



BOARD OF COMMISSIONERS

March 11, 2020

Meeting Location
Hilton West Palm Beach
600 Okeechobee Blvd.,
West Palm Beach, FL 33401

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



DISTRICT BOARD MEETING AGENDA
March 11, 2020
600 Okeechobee Blvd.
West Palm Beach, FL 33401

1. Call to Order – Les Daniels, Chair

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

2. Agenda Approval

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

3. Awards, Introductions and Presentations

- A. Introduce Chief Information Officer, Nancy Stockslager (Darcy Davis)
- B. IT Update (Nancy Stockslager)
- C. Research Results – Communications Strategy (Steven Hurwitz)

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of December 10, 2019 [Pages 1-8]

7. Committee Reports

- 7.1 Finance and Audit Committee Report – (Commissioner Sabin)
- 7.2 Good Health Foundation Committee Report – (No Report)

7. Committee Reports (Continued)

7.3 Quality, Patient Safety and Compliance Committee – (Commissioner Alonso)

7.4 Lakeside Health Advisory Board Report – (Commissioner Alonso)

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

8. Consent Agenda – Motion to Approve Consent Agenda Items

HEALTH CARE DISTRICT

A. ADMINISTRATION

8A-1 RECEIVE AND FILE:

March 2020 Internet Posting of District Public Meeting

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=268&m=0|0&DisplayType=C>

8A-2 RECEIVE AND FILE

Health Care District Board Attendance [Page 9]

8A-3 RECEIVE AND FILE:

Health Care District Financial Statements December 2019

(Joel Snook) [Page 10-58]

8A-4 Staff Recommends a MOTION TO APPROVE:

Purchasing Policy (Joel Snook) [Pages 59-63]

8A-5 Staff Recommends a MOTION TO APPROVE:

Independent Audit Policy (Joel Snook) [Pages 64-67]

8A-6 Staff Recommends a MOTION TO APPROVE:

Capital Assets Policy (Joel Snook) [Pages 68-71]

8A-7 Staff Recommends a MOTION TO APPROVE:

2019 Health Care District Audit (Joel Snook/Anil Harris, RSM)

[Pages 72-73/Under Separate Cover]

8A-8 Staff Recommends a MOTION TO APPROVE:

2019 District Clinic Holdings, Inc. Audit (Joel Snook/Anil Harris, RSM)

[Pages 74-75/Under Separate Cover]

8A-9 Staff Recommends a MOTION TO APPROVE:

2019 Good Health Foundation, Inc. Audit (Joel Snook/Anil Harris, RSM)

[Pages 76-77/Under Separate Cover]

8A-10 Staff Recommends a MOTION TO APPROVE:

2019 District Hospital Holdings, Inc. Audit (Joel Snook/Anil Harris, RSM)

[Pages 78-79/Under Separate Cover]

8. Consent Agenda (Continued)

- 8A-11 **Staff Recommends a MOTION TO APPROVE:**
Policy and Procedure Policy (Steven Hurwitz) [Pages 80-84]
- 8A-12 **RECEIVE AND FILE:**
Summary of Internal Audit Activities and Update (Deborah Hall) [Pages 85-132]
- 8A-13 **RECEIVE AND FILE:**
Internal Audit Plan FY 2019 and FY 2020 Status Update and Follow-Up of Management Action Plan Items for Completed Internal Audits (Deborah Hall) [Pages 133-144]
- 8A-14 **Staff Recommends a MOTION TO APPROVE:**
Compliance Policies Policy Updates (Deborah Hall) [Pages 145-167]
- 8A-15 **Staff Recommends a MOTION TO APPROVE:**
Appointment of Barry Davis to the Lakeside Health Advisory Board (Tom Cleare) [Pages 168-169]
- 8A-16 **Staff Recommends a MOTION TO APPROVE:**
Second Amendment to Agreement between Health Care District of Palm Beach County and District Clinic Holdings, Inc. (Belma Andric, MD) [Pages 170-171]
- 8A-17 **Staff Recommends a MOTION TO APPROVE:**
Sublicense Agreement (Belma Andric, MD) [Pages 172-173]
- 8A-18 **Staff Recommends a MOTION TO APPROVE:**
Amendment to the Health Care District Bylaws (Valerie Shahriari) [Pages 174-189]
- 8A-19 **Staff Recommends a MOTION TO APPROVE:**
Amendment to the Lakeside Health Advisory Board Bylaws (Valerie Shahriari) [Pages 190-202]

DISTRICT HOSPITAL HOLDINGS, INC.

B. ADMINISTRATION

- 8B-1 **Staff Recommends a MOTION TO APPROVE:**
Medical Staff Appointment(s) for Lakeside Medical Center (Belma Andric, MD) [Pages 203-205]
- 8B-2 **Staff Recommends a MOTION TO APPROVE:**
Proposed Revisions to the Lakeside Medical Center's Medical Executive Committee Bylaws, Rules and Regulations (Karen Harris) [Pages 206-211]

8. Consent Agenda (Continued)

- 8B-3 **Staff Recommends a MOTION TO APPROVE:**
Amendment to the District Hospital Holdings, Inc. Bylaws
(Valerie Shahriari) [Pages 212-223]

9. Regular Agenda

A. **ADMINISTRATION**

- 9A-1 **Staff Recommends a MOTION TO APPROVE:**
CEO Annual Evaluation (Chair Daniels) [Verbal]
- 9A-2 **RECEIVE AND FILE:**
Trauma Hawk Landing Zones Update (Tom Cleare) [Pages 224-225]
- 9A-3 **Staff Recommends a MOTION TO APPROVE:**
Board & Committee Appointment Application Process
(Tom Cleare) [Pages 226-248]

10. CEO Comments

11. HCD Board Member Comments

12. CLOSED MEETING FOR DISTRICT HOSPITAL HOLDINGS, INC:
Pursuant to Florida Statute Ch. 395.0193

13. Establishment of Upcoming Board Meetings

June 9, 2020

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

(1st) September Meeting (Date TBD)

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

(2nd) September Meeting (Date TBD)

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

December 8, 2020

- 2:00 PM, Health Care District Board Meeting

14. Motion to Adjourn



**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
BOARD OF COMMISSIONERS ANNUAL MEETING
SUMMARY MINUTES
December 10, 2019 at 2:00 PM
1515 N Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order

Les Daniels called the meeting to order.

A. Roll Call

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

Staff present included: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, Chief Medical Officer; Valerie Shahriari, General Counsel; Dr. Tom Cleare, VP of Strategy; Karen Harris, VP of Field Operations; Steven Hurwitz, VP of Human Resources and Communications; Deborah Hall, VP & Chief Compliance Officer; Joel Snook, VP & Chief Financial Officer and Patricia Lavelly, Interim Chief Information Officer

Recording/Transcribing Secretary: Heidi Bromley

B. Invocation

Ms. Davis led the invocation.

C. Pledge of Allegiance

The Pledge of Allegiance was recited.

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

2. New Board Member Oath of Office

A. Tammy Jackson-Moore

Chair Daniels administered the Health Care District Oath of Office to Tammy Jackson-Moore.

3. Agenda Approval

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

CONCLUSION/ACTION: Commissioner Sabin made a motion to approve the agenda. The motion was duly seconded by Commissioner Neering. There being no opposition, the motion passed unanimously.

4. Awards, Introductions and Presentations

- A. Introduction of Tammy Jackson-Moore. (Darcy Davis)

Ms. Davis introduced Ms. Tammy Jackson-Moore, newest Board member to the Health Care District Board.

- B. RISE Project. (Rachel Docekal & Belma Andric, MD)

Ms. Docekal and Dr. Belma Andric provided the Board with a presentation to explain the RISE Project and roles of the Clinics.

- C. Project Management Office Overview. (Cindy Dupont)

Ms. Dupont provided the Board with an overview of the Project Management team and Office.

- D. Annual Institutional Review (AIR). (Jennifer Dorce-Medard, D.O.)

Dr. Dorce-Medard reviewed the Graduate Medical Education responsibilities and how the program works to ensure residents and medical students receive a diversified and rewarding educational experience and superior medical training at Lakeside Medical Center.

- E. Telehealth. (Courtney Rowling, MD)

Dr. Courtney Rowling explained the current use of Telemedicine in the Clinics and the process of Telepsychiatric Service Delivery.

5. Disclosure of Voting Conflict

6. Public Comment

7. Meeting Minutes

- A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of September 10, 2019.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Board Meeting Minutes of September 10, 2019 as presented. The motion was duly seconded by Commissioner O'Bannon. There being no objection, the motion passed unanimously.

- B. **Staff Recommends a MOTION TO APPROVE:**
TRIM Hearing Minutes of September 10, 2019.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the TRIM Meeting Minutes of September 10, 2019 as presented. The motion was duly seconded by Commissioner O'Bannon. There being no objection, the motion passed unanimously.

- C. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of September 24, 2019.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Board Meeting Minutes of September 24, 2019 as presented. The motion was duly seconded by Commissioner Sabin. There being no objection, the motion passed unanimously.

- D. **Staff Recommends a MOTION TO APPROVE:**
TRIM Hearing Minutes of September 24, 2019.

CONCLUSION/ACTION: Commissioner Banner made a motion to approve the TRIM Meeting Minutes of September 24, 2019 as presented. The motion was duly seconded by Commissioner Alonso. There being no objection, the motion passed unanimously.

8. Committee Reports

8.1 Finance and Audit Committee Report – (Commissioner Sabin)

Commissioner Sabin stated that the Finance and Audit committee held their quarterly meeting earlier. The internal auditors reviewed the plan for 2020 which was approved. We received the internal audit reports and reviewed the financial statements which was provided to us by our new CFO, Joel.

8.2 Good Health Foundation Committee Report – (No Report)

8.3 Quality, Patient Safety and Compliance Committee – (Commissioner Alonso)

Commissioner Alonso stated that we had a meeting earlier this morning. We went through several reports and presentations. The Committee made some recommendations for further clarification on data. Overall the staff has done a tremendous job in standardizing all the dashboards to make them very easy to read. The Committee is very happy with the reports they are receiving.

8.4 Lakeside Health Advisory Board Report – (Commissioner Alonso)

Commissioner Alonso stated that the Lakeside Health Advisory Board reviewed the Community Health Assessment and approved the Implementation Strategies that the community and District and Lakeside Medical Center staff developed throughout the 5 month process. Those strategies are to increase residents' awareness on maintaining a healthy lifestyle to include obesity and cardiovascular disease; increase residents' knowledge of diabetes and diabetes resources and to enhance marketing in the community.

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

Ms. Jackson-Moore stated that meetings were held on September 25, 2019, October 30, 2019 and November 27, 2019. Belle Glade Clinic received AHCA letter stating that we can open with a fire watch. Doors opened for medical on October 30, 2019 and dental on November 4, 2019. Oral Health Infrastructure Grant awarded \$300,000 for new dental chairs/equipment across three dental clinics and other supplies to implement triple-integrated services in Lantana. Mangonia Park Clinic opened doors on October 21, 2019 right next to Addiction Stabilization Center. HRSA Operational Site Visit is scheduled for the week of March 23rd -27th. As a reminder, the Mock HRSA Audit is scheduled for December 11th -13th.

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

CONCLUSION/ACTION: Commissioner O'Bannon made a motion to approve the Consent Agenda. The motion was duly seconded by Commissioner Alonso. There being no objection, the motion passed unanimously.

A. **ADMINISTRATION**

9A-1 **RECEIVE AND FILE:**

December 2019 Internet Posting of District Public Meeting.

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=268&m=0j0&DisplayType=C>

- 9A-2 **RECEIVE AND FILE**
Health Care District Board Attendance.
- 9A-3 **RECEIVE AND FILE:**
Health Care District Financial Statements September 2019.
- 9A-4 **RECEIVE AND FILE:**
Purdue Pharma Opioid Settlement.
- 9A-5 **RECEIVE AND FILE:**
District Cares Application Process Change.
- 9A-6 **Staff Recommends a MOTION TO APPROVE:**
Proclamation Recognizing Lakeside Medical Center.
- 9A-7 **Staff Recommends a MOTION TO APPROVE:**
Legal Pre-Suit Settlement - General Liability Matter for a Patient at Lakeside Medical Center.
- 9A-8 **RECEIVE AND FILE:**
Lakeside Medical Center Confidential Public Records Request Quarterly Report.
- 9A-9 **Staff Recommends a MOTION TO APPROVE:**
Amendment to the Lakeside Health Advisory Board Bylaws.
- 9A-10 **Staff Recommends a MOTION TO APPROVE:**
Medical Staff Appointment(s) for Lakeside Medical Center.
- 9A-11 **Staff Recommends a MOTION TO APPROVE:**
Initial Credentialing and Privileging of Healey Center Practitioner(s)
- 9A-12 **Staff Recommends a MOTION TO APPROVE:**
Internal Audit Plan 2019-2020 Status Update and Follow-Up of Management Action Plan Items.
- 9A-13 **Staff Recommends a MOTION TO APPROVE:**
FY 2020/2021 Proposed Internal Audit Plan and Risk Assessment.
- 9A-14 **Staff Recommends a MOTION TO APPROVE:**
Construction Build Out – Clinic at Lakeside Medical Center Audit.
- 9A-15 **Staff Recommends a MOTION TO APPROVE:**
Lakeside Medical Center Focused Facility Coding Compliance Audit.

9A-16 **Staff Recommends a MOTION TO APPROVE:**
Compliance Policy Updates.

10. **Regular Agenda**

A. **ADMINISTRATION**

10A-1 **Staff Recommends a MOTION TO APPROVE:**
Sponsored Programs Award Recommendations.

Dr. Cleare stated that this agenda item presents the award recommendations from the Sponsored Programs Funding Request Selection Committee. In summary, the Committee chose to recommend 22 proposed initiatives with a total funding recommendation of \$1,265,000. Staff recommends the Board approve the Sponsored Programs Selection Committee funding recommendation and award funding to 22 proposed initiatives for a total of \$1,265,000.

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

10A-2 **Staff Recommends a MOTION TO APPROVE:**
Lakeside Medical Center Community Health Needs Assessment and Implementation Strategy.

Dr. Cleare stated that this agenda item presents the Board with the Lakeside Medical Center Community Health Needs Assessment and Implementation Strategy. The Affordable Care Act added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3). Specifically, the Affordable Care Act imposes new requirements on 501(c)(3) organizations that operate one or more hospital facilities. Among the new requirements, each hospital organization is required to conduct a Community Health Needs Assessment and adopt an implementation strategy at least once every three years. Staff is recommending the Board approve the Lakeside Medical Center Community Health Needs Assessment and Implementation Strategy.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the Lakeside Medical Center Community Health Needs Assessment and Implementation Strategy as presented. The motion was duly seconded by Commissioner Sabin. There being no objection, the motion passed unanimously.

10A-3 **Staff Recommends a MOTION TO APPROVE:**

Legal Pre-Suit Settlement - Legal Representation in the Lakeside Construction Matter.

Ms. Shahriari stated that this agenda item presents a proposed settlement agreement and release related to Legal representation in the Lakeside Construction matter. After much negotiation and consideration of the facts, the District proposes a gross amount of \$25,000 payable by check to the Health Care District of Palm Beach County, to address fees charged for mediation preparation as well as fees charged for transitioning the file to new counsel. Staff recommends the Board approve the Legal Pre-Suit settlement agreement and release.

CONCLUSION/ACTION: Commissioner O'Bannon made a motion to approve the Legal Pre-Suit settlement agreement and release as presented. The motion was duly seconded by Commissioner Banner. There being no objection, the motion passed unanimously.

11. **CEO Comments**

12. **HCD Board Member Comments**

13. **Establishment of Upcoming Board Meetings**

March 10, 2020

- 2:00PM, Health Care District Board Meeting

March 11, 2020

- 9:00AM, Health Care District Strategic Planning

June 9, 2020

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

(1st) September Meeting (Date TBD)

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

(2nd) September Meeting (Date TBD)

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

December 8, 2020

- 2:00PM, Health Care District Board Meeting

14. Motion to Adjourn

There being no further business, the meeting was adjourned.

Sean O'Bannon, Secretary

Date

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

**Attendance Tracking
2019 Board Meetings**

	1/29/19	3/26/19	5/28/19	7/30/19	9/10/19	9/24/19	12/10/19
Brian Lohmann	X	X	X	X		X	N/A
Nancy Banner	X	X	X	X	X	X	X
Alina Alonso	X	X	X	X	X	X	X
Leslie Daniels		X	X	X	X	X	X
Sean O'Bannon	X	X	X	X	X	X	X
Cory Neering	X		X	X	X		X
Ed Sabin	X	X	X	X	X	X	X
Tammy Jackson-Moore	N/A	N/A	N/A	N/A	N/A	N/A	X

HEALTH CARE DISTRICT BOARD

March 11, 2020

1. Description: Health Care District Financial Statements

2. Summary:

The YTD December 2019 financial statements for the Health Care District are presented for Board review.

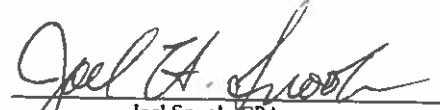
3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


Joel Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

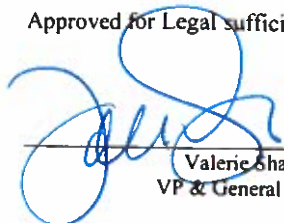
Finance and Audit Committee
Committee Name

3/10/20
Date

6. Recommendation:

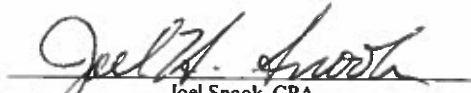
Staff recommends the Board receive and file the YTD December 2019 Health Care District financial statements.

Approved for Legal sufficiency:


Valerie Shahriari
VP & General Counsel

HEALTH CARE DISTRICT BOARD

March 11, 2020


Joel Snook, CPA
VP & Chief Financial Officer


Darcy J. Davis
Chief Executive Officer



Health Care District of Palm Beach County

FINANCIAL STATEMENT

December 2020



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Management Discussion and Analysis

Combined Financial Statements

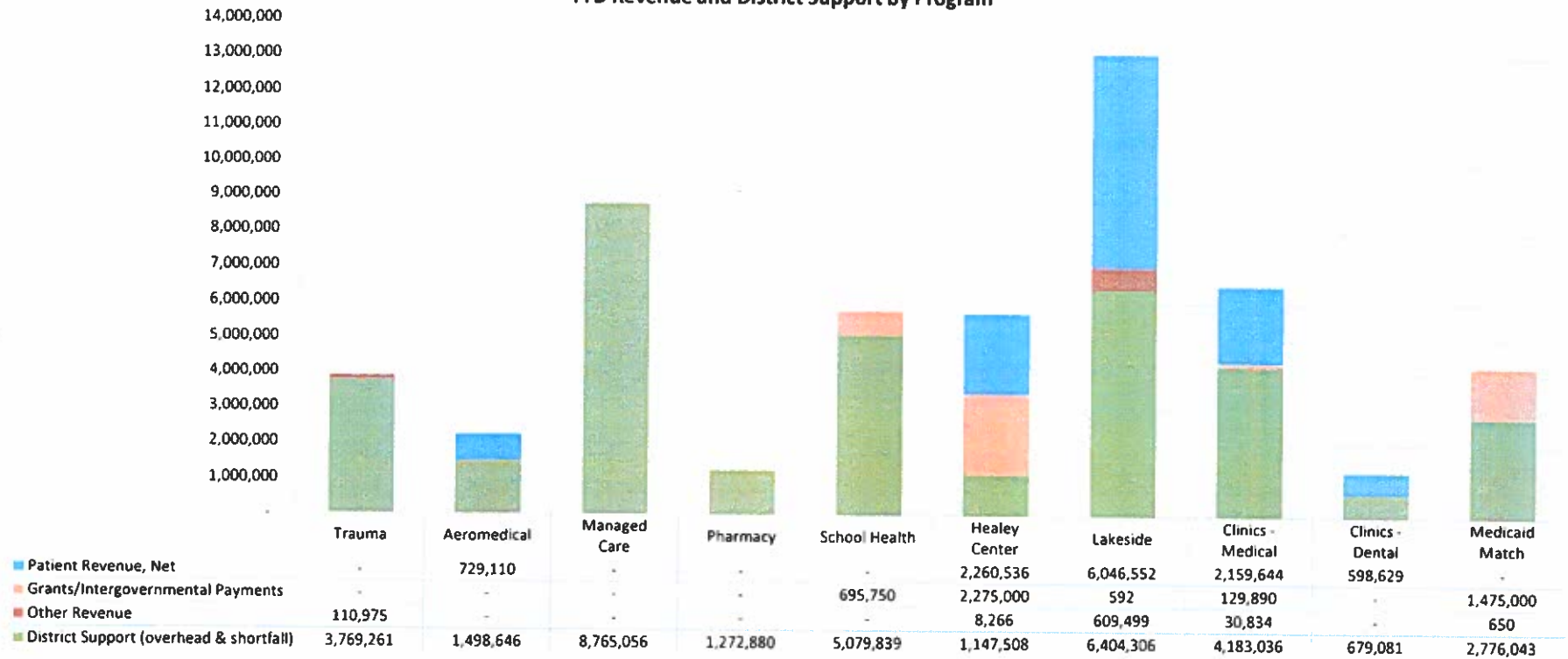
Revenues and Expenditures – Combined All Funds (Functional).....	1
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Combined Statement of Net Position.....	3 - 4

Supplemental Information

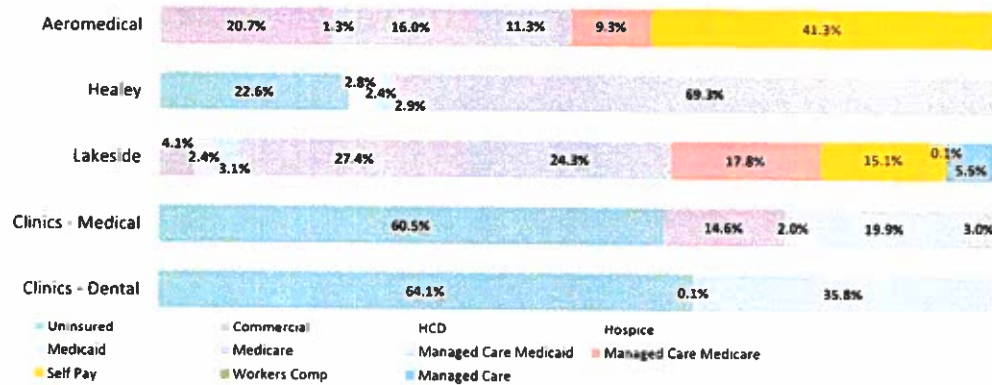
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Program Dashboard - YTD December 2019

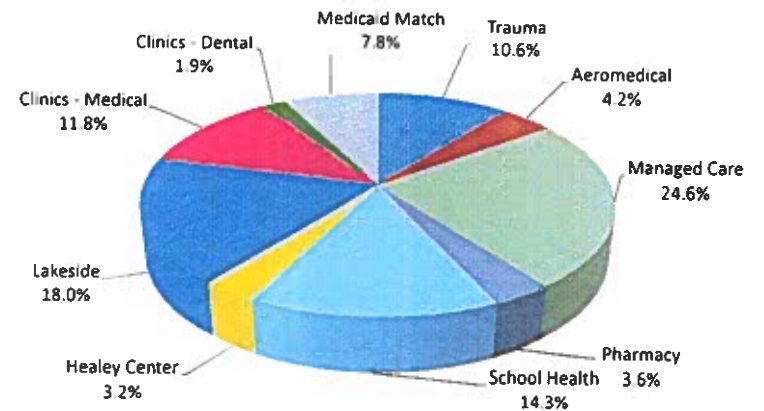
YTD Revenue and District Support by Program



YTD Payor Mix by Volume

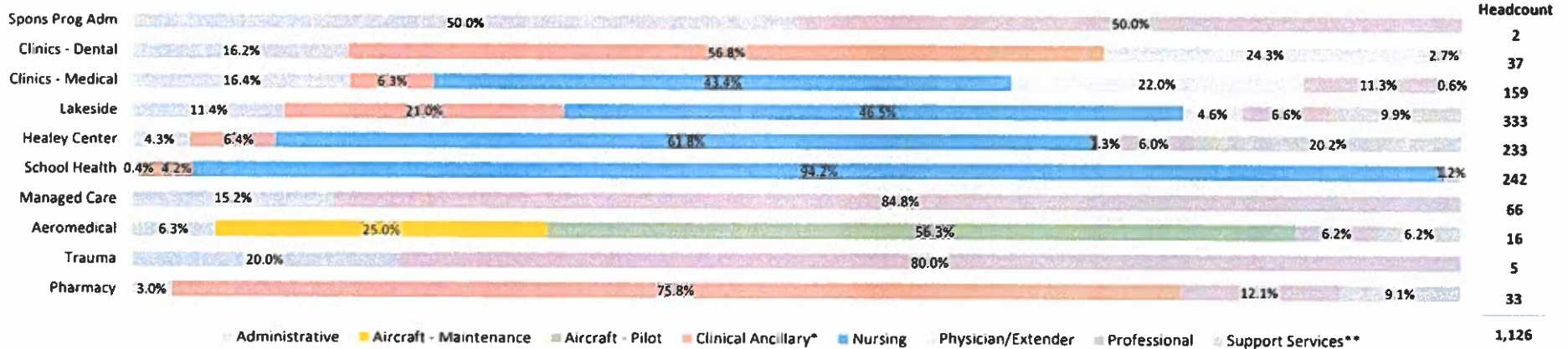


District Support (overhead and shortfall)



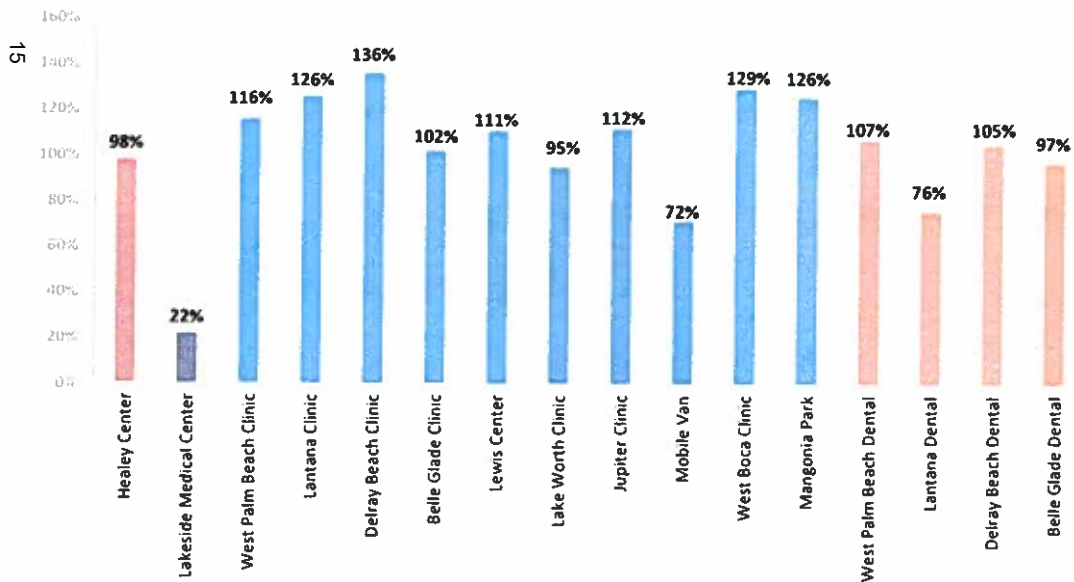
Program Dashboard - YTD December 2019

Workforce



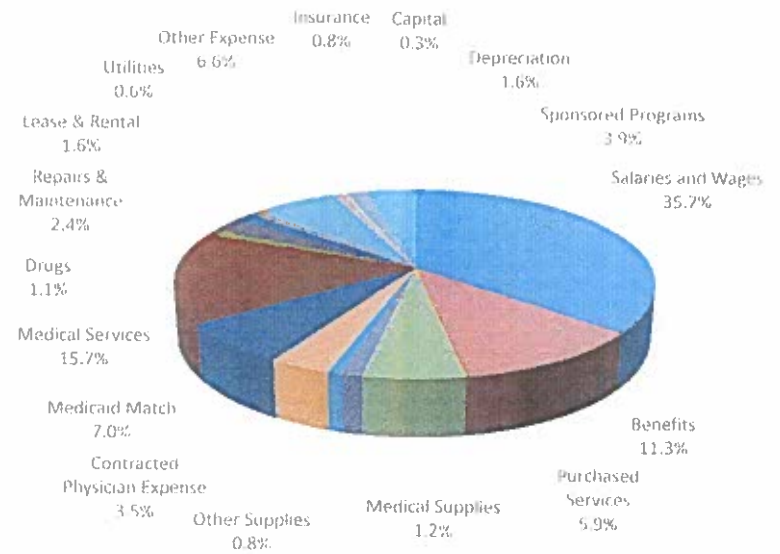
* Clinical Ancillary is comprised of employees in pharmacy, lab, radiology, ultrasound, respiratory, physical therapy, social services, activities, and dental hygienists/assistants
 ** Support Services is comprised of employees in housekeeping, dietary, laundry, purchasing, and warehouse/delivery

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

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	%
Revenues:													
\$ 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%
3,848,689	4,156,128	(307,439)	(7.4%)	4,618,821	(770,132)	(16.7%)	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%	4,445,750	4,445,750	-	0.0%	4,445,750	0	0.0%
28,826	57,154	(28,328)	(49.6%)	720,011	(691,185)	(96.0%)	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%	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%)	(10,726)	-	(10,726)	0.0%	746,971	(757,697)	(101.4%)
<u>1,874,069</u>	<u>1,258,331</u>	<u>615,738</u>	<u>48.9%</u>	<u>1,248,378</u>	<u>625,691</u>	<u>50.1%</u>	<u>2,254,094</u>	<u>1,872,702</u>	<u>381,391</u>	<u>20.4%</u>	<u>1,745,732</u>	<u>508,361</u>	<u>29.1%</u>
\$ 109,281,033	\$ 96,931,492	\$ 12,349,540	12.7%	\$ 92,128,393	\$ 17,152,640	18.6%	\$ 134,441,650	\$ 133,147,534	\$ 1,294,116	1.0%	\$ 126,465,524	\$ 7,976,126	6.3%
Expenditures:													
7,383,151	6,997,341	(385,810)	(5.5%)	6,641,819	(741,333)	(11.2%)	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%)	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%)	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%)	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%	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%	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%	1,441,591	24,360	1.7%	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%	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%)	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%	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%	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%)	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%)	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%)	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%	2,353,450	2,509,487	156,036	6.2%	2,116,782	(236,668)	(11.2%)
21,255,709	21,844,618	588,908	2.7%	20,184,322	(1,071,387)	(5.3%)	59,666,646	62,642,819	2,976,174	4.8%	57,788,131	(1,878,514)	(3.3%)
Net Performance before Depreciation & Overhead Allocations													
\$ 88,025,323	\$ 75,086,875	\$ 12,938,449	17.2%	\$ 71,944,071	\$ 16,081,252	22.4%	\$ 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%	330,134	(7,554)	(2.3%)	993,576	1,135,588	142,011	12.5%	1,034,402	40,825	3.9%
<u>21,593,398</u>	<u>22,223,147</u>	<u>629,749</u>	<u>2.8%</u>	<u>20,514,456</u>	<u>(1,078,942)</u>	<u>(5.3%)</u>	<u>60,660,222</u>	<u>63,778,407</u>	<u>3,118,185</u>	<u>4.9%</u>	<u>58,822,533</u>	<u>(1,837,689)</u>	<u>(3.1%)</u>
\$ 87,687,635	\$ 74,708,345	\$ 12,979,290	17.4%	\$ 71,613,937	\$ 16,073,698	22.4%	\$ 73,781,428	\$ 69,369,127	\$ 4,412,301	6.4%	\$ 67,642,991	\$ 6,138,437	9.1%
(41,313)	1,378,821	1,420,134	103.0%	856,336	897,649	104.8%	179,833	4,136,462	3,956,629	95.7%	857,030	677,197	79.0%
\$ 87,728,948	\$ 73,329,525	\$ 14,399,423	19.6%	\$ 70,757,601	\$ 16,971,347	24.0%	\$ 73,601,596	\$ 65,232,665	\$ 8,368,931	12.8%	\$ 66,785,961	\$ 6,815,635	10.2%

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
Revenues:							
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
Total Revenues	\$ 118,813,336	\$ 4,543,802	\$ 6,656,643	\$ 2,918,997	\$ 1,475,650	\$ 33,223	\$ 134,441,650
Expenditures:							
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
Total Operational Expenditures	32,714,066	4,932,424	11,065,505	6,702,958	4,251,693	-	59,666,646
Net Performance before Depreciation & Overhead Allocations	\$ 86,099,270	\$ (388,622)	\$ (4,408,863)	\$ (3,783,960)	\$ (2,776,043)	\$ 33,223	\$ 74,775,005
Budget	\$ 81,210,417	\$ (230,108)	\$ (3,994,130)	\$ (3,792,826)	\$ (2,775,746)	\$ 87,107	\$ 70,504,715
Prior Year: Net Performance before Depreciation & Overhead Allocations	\$ 77,943,660	\$ 277,525	\$ (4,516,130)	\$ (1,458,434)	\$ (2,848,066)	\$ (730,510)	\$ 68,672,281

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
Assets								
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
Total Assets	\$ 238,861,850	\$ 252,009,655	\$ 609,042	\$ 609,042	\$ 19,747,161	\$ 19,753,677	\$ 259,218,053	\$ 272,372,374
Liabilities								
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
Total Liabilities	37,937,913	139,262,111	-	-	10,362	-	37,948,274	139,262,111
Fund Balances								
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
Total Liabilities and Fund Balances	\$ 238,861,850	\$ 252,009,655	\$ 609,042	\$ 609,042	\$ 19,747,160	\$ 19,753,677	\$ 259,218,052	\$ 272,372,373

^ 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
Assets										
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 Due From Other Funds	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 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
Total Assets	\$ 22,851,686	\$ 22,539,586	\$ 2,967,283	\$ 2,968,755	\$ 46,087,692	\$ 45,826,787	\$ 5,354,973	\$ 5,209,566	\$ 77,261,634	\$ 76,544,694
Deferred Outflows of Resources										
Deferred Outflows Related to Pensions	\$ 89,927	\$ 89,927	\$ -	\$ -	\$ 1,707	\$ 1,707	\$ 426	\$ 426	\$ 92,060	\$ 92,060
Liabilities										
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
Total Liabilities	\$ 2,973,656	\$ 2,514,987	\$ 4,993	\$ -	\$ 7,785,658	\$ 7,368,264	\$ 3,168,460	\$ 2,902,010	\$ 13,932,768	\$ 12,785,261
Deferred Inflows of Resources										
Deferred Inflows	\$ 126,165	\$ 126,165	\$ -	\$ -	\$ 2,090	\$ 2,090	\$ 543	\$ 543	\$ 128,798	\$ 128,798
Net Position										
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
Total Net Position	19,841,791	19,988,361	2,962,289	2,968,755	38,299,944	38,456,433	2,185,971	2,307,014	63,292,128	63,722,696
Total Net Position	\$ 22,815,447	\$ 22,503,348	\$ 2,967,282	\$ 2,968,755	\$ 46,085,602.23	\$ 45,824,697	\$ 5,354,431	\$ 5,209,023	\$ 77,353,694	\$ 76,636,754

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%)	356,622	(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%)	(10,726)	-	(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%)
\$ 103,675,078	\$ 91,663,197	\$ 12,011,881	13.1%	\$ 85,777,900	\$ 17,897,179	20.9%	\$ 118,813,336	\$ 117,309,501	\$ 1,503,835	1.3%	\$ 109,526,593	\$ 9,286,743	8.5%
Expenditures:													
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	(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%
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%	11,259,166	(916,168)	(8.1%)	32,714,066	36,099,084	3,385,019	9.4%	31,582,933	(1,131,133)	(3.6%)
Net Performance before Overhead													
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%)
11,079,076	11,977,468	898,392	7.5%	10,365,273	(713,803)	(6.9%)	29,875,156	32,815,189	2,940,032	9.0%	28,987,973	(887,183)	(3.1%)
\$ 92,596,003	\$ 79,685,729	\$ 12,910,274	16.2%	\$ 75,412,627	\$ 17,183,376	22.8%	\$ 88,938,180	\$ 84,494,313	\$ 4,443,867	5.3%	\$ 80,538,619	\$ 8,399,560	10.4%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ (4,419,609)	\$ (4,601,297)	\$ 181,688	(3.9%)	\$ (3,491,091)	\$ 928,518	(26.6%)	\$ (14,403,671)	\$ (13,803,892)	\$ (599,779)	4.3%	\$ (11,153,416)	\$ 3,250,256	(29.1%)

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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%)	Other Revenue	\$ 110,975	\$ 313,680	\$ (202,705)	(64.6%)	\$ 305,278	\$ (194,303)	(63.6%)	
41,401	104,560	(63,159)	(60.4%)	155,222	(113,821)	(73.3%)	Total Revenue	110,975	313,680	(202,705)	(64.6%)	305,278	(194,303)	(63.6%)	
<i>Direct Operational Expenses:</i>															
38,005	37,115	(890)	(2.4%)	39,859	1,853	4.6%	Salaries and Wages	113,485	111,346	(2,139)	(1.9%)	123,421	9,937	8.1%	
12,249	12,170	(80)	(0.7%)	11,694	(555)	(4.7%)	Benefits	36,235	36,508	273	0.7%	38,138	1,903	5.0%	
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	
1,149,555	1,535,118	385,563	25.1%	1,164,575	15,020	1.3%	Medical Services	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%)	Other Supplies	211	125	(86)	(69.1%)	99	(112)	(113.4%)	
29,167	29,167	0	0.0%	29,167	-	0.0%	Contracted Physician Expense	87,500	87,500	0	0.0%	87,500	-	0.0%	
792	2,500	1,708	68.3%	792	-	0.0%	Repairs & Maintenance	2,375	7,500	5,125	68.3%	2,375	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
801	751	(50)	(6.6%)	428	(373)	(87.2%)	Other Expense	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%)	Insurance	245,177	302,235	57,058	18.9%	246,247	1,070	0.4%	
1,313,782	1,717,607	403,825	23.5%	1,327,181	13,399	1.0%	Total Operational Expenses	3,852,992	5,152,821	1,299,830	25.2%	3,995,742	142,750	3.6%	
Net Performance before Overhead															
(1,272,381)	(1,613,047)	340,666	(21.1%)	(1,171,959)	(100,422)	8.6%	Allocations	(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%	228	180	78.8%	Risk Mgt	138	164	26	15.7%	931	793	85.1%	
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%	
132	134	2	1.3%	142	10	6.8%	Internal Audit	430	401	(29)	(7.1%)	425	(5)	(1.2%)	
3,494	3,578	84	2.3%	2,696	(798)	(29.6%)	Home Office Facilities	9,718	10,733	1,014	9.4%	8,258	(1,461)	(17.7%)	
901	888	(13)	(1.5%)	585	(315)	(53.9%)	Administration	2,515	2,663	148	5.6%	1,999	(516)	(25.8%)	
1,375	830	(544)	(65.6%)	865	(509)	(58.8%)	Human Resources	2,879	2,491	(388)	(15.6%)	2,547	(331)	(13.0%)	
474	450	(24)	(5.4%)	224	(251)	(111.9%)	Legal	1,137	1,351	214	15.8%	732	(405)	(55.3%)	
187	204	18	8.6%	168	(19)	(11.2%)	Records	506	613	107	17.4%	527	21	3.9%	
277	280	3	1.1%	100	(177)	(177.7%)	Compliance	521	840	319	38.0%	459	(62)	(13.6%)	
-	-	-	0.0%	33	33	100.0%	Planning/Research	-	-	-	0.0%	106	106	100.0%	
690	761	71	9.3%	626	(64)	(10.2%)	Finance	2,180	2,282	102	4.5%	2,202	22	1.0%	
268	276	8	3.0%	231	(37)	(16.1%)	Public Relations	876	827	(48)	(5.8%)	586	(290)	(49.5%)	
2,300	2,658	357	13.4%	2,693	392	14.6%	Information Technology	5,765	7,973	2,208	27.7%	6,833	1,067	15.6%	
164	121	(43)	(35.1%)	-	(164)	0.0%	Project MGMT Office	406	364	(42)	(11.5%)	-	(406)	0.0%	
70	35	(35)	(98.7%)	60	(10)	(17.4%)	Corporate Quality	173	105	(67)	(63.7%)	274	101	37.0%	
10,379	10,270	(110)	(1.1%)	8,650	(1,729)	(20.0%)	Total Overhead Allocations	27,244	30,809	3,564	11.6%	25,878	(1,366)	(5.3%)	
1,324,161	1,727,877	403,716	23.4%	1,335,831	11,670	0.9%	Total Expenses	3,880,236	5,183,630	1,303,394	25.1%	4,021,620	141,384	3.5%	
\$ (1,282,760)	\$ (1,623,317)	\$ 340,557	(21.0%)	\$ (1,180,609)	\$ (102,151)	8.7%	Net Margin	\$ (3,769,261)	\$ (4,869,950)	\$ 1,100,689	(22.6%)	\$ (3,716,342)	\$ (52,919)	(1.4%)	

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	6.8%	\$ 1,140,291	\$ 74,249	6.5%	\$ 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%)	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%)	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%	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%)	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%)	729,110	750,265	(21,155)	(2.8%)	667,390	61,720	9.2%
12.83%	21.86%			31.27%			20.29%	21.86%		22.69%			
-	-	-	0.0%	16	(16)	(100.0%)	-	-	-	0.0%	16	(16)	(100.0%)
155,863	248,554	(92,691)	(37.3%)	356,638	(200,774)	(56.3%)	729,110	750,265	(21,155)	(2.8%)	667,405	61,705	9.2%
Direct Operational Expenses:													
182,268	170,330	(11,938)	(7.0%)	148,053	(34,215)	(23.1%)	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%)	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%)	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%)	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%	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%)	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%	14,092	14,750	658	4.5%	14,589	497	3.4%
5,090	5,100	10	0.2%	5,090	-	0.0%	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%)	66,252	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%	42,100	30,589	(11,511)	(37.6%)	13,418	(28,681)	(213.7%)
703,728	615,448	(88,280)	(14.3%)	542,184	(161,545)	(29.8%)	1,958,542	1,969,760	11,218	0.6%	1,739,398	(219,145)	(12.6%)
Net Performance before Overhead													
(547,865)	(366,894)	(180,971)	49.3%	(185,546)	(362,319)	195.3%	(1,229,432)	(1,219,495)	(9,937)	0.8%	(1,071,992)	(157,440)	14.7%
Overhead Allocations:													
589	667	78	11.8%	2,362	1,774	75.1%	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%	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%)	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%)	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%)	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%)	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%)	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%)	6,349	10,241	3,892	38.0%	4,749	(1,600)	(33.7%)
-	-	-	0.0%	346	346	100.0%	-	-	-	0.0%	1,097	1,097	100.0%
8,403	9,269	866	9.3%	6,483	(1,920)	(29.6%)	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%)	10,671	10,083	(588)	(5.8%)	6,067	(4,603)	(75.9%)
28,030	32,386	4,356	13.4%	27,883	(147)	(0.5%)	70,251	97,158	26,908	27.7%	70,756	505	0.7%
1,999	1,479	(519)	(35.1%)	-	(1,999)	0.0%	4,948	4,438	(510)	(11.5%)	-	(4,948)	0.0%
851	428	(423)	(98.7%)	616	(235)	(38.2%)	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%	269,214	330,838	61,625	18.6%	271,926	2,713	1.0%
801,659	725,728	(75,931)	(10.5%)	640,938	(160,721)	(25.1%)	2,227,756	2,300,599	72,843	3.2%	2,011,324	(216,432)	(10.8%)
\$ (645,795)	\$ (477,174)	\$ (168,622)	35.3%	\$ (284,300)	\$ (361,495)	127.2%	\$ (1,498,646)	\$ (1,550,334)	\$ 51,688	(3.3%)	\$ (1,343,919)	\$ (154,727)	(11.5%)

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%	Total Revenue	-	-	-	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%	
2,582,520	2,922,697	340,176	11.6%	2,704,416	121,896	4.5%	Total Operational Expenses	8,415,978	8,775,291	359,313	4.1%	8,786,416	370,438	4.2%	
Net Performance before Overhead															
(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)	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%	
134,682	132,377	(2,305)	(1.7%)	100,730	(33,952)	(33.7%)	Total Overhead Allocations	349,078	397,130	48,052	12.1%	300,144	(48,934)	(16.3%)	
2,717,202	3,055,073	337,871	11.1%	2,805,146	87,944	3.1%	Total Expenses	8,765,056	9,172,421	407,365	4.4%	9,086,560	321,504	3.5%	
\$ (2,717,202)	\$ (3,055,073)	\$ 337,871	(11.1%)	\$ (2,805,146)	\$ 87,944	(3.1%)	Net Margin	\$ (8,765,056)	\$ (9,172,421)	\$ 407,365	(4.4%)	\$ (9,086,560)	\$ 321,504	(3.5%)	

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%	\$ 11,753	\$ (11,753)	(100.0%)	\$ -	-	\$ -	0.0%	\$ 24,391	\$ (24,391)	(100.0%)
-	-	-	0.0%	11,753	(11,753)	(100.0%)	-	-	-	0.0%	24,391	(24,391)	(100.0%)
Total Revenues							Total Revenues						
<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	901	(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%)
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%
Total Operational Expenses							Total Operational Expenses						
Net Performance before Overhead							Net Performance before Overhead						
(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%)
Allocations							Allocations						
<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%	38,812	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%
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%
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%
Total Overhead Allocations							Total Overhead Allocations						
Total Expenses							Total Expenses						
\$ (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%)
Net Margin							Net Margin						

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%	
231,917	231,917	-	0.0%	231,917	-	0.0%	Total Revenue	695,750	695,750	-	0.0%	695,750	0	0.0%	
<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%	
1,740,353	1,680,508	(59,845)	(3.6%)	1,769,296	28,943	1.6%	Total Operational Expenses	5,172,857	5,041,524	(131,332)	(2.6%)	5,376,556	203,699	3.8%	
Net Performance before Overhead															
(1,508,436)	(1,448,591)	(59,845)	4.1%	(1,537,379)	28,943	(1.9%)	Allocations	(4,477,107)	(4,345,774)	(131,332)	3.0%	(4,680,806)	203,699	(4.4%)	
<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%	
240,368	225,061	(15,307)	(6.8%)	174,858	(65,511)	(37.5%)	Total Overhead Allocations	602,732	675,184	72,452	10.7%	517,913	(84,819)	(16.4%)	
1,980,721	1,905,569	(75,152)	(3.9%)	1,944,154	(36,567)	(1.9%)	Total Expenses	5,775,589	5,716,708	(58,881)	(1.0%)	5,894,468	118,880	2.0%	
\$ (1,748,804)	\$ (1,673,653)	\$ (75,152)	4.5%	\$ (1,712,237)	\$ (36,567)	2.1%	Net Margin	\$ (5,079,839)	\$ (5,020,958)	\$ (58,881)	1.2%	\$ (5,198,718)	\$ 118,880	(2.3%)	

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%
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%)
<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%
26,672	20,194	(6,478)	(24.3%)	17,836	(8,836)	(49.5%)	65,903	60,580	(5,323)	(8.1%)	56,745	(9,158)	(16.1%)
\$ 672,827	\$ 856,690	\$ 183,862	21.5%	\$ 723,430	\$ 50,602	7.0%	\$ 2,419,353	\$ 2,570,067	\$ 150,713	5.9%	\$ 2,173,527	\$ (245,827)	(11.3%)

General Fund Statement of Revenues and Expenditures by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Revenues:													
Ad Valorem Taxes	\$ -	\$ 13,264,588	\$ 101,722,924	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 114,987,512
Premiums													
Patient Revenue, Net	313,507	259,739	155,863										729,110
Intergovernmental Revenue	231,917	231,917	231,917										695,750
Grants													
Interest Earnings	257,013	236,715	300,360										794,088
Unrealized Gain/(Loss)-Investments	139,376	(142,804)	(7,299)										(10,726)
Other Revenue	141,185	205,104	1,271,313										1,617,601
Total Revenues	\$ 1,082,998	\$ 14,055,259	\$ 103,675,078	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 118,813,336
Expenditures:													
Salaries and Wages	3,372,547	2,914,541	3,158,229										9,445,317
Benefits	1,070,529	1,059,381	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	3,323,505	3,110,005	2,914,343										9,347,853
Drugs	7,007	10,012	31,957										43,976
Repairs & Maintenance	306,338	293,185	300,855										900,378
Lease & Rental	157,400	129,071	153,388										439,858
Utilities	8,133	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
Total Operational Expenditures	10,622,571	9,916,160	12,175,334	-	-	-	-	-	-	-	-	-	32,714,066
Net Performance before Overhead Allocations	\$ (9,539,573)	\$ 4,139,099	\$ 91,499,745	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 86,099,270
Overhead Allocations	(827,438)	(915,214)	(1,096,258)										(2,838,910)
Total Expenses	9,795,133	9,000,947	11,079,076	-	-	-	-	-	-	-	-	-	29,875,156
Net Margin	\$ (8,712,135)	\$ 5,054,312	\$ 92,596,003	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 88,938,180
Capital													
General Fund Support/ Transfer In (Out)	\$ (5,470,228)	\$ (4,513,834)	\$ (4,419,609)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (14,403,671)

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
Aeromedical																
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%
Trauma																
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)		
School Health																
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		
Managed Care																
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													
Pharmacy																
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%)	-



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%)	332,510	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 Interlocal	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	10,627	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%)	
2,006,141	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
Gross Patient Revenue	\$ 1,243,897	\$ 1,201,112	\$ 1,236,964	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,681,973
Contractual Allowances	145,933	132,337	136,361	-	-	-	-	-	-	-	-	-	414,631
Charity Care	298,126	288,250	323,807	-	-	-	-	-	-	-	-	-	910,182
Bad Debt	45,674	35,500	15,450	-	-	-	-	-	-	-	-	-	96,624
Total Contractuals and Bad Debt	489,733	456,087	475,617	-	-	-	-	-	-	-	-	-	1,421,437
Net Patient Revenue	754,164	745,025	761,347	-	-	-	-	-	-	-	-	-	2,260,536
Collections %	60.63%												61.39%
PBC Interlocal	758,333	758,333	758,333	-	-	-	-	-	-	-	-	-	2,275,000
Other revenue	2,208	2,655	3,403	-	-	-	-	-	-	-	-	-	8,266
Total Other Revenues	760,541	760,988	761,736	-	-	-	-	-	-	-	-	-	2,283,266
Total Revenues	1,514,705	1,506,014	1,523,084	-	-	-	-	-	-	-	-	-	4,543,802
<i>Direct Operational Expenses</i>													
Salaries and Wages	1,014,224	943,318	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	39,049	33,989	-	-	-	-	-	-	-	-	-	113,984
Other Supplies	66,357	63,656	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	7,306	11,365	14,358	-	-	-	-	-	-	-	-	-	33,029
Insurance	6,849	6,849	6,849	-	-	-	-	-	-	-	-	-	20,546
Total Operational Expenses	1,642,857	1,574,805	1,714,762	-	-	-	-	-	-	-	-	-	4,932,424
Net Performance before Depreciation & Overhead Allocations	(128,152)	(68,792)	(191,679)	-	-	-	-	-	-	-	-	-	(388,622)
Depreciation	54,478	59,431	56,920	-	-	-	-	-	-	-	-	-	170,829
<i>Overhead Allocations:</i>													
Risk Mgt	1,232	1,585	1,510	-	-	-	-	-	-	-	-	-	4,327
Rev Cycle	-	-	-	-	-	-	-	-	-	-	-	-	-
Internal Audit	4,007	5,299	4,124	-	-	-	-	-	-	-	-	-	13,431
Administration	21,588	28,828	28,148	-	-	-	-	-	-	-	-	-	78,564
Human Resources	32,732	35,422	62,280	-	-	-	-	-	-	-	-	-	130,435
Legal	8,581	12,129	14,825	-	-	-	-	-	-	-	-	-	35,534
Records	4,944	5,037	5,833	-	-	-	-	-	-	-	-	-	15,815
Compliance	2,961	4,665	8,653	-	-	-	-	-	-	-	-	-	16,279
Finance	20,542	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	3,248	4,314	5,125	-	-	-	-	-	-	-	-	-	12,686
Managed Care Contract	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	169,528	184,070	234,458	-	-	-	-	-	-	-	-	-	588,057
Total Expenses	1,866,863	1,818,306	2,006,141	-	-	-	-	-	-	-	-	-	5,691,310
Net Margin	(352,158)	(312,293)	(483,057)	-	-	-	-	-	-	-	-	-	(1,147,508)
General Fund Support/ Transfer In	\$ 297,680	\$ 342,512	\$ 336,487	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 976,679

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%
Days By Payor Source:														
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
Total Resident Days	3,678	3,528	3,666	-	-	-	-	-	-	-	-	-	10,872	10,932



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	%	
\$ 4,023,430	\$ 3,991,645	\$ 31,785	0.8%	\$ 4,395,962	\$ (372,531)	(8.5%)	Inpatient Revenue	\$ 12,210,677	\$ 11,343,246	\$ 867,431	7.6%	\$ 12,366,207	\$ (155,530)	(1.3%)	
8,576,882	7,081,968	1,494,914	21.1%	6,542,374	2,034,508	31.1%	Outpatient Revenue	23,498,697	22,038,190	1,460,507	6.6%	20,666,665	2,832,032	13.7%	
			0.0%			0.0%	Physician Clinic				0.0%	1,126	(1,126)	(100.0%)	
12,600,312	11,073,613	1,526,699	13.8%	10,938,336	1,661,976	15.2%	Gross Patient Revenue	35,709,374	33,381,436	2,327,938	7.0%	33,033,998	2,675,377	8.1%	
8,406,286	7,507,074	(899,212)	(12.0%)	6,886,241	(1,520,044)	(22.1%)	Contractual Allowances	23,293,165	22,630,096	(663,069)	(2.9%)	22,558,123	(735,042)	(3.3%)	
(11,594)	285,868	297,462	104.1%	418,757	430,351	102.8%	Charity Care	796,620	861,749	65,129	7.6%	899,069	102,449	11.4%	
2,342,478	1,130,006	(1,212,472)	(107.3%)	1,124,976	(1,217,502)	(108.2%)	Bad Debt	5,938,208	3,406,406	(2,531,802)	(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	\$ 30,027,994	\$ 26,898,251	\$ (3,129,743)	(11.6%)	\$ 26,550,147	\$ (3,477,846)	(13.1%)	
121,724	130,283	(8,559)	(6.6%)	130,284	(8,560)	(7.7%)	Other Patient Revenue	365,172	390,849	(25,678)	(6.6%)	390,851	(25,679)	(6.6%)	
1,984,866	2,280,948	(296,082)	(13.0%)	2,638,646	(653,779)	(24.8%)	Net Patient Revenue	6,046,552	6,874,034	(827,482)	(12.0%)	6,874,701	(828,149)	(12.0%)	
15.75%	20.60%			24.12%			Collection %	16.93%	20.59%			20.81%			
592		592	0.0%	18,224	(17,633)	(96.8%)	Grant Funds	592		592	0.0%	72,897	(72,306)	(99.2%)	
601,266	18,704	582,562	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%	34,359	567,499	1,651.7%	Total Other Revenues	610,091	56,112	553,979	987.3%	104,190	505,901	485.6%	
2,586,724	2,299,652	287,072	12.5%	2,673,004	(86,280)	(3.2%)	Total Revenues	6,656,643	6,930,146	(273,503)	(3.9%)	6,978,891	(322,248)	(4.6%)	
<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%)	395,002	(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%	323,031	104,208	32.3%	Purchased Services	635,330	810,684	175,354	21.6%	841,494	206,164	24.5%	
188,390	105,996	(82,394)	(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	93,700	16,366	17.5%	121,939	44,604	36.6%	Other Supplies	191,200	281,100	89,900	32.0%	221,170	29,969	13.6%	
692,536	604,861	(87,675)	(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	376,888	464,643	87,755	18.9%	447,153	70,265	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	40,942	21.6%	
77,188	73,237	(3,961)	(5.4%)	72,238	(4,950)	(6.9%)	Utilities	221,450	233,431	11,981	5.1%	208,626	(12,824)	(6.1%)	
83,998	74,968	(9,030)	(12.0%)	68,441	(15,557)	(22.7%)	Other Expense	213,745	224,904	11,159	5.0%	180,000	(33,745)	(18.7%)	
14,839	14,646	(193)	(1.3%)	11,496	(3,343)	(29.1%)	Insurance	41,304	43,938	2,634	6.0%	29,794	(11,509)	(38.6%)	
3,750,736	3,566,255	(184,481)	(5.2%)	4,145,700	390,963	9.5%	Total Operational Expenses	11,065,505	10,924,276	(141,229)	(1.3%)	11,495,021	429,516	3.7%	
Net Performance before Depreciation & Overhead Allocations															
(1,164,012)	(1,266,603)	102,591	(8.1%)	(1,472,695)	308,683	(21.0%)		(4,408,863)	(3,994,130)	(414,733)	10.4%	(4,516,130)	107,268	(2.4%)	

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	%
254,477	300,400	45,923	15.3%	270,170	15,693	5.8%	772,932	901,200	128,268	14.2%	833,954	61,022	7.3%
							<i>Overhead Allocations:</i>						
1,370	3,819	449	11.8%	14,116	10,746	76.1%	9,658	11,458	1,800	15.7%	57,620	47,962	83.2%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
9,206	9,327	121	1.3%	8,764	(442)	(5.0%)	29,979	27,981	(1,998)	(7.1%)	26,293	(3,686)	(14.0%)
62,830	61,906	(924)	(1.5%)	36,228	(26,601)	(73.4%)	175,365	185,717	10,351	5.6%	123,699	(51,667)	(41.8%)
80,767	48,784	(31,983)	(65.6%)	41,667	(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	94,275	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%)
19,315	19,537	221	1.1%	6,171	(13,144)	(213.0%)	36,336	58,610	22,274	38.0%	28,378	(7,958)	(28.0%)
-	-	-	0.0%	2,069	2,069	100.0%	-	-	-	0.0%	6,556	6,556	100.0%
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	185,352	24,929	13.4%	166,609	6,187	3.7%	402,057	556,055	153,998	27.7%	422,784	20,727	4.9%
4,872	2,452	(2,420)	(98.7%)	3,681	(1,191)	(32.3%)	12,042	7,355	(4,687)	(63.7%)	16,947	4,906	28.9%
11,440	8,467	(2,973)	(35.1%)	-	(11,440)	0.0%	28,318	25,401	(2,917)	(11.5%)	-	(28,318)	0.0%
9,317	12,398	3,081	24.9%	10,022	705	7.0%	31,884	37,194	5,310	14.3%	34,559	2,676	7.7%
474,411	469,977	(4,434)	(0.9%)	366,576	(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

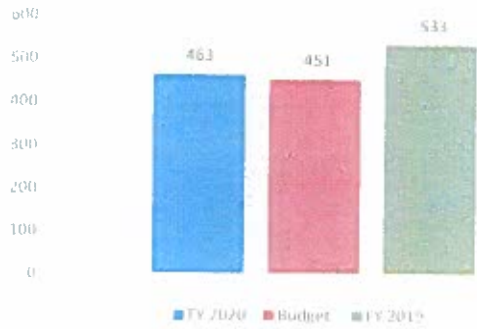
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Inpatient Revenue	\$ 3,666,223	\$ 4,521,024	\$ 4,023,430										\$ 12,210,677
Outpatient Revenue	7,425,414	7,496,401	8,576,882										23,498,697
Physician Clinic													
Gross Patient Revenue	11,091,637	12,017,425	12,600,312										35,709,374
Contractual Allowances	7,111,852	7,775,027	8,406,286										23,293,165
Charity Care	563,275	244,939	(11,594)										796,620
Bad Debt	1,824,655	1,771,075	2,347,478										5,938,208
Physician Contractuals													
Total Contractuals and Bad Debt	\$ 9,499,782	\$ 9,791,042	\$ 10,737,170										\$ 30,027,994
Other Patient Revenue		243,448	121,723.83										365,172
Net Patient Revenue	1,591,855	2,469,831	1,984,866										6,046,552
Collection %	14.35%	20.55%	15.75%										16.93%
Grant Funds			592										592
Other Revenue	1,130	7,104	601,266										609,499
Total Other Revenues	1,130	7,104	601,858										610,091
Total Revenues	1,592,984	2,476,935	2,586,724										6,656,643
<i>Direct Operational Expenses</i>													
Salaries and Wages	1,710,020	1,535,662	1,741,059										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	188,390										482,860
Other Supplies	59,099	54,767	77,334										191,200
Contracted Physician Expense	723,005	644,565	692,536										2,060,106
Drugs	80,746	156,378	60,365										297,490
Repairs & Maintenance	148,468	146,859	81,561										376,888
Lease & Rental	55,177	42,284	51,293										148,754
Utilities	81,317	62,945	77,188										221,450
Other Expense	63,299	66,448	83,998										213,745
Insurance	14,839	11,625	14,839										41,304
Total Operational Expenses	3,755,243	3,559,526	3,750,736										11,065,505
Net Performance before Depreciation & Overhead Allocations	(2,162,259)	(1,082,591)	(1,164,012)										(4,408,863)
Depreciation	274,424	244,031	254,477										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	19,153	27,074	33,090										79,318
Records	11,036	11,243	13,020										35,300
Compliance	6,609	10,412	19,315										36,336
Planning/Research													
Finance	45,852	58,087	48,093										152,032
Public Relations	15,341	27,061	18,668										61,071
Information Technology	136,899	104,736	160,422										402,057
Corporate Quality	3,326	3,843	4,872										12,042
Project MGMT Office	7,249	9,629	11,440										28,318
Managed Care Contract	10,401	12,166	9,317										31,884
Total Overhead Allocations	358,196	389,905	474,411										1,222,512
Total Expenses	4,387,864	4,193,462	4,479,624										13,060,949
Net Margin	\$ (2,794,880)	\$ (1,716,527)	\$ (1,892,900)										\$ (6,404,306)
General Fund Support/ Transfer In	\$ 2,520,455	\$ 1,581,783	\$ 1,736,411										\$ 5,838,648

Lakeside Medical Center
Statistical Information

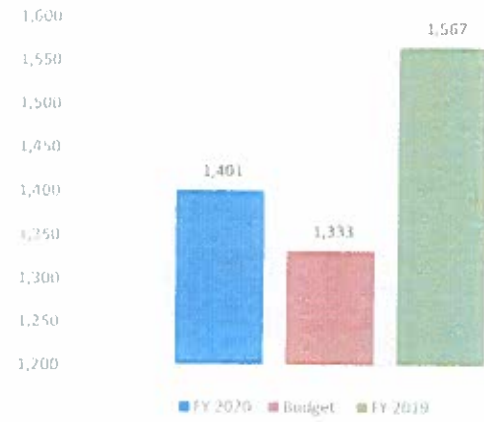
	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	YTD Budget Total	% Var to Budget	Prior YTD Total
Admissions																
Newborn	20	11	19										50	42	16.4%	78
Pediatrics	1	4	7										12	36	(66.8%)	51
Adult	114	107	108										329	346	(5.0%)	393
Total	135	122	134										391	425	(7.9%)	522
Adjusted Admissions	408	324	420										1,152	1,250	(7.8%)	1,392
Patient Days																
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
Total (70 beds)	425	513	463										1,401	1,333	5.1%	1,567
Adjusted Acute Patient Days	1,286	1,364	1,450										4,099	3,921	4.5%	4,186
Other Key Inpatient Statistics																
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
Emergency Room and Outpatients																
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
Surgery and Other Procedures																
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
Staffing																
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
Operational Performance																
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

LAKESIDE MEDICAL CENTER Inpatient

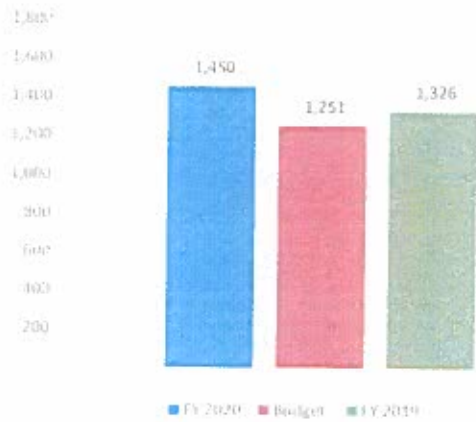
Patient Days December



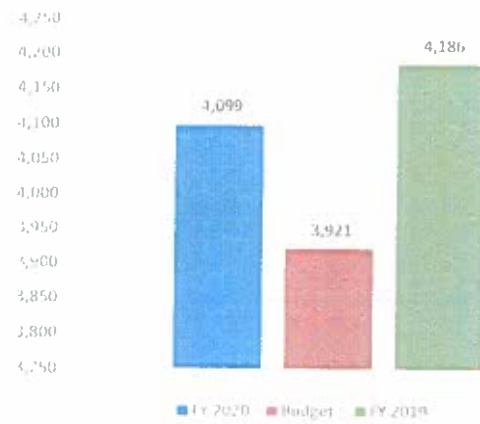
Patient Days YTD



Adjusted Patient Days December

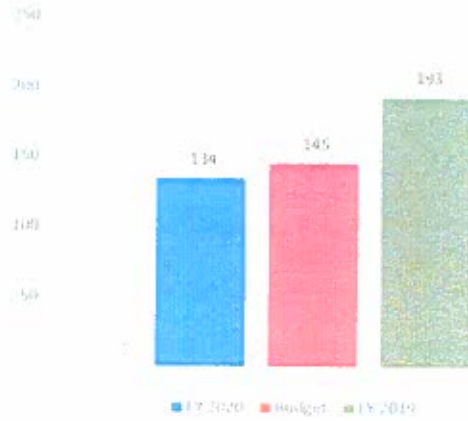


Adjusted Patient Days YTD

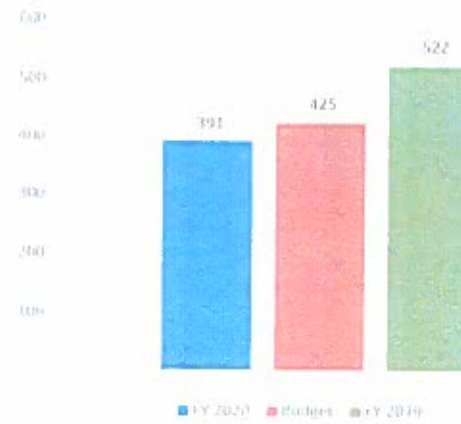


LAKESIDE MEDICAL CENTER Inpatient

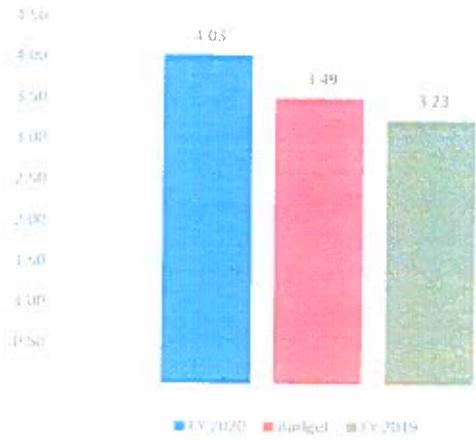
Admissions December



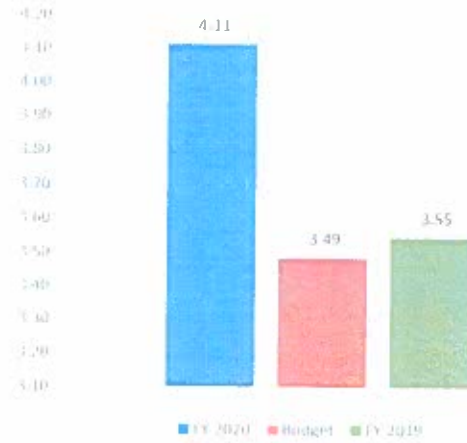
Admissions YTD



Average Length of Stay December

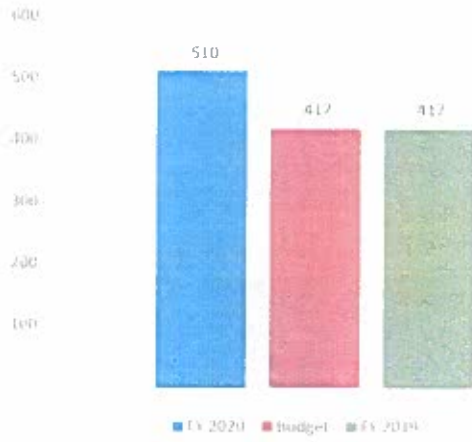


Average Length of Stay YTD

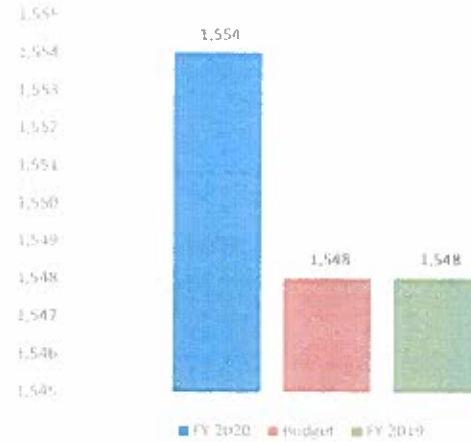


LAKESIDE MEDICAL CENTER Outpatient

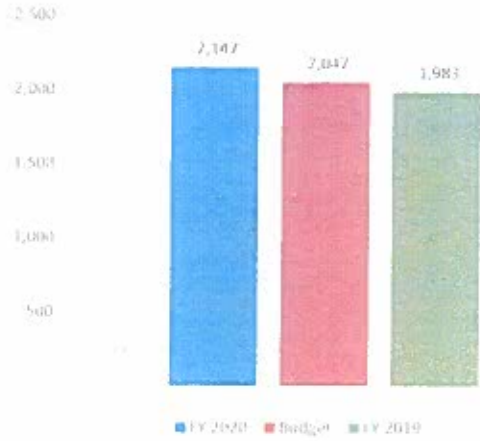
Outpatient Visits December



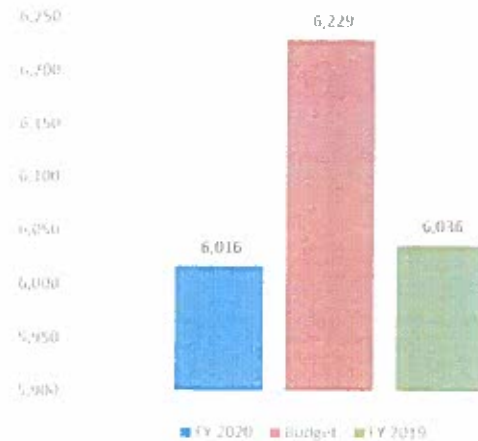
Outpatient Visits YTD



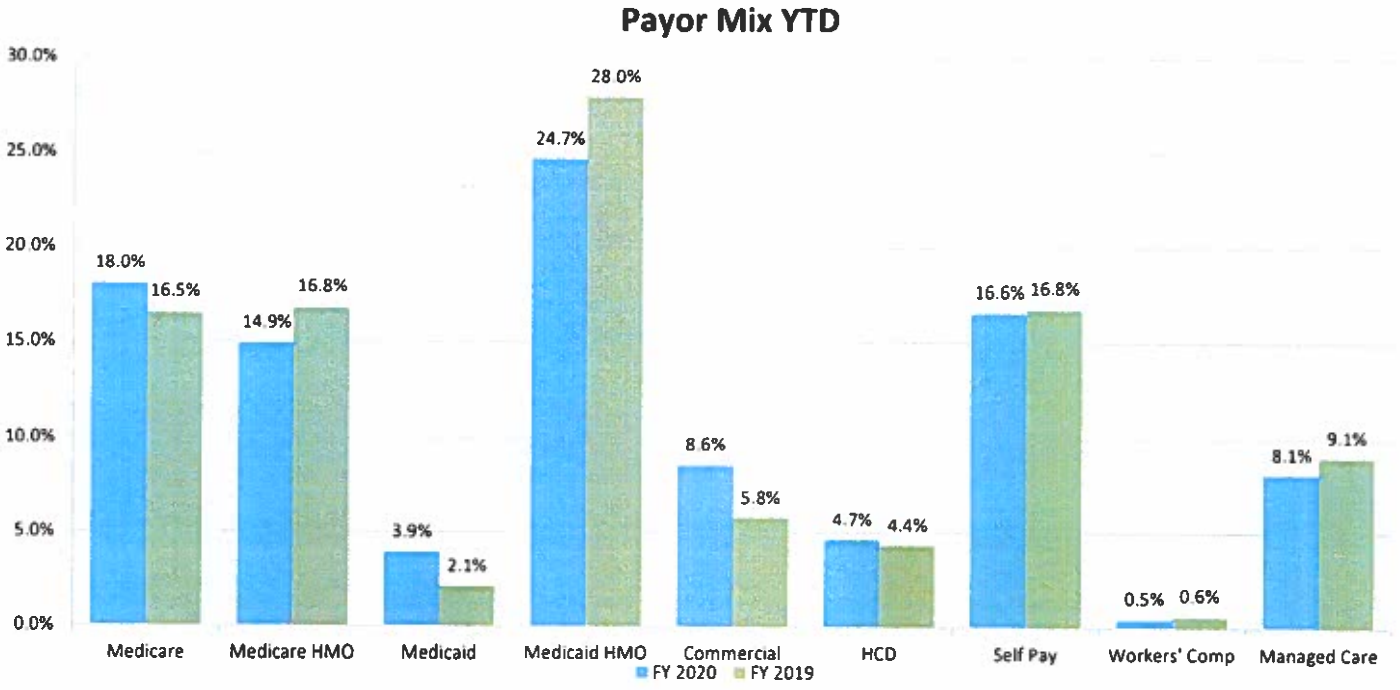
ER Visits December



ER Visits YTD



**LAKESIDE MEDICAL CENTER
Revenue**



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%)	Outpatient Revenue	\$ 5,804,051	\$ 5,350,980	\$ 453,071	8.5%	\$ 5,445,259	\$ 358,791	6.6%
1,899,323	1,740,232	159,091	9.1%	2,006,898	(107,575)	(5.4%)	Gross Patient Revenue	5,804,051	5,350,980	453,071	8.5%	5,445,259	358,791	6.6%
271,867	290,610	18,743	6.4%	955,352	683,485	71.5%	Contractual Allowances	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%)	Charity Care	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%)	Bad Debt	841,620	922,492	80,872	8.8%	533,590	(308,030)	(57.7%)
1,294,076	1,302,595	8,519	0.7%	1,555,153	261,077	16.8%	Total Contractuals and Bad Debts	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%)	346,606	(5,240)	(1.5%)	Other Patient Revenue	1,113,006	1,140,957	(27,951)	(2.4%)	992,787	120,219	12%
946,612	817,956	128,656	15.7%	798,350	148,262	18.6%	Net Patient Revenue	2,758,273	2,481,914	276,359	11.1%	2,490,841	267,432	10.7%
49.84%	47.00%			39.78%			Collection %	47.52%	46.38%		45.74%			
28,234	57,154	(28,920)	(50.6%)	690,034	(661,800)	(95.9%)	Grant Funds	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%)	Other Revenue	30,834	7,326	23,508	320.9%	38,234	(7,400)	(19.4%)
35,130	59,596	(24,466)	(41.1%)	714,802	(679,671)	(95.1%)	Total Other Revenues	160,724	178,788	(18,064)	(10.1%)	1,909,499	(1,748,775)	(91.6%)
981,742	877,552	104,190	11.9%	1,513,151	(531,409)	(35.1%)	Total Revenues	2,918,997	2,660,702	258,295	9.7%	4,400,340	(1,481,343)	(33.7%)
<i>Direct Operational Expenses:</i>														
1,427,860	1,360,118	(67,742)	(5.0%)	1,317,029	(110,831)	(8.4%)	Salaries and Wages	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%)	Benefits	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%	Purchased Services	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%)	Medical Supplies	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%	Other Supplies	18,782	59,058	30,276	51.3%	40,767	11,985	29.4%
-	-	-	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	78,781	(7,005)	(8.9%)	36,129	(49,658)	(137.4%)	Drugs	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%	Repairs & Maintenance	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%)	Lease & Rental	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%	Utilities	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%)	Other Expense	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%)	Insurance	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%)	Total Operational Expenses	6,702,958	6,453,528	(249,430)	(3.9%)	5,858,775	(844,183)	(14.4%)
Net Performance before Depreciation & Overhead Allocations														
(1,210,910)	(1,271,016)	60,106	(4.7%)	(410,887)	(800,023)	194.7%		(3,783,960)	(3,792,826)	8,866	(0.2%)	(1,458,434)	(2,325,526)	159.5%

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%)	Depreciation	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%	Risk Mgt	5,702	6,764	1,063	15.7%	33,660	27,958	83.1%
69,757	96,913	27,155	28.0%	124,187	54,430	43.8%	Rev Cycle	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%)	Internal Audit	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%)	Home Office Facilities	58,188	64,261	6,072	9.4%	49,442	(8,746)	(17.7%)
37,093	36,548	(546)	(1.5%)	21,164	(15,929)	(75.3%)	Administration	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%)	Human Resources	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%)	Legal	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%)	Records	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)	(216.3%)	Compliance	21,452	34,602	13,150	38.0%	16,578	(4,874)	(29.4%)
-	-	-	0.0%	1,209	1,209	100.0%	Planning/Research	-	-	-	0.0%	3,830	3,830	100.0%
28,393	31,318	2,925	9.3%	22,630	(5,763)	(25.5%)	Finance	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%)	Public Relations	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%	Information Technology	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%)	Corporate Quality	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%	Project MGMT Office	16,718	14,996	(1,722)	(11.5%)	-	(16,718)	0.0%
2,822	3,755	933	24.9%	3,039	217	7.1%	Managed Care Contract	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%)	Total Overhead Allocations	1,028,341	1,211,690	183,349	15.1%	1,016,541	(11,800)	(1.2%)
2,606,333	2,565,745	(40,589)	(1.6%)	2,291,377	(314,956)	(13.7%)	Total Expenses	7,781,114	7,705,058	(76,056)	(1.0%)	6,914,987	(866,128)	(12.5%)
\$ (1,624,591)	\$ (1,688,193)	\$ 63,602	(3.8%)	\$ (778,226)	\$ (846,365)	108.8%	Net Margin	\$ (4,862,117)	\$ (5,044,356)	\$ 182,239	(3.6%)	\$ (2,514,646)	\$ (2,347,471)	93.4%
(81,965)	3,988	85,953	2,155.3%	(13,581)	68,384	(503.5%)	Capital	-	11,964	11,964	100.0%	(13,581)	(13,581)	100.0%
\$ 1,421,583	\$ 1,681,071	\$ 259,488	15.4%	\$ 930,086	\$ (491,497)	(52.8%)	General Fund Support/ Transfer In	\$ 4,812,301	\$ 5,022,991	\$ 210,690	4.2%	\$ 2,627,860	\$ (2,184,441)	(83.1%)

Primary Care Clinics Statement of Revenues and Expenses by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Gross Patient Revenue	2,170,266	1,734,463	1,899,323										5,804,051
Contractual Allowances	453,586	336,609	271,867										1,062,062
Charity Care	811,861	727,479	715,762										2,255,101
Bad Debt	341,494	193,678	306,448										841,620
Other Patient Revenue	385,820	385,820	341,366										1,113,006
Net Patient Revenue	949,144	862,516	946,612										2,758,273
Collections %	43.73%	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
Total Other Revenues	74,531	51,063	35,130										160,724
Total Revenues	1,023,676	913,579	981,742										2,918,997
Direct Operational Expenses													
Salaries and Wages	1,489,724	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	65,357	106,112	85,786										257,250
Repairs & Maintenance	36,932	11,167	19,935										68,034
Lease & Rental	117,477	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
Total Operational Expenses	2,310,900	2,199,405	2,192,652										6,702,958
Net Performance before Depreciation & Overhead Allocations	(1,287,225)	(1,285,826)	(1,210,910)										(3,783,960)
Depreciation	13,167	10,357	26,292										49,816
Overhead Allocations:													
Risk Mgt	1,623	2,089	1,990										5,702
Rev Cycle	62,997	84,377	69,757										217,131
Internal Audit	5,281	6,983	5,435										17,699
Home Office Facilities	18,086	19,184	20,918										58,188
Administration	28,448	37,990	37,093										103,532
Human Resources	35,210	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
Total Overhead Allocations	299,713	341,238	387,389										1,028,341
Total Expenses	2,623,781	2,551,001	2,606,333										7,781,114
Net Margin	\$ (1,600,105)	\$ (1,637,421)	\$ (1,624,591)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (4,862,117)
Capital	-	81,965	(81,965)										-
General Fund Support/ Transfer In	1,726,629	1,664,089	1,421,583										\$ 4,812,301

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
Gross Patient Revenue	-	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	123,666	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
Total Contractual Allowances and Bad Debt	-	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
Net Patient Revenue	-	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
Total Other Revenues	20,053	6,261	7,743	3,107	32,334	538	2,500	1,097	1,475	60,467	25,150	160,724
Total Revenues	20,053	443,118	437,717	264,926	196,201	47,275	301,236	139,830	217,405	176,983	75,624	2,320,369
<i>Direct Operational Expenses:</i>												
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	4,410	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
Total Operational Expenses	918,382	842,828	791,584	637,234	529,678	145,627	685,927	281,647	382,776	286,550	116,646	5,618,879
Net Performance before Depreciation & Overhead Allocations	(898,329)	(399,709)	(353,867)	(372,308)	(333,478)	(98,352)	(384,691)	(141,817)	(165,370)	(109,567)	(41,022)	(3,298,510)
Depreciation	2,155	1,443	1,179	449	9,416	322	1,418	1,084	1,199	83	18,750	37,498
<i>Overhead Allocations:</i>												
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	12,202	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	3,333	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	3,988	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
Total Overhead Allocations	131,598	120,005	122,234	90,991	71,136	20,728	125,657	42,742	61,535	43,530	16,872	847,028
Total Expenses	1,052,135	964,276	914,998	728,674	610,230	166,677	813,002	325,474	445,509	330,163	152,268	6,503,405
Net Margin	\$ (1,032,082)	\$ (521,157)	\$ (477,281)	\$ (463,748)	\$ (414,029)	\$ (119,401)	\$ (511,766)	\$ (185,644)	\$ (228,103)	\$ (153,180)	\$ (76,644)	\$ (4,183,036)
Capital												
General Fund Support/ Transfer In	\$ 3,825,712	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,825,712

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%)	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%	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%)	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%)	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%	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%)	232,242	7,883	3.4%	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%	2,159,644	1,799,467	360,177	20.0%	1,926,797	232,848	12.1%
48.57%	42.25%			35.60%			45.29%	41.76%		42.63%			
28,234	52,614	(24,380)	(46.3%)	552,339	(524,106)	(94.9%)	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%)	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%)	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%)	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%)	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%)	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%	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%)	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%	24,729	54,477	29,748	54.6%	23,259	(1,470)	(6.3%)
			0.0%			0.0%				0.0%			0.0%
53,733	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	78,556	(7,230)	(9.2%)	36,054	(49,732)	(137.9%)	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%	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%)	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%)	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%)	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%)	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%)	5,618,879	5,297,979	(320,900)	(6.1%)	4,752,196	(866,682)	(18.2%)
Net Performance before Depreciation & Overhead Allocations													
(1,015,670)	(1,116,073)	100,403	(9.0%)	(380,594)	(635,076)	166.9%	(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

Actual	Budget	Current Month		Prior Year	Variance		Description
		Variance	%		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
2,151,068	2,105,741	(45,327)	(2.2%)	1,881,166	(269,902)	(14.3%)	Total Expenses
\$ (1,353,551)	\$ (1,458,432)	\$ 104,881	(7.2%)	\$ (681,537)	\$ (672,014)	98.6%	Net Margin
(81,965)	-	81,965	0.0%	-	81,965	0.0%	Capital
\$ 854,968	\$ 1,448,762	\$ 593,794	41.0%	\$ 930,086	\$ 75,118	8.1%	General Fund Support/ Transfer In

Actual	Budget	Fiscal Year To Date		Prior Year	Variance		%
		Variance	%		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%)	
\$ (4,183,036)	\$ (4,360,421)	\$ 177,385	(4.1%)	\$ (2,126,080)	\$ (2,056,956)	96.7%	
-	-	-	0.0%	-	-	0.0%	
\$ 3,825,712	\$ 4,331,411	\$ 505,699	11.7%	\$ 2,627,860	\$ (1,197,852)	(45.6%)	

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
Gross Patient Revenue	-	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
Total Contractual Allowances and Bad Debt	-	272,074	222,842	211,330	78,178	784,423
Other Patient Revenue	-	130,510	84,130	70,020	63,088	347,748
Net Patient Revenue	-	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	-	-	-	-	-	-
Total Other Revenues	-	-	-	-	-	-
Total Revenues	-	229,106	145,648	123,436	100,439	598,629
Direct Operational Expenses:						
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
Total Operational Expenses	84,881	331,439	288,092	225,435	154,232	1,084,079
Net Performance before Depreciation & Overhead Allocations	(84,881)	(102,334)	(142,444)	(101,999)	(53,792)	(485,450)
Depreciation	-	1,835	1,853	1,827	6,804	12,318
Overhead Allocations:						
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
Total Overhead Allocations	15,267	60,615	44,445	39,178	21,808	181,313
Total Expenses	100,148	393,889	334,390	266,439	182,843	1,277,710
Net Margin	\$ (100,148)	\$ (164,784)	\$ (188,742)	\$ (143,003)	\$ (82,404)	\$ (679,081)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 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)	(2.6%)	258,136	71,594	27.7%	Gross Patient Revenue	1,035,304	1,042,244	(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%
4,412	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%
Net Performance before														
(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%

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	Current YTD	%Var to	Prior Year
													Total	Budget	Budget	Total
West Palm Beach	1,929	1,472	1,653										5,054	4,358	16.0%	4,262
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	2.7%	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										424	593	(28.5%)	544
Mangonia Park	-	67	58										125			
Mangonia Park-Substance	499	497	455										1,451	1,201	20.8%	872
Total Clinic Visits	10,170	7,889	8,599										26,658	23,257	14.6%	24,510
Dental Visits																
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
Total Dental Visits	2,696	2,144	2,258										7,098	7,457	(4.8%)	6,513
Total Medical and Dental Visits	12,866	10,033	10,857										33,756	30,714	9.9%	31,023
Mental Health Counselors (non billable)																
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	75										243	235	3.4%	-
Total Mental Health Screenings	1,577	1,296	1,600										4,473	3,306	35.3%	3,017

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%	Patient Revenue	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	Patient Revenue
491,667	491,667	-	0.0%	491,667	-	0.0%	PBC Interlocal	1,475,000	1,475,000	-	0.0%	1,475,000	-	0.0%	PBC Interlocal
436	316	120	38.1%	834	(398)	(47.7%)	Other revenue	650	947	(297)	(31.4%)	1,706	(1,056)	(61.9%)	Other revenue
492,103	491,982	120	0.0%	492,501	(398)	(0.1%)	Total Revenue	1,475,650	1,475,947	(297)	(0.0%)	1,476,706	(1,056)	(0.1%)	Total Revenue
-	-	-	0.0%	-	-	0.0%	<i>Direct Operational Expenses:</i>	-	-	-	0.0%	-	-	0.0%	<i>Salaries and Wages</i>
-	-	-	0.0%	-	-	0.0%	Salaries and Wages	-	-	-	0.0%	-	-	0.0%	Salaries and Wages
-	-	-	0.0%	-	-	0.0%	Benefits	-	-	-	0.0%	-	-	0.0%	Benefits
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	Purchased Services
-	-	-	0.0%	-	-	0.0%	Medical Supplies	-	-	-	0.0%	-	-	0.0%	Medical Supplies
-	-	-	0.0%	-	-	0.0%	Other Supplies	-	-	-	0.0%	-	-	0.0%	Other Supplies
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%	Medical Services
-	-	-	0.0%	-	-	0.0%	Drugs	-	-	-	0.0%	-	-	0.0%	Drugs
-	-	-	0.0%	-	-	0.0%	Repairs & Maintenance	-	-	-	0.0%	-	-	0.0%	Repairs & Maintenance
-	-	-	0.0%	-	-	0.0%	Lease & Rental	-	-	-	0.0%	-	-	0.0%	Lease & Rental
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	Utilities
1,417,231	1,417,231	0	0.0%	1,441,591	24,360	1.7%	Other Expense	4,251,693	4,251,693	-	0.0%	4,324,772	73,079	1.7%	Other Expense
-	-	-	0.0%	-	-	0.0%	Insurance	-	-	-	0.0%	-	-	0.0%	Insurance
1,417,231	1,417,231	0	0.0%	1,441,591	24,360	1.7%	Total Operational Expenses	4,251,693	4,251,693	0	0.0%	4,324,772	73,079	1.7%	Total Operational Expenses
(925,128)	(925,249)	120	(0.0%)	(949,090)	23,962	(2.5%)	Net Performance before Overhead	(2,776,043)	(2,775,746)	(297)	0.0%	(2,848,066)	72,023	(2.5%)	Net Performance before Overhead
-	-	-	0.0%	-	-	0.0%	<i>Overhead Allocations:</i>	-	-	-	0.0%	-	-	0.0%	<i>Risk Mgt</i>
-	-	-	0.0%	-	-	0.0%	Risk Mgt	-	-	-	0.0%	-	-	0.0%	Risk Mgt
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%	Rev Cycle
-	-	-	0.0%	-	-	0.0%	Internal Audit	-	-	-	0.0%	-	-	0.0%	Internal Audit
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	Legislative Affairs
-	-	-	0.0%	-	-	0.0%	Administration	-	-	-	0.0%	-	-	0.0%	Administration
-	-	-	0.0%	-	-	0.0%	Human Resources	-	-	-	0.0%	-	-	0.0%	Human Resources
-	-	-	0.0%	-	-	0.0%	Legal	-	-	-	0.0%	-	-	0.0%	Legal
-	-	-	0.0%	-	-	0.0%	Records	-	-	-	0.0%	-	-	0.0%	Records
-	-	-	0.0%	-	-	0.0%	Compliance	-	-	-	0.0%	-	-	0.0%	Compliance
-	-	-	0.0%	-	-	0.0%	Finance	-	-	-	0.0%	-	-	0.0%	Finance
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	Communications
-	-	-	0.0%	-	-	0.0%	Information Technology	-	-	-	0.0%	-	-	0.0%	Information Technology
-	-	-	0.0%	-	-	0.0%	Total Overhead Allocations	-	-	-	0.0%	-	-	0.0%	Total Overhead Allocations
1,417,231	1,417,231	0	0.0%	1,441,591	24,360	1.7%	Total Expenses	4,251,693	4,251,693	0	0.0%	4,324,772	73,079	1.7%	Total Expenses
(925,128)	(925,249)	120	(0.0%)	(949,090)	23,962	(2.5%)	Net Margin	(2,776,043)	(2,775,746)	(297)	0.0%	(2,848,066)	72,023	2.5%	Net Margin
925,128	942,964	(17,836)	(1.9%)	949,090	(23,962)	(2.5%)	General Fund Support	2,776,043	2,828,892	(52,849)	(1.9%)	2,848,066	(72,023)	(2.5%)	General Fund Support
\$ 925,128	\$ 942,964	\$ (17,836)	(1.9%)	\$ 949,090	(23,962)	(2.5%)	Total Transfers In	\$ 2,776,043	\$ 2,828,892	\$ (52,849)	(1.9%)	\$ 2,848,066	\$ (72,023)	(2.5%)	Total Transfers In

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	\$ 491,667	\$ 491,667	\$ 491,667	-	-	-	-	-	-	-	-	-	\$ 1,475,000
PBC Interlocal	100	114	436	-	-	-	-	-	-	-	-	-	650
Other revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Revenue	491,767	491,780	492,103	-	-	-	-	-	-	-	-	-	1,475,650
<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	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Operational Expenses	1,417,231	1,417,231	1,417,231	-	-	-	-	-	-	-	-	-	4,251,693
Net Performance before Overhead Allocations	(925,464)	(925,450)	(925,128)	-	-	-	-	-	-	-	-	-	(2,776,043)
<i>Overhead Allocations:</i>													
Risk Mgt	-	-	-	-	-	-	-	-	-	-	-	-	-
Rev Cycle	-	-	-	-	-	-	-	-	-	-	-	-	-
Internal Audit**	-	-	-	-	-	-	-	-	-	-	-	-	-
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration**	-	-	-	-	-	-	-	-	-	-	-	-	-
Human Resources	-	-	-	-	-	-	-	-	-	-	-	-	-
Legal	-	-	-	-	-	-	-	-	-	-	-	-	-
Records	-	-	-	-	-	-	-	-	-	-	-	-	-
Compliance**	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	-	-	-	-	-	-	-	-	-	-	-	-	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	1,417,231	1,417,231	1,417,231	-	-	-	-	-	-	-	-	-	4,251,693
Net Margin	(925,464)	(925,450)	(925,128)	-	-	-	-	-	-	-	-	-	(2,776,043)
General Fund Support	925,464	925,450	925,128	-	-	-	-	-	-	-	-	-	2,776,043
Total Transfers In	\$ 925,464	\$ 925,450	\$ 925,128	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,776,043

HEALTH CARE DISTRICT BOARD

March 11, 2020

1. Description: Purchasing Policy

2. Summary:

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

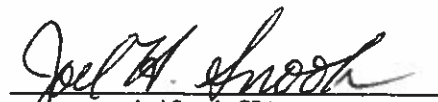
3. Substantive Analysis:

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 Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name


3/10/20

Date

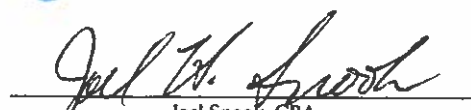
6. Recommendation:

Staff recommends the Board approve the revised Purchasing Policy revisions.

Approved for Legal sufficiency:



Valerie Shabriari
VP & General Counsel



Joel Snook, CPA
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

POLICY

Policy Title: **Purchasing Policy**

Effective Date: 09/25/2018

Department: Finance

Policy #: 201410-PP

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

- 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 Statute 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

- 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

HEALTH CARE DISTRICT BOARD

March 11, 2020

1. Description: Independent Audit Policy

2. Summary:

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

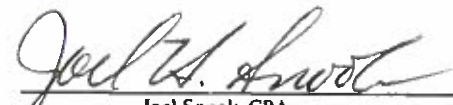
3. Substantive Analysis:

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:

	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 Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

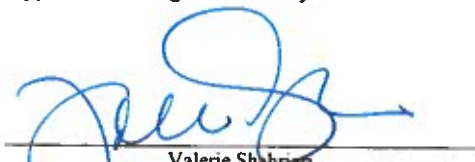
Finance and Audit Committee
Committee Name

3/10/20
Date

6. Recommendation:

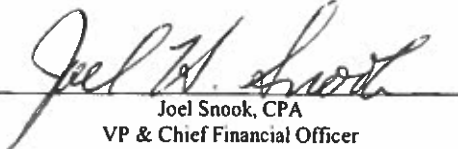
Staff recommends the Board approve the revised Independent Audit Policy.

Approved for Legal sufficiency:


Valerie Shahrman
VP & General Counsel

HEALTH CARE DISTRICT BOARD

March 11, 2020


Joel Snook, CPA
VP & Chief Financial Officer


Darcy J. Davis
Chief Executive 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>	09/04/14

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 BOARD

March 11, 2020

1. Description: Capital Assets Policy

2. Summary:

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

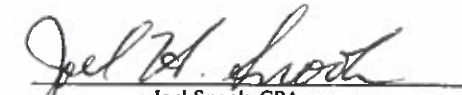
3. Substantive Analysis:

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 Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

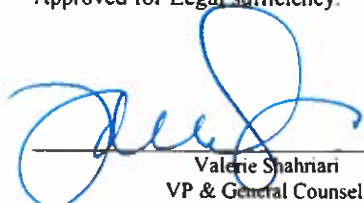
Finance and Audit Committee
Committee Name

3/10/20
Date

6. Recommendation:


Staff recommends the Board approve the revised Capital Assets Policy.

Approved for Legal sufficiency:


Valerie Shahriari
VP & General Counsel

HEALTH CARE DISTRICT BOARD

March 11, 2020



Joel Snook, CPA
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

POLICY

Policy Title: **Capital Assets**

Effective Date: 07/25/2017

Department: **Finance**

Policy Number: 201510-CA

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 BOARD

March 11, 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 Board approval.

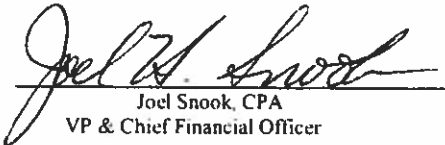
3. Substantive Analysis:

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:

	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 Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

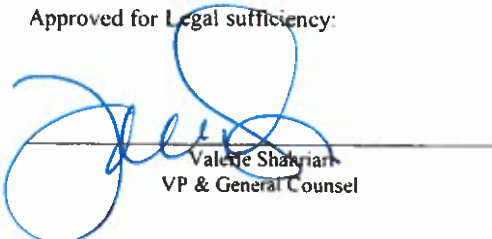
Finance and Audit Committee
Committee Name

3/10/20
Date

6. Recommendation:

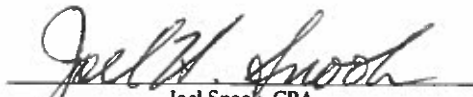
Staff recommends the Board approve the 2019 Health Care District audited Comprehensive Annual Financial Report (CAFR).

Approved for Legal sufficiency:


Valerie Sharyian
VP & General Counsel

HEALTH CARE DISTRICT BOARD

March 11, 2020


Joel Snook, CPA
VP & Chief Financial Officer


Danny J. Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

March 11, 2020

1. Description: 2019 District Clinics Holdings, Inc., Audit

2. Summary:

The 2019 District Clinic Holdings, Inc., audited financial report is being provided under separate cover for Board approval.

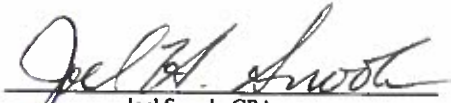
3. Substantive Analysis:

The District's external auditor, RSM US LLP, completed the audit procedures for fiscal year end 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:

	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 Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

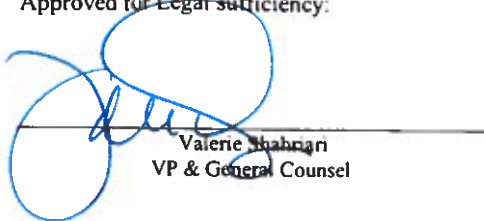
Finance and Audit Committee
Committee Name

3/10/20
Date

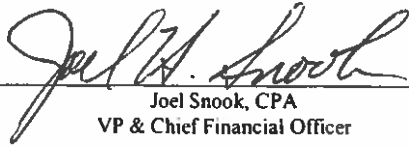
6. Recommendation:

Staff recommends the Board approve the 2019 District Clinic Holdings, Inc., audited financial report.

Approved for Legal sufficiency:


Valerie Shabgari
VP & General Counsel

HEALTH CARE DISTRICT BOARD
March 11, 2020


Joel Snook, CPA
VP & Chief Financial Officer


Darryl J. Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

March 11, 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 Board approval.

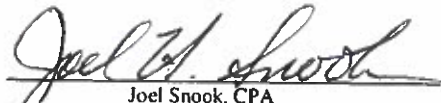
3. Substantive Analysis:

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:

	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 Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:


Finance and Audit Committee
Committee Name

3/10/20
Date

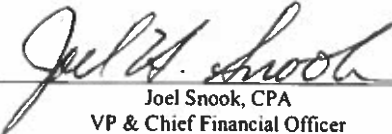
6. Recommendation:

Staff recommends the Board approve the 2019 Good Health Foundation, Inc., audited financial report.

Approved for Legal sufficiency:


Valerie Shahriari
VP & General Counsel

HEALTH CARE DISTRICT BOARD
March 11, 2020


Joel Snook, CPA
VP & Chief Financial Officer


Danny J. Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

March 11, 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 Board approval.

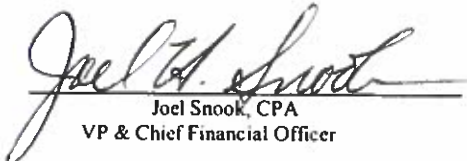
3. Substantive Analysis:

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:

	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 Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee
Committee Name

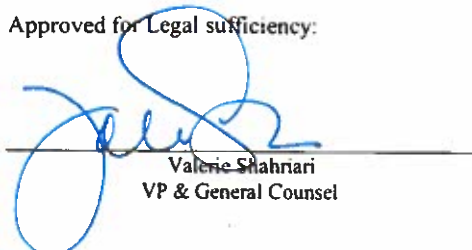
3/10/20

Date

6. Recommendation:

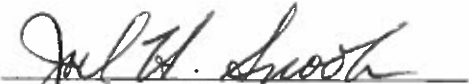
Staff recommends the Board approve the 2019 District Hospital Holdings, Inc., audited financial report.

Approved for Legal sufficiency:


Valerie Stahriari
VP & General Counsel

HEALTH CARE DISTRICT BOARD

March 11, 2020



Joel Snook, CPA
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

March 11, 2020

1. Description: Policy and Procedure Policy

2. Summary:

As a result of the implementation of new, District-wide policy tracking software, changes have been made to the existing Policy and Procedure Policy effective in 2016.

3. Substantive Analysis:

Changes were made to the existing Policy and Procedure Policy effective in 2016 to reflect the Business Unit who will be maintaining the Policy Document repository from Legal to HR. Legal is still required to review all policies before they are advanced to the Board, but the Policy and Procedure Manager reports to HR, therefore the application will be maintained by HR.

There is also a change that reflects the following:

Prior to the Board approval, the following approvals must be identified within the policy document repository:

1. All C.L. Brumback policies must be approved by the Clinic Executive Director, as required by HRSA.
2. All remaining policies must be approved by the Health Care District Chief Executive Officer

To be effective, all procedures or procedure revisions must be approved in the following manner:

1. For all procedures under the C.L. Brumback Clinic will be approved by the Clinic Executive Director as required by HRSA.
2. All other Health Care District procedures will be approved and signed by the Business Unit Officer.

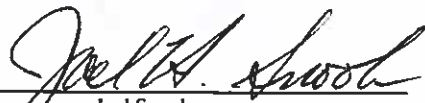
4. Fiscal Analysis & Economic Impact Statement:

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

HEALTH CARE DISTRICT BOARD

March 11, 2020

Reviewed for financial accuracy and compliance with purchasing procedure:



Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

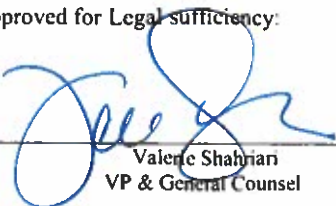
N/A
Committee Name

N/A
Date Approved

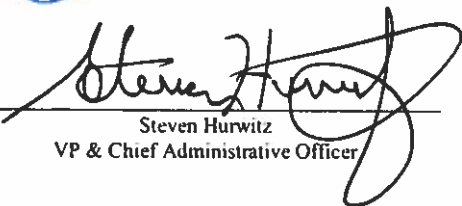
6. Recommendation:

Staff recommends the Board approve the changes made to the existing Policy & Procedure Policy

Approved for Legal sufficiency:



Valerie Shahrian
VP & General Counsel



Steven Hurwitz
VP & Chief Administrative Officer



Darcy J. Davis
Chief Executive Officer

HCD Policy and Procedure Policy

Policy #:	<u>HCDAMD1001</u>	Effective Date:	<u>6/25/2016</u>
Business Unit:	<u>HCD Shared Policies</u>	Last Review Date:	<u>12/31/2019</u>
Approval Group:	<u>HR Policy Board Approval</u>	Document Owner(s):	<u>Human Resources</u>
Board Approval Date:	<u>06/25/2019</u>		

PURPOSE

The purpose of this policy is to establish guidelines for District policies and procedures including their adoption and revision.

SCOPE

This policy applies to the Health Care District of Palm Beach County ("District") and all of its subsidiary entities including, without limitation, District Hospital Holdings, Inc., District Clinic Holdings, Inc., the Edward J. Healey Rehabilitation and Nursing Center, Lakeside Medical Center, School Health, Aeromedical, Trauma and Managed Care.

DEFINITIONS

Policy or policies are an official legislative declaration by the District Board of Commissioners which establishes a general internal regulation of the District.

Procedure or procedures are the means the administrative process or practice is established which implements a policy

POLICY

The District is subject to the Palm Beach County Health Care Act (Chapter 2003-326, Laws of Florida) ("Act") as its governing legislation from which it derives all of its power and authority. Under the Act, the District Board of Commissioners ("Board") is the District's governing body vested with the authority to, among other specific acts, do all things necessary to carry out the purposes of the Act. The Board, consistent with the Act and its own bylaws, establishes policies for the District and its subsidiaries. Board policies are intended to be general and permanent in nature and afforded deference as the internal regulations of the District. In order to implement Board policies, ~~the Chief Executive Officer is authorized to create~~ procedures may be created which supplement the general nature of the policies.

GUIDELINES

All policies and procedures must be consistent with and not conflict with applicable federal, state and local law. In instances where applicable law authorizes additional or more stringent requirements (or does not otherwise preempt an area of law), a policy or procedure may include additional or more stringent requirements.

In the event of an amendment to existing law that creates a conflict with an existing policy or procedure, the policy or procedure shall be interpreted consistent with the amended law until such time as the policy or procedure is revised.

A policy should exist or be established on matters where a legislative decision must be made by the Board regarding a particular process or where applicable law mandates that the Board, as the District's governing body, establish an internal regulation or agency rule. To the extent applicable, a policy should be a general legislative expression of the Board and the procedure should provide the detail for implementing the policy; however, the Board may create a policy which preempts the need for a procedure. If the Board desires, ~~to have the Chief Executive Officer create~~ a procedure may be created to implement a policy, the same shall be stated in the policy. If a policy is not required for a particular process or under applicable law, a procedure may be established ~~by the Chief Executive Officer~~ without a policy.

PROCESS FOR ADOPTION AND REVISION

To be effective, all policies and policy revisions must be approved by the Board. A Board approved policy will remain in effect until it is repealed by the Board or reaches a sunset date set forth in the policy. Prior to the Board approval, the following approvals must be identified within the policy document repository:

1. All C.L. Brumback policies must be approved by the ~~residing~~ Clinic ~~Chief Executive Officer~~ Director.
2. All remaining policies must be approved by the Health Care District Chief Executive Officer

To be effective, all procedures or procedure revisions must be approved in the following manner:

1. For all procedures under the C.L. Brumback Clinic will be approved by the ~~residing~~ Clinic ~~Chief Executive Officer~~ Director.
2. All other Health Care District procedures will be approved and signed by ~~residing~~ the Business Unit Officer.

Once approved, a procedure will remain in effect until its governing policy is repealed by the Board or it reaches a sunset date set forth in the governing policy; or, is otherwise revised or repealed by the signing authority.

EFFECT

This policy provides guidelines for all policies and procedures whether existing or to be established and is not intended to repeal or revise existing policies or procedures.

IMPLEMENTATION

~~The Chief Executive Officer may create a~~ **A** procedure ~~may be created~~ to implement this policy to include, without limitation, a standardized format for all policies and procedures; centralized access to the databank of policies and procedures; and, obligations and responsibilities of various departments with respect to particular policies and procedures.

EXCEPTIONS

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

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

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

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

HEALTH CARE DISTRICT BOARD

March 11, 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 4th Quarter.

- *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

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

Mobile Van Operations and Processes Audit

<i>Audit Objective:</i>
Tested operation process controls around the Mobile Van Clinic program.
<i>Scope:</i>
Key controls around the operation of the Mobile Van Clinic programs, including patient set up, eligibility, and data collection.
<i>Significant Issues Noted:</i>
None.
<i>Summary:</i>

HEALTH CARE DISTRICT BOARD

March 11, 2020

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

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

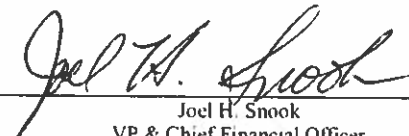
Other Audits and Projects

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

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

HEALTH CARE DISTRICT BOARD
March 11, 2020

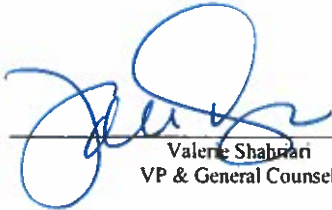
5. Reviewed/Approved by Committee or Subsidiary Board:

<u>Finance & Audit Committee</u> Committee or Board	<u>3/10/20</u> Date Reviewed
--	---------------------------------

6. Recommendation:

Staff recommends that the Board receive and file the Summary of Internal Audit activities and update.

Approved for Legal sufficiency:



Valerie Shahrani
VP & General Counsel



Deborah Hall
VP & Chief Compliance Officer



Darryl J. Davis
Chief Executive 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



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

ISSUE RISK

High Risk

WHAT IS CAUSING THE ISSUE?

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.

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 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

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.

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.

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

ISSUE RISK

Moderate Risk

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 BUSINESS OBJECTIVES ARE AT RISK?

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

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:

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

- 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.

Expected Deliverable:

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

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.

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?

⁵⁶ 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

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.

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
Deborah Hall, Chief Compliance & Privacy Officer

2/26/20

Date

COPIES

Val Shahriari, VP & General Counsel

Joel Snook, Chief Financial Officer

Yolanda Ogle, Executive Director, Revenue Cycle Management

⁹ 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.

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: HealthCare 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.
 - 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
- Expected Deliverable:
Written procedures over identifying and establishing reimbursement agreements in accordance with what is reflected above.

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

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 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 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.

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 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

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

ISSUE RISK

Moderate Risk

WHAT IS CAUSING THE ISSUE?

WHAT BUSINESS OBJECTIVES ARE AT RISK?

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

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?

WHAT ACTIONS WILL MANAGEMENT TAKE?

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.

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

WHAT ARE THE FINDINGS?

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.

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.

Expected Deliverable:

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

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.

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
--	---

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

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.

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.

ISSUE RISK DEFINITIONS

Mobile Van Operations and Processes



Date: October 23, 2019

Location: Howell 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

2-26-20

Darcy Davis, Chief Executive Officer

Date

Deborah Hall

2/24/20

Deborah Hall, Chief Compliance & Privacy Officer

Date

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Belma Andric, MD, VP & Chief Medical Officer

Harry Torres, Healthcare Risk Audit Senior Manager

Hyla Fritsch, Executive Director of Clinic Operations & Pharmacy

Yolanda Ogle, Executive Director, Revenue Cycle Management

Andrea Steele, Corporate Quality Director

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

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 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 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

Confidential

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Safeguard cash assets against misappropriation and theft.

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

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.

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.

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?

WHAT BUSINESS OBJECTIVES ARE AT RISK?

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

Safeguard cash assets against misappropriation and theft.

WHAT IS EXPECTED?

WHAT ACTIONS WILL MANAGEMENT TAKE?

A standardized written policy/procedure applicable to all HC DPBC 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.

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.

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

WHAT IS CAUSING THE ISSUE?

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

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 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.

- 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.

ISSUE RISK

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Safeguard cash assets against misappropriation and theft.

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

Expected Deliverable:

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

Cash Posting - Clinics and LMC



Date: February 14, 2020

Location: Health Care District of Palm Beach County

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.

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.

Cash Posting - Clinics and LMC



Date: February 14, 2020

Location: Health Care District of Palm Beach County

REPORT ACCEPTANCE

Darcy Davis

2-26-20

Darcy Davis, Chief Executive Officer

Date

Deborah Hall

2/26/20

Deborah Hall, Chief Compliance & Privacy Officer

Date

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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

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

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 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 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.

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Safeguard petty cash assets against misappropriation and theft.

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.

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

WHAT IS CAUSING THE ISSUE?

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

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 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.

ISSUE RISK

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Safeguard petty cash assets against misappropriation and theft.

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

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

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

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

125

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.

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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Tabatha McAllister, Manager, Revenue Cycle

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

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.

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.

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

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.

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

Deborah Hall, Chief Compliance & Privacy Officer

2/20/20

Date

COPIES

Belma Andric, MD, VP & Chief Medical Officer
Val Shahriari, VP & General Counsel
Dr. Ana Ferwarda, Director, FQHC Women's Health
Hyla Fritsch, Executive Director of Clinic Operations & Pharmacy
188 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

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.

Flow of Quality Information



HEALTH CARE DISTRICT BOARD

March 11, 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 Management bi-monthly.

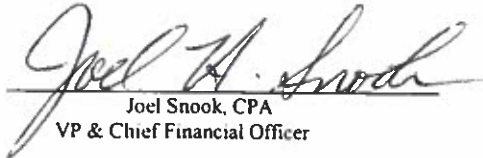
HEALTH CARE DISTRICT BOARD

March 11, 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 Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

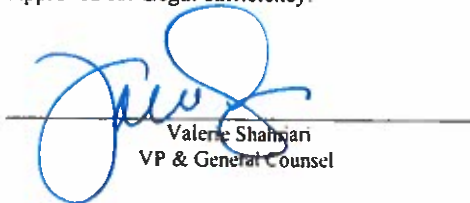
Finance & Audit Committee
Committee Name

3/10/20
Date

6. Recommendation:

Staff recommends the Board 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:


Valerie Shamani
VP & General Counsel


Deborah Hall
VP & Chief Compliance Officer


Darcy J. Davis
Chief Executive 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. Expected Deliverable: 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. Expected Deliverable: 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. 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.	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	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. Expected Deliverable: 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 Athena 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. 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 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>Expected Deliverable: 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>Expected Deliverable: 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>Expected Deliverable: Documentation for the implementation of revised deposit transport security measures at each Clinic.</p>	4/30/2020		Mansol 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>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.</p>	4/30/2020		Mansol 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>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.</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>Expected Deliverable: 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, Mansol 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>Expected Deliverable: Copy of the published policy and procedures document.</p> <p>CROWE COMMENT: 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

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
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>CROWE COMMENT: 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>CROWE COMMENT: 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>CROWE COMMENT: 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>CROWE COMMENT: 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 Education	<p>Management will determine the process for ongoing pre-bill reviews to validate documentation supports the facility E/M level assigned.</p> <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>	2/28/2020		Yolanda Ogle Regina Stolpman	High
Lakeside Medical Center Focused Facility Coding Compliance Audit	2019-09	Inpatient Coding Variance Identified	CDI Program	<p>Management will analyze feasibility of implementing a Clinical Documentation Improvement program.</p>	6/30/2020		Manuel Diaz	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
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. CROWE COMMENT: 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. CROWE COMMENT: 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. CROWE COMMENT: 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. CROWE COMMENT: 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. CROWE COMMENT: 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. CROWE COMMENT: 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. CROWE COMMENT: 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. CROWE COMMENT: 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:</p> <p>1.) Written procedures and workflows to support daily charge capture and billing for behavioral services. (04/30/2020, Shauna Miller – Director, Revenue Cycle).</p> <p>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)</p> <p>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 Rowing – 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:</p> <p>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:</p> <p>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:</p> <p>1.) Evidence (training agendas, sign-in sheets, etc.) to support training provided to personnel on accurate classification of patient insurance.</p> <p>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:</p> <p>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

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
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>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.</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>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.</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>Expected Deliverable: 1.) Evidence of receipts submitted for disbursement of petty cash being approved in accordance with procedure described above. 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>CROWE COMMENT: 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>CROWE COMMENT: 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
 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
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. CROWE COMMENT: 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. CROWE COMMENT: 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
Thrd 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. CROWE COMMENT: 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 Ozurovski	Moderate
			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. CROWE COMMENT: 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

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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	<p>In considering recovery of costs associated with construction of the non-compliant walls, Management will:</p> <ul style="list-style-type: none"> Quantity additional costs incurred as a result of this construction. Review the contract with the Architect for potential remedies, and Determine the next steps in pursuing recovery of these costs in consultation with the HCDPBC Legal Department. <p>Expected Deliverables</p> <ol style="list-style-type: none"> Copy of the additional construction cost tabulation, and Documentation of next steps to be taken, if any, to recover these costs 			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 Hams, 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	<p>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.</p> <p>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.</p>	4/30/2019	12/31/2019	Janet Moreland	Complete

HEALTH CARE DISTRICT BOARD
March 11, 2020

1. Description: Compliance Policies Policy Updates

2. Summary:

Ongoing review and revision of policies is critical to an effective Compliance program. The Compliance Department reviewed and revised Compliance policies in order to:

- Concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct
- Ensure consistent processes, structures, and ongoing compliance
- Keep employees and the District current with regulatory and industry best practices

3. Substantive Analysis:

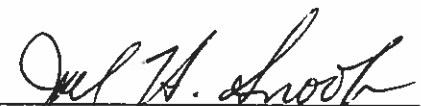
The Compliance Department reviewed and revised the following compliance policies:

- Standards of Conduct Policy
- Conflict of Interest Policy
- Social Media Policy

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

HEALTH CARE DISTRICT BOARD

March 11, 2020

5. Reviewed/Approved by Committee:

Quality, Patient Safety &
Compliance Committee

Committee Name

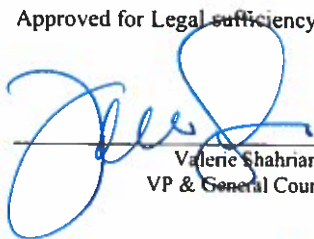
3/10/20

Date

6. Recommendation:

Staff recommends the Board approve the Compliance Policy updates.

Approved for Legal sufficiency:



Valerie Shahrian
VP & General Counsel



Deborah Hall
VP, Chief Compliance & Privacy Officer



Darcy J. Davis
Chief Executive Officer

POLICY & PROCEDURE

Policy Title:	Standards of Conduct	Effective Date:	1/16/2013
Department:	Compliance	Policy Number:	N/A

POLICY

The District will maintain and periodically update a written Standards of Conduct to provide guidance on the organization's responsibilities related to compliance and address specific issues related to health care regulations, quality of care, reimbursement, financial relationships and other critical areas with a particular emphasis on preventing fraud and abuse. The Standards of Conduct is available on the District's website. All new employees will review the Standards and sign an acknowledgement that they have read and understand the Standards during their new hire orientation and again each time a new version is published. A copy of the Standards of Conduct booklet will be provided to all Committee and Board members at the time of their appointment and again each time a new version is published, and participate in periodic training sessions that include a review of the Standards.

APPLICABILITY

This procedure applies to all workforce, Board and Committee members employees of the Health Care District of Palm Beach County and its affiliates (the "District") including Lakeside Medical Center, E.J. Healey Center, School Health, C.L. Brumback Primary Care Clinics, Pharmacy, Trauma and Managed Care.

PROCEDURE

The Quality, Patient Safety Audit and Compliance Committee and the Board of Directors will be responsible for oversight and final approval of the Standards of Conduct.

1. The Standards of Conduct will be written in at a basic reading level to avoid complex language.
2. The Standards of Conduct will address the following areas related to health care compliance:
 - The District's mission and values
 - Quality of Care
 - Compliance with laws and regulations including, but not limited to fraud waste and abuse, privacy and security, etc.
 - Proper Billing and Coding
 - Use of Information, property and assets
 - Conflicts of Interest including, but not limited to procurement provisions to protect federal awards
 - Duty/Obligation to report suspected violations
 - Reporting options available to employees
 - Responsibilities of management and employees
 - Non-retaliation and non-discrimination
3. The Standards of Conduct will be distributed to Board Members, Executive Management, employees and any other applicable parties. Copies will be provided to all new employees as part of their

POLICY & PROCEDURE

Policy Title: **Standards of Conduct**

Effective Date: 1/16/2013

Department: **Compliance**

Policy Number: N/A

orientation. Recipients will sign a statement acknowledging:

- Receipt and Understanding
 - Agreeing to abide by its provisions
4. All employees will receive training on the Standards of Conduct to help them understand how it applies to their work situations. The Chief Compliance Officer and/or Human Resources will ensure that documentation is maintained to evidence those employees who have received training and education.
 5. All employees will receive the Standards of be provided the opportunity to review it electronically, sign the acknowledgment or be provided the opportunity to acknowledge review electronically and receive training in accordance with this policy.
 6. The Chief Compliance Officer will investigate possible violations of the Standards and ensure appropriate corrective actions and disciplinary action is taken when necessary.

RESPONSIBILITY

Employee Responsibilities

1. Ask questions; seek guidance, report violations and express concerns regarding compliance with this policy to your direct supervisor, the Human Resources Department or the Chief Compliance Officer.
2. Abide by the District's Standards of Conduct.

Department Directors/Managers/Supervisors Responsibilities

1. Create a work environment in which ethical concerns can be raised and openly discussed without fear of retaliation.
2. Consult with Human Resources and the Chief Compliance and Privacy Officer regarding violations or suspected violations of Standards of Conduct and work with Human Resources and Chief Compliance and Privacy Officer to conduct proper investigation.
3. Monitor compliance.

Human Resources Responsibilities

1. Observe the standards of our professions and exercise judgment and objectivity.
2. Provide guidance and assist employees in complying with the District's expectations of ethical business conduct and uncompromising values.
3. Assist supervisors/managers with investigations of violations of Standards of Conduct.

POLICY & PROCEDURE

Policy Title: **Standards of Conduct**

Effective Date: 1/16/2013

Department: **Compliance**

Policy Number: N/A

4. Notify Chief Compliance and Privacy Officer of violations or suspected violations of the Standards of Conduct.

Compliance Office Responsibilities

1. Track and investigate violations of the Standards of Conduct
2. Provide education and guidance to staff and the board workforce, Committee and Board members as appropriate.

APPROVED BY	DATE
<u>Ellen Pentland Deborah Hall</u> , Chief Compliance and Privacy Officer	12/11/2012
<u>Quality, Patient Safety Audit</u> and Compliance Committee	12/11/2012
Health Care District Board Approval:	1/16/2013

POLICY REVISION HISTORY

Original Policy Date

1/1/2008

Revisions

12/1/2008	"[Next Revised Policy Date]"
10/1/2010	"[Next Revised Policy Date]"
1/16/2013	"[Next Revised Policy Date]"

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number: N/A

APPLICABILITY AND PURPOSE

This Conflict of Interest Policy and Procedure applies to all board members, committee members, officers, employees and individuals contracted for services in lieu of employment of the Health Care District of Palm Beach County ("District") and its affiliated entities including Lakeside Medical Center, Edward J. Healey Center, Physician Office Practices, School Health, Pharmacy, Aeromedical, Trauma, and Managed Care.

PURPOSE

The purpose of this policy is to ensure that all organizational decisions are made solely to promote the best interests of the District, its patients, members and residents without favor or preference based upon prohibited personal considerations. It is intended to provide guidance concerning the identification, avoidance, curing and disclosure of any act or relationship that may conflict or appear to conflict with the best interests of the District, the safety of its patients, the quality of care, and the communities it serves.

DEFINITIONS

Agent – any person and entity that contracts with the District to provide health care related services, equipment or other goods or services. Agents do not include volunteers.

Conflict of Interest- any situation in which financial, professional or personal interests, including the interests of their immediate family members, persons living in the same household and/or business associates, may compromise one's professional judgement or other obligation to the District or its primary constituencies, situation where regard for a Covered Person's private interest tends to lead to disregard of a public duty or interest. A "conflict of interest" occurs when Covered Persons solicit or accept gifts, do business with the District and or engage in prohibited employment or business relationships, accept unauthorized compensation, misuse their position, disclose or use certain information, solicit or accept honoraria, or engage in lobbying the District within two years of separation of employment in violation of this policy, all of which are more fully described below. It is important to understand that the appearance of a Conflict of Interest may be just as damaging to the District as an actual Conflict of Interest.

Contract- means and includes any type of written agreement that ~~This~~ includes, but is not limited to, memorandums of understanding agreement, ~~memorandums of agreement~~, letters of agreement, written vendor quotes (with terms and conditions), leases, inter-local agreements, grants, purchase orders, and addendums or amendments to the foregoing.

Covered Person- a District board member, committee member, officer, employee or individual contracted for services in lieu of employment.

District- the Health Care District of Palm Beach County and its affiliated entities including, but not limited to Lakeside Medical Center, Edward J. Healey Center, Physician Office Practices, School Health, Pharmacy Aeromedical, Trauma, and Managed Care.

Domestic Partner- an adult, unrelated by blood with whom an unmarried or separated Covered Person has an exclusive committed relationship and maintains a mutual residence as evidenced by registration with the Clerk of Court of Palm Beach County, or the county in which the Covered Person and Domestic Partner reside

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number: N/A

Employees - includes all employees (permanent, temporary and per-diem), volunteers, students, and others rendering paid or unpaid services, including, but not limited to Agents, Board Members, Medical Staff, and Officers.

Exempt Employee- an individual employee employed in a bona fide executive, administrative, professional, computer or outside sales position and is not subject to the minimum wage and overtime provisions of laws governing the payment of wages. To qualify for the exemption, employees must meet certain tests regarding their job duties and be paid on a salary basis. Job titles do not determine exempt status. Additional information can be found in the District's Exempt Employee Pay Policy. Questions about your status as an exempt employee should be directed to Human Resources.

Family Member- a spouse/domestic partner, parent child sibling, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent or grandchild, aunts, uncles, nieces, nephews, and spouse of a grandparent or grandchild.

~~parent, spouse, domestic partner, child, or sibling of the Covered Person. This includes biological, adoptive or step relationships.~~

Gift- something which is ~~offered~~paid or given by a person or entity to a Covered Person, or to another person for or on behalf of the Covered Person, directly, indirectly, or in trust for the Covered Person's benefit or by any other means, where the Covered Person does not, in exchange, give something of equal or greater value to that person or entity within 90 days, including:

- ~~r~~Real property
- ~~t~~he use of real property
- ~~t~~angible or intangible personal property or the use of such property
- ~~a~~ preferential rate or terms on a debt, loan, goods, or services, which rate is below the customary rate and is not either a government rate available to all other similarly situated government employees or a rate which is available to similarly situated members of the public by virtue of occupation, affiliation, age, religion, sex, or national origin
- ~~f~~orgiveness of an indebtedness
- ~~t~~ransportation, other than that provided to a public employee by an agency in relation to officially approved governmental business, lodging, or parking
- ~~f~~ood or beverage

- Membership dues
- Entrance fees, admission fees, or tickets to events, performances, or facilities
- Plants, flowers, or floral arrangements
- Services provided by persons pursuant to a professional license or certificate
- Other personal services for which a fee is normally charged by the person providing the service
- Any other similar service or thing having an attributable value not already provided for above

A "gift" does not include the following items:

POLICY & PROCEDURE

Policy Title: **Conflict of Interest** Effective Date: 12/11/2012
Department: **Compliance** Policy Number: N/A

- Salary, benefits, services fees, commissions, or expenses associated with the Covered Person's employment, business, or service as an officer or director of a corporation or organization.
- Campaign contributions or expenditures reported pursuant to statute, campaign-related personal services provided without compensation by individuals volunteering their time, or any other contribution or expenditure by a political party
- An honorarium or an expense related to an honorarium event, unrelated to their public duties, paid to a Covered Person or the Covered Person's spouse.
- An award, plaque, certificate, or similar personalized item given in recognition of the Covered Person's public, civic, charitable, or professional service.
- An honorary membership in a service or fraternal organization presented merely as a courtesy by such organization.
- The use of a public facility or public property made available by a governmental agency, for a public purpose.
- Transportation provided to a Covered Person by an agency in relation to officially approved governmental business.
- Gifts provided directly or indirectly by a state, regional, or national organization which promotes the exchange of ideas between, or the professional development of, government officials or employees and whose membership is primarily composed of elected or appointed public officials or staff, to members of that organization or officials or staff of a governmental agency that is a member of that organization.

Lobbyist-a person who, for compensation, seeks or sought to influence the governmental decision making of the District Board, Chief Executive Officer or purchasing agent, or who encouraged the passage, defeat, or modification of any proposal or recommendation by the Chief Executive Officer, purchasing agent, or the District Board, within the past 12 months.

Non-Exempt Employee-an employee, generally paid on an hourly basis, who is subject to the minimum wage and overtime provisions of the laws governing payment of wages. Additional information can be found in the District's Non-Exempt Employee Pay Policy. Questions about your status as a non-exempt employee should be directed to Human Resources.

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: Compliance

Policy Number: N/A

Outside Employment- an employment or contractual relationship between a Covered Person and a person or entity other than the District whereby the Covered Person provides services in exchange for compensation.

Third Party –any individual or organization that currently or in the future conducts business transactions with the District, including entities in which an employee has a substantial interest (for publicly held corporations, substantial interest is defined as owning at least 1% of a class of the outstanding securities for that corporation; for non-publicly held entities, substantial interest will be examined on a case-by-case basis after the disclosure is made), is a director or officer of, or has any personal contract, agreement, understanding or employment of any kind with any physician, supplier, customer, or other individual or business concern that has a contractual arrangement with, does business with, seeks to do business with, or competes with the District.

POLICY

All Covered Persons have a duty to be loyal and to advance the legitimate business interests of the District. This includes avoiding the solicitation or acceptance of any type of personal benefit by virtue of their employment or association with the District. Covered Persons should avoid placing themselves in a position where their actions, or the acts or interests of a family member or a related third party may have a financial, business, professional, or social impact that could directly or indirectly oppose the best interests of the District or the constituencies it serves. Any potential conflict of interest should be disclosed immediately upon identification by completing a Conflicts of Interest Disclosure Form (Disclosure).

All Covered Persons whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will subject workforce members to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination.

Although it is not possible to list all activities that could create a conflicts of interest in the workplace, the following are examples of activities that should be avoided/may be prohibited:

- Receiving or giving a personal benefit of more than a nominal value from or to any Third Party doing or seeking to do business with the District.
- Conducting business with a personal friend, business associate or relative on behalf of the District.
- Speculating or dealing in material, equipment, supplies, products, land leases or other property purchased or sold by the District for which negotiations to purchase, acquire or sell are pending or anticipated.
- Disclosing to anyone, including relatives as defined above, any information, plans, or forecasts relating to the District which have not been released publicly.
- Except where prohibited by law, hiring or entering into a contractual arrangement with a Relative where a person currently employed by the District will be working directly for, or supervising, a Relative,

and/or occupying a position in the same line of authority as the Relative within the organization.

- Accepting outside employment or holding a material financial interest with an organization that does business with or is a competitor of the District.
- Holding a position(s) that interferes with the performance of their assigned duties or the professional standards of the District.
- Using the District's property or other resources for outside activities.
- Participating in any other activity that is perceived by the District as being a conflict of interest.

Any questions you may have should be discussed with your supervisor, the Human Resources Department or the Chief Compliance and Privacy Officer.

PROCEDURE

PROHIBITED CONFLICTS OF INTEREST:

All Covered Persons are prohibited from engaging in conduct that creates a conflict of interest

including, but not limited to, the activities described below:

Solicitation or Acceptance of Gifts

Covered Persons are prohibited from *soliciting or/accepting or offering/giving* anything of value, including gifts, loans, rewards –promises of future employment, favors or services that are based on any understanding that their vote, official action or judgment would be influenced by such a gift.

The District Board members, Chief Executive Officer, and any purchasing agent with authority to make any purchase in excess of \$20,000 on behalf of the District, is prohibited from *soliciting* any gift from a political committee, a certified committee of continuous existence (as defined by Fla. Stat. 106.011), or from a lobbyist, where the gift is for the personal benefit of the District Board member, Chief Executive Officer, the purchasing agent, or any of their Family Members

District Board members, the Chief Executive Officer, and any purchasing agent with authority to make any purchase in excess of \$20,000 on behalf of the District, or any person on his or her behalf, is prohibited from *knowingly accepting*, directly or indirectly, a gift from a political committee, certified committee of continuous existence (as defined in Fla. Stat. 106.011), or from a Lobbyist, if he/she knows or reasonably believes that the gift has a value in excess of \$100.00. However, such a gift may be accepted by the Chief Executive Officer on behalf of the District or a charitable organization so long as the Chief Executive Officer does not maintain custody of the gift for any period of time beyond that reasonably necessary to arrange for the transfer of custody and ownership of the gift. The value of the gift is generally determined using the actual cost to the donor, less taxes and gratuities, or the reasonable and customary charge for personal services provided by the donor directly. Compensation provided by the Chief Executive Officer to the donor within 90 days after receipt of the gift is deducted from the value.

Doing Business with the District and Prohibited Employment and Business Relationships

Covered Persons are prohibited from having an employment or contractual relationship with any business entity or agency which is subject to the regulation of the District or that is doing business with the District. Furthermore, Covered Persons are prohibited from having an employment or contractual relationship that will create a continuing

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number: N/A

or frequently recurring conflict between his or her private interests and the performance of his or her public duties or that would impede the full and faithful discharge of his or her public duties. However, where the regulatory power over the business entity resides in another agency and not the District, the employment or contractual relationship is not a conflict-of interest. Additionally, where the Covered Person is not personally performing services for the District through the outside employment or business relationship of the other entity, such outside employment may be approved depending on the facts and circumstances of each situation presented.

Covered Persons acting in their official capacity as a purchasing agent, with authority to commit the expenditure of public funds through a contract for, or the purchase of, any goods, services, or interest in real property for the District (as opposed to the authority to request or requisition a contract or purchase by another person) are prohibited from either directly or indirectly purchasing, renting, or leasing any realty, goods, or services for the District from any business entity of which the Covered Person, or the Covered Person's spouse or child is an officer, partner, director, or proprietor or in which the Covered Person or his or her spouse or child, or any combination of them, has a material interest. A material interest means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity; however, indirect ownership does not include ownership by a spouse or minor child.

Covered Persons are prohibited from acting in a private capacity to rent, lease, or sell any realty, goods, or services to the District unless the contract for the transaction was entered into prior to the Covered Person's first date of employment, or first date of appointment, at the District. However, no violation of this policy exists where

- The Covered Person's Outside Employer or Business is awarded the contract under a system of sealed, competitive bidding to the lowest or best bidder and:
 - the Covered Person or his/her spouse or child have not participated in the determination of bid specifications or the determination of the lowest or best bidder in any way;
 - the Covered Person or his/her spouse or child have not in any way used or attempted to use the Covered Person's influence to persuade the District or its board members, officers or employees to enter into the contract other than by the mere submission of the bid; and
 - the Covered Person, prior to or at the time of the submission of the bid has filed a statement with the Palm Beach County Supervisor of Elections disclosing the nature of the Covered Person or his/her spouse or child's interest in the Outside Employer or Business and the nature of the intended business.
- The purchase or sale contemplated is for legal advertising in a newspaper, for any utilities service, or for passage on a common carrier
- An emergency purchase or contract that must be made in order to protect the health, safety, or welfare of the citizens of Palm Beach County;
- The Outside Employer or Business is the only source of supply within Palm Beach County and there is full disclosure by the Covered Person of his/her interest in the Outside Employer or Business to the District Board prior to the purchase, rental, sale, leasing, or other business being transacted

POLICY & PROCEDURE

Policy Title	Conflict of Interest	Effective Date	12/11/2012
Department:	Compliance	Policy Number:	N/A

- The total amount of the contracts or transactions in the aggregate between the Outside Employer or Business and the District does not exceed \$500 00 per calendar year.
- The Covered Person purchases in a private capacity goods or services at a price and terms available to similarly situated members of the general public.

A Covered Person who seeks secondary employment with an Outside Employer or Business that maintains a contract with the District may be approved depending on consideration the following factors, which include but are not limited to

- The Covered Person and his/her Family Members do not work in the District department that will enforce, oversee or administer the subject contract;
- The Outside Employment does not interfere with or otherwise impair the Covered Person's independence of judgment or otherwise interfere with the full and faithful performance of his or her public duties to the District;
- The Covered Person or his/her Family Members have not participated in determining the contract requirements or awarding the contract;
- The Covered Person's job responsibilities will not require him/her to be involved in the Outside Employer's contract with the District in any way including, but not limited to, its enforcement oversight, administration, amendment, extension, termination, or forbearance;
- The Covered Person will not use District Property or other resources in conducting the activities;
- The Covered Person's performance of District functions will not be impaired or impeded by the activities;
- The Covered Person will not use paid or unpaid leave time, including FMLA, medical or personal leave, provided by the District to engage in the activities;
- No outside work may be done during paid hours, including lunch hours and breaks, and no District facilities, equipment, labor or supplies are to be used to conduct this outside activity;
- Covered Persons who hold exempt positions are not prohibited from engaging in secondary employment outside of regularly scheduled work hours at the District so long as the Covered Person responds to District needs outside of regularly scheduled hours in a timely and responsible manner;
- The Covered Person has submitted a Conflict of Interest Disclosure Form which has been reviewed and approved by Human Resources and Compliance.

Unauthorized Compensation

Covered Persons, their spouses and minor children are prohibited from accepting any compensation, payment, or item of value when the Covered Person knows, or should know with the exercise of reasonable care, that is given to influence an action in which the Covered Person was expected to participate in his or her official capacity.

POLICY & PROCEDURE

Policy Title **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number N/A

Misuse of Position

Covered Persons are prohibited from corruptly using or attempting to use his or her position or any property or resource which may be within his or her trust, or perform his or her official duties, to secure a special privilege, benefit or exemption for himself, herself, or others.

Disclosure or Use of Certain Information

Current and former Covered Persons of the District are prohibited from disclosing or using information not available to members of the general public and gained by reason of his or her position, except for information relating exclusively to governmental practices, for his or her personal gain or benefit or for the personal gain or benefit of any other person or business entity.

Solicitation or Acceptance of Honoraria

The District Board, Chief Executive Officer, and any purchasing agent with authority to make any purchase in excess of \$20,000 on behalf of the District are prohibited from soliciting an honorarium which is related to their public office or duties. An honorarium means any payment of money or anything of value, directly or indirectly, to the District Board member, Chief Executive Officer, and purchasing agent, or to any other person on his or her behalf, as payment for a speech, address, oration or other oral presentation by the individual, regardless of whether presented in person, recorded or broadcast over the media, or for a writing that is intended to be published (other than a book). Because an honorarium does not include the payment or provision of actual and reasonable transportation, lodging, and food and beverage expenses related to the honorarium event, including any event or meeting registration fee for the individual and spouse, the individual may accept payment of such expenses related to an honorarium event, provided the individual receives a statement listing the name and address of the person providing the expenses, a description of the expenses provided each day, and the total value of the expenses provided for the event within 60 days of the event and discloses such expenses with the statement annually in the financial disclosure when such expenses are paid by a political committee or committee of continuous existence or from a lobbyist.

Use of District Name

Using the District's name, logo, or other identifying marks in outside private business or employment, or misrepresenting oneself as an agent of the District is prohibited. Using the District's name in an individual's sponsorship of a political party or cause in a way that implies the District endorsement of private services, business, equipment or supplies is prohibited.

Lobbying by Former Employees

Employees are prohibited from representing another person or entity for compensation before the District for two (2) years after vacating such office.

~~DISCLOSURE OF POTENTIAL CONFLICTS~~

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: Compliance

Policy Number: N/A

PROCEDURE

All Covered Persons must complete the Conflict of Interest Disclosure Form upon hire and annually during their performance review. Covered Persons must also update the Form if any activity or personal interest that may lead to a conflict of interest arises within 10 days of becoming aware of a potential conflict of interest.

CONSEQUENCES OF VIOLATIONS:

Any employee who engages in prohibited conduct, as specified above shall be subject to discipline up to and including termination of employment.

Additionally, any Covered Person may be subject to investigation by the Florida Commission on Ethics, the Palm Beach County State Attorney's Office, the Palm Beach County Inspector General, or other enforcement agencies, which may result in civil and/or criminal penalties, if the violation of this policy also constitutes a violation of Florida law.

REPORTING VIOLATIONS:

Employees must contact the Compliance Department if they have any questions concerning the Conflict of Interest Policy. Suspected violations of the Conflict of Interest Policy must be reported immediately to the Compliance or Human Resources Departments or to the Compliance Hotline at 1-866-633-7233.

NON-RETALIATION

The District will not retaliate against any employee who reports suspected violations of this policy in good faith. (NR1)

RESPONSIBILITIES

Covered Person's Responsibilities

1. Fully, accurately, and timely fill out and submit the Conflict of Interest Disclosure Form as required by District policy.
2. Submit interim Conflict of Interest Disclosure Forms within 10 days of becoming aware of new activities or interests that may present a potential Conflict of Interest.
3. Avoid engaging in activities that present a potential Conflict of Interest.
4. When engaging in approved Outside Employment or other activities, adhere to all other District policies governing the situation.
5. When engaging in approved Outside Employment or other activities, he or she shall not take part in any decisions related to the outside employer or business to which the conflict relates.
6. Immediately report suspected Conflicts of Interest to the Compliance or Human Resource Departments or calling the Compliance Hotline (1-866-633-7233).

Department Directors/Managers/Supervisors Responsibilities

1. Refer employees to the Compliance or Human Resource Departments as needed.

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: Compliance

Policy N/A

Number:

2. Assist in ensuring Conflict of Interest Disclosure Forms are provided to and collected from, employees annually. Forms are located on SharePoint under Compliance
3. Assure all employees submit all Conflict of Interest Disclosure Forms thru SharePoint.

Compliance Department Responsibilities

1. Review all Conflict of Interest Disclosure Forms that present a potential Conflict of Interest, conduct further investigation as needed.
2. Consult with Human Resources to develop and implement recommendations as to the resolution of any actual conflict.
3. Educate new employees about this Policy. Educate current employees as needed
4. Receive and investigate complaints regarding violations of this Policy with assistance from Human Resources

Human Resources Department Responsibilities

1. Ensure Conflict of Interest Disclosure Forms are provided to, and collected from, each employee annually and during New Hire Orientation.
2. Assist Compliance Department in developing and implementing recommendations as to the resolution of any actual conflict.
3. Receive complaints regarding violations of this Policy
4. Assist Compliance Department in conducting investigations of potential conflicts of interest.
5. Assist in providing Conflict of Interest Disclosure Forms as needed from employees
6. File and maintain Conflict of Interest Disclosure Forms and related documents [NR2]

Any Disclosures noting a potential conflict will be reviewed and conflicts resolved in the following manner:

1. For Board Members and the Chief Executive Officer, the Chief Compliance and Privacy Officer will review and make a recommendation to the Board's Compliance Committee. The Compliance Committee shall make a decision about any needed plan for curing or managing any disclosed conflict.
2. For employed and contracted Medical Staff, the Medical Executive Committee shall review the disclosure and recommend corrective action to the Board's Compliance Committee. The Compliance Committee shall make a decision about any needed plan for curing or managing any disclosed conflict.
3. For Volunteers, and Employees, the Director of Human Resources will review the disclosed conflict and recommend a course of action to the Chief Compliance and Privacy Officer who shall take appropriate action as warranted under the circumstances to resolve the actual or potential conflict of interest.
4. For Vendors, the Procurement Officer [NR3] will review the disclosure and recommend action to the Chief Compliance and Privacy Officer who may take corrective action to cure or manage the conflict after

consultation with the appropriate executive officer.

Any valid appeal regarding corrective action recommended or taken shall be submitted to the District's Compliance Committee for review. Recommendations to amend actions previously taken will be submitted to the Board's Compliance Committee for approval.

The following factors shall be considered when reviewing completed Questionnaires and Disclosures:

1. Whether the Covered Person or an Immediate Family Member is a party to, or may directly or indirectly benefit from, a proposed agreement or transaction;
2. Whether the Covered Person's desire for, or expectation of, direct or indirect external economic advantage could distort the decision regarding a proposed transaction or activity;
3. Whether the Covered Person or an Immediate Family Member is engaging in an activity, business, or transaction in which the District is likely to engage;
4. Whether the Covered Person's outside activities may conflict with his/her rights of, or obligations to, the District or its constituencies;
5. Whether the Conflict of Interest can be cured or managed by recusal or other appropriate action; and
6. Whether the Conflict of Interest is actual or perceived.

If it has been determined that a Conflict of Interest, the Chief Compliance and Privacy Officer shall notify the applicable Covered Person in writing of the determination and the recommended course of action. The Covered Person shall respond to the Chief Compliance and Privacy Officer in writing indicating how he/she complied with the determination and the recommended course of action.

Completed Conflict of Interest Disclosures Forms in hard copy and/or electronic format, will be maintained in strict confidence and retained for six (6) years following the end of the current calendar year. The Chief Compliance and Privacy Officer will retain corresponding memoranda of all Board Compliance Committee and Corporate Compliance Committee actions/decisions for the corresponding six (6) year period.

CROSS-REFERENCES

Employment of Relatives Policy
Exempt Employee Pay Policy
Non-Exempt Employee Pay Policy
Standards of Conduct Policy
Contracts Policy
Purchasing Policy
Property Usage Policy
Florida Statute Sections 112.313, 112.3148

POLICY & PROCEDURE

Policy Title: **Conflict of Interest**

Effective Date: 12/11/2012

Department: **Compliance**

Policy Number: NJA

FORMS

The Conflict of Interest Disclosure Form is available under the Compliance Section in SharePoint, the District's internal website.

APPROVED BY


 Darcy Davis CEO

12/03/2018

Audit and Compliance Committee

12/11/2012

Health Care District Board Approval

~~12/11/2012~~

POLICY REVIEW AND/OR REVISION HISTORY

Original Policy Date

Review and/or Revisions

5/19/ 010

10/12/2012

"[Next Revised Policy Date]"

3/23/2015 (procedure only)

"[Next Revised Policy Date]"

01/12/18 (procedure only)

"[Next Revised Policy Date]"

Revised

12/03/18 Revised

"[Next Revised Policy Date]"

Social Media

Policy #:	HCDPRIV103	Effective Date:	03/12/2020
Business Unit:	HCD Shared Policies	Last Review Date:	
Approval Group:	HCD Privacy Policy Board Approval	Document Owner(s):	Compliance
Board Approval Date:			

PURPOSE

The purpose of this policy is to provide workforce members who participate in social media with guidelines regarding appropriate participation in social media sites. Social media includes personal blogs and other websites, including, but not limited to Facebook, LinkedIn, Twitter, YouTube or others. These guidelines apply whether workforce members are posting to their own sites or commenting on other sites.

SCOPE

The scope of this policy includes all workforce members of the Healthcare District of Palm Beach County and its affiliates (the "District") who participate in social media by posting to their own sites or commenting on other sites.

POLICY

Any workforce member who participates in social media either, as an employee or an individual on their own time, must follow all relevant policies and procedures of the District. For example, workforce members must not share confidential or proprietary information about the company and you must maintain patient privacy at all times. Among the policies that are most pertinent include those dealing with Confidential Information and Data Security and Authorized Uses and Disclosures of Protected Health Information (PHI).

Workforce members who violate the policy's guideline may be subject to disciplinary action, up to and including termination. In addition, violations of the privacy or security requirements of the Health Insurance Portability and Accountability Act (HIPAA) may subject both you as an individual and the District to fines up to \$1.5 million.

EXCEPTIONS

N/A

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

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

Social Media

Procedure #:	HCDPRIV103	Effective Date:	3/12/2020
Business Unit:	HCD Shared Policies	Last Review Date:	
Approval Group:	HCD Board	Document Owner(s):	Compliance

PROCEDURE

The following guidelines should be followed whenever you participate in social media as an employee or an individual.

1. You should never post any content that includes individually identifiable personal health information including patient images on any Social Media Site. You are also prohibited from using Social Media to provide medical advice or medical commentary by non-physicians or to use the Social Media Site to make, recommend or increase referrals to physicians.
2. You should never violate any local, state, federal and international laws and regulations, including but not limited to copyright and intellectual property rights laws regarding any content that you send or receive or transmit any material (by uploading, posting, email or otherwise) that is unlawful, disruptive, threatening, profane, abusive, harassing, embarrassing, tortuous, defamatory, obscene, libelous, or is an invasion of another person's privacy, is hateful or racially, ethnically or otherwise objectionable.
3. Write in the first person. Where your connection to the District is apparent, make it clear that you are speaking for yourself and not on behalf of The District. In those circumstances, you should include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer." Consider adding this language in an "About me" section of your blog or social media profile.
4. If you identify your affiliation to the District, your social media activities should be consistent with the District's high standards of professional conduct.
5. If you communicate in the public internet about the District or District-related matters, you must disclose your connection with the District and your role at the District or one of its affiliated entities.
6. Be professional. Use good judgment and be accurate and honest in your communications; errors, and omissions. Unprofessional language or behavior reflect poorly on the District, and may result in liability for either you or the District. Be respectful and professional to fellow employees, business associates, competitors and patients.
7. Ensure that your social media activity does not interfere with your work commitments.
8. The District strongly discourages "friending" of patients on social media websites. Staff in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.

9. The District discourages staff in management/supervisory roles from initiating “friend” requests with employees they manage. Managers/supervisors may accept friend requests if initiated by the employee, and if the manager/supervisor does not believe it will negatively impact the work relationship.
10. The District does not endorse people, products, services and organizations. Official District accounts should not be used to provide such endorsements. For personal social media accounts where your connection to the District is apparent, you should be careful to avoid implying that an endorsement of a person or product is on behalf of the District, rather than a personal endorsement. As an example, LinkedIn users may endorse individuals or companies, but may not use the District's name in connection with the endorsement, state or imply that the endorsement is on behalf of The District, or state specifically that the endorsement is based on work done at the District.
11. Unless approved by the Executive Leadership, your social media name, handle and URL should not include the District's name or logo.

Suspected violations of these guidelines should be reported immediately to the Chief Compliance and Privacy Officer for review and investigation.

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

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

HEALTH CARE DISTRICT BOARD

March 11, 2020

1. Description: Appointment of Barry Davis to the Lakeside Health Advisory Board

2. Summary:

This agenda item presents the Board with a recommendation to appointment Barry Davis to the Lakeside Health Advisory Board.

3. Substantive Analysis:

The Health Care District Bylaws specify that the District Board shall appoint standing committee members to a four (4) year term with standing committee membership limited to two (2) full terms. This agenda item includes the appointment of one new board member to the Lakeside Health Advisory Board.

Barry Davis is Lakeside Medical Center's current general surgeon. Dr. Davis brings an extensive background in rural medicine to the Lakeside Health Advisory Board. Dr. Davis has previously trained at a level one trauma center and has 10 years of military experience.

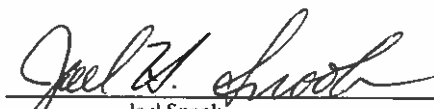
If confirmed, Dr. Davis' term will run through March 2024.

A copy of Dr. Davis' Application for Board or Committee Appointment Form and his Conflict of Interest Questionnaire will be maintained on file.

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 Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

N/A

Date

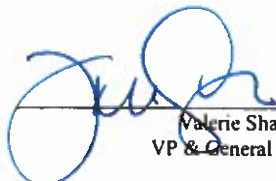
HEALTH CARE DISTRICT BOARD

March 11, 2020


6. Recommendation:

Staff recommends the Board approve the appointment of Barry Davis to the Lakeside Health Advisory Board.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas W. Cleare
AVP, Planning and Community Engagement



Barry J. Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

March 11, 2020

1. Second Amendment to Agreement between Health Care District of Palm Beach County and District Clinic Holdings, Inc.

2. Summary:

This agenda item presents the Second Amendment to the Co-Applicant agreement between Health Care District and District Clinic Holdings, Inc., d/b/a C.L. Brumback Primary Care Clinics.

3. Substantive Analysis:

The Parties entered into the agreement initially on November 28, 2012 and the First Amendment on January 27, 2017. The District proposes amending the following sections and language:

Amend Section 2 by adding the following language at the end of the section:

- District retains the authority to adopt and approve the financial management policies.

Amend Section 4(a) by deleting in its entirety and replacing with the following:

- a. The DCHI Board shall cause the Clinics to be operated in accordance with the terms and conditions of the HRSA Compliance Manual requirements.

Amend Section 4(d) by adding the following language at the end of the section:

- District retains the authority to adopt and approve the financial management policies.

Amend Section 16 Notice by replacing the contact information with the following:

If to the District addressed to:
Chief Executive Officer
Health Care District of Palm Beach County
1515 N. Flagler Dr., Suite 101
West Palm Beach, FL 33401

With a copy to:
General Counsel
Health Care District of Palm Beach County
1515 N. Flagler Dr., Suite 101
West Palm Beach, FL 33401


If to DCHI addressed to:
James Elder
c/o District Clinic Holdings, Inc. d/b/a C.L. Brumback Primary Care Clinics
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401

HEALTH CARE DISTRICT BOARD
March 11, 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 Snook, CPA
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

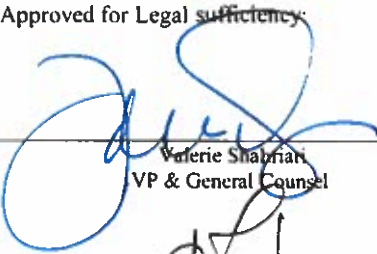
 N/A
 Committee Name

 N/A
 Date Approved


6. Recommendation:

Staff recommends the Board approve the Second Amendment to the Agreement between the Health Care District of Palm Beach County and Clinic Holdings, Inc.

Approved for Legal sufficiency:



 Valerie Shalpran
 VP & General Counsel



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



 Danny J. Davis
 Chief Executive Officer

**HEALTH CARE DISTRICT BOARD
MARCH 11, 2020**

1. Description: Sublicense Agreement

2. Summary:

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

3. Substantive Analysis:

The purpose of the Sublicense Agreement between District Clinic Holdings, Inc., and the 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.

The Health Care District pharmacy currently utilizes 295 sq. ft. of office space within the Belle Glade Clinic. The fees to the Health Care District are 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.

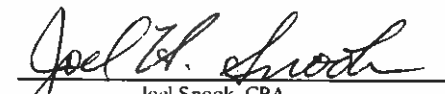
Utility Fees:

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:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Joel Snook, CPA
 VP & Chief Financial Officer

**HEALTH CARE DISTRICT BOARD
MARCH 11, 2020**

5. Reviewed/Approved by Committee:

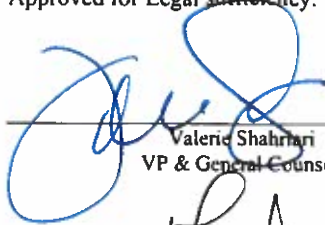
Finance & Audit Committee
Committee Name

3/10/20
Date Approved

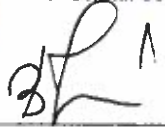
6. Recommendation:

Staff recommends the Board approve the Sublicense Agreement.

Approved for Legal sufficiency:



Valerie Shahriani
VP & General Counsel



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



Darcy J. Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

March 11, 2020

1. Amendment to the Health Care District Bylaws

2. Summary:

This item presents a proposed amendment to the Health Care District Bylaws.

3. Substantive Analysis:

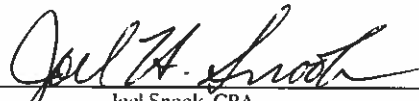
The District proposes amending the bylaws by deleting Section 9.3(b) titled, Healthy Palm Beaches. Attached for your review are the following documents:

- Updated version of the bylaws showing the proposed amendment; and,
- Office of Insurance Regulation Confirmation

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 Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

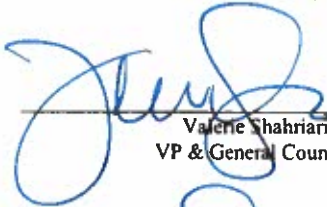
6. Recommendation:

Staff recommends the Board approve the amendment to the Health Care District Bylaws.

HEALTH CARE DISTRICT BOARD

March 11, 2020

Approved for Legal sufficiency:



Valerie Shahrian
VP & General Counsel



Valerie Shahrian
VP & General Counsel



Darcy J. Davis
Chief Executive Officer



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

FINANCIAL SERVICES
COMMISSION

RON DESANTIS
GOVERNOR

JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

ASHLEY MOODY
ATTORNEY GENERAL

NICOLE "NIKKI" FRIED
COMMISSIONER OF
AGRICULTURE

SENT VIA EMAIL

September 17, 2019

**RE: Healthy Palm Beaches, Inc. ("the Company") Surrendering Health Maintenance Organization (HMO) License
NAIC Company Code: 95827**

Ms. Valerie Shahriari
General Counsel
Healthy Palm Beaches, Inc.
West Palm Beach, FL 33401

Dear Ms. Shahriari,

The Florida Office of Insurance Regulation ("the Office") is in receipt of the Company's letter dated August 7, 2019 notifying the Office of the Company's intent to surrender their HMO license. In relation to the surrender, the Office is also in receipt of the Company's affidavit that the Company has no policyholders or liabilities.

Please accept this letter as the Office's approval of the Company's HMO License surrender.

If you have any questions or concerns, please feel free to contact me directly at (850) 413-3802 or by email at Carly.Herrera@floi.com.

Sincerely,

Carolina Herrera
Financial Examiner/Analyst II



Bylaws of The Health Care District of Palm Beach County

Version Dated: September 24, 2019

**BYLAWS
OF THE
HEALTH CARE DISTRICT
OF PALM BEACH COUNTY**

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**BYLAWS
OF
THE HEALTH CARE DISTRICT
PALM BEACH COUNTY**

Section 1 – Statutory Authority, Purpose, Mission and Vision

- 1.1 **Statutory Authority.** These Amended and Restated Bylaws of the Health Care District of Palm Beach County (the “District”) have been adopted as the Bylaws of the District (the “Bylaws”) by the District’s governing board pursuant to the authority conferred upon the governing board by the Florida Legislature in 1987 (Chapter 87-450, Laws of Florida), as amended and codified by Chapters 88-460, 91-344, 92-340, 93-382, 96-509, 2000-489 and 2003-326 Laws of Florida (the “Health Care Act”).
- 1.2 **Health Care District of Palm Beach County.** The term “District,” as used in these Bylaws, means the Health Care District of Palm Beach County and all affiliated entities.
- 1.3 **Purpose.** The purpose of the District as set forth in the Health Care Act is to be a source of funding for indigent and medically needy residents of Palm Beach County and to maximize the health and well-being of Palm Beach County residents by providing comprehensive planning, funding and coordination of health care services.
- 1.3 **Mission.** The mission of the District is to be the health care safety net for Palm Beach County.
- 1.4 **Vision.** The vision of the District is to meet changes in health care to keep the District’s community healthy.

Section 2 – Governing Board and Board Members

- 2.1 **Governing Board.** The District’s Governing Board shall be known as the Board of the Health Care District of Palm Beach County (“Board”).
- 2.2 **Qualifications.** As set forth in the Health Care Act, a Board member or the spouse of a Board member may not, at the time of appointment or for 1 year prior to appointment or during the term of the District Board member:
- a. Have any financial interest, other than ownership of shares in a mutual fund, pension plan, or profit-sharing plan, in any entity which, either directly or indirectly, receives funds from the District.
 - b. Be employed, retained by, or engaged in any activity with any entity which, either directly or indirectly, receives funds from the District, except for the director of the Palm Beach County Public Health Department.

- c. Serve on the board of directors or board of trustees of any entity, which either directly or indirectly, receives funds from the District.

2.3 **General Powers.** Consistent with the purpose set forth herein, the Board is vested with the authority to provide for the comprehensive planning, funding and coordination of health care services for the residents of Palm Beach County. For that purpose, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act.

2.4 **Role.** The Board's general powers and responsibilities as set forth in the Health Care Act and herein shall be exercised as a whole body and not through the actions of any one member. The Board shall rely on the Chief Executive Officer to manage the District's daily operations and the Board shall not interfere with said management. For the purposes of information and inquiry, individual Board members may directly ask questions or request information from District officers.

2.5 **Responsibilities.** The governance and business of the District is conducted by the Board with due attention to the District's purpose, mission and vision. Responsibilities of the Board include, but are not necessarily limited to:

- a. Plan, set policy and oversee the provision of health care services, programs and facilities with and without other public and/or private health care providers for all residents and users in Palm Beach County;
- b. Oversee and approve agreements, leases, contracts, deeds, notes and other instruments for the acquisition, establishment, construction, operations and/or maintenance of such health care services, programs and facilities as shall be necessary for the health care needs of the residents and users in Palm Beach County;
- d. Accountable for monitoring and oversight of the quality of all health care services provide by the District;
- e. Oversee the compliance and ethics program and review matters related to compliance with federal and state laws and federal health care program requirements;
- d. Oversee the engagement of professional service providers and consultants as may be necessary in its judgment to assist the Board in accomplishing the District's mission;
- e. Annually determine and approve a District budget and millage in accordance with Florida law and the Health Care Act;
- f. Promulgate and adopt general policies for the operation of the District;
- g. Review and approve the mission and vision statement of the District;

- h. Approve and oversee the District's strategic plan and maintain strategic oversight of implementation;
- i. Serve on or act as the Board of Directors for any subsidiary or affiliated entity established by the District;
- j. Establish and support affiliate entities to assist the District in fulfilling its mission;
- k. Review the bylaws, charters or policies of any subsidiary entity subject to Board approval;
- l. Appoint and/or remove and credential medical staff members and grant, limit or deny specific clinical privileges upon recommendations from the appropriate committee;
- m. Retain fiduciary responsibility and authority for all aspects of operations of its subsidiary entities including approving the budgets for each;
- n. Address such other responsibilities as may be contemplated and/or determined by the Health Care Act, applicable law and/or the Board.

All of the foregoing responsibilities are hereby found and declared to be a public purpose and necessary for the preservation of the public health, for the public good, and for the welfare of the residents of Palm Beach County.

2.6 ***Fiduciary Duties.*** The Board shall exercise all of its powers and responsibilities as set forth in applicable law, the Health Care Act and these Bylaws with the following fiduciary duties:

- a. Care: which refers to the obligation of Board members to exercise proper diligence of care in their decision making process;
- b. Loyalty: which requires Board members to discharge their obligations unselfishly, in a manner designed to benefit only the organization and not the Board member personally; and
- c. Obedience: which requires that Board members be faithful to the underlying purpose, mission and goals of the District as set forth in the Health Care Act, these Bylaws and District policies.

2.7 ***Compensation; Reimbursement of Expenses.*** No Board member shall be entitled to receive from the District compensation for service on the Board or any committee of the Board. Members of the Board shall be entitled to receive from the District reimbursement for the actual expenses, including travel expenses, incurred by such member consistent with District policies and procedures.

Section 3 – Officers

- 3.1 **Officers.** The Board Officers shall consist of a Chair, Vice Chair, and Secretary. The Board Officers shall be elected at the annual meeting and shall hold office for a one (1) year term. Officers may not hold the same office for more than three (3) full terms. Vacancy in office shall be filled by special Board election as soon as reasonably possible. Any Board Officer can be recalled from office by a vote of four (4) members of the Board.
- 3.2 **Chair.** Recognizing the Chair’s responsibility to maintain the integrity of corporate governance, the Board Chair has primary responsibility to:
- a. Preside over and conduct all meetings of the Board;
 - b. Set a high standard of Board conduct by modeling rules of conduct as set forth in these Bylaws;
 - c. Serve as an ex-officio member of all committees of the Board;
 - d. Establish ad hoc committees, the term of which may not exceed the term of the Chair;
 - e. Propose mission based goals;
 - f. Build cohesion among and between the Board and Chief Executive Officer and to apportion responsibilities;
 - g. Encourage effective Board self-evaluation;
 - h. Facilitate the Chief Executive Officer’s performance evaluation and compensation process;
 - i. Represent and execute the will of the majority of the Board; and
 - j. Perform all of the duties usually pertaining to the office of Chair.
- 3.3 **Vice-Chair.** The Vice Chair shall assume the duties of the Chair in the absence of the Chair.
- 3.4 **Secretary.** The Secretary of the Board shall:
- a. Ensure that the minutes of the meeting are accurate;
 - b. Assume the duties of the Chair in the absence of the Chair and Vice Chair;
 - c. Certify, by signature, upon receipt and approval by the Board of meeting

minutes;

- d. Certify other official papers of the Board as required; and
- e. Perform all other duties usually pertaining to the office of Secretary.

Section 4 - Meetings

- 4.1 **Meetings.** The Meetings of the Board shall be the Annual, Regular and Special meetings. The Board may also conduct joint meetings with its subsidiary and affiliated boards and entities and standing committees. All meetings or portions thereof shall be open to the public unless otherwise provided for by law.
- 4.2 **Annual Meeting.** The Regular Board meeting in September of each year shall constitute the annual meeting of the Board. Officers of the Board shall be elected and the newly elected Officers shall take office at the next Regular meeting. The Chief Executive Officer may cancel and/or reschedule the Annual meeting, upon proper notice to Board members and the public, if it is determined that a quorum will not be present or for other reasons in consultation with the Chair.
- 4.3 **Regular Meetings.** Regular meetings of the Board shall be conducted quarterly. Public notice of each meeting and the date, time and location of same shall be made as required by law. The Chief Executive Officer may cancel and/or reschedule a Regular meeting, upon proper notice to Board members and the public, if it is determined that a quorum will not be present or for other reasons in consultation with the Chair.
- 4.4 **Special Meetings.** The Board may convene Special Meetings. Such Special Meetings shall include but not be limited to:
 - a. **Emergency Meetings.** If a bona fide emergency situation exists, an Emergency meeting of the Board may be called by the Chair, Vice Chair or Chief Executive Officer. An Emergency meeting shall be noticed as time reasonably permits under the situation. All actions taken at an Emergency meeting shall be ratified by the Board at the next Regular meeting. The annual budget and millage shall not be approved at an Emergency meeting.
 - b. **Attorney-Client Meetings.** The Board may conduct closed Attorney-Client meetings pursuant to section 286.011, Florida Statutes, which includes, but is not limited to, to discuss pending litigation when the District and/or one or more of its subsidiary entities is presently a party before a court or administrative agency. The Attorney-Client meeting must be requested in a public meeting of the Board, publicly noticed and conducted consistent with the requirements of section 286.011, Florida Statutes. The Attorney-Client meeting may be combined with other meetings of the Board or held separately. No official business shall be transacted at the Attorney-Client meetings.

- c. **Workshop Meetings.** The Chair, Vice Chair or Chief Executive Officer may call for a Workshop meeting. Public notice of each Workshop meeting shall be given as required by law. No official business shall be transacted at the Workshop meetings.
 - d. **Risk Management Meetings.** At the request of the Chair, Vice Chair or Chief Executive Officer, the Board may conduct closed Risk Management meetings as authorized by law to evaluate claims or offers to compromise claims made against the District and/or one or more of its subsidiary entities. Public notice of each Risk Management meeting shall be given as required by law. No official Board business shall be transacted at the Risk Management meetings.
 - e. **Other Special Meetings.** The Chair, Vice Chair or Chief Executive Officer may call such other Special meetings authorized by and in a manner consistent with law.
- 4.5 **Attendance.** Regular attendance shall be expected for all Board members. If a member misses more than twenty-five percent (25%) of the Regular Board meetings during a twelve (12) month period, the Chair shall advise the appropriate appointing authority.
- 4.6 **Quorum and Procedure.** The presence of a majority of the appointed members of the Board shall be necessary at any meeting to constitute a quorum or to transact business. A quorum is not required for any Special meeting where official business is not to be transacted.

The Board shall promulgate rules of order for the conduct of all Board meetings. All procedural matters not addressed in said rules of order, or by these Bylaws, shall be governed by the latest edition of "Roberts Rules of Order."

- 4.7 **Voting.** Actions of the Board require a simple majority of the members present at a given meeting. Each Board member shall have one vote. Except as provided herein for attendance and voting by telephonic or electronic communication, members must be present to vote at a meeting and members may not vote by secret ballot or by proxy or designee. Unless otherwise required by law, matters requiring an affirmative vote of at least four (4) Board members include:
- a. Revisions and/or modification to these Bylaws;
 - b. Engagement or termination of the Chief Executive Officer; and,
 - c. Issuance of General Obligation and/or Revenue Bonds.
- 4.8 **Meeting Minutes.** Minutes of each meeting shall be accurately taken, preserved, and provided to members timely at a regular meeting.
- 4.9 **Agenda and Order of Business for Meetings.** There shall be an agenda for every meeting of the Board. However, the Board is not prohibited from discussing and/or taking action

on an item or matter not specified in the agenda. If an item is added to the agenda after public comment has occurred, public comment should be allowed for the added item if the Board is to take official action on the item and public comment has not previously occurred on the item.

4.10 ***Attendance and Voting by Telephonic or Electronic Communication.*** If a quorum of the Board is physically present at a Board meeting and at the time of a Board vote, other members of the Board may participate and vote by telephonic or electronic communication provided that such members are:

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

If a quorum is not required for any Special meeting where official business is not to be transacted, a Board member may participate by telephonic or electronic communication without a quorum being physically present at the Special meeting.

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

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

No Board member may participate by telephonic or electronic communication in the statutorily required public hearings for the adoption of the annual budget or the setting of the annual millage rate.

Section 5 - Conflicts of Interest

5.1 ***General.*** Board members shall not enter into contracts or agreements that would be or give the appearance of being a conflict of interest.

5.2 ***Conflict of Interest.*** Members of the Board are subject to Florida law pertaining to avoidance of conflicts of interest in holding public office, including but not limited to, Part III of Chapter 112, Florida Statutes, the Code of Ethics for Public Officers and Employees, as well as any and all other applicable standards as set forth by applicable regulatory and accreditation agencies.

5.3 ***Prohibited Financial Interests.*** No Board member, administrator, employee or

representative of the District, nor any person, organization or agency shall, directly or indirectly, be paid or receive any commission, bonus, kickback, rebate or gratuity or engage in any fee-splitting arrangement in any form whatsoever for the referral of any patient to the District.

Section 6 - Chief Executive Officer

- 6.1 **Chief Executive Officer.** The Board shall select, appoint and employ a competent Chief Executive Officer. The authority and duties of the Chief Executive Officer shall be:
- a. Achieving those goals and objectives, and implementing policies and programs established by the Board;
 - b. Ensuring that a comprehensive plan for the efficient delivery of health care services in Palm Beach County is developed and implemented;
 - c. Establish a corporate office in Palm Beach County, Florida, and take such measures as are necessary to establish and assure the efficient operation of such facilities;
 - d. Prepare and submit an annual budget and proposed millage;
 - e. Select, appoint, employ, discipline and discharge all employees authorized by the budget; provided that, the foregoing shall not restrain those employees who owe a fiduciary duty to the Board;
 - f. Supervise all business activities of the District and serve as the Chief Executive Officer or executive director of any District subsidiary entity as set forth in the entity's bylaws;
 - g. Attend meetings of the Board and its committees;
 - h. Make purchases and resolve legal claims as set forth by policy; and
 - i. Perform any and all other duties that may be necessary to serve the best interests of the District.

Section 7 – Committees

- 7.1 **Committees.** The Board and/or Chair may designate standing or ad hoc committees necessary to promote oversight of District operations. Except as stated herein, District committees shall be advisory only and shall have no power or authority to act on behalf of the Board or of the District.
- 7.2 **Standing Committees.** Standing committees shall have the power to act only as stated in these Bylaws, the committee's Board approved charter or bylaws or as conferred by the Board. The standing committees of the Board are:

- a. ***Finance and Audit.*** The Finance and Audit committee is responsible for reviewing the short, intermediate, and long range financial plans of the District, which includes reviewing the District's financial statements, the proposed annual budget, amendments to the annual budget, investments, grant compliance, insurance, building construction contracts and leases, revenue cycle oversight, physician compensation and benefits (FMV reports) and employee compensation and benefits. The Finance and Audit committee also reviews competitive purchasing solicitations which are anticipated to exceed \$100,000 in anticipated cost to the District. The Finance and Audit committee is also responsible for the oversight of the internal audit function and the external financial audit.
 - b. ***Quality, Patient Safety and Compliance.*** The Quality, Patient Safety and Compliance committee shall assist the Board with accountability for monitoring and oversight of the quality, patient safety, compliance and privacy program, corporate ethics and risk management activities of the District and its affiliated entities and promote an organizational "Culture of Quality". This includes assisting in the oversight of provider credentialing and peer review.
- 7.3 ***Ad Hoc Committees.*** The Board or Chair may designate ad hoc committees as necessary to assist with short term decisions facing the organization. The ad hoc committees may include, but are not limited to:
- a. ***Governance and Board Development Committee.*** The Governance and Board Development committee may review and recommend revisions to the Bylaws as appropriate, and to recommend the enactment of policies responsive to decisions made by the Board which have a significant and on-going impact on the operations of the District.
 - b. ***Chief Executive Evaluation and Compensation.*** The Chief Executive Officer Evaluation and Compensation committee may be responsible for performing an annual performance evaluation of the Chief Executive Officer and recommending to the Board a base pay, incentives and benefits package for the Chief Executive Officer.
 - c. ***Nominating Committee.*** The Nominating Committee may be responsible for identifying qualified individuals to serve on subsidiary boards and committees.
- 7.4 ***General Composition.*** A minimum of two (2) Board members shall be appointed to each standing committee of the Board, one of which will chair the committee. The remainder of the standing committee shall have at least five (5) but no more than nine (9) members. The District Board shall appoint standing committee members to a four (4) year term, commencing on the date of appointment, with standing committee membership limited to two (2) full terms unless otherwise recommended by the standing committee and approved by the Board. The compositions of each standing committee shall be regularly reviewed to ensure that each member meets the requirements set forth by the Board for that respective

committee. Membership on ad hoc committees shall be established by the Board or the Chair.

- 7.5 **Attendance.** Regular attendance shall be expected for all committee members. If a member misses more than twenty-five percent (25%) of the regular committee meetings during a twelve (12) month period, the committee shall advise the Board which may remove the committee member and appoint a new member.
- 7.6 **Standing Committee Charters.** Each standing committee shall create a written charter detailing the standing committee's responsibilities as summarized in these bylaws and addressing all matters related to the administration of the standing committee. Each standing committee shall have the authority to amend its charter from time to time with each approved charter being provided to the Board for informational purposes.

Section 8 – Subsidiary Boards

- 8.1 **Subsidiary Boards.** The Board may create subsidiary boards to assist the District in fulfilling its mission. The Board shall appoint board members to the subsidiary boards as set forth in each subsidiary board's bylaws. Except as approved by the Board, District subsidiary boards shall be advisory only and shall have no power or authority to act on behalf of the Board or of the District.
- 8.2 **General Composition and Attendance.** The general composition and attendance requirements for the District's subsidiary boards shall be set forth in the subsidiary board's bylaws or charters.
- 8.3 **Existing Subsidiary Boards.** The existing subsidiary board is Lakeside Health Advisory. Lakeside Health Advisory Board shall review and monitor the District's delivery of health care services in the Glades community; serve as health care advocates for the Glades community; and, make recommendations regarding the services provided at Lakeside Medical Center and recommendations for health care initiatives in the Glades community.

Section 9 – Subsidiary and Affiliated Entities

- 9.1 **Subsidiary and Affiliated Entities.** The Board may create subsidiary and affiliated entities to assist the District in fulfilling its mission. The Board shall appoint board members to the subsidiary and affiliated entities as set forth in each entity's bylaws.
- 9.2 **General Composition and Attendance.** The general composition and attendance requirements for the District's subsidiary and affiliated entities shall be set forth in the entities' bylaws.
- 9.3 **Existing Subsidiary and Affiliated Entities.** The existing subsidiary and affiliated entities are:

a. **District Clinic Holdings.** District Clinic Holdings, Inc., is an affiliate entity of the District. District Clinic Holdings is responsible for the governance, management and oversight of the C.L. Brumback Primary & Dental Care clinics including, without limitation, credentialing of all clinic providers. The District Clinic Holdings' board is vested with all power and authority as directed by federal and state regulations with regards to its responsibilities.

~~b. **Healthy Palm Beaches.** Healthy Palm Beaches, Inc., is a subsidiary entity of the District. Healthy Palm Beaches is responsible for the governance, management and oversight of the District's Health Maintenance Organization. The Healthy Palm Beaches' board is vested with all power and authority as directed by federal and state regulations with regards to its responsibilities.~~

e.b. **Good Health Foundation.** The Good Health Foundation, Inc., is a subsidiary entity of the District. The Good Health Foundation is responsible for the governance, management and oversight of donations to support the District's mission. The Good Health Foundation's board is vested with all power and authority consistent with general law with regards to its responsibilities.

Section 10 - Miscellaneous

10.1 **Amendments.** These Bylaws may be amended, repealed, or changed at any Regular or Special meeting of the Board by the affirmative vote of four (4) members of the Board, provided that notice containing the general effect and intent of the proposed amendments has been given to all members of the Board at least ten (10) days prior to such meeting, which notice may be waived by vote to approve an amendment, repeal or change to these Bylaws.

10.2 **Subject to Law and Health Care Act.** All powers, authority and responsibilities provided for in these Bylaws, whether or not explicitly so qualified, are qualified by the provisions of the Health Care Act and applicable laws.

10.3 **Construction.** These Bylaws shall be construed to conform with, and when necessary, shall be amended to conform to the provisions of the Health Care Act.

CERTIFICATE

This is to certify that I am the Secretary of the Board of the Health Care District of Palm Beach County and the foregoing Amended and Restated Bylaws were duly adopted by said District Board at a meeting held on the 24th day of September, 2019.

By: _____
Sean O'Bannon
Secretary

**HEALTH CARE DISTRICT BOARD
MARCH 11, 2020**

1. Amendment to the Lakeside Health Advisory Board Bylaws

2. Summary:

This item presents a proposed amendment to the Lakeside Health Advisory Board Bylaws.

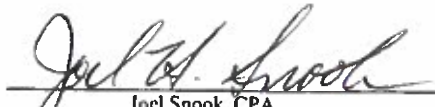
3. Substantive Analysis:

The District proposes amending the Section 4.2, Annual Meetings to change the date from May to September. Attached for your review is the updated version of the bylaws showing the proposed amendment.

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 Snook, CPA
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

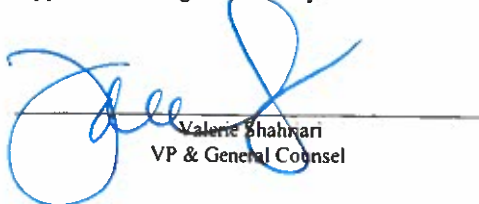
 N/A
 Committee Name

 N/A
 Date Approved

6. Recommendation:

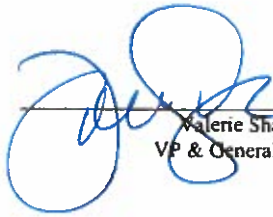
Staff recommends the Board approve the amendment to the Lakeside Health Advisory Board Bylaws.

Approved for Legal sufficiency:



 Valerie Bahari
 VP & General Counsel

HEALTH CARE DISTRICT BOARD
MARCH 11, 2020



Valerie Shahriari
VP & General Counsel



Darcy J. Davis
Chief Executive Officer

Bylaws
of
Lakeside Health Advisory Board

Bylaws of Board

Section 1 Statutory Authority

Section 2 Board

Section 3 Officers

Section 4 Meetings

Section 5 Conflicts of interest

Section 6 Committees

Section 7 Miscellaneous

History of Lakeside Board Bylaws

Reflecting Board Action through ~~December 10, 2019~~March 11, 2020

Bylaws
of
Lakeside Health Advisory Board

Section 1 -Statutory Authority

- 1.1 **Statutory Authority.** These Bylaws of the Lakeside Health Advisory Board ("Bylaws") have been adopted as the Bylaws of the Lakeside Health Advisory Board ("Lakeside Board") as approved by the Board of the Health Care District of Palm Beach County ("District Board") pursuant to the District Board's authority granted by the Florida Legislature as set forth in Chapter 2003-326, Laws of Florida ("Health Care Act").
- 1.2 **Enactment and Acknowledgement.** The District Board has enacted, and the Lakeside Board has acknowledged receipt of, the following Bylaws for the governance of the Lakeside Board. These Bylaws shall be utilized until such time as they are modified by an amendment hereto.

Section 2 – Board

- 2.1 **Board.** The governing board shall be known as the Lakeside Health Advisory Board or "Lakeside Board" as referred to herein. The Lakeside Board shall have at least seven (7) but no more than eleven (11) members. Each Lakeside Board member shall serve no more than two (2) consecutive four (4) year terms unless otherwise agreed to by the Lakeside Board and approved by the District Board.
- 2.2 **Membership.** The District Board shall appoint and reappoint qualified individuals to serve on the Lakeside Board with at least one member of the District Board serving on the Lakeside Board.
- 2.3 **Reserved Powers of District Board.** Pursuant to District Resolution 2008R-003, Bylaws of the District Board and District Board Policies the District Board shall exercise exclusive responsibility for matters concerning the Corporation and Hospital mission and values, strategic planning, finance, audit and compliance, executive oversight and governance.

The District Board reserves all general powers not specifically enumerated in these Bylaws.
- 2.4 **Delegated Powers and Authority.** The delegated powers and authority of the Lakeside Board is subject to the direction, policies and bylaws of the District Board. No portion of these Bylaws may be construed as superseding or exceeding such enumerated powers. The Lakeside Board shall be responsible for the following matters concerning the Glades Community as delegated by the District Board:

- a. Review and monitor a program that ensures a high level of health care, treatment, services, quality and safety at the District's health care facilities in the Glades community including, but not limited to, the CL Brumback Primary Care Clinic, Lakeside Medical Center, and the School Health Program; this includes reviewing reports and data from the District Clinic Holdings, Inc. Board and subcommittees of the Health Care District Board, as well as studying reports from Lakeside Medical leadership regarding operations at Lakeside Medical Center.
 - b. Regularly evaluate community health needs through District supported needs assessments and serve as health advocates for the Glades community;
 - c. Support fundraising efforts to improve the health of the community;
 - d. Participate in the development, preparation, drafting and implementation of strategic planning initiatives for the Glades community as contemplated by the Health Care Act and in conjunction with directives and guidance from the District Board.
- 2.6 ***Compensation; Reimbursement of Expenses.*** No member of the Lakeside Board shall be entitled to receive compensation from the District or Corporation. The Corporation shall reimburse members of the Lakeside Board consistent with the reimbursement provisions of the Health Care Act and District policies and procedures.
- 2.7 ***Indemnification.*** The Corporation shall have power to indemnify members of the Lakeside Board consistent with the indemnification provisions of the Health Care Act. This Section shall be construed to conform with, and when necessary, shall be amended to conform to Section 7 of the Health Care Act.

Section 3 – Officers

- 3.1 ***Officers.*** The Officers of the Lakeside Board shall consist of a Chair, Vice Chair and Secretary. Officers of the Lakeside Board shall be elected at the Annual meeting and shall hold office for a period of one (1) year. Officers may not hold the same office for more than three (3) full terms. The Officers shall be members of the Lakeside Board and they can be recalled from office by a vote of four (4) members of the Lakeside Board.
- 3.2 ***Chair.*** The Chair of the Lakeside Board shall:
- a. Preside at all meetings of the Lakeside Board;
 - b. Perform all duties usually pertaining to the office of the Chair; and
 - c. Represent the will of the majority of the Lakeside Board.

- 3.3 **Vice-Chair.** The Vice Chair shall assume the duties of the Chair in the absence of the Chair.
- 3.4 **Secretary.** The Secretary of the Lakeside Board shall:
- a. Ensure that the minutes of the meeting are accurately recorded;
 - b. Assume the duties of the Chair in the absence of the Chair and Vice Chair;
 - c. Upon receipt and approval by the Lakeside Board, certify by signature the meeting minutes;
 - d. Certify other official papers of the Lakeside Board as required; and
 - e. Perform all other duties usually pertaining to the office of Secretary.

Section 4 - Meetings

- 4.1 **Meetings.** The meetings of the Lakeside Board shall be the Annual, Regular and Special meetings. All meetings shall be open to the public unless otherwise provided for by law.
- 4.2 **Annual Meeting.** The ~~last~~ Lakeside Board meeting in ~~May~~ September of each year shall constitute the annual meeting of the Lakeside Board.
- 4.3 **Regular Meetings.** Regular meetings of the Lakeside Board shall be conducted quarterly, or as needed. Public notice of each meeting and the date, time and location of same shall be made as required by law. The District Chief Operating Officer, District Chief Executive Officer or Chair may cancel and/or reschedule a Regular meeting, upon proper notice to the Lakeside Board members and the public, if it is determined that a quorum will not be present
- 4.4 **Special Meetings.** The Lakeside Board may convene Special meetings. Such Special meetings shall include, but not be limited to:
- a. **Emergency Meetings.** If a bona fide emergency situation exists, an Emergency meeting of the Lakeside Board may be called by the Chair or Vice Chair. An Emergency meeting shall be called and noticed in the same manner as a Regular meeting; however, the timeliness of the notice shall be provided as time reasonably permits under the situation. All actions taken at an Emergency meeting shall be ratified by the Lakeside Board at the next Regular meeting.
 - b. **Workshop Meetings.** Workshop Meetings may be combined with other meetings of the Lakeside Board or held separately. Public notice of each Workshop meeting shall be given as required by law. No official business shall be transacted at the Workshop meetings.

- c. *Strategic Planning Meetings.* The Lakeside Board shall meet to discuss written strategic plans including opportunities to positively impact community health in the Glades in a manner consistent with the District Board directives and applicable laws.
- d. *Other Special meetings.* The Lakeside Board may convene other Special meetings authorized by and in a manner consistent with law.

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

4.6 *Quorum and Procedure.* The presence of a majority of the total members of the Lakeside Board shall be necessary at any meeting to constitute a quorum or transact business.

The Lakeside Board shall promulgate rules of order for the conduct of all its meetings. All procedural matters not addressed in said rules of order, or by these Bylaws, shall be governed by the latest edition of "Roberts Rules of Order."

4.7 *Voting.* Each member shall have one vote which may only be exercised in person. Members may not vote via electronic communication, secret ballot or vote by proxy or designee.

4.8 *Meeting Minutes.* Minutes of each meeting shall be accurately taken, preserved, and provided to members at or before the next regular meeting.

4.9 *Agenda and Order of Business for Meetings.* There shall be an agenda for every meeting of the Lakeside Board. However, the Lakeside Board shall not be prohibited from discussing and/or taking official action on matters not specifically described or contained in the agenda.

Section 5 - Conflicts of interest

5.0 *Location.* Meetings shall be held in the Glades community or the Health Care District Offices as designated by the Lakeside Board or the District Chief Executive Officer.

5.1 *General.* The Lakeside Board should avoid entering into contracts or agreements that would be, or give the appearance of being, a conflict of interest.

5.2 *Conflict of Interest.* Members of the Lakeside Board are subject to Florida law pertaining to avoidance of conflicts of interest in holding public office, including but not limited to, Part III of Chapter 112, Florida Statutes, the Code of Ethics for Public Officers and Employees as well as any and all other applicable standards as set forth by applicable regulatory and accreditation agencies.

5.3 *Prohibited Financial Interests.* No Lakeside Board member, administrator, employee

or representative of the Lakeside Board, nor any person, organization or agency shall, directly or indirectly, be paid or receive any commission, bonus, kickback, rebate or gratuity or engage in any fee-splitting arrangement in any form whatsoever for the referral of any patient to the District or Corporation.

Section 6 — Committees

- 6.1 **Committees.** Pursuant to its delegated authority, the Lakeside Board may designate one or more committees to assist the Lakeside Board in fulfilling its mission. The committees may be Standing or Ad Hoc committees. Ad Hoc committees may be established by the Chair as necessary to assist with short term decisions facing the organization.
- 6.2 **General Composition of Committees.** Each committee shall be chaired by one (1) member of the Lakeside Board and have at least three (3) but no more than seven (7) members, who shall all be appointed, re-appointed or removed by the Lakeside Board. Appointment to Standing Committees shall be for a term of four (4) years. Standing committee membership is limited to two (2) full terms. The compositions of each Standing committee shall be regularly reviewed to ensure that each member of its membership meets the requirements set forth by the Lakeside Board for that respective Standing committee.
- 6.3 **Standing Reports** The Standing Reports of the Lakeside Board are:
- a. Medical Executive;
 - b. Medical Staff;
 - c. District, Quality, Patient Safety & Compliance Committee
 - d. District, Finance & Audit Committee
 - e. District Clinic Holdings, Inc. Board
 - f. (Ops for LMC)

Section 7- Miscellaneous

- 7.1 **Amendments.** These Bylaws may only be amended or repealed by the District Board.
- 7.2 **Subject to Law of Health Care Act.** All powers, authority and responsibilities provided for in these Bylaws, whether or not explicitly so qualified, are qualified by the provisions of the Health Care Act and applicable laws.
- 7.3 **Construction.** These Bylaws shall be construed to conform with, and when necessary, shall be amended to conform to the provisions of the Health Care Act.

CERTIFICATE

This is to certify that I am the Board Secretary of the Board of the Health Care District of Palm Beach County ("District Board") and the foregoing bylaws of the Lakeside Health Advisory Board were duly approved by said District Board at a meeting held on the 11th day of March 2019 2020.

By: _____

Secretary

This is to certify that I am the Board Secretary of the Lakeside Health Advisory Board ("Lakeside Board") and the foregoing Bylaws were duly adopted by said Lakeside Board at a meeting held on the 11th day of March 2019 2020.

By: _____

Secretary

HISTORY OF GLADES BOARD BYLAWS

The initial Bylaws of the Glades Rural Area Support Board were first adopted on the 14th day of January, 2009. Amendments made subject to Section 7.1 of Glades Board Bylaws are listed below.

Change Number	Date of Adoption	Section(s) Amended
1	May 19, 2009	Title Pages amended to read: Amended and Restated Bylaws of the Glades Rural Area Support Board
2	May 19, 2009	Section 2, Sections 2.4 e. and f. are amended to reflect that Section 2.4 g. will be added. Section 2.4 g. is added to provide that the Glades Board will have authority and power to conduct strategic planning in conjunction with the Holdings Board.
3	May 19, 2009	Section 4, Section 4.4 c. is Amended to be Section 4.4 d. to reflect that a new Section 4.4 c. will be added. Section 4.4 c. is added to provide the Glades Board with the power to conduct Strategic Planning Meetings.
4	May 19, 2009	Section 2.4 c. added.
5	February 24, 2016	Name change to Lakeside Health Advisory Board. Changed reporting structure from Hospital Holdings to District Board. Section 2.1 changed to allow Board members to serve more than 2 consecutive 4 year terms if agreed to by Lakeside and District Board. Section 2.4 Changed focus to entire Glades community from hospital only focus. Deleted 2.4e regarding recruitment, appointment and credentialing of medical staff.

6	November 28, 2017	<p>A revisions to section 2. (a) allowing the Board to review reports and data from the District Clinics Holdings Board from the subcommittees of the HCD Board and review reports from LMC leadership regarding hospital operations. Section 4.1 has been amended to allow for one joint meeting per year rather than two as previously allowed. Section 4.3 amends the regularly scheduled meetings to quarterly rather than monthly, or as needed. Section 5.0 has been amended to add that meeting will be held in the glades community. Section 6.3 have been amended to update the committees listed and add the DCH Board as well as LMC Operational Overview to the list of reports.</p>
7	December 10, 2019	<p>In Section 4.1 Deleted requirement for an annual joint meeting with the District Board.</p>

<u>8</u>	<u>March 11, 2020</u>	<u>Section 4.2. Annual meeting date changed from May to September</u>
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HEALTH CARE DISTRICT BOARD

March 11, 2020

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

2. Summary:

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

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Appointment	Privileges
Amatya	Arun	MD	Nephrology	Reappointment	Active
Bakir	Bayan	MD	Pediatrics	Reappointment	Active
Banooni	Amy	MD	Obstetrics and Gynecology	Reappointment	Active
Barroso	Ihosvani	MD	Pediatrics	Reappointment	Active
Carlson	Melissa	MD	Obstetrics and Gynecology	Reappointment	Active
Casanova	Manuel	MD	Anesthesiology	Initial Appointment	Provisional
Castillo	Orlando	MD	Radiology	Reappointment	Active
Evans	Paula	APRN	Nurse Practitioner	Reappointment	Allied Health Professional
Falzone	Samuel	MD	Obstetrics and Gynecology	Reappointment	Active
Fern	Steven	MD	Obstetrics and Gynecology	Reappointment	Active
Fishman	Loel	MD	Obstetrics and Gynecology	Reappointment	Active
Gordon	Robert	DO	Obstetrics and Gynecology	Reappointment	Active
Haimon	Cory	DPM	Podiatric Medicine	Reappointment	Active
Haque	Taskinul	MD	Pediatrics	Reappointment	Affiliate
Iannaccone	Victor	MD	Obstetrics and Gynecology	Reappointment	Active

HEALTH CARE DISTRICT BOARD
March 11, 2020

Isma	Michelle	MD	Emergency Medicine	Initial Appointment	Provisional
Jean-Baptiste	Hans	MD	Obstetrics and Gynecology	Reappointment	Active
Kowalski	Janet	MD	Pediatrics	Reappointment	Active
Manoharan	Prassad	MD	Anesthesiology	Initial Appointment	Provisional
Marino	Thomas	MD	Radiology	Reappointment	Active
Melendy	Sasha	MD	Obstetrics and Gynecology	Reappointment	Active
Mendez	Antonio	MD	Hospice and Palliative Medicine	Reappointment	Active
Mondesir	Wilkens	MD	Obstetrics and Gynecology	Reappointment	Active
Mondro	Sandra	MD	Radiology	Initial Appointment	Provisional
Morel	Marie	MD	Obstetrics and Gynecology	Reappointment	Active
Ortiz-Cardona	Jose	MD	Anesthesiology	Initial Appointment	Provisional
Pass	Julie	MD	Obstetrics and Gynecology	Reappointment	Active
Patange	Amit	MD	Pediatric Cardiology	Reappointment	Active
Pena	Roman	MD	Pediatrics	Reappointment	Active
Philogene	Allaix	MD	Internal Medicine	Reappointment	Active
Poulin	Jessica	MD	Obstetrics and Gynecology	Reappointment	Active
Santiago	Juan	MD	Anesthesiology	Initial Appointment	Provisional
Schultz	Steven	MD	Pediatric Critical Care Medicine	Reappointment	Active
Sergeyev	Pavel	MD	Radiology	Initial Appointment	Provisional
Tano	Alberto	MD	Neonatal-Perinatal Medicine	Reappointment	Active
Tung	Chia-Ling	MD	Obstetrics and Gynecology	Reappointment	Active
Umoren	Inemesit	MD	Infectious Disease	Initial Appointment	Provisional
Walker	Cecile	MD	Obstetrics and Gynecology	Reappointment	Active

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

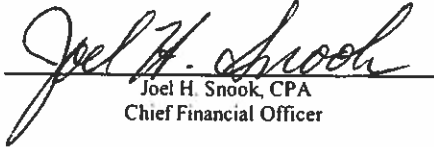
Lakeside Medical Center utilized internal Credentialing staff and the Medical Executive Committee to support the credentialing and privileging process. The Medical Executive Committee is comprised of a multi-specialty panel of practitioners with current privileges at Lakeside Medical Center.

HEALTH CARE DISTRICT BOARD
March 11, 2020

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



 Joel H. Snook, CPA
 Chief Financial Officer

5. Reviewed/Approved by Committee:

Lakeside Medical Center
 Medical Executive Committee

 Committee Name


February 3, 2020 and
 March 9, 2020

 Date Approved


6. Recommendation:

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

Approved for Legal sufficiency:



 Valerie Shahrian
 VP & General Counsel



 Belma Andric, MD, MPH
 Chief Medical Officer



 Darcy J. Davis
 Chief Executive Officer

HEALTH CARE DISTRICT BOARD

March 11, 2020

1. Description: Proposed Revisions to the Lakeside Medical Center's Medical Executive Committee Bylaws, Rules and Regulations

2. Summary:

This agenda item provides the proposed revisions to the Lakeside Medical Center's Medical Executive Committee Bylaws, Rules and Regulations.

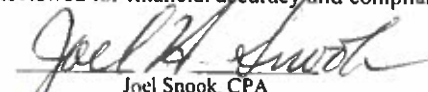
3. Substantive Analysis:

See attached recommendations

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 Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Lakeside Medical Center's
Medical Executive Committee

Committee Name


March 9, 2020

Date Approved

6. Recommendation:

Staff recommends that the Board approve the revisions to the Medical Executive Committee Bylaws, Rules and Regulations.

Approved for Legal sufficiency:



Valene Shahriari
VP & General Counsel



Karen Harris
VP of Operations



Darcy J. Davis
Chief Executive Officer

Medical Staff Bylaws, Rules & Regulations

March 9, 2020

Recommended Revisions

Basis for Change	Recommended Change/Addition	Deleted items (Outlined in red)
Changed year to 2020 on title page	<u>2020</u> Medical Staff Bylaws Rules & Regulations	2018 Medical Staff Bylaws Rules & Regulations
Addition: Defined "Hospital Board" (Pg. 2 item #3)	Addition: <u>3. "Hospital Board" means the District Hospital Holdings, Inc. which is responsible to recruit, appoint, re-appoint, credential and discipline the medical staff and to approve and revise the Medical Staff Bylaws, rules and regulations and policies adopted by the medical staff of the Hospital under authority delegated to it by the Board of District Hospital Holdings, Inc. which is part of the Health Care District of Palm Beach County.</u>	

Medical Staff Bylaws, Rules & Regulations

March 9, 2020

Recommended Revisions

Basis for Change	Recommended Change/Addition	Deleted items (Outlined in red)
<p>Addition: Defined "Provisional" (pg.3 item #25)</p>	<p>Addition: <u>25. "Provisional" is all initial appointments and clinical privileges, as well as any new clinical privileges granted to an existing medical staff appointee, are provisional for a period of 12 months, during which time all individuals with provisional privileges may be subject to review of their clinical performance by the chair(s).</u></p>	
<p>Parts that were deleted shown (pg.15 item #3) deleted</p>		<p>iii. participate in the Hospital's on-call roster for emergency department coverage in the emergency on-call rotation, including personal appearance to assess patients in the emergency department when deemed appropriate by the emergency department physician; with exemption of medical staff members who have practiced at Lakeside Medical Center for 20 years or more with approval of the MEC and Board</p>

Medical Staff Bylaws, Rules & Regulations

March 9, 2020

Recommended Revisions

Basis for Change	Recommended Change/Addition	Deleted items (Outlined in red)
On Pg. 27 #7 was deleted and #8 was changed to #7.	(7) Application Incomplete. The practitioner has failed to provide any information required by these bylaws or requested on the application, or has failed to execute an acknowledgment, agreement or release required by these bylaws or included in the application.	(7) (8) Application Incomplete. The practitioner has failed to provide any information required by these bylaws or requested on the application, or has failed to execute an acknowledgment, agreement or release required by these bylaws or included in the application.
Changes made to Current Competency on Pg. 34 # 10 Review added portion for Joint Commission	Current Competency: Objective evidence of the individual's clinical performance, competence, and judgement, based on the findings of <u>the OPPE process throughout tenure and an FPPE of at least 5 cases from the inpatient setting at the time of reappointment. For Practitioners with Low Volume/No Volume they may provide 5 cases from office.</u>	Current Competency: Objective evidence of the individual's clinical performance, competence, and judgment, based on the findings of departmental evaluations of care, including an evaluation by the Department Chairperson or clinical activity from primary admitting facility and one peer reference.

Medical Staff Bylaws, Rules & Regulations

March 9, 2020

Recommended Revisions

Basis for Change	Recommended Change/Addition	Deleted items (Outlined in red)
Changes made to Nominations (pg 48 section 10.1(c) #2)	1. [10.1C] "Nominations may be made at <u>any time from</u> any meeting or by petition <u>signed</u> prior to any meeting by 10% of the appointees of the Medical Staff. With a signed statement of willingness to serve by the nominee filed with the Chief of Staff at least thirty days to the meeting."	Nominations may also be made from the floor at the any time of any meeting or by petition filed prior to any meeting signed by at least ten percent (10%) of the appointees of the Medical Staff. With a signed statement of willingness to serve by the nominee, filed with the Chief of the Staff at least thirty (+5) days before the meeting.
Addition: (pg. 58) Members of MEC: Added members and changed verbiage.	Addition: <ol style="list-style-type: none"> 1. <u>Officers of the Medical Staff</u> 2. <u>Chief Medical Officer</u> 3. <u>Service Chiefs or Department Chairpersons (e.g. Medicine, Surgery, Pediatrics, OB/GYN, Radiology, Anesthesia, Emergency Medicine)</u> 4. <u>Director of Emergency Services</u> 5. <u>The Administrator, ex-officio, or his/her designee.</u> 	

Medical Staff Bylaws, Rules & Regulations
March 9, 2020
Recommended Revisions

Basis for Change	Recommended Change/Addition	Deleted items (Outlined in red)
<p>Addition: (pg. 79) Added signatures lines for:</p>	<p>Addition:</p> <ol style="list-style-type: none"> 1. <u>Chief of Staff</u> 2. <u>Chairman of the Board</u> 3. <u>Chief Executive Officer</u> 4. <u>Executive Director</u> 5. <u>General Counsel</u> 	

HEALTH CARE DISTRICT BOARD

March 11, 2020

1. Amendment to District Hospital Holdings, Inc., Bylaws

2. Summary:

This item presents a proposed amendment to the District Hospital Holdings, Inc., Bylaws.

3. Substantive Analysis:

The District proposes amending the following two sections:

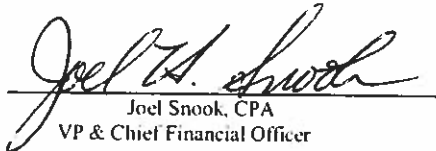
1. Section 4.2, Annual Meeting. The District proposes new language specifying that the DHHI annual meeting shall be held concurrent with the District Board of Commissioners' September meeting.
2. Section 4.7, Quorum and Procedure. The District proposes replacing the language in this section with the quorum and procedure language found in Section 4.6 of the Health Care District Bylaws.

Attached for your review is the updated version of the bylaws showing the proposed amendment.

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 Snook, CPA
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

N/A

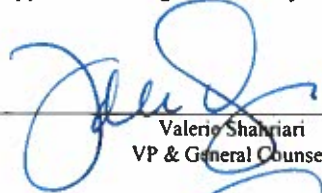
Date Approved

HEALTH CARE DISTRICT BOARD
March 11, 2020

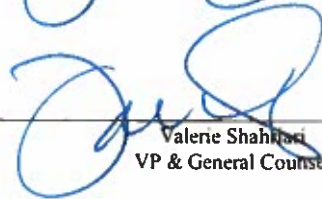
6. Recommendation:

Staff recommends the Board approve the amendment to the District Hospital Holdings, Inc., Bylaws.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Valene Shahriari
VP & General Counsel



Darcy J. Davis
Chief Executive Officer

Amended
Bylaws
of
District Hospital Holdings, Inc.

Amended: 2003
2006
2007
2008
2010
2016
2020

**BYLAWS
OF THE
DISTRICT HOSPITAL HOLDINGS, INC.**

Section 1	Statutory Authority
Section 2	Board of Directors
Section 3	Officers
Section 4	Meetings
Section 5	Conflicts of Interest
Section 6	Chief Executive Officer
Section 7	Support Boards and Committees
Section 8	Miscellaneous

~~June 2016~~March 2020

Reflecting Board Action through ~~June 15, 2016~~March 10, 2020

**BYLAWS
OF
DISTRICT HOSPITAL HOLDINGS, INC.**

Section 1 – Statutory Authority, Membership and Purpose

- 1.1 **Statutory Authority.** Pursuant to authority conferred to the Health Care District of Palm Beach County (hereinafter the “District”) by the Florida Legislature in 1987, Special Acts of Florida 450, as amended and codified by Chapters 88-460, 91-344, 92-340, 93-382, 96-509, 2000-489 and 2003-326 Laws of Florida, (“Health Care Act”), the District, establishes District Hospital Holdings, Inc. (“Corporation”), and adopts these Bylaws (“Bylaws”).
- 1.2 **Members.** The Corporation’s sole member shall be the Health Care District of Palm Beach County
- 1.3 **Purpose.** The purpose of the Corporation is to provide for the comprehensive planning and delivery of adequate hospital services for the residents of Palm Beach County, particularly medically needy residents. “Hospital services” as used in these Bylaws means the clinical delivery of acute or general hospital services by any facility owned, operated or maintained, in whole or part, by the District.

Section 2 - Board of Directors

- 2.1 **Governing Board.** The governing board of directors for all acts of the corporation shall be the District Board of Commissioners (“Governing Board” hereafter).
- 2.2 **Composition.** The members of the Governing Board shall always be the same as the members of the District Board of Commissioners.
- 2.3 **Independence.** Recognizing the Governing Board’s fiduciary duties to the Corporation, the Governing Board members shall comply with conflict of interests provisions of the Health Care Act and the Code of Ethics for Public Officers and Employees (Part III of Chapter 112, Florida Statutes), as well as any and all other applicable standards as set forth by applicable regulatory and accreditation agencies.
- 2.4 **Term.** Each member of the Governing Board shall serve for a term concurrent with their term as a member of the District Board of Commissioners.
- 2.5 **General Powers.** In order to fulfill its purpose, the Governing Board shall have and may utilize the following general powers:
 - a. Promote efficiencies in operations through integration with District for support services;

- b. Approve a written strategic plan and scope of services for hospital services with the written strategic plan reviewed no less than annually;
- c. When requested, approve an operating budget and, when needed, a long-term capital expenditure plan which provides for adequate resources needed to maintain safe, quality care, treatment and services;
- d. Establish and monitor a comprehensive financial, regulatory, audit compliance function;
- e. Evaluate, recommend and/or approve possible acquisitions of existing hospitals and hospital related facilities;
- f. Make and execute agreements of lease, contracts, and other instruments;
- g. Engage professional service providers and such other agents as may be necessary in its judgment, and to fix their compensation;
- h. Promulgate and adopt policies and rules for the operation of District owned and operated hospital related facilities;
- i. Review and approve the mission statement of the Corporation;
- j. Create one or more hospital support boards to assist the Governing Board with its mission as contemplated by the Health Care Act;
- k. Sue or be sued in its own name and to plead and be impleaded, but with all sovereign immunity and limitations provided by the State Constitution, the Health Care Act and other applicable law;
- l. Based on recommendations of Lakeside Medical Center's Medical Executive Committee, appoint, re-appoint, credential and discipline the medical staff of the hospital; and, approve and revise the Medical Staff Bylaws, rules and regulations, and policies in accordance with applicable law, rules and regulations and in accordance with the standards of the Joint Commission on Accreditation of Healthcare Organizations ("Joint Commission") applicable to hospitals;
- m. Ensure Lakeside Medical Center meets all licensure requirements and complies with all requirements for maintaining provider status, in good standing, in all state and federal health care programs including, without limitation, the Medicare and Medicaid programs and to maintain Joint Commission accreditation;
- n. Request and/or review reports and recommendations from the Lakeside Medical Center Medical Staff as required or recommended in the Medical Staff bylaws;

- o. Establish and monitor a comprehensive patient safety, quality and risk management function;
- p. Exercise any and all of the specifically enumerated, hospital related general powers as set forth and as may be amended in the Health Care Act and District Board bylaws; and
- q. To do all things necessary to carry out the purpose of the Corporation.

All of the foregoing powers are hereby found and declared to be a public purpose and necessary for the preservation of the public health, for the public good, and for the welfare of the residents of Palm Beach County, Florida.

2.6 ***Fiduciary Duties.*** The Governing Board shall exercise all of its powers with the following fiduciary duties:

- a. Care: which refers to the obligation of Governing Board members to exercise proper diligence of care in their decision making process;
- b. Loyalty: which requires Governing Board members to discharge their obligations unselfishly, in a manner designed to benefit only the Corporation and not the Governing Board member personally; and
- c. Obedience: which requires that Holdings Board members be faithful to the underlying purpose, mission and goals of the Corporation as set forth in the Health Care Act and these Bylaws.

2.7 ***Compensation; Reimbursement of Expenses.*** No member of the Governing Board shall be entitled to receive compensation from the District or Corporation. The Corporation shall have power to reimburse members of the Governing Board consistent with the reimbursement provisions of District policies and procedures.

2.8 ***Indemnification.*** The Corporation shall have power to indemnify members of the Governing Board consistent with the indemnification provisions of the Health Care Act. This Section shall be construed to conform with, and when necessary, shall be amended to conform to Section 7 of the Health Care Act.

Section 3 – Officers

3.1 ***Officers.*** The Officers of the Governing Board shall always consist of the officers serving on the District Board of Commissioners, namely a Chair, Vice Chair, and Secretary.

3.2 ***Chair.*** The Chair of the Governing Board shall have the same responsibilities as delegated to him or her as the Chair of the District Board of Commissioners which responsibilities are directly applicable to the Corporation and Governing Board unless otherwise restricted by law or herein.

- 3.3 ***Vice-Chair.*** The Vice Chair of the Governing Board shall have the same responsibilities as delegated to him or her as the Vice Chair of the District Board of Commissioners which responsibilities are directly applicable to the Corporation and Governing Board unless otherwise restricted by law or herein.
- 3.4 ***Secretary.*** The Secretary of the Governing Board shall have the same responsibilities as delegated to him or her as the Secretary of the District Board of Commissioners which responsibilities are directly applicable to the Corporation and Governing Board unless otherwise restricted by law or herein.

Section 4 - Meetings

- 4.1 ***Meetings.*** The Meetings of the Governing Board shall be held on the same date and at the same time as the District Board of Commissioners' meetings including the Annual meeting, the Regular meetings (as needed) and the Special meetings (as needed). All meetings or portions thereof shall be open to the public unless otherwise provided for by law.
- 4.2 ***Annual Meeting.*** The District Board of Commissioners' meeting ~~held in September of in~~ held in September of in ~~May of~~ each year shall constitute the annual meeting of the Governing Board.
- 4.3 ***Regular Meetings.*** Regular meetings of the Governing Board shall be conducted no less than six (6) times per year. Public notice of each meeting and the date, time and location of same shall be made as required by law. The Chief Executive Officer may cancel and/or reschedule a Regular meeting, upon proper notice to Governing Board members and the public.
- 4.4 ***Special Meetings.*** The Governing Board may convene Special meetings both public and closed.

The Special Public meetings shall include, but not be limited to:

- a. ***Emergency Meetings.*** If a bona fide emergency situation exists, an Emergency meeting of the Governing Board may be called by the Chair, Vice Chair or Chief Executive Officer. An Emergency meeting shall be called and notice in the same manner as a Regular meeting; however, the timeliness of the notice shall be provided as time reasonably permits under the situation. All actions taken at an Emergency meeting shall be ratified by the Governing Board at the next Regular meeting.
- b. ***Workshop Meetings.*** Workshop Meetings may be combined with other meetings of the Governing Board or held separately. Public notice of each Workshop meeting shall be given as required by law. No official business shall be transacted at the Workshop meetings.

- c. **Other Special Public Meetings.** The Governing Board may convene other Special public meetings authorized by and in a manner consistent with law.

The Special closed meeting shall include, but not be limited to:

- a. **Attorney-Client Meetings.** The Governing Board shall conduct Attorney-Client meetings which may be combined with other meetings of the Governing Board or held separately. Public notice of each meeting shall be given as required by law. No official business shall be transacted at the Attorney-Client Meetings.
 - b. **Strategic Planning Meetings.** The Governing Board shall meet to discuss written strategic plans including plans for marketing hospital services in a manner consistent with applicable law.
 - c. **Contract Negotiation Meetings.** The Governing Board shall meet to discuss negotiations for contracts with other entities when such negotiations concern services that are or are reasonably expected to be provided by a competitor in a manner consistent with applicable law.
 - d. **Other Special Closed Meetings.** The Governing Board may convene other Special closed meetings authorized by and in a manner consistent with law.
- 4.6 **Attendance.** Regular attendance is expected for all Governing Board members consistent with the attendance requirements of the District Board of Commissioners.

- 4.7 **Quorum and Procedure.** The presence of a majority of the appointed members of the Board shall be necessary at any meeting to constitute a quorum or to transact business. A quorum is not required for any Special meeting where official business is not to be transacted.

The Board shall promulgate rules of order for the conduct of all Board meetings. All procedural matters not addressed in said rules of order, or by these Bylaws, shall be governed by the latest edition of "Roberts Rules of Order."

~~Quorum and Procedure. The presence of four (4) members of the Governing Board shall be necessary at any meeting to constitute a quorum or transact business.~~

~~The Governing Board's rules of order for the conduct of all meetings shall be consistent with the rules of the District Board of Commissioners. All procedural matters not addressed in said rules of order, or by these Bylaws, shall be governed by the latest edition of "Roberts Rules of Order."~~

- 4.8 **Voting.** Actions of the Governing Board require a simple majority of the members present at a given meeting. Each Board member shall have one vote which may only be exercised in person; provided that, members may participate and vote via telephone conference communication consistent with the District Board of Commissioners' bylaws or policy.

- 4.9 **Meeting Minutes.** Minutes of each meeting shall be accurately taken, preserved, and provided to members timely at a Regular meeting.
- 4.10 **Agenda and Order of Business for Meetings.** Unless the Governing Board is conducting a stand-alone meeting for the Corporation, actions to be taken by the Governing Board shall be included on a meeting agenda for the District Board of Commissioners and identified as “District Hospital Holdings, Inc., Agenda”. For stand-alone meetings, the Governing Board shall have its own agenda. Notwithstanding the foregoing, the Governing Board is not prohibited from discussing and/or taking action on an item or matter at a meeting not specified in an agenda.

Section 5 -Conflicts of Interest

- 5.1 **General.** Governing Board members shall not enter into contracts or agreements involving that would be or give the appearance of being a conflict of interest.
- 5.2 **Conflict of Interest.** Members of the Governing Board are subject to Florida law pertaining to avoidance of conflicts of interest in holding public office, including but not limited to, Part III of Chapter 112, Florida Statutes, the Code of Ethics for Public Officers and Employees as well as any and all other applicable standards as set forth by applicable regulatory and accreditation agencies.
- 5.3 **Prohibited Financial Interests.** No Governing Board member, administrator, employee or representative of the Corporation, nor any person, organization or agency shall, directly or indirectly, be paid or receive any commission, bonus, kickback, rebate or gratuity or engage in any fee-splitting arrangement in any form whatsoever for the referral of any patient to the District or Corporation.

Section 6 - Chief Executive Officer

- 6.1 **Chief Executive Officer.** The District Chief Executive Officer shall be the Chief Executive Officer of the Corporation.

Section 7 –Support Boards and Committees

- 7.1 **Support Boards.** Pursuant to its delegated authority, the Governing Board may designate one or more support boards to assist the Governing Board in fulfilling its mission.
- 7.2 **General Composition of Support Boards.** Each Support Board shall include at least one (1) member of the Governing Board and have at least five (5) but no more than eleven (11) members who shall all be appointed by the Governing Board for a term of four (4) years. Support Board membership is limited to two (2) full terms. The compositions of each Support Board shall be regularly reviewed to ensure that each member of its members meets the requirements set forth by the Governing Board for that respective support board or ad hoc committee.

- 7.3 **Committees.** The Governing Board shall not designate any standing committees but shall utilize the District's Finance and Audit and Compliance standing committees to assist in the execution of the Corporation's oversight responsibilities for finance, audit and compliance matters. The Governing Board shall also utilize the District's Patient Safety and Risk Management Committee to assist in the execution of the Corporation's oversight responsibilities for patient safety, quality and risk management matters and may utilize the District's Patient Safety and Risk Management Committee to assist in the execution of the Corporation's oversight responsibilities for credentialing, peer review and provider appointment. The Governing Board may also utilize other committees established by the District Board of Commissioners or a Support Board(s) to assist in the execution of the Corporation's oversight responsibilities for other matters.
- 7.4 **Ad Hoc Committees.** The Governing Board may designate ad hoc committees as necessary to assist with short term decisions facing the Governing Board.

Section 8 - Miscellaneous

- 8.1 **Amendments.** These Bylaws may be amended, repealed, or changed at any Regular or Special meeting of the Governing Board by the affirmative vote of four (4) members of the Governing Board, provided that notice containing the general effect and intent of the proposed amendments has been given to all members of the Board at least ten (10) days prior to such meeting.
- 8.2 **Subject to Law and Health Care Act.** All powers, authority and responsibilities provided for in these Bylaws, whether or not explicitly so qualified, are qualified by the provisions of the Health Care Act and applicable laws.
- 8.3 **Construction.** These Bylaws shall be construed to conform with, and when necessary, shall be amended to conform to the provisions of the Health Care Act and the District Board of Commissioners' Bylaws.

CERTIFICATE

This is to certify that I am the Governing Board Secretary of District Hospital Holdings, Inc., and the foregoing Amended Bylaws were duly adopted by the Governing Board at a meeting held on the 15th day of June, 2016 .

By: _____
Naney C. BannerSean O'Bannon
Secretary

HISTORY OF DISTRICT HOSPITAL HOLDINGS, INC., BYLAWS

The initial Bylaws of the District Hospital Holdings, Inc. Board (as amended from those of Glades Hospital Holdings, Inc.) were first adopted on the 14th day of January, 2009. Amendments made subject to Section 8.1 of the District Hospital Holdings, Inc. Bylaws are listed below.

Change Number	Date of Adoption	Section(s) Amended
1	November 10, 2010	1.2 establishing The Health Care District of Palm Beach County as the sole Member
2	June 15, 2016	Several sections to make District Board the Governing Board and Remove GRASB
3	March 10, 2020	4.2 Annual Meeting 4.7 Quorum and Procedure

HEALTH CARE DISTRICT BOARD
March 11, 2020

1. Description: Trauma Hawk Landing Zones Update

2. Summary:

This agenda item presents the Board with an update on the allowed landing zones for Trauma Hawk.

3. Substantive Analysis:

A recent interpretation of Florida Statutes Chapter 330 from the Florida Department of Transportation has resulted in a necessary change in practice regarding non-emergency use of the Aeromedical helicopters. Based on Florida Statutes Chapter 330 the Health Care District of Palm Beach County is restricted from performing helicopter landings at locations that do not meet the requirements of §330.30. Some of the requirements include that the site must conform to licensing or registration requirements, comply with the applicable local government land development regulations or zoning requirements, and that safe air-traffic patterns can be established for the site with respect to all existing airport sites.

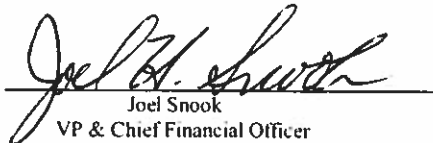
As a result, the District will no longer be able to offer the helicopters for public education, demonstrations, or any promotional events and training at locations such as a sport fields or other open areas throughout the County. Fire-Rescue training exercises and other non-emergency demonstration activities, including the annual “Shattered Dreams” demonstrations or municipal events, may include a District helicopter only at state registered or licensed location. Currently, this would include our hospital helistops and county airports subject to their own restrictions.

The new requirements do not impact the ability of the Aeromedical Program to continue its long history of providing orientation and tours of its Palm Beach International Airport facility through its established program.

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 Snook
 VP & Chief Financial Officer

HEALTH CARE DISTRICT BOARD

March 11, 2020

5. Reviewed/Approved by Committee:

N/A

Committee Name

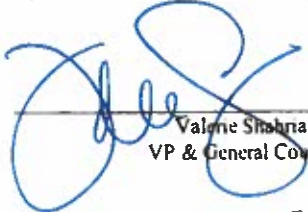
N/A

Date


6. Recommendation:

Staff recommends the Board receive and file the Trauma Hawk Landing Zones Update.

Approved for Legal sufficiency:



Valerie Sherman
VP & General Counsel



Thomas W. Cleare
AVP, Planning and Community Engagement



Darcy J. Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

March 11, 2020

1. **Description: Board and Committee Appointment Screening Process**

2. **Summary:**

The Health Care District has several community committees and boards who provide direction and recommendations to the Health Care District Board of Commissioners. Staff would like to formalize the application screening process to coincide with requirements upheld for the District Board of Commissioners and the recommendations for participants in Federal Health Care Programs.

3. **Substantive Analysis:**

The Health Care District currently has the following subsidiary boards and Committees:

- CL Brumback Primary Care Clinics Board (District Clinic Holdings)
- Lakeside Health Advisory Board
- Finance and Audit Committee
- Quality, Patient Safety and Compliance Committee

The Health Care District's enabling legislation identifies a formal process for appointment to the Health Care District Board of Commissioners. With the exception of the Director of the Palm Beach County Health Department, applicants for the District Board must go through a screening process by either the Governor's Office or the Palm Beach County Board of Commissioners.

Given the sensitive and unique nature of the business that the Health Care District undertakes, it is necessary to formalize the appointment process for members of the supportive boards and committees.

A new application, questionnaire and policy are developed to reflect the same standard required to serve on the Health Care District Board along with recommendations for participants in Federal Health Care Programs to screen applicants through the Office of Inspector General List of Excluded Individuals and Entities.

This agenda item includes copies of the new application, the new questionnaire, the new policy, and the current conflict of interest form to be utilized in the appointment screening process.

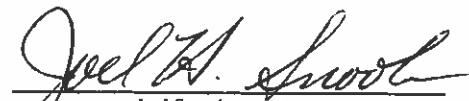
HEALTH CARE DISTRICT BOARD

March 11, 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 Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


N/A

Date

6. Recommendation:

Staff recommends the Board approve the new Board and Committee Appointment Screening Process including the new application, questionnaire, and policy.

Approved for Legal sufficiency:


Valerie Shakrani
VP & General Counsel


Thomas W. Cleare
AVP, Planning and Community Engagement


Darryl J. Davis
Chief Executive Officer



Application Screening for Board and Committee Members

Policy #:	HCDGOV001	Effective Date:	3/11/2020
Business Unit:	Governance	Last Review Date:	N/A
Approval Group:	HCD Board Governance Policy	Document Owner(s):	Governance
Board Approval Date:	Pending		

PURPOSE

To establish an initial and recurring board and committee member application and screening process for the Health Care District, including any subsidiaries, affiliates or discrete operating units. Screening process includes background checks and exclusion screenings through the Office of Inspector General's Exclusions Database. The screening process is intended to prevent the appointment of board and committee members who are an Ineligible Person based on the Exclusion Database and who do not meet the same standards required for Health Care District Board Members.

SCOPE

District Clinic Holdings, Inc. Board, Lakeside Health Advisory Board, Finance and Audit Committee, and Quality, Patient Safety and Compliance Committee.

DEFINITIONS

- A. **Exclusion Lists:** The OIG's List of Excluded Individuals/Entities (LEIE), the General Service Administration's System for Award Management (SAM), State Medicaid Exclusion/Suspension Lists, and any other lists required by the OIG or Centers for Medicare and Medicaid Services (CMS).
- B. **Federal Health Care Program:** Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded in whole or in part by the United States Government (other than the Federal Employees Health Benefit Program) or any State health care program (as defined in 42 U.S.C. § 1320a-7(h)). Federal Health Care Programs include, but are not limited to, Medicare, Medicaid, Indian Health Service, TRICARE/CHAMPUS/Department of Defense health care programs, and Veterans Administration.
- C. **Ineligible Person:** An individual or entity who:
 - a. Is currently excluded, debarred, suspended, or otherwise ineligible to participate in any Federal Health Care Program or Federal procurement or non-procurement program; or
 - b. Has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a)1 but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

- D. **Screening Subjects:** Include individuals who have applied to serve on Health Care District subsidiary boards and committees and existing members of Health Care District subsidiary boards and committees.

POLICY

The Health Care District will screen all board and committee member applicants prior to appointment to the board or committee. The screening will ensure that applicants:

- Are not excluded from participation on Federal Health Care Programs
- Have no conflicts of interest
- Bring relevant experience to the board or committee
- Meet the requirements consistent with the standards for Health Care District Board Members identified in the Health Care Act, the District's enabling legislation
 - Reside in Palm Beach County
 - The board or committee member, or the spouse of a board or committee member, may not at the time of appointment or for 1 year prior to appointment or during the appointment term:
 - Have any financial interest, other than ownership shares in a mutual fund, pension plan, or profit-sharing plan, in any entity which either directly or indirectly, receives funds from the District
 - Be employed, retained by, or engaged in any activity with any entity which, either directly or indirectly, receives funds from the District
 - Serve on the board of directors or board of trustees of any entity, which either directly or indirectly, receives funds from the District

A. Exclusion Screening Requirements

1. **Timeframes.** Health Care District screens all Screening Subjects against the Exclusion Lists prior to engaging their services and on a monthly basis thereafter to confirm that they are not Ineligible Persons.
2. **Attestation:**
 - a. In certain cases, the Compliance Department will not be able to confirm or rule out a potential match of a Screening Subject due to lack of identifiable information within the Exclusion List such as Social Security Number, Tax ID, date of birth, or other comparable information. After investigation of a potential match by the Compliance Department and in



consultation with applicable business areas, an attestation may be obtained from the Screening Subject that he/she is not the Ineligible Person on the Exclusion List.

- b. Any doubts on the authenticity of the attestation will be immediately brought to the attention of the Chief Compliance Officer.

3. Actual Exclusion:

- a. If the Health Care District becomes aware that a Screening Subject has become an Ineligible Person, the Health Care District will, at a minimum, remove, or require the removal, of the Screening Subject from responsibility for, or involvement with, the Health Care District's business operations related to any Federal Health Care Program(s) from which the Screening Subject has been excluded, debarred, suspended, or otherwise declared ineligible. The Health Care District will provide notice to non-Health Care District entities as required by law or contract.
- b. The Health Care District may also terminate its relationship as a board or committee member with the Screening Subject: If the relationship is not terminated, the Screening Subject will be removed from any position for which compensation for the items or services furnished, ordered, or prescribed are paid in whole or part, directly or indirectly, by the Federal Health Care Program(s) from which the Screening Subject has been excluded, debarred, suspended, or otherwise declared ineligible, at least until the Screening Subject is reinstated into the Federal Health Care Program(s).

4. Pending Charges and Proposed Exclusions. If the Health Care District becomes aware that a Screening Subject is charged with a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a) or 42 U.S.C. § 1320a-7(b)(1)-(3) or is proposed for exclusion during the term of the Screening Subject's relationship with the Health Care District, the Health Care District will take all appropriate actions, up to and including termination of the relationship, to ensure that the Screening Subject does not adversely affect the quality of care rendered to any patient, beneficiary, or resident.
5. Exceptions. Under certain circumstances, the Chief Compliance Officer may decide to grant an exception and continue the Health Care District's relationship with a Screening Subject that is, or may soon be, an Ineligible Person. However, no exception will be granted to a Screening Subject with respect to any Federal Health Care Program(s) for which the Screening Subject is excluded, debarred, suspended, or otherwise declared ineligible. Moreover, the Health Care District will terminate any relationship with a Screening Subject on the LEIE.

B. Disclosure Requirement

1. The Health Care District requires all Screening Subjects to immediately disclose if they are currently excluded, debarred, suspended, or otherwise ineligible to participate in any Federal Health Care Program(s) or Federal procurement or non-procurement program(s). All Screening Subjects must also immediately disclose if they have been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), but have not yet been excluded, debarred, suspended, or otherwise declared ineligible.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	N/A
Related Forms	Board and Committee Application Form; Board and Committee Members Questionnaire; Health Care District Conflict of Interest Form.
Reference(s)	N/A
Last Revision	N/A
Revision Information/Changes	N/A
Next Review Date	March 11, 2023

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

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

Application Screening for Board and Committee Members

Procedure #:	HCDGOV001	Effective Date:	3/11/2020
Business Unit:	Governance	Last Review Date:	
Approval Group:	HCD Board Governance Policy	Document Owner(s):	

PROCEDURE

A. Application Documents and Background Check

Prior to serving on a Health Care District subsidiary board or committee, individuals are required to complete the following forms:

1. Health Care District Board and Committee Application
2. Health Care District Board and Committee Members Questionnaire
3. Health Care District Conflict of Interest Form

Prior to serving on a Health Care District subsidiary board or committee, individuals are required to provide copies of the following items:

1. Driver's License or state issued identification card
2. Health Professional License

Upon receipt of the completed forms and items listed above the appropriate Governance Department staff will facilitate a background check for the applicant.

B. Initial Office of Inspector General Exclusions Database Screening

Prior to officially joining a board or committee, a prospective member's name is screened through the Office of Inspector General's Exclusions Database by the Health Care District's Governance Department. If the prospective board or committee member is identified as excluded and the match is confirmed, that person will not serve on the applicable board or committee.

C. Recurring Office of Inspector General Exclusions Database Screening

On a monthly basis, board and committee members (Screening Subjects) are screened through the Office of Inspector General's Exclusions Database by the Health Care District's Compliance Department. A report is generated documenting the screening results. The Compliance Department investigates any potential

matches. If a match is confirmed, the Compliance Department notifies the Chief Executive Officer and the appropriate Governance Department staff to facilitate a review of the findings and removal of the Ineligible Person. Under certain circumstances, however, the Chief Compliance Officer may continue the relationship with an Ineligible Person provided adequate measures are implemented to prevent the Health Care District from receiving compensation related to that Ineligible Person from the applicable Federal Health Care Program.

D. Based on the information from obtained from the documents, the background check, and the Exclusions Database screening, Health Care District Management will assess the applicant for appointment to the respective board or committee.

1. **Recommendation for Appointment:** The appropriate Governance Department staff will prepare an agenda item for consideration by the Health Care District Board for appointments to the Lakeside Health Advisory Board, Finance and Audit Committee, and the Quality, Patient Safety and Compliance Committee. For appointments to the CL Brumback Primary Care Clinics Board (District Clinic Holdings, Inc.), Governance Department staff will prepare an agenda item for consideration by the CL Brumback Primary Care Clinics Board (District Clinic Holdings, Inc.).
2. **Recommendation Not to Proceed:** When applicants are not advanced to either of the respective Boards for approval, the applicant will be notified of the decision.

RELATED DOCUMENTS	
Related Policy Document(s)	N/A
Related Forms	Board and Committee Application Form; Board and Committee Members Questionnaire; Health Care District Conflict of Interest Form.
Reference(s)	N/A
Last Revision	N/A
Revision Information/Changes	N/A
Next Review Date	3/11/2023

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

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



**APPLICATION FOR
BOARD OR COMMITTEE APPOINTMENTS**

This application should be used to apply for one of the following Health Care District Boards or Committees in which you are interested:

- CL Brumback Primary Clinics Board (District Clinics Holding, Inc.)
- Lakeside Health Advisory Board
- Finance and Audit Committee
- Quality, Patient Safety and Compliance Committee

Complete Demographic and Personal Information**

Salutation* (Dr/Ms/Mr): _____

First Name*: _____

Middle Name: _____

Last Name*: _____

Email Address*: _____

Home Phone Number: _____

Cell Phone Number*: _____

Fax Number: _____

Race*: _____

Gender*: _____

Specify Preferred Mailing Address*: Business Residential

Residential Address

Street Number and Address*: _____

Suite or Room Number*: _____

City*: _____

State*: _____

County*: Palm Beach

Zip Code*: _____



Business Address:

Business Name: _____

Street Number and Address: _____

Suite or Room Number: _____

City: _____

State: _____

Zip: _____

Business Phone Number: _____

Personal Information

The Health Care District (HCD), as authorized by section 119.071(5)(a)(2), Florida Statutes, requests that you voluntarily submit your social security number (SSN). HCD will use your SSN for purpose of conducting a background investigation or to search the Office of Inspector General’s List of Excluded Individuals/Entities relating to this application and may share the information with other agencies for the same purpose. If you provide your SSN, it will remain confidential and exempt and will not be disclosed to anyone outside of the HCD, except for purposes mentioned in this disclosure or as otherwise provided by law. Your failure to provide your SSN may result in a delay in processing your application.

Date of Birth*: _____

Place of Birth*: _____

Social Security Number*: _____

Driver’s License Number: _____

Issuing State: _____

Have you ever been known by any other legal name?: : Yes No

If “Yes” list*: _____

If you are a naturalized citizen, date of naturalization: _____

Since what year have you been a continuous resident of Florida?: _____

Are you a United States Citizen?: Yes No

If “No” list countries*: _____

Are you a registered Florida voter?: Yes No

If “Yes” list County of Registration*: _____

If “Yes” list current party affiliation*: _____



Public Records

As a general matter, applications for appointment are public records, which may be requested by anyone: however, Florida law does provide some exemptions from the public records law for identifying information of certain covered individuals including their spouses and children***. If you believe that an exemption from the public records laws applies to your submission, please check the box below. By checking the box you are submitting a written request for the HCD to maintain the exemption of your identifying information as provided by law (see section 119.071(4)3, Florida Statutes).

Yes, I assert that my identifying information provided in this application is exempt from Florida’s public records law.

Select the Board or Committee you are applying for

- CL Brumback Primary Clinics Board (District Clinics Holding, Inc.)
- Lakeside Health Advisory Board
- Finance and Audit Committee
- Quality, Patient Safety and Compliance Committee

Submit the following documents with this application:

- HCD Board-Committee Questionnaire
- HCD Conflict of Interest Form
- Copy of your Driver’s License or state issued identification card
- Copy of your Health Professional License

I certify that my answers are true and complete to the best of my knowledge. If this application leads to appointment, I understand that false or misleading information in my application may result in my release.

Signature: _____ Date: _____

Notes

* Required fields

** This information will be used to provide demographic statistics and is not requested for the purpose of disseminating on any basis.

*** Covered individuals include but are not limited to: current or former law enforcement officers, correctional and correctional probation officers, firefighters, service members serving after September 11, 2001, judges, assistant state attorneys, assistant and statewide prosecutors, assistant public defenders, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families (see section 119.071, Florida Statutes).



Appointments Questionnaire

The information from this questionnaire will be used by the Health Care District in considering action on your appointment to a Health Care District board or committee. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

Date Completed _____

Name: _____
MR./MRS./MS./DR. FIRST LAST MIDDLE/MAIDEN

Section 1- General Information

List all your places of residence for the last ten (10) years.

Address	City & State	Dates: From / To

List all your former and current residences outside of Florida that you have maintained at any time during adulthood

Address	City & State	Dates: From / To

Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes No

If "Yes" give details:

Date	Place	Nature	Disposition

Section 2- Education and Background

High School: _____ Year Graduated: _____
 (Name) (Location)

List all postsecondary education institutions attended:

Name	Dates	Degree Received

Are you or have you ever been a member of the armed forces of the United States? Yes No

If "Yes" List:

Dates of service: _____
 Branch or component: _____
 Date & type of discharge: _____

Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

Employer's Name & Location	Type of Business	Occupation Title	Period

Have you ever been employed by any state, district, or local governmental agency in Florida? Yes No

If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

Position	Employing Agency	Period of Employment

Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No

If "Yes", please list:

Have you ever been elected or appointed to any public office in this state? Yes No

If "Yes", state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):

Office Title	Dates in Office	Level of Government	Election or Appointment

If your service was on an appointed board(s), committee(s), or council(s):

- (1) How frequently were meetings scheduled: _____
- (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

Meetings Attended	Meetings Missed	Reason for Absence

Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes No

If "Yes" give details:

Date	Nature of Violation	Disposition

Have you ever been suspended from any appointed or elected office? Yes No

If "Yes", list:

Title of Office: _____ Reason for suspension: _____
 Date of suspension: _____ Result: Reinstated Removed Resigned

Are you, or have you, ever been excluded from participation in a Federal Health Care Program?

Yes No

If "Yes", explain:

Have you ever been refused a fidelity, surety, performance, or other bond? Yes No

If "Yes", explain:

License/Certificate	Title/Number	Date Issued	Issuing Authority	Disciplinary Action/Date
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Section 3- Possible Conflicts of Interest

Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes No

If "Yes", explain:

Name of Business	Your Relationship to Business	Business Relationship to Agency
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Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes No

If "Yes", explain:

Name of Business	Relationship to You	Relationship to Business	Business Relationship to Agency
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Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes No

(1) Did you receive any compensation other than reimbursement for expenses? Yes No

(2) Name of agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied

Principal Represented

Are there any possible conflicts of interest that could affect your ability to serve as a Health Care District board or committee member?

If you agree, please type or write your initials for each of the following statements:

(1) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws. _____

(2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. _____

Section 4- References and Experience

State your experiences and interests or elements of your personal history that qualify you for this appointment:

Please list specifically any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment:

Please list any awards or recognitions you have received relating to the subject matter of this appointment:

Please identify all association memberships and offices (including any business, professional, occupational, civic, or fraternal organizations) you have held or hold relating in the last 10 years:

Name of the Association	Role	Dates of Membership

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes No

If "Yes", explain:

List three persons who have known you well within the past five (5) years. Include a current telephone number. Exclude your relatives and members of the Florida Senate.

Name	Organization	Phone Number

In the following space, please explain why you want to serve as a gubernatorial appointee and share anything else that you think may be helpful:

Section 5- Certification and Signature

I understand that any appointment tendered to me will be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment by the Health Care District and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief.

By checking this box and typing my name below I am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.

/s/ _____
First Name Middle Initial Last Name Suffix

Please save this document to upload with your board application.

If you have any questions, please call (561) 804-5600 or email Appointments@hcdpbc.org.com

GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

Name: _____
Board/Committee: _____

The Conflicts of Interest Policy adopted by the Board of Directors of the District requires disclosure of certain interests. To carry out the purpose of this Policy, you state in this form that you or your family members have the following affiliations, interest or relationships, and/or have taken part in the following transactions that, when considered in conjunction with your position with or relationship to the District and its affiliates, might possibly constitute or give rise to an actual, apparent, or potential conflict of interest as defined under the Policy.

These individuals considered to be "family members" for purposes of this statement include: your spouse, parent, domestic partner, child, or sibling. Check "No" where applicable, or explain any possible conflicts of interest, including all material facts, on this questionnaire. All actual, apparent, or potential conflicts of interest that existed or that exist since the filing of your last Conflicts of Interest Statement (or since the beginning of your Board of Director tenure, Committee tenure, independent contractor, or agency relationship if no prior Conflicts of Interest Statement was filed) should be reported on this questionnaire. In addition, you must report to the Chief Compliance Officer any further financial interest, situation, activity, interest, or conduct that may develop before completion of the next annual questionnaire.

I. BACKGROUND

- A. What position(s) do you hold/relationships do you maintain with respect to the District (i.e., Board member, committee member, etc.)? Also, please indicate the specific District entity, department or program within the Health Care District with which the position or relationship is maintained.

- B. Do you refer patients to the District or an Affiliate for medical treatment? If the answer is "yes," please state the nature of the relationship (i.e., member of the medical staff of a Lakeside Medical Center, Edward J. Healey).

II. OUTSIDE INTEREST

- A. Do you or any of your family members hold, or within the last one (1) year have you or any of your family members held, directly or indirectly, (i) a position or (ii) a material financial non-publicly traded interest in any outside entity with which you or your family member have reason to believe the District (a) does business, including obtaining goods or services, or (b) provides services competitive with the District?

A "material" financial interest is one which involves or has a fair market value of more than One Thousand Dollars (\$1,000.00) or which represent more than 5% of the total ownership interest in the outside entity.

No

Yes-Explain below...

GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

- 1) Are you or any of your family members currently engaged, or within the last one (1) year have you or any of your family members been engaged, in any business outside of your duties at the District that in any way does business the District?

No Yes-Explain below...

- 2) Are you or any of your family members, or within the last one (1) year have you or any of your family members been, an officer or director of any company or organization (for-profit or not-for-profit) other than the District that does business with the District?

No Yes-Explain below...

- 3) Do you or any of your family members have, or within the last one (1) year have you or any of your family members had, any personal loans, advances, or borrowings from any customer or supplier who also does business with the District? (You may exclude charge cards and personal or mortgage loans at market rates at financial institutions such as bank, finance companies, insurance companies, and savings and loans associations.)

No Yes-Explain below...

- B. Do you or any of your family members compete, directly or indirectly, with the District in the purchase or sale of ambulatory/ancillary medical services?

No Yes-Explain below...

- C. Do you or any of your family members render, or within the last one (1) year have you or any of your family members rendered directive, managerial, consultative or other services to the District or on behalf of any outside entity that does business with the District?

No Yes-Explain below...

- D. Do you or any of your family members employ or otherwise retain, or within the last one (1) year have you or any of your family members employed or otherwise retained, personnel of the District for work on non-district business done outside of the District?

No Yes-Explain below...

GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

E. Do you or any of your family members serve any other organization (public, private, or charitable) as a director, trustee, officer, or in a similar capacity?

- No Yes- Explain below...

F. Do you or any of your family members serve on a board of an organization that receives funding from the District?

- No Yes- Explain below...

III. GIFTS, GRATUITIES, AND ENTERTAINMENT

A. Have you or any of your family members in the last one (1) year accepted gifts, entertainment, benefits, discounts, or other favors valued in excess of One Hundred Dollars (\$100.00) from any outside entity that does or is seeking to do business with the District?

- No Yes-Explain below...

B. Have you or any of your family members accepted any gifts, honoraria, perquisites, favor, or benefits valued in excess of One Hundred Dollars (\$100.00) from suppliers or vendors of the District?

- No Yes-Explain below...

In the space below, I have disclosed any other interest, activities, investments, or involvement of or concerning me or my family members that I believed might be considered relevant for purposes of disclosure of all actual, apparent, or possible conflicts of interest, or I have indicated "none." (Use additional pages as necessary.)

GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

ACKNOWLEDGMENT

I hereby state each of the following:

- (1) I have received a copy of the Conflicts of Interest Policy;
- (2) I have read and understand the Policy;
- (3) I agree to comply with the Policy;
- (4) I understand that the Health Care District is a charitable organization and that to maintain its status it must engage primarily in activities which accomplish one or more of its tax-exempt purposes;
- (5) I agree to report promptly to the District any change in the responses to each of the foregoing questions which may result from changes in circumstances or any further financial interest, situation, activity, interest, or conduct that may develop before completion of my next annual questionnaire; and
- (6) The information contained herein is true and accurate to the best of my knowledge and belief as of this _____ day of _____, _____.

Signed: _____

Print Name: _____