certified as an Adult Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. Pierre-Louis has been in practice for ten years and is fluent in Creole.</p> <p>Claudia Rexach, LMHC, joined the Lantana Clinic in 2019 as a Licensed Mental Health Counselor. She attended the Carlos Albizu University San Juan campus in Puerto Rico. Ms. Rexach has been in practice for six years and is fluent in Spanish.</p> <p>Kiara Jones, LCSW, joined the Lake Worth Clinic in 2017 as a Licensed Clinical Social Worker. She attended Florida Atlantic University. Ms. Pierre-Louis has been in practice for eight years.</p>	
8D. OPERATIONS		
<p>8D-1. Staff Recommends a MOTION TO APPROVE Operations Reports</p>	<p>This agenda item provides the following operations reports for September 2021:</p> <ul style="list-style-type: none"> - Clinic Productivity, including in-person and telehealth metrics, No Show trended over time. <p>In September, we had 10,140 visits which are 369 more than the month prior and 257 more than September of 2020. Our average patient visits per weekday were 487 among all clinics and an improved average of 50 patients on Saturdays among 6 clinics. The Lantana Clinic had the highest volume with 1,737 visits, followed by the Lake Worth Clinic with 1,367. Our payer mix for the year-to-date reflects 60% percent uninsured patients and 28% Managed Care.</p> <p>By visit category, Pediatrics and Substance Abuse met their productivity target.</p>	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Operations Reports as presented. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<p>Productivity targets for in-person visits were met in the West Palm Beach, Delray, Lewis Center Adult Primary Care and Substance Abuse, Lantana Pediatrics and Delray Behavioral Health. In the 90% and higher range were Lantana Adult Primary, West Palm Beach Pediatrics, Women’s Health, Lantana Dental and Behavioral Health in West Palm Beach, Lantana and Lake Worth.</p> <p>The No Show rate in September decreased from 29% to 27%.</p> <p>Mr. Smith asked how many telehealth vs. in-person visits</p> <p>Ms. Miranda stated that telehealth is 6 percent of our visits.</p> <p>Mr. Elder request the report on the no-show vs. walk-in.</p> <p>Ms. Miranda stated she would provide the reports at the December meeting.</p>	
<p>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</p>	<p>This agenda item presents the updated Quality Improvement & Quality Updates:</p> <ul style="list-style-type: none"> • Quality Council Meeting Minutes November 2021 • UDS Report – YTD October 2021 • Provider Productivity – October 2021 <p><u>PATIENT SAFETY & ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review, are brought to the board “under separate cover” on a quarterly basis.</p> <p><u>PATIENT SATISFACTION AND GRIEVANCES</u> Patient relations are to be presented as a separate agenda item.</p> <p><u>QUALITY ASSURANCE & IMPROVEMENT</u> We implemented an outbound campaign in October in our efforts to improve our UDS Depression Remission measure. The Clinic Service Center contacted 77 patients in October to get them into the clinic for a follow-up appointment based on their previous PHQ9 score.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u></p>	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Quality Reports as presented. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<p>Individual monthly provider productivity is stratified by the clinic.</p> <p>Mr. Smith asked if the percentage on the quality chart provided was the percentage of patients screened at the clinics</p> <p>Dr. Chibar stated that this is just the data provided from Epic. Staff is still trying to marry the data from Athena to Epic to get a more accurate number.</p>	
9. A.V.P. and Executive Director of Clinic Services Comments	None.	No action necessary.
10. Board Member Comments	<p>Ms. Jackson-Moore asked Dr. Andric if we have a process in place for the Omicron variant.</p> <p>Dr. Andric stated we are closely monitoring it, and it's still unknown.</p>	No action necessary.
11. Establishment of Upcoming Meetings	<p><u>December 14, 2021 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p>	No action necessary.
12. Motion to Adjourn	There being no further business, the meeting was adjourned at 1:18 p.m.	VOTE TAKEN: Mr. Gibbons made a motion to adjourn. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.

Minutes Submitted by: _____
Signature Date

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

Attendance Tracking

	1/27/21	2/24/21	3/12/21	3/31/21	4/28/21	5/19/21	6/23/21	7/28/21	8/25/21	9/29/21	10/27/21	11/30/21	12/15/21
Mike Smith	X	X	X	X	X	A	X	E	X (Zoom)	X	X	X	
James Elder	X	X	X	E	X	X	X	X	X	X	X	X	
Irene Figueroa	X	E	A	X	X	X	X	X	E	X	X	X	
John Casey Mullen	X	X	X	X	X	X	X	X	X	X	X	X	
Julia Bullard	X	X	X	X	X	X	X	E	X	X	X	X	
Marjorie Etienne	E	E	X	X	E	E	A	E	E	A	E	A	
Melissa Mastrangelo	E	A	X	X (Zoom)	E	X	X	X	X	E	X	X	
Tammy Jackson-Moore	X	X	A	E	X	X	X	X	X (Zoom)	X	X	X	
Robert Glass		X	X	X (Zoom)	X	X	E	X	X	E	X	E	
Joseph Gibbons						X	X	E	E	X	E	X	

X= Present
C= Cancel
E= Excused
A= Absent

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
DECEMBER 14, 2021**

1. Description: Proposed Schedule for 2022 Board Meetings

2. Summary:

This agenda item provides the Board with the proposed schedule for board meetings in the year 2022. The meetings are scheduled for the last Wednesday of every month, except for holidays.

3. Substantive Analysis:

Please also note that the November Board meeting will take place on the last Tuesday of the month (11/29/2022), and the December Board meeting will take place on the second Wednesday of the month (12/14/2022).

January 26, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

February 23, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

March 30, 2022 (HCD Board Room)

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August 24, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

September 28, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

October 26, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
DECEMBER 14, 2021**

November 29, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

December 14, 2022 (HCD Board Room)

12:45 p.m. Board of Directors

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

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

N/A

Date Approved

6. Recommendation:

Staff recommends the Board approve the Schedule for 2022 Board Meetings.

Approved for Legal sufficiency:

Bernabe A. Icaza

Bernabe Icaza
VP & General Counsel

Hyla Fritsch

Dr. Hyla Fritsch
AVP & Executive Director of Clinic Operations &
Pharmacy Services

**DISTRICT CLINICS HOLDING, INC.
BOARD OF DIRECTORS
December 14, 2021**

1. Description: Terminated Board Membership – Marjorie Etienne

2. Summary:

Marjorie Etienne has transitioned off the C.L. Brumback Primary Care Clinics Board since she has had three unexcused absences.

Substantive Analysis:

Marjorie Etienne has been transitioned off the C.L. Brumback Primary Care Clinics Board due to non-attendance.

Consistent with the District Clinics Holdings, Inc. Bylaws, Section 9.3:

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.

Attached to this agenda item is a copy of the letter that was mailed to Ms. Marjorie Etienne.

3. 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
Candice Abbott
VP & Chief Financial Officer

4. Reviewed/Approved by Committee:

N/A
Committee Name

_____ Date Approved

DISTRICT CLINICS HOLDING, INC.
BOARD OF DIRECTORS
December 14, 2021

5. Recommendation:

Staff recommends the Board approve Marjorie Etienne's transition off the Board.

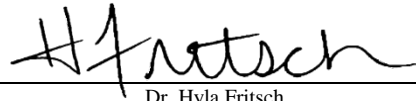
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Thomas Cleare
AVP, Communications, Community
Engagement and Corporate Security



Dr. Hyla Fritsch
AVP & Executive Director of Pharmacy & Clinic
Services



December 2, 2021

Marjorie Etienne
111 Belmont Drive
Royal Palm Beach, FL 33411

Dear Ms. Etienne:

The Board and Staff of the C.L. Brumback Primary Care Clinics would like to thank you for your service on the Board of Directors. At the December 14, 2021 Board Meeting, the Board will be required by the Bylaws to relieve you of your Board Membership. The Bylaws require the Board to end the Board Membership of any Board member that has three unexcused absences.

Your willingness to serve the residents of Palm Beach County and the patients of the C.L. Brumback Primary Care Clinics is appreciated. Thank you again for your service.

If you have any questions, please feel free to contact Shannon Wynn, Administrative Assistant for the C. L. Brumback Primary Care Clinics at (561) 804-5600 x. 29-1211.

Sincerely,

District Clinic Holdings, Inc. Board of Directors

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14, 2021

1. Description: District Clinic Holdings, Inc. Financial Report September 2021

2. Summary:

The unaudited September 2021 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

3. Substantive Analysis:

Management has provided the unaudited income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation.

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

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

Staff recommends the Board approve the September 2021 District Clinic Holdings, Inc. financial statements.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14, 2021

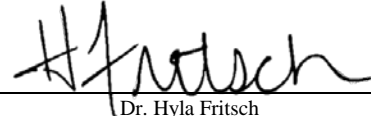
Approved for Legal sufficiency:



Bernabe A Icaza
VP & General Counsel



Candice Abbott
VP & Chief Financial Officer



Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy
Services

MEMO

To: Finance Committee
From: Candice Abbott
Chief Financial Officer
Date: December 14, 2021

Subject: Management Discussion and Analysis as of September 2021 C.L. Brumback Primary Care Clinic Financial Statements.

The unaudited September statements represent the financial performance through the twelfth month of the 2021 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by \$7.3M due to higher patient volumes than initially anticipated. Net patient revenue YTD was favorable to budget by \$2.2M. Total YTD revenue was favorable to budget by \$2.0M. Increased patient traffic is contributing to this favorable variance. Operational expenses before depreciation were favorable to budget by \$791k due mostly to positive variances in medical supplies \$686k, medical services \$259k, and lease and rental of \$408k. Total YTD net margin was (\$13.1M) compared to budget of (\$16.1M) resulting in a favorable variance of \$3.0M or (18.4%).

The Medical clinics YTD gross patient revenue exceeded budget by \$5.1M. Net patient revenue YTD for the Medical clinics was favorable to budget by \$1.8M. The Medical clinics total YTD revenue was favorable to budget by \$1.1M. This favorable variance resulted from increased patient visits. Total operating expenses of \$24.2M were favorable to budget of \$25.0M by \$730k. The positive variance of \$730k is primarily due to purchase timing of medical supplies, including COVID-19 test kits. Total YTD net margin was (\$11.8M) compared to budget of (\$13.8M) resulting in a favorable variance of \$2.0M or (14.7%).

The Dental clinics total YTD gross patient revenue was favorable to budget by \$2.2M. Net patient revenue YTD for the Dental clinics was favorable to budget by \$398k. Total operating expenses of \$4.1M were favorable to budget by \$60k. Total YTD net margin was (\$1.4M) compared to a budget loss of (\$2.3M) for a favorable variance of \$945k or (40.9%).

On the Comparative Statement of Net Position, due from other governments increased from \$1.6M to \$3.7M. This balance is due mainly from Health Resources and Service Administration (HRSA) and American Rescue Plan. The District subsidy YTD for the Medical and Dental clinics is \$9.0M, and \$961k respectively for a combined subsidy of \$10.0M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Sep 30, 2021</u>	<u>Aug 31, 2021</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	(6,193,478)	(4,523,276)	\$ (1,670,202)
Restricted Cash	-	-	-
Accounts Receivable, net	2,499,163	3,359,665	(860,501)
Due From Other Funds	-	-	-
Due from Other Governments	3,730,086	1,646,586	2,083,499
Other Current Assets	205,884	206,935	(1,051)
Net Investment in Capital Assets	2,814,171	2,767,117	47,054
Total Assets	<u>\$ 3,055,826</u>	<u>\$ 3,457,027</u>	<u>\$ (401,200)</u>
Liabilities			
Accounts Payable	224,972	317,493	(92,521)
Due To Other Governments	-	-	-
Deferred Revenue	834,022	834,022	-
Other Current Liabilities	2,531,682	1,542,692	988,990
Non-Current Liabilities	1,413,145	1,426,124	(12,979)
Total Liabilities	<u>5,003,821</u>	<u>4,120,331</u>	<u>883,490</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 474</u>	<u>\$ 474</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	2,814,171	2,767,117	47,054
Unrestricted	(4,762,640)	(3,430,896)	(1,331,745)
Total Net Position	<u>(1,948,469)</u>	<u>(663,778)</u>	<u>(1,284,691)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 3,055,826</u>	<u>\$ 3,457,027</u>	<u>\$ (401,200)</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE TWELVE MONTH ENDED SEPTEMBER 30, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
31,642	17,326	(14,316)	(82.6%)	29,980	(1,662)	(5.5%)	Depreciation	378,440	208,000	(170,440)	(81.9%)	236,878	(141,562)	(59.8%)
<i>Overhead Allocations:</i>														
-	2,875	2,875	100.0%	2,925	2,925	100.0%	Risk Mgt	34,477	34,499	22	0.1%	11,857	(22,620)	(190.8%)
118,450	206,967	88,518	42.8%	-	(118,450)	0.0%	Rev Cycle	2,481,625	2,483,606	1,981	0.1%	1,162,953	(1,318,672)	(113.4%)
3,797	3,852	55	1.4%	-	(3,797)	0.0%	Internal Audit	34,822	46,219	11,397	24.7%	40,512	5,691	14.0%
21,814	19,769	(2,045)	(10.3%)	22,250	437	2.0%	Home Office Facilities	224,547	237,222	12,674	5.3%	230,886	6,338	2.7%
-	33,232	33,232	100.0%	38,865	38,865	100.0%	Administration	398,561	398,785	224	0.1%	410,739	12,178	3.0%
11,850	47,193	35,343	74.9%	16,669	4,818	28.9%	Human Resources	562,029	566,320	4,291	0.8%	451,129	(110,900)	(24.6%)
-	17,241	17,241	100.0%	25,970	25,970	100.0%	Legal	206,896	206,896	-	0.0%	211,072	4,176	2.0%
707	8,048	7,342	91.2%	6,781	6,074	89.6%	Records	76,967	96,579	19,612	20.3%	81,609	4,642	5.7%
5,341	6,886	1,545	22.4%	6,015	674	11.2%	Compliance	63,915	82,631	18,716	22.6%	93,906	29,991	31.9%
4,431	7,007	2,575	36.8%	-	(4,431)	0.0%	Comm Engage Plan	84,094	84,083	(11)	(0.0%)	-	(84,094)	0.0%
89,506	82,883	(6,622)	(8.0%)	-	(89,506)	0.0%	IT Operations	852,036	994,602	142,566	14.3%	-	(852,036)	0.0%
6,238	8,445	2,208	26.1%	-	(6,238)	0.0%	IT Security	101,341	101,344	3	0.0%	-	(101,341)	0.0%
31,112	40,421	9,309	23.0%	-	(31,112)	0.0%	IT Applications	465,452	485,050	19,599	4.0%	-	(465,452)	0.0%
54,672	47,251	(7,421)	(15.7%)	-	(54,672)	0.0%	Security Services	561,286	567,016	5,730	1.0%	-	(561,286)	0.0%
311,620	121,544	(190,076)	(156.4%)	-	(311,620)	0.0%	IT EPIC	1,432,787	1,458,521	25,733	1.8%	-	(1,432,787)	0.0%
22,694	31,664	8,970	28.3%	29,819	7,125	23.9%	Finance	346,684	379,975	33,291	8.8%	367,905	21,221	5.8%
6,832	10,057	3,226	32.1%	6,841	9	0.1%	Public Relations	83,995	120,683	36,688	30.4%	104,415	20,420	19.6%
-	8,302	8,302	100.0%	134,667	134,667	100.0%	Information Technology	99,633	99,633	-	0.0%	1,261,053	1,161,420	92.1%
-	4,762	4,762	100.0%	-	-	0.0%	Corporate Quality	57,129	57,134	6	0.0%	17,368	(39,760)	(228.9%)
14,428	11,235	(3,193)	(28.4%)	-	(14,428)	0.0%	Project MGMT Office	122,363	134,823	12,459	9.2%	59,985	(62,378)	(104.0%)
-	1,328	1,328	100.0%	2,022	2,022	100.0%	Managed Care Contract	6,415	15,940	9,525	59.8%	29,490	23,075	78.2%
703,490	720,963	17,473	2.4%	292,824	(410,666)	(140.2%)	Total Overhead Allocations	8,297,053	8,651,558	354,506	4.1%	4,534,880	(3,762,173)	(83.0%)
3,792,668	3,905,094	112,426	2.9%	3,001,728	(790,940)	(26.3%)	Total Expenses	37,052,176	38,026,875	974,699	2.6%	32,162,847	(4,889,329)	(15.2%)
\$ (1,078,331)	\$ (2,977,373)	\$ 1,899,041	(63.8%)	\$ (539,891)	\$ (538,441)	99.7%	Net Margin	\$ (13,137,366)	\$ (16,104,514)	\$ 2,967,148	(18.4%)	\$ (11,818,503)	\$ (1,318,863)	11.2%
(22,718)	-	22,718	0.0%	(102,945)	(80,227)	77.9%	Capital	-	847,210	847,210	100.0%	-	-	0.0%
\$ -	\$ 2,791,000	\$ 2,791,000	100.0%	\$ 74,652	\$ 74,652	100.0%	General Fund Support/ Transfer In	\$ 9,987,030	\$ 16,775,000	\$ 6,787,970	40.5%	\$ 11,249,311	\$ 1,262,281	11.2%

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

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to Date
Gross Patient Revenue	1,842,091	1,535,619	1,685,042	1,321,289	1,595,963	1,870,757	2,230,803	2,066,863	2,570,345	1,642,906	1,898,181	1,933,303	22,193,163
Contractual Allowances	509,972	470,624	453,962	303,580	404,818	543,358	562,148	464,663	764,925	1,306,229	997,078	1,247,167	8,028,524
Charity Care	158,009	-	1,751,178	434,796	538,927	530,618	809,796	782,187	998,787	46,809	34,285	1,180	6,086,572
Bad Debt	788,060	799,873	(860,761)	338,348	289,586	402,163	405,392	368,549	331,418	(33,070)	(5,864)	242,880	3,066,575
Other Patient Revenue	414,367	286,936	350,651	704,172	439,031	439,031	905,685	513,976	513,976	732,778	398,507	320,343	6,019,454
Net Patient Revenue	800,416	552,056	691,315	948,737	801,664	833,649	1,359,153	965,440	989,190	1,055,716	1,271,190	762,419	11,030,946
Collections %	43.45%	35.95%	41.03%	71.80%	50.23%	44.56%	60.93%	46.71%	38.48%	64.26%	66.97%	39.44%	49.70%
Grant Funds	104,059	-	130,321	2,271,653	(629,521)	974,299	1,566,400	1,488,547	1,325,105	1,403,407	1,271,064	1,950,380	11,855,713
Other Financial Assistance	-	-	588,890	-	179,158	5,710	27,883	19,439	10,358	80,496	39,642	-	951,576
Other Revenue	9,732	1,689	3,302	809	26,487	13,061	14,654	1,578	513	1,823	1,392	1,537	76,576
Total Other Revenues	113,791	1,689	722,512	2,272,462	(423,876)	993,070	1,608,937	1,509,564	1,335,976	1,485,726	1,312,098	1,951,917	12,883,865
Total Revenues	914,207	553,745	1,413,827	3,221,199	377,788	1,826,719	2,968,090	2,475,004	2,325,166	2,541,441	2,583,288	2,714,337	23,914,810
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,612,557	1,177,306	1,310,859	1,482,538	1,423,741	1,551,730	1,629,754	1,480,781	1,418,683	1,315,072	1,390,250	2,099,596	17,892,865
Benefits	394,482	358,883	404,282	407,085	420,732	406,226	427,189	429,489	409,178	401,983	333,706	455,433	4,848,667
Purchased Services	35,150	59,503	33,586	71,484	37,746	151,018	248,133	165,470	118,524	109,493	56,438	72,565	1,159,111
Medical Supplies	19,841	24,253	46,148	84,529	35,626	41,196	28,620	27,504	177,731	46,960	114,069	90,448	736,923
Other Supplies	2,686	4,538	8,638	12,332	32,280	4,195	13,176	25,786	26,739	89,909	19,548	25,168	264,995
Medical Services	92,709	55,338	56,152	45,535	47,251	80,848	55,468	61,653	74,408	63,843	46,697	34,055	713,958
Drugs	82,365	73,242	60,219	55,947	59,708	49,636	62,547	51,857	49,570	54,509	43,486	100,914	743,999
Repairs & Maintenance	6,725	4,061	3,703	7,491	3,518	6,010	14,332	5,264	16,859	153,420	28,202	33,372	282,957
Lease & Rental	105,605	104,935	96,815	102,475	102,093	106,287	97,843	125,417	100,952	101,103	101,374	97,033	1,241,933
Utilities	5,024	10,320	7,438	6,515	6,285	6,819	7,229	6,933	7,242	7,549	7,689	8,900	87,942
Other Expense	26,726	23,914	19,350	30,184	26,817	25,554	52,110	12,164	21,251	24,966	59,175	36,025	358,236
Insurance	3,716	3,716	2,892	4,649	3,331	3,331	3,331	4,026	4,026	4,026	4,026	4,026	45,096
Total Operational Expenses	2,387,586	1,900,008	2,050,081	2,310,763	2,199,128	2,432,851	2,639,732	2,396,345	2,425,163	2,372,830	2,204,660	3,057,536	28,376,683
Net Performance before Depreciation & Overhead Allocations	(1,473,379)	(1,346,263)	(636,254)	910,436	(1,821,340)	(606,132)	328,358	78,659	(99,997)	168,611	378,628	(343,199)	(4,461,873)
Depreciation	20,995	42,335	31,665	31,896	31,706	31,593	31,592	31,525	31,296	31,098	31,096	31,642	378,440
<i>Overhead Allocations:</i>													
Risk Mgt	2,012	1,749	1,914	1,899	1,713	4,413	6,192	3,330	5,042	4,167	2,046	-	34,477
Rev Cycle	215,318	177,247	193,553	191,807	169,849	197,221	212,145	227,981	227,784	255,603	294,666	118,450	2,481,625
Internal Audit	261	2,616	2,029	2,200	1,135	1,246	7,147	2,099	4,462	6,583	1,246	3,797	34,822
Home Office Facilities	17,338	17,140	20,876	18,248	17,620	20,104	9,531	18,817	22,018	20,056	20,987	21,814	224,547
Administration	23,989	26,119	37,026	49,639	36,008	44,102	45,279	41,444	42,774	34,474	17,706	-	398,561
Human Resources	42,681	36,896	77,803	48,416	60,805	77,147	3,301	64,825	46,846	46,879	44,579	11,850	562,029
Legal	10,774	17,493	15,799	13,841	14,400	25,673	38,855	11,084	18,366	40,541	70	-	206,896
Records	7,126	7,518	8,070	7,478	6,020	8,062	8,127	8,395	9,635	3,387	2,443	707	76,967
Compliance	4,813	5,086	3,125	8,017	5,183	8,271	(1,922)	10,663	12,669	656	2,013	5,341	63,915
Comm Engage Plan	6,756	6,116	6,940	6,621	6,060	6,624	7,424	7,980	11,422	6,688	7,031	4,431	84,094
IT Operations	50,805	70,691	70,850	96,616	74,267	109,310	44,072	71,882	68,316	53,197	52,523	89,506	852,036
IT Security	7,989	5,317	9,366	7,739	6,244	7,634	7,228	7,647	17,290	8,247	10,402	6,238	101,341
IT Applications	23,045	40,862	27,197	44,176	20,639	34,133	93,419	84,463	50,443	(19,562)	35,527	31,112	465,452
Security Services	42,428	41,825	46,136	46,399	42,607	47,158	46,146	48,653	46,862	50,177	48,223	54,672	561,286
IT EPIC	48,185	53,582	81,914	67,894	180,108	137,495	141,685	155,840	(37,053)	225,929	311,620	1,432,787	
Finance	29,725	28,440	28,580	29,666	24,493	25,741	24,055	26,159	32,441	40,576	34,115	22,694	346,684
Public Relations	11,466	8,342	3,617	5,257	7,654	9,625	5,644	9,271	5,769	5,395	5,124	6,832	83,995
Information Technology	9,827	8,743	9,357	10,810	11,233	10,196	10,978	11,671	15,104	1,680	35	-	99,633
Corporate Quality	5,104	7,241	4,957	5,242	5,965	6,203	7,863	4,933	5,912	3,677	32	-	57,129
Project MGMT Office	7,800	8,679	9,051	9,313	8,472	9,555	10,778	10,897	10,025	10,265	13,101	14,428	122,363
Managed Care Contract	1,205	1,157	1,243	1,204	1,096	508	3	-	-	-	-	-	6,415
Total Overhead Allocations	568,646	572,859	643,078	686,500	589,359	833,035	723,759	813,878	809,020	535,632	817,797	703,490	8,297,053
Total Expenses	2,977,227	2,515,202	2,724,824	3,029,159	2,820,193	3,297,479	3,395,083	3,241,748	3,265,479	2,939,561	3,053,553	3,792,668	37,052,176
Net Margin	\$ (2,063,020)	\$ (1,961,457)	\$ (1,310,997)	\$ 192,040	\$ (2,442,405)	\$ (1,470,760)	\$ (426,994)	\$ (766,744)	\$ (940,313)	\$ (398,119)	\$ (470,265)	\$ (1,078,331)	\$ (13,137,366)
Capital	-	13,568	3,078	(16,646)	-	-	-	-	-	-	22,718	(22,718)	-
General Fund Support/ Transfer In	2,042,025	-	3,228,001	-	700,000	-	-	4,017,004	-	-	-	-	\$ 9,987,030

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

FOR THE TWELVE MONTH ENDED SEPTEMBER 30, 2021

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	St Ann Place	Lewis Center	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Mangonia Park Clinic	Mobile Warrior	Mobile Van Scout	Mobile Van Hero	Total
Gross Patient Revenue	-	2,256,345	3,648,657	1,559,643	1,374,758	-	1,449,432	2,757,178	1,126,334	1,383,387	1,075,700	7,558	-	3,177	16,642,170.48
Contractual Allowances	-	798,453	1,308,077.16	394,024	264,395	-	294,479	893,095	404,436	557,015	244,991	(25,413)	-	(102)	5,133,452
Charity Care	-	583,384	894,234	448,229	267,251	-	491,615	859,517	262,935	222,722	308,163	4,024	-	-	4,342,076
Bad Debt	-	350,458	464,535	241,065	173,666	-	531,466	210,435	93,286	63,680	426,598	17,119	-	-	2,572,308
Total Contractual Allowances and Bad Debt	-	1,732,296	2,666,847	1,083,318	705,312	-	1,317,560	1,963,047	760,657	843,417	979,753	(4,270)	-	(102)	12,047,835
Other Patient Revenue	-	819,218	1,053,963	498,197	253,826	-	295,536	520,605	190,979	253,527	221,545	60,825	-	-	4,168,222
Net Patient Revenue	-	1,343,268	2,035,774	974,522	923,272	-	427,409	1,314,736	556,656	793,496	317,492	72,652	-	3,075	8,762,353
Collection %	0.00%	59.53%	55.80%	62.48%	67.16%	0.00%	29.49%	47.68%	49.42%	57.36%	29.51%	961.28%	0.00%	0.00%	52.65%
Grant Funds	3,083,727	1,131,320	1,463,712	658,217	673,373	827	304,635	1,106,508	439,515	469,071	760,186	159,297	(43,512)	62,676	10,269,553
Other Financial Assistance	349,232	3,629	132,235	763	(6,990)	-	6,530	(24,746)	12,267	(4,079)	(23,024)	31,226	131,246	145,595	753,884
Other Revenue	12,878	10,809	7,038	12,141	13,167	-	58	6,687	3,236	10,534	13	-	15	-	76,576
Total Other Revenues	3,445,836	1,145,758	1,602,984	671,121	679,550	827	311,223	1,088,449	455,018	475,526	737,176	190,524	87,749	208,271	11,100,013
Total Revenues	3,445,836	2,489,026	3,638,758	1,645,643	1,602,822	827	738,632	2,403,186	1,011,674	1,269,023	1,054,668	263,176	87,749	211,347	19,862,366
<i>Direct Operational Expenses:</i>															
Salaries and Wages	4,458,544	1,633,312	2,171,932	1,000,411	960,396	-	445,155	1,732,535	675,434	709,426	1,000,732	239,676	51,123	69,757	15,148,433
Benefits	1,069,512	451,770	598,322	295,612	282,920	-	122,336	494,691	177,397	213,134	283,065	85,954	10,548	18,809	4,104,072
Purchased Services	752,407	40,882	91,424	36,441	42,929	-	15,789	56,534	27,389	35,541	23,870	2,696	2,696	2,696	1,131,293
Medical Supplies	83,197	62,901	82,645	40,818	52,376	1,596	62,300	65,814	24,754	22,312	48,308	8,453	1,144	1,332	557,949
Other Supplies	50,042	14,794	35,218	20,588	4,075	6,560	3,278	7,980	6,741	7,120	6,785	3,110	6,454	5,470	178,214
Medical Services	24,150	83,385	147,478	74,161	54,327	-	29,235	169,807	42,697	67,099	21,618	-	-	-	713,958
Drugs	-	328,797	206,336	96,519	64,314	-	1,663	24,349	6,708	13,125	596	1,302	-	247	743,956
Repairs & Maintenance	193,174	4,293	3,662	4,783	4,741	-	2,512	23,225	3,075	6,118	5,162	10,143	2,585	1,731	265,202
Lease & Rental	-	129,035	166,320	88,920	83,260	-	270	256,144	83,333	114,467	50,848	205	70	205	973,077
Utilities	-	4,385	4,188	1,294	20,410	-	2,352	14,373	8,329	6,696	5,227	-	-	-	67,254
Other Expense	206,104	16,386	25,674	9,814	6,390	340	7,124	16,592	4,158	8,265	10,711	5,241	3,790	1,429	322,017
Insurance	-	5,451	5,195	4,136	1,955	-	553	2,705	1,342	1,657	933	8,102	5,458	6,885	44,374
Total Operational Expenses	6,837,129	2,775,390	3,538,393	1,673,498	1,578,094	8,495	692,568	2,864,748	1,061,357	1,204,960	1,457,855	364,882	83,868	108,561	24,249,800
Net Performance before Depreciation & Overhead Allocations	(3,391,293)	(286,365)	100,365	(27,855)	24,728	(7,668)	46,064	(461,562)	(49,683)	64,063	(403,187)	(101,706)	3,881	102,786	(4,387,433)
Depreciation	5,661	13,745	14,520	1,366	69,536	-	326	4,441	2,743	4,795	1,842	75,000	13,884	83,526	291,385
<i>Overhead Allocations:</i>															
Risk Mgt	5,578	3,202	5,589	2,416	1,968	-	878	3,521	1,236	1,541	2,103	631	435	443	29,542
Rev Cycle	-	279,982	488,203	211,224	172,057	-	76,860	307,905	108,119	134,744	183,816	55,187	38,040	38,733	2,094,870
Internal Audit	5,814	3,235	5,601	2,423	1,974	-	882	3,532	1,240	1,546	2,109	633	436	444	29,870
Home Office Facilities	202,190	-	-	-	-	-	-	-	-	-	-	-	-	-	202,190
Administration	64,482	37,017	64,630	27,928	22,753	-	10,153	40,706	14,293	17,812	24,305	7,295	5,023	5,118	341,513
Human Resources	124,671	59,862	68,384	38,346	31,955	-	14,912	53,471	17,043	21,303	34,298	8,521	6,391	6,391	485,550
Legal	33,462	19,205	33,639	14,489	11,804	-	5,268	21,119	7,415	9,241	12,610	3,785	2,606	2,655	177,298
Records	12,851	7,150	12,380	5,356	4,363	-	1,949	7,808	2,742	3,417	4,661	1,399	965	982	66,023
Compliance	10,672	5,938	10,281	4,448	3,623	-	1,619	6,484	2,277	2,837	3,871	1,162	801	816	54,827
Comm Engage Plan	13,595	7,805	13,625	5,895	4,802	-	2,145	8,593	3,017	3,760	5,130	1,540	1,062	1,081	72,050
IT Operations	142,261	79,153	137,048	59,295	48,300	-	21,576	86,435	30,351	37,825	51,601	15,492	10,679	10,873	730,888
IT Security	16,384	9,407	16,419	7,104	5,786	-	2,585	10,355	3,636	4,532	6,182	1,856	1,279	1,303	86,827
IT Applications	77,715	43,240	74,867	32,392	26,385	-	11,787	47,218	16,580	20,663	28,189	8,463	5,834	5,940	399,271
Security Services	22,050	61,219	105,998	45,861	37,357	-	16,688	66,852	23,474	29,255	39,910	11,982	8,259	8,410	477,315
IT EPIC	239,227	133,103	230,461	99,710	81,221	-	36,282	145,349	51,038	63,607	86,772	26,051	17,957	18,284	1,229,064
Finance	57,885	32,206	55,763	24,126	19,653	-	8,779	35,169	12,349	15,391	20,996	6,304	4,345	4,424	297,390
Public Relations	14,024	7,803	13,510	5,845	4,761	-	2,127	8,521	2,992	3,729	5,087	1,527	1,053	1,072	72,052
Information Technology	16,114	9,248	16,199	6,978	5,685	-	2,537	10,170	3,571	4,450	6,072	1,823	1,255	1,279	85,380
Corporate Quality	9,241	5,303	9,284	4,001	3,260	-	1,455	5,832	2,048	2,552	3,482	1,045	720	733	48,955
Project MGMT Office	20,431	11,367	19,682	8,515	6,936	-	3,099	12,413	4,359	5,432	7,411	2,225	1,534	1,562	104,965
Managed Care Contract	-	728	1,261	546	444	-	199	795	279	348	475	143	98	100	5,416
Total Overhead Allocations	1,088,646	816,176	1,382,823	606,898	495,087	-	221,778	882,248	308,061	383,987	529,078	157,063	108,770	110,642	7,091,256
Total Expenses	7,931,437	3,605,311	4,935,737	2,281,763	2,142,718	8,495	914,671	3,751,437	1,372,160	1,593,742	1,988,774	596,946	206,522	302,730	31,632,441
Net Margin	\$ (4,485,601)	\$ (1,116,285)	\$ (1,296,978)	\$ (636,120)	\$ (539,896)	\$ (7,668)	\$ (176,039)	\$ (1,348,251)	\$ (360,486)	\$ (324,719)	\$ (934,106)	\$ (333,769)	\$ (118,773)	\$ (91,383)	\$ (11,770,075)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 9,025,566	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,025,566

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

FOR THE TWELVE MONTH ENDED SEPTEMBER 30, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
24,070	12,913	(11,157)	(86.4%)	21,006	(3,064)	(14.6%)	Depreciation	291,385	155,000	(136,385)	(88.0%)	173,775	(117,610)	(67.7%)
<i>Overhead Allocations:</i>														
-	2,464	2,464	100.0%	2,406	2,406	100.0%	Risk Mgt	29,542	29,563	22	0.1%	9,751	(19,790)	(203.0%)
99,696	174,744	75,048	42.9%	-	(99,696)	0.0%	Rev Cycle	2,094,870	2,096,920	2,050	0.1%	944,673	(1,150,196)	(121.8%)
3,257	3,301	44	1.3%	-	(3,257)	0.0%	Internal Audit	29,870	39,607	9,737	24.6%	33,317	3,446	10.3%
19,642	17,713	(1,928)	(10.9%)	19,886	244	1.2%	Home Office Facilities	202,190	212,558	10,368	4.9%	206,347	4,158	2.0%
-	28,478	28,478	100.0%	31,962	31,962	100.0%	Administration	341,513	341,737	224	0.1%	337,784	(3,729)	(1.1%)
10,140	40,769	30,629	75.1%	13,645	3,506	25.7%	Human Resources	485,550	489,221	3,671	0.8%	369,307	(116,243)	(31.5%)
-	14,775	14,775	100.0%	21,357	21,357	100.0%	Legal	177,298	177,298	-	0.0%	173,582	(3,717)	(2.1%)
606	6,897	6,291	91.2%	5,577	4,971	89.1%	Records	66,023	82,763	16,740	20.2%	67,113	1,090	1.6%
4,581	5,901	1,319	22.4%	4,947	365	7.4%	Compliance	54,827	70,810	15,983	22.6%	77,227	22,399	29.0%
3,727	6,005	2,278	37.9%	-	(3,727)	0.0%	Comm Engage Plan	72,050	72,054	5	0.0%	-	(72,050)	0.0%
76,779	71,027	(5,753)	(8.1%)	-	(76,779)	0.0%	IT Operations	730,888	852,320	121,432	14.2%	-	(730,888)	0.0%
5,248	7,237	1,989	27.5%	-	(5,248)	0.0%	IT Security	86,827	86,846	19	0.0%	-	(86,827)	0.0%
26,688	34,639	7,950	23.0%	-	(26,688)	0.0%	IT Applications	399,271	415,662	16,391	3.9%	-	(399,271)	0.0%
46,493	40,184	(6,309)	(15.7%)	-	(46,493)	0.0%	Security Services	477,315	482,208	4,893	1.0%	-	(477,315)	0.0%
267,312	104,156	(163,155)	(156.6%)	-	(267,312)	0.0%	IT EPIC	1,229,064	1,249,872	20,808	1.7%	-	(1,229,064)	0.0%
19,467	27,135	7,668	28.3%	24,522	5,055	20.6%	Finance	297,390	325,618	28,227	8.7%	302,558	5,168	1.7%
5,860	8,618	2,758	32.0%	5,626	(235)	(4.2%)	Public Relations	72,052	103,419	31,367	30.3%	85,869	13,817	16.1%
-	7,115	7,115	100.0%	110,747	110,747	100.0%	Information Technology	85,380	85,380	-	0.0%	1,037,066	951,687	91.8%
-	4,080	4,080	100.0%	-	-	0.0%	Corporate Quality	48,955	48,961	6	0.0%	14,283	(34,672)	(242.7%)
12,376	9,628	(2,748)	(28.5%)	-	(12,376)	0.0%	Project MGMT Office	104,965	115,536	10,571	9.1%	49,331	(55,634)	(112.8%)
-	1,121	1,121	100.0%	1,643	1,643	100.0%	Managed Care Contract	5,416	13,458	8,042	59.8%	23,955	18,539	77.4%
601,872	615,984	14,112	2.3%	242,317	(359,555)	(148.4%)	Total Overhead Allocations	7,091,256	7,391,810	300,554	4.1%	3,732,165	(3,359,091)	(90.0%)
3,207,098	3,297,982	90,883	2.8%	2,559,423	(647,675)	(25.3%)	Total Expenses	31,632,441	32,526,943	894,501	2.8%	26,977,783	(4,654,658)	(17.3%)
\$ (512,101)	\$ (2,521,721)	\$ 2,009,619	(79.7%)	\$ (683,353)	\$ 171,251	(25.1%)	Net Margin	\$ (11,770,075)	\$ (13,792,103)	\$ 2,022,028	(14.7%)	\$ (10,344,762)	\$ (1,425,313)	13.8%
(22,718)	-	22,718	0.0%	-	22,718	0.0%	Capital	-	847,210	847,210	100.0%	-	-	0.0%
\$ -	\$ 2,485,000	\$ 2,485,000	100.0%	\$ 74,652	\$ 74,652	100.0%	General Fund Support/ Transfer In	\$ 9,025,566	\$ 14,650,000	\$ 5,624,434	38.4%	\$ 9,583,293	\$ 557,727	5.8%

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

FOR THE TWELVE MONTH ENDED SEPTEMBER 30, 2021

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	2,063,874	1,906,959	887,656	692,504	5,550,992
Contractual Allowances	-	980,178	1,013,382	456,977	444,331	2,894,868
Charity Care	-	814,893	478,466	320,440	130,697	1,744,496
Bad Debt	-	122,939	302,658	46,369	22,301	494,267
Total Contractual Allowances and Bad Debt	-	1,918,010	1,794,506	823,787	597,329	5,133,631
Other Patient Revenue	-	811,476	405,889	290,840	343,027	1,851,231
Net Patient Revenue	-	957,339	518,342	354,709	438,202	2,268,592
Collection %	-	46.39%	27.18%	39.96%	63.28%	40.87%
Grant Funds	160,642	606,077	375,040	303,395	141,005	1,586,159
Other Financial Assistance	(1,389)	64,763	28,930	91,833	13,555	197,692
Other Revenue	-	-	-	-	-	-
Total Other Revenues	159,253	670,839	403,970	395,229	154,560	1,783,851
Total Revenues	159,253	1,628,179	922,312	749,937	592,762	4,052,444
<i>Direct Operational Expenses:</i>						
Salaries and Wages	477,118	935,631	569,398	530,856	231,429	2,744,432
Benefits	99,695	270,332	146,718	152,016	75,834	744,595
Purchased Services	-	5,544	6,514	4,606	11,154	27,818
Medical Supplies	-	62,782	50,208	36,001	29,983	178,974
Other Supplies	488	34,068	19,984	18,600	13,640	86,781
Drugs	-	-	41	2	-	43
Repairs & Maintenance	-	4,016	6,422	3,509	3,809	17,755
Lease & Rental	-	110,280	65,325	61,150	32,100	268,855
Utilities	-	4,344	4,708	1,814	9,822	20,688
Other Expense	2,282	14,007	8,304	7,710	3,917	36,220
Insurance	-	-	-	-	723	723
Total Operational Expenses	579,583	1,441,004	877,622	816,265	412,410	4,126,884
Net Performance before Depreciation & Overhead Allocations	(420,329)	187,175	44,690	(66,328)	180,353	(74,440)
Depreciation	-	23,941	11,266	10,135	41,712	87,054
<i>Overhead Allocations:</i>						
Risk Mgt	512	1,735	1,099	1,071	518	4,935
Rev Cycle	-	151,653	96,180	93,617	45,306	386,755
Internal Audit	514	1,740	1,103	1,074	520	4,951
Home Office Facilities	22,358	-	-	-	-	22,358
Administration	5,923	20,051	12,706	12,380	5,988	57,048
Human Resources	6,391	28,547	15,978	19,173	6,391	76,479
Legal	3,073	10,403	6,592	6,423	3,107	29,597
Records	1,136	3,846	2,439	2,374	1,149	10,944
Compliance	944	3,194	2,025	1,971	954	9,088
Comm Engage Plan	1,251	4,232	2,684	2,613	1,264	12,044
IT Operations	12,578	42,572	27,000	26,280	12,718	121,148
IT Security	1,507	5,100	3,235	3,148	1,524	14,514
IT Applications	6,871	23,256	14,749	14,356	6,948	66,181
Security Services	-	32,927	20,882	20,326	9,837	83,972
IT EPIC	21,152	71,589	45,403	44,193	21,387	203,723
Finance	5,118	17,322	10,986	10,693	5,175	49,294
Public Relations	1,240	4,197	2,662	2,591	1,254	11,943
Information Technology	1,480	5,010	3,174	3,093	1,496	14,253
Corporate Quality	849	2,873	1,820	1,774	858	8,173
Project MGMT Office	1,806	6,114	3,877	3,774	1,826	17,398
Managed Care Contract	-	392	248	242	117	999
Total Overhead Allocations	94,703	436,750	274,844	271,165	128,335	1,205,796
Total Expenses	674,286	1,901,695	1,163,732	1,097,565	582,457	5,419,735
Net Margin	\$ (515,033)	\$ (273,516)	\$ (241,419)	\$ (347,628)	\$ 10,305	\$ (1,367,291)
General Fund Support/ Transfer In	\$ 961,464	-	-	-	-	961,464

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

FOR THE TWELVE MONTH ENDED SEPTEMBER 30, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
620,333	257,099	363,234	141.3%	248,746	371,587	149.4%	Gross Patient Revenue	5,550,992	3,330,214	2,220,778	66.7%	2,818,188	2,732,804	97.0%
858,622	41,915	(816,707)	(1,948.5%)	49,351	(809,271)	(1,639.8%)	Contractual Allowances	2,894,868	544,969	(2,349,899)	(431.2%)	494,533	(2,400,335)	(485.4%)
-	148,047	148,047	100.0%	114,058	114,058	100.0%	Charity Care	1,744,496	1,913,529	169,033	8.8%	1,609,010	(135,486)	(8.4%)
37,592	16,344	(21,248)	(130.0%)	39,415	1,822	4.6%	Bad Debt	494,267	212,930	(281,337)	(132.1%)	224,672	(269,595)	(120.0%)
896,215	206,306	(689,909)	(334.4%)	202,824	(693,391)	(341.9%)	Total Contractuals and Bad Debts	5,133,631	2,671,428	(2,462,203)	(92.2%)	2,328,216	(2,805,416)	(120.5%)
47,689	93,923	(46,234)	(49.2%)	153,862	(106,173)	(69.0%)	Other Patient Revenue	1,851,231	1,212,114	639,117	52.7%	1,287,168	564,064	43.8%
(228,192)	144,716	(372,908)	(257.7%)	199,785	(427,977)	(214.2%)	Net Patient Revenue	2,268,592	1,870,900	397,692	21.3%	1,777,140	491,452	27.7%
-36.79%	56.29%			80.32%			Collection %	40.87%	56.18%			63.06%		
247,532	6,744	240,788	3,570.4%	203,759	43,773	21.5%	Grant Funds	1,586,159	1,316,621	269,538	20.5%	1,433,731	152,429	10.6%
-	-	-	0.0%	182,223	(182,223)	(100.0%)	Other Financial Assistance	197,692	-	197,692	0.0%	500,452	(302,760)	(60.5%)
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	-	-	0.0%
247,532	6,744	240,788	3,570.4%	385,982	(138,450)	(35.9%)	Total Other Revenues	1,783,851	1,316,621	467,230	35.5%	1,934,183	(150,331)	(7.8%)
19,340	151,460	(132,120)	(87.2%)	585,767	(566,427)	(96.7%)	Total Revenues	4,052,444	3,187,521	864,923	27.1%	3,711,323	341,121	9.2%
<i>Direct Operational Expenses:</i>														
333,847	371,326	37,479	10.1%	273,727	(60,120)	(22.0%)	Salaries and Wages	2,744,432	2,814,182	69,750	2.5%	2,840,700	96,268	3.4%
70,371	67,851	(2,520)	(3.7%)	61,651	(8,721)	(14.1%)	Benefits	744,595	687,024	(57,571)	(8.4%)	748,479	3,883	0.5%
2,881	3,091	210	6.8%	4,828	1,947	40.3%	Purchased Services	27,818	38,475	10,657	27.7%	99,824	72,006	72.1%
27,499	12,193	(15,306)	(125.5%)	7,854	(19,645)	(250.1%)	Medical Supplies	178,974	157,947	(21,027)	(13.3%)	203,458	24,484	12.0%
9,622	7,425	(2,197)	(29.6%)	336	(9,286)	(2,762.0%)	Other Supplies	86,781	89,200	2,419	2.7%	30,136	(56,645)	(188.0%)
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
34	60	26	42.8%	20	(15)	(75.8%)	Drugs	43	800	757	94.6%	238	195	81.8%
7,105	2,319	(4,786)	(206.4%)	5,279	(1,826)	(34.6%)	Repairs & Maintenance	17,755	27,850	10,095	36.2%	44,290	26,535	59.9%
22,400	26,669	4,269	16.0%	24,783	2,383	9.6%	Lease & Rental	268,855	287,878	19,023	6.6%	301,515	32,660	10.8%
1,848	1,333	(515)	(38.6%)	2,966	1,118	37.7%	Utilities	20,688	15,996	(4,692)	(29.3%)	24,321	3,633	14.9%
685	5,416	4,731	87.4%	1,340	656	48.9%	Other Expense	36,220	67,344	31,124	46.2%	25,865	(10,355)	(40.0%)
88	37	(51)	(136.8%)	41	(47)	(115.7%)	Insurance	723	488	(235)	(48.1%)	420	(303)	(72.1%)
476,380	497,720	21,340	4.3%	382,825	(93,556)	(24.4%)	Total Operational Expenses	4,126,884	4,187,184	60,300	1.4%	4,319,245	192,361	4.5%
Net Performance before														
(457,040)	(346,260)	(110,780)	32.0%	202,942	(659,983)	(325.2%)	Depreciation & Overhead Allocations	(74,440)	(999,663)	925,223	(92.6%)	(607,922)	533,482	(87.8%)

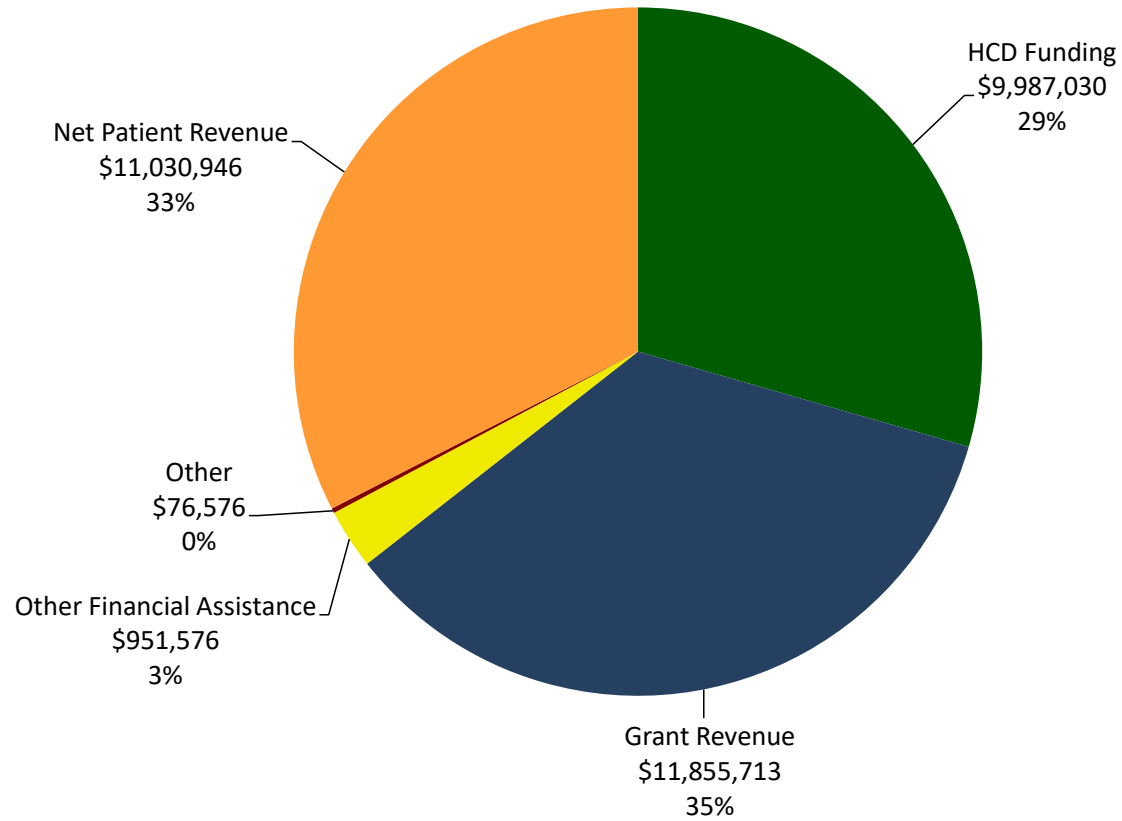
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE TWELVE MONTH ENDED SEPTEMBER 30, 2021

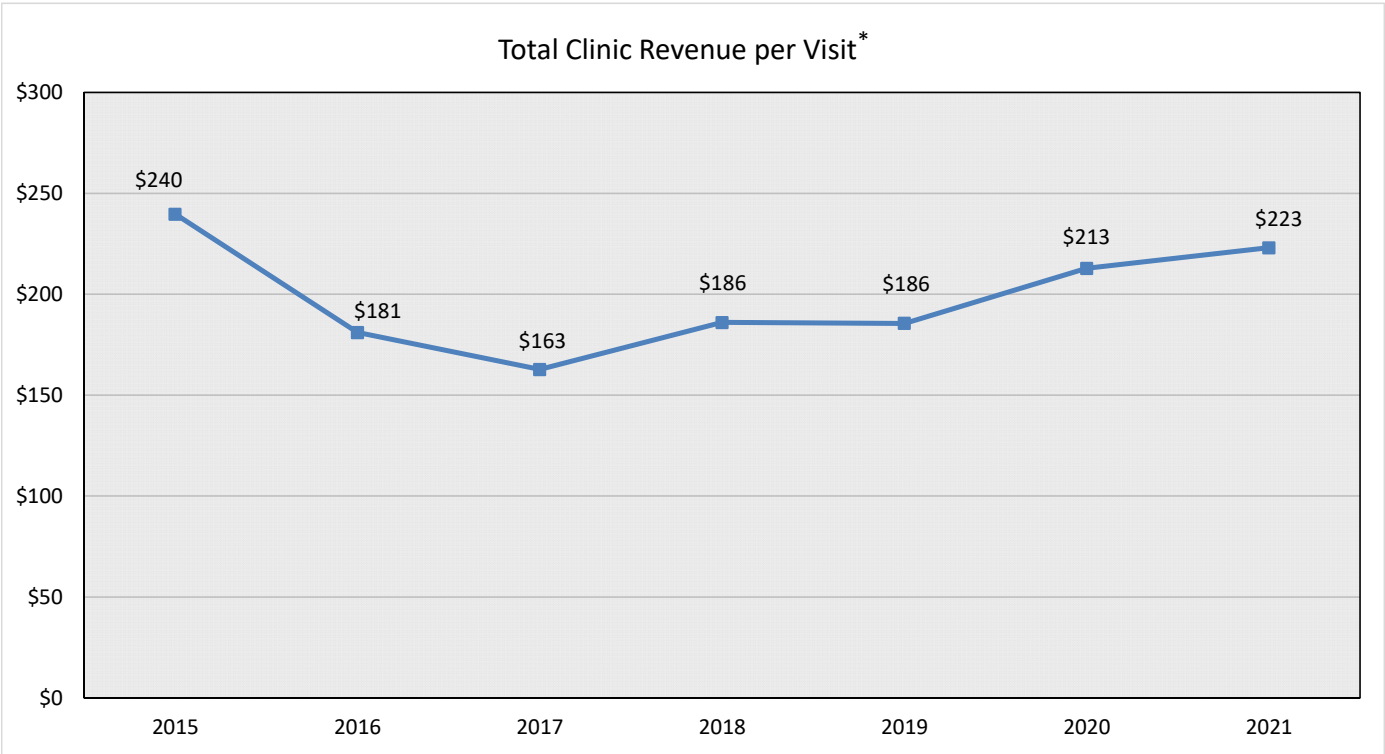
Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
7,572	4,413	(3,159)	(71.6%)	8,974	1,402	15.6%	87,054	53,000	(34,054)	(64.3%)	63,103	(23,952)	(38.0%)
<i>Overhead Allocations:</i>													
-	411	411	100.0%	520	520	100.0%	4,935	4,935	-	0.0%	2,106	(2,829)	(134.3%)
18,754	32,224	13,470	41.8%	-	(18,754)	0.0%	386,755	386,686	(69)	(0.0%)	218,279	(168,476)	(77.2%)
540	551	11	2.0%	-	(540)	0.0%	4,951	6,612	1,661	25.1%	7,196	2,245	31.2%
2,172	2,055	(117)	(5.7%)	2,365	193	8.2%	22,358	24,664	2,306	9.3%	24,538	2,181	8.9%
-	4,754	4,754	100.0%	6,903	6,903	100.0%	57,048	57,048	-	0.0%	72,955	15,907	21.8%
1,711	6,425	4,714	73.4%	3,023	1,313	43.4%	76,479	77,099	619	0.8%	81,821	5,342	6.5%
-	2,466	2,466	100.0%	4,613	4,613	100.0%	29,597	29,597	-	0.0%	37,490	7,893	21.1%
100	1,151	1,051	91.3%	1,204	1,104	91.7%	10,944	13,816	2,872	20.8%	14,495	3,552	24.5%
759	985	226	22.9%	1,068	309	28.9%	9,088	11,821	2,733	23.1%	16,680	7,592	45.5%
705	1,002	297	29.7%	-	(705)	0.0%	12,044	12,028	(16)	(0.1%)	-	(12,044)	0.0%
12,727	11,857	(870)	(7.3%)	-	(12,727)	0.0%	121,148	142,283	21,135	14.9%	-	(121,148)	0.0%
990	1,208	219	18.1%	-	(990)	0.0%	14,514	14,498	(16)	(0.1%)	-	(14,514)	0.0%
4,424	5,782	1,359	23.5%	-	(4,424)	0.0%	66,181	69,389	3,208	4.6%	-	(66,181)	0.0%
8,179	7,067	(1,112)	(15.7%)	-	(8,179)	0.0%	83,972	84,808	837	1.0%	-	(83,972)	0.0%
44,308	17,387	(26,921)	(154.8%)	-	(44,308)	0.0%	203,723	208,648	4,925	2.4%	-	(203,723)	0.0%
3,227	4,530	1,303	28.8%	5,296	2,070	39.1%	49,294	54,357	5,063	9.3%	65,347	16,053	24.6%
971	1,439	467	32.5%	1,215	244	20.1%	11,943	17,264	5,321	30.8%	18,546	6,603	35.6%
-	1,188	1,188	100.0%	23,919	23,919	100.0%	14,253	14,253	-	0.0%	223,987	209,734	93.6%
-	681	681	100.0%	-	-	0.0%	8,173	8,173	-	0.0%	3,085	(5,088)	(164.9%)
2,051	1,607	(444)	(27.6%)	-	(2,051)	0.0%	17,398	19,287	1,889	9.8%	10,654	(6,744)	(63.3%)
-	207	207	100.0%	380	380	100.0%	999	2,482	1,483	59.7%	5,535	4,536	82.0%
101,618	104,979	3,361	3.2%	50,507	(51,111)	(101.2%)	1,205,796	1,259,748	53,951	4.3%	802,715	(403,081)	(50.2%)
585,570	607,112	21,542	3.5%	442,305	(143,265)	(32.4%)	5,419,735	5,499,932	80,197	1.5%	5,185,063	(234,671)	(4.5%)
\$ (566,230)	\$ (455,652)	\$ (110,578)	24.3%	\$ 143,462	\$ (709,692)	(494.7%)	\$ (1,367,291)	\$ (2,312,411)	\$ 945,120	(40.9%)	\$ (1,473,741)	\$ 106,450	(7.2%)
-	-	-	0.0%	(102,945)	(102,945)	100.0%	-	-	-	0.0%	-	-	0.0%
\$ -	\$ 306,000	\$ 306,000	100.0%	\$ -	\$ -	0.0%	\$ 961,464	\$ 2,125,000	\$ 1,163,536	54.8%	\$ 1,666,019	\$ 704,555	42.3%

Clinic Visits - Adults and Pediatrics	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Current Year	Current YTD	%Var to	Prior Year
													Total	Budget	Budget	Total
West Palm Beach	1,227	929	1,068	836	879	1,119	1,138	1,007	1,173	911	1,004	1,166	12,457	6,858	81.6%	14,042
Delray	1,061	883	989	776	582	723	600	541	560	457	528	664	8,364	7,368	13.5%	10,332
Lantana	1,738	1,282	1,379	1,374	1,480	1,638	1,799	1,695	1,832	1,258	1,452	1,684	18,611	19,176	(2.9%)	16,932
Belle Glade	616	395	661	451	555	656	622	566	616	621	792	725	7,276	5,022	44.9%	6,899
Lewis Center	786	695	807	662	696	685	584	541	648	227	427	448	7,206	2,000	260.3%	3,401
Lake Worth & Women's Health Care	1,153	979	958	907	953	1,339	1,206	1,222	1,409	1,002	1,246	1,278	13,652	8,223	66.0%	12,522
Jupiter Clinic	602	407	468	450	527	656	501	415	533	484	456	476	5,975	4,437	34.7%	4,473
West Boca & Women's Health Care	786	679	730	641	666	798	741	637	562	354	395	473	7,462	5,115	45.9%	7,381
Cib Mob 1 Warrior	16	-	-	1	-	-	-	-	-	351	2,234	810	3,412	150	2,174.7%	1,117
Cib Mob 2 Scout	-	-	-	-	-	-	-	-	-	559	1,115	597	2,271	150	1,414.0%	-
Cib Mob 3 Hero	-	-	-	-	-	-	-	-	-	592	460	374	1,426	150	850.7%	-
Mangonia Park	259	203	198	224	261	447	508	523	554	64	52	65	3,358	1,476	-	2,125
Mangonia Park-Substance	-	-	-	-	-	-	-	-	-	-	-	-	-	1,952	(100.0%)	2,338
Total Clinic Visits	8244	6,452	7,258	6,322	6,599	8,061	7,699	7,147	7,887	6,880	10,161	8,760	91,470	62,077	47.3%	81,562
Dental Visits																
West Palm Beach	467	334	427	172	159	179	693	691	705	469	703	664	5,663	5,118	10.6%	5,812
Lantana	447	358	473	466	495	558	553	423	561	475	603	484	5,896	7,608	(22.5%)	3,413
Delray	-	-	-	-	-	-	306	480	403	338	362	408	2,297	3,665	(37.3%)	3,171
Belle Glade	-	-	-	2	-	-	201	270	346	307	375	364	1,865	1,988	(6.2%)	2,081
Lake Worth	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Boca	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	-
Total Dental Visits	914	692	900	640	654	737	1,753	1,864	2,015	1,589	2,043	1,920	15,721	18,379	(14.5%)	14,477
Total Medical and Dental Visits	9158	7,144	8,158	6,962	7,253	8,798	9,452	9,011	9,902	8,469	12,204	10,680	107,191	80,456	33.2%	96,039
Mental Health Counselors (non-billable)																
West Palm Beach	-	2	-	1	-	-	-	-	-	54	86	89	232	936	(75.2%)	1,345
Delray	60	41	22	1	3	2	-	-	1	19	-	3	152	728	(79.1%)	915
Lantana	-	36	2	-	1	-	-	3	1	-	-	-	43	3,117	(98.6%)	4,684
Belle Glade	26	18	41	21	14	21	18	15	11	67	80	62	394	333	18.3%	882
Mangonia Park	458	205	225	214	205	311	441	387	409	463	533	438	4,289	1,365	214.2%	2,351
Lewis Center	308	381	544	678	709	838	729	625	677	764	927	949	8,129	1,290	530.2%	1,685
Lake Worth	12	-	1	-	-	-	-	-	-	137	174	178	502	978	(48.7%)	1,258
Jupiter	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	1
West Boca	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	11
Mobile Van	-	-	-	-	-	-	-	-	-	-	-	-	-	495	(100.0%)	362
Total Mental Health Screenings	864	683	835	915	932	1,172	1,188	1,030	1,099	1,504	1,800	1,719	13,741	9,242	48.7%	13,494

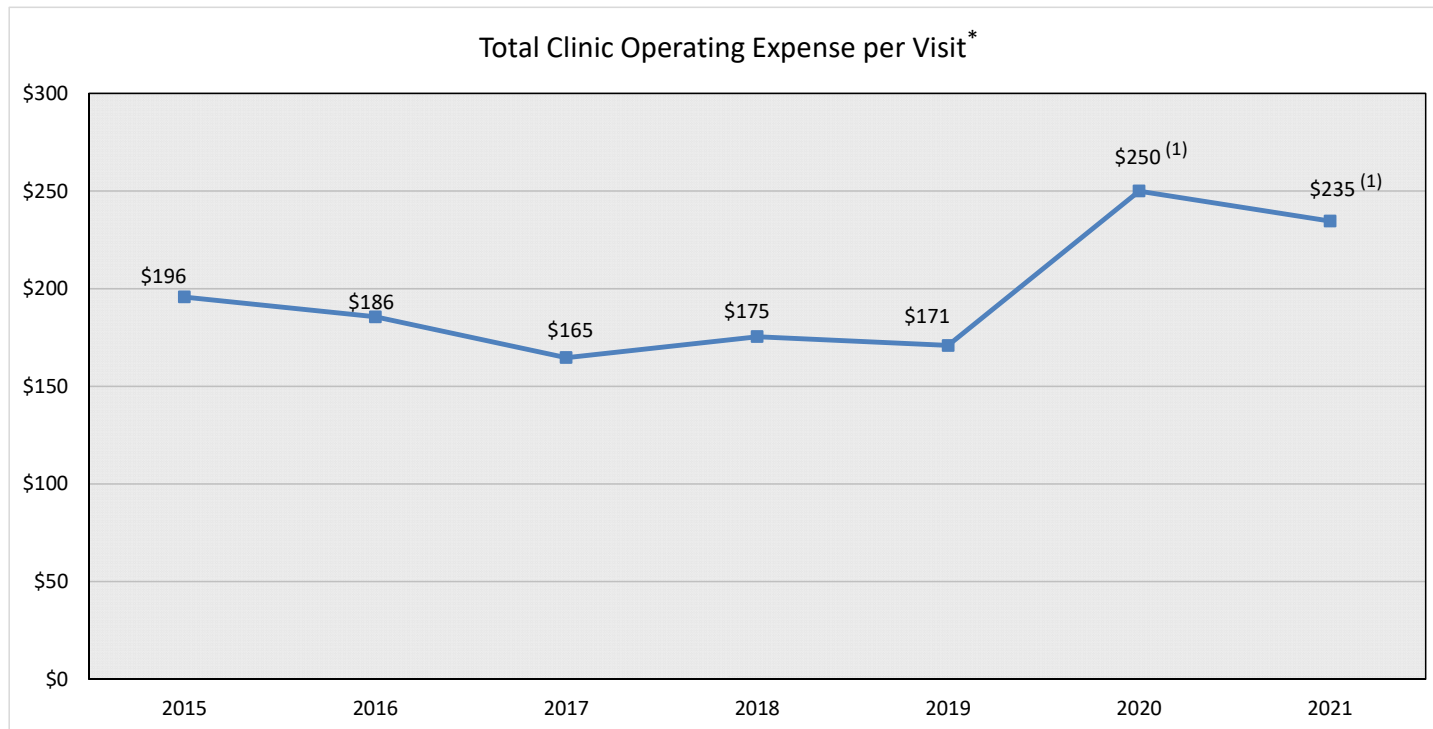
Primary Care Clinics Funding Sources



Fiscal YTD September 2021 Total Revenue \$33,901,840

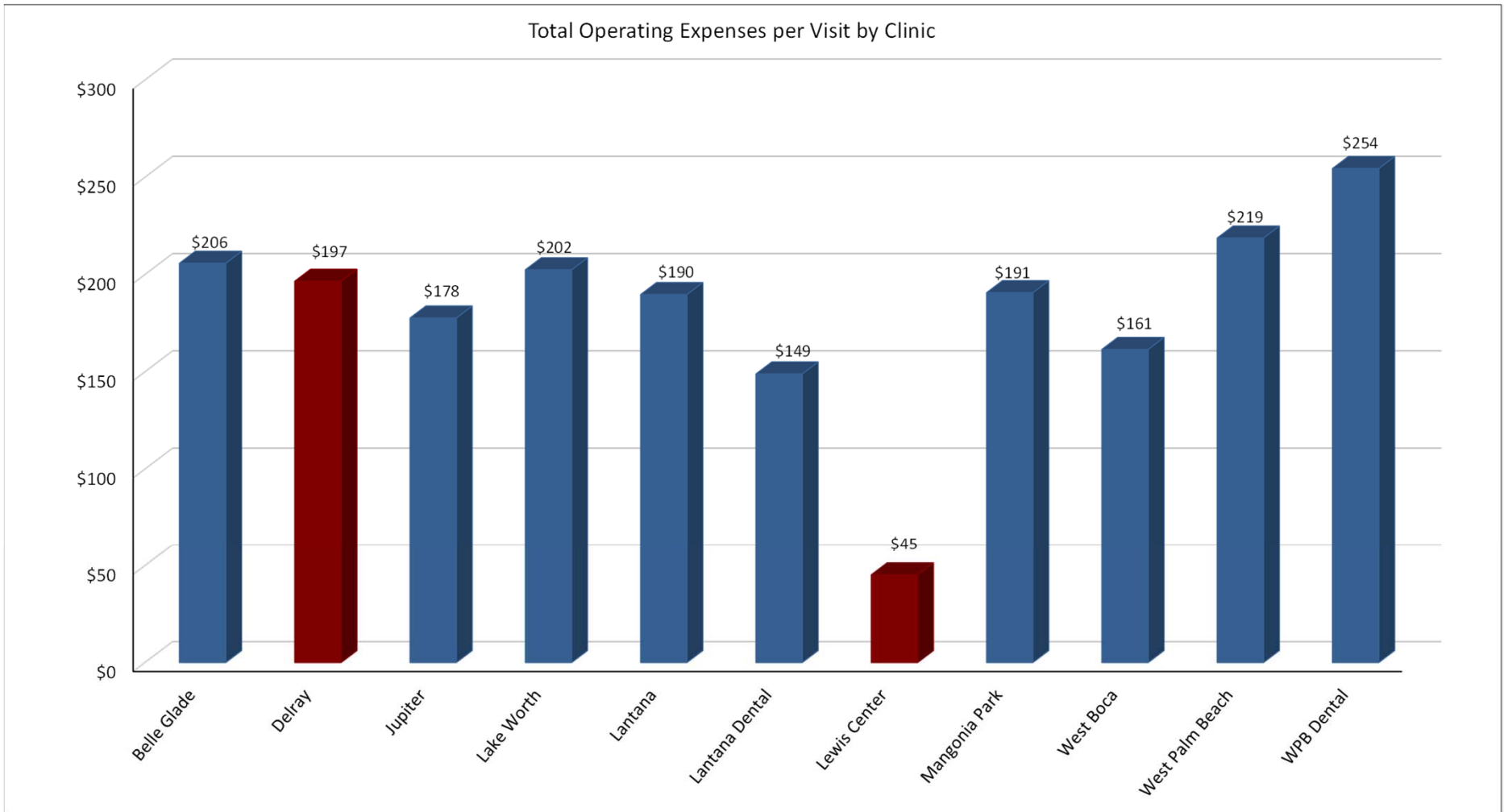


* Based on total medical and dental visits



(1) Increase in expense per visit is due to lower visits in fiscal years 2020 and 2021 related to operational changes for Covid-19

* Based on total medical, dental, and mental health visits



* Based on Fiscal Year-to-Date September 2021 total operating expenses (excludes depreciation, overhead allocations, and capital)

** Visits for the medical clinics include medical and mental health visits

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14th, 2021

1. **Description:** Revised Tracking Policies

2. **Summary:**

This agenda item presents updates to the Referral Tracking Policy and Diagnostic Test Tracking Policy.

3. **Substantive Analysis:**

The HRSA Compliance Manual and for Federal Tort Claims Act (FTCA) Manual regarding Coverage for Health Centers and Their Covered Individuals” outlined updates needed to the risk management procedures that address mitigating risk in referral tracking and diagnostics test tracking. Accordingly, the Clinics have updated their policies to align with HRSA requirements.

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

 Candice Abbott
 VP & Chief Financial Officer

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

N/A

 Committee Name

 Date Approved

6. **Recommendation:**

Staff recommends the Board approve the revised Tracking Policies.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14th, 2021


Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Andrea Steele
Executive Director of Corporate Quality



Dr. Hyla Fritsch
AVP & Executive Director of Clinics and
Pharmacy Services

Referral Tracking Policy

Policy #:	831-14.1	Effective Date:	12/3/2021
Business Unit:	Primary Care Clinics	Last Review Date:	1/30/2019
Approval Group:	PCC Clinical Policy	Document Owner(s):	Primary Care Clinics
Board Approval Date:			

PURPOSE

N/A

SCOPE

All C. L. Brumback Primary Care Clinics team-members

POLICY

It is the policy of C.L. Brumback Primary Care Clinics (CLBPCC) 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 and following guidance provided by HRSA in the Compliance Manual, FTCA Manual and the Program Assistance Letters (PAL).

CLBPCC has implemented a system to track all referrals from their origin until they are returned and evaluated by a provider. This includes specific process and timeframes for the transmission and receipt of referral results, as well as specific process and times frames for follow-up if results are not received in timely manner.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	831-14-A.1
Last Revision	1/30/2019
Revision Information/Changes	

Next Review Date	
------------------	--

APPROVALS	
Reviewer approval	Belma Andric; Ana Ferwerda; Lisa Hogans;
Reviewer approval date	
Final approver	Belma Andric;
Final approval date	3/24/2020

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.

Diagnostic Test Results Tracking Policy

Policy #:	830-18	Effective Date:	10/24/2013
Business Unit:	Primary Care Clinics	Last Review Date:	12/3/
Approval Group:	PCC Clinical Policy	Document Owner(s):	Primary Care Clinics
Board Approval Date:			

PURPOSE/

N/A

SCOPE

N/A

POLICY

It is the policy of C. L. Brumback Primary Care Clinics that all laboratory and diagnostic testing performed on all established primary care patients will be followed up to ensure that the results have been received, reviewed by the provider, communicated to the patient, and appropriate follow up actions taken. All test results must be communicated to the ordering provider or a covering provider, if the ordering provider is unavailable, within a period of time that allows prompt clinical action to be taken. The ordering provider or designee must communicate all test results, including normal results, to patients within specified time frames. Procedures are in place for reporting of critical and abnormal test results. This policy applies to all types of test results, such as laboratory, radiology, and other diagnostic tests. The procedure is modeled after HRSA guidance provided in Compliance Manual, FTCA Manual and the Program Assistance Letters (PAL).

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	830-18-A
Last Revision	

Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Belma Andric; Ana Ferwerda; Lisa Hogans;
Reviewer approval date	9/11/2020
Final approver	Belma Andric;
Final approval date	11/16/2020

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14, 2021

1. Description: Bylaws Change

2. Summary:

This agenda item presents the second review of these Bylaw Changes to the District Clinic Holdings, Inc. Board. This update presents two changes. The first update changes the membership term from three (3) to four (4) years and the term period from January through December three (3) years later to the date of appointment until 4 years later. The second update changes the requirement for the Finance Committee meeting from monthly to quarterly.

3. Substantive Analysis:

The first update recommended includes a change to the Bylaws Section 9.1 Term of Membership. The update includes the following changes:

- The membership term will change from three (3) to four (4) years. This change will align the Clinic Board Membership Terms to the same number of years as the District Board, Lakeside Health Advisory Board, and District Committees.
- The period of time for membership terms will change from January through December, 3 years later to a simple 4 year term from the date of appointment. This change should reduce the number of Board members whose terms expire at the same time.
- The language-related to unexpired terms will be removed from 9.2(a) since according to this update all appointments will be for a 4 year period.

The recommended changes are provided below:

Section 9 – Term of Membership

- 9.1 Board membership will be for a period of ~~three (3)~~ four (4) years starting ~~in January of each year and terminate in December of the third year~~ on the date membership is approved and terminating four (4) years from the date of approval. 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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14, 2021

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.~~

- b. Members eligible to serve for a second ~~3-year~~ 4-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 Member’s ~~3-year~~ 4-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.

This update will be effective once approved by the Board and will apply to the current Board Member terms. The updated Membership Terms, if approved, are presented below.

	Appointment Date	Term End Date
James Elder	1/30/2019	1/29/2023
John Casey Mullen	1/30/2019	1/29/2023
Irene Figueroa	1/30/2019	1/29/2023
R. Michael Smith	1/30/2019	1/29/2023
Melissa Mastrangelo	9/25/2019	9/24/2023
Joe Gibbons	5/19/2021	5/18/2025
Julia Bullard	1/30/2019	1/29/2023
Tammy Jackson Moore	10/30/2019	10/29/2023
Robert Glass	1/27/2021	1/26/2025
Marjorie Etienne	9/25/2019	9/24/2023

The second update recommends changing the Finance Committee meetings from monthly to quarterly. The recommended changes are provided below:

Section 11 – Committees

11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a ~~monthly~~ quarterly basis, and may include clinic staff employees. The

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14, 2021

Executive Director, or his/her designee, will serve as a non-voting, exofficio member of this committee.

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

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

Staff recommends the Board approve the recommended Bylaws update changing the membership terms from 3 to 4 years, the term period from January through December 3 years later to the date of appointment until 4 years later, removal of language related to unexpired terms, and the Finance Committee meeting requirement from monthly to quarterly.

Approved for Legal sufficiency:

Bernabe A. Icaza

 Bernabe A. Icaza
 VP & General Counsel

Thomas W Cleare

 Thomas Cleare
 AVP, Communications, Community
 Engagement and Corporate Security

H Fritsch

 Dr. Hyla Fritsch
 Executive Director of Clinic and Pharmacy
 Services

Amended
Bylaws
of
District Clinic Holdings, Inc.

Amended
Bylaws
of
District Clinic Holdings, Inc.

Section 1	Statutory Authority
Section 2	Name
Section 3	Purpose
Section 4	Officers
Section 5	Objectives
Section 6	Powers
Section 7	Board Member Responsibilities
Section 8	Member Composition
Section 9	Term of Office
Section 10	Officers
Section 11	Committees
Section 12	Meetings
Section 13	Authority
Section 14	Amendments

DISTRICT CLINIC HOLDINGS, INC.

AMENDED BY-LAWS

Section 1 – Statutory Authority

- 1.1 Statutory Authority. These Bylaws have been adopted as the Bylaws of the District Clinic Holdings, Inc. (“Clinics”) governing board of said Clinics pursuant to authority conferred upon that same governing board by Section 330 of the Public Health Service Act.
- 1.2 Health Care District of Palm Beach County. The term “District,” as used in these Bylaws, means the Health Care District of Palm Beach County and all affiliated entities.

Section 2 – Name

- 2.1 District Clinic Holdings, Inc. will be known as the “C.L. Brumback Primary Care Clinics” which shall be the common business name of the clinics.
- 2.2 Board Name. This authority shall be known as the C.L. Brumback Primary Care Clinics Board of Directors. (hereinafter referred to as the “Board”)

Section 3 – Purpose

- 3.1 Purpose. The purpose of the Board is to ensure that persons have access to high quality comprehensive health services, and that such health services are provided without regard to any persons race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, physical handicap, medical condition, medical history, genetics, evidence of insurability, or claims history in compliance with all applicable State, Federal and local laws and regulations.

Section 4 – Offices

- 4.1 Offices. The Board shall have and continuously maintain its principal office at the Health Care District of Palm Beach County administrative office located at 1515 N Flagler, Suite 101, West Palm Beach, FL 33401.

Section 5 – Objectives

- 5.1 The objectives of the Board are as follows:
- a. Improvement of the general health status of the community through the promotion of preventive health services and early identification and treatment of the disease.
 - b. Identification and referral of individuals in need of health and social services.
 - c. Participation in the development of the Federal grant application.
 - d. Monitoring services provided by the clinics to ensure that community needs are being met within the constraints of the agency.
 - e. Ensure that professional standards are maintained.
 - f. Interpret the health needs of the community to clinic administrative staff and interpret the services provided by the clinics, to the community.

Section 6 – Powers

- 6.1 General Powers. The Board is vested with authority and responsibility to provide for the comprehensive planning and delivery of adequate health care services, including, but not limited to, clinical services for the citizens of Palm Beach County, particularly medically needy citizens. For those purposes, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act, including but not limited to:
- a. To approve and recommend the budget of the clinic operations annually. Monthly financial reports will be provided to the Governing Board at the regularly scheduled meetings. An annual financial audit and financial report by an independent auditor will be submitted to the Governing Board.
 - b. To be responsible for approving the selection and dismissal of the Executive Director within the guidelines of the Health Care District of Palm Beach County Personnel Policies and Procedures.
 - c. To provide input from the community, regarding appropriate matters, including, but not limited to, the health care needs of the community served.
 - d. To continually provide information about the accessibility of services to the community and the clinic's responsiveness to those needs.
 - e. To provide guidance regarding services and their priorities; and to establish how these priorities should be ranked as they pertain to program development.
 - f. To provide a viable link with the community, engaging in community education, public

relation activities and other activities which promote community identification and understanding of the clinics and services provided.

- g. To provide a nucleus in the community which reaches out to local agencies, governmental entities, and foundations, etc., to support the clinics financially and otherwise.
- h. Establish and approve general policies for the clinics. The Board acknowledges that the District is the public entity co-applicant and is permitted to retain the responsibility of establishing fiscal and personnel policies. When the public entity's board does not meet health center composition requirements, a separate health center governing board may be established. The health center board must meet all the membership requirements and perform all the responsibilities expected of governing boards except that the public entity may retain the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board's responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.
 - . The Board shall work collaboratively with the District to specify each board's responsibilities, in writing so that the responsibilities of carrying out the governance functions are clearly understood by both boards.
- i. To be responsible for evaluating health care activities including services utilization patterns, productivity of the clinics, patient satisfaction, achievement of project objectives, and development of a process for hearing and resolving patient grievances.
- j. To assure that the clinics are operated in compliance with applicable federal, state and local laws, rules and regulations.
- k. To adopt health care policies, including scope and availability of services, location and hours of services.
- l. To assure compliance with the approved Quality Improvement/Quality Assurance Plan.
- m. To establish and review policies regarding the conduct of the federally funded project.
- n. Responsible for evaluating the clinics projects and achievements at least annually, and using the knowledge gained to revise its mission, goals, objectives, plans, and budgets as may be appropriate and necessary.
- o. Responsible for the annual performance evaluation of the Executive Director.
- p. To recruit, appoint, re-appoint, credential and discipline the Licensed Independent Practitioners of the Clinics and to approve policies to be adopted by the Clinics. The term

Licensed Independent Practitioner shall mean any individual, as permitted by law and regulation, and also by the Clinics, to provide care and services without direction or supervision within the scope of the individual's license and consistent with the privileges granted by the organization. The foregoing shall be in accordance with applicable state, federal and local laws, rules and regulations, and in accordance with the standards of any applicable accrediting body. The Board may, in its discretion, delegate duties related to the performance of recruitment, appointment, credentialing and discipline of medical staff to the appropriate Medical Director/Dental Director except that recommendations regarding appointment, credentialing and discipline shall be presented to the Board by the Medical Director for consideration and final vote.

Section 7 – Board Member Responsibilities

7.1 Key function and responsibilities.

- a. Attends and participates in all Board meetings.
- b. Each board member should be prepared for the meetings (i.e., read reports and minutes provided prior to the meetings and be familiar with the agenda), ask questions (as appropriate).
- c. Express his/her opinion and be respectful of the opinion of other members.
- d. Act in the best interests of the clinics at all times.
- e. Ensure confidentiality of clinics' information.
- f. Conflicts of Interest. Board members shall not enter into contracts or other arrangements or transactions that would be, or would give the appearance of, a conflict of interest. Further:
 1. Board members are subject to the provisions of Florida law pertaining to public officials avoiding conflicts of interest including, but not limited to, Ch. 112, Florida Statutes, the Code of Ethics for Public Officers and Employees, as well as any and all other applicable standards established by the applicable regulatory and accreditation agencies
 2. No Board member, administrator, employee or representative of the Clinics, nor any other person, organization or agency shall, directly or indirectly, be paid or receive any commission, bonus, kickback, rebate or gratuity or engage in any fee-splitting arrangement in any form whatsoever for the referral of any patient to the District or Clinics.

Section 8 – Membership Composition

- 8.1 Orientation. As new members are elected or appointed to the Board they shall receive an orientation regarding C. L. Brumback Primary Care Clinics Board to include, but not be limited to,

their authority and responsibility under the 330 grant requirements, legal status, and relation to the Health Care District of Palm Beach County and a review of these By-Laws.

- 8.2 The Board shall consist of 9-13 members.
- 8.3 A majority of the Board members will be users of the in scope clinic's services within the past twenty-four months. A patient is an individual who has generated at least one health center visit. These members will be representatives of the individuals receiving services at any of the clinics.
- 8.4 The user Board members as appropriately defined in the Bylaws are consistent with applicable law, regulations and policy.
- 8.5 User Board members are defined as individuals who are (or, for planning grantees, will be) served by the clinics and who utilize the clinics as their principal source of primary care and who have used the clinic's services within the last two years.
- 8.6 Board members must live in one of the clinic's service areas.
- 8.7 No more than half of the remaining members of the Board may be individuals who derive more than 10% of their annual income from the healthcare industry. Healthcare industry is defined as "hospitals and other healthcare institutions, nurses, doctors, dentists, and other licensed healthcare professionals whose primary responsibility is providing primary preventive and therapeutic healthcare services".
- 8.8 The remaining members of the board must be representatives of the community where the project's catchment area is located and shall be selected for their expertise in community affairs, local government, finance, and banking, legal affairs, trade unions and other commercial and industrial concerns or social service agencies within the community.
- 8.9 No member of the Board shall be an employee of the clinics, or spouse, child, parent, brother or sister by blood, adoption or marriage of such an employee. The Executive Director may be a non-voting, ex-officio member of the Board.
- 8.10 No Board member, employee, consultant or those providing services and or goods to the Clinics may pursue any personal activity that will involve a conflict-of-interest or use their official position to make secret or private profits and will treat all matters of the clinics as confidential. Board members will not use or give the appearance of using their position for the purpose of financial gain. "Financial gain" includes financial interest, gifts, gratuities, favors, nepotism and bribery. Political favors will also be considered improper. Board members must identify any conflict-of-interest they may have regarding a particular matter and abstain from discussing or voting in the matter.
- 8.11 No Board members should act or speak, or otherwise indicate that they are authorized to act or speak, on behalf of the entire Board without express Board approval/consent.
- 8.12 Recommendation for Board membership shall be from the community being served.
- 8.13 One Board position shall be filled by the District Chair, or his/her designee, by appointing a member of the District's Governing Board in accordance with that body's applicable bylaws.

- 8.14 One Board member shall serve on the Finance and Audit Committee of the District’s Governing Board and one Board member shall serve on the Quality, Patient Safety, and Compliance Committee of the District’s Governing Board.

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 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 Member’s 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 Any Board member may be removed from the Board with or without cause by a two-thirds vote of the remaining board members present and voting at any regular or special meeting called for such purpose.

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. Conduct inconsistent with the clinics purpose.
- c. Refusing to render reasonable assistance in carrying out the clinics purpose.
- d. Refusing to act in a manner consistent with the clinic's mission and priorities.
- e. Individual is suspended or debarred from participation in federal programs.
- f. Whenever it is determined that the best interest of the clinics could be served by such removal.

Allegations made in support of the proposal to remove a board member shall be presented in writing, by mail, to the Board member in question at least five (5) calendar days in advance of the meeting. The allegation(s) shall be noted on the agenda of the meeting. The Board member in question shall be entitled to appear before the Board and be heard at such meeting. Removal of the Board member shall create a vacancy and a new Board member shall be elected in accordance with Section 8 of this Article.

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.

Section 10 – Officers

- 10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed.
- 10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.
- 10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the 'two consecutive one-year terms' referenced in Section 10.1.

10.4 The officers and their duties for this organization shall be:

10.4.1 Chairperson

- a. To preside over all meetings and to appoint all committee and councils.
- b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall constitute the acceptance by the Board of the terms and conditions of the Grant and obligate it to perform its function under the approved project in accordance with the terms thereof.
- c. The Chairperson shall be the Board's sole and primary liaison for external affairs including serving as Board's representative to the media.
- d. Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization

10.4.2 Vice Chairperson

- a. The Vice-Chairperson shall succeed to the office of the Chairperson if the office becomes vacant or if otherwise the chairperson is otherwise unable to perform his/her duties.
- b. To assume the duties as assigned by the Chairperson in his/her absence.
- c. Perform such duties as assigned by the Chairperson or Board of Directors.

10.4.3 Secretary

- a. The secretary shall be responsible for ensuring recording and maintaining of the minutes of all meetings of the governing Board, and shall perform such duties as may be assigned by the Chairperson of the Board. The Secretary or designee shall distribute copies of minutes of all Board and/or committee meetings to all members of the Board.
- b. To monitor the minutes of all meeting of the Board and Executive Committee.
- c. To assure that his/her designees notifies members of all Board meetings and conferences.
- d. To advise staff members regarding correspondence.
- e. To monitor, review and approve the preparation of the agendas.

10.4.4 Treasurer

- a. To review monthly and/or periodic financial reports prior to presentation to the Board during scheduled meetings.

10.5 Compensation

Members shall serve without compensation except the Board may authorize and establish policies governing the reimbursement of certain reasonable expenses, such as mileage, incurred to attend meetings.

Section 11 – Committees

- 11.1 There shall be an Executive/By-Law Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair and the Executive Director will serve as a non-voting, ex officio, member of the Executive Committee. The Executive Committee shall:
 - a. Act as advisor to the Chairperson;
 - b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
 - c. Report to the Board at its next regular meeting on any official actions it has taken;
 - d. Annually review and recommend to the Board any necessary change to the bylaws; and
 - e. Annually review the performance of the Executive Director for report to the Board.
 - f. Serve as the ad hoc Personnel Committee as needed.
- 11.2 Vacancies of the Executive committee occur when there is a vacant officer position. The vacancy is filled with the election of a member to serve out the officer's remaining term (See Section 10).
- 11.3 The Standing Committees shall be the Finance Committee, Quality Council and Planning Committee.
- 11.4 The Membership/Nominating Committee shall be an ad hoc committee, activated and populated at the direction of the Chairperson to recruit and nominate individuals to fill vacancies of the Governing Board. The Membership/Nominating Committee shall, if requested, review, edit, and submit proposed revisions to policies and procedures for the recruitment, screening and orientation of potential new Board members and present to the Board information on eligible persons to fill vacancies. This committee shall, if requested, assist in development of a board orientation program. The Executive Director, or his/her designee, will serve as a no voting, ex-officio member of this committee.
- 11.5 The Planning Committee shall oversee the clinic's goals and objectives, and develop a strategic planning workshop for the Board to be held at least every three (3) years. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

- 11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.7 The Standing Committees will meet as set forth in these Bylaws and will provide a report of its meeting(s) during the next Board meeting following the Committee meeting, and make any recommendations for Board action, which will then become part of the Board documents.
- 11.8 Proxy: An absent member shall not be allowed to vote by proxy.
- 11.9 Members of the Planning Committee and Quality Council may also include non-board members with specific areas of expertise that support the mission of that committee.
- 11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 12 – Meeting

- 12.1 Regular meetings shall be held monthly. Time and place shall be determined by Board.
- 12.2 Special meetings may be called by the Chairperson whenever Board business cannot be held until the next regular meeting.
- 12.3 Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida’s Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings.
- 12.4 The Annual Meeting shall coincide with the Regular meeting held during the Month of May and shall hold the election of officers.
- 12.5 Quorum shall consist of a majority of the members of the Governing Board as then constituted, for the regular scheduled meetings and the special called meetings. Once a quorum is established for any meeting it remains for the duration of the meeting unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number needed for a quorum.

- 12.6 Official actions of the Board may be conducted by telephone or video conferencing provided that such meeting complies with the requirements of the Government in the Sunshine Act. For attendance and voting by telephone or video conferencing:
- a. There must be a quorum physically present in order for a board member to participate and vote by telephonic or video conferencing
 - b. The member voting by these means must be physically located outside the borders of Palm Beach County, unable to attend due to an illness, or unable to attend due to an unforeseen circumstance beyond their control.
 - c. Any telephone or video conferencing utilized for voting during a board meeting must be amplified for all to hear and or displayed so that those attending can see the board member's comments and or vote. This also ensures that all other board members attending remotely can hear and or see the other board member's comments and votes.
- 12.7 If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the Committee or Board will adjust their meetings accordingly.

Section 13 – Authority

The parliament authority of the Governing Board shall be used based on ROBERTS RULE OF ORDER (current edition), unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

Section 14 – Amendments

These By-Laws may be amended or repealed by a vote from the majority of the total membership of the Governing Board. Proposed changes to the By-Laws must be submitted to the Board at a regularly scheduled meeting and voted on at the succeeding regularly scheduled meeting. Changes in the By-Laws are subject to approval by the Governing Board, Health Care District of Palm Beach County, and the Regional Office of the Department of Health and Human Services.

Section 15 – Dissolution of the Corporation

In the event of the liquidation, dissolution or winding up of the corporation whether voluntary, or involuntary, or operation of law, the Board of Directors of the Corporation shall dispose of the assets of the Corporation in conformance with Federal and State of Florida law, as modified by the regulations promulgated by designated oversight agency or department, and in accordance with the Corporation's Articles of Incorporation.

CERTIFICATE

This certifies that the foregoing constitutes the Bylaws of District Clinics Holdings, Inc., amended and adopted by the Members of the Corporation at a meeting held on the 27th day of January 2021.

BY: DocuSigned by:
Irene Figueroa
FB260D91263847C...

Irene Figueroa
Secretary

Approved as to form and
Legal Sufficiency

BY: DocuSigned by:
Valerie Shalviani
C1BC64230646437...

General Counsel

HISTORY OF DISTRICT CLINIC HOLDINGS, INC. BYLAWS

The initial Bylaws of the District Clinic Holdings, Inc. Board were first adopted on the 24th day of January, 2013. Amendments made subject to Section 14 of the District Clinic Holdings, Inc. Bylaws are listed below:

Change Number	Date of Adoption	Section(s) Amended
1	March 28, 2013	<p>Title Pages amended to read:</p> <p>Section 11.3 relating to the Finance Committee deleted and</p> <p>Section 11.9 amended to remove reference to Finance Committee.</p>
2	May 23, 2013	<p>Section 2.1 amended to remove the following: “Thus, as used in these bylaws, the terms “Board” shall mean the C.L. Brumback Health Clinic Board of Directors.”</p> <p>Section 6.1m amended to remove ability to establish and revise policies.</p> <p>Section 6.1q amended to remove the following: “Within its discretion to file article of dissolution and dissolve the corporation.</p> <p>Section 8.10 “The Board shall ensure that the provision is made applicable to all employees, consultants and those providing goods and or services to the Center.” deleted.</p>

Section 11.1 removed requirement to make recommendations to full Board.

Section 11.7 removed “The Personnel Committee shall review staffing needs and recommends changes in staffing levels when deemed desirable. While the Board’s personnel policies shall be consistent with those of the Health Care District the Board must tailor its personnel policies to the clinical operations of the corporation.” To dissolve the Personnel Committee.

Section 11.8 removed “The Finance Committee shall review the budget, expenditures, and financial policies and make recommendations to the Board in regard to certain concerns. While the Board’s financial policies shall be consistent with those the Health Care District the Board must tailor its financial policies to the clinical operation of the corporation.” To dissolve Finance Committee.

3

August 1, 2013

Section 2.1 amended to include: “hereinafter referred to as the “Board”)

Section 6.1m amended to include establishment of policies.

4

August 9, 2013

Section 6.1q added power to:
“Facilitate the annual Chief
Executive Officer performance
evaluation process.”

Section 8.10 amended to
include: “...employee,
consultant or those providing
services and or goods to the
Clinic...”

Section 2.1 established for
clarification regarding
common business name

Section 2.2 replaced Health
Clinic Board with Primary
Care Clinics Board of
Directors

Section 6.1.b replaced Project
with Executive

Section 6.1.h removed “To
adopt and be responsible for
operating and personnel
policies and procedures,
including selection and
dismissal procedures, salary
and benefits scales and
employee grievance
procedures within the
guidelines of the Health Care
District of Palm Beach County
Personnel Policies and
Procedures” and amended to
include ability to establish and
approve general policies for
the clinics as stated in PIN
1998-12, Part II Section 330,
Governance Requirements.

Section 6.1.m amended to
include ability to establish
policies

Section 6.1.q amended to establish responsibility for the Executive Director's annual performance evaluation

Section 8.1 amended to include the common business name, CL Brumback Primary Clinics

Section 8.9 amended to replace previously referenced project director with Executive Director

Section 8.11 amended to include "...otherwise indicate that they are authorized to act or speak..."

Section 8.13 added

Section 9 amended to read:
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

Section 9.2.a added to establish requirements for filling vacancies on the Board due to termination, resignation, or death of a Member.

Section 9.2.b added to establish procedure for member reappointment instituted by the Nominating Committee

Section 9.3 amended to define an unexcused absence

Section 9.4 amended to read: “Board member can be removed for cause including, but not limited to:”

Section 9.4.a “...causes include the” deleted

Section 9.5 regarding Board vacancies was deleted, became section 9.2.a

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

Section 10.2 added in order to establish process for removal of officers.

Section 10.3 added to establish election of a replacement officer on a vacant position.

Section 10.4.d. deleted: “The Chairperson, or his/her designee, shall represent the board before the news.”

Section 10.4.d reads: “The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.”

Section 10.4.e added to read: “Appoint a Board member to

attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization.”

Section 10.4.e amended to include ability to review and approve agendas.

Section 10.5 added: “the Board may authorize and establish policies governing the reimbursement of certain...”

Section 11.1 replaced clinic’s director with Executive Director. Added “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 11.2 included for establishment of a Personnel Committee

Section 11.3 removed “The Executive Committee of the Board shall consist of the Officers of the Board”

Section 11.4 added requirement to develop policies and procedures for recruitment, screening and orientation of potential new Board members and present information to the Board on eligible persons to fill vacancies.

Section 11.5 added: “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.”

Section 11.6 amended to read that the Clinical Committee is to be also known as the Quality Committee.

Section 11.7 amended to include requirement for committees report to include any recommendations for Board action

Section 11.9 deleted
Committee members

Section 11.10 added to read:

The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C.L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Finance Committee will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee. Section 13 added: “unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

5

February 18, 2014

Section 15 added for requirement for disposing of assets in the event of dissolution of the Corporation

Section 11 renumbered for efficiency.

Section 8.2 amended to increase the number of Board members to 10-13.

Section 10.3 added: to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the 'two consecutive one-year terms' referenced in 10.1.

Section 11.3 amended to establish process for filling vacancy of an officer position.

Section 12.3 added: "Meetings shall conform to the requirements of Ch. 286, Florida Statutes ("Government in the Sunshine Act"), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida's Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings".

Section 12.4 added to read:
“Effective in 2014, the Annual Meeting shall coincide with the Regular meeting held during the month of May and the election of officers to hold office commencing in the next fiscal year shall be held. In order to transition to this new schedule, the election of officers held in November 2013 for terms to continue through December 31, 2014, shall remain unchanged. The election to be held in May 2014 shall be for the officers whose terms shall commence on January 1, 2015, and each election that follows shall select the officers whose terms shall commence on the following January 1”.

Section 12.5 previously section 12.3 added “unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number need for a quorum”.

Section 12.6 previously section 12.4 amended to include condition to comply with Government in the Sunshine Act requirement.

Section 6.1.o Remove provision, it is duplicative of audit language in Section 6.1.a

Added Section 6.1.q

6

April 24, 2014

Added Section. 7.1.f to establish Board member responsibilities regarding Conflicts of Interest

Section 9.5.b added.

Section 10.4.1 removed subsection b (Chairperson shall have the same right to vote on matters as any other Board member)

Replaced Section 11.1 with the following: There shall be an Executive/Bylaw Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair, and the Executive Director will serve as a non-voting, ex officio member of the Executive Committee. The Executive Committee shall:

- a. Act as advisor to the Chairperson;
- b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
- c. Report to the Board at its next regular meeting on any official actions it has taken;
- d. Annually review and recommend to the Board any necessary change to the bylaws; and Annually review the

		performance of the Executive Director for report to the Board
7	May 26, 2015	Amended Section 6.1.q to include Licensed Independent Practitioner and term of same. Addition of Dental Director.
8	March 28, 2018	Amended Section 4.1 to update administrative address. Addressed grammatical errors throughout.
9	December 11, 2019	Amended Section 8.7 to define healthcare.
10	January 29, 2020	Amended Section 6.1h to remove invalid HRSA PIN, 6.1i to updated QI/QA Plan, 8.3 to define patient and 8.9 to include adoption. Added robust language to section 9.4 regarding Board member termination.
11	May 27, 2020	Amended Section 10.1 to permit postponement of officer elections in the event of a declared state of emergency Added Section 12.7 to permit remote meetings during public emergencies.
12	September 30, 2020	Amended Section 11.6 to permit postponement of the Quality Council meetings in the event of a declared state of emergency

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14, 2021**

1. Description: Executive Director Informational Update

2. Summary:

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

- Opening of St. Ann clinic

3. Substantive Analysis:

The new St. Ann clinic opened this month on December 2, 2021. Patients have been seen for adult primary care visits as well as being connected to brick and mortar clinics for other services, including behavioral health.

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

Candice Abbott
VP & Chief Financial Officer

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:



Bernabe Icaza
VP & General Counsel



Dr. Hyla Fritsch
AVP & Executive Director of Pharmacy & Clinic
Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14, 2021

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.

3. Substantive Analysis:

The LIPs 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
Beauge	Estelle	PA	Physician Assistant	Initial Credentialing

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.

Estelle Beauge, PA, joined the Mobile Clinic in 2021 as a Physician Assistant. She attended the State University of New York Health Sciences Center at Brooklyn and is certified as a Physician Assistant by the National Commission on Certification of Physician Assistants. Ms. Beauge has been in practice for five years.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14, 2021

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

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date Approved

6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Estelle Beauge, PA, Physician Assistant.

Approved for Legal sufficiency:

Bernabe A. Icaza

 Bernabe Icaza
 VP & General Counsel

Charmaine Chibar

 Dr. Charmaine Chibar
 FQHC Medical Director

Hyla Fritsch

 Dr. Hyla Fritsch
 AVP & Executive Director of Clinics and
 Pharmacy Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14, 2021

1. Description: Operations Reports – October 2021

2. Summary:

This agenda item provides the following operations reports for October 2021:

- Clinic Productivity, including in-person and telehealth metrics, No Show trended over time and walk-in percentage.

3. Substantive Analysis:

In October, we had 10,723 visits which are 583 more than the month prior and 1,145 more than October 2020. Our average patient visits per weekday were 517 among all clinics and an improved average of 49 patients on Saturdays among 6 clinics. The Lantana Clinic had the highest volume with 1,869 visits, followed by the Lake Worth Clinic with 1,433.

Our payer mix for October reflects 59% uninsured patients and 27% Managed Care.

By visit category, Women’s Health, Pediatrics and Substance Abuse met their productivity target.

Productivity targets for in-person visits were met in the Delray Primary Care, Lewis Center Primary Care and Substance Abuse, Lantana Pediatrics, Women’s Health in Lake Worth, Mangonia Behavioral Health and Substance Abuse. In the 90% and higher range were West Palm Beach Adult Primary Care and Pediatrics, Belle Glade Women’s Health and Behavioral Health in Lake Worth and West Palm Beach.

The No Show rate in October remains the same at 27%. The year-to-date Tele no-show rate is 11% of the total no-show.

In October, the number of patients who walked in and were seen the same day totaled 2046, 19% in medical and 28% in dental. In medical, the highest percent of walk-ins by the clinic was the Lantana clinic at 22%, followed by West Palm Beach clinic with 16%. In dental, the highest percent of walk-ins by the clinic was the Delray Beach Clinic with 39%, followed by the West Palm Beach clinic with 35%.

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"/>

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
December 14, 2021

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A


Committee Name

Date Approved

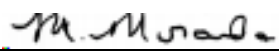
6. Recommendation:

Staff recommends the Board Approve the Operations Reports for October 2021.

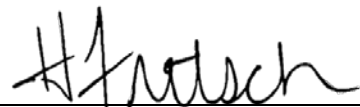
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel

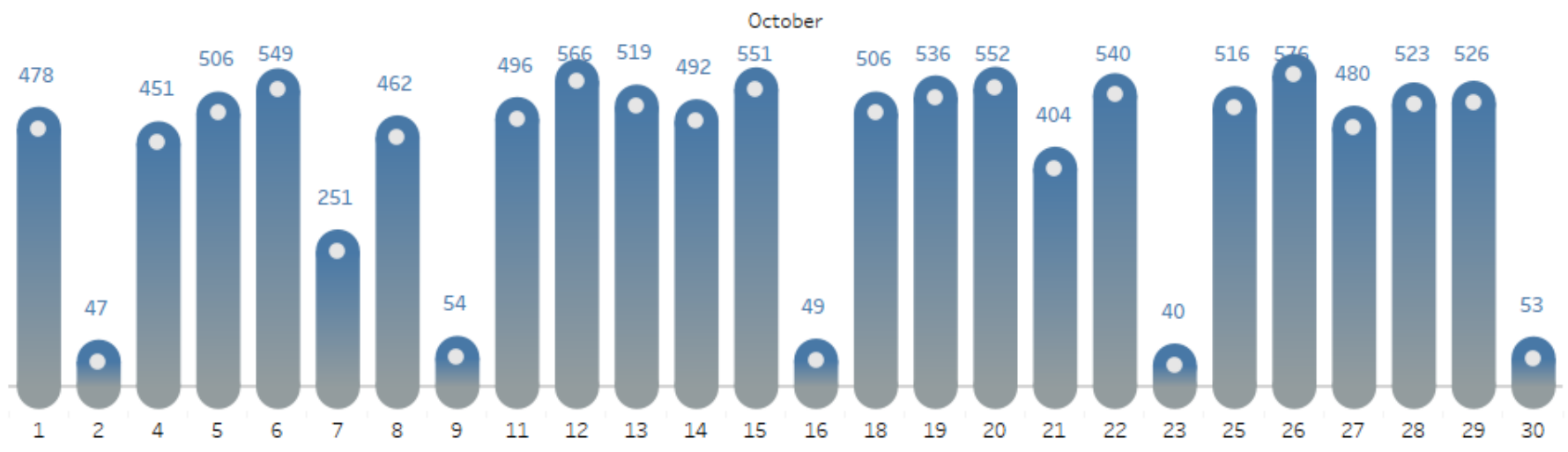


Marisol Miranda
Director of Clinic Operations

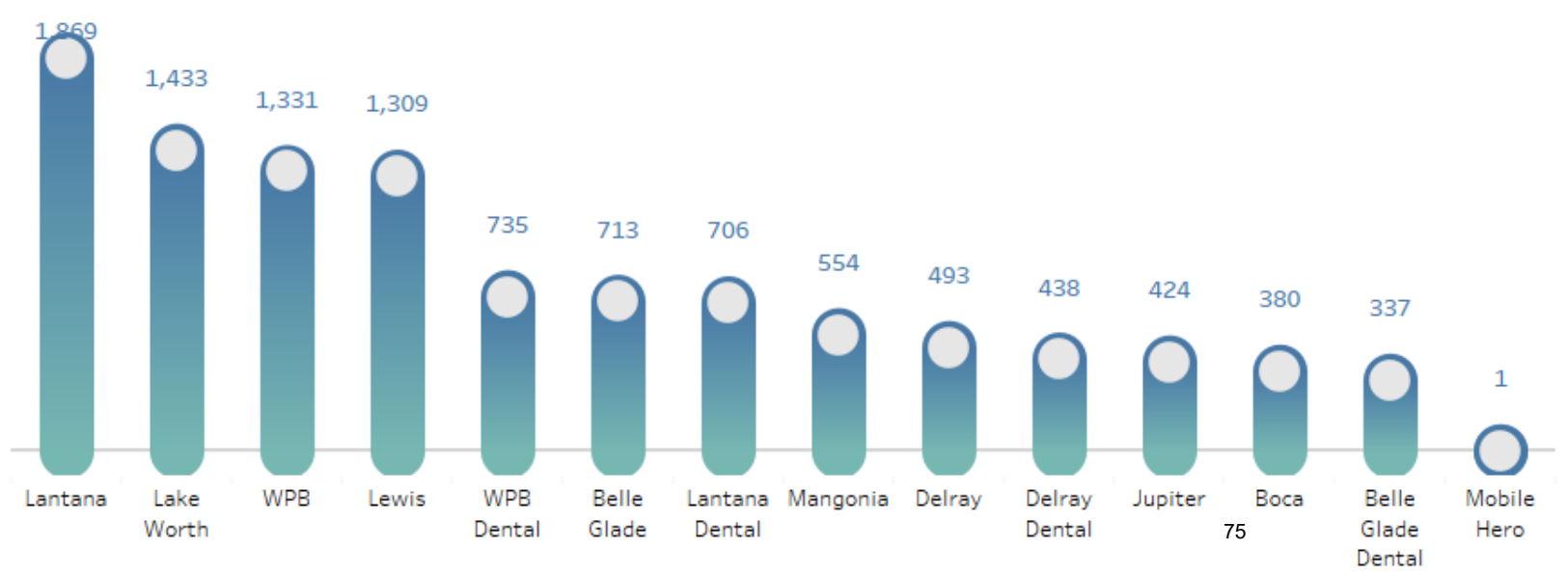


Dr. Hyla Fritsch
AVP & Executive Director of Clinic and
Pharmacy Services

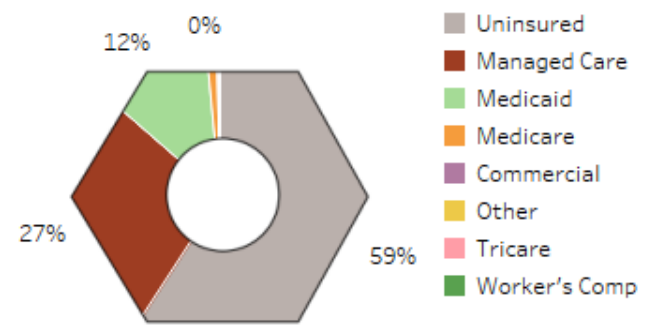
DAILY VOLUME



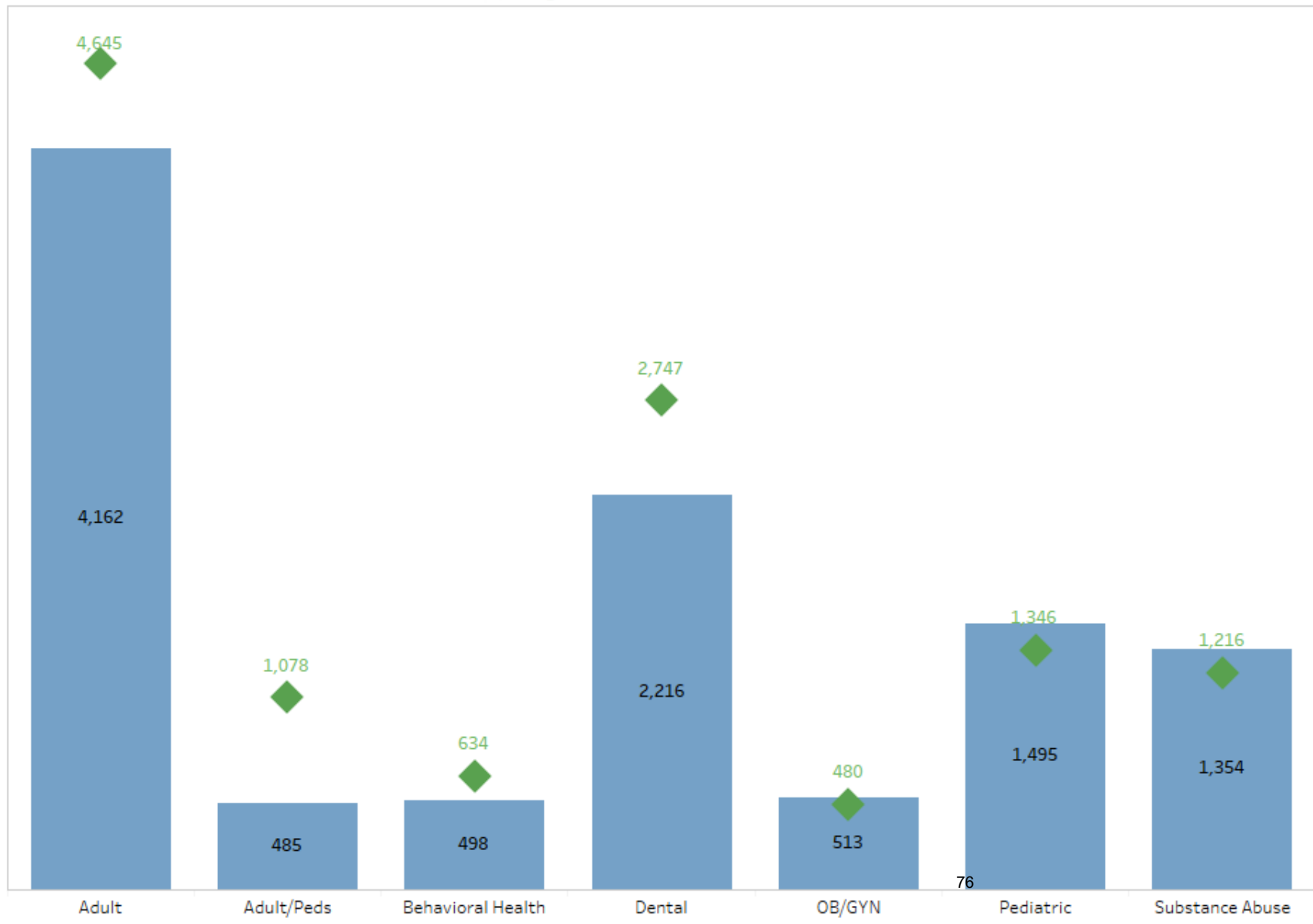
VOLUME BY CLINIC



Payer Mix



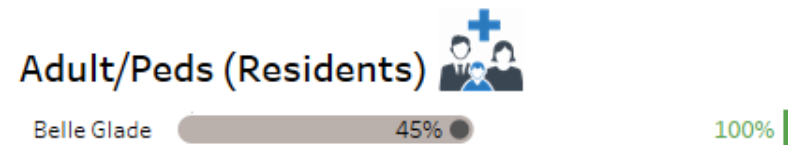
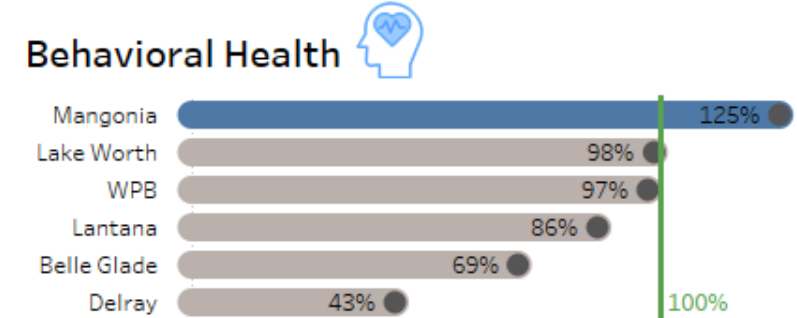
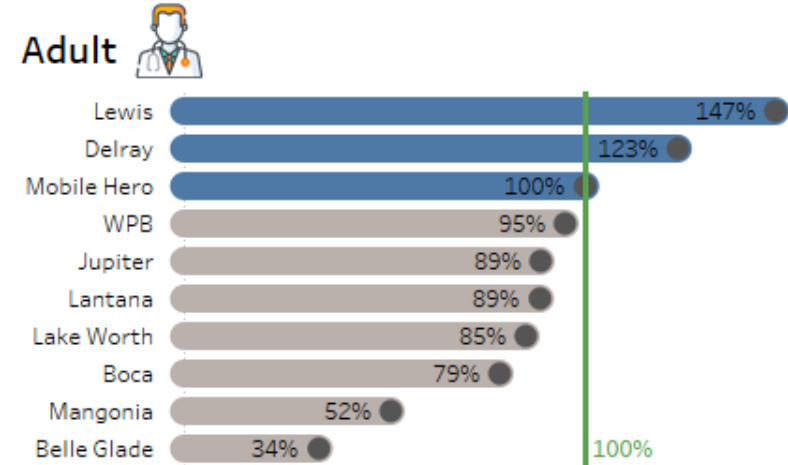
◆ Target



	In Person	Tele Health	Total
Adult	4,119	43	4,162
Adult/Peds	483	2	485
Behavioral Health	449	49	498
Dental	2,216		2,216
OB/GYN	513		513
Pediatric	1,494	1	1,495
Substance Abuse	930	424	1,354
Total	10,204	519	10,723



■ Target Met ■ Target Not Met

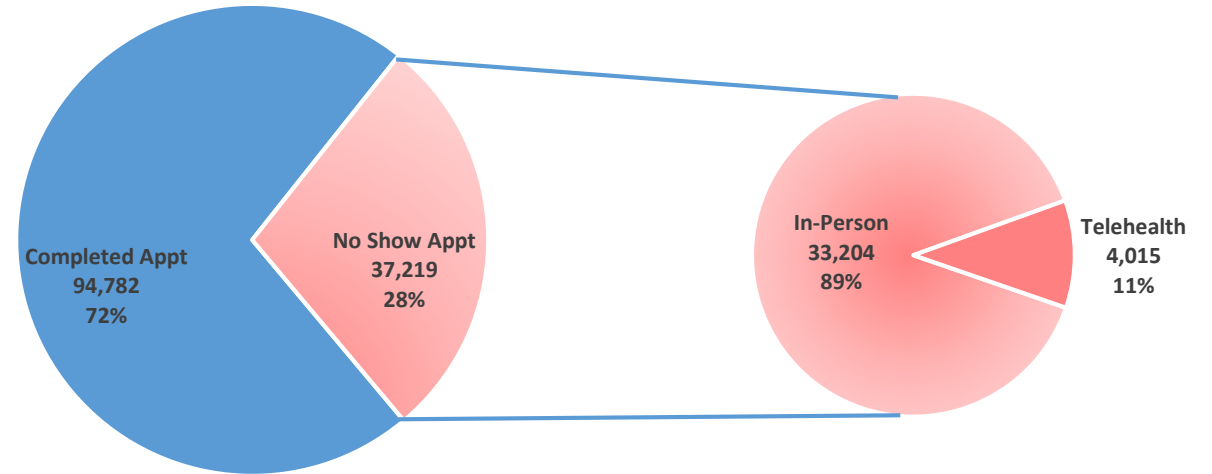
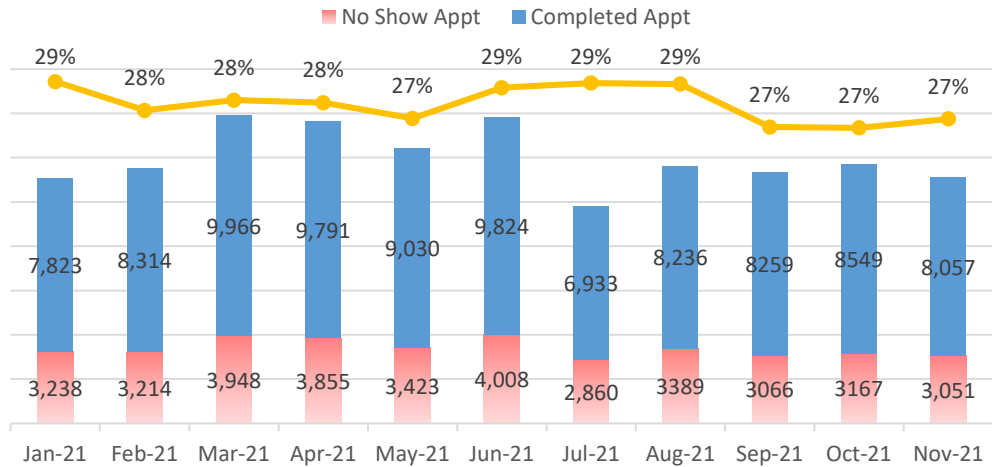


No Show Appointment Analysis

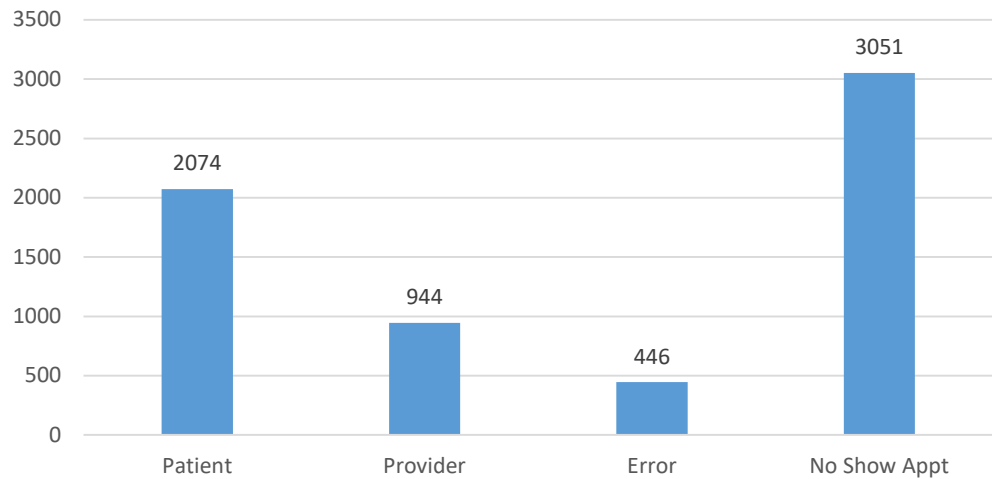
Jan – Nov 2021

(Medical, Adult Peds, Pediatric Care, Women's Health, Behavioral Health and Substance Abuse Care)

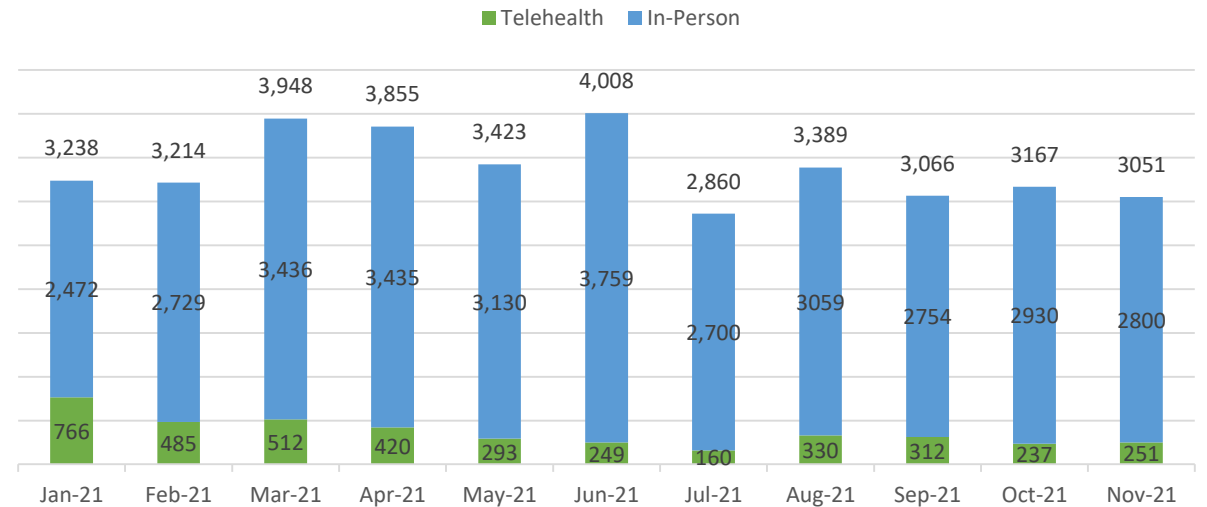
No Shows vs Checked in appointments



Top 4 Cancellation Reasons in Nov 2021

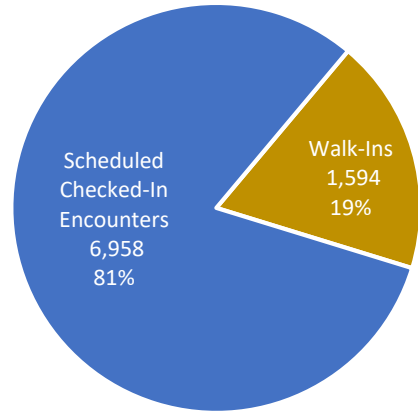


Telehealth vs In-Person No Shows

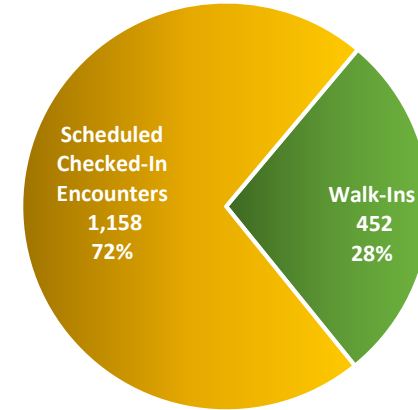


Number and percentage of Walk-Ins. Seen in October 2021 at C. L. Brumback Primary Care Clinics

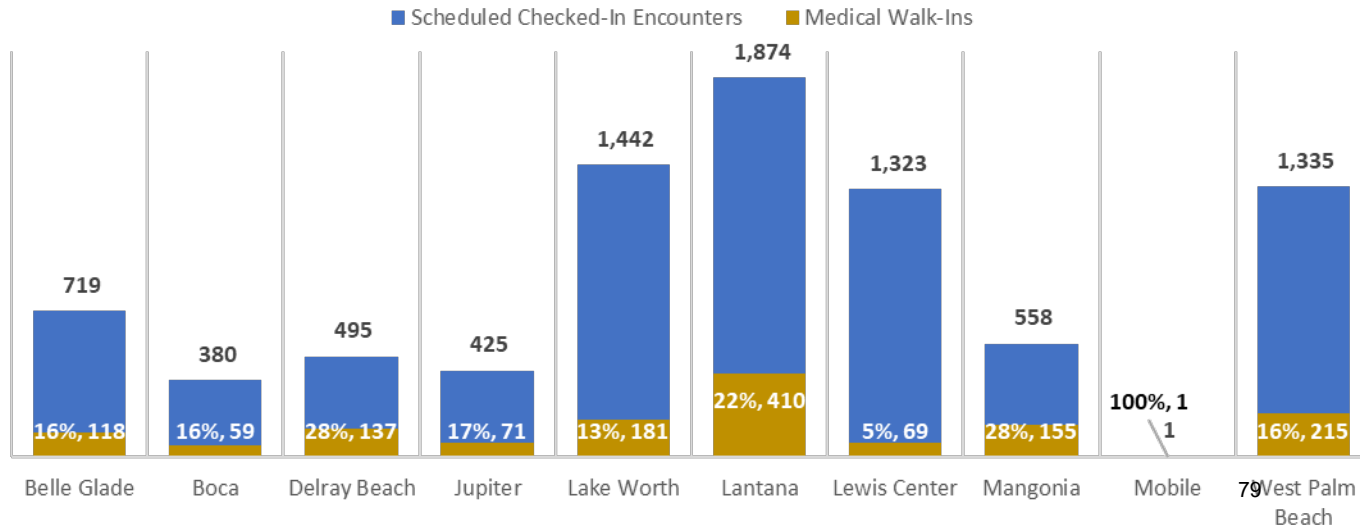
Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA
October 2021 (n= 8,552)



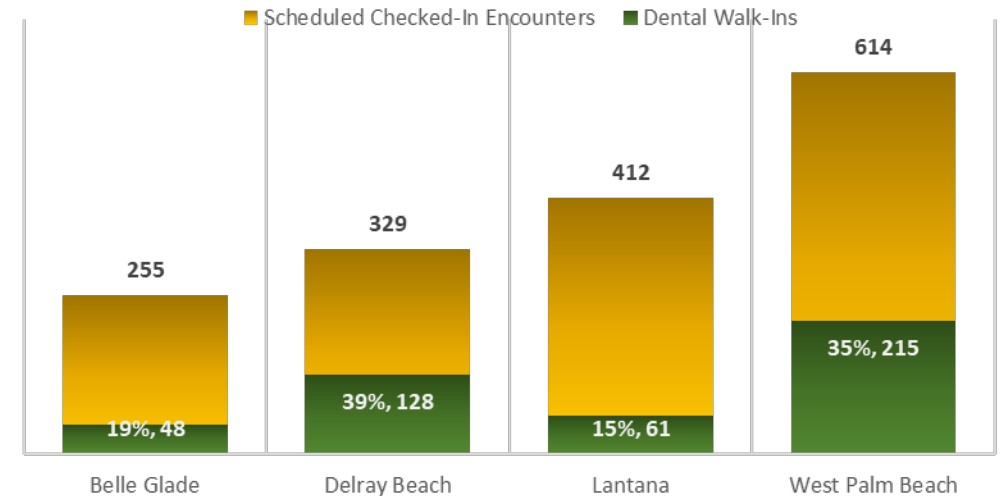
Walk-ins Dental
October 2021 (n=1,610)



Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA by Clinic
October 2021



Walk-ins Dental
October 2021



**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
DECEMBER 14, 2021**

1. Description: Quality Report

2. Summary:

This agenda item presents the updated Quality Improvement & Quality Updates:

- Quality Council Meeting Minutes December 2021
- UDS Report – YTD October 2021
- Provider Productivity – October 2021

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

Patient safety and risk, including adverse events, peer review and chart review are brought to the board "under separate cover" on a quarterly basis.

PATIENT SATISFACTION AND GRIEVANCES

Patient relations are to be presented as a separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

We continue to work on improving our diabetes measures. The diabetes measure data for January-November 8, 2021, shows that our patients are currently controlled at 67% % while 26 % are uncontrolled, and 7 % of patients need data. HRSA's goal is to have 67% of patients with controlled diabetes. A list of all patients with missing data who did not have an appointment was provided to the call center to schedule an appointment before December 31st.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

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

Candice Abbott
VP & Chief Financial Officer

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
DECEMBER 14, 2021**

5. Reviewed/Approved by Committee:

<p>N/A</p> <hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>
<p>Committee Name</p>	<p>Date Approved</p>


6. Recommendation:

Staff recommends the Board approve the updated Quality Report.

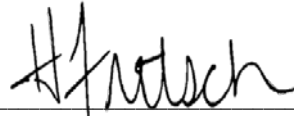
Approved for Legal sufficiency:



Bernabe Icaza
VP & General Counsel



Dr. Charmaine Chibar
FQHC Medical Director

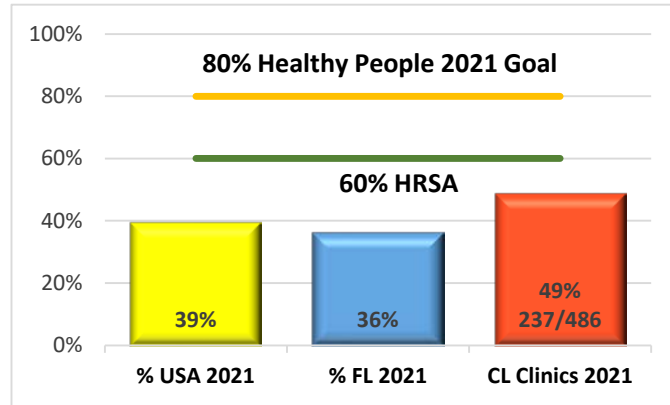


Dr. Hyla Fritsch
AVP & Executive Director of Clinic and
Pharmacy Services

C. L. BRUMBACK PRIMARY CARE CLINICS

YTD October 2021

CHILDHOOD IMMUNIZATION

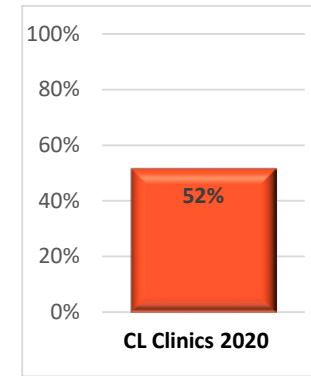


Findings:

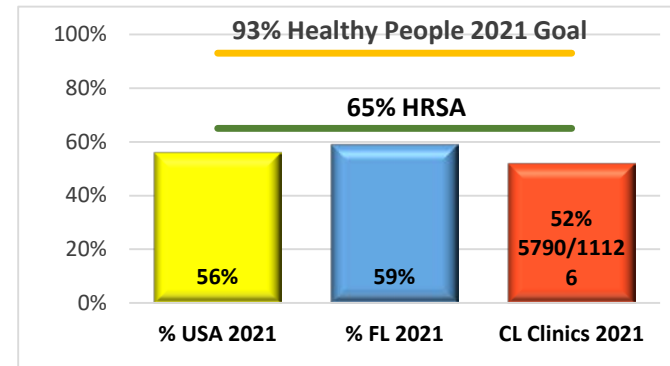
1. Athena was at 55% in June 2021, but has dropped since then despite FL Shots Interface.
2. Florida Shots query in Epic does not always match to patient.
3. Small universe.

Interventions:

1. Working with Epic analysts to see if there is a workqueue we can use to identify patients that are not matching in FL shots so we can match manually.



CERVICAL CANCER SCREENING

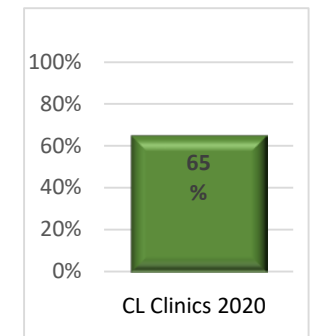


Findings:

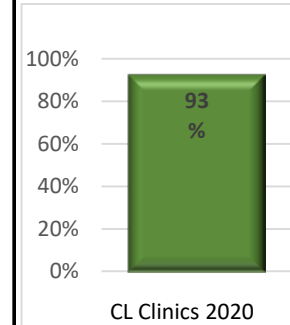
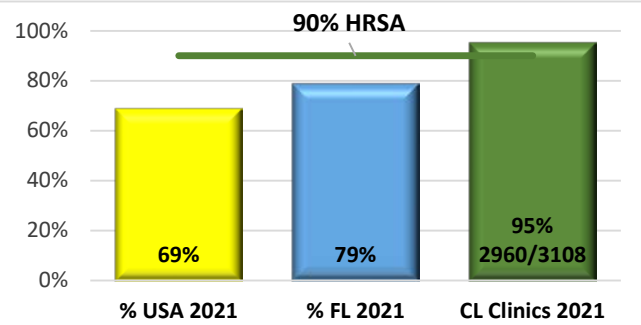
1. Cervical Cancer Screening was at 62% in June in Athena and has dropped by 10% since merging the data with Epic.

Interventions:

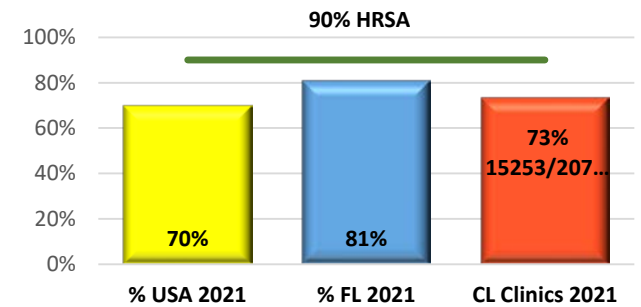
1. Will do a campaign with call center to schedule patients who don't have an upcoming appointment.
2. Reviewed with providers in monthly providers meeting to encourage patients to get same day pap smears done for pts currently on their schedule.
2. Working with Epic analysts to create Cervical Cancer Screening SmartSet and make it available under "Plan" section for easy access for the Provider.



WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS



ADULT WEIGHT SCREENING AND FOLLOW UP

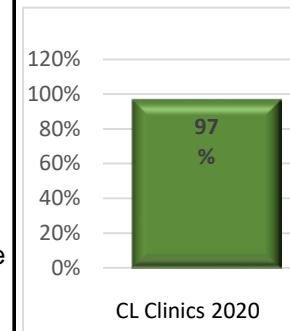


Findings:

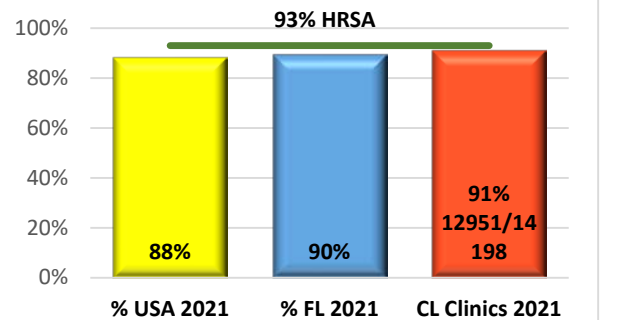
1. Athena was 96% in June. Epic is at around 40% as of November.

Interventions:

1. Providers were sent an email on how to use the Smart Set through the BPAs. And at the monthly provider meeting they were shown how to add the Smart Set under the "Plan" activity tab in Epic so as to have easy access while they are seeing the patient to drop the orders.



TOBACCO USE SCREENING AND CESATION INTERVENTION

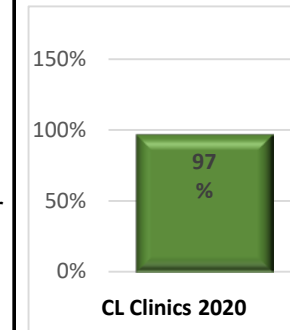


Findings:

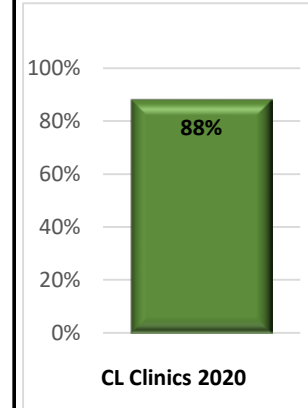
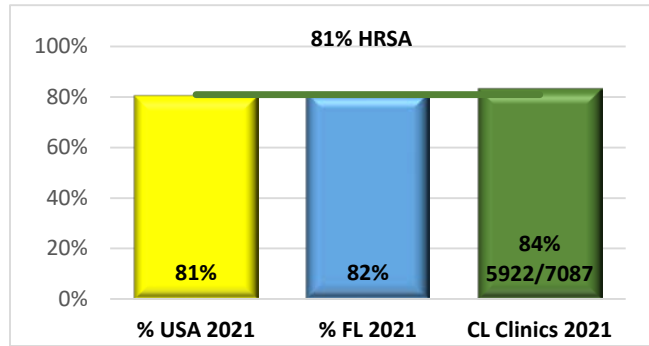
1. Athena data was at 98% in June and is what is pulling overall average up in this YTD combined total of Athena and Epic.
2. BPA for tobacco cessation is not always triggering

Interventions:

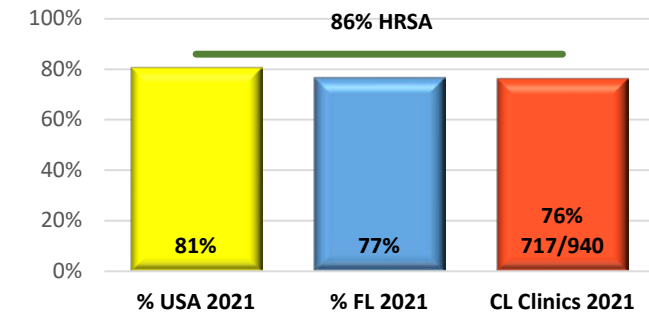
1. Working with Epic analyst to see what changes need to be made in order for BPA to trigger consistently.
2. Providers were trained to set up the tobacco cessation Smart Set as a favorite to pull it from the "Plan" activity tab in Epic.



CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

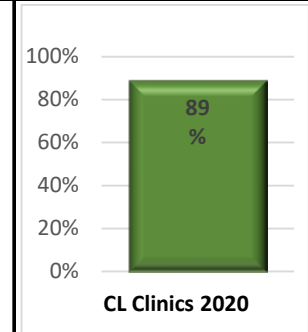


Findings:

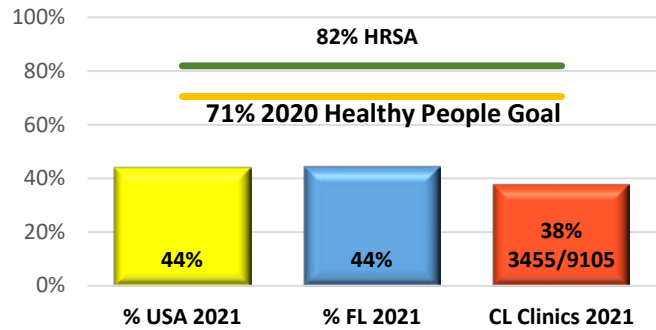
1. Athena was at 88% in June.
2. Patients do not have antiplatelets prescribed despite IVD diagnosis. Expired medications in Athena did not cross over to Epic.

Interventions:

1. Run report to find expired medications in Athena. Team will work on transcribing expired Aspirin to Epic.
2. Providers were instructed during the providers meeting to ensure that they are appropriately prescribing antiplatelet therapy.



COLORECTAL CANCER SCREENING

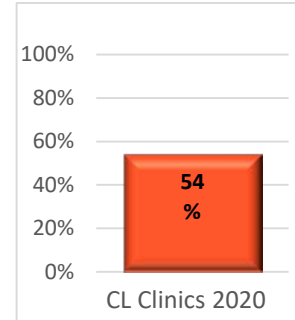


Findings:

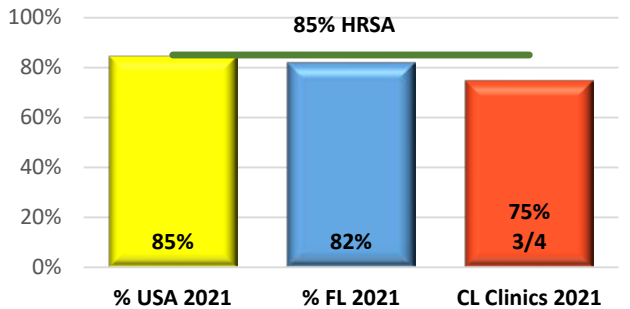
1. Athena was at 62% in June. 2. Data changed because we are not using the rolling calendar to capture patients who met the metric last year and are not due for a FIT test yet this year.

Interventions:

1. Adjust the data collection to include the patients who are not yet due for another FIT test. 2. Some of the clinics have a better return rate when fit test are ordered such as Lantana and Belle Glade clinic. Follow up with the MAs at that clinic will be done to determine what different actions are done to have a better return rate while compared to other clinics.



HIV LINKAGE TO CARE

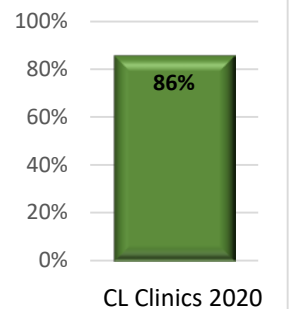


Findings:

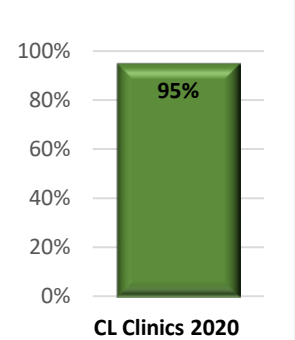
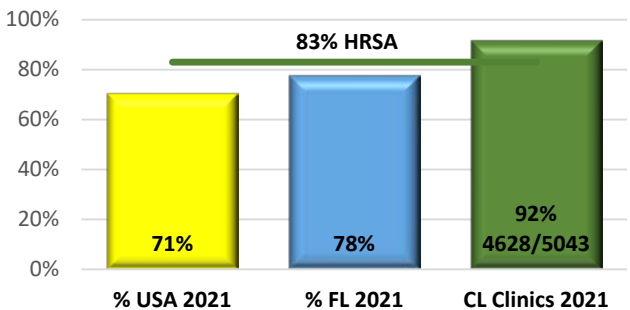
Small universe

Interventions:

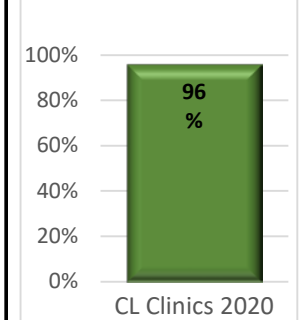
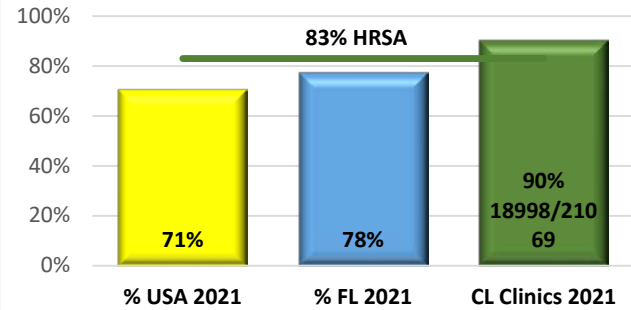
1. Providers educated on ensuring that we don't miss opportunities for linkage to care.



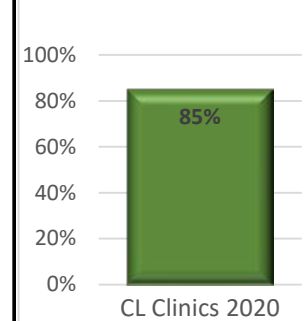
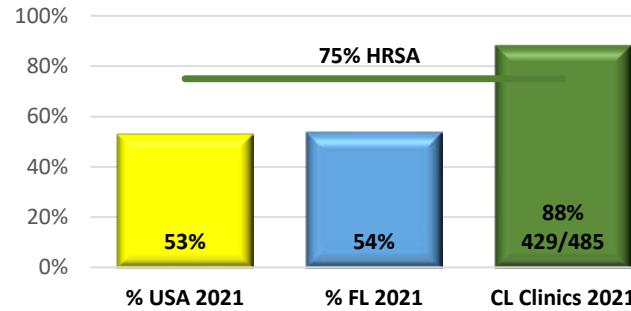
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP SPECIAL POPULATION: HOMELESS



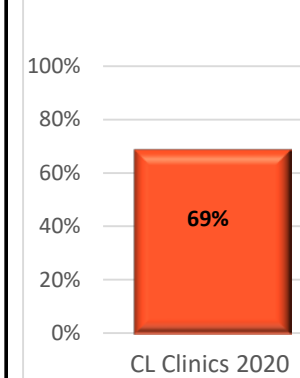
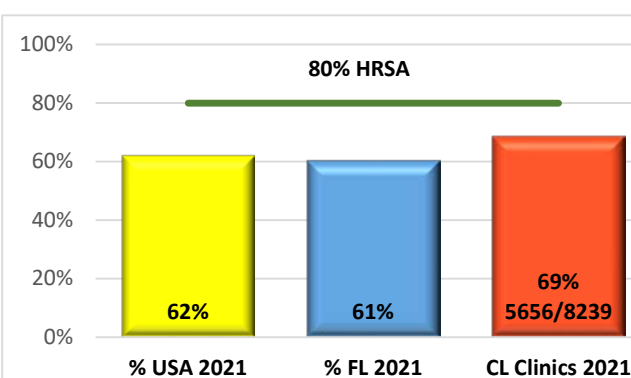
PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP



DENTAL SEALANTS



HYPERTENSION



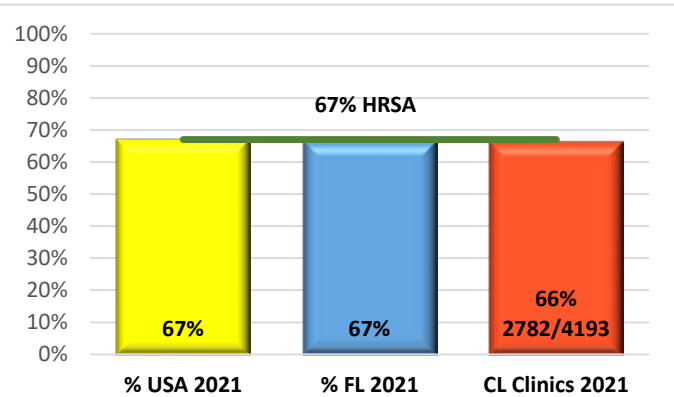
Findings:

1. Stable compared to previous data in June

Interventions:

1. Provided list of uncontrolled hypertensive patients who did not have an upcoming appointment to call center to schedule an appointment before December 31.

DIABETES

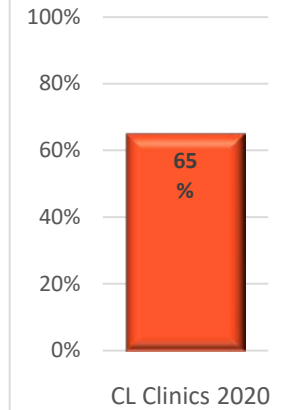


Findings:

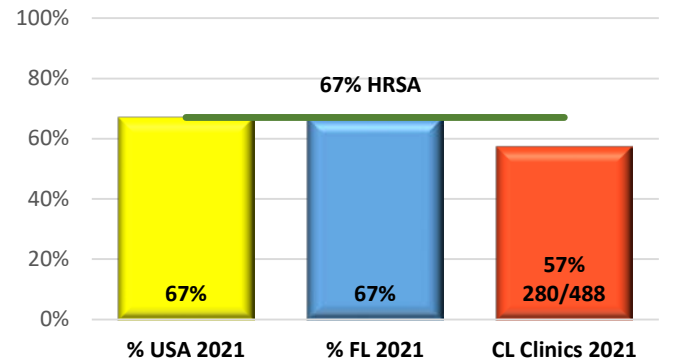
1. Drop of 2% compared to June related to an increase of patients needing data (needed an A1C). There were 306 patients with missing data

Interventions:

1. Provided list of patients with missing data to call center to schedule an appointment



DIABETES FOR SPECIAL POPULATION: AGRICULTURAL (MIGRANT & SEASONAL)

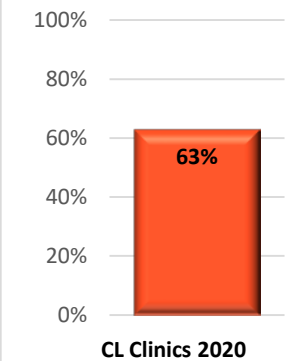


Findings:

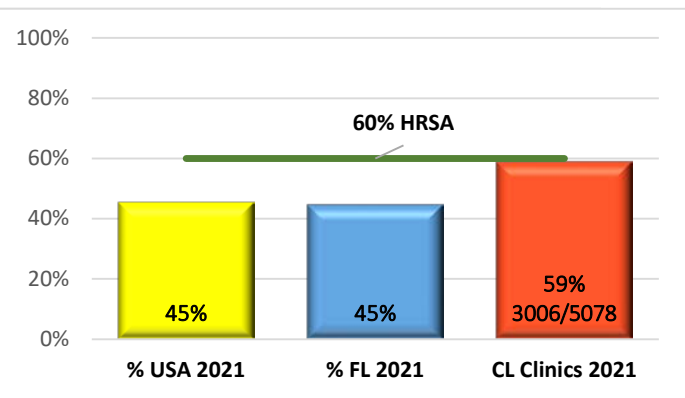
1. Small universe.

Interventions:

These patients were included in the list of patients provided to the call center to schedule an appointment.



BREAST CANCER SCREENING

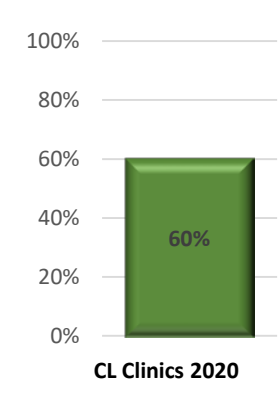


Findings:

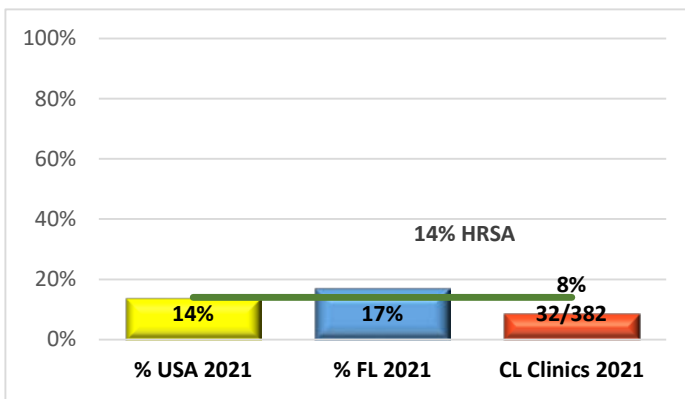
1. Athena was at 65% in June.

Interventions:

1. Provide outreach to patients for whom the mammogram was ordered but not completed yet to remind them to complete the screening.



DEPRESSION REMISSION

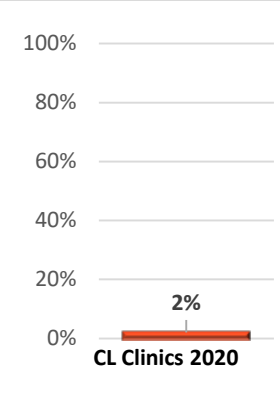


Findings:

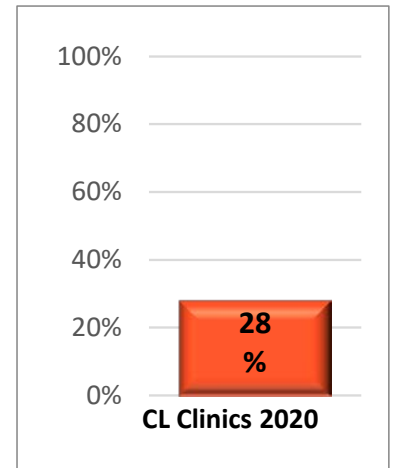
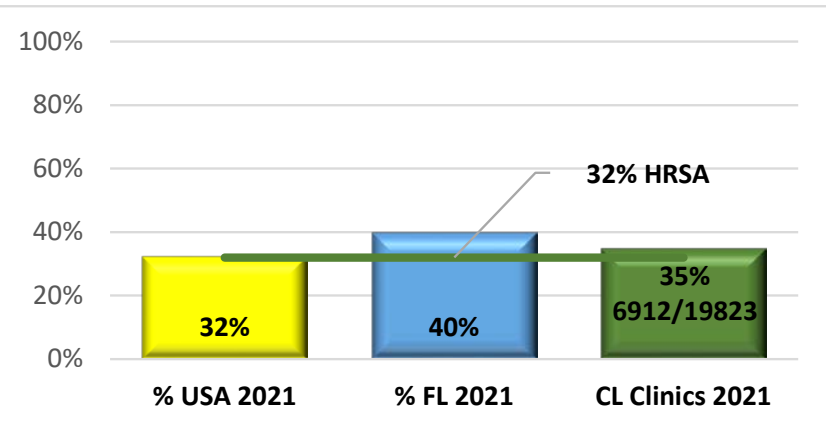
1. Athena was at 9% in June. □

Interventions:

1. Create patient list per clinic for patients with PHQ9 or greater to be worked by BHC's for depression remission



HIV SCREENING



Quality Council Meeting Minutes

Date: December 1, 2021

Time: 12:30pm – 2:30pm

Attendees: Andrea Steele – Executive Director of Corporate Quality; Lisa Hogans – Director of Nursing; Maria Chamberlin – Nurse Manager; Shauniel Brown – Senior Risk Manager; Ivonne Cohen – Corporate Quality Reporting Analyst; Dr. Charmaine Chibar – FQHC Medical Director; Dr. Sandra Warren – Associate Medical Director; Hyla Fritsch – AVP, Executive Director of Clinic Operations & Pharmacy; Dr. John Cucuras – FQHC Dental Director; Nancy Gonzalez – Dental Manager, Irene Garcia – Dental Quality Coordinator, David Speciale – Patient Experience Director; Alexa Goodwin – Patient Relations Manager; Marisol Miranda – Director of Clinic Operations, Dr. Courtney Phillips - Director of Behavioral Health; Jonathan Dominique – Clinic Quality Analyst

Excused: Belma Andric – Chief Medical Officer/Executive Director; Dominique Domond – Operations Process Manager;

Minutes by: Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>																																		
UTILIZATION																																						
OPERATIONS	<p><u>Productivity</u> The Clinics continue to see an increase in overall total billable visits since the start of the pandemic, Adult care is at 106% Productivity since the implementation of Admin days. Pediatric Care is at 109% Productivity</p> <table border="1"> <thead> <tr> <th rowspan="2">Service Line</th> <th colspan="2">Target</th> <th colspan="2">Seen</th> <th colspan="2">% of goal</th> </tr> <tr> <th>In Person</th> <th>Tele</th> <th>In Person</th> <th>Tele</th> <th>In Person</th> <th>Tele</th> </tr> </thead> <tbody> <tr> <td>Adult Care</td> <td>3,855</td> <td>20</td> <td>4,078</td> <td>20</td> <td>106%</td> <td>100%</td> </tr> <tr> <td>Pediatrics</td> <td>1,203</td> <td>1</td> <td>1,311</td> <td>0</td> <td>109%</td> <td></td> </tr> <tr> <td>Women’s Health</td> <td>357</td> <td>0</td> <td>414</td> <td>0</td> <td>116%</td> <td></td> </tr> </tbody> </table>	Service Line	Target		Seen		% of goal		In Person	Tele	In Person	Tele	In Person	Tele	Adult Care	3,855	20	4,078	20	106%	100%	Pediatrics	1,203	1	1,311	0	109%		Women’s Health	357	0	414	0	116%				
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Behavioral Health	560	81	500	71	89%	88%			
Substance Abuse	574	398	733	376	114%	94%			
Dental	2,401	0	2,401	0	100%				
Total	8,950	500	9,437	467	105%	93%			
<p>Medical Payer Mix Self-Pay – 54% Managed Care – 36% Pending Medicaid – 4% Medicare – 2% Medicaid – 4%</p> <p>Dental Payer Mix Self-Pay – 54% Managed Care – 7% Medicaid – 36% Medicare – 1% Pending Medicaid – 2% <i>(Clinic productivity report with graphs were presented.)</i></p>									
<p>No Show Rates No Shows are at 27% as they were the previous reporting month—8% for Tele appointments. Most of our cancelations are due to No-shows. <i>(Report with graph presented.)</i></p>									

PATIENT RELATIONS				
SURVEY RESULTS	<p><u>Patient Satisfaction Survey</u></p> <p>There were 303 surveys received in October 2021, which is a 31% decrease from the previous month. The Boca Raton Clinic received the most surveys. This brings the year-to-date total to 2,824 Patient Satisfaction Surveys received.</p> <p>Of the 303 Surveys received in October:</p> <ul style="list-style-type: none"> • Belle Glade – 7 (2%) • Boca Raton – 104 (34%) • Delray Beach – 64 (21%) • Jupiter – 6 (2%) • Lake Worth – 63 (21%) • Lantana – 9 (3%) • Lewis Center – 10 (3%) • Mangonia Park – 29 (10%) • West Palm Beach – 11 (4%) <p>General Summary – October 2021</p> <ul style="list-style-type: none"> • September Surveys received by Language: <ul style="list-style-type: none"> ○ English = 76% ○ Spanish = 21% ○ Creole = 3% • Patients aged 41-60 completed 42% of October surveys and patients over 80 completed the least amount of surveys. • Surveys were received from all service lines, with Adult medical having the most at 71%, followed by Women's Health Services at 12%. 			
		Phone surveys for patients with missing surveys are expected to start soon.	David	1/4/22

	<ul style="list-style-type: none"> • Most patients prefer to be seen in person on Monday and Tuesday mornings. • Time at Practice <ul style="list-style-type: none"> ○ 30% were completed by Patients who have received care between 1 and 3 years. ○ 26% were completed by Patients who have received care less than 6 months. ○ 17% were completed after a patient first visit to the practice. <p>Patient Satisfaction Of the 303 surveys, 19 (6%) surveys were marked as Fair or Poor.</p> <ul style="list-style-type: none"> • Providing details about new medications prescribed <ul style="list-style-type: none"> ○ 2 (<1%) Lake Worth, Mangonia Park • Informing you about any necessary follow-up care <ul style="list-style-type: none"> ○ 2 (<1%) Lake Worth, Mangonia Park • Being aware of care you received from other doctors/providers, not in this practice <ul style="list-style-type: none"> ○ 3 (<1%) Lake Worth (1), Mangonia Park (1), Boca Raton (1) • Spending as much time with you as you feel you need <ul style="list-style-type: none"> ○ 2 (<1%) Lake Worth (1), Mangonia Park (1) • Involving you in making decisions about your health <ul style="list-style-type: none"> ○ 4 (1%) Lake Worth (2), Mangonia Park (2) • Balancing personal interaction with you while using a laptop or computer <ul style="list-style-type: none"> ○ 1 (<1%) Mangonia Park (1) • Listening carefully and respectfully to you <ul style="list-style-type: none"> ○ 3 (<1%) Lake Worth (2), Mangonia Park (1) • Explaining things in a way that is easy to understand 			
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	<ul style="list-style-type: none"> ○ 2 (<1%) Lake Worth (1), Mangonia Park (1) <p>Of the 303 Surveys received:</p> <ul style="list-style-type: none"> ● There was 1 survey (<1%) that rated their Provider as Fair or Poor (btw 0-4 on a scale of 10) ● There was 1 survey (<1%) that indicated a patient would not recommend their provider (btw 0-4 on a scale of 10) ● There were 2 surveys (<1%) that indicated a patient would not recommend the practice to others (btw 0-4 on a scale of 10) <p>Wait Time –Patients perceived wait time between their scheduled appointment and actual time seen by their provider. Of the 303 responses received:</p> <ul style="list-style-type: none"> ● 41 (14%) - 5 minutes or less ● 122 (40%) - Between 6 and 15 minutes. ● 84 (28%) - Between 16 and 30 minutes ● 34 (11%) - Between 31 and 45 minutes ● 22 (7%) - Over 45 minutes <p>Patient Experience Most patients rated their patient experience as positive. Of the 303 surveys, 52 (17%) surveys were marked as Fair or Poor.</p> <ul style="list-style-type: none"> ● Having a comfortable and pleasant waiting area <ul style="list-style-type: none"> ○ 7 (2%) - Boca (1), Delray (1), Mangonia Park (2), WPB (3) ● Ability to communicate with the practice on the phone 			
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	<ul style="list-style-type: none"> ○ 22 (7%) - Boca (4), Delray (2), Jupiter (2), Lake Worth (5), Lewis Center (1), Mangonia Park (5), WPB (3) • Ease of scheduling this appointment <ul style="list-style-type: none"> ○ 13 (4%) - Boca (3), Jupiter (2), Lake Worth (3), Mangonia Park (1), WPB (4) • Being informed about any delays during this visit <ul style="list-style-type: none"> ○ 8 (12%) – Boca (1), Lake Worth (3), Mangonia Park (2), WPB (2) • Maintaining patient privacy throughout this visit <ul style="list-style-type: none"> ○ 2 (<1%) - Lake Worth (1), Lantana (1) <p>Most patients rated their patient experience as positive. Of the 303 surveys, there were 12 (4%) surveys marked as Disagree or Strongly Disagree</p> <ul style="list-style-type: none"> • The doctors, nurses, and other staff did a good job coordinating care during my visit <ul style="list-style-type: none"> ○ 1 (<1%) Delray Beach • Check-in and check-out staff were respectful and courteous <ul style="list-style-type: none"> ○ 2 (<1%) Boca Raton / Jupiter • Phone and scheduling staff were respectful and courteous <ul style="list-style-type: none"> ○ 3 (<1%) Boca Raton / Delray Beach / Jupiter • Each member of my care team identified themselves and their role in my care <ul style="list-style-type: none"> ○ 3 (<1%) Boca Raton / Mangonia Park • Nursing staff was respectful and courteous <ul style="list-style-type: none"> ○ 1 (<1%) Boca Raton • The staff clearly explained the details of any procedures 			
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	<ul style="list-style-type: none"> ○ 2 (<1%) Boca Raton ● The practice worked with my other providers to coordinate my care effectively <ul style="list-style-type: none"> ○ 1 (<1%) Boca Raton <p>The trend over time data & patient comments presented.</p> <p><i>(Patient Satisfaction Survey PowerPoint presented.)</i></p> <p>PDCAs created and put in place for areas of concern and patient complaints: Access</p>			
	<p>Outbound Campaigns</p> <p>Hospital Follow up calls October 2021</p> <p>The Clinic Service Center contacted 198 Managed Care patients that required a Hospital Follow Up appointment. Of the 198 patients, 32% were seen or scheduled to be seen.</p> <p>After Hours Call Return Summary Report - November</p> <p>In November, the Clinic Service Center returned 348 calls from the After-Hours service. This was the highest volume year-to-date due to holidays and the clinic's annual meeting. Trends over time reported and a total of 2,294 after-hours calls were processed.</p> <p>Depression Remission</p> <p>In November, the Clinic Service Center contacted 35 patients to schedule a follow-up appointment for depression remission.</p>			

	<p>Patient Appointment Rescheduling</p> <p>For November, the Clinic Service Center contacted 58 patients to reschedule their appointment. The highest reschedules at 48 (82%) came from the mobile units regarding vaccination appointments. This was an 88% decrease in reschedules from October. Patient rescheduling campaigns trended over time.</p> <p>(Report presented.)</p>			
<p>GRIEVANCES, COMPLAINTS & COMPLIMENTS</p>	<p>Patient Relations Report</p> <p>For October 2021, 32 Patient Relations Occurrences occurred between 7 clinics and Clinic Administration. Of the 32 occurrences, there were 10 Grievances and 22 Complaints. The top 5 categories were Care & Treatment, Physician Related, Communication, Respect Related, and Nursing Related. The top subcategory with 7 complaints and grievances was Response Time. There were also 14 compliments received across 5 clinics and Clinic Administration for Clinical Support Staff, Thumbs Up and Physician Related. Physician-related details provided.</p> <p>As of November 9, a new category of "Referral" was added to RiskQual and included the following four subcategories: Authorization, Communication, Faxing Issue, and Untimely processing.</p> <p>Starting in December, any team member that receives a complaint or grievance related to Respect (subcategories: Bad Attitude/Rude) will be assigned Customer Service Training in Cornerstone.</p>	<p>Follow up on "Physician-Related" complaints and grievances.</p> <p>Alexa to follow up with Grace on the Discrepancy found in the Dashboard (Admin, Lewis).</p>	<p>Alexa</p>	<p>1/4/22</p>

	<i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i>			
QUALITY				
QUALITY AUDITS				
MEDICAL	<p><u>Hemoglobin A1C/Point of Care Testing</u> Shows: The diabetes measure data for January-November 8, 2021, shows that our patients are currently controlled at 67% % while 26 % are uncontrolled (from 4232 diabetic patients total), and 7 % need data. HRSA's goal is to have 67% of patients with controlled diabetes. There was a decrease of 2 % among controlled diabetic patients. Belle Glade and West Palm Beach Clinic decreased the percentage of controlled patients below 67%. The percentage of needs data patients increased by 3%. There were 3486 POC A1Cs done (82%) of Diabetic Patients). A1c POC testing remained the same (82%) compared to the previous month. POC A1c was done in 87% of controlled patients and 90% of uncontrolled patients. Belle Glade Clinic (11%), Boca Clinic (10%) and West Palm Beach Clinic (7%) had the highest percentage of untested patients up to November 8, 2021. 306 patients did not have data, 30% already had a future appointment, and 70% did not have a scheduled future appointment. Less than 1% had telemedicine appointments set. All clinics are consistently completing POCA1cs.</p>	<p>A list of all patients with missing data that did not have an appointment was provided to the call center to set an appointment before December 31.</p>	Dr. Warren	1/4/22
		<p>Providers will be recommended to have POC A1c done in patients who had not had an A1c done in the past 2 months.</p>	Dr. Warren	1/4/22
		<p>Dr. Warren will follow up on the progress before the next medical workgroup to update the campaign's progress.</p>	Dr. Warren	1/4/22
	<p><u>AHA BP Monitor Follow Up:</u> Results from 8/25/21-11/30/21 Second round of 55 identified patients.</p>			

# BP Monitors distributed	# Follow-up Appointment scheduled	# Attended F/U appointment	# F/U Appointment pending	# Did not attend F/U appointment	# BP Log uploaded	# Medication change noted	# Blood pressure control at time of visit
16	16	10	5	1	1	4	4
29%	100%	63%	31%	6%	10%	40%	40%

8 patients refused monitors. 20 patients were unable to contact/LVM. 6 patients not yet contacted by RN. 1 patient is no longer seen at the clinic. 4 patients did not show.

Colorectal Cancer Screening
 Satisfied: 3599 (39%)
 Needs Data: 5634 (61%)
 The percentage of satisfaction shown in this report represents a new data source that was changed as to the previous reports. The number of test results that satisfied this metric between January to June 2021 was 4498. There is a discrepancy of 899 fewer test results to address the current source's metric. The level of satisfaction during June was 62%. According to the previous data source, it decreased to 58% between January to September 2021.

In this last report, the individual tables also changed to represent the year-round compared to the monthly data used before. As a result, comparisons have to be done with caution. As for the providers with Missed Patients from July-November 8, Dr. Warren also believes that the data needs to be reviewed. Return Rate of ordered FIT tests are generally low but are lowest in Lewis Center (3%), Lake Worth (11%), West Palm Beach (12%), and Delray (13%) Clinics. Belle Glade stands out from the other locations with their (46%) return rate. They may be using Phreesia to remind patients about their fit tests (with instructions).

The data from the new source needs to be reviewed and compared with the previous source to determine if there is any missing data from the way the data is currently captured. Dr. Warren will review with Ivonne.

Follow up with Belle Glade on their process for FIT Tests to see if there are any ways to help other clinic locations improve.

Dr. Warren

Lisa / Dr. Warren

1/4/22

1/4/22

	<p><u>Cervical Cancer Screening</u> Satisfied: 5725 (54%) Needs Data: 4890 (46%)</p> <p>There has been a decrease (58% Satisfied Last Month) in the rate of patients who have met their Cervical Cancer screening requirements. We are using a new data source here, which could be having an effect. An audit of Provider charts who had the highest number of 'needs data' patients showed that from EPIC, 1,141 patients out of 1,252 patients who fell into the 'needs data' category were new patients.</p> <p>We still have rooms set up to conduct PAP smear; however, Providers seem to be more comfortable referring to GYN instead of completing the PAP smear themselves. The metric appears to be solely based on providers instead of MAs, Nurses, etc.</p>	<p>Dr. Warren will review the data with Ivonne for validation.</p> <p>Dr. Warren will review the data to determine the best way to move forward.</p>	<p>Dr. Warren / Ivonne</p> <p>Dr. Warren</p>	<p>1/4/22</p> <p>1/4/22</p>
DENTAL	<p><u>Dental Sealants</u> 88% (n=429) January-October 2021 83% October 2021</p> <p>The age group is – 6-9 with moderate to high Carries risk. Dental sealant is usually done on the same day.</p>	<p>Identify the providers who have lower than 85% of their Sealant patients satisfied, provide them with a list of those patients and have them reschedule while they still meet the criteria for this measure.</p>	<p>Dr. Cucuras / Ivonne</p>	<p>1/4/22</p>

		Efforts are in place to have patients return to the clinics using incentives.		
	<p>Same Day Extractions (Limited Exams)</p> <p>Limited Exams (n= 382)</p> <p>Same Day Extractions: 193 (51% n=382)</p> <p>Returns (Follow-Up): Patients with a future extraction appointment type– 33 (9% n=382)</p> <p>Returned within 21 days for extraction 25 (76% n=33)</p> <p>Antibiotics Given: Patients without a future extraction appointment type 73 (19% n=382)</p> <p>Extraction not needed: non-emergent 50 (13% n=382)</p>			
	<p>MDI/WHO – October 2021</p> <ul style="list-style-type: none"> – Total Pediatric Patients 1,059 <ul style="list-style-type: none"> ○ Excluded from MDI 489 (45%) ○ No MDI 373 (35%); ○ MDI 198 (20%) – Total Well visit 571 <ul style="list-style-type: none"> ○ No MDI 373 (64% n=571) ○ MDI 198 (36% n=571) <ul style="list-style-type: none"> ▪ WHO 35(18% n=198) <p>No WHO 163 (82% n=198)</p>			
	Dental Clinic Audit Summary			

	<table border="1" data-bbox="401 277 1094 557"> <tr> <td colspan="2">Dental Clinic Audit-October 2021</td> </tr> <tr> <td>Belle Glade</td> <td>92%</td> </tr> <tr> <td>Delray</td> <td>92%</td> </tr> <tr> <td>Lantana</td> <td>95%</td> </tr> <tr> <td>West Palm Beach</td> <td>92%</td> </tr> </table> <p data-bbox="401 605 1075 797">With the return of the Dental Quality Coordinator, clinics are starting to see more training, accountability, and reviewing of Logs. Staff is getting more accustomed to getting back into the routine of completing logs as is necessary.</p>	Dental Clinic Audit-October 2021		Belle Glade	92%	Delray	92%	Lantana	95%	West Palm Beach	92%	<p data-bbox="1121 651 1556 841">There are usually dedicated staff members to fill out logs, etc., but there seem to be no backup options for the dental admin team to review and implement when they are out.</p>	<p data-bbox="1644 691 1709 716">Irene</p>	<p data-bbox="1801 732 1887 756">1/4/22</p>						
Dental Clinic Audit-October 2021																				
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<p data-bbox="205 979 338 1036">WOMEN'S HEALTH</p>	<p data-bbox="401 979 558 1003"><u>Prenatal Age</u></p> <table border="1" data-bbox="489 1044 1003 1382"> <thead> <tr> <th colspan="2">October 2021</th> </tr> <tr> <th>Age</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr> <td>Less than 15 Years</td> <td>0</td> </tr> <tr> <td>Ages 15-19</td> <td>3</td> </tr> <tr> <td>Ages 20-24</td> <td>6</td> </tr> <tr> <td>Ages 25-44</td> <td>23</td> </tr> <tr> <td>Ages 45 and Over</td> <td>0</td> </tr> <tr> <td>Total</td> <td>32</td> </tr> </tbody> </table>	October 2021		Age	Number of Patients	Less than 15 Years	0	Ages 15-19	3	Ages 20-24	6	Ages 25-44	23	Ages 45 and Over	0	Total	32			
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Total	32																			

	<p>(Report with graph presented.)</p> <p>Entry into Care 143 women entered into care in the months of July-Oct.</p> <p>65 - Entered into Care in the First trimester 55 - Entered into Care in the second trimester 23 - Entered into Care in the third trimester</p> <p>134 - Entered into Care with the C.L. Brumback Primary care Clinics 9 - Had her first visit with another provider 0 - Had initial provider not recorded.</p> <p>(Report with graph presented.)</p>												
	<p>Deliveries & Birthweights 9 Deliveries in October.</p> <ul style="list-style-type: none"> - (<1500 grams) – 0 - (1500-2499 grams) – 0 - (>2500 grams) – 9 <p>(Report with graph presented.)</p>												
<p>BEHAVIORAL HEALTH</p>	<p>Cage-Aid:</p> <table border="1" data-bbox="422 1182 1073 1377"> <thead> <tr> <th>July 2021 Total Score</th> <th># Patients</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Score = 0</td> <td>6,243</td> <td>92.83%</td> </tr> <tr> <td>Score = 1</td> <td>63</td> <td>0.94%</td> </tr> </tbody> </table>	July 2021 Total Score	# Patients	%	Score = 0	6,243	92.83%	Score = 1	63	0.94%			
July 2021 Total Score	# Patients	%											
Score = 0	6,243	92.83%											
Score = 1	63	0.94%											

Score = 2	50	0.74%
Score = 3	74	1.10%
Score = 4	295	4.39%

(Report with graph presented.)

The monthly trend of + CAGE & NO SBIRT

- February Positive with NO SBIRT = 43
- March Positive with NO SBIRT = 154
- April Positive with NO SBIRT = 60
- May Positive with NO SBIRT = 64
- June Positive with NO SBIRT = 80
- July Positive with NO SBIRT = 209
- August Positive with NO SBIRT = 234
- September Positive with NO SBIRT = 272
- October Positive with NO SBIRT = N/A

Lewis and Mangonia have been doing the CAGE; however, the SBIRT code isn't being dropped. Dr. Phillips believes that to be a possible BPA issue.

Dr. Phillips states that there is also a workflow issue for referrals to BH.

Mangonia is conducting SBIRTs however they are not being counted for some reason.

Dr. Warren is reviewing the BPAs to verify how well they are working.

Meeting with Dr. Ziemba and EPIC to troubleshoot workflows

Providers will manually drop SBIRTs while workflow and BPAs are figured out

SBIRT:

- The number of SBIRT vs. CAGE-AID positive continue to be discordant, rather than a 1:1

2021	Unique Patients	%	Total # Encounters	%
Jan-21	91	100%	102	100%
Feb-21	74	45%	78	43%
Mar-21	168	50%	204	53%
Apr-21	114	26%	146	28%
May-21	112	20%	121	100%
June-21	108	16%	124	16%
July -21	8	1%	8	1%
Aug -21	No Report	No Report	No Report	No Report
Sep -21	1	0%	1	0%
Oct -21	5	1%	5	1%
Total	680	100%	788	100%

SBIRTS are trending upward from July to October 2021

	<p>With 5 completed orders. Mangonia Clinic (n=5) had all of the SBIRTS this month; No other Clinic completed SBIRT orders.</p>			
	<p><u>PHQ 2/9</u> Total encounters with PHQ2/9: 5,353 5% positive rate based on >10, or 1 or above, (n=357)</p> <p>Patients that were seen by the BHC - 39% (n= 141) Only n= 216 had positive PHQ9 and NO BH, which is at 61%,</p>			
NURSING	<p><u>Higher Level of Care</u> 39 ER referrals/38 patients were sent to the ER in October. There was 1 adult patient with multiple orders. Upon review of the chart, the duplicate referrals were appropriate. The first referral was outside of an office visit. The second referral was due to non-compliance with the first referral and the condition worsening at the follow-up visit. 10 of the 39 (26%) referrals were pediatrics (WPB), but the incorrect referral type was used on all but 1 of the pediatric referrals. 10 of the 10 (100%) peds referrals were from Dr. Clarke. 4 of the 29 adult referrals (14%) were from Dr. Dabu in Jupiter. 3 of the 29 (10%) were from Dr. Florez in WPB. 3 of the 29 (10%) were from Dr. Secin.</p>			
	<p><u>After Hours On-Call Summary</u> 204 total calls for October 2021. 1. 63% (128) Nonclinical calls- appointments / insurance / referral / general question 2. 8% (16) DDS calls 3. 29% (60) Clinical calls</p>			

<ul style="list-style-type: none"> ○ 57% of clinical calls were paged (34) <ul style="list-style-type: none"> ○ % response rate ○ 0% page out was N/A (0) ○ 43% of clinical calls not paged (26) <ul style="list-style-type: none"> – 12% of those not paged should have been paged (3) ○ 27% of clinical calls were Prescription issues: 16 total of which; 7 were Adult Medical: 7 Behavioral Health, 1 WH, 1 Pediatrics ○ 23% of clinical calls were Prescription Refill/Requests/Questions: 14 total of which; 12 were Adult Medical; 1 Behavioral Health; 1 WH ○ 10% (3) of the prescription issues were on the end of the clinic <ul style="list-style-type: none"> ▪ (2) were resolved by the on-call provider ▪ (1) resolved by the PCP within 24 hours <p>Dental: 16 total of which 1 were pain/issues/general questions and 15 were appointment/ nonclinical</p> <ul style="list-style-type: none"> • DDS paged 1 time with a 100% response rate from the Dentist. <p>GOAL: On-call provider addressed patient's need(s) at time of the call and/or follow up with patient within 24-48 hours or on the first business day after weekend or holiday (by nurse or provider)</p> <ul style="list-style-type: none"> ▪ Yes= 85% (51) 			
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	<ul style="list-style-type: none"> No= 3% (2) <p>N/A= 12 %(7); (3)deceased and (4) patients inquiring about results</p>																					
	<p>QSV Medical:</p> <table border="1"> <thead> <tr> <th colspan="2">Compliance Summary</th> </tr> </thead> <tbody> <tr> <td>Mangonia Park</td> <td>98%</td> </tr> <tr> <td>Jupiter</td> <td>100%</td> </tr> <tr> <td>Lake Worth</td> <td>100%</td> </tr> <tr> <td>Lewis Center</td> <td>100%</td> </tr> <tr> <td>Belle Glade</td> <td>98.63%</td> </tr> <tr> <td>Delray</td> <td>96.83%</td> </tr> <tr> <td>Lantana</td> <td>100%</td> </tr> <tr> <td>West Palm Beach</td> <td>98.63</td> </tr> </tbody> </table>	Compliance Summary		Mangonia Park	98%	Jupiter	100%	Lake Worth	100%	Lewis Center	100%	Belle Glade	98.63%	Delray	96.83%	Lantana	100%	West Palm Beach	98.63			
Compliance Summary																						
Mangonia Park	98%																					
Jupiter	100%																					
Lake Worth	100%																					
Lewis Center	100%																					
Belle Glade	98.63%																					
Delray	96.83%																					
Lantana	100%																					
West Palm Beach	98.63																					
QUALITY METRICS																						
UDS October 2021																						
Of the 16 UDS Measures: 4 Exceeded the HRSA Goal and 12 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>)																						
<i>*Athena reporting has known issues due to the updates being made to UDS 2020 reporting capabilities. Data not validated.</i>																						
Medical UDS Report	Breast Cancer Screening: (59%/60%)																					
	Childhood immunization: (49%/ 60%) We were closer to our target earlier in the year before the switch to EPIC. Our numbers have differed from the projected numbers we expected, especially with the bi-directional interface. We lost a lot of patients to follow up, effectively changing our denominator.																					
	Cervical Cancer Screening: (52% /65%)																					
	Weight assessment, Children & Adolescent:																					

(95% /90%)			
Adult Weight Screening and follow-up: (73% / 90%) It appears as if the providers are possibly bypassing the BPA for Adult BMI, and these numbers are probably true to practice. Dr. Bell has suggested creating a button for Administrative staff instead of dismissing to allow the BPA to trigger when clinical staff goes into the chart.	Meeting scheduled with Dr. Bell and EPIC representative scheduled for 12/3/21.	Dr. Chibar/ Dr. Warren	1/4/22
Tobacco use screening & cessation: (91% / 93%)			
Coronary Artery Disease CAD: (84% / 81%)			
Ischemic Vascular Disease (IVD): (76% / 86%) Still short of metric. An example of potential contributors is when a patient who had Aspirin documented in Athena has expired and follows up in Epic; however, their medication isn't crossing over into Epic. This leads to patients not being supplemented with a new prescription.	The team will continue to look into this measure and bring findings soon.	Dr. Chibar / Dr. Warren	1/4/22
Colorectal Cancer Screening: (38% / 82%)			
HIV linkage: (75% / 85%) Because this is such a small denominator (4), the one patient that didn't meet the criteria for linkage to care has led to this measure not being met.			
Depression screening: (90% / 83%)			
Depression screening (Homeless): (92% / 83%)			
Hypertension: (69% / 80%) Campaign in place to schedule patients.			
Diabetes: (66% / 67%) We are close to meeting this goal. It seems that we are really missing patients lost to follow-up (i.e., 'Needs Data')	List of patients compiled for outbound campaigns to address missing measures.	Dr. Chibar / Dr. Warren / David	1/4/22
Diabetes (Migrant): (57% / 67%)			

<p>We should consider addressing the seasonal workers before the end of the year while they are still in the area. This can help improve patient care and would also help as a starting place to help address the number of Diabetic' Needs Data patients'.</p>			
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Meeting Adjourned: 2:25 PM

PRODUCTIVITY NOVEMBER 2021

ALL PROVIDERS

AS 11/30/2021 Based on Completed Appointments

<51%

>=51% and < 80%

>= 80% and <100%

>= 100%

ADULT CARE											
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved		Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total			
ALFONSO PUENTES, RAMIRO	17	14.5	237	0	237	226	95%	0	226	95%	15.6
CESAIRE, ROSE CARLINE	15	15.0	216	1	217	179	83%	1	180	83%	12.0
DABU, DARNEL	17	10.5	168	0	168	166	99%	0	166	99%	15.8
DORCE-MEDARD, JENNIFER	17	0.5	9	0	9	6	67%	0	6	67%	12.0
FLOREZ, GLORIA	17	15.5	254	1	255	249	98%	0	249	98%	16.1
GARCIA, CARLOS A	15	9.5	136	0	136	122	90%	0	122	90%	12.8
HARBERGER, SENECA & Residents	17	8.5	145	0	145	310	214%	0	310	214%	36.5
JEAN-JACQUES, FERNIQUE	15	17.0	247	1	248	262	106%	1	263	106%	15.5
KOOPMAN, REBECCA	15	17.5	254	0	254	179	70%	0	179	70%	10.2
LAM, MINH DAI	15	17.5	244	12	256	284	116%	13	297	116%	17.0
LOUIS, JOANN PIERRE	15	15.5	225	0	225	224	100%	0	224	100%	14.5
NAVARRO, ELSY	15	16.0	232	1	233	238	103%	1	239	103%	14.9
PEREZ, DANIEL JESUS & Residents	17	16.5	271	0	271	319	118%	0	319	118%	19.3
PHILISTIN, KETELY	15	14.5	210	1	211	206	98%	1	207	98%	14.3
RAHMAN, SM	*9	10.5	135	1	136	69	51%	1	70	51%	6.7
SANCHEZ, MARCO FERNANDEZ	15	18.5	270	0	270	453	168%	0	453	168%	24.5
SECIN SANTANA, DELVIS	17	7.5	129	0	129	142	110%	0	142	110%	18.9
SHOAF, NOREMI	15	15.0	217	1	218	207	95%	1	208	95%	13.9
VIL, CARLINE ST	15	14.0	209	1	210	192	92%	1	193	92%	13.8
WARREN, SANDRA	17	6.4	29	0	29	29	100%	0	29	100%	4.5
ZITO, AMALINETTE	9	2.0	18	0	18	16	89%	0	16	89%	8.0
ADULT CARE TOTALS		262.4	3,855	20	3,875	4,078	106%	20	4,098	106%	

* Avg Target New Providers

PEDIATRIC CARE											
CLARKE-AARON, NOELLA	17	13.5	220	0	220	196	89%	0	196	89%	14.5
CHIBAR, CHARMAINE	17	2.0	12	0	12	12	100%	0	12	100%	6.0
DESSALINES, DUCLOS	17	16.5	270	1	271	342	127%	0	342	126%	20.7
LAZARO RIVERA, NANCY	17	13.5	220	0	220	299	136%	0	299	136%	22.1
MARZOUCA, KISHA F.	17	16.0	271	0	271	239	88%	0	239	88%	14.9
NORMIL-SMITH, SHERLOUNE	17	13.0	210	0	210	223	106%	0	223	106%	17.2
PEDIATRIC CARE TOTALS		74.5	1,203	1	1,204	1,311	109%	0	1,311	109%	

WOMEN'S HEALTH CARE											
CASANOVA, JENNIFER	15	11.0	156	0	156	208	133%		208	133%	18.9
FERWERDA, ANA	17	12.5	201	0	201	206	102%		206	102%	16.5
WOMEN'S HEALTH CARE TOTALS		23.5	357	0	357	414	116%		414	116%	

BEHAVIORAL HEALTH												
CALDERON, NYLSA	10	14.5	131	8	139	128	98%	7	88%	135	97%	9.3
JONES, KIARA	10	16.5	140	19	159	146	104%	15	79%	161	101%	9.8
LUCCHESI, KAREN	10	17.0	160	9	169	106	66%	7	78%	113	67%	6.6
CUSIMANO, ANGELA	* 5	15.0	63	11	74	74	117%	12	109%	86	116%	5.7
ZIEMBA, ADRIANA LEQUERICA	8	14.5	66	34	100	46	70%	30	88%	76	76%	5.2
BEHAVIORAL HEALTH TOTALS		77.5	560	81	641	500	89%	71	88%	571	89%	

* Avg Target New Providers

SUBSTANCE ABUSE DISORDER												
FARAH, CRISTINA	10	12.5	63	62	125	98	156%	43	69%	141	113%	11.3
HIRSCH, KAREN	** 5	9.5	31	10	41	29	94%	11	110%	40	98%	4.2
MILETA, SNJEZANA	10	17.5	115	54	169	161	140%	49	91%	210	124%	12.0
MITCHELL, ANGELA	10	6.5	22	43	65	36	164%	32	74%	68	105%	10.5
LAWRENCE, MELISSA	*5 1st 2nd week 10 after	17.0	106	28	134	141	133%	32	114%	173	129%	10.2
PHILLIPS, COURTNEY	8	12.5	97	3	100	50	52%	3	100%	53	53%	4.2
REXACH, CLAUDIA	10	17.5	77	92	169	110	143%	95	103%	205	121%	11.7
ROMAIN, REYNETTE	10	17.5	63	106	169	108	171%	111	105%	219	130%	12.5
SUBSTANCE ABUSE DISORDER TOTALS		110.5	574	398	972	733	128%	376	94%	1,109	114%	

* Avg Target New Providers

** Avg Target (Admin)

DENTAL											
ALONSO, ZENAI DA	16	13.5	206	0	206	210	102%		210	102%	15.6
ALWEHAIB, ARWA	16	13.5	206	0	206	216	105%		216	105%	16.0
CUCURAS, JOHN N	16	3.0	48	0	48	67	140%		67	140%	22.3
OLIVEIRA, PAULO	16	17.5	270	0	270	256	95%		256	95%	14.6
SEMINARIO, ADA	16	16.0	254	0	254	284	112%		284	112%	17.8
SILVA, MICHELLE	16	15.5	238	0	238	242	102%		242	102%	15.6
ZANGENEH, YASMINE	16	12.5	190	0	190	204	107%		204	107%	16.3
WILLIAMS, RICHARD	16	12.5	190	0	190	181	95%		181	95%	14.5
BARBOSA, BIANCA	8	17.5	135	0	135	314	233%		314	233%	17.9
HARDCASTLE, CORINA	8	16.5	127	0	127	113	89%		113	89%	6.8
GONZALEZ, NANCY	8	1.0	8	0	8	5	63%		5	63%	5.0
GRAY, NICOLE	8	17.0	135	0	135	101	75%		101	75%	5.9
MASON, SHERRY	8	17.5	135	0	135	105	78%		105	78%	6.0
PETERSEN, PATRICE	8	15.5	124	0	124	103	83%		103	83%	6.6
DENTAL TOTALS		189.0	2,266	0	2,266	2,401	106%		2,401	106%	

GRAND TOTAL		737.4	8,815	500	9,315	9,437	107%	467	93%	9,904	106%	
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PRODUCTIVITY NOVEMBER 2021

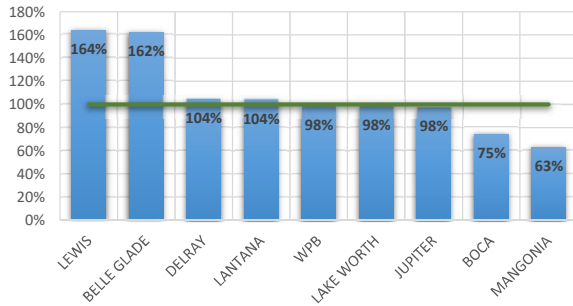
ALL CLINICS

AS 11/30/2021 Based on Completed Appointments

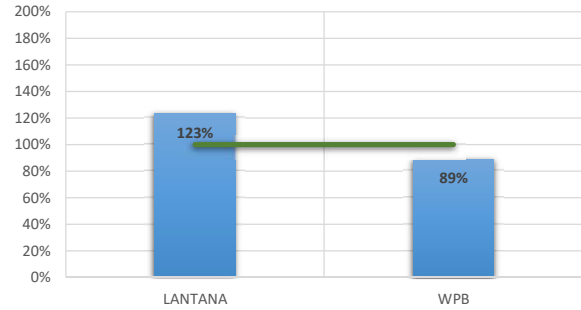


Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved		
	AS 11/30/2021	In-Person	Telehealth	Total	In-Person	Telehealth		Total	
ADULT CARE	3,855	20	3,875	4,078	106%	20	100%	4,098	106%
PEDIATRIC CARE	1,203	1	1,204	1,311	109%	0		1,311	109%
WOMEN'S HEALTH CARE	357	0	357	414	116%	0		414	116%
BEHAVIORAL HEALTH	560	81	641	500	89%	71	88%	571	89%
SUBSTANCE ABUSE DISORDER	574	398	972	733	128%	376	94%	1,109	114%
DENTAL HEALTH	2,266	0	2,266	2,401	106%	0		2,401	106%
Grand Total	8,815	500	9,315	9,437	107%	467	93%	9,904	106%

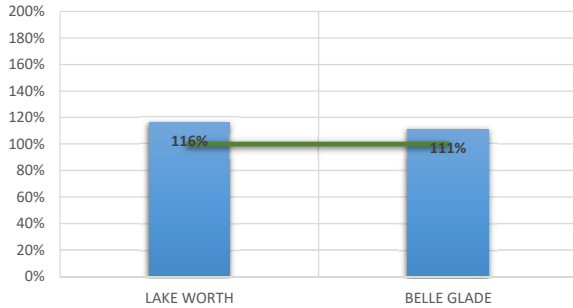
Adult Care



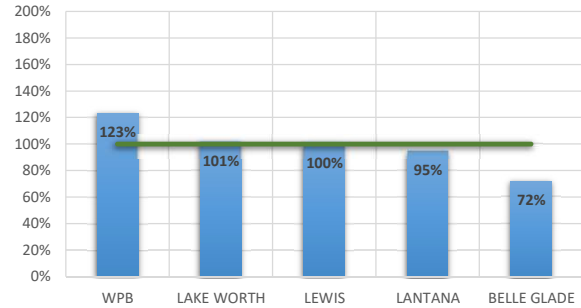
Pediatric Care



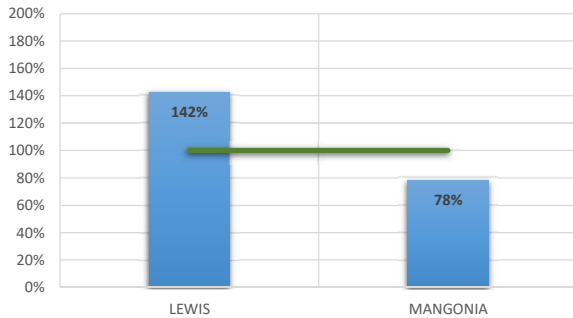
Women's Health Care



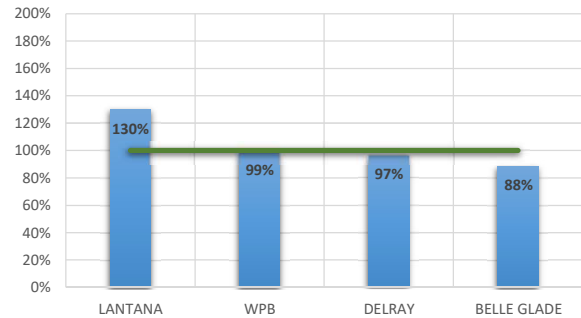
Behavioral Health



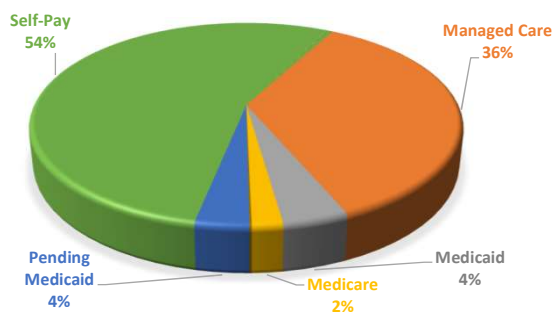
Substance Abuse Disorder



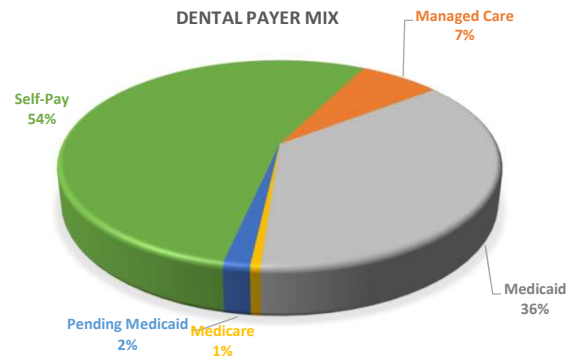
Dental



MEDICAL PAYER MIX



DENTAL PAYER MIX



ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
HARBERGER, SENECA & Residents	17	8.5	145	0	145	310		310	214%	36.5
PEREZ, DANIEL JESUS & Residents	17	8.5	145	0	145	186		186	128%	21.9
DORCE-MEDARD, JENNIFER	17	0.5	9	0	9	6		6	67%	12.0
PHILISTIN, KETELY	15	1.5	23	0	23	20		20	87%	13.3
ADULT CARE TOTALS		19	322	0	322	522	0	522	162%	

WOMEN'S HEALTH CARE										
FERWERDA, ANA	17	0.5	9	0	9	10		10	111%	20.0
WOMEN'S HEALTH CARE TOTALS		0.5	9	0	9	10	0	10	111%	

BEHAVIORAL HEALTH										
CUSIMANO, ANGELA	*5	2	9	1	10	3	1	4	40%	2.0
ZIEMBA, ADRIANA LEQUERICA	8	13	64	32	96	44	28	72	75%	5.5
BEHAVIORAL HEALTH TOTALS		15	73	33	106	47	29	76	72%	

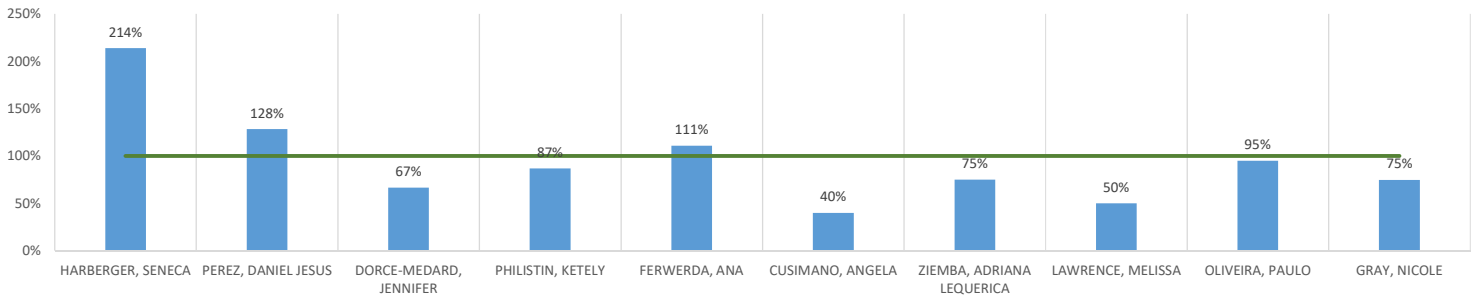
* Avg Target New Providers

SUBSTANCE ABUSE DISORDER										
LAWRENCE, MELISSA	*5	2	10	0	10	5	0	5	50%	2.5
SUBSTANCE ABUSE DISORDER TOTALS		2	10	0	10	5	0	5	50%	

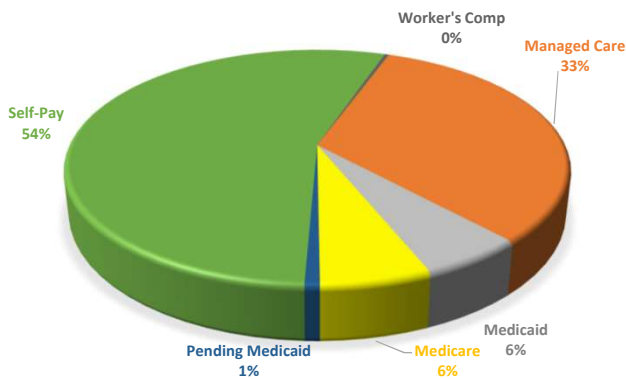
* Avg Target New Providers

DENTAL										
OLIVEIRA, PAULO	15	17.5	270	0	270	256		256	95%	14.6
GRAY, NICOLE	8	17.0	135	0	135	101		101	75%	5.9
DENTAL TOTALS		34.5	405	0	405	357	0	357	88%	

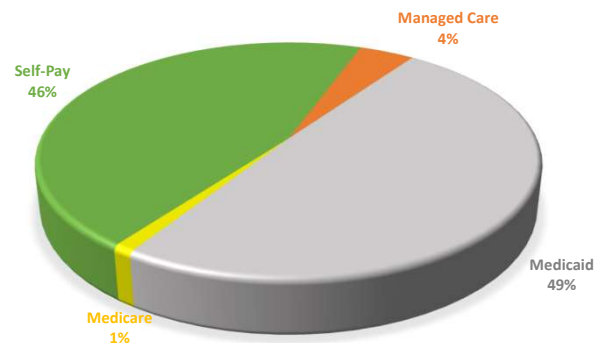
GRAND TOTAL										
		71	819	33	852	941	29	970	114%	



MEDICAL PAYER MIX

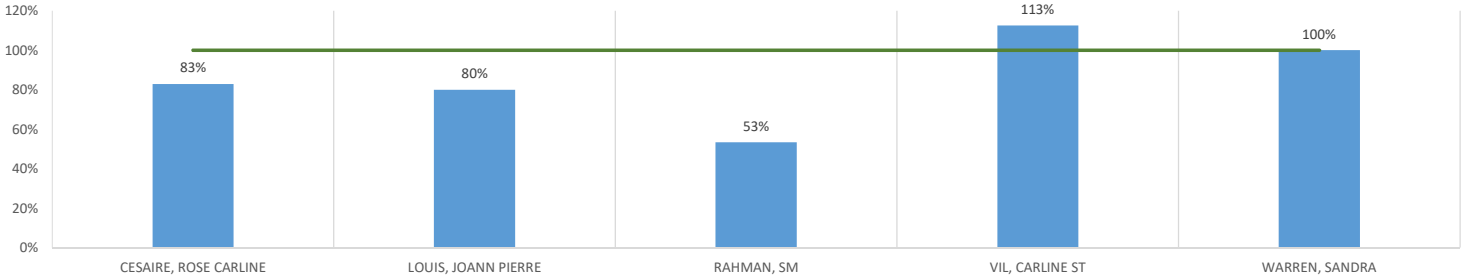


MEDICAL PAYER MIX

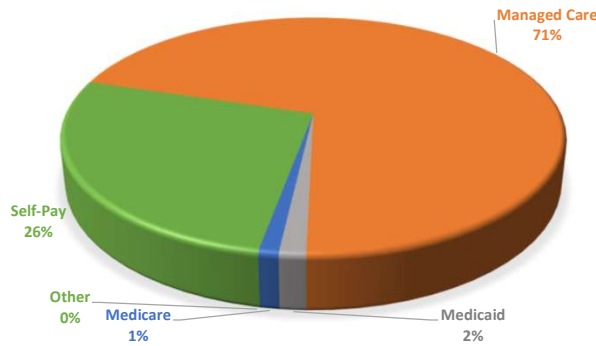


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
CESAIRE, ROSE CARLINE	14	15.0	216	1	217	179	1	180	83%	12.0
LOUIS, JOANN PIERRE	15	1.0	15	0	15	12	0	12	80%	12.0
RAHMAN, SM	14	8.5	117	1	118	62	1	63	53%	7.4
VIL, CARLINE ST	15	0.5	8	0	8	9	0	9	113%	18.0
WARREN, SANDRA	8	2.4	12	0	12	12	0	12	100%	5.0
ADULT CARE TOTALS		27.4	368	2	370	274	2	276	75%	

GRAND TOTAL		27.4	368	2	370	274	2	276	75%	
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MEDICAL PAYER MIX



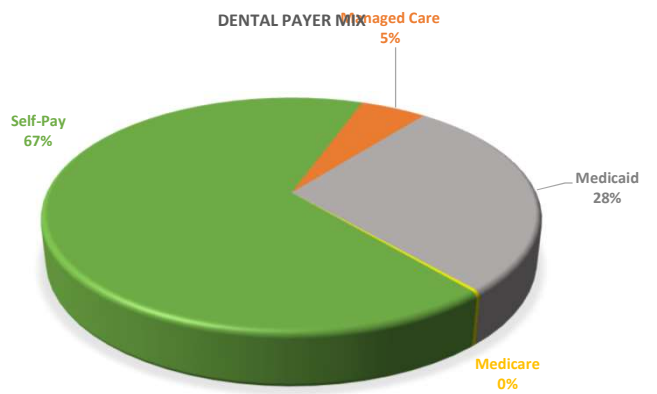
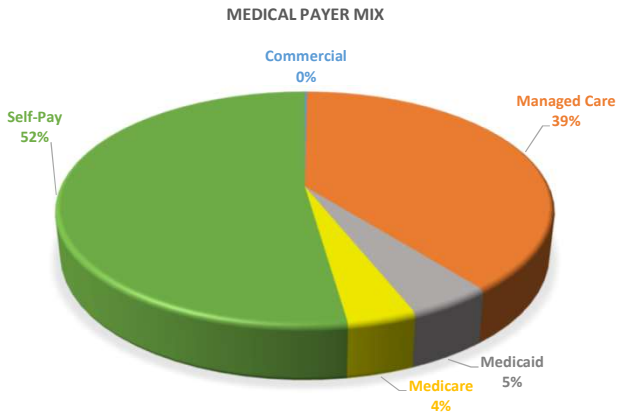
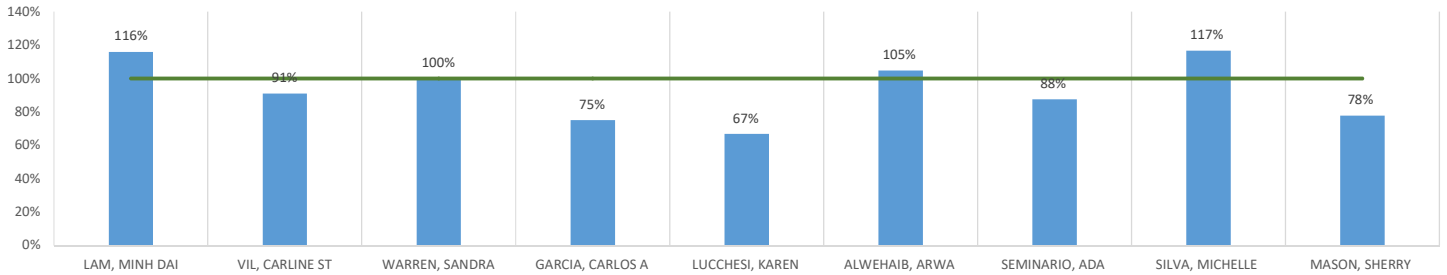


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
LAM, MINH DAI	15	17.5	244	12	256	284	13	297	116%	17.0
VIL, CARLINE ST	14	13.5	201	1	202	183	1	184	91%	13.6
WARREN, SANDRA	6	1.0	6	0	6	6	0	6	100%	6.0
GARCIA, CARLOS A	15	0.5	8	0	8	6	0	6	75%	12.0
ADULT CARE TOTALS		32.5	459	13	472	479	14	493	104%	

BEHAVIORAL HEALTH										
LUCCHESI, KAREN	10	17.0	160	9	169	106	7	113	67%	6.6
BEHAVIORAL HEALTH TOTALS		17.0	160	9	169	106	7	113	67%	

DENTAL										
ALWEHAIB, ARWA	15	13.5	206	0	206	216		216	105%	16.0
SEMINARIO, ADA	16	1	16	0	16	14		14	88%	14.0
SILVA, MICHELLE	16	3	48	0	48	56		56	117%	18.7
MASON, SHERRY	8	17.5	135	0	135	105		105	78%	6.0
DENTAL TOTALS		35	405	0	405	391	0	391	97%	

GRAND TOTAL										
		84.5	1024	22	1046	976	21	997	95%	



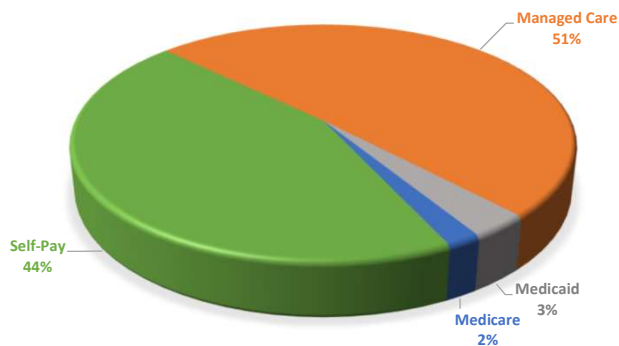


ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
DABU, DARNEL	16	10.5	168	0	168	166	0	166	99%	15.8
SHOAF, NOREMI	14	14.5	209	1	210	202	1	203	97%	14.0
ADULT CARE TOTALS		25	377	1	378	368	1	369	98%	

GRAND TOTAL		25	377	1	378	368	1	369	98%	
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MEDICAL PAYER MIX





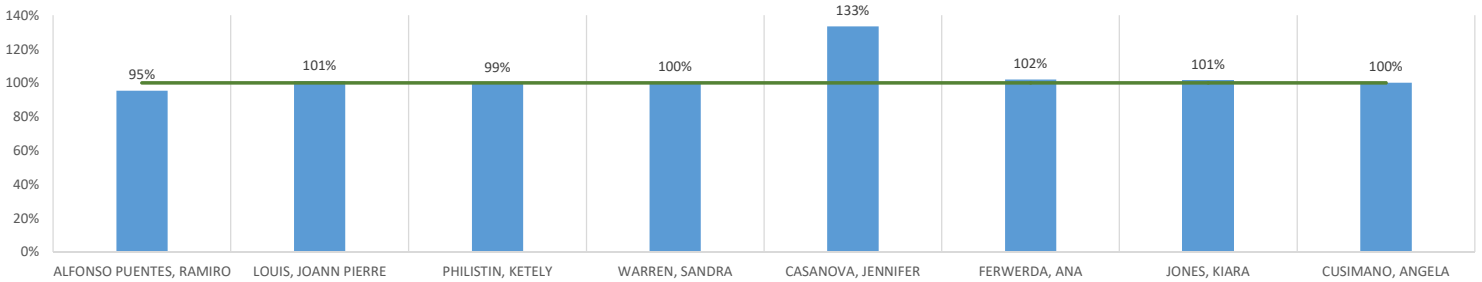
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ALFONSO PUENTES, RAMIRO	16	14.5	237	0	237	226	0	226	95%	15.6
LOUIS, JOANN PIERRE	14	14.5	210	0	210	212	0	212	101%	14.6
PHILISTIN, KETELY	14	13.0	187	1	188	186	1	187	99%	14.4
WARREN, SANDRA	5	2.0	10	0	10	10	0	10	100%	5.0
ADULT CARE TOTALS		44	644	1	645	634	1	635	98%	

WOMEN'S HEALTH CARE										
CASANOVA, JENNIFER	15	11	156	0	156	208		208	133%	18.9
FERWERDA, ANA	17	12.0	192	0	192	196		196	102%	16.3
WOMEN'S HEALTH CARE TOTALS		23	348	0	348	404	0	404	116%	

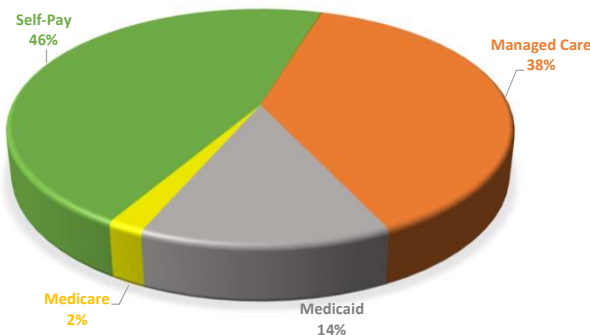
BEHAVIORAL HEALTH										
JONES, KIARA	10	16.5	140	19	159	146	15	161	101%	9.8
CUSIMANO, ANGELA	*5	0.2	1	0	1	1	0	1	100%	5.0
BEHAVIORAL HEALTH TOTALS		16.7	141	19	160	147	15	162	101%	

* Avg Target New Providers

GRAND TOTAL		83.7	1,133	20	1,153	1,185	16	1,201	104%	
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MEDICAL PAYER MIX



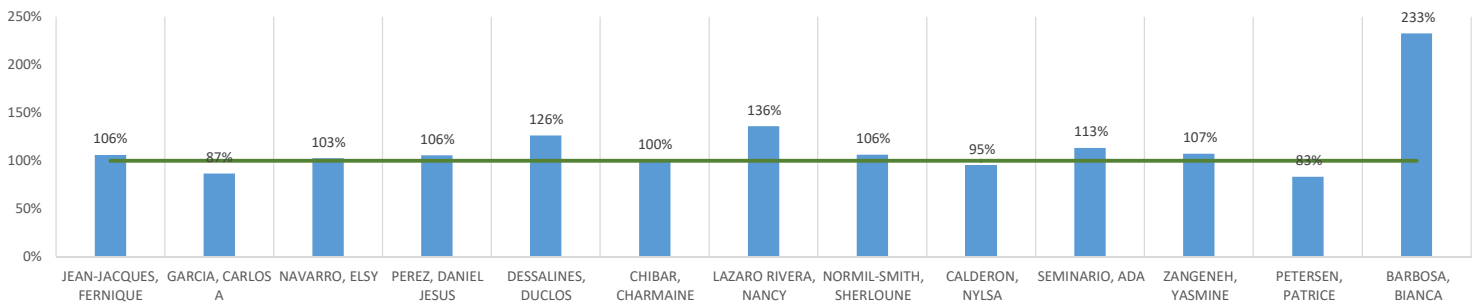
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
JEAN-JACQUES, FERNIQUE	15	17.0	247	1	248	262	1	263	106%	15.5
GARCIA, CARLOS A	15	1.0	15	0	15	13	0	13	87%	13.0
NAVARRO, ELSY	15	16.0	232	1	233	238	1	239	103%	14.9
PEREZ, DANIEL JESUS	16	8.0	126	0	126	133	0	133	106%	16.6
ADULT CARE TOTALS		42	620	2	622	646	2	648	104%	

PEDIATRIC CARE										
DESSALINES, DUCLOS	16	16.5	270	1	271	342	0	342	126%	20.7
CHIBAR, CHARMAINE	5	1	5	0	5	5	0	5	100%	5.0
LAZARO RIVERA, NANCY	16	13.5	220	0	220	299	0	299	136%	22.1
NORMIL-SMITH, SHERLOUNE	16	13	210	0	210	223	0	223	106%	17.2
WOMEN'S HEALTH CARE TOTALS		44	705	1	706	869	0	869	123%	

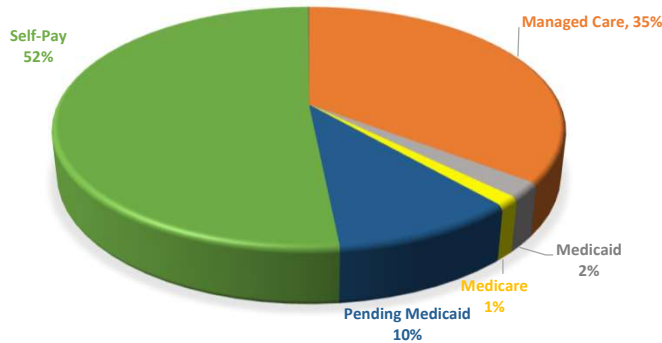
BEHAVIORAL HEALTH										
CALDERON, NYLSA	10	12.5	113	6	119	108	5	113	95%	9.0
BEHAVIORAL HEALTH TOTALS		12.5	113	6	119	108	5	113	95%	

DENTAL										
SEMINARIO, ADA	15	15	238	0	238	270		270	113%	18.0
ZANGENEH, YASMINE	15	12.5	190	0	190	204		204	107%	16.3
PETERSEN, PATRICE	8	15.5	124	0	124	103		103	83%	6.6
BARBOSA, BIANCA	8	17.5	135	0	135	314		314	233%	17.9
DENTAL TOTALS		60.5	687	0	687	891	0	891	130%	

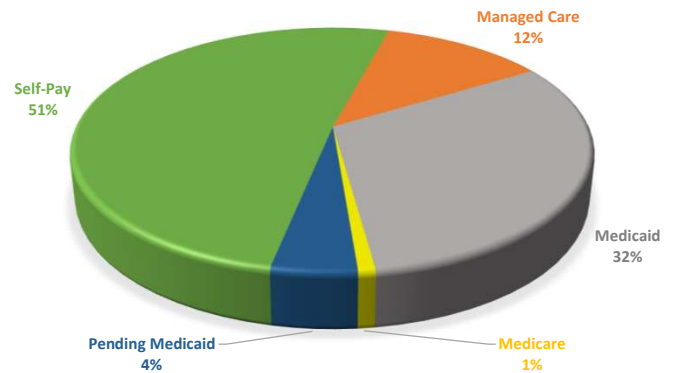
GRAND TOTAL										
		159	2,125	9	2,134	2,514	7	2,521	118%	



MEDICAL PAYER MIX



DENTAL PAYER MIX





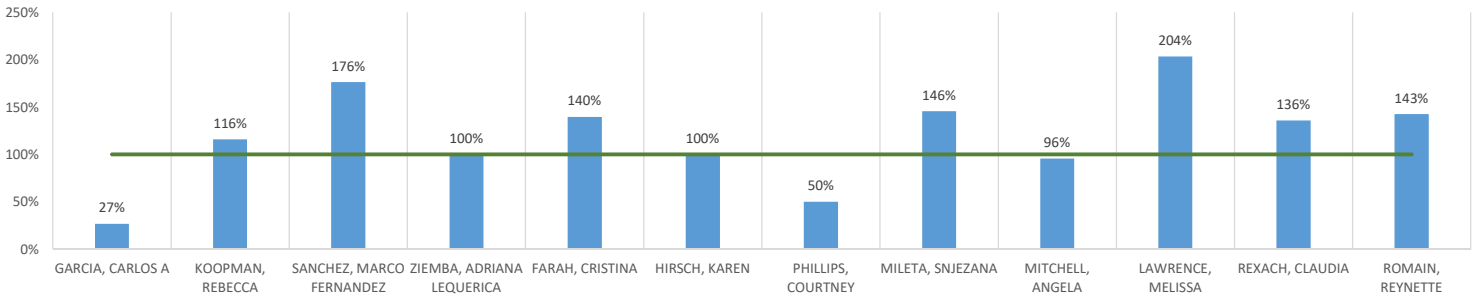
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
GARCIA, CARLOS A	15	1	15	0	15	4	0	4	27%	4.0
KOOPMAN, REBECCA	15	1.7	25	0	25	29	0	29	116%	17.1
SANCHEZ, MARCO FERNANDEZ	15	17.5	254	0	254	448	0	448	176%	25.6
ADULT CARE TOTALS		20.2	294	0	294	481	0	481	164%	

BEHAVIORAL HEALTH										
ZIEMBA, ADRIANA LEQUERICA		0.5	0	1	1		1	1	100%	2.0
BEHAVIORAL HEALTH TOTALS		0.5	0	1	1	0	1	1	100%	

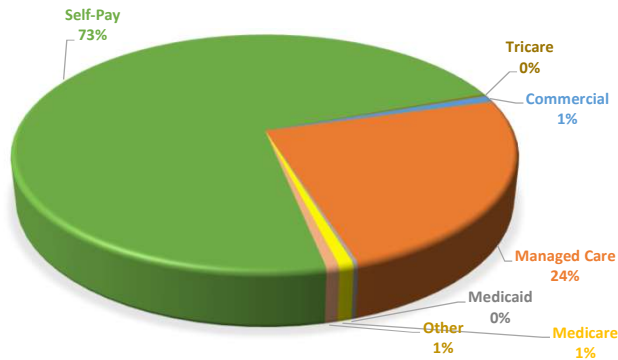
SUBSTANCE ABUSE DISORDER										
FARAH, CRISTINA	10	8.1	39	42	81	75	38	113	140%	14.0
HIRSCH, KAREN	4	1.0	4	0	4	4	0	4	100%	4.0
PHILLIPS, COURTNEY	8	1.0	8	0	8	4	0	4	50%	4.0
MILETA, SNJEZANA	10	12.0	74	40	114	126	40	166	146%	13.8
MITCHELL, ANGELA	10	4.5	12	33	45	21	22	43	96%	9.6
LAWRENCE, MELISSA	*5	6.2	46	11	57	101	15	116	204%	18.7
REXACH, CLAUDIA	10	12.1	36	79	115	68	88	156	136%	12.9
ROMAIN, REYNETTE	10	13.5	42	87	129	83	101	184	143%	13.6
SUBSTANCE ABUSE CARE TOTALS		58.4	261	292	553	482	304	786	142%	

* Avg Target New Providers

GRAND TOTAL		79.1	555	293	848	963	305	1,268	150%	
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MEDICAL PAYER MIX





AS 11/30/2021 Based on Completed Appointments

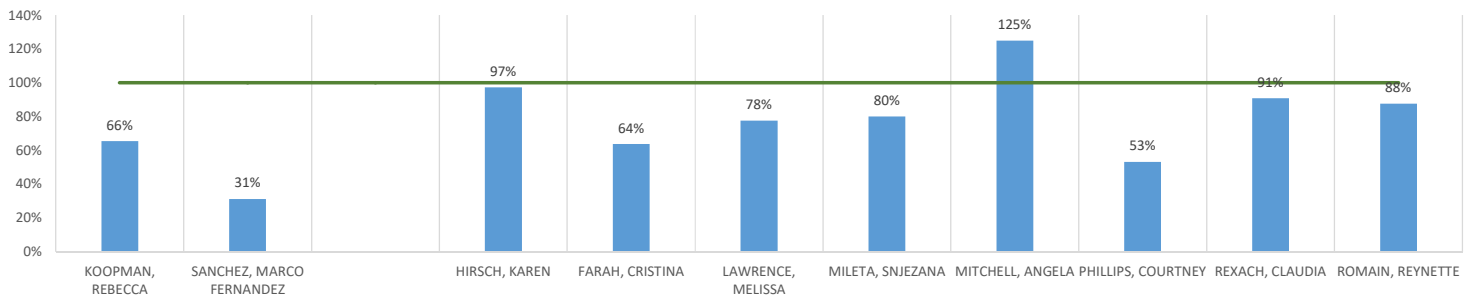
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
KOOPMAN, REBECCA	15	15.8	229	0	229	150	0	150	66%	9.5
SANCHEZ, MARCO FERNANDEZ	15	1.0	16	0	16	5	0	5	31%	5.0
ADULT CARE TOTALS		16.8	245	0	245	155	0	155	63%	

BEHAVIORAL HEALTH										
BEHAVIORAL HEALTH TOTALS		0.0	0	0	0	0	0	0		

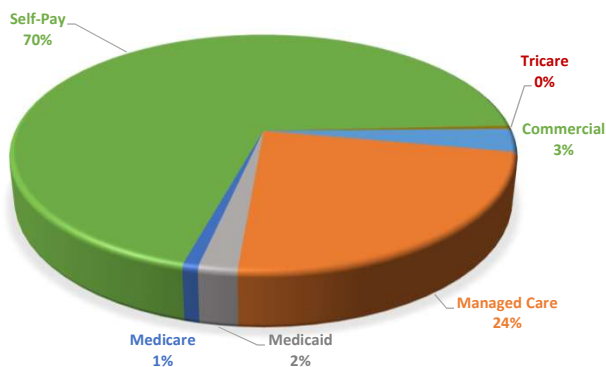
SUBSTANCE ABUSE DISORDER										
HIRSCH, KAREN	5	8.5	27	10	37	25	11	36	97%	4.2
FARAH, CRISTINA	10	4.4	24	20	44	23	5	28	64%	6.4
LAWRENCE, MELISSA	*5	8.8	50	17	67	35	17	52	78%	5.9
MILETA, SNJEZANA	10	5.5	41	14	55	35	9	44	80%	8.0
MITCHELL, ANGELA	10	2.0	10	10	20	15	10	25	125%	12.5
PHILLIPS, COURTNEY	8	11.5	89	3	92	46	3	49	53%	4.3
REXACH, CLAUDIA	10	5.4	41	13	54	42	7	49	91%	9.1
ROMAIN, REYNETTE	10	4.0	21	19	40	25	10	35	88%	8.8
SUBSTANCE ABUSE CARE TOTALS		50.1	303	106	409	246	72	318	78%	

* Avg Target New Providers

GRAND TOTAL		66.9	548	106	654	401	72	473	72%	
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MEDICAL PAYER MIX



WEST PALM BEACH PRODUCTIVITY NOVEMBER 2021

AS 11/30/2021 Based on Completed Appointments



ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
FLOREZ, GLORIA	16	15.5	254	1	255	249	0	249	98%	16.1
RAHMAN, SM	9	2.0	18	0	18	7	0	7	39%	3.5
SECIN SANTANA, DELVIS	17	7.5	129	0	129	142	0	142	110%	18.9
WARREN, SANDRA	1	1.0	1	0	1	1	0	1	100%	1.0
ZITO, AMALINETTE	9	2.0	18	0	18	16	0	16	89%	8.0
GARCIA, CARLOS A	14	7.0	98	0	98	99	0	99	101%	14.1
SHOAF, NOREMI	15	0.5	8	0	8	5	0	5	63%	10.0
ADULT CARE TOTALS		35.5	526	1	527	519	0	519	98%	

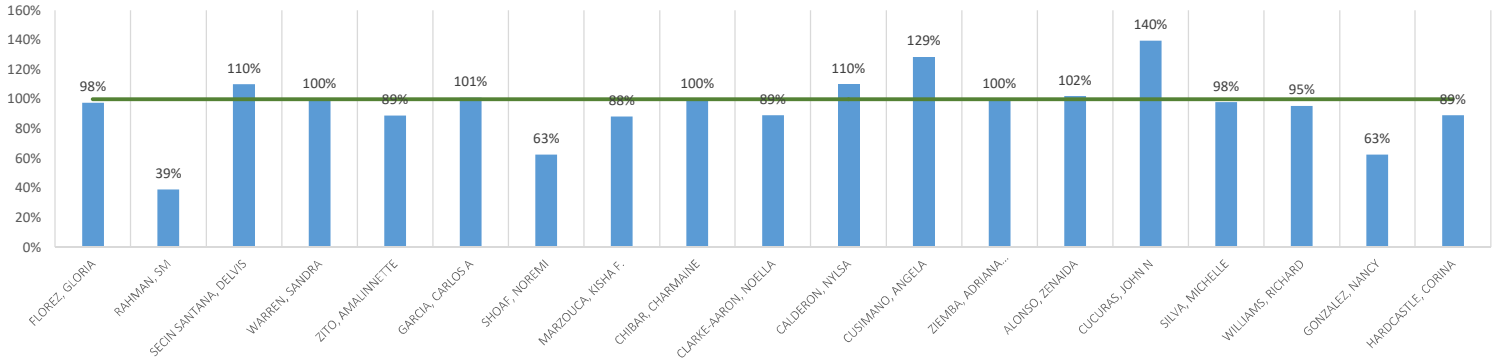
PEDIATRIC CARE										
MARZOUCA, KISHA F.	16	16.0	271	0	271	239	0	239	88%	14.9
CHIBAR, CHARMAINE	7	1.0	7	0	7	7	0	7	100%	7.0
CLARKE-AARON, NOELLA	16	13.5	220	0	220	196	0	196	89%	14.5
PEDIATRIC CARE TOTALS		30.5	498	0	498	442	0	442	89%	

BEHAVIORAL HEALTH										
CALDERON, NYLSA	10	2.0	18	2	20	20	2	22	110%	11.0
CUSIMANO, ANGELA	*5	12.8	53	10	63	70	11	81	129%	6.3
ZIEMBA, ADRIANA LEQUERICA	3	1.0	2	1	3	2	1	3	100%	3.0
BEHAVIORAL HEALTH TOTALS		15.8	73	13	86	92	14	106	123%	

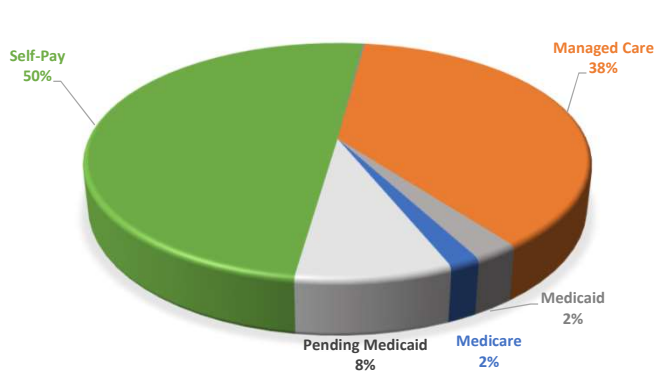
* Avg Target New Providers

DENTAL										
ALONSO, ZENAIDA	15	13.5	206	0	206	210		210	102%	15.6
CUCURAS, JOHN N	16	3.0	48	0	48	67		67	140%	22.3
SILVA, MICHELLE	15	12.5	190	0	190	186		186	98%	14.9
WILLIAMS, RICHARD	15	12.5	190	0	190	181		181	95%	14.5
GONZALEZ, NANCY	8	1.0	8	0	8	5		5	63%	5.0
HARDCASTLE, CORINA	8	16.5	127	0	127	113		113	89%	6.8
DENTAL TOTALS		59	769	0	769	762	0	762	99%	

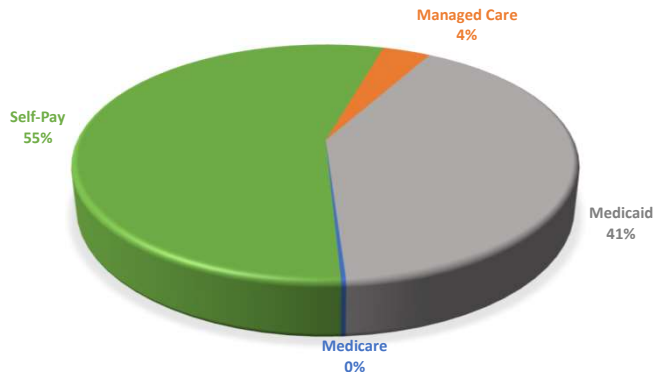
GRAND TOTAL		140.8	1,866	14	1,880	1,815	14	1,829	97%	
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MEDICAL PAYER MIX



DENTAL PAYER MIX





C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County