



**FINANCE AND AUDIT COMMITTEE**  
**March 10, 2020**  
**12:00 PM**

**Meeting Location**  
**Health Care District Administrative Office**  
**1515 N. Flagler Drive, Suite 101**  
**West Palm Beach, FL 33401**

*If a person decides to appeal any decision made by the board or committee, with respect to any matter considered 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 proceeding is made, which record includes the testimony and evidence upon which the appeal is to be based.*



**FINANCE & AUDIT COMMITTEE MEETING  
AGENDA**

**March 10, 2020 at 12:00 P.M.  
1515 N. Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

**1. Call to Order – Edward Sabin, Chair**

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

**2. Agenda Approval**

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

**3. Awards, Introductions and Presentations**

- A. Investment Program Review and Market Update for Quarter Ended December 31, 2019 (John Grady, Public Trust Advisors)

**4. Disclosure of Voting Conflict**

**5. Public Comment**

**6. Meeting Minutes**

- A. **Staff Recommends a MOTION TO APPROVE:**  
Finance and Audit Committee Summary Meeting Minutes of December 10, 2019. [Pages 1-4]

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

A. **ADMINISTRATION**

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

March 2020 Internet Posting of District Public Meeting

<https://www.hcdpbcc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=327&m=0/0&DisplayType=C>

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

Finance and Audit Committee Attendance [Page 5]

- 7A-3. **RECEIVE AND FILE:**  
Internal Audit Plan FY 2019 and FY 2020 Status Update and Follow-Up of Management Action Plan Items for Completed Audits  
(Andrei De Vore, Crowe) [Pages 6-17]
- 7A-4. **Staff Recommends a MOTION TO APPROVE:**  
Purchasing Policy Revisions  
(Joel Snook) [Pages 18-24]
- 7A-5. **Staff Recommends a MOTION TO APPROVE:**  
Independent Audit Policy Revisions  
(Joel Snook) [Pages 25-28]
- 7A-6. **Staff Recommends a MOTION TO APPROVE:**  
Capital Assets Policy Revisions  
(Joel Snook) [Pages 29-32]
- 7A-5. **Staff Recommends a MOTION TO APPROVE:**  
Sublicense Agreement  
(Hyla Fritsch) [Pages 33-34]

## 8. Regular Agenda

### A. **ADMINISTRATION**

- 8A-1. **RECEIVE AND FILE:**  
Health Care District Financial Statements – December 2019  
(Joel Snook) [Pages 35-84]
- 8A-2. **RECEIVE AND FILE:**  
Summary of Internal Audit Activities and Update  
(Andrei De Vore, Crowe) [Pages 85-132]
- 8A-3. **Staff Recommends a MOTION TO APPROVE:**  
2019 Good Health Foundation, Inc. Audit  
(Carlos Hernandez, RSM) [Pages 133-134 /Under Separate Cover]
- 8A-4. **Staff Recommends a MOTION TO APPROVE:**  
2019 District Clinic Holdings, Inc. Audit  
(Carlos Hernandez, RSM) [Pages 135-136 Under Separate Cover]
- 8A-5. **Staff Recommends a MOTION TO APPROVE:**  
2019 Health Care District Audit  
(Carlos Hernandez, RSM) [Pages 137-138 Under Separate Cover]

- 8A-6. **Staff Recommends a MOTION TO APPROVE:**  
2019 District Hospital Holdings, Inc. Audit  
(Carlos Hernandez, RSM) [Pages 139-140 Under Separate Cover]

**9. Comments**

- A. CEO Comments
- B. CFO Comments
- C. Committee Member Comments

**10. Motion to Adjourn**

**FINANCE & AUDIT COMMITTEE MEETING  
SUMMARY MINUTES**

**December 10, 2019 at 12:00 P.M.  
1515 N. Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

**1. Call to Order – Edward Sabin, Chair**

**A. Roll Call**

Health Care District Finance and Audit Committee members present included: Edward Sabin, Chair; Nancy Banner, Vice Chair; Leslie Daniels; Michael Burke; Richard Sartory; Mark Marciano and Joseph Gibbons.

Staff present included: Darcy Davis, Chief Executive Officer; Joel Snook, VP & Chief Financial Officer; Valerie Shahriari, General Counsel; Deborah Hall, VP, Compliance and Privacy Officer, Internal Audit; Dr. Belma Andric, Chief Medical Officer; Dr. Thomas Cleare, VP of Strategy; Karen Harris, VP of Field Operations; Steven Hurwitz, VP, CHRO & COO, HR & Communications; Cindy Dupont, Director of Enterprise Project Management Office; Janet Moreland, Administrator of Lakeside Medical Center; Cindy Yarbrough, Director of IT Security; Tom Farrell; Construction Manager; Shelly Ann Lau, Administrator of Healey Center and Lisa Sulger, Records Manager.

Others present included: John Grady, Public Trust Advisors; Harry Torres, Crowe Healthcare Risk Consulting; Scott Gerard, Crowe Healthcare Risk Consulting and Andrei De Vore, Crowe Healthcare Risk Consulting.

Recording/Transcribing Secretary: Tanya McCain

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

**2. Agenda Approval**

**A. Additions/Deletions/Substitutions**

None

**B. Motion to Approve Agenda**

**CONCLUSION/ACTION:** Mr. Daniels made a motion to approve the agenda as presented. The motion was duly seconded by Mr. Burke. There being no opposition, the motion passed unanimously.

**3. Awards, Introductions and Presentations**

- A. Economic Update and Investment Program Review for Fiscal Year Ended 2019**  
(John Grady, Public Trust Advisors)

Mr. Grady provided an economic update and reviewed the District's investment program for FY 2019.

**B. Enterprise Project Management Office (Cindy Dupont)**

Ms. Dupont outlined the strategies that will be employed by the Enterprise Project Management Office to mitigate the challenges, and streamline the processes, of current and upcoming projects being implemented at the District.

**4. Disclosure of Voting Conflict**

None

**5. Public Comment**

None

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

**CONCLUSION/ACTION: Mr. Burke made a motion to approve the Consent Agenda items. The motion was duly seconded by Mr. Daniels. There being no opposition, the motion passed unanimously.**

**A. ADMINISTRATION**

**6A-1. RECEIVE AND FILE:**

December 2019 Internet Posting of District Public Meeting

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=267&min=0|0&DisplayType=C>

**6A-2. RECEIVE AND FILE:**

Finance and Audit Committee Attendance of May 28, 2019

**6A-3. RECEIVE AND FILE:**

Proposed schedule for 2020 Finance and Audit Committee Meetings

**6A-4. RECEIVE AND FILE:**

Internal Audit Plan 2019-2020 Status Update and Follow-Up of Management Action Plan Items for Completed Audits

**6A-5. RECEIVE AND FILE:**

Insurance Schedule 2019/2020

## 7. Regular Agenda

### A. ADMINISTRATION

#### 7A-1. RECEIVE AND FILE:

Health Care District Financial Statements – September 2019

Mr. Snook reviewed the information provided in the Management Discussion and Analysis of the September 2019 Financial Statements and responded to questions.

**CONCLUSION/ACTION: Received and Filed**

#### 7A-2. Staff Recommends a MOTION TO APPROVE:

Sponsored Programs Award Recommendations

Dr. Cleare reviewed the award recommendations from the Sponsored Programs Funding Request Selection Committee. He reported that the District sought Funding Requests from organizations to provide health care and health care support services to uninsured, underinsured and/or other vulnerable Palm Beach County residents. He outlined the selection criteria and reported on the number of proposed initiatives requesting funding and responded to questions.

**CONCLUSION/ACTION: Ms. Banner made a motion to forward the Sponsored Programs Award Recommendations to the Board for approval. The motion was duly seconded by Mr. Daniels. There being no opposition, the motion passed unanimously.**

#### 7A-3. Staff Recommends a MOTION TO APPROVE:

FY 2020/2021 Proposed Internal Audit Plan and Risk Assessment

Mr. Gerard reported on the results of the FY 2020/2021 Proposed Internal Audit Plan and Risk Assessment and responded to questions.

**CONCLUSION/ACTION: Mr. Burke made a motion to forward the FY 2020/2021 Proposed Internal Audit Plan and Risk Assessment to the Board for approval. The motion was duly seconded by Mr. Daniels. There being no opposition, the motion passed unanimously.**

#### 7A-4. Staff Recommends a MOTION TO APPROVE:

Lakeside Medical Center Focused Facility Coding Compliance Audit

Mr. Gerard reported on the results of the Lakeside Medical Center Focused Facility Coding Compliance Audit and responded to questions.

**CONCLUSION/ACTION: Mr. Daniels made a motion to forward the Lakeside Medical Center Focused Facility Coding Compliance Audit to the Board for approval. The motion was duly seconded by Mr. Marciano. There being no opposition, the motion passed unanimously.**

7A-5. **Staff Recommends a MOTION TO APPROVE:**  
Construction Build Out – Clinic at LMC Audit

Mr. De Vore reported on the results of the Construction Build Out – Clinic at LMC Audit and responded to questions.

**CONCLUSION/ACTION: Mr. Daniels made a motion to forward the Construction Build Out – Clinic at LMC Audit to the Board for approval. The motion was duly seconded by Mr. Gibbons. There being no opposition, the motion passed unanimously.**

**8. Comments**

**A. CEO Comments**

None

**B. CFO Comments**

None

**C. Committee Member Comments**

None

Unless otherwise noted, these meetings will take place in the Health Care District Board Room at 1515 N. Flagler Drive, Suite 101, West Palm Beach.

**9. Motion to Adjourn**

There being no further business, the meeting was adjourned.

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Edward G. Sabin, Chair

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Date



**HEALTH CARE DISTRICT  
OF PALM BEACH COUNTY  
FINANCE and AUDIT COMMITTEE**

**Attendance Tracking**

	01/29/19	03/26/19	05/28/19	07/30/19	09/10/19	12/10/19
Edward Sabin	X	X	X	X	X	X
Nancy Banner	X	X	X	X	X	X
Joseph Bergeron	X	X	X	X	X	
Mike Burke	X	X	X	X	X	X
Les Daniels		X	X	X	X	X
Richard Sartory			X	X	X	X
Mark Marciano			X	X	X	X
Joseph Gibbons				X	X	X

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**1. Description: Internal Audit Plan FY 2019 and FY 2020 Status Update and Follow-Up of Management Action Plan Items for Completed Internal Audits.**

**2. Summary:**

This agenda item provides the Internal Audit Plan FY 2019 and FY 2020 Status Update and Follow-Up of Management Action Plan Items for Completed Internal Audits.

**3. Substantive Analysis:**

Since the 12/10/19 Committee meeting, seven internal audits/projects on the approved internal audit plan have been completed. The FY 2019 Internal Audit Plan includes 14 internal audits/projects. Crowe has completed 12 audits/projects. There is one internal audit/project in the fieldwork phase and one in the planning phase. The FY 2020 Internal Audit Plan includes 11 internal audits/projects. There is one internal audit in the planning phase.

Budget hours were available in the FY 2019 Internal Audit Plan. Per request of the District, Crowe added a special project, Physician Non-Monetary Compensation, to complete the FY 2019 Internal Audit Plan.

As previously communicated, due to the expanded scope of the FY 2019 Internal Audit plan one audit would not be completed in the current year plan. Originally, that was to be the Petty Cash audit, but since the 12/10/19 Committee meeting it was determined to be the Employee Classification audit.

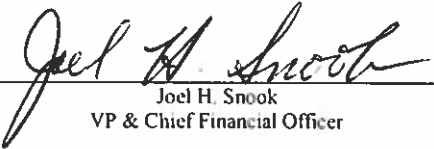
Internal controls are strengthened when action plans for issues are implemented. Crowe discusses all issues with process owners during each project. Management is responsible for formulating corresponding action plans to correct identified internal control deficiencies. Crowe validates resolution of issues by testing completion of action plans with Management on a monthly basis through our follow-up process. It is Management's responsibility to continue to maintain the controls necessary to mitigate risk. Additionally, Crowe reports the status of outstanding issues to HCD Management bimonthly.

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Joel H. Snook  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee or Subsidiary Board:**

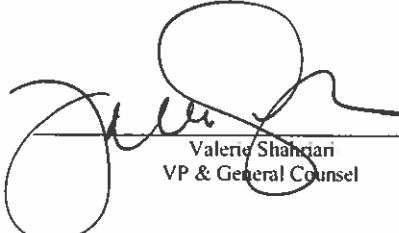
Insert Committee or Indicate N/A

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 Committee or Board Date Reviewed

**6. Recommendation:**

Staff recommends that the Finance & Audit Committee receive and file the Internal Audit Plan FY 2019 and FY 2020 Status Update and Follow-Up of Management Action Plan Items for Completed Internal Audits.

Approved for Legal sufficiency:

  
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 Valerie Shahgarian  
 VP & General Counsel

  
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 Joel H. Snook  
 VP & Chief Financial Officer

Health Care District of Palm Beach County  
Internal Audit Plan 2019 Status Update

	Entity	Category	Quarter	Proposed Audit	Scope	Source	Status	Issues by Impact Level			Audit Overview
								High	Medium	Low	
1	Aeromedical	Finance & Revenue Cycle	2	Billing and Collections (Golden Hour)	FULL AUDIT	Crowe Risk Assessment	Complete	0	1	0	Given that processes and systems in place are manual, and services have been recently contracted to a third party vendor, an external assessment can address control gaps that might exist and consideration of leading practices provided.
2	District	Finance & Revenue Cycle	2	Procurement Controls	FULL AUDIT	Crowe Risk Assessment	Complete	0	2	3	Adequate control activities around vendor set-up, purchase authorizations, supply chain management and accounts payable can prevent financial issues for the District.
3	Clinics	Operations	2	Construction Build Out	FULL AUDIT	Crowe Risk Assessment	Complete	2	1	1	Construction projects can create risks of overpayments and delays. The primary care build out at LMC has experienced changes to scope and opportunities to enhance processes can help the District achieve organizational objectives.
4	Clinics	Finance & Revenue Cycle	3	Billing and Collections (Athena)	FULL AUDIT	Crowe Risk Assessment	Complete Pending Audit Committee Approval	2	3	0	Given that processes and systems in place are manual, and services have been recently contracted to a third party vendor, control gaps might exist which could be addressed through an external review and consideration of leading practices.
5	Clinics	Operations	3	Mobile Van Operations and Processes	FULL AUDIT	Crowe Risk Assessment	Complete Pending Audit Committee Approval	0	3	1	Adequate control activities are important to facilitate the eligibility, patient setup, data collection activities and downstream processes which support the overall effectiveness of the Mobile Van program. Risk areas to consider around this operation include proper storage of medication, vehicle downtime parking and security.
6	District	Human Resources	4	Employee Classification	FULL AUDIT	Crowe Risk Assessment	Reporting				Adequate processes related to employees vs. contractor classification can prevent penalties and fines. Also, appropriate oversight of contractors can mitigate other risks for the District.
7	Aeromedical, LMC, Clinics	Finance & Revenue Cycle	4	Denials Management	FULL AUDIT	Crowe Risk Assessment	Deferred	Not Applicable			To prevent negative financial impacts to the organization, adequate control activities over denials management should be in place. These controls and processes can also mitigate compliance issues and perpetual billing and collecting issues.
8	Clinics	Clinical	4	Quality Improvement and Reporting	FULL AUDIT	Crowe Risk Assessment	Complete Pending Audit Committee Approval	0	0	0	Adequate control activities over the collection and aggregation of data from the individual clinics for reporting and performance improvement process can mitigate risks to deficient quality reporting and can enhance incentive opportunities. Quality metrics used can be compared to leading practices and potential gaps identified.
9	LMC	Clinical	4	Lakeside Medical Center Focused Facility Coding Compliance	FULL AUDIT	Crowe Risk Assessment	Complete	1	2	1	When coding monitoring procedures are reduced, related risks increase. Management implemented procedures to self-audit the coding process. This includes increasing staff over this function and bringing in outside providers to assist with oversight. With new procedures implemented, an audit can evaluate manual coding processes in place, Emergency Department codes, transfers and observation hours in the ED.
10	District	Operations	Q1 2020	Petty Cash	FULL AUDIT	Senior Leadership	Complete Pending Audit Committee Approval	0	0	4	To address Management concerns over the handling of petty cash funds, an assessment is needed to determine if controls in place over the security and use of petty cash accounts throughout the District are proper and if cash funds issued to the business units are accounted for properly.
11	Clinics	Operations	Q1 2020	Cash Posting	FULL AUDIT	Senior Leadership	Complete Pending Audit Committee Approval	0	1	3	Adequate controls over cash posting at the Primary Care Clinics can mitigate risks of theft, misposting to patient accounts and untimely deposits to the bank. Management noted concerns over the adequacy of these procedures.
12	Clinics	Clinical	Q1 2020	Payer Incentive Bonuses	PROJECT	Senior Leadership	Complete Pending Audit Committee Approval	Not Applicable			Payer quality reporting controls should support incentive bonuses received are accurate and represents the full amount allowable.

Health Care District of Palm Beach County  
Internal Audit Plan 2019 Status Update

13	Clinics	Operations	2	Athena System Selection and Current State	PROJECT	Finance and Audit Committee	Complete	Not Applicable	Inadequate due diligence procedures related to the selection, implementation and use of an Electronic Health Record (EHR) system could be disruptive to business operations and present a risk to strategic and operational objectives. The Finance and Audit Committee noted Management concerns regarding the functionality and operational effectiveness of the athenahealth EHR system for the Clinics.
14	District	Operations	Q1 2020	ADP Implementation Diagnostic	PROJECT	Senior Leadership	Complete Pending Audit Committee Approval	Not Applicable	Effective oversight and management procedures over the implementation of ADP Human Capital Management (HCM) are needed to prevent unforeseen risks related to payroll processing, reporting accuracy and optimization of workflow/functionality. Management expressed concerns over undetected risks after payroll issues were experienced subsequent to implementation of the ADP solution.
15	District	Operations	Q2 2020	Physician Non-Monetary Compensation	PROJECT	Senior Leadership	Planning	Not Applicable	The transfer of value from non-monetary benefits provided to physicians can impact compliance with physician fair market value rules and related regulations. An analysis of the data reported through the CMS database along with transactions recorded in the District's financial records, that offer non-monetary compensation to physician's affiliated with the District, will help the District assess appropriateness of compliance with related regulations.
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ADD:

15	District	Operations	Q2 2020	Physician Non-Monetary Compensation	PROJECT	Senior Leadership	Planning	Not Applicable	The transfer of value from non-monetary benefits provided to physicians can impact compliance with physician fair market value rules and related regulations. An analysis of the data reported through the CMS database along with transactions recorded in the District's financial records, that offer non-monetary compensation to physician's affiliated with the District, will help the District assess appropriateness of compliance with related regulations.
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Time Table By Calendar Quarter

Crowe Resource	Q2	Q3	Q4	Q1 2020	Q2 2020
Certified Construction Auditor (CCA)	(1) Construction Build Out				
Harry Torres	(2) Billing and Collections (Aeromed) (3) Procurement Controls (13) Athena System Selection and Current State	(4) Billing and Collections (Clinics) (5) Mobile Van Operations	(6) Employee Classification (7) Denials Management (REMOVED)	(10) Petty Cash	
Crowe Resource				(11) Cash Posting - Clinics (14) ADP Implementation Diagnostic	(15) Physician Non-Monetary Compensation
Clinical Specialist			(8) Quality Improvement and Reporting		
Compliance Specialist			(9) Lakeside Medical Center Focused Facility Coding Compliance	(12) Payer Quality Incentive Bonuses	

Health Care District of Palm Beach County  
 Follow-up of Management Action Plan Items for Completed Internal Audits

As of March 10, 2020

OPEN ACTION PLANS

AUDIT NAME	AUDIT PLAN REFERENCE	ISSUE NAME	ACTION PLAN NAME	ACTION PLAN SUMMARY	DUE DATE	REVISED DUE DATE	ACTION PLAN OWNERS	RISK RATING
Billing and Collections-Clinics (Athena)	2020-04	Payments from Insurance Payers Were Not Monitored	Implement Procedures to Communicate Changes to Contract Terms and Fee Schedules	The District's Revenue Cycle and Managed Care Contracting groups will collaborate to develop and implement procedures to manage, coordinate and timely communicate changes to fee schedules and contract terms to other departments and personnel, including patient access, to facilitate changes in payer requirements, such as pre-authorizations, co-insurance and co-pays and enhance billing and collection efforts.  <b>Expected Deliverable:</b> Written procedures to support process and controls implemented over the timely communication of changes to contract terms and fee schedules.	3/31/2020		Yolanda Ogle, Joel Snook	High
	2020-04		Develop Procedures to Load Current Fee Schedules into Athena	The District's Revenue Cycle and Managed Care Contracting groups will collaborate to develop procedures to load current fee schedules into the Athena contract management module. Loaded fee schedules and related billing edits based on payer requirements will be tested to validate accuracy.  <b>Expected Deliverable:</b> Athena reporting that validates current fee schedules were accurately loaded into the Athena contract management module.	6/30/2020		Yolanda Ogle, Joel Snook	
	2020-04		Develop Procedures and Controls to Monitor Variances Between Expected and Actual Payments	The District's Revenue Cycle group will develop and implement procedures and controls to timely identify and resolve payment variances.  These procedures will include, but not be limited to, development of Athena functionality to calculate expected payments for each claim based on payer contracts, periodic testing that this functionality is operating as intended, review frequency for payment variances and parties responsible, and procedures for resolving variances identified with payers.  <b>Expected Deliverable:</b> 1.) Written procedures to support processes and controls implemented over the timely monitoring and follow-up of variances between expected payments and actual payments.  2.) Athena reports that validate procedures in place are working as management intended. Management will analyze all claims billed to Medicare Part B since Athena implementation as identified above, determine if there is an impact to Federal Tort Claim coverage and take appropriate action if necessary.	7/31/2020		Yolanda Ogle, Joel Snook	
Billing and Collections-Clinics (Athena)	2020-04	Gaps in Controls to Prevent Submission of Medicare Part B Claims	Analyze impact to the District for Claims Billed Under Medicare Part B	<b>Expected Deliverable:</b> Documentation supporting analysis and determination of how prior claims billed under Medicare Part B impacts the District and any related actions taken.	4/30/2020		Deborah Hall, Yolanda Ogle, Joel Snook	High
				Management will work with Athens Customer Service to create an additional system control that prevents the creation of any Medicare Part B claims.  Management will also determine if there were additional failures of the existing system control in place to prevent Medicare Part B claims since Athena implementation.  Finally, Management will develop and implement procedures to monitor the system control in place and validate there were no claims billed under Medicare Part B. The new procedures will include monitoring frequency.  <b>Expected Deliverable:</b> 1.) Evidence to support creation of the additional system control created in Athena and that it prevents billing of Clinic claims under Medicare Part B. (Revenue Cycle)  2.) Athena report that details all claims billed under Medicare Part B since implementation of Athena. (Revenue Cycle and Compliance)  3.) Athena reports that monitor and validate there were no billing of Clinic claims under Medicare Part B. (Revenue Cycle)	4/30/2020		Deborah Hall	

Follow-up of Management Action Plan Items for Completed Internal Audits

AUDIT NAME	AUDIT PLAN REFERENCE	ISSUE NAME	ACTION PLAN NAME	ACTION PLAN SUMMARY	DUE DATE	REVISED DUE DATE	ACTION PLAN OWNERS	RISK RATING
Billing and Collections-Clinics (Athena)	2020-04	Management Did Not Follow the Established Policy for Review and Approval of Write-offs	Reinforce Policy to Review and Approve all Write-offs	<p>Management will complete re-assessment of processes around patient account write-offs, modify existing written policies and procedures accordingly, and review and approve proposed write-offs in accordance with the revised Policy.</p> <p><b>Expected Deliverable:</b> Documentation to support review and approval of write-offs posted in Athena were done in accordance with revised Policy.</p>	3/31/2020		Shauna Miller, Joel Snook	Moderate
Billing and Collections-Clinics (Athena)	2020-04	Update Procedures Over Billing and Collections for Athena	Update Current Procedures Over Billing and Collections for Athena	<p>Management will update current procedures over the billing and collections function. Updated procedures will align with the current operating environment which includes the use of Athena as the Patient Management System.</p> <p><b>Expected Deliverable:</b> Written procedures that were updated to reflect the action plan above.</p>	3/31/2020		Shauna Miller, Yolanda Ogle, Joel Snook	Moderate
Cash Posting - Clinics and LMC	2020-11	Deposits Not Transported to Bank Securely	Deposits Not Transported to Bank Securely	<p>Management will review options for transporting daily deposits to the bank and implement appropriate security measures.</p> <p><b>Expected Deliverable:</b> Documentation for the implementation of revised deposit transport security measures at each Clinic.</p>	4/30/2020		Marisol Miranda	Moderate
Cash Posting - Clinics and LMC	2020-11	Inconsistent Change Fund Audit Process	Inconsistent Change Fund Audit Process	<p>A written policy and procedure for oversight of Registration Specialists' change funds will be implemented. The policy will include requirements for routine fund audits by someone independent of the fund custodian and documentation requirements for the audits.</p> <p><b>Expected Deliverable:</b> 1) A copy of the written policy and procedure for oversight of Registration Specialists' change funds 2) Crowe will test a sample of change fund audits to validate implementation of the policy and procedure.</p>	4/30/2020		Marisol Miranda	Low
Cash Posting - Clinics and LMC	2020-11	Inconsistent Daily Reconciliation Process	Inconsistent Daily Reconciliation Process	<p>The C. L. Brumback Primary Care Clinics Policy <i>Cash Handling</i> will be updated to reflect procedures that are current and specific to the Athena information system and will be implemented in a standardized manner across all clinics. The updated procedures will define requirements for documentation to be retained in support of daily deposits, approval requirements and signatures, and documentation of voided transactions.</p> <p><b>Expected Deliverable:</b> 1) A copy of the written policy containing the above requirements. 2) Crowe will test a sample of one day's documentation for each clinic to validate implementation of the policy.</p>	4/30/2020		Mansol Miranda	Low
Cash Posting - Clinics and LMC	2020-11	MedHost and Athena System Access Permissions Conflicts	MedHost and Athena System Access Permissions Conflicts	<p>MedHost and Athena access permissions for Hospital and Clinic registration and cashiering staff will be investigated to determine whether associates who receive and post patient payments have conflicting access permissions that could allow them to post adjustments or other transactions in order to conceal a misappropriation.</p> <p><b>Expected Deliverable:</b> Documentation for the MedHost and Athena access reviews and any resulting modifications to Hospital and Clinic registration and cashiering staff access permissions.</p>	4/30/2020		Tabatha McAllister, Marisol Miranda	Low
Construction Build Out - Clinic at LMC	2020-03	Construction Management Policies and Procedures	Construction Management Policies and Procedures	<p>Formally develop Construction Management policies and procedures guidelines.</p> <p><b>Expected Deliverable:</b> Copy of the published policy and procedures document.</p> <p><b>CROWE COMMENT:</b> Policy additions and changes must be approved by the Board of Commissioners. Published policy will not be available until after the March 10, 2020 Board of Commissioners meeting.</p>	12/31/2019	3/31/2020	Thomas Farrell	High

Follow-up of Management Action Plan Items for Completed Internal Audits

AUDIT NAME	AUDIT PLAN REFERENCE	ISSUE NAME	ACTION PLAN NAME	ACTION PLAN SUMMARY	DUE DATE	REVISED DUE DATE	ACTION PLAN OWNERS	RISK RATING
Construction Build Out - Clinic at LMC	2020-03	Contingency Use Directive (CUD) Approval Not Documented	Timely Review and Approvals of CUD's Prior to Implementation	<p>Going forward, on this and all future construction projects, management will establish a formal procedure requiring all parties, including the project architect, general contractor and HCDPBC management, formally document their approval of CUDs by signing them during their ongoing project meetings prior to implementation.</p> <p>Expected Deliverable: Copy of procedure established reflecting inclusion of the above process.</p> <p><b>CROWE COMMENT:</b> Policy additions and changes must be approved by the Board of Commissioners. Published policy will not be available until after the March 10, 2020 Board of Commissioners meeting.</p>	12/31/2019	3/31/2020	Thomas Farrell	Low
			Excess Contingency Usage Amount Resolution to be Determined	<p>Management will work with the general contractor to make a determination as to who should be responsible for contingency usage in excess of the contractually established \$100,000 limit, and execute the appropriate instrument (deductive CUD, contract change order) accordingly.</p> <p>Expected Deliverable: Evidence (deductive CUD, contract change order) of the resolution reached regarding excess contingency balance.</p> <p><b>CROWE COMMENT:</b> Management is currently addressing the action plan item in coordination with General Counsel. An updated due date was provided to complete action plan.</p>	12/31/2019	3/31/2020		Low
Credit Balance	2019-11	Credit Balances Not Resolved Timely at LMC Clinics and Aeromed	Implement Process to Resolve Credit Balances Timely	<p>Management will develop procedures to identify review and resolve credit balances timely. Overpayments that relate to government payers (Medicare/Medicaid) will be reviewed and resolved within 60 days of payment remittance, per Medicare rules. Overpayments from non-government payors will be reviewed and resolved within 120 days of the patient date of service.</p> <p>Management will assign dedicated staff to work and manage credit balances in all systems for new credit balances created each month. Credit balances that have not been refunded within the state of Florida's one-year dormancy rule will be considered for reporting to the State of Florida as unclaimed property.</p> <p><b>CROWE COMMENT:</b> The District hired a permanent Director of Revenue Cycle, as of September 2019, who is currently assessing processes in place and evaluating the implementation of the Management Action Plan for this issue. Management provided a Revised Due Date to finalize this action plan item.</p>	6/30/2019	3/31/2020	Yolanda Ogle	Moderate
Credit Balance	2019-11	Lack of Procedures for Reporting Credit Balances Under Florida Unclaimed Property Laws	Implement Process to Report Unclaimed Property in Accordance with state of Florida Regulation	<p>Management will develop credit balance monitoring and reporting procedures and design credit balance prevention education and resolution training for staff. Management will create monthly reports to monitor credit balance creation and track resolution performance.</p> <p>Revenue Cycle management at the Clinics and LMC will coordinate with the District's Finance department to process and report unrefunded credit balances to the state of Florida, in accordance with the State's dormancy rules and reporting requirements over unclaimed property.</p> <p><b>CROWE COMMENT:</b> The District hired a permanent Director of Revenue Cycle, as of September 2019, who is currently assessing processes in place and evaluating the implementation of the Management Action Plan for this issue. Management provided a Revised Due Date to finalize this action plan item.</p>	6/30/2019	3/31/2020	Yolanda Ogle, Robert Forchin	Moderate
Lakeside Medical Center Focused Facility Coding Compliance Audit	2019-09	Facility ED E/M Level Variances	Ongoing monitoring	<p>Management will determine the process for ongoing pre-bill reviews to validate documentation supports the facility E/M level assigned.</p>	2/28/2020		Yolanda Ogle	High
Lakeside Medical Center Focused Facility Coding Compliance Audit	2019-09	Inpatient Coding Variance Identified	Education CDI Program	<p>Ongoing education will be provided to nursing and coding staff on Med Host ED E/M facility criteria. The education will include the documentation elements that are components of the criteria.</p> <p>Management will analyze feasibility of implementing a Clinical Documentation Improvement program.</p>	6/30/2020		Regina Stolpman Manuel Diaz	Moderate



Follow-up of Management Action Plan Items for Completed Internal Audits

AUDIT NAME	AUDIT PLAN REFERENCE	ISSUE NAME	ACTION PLAN NAME	ACTION PLAN SUMMARY	DOE DATE	REVISED DOE DATE	ACTION PLAN OWNERS	RISK RATING
Lakeside Medical Center Focused Facility Coding Compliance Audit	2019-09	ED Surgical CPT Variances	Create a process to work the Bill Selection Report	Management will implement a process to have staff on a daily basis review the Bill Selection Error Report to identify if a surgical charge is missing when they see a surgical CPT code.  <b>CROWE COMMENT:</b> Status of management's progress is currently unknown. Crowe will continue to work with management to remediate Audit Issue and close out the management action plan by the Revised Due Date noted.	1/31/2020	3/31/2020	Yolanda Ogle	Moderate
			Re-Bill Claims	Management will rebill claims if they are within the timely filing limit.  <b>CROWE COMMENT:</b> Status of management's progress is currently unknown. Crowe will continue to work with management to remediate Audit Issue and close out the management action plan by the Revised Due Date noted.	12/31/2019	3/31/2020	Yolanda Ogle	
			Access to revise Charges	Management will analyze feasibility of implementing a charge entry coordinator to address charge errors.  <b>CROWE COMMENT:</b> Status of management's progress is currently unknown. Crowe will continue to work with management to remediate Audit Issue and close out the management action plan by the Revised Due Date noted.	1/31/2020	3/31/2020	Yolanda Ogle	
			Education	Management will provide additional education to ED charge staff regarding capturing the procedure charge in the ED.  <b>CROWE COMMENT:</b> Status of management's progress is currently unknown. Crowe will continue to work with management to remediate Audit Issue and close out the management action plan by the Revised Due Date noted.	1/31/2020	3/31/2020	Regina Stolpman	
Lakeside Medical Center Focused Facility Coding Compliance Audit	2019-09	Current NOON operational procedures were not aligned with Admission Policy	Revise Admission Form Policy	Management will revise the current Admission Form policy to align with Florida regulation and current processes.  <b>CROWE COMMENT:</b> Status of management's progress is currently unknown. Crowe will continue to work with management to remediate Audit Issue and close out the management action plan by the Revised Due Date noted.	1/31/2020	3/31/2020	Yolanda Ogle	Low
			Education	Management will provide education to the staff on the newly revised policy.  <b>CROWE COMMENT:</b> Status of management's progress is currently unknown. Crowe will continue to work with management to remediate Audit Issue and close out the management action plan by the Revised Due Date noted.				
Medical Device Security Assessment	2019-07	Security-Related Medical Device Attributes Are Not Maintained	Establish Medical Device Network Segment	IT Management will define security-related medical device attributes to track and maintain on a centralized inventory of connected medical devices through input from IT security review forms and a complete review and documentation of existing connected medical devices  <b>CROWE COMMENT:</b> Management turnover and changes in responsibilities at the District IT department and LMC has caused delays in the implementation of this action plan item. Management stated that progress has been made on completing this action item since the previous update and has provided a revised due date for completion.	10/31/2019	3/31/2020	Michael Francischiello	Moderate
Medical Device Security Assessment	2019-07	Medical Devices are Not on a Separate Network Segment	Provide Quarterly Reporting	IT Management has contracted with CDW Government, Inc. to transform the HCDPBC network from a legacy flat design to a segmented design. The project will include a separate segment to place medical devices.  <b>CROWE COMMENT:</b> In January 2020 Crowe followed up with management for an interim update on the current progress. Management noted that they are finalizing completion of the action plan item and were working with a vendor to upgrade firmware on the wireless controller and expect final project closure before the expected due date.	3/31/2020		Michael Francischiello	High

Follow-up of Management Action Plan Items for Completed Internal Audits

AUDIT NAME	AUDIT PLAN REFERENCE	ISSUE NAME	ACTION PLAN NAME	ACTION PLAN SUMMARY	DUE DATE	REVISED DUE DATE	ACTION PLAN OWNERS	RISK RATING
Mobile Van Operations and Processes	2020-05	Charges for Behavioral Services Not Consistently Captured or Billed to Payers that Offer Reimbursement	Develop Procedures to Capture Charges for Behavioral Services	<p>The Clinic Revenue Cycle group will work with the Clinic Operations group and IT to coordinate activities and develop formal charge capture processes, workflows and billing templates to include active Behavioral Health charge codes that will support accurate capture of behavioral service charges posted in Athena daily and provide training to staff over these procedures.</p> <p>Expected Deliverable:                      1.) Written procedures and workflows to support daily charge capture and billing for behavioral services. (04/30/2020, Shauna Miller – Director, Revenue Cycle).                      2.) Templates with the active billing code requirements for Behavioral Health services and documentation to support it is included in related charge capture and billing training. The template will be evaluated by the Director, Behavioral Health for sufficiency. (04/30/2020, Coleen Simon – Clinical Business Analyst)                      3.) Evidence (training agendas, sign-in sheets, etc.) to support training provided to personnel on charge capture and billing requirements. (05/31/2020, Dr. Courtney Rowling – Director, Behavioral Health).</p>	5/31/2020		Belma Andric, MD, Hyla Fritsch, Shauna Miller, Joel Snook	Moderate
			Develop a Strategy to Establish Reimbursement Agreements	<p>After coordination and collaboration between the Clinic Operations and Managed Care Contracting groups, Management will develop a formal strategic plan which will be used to establish reimbursement agreements for Behavior Health Services with contracted payers. For Behavioral Health Services provided to patients with insurance where a reimbursement agreement is not established, Management will bill payers at the non-participating rate.</p> <p>Expected Deliverable:                      Formal strategic plan that assesses the access, capacity and metrics needed to establish reimbursement agreements with contracted payers for Behavioral Health services at the Mobile Van clinic.</p>	6/30/2020		Belma Andric, MD, Hyla Fritsch	
			Develop Procedures to Bill for Reimbursable Behavioral Health Services	<p>The Clinic Revenue Cycle group will work with the Clinic Operations group to develop written procedures that align with the District's strategic plan over the reimbursement agreements established for the behavioral health services offered at the Mobile Van Clinic.</p> <p>Expected Deliverable:                      Written procedures over identifying and establishing reimbursement agreements in accordance with what is reflected above.</p>	6/30/2020		Belma Andric, MD, Hyla Fritsch, Shauna Miller, Joel Snook	
Mobile Van Operations and Processes	2020-05	Incorrect Classification of Patients as District Cares	Improve Patient Access Procedures over District Cares Classification	<p>Management will provide targeted training to the Registration Specialist over front line registration processes which will reinforce the expectation to properly classify the patient's payer status as self-pay if they are not approved for District Cares.</p> <p>Management will also implement on-going patient chart audits (performed monthly) to include accurate insurance verification to assess the success of training provided to the registration specialist around insurance patient classification.</p> <p>Expected Deliverable:                      1.) Evidence (training agendas, sign-in sheets, etc.) to support training provided to personnel on accurate classification of patient insurance.                      2.) Results of chart audits, to include review of patient payer classification status.</p>	4/30/2020		Belma Andric, MD, Hyla Fritsch, Marisol Miranda	Moderate
Mobile Van Operations and Processes	2020-05	Evidence of Referral to Financial Counselors for Some Patients Did Not Exist	Enhance Procedures to Expand Patient Referral Opportunities for Financial Counseling	<p>Management will enhance intake procedures to facilitate the referral of patients without insurance coverage to visit a District Certified Application Counselor (CAC) to maximize opportunities to obtain insurance benefits. Enhancements will include new procedures to establish steps taken when patients refuse financial counseling or do not show up to a scheduled financial counseling appointment.</p> <p>Expected Deliverable:                      1.) Written procedures to support the referral process for patients to see a CAC.</p>	5/31/2020		Belma Andric, MD, Hyla Fritsch, Shauna Miller, Joel Snook	Low

Health Care District of Palm Beach County  
 Follow-up of Management Action Plan Items for Completed Internal Audits

As of March 10, 2020

AUDIT NAME	AUDIT PLAN REFERENCE	ISSUE NAME	ACTION PLAN NAME	ACTION PLAN SUMMARY	DUE DATE	REVISED DUE DATE	ACTION PLAN OWNERS	RISK RATING
Petty Cash Audit	2020-10	Lack of Written Policies and Procedures Over the Change Funds at LMC	Develop Policies and Procedures Over the LMC Change Funds	<p>Management will develop written procedures to provide guidance to personnel with access to the change funds over what are the appropriate uses of the fund and what the process is, if exceptions to those uses are authorized by Management. Written procedures developed should include the authorized balance for each fund, processes for counting and auditing the fund balance and frequency.</p> <p><b>Expected Deliverable:</b></p> <p>1.) Written procedures to support action plan as noted above.</p> <p>2.) Crowe will test new procedures and controls over the change funds to validate implementation of the above action plan.</p>	5/31/2020		Tabatha McAllister, Joel Snook	Low
Petty Cash Audit	2020-10	Change Fund Usage	Reinforce Written Procedures Over Authorized Use of LMC Change Funds and Replenish to the Authorized Balances	<p>A repayment plan has been established with the employee. The change fund will be replenished when the full amount of the loan has been repaid.</p> <p>Management will also reinforce the written procedures over the authorized uses of the change funds developed in Issue #1.</p> <p><b>Expected Deliverable:</b></p> <p>1.) Evidence that the loan has been repaid and that the fund balance has been replenished.</p> <p>2.) Evidence of communication or training provided to change fund custodians and other employees as to authorized uses of the change funds.</p>	5/31/2020		Tabatha McAllister, Joel Snook	Low
Petty Cash Audit	2020-10	One Petty Cash Disbursement at Healey Exceeded \$50 Limit	Reinforce Procedures to Limit Disbursement of Petty Cash to Allowable Amount	<p>Management revised the Petty Cash Reconciliation Policy and Procedure to require that uses of petty cash be approved by the Administrator or Director of Clinical Services (in the absence of the Administrator) before petty cash is disbursed.</p> <p>Management will also reinforce the \$50 Policy limit and communicate to the petty cash custodian that expenses originating from different individuals may not be combined, and that disbursements cannot be made to individuals who did not incur the underlying expenses.</p> <p><b>Expected Deliverable:</b></p> <p>1.) Evidence of receipts submitted for disbursement of petty cash being approved in accordance with procedure described above.</p> <p>2.) Evidence of communication or training provided to the petty cash custodian which reinforces the \$50 policy limit and prohibits combining of expenses from different individuals and disbursement of petty cash funds to individuals who did not incur the underlying expenses.</p>	3/31/2020		Karen Harris, Shelly-Ann Lau	Low
Procurement Controls Audit	2020-02	A Duplicate Payment Was Made	Research Duplicate Payment Identified and Request Refund from Vendor	<p>Management will reinforce current procedures used by AP Coordinators to check for potential duplicate payments if a vendor had a name change. Management will request a refund from the vendor.</p> <p><b>CROWE COMMENT:</b></p> <p>Management has communicated the procedures to AP Coordinators of what is expected around vendor name changes and duplicate payment risks through a formal AP web-based training seminar. However, Management has been working with the vendor to reconcile the payments posted by the vendor to their outstanding invoices and validate that a duplicate payment was made and owed to the District.</p>	8/30/2019	3/31/2020	Jesenia Bruno	Moderate
Procurement Controls Audit	2020-02	Vendor Master Maintenance Controls Could Be Strengthened	Annual Vendor Master File Maintenance	<p>Management will develop a formal annual vendor master maintenance procedure that includes an analysis of the Vendor Master File to identify duplicate vendors, unused vendors and current or former employees inappropriately listed as active vendors. Management will deactivate vendors no longer needed in the Vendor Master File.</p> <p><b>CROWE COMMENT:</b></p> <p>The CFO role was filled in August 2019. Management is currently assessing processes in place and evaluating the implementation of the Management Action Plan for this issue. New procedures are currently being developed. Management provided a Revised Due Date to finalize this action plan item.</p>	9/30/2019	3/31/2020	Jesenia Bruno	Moderate

Health Care District of Palm Beach County

As of March 10, 2020

Follow-up of Management Action Plan Items for Completed Internal Audits

AUDIT NAME	AUDIT PLAN REFERENCE	ISSUE NAME	ACTION PLAN NAME	ACTION PLAN SUMMARY	DUE DATE	REVISED DUE DATE	ACTION PLAN OWNERS	RISK RATING
PTO Benefits	2019 - 12	PTO Accrued at Higher Rates due to Exceeding 80 Regular Hours	Educate Department Managers	The Payroll Manager will educate department managers regarding the importance of making certain that employees do not exceed 80 regular hours. This education will be incorporated into the quarterly education session.  <u>CROWE COMMENT:</u> Management initially indicated that the ADP implementation may eliminate this risk but ultimately determined that system functionality currently does not mitigate the risk. The Payroll department continues to address the accrual of PTO on hours exceeding 80 with managers on an individual basis and will also develop a payroll training series for department managers that will formally educate them on their expectations related to payroll processes which will include the importance of making certain that employee do not exceed 80 regular hours. Management provided a Revised Due Date to finalize this action plan item.	3/31/2019	3/31/2020	Sabrina Thornton	Moderate
			Build a Rule into Kronos	The Payroll Manager will build a rule into the Kronos system which will comply with the PTO policy of employees not exceeding 40 regular hours per week.  <u>CROWE COMMENT:</u> Management determined that a system edit rule cannot be made in ADP and a procedure around manual review of reports will be developed to mitigate this risk. Management provided a Revised Due Date to finalize this action plan item.	3/31/2019	3/31/2020	Sabrina Thornton	Moderate
Third Party Vendor Management	2019 - 09	Security Officer Contract Performance Not Formally Monitored to Address Service Level Issues at Lakeside Medical Center (LMC)	Work with Service Provider to Resolve Service Related Issues and Implement Tools to Monitor Performance at LMC	Management is discussing the service related issues identified with appropriate management over the Security Officer service agreement and will implement appropriate corrective actions.  Management will implement a formalized performance monitoring process which will include tools and procedures to address G4S compliance with contract requirements and provide effective oversight over the contract. Such tools will include verification of licensing requirements, notification of changes to vendor's key personnel, unsatisfactory personnel, minimum hiring standards, training expectations, scheduled and unscheduled inspections, reconciliation of service hours billed, communication of incident reports and resolving performance issues in a timely manner. Management will also apply action plan items to other business units serviced by G4S.  <u>CROWE COMMENT:</u> Management is currently assessing alternate solutions to the current vendor, which includes termination of the vendor agreement and related services. Final determination of action plan items or resolution is currently on-going.	4/30/2019	3/31/2020	Janet Moreland, Dennis Dzurowski	Moderate
Third Party Vendor Management	2019 - 09	Establish Procedures Around Vendor Performance Monitoring	Develop District-wide Procedures and Guidelines Over Vendor Performance Monitoring and Management	Vendor performance monitoring and management procedures consists of a Vendor Risk Assessment, Vendor Due Diligence, Vendor Contract Management and Vendor Supervision. Management will develop a Vendor Risk Rating Matrix to assign a Vendor Risk Rating of Low, Medium or High Risk which is managed by an assigned contract supervisor for each department. Exceptions to the assigned risk rating may be granted as noted by the Risk Rating Matrix.  The Rating is an indicator of the level of due diligence the organization requires for each vendor. Risk assessments will be reviewed as part of contract renewal or anytime its scope changes significantly. Medium and high-risk vendor contracts, including renewals, will be executed by the business unit senior leader or above. The assigned contract supervisor will complete the vendor risk analysis, vendor due diligence review, maintain vendor files and act as vendor liaison.  <u>CROWE COMMENT:</u> Management is currently addressing the action plan item in coordination with the District's new Project Management Office. An updated due date was provided to complete action plan.	4/30/2019	3/31/2020	Joel Snook	Low

**ACTION PLANS COMPLETED SINCE THE LAST AUDIT COMMITTEE MEETING ON 12/10/19:**

AUDIT NAME	AUDIT PLAN REFERENCE	ISSUE NAME	ACTION PLAN NAME	ACTION PLAN SUMMARY	DUE DATE	REVISED DUE DATE	ACTION PLAN OWNERS	FOLLOW-UP COMMENTS
Construction Build Out - Clinic at LMC	2020-03	Construction Project Communication Not Timely Among Parties	Timely Notification of Critical Project Communications	Going forward, on this and all future construction projects, Management will develop and implement a procedure requiring that the project architect promptly communicate project notifications received from AHCA and other building regulatory authorities to all interested parties in a timely manner.  Expected Deliverables: 1. Copy of procedure established reflecting inclusion of the above process. 2. A log of all project communications provided to the architect from AHCA regarding construction project activities that is distributed to all interested parties.	12/31/2019		Thomas Farrell	Complete

Follow-up of Management Action Plan Items for Completed Internal Audits

AUDIT NAME	AUDIT PLAN REFERENCE	ISSUE NAME	ACTION PLAN NAME	ACTION PLAN SUMMARY	DUE DATE	REVISED DUE DATE	ACTION PLAN OWNERS	RISK RATING
			Determination and Pursuit of Remedies Related to Construction of Non-Compliant Building Wall	In considering recovery of costs associated with construction of the non-compliant walls, Management will: <ul style="list-style-type: none"> <li>Quantify additional costs incurred as a result of this construction.</li> <li>Review the contract with the Architect for potential remedies, and</li> <li>Determine the next steps in pursuing recovery of these costs in consultation with the HCDPBC Legal Department.</li> </ul> Expected Deliverables <ol style="list-style-type: none"> <li>Copy of the additional construction cost tabulation, and</li> <li>Documentation of next steps to be taken, if any, to recover these costs.</li> </ol>			Belma Andric, MD, Thomas Farrell	
Medical Device Security Assessment	2019 - 07	IT Risk Assessment did not Include Medical Devices	Establish Medical Device Governance Committee	IT Management will direct with the external vendor who completes the FY2019 IT Risk Assessment to include medical device threats, risks, and controls.	11/30/2019	2/28/2020	Cindy Yarbrough	Complete
Mobile Van Operations and Processes	2020-05	Patients with a Homeless Designation Not Supported with a Homeless Declaration Form	Improve Patient Access Procedures over Homeless Patient Declaration Forms and Designation Process	Management does not rely on the Homeless Declaration Form to support homeless status. After the audit was completed, Management revised its written Policy and Procedures that define the expectations over the process to designate a patient as homeless, when to accept a self-declaration of income, applying the sliding fee program, applications to waive service fees and when to waive any applicable fees for any patient who can demonstrate a hardship need. Written procedures were aligned with HRSA guidelines and requirements.	Complete		Belma Andric, MD, Hyla Fritsch	Complete
Petty Cash Audit	2020-10	Petty Cash Reconciliation Procedures Not Completed Timely at Healey	Reinforce Procedure to Complete Petty Cash Reconciliation at Healey in Accordance With Written Policies and Procedures	Management revised the Petty Cash Reconciliation Policy and Procedure to require a reconciliation of the facility petty cash fund when the fund is reduced to approximately \$200 and remove the requirement to reconcile bi-weekly.	Complete		Karen Harris, Shelly-Ann Lau	Complete
Procurement Controls Audit	2020-02	No Process to Monitor Open Purchase Orders	Develop Procedures to Close Old Purchase Orders	Management will develop a quarterly procedure to formally analyze open purchase orders older than 60 days and close out the Purchase Order if it is not used.	9/30/2019	12/31/2019	Robert Forchin	Complete
Procurement Controls Audit	2020-02	User Access Profile Did Not Enforce Segregation of Duties over AP Functions	Continue Compensating Control and Assess Opportunity to Remove Access for Printing Vendor Checks	Management will work with the General Ledger software vendor and the District's IT department to assess if the access profile can be modified for this employee to strengthen segregation of duties while maintaining the ability to perform all required job duties.	8/30/2019	12/31/2019	Sabrina Thornton	Complete
Procurement Controls Audit	2020-02	Users with Inappropriate Access to AP Function in the District's General Ledger System	Remove Users with Inappropriate Access to AP Function in FinancePlus and Obtain Access Reports with all Listed Users	A formal request was issued to IT during the audit to remove the inappropriate user access of the two personnel. Also, Management will request that IT provide user profile reports which include all users with access to AP functions in FinancePlus, which will facilitate the quarterly reconciliation of user access to FinancePlus.	9/30/2019	12/31/2019	Sabrina Thornton	Complete
Third Party Vendor Management	2019 - 09	Improve Performance Management Procedures for LMC Cafeteria Services	Develop Tools and Formal Procedures to Adequately Monitor and Management Performance of Cafeteria Services Provider at LMC	Management will implement tools and procedures to facilitate contract performance monitoring. In accordance with quality monitoring and process improvement goals included in the contract, LMC will develop a patient/customer satisfaction tool to survey patient/customer satisfaction with cafeteria services. Additionally, LMC will survey Nutrition Services staff semi-annually to gauge strengths and weaknesses of the department and management. The results of these surveys will be included in the annual business plan. Management will also make sure that the annual business plan details all of the elements provided in the contract requirements, such as Goals and Objectives to be attained over the following operational year.  Additionally, management will require contractor to provide a monthly operational report that details all the relevant topics noted in the contract terms. Finally, Management will work with appropriate contractor personnel to develop a Quarterly Business Review packet that provides management appropriate insight to analyze financial results and operations of the cafeteria services provided by the vendor. The information in the Quarterly Business Review should include sufficient level detail to allow management to observe and follow up on significant trends and/or variances. Management will meet with vendor quarterly to discuss performance issues and any necessary corrective actions.	4/30/2019	12/31/2019	Janet Moreland	Complete

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**1. Description: Purchasing Policy Revisions**

**2. Summary:**

Revisions to the District's Purchasing Policy are being proposed for approval.

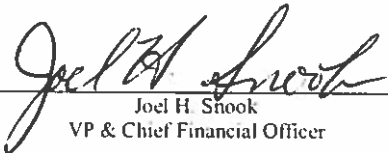
**3. Substantive Analysis:**

The Purchasing Policy provides guidance for the procurement of goods and services including responsibilities, exemptions, bidding requirements and preferences.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Joel H. Shook  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee or Subsidiary Board:**

N/A

\_\_\_\_\_  
Committee or Board

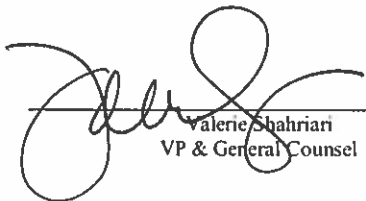
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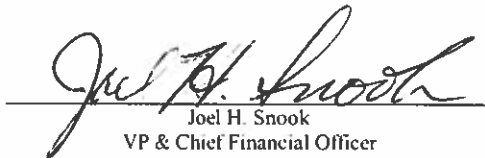
**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**6. Recommendation:**

Staff recommends that the Finance & Audit Committee review the revised Purchasing Policy and forward to the Board for approval.

Approved for Legal sufficiency:

  
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Valerie Shahrian  
VP & General Counsel

  
\_\_\_\_\_  
Joel H. Snook  
VP & Chief Financial Officer

# POLICY

Policy Title: **Purchasing Policy**

Effective Date: 09/25/2018

Department: Finance

Policy #: 201410-PP

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## 1. Purpose

The District must ensure that quality goods and services are procured in a timely manner, at the most competitive costs. The purchasing policy provides for a consistent and systematic method of procuring goods and services required by the District and its affiliates. This policy defines the responsibilities and authority for purchases and ensures compliance with applicable State and Federal laws.

## 2. Responsibility

The authority to obligate funds for the purchase of goods (including supplies, materials, finished goods, and equipment) or services is granted to the Chief Financial Officer, unless specifically reserved for the Chief Executive Officer or the District's Board under this policy. This policy applies to the Health Care District and all of its affiliates.

No expenditure is entirely exempt from this policy, however, certain procurements of goods and services, as enumerated below, may be exempted from the purchase requisition requirement. Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Unless otherwise stated within this policy, all purchases require the submission and approval of a Purchase Requisition and will not be processed through other payment means (check request, payroll deduction, etc.)

## 3. Exempt From Purchase Requisition Requirements

The goods and services listed below are exempt from the purchase requisition requirement:

- Institutional and professional medical claims payments on behalf of members, patients, and residents.
- Refunds to members, patients, and residents.
- Resident entertainment activity prizes (Healey Center only).
- Dues and memberships in trade and professional organizations (if being reimbursed through expense report or paid by corporate credit card).
- Legal settlements, fines, and penalties.
- Payroll ACH refunds.
- Postage (if being paid through petty cash or through the expense report process).
- Security coverage by individual local police officers if offered through a government agency.
- Travel Authorization expenses to be paid by the District in advance of travel to vendors, including registration fees, hotel costs, airline tickets, and/or train tickets.
- Reimbursement of travel expenses for interview candidates.



# POLICY

Policy Title: **Purchasing Policy**

Effective Date: 09/25/2018

Department: Finance

Policy #: 201410-PP

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- Travel Authorization employee-paid expenses, includes meals, mileage, tolls, taxi, and other miscellaneous trip-related expenses.
- Payroll, court ordered payments, garnishments, payments of taxes, and other amounts withheld from employees pay, including employee reimbursements for mileage, dues, and tuition.
- Other employee reimbursements at the discretion of the Chief Financial Officer.
- Purchasing card purchases at the discretion of the Chief Financial Officer

#### 4. Contract Requirement

Any request for goods or services must be accompanied by a fully executed agreement between the parties and must comply with all District legal policies and procedures, unless otherwise approved by HCD General Counsel and the Chief Financial Officer.

#### 5. Competitive Bidding and Competitive Quotes

Any expenditure exceeding \$5,000 requires the submission of two additional competitive quotes and justification for selection if the lowest bid is not selected. For non-construction purchases, the Purchaser may opt to make a selection from quotes received, solicit informal competitive bids or complete a formal Request for Proposal process (RFP). Construction projects require formal competitive bidding when the projected cost exceeds \$325,000 the competitive bid process must follow the requirements of Florida Statue 287.055.

Quotes are not required for the following purchases:

- Utilities including but not limited to electric, water and sewer, natural gas, and telephone.
- Entertainers, artists, and performers.
- Costs for training and education, including speakers, events, and programs.
- Renewal of software maintenance where maintenance is provided by software manufacturer or developer.
- Subscriptions to periodicals, newspapers, and clinical databases.
- Services provided to or on behalf of individual members, patients, and residents that are not elsewhere described.
- Licensed health professionals who hold a medical directorship position, serve on a committee, provide services directly to members, patients, and residents whose payments are issued outside of the medical claims system.

# POLICY

Policy Title: **Purchasing Policy**

Effective Date: 09/25/2018

Department: Finance

Policy #: 201410-PP

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- Contracts for goods and services between the District and other governmental entities or non-profit organizations, including PRIDE.
- Attorneys at law, investigators, and expert witnesses having specialized skill, or knowledge in an area of legal practice.
- Professional services to be used on special projects not to exceed 12 months.(This exception cannot be renewed and no contract may exceed 12 months)

## 6. Formal Competitive Bidding Process (RFP) and Right To Protest

All formal competitive solicitations for goods and services obtained through the RFP process shall be advertised and internal bid procedures shall be followed. RFPs for construction projects will comply with Florida Statute Chapter 255 Section 20.

Any bidder who is aggrieved in connection with the solicitation or pending award of a contract may protest to the Chief Financial Officer. Protest procedures will be contained within the RFP document as posted on the Health Care District website.

## 7. Local vendor preference

It is the District's intent to purchase from Palm Beach County approved vendors whenever possible. However, the intent to purchase locally is constrained by the District's responsibility to ensure that maximum value is obtained for each public dollar spent. Bids and quotations received from all vendors will be evaluated based on price and quality.

## 8. Sole Source Purchases

The Chief Financial Officer may designate certain purchases to be justified sole source purchases, where the goods or services being procured are only available from a single supplier due to the specialized nature of the goods or services being provided, the need for compatible equipment or supplies, the relationship of the supplier to the original manufacturer, emergency conditions or the specific needs of the Health Care District.

## 9. Emergency Purchases

The Chief Financial Officer may make or authorize others to make emergency procurements when there exists a threat to public health, welfare, safety, property, or other substantial loss to the District. All emergency procurements shall be made with such competition as is practical under the circumstances, Emergency purchases shall require a purchase requisition and must be made in accordance with such terms as required by General Counsel

## 10. Compliance with Policy and Chief Financial Officer Discretion

# POLICY

Policy Title: **Purchasing Policy**

Effective Date: 09/25/2018

Department: Finance

Policy #: 201410-PP

- Purchases of goods or service (may not be split across multiple transactions, vendors, or procurement methods to circumvent established purchasing approval limits.
- The purchasing card program and employee reimbursement process should not be used to procure goods or services that would be subject to a competitive bidding process or could be acquired utilizing contracted pricing.
- Use of multiple procurement methods, e.g. purchase requisitions, purchasing card, etc. for a single purchase does not eliminate the competitive bidding requirement, if the total purchase would be subject to competitive bidding.

In instances where the application of the policy is unclear and relates to procurements not exceeding \$250,000, the Chief Financial Officer may exercise discretion in determining if there has been compliance with policy.

## 11. Development of Procedures

The Chief Financial Officer shall establish procedures, authorizations and forms as may be necessary to implement this policy.

APPROVED BY	DATE
Darcy J. Davis, Chief Executive Officer	
Finance and Audit Committee	09/25/2018
Health Care District Board	09/25/2018

## POLICY REVISION HISTORY:

10/11/2006	07/11/2007	01/14/2009	02/09/2011	03/14/2012
10/10/2012	10/01/2013	10/01/2014	07/25/2017	09/25/2018

## **POLICY**

Policy Title: **Purchasing Policy**

Effective Date: 09/25/2018

Department: Finance

Policy #: 201410-PP

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**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**1. Description: Independent Audit Policy Revisions**

**2. Summary:**

Revisions to the District's Independent Audit Policy are being proposed for approval.

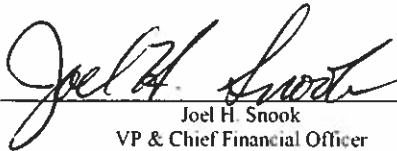
**3. Substantive Analysis:**

The Independent Audit Policy sets forth requirements for the annual audit performed by an independent public accounting firm to provide an objective opinion regarding the District, entities and funds financials.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Joel H. Snook  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee or Subsidiary Board:**

N/A

\_\_\_\_\_

Committee or Board

\_\_\_\_\_

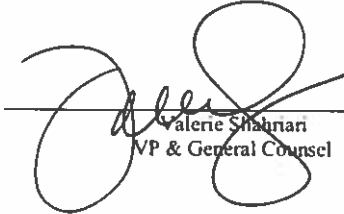
Date Reviewed

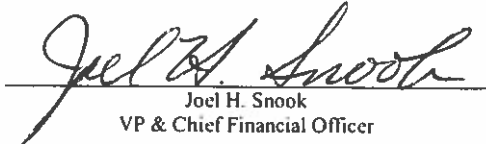
**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**6. Recommendation:**

Staff recommends that the Finance & Audit Committee review the revised Independent Audit Policy and forward to the Board for approval.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Shahmiri  
VP & General Counsel

  
\_\_\_\_\_  
Joel H. Snook  
VP & Chief Financial Officer

# POLICY

Policy Title: **Independent Audit Policy**

Effective Date: 10/01/14

Department: **Finance**

Policy #: 201410-IAP

## INTRODUCTION

This policy provides clarification regarding the expectations for an independent audit.

## SCOPE

This policy applies to all District programs and affiliates.

## DEFINITIONS

An independent audit is an external accounting function conducted by a public accounting firm or private certified accountant (CPA) to provide an objective opinion regarding the company's financial accounting process.

## POLICY

An annual audit will be performed by an independent public accounting firm, with an audit opinion to be included with the District's published Comprehensive Annual Financial Report (CAFR). At a minimum, an audit will be conducted for the consolidated entities, as well as any other fund, required by law or statute to have a separate independent audit. Management may also desire to have separate audits for individual proprietary funds for operating purposes.

Selection of the independent auditors will be done through ~~an~~ competitive bidding RFP process no greater than every five years. The originally selected group may be eligible for re-selection however; the audit engagement partner should be rotated at least every five years.

APPROVED BY	DATE
<u>Darcy J. Davis Ronald J. Wiewora, MD, MPH, Chief Executive Officer</u>	
<u>Health Care District Finance and Audit Committee</u>	
<u>Health Care District Board</u>	<u>09/04/14</u>

# POLICY

Policy Title: **Independent Audit Policy**

Effective Date: 10/01/14

Department: **Finance**

Policy #: 201410-IAP

## POLICY REVISION HISTORY

**Original Policy Date**

03/11/2009 –  
Financial Policies

**Revisions**

11/14/2012 – Financial Policies	11/01/2013 – Financial Policies
<u>10/01/2014 – Independent Audit Policy</u>	



**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**1. Description: Capital Assets Policy Revisions**

**2. Summary:**

Revisions to the District's Capital Assets Policy are being proposed for approval.

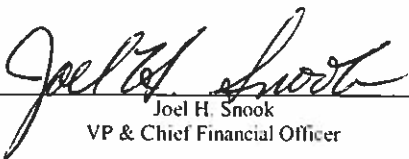
**3. Substantive Analysis:**

The Capital Assets Policy sets forth requirements for recording and tracking of assets, establishes depreciation guidelines for useful life and sets the threshold under which assets must be depreciated.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Joel H. Snook  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee or Subsidiary Board:**

N/A

\_\_\_\_\_

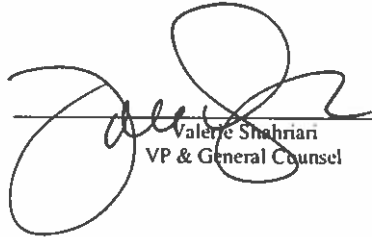
Committee or Board
Date Reviewed

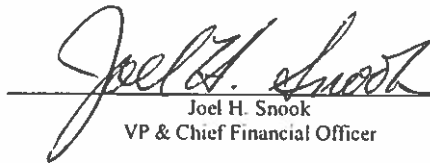
**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**6. Recommendation:**

Staff recommends that the Finance & Audit Committee review the revised Capital Assets Policy and forward to the Board for approval.

Approved for Legal sufficiency:

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

  
\_\_\_\_\_  
Joel H. Snook  
VP & Chief Financial Officer

# POLICY

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Policy Title: **Capital Assets**

Effective Date: 07/25/2017

Department: **Finance**

Policy Number: 201510-CA

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## INTRODUCTION

The Health Care District of Palm Beach County (HCDPBC), as a special taxing district, is required by FS274.12 to comply with the provisions of Chapter 274. This chapter sets forth requirements for asset recording and inventory, property supervision and control, property acquisition, surplus property, alternative procedures and authorization and recording of property disposal.

## SCOPE

This policy applies to all District programs, subsidiaries and affiliated entities.

## CAPITAL ASSETS DEFINED

Capital assets are assets that 1) are used in operations and 2) have an initial useful life in excess of one year. The term embraces both tangible assets (land, buildings, building improvements, vehicles, machinery, equipment, works of art, historical treasures, infrastructure) and intangible assets (easements, software, water rights).

## CAPITALIZATION THRESHOLDS

Capital assets for all funds shall be assets with an initial cost of at least \$5,000 (~~\$50,000 for computer software~~) and with an estimated useful life greater than one (1) year.

## RECORDING AND TRACKING CAPITAL ASSETS

Capital assets purchased in the governmental funds are recorded as expenditures at the time of purchase.

Capital assets purchased in the business type funds are recorded as capital assets at the time of purchase and depreciated over the useful lives of the assets.

Capital assets are recorded at historical cost or estimated historical cost, if actual cost is not available.

Contributed capital assets are valued at their estimated fair value on the date contributed.

Gains and losses on the disposition of capital assets are recorded in the year of disposal.

All assets meeting capital assets definitions and capitalization thresholds will be assigned a tag number for tracking purposes. If appropriate, all assets will be tagged with the assigned tag number.

An internal inventory of capital assets will be conducted no less than annually and shall be District-wide.

# POLICY

Policy Title: **Capital Assets**

Effective Date: 07/25/2017

Department: **Finance**

Policy Number: 201510-CA

## DEPRECIATION

The useful life of an asset is the normal operating life in terms of utility to the owner. Estimates of useful life consider factors such as physical wear and tear and technological changes that bear on the economic usefulness of the asset. Capital assets, other than land and construction in progress, are depreciated using the straight-line method and applying the mid-month convention. Depreciation is calculated over the estimated useful life of the asset in accordance with the most recent edition of the American Hospital Associations Estimated Useful Lives of Depreciable Hospital Assets, unless law, FASB or GASB as applicable, supersedes such guidance.

APPROVED BY	DATE
Darcy J. Davis, Chief Executive Officer	
Health Care District Finance and Audit Committee	07/25/2017
Health Care District Board	07/25/2017

## POLICY REVISION HISTORY

Original Policy Date

10/01/2015

Revisions

07/25/2017

03/10/2020

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**1. Description: Sublicense Agreement**

**2. Summary:**

This item presents the Board with a Sublicense Agreement between District Clinic Holdings, Inc., and Health Care District of Palm Beach County.

**3. Substantive Analysis:**

The existing Health Care District Pharmacy in Belle Glade is relocating to Lakeside Medical Center in the area adjacent to the C.L. Brumback Belle Glade Primary Care Clinic. The purpose of the Sublicense Agreement between District Clinic Holdings, Inc. and Health Care District of Palm Beach County is to account for the pharmacy portion of utility and usage fees for the pharmacy space located within the CL Brumback Primary Care Clinic in Belle Glade located at 39200 Hooker Highway, Belle Glade, FL 33430.

Health Care District pharmacy currently utilizes 295 sq. ft. of office space and the fees to the Health Care District is as follows:

Usage Fees:

\$5,310.00 per year at \$18.00 per sq. ft. which includes Common Area Maintenance charges (CAM); usage fee will increase 3% annually beginning the second year.

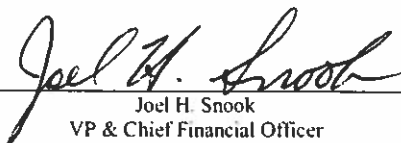
Utility Fees:

Utility fees will be calculated at 0.2% of the annual gross amount paid by District Clinic Holdings, Inc.

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

	<b>Amount</b>	<b>Budget</b>
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	<b>\$5,310.00 + 0.2% of utility fees</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Joel H. Snook  
 VP & Chief Financial Officer

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**5. Reviewed/Approved by Committee or Subsidiary Board:**

N/A

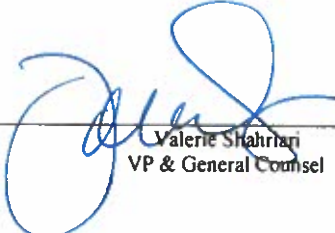
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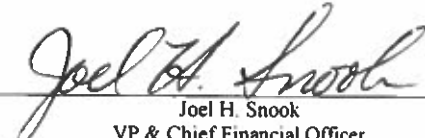
Committee or Board Date Reviewed

**6. Recommendation:**

Staff recommends that the Finance & Audit Committee review the Sublicense Agreement and forward to the Board for approval.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Shahrian  
VP & General Counsel

  
\_\_\_\_\_  
Joel H. Snook  
VP & Chief Financial Officer

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**1. Description: Health Care District Financial Statements**

**2. Summary:**

The YTD December 2019 financial statements for the Health Care District are presented for Finance and Audit Committee review.

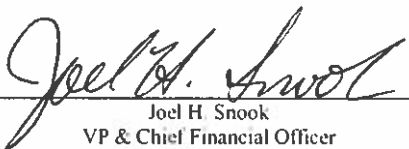
**3. Substantive Analysis:**

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Joel H. Snook  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee or Subsidiary Board:**

N/A

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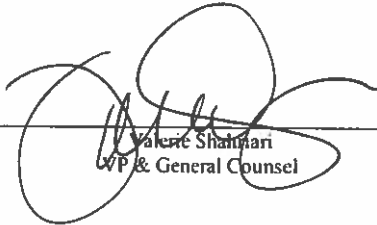
Committee or Board Date Reviewed

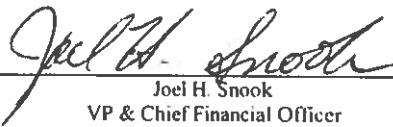
**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**6. Recommendation:**

Staff recommends that the Finance & Audit Committee receive and file the YTD December 2019 Health Care District financial statements.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Shamari  
VP & General Counsel

  
\_\_\_\_\_  
Joel H. Snook  
VP & Chief Financial Officer



# Health Care District of Palm Beach County

FINANCIAL STATEMENT

December 2020



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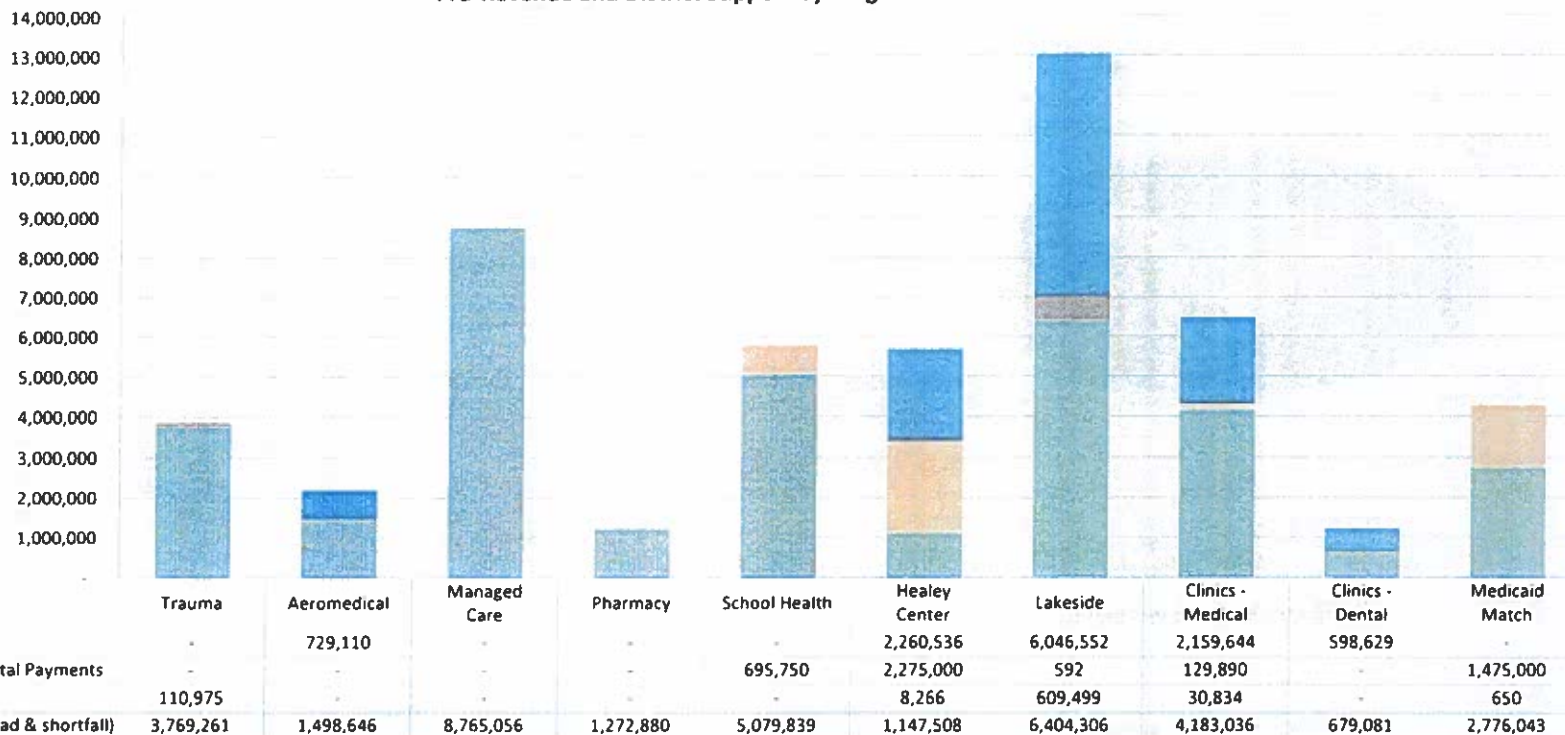
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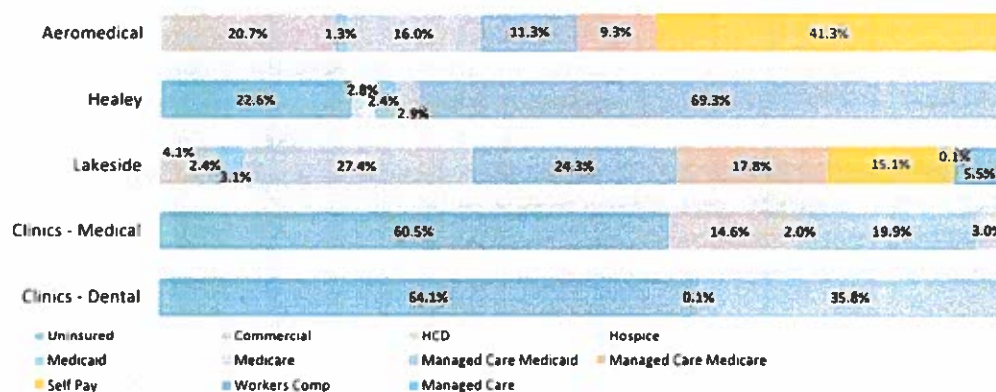
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# Program Dashboard - YTD December 2019

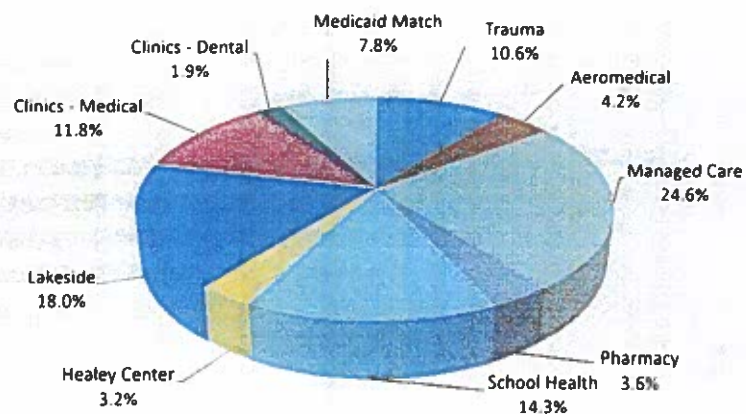
## YTD Revenue and District Support by Program



## YTD Payor Mix by Volume

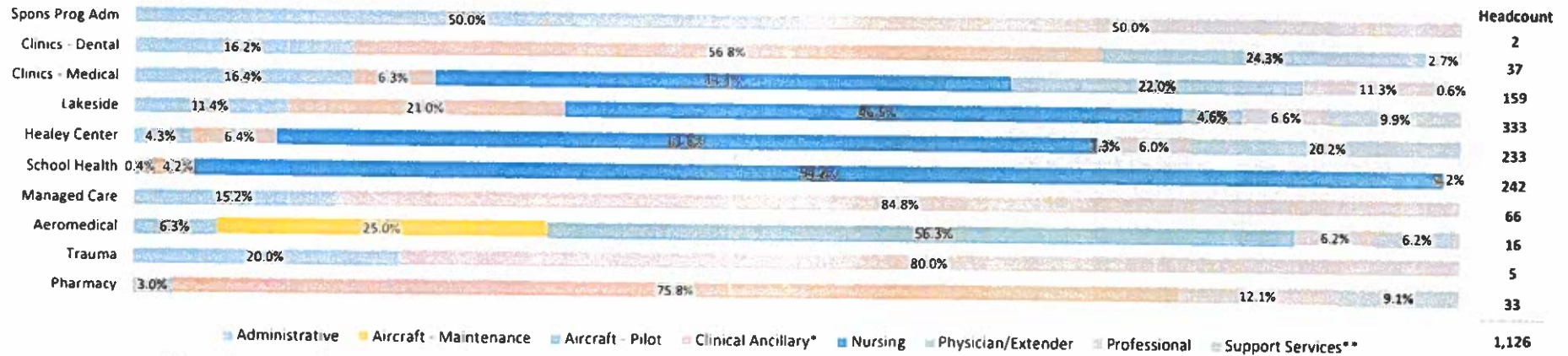


## District Support (overhead and shortfall)



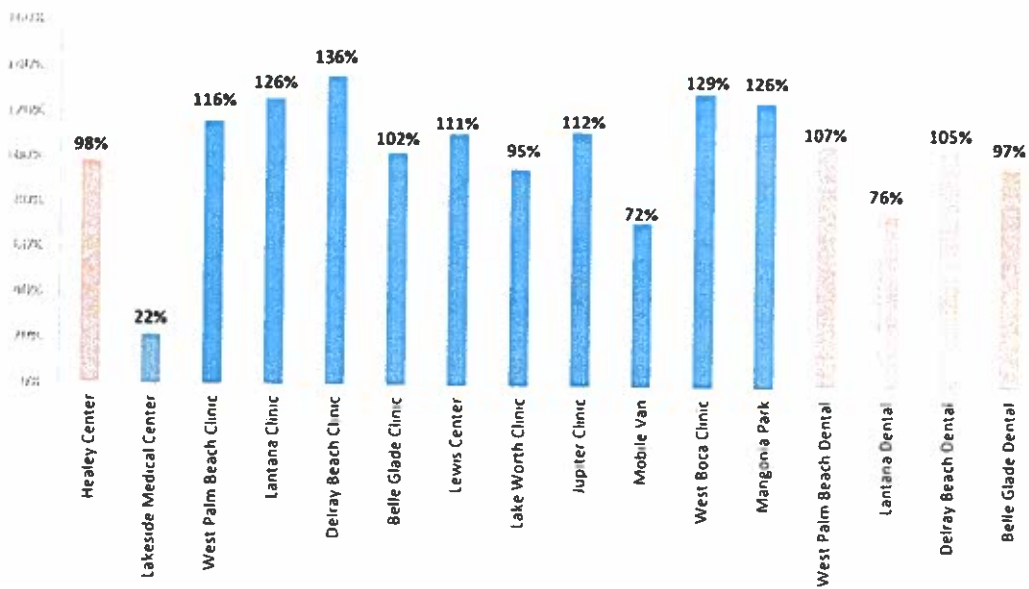
# Program Dashboard - YTD December 2019

## Workforce



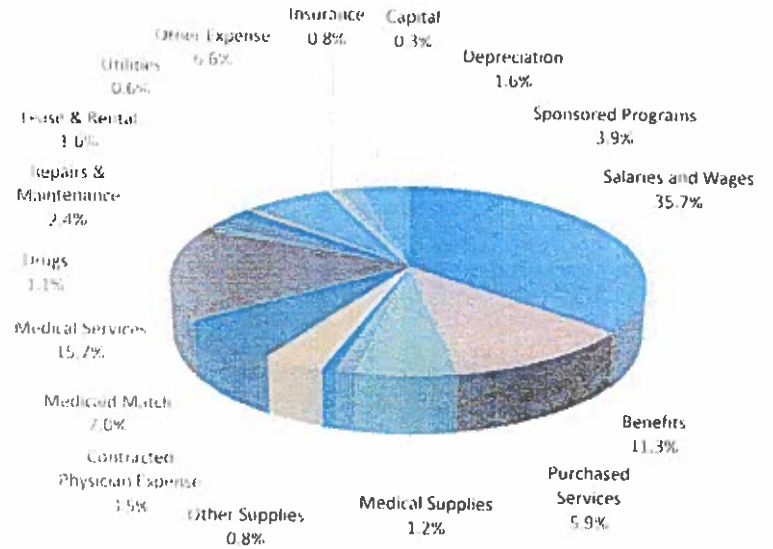
\* Clinical Ancillary is comprised of employees in pharmacy, lab, radiology, ultrasound, respiratory, physical therapy, social services, activities, and dental hygienists/assistants  
 \*\* Support Services is comprised of employees in housekeeping, dietary, laundry, purchasing, and warehouse/delivery

## Capacity Percentage



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

## Functional Expense Breakdown





## MEMO

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To: Finance Committee

From: Joel H Snook, VP & Chief Financial Officer

Date: January 17, 2020

Subject: Management Discussion and Analysis of December 2019 Health Care District Financial Statements

The December statements represent the financial performance for the third month of the 2020 fiscal year for the Health Care District. Total revenue year to date (YTD) is favorable to budget by \$1.3M or 1.0%. This favorable variance is primarily due to greater than anticipated collection of ad valorem taxes resulting from more taxpayers taking advantage of the December early pay discount. Expenses before depreciation are \$3.0M favorable to budget. Year to date, the consolidated net margin is \$73.8M, with a favorable variance to budget of \$4.4M.

The General Fund YTD total revenue is above budget by \$1.5M or 1.3%. This favorable variance is mainly due to greater than expected ad valorem tax revenues.

Expenses in the General Fund are under budget by \$3.0M or 9.0% favorable to budget after overhead allocations. Significant categories of favorable expense budget variance include medical services of \$1.5M, other expense of \$1.0M, and purchased services of \$425k. Medical services claims continue to decline as district cares membership trails prior year. Other expenses are favorable to budget due to reduced Low Income Pool (LIP) obligations. Purchased services are below budget due to delayed implementation of the patient transportation program as well as reduced collection cost due to change in collection strategy.

The intergovernmental transfers funds to AHCA for participating in LIP are to be provided for JFK, Bethesda Hospital East, Good Samaritan, Wellington Regional Center, Palm Beach Gardens, Jupiter Medical Center, Palm West, West Boca Medical Center, CL Brumback, Foundcare, Genesis and Florida Community Health to support uncompensated care.



The General Fund has a net margin of \$88.9M versus a budgeted net margin of \$84.5M for a favorable net margin of \$4.4M. The General Fund has subsidized a total of \$14.4M, which includes, Healey Center \$977k, Lakeside Medical Center at \$5.8M, Primary Care Clinics \$4.8M, and Medicaid Match \$2.8M to support their operations.

The Healey Center total revenue of \$4.5M was under budget by (\$140k) or (3.0%). Increased charity care and bad debt write off are the main reasons for this unfavorable variance. Total YTD operating expenses of \$4.9M are above budget by \$18k due primarily from increased salaries, wages, and benefits, this unfavorable variance is offset by savings in purchased services, medical supplies, other supplies, drugs, and other expense. The YTD net margin for the Healey Center was (\$1.1M) or 5.6% above budget.

Lakeside Medical Center total revenue of \$6.7M was under budget by (\$274k) or (3.9%). Net patient revenue of \$6.0M was under budget by (\$827k). This unfavorable variance is due to higher write-offs of bad debt. Total operating expenses of \$11.1M were above budget by (\$141k) or (1.3%). This unfavorable variance is mainly due to higher than budgeted medical supplies (\$150k), and contracted physician expense (\$246k). The YTD net margin at Lakeside Medical Center was (\$6.4M) compared to a budget of (\$6.3M).

The Primary Care Clinics total revenue of \$2.9M is over budget by \$258k. Net patient revenue is favorable to budget by \$276k due to an increase in actual visits of 9.9% over budget. Total operating expenses for the clinics are unfavorable to budget by (\$249k) due primarily to salaries and wages as well as benefits combined of (\$181k). Purchased services is unfavorable by (\$28k) due to higher collection fees from Athena. Lease and rental is unfavorable to budget by (\$40k) due to delayed relocation of the Belle Glade clinic. Total net margin for the Primary Care Clinics is a negative (\$4.9M), which is favorable to budget by \$182k.

Cash and investments remain strong with a combined balance of \$238.0M, of which \$1.5M is restricted. Due from other governments reflects the tax collector receivable of \$26.4M, and grants \$1.8M. Total net position for all funds combined is \$336.6M.

# Revenues & Expenditures - Combined All Funds (Functional)

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
<b>Revenues:</b>															
\$ 101,722,924	\$ 89,715,039	\$ 12,007,885	13.4%	\$ 83,120,459	\$ 18,602,465	22.4%	Ad Valorem Taxes	\$ 114,987,512	\$ 113,362,715	\$ 1,624,797	1.4%	\$ 105,029,529	\$ 9,957,983	9.5%	
1,848,689	4,156,128	(307,439)	(7.4%)	4,618,821	(770,332)	(16.7%)	Patient Revenue, Net	11,794,471	12,506,135	(711,664)	(5.7%)	11,672,755	121,716	1.0%	
1,481,917	1,481,917	-	0.0%	1,481,917	-	0.0%	Intergovernmental Revenue	4,445,750	4,445,750	-	0.0%	4,445,750	0	0.0%	
28,816	57,154	(28,328)	(49.6%)	720,011	(691,186)	(96.0%)	Grants	130,482	171,462	(40,980)	(23.9%)	1,968,554	(1,838,072)	(93.4%)	
331,907	262,923	68,984	26.2%	297,541	34,366	11.6%	Interest Earnings	840,068	788,769	51,298	6.5%	856,232	(16,165)	(1.9%)	
(7,299)	-	(7,299)	0.0%	641,266	(648,565)	(101.1%)	Unrealized Gain/(Loss)-Investments	(10,726)	-	(10,726)	0.0%	746,971	(757,697)	(101.4%)	
1,874,069	1,258,331	615,738	48.9%	1,748,378	625,691	50.1%	Other Revenue	2,254,094	1,872,702	381,391	20.4%	1,745,732	508,361	29.1%	
<b>\$ 109,281,033</b>	<b>\$ 96,931,492</b>	<b>\$ 12,349,540</b>	<b>12.7%</b>	<b>\$ 92,128,393</b>	<b>\$ 17,152,640</b>	<b>18.6%</b>	<b>Total Revenues</b>	<b>\$ 134,441,650</b>	<b>\$ 133,147,534</b>	<b>\$ 1,294,116</b>	<b>1.0%</b>	<b>\$ 126,465,524</b>	<b>\$ 7,976,126</b>	<b>6.3%</b>	
<b>Expenditures:</b>															
7,484,151	6,997,341	(485,810)	(5.5%)	6,641,819	(741,333)	(11.2%)	Salaries and Wages	21,691,591	21,160,562	(531,029)	(2.5%)	20,443,707	(1,247,884)	(6.1%)	
2,401,424	2,254,791	(146,633)	(6.5%)	1,919,451	(481,973)	(25.1%)	Benefits	6,955,186	6,785,468	(169,719)	(2.5%)	6,313,432	(641,754)	(10.2%)	
1,327,806	1,358,532	30,726	2.3%	1,007,794	(320,013)	(31.8%)	Purchased Services	3,588,925	4,198,468	609,543	14.5%	3,093,040	(495,885)	(16.0%)	
256,568	195,872	(60,696)	(31.0%)	234,933	(21,635)	(9.2%)	Medical Supplies	727,649	602,191	(125,458)	(20.8%)	584,246	(143,403)	(24.5%)	
151,634	263,860	112,226	42.5%	272,515	120,881	44.4%	Other Supplies	511,388	791,579	280,191	35.4%	621,299	109,910	17.7%	
722,758	636,236	(86,522)	(13.6%)	1,198,192	475,433	39.7%	Contracted Physician Expense	2,151,390	1,908,708	(242,682)	(12.7%)	2,972,227	820,837	27.6%	
1,417,231	1,417,231	0	0.0%	1,441,593	24,360	1.7%	Medicaid Match	4,251,693	4,251,693	0	0.0%	4,324,772	73,079	1.7%	
2,970,717	3,692,200	721,484	19.5%	3,424,730	454,013	13.3%	Medical Services	9,523,886	11,079,069	1,555,183	14.0%	10,570,763	1,046,876	9.9%	
204,628	182,082	(22,546)	(12.4%)	133,565	(71,063)	(53.2%)	Drugs	652,669	561,344	(91,325)	(16.3%)	449,181	(203,488)	(45.3%)	
435,551	592,213	156,662	26.5%	550,067	114,516	20.8%	Repairs & Maintenance	1,432,238	1,780,052	347,814	19.5%	1,368,977	(63,262)	(4.6%)	
325,871	344,164	18,293	5.3%	348,280	22,409	6.4%	Lease & Rental	950,166	1,032,493	82,327	8.0%	992,046	41,880	4.2%	
130,765	126,289	(4,476)	(3.5%)	127,804	(2,961)	(2.3%)	Utilities	376,570	392,618	16,048	4.1%	363,185	(13,385)	(3.7%)	
2,725,204	2,776,691	51,487	1.9%	2,046,271	(678,934)	(33.2%)	Other Expense	4,034,140	5,074,567	1,040,428	20.5%	3,164,732	(869,408)	(27.5%)	
156,245	170,619	14,374	8.4%	131,719	(24,526)	(18.6%)	Insurance	465,704	514,520	48,817	9.5%	409,744	(55,960)	(13.7%)	
646,156	836,496	190,340	22.8%	705,594	59,438	8.4%	Sponsored Programs	2,353,450	2,509,487	156,036	6.2%	2,116,782	(236,668)	(11.2%)	
<b>21,255,709</b>	<b>21,844,618</b>	<b>588,908</b>	<b>2.7%</b>	<b>20,184,322</b>	<b>(1,071,387)</b>	<b>(5.3%)</b>	<b>Total Operational Expenditures</b>	<b>59,666,646</b>	<b>62,642,819</b>	<b>2,976,174</b>	<b>4.8%</b>	<b>57,788,131</b>	<b>(1,878,514)</b>	<b>(3.3%)</b>	
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>															
\$ 88,025,323	\$ 75,086,875	\$ 12,938,449	17.2%	\$ 71,944,071	\$ 16,081,252	22.4%	Overhead Allocations	\$ 74,775,005	\$ 70,504,715	\$ 4,270,290	6.1%	\$ 68,677,393	\$ 6,097,612	8.9%	
337,688	378,529	40,841	10.8%	310,134	(7,554)	(2.3%)	Depreciation	993,576	1,135,588	142,011	12.5%	1,034,402	40,825	3.9%	
<b>21,593,398</b>	<b>22,223,147</b>	<b>629,749</b>	<b>2.8%</b>	<b>20,514,456</b>	<b>(1,078,942)</b>	<b>(5.3%)</b>	<b>Total Expenses</b>	<b>60,660,222</b>	<b>63,778,407</b>	<b>3,118,185</b>	<b>4.9%</b>	<b>58,822,533</b>	<b>(1,837,689)</b>	<b>(3.1%)</b>	
<b>\$ 87,687,635</b>	<b>\$ 74,708,345</b>	<b>\$ 12,979,290</b>	<b>17.4%</b>	<b>\$ 71,613,937</b>	<b>\$ 16,073,698</b>	<b>22.4%</b>	<b>Net Margin</b>	<b>\$ 73,781,428</b>	<b>\$ 69,369,127</b>	<b>\$ 4,412,301</b>	<b>6.4%</b>	<b>\$ 67,642,991</b>	<b>\$ 6,138,437</b>	<b>9.1%</b>	
(41,313)	1,378,821	1,420,134	103.0%	856,336	897,649	104.8%	Capital	179,833	4,136,462	3,956,629	95.7%	857,030	677,197	79.0%	
<b>\$ 87,728,948</b>	<b>\$ 73,329,525</b>	<b>\$ 14,399,423</b>	<b>19.6%</b>	<b>\$ 70,757,601</b>	<b>\$ 16,971,347</b>	<b>24.0%</b>	<b>RESERVES ADDED (USED)</b>	<b>\$ 73,601,596</b>	<b>\$ 65,232,665</b>	<b>\$ 8,368,931</b>	<b>12.8%</b>	<b>\$ 66,785,961</b>	<b>\$ 6,815,635</b>	<b>10.2%</b>	

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Note: Excludes Interfund Transfers

## Revenues and Expenses by Fund YTD

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

	General Fund	Healey Center	Lakeside Medical	Primary Care Clinics	Medicaid Match	Capital Funds	Total
<b>Revenues:</b>							
Ad Valorem Taxes	\$ 114,987,512	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 114,987,512
Premiums	-	-	-	-	-	-	-
Patient Revenue, Net	729,110	2,260,536	6,046,552	2,758,273	-	-	11,794,471
Intergovernmental Revenue	695,750	2,275,000	-	-	1,475,000	-	4,445,750
Grants	-	-	592	129,890	-	-	130,482
Interest Earnings	794,088	-	-	-	-	-	794,088
Unrealized Gain/(Loss) Investments	(10,726)	-	-	-	-	-	(10,726)
Other Revenue	1,617,601	8,266	609,499	30,834	650	33,223	2,300,073
<b>Total Revenues</b>	<b>\$ 118,813,336</b>	<b>\$ 4,543,802</b>	<b>\$ 6,656,643</b>	<b>\$ 2,918,997</b>	<b>\$ 1,475,650</b>	<b>\$ 33,223</b>	<b>\$ 134,441,650</b>
<b>Expenditures:</b>							
Salaries and Wages	9,445,317	3,013,546	4,986,741	4,245,988	-	-	21,691,591
Benefits	3,334,768	1,086,840	1,409,638	1,123,941	-	-	6,955,186
Purchased Services	2,531,251	197,469	635,330	224,876	-	-	3,588,925
Medical Supplies	17,000	113,984	482,860	113,805	-	-	727,649
Other Supplies	94,035	197,371	191,200	28,782	-	-	511,388
Contracted Physician Expense	87,500	3,783	2,060,106	-	-	-	2,151,390
Medicaid Match	-	-	-	-	4,251,693	-	4,251,693
Medical Services	9,347,853	10,627	-	165,407	-	-	9,523,886
Drugs	43,976	53,953	297,490	257,250	-	-	652,669
Repairs & Maintenance	900,378	86,938	376,888	68,034	-	-	1,432,238
Lease & Rental	439,858	2,599	148,754	358,954	-	-	950,166
Utilities	24,917	111,739	221,450	18,463	-	-	376,570
Other Expense	3,697,039	33,029	213,745	90,327	-	-	4,034,140
Insurance	396,724	20,546	41,304	7,131	-	-	465,704
Sponsored Programs	2,353,450	-	-	-	-	-	2,353,450
<b>Total Operational Expenditures</b>	<b>32,714,066</b>	<b>4,932,424</b>	<b>11,065,505</b>	<b>6,702,958</b>	<b>4,251,693</b>	<b>-</b>	<b>59,666,646</b>
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>\$ 86,099,270</b>	<b>\$ (388,622)</b>	<b>\$ (4,408,863)</b>	<b>\$ (3,783,960)</b>	<b>\$ (2,776,043)</b>	<b>\$ 33,223</b>	<b>\$ 74,775,005</b>
<b>Budget</b>	<b>\$ 81,210,417</b>	<b>\$ (230,108)</b>	<b>\$ (3,994,130)</b>	<b>\$ (3,792,826)</b>	<b>\$ (2,775,746)</b>	<b>\$ 87,107</b>	<b>\$ 70,504,715</b>
<b>Prior Year: Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>\$ 77,943,660</b>	<b>\$ 277,525</b>	<b>\$ (4,516,130)</b>	<b>\$ (1,458,434)</b>	<b>\$ (2,848,066)</b>	<b>\$ (730,510)</b>	<b>\$ 68,672,281</b>



# Combined Governmental Funds Statement of Net Position

As of December 31, 2019

	General Fund December 2019	General Fund November 2019	Medicaid Match December 2019	Medicaid Match November 2019	Capital Projects December 2019	Capital Projects November 2019	Governmental Funds December 2019	Governmental Funds November 2019
<b>Assets</b>								
Cash and Cash Equivalents	\$ (4,253,880)	\$ (10,718,615)	\$ 609,042	\$ 117,376	\$ 19,747,161	\$ 19,753,677	\$ 16,102,323	\$ 9,152,437
Restricted Cash	-	-	-	-	-	-	-	-
Investments	211,433,821	131,313,462	-	-	-	-	211,433,821	131,313,462
Notes Receivable	-	-	-	-	-	-	-	-
Accounts Receivable, net	760,921	780,418	-	-	-	-	760,921	780,418
Due From Other Funds	-	-	-	-	-	-	-	-
Due From Other Governments	26,002,472	126,500,726	-	491,667	-	-	26,002,472	126,992,393
Inventory	49,449	49,232	-	-	-	-	49,449	49,232
Other Current Assets	4,869,067	4,084,433	-	-	-	-	4,869,067	4,084,433
<b>Total Assets</b>	<b>\$ 238,861,850</b>	<b>\$ 252,009,655</b>	<b>\$ 609,042</b>	<b>\$ 609,042</b>	<b>\$ 19,747,161</b>	<b>\$ 19,753,677</b>	<b>\$ 259,218,053</b>	<b>\$ 272,372,374</b>
<b>Liabilities</b>								
Accounts Payable	3,848,417	3,258,662	-	-	10,362	-	3,858,778	3,258,662
Medical Benefits Payable	5,661,946	5,451,122	-	-	-	-	5,661,946	5,451,122
Due To Other Funds	-	-	-	-	-	-	-	-
Due To Other Governments	-	-	-	-	-	-	-	-
Deferred Revenue	26,009,909	127,964,750	-	-	-	-	26,009,909	127,964,750
Other Current Liabilities	1,897,447	2,067,384	-	-	-	-	1,897,447	2,067,384
Noncurrent Liabilities	520,193	520,193	-	-	-	-	520,193	520,193
<b>Total Liabilities</b>	<b>37,937,913</b>	<b>139,262,111</b>	<b>-</b>	<b>-</b>	<b>10,362</b>	<b>-</b>	<b>37,948,274</b>	<b>139,262,111</b>
<b>Fund Balances</b>								
Nonspendable	3,303,549	3,303,549	-	-	-	-	3,303,549	3,303,549
Assigned to Subsequent Year's Budget	71,950,000	71,950,000	-	-	-	-	71,950,000	71,950,000
Assigned to Capital Projects	-	-	-	-	25,129,755	25,129,755	25,129,755	25,129,755
Assigned to Medicaid Match	-	-	609,042	609,042	-	-	609,042	609,042
Unassigned	51,135,880	51,135,880	-	-	-	-	51,135,880	51,135,880
Beginning Fund Balance	126,389,429	126,389,429	609,042	609,042	19,883,409	19,883,409	146,881,880	146,881,880
Revenue Over/(Under) Expenditures	74,534,508	(13,641,885)	(0)	-	(146,610)	(129,732)	74,387,898	(13,771,618)
Ending Fund Balance	200,923,938	112,747,544	609,042	609,042	19,736,799	19,753,677	221,269,779	133,110,263
<b>Total Liabilities and Fund Balances</b>	<b>\$ 238,861,850</b>	<b>\$ 252,009,655</b>	<b>\$ 609,042</b>	<b>\$ 609,042</b>	<b>\$ 19,747,160</b>	<b>\$ 19,753,677</b>	<b>\$ 259,218,052</b>	<b>\$ 272,372,373</b>

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^ Excludes Interfund Transfers

# Combined Business-Type Funds Statement of Net Position

As of December 31, 2019

	Healey Center December 2019	Healey Center November 2019	Healthy Palm Beaches December 2019	Healthy Palm Beaches November	Lakeside Medical Center December 2019	Lakeside Medical Center November 2019	Primary Care Clinics December 2019	Primary Care Clinics November 2019	Business-Type Funds December 2019	Business- Type Funds November 2019
<b>Assets</b>										
Cash and Cash Equivalents	\$ 3,016,382	\$ 1,958,404	\$ 1,420,098	\$ 1,423,200	\$ 4,439,627	\$ 3,822,701	\$ 48,167	\$ 346,839	\$ 8,924,273	\$ 7,551,144
Restricted Cash	8,855	8,855	1,500,000	1,500,000	-	-	-	-	1,508,855	1,508,855
Accounts Receivable, net	1,043,655	960,495	1,630	-	3,102,456	3,194,382	1,728,713	1,631,447	5,876,454	5,786,325
Due From Other Funds	-	-	-	-	-	-	-	-	-	-
Due From Other Governments	-	758,333	-	-	845,003	813,006	1,365,468	1,174,028	2,210,471	2,745,368
Inventory	-	-	-	-	716,359	716,359	-	-	716,359	716,359
Other Current Assets	55,261	69,046	45,555	45,555	350,028	411,978	86,282	137,243	537,126	663,821
Net Investment in Capital Assets	18,727,534	18,784,453	-	-	36,634,220	36,868,361	2,126,343	1,920,009	57,488,097	57,572,823
<b>Total Assets</b>	<b>\$ 22,851,686</b>	<b>\$ 22,539,586</b>	<b>\$ 2,967,283</b>	<b>\$ 2,968,755</b>	<b>\$ 46,087,692</b>	<b>\$ 45,826,787</b>	<b>\$ 5,354,973</b>	<b>\$ 5,209,566</b>	<b>\$ 77,261,634</b>	<b>\$ 76,544,694</b>
<b>Deferred Outflows of Resources</b>										
Deferred Outflows Related to Pensions	\$ 89,927	\$ 89,927	\$ -	\$ -	\$ 1,707	\$ 1,707	\$ 426	\$ 426	\$ 92,060	\$ 92,060
<b>Liabilities</b>										
Accounts Payable	74,917	70,780	4,993	-	957,175	1,145,461	226,961	459,032	1,264,046	1,675,274
Medical Benefits Payable	-	-	-	-	-	-	-	-	-	-
Due to Other Funds	-	-	-	-	-	-	-	-	-	-
Due to Other Governments	29,540	29,540	-	-	2,301,819	2,301,819	-	-	2,331,359	2,331,359
Deferred Revenue	-	-	-	-	8,075	13,275	46,406	46,406	54,481	59,681
Other Current Liabilities	1,758,920	1,306,135	-	-	2,719,606	2,073,725	2,094,209	1,595,688	6,572,736	4,975,548
Noncurrent Liabilities	1,110,280	1,108,532	-	-	1,798,983	1,833,983	800,884	800,884	3,710,147	3,743,399
<b>Total Liabilities</b>	<b>\$ 2,973,656</b>	<b>\$ 2,514,987</b>	<b>\$ 4,993</b>	<b>\$ -</b>	<b>\$ 7,785,658</b>	<b>\$ 7,368,264</b>	<b>\$ 3,168,460</b>	<b>\$ 2,902,010</b>	<b>\$ 13,932,768</b>	<b>\$ 12,785,261</b>
<b>Deferred Inflows of Resources</b>										
Deferred inflows	\$ 126,165	\$ 126,165	\$ -	\$ -	\$ 2,090	\$ 2,090	\$ 543	\$ 543	\$ 128,798	\$ 128,798
<b>Net Position</b>										
Net Investment in Capital Assets	18,727,534	18,784,453	-	-	36,634,220	36,868,361	2,126,343	1,920,009	57,488,097	57,572,823
Restricted	8,855	8,855	1,500,000	1,500,000	-	-	-	-	1,508,855	1,508,855
Unrestricted	1,105,403	1,195,053	1,462,289	1,468,755	1,665,724	1,588,072	59,627	387,005	4,295,176	4,641,018
<b>Total Net Position</b>	<b>19,841,791</b>	<b>19,988,361</b>	<b>2,962,289</b>	<b>2,968,755</b>	<b>38,299,944</b>	<b>38,456,433</b>	<b>2,185,971</b>	<b>2,307,014</b>	<b>63,292,128</b>	<b>63,722,696</b>
<b>Total Net Position</b>	<b>\$ 22,815,447</b>	<b>\$ 22,503,348</b>	<b>\$ 2,967,282</b>	<b>\$ 2,968,755</b>	<b>\$ 46,085,602.23</b>	<b>\$ 45,824,697</b>	<b>\$ 5,354,431</b>	<b>\$ 5,209,023</b>	<b>\$ 77,353,694</b>	<b>\$ 76,636,754</b>

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# SUPPLEMENTAL INFORMATION

## GENERAL FUND

# General Fund Revenue & Expenditures

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 101,722,924	\$ 89,715,039	\$ 12,007,885	13.4%	\$ 83,120,459	\$ 18,602,465	22.4%	\$ 114,987,512	\$ 113,362,715	\$ 1,624,797	1.4%	\$ 105,029,529	\$ 9,957,983	9.5%
155,863	248,554	(92,691)	(37.3%)	356,621	(200,759)	(56.3%)	729,110	750,265	(21,155)	(2.8%)	667,390	61,720	9.2%
231,917	231,917	-	0.0%	231,917	-	0.0%	695,750	695,750	-	0.0%	695,750	0	0.0%
-	-	-	0.0%	11,753	(11,753)	(100.0%)	-	-	-	0.0%	24,391	(24,391)	(100.0%)
300,360	224,959	75,401	33.5%	190,989	109,371	57.3%	794,088	674,878	119,210	17.7%	663,062	131,027	19.8%
(7,299)	-	(7,299)	0.0%	641,266	(648,565)	(101.1%)	(10,776)	(10,726)	0.0%	746,971	(757,697)	(101.4%)	
1,271,313	1,242,728	28,585	2.3%	1,224,894	46,420	3.8%	1,617,601	1,825,893	(208,291)	(11.4%)	1,699,500	(81,899)	(4.8%)
<b>\$ 103,675,078</b>	<b>\$ 91,663,197</b>	<b>\$ 12,011,881</b>	<b>13.1%</b>	<b>\$ 85,777,900</b>	<b>\$ 17,897,179</b>	<b>20.9%</b>	<b>\$ 118,813,336</b>	<b>\$ 117,309,501</b>	<b>\$ 1,503,835</b>	<b>1.3%</b>	<b>\$ 109,526,593</b>	<b>\$ 9,286,743</b>	<b>8.5%</b>
<b>Expenditures:</b>													
3,158,229	3,103,799	(54,430)	(1.8%)	2,983,671	(174,558)	(5.9%)	9,445,317	9,311,394	(133,923)	(1.4%)	9,198,237	(247,080)	(2.7%)
1,204,858	1,074,941	(129,917)	(12.1%)	904,269	(300,589)	(33.2%)	3,334,768	3,224,815	(109,953)	(3.4%)	3,060,121	(274,646)	(9.0%)
995,007	945,515	(49,493)	(5.2%)	566,029	(428,978)	(75.8%)	2,531,251	2,955,774	424,524	14.4%	1,861,362	(669,889)	(36.0%)
1,086	7,542	6,456	85.6%	39,275	38,189	97.2%	17,000	22,625	5,625	24.9%	47,808	30,807	64.4%
5,915	74,758	68,843	92.1%	84,704	78,789	93.0%	94,035	224,273	130,239	58.1%	150,399	56,364	37.5%
29,167	29,167	0	0.0%	29,167	-	0.0%	87,500	87,500	0	0.0%	87,500	-	0.0%
2,914,343	3,626,785	712,442	19.6%	3,401,981	487,638	14.3%	9,347,853	10,880,355	1,532,502	14.1%	10,480,708	1,132,855	10.8%
31,957	901	(869)	(24.1%)	18,181	(13,776)	(75.8%)	43,976	2,703	(41,273)	(1,526.9%)	62,547	18,571	29.7%
300,855	389,687	88,832	22.8%	291,127	(9,728)	(3.3%)	900,378	1,172,473	272,095	23.2%	746,344	(154,033)	(20.6%)
153,388	176,773	23,385	13.2%	177,188	23,800	13.4%	439,858	530,318	90,460	17.1%	479,123	39,264	8.2%
8,913	10,217	1,304	12.8%	9,852	939	9.5%	24,917	30,650	5,733	18.7%	33,343	8,426	25.3%
2,593,281	2,647,995	54,715	2.1%	1,935,661	(657,619)	(34.0%)	3,697,039	4,701,475	1,004,436	21.4%	2,902,684	(794,355)	(27.4%)
132,180	147,527	15,346	10.4%	112,469	(19,711)	(17.5%)	396,724	445,242	48,519	10.9%	355,975	(40,748)	(11.4%)
646,156	836,496	190,340	22.8%	705,594	59,438	8.4%	2,353,450	2,509,487	156,036	6.2%	2,116,782	(236,668)	(11.2%)
12,175,334	13,072,100	896,766	6.9%	11,759,166	(916,168)	(8.1%)	32,714,066	36,099,084	3,385,019	9.4%	31,582,933	(1,131,133)	(3.6%)
<b>Net Performance before Overhead</b>													
91,499,745	78,591,097	12,908,647	16.4%	74,518,733	16,981,011	22.8%	86,099,270	81,210,417	4,888,853	6.0%	77,943,660	8,155,610	10.5%
(1,096,258)	(1,094,632)	(1,626)	0.1%	(893,893)	202,365	(22.6%)	(2,838,910)	(3,283,896)	444,986	(13.6%)	(2,594,959)	243,950	(9.4%)
<b>11,079,076</b>	<b>11,977,468</b>	<b>898,392</b>	<b>7.5%</b>	<b>10,365,273</b>	<b>(713,803)</b>	<b>(6.9%)</b>	<b>29,875,156</b>	<b>32,815,189</b>	<b>2,940,032</b>	<b>9.0%</b>	<b>28,987,973</b>	<b>(887,183)</b>	<b>(3.1%)</b>
<b>\$ 92,596,003</b>	<b>\$ 79,685,729</b>	<b>\$ 12,910,274</b>	<b>16.2%</b>	<b>\$ 75,412,627</b>	<b>\$ 17,183,376</b>	<b>22.8%</b>	<b>\$ 88,938,180</b>	<b>\$ 84,494,313</b>	<b>\$ 4,443,867</b>	<b>5.3%</b>	<b>\$ 80,538,619</b>	<b>\$ 8,399,560</b>	<b>10.4%</b>
			0.0%			0.0%				0.0%			0.0%
<b>\$ (4,419,609)</b>	<b>\$ (4,601,297)</b>	<b>\$ 181,688</b>	<b>(3.9%)</b>	<b>\$ (3,491,091)</b>	<b>\$ 928,518</b>	<b>(26.6%)</b>	<b>\$ (14,403,671)</b>	<b>\$ (13,803,892)</b>	<b>\$ (599,779)</b>	<b>4.3%</b>	<b>\$ (11,153,416)</b>	<b>\$ 3,250,256</b>	<b>(29.1%)</b>

# Trauma Statement of Revenues and Expenditures

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 41,401	\$ 104,560	\$ (63,159)	(60.4%)	\$ 155,222	\$ (113,821)	(73.3%)	\$ 110,975	\$ 313,680	\$ (202,705)	(64.6%)	\$ 305,278	\$ (194,303)	(63.6%)
<b>41,401</b>	<b>104,560</b>	<b>(63,159)</b>	<b>(60.4%)</b>	<b>155,222</b>	<b>(113,821)</b>	<b>(73.3%)</b>	<b>110,975</b>	<b>313,680</b>	<b>(202,705)</b>	<b>(64.6%)</b>	<b>305,278</b>	<b>(194,303)</b>	<b>(63.6%)</b>
<i>Direct Operational Expenses</i>													
38,005	37,115	(890)	(2.4%)	39,859	1,853	4.6%	113,485	111,346	(2,139)	(1.9%)	173,471	9,937	8.1%
12,249	12,170	(80)	(0.7%)	11,694	(555)	(4.7%)	36,235	36,508	273	0.7%	38,138	1,903	5.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
1,149,555	1,535,118	385,563	25.1%	1,164,575	15,020	1.3%	3,365,776	4,605,355	1,239,579	26.9%	3,493,890	128,114	3.7%
169	42	(128)	(306.2%)	15	(154)	(1,035.3%)	211	175	(86)	(69.1%)	99	(112)	(113.4%)
29,167	29,167	0	0.0%	29,167	-	0.0%	87,500	87,500	0	0.0%	87,500	-	0.0%
792	7,500	1,708	68.3%	792	-	0.0%	2,375	7,500	5,125	68.3%	2,375	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
801	751	(50)	(6.6%)	478	(373)	(87.2%)	2,233	2,253	20	0.9%	4,072	1,839	45.2%
83,044	100,745	17,701	17.6%	80,653	(2,392)	(3.0%)	245,177	302,235	57,058	18.9%	246,247	1,070	0.4%
<b>1,313,782</b>	<b>1,717,607</b>	<b>403,825</b>	<b>23.5%</b>	<b>1,327,181</b>	<b>13,399</b>	<b>1.0%</b>	<b>3,852,992</b>	<b>5,152,821</b>	<b>1,299,830</b>	<b>25.2%</b>	<b>3,995,742</b>	<b>142,750</b>	<b>3.6%</b>
<b>Net Performance before Overhead</b>							<b>8.6% Allocations</b>						
(1,272,381)	(1,613,047)	340,666	(21.1%)	(1,171,959)	(100,422)	8.6%	(3,742,017)	(4,839,141)	1,097,124	(29.3%)	(3,690,464)	(51,553)	1.4%
<i>Overhead Allocations:</i>													
48	55	6	11.8%	278	180	78.8%	138	164	26	15.7%	931	793	85.1%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
132	134	2	1.3%	142	10	6.8%	430	401	(29)	(7.1%)	425	(5)	(1.2%)
3,494	3,578	84	2.3%	2,696	(798)	(29.6%)	9,718	10,733	1,014	9.4%	8,258	(1,461)	(17.7%)
901	888	(13)	(1.5%)	585	(315)	(53.9%)	2,515	2,663	148	5.6%	1,999	(516)	(25.8%)
1,375	830	(544)	(65.6%)	865	(509)	(58.8%)	2,879	2,491	(388)	(15.6%)	2,547	(331)	(13.0%)
474	450	(24)	(5.4%)	224	(251)	(111.9%)	1,137	1,351	214	15.8%	732	(405)	(55.3%)
187	204	18	8.6%	168	(19)	(11.2%)	506	613	107	17.4%	527	21	3.9%
277	280	3	1.1%	100	(177)	(177.7%)	571	840	319	38.0%	459	(62)	(13.6%)
-	-	-	0.0%	33	33	100.0%	-	-	-	0.0%	106	106	100.0%
690	761	71	9.3%	626	(64)	(10.2%)	2,180	2,282	102	4.5%	2,202	22	1.0%
268	276	8	3.0%	231	(37)	(16.1%)	876	827	(48)	(5.8%)	586	(290)	(49.5%)
2,300	2,658	357	13.4%	2,693	392	14.6%	5,765	7,973	2,208	27.7%	6,833	1,067	15.6%
164	121	(43)	(35.1%)	-	(164)	0.0%	406	364	(42)	(11.5%)	-	(406)	0.0%
70	35	(35)	(98.7%)	60	(10)	(17.4%)	173	105	(67)	(63.7%)	274	101	37.0%
<b>10,379</b>	<b>10,270</b>	<b>(110)</b>	<b>(1.1%)</b>	<b>8,650</b>	<b>(1,729)</b>	<b>(20.0%)</b>	<b>27,244</b>	<b>30,809</b>	<b>3,564</b>	<b>11.6%</b>	<b>25,878</b>	<b>(1,366)</b>	<b>(5.3%)</b>
<b>1,324,161</b>	<b>1,727,877</b>	<b>403,716</b>	<b>23.4%</b>	<b>1,335,831</b>	<b>11,670</b>	<b>0.9%</b>	<b>3,880,236</b>	<b>5,183,630</b>	<b>1,303,394</b>	<b>25.1%</b>	<b>4,021,620</b>	<b>141,384</b>	<b>3.5%</b>
<b>\$ (1,282,760)</b>	<b>\$ (1,623,317)</b>	<b>\$ 340,557</b>	<b>(21.0%)</b>	<b>\$ (1,180,609)</b>	<b>\$ (102,151)</b>	<b>8.7%</b>	<b>\$ (3,769,261)</b>	<b>\$ (4,869,950)</b>	<b>\$ 1,100,689</b>	<b>(22.6%)</b>	<b>\$ (3,716,342)</b>	<b>\$ (52,919)</b>	<b>(1.4%)</b>

# Aeromedical Statement of Revenues and Expenditures

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 1,214,540	\$ 1,136,990	\$ 77,550	8.8%	\$ 1,140,291	\$ 74,249	6.5%	<b>Gross Patient Revenue</b>	\$ 3,592,694	\$ 3,432,030	\$ 160,664	4.7%	2,941,434	\$ 651,260	22.1%	
736,101	675,899	(60,202)	(8.9%)	724,889	(11,212)	(1.5%)	Contractual Allowances	1,932,714	2,040,217	107,503	5.3%	1,497,826	(434,888)	(29.0%)	
159,071	128,484	(30,587)	(23.8%)	95,885	(63,186)	(65.9%)	Charity Care	493,552	387,832	(105,720)	(27.3%)	132,685	(360,867)	(272.0%)	
163,504	84,053	(79,451)	(94.5%)	(37,106)	(200,610)	540.6%	Bad Debt	437,319	253,716	(183,603)	(72.4%)	643,534	206,215	32.0%	
1,058,676	888,436	(170,240)	(19.2%)	783,669	(275,007)	(35.1%)	<b>Total Contractuals and Bad Debt</b>	2,863,584	2,681,765	(181,819)	(6.8%)	2,274,044	(589,540)	(25.9%)	
155,863	248,554	(92,691)	(37.3%)	356,622	(200,759)	(56.3%)	<b>Net Patient Revenue</b>	729,110	750,265	(21,155)	(2.8%)	667,390	61,720	9.2%	
12.83%	21.86%			31.27%			Collection %	20.29%	21.86%			22.69%			
			0.0%	16	(16)	(100.0%)	Other Revenue				0.0%	16	(16)	(100.0%)	
<b>155,863</b>	<b>248,554</b>	<b>(92,691)</b>	<b>(37.3%)</b>	<b>356,638</b>	<b>(200,774)</b>	<b>(56.3%)</b>	<b>Total Revenues</b>	<b>729,110</b>	<b>750,265</b>	<b>(21,155)</b>	<b>(2.8%)</b>	<b>667,405</b>	<b>61,705</b>	<b>9.2%</b>	
<i>Direct Operational Expenses</i>															
182,268	170,330	(11,938)	(7.0%)	148,053	(34,215)	(23.1%)	Salaries and Wages	542,256	510,987	(31,269)	(6.1%)	473,816	(68,440)	(14.4%)	
58,263	59,265	1,002	1.7%	43,647	(14,616)	(33.5%)	Benefits	177,998	177,793	(205)	(0.1%)	154,465	(23,533)	(15.2%)	
323,898	248,257	(75,641)	(30.5%)	236,803	(87,096)	(36.8%)	Purchased Services	843,238	864,003	20,765	2.4%	780,255	(62,983)	(8.1%)	
1,042	1,292	250	19.4%	140	(902)	(644.0%)	Medical Supplies	3,870	3,875	5	0.1%	4,372	502	11.5%	
9,480	12,625	3,145	24.9%	10,416	936	9.0%	Other Supplies	28,555	37,875	9,320	24.6%	31,106	2,552	8.2%	
82,476	73,353	(9,124)	(12.4%)	74,475	(8,001)	(10.7%)	Repairs & Maintenance	224,912	221,270	(3,642)	(1.6%)	184,110	(40,802)	(22.2%)	
4,173	4,917	744	15.1%	4,222	49	1.2%	Utilities	14,092	14,750	658	4.5%	14,589	497	3.4%	
5,090	5,100	10	0.2%	5,090	-	0.0%	Lease & Rental	15,270	15,300	30	0.2%	15,270	-	0.0%	
23,005	30,115	7,109	23.6%	19,935	(3,071)	(15.4%)	Other Expense	66,257	93,319	27,066	29.0%	67,996	1,744	2.6%	
14,033	10,196	(3,837)	(37.6%)	(598)	(14,631)	2,445.6%	Insurance	42,100	30,589	(11,511)	(37.6%)	13,418	(28,681)	(213.7%)	
<b>703,728</b>	<b>615,448</b>	<b>(88,280)</b>	<b>(14.3%)</b>	<b>542,184</b>	<b>(161,545)</b>	<b>(29.8%)</b>	<b>Total Operational Expenses</b>	<b>1,958,542</b>	<b>1,969,760</b>	<b>11,218</b>	<b>0.6%</b>	<b>1,739,398</b>	<b>(219,145)</b>	<b>(12.6%)</b>	
<b>Net Performance before Overhead</b>															
(547,865)	(366,894)	(180,971)	49.3%	(185,546)	(362,319)	195.3%	Allocations	(1,229,432)	(1,219,495)	(9,937)	0.8%	(1,071,992)	(157,440)	14.7%	
<i>Overhead Allocations</i>															
589	667	78	11.8%	2,362	1,774	75.1%	Risk Mgt	1,688	2,002	314	15.7%	9,643	7,956	82.5%	
25,802	35,846	10,044	28.0%	43,445	17,643	40.6%	Rev Cycle	80,312	107,538	27,226	25.3%	108,150	27,838	25.7%	
1,609	1,630	21	1.3%	1,467	(142)	(9.7%)	Internal Audit	5,238	4,889	(349)	(7.1%)	4,400	(838)	(19.0%)	
10,978	10,817	(161)	(1.5%)	6,063	(4,915)	(81.1%)	Administration	30,641	32,450	1,809	5.6%	20,702	(9,939)	(48.0%)	
4,976	3,005	(1,970)	(65.6%)	2,611	(2,365)	(90.6%)	Human Resources	10,421	9,016	(1,405)	(15.6%)	7,684	(2,737)	(35.6%)	
5,782	5,488	(294)	(5.4%)	2,319	(3,463)	(149.4%)	Legal	13,859	16,464	2,605	15.8%	7,582	(6,277)	(82.8%)	
2,275	2,489	214	8.6%	1,738	(537)	(30.9%)	Records	6,168	7,467	1,299	17.4%	5,454	(714)	(13.1%)	
3,375	3,414	39	1.1%	1,033	(2,342)	(226.8%)	Compliance	6,349	10,241	3,892	38.0%	4,749	(1,600)	(33.7%)	
			0.0%	346		100.0%	Planning/Research				0.0%	1,097	1,097	100.0%	
8,403	9,269	866	9.3%	6,483	(1,920)	(29.6%)	Finance	26,564	27,806	1,242	4.5%	22,804	(3,760)	(16.5%)	
3,262	3,361	99	3.0%	2,388	(874)	(36.6%)	Public Relations	10,671	10,083	(588)	(5.8%)	6,067	(4,603)	(75.9%)	
28,030	32,386	4,356	13.4%	27,884	(147)	(0.5%)	Information Technology	70,251	97,158	26,908	27.7%	70,756	505	0.7%	
1,999	1,479	(519)	(35.1%)		(1,999)	0.0%	Project MGMT Office	4,948	4,438	(510)	(11.5%)		(4,948)	0.0%	
851	428	(423)	(98.7%)	616	(235)	(38.2%)	Corporate Quality	2,104	1,285	(819)	(63.7%)	2,836	732	25.8%	
97,930	110,279	12,349	11.2%	98,754	824	0.8%	<b>Total Overhead Allocations</b>	269,214	330,838	61,625	18.6%	271,926	2,713	1.0%	
<b>801,659</b>	<b>725,728</b>	<b>(75,931)</b>	<b>(10.5%)</b>	<b>640,938</b>	<b>(160,721)</b>	<b>(25.1%)</b>	<b>Total Expenses</b>	<b>2,227,756</b>	<b>2,300,599</b>	<b>72,843</b>	<b>3.2%</b>	<b>2,011,324</b>	<b>(216,432)</b>	<b>(10.8%)</b>	
<b>\$ (645,795)</b>	<b>\$ (477,174)</b>	<b>\$ (168,622)</b>	<b>35.3%</b>	<b>\$ (284,300)</b>	<b>\$ (361,495)</b>	<b>127.2%</b>	<b>Net Margin</b>	<b>\$ (1,498,646)</b>	<b>\$ (1,550,334)</b>	<b>\$ 51,688</b>	<b>(3.3%)</b>	<b>\$ (1,343,919)</b>	<b>\$ (154,727)</b>	<b>(11.5%)</b>	

# Managed Care Statement of Revenues and Expenditures

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$	\$	\$	0.0%	\$	\$	0.0%		\$	\$	\$	0.0%	\$	\$	0.0%	
			0.0%			0.0%	Patient Revenue				0.0%			0.0%	
			0.0%			0.0%	<b>Total Revenue</b>				0.0%			0.0%	
<i>Direct Operational Expenses</i>															
388,702	359,177	(29,525)	(8.2%)	364,213	(24,488)	(6.7%)	Salaries and Wages	1,119,160	1,077,532	(41,628)	(3.9%)	1,162,521	43,361	3.7%	
131,708	132,975	1,266	1.0%	122,422	(9,287)	(7.6%)	Benefits	390,517	398,923	8,407	2.1%	400,678	10,161	2.5%	
294,207	278,296	(15,911)	(5.7%)	16,672	(277,535)	(1,664.7%)	Purchased Services	884,118	834,887	(49,231)	(5.9%)	109,030	(775,088)	(710.9%)	
1,764,788	2,091,667	326,879	15.6%	2,237,406	472,618	21.1%	Medical Services	5,982,077	6,275,000	292,923	4.7%	6,986,818	1,004,741	14.4%	
4,032	2,748	(1,284)	(46.7%)	2,457	(1,575)	(64.1%)	Other Supplies	4,584	8,244	3,660	44.4%	6,443	1,859	28.9%	
			0.0%			0.0%	Drugs				0.0%			0.0%	
19,087	36,439	17,351	47.6%	23,712	4,625	19.5%	Repairs & Maintenance	67,661	111,516	43,854	39.3%	76,952	9,291	12.1%	
9,382	9,686	304	3.1%	8,833	(548)	(6.2%)	Lease & Rental	28,145	29,057	912	3.1%	26,300	(1,845)	(7.0%)	
473	767	294	38.3%	510	37	7.2%	Utilities	1,693	2,300	607	26.4%	2,487	794	31.9%	
(29,859)	10,944	40,802	372.8%	(71,809)	(41,950)	(58.4%)	Other Expense	(61,977)	37,831	99,808	263.8%	15,188	77,165	508.1%	
			0.0%			0.0%	Insurance				0.0%			0.0%	
<b>2,582,520</b>	<b>2,922,697</b>	<b>340,176</b>	<b>11.6%</b>	<b>2,704,416</b>	<b>121,896</b>	<b>4.5%</b>	<b>Total Operational Expenses</b>	<b>8,415,978</b>	<b>8,775,291</b>	<b>359,313</b>	<b>4.1%</b>	<b>8,786,416</b>	<b>370,438</b>	<b>4.2%</b>	
<b>Net Performance before Overhead</b>															
(2,582,520)	(2,922,697)	340,176	(11.6%)	(2,704,416)	121,896	(4.5%)	Allocations	(8,415,978)	(8,775,291)	359,313	(4.1%)	(8,786,416)	370,438	(4.2%)	
<i>Overhead Allocations</i>															
767	869	102	11.8%	3,067	2,300	75.0%	Risk Mgt	2,197	2,606	409	15.7%	12,517	10,320	82.4%	
			0.0%			0.0%	Rev Cycle				0.0%			0.0%	
2,094	2,122	27	1.3%	1,904	(190)	(10.0%)	Internal Audit	6,820	6,365	(455)	(7.1%)	5,712	(1,108)	(19.4%)	
25,815	26,435	620	2.3%	19,920	(5,895)	(29.6%)	Home Office Facilities	71,812	79,306	7,494	9.4%	61,018	(10,794)	(17.7%)	
14,292	14,082	(210)	(1.5%)	7,870	(6,422)	(81.6%)	Administration	39,891	42,246	2,355	5.6%	26,872	(13,019)	(48.4%)	
21,443	12,951	(8,491)	(65.6%)	12,405	(9,038)	(72.9%)	Human Resources	44,908	38,854	(6,054)	(15.6%)	36,512	(8,396)	(23.0%)	
7,527	7,145	(383)	(5.4%)	3,010	(4,517)	(150.1%)	Legal	18,043	21,434	3,391	15.8%	9,841	(8,201)	(83.3%)	
2,962	3,240	279	8.6%	2,256	(706)	(31.3%)	Records	8,030	9,721	1,691	17.4%	7,080	(950)	(13.4%)	
4,394	4,444	50	1.1%	1,341	(3,053)	(227.7%)	Compliance	8,265	13,332	5,067	38.0%	6,165	(2,101)	(34.1%)	
			0.0%	450	450	100.0%	Planning/Research				0.0%	1,424	1,424	100.0%	
10,940	12,067	1,127	9.3%	8,415	(2,524)	(30.0%)	Finance	34,583	36,200	1,617	4.5%	29,601	(4,982)	(16.8%)	
4,246	4,376	129	3.0%	3,100	(1,147)	(37.0%)	Public Relations	13,892	13,127	(765)	(5.8%)	7,876	(6,016)	(76.4%)	
36,492	42,163	5,671	13.4%	36,194	(298)	(0.8%)	Information Technology	91,457	126,488	35,030	27.7%	91,844	387	0.4%	
2,602	1,926	(676)	(35.1%)	(2,602)	(2,602)	0.0%	Project MGMT Office	6,442	5,778	(663)	(11.5%)		(6,442)	0.0%	
1,108	558	(551)	(98.7%)	800	(309)	(38.6%)	Corporate Quality	2,739	1,673	(1,066)	(63.7%)	3,682	942	25.6%	
<b>134,682</b>	<b>132,377</b>	<b>(2,305)</b>	<b>(1.7%)</b>	<b>100,730</b>	<b>(33,952)</b>	<b>(33.7%)</b>	<b>Total Overhead Allocations</b>	<b>349,078</b>	<b>397,130</b>	<b>48,052</b>	<b>12.1%</b>	<b>300,144</b>	<b>(48,934)</b>	<b>(16.3%)</b>	
<b>2,717,202</b>	<b>3,055,073</b>	<b>337,871</b>	<b>11.1%</b>	<b>2,805,146</b>	<b>87,944</b>	<b>3.1%</b>	<b>Total Expenses</b>	<b>8,765,056</b>	<b>9,172,421</b>	<b>407,365</b>	<b>4.4%</b>	<b>9,086,560</b>	<b>321,504</b>	<b>3.5%</b>	
<b>\$ (2,717,202)</b>	<b>\$ (3,055,073)</b>	<b>\$ 337,871</b>	<b>(11.1%)</b>	<b>\$ (2,805,146)</b>	<b>\$ 87,944</b>	<b>(3.1%)</b>	<b>Net Margin</b>	<b>\$ (8,765,056)</b>	<b>\$ (9,172,421)</b>	<b>\$ 407,365</b>	<b>(4.4%)</b>	<b>\$ (9,086,560)</b>	<b>\$ 321,504</b>	<b>(3.5%)</b>	

# Pharmacy Services Statement of Revenues and Expenditures

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$	\$	\$	0.0%	\$	\$	(100.0%)	\$	\$	\$	0.0%	\$	\$	(100.0%)
-	-	-	0.0%	11,753	(11,753)	(100.0%)	-	-	-	0.0%	24,391	(24,391)	(100.0%)
<b>Total Revenues</b>							<b>Total Revenues</b>						
<i>Direct Operational Expenses</i>							<i>Direct Operational Expenses</i>						
239,950	220,007	(19,943)	(9.1%)	280,921	40,971	14.6%	754,444	660,021	(94,423)	(14.3%)	895,007	140,563	15.7%
71,324	70,680	(644)	(0.9%)	81,364	10,041	12.3%	228,252	212,040	(16,212)	(7.6%)	272,875	44,624	16.4%
6,372	8,534	2,162	25.3%	7,677	1,305	17.0%	22,183	25,602	3,419	13.4%	27,330	5,147	18.8%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
8,068	11,199	3,131	28.0%	3,680	(4,388)	(119.2%)	17,151	33,597	16,446	48.9%	14,699	(2,452)	(16.7%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
31,957	90	(31,056)	(3,446.8%)	18,181	(13,776)	(75.8%)	43,976	2,703	(41,273)	(1,526.9%)	62,547	18,571	29.7%
16,567	24,124	7,557	31.3%	22,252	5,685	25.5%	53,012	72,372	19,360	26.8%	64,451	11,439	17.7%
6,279	7,298	1,019	14.0%	13,412	7,133	53.2%	18,947	21,894	2,947	13.5%	40,235	21,288	52.9%
-	-	-	0.0%	725	725	100.0%	-	-	-	0.0%	2,207	2,207	100.0%
2,042	9,004	6,962	77.3%	579	(1,463)	(252.6%)	10,630	27,012	16,382	60.6%	2,214	(8,415)	(380.0%)
2,207	1,803	(404)	(22.4%)	1,825	(382)	(20.9%)	6,621	5,409	(1,212)	(22.4%)	5,496	(1,126)	(20.5%)
<b>Total Operational Expenses</b>							<b>Total Operational Expenses</b>						
384,765	353,550	(31,215)	(8.8%)	430,616	45,851	10.6%	1,155,215	1,060,650	(94,565)	(8.9%)	1,387,061	231,846	16.7%
<b>Net Performance before Overhead</b>							<b>Net Performance before Overhead</b>						
(384,765)	(353,550)	(31,215)	8.8%	(418,863)	34,097	(8.1%)	(1,155,215)	(1,060,650)	(94,565)	8.9%	(1,387,061)	207,454	(15.0%)
<i>Overhead Allocations</i>							<i>Overhead Allocations</i>						
325	369	43	11.8%	2,268	1,942	85.7%	932	1,106	174	15.7%	9,256	8,324	89.9%
-	-	-	0.0%	3,156	3,156	100.0%	-	-	-	0.0%	7,858	7,858	100.0%
889	900	12	1.3%	1,408	519	36.9%	2,894	2,701	(193)	(7.1%)	4,224	1,330	31.5%
6,065	5,976	(89)	(1.5%)	5,820	(245)	(4.2%)	16,929	17,928	999	5.6%	19,871	2,942	14.8%
9,099	5,496	(3,603)	(65.6%)	7,140	(1,959)	(27.4%)	19,057	16,488	(2,569)	(15.6%)	21,015	1,958	9.3%
3,194	3,032	(162)	(5.4%)	2,226	(969)	(43.5%)	7,657	9,096	1,439	15.8%	7,278	(379)	(5.2%)
1,257	1,375	118	8.6%	1,668	411	24.7%	3,408	4,125	718	17.4%	5,235	1,828	34.9%
1,865	1,886	21	1.1%	991	(873)	(88.1%)	3,508	5,658	2,150	38.0%	4,559	1,051	23.1%
-	-	-	0.0%	332	332	100.0%	-	-	-	0.0%	1,053	1,053	100.0%
4,643	5,121	478	9.3%	6,223	1,580	25.4%	14,676	15,363	686	4.5%	21,889	7,213	33.0%
1,802	1,857	55	3.0%	2,292	490	21.4%	5,895	5,571	(325)	(5.8%)	5,824	(71)	(1.2%)
15,486	17,893	2,407	13.4%	26,765	11,278	42.1%	38,813	53,678	14,866	27.7%	67,917	29,105	42.9%
470	237	(234)	(98.7%)	591	121	20.5%	1,162	710	(452)	(63.7%)	2,722	1,560	57.3%
1,104	817	(287)	(35.1%)	-	(1,104)	(0.0%)	2,734	2,452	(282)	(11.5%)	-	(2,734)	(0.0%)
-	-	-	0.0%	77	77	100.0%	-	-	-	0.0%	266	266	100.0%
<b>Total Overhead Allocations</b>							<b>Total Overhead Allocations</b>						
46,200	44,959	(1,241)	(2.8%)	60,958	14,758	24.2%	117,665	134,877	17,212	12.8%	178,969	61,304	34.3%
<b>Total Expenses</b>							<b>Total Expenses</b>						
430,966	398,509	(32,457)	(8.1%)	491,574	60,608	12.3%	1,272,880	1,195,527	(77,353)	(6.5%)	1,566,030	293,149	18.7%
<b>Net Margin</b>							<b>Net Margin</b>						
\$ (430,966)	\$ (398,509)	\$ (32,457)	8.1%	\$ (479,821)	\$ 48,855	(10.2%)	\$ (1,272,880)	\$ (1,195,527)	\$ (77,353)	6.5%	\$ (1,541,638)	\$ 268,758	(17.4%)



# School Health Statement of Revenues and Expenditures

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 231,917	\$ 231,917	\$ -	0.0%	\$ 231,917	\$ -	0.0%	Palm Beach County School District	\$ 695,750	\$ 695,750	\$ -	0.0%	\$ 695,750	\$ 0	0.0%	
<b>231,917</b>	<b>231,917</b>	<b>-</b>	<b>0.0%</b>	<b>231,917</b>	<b>-</b>	<b>0.0%</b>	<b>Total Revenue</b>	<b>695,750</b>	<b>695,750</b>	<b>-</b>	<b>0.0%</b>	<b>695,750</b>	<b>0</b>	<b>0.0%</b>	
<i>Direct Operational Expenses:</i>															
1,190,114	1,211,214	21,100	1.7%	1,307,080	116,966	8.9%	Salaries and Wages	3,647,987	3,633,641	(14,346)	(0.4%)	3,900,669	252,681	6.5%	
533,162	446,319	(86,842)	(19.5%)	409,579	(123,583)	(30.2%)	Benefits	1,462,246	1,338,958	(123,288)	(9.2%)	1,392,016	(70,230)	(5.0%)	
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	
44	6,250	6,206	99.3%	39,135	39,091	99.9%	Medical Supplies	13,131	18,750	5,619	30.0%	43,436	30,305	69.8%	
3,657	1,333	(2,324)	(174.3%)	1,463	(2,194)	(149.9%)	Other Supplies	10,491	4,000	(6,491)	(162.3%)	4,872	(5,620)	(115.4%)	
12,560	12,677	116	0.9%	11,646	(914)	(7.8%)	Repairs & Maintenance	37,681	38,030	349	0.9%	34,939	(2,742)	(7.8%)	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
816	2,715	1,899	70.0%	393	(423)	(107.6%)	Other Expense	1,320	8,145	6,825	83.8%	624	(696)	(111.5%)	
-	-	-	0.0%	-	-	0.0%	Insurance	-	-	-	0.0%	-	-	0.0%	
<b>1,740,353</b>	<b>1,680,508</b>	<b>(59,845)</b>	<b>(3.6%)</b>	<b>1,769,296</b>	<b>28,943</b>	<b>1.6%</b>	<b>Total Operational Expenses</b>	<b>5,172,857</b>	<b>5,041,524</b>	<b>(131,332)</b>	<b>(2.6%)</b>	<b>5,376,556</b>	<b>203,699</b>	<b>3.8%</b>	
<b>Net Performance before Overhead</b>															
<b>(1,508,436)</b>	<b>(1,448,591)</b>	<b>(59,845)</b>	<b>4.1%</b>	<b>(1,537,379)</b>	<b>28,943</b>	<b>(1.9%)</b>	<b>Allocations</b>	<b>(4,477,107)</b>	<b>(4,345,774)</b>	<b>(131,332)</b>	<b>3.0%</b>	<b>(4,680,806)</b>	<b>203,699</b>	<b>(4.4%)</b>	
<i>Overhead Allocations</i>															
1,459	1,653	194	11.8%	6,008	4,550	75.7%	Risk Mgt	4,181	4,960	779	15.7%	24,525	20,344	83.0%	
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%	
3,985	4,037	52	1.3%	3,730	(255)	(6.8%)	Internal Audit	12,977	12,112	(865)	(7.1%)	11,191	(1,786)	(16.0%)	
8,108	8,303	195	2.3%	6,256	(1,851)	(29.6%)	Home Office Facilities	22,554	24,908	2,354	9.4%	19,164	(3,390)	(17.7%)	
27,197	26,797	(400)	(1.5%)	15,420	(11,777)	(76.4%)	Administration	75,912	80,392	4,481	5.6%	52,650	(23,261)	(44.2%)	
65,895	39,801	(26,094)	(65.6%)	34,575	(31,320)	(90.6%)	Human Resources	138,006	119,403	(18,603)	(15.6%)	101,766	(36,240)	(35.6%)	
14,324	13,596	(728)	(5.4%)	5,897	(8,427)	(142.9%)	Legal	34,335	40,788	6,453	15.8%	19,282	(15,052)	(78.1%)	
5,636	6,166	530	8.6%	4,420	(1,216)	(27.5%)	Records	15,281	18,499	3,219	17.4%	13,872	(1,409)	(10.2%)	
8,361	8,457	96	1.1%	2,627	(5,734)	(218.3%)	Compliance	15,729	25,371	9,642	38.0%	12,079	(3,650)	(30.2%)	
-	-	-	0.0%	881	881	100.0%	Planning/Research	-	-	-	0.0%	2,791	2,791	100.0%	
20,818	22,963	2,145	9.3%	16,488	(4,330)	(26.3%)	Finance	65,811	68,889	3,078	4.5%	57,997	(7,814)	(13.5%)	
8,081	8,327	246	3.0%	6,073	(2,008)	(33.1%)	Public Relations	26,436	24,980	(1,456)	(5.8%)	15,431	(11,005)	(71.3%)	
69,443	80,234	10,791	13.4%	70,915	1,472	2.1%	Information Technology	174,041	240,703	66,662	27.7%	179,951	5,910	3.3%	
4,952	3,665	(1,287)	(35.1%)	-	(4,952)	0.0%	Project MGMT Office	12,258	10,996	(1,262)	(11.5%)	-	(12,258)	0.0%	
2,109	1,061	(1,048)	(98.7%)	1,567	(542)	(34.6%)	Corporate Quality	5,213	3,184	(2,029)	(63.7%)	7,213	2,001	27.7%	
<b>240,368</b>	<b>225,061</b>	<b>(15,307)</b>	<b>(6.8%)</b>	<b>174,858</b>	<b>(65,511)</b>	<b>(37.5%)</b>	<b>Total Overhead Allocations</b>	<b>602,732</b>	<b>675,184</b>	<b>72,452</b>	<b>10.7%</b>	<b>517,913</b>	<b>(84,819)</b>	<b>(16.4%)</b>	
<b>1,980,721</b>	<b>1,905,569</b>	<b>(75,152)</b>	<b>(3.9%)</b>	<b>1,944,154</b>	<b>(36,567)</b>	<b>(1.9%)</b>	<b>Total Expenses</b>	<b>5,775,589</b>	<b>5,716,708</b>	<b>(58,881)</b>	<b>(1.0%)</b>	<b>5,894,468</b>	<b>118,880</b>	<b>2.0%</b>	
<b>\$ (1,748,804)</b>	<b>\$ (1,673,653)</b>	<b>\$ (75,152)</b>	<b>4.5%</b>	<b>\$ (1,712,237)</b>	<b>\$ (36,567)</b>	<b>2.1%</b>	<b>Net Margin</b>	<b>\$ (5,079,839)</b>	<b>\$ (5,020,958)</b>	<b>\$ (58,881)</b>	<b>1.2%</b>	<b>\$ (5,198,718)</b>	<b>\$ 118,880</b>	<b>(2.3%)</b>	

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## Sponsored Programs

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
<i>Sponsored Programs</i>													
708,996	708,996	-	0.0%	705,594	(3,402)	(0.5%)	2,126,987	2,126,987	-	0.0%	2,116,782	(10,205)	(0.5%)
(62,840)	125,000	187,840	150.3%	-	62,840	0.0%	226,464	375,000	148,536	39.6%	-	(226,464)	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	2,500	2,500	100.0%	-	-	0.0%	-	7,500	7,500	100.0%	-	-	0.0%
<b>646,156</b>	<b>836,496</b>	<b>190,340</b>	<b>22.8%</b>	<b>705,594</b>	<b>59,438</b>	<b>8.4%</b>	<b>2,353,450</b>	<b>2,509,487</b>	<b>156,036</b>	<b>6.2%</b>	<b>2,116,782</b>	<b>(236,668)</b>	<b>(11.2%)</b>
<i>Direct Operational Expenses</i>													
16,699	13,658	(3,041)	(22.3%)	12,755	(3,945)	(30.9%)	44,566	40,974	(3,592)	(8.8%)	40,263	(4,303)	(10.7%)
6,206	5,945	(261)	(4.4%)	4,971	(1,235)	(24.8%)	17,432	17,834	402	2.3%	16,372	(1,060)	(6.5%)
78	63	(16)	(25.0%)	110	32	29.0%	78	188	109	58.3%	110	32	29.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
3,688	528	(3,160)	(598.5%)	-	(3,688)	0.0%	3,827	1,584	(2,243)	(141.6%)	-	(3,827)	0.0%
<b>26,672</b>	<b>20,194</b>	<b>(6,478)</b>	<b>(24.3%)</b>	<b>17,836</b>	<b>(8,836)</b>	<b>(49.5%)</b>	<b>65,903</b>	<b>60,580</b>	<b>(5,323)</b>	<b>(8.1%)</b>	<b>56,745</b>	<b>(9,158)</b>	<b>(16.1%)</b>
<b>\$ 672,827</b>	<b>\$ 856,690</b>	<b>\$ 183,862</b>	<b>21.5%</b>	<b>\$ 723,430</b>	<b>\$ 50,602</b>	<b>7.0%</b>	<b>\$ 2,419,353</b>	<b>\$ 2,570,067</b>	<b>\$ 150,713</b>	<b>5.9%</b>	<b>\$ 2,173,527</b>	<b>\$ (245,827)</b>	<b>(11.3%)</b>

## General Fund Statement of Revenues and Expenditures by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
<b>Revenues:</b>													
Ad Valorem Taxes	\$ -	\$ 14,264,588	\$ 101,772,924	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 114,987,512
Premiums													
Patient Revenue, Net	313,507	259,749	155,863										729,110
Intergovernmental Revenue	231,917	241,917	241,917										695,750
Grants													
Interest Earnings	257,013	236,715	300,360										794,088
Unrealized Gain/(Loss) Investments	149,476	(142,804)	(7,299)										(10,726)
Other Revenue	141,185	205,104	1,271,313										1,617,601
<b>Total Revenues</b>	<b>\$ 1,082,998</b>	<b>\$ 14,055,259</b>	<b>\$ 103,675,078</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 118,813,336</b>
<b>Expenditures:</b>													
Salaries and Wages	3,372,547	2,914,541	3,158,279										9,445,317
Benefits	1,070,529	1,059,481	1,204,858										3,334,768
Purchased Services	682,193	854,050	995,007										2,531,251
Medical Supplies	3,130	12,784	1,086										17,000
Other Supplies	92,634	(4,514)	5,915										94,035
Contracted Physician Expense	29,167	29,167	29,167										87,500
Medical Services	3,423,505	3,110,005	2,914,343										9,347,853
Drugs	2,007	10,012	31,957										43,976
Repairs & Maintenance	306,338	293,185	400,855										900,378
Lease & Rental	152,400	129,071	153,388										439,858
Utilities	8,134	7,871	8,913										24,917
Other Expense	590,710	513,049	2,593,281										3,697,039
Insurance	132,407	132,137	132,180										396,724
Sponsored Programs	851,872	855,423	646,156										2,353,450
<b>Total Operational Expenditures</b>	<b>10,622,571</b>	<b>9,916,160</b>	<b>12,175,334</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>32,714,066</b>
Net Performance before Overhead Allocations	\$ 19,539,573	\$ 4,139,099	\$ 91,499,745	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 86,099,270
Overhead Allocations	(827,438)	(915,214)	(1,096,258)										(2,838,910)
<b>Total Expenses</b>	<b>9,795,133</b>	<b>9,000,947</b>	<b>11,079,076</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>29,875,156</b>
<b>Net Margin</b>	<b>\$ (8,712,135)</b>	<b>\$ 5,054,312</b>	<b>\$ 92,596,003</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 88,938,180</b>
<b>Capital</b>													
General Fund Support/ Transfer In (Out)	\$ (5,470,228)	\$ (4,513,834)	\$ (4,419,609)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (14,403,671)

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General Fund Program Statistics

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Prior Year Total	% Var to Budget	% Var to Prior Year
<b>Aeromedical</b>																
Patients Transported - Actual	56	43	51										150	141		6.4%
Patients Transported - Budget	50	59	54										163	165	(8.0%)	
Variance	6	(16)	(3)										(13)	(24)		
Actual Hours Available for Service	1,103	1,078	1,116										3,297	3,263		
Service Hours Utilized	81.0	67.0	77.0										225.0	207.0		
Utilization %	7.3%	6.2%	6.9%										6.8%	6.3%		
# of Flights - Training/Public Education	5	7	10										22	20		(49.4%)
# of Flights - Maintenance	14	12	10										36	35		10.2%
<b>Trauma</b>																
New Trauma Patients - Actual	396	365	448										1,209	1,179		2.5%
New Trauma Patients - Budget	359	399	399										1,157	1,197	4.5%	
Variance	37	(34)	49										52	(18)		
<b>School Health</b>																
Medical Events	49,338	34,285	28,487										112,110	109,676		2.2%
Screenings	25,898	19,874	16,737										62,509	68,098		(8.2%)
Total Events- Actual	75,236	54,159	45,224										174,619	177,774		
Total Events- Budget	87,830	59,150	53,465										200,445	160,532		
<b>Managed Care</b>																
District Care Visits to Primary Clinic - Medical	56	22	30										108	6,021		(98.2%)
District Care Visits to Primary Clinic - Dental														1,160		(100.0%)
Uninsured Visits to Primary Clinic - Medical	5,780	4,471	4,931										15,182	8,534		77.9%
Uninsured Visits to Primary Clinic - Dental	1,672	1,461	1,427										4,560	3,244		40.6%
Membership- Current Year	8,891	8,847	8,643													(5.9%)
Membership- Prior Year	9,446	9,195	8,929													
<b>Pharmacy</b>																
Total Prescriptions Filled at In House Pharmacies	22,325	19,952	20,667										62,944	65,439		(3.8%)
Total Prescriptions Filled at Retail Pharmacies	312	225	237										774	526		47.1%
Total Prescriptions Filled Inhouse/Retail- Actual	22,637	20,177	20,904										63,718	65,965		(3.4%)
Total Prescriptions Filled- Budget	24,765	21,289	20,606										66,660	75,264	(4.4%)	

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# **SUPPLEMENTAL INFORMATION**

## **HEALEY CENTER**

# Healey Center Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 1,236,964	\$ 1,167,254	\$ 69,710	6.0%	\$ 1,105,771	\$ 131,193	11.9%	Gross Patient Revenue	\$ 3,681,973	\$ 3,464,107	\$ 217,866	6.3%	\$ 3,286,062	\$ 395,912	12.0%	
136,361	106,914	(29,447)	(27.5%)	(28,997)	(165,358)	570.3%	Contractual Allowances	414,631	317,293	(97,338)	(30.7%)	(63,627)	(478,258)	751.7%	
323,807	245,972	(77,835)	(31.6%)	32,510	8,704	2.6%	Charity Care	910,182	729,981	(180,201)	(24.7%)	902,180	(8,002)	(0.9%)	
15,450	5,698	(9,752)	(171.1%)	(22,945)	(38,395)	167.3%	Bad Debt	96,624	16,911	(79,713)	(471.4%)	(45,027)	(141,652)	314.6%	
475,617	358,584	(117,033)	(32.6%)	280,568	(195,049)	(69.5%)	Total Contractuals and Bad Debt	1,421,437	1,064,185	(357,252)	(33.6%)	793,526	(627,911)	(79.1%)	
761,347	808,670	(47,323)	(5.9%)	825,203	(63,856)	(7.7%)	Net Patient Revenue	2,260,536	2,399,922	(139,386)	(5.8%)	2,492,535	(231,999)	(9.3%)	
61.55%	69.28%			74.63%			Collection %	61.39%	69.28%			75.85%			
758,333	758,333		0.0%	758,333		0.0%	PBC Interlocat	2,275,000	2,275,000		0.0%	2,275,000		0.0%	
3,403	3,070	334	10.9%	5,377	(1,974)	(36.7%)	Other Revenue	8,266	9,209	(943)	(10.2%)	13,118	(4,852)	(37.0%)	
761,736	761,403	334	0.0%	763,710	(1,974)	(0.3%)	Total Other Revenues	2,283,266	2,284,208	(943)	(0.0%)	2,288,118	(4,852)	(0.2%)	
1,523,084	1,570,073	(46,989)	(3.0%)	1,588,914	(65,830)	(4.1%)	Total Revenues	4,543,802	4,684,130	(140,328)	(3.0%)	4,780,653	(236,851)	(5.0%)	
<i>Direct Operational Expenses</i>															
1,056,004	945,982	(110,022)	(11.6%)	820,044	(235,960)	(28.8%)	Salaries and Wages	3,013,546	2,837,945	(175,602)	(6.2%)	2,640,795	(372,751)	(14.1%)	
367,600	355,108	(12,493)	(3.5%)	305,299	(62,301)	(20.4%)	Benefits	1,086,840	1,065,323	(21,517)	(2.0%)	996,039	(90,801)	(9.1%)	
65,145	76,303	11,158	14.6%	67,963	2,818	4.1%	Purchased Services	197,469	234,751	37,282	15.9%	199,823	2,355	1.2%	
33,989	46,333	12,345	26.6%	30,303	(3,686)	(12.2%)	Medical Supplies	113,984	139,000	25,016	18.0%	125,879	11,895	9.4%	
67,358	75,716	8,358	11.0%	63,200	(4,158)	(6.6%)	Other Supplies	197,371	227,148	29,777	13.1%	208,962	11,592	5.5%	
1,056	2,208	1,153	52.2%	1,172	117	10.0%	Contracted Physician Expense	3,783	6,625	2,842	42.9%	3,414	(369)	(10.8%)	
2,641	4,708	2,068	43.9%		(2,641)	0.0%	Medical Services	10,677	14,125	3,498	24.8%		(10,627)	0.0%	
26,520	31,667	5,147	16.3%	27,357	837	3.1%	Drugs	53,953	95,000	41,047	43.2%	86,975	33,022	38.0%	
33,200	33,759	558	1.7%	30,243	(2,957)	(9.8%)	Repairs & Maintenance	86,938	101,276	14,337	14.2%	76,893	(10,046)	(13.1%)	
103	1,520	1,417	93.2%	1,169	1,066	91.2%	Lease & Rental	2,599	4,559	1,960	43.0%	4,936	2,337	47.3%	
39,941	36,164	(3,777)	(10.4%)	40,401	460	1.1%	Utilities	111,739	108,491	(3,249)	(3.0%)	104,776	(6,963)	(6.6%)	
14,358	24,787	10,428	42.1%	16,616	2,258	13.6%	Other Expense	33,029	61,365	28,336	46.2%	40,316	7,287	18.1%	
6,849	6,211	(638)	(10.3%)	4,620	(2,228)	(48.2%)	Insurance	20,546	18,632	(1,914)	(10.3%)	14,320	(6,226)	(43.5%)	
1,714,762	1,640,464	(74,299)	(4.5%)	1,408,388	(306,375)	(21.8%)	Total Operational Expenses	4,932,424	4,914,238	(18,186)	(0.4%)	4,503,128	(429,297)	(9.5%)	
(191,679)	(70,391)	(121,288)	172.3%	180,526	(372,205)	(206.2%)	Overhead Allocations	(388,622)	(230,108)	(158,515)	68.9%	277,525	(666,148)	(240.0%)	
56,920	64,849	7,930	12.2%	54,806	(2,114)	(3.9%)	Depreciation	170,829	194,548	23,719	12.2%	160,777	(10,051)	(6.3%)	
<i>Overhead Allocations</i>															
1,510	1,711	201	11.8%	5,960	4,450	74.7%	Risk Mgt	4,327	5,133	806	15.7%	24,328	20,001	82.2%	
			0.0%			0.0%	Rev Cycle				0.0%			0.0%	
4,124	4,179	54	1.3%	3,700	(424)	(11.5%)	Internal Audit	13,431	12,536	(895)	(7.1%)	11,101	(2,329)	(21.0%)	
28,148	27,734	(414)	(1.5%)	15,296	(12,852)	(84.0%)	Administration	78,564	83,201	4,637	5.6%	52,227	(26,337)	(50.4%)	
62,280	37,617	(24,662)	(65.6%)	32,188	(30,092)	(93.5%)	Human Resources	130,435	112,852	(17,582)	(15.6%)	94,739	(35,696)	(37.7%)	
14,825	14,071	(753)	(5.4%)	5,850	(8,975)	(153.4%)	Legal	35,534	42,213	6,679	15.8%	19,128	(16,407)	(85.8%)	
5,833	6,382	549	8.6%	4,385	(1,448)	(33.0%)	Records	15,815	19,146	3,331	17.4%	13,760	(2,054)	(14.9%)	
8,653	8,752	99	1.1%	2,606	(6,048)	(232.1%)	Compliance	16,279	26,257	9,979	38.0%	11,982	(4,297)	(35.9%)	
			0.0%	874	874	100.0%	Planning/Research				0.0%	2,768	2,768	100.0%	
21,546	23,765	2,220	9.3%	16,356	(5,190)	(31.7%)	Finance	68,110	71,295	3,185	4.5%	57,531	(10,579)	(18.4%)	
8,363	8,618	254	3.0%	6,025	(2,339)	(38.8%)	Public Relations	27,360	25,853	(1,507)	(5.8%)	15,307	(12,053)	(78.7%)	
71,869	83,038	11,168	13.4%	70,345	(1,525)	(2.2%)	Information Technology	180,122	249,113	68,991	27.7%	178,505	(1,617)	(0.9%)	
2,183	1,098	(1,084)	(98.7%)	1,554	(628)	(40.4%)	Corporate Quality	5,395	3,295	(2,100)	(63.7%)	7,155	1,761	24.6%	
5,125	3,793	(1,332)	(35.1%)		(5,125)	0.0%	Project MGMT Office	12,686	11,380	(1,307)	(11.5%)		(12,686)	0.0%	
			0.0%			0.0%	Managed Care Contract				0.0%			0.0%	
234,458	220,758	(13,700)	(6.2%)	165,137	(69,321)	(42.0%)	Total Overhead Allocations	588,057	662,274	74,218	11.2%	488,532	(99,525)	(20.4%)	
2,006,241	1,926,071	(80,070)	(4.2%)	1,628,331	(377,810)	(23.2%)	Total Expenses	5,691,310	5,771,060	79,751	1.4%	5,152,437	(538,873)	(10.5%)	
(483,057)	(355,998)	(127,059)	35.7%	(39,417)	(443,640)	1,125.5%	Net Margin	(1,147,508)	(1,086,930)	(60,578)	5.6%	(371,784)	(775,724)	208.6%	
\$ 336,487	\$ 300,000	\$ 36,487	12.2%	\$	\$ (336,487)	0.0%	General Fund Support/Transfer In	\$ 976,679	\$ 900,000	\$ 76,679	8.5%	\$ 253,284	\$ (723,395)	(285.6%)	

## Healey Center Statement of Revenues and Expenses by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
<b>Gross Patient Revenue</b>	\$ 1,243,897	\$ 1,201,112	\$ 1,276,964	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,681,973
Contractual Allowances	145,944	132,137	146,161	-	-	-	-	-	-	-	-	-	414,611
Charity Care	298,126	288,250	323,807	-	-	-	-	-	-	-	-	-	910,182
Bad Debt	45,674	35,500	15,450	-	-	-	-	-	-	-	-	-	96,674
<b>Total Contractuals and Bad Debt</b>	<b>489,744</b>	<b>456,087</b>	<b>475,617</b>	-	-	-	-	-	-	-	-	-	<b>1,421,437</b>
<b>Net Patient Revenue</b>	<b>754,154</b>	<b>745,025</b>	<b>761,347</b>	-	-	-	-	-	-	-	-	-	<b>2,260,536</b>
Collections %	60.64%												61.39%
PBI Interlocal	758,334	758,334	758,333	-	-	-	-	-	-	-	-	-	2,275,000
Other revenue	7,208	2,655	3,403	-	-	-	-	-	-	-	-	-	8,266
<b>Total Other Revenues</b>	<b>760,541</b>	<b>760,988</b>	<b>761,736</b>	-	-	-	-	-	-	-	-	-	<b>2,283,266</b>
<b>Total Revenues</b>	<b>1,514,705</b>	<b>1,506,014</b>	<b>1,523,084</b>	-	-	-	-	-	-	-	-	-	<b>4,543,802</b>
<b>Direct Operational Expenses</b>													
Salaries and Wages	1,014,274	941,318	1,056,004	-	-	-	-	-	-	-	-	-	3,013,546
Benefits	360,890	358,350	367,600	-	-	-	-	-	-	-	-	-	1,086,840
Purchased Services	74,560	57,764	65,145	-	-	-	-	-	-	-	-	-	197,469
Medical Supplies	40,946	49,049	33,989	-	-	-	-	-	-	-	-	-	113,984
Other Supplies	66,357	64,656	67,358	-	-	-	-	-	-	-	-	-	197,371
Contracted Physician Expense	1,041	1,687	1,056	-	-	-	-	-	-	-	-	-	3,783
Medical Services	4,013	3,972	2,641	-	-	-	-	-	-	-	-	-	10,627
Drugs	2,400	25,033	26,520	-	-	-	-	-	-	-	-	-	53,953
Repairs & Maintenance	25,222	28,516	33,200	-	-	-	-	-	-	-	-	-	86,938
Lease & Rental	1,248	1,248	103	-	-	-	-	-	-	-	-	-	2,599
Utilities	37,801	33,997	39,941	-	-	-	-	-	-	-	-	-	111,739
Other Expense	7,406	11,365	14,358	-	-	-	-	-	-	-	-	-	33,029
Insurance	6,849	6,849	6,849	-	-	-	-	-	-	-	-	-	20,546
<b>Total Operational Expenses</b>	<b>1,642,857</b>	<b>1,574,805</b>	<b>1,714,762</b>	-	-	-	-	-	-	-	-	-	<b>4,932,424</b>
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(128,152)</b>	<b>(68,792)</b>	<b>(191,679)</b>	-	-	-	-	-	-	-	-	-	<b>(388,622)</b>
Depreciation	54,478	59,431	56,920	-	-	-	-	-	-	-	-	-	170,829
<b>Overhead Allocations</b>													
Risk Mgt	1,237	1,585	1,510	-	-	-	-	-	-	-	-	-	4,327
Rev Cycle													
Internal Audit	4,007	5,299	4,124	-	-	-	-	-	-	-	-	-	13,431
Administration	21,588	28,878	28,148	-	-	-	-	-	-	-	-	-	78,564
Human Resources	12,732	35,422	62,280	-	-	-	-	-	-	-	-	-	130,435
Legal	8,581	12,129	14,825	-	-	-	-	-	-	-	-	-	35,534
Records	4,944	5,077	5,833	-	-	-	-	-	-	-	-	-	15,815
Compliance	2,961	4,665	8,651	-	-	-	-	-	-	-	-	-	16,279
Finance	20,547	26,023	21,546	-	-	-	-	-	-	-	-	-	68,110
Public Relations	6,873	12,124	8,363	-	-	-	-	-	-	-	-	-	27,360
Information Technology	61,331	46,922	71,869	-	-	-	-	-	-	-	-	-	180,122
Corporate Quality	1,490	1,722	2,183	-	-	-	-	-	-	-	-	-	5,395
Project MGMT Office	4,248	4,314	5,125	-	-	-	-	-	-	-	-	-	12,686
Managed Care Contract													
<b>Total Overhead Allocations</b>	<b>169,528</b>	<b>184,070</b>	<b>234,458</b>	-	-	-	-	-	-	-	-	-	<b>588,057</b>
<b>Total Expenses</b>	<b>1,866,863</b>	<b>1,818,306</b>	<b>2,006,141</b>	-	-	-	-	-	-	-	-	-	<b>5,691,310</b>
<b>Net Margin</b>	<b>(352,158)</b>	<b>(312,293)</b>	<b>(483,057)</b>	-	-	-	-	-	-	-	-	-	<b>(1,147,508)</b>
<b>General Fund Support/ Transfer In</b>	<b>\$ 297,680</b>	<b>\$ 342,512</b>	<b>\$ 336,487</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	<b>\$ 976,679</b>

Census	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Prior Year Total
Admissions	11	9	18										38	31
Discharges	11	14	18										43	32
Average Daily Census	119	118	118										118	119
Budget Census	118	118	118										118	118
Occupancy % (120 licensed beds)	99%	98%	98%										99%	99%
<b>Days By Payor Source:</b>														
Medicaid	86	88	91										265	249
Managed Care Medicaid	2,586	2,415	2,530										7,531	6,790
Medicare	76	141	97										314	257
Private Pay	-	-	-										-	280
Hospice	124	99	81										304	389
Charity	806	785	867										2,458	2,967
<b>Total Resident Days</b>	<b>3,678</b>	<b>3,528</b>	<b>3,666</b>										<b>10,872</b>	<b>10,932</b>



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# **SUPPLEMENTAL INFORMATION**

## **LAKESIDE MEDICAL CENTER**

# Lakeside Medical Center Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 4,074,110	\$ 4,991,645	\$ (917,535)	0.8%	\$ 4,195,962	\$ (122,511)	18.5%	Inpatient Revenue	\$ 12,210,677	\$ 11,343,246	\$ 867,431	7.6%	\$ 12,366,207	\$ (155,530)	13.3%	
8,576,882	7,081,968	1,494,914	21.1%	6,542,374	2,034,508	31.1%	Outpatient Revenue	24,498,697	27,038,190	(2,539,493)	6.6%	20,666,665	2,832,032	13.7%	
			0.0%			0.0%	Physician Clinic				0.0%	1,126	(1,126)	(100.0%)	
<b>12,600,312</b>	<b>11,073,613</b>	<b>1,526,699</b>	<b>13.8%</b>	<b>10,938,336</b>	<b>1,661,976</b>	<b>15.2%</b>	<b>Gross Patient Revenue</b>	<b>35,709,374</b>	<b>33,381,436</b>	<b>2,327,938</b>	<b>7.0%</b>	<b>33,033,998</b>	<b>2,675,377</b>	<b>8.1%</b>	
8,406,286	7,507,074	899,212	(12.0%)	6,886,241	(1,570,044)	(22.1%)	Contractual Allowances	24,294,165	22,630,096	(1,663,069)	(7.9%)	22,558,123	(735,042)	(3.3%)	
(11,594)	385,868	(497,462)	104.1%	418,757	430,351	102.8%	Charity Care	796,620	861,749	(65,129)	7.6%	899,069	102,449	11.4%	
2,442,478	1,140,006	1,302,472	(107.4%)	1,124,976	(1,277,502)	(108.7%)	Bad Debt	5,948,208	3,406,406	(2,541,802)	(74.3%)	3,092,293	(2,845,915)	(92.0%)	
			0.0%			0.0%	Physician Contractuals				0.0%	662	662	100.0%	
\$ 10,737,170	\$ 8,922,948	\$ (1,814,222)	(20.3%)	\$ 8,429,974	\$ (2,307,196)	(27.4%)	Total Contractuals and Bad Debt	\$ 30,022,994	\$ 26,898,251	\$ (3,124,743)	(11.6%)	\$ 26,550,147	\$ (3,477,846)	(13.1%)	
121,724	130,283	(8,559)	(6.6%)	130,284	(8,560)	7%	Other Patient Revenue	365,172	390,849	(25,678)	(6.6%)	390,851	(25,679)	(6.6%)	
<b>1,984,866</b>	<b>2,280,948</b>	<b>(296,082)</b>	<b>(13.0%)</b>	<b>2,638,646</b>	<b>(653,779)</b>	<b>(24.8%)</b>	<b>Net Patient Revenue</b>	<b>6,046,552</b>	<b>6,874,034</b>	<b>(827,482)</b>	<b>(12.0%)</b>	<b>6,874,701</b>	<b>(828,149)</b>	<b>(12.0%)</b>	
15.75%	20.60%			24.12%			Collection %	16.94%	20.59%			20.81%			
592		592	0.0%	18,274	(17,644)	(96.8%)	Grant Funds	592		592	0.0%	72,897	(72,306)	(99.7%)	
601,766	18,704	583,062	3,114.6%	16,134	585,132	3,626.7%	Other Revenue	609,499	56,112	553,387	986.2%	31,292	578,207	1,847.8%	
601,858	18,704	583,154	3,117.8%	16,134	567,499	3,651.7%	Total Other Revenues	610,091	56,112	553,979	987.3%	104,190	505,901	485.6%	
<b>2,586,724</b>	<b>2,299,652</b>	<b>287,072</b>	<b>12.5%</b>	<b>2,673,004</b>	<b>(86,280)</b>	<b>(3.2%)</b>	<b>Total Revenues</b>	<b>6,656,643</b>	<b>6,930,146</b>	<b>(273,503)</b>	<b>(3.9%)</b>	<b>6,978,891</b>	<b>(322,248)</b>	<b>(4.6%)</b>	
<i>Direct Operational Expenses</i>															
1,741,059	1,587,443	(153,616)	(9.7%)	1,521,075	(219,984)	(14.5%)	Salaries and Wages	4,986,741	4,930,884	(55,857)	(1.1%)	4,709,779	(276,962)	(5.9%)	
463,349	455,343	(8,006)	(1.8%)	395,007	(68,348)	(17.3%)	Benefits	1,409,638	1,387,138	(22,500)	(1.6%)	1,280,701	(128,937)	(10.1%)	
218,823	270,962	52,139	19.2%	324,031	104,208	32.4%	Purchased Services	645,330	810,684	165,354	21.6%	841,494	206,164	24.5%	
188,190	105,996	(82,194)	(77.7%)	150,782	(37,608)	(24.9%)	Medical Supplies	482,860	332,563	(150,297)	(45.2%)	326,854	(156,006)	(47.7%)	
77,334	94,700	17,366	17.5%	121,939	44,604	36.6%	Other Supplies	191,200	281,100	89,900	32.0%	221,170	29,969	13.6%	
692,556	604,861	(87,695)	(14.5%)	1,167,852	475,316	40.7%	Contracted Physician Expense	2,060,106	1,814,583	(245,523)	(13.5%)	2,881,313	821,207	28.5%	
60,365	70,733	10,368	14.7%	51,899	(8,466)	(16.3%)	Drugs	297,490	221,923	(75,567)	(34.1%)	178,442	(119,047)	(66.7%)	
81,561	154,881	73,320	47.3%	196,547	114,986	58.5%	Repairs & Maintenance	176,888	464,643	287,755	18.9%	447,153	270,265	15.7%	
51,293	59,495	8,202	13.8%	65,398	14,105	21.6%	Lease & Rental	148,754	178,485	29,731	16.7%	189,696	40,947	21.6%	
77,188	73,227	(3,961)	(5.4%)	72,238	(4,950)	(6.9%)	Utilities	271,450	233,431	(38,019)	(13.6%)	208,626	(62,824)	(6.1%)	
83,998	74,908	(9,090)	(12.0%)	68,441	(15,557)	(22.7%)	Other Expense	233,745	274,904	41,159	5.0%	180,000	(53,745)	(18.7%)	
14,849	14,646	(194)	(1.3%)	11,496	(3,341)	(29.1%)	Insurance	41,304	43,938	2,634	6.0%	29,794	(11,509)	(38.6%)	
5,750,736	5,566,255	(184,481)	(5.7%)	4,145,700	494,963	9.5%	Total Operational Expenses	11,065,505	10,924,276	(141,229)	(1.3%)	11,495,021	429,516	3.7%	
<b>(1,164,012)</b>	<b>(1,266,603)</b>	<b>102,591</b>	<b>(8.1%)</b>	<b>(1,472,695)</b>	<b>308,683</b>	<b>(21.0%)</b>	<b>Depreciation &amp; Overhead Allocations</b>	<b>(4,408,863)</b>	<b>(3,994,130)</b>	<b>(414,733)</b>	<b>10.4%</b>	<b>(4,516,130)</b>	<b>107,268</b>	<b>(2.4%)</b>	

# Lakeside Medical Center Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
754,477	800,400	45,923	15.3%	770,170	15,694	5.8%	772,932	901,200	128,268	14.2%	811,954	61,022	7.3%
<i>Overhead Allocations</i>													
5,170	5,819	449	11.8%	16,116	10,746	76.1%	9,658	11,458	1,800	15.7%	57,620	47,962	83.2%
9,706	9,177	1,21	1.4%	8,764	(442)	(5.0%)	29,979	27,981	(1,998)	(7.1%)	26,293	(3,686)	(14.0%)
62,830	61,006	(924)	(1.5%)	86,278	(26,601)	(73.4%)	175,365	185,717	10,351	5.6%	173,699	(51,667)	(41.8%)
80,767	48,784	(31,983)	(65.6%)	41,467	(39,100)	(93.8%)	169,153	146,352	(22,802)	(15.6%)	122,641	(46,513)	(37.9%)
33,090	31,408	(1,682)	(5.4%)	13,855	(19,235)	(138.8%)	79,318	94,225	14,908	15.8%	45,303	(34,015)	(75.1%)
13,020	14,245	1,225	8.6%	10,385	(2,635)	(25.4%)	35,300	42,736	7,435	17.4%	32,591	(2,710)	(8.3%)
19,515	19,547	221	1.1%	6,171	(13,144)	(213.0%)	86,336	58,610	27,724	38.0%	28,378	(7,958)	(28.0%)
48,093	53,047	4,955	9.3%	38,738	(9,355)	(24.1%)	152,032	159,141	7,110	4.5%	136,261	(15,771)	(11.6%)
18,668	19,236	568	3.0%	14,269	(4,399)	(30.8%)	61,071	57,707	(3,363)	(5.8%)	36,254	(24,817)	(68.5%)
160,422	185,357	24,929	13.4%	146,609	6,187	5.7%	402,057	556,055	153,998	27.7%	422,784	20,727	4.9%
4,822	2,452	(2,420)	(98.7%)	3,681	(1,191)	(32.3%)	12,047	7,355	(4,687)	(63.7%)	16,947	4,906	28.9%
11,440	8,467	(2,973)	(45.1%)	11,440	0	0.0%	28,318	25,401	(2,917)	(11.5%)	-	(28,318)	0.0%
9,117	12,398	3,081	24.9%	10,022	705	7.0%	31,884	37,194	5,310	14.3%	44,559	2,676	7.7%
474,411	469,977	(4,434)	(0.9%)	466,576	(107,835)	(29.4%)	1,222,512	1,409,931	187,419	13.3%	1,089,886	(132,626)	(12.2%)
4,479,624	4,336,632	(142,992)	(3.3%)	4,782,446	302,822	6.3%	13,060,949	13,235,407	174,458	1.3%	13,418,861	357,912	2.7%
\$ (1,892,900)	\$ (2,036,980)	\$ 144,080	(7.1%)	\$ (2,109,441)	\$ 216,542	(10.3%)	\$ (6,404,306)	\$ (6,305,261)	\$ (99,045)	1.6%	\$ (6,439,970)	\$ 35,664	(0.6%)
\$ 1,736,411	\$ 1,738,146	\$ (1,735)	(0.1%)	\$ 1,611,915	\$ (124,496)	(7.7%)	\$ 5,838,648	\$ 5,407,438	\$ 431,210	8.0%	\$ 5,399,206	\$ (439,442)	(8.1%)

### Lakeside Medical Center Statement of Revenues and Expenses by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Inpatient Revenue	\$ 3,666,223	\$ 4,521,024	\$ 4,023,330										\$ 12,210,677
Outpatient Revenue	7,475,314	7,496,401	8,576,882										23,498,697
Physician Clinics													
<b>Gross Patient Revenue</b>	<b>11,091,637</b>	<b>12,017,425</b>	<b>12,600,312</b>										<b>35,709,374</b>
Contractual Allowances	7,311,857	7,775,027	8,406,286										23,293,165
Charity Care	563,275	344,949	111,594										796,620
Bad Debt	1,824,655	1,771,075	2,342,476										5,938,208
Physician Contractuals													
Total Contractuals and Bad Debt	\$ 9,499,787	\$ 9,791,052	\$ 10,732,176										\$ 30,027,993
Other Patient Revenue		243,448	121,723	83									365,172
<b>Net Patient Revenue</b>	<b>1,591,855</b>	<b>2,469,831</b>	<b>1,968,866</b>										<b>6,046,552</b>
Collection %	14.35%	20.55%	15.75%										16.93%
Grant Funds			592										592
Other Revenue	1,130	7,104	603,766										609,499
Total Other Revenues	1,130	7,104	603,768										610,091
<b>Total Revenues</b>	<b>1,592,984</b>	<b>2,476,935</b>	<b>2,586,724</b>										<b>6,656,643</b>
<i>Direct Operational Expenses</i>													
Salaries and Wages	1,710,070	1,535,662	1,741,054										4,986,741
Benefits	475,505	470,784	463,349										1,409,638
Purchased Services	254,367	162,140	218,823										635,330
Medical Supplies	89,401	205,069	188,496										482,860
Other Supplies	59,099	54,767	77,144										191,200
Contracted Physician Expense	223,005	644,565	692,536										2,060,106
Drugs	80,746	158,378	60,365										297,490
Repairs & Maintenance	148,468	146,859	81,561										376,888
Lease & Rental	55,177	42,784	51,293										148,754
Utilities	81,317	62,945	77,188										221,450
Other Expense	64,799	66,448	83,998										213,745
Residuals	34,839	11,625	14,839										41,304
Total Operational Expenses	4,275,243	3,551,576	4,750,716										11,065,505
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(2,162,259)</b>	<b>(1,082,591)</b>	<b>(1,164,012)</b>										<b>(4,408,863)</b>
Depreciation	274,424	248,031	294,477										772,932
<i>Overhead Allocations</i>													
Risk Mgt	2,749	3,539	3,370										9,658
Rev Cycle													
Internal Audit	8,945	11,828	9,206										29,979
Administration	48,187	64,349	62,830										175,365
Human Resources	42,449	45,937	80,767										169,153
Legal	19,353	27,074	33,090										79,518
Recruits	11,036	11,243	13,020										35,300
Compliance	6,649	10,412	19,115										36,176
Planning/Research													
Finance	45,852	58,087	48,093										152,032
Public Relations	15,541	27,061	18,668										61,271
Information Technology	146,849	164,746	160,422										402,057
Corporate Quality	5,326	5,843	4,872										12,042
Project MGMT Office	7,249	9,629	11,440										28,318
Managed Care Contract	10,301	12,166	9,312										31,884
Total Overhead Allocations	358,196	389,901	474,411										1,222,517
<b>Total Expenses</b>	<b>4,387,864</b>	<b>4,193,467</b>	<b>4,479,624</b>										<b>13,060,949</b>
<b>Net Margin</b>	<b>\$ (2,794,880)</b>	<b>\$ (1,716,527)</b>	<b>\$ (1,892,900)</b>										<b>\$ (6,404,306)</b>
General Fund Support/ Transfer In	\$ 2,520,455	\$ 1,581,783	\$ 1,736,411										\$ 5,838,649

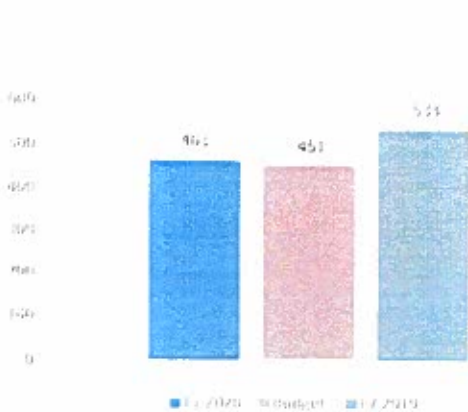
Lakeside Medical Center  
Statistical Information

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	YTD Budget Total	% Var to Budget	Prior YTD Total
<b>Admissions</b>																
Newborn	20	11	19										50	42	18.4%	78
Pediatrics	1	4	7										12	36	(66.8%)	51
Adult	114	107	108										329	346	(5.0%)	393
<b>Total</b>	<b>135</b>	<b>122</b>	<b>134</b>										<b>391</b>	<b>425</b>	<b>(7.9%)</b>	<b>522</b>
<b>Adjusted Admissions</b>	<b>408</b>	<b>324</b>	<b>420</b>										<b>1,152</b>	<b>1,250</b>	<b>(7.8%)</b>	<b>1,392</b>
<b>Patient Days</b>																
Med Surg 2nd and 3rd Floor (14 beds)	42	59	62										163	228	(28.4%)	257
Pediatrics (12 beds)	16	23	17										56	131	(57.3%)	189
Telemetry (22 beds)	200	242	205										647	637	1.5%	708
ICU (6 beds)	100	150	115										365	195	87.2%	195
Obstetrics (16 beds)	67	39	64										170	142	19.7%	218
<b>Total (70 beds)</b>	<b>425</b>	<b>513</b>	<b>463</b>										<b>1,401</b>	<b>1,333</b>	<b>5.1%</b>	<b>1,567</b>
<b>Adjusted Acute Patient Days</b>	<b>1,286</b>	<b>1,364</b>	<b>1,450</b>										<b>4,099</b>	<b>3,921</b>	<b>4.5%</b>	<b>4,186</b>
<b>Other Key Inpatient Statistics</b>																
Occupancy Percentage	20%	0.2443	0.2134										5%	21%	(73.5%)	24%
Average Daily Census (excl. newborns)	13.7	17.1	14.9										15.2	14.5	5.1%	17.0
Average Daily Census (incl. newborns)	15.5	18.1	16.5										16.7	15.7	6.2%	19.2
Average Length of Stay (excl newborns)	3.70	4.62	4.03										4.11	3.49	18.1%	3.55
Average Length of Stay (incl newborns)	3.56	4.46	3.81										3.95	3.41	15.8%	3.39
Case Mix Index- Medicare	1.3746	2.0418	1.4863										1.5985			1.6036
Case Mix Index- Medicaid	0.8974	0.4269	1.2378										1.1529			0.8555
Case Mix Index- All Payers	1.1066	1.2910	1.1148										1.1747			1.0375
<b>Emergency Room and Outpatients</b>																
ER Admissions	80	85	71										236	313	(24.6%)	348
ER Visits	1,896	1,973	2,147										6,016	6,229	(3.4%)	6,036
Outpatient Visits	555	489	510										1,554	1,548	0.4%	1,548
ER and Outpatient Visits	2,451	2,462	2,657										7,570	7,777	(2.7%)	7,584
Observation Patient Stays	231	241	286										758	622	21.9%	534
<b>Surgery and Other Procedures</b>																
Inpatient Surgeries	41	42	37										120	118	1.7%	118
Outpatient Surgeries	7	8	-										15	6	150.0%	6
Endoscopies	9	10	17										36	15	140.0%	15
Radiology Procedures	2,440	2,644	2,286										7,370	7,420	(0.7%)	7,113
Lab Charges	15,333	16,452	17,457										49,242	45,518	8.2%	44,600
<b>Staffing</b>																
Paid FTE	285.80	306.28	300.42										297.50	293.80	1.3%	288.10
Paid FTE per Adjusted Occupied Bed	6.89	6.74	6.42										6.68	6.89	(3.1%)	6.33
<b>Operational Performance</b>																
Gross Revenue Per Adj Pat Day	8,626	8,813	8,690										8,710	8,528	2.1%	7,911
Net Revenue Per Adj Pat Day	1,238	1,811	1,369										1,473	15,500	(90.5%)	1,658
Salaries & Benefits as % of Net Pat Revenue	137%	81%	77%										95%	10%	809.5%	87%
Labor Cost per Adj Pat Day	1,700	1,471	1,058										1,410	1,613	(12.6%)	1,433
Total Expense Per Adj Pat Day	2,921	2,610	2,268										2,600	2,789	(6.8%)	2,751

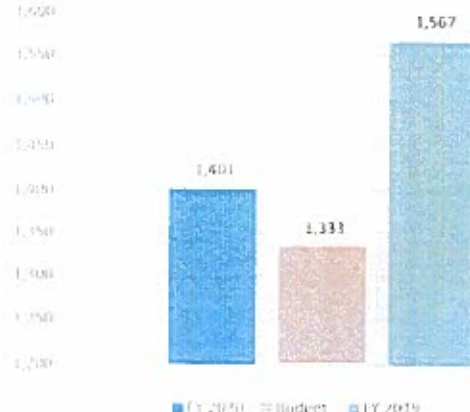
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# LAKESIDE MEDICAL CENTER Inpatient

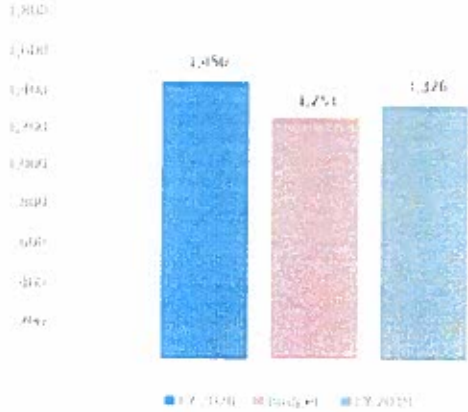
Patient Days December



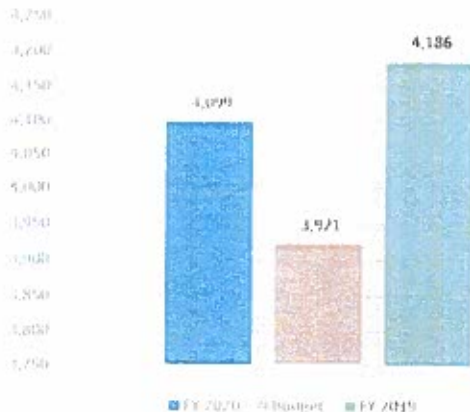
Patient Days YTD



Adjusted Patient Days December

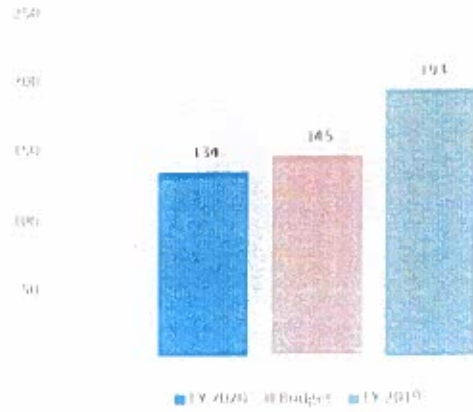


Adjusted Patient Days YTD

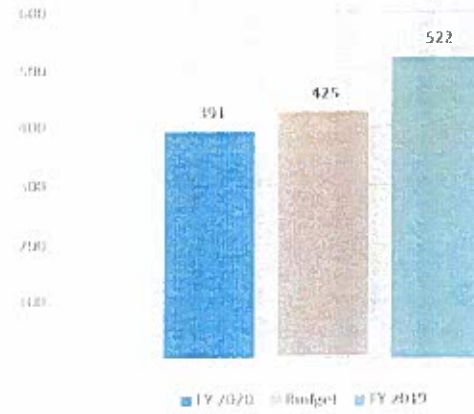


## LAKESIDE MEDICAL CENTER Inpatient

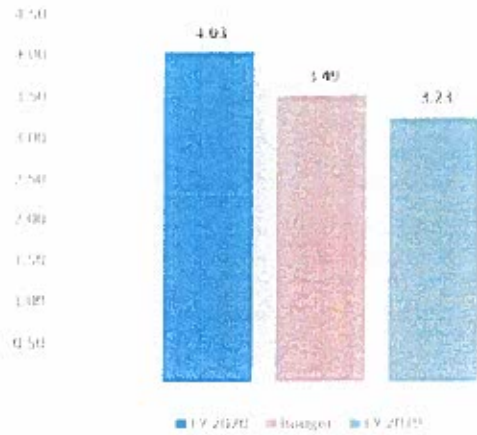
Admissions December



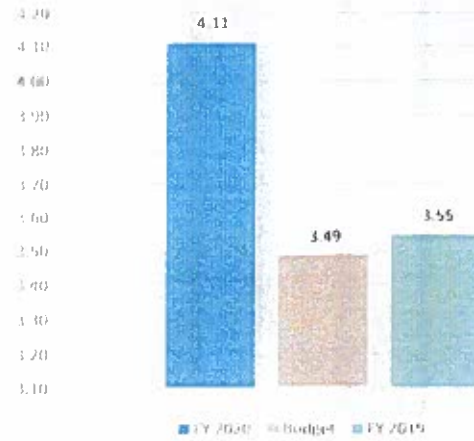
Admissions YTD



Average Length of Stay December

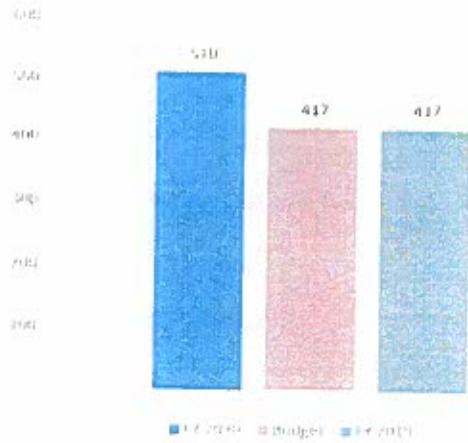


Average Length of Stay YTD

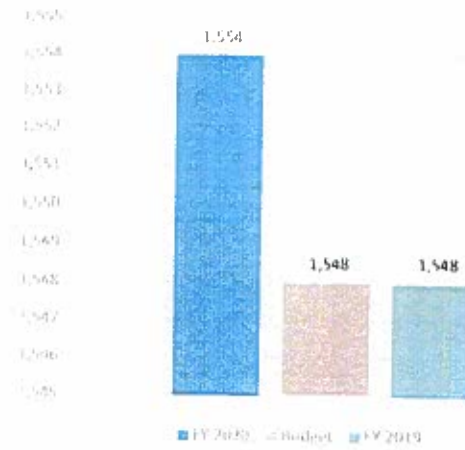


## LAKESIDE MEDICAL CENTER Outpatient

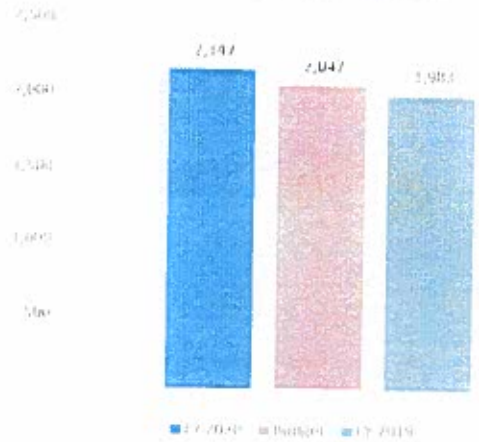
Outpatient Visits December



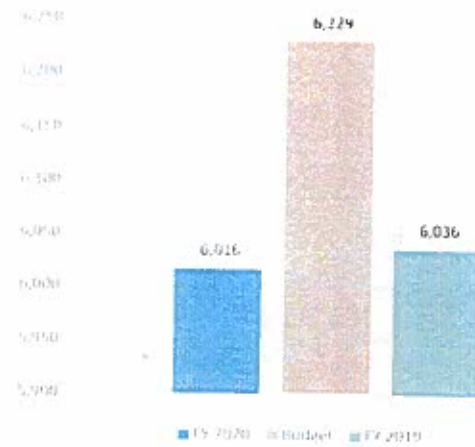
Outpatient Visits YTD



ER Visits December



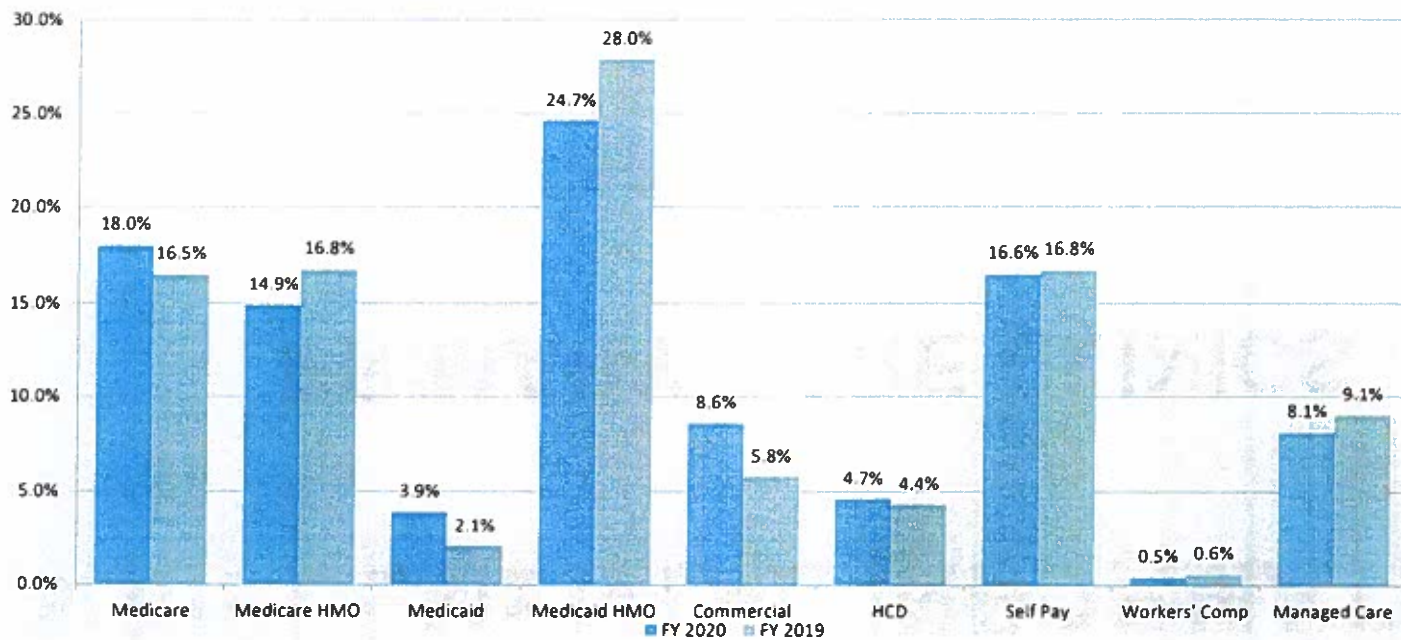
ER Visits YTD





**LAKESIDE MEDICAL CENTER  
Revenue**

**Payor Mix YTD**





# SUPPLEMENTAL INFORMATION

## PRIMARY CARE CLINICS

# Primary Care Clinics Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 1,899,323	\$ 1,740,232	\$ 159,091	9.1%	\$ 2,006,898	\$ (107,575)	(5.4%)	\$ 5,804,051	\$ 5,350,980	\$ 453,071	8.5%	\$ 5,445,259	\$ 358,791	6.6%
<b>1,899,323</b>	<b>1,740,232</b>	<b>159,091</b>	<b>9.1%</b>	<b>2,006,898</b>	<b>(107,575)</b>	<b>(5.4%)</b>	<b>5,804,051</b>	<b>5,350,980</b>	<b>453,071</b>	<b>8.5%</b>	<b>5,445,259</b>	<b>358,791</b>	<b>6.6%</b>
271,867	290,610	18,743	6.4%	955,352	683,485	71.5%	1,062,062	884,247	(177,815)	(20.1%)	2,109,040	1,046,977	49.6%
715,762	716,377	615	0.1%	411,855	(303,906)	(73.8%)	2,255,101	2,203,284	(51,817)	(2.4%)	1,304,575	(950,526)	(72.9%)
306,448	295,608	(10,840)	(3.7%)	187,946	(118,501)	(63.1%)	841,620	922,492	80,872	8.8%	533,590	(308,030)	(57.7%)
1,294,076	1,302,595	8,519	0.7%	1,355,153	261,077	16.8%	4,158,784	4,010,023	(148,761)	(3.7%)	3,947,205	(211,579)	(5.4%)
341,366	380,319	(38,953)	(10.2%)	348,606	(5,240)	(1.5%)	1,113,006	1,140,957	(27,951)	(2.4%)	992,787	120,219	12%
<b>946,612</b>	<b>817,956</b>	<b>128,656</b>	<b>15.7%</b>	<b>798,350</b>	<b>148,262</b>	<b>18.6%</b>	<b>2,758,273</b>	<b>2,481,914</b>	<b>276,359</b>	<b>11.1%</b>	<b>2,490,841</b>	<b>267,432</b>	<b>10.7%</b>
49,84%	47.00%			39.78%			47.52%	46.38%		45.74%			
28,234	57,154	(28,920)	(50.6%)	690,034	(661,800)	(95.9%)	129,890	171,462	(41,572)	(24.2%)	1,871,266	(1,741,375)	(93.1%)
6,897	2,442	4,455	182.4%	24,768	(17,871)	(72.2%)	30,834	7,326	23,508	320.9%	38,234	(7,400)	(19.4%)
35,130	59,596	(24,466)	(41.1%)	714,807	(679,671)	(95.1%)	160,724	178,788	(18,064)	(10.1%)	1,909,499	(1,748,775)	(91.6%)
<b>981,742</b>	<b>877,552</b>	<b>104,190</b>	<b>11.9%</b>	<b>1,513,151</b>	<b>(531,409)</b>	<b>(35.1%)</b>	<b>2,918,997</b>	<b>2,660,702</b>	<b>258,295</b>	<b>9.7%</b>	<b>4,400,340</b>	<b>(1,481,343)</b>	<b>(33.7%)</b>
<i>Direct Operational Expenses</i>													
1,427,860	1,360,118	(67,742)	(5.0%)	1,317,029	(110,831)	(8.4%)	4,245,988	4,080,340	(165,648)	(4.1%)	3,894,897	(351,091)	(9.0%)
365,616	369,399	3,783	1.0%	314,881	(50,735)	(16.1%)	1,123,941	1,108,192	(15,749)	(1.4%)	976,571	(147,370)	(15.1%)
43,837	65,753	21,916	33.3%	50,770	6,933	13.7%	224,876	197,259	(27,617)	(14.0%)	184,412	(40,464)	(21.9%)
33,103	36,001	2,898	8.0%	14,573	(18,530)	(127.2%)	113,805	108,003	(5,802)	(5.4%)	83,706	(30,099)	(36.0%)
1,026	19,686	18,660	94.8%	2,672	1,646	61.6%	28,782	59,058	30,276	51.3%	40,767	11,985	29.4%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
53,734	60,707	6,974	11.5%	19,144	(34,589)	(180.7%)	165,407	184,589	19,182	10.4%	77,492	(87,915)	(113.5%)
85,786	78,781	(7,005)	(8.9%)	36,129	(49,658)	(137.4%)	257,250	241,718	(15,532)	(6.4%)	121,217	(136,033)	(112.2%)
19,935	13,887	(6,048)	(43.6%)	32,150	12,215	38.0%	68,034	41,661	(26,373)	(63.3%)	98,587	30,553	31.0%
121,087	106,377	(14,710)	(13.8%)	104,526	(16,562)	(15.8%)	358,954	319,131	(39,823)	(12.5%)	318,291	(40,663)	(12.8%)
4,724	6,682	1,958	29.3%	5,313	589	11.1%	18,463	20,046	1,583	7.9%	16,439	(2,024)	(12.3%)
33,567	28,941	(4,626)	(16.0%)	24,682	(8,886)	(36.0%)	90,327	86,823	(3,504)	(4.0%)	39,632	(50,695)	(127.9%)
2,377	2,236	(141)	(6.3%)	2,170	(207)	(9.5%)	7,131	6,708	(423)	(6.3%)	6,764	(366)	(5.4%)
2,192,652	2,148,568	(44,084)	(2.1%)	1,924,039	(268,614)	(14.0%)	6,702,958	6,453,528	(249,430)	(3.9%)	5,858,775	(844,183)	(14.4%)
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>													
<b>(1,210,910)</b>	<b>(1,271,016)</b>	<b>60,106</b>	<b>(4.7%)</b>	<b>(410,887)</b>	<b>(800,023)</b>	<b>194.7%</b>	<b>(3,783,960)</b>	<b>(3,792,826)</b>	<b>8,866</b>	<b>(0.2%)</b>	<b>(1,458,434)</b>	<b>(2,325,526)</b>	<b>159.5%</b>

# Primary Care Clinics Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
26,292	13,280	(13,012)	(98.0%)	5,158	(21,134)	(409.7%)	49,816	39,840	(9,976)	(25.0%)	39,671	(10,145)	(25.6%)
<i>Overhead Allocations</i>													
1,990	2,255	265	11.8%	8,246	6,257	75.9%	5,702	6,764	1,062	15.7%	33,660	27,958	83.1%
69,757	96,913	27,155	28.0%	174,187	54,430	43.8%	217,131	290,738	73,607	25.3%	309,150	92,019	29.8%
5,435	5,506	71	1.3%	5,120	(315)	(6.2%)	17,699	16,519	(1,180)	(7.1%)	15,360	(2,339)	(15.2%)
20,918	21,420	503	2.3%	16,141	(4,777)	(29.6%)	58,188	64,261	6,073	9.4%	49,442	(8,746)	(17.7%)
37,093	36,548	(546)	(1.5%)	21,164	(15,929)	(75.3%)	103,532	109,643	6,111	5.6%	72,262	(31,270)	(43.3%)
66,995	40,465	(26,529)	(65.6%)	34,863	(32,131)	(92.2%)	140,309	121,395	(18,913)	(15.6%)	102,615	(37,694)	(36.7%)
19,536	18,543	(993)	(5.4%)	8,094	(11,442)	(141.4%)	46,827	55,629	8,801	15.8%	26,465	(20,362)	(76.9%)
7,687	8,410	723	8.6%	6,067	(1,620)	(26.7%)	20,840	25,230	4,390	17.4%	19,039	(1,802)	(9.5%)
11,403	11,534	131	1.1%	3,605	(7,798)	(213.3%)	21,452	34,602	13,150	38.0%	16,578	(4,874)	(29.4%)
-	-	-	0.0%	1,209	1,209	100.0%	-	-	-	0.0%	3,830	3,830	100.0%
28,393	31,318	2,925	9.3%	22,630	(5,763)	(25.5%)	89,756	93,953	4,198	4.5%	79,601	(10,155)	(12.8%)
11,021	11,356	335	3.0%	8,336	(2,685)	(32.2%)	36,055	34,069	(1,986)	(5.8%)	21,179	(14,876)	(70.2%)
94,710	109,427	14,718	13.4%	97,329	2,620	2.7%	237,365	328,282	90,917	27.7%	246,981	9,616	3.9%
2,876	1,447	(1,429)	(98.7%)	2,150	(726)	(33.7%)	7,109	4,342	(2,767)	(63.7%)	9,900	2,791	28.2%
6,754	4,999	(1,755)	(35.1%)	-	(6,754)	0.0%	16,718	14,996	(1,722)	(11.5%)	-	(16,718)	0.0%
2,822	3,755	933	24.9%	3,039	217	7.1%	9,658	11,266	1,608	14.3%	10,479	821	7.8%
387,389	403,897	16,508	4.1%	362,180	(25,209)	(7.0%)	1,028,341	1,211,690	183,349	15.1%	1,016,541	(11,800)	(1.2%)
<b>2,606,333</b>	<b>2,565,745</b>	<b>(40,589)</b>	<b>(1.6%)</b>	<b>2,291,377</b>	<b>(314,956)</b>	<b>(13.7%)</b>	<b>7,781,114</b>	<b>7,705,058</b>	<b>(76,056)</b>	<b>(1.0%)</b>	<b>6,914,987</b>	<b>(866,128)</b>	<b>(12.5%)</b>
<b>\$ (1,624,591)</b>	<b>\$ (1,688,193)</b>	<b>\$ 63,602</b>	<b>(3.8%)</b>	<b>\$ (778,226)</b>	<b>\$ (846,365)</b>	<b>108.8%</b>	<b>\$ (4,862,117)</b>	<b>\$ (5,044,356)</b>	<b>\$ 182,239</b>	<b>(3.6%)</b>	<b>\$ (2,514,646)</b>	<b>\$ (2,347,471)</b>	<b>93.4%</b>
(81,965)	3,988	85,953	2,155.3%	(13,581)	68,384	(503.5%)	-	11,964	11,964	100.0%	(13,581)	(13,581)	100.0%
<b>\$ 1,421,583</b>	<b>\$ 1,681,071</b>	<b>\$ 259,488</b>	<b>15.4%</b>	<b>\$ 930,086</b>	<b>\$ (491,497)</b>	<b>(52.8%)</b>	<b>\$ 4,812,301</b>	<b>\$ 5,022,991</b>	<b>\$ 210,690</b>	<b>4.2%</b>	<b>\$ 2,627,860</b>	<b>\$ (2,184,441)</b>	<b>(83.1%)</b>

## Primary Care Clinics Statement of Revenues and Expenses by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
<b>Gross Patient Revenue</b>	2,170,266	1,734,463	1,899,323	-	-	-	-	-	-	-	-	-	5,804,051
Contractual Allowances	453,586	336,609	271,867	-	-	-	-	-	-	-	-	-	1,062,062
Charity Care	811,861	777,479	715,767	-	-	-	-	-	-	-	-	-	2,255,101
Bad Debt	341,494	193,678	306,448	-	-	-	-	-	-	-	-	-	841,620
<b>Other Patient Revenue</b>	385,870	385,870	341,366	-	-	-	-	-	-	-	-	-	1,113,006
<b>Net Patient Revenue</b>	<b>949,144</b>	<b>862,516</b>	<b>946,612</b>	-	-	-	-	-	-	-	-	-	<b>2,758,273</b>
Collections %	44.71%	49.73%	49.84%	-	-	-	-	-	-	-	-	-	47.52%
Grant Funds	53,241	48,416	28,234	-	-	-	-	-	-	-	-	-	129,890
Other Revenue	21,291	2,647	6,897	-	-	-	-	-	-	-	-	-	30,834
<b>Total Other Revenues</b>	<b>74,531</b>	<b>51,063</b>	<b>35,130</b>	-	-	-	-	-	-	-	-	-	<b>160,724</b>
<b>Total Revenues</b>	<b>1,023,676</b>	<b>913,579</b>	<b>981,742</b>	-	-	-	-	-	-	-	-	-	<b>2,918,997</b>
<i>Direct Operational Expenses</i>													
Salaries and Wages	1,489,774	1,328,404	1,427,860	-	-	-	-	-	-	-	-	-	4,245,988
Benefits	380,176	378,148	365,616	-	-	-	-	-	-	-	-	-	1,123,941
Purchased Services	101,033	80,005	43,837	-	-	-	-	-	-	-	-	-	224,876
Medical Supplies	15,280	65,422	33,103	-	-	-	-	-	-	-	-	-	113,805
Other Supplies	8,043	19,713	1,026	-	-	-	-	-	-	-	-	-	28,782
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	67,974	43,699	53,733	-	-	-	-	-	-	-	-	-	165,407
Drugs	65,352	106,112	85,786	-	-	-	-	-	-	-	-	-	257,250
Repairs & Maintenance	36,932	11,167	19,935	-	-	-	-	-	-	-	-	-	68,034
Lease & Rental	117,472	120,395	121,087	-	-	-	-	-	-	-	-	-	358,954
Utilities	6,959	6,781	4,724	-	-	-	-	-	-	-	-	-	18,463
Other Expense	19,578	37,182	33,567	-	-	-	-	-	-	-	-	-	90,327
Insurance	2,377	2,377	2,377	-	-	-	-	-	-	-	-	-	7,131
<b>Total Operational Expenses</b>	<b>2,310,900</b>	<b>2,199,405</b>	<b>2,192,652</b>	-	-	-	-	-	-	-	-	-	<b>6,707,958</b>
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(1,287,225)</b>	<b>(1,285,826)</b>	<b>(1,210,910)</b>	-	-	-	-	-	-	-	-	-	<b>(3,783,960)</b>
Depreciation	13,167	10,357	26,797	-	-	-	-	-	-	-	-	-	49,816
<i>Overhead Allocations</i>													
Risk Mgt	1,673	2,089	1,990	-	-	-	-	-	-	-	-	-	5,702
Rev Cycle	62,997	84,377	69,757	-	-	-	-	-	-	-	-	-	217,131
Internal Audit	5,281	6,984	5,435	-	-	-	-	-	-	-	-	-	17,699
Home Office Facilities	18,086	19,184	20,918	-	-	-	-	-	-	-	-	-	58,188
Administration	28,448	37,990	37,093	-	-	-	-	-	-	-	-	-	103,533
Human Resources	35,710	38,104	66,995	-	-	-	-	-	-	-	-	-	140,309
Legal	11,308	15,984	19,536	-	-	-	-	-	-	-	-	-	46,827
Records	6,516	6,638	7,687	-	-	-	-	-	-	-	-	-	20,840
Compliance	3,902	6,147	11,403	-	-	-	-	-	-	-	-	-	21,452
Planning/Research	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	27,070	34,293	28,393	-	-	-	-	-	-	-	-	-	89,756
Public Relations	9,057	15,976	11,021	-	-	-	-	-	-	-	-	-	36,055
Information Technology	80,822	61,834	94,710	-	-	-	-	-	-	-	-	-	237,365
Corporate Quality	1,964	2,269	2,876	-	-	-	-	-	-	-	-	-	7,109
Project MGMT Office	4,280	5,685	6,754	-	-	-	-	-	-	-	-	-	16,718
Managed Care Contract	3,150	3,685	2,822	-	-	-	-	-	-	-	-	-	9,658
<b>Total Overhead Allocations</b>	<b>299,713</b>	<b>341,238</b>	<b>387,389</b>	-	-	-	-	-	-	-	-	-	<b>1,028,341</b>
<b>Total Expenses</b>	<b>2,623,781</b>	<b>2,551,001</b>	<b>2,606,333</b>	-	-	-	-	-	-	-	-	-	<b>7,781,114</b>
<b>Net Margin</b>	<b>\$ (1,600,105)</b>	<b>\$ (1,637,421)</b>	<b>\$ (1,624,591)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (4,862,117)</b>
<b>Capital</b>	-	81,965	(81,965)	-	-	-	-	-	-	-	-	-	-
<b>General Fund Support/ Transfer In</b>	<b>1,726,629</b>	<b>1,664,089</b>	<b>1,421,583</b>	-	-	-	-	-	-	-	-	-	<b>\$ 4,812,301</b>

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

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

	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	Total
<b>Gross Patient Revenue</b>		897,800	1,040,426	598,990	468,057	71,628	657,432	274,980	397,919	147,371	214,144	4,768,747
Contractual Allowances	-	176,525	197,957	119,386	124,666	17,921	111,587	54,247	105,823	854	17,038	925,002
Charity Care	-	343,794	392,546	128,249	125,770	20,044	283,516	94,062	98,957	53,975	108,526	1,649,438
Bad Debt	-	118,496	198,210	169,172	112,094	25,710	62,480	20,376	26,340	2,498	64,544	799,921
<b>Total Contractual Allowances and Bad Debt</b>		638,815	788,713	416,807	361,530	63,674	457,582	168,685	231,120	57,327	190,108	3,374,360
Other Patient Revenue	-	177,872	178,260	79,636	57,339	38,784	98,886	32,438	49,132	26,472	26,438	765,258
<b>Net Patient Revenue</b>		436,857	429,974	261,820	163,867	46,738	298,736	138,733	215,931	116,516	50,474	2,159,644
Collection %	0.00%	48.66%	41.33%	43.71%	35.01%	65.25%	45.44%	50.45%	54.27%	79.06%	23.57%	45.29%
Grant Funds	16,162	-	-	-	28,541	-	-	-	-	60,193	24,995	129,890
Other Revenue	3,892	6,261	7,743	3,107	3,793	538	2,500	1,097	1,475	274	154	30,834
<b>Total Other Revenues</b>	20,053	6,261	7,743	3,107	32,334	538	2,500	1,097	1,475	60,467	25,150	160,724
<b>Total Revenues</b>	<b>20,053</b>	<b>443,118</b>	<b>437,717</b>	<b>264,926</b>	<b>196,201</b>	<b>47,275</b>	<b>301,236</b>	<b>139,830</b>	<b>217,405</b>	<b>176,983</b>	<b>75,624</b>	<b>2,320,369</b>
<b>Direct Operational Expenses</b>												
Salaries and Wages	689,976	500,281	471,930	394,847	286,361	108,257	406,281	176,544	234,647	180,982	76,014	3,526,122
Benefits	163,080	129,285	127,284	113,617	75,819	25,388	116,083	48,616	54,184	47,062	27,176	927,594
Purchased Services	10,300	25,910	22,929	21,108	21,891	2,418	33,891	16,534	21,185	15,537	3,335	195,039
Medical Supplies	-	16,920	22,140	5,095	8,025	758	6,450	1,963	2,199	15,775	336	79,662
Other Supplies	945	2,490	6,660	2,926	5,644	162	1,407	(674)	756	3,142	1,270	24,729
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	29,137	17,182	22,897	27,657	3,551	31,226	5,220	28,537	-	-	165,407
Drugs	-	90,900	69,156	43,019	22,450	126	10,296	8,945	3,503	8,817	39	257,250
Repairs & Maintenance	-	9,699	6,880	6,659	9,304	2,131	8,951	1,745	4,061	2,237	4,768	56,435
Lease & Rental	-	34,400	39,679	23,105	62,598	1,008	60,284	20,167	29,438	10,096	-	280,775
Utilities	-	378	2,385	472	4,324	756	3,855	1,960	1,585	-	-	15,716
Other Expense	54,081	2,033	4,430	2,220	5,191	1,071	6,534	581	2,642	2,902	1,449	83,113
Insurance	-	1,394	949	1,269	413	-	668	45	40	-	2,258	7,038
<b>Total Operational Expenses</b>	<b>918,382</b>	<b>842,828</b>	<b>791,584</b>	<b>637,234</b>	<b>529,678</b>	<b>145,627</b>	<b>685,927</b>	<b>281,647</b>	<b>382,776</b>	<b>286,550</b>	<b>116,646</b>	<b>5,618,879</b>
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(898,329)</b>	<b>(399,709)</b>	<b>(353,867)</b>	<b>(372,308)</b>	<b>(333,478)</b>	<b>(98,352)</b>	<b>(384,691)</b>	<b>(141,817)</b>	<b>(165,370)</b>	<b>(109,567)</b>	<b>(41,022)</b>	<b>(3,298,510)</b>
Depreciation	2,155	1,443	1,179	449	9,416	322	1,418	1,084	1,199	83	18,750	37,498
<b>Overhead Allocations:</b>												
Risk Mgt	631	672	690	511	406	122	717	245	354	246	96	4,689
Rev Cycle	-	29,205	29,995	22,188	17,638	5,297	31,162	10,634	15,374	10,694	4,189	176,377
Internal Audit	1,958	2,086	2,142	1,585	1,260	378	2,226	760	1,098	764	299	14,555
Home Office Facilities	52,004	-	-	-	-	-	-	-	-	-	-	52,004
Administration	11,451	12,702	12,532	9,270	7,369	2,213	13,020	4,443	6,424	4,468	1,750	85,143
Human Resources	12,897	18,424	17,906	13,818	9,788	2,303	17,272	5,757	8,060	6,333	2,303	114,861
Legal	5,179	5,519	5,668	4,193	5,333	1,001	5,889	2,009	2,905	2,021	792	38,510
Records	2,305	2,456	2,523	1,866	1,483	446	2,621	894	1,293	899	352	17,139
Compliance	2,373	2,528	2,597	1,921	1,527	459	2,698	921	1,331	926	363	17,642
Planning/Research	-	-	-	-	-	-	-	-	-	-	-	-
Finance	9,927	10,579	10,865	8,037	6,389	1,919	11,287	3,852	5,569	3,874	1,517	73,814
Public Relations	1,988	4,249	4,364	3,228	2,566	771	4,534	1,547	2,237	1,556	609	29,651
Information Technology	26,252	27,976	28,733	21,254	16,896	5,074	29,850	10,186	14,727	10,244	4,013	195,205
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	786	838	861	637	506	152	894	305	441	307	120	5,846
Project MGMT Office	1,849	1,970	2,024	1,497	1,190	357	2,102	717	1,037	722	283	13,749
Managed Care Contract	-	1,299	1,334	987	785	236	1,386	473	684	476	186	7,845
<b>Total Overhead Allocations</b>	<b>131,598</b>	<b>120,005</b>	<b>122,234</b>	<b>90,991</b>	<b>71,136</b>	<b>20,728</b>	<b>125,657</b>	<b>42,742</b>	<b>61,535</b>	<b>43,530</b>	<b>16,872</b>	<b>847,028</b>
<b>Total Expenses</b>	<b>1,052,135</b>	<b>964,276</b>	<b>914,998</b>	<b>728,674</b>	<b>610,230</b>	<b>166,677</b>	<b>813,002</b>	<b>325,474</b>	<b>445,509</b>	<b>330,163</b>	<b>152,268</b>	<b>6,503,405</b>
<b>Net Margin</b>	<b>\$ (1,032,082)</b>	<b>\$ (521,157)</b>	<b>\$ (477,281)</b>	<b>\$ (463,748)</b>	<b>\$ (414,029)</b>	<b>\$ (119,401)</b>	<b>\$ (511,766)</b>	<b>\$ (185,644)</b>	<b>\$ (228,103)</b>	<b>\$ (153,180)</b>	<b>\$ (76,644)</b>	<b>\$ (4,183,036)</b>
<b>Capital</b>												
<b>General Fund Support/ Transfer In</b>	<b>\$ 3,825,712</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,825,712</b>

# Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
1,569,594	1,401,663	167,931	12.0%	1,748,762	(179,168)	(10.2%)	Gross Patient Revenue	4,768,747	4,308,736	460,011	10.7%	4,519,332	249,415	5.5%
225,053	248,978	23,925	9.6%	869,005	643,952	74.1%	Contractual Allowances	925,002	756,878	(168,124)	(22.2%)	1,863,659	938,657	50.4%
535,851	528,177	(7,674)	(1.5%)	300,323	(235,529)	(78.4%)	Charity Care	1,649,438	1,621,886	(27,552)	(1.7%)	880,834	(768,604)	(87.3%)
286,428	276,895	(9,533)	(3.4%)	189,154	(97,273)	(51.4%)	Bad Debt	799,921	864,425	64,504	7.5%	519,537	(280,384)	(54.0%)
1,047,332	1,054,050	6,718	0.6%	1,358,482	311,150	22.9%	Total Contractuals and Bad Debts	3,374,360	3,243,189	(131,171)	(4.0%)	3,264,030	(110,330)	(3.4%)
240,125	244,640	(4,515)	(1.8%)	232,742	7,883	3.4%	Other Patient Revenue	765,258	733,920	31,338	4.3%	671,495	93,763	14.0%
762,387	592,253	170,134	28.7%	622,522	139,865	22.5%	Net Patient Revenue	2,159,644	1,799,467	360,177	20.0%	1,926,797	232,848	12.1%
48.57%	42.25%			35.60%			Collection %	45.29%	41.76%		42.63%			
28,234	52,614	(24,380)	(46.3%)	552,339	(524,106)	(94.9%)	Grant Funds	129,890	157,842	(27,952)	(17.7%)	1,508,227	(1,378,337)	(91.4%)
6,897	2,442	4,455	182.4%	24,768	(17,871)	(72.2%)	Other Revenue	30,834	7,326	23,508	320.9%	38,001	(7,167)	(18.9%)
35,130	55,056	(19,926)	(36.2%)	577,107	(541,977)	(93.9%)	Total Other Revenues	160,724	165,168	(4,444)	(2.7%)	1,546,228	(1,385,504)	(89.6%)
797,517	647,309	150,208	23.2%	1,199,629	(402,112)	(33.5%)	Total Revenues	2,320,369	1,964,635	355,734	18.1%	3,473,025	(1,152,656)	(33.2%)
<i>Direct Operational Expenses</i>														
1,173,987	1,114,249	(59,738)	(5.4%)	1,083,982	(90,005)	(8.3%)	Salaries and Wages	3,526,122	3,342,739	(183,383)	(5.5%)	3,174,028	(352,093)	(11.1%)
300,793	298,753	(2,040)	(0.7%)	254,861	(45,932)	(18.0%)	Benefits	927,594	896,257	(31,337)	(3.5%)	782,253	(145,341)	(18.6%)
36,181	58,128	21,947	37.8%	41,480	5,299	12.8%	Purchased Services	195,039	174,384	(20,655)	(11.8%)	156,540	(38,499)	(24.6%)
15,735	13,917	(1,818)	(13.1%)	6,682	(9,053)	(135.5%)	Medical Supplies	79,662	41,751	(37,911)	(90.8%)	38,838	(40,824)	(105.1%)
(1,962)	18,159	20,121	110.8%	8,573	10,535	122.9%	Other Supplies	24,729	54,477	29,748	54.6%	23,259	(1,470)	(6.3%)
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%
53,733	60,707	6,974	11.5%	19,144	(34,589)	(180.7%)	Medical Services	165,407	184,589	19,182	10.4%	77,492	(87,915)	(113.5%)
85,786	78,556	(7,230)	(9.2%)	36,054	(49,732)	(137.9%)	Drugs	257,250	241,043	(16,207)	(6.7%)	120,603	(136,647)	(113.3%)
15,523	8,235	(7,288)	(88.5%)	28,281	12,758	45.1%	Repairs & Maintenance	56,435	24,705	(31,730)	(128.4%)	89,856	33,421	37.2%
94,941	80,599	(14,342)	(17.8%)	74,267	(20,674)	(27.8%)	Lease & Rental	280,775	241,797	(38,978)	(16.1%)	233,314	(47,460)	(20.3%)
4,571	4,632	61	1.3%	4,340	(231)	(5.3%)	Utilities	15,716	13,896	(1,820)	(13.1%)	13,625	(2,090)	(15.3%)
31,554	25,242	(6,312)	(25.0%)	20,454	(11,099)	(54.3%)	Other Expense	83,113	75,726	(7,387)	(9.8%)	35,828	(47,285)	(132.0%)
2,346	2,205	(141)	(6.4%)	2,105	(241)	(11.4%)	Insurance	7,038	6,615	(423)	(6.4%)	6,559	(478)	(7.3%)
1,813,187	1,763,382	(49,805)	(2.8%)	1,580,223	(232,964)	(14.7%)	Total Operational Expenses	5,618,879	5,297,979	(320,900)	(6.1%)	4,752,196	(866,682)	(18.2%)
<b>Net Performance before Depreciation</b>														
(1,015,670)	(1,116,073)	100,403	(9.0%)	(380,594)	(635,076)	166.9%	& Overhead Allocations	(3,298,510)	(3,333,344)	34,834	(1.0%)	(1,279,172)	(2,019,338)	157.9%

# Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
18,790	9,840	(8,950)	(91.0%)	9,900	(8,890)	(89.8%)	Depreciation
<i>Overhead Allocations</i>							
1,636	1,854	218	11.8%	6,630	4,993	75.3%	Risk Mgt
56,664	78,723	22,058	28.0%	98,452	41,788	42.4%	Rev Cycle
4,470	4,528	59	1.3%	4,116	(354)	(8.6%)	Internal Audit
18,694	19,144	449	2.3%	14,360	(4,335)	(30.2%)	Home Office Facilities
30,505	30,056	(449)	(1.5%)	17,014	(13,491)	(79.3%)	Administration
54,844	33,126	(21,718)	(65.6%)	27,940	(26,904)	(96.3%)	Human Resources
16,066	15,249	(817)	(5.4%)	6,507	(9,559)	(146.9%)	Legal
6,322	6,916	595	8.6%	4,877	(1,444)	(29.6%)	Records
9,378	9,485	108	1.1%	2,898	(6,480)	(223.6%)	Compliance
-	-	-	0.0%	972	972	100.0%	Planning/Research
23,350	25,755	2,406	9.3%	18,193	(5,157)	(28.3%)	Finance
9,064	9,339	276	3.0%	6,701	(2,362)	(35.3%)	Public Relations
77,887	89,991	12,104	13.4%	78,246	359	0.5%	Information Technology
2,365	1,190	(1,175)	(98.7%)	1,729	(637)	(36.8%)	Corporate Quality
5,554	4,111	(1,443)	(35.1%)	-	(5,554)	0.0%	Project MGMT Office
2,292	3,051	758	24.9%	2,409	117	4.8%	Managed Care Contract
319,091	332,519	13,428	4.0%	291,044	(28,047)	(9.6%)	Total Overhead Allocations
<b>2,151,068</b>	<b>2,105,741</b>	<b>(45,327)</b>	<b>(2.2%)</b>	<b>1,881,166</b>	<b>(269,902)</b>	<b>(14.3%)</b>	<b>Total Expenses</b>
<b>\$ (1,353,551)</b>	<b>\$ (1,458,432)</b>	<b>\$ 104,881</b>	<b>(7.2%)</b>	<b>\$ (681,537)</b>	<b>\$ (672,014)</b>	<b>98.6%</b>	<b>Net Margin</b>
(81,965)	-	81,965	0.0%	-	81,965	0.0%	Capital
<b>\$ 854,968</b>	<b>\$ 1,448,762</b>	<b>\$ 593,794</b>	<b>41.0%</b>	<b>\$ 930,086</b>	<b>\$ 75,118</b>	<b>8.1%</b>	<b>General Fund Support/ Transfer In</b>

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
37,498	29,520	(7,978)	(27.0%)	29,268	(8,230)	(28.1%)	
4,689	5,563	874	15.7%	27,060	22,371	82.7%	
176,377	236,168	59,792	25.3%	245,086	68,709	28.0%	
14,555	13,585	(970)	(7.1%)	12,348	(2,207)	(17.9%)	
52,004	57,431	5,427	9.4%	43,986	(8,018)	(18.2%)	
85,143	90,168	5,026	5.6%	58,094	(27,049)	(46.6%)	
114,861	99,378	(15,483)	(15.6%)	82,236	(32,625)	(39.7%)	
38,510	45,748	7,238	15.8%	21,276	(17,234)	(81.0%)	
17,139	20,749	3,610	17.4%	15,306	(1,833)	(12.0%)	
17,642	28,456	10,815	38.0%	13,328	(4,314)	(32.4%)	
-	-	-	0.0%	3,079	3,079	100.0%	
73,814	77,266	3,452	4.5%	63,993	(9,820)	(15.3%)	
29,651	28,018	(1,633)	(5.8%)	17,026	(12,624)	(74.1%)	
195,205	269,973	74,768	27.7%	198,556	3,351	1.7%	
5,846	3,571	(2,276)	(63.7%)	7,959	2,113	26.5%	
13,749	12,333	(1,416)	(11.5%)	-	(13,749)	0.0%	
7,845	9,152	1,307	14.3%	8,307	462	5.6%	
847,028	997,557	150,529	15.1%	817,641	(29,387)	(3.6%)	
6,503,405	6,325,056	(178,348)	(2.8%)	5,599,105	(904,300)	(16.2%)	
<b>\$ (4,183,036)</b>	<b>\$ (4,360,421)</b>	<b>\$ 177,385</b>	<b>(4.1%)</b>	<b>\$ (2,126,080)</b>	<b>\$ (2,056,956)</b>	<b>96.7%</b>	
-	-	-	0.0%	-	-	0.0%	
<b>\$ 3,825,712</b>	<b>\$ 4,331,411</b>	<b>\$ 505,699</b>	<b>11.7%</b>	<b>\$ 2,627,860</b>	<b>\$ (1,197,852)</b>	<b>(45.6%)</b>	



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

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
<b>Gross Patient Revenue</b>	-	370,670	284,360	264,746	115,529	1,035,304
Contractual Allowances	-	52,252	36,477	24,601	23,730	137,060
Charity Care	-	217,073	151,065	184,554	52,973	605,664
Bad Debt	-	2,750	35,299	2,176	1,475	41,699
<b>Total Contractual Allowances and Bad Debt</b>	-	272,074	222,842	211,330	78,178	784,423
Other Patient Revenue	-	130,510	84,130	70,020	63,088	347,748
<b>Net Patient Revenue</b>	-	229,106	145,648	123,436	100,439	598,629
Collection %	-	61.81%	51.22%	46.62%	86.94%	57.82%
Grant Funds	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-
<b>Total Other Revenues</b>	-	-	-	-	-	-
<b>Total Revenues</b>	-	229,106	145,648	123,436	100,439	598,629
<i>Direct Operational Expenses</i>						
Salaries and Wages	69,066	222,616	196,277	147,260	84,647	719,866
Benefits	15,672	57,135	54,831	44,573	24,135	196,346
Purchased Services	-	6,941	5,606	5,568	11,722	29,837
Medical Supplies	-	10,623	9,451	7,287	6,782	34,143
Other Supplies	-	440	287	231	3,096	4,054
Contracted Physician Expense	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-
Drugs	-	-	-	-	-	-
Repairs & Maintenance	-	2,747	2,671	2,426	3,755	11,599
Lease & Rental	-	28,750	16,420	15,405	17,605	78,180
Utilities	-	1,060	629	198	860	2,748
Other Expense	143	1,127	1,920	2,487	1,537	7,214
Insurance	-	-	-	-	93	93
<b>Total Operational Expenses</b>	84,881	331,439	288,092	225,435	154,232	1,084,079
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	(84,881)	(102,334)	(142,444)	(101,999)	(53,792)	(485,450)
Depreciation	-	1,835	1,853	1,827	6,804	12,318
<i>Overhead Allocations</i>						
Risk Mgt	75	348	248	217	125	1,013
Rev Cycle	-	15,110	10,759	9,443	5,442	40,754
Internal Audit	233	1,079	768	674	389	3,144
Home Office Facilities	6,184	-	-	-	-	6,184
Administration	1,362	6,313	4,495	3,945	2,274	18,389
Human Resources	1,151	8,060	7,024	6,333	2,879	25,448
Legal	616	2,855	2,033	1,785	1,028	8,317
Records	274	1,271	905	794	458	3,702
Compliance	282	1,308	931	818	471	3,810
Finance	1,180	5,473	3,897	3,420	1,971	15,942
Public Relations	474	2,199	1,565	1,374	792	6,404
Information Technology	3,122	14,474	10,306	9,046	5,213	42,161
Corporate Quality	94	433	309	271	156	1,263
Project MGMT Office	220	1,019	726	637	367	2,969
Managed Care Contract	-	672	479	420	242	1,813
<b>Total Overhead Allocations</b>	15,267	60,615	44,445	39,178	21,808	181,313
<b>Total Expenses</b>	100,148	393,889	334,390	266,439	182,843	1,277,710
<b>Net Margin</b>	\$ (100,148)	\$ (164,784)	\$ (188,742)	\$ (143,003)	\$ (82,404)	\$ (679,081)
<b>Capital</b>	-	-	-	-	-	-
<b>General Fund Support/ Transfer In</b>	\$ 986,589	-	-	-	-	986,589

# Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
329,729	338,569	(8,840)	(7.6%)	258,136	71,594	27.7%	Gross Patient Revenue	1,035,304	1,041,244	(6,940)	(0.7%)	925,928	109,377	11.8%
46,815	41,632	(5,183)	(12.4%)	86,347	39,532	45.8%	Contractual Allowances	137,060	127,369	(9,691)	(7.6%)	245,380	108,320	44.1%
179,910	188,200	8,290	4.4%	111,533	(68,378)	(61.3%)	Charity Care	605,664	581,398	(24,266)	(4.2%)	423,742	(181,922)	(42.9%)
20,020	18,713	(1,307)	(7.0%)	(1,208)	(21,228)	1,757.2%	Bad Debt	41,699	58,067	16,368	28.2%	14,053	(27,646)	(196.7%)
246,745	248,545	1,800	0.7%	196,671	(50,073)	(25.5%)	Total Contractuals and Bad Debts	784,423	766,834	(17,589)	(2.3%)	683,175	(101,248)	(14.8%)
101,241	135,679	(34,438)	(25.4%)	114,364	(13,123)	(11.5%)	Other Patient Revenue	347,748	407,037	(59,289)	(14.6%)	321,292	26,456	8.2%
184,225	225,703	(41,478)	(18.4%)	175,828	8,397	4.8%	Net Patient Revenue	598,629	682,447	(83,818)	(12.3%)	564,044	34,584	6.1%
55.87%	66.66%			68.11%			Collection %	57.82%	65.48%		60.92%			
-	4,540	(4,540)	(100.0%)	137,695	(137,695)	(100.0%)	Grant Funds	-	13,620	(13,620)	(100.0%)	363,038	(363,038)	(100.0%)
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	233	(233)	(100.0%)
-	4,540	(4,540)	(100.0%)	137,695	(137,695)	(100.0%)	Total Other Revenues	-	13,620	(13,620)	(100.0%)	363,271	(363,271)	(100.0%)
184,225	230,243	(46,018)	(20.0%)	313,523	(129,297)	(41.2%)	Total Revenues	598,629	696,067	(97,438)	(14.0%)	927,316	(328,687)	(35.4%)
<i>Direct Operational Expenses</i>														
253,873	245,869	(8,004)	(3.3%)	233,047	(20,826)	(8.9%)	Salaries and Wages	719,866	737,601	17,735	2.4%	720,868	1,002	0.1%
64,823	70,646	5,823	8.2%	60,021	(4,803)	(8.0%)	Benefits	196,346	211,935	15,589	7.4%	194,318	(2,029)	(1.0%)
7,656	7,625	(31)	(0.4%)	9,290	1,634	17.6%	Purchased Services	29,837	22,875	(6,962)	(30.4%)	27,872	(1,965)	(7.1%)
17,368	22,084	4,716	21.4%	7,891	(9,477)	(120.1%)	Medical Supplies	34,143	66,252	32,109	48.5%	44,868	10,725	23.9%
2,988	1,527	(1,461)	(95.7%)	(5,902)	(8,890)	150.6%	Other Supplies	4,054	4,581	527	11.5%	17,509	13,455	76.8%
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
-	225	225	100.0%	74	74	100.0%	Drugs	-	675	675	100.0%	614	614	100.0%
4,417	5,652	1,240	21.9%	3,870	(542)	(14.0%)	Repairs & Maintenance	11,599	16,956	5,357	31.6%	8,731	(2,869)	(32.9%)
26,146	25,778	(368)	(1.4%)	30,259	4,113	13.6%	Lease & Rental	78,180	77,334	(846)	(1.1%)	84,977	6,797	8.0%
153	2,050	1,897	92.5%	973	820	84.3%	Utilities	2,748	6,150	3,402	55.3%	2,814	67	2.4%
2,014	3,699	1,685	45.6%	4,227	2,214	52.4%	Other Expense	7,214	11,097	3,883	35.0%	3,804	(3,410)	(89.6%)
31	31	0	0.1%	65	34	52.3%	Insurance	93	93	0	0.1%	205	112	54.6%
379,465	385,186	5,721	1.5%	343,816	(35,649)	(10.4%)	Total Operational Expenses	1,084,079	1,155,549	71,470	6.2%	1,106,578	22,499	2.0%
<b>Net Performance before</b>														
(195,240)	(154,943)	(40,297)	26.0%	(30,293)	(164,947)	544.5%	Depreciation & Overhead Allocations	(485,450)	(459,482)	(25,968)	5.7%	(179,262)	(306,188)	170.8%

# Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
7,502	3,440	(4,062)	(118.1%)	(4,741)	(12,243)	258.2%	Depreciation	12,318	10,320	(1,998)	(19.4%)	10,403	(1,915)	(18.4%)
<i>Overhead Allocations</i>														
353	401	47	11.8%	1,617	1,263	78.1%	Risk Mgt	1,013	1,202	189	15.7%	6,600	5,587	84.7%
13,093	18,190	5,097	28.0%	25,735	12,642	49.1%	Rev Cycle	40,754	54,570	13,816	25.3%	64,065	23,311	36.4%
965	978	13	1.3%	1,004	38	3.8%	Internal Audit	3,144	2,934	(210)	(7.1%)	3,012	(132)	(4.4%)
2,223	2,277	53	2.3%	1,781	(442)	(24.8%)	Home Office Facilities	6,184	6,830	645	9.4%	5,457	(728)	(13.3%)
6,588	6,492	(97)	(1.5%)	4,150	(2,439)	(58.8%)	Administration	18,389	19,475	1,085	5.6%	14,168	(4,221)	(29.8%)
12,151	7,339	(4,812)	(65.6%)	6,924	(5,227)	(75.5%)	Human Resources	25,448	22,018	(3,430)	(15.6%)	20,379	(5,069)	(24.9%)
3,470	3,294	(176)	(5.4%)	1,587	(1,883)	(118.7%)	Legal	8,317	9,881	1,563	15.8%	5,189	(3,128)	(60.3%)
1,365	1,494	128	8.6%	1,189	(176)	(14.8%)	Records	3,702	4,481	780	17.4%	3,733	31	0.8%
3,025	2,049	23	1.1%	707	(1,319)	(186.5%)	Compliance	3,810	6,146	2,336	38.0%	3,250	(560)	(17.2%)
-	-	-	0.0%	237	237	100.0%	Planning/Research	-	-	-	0.0%	751	751	100.0%
5,043	5,563	520	9.3%	4,437	(606)	(13.7%)	Finance	15,942	16,688	746	4.5%	15,607	(335)	(2.1%)
1,958	2,017	60	3.0%	1,634	(323)	(19.8%)	Public Relations	6,404	6,051	(353)	(5.8%)	4,153	(2,251)	(54.2%)
16,822	19,436	2,614	13.4%	19,083	2,261	11.8%	Information Technology	42,161	58,309	16,149	27.7%	48,425	6,265	12.9%
511	257	(254)	(98.7%)	422	(89)	(21.2%)	Corporate Quality	1,263	771	(491)	(63.7%)	1,941	678	35.0%
1,200	888	(312)	(35.1%)	-	(1,200)	0.0%	Project MGMT Office	2,969	2,664	(306)	(11.5%)	-	(2,969)	0.0%
530	705	175	24.8%	630	100	15.9%	Managed Care Contract	1,813	2,115	302	14.3%	2,172	359	16.5%
68,298	71,378	3,080	4.3%	71,137	2,839	4.0%	Total Overhead Allocations	181,313	214,133	32,820	15.3%	198,901	17,588	8.8%
455,265	460,004	4,738	1.0%	410,211	(45,054)	(11.0%)	Total Expenses	1,277,710	1,380,002	102,292	7.4%	1,315,882	38,172	2.9%
\$ (271,040)	\$ (229,761)	\$ (41,279)	18.0%	\$ (96,689)	\$ (174,351)	180.3%	Net Margin	\$ (679,081)	\$ (683,935)	\$ 4,854	(0.7%)	\$ (388,566)	\$ (290,515)	74.8%
-	3,988	3,988	100.0%	(13,581)	(13,581)	100.0%	Capital	-	11,964	11,964	100.0%	(13,581)	(13,581)	100.0%
\$ 566,615	\$ 232,309	\$ (334,306)	(143.9%)	\$ -	\$ (566,615)	0.0%	General Fund Support/ Transfer In	\$ 986,589	\$ 691,580	\$ (295,009)	(42.7%)	\$ -	\$ (986,589)	0.0%

Clinic Visits - Adults and Pediatrics	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
	West Palm Beach	1,929	1,472	1,654										5,054	4,358	16.0%
Delray	1,429	957	1,019										3,405	2,500	36.2%	3,651
Lantana	1,752	1,489	1,664										4,905	3,946	24.3%	3,981
Belle Glade	950	746	912										2,608	2,553	2.2%	2,659
Lewis Center	296	213	241										750	676	10.9%	729
Lake Worth & Women's Health Care	1,553	1,161	1,303										4,017	4,219	(4.8%)	3,865
Jupiter Clinic	609	471	417										1,497	1,338	11.9%	1,296
West Boca & Women's Health Care	997	680	745										2,422	1,873	29.3%	2,651
Mobile Van	156	136	132										474	593	(28.5%)	544
Mangonia Park		67	58										125			
Mangonia Park Substance	499	497	455										1,451	1,201	20.8%	872
<b>Total Clinic Visits</b>	<b>10,170</b>	<b>7,889</b>	<b>8,599</b>										<b>26,658</b>	<b>23,257</b>	<b>14.6%</b>	<b>24,510</b>
<b>Dental Visits</b>																
West Palm Beach	975	776	778										2,529	2,360	7.2%	2,344
Lantana	733	570	541										1,844	2,430	(24.1%)	1,629
Delray	628	547	596										1,771	1,685	5.1%	1,644
Belle Glade	360	251	343										954	982	(2.9%)	896
<b>Total Dental Visits</b>	<b>2,696</b>	<b>2,144</b>	<b>2,258</b>										<b>7,098</b>	<b>7,457</b>	<b>(4.8%)</b>	<b>6,513</b>
<b>Total Medical and Dental Visits</b>	<b>12,866</b>	<b>10,033</b>	<b>10,857</b>										<b>33,756</b>	<b>30,714</b>	<b>9.9%</b>	<b>31,023</b>
<b>Mental Health Counselors (per below)</b>																
West Palm Beach	178	101	164										443	248	78.6%	327
Delray	139	119	41										299	353	(15.3%)	357
Lantana	611	440	496										1,547	657	135.5%	1,249
Belle Glade	53	95	149										297	65	356.9%	60
Mangonia Park	53	150	296										499	752	(33.6%)	
Lewis Center	240	173	215										628	570	10.2%	679
Lake Worth	204	146	163										513	426	20.4%	345
Jupiter															0.0%	
West Boca	3	1											4		0.0%	
Mobile Van	96	71	76										243	235	3.4%	
<b>Total Mental Health Screenings</b>	<b>1,577</b>	<b>1,296</b>	<b>1,600</b>										<b>4,473</b>	<b>3,306</b>	<b>35.3%</b>	<b>3,017</b>

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# **SUPPLEMENTAL INFORMATION**

## **MEDICAID MATCH FUND**

### Medicaid Match Statement of Revenues and Expenditures

FOR THE THIRD MONTH ENDED DECEMBER 31, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$	\$	\$	0.0%	\$	\$	0.0%	\$	\$	\$	0.0%	\$	\$	0.0%
491,667	491,667	-	0.0%	491,667	-	0.0%	1,475,000	1,475,000	-	0.0%	1,475,000	-	0.0%
436	316	120	38.1%	834	(398)	(47.7%)	650	947	(297)	(31.4%)	1,706	(1,056)	(61.9%)
<b>492,103</b>	<b>491,982</b>	<b>120</b>	<b>0.0%</b>	<b>492,501</b>	<b>(398)</b>	<b>(0.1%)</b>	<b>1,475,650</b>	<b>1,475,947</b>	<b>(297)</b>	<b>(0.0%)</b>	<b>1,476,706</b>	<b>(1,056)</b>	<b>(0.1%)</b>
<i>Direct Operational Expenses</i>													
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
1,417,231	1,417,231	0	0.0%	1,441,591	24,360	1.7%	4,251,693	4,251,693	-	0.0%	4,324,772	73,079	1.7%
1,417,231	1,417,231	0	0.0%	1,441,591	24,360	1.7%	4,251,693	4,251,693	-	0.0%	4,324,772	73,079	1.7%
<b>(925,128)</b>	<b>(925,249)</b>	<b>120</b>	<b>(0.0%)</b>	<b>(949,090)</b>	<b>23,962</b>	<b>(2.5%)</b>	<b>(2,776,043)</b>	<b>(2,775,746)</b>	<b>(297)</b>	<b>0.0%</b>	<b>(2,848,066)</b>	<b>72,023</b>	<b>(2.5%)</b>
<i>Net Performance before Overhead</i>													
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
			0.0%			0.0%				0.0%			0.0%
1,417,231	1,417,231	0	0.0%	1,441,591	24,360	1.7%	4,251,693	4,251,693	0	0.0%	4,324,772	73,079	1.7%
1,417,231	1,417,231	0	0.0%	1,441,591	24,360	1.7%	4,251,693	4,251,693	0	0.0%	4,324,772	73,079	1.7%
<b>(925,128)</b>	<b>(925,249)</b>	<b>120</b>	<b>(0.0%)</b>	<b>(949,090)</b>	<b>23,962</b>	<b>(2.5%)</b>	<b>(2,776,043)</b>	<b>(2,775,746)</b>	<b>(297)</b>	<b>0.0%</b>	<b>(2,848,066)</b>	<b>72,023</b>	<b>2.5%</b>
925,128	942,964	(17,836)	(1.9%)	949,090	(23,962)	(2.5%)	2,776,043	2,828,892	(52,849)	(1.9%)	2,848,066	(72,023)	(2.5%)
925,128	942,964	(17,836)	(1.9%)	949,090	(23,962)	(2.5%)	2,776,043	2,828,892	(52,849)	(1.9%)	2,848,066	(72,023)	(2.5%)
<b>\$ 925,128</b>	<b>\$ 942,964</b>	<b>\$ (17,836)</b>	<b>(1.9%)</b>	<b>\$ 949,090</b>	<b>(23,962)</b>	<b>(2.5%)</b>	<b>\$ 2,776,043</b>	<b>\$ 2,828,892</b>	<b>\$ (52,849)</b>	<b>(1.9%)</b>	<b>\$ 2,848,066</b>	<b>\$ (72,023)</b>	<b>(2.5%)</b>

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## Medicaid Match Statement of Revenues and Expenditures by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Patient Revenue	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PBC Interlocal	491,667	491,667	491,667										1,475,000
Other Revenue	100	114	436										650
<b>Total Revenue</b>	<b>491,767</b>	<b>491,780</b>	<b>492,103</b>										<b>1,475,650</b>
<i>Direct Operational Expenses:</i>													
Salaries and Wages													
Benefits													
Purchased Services													
Medical Supplies													
Other Supplies													
Contracted Physician Expense													
Medical Services													
Drugs													
Repairs & Maintenance													
Lease & Rental													
Utilities													
Other Expense	1,417,231	1,417,231	1,417,231										4,251,693
Insurance													
<b>Total Operational Expenses</b>	<b>1,417,231</b>	<b>1,417,231</b>	<b>1,417,231</b>										<b>4,251,693</b>
<b>Net Performance before Overhead Allocations</b>	<b>(925,464)</b>	<b>(925,450)</b>	<b>(925,128)</b>										<b>(2,776,043)</b>
<i>Overhead Allocations:</i>													
Risk Mgt													
Rev Cycle													
Internal Audit**													
Legislative Affairs													
Administration**													
Human Resources													
Legal													
Records													
Compliance**													
Finance													
Communications													
Information Technology													
<b>Total Overhead Allocations</b>													
<b>Total Expenses</b>	<b>1,417,231</b>	<b>1,417,231</b>	<b>1,417,231</b>										<b>4,251,693</b>
<b>Net Margin</b>	<b>(925,464)</b>	<b>(925,450)</b>	<b>(925,128)</b>										<b>(2,776,043)</b>
General Fund Support	925,464	925,450	925,128										2,776,043
<b>Total Transfers In</b>	<b>\$ 925,464</b>	<b>\$ 925,450</b>	<b>\$ 925,128</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>2,776,043</b>





**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**1. Description: Summary of Internal Audit Activities and Update**

**2. Summary:**

This item presents the summary of the District’s Internal Audit activities for the 1st Quarter of FY 2020.

**3. Substantive Analysis:**

The following activities were undertaken by the Internal Audit department in the 4<sup>th</sup> qtr.

- *Billing and Collections – Clinics (Athena Audit)*
- *Mobile Van Operations and Processes Audit*
- *Cash Posting Audit – Clinics and LMC*
- *Petty Cash Audit*
- *Quality Improvement and Reporting Assessment*
- *Payer Incentive Bonuses – Project*
- *ADP Diagnostic – Project*

***Billing and Collections – Clinics (Athena) Audit***

<b><i>Audit Objectives:</i></b>
Timely reimbursement rate updates, consistency of payments received per contracts, and follow up procedures over payments received
<b><i>Scope:</i></b>
Payer contracts within the Districts primary care clinic patient management system (Athena)
<b><i>Significant Issues Noted:</i></b>
Payments from insurance payers were not monitored. Gaps in controls to prevent submission of Medicare Part B claims.
<b><i>Summary</i></b>
Two high risk and two moderate risk Audit issues were noted. Management will complete action plans to address these issues by July 31, 2020.

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

***Mobile Van Operations and Processes Audit***

<b><i>Audit Objective:</i></b>
Tested operation process controls around the Mobile Van Clinic program.
<b><i>Scope:</i></b>
Key controls around the operation of the Mobile Van Clinic programs, including patient set up, eligibility, and data collection.
<b><i>Significant Issues Noted:</i></b>
None.
<b><i>Summary:</i></b>
Three moderate and one low risk issues were noted. Management will complete action plans to address these issues by July 31, 2020 (one was completed prior to report issuance).

***Cash Postings Audit***

<b><i>Audit Objective:</i></b>
Tested controls over cash receipts collected at Hospital and Clinic locations.
<b><i>Scope:</i></b>
Cash controls at selected C.L. Brumback Clinic and Lakeside Medical Center locations.
<b><i>Significant Issues Noted:</i></b>
None.
<b><i>Summary:</i></b>
Three moderate and one low risk issue were noted. Management will complete action plans to address these issues by April 30, 2020.

***Other Audits and Projects***

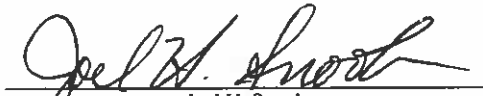
Petty Cash Audit, Quality Improvement and Assessment, Payer Incentive Bonuses Project, and ADP Diagnostic Project
<b><i>Combined Results</i></b>
<ul style="list-style-type: none"> <li>• No significant Audit Issues Noted</li> <li>• 4 low risk Audit issues (Petty Cash)</li> <li>• Management completed one action plan prior to issuance of the Petty Cash report</li> <li>• Leading practices and recommendations for Management consideration to potentially improve the Quality and Payroll processes provided</li> </ul>

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Joel H. Snook  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee or Subsidiary Board:**

N/A  
 \_\_\_\_\_  
 Committee or Board

\_\_\_\_\_  
 Date Reviewed

**6. Recommendation:**

Staff recommends that the Finance & Audit Committee receive and file the Summary of Internal Audit activities and update.

Approved for Legal sufficiency:

  
 \_\_\_\_\_  
 Valerie Sharfari  
 VP & General Counsel

  
 \_\_\_\_\_  
 Joel H. Snook  
 VP & Chief Financial Officer

# Billing and Collections Audit-Clinics (Athena)



Date: December 16, 2019

Location: Health Care District of Palm Beach County

## OBJECTIVES

- Evaluated whether reimbursement rates in the billing system were updated timely, and validated that actual payments were consistent with contracted rates and expected reimbursements.
- Tested internal controls over billing and follow-up of payments received under managed care contracts for effectiveness, including any variances from expected amounts.

## SCOPE

The scope of this audit included procedures and control activities around updating and accurately maintaining payer contracts within the District's primary care clinic patient management system (Athena).

**Location:** C.L. Brumback Primary Care Clinics (Medical)

**Time Period:** January 1, 2019 - June 30, 2019

**Scope Exclusions:** This audit did not include testing of controls over coding accuracy or evaluation of the Charge Description Master.

## CONCLUSION

Managed care contract terms can be complex, and reimbursement rates under these contracts can and do change over time. When new contracts are issued or existing contract terms are updated, organizations need robust processes around payer contract initiation, maintenance, renewal and reimbursement rate changes to validate that claim payments conform to contracted rates.

The District had processes in place around managed care contract maintenance, termination and document retention, including the verification of contractual information stored in its customer relationship management database (c360). However, the audit revealed opportunities to improve monitoring and oversight of payer reimbursement, controls over write-offs of aged self-pay receivables, and prevention of Medicare Part B claim submission, which can affect medical malpractice coverage and liability under the Federal Tort Claims Act.

Management is committed to enhancing processes and strengthening internal controls through development and implementation of the Action Plans documented within this report by June 30, 2020.

## SUMMARY OF ISSUE RISKS

High Risk - 2

Moderate Risk - 2

Low Risk - 0

# Billing and Collections Audit-Clinics (Athena)



Date: December 16, 2019

Location: Health Care District of Palm Beach County

## ISSUE 1: Payments from Insurance Payers Were Not Monitored

### WHAT IS CAUSING THE ISSUE?

Supervision: Previous Management incorrectly believed that the agreement with Athenahealth for billing and collection of patient claims included monitoring and follow-up of variances between payments received and expected per contract terms.

### WHAT IS EXPECTED?

To maximize revenue, a process should be in place to identify and analyze variances between expected and actual payments received from insurance payers and to follow-up with payers if variances between the two are identified.

### WHAT ARE THE FINDINGS?

Payments from insurance payers were not monitored to confirm that amounts received were compliant with contract terms. Further, payer fee schedules were not loaded into the Athena contract management module to facilitate such monitoring.

Effective monitoring of payments received is crucial in determining that the District is compensated properly for all services rendered.

## ISSUE RISK

High Risk

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Monitor contractual adjustments to validate that payments received agree with expected payments based on managed care contracts.
- Maximize collections of amounts due. Establish processes to bill accurately and obtain timely and proper reimbursement from payers.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

- The District's Revenue Cycle and Managed Care Contracting groups will collaborate to develop procedures to load current fee schedules into the Athena contract management module. Loaded fee schedules and related billing edits based on payer requirements will be tested to validate accuracy.  
06/30/2020  
Joel Snook - Chief Financial Officer  
Yolanda Ogle - Executive Director, Revenue Cycle Management

#### **Expected Deliverable:**

Athena reporting that validates current fee schedules were accurately loaded into the Athena contract management module.

# Billing and Collections Audit-Clinics (Athena)



Date: December 16, 2019

Location: Health Care District of Palm Beach County

- The District's Revenue Cycle and Managed Care Contracting groups will collaborate to develop and implement procedures to manage, coordinate and timely communicate changes to fee schedules and contract terms to other departments and personnel, including patient access, to facilitate changes in payer requirements, such as pre-authorizations, co-insurance and co-pays and enhance billing and collection efforts.
- 03/31/2020  
Joel Snook - Chief Financial Officer  
Yolanda Ogle - Executive Director, Revenue Cycle Management

**Expected Deliverable:**

Written procedures to support process and controls implemented over the timely communication of changes to contract terms and fee schedules.

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# Billing and Collections Audit-Clinics (Athena)



Date: December 16, 2019

Location: Health Care District of Palm Beach County

- The District's Revenue Cycle group will develop and implement procedures and controls to timely identify and resolve payment variances.

07/31/2020

Joel Snook - Chief Financial Officer

Yolanda Ogle - Executive Director, Revenue Cycle Management

These procedures will include, but not be limited to, development of Athena functionality to calculate expected payments for each claim based on payer contracts, periodic testing that this functionality is operating as intended, review frequency for payment variances and parties responsible, and procedures for resolving variances identified with payers.

### **Expected Deliverable:**

1.) Written procedures to support processes and controls implemented over the timely monitoring and follow-up of variances between expected payments and actual payments.

2.) Athena reports that validate procedures in place are working as management intended.

# Billing and Collections Audit-Clinics (Athena)



Date: December 16, 2019

Location: Health Care District of Palm Beach County

## ISSUE 2: Gaps in Controls to Prevent Submission of Medicare Part B Claims

### WHAT IS CAUSING THE ISSUE?

- Policies and Procedures: There were no monitoring procedures to identify and investigate creation of Medicare Part B claims prior to submission.
- Technology Design/Operations: System control in place did not effectively prevent billing of claims under Medicare Part B.

### WHAT IS EXPECTED?

Billing of Medicare Part B claims at the Clinics could result in the loss of medical malpractice liability protection under the Federal Tort Claims Act (FTCA) coverage and should not be created or billed in Athena. To this end, the Athena system included an automated system control that prevented creation and billing of Medicare Part B claims.

### WHAT ARE THE FINDINGS?

Crowe noted through inquiry that at least 24 Clinic claims were submitted under Medicare Part B during the audit period. While the Athena system included the above described control to prevent submission of Medicare Part B claims, it applied only at the time of claim creation. If a claim was subsequently modified (e.g. change in payer), the system control did not prevent billing of the claim under Medicare Part B.

In addition, Clinic claims were not monitored for submission under Medicare Part B. As a result, Management was not aware that the above described system control was not functioning as intended.

## ISSUE RISK

High Risk

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Avoid billing claims under Medicare Part B to ensure the preservation of medical malpractice coverage under FTCA.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

- Management will work with Athena Customer Service to create an additional system control that prevents the creation of any Medicare Part B claims.  
04/30/2020  
Joel Snook - Chief Financial Officer  
Yolanda Ogle - Executive Director, Revenue Cycle Management  
Deborah Hall - Chief Compliance & Privacy Officer
- Management will also determine if there were additional failures of the existing system control in place to prevent Medicare Part B claims since Athena implementation.

Finally, Management will develop and implement procedures to monitor the system control in place and validate there were no claims billed under Medicare Part B. The new procedures will include monitoring frequency.

#### **Expected Deliverable:**

- 1.) Evidence to support creation of the additional system control created in Athena and that it prevents billing of Clinic claims under Medicare Part



# Billing and Collections Audit-Clinics (Athena)



Date: December 16, 2019

Location: Health Care District of Palm Beach County

## B. (Revenue Cycle)

2.) Athena report that details all claims billed under Medicare Part B since implementation of Athena. (Revenue Cycle and Compliance)

3.) Athena reports that monitor and validate there were no billing of Clinic claims under Medicare Part B. (Revenue Cycle)

- 
- Management will analyze all claims billed to Medicare Part B since Athena implementation as identified above, determine if there is an impact to Federal Tort Claim coverage and take appropriate action if necessary. 04/30/2020  
Deborah Hall - Chief Compliance & Privacy Officer

### **Expected Deliverable:**

Documentation supporting analysis and determination of how prior claims billed under Medicare Part B impacts the District and any related actions taken.

# Billing and Collections Audit-Clinics (Athena)



Date: December 16, 2019

Location: Health Care District of Palm Beach County

## ISSUE 3: Management Did Not Follow the Established Policy for Review and Approval of Write-offs

### WHAT IS CAUSING THE ISSUE?

Policies and Procedures: Revenue Cycle processes were being re-assessed and responsibility for review and approval of bad debt write-off had not yet been addressed at the time of the audit.

### WHAT IS EXPECTED?

Review and approve bad debt write-offs and other adjustments in accordance with established written procedures in the C.L. Brumback Primary Practice Billing Department Policy and Procedure Manual - Collections. Written procedures allow management to write-off patient balances based on specific criteria, as follows:

- All patients with a balance due will receive a series of three (3) reminder statements at intervals of 60, 90 and 120 days.
- Patients with past due accounts over \$200 must see the Financial Counselor to discuss their balance and be given the option of a payment arrangement prior to seeing the provider.
- A review of accounts recommended for bad debt write-off must occur. This will include, at a minimum, verifying that the appropriate insurance was billed and that the appropriate statements were sent to the patient.
- Write-offs must be reviewed and approved by the Director of Revenue Cycle.

### WHAT ARE THE FINDINGS?

Self-pay patient balances aged greater than 150 days (\$886,982 during the audit period) were written off automatically in Athena without Management review and approval.

## ISSUE RISK

Moderate Risk

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Maximize collections of amounts due. Establish processes to bill accurately and obtain timely and proper reimbursement from payers.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will complete re-assessment of processes around patient account write-offs, modify existing written policies and procedures accordingly, and review and approve proposed write-offs in accordance with the revised Policy.

03/31/2020  
Joel Snook - Chief Financial Officer  
  
Shauna Miller - Director, Revenue Cycle

### Expected Deliverable:

Documentation to support review and approval of write-offs posted in Athena were done in accordance with revised Policy.

# Billing and Collections Audit-Clinics (Athena)



Date: December 16, 2019

Location: Health Care District of Palm Beach County

## ISSUE 4: Update Procedures Over Billing and Collections for Athena

### WHAT IS CAUSING THE ISSUE?

Resource Alignment: Management did not prioritize updating written procedures over the billing and collections function after Athena was implemented.

### WHAT IS EXPECTED?

Written procedures are updated to reflect changes in IT systems and operating environment.

### WHAT ARE THE FINDINGS?

Crowe noted that the procedures for the Primary Care Clinics over the billing and collections function in Athena were outdated. The Billing Procedure Manual for the clinics was issued in May 2016 but had not been revised or updated to reflect changes to procedures with the implementation of the Athena system in May 2018.

## ISSUE RISK

Moderate Risk

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Maximize collections of amounts due. Establish processes to bill accurately and obtain timely and proper reimbursement from payers.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will update current procedures over the billing and collections function. Updated procedures will align with the current operating environment which includes the use of Athena as the Patient Management System.

03/31/2020  
Joel Snook - Chief Financial Officer  
Yolanda Ogle - Executive Director, Revenue Cycle Management  
Shauna Miller - Director, Revenue Cycle

#### Expected Deliverable:

Written procedures that were updated to reflect the action plan above.

# Billing and Collections Audit-Clinics (Athena)



Date: December 16, 2019

Location: Health Care District of Palm Beach County

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## CONTEXT

The District outsourced the billing and collection function at the C.L. Brumback Primary Care Clinics to Athenahealth in April 2018. Athenahealth manages the billing and collection for all patient claims made through the Athena Patient Management System. There were 21,570 claims paid claims during the audit period totaling approximately \$1.1 million in net patient service revenue.

A new CFO was hired August 19, 2019, and a Director of Revenue Cycle was hired August 26, 2019 (and subsequently promoted to Executive Director, Revenue Cycle in November 2019) to oversee and reorganize the Revenue Cycle function to include Billing and Collections and the transition all revenue cycle processes from clinic operations to Finance as of January 6, 2020. A Director of Revenue Cycle was also hired January 13, 2020.

Crowe noted through the District's FY 2019 risk assessment that the new processes did not include monitoring the accuracy of payments from insurance payers and if amounts billed were based on the contracted rates effective at the time of billing. An independent assessment of the relevant risks around the accuracy of payments collected from managed care payers compared to what was billed by the Clinics was included on the FY 2019 Internal Audit Plan. Per Management, new processes and system workflows were put in place, since the addition of the CFO and Executive Director, Revenue Cycle.

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## ISSUE RISK DEFINITIONS

In determining whether the issue risk was High, Moderate or Low, Crowe Healthcare Risk Consulting LLC considered a variety of factors, including the following, as applicable: significance of potential financial losses; risks to achieving business objectives; potential impact on care delivery quality; the potential for reputational damage; regulatory impact; and the potential for compromised data integrity. This list is not all-inclusive.

# Billing and Collections Audit-Clinics (Athena)



Date: December 16, 2019

Location: Health Care District of Palm Beach County

## REPORT ACCEPTANCE

*Darcy Davis*

Darcy Davis, Chief Executive Officer

*2-26-20*

Date

*Deborah Hall*

*2/26/20*

Date

Deborah Hall, Chief Compliance & Privacy Officer

## COPIES

Val Shahriari, VP & General Counsel

Joel Snook, Chief Financial Officer

Yolanda Ogle, Executive Director, Revenue Cycle Management

Shauna Miller, Director, Revenue Cycle

## AUDITORS

Harry Torres, Healthcare Risk Audit Senior Manager

This internal audit was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*. This report and the information contained herein (the "Report") is intended solely for the use of the authorized employees of the client named herein for the purposes set forth herein. The Report is strictly confidential and shall under no circumstances be disclosed to any other party without the prior written consent of Crowe Healthcare Risk Consulting LLC ("Crowe").

Except for the permitted use of the Report by the authorized employees of the client named herein, Crowe hereby disclaims any and all responsibility and liability for the Report and the use thereof. No third party may rely on the Report or the information contained therein for any purpose, and Crowe makes no representation to any third party as to the accuracy, sufficiency or propriety of the information contained in the Report. Further, Crowe disclaims any obligation to update the Report.

# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

## OBJECTIVES

- Assessed effectiveness of processes and control activities in place around patient access, registration and capture of charges for behavioral services in the Mobile Van Clinic program.
- Assessed whether procedures around the storage, security and reconciliation of prescriptions delivered to the Mobile Van were operating as Management intended.
- Tested procedures over establishing patient classification/designation of District Cares, the District's benefit plan, and Homeless status and assisting patients to obtain insurance coverage.
- Assess performance reporting processes for private foundation grant funds received for the Mobile Van Clinic program.

## SCOPE

The scope of this internal audit included procedures and key controls around the operation of the Mobile Van Clinic program and the processes established around patient setup, eligibility and data collection.

**Location:** Primary Care Clinics - Mobile Van Operations

**Time Period:** October 1, 2018 - June 30, 2019

**Key Information System(s):** Athenahealth

**Sample Selected:** Judgmental samples of patients registered at the Mobile Van and of those without active eligibility under District Cares were selected.

## CONCLUSION

Crowe noted that control activities over the transfer and recording of prescriptions filled for patients were working as management intended and Management was monitoring budget and performance reporting for private foundation grant funds.

The audit determined that formalized processes are needed around Behavioral Health services provided to accurately and completely capture charges and to bill insurance payers when reimbursement is available.

In addition, opportunities to improve front-line registration processes were also identified, including:

- Validating patient eligibility for District Cares coverage prior to designating their payer classification as District Cares.
- Validating the patient has a properly completed Homeless Declaration Form prior to designating the patient as Homeless in their medical record.
- Improving processes to refer patients to Financial Counselors to obtain possible medical coverage.

Since the audit was completed, Management advised Crowe that implementation of new procedures within the new Revenue Cycle function, have begun, to address action plans noted in this report and to enhance operations in general. Action plan completion will be verified through Crowe's standard follow up process.

# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

**Scope Exclusions:** The internal audit did not include clinical or coding information. Also, denials management processes were not in scope, as a separate district-wide internal audit on this topic (since deferred to FY 2020) was scheduled at the time this audit was performed. Finally, Crowe did not assess controls over downtime procedures because Management does not maintain information to identify instances when downtime events occur and Management asserts that downtime incidents are infrequent.

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## SUMMARY OF ISSUE RISKS



# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

## ISSUE 1: Charges for Behavioral Services Not Consistently Captured or Billed to Payers that Offer Reimbursement

### WHAT IS CAUSING THE ISSUE?

Policies and Procedures: Written procedures and guidance to establish reimbursement agreements for behavior health services and capture charges completely and accurately were not in place for Behavioral Health services.

### WHAT IS EXPECTED?

All Mobile Van Clinic encounters should be captured in the provider's scheduling portal and the related claim recorded in the patient's Electronic Medical Record (EMR) along with a charge and the correct procedure code that supports the service provided. A claim must be submitted to payers that provide reimbursement for Behavioral Health services.

### WHAT ARE THE FINDINGS?

Crowe identified 25 of 47 (53%) encounters tested that were not captured in the patient's EMR and billing record in Athena. These encounters were instead noted as a "warm hand-off" in the provider's scheduling portal and were billed at no charge. Also, three (6%) encounters appear to have been miscoded, as the procedure code used did not match the encounter description and case notes. Finally, for one (2%) encounter, it was not clear from the encounter documentation that the procedure code used was appropriate.

Crowe also noted that agreements with insurers that offer reimbursement for Behavioral Health services were not established such that the District could bill for Mobile Van services provided to patients with insurance.

## ISSUE RISK

Moderate Risk

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Accurately and completely document all services performed to allow for appropriate and timely billing of all services.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

- The Clinic Revenue Cycle group will work with the Clinic Operations group and IT to coordinate activities and develop formal charge capture processes, workflows and billing templates to include active Behavioral Health charge codes that will support accurate capture of behavioral service charges posted in Athena daily and provide training to staff over these procedures.
- |            |   |
|------------|---|
| 05/31/2020 | Belma Andric, MD - VP & Chief Medical Officer               |
|            | Joel Snook - Chief Financial Officer                        |
|            | Yolanda Ogle - Executive Director, Revenue Cycle Management |

#### Expected Deliverable:

- 1.) Written procedures and workflows to support daily charge capture and billing for behavioral services. (04/30/2020, Shauna Miller – Director, Revenue Cycle).



# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

The issues noted pose little to no revenue impact because most of the behavior health encounters at the Mobile Van Clinic were provided to self-pay patients that were either homeless or indigent.

2.) Templates with the active billing code requirements for Behavioral Health services and documentation to support it is included in related charge capture and billing training. The template will be evaluated by the Director, Behavioral Health for sufficiency. (04/30/2020, Coleen Simon – Clinical Business Analyst)

3.) Evidence (training agendas, sign-in sheets, etc.) to support training provided to personnel on charge capture and billing requirements. (05/31/2020, Dr. Courtney Rowling – Director, Behavioral Health).

# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

- 
- After coordination and collaboration between the Clinic Operations and Managed Care Contracting groups, Management will develop a formal strategic plan which will be used to establish reimbursement agreements for Behavior Health Services with contracted payers. For Behavioral Health Services provided to patients with insurance where a reimbursement agreement is not established, Management will bill payers at the non-participating rate.
- 06/30/2020  
Belma Andric, MD - VP & Chief Medical Officer  
Hyla Fritsch - Executive Director of Clinic Operations & Pharmacy

**Expected Deliverable:**

Formal strategic plan that assesses the access, capacity and metrics needed to establish reimbursement agreements with contracted payers for Behavioral Health services at the Mobile Van clinic.

---

# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

- The Clinic Revenue Cycle group will work with the Clinic Operations group to develop written procedures that align with the District's strategic plan over the reimbursement agreements established for the behavioral health services offered at the Mobile Van Clinic.  
**Expected Deliverable:**  
Written procedures over identifying and establishing reimbursement agreements in accordance with what is reflected above.
- 06/30/2020  
Belma Andric, MD - VP & Chief Medical Officer  
Joel Snook - Chief Financial Officer  
Hyla Fritsch - Executive Director of Clinic Operations & Pharmacy  
Shauna Miller - Director, Revenue Cycle

# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

## ISSUE 2: Patients with a Homeless Designation Not Supported with a Homeless Declaration Form

### ISSUE RISK

Moderate Risk

#### WHAT IS CAUSING THE ISSUE?

Policies and Procedures: No written procedures were in place to provide personnel with definitive guidance to support designation of patients as homeless.

#### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Consistently perform patient access functions, including EHR management and storage, in accordance with established procedures and regulatory reporting requirements such as Uniform Data System (UDS) under the HRSA program.

#### WHAT IS EXPECTED?

Charges for medical services provided to a homeless patient who does not have insurance or qualify for coverage under District Cares should not be billed and instead adjusted at 100%, if the patient is designated as homeless, in accordance with the District's Indigent Adjustment and Waiver of Fees Policy. In addition, the Health Resources and Services Administration (HRSA) requires Health Centers to establish policies and procedures to determine a patients' eligibility for the sliding fee discount. UDS reporting guidelines require that the total number of patients known to have experienced homelessness be identified.

#### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management does not rely on the Homeless Declaration Form to support homeless status. After the audit was completed, Management revised its written Policy and Procedures that define the expectations over the process to designate a patient as homeless, when to accept a self-declaration of income, applying the sliding fee program, applications to waive service fees and when to waive any applicable fees for any patient who can demonstrate a hardship need. Written procedures were aligned with HRSA guidelines and requirements.

Complete  
Belma Andric, MD - VP & Chief Medical Officer

Hyla Fritsch - Executive Director of Clinic Operations & Pharmacy

#### WHAT ARE THE FINDINGS?

Crowe identified 17 of 25 (68%) patients tested with a homeless status in Athena that did not have a Homeless Declaration Form on file to support this status.

# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

## ISSUE 3: Incorrect Classification of Patients as District Cares

### WHAT IS CAUSING THE ISSUE?

Supervision: Personnel did not consistently apply procedures to classify patients without District Cares coverage as self-pay.

### WHAT IS EXPECTED?

Patients with District Cares coverage are considered self-pay for services provided at the Mobile Van Clinic and are automatically charged a \$20 self-pay amount for these services. Patients without active member coverage under District Cares are also considered self-pay for Mobile Van Clinic services but are not given a discount unless they go through the District's Sliding Fee Discount Program, which requires patients to provide income verification. Self-pay amounts under this Program range from \$20 to \$80.

### WHAT ARE THE FINDINGS?

Three of 25 (12%) patient accounts tested were for patients without active eligibility in the District Cares program at the time the service was provided. In each case, the process to determine the proper self-pay amount was not applied.

Not properly classifying patients and applying the District's Sliding Fee Discount Program for patients without District Cares coverage may result in undercharges for Mobile Van Clinic services and may impact operational analysis.

## ISSUE RISK

Moderate Risk

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Consistently perform patient access functions, including EHR management and storage, in accordance with established procedures and regulatory reporting requirements such as Uniform Data System (UDS) under the HRSA program.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will provide targeted training to the Registration Specialist over front line registration processes which will reinforce the expectation to properly classify the patient's payer status as self-pay if they are not approved for District Cares.

04/30/2020  
Belma Andric, MD - VP & Chief Medical Officer

Hyla Fritsch - Executive Director of Clinic Operations & Pharmacy

Marisol Miranda - Director of Practice Management

Management will also implement ongoing patient chart audits (performed monthly) to include accurate insurance verification to assess the success of training provided to the registration specialist around insurance patient classification.

#### Expected Deliverable:

1.) Evidence (training agendas, sign-in sheets, etc.) to support training provided to personnel on accurate classification of patient insurance.

# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

---

2) Results of chart audits, to include review of patient payer classification status.

# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

## ISSUE 4: Evidence of Referral to Financial Counselors for Some Patients Did Not Exist

### WHAT IS CAUSING THE ISSUE?

Policies and Procedures: Procedures in place do not require registration specialists to refer all patients without medical insurance coverage to Financial Counseling for potential insurance coverage.

### WHAT IS EXPECTED?

Provide financial counseling to self-pay patients to potentially obtain insurance benefits.

### WHAT ARE THE FINDINGS?

Seven of 25 (28%) patient accounts tested did not have a referral order for the patient to speak with a Financial Counselor to potentially obtain insurance benefits.

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## ISSUE RISK

Low Risk

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Consistently perform patient access functions, including EHR management and storage, in accordance with established procedures and regulatory reporting requirements such as Uniform Data System (UDS) under the HRSA program.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will enhance intake procedures to facilitate the referral of patients without insurance coverage to visit a District Certified Application Counselor (CAC) to maximize opportunities to obtain insurance benefits. Enhancements will include new procedures to establish steps taken when patients refuse financial counseling or do not show up to a scheduled financial counseling appointment.	05/31/2020 Belma Andric, MD - VP & Chief Medical Officer Joel Snook - Chief Financial Officer Hyla Fritsch - Executive Director of Clinic Operations & Pharmacy Shauna Miller - Director, Revenue Cycle
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#### Expected Deliverable:

1.) Written procedures to support the referral process for patients to see a CAC.

# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

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## CONTEXT

The District launched a Mobile Van Operation in August 2018 to deliver medical and behavioral health services to the chronically homeless and other under-served adult patients across Palm Beach county. The overall objective of the Mobile Van Clinic is to transition the targeted patient population to a Clinic location and provide them with medical services in a traditional environment. Behavioral Health Services provided at the Mobile Van Clinic are through a Licensed Clinical Social Worker.

Management noted that identifying and mitigating risk areas is critical for new business initiatives and that the Mobile Van program could benefit from an audit over specific areas. Adequate control activities are important to facilitate the eligibility, patient setup, data collection activities and downstream processes which support the overall effectiveness of the Mobile Van program.

Regarding the issue of Patients with a Homeless Designation not Supported with a Homeless Declaration Form, patient self-declaration of income is acceptable under HRSA guidelines as an alternative for populations not able to produce the types of income verification documents typically required for sliding fee discounts, such as homeless patients. ***(HRSA requires that patients who are unable to provide written verification of income under a Sliding Fee Discount Program policy must provide a signed statement of income, and why they are unable to provide independent verification. Any alternative mechanism established must have a Board approved policy and procedure and be available to all patients).***

During the audit period, 877 patients were registered by the Mobile Van Clinic, 133 patients were classified under the District Cares Specialty Benefits program and 502 patients had a homeless status classification assigned in Athena.

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## OTHER OBSERVATIONS

1- Crowe noted that the Policies and Procedures for the Primary Care Clinics over the Patient Access, Registration and Billing functions were outdated. The current written procedures refer to the previous Patient Management System and were not updated to reflect changes to procedures with the implementation of the Athena system in May 2018. Crowe recommends updating Policies and Procedures to reflect process workflows under the Athena system, within the next 90 days.

2- Mobile Van Clinic personnel expressed concerns that the relationship with the current fleet maintenance vendor was jeopardizing the ability to properly service the Mobile Van in a timely manner while minimizing operational disruption. Personnel indicated that routine maintenance needs, such as oil changes, were foregone because the required downtime would put the Mobile Van operation out of service for multiple days. Management should consider a review of options available to complete routine Mobile Van maintenance timely and which minimizes service disruption.

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## ISSUE RISK DEFINITIONS



## Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

In determining whether the issue risk was High, Moderate or Low, Crowe Healthcare Risk Consulting LLC considered a variety of factors, including the following, as applicable: significance of potential financial losses; risks to achieving business objectives; potential impact on care delivery quality; the potential for reputational damage; regulatory impact; and the potential for compromised data integrity. This list is not all-inclusive.

# Mobile Van Operations and Processes



Date: October 28, 2019

Location: Health Care District of Palm Beach County

## REPORT ACCEPTANCE

*Darcy Davis*

Darcy Davis, Chief Executive Officer

*2-26-20*

Date

*Deborah Hall*

Deborah Hall, Chief Compliance & Privacy Officer

*2/24/20*

Date

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Hyla Fritsch, Executive Director of Clinic Operations & Pharmacy

Yolanda Ogle, Executive Director, Revenue Cycle Management

Andrea Steele, Corporate Quality Director

## AUDITORS

Harry Torres, Healthcare Risk Audit Senior Manager

This internal audit was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*. This report and the information contained herein (the "Report") is intended solely for the use of the authorized employees of the client named herein for the purposes set forth herein. The Report is strictly confidential and shall under no circumstances be disclosed to any other party without the prior written consent of Crowe Healthcare Risk Consulting LLC ("Crowe").

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# Cash Posting - Clinics and LMC



Date: February 14, 2020

Location: Health Care District of Palm Beach County

## OBJECTIVES

- Test whether controls over cash receipts collected at Hospital and Clinic locations are functioning as Management intends.

## SCOPE

The scope of the audit included testing cash controls at each C. L. Brumback clinic (Clinics) and two locations in the Lakeside Medical Center hospital (Hospital).

**Location:** Health Care District of Palm Beach County (HCDPBC)

**Time Period:** October 1, 2019 through December 31, 2019

**Sample Selected:** Five days' cash receipts documentation during the audit period were tested at six Clinics and the Hospital location.

**Scope Exclusions:** The scope of this audit did not include cash receipts at the Mobile Van, Mangonia Park or Boca Raton Clinics, cash receipts not taken in person at Hospital and Clinic locations (e.g., remittance advice payments from third party payers), or testing to determine if a misappropriation or theft of cash receipts had occurred.

## CONCLUSION

Hospital and Clinic procedures for receiving, recording and reconciling over-the-counter payments were generally appropriately designed to provide adequate security, accurate and timely recording of payments and appropriate segregation of duties. However, inconsistencies in the application of procedures as designed during the internal audit test period were identified at the Clinics. Additionally, Crowe noted that deposits were being transported to area bank branches in a manner that was not secure.

Cash receipt procedures and internal controls at the Clinics were in process of being standardized across all of the Clinics as of the date of Crowe's field work in January 2020. Management has identified action plans to complete standardization of Clinic procedures and to update related policies and procedures by April 30, 2020. Management will also review options for transporting deposits to the banks to determine whether more secure procedures can be implemented.

## SUMMARY OF ISSUE RISKS



# Cash Posting - Clinics and LMC



Date: February 14, 2020

Location: Health Care District of Palm Beach County

## ISSUE 1: Deposits Not Transported to Bank Securely

## ISSUE RISK

Moderate Risk

### WHAT IS CAUSING THE ISSUE?

Resource Alignment: Secure methods and resources for transporting deposits to the bank had not been given adequate consideration.

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Safeguard cash assets against misappropriation and theft.

### WHAT IS EXPECTED?

Deposits should be transported to the bank in a secure manner that minimizes the risk of loss, theft or harm to Clinic associates.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will review options for transporting daily deposits to the bank and implement appropriate security measures.

04/30/2020  
Marisol Miranda - Director of Practice Management

### WHAT ARE THE FINDINGS?

Clinic bank deposits were transported to nearby bank branch offices by Clinic registration staff in bank bags with no security measures other than, in some cases, use of a locked bank bag. Of 18 deposits made during the audit testing period, deposit amounts ranged from \$393 to \$2,632, six of which were greater than \$1,000.

### Expected Deliverable:

Documentation for the implementation of revised deposit transport security measures at each Clinic.

# Cash Posting - Clinics and LMC



Date: February 14, 2020

Location: Health Care District of Palm Beach County

## ISSUE 2: Inconsistent Daily Reconciliation Process

## ISSUE RISK

Low Risk

### WHAT IS CAUSING THE ISSUE?

**Policies and Procedures:** A written policy for daily cash drawer closing and reconciliation processes had not been updated since the conversion to the current Athena system.

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Safeguard cash assets against misappropriation and theft.

### WHAT IS EXPECTED?

Written policies and procedures should document procedures for daily cash drawer closing and reconciliation to be implemented on a standardized basis across all Clinics.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

The C. L. Brumback Primary Care Clinics Policy *Cash Handling* will be updated to reflect procedures that are current and specific to the Athena information system and will be implemented in a standardized manner across all clinics. The updated procedures will define requirements for documentation to be retained in support of daily deposits, approval requirements and signatures, and documentation of voided transactions.

04/30/2020  
Marisol Miranda - Director of Practice Management

### WHAT ARE THE FINDINGS?

Crowe tested five days' cash receipts reconciliation and posting documentation at each of six clinics and noted that daily drawer closing and reconciliation procedures were mostly standardized and provided an appropriate level of control. However, in some respects, these procedures were inconsistently followed by each clinic.

- The lead registration specialist documented her review and approval of other registration specialists' reconciliations but had not obtained approval of her own reconciliation for one day at the Lantana Clinic and for five days at the Lake Worth Clinic;
- The patient detail posting reports were not maintained as part of each day's documentation by two registration specialists at the Delray Beach Primary Care Clinic as was standard practice at all clinics;
- Documentation of voided transactions, which occurred in the audit samples at several clinics, was not maintained in a manner that would support the appropriateness of the voided transaction;
- One daily Over The Counter Reconciliation Form at the Belle Glade primary care clinic was not signed by the registration specialist's supervisor; and

#### Expected Deliverable:

- 1) A copy of the written policy containing the above requirements.
- 2) Crowe will test a sample of one day's documentation for each clinic to validate implementation of the policy.

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## Cash Posting - Clinics and LMC

Date: February 14, 2020

Location: Health Care District of Palm Beach County

- Minor discrepancies between documentation maintained to support the daily cash posting reconciliation and payments posted were noted on three days (one at Lantana Primary Care Clinic, one at Lantana Dental Clinic and one at West Palm Beach Dental Clinic) that were determined to be documentation errors.

Additionally, the Policy and Procedure *Cash Handling*, which governed the daily reconciliation process, dated from 2013, prior to implementation of the current Athena system at the Clinics. Clinic Management had begun the process of standardizing processes across all clinics as of the date of Crowe's field observations, but these procedures were not yet fully implemented at that date.

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# Cash Posting - Clinics and LMC



Date: February 14, 2020

Location: Health Care District of Palm Beach County

## ISSUE 3: Inconsistent Change Fund Audit Process

## ISSUE RISK

Low Risk

### WHAT IS CAUSING THE ISSUE?

Policies and Procedures: There was not a standardized policy and procedure outlining the requirements for oversight of Registration Specialists' change funds.

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Safeguard cash assets against misappropriation and theft.

### WHAT IS EXPECTED?

A standardized written policy/procedure applicable to all HCDPBC Clinics should be in place that documents appropriate internal controls for the change funds that are maintained by Clinic Registration Department staff. The policy/procedure should include requirements for routine audits by someone independent of the custodian.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

A written policy and procedure for oversight of Registration Specialists' change funds will be implemented. The policy will include requirements for routine fund audits by someone independent of the fund custodian and documentation requirements for the audits.

04/30/2020  
Marisol Miranda - Director of Practice Management

### WHAT ARE THE FINDINGS?

Approximately 30 change funds of \$100 are maintained at the Clinics. Crowe noted that standardized procedures and forms for a daily self-audit by the fund custodian and periodic audits by the custodian's supervisor were in place at the clinics. However, the daily self-audit logs were not consistently maintained, and the supervisory audits were inconsistently performed.

Additionally, a written policy/procedure had not been developed and implemented for this audit process. Clinic Management had begun the process of implementing a standardized process across all clinics as of the date of Crowe's field observations, but these procedures were not yet fully implemented at that date.

#### Expected Deliverable:

- 1) A copy of the written policy and procedure for oversight of Registration Specialists' change funds
- 2) Crowe will test a sample of change fund audits to validate implementation of the policy and procedure.

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# Cash Posting - Clinics and LMC



Date: February 14, 2020

Location: Health Care District of Palm Beach County

## ISSUE 4: MedHost and Athena System Access Permissions Conflicts

### ISSUE RISK

Low Risk

### WHAT IS CAUSING THE ISSUE?

Technology Alignment: MedHost access permissions have not been analyzed for potential conflicts based on users' job duties.

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Safeguard cash assets against misappropriation and theft.

### WHAT IS EXPECTED?

The system access of associates who receive and post cash payments should be restricted to prevent posting of adjustments, voiding charges or other transactions that could be used to conceal a misappropriation of payments.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

MedHost and Athena access permissions for Hospital and Clinic registration and cashiering staff will be investigated to determine whether associates who receive and post patient payments have conflicting access permissions that could allow them to post adjustments or other transactions in order to conceal a misappropriation.	04/30/2020 Tabatha McAllister - Manager, Revenue Cycle  Marisol Miranda - Director of Practice Management
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### WHAT ARE THE FINDINGS?

Crowe tested system access permissions for the MedHost (Hospital), Athena (primary care clinics) and Dentrix (dental clinics) systems for system access that was incompatible with custody and posting of cash over-the-counter payments.

**Expected Deliverable:**  
Documentation for the MedHost and Athena access reviews and any resulting modifications to Hospital and Clinic registration and cashiering staff access permissions.

- In MedHost patient accounting system permissions data for seven User IDs assigned to Hospital cashiering and registration staff, Crowe noted that from 20 to 39 menu groups could have the same User ID name. Of the seven User IDs tested, there were 214 different menu groups, twelve of which allowed posting of both cash payments and adjustments. Since the data was not identifiable by individual user, Crowe could not further evaluate the access of the individual users.
- In examining Athena Clinic system access permissions for registration, lead registration, Clinic coordinator and Clinic Director staff, Crowe determined that two registration specialists and one lead registration specialist had access to void charges.

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# Cash Posting - Clinics and LMC



Date: February 14, 2020

Location: Health Care District of Palm Beach County

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## CONTEXT

HCDPBC operates an acute care hospital, Lakeside Medical Center in Belle Glade, Florida. In addition, the District operates eight clinics, four dental clinics and a mobile clinic in the West Palm Beach area under the C. L. Brumback Primary Care Clinics network. Patient payments can be made in person at three locations in the hospital and at each primary care and dental clinic except for the mobile clinic.

An audit of cash posting internal controls was included in the District's FY2019 internal audit plan due to the inherent risk associated with cash payments and the number of locations taking payments.

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## ISSUE RISK DEFINITIONS

In determining whether the issue risk was High, Moderate or Low, Crowe Healthcare Risk Consulting LLC considered a variety of factors, including the following, as applicable: significance of potential financial losses; risks to achieving business objectives; potential impact on care delivery quality; the potential for reputational damage; regulatory impact; and the potential for compromised data integrity. This list is not all-inclusive.

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# Cash Posting - Clinics and LMC



Date: February 14, 2020

Location: Health Care District of Palm Beach County

## REPORT ACCEPTANCE

<u>Darcy Davis</u> Darcy Davis, Chief Executive Officer	<u>2-26-20</u> Date
<u>Deborah Hall</u> Deborah Hall, Chief Compliance & Privacy Officer	<u>2/26/20</u> Date

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- Nancy Stockslager, Chief Information Officer
- Hyla Fritsch, Executive Director of Clinic Operations & Pharmacy
- Yolanda Ogle, Executive Director, Revenue Cycle Management
- Marisol Miranda, Director of Practice Management

## AUDITORS

Randy Patton, Healthcare Risk Audit Manager

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# Petty Cash Audit



Date: February 10, 2020

Location: Health Care District of Palm Beach County

## OBJECTIVES

- Assessed current procedures and validated that internal controls in place over petty cash and change funds were functioning as Management intends.

## SCOPE

Petty Cash fund at:

- \* Healey Rehabilitation Center (Healey) and

Change funds at:

- \* Lakeside Medical Center (LMC) and the C.L. Brumback Primary Care Clinics (Clinics).

**Location:** The Health Care District of Palm Beach County (District)

**Time Period:** As of October 1, 2019

**Sample Selected:** To apply audit test procedures at the Clinics, Crowe selected five locations based on overall volume and patient activity. The Clinics selected were:

- 1.) Belle Glade, 2.) 45th Street, 3.) Delray Beach, 4.) Lantana, and 5.) Lake Worth

**Scope Exclusions:** This audit did not include the Resident Patient Trust Fund at Healey Rehabilitation Center, cash accounts at the Lakeside Medical Center Gift Shop, or the petty cash fund at the District main office, which was closed during the audit.

## CONCLUSION

Based on procedures performed in this audit, Crowe determined that the petty cash and change funds at each location tested were properly safeguarded, daily change fund counts and independent verifications were performed, petty cash and change fund balances were consistent with accounting records, and disbursements from petty cash were supported by appropriate documentation. Reconciliations and reviews of transactions and receipts were also done for the petty cash fund at Healey.

Crowe noted opportunities to improve controls over cash handling through development of written procedures for change fund operations, and reinforcement of change fund and petty cash usage and oversight expectations. Management has developed action plans to address these opportunities by May 31, 2020.

## SUMMARY OF ISSUE RISKS



# Petty Cash Audit

Date: February 10, 2020

Location: Health Care District of Palm Beach County



## ISSUE 1: Lack of Written Policies and Procedures Over the Change Funds at LMC

### WHAT IS CAUSING THE ISSUE?

**Policies and Procedures:** With other competing priorities, Management did not develop written procedures to provide appropriate guidance to change fund custodians.

### WHAT IS EXPECTED?

Written policies or procedures to define authorized uses of and controls around change funds should be developed and implemented to establish Management requirements around fund usage and controls. They should include, but not be limited to, authorized balances and uses (including the process for uses outside of those authorized on an exception basis, if any) for each of the funds, processes and frequency of fund counts by the custodian, and how often and by whom the fund balance is independently verified.

### WHAT ARE THE FINDINGS?

While LMC Management had begun the process of developing procedural structure over change funds (e.g., standardized processes and forms, fund balance self-audits, independent balance verifications), written procedures providing oversight of change funds and related processes were not in place. In addition, independent verification of change fund balances was not documented for any change funds used at LMC.

## ISSUE RISK

Low Risk

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Safeguard petty cash assets against misappropriation and theft.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will develop written procedures to provide guidance to personnel with access to the change funds over what are the appropriate uses of the fund and what the process is, if exceptions to those uses are authorized by Management. Written procedures developed should include the authorized balance for each fund, processes for counting and auditing the fund balance and frequency.

05/31/2020  
Joel Snook - Chief Financial Officer  
Tabatha McAllister - Manager,  
Revenue Cycle

#### **Expected Deliverable:**

- 1.) Written procedures to support action plan as noted above.
- 2.) Crowe will test new procedures and controls over the change funds to validate implementation of the above action plan.

# Petty Cash Audit

Date: February 10, 2020

Location: Health Care District of Palm Beach County



## ISSUE 2: Change Fund Usage

### ISSUE RISK

Low Risk

### WHAT IS CAUSING THE ISSUE?

Communication: Management did not initially recover the loan due to a misunderstanding with the employee over the loan's intent and did not enforce restrictions of fund usage not granted as an exception because prohibition was not communicated through written procedures.

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Safeguard petty cash assets against misappropriation and theft.

### WHAT IS EXPECTED?

The intended use of the LMC change fund was to provide change to patients who make payments with high denomination currency. Uses of the funds for other than this purpose should not be allowed except on an exception basis that is approved by senior LMC leadership.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

A repayment plan has been established with the employee. The change fund will be replenished when the full amount of the loan has been repaid.

05/31/2020  
Joel Snook - Chief Financial Officer  
Tabatha McAllister - Manager,  
Revenue Cycle

Management will also reinforce the written procedures over the authorized uses of the change funds developed in Issue #1.

#### **Expected Deliverable:**

- 1.) Evidence that the loan has been repaid and that the fund balance has been replenished.
- 2.) Evidence of communication or training provided to change fund custodians and other employees as to authorized uses of the change funds.

### WHAT ARE THE FINDINGS?

Crowe identified three instances where the LMC change funds were used for purposes other than providing change to patients making payments. In two instances the change funds were used to provide short-term loans to two LMC employees who did not receive payroll disbursements in November 2019 due to ADP system implementation issues. While these transactions were appropriately approved by Executive leadership on an exception basis, one of these loans (\$305) remained outstanding at the time of audit fieldwork.

In the other instance, the LMC Emergency Department change fund was used to provide a patient with taxi fare (\$22). Crowe noted that the change fund was subsequently reimbursed by the Director of Nursing.

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# Petty Cash Audit



Date: February 10, 2020

Location: Health Care District of Palm Beach County

## ISSUE 3: One Petty Cash Disbursement at Healey Exceeded \$50 Limit

### ISSUE RISK

Low Risk

#### WHAT IS CAUSING THE ISSUE?

Supervision: Management did not enforce the \$50 Policy limit for petty cash disbursement.

#### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Safeguard petty cash assets against misappropriation and theft.

#### WHAT IS EXPECTED?

The Healey Facility Petty Cash Reconciliation Policy and Procedure requires that petty cash disbursement should not exceed \$50. Fund disbursements should therefore not exceed this amount.

#### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management revised the Petty Cash Reconciliation Policy and Procedure to require that uses of petty cash be approved by the Administrator or Director of Clinical Services (in the absence of the Administrator) before petty cash is disbursed.

03/31/2020  
Karen Harris - Vice President of Field Operations

Shelly-Ann Lau - Executive Administrator Healey Rehabilitation Center

#### WHAT ARE THE FINDINGS?

Crowe identified one instance of a petty cash disbursement that exceeded the \$50 limit per Policy. The disbursement was made up of multiple expenses incurred by different individuals which, when combined, exceeded the policy limit. In addition, the resulting disbursement was made to a single individual, instead of individually to those who incurred the originating expenses.

Management will also reinforce the \$50 Policy limit and communicate to the petty cash custodian that expenses originating from different individuals may not be combined, and that disbursements cannot be made to individuals who did not incur the underlying expenses.

#### **Expected Deliverable:**

1.) Evidence of receipts submitted for disbursement of petty cash being approved in accordance with procedure described above.

# Petty Cash Audit

Date: February 10, 2020

Location: Health Care District of Palm Beach County



2.) Evidence of communication or training provided to the petty cash custodian which reinforces the \$50 policy limit and prohibits combining of expenses from different individuals and disbursement of petty cash funds to individuals who did not incur the underlying expenses.

# Petty Cash Audit



Date: February 10, 2020

Location: Health Care District of Palm Beach County

## ISSUE 4: Petty Cash Reconciliation Procedures Not Completed Timely at Healey

### WHAT IS CAUSING THE ISSUE?

Transition: Due to turnover at Healey and the District Accounting department, Management was not enforcing petty cash account reconciliation frequency requirements.

### WHAT IS EXPECTED?

The Healey Facility Petty Cash Reconciliation Policy and Procedure requires that a reconciliation will be completed twice monthly by a Finance Designee(s).

### WHAT ARE THE FINDINGS?

The Healey petty cash account was reconciled only when the fund was replenished, typically monthly, instead of bi-weekly as required by Policy.

## ISSUE RISK

Low Risk

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Review, reconcile and record petty cash activity on a timely basis

### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management revised the Petty Cash Reconciliation Policy and Procedure to require a reconciliation of the facility petty cash fund when the fund is reduced to approximately \$200 and remove the requirement to reconcile bi-weekly.	Complete Karen Harris - Vice President of Field Operations Shelly Ann-Lau - Administrator, Healey
--	---



# Petty Cash Audit



Date: February 10, 2020

Location: Health Care District of Palm Beach County

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## CONTEXT

Although an organization's petty cash is inherently prone to fraud and abuse, it often receives minor attention due to its limited financial materiality. Still, petty cash carries risks beyond monetary value, as the manner in which management handles petty cash may be indicative of broader management approaches to an organization's internal controls. A well-managed petty cash function often goes hand in hand with a strong internal control environment and it often carries a significance that transcends its size.

The District maintains various cash funds across the business units, which includes one petty cash account that is used for facility related small-dollar expenditures at the Healey Rehab Center and change funds used to provide patients with change at each of the clinic locations and at LMC. A petty cash fund that was used at the District main office was closed during the audit, at the direction of the CFO, and replaced with a purchasing card.

An audit of the petty cash function can help ensure the cash is used correctly, stored appropriately, and handled by authorized employees. To address Management concerns over the handling of petty cash and change funds, an audit was needed to determine if controls in place over the security and use of these funds throughout the District are proper and used as management intended.

---

## OTHER OBSERVATIONS

Crowe noted that the Healey Facility Petty Cash Reconciliation Policies and Procedures required that a Cash Advance Form be completed, a third party receipt that is approved by the Administrator or Director of Clinical Services before cash is disbursed be obtained, and finally that a petty cash receipt documenting disbursement from the petty cash fund be prepared and signed by the petty cash fund custodian and personnel requesting the disbursement. The use of the Cash Advance Form appears redundant. Management acknowledged this observation and has revised its written procedures to remove this requirement.

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## ISSUE RISK DEFINITIONS

In determining whether the issue risk was High, Moderate or Low, Crowe Healthcare Risk Consulting LLC considered a variety of factors, including the following, as applicable: significance of potential financial losses; risks to achieving business objectives; potential impact on care delivery quality; the potential for reputational damage; regulatory impact; and the potential for compromised data integrity. This list is not all-inclusive.

# Petty Cash Audit



Date: February 10, 2020

Location: Health Care District of Palm Beach County

## REPORT ACCEPTANCE

Darcy Davis

Darcy Davis, Chief Executive Officer

2-26-20

Date

Deborah Hall

Deborah Hall, Chief Compliance & Privacy Officer

2/26/20

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## AUDITORS

Harry Torres, Healthcare Risk Audit Senior Manager

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# Quality Improvement Assessment



Date: November 12, 2019

Location: Health Care District of Palm Beach County

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## OBJECTIVES

- Tested whether controls over Quality Management and Performance Improvement were in accordance with policies and procedures and functioning as Management intended.
- Validated quality improvement (QI) initiatives for completeness and documentation.

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## SCOPE

The scope of the internal audit included an evaluation of the quality process at the System level as well as an assessment of quality process improvement plans and Board reporting flow of the following Business Units (BU): Lakeside Medical Center (LMC), Brumback Primary Care Clinics (Clinics), Pharmacy, Healey Rehabilitation, School Health Program, Trauma Hawk, Trauma System, and Human Resources.

**Time Period:** January 1, 2019 through October 31, 2019.

**Sample Selected:** A sample of five reported measures were selected to test that a QI initiative plan was in place.

**Scope Exclusions:** This audit did not include confirmation of the accuracy of quality measures.

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## CONCLUSION

The Health Care District of Palm Beach County (HCD) is a member of ECRI Institute Patient Safety Organization which is governed by the Patient Safety Final Rule (42 CFR 3.20). Accordingly, HCD publicly reports safety and quality information voluntarily. HCD had appropriate quality processes in place that address best practice guidelines such as those suggested by Agency for Healthcare Research and Quality (AHRQ).

Crowe assessed quality process improvement plans and reporting flow for eight BUs for leading practice elements. While the gaps and opportunities for improvement identified did not warrant formal action plan remediation, Crowe has provided recommendations around both for HCD Management consideration. See Other Observations section of this report on page 2 for more information.

# Quality Improvement Assessment



Date: November 12, 2019

Location: Health Care District of Palm Beach County

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## CONTEXT

High-quality healthcare services are a cornerstone of HCD's mission and vision. The Institute of Medicine defines quality health care as "safe, effective, patient-centered, timely, efficient and equitable." Quality is important to every health care organization as well as the clients they serve. Federal and state regulators have required health care organizations to publicly report quality measures and have tied quality to incentives, payment reduction, and penalties. As payment shifts from volume to value, many non-governmental payers are reimbursing based on quality, following the lead of government payers.

An exceptional Quality Program must be connected to the organization's mission and involve staff at every level to foster a culture of quality and patient safety. There must be evidence-based controls in place that allow for governance structure and oversight, collaboration and communication across disciplines, prioritization, measurement, monitoring of quality initiatives, transparency, and accountability. These controls are necessary for a Quality Program to balance ever-changing regulations, reporting requirements, stakeholder needs, and the volume and complexities of healthcare data.

This audit was included on the 2019 Internal Audit Plan since quality is an important HCD goal for patient care as well as the organization's future.

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## OTHER OBSERVATIONS

Many health care quality agencies, such as AHRQ, have guidelines and recommendations regarding the structure of quality programs, process improvement, monitoring, and reporting. Highly detailed Quality Plans that address these elements can lead to better understanding of how quality works within the organization with less individual interpretation required. According to an article published on the Institute for Healthcare Improvement website\*, standardization, where appropriate, is a fundamental starting point for improvement. Some HDC BU Quality Plans did not address all elements as shown in Attachment A. As these elements are recommended and not required, an issue was not included in the audit report. However, HDC should consider reviewing missing elements to determine if revising individual Quality Plans, to include ancillary departments, would be beneficial.

In addition, as a leading practice, HCD should consider reporting Quality metrics and initiatives to applicable Quality Committees and the Board. For example, Human Resources' quality plans, metrics, and initiatives were not reported to the Board as shown in Attachment B. Since metrics such as 'time to hire' could impact patient care, Crowe recommends they be reported to the System Quality Director at a minimum.

\*<http://www.ihl.org/communities/blogs/standardize-before-you-improve>

# Quality Improvement Assessment



Date: November 12, 2019

Location: Health Care District of Palm Beach County

## REPORT ACCEPTANCE

*Darcy Davis*

Darcy Davis, Chief Executive Officer

*2-26-20*

Date

*Deborah Hall*

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*2/26/20*

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- Hyla Fritsch, Executive Director of Clinic Operations & Pharmacy
- Ginny Keller, Director of School Health
- Shelly-Ann Lau, Administrator Healey Center
- Janet Moreland, Administrator Lakeside Hospital
- Gerry Pagano, Director, Aviation Operations
- Sandra Smith, Director of Trauma and Clinical Aeromedical Services
- Andrea Steele, Corporate Quality Director
- Regina Stolpman, Director of Nursing-LMC
- Rosella Weymer, Director, Human Resources

## AUDITORS

Anita Jackson, Healthcare Risk Clinical Audit Manager

# Quality Improvement Assessment



Date: November 12, 2019

Location: Health Care District of Palm Beach County

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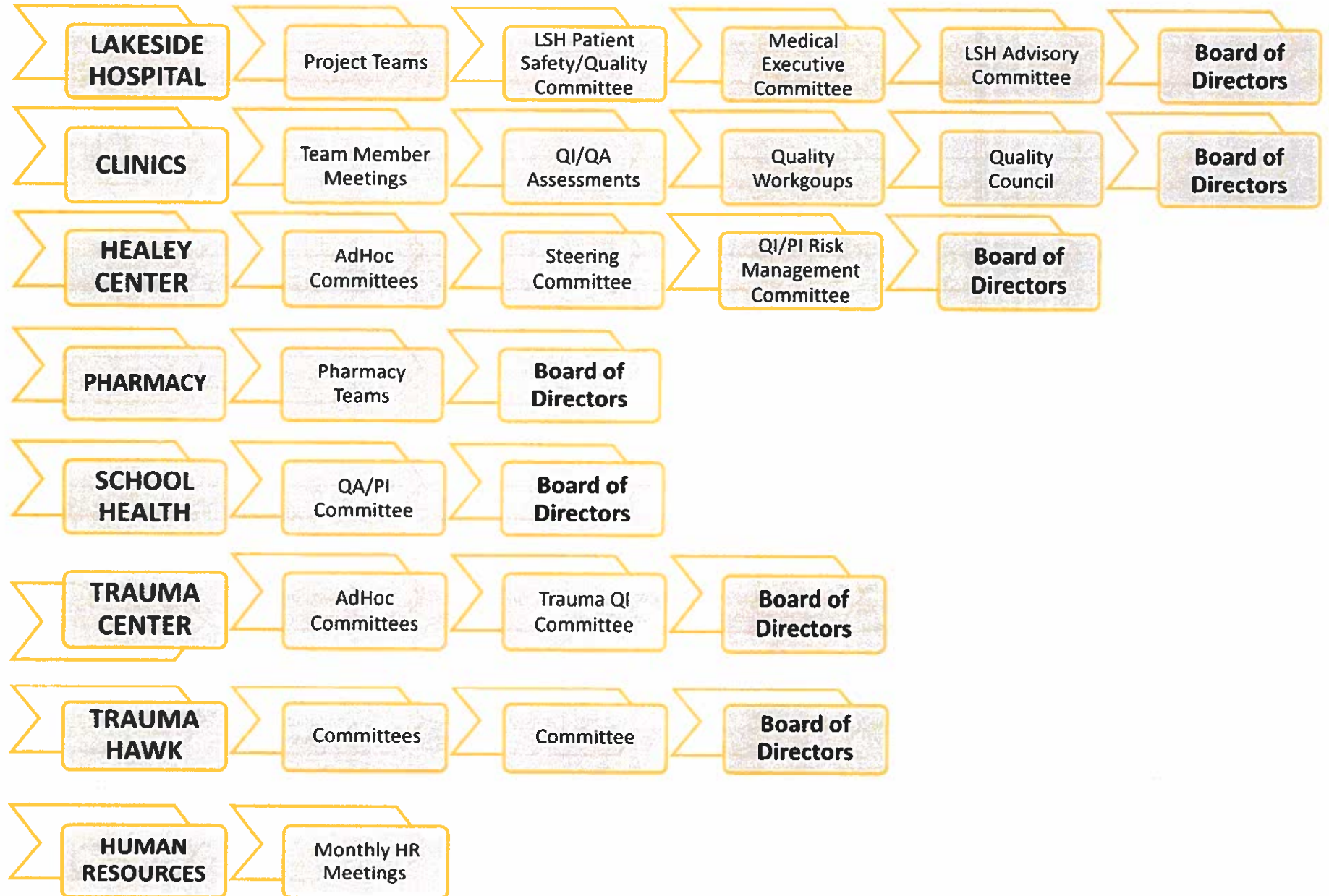
Elements of Quality Improvement Plans

ATTACHMENT A

√=included	Lakeside Hospital	Clinics	Healey	Pharmacy	School Health	Trauma Center No patient care	Trauma Hawk No patient care	Human Resources No patient care
Document Reviewed	Quality Improvement Plan 2015	Quality Improvement / Assurance Plan 2019	Quality Assurance & Improvement Plan 2018	Continuous Quality Improvement Program 2019	School Health Quality Assurance Performance Improvement Plan 2017	Trauma Agency Quality Improvement Manual 2016	Safety Management System, Trauma Hawk Aeromedical Program 2018	HR Board Strategic Planning 2019
Area of Focus	Acute care	Outpatient health and dental care	Rehab and skilled nursing	Medication and education	Basic healthcare and screenings	Facilitate / monitor quality for trauma centers	Provide helicopter air ambulance transportation	Recruit, develop and retain high performers, establish culture of excellence
Purpose	√	√	√	√	√	√	√	√
Scope	√	√	√	√	√	√	√	√
Quality Committee Responsibilities	√	√	√	√	√	√	√	
Protocol and Procedures	√	√	√	√	√	√	√	
Guidelines	√	√	√	√	√	√	√	
Training	√	√	√		√		√	
Key Initiatives	√	√	√	√	√	√	√	√
Monitoring	√	√	√	√	√	√	√	
Quality Committee Responsibilities	√	√	√	√	√	√		
Incident Reporting	√	√	√	√	√	√	√	
Reports Quality to Board	√	√	√	√	√	√	√	
Risk Program	√	√	√	√			√	
Culture of Safety	√	√	√	√	√		√	√
Data Collection and Reporting	√	√	√	√	√	√	√	
Data Systems		√	√			√	√	
Methodology	√	√	√	√	√	√	√	
Best Practices	√	√	√	√	√	√	√	

## Flow of Quality Information

ATTACHMENT B





**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**1. Description: 2019 Good Health Foundation, Inc. Audit**

**2. Summary:**

The 2019 Good Health Foundation, Inc audited financial report is being provided under separate cover for Finance and Audit Committee review.

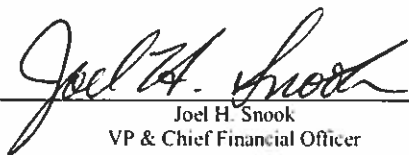
**3. Substantive Analysis:**

The District's external auditor, RSM US LLP, completed the audit procedures for fiscal year ended September 30, 2019. The opinion provides the assurance that the financial statements are presented fairly, with no material misstatements.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Joel H. Snook  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee or Subsidiary Board:**

N/A

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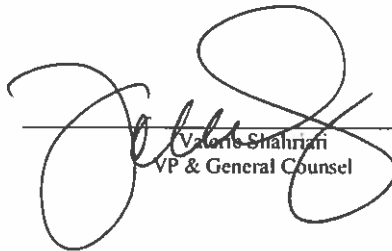
Committee or Board
Date Reviewed


**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**6. Recommendation:**

Staff recommends that the Finance & Audit Committee review the 2019 Good Health Foundation, Inc. audited financial report and forward to the Board for approval.

Approved for Legal sufficiency:

  
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Valon Stahriani  
VP & General Counsel

  
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Joel H. Snook  
VP & Chief Financial Officer

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**1. Description: 2019 District Clinic Holdings, Inc. Audit**

**2. Summary:**

The 2019 District Clinic Holdings, Inc. audited financial report is being provided under separate cover for Finance and Audit Committee review.

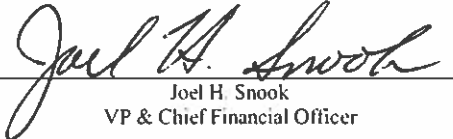
**3. Substantive Analysis:**

The District's external auditor, RSM US LLP, completed the audit procedures for fiscal year ended September 30, 2019. The opinion provides the assurance that the financial statements are presented fairly, with no material misstatements.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Joel H. Snook  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee or Subsidiary Board:**

N/A

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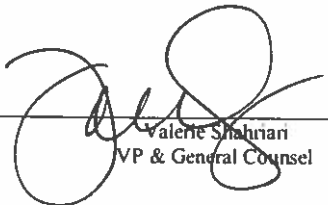
Committee or Board Date Reviewed

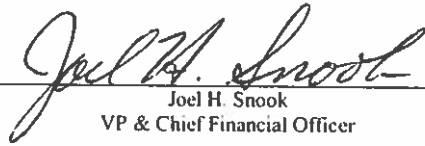
**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**6. Recommendation:**

Staff recommends that the Finance & Audit Committee review the 2019 District Clinic Holdings, Inc. audited financial report and forward to the Board for approval.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Shahriani  
VP & General Counsel

  
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Joel H. Snook  
VP & Chief Financial Officer

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**1. Description: 2019 Health Care District Audit**

**2. Summary:**

The 2019 Health Care District audited Comprehensive Annual Financial Report (CAFR) is being provided under separate cover for Finance and Audit Committee review.

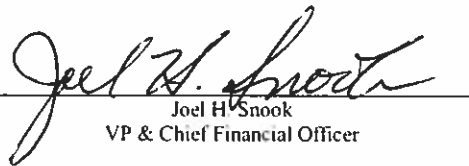
**3. Substantive Analysis:**

The District's external auditor, RSM US LLP, completed the audit procedures for fiscal year ended September 30, 2019. The opinion provides the assurance that the financial statements are presented fairly, with no material misstatements.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Joel H. Snook  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee or Subsidiary Board:**

N/A

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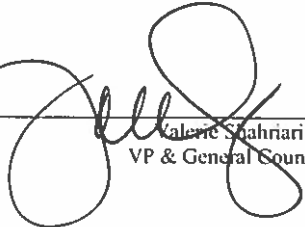
Committee or Board
Date Reviewed

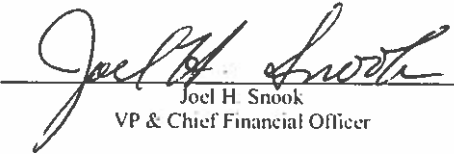
**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**6. Recommendation:**

Staff recommends that the Finance & Audit Committee review the 2019 Health Care District's audited Comprehensive Annual Financial Report (CAFR) and forward to the Board for approval.

Approved for Legal sufficiency:

  
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Kalene Shahriari  
VP & General Counsel

  
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Joel H. Snook  
VP & Chief Financial Officer

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

**1. Description: 2019 District Hospital Holdings, Inc. Audit**

**2. Summary:**

The 2019 District Hospital Holdings, Inc. audited financial report is being provided under separate cover for Finance and Audit Committee review.

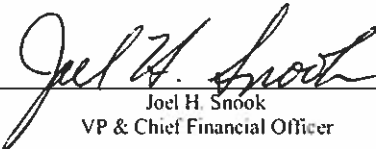
**3. Substantive Analysis:**

The District's external auditor, RSM US LLP, completed the audit procedures for fiscal year ended September 30, 2019. The opinion provides the assurance that the financial statements are presented fairly, with no material misstatements.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Joel H. Snook  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee or Subsidiary Board:**

N/A

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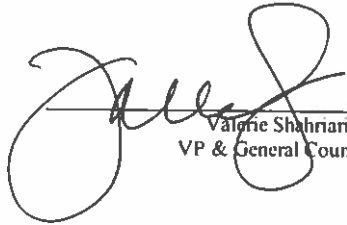
Committee or Board Date Reviewed

**HEALTH CARE DISTRICT  
FINANCE AND AUDIT COMMITTEE  
March 10, 2020**

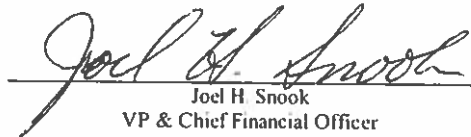
**6. Recommendation:**

Staff recommends that the Finance & Audit Committee review the 2019 District Hospital Holdings, Inc. audited financial report and forward to the Board for approval.

Approved for Legal sufficiency:



\_\_\_\_\_  
Valérie Shahrian  
VP & General Counsel



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Joel H. Snook  
VP & Chief Financial Officer