



C. L. Brumback

**Primary Care Clinics**

Health Care District Palm Beach County

## **BOARD OF DIRECTORS**

**February 24<sup>th</sup>, 2021**

**12:00 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.*

**BOARD OF DIRECTORS MEETING  
AGENDA  
FEBRUARY 24, 2021  
1515 N. Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

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

or

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

**1. Call to Order – Mike Smith, Chair**

- A. Roll Call
- B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.

**2. Agenda Approval**

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

**3. Awards, Introductions and Presentations**

- A. Health Resources and Services Administration (HRSA) – Michael Jackson, Valerie Butt, Candace Chitty, Evan Spencer
- B. COVID Testing and Vaccination Update – Dr. Belma Andric

**4. Disclosure of Voting Conflict**

**5. Public Comment\***

**6. Meeting Minutes**

- A. **Staff recommends a MOTION TO APPROVE:**  
Board Meeting Minutes of January 27, 2021 [Pages 1-11]

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

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

7. **Consent Agenda (cont.)**

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**  
February 2021 Internet Posting of District Public Meeting  
<https://www.hcdpbc.org/resources/public-meetings>

7A-2 **RECEIVE AND FILE:**  
Attendance tracking [Page 12]

7A-3 **RECEIVE AND FILE:**  
Organizational Chart [Page 13-15]

B. **FINANCE**

7B-1 **Staff recommends a MOTION TO APPROVE:**  
C. L. Brumback Primary Care Clinics Financial Report January 2021  
(Tony Colby) [Pages 16-33]

7B-2 **Staff recommends a MOTION TO APPROVE:**  
Federal Poverty Guidelines & Update to Sliding Fee Scales  
(Candice Abbott) [Pages 34-40]

8. **Regular Agenda**

A. **ADMINISTRATION**

8A-1 **Staff recommends a MOTION TO APPROVE:**  
Change in Scope – South County Civic Center and South Florida Fairgrounds  
(Dr. Hyla Fritsch) [Pages 41-42]

B. **EXECUTIVE**

8B-1 **RECEIVE AND FILE:**  
Executive Director Informational Update  
(Dr. Hyla Fritsch) [Pages 43-44]

C. **CREDENTIALING**

8C-1 **Staff Recommends a MOTION TO APPROVE:**  
Licensed Independent Practitioner Credentialing and Privileging –  
Jennifer Casanova, APRN

(Dr. Charmaine Chibar) [Pages 45-46]

**8. Regular Agenda (cont.)**

**D. OPERATIONS**

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

Operations Report

(Dr. Hyla Fritsch) [Pages 47-52]

**E. QUALITY**

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

Quality Report

(Dr. Charmaine Chibar) [Pages 53-97]

**9. AVP and Executive Director of Clinic Services Comments**

**10. Board Member Comments**

**11. CLOSED MEETING**

**12. Establishment of Upcoming Meetings**

**March 31, 2021 (HCD Board Room)**

12:45pm Board of Directors

**April 28, 2021 (HCD Board Room)**

12:45pm Board of Directors

**May 26, 2021 (HCD Board Room)**

12:45pm Board of Directors

**June 30, 2021 (HCD Board Room)**

12:45pm Board of Directors

**July 28, 2021 (HCD Board Room)**

12:45pm Board of Directors

**August 25, 2021 (HCD Board Room)**

12:45pm Board of Directors

**September 29, 2021 (HCD Board Room)**

12:45pm Board of Directors



**October 27, 2021 (HCD Board Room)**  
12:45pm Board of Directors

**12. Establishment of Upcoming Meetings (cont.)**

**November 30, 2021 (HCD Board Room)**  
12:45pm Board of Directors

**December 14, 2021 (HCD Board Room)**  
12:45pm Board of Directors

**13. Motion to Adjourn**

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

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

**District Clinic Holdings, Inc.**  
**d.b.a. C.L. Brumback Primary Care Clinics**  
**Board of Directors Meeting**  
**Summary Minutes**  
**01/27/2021**

**Present:** Mike Smith, Chairperson; Irene Figueroa, Secretary; Tammy Jackson-Moore, Treasurer; James Elder; John Casey Mullen; Julia Bullard

**Excused:** Melissa Mastrangelo, Vice-Chairperson; Marjorie Etienne

**Absent:** N/A

**Staff:** Darcy Davis, Chief Executive Officer; Dr. Belma Andric, VP & Chief Medical Officer; Valerie Shahriari, General Counsel; Tony Colby, Interim VP & CEO; Dr. Hyla Fritsch, Executive Director of Clinic and Pharmacy Services; Shauniel Brown, Risk Manager; Thomas Cleare, AVP of Strategy; Robin Kish; Hector Sanchez, Director of Security Services; Andrea Steele, Executive Director of Corporate Quality; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Experience; Patricia Lavelly, Interim CIO; Jonathan Dominique, Clinic Quality Analyst; Dr. Charmaine Chibar, FQHC Medical Director; Alexa Goodwin, Patient Relations Manager; Donald Moniger, Desktop Engineer; Heidi Bromley, Executive Assistant; Shannon Wynn, Administrative Assistant; Joshua Burrill, Compliance and Regulatory Director; Rosella Weymer, Associate VP, Human Resources; June Shipek, Business Logistics Manager; Nicole Glasford, Executive Assistant; Jesenia Bruno, Director of Accounting; Mina Bayik, Director of Finance;

**Minutes Transcribed By:** Shannon Wynn

**Meeting Scheduled For** 12:45 PM

**Meeting Began at** 12:48PM

AGENDA ITEM	DISCUSSION	ACTION
<b>1. Call to Order</b>	Mr. Smith called the meeting to order.	<b>The meeting was called to order at 12:48pm</b>
<b>1A. Roll Call</b>	Roll call was taken.	
<b>1B. Affirmation of Mission</b>	Mr. Smith read the affirmation of mission.	

<p><b>2. Agenda Approval</b></p> <p><b>2A. Additions/Deletions/ Substitutions</b></p> <p><b>2B. Motion to Approve Agenda Items</b></p>	<p>Mr. Smith called for an approval of the meeting agenda.</p> <p>None.</p> <p>Mr. Smith called for an approval of the meeting agenda</p>	<p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the agenda. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</b></p>
<p><b>3. Awards, Introductions and Presentations</b></p> <p><b>3A. COVID-19 Testing Update</b></p>	<p>Dr. Andric presented the board with updates on the testing and vaccination efforts. Of the 144,864 COVID tests were performed, 12,457 were positive. The number of positive results seem to have increased during the winter season. Age distribution and demographic overall positivity rate is 9 percent.</p> <p>The West Palm Beach testing site has closed, and the team started operating at the Fit Team Ball Park.</p> <p>The South County Civil Center testing Site moved to the Delray Clinic and is now testing full days. These moves were to provide better operational tools for the District and community we serve.</p> <p>Ms. Jackson-Moore asked why females outnumber males in the numbers of testing and positive results. Dr. Andric explained that, females are more likely than males to seek medical attention and get checkups.</p> <p>12,369 doses of COVID-19 vaccine have been administered as of 1/25/2021. Of which 10,593 have been first dose of Moderna and 12,420 first dose of Pfizer. 454 doses of Moderna vaccine have been provided for the second dose.</p>	<p><b>No action necessary.</b></p>
<p><b>4. Disclosure of Voting Conflict</b></p>	<p>None.</p>	<p><b>No action necessary.</b></p>
<p><b>5. Public Comment</b></p>	<p>None.</p>	<p><b>No action necessary.</b></p>

<p><b>6. Meeting Minutes</b></p> <p><b>6A-1 Staff Recommends a MOTION TO APPROVE:</b> Board meeting minutes of October 28<sup>th</sup>, 2020</p> <p><b>6A-2. Staff Recommends a MOTION TO APPROVE:</b> Board meeting minutes of December 16<sup>th</sup>, 2020</p>	<p>There were no changes or comments to the minutes dated October 28<sup>th</sup>, 2020</p> <p>There were no changes or comments to the minutes dated December 16<sup>th</sup>, 2020</p>	<p><b>VOTE TAKEN:</b> Mr. Elder made a motion to approve the Board meeting minutes of October 28<sup>th</sup>, 2020 as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p> <p><b>VOTE TAKEN:</b> Mr. Elder made a motion to approve the Board meeting minutes of December 16<sup>th</sup>, 2020 as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>
<p><b>7. Consent Agenda – Motion to Approve Consent Agenda Items</b></p>		<p><b>VOTE TAKEN:</b> Ms. Jackson-Moore made a motion to approve the consent agenda as presented. The motion was duly seconded by Mr. Mullen motion passed unanimously.</p>
<p><b>7A. ADMINISTRATION</b></p>		
<p><b>7A-1. Receive &amp; File:</b> January 2021 Internet Posting of District Public Meeting</p>	<p>The meeting notice was posted.</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>
<p><b>7A-2. Receive &amp; File:</b> Attendance tracking</p>	<p>Attendance tracking was updated.</p>	<p><b>Receive &amp; File. No further action necessary.</b></p>
<p><b>7B. FINANCE</b></p>		
<p><b>7B-1. Staff Recommends a MOTION TO APPROVE:</b> C. L. Brumback Primary Care Clinics Financial Report – December 2020</p>	<p>The YTD December 2020 financial statements for the District Clinic Holdings, Inc. presented for Board review. Management has provided the income statements and key statistical information for District Clinic Holdings, Inc.</p>	<p><b>Motion referenced above, no further action necessary.</b></p>

	Additional Management discussion and analysis are incorporated into the financial statement presentation.	
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**8. REGULAR AGENDA**

**8A. ADMISTRATION**

<b>8A-1. Staff Recommends a MOTION TO APPROVE:</b> Nomination of Robert Glass to the Clinic Board	Thomas Cleare brought to the Board a motion to approve Robert Glass to seat as a Board member. The nomination committee has forwarded its recommendation for approval to the Board of Directors.	<b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the nomination of Robert Glass to the Board of Director. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b>
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<b>8A-2. Staff Recommends a MOTION TO APPROVE:</b> Bylaws Update	<p>Mr. Cleare presented for a second time the following updates made to the bylaws for board approval: This agenda item presents a change to the District Clinics Holdings, Inc. Bylaws. Per the Bylaws, all changes must come before the Board for two meetings before final approval. The Bylaw Change below was initially approved at the December 2020 Board Meeting. If approved at today’s meeting, we will officially update the Bylaws to reflect the change. The change, provided below, allows the Quality Council meetings to be postponed during a state of emergency.</p> <p style="padding-left: 40px;">11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet</p>	<b>VOTE TAKEN: Mr. Elder made a motion to approve the Bylaws Update as presented. The motion was duly seconded by Ms. Figueroa. A vote was called, and the motion passed unanimously.</b>
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	<p>on a monthly basis. <u>If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed.</u> The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.</p> <p>Mr. Smith asked if exposure to Covid-19 would be considered a reason to use Zoom/video conferencing.</p> <p>Ms. Shahriari answered that it would fall under the criteria.</p>	
<b>8A-3. Receive and File:</b> Summary of Board Member Self-Evaluations	A tally of the CL Brumback Board of Directors' Annual Self Evaluation was presented for review.	<b>Receive &amp; File. No further action necessary.</b>
<b>8B. EXECUTIVE</b>		
<b>8B-1. Receive and File:</b> Executive Director Information Update	Dr. Hyla Fritsch, Director of Clinical Operations and Pharmacy Services presented updates on Key changes within the C.L. Brumback Primary Care Clinics. No questions were asked by any of the Board members.	<b>Receive &amp; File. No further action necessary.</b>
<b>8C. CREDENTIALING</b>		
<b>8C-1. Staff Recommends a MOTION TO APPROVE:</b> Licensed Independent Practitioner Credentialing and Privileging	<p>The agenda item represents the licensed independent practitioner recommended for credentialing and privileging by the FQHC Medical Director. The LIP listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Current licensure, registration or certification</li> <li>• Relevant education, training and experience</li> </ul>	<p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Initial Credentialing and privileging of Dr. Zito as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</b></p> <p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Recredentialing and privileging of Dr. Dessalines as presented. The motion was duly seconded by Mr. Elder. A vote was called, and the motion passed unanimously.</b></p>

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

Last Name	First Name	Degree	Specialty	Credentialing
Zito	Amalinnette	MD	Internal Medicine	Initial Credentialing
Last Name	First Name	Degree	Specialty	Credentialing
Dessalines	Duclos	MD	Pediatric Medicine	Recredentialing

Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification. The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC medical Director to support the credentialing and privileging process. Amalinnette Zito, MD is joining the West Palm Beach Clinic specializing in Internal Medicine. She attended the Tulane University School of Medicine and also completed her Residency at Jackson Memorial Hospital. Dr. Zito is certified in Internal Medicine by The American Board of Internal Medicine. She has been in practice for fifteen years and is fluent in Spanish.

Duclos Dessalines, MD joined the West Palm Beach Clinic in 2017 specializing in Pediatric Medicine. He attended the National Polytechnique Institute, Mexico and also completed his Residency at the Mount Sinai Hospital Medical Center. Dr. Dessalines is certified in Pediatric Medicine by The American Board of Pediatric Medicine. He has been in practice for over nineteen years and is fluent in Creole, French and Spanish.

<b>8D. OPERATIONS</b>		
<p><b>8D-1. Staff Recommends a MOTION TO APPROVE:</b> Operations Reports</p>	<p>There were 7,453 visits in the month of November, which is down from the month prior, and all clinic locations except Mangonia did not reach the same volume of visits as in 2019. Our payer mix for the year to date is at 58% uninsured and the remainder have Medicaid, Medicare, or private coverage. Productivity targets for in-person visits were met for pediatrics. Adult telehealth visits continue to fall short of target.</p> <p>The No Show rate November was slightly over 25% which is higher than that in October. Telehealth No Show rates remain low compared to in-person visits. In comparison, the year to date No Show rate is also 24%, of which in-person visits making up 85%.</p> <p>A deep dive into Phreesia pre-registration revealed that No Show rates are even lower (only 17%) patients complete their pre-registration paperwork in advance of their appointment. Efforts continue to encourage pre-registration.</p> <p>Ms. Jackson-Moore asked why the no show rate is higher than the previous months. Dr. Andric answered that the no-show rate is very low and actually is better than the prior years.</p> <p>Ms. Jackson-Moore wanted to know if the no show rate was due to patient fear of COVID-19. Dr. Andric confirmed this.</p> <p>Dr. Fritsch also stated that during the November-December months, patients tend to not see or make appointment because of the holidays.</p>	<p><b>VOTE TAKEN: Mr. Elder made a motion to approve the Operations Report as presented. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.</b></p>



	<p>Mr. Smith asked if the no-show rate has an effect on the productivity. Dr. Fritsch answered, Yes.</p> <p>Mr. Smith asked what the average time was for an in-person appointment. Dr. Fritsch answered that every visit lasts approximately Twenty minutes.</p>	
<p><b>8E. Quality</b></p>		
<p><b>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</b></p>	<p><u>PATIENT SAFETY &amp; ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.</p> <p><u>PATIENT SATISFACTION AND GRIEVANCES</u> Quarter 3 data presented as separate agenda item. Progress has been made in the last year for our three PDCA’s: Access, Communication &amp; Referral Loop closure.</p> <p><u>QUALITY ASSURANCE &amp; IMPROVEMENT</u> In 2021, data for diabetes as well as screening and follow up for depression will be stratified in two categories to evaluate management of vulnerable populations. Diabetes management in migrant populations will be presented separately as will depression screening and follow up in the homeless population. We will focus on the depression remission measure and SBIRT in the coming year. Rates and screening and follow up for depression were lower for the homeless population. Data will be analyzed in order to identify what additional interventions are needed. Diabetes was better controlled in the migrant population when compared to the data for the overall universe.</p>	<p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Quality Reports as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b></p>

	<p>Attached you will find the Diabetes Performance Analysis for our upcoming HRSA audit and our goals for the diabetes measure in 2021.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity stratified by clinic.</p>	
<p><b>8F-1. Staff Recommends a MOTION TO APPROVE</b> Patient Relations Dashboard Q3</p>	<p>Mr. David Speciale, Director of Patient Experience, presented the Quarter 3 patient relations dashboard. There were 76 Patient Relations Occurrences that occurred between 8 clinics, Clinic Administration and Warrior. Of the 76 occurrences, there were 16 Grievances and 60 Complaints. The top 5 categories were Communication, Care &amp; Treatment, Physician Related, Finance and Environmental. The top subcategory with 31 Complaints and Grievances was Poor Communication. There was also 8 compliments received across 3 clinics, Pharmacy and Clinic Administration.</p> <p>Mr. Smith asked for more details on grievances and compliments. Dr. Andric stated that this is more for patient experience. Examples being wait time.</p> <p>Mr. Mullen shared that he had been to 4 different clinics for testing and every location was very well run and he enjoyed the service.</p>	<p><b>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Patient Relation Dashboard Q3 as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b></p>
<p><b>9. VP and Executive Director of Clinic Services Comments</b></p>	<p>Hyla informed the Board member's that the February 24<sup>th</sup> meeting will be moved from 11:30 for the Finance meeting and 12:00 noon for the Board meeting. Reminders will be send via email.</p>	<p><b>No action necessary.</b></p>
<p><b>10. Board Member Comments</b></p>	<p>Mrs. Bullard's comments was directed to the School Board and not the HCD.</p>	<p><b>No action necessary.</b></p>

<p><b>12. Establishment of Upcoming Meetings</b></p>	<p><b><u>February 24, 2021 (HCD Board Room)</u></b> 12:00pm Board of Directors</p> <p><b><u>March 31, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>April 28, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>May 26, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>June 30, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>July 28, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>August 25, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>September 29, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>October 27, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>November 30, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p> <p><b><u>December 14, 2021 (HCD Board Room)</u></b> 12:45pm Board of Directors</p>	<p><b>No action necessary.</b></p>
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<b>13. Motion to Adjourn</b>	There being no further business, the meeting was adjourned at 2:06 PM	<b>VOTE TAKEN: Mr. Smith made a motion to adjourn. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</b>
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Minutes Submitted by: \_\_\_\_\_  
Signature Date

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

**Attendance Tracking**

	1/27/21	2/24/21	3/31/21	4/28/21	5/26/21	6/30/21	7/28/21	8/25/21	9/29/21	10/27/21	11/30/21	12/15/21
Mike Smith	X											
James Elder	X											
Irene Figueroa	X											
John Casey Mullen	X											
Julia Bullard	X											
Marjorie Etienne	E											
Melissa Mastrangelo	E											
Tammy Jackson-Moore	X											
Robert Glass												

X= Present

C= Cancel

E= Excused

A= Absent

**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
FEBRUARY 24, 2021**

**1. Description: C.L. Brumback Primary Care Clinic Organizational Chart**

**2. Summary:**

This agenda item provides the following:

- Updated Organizational Chart

**3. Substantive Analysis:**

Attached you will find the updated organizational chart for the C.L. Brumback primary care clinics.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
Tony Colby  
Interim VP & Chief Financial Officer

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

N/A

\_\_\_\_\_  
Committee Name

\_\_\_\_\_  
Date Approved

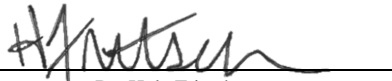
**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**FEBRUARY 24, 2021**

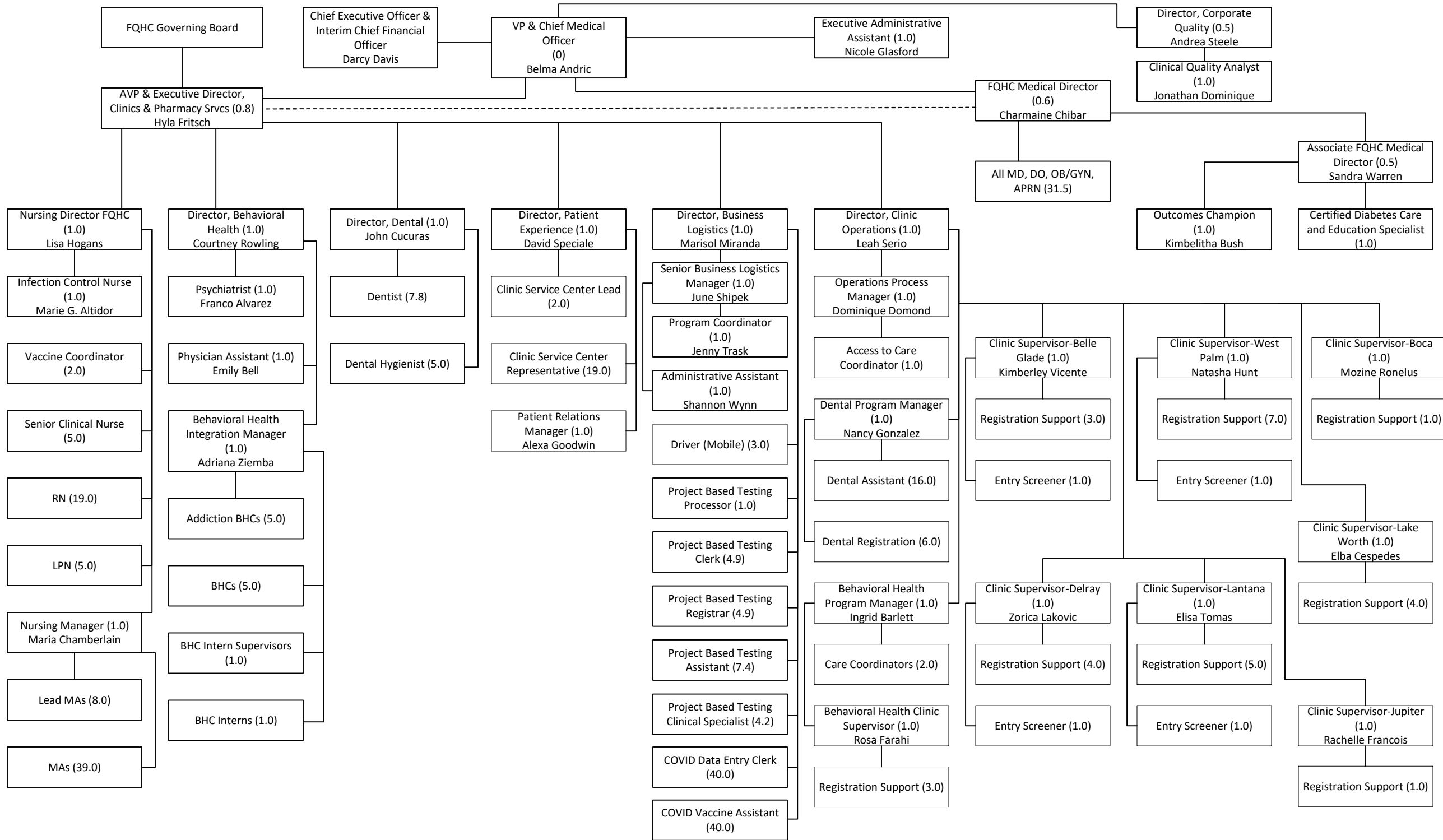
**6. Recommendation:**

Staff recommends the Board receive and file the updates to the CLBPCC Organizational Chart.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Shahriari  
General Counsel

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





**DISTRICT CLINIC HOLDINGS, INC**  
**BOARD OF DIRECTORS**  
**February 24, 2021**

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

**2. Summary:**

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

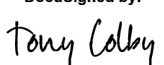
**3. Substantive Analysis:**

Management has provided the income statements and key statistical information for District Clinics Holdings, Inc. Additional Management discussion and analysis is incorporated into the financial statements presentation.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
 58F3530F486440D...  
 Tony Colby  
 Interim VP & Chief Financial Officer

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

\_\_\_\_\_  
 Finance Committee  
 Committee Name


\_\_\_\_\_  
 February 24, 2021  
 Date Reviewed/Approved

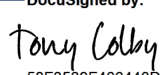
**DISTRICT CLINIC HOLDINGS, INC**  
**BOARD OF DIRECTORS**  
**February 24, 2021**


**6. Recommendation:**

Staff recommends that the Board approve the District Clinic Holdings, Inc. January 2021 YTD financial statements.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Snahriari  
VP & General Counsel

DocuSigned by:  
  
\_\_\_\_\_  
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Tony Colby  
Interim VP & Chief Financial Officer

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



## MEMO

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To: Finance Committee  
From: Tony Colby  
Interim VP & Chief Financial Officer  
Date: February 12, 2021

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

The January statements represent the financial performance through the fourth month of 2021 fiscal year for C.L. Brumback Primary Care Clinics. Total YTD revenue was unfavorable to budget by (\$1.3M) due primarily to timing of COVID-19 stimulus funds. Net patient revenue YTD was favorable to budget by \$252k. Expenses before depreciation were under budget by \$624k or 6.7% due mostly to positive variances in medical supplies \$270k, salaries and wages \$192k, and other supplies \$78k. Total YTD net margin was (\$5.1M) compared to budget of (\$4.9M) resulting in an unfavorable variance of (\$283k) or 5.8%.

The Medical clinics total YTD revenue was unfavorable to budget by (\$1.7M). This unfavorable variance resulted from the timing of COVID-19 related stimulus funding. Gross patient revenue was over budget by \$1.7M or 46.6%, which resulted from the Clinic efforts to respond to the pandemic offering telemedicine visits in addition to office visits. Clinic staff continue to provide countywide COVID-19 testing. Total operating expenses of \$7.3M were favorable to budget of \$7.9M by \$620k or 7.8%. This positive variance is mostly related to medical supplies \$253k, salaries and wages \$226k, medical services \$53k, and other supplies \$49k. Medical supplies, other supplies and other expense are favorable to budget due to the usage timing and supplies purchases. Total YTD net margin was (\$4.7M) compared to budget of (\$3.9M) resulting in an unfavorable variance of (\$818k) or 20.8%

The Dental clinics gross patient revenue was favorable to budget by \$55k or 5.2%. Total revenue of \$1.3M was over budget of \$844k by \$480k or 56.9% due to unanticipated funds received from HRSA. Total operating expenses of \$1.3M were favorable to budget by \$4k or 0.3%. Total YTD net margin was (\$395k) compared to a budget loss of (\$930k) for a favorable variance of \$534k or 57.5%.

On the Comparative Statement of Net Position, due from other governments increased by \$1.7k to \$4.0M. This balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$4.6M, and \$693k respectively for a combined subsidy of \$5.3M.

**DISTRICT CLINIC HOLDINGS, INC.**  
**COMPARATIVE STATEMENT OF NET POSITION**

	<u>Jan 31, 2021</u>	<u>Dec 31, 2020</u>	<u>Increase (Decrease)</u>
<b>Assets</b>			
Cash and Cash Equivalents	(4,702,044)	(2,591,509)	\$ (2,110,534)
Restricted Cash	221,426	-	221,426
Accounts Receivable, net	2,480,524	2,012,304	468,220
Due From Other Funds	-	-	-
Due from Other Governments	4,043,249	2,387,958	1,655,291
Other Current Assets	63,936	89,880	(25,944)
Net Investment in Capital Assets	2,948,617	2,963,867	(15,250)
<b>Total Assets</b>	<u>\$ 5,055,709</u>	<u>\$ 4,862,500</u>	<u>\$ 193,209</u>
<b>Liabilities</b>			
Accounts Payable	163,580	163,202	379
Due To Other Governments	-	-	-
Deferred Revenue	649,044	649,044	-
Other Current Liabilities	1,340,078	1,516,300	(176,222)
Non-Current Liabilities	1,561,087	1,622,147	(61,060)
<b>Total Liabilities</b>	<u>3,713,788</u>	<u>3,950,691</u>	<u>(236,903)</u>
<b>Deferred Inflows of Resources</b>			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 474</u>	<u>\$ 474</u>	<u>\$ -</u>
<b>Net Position</b>			
Net Investment in Capital Assets	2,948,617	2,963,867	(15,250)
Unrestricted	(1,607,171)	(2,052,533)	445,362
<b>Total Net Position</b>	<u>1,341,446</u>	<u>911,334</u>	<u>430,112</u>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<u>\$ 5,055,709</u>	<u>\$ 4,862,500</u>	<u>\$ 193,209</u>

**Note:** Amounts may not foot due to rounding.

**District Clinics Holdings, Inc. Statement of Revenues and Expenses**

FOR THE FOURTH MONTH ENDED JANUARY 31, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,321,289	1,193,479	127,810	10.7%	2,006,755	(685,465)	(34.2%)	6,384,041	4,656,745	1,727,296	37.1%	7,810,806	(1,426,765)	(18.3%)
<b>Gross Patient Revenue</b>							<b>Gross Patient Revenue</b>						
303,580	216,678	(86,902)	(40.1%)	363,658	60,078	16.5%	1,738,138	842,756	(895,382)	(106.2%)	1,425,721	(312,417)	(21.9%)
434,796	468,529	33,733	7.2%	727,882	293,085	40.3%	2,343,983	1,835,757	(508,226)	(27.7%)	2,982,983	639,000	21.4%
338,348	168,913	(169,435)	(100.3%)	343,282	4,934	1.4%	1,065,520	658,317	(407,203)	(61.9%)	1,184,902	119,382	10.1%
1,076,724	854,120	(222,604)	(26.1%)	1,434,822	358,098	25.0%	5,147,642	3,336,830	(1,810,812)	(54.3%)	5,593,606	445,964	8.0%
704,172	363,615	340,557	93.7%	190,933	513,239	268.8%	1,756,126	1,420,955	335,171	23.6%	1,303,939	452,187	35%
948,737	702,974	245,763	35.0%	762,866	185,871	24.4%	2,992,525	2,740,870	251,655	9.2%	3,521,139	(528,614)	(15.0%)
71.80%	58.90%			38.01%			46.88%	58.86%		45.08%			
2,271,653	1,206,007	1,065,646	88.4%	383,141	1,888,513	492.9%	2,506,033	1,416,117	1,089,916	77.0%	513,031	1,993,002	388.5%
-	540,467	(540,467)	(100.0%)	-	-	0.0%	588,890	3,028,699	(2,439,809)	(80.6%)	-	588,890	0.0%
809	45,034	(44,226)	(98.2%)	1,641	(832)	(50.7%)	15,531	180,136	(164,605)	(91.4%)	32,475	(16,944)	(52.2%)
2,272,462	1,791,508	480,954	26.8%	384,782	1,887,680	490.6%	3,110,453	4,624,952	(1,514,499)	(32.7%)	545,506	2,564,947	470.2%
3,221,199	2,494,482	726,717	29.1%	1,147,648	2,073,552	180.7%	6,102,978	7,365,822	(1,262,844)	(17.1%)	4,066,645	2,036,333	50.1%
<b>Total Revenues</b>							<b>Total Revenues</b>						
<i>Direct Operational Expenses:</i>													
1,482,538	1,394,572	(87,966)	(6.3%)	1,204,612	(277,925)	(23.1%)	5,583,259	5,774,791	191,532	3.3%	5,450,600	(132,659)	(2.4%)
407,085	378,735	(28,350)	(7.5%)	354,929	(52,156)	(14.7%)	1,564,732	1,538,051	(26,681)	(1.7%)	1,478,870	(85,862)	(5.8%)
71,484	53,818	(17,666)	(32.8%)	125,015	53,531	42.8%	199,724	203,911	4,187	2.1%	349,891	150,167	42.9%
84,529	114,455	29,926	26.1%	32,205	(52,324)	(162.5%)	174,770	444,293	269,523	60.7%	146,010	(28,760)	(19.7%)
12,332	26,518	14,186	53.5%	15,087	2,755	18.3%	28,194	106,172	77,978	73.4%	43,870	15,676	35.7%
45,535	78,372	32,837	41.9%	61,772	16,238	26.3%	249,733	302,874	53,141	17.5%	227,179	(22,554)	(9.9%)
55,947	56,605	658	1.2%	79,805	23,859	29.9%	271,772	218,753	(53,019)	(24.2%)	337,056	65,284	19.4%
7,491	9,629	2,138	22.2%	19,129	11,638	60.8%	21,981	38,516	16,535	42.9%	87,163	65,182	74.8%
102,475	114,572	12,097	10.6%	102,313	(163)	(0.2%)	409,831	441,596	31,765	7.2%	461,267	51,436	11.2%
6,515	7,341	826	11.3%	4,942	(1,573)	(31.8%)	29,297	29,364	67	0.2%	23,405	(5,891)	(25.2%)
30,184	38,973	8,789	22.6%	43,749	13,566	31.0%	100,173	157,147	56,974	36.3%	134,076	33,902	25.3%
4,649	4,334	(315)	(7.3%)	2,377	(2,272)	(95.6%)	14,973	17,336	2,363	13.6%	9,508	(5,465)	(57.5%)
2,310,763	2,277,924	(32,839)	(1.4%)	2,045,937	(264,826)	(12.9%)	8,648,438	9,272,804	624,366	6.7%	8,748,894	100,456	1.1%
<b>Total Operational Expenses</b>							<b>Total Operational Expenses</b>						
910,436	216,558	693,878	320.4%	(898,289)	1,808,725	(201.4%)	(2,545,460)	(1,906,982)	(638,478)	33.5%	(4,682,249)	2,136,789	(45.6%)
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>							<b>Net Performance before Depreciation &amp; Overhead Allocations</b>						

**District Clinics Holdings, Inc. Statement of Revenues and Expenses**

FOR THE FOURTH MONTH ENDED JANUARY 31, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
31,896	17,334	(14,562)	(84.0%)	19,329	(12,567)	(65.0%)	Depreciation	126,891	69,336	(57,555)	(83.0%)	69,145	(57,747)	(83.5%)
<i>Overhead Allocations:</i>														
1,899	2,875	976	34.0%	1,944	46	2.3%	Risk Mgt	7,573	11,500	3,926	34.1%	7,646	73	0.9%
191,807	206,967	15,160	7.3%	272,531	80,724	29.6%	Rev Cycle	777,926	827,869	49,942	6.0%	489,662	(288,264)	(58.9%)
2,200	3,852	1,652	42.9%	5,263	3,064	58.2%	Internal Audit	7,105	15,406	8,301	53.9%	22,962	15,857	69.1%
18,248	19,768	1,521	7.7%	17,204	(1,044)	(6.1%)	Home Office Facilities	73,601	79,074	5,473	6.9%	75,392	1,791	2.4%
49,639	33,232	(16,407)	(49.4%)	34,890	(14,749)	(42.3%)	Administration	136,773	132,928	(3,845)	(2.9%)	138,422	1,648	1.2%
48,416	47,193	(1,223)	(2.6%)	39,343	(9,074)	(23.1%)	Human Resources	205,796	188,773	(17,023)	(9.0%)	179,651	(26,145)	(14.6%)
13,841	17,241	3,400	19.7%	13,924	83	0.6%	Legal	57,907	68,965	11,058	16.0%	60,752	2,844	4.7%
7,478	8,048	571	7.1%	5,290	(2,188)	(41.4%)	Records	30,192	32,193	2,001	6.2%	26,130	(4,062)	(15.5%)
8,017	6,886	(1,131)	(16.4%)	15,681	7,664	48.9%	Compliance	21,041	27,544	6,503	23.6%	37,133	16,092	43.3%
6,621	7,007	386	5.5%	-	(6,621)	0.0%	Comm Engage Plan	26,433	28,028	1,595	5.7%	-	(26,433)	0.0%
96,616	82,884	(13,732)	(16.6%)	-	(96,616)	0.0%	IT Operations	288,962	331,534	42,572	12.8%	-	(288,962)	0.0%
7,739	8,445	707	8.4%	-	(7,739)	0.0%	IT Security	30,411	33,781	3,370	10.0%	-	(30,411)	0.0%
44,176	40,421	(3,755)	(9.3%)	-	(44,176)	0.0%	IT Applications	135,279	161,683	26,405	16.3%	-	(135,279)	0.0%
46,399	47,251	852	1.8%	-	(46,399)	0.0%	Security Services	176,788	189,005	12,217	6.5%	-	(176,788)	0.0%
81,914	121,543	39,629	32.6%	-	(81,914)	0.0%	IT EPIC	249,269	486,173	236,904	48.7%	-	(249,269)	0.0%
29,666	31,665	1,999	6.3%	46,646	16,980	36.4%	Finance	116,410	126,658	10,248	8.1%	136,402	19,992	14.7%
5,257	10,057	4,800	47.7%	11,326	6,069	53.6%	Public Relations	28,681	40,228	11,546	28.7%	47,381	18,699	39.5%
10,810	8,303	(2,507)	(30.2%)	97,188	86,378	88.9%	Information Technology	38,737	33,211	(5,526)	(16.6%)	334,553	295,816	88.4%
5,242	4,761	(481)	(10.1%)	2,441	(2,802)	(114.8%)	Corporate Quality	22,544	19,045	(3,500)	(18.4%)	9,550	(12,994)	(136.1%)
9,313	11,235	1,922	17.1%	9,544	230	2.4%	Project MGMT Office	34,843	44,941	10,098	22.5%	26,262	(8,581)	(32.7%)
1,204	1,328	125	9.4%	2,038	834	40.9%	Managed Care Contract	4,809	5,313	505	9.5%	11,695	6,887	58.9%
686,500	720,963	34,463	4.8%	575,252	(111,248)	(19.3%)	Total Overhead Allocations	2,471,082	2,883,853	412,770	14.3%	1,603,593	(867,490)	(54.1%)
<b>3,029,159</b>	<b>3,016,221</b>	<b>(12,938)</b>	<b>(0.4%)</b>	<b>2,640,518</b>	<b>(388,642)</b>	<b>(14.7%)</b>	<b>Total Expenses</b>	<b>11,246,412</b>	<b>12,225,993</b>	<b>979,581</b>	<b>8.0%</b>	<b>10,421,632</b>	<b>(824,780)</b>	<b>(7.9%)</b>
<b>\$ 192,040</b>	<b>\$ (521,739)</b>	<b>\$ 713,779</b>	<b>(136.8%)</b>	<b>\$ (1,492,870)</b>	<b>\$ 1,684,910</b>	<b>(112.9%)</b>	<b>Net Margin</b>	<b>\$ (5,143,434)</b>	<b>\$ (4,860,171)</b>	<b>\$ (283,263)</b>	<b>5.8%</b>	<b>\$ (6,354,987)</b>	<b>\$ 1,211,553</b>	<b>(19.1%)</b>
(16,646)	64,125	80,771	126.0%	21,988	38,634	175.7%	Capital	-	595,710	595,710	100.0%	21,988	21,988	100.0%
<b>\$ -</b>	<b>\$ 581,000</b>	<b>\$ 581,000</b>	<b>100.0%</b>	<b>\$ 1,495,529</b>	<b>\$ 1,495,529</b>	<b>100.0%</b>	<b>General Fund Support/ Transfer In</b>	<b>\$ 5,270,026</b>	<b>\$ 5,487,000</b>	<b>\$ 216,974</b>	<b>4.0%</b>	<b>\$ 6,307,830</b>	<b>\$ 1,037,804</b>	<b>16.5%</b>

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

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to Date
<b>Gross Patient Revenue</b>	<b>1,842,091</b>	<b>1,535,619</b>	<b>1,685,042</b>	<b>1,321,289</b>	-	-	-	-	-	-	-	-	<b>6,384,041</b>
Contractual Allowances	509,972	470,624	453,962	303,580	-	-	-	-	-	-	-	-	1,738,138
Charity Care	158,009	-	1,751,178	434,796	-	-	-	-	-	-	-	-	2,343,983
Bad Debt	788,060	799,873	(860,761)	338,348	-	-	-	-	-	-	-	-	1,065,520
Other Patient Revenue	414,367	286,936	350,651	704,172	-	-	-	-	-	-	-	-	1,756,126
<b>Net Patient Revenue</b>	<b>800,416</b>	<b>552,056</b>	<b>691,315</b>	<b>948,737</b>	-	-	-	-	-	-	-	-	<b>2,992,525</b>
Collections %	43.45%	35.95%	41.03%	71.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	46.88%
Grant Funds	104,059	-	130,321	2,271,653	-	-	-	-	-	-	-	-	2,506,033
Other Financial Assistance	-	-	588,890	-	-	-	-	-	-	-	-	-	588,890
Other Revenue	9,732	1,689	3,302	809	-	-	-	-	-	-	-	-	15,531
Total Other Revenues	113,791	1,689	722,512	2,272,462	-	-	-	-	-	-	-	-	3,110,453
<b>Total Revenues</b>	<b>914,207</b>	<b>553,745</b>	<b>1,413,827</b>	<b>3,221,199</b>	-	-	-	-	-	-	-	-	<b>6,102,978</b>
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,612,557	1,177,306	1,310,859	1,482,538	-	-	-	-	-	-	-	-	5,583,259
Benefits	394,482	358,883	404,282	407,085	-	-	-	-	-	-	-	-	1,564,732
Purchased Services	35,150	59,503	33,586	71,484	-	-	-	-	-	-	-	-	199,724
Medical Supplies	19,841	24,253	46,148	84,529	-	-	-	-	-	-	-	-	174,770
Other Supplies	2,686	4,538	8,638	12,332	-	-	-	-	-	-	-	-	28,194
Medical Services	92,709	55,338	56,152	45,535	-	-	-	-	-	-	-	-	249,733
Drugs	82,365	73,242	60,219	55,947	-	-	-	-	-	-	-	-	271,772
Repairs & Maintenance	6,725	4,061	3,703	7,491	-	-	-	-	-	-	-	-	21,981
Lease & Rental	105,605	104,935	96,815	102,475	-	-	-	-	-	-	-	-	409,831
Utilities	5,024	10,320	7,438	6,515	-	-	-	-	-	-	-	-	29,297
Other Expense	26,726	23,914	19,350	30,184	-	-	-	-	-	-	-	-	100,173
Insurance	3,716	3,716	2,892	4,649	-	-	-	-	-	-	-	-	14,973
Total Operational Expenses	2,387,586	1,900,008	2,050,081	2,310,763	-	-	-	-	-	-	-	-	8,648,438
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(1,473,379)</b>	<b>(1,346,263)</b>	<b>(636,254)</b>	<b>910,436</b>	-	-	-	-	-	-	-	-	<b>(2,545,460)</b>
Depreciation	20,995	42,335	31,665	31,896	-	-	-	-	-	-	-	-	126,891
<i>Overhead Allocations:</i>													
Risk Mgt	2,012	1,749	1,914	1,899	-	-	-	-	-	-	-	-	7,573
Rev Cycle	215,318	177,247	193,553	191,807	-	-	-	-	-	-	-	-	777,926
Internal Audit	261	2,616	2,029	2,200	-	-	-	-	-	-	-	-	7,105
Home Office Facilities	17,338	17,140	20,876	18,248	-	-	-	-	-	-	-	-	73,601
Administration	23,989	26,119	37,026	49,639	-	-	-	-	-	-	-	-	136,773
Human Resources	42,681	36,896	77,803	48,416	-	-	-	-	-	-	-	-	205,796
Legal	10,774	17,493	15,799	13,841	-	-	-	-	-	-	-	-	57,907
Records	7,126	7,518	8,070	7,478	-	-	-	-	-	-	-	-	30,192
Compliance	4,813	5,086	3,125	8,017	-	-	-	-	-	-	-	-	21,041
Comm Engage Plan	6,756	6,116	6,940	6,621	-	-	-	-	-	-	-	-	26,433
IT Operations	50,805	70,691	70,850	96,616	-	-	-	-	-	-	-	-	288,962
IT Security	7,989	5,317	9,366	7,739	-	-	-	-	-	-	-	-	30,411
IT Applications	23,045	40,862	27,197	44,176	-	-	-	-	-	-	-	-	135,279
Security Services	42,428	41,825	46,136	46,399	-	-	-	-	-	-	-	-	176,788
IT EPIC	48,185	53,582	65,588	81,914	-	-	-	-	-	-	-	-	249,269
Finance	29,725	28,440	28,580	29,666	-	-	-	-	-	-	-	-	116,410
Public Relations	11,466	8,342	3,617	5,257	-	-	-	-	-	-	-	-	28,681
Information Technology	9,827	8,743	9,357	10,810	-	-	-	-	-	-	-	-	38,737
Corporate Quality	5,104	7,241	4,957	5,242	-	-	-	-	-	-	-	-	22,544
Project MGMT Office	7,800	8,679	9,051	9,313	-	-	-	-	-	-	-	-	34,843
Managed Care Contract	1,205	1,157	1,243	1,204	-	-	-	-	-	-	-	-	4,809
Total Overhead Allocations	568,646	572,859	643,078	686,500	-	-	-	-	-	-	-	-	2,471,082
<b>Total Expenses</b>	<b>2,977,227</b>	<b>2,515,202</b>	<b>2,724,824</b>	<b>3,029,159</b>	-	-	-	-	-	-	-	-	<b>11,246,412</b>
<b>Net Margin</b>	<b>\$ (2,063,020)</b>	<b>\$ (1,961,457)</b>	<b>\$ (1,310,997)</b>	<b>\$ 192,040</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (5,143,434)</b>
Capital	-	13,568	3,078	(16,646)	-	-	-	-	-	-	-	-	-
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	2,042,025	-	3,228,001	-	-	-	-	-	-	-	-	-	\$ 5,270,026

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

FOR THE FOURTH MONTH ENDED JANUARY 31, 2021

	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 1	Mobile Van Scout	Mobile Van Hero	Total
<b>Gross Patient Revenue</b>	-	697,418	1,058,880	666,015	412,225	530,325	729,175	341,937	533,774	288,859	4,543	-	-	5,263,150.65
Contractual Allowances	-	223,197	315,595	142,940	89,872	64,815	194,951	88,822	201,450	39,454	(7,497)	-	-	1,353,599
Charity Care	-	210,114	317,552	239,552	118,037	257,245	321,256	102,593	109,616	108,564	3,454	-	-	1,787,981
Bad Debt	-	158,001	155,564	123,753	87,046	171,877	54,385	44,283	35,772	136,084	13,364	-	-	980,128
Total Contractual Allowances and Bad Debt	-	591,312	788,711	506,245	294,954	493,937	570,592	235,697	346,838	284,102	9,320	-	-	4,121,708
Other Patient Revenue	-	218,030	243,132	166,138	84,640	133,784	132,924	80,126	78,808	92,724	35,230	-	-	1,265,536
<b>Net Patient Revenue</b>	-	<b>324,136</b>	<b>513,301</b>	<b>325,907</b>	<b>201,911</b>	<b>170,172</b>	<b>291,507</b>	<b>186,367</b>	<b>265,744</b>	<b>97,481</b>	<b>30,453</b>	-	-	<b>2,406,979</b>
Collection %	0.00%	46.48%	48.48%	48.93%	48.98%	32.09%	39.98%	54.50%	49.79%	33.75%	670.29%	0.00%	0.00%	45.73%
Grant Funds	209,905	206,845	605,450	97,229	197,300	35,999	124,722	78,462	60,924	105,014	79,273	141,456	35,217	1,977,799
Other Financial Assistance	30,405	42,397	31,713	223	26,134	932	2,562	7,991	2,377	56	23,668	203,776	5,395	377,627
Other Revenue	4,743	2,369	766	2,006	2,651	58	1,293	519	1,099	13	-	15	-	15,531
Total Other Revenues	245,052	251,611	637,928	99,457	226,085	36,989	128,577	86,972	64,400	105,083	102,940	345,250	40,612	2,370,957
<b>Total Revenues</b>	<b>245,052</b>	<b>575,747</b>	<b>1,151,229</b>	<b>425,365</b>	<b>427,996</b>	<b>207,161</b>	<b>420,084</b>	<b>273,339</b>	<b>330,144</b>	<b>202,564</b>	<b>133,393</b>	<b>345,250</b>	<b>40,612</b>	<b>4,777,936</b>
<i>Direct Operational Expenses:</i>														
Salaries and Wages	1,081,691	582,381	710,601	399,372	324,169	128,664	555,080	212,126	228,725	318,780	91,520	19,748	6,486	4,659,344
Benefits	278,773	166,846	197,845	113,508	95,757	38,548	168,686	57,366	66,968	89,605	32,974	4,039	1,581	1,312,499
Purchased Services	32,007	17,690	39,524	14,813	17,103	6,624	21,906	11,250	14,479	9,134	1,207	1,207	1,207	188,150
Medical Supplies	45,625	13,272	12,229	7,773	7,672	17,183	10,087	5,312	4,581	14,289	1,340	1,164	327	140,854
Other Supplies	16,859	485	703	635	1,858	1,463	804	392	590	152	655	1,689	1,471	27,756
Medical Services	1,100	22,792	76,517	28,282	18,642	8,614	48,960	13,983	23,073	7,770	-	-	-	249,733
Drugs	-	123,982	82,730	35,457	20,426	-	3,420	1,186	4,004	432	135	-	-	271,772
Repairs & Maintenance	-	1,111	1,236	1,599	2,315	917	2,585	1,111	2,719	1,834	1,497	1,875	493	19,293
Lease & Rental	-	42,973	60,083	29,637	27,532	110	78,229	26,686	39,192	15,719	20	20	20	230,221
Utilities	-	1,362	1,362	383	6,795	765	4,444	2,465	2,534	1,521	-	-	-	21,632
Other Expense	47,453	4,073	11,589	2,811	2,150	2,380	4,646	1,574	3,745	4,267	1,526	3,295	620	90,130
Insurance	-	2,149	1,640	1,633	910	-	1,086	572	664	296	2,453	1,649	1,758	14,810
Total Operational Expenses	1,503,508	979,119	1,196,059	635,904	525,329	205,268	899,934	334,023	391,274	463,800	133,329	34,687	13,962	7,316,195
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(1,258,456)</b>	<b>(403,373)</b>	<b>(44,830)</b>	<b>(210,539)</b>	<b>(97,333)</b>	<b>1,893</b>	<b>(479,850)</b>	<b>(60,684)</b>	<b>(61,130)</b>	<b>(261,235)</b>	<b>65</b>	<b>310,563</b>	<b>26,649</b>	<b>(2,538,258)</b>
Depreciation	2,279	4,803	4,971	599	22,915	109	1,481	914	1,598	614	25,000	4,628	27,842	97,754
<i>Overhead Allocations:</i>														
Risk Mgt	1,264	704	1,218	527	429	192	768	270	336	459	138	95	97	6,496
Rev Cycle	-	88,318	152,917	66,161	53,892	24,074	96,443	33,865	42,205	57,576	17,286	11,915	12,132	656,785
Internal Audit	1,186	660	1,143	494	403	180	721	253	315	430	129	89	91	6,095
Home Office Facilities	66,273	-	-	-	-	-	-	-	-	-	-	-	-	66,273
Administration	22,837	12,706	22,000	9,518	7,753	3,463	13,875	4,872	6,072	8,283	2,487	1,714	1,745	117,326
Human Resources	46,782	21,765	24,863	13,942	11,618	5,422	19,441	6,196	7,745	12,470	3,098	2,324	2,324	177,990
Legal	9,669	5,379	9,314	4,030	3,283	1,466	5,874	2,063	2,571	3,507	1,053	726	739	49,674
Records	5,041	2,805	4,856	2,101	1,711	765	3,063	1,075	1,340	1,828	549	378	385	25,899
Compliance	3,513	1,955	3,384	1,464	1,193	533	2,135	750	934	1,274	383	264	269	18,049
Comm Engage Plan	4,413	2,456	4,252	1,840	1,498	669	2,682	942	1,173	1,601	481	331	337	22,675
IT Operations	48,247	26,844	46,479	20,109	16,381	7,317	29,314	10,293	12,828	17,500	5,254	3,622	3,688	247,876
IT Security	5,078	2,825	4,892	2,116	1,724	770	3,085	1,083	1,350	1,842	553	381	388	26,087
IT Applications	22,587	12,567	21,759	9,414	7,669	3,426	13,723	4,819	6,006	8,193	2,460	1,695	1,726	116,044
Security Services	6,945	19,282	33,386	14,445	11,766	5,256	21,056	7,394	9,215	12,570	3,774	2,601	2,649	150,340
IT EPIC	41,620	23,157	40,094	17,347	14,130	6,312	25,287	8,879	11,066	15,096	4,532	3,124	3,181	213,827
Finance	19,437	10,814	18,724	8,101	6,599	2,948	11,809	4,147	5,168	7,050	2,117	1,459	1,486	99,858
Public Relations	4,789	2,664	4,613	1,996	1,626	726	2,910	1,022	1,273	1,737	522	359	366	24,603
Information Technology	6,468	3,599	6,231	2,696	2,196	981	3,930	1,380	1,720	2,346	704	485	494	33,229
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	3,764	2,094	3,626	1,569	1,278	571	2,287	803	1,001	1,365	410	283	288	19,339
Project MGMT Office	5,818	3,237	5,604	2,425	1,975	882	3,535	1,241	1,547	2,110	634	437	445	29,889
Managed Care Contract	-	546	945	409	333	149	596	209	261	356	107	74	75	4,060
Total Overhead Allocations	325,730	244,376	410,302	180,704	147,458	66,103	262,533	91,557	114,127	157,594	46,668	32,356	32,904	2,112,413
<b>Total Expenses</b>	<b>1,831,518</b>	<b>1,228,299</b>	<b>1,611,332</b>	<b>817,207</b>	<b>695,702</b>	<b>271,479</b>	<b>1,163,948</b>	<b>426,493</b>	<b>506,999</b>	<b>622,008</b>	<b>204,997</b>	<b>71,671</b>	<b>74,708</b>	<b>9,526,362</b>
<b>Net Margin</b>	<b>\$ (1,586,466)</b>	<b>\$ (652,552)</b>	<b>\$ (460,103)</b>	<b>\$ (391,842)</b>	<b>\$ (267,706)</b>	<b>\$ (64,318)</b>	<b>\$ (743,864)</b>	<b>\$ (153,155)</b>	<b>\$ (176,855)</b>	<b>\$ (419,443)</b>	<b>\$ (71,603)</b>	<b>\$ 273,579</b>	<b>\$ (34,096)</b>	<b>\$ (4,748,426)</b>
<b>Capital</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>General Fund Support/ Transfer In</b>	<b>\$ 4,576,903</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,576,903</b>





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

FOR THE FOURTH MONTH ENDED JANUARY 31, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
24,438	12,917	(11,521)	(89.2%)	14,197	(10,241)	(72.1%)	97,754	51,668	(46,086)	(89.2%)	51,695	(46,059)	(89.1%)
<i>Overhead Allocations:</i>													
1,629	2,464	835	33.9%	1,599	(30)	(1.9%)	6,496	9,855	3,358	34.1%	6,288	(209)	(3.3%)
161,938	174,743	12,805	7.3%	221,379	59,440	26.9%	656,785	698,973	42,188	6.0%	397,755	(259,030)	(65.1%)
1,887	3,301	1,414	42.8%	4,329	2,442	56.4%	6,095	13,202	7,107	53.8%	18,884	12,789	67.7%
16,431	17,713	1,282	7.2%	15,375	(1,056)	(6.9%)	66,273	70,853	4,580	6.5%	67,380	1,107	1.6%
42,581	28,478	(14,103)	(49.5%)	28,693	(13,889)	(48.4%)	117,326	113,912	(3,414)	(3.0%)	113,835	(3,491)	(3.1%)
41,875	40,768	(1,106)	(2.7%)	32,207	(9,667)	(30.0%)	177,990	163,074	(14,917)	(9.1%)	147,068	(30,922)	(21.0%)
11,873	14,775	2,902	19.6%	11,451	(422)	(3.7%)	49,674	59,100	9,426	15.9%	49,961	287	0.6%
6,414	6,897	482	7.0%	4,350	(2,064)	(47.5%)	25,899	27,588	1,689	6.1%	21,489	(4,410)	(20.5%)
6,877	5,901	(976)	(16.5%)	12,896	6,019	46.7%	18,049	23,604	5,554	23.5%	30,537	12,488	40.9%
5,679	6,005	325	5.4%	-	(5,679)	0.0%	22,675	24,018	1,343	5.6%	-	(22,675)	0.0%
82,878	71,027	(11,852)	(16.7%)	-	(82,878)	0.0%	247,876	284,107	36,231	12.8%	-	(247,876)	0.0%
6,638	7,237	599	8.3%	-	(6,638)	0.0%	26,087	28,949	2,862	9.9%	-	(26,087)	0.0%
37,894	34,638	(3,256)	(9.4%)	-	(37,894)	0.0%	116,044	138,554	22,510	16.2%	-	(116,044)	0.0%
39,458	40,184	726	1.8%	-	(39,458)	0.0%	150,340	160,736	10,396	6.5%	-	(150,340)	0.0%
70,267	104,156	33,889	32.5%	-	(70,267)	0.0%	213,827	416,624	202,797	48.7%	-	(213,827)	0.0%
25,448	27,135	1,687	6.2%	38,361	12,913	33.7%	99,858	108,539	8,681	8.0%	112,174	12,316	11.0%
4,509	8,618	4,109	47.7%	9,314	4,805	51.6%	24,603	34,473	9,870	28.6%	38,965	14,362	36.9%
9,273	7,115	(2,158)	(30.3%)	79,925	70,653	88.4%	33,229	28,460	(4,769)	(16.8%)	275,130	241,901	87.9%
4,497	4,080	(417)	(10.2%)	2,007	(2,490)	(124.0%)	19,339	16,320	(3,018)	(18.5%)	7,853	(11,485)	(146.2%)
7,989	9,628	1,639	17.0%	7,849	(140)	(1.8%)	29,889	38,512	8,623	22.4%	21,597	(8,292)	(38.4%)
1,016	1,122	105	9.4%	1,655	639	38.6%	4,060	4,486	426	9.5%	9,500	5,440	57.3%
587,052	615,984	28,932	4.7%	471,390	(115,662)	(24.5%)	2,112,413	2,463,937	351,524	14.3%	1,318,418	(793,995)	(60.2%)
<b>2,593,114</b>	<b>2,581,596</b>	<b>(11,518)</b>	<b>(0.4%)</b>	<b>2,173,389</b>	<b>(419,726)</b>	<b>(19.3%)</b>	<b>9,526,362</b>	<b>10,451,888</b>	<b>925,526</b>	<b>8.9%</b>	<b>8,676,793</b>	<b>(849,569)</b>	<b>(9.8%)</b>
<b>\$ (99,711)</b>	<b>\$ (448,159)</b>	<b>\$ 348,448</b>	<b>(77.8%)</b>	<b>\$ (1,234,446)</b>	<b>\$ 1,134,735</b>	<b>(91.9%)</b>	<b>\$ (4,747,990)</b>	<b>\$ (3,930,278)</b>	<b>\$ (817,712)</b>	<b>20.8%</b>	<b>\$ (5,417,482)</b>	<b>\$ 669,492</b>	<b>(12.4%)</b>
-	64,125	64,125	100.0%	9,207	9,207	100.0%	-	595,710	595,710	100.0%	9,207	9,207	100.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	-	-	-	-
<b>\$ -</b>	<b>\$ 510,000</b>	<b>\$ 510,000</b>	<b>100.0%</b>	<b>\$ 1,540,074</b>	<b>\$ 1,540,074</b>	<b>100.0%</b>	<b>\$ 4,576,903</b>	<b>\$ 4,570,000</b>	<b>\$ (6,903)</b>	<b>(0.2%)</b>	<b>\$ 5,365,786</b>	<b>\$ 788,883</b>	<b>14.7%</b>

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

FOR THE FOURTH MONTH ENDED JANUARY 31, 2021

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
<b>Gross Patient Revenue</b>	-	<b>499,123</b>	<b>621,365</b>	<b>28</b>	<b>374</b>	<b>1,120,890</b>
Contractual Allowances	-	126,810	256,359	832	539	384,540
Charity Care	-	310,723	244,715	145	418	556,002
Bad Debt	-	17,064	66,333	1,160	835	85,393
Total Contractual Allowances and Bad Debt	-	454,597	567,407	2,137	1,792	1,025,934
Other Patient Revenue	-	252,189	99,151	51,055	88,194	490,589
<b>Net Patient Revenue</b>	-	<b>296,715</b>	<b>153,108</b>	<b>48,946</b>	<b>86,776</b>	<b>585,546</b>
Collection %	-	59.45%	24.64%	0.00%	0.00%	52.24%
Grant Funds	62,985	156,056	80,414	161,172	67,171	527,797
Other Financial Assistance	26,170	62,797	17,576	74,217	30,503	211,263
Other Revenue	-	-	-	-	-	-
Total Other Revenues	89,155	218,853	97,989	235,389	97,674	739,060
<b>Total Revenues</b>	<b>89,155</b>	<b>515,568</b>	<b>251,098</b>	<b>284,334</b>	<b>184,451</b>	<b>1,324,606</b>
<i>Direct Operational Expenses:</i>						
Salaries and Wages	135,790	320,700	163,364	209,007	95,053	923,915
Benefits	32,029	90,974	45,700	54,992	28,539	252,233
Purchased Services	-	2,591	4,149	2,054	2,779	11,574
Medical Supplies	-	15,155	16,748	429	1,584	33,916
Other Supplies	73	146	204	-	14	437
Drugs	-	-	-	-	-	-
Repairs & Maintenance	-	760	769	184	975	2,688
Lease & Rental	-	36,767	21,733	20,400	10,710	89,610
Utilities	-	1,726	1,726	747	3,466	7,665
Other Expense	-	2,264	3,159	4,197	424	10,044
Insurance	-	-	-	-	162	162
Total Operational Expenses	167,892	471,083	257,553	292,010	143,707	1,332,244
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(78,737)</b>	<b>44,486</b>	<b>(6,455)</b>	<b>(7,675)</b>	<b>40,744</b>	<b>(7,638)</b>
Depreciation	-	7,787	3,653	3,327	14,370	29,137
<i>Overhead Allocations:</i>						
Risk Mgt	112	378	240	234	113	1,077
Rev Cycle	-	47,501	30,126	29,323	14,191	121,141
Internal Audit	105	355	225	219	106	1,010
Home Office Facilities	7,328	-	-	-	-	7,328
Administration	2,019	6,834	4,334	4,219	2,042	19,447
Human Resources	2,324	10,379	5,809	6,971	2,324	27,806
Legal	855	2,893	1,835	1,786	864	8,234
Records	446	1,509	957	931	451	4,293
Compliance	311	1,051	667	649	314	2,992
Comm Engage Plan	390	1,321	838	815	395	3,758
IT Operations	4,266	14,438	9,157	8,913	4,313	41,086
IT Security	449	1,519	964	938	454	4,324
IT Applications	1,997	6,759	4,287	4,172	2,019	19,235
Security Services	-	10,371	6,577	6,402	3,098	26,449
IT EPIC	3,680	12,455	7,899	7,688	3,721	35,443
Finance	1,719	5,816	3,689	3,591	1,738	16,552
Public Relations	423	1,433	909	885	428	4,078
Information Technology	572	1,935	1,228	1,195	578	5,508
Corporate Quality	333	1,126	714	695	337	3,205
Project MGMT Office	514	1,741	1,104	1,075	520	4,954
Managed Care Contract	-	294	186	181	88	749
Total Overhead Allocations	27,842	130,109	81,744	80,882	38,093	358,670
<b>Total Expenses</b>	<b>195,734</b>	<b>608,979</b>	<b>342,949</b>	<b>376,218</b>	<b>196,170</b>	<b>1,720,050</b>
<b>Net Margin</b>	<b>\$ (106,579)</b>	<b>\$ (93,411)</b>	<b>\$ (91,851)</b>	<b>\$ (91,884)</b>	<b>\$ (11,719)</b>	<b>\$ (395,444)</b>
<b>Capital</b>	-	-	-	-	-	-
<b>Capital Contributions</b>	-	-	-	-	-	-
<b>General Fund Support/ Transfer In</b>	<b>\$ 693,123</b>	-	-	-	-	<b>693,123</b>

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

FOR THE FOURTH MONTH ENDED JANUARY 31, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
216,042	265,150	(49,108)	(18.5%)	347,715	(131,673)	(37.9%)	Gross Patient Revenue	1,120,890	1,065,548	55,342	5.2%	1,383,019	(262,129)	(19.0%)
72,700	43,385	(29,315)	(67.6%)	50,637	(22,062)	(43.6%)	Contractual Allowances	384,540	174,133	(210,407)	(120.8%)	187,697	(196,842)	(104.9%)
70,130	152,343	82,213	54.0%	191,324	121,195	63.3%	Charity Care	556,002	612,980	56,978	9.3%	796,988	240,986	30.2%
51,386	16,959	(34,427)	(203.0%)	7,976	(43,411)	(544.3%)	Bad Debt	85,393	67,606	(17,787)	(26.3%)	49,675	(35,718)	(71.9%)
194,216	212,687	18,471	8.7%	249,937	55,721	22.3%	Total Contractuals and Bad Debts	1,025,934	854,719	(171,215)	(20.0%)	1,034,360	8,426	0.8%
205,463	95,979	109,484	114.1%	38,520	166,943	433.4%	Other Patient Revenue	490,589	389,005	101,584	26.1%	386,268	104,321	27.0%
227,290	148,442	78,848	53.1%	136,298	90,992	66.8%	Net Patient Revenue	585,546	599,834	(14,288)	(2.4%)	734,927	(149,381)	(20.3%)
105.21%	55.98%			39.20%			Collection %	52.24%	56.29%			53.14%		
500,506	212,603	287,903	135.4%	72,407	428,100	591.2%	Grant Funds	527,797	244,378	283,419	116.0%	72,407	455,391	628.9%
-	-	-	0.0%	-	-	0.0%	Other Financial Assistance	211,263	-	211,263	0.0%	-	211,263	0.0%
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	-	-	0.0%
500,506	212,603	287,903	135.4%	72,407	428,100	591.2%	Total Other Revenues	739,060	244,378	494,682	202.4%	72,407	666,654	920.7%
727,796	361,045	366,751	101.6%	208,705	519,091	248.7%	Total Revenues	1,324,606	844,212	480,394	56.9%	807,333	517,272	64.1%
							<i>Direct Operational Expenses:</i>							
237,018	214,697	(22,321)	(10.4%)	232,503	(4,515)	(1.9%)	Salaries and Wages	923,915	889,232	(34,683)	(3.9%)	952,369	28,454	3.0%
63,098	55,369	(7,729)	(14.0%)	62,249	(849)	(1.4%)	Benefits	252,233	225,270	(26,963)	(12.0%)	258,595	6,362	2.5%
1,817	3,142	1,325	42.2%	12,870	11,053	85.9%	Purchased Services	11,574	12,549	975	7.8%	42,707	31,134	72.9%
6,675	12,565	5,890	46.9%	14,740	8,065	54.7%	Medical Supplies	33,916	50,541	16,625	32.9%	48,883	14,968	30.6%
(85)	7,425	7,510	101.1%	1,142	1,226	107.4%	Other Supplies	437	29,800	29,363	98.5%	5,195	4,758	91.6%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
-	64	64	100.0%	22	22	100.0%	Drugs	-	256	256	100.0%	22	22	100.0%
1,282	2,321	1,039	44.8%	3,187	1,905	59.8%	Repairs & Maintenance	2,688	9,284	6,596	71.0%	14,786	12,098	81.8%
16,088	22,779	6,691	29.4%	25,185	9,097	36.1%	Lease & Rental	89,610	91,116	1,506	1.7%	103,365	13,755	13.3%
252	1,333	1,081	81.1%	1,126	874	77.6%	Utilities	7,665	5,332	(2,333)	(43.8%)	3,874	(3,791)	(97.9%)
2,953	5,493	2,540	46.2%	5,079	2,126	41.9%	Other Expense	10,044	22,977	12,933	56.3%	12,293	2,249	18.3%
41	41	0	0.9%	31	(10)	(31.2%)	Insurance	162	164	2	0.9%	124	(39)	(31.2%)
329,139	325,229	(3,910)	(1.2%)	358,135	28,996	8.1%	Total Operational Expenses	1,332,244	1,336,521	4,277	0.3%	1,442,214	109,970	7.6%
							<b>Net Performance before</b>							
398,657	35,816	362,841	1,013.1%	(149,430)	548,087	(366.8%)	Depreciation & Overhead Allocations	(7,638)	(492,309)	484,671	(98.4%)	(634,881)	627,243	(98.8%)

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

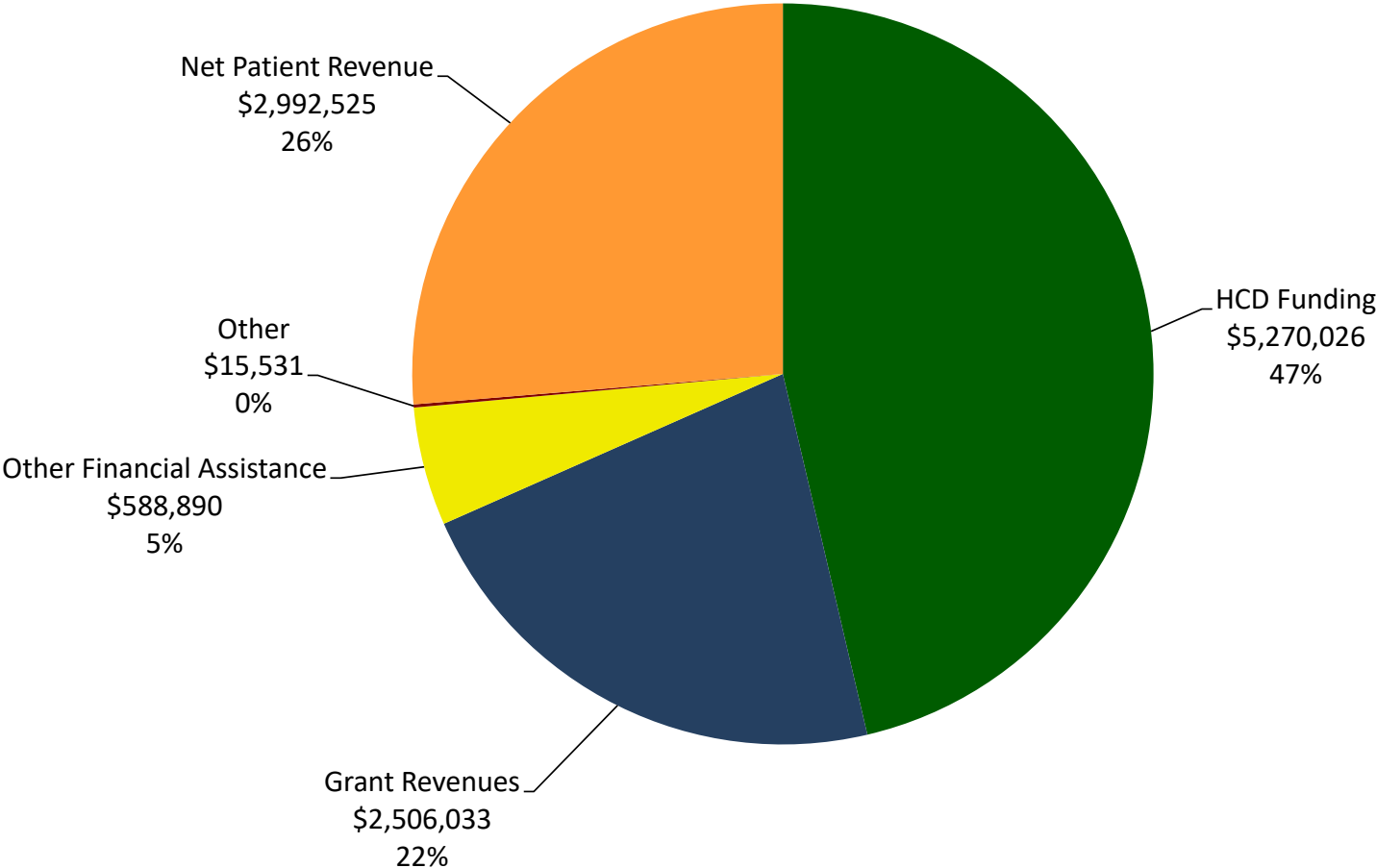
FOR THE FOURTH MONTH ENDED JANUARY 31, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
7,458	4,417	(3,041)	(68.8%)	5,132	(2,326)	(45.3%)	29,137	17,668	(11,469)	(64.9%)	17,449	(11,687)	(67.0%)
<i>Overhead Allocations:</i>													
270	411	141	34.4%	345	75	21.8%	1,077	1,645	568	34.5%	1,358	281	20.7%
29,869	32,224	2,355	7.3%	51,152	21,284	41.6%	121,141	128,895	7,754	6.0%	91,907	(29,234)	(31.8%)
313	551	238	43.2%	935	622	66.5%	1,010	2,204	1,194	54.2%	4,079	3,068	75.2%
1,817	2,055	238	11.6%	1,828	12	0.6%	7,328	8,221	893	10.9%	8,013	684	8.5%
7,058	4,754	(2,304)	(48.5%)	6,197	(861)	(13.9%)	19,447	19,016	(431)	(2.3%)	24,586	5,139	20.9%
6,542	6,425	(117)	(1.8%)	7,136	594	8.3%	27,806	25,700	(2,107)	(8.2%)	32,583	4,777	14.7%
1,968	2,466	498	20.2%	2,473	505	20.4%	8,234	9,866	1,632	16.5%	10,791	2,557	23.7%
1,063	1,151	88	7.7%	940	(124)	(13.2%)	4,293	4,605	312	6.8%	4,641	348	7.5%
1,140	985	(155)	(15.7%)	2,785	1,645	59.1%	2,992	3,940	949	24.1%	6,596	3,604	54.6%
941	1,002	61	6.1%	-	(941)	0.0%	3,758	4,010	251	6.3%	-	(3,758)	0.0%
13,737	11,857	(1,881)	(15.9%)	-	(13,737)	0.0%	41,086	47,428	6,341	13.4%	-	(41,086)	0.0%
1,100	1,208	108	8.9%	-	(1,100)	0.0%	4,324	4,833	509	10.5%	-	(4,324)	0.0%
6,281	5,782	(499)	(8.6%)	-	(6,281)	0.0%	19,235	23,130	3,895	16.8%	-	(19,235)	0.0%
6,942	7,067	126	1.8%	-	(6,942)	0.0%	26,449	28,269	1,821	6.4%	-	(26,449)	0.0%
11,647	17,387	5,740	33.0%	-	(11,647)	0.0%	35,443	69,549	34,107	49.0%	-	(35,443)	0.0%
4,218	4,530	312	6.9%	8,285	4,067	49.1%	16,552	18,119	1,567	8.6%	24,228	7,676	31.7%
747	1,439	691	48.0%	2,012	1,264	62.8%	4,078	5,755	1,677	29.1%	8,416	4,338	51.5%
1,537	1,188	(349)	(29.4%)	17,262	15,725	91.1%	5,508	4,751	(757)	(15.9%)	59,423	53,915	90.7%
745	681	(64)	(9.4%)	434	(312)	(71.9%)	3,205	2,724	(481)	(17.7%)	1,696	(1,509)	(89.0%)
1,324	1,607	283	17.6%	1,695	371	21.9%	4,954	6,429	1,475	22.9%	4,665	(290)	(6.2%)
187	207	19	9.4%	382	195	51.0%	749	827	78	9.5%	2,195	1,446	65.9%
99,448	104,979	5,531	5.3%	103,862	4,414	4.3%	358,670	419,916	61,246	14.6%	285,175	(73,494)	(25.8%)
436,045	434,625	(1,420)	(0.3%)	467,129	31,084	6.7%	1,720,050	1,774,105	54,055	3.0%	1,744,839	24,788	1.4%
\$ 291,751	\$ (73,580)	\$ 365,331	(496.5%)	\$ (258,424)	\$ 550,175	(212.9%)	\$ (395,444)	\$ (929,893)	\$ 534,449	(57.5%)	\$ (937,505)	\$ 542,061	(57.8%)
(16,646)	-	16,646	0.0%	12,780	29,427	230.2%	-	-	-	0.0%	12,780	12,780	100.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ -	\$ 71,000	\$ 71,000	100.0%	\$ -	\$ -	0.0%	\$ 693,123	\$ 917,000	\$ 223,877	24.4%	\$ -	\$ (693,123)	0.0%

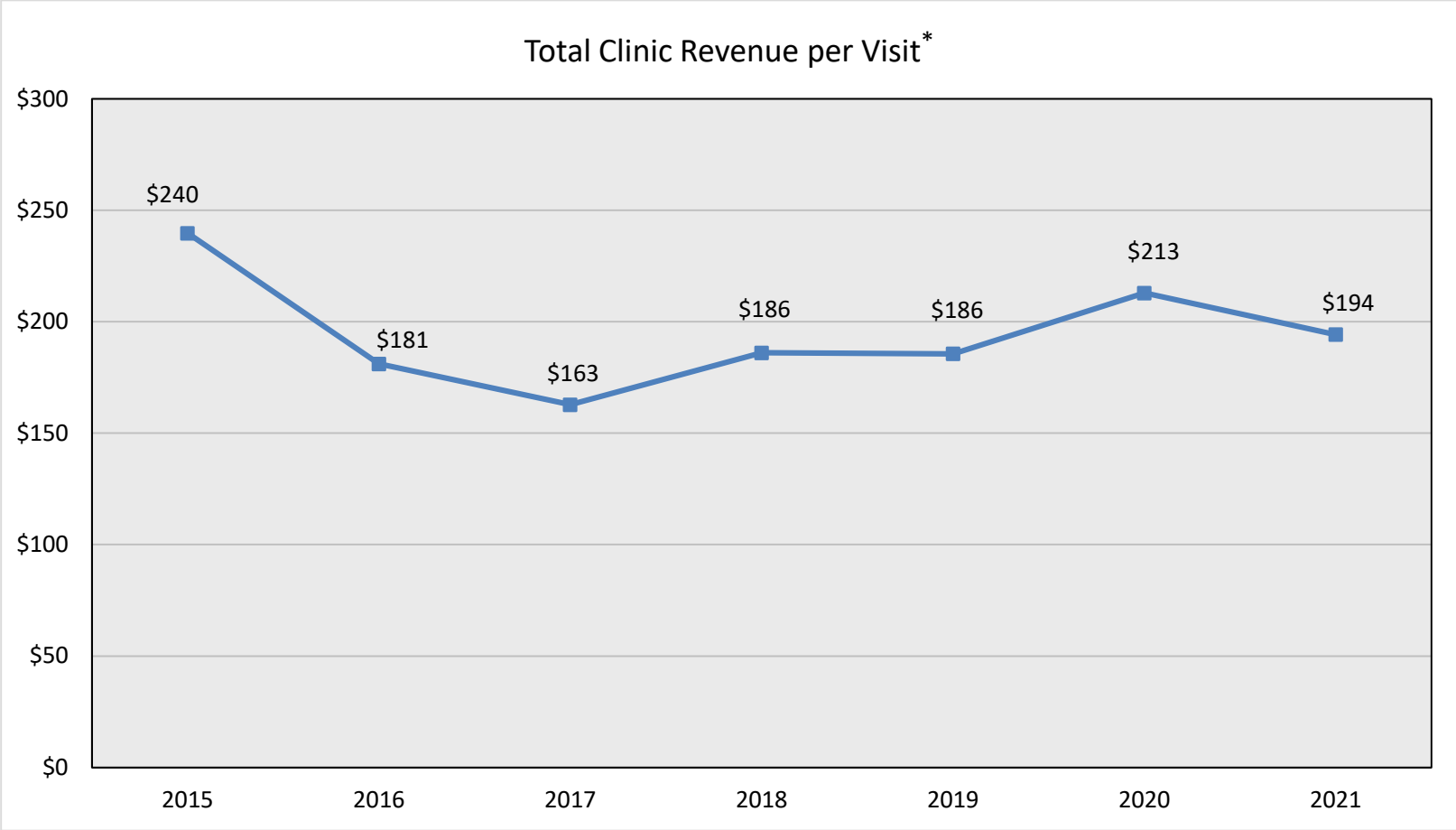


Clinic Visits - Adults and Pediatrics	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Current Year	Current YTD	%Var to	Prior Year	
													Total	Budget	Budget	Total	
West Palm Beach	1,227	929	1,068	836									4,060	2,145	89.3%	6,851	
Delray	1,061	883	989	776									3,709	2,382	55.7%	4,556	
Lantana	1,738	1,282	1,379	1,374									5,773	6,092	(5.2%)	6,939	
Belle Glade	616	395	661	451									2,123	1,651	28.6%	3,455	
Lewis Center	786	695	807	662									2,950	616	378.9%	996	
Lake Worth & Women's Health Care	1,153	979	958	907									3,997	2,551	56.7%	5,272	
Jupiter Clinic	602	407	468	450									1,927	1,378	39.8%	2,017	
West Boca & Women's Health Care	786	679	730	641									2,836	1,410	101.1%	3,204	
Mobile Van	16	-	-	1									17	52	(67.3%)	532	
Mobile 2 Clinic	-	-	-	-									-	52	(100.0%)		
Mobile 3 Hero	-	-	-	-									-	52	(100.0%)		
Mangonia Park	259	203	198	224									884	331		205	
Mangonia Park-Substance	-	-	-	-									-	439	(100.0%)	1,874	
<b>Total Clinic Visits</b>	<b>8244</b>	<b>6,452</b>	<b>7,258</b>	<b>6,322</b>	-	-	-	-	-	-	-	-	<b>28,276</b>	<b>18,716</b>	<b>51.1%</b>	<b>35,696</b>	
<b>Dental Visits</b>																	
West Palm Beach	467	334	427	172									1,400	1,672	(16.3%)	3,444	
Lantana	447	358	473	466									1,744	2,386	(26.9%)	2,314	
Delray	-	-	-	-									-	1,201	(100.0%)	2,369	
Belle Glade	-	-	-	2									2	622	(99.7%)	1,330	
<b>Total Dental Visits</b>	<b>914</b>	<b>692</b>	<b>900</b>	<b>640</b>	-	-	-	-	-	-	-	-	<b>3,146</b>	<b>5,881</b>	<b>(46.5%)</b>	<b>9,457</b>	
<b>Total Medical and Dental Visits</b>	<b>9158</b>	<b>7,144</b>	<b>8,158</b>	<b>6,962</b>	-	-	-	-	-	-	-	-	<b>31,422</b>	<b>24,597</b>	<b>27.7%</b>	<b>45,153</b>	
<b>Key Ratios</b>																	
Collection Ratio																	14%
Bad debt write off as a percentage of total billing																	0%
Collections per visit																	4,471
Charges Per Visit																	170
Percentage of A/R less than 120 days																	64%
Days in AR																	69
<b>Mental Health Counselors (non-billable)</b>																	
West Palm Beach	-	2	-	1									3	235	(98.7%)	614	
Delray	60	41	22	1									124	241	(48.5%)	334	
Lantana	-	36	2	-									38	859	(95.6%)	2,248	
Belle Glade	26	18	41	21									106	108	(1.9%)	434	
Mangonia Park	458	205	225	214									1,102	377	192.3%	890	
Lewis Center	308	381	544	678									1,911	329	480.9%	806	
Lake Worth	12	-	1	-									13	263	(95.1%)	705	
Jupiter	-	-	-	-									-	-	0.0%	-	
West Boca	-	-	-	-									-	-	0.0%	5	
Mobile Van	-	-	-	-									-	126	(100.0%)	288	
<b>Total Mental Health Screenings</b>	<b>864</b>	<b>683</b>	<b>835</b>	<b>915</b>	-	-	-	-	-	-	-	-	<b>3,297</b>	<b>2,538</b>	<b>29.9%</b>	<b>6,324</b>	

### Primary Care Clinics Funding Sources



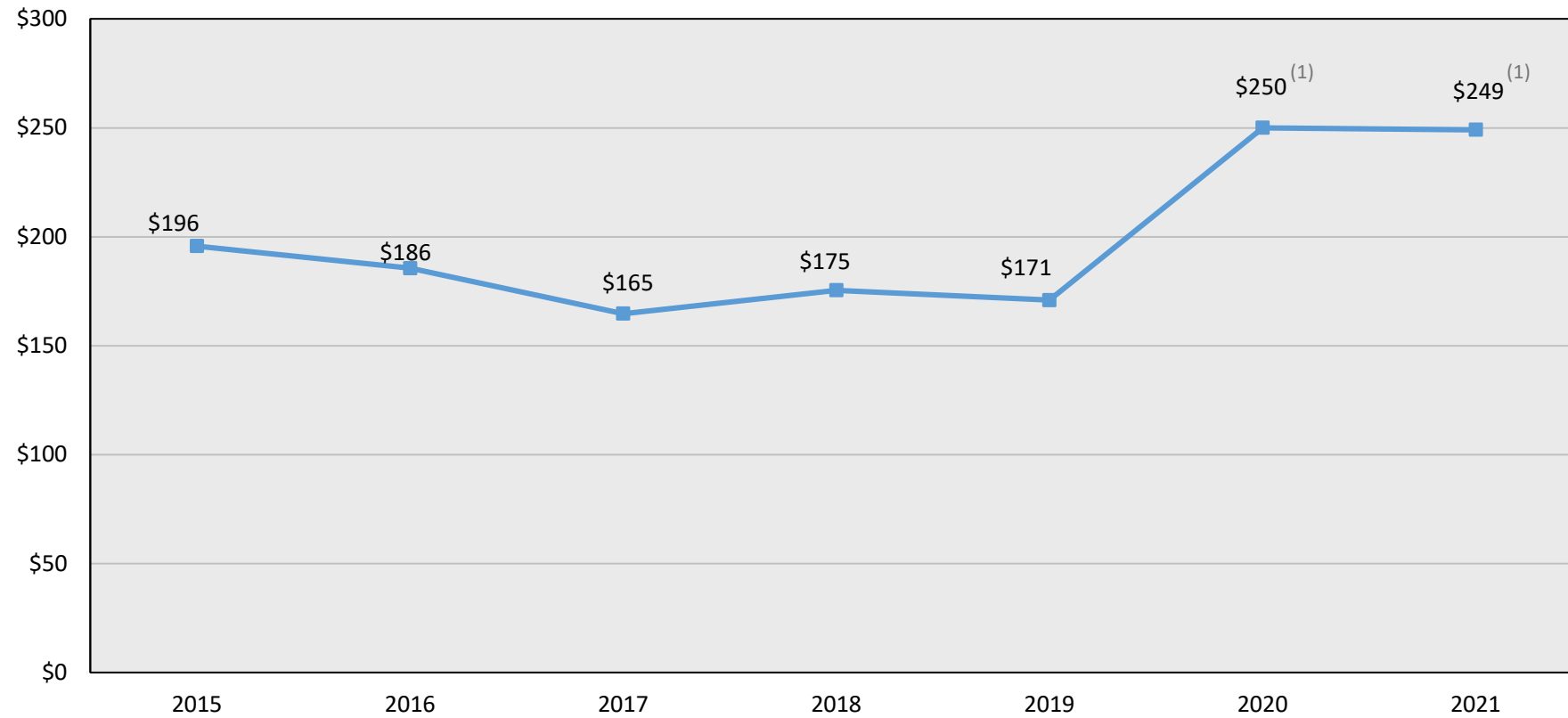
Fiscal YTD January 2021 Total Revenues \$11,373,004



\* Based on total medical and dental visits



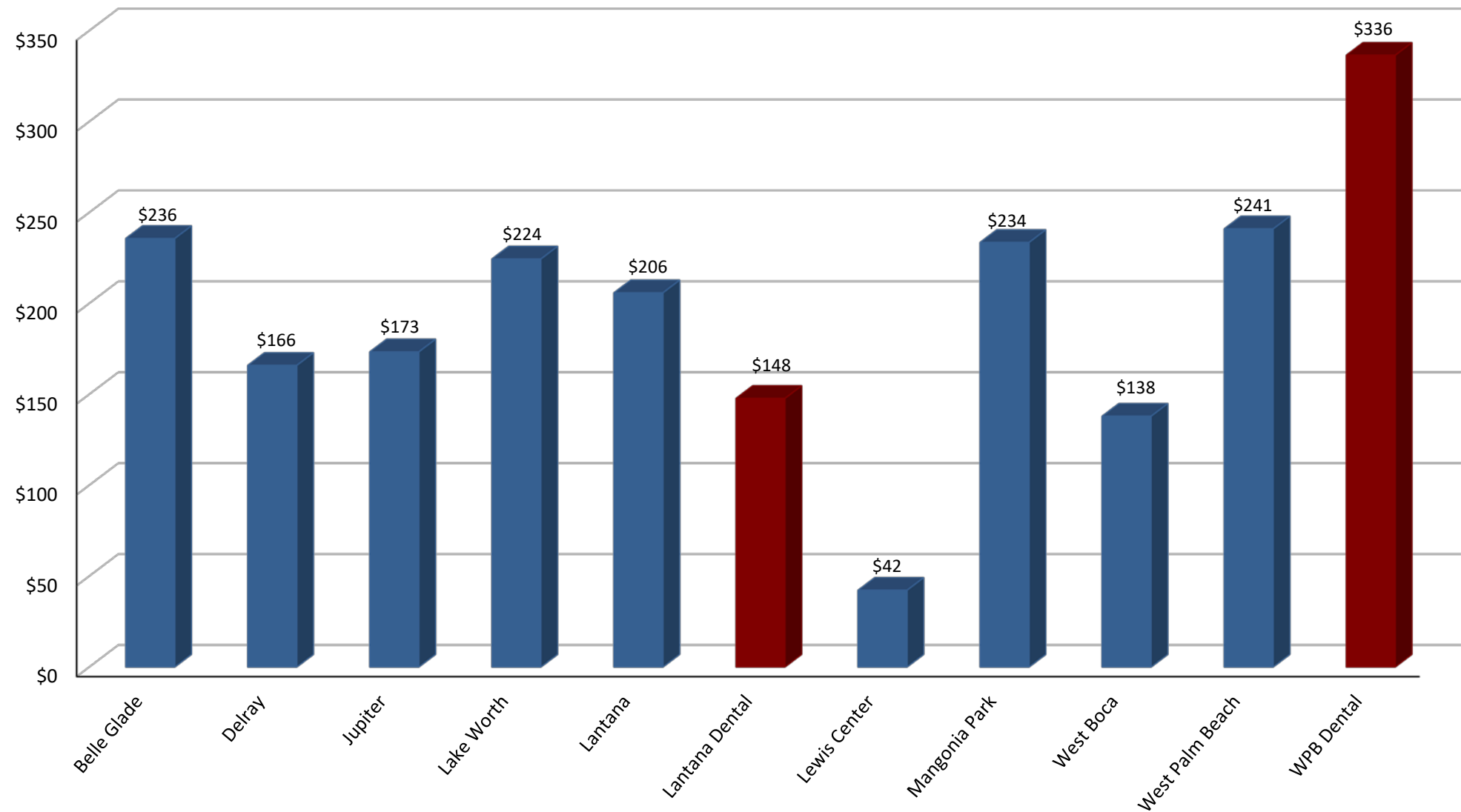
### Total Clinic Operating Expense per Visit\*



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

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

Total Operating Expenses per Visit by Clinic



\*Based on Fiscal Year-to-Date January 2021 total operating expenses

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**February 24, 2021**

**1. Description: Federal Poverty Guidelines & Update to Sliding Fee Scales**

**2. Summary:**

This agenda item provides the updated C. L. Brumback Primary Care Clinics Federal Poverty Guideline Updates and corresponding scales.

**3. Substantive Analysis:**

The updated Federal Poverty Guidelines and corresponding updated scales are also included.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
 VP & Chief Financial Officer

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

N/A

\_\_\_\_\_  
 Committee Name

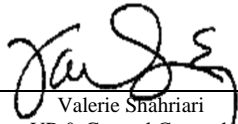
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 Date Approved

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**February 24, 2021**

**6. Recommendation:**

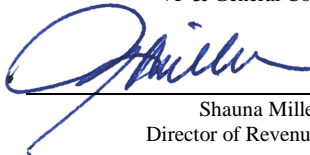
Staff recommends the Board Approve the updated Sliding Fee Scales.

Approved for Legal sufficiency:



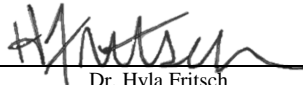
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Valerie Shahrari  
VP & General Counsel



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Shauna Miller  
Director of Revenue Cycle



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

that have engineered sharps injury protections as described in the Needlestick Safety and Prevention Act, Public Law 106–430, 114 Stat. 1901 (Nov. 6, 2000) and Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.1030, Bloodborne Pathogens.”

A copy of the Notice of the March 25 Designation, including the above modifications and those included in the June 30, 2020 and July 30, 2020 notices is provided below and also can be found on HHS’s website.

**Notice of Designation of Scarce Materials or Threatened Materials**

Health or medical resources, or any of their essential components, determined by the Secretary of HHS to be needed to respond to the spread of COVID–19 and which are, or are likely to be, in short supply (scarce materials) or the supply of which would be threatened by hoarding (threatened materials). Designated scarce materials or threatened materials are subject to periodic review by the Secretary.

The following materials are designated pursuant to section 102 of the Defense Production Act (50 U.S.C. 4512) and Executive Order 13190 of March 23, 2020 (Preventing Hoarding of Health and Medical Resources to Respond to the Spread of COVID–19) as scarce materials or threatened materials:

1. N–95 Filtering Facepiece Respirators, including devices that are disposable half-face-piece non-powered air-purifying particulate respirators intended for use to cover the nose and mouth of the wearer to help reduce wearer exposure to pathogenic biological airborne particulates
2. Other Filtering Facepiece Respirators (e.g., those designated as N99, N100, R95, R99, R100, or P95, P99, P100), including single-use, disposable half-mask respiratory protective devices that cover the user’s airway (nose and mouth) and offer protection from particulate materials at or greater than an N95 filtration efficiency level per 42 CFR 84.181.
3. Elastomeric, air-purifying respirators and appropriate particulate filters/cartridges
4. Powered Air Purifying Respirators (PAPR)
5. Portable Ventilators, including portable devices intended to mechanically control or assist patient breathing by delivering a predetermined percentage of oxygen in the breathing gas
6. Sterilization services for any device as defined in section 201(h) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and sterilizers as defined in

21 CFR 880.6860, 880.6870, and 880.6880, including devices that already have FDA marketing authorization and those that do not have FDA marketing authorization but are intended for the same uses, or are authorized by FDA under section 564 of the FD&C Act for purposes of decontamination

7. Disinfecting devices intended to kill pathogens and other kinds of microorganisms by chemical means or physical means, including those defined in 21 CFR 876.1500, 880.6992, and 892.1570 and other sanitizing and disinfecting products suitable for use in a clinical setting

8. Medical gowns or apparel, e.g., surgical gowns or isolation gowns

9. Personal protective equipment (PPE) coveralls, e.g., Tyvek Suits

10. Face masks, including any masks that cover the user’s nose and mouth and may or may not meet fluid barrier or filtration efficiency levels

11. Surgical masks, including masks that covers the user’s nose and mouth and provides a physical barrier to fluids and particulate materials

12. PPE face shields, including those defined at 21 CFR 878.4040 and those intended for the same purpose

13. PPE gloves or surgical gloves, including those defined at 21 CFR 880.6250 (exam gloves) and 878.4460 (surgical gloves) and such gloves intended for the same purposes

14. Ventilators, anesthesia gas machines modified for use as ventilators, and positive pressure breathing devices modified for use as ventilators (collectively referred to as “ventilators”), ventilator tubing connectors, and ventilator accessories as those terms are described in FDA’s March 2020 Enforcement Policy for Ventilators and Accessories and Other Respiratory Devices During the Coronavirus Disease 2019 (COVID–19) Public Health Emergency located at <https://www.fda.gov/media/136318/> download.

15. Laboratory reagents and materials used for isolation of viral genetic material and testing, such as transport media, collection swabs, test kits and reagents specific to those kits, and consumables such as plastic pipette tips and plastic tubes

16. Drug products currently recommended by the NIH COVID–19 Treatment Guidelines Panel, including (as of July 30, 2020) remdesivir and dexamethasone

17. Alcohol-based (over 60 percent) hand sanitizer and rubs.

18. Syringes and hypodermic needles (whether distributed separately or attached together) generally used in the

United States for vaccinations that are either:

(i) Piston syringes in 1 ml or 3 ml sizes that allow for the controlled and precise flow of liquid as described by 21 CFR 880.5860, that are compliant with ISO 7886–1:2017 and use only Current Good Manufacturing Practices (CGMP) processes; or

(ii) Hypodermic single lumen needles between 1” and 1.5” and 22 to 25 gauge between 1” and 1.5” and 22 to 25 gauge that have engineered sharps injury protections as described in the Needlestick Safety and Prevention Act, Public Law 106–430, 114 Stat. 1901 (Nov. 6, 2000) and OSHA standard 29 CFR 1910.1030, Bloodborne Pathogens.”

**Authority:** The authority for this Notice is Executive Order 13910 and section 102 of the Defense Production Act of 1950, 50 U.S.C. 4512, as amended.

**Norris Cochran,**  
*Acting Secretary, Department of Health and Human Services.*

[FR Doc. 2021–02102 Filed 1–29–21; 8:45 am]

**BILLING CODE 4150–37–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Annual Update of the HHS Poverty Guidelines**

**AGENCY:** Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year’s increase in prices as measured by the Consumer Price Index.

**DATES:** *Applicable:* January 13, 2021 unless an office administering a program using the guidelines specifies a different effective date for that particular program.

**ADDRESSES:** Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 404E.3, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 795-7309—or visit <http://aspe.hhs.gov/poverty/>.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283. You also may visit <https://www.uscis.gov/i-864>.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Health Resources and Services Administration Information Center at 1-800-638-0742. You also may visit <https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html>.

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's website at <https://www.census.gov/topics/income-poverty/poverty.html> or contact the Census Bureau's Customer Service Center at 1-800-923-8282 (toll-free) or visit <https://ask.census.gov> for further information.

**SUPPLEMENTARY INFORMATION:**

**Background**

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by Medicaid and a number of other Federal programs. The *poverty guidelines* issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2021 notice reflect the 1.2 percent price increase between calendar years 2019 and 2020. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the

differences between family sizes. In rare circumstances, the rounding and standardizing adjustments in the formula result in small decreases in the poverty guidelines for some household sizes even when the inflation factor is not negative. In cases where the year-to-year change in inflation is not negative and the rounding and standardizing adjustments in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for the affected household sizes are fixed at the prior year's guidelines. As in prior years, these 2021 guidelines are roughly equal to the poverty thresholds for calendar year 2020 which the Census Bureau expects to publish in final form in September 2021.

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

**2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

Persons in family/household	Poverty guideline
1 .....	\$12,880
2 .....	17,420
3 .....	21,960
4 .....	26,500
5 .....	31,040
6 .....	35,580
7 .....	40,120
8 .....	44,660

For families/households with more than 8 persons, add \$4,540 for each additional person.

**2021 POVERTY GUIDELINES FOR ALASKA**

Persons in family/household	Poverty guideline
1 .....	\$16,090
2 .....	21,770
3 .....	27,450
4 .....	33,130
5 .....	38,810
6 .....	44,490
7 .....	50,170
8 .....	55,850

For families/households with more than 8 persons, add \$5,680 for each additional person.

**2021 POVERTY GUIDELINES FOR HAWAII**

Persons in family/household	Poverty guideline
1 .....	\$14,820
2 .....	20,040
3 .....	25,260
4 .....	30,480
5 .....	35,700
6 .....	40,920
7 .....	46,140
8 .....	51,360

For families/households with more than 8 persons, add \$5,220 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the “OMB” (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the **Federal Register** by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

Some federal programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities also may choose to use a percentage multiple of the guidelines.

The poverty guidelines do not make a distinction between farm and non-farm families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged

and non-aged one-person and two-person units.)

This notice does not provide definitions of such terms as “income” or “family” as there is considerable variation of these terms among programs that use the poverty guidelines. The legislation or regulations governing each program define these terms and determine how the program applies the poverty guidelines. In cases where legislation or regulations do not establish these definitions, the entity that administers or funds the program is responsible to define such terms as “income” and “family.” Therefore questions such as net or gross income, counted or excluded income, or household size should be directed to the entity that administers or funds the program.

**Norris Cochran,**

*Acting Secretary, Department of Health and Human Services.*

[FR Doc. 2021-01969 Filed 1-29-21; 8:45 am]

**BILLING CODE 4150-05-P**

## DEPARTMENT OF THE INTERIOR

### National Park Service

[NPS-WASO-NRNL-DTS#-31404;  
PPWOCRADIO, PCU00RP14.R50000]

### National Register of Historic Places; Notification of Pending Nominations and Related Actions

**AGENCY:** National Park Service, Interior.

**ACTION:** Notice.

**SUMMARY:** The National Park Service is soliciting electronic comments on the significance of properties nominated before January 16, 2021, for listing or related actions in the National Register of Historic Places.

**DATES:** Comments should be submitted electronically by February 16, 2021.

**ADDRESSES:** Comments are encouraged to be submitted electronically to *National\_Register\_Submissions@nps.gov* with the subject line “Public Comment on <property or proposed district name, (County) State>.” If you have no access to email you may send them via U.S. Postal Service and all other carriers to the National Register of Historic Places, National Park Service, 1849 C Street NW, MS 7228, Washington, DC 20240.

**SUPPLEMENTARY INFORMATION:** The properties listed in this notice are being considered for listing or related actions in the National Register of Historic Places. Nominations for their consideration were received by the National Park Service before January 16,

2021. Pursuant to Section 60.13 of 36 CFR part 60, comments are being accepted concerning the significance of the nominated properties under the National Register criteria for evaluation.

Before including your address, phone number, email address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. While you can ask us in your comment to withhold your personal identifying information from public review, we cannot guarantee that we will be able to do so.

Nominations submitted by State or Tribal Historic Preservation Officers:

### DISTRICT OF COLUMBIA

#### District of Columbia

Annie’s Paramount Steakhouse, 1519 and 1609-1611 17th St. NW, Washington, SG100006178

### GEORGIA

#### Fulton County

Sperry & Hutchinson Company Warehouse, 2181 Sylvan Rd., East Point, SG100006164

### IOWA

#### Henry County

Schantz, Christian K. and Margaret (Rich), House and Carpentry Shop, 116 West 2nd St., Wayland, SG100006173

#### Scott County

WOC Broadcasting Center, 805 Brady St., Davenport, SG100006171

### MISSISSIPPI

#### Hinds County

Falk, Meyer and Genevieve, House, 2037 Eastbourne Pl., Jackson, SG100006163

#### Lafayette County

Abbeville Colored School, West side of Cty. Rd., 115, Abbeville vicinity, SG100006175

### MISSOURI

#### Cole County

J.B. Bruns Shoe Co. Building, 627 West McCarty St., Jefferson City, SG100006167

#### St. Louis Independent City

Goodwill Building, 4140 Forest Park Ave., St. Louis, SG100006165

### OHIO

#### Allen County

J.M. Sealts Company Warehouse Building, The 330 North Central Ave., Lima, SG100006179

### PENNSYLVANIA

#### Allegheny County

Riverview Park, Roughly bounded by Woods Run Ave., Mairdale Ave., Perrysville Ave., and Kilbuck St., Pittsburgh, SG100006181

### VERMONT

#### Bennington County

Norton, Julius and Sophia, House, 300 Pleasant St., Bennington, SG100006180

### VIRGINIA

#### Lunenburg County

Woodburn, 673 Meherrin River Rd., Chase City vicinity, SG100006177

#### Williamsburg Independent City

College Terrace Historic District, 600 and 700 blks. of College Ter. and Richmond Rd., Williamsburg, SG100006176

Additional documentation has been received for the following resources:

### IOWA

#### Clayton County

McGregor Commercial Historic District (Additional Documentation), (Iowa’s Main Street Commercial Architecture MPS), A and 1st Sts. between Main and intersection of A and 1st Sts., McGregor, AD02001033

#### Keokuk County

Saints Peter and Paul Roman Catholic Church Historic District (Additional Documentation), 30748-30832 242nd St., Harper vicinity, AD86002277

A request for removal has been made for the following resource:

### NEVADA

#### Elko County

Lamoille Organization Camp, Right Fork of Lamoille Creek, end of FS Rd. 122, Ruby Mountains Ranger District, Humboldt—Toiyabe NF, Lamoille vicinity, OT07000553

**Authority:** Section 60.13 of 36 CFR part 60.

Dated: January 21, 2021.

**Sherry A. Frear,**

*Chief, National Register of Historic Places/  
National Historic Landmarks Program.*

[FR Doc. 2021-02056 Filed 1-29-21; 8:45 am]

**BILLING CODE 4312-52-P**

## INTERNATIONAL TRADE COMMISSION

[Investigation Nos. 701-TA-528-529 and  
731-TA-1264-1268 (Review)]

### Certain Uncoated Paper From Australia, Brazil, China, Indonesia, and Portugal; Institution of Five-Year Reviews

**AGENCY:** United States International Trade Commission.

**ACTION:** Notice.

**SUMMARY:** The Commission hereby gives notice that it has instituted reviews pursuant to the Tariff Act of 1930 (“the Act”), as amended, to determine whether revocation of the countervailing duty orders on certain

**C.L. Brumback Primary Care Clinic  
 2021 SLIDING FEE SCALE - MEDICAL**

Family Size	≤ 100%	101% to 150%	151% to 175%	176% to 200%	Over 200%
1	\$12,880.00	\$12,880.01 - \$19,320.00	\$19,320.01 - \$22,540.00	\$22,540.01 - \$25,760.00	\$25,760.01
2	\$17,420.00	\$17,420.01 - \$26,130.00	\$26,130.01 - \$30,485.00	\$30,485.01 - \$34,840.00	\$34,840.01
3	\$21,960.00	\$21,960.01 - \$32,940.00	\$32,940.01 - \$38,430.00	\$38,430.01 - \$43,920.00	\$43,920.01
4	\$26,500.00	\$26,500.01 - \$39,750.00	\$39,750.01 - \$46,375.00	\$46,375.01 - \$53,000.00	\$53,000.01
5	\$31,040.00	\$31,040.01 - \$46,560.00	\$46,560.01 - \$54,320.00	\$54,320.01 - \$62,080.00	\$62,080.01
6	\$35,580.00	\$35,580.01 - \$53,370.00	\$53,370.01 - \$62,265.00	\$62,265.01 - \$71,160.00	\$71,160.01
7	\$40,120.00	\$40,120.01 - \$60,180.00	\$60,180.01 - \$70,210.00	\$70,210.01 - \$80,240.00	\$80,240.01
8	\$44,660.00	\$44,660.01 - \$69,990.00	\$69,990.01 - \$81,655.00	\$81,655.01 - \$93,320.00	\$93,320.01
For families/households with more than 8 persons, add \$4,540 for each additional person					

Federal Poverty Level	Nominal Charge
100% or below	\$20.00
Between 101% to 150%	\$40.00
Between 151% to 175%	\$60.00
Between 176% to 200%	\$80.00
Over 200%	No Discount

Based on 2021 Federal Poverty Guidelines published in the Federal Register- February 1, 2021

Discounted charges are per visit and will include lab orders and pharmacy.



**C.L. Brumback Primary Care Clinic  
 2021 SLIDING FEE SCALE - DENTAL**

Family Size	≤ 100%	101% to 150%	151% to 175%	176% to 200%	Over 200%
1	\$12,880.00	\$12,880.01 - \$19,320.00	\$19,320.01 - \$22,540.00	\$22,540.01 - \$25,760.00	\$25,760.01
2	\$17,420.00	\$17,420.01 - \$26,130.00	\$26,130.01 - \$30,485.00	\$30,485.01 - \$34,840.00	\$34,840.01
3	\$21,960.00	\$21,960.01 - \$32,940.00	\$32,940.01 - \$38,430.00	\$38,430.01 - \$43,920.00	\$43,920.01
4	\$26,500.00	\$26,500.01 - \$39,750.00	\$39,750.01 - \$46,375.00	\$46,375.01 - \$53,000.00	\$53,000.01
5	\$31,040.00	\$31,040.01 - \$46,560.00	\$46,560.01 - \$54,320.00	\$54,320.01 - \$62,080.00	\$62,080.01
6	\$35,580.00	\$35,580.01 - \$53,370.00	\$53,370.01 - \$62,265.00	\$62,265.01 - \$71,160.00	\$71,160.01
7	\$40,120.00	\$40,120.01 - \$60,180.00	\$60,180.01 - \$70,210.00	\$70,210.01 - \$80,240.00	\$80,240.01
8	\$44,660.00	\$44,660.01 - \$69,990.00	\$69,990.01 - \$81,655.00	\$81,655.01 - \$93,320.00	\$93,320.01
For families/households with more than 8 persons, add \$4,540 for each additional person					

Federal Poverty Level	Nominal Charge
100% or below	\$30.00
Between 101% to 150%	\$50.00
Between 151% to 175%	\$70.00
Between 176% to 200%	\$90.00
Over 200%	No Discount

Based on 2021 Federal Poverty Guidelines published in the Federal Register- February 1, 2021

Discounted charges are per visit and will include lab orders and pharmacy.

**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
FEBRUARY 24, 2020**

**1. Description: Change In Scope – Form 5B: C. L. Brumback Primary Care Clinics – South County Civic Center and South Florida Fairgrounds**

**2. Summary:**

We respectfully request the authorization to add two new temporary sites to Form 5B: C. L. Brumback Primary Care Clinics – South County Civic Center and South Florida Fairgrounds.

**3. Substantive Analysis:**

With demand for the COVID-19 vaccination rising, the C. L. Brumback Primary Care Clinics submitted a temporary change in scope to request 90-day provisional approval for both South County Civic Center and South Florida Fairgrounds to support outreach efforts.

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

	<b>Amount</b>	<b>Budget</b>
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

\_\_\_\_\_  
Tony Colby  
Interim VP & Chief Financial Officer

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

N/A

\_\_\_\_\_  
Committee Name


\_\_\_\_\_  
Date Approved

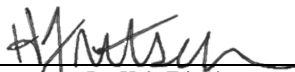
**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**FEBRUARY 24, 2020**

**6. Recommendation:**

Staff recommends the Board approve our request for a temporary Change in Scope to add new sites to Form 5B: C. L. Brumback Primary Care Clinics – South County Civic Center and South Florida Fairgrounds.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Shanriari  
VP & General Counsel

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**February 24, 2021**

**1. Description: Executive Director Informational Update**

**2. Summary:**

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

- Uniform Data System (UDS)
- North County COVID-19 Temporary Vaccination Site

**3. Substantive Analysis:**

**Uniform Data System (UDS)**

We submitted our annual UDS report on 10Feb2021 and are awaiting comments from our reviewer.

**North County COVID-19 Temporary Vaccination Site**

We began administering the vaccine mid-December to employees and patients over the age of 65. We have also been prioritizing special populations.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
 Tony Colby  
 Chief Financial Officer

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

N/A

\_\_\_\_\_  
 Committee Name

\_\_\_\_\_  
 Date Approved


**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**February 24, 2021**

**6. Recommendation:**

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

Approved for Legal sufficiency:

  
Valerie Shanriari  
General Counsel

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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**FEBRUARY 24, 2021**

**1. Description: Licensed Independent Practitioner Credentialing and Privileging**

**2. Summary:**

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

**3. Substantive Analysis:**

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Casanova	Jennifer	APRN	Nurse Practitioner	Recredentialing

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

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

Jennifer Casanova, APRN joined the Lake Worth Clinic in 2019 as a Nurse Practitioner specializing in Family Medicine. She attended Nova Southeastern University School of Medicine and is certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. Casanova has been in practice for four years.

**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
FEBRUARY 24, 2021**

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

	<b>Amount</b>	<b>Budget</b>
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  
\_\_\_\_\_  
Tony Colby  
Interim VP & Chief Financial Officer

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


N/A  
\_\_\_\_\_  
Committee Name


\_\_\_\_\_  
Date Approved


**6. Recommendation:**

Staff recommends the Board approve the Recredentialing and privileging of Jennifer Casanova, APRN, Family Nurse Practitioner.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Shahriari  
VP & General Counsel

  
\_\_\_\_\_  
Dr. Charmaine Chibar  
FQHC Medical Director

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

**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
FEBRUARY 24, 2021**

**1. Description: Operations Reports – December 2020**

**2. Summary:**

This agenda item provides the following operations reports for December 2020:

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

**3. Substantive Analysis:**

In December, we had 8,449 visits which is up from the month prior, and all clinic locations except Lewis Center and Mangonia did not reach the same volume of visits as in 2019. Our payer mix for the year to date remains at 58% uninsured and the remainder have Medicaid, Medicare, or private coverage. Productivity targets for in-person visits were almost met for pediatrics and OB/Gyn but fall slightly short. Telehealth visits make up 27% of all visits. By clinic location, Lewis Center, Lantana, Boca and West Palm Beach all met their targets for in person visits and Boca met their target for telehealth visits.

The No Show rate December was higher than November at almost 29%. Telehealth No Show rates remain low compared to in-person visits. In comparison, the year to date No Show rate is also 24%, of which in-person visits making up 84%.

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

	<b>Amount</b>	<b>Budget</b>
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:**



**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
FEBRUARY 24, 2021**

N/A


\_\_\_\_\_  
Committee Name

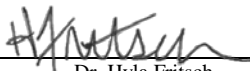
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Date Approved

**6. Recommendation:**

Staff recommends the Board Approve the Operations Reports for December 2020.

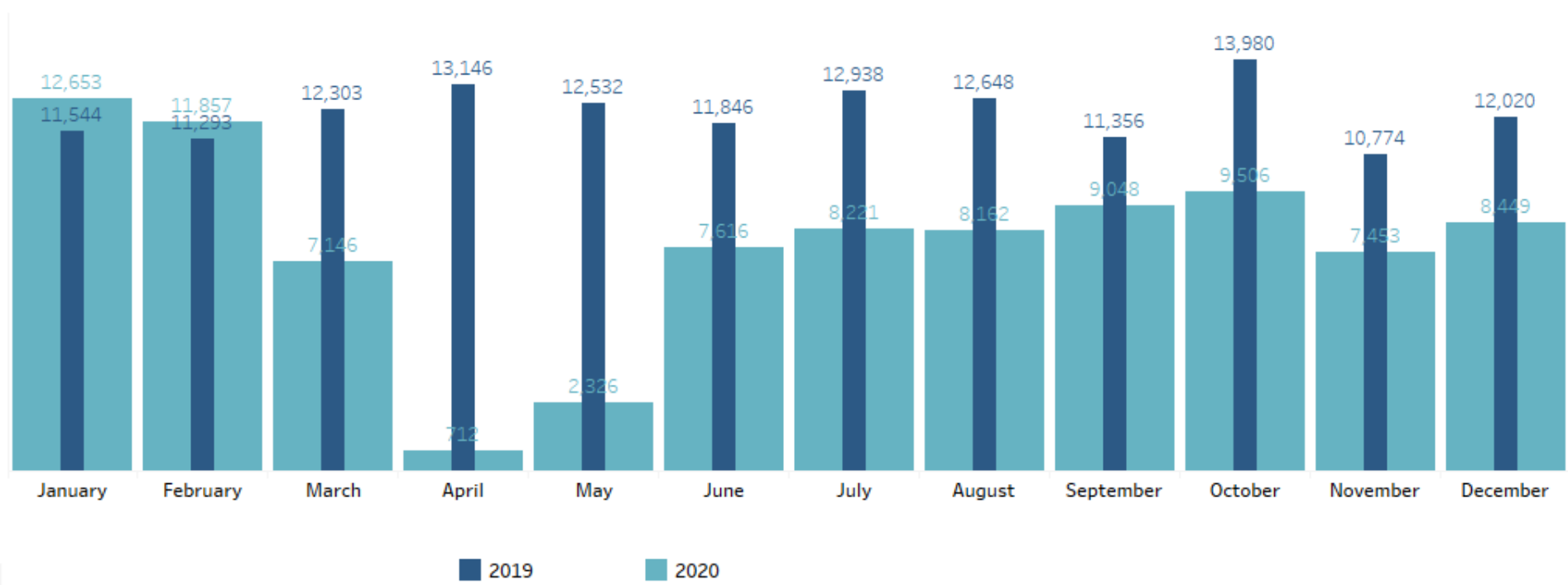
Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Stanfari  
VP & General Counsel

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

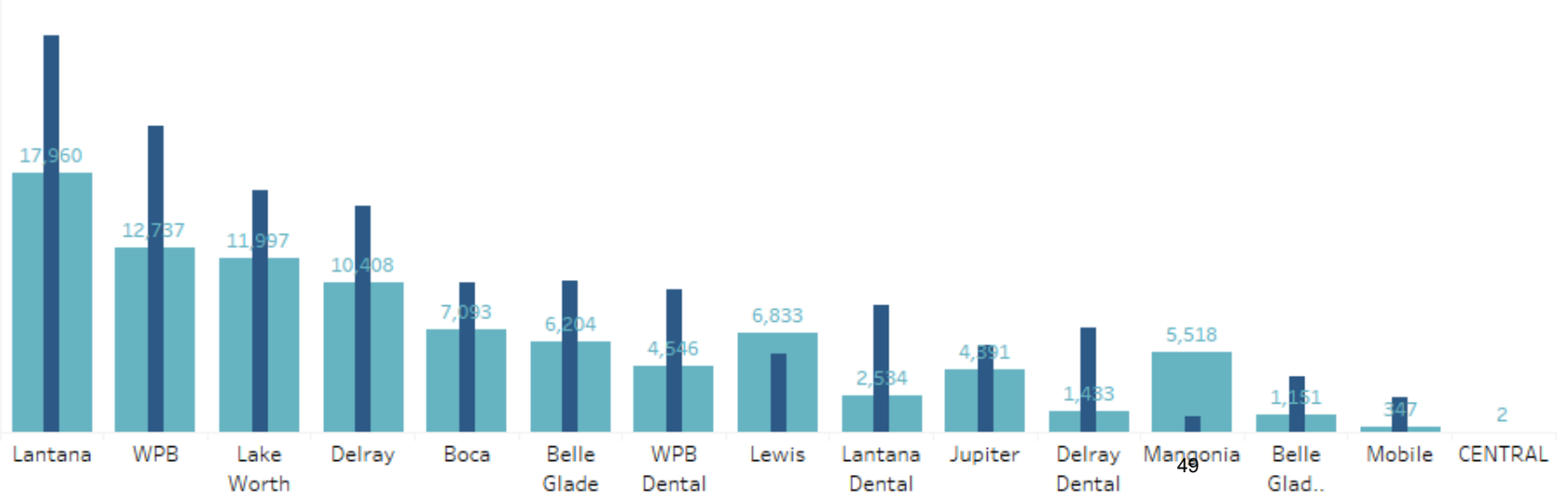
**2020 Visits**  
**93,149**

Service Date  
 1/1/2019 to 12/31/2020

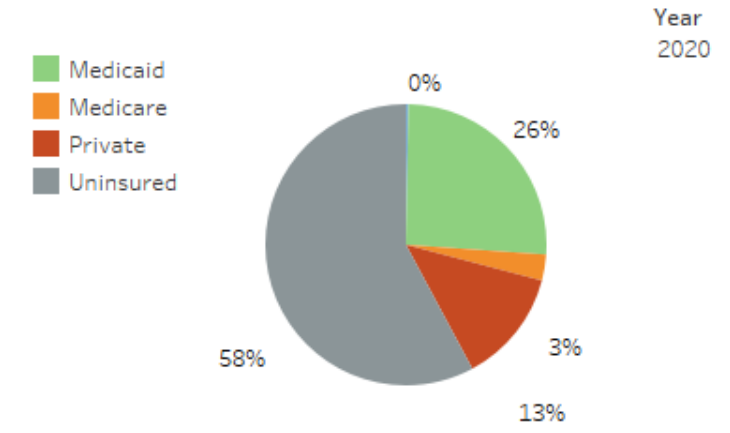


- In Person
- Tele Health
- Adult
- Adult/Peds
- Behavioral Health
- Dental
- OB/GYN
- Pediatric
- Substance Abuse

Adult/Peds = Residents



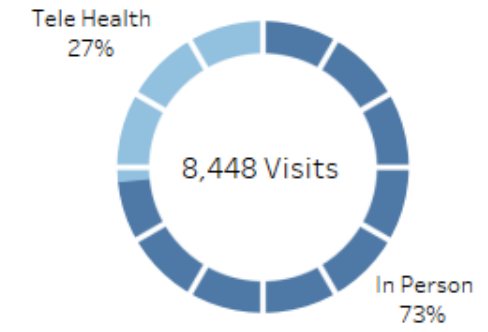
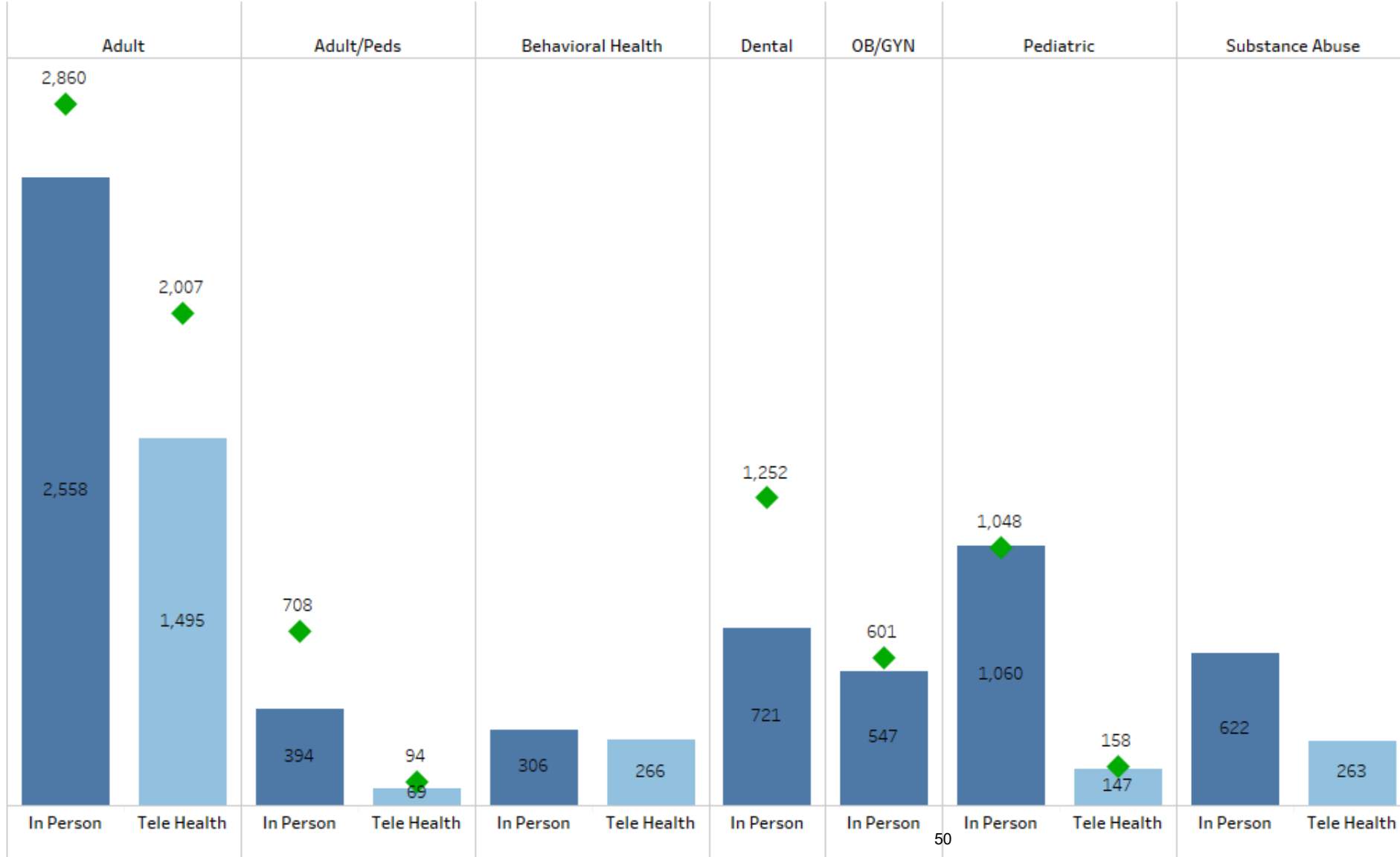
**Payer Mix**



Year  
 2020

## Productivity by Category

■ In Person   ■ Tele Health   ◆ Target

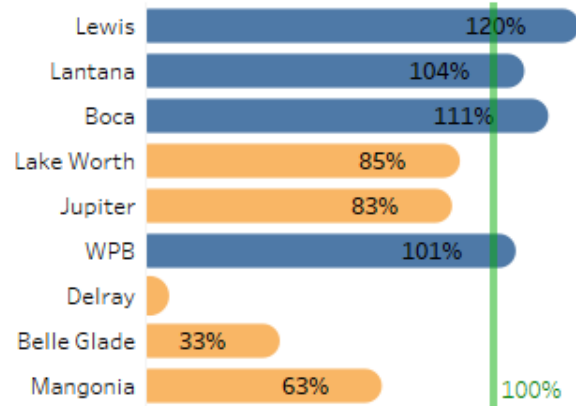


	In Person	Tele Health	Grand Total
Adult	2,558	1,495	4,053
Adult/Peds	394	69	463
Behavioral Health	306	266	572
Dental	721		721
OB/GYN	547		547
Pediatric	1,060	147	1,207
Substance Abuse	622	263	885
<b>Total Visits</b>	<b>6,208</b>	<b>2,240</b>	<b>8,448</b>

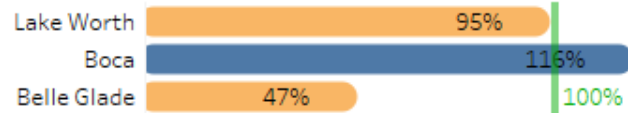
■ Met ■ Not Met

In Person Encounters

Adult



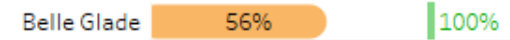
Women's Health



Behavioral Health



Adult/Peds (Residents)



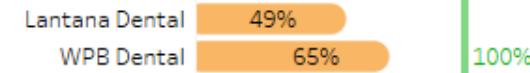
Pediatric



Substance Abuse

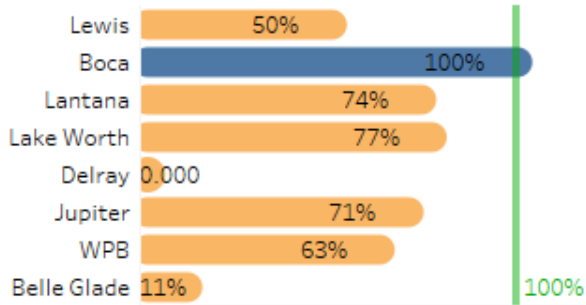


Dental



Tele Health Encounters

Adult

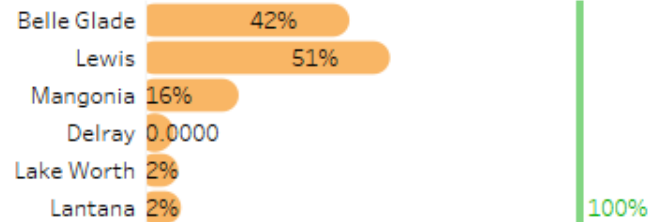


Women's Health

Pediatric



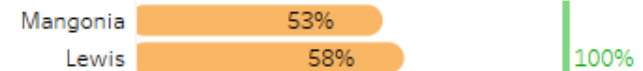
Behavioral Health



Adult/Peds (Residents)

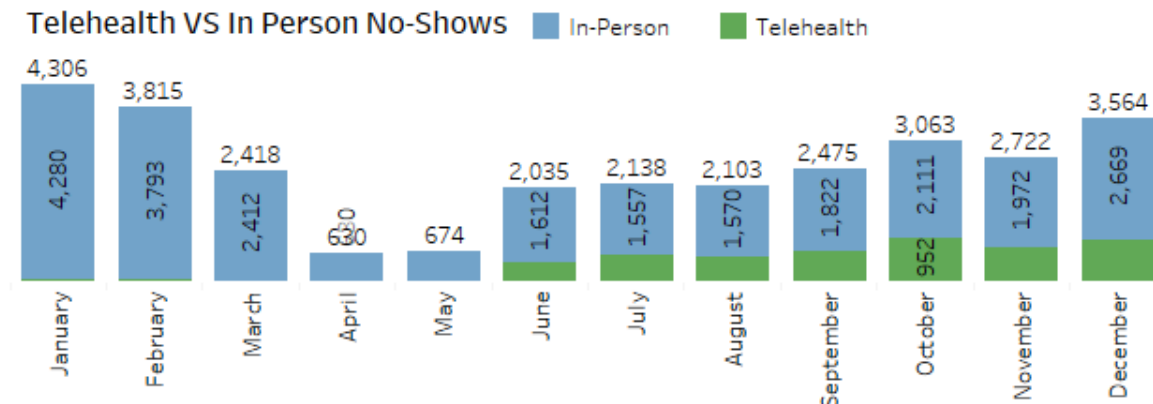
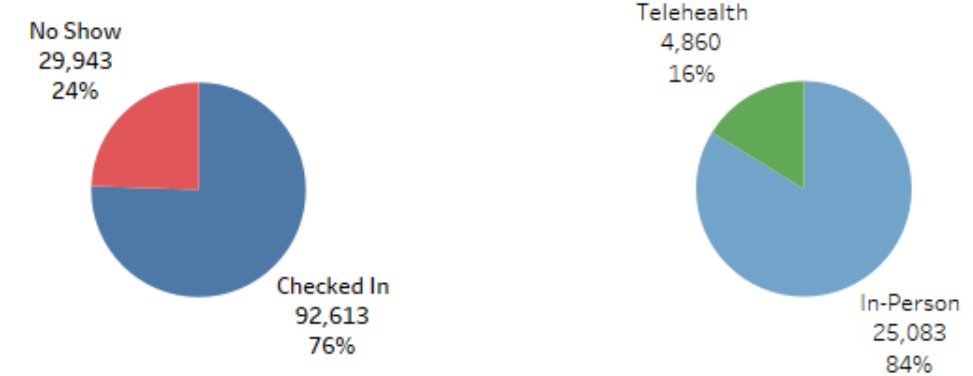
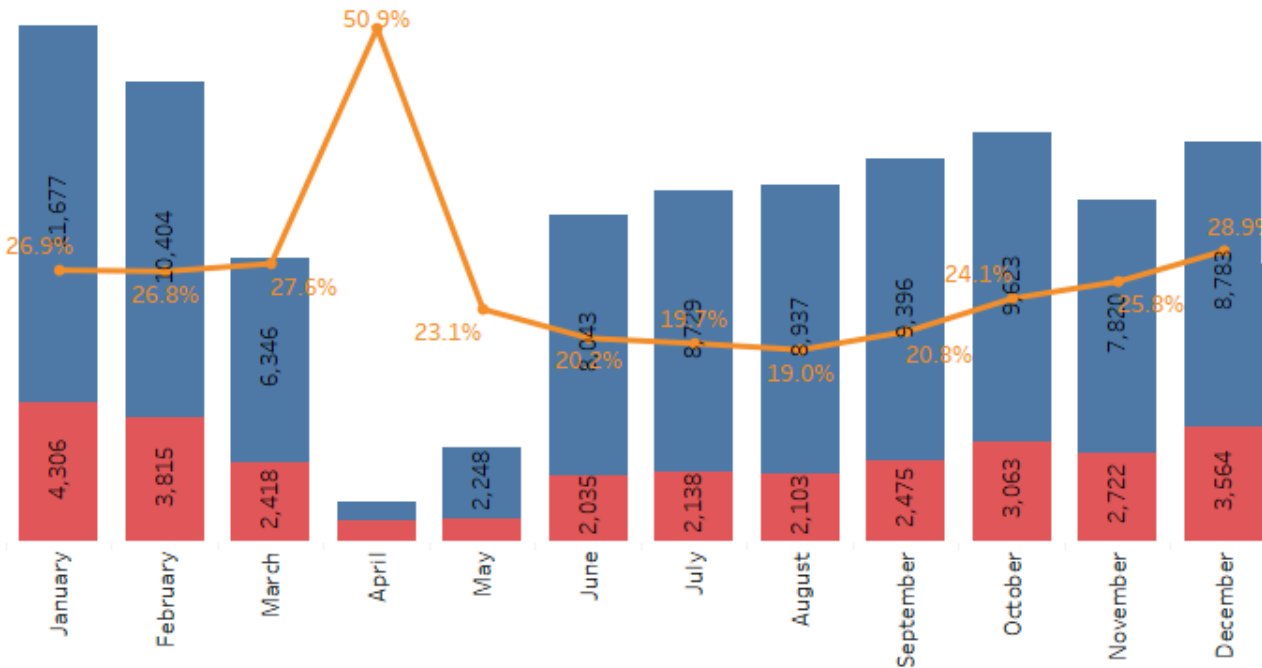


Substance Abuse



# No Show appointments analysis

No Show VS Checked in appointments



Top 4 cancellation reasons

**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS  
FEBRUARY 24, 2021**

**1. Description: Quality Report**

**2. Summary:**

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

- Quality Council Meeting Minutes February 2021
- UDS Report – YTD December
- PDCA
- Provider Productivity –December 2020

**3. Substantive Analysis:**

PATIENT SAFETY & ADVERSE EVENTS

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

PATIENT SATISFACTION AND GRIEVANCES

Progress has been made in the last year for our Communication with Practice PDCA.

QUALITY ASSURANCE & IMPROVEMENT

In 2020, we struggled to achieve depression remission due to a myriad of factors. This will be an area of focus in 2021.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
Tony Colby

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**FEBRUARY 24, 2021**

Interim Chief Financial Officer

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

N/A

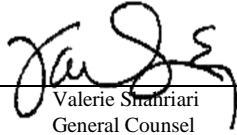
\_\_\_\_\_  
Committee Name

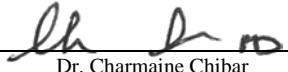
\_\_\_\_\_  
Date Approved


**6. Recommendation:**

Staff recommends the Board Approve the updated Quality Report.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Shahriari  
General Counsel

  
\_\_\_\_\_  
Dr. Charmaine Chibar  
FQHC Medical Director

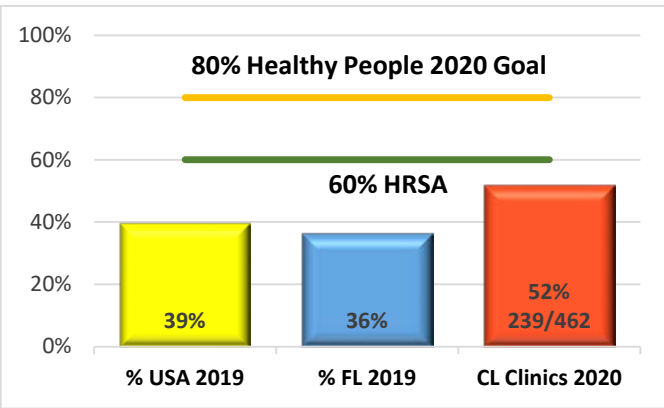
  
\_\_\_\_\_  
Dr. Hyla Fritsch  
AVP & Executive Director of Clinic Operations  
& Pharmacy Services



**C. L. BRUMBACK PRIMARY CARE CLINICS**

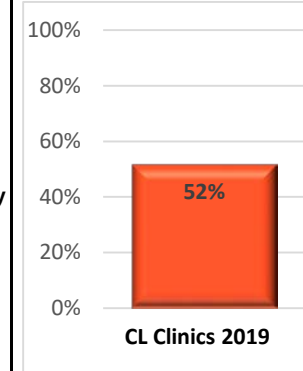
**YTD December 2020**

**CHILDHOOD IMMUNIZATION**

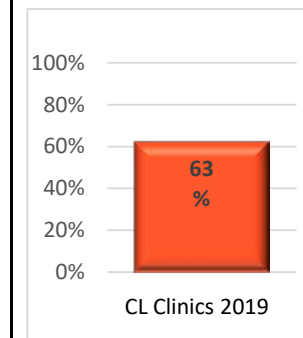
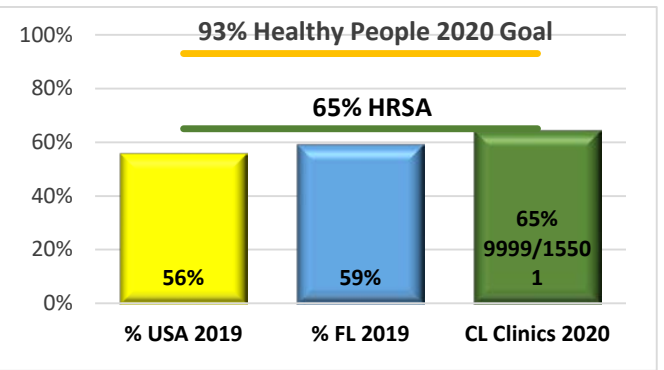


**Findings:** 1. Small universe.

**Interventions:** 1. Team to evaluate if historical vaccine entry is needed.

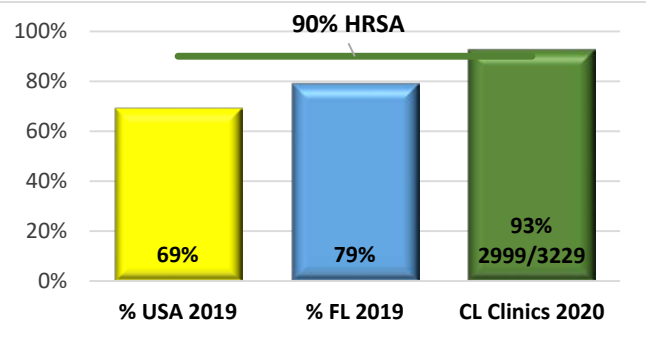


**CERVICAL CANCER SCREENING**



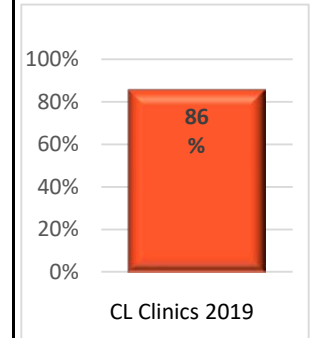


**WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS**

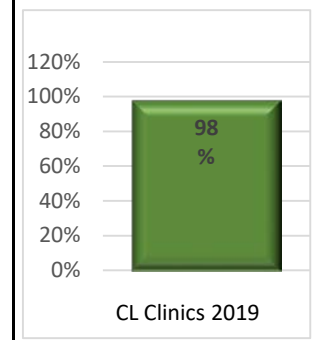
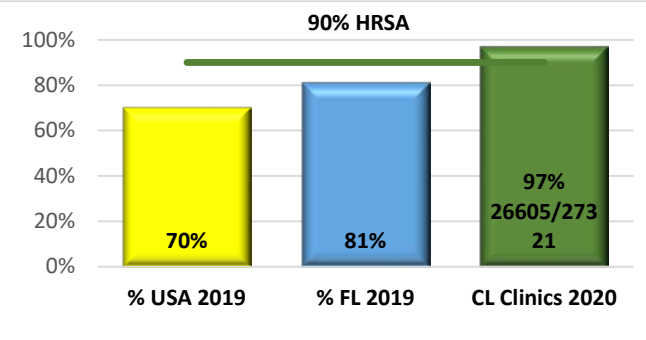


**Findings:** 1. Providers not dropping the order group at every visit.

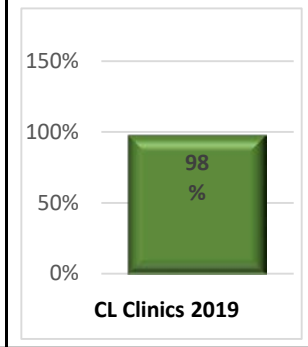
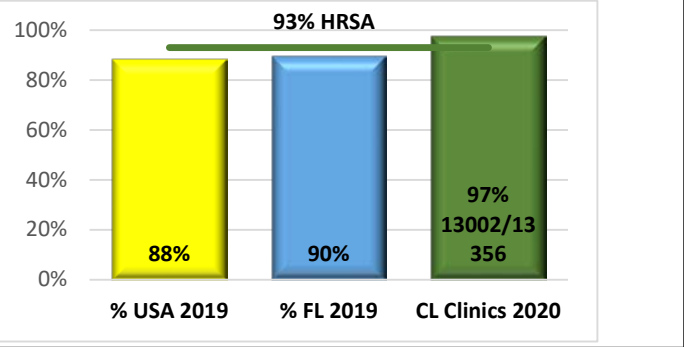
**Interventions:** 1. Continue to train providers that health education should be given at every visit regardless of reason for visit.



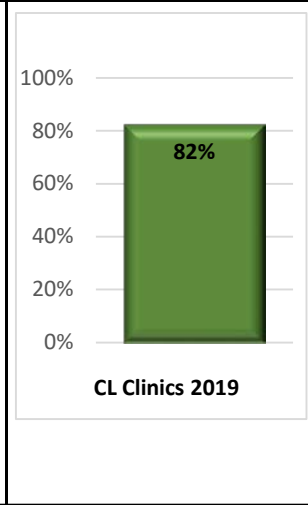
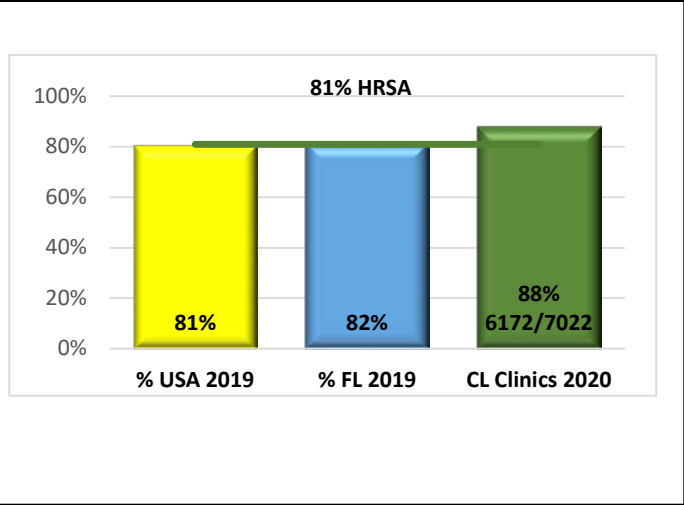
**ADULT WEIGHT SCREENING AND FOLLOW UP**



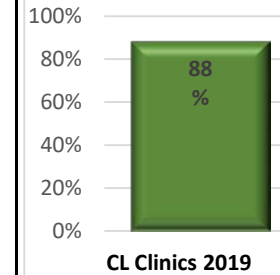
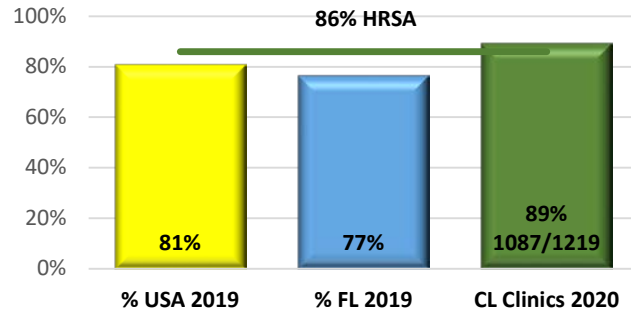
**TOBACCO USE SCREENING AND CESATION INTERVENTION**



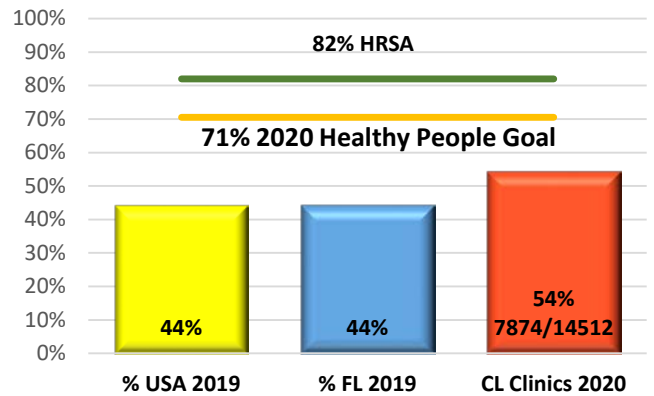
**CORONARY ARTERY DISEASE (CAD): LIPID THERAPY**



**ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy**

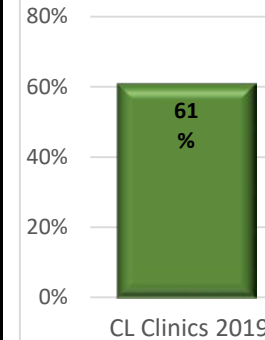


**COLORECTAL CANCER SCREENING**



**Findings:** 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

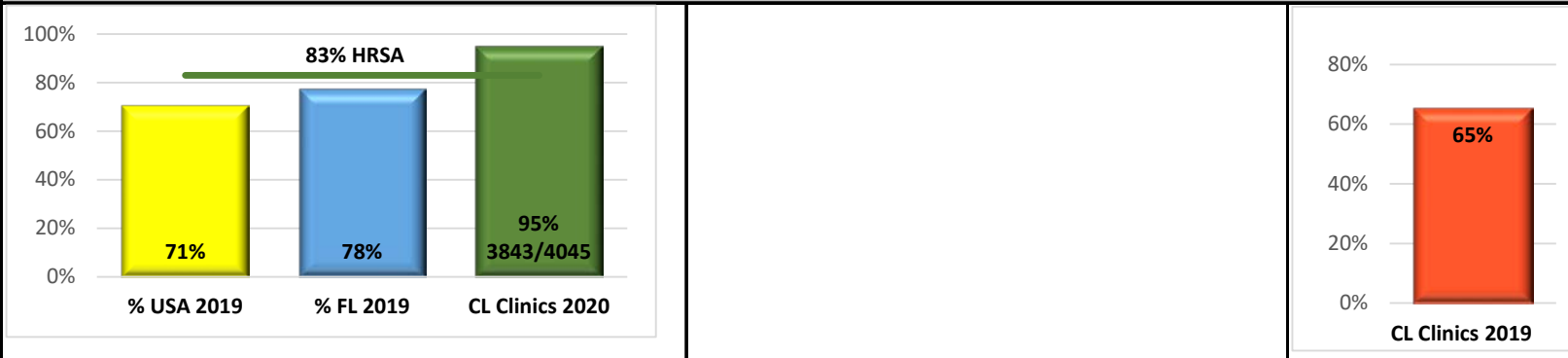
**Interventions:** 1. Encourage POD. 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created. 4. Work on importing colonoscopy quality data into Athena. 5. Plan charity colonoscopy program with community partners for uninsured patients.



**HIV LINKAGE TO CARE**



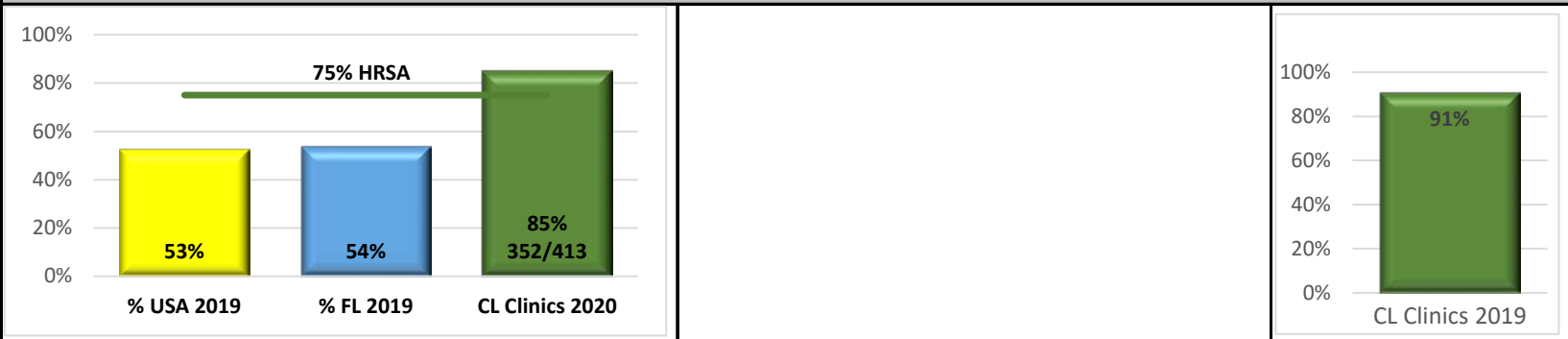
**PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP SPECIAL POPULATION: HOMELESS**



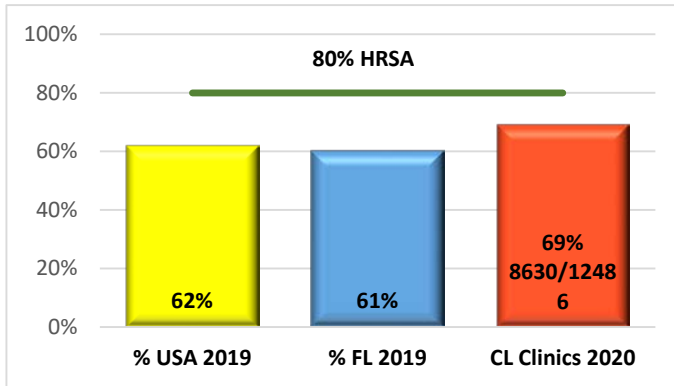
**PATIENTS SCREENED FOR DEPRESSION AND FOLLOW-UP**



**DENTAL SEALANTS**

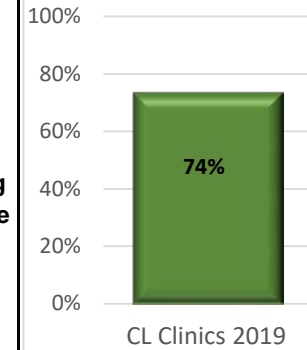


## HYPERTENSION

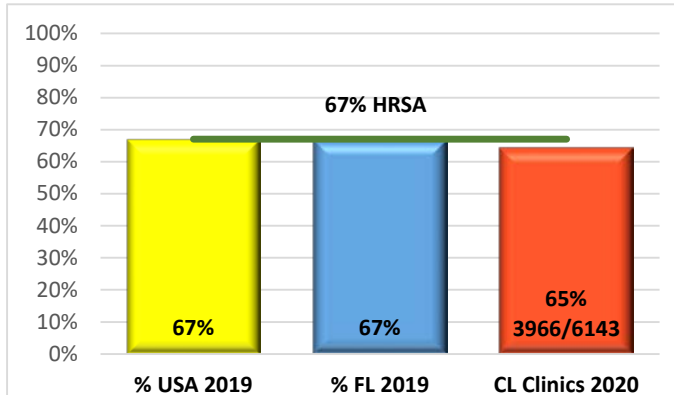


**Findings:** 1. 3309 patients did not have controlled hypertension. The main driven factor observed among the patients with uncontrolled hypertension is the lack of follow up; 55% of the patients di not have an scheduled appointment.

**Interventions:** 1. We will work with Quality Reporting analyst to create and standarized montly list of these uncontrolled HTN patients prioritizing by severity and last day of appointment. 2. The list will be provided to the clinics call center to schedule appointments. The outcomes champion will follow the progress of the scheduling process.

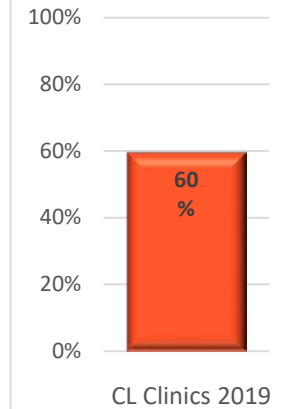


## DIABETES

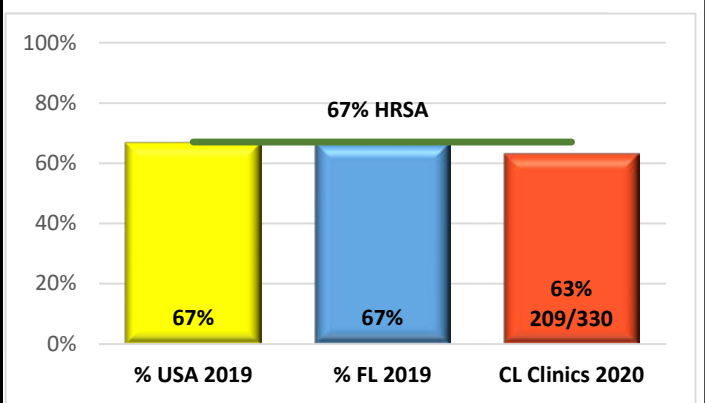


**Findings:** There has been a plateau in the percentage of uncontrolled diabetic patients of 23%. There was a decrease in the percentage of patients with no data from 18% in September to 13% in December, 2020. There was a 6% improvement compared to the month of September, 2020. 10 of 27 providers had achieved the metric of 67% or more for the year 2020. Currently Belle Glade, Boca, Jupiter and Lake Work clinics had achieved 67% or higher of patients with controlled diabetes.

**Interventions:** 1. POC HgbA1c testing implemented to increase patient compliance. 2. 147 Patients with uncontrolled diabetes and gaps in the SDOH were listed and Behavioral health and registartion reached to those patients to order labs, set appointments with BH and adult medicine. 3. The Diabetes Care and Education Specilist hiring for the C. L. Brumback Clinics will be finalized this coming week

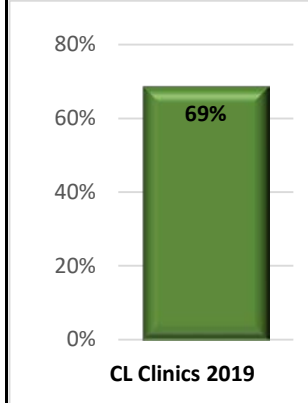


**DIABETES FOR SPECIAL POPULATIONS: MIGRANT**

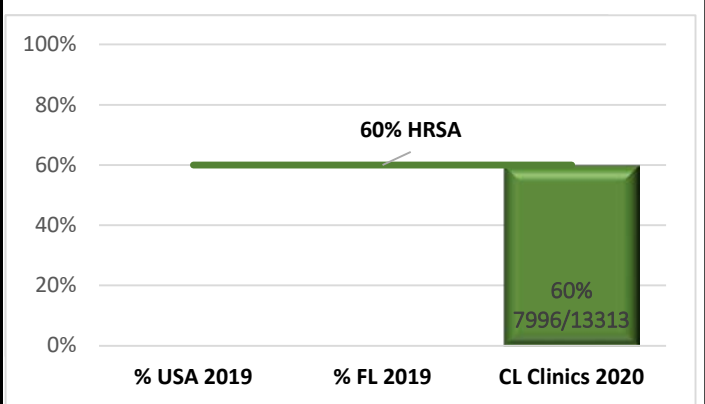


**Findings:** Compared with the general diabetic population there is a higher number of uncontrolled diabetics among this population 28%. The percentage of controlled diabetics in this population increased to 63% from 34% at the end of January, 2020.

**Interventions:** POC HbA1c POC initiative will continue and reaching to set appointments for the patients with missing data or uncontrolled.



**BREAST CANCER SCREENING**



New measure

**Quality Council Meeting Minutes**

**Date: February 2, 2021**

**Time: 8:00AM – 11:30AM**

**Attendees:** Dr. Charmaine Chibar –Medical Director; Jonathan Dominique – Clinic Quality Analyst; Andrea Steele – Quality Director; Lisa Hogans –Director of Nursing; Shauniel Brown – Risk Manager; Ivonne Cohen – Quality Reporting Analyst; Dr. Hyla Fritsch – Executive Director of Clinic Operations & Pharmacy Services; Dr. John Cucuras - Dental Director; David Speciale – Patient Experience Director; Dominique Domond – Operations Process Manager; Marisol Miranda – Director of Practice Management; Dr. Courtney Phillips - Director of Behavioral Health; Alexa Goodwin – Patient Relations Manager; Leah Serio – Director of Clinic Operations; Nicole Glasford, Executive Assistant

**Excused:** Dr. Belma Andric – Chief Medical Officer

**Minutes by:** Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
<b>QUALITY</b>				
<b>QUALITY AUDITS</b>				
<b>DENTAL</b>	<p><b><u>Dental Encounter Closed Rate</u></b>            Unlocked dental chart notes for 2020 are as follows:                June – 4                July – 0                August – 0                Sept – 6                Oct – 6                Nov – 4                Dec – 0</p>	Dr. Cucuras believes that	Dr. Cucuras	3/2/2021
	<p><b><u>Dental Encounters</u></b></p> <p><b><u>December 2020</u></b></p> <ol style="list-style-type: none"> <li>1. 761 Patients</li> <li>2. 900 Total Encounters Most which come from extractions.</li> </ol>			



<p>3. 10,546 patients total for 2020</p> <p><b><u>Total 2020</u></b></p> <ul style="list-style-type: none"> <li>– 10,546 Encounters total a drop off in comparison to 2019 due to the pandemic and scaled back service.</li> </ul>			
<p><b><u>Dental Triage</u></b></p> <p>359 Patients</p> <p><b><u>Same Day Extractions</u></b></p> <p>212 (59%)</p> <p><b><u>21 Day return</u></b></p> <p>93 (26%)</p>	<p>Extractions not performed are either classified as ‘extractions not required’ or ‘need to be rescheduled’. 82 no extractions needed and 54 rescheduled due to infections needing controlled.</p> <p>Return date extended from 10 days to 21 days due to limited staffing and available appointments.</p> <p>Dr. Andric asked that the team provide a breakdown of the TNE and TRE report (136 patients who were placed on antibiotics, and if they returned afterwards).</p>	<p>Dr. Cucuras</p>	<p>3/2/2021</p>
<p><b><u>Dental Sealants</u></b></p> <p>85%</p>	<p>Dr. Cucuras will continue to stress the importance of the dental sealants to his staff to help improve the number of patients that receive the service.</p>	<p>Dr. Cucuras</p>	<p>3/2/2021</p>
<p><b><u>MDI / MDI WHO</u></b></p> <p><b><u>December 2020</u></b></p> <p>675 total pediatric patients seen</p>	<p>Patient flow increase from November.        Action Item: MDI Hygienist to recognizing which patients are not eligible for MDI due to visit type (i.e.-not a well visit). Adjusting</p>	<p>Dr. Cucuras</p>	<p>3/2/2021</p>

	<p>-261 had MDI (38.7%)          – 79/261 WHO/MDI (30.2%)          – 79/675 WHO/total pediatrics (11.7%)</p> <p><b>2020 Total:</b></p> <p>– Total Pediatric Patients seen: 6,771          – 1252/6,771 MDI (18.4%)          – 456/6,771 WHO (6.7%)          – WHO/MDI = 36.4%</p>	<p>the universe to only reflect patients that qualify the MDI to be included in the denominator.</p> <p>Dr. Phillips suggested that she provide dental with patients when there are openings.</p>		
	<p><b>Dexis Imaging:</b>          0 lost radiographs for the month of December          Files weren't merged to recognize the same patient with an error in spelling.</p>	<p>Continue to instruct the dental assistants to answer "yes" when Dexis suggests the patient is the same.</p>	Dr. Cucuras	3/2/2021
	<p><b>Inoperable Radiation Machine BG</b>          Unit shipped to recycling</p>	<p>Once paperwork generated a copy will be mailed to state of Florida to remove unit from roster</p>	Dr. Cucuras	3/2/2021
<b>WOMEN'S HEALTH</b>	<p><b>Prenatal Age</b></p> <p>&lt;15 Years : 0          15-19: 2          20-24: 9          25-44: 23          &gt;45: 1</p> <p><b>(Report with graph presented.)</b></p>			
	<p><b>Entry into Care</b>          35 women entered into care in the month of December.</p> <p>22 Entered into Care in the First trimester</p>			

	<p>11 Entered into care in the second trimester          2 Entered into care in the third trimester</p> <p>32 Entered into Care with the CL Brumback Primary care Clinics          1 Had her first visit with another provider          2 Had initial provider not recorded.</p> <p><b>(Report with graph presented.)</b></p>			
	<p><b><u>Deliveries &amp; Birthweights</u></b>          10 deliveries in the month of December.</p> <ul style="list-style-type: none"> <li>- (&lt;1500 grams) – 0</li> <li>- (1500-2499 grams) – 1</li> <li>- (&gt;2500 grams) – 9</li> </ul> <p><b><u>Deliveries &amp; Birthweights 2020</u></b>          109 deliveries in 2020</p> <ul style="list-style-type: none"> <li>- (&lt;1500 grams) – 1</li> <li>- (1500-2499 grams) – 5</li> <li>- (&gt;2500 grams) – 103</li> </ul> <p><b>(Report with graph presented.)</b></p>			
<p><b>MEDICAL</b></p>	<p><b><u>Medical Encounter Close Rate</u></b>          Majority of providers are now closing documents within 2 days. For the month of December, the outlier was the behavioral health service line. There were 5 providers who</p>	<p>There has been improvement in this metric and staff will continue to educate and make a priority.</p>	<p>Dr. Chibar</p>	<p>3/2/2021</p>

	averaged more than 2 days to close their encounters.												
	<p><b>Hemoglobin A1C/Point of Care Testing</b>          The uncontrolled diabetes measure data shows that our patients currently controlled at 62% while 38% uncontrolled (4,333 diabetic patients total). There were 2,034 POC A1Cs (47% of Diabetic Patients).  <b>(Report with graph presented.)</b></p> <p>Mobile (73%), Lewis (32%), Mangonia (25%)- have highest percentage of untested patients (needs data)</p>	Follow up with MAs to reinforce the importance of the Point of Care A1C testing	Dr. Warren	3/2/2021									
	<p><b>HPV Collaborative</b></p> <p>Dr. Chibar announced the HPV collaborative effort. In an effort to improve the HPV vaccination rate in the clinics. The team will be tracking HPV vaccination data for ages 9-12. There will be monthly QI/QA meetings with the collaborative to develop ideas and strategies to improve our HPV numbers.</p> <table border="1" data-bbox="415 1255 989 1399"> <thead> <tr> <th colspan="3">Gardasil 9 (PF) 0.5 ML Intra Muscular</th> </tr> <tr> <th>Department</th> <th># Vaccines Administered</th> <th># Unique Patients</th> </tr> </thead> <tbody> <tr> <td>Belle Glade</td> <td>34</td> <td>30</td> </tr> </tbody> </table>	Gardasil 9 (PF) 0.5 ML Intra Muscular			Department	# Vaccines Administered	# Unique Patients	Belle Glade	34	30	Dr. Chibar will continue to report new findings strategies, etc. from the HPV collaborative to the quality council.	Dr. Chibar	3/2/2021
Gardasil 9 (PF) 0.5 ML Intra Muscular													
Department	# Vaccines Administered	# Unique Patients											
Belle Glade	34	30											

	<table border="1"> <tr><td>Boca</td><td>1</td><td>1</td></tr> <tr><td>Jupiter</td><td>10</td><td>10</td></tr> <tr><td>Lantana</td><td>403</td><td>372</td></tr> <tr><td>West Palm Beach</td><td>126</td><td>117</td></tr> <tr><td><b>Grand Total</b></td><td><b>574</b></td><td><b>530</b></td></tr> </table>	Boca	1	1	Jupiter	10	10	Lantana	403	372	West Palm Beach	126	117	<b>Grand Total</b>	<b>574</b>	<b>530</b>				
Boca	1	1																		
Jupiter	10	10																		
Lantana	403	372																		
West Palm Beach	126	117																		
<b>Grand Total</b>	<b>574</b>	<b>530</b>																		
<b>BEHAVIORAL HEALTH</b>	<p><b><u>MAT Census</u></b></p> <table border="1"> <thead> <tr><th></th><th><b>December 2020 (n=362)</b></th></tr> </thead> <tbody> <tr><td><b>Phase 1</b></td><td>240</td></tr> <tr><td><b>Phase 2</b></td><td>31</td></tr> <tr><td><b>Phase 3</b></td><td>12</td></tr> <tr><td><b>Phase 4</b></td><td>41</td></tr> <tr><td><b>Vivitrol</b></td><td>4</td></tr> <tr><td><b>Naltrexone</b></td><td>34</td></tr> <tr><td></td><td>362</td></tr> </tbody> </table> <p>In MAT, we have 362 total patients enrolled. In December 2020 we enrolled 44 patients. Since reopening in May 2020, we have had an average of 46.13 intakes per month which is higher than pre-COVID intake numbers. Overall Discharges are down to 12.71% from previous month but staying around an average of ~11.35%. Types of discharges are tracked and finding that percent lost to follow up has decreased to 9.94%, which is above the mean. Average Readmission rate for 2020 was 5%</p>		<b>December 2020 (n=362)</b>	<b>Phase 1</b>	240	<b>Phase 2</b>	31	<b>Phase 3</b>	12	<b>Phase 4</b>	41	<b>Vivitrol</b>	4	<b>Naltrexone</b>	34		362	<p>Dr. Phillips is working to address inconsistency in BH team in order to improve uniformity throughout the clinics.</p>	<p>Dr. Phillips</p>	<p>3/2/2021</p>
	<b>December 2020 (n=362)</b>																			
<b>Phase 1</b>	240																			
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<b>Vivitrol</b>	4																			
<b>Naltrexone</b>	34																			
	362																			

<p><b><u>ASU transitional Dashboard:</u></b></p> <p>182 Total Patients from 11/3/2020-1/28/2021</p> <ul style="list-style-type: none"> <li>- 150 Walk-ins</li> <li>- 16 West Palm Beach Fire Rescue</li> <li>- 5 Other Fire Rescue</li> <li>- 4 PBC Fire Rescue</li> <li>- 3 Null</li> <li>- 2 Police</li> <li>- 2 AMR / Medics</li> </ul> <p>114 Were discharged from the Hospital          68 Were listed with No Discharge</p> <p>Did the patient Make it to HCD?</p> <ul style="list-style-type: none"> <li>- 36% Yes</li> <li>- 16% No</li> <li>- 48% No Answer</li> </ul> <p>Warm Handoff date</p> <ul style="list-style-type: none"> <li>- 47% Yes</li> <li>- 53% No</li> </ul>		<p>Will continue to develop and improve report.</p>	<p>Dr. Phillips</p>	<p>3/2/2021</p>
<p><b><u>SBIRT:</u></b>          30% of all patients who had SBIRT done in 2020 had it done in December.</p>		<p>Will continue to work with the clinics to improve in this measure.</p>	<p>Dr. Phillips</p>	<p>3/2/2021</p>

	<p>Lewis Center improved from 3 to 79 due to changed encounter plan</p> <p>The clinics overall improved from November to December from 77 to 137 due to similar encounter plan change.</p>					
	<p><b>PRAPARE:</b>          54% of patients had a PRAPARE Completed. Of those 12% positive with social needs. Less than 1% dropped the order for referral Behavioral Health.</p>	<p>Will inform the providers during the monthly provider’s meeting that a positive PRAPARE should yield a PRAPARE order set. Dr. Phillips also suggests an increased focus on the providers with unscored charts.</p> <p>Next month. Ivonne will add a report to track how many people with positive scores, received a behavioral health visit.</p>	<p>Dr. Phillips</p> <p>Ivonne Cohen</p>	<p>3/2/2021</p> <p>3/2/2021</p>		
	<p><b>Cage-Aid:</b>          Over 3579 performed in the month of December. Very few positives (n= 80), but majority were in Mangonia Park and Lewis Center.  <b>(Report with graph presented.)</b>          Majority of positives were found to be from Lewis and Mangonia clinics.</p> <table border="1" data-bbox="415 1369 781 1404"> <tr> <td><b>Total Score</b></td> <td><b># Patients</b></td> </tr> </table>	<b>Total Score</b>	<b># Patients</b>	<p>Unscored increasing, need to discuss with Lake Worth, Boca, and Belle Glade as they have the highest number of UnScored Cage-Aids. Will remind MAs at these sites to continue to score the cage aids</p>	<p>Dr. Phillips</p>	<p>3/2/2021</p>
<b>Total Score</b>	<b># Patients</b>					

	<table border="1"> <tr> <td><b>UnScored</b></td> <td>114</td> </tr> <tr> <td><b>Score = 0</b></td> <td>3,277</td> </tr> <tr> <td><b>Score = 1</b></td> <td>8</td> </tr> <tr> <td><b>Score = 2</b></td> <td>7</td> </tr> <tr> <td><b>Score = 3</b></td> <td>10</td> </tr> <tr> <td><b>Score = 4</b></td> <td>55</td> </tr> </table>	<b>UnScored</b>	114	<b>Score = 0</b>	3,277	<b>Score = 1</b>	8	<b>Score = 2</b>	7	<b>Score = 3</b>	10	<b>Score = 4</b>	55			
<b>UnScored</b>	114															
<b>Score = 0</b>	3,277															
<b>Score = 1</b>	8															
<b>Score = 2</b>	7															
<b>Score = 3</b>	10															
<b>Score = 4</b>	55															
	<p><b>Postive CAGE AID with no sbirt in December 2020:</b> 39 total cage aid positives resulted in no SBIRT, an improvement over last month (58).</p>															
	<p><b>Tele Visits (BH)</b>          Eliminating Tele phone encounters.</p>															
	<p><b>Care Coordinators:</b></p> <p>List of Care coordinators who are linking patients from the hospital to the MAT clinic          46 weekend registrations between November 2020- January 2021 and 17 (37%) were registered to be seen by a provider in the following week.</p>	<p>Dr. Phillips suggested opening up Mangonia on Saturdays in order to address these patients immediately. She will look to discuss with Dr. Andric</p>	<p>Dr. Phillips</p>	<p>3/2/2021</p>												
	<p><b>PHQ9</b>          73.3% of encounters got a phq2/9. Of which, very few were unscored (1.2%). 10% positive score over 5</p> <p>Were seen by the BHC - 89%</p>	<p>Dr. Phillips suggest that the team employs the use of Ivonne’s excel list of patients who weren’t seen and follow up via phone call.</p> <p>Meeting later to discuss with Dr. Andric, Andrea Steele, and other FQHCs that track this data for insight.</p>	<p>Dr. Phillips</p>	<p>3/2/2021</p>												



	(Unknown Depression remission 97% needs data.)			
	<p><b><u>BH Productivity</u></b></p> <p>Addressing issues in Delray clinic. Improvements seem to have been made while temporary changes were in place.</p>	Dr. Phillips and Ziemba will establish performance improvement plan with current Delray BHC to help build team and collaborative care in the Delray clinic.	Dr. Phillips Dr. Ziemba	3/2/2021
<b>NURSING</b>	<p><b><u>Higher Level of Care</u></b></p> <p>54 ER referrals/ 52 patients were sent to the ER in the month of December. There were no patients with multiple orders in December. YTD - 67% (14) of ER referrals were generated by WPB pediatrics clinic.</p> <p>There is a chance that some of the referrals to the hospital could be for births after visits, and there could be some confusion as to which order to drop.</p>	Lisa will look into if Women’s health should be using the ‘hospital referral’ order for WH patients that have come to term. Will discuss with ARNP Casanova, Dr. Warren, and Dr. Ferwerda.	Lisa Hogans	3/2/2021
	<p><b><u>FIT Test</u></b></p> <p>October 16- December 31, 2020 There was a return rate of 29%</p> <p><b>(Report with graph presented)</b></p>	To help address this, we will be reducing the number of telehealth visits that require FIT tests, and will be assigning them instead to each provider’s MA for In-person visits.	Lisa Dr. Chibar	3/2/2021
	<p><b><u>BYMY</u></b></p> <p>No Report.</p>			

**QUALITY METRICS**

**UDS YTD December 2020**

Of the **16** UDS Measures: **11** Exceeded the HRSA Goal and **5** were short of the HRSA Goal (*Clinic Score/ HRSA Goal / Healthy People Goal*)

*\*Athena reporting has known issues due to the updates being made to UDS 2020 reporting capabilities. Data not validated.*

<b>Medical UDS Report</b>	<b>Breast Cancer Screening: (60%/60%)</b>			
	<b>Childhood immunization: (52%/ 60%)</b>			
	Dr. Chibar expressed concern from the drastic change in Denominator for the month of December	Follow up with the Executive Director of Corporate quality to find better ways of capturing and reporting data.	Dr. Chibar Andrea Steele Ivonne Cohen	3/2/2021
	<b>Cervical Cancer Screening: (65% /65%)</b>			
	<b>Weight assessment, Children &amp; Adolescent: (93% /90%)</b>			
	<b>Adult Weight screening and follow up: (97% / 90%)</b>			
	<b>Tobacco use screening &amp; cessation: (97% / 93%)</b>			
	<b>Coronary Artery Disease CAD: (88% / 81%)</b>			
	<b>Ischemic Vascular Disease (IVD): (89% / 86%)</b>			
<b>Colorectal Cancer Screening: (54% / 82%)</b>		Dr. Chibar Dr. Warren	3/2/2021	

<p><b>Findings:</b> Difficulty in getting Fit Tests returned from patients. Some patients may have colonoscopies in Allscripts that may not have been updated to Athena.</p>	<p><b>Interventions:</b> 1. Reestablish POD 2. Work on importing colonoscopy quality data into Athena. Custom report developed and dashboard created. Plan Charity colonoscopy program with community partners for uninsured patients.</p>		
<p><b>HIV linkage:</b> (86% / 85%)</p>			
<p><b>Depression screening:</b> (96% / 83%)</p>			
<p><b>Depression screening (Homeless):</b> (95% / 83% )</p>			
<p><b>Hypertension:</b> (69% / 80%)</p> <p><b>Findings:</b> Findings: 1. 3309 patients did not have controlled hypertension. The main driven factor observed among the patients with uncontrolled hypertension is the lack of follow up; 55% of the patients did not have a scheduled appointment.</p>	<p><b>Interventions:</b> 1. We will work with Quality Reporting analyst to create and standardized a monthly list of these uncontrolled HTN patients prioritizing by Severity and last day of appointment. 2. The list will be provided to the clinics call center to schedule appointments. The outcomes champion will follow the progress of the scheduling process.</p> <p>Blood pressure cuffs from the American Heart Association have also come in. Will discuss with Executive Director of Corporate Quality and Compliance department to discuss roll out.</p>	<p>Dr. Warren Ivonne          David Speciale          Kimbelitha Bush</p> <p>Dr. Warren Andrea Steele</p>	<p>3/2/2021</p> <p>3/2/2021</p>
<p><b>Diabetes:</b> (65% / 67%)</p>			

	<p><b>Findings:</b>          There has been a plateau in the percentage of uncontrolled diabetic patients of 23%. There was a decrease in the percentage of patients with no data from 18% in September to 13% in December, 2020. There was a 6% improvement compared to the month of September, 2020. 10 of 27 providers had achieved the metric of 67% or more for the year 2020. Currently Belle Glade, Boca, Jupiter and Lake Work clinics had achieved 67% or higher of patients with controlled diabetes.</p>	<p><b>Interventions:</b> 1. POC HgbA1c testing implemented to increase patient compliance. 2. 147 Patients with uncontrolled diabetes and gaps in the SDOH were listed and Behavioral health and registration reached to those patients to order labs, set appointments with BH and adult medicine. 4. The Diabetes Care and Education Specialist hiring for the C L Brumback Clinics will be finalized this coming week.</p> <p>Dr. Phillips expressed that she has found the effectiveness of the lists in finding the patients that are out of compliance and getting them into the clinics for follow up appointments.</p>	<p>Dr. Warren          Kimbelitha Bush</p>	<p>3/2/2021</p>
	<p><b>Diabetes (Migrant):</b> (63% / 67% )  <b>Findings:</b> Compared with the general diabetic population there is a higher number of uncontrolled diabetics among this population 28% The percentage of controlled diabetics in this population increased to 63% from 34% at the end of January, 2020.</p>	<p><b>Interventions:</b> POC HbA1c POC initiative will continue and reaching to set appointments for the patients with missing data or uncontrolled.</p>	<p>Dr. Warren          Dr. Cucuras          Kimbelitha Bush</p>	<p>3/2/2021</p>
<p><b>Dental UDS &amp; Quality Metrics</b></p>	<p><b>Dental Sealants</b>          November 2020          86% (331/383)           December 2020          85% (352/413)</p>	<p><b>Interventions:</b> At least one same day sealant required for all eligible patients 6-9years old with an available erupted first molar.</p>	<p>Dr. Cucuras</p>	<p>3/2/2021</p>

	Dr. Cucuras believes that the numbers will improve as the number of pediatric patients in the clinics increases.			
<b>PATIENT RELATIONS</b>				
<b>CLINIC SERVICE CENTER</b>	<p><b><u>Call Center Statistics</u></b></p> <p>For <b>January 2021</b>, there were 119,630 calls received which is an 32% increase from November 2020. Of these calls there were 46,446 unique numbers which is a 24% increase from last month. Most calls were received between 8am and 12pm. Highest call volumes are typically on Monday's however due to increased demand for COVID testing, there have been higher call volumes throughout the week. The most amount of calls for the month occurred on Monday, January 11<sup>th</sup> in which we received 8,481. All voicemails for the month were responded to.</p>			
<b>SURVEY RESULTS</b>	<p><b><u>Patient Satisfaction Survey</u></b></p> <p>In <b>December 2020</b>, there were 404 Patient Satisfaction Surveys completed across 9 clinics for a total of 3,092 surveys completed for the year. Of the 404 surveys, 60% were completed in English, 32% of surveys were completed in Spanish and 8% were completed in Creole. Patients prefer to be seen Monday mornings</p>	Team will try to track down creole surveys, as the numbers (0% of surveys) seem to say contrary to what the staff knows to be true (13% of patients of the West Palm Beach clinic are creole speakers).	David/Alexa	3/2/2021

	<p>and the majority of surveys were received after an in-person, clinic appointment. The majority of patients surveyed identified as Female. Surveys received at each clinic and provider with the most surveys.</p> <ul style="list-style-type: none"> <li>• Belle Glade – 20 total surveys of which Dr. Harberger had 11 surveys completed</li> <li>• Boca Raton – 44 total surveys of which Dr. Inacio had 30 surveys completed</li> <li>• Delray Beach – 57 total surveys of which Dr. Duthil had 16 surveys completed</li> <li>• Jupiter – 5 total surveys of which Dr. Dabu had 3 surveys completed</li> <li>• Lake Worth – 71 total surveys of which Joanne Pierre Lewis, ARNP had 26 surveys completed</li> <li>• Lantana – 62 total surveys of which Elsy Navarro, ARNP had 16 surveys completed</li> <li>• Lewis Center - 34 total surveys of which Marco Sanchez, ARNP had 19 surveys completed</li> <li>• Mangonia Park - 18 total surveys of which Emily Bell, PA had 11 surveys completed</li> <li>• WPB – 93 total surveys of which Dr. Clarke-Aaron had 75 surveys completed</li> </ul>			
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	<p>Opportunities for Provider improvement were less than 5% of all monthly ratings and include: Providing details about new medications prescribed, Informing patients on necessary follow up care, being aware of care received from outside providers, spending adequate time with patients, involving patients in decisions about their health, listening carefully and respectfully, explaining things in a way that are easy to understand.</p> <p>The Belle Glade clinic appears to have lowest perceived wait times and West Palm Beach appears to have the longest perceived wait times.</p> <p>Opportunities to improve patient experience were less than 5% of all monthly ratings and include: having a comfortable waiting area, ability to communicate with the practice on the phone, ease of scheduling an appointment, and being informed about delays during the visit, maintaining patient privacy throughout this visit, care team identifying themselves and their role in care, explaining details of any procedures, coordinating of care with outside providers.</p> <p>Patient comments shared including clinic strengths and areas of opportunities (Patient Satisfaction Survey PowerPoint presented.)</p>			
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	<u><b>Patient Cycle Time</b></u> None.			
	<u><b>Third Next Available</b></u> None.			
<b>GRIEVANCES,          COMPLAINTS          &amp;          COMPLIMENTS</b>	<u><b>Patient Relations Report</b></u> For December 2020, there were a total of 31 Patient Relations Occurrences that occurred between 6 clinics and Clinic Administration. Of the 29 occurrences, there were 14 Grievances and 17 Complaints. The top 5 categories were Finance, Communication, Care & Treatment, Respect Related and Physician Related. The top subcategory with 10 Complaints and Grievances was Billing issues followed by Poor Communication with 9 Complaints and Grievances. There was also a total of 15 compliments received across 6 clinics and Clinic Administration. Of the 15 compliments, 9 were towards clinic support staff.  <i><b>(Patient Relations Report &amp; Patient Relations Dashboard with Graphs presented.)</b></i>			
<b>UTILIZATION</b>				
<b>OPERATIONS</b>	<u><b>Productivity</b></u>			



8449 visits all clinics.

Lewis Center was the only location to surpass the number of visits it posted the same time the previous year (December 2019). This can be attributed to restrictions due to COVID-19.

Payer Mix is as follows:

- 58% Uninsured
- 26% Medicaid
- 13% Private
- 3% Medicare

Service Line		Target	Actual
Adult	In Person	2860	2558
	Telehealth	2007	1495
Adult/Peds	In Person	708	394
	Telehealth	94	69
Behavioral Health	In Person		306
	Telehealth		266
Dental	In Person	1252	721
OB/GYN	In Person	601	547
Pediatric	In Person	1048	1061
	Telehealth	158	147

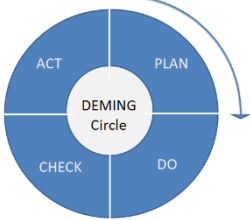


	<p><b><u>No Show Rates</u></b></p> <p>Higher no-show rate (28.9%) than November (25.8%). This can possibly be attributed to the Holiday season and patient travel.</p> <p><b>(Report with graph presented.)</b></p>			
<p><b>OUTREACH SUMMARY</b></p>	<p><b><u>COVID-19 Vaccines: 12/23/2020 – 2/1/2021</u></b></p> <ul style="list-style-type: none"> <li>– 24,893 Total Vaccinations Given</li> <li>– 20,000 Moderna Received</li> <li>– 13,650 Pfizer Received</li> <li>– 9,815 inventory on hand</li> <li>– 57% Female</li> <li>– 43% Male</li> </ul>			
	<p><b><u>COVID-19 Testing: 3/16/2020 – 2/1/2021</u></b></p> <ul style="list-style-type: none"> <li>– Peak during holiday season, possibly due to requirements for travel.</li> <li>– 147,974 Tests</li> <li>– Highest Positives             <ul style="list-style-type: none"> <li>○ 20-30: 19%</li> <li>○ 30-40: 19%</li> <li>○ 40-50: 16%</li> </ul> </li> <li>– Positives:             <ul style="list-style-type: none"> <li>○ Male – 48%</li> <li>○ Female – 52%</li> </ul> </li> <li>– In the Past 30 days the rate of Positivity is at 13% for Palm Beach County</li> </ul>			
<p><b>Meeting Adjourned: 11:33AM</b></p>				

# MODEL FOR IMPROVEMENT

**Date: 02/01/2020**

## Communication with the Practice, clinicians, and staff

	<b>Objective(s) for this PDCA Cycle:</b>  Improve communication between Patients, Clinicians, and Team Members.		
<b>PLAN</b>			
<b>Question: What do we want to know?</b>			
1) Will opportunities for patient and employee feedback improve communication between them?			
2) Will the expansion of the existing clinic "Call Tree" from 4 options to 10 options to include multiple departments that correspond to most common call types improve communications between patients and team members?			
3) Will providing visual content to patients and team members improve communication and decrease complaints related to communication.			
4) Does Customer Service Training for Team Members improve the patient experience?			
5) Does the Clinic Service Center (formerly Call Center) Team respond to inbound calls in a timely and effective manner by limiting the types of calls they respond to?			
<b>Prediction: What do we think will happen?</b>			
1) Creating multiple opportunities for patients and team members to provide their feedback and creating a routine mechanism to discuss and present this feedback will improve communication.			
2) Creating a more user-friendly Call tree that has options to access multiple departments (referrals, billing, medical records, appointments, etc.) will decrease patient complaints and improve communication.			
3) Creating and displaying employee/patient visual content in waiting rooms and shared areas will improve communication and decrease complaints.			
4) Customer Service and Patient Experience trainings will improve communication.			
5) Reducing current responsibilities of the Clinic Service Center to patient registration and scheduling will increase their ability to respond to inbound calls and improve communications.			
<b>Plan for Change or Test: who, what, when, where. What are we going to do to make our test happen?</b>			
<b>List the Tasks necessary to complete this test (What)</b>	<b>Person Responsible (Who)</b>	<b>When</b>	<b>Where</b>
1) A. Create and Monitor surveys and initiatives that generate patient and employee feedback B. Collect data from Patient Relations and provide and establish routine corrective actions to respond in a timely manner	Director of PX Clinic Coordinators	2/1/2020 and ongoing through 2020.	All Clinics via Surveys Grievances Complaints Thumbs Up Staff Meetings & Huddles

2) Revise the organizations call tree	Director of PX PMO ED of Clinics HCD Cisco Engineer	July 2020	All Clinic Locations
3) A. Create Patient Facing and Employee facing content to improve communications between Patients, Physicians, and Team Members B. Provide and maintain up to date brochures in clinic waiting rooms that provide useful information and available resources to patients.	Director of PX HCD Communications Medical Director	2/1/2020 and ongoing through 2020.	SnapComms, Brochures, Clinic Signage
4) Create and schedule customer service trainings and meetings with team members to improve customer service	HR Trainer Director of PX	8/2020	All Clinic Locations
5) A. Analyze current operations of the Call Center and limit all activities to scheduling and registration. B. Create a Clinic Service Center (CSC) Team that can be cross-trained to register patients at clinic locations. C. Provide team with daily updates on changes to clinic operations. D. Provide ongoing trainings to CSC team members. E. Collect and measure CSC productivity to a routine basis. F. Create Policies and Procedures to streamline the functions of the CSC.	Director of PX ED of Clinics	June 2020	HCD Home Office and All Clinic Locations

**Plan for Collection of Data: who, what, when, where. How will we evaluate our test?**

- 1) Collect data from surveys, complaints, grievances, and compliments on a monthly basis and trend over time.
- 2) Measure CSC call volumes, throughput, and answering service logs and share with CSC team (monthly).
- 3) Obtain patient and employee feedback on the usefulness of content displayed in clinics (monthly).
- 4) Provide customer service training to staff and compare post training results with # of complaints, grievances, and compliments related to Communication on a monthly basis
- 5) Generate, analyze, and trend productivity data of the clinic service center monthly including response rate to incoming calls and, # of schedule appointments per CSC team.

**DO: carry out the change or test; collect data and begin analysis; describe test**

- 1) Data suggests that there has been improvement in patient’s perception surrounding communication. As of October 2020, we have collected a total 2,435 Patient Satisfaction Surveys for 2020 which is the largest rate of return since the launch of the Survey. October survey data indicates that of the 377 surveys received, less than 1% of the Communication-related questions received a score of “fair” and no scores of “poor”. Complaints and Grievances related to Communication increased between Q1 and Q3, due to the existing phone tree and organizational response to the COVID19 pandemic. As of November 2020, complaints and grievances related to Communication have decreased by 62% from Q3. For October and November, we have received zero (0) complaints/grievances related to reaching a scheduling agent by phone. Patient Complaints, Grievances, and Compliments are shared with all staff at monthly clinic meetings.
- 2) Since the reorganization of the organizational phone tree (mid-August) and the Clinic Service Center operations, communication has significantly improved evidenced by the ability for patients to reach a live agent and schedule an appointment. Between August and October, agents have been able to answer 47% more calls and schedule 11% more appointments in real time. Productivity Reports for the Clinic Service Center have been created and shared with the agents.
- 3) In the majority of the clinics, we have incorporated “SnapComm” technology that displays patient-facing and employee-facing content which is revised monthly. In the patient-facing content is a QR code that links to the Patient Satisfaction Survey. Due to COVID19 and social distancing, we have no feedback on the effectiveness of this technology.
- 4) In Q1 2020, the Director of Patient Experience created weekly “Patient Experience Touchbase” sessions with the Clinic Coordinators with a primary purpose of discussing and improving the patient experience. A Patient Experience Checklist was created to ensure Clinic leaders are making rounds and attending to Patient Experience objectives including: assessing wait rooms, communicating wait times, ensuring employee and patient-facing content (Snap-Com) was operational and current, review and updating of clinic brochures; patient access to the Satisfaction Survey. These sessions were also used for Customer Service training. Due to COVID19, this initiative was placed on hold due to the demand for COVID testing at clinic sites. Patient Experience is now reviewed with teams monthly at staff meetings.
- 5) The duties of the Clinic Service Center agents have been realigned to focus on Patient Registration and Scheduling. Patients are directed on the phone tree directly to those individuals who can best assist them. Since this change response time to incoming calls have improved and any calls not answered roll into a voicemail and returned within 24 hours. The Clinic Service Center Agents have been trained on Patient Registration and use of Phreesia “check-in” technology. The Clinic Service Center Agents rotate working on site and remote to maintain social distancing. All communication and trainings are conducted by zoom/web-ex meetings, email blasts, jabber communications, a shared drive, and a newly established monthly meeting which is scheduled during times identified as low-call volume. Productivity has been identified, monitored, and shared with agents and leadership. This includes monthly monitoring of live calls for each agent. Policies and procedures are in process.

**Check: Complete analysis of data; summarize what was learned**

- 1) Patients prefer the ability to communicate with the clinic directly by phone and being informed about delays during the visit.
- 2) Due to COVID19, our business model has expanded to scheduling and providing COVID testing services. In October, 60% of all appointments scheduled by the Clinic Service Center were for COVID19 appointments. Also, adjustments to the phone tree included the establishment of a voicemail system that allows patients to leave a voicemail with a team member at the following departments: Nursing, Medical Records, Referrals, Financial Counselor, Billing, and Managed Care. This is monitored manually but finalizing an automated tracking and reporting of these voicemails to ensure communication with patient is timely.
- 3) Prior to COVID, we were evaluating clinic needs to have employee and patient-facing content. This has been placed on hold due to the social distancing requirements in the clinics.
- 4) Staff provide better service to patients when they are familiar with the patient complaints and grievances.

5) Productivity for Clinic Service Center contains several elements and data points. Agents tend to answer many questions outside their scope and spend valuable time tracking down the information for the patient. The C.A.R.E (Clinic Service Center Agent Resource and Education) Manual is being created to assist agents in providing superior customer service and Patient Experience that will improve communication by: identifying clinic workflows, team member names, and languages spoken, and other areas identified through patient feedback when contacting the Clinic Service Center. To Additional productivity reports in the pipeline include: Agent Registration report, Outbound call activity, Mailbox response activity.

**ACT: are we ready to make a change? Plan for the next cycle**

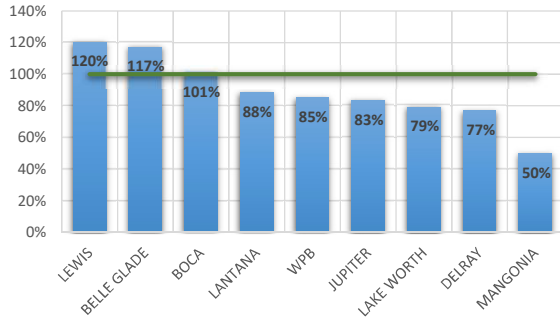
Now that we are back to our “new normal” we are increasing access via telehealth/telephonic visits. Unfortunately, due to COVID-19, the clinics closed to a skeleton crew for a month or longer.

**PRODUCTIVITY DECEMBER 2020**  
**ALL CLINICS** AS 12/31/2020

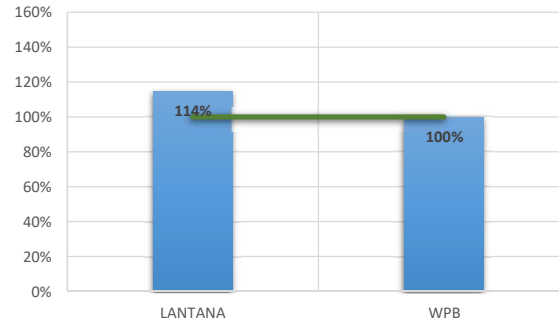
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Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved
	AS 12/31/2020	In-Person	Telehealth	Total	In-Person	Telehealth	
ADULT CARE		2,772	2,003	4,775	2,613 94%	1,603 80%	4,216 88%
PEDIATRIC CARE	1,048	158	1,206	1,149 110%	155 98%	1,304 108%	
WOMEN'S HEALTH CARE	601	8	609	523 87%	0	523 86%	
BEHAVIORAL HEALTH	711	684	1,395	689 97%	520 76%	1,209 87%	
SUBSTANCE ABUSE	546	464	1,010	506 93%	330 71%	836 83%	
DENTAL	1,263	0	1,263	898 71%	0	898 71%	
<b>Grand Total</b>	<b>6,941</b>	<b>3,317</b>	<b>10,258</b>	<b>6,378 92%</b>	<b>2,608 79%</b>	<b>8,986 88%</b>	

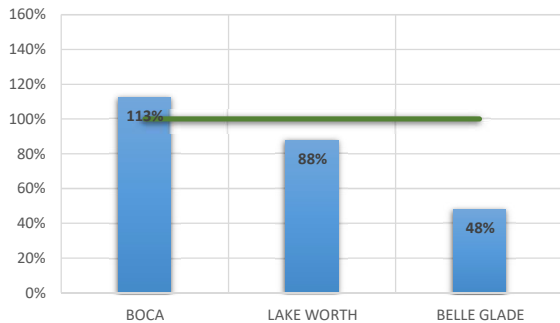
**Adult Care**



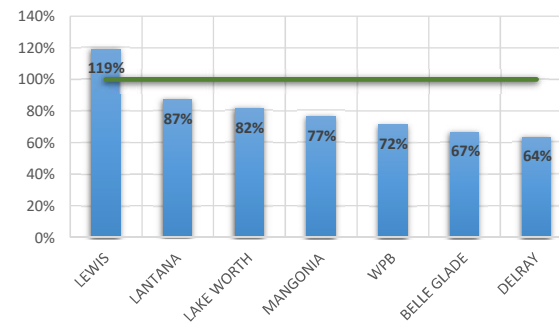
**Pediatric Care**



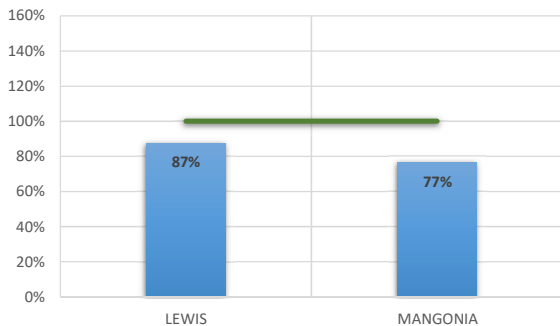
**Women's Health Care**



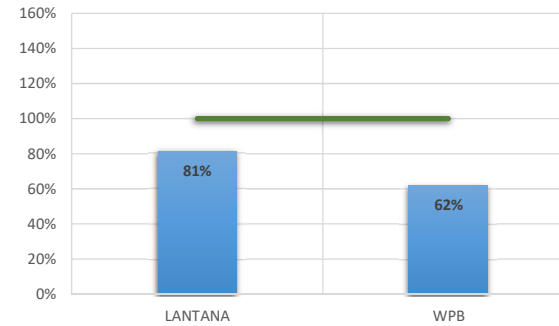
**Behavioral Health**



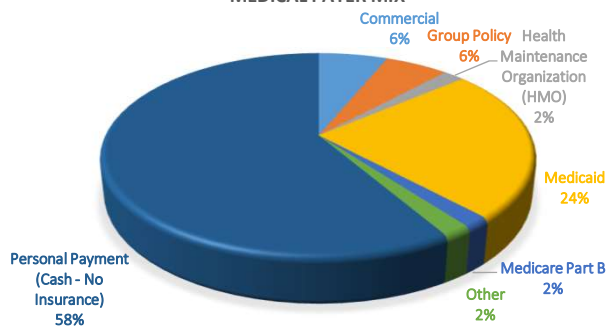
**Substance Abuse**



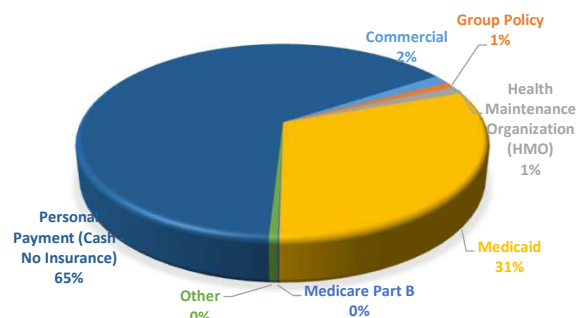
**Dental**



**MEDICAL PAYER MIX**



**DENTAL PAYER MIX**





**PRODUCTIVITY DECEMBER 2020**  
**ALL PROVIDERS AS 12/31/2020**

<51%	>=51% and < 80%	>= 80% and <100%	>= 100%
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ADULT CARE												
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved		Daily Average	
			In-Person	Telehealth	Total	In-Person	Telehealth	Total				
Alfonso_Puentes_Rami	18	13	72	153	225	63	88%	112	73%	175	78%	13.5
Cesaire_Jean_Rose_Ca	16	18	127	153	280	100	79%	119	78%	219	78%	12.2
Dabu_Viray_Dabu	18	20	279	72	351	230	82%	52	72%	282	80%	14.1
Duthil_Marie	18	16	126	153	279	108	86%	93	61%	201	72%	12.6
Florez_Gloria	18	16	153	126	279	145	95%	88	70%	233	84%	14.6
Harberger_Seneca & Residents	18	13	188	37	225	279	148%	4	11%	283	126%	21.8
Inacio_Vanessa	18	16	108	171	279	106	98%	161	94%	267	96%	16.7
JeanJacques_Fernique	16	19	144	152	296	123	85%	118	78%	241	81%	12.7
Lam_Minh_Dai	16	21	166	162	328	171	103%	186	115%	357	109%	17.0
Montenegro_Claudia	18	17	135	162	297	103	76%	118	73%	221	74%	13.0
Navarro_Elsy	16	18	160	120	280	163	102%	90	75%	253	90%	14.1
Perez_Daniel & Residents	17	14	211	22	233	220	104%	22	100%	242	104%	17.3
Philistin_Ketely	16	10	80	72	152	68	85%	55	76%	123	81%	12.3
Pierre_Louis_Joanne	16	18	182	98	280	154	85%	81	83%	235	84%	13.1
Secin_santana_delvis	18	16	197	82	279	178	90%	60	73%	238	85%	14.9
Shoaf_Noremi	16	15	95	137	232	73	77%	134	98%	207	89%	13.8
SANCHEZ_MARCO	16	12	182	2	184	208	114%	2	100%	210	114%	17.5
St_VilJoseph_Carline	16	19	167	129	296	121	72%	108	84%	229	77%	12.1
<b>ADULT CARE TOTALS</b>		<b>291</b>	<b>2,772</b>	<b>2,003</b>	<b>4,775</b>	<b>2,613</b>	<b>94%</b>	<b>1,603</b>	<b>80%</b>	<b>4216</b>	<b>88%</b>	

PEDIATRIC CARE												
Clarke_Aaron_Noella	18	16	279	0	279	282	101%	0		282	101%	17.6
Dessalines_Duclos	18	14	169	74	243	175	104%	65	88%	240	99%	17.1
Lazaro_Nancy	18	18	233	82	315	267	115%	90	110%	357	113%	19.8
Normil_Smith_Sherlou	18	21	367	2	369	425	116%	0		425	115%	20.2
<b>PEDIATRIC CARE TOTALS</b>		<b>69</b>	<b>1,048</b>	<b>158</b>	<b>1,206</b>	<b>1,149</b>	<b>110%</b>	<b>155</b>	<b>98%</b>	<b>1304</b>	<b>108%</b>	

WOMEN'S HEALTH CARE												
Casanova_Jennifer	16	15	234	6	240	239	102%	0		239	100%	15.9
Ferwerda_Ana	18	21	367	2	369	284	77%	0		284	77%	13.5
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>36</b>	<b>601</b>	<b>8</b>	<b>609</b>	<b>523</b>	<b>87%</b>	<b>0</b>		<b>523</b>	<b>86%</b>	

BEHAVIORAL HEALTH												
Alvarez_Franco	18	20	175	176	351	243	139%	180	102%	423	121%	21.2
Calderon_Nylsa	12	19	138	84	222	121	88%	73	87%	194	87%	10.2
Dorvil_Stephany	12	19	77	145	222	58	75%	83	57%	141	64%	7.4
Hirsch_Karen	12	19	99	123	222	80	81%	79	64%	159	72%	8.4
JONES_KIARA	12	19	163	59	222	136	83%	45	76%	181	82%	9.5
Ziamba_Adriana	8	20	59	97	156	51	86%	60	62%	111	71%	5.6
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>116</b>	<b>711</b>	<b>684</b>	<b>1,395</b>	<b>689</b>	<b>97%</b>	<b>520</b>	<b>76%</b>	<b>1209</b>	<b>87%</b>	

SUBSTANCE ABUSE												
Bell_Emily	15	17	248	16	264	181	73%	9	56%	190	72%	11.2
Rexach_Claudia	12	19	97	125	222	94	97%	91	73%	185	83%	9.7
Romain_Reynette	12	20	64	170	234	81	127%	115	68%	196	84%	9.8
Rowling_Courtney	8	7	56	0	56	57	102%	0		57	102%	8.1
STANFIELD_LUCIA	12	20	81	153	234	93	115%	115	75%	208	89%	10.4
<b>SUBSTANCE ABUSE TOTALS</b>		<b>83</b>	<b>546</b>	<b>464</b>	<b>1,010</b>	<b>506</b>	<b>93%</b>	<b>330</b>	<b>71%</b>	<b>836</b>	<b>83%</b>	

DENTAL												
Alonso_Zenaida	9	9	84		84	43	51%			43	51%	4.8
Alwehaib_Arwa	16	17	272		272	214	79%			214	79%	12.6
Cucuras_John	11	7	51		51	51	100%			51	100%	7.3
Rotella_Robert	13	18	232		232	128	55%			128	55%	7.1
Zangeneh_Yasmine	16	17	264		264	182	69%			182	69%	10.7
Silva_Michelle	16	6	88		88	59	67%			59	67%	9.8
Dental_MDI-LAN	16	17	272		272	221	81%			221	81%	13.0
<b>DENTAL TOTALS</b>		<b>91</b>	<b>1,263</b>		<b>1,263</b>	<b>898</b>	<b>71%</b>			<b>898</b>	<b>71%</b>	

<b>GRAND TOTAL</b>		<b>686</b>	<b>6,941</b>	<b>3,317</b>	<b>10,258</b>	<b>6,378</b>	<b>92%</b>	<b>2,608</b>	<b>79%</b>	<b>8,986</b>	<b>88%</b>	
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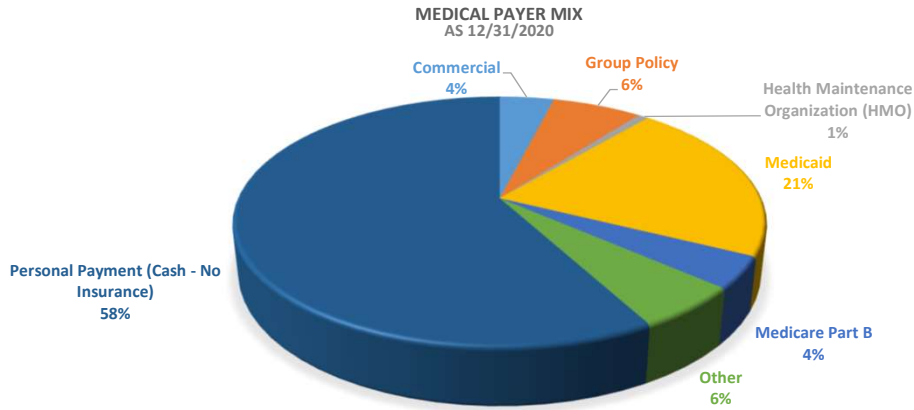
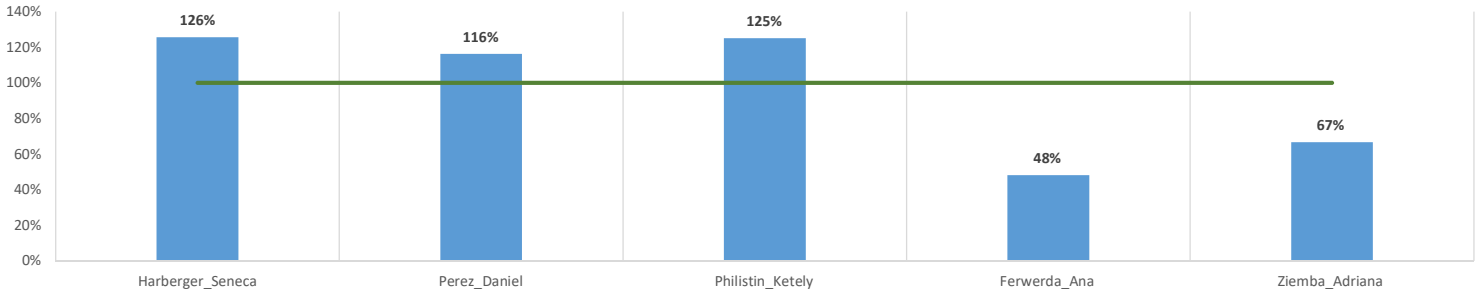
AS 12/31/2020

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Harberger_Seneca & Residents	18	13	188	37	225	279	4	283	126%	21.8
Perez_Daniel & Residents	16	7	116	0	116	129	6	135	116%	19.3
Philistin_Ketely	16	1	16	0	16	20	0	20	125%	20.0
<b>ADULT CARE TOTALS</b>		<b>21</b>	<b>320</b>	<b>37</b>	<b>357</b>	<b>428</b>	<b>10</b>	<b>418</b>	<b>117%</b>	

WOMEN'S HEALTH CARE										
Ferwerda_Ana	17	5	81	0	81	39		39	48%	7.8
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>5</b>	<b>81</b>	<b>0</b>	<b>81</b>	<b>39</b>	<b>0</b>	<b>39</b>	<b>48%</b>	

BEHAVIORAL HEALTH										
Ziemba_Adriana	8	16	37	62	99	31	35	66	67%	4.1
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>16</b>	<b>37</b>	<b>62</b>	<b>99</b>	<b>31</b>	<b>35</b>	<b>66</b>	<b>67%</b>	

<b>GRAND TOTAL</b>		<b>42</b>	<b>438</b>	<b>99</b>	<b>537</b>	<b>498</b>	<b>45</b>	<b>523</b>	<b>97%</b>	
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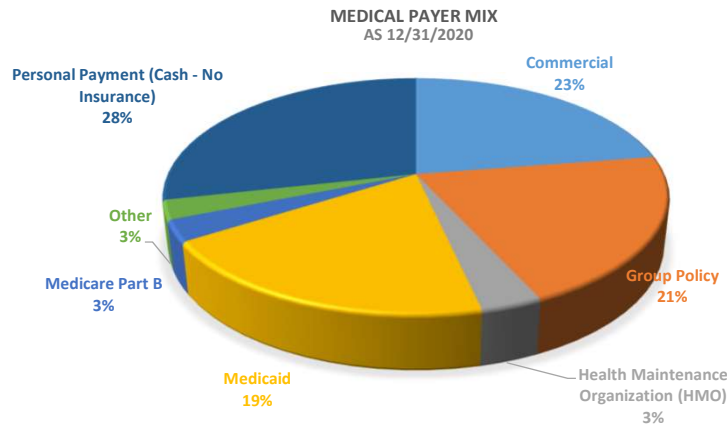
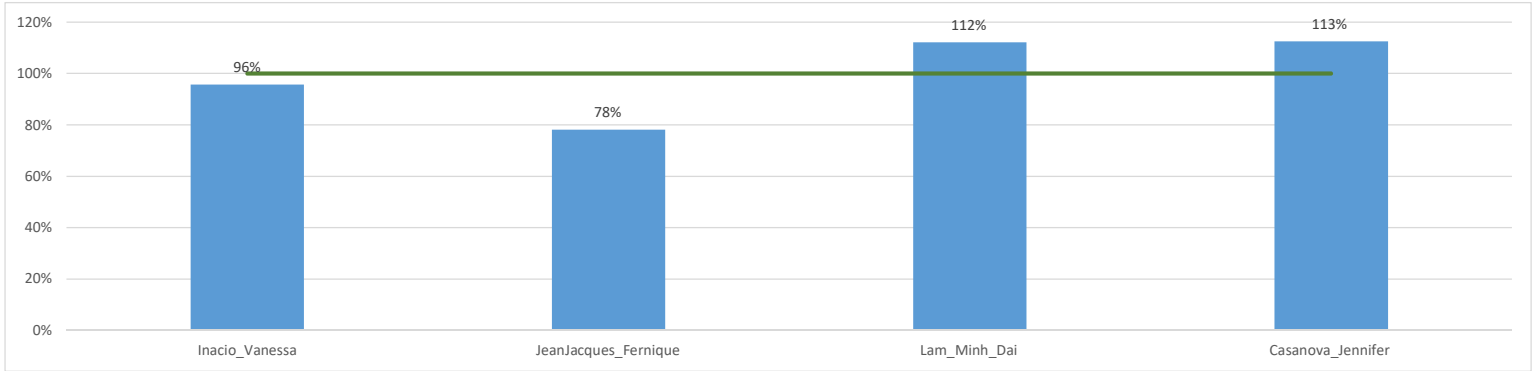


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ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Inacio_Vanessa	18	16	108	171	279	106	161	267	96%	16.7
JeanJacques_Fernique	16	2	32	0	32	25	0	25	78%	12.5
Lam_Minh_Dai	16	17	103	161	264	110	186	296	112%	17.4
St_VilJoseph_Carline	16	1	16	0	16	10	0	10	63%	10.0
<b>ADULT CARE TOTALS</b>		<b>36</b>	<b>259</b>	<b>332</b>	<b>591</b>	<b>251</b>	<b>347</b>	<b>598</b>	<b>101%</b>	

WOMEN'S HEALTH CARE										
Casanova_Jennifer	16	5	77	3	80	90		90	113%	18.0
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>5</b>	<b>77</b>	<b>3</b>	<b>80</b>	<b>90</b>		<b>90</b>	<b>113%</b>	

<b>GRAND TOTAL</b>		<b>41</b>	<b>336</b>	<b>335</b>	<b>671</b>	<b>341</b>	<b>347</b>	<b>688</b>	<b>103%</b>	
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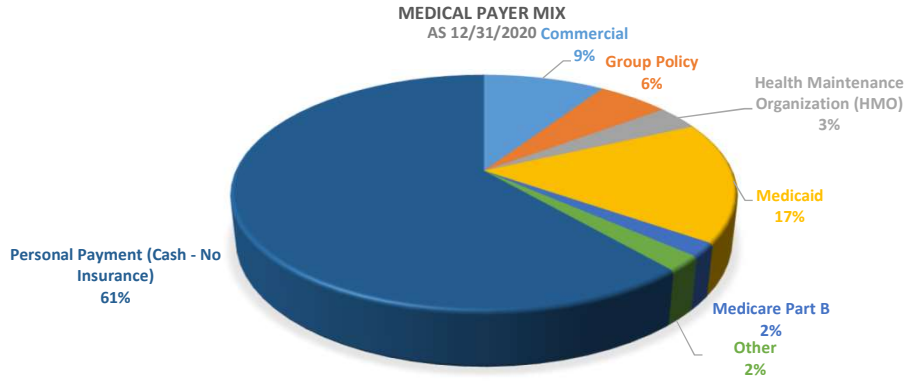
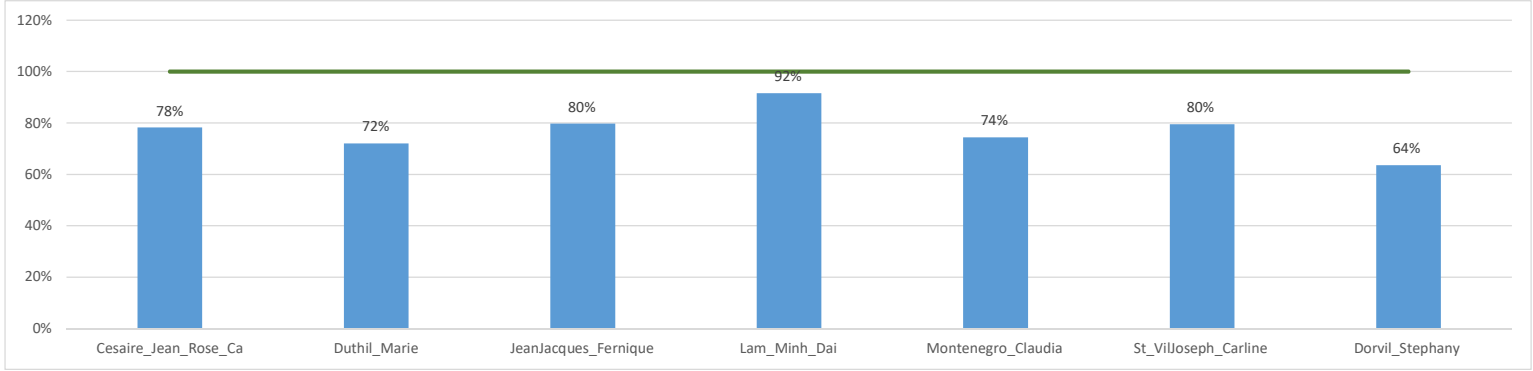
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AS 12/31/2020

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Cesaire_Jean_Rose_Ca	16	18	127	153	280	100	119	219	78%	12.2
Duthil_Marie	18	16	126	153	279	108	93	201	72%	12.6
JeanJacques_Fernique	16	4	64	0	64	51	0	51	80%	12.8
Lam_Minh_Dai	16	3	48	0	48	44	0	44	92%	14.7
Montenegro_Claudia	18	17	135	162	297	103	118	221	74%	13.0
St_VilJoseph_Carline	16	17	135	129	264	102	108	210	80%	12.4
<b>ADULT CARE TOTALS</b>		<b>75</b>	<b>635</b>	<b>597</b>	<b>1,232</b>	<b>508</b>	<b>438</b>	<b>946</b>	<b>77%</b>	

BEHAVIORAL HEALTH										
Dorvil_Stephany	12	19	77	145	222	58	83	141	64%	7.4
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>19</b>	<b>77</b>	<b>145</b>	<b>222</b>	<b>58</b>	<b>83</b>	<b>141</b>	<b>64%</b>	

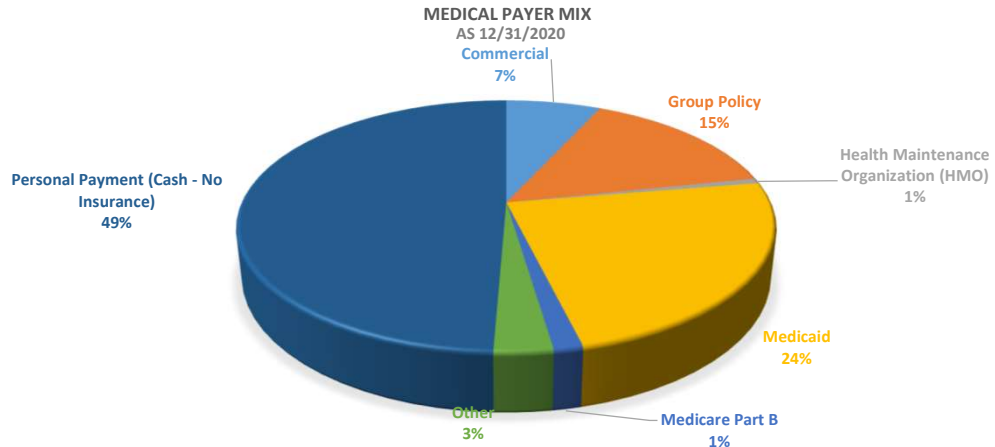
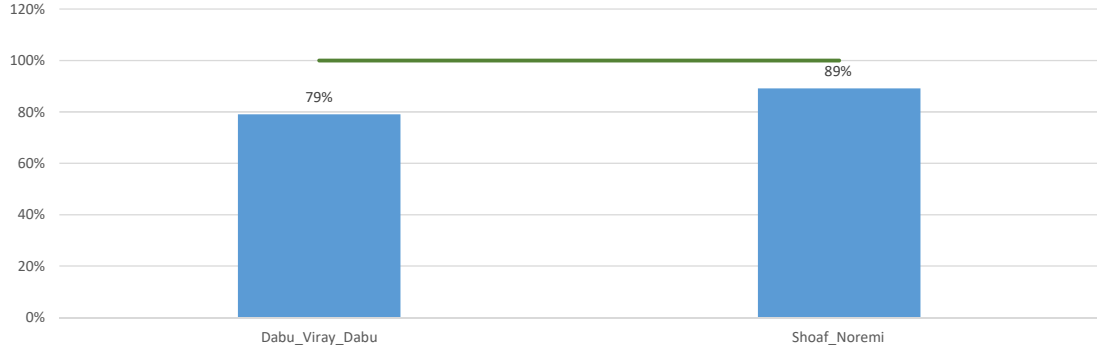
<b>GRAND TOTAL</b>	<b>94</b>	<b>712</b>	<b>742</b>	<b>1,454</b>	<b>566</b>	<b>521</b>	<b>1,087</b>	<b>75%</b>	
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ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Dabu_Viray_Dabu	18	19	261	72	333	211	52	263	79%	13.8
Shoaf_Noremi	16	15	95	137	232	73	134	207	89%	13.8
<b>ADULT CARE TOTALS</b>		<b>34</b>	<b>356</b>	<b>209</b>	<b>565</b>	<b>284</b>	<b>186</b>	<b>470</b>	<b>83%</b>	

<b>GRAND TOTAL</b>	<b>34</b>	<b>356</b>	<b>209</b>	<b>565</b>	<b>284</b>	<b>186</b>	<b>470</b>	<b>83%</b>	
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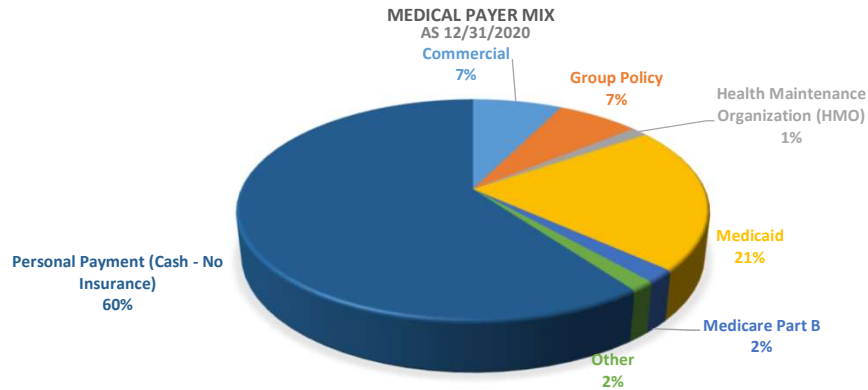
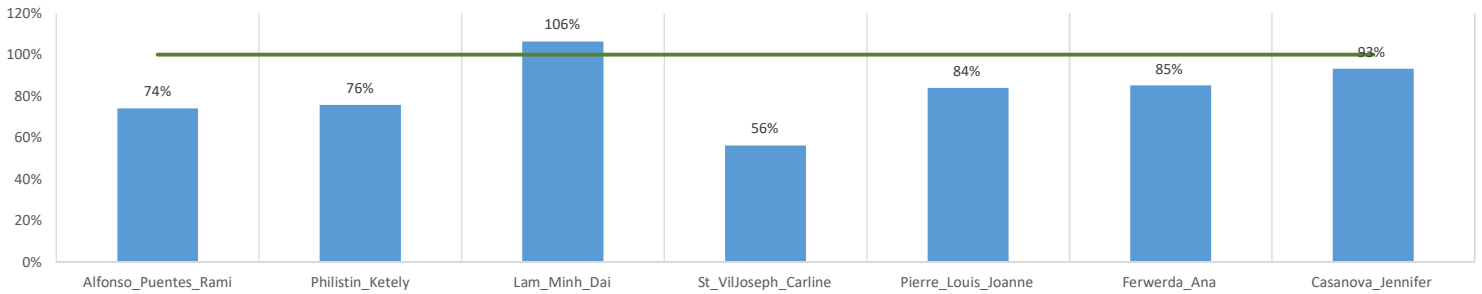
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ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Alfonso_Puentes_Rami	18	11	37	152	189	28	112	140	74%	12.7
Philistin_Ketely	16	9	64	72	136	48	55	103	76%	11.4
Lam_Minh_Dai	16	1	15	1	16	17	0	17	106%	17.0
St_VilJoseph_Carline	16	1	16	0	16	9	0	9	56%	9.0
Pierre_Louis_Joanne	16	18	182	98	280	154	81	235	84%	13.1
<b>ADULT CARE TOTALS</b>		<b>40</b>	<b>314</b>	<b>323</b>	<b>637</b>	<b>256</b>	<b>248</b>	<b>504</b>	<b>79%</b>	

WOMEN'S HEALTH CARE										
Ferwerda_Ana	18	16	286	2	288	245	0	245	85%	15.3
Casanova_Jennifer	16	10	157	3	160	149	0	149	93%	14.9
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>26</b>	<b>443</b>	<b>5</b>	<b>448</b>	<b>394</b>	<b>0</b>	<b>394</b>	<b>88%</b>	

BEHAVIORAL HEALTH										
JONES_KIARA	12	19	163	59	222	136	45	181	82%	9.5
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>19</b>	<b>163</b>	<b>59</b>	<b>222</b>	<b>136</b>	<b>45</b>	<b>181</b>	<b>82%</b>	

<b>GRAND TOTAL</b>		<b>85</b>	<b>920</b>	<b>387</b>	<b>1,307</b>	<b>786</b>	<b>293</b>	<b>1,079</b>	<b>83%</b>	
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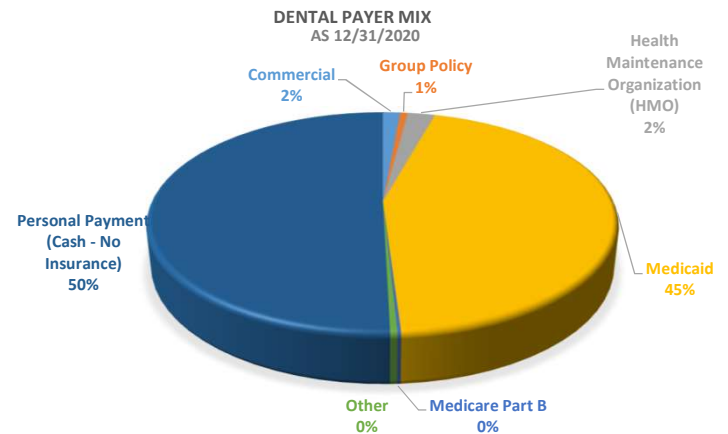
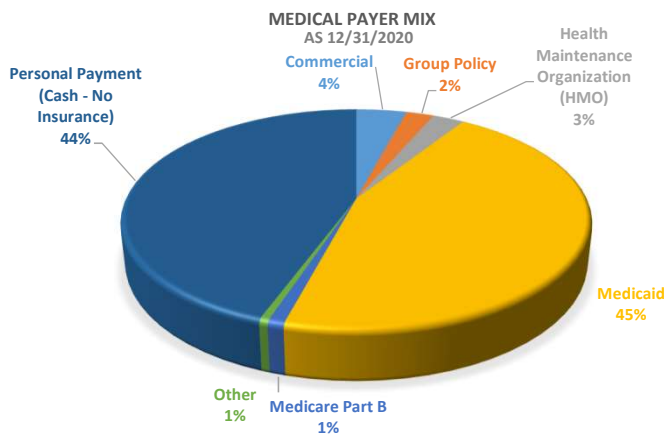
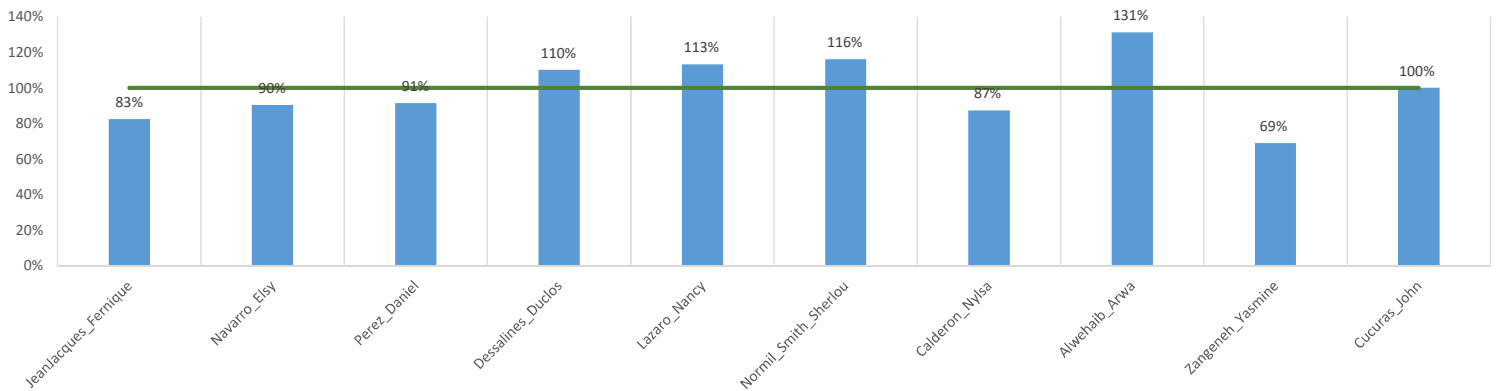
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Alfonso_Puentes_Rami	18	18	35	1	36	35	0	35	97%	1.9
JeanJacques_Fernique	16	16	48	152	200	47	118	165	83%	10.5
Navarro_Elsy	16	16	160	120	280	163	90	253	90%	16.0
Perez_Daniel	17	17	95	22	117	91	16	107	91%	6.3
<b>ADULT CARE TOTALS</b>		<b>67</b>	<b>338</b>	<b>295</b>	<b>633</b>	<b>336</b>	<b>224</b>	<b>560</b>	<b>88%</b>	

PEDIATRIC CARE										
Dessalines_Duclos	18	17	97	2	99	109		109	110%	6.4
Lazaro_Nancy	18	18	231	3	234	265		265	113%	14.7
Normil_Smith_Sherlou	18	18	349	2	351	408		408	116%	23.0
<b>PEDIATRIC CARE TOTALS</b>		<b>53</b>	<b>677</b>	<b>7</b>	<b>684</b>	<b>782</b>		<b>782</b>	<b>114%</b>	

BEHAVIORAL HEALTH										
Calderon_Nylsa	12	12	138	84	222	121	73	194	87%	16.5
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>12</b>	<b>138</b>	<b>84</b>	<b>222</b>	<b>121</b>	<b>73</b>	<b>194</b>	<b>87%</b>	

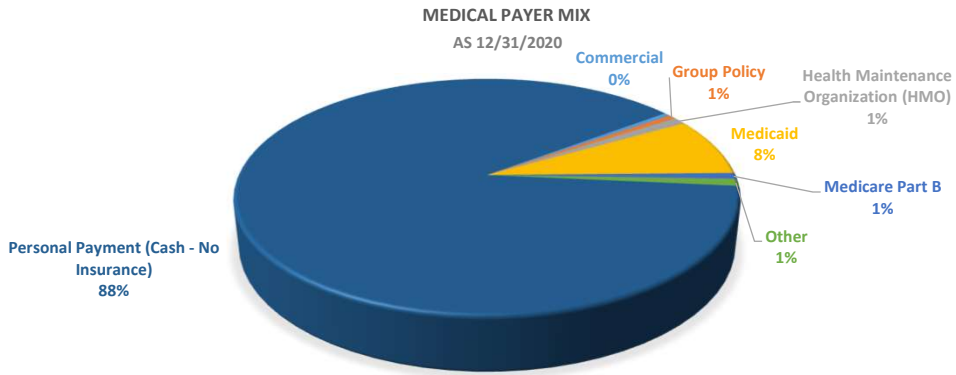
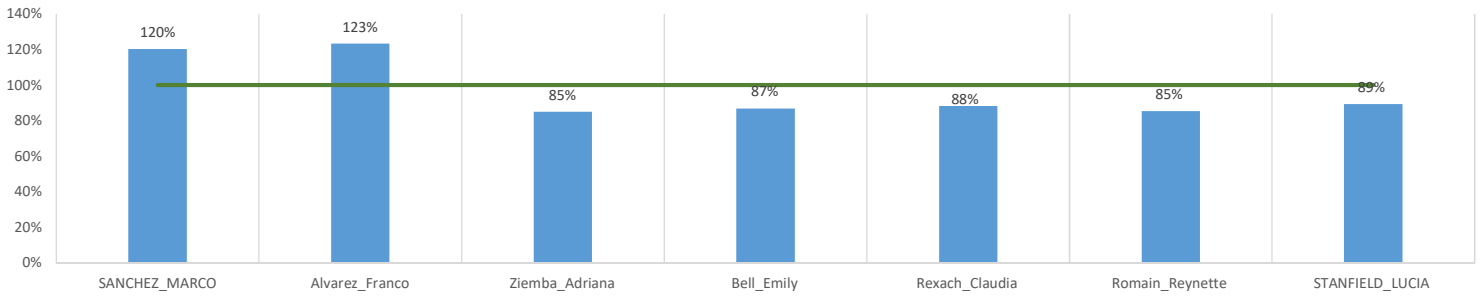
DENTAL										
Alwehaib_Arwa	16	16	64	0	64	84		84	131%	5.3
Zangeneh_Yasmine	16	16	264	0	264	182		182	69%	11.6
Cucuras_John	11	1	1	0	1	1		1	100%	1.0
Dental_MDI-LAN	16	16	272	0	272	221		221	81%	13.8
<b>DENTAL TOTALS</b>		<b>49</b>	<b>601</b>	<b>0</b>	<b>601</b>	<b>488</b>		<b>488</b>	<b>81%</b>	

<b>GRAND TOTAL</b>		<b>180</b>	<b>1,754</b>	<b>386</b>	<b>2,140</b>	<b>1,727</b>	<b>297</b>	<b>2,024</b>	<b>95%</b>	
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ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
SANCHEZ_MARCO	16	11	166	2	168	200	2	202	120%	18.4
<b>ADULT CARE TOTALS</b>			<b>166</b>	<b>2</b>	<b>168</b>	<b>200</b>	<b>2</b>	<b>202</b>	<b>120%</b>	
BEHAVIORAL HEALTH										
Alvarez_Franco	18	20	160	176	336	234	180	414	123%	20.7
Ziemba_Adriana	8	7	9	31	40	13	21	34	85%	4.9
<b>BEHAVIORAL HEALTH TOTALS</b>			<b>169</b>	<b>207</b>	<b>376</b>	<b>247</b>	<b>201</b>	<b>448</b>	<b>119%</b>	
SUBSTANCE ABUSE										
Bell_Emily	15	8	88	3	91	77	2	79	87%	9.9
Rexach_Claudia	12	14	55	107	162	63	80	143	88%	10.2
Romain_Reynette	12	16	49	114	163	64	75	139	85%	8.7
STANFIELD_LUCIA	12	15	46	113	159	56	86	142	89%	9.5
<b>SUBSTANCE ABUSE TOTALS</b>			<b>238</b>	<b>337</b>	<b>575</b>	<b>260</b>	<b>243</b>	<b>503</b>	<b>87%</b>	
<b>GRAND TOTAL</b>		<b>91</b>	<b>573</b>	<b>546</b>	<b>1,119</b>	<b>707</b>	<b>446</b>	<b>1,153</b>	<b>103%</b>	





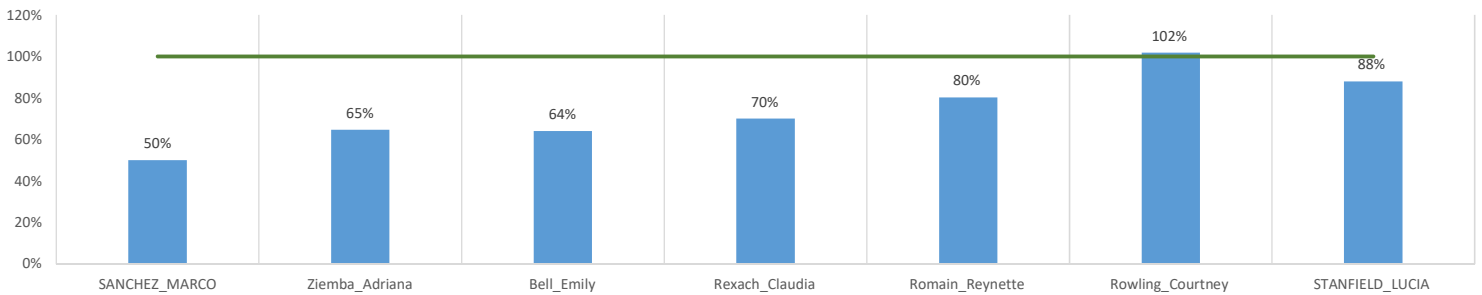
<51%	>=51% and < 80%	>= 80% and <100%	>= 100%
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ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
SANCHEZ_MARCO	16	2	16	0	16	8	0	8	50%	4.0
<b>ADULT CARE TOTALS</b>		<b>2</b>	<b>16</b>	<b>0</b>	<b>16</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>50%</b>	

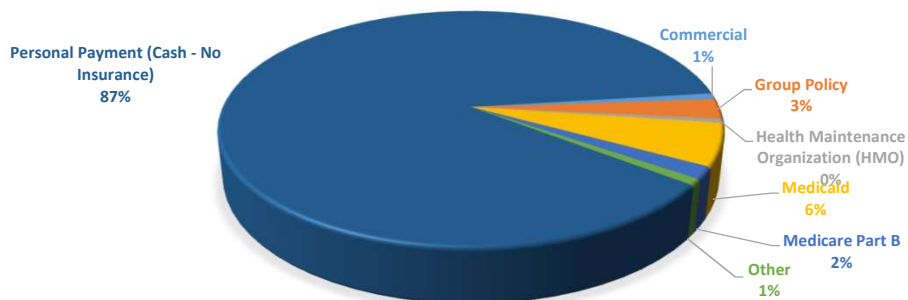
BEHAVIORAL HEALTH										
Alvarez_Franco	18	2	15	0	15	9	0	9	60%	4.5
Ziemba_Adriana	8	3	13	4	17	7	4	11	65%	3.7
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>5</b>	<b>28</b>	<b>4</b>	<b>32</b>	<b>16</b>	<b>4</b>	<b>20</b>	<b>63%</b>	

SUBSTANCE ABUSE										
Bell_Emily	15	11	160	13	173	104	7	111	64%	10.1
Rexach_Claudia	12	5	42	18	60	31	11	42	70%	8.4
Romain_Reynette	12	7	15	56	71	17	40	57	80%	8.1
Rowling_Courtney	8	7	56	0	56	57	0	57	102%	8.1
STANFIELD_LUCIA	12	10	35	40	75	37	29	66	88%	6.6
<b>SUBSTANCE ABUSE TOTALS</b>		<b>40</b>	<b>308</b>	<b>127</b>	<b>435</b>	<b>246</b>	<b>87</b>	<b>333</b>	<b>77%</b>	

<b>GRAND TOTAL</b>		<b>47</b>	<b>352</b>	<b>131</b>	<b>483</b>	<b>270</b>	<b>91</b>	<b>361</b>	<b>75%</b>	
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MEDICAL PAYER MIX  
AS 12/31/2020



<51%	>=51% and < 80%	>= 80% and <100%	>= 100%
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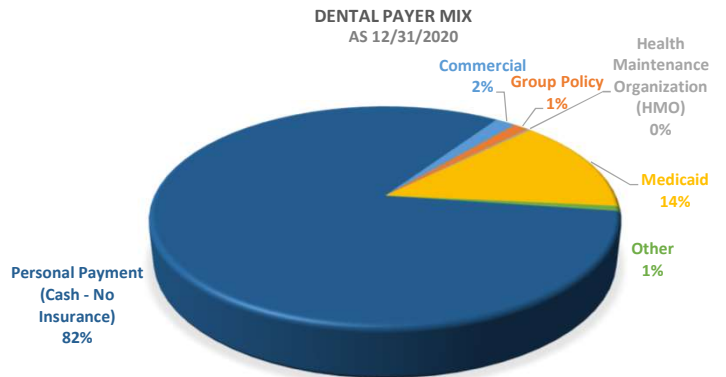
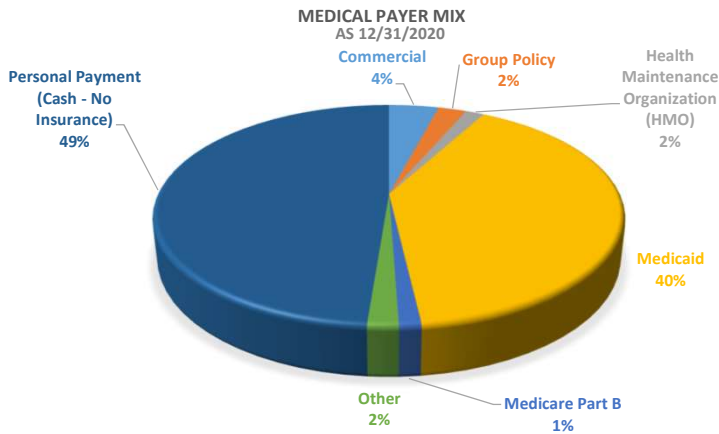
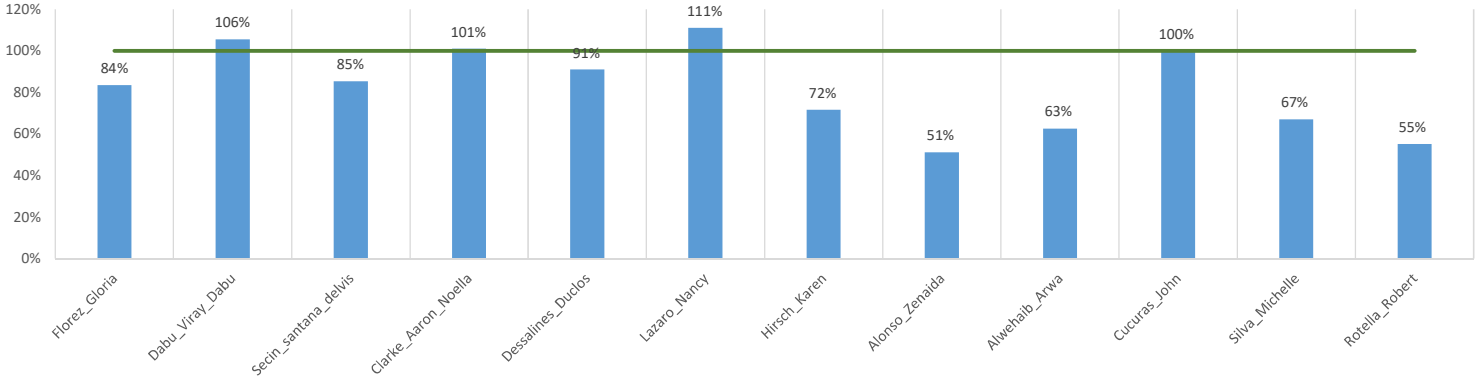
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Florez_Gloria	18	16	153	126	279	145	88	233	84%	14.6
Dabu_Viray_Dabu	18	1	18	0	18	19	0	19	106%	19.0
Secin_santana_delvis	18	16	197	82	279	178	60	238	85%	14.9
<b>ADULT CARE TOTALS</b>		<b>33</b>	<b>368</b>	<b>208</b>	<b>576</b>	<b>342</b>	<b>148</b>	<b>490</b>	<b>85%</b>	

PEDIATRIC CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
Clarke_Aaron_Noella	18	16	279	0	279	282	0	282	101%	17.6
Dessalines_Duclos	18	8	72	72	144	66	65	131	91%	16.4
Lazaro_Nancy	18	5	2	79	81	2	88	90	111%	18.0
Normil_Smith_Sherlou	18	1	18	0	18	17	0	17	94%	17.0
<b>PEDIATRIC CARE TOTALS</b>		<b>30</b>	<b>371</b>	<b>151</b>	<b>522</b>	<b>367</b>	<b>153</b>	<b>520</b>	<b>100%</b>	

BEHAVIORAL HEALTH										
Provider	Daily Target	Days Worked	In-Person	Telehealth	Total	In-Person	Telehealth	Total	% Monthly Target Achieved	Daily Average
Hirsch_Karen	12	19	99	123	222	80	79	159	72%	8.4
<b>BEHAVIORAL HEALTH TOTALS</b>		<b>19</b>	<b>99</b>	<b>123</b>	<b>222</b>	<b>80</b>	<b>79</b>	<b>159</b>	<b>72%</b>	

DENTAL										
Provider	Daily Target	Days Worked	In-Person	Telehealth	Total	In-Person	Telehealth	Total	% Monthly Target Achieved	Daily Average
Alonso_Zenaida	9	9	84	0	84	43		43	51%	4.8
Alwehaib_Arwa	16	13	208	0	208	130		130	63%	10.0
Cucuras_John	11	6	50	0	50	50		50	100%	8.3
Silva_Michelle	16	6	88	0	88	59		59	67%	9.8
Rotella_Robert	13	18	232	0	232	128		128	55%	7.1
<b>DENTAL TOTALS</b>		<b>52</b>	<b>662</b>	<b>0</b>	<b>662</b>	<b>410</b>		<b>410</b>	<b>62%</b>	

<b>GRAND TOTAL</b>	<b>134</b>	<b>1,500</b>	<b>482</b>	<b>1,982</b>	<b>1,199</b>	<b>380</b>	<b>1,579</b>	<b>80%</b>	
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C. L. Brumback

**Primary Care Clinics**

Health Care District Palm Beach County