



BOARD OF COMMISSIONERS
December 8, 2020
2:00 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.



DISTRICT BOARD MEETING AGENDA
December 8, 2020 at 2:00PM
1515 N Flagler Drive, Suite101
West Palm Beach, FL 33401

Remote Participation Link:

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

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

1. Call to Order – Les Daniels, Chair

- A. Roll Call
- B. Invocation
- C. Pledge of Allegiance
- D. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

- A. 2019-2020 Annual Institutional Review Executive Summary (Dr. Dorce-Medard)
- B. EPIC Update (Patty Lavelly)
- C. School Health Update (Rosella Weymer/Dr. Chibar/Dr. Andric)
- D. Lakeside Medical Center Update (Karen Harris)

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff Recommends a MOTION TO APPROVE:**
Joint Board and Finance & Audit Committee Meeting Minutes of September 10, 2020 [Pages 1-7]

6. Meeting Minutes (Continued)

- B. **Staff Recommends a MOTION TO APPROVE:**
TRIM Public Hearing Meeting Minutes of September 10, 2020 [Pages 8-10]
- C. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of September 24, 2020 [Pages 11-13]
- D. **Staff Recommends a MOTION TO APPROVE:**
TRIM Public Hearing Meeting Minutes of September 24, 2020 [Pages 14-16]

7. Committee Reports

- 7.1 Finance and Audit Committee – (Commissioner Sabin)
- 7.2 Good Health Foundation Committee – (No Report)
- 7.3 Quality, Patient Safety and Compliance Committee – (Commissioner Alonso)
- 7.4 Lakeside Health Advisory Board – (Commissioner Alonso)
- 7.5 Primary Care Clinics Board – (Commissioner Jackson-Moore)

8. Consent Agenda – Motion to Approve Consent Agenda Items

HEALTH CARE DISTRICT

A. **ADMINISTRATION**

- 8A-1 **RECEIVE AND FILE:**
December 2020 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=344&m=0|0&DisplayType=C>
- 8A-2 **RECEIVE AND FILE**
Health Care District Board Attendance [Page 17]
- 8A-3 **RECEIVE AND FILE:**
Health Care District Financial Statements September 2020. (Darcy Davis)
[Pages 18-67]
- 8A-4 **Staff Recommends a MOTION TO APPROVE:**
Total Pay Practice Policy (Steven Hurwitz) [Pages 68-100]
- 8A-5 **Staff Recommends a MOTION TO APPROVE:**
Human Resources Policies for Retirement (Steven Hurwitz) [Pages 101-129]

8. Consent Agenda (Continued)

- 8A-6 **Staff Recommends a MOTION TO APPROVE:**
Employment of Relatives Policy (Steven Hurwitz) [Pages 130-135]
- 8A-7 **Staff Recommends a MOTION TO APPROVE:**
Relocation Policy Exception. (Steven Hurwitz/Darcy Davis) [Pages 136-142]
- 8A-8 **RECEIVE AND FILE**
Proposed Meeting Schedule for 2021 (Darcy Davis) [Pages 143-144]
- 8A-9 **RECEIVE AND FILE**
Internal Audit Update & Development (Joshua Burrill) [Page 145-158]
- 8A-10 **Staff Recommends a MOTION TO APPROVE:**
District Cares Program Policy (Belma Andric) [Pages 159-162]
- 8A-11 **Staff Recommends a MOTION TO APPROVE:**
Medical Staff Appointments for Lakeside Medical Center (Belma Andric)
[Pages 163-165]
- 8A-12 **Staff Recommends a MOTION TO APPROVE:**
Recredentialing and Privileging of Healey Center Practitioner (Belma Andric)
[Pages 166-167]
- 8A-13 **Staff Recommends a MOTION TO APPROVE:**
Appointment of Sophia Eccleston to the Finance & Audit Committee
(Tom Cleare) [Pages 168-169]
- 8A-14 **RECEIVE AND FILE**
Unite US Update (Tom Cleare) [Pages 170- 173]
- 8A-15 **Staff Recommends a MOTION TO APPROVE:**
Amendment to the Finance & Audit Committee Charter (Valerie Shahriari)
[Pages 174-179]
- 8A-16 **Staff Recommends a MOTION TO APPROVE:**
Amendment to the Quality, Patient Safety & Compliance Charter
(Valerie Shahriari) [Pages 180-186]
- 8A-17 **RECEIVE AND FILE**
Board Appointment Letter for Sean O'Bannon. (Darcy Davis) [Page 187-189]

9. Regular Agenda

A. **ADMINISTRATION**

- 9A-1 **Staff Recommends a MOTION TO APPROVE:**
Sponsored Programs Funding Awards (Tom Cleare) [Pages 190-193]

9. Regular Agenda (Continued)

- 9A-2 **Staff Recommends a MOTION TO APPROVE:**
2020 Fiscal Year End Budget Amendment (Darcy Davis) [Pages 194-197]

10. CEO Comments

11. HCD Board Member Comments

12. Establishment of Upcoming Board Meetings

March 11, 2021

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

June 9, 2021

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

(1st) September Meeting (Date TBD)

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

(2nd) September Meeting (Date TBD)

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

December 15, 2021

- 2:00PM, Health Care District Board Meeting

13. Motion to Adjourn



**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
BOARD OF COMMISSIONERS
AND
FINANCE & AUDIT COMMITTEE
JOINT SUMMARY MINUTES
September 10, 2020
Zoom Webinar Meeting**

Remote Participation Link:

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

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

1. Call to Order

Les Daniels called the meeting to order.

A. Roll Call

Health Care District Board members present included: Les Daniels, Chair; Nancy Banner, Vice Chair; Sean O'Bannon, Secretary; Dr. Alina Alonso; Cory Neering; Ed Sabin and Tammy Jackson-Moore.

Finance and Audit Committee members present included: Joseph Bergeron; Richard Sartory; Mark Marciano; Michael Burke and Joseph Gibbons.

Staff present included: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, Chief Medical Officer; Valerie Shahriari, General Counsel; Dr. Tom Cleare, AVP Planning & Community Engagement; Karen Harris, VP of Field Operations; Steven Hurwitz, Chief Administrative Officer; Josh Burrill, Director of Compliance and Internal Audit; Joel Snook, Chief Financial Officer and Patricia Lavelly, Interim Chief Information Officer.

Recording/Transcribing Secretary: Heidi Bromley

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

Health Care District Board
Summary Meeting Minutes
September 10, 2020
Page 2 of 7

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

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

3. Awards, Introductions and Presentations

- A. Investment Committee Update

Mr. John Grady provided the Board with an investment update.

- B. Epic Journey Update

Ms. Lavelly presented the Board with a brief update on the Epic project.

- C. 2021 Budget – Version 2

Mr. Snook presented the Health Care District Budget Version 2.

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff Recommends a MOTION TO APPROVE:**
Joint Board and Finance & Audit Committee Meeting Minutes of June 9, 2020.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Board Meeting Minutes of June 9, 2020 as presented. The motion was duly seconded by Commissioner Neering. There being no objection, the motion passed unanimously.

8. Committee Reports

- 8.1 Finance and Audit Committee Report – (No Report)
- 8.2 Good Health Foundation Committee Report – (No Report)

Health Care District Board
Summary Meeting Minutes
September 10, 2020
Page 3 of 7

8.3 Quality, Patient Safety and Compliance Committee – (No Report)

8.4 Lakeside Health Advisory Board Report – (Commissioner Alonso)

Commissioner Alonso stated that the Lakeside Health Advisory Board met on September 1, 2020. The Board voted to keep Rev. Robert Rease as Chair and Dr. Alina Alonso as Vice Chair.

Presentations discussed:

- OB Service line remaining open at Lakeside.
- OB Simulation Lab being added to Lakeside with a collaboration with FIU or USF to provide training using a mobile simulation unit during the interim.
- Current OB census and current hospital overall census and engaging the Lakeside Health Advisory Board, Commissioner Jackson-Moore and the staff at Lakeside in communicating with the community about the services offered at Lakeside. The Lakeside Health Advisory Board made suggestions about utilizing Facebook and a virtual platform.

8.5 Primary Care Clinics Board Report – (Commissioner Jackson-Moore)

Commissioner Jackson-Moore stated that Zoom Board meetings were held on June 24, July 29, and August 26, 2020. As of 6/16/2020 all clinics have been re-opened and all services are being offered. As of 8/31/2020 dental is limited to pediatrics and dental emergencies only. We successfully submitted our Annual Reporting application for re-accreditation for our five largest sites on 7/9/2020. Reaccreditation was attained on 7/20/2020. Our organization is under consideration as a participant in the virtual Operational Site Visit process and we are working on a contract with Abbott for Point of Care Covid-19 PCR testing that takes less than twenty minutes to process.

9. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Commissioner O'Bannon made a motion to approve the Consent agenda as presented. The motion was duly seconded by Commissioner Jackson-Moore. There being no objection, the motion passed unanimously.

HEALTH CARE DISTRICT

A. **ADMINISTRATION**

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

September 2020 Internet Posting of District Public Meeting.

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=344&m=0|0&DisplayType=C>

8A-2 **RECEIVE AND FILE**

Health Care District Board Attendance

8A-3 **RECEIVE AND FILE:**

Health Care District Financial Statements July 2020

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

Credentialing and Privileging of Healey Center Practitioner(s)

8A-5 **Staff Recommends a MOTION TO APPROVE:**

Department of Security Services Policy of Operations

8A-6 **Staff Recommends a MOTION TO APPROVE:**

Records Management/HIM Policy Updates and Retired Policies

8A-7 **RECEIVE AND FILE:**

Lakeside Medical Center Confidential Public Records Request Quarterly Report

8A-8 **RECEIVE AND FILE**

Good Health Foundation Tax Form 990

DISTRICT HOSPITAL HOLDINGS, INC.

B. **ADMINISTRATION**

8B-1 **Staff Recommends a MOTION TO APPROVE:**

Medical Staff Appointments for Lakeside Medical Center

9. Regular Agenda

A. **ADMINISTRATION**

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

FY 2020 Budget Amendment

Mr. Snook stated that Per Florida Statute 189.016, budget amendments must be adopted by Board resolution, and the budget can be amended within 60 days following the end of the fiscal year. Expenditures are expected to exceed the

adopted budgets for the Healey Center, Lakeside, the Primary Care Clinics, and the Capital Replacement Fund basically due to COVID 19. Staff recommends the Board approve the Fiscal Year 2020 budget amendment through the adoption of Resolution #2020R-001.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the FY 2020 Budget Amendment. The motion was duly seconded by Commissioner Jackson-Moore. There being no objection, the motion passed unanimously.

9A-2 **Staff Recommends a MOTION TO APPROVE:**
FY 2020 Budget Transfers

Mr. Snook stated that the District's Budget Policy requires the Board to approve all budget transfers greater than or equal to \$250,000 within a fund or between General Fund programs. Budget transfers do not increase or decrease the approved budget. We would like to transfer \$300,000 to create a new department called Community Engagement Planning. Staff recommends the Board approve the Fiscal Year 2020 budget transfers.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the FY 2020 Budget Transfers. The motion was duly seconded by Commissioner Alonso. There being no objection, the motion passed unanimously.

9A-3 **Staff Recommends a MOTION TO APPROVE:**
Low Income Pool Participation for Palm Beach County Hospitals and Federally Qualified Health Centers

Mr. Snook explained that this agenda item is a request to provide a Local Intergovernmental Transfer for Palm Beach County Hospitals and Federally Qualified Health Centers. Staff recommends the Board approve funding the 2020-21 Low Income Program IGT funding for the hospitals and FQHCs and authorize the CEO to execute the required agreements.

CONCLUSION/ACTION: Commissioner Jackson - Moore made a motion to approve the LIP Participation for Palm Beach County Hospitals and Federally Qualified Health Centers. The motion was duly seconded by Commissioner O'Bannon. There being no objection, the motion passed unanimously.

9A-4 **Staff Recommends a MOTION TO APPROVE:**
Lakeside Medical Center Equipment Replacement

Mr. Snook stated that this agenda item presents the replacement of operating rooms 2 and 3 overhead lights and boom system at Lakeside Medical Center. The evaluation committee met to discuss the four proposals received. Charles Perry Partners ended up as the top ranked firm based on their knowledge of design criteria, past performance, understanding of the project, quality of the proposal and adequate personnel to perform the project. Staff is looking for Board approval to award Charles Perry Partners to design/build OR Suites 2 and 3 overhead lights and equipment boom replacement.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the Lakeside Medical Center Equipment Replacement. The motion was duly seconded by Commissioner Banner. There being no objection, the motion passed unanimously.

9A-5 **Staff Recommends a MOTION TO APPROVE:**
Transition Plan for In-House Internal Audit Model

Management has considered various scenarios and reviewed the cost-benefit of a fully outsourced model and has concluded that it is in the District's best interest to transition to an in-house internal audit model over the course of several years. The model would include the recruitment of one FTE as a Senior Internal Auditor. During the transition, the Senior Internal Auditor would be responsible for the day-to-day responsibilities of the internal audit and would collaborate with a third-party firm as deemed necessary. Staff recommends the Board approve the recommendations to hire a Senior Internal Auditor and begin the transition to a more fully in-house internal audit model. Staff also recommends that Cherry Bekaert be selected as the external internal audit resource.

CONCLUSION/ACTION: Commissioner O'Bannon made a motion to approve the hire of a Senior Internal Auditor and select Cherry Bekaert as the external internal audit resource. The motion was duly seconded by Commissioner Alonso. There being no objection, the motion passed unanimously.

10. CEO Comments

Ms. Davis provided an update on the helicopter that had issues on 8/25. The FAA has released the aircraft to us for repair in conjunction with Sikorsky recommendations. The root cause of why this happened is still under investigation.

The Security Guards are ready and will start training as we are going to an in house model throughout the Health Care District.

Ms. Davis stated that conversations have started about administering vaccines and although this is further down the road, we are presently working with the County on it.

“Hero” our next mobile coach should be delivered on September 25th... It will look very much like “Warrior” which is parked at the Ballpark.

In our budget, there’s a 500k dollar lump sum to move forward with Ground Transport. The process has been delayed 6 months due to COVID so the deadline has been pushed out.

And lastly, there’s a tremendous cooperation between the Health Department, the School District and the Health Care District putting the medical protocols in place for COVID and training the school nurses to prepare for back to school.

11. Finance and Audit Committee Member Comments

12. HCD Board Member Comment

13. Establishment of Upcoming Board Meetings

September 24, 2020

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

December 8, 2020

- 2:00PM, Health Care District Board Meeting

14. Motion to Adjourn

There being no further business, the meeting was adjourned.

**Sean O’Bannon, Secretary
Health Care District Board**

Date

**Edward G. Sabin, Chair
Finance & Audit Committee**

Date

**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
TRUTH IN MILLAGE (TRIM)
PUBLIC HEARING MINUTES
September 10, 2020, 5:15 p.m.
Zoom Webinar Meeting**

Remote Participation Link:

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

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

1. Call to Order

Les Daniels called the meeting to order at 5:15 p.m.

A. Roll Call

Health Care District Board members present included: Les Daniels, Chair; Nancy Banner, Vice Chair; Sean O'Bannon, Secretary; Dr. Alina Alonso; Ed Sabin and Tammy Jackson-Moore. Cory Neering was absent.

Staff present included: Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Dr. Tom Cleare, AVP Planning & Community Engagement; Josh Burrill, Director of Compliance and Internal Audit; and Joel Snook, Chief Financial Officer.

Recording/Transcribing Secretary: Heidi Bromley

2. Adoption of Agenda

CONCLUSION/ACTION Commissioner Jackson – Moore made a motion to adopt the agenda. The motion was duly seconded by Commissioner O'Bannon. There being no opposition, the motion passed unanimously.

3. Regular Agenda

A. Public Hearing

1. Announce the proposed millage rate.

“The proposed millage rate of 0.7261 is 4.37% above the rolled-back rate of 0.6957.”

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

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

3. Public Comment

None.

B. Motion to adopt the proposed millage rate of 0.7261 mills.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to adopt the proposed millage rate of 0.7261 mills. The motion was duly seconded by Commissioner O’Bannon.

Roll Call Vote:

Commissioner Jackson-Moore	Yes
Commissioner Sabin	Yes
Commissioner Alonso	Yes
Commissioner O’Bannon	Yes
Commissioner Banner	Yes
Commissioner Daniels	Yes

C. Motion to adopt the tentative budget of \$276,960,997.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to adopt the tentative budget of \$276,960,997. The motion was duly seconded by Commissioner O’Bannon.

Roll Call Vote:

Commissioner Jackson-Moore	Yes
Commissioner Sabin	Yes
Commissioner Alonso	Yes
Commissioner O’Bannon	Yes
Commissioner Banner	Yes
Commissioner Daniels	Yes

D. Establish Final Public Hearing date of Thursday, September 24, 2020, 5:15 p.m.

The Final Public Hearing date of Thursday, September 24, 2020, 5:15 p.m. was established without further comments or questions.

E. Adjournment

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

Sean O'Bannon, Secretary

Date



**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
BOARD OF COMMISSIONERS
SUMMARY MINUTES
September 24, 2020
Zoom Webinar Meeting**

Remote Participation Link:

<https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZ1dDOT09>

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

1. Call to Order

Les Daniels called the meeting to order.

A. Roll Call

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

Staff present included: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, Chief Medical Officer; Valerie Shahriari, General Counsel; Dr. Tom Cleare, AVP Planning & Community Engagement; Karen Harris, VP of Field Operations; Steven Hurwitz, Chief Administrative Officer; Josh Burrill, Director of Compliance and Internal Audit; Joel Snook, Chief Financial Officer and Patricia Lavelly, Interim Chief Information Officer.

Recording/Transcribing Secretary: Heidi Bromley

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

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

Health Care District Board
Summary Meeting Minutes
September 24, 2020
Page 2 of 3

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

- 3. **Awards, Introductions and Presentations**
- 4. **Disclosure of Voting Conflict**
- 5. **Public Comment**
- 6. **Election of Officers**
 - A. Chair
 - B. Vice Chair
 - C. Secretary

CONCLUSION/ACTION: Commissioner Alonso made a motion to keep Les Daniels as Chair, Nancy Banner as Vice Chair and Sean O’Bannon as Secretary. The motion was duly seconded by Commissioner Sabin. There being no opposition, the motion passed unanimously.

Roll Call Vote:

Commissioner Jackson-Moore	Yes
Commissioner Sabin	Yes
Commissioner Alonso	Yes
Commissioner O’Bannon	Yes
Commissioner Daniels	Yes

- 7. **Consent Agenda – Motion to Approve Consent Agenda Items**

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

HEALTH CARE DISTRICT

A. **ADMINISTRATION**

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

September 2020 Internet Posting of District Public Meeting.

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=344&m=0|0&DisplayType=C>

Health Care District Board
Summary Meeting Minutes
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8. CEO Comments

Ms. Davis stated that “Hero” our new mobile coach will be delivered tomorrow at 9:00AM and we will begin preparations to serve the community.

9. HCD Board Member Comments

10. Establishment of Upcoming Board Meetings

December 8, 2020

- 2:00PM, Health Care District Board Meeting

11. Motion to Adjourn

There being no further business, the meeting was adjourned.

Sean O’Bannon, Secretary

Date

**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
TRUTH IN MILLAGE (TRIM)
PUBLIC HEARING MINUTES
September 24, 2020, 5:15 p.m.
Zoom Webinar Meeting**

Remote Participation Link:

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1. Call to Order

Les Daniels called the meeting to order at 5:15 p.m.

A. Roll Call

Health Care District Board members present included: Les Daniels, Chair; Nancy Banner, Vice Chair; Sean O'Bannon, Secretary; Dr. Alina Alonso; Ed Sabin and Tammy Jackson-Moore. Cory Neering was absent.

Staff present included: Darcy Davis, Chief Executive Officer; Valerie Shahriari, General Counsel; Dr. Tom Cleare, AVP Planning & Community Engagement; Josh Burrill, Director of Compliance and Internal Audit; and Joel Snook, Chief Financial Officer.

Recording/Transcribing Secretary: Heidi Bromley

2. Adoption of Agenda

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

3. Regular Agenda

A. Public Hearing

1. Announce the proposed millage rate.

“The proposed millage rate of 0.7261 is 4.37% above the rolled-back rate of 0.6957.”

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

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

3. Public Comment

None.

- B. Motion to adopt resolution number 2020R-002 establishing a millage rate of 0.7261 mills.**
- C. CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to adopt resolution number 2020R-002 establishing a millage rate of 0.7261 mills. The motion was duly seconded by Commissioner O’Bannon.**

Roll Call Vote:

Commissioner Jackson-Moore	Yes
Commissioner Sabin	Yes
Commissioner Alonso	Yes
Commissioner O’Bannon	Yes
Commissioner Banner	Yes
Commissioner Daniels	Yes

- D. Motion to adopt resolution number 2020R-003 approving a total expenditure budget of \$276,960,997.**
- E. CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to adopt resolution number 2020R-003 approving a total expenditure budget of \$276,960,997. The motion was duly seconded by Commissioner O’Bannon.**

Roll Call Vote:

Commissioner Jackson-Moore	Yes
Commissioner Sabin	Yes
Commissioner Alonso	Yes
Commissioner O’Bannon	Yes
Commissioner Banner	Yes
Commissioner Daniels	Yes

D. Adjournment

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

Sean O'Bannon, Secretary

Date

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

Board Meeting Attendance Tracking for 2020

	3/11/20	5/12/20	6/9/20	7/21/20	9/10/20	9/24/20	12/8/20
Leslie Daniels	X	X	X	X	X	X	
Nancy Banner	X	X	X	X	X		
Sean O'Bannon	X	X	X	X	X	X	
Dr. Alonso	X	X	X	X	X	X	
Cory Neering	X	X	X	X	X		
Ed Sabin	X	X	X	X	X	X	
Tammy Jackson-Moore	X	X	X	X	X	X	

**HEALTH CARE DISTRICT BOARD
December 8, 2020**

1. Description: Health Care District Financial Statements

2. Summary:

The YTD September 2020 financial statements for the Health Care District are presented for Board review.

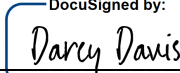
3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 Darcy Davis
 Chief Executive Officer

5. Reviewed/Approved by Committee:

 Finance and Audit Committee
 Committee Name

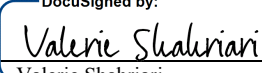
 12/8/2020
 Date

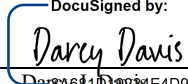
HEALTH CARE DISTRICT BOARD
December 8, 2020

6. Recommendation:

Staff recommends the Board receive and file the YTD September 2020 Health Care District financial statements.

Approved for Legal sufficiency:

DocuSigned by:

Valerie Shalviani
VP & General Counsel

DocuSigned by:

Darcy Davis
Chief Executive Officer



Health Care District of Palm Beach County



FINANCIAL STATEMENT

September 2020(Unaudited)



Table of Contents

Management Discussion and Analysis

Combined Financial Statements

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MEMO

To: Finance & Audit Committee

From: Joel H Snook, VP & Chief Financial Officer

Date: November 18, 2020

Subject: Management Discussion and Analysis of September 2020 Health Care District Financial Statements

The September statements represent the financial performance for the twelve months of the 2020 fiscal year for the Health Care District. Total revenue year to date (YTD) is favorable to budget by \$14.2M or 6.4%. Expenses before depreciation YTD are \$6.3M favorable to budget or 2.6%. Year to date, the consolidated net margin is \$54k, with a favorable variance to budget of \$20.7M or 100.3%.

The General Fund YTD total revenue is above budget by \$624k or 0.4%. This favorable variance is mainly due to unrealized gain on investment and interest earnings that are over budget by \$1.2M and \$300k, respectively. Unrealized gain on investment variance of \$1.2M represents increase in current market value of investment portfolio held by the District, and will only be realized should the District liquidate its' portfolio.

Expenses in the General Fund YTD after overhead allocation are favorable to budget by \$5.7M or 5.0%. Significant categories of YTD favorable budget variance include purchased services \$1.3M, medical services of \$1.9M, and other expenses of \$1.5M. Purchase services favorable variance are attributable to delayed transportation program implementation as well as reduced professional fees expense resulting from the COVID-19 pandemic. Medical services claims continue to decline through better utilization management of District Cares membership and improved coordination of care is contributing to this favorable variance. Other expenses are favorable to budget due to reduced Low Income Pool (LIP) obligations to several hospitals.

The General Fund YTD has a net margin of \$43.4M versus a budgeted net margin of \$37.1M for a favorable net margin variance of \$6.3M or 17.1%. The General Fund has subsidized a total of \$65.7M YTD to support operations of; Healey Center \$3.3M, Lakeside Medical Center



\$19.0M, Primary Care Clinics \$11.2M, Capital Replacement \$21M and Medicaid Match \$11.2M. Included in this transfer line is \$20.0M reserved for the Epic software implementation.

The Healey Center total revenue YTD of \$18.7M was over budget by \$412. Increased variances of charity care and bad debt write off were offset by COVID-19 stimulus funding of \$837k. Total YTD operating expenses before overhead allocation of \$19.8M were slightly favorable to budget by \$114k or 0.6%. This favorable variance is mainly due to decrease of certain expenses during the lockdown of the facility in response to COVID-19 which limited activities. The YTD net margin after overhead allocations for the Healey Center was a loss of (\$4.5M) or 3.5% under the budgeted loss of (\$4.7M).

Lakeside Medical Center total revenue YTD of \$38.4M was over budget by \$11.4M or 42.3%. Net patient revenue YTD of \$24.5M was under budget by (\$2.2M) or (8.3%). This unfavorable variance is due to higher bad debt allocation of (\$4.0M). Total revenues were \$38.4M compared to budget of \$27.0M for a positive variance of \$11.4M due to Other Financial Assistance of \$12M from reimbursement from the COVID-19 Cares Act. Total operating expenses YTD of \$46.3M were above budget by (\$415k) or (0.9%). This unfavorable variance is mainly due to higher than budgeted, salaries and wages (\$429k), purchased services (\$318k), medical supplies (\$171k), and drugs (\$261k). Purchased services increased due to increased legal reserves for pending litigation. Medical supplies is over budget due to YTD inventory adjustments. Drug expenses are unfavorable due primarily to unanticipated increased cost of pharmaceuticals. The YTD net margin after overhead allocations at Lakeside Medical Center was a loss of (\$16.1M) compared to a budgeted loss of (\$28.1M) or a positive variance of \$12.0M or 42.8%.

The Primary Care Clinics total revenue YTD of \$20.5M was above budget by \$2.4M primarily due to COVID-19 stimulus funds. Net patient revenue YTD was unfavorable to budget by (\$967k) or (9.3%). The COVID-19 national emergency started mid-March and 9 clinics were closed to start countywide COVID-19 testing. Total operating expenses YTD for the clinics are unfavorable to budget by (\$273k). This unfavorable variance is primarily due to salary and wages (\$406k), and repairs and maintenance (\$150k). Higher collection fees from Athena in purchased services, as well as repairs and maintenance cost from unanticipated Allscripts software maintenance are the primary reason for operating expenses unfavorable variance. Total net margin YTD after overhead allocations for the Primary Care Clinics is a loss of (\$11.6M), and is favorable to budget by \$2.4M or 17.1%.

The District was awarded a total of \$29.7M in COVID-19 grants from HRSA and the CARES Act to make up for lost revenue related to the pandemic and to prevent, prepare, respond with increase healthcare capacity and staffing levels for COVID-19. \$26.7M of these funds were

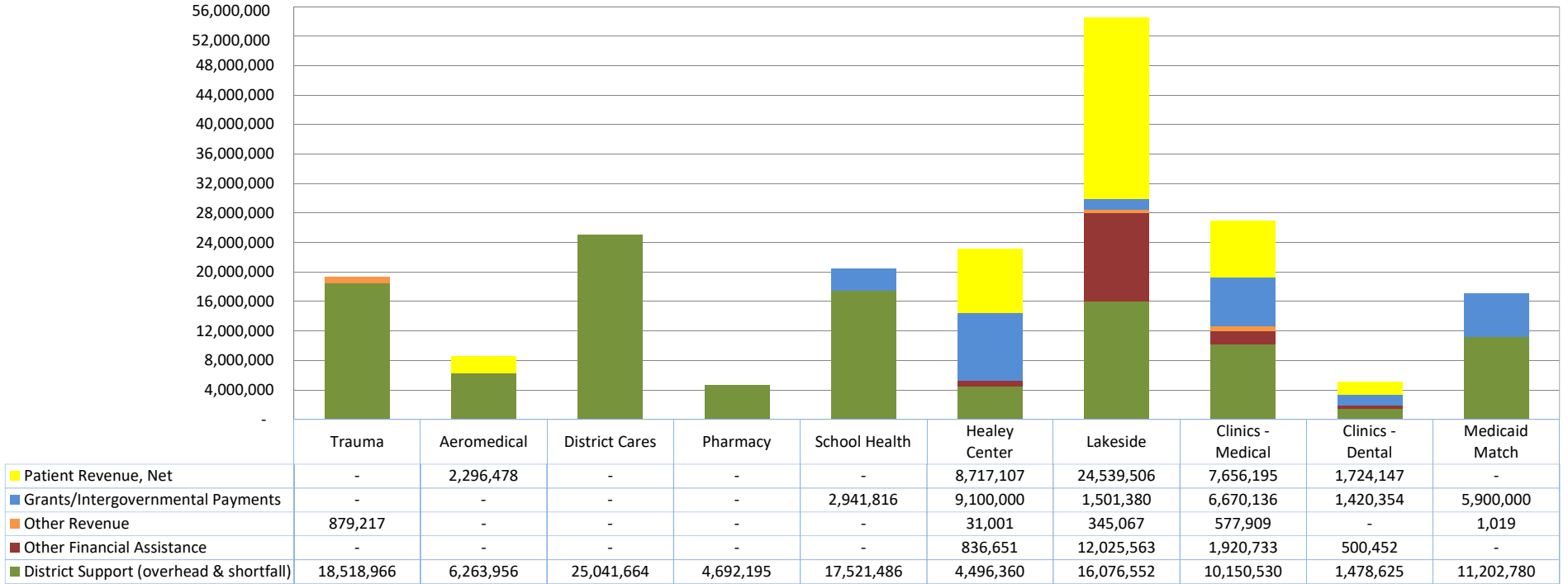


appropriated under the CARES Act to cover health care related expenses or lost revenues that are attributable to the coronavirus. \$3M of the \$29.7M was appropriated by HRSA to expand testing and increase health care capacity for the clinics. The District has recognized a total of \$15.3M through September 2020 as revenue in accordance with grant recognition principles to cover for the lost revenue as visits had significantly decreased in March through May 2020 due to the closure of clinics and the cancellation of elective procedures at LMC to comply with mandated social distancing guidelines. The remaining grant monies will be recognized in coming months to match COVID -19 expenses and loss revenues as outlined per the CARES Act.

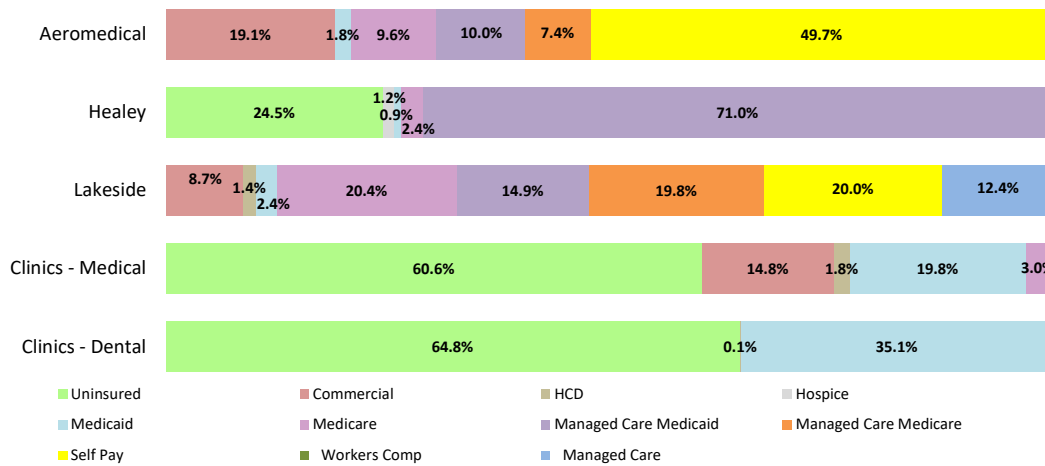
Cash and investments have a combined balance of \$160.1M, of which \$15.1M is restricted. Due from other governments reflects the tax collector receivable of \$2.0M, School District of Palm Beach County \$2.8M, Palm Beach County for Medicaid match \$1.3M, and HRSA grants \$5.7M. Total net position for all funds combined is \$243.4M.

Program Dashboard - YTD September 2020

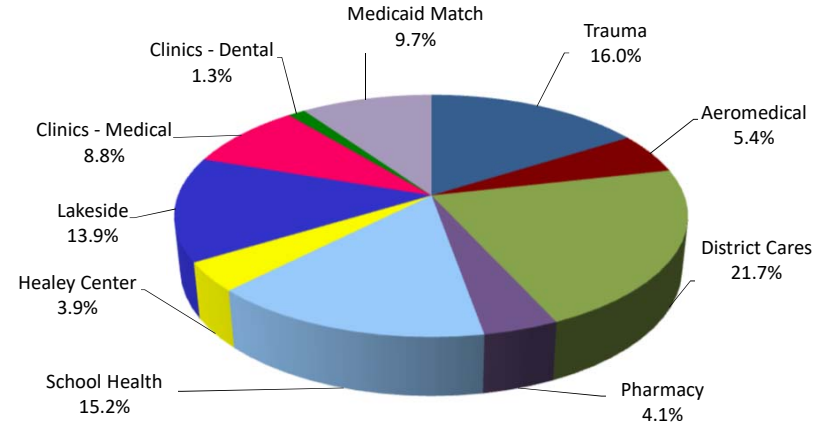
YTD Revenue and District Support by Program



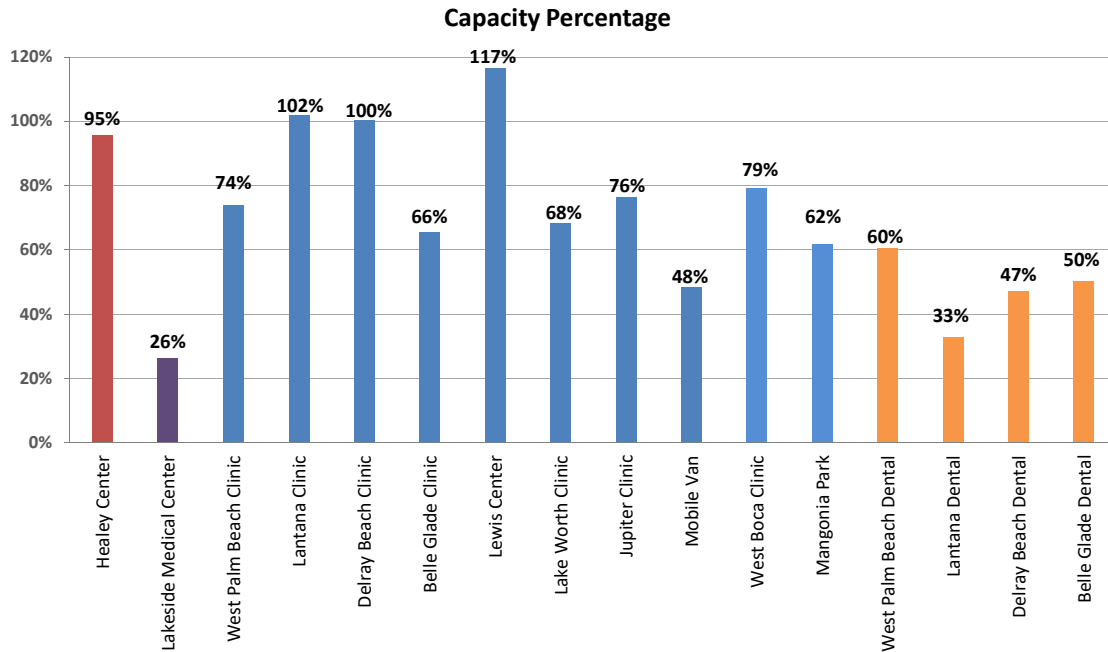
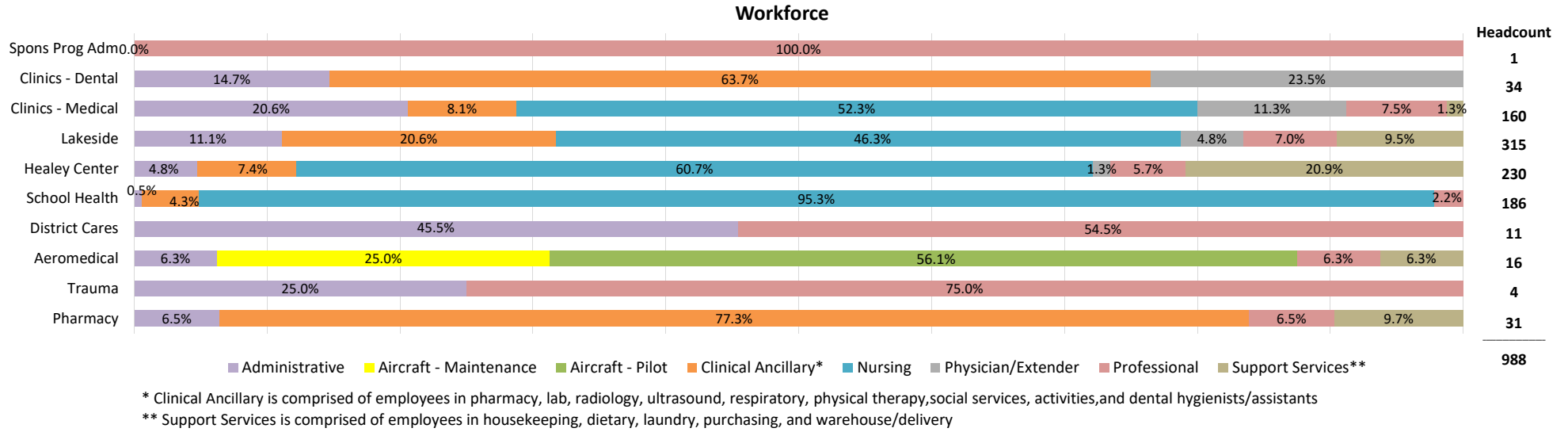
YTD Payor Mix by Volume



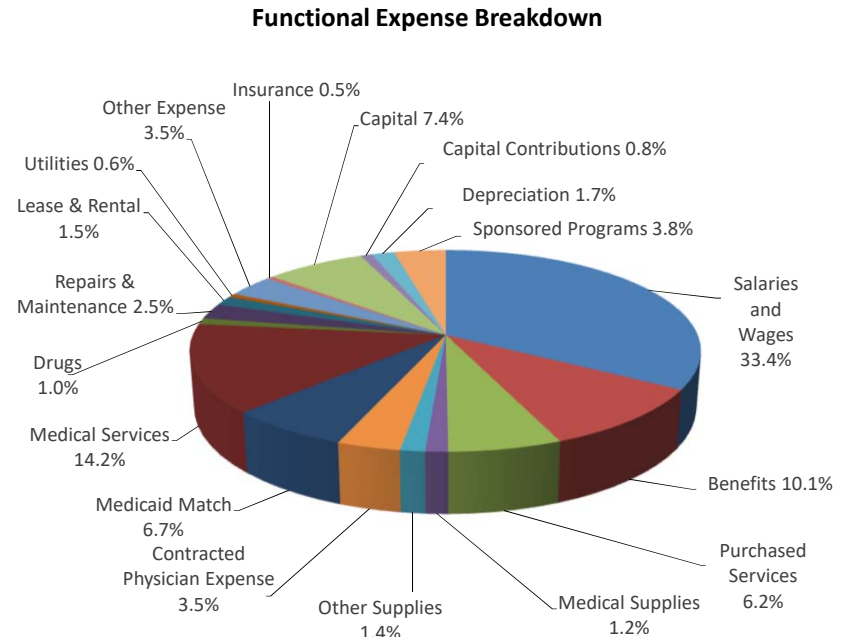
District Support (overhead and shortfall)



Program Dashboard - YTD September 2020



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



Revenues & Expenditures - Combined All Funds (Functional)

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
Revenues:							Revenues:						
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ 139,422,271	\$ 139,150,000	\$ 272,271	0.2%	\$ 131,762,571	\$ 7,659,700	5.8%
4,635,845	3,821,613	814,232	21.3%	3,301,672	1,334,173	40.4%	44,933,433	49,529,532	(4,596,099)	(9.3%)	47,474,580	(2,541,147)	(5.4%)
1,481,917	1,481,917	0	0.0%	1,481,917	-	0.0%	17,833,732	17,783,000	50,732	0.3%	17,783,000	50,732	0.3%
1,125,618	57,139	1,068,479	1,870.0%	276,462	849,156	307.2%	9,699,955	7,658,645	2,041,310	26.7%	11,124,294	(1,424,339)	(12.8%)
164,346	262,927	(98,581)	(37.5%)	279,891	(115,545)	(41.3%)	3,066,290	3,155,082	(88,792)	(2.8%)	4,211,470	(1,145,180)	(27.2%)
(106,348)	-	(106,348)	0.0%	(139,276)	32,928	(23.6%)	1,186,501	-	1,186,501	0.0%	1,989,358	(802,857)	(40.4%)
8,483,767	-	8,483,767	0.0%	-	8,483,767	0.0%	15,283,400	-	15,283,400	0.0%	-	15,283,400	0.0%
777,096	262,666	514,430	195.8%	814,304	(37,208)	(4.6%)	3,748,756	3,721,005	27,751	0.7%	6,670,193	(2,921,437)	(43.8%)
\$ 16,562,241	\$ 5,886,262	\$ 10,675,979	181.4%	\$ 6,014,970	\$ 10,547,272	175.4%	\$ 235,174,338	\$ 220,997,264	\$ 14,177,074	6.4%	\$ 221,015,466	\$ 14,158,873	6.4%
Expenditures:							Expenditures:						
8,669,776	7,991,998	(677,778)	(8.5%)	7,477,850	(1,191,926)	(15.9%)	85,995,501	84,367,706	(1,627,796)	(1.9%)	80,394,834	(5,600,667)	(7.0%)
2,379,625	2,635,465	255,839	9.7%	2,219,763	(159,862)	(7.2%)	25,915,142	27,084,525	1,169,383	4.3%	25,011,398	(903,744)	(3.6%)
1,304,823	1,608,617	303,794	18.9%	1,812,860	508,037	28.0%	15,805,025	16,814,181	1,009,156	6.0%	15,342,982	(462,043)	(3.0%)
341,967	444,754	102,787	23.1%	197,470	(144,497)	(73.2%)	3,133,151	2,746,869	(386,282)	(14.1%)	2,504,764	(628,387)	(25.1%)
520,010	263,880	(256,130)	(97.1%)	630,529	110,519	17.5%	3,464,428	3,166,781	(297,647)	(9.4%)	3,750,452	286,023	7.6%
740,942	2,136,236	1,395,294	65.3%	798,430	57,488	7.2%	8,859,205	9,134,832	275,627	3.0%	10,480,607	1,621,402	15.5%
1,449,573	1,488,091	38,518	2.6%	1,417,231	(32,343)	(2.3%)	17,103,799	17,219,356	115,557	0.7%	17,226,007	122,209	0.7%
1,775,282	334,354	(1,440,928)	(431.0%)	2,399,532	624,250	26.0%	36,360,565	38,216,617	1,856,052	4.9%	36,991,543	630,978	1.7%
184,142	185,360	1,218	0.7%	292,181	108,039	37.0%	2,568,600	2,384,056	(184,544)	(7.7%)	2,436,740	(131,859)	(5.4%)
575,636	588,349	12,713	2.2%	556,104	(19,532)	(3.5%)	6,341,271	7,138,008	796,737	11.2%	5,932,992	(408,278)	(6.9%)
288,270	347,907	59,637	17.1%	348,891	60,621	17.4%	3,854,928	4,195,614	340,686	8.1%	4,087,564	232,636	5.7%
137,815	140,031	2,216	1.6%	114,697	(23,118)	(20.2%)	1,441,160	1,570,464	129,304	8.2%	1,485,966	44,806	3.0%
652,217	(1,618,951)	(2,271,168)	140.3%	(207,134)	(859,351)	414.9%	8,942,397	10,995,896	2,053,499	18.7%	11,561,279	2,618,882	22.7%
92,200	170,478	78,278	45.9%	169,154	76,954	45.5%	1,331,217	2,049,593	718,376	35.0%	1,999,391	668,174	33.4%
835,272	836,496	1,223	0.1%	862,973	27,701	3.2%	9,737,585	10,037,947	300,362	3.0%	9,890,390	152,805	1.5%
19,947,553	17,553,065	(2,394,488)	(13.6%)	19,090,531	(857,022)	(4.5%)	230,853,974	237,122,444	6,268,470	2.6%	229,096,911	(1,757,063)	(0.8%)
Net Performance before Depreciation & Overhead Allocations							Net Performance before Depreciation & Overhead Allocations						
\$ (3,385,312)	\$ (11,666,803)	\$ 8,281,491	(71.0%)	\$ (13,075,561)	\$ 9,690,249	(74.1%)	\$ 4,320,364	\$ (16,125,180)	\$ 20,445,544	(126.8%)	\$ (8,081,445)	\$ 12,401,809	(153.5%)
366,736	378,533	11,797	3.1%	380,092	13,356	3.5%	4,266,807	4,542,354	275,547	6.1%	4,176,390	(90,418)	(2.2%)
20,314,289	17,931,598	(2,382,691)	(13.3%)	19,470,623	(843,666)	(4.3%)	235,120,781	241,664,798	6,544,017	2.7%	233,273,300	(1,847,481)	(0.8%)
\$ (3,752,048)	\$ (12,045,336)	\$ 8,293,288	(68.9%)	\$ (13,455,653)	\$ 9,703,605	(72.1%)	\$ 53,557	\$ (20,667,534)	\$ 20,721,091	(100.3%)	\$ (12,257,835)	\$ 12,311,392	100.4%
Capital							Capital						
5,299,353	3,878,827	(1,420,527)	(36.6%)	840,990	(4,458,363)	(530.1%)	18,839,203	19,045,855	206,652	1.1%	4,420,850	(14,418,353)	(326.1%)
1,522,082	-	(1,522,082)	0.0%	3,331,494	1,809,412	54.3%	2,155,270	-	(2,155,270)	0.0%	3,331,494	1,176,224	35.3%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ (7,529,319)	\$ (15,924,163)	\$ 8,394,844	(52.7%)	\$ (10,965,149)	\$ 3,435,830	(31.3%)	\$ (16,630,377)	\$ (39,713,389)	\$ 23,083,013	(58.1%)	\$ (13,347,191)	\$ (3,283,186)	24.6%

Revenues and Expenses by Fund YTD

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

	General Fund	Healey Center	Lakeside Medical	Healthy Palm Beaches	Primary Care Clinics	Medicaid Match	Capital Funds	Total
Revenues:								
Ad Valorem Taxes	\$ 139,422,271	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 139,422,271
Premiums	-	-	-	-	-	-	-	-
Patient Revenue, Net	2,296,478	8,717,107	24,539,506	-	9,380,342	-	-	44,933,433
Intergovernmental Revenue	2,833,732	9,100,000	-	-	-	5,900,000	-	17,833,732
Grants	108,084	-	1,501,380	-	8,090,491	-	-	9,699,955
Interest Earnings	2,998,373	-	-	-	-	-	-	2,998,373
Unrealized Gain/(Loss)-Investments	1,186,501	-	-	-	-	-	-	1,186,501
Other Financial Assistance	-	836,651	12,025,563	-	2,421,186	-	-	15,283,400
Other Revenue	2,812,914	31,001	345,067	-	577,909	1,019	48,762	3,816,673
Total Revenues	\$ 151,658,354	\$ 18,684,759	\$ 38,411,517	\$ -	\$ 20,469,928	\$ 5,901,019	\$ 48,762	\$ 235,174,338
Expenditures:								
Salaries and Wages	36,717,749	11,922,026	20,151,579	-	17,204,147	-	-	85,995,501
Benefits	11,911,475	4,160,477	5,393,247	-	4,449,943	-	-	25,915,142
Purchased Services	10,289,890	837,874	3,806,416	-	870,844	-	-	15,805,025
Medical Supplies	71,774	721,753	1,839,422	-	500,203	-	-	3,133,151
Other Supplies	1,297,112	815,622	1,183,735	-	167,960	-	-	3,464,428
Contracted Physician Expense	143,750	12,549	8,702,906	-	-	-	-	8,859,205
Medicaid Match	-	-	-	-	-	17,103,799	-	17,103,799
Medical Services	35,219,779	63,994	-	-	1,076,791	-	-	36,360,565
Drugs	71,956	298,997	1,207,903	-	989,744	-	-	2,568,600
Repairs & Maintenance	3,923,610	317,616	1,783,332	-	316,713	-	-	6,341,271
Lease & Rental	1,798,868	13,274	701,046	-	1,341,741	-	-	3,854,928
Utilities	103,427	450,232	808,642	-	78,860	-	-	1,441,160
Other Expense	8,036,964	114,760	492,967	-	297,706	-	-	8,942,397
Insurance	1,045,410	71,499	181,635	-	32,673	-	-	1,331,217
Sponsored Programs	9,737,585	-	-	-	-	-	-	9,737,585
Total Operational Expenditures	120,369,350	19,800,673	46,252,828	-	27,327,325	17,103,799	-	230,853,975
Net Performance before Depreciation & Overhead Allocations	\$ 31,289,004	\$ (1,115,914)	\$ (7,841,312)	\$ -	\$ (6,857,397)	\$ (11,202,780)	\$ 48,762	\$ 4,320,364
Budget	\$ 23,937,629	\$ (1,229,764)	\$ (18,846,516)	\$ -	\$ (9,019,391)	\$ (11,315,568)	\$ 348,430	\$ (16,125,180)
Prior Year: Net Performance before Depreciation & Overhead Allocations	\$ 24,981,006	\$ 151,181	\$ (21,108,459)	\$ 4,525	\$ (1,091,503)	\$ (11,322,454)	\$ 304,260	\$ (8,081,445)

Combined Governmental Funds Statement of Net Position

As of September 30, 2020

	General Fund September 2020	General Fund August 2020	Medicaid Match September 2020	Medicaid Match August 2020	Capital Projects September 2020	Capital Projects August 2020	Governmental Funds September 2020	Governmental Funds August 2020
Assets								
Cash and Cash Equivalents	\$ (11,606,001)	\$ (6,413,977)	\$ 117,376	\$ 609,042	\$ 28,162,765	\$ 32,561,612	\$ 16,674,140	\$ 26,756,678
Restricted Cash	-	-	-	-	-	-	-	-
Investments	112,897,535	114,866,786	-	-	-	-	112,897,535	114,866,786
Notes Receivable	-	-	-	-	-	-	-	-
Accounts Receivable, net	1,024,839	1,003,495	-	-	-	-	1,024,839	1,003,495
Due From Other Funds	-	-	-	-	-	-	-	-
Due From Other Governments	4,754,411	4,699,629	491,667	-	-	-	5,246,078	4,699,629
Inventory	47,382	50,270	-	-	-	-	47,382	50,270
Other Current Assets	6,111,527	4,955,522	-	-	-	-	6,111,527	4,955,522
Total Assets	<u>\$ 113,229,694</u>	<u>\$ 119,161,725</u>	<u>\$ 609,042</u>	<u>\$ 609,042</u>	<u>\$ 28,162,765</u>	<u>\$ 32,561,612</u>	<u>\$ 142,001,501</u>	<u>\$ 152,332,380</u>
Liabilities								
Accounts Payable	6,071,442	3,332,440	-	-	1,083,021	153,254	7,154,464	3,485,694
Medical Benefits Payable	5,009,080	3,337,590	-	-	-	-	5,009,080	3,337,590
Due To Other Funds	-	-	-	-	-	-	-	-
Due To Other Governments	-	-	-	-	-	-	-	-
Deferred Revenue	2,366,860	2,598,777	-	-	-	-	2,366,860	2,598,777
Other Current Liabilities	(1,324,932)	(669,648)	-	-	-	-	(1,324,932)	(669,648)
Noncurrent Liabilities	533,546	535,421	-	-	-	-	533,546	535,421
Total Liabilities	<u>12,655,997</u>	<u>9,134,579</u>	<u>-</u>	<u>-</u>	<u>1,083,021</u>	<u>153,254</u>	<u>13,739,019</u>	<u>9,287,834</u>
Fund Balances								
Nonspendable	5,416,862	4,248,644	-	-	-	-	5,416,862	4,248,644
Assigned to Subsequent Year's Budget	51,950,000	51,950,000	-	-	-	-	51,950,000	51,950,000
Assigned to Capital Projects	-	-	-	-	27,079,744	32,408,358	27,079,744	32,408,358
Assigned to Medicaid Match	-	-	609,042	609,042	-	-	609,042	609,042
Unassigned	43,206,835	53,828,502	-	-	-	-	43,206,835	53,828,502
Ending Fund Balance	<u>100,573,697</u>	<u>110,027,146</u>	<u>609,042</u>	<u>609,042</u>	<u>27,079,744</u>	<u>32,408,358</u>	<u>128,262,483</u>	<u>143,044,546</u>
Total Liabilities and Fund Balances	<u>\$ 113,229,695</u>	<u>\$ 119,161,725</u>	<u>\$ 609,042</u>	<u>\$ 609,042</u>	<u>\$ 28,162,765</u>	<u>\$ 32,561,612</u>	<u>\$ 142,001,501</u>	<u>\$ 152,332,379</u>

Combined Business-Type Funds Statement of Net Position

As of September 30, 2020

	Healey Center September 2020	Healey Center August 2020	Healthy Palm Beaches September 2020	Healthy Palm Beaches August 2020	Lakeside Medical Center September 2020	Lakeside Medical Center August 2020	Primary Care Clinics September 2020	Primary Care Clinics August 2020	Business-Type Funds September 2020	Business-Type Funds August 2020
Assets										
Cash and Cash Equivalents	\$ 3,571,243	\$ 4,449,964	\$ 1,415,104	\$ 1,415,104	\$ 13,296,025	\$ 14,282,001	\$ (2,877,253)	\$ (1,514,452)	\$ 15,405,120	\$ 18,632,617
Restricted Cash	8,855	8,855	1,500,000	1,500,000	13,583,726	-	-	-	15,092,581	1,508,855
Accounts Receivable, net	786,862	868,639	1,630	1,630	3,203,418	2,454,526	1,775,703	1,297,569	5,767,613	4,622,363
Due From Other Funds	-	-	-	-	-	-	-	-	-	-
Due From Other Governments	758,333	-	-	-	564,060	381,479	5,127,948	4,345,783	6,450,341	4,727,262
Inventory	-	-	-	-	500,360	528,008	-	-	500,360	528,008
Other Current Assets	67,832	88,699	45,555	45,555	389,983	507,094	168,636	176,596	672,006	817,944
Net Investment in Capital Assets	18,003,292	18,066,653	-	-	36,416,258	35,167,570	2,985,529	2,507,806	57,405,078	55,742,029
Total Assets	<u>\$ 23,196,416</u>	<u>\$ 23,482,810</u>	<u>\$ 2,962,289</u>	<u>\$ 2,962,289</u>	<u>\$ 67,953,830</u>	<u>\$ 53,320,677</u>	<u>\$ 7,180,563</u>	<u>\$ 6,813,301</u>	<u>\$ 101,293,099</u>	<u>\$ 86,579,078</u>
Deferred Outflows of Resources										
Deferred Outflows Related to Pensions	\$ 65,475	\$ 65,475	\$ -	\$ -	\$ 1,707	\$ 1,707	\$ 426	\$ 426	\$ 67,608	\$ 67,608
Liabilities										
Accounts Payable	192,743	130,146	-	-	1,319,251	894,348	637,617	472,987	2,149,611	1,497,481
Medical Benefits Payable	-	-	-	-	-	-	-	-	-	-
Due to Other Funds	-	-	-	-	-	-	-	-	-	-
Due to Other Governments	55,950	55,950	-	-	2,301,819	2,301,819	-	-	2,357,770	2,357,770
Deferred Revenue	-	268,499	-	-	13,599,327	7,768,001	81,564	321,299	13,680,891	8,357,799
Other Current Liabilities	2,785,151	2,415,326	-	-	4,956,893	4,306,979	3,736,603	2,928,818	11,478,647	9,651,123
Noncurrent Liabilities	1,313,587	1,422,429	-	-	1,940,208	2,053,697	1,386,582	1,505,722	4,640,378	4,981,847
Total Liabilities	<u>\$ 4,347,431</u>	<u>\$ 4,292,351</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 24,117,498</u>	<u>\$ 17,324,844</u>	<u>\$ 5,842,367</u>	<u>\$ 5,228,825</u>	<u>\$ 34,307,296</u>	<u>\$ 26,846,020</u>
Deferred Inflows of Resources										
Deferred Inflows	\$ 124,561	\$ 124,561	\$ -	\$ -	\$ 2,090	\$ 2,090	\$ 543	\$ 543	\$ 127,194	\$ 127,194
Net Position										
Net Investment in Capital Assets	18,003,292	18,066,653	-	-	36,416,258	35,167,570	2,985,529	2,507,806	57,405,078	55,742,029
Restricted	8,855	8,855	1,500,000	1,500,000	13,583,726	7,752,414	-	-	15,092,581	9,261,269
Unrestricted	777,753	1,055,865	1,462,289	1,462,289	(6,165,742)	(6,926,241)	(1,647,875)	(923,872)	(5,571,442)	(5,329,826)
Total Net Position	<u>18,789,899</u>	<u>19,131,373</u>	<u>2,962,289</u>	<u>2,962,289</u>	<u>43,834,242</u>	<u>35,993,743</u>	<u>1,337,653</u>	<u>1,583,933</u>	<u>66,926,216</u>	<u>59,673,472</u>
Total Net Position	<u>\$ 23,137,330</u>	<u>\$ 23,423,723</u>	<u>\$ 2,962,289</u>	<u>\$ 2,962,289</u>	<u>\$ 67,951,740</u>	<u>\$ 53,318,587</u>	<u>\$ 7,180,020</u>	<u>\$ 6,812,758</u>	<u>\$ 101,360,706</u>	<u>\$ 86,646,685</u>



SUPPLEMENTAL INFORMATION

GENERAL FUND

General Fund Revenue & Expenditures

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ 139,422,271	\$ 139,150,000	\$ 272,271	0.2%	\$ 131,762,571	\$ 7,659,700	5.8%
118,010	211,730	(93,720)	(44.3%)	106,309	11,700	11.0%	2,296,478	2,867,584	(571,106)	(19.9%)	2,561,388	(264,910)	(10.3%)
231,917	231,917	0	0.0%	231,917	-	0.0%	2,833,732	2,783,000	50,732	1.8%	2,783,000	50,732	1.8%
-	-	-	0.0%	-	-	0.0%	108,084	-	108,084	0.0%	36,375	71,709	197.1%
163,773	224,959	(61,187)	(27.2%)	255,979	(92,206)	(36.0%)	2,998,373	2,699,513	298,860	11.1%	3,769,206	(770,833)	(20.5%)
(106,348)	-	(106,348)	0.0%	(139,276)	32,928	(23.6%)	1,186,501	-	1,186,501	0.0%	1,989,358	(802,857)	(40.4%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
162,925	247,064	(84,139)	(34.1%)	821,947	(659,021)	(80.2%)	2,812,914	3,533,767	(720,853)	(20.4%)	4,205,073	(1,392,158)	(33.1%)
\$ 570,277	\$ 915,670	\$ (345,393)	(37.7%)	\$ 1,276,876	\$ (706,599)	(55.3%)	\$ 151,658,354	\$ 151,033,864	\$ 624,490	0.4%	\$ 147,106,971	\$ 4,551,384	3.1%
Expenditures:													
3,961,736	3,103,391	(858,344)	(27.7%)	3,092,993	(868,743)	(28.1%)	36,717,749	36,195,672	(522,077)	(1.4%)	34,505,482	(2,212,267)	(6.4%)
1,204,925	1,093,701	(111,223)	(10.2%)	1,011,200	(193,724)	(19.2%)	11,911,475	12,505,385	(593,911)	(4.7%)	11,453,302	(458,173)	(4.0%)
910,562	947,799	37,236	3.9%	990,229	79,667	8.0%	10,289,890	11,605,235	(1,315,344)	(11.3%)	9,695,170	(594,721)	(6.1%)
15,464	7,542	(7,922)	(105.0%)	17,800	2,337	13.1%	71,774	90,500	(18,726)	(20.7%)	102,515	30,741	30.0%
229,657	74,826	(154,831)	(206.9%)	296,729	67,073	22.6%	1,297,112	897,606	(399,506)	(44.5%)	1,359,340	62,228	4.6%
4,167	29,167	25,000	85.7%	29,167	25,000	85.7%	143,750	350,000	(206,250)	(58.9%)	350,000	206,250	58.9%
1,679,551	16,667	(1,662,885)	(9,977.3%)	2,351,253	671,702	28.6%	35,219,779	37,110,710	(1,890,931)	(5.1%)	36,379,054	1,159,274	3.2%
12,792	895	(11,897)	(1,329.3%)	124,906	112,114	89.8%	71,956	10,806	(61,150)	(565.9%)	449,166	377,210	84.0%
336,233	385,833	49,600	12.9%	337,897	1,664	0.5%	3,923,610	4,706,547	(782,937)	(16.6%)	3,277,725	(645,885)	(19.7%)
151,056	180,024	28,968	16.1%	183,310	32,254	17.6%	1,798,868	2,150,497	(351,629)	(16.4%)	2,010,273	211,406	10.5%
7,507	10,217	2,710	26.5%	16,239	8,731	53.8%	103,427	122,600	(19,173)	(15.6%)	130,662	27,235	20.8%
530,046	(1,739,053)	(2,269,099)	130.5%	194,509	(335,537)	(172.5%)	8,036,964	9,540,936	(1,503,972)	(15.8%)	10,770,202	2,733,238	25.4%
65,085	147,399	82,314	55.8%	143,436	78,351	54.6%	1,045,410	1,771,794	(726,384)	(41.0%)	1,752,684	707,274	40.4%
835,272	836,496	1,223	0.1%	862,973	27,701	3.2%	9,737,585	10,037,947	(300,362)	(3.0%)	9,890,390	152,805	1.5%
9,944,053	5,094,902	(4,849,151)	(95.2%)	9,652,642	(291,411)	(3.0%)	120,369,350	127,096,235	(6,726,885)	(5.3%)	122,125,965	1,756,615	1.4%
Net Performance before Overhead													
(9,373,776)	(4,179,232)	(5,194,544)	124.3%	(8,375,766)	(998,010)	11.9%	31,289,004	23,937,629	7,351,375	30.7%	24,981,006	6,307,999	25.3%
(952,877)	(1,094,632)	141,755	(12.9%)	(927,729)	25,148	(2.7%)	(12,120,638)	(13,135,583)	1,014,945	(7.7%)	(11,054,803)	1,065,834	(9.6%)
8,991,176	4,000,271	(4,990,905)	(124.8%)	8,724,913	(266,262)	(3.1%)	108,248,712	113,960,652	5,711,940	5.0%	111,071,162	2,822,449	2.5%
\$ (8,420,899)	\$ (3,084,601)	\$ (5,336,298)	173.0%	\$ (7,448,037)	\$ (972,862)	13.1%	\$ 43,409,642	\$ 37,073,212	\$ 6,336,430	17.1%	\$ 36,035,809	\$ 7,373,833	20.5%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ (1,032,551)	\$ (4,601,297)	\$ 3,568,747	(77.6%)	\$ (9,612,743)	\$ (8,580,192)	89.3%	\$ (65,658,783)	\$ (55,215,568)	\$ (10,443,215)	18.9%	\$ (48,056,556)	\$ 17,602,227	(36.6%)

Trauma Statement of Revenues and Expenditures

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 99,362	\$ 104,560	\$ (5,198)	(5.0%)	\$ 70,863	\$ 28,500	40.2%	Other Revenue	\$ 879,217	\$ 1,254,720	\$ (375,503)	(29.9%)	\$ 1,480,008	\$ (600,791)	(40.6%)	
99,362	104,560	(5,198)	(5.0%)	70,863	28,500	40.2%	Total Revenue	879,217	1,254,720	(375,503)	(29.9%)	1,480,008	(600,791)	(40.6%)	
<i>Direct Operational Expenses:</i>															
28,923	37,116	8,194	22.1%	36,164	7,242	20.0%	Salaries and Wages	424,302	442,089	17,787	4.0%	469,896	45,595	9.7%	
10,026	12,164	2,138	17.6%	11,495	1,469	12.8%	Benefits	134,481	145,357	10,876	7.5%	148,328	13,847	9.3%	
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	
54,059	425,000	370,941	87.3%	967,994	913,934	94.4%	Medical Services	18,117,913	14,510,710	(3,607,203)	(24.9%)	13,672,321	(4,445,592)	(32.5%)	
-	42	42	100.0%	36	36	100.0%	Other Supplies	332	500	168	33.6%	269	(63)	(23.6%)	
4,167	29,167	25,000	85.7%	29,167	25,000	85.7%	Contracted Physician Expense	143,750	350,000	206,250	58.9%	350,000	206,250	58.9%	
833	2,500	1,667	66.7%	792	(42)	(5.3%)	Repairs & Maintenance	9,708	30,000	20,292	67.6%	9,500	(208)	(2.2%)	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
191	751	560	74.5%	1,125	934	83.0%	Other Expense	5,337	9,010	3,673	40.8%	10,754	5,417	50.4%	
13,326	100,745	87,420	86.8%	83,642	70,316	84.1%	Insurance	449,925	1,208,940	759,015	62.8%	1,294,610	844,685	65.2%	
111,525	607,485	495,960	81.6%	1,130,414	1,018,889	90.1%	Total Operational Expenses	19,285,748	16,696,606	(2,589,142)	(15.5%)	15,955,678	(3,330,070)	(20.9%)	
Net Performance before Overhead															
(12,163)	(502,925)	490,762	(97.6%)	(1,059,551)	1,047,388	(98.9%)	Allocations	(18,406,531)	(15,441,886)	(2,964,646)	16.1%	(14,475,670)	(3,930,861)	27.2%	
<i>Overhead Allocations:</i>															
71	55	(16)	(29.6%)	83	12	14.1%	Risk Mgt	288	657	369	56.2%	858	570	66.4%	
-	134	134	100.0%	146	146	100.0%	Internal Audit	984	1,605	621	38.7%	1,748	764	43.7%	
3,716	3,578	(139)	(3.9%)	3,021	(695)	(23.0%)	Home Office Facilities	38,562	42,931	4,369	10.2%	41,211	2,649	6.4%	
944	888	(56)	(6.3%)	667	(277)	(41.5%)	Administration	9,976	10,652	676	6.3%	8,000	(1,976)	(24.7%)	
342	830	488	58.8%	734	392	53.4%	Human Resources	9,256	9,963	707	7.1%	10,085	829	8.2%	
631	450	(180)	(40.0%)	352	(278)	(79.0%)	Legal	5,127	5,404	278	5.1%	4,227	(900)	(21.3%)	
165	204	40	19.4%	252	87	34.6%	Records	1,982	2,451	469	19.1%	2,251	269	12.0%	
146	280	134	47.8%	244	98	40.2%	Compliance	2,281	3,362	1,081	32.2%	3,107	827	26.6%	
-	-	-	0.0%	-	-	0.0%	Planning/Research	-	-	-	0.0%	158	158	100.0%	
724	761	36	4.8%	735	10	1.4%	Finance	8,936	9,128	192	2.1%	9,921	985	9.9%	
166	276	110	39.8%	547	381	69.6%	Public Relations	2,536	3,310	774	23.4%	3,356	820	24.4%	
3,271	2,658	(613)	(23.1%)	2,845	(426)	(15.0%)	Information Technology	30,629	31,893	1,265	4.0%	32,280	1,652	5.1%	
-	121	121	100.0%	-	-	0.0%	Project MGMT Office	1,457	1,457	-	0.0%	-	(1,457)	(0.0%)	
-	35	35	100.0%	58	58	100.0%	Corporate Quality	422	422	0	0.0%	824	402	48.8%	
10,176	10,270	94	0.9%	9,682	(493)	(5.1%)	Total Overhead Allocations	112,434	123,235	10,800	8.8%	118,026	5,592	4.7%	
121,701	617,755	496,054	80.3%	1,140,096	1,018,395	89.3%	Total Expenses	19,398,182	16,819,840	(2,578,342)	(15.3%)	16,073,704	(3,324,478)	(20.7%)	
\$ (22,339)	\$ (513,195)	\$ 490,856	(95.6%)	\$ (1,069,233)	\$ 1,046,895	(97.9%)	Net Margin	\$ (18,518,966)	\$ (15,565,120)	\$ (2,953,845)	19.0%	\$ (14,593,696)	\$ (3,925,269)	(26.9%)	

Aeromedical Statement of Revenues and Expenditures

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 897,424	\$ 968,550	\$ (71,126)	(7.3%)	\$ 1,100,667	\$ (203,243)	(18.5%)	\$ 13,016,021	\$ 13,117,522	\$ (101,501)	(0.8%)	12,921,024	\$ 94,997	0.7%
Gross Patient Revenue													
628,488	575,769	(52,719)	(9.2%)	723,132	94,644	13.1%	8,427,789	7,797,887	(629,902)	(8.1%)	7,469,357	(958,431)	(12.8%)
(14,548)	109,451	123,999	113.3%	349,435	363,984	104.2%	1,602,910	1,482,328	(120,582)	(8.1%)	2,347,305	744,396	31.7%
165,475	71,600	(93,875)	(131.1%)	(78,210)	(243,684)	311.6%	688,844	969,723	280,879	29.0%	542,973	(145,871)	(26.9%)
779,414	756,820	(22,594)	(3.0%)	994,358	214,943	21.6%	10,719,543	10,249,938	(469,605)	(4.6%)	10,359,636	(359,907)	(3.5%)
118,010	211,730	(93,720)	(44.3%)	106,309	11,700	11.0%	2,296,478	2,867,584	(571,106)	(19.9%)	2,561,388	(264,910)	(10.3%)
13.15%	21.86%			9.66%			17.64%	21.86%		19.82%			
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	12,376	(12,376)	(100.0%)	-	-	-	0.0%	25,900	(25,900)	(100.0%)
118,010	211,730	(93,720)	(44.3%)	118,685	(676)	(0.6%)	2,296,479	2,867,584	(571,106)	(19.9%)	2,587,288	(290,810)	(11.2%)
<i>Direct Operational Expenses:</i>													
191,744	170,328	(21,415)	(12.6%)	184,560	(7,183)	(3.9%)	2,090,677	2,031,229	(59,448)	(2.9%)	1,963,481	(127,196)	(6.5%)
61,444	59,267	(2,178)	(3.7%)	58,912	(2,532)	(4.3%)	698,040	707,411	9,371	1.3%	660,609	(37,431)	(5.7%)
226,576	248,257	21,682	8.7%	88,775	(137,800)	(155.2%)	3,004,767	3,217,550	212,783	6.6%	2,843,085	(161,682)	(5.7%)
2,489	1,292	(1,197)	(92.7%)	320	(2,169)	(678.2%)	15,413	15,500	87	0.6%	16,983	1,571	9.2%
3,550	12,625	9,075	71.9%	9,276	5,726	61.7%	79,705	151,500	71,795	47.4%	121,490	41,785	34.4%
55,379	69,497	14,118	20.3%	74,452	19,073	25.6%	880,190	908,333	28,143	3.1%	845,287	(34,903)	(4.1%)
5,284	4,917	(368)	(7.5%)	4,947	(338)	(6.8%)	53,341	59,000	5,659	9.6%	54,977	1,637	3.0%
5,090	5,100	10	0.2%	5,090	-	0.0%	61,082	61,200	118	0.2%	61,082	-	0.0%
23,498	30,110	6,612	22.0%	18,647	(4,850)	(26.0%)	260,253	365,625	105,372	28.8%	272,439	12,185	4.5%
14,048	10,196	(3,852)	(37.8%)	7,236	(6,812)	(94.1%)	165,930	122,356	(43,574)	(35.6%)	75,657	(90,272)	(119.3%)
589,101	611,588	22,487	3.7%	452,216	(136,886)	(30.3%)	7,309,397	7,639,704	330,307	4.3%	6,915,090	(394,307)	(5.7%)
Net Performance before Overhead													
(471,092)	(399,858)	(71,234)	17.8%	(333,530)	(137,561)	41.2%	(5,012,918)	(4,772,120)	(240,799)	5.0%	(4,327,802)	(685,117)	15.8%
<i>Overhead Allocations:</i>													
866	667	(199)	(29.8%)	856	(10)	(1.1%)	3,509	8,008	4,499	56.2%	8,888	5,379	60.5%
-	35,846	35,846	100.0%	23,458	23,458	100.0%	430,152	430,152	-	0.0%	373,899	(56,253)	(15.0%)
-	1,630	1,630	100.0%	1,509	1,509	100.0%	11,990	19,556	7,566	38.7%	18,124	6,134	33.8%
11,503	10,817	(686)	(6.3%)	6,908	(4,594)	(66.5%)	121,563	129,800	8,237	6.3%	82,842	(38,721)	(46.7%)
1,238	3,005	1,767	58.8%	2,213	975	44.1%	33,506	36,065	2,559	7.1%	30,424	(3,083)	(10.1%)
7,686	5,488	(2,198)	(40.1%)	3,648	(4,038)	(110.7%)	62,469	65,855	3,386	5.1%	43,774	(18,695)	(42.7%)
2,007	2,489	482	19.4%	2,607	600	23.0%	24,153	29,868	5,715	19.1%	23,314	(839)	(3.6%)
1,780	3,414	1,633	47.8%	2,528	748	29.6%	27,792	40,963	13,171	32.2%	32,180	4,388	13.6%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	1,632	1,632	100.0%
8,825	9,269	444	4.8%	7,607	(1,218)	(16.0%)	108,885	111,226	2,341	2.1%	102,739	(6,146)	(6.0%)
2,025	3,361	1,336	39.8%	5,668	3,643	64.3%	30,903	40,332	9,430	23.4%	34,756	3,853	11.1%
39,856	32,386	(7,470)	(23.1%)	29,459	(10,397)	(35.3%)	373,222	388,634	15,412	4.0%	334,287	(38,935)	(11.6%)
-	1,479	1,479	100.0%	-	-	0.0%	17,753	17,753	0	0.0%	-	(17,753)	0.0%
-	428	428	100.0%	598	598	100.0%	5,140	5,140	(0)	(0.0%)	8,491	3,351	39.5%
75,785	110,279	34,494	31.3%	87,059	11,273	12.9%	1,251,038	1,323,354	72,316	5.5%	1,095,350	(155,688)	(14.2%)
664,887	721,868	56,981	7.9%	539,274	(125,613)	(23.3%)	8,560,435	8,963,057	402,622	4.5%	8,010,440	(549,995)	(6.9%)
\$ (546,877)	\$ (510,137)	\$ (36,740)	7.2%	\$ (420,589)	\$ (126,288)	30.0%	\$ (6,263,956)	\$ (6,095,473)	\$ (168,483)	2.8%	\$ (5,423,152)	\$ (840,805)	(15.5%)

Managed Care Statement of Revenues and Expenditures

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
Total Revenue							Total Revenue						
<i>Direct Operational Expenses:</i>							<i>Direct Operational Expenses:</i>						
121,234	359,180	237,946	66.2%	345,741	224,508	64.9%	2,957,557	4,278,096	1,320,538	30.9%	4,459,458	1,501,901	33.7%
30,510	132,962	102,452	77.1%	120,685	90,175	74.7%	945,014	1,589,062	644,048	40.5%	1,556,222	611,208	39.3%
255,033	278,296	23,263	8.4%	293,923	38,889	13.2%	3,386,515	3,339,550	(46,965)	(1.4%)	2,080,345	(1,306,170)	(62.8%)
951,647	(408,333)	(1,359,981)	333.1%	1,383,260	431,613	31.2%	16,167,363	22,600,000	6,432,637	28.5%	22,706,732	6,539,370	28.8%
871	2,748	1,877	68.3%	3,969	3,098	78.0%	15,771	32,976	17,205	52.2%	31,549	15,778	50.0%
14,128	36,439	22,311	61.2%	28,518	14,390	50.5%	229,166	439,462	210,296	47.9%	325,262	96,097	29.5%
-	9,686	9,686	100.0%	9,382	9,382	100.0%	47,533	116,229	68,696	59.1%	112,455	64,922	57.7%
-	767	767	100.0%	724	724	100.0%	2,955	9,200	6,245	67.9%	7,701	4,746	61.6%
4,057	10,944	6,887	62.9%	(7,457)	(11,513)	154.4%	(164,610)	141,325	305,935	216.5%	48,825	213,435	437.1%
1,377,481	422,687	(954,793)	(225.9%)	2,178,745	801,264	36.8%	23,587,265	32,545,900	8,958,636	27.5%	31,328,549	7,741,284	24.7%
Total Operational Expenses							Total Operational Expenses						
Net Performance before Overhead Allocations							Net Performance before Overhead Allocations						
(1,377,481)	(422,687)	(954,793)	225.9%	(2,178,745)	801,264	(36.8%)	(23,587,265)	(32,545,900)	8,958,636	(27.5%)	(31,328,549)	7,741,284	(24.7%)
<i>Overhead Allocations:</i>							<i>Overhead Allocations:</i>						
1,127	869	(258)	(29.7%)	1,111	(16)	(1.4%)	4,569	10,425	5,857	56.2%	11,538	6,969	60.4%
-	2,122	2,122	100.0%	1,962	1,962	100.0%	15,610	25,460	9,850	38.7%	23,494	7,885	33.6%
27,460	26,435	(1,025)	(3.9%)	22,321	(5,139)	(23.0%)	284,942	317,222	32,280	10.2%	304,514	19,572	6.4%
14,975	14,082	(893)	(6.3%)	8,967	(6,008)	(67.0%)	158,259	168,982	10,724	6.3%	107,533	(50,726)	(47.2%)
5,335	12,951	7,616	58.8%	10,514	5,179	49.3%	144,391	155,418	11,027	7.1%	144,554	163	0.1%
10,006	7,145	(2,862)	(40.1%)	4,735	(5,271)	(111.3%)	81,327	85,735	4,409	5.1%	56,821	(24,506)	(43.1%)
2,613	3,240	628	19.4%	3,384	771	22.8%	31,444	38,885	7,441	19.1%	30,263	(1,181)	(3.9%)
2,318	4,444	2,126	47.8%	3,282	964	29.4%	36,182	53,329	17,147	32.2%	41,771	5,589	13.4%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	2,118	2,118	100.0%
11,489	12,067	578	4.8%	9,875	(1,614)	(16.3%)	141,755	144,802	3,047	2.1%	133,360	(8,394)	(6.3%)
2,636	4,376	1,740	39.8%	7,357	4,721	64.2%	40,231	52,507	12,276	23.4%	45,114	4,883	10.8%
51,887	42,163	(9,725)	(23.1%)	38,239	(13,649)	(35.7%)	485,886	505,951	20,064	4.0%	433,920	(51,967)	(12.0%)
-	1,926	1,926	100.0%	-	-	0.0%	23,112	23,112	(0)	(0.0%)	-	(23,112)	0.0%
-	558	558	100.0%	777	777	100.0%	6,692	6,692	0	0.0%	11,022	4,330	39.3%
129,846	132,377	2,531	1.9%	112,522	(17,323)	(15.4%)	1,454,399	1,588,521	134,122	8.4%	1,346,021	(108,378)	(8.1%)
Total Overhead Allocations													
1,507,326	555,064	(952,262)	(171.6%)	2,291,267	783,941	34.2%	25,041,664	34,134,421	9,092,757	26.6%	32,674,571	7,632,907	23.4%
Total Expenses													
\$ (1,507,326)	\$ (555,064)	\$ (952,262)	171.6%	\$ (2,291,267)	\$ 783,941	(34.2%)	\$ (25,041,664)	\$ (34,134,421)	\$ 9,092,757	(26.6%)	\$ (32,674,571)	\$ 7,632,907	(23.4%)
Net Margin							Net Margin						

Pharmacy Services Statement of Revenues and Expenditures

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
-	-	-	0.0%	-	-	0.0%	Total Revenues	-	-	-	0.0%	36,375	(36,375)	(100.0%)
<i>Direct Operational Expenses:</i>														
193,322	220,004	26,682	12.1%	222,234	28,912	13.0%	Salaries and Wages	2,724,927	2,620,080	(104,847)	(4.0%)	3,289,487	564,560	17.2%
65,594	70,683	5,089	7.2%	70,802	5,209	7.4%	Benefits	820,034	844,834	24,799	2.9%	1,022,797	202,763	19.8%
9,719	8,526	(1,193)	(14.0%)	7,261	(2,458)	(33.9%)	Purchased Services	93,163	102,400	9,237	9.0%	107,747	14,583	13.5%
5,602	11,211	5,609	50.0%	8,220	2,618	31.9%	Other Supplies	97,148	134,400	37,252	27.7%	88,052	(9,097)	(10.3%)
12,792	895	(11,897)	(1,329.3%)	124,906	112,114	89.8%	Drugs	71,956	10,806	(61,150)	(565.9%)	449,166	377,210	84.0%
19,133	24,126	4,993	20.7%	35,657	16,524	46.3%	Repairs & Maintenance	211,137	289,490	78,353	27.1%	290,112	78,975	27.2%
6,535	7,302	767	10.5%	6,279	(256)	(4.1%)	Lease & Rental	82,895	87,580	4,685	5.3%	173,724	90,829	52.3%
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	5,292	5,292	100.0%
13,232	9,011	(4,221)	(46.8%)	3,755	(9,477)	(252.4%)	Other Expense	77,338	109,585	32,247	29.4%	22,006	(55,332)	(251.4%)
1,898	1,808	(90)	(5.0%)	2,432	534	22.0%	Insurance	17,308	21,641	4,333	20.0%	25,455	8,147	32.0%
327,826	353,565	25,739	7.3%	481,546	153,720	31.9%	Total Operational Expenses	4,195,907	4,220,815	24,909	0.6%	5,473,837	1,277,930	23.3%
Net Performance before Overhead							Net Performance before Overhead							
(327,826)	(353,565)	25,739	(7.3%)	(481,546)	153,720	(31.9%)	Allocations	(4,195,907)	(4,220,815)	24,909	(0.6%)	(5,473,837)	1,241,555	(22.7%)
<i>Overhead Allocations:</i>														
478	369	(110)	(29.8%)	822	344	41.8%	Risk Mgt	1,939	4,424	2,485	56.2%	8,532	6,593	77.3%
-	-	-	0.0%	1,704	1,704	100.0%	Rev Cycle	-	-	-	0.0%	27,165	27,165	100.0%
-	900	900	100.0%	1,451	1,451	100.0%	Internal Audit	6,624	10,805	4,180	38.7%	17,374	10,749	61.9%
6,355	5,976	(379)	(6.3%)	6,631	276	4.2%	Administration	67,161	71,712	4,551	6.3%	79,519	12,357	15.5%
2,264	5,496	3,232	58.8%	6,051	3,787	62.6%	Human Resources	61,274	65,953	4,679	7.1%	83,202	21,929	26.4%
4,246	3,032	(1,214)	(40.1%)	3,502	(745)	(21.3%)	Legal	34,513	36,384	1,871	5.1%	42,018	7,505	17.9%
1,109	1,375	266	19.4%	2,502	1,393	55.7%	Records	13,344	16,502	3,158	19.1%	22,379	9,035	40.4%
984	1,886	902	47.8%	2,427	1,443	59.5%	Compliance	15,355	22,632	7,277	32.2%	30,889	15,534	50.3%
-	-	-	0.0%	-	-	0.0%	Planning/Research	-	-	-	0.0%	1,567	1,567	100.0%
4,876	5,121	245	4.8%	7,302	2,427	33.2%	Finance	60,157	61,451	1,293	2.1%	98,618	38,460	39.0%
1,119	1,857	738	39.8%	5,440	4,322	79.4%	Public Relations	17,073	22,283	5,210	23.4%	33,361	16,288	48.8%
22,020	17,893	(4,127)	(23.1%)	28,277	6,257	22.1%	Information Technology	206,199	214,714	8,515	4.0%	320,876	114,677	35.7%
-	237	237	100.0%	574	574	100.0%	Corporate Quality	2,840	2,840	(0)	(0.0%)	8,150	5,310	65.2%
-	817	817	100.0%	-	-	0.0%	Project MGMT Office	9,808	9,808	0	0.0%	-	(9,808)	0.0%
-	-	-	0.0%	85	85	100.0%	Managed Care Contract	-	-	-	0.0%	1,113	1,113	100.0%
43,450	44,959	1,509	3.4%	66,769	23,319	34.9%	Total Overhead Allocations	496,288	539,507	43,219	8.0%	774,762	278,473	35.9%
371,277	398,524	27,248	6.8%	548,315	177,038	32.3%	Total Expenses	4,692,195	4,760,323	68,128	1.4%	6,248,599	1,556,404	24.9%
\$ (371,277)	\$ (398,524)	\$ 27,248	(6.8%)	\$ (548,315)	\$ 177,038	(32.3%)	Net Margin	\$ (4,692,195)	\$ (4,760,323)	\$ 68,128	(1.4%)	\$ (6,212,224)	\$ 1,520,028	(24.5%)

School Health Statement of Revenues and Expenditures

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 231,917	\$ 231,917	\$ 0	0.0%	\$ 231,917	\$ -	0.0%	Palm Beach County School District	\$ 2,833,732	\$ 2,783,000	\$ 50,732	1.8%	\$ 2,783,000	\$ 50,732	1.8%	
-	0	-	0.0%	0	-	0.0%	Grants	108,084	\$ -	108,084	0.0%	-	108,084	0.0%	
231,917	231,917	0	0.0%	231,917	-	0.0%	Total Revenue	2,941,816	2,783,000	158,816	5.7%	2,783,000	158,816	5.7%	
<i>Direct Operational Expenses:</i>															
1,092,850	1,210,817	117,967	9.7%	1,299,054	206,204	15.9%	Salaries and Wages	12,935,342	13,650,969	715,626	5.2%	13,303,222	367,879	2.8%	
445,088	465,097	20,009	4.3%	444,642	(446)	(0.1%)	Benefits	4,823,039	4,991,529	168,489	3.4%	4,623,585	(199,455)	(4.3%)	
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	
12,975	6,250	(6,725)	(107.6%)	17,481	4,505	25.8%	Medical Supplies	56,361	75,000	18,639	24.9%	85,532	29,170	34.1%	
1,498	1,333	(164)	(12.3%)	2,768	1,270	45.9%	Other Supplies	24,848	16,000	(8,848)	(55.3%)	18,271	(6,578)	(36.0%)	
8,335	12,677	4,342	34.2%	12,650	4,315	34.1%	Repairs & Maintenance	133,824	152,120	18,296	12.0%	127,024	(6,800)	(5.4%)	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
209	2,715	2,507	92.3%	774	565	73.0%	Other Expense	5,994	41,200	35,206	85.5%	24,637	18,643	75.7%	
1,560,954	1,698,889	137,935	8.1%	1,777,369	216,414	12.2%	Total Operational Expenses	17,979,409	18,926,817	947,408	5.0%	18,182,269	202,860	1.1%	
Net Performance before Overhead															
(1,329,038)	(1,466,973)	137,935	(9.4%)	(1,545,452)	216,414	(14.0%)	Allocations	(15,037,593)	(16,143,817)	1,106,224	(6.9%)	(15,399,269)	361,676	(2.3%)	
<i>Overhead Allocations:</i>															
2,145	1,653	(492)	(29.7%)	2,178	33	1.5%	Risk Mgt	8,694	19,839	11,145	56.2%	22,606	13,912	61.5%	
-	4,037	4,037	100.0%	3,844	3,844	100.0%	Internal Audit	29,705	48,449	18,745	38.7%	46,033	16,328	35.5%	
8,624	8,302	(322)	(3.9%)	7,010	(1,614)	(23.0%)	Home Office Facilities	89,492	99,630	10,138	10.2%	95,639	6,147	6.4%	
28,497	26,797	(1,699)	(6.3%)	17,569	(10,928)	(62.2%)	Administration	301,162	321,570	20,407	6.3%	210,690	(90,473)	(42.9%)	
16,395	39,801	23,406	58.8%	29,303	12,908	44.1%	Human Resources	443,724	477,611	33,887	7.1%	402,901	(40,823)	(10.1%)	
19,041	13,596	(5,445)	(40.1%)	9,278	(9,764)	(105.2%)	Legal	154,762	163,152	8,390	5.1%	111,330	(43,433)	(39.0%)	
4,972	6,166	1,194	19.4%	6,629	1,657	25.0%	Records	59,837	73,997	14,160	19.1%	59,294	(543)	(0.9%)	
4,411	8,457	4,046	47.8%	6,430	2,019	31.4%	Compliance	68,854	101,484	32,630	32.2%	81,842	12,988	15.9%	
-	-	-	0.0%	-	-	0.0%	Planning/Research	-	-	-	0.0%	4,151	4,151	100.0%	
21,864	22,963	1,099	4.8%	19,348	(2,516)	(13.0%)	Finance	269,756	275,554	5,798	2.1%	261,294	(8,461)	(3.2%)	
5,016	8,327	3,311	39.8%	14,415	9,399	65.2%	Public Relations	76,560	99,921	23,361	23.4%	88,393	11,833	13.4%	
98,740	80,234	(18,506)	(23.1%)	74,921	(23,819)	(31.8%)	Information Technology	924,630	962,812	38,182	4.0%	850,183	(74,448)	(8.8%)	
-	3,665	3,665	100.0%	-	-	0.0%	Project MGMT Office	43,982	43,982	(0)	(0.0%)	-	(43,982)	0.0%	
-	1,061	1,061	100.0%	1,522	1,522	100.0%	Corporate Quality	12,735	12,735	(0)	(0.0%)	21,595	8,860	41.0%	
209,705	225,061	15,356	6.8%	192,447	(17,258)	(9.0%)	Total Overhead Allocations	2,483,893	2,700,735	216,843	8.0%	2,255,950	(227,943)	(10.1%)	
1,770,659	1,923,950	153,291	8.0%	1,969,816	199,157	10.1%	Total Expenses	20,463,302	21,627,553	1,164,251	5.4%	20,438,219	(25,083)	(0.1%)	
\$ (1,538,743)	\$ (1,692,034)	\$ 153,291	(9.1%)	\$ (1,737,899)	\$ 199,157	(11.5%)	Net Margin	\$ (17,521,486)	\$ (18,844,553)	\$ 1,323,067	(7.0%)	\$ (17,655,219)	\$ 133,733	(0.8%)	

Sponsored Programs

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
<i>Sponsored Programs:</i>													
708,996	708,996	0	0.0%	708,996	-	0.0%	8,507,947	8,507,947	-	0.0%	8,477,334	(30,613)	(0.4%)
126,277	125,000	(1,277)	(1.0%)	153,978	27,701	18.0%	1,219,638	1,500,000	280,362	18.7%	1,403,056	183,418	13.1%
-	2,500	2,500	100.0%	-	-	0.0%	10,000	30,000	20,000	66.7%	10,000	-	0.0%
835,272	836,496	1,223	0.1%	862,973	27,701	3.2%	9,737,585	10,037,947	300,362	3.0%	9,890,390	152,805	1.5%
<i>Direct Operational Expenses:</i>													
8,411	13,655	5,245	38.4%	12,755	4,344	34.1%	166,045	162,651	(3,394)	(2.1%)	158,791	(7,254)	(4.6%)
2,905	5,941	3,036	51.1%	5,480	2,575	47.0%	62,999	71,031	8,032	11.3%	66,403	3,405	5.1%
-	63	63	100.0%	-	-	0.0%	382	750	368	49.0%	112	(271)	(242.2%)
9,167	-	(9,167)	0.0%	-	(9,167)	0.0%	73,333	-	(73,333)	0.0%	-	(73,333)	0.0%
-	528	528	100.0%	462	462	100.0%	5,279	7,700	2,421	31.4%	3,431	(1,848)	(53.9%)
20,482	20,187	(295)	3	18,697	(1,786)	(9.6%)	308,039	242,132	(65,907)	(21.4%)	228,737	(79,301)	(34.7%)
\$ 855,755	\$ 856,682	\$ 928	0.1%	\$ 881,670	\$ 25,915	2.9%	\$ 10,045,624	\$ 10,280,079	\$ 234,455	2.3%	\$ 10,119,128	\$ 73,504	0.7%

General Fund Statement of Revenues and Expenditures by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Revenues:													
Ad Valorem Taxes	\$ -	\$ 13,264,588	\$ 101,722,924	\$ 5,379,537	\$ 5,480,440	\$ 2,512,306	\$ 4,595,581	\$ 2,711,452	\$ 734,936	\$ 2,870,113	\$ 150,394	\$ -	\$ 139,422,271
Premiums													
Patient Revenue, Net	313,507	259,739	155,863	259,942	148,387	92,770	52,408	53,069	231,380	528,277	83,126	118,010	2,296,478
Intergovernmental Revenue	231,917	231,917	231,917	231,917	231,917	275,095	232,243	237,414	233,449	232,115	231,917	231,917	2,833,732
Grants	-	-	-	-	-	-	-	-	108,084	-	-	-	108,084
Interest Earnings	257,013	236,715	300,360	318,744	345,085	258,889	249,421	219,214	209,810	266,603	172,747	163,773	2,998,373
Unrealized Gain/(Loss)-Investments	139,376	(142,804)	(7,299)	276,926	505,939	623,551	102,094	20,628	(89,473)	(9,881)	(126,210)	(106,348)	1,186,501
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	141,185	205,104	1,271,313	426,976	168,722	58,483	132,193	54,454	139,205	36,676	15,680	162,925	2,812,914
Total Revenues	\$ 1,082,998	\$ 14,055,259	\$ 103,675,078	\$ 6,894,042	\$ 6,880,488	\$ 3,821,093	\$ 5,363,941	\$ 3,296,231	\$ 1,567,391	\$ 3,923,902	\$ 527,653	\$ 570,277	\$ 151,658,354
Expenditures:													
Salaries and Wages	3,372,547	2,914,541	3,158,229	3,008,048	2,729,117	3,555,145	3,163,997	2,844,703	2,849,970	2,651,202	2,508,515	3,961,736	36,717,749
Benefits	1,070,529	1,059,381	1,204,858	983,644	805,757	1,045,299	1,005,616	1,028,134	1,055,953	837,704	609,676	1,204,925	11,911,475
Purchased Services	682,193	854,050	995,007	1,226,340	999,711	841,874	646,857	894,745	758,480	747,193	732,877	910,562	10,289,890
Medical Supplies	3,130	12,784	1,086	12,404	6,856	1,984	1,933	1,286	704	1,555	12,588	15,464	71,774
Other Supplies	92,634	(4,514)	5,915	25,522	32,840	33,818	96,070	103,349	44,877	147,888	489,056	229,657	1,297,112
Contracted Physician Expense	29,167	29,167	29,167	-	16,667	8,333	8,333	6,250	8,333	-	4,167	4,167	143,750
Medical Services	3,323,505	3,110,005	2,914,343	1,578,677	2,446,451	3,009,161	8,528,555	2,824,568	2,481,643	2,305,432	1,017,888	1,679,551	35,219,779
Drugs	2,007	10,012	31,957	23,449	(1,474)	35,790	(6,995)	(43,191)	16,311	616	(9,318)	12,792	71,956
Repairs & Maintenance	306,338	293,185	300,855	339,738	329,910	395,961	323,488	301,199	287,276	376,284	333,142	336,233	3,923,610
Lease & Rental	157,400	129,071	153,388	155,514	169,531	150,832	146,423	146,156	151,315	138,476	149,708	151,056	1,798,868
Utilities	8,133	7,871	8,913	8,883	8,032	8,146	9,710	5,953	5,890	12,851	11,539	7,507	103,427
Other Expense	590,710	513,049	2,593,281	578,835	494,196	481,506	483,172	474,068	428,432	456,780	412,889	530,046	8,036,964
Insurance	132,407	132,137	132,180	80,244	80,195	80,195	52,506	87,718	71,451	68,495	62,797	65,085	1,045,410
Sponsored Programs	851,872	855,423	646,156	754,712	822,478	842,660	832,848	835,179	828,420	832,687	799,878	835,272	9,737,585
Total Operational Expenditures	10,622,571	9,916,160	12,175,334	8,776,011	8,940,267	10,490,704	15,292,515	9,510,116	8,989,054	8,577,161	7,135,404	9,944,053	120,369,350
Net Performance before Overhead Allocations	\$ (9,539,573)	\$ 4,139,099	\$ 91,499,745	\$ (1,881,969)	\$ (2,059,779)	\$ (6,669,610)	\$ (9,928,574)	\$ (6,213,885)	\$ (7,421,663)	\$ (4,653,259)	\$ (6,607,751)	\$ (9,373,776)	\$ 31,289,004
Overhead Allocations	(827,438)	(915,214)	(1,096,258)	(1,264,772)	(788,002)	(1,154,316)	(1,079,382)	(1,183,810)	(902,286)	(945,262)	(1,011,022)	(952,877)	(12,120,638)
Total Expenses	9,795,133	9,000,947	11,079,076	7,511,239	8,152,265	9,336,388	14,213,133	8,326,306	8,086,769	7,631,899	6,124,382	8,991,176	108,248,712
Net Margin	\$ (8,712,135)	\$ 5,054,312	\$ 92,596,003	\$ (617,197)	\$ (1,271,776)	\$ (5,515,295)	\$ (8,849,192)	\$ (5,030,075)	\$ (6,519,378)	\$ (3,707,997)	\$ (5,596,729)	\$ (8,420,899)	\$ 43,409,642
General Fund Support/ Transfer In (Out)	\$ (5,470,228)	\$ (4,513,834)	\$ (4,419,609)	\$ (6,765,216)	\$ (1,877,799)	\$ (6,933,323)	\$ (5,379,952)	\$ (3,620,420)	\$ (21,127,979)	\$ (1,202,002)	\$ (3,315,870)	\$ (1,032,551)	\$ (65,658,783)



General Fund Program Statistics

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Prior Year Total
Aeromedical														
Patients Transported - Actual	56	43	51	58	55	57	31	30	48	40	43	39	551	602
Patients Transported - Budget	50	59	54	59	56	53	54	50	48	46	48	46	623	628
Variance	6	(16)	(3)	(1)	(1)	4	(23)	(20)	-	(6)	(5)	(7)	(72)	(26)
Actual Hours Available for Service	1,103	1,078	1,116	1,116	1,027	1,104	1,077	864	958	1,104	984	696	12,227	12,539
Service Hours Utilized	81.0	67.0	77.0	80.0	75.0	86.0	43.0	41.0	63.0	58.0	66.0	51.0	788.0	909
Utilization %	7.3%	6.2%	6.9%	7.2%	7.3%	7.8%	4.0%	4.7%	6.6%	5.3%	6.7%	7.3%	6.4%	7.2%
# of Flights - Training/Public Education	5	7	10	2	1	7	-	3	2	7	3	-	47	45
# of Flights - Maintenance	14	12	10	8	7	5	8	3	17	5	14	2	105	119
Trauma														
New Trauma Patients - Actual	396	365	448	455	402	359	302	349	409	399	381	363	4,628	4,637
New Trauma Patients - Budget	359	399	399	399	399	399	399	399	399	399	399	399	4,748	4,790
Variance	37	(34)	49	56	3	(40)	(97)	(50)	10	-	(18)	(36)	(120)	(153)
School Health														
Medical Events	49,338	34,285	28,487	36,252	37,235	19,023	-	-	4,317	-	-	29,825	238,762	389,767
Screenings	25,898	19,874	16,737	10,715	14,596	1,280	-	-	33,480	-	-	1,644	124,224	129,598
Total Events- Actual	75,236	54,159	45,224	46,967	51,831	20,303	-	-	37,797	-	-	31,469	362,986	519,365
Total Events- Budget	87,830	59,150	53,465	57,010	63,293	40,595	51,323	50,885	6,193	-	47,088	68,766	585,598	480,000
Managed Care														
District Care Visits to Primary Clinic - Medical	56	22	30	25	27	20	27	10	12	29	17	11	286	15,794
District Care Visits to Primary Clinic - Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	2,627
Uninsured Visits to Primary Clinic - Medical	5,780	4,471	4,931	5,406	4,811	4,277	1,343	1,607	3,930	3,103	3,056	3,016	45,731	44,853
Uninsured Visits to Primary Clinic - Dental	1,672	1,461	1,427	1,567	1,424	734	87	156	208	164	171	462	9,533	15,781
Membership- Current Year	8,891	8,847	8,643	8,134	7,429	6,883	6,538	6,029	5,856	4,590	3,386	2,558		
Membership- Prior Year	9,446	9,195	8,929	8,731	8,470	8,259	8,369	8,491	8,630	8,827	8,926	8,955		
Pharmacy														
Total Prescriptions Filled at In-House Pharmacies	22,325	19,952	20,667	22,198	19,472	20,909	13,842	11,601	16,906	16,563	14,951	16,228	215,614	256,540
Total Prescriptions Filled at Retail Pharmacies	312	225	237	185	191	160	176	126	101	102	114	65	1,994	2,781
Total Prescriptions Filled Inhouse/Retail- Actual	22,637	20,177	20,904	22,383	19,663	21,069	14,018	11,727	17,007	16,665	15,065	16,293	217,608	259,321
Total Prescriptions Filled- Budget	24,765	21,289	20,606	23,337	21,478	22,050	22,914	21,651	20,078	21,960	22,165	19,756	262,049	293,625

* School closed.

** School year 19/20 year end reconciliation adjustment.



SUPPLEMENTAL INFORMATION

HEALEY CENTER

Healey Center Statement of Revenues and Expenses

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 1,130,855	\$ 1,129,599	\$ 1,256	0.1%	\$ 1,174,425	\$ (43,570)	(3.7%)	\$ 14,264,536	\$ 13,781,120	\$ 483,416	3.5%	\$ 14,075,751	\$ 188,785	1.3%
Gross Patient Revenue							Gross Patient Revenue						
133,059	103,465	(29,594)	(28.6%)	131,045	(2,014)	(1.5%)	1,461,967	1,262,275	(199,692)	(15.8%)	878,275	(583,692)	(66.5%)
307,241	238,037	(69,204)	(29.1%)	281,675	(25,566)	(9.1%)	3,751,833	2,904,055	(847,778)	(29.2%)	3,128,415	(623,418)	(19.9%)
-	5,515	5,515	100.0%	28,011	28,011	100.0%	333,629	67,277	(266,352)	(395.9%)	99,221	(234,408)	(236.2%)
440,300	347,017	(93,283)	(26.9%)	440,731	431	0.1%	5,547,429	4,233,607	(1,313,822)	(31.0%)	4,105,911	(1,441,518)	(35.1%)
690,555	782,582	(92,027)	(11.8%)	733,694	(43,139)	(5.9%)	8,717,107	9,547,513	(830,406)	(8.7%)	9,969,840	(1,252,734)	(12.6%)
61.06%	69.28%			62.47%			61.11%	69.28%		70.83%			
758,333	758,333	(0)	(0.0%)	758,333	-	0.0%	9,100,000	9,100,000	(0)	(0.0%)	9,100,000	-	0.0%
268,499	-	268,499	0.0%	-	268,499	0.0%	836,651	-	836,651	0.0%	-	836,651	0.0%
1,923	3,070	(1,146)	(37.3%)	2,434	(511)	(21.0%)	31,001	36,834	(5,833)	(15.8%)	37,486	(6,485)	(17.3%)
1,028,756	761,403	267,353	(0)	760,767	267,989	35.2%	9,967,652	9,136,834	830,818	9.1%	9,137,486	830,166	9.1%
1,719,311	1,543,985	175,326	11.4%	1,494,461	224,849	15.0%	18,684,759	18,684,347	412	0.0%	19,107,327	(422,567)	(2.2%)
<i>Direct Operational Expenses:</i>							<i>Direct Operational Expenses:</i>						
1,093,762	1,245,981	152,220	12.2%	1,157,079	63,317	5.5%	11,922,026	11,651,778	(270,248)	(2.3%)	11,240,145	(681,881)	(6.1%)
348,186	355,108	6,921	1.9%	371,171	22,985	6.2%	4,160,477	4,261,292	100,815	2.4%	4,063,561	(96,917)	(2.4%)
51,484	76,323	24,839	32.5%	92,788	41,304	44.5%	837,874	931,597	93,723	10.1%	852,421	14,547	1.7%
80,906	46,333	(34,573)	(74.6%)	47,678	(33,228)	(69.7%)	721,753	556,000	(165,753)	(29.8%)	532,151	(189,601)	(35.6%)
86,012	75,716	(10,296)	(13.6%)	63,327	(22,685)	(35.8%)	815,622	908,590	92,968	10.2%	866,358	50,736	5.9%
1,426	2,208	782	35.4%	898	(529)	(58.9%)	12,549	26,500	13,951	52.6%	11,634	(916)	(7.9%)
18,002	4,708	(13,293)	(282.3%)	4,538	(13,463)	(296.7%)	63,994	56,500	(7,494)	(13.3%)	52,807	(11,187)	(21.2%)
18,573	31,667	13,094	41.3%	19,295	722	3.7%	298,997	380,000	81,003	21.3%	309,593	10,596	3.4%
33,869	33,758	(111)	(0.3%)	18,368	(15,501)	(84.4%)	317,616	406,255	88,639	21.8%	355,207	37,591	10.6%
1,064	1,520	456	30.0%	2,622	1,558	59.4%	13,274	18,236	4,962	27.2%	17,595	4,321	24.6%
38,587	36,164	(2,423)	(6.7%)	26,256	(12,332)	(47.0%)	450,232	433,963	(16,269)	(3.7%)	422,701	(27,531)	(6.5%)
12,091	16,312	4,220	25.9%	22,795	10,704	47.0%	114,760	208,171	93,411	44.9%	169,944	55,185	32.5%
6,826	6,211	(615)	(9.9%)	6,849	23	0.3%	71,499	75,229	3,730	5.0%	62,027	(9,472)	(15.3%)
1,790,789	1,932,008	141,220	7.3%	1,833,663	42,874	2.3%	19,800,673	19,914,111	113,438	0.6%	18,956,146	(844,527)	(4.5%)
Net Performance before Depreciation & Overhead Allocations							Net Performance before Depreciation & Overhead Allocations						
(71,478)	(388,023)	316,546	(81.6%)	(339,201)	267,723	(78.9%)	(1,115,914)	(1,229,764)	113,850	(9.3%)	151,181	(1,267,094)	(838.1%)
78,789	64,849	(13,940)	(21.5%)	56,043	(22,746)	(40.6%)	942,232	778,190	(164,042)	(21.1%)	651,870	(290,362)	(44.5%)
<i>Overhead Allocations:</i>							<i>Overhead Allocations:</i>						
2,220	1,711	(509)	(29.7%)	2,160	(60)	(2.8%)	8,998	20,532	11,535	56.2%	22,424	13,427	59.9%
-	4,178	4,178	100.0%	3,813	3,813	100.0%	30,743	50,142	19,400	38.7%	45,663	14,920	32.7%
29,493	27,734	(1,759)	(6.3%)	17,428	(12,064)	(69.2%)	311,685	332,805	21,120	6.3%	208,996	(102,688)	(49.1%)
15,496	37,617	22,122	58.8%	27,280	11,785	43.2%	419,381	451,409	32,028	7.1%	375,083	(44,298)	(11.8%)
19,707	14,071	(5,636)	(40.1%)	9,203	(10,504)	(114.1%)	160,170	168,852	8,683	5.1%	110,435	(49,735)	(45.0%)
5,146	6,382	1,236	19.4%	6,576	1,430	21.8%	61,928	76,582	14,654	19.1%	58,817	(3,111)	(5.3%)
4,565	8,752	4,188	47.8%	6,378	1,813	28.4%	71,260	105,030	33,770	32.2%	81,185	9,925	12.2%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	4,117	4,117	100.0%
22,628	23,765	1,138	4.8%	19,192	(3,435)	(17.9%)	279,181	285,182	6,001	2.1%	259,194	(19,986)	(7.7%)
5,191	8,618	3,427	39.8%	14,299	9,108	63.7%	79,235	103,412	24,177	23.4%	87,682	8,448	9.6%
102,190	83,038	(19,153)	(23.1%)	74,319	(27,871)	(37.5%)	956,937	996,452	39,516	4.0%	843,350	(113,587)	(13.5%)
-	1,098	1,098	100.0%	1,510	1,510	100.0%	13,180	13,180	(0)	(0.0%)	21,421	8,242	38.5%
-	3,793	3,793	100.0%	-	-	0.0%	45,519	45,519	(0)	(0.0%)	-	(45,519)	0.0%
206,634	220,758	14,124	6.4%	182,159	(24,475)	(13.4%)	2,438,214	2,649,097	210,883	8.0%	2,118,369	(319,845)	(15.1%)
2,076,211	2,217,615	141,404	6.4%	2,071,864	(4,348)	(0.2%)	23,181,119	23,341,398	160,279	0.7%	21,726,385	(1,454,734)	(6.7%)
Net Margin							Net Margin						
(356,901)	(673,630)	316,730	(47.0%)	(577,402)	220,502	(38.2%)	(4,496,360)	(4,657,051)	160,691	(3.5%)	(2,619,059)	(1,877,301)	71.7%
15,427	-	15,427	0.0%	1,521,339	(1,505,912)	(99.0%)	37,271	-	37,271	0.0%	1,521,339	(1,484,068)	(97.6%)
\$ -	\$ 300,000	\$ (300,000)	(100.0%)	\$ -	\$ -	0.0%	\$ 3,254,172	\$ 3,600,000	\$ (345,828)	(9.6%)	\$ 1,919,246	\$ (1,334,926)	(69.6%)

Healey Center Statement of Revenues and Expenses by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Gross Patient Revenue	\$ 1,243,897	\$ 1,201,112	\$ 1,236,964	\$ 1,240,975	\$ 1,170,367	\$ 1,214,849	\$ 1,166,790	\$ 1,171,785	\$ 1,144,012	\$ 1,174,093	\$ 1,168,835	\$ 1,130,855	\$ 14,264,536
Contractual Allowances	145,933	132,337	136,361	130,916	102,459	118,076	96,571	126,997	92,210	117,729	129,321	133,059	1,461,967
Charity Care	298,126	288,250	323,807	311,917	295,516	364,821	315,588	320,785	312,492	315,536	297,755	307,241	3,751,833
Bad Debt	45,674	35,500	15,450	242	(21,093)	(2,417)	63,301	32,943	30,987	51,807	81,235	-	333,629
Total Contractuals and Bad Debt	489,733	456,087	475,617	443,075	376,882	480,480	475,459	480,725	435,689	485,073	508,310	440,300	5,547,429
Net Patient Revenue	754,164	745,025	761,347	797,901	793,485	734,370	691,331	691,060	708,324	689,020	660,526	690,555	8,717,107
Collections %	60.63%	62.03%	61.55%	64.30%	67.80%	60.45%	59.25%	58.97%	61.92%	58.69%	56.51%	-	61.11%
PBC Interlocal	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	9,100,000
Other Financial Assistance	-	-	-	-	-	-	-	247,347	123,413	197,392	-	268,499	836,651
Other Revenues	2,208	2,655	3,403	3,548	11,768	1,228	168	2,128	1,525	141	306	1,923	31,001
Total Other Revenues	760,541	760,988	761,736	761,881	770,101	759,561	758,501	1,007,808	883,272	955,866	758,640	1,028,756	9,967,652
Total Revenues	1,514,705	1,506,014	1,523,084	1,559,782	1,563,587	1,493,931	1,449,831	1,698,868	1,591,596	1,644,886	1,419,165	1,719,311	18,684,759
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,014,224	943,318	1,056,004	1,004,379	919,446	925,953	1,007,024	789,597	1,118,491	1,019,250	1,030,578	1,093,762	11,922,026
Benefits	360,890	358,350	367,600	355,729	258,965	339,670	334,999	375,603	424,214	364,306	271,964	348,186	4,160,477
Purchased Services	74,560	57,764	65,145	97,220	68,831	88,332	70,576	66,032	67,924	62,088	67,917	51,484	837,874
Medical Supplies	40,946	39,049	33,989	53,874	41,858	41,217	49,611	63,200	67,607	67,451	142,045	80,906	721,753
Other Supplies	66,357	63,656	67,358	69,707	76,198	53,031	68,696	73,561	62,683	48,174	80,190	86,012	815,622
Contracted Physician Expense	1,041	1,687	1,056	575	1,129	465	1,258	1,058	1,019	1,004	832	1,426	12,549
Medical Services	4,013	3,972	2,641	4,833	3,534	4,829	4,886	3,306	5,683	5,166	3,128	18,002	63,994
Drugs	2,400	25,033	26,520	47,034	25,322	24,783	27,855	26,957	22,612	27,964	23,944	18,573	298,997
Repairs & Maintenance	25,222	28,516	33,200	25,583	34,890	21,569	23,687	26,948	21,767	14,786	27,578	33,869	317,616
Lease & Rental	1,248	1,248	103	1,248	1,248	1,248	1,290	1,248	1,248	1,300	781	1,064	13,274
Utilities	37,801	33,997	39,941	50,413	37,442	32,433	35,277	26,454	38,899	38,637	40,350	38,587	450,232
Other Expense	7,306	11,365	14,358	8,099	8,418	7,979	5,791	7,318	3,145	20,922	7,967	12,091	114,760
Insurance	6,849	6,849	6,849	6,849	6,849	7,157	1,600	7,979	(612)	7,480	6,826	6,826	71,499
Total Operational Expenses	1,642,857	1,574,805	1,714,762	1,725,544	1,484,130	1,548,667	1,632,549	1,469,261	1,834,680	1,678,529	1,704,101	1,790,789	19,800,673
Net Performance before Depreciation & Overhead Allocations	(128,152)	(68,792)	(191,679)	(165,762)	79,457	(54,736)	(182,717)	229,607	(243,084)	(33,642)	(284,936)	(71,478)	(1,115,914)
Depreciation	54,478	59,431	56,920	140,563	78,941	78,941	78,874	78,874	78,838	78,813	78,770	78,789	942,232
<i>Overhead Allocations:</i>													
Risk Mgt	1,232	1,585	1,510	1,475	1,494	1,693	1,470	1,600	1,917	1,238	(8,436)	2,220	8,998
Internal Audit	4,007	5,299	4,124	3,994	3,468	4,013	3,935	1,034	868	-	-	-	30,743
Administration	21,588	28,828	28,148	26,476	28,970	25,648	23,599	22,880	28,352	23,375	24,329	29,493	311,685
Human Resources	32,732	35,422	62,280	36,574	21,078	40,359	37,164	35,576	34,388	35,984	32,327	15,496	419,381
Legal	8,581	12,129	14,825	10,566	16,426	12,898	9,531	13,306	10,781	12,394	19,027	19,707	160,170
Records	4,944	5,037	5,833	4,014	5,339	5,532	5,829	4,285	5,294	5,516	5,159	5,146	61,928
Compliance	2,961	4,665	8,653	11,899	9,743	5,565	8,442	4,016	3,573	3,292	3,887	4,565	71,260
Finance	20,542	26,023	21,546	35,397	15,319	33,764	22,829	25,755	8,292	24,463	22,625	22,628	279,181
Public Relations	6,873	12,124	8,363	8,595	5,664	5,288	6,878	7,282	4,369	4,394	4,215	5,191	79,235
Information Technology	61,331	46,922	71,869	73,750	68,765	70,161	76,375	92,467	71,563	99,808	121,735	102,190	956,937
Corporate Quality	1,490	1,722	2,183	1,852	(1,755)	2,060	1,650	1,658	2,321	-	-	-	13,180
Project MGMT Office	3,248	4,314	5,125	7,242	(962)	8,692	8,326	7,769	1,765	-	-	-	45,519
Managed Care Contract	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	169,528	184,070	234,458	221,835	173,547	215,672	206,029	217,627	173,482	210,463	224,868	206,634	2,438,214
Total Expenses	1,866,863	1,818,306	2,006,141	2,087,941	1,736,618	1,843,279	1,917,453	1,765,762	2,087,000	1,967,805	2,007,739	2,076,211	23,181,119
Net Margin	(352,158)	(312,293)	(483,057)	(528,159)	(173,031)	(349,349)	(467,621)	(66,894)	(495,405)	(322,919)	(588,574)	(356,901)	(4,496,360)
Capital Contributions	-	-	-	-	-	-	-	-	-	-	21,844	15,427	37,271
General Fund Support/ Transfer In	\$ 297,680	\$ 342,512	\$ 336,487	\$ 387,597	\$ 94,090	\$ 270,407	\$ 388,747	\$ 235,367	\$ 169,219	\$ 244,106	\$ 487,960	\$ -	\$ 3,254,172



Census	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Prior Year Total
Admissions	11	9	18	17	15	5	6	7	11	5	6	6	116	112
Discharges	11	14	18	17	20	5	11	6	11	6	7	10	136	116
Average Daily Census	119	118	118	118	118	116	113	115	112	112	114	106	115	119
Budget Census	118	118	118	118	118	118	118	118	118	118	118	118	118	118
Occupancy % (120 licensed beds)	99%	98%	99%	98%	98%	97%	94%	96%	93%	93%	95%	89%	96%	99%
Days By Payor Source:														
Medicaid	86	88	91	61	11	-	30	-	-	-	9	-	376	748
Managed Care Medicaid	2,586	2,415	2,530	2,580	2,426	2,560	2,384	2,502	2,401	2,490	2,502	2,388	29,764	29,538
Medicare	76	141	97	117	141	84	72	57	82	83	31	19	1,000	528
Private Pay	-	-	-	-	-	8	-	-	-	-	-	-	8	773
Hospice	124	99	81	62	45	32	7	-	-	-	22	52	524	1,196
Charity	806	785	867	843	796	925	884	899	870	899	860	836	10,270	10,647
Total Resident Days	3,678	3,528	3,666	3,663	3,419	3,609	3,377	3,458	3,353	3,472	3,424	3,295	41,942	43,430



SUPPLEMENTAL INFORMATION

LAKESIDE MEDICAL CENTER

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 3,249,734	\$ 3,323,990	\$ (74,256)	(2.2%)	\$ 3,123,099	\$ 126,635	4.1%	\$ 53,310,243	\$ 45,096,142	\$ 8,214,101	18.2%	\$ 42,763,243	\$ 10,547,000	24.7%
5,842,933	6,944,794	(1,101,861)	(15.9%)	7,119,348	(1,276,415)	(17.9%)	79,546,815	86,689,243	(7,142,429)	(8.2%)	88,190,746	(8,643,932)	(9.8%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	1,126	(1,126)	(100.0%)
9,092,667	10,268,784	(1,176,117)	(11.5%)	10,242,447	(1,149,780)	(11.2%)	132,857,058	131,785,385	1,071,673	0.8%	130,955,115	1,901,943	1.5%
6,977,509	6,961,463	(16,046)	(0.2%)	7,146,402	168,894	2.4%	90,002,819	89,340,549	(662,270)	(0.7%)	91,290,030	1,287,211	1.4%
4,603	265,091	260,488	98.3%	673,196	668,592	99.3%	2,429,995	3,402,068	972,073	28.6%	3,793,156	1,363,161	35.9%
(721,805)	1,047,876	1,769,681	168.9%	830,912	1,552,717	186.9%	17,406,281	13,448,025	(3,958,256)	(29.4%)	13,832,387	(3,573,894)	(25.8%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	1,988	1,988	100.0%
\$ 6,260,307	\$ 8,274,430	\$ 2,014,123	24.3%	\$ 8,650,510	\$ 2,390,203	27.6%	\$ 109,839,094	\$ 106,190,642	\$ (3,648,452)	(3.4%)	\$ 108,917,561	\$ (921,534)	(0.8%)
182,581	-	182,581	0.0%	180,629	1,952	1%	1,521,543	1,172,547	348,996	29.8%	1,537,722	(16,180)	(1.1%)
3,014,941	1,994,354	1,020,587	51.2%	1,772,566	1,242,375	70.1%	24,539,506	26,767,290	(2,227,784)	(8.3%)	23,575,276	964,230	4.1%
33.16%	19.42%			17.31%			18.47%	20.31%			18.00%		
-	-	-	0.0%	204,386	(204,386)	(100.0%)	1,501,380	-	1,501,380	0.0%	561,298	940,082	167.5%
8,068,689	-	8,068,689	0.0%	-	8,068,689	0.0%	12,025,563	-	12,025,563	0.0%	-	12,025,563	0.0%
109,578	18,710	90,868	485.7%	3,567	106,011	2,972.2%	345,067	224,454	120,613	53.7%	100,048	245,020	244.9%
8,178,267	18,710	8,159,557	43,610.7%	207,953	7,970,314	3,832.7%	13,872,011	224,454	13,647,557	6,080.3%	661,345	13,210,665	1,997.5%
11,193,208	2,013,064	9,180,144	456.0%	1,980,519	9,212,689	465.2%	38,411,517	26,991,744	11,419,773	42.3%	24,236,622	14,174,895	58.5%
<i>Direct Operational Expenses:</i>													
1,820,846	1,682,522	(138,324)	(8.2%)	1,804,281	(16,565)	(0.9%)	20,151,579	19,722,366	(429,212)	(2.2%)	18,923,104	(1,228,475)	(6.5%)
443,775	467,258	23,483	5.0%	470,092	26,317	5.6%	5,393,247	5,548,416	155,169	2.8%	5,228,828	(164,419)	(3.1%)
266,487	518,754	252,267	48.6%	569,276	302,790	53.2%	3,806,416	3,488,325	(318,091)	(9.1%)	3,869,064	62,648	1.6%
162,459	354,891	192,432	54.2%	89,573	(72,886)	(81.4%)	1,839,422	1,668,370	(171,052)	(10.3%)	1,441,047	(398,375)	(27.6%)
220,079	93,694	(126,385)	(134.9%)	154,574	(65,506)	(42.4%)	1,183,735	1,124,394	(59,341)	(5.3%)	978,028	(205,707)	(21.0%)
735,349	2,104,861	1,369,512	65.1%	768,366	33,017	4.3%	8,702,906	8,758,332	55,426	0.6%	10,118,974	1,416,068	14.0%
68,409	69,999	1,590	2.3%	28,535	(39,874)	(139.7%)	1,207,903	946,500	(261,403)	(27.6%)	869,831	(338,073)	(38.9%)
188,662	154,891	(33,771)	(21.8%)	211,177	22,515	10.7%	1,783,332	1,858,582	75,250	4.0%	1,900,923	117,592	6.2%
50,942	59,504	8,562	14.4%	27,357	(23,585)	(86.2%)	701,046	713,949	12,903	1.8%	679,675	(21,371)	(3.1%)
88,161	86,987	(1,174)	(1.3%)	67,696	(20,464)	(30.2%)	808,642	933,735	125,093	13.4%	859,463	50,821	5.9%
86,236	74,883	(11,353)	(15.2%)	(468,517)	(554,753)	118.4%	492,967	899,531	406,564	45.2%	321,377	(171,590)	(53.4%)
16,573	14,654	(1,919)	(13.1%)	17,411	838	4.8%	181,635	175,760	(5,875)	(3.3%)	154,768	(26,868)	(17.4%)
4,147,978	5,682,898	1,534,921	27.0%	3,739,821	(408,157)	(10.9%)	46,252,828	45,838,260	(414,568)	(0.9%)	45,345,080	(907,748)	(2.0%)
Net Performance before													
7,045,230	(3,669,834)	10,715,064	(292.0%)	(1,759,302)	8,804,532	(500.5%)	(7,841,312)	(18,846,516)	11,005,205	(58.4%)	(21,108,459)	13,267,147	(62.9%)
Depreciation & Overhead Allocations													

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
257,968	300,400	42,432	14.1%	310,883	52,915	17.0%	Depreciation	3,087,697	3,604,800	517,103	14.3%	3,366,055	278,357	8.3%
<i>Overhead Allocations:</i>														
4,955	3,820	(1,136)	(29.7%)	5,116	161	3.1%	Risk Mgt	20,084	45,831	25,747	56.2%	53,111	33,027	62.2%
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%
-	9,327	9,327	100.0%	9,031	9,031	100.0%	Internal Audit	68,622	111,924	43,303	38.7%	108,151	39,530	36.6%
65,831	61,906	(3,926)	(6.3%)	41,278	(24,554)	(59.5%)	Administration	695,724	742,867	47,144	6.3%	495,002	(200,722)	(40.5%)
20,095	48,784	28,689	58.8%	35,315	15,219	43.1%	Human Resources	543,872	585,407	41,535	7.1%	485,549	(58,323)	(12.0%)
43,988	31,409	(12,579)	(40.1%)	21,797	(22,191)	(101.8%)	Legal	357,521	376,902	19,381	5.1%	261,562	(95,959)	(36.7%)
11,486	14,245	2,759	19.4%	15,575	4,089	26.3%	Records	138,232	170,942	32,710	19.1%	139,307	1,075	0.8%
10,189	19,537	9,348	47.8%	15,106	4,917	32.6%	Compliance	159,062	234,441	75,379	32.2%	192,284	33,222	17.3%
-	-	-	0.0%	-	-	0.0%	Planning/Research	-	-	-	0.0%	9,752	9,752	100.0%
50,508	53,047	2,539	4.8%	45,457	(5,051)	(11.1%)	Finance	623,170	636,565	13,395	2.1%	613,894	(9,276)	(1.5%)
11,587	19,236	7,649	39.8%	33,866	22,279	65.8%	Public Relations	176,862	230,829	53,967	23.4%	207,673	30,811	14.8%
228,103	185,352	(42,751)	(23.1%)	176,023	(52,080)	(29.6%)	Information Technology	2,136,015	2,224,219	88,205	4.0%	1,997,449	(138,566)	(6.9%)
-	2,452	2,452	100.0%	3,576	3,576	100.0%	Corporate Quality	29,419	29,419	0	0.0%	50,736	21,317	42.0%
-	8,467	8,467	100.0%	-	-	0.0%	Project MGMT Office	101,605	101,605	0	0.0%	-	(101,605)	0.0%
6,676	12,398	5,722	46.2%	11,087	4,410	39.8%	Managed Care Contract	97,357	148,774	51,417	34.6%	144,384	47,027	32.6%
453,419	469,978	16,559	3.5%	413,226	(40,193)	(9.7%)	Total Overhead Allocations	5,147,543	5,639,725	492,182	8.7%	4,758,854	(388,689)	(8.2%)
4,859,364	6,453,276	1,593,912	24.7%	4,463,930	(395,435)	(8.9%)	Total Expenses	54,488,069	55,082,786	594,717	1.1%	53,469,989	(1,018,080)	(1.9%)
\$ 6,333,843	\$ (4,440,212)	\$ 10,774,055	(242.6%)	\$ (2,483,411)	\$ 8,817,254	(355.0%)	Net Margin	\$ (16,076,552)	\$ (28,091,042)	\$ 12,014,490	(42.8%)	\$ (29,233,367)	\$ 13,156,815	(45.0%)
1,506,655	-	1,506,655	0.0%	1,804,263	(297,607)	(16.5%)	Capital Contributions	2,117,999	-	2,117,999	0.0%	1,804,263	313,737	17.4%
\$ -	\$ 2,141,394	\$ (2,141,394)	(100.0%)	\$ 3,922,945	\$ 3,922,945	100.0%	General Fund Support/ Transfer In	\$ 18,964,322	\$ 22,500,000	\$ (3,535,678)	(15.7%)	\$ 25,122,945	\$ 6,158,623	24.5%

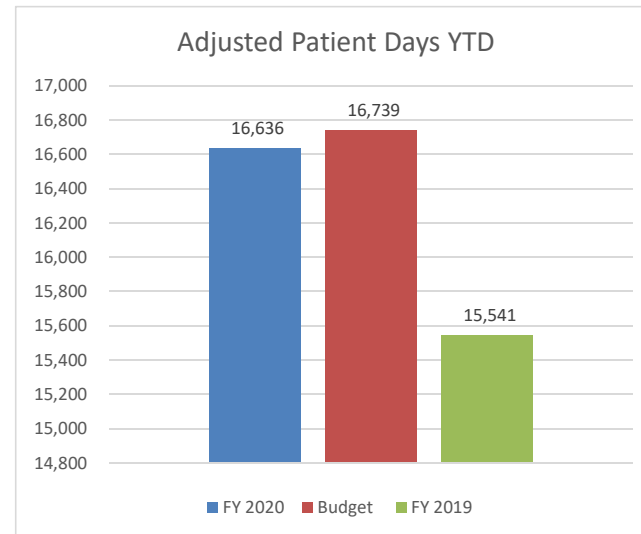
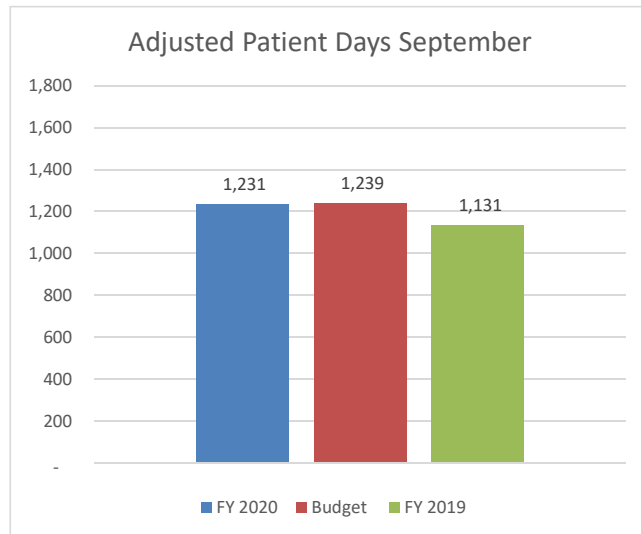
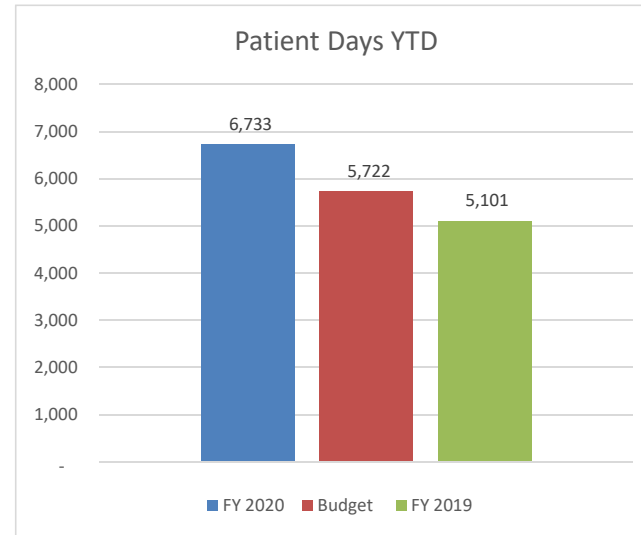
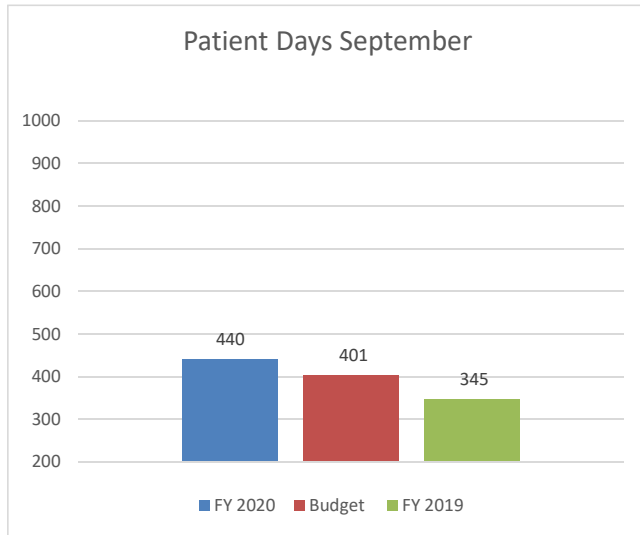
Lakeside Medical Center Statement of Revenues and Expenses by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Inpatient Revenue	\$ 3,666,223	\$ 4,521,024	\$ 4,023,430	\$ 4,272,858	\$ 3,234,170	\$ 3,063,894	\$ 4,698,634	\$ 7,002,242	\$ 5,339,459	\$ 5,184,733	\$ 5,053,842	\$ 3,249,734	\$ 53,310,243
Outpatient Revenue	7,425,414	7,496,401	8,576,882	9,046,707	8,451,597	6,846,538	4,294,332	4,611,849	5,197,037	5,567,650	6,189,474	5,842,933	79,546,815
Gross Patient Revenue	11,091,637	12,017,425	12,600,312	13,319,565	11,685,767	9,910,432	8,992,967	11,614,092	10,536,495	10,752,382	11,243,317	9,092,667	132,857,058
Contractual Allowances	7,111,852	7,775,027	8,406,286	9,062,573	8,237,986	6,906,866	5,770,742	7,631,599	7,220,542	6,853,067	8,048,769	6,977,509	90,002,819
Charity Care	563,275	244,939	(11,594)	83,695	670,938	235,634	190,130	-	-	347,391	100,984	4,603	2,429,995
Bad Debt	1,824,655	1,771,075	2,342,478	3,600,259	(829,866)	2,868,884	1,425,516	1,907,076	1,109,145	1,143,261	965,603	(721,805)	17,406,281
Total Contractuals and Bad Debt	\$ 9,499,782	\$ 9,791,042	\$ 10,737,170	\$ 12,746,527	\$ 8,079,058	\$ 10,011,384	\$ 7,386,388	\$ 9,538,675	\$ 8,329,687	\$ 8,343,719	\$ 9,115,356	\$ 6,260,307	\$ 109,839,094
Other Patient Revenue	-	243,448	121,724	210,082	121,724	121,724	33,366	121,724	121,724	121,724	121,724	182,581	1,521,543
Net Patient Revenue	1,591,855	2,469,831	1,984,866	783,119	3,728,433	20,772	1,639,945	2,197,141	2,328,533	2,530,387	2,249,684	3,014,941	24,539,506
Collection %	14.35%	20.55%	15.75%	5.88%	31.91%	0.21%	18.24%	18.92%	22.10%	23.53%	20.01%	33.16%	18.47%
Grant Funds	-	-	592	271	223	83	212	1,350,000	150,000	-	-	-	1,501,380
Other Financial Assistance	-	-	-	-	-	-	-	2,022,800	1,121,098	812,976	-	8,068,689	12,025,563
Other Revenue	1,130	7,104	580,930	16,642	19,845	(535,958)	5,308	12,914	76,715	11,462	39,398	109,578	345,067
Total Other Revenues	1,130	7,104	581,522	16,913	20,067	(535,875)	5,520	3,385,714	1,347,813	824,438	39,398	8,178,267	13,872,011
Total Revenues	1,592,984	2,476,935	2,566,389	800,033	3,748,501	(515,103)	1,645,465	5,582,854	3,676,346	3,354,825	2,289,082	11,193,208	38,411,517
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,710,020	1,535,662	1,741,059	1,844,146	1,548,709	1,598,870	1,752,499	1,391,505	1,861,029	1,646,672	1,700,562	1,820,846	20,151,579
Benefits	475,505	470,784	463,349	474,864	335,973	445,060	437,287	501,885	537,537	462,246	344,982	443,775	5,393,247
Purchased Services	254,367	162,140	218,823	417,563	271,366	375,000	266,790	276,757	649,727	323,429	323,972	266,487	3,806,416
Medical Supplies	89,401	205,069	188,390	222,410	176,013	159,089	109,112	113,542	160,515	115,942	137,481	162,459	1,839,422
Other Supplies	59,099	54,767	77,334	83,267	104,069	102,019	84,511	81,294	77,740	110,092	129,464	220,079	1,183,735
Contracted Physician Expense	723,005	644,565	692,536	992,310	843,591	727,931	644,016	683,464	747,940	585,305	735,349	8,702,906	
Drugs	80,746	156,378	60,365	116,859	105,731	61,129	99,637	94,329	86,453	136,442	141,424	68,409	1,207,903
Repairs & Maintenance	148,468	146,859	81,561	181,020	254,073	129,138	122,522	132,008	147,538	123,068	128,415	188,662	1,783,332
Lease & Rental	55,177	42,284	51,293	55,976	85,364	62,014	55,920	61,139	56,811	65,934	58,190	61,139	701,046
Utilities	81,317	62,945	77,188	51,153	59,231	49,744	81,467	50,470	72,852	70,815	63,299	88,161	808,642
Other Expense	63,299	66,448	83,998	64,638	59,871	55,739	51,258	38,520	(184,075)	56,356	50,678	86,236	492,967
Insurance	14,839	11,625	14,839	14,839	14,839	14,839	13,783	16,573	17,227	16,573	16,573	16,573	181,635
Total Operational Expenses	3,755,243	3,559,526	3,750,736	4,519,046	3,858,830	3,780,573	3,718,803	3,441,486	4,165,481	3,867,039	3,688,087	4,147,978	46,252,828
Net Performance before Depreciation & Overhead Allocations	(2,162,259)	(1,082,591)	(1,184,348)	(3,719,013)	(110,330)	(4,295,676)	(2,073,338)	2,141,368	(489,135)	(512,214)	(1,399,005)	7,045,230	(7,841,312)
Depreciation	274,424	244,031	258,727	255,658	255,448	255,800	256,149	256,652	257,129	257,052	258,659	257,968	3,087,697
<i>Overhead Allocations:</i>													
Risk Mgt	2,749	3,539	3,370	3,293	3,334	3,780	3,281	3,571	4,279	2,763	(18,830)	4,955	20,084
Internal Audit	8,945	11,828	9,206	8,915	7,741	8,957	8,784	2,308	1,937	-	-	-	68,622
Administration	48,187	64,349	62,830	59,098	64,665	57,249	52,676	51,071	63,286	52,177	54,305	65,831	695,724
Human Resources	42,449	45,937	80,767	47,431	27,335	52,340	48,196	46,137	44,596	46,666	41,923	20,095	543,872
Legal	19,153	27,074	33,090	23,585	36,665	28,790	21,276	29,700	24,064	27,665	42,470	43,988	357,521
Records	11,036	11,243	13,020	8,960	11,917	12,348	13,011	9,566	11,817	12,312	11,515	11,486	138,232
Compliance	6,609	10,412	19,315	26,561	21,747	12,421	18,843	8,965	7,347	7,347	8,677	10,189	159,062
Finance	45,852	58,087	48,093	79,011	34,193	75,365	50,958	57,489	18,509	54,604	50,501	50,508	623,170
Public Relations	15,341	27,061	18,668	19,185	12,642	11,803	15,353	16,254	9,751	9,809	9,409	11,587	176,862
Information Technology	136,899	104,736	160,422	164,620	153,494	156,608	170,481	206,398	159,739	222,784	271,730	228,103	2,136,015
Corporate Quality	3,326	3,843	4,872	4,134	(3,918)	4,597	3,683	3,700	5,180	-	-	-	29,419
Project MGMT Office	7,249	9,629	11,440	16,166	(2,148)	19,402	18,585	17,341	3,941	-	-	-	101,605
Managed Care Contract	10,401	12,166	9,317	6,727	7,632	7,852	6,519	11,641	5,020	6,781	6,626	6,676	97,357
Total Overhead Allocations	358,196	389,905	474,411	467,685	375,299	451,513	431,646	464,141	360,093	442,909	478,327	453,419	5,147,543
Total Expenses	4,387,864	4,193,462	4,483,874	5,242,389	4,489,577	4,487,886	4,406,598	4,162,279	4,782,703	4,567,000	4,425,073	4,859,364	54,488,069
Net Margin	\$ (2,794,880)	\$ (1,716,527)	\$ (1,917,485)	\$ (4,442,356)	\$ (741,077)	\$ (5,002,990)	\$ (2,761,133)	\$ 1,420,575	\$ (1,106,357)	\$ (1,212,175)	\$ (2,135,991)	\$ 6,333,843	\$ (16,076,552)
Capital Contributions	-	-	20,336	22,736	16,950	31,250	34,292	110,116	55,658	47,657	272,349	1,506,655	2,117,999
General Fund Support/ Transfer In	\$ 2,520,455	\$ 1,581,783	\$ 1,736,411	\$ 3,956,689	\$ 468,679	\$ 4,715,939	\$ 2,470,692	\$ 230,456	\$ -	\$ -	\$ 1,283,219	\$ -	\$ 18,964,322

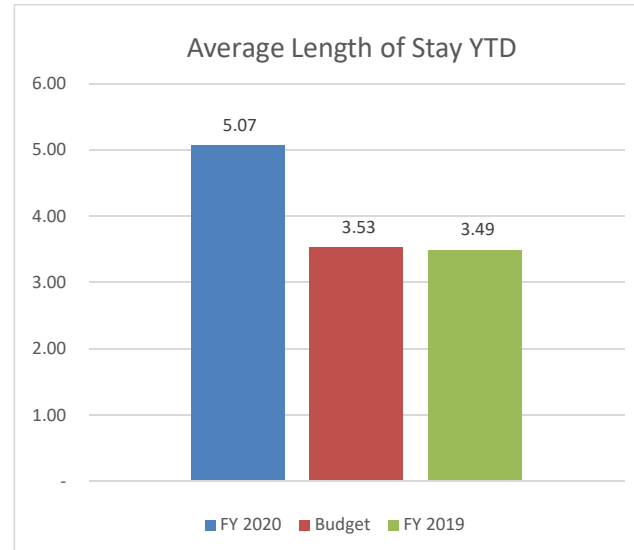
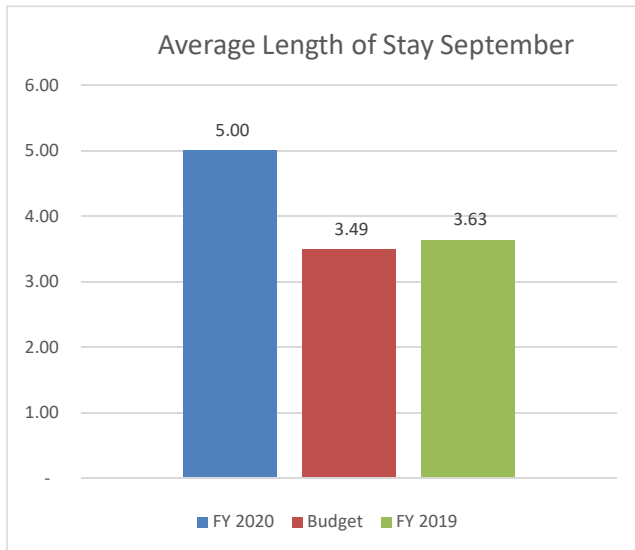
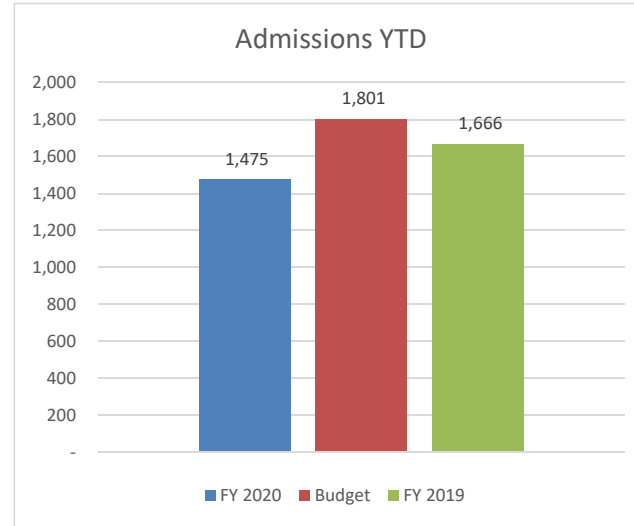
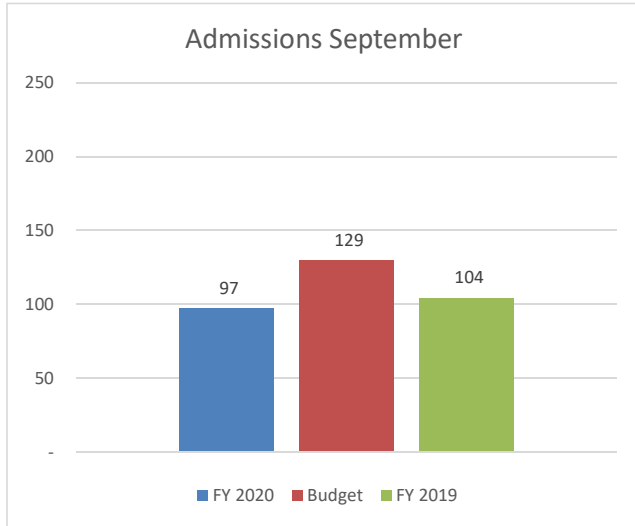
**Lakeside Medical Center
Statistical Information**

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	YTD Budget Total	% Var to Budget	Prior YTD Total
Admissions																
Newborn	20	11	19	23	9	9	15	15	6	5	12	9	153	182	(15.9%)	211
Pediatrics (12 beds)	1	4	7	10	9	8	5	1	1	2	3	2	53	129	(59.0%)	121
Adult	114	107	108	122	79	90	118	132	114	97	102	86	1,269	1,490	(14.8%)	1,334
Total	135	122	134	155	97	107	138	148	121	104	117	97	1,475	1,801	(18.1%)	1,666
Adjusted Admissions	408	324	420	483	350	346	264	245	239	216	260	271	3,828	5,273	(27.4%)	5,104
Patient Days																
Med Surg 2nd and 3rd Floor (14 beds)	42	59	62	98	61	51	95	169	141	65	65	34	942	1,028	(8.3%)	811
Pediatrics (12 beds)	16	23	17	52	53	36	37	17	26	8	19	12	316	552	(42.8%)	468
Telemetry (22 beds)	200	242	205	240	196	199	294	508	344	371	324	240	3,363	2,710	24.1%	2,478
ICU (6 beds)	100	150	115	90	69	74	170	232	167	180	173	135	1,655	827	100.1%	744
Obstetrics (16 beds)	67	39	64	64	32	25	45	50	20	8	24	19	457	606	(24.6%)	600
Total (70 beds)	425	513	463	544	411	385	641	976	698	632	605	440	6,733	5,722	17.7%	5,101
Adjusted Acute Patient Days	1,286	1,364	1,450	1,696	1,485	1,245	1,227	1,619	1,377	1,311	1,346	1,231	16,636	16,739	(0.6%)	15,541
Other Key Inpatient Statistics																
Occupancy Percentage	20%	0.2443	0.2134	0.2507	0.2025	0.1774	0.3052	0.4498	0.3324	0.2912	0.2788	0.2095	26%	22%	17.3%	20%
Average Daily Census (excl. newborns)	13.7	17.1	14.9	17.5	14.2	12.4	21.4	31.5	23.3	20.4	19.5	14.7	18.4	15.7	17.2%	14.0
Average Daily Census (incl. newborns)	15.5	18.1	16.5	19.4	15.1	13.1	22.5	32.6	23.6	20.4	19.5	14.7	19.3	17.0	13.1%	15.4
Average Length of Stay (excl newborns)	3.70	4.62	4.03	4.12	4.67	3.93	5.21	7.34	6.07	6.38	5.76	5.00	5.07	3.53	43.6%	3.49
Average Length of Stay (incl newborns)	3.56	4.46	3.81	3.87	4.52	3.80	4.90	6.83	5.85	6.08	5.17	4.54	4.78	3.45	38.8%	3.36
Case Mix Index- Medicare	1.3746	2.0418	1.4863	1.1419	1.8832	1.5796	1.3506	1.7817	1.7524	1.3705	1.6371	1.4960	1.5985			1.3740
Case Mix Index- Medicaid	0.8974	0.4269	1.2378	0.3670	2.8082	1.4517	2.0485	1.7788	1.8912	1.1743	1.0015	0.5922	1.1529			0.7600
Case Mix Index- All Payers	1.1066	1.2910	1.1148	1.0497	1.3057	1.2331	1.3730	1.4119	1.6335	1.5731	1.4188	1.3174	1.1747			1.0650
Emergency Room and Outpatients																
ER Admissions	80	85	71	155	64	67	74	75	70	67	116	45	969	1,364	(28.9%)	1,192
ER Visits	1,896	1,973	2,147	2,277	2,096	1,843	1,081	1,081	1,122	1,132	1,218	1,213	19,079	24,030	(20.6%)	23,543
Outpatient Visits	555	489	510	350	357	242	145	152	176	170	240	260	3,646	5,027	(27.5%)	5,027
ER and Outpatient Visits	2,451	2,462	2,657	2,627	2,453	2,085	1,226	1,233	1,298	1,302	1,458	1,473	22,725	29,057	(21.8%)	28,570
Observation Patient Stays	231	241	286	315	276	252	178	178	194	183	191	205	2,730	2,406	13.5%	2,661
Surgery and Other Procedures																
Inpatient Surgeries	41	42	37	49	37	33	26	28	24	24	32	23	396	324	22.2%	350
Outpatient Surgeries	7	8	-	4	6	2	1	1	3	5	2	4	43	29	48.3%	29
Endoscopies	9	10	17	16	29	10	1	10	10	5	5	15	137	66	107.6%	67
Radiology Procedures	2,440	2,644	2,286	2,798	2,686	2,261	1,512	1,781	1,851	1,827	2,096	2,001	26,183	28,724	(8.8%)	27,466
Lab Charges	15,333	16,452	17,457	18,737	15,795	14,148	12,937	17,300	15,491	15,715	16,210	13,888	189,463	178,985	5.9%	177,508
Staffing																
Paid FTE	285.80	306.28	300.42	298.04	305.57	305.72	292.36	288.27	290.44	286.32	285.31	275.78	293.36	293.80	(0.2%)	296.85
Paid FTE per Adjusted Occupied Bed	6.89	6.74	6.42	5.45	5.97	7.61	7.15	5.52	6.33	6.77	6.57	6.72	6.45	6.41	0.7%	6.97
Operational Performance																
Gross Revenue Per Adj Pat Day	8,626	8,813	8,690	7,855	7,869	7,958	7,330	7,174	7,650	8,204	8,353	7,386	7,992	7,928	0.8%	8,483
Net Revenue Per Adj Pat Day	1,238	1,811	1,369	462	2,511	17	1,337	1,357	1,691	1,931	1,671	2,449	1,487	1,610	(7.6%)	1,958
Salaries & Benefits as % of Net Pat Revenue	137%	81%	111%	296%	51%	9840%		86%	103%	83%	91%	75%	104%	95%	9.7%	83%
Labor Cost per Adj Pat Day	1,700	1,471	1,520	1,368	1,269	1,641	1,785	1,170	1,741	1,609	1,520	1,839	1,553	1,520	2.1%	1,603
Total Expense Per Adj Pat Day	2,921	2,610	2,587	2,665	2,598	3,036	3,031	2,126	3,024	2,950	2,740	3,369	2,805	2,771	1.2%	2,889

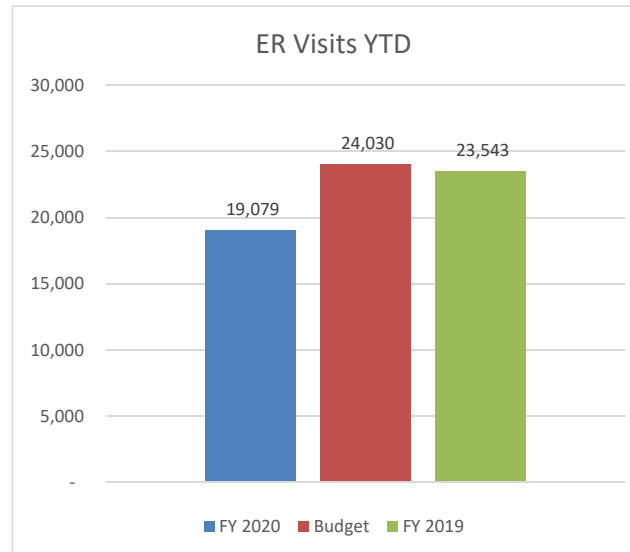
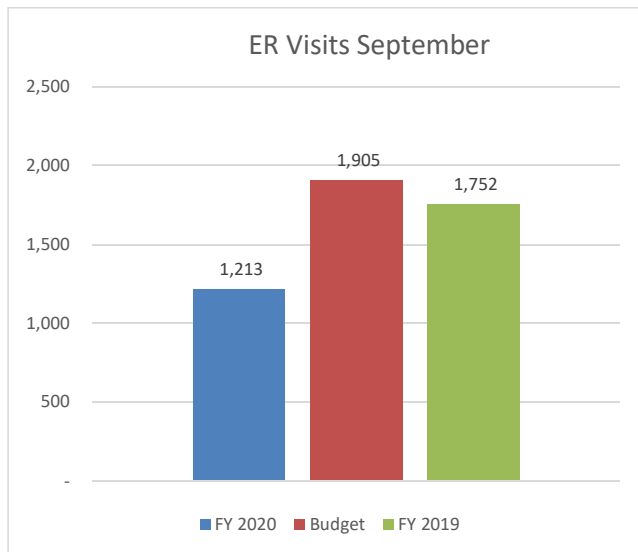
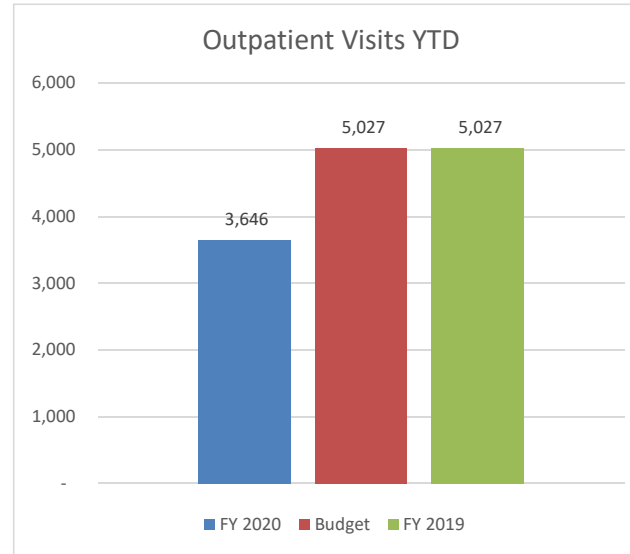
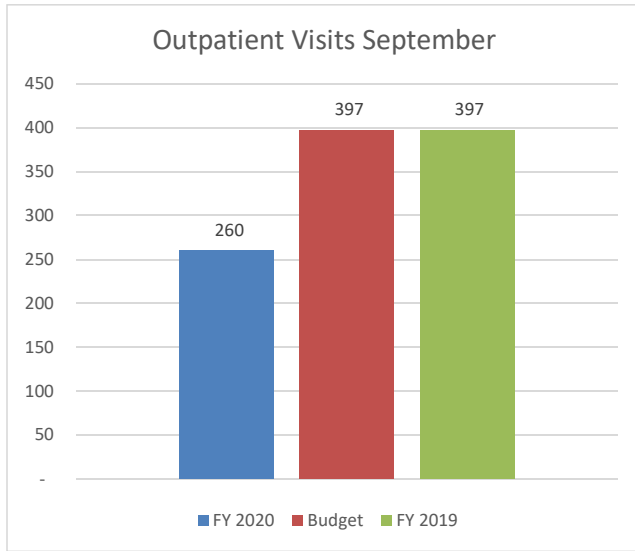
LAKESIDE MEDICAL CENTER Inpatient



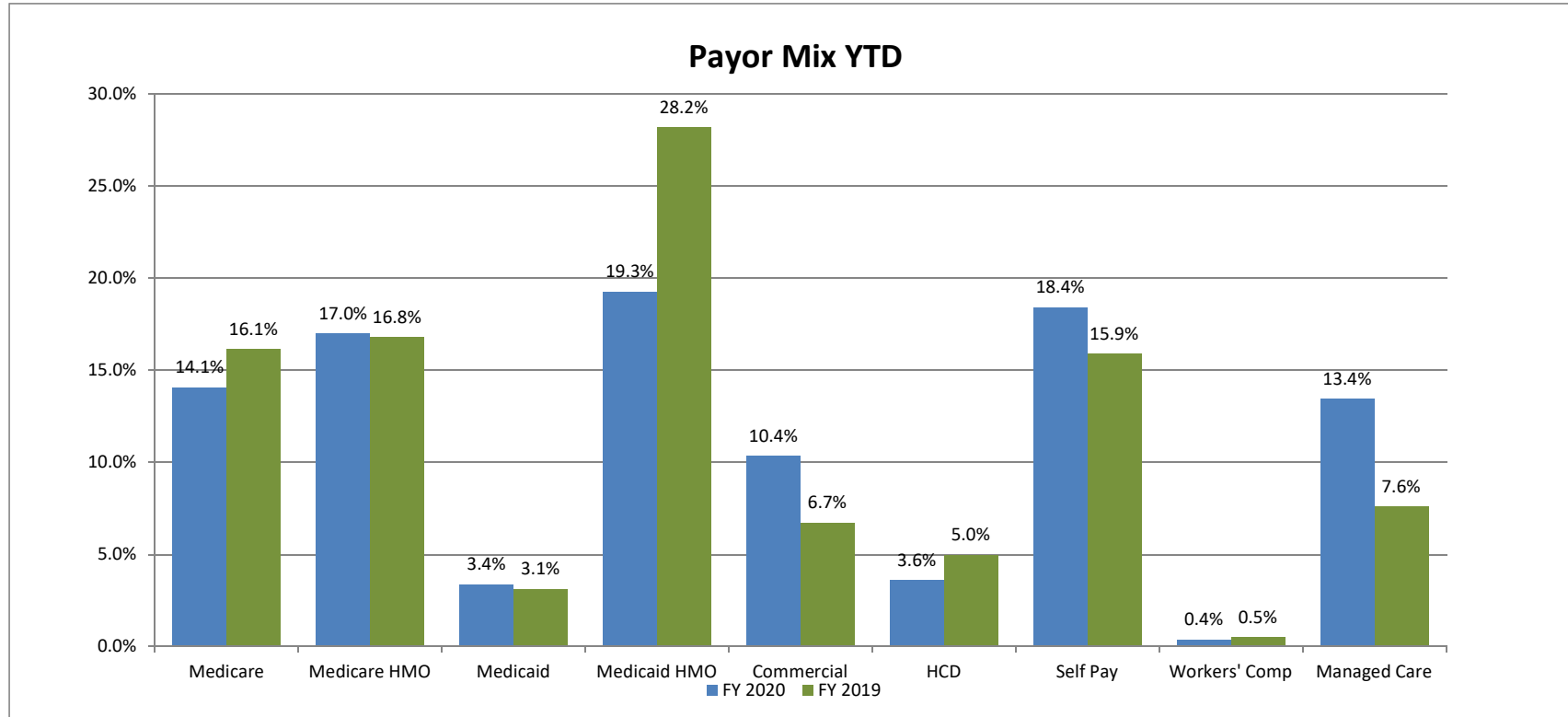
LAKESIDE MEDICAL CENTER Inpatient



LAKESIDE MEDICAL CENTER Outpatient



LAKESIDE MEDICAL CENTER Revenue





SUPPLEMENTAL INFORMATION

PRIMARY CARE CLINICS

Primary Care Clinics Statement of Revenues and Expenses

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
29,980	13,284	(16,696)	(125.7%)	13,167	(16,813)	(127.7%)	Depreciation	236,878	159,364	(77,514)	(48.6%)	158,465	(78,413)	(49.5%)
<i>Overhead Allocations:</i>														
2,925	2,254	(671)	(29.8%)	2,989	63	2.1%	Risk Mgt	11,857	27,057	15,200	56.2%	31,026	19,169	61.8%
-	96,913	96,913	100.0%	67,054	67,054	100.0%	Rev Cycle	1,162,953	1,162,953	0	0.0%	1,068,791	(94,161)	(8.8%)
-	5,507	5,507	100.0%	5,276	5,276	100.0%	Internal Audit	40,512	66,078	25,565	38.7%	63,180	22,667	35.9%
22,250	21,420	(830)	(3.9%)	18,086	(4,164)	(23.0%)	Home Office Facilities	230,886	257,042	26,157	10.2%	246,743	15,858	6.4%
38,865	36,548	(2,318)	(6.3%)	24,114	(14,752)	(61.2%)	Administration	410,739	438,571	27,832	6.3%	289,158	(121,581)	(42.0%)
16,669	40,465	23,796	58.8%	29,548	12,879	43.6%	Human Resources	451,129	485,581	34,452	7.1%	406,243	(44,886)	(11.0%)
25,970	18,543	(7,427)	(40.1%)	12,736	(13,234)	(103.9%)	Legal	211,072	222,514	11,442	5.1%	152,799	(58,273)	(38.1%)
6,781	8,410	1,629	19.4%	9,099	2,318	25.5%	Records	81,609	100,920	19,312	19.1%	81,380	(229)	(0.3%)
6,015	11,534	5,519	47.8%	8,825	2,809	31.8%	Compliance	93,906	138,409	44,502	32.2%	112,328	18,421	16.4%
-	-	-	0.0%	-	-	0.0%	Planning/Research	-	-	-	0.0%	5,697	5,697	100.0%
29,819	31,318	1,499	4.8%	26,555	(3,264)	(12.3%)	Finance	367,905	375,813	7,908	2.1%	358,624	(9,282)	(2.6%)
6,841	11,356	4,516	39.8%	19,784	12,943	65.4%	Public Relations	104,415	136,276	31,861	23.4%	121,318	16,903	13.9%
134,667	109,427	(25,240)	(23.1%)	102,829	(31,838)	(31.0%)	Information Technology	1,261,053	1,313,127	52,074	4.0%	1,166,866	(94,187)	(8.1%)
-	1,447	1,447	100.0%	2,089	2,089	100.0%	Corporate Quality	17,368	17,368	(0)	(0.0%)	29,648	12,280	41.4%
-	4,999	4,999	100.0%	-	-	0.0%	Project MGMT Office	59,985	59,985	0	0.0%	-	(59,985)	0.0%
2,022	3,755	1,733	46.1%	3,362	1,339	39.8%	Managed Care Contract	29,490	45,064	15,574	34.6%	43,779	14,289	32.6%
292,824	403,896	111,072	27.5%	332,344	39,520	11.9%	Total Overhead Allocations	4,534,880	4,846,760	311,880	6.4%	4,177,581	(357,299)	(8.6%)
2,937,964	3,772,345	834,380	22.1%	2,784,541	(153,424)	(5.5%)	Total Expenses	32,099,083	32,060,606	(38,477)	(0.1%)	29,735,542	(2,363,541)	(7.9%)
\$ (350,543)	\$ (2,879,820)	\$ 2,529,277	(87.8%)	\$ (2,032,688)	\$ 1,682,145	(82.8%)	Net Margin	\$ (11,629,155)	\$ (14,025,515)	\$ 2,396,360	(17.1%)	\$ (5,427,549)	\$ (6,201,607)	114.3%
(29,612)	3,994	33,606	841.4%	-	29,612	0.0%	Capital	73,333	47,862	(25,471)	(53.2%)	-	(73,333)	0.0%
\$ 74,652	\$ 1,672,656	\$ 1,598,004	95.5%	\$ 647,873	\$ 573,221	88.5%	General Fund Support/ Transfer In	\$ 11,249,311	\$ 12,750,000	\$ 1,500,689	11.8%	\$ 4,798,453	\$ (6,450,858)	(134.4%)

Primary Care Clinics Statement of Revenues and Expenses by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Gross Patient Revenue	2,170,266	1,734,463	1,899,323	2,006,755	2,006,769	1,801,952	160,855	403,778	1,413,235	1,451,817	1,469,870	1,775,768	18,294,850
Contractual Allowances	453,586	336,609	271,867	363,658	456,343	271,731	(59,194)	114,972	256,581	329,147	368,547	372,624	3,536,472
Charity Care	811,861	727,479	715,762	727,882	755,536	763,916	60,440	96,417	462,775	516,395	44,970	114,058	5,797,489
Bad Debt	341,494	193,678	306,448	343,282	34,054	266,273	189,943	133,496	515,415	293,790	747,950	891,113	4,256,934
Other Patient Revenue	385,820	385,820	341,366	190,933	514,094	363,607	333,912	778,072	394,539	159,491	414,367	414,367	4,676,386
Net Patient Revenue	949,144	862,516	946,612	762,866	1,274,930	863,640	303,579	836,965	573,003	471,977	722,770	812,340	9,380,342
Collections %	43.73%	49.73%	49.84%	38.01%	63.53%	47.93%	188.73%	207.28%	40.55%	32.51%	49.17%	45.75%	51.27%
Grant Funds	53,241	48,416	28,234	383,141	1,156,633	797,135	1,364,639	862,240	102,955	1,607,165	561,075	1,125,618	8,090,491
Other Financial Assistance	-	-	-	-	-	-	-	809,249	554,571	259,050	651,736	146,579	2,421,186
Other Revenue	21,291	2,647	6,897	1,641	12,750	5,134	4,770	5,564	5,849	4,752	3,731	502,885	577,909
Total Other Revenues	74,531	51,063	35,130	384,782	1,169,383	802,270	1,369,409	1,677,053	663,374	1,870,968	1,216,541	1,775,082	11,089,586
Total Revenues	1,023,676	913,579	981,742	1,147,648	2,444,313	1,665,909	1,672,988	2,514,018	1,236,377	2,342,945	1,939,311	2,587,421	20,469,928
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,489,724	1,328,404	1,427,860	1,204,612	1,217,711	1,440,687	1,543,379	1,234,387	1,587,443	1,437,972	1,498,535	1,793,433	17,204,147
Benefits	380,176	378,148	365,616	354,929	265,010	369,330	366,442	424,266	466,608	397,791	298,886	382,739	4,449,943
Purchased Services	101,033	80,005	43,837	125,015	59,974	106,492	57,310	56,861	63,545	50,292	50,189	76,290	870,844
Medical Supplies	15,280	65,422	33,103	32,205	48,440	53,844	12,994	10,092	23,562	85,145	36,977	83,139	500,203
Other Supplies	8,043	19,713	1,026	15,087	18,774	11,678	16,520	1,213	24,577	33,418	33,647	(15,738)	167,960
Medical Services	67,974	43,699	53,733	61,772	93,803	74,266	94,104	71,459	131,722	142,201	164,329	77,729	1,076,791
Drugs	65,352	106,112	85,786	79,805	83,941	76,212	84,585	96,741	68,456	72,180	86,206	84,368	989,744
Repairs & Maintenance	36,932	11,167	19,935	19,129	24,857	102,610	22,582	16,666	15,665	15,685	14,612	16,872	316,713
Lease & Rental	117,472	120,395	121,087	102,313	100,186	110,890	115,797	116,344	112,369	119,189	120,490	85,208	1,341,741
Utilities	6,959	6,781	4,724	4,942	3,268	4,694	4,407	4,607	3,895	5,209	25,813	3,560	78,860
Other Expense	19,578	37,182	33,567	43,749	17,228	17,735	26,386	13,042	16,952	24,110	24,332	23,844	297,706
Insurance	2,377	2,377	2,377	2,377	2,377	2,377	1,320	3,716	2,228	3,716	3,716	3,716	32,673
Total Operational Expenses	2,310,900	2,199,405	2,192,652	2,045,937	1,935,571	2,370,815	2,345,826	2,049,393	2,517,022	2,386,910	2,357,733	2,615,161	27,327,325
Net Performance before Depreciation & Overhead Allocations	(1,287,225)	(1,285,826)	(1,210,910)	(898,289)	508,743	(704,906)	(672,838)	464,625	(1,280,645)	(43,965)	(418,421)	(27,739)	(6,857,397)
Depreciation	13,167	10,357	26,292	19,329	19,356	19,355	19,259	19,268	19,109	20,412	20,995	29,980	236,878
<i>Overhead Allocations:</i>													
Risk Mgt	1,623	2,089	1,990	1,944	1,968	2,232	1,937	2,108	2,526	1,631	(11,117)	2,925	11,857
Rev Cycle	62,997	84,377	69,757	272,531	(5,098)	191,748	158,636	201,835	126,169	-	-	-	1,162,953
Internal Audit	5,281	6,983	5,435	5,263	4,570	5,288	5,186	1,363	1,144	-	-	-	40,512
Home Office Facilities	18,086	19,184	20,918	17,204	18,345	18,562	18,588	18,504	20,731	21,199	17,315	22,250	230,886
Administration	28,448	37,990	37,093	34,890	38,177	33,799	31,099	30,151	37,362	30,804	32,060	38,865	410,739
Human Resources	35,210	38,104	66,995	39,343	22,674	43,414	39,978	38,269	36,991	38,708	34,774	16,669	451,129
Legal	11,308	15,984	19,536	13,924	21,646	16,997	12,561	17,534	14,207	16,333	25,073	25,970	211,072
Records	6,516	6,638	7,687	5,290	7,035	7,290	7,681	5,647	6,976	7,269	6,798	6,781	81,609
Compliance	3,902	6,147	11,403	15,681	12,839	7,333	11,124	5,293	4,708	4,338	5,123	6,015	93,906
Finance	27,070	34,293	28,393	46,646	20,187	44,494	30,084	33,940	10,927	32,237	29,815	29,819	367,905
Public Relations	9,057	15,976	11,021	11,326	7,463	6,968	9,064	9,596	5,757	5,791	5,555	6,841	104,415
Information Technology	80,822	61,834	94,710	97,188	90,619	92,458	100,648	121,853	94,306	131,527	160,423	134,667	1,261,053
Corporate Quality	1,964	2,269	2,876	2,441	(2,313)	2,714	2,175	2,185	3,058	-	-	-	17,368
Project MGMT Office	4,280	5,685	6,754	9,544	(1,268)	11,455	10,972	10,238	2,327	-	-	-	59,985
Managed Care Contract	3,150	3,685	2,822	2,038	2,312	2,379	1,975	3,526	1,520	2,054	2,007	2,022	29,490
Total Overhead Allocations	299,713	341,238	387,389	575,252	239,156	487,131	441,707	502,041	368,711	291,890	307,827	292,824	4,534,880
Total Expenses	2,623,781	2,551,001	2,606,333	2,640,518	2,194,083	2,877,301	2,806,792	2,570,702	2,904,842	2,699,213	2,686,555	2,937,964	32,099,083
Net Margin	\$ (1,600,105)	\$ (1,637,421)	\$ (1,624,591)	\$ (1,492,870)	\$ 250,231	\$ (1,211,391)	\$ (1,133,804)	\$ (56,684)	\$ (1,668,465)	\$ (356,268)	\$ (747,243)	\$ (350,543)	\$ (11,629,155)
Capital	-	81,965	(81,965)	21,988	(12,580)	-	(6,663)	-	10,532	(6,816)	96,485	(29,612)	73,333
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	1,726,629	1,664,089	1,421,583	1,495,529	-	909,870	1,107,882	2,229,064	33,221	-	586,792	74,652	\$ 11,249,311

Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
21,006	9,843	(11,163)	(113.4%)	9,863	(11,143)	(113.0%)	Depreciation	173,775	118,083	(55,692)	(47.2%)	117,632	(56,143)	(47.7%)
<i>Overhead Allocations:</i>														
2,406	1,854	(552)	(29.8%)	2,403	(3)	(0.1%)	Risk Mgt	9,751	22,251	12,500	56.2%	24,943	15,192	60.9%
-	78,723	78,723	100.0%	53,159	53,159	100.0%	Rev Cycle	944,673	944,673	0	0.0%	847,304	(97,370)	(11.5%)
-	4,529	4,529	100.0%	4,242	4,242	100.0%	Internal Audit	33,317	54,341	21,024	38.7%	50,792	17,475	34.4%
19,886	19,144	(742)	(3.9%)	16,090	(3,795)	(23.6%)	Home Office Facilities	206,347	229,724	23,377	10.2%	219,513	13,166	6.0%
31,962	30,056	(1,906)	(6.3%)	19,386	(12,576)	(64.9%)	Administration	337,784	360,673	22,889	6.3%	232,471	(105,313)	(45.3%)
13,645	33,126	19,480	58.8%	23,680	10,035	42.4%	Human Resources	369,307	397,511	28,204	7.1%	325,564	(43,743)	(13.4%)
21,357	15,249	(6,108)	(40.1%)	10,244	(11,113)	(108.5%)	Legal	173,582	182,991	9,410	5.1%	122,840	(50,742)	(41.3%)
5,577	6,916	1,340	19.4%	7,315	1,738	23.8%	Records	67,113	82,995	15,881	19.1%	65,424	(1,689)	(2.6%)
4,947	9,485	4,539	47.8%	7,094	2,147	30.3%	Compliance	77,227	113,825	36,598	32.2%	90,304	13,077	14.5%
-	-	-	0.0%	-	-	0.0%	Planning/Research	-	-	-	0.0%	4,580	4,580	100.0%
24,522	25,755	1,233	4.8%	21,348	(3,174)	(14.9%)	Finance	302,558	309,062	6,503	2.1%	288,309	(14,250)	(4.9%)
5,626	9,339	3,714	39.8%	15,905	10,279	64.6%	Public Relations	85,869	112,071	26,202	23.4%	97,531	11,662	12.0%
110,747	89,991	(20,756)	(23.1%)	82,667	(28,080)	(34.0%)	Information Technology	1,037,066	1,079,891	42,825	4.0%	938,080	(98,987)	(10.6%)
-	1,190	1,190	100.0%	1,679	1,679	100.0%	Corporate Quality	14,283	14,283	(0)	(0.0%)	23,830	9,547	40.1%
-	4,111	4,111	100.0%	-	-	0.0%	Project MGMT Office	49,331	49,331	-	0.0%	-	(49,331)	0.0%
1,643	3,050	1,408	46.1%	2,665	1,022	38.4%	Managed Care Contract	23,955	36,606	12,651	34.6%	34,707	10,752	31.0%
242,317	332,519	90,201	27.1%	267,876	25,559	9.5%	Total Overhead Allocations	3,732,165	3,990,228	258,064	6.5%	3,366,191	(365,973)	(10.9%)
2,557,144	3,312,403	755,258	22.8%	2,309,672	(247,472)	(10.7%)	Total Expenses	26,975,504	26,565,558	(409,947)	(1.5%)	24,352,317	(2,623,187)	(10.8%)
\$ (489,120)	\$ (2,648,108)	\$ 2,158,987	(81.5%)	\$ (1,697,885)	\$ 1,208,765	(71.2%)	Net Margin	\$ (10,150,530)	\$ (12,616,046)	\$ 2,465,516	(19.5%)	\$ (4,685,798)	\$ (5,464,732)	116.6%
73,333	-	(73,333)	0.0%	-	(73,333)	0.0%	Capital	73,333	-	(73,333)	0.0%	-	(73,333)	0.0%
-	-	-	0.0%	5,893	(5,893)	(100.0%)	Capital Contributions	-	-	-	-	-	-	-
\$ 74,652	\$ 1,438,433	\$ 1,363,781	94.8%	\$ 647,873	\$ 573,221	88.5%	General Fund Support/ Transfer In	\$ 9,583,293	\$ 11,300,000	\$ 1,716,707	15.2%	\$ 4,798,453	\$ (4,784,840)	(99.7%)

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

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Lewis Center	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Van	Mobile Van 2	Mobile Van 3	Total
Gross Patient Revenue	-	2,614,357	3,532,255	1,913,137	1,288,715	740,411	2,298,454	832,987	1,335,286	785,052	136,010	-	-	15,476,662.48
Contractual Allowances	-	580,136	696,221	378,010	253,686	50,331	478,044	169,286	416,817	36,227	(16,876)	-	-	3,041,939
Charity Care	-	847,021	1,020,185	414,260	264,965	144,214	719,686	197,050	231,672	189,778	159,648	-	-	4,188,478
Bad Debt	-	588,913	931,046	584,159	427,634	250,386	483,905	158,834	168,814	285,897	152,674	-	-	4,032,262
Total Contractual Allowances and Bad Debt	-	2,016,069	2,647,452	1,376,429	946,285	444,931	1,681,635	525,171	817,302	511,902	295,446	-	-	11,262,679
Other Patient Revenue	-	659,610	810,235	385,174	207,816	310,854	460,384	134,354	192,296	213,684	67,805	-	-	3,442,212
Net Patient Revenue	-	1,257,898	1,695,038	921,882	550,245	606,333	1,077,203	442,170	710,280	486,834	(91,631)	-	-	7,656,195
Collection %	0.00%	48.12%	47.99%	48.19%	42.70%	81.89%	46.87%	53.08%	53.19%	62.01%	-67.37%	0.00%	0.00%	49.47%
Grant Funds	557,968	956,568	1,147,711	672,219	584,044	204,150	822,622	299,149	350,804	580,139	148,708	346,054	-	6,670,136
Other Financial Assistance	796,980	198,071	229,641	72,348	147,215	35,901	114,237	87,971	70,925	69,233	98,089	124	-	1,920,733
Other Revenue	21,235	57,281	48,168	256,520	26,683	1,268	97,837	25,113	42,944	423	349	87	-	577,909
Total Other Revenues	1,376,183	1,211,920	1,425,520	1,001,087	757,942	241,320	1,034,696	412,232	464,674	649,795	247,146	346,264	-	9,168,779
Total Revenues	1,376,183	2,469,818	3,120,558	1,922,969	1,308,187	847,653	2,111,899	854,402	1,174,953	1,136,629	155,516	346,264	-	16,824,975
<i>Direct Operational Expenses:</i>														
Salaries and Wages	3,273,716	1,932,839	1,970,182	1,311,916	1,092,444	425,695	1,718,578	654,547	825,387	911,013	292,518	11,170	-	14,420,005
Benefits	673,935	492,277	532,760	380,019	288,315	107,184	485,978	173,786	208,144	253,697	103,505	4,365	-	3,703,966
Purchased Services	126,079	100,763	76,949	63,017	69,620	8,185	117,257	68,848	63,600	66,956	9,747	-	-	771,020
Medical Supplies	54,042	35,274	16,450	23,680	12,316	22,903	5,975	8,892	42,766	13,092	1,860	6,746	-	296,745
Other Supplies	36,949	12,345	25,527	6,014	14,131	1,523	7,421	5,677	5,720	12,199	4,066	3,088	3,162	137,824
Medical Services	63,256	129,732	424,484	74,405	110,737	21,326	122,826	24,139	62,072	43,815	-	-	-	1,076,791
Drugs	-	376,997	305,242	139,744	88,736	126	25,195	13,093	15,902	24,154	201	-	116	989,506
Repairs & Maintenance	1,404	42,775	39,391	37,190	38,490	7,953	42,112	13,795	23,592	11,355	14,025	301	42	272,423
Lease & Rental	-	140,558	203,294	91,693	119,900	3,801	236,984	81,171	118,606	44,084	5	65	65	1,040,226
Utilities	-	3,315	4,514	1,043	16,392	2,275	11,386	8,174	6,022	3,843	-	-	-	56,964
Other Expense	144,753	14,971	16,265	14,733	16,001	6,152	18,281	5,832	13,495	15,584	5,168	605	-	271,841
Insurance	-	5,940	4,265	5,003	2,101	-	2,916	821	924	370	5,792	4,121	-	32,253
Total Operational Expenses	4,374,135	3,287,785	3,655,619	2,141,227	1,880,547	596,535	2,811,838	1,055,860	1,352,357	1,429,835	448,119	25,576	10,131	23,069,565
Net Performance before Depreciation & Overhead Allocations	(2,997,952)	(817,966)	(535,061)	(218,258)	(572,360)	251,117	(699,939)	(201,458)	(177,404)	(293,206)	(292,603)	320,688	(10,131)	(6,244,590)
Depreciation	7,782	7,888	7,779	1,797	58,002	1,004	5,671	3,275	4,795	782	75,000	-	-	173,775
<i>Overhead Allocations:</i>														
Risk Mgt	1,311	1,397	1,435	1,062	844	253	1,491	509	736	512	200	-	-	9,751
Rev Cycle	-	156,424	160,655	118,838	94,470	28,372	166,901	56,953	82,345	57,280	22,435	-	-	944,673
Internal Audit	4,481	4,775	4,904	3,628	2,884	866	5,095	1,739	2,514	1,748	685	-	-	33,317
Home Office Facilities	206,347	-	-	-	-	-	-	-	-	-	-	-	-	206,347
Administration	45,427	48,410	49,719	36,778	29,237	8,781	51,652	17,626	25,484	17,727	6,943	-	-	337,784
Human Resources	41,466	59,237	57,571	44,428	31,470	7,405	55,535	18,512	25,916	20,363	7,405	-	-	369,307
Legal	23,344	24,877	25,550	18,900	15,024	4,512	26,543	9,058	13,096	9,110	3,568	-	-	173,582
Records	9,026	9,618	9,879	7,307	5,809	1,745	10,263	3,502	5,063	3,522	1,380	-	-	67,113
Compliance	10,386	11,068	11,367	8,408	6,684	2,007	11,809	4,030	5,826	4,053	1,587	-	-	77,227
Finance	40,690	43,361	44,534	32,943	26,188	7,865	46,266	15,788	22,826	15,878	6,219	-	-	302,558
Public Relations	11,548	12,306	12,639	9,349	7,432	2,232	13,131	4,481	6,478	4,506	1,765	-	-	85,869
Information Technology	139,471	148,628	152,648	112,916	89,762	26,958	158,584	54,115	78,241	54,425	21,317	-	-	1,037,066
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	1,921	2,047	2,102	1,555	1,236	371	2,184	745	1,078	750	294	-	-	14,283
Project MGMT Office	6,634	7,070	7,261	5,371	4,270	1,282	7,543	2,574	3,722	2,589	1,014	-	-	49,331
Managed Care Contract	-	3,967	4,074	3,013	2,396	719	4,232	1,444	2,088	1,452	569	-	-	23,955
Total Overhead Allocations	542,054	533,186	544,340	404,497	317,706	93,369	561,230	191,074	275,413	193,914	75,382	-	-	3,732,165
Total Expenses	4,923,971	3,828,859	4,207,737	2,547,521	2,256,256	690,908	3,378,739	1,250,209	1,632,565	1,624,532	598,501	25,576	10,131	26,975,504
Net Margin	\$ (3,547,788)	\$ (1,359,041)	\$ (1,087,179)	\$ (624,552)	\$ (948,068)	\$ 156,744	\$ (1,266,840)	\$ (395,807)	\$ (457,612)	\$ (487,903)	\$ (442,985)	\$ 320,688	\$ (10,131)	\$ (10,150,530)
Capital	-	-	-	-	-	-	-	-	-	-	-	73,333	-	73,333
General Fund Support/ Transfer In	\$ 9,583,293	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,583,293

Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
248,746	334,053	(85,307)	(25.5%)	305,557	(56,810)	(18.6%)	Gross Patient Revenue	2,818,188	4,322,443	(1,504,255)	(34.8%)	4,007,741	(1,189,553)	(29.7%)
49,351	40,694	(8,657)	(21.3%)	44,137	(5,214)	(11.8%)	Contractual Allowances	494,533	527,969	33,436	6.3%	853,687	359,154	42.1%
114,058	186,609	72,551	38.9%	108,225	(5,833)	(5.4%)	Charity Care	1,609,010	2,410,018	801,008	33.2%	1,863,604	254,594	13.7%
39,415	18,704	(20,711)	(110.7%)	68,472	29,058	42.4%	Bad Debt	224,672	243,733	19,061	7.8%	163,293	(61,380)	(37.6%)
202,824	246,007	43,184	17.6%	220,834	18,011	8.2%	Total Contractuals and Bad Debts	2,328,216	3,181,720	853,504	26.8%	2,880,583	552,368	19.2%
100,868	135,654	(34,786)	(25.6%)	48,046	52,823	109.9%	Other Patient Revenue	1,234,174	1,628,123	(393,949)	(24.2%)	1,618,104	(383,930)	(23.7%)
146,791	223,700	(76,909)	(34.4%)	132,768	14,023	10.6%	Net Patient Revenue	1,724,147	2,768,846	(1,044,700)	(37.7%)	2,745,262	(1,021,116)	(37.2%)
59.01%	66.97%			43.45%			Collection %	61.18%	64.06%		68.50%			
190,383	4,530	185,853	4,102.7%	7,298	183,085	2,508.8%	Grant Funds	1,420,354	1,316,733	103,621	7.9%	1,895,979	(475,625)	(25.1%)
182,223	-	182,223	0.0%	-	182,223	0.0%	Other Financial Assistance	500,452	-	500,452	0.0%	-	500,452	0.0%
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	233	(233)	(100.0%)
372,606	4,530	368,076	8,125.3%	7,298	365,308	5,005.9%	Total Other Revenues	1,920,806	1,316,733	604,073	45.9%	1,896,212	24,595	1.3%
519,397	228,230	291,167	127.6%	140,066	379,331	270.8%	Total Revenues	3,644,953	4,085,579	(440,626)	(10.8%)	4,641,474	(996,521)	(21.5%)
<i>Direct Operational Expenses:</i>														
217,170	245,874	28,704	11.7%	257,171	40,001	15.6%	Salaries and Wages	2,784,143	2,928,096	143,953	4.9%	2,796,489	12,346	0.4%
59,148	70,640	11,492	16.3%	65,205	6,057	9.3%	Benefits	745,976	845,149	99,173	11.7%	795,724	49,748	6.3%
4,828	7,600	2,772	36.5%	19,151	14,323	74.8%	Purchased Services	99,824	91,475	(8,349)	(9.1%)	119,570	19,746	16.5%
7,854	22,070	14,216	64.4%	18,923	11,069	58.5%	Medical Supplies	203,458	264,994	61,536	23.2%	252,765	49,307	19.5%
336	1,529	1,193	78.0%	17,246	16,909	98.1%	Other Supplies	30,136	18,326	(11,810)	(64.4%)	154,369	124,233	80.5%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
20	230	210	91.5%	18	(2)	(8.8%)	Drugs	238	2,705	2,467	91.2%	1,355	1,117	82.4%
5,279	5,639	360	6.4%	(296)	(5,575)	1,880.5%	Repairs & Maintenance	44,290	67,811	23,521	34.7%	49,583	5,293	10.7%
24,783	25,782	999	3.9%	26,516	1,732	6.5%	Lease & Rental	301,515	309,340	7,825	2.5%	316,023	14,508	4.6%
540	2,046	1,506	73.6%	(2,020)	(2,560)	126.7%	Utilities	21,896	24,596	2,700	11.0%	9,105	(12,790)	(140.5%)
1,340	3,689	2,349	63.7%	5,153	3,813	74.0%	Other Expense	25,865	44,378	18,513	41.7%	35,527	9,662	27.2%
41	25	(16)	(62.5%)	31	(10)	(31.2%)	Insurance	420	366	(54)	(14.7%)	493	73	14.9%
321,340	385,124	63,784	16.6%	407,097	85,757	21.1%	Total Operational Expenses	4,257,760	4,597,236	339,475	7.4%	4,531,002	273,242	6.0%
Net Performance before														
198,057	(156,894)	354,951	(226.2%)	(267,031)	465,089	(174.2%)	Depreciation & Overhead Allocations	(612,807)	(511,657)	(101,151)	19.8%	110,472	(723,279)	(654.7%)

Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
8,974	3,441	(5,533)	(160.8%)	3,304	(5,670)	(171.6%)	63,103	41,281	(21,822)	(52.9%)	40,833	(22,270)	(54.5%)
<i>Overhead Allocations:</i>													
520	400	(119)	(29.8%)	586	66	11.3%	2,106	4,806	2,700	56.2%	6,083	3,977	65.4%
-	18,190	18,190	100.0%	13,896	13,896	100.0%	218,279	218,279	0	0.0%	221,488	3,208	1.4%
-	978	978	100.0%	1,034	1,034	100.0%	7,196	11,737	4,541	38.7%	12,388	5,192	41.9%
2,365	2,276	(88)	(3.9%)	1,996	(369)	(18.5%)	24,538	27,318	2,780	10.2%	27,230	2,692	9.9%
6,903	6,492	(412)	(6.3%)	4,728	(2,175)	(46.0%)	72,955	77,899	4,944	6.3%	56,687	(16,268)	(28.7%)
3,023	7,339	4,316	58.8%	5,868	2,845	48.5%	81,821	88,070	6,249	7.1%	80,679	(1,142)	(1.4%)
4,613	3,293	(1,319)	(40.1%)	2,492	(2,121)	(85.1%)	37,490	39,523	2,032	5.1%	29,959	(7,531)	(25.1%)
1,204	1,494	289	19.4%	1,784	580	32.5%	14,495	17,925	3,430	19.1%	15,956	1,461	9.2%
1,068	2,049	980	47.8%	1,730	662	38.2%	16,680	24,584	7,904	32.2%	22,024	5,344	24.3%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	1,117	1,117	100.0%
5,296	5,563	266	4.8%	5,207	(90)	(1.7%)	65,347	66,752	1,405	2.1%	70,315	4,968	7.1%
1,215	2,017	802	39.8%	3,879	2,664	68.7%	18,546	24,205	5,659	23.4%	23,787	5,241	22.0%
23,919	19,436	(4,483)	(23.1%)	20,162	(3,758)	(18.6%)	223,987	233,236	9,249	4.0%	228,786	4,799	2.1%
-	257	257	100.0%	410	410	100.0%	3,085	3,085	(0)	(0.0%)	5,818	2,733	47.0%
-	888	888	100.0%	-	-	0.0%	10,654	10,654	0	0.0%	-	(10,654)	0.0%
380	705	325	46.1%	697	317	45.5%	5,535	8,458	2,923	34.6%	9,072	3,537	39.0%
50,507	71,377	20,871	29.2%	64,468	13,961	21.7%	802,715	856,531	53,816	6.3%	811,389	8,674	1.1%
380,820	459,942	79,122	17.2%	474,869	94,049	19.8%	5,123,578	5,495,048	371,470	6.8%	5,383,225	259,646	4.8%
\$ 138,577	\$ (231,712)	\$ 370,289	(159.8%)	\$ (334,803)	\$ 473,380	(141.4%)	\$ (1,478,625)	\$ (1,409,469)	\$ (69,156)	4.9%	\$ (741,751)	\$ (736,875)	99.3%
(102,945)	3,994	106,939	2,677.5%	-	102,945	0.0%	-	47,862	47,862	100.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ -	\$ 234,223	\$ 234,223	100.0%	\$ -	\$ -	0.0%	\$ 1,666,019	\$ 1,450,000	\$ (216,019)	(14.9%)	\$ -	\$ (1,666,019)	0.0%

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

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	1,173,778	713,909	571,542	358,959	2,818,188
Contractual Allowances	-	221,125	130,988	61,592	80,828	494,533
Charity Care	-	643,253	396,153	391,995	177,610	1,609,010
Bad Debt	-	97,106	59,432	34,358	33,776	224,672
Total Contractual Allowances and Bad Debt	-	961,484	586,573	487,944	292,214	2,328,216
Other Patient Revenue	-	461,112	296,943	175,233	300,885	1,234,174
Net Patient Revenue	-	673,406	424,279	258,831	367,630	1,724,147
Collection %	-	57.37%	59.43%	45.29%	102.42%	61.18%
Grant Funds	97,942	586,479	300,245	290,653	145,035	1,420,354
Other Financial Assistance	55,395	152,028	68,789	162,833	61,407	500,452
Other Revenue	-	-	-	-	-	-
Total Other Revenues	153,337	738,507	369,035	453,486	206,441	1,920,806
Total Revenues	153,337	1,411,913	793,314	712,317	574,072	3,644,953
<i>Direct Operational Expenses:</i>						
Salaries and Wages	374,950	919,322	539,541	608,851	341,479	2,784,143
Benefits	92,258	240,394	152,770	165,616	94,938	745,976
Purchased Services	-	22,012	23,984	18,147	35,680	99,824
Medical Supplies	234	107,848	34,915	40,364	20,098	203,458
Other Supplies	115	12,538	5,374	4,503	7,606	30,136
Drugs	-	117	47	55	20	238
Repairs & Maintenance	-	12,675	9,622	12,784	9,208	44,290
Lease & Rental	-	114,258	65,897	62,220	59,139	301,515
Utilities	-	3,783	4,182	1,607	12,324	21,896
Other Expense	1,885	6,098	9,063	5,212	3,608	25,865
Insurance	-	-	-	-	420	420
Total Operational Expenses	469,442	1,439,045	845,395	919,359	584,520	4,257,760
Net Performance before Depreciation & Overhead Allocations	(316,105)	(27,131)	(52,081)	(207,042)	(10,448)	(612,807)
Depreciation	-	9,256	8,047	7,408	38,391	63,103
<i>Overhead Allocations:</i>						
Risk Mgt	156	723	515	452	260	2,106
Rev Cycle	-	80,929	57,624	50,577	29,149	218,279
Internal Audit	533	2,470	1,759	1,544	890	7,196
Home Office Facilities	24,538	-	-	-	-	24,538
Administration	5,402	25,046	17,833	15,653	9,021	72,955
Human Resources	3,702	25,916	22,584	20,363	9,256	81,821
Legal	2,776	12,871	9,164	8,044	4,636	37,490
Records	1,073	4,976	3,543	3,110	1,792	14,495
Compliance	1,235	5,726	4,077	3,579	2,062	16,680
Finance	4,839	22,434	15,974	14,020	8,080	65,347
Public Relations	1,373	6,367	4,533	3,979	2,293	18,546
Information Technology	16,586	76,896	54,752	48,057	27,697	223,987
Corporate Quality	228	1,059	754	662	381	3,085
Project MGMT Office	789	3,658	2,604	2,286	1,317	10,654
Managed Care Contract	-	2,052	1,461	1,283	739	5,535
Total Overhead Allocations	63,231	271,123	197,178	173,607	97,575	802,715
Total Expenses	532,673	1,719,424	1,050,620	1,100,375	720,486	5,123,578
Net Margin	\$ (379,336)	\$ (307,511)	\$ (257,306)	\$ (388,058)	\$ (146,415)	\$ (1,478,625)
Capital	-	-	-	-	-	-
Capital Contributions	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 1,666,019	-	-	-	-	1,666,019



Clinic Visits - Adults and Pediatrics	Current Year												Current YTD	%Var to	Prior Year	
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Total	Budget	Budget	Total
West Palm Beach	1,929	1,472	1,653	1,797	1,532	1,095	-	224	1,030	1,111	1,150	1,049	14,042	19,031	(26.2%)	19,390
Delray	1,429	957	1,019	1,151	994	542	-	99	895	1,058	1,071	1,117	10,332	10,291	0.4%	15,177
Lantana	1,752	1,489	1,664	2,034	1,809	1,415	563	464	1,215	1,477	1,461	1,589	16,932	16,686	1.5%	17,114
Belle Glade	950	746	912	847	762	484	10	71	462	504	527	624	6,899	10,530	(34.5%)	10,126
Lewis Center	296	213	241	246	246	198	-	-	236	437	577	711	3,401	2,918	16.6%	2,937
Lake Worth & Women's Health Care	1,553	1,161	1,303	1,255	1,301	731	296	632	1,039	1,048	1,067	1,136	12,522	18,334	(31.7%)	16,013
Jupiter Clinic	609	471	417	520	412	233	-	97	319	410	478	507	4,473	5,866	(23.7%)	5,745
West Boca & Women's Health Care	997	680	745	782	817	395	20	110	678	720	704	733	7,381	9,329	(20.9%)	10,588
Mobile Van	156	136	132	108	107	442	-	-	6	-	-	30	1,117	2,306	(51.6%)	2,116
Mangonia Park	-	67	58	80	168	166	-	193	450	396	326	221	2,125	-	-	-
Mangonia Park-Substance	499	497	455	423	464	-	-	-	-	-	-	-	2,338	7,112	(67.1%)	5,455
Total Clinic Visits	10,170	7,889	8,599	9,243	8,612	5,701	889	1,890	6,330	7,161	7,361	7,717	81,562	102,403	(20.4%)	104,661
Dental Visits																
West Palm Beach	975	776	778	915	864	460	-	56	218	216	207	347	5,812	9,613	(39.5%)	9,816
Lantana	733	570	541	470	470	225	-	-	-	-	17	387	3,413	10,428	(67.3%)	7,675
Delray	628	547	596	598	557	245	-	-	-	-	-	-	3,171	6,743	(53.0%)	7,035
Belle Glade	360	251	343	376	296	154	109	135	57	-	-	-	2,081	4,132	(49.6%)	3,825
Total Dental Visits	2,696	2,144	2,258	2,359	2,187	1,084	109	191	275	216	224	734	14,477	30,916	(53.2%)	28,351
Total Medical and Dental Visits	12,866	10,033	10,857	11,602	10,799	6,785	998	2,081	6,605	7,377	7,585	8,451	96,039	133,319	(28.0%)	133,012
Key Ratios																
Collection Ratio																18%
Bad debt write off as a percentage of total billing																11%
Collections per visit																29
Charges Per Visit																165
Percentage of A/R less than 120 days																74%
Days in AR																-
Mental Health Counselors (non-billable)																
West Palm Beach	178	101	164	171	153	192	10	70	183	108	15	-	1,345	1,443	(6.8%)	1,683
Delray	139	119	41	35	111	95	-	29	171	95	17	63	915	1,445	(36.7%)	1,590
Lantana	611	440	496	701	551	417	9	92	388	384	303	292	4,684	3,094	51.4%	5,471
Belle Glade	53	95	149	137	103	38	-	7	114	114	61	11	882	264	234.1%	233
Mangonia Park	53	150	296	391	278	189	3	85	143	235	229	299	2,351	6,256	(62.4%)	-
Lewis Center	240	173	215	178	177	-	-	-	58	178	158	308	1,685	3,211	(47.5%)	2,736
Lake Worth	204	146	163	192	140	89	1	34	169	58	9	53	1,258	2,312	(45.6%)	1,739
Jupiter	-	-	-	-	-	1	-	-	-	-	-	-	1	-	0.0%	-
West Boca	3	1	-	1	-	4	1	-	1	-	-	-	11	-	0.0%	-
Mobile Van	96	71	76	45	44	30	-	-	-	-	-	-	362	1,320	(72.6%)	714
Total Mental Health Screenings	1,577	1,296	1,600	1,851	1,557	1,055	24	317	1,227	1,172	792	1,026	13,494	19,345	-30.2%	14,166



SUPPLEMENTAL INFORMATION

MEDICAID MATCH FUND

Medicaid Match Statement of Revenues and Expenditures

FOR THE TWELFTH MONTH ENDED SEPTEMBER 30, 2020

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	Patient Revenue	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
491,667	491,667	0	0.0%	491,667	-	0.0%	PBC Interlocal	5,900,000	5,900,000	0	0.0%	5,900,000	-	0.0%	
8	316	(307)	(97.4%)	230	(222)	(96.4%)	Other revenue	1,019	3,788	(2,769)	(73.1%)	3,553	(2,535)	(71.3%)	
491,675	491,982	(307)	(0.1%)	491,897	(222)	(0.0%)	Total Revenue	5,901,019	5,903,788	(2,769)	(0.0%)	5,903,553	(2,535)	(0.0%)	
<i>Direct Operational Expenses:</i>															
-	-	-	0.0%	-	-	0.0%	Salaries and Wages	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Benefits	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Medical Supplies	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Other Supplies	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Drugs	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Repairs & Maintenance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Lease & Rental	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
1,449,573	1,417,231	(32,342)	(2.3%)	1,417,231	(32,343)	(2.3%)	Other Expense	17,103,799	17,219,356	115,557	0.7%	17,226,007	122,208	0.7%	
-	-	-	0.0%	-	-	0.0%	Insurance	-	-	-	0.0%	-	-	0.0%	
1,449,573	1,417,231	(32,342)	(2.3%)	1,417,231	(32,343)	(2.3%)	Total Operational Expenses	17,103,799	17,219,356	115,557	0.7%	17,226,007	122,208	0.7%	
Net Performance before Overhead															
(957,899)	(925,249)	(32,650)	3.5%	(925,334)	(32,565)	3.5%	Allocations	(11,202,780)	(11,315,568)	112,788	(1.0%)	(11,322,454)	119,673	(1.1%)	
<i>Overhead Allocations:</i>															
-	-	-	0.0%	-	-	0.0%	Risk Mgt	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Internal Audit	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Administration	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Human Resources	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Legal	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Records	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Compliance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Finance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Information Technology	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Total Overhead Allocations	-	-	-	0.0%	-	-	0.0%	
1,449,573	1,417,231	(32,342)	(2.3%)	1,417,231	(32,343)	(2.3%)	Total Expenses	17,103,799	17,219,356	115,557	0.7%	17,226,007	122,208	0.7%	
(957,899)	(925,249)	(32,650)	3.5%	(925,334)	(32,565)	3.5%	Net Margin	(11,202,780)	(11,315,568)	112,788	(1.0%)	(11,322,454)	119,673	1.1%	
957,899	942,964	14,935	1.6%	925,334	32,565	3.5%	General Fund Support	11,202,780	11,315,568	(112,788)	(1.0%)	11,322,454	(119,674)	(1.1%)	
\$ 957,899	\$ 942,964	\$ 14,935	1.6%	\$ 925,334	32,565	3.5%	Total Transfers In	\$ 11,202,780	\$ 11,315,568	\$ (112,788)	(1.0%)	\$ 11,322,454	\$ (119,674)	(1.1%)	

Medicaid Match Statement of Revenues and Expenditures by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Patient Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PBC Interlocal	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	5,900,000
Other revenue	100	114	436	162	66	25	32	31	25	11	8	8	1,019
Total Revenue	491,767	491,780	492,103	491,829	491,732	491,692	491,699	491,698	491,692	491,678	491,674	491,675	5,901,019
<i>Direct Operational Expenses:</i>													
Salaries and Wages	-	-	-	-	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-
Purchased Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
Lease & Rental	-	-	-	-	-	-	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Expense	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,449,573	1,449,573	1,449,573	17,103,799
Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Operational Expenses	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,449,573	1,449,573	1,449,573	17,103,799
Net Performance before Overhead Allocations	(925,464)	(925,450)	(925,128)	(925,402)	(925,499)	(925,539)	(925,532)	(925,533)	(925,539)	(957,896)	(957,899)	(957,899)	(11,202,780)
<i>Overhead Allocations:</i>													
Risk Mgt	-	-	-	-	-	-	-	-	-	-	-	-	-
Rev Cycle	-	-	-	-	-	-	-	-	-	-	-	-	-
Internal Audit**	-	-	-	-	-	-	-	-	-	-	-	-	-
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration**	-	-	-	-	-	-	-	-	-	-	-	-	-
Human Resources	-	-	-	-	-	-	-	-	-	-	-	-	-
Legal	-	-	-	-	-	-	-	-	-	-	-	-	-
Records	-	-	-	-	-	-	-	-	-	-	-	-	-
Compliance**	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	-	-	-	-	-	-	-	-	-	-	-	-	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,449,573	1,449,573	1,449,573	17,103,799
Net Margin	(925,464)	(925,450)	(925,128)	(925,402)	(925,499)	(925,539)	(925,532)	(925,533)	(925,539)	(957,896)	(957,899)	(957,899)	(11,202,780)
General Fund Support	925,464	925,450	925,128	925,402	925,499	925,539	925,532	925,533	925,539	957,896	957,899	957,899	11,202,780
Total Transfers In	\$ 925,464	\$ 925,450	\$ 925,128	\$ 925,402	\$ 925,499	\$ 925,539	\$ 925,532	\$ 925,533	\$ 925,539	\$ 957,896	\$ 957,899	\$ 957,899	\$ 11,202,780

**HEALTH CARE DISTRICT BOARD
December 8, 2020**

1. Description: Total Pay Practice Policy

2. Summary:

Management would like to consolidate a number of specific pay procedures into one overarching Pay Practice Policy that provides Board direction on application.

3. Substantive Analysis:

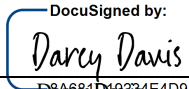
Dating back as far as July 2000, a number of very specific guidelines regarding pay practices were created and approved by the Board, but were approved as policies. In an effort to establish overarching Board direction, but allow some supporting procedural flexibility, management has created a comprehensive Pay Practice Policy.

Within the proposed policy, financial feasibility and adherence to ever-changing tax laws and other regulations are essential. Supportive, more specific procedures would support this policy and could be modified on a timely basis by the Chief Executive Officer, and/or Chief Human Resource Officer in order to allow us to be timely and nimble to changing HR requirements.

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:

DocuSigned by:


 D8A681D18234E4D9...
 Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

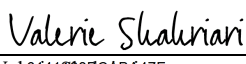
 Date

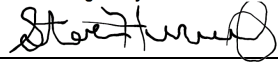
HEALTH CARE DISTRICT BOARD
December 8, 2020

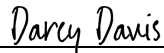
6. Recommendation:

Staff recommends the Board approve the Pay Practice Policy.

Approved for Legal sufficiency:

DocuSigned by:

Valerie Skaliniari
VP & General Counsel

DocuSigned by:

Steve Hines
Chief Administrative Officer

DocuSigned by:

Darcy Davis
Chief Executive Officer

HCD Pay Practices Policy

Policy #:	HR 12	Effective Date:	10/19/2020
Business Unit:	HCD Organization Shared Policy	Last Review Date:	
Approval Group:	HR Policy	Document Owner(s):	
Board Approval Date:			

PURPOSE

To ensure fair, equitable and competitive pay throughout the Health Care District.

SCOPE

This policy applies to all Health Care District employees, including all business units and any other affiliated entities.

POLICY

The Health Care District of Palm Beach County will maintain a compensation program designed to attract, retain, and reward a qualified and diverse workforce. The Health Care District is committed towards consistent pay practices offering competitive pay that examines internal equity and external compensation equity using national and local market data. In order to ensure a competitive compensation program, the District leverages market surveys to ensure employees compensation is at fair market value, subject to financial feasibility, and approved budgets. The Chief Executive Officer, as well as the Chief Human Resource Officer, may evaluate the lawfulness of the Health Care District's pay practices and identify necessary corrective action including modification of compensation and or benefits at their discretion within the boundaries of financial feasibility. This includes matters related to but not limited to general compensation administration, merit, administrative pay correction procedures, paid time off, emergency pay and employee relocation. The Health Care District Compensation Pay Practices Policy governs all policies and procedures related to compensation and benefits.

PROCEDURE

Compensation Administration

External Equity

Base salaries will be established to be market competitive, subject to financial feasibility and approved budgets.

New employees' salaries will recognize the skills and experience that they bring to the District.

On an annual basis, HR will conduct a market review to identify positions that have moved within the market or identified positions that have been hard to recruit or retain. Human Resources will make compensation related recommendations once per year during the budgeting process.

Internal Equity

The District will strive for internal equity by paying similarly for similar work, taking into consideration position, function, and experience.

Any recommended increases will be focused on remaining market competitive, providing continued support of internal equity, and recognizing elements of performance. Performance will determine whether or not an individual employee will be eligible for any recommended increase. Low performers, employees with disciplinary action, action plan or on performance improvement plans may not be eligible for upward salary adjustments.

Salary Grades and Ranges

Each position will have a determined salary grade with a minimum rate, midpoint rate; and maximum rate (referred to as salary range).

Salary grades will establish the value of the position in relation to other positions in the organization and the market competitiveness of the position.

An employee's salary will be related to demonstrated performance and experience and will be within the range limits of the grade and will not exceed the maximum of the salary grade established.

Rate Determination

New Hire

An employee's rate at time of hire will be based upon meeting the minimum qualifications of the position and the years of experience the candidate is bringing to the District.

Salaries above midpoint will be reviewed on a case by case basis and approved only if it is financially feasible.

Existing Staff

For employees transferring into different positions/salary grades within the District, the following elements will be considered:

The difference between their current salary grade and the salary grade of the position transferring into,

Experience within the new position,

Internal equity with existing staff in the new position,

Annual increase due date,

Placement on the new range.

Human Resources will determine an appropriate salary offer for a new position. Any adjustment that is expected to exceed 15% will require approval by both the Chief Human Resources Officer and Chief Finance Officer. All changes to existing staff salaries will be processed at the beginning of the pay period in which the change falls.

Employee Physicians / Employee Medical / Dental Directors

Employee Physicians: In addition to above employee benefits, full-time employee physicians are eligible for continuing medical education reimbursement (i.e. travel and registration fees), license fees dues and subscriptions in an amount up to, but not exceeding, \$3,500.00 per contract year. Employee shall not be entitled to payment for any unused portion of the reimbursement amount.

Employee Medical/Dental Directors: In addition to the above employee benefits, and employee physician benefits, full time employee Medical or Dental Directors are eligible for the following, pursuant to applicable District policy:

Automobile/Travel Allowance

Use of District wireless device, at District's discretion.

Employee Physicians and Employee Medical/Dental Directors: In addition, Human Resources and/or the Vice President and Chief Human Resources Officer may approve modifications to the above employee benefits for Employee Physicians and Employee Medical/Dental Directors and/or additional benefits for Employee Physicians and Employee Medical/Dental Directors if written justification is provided by the business unit's Officer for such modifications and/or additional benefits. Written justification may include, but is not limited to, uniqueness of position; past difficulty in recruitment; market analysis; budgetary limitations; and/or, specific needs of the business unit. Any and all modifications and/or additional benefits for Employee Physicians and Employee Medical/Dental Directors must be included in the Fair Market Valuation for the position and must be specifically identified in the Employee Physician's and Employee Medical/Dental Director's employment contract with the District. Failure to include the same in the FMV and the employment contract will result in a denial of the same.

Administrative Pay Corrections

Underpayment

Underpayments of under \$25 will be corrected and processed on the next regular pay day. Underpayments of over \$25 maybe processed within two business days from notification and a check drawn.

Overpayments

Generally, overpayments will be corrected in the next regular paycheck unless this presents a burden to the employee (where there is a substantial amount owed). The Human Resource Department will arrange a schedule of repayments with the employee to minimize the inconvenience. Human Resources will determine whether there is a burden to the employee to payback the overpayment on the next regular paycheck or allow a payment schedule.

RESPONSIBILITY

Employee Responsibilities:

1. Ensure review of bi-weekly pay stub to ensure accuracy of payment.
2. Immediately notify supervisor, Payroll or Human Resources of any error in pay.
3. Appropriately return any overpayments.

Human Resources Responsibilities:

1. Consult with employee and provide guidance to supervisors for all errors in pay.
2. Determine proper resolution of overpayments or underpayments.
3. Notify Finance of any employee underpayment, overpayment or payment schedule

Department Directors/Managers/Supervisors Responsibilities:

1. Assist employees when needed in correcting errors in pay.
2. Consult with the employee and the Human Resource Department to resolve overpayments or underpayments.

Merit Pay

Eligibility

Only full-time and part-time employees who performed work for the District during the Evaluation Period are eligible to participate in the merit pay award program when awarded as a prospective increase in base pay. Temporary and per diem employees are not eligible for prospective increases in base pay, unless otherwise authorized by the Chief Human Resources Officer.

Performance Standards

The District completes Performance Evaluations annually for all employees. The completed performance evaluations are generally administered and communicated to employees.

The Performance Evaluation measures employee performance based on the following general categories:

Customer Service

Compliance

Cooperation

Communication

Culture

Initiative

Job Knowledge

Judgment

Professionalism

Quality of Work

Supervisors and managers will also be evaluated on leadership.

In order to qualify for a base pay increase or lump sum bonus payment, the employee must have demonstrated satisfactory performance as determined by Human Resources for the most recent evaluation period. Additionally, employees may be disqualified from base pay increases or lump sum bonus payments if they have received a final written warning in the six months preceding the due date of the annual appraisal.

Merit Pay Award Determination

Each year, the Chief Executive Officer will determine whether the merit pay award will be a percentage increase in base pay or a lump sum bonus. Alternatively, the Chief Executive Officer may determine at any time that no increases in base pay or lump sum bonus be awarded for a particular evaluation period. The Chief Executive Officer, or his/her designee, will communicate the intended type of merit pay award to the employees, subject to the District's budget and the CEO's discretion to cancel the merit awards at any time.

Overtime Pay Adjustments for Non-Exempt Employees

When non-exempt employees are awarded a lump sum bonus under this policy, the regular rate of pay during the evaluation period will be recalculated to ensure any overtime work is paid at the appropriate rate in accordance with applicable wage and hour laws. Generally, the additional amount of compensation due for each workweek that the employee worked overtime during the evaluation period is equal to one-half the hourly rate of pay allocable to the bonus for that week multiplied by the number of statutory overtime hours worked during that week.

Reinstatement

Any reinstated employee who was laid off after August 1 and prior to the payment of merit pay and who was eligible for merit pay at the time of the layoff shall be eligible to receive the increase in base pay effective on the first day of reinstatement and payable in the first payroll thereafter. Any reinstated employee who was terminated or resigned after August 1 and prior to the payment of merit pay and who was eligible for merit pay at the time of the employment separation shall be reinstated at the base rate of pay that the employee would have had if the employee had not separated employment. However, a reinstated employee who was terminated or resigned before August 1 and prior to the payment of merit pay shall not be eligible to receive and lump sum merit pay that would have been payable had the employee remained employed.

Rehire

Any employee who returns to District employment after six months but within two years from the date of separation shall be hired at the appropriate rate for new hires in the position and shall not be eligible for merit pay that may have occurred during the time of separation from District employment.

Employee Relocation

The District, at its sole discretion, may provide assistance for expenses incurred as a result of the relocation of exempt management staff. From time to time, limited relocation assistance may be provided on a case-by-case basis for hard to recruit positions; however, provisions of any such agreement will be contingent upon approval of the Chief Executive Officer and the Chief Human Resources Officer.

Relocation expenses will include the cost of packing and transporting standard furniture and personal effects of the employee and members of the employee's immediate family. Relocation expenses may be made available to current employees on a case-by-case basis.

All relocation expenses must be incurred within 180 days of the date of the written acceptance of the job offer. Expenses incurred after this period will not be reimbursed.

Reimbursement shall be according to the following procedures:

1. All requests for reimbursement shall be submitted on the form Request for Reimbursement for Moving Expenses within forty-five (45) calendar days of incurring the expenses requested for reimbursement.
2. Valid paid invoices and receipts must be attached to the request for reimbursement.
3. Human Resources will forward the completed form to the Finance Department for payment and shall retain a copy for the employee's file. No payments shall be paid without submission of the Request for Reimbursement for Moving Expenses

If the employee terminates employment with the District within one year from the date of initial employment, or new primary work location in the case of a current employee, the amounts reimbursed shall be considered a loan and the District shall have the right to withhold from monies due to the employee from salary and/or PTO, up to an amount equal to the relocation expenses reimbursed to the employee by the District in accordance with applicable wage and hour laws.

RESPONSIBILITY

Employee Responsibilities:

1. Complete Request for Reimbursement for Moving Expenses Form and submit receipts in accordance with the policy.

Human Resources Responsibilities:

1. Review and approve Manager's recommendation for hard to recruit positions eligible for relocation.
2. Assist employees with relocation issues.
3. Receive the Request for Reimbursement for Moving Expenses Form and submit to Finance for payment.

Department Directors/Managers/Supervisors Responsibilities:

1. Assist Human Resources with identifying hard to recruit positions.
2. Receive all necessary documentation from the employee.
3. Assist and educate employees on relocation issues.
4. Obtain approval from the Chief Human Resources Officer and CEO prior to extending relocation.
5. Ensure funds are available to pay relocation within the department's budget.

PAID TIME OFF

Paid time Off (PTO) is a comprehensive leave bank of vacation days, personal days and holidays. All newly hired full time employees will be provided eight (8) hours of PTO upon hire.

PTO accrual is for all full time employees of the Health Care District. Eligible employees will earn PTO each pay period, based on their years of service and paid hours.

Years of Service	Hourly Calculation	Bi-Weekly Hours*	Annual Hours	Annual Days Equivalent
Up to Four	0.111538462	8.92	232	29
Four to Seven	0.130769231	10.46	272	34
Seven and More	0.146153846	11.69	304	38

*All examples listed above assume 80 hours per pay period. The accrual for less than 80 hours (2080 per year) paid per pay period is pro-rated.

Executives will earn PTO each pay period, based on their years of service and paid hours, according to the procedure addendum.

Use of PTO

1. Any employee on any type of paid leave of absence must exhaust their PTO balance before the leave can be taken without pay. This does not apply if an employee is on a leave of absence designated as unpaid. An employee on FMLA leave may elect to keep 80 hours in their PTO bank per the Family Medical Leave policy, though the leave will become unpaid beyond that point. A leave that is unpaid will not earn PTO hours. Earning resumes upon return to active status.
2. PTO may be accrued and carried forward from year to year if not used. An employee may only accrue and carry over a maximum of 400 hours. When an employee reaches 400 hours of PTO, accruals will stop until the unused balance goes below 400 hours.
3. PTO must be scheduled in advance with the employee's supervisor. Use of PTO for foreseeable events should be requested (30) days in advance of the proposed dates. Unforeseeable use of PTO must be scheduled in advance as soon as possible, once the need to use PTO is discovered.
4. PTO dates are subject to approval by the employee's immediate supervisor and will be granted based on the operational needs of the department. Requesting PTO does not guarantee the employees will be granted time off. The Health Care District must assure proper coverage of all services and may at times be unable to grant requests.
5. Non-exempt employees may not use PTO in excess of the hours earned. Exempt employees may utilize PTO in excess of hours earned (maximum of 8 hours per pay period) that result in one day of full pay. Future PTO accrued will be used to cover the excess used.

6. Exempt employees are required to take PTO in full day increments unless they are on an approved intermittent FMLA.
7. An employee who fails to return from authorized PTO will automatically be considered to have voluntarily resigned from employment with the Health Care District.
8. PTO will not be paid if an employee's absence is the result of, or directly resulted from, disciplinary action. It is the responsibility of the supervisor to ensure no payment of PTO in those circumstances.

PTO may be used to supplement Workers' Compensation payments, Supplemental Social Security Disability (SDI), Long or Short Term Disability. When combined with these plans the total value of the hours taken may not exceed an employee's regularly scheduled income.

Unpaid Time Off

All full-time employees and part-time employees are eligible upon hire for Unpaid Time Off. Unpaid Time Off is an absence from work without pay for ten (10) workdays or less, which may be granted for medical or personal reasons after an employee has exhausted his or her applicable PTO or Sick Time Off (STO). If medical leave is requested for personal reasons, an employee's accrued PTO and STO must be fully used before the Unpaid Time Off commences. Unpaid Time off is granted in whole-day increments. If approved, a maximum of ten (10) unpaid workdays is available per a 12-month period.

Holidays

The Health Care District chooses to recognize certain holidays, earned PTO is used to pay for those days off work. The District recognizes ten holidays per calendar year, actual holidays vary by business unit. Human Resources will send out an annual holiday schedule at the end of each calendar year. Full time summer off employees may request not to use PTO on Health Care District designated holidays due to extended break periods.

Community Service

Employees may submit a request for time off for participation in activities that positively impact the community in Palm Beach County. These activities include, but are not limited to: Volunteering at a Red Cross, Volunteer Firefighting, Blood, Organ and Bone Marrow donation, Big Brother/Big Sisters, Boy/Girl Scouts, and other non-profit agencies. If approved, employees are granted a maximum of eight (8) hours of community service time per fiscal year.

Payment of Unused PTO

1. Upon termination of employment, an employee who has completed at least six (6) months of continuous service shall be eligible for payment of unused PTO at the rate of 100% of accrued hours up to a maximum of 400 hours.

2. Any employee who terminates employment and then is reinstated within six (6) months will accrue PTO based on their original hire date. Employees rehired after six (6) months of termination are subject to the same rules as newly hired employees.
3. Employees receiving severance pay are not eligible for accrual of PTO and will have their PTO balances paid as of their last day of actual work.
4. An employee who is eligible for payment of unused PTO shall be compensated based on the employee's rate of pay earned upon separation minus any outstanding money owed to the Health Care District, in accordance with Federal and State wage and hour laws.
5. Hours will be calculated based on the employee's PTO balance upon separation plus earned but not yet accrued hours.
6. An employee who has admitted to being guilty or is found guilty in a court of competent jurisdiction of committing, aiding or abetting any embezzlement, theft or bribery in connection with Health Care District employment shall be determined ineligible for payment of unused PTO.

PTO Withdrawal

1. Employees may request a withdrawal of PTO twice per fiscal year as determined by the Health Care District.
2. Employees must leave a balance of 80 hours in their PTO bank.
3. Employees who are within their 6 month probationary period are not eligible.

RESPONSIBILITY

Employee Responsibilities:

1. Request PTO in advance by submitting an electronic time off request in a timely manner.
2. Submit PTO Withdrawal Request Forms electronically, leaving a balance of 80 hours.

Human Resources Responsibilities:

1. Assist managers and employees with the interpretation of the policy.
2. Review and process PTO Withdrawal Requests.

Department Directors/Managers/Supervisors Responsibilities:

1. Appropriately document scheduled PTO in Kronos.
2. Review and approve employee's requests for time off, ensuring the smooth operation of the department and service.
3. Review employee time off records with biweekly payroll and address any outliers.

CROSS-REFERENCES

PTO Withdrawal Electronic Form

Sick Time Off

Sick Time Accrual

During absence from work caused by personal injury, illness, temporary disability, accident, or to care for an immediate family member with a serious health condition, an eligible employee's wage or salary will be continued for the amount of time accrued in the employee's sick time account balance. Sick Time is credited on the basis of hours paid at the rate of .0384615 per hour to a maximum of ten (10) days annually.

Sick Time may be accrued and carried forward from year to year if not used by an employee. An employee may only accrue and carry over a maximum of 400 hours. When an employee reaches 400 hours of sick time, accruals will stop until the unused balance goes below 400 hours.

Use of Sick Time

1. An employee may not use sick time after the end of their initial orientation period of six (6) months.
2. Foreseeable use of sick time must be requested in writing thirty (30) days prior to the first proposed date of use. For unforeseeable use of sick time, an employee shall notify their supervisor as far in advance as possible but no later than two (2) hours prior to the start of their work day. The employee must speak directly with their supervisor. If the Supervisor is unavailable at the time of the call the employee may leave a voice mail message, however the employee is required to speak directly with their Supervisor prior to the end of the work day.
3. Sick time may be granted for personal illness, injury, temporary disability, accident, exposure to a contagious disease which would endanger others or to care for an immediate family member (spouse, child, and parent) with a serious health condition.
4. If an employee is absent without notifying his/her supervisor, the employee will be subject to disciplinary action for absence without authorization. If an employee is absent for three (3) consecutive days without contacting his/her supervisor, the employee will be considered to have abandoned his/her position. The District will accept this action as a voluntary resignation and the employee will not be eligible for rehire.
5. An employee whose absence is for illness, injury, accident or temporary disability for more than three (3) consecutive days and/or is diagnosed with a contagious disease, must provide a medical certification from the employee's physician indicating the employee's ability to return to work, including any restrictions upon the employee's ability to perform the essential requirements of the employee's position.
6. A medical certification signed by a licensed physician may be required if the requests for sick time occur frequently or demonstrate any pattern. For example, sick time occurring before or after a regularly scheduled day off or on the same day of the week or on paydays, etc.
7. Should it be found that an employee has taken sick time under false pretenses, the time off shall be without pay, and the employee will be subject to disciplinary action.
8. In cases of illness or injury, temporary disability or accident of an employee or care for an immediate family member (spouse, child, and parent) with a serious health condition lasts longer

than 3 days; they may request family or medical leave. All accrued sick time and paid time off (PTO) must be used before a leave can be taken without pay.

9. Sick time may be paid in addition to workers compensation, short term disability or long term disability benefits only in such amounts as are necessary to bring the employee compensation to the equivalent of his/her regular paid hours.
10. Employees on any leave without pay will not earn sick time hours. Earning resumes upon return to active status. In addition, employees that receive unpaid hours in Kronos do not accrue sick time for those hours.
11. Supervisors will record sick time on the employee Kronos time keeping record distinguishing between scheduled and unscheduled sick time.
12. Non-exempt employees may not use sick time in excess of the amount they have accrued. Exempt employees may utilize STO in excess of hours earned (maximum of 8 hours per pay period) that result in one day of full pay. Future STO will be used to cover the excess used.

Payment of Unused Sick Time

There is no payment to employees of unused sick time upon termination of employment. Sick time taken after an employee has given notice of resignation will not be recognized or paid.

Sick Time Off Incentive Pay

An employee may be paid 50% of their annual accrual up to 40 hours of unused sick time annually in November of each year, subject to budgetary constraints and the sole discretion of the District.

RESPONSIBILITY

Employee Responsibilities:

1. Notify immediate Supervisor of the need to call out sick or use sick time.
2. Use sick time for its intended purpose of income replacement due to personal injury, illness, accident, disability or to care for an immediate family member (spouse, child, and parent) with a serious health condition.
3. Provide appropriate physician's certification for sick time.

Department Directors/Managers/Supervisors Responsibilities:

1. Appropriately document scheduled sick time and call ins for sick time on Kronos.
2. Educate employees on the proper call in procedure.
3. Review employee time off records with bi-weekly payroll and address any outliers.
4. Appropriately request physician certifications for absence due to illness, injury, accident or temporary disability.

Human Resources Responsibilities:

1. Assist Managers and Employees in the interpretation of the policy.
2. Guide employees to FMLA for absence due to illness, injury, accident, disability, or care of an immediate family member's serious health condition that is longer than three days.

Employee Benefit Programs

APPLICABILITY

This procedure applies to all Health Care District Benefit eligible employees, including Lakeside Medical Center, Healey Center, Physician Practice Offices, Primary Care Clinics, School Health, Pharmacy, Aeromedical, Trauma, Managed Care, and any other affiliated entities.

DEFINITIONS

N/A

PROCEDURE

The District provides comprehensive group insurance programs and voluntary insurance options for full time eligible employees. Most insurance benefits are effective the first day of the month following your date of hire. Most insurance benefits cease on the last day of the month of termination except for employees who select COBRA to continue benefits. Benefit election changes (addition, deletion, plan tier selection) cannot be changed until open enrollment unless an employee has a qualifying event as determined by the benefit plan.

Eligibility

1. Full-Time annual employees (defined as scheduled to work a minimum of 1664 hours annually with an average of 32 hours per week) are eligible for group and other insurance programs offered by the District.
2. Full-Time summer off employees (defined as scheduled to work a reduced number of annual hours with an average of 32 hours per week.) are eligible for group and other insurance programs offered by the District.
3. Part-time and Per-Diem/On call employees who work less than 32 hours per week regardless of their annual schedule are not eligible for group and other insurance programs offered by the District.
4. Temporary employees (defined as scheduled to work for a specific time period) are not eligible for group and other insurance programs offered by the District.

To the extent possible the District will provide financial assistance with the cost of employee benefits to eligible full-time employees through District contributions. However, employees are expected to share in the costs of certain benefits. District contributions vary according to the employee's or tier selected by the employee. The employee's portion of benefit costs are payroll deducted in 24 pay periods per year for full time employees and in 22 pay periods per year for full time summer off employees.

Discretionary Insurance/Benefits

The District offers discretionary insurance/benefits to all full-time benefit eligible employees as described above. Discretionary insurance/benefits are those which are selected to be the most fiscally sound and the most appropriate and desirable for the work force composition. The District may, at any time, make changes to the plans or contributions provided to employees.

The discretionary insurance/benefits that the District offers are as follows:

1. 100% covered by the District for all employees in benefit eligible status.
 - a. Life and Accidental Death and Dismemberment Insurance
 - b. Long-term disability
 - c. Retirement plan
 - d. EAP
2. Offered with shared contributions based on benefit eligible status.
 - a. Medical
 - b. Dental
 - c. Short -term disability
3. Voluntary for employees based on benefit eligible status.
 - a. Voluntary supplemental insurances, including life and accidental death and dismemberment
 - b. Flexible spending accounts
 - c. Deferred Compensation
 - d. Vision

Federal/State Mandated Insurance Programs

1. **Social Security** – All employees are covered by the Federal Social Security Act. A required percentage of an employee's salary is deducted to pay the employee's portion of this protection, and the District matches this deduction dollar for dollar. This plan was designed for an employee's future security and that of the employee's dependents by providing retirement, disability, death survivor and Medicare benefits.
2. **State Unemployment Insurance** – This program is funded entirely by the District. The program provides weekly benefits to employees who become unemployed through no fault of their own or circumstances described in the law.
3. **Workers' Compensation** – The District carries insurance to cover the cost of work related injury or illness. Benefits help pay for an employee's medical treatment and for part of the income lost while recovering. Specific benefits are prescribed by law depending on the circumstances in each case. To be assured of maximum coverage, all work-related accidents must be reported immediately to the employee's supervisor and the Human Resources Department so the District can file a timely claim.
4. **COBRA** – On April 6, 1986, Congress enacted the Consolidated Omnibus Budget Reconciliation Act of 1986. Under this Act, the District is required to offer employees and qualified beneficiaries the opportunity to continue their group health plan coverage under certain circumstances in which they would otherwise lose coverage. Employees who terminate employment for reasons other than gross misconduct or who reduce their work hours to less than 32 hours per week will have the option to continue their benefits for up to 18 months. Qualified beneficiaries of employees have an option to continue benefits for up to 36 months if coverage is lost due to divorce, death of the employee, or dependent child exceeds the age limits for coverage.
5. **Retiree** – An employee will be considered a Retiree of the District if they have completed 10 years of service and are 55 years of age, or have reached the age of 65 prior to separation of employment with the District. Any employee, who has a separation of employment due to discipline related issues, will not be eligible for retiree status even if they have satisfied the above conditions. In accordance with Florida Statute 112.0801, as amended from time to time, retirees

and their dependents will be offered the option to continue participation in all group or self-insurance plans.

RESPONSIBILITY

Employee Responsibilities:

1. Newly hired full-time employees shall review insurance package offerings and present elections within their first week of employment.
2. Throughout employment, District employees shall notify Human Resources of any qualifying events within 30 days from the date of the event.
3. Employees shall submit all requested/required completed paperwork to Human Resources for processing.
4. During open enrollment, employees are responsible for electing coverage and providing appropriate paperwork for all dependents to determine eligibility and for approval.

Department Directors/Managers/Supervisors Responsibilities:

1. Assist employees with location of insurance/benefit information on OASIS website.
2. Refer employees to Human Resources to properly answer questions/issues.

Human Resources Responsibilities:

1. Periodically review benefits programs and make recommendations to provisions or to add, eliminate or modify benefits where and when it is deemed in the best interest of the employees or the District to do so.
2. Assist employees with understanding of insurance/benefit options.
3. Instruct employees on how to enroll in insurance/benefit options.
4. Serve as a primary resource for insurance/benefit questions and or issues.

Worker's Compensation

The District provides a comprehensive Workers' Compensation Insurance program at no cost to the employee. The program is intended to cover any injury or illness sustained during the course of employment that requires medical, surgical and/or hospital treatment. Workers' Compensation Insurance provides benefits to employees that have been injured or have become ill through the course of employment with the District after a short waiting period that is defined by the Workers' Compensation Insurance carrier and subject to applicable legal requirements.

Employees who sustain work-related injuries or illnesses or are exposed to hazardous materials should inform their supervisor immediately. No matter how minor an on-the-job injury or illness may appear, it is imperative that it be reported immediately. This will enable an eligible employee to qualify for coverage as quickly as possible.

A qualified employee whose work-related injury, illness or exposure to hazardous materials results in a serious health condition requiring time loss from work will be placed concurrently on a Family Medical Leave Act (FMLA) leave of absence. In the event that an employee is not released to full duty in their original position and their FMLA and Medical Leave expires, the employee may be subject to separation of employment, in accordance with the District's policy on FMLA and Medical Leave.

In the event that an employee sustains a work-related injury, illness or exposure to hazardous materials that results in the employee being placed on permanent work restrictions, the guidelines of the Americans with Disabilities Act may be followed, if applicable. If the employee's work restrictions are temporary in nature, the guidelines of the District's Transitional Duty Policy will be followed.

Injury or Illness to Employee Requiring Emergency Medical Treatment

1. If an employee sustains an injury or illness that requires emergency medical treatment, 911 should be called or if necessary, the employee shall be taken to a hospital emergency room. Injured employees are not authorized to transport themselves to a medical facility. The employee or another employee should notify the employee's supervisor of the incident and provide as much detail as possible.
2. If necessary, and a certified individual is present, First Aid and/or CPR (cardiopulmonary resuscitation) should be administered until help arrives.
3. The employee's supervisor will be responsible for supplying emergency response personnel and hospital emergency room staff with as much information as possible regarding the nature and cause of the injury or illness.

4. Once the emergency is under control, the injured employee's supervisor is responsible for completing an Employee Incident and Analysis Report, providing as much detail as possible and submitting a copy to Human Resources immediately, but no longer than twenty-four (24) hours from the time of the incident.
5. Employees who received emergency medical treatment as a result of a work-related injury, illness or exposure to hazardous materials are required to make an appointment with the Workers' Compensation Insurance's chosen medical provider for a follow-up examination. The employee must provide a copy of the discharge paperwork from the hospital where emergency medical treatment was provided to the Workers' Compensation Insurance carrier's authorized health care provider.

Non-Emergency Injury or Illness to Employee

1. Assuming the employee is capable, it is the employee's responsibility to report the work-related injury or illness or exposure to hazardous materials immediately to their supervisor. The employee is also responsible for reporting to their supervisor any accident or public liability for which the District may be responsible, due to a condition created by the District or by the action (or inaction) of a District employee.
2. The supervisor and employee must complete an Employee Incident and Analysis Report, providing as much detail as possible. The Report must be submitted to Human Resources within twenty-four (24) hours of the incident.
3. If the employee requires non-emergency medical treatment, Human Resources or the designated supervisor (in the case of afterhours incidents) will coordinate with the employee to ensure that the employee is transported to the appropriate Workers' Compensation Insurance approved medical provider.

Post-Reporting of Incident Procedures

1. Working with Human Resources, the supervisor will conduct an investigation into the cause of the incident that resulted in the employee's injury or illness or exposure to hazardous materials. The investigation's findings will be added to the Employee Incident and Analysis Report, in addition to any written statements from witnesses, if applicable.
2. Following the investigation, the supervisor, wherever possible, should recommend to Human Resources what steps the District might reasonably take to avoid any future recurrence of the incident.

3. The supervisor and Human Resources should determine if there has been any violation of existing safety rules or regulations.
4. Human Resources must report the incident to the District's Workers' Compensation Insurance carrier within twenty-four (24) hours of receiving the completed Employee Incident and Analysis Report, including the findings from the investigation.

Drug/Alcohol Testing

1. All accidents that involve a vehicle while the employee is conducting or en route to conduct District related business, regardless of whether an employee sustained injury requiring medical treatment or not, will require a mandatory drug/alcohol test for the operator of the vehicle (see Drug-Free Workplace Policy for more information).
2. All work-related injuries or illnesses where an employee requires medical treatment will include a mandatory drug/alcohol test.
3. Work-related injuries or illnesses sustained by employees that do not require medical treatment may require a drug/alcohol test at the sole discretion of the District.

Continued Medical Treatment for Work-Related Injury or Illness

1. If the employee who sustained a work-related injury or illness requires continued medical treatment, as prescribed by the Workers' Compensation Insurance carrier's chosen medical provider, the employee will be expected to follow the regimen of treatment the health care provider advises, and attend all scheduled appointments with the health care provider.
2. Employees must notify their supervisor, in advance when applicable, when they have an appointment with the health care provider. Appointments should be scheduled outside of the employee's regular work hours, whenever possible. If it is unavoidable, the employee should coordinate with their supervisor as to when an appropriate time would be to schedule the appointment, so as to cause the least amount of hardship on the Department as possible.
3. Employees must supply Human Resources a copy of each Workers' Compensation Uniform Medical Treatment/Status Reporting Form provided to them from the attending physician.

Lost Time Accidents

1. For reported work-related injuries or illnesses that result in the employee losing time from work, the first forty (40) hours of the lost time will be paid by the District at the employee's regular rate of pay.

2. If additional time is required for the employee to miss work due to the work-related injury or illness, the employee will be compensated sixty-six and two-thirds percent (66.67%) their regular base pay. The employee's sick time and paid time off banks will be drawn upon to supplement the remaining thirty-three and one-third percent (33.33%) of their regular base pay.
3. The State of Florida, Department of Workers' Compensation, has mandated that any employee who fails to use Personal Protective Equipment shall have their workers' compensation benefits reduced by twenty-five percent (25%). This deduction would result in benefits being reduced to less than fifty percent (50%) the employee's original salary.

Work Restrictions

1. Employees that have sustained a work-related injury, illness or exposure to hazardous materials and are placed on work restrictions by their treating physician are required to supply their supervisor a certificate from their health care provider explicitly stating their work restrictions and anticipated duration of the work restrictions.
2. The supervisor, in conjunction with Human Resources, will address the employee's work restrictions accordingly:
 - a. For employees whose health care provider has placed them on permanent work restrictions, the federal Americans with Disabilities Act regulations may be followed, if applicable.
 - b. For employees whose health care provider has placed them on temporary work restrictions, the guidelines of the District's Transitional Duty Policy will be followed.

Coordination with FMLA and Medical Leave Policies

1. A qualified employee whose work-related injury, illness or exposure to hazardous materials, which also results in a serious health condition requiring time loss from work will be placed on a FMLA leave of absence, in accordance with the Family Medical Leave Policy.
2. In the event that an employee is not released to full duty in their original position and their FMLA and Medical Leave expires, the employee may be subject to separation of employment, in accordance with the District's policy on FMLA and Medical Leave. The workers' compensation benefits will continue to be paid to the employee despite no longer being employed with the District, if the individual is still eligible to receive the benefits.

Employee Responsibilities:

1. Employees who sustain a work-related injury or illness or are exposed to hazardous materials are responsible for notifying their supervisor immediately.
2. Employees who witness or are made aware of any accident or public liability for which the District may be responsible, due to a condition created by the District or by the action (or inaction) of a District employee, should report this to their supervisor immediately.
3. Attendance at all Workers' Compensation Insurance carrier's appointed health care provider's scheduled appointments and adherence to prescribed treatments are the employee's responsibility.
4. When emergency care was required, the employee must provide the Workers' Compensation Insurance carrier's chosen physician with the discharge paperwork from the hospital where initial treatment was provided.
5. Assist in the completion of the Employee Incident and Analysis Report, providing as much information as possible.
6. Provide certification from health care provider of work restrictions and anticipated duration of work restrictions to supervisor.
7. Submit to drug/alcohol testing when mandated.
8. Notify supervisor, in advance when applicable, of appointments with the health care provider. Work with their supervisor to schedule appointments when it would create the least amount of hardship on the Department as possible.
9. Provide Human Resources with a copy of each Workers' Compensation Uniform Medical Treatment/Status Reporting Form supplied to them from attending physician.

Department Directors/Managers/Supervisors Responsibilities:

1. When employee sustains an injury or illness that requires emergency medical treatment, supply emergency response personnel and hospital emergency room staff with as much information as possible regarding the nature and cause of the injury or illness.
2. Coordinate with employee who has reported a work-related injury, illness or exposure to hazardous materials that requires medical attention (non-emergency) where the approved Workers' Compensation Insurance carrier's authorized care center is located.

3. In conjunction with Human Resources, determine appropriate course of action in addressing employee's work restrictions, if applicable.
4. Completing the Employee Incident and Analysis Report and submitting a copy to Human Resources within twenty-four (24) hours of the incident.
5. In conjunction with Human Resources, conduct an investigation into the cause and nature of the work related incident must be documented, including interviewing witnesses, if applicable.
6. Recommend to Human Resources what steps the District should take to avoid future similar incidents, as well as any violations of existing safety rules and regulations.
7. Coordinate with employee time away from work when required to attend an appointment with the Workers' Compensation Insurance carrier's chosen physician and notifying Human Resources of the time away from work.

Human Resources Responsibilities:

1. Coordinate with employee who has reported a work-related injury or illness that requires medical attention where the approved Workers' Compensation Insurance carrier's authorized care center is located and notify supervisor accordingly.
2. Report incident to the Workers' Compensation insurance carrier within required timeframe.
3. Assist in conducting an investigation into the cause and nature of the incident that resulted in the injury, illness or exposure to hazardous material.
4. Coordinate drug/alcohol tests with the employee and third-party vendor, when applicable.
5. Assist supervisor in determining appropriate course of action in addressing employee's work restrictions, if applicable.
6. Code time lost due to the work-related injury or illness accordingly for payroll purposes.

Compassionate Leave

Eligible employees will be granted up to five working days with pay following the death of an immediate family member. When the death of an immediate family member is the result of active military duty, consideration will be given up to a maximum of nine working days to allow the employee to participate in the longer military burial process.

Immediate family member is defined as spouse/domestic partner, child, siblings, parent or grandparent, to include in-laws or 'step' of those defined under immediately family members. At the discretion of the District, this policy may also apply to individuals who are not legally related but who reside with the employee.

General

In the event of the death of an employee's immediate family member, the District may grant up to three (3) working days with pay following the death to arrange or attend services. The employee is paid their regular rate of pay for each scheduled work day missed. Additional time off may be requested by the employee with approval from their supervisor and will be considered Paid Time Off.

In the event the death of an employee's immediate family member is the result of active military duty, the District may grant a maximum of nine (9) working days with pay following the death to arrange or attend services associated with a military burial. The employee is paid their regular rate of pay for each scheduled work day missed. Additional time off beyond the nine days may be requested by the employee with approval from their supervisor and will be considered Paid Time Off.

Notice

Employees need to provide the department head with reasonable notice of their intent to take such leave.

Eligibility

All Health Care District employees are eligible.

Certification

Proof of residency may be required if the request is for an individual who is not related.

Employee Responsibilities:

- Immediately notify your Supervisor of the need for a Compassionate leave.

Department Directors/Managers/Supervisors Responsibilities:

1. Review and approve appropriateness of Compassionate Leave requests.
2. Consult with Human Resources as needed to ensure appropriate administration of the policy.
3. Process compassionate leave in Kronos for the employee.

Human Resources Responsibilities:

1. Assist employees and Supervisors in understanding policy, paperwork and requirements.
- 2 Offer employee EAP services

Education Assistance Program

Eligible employees are defined under this policy as full-time employees who have successfully completed 6 months of employment; rehired employees must complete 6 months of continuous employment based on the date they returned to the District. Employees must have received a satisfactory rating or higher on their most recent performance appraisal prior to registering for the course(s). The employee must not be on an active Performance Improvement Plan for the duration of the course(s) and employees must not have received a final warning in the six (6) months prior to the start date of the course.

Courses will be approved only if part of a degree-bearing program. The fiscal year maximum allowed will not exceed the following:

Associate's Degree \$1,500.00,
Bachelor's Degree \$3,000.00,
Master's Degree or higher \$5,250.00.

Employees are eligible to receive the maximum \$5,250 for BSN Nursing programs.

The District may designate other programs, regardless of degree level, eligible for reimbursement at the discretion of HR Senior Leadership. .

1. An employee must apply for Education Assistance Form to management, along with a course description, estimate of tuition, and verification of enrollment in a degree-bearing program. Approval from the Department Director, Officer and Human Resources Manager must be obtained before the commencement of the course(s) to be considered for tuition reimbursement. The employee will be notified in writing from Human Resources whether their request for tuition reimbursement is approved or denied, and whether the course(s) will be considered taxable income (see 3 below). Tuition and books are eligible for reimbursement; however, miscellaneous expenses, such as parking, supplies, social dues, building fees, athletic fees, computer access charges, etc. are not considered reimbursable costs. Any and all approvals for tuition reimbursement are made at the sole discretion of the District.
 - a. For purposes for tracking the amount of eligible education assistance funds per employee, classes will be credited towards the fiscal year that the class is completed in. However, if an employee is paid more than \$5,250 in a calendar year, the reimbursement amount above the \$5,250 will be subject to Federal and State withholding and other payroll deductions. An example of how this would apply: a class that is completed in September, but is not paid until October of the following Fiscal year. The cost of the class would go towards the prior year District allotment; and, if this resulted in the employee receiving an actual amount paid to the employee exceeding \$5,250 in the calendar year, the amount paid over \$5,250 would be taxable.
 - b. In order to qualify for reimbursement, the degree-bearing program must be hireable by the District. Examples of degree-bearing programs include but are not limited to:
 - Nursing
 - Health Administration
 - Information Technology
 - Business Administration
 - Accounting/Finance
 - Human Resources
 - Social Work

2. Upon successful completion of the course(s) approved for tuition reimbursement, the employee will provide HR with copies of receipts for tuition, as well as an official grade report for the course(s). This documentation must be submitted within two (2) months of completion of the course or reimbursement will be forfeited. In addition, documentation of outside financial assistance must be submitted prior to being reimbursed from the District. Tuition reimbursement will be reduced by any financial aid that does not have to be repaid including, but not limited to: scholarships, grants and the GI Bill. Human Resources will process the required paperwork and reimbursement for tuition reimbursement will be issued by the Finance Department.

The following schedule will determine the percentages of normal reimbursement for approved expenses for coursework completed:

Grade	Percentage
A	100%
B	100%
C	75%
Pass/Satisfactory	100%

NOTE: No reimbursement is provided for grades below "C", audited course(s) for which no grade will be received, and for course(s) which the employee fails to complete. The Vice President and Chief Human Resources Officer retains final approval for payment of specific items sought for reimbursement under this Policy.

3. Employees are encouraged to carefully consider the number of courses attempted each semester to ensure that it does not interfere with their ability to work. Class attendance and completion of study assignments must be accomplished outside of the employee's regular working hours. Employees who receive an unsatisfactory rating on a performance appraisal, or receives a written disciplinary action and placed on a Performance Improvement Plan, and/or receives a final warning during the period when the employee is attending the course(s) eligible for tuition reimbursement will be required to forfeit their tuition reimbursement request. In such an event, Human Resources will notify the employee of this forfeiture.
4. Employees who receive tuition reimbursement under this Policy, a District sponsored certification, or who attend certification/licensure courses using district funds are required to repay to the District funds received for any of these purposes if their position with the organization ends for any reason, outside of a Reduction in Force, within one (1) year of receiving reimbursement or direct payment to the certification vendor(s) from the District. All request for exceptions must be submitted and reviewed for potential approval by the HR Senior Leadership and/ or the CEO. The District will deduct from the employee's final paycheck and/or PTO payout the monies owed in compliance with Federal and State wage and hour laws. For balances over-and-above this amount, employees will be required to remit payment to the District in full by their last day of employment. If the employee is unable to refund the monies to the District in full, they may pay the funds back on a monthly installment plan, up to twelve (12) months from date the employee separated from the District. Human Resources will coordinate a payment plan with the employee, in writing. Employees who are refunding the District on a monthly installment plan must make payment on the scheduled dates. If any payment is missed, the District may turn the account over to a collection agency or pursue any other legal remedies. The Chief Executive Officer (or designee) may waive the repayment requirement.

RESPONSIBILITY

Employee Responsibilities:

1. Education assistance requests must be submitted to the employee's Department Director prior to the start of the class(es) the employee is requesting tuition reimbursement for. Employees must allow time for the approval process and must receive the written approval from Human Resources prior to starting the course.
2. Employees are responsible for completing the requested paperwork and providing official grade reports, receipts of tuition, and paying for the course(s) that are approved to be reimbursed within two (2) months of completing the coursework.
3. Employees who leave the District, within one (1) year of course completion, for any reason outside of a Reduction in Force, are required to refund all monies the District paid on the employee's behalf for the previous year's education assistance.
4. Ensure that the course load the employee enrolls for does not interfere with their ability to work.

Department Directors/Managers/Supervisors Responsibilities:

- Ensure that employee education assistance requests are submitted to Human Resources prior to the commencement of the employee's requested class.

Human Resources Responsibilities:

1. Process education assistance requests prior to the commencement of the employee's course(s) and notify in writing approval status.
2. Reviewing employees' status in regards to performance appraisals, performance improvement plans and disciplinary action in determining whether the employee can be considered eligible for tuition reimbursement.
3. Tracking the amount of funds available to employees for education assistance, ensuring that employees do not exceed the maximum dollar amount allotted per calendar year based on the Degreed Program.
4. Process employee requests for education assistance when submitted for payment, ensuring that proper documentation is provided and sending to Finance in a timely manner.
5. Review the individual course(s) the employees are approved for tuition reimbursement and the results or impact the taking of the course(s) would have for the employee to make the determination as to whether the education assistance reimbursement paid to the employee is subject to Federal and State taxes and other payroll deductions.
6. Notify former employees who owe the District funds for education assistance paid on their behalf within one (1) year of leaving the District and coordinating payment plans with the employee where appropriate.

EXCEPTIONS

[REQUIRED: List exceptions to this policy. If no exceptions enter N/A.]

RELATED DOCUMENTS	
Related Policy Document(s)	<p>HCDHR134.1 – Merit Pay Procedure</p> <p>HCDHR184 – Discretionary Bonus Plan Procedure</p> <p>HCDHR101.1 Administrative Procedure</p> <p>HCDHR107.1 Compensation Procedure</p> <p>HCDHR115.1 Emergency Disaster Pay and Assignments Procedure</p> <p>HCDHR124.1 Employment Relocation Procedure</p> <p>HR-PTO-Final Paid Time Procedure</p> <p>HCDHR167 – Sick Time Off Procedure</p> <p>HCDHR114 – Education Assistance Program Procedure</p> <p>HCDHR163.1 Worker’s Compensation Procedure</p> <p>HCDHE106.1 – Compassionate Leave Procedure</p> <p>HCDHR119 – Employee Benefit Program Procedure</p>
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS

Reviewer approval	Rosella Weymer; Steven Hurwitz;
Reviewer approval date	11/19/2020
Final approver	Darcy Davis;
Final approval date	11/20/2020

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.

HEALTH CARE DISTRICT BOARD

December 8, 2020

1. Description: Human Resource Policies for Retirement

2. Summary:

Based on the development of a consolidated Pay Practice Policy, older policies need to be retired.

3. Substantive Analysis:

The following policies have been modified to procedures to support the more comprehensive Pay Practice Policy.

- Administrative Pay Corrections Policy HCDHR101.1
- Compensation Administration Policy HCDHR107.1
- Compassionate Leave Policy HCDHR106.1
- Workers' Compensation Policy HCDHR163.1
- Emergency Disaster Pay and Assignments HCDHR115
- Employee Relocation Policy HCDHR124.1
- Employee Benefits Program Policy HCDHR119

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
Darcy Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

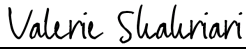
N/A
Date

HEALTH CARE DISTRICT BOARD
December 8, 2020

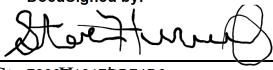
6. Recommendation:

Staff recommends the Board Approve the retirement of the seven referenced Policies.

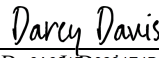
Approved for Legal sufficiency:

DocuSigned by:


Valerie Shalviani
VP & General Counsel

DocuSigned by:


Steve Hurd
Chief Administrative Officer

DocuSigned by:


Darcy Davis
Chief Executive Officer

POLICY

Policy Title:	Administrative Pay Corrections	Effective Date:	01/01/2008
Department:	Human Resources	Policy Number:	N/A

POLICY

The Health Care District of Palm Beach County takes all responsible steps to ensure that employees receive the correct amount of pay and payroll deductions in each paycheck and that employees are paid promptly on the scheduled payday. In the event that there is an error in the amount of pay or deduction taken, the employee should promptly bring the discrepancy to the attention of their immediate supervisor, Payroll or Human Resources. Both underpayments and overpayments will generally be corrected by the next regular paycheck. Failure of an employee to report errors in their paycheck may result in disciplinary action up to and including termination from employment.

APPROVED BY	DATE
_____ Ronald J. Wiewora, MD, MPH, Chief Executive Officer	_____
_____ Committee: N/A	_____ N/A
_____ Health Care District Board Approval:	_____ 11/14/2007

POLICY REVISION HISTORY

Original Policy Date
01/01/2008

Revisions	
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

PROCEDURE

Procedure Name:	Administrative Pay Corrections	Effective Date:	10/01/2018
Department:	Human Resources	Policy Number:	N/A

APPLICABILITY

This procedure applies to all Health Care District employees, including Lakeside Medical Center, Healey Center, Physician Practice Offices, Primary Care Clinics, School Health, Pharmacy, Aeromedical, Trauma, Managed Care, and any other affiliated entities.

DEFINITIONS

N/A

PROCEDURE

The District recognizes the importance of properly paying employees and ensuring proper deductions are taken, however, errors to pay may occur occasionally. When an error occurs, the employee must bring it to the District's attention immediately by contacting their supervisor, Payroll or Human Resources.

Underpayment

Underpayments of under \$25 will be corrected and processed on the next regular pay day. Underpayments of over \$25 may be processed within two business days from notification and a check drawn.

Overpayments

Generally, overpayments will be corrected in the next regular paycheck unless this presents a burden to the employee (where there is a substantial amount owed). The Human Resource Department will arrange a schedule of repayments with the employee to minimize the inconvenience. Human Resources will determine whether there is a burden to the employee to payback the overpayment on the next regular paycheck or allow a payment schedule.

RESPONSIBILITY

Employee Responsibilities:

1. Ensure review of bi-weekly pay stub to ensure accuracy of payment.
2. Immediately notify supervisor, Payroll or Human Resources of any error in pay.
3. Appropriately return any overpayments.

Department Directors/Managers/Supervisors Responsibilities:

1. Assist employees when needed in correcting errors in pay.
2. Consult with the employee and the Human Resource Department to resolve overpayments or underpayments.

Human Resources Responsibilities:

1. Consult with employee and provide guidance to supervisors for all errors in pay.
2. Determine proper resolution of overpayments or underpayments.
3. Notify Finance of any employee underpayment, overpayment or payment schedule.

CROSS-REFERENCES

N/A

ADDENDA

N/A

APPROVED BY	DATE
_____ Steven Hurwitz, Vice President, CHRO & CCO	_____
_____ Darcy Davis Chief Executive Officer	_____

PROCEDURE REVISION HISTORY

Original Procedure Date	Revisions	
09/07	01/01/08	"[Next Revised Procedure Date]"
	04/01/2014	"[Next Revised Procedure Date]"
	10/01/2018	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"

POLICY

Policy Title:	Compensation Administration	Effective Date:	01/01/2008
Department:	Human Resources	Policy Number:	N/A

POLICY

The Health Care District of Palm Beach County will maintain a compensation program designed towards attracting, retaining, and rewarding a qualified and diverse workforce. In order to ensure a competitive compensation program the District will perform an annual review of identified positions that have been difficult to recruit or retain. In addition, the District will conduct an external comprehensive compensation review every five years. Within the boundaries of financial feasibility, employee compensation shall be externally competitive and internally equitable, and shall be based upon performance as recognized within the work unit.

APPROVED BY	DATE
Ronald J. Wiewora, MD, MPH, Chief Executive Officer	
Committee: N/A	N/A
Health Care District Board Approval:	11/14/2007

POLICY REVISION HISTORY

Original Policy Date	Revisions	
03/21/1995	09/2007	"[Next Revised Policy Date]"
	01/01/2008	"[Next Revised Policy Date]"
	"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
	"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

PROCEDURE

Procedure Name:	Compensation Administration	Effective Date:	02/01/2019
Department:	Human Resources	Policy Number:	N/A

APPLICABILITY

This procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

DEFINITIONS

N/A

PROCEDURE

The District recognizes the importance of maintaining competitive salaries with those in our geographical location while recognizing the complexity of the position.

External Equity

1. Base salaries will be established to be market competitive, subject to financial feasibility and approved budgets.
2. New employees' salaries will recognize the skills and experience that they bring to the District.
3. On an annual basis, HR will conduct a market review to identify positions that have moved within the market or identified positions that have been hard to recruit or retain. Human Resources will make compensation related recommendations once per year during the budgeting process.

Internal Equity

The District will strive for internal equity by paying similarly for similar work, taking into consideration position, function, and experience.

Any recommended increases will be focused on remaining market competitive, providing continued support of internal equity, and recognizing elements of performance. Performance will determine whether or not an individual employee will be eligible for any recommended increase. Low performers, employees with disciplinary action, action plan or on performance improvement plans may not be eligible for upward salary adjustments.

Salary Grades and Ranges

1. Each position will have a determined salary grade with a minimum rate, midpoint rate; and maximum rate (referred to as salary range).
2. Salary grades will establish the value of the position in relation to other positions in the organization and the market competitiveness of the position.
3. An employee's salary will be related to demonstrated performance and experience and will be within the range limits of the grade and will not exceed the maximum of the salary grade established.

Rate Determination

New Hire

1. An employee's rate at time of hire will be based upon meeting the minimum qualifications of the position and the years of experience the candidate is bringing to the District.
2. Salaries above midpoint will be reviewed on a case by case basis and approved only if it is financially feasible.

Existing Staff

For employees transferring into different positions/salary grades within the District, the following elements will be considered:

- The difference between their current salary grade and the salary grade of the position transferring into,
- Experience within the new position,
- Internal equity with existing staff in the new position,
- Annual increase due date,
- Placement on the new range.

Human Resources will determine an appropriate salary offer for a new position. Any adjustment that is expected to exceed 15% will require approval by both the Chief Human Resources Officer and Chief Finance Officer. All changes to existing staff salaries will be processed at the beginning of the pay period in which the change falls.

In line with market/industry standards, some clinical exempt positions may be eligible for compensation in excess of their base salary for working additional shifts beyond the typical schedule for such position. Examples may be physicians, dentists, and clinic ARNP's working additional shifts. Exempt clinical positions eligible for extra-shift compensation shall be identified by the business unit's Officer in advance of the extra-shift work being performed. Any extra-shift compensation payments shall not alter the exempt status of the employee.

Employee Physicians / Employee Medical / Dental Directors

Employee Physicians: In addition to above employee benefits, full-time employee physicians are eligible for continuing medical education reimbursement (i.e. travel and registration fees), license fees dues and subscriptions in an amount up to, but not exceeding, \$3,500.00 per contract year. Employee shall not be entitled to payment for any unused portion of the reimbursement amount.

Employee Medical/Dental Directors: In addition to the above employee benefits, and employee physician benefits, full time employee Medical or Dental Directors are eligible for the following, pursuant to applicable District policy:

1. Automobile/Travel Allowance
2. Use of District wireless device, at District's discretion.

Employee Physicians and Employee Medical/Dental Directors: In addition, Human Resources and/or the Vice President and Chief Human Resources Officer may approve modifications to the above employee benefits for Employee Physicians and Employee Medical/Dental Directors and/or additional benefits for Employee Physicians and Employee Medical/Dental Directors if written justification is provided by the business unit's Officer for such modifications and/or additional benefits. Written justification may include, but is not limited to, uniqueness of position; past difficulty in recruitment; market analysis; budgetary limitations; and/or, specific needs of the business unit. Any and all modifications and/or additional benefits for Employee Physicians and Employee Medical/Dental Directors must be included in the Fair Market Valuation for the position and must be specifically identified in the Employee Physician's and Employee Medical/Dental Director's employment contract with the District. Failure to include the same in the FMV and the employment contract will result in a denial of the same.

RESPONSIBILITY

Employee Responsibilities:

- Employees should bring salary issues immediately to their direct supervisor and/or Human Resources.

Department Directors/Managers/Supervisors Responsibilities:

1. Have appropriate salary level discussions with direct reports.
2. Bring salary concerns to Human Resources.
3. Consult Human Resources prior to salary discussions with potential new hires and current employees.

Human Resources Responsibilities:

1. Determine all new hire, promotion, and demotion pay rates.
2. Review and maintain internal equity.
3. Conduct annual reviews for identified positions and arrange for an external comprehensive review.
4. Appropriately grade new positions into existing salary range structure based on position criteria, market determination, and likeness of similar positions.

CROSS-REFERENCES

N/A

ADDENDA

N/A

APPROVED BY	DATE
_____ Steven Hurwitz, Vice President, CHRO & CCO	_____ 02/01/2019
_____ Darcy Davis, Chief Executive Officer	_____ 02/01/2019

PROCEDURE REVISION HISTORY

Original Procedure Date	Revisions	
03/21/1995	10/01/2009	02/01/2019
	04/01/2014	"[Next Revised Procedure Date]"
	01/01/2016	"[Next Revised Procedure Date]"
	11/28/2017	"[Next Revised Procedure Date]"

PROCEDURE

Procedure Name:	Compassionate Leave	Effective Date:	02/01/2019
Department:	Human Resources	Policy Number:	N/A

APPLICABILITY

This procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

DEFINITIONS

Immediate family member is defined as spouse/domestic partner, child, siblings, parent or grandparent, to include in-laws or 'step' of those defined under immediately family members. At the discretion of the District, this policy may also apply to individuals who are not legally related but who reside with the employee.

PROCEDURE

General

In the event of the death of an employee's immediate family member, the District may grant up to three (3) working days with pay following the death to arrange or attend services. The employee is paid their regular rate of pay for each scheduled work day missed. Additional time off may be requested by the employee with approval from their supervisor and will be considered Paid Time Off.

In the event the death of an employee's immediate family member is the result of active military duty, the District may grant a maximum of nine (9) working days with pay following the death to arrange or attend services associated with a military burial. The employee is paid their regular rate of pay for each scheduled work day missed. Additional time off beyond the nine days may be requested by the employee with approval from their supervisor and will be considered Paid Time Off.

Notice

Employees need to provide the department head with reasonable notice of their intent to take such leave.

Eligibility

All Health Care District employees are eligible.

Certification

Proof of residency may be required if the request is for an individual who is not related.

RESPONSIBILITY

Employee Responsibilities:

- Immediately notify your Supervisor of the need for a Compassionate leave.

Department Directors/Managers/Supervisors Responsibilities:

1. Review and approve appropriateness of Compassionate Leave requests.
2. Consult with Human Resources as needed to ensure appropriate administration of the policy.
3. Process compassionate leave in Kronos for the employee.

Human Resources Responsibilities:

1. Assist employees and Supervisors in understanding policy, paperwork and requirements.
2. Offer employee EAP services.

CROSS-REFERENCES

Paid Time Off Procedure

ADDENDA

N/A

APPROVED BY	DATE
_____ Steven Hurwitz, Vice President, CHRO & CCO	_____ 02/01/2019
_____ Darcy Davis, Chief Executive Officer	_____ 02/01/2019

PROCEDURE REVISION HISTORY

Original Procedure Date	Revisions	
03/21/1995	03/01/2007	"[Next Revised Procedure Date]"
	04/01/2014	"[Next Revised Procedure Date]"
	02/01/2019	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"

POLICY

Policy Title:	Workers' Compensation	Effective Date:	01/01/2008
Department:	Human Resources	Policy Number:	N/A

POLICY

The District provides a comprehensive Workers' Compensation Insurance program at no cost to the employee. The program is intended to cover any injury or illness sustained during the course of employment that requires medical, surgical and/or hospital treatment. Workers' Compensation Insurance provides benefits to employees that have been injured or have become ill through the course of employment with the District after a short waiting period that is defined by the Workers' Compensation Insurance carrier and subject to applicable legal requirements.

Employees who sustain work-related injuries or illnesses or are exposed to hazardous materials should inform their supervisor immediately. No matter how minor an on-the-job injury or illness may appear, it is imperative that it be reported immediately. This will enable an eligible employee to qualify for coverage as quickly as possible.

A qualified employee whose work-related injury, illness or exposure to hazardous materials results in a serious health condition requiring time loss from work will be placed concurrently on a Family Medical Leave Act (FMLA) leave of absence. In the event that an employee is not released to full duty in their original position and their FMLA and Medical Leave expires, the employee may be subject to separation of employment, in accordance with the District's policy on FMLA and Medical Leave.

In the event that an employee sustains a work-related injury, illness or exposure to hazardous materials that results in the employee being placed on permanent work restrictions, the guidelines of the Americans with Disabilities Act may be followed, if applicable. If the employee's work restrictions are temporary in nature, the guidelines of the District's Transitional Duty Policy will be followed.

APPROVED BY	DATE
Ronald J. Wiewora, MD, MPH, Chief Executive Officer	
Committee: N/A	N/A
Health Care District Board Approval:	11/14/2007

POLICY REVISION HISTORY

Original Policy Date

01/01/2008

Revisions

"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

PROCEDURE

Procedure Name:	Workers' Compensation	Effective Date:	04/01/2014
Department:	Human Resources	Policy Number:	N/A

APPLICABILITY

This procedure applies to all Health Care District employees, including Lakeside Medical Center, Healey Center, Physician Practice Offices, Primary Care Clinics, School Health, Pharmacy, Aeromedical, Trauma, Managed Care, and any other affiliated entities.

DEFINITIONS

N/A

PROCEDURE

Injury or Illness to Employee Requiring Emergency Medical Treatment

1. If an employee sustains an injury or illness that requires emergency medical treatment, 911 should be called or if necessary, the employee shall be taken to a hospital emergency room. Injured employees are not authorized to transport themselves to a medical facility. The employee or another employee should notify the employee's supervisor of the incident and provide as much detail as possible.
2. If necessary, and a certified individual is present, First Aid and/or CPR (cardiopulmonary resuscitation) should be administered until help arrives.
3. The employee's supervisor will be responsible for supplying emergency response personnel and hospital emergency room staff with as much information as possible regarding the nature and cause of the injury or illness.
4. Once the emergency is under control, the injured employee's supervisor is responsible for completing an Employee Incident and Analysis Report, providing as much detail as possible and submitting a copy to Human Resources immediately, but no longer than twenty-four (24) hours from the time of the incident.
5. Employees who received emergency medical treatment as a result of a work-related injury, illness or exposure to hazardous materials are required to make an appointment with the Workers' Compensation Insurance's chosen medical provider for a follow-up examination. The employee must provide a copy of the discharge paperwork from the hospital where emergency medical treatment was provided to the Workers' Compensation Insurance carrier's authorized health care provider.

Non-Emergency Injury or Illness to Employee

1. Assuming the employee is capable, it is the employee's responsibility to report the work-related injury or illness or exposure to hazardous materials immediately to their supervisor. The employee is also responsible for reporting to their supervisor any accident or public liability for which the District may be responsible, due to a condition created by the District or by the action (or inaction) of a District employee.
2. The supervisor and employee must complete an Employee Incident and Analysis Report, providing as much detail as possible. The Report must be submitted to Human Resources within twenty-four (24) hours of the incident.
3. If the employee requires non-emergency medical treatment, Human Resources or the designated supervisor (in the case of afterhours incidents) will coordinate with the employee to ensure that the employee is transported to the appropriate Workers' Compensation Insurance approved medical provider.

Post-Reporting of Incident Procedures

1. Working with Human Resources, the supervisor will conduct an investigation into the cause of the incident that resulted in the employee's injury or illness or exposure to hazardous materials. The investigation's findings will be added to the Employee Incident and Analysis Report, in addition to any written statements from witnesses, if applicable.
2. Following the investigation, the supervisor, wherever possible, should recommend to Human Resources what steps the District might reasonably take to avoid any future recurrence of the incident.
3. The supervisor and Human Resources should determine if there has been any violation of existing safety rules or regulations.
4. Human Resources must report the incident to the District's Workers' Compensation Insurance carrier within twenty-four (24) hours of receiving the completed Employee Incident and Analysis Report, including the findings from the investigation.

Drug/Alcohol Testing

1. All accidents that involve a vehicle while the employee is conducting or en route to conduct District related business, regardless of whether an employee sustained injury requiring medical treatment or not, will require a mandatory drug/alcohol test for the operator of the vehicle (see Drug-Free Workplace Policy for more information).
2. All work-related injuries or illnesses where an employee requires medical treatment will include a mandatory drug/alcohol test.
3. Work-related injuries or illnesses sustained by employees that do not require medical treatment may require a drug/alcohol test at the sole discretion of the District.

Continued Medical Treatment for Work-Related Injury or Illness

1. If the employee who sustained a work-related injury or illness requires continued medical treatment, as prescribed by the Workers' Compensation Insurance carrier's chosen medical provider, the employee will be expected to follow the regimen of treatment the health care provider advises, and attend all scheduled appointments with the health care provider.
2. Employees must notify their supervisor, in advance when applicable, when they have an appointment with the health care provider. Appointments should be scheduled outside of the employee's regular work hours, whenever possible. If it is unavoidable, the employee should coordinate with their supervisor as to when an appropriate time would be to schedule the appointment, so as to cause the least amount of hardship on the Department as possible.
3. Employees must supply Human Resources a copy of each Workers' Compensation Uniform Medical Treatment/Status Reporting Form provided to them from the attending physician.

Lost Time Accidents

1. For reported work-related injuries or illnesses that result in the employee losing time from work, the first forty (40) hours of the lost time will be paid by the District at the employee's regular rate of pay.
2. If additional time is required for the employee to miss work due to the work-related injury or illness, the employee will be compensated sixty-six and two-thirds percent (66.67%) their regular base pay. The employee's sick time and paid time off banks will be drawn upon to supplement the remaining thirty-three and one-third percent (33.33%) of their regular base pay.
3. The State of Florida, Department of Workers' Compensation, has mandated that any employee who fails to use Personal Protective Equipment shall have their workers' compensation benefits reduced by twenty-five percent (25%). This deduction would result in benefits being reduced to less than fifty percent (50%) the employee's original salary.

Work Restrictions

1. Employees that have sustained a work-related injury, illness or exposure to hazardous materials and are placed on work restrictions by their treating physician are required to supply their supervisor a certificate from their health care provider explicitly stating their work restrictions and anticipated duration of the work restrictions.

2. The supervisor, in conjunction with Human Resources, will address the employee's work restrictions accordingly:
 - a. For employees whose health care provider has placed them on permanent work restrictions, the federal Americans with Disabilities Act regulations may be followed, if applicable.
 - b. For employees whose health care provider has placed them on temporary work restrictions, the guidelines of the District's Transitional Duty Policy will be followed.

Coordination with FMLA and Medical Leave Policies

1. A qualified employee whose work-related injury, illness or exposure to hazardous materials, which also results in a serious health condition requiring time loss from work will be placed on a FMLA leave of absence, in accordance with the Family Medical Leave Policy.
2. In the event that an employee is not released to full duty in their original position and their FMLA and Medical Leave expires, the employee may be subject to separation of employment, in accordance with the District's policy on FMLA and Medical Leave. The workers' compensation benefits will continue to be paid to the employee despite no longer being employed with the District, if the individual is still eligible to receive the benefits.

RESPONSIBILITY

Employee Responsibilities:

1. Employees who sustain a work-related injury or illness or are exposed to hazardous materials are responsible for notifying their supervisor immediately.
2. Employees who witness or are made aware of any accident or public liability for which the District may be responsible, due to a condition created by the District or by the action (or inaction) of a District employee, should report this to their supervisor immediately.
3. Attendance at all Workers' Compensation Insurance carrier's appointed health care provider's scheduled appointments and adherence to prescribed treatments are the employee's responsibility.
4. When emergency care was required, the employee must provide the Workers' Compensation Insurance carrier's chosen physician with the discharge paperwork from the hospital where initial treatment was provided.
5. Assist in the completion of the Employee Incident and Analysis Report, providing as much information as possible.
6. Provide certification from health care provider of work restrictions and anticipated duration of work restrictions to supervisor.
7. Submit to drug/alcohol testing when mandated.
8. Notify supervisor, in advance when applicable, of appointments with the health care provider. Work with their supervisor to schedule appointments when it would create the least amount of hardship on the Department as possible.
9. Provide Human Resources with a copy of each Workers' Compensation Uniform Medical Treatment/Status Reporting Form supplied to them from attending physician.

Department Directors/Managers/Supervisors Responsibilities:

1. When employee sustains an injury or illness that requires emergency medical treatment, supply emergency response personnel and hospital emergency room staff with as much information as possible regarding the nature and cause of the injury or illness.
2. Coordinate with employee who has reported a work-related injury, illness or exposure to hazardous materials that requires medical attention (non-emergency) where the approved Workers' Compensation Insurance carrier's authorized care center is located.
3. In conjunction with Human Resources, determine appropriate course of action in addressing employee's work restrictions, if applicable.
4. Completing the Employee Incident and Analysis Report and submitting a copy to Human Resources within twenty-four (24) hours of the incident.
5. In conjunction with Human Resources, conduct an investigation into the cause and nature of the work related incident must be documented, including interviewing witnesses, if applicable.

6. Recommend to Human Resources what steps the District should take to avoid future similar incidents, as well as any violations of existing safety rules and regulations.
7. Coordinate with employee time away from work when required to attend an appointment with the Workers' Compensation Insurance carrier's chosen physician and notifying Human Resources of the time away from work.

Human Resources Responsibilities:

1. Coordinate with employee who has reported a work-related injury or illness that requires medical attention where the approved Workers' Compensation Insurance carrier's authorized care center is located and notify supervisor accordingly.
2. Report incident to the Workers' Compensation insurance carrier within required timeframe.
3. Assist in conducting an investigation into the cause and nature of the incident that resulted in the injury, illness or exposure to hazardous material.
4. Coordinate drug/alcohol tests with the employee and third-party vendor, when applicable.
5. Assist supervisor in determining appropriate course of action in addressing employee's work restrictions, if applicable.
6. Code time lost due to the work-related injury or illness accordingly for payroll purposes.

CROSS-REFERENCES

FMLA/Medical Leave
Drug Free Workplace Policy and Procedure
Safety Guidelines
Transitional Duty

ADDENDA

Employee Incident and Analysis Report

APPROVED BY	DATE
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Rick Roche, Executive Director, HR and IT	<hr style="border: 0; border-top: 1px solid black;"/>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Ronald J. Wiewora, MD, MPH, Chief Executive Officer	<hr style="border: 0; border-top: 1px solid black;"/>

PROCEDURE REVISION HISTORY

Original Procedure Date	Revisions	
01/01/2008	04/01/2014	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"

POLICY

Policy Title: **Emergency/Disaster Pay and Assignments** Effective Date: 12/01/2006

Department: **Human Resources** Policy Number: N/A

POLICY

This policy addresses practices to ensure the maintenance of essential services during hurricanes, disasters or other emergency conditions, to provide procedures for payment to staff that are required to work during emergency conditions, to establish consistent provisions for employees released from duty during such emergencies and to provide guidelines for the redeployment or re-assignment of staff before, during and immediately after emergency conditions end and before resumption of normal business operations.

The Chief Executive Officer (CEO) of the District is responsible to ensure that the District facilities are adequately staffed to meet the District’s mission and defined responsibilities. In this capacity, the CEO will be responsible for declaring an Emergency Operating Period under which special pay rules apply and for determining essential staff and responsibilities upon deployment. The CEO may also delegate authority to other Officers or Senior Management members to ensure that essential direct care services are delivered to meet District needs in accordance with policy or related procedures.

APPROVED BY	DATE
_____ Ronald J. Wiewora, MD, MPH, Chief Executive Officer	_____
_____ Committee: N/A	_____ N/A
_____ Health Care District Board Approval:	_____ 09/11/2006

POLICY REVISION HISTORY

Original Policy Date

11/01/1999

Revisions

04/2005	"[Next Revised Policy Date]"
09/2006	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

PROCEDURE

Procedure Name:	Emergency/Disaster Pay and Assignments	Effective Date:	02/01/2019
Department:	Human Resources	Policy Number:	N/A

APPLICABILITY

This procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

DEFINITIONS

1. *Emergency Operating Period* – a period of time which may be designated by the CEO based on the specific conditions of the emergency during which special operational rules may apply. The CEO may also authorize additional compensation for employees required to perform essential services in accordance with these guidelines.
2. *Closed* – when a workplace is not open or available for use on or after an emergency period. Employees may be required to report to alternative work sites and do not necessarily receive additional compensation.
3. *Disaster* – a potential calamity caused by weather or non weather events which bring with it the possible destruction of life/or property, such as floods, hurricanes, civil disturbances, or other similar acts with catastrophic impact.
4. *Other Emergency* – any other emergency is a situation other than a disaster which may necessitate the closing of facilities, offices, or other work sites. Emergencies do not necessarily result in an Emergency Operating Period or additional compensation. Other emergencies can include the failure of manmade devices such as air conditioners or other utilities, power plants, train or other vehicle wrecks involving explosive or hazardous materials, airliner crashes, fires, bomb threats, riots, or other situations which endanger or threaten the health, welfare and safety of the public.
5. *Emergency Redeployment or Reassignment* – the use of staff in a non-typical work setting so that services will be delivered or continued during preparation for an emergency, during an Emergency Operating Period, or during a time when normal business operations are suspended for an emergency or due to property damage or other need during and after an emergency.

PROCEDURE

Emergency Operating Period

In any disaster or other emergency, the CEO will determine whether the disaster or other emergency impacts District facilities, and if they are to be closed or if certain business functions and services are to remain in operation during an Emergency Operating Period. The length of the Emergency Operating Period will be based on the specific conditions of the emergency during which special pay rules apply.

Any District employee may be required to work during or beyond normal work hours or days in the event of an emergency. When emergency conditions arise, individual employees will be notified by their direct supervisor if their work is considered an essential service during the specific emergency and are expected to be available.

Employees required to work during an emergency disaster period will be issued a disaster re-entry pass to allow them unrestricted travel to report to their emergency duty location. The disaster re-entry pass should only be used for the purpose of reporting to an emergency duty location.

In any disaster or other emergency, the CEO will determine whether the disaster or other emergency impacts District facilities, and if employees are to be released or if certain business functions and services are to remain in operation during an Emergency Operating Period. The CEO may delegate authority to other Officers or Department Directors to ensure that essential direct care services are delivered to meet District needs in accordance with these guidelines.

Except for those employees determined by the CEO to be necessary for providing essential services, employees assigned to those facilities and/or locations which have been closed shall be released from duty.

Even if some District facilities or any portion thereof are closed, staff will be expected to perform essential direct care services based on resident, client, or patient needs as directed. The guideline of the District requires those essential staff to report and to remain at work to ensure the safety and welfare of residents, clients and patients served by the District. In the event an employee fails to report to work as scheduled, consideration will be given to the circumstances unique to that situation only, and a determination will be made by the employee's supervisor in cooperation with the Director of Human Resources whether or not accrued Paid Time Off (PTO) shall be authorized and whether the failure to report warrants disciplinary action.

Those employees designated and authorized to work performing essential services during the Emergency Operating Period may be granted time off from work prior to the anticipated disaster or other emergency in order to secure families and personal properties. Time off granted for the purpose of securing family and personal property may be accommodated through change in schedule, granting accrued PTO, or unpaid time.

An employee who was on a prior approved leave of absence, scheduled PTO, or scheduled sick leave during a disaster or other emergency will have the time paid for as previously approved. However, employees on approved PTO may be asked to report to duty based on the needs resulting from the emergency situation, (i .e. management staff, clinical staff and other essential employees).

Compensation

1. Employees Released from Duty – Employees who request to be released from duty to take care of personal and family obligations during preparation for an anticipated emergency or following an emergency shall be required to take accrued PTO or unpaid leave, if accrued leave is not available. All subject to rules of pay for non-exempt and exempt staff members.
2. Duty During Emergency Operating Period - Employees who perform essential services who are deployed during an Emergency Operating Period will be paid as follows:
 - a. Non-exempt (hourly): Time and one half of rate of pay while performing work duties during the Emergency Operating Period. Regular pay for time not performing work duties but still required to be on-site. The employee will complete a form specially designed for the purpose of tracking the time in and out for the Emergency Operating Period.
 - b. Exempt staff (salaried): Regular salary for days worked during the Emergency Operating Period. For each day worked during emergency operating period exempt staff will earn one day of PTO for each day worked.
3. Compensation for Redeployment After the Emergency Operating Period – Employees, who are redeployed or assigned to alternative worksites after the Emergency Operating Period is over, shall be compensated under their regular pay rules. Redeployment during the Emergency Operating Period is subject to the emergency pay practices described above.
4. General Compensation
 - a. Emergency Leave may be granted as additional PTO for up to a maximum of seven days based on the length of the emergency operating period for the business unit. Employees who were required to work on a designated holiday falling within the Emergency Operating Period will not have their PTO bank reduced and will be paid as described above. During the Emergency Operating Period employees will earn their usual benefits such as PTO, sick, retirement, etc. for all paid hours.
 - b. Any employee required to leave the area for business purposes will have their expenses reimbursed based on the District Travel Reimbursement Policy.
5. Administrative Pay – At the discretion of the Chief Executive Officer (or designee) Administrative Pay may be approved to cover employee's absence from work due to emergency conditions, due to facility closures, or other circumstances at their discretion.

Redeployment

Employees subject to redeployment or reassignment during or after an emergency situation are required to report to work as assigned. Failure to report to work during emergency conditions or under redeployment or reassignment may result in disciplinary action.

Once the Emergency Operating Period is over, if their normal work location is not available because of property damage or other reasons, affected employees shall be redeployed or assigned to a new work location if possible.

RESPONSIBILITY

N/A

CROSS-REFERENCES

N/A

ADDENDA

N/A

APPROVED BY	DATE
Steven Hurwitz, Vice President, CHRO & CCO	02/01/2019
Darcy Davis, Chief Executive Officer	02/01/2019

PROCEDURE REVISION HISTORY

Original Procedure Date	Revisions	
11/01/1999	04/2005	08/26/2015
	09/2006	02/01/2019
	12/01/2006	"[Next Revised Procedure Date]"
	04/01/2014	"[Next Revised Procedure Date]"

Employment Relocation Policy and Procedure

Policy #:	HCDHR124.1	Effective Date:	1/1/2008
Business Unit:	HCD Organization Shared Policy	Last Review Date:	
Approval Group:	HR Policy	Document Owner(s):	Human Resources
Board Approval Date:	1/1/2008		

PURPOSE

The Health Care District may reimburse for reasonable costs to relocate employees hired for hard to recruit positions and for exempt management positions whose relocation is required by the District. Such reimbursement may be taxable as income to a current employee or new employee, depending on the facts and circumstances of each case in accordance with Internal Revenue Service laws, regulations, and publications.

SCOPE

This procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

The District, at its sole discretion, may provide assistance for expenses incurred as a result of the relocation of exempt management staff. From time to time, limited relocation assistance may be provided on a case-by-case basis for hard to recruit positions; however, provisions of any such agreement will be contingent upon approval of the Chief Executive Officer and the Chief Human Resources Officer.

Relocation expenses will include the cost of packing and transporting standard furniture and personal effects of the employee and members of the employee's immediate family. Relocation expenses may be made available to current employees on a case-by-case basis.

All relocation expenses must be incurred within 180 days of the date of the written acceptance of the job offer. Expenses incurred after this period will not be reimbursed.

Reimbursement shall be according to the following procedures:

1. All requests for reimbursement shall be submitted on the form Request for Reimbursement for Moving Expenses within forty-five (45) calendar days of incurring the expenses requested for reimbursement.
2. Valid paid invoices and receipts must be attached to the request for reimbursement.

3. Human Resources will forward the completed form to the Finance Department for payment and shall retain a copy for the employee's file. No payments shall be paid without submission of the Request for Reimbursement for Moving Expenses

If the employee terminates employment with the District within one year from the date of initial employment, or new primary work location in the case of a current employee, the amounts reimbursed shall be considered a loan and the District shall have the right to withhold from monies due to the employee from salary and/or PTO, up to an amount equal to the relocation expenses reimbursed to the employee by the District in accordance with applicable wage and hour laws.

Employee Responsibilities:

- Complete Request for Reimbursement for Moving Expenses Form and submit receipts in accordance with the policy.

Department Directors/Managers/Supervisors Responsibilities:

1. Assist Human Resources with identifying hard to recruit positions.
2. Receive all necessary documentation from the employee.
3. Assist and educate employees on relocation issues.
4. Obtain approval from the Chief Human Resources Officer and CEO prior to extending relocation.
5. Ensure funds are available to pay relocation within the department's budget.

Human Resources Responsibilities:

1. Review and approve Manager's recommendation for hard to recruit positions eligible for relocation.
2. Assist employees with relocation issues.
3. Receive the Request for Reimbursement for Moving Expenses Form and submit to Finance for payment.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS

Reviewer approval	Rosella Weymer; Steven Hurwitz;
Reviewer approval date	[Date Review Completed]
Final approver	Darcy Davis;
Final approval date	9/28/2020

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.

POLICY

Policy Title: **Employee Benefit Programs** Effective Date: 10/01/2009

Department: **Human Resources** Policy Number: N/A

POLICY

The District strives to provide high quality and cost effective benefits for employees in recognition of the influence employee benefits have on the economic and personal welfare of each employee. Employees should likewise recognize that the total cost to provide the benefit program is a significant supplement to each employee's pay, and should therefore be viewed as additional compensation, paid in various benefit forms, on behalf of the employees.

The District benefit programs will apply to all full time (Annual/Summer Off) employees who work at least 32 hours per week. The amount the District contributes to fund benefit programs varies based on the employee's status. On an annual basis, the District evaluates the employer contribution toward the cost of benefit programs.

The District endeavors to provide an acceptable balance of mandatory and discretionary benefit plans for employees. Mandatory plans consist of those plans required by law or regulation. Discretionary benefits are those selected and managed by the District.

APPROVED BY	DATE
_____ Ronald J. Wiewora, MD, MPH, Chief Executive Officer	_____
_____ Committee: N/A	_____ N/A
_____ Health Care District Board Approval:	_____ 06/2009

POLICY REVISION HISTORY

Original Policy Date

03/1995

Revisions

01/2008	"[Next Revised Policy Date]"
10/2009	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

PROCEDURE

Procedure Name:	Employee Benefit Programs	Effective Date:	04/01/2014
Department:	Human Resources	Policy Number:	N/A

APPLICABILITY

This procedure applies to all Health Care District Benefit eligible employees, including Lakeside Medical Center, Healey Center, Physician Practice Offices, Primary Care Clinics, School Health, Pharmacy, Aeromedical, Trauma, Managed Care, and any other affiliated entities.

DEFINITIONS

N/A

PROCEDURE

The District provides comprehensive group insurance programs and voluntary insurance options for full time eligible employees. Most insurance benefits are effective the first day of the month following your date of hire. Most insurance benefits cease on the last day of the month of termination except for employees who select COBRA to continue benefits. Benefit election changes (addition, deletion, plan tier selection) cannot be changed until open enrollment unless an employee has a qualifying event as determined by the benefit plan.

Eligibility

1. Full-Time annual employees (defined as scheduled to work a minimum of 1664 hours annually with an average of 32 hours per week) are eligible for group and other insurance programs offered by the District.
2. Full-Time summer off employees (defined as scheduled to work a reduced number of annual hours with an average of 32 hours per week.) are eligible for group and other insurance programs offered by the District.
3. Part-time and Per-Diem/On call employees who work less than 32 hours per week regardless of their annual schedule are not eligible for group and other insurance programs offered by the District.
4. Temporary employees (defined as scheduled to work for a specific time period) are not eligible for group and other insurance programs offered by the District.

To the extent possible the District will provide financial assistance with the cost of employee benefits to eligible full time employees through District contributions. However, employees are expected to share in the costs of certain benefits. District contributions vary according to the employee's or tier selected by the employee. The employee's portion of benefit costs are payroll deducted in 24 pay periods per year for full time employees and in 22 pay periods per year for full time summer off employees.

Discretionary Insurance/Benefits

The District offers discretionary insurance/benefits to all full-time benefit eligible employees as described above. Discretionary insurance/benefits are those which are selected to be the most fiscally sound and the most appropriate and desirable for the work force composition. The District may, at any time, make changes to the plans or contributions provided to employees.

The discretionary insurance/benefits that the District offers are as follows:

1. 100% covered by the District for all employees in benefit eligible status.



- a. Life and Accidental Death and Dismemberment Insurance
- b. Long-term disability
- c. Retirement plan
- d. EAP
2. Offered with shared contributions based on benefit eligible status.
 - a. Medical
 - b. Dental
 - c. Short -term disability
3. Voluntary for employees based on benefit eligible status.
 - a. Voluntary supplemental insurances, including life and accidental death and dismemberment
 - b. Flexible spending accounts
 - c. Deferred Compensation
 - d. Vision

Federal/State Mandated Insurance Programs

1. **Social Security** – All employees are covered by the Federal Social Security Act. A required percentage of an employee's salary is deducted to pay the employee's portion of this protection, and the District matches this deduction dollar for dollar. This plan was designed for an employee's future security and that of the employee's dependents by providing retirement, disability, death survivor and Medicare benefits.
2. **State Unemployment Insurance** – This program is funded entirely by the District. The program provides weekly benefits to employees who become unemployed through no fault of their own or circumstances described in the law.
3. **Workers' Compensation** – The District carries insurance to cover the cost of work related injury or illness. Benefits help pay for an employee's medical treatment and for part of the income lost while recovering. Specific benefits are prescribed by law depending on the circumstances in each case. To be assured of maximum coverage, all work-related accidents must be reported immediately to the employee's supervisor and the Human Resources Department so the District can file a timely claim.
4. **COBRA** – On April 6, 1986, Congress enacted the Consolidated Omnibus Budget Reconciliation Act of 1986. Under this Act, the District is required to offer employees and qualified beneficiaries the opportunity to continue their group health plan coverage under certain circumstances in which they would otherwise lose coverage. Employees who terminate employment for reasons other than gross misconduct or who reduce their work hours to less than 32 hours per week will have the option to continue their benefits for up to 18 months. Qualified beneficiaries of employees have an option to continue benefits for up to 36 months if coverage is lost due to divorce, death of the employee, or dependent child exceeds the age limits for coverage.
5. **Retiree** – An employee will be considered a Retiree of the District if they have completed 10 years of service and are 55 years of age, or have reached the age of 65 prior to separation of employment with the District. Any employee, who has a separation of employment due to discipline related issues, will not be eligible for retiree status even if they have satisfied the above conditions. In accordance with Florida Statute 112.0801, as amended from time to time, retirees and their dependents will be offered the option to continue participation in all group or self-insurance plans.

RESPONSIBILITY

Employee Responsibilities:

1. Newly hired full-time employees shall review insurance package offerings and present elections within their first week of employment.
2. Throughout employment, District employees shall notify Human Resources of any qualifying events within 30 days from the date of the event.
3. Employees shall submit all requested/required completed paperwork to Human Resources for processing.
4. During open enrollment, employees are responsible for electing coverage and providing appropriate paperwork for all dependents to determine eligibility and for approval.

Department Directors/Managers/Supervisors Responsibilities:



1. Assist employees with location of insurance/benefit information on OASIS website.
2. Refer employees to Human Resources to properly answer questions/issues.

Human Resources Responsibilities:

1. Periodically review benefits programs and make recommendations to provisions or to add, eliminate or modify benefits where and when it is deemed in the best interest of the employees or the District to do so.
2. Assist employees with understanding of insurance/benefit options.
3. Instruct employees on how to enroll in insurance/benefit options.
4. Serve as a primary resource for insurance/benefit questions and or issues.

CROSS-REFERENCES

N/A

ADDENDA

N/A

APPROVED BY	DATE
_____ Rick Roche, Executive Director, HR and IT	_____
_____ Ronald J. Wiewora, MD, MPH, Chief Executive Officer	_____

PROCEDURE REVISION HISTORY

Original Procedure Date	Revisions	
09/2007	01/01/2008	"[Next Revised Procedure Date]"
	04/01/2014	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"

HEALTH CARE DISTRICT BOARD

December 8, 2020

1. Description: Employment of Relatives Policy

2. Summary:

The Employment of Relatives Policy has been updated to reflect the enhanced technology within HCD systems that allows for more specific controls to be implemented to restrict potential conflicts of interest.

3. Substantive Analysis:

The existing policy which specifies employment restrictions in certain departments, without regard to employee position, or technological ability to restrict certain employee access has become outdated. This policy was very broad-sweeping, and excluded complete departments without using any subjective criterion to evaluate whether any conflict of interest or control weakness could arise.

The proposed revisions allow for specific review of each potential conflicting circumstance to determine if any controls can be implemented to mitigate a risk or if a true weakness in controls would exist. Prior to hiring any family members in any position in the organization, Human Resources, Compliance/Internal Audit and the CEO will review and determine appropriateness of the employment. The review will be documented and retained in the employee file.

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
Darcy Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

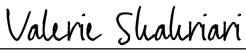
Date

HEALTH CARE DISTRICT BOARD
December 8, 2020

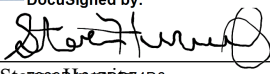
6. Recommendation:

Staff recommends the Board Approve the revisions to the Employment of Relatives Policy

Approved for Legal sufficiency:

DocuSigned by:


Valerie Shalunian
VP & General Counsel

DocuSigned by:


Steven Harwitz
Chief Administrative Officer

DocuSigned by:


Darcy Davis
Chief Executive Officer

**Employment of Relatives and Personal Relationships in the Workplace Policy and Procedure
HCD Employment of Close Relatives**

Policy #: HCDHR123.4HCD HR 13 Effective Date: 40/4/201011/17/2020
 Business Unit: HCD Organization Shared Policy Last Review Date:
 Approval Group: HR Policy Document Owner(s): Human Resources
 Board Approval Date: 40/4/2010

PURPOSE

The Health Care District of Palm Beach is committed to practices which do not create situations such as conflict of interest or favoritism based on employment of close relatives. This extends to practices that involve employee hiring, promotion and transfer and other personnel related transactions.

~~The Health Care District permits members of the same family to work at the District. The District will not, however, consider or accept employment applications from relatives whose employment would result in a supervisor/subordinate relationship or in a possible conflict of interest. Due to potential conflicts, family members of Officers or employees who work in the departments of Finance, IT, Compliance, Internal Audit or Human Resources may not be employed in any capacity at the District.~~

SCOPE

This policy applies to all Health Care District employees, including all business units and any other affiliated entities.

~~This procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.~~

POLICY

This policy is meant to govern relationships that include close relatives, partners, those in a dating relationship or members of the same household are not permitted to be in positions that have a reporting responsibility to each other. Close relatives are defined as the following: husband, wife, father, mother, father-in-law, mother-in law, grandfather, grandmother, son, son-in-law, daughter, daughter-in law, uncle, aunt, nephew, niece, brother, sister, brother-in-law, sister, sister-in-law, step relatives and cousins. Individuals will not be hired or promoted into a position that would create a conflict. Each potential conflict will be identified by Human Resources prior to extending an offer and reviewed by Compliance/Internal Audit with a final approval by the CEO. Documentation of absence of an actual conflict or the mitigation steps that were put into place will be maintained in the employee file.

Relatives

~~"Relative" shall be defined as any person related to an employee such as father, mother, son, daughter, brother, sister, grandparent, uncle, aunt, cousin, nephew, niece, spouse, partner, father in law, mother in law, brother in law, sister in law, daughter in law, son in law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister or anyone else related by blood or marriage or whose relationship with the employee is similar to that of persons who are related by blood or marriage. This policy also applies to individuals who are not legally related but who permanently reside with the employee.~~

~~Due to potential conflicts, family members of Officers or employees who work in the departments of Finance, (including Revenue Cycle and LMC Finance), IT, Compliance, Internal Audit or Human Resources may not be employed in any capacity at the District.~~

Personal Relationships

~~An employee who is related to, or involved in a personal relationship with, another employee may not work directly for or supervise the employee with whom he or she is related or involved. Personal relationship is defined as a relationship between individuals who have or have had a continuing relationship of a romantic or intimate nature. This policy also applies to individuals who are not legally related but who permanently reside with the employee and family members of Officers or employees who work in the departments of Finance (including Revenue Cycle and LMC Finance), IT, Compliance, Internal Audit or Human Resources.~~

~~The District reserves the right to take prompt action if an actual or potential conflict of interest arises concerning individuals who occupy positions at any level (higher or lower) in the same line of authority that may affect employment decisions.~~

~~When a conflict or the potential for conflict arises because of a personal relationship between employees, even if there is no line of authority or reporting involved, the employees may be separated by reassignment or terminated from employment. If such personal relationship is established after employment, it is the responsibility and obligation of the employees involved to immediately disclose the existence of the relationship to the Department Director/Manager or to Human Resources. When a conflict or a potential for conflict arises because of the relationship affecting employment, the individuals concerned will be given the opportunity to decide who is to be transferred to another position or resigned if no position is available. If the decision is not made within 30 calendar days, management will decide who is to be transferred or, if necessary, terminated from employment.~~

~~Where problems or potential risks are identified the organization will work with the parties involved to consider options for resolving the conflict. The initial solution will be to make sure that the parties involved~~

~~no longer work together on matters where one is able to influence the other or take action for the other. Matters such as hiring, firing, promotions, performance management, compensation decisions, financial transactions, etc. are examples of situations that may require reallocation of duties to avoid any actual or perceived reward or disadvantage.~~

~~Employee Responsibilities:~~

- ~~1. Immediately inform Supervisor and Human Resources of any relationship that may be covered by this policy.~~
- ~~2. Take initial responsibility and suggest ways to resolve any conflicts under this policy regarding employment of relatives or personal relationships within 30 days of notifying the supervisor.~~

~~Department Directors/Managers/Supervisors Responsibilities:~~

- ~~• Notify the Human Resources department of any relatives or personal relationships that may be covered by this policy.~~

~~Human Resources Responsibilities:~~

- ~~1. Review and determine appropriateness of employment arrangements involving relatives.~~
- ~~2. Resolve any conflicts under this policy.~~
- ~~3. Assist employees and supervisors understanding this policy.~~

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS

Reviewer approval	Rosella Weymer; Steven Hurwitz;
Reviewer approval date	
Final approver	Darcy Davis;
Final approval date	9/28/2020

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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HEALTH CARE DISTRICT BOARD

December 8, 2020

1. **Description: Relocation Policy Exception**

2. **Summary:**

The current Health Care District policy requires that expenses for relocation be incurred within 180 days of acceptance of the job offer. Expenses were reimbursed to the current CFO beyond the 180-day period, thus we are requesting an exception to the policy and approval of the overage due to the limited timeframe.

3. **Substantive Analysis:**

The current Employment Relocation policy dates back to its original inception in July 2000. Within the policy are very specific procedural components in application of this limited benefit. There is however, no explicit authority to allow exceptions to the policy by management.

When the employment offer was made to the CFO, an agreement was reached to provide \$25,000 of relocation assistance and a contract acknowledging the specifics of the arrangement, which align with the Board policy, was executed. Based upon review of the HR system, the hire date was 8/9/19 and the official start date was 8/19/19. Thus, 180 days (approx. 6 months) would have ended February 5, 2020. The CFO has been submitting requests for reimbursement for temporary housing each month with appropriate payment support. Unfortunately, 7 additional reimbursements were requested that occurred beyond the 180-day period. These payments total \$10,449.61 as outlined below, leaving a remaining balance of \$5,936.90.

Joel Snook Relocation		\$25,000
Check Date	Amount	Remaining Balance
9/20/2019	2,738.00	22,262.00
11/1/2019	1,400.00	20,862.00
11/15/2019	1,494.77	19,367.23
12/27/2019	1,494.35	17,872.88
1/10/2020	1,486.37	16,386.51
2/21/2020	1,481.09	14,905.42
4/17/2020	1,484.06	13,421.36
5/29/2020	1,482.52	11,938.84
6/26/2020	1,487.23	10,451.61
7/24/2020	1,482.37	8,969.24
8/21/2020	1,482.56	7,486.68
9/18/2020	1,549.78	5,936.90
		5,936.90

HEALTH CARE DISTRICT BOARD December 8, 2020

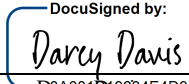
The primary reason for the continuation of need for temporary housing versus more immediate usage of the relocations funds for moving expenses, was a difficult housing market in Palm Beach County, followed by the onset of COVID which made house hunting and a formal move very difficult. The overpayments were made because of a shortcoming in the accounts payable and human resources areas which required manual tracking of the expenditures. While the cumulative balance was known and tracked, and supporting documents were provided to process for payment, there was no process to track a limited time period of expenditures.

The limitation still exists that keeps the accounts payable processing system from automatically tracking a specific time usage requirement, however a form to track the expiration period has been created that will add new controls to this process. These allowances are done on a very limited basis, but checks and balances will be made by both the human resources department and the accounts payable and finance departments going forward.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 Darcy Davis
 Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

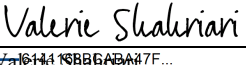
 Date Approved

HEALTH CARE DISTRICT BOARD December 8, 2020

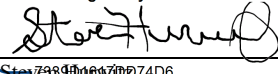
6. Recommendation:

Management requests that an exception be made to the existing relocation policy and that expenditures made of \$10,449.61 beyond the 180-day required timeframe be approved.

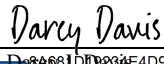
Approved for Legal sufficiency:

DocuSigned by:


Valerie Shalviani
VP & General Counsel

DocuSigned by:


Steve Howie
Chief Administrative Officer

DocuSigned by:


Darcy Davis
Chief Executive Officer

Employment Relocation Policy and Procedure

Policy #:	HCDHR124.1	Effective Date:	1/1/2008
Business Unit:	HCD Organization Shared Policy	Last Review Date:	
Approval Group:	HR Policy	Document Owner(s):	Human Resources
Board Approval Date:	1/1/2008		

PURPOSE

The Health Care District may reimburse for reasonable costs to relocate employees hired for hard to recruit positions and for exempt management positions whose relocation is required by the District. Such reimbursement may be taxable as income to a current employee or new employee, depending on the facts and circumstances of each case in accordance with Internal Revenue Service laws, regulations, and publications.

SCOPE

This procedure applies to all Health Care District employees, including Healey Center, Lakeside Medical Center, School Health, Primary Care Clinics, and any other affiliated entities.

POLICY

The District, at its sole discretion, may provide assistance for expenses incurred as a result of the relocation of exempt management staff. From time to time, limited relocation assistance may be provided on a case-by-case basis for hard to recruit positions; however, provisions of any such agreement will be contingent upon approval of the Chief Executive Officer and the Chief Human Resources Officer.

Relocation expenses will include the cost of packing and transporting standard furniture and personal effects of the employee and members of the employee's immediate family. Relocation expenses may be made available to current employees on a case-by-case basis.

All relocation expenses must be incurred within 180 days of the date of the written acceptance of the job offer. Expenses incurred after this period will not be reimbursed.

Reimbursement shall be according to the following procedures:

1. All requests for reimbursement shall be submitted on the form Request for Reimbursement for Moving Expenses within forty-five (45) calendar days of incurring the expenses requested for reimbursement.
2. Valid paid invoices and receipts must be attached to the request for reimbursement.

3. Human Resources will forward the completed form to the Finance Department for payment and shall retain a copy for the employee's file. No payments shall be paid without submission of the Request for Reimbursement for Moving Expenses

If the employee terminates employment with the District within one year from the date of initial employment, or new primary work location in the case of a current employee, the amounts reimbursed shall be considered a loan and the District shall have the right to withhold from monies due to the employee from salary and/or PTO, up to an amount equal to the relocation expenses reimbursed to the employee by the District in accordance with applicable wage and hour laws.

Employee Responsibilities:

- Complete Request for Reimbursement for Moving Expenses Form and submit receipts in accordance with the policy.

Department Directors/Managers/Supervisors Responsibilities:

1. Assist Human Resources with identifying hard to recruit positions.
2. Receive all necessary documentation from the employee.
3. Assist and educate employees on relocation issues.
4. Obtain approval from the Chief Human Resources Officer and CEO prior to extending relocation.
5. Ensure funds are available to pay relocation within the department's budget.

Human Resources Responsibilities:

1. Review and approve Manager's recommendation for hard to recruit positions eligible for relocation.
2. Assist employees with relocation issues.
3. Receive the Request for Reimbursement for Moving Expenses Form and submit to Finance for payment.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS

Reviewer approval	Rosella Weymer; Steven Hurwitz;
Reviewer approval date	[Date Review Completed]
Final approver	Darcy Davis;
Final approval date	9/28/2020

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.



Employee Relocation Disbursement

Employee Name: _____

Department: _____

Payments Authorized: From: _____ To: _____ **Beginning Balance:** \$ _____

Check Date	Amount Paid	Remaining Balance	AP Manager Approval	Approval Date	HR Manager Approval	Approval Date
Total Payments to Date						

*Relocation payment can only be submitted within the first 6 months of employment

HEALTH CARE DISTRICT BOARD
December 8, 2020

1. Description: Proposed Schedule for 2021 Board Meetings

2. Summary:

This agenda item provides the Board with the proposed schedule for 2021 Board Meetings.

3. Substantive Analysis:

In September, the Health Care District will convene two (2) Truth In Millage (TRIM) meetings. The actual dates will be determined once other taxing authorities establish their TRIM dates.

March 11, 2021

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

June 9, 2021

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

(1st) September Meeting (Date TBD)

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

(2nd) September Meeting (Date TBD)

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

December 15, 2021

- 2:00PM, Health Care District Board Meeting

4. Fiscal Analysis & Economic Impact Statement:

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

HEALTH CARE DISTRICT BOARD

December 8, 2020

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Darcy Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Board receive and file the Schedule for 2021 Board Meetings.

Approved for Legal sufficiency:

DocuSigned by:
Valerie Shalviani
Valerie Shalviani 47F...
VP & General Counsel

DocuSigned by:
Darcy Davis
Darcy Davis 4E4D9...
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

December 8, 2020

1. **Description: Internal Audit Update and Development**

2. **Summary:**

Mr. Burrill will provide a brief update on the status of the Internal Audit Co-Sourced model that was approved at the September 10, 2020 Joint meeting of the Health Care District (HCD) Board and Finance and Audit Committee. The update will include the hiring of the Senior Internal Auditor, the plan to establish an Internal Control Committee, update of the Risk Assessment, and the review of prior and ongoing action plans from internal audits.

3. **Substantive Analysis:**

The HCD Board and Finance and Audit Committee approved the co-sourced Internal Audit Model at the September 10, 2020 Joint meeting. Since that time, a Senior Internal Auditor was hired, Betsy Bittar; MBA, CPA who started on October 26, 2020.

Ms. Bittar and Cherry Bekaert are working together to build the co-sourced model to ensure that the mission, vision and values of HCD are met. The plan includes a fresh look at the internal control structure to fit with the culture and strategy of the organization. This is an optimal time for this effort, as COVID-19 has required healthcare organizations to be agile to respond to rapid change, and Epic will be replacing the majority of the clinical and billing systems.

The framework will be modeled after the Committee of Sponsoring Organizations of the Treadway Commission (COSO). Compliance is recommending that the HCD adopt the COSO internal control framework, which defines Internal control as a process, effected by an entity's board of directors, management and other personnel, designed to provide reasonable assurance regarding the achievement of objectives in the following categories: effectiveness and efficiency of operations; reliability of financial reporting; and compliance with applicable laws and regulations.

Compliance is also proposing the establishment of an Internal Control Committee (ICC), with Executive Sponsorship as Associate Vice President of Compliance/Privacy/Internal Audit, and chaired by Senior Internal Auditor.

The committee will meet monthly and will include membership from Director of Revenue Cycle; Director of Accounting; Director IT Security; Director of Risk; Director of Corporate; Sr. Compliance and Privacy Analyst; and a representative from Cherry Bekaert. The responsibilities of the committee include: management of risk assessment; guidance of the co-sourced internal audit model; ensure timely implementation of all outstanding audit findings, including high risk findings from prior internal audits; and to manage the Fraud Risk Assessment.

HEALTH CARE DISTRICT BOARD December 8, 2020

The Senior Internal Auditor will be performing follow-up on the outstanding action plans from the audits that Crowe had performed, the status of which was last reported to the Finance and Audit Committee on March 10, 2020.

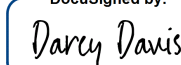
39 open action plans were presented for audits from FY19 and FY20, with 8 items noted High, 20 Moderate, and 11 Low. The high-risk audit areas included Billing and Collections – Clinics; Lakeside Medical Center Focused Facility Coding Compliance Audit; and Medical Device Security Assessment. The process for all high-risk items will be to meet with stakeholders, and determine ownership, whether action plan is complete, and mark this as such, and if not complete, assign new due date, and continue to review until complete. The Process for the Moderate and Low Risk Items will be inquiry with management. The High Risk items are included.

Mr. Burrill will introduce Ms. Bittar and Chase Wright from Cherry Bekaert who will provide an update and status of ongoing Internal Audit projects.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


D8A681D19234E4D9...
 Darcy Davis
 Chief Executive Officer

5. Reviewed/Approved by Committee:

 Finance and Audit Committee
 Committee Name

 12/8/2020
 Date

HEALTH CARE DISTRICT BOARD
December 8, 2020

6. Recommendation:

Staff recommends the Board receive and file Internal Audit Update and Development.

Approved for Legal sufficiency:

DocuSigned by:
Valerie Skalniani
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DocuSigned by:
Josli Bunnill
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DocuSigned by:
Darcy Davis
8A681D19234E4D9...

The logo features a stylized white cross with horizontal lines, set within a dark blue circle. The background of the slide is decorated with blue and white geometric shapes, including vertical bars and diagonal rays.

Health Care District of Palm Beach County

Dedicated to the health of our community

Finance and Audit Committee

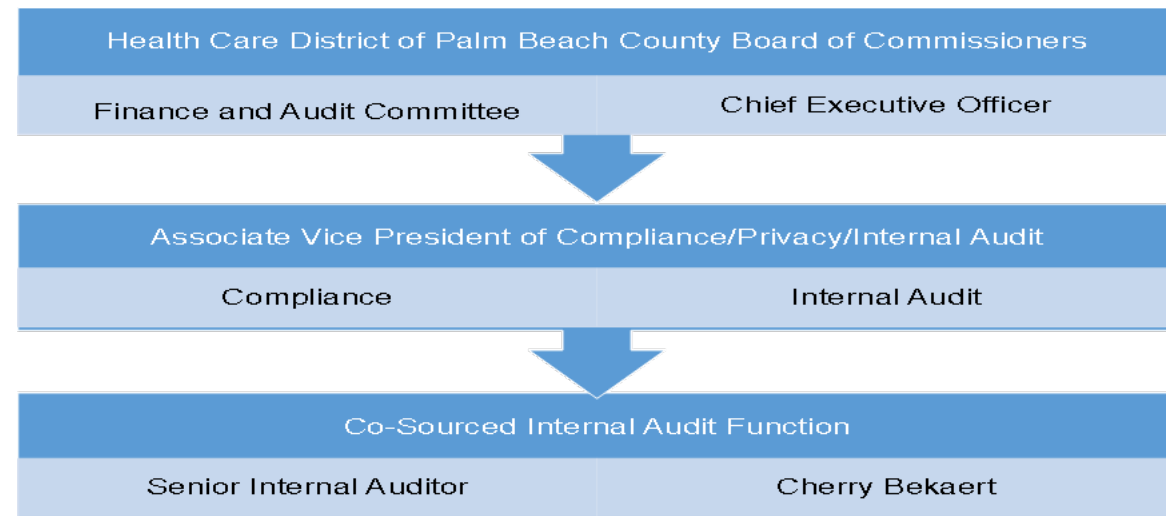
December 8, 2020

Internal Audit Update



Status of Co-Sourced Internal Audit Model

- HCD Board and Finance and Audit Committee approved the co-sourced Internal Audit Model at September 10, 2020 Joint meeting.
- Senior Internal Auditor hired: Betsy Bittar, MBA, CPA, started 10/26/20
- Ms. Bittar and Cherry Bekaert working together to build the co-sourced model to ensure Mission, Vision and Values of HCD is met.
- Plan includes fresh look at internal control structure to fit with the culture and strategy of the organization :
 - COVID-19 has required healthcare organizations to be agile to respond to rapid change;
 - Epic will replace the majority of the clinical and billing systems.



Committee of Sponsoring Organizations of the Treadway Commission (COSO)

Compliance recommends that HCD adopt the COSO internal control framework:

- Definition of Internal control is - a process, effected by an entity's board of directors, management and other personnel, designed to provide reasonable assurance regarding the achievement of objectives in the following categories:
 - Effectiveness and efficiency of operations
 - Reliability of financial reporting
 - Compliance with applicable laws and regulations





Establishment of Internal Control Committee (ICC)

ICC Executive Sponsorship is Associate Vice President of Compliance/Privacy/Internal Audit, and chaired by Senior Internal Auditor

Responsibilities:

- 1) Manage risk assessment
- 2) Guide co-sourced internal audit model
- 3) Ensure timely implementation of all outstanding audit findings, including high risk findings from prior internal audits
- 4) Manage Fraud Risk Assessment

Title	Department	Areas of responsibility
Director Revenue Cycle	Finance	Revenue Cycle
Director of Accounting	Finance	AP, Payroll, Accounting, Treasury, Grants
Director IT Security	IT	IT Security
Director of Risk	Medical Office	Risk Management
Director of Corporate Quality	Medical Office	Quality
Associate VP, Compliance and Internal Audit	Compliance and Internal Audit	System
Sr. Compliance and Privacy Analyst	Compliance and Internal Audit	System
Senior Internal Auditor	Compliance and Internal Audit	System
Cherry Bekaert Representative	3rd Party Internal Audit	System



Action Plans Process for Prior Audits

The Senior Internal Auditor will be performing follow-up on the outstanding action plans from the audits that Crowe had performed, the status of which was last reported to the Finance and Audit Committee on March 10, 2020.

- 39 open action plans were presented for audits from FY19 and FY20, with 8 items noted High, 20 Moderate, and 11 Low. The audit areas that included High Risk action plans include: Billing and Collections – Clinics; Construction Build Out Clinic at LMC; Lakeside Medical Center Focused Facility Coding Compliance Audit; and Medical Device Security Assessment
- The process for all High Risk items will be as follows:
 - Meetings with former stakeholders assigned
 - For deliverables assigned to former employees, meetings with leadership to determine ownership for action plans
 - Determine if action plan is complete, and mark this as such
 - If not complete, assign new due date, and continue to review until complete
- The Process for the Moderate and Low Risk Items will be inquiry with management.



Status of Co-Sourced Internal Audits

- **Entity Level Controls:** Joint HCD Internal Audit and Cherry Bekaert
- **Supply Chain:** In process with Cherry Bekaert
- **OIG and Regulatory:** Planning in process with Cherry Bekaert
- **Credentialing, Privileging and Provider Enrollment Review:** In process HCD Internal Audit
- **Cash Controls and Collection Policy Review and Audit Plan:** In Process HCD Internal Audit
- **Critical Events Required Communications Policy:** In Process HCD Internal Audit
- **ICC Meetings :** 12/22 and monthly meetings scheduled through 2021
- **Follow-up with Crowe action plans:** In process, outstanding actions to be complete 3/31/21
- **Risk Assessment:** To be complete by 2/28/21 to finalize internal audit plan
- **Special Projects as Required:** Cherry Bekaert and HCD Internal Audit



Internal Audit Outstanding Action Plans

See following spreadsheet for the detail findings from the outstanding high risk action plans.

Open High-Risk Crowe Internal Audit Action Plans

Audit Plan Reference	Action Plan Name	Action Plan Summary	Original Due Date	Revised Action Plan Owners	Risk Rating
2020-04	Implement Procedures to Communicate Changes to Contract Terms and Fee Schedules	Written procedures to support process and controls implemented over the timely communication of changes to contract terms and fee schedules.	3/31/2020	Shauna Miller Joel Snook	High
2020-04	Develop Procedures to Load Current Fee Schedules into Athena	Athena reporting that validates current fee schedules were accurately loaded into the Athena contract management module.	6/30/2020	Shauna Miller Joel Snook	High
2020-04	Develop Procedures and Controls to Monitor Variances Between Expected and Actual Payments	1.) Written procedures to support processes and controls implemented over the timely monitoring and follow-up of variances between expected payments and actual payments. 2.) Athena reports that validate procedures in place are working as	7/31/2020	Shauna Miller Joel Snook	High

Open High-Risk Crowe Internal Audit Action Plans

Audit Plan Reference	Action Plan Name	Action Plan Summary	Original Due Date	Revised Action Plan Owners	Risk Rating
		management intended.			
2020-04	Analyze Impact to the District for Claims Billed Under Medicare Part B	Documentation supporting analysis and determination of how prior claims billed under Medicare Part B impacts the District and any related actions taken.	4/30/20	Joshua Burrill Shauna Miller Joel Snook	High
2020-04	Analyze Impact to the District for Claims Billed Under Medicare Part B	1.) Evidence to support creation of the additional system control created in Athena and that it prevents billing of Clinic claims under Medicare Part B. (Revenue Cycle) 2.) Athena report that details all claims billed under Medicare Part B since implementation of Athena. (Revenue Cycle and Compliance) 3.) Athena reports that monitor and validate there were no billing of Clinic claims under Medicare	4/30/20	Joshua Burrill	High

Open High-Risk Crowe Internal Audit Action Plans

Audit Plan Reference	Action Plan Name	Action Plan Summary	Original Due Date	Revised Action Plan Owners	Risk Rating
		Part B. (Revenue Cycle)			
2020-03	Construction Management Policies and Procedures	Formally develop Construction Management policies and procedures guidelines.	12/31/19	Thomas Farrell	High
2019-09	Ongoing Monitoring Education	Management will determine the process for ongoing pre-bill reviews to validate documentation supports the facility E/M level assigned. Ongoing education will be provided to nursing and coding staff on MedHost ED E/M facility criteria. The education will include the documentation elements that are components of the criteria.	2/28/20	Shauna Miller Regina Stolpman	High
2019-07	Provide Quarterly Reporting	IT Management has contracted with CDW Government, Inc. to transform the HCDPBC network form a legacy flat design to a	3/21/20	Michael Francisciello	High

Open High-Risk Crowe Internal Audit Action Plans

Audit Plan Reference	Action Plan Name	Action Plan Summary	Original Due Date	Revised Action Plan Owners	Risk Rating
		segmented design. The project will include a separate segment to place medical devices.			

HEALTH CARE DISTRICT BOARD

December 8, 2020

1. **Description: District Cares Program Policy**

2. **Summary:**

This agenda item presents the District Cares Program Policy which will guide the department procedures as the team refines this safety net medical care program.

3. **Substantive Analysis:**

The Health Care District of Palm Beach County administers the District Cares specialty benefits for eligible patients of the C. L. Brumback Primary Care and Dental Clinics. The specialty benefits are available to uninsured residents of Palm Beach County who do not qualify for any other public assistance health coverage program and who meet income and residency requirements.

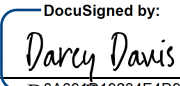
On September 1, 2020, we made an important change to our program by engaging Community Care Plan (CCP) to serve as the District Cares Program third-party administrator (TPA), providing Plan Contracting, Credentialing and Provider Services.

In addition to this change, we hired a Medical Director for the District Cares Program who started with the District on November 1, 2020. In her brief time here, Dr. Valena Grbic has been working to establish the best path forward for this program beginning with a policy to guide this important work.

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:

DocuSigned by:

 Darcy Davis
 Chief Executive Officer

HEALTH CARE DISTRICT BOARD
December 8, 2020

5. Reviewed/Approved by Committee:

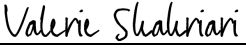
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Committee Name

N/A
Date

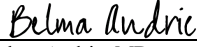
6. Recommendation:

Staff recommends the Board approve the District Cares Program Policy.

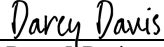
Approved for Legal sufficiency:

DocuSigned by:


Valerie Shalviani
VP & General Counsel

DocuSigned by:


Belma Andric
Chief Medical Officer

DocuSigned by:


Darcy Davis
Chief Executive Officer

District Cares Program Policy

Policy #: DCP001 Effective Date: 11/6/2020
 Business Unit: District Cares Last Review Date:
 Approval Group: District Cares Policy Document Owner(s):
 Board Approval Date:

PURPOSE

The District Cares Program policy describes the Program’s purpose and guiding principles.

SCOPE

This policy applies to the District Cares Program, administered by the Health Care District of Palm Beach County.

POLICY

The District Cares Program is a health access safety net medical care program providing specialist access to qualifying low-income residents until insurance coverage can be obtained elsewhere. The Program is designed to be the payer of last resort and, as such is not insurance. District Cares makes health access available to qualified uninsured residents of Palm Beach County who are in acute need of specialty care and do not qualify for any other public assistance or private health coverage.

Potential recipients must establish with a C. L. Brumback Primary Care Clinics, see a provider, then have a financial assessment completed by a certified application counselor. The C. L. Brumback Primary Care Clinic will become the patient’s medical home and the physician will coordinate comprehensive patient treatment with a team of care providers based on a patient’s individual medical needs.

All specialty care visits must be ordered by a C. L. Brumback Primary Care Provider and performed by participating District Cares Program Physicians. Program specialty care services must be referred or pre-authorized by the patient’s C.L. Brumback Primary Care Clinic physician within the program’s published service offering.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	

Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Valena Grbic;
Reviewer approval date	11/12/2020
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).

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.

HEALTH CARE DISTRICT BOARD
December 8, 2020

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

2. Summary:

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

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Appointment	Privileges
Chaudhry	Osman	MD	Obstetrics & Gynecology	Initial Appointment	Provisional
Craychee	Judith	MD	Radiology	Initial Appointment	Provisional
Dorce-Medard	Jennifer	DO	Family Medicine	Initial Appointment	Provisional
Morales	Maria	MD	Obstetrics & Gynecology	Initial Appointment	Provisional
Plotkin	Marc	MD	Emergency Medicine	Initial Appointment	Provisional
Stewart	Laiandrea	MD	Radiology	Initial Appointment	Provisional
Townsend	Dwight	MD	Radiology	Initial Appointment	Provisional
Letang	Ketty	APRN	Nurse Practitioner	Initial Appointment	Provisional Allied Health
Abu	Yaw	MD	Pulmonary Disease	Reappointment	Active
Alkon	Jaime	MD	Pediatric Cardiology	Reappointment	Active
Farmer	Ada Maria	MD	Obstetrics & Gynecology	Reappointment	Active
Harding	Patricia	MD	Obstetrics & Gynecology	Reappointment	Active
Joseph	John	MD	Anesthesiology	Reappointment	Active

**HEALTH CARE DISTRICT BOARD
December 8, 2020**

Steckel	Sienna	MD	Emergency Medicine	Reappointment	Active
Vargas	Damaris	DO	Emergency Medicine	Reappointment	Active
Isma	Michelle	APRN	Nurse Practitioner	Reappointment	Allied Health Professional
Meeler	Marilee	PA	Physician Assistant	Reappointment	Allied Health Professional

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

Lakeside Medical Center utilized internal Credentialing staff and the Medical Executive Committee to support the credentialing and privileging process. The Medical Executive Committee is comprised of a multi-specialty panel of practitioners with current privileges at Lakeside Medical Center.

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
Darcy Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

Lakeside Medical Center
Medical Executive Committee

Committee Name

November 12, 2019 and
December 2, 2019

Date Approved

HEALTH CARE DISTRICT BOARD
December 8, 2020

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:
Valerie Shalviani
Valerie Shalviani
VP & General Counsel

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

DocuSigned by:
Darcy Davis
Darcy Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

December 8, 2020

1. Description: Recredentialing and Privileging of Healey Center Practitioner

2. Summary:

The below practitioner is recommended for approval by the Chief Medical Officer:

Last Name	First Name	Credentials	Specialty
Friend	Kathleen	ARNP	Nurse Practitioner

3. Substantive Analysis:

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

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

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

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

4. Fiscal Analysis & Economic Impact Statement:

	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
Darcy Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD
December 8, 2020

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

As a result of this comprehensive review, staff recommends the Board approve the recredentialing and privileging of the Healey Center practitioner.

Approved for Legal sufficiency:

DocuSigned by:
Valerie Shalviani

Valerie Shalviani
VP & General Counsel

DocuSigned by:
Belma Andric

Belma Andric, MD, MPH
Chief Medical Officer

DocuSigned by:
Darcy Davis

Darcy Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

December 8, 2020

1. Description: Appointment to the Finance and Audit Committee

2. Summary:

This agenda item presents the Board with a recommendation to appointment Sophia Eccleston to the Finance and Audit Committee.

3. Substantive Analysis:

The Health Care District Bylaws specify that the District Board shall appoint standing committee members to a four (4) year term with standing committee membership limited to two (2) full terms. This agenda item includes the recommendation to appoint Sophia Eccleston to the Finance and Audit Committee.

Sophia Eccleston is an external affairs manager with Florida Power and Light. Previously, she worked for Halliburton and KBR Inc., in the Middle East and Africa. Ms. Eccleston is an Army veteran who also serves as a commissioner on the Florida Commission on the Status of Women. Ms. Eccleston has volunteered her time with the Homeless Coalition of Palm Beach County, Executive Women of the Palm Beaches Foundation, Florida Women’s Business Center and the Boca Raton Chamber of Commerce. Ms. Eccleston earned her bachelor’s degree in criminal justice from Armstrong Atlantic State University and her master of business administration from American Intercontinental University. If confirmed, Ms. Eccleston’s term will run through September 2024.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Darcy Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD December 8, 2020

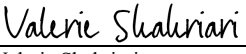
5. Reviewed/Approved by Committee:

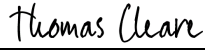
<p>N/A</p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: center; font-size: small;">Committee Name</p>	<p>N/A</p> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <p style="text-align: center; font-size: small;">Date</p>
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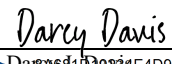
6. Recommendation:

Staff recommends the Board approve the appointment of Sophia Eccleston to the Finance and Audit Committee.

Approved for Legal sufficiency:

DocuSigned by:

Valerie Shalviani
VP & General Counsel

DocuSigned by:

Thomas Cleare
AVP, Communications, Community Engagement
and Corporate Security

DocuSigned by:

Darcy Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

December 8, 2020

1. Description: Unite PBC – Unite Us Social Service Referral Platform

2. Summary:

Unite PBC, the community-wide network for social service and health care referrals is coming together in Palm Beach County. The effort is the result of a partnership between the Health Care District and Unite Us, a technology company that assists local communities to build coordinated care networks linked together through their electronic platform.

3. Substantive Analysis:

In August 2020, the first demo and information session took place for Unite PBC. Unite PBC is the community-wide network for social service and health care referrals that is being built today in Palm Beach County. The effort is the result of a partnership between the Health Care District and Unite Us, a technology company that assists local communities to build coordinated care networks linked together through their electronic platform.

Unite PBC leverages the Health Care District's leadership in the community with Unite Us' technical expertise and "boots on the ground" approach to building community networks. While still early in the network growth, Unite PBC is growing at a faster pace than other "Unite Us" networks around the country due in part to the close relationship the Health Care District maintains with many community organizations.

Currently, the following 32 community organizations have registered to participate:

Boca Helping Hands	Healey Center
Boys Town South Florida	Health Mothers Health Babies
Cancer Alliance	Holy Ground Shelter PBC
Caridad Center	Jacob's Journey, Inc.
Catholic Charities of the Diocese of Palm Beach	Lakeside Medical Center
Center for Child Counseling	Legal Aid Society
Center for Family Services	Living Hungry
Center for Trauma Counseling	Mental Health America of PBC
CL Brumback Primary Care Clinics	MyClinic, Inc.
Clinics Can Help	NAMI of Palm Beach County
Community Health Center of WPB	PBC Medical Society Services
Delray Beach Police Community Outreach Team	Promise Fund of Florida
Emergency Info Plan	The Lord's Place
Families First of PBC	The Pearl Mae Foundation, Inc.
Feed the Hungry Pantry	Urban Youth Impact
FoundCare	Vickers House

HEALTH CARE DISTRICT BOARD

December 8, 2020

As of November 20th the following organizations either sent or received a referral through the Unite Us platform.

	Referrals Sent	Referrals Received
Mental Health America PBC	27	1
CL Brumback Primary Care Clinics	6	5
The Lord's Place	1	
Cancer Alliance		2
Caridad Center		1
Center for Family Services		2
Center for Trauma Counseling		4
Community Health Center of WPB		18
Feed the Hungry Pantry of PBC		2
Foundcare		1
The Peral Mae Foundation		8

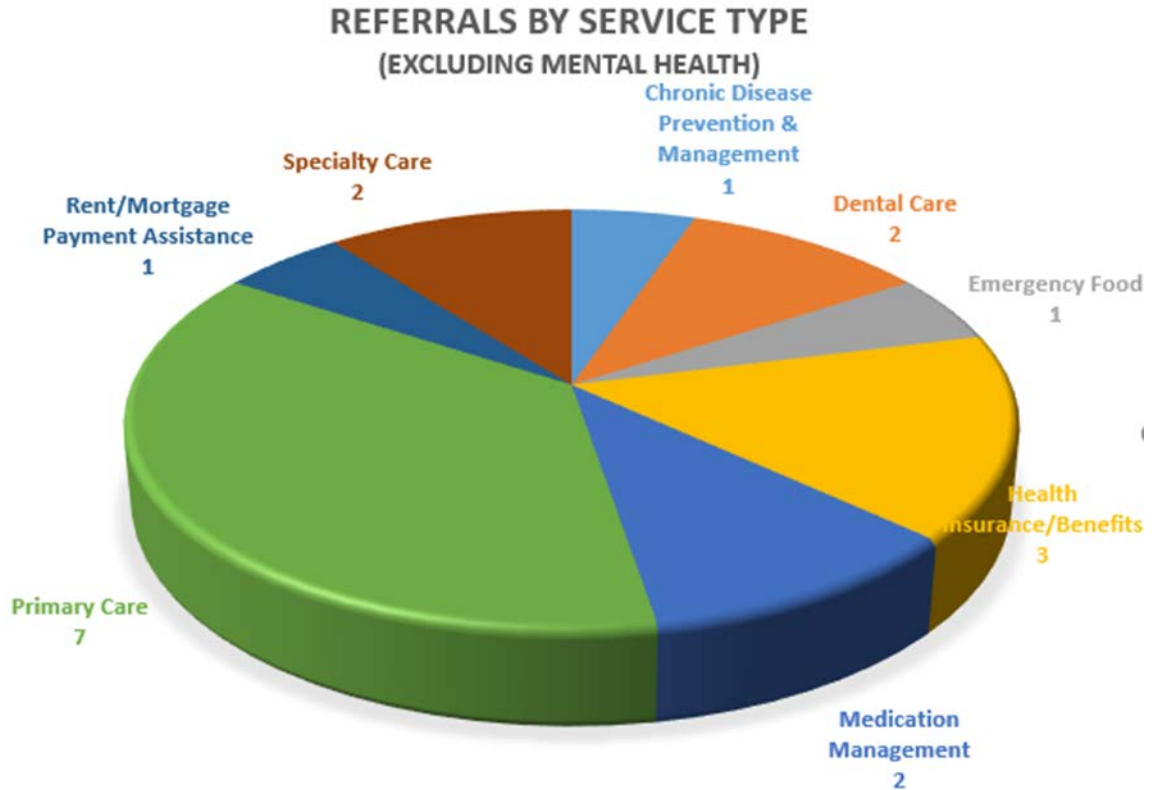
To date, there have been 26 mental health referrals sent within the system. The breakdown is presented in the chart below:



HEALTH CARE DISTRICT BOARD

December 8, 2020

In addition to the Mental Health Referrals, there have 19 referrals to the service categories identified in the chart below:



Unite PBC continues to recruit additional organizations for the network. The District works in partnership with Unite Us holding demos and sharing information with prospective organizations. The goal is to develop a well-rounded network with many choices to assist patients with their social service, medical and behavioral health needs. To help train and familiarize organizations with the new referral platform, Unite Us designates staff to work one on one with organizations to help acclimate them to the system. Unite Us also sends a regular newsletter to registered organizations to keep them engaged and connected with the referral system.

HEALTH CARE DISTRICT BOARD December 8, 2020

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

 N/A
 Darcy Davis
 Chief Executive Officer

5. Reviewed/Approved by Committee:

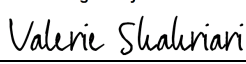
 N/A
 Committee Name

 N/A
 Date

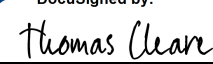
6. Recommendation:

Staff recommends the Board receive and file the update on Unite PBC and the Unite Us Social Service Referral Platform.

Approved for Legal sufficiency:

DocuSigned by:


 Valerie Shalviani
 VP & General Counsel

DocuSigned by:


 Thomas Cleare
 AVP, Communications, Community Engagement
 and Corporate Security

DocuSigned by:


 Darcy Davis
 Chief Executive Officer

HEALTH CARE DISTRICT BOARD
December 8, 2020

1. Description: Amendment to the Finance and Audit Committee Charter

2. Summary:

This item presents proposed amendments to the Finance and Audit Committee Charter.

3. Substantive Analysis:

The charter was last updated on May 12, 2020. The District proposes amending the charter to add Section titled, Voting by Electronic or Telephonic Communication. The new language outlines the guidelines for committee members to vote by electronic and telephonic communication. Attached for your review are the following documents:

- Updated version of the charter showing the proposed amendments

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:
Darcy Davis
D8A691D4934E4D9...
Chief Executive Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

12/8/2020

Date

HEALTH CARE DISTRICT BOARD
December 8, 2020

6. Recommendation:

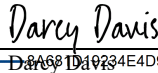
Staff recommends the Board approve the amendments to the Finance and Audit Committee Charter.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel

DocuSigned by:



Darcy Davis
Chief Executive Officer

FINANCE AND AUDIT COMMITTEE CHARTER

PURPOSE

The purpose of the Finance and Audit Committee, a standing committee of the Board of Commissioners of the Health Care District of Palm Beach County is to assist the Board in fulfilling its responsibility to oversee and monitor the District's financial statements, annual budget, investments, internal controls and other matters of a financial nature.

COMPOSITION OF COMMITTEE

The Committee shall have at least five (5) but no more than nine (9) members. A minimum of two (2) Board members shall be appointed to the Committee, one of which will chair the Committee. One (1) Committee member shall represent the Glades community and one (1) Committee member shall serve on the District Clinic Board. The Board shall appoint Committee members to a four (4) year term, commencing on the date of appointment, with Committee membership limited to two (2) full terms. The composition of the Committee shall be regularly reviewed to ensure that each member meets the requirements set forth by the Board for the Committee. Each member of the Committee shall have expertise and experience in economic, financial, business and such other matters as the Board may deem appropriate.

MEETINGS

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

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

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

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

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

VOTING BY TELEPHONIC OR ELECTRONIC COMMUNICATION

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

a. Physically outside the borders of Palm Beach County; or

b. Unable to attend the meeting due to illness of the Board member; or

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

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

No more than two (2) Committee members may participate in a Committee meeting by telephonic or electronic communication.

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

POWERS AND DUTIES

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

1. **Financial Plans.** The Committee shall review the long-range financial plans of the District, and make such recommendations, as it deems appropriate to the Board regarding the projected use of District funds.
2. **Financial Statements.** The Committee shall review the District's monthly and annual financial statements.
3. **Budgets.** The Committee shall review the annual capital and operating budgets, including amendments thereto, and make such recommendations, as it deems appropriate to the Board regarding the sources and uses of District funds.
4. **Investment of Funds.** The Committee shall review the District Investment Plan and portfolio, at least annually, and make such recommendations, as it deems appropriate to the Board for action regarding the investment of District funds and reserves.
5. **Grant Compliance.** The Committee shall provide oversight of the District's fiscal activities as they relate to applying for and receiving grant awards.
6. **Insurance.** The Committee shall review the District's fiscal activities as they relate to insurance coverage of District operations and employees.
7. **Building Construction Contracts and Leases.** The Committee shall review building construction contracts and all agreements, including leases, for the sale and/or acquisition of real property to insure the same are at arms-length, negotiated in compliance with the District Real Property Sale and/or Acquisition Policy.
8. **Revenue cycle.** The Committee shall provide oversight for the District's revenue cycle process, including charge structure, billing, collections and management of accounts receivable.
9. **Physician compensation.** The Committee shall review the District's policies and practices related to the setting of physician compensation and benefits to insure such payments meet fair market value requirements.
10. **Employee Compensation and Benefits.** The Committee shall review the Employee Compensation Benefit plan, and make such recommendations, as it deems appropriate to the Board for action regarding compensation studies and benefit administration.

11. **Competitive Bidding.** Upon final vendor selection, the Committee shall review competitive purchasing solicitations which are anticipated to exceed \$250,000 and make recommendations for approval to the Board
12. **Internal Audit.** The Committee shall provide oversight of the internal audit function including but not limited to: reviewing the annual budget; making recommendations on department structure and staffing; approving the annual audit plan; and receiving audit reports. The Chief Financial Officer is responsible for directing the day-to-day operations of the assigned staff. The Chair of the Committee is responsible for making decisions related to hiring, firing, performance review, and outsourcing of the Audit function.
13. **Annual External Financial Audit.** The Committee will review the results of the annual financial audit and make recommendations for approval to the Board.
14. **Auditor Selection.** The Committee will have oversight over the external auditor selection process and will make recommendations for engagement, including contract terms or termination to the Board.

HEALTH CARE DISTRICT BOARD

December 8, 2020

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

2. Summary:

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

3. Substantive Analysis:

The charter was last updated on May 12, 2020. The District proposes amending the charter to add Section titled, Voting by Electronic or Telephonic Communication. The new language outlines the guidelines for committee members to vote by electronic and telephonic communication. Attached for your review are the following documents:

- Updated version of the charter showing the proposed amendments

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Darcy Davis
Chief Executive Officer

5. Reviewed/Approved by Committee:

Quality, Patient Safety and
Compliance Committee

Committee Name

12/8/2020

Date

HEALTH CARE DISTRICT BOARD
December 8, 2020

6. Recommendation:

Staff recommends the Board approve the amendments to the Quality, Patient Safety and Compliance Committee Charter.

Approved for Legal sufficiency:



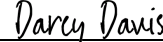
Valerie Shahriari
VP & General Counsel

DocuSigned by:



Joshi Burrill
Director of Compliance/Internal Audit

DocuSigned by:



Darcy Davis
Chief Executive Officer

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER

PURPOSE

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

COMPOSITION OF COMMITTEE

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

MEETINGS

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

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

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

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

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

VOTING BY TELEPHONIC OR ELECTRONIC COMMUNICATION

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

- a. Physically outside the borders of Palm Beach County; or
- b. Unable to attend the meeting due to illness of the Board member; or
- c. Unable to attend the meeting due to some unforeseen circumstance beyond the Board member's control.

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

No more than two (2) Committee members may participate in a Committee meeting by telephonic or electronic communication.

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

POWERS AND DUTIES

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

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

with existing business processes and systems, to facilitate management of the District's clinical and operational risks.

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

17. ***Education.*** The Committee shall work with the Chief Compliance Officer, as necessary, to develop effective on-going training.
18. ***Monitor Compliance Program.*** The Committee shall assure that methodologies developed to monitor compliance are appropriate to maximize compliance and assure confidential treatment of material.
19. ***Standard of Conduct.*** The Committee shall periodically review and approve the Standard of Conduct.

HEALTH CARE DISTRICT BOARD
December 8, 2020

1. Description: Reappointment of Sean O’Bannon to District Board

2. Summary:

Sean O’Bannon was reappointed to by the Palm Beach County Board of County Commissioners to serve a second term on the Health Care District Board through September 30, 2024.

3. Substantive Analysis:

At their November 25, 2020 meeting, the Palm Beach County Board of County Commissioners reappointed Sean O’Bannon to the Health Care District Board. The term of this appointment runs through September 30, 2020.

Mr. O’Bannon’s initial appointment was December 6, 2016. Mr. O’Bannon currently serves as the Secretary of the Health Care District Board.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

 N/A
 Darcy Davis
 Chief Executive Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date

HEALTH CARE DISTRICT BOARD
December 8, 2020

6. Recommendation:

Staff recommends the Board receive and file the reappointment of Sean O'Bannon to the Health Care District Board.

Approved for Legal sufficiency:

DocuSigned by:
Valerie Shalviani
Valerie Shalviani
VP & General Counsel

DocuSigned by:
Thomas Cleave
Thomas Cleave
AVP, Communications, Community Engagement
and Corporate Security

DocuSigned by:
Darcy Davis
Darcy Davis
Chief Executive Officer



November 25, 2020

County Administration

P.O. Box 1989

West Palm Beach, FL 33402-1989

(561) 355-2030

FAX: (561) 355-3982

www.pbcgov.com



**Palm Beach County
Board of County
Commissioners**

Dave Kerner, Mayor

Robert S. Weinroth, Vice Mayor

Maria G. Marino

Gregg K. Weiss

Maria Sachs

Melissa McKinlay

Mack Bernard

County Administrator

Verdenia C. Baker

Mr. Sean O'Bannon
901 Whippoorwill Row
West Palm Beach, FL 33411

RE: HEALTH CARE DISTRICT OF PALM BEACH COUNTY

Dear Mr. O'Bannon:

I am pleased to inform you that at its November 25, 2020 Meeting, the Board of County Commissioners reappointed you to the **HEALTH CARE DISTRICT OF PALM BEACH COUNTY**. This appointment is for the term November 17, 2020 to September 30, 2024.

All BCC appointees to this Board serve at the pleasure of the Board of County Commissioners. As such, the BCC reserves the right to adjust appointments as it deems necessary.

On behalf of the Palm Beach County Board of County Commissioners, I would like to congratulate you on your appointment to the Health Care District Board of Commissioners and wish you every success in the future.

If you have any questions regarding this appointment, please contact Todd J. Bonlarron, Assistant County Administrator, County Administration at (561) 355-4019.

Sincerely,

Verdenia C. Baker
County Administrator

VCB:cb
Enclosure

c: Todd J. Bonlarron, Assistant County Administrator, County Administration
Darcy J. Davis, Chief Executive Officer, Health Care District of Palm Beach County

"An Equal Opportunity
Affirmative Action Employer"

HEALTH CARE DISTRICT BOARD

December 8, 2020

1. Description: Sponsored Programs Award Recommendations

2. Summary:

This agenda item presents the award recommendations from the Sponsored Programs Funding Request Selection Committee. In summary, the Committee chose to recommend 21 proposed initiatives with a total funding recommendation of \$1,323,500.

3. Substantive Analysis:

Committee Members

Thomas Cleare, AVP, Communications, Community Engagement & Corporate Security

Hyla Fritsch, AVP & Executive Director of Clinics & Pharmacy Services

Lisa Hogans, Director of Nursing

Adriana Ziemba, PsyD, Licensed Psychologist FL, Behavioral Integration Manager

Debbie Robinson, Manager, Sponsored Programs

Terry Megiveron, Enterprise Project Management Office, Project Manager

Funding Request Requirements

To help the District fulfill its mission to be the health care safety-net for Palm Beach County, the District sought Funding Requests from organizations to provide health care services and health care support services to uninsured, underinsured and/or other vulnerable Palm Beach County residents. To select programs for this funding initiative, the District decided to partner with organizations that provide services that address Social Determinants of Health (SDOH) and that align with the priority areas, objectives, and strategies identified in the Community Health Improvement Plan (CHIP) for Palm Beach County. Additionally, a focus was placed on services that do not duplicate services provided by the C.L. Brumback Primary Care Clinics, or other District operated initiatives.

Proposals

For this funding cycle, the District received requests for 21 proposed initiatives requesting \$2,237,010 in funding. The following table summarizes the requests.

HEALTH CARE DISTRICT BOARD
December 8, 2020

Organization Name	Proposed Services	2021 Funding Request
Cancer Alliance of Help & Hope	SDOH - transportation, nutrition cancer patients	\$80,000
Caridad Center	Access to specialty services and SDOH	\$150,000
Catholic Charities	BH therapy, mental Health first aid training	\$57,219
Center for Child Counseling	BH services for at-risk children, families, & educ	\$130,000
Center for Family Services	BH services, substance use, psych evals, outreach	\$180,000
Center for Trauma Counseling	BH therapy & interventions for suicide prevention	\$130,000
Clinics Can Help	Durable medical equipment	\$75,000
Community Health Center WPB	Mental health, vision services, chronic dis mgmt	\$67,500
Diabetes Coalition of PBC	Risk screenings, care coordination, referral, educ	\$59,945
Families First of PBC	Adult/ped BH services, outreach pregnant women	\$86,400
Feed the Hungry Pantry of PBC	SDOH - food pantry, delivery of food	\$44,500
Healthy Mothers Healthy Babies	Centering Program & Circle of Moms – prenatal care and perinatal anxiety disorders	\$125,000
Legal Aid Society	Legal assistance to remove barriers to care	\$100,000
Living Hungry	Food Pharmacy, medically tailored food bank	\$333,621
Mental Health America of PBC	MH outreach, assessment, care coordination, counseling, and certified peer support.	\$50,000
MyClinic	SDOH - screening and referral program, outreach	\$60,000
Nat'l Alliance Mental Illness	Peer mentoring individuals living w/ mental illness	\$70,000
PBC Medical Society Services	Project Access medical services, educ SDOH, BH	\$147,000
Sickle Cell Foundation	Outreach/education prenatal care, safe sleep, breastfeeding, domestic violence and stress	\$121,025
The Glades Initiative	Navigation, Nutrition, Medical Interpreter Train, senior support	\$89,800
The Lord's Place	Integrated care to meet needs of homeless	\$80,000
Total		\$2,237,010

HEALTH CARE DISTRICT BOARD

December 8, 2020

Committee Recommendation

The Sponsored Programs Selection Committee, made up of interdisciplinary members of the Health Care District staff, met on November 19, 2020. The Selection Committee reviewed all proposals and evaluated the proposals' approach to addressing SDOH and their alignment with the CHIP priority areas. When formulating their funding recommendation, the Committee took into account the uncertainty that the COVID-19 pandemic presents across the District. As a result, the Committee chose to recommend funding the proposals at less than the \$1,500,000 available budget. In addition, the Committee remarked on the heightened need for services that address food insecurity and behavioral health services and chose to align their recommendation to meet these needs. The table that follows presents the Selection Committee's award recommendations for CY2021:

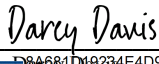
Organization Name	Category	CY 2020 Funding Award	2021 Funding Request	CY2021 Funding Award
Cancer Alliance of Help & Hope	SDOH	\$40,000	\$80,000	\$40,000
Caridad Center	SDOH	\$130,000	\$150,000	\$130,000
Catholic Charities	Beh Health	\$40,000	\$57,219	\$44,000
Center for Child Counseling	Beh Health	\$52,000	\$130,000	\$52,000
Center for Family Services	Beh Health	\$78,000	\$180,000	\$78,000
Center for Trauma Counseling	Beh Health	\$100,000	\$130,000	\$110,000
Clinics Can Help	DME	\$50,000	\$75,000	\$50,000
Community Health Center WPB	Beh Health, Vision	\$40,000	\$67,500	\$40,000
Diabetes Coalition of PBC	Diabetes Support	\$40,000	\$59,945	\$40,000
Families First of PBC	BH and Pregnancy	\$72,000	\$86,400	\$72,000
Feed the Hungry Pantry of PBC	SDOH	\$40,000	\$44,500	\$44,500
Healthy Mothers Healthy Babies	Beh Health / Prenatal	\$115,000	\$125,000	\$115,000
Legal Aid Society	SDOH	\$65,000	\$100,000	\$65,000
Living Hungry	SDOH	\$60,000	\$333,621	\$60,000
Mental Health America of PBC	Beh Health	\$50,000	\$50,000	\$50,000
MyClinic	SDOH	\$40,000	\$60,000	\$40,000
Nat'l Alliance Mental Illness	Beh Health	\$66,000	\$70,000	\$66,000
PBC Medical Society Services	Med, Nav	\$95,000	\$147,000	\$95,000
Sickle Cell Foundation	Educ, prenatal	N/A	\$121,025	\$40,000
The Glades Initiative	SDOH	\$40,000	\$89,800	\$40,000
The Lord's Place	SDOH	\$52,000	\$80,000	\$52,000
Total		\$1,265,000	\$2,237,010	\$1,323,500

HEALTH CARE DISTRICT BOARD December 8, 2020

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	\$1,323,500	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


Darcy Davis
 Chief Executive Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

 Committee Name

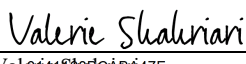
12/8/2020

 Date Approved

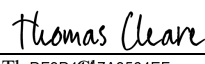
6. Recommendation:

Staff recommends the Board approve the Sponsored Programs Selection Committee funding recommendation and award funding to 21 proposed initiatives for a total \$1,323,500.

Approved for Legal sufficiency:

DocuSigned by:


Valerie Shalviani
 VP & General Counsel

DocuSigned by:


Thomas Cleare
 AVP, Communications, Community Engagement
 and Corporate Security

DocuSigned by:


Darcy Davis
 Chief Executive Officer

**HEALTH CARE DISTRICT BOARD
December 8, 2020**

1. Description: 2020 Fiscal Year End Budget Amendment

2. Summary:

This agenda item provides the Board with the 2020 Fiscal Year End budget amendment.

3. Substantive Analysis:

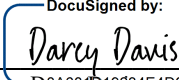
A budget amendment is necessary to increase a fund’s budget, whose expenditures exceeded the adopted budget, or to add funds for new programs or services. Per Florida Statute 189.016, budget amendments must be adopted by Board resolution, and the budget can be amended within 60 days following the end of the fiscal year.

Expenditures exceeded the adopted budgets for the E.J. Healey Center, Lakeside Medical Center, and the C.L. Brumback Primary Care Clinics. All of the clinical facilities experienced an increase in expenses in response to the COVID-19 pandemic. This budget amendment is budget neutral for the District as a whole. Savings in the General Fund’s Medical Services expenses allow for the transfer of excess budget dollars to cover shortfalls in other programs.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 Darcy Davis
 Chief Executive Officer

5. Reviewed/Approved by Committee:

 Finance and Audit Committee
 Committee Name

 December 8, 2020
 Date

HEALTH CARE DISTRICT BOARD
December 8, 2020

6. Recommendation:

Staff recommends the Board approve the 2020 Fiscal Year End budget amendment through the adoption of Resolution #2021R-001.

Approved for Legal sufficiency:

DocuSigned by:
Valerie Shalviani
Valerie Shalviani 47F...
VP & General Counsel

DocuSigned by:
Darcy Davis
Darcy Davis E4D9...
Chief Executive Officer

BUDGET RESOLUTION #2021R-001

A RESOLUTION OF THE BOARD OF THE HEALTH CARE DISTRICT OF PALM BEACH COUNTY AMENDING THE ADOPTED BUDGET FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2019 AND ENDING SEPTEMBER 30, 2020 WHICH WILL ADJUST BUDGETED APPROPRIATIONS.

WHEREAS, the Board of the Health Care District of Palm Beach County, Florida has adopted the Fiscal Year 2019-2020 Budget on the 24th day of September 2019 pursuant to Resolution #2019R-005;

WHEREAS, staff is bringing forward this budget amendment to cover the cost of unanticipated operating and capital expenses;

NOW, THEREFORE, BE IT RESOLVED by the Board of the Health Care District of Palm Beach County, Florida, that:

1. The FY 2019-2020 expenditure budget be amended. A copy of the amendment is attached hereto as Exhibit "A."
2. There is hereby appropriated revised amounts (see Exhibit "A") to the General Fund, E.J. Healey Center, Lakeside Medical Center, and C.L. Brumback Primary Care Clinics.
3. This resolution shall take effect immediately upon its adoption.

DULY ADOPTED the 8th day of December 2020.

**PALM BEACH COUNTY, FLORIDA
HEALTH CARE DISTRICT OF PALM BEACH COUNTY**

Leslie B. Daniels
Chair

ATTEST: _____
Sean O'Bannon
Secretary

Health Care District of Palm Beach County
 Budget Amendment
 Fiscal Year 2019-2020

Expenditures:

Healey Center

Operating Expenses	300,000
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Lakeside Medical Center

Operating Expenses	800,000
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Primary Care Clinics

Operating Expenses	300,000
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General Fund

Medical Services	(1,400,000)
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Total Change in Expenditures	0
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Total Change in District's

Use of Reserves	0
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