



**JOINT MEETING
BOARD OF COMMISSIONERS
&
DISTRICT CLINIC HOLDINGS, INC. BOARD
March 26, 2019 at 2:00PM**

**Meeting Location
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

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



BOARD OF COMMISSIONERS & DISTRICT CLINIC HOLDINGS, INC
JOINT MEETING AGENDA
March 26, 2019 at 2:00 PM
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401

1. Call to Order – Brian Lohmann, 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. Clinic and Board Introductions
- B. Accomplishments, Changes and Anticipated Direction of the Clinics (Belma Andric, MD)
- C. Public Records and Sunshine Implications (Valerie Shahriari)
- D. RSM - 2018 IT Risk Assessment Summary (Cindy Yarbrough/Anthony Catalano)
- E. Correlation of IT Audits (Cindy Yarbrough)

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of January 29, 2019. [Pages 1-6]

7. Committee Reports

- 7.1 Finance and Audit Committee Report – (Commissioner Sabin)
- 7.2 Quality, Patient Safety and Compliance Committee – (Commissioner Alonso)
- 7.3 Lakeside Health Advisory Board Report – (Commissioner Alonso)
- 7.4 C.L. Brumback Primary Care Clinics Board Report – (Belma Andric, MD)

8. Consent Agenda – Motion to Approve Consent Agenda Items

A. ADMINISTRATION

8A-1 RECEIVE AND FILE:

March 2019 Internet Posting of District Public Meeting.

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=256&m=0/0&DisplayType=C>

8A-2 RECEIVE AND FILE

Health Care District Board Attendance. [Page 7]

8A-3 RECEIVE AND FILE:

Health Care District Financial Statements February 2019.

(Dawn Richards) [Pages 8-60]

8A-4 Staff Recommends a MOTION TO APPROVE:

Medical Staff Appointment(s) for Lakeside Medical Center. (Belma Andric, MD)
[Pages 61-63]

8A-5 Staff Recommends a MOTION TO APPROVE:

Audit Plan 2018-2019 Status Update & Follow-Up of Management Action Plan
Items. (Dawn Richards) [Pages 64-71]

8A-6 Staff Recommends a MOTION TO APPROVE:

Audit Plan 2019-2020 Status Update. (Dawn Richards) [Pages 72-75]

8A-7 Staff Recommends a MOTION TO APPROVE:

Third Party Vendor Management Audit. (Dawn Richards) [Pages 76-86]

8A-8 Staff Recommends a MOTION TO APPROVE:

PTO Benefits Audit. (Dawn Richards) [Pages 87-95]

8A-9 Staff Recommends a MOTION TO APPROVE:

Revenue Charge Capture Controls Assessment. (Dawn Richards) [Pages 96-104]

8. Consent Agenda (Continued)

8A-10 Staff Recommends a MOTION TO APPROVE:

Controlled Substance Audit – Primary Care Clinic Pharmacies.
(Dawn Richards) [Pages 105-117]

8A-11 Staff Recommends a MOTION TO APPROVE:

Amendment to the Finance and Audit Committee Charter. (Valerie Shahriari)
[Pages 118-125]

8A-12 Staff Recommends a MOTION TO APPROVE:

Amendment to the Quality, Patient Safety and Compliance Committee Charter.
(Valerie Shahriari) [Pages 126-135]

9. Regular Agenda

A. ADMINISTRATION

9A-1 Staff Recommends a MOTION TO APPROVE:

Member Appointments to the Finance and Audit Committee.
(Tom Cleare) [Pages 136-137]

9A-2 Staff Recommends a MOTION TO APPROVE:

2018 Health Care District Audit. (Dawn Richards)
[Pages 138-139/Under Separate Cover]

9A-3 Staff Recommends a MOTION TO APPROVE:

2018 District Clinic Holdings, Inc. Audit. (Dawn Richards)
[Pages 140-141/Under Separate Cover]

9A-4 Staff Recommends a MOTION TO APPROVE:

2018 Good Health Foundation, Inc. Audit. (Dawn Richards)
[Pages 142-143/Under Separate Cover]

9A-5 Staff Recommends a MOTION TO APPROVE:

2018 Healthy Palm Beaches, Inc. Audit. (Dawn Richards)
[Pages 144-145/Under Separate Cover]

DISTRICT CLINIC HOLDINGS, INC. BOARD

10. Agenda Approval

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

11. Regular Agenda

11A-1 Staff Recommends a MOTION TO APPROVE:

Appointment of Gary Butler to the District Clinic Holdings, Inc. Board.
(Belma Andric, MD) [Pages 146-147]

11A-2 Staff Recommends a MOTION TO APPROVE:

Licensed Independent Practitioner Credentialing and Privileging.
(Belma Andric, MD) [Pages 148-149]

12. CEO Comments

13. District Clinic Board Member Comments

14. HCD Board Member Comments

15. CLOSED RISK MEETING [Under Separate Cover]

Pursuant to Florida Statute Ch. 768.28, 395.0197, 766.101 and 400.119, 400.147

16. Establishment of Upcoming Board Meetings

May 28, 2019 - Annual Meeting - Officer Elections (Lakeside Medical Center)

- 2:00PM, Health Care District Board Meeting

July 30, 2019 (Location TBD)

- 9:00AM, Health Care District Strategic Planning
- 2:00PM, Joint Meeting with Finance and Audit Committee

September 2019 (Dates TBD for two TRIM meetings)

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

November 26, 2019

- 2:00PM, Joint Meeting with Lakeside Health Advisory Board

17. Motion to Adjourn



**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
BOARD OF COMMISSIONERS MEETING
SUMMARY MINUTES
January 29, 2019 at 2:00 p.m.
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order

Brian Lohmann called the meeting to order.

A. Roll Call

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

Staff present included: Darcy Davis, Chief Executive Officer; Dawn Richards, Chief Financial Officer; Dr. Belma Andric, Chief Medical Officer; Dr. Tom Cleare, VP of Strategy; Karen Harris, VP of Field Operations; Ellen Pentland, Chief Compliance Officer; Cindy Yarbrough, Chief Information Officer; Steven Hurwitz, VP of Human Resources and Communications; and Valerie Shahriari, General Counsel.

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. Agenda Approval

- A. Additions/Deletions/Substitutions – Commissioner Lohmann addressed that we have some substitutions that were passed out on the agenda. He entertained a motion to approve the revised agenda.
- B. Motion to Approve Agenda

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

3. Awards, Introductions and Presentations

- A. Integrated Care in the Primary Care Clinics. (Belma Andric, MD)

Dr. Andric discussed the behavioral and dental integrated care in the Primary Care Clinics.

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of November 27, 2018.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Board Meeting Minutes of November 27, 2018 as presented. The motion was duly seconded by Commissioner Neering. There being no objection, the motion passed unanimously.

7. Consent Agenda – Motion to Approve Consent Agenda Items

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

- A. **ADMINISTRATION**

7A-1 RECEIVE AND FILE:

January 2019 Internet Posting of District Public Meeting.

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=244&m=0/0&DisplayType=C>

7. Consent Agenda (Continued)

7A-2 RECEIVE AND FILE

Health Care District Board Attendance.

7A-3 RECEIVE AND FILE:

Health Care District Financial Statements December 2018.

7A-4 Staff Recommends a MOTION TO APPROVE:

Audit Plan 2018/2019 Status Update.

7A-5 Staff Recommends a MOTION TO APPROVE:

Patient Access Audit.

7A-6 Staff Recommends a MOTION TO APPROVE:

340B Discount Program.

7A-7 Staff Recommends a MOTION TO APPROVE:

FY 2019 Audit Plan and Risk Assessment.

7A-8 Staff Recommends a MOTION TO APPROVE:

Medical Staff Appointment(s) for Lakeside Medical Center.

7A-9 Staff Recommends a MOTION TO APPROVE:

Privacy Policy Revisions.

7A-10 Staff Recommends a MOTION TO APPROVE:

Appointment of Inger Harvey to the Lakeside Health Advisory Board.

7A-11 RECEIVE AND FILE:

Lakeside Medical Center Confidential Public Records Request Quarterly Report.

8. Regular Agenda

A. ADMINISTRATION

8A-1 Staff Recommends a MOTION TO APPROVE:

CEO Annual Evaluation.

Commissioner Lohmann stated that under separate cover the Board received Darcy's accomplishments from year 3 along with her priorities for 2019 and her evaluation that her peers did. The recommendation (in order to get Darcy closer to the market for the CEO role) is a 10% increase.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the 10% increase. The motion was duly seconded by Commissioner Banner. There being no objection, the motion passed unanimously.

8A-2 Staff Recommends a MOTION TO APPROVE:
District Cares Changes.

Dr. Cleare stated that this agenda item presents the Board with an update on the changes to District Cares. During the July 2018 Strategic Planning Meeting, the Board received an update on early details of the District Cares new outsourced behavioral health benefit. Additionally, upcoming changes planned for District Cares were presented. The changes, both benefit and administrative, came as a result of lengthy internal and external reviews of the program. Staff recommends the Board approve the District Cares Changes.

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

8A-3 Staff Recommends a MOTION TO APPROVE:
Belle Glade Primary Care Clinic Construction.

Ms. Richards stated that this agenda item presents the budget overage of the Belle Glade Primary Care and Dental Clinic construction project. The Primary Care Clinic budgeted \$1,079,900 to complete the construction project for the relocation of its Belle Glade medical and dental clinics to the Lakeside Medical Center facility. The Guaranteed Maximum Price presented by the General Contractor is \$1,380,865.24 exceeding the budgeted amount by \$300,965.24. This includes a \$100,000 contingency, which may not be utilized. HRSA funding for this project will be up to 88% of \$1,000,000 or \$880,000.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the budget overage. The motion was duly seconded by Commissioner Sabin. There being no objection, the motion passed unanimously.

9. Committee Reports

9.1 Finance and Audit Committee Report – (Commissioner Sabin)

Commissioner Sabin stated that we have asked staff to come back to the committee with an update to the charter in regards to the number of members that make a quorum. Also we are on the lookout for a couple of Finance and Audit committee members so please keep in mind we are looking for one to two new members. We reviewed all the matters that were seen on the consent agenda relative to the Finance & Audit Committee. RSM provided a presentation on the District Hospital Holdings, Audit.

- 9.2 Quality, Patient Safety and Compliance Committee – (No Report)
- 9.3 Lakeside Health Advisory Board Report – (No Report)
- 9.4 C.L. Brumback Primary Care Clinics Board Report – (Commissioner Neering)

Commissioner Neering stated that we received notification from Farris Foundation that we were honored an award of \$200,000 (2 years). We submitted this grant request to support an LCSW position for our Mobile Clinic. On behalf of dental team, Dr Tibby and Terry Megiveron officially accepted the award for patient access and outcomes at the annual NNOHA conference in New Orleans.

We are currently on track to move our Belle Glade medical and dental clinics into the hospital by April 2019.

The C. L. Brumback Primary Care Clinics' Board of Directors recognized three outgoing members at its public meeting on December 12, 2018. Bessie Brown, Chair; David Kendle, former Chair; and Frances Navarro, Treasurer; provided six years of volunteer service from January 2012 through December 2018.

10. CEO Comments

Ms. Davis stated that yesterday Lakeside Medical Center hosted the legislative delegation at the hospital and it went very well. It was standing room only. Also, a couple of weeks ago, the School Health team hosted a community wide diabetes outreach dinner to solve some of the challenges the nurses are having in the schools with orders for the kids. Ms. Davis also mentioned that we have a very good working relationship with the County and they provided 1 million toward the Addiction Stabilization Center. We appreciate the support that they are providing.

11. Board Member Comments

12. Establishment of Upcoming Board Meetings

March 26, 2019

- 2:00PM, Joint Meeting with District Clinic Holdings, Inc. Board

May 28, 2019 - Annual Meeting (Officer Elections)

- 2:00PM, Health Care District Board Meeting

July 30, 2019 (Location TBD)

- 9:00AM, Health Care District Strategic Planning
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November 26, 2019

- 2:00PM, Joint Meeting with Lakeside Health Advisory Board

13. 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**

12 Month Attendance Tracking

| | 1/29/19 | | | | | | |
|----------------|----------------|--|--|--|--|--|--|
| Brian Lohmann | x | | | | | | |
| Nancy Banner | x | | | | | | |
| Alina Alonso | x | | | | | | |
| Leslie Daniels | | | | | | | |
| Sean O'Bannon | x | | | | | | |
| Cory Neering | x | | | | | | |
| Ed Sabin | x | | | | | | |

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

1. Description: Health Care District Financial Statements

2. Summary:

The YTD February 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:



Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

3/26/2019

Date Reviewed


**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel

Dawn Richards
VP & Chief Financial Officer

Darryl J. Davis
Chief Executive Officer

Health Care District of Palm Beach County

FINANCIAL STATEMENT

February 2019

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Management Discussion and Analysis

Combined Financial Statements

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MEMO

To: Finance Committee

From: Dawn L. Richards, Chief Financial Officer

Date: March 15, 2019

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

The February statements represent the financial performance for the five months of the 2019 fiscal year for the Health Care District.

Net Performance

- YTD net margin for all funds combined of \$55.6M is \$3.4M (6.5%) over the budget of \$52.2M and \$60.0M (1,349%) over the prior year of (\$4.4M). The significant increase in net margin over the prior year is a result of a change in revenue recognition methodology for ad valorem taxes.

Volume Analysis

- Aeromedical transports of 269 are under the budget of 279 by 10 or 3.6% and under the prior year of 289 by 20 or 6.9%.
- YTD census at the Healey Center of 119 is over the budget of 118 by 1 or 0.8% and under the prior year of 120 by 1 or 0.8%.
- YTD adjusted patient days at Lakeside Medical Center of 6,855 are under the budget of 7,544 by 689 or 9.1% and under the prior year of 7,543 by 688 or 9.1%.
- Emergency room visits YTD of 10,005 are over the budget of 9,907 by 98 or 1.0% and over the prior year of 9,905 by 100 or 1.0%.
- Outpatient visits YTD of 2,424 are under the budget of 3,493 by 1,069 or 30.6% and under the prior year of 3,493 by 1,069 or 30.6%.
- Total medical clinic visits YTD in all adult and pediatric clinics of 41,361 are under the budget of 42,775 by 1,414 or 3.3% and under the prior year of 41,673 by 312 or 0.7%. The volume variances are attributable to high no show rates since switching EHR systems, long wait times to schedule appointments, and new providers in the MAT program whose visits are still ramping up.

- Total dental visits YTD of 10,923 are under the budget of 13,622 by 2,699 or 19.8% and under the prior year of 13,277 by 2,354 or 17.7%. The volume variances are attributable to the ramp up of the new strategy of integration with medical visits, which is slowing productivity.

Revenue Analysis

- YTD revenue in the General Fund of \$122.3M is \$933k (0.8%) under the budget of \$123.3M and \$62.8M (105.3%) over the prior year of \$59.6M. Shortfalls in ad valorem taxes (\$2.5M) and patient revenue (\$527k) are offset by overages in unrealized gain/loss - investments (\$1.2M), interest earnings (\$481k), and other revenue (\$424k).
- YTD net patient revenue at the Healey Center of \$4.2M is \$265k (6.7%) over the budget of \$4.0M and \$676k (19.1%) over the prior year of \$3.5M. The increase in reimbursement is attributable to an enhanced rate from Medicaid.
- YTD net patient revenue at Lakeside Medical Center of \$11.0M is \$793k (6.7%) under the budget of \$11.8M and \$765k (7.5%) over the prior year of \$10.2M. This is a result of unfavorable volume variances.
- YTD net patient revenue in the Primary Care Clinics of \$5.1M is \$1.2M (32.2%) over the budget of \$3.9M and \$788k (13.4%) under the prior year of \$5.9M, due to unanticipated LIP revenue (\$962k) and unbudgeted District Cares subsidy payments (\$771k) for clinic visits.
- YTD grant revenue in the Primary Care Clinics of \$4.8M is \$1.0M (28.9%) over the budget of \$3.8M and \$1.7M (56.1%) over the prior year of \$3.1M. This is due to a change in the HRSA base drawdown procedure that improves the process. Revenue from the Belle Glade construction grant of \$488k is \$137k (22.0%) under the budget of \$625k.

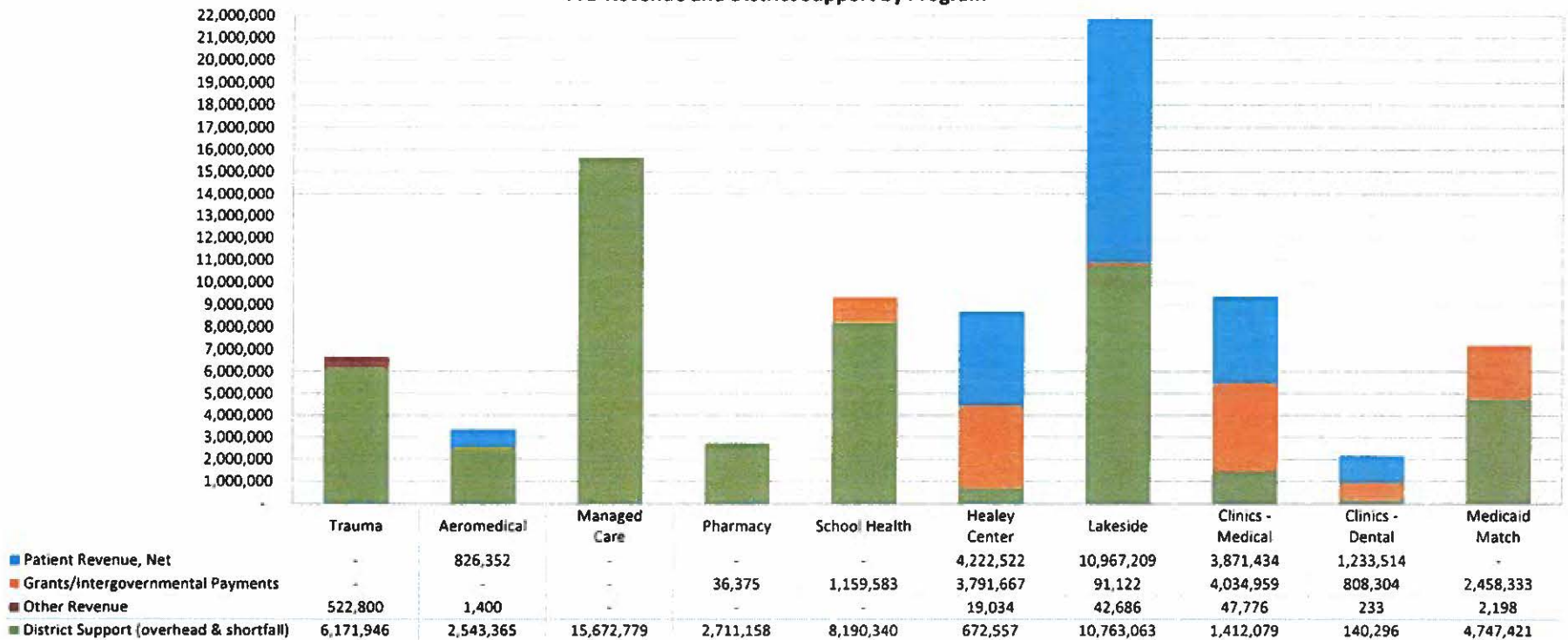
Expenses Analysis

- Total operating expenses in the General Fund of \$53.6M are \$2.0M (3.6%) under the budget of \$55.6M and \$2.1M (4.0%) over the prior year of \$51.5M. Savings and timing in salaries (\$963k), benefits (\$378k), purchased services (\$1.1M), sponsored programs (\$954k), and repairs and maintenance (\$357k) are the major contributors to the favorable variance.
- Total operating expenses in the Healey Center of \$7.61M are \$42k (0.6%) over the budget of \$7.57M and \$341k (4.7%) over the prior year of \$7.3M. Favorable variances in benefits (\$21k), purchased services (\$19k), repairs and maintenance (\$14k), and other expense (\$16k) offset unfavorable variances in salaries (\$87k) and other supplies (\$16k).

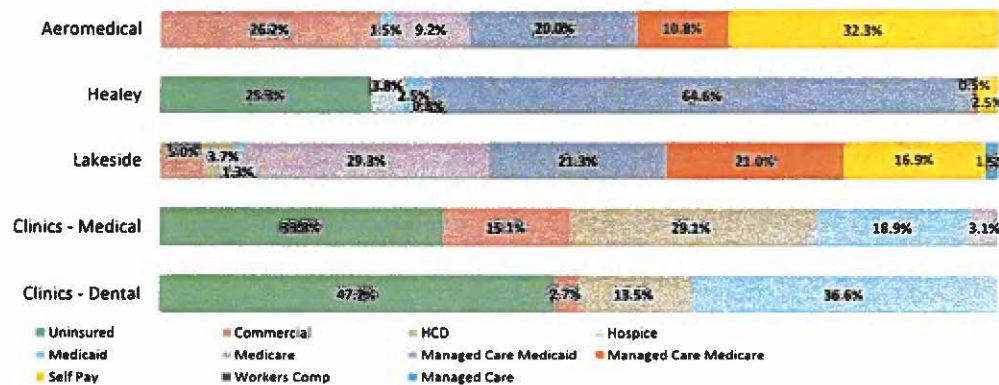
- Total operating expenses at Lakeside Medical Center of \$18.6M are \$274k (1.5%) over the budget of \$18.4M and \$2.0M (12.2%) over the prior year of \$16.6M. Significant favorable variances in salaries (\$302k), benefits (\$70k), purchased services (\$279k), other supplies (\$81k), and utilities (\$58k) partially offset unfavorable variances in contracted physician expense (\$982k), medical supplies (\$91k) and repairs and maintenance (\$27k). Variances were caused by locum tenens, inventory adjustments, and JCAHO required repairs.
- Clinic Medical operating expenses of \$7.9M are \$437k (5.2%) under the budget of \$8.4M and \$591k (8.0%) over the prior year of \$7.4M. Savings in salaries (\$145k), benefits (\$132k), and medical services (\$109k) are the main contributors to the favorable variance. Clinic Dental operating expenses of \$1.8M are \$143k (7.2%) under the budget of \$2.0M and \$73k (4.2%) over the prior year of \$1.75M. Savings in salaries (\$44k), benefits (\$22K), medical supplies (\$27k), purchased services (\$18k), and other supplies (\$17k) contribute to the favorable variance.

Program Dashboard - YTD February 2019

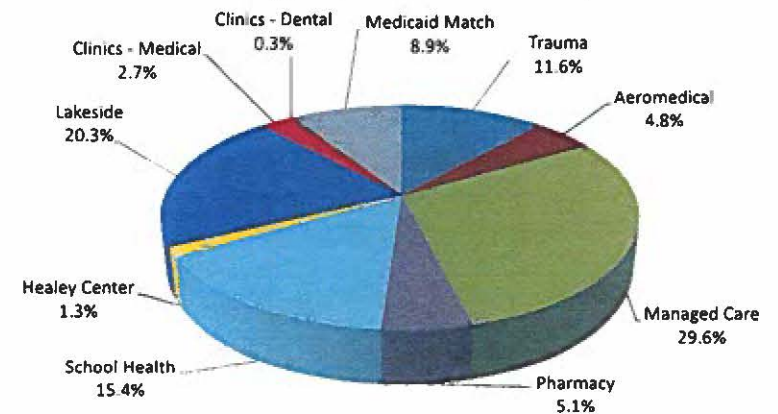
YTD Revenue and District Support by Program



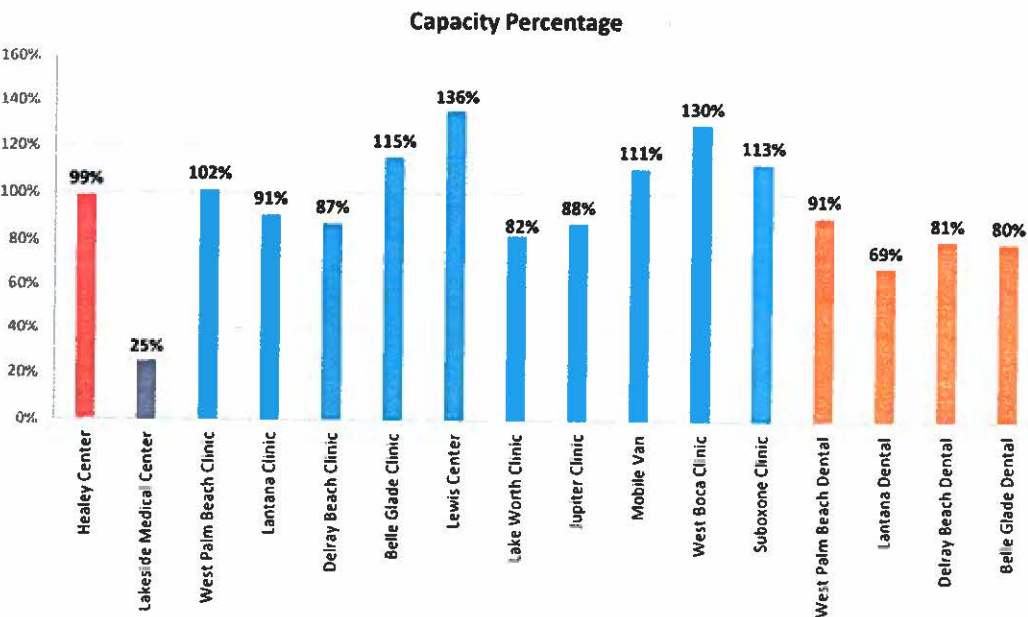
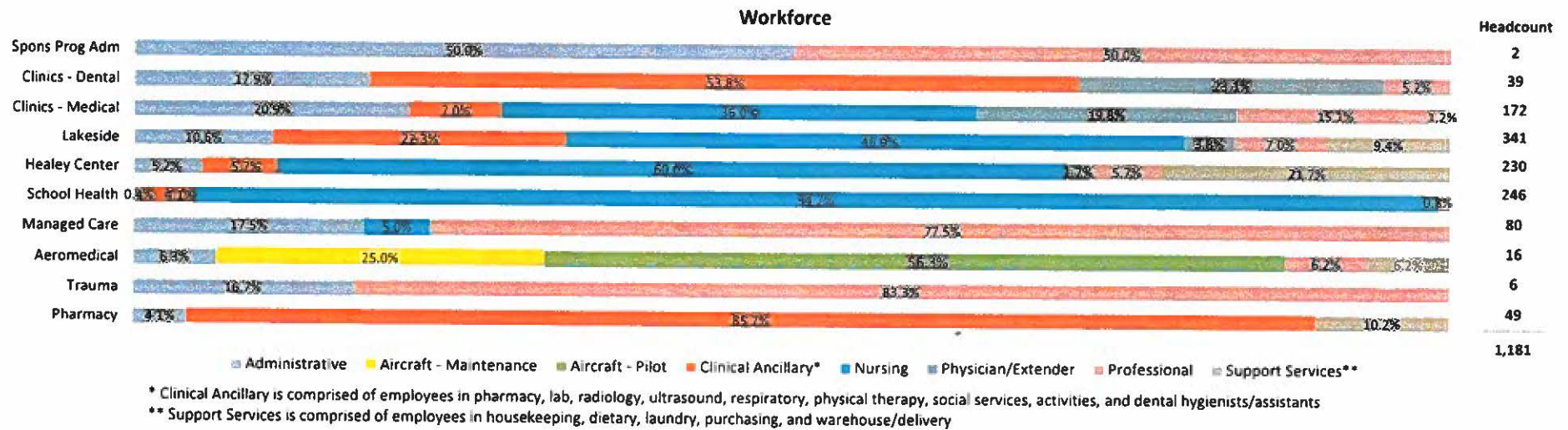
YTD Payor Mix by Volume



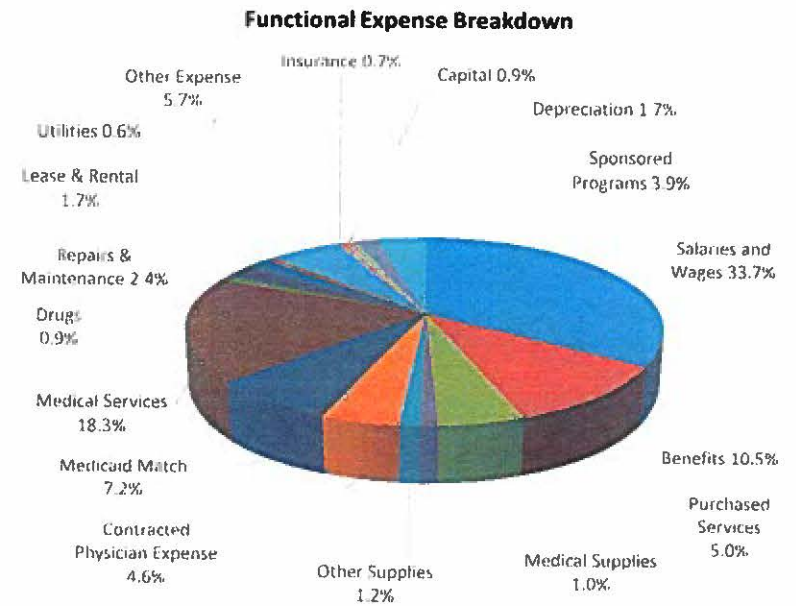
District Support (overhead and shortfall)



Program Dashboard - YTD February 2019



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



Revenues & Expenditures - Combined All Funds (Functional)

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | | Fiscal Year To Date | | | | | | | |
|--|-----------------------|---------------------|----------------|-----------------------|-----------------------|----------------|---------------------------------------|-----------------------|-----------------------|----------------------|--------------|-----------------------|----------------------|-------------------|--|
| Actual | Budget | Variance | % | Prior Year | Variance | % | | Actual | Budget | Variance | % | Prior Year | Variance | % | |
| Revenues: | | | | | | | | | | | | | | | |
| \$ 5,661,776 | \$ 5,446,090 | \$ 215,686 | 4.0% | \$ 11,072,500 | \$ (5,410,724) | (48.9%) | Ad Valorem Taxes | \$ 115,912,091 | \$ 118,367,989 | \$ (2,455,899) | (2.1%) | \$ 55,420,830 | \$ 60,491,261 | 109.1% | |
| - | - | - | 0.0% | - | - | 0.0% | Medicaid Revenue and Premiums | - | - | - | 0.0% | - | - | 0.0% | |
| 3,960,306 | 4,058,588 | (98,283) | (2.4%) | 4,153,567 | (193,261) | (4.7%) | Patient Revenue, Net | 21,121,031 | 20,933,559 | 187,472 | 0.9% | 20,937,182 | 183,848 | 0.9% | |
| 1,481,917 | 1,481,917 | - | 0.0% | 1,481,917 | - | 0.0% | Intergovernmental Revenue | 7,409,583 | 7,409,583 | (0) | (0.0%) | 7,409,583 | (0) | (0.0%) | |
| 1,380,785 | 755,241 | 625,544 | 82.8% | 683,528 | 697,256 | 102.0% | Grants | 4,970,761 | 3,851,200 | 1,119,561 | 29.1% | 3,260,038 | 1,710,723 | 52.5% | |
| 500,516 | 223,338 | 277,177 | 124.1% | 222,889 | 277,627 | 124.6% | Interest Earnings | 1,747,107 | 1,116,692 | 630,415 | 56.5% | 1,186,708 | 560,398 | 47.2% | |
| (126,799) | (86,815) | (39,984) | 46.1% | (128,383) | 1,584 | (1.2%) | Unrealized Gain/(Loss)-Investments | 769,257 | (434,074) | 1,203,331 | (277.2%) | (1,157,429) | 1,926,685 | (166.5%) | |
| 237,993 | 177,908 | 60,085 | 33.8% | 173,705 | 64,288 | 37.0% | Other Revenue | 2,209,959 | 2,004,688 | 205,271 | 10.2% | 1,913,646 | 296,313 | 15.5% | |
| \$ 13,096,493 | \$ 12,056,268 | \$ 1,040,225 | 8.6% | \$ 17,659,723 | \$ (4,563,230) | (25.8%) | Total Revenues | \$ 154,139,788 | \$ 153,249,638 | \$ 890,150 | 0.6% | \$ 88,970,560 | \$ 65,169,228 | 73.2% | |
| Expenditures: | | | | | | | | | | | | | | | |
| 6,381,918 | 6,680,394 | 298,477 | 4.5% | 6,214,048 | (167,869) | (2.7%) | Salaries and Wages | 33,488,492 | 34,854,164 | 1,365,673 | 3.9% | 32,154,077 | (1,334,415) | (4.2%) | |
| 2,075,942 | 2,169,015 | 93,073 | 4.3% | 1,976,736 | (99,206) | (5.0%) | Benefits | 10,548,256 | 11,170,924 | 622,668 | 5.6% | 10,113,461 | (434,795) | (4.3%) | |
| 951,535 | 1,313,759 | 362,224 | 27.6% | 1,308,142 | 356,607 | 27.3% | Purchased Services | 4,996,511 | 6,370,939 | 1,374,428 | 21.6% | 4,471,069 | (525,442) | (11.8%) | |
| 244,552 | 193,429 | (51,122) | (26.4%) | 195,461 | (49,090) | (25.1%) | Medical Supplies | 1,023,914 | 957,884 | (66,030) | (6.9%) | 847,521 | (176,394) | (20.8%) | |
| 268,687 | 288,290 | 19,603 | 6.8% | 222,190 | (46,497) | (20.9%) | Other Supplies | 1,153,403 | 1,465,247 | 311,843 | 21.3% | 1,121,259 | (32,144) | (2.9%) | |
| 1,007,044 | 544,645 | (462,399) | (84.9%) | 615,591 | (391,453) | (63.6%) | Contracted Physician Expense | 4,544,244 | 3,568,153 | (976,092) | (27.4%) | 3,143,614 | (1,400,630) | (44.6%) | |
| 1,441,591 | 1,441,591 | - | 0.0% | 1,415,952 | (25,638) | (1.8%) | Medicaid Match | 7,207,953 | 7,207,953 | - | 0.0% | 7,079,762 | (128,191) | (1.8%) | |
| 3,350,015 | 3,414,764 | 64,749 | 1.9% | 3,901,879 | 551,865 | 14.1% | Medical Services | 18,080,901 | 17,053,694 | (1,027,207) | (6.0%) | 18,847,664 | 766,763 | 4.1% | |
| 217,401 | 246,275 | 28,874 | 11.7% | 216,217 | (1,184) | (0.5%) | Drugs | 919,590 | 1,231,753 | 312,163 | 25.3% | 1,114,661 | 195,071 | 17.5% | |
| 422,648 | 524,538 | 101,890 | 19.4% | 358,156 | (64,492) | (18.0%) | Repairs & Maintenance | 2,406,179 | 2,654,479 | 248,299 | 9.4% | 1,995,392 | (410,787) | (20.6%) | |
| 342,878 | 359,607 | 16,729 | 4.7% | 590,889 | 248,011 | 42.0% | Lease & Rental | 1,697,806 | 1,802,687 | 104,881 | 5.8% | 1,914,256 | 216,449 | 11.3% | |
| 132,753 | 118,167 | (14,587) | (12.3%) | 112,016 | (20,737) | (18.5%) | Utilities | 600,766 | 650,309 | 49,543 | 7.6% | 576,608 | (24,159) | (4.2%) | |
| 687,567 | 551,506 | (136,060) | (24.7%) | 425,212 | (262,354) | (61.7%) | Other Expense | 5,635,752 | 4,525,960 | (1,109,791) | (24.5%) | 4,035,141 | (1,600,611) | (39.7%) | |
| 137,672 | 164,257 | 26,585 | 16.2% | 137,073 | (599) | (0.4%) | Insurance | 695,397 | 821,595 | 126,198 | 15.4% | 697,544 | 2,147 | 0.3% | |
| 874,021 | 960,833 | 86,812 | 9.0% | 913,226 | 39,205 | 4.3% | Sponsored Programs | 3,849,741 | 4,804,167 | 954,426 | 19.9% | 3,478,645 | (371,095) | (10.7%) | |
| 18,536,224 | 18,971,071 | 434,847 | 2.3% | 18,602,791 | 66,568 | 0.4% | Total Operational Expenditures | 96,848,905 | 99,139,907 | 2,291,002 | 2.3% | 91,590,674 | (5,258,231) | (5.7%) | |
| Net Performance before Depreciation & | | | | | | | | | | | | | | | |
| \$ (5,439,731) | \$ (6,914,803) | \$ 1,475,072 | (21.3%) | \$ (943,068) | \$ (4,496,663) | 476.8% | Overhead Allocations | \$ 57,290,883 | \$ 54,109,730 | \$ 3,181,153 | 5.9% | \$ (2,620,114) | \$ 59,910,997 | (2,286.6%) | |
| 344,599 | 384,559 | 39,960 | 10.4% | 365,755 | 21,156 | 5.8% | Depreciation | 1,723,204 | 1,924,941 | 201,736 | 10.5% | 1,829,241 | 106,037 | 5.8% | |
| 18,880,822 | 19,355,629 | 474,807 | 2.5% | 18,968,546 | 87,724 | 0.5% | Total Expenses | 98,572,110 | 101,064,848 | 2,492,738 | 2.5% | 93,419,915 | (5,152,195) | (5.5%) | |
| \$ (5,784,330) | \$ (7,299,361) | \$ 1,515,032 | (20.8%) | \$ (1,308,823) | \$ (4,475,506) | 341.9% | Net Margin | \$ 55,567,678 | \$ 52,184,790 | \$ 3,382,889 | 6.5% | \$ (4,449,355) | \$ 60,017,034 | 1,348.9% | |
| 25,299 | 1,661,386 | 1,636,088 | 98.5% | 1,061,250 | 1,035,952 | 97.6% | Capital | 907,455 | 8,306,932 | 7,399,477 | 89.1% | 1,623,705 | 716,250 | 44.1% | |
| \$ (5,809,628) | \$ (8,960,748) | \$ 3,151,119 | (35.2%) | \$ (2,370,074) | \$ (3,439,555) | 145.1% | RESERVES ADDED (USED) | \$ 54,660,223 | \$ 43,877,858 | \$ 10,782,365 | 24.6% | \$ (6,073,061) | \$ 60,733,284 | 1,000.0% | |

Note: Excludes Interfund Transfers

Revenues and Expenses by Fund YTD

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| | General Fund | Healey Center | Lakeside Medical | Healthy Palm Beaches | Primary Care Clinics | Medicaid Match | Capital Funds | Total |
|---|-----------------------|---------------------|-----------------------|----------------------|-----------------------|-----------------------|-------------------|-----------------------|
| Revenues: | | | | | | | | |
| Ad Valorem Taxes | \$ 115,912,091 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 115,912,091 |
| Premiums | - | - | - | - | - | - | - | - |
| Patient Revenue, Net | 826,352 | 4,222,522 | 10,967,209 | - | 5,104,948 | - | - | 21,121,031 |
| Intergovernmental Revenue | 1,159,583 | 3,791,667 | - | - | - | 2,458,333 | - | 7,409,583 |
| Grants | 36,375 | - | 91,122 | - | 4,843,264 | - | - | 4,970,761 |
| Interest Earnings | 1,465,223 | - | - | - | - | - | - | 1,465,223 |
| Unrealized Gain/(Loss)-Investments | 769,257 | - | - | - | - | - | - | 769,257 |
| Other Revenue | 2,155,585 | 19,034 | 42,686 | 20,543 | 48,009 | 2,198 | 203,788 | 2,491,844 |
| Total Revenues | \$ 122,324,466 | \$ 8,033,223 | \$ 11,101,017 | \$ 20,543 | \$ 9,996,220 | \$ 2,460,531 | \$ 203,788 | \$ 154,139,788 |
| Expenditures: | | | | | | | | |
| Salaries and Wages | 14,961,168 | 4,432,258 | 7,789,540 | - | 6,305,527 | - | - | 33,488,492 |
| Benefits | 5,067,103 | 1,654,582 | 2,135,928 | - | 1,690,643 | - | - | 10,548,256 |
| Purchased Services | 3,137,030 | 336,284 | 1,188,948 | 15,750 | 318,498 | - | - | 4,996,511 |
| Medical Supplies | 59,021 | 232,258 | 573,554 | - | 159,081 | - | - | 1,023,914 |
| Other Supplies | 329,092 | 352,009 | 366,254 | - | 106,049 | - | - | 1,153,403 |
| Contracted Physician Expense | 145,833 | 4,210 | 4,394,201 | - | - | - | - | 4,544,244 |
| Medicaid Match | - | - | - | - | - | 7,207,953 | - | 7,207,953 |
| Medical Services | 17,876,007 | 23,542 | - | (225) | 181,577 | - | - | 18,080,901 |
| Drugs | 221,451 | 158,228 | 349,815 | - | 190,096 | - | - | 919,590 |
| Repairs & Maintenance | 1,282,337 | 151,119 | 812,119 | - | 160,604 | - | - | 2,406,179 |
| Lease & Rental | 835,060 | 7,488 | 314,074 | - | 541,183 | - | - | 1,697,806 |
| Utilities | 51,632 | 175,806 | 346,894 | - | 26,435 | - | - | 600,766 |
| Other Expense | 5,171,004 | 59,988 | 314,913 | 3,596 | 86,250 | - | - | 5,635,752 |
| Insurance | 601,083 | 25,606 | 52,787 | 4,817 | 11,104 | - | - | 695,397 |
| Sponsored Programs | 3,849,741 | - | - | - | - | - | - | 3,849,741 |
| Total Operational Expenditures | 53,587,561 | 7,613,379 | 18,639,027 | 23,938 | 9,777,048 | 7,207,953 | - | 96,848,905 |
| Net Performance before Depreciation & Overhead Allocations | \$ 68,736,904 | \$ 419,845 | \$ (7,538,010) | \$ (3,396) | \$ 219,173 | \$ (4,747,421) | \$ 203,788 | \$ 57,290,883 |
| Budget | \$ 67,645,609 | \$ 200,123 | \$ (6,425,335) | \$ (13,830) | \$ (2,658,769) | \$ (4,747,548) | \$ 109,479 | \$ 54,109,730 |
| Prior Year: Net Performance before Depreciation & Overhead Allocations | \$ 8,047,215 | \$ 78,191 | \$ (6,258,794) | \$ 43,538 | \$ 2,632 | \$ (4,619,260) | \$ 105,278 | \$ (2,601,201) |

Combined Governmental Funds Statement of Net Position

As of February 28, 2019

| | General Fund February 2019 | General Fund January 2019 | Medicaid Match February 2019 | Medicaid Match January 2019 | Capital Projects February 2019 | Capital Projects January 2019 | Governmental Funds February 2019 | Governmental Funds January 2019 |
|--|----------------------------------|---------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|---|--|
| Assets | | | | | | | | |
| Cash and Cash Equivalents | \$ (12,541,901) | \$ 73,824,100 | \$ 609,042 | \$ (374,291) | \$ 22,546,217 | \$ 22,557,423 | \$ 10,613,359 | \$ 96,007,232 |
| Restricted Cash | - | - | - | - | - | - | - | - |
| Investments | 217,496,964 | 137,178,902 | - | - | - | - | 217,496,964 | 137,178,902 |
| Notes Receivable | - | - | - | - | - | - | - | - |
| Accounts Receivable, net | 973,838 | 1,080,723 | - | - | - | - | 973,838 | 1,080,723 |
| Due From Other Funds | 263 | - | - | - | - | - | 263 | - |
| Due From Other Governments | 14,460,522 | 20,161,734 | - | 983,333 | - | - | 14,460,522 | 21,145,067 |
| Inventory | 163,265 | 164,066 | - | - | - | - | 163,265 | 164,066 |
| Other Current Assets | 2,686,681 | 2,709,249 | - | - | - | - | 2,686,681 | 2,709,249 |
| Total Assets | \$ 223,239,633 | \$ 235,118,774 | \$ 609,042 | \$ 609,042 | \$ 22,546,217 | \$ 22,557,423 | \$ 246,394,892 | \$ 258,285,240 |
| Liabilities | | | | | | | | |
| Accounts Payable | 6,393,424 | 5,488,486 | - | - | - | - | 6,393,424 | 5,488,486 |
| Medical Benefits Payable | 4,315,496 | 5,179,757 | - | - | - | - | 4,315,496 | 5,179,757 |
| Due To Other Funds | - | - | - | - | - | - | - | - |
| Due To Other Governments | - | - | - | - | - | - | - | - |
| Deferred Revenue | 16,291,769 | 22,185,461 | - | - | - | - | 16,291,769 | 22,185,461 |
| Other Current Liabilities | 5,036,196 | 4,935,165 | - | - | - | - | 5,036,196 | 4,935,165 |
| Noncurrent Liabilities | 438,133 | 403,926 | - | - | - | - | 438,133 | 403,926 |
| Total Liabilities | 32,475,019 | 38,192,794 | - | - | - | - | 32,475,019 | 38,192,794 |
| Fund Balances | | | | | | | | |
| Nonspendable | 1,862,316 | 2,877,739 | - | - | - | - | 1,862,316 | 2,877,739 |
| Assigned to Subsequent Year's Budget | 38,200,000 | 38,200,000 | - | - | - | - | 38,200,000 | 38,200,000 |
| Assigned to Capital Projects | - | - | - | - | 23,248,133 | 23,248,133 | 23,248,133 | 23,248,133 |
| Assigned to Medicaid Match | - | - | 609,042 | 609,042 | - | - | 609,042 | 609,042 |
| Unassigned | 94,781,269 | 94,512,778 | - | - | - | - | 94,781,269 | 94,512,778 |
| Beginning Fund Balance | 134,843,585 | 135,590,517 | 609,042 | 609,042 | 23,248,133 | 23,248,133 | 158,700,760 | 159,447,692 |
| Revenue Over/(Under) Expenditures | 55,921,029 | 61,335,463 | - | - | (701,915) | (690,709) | 55,219,114 | 60,644,754 |
| Ending Fund Balance | 190,764,614 | 196,925,980 | 609,042 | 609,042 | 22,546,217 | 22,557,423 | 213,919,874 | 220,092,446 |
| Total Liabilities and Fund Balances | \$ 223,239,633 | \$ 235,118,774 | \$ 609,042 | \$ 609,042 | \$ 22,546,217 | \$ 22,557,423 | \$ 246,394,892 | \$ 258,285,239 |

^ Excludes Interfund Transfers

Combined Business-Type Funds Statement of Net Position

As of of February 28, 2019

| | Healey Center February 2019 | Healey Center January 2019 | Healthy Palm Beaches February 2019 | Healthy Palm Beaches January 2019 | Lakeside Medical Center February 2019 | Lakeside Medical Center January 2019 | Primary Care Clinics February 2019 | Primary Care Clinics January 2019 | Business-Type Funds February 2019 | Business-Type Funds January 2019 |
|---------------------------------------|-----------------------------------|----------------------------------|---|--|--|---|---|--|--|---|
| Assets | | | | | | | | | | |
| Cash and Cash Equivalents | \$ 1,792,863 | \$ 214,384 | \$ 1,412,802 | \$ 1,420,243 | \$ 4,745,947 | \$ 4,761,533 | \$ 874,614 | \$ 379,113 | \$ 8,826,225 | \$ 6,775,272 |
| Restricted Cash | 8,855 | 8,855 | 1,500,000 | 1,500,000 | - | - | - | - | 1,508,855 | 1,508,855 |
| Accounts Receivable, net | 1,058,030 | 1,105,415 | - | - | 2,969,361 | 3,093,047 | 862,145 | 1,070,634 | 4,889,536 | 5,269,095 |
| Due From Other Funds | - | - | - | - | - | - | - | - | - | - |
| Due From Other Governments | - | 1,516,667 | - | - | 580,802 | 472,419 | 2,534,680 | 2,777,200 | 3,115,481 | 4,766,285 |
| Inventory | - | - | - | - | 712,729 | 735,078 | - | - | 712,729 | 735,078 |
| Other Current Assets | 39,003 | 55,287 | 45,301 | 46,747 | 267,415 | 320,493 | 160,915 | 189,236 | 512,634 | 611,763 |
| Net Investment in Capital Assets | 17,777,478 | 17,832,114 | - | - | 37,575,905 | 37,852,711 | 1,158,139 | 1,167,157 | 56,511,522 | 56,851,982 |
| Total Assets | <u>\$ 20,676,229</u> | <u>\$ 20,732,721</u> | <u>\$ 2,958,103</u> | <u>\$ 2,966,989</u> | <u>\$ 46,852,159</u> | <u>\$ 47,235,282</u> | <u>\$ 5,590,492</u> | <u>\$ 5,583,339</u> | <u>\$ 76,076,982</u> | <u>\$ 76,518,331</u> |
| Deferred Outflows of Resources | | | | | | | | | | |
| Deferred Outflows Related to Pensions | <u>\$ 88,686</u> | <u>\$ 88,686</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 88,686</u> | <u>\$ 88,686</u> |
| Liabilities | | | | | | | | | | |
| Accounts Payable | 132,398 | 143,399 | - | 9,800 | 1,688,116 | 1,786,704 | 473,547 | 480,691 | 2,294,062 | 2,420,594 |
| Medical Benefits Payable | - | - | - | - | - | - | - | - | - | - |
| Due to Other Funds | - | - | 263 | - | - | - | - | - | 263 | - |
| Due to Other Governments | 29,545 | 29,545 | - | - | 2,301,819 | 2,317,805 | - | - | 2,331,364 | 2,347,350 |
| Deferred Revenue | - | - | - | - | 56,350 | 96,475 | 70,432 | 72,491 | 126,781 | 168,966 |
| Other Current Liabilities | 444,181 | 433,081 | 3,471 | 3,471 | 922,485 | 855,012 | 760,655 | 716,585 | 2,130,793 | 2,008,149 |
| Noncurrent Liabilities | 1,127,645 | 1,127,645 | - | - | 2,135,423 | 2,135,423 | 797,053 | 797,053 | 4,060,122 | 4,060,122 |
| Total Liabilities | <u>\$ 1,733,770</u> | <u>\$ 1,733,670</u> | <u>\$ 3,734</u> | <u>\$ 13,271</u> | <u>\$ 7,104,194</u> | <u>\$ 7,191,420</u> | <u>\$ 2,101,688</u> | <u>\$ 2,066,821</u> | <u>\$ 10,943,385</u> | <u>\$ 11,005,182</u> |
| Deferred Inflows of Resources | | | | | | | | | | |
| Deferred Inflows | <u>\$ 126,350</u> | <u>\$ 126,350</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 2,357</u> | <u>\$ 2,357</u> | <u>\$ 612</u> | <u>\$ 612</u> | <u>\$ 129,319</u> | <u>\$ 129,319</u> |
| Net Position | | | | | | | | | | |
| Net Investment in Capital Assets | 17,777,478 | 17,832,114 | - | - | 37,575,905 | 37,852,711 | 1,158,139 | 1,167,157 | 56,511,522 | 56,851,982 |
| Restricted | 8,855 | 8,855 | 1,500,000 | 1,500,000 | - | - | - | - | 1,508,855 | 1,508,855 |
| Unrestricted | 1,118,462 | 1,120,419 | 1,454,369 | 1,453,718 | 2,169,703 | 2,188,794 | 2,330,054 | 2,348,749 | 7,072,588 | 7,111,680 |
| Total Net Position | <u>18,904,795</u> | <u>18,961,387</u> | <u>2,954,369</u> | <u>2,953,718</u> | <u>39,745,608</u> | <u>40,041,505</u> | <u>3,488,193</u> | <u>3,515,906</u> | <u>65,092,965</u> | <u>65,472,516</u> |
| Total Net Position | <u>\$ 20,638,565</u> | <u>\$ 20,695,057</u> | <u>\$ 2,958,103</u> | <u>\$ 2,966,989</u> | <u>\$ 46,852,158.42</u> | <u>\$ 47,232,925</u> | <u>\$ 5,589,880.74</u> | <u>\$ 5,582,727</u> | <u>\$ 76,165,669</u> | <u>\$ 76,607,017</u> |



Health Care District
PALM BEACH COUNTY



SUPPLEMENTAL INFORMATION

GENERAL FUND

General Fund Revenue & Expenditures

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | Fiscal Year To Date | | | | | | |
|--|-----------------------|---------------------|----------------|----------------------|-----------------------|-----------------|------------------------|------------------------|---------------------|----------------|-----------------------|------------------------|----------------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % |
| \$ 5,661,776 | \$ 5,446,090 | \$ 215,686 | 4.0% | \$ 11,072,500 | \$ (5,410,724) | (48.9%) | \$ 115,912,091 | \$ 118,367,989 | \$ (2,455,899) | (2.1%) | \$ 55,420,830 | \$ 60,491,261 | 109.1% |
| 102,682 | 266,881 | (164,199) | (61.5%) | 304,066 | (201,384) | (66.2%) | 826,352 | 1,353,817 | (527,465) | (39.0%) | 1,295,990 | (469,638) | (36.2%) |
| 231,917 | 231,917 | - | 0.0% | 231,917 | - | 0.0% | 1,159,583 | 1,159,583 | (0) | (0.0%) | 1,159,583 | (0) | (0.0%) |
| 6,783 | 17,709 | (10,926) | (61.7%) | 6,550 | 233 | 3.6% | 36,375 | 94,388 | (58,013) | (61.5%) | 35,046 | 1,329 | 3.8% |
| 482,263 | 196,900 | 285,363 | 144.9% | 202,714 | 279,549 | 137.9% | 1,465,223 | 984,500 | 480,723 | 48.8% | 1,064,447 | 400,775 | 37.7% |
| (126,799) | (86,815) | (39,984) | 46.1% | (128,383) | 1,584 | (1.2%) | 769,257 | (434,074) | 1,203,331 | (277.2%) | (1,157,429) | 1,926,685 | (166.5%) |
| 231,878 | 123,215 | 108,663 | 88.2% | 157,911 | 73,967 | 46.8% | 2,155,585 | 1,731,222 | 424,363 | 24.5% | 1,753,939 | 401,646 | 22.9% |
| \$ 6,590,500 | \$ 6,195,897 | \$ 394,603 | 6.4% | \$ 11,847,275 | \$ (5,256,775) | (44.4%) | \$ 122,324,466 | \$ 123,257,426 | \$ (932,961) | (0.8%) | \$ 59,572,407 | \$ 62,752,059 | 105.3% |
| Expenditures: | | | | | | | | | | | | | |
| 2,835,739 | 3,112,767 | 277,028 | 8.9% | 2,739,350 | (96,389) | (3.5%) | 14,961,168 | 15,923,845 | 962,678 | 6.0% | 14,331,568 | (629,599) | (4.4%) |
| 990,983 | 1,077,535 | 86,552 | 8.0% | 923,957 | (67,026) | (7.3%) | 5,067,103 | 5,444,905 | 377,802 | 6.9% | 4,839,421 | (227,681) | (4.7%) |
| 621,355 | 841,607 | 220,252 | 26.2% | 827,372 | 206,017 | 24.9% | 3,137,030 | 4,208,034 | 1,071,004 | 25.5% | 2,582,053 | (554,977) | (21.5%) |
| 5,243 | 11,517 | 6,273 | 54.5% | 10,790 | 5,547 | 51.4% | 59,021 | 41,583 | (17,438) | (41.9%) | 20,792 | (38,229) | (183.9%) |
| 101,366 | 103,664 | 2,298 | 2.2% | 71,538 | (29,828) | (41.7%) | 329,092 | 518,320 | 189,229 | 36.5% | 376,337 | 47,246 | 12.6% |
| 29,167 | 29,167 | 0 | 0.0% | 25,000 | (4,167) | (16.7%) | 145,833 | 145,833 | 0 | 0.0% | 123,998 | (21,835) | (17.6%) |
| 3,266,127 | 3,348,921 | 82,794 | 2.5% | 3,898,814 | 632,687 | 16.2% | 17,876,007 | 16,744,604 | (1,131,403) | (6.8%) | 18,828,751 | 952,744 | 5.1% |
| 55,234 | 91,542 | 36,308 | 39.7% | 63,547 | 8,313 | 13.1% | 221,451 | 457,710 | 236,260 | 51.6% | 379,448 | 157,997 | 41.6% |
| 239,358 | 327,889 | 88,531 | 27.0% | 172,238 | (67,120) | (39.0%) | 1,282,337 | 1,639,447 | 357,110 | 21.8% | 1,088,387 | (193,949) | (17.8%) |
| 181,440 | 186,299 | 4,859 | 2.6% | 418,963 | 237,522 | 56.7% | 835,060 | 931,497 | 96,436 | 10.4% | 1,145,412 | 310,352 | 27.1% |
| 8,540 | 8,613 | 74 | 0.9% | 4,960 | (3,580) | (72.2%) | 51,632 | 43,065 | (8,567) | (19.9%) | 28,537 | (23,095) | (80.9%) |
| 556,651 | 424,976 | (131,674) | (31.0%) | 348,677 | (207,973) | (59.6%) | 5,171,004 | 3,991,538 | (1,179,466) | (29.5%) | 3,695,692 | (1,475,313) | (39.9%) |
| 118,013 | 143,453 | 25,440 | 17.7% | 121,443 | 3,430 | 2.8% | 601,083 | 717,267 | 116,183 | 16.2% | 606,150 | 5,067 | 0.8% |
| 874,021 | 960,833 | 86,812 | 9.0% | 913,226 | 39,205 | 4.3% | 3,849,741 | 4,804,167 | 954,426 | 19.9% | 3,478,645 | (371,095) | (10.7%) |
| 9,883,238 | 10,668,784 | 785,546 | 7.4% | 10,539,876 | 656,638 | 6.2% | 53,587,561 | 55,611,817 | 2,024,255 | 3.6% | 51,525,192 | (2,062,369) | (4.0%) |
| Net Performance before Overhead | | | | | | | | | | | | | |
| (3,292,738) | (4,472,887) | 1,180,149 | (26.4%) | 1,307,399 | (4,600,137) | (351.9%) | 68,736,904 | 67,645,609 | 1,091,295 | 1.6% | 8,047,215 | 60,689,690 | 754.2% |
| (815,753) | (1,053,780) | 238,027 | (22.6%) | (877,386) | (61,633) | 7.0% | (4,365,798) | (5,131,243) | 765,445 | (14.9%) | (3,935,835) | 429,963 | (10.9%) |
| 9,067,485 | 9,615,005 | 547,520 | 5.7% | 9,662,490 | 595,004 | 6.2% | 49,221,763 | 50,480,574 | 1,258,811 | 2.5% | 47,589,357 | (1,632,406) | (3.4%) |
| \$ (2,476,985) | \$ (3,419,108) | \$ 942,123 | (27.6%) | \$ 2,184,786 | \$ (4,661,771) | (213.4%) | \$ 73,102,702 | \$ 72,776,852 | \$ 325,850 | 0.4% | \$ 11,983,050 | \$ 61,119,653 | 510.1% |
| | | | 0.0% | | | 0.0% | | | | 0.0% | | | 0.0% |
| \$ (2,941,885) | \$ (4,332,010) | \$ 1,390,125 | (32.1%) | \$ (923,980) | \$ (2,017,905) | 218.4% | \$ (17,181,673) | \$ (21,660,048) | \$ 4,478,375 | (20.7%) | \$ (4,619,260) | \$ (12,562,413) | 272.0% |

Trauma Statement of Revenues and Expenditures

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | |
|-------------------------------------|-----------------------|-------------------|---------------|-----------------------|-------------------|----------------|--|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| \$ 83,467 | \$ 32,000 | \$ 51,467 | 160.8% | \$ 75,246 | \$ 8,221 | 10.9% | Other Revenue |
| 83,467 | 32,000 | 51,467 | 160.8% | 75,246 | 8,221 | 10.9% | Total Revenue |
| <i>Direct Operational Expenses:</i> | | | | | | | |
| 37,961 | 41,015 | 3,054 | 7.4% | 36,878 | (1,083) | (2.9%) | Salaries and Wages |
| 12,122 | 13,036 | 914 | 7.0% | 12,671 | 548 | 4.3% | Benefits |
| - | - | - | 0.0% | - | - | 0.0% | Purchased Services |
| 1,130,296 | 1,183,338 | 53,042 | 4.5% | 1,304,267 | 173,971 | 13.3% | Medical Services |
| 30 | 42 | 12 | 28.4% | - | (30) | 0.0% | Other Supplies |
| 29,167 | 29,167 | 0 | 0.0% | 25,000 | (4,167) | (16.7%) | Contracted Physician Expense |
| 792 | 792 | - | 0.0% | 708 | (83) | (11.8%) | Repairs & Maintenance |
| - | - | - | 0.0% | - | - | 0.0% | Utilities |
| 783 | 860 | 77 | 8.9% | 396 | (387) | (97.9%) | Other Expense |
| 78,799 | 100,745 | 21,946 | 21.8% | 91,337 | 12,538 | 13.7% | Insurance |
| 1,289,949 | 1,368,993 | 79,044 | 5.8% | 1,471,256 | 181,307 | 12.3% | Total Operational Expenses |
| (1,206,482) | (1,336,993) | 130,511 | (9.8%) | (1,396,010) | 189,528 | (13.6%) | Net Performance before Overhead |
| <i>Overhead Allocations:</i> | | | | | | | |
| 48 | 352 | 304 | 86.3% | 269 | 221 | 82.1% | Risk Mgt |
| - | - | - | 0.0% | - | - | 0.0% | Rev Cycle |
| 144 | 154 | 9 | 6.0% | 54 | (90) | (167.0%) | Internal Audit |
| 3,245 | 3,472 | 227 | 6.5% | 16,206 | 12,961 | 80.0% | Palm Springs Facility |
| 658 | 689 | 31 | 4.5% | 843 | 185 | 21.9% | Administration |
| 807 | 850 | 43 | 5.0% | 504 | (304) | (60.3%) | Human Resources |
| 432 | 352 | (80) | (22.7%) | 373 | (59) | (15.8%) | Legal |
| 145 | 234 | 89 | 38.0% | 277 | 132 | 47.6% | Records |
| 115 | 324 | 208 | 64.4% | 190 | 74 | 39.2% | Compliance |
| 12 | 40 | 28 | 70.2% | 31 | 19 | 61.4% | Planning/Research |
| 642 | 965 | 324 | 33.5% | 665 | 24 | 3.6% | Finance |
| 196 | 364 | 168 | 46.2% | 366 | 171 | 46.6% | Public Relations |
| 2,273 | 2,758 | 485 | 17.6% | 2,115 | (158) | (7.5%) | Information Technology |
| - | - | - | 0.0% | 2 | 2 | 100.0% | Budget & Decision Support |
| 56 | 75 | 19 | 25.7% | 76 | 21 | 27.0% | Corporate Quality |
| 8,774 | 10,627 | 1,854 | 17.4% | 21,971 | 13,197 | 60.1% | Total Overhead Allocations |
| 1,298,723 | 1,379,620 | 80,898 | 5.9% | 1,493,227 | 194,504 | 13.0% | Total Expenses |
| \$ (1,215,256) | \$ (1,347,620) | \$ 132,365 | (9.8%) | \$ (1,417,981) | \$ 202,725 | (14.3%) | Net Margin |

| Fiscal Year To Date | | | | | | | |
|-------------------------------------|-----------------------|-------------------|---------------|-----------------------|---------------------|----------------|--|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| \$ 522,800 | \$ 160,000 | \$ 362,800 | 226.7% | \$ 181,503 | \$ 341,297 | 188.0% | |
| 522,800 | 160,000 | 362,800 | 226.7% | 181,503 | 341,297 | 188.0% | |
| <i>Direct Operational Expenses:</i> | | | | | | | |
| 205,037 | 211,223 | 6,186 | 2.9% | 199,631 | (5,406) | (2.7%) | Salaries and Wages |
| 63,815 | 66,299 | 2,484 | 3.7% | 65,960 | 2,144 | 3.3% | Benefits |
| - | - | - | 0.0% | - | - | 0.0% | Purchased Services |
| 5,815,241 | 5,916,688 | 101,447 | 1.7% | 6,582,938 | 767,697 | 11.7% | Medical Services |
| 168 | 208 | 40 | 19.4% | 60 | (108) | (180.8%) | Other Supplies |
| 145,833 | 145,833 | 0 | 0.0% | 123,998 | (21,835) | (17.6%) | Contracted Physician Expense |
| 3,958 | 3,958 | - | 0.0% | 3,542 | (417) | (11.8%) | Repairs & Maintenance |
| - | - | - | 0.0% | - | - | 0.0% | Utilities |
| 5,443 | 5,198 | (244) | (4.7%) | 2,104 | (3,339) | (158.7%) | Other Expense |
| 410,131 | 503,725 | 93,594 | 18.6% | 475,859 | 65,728 | 13.8% | Insurance |
| 6,649,626 | 6,853,132 | 203,506 | 3.0% | 7,454,091 | 804,465 | 10.8% | |
| (6,126,826) | (6,693,132) | 566,306 | (9.2%) | (7,272,588) | 1,145,762 | (15.8%) | Net Performance before Overhead |
| <i>Overhead Allocations:</i> | | | | | | | |
| 555 | 1,759 | 1,203 | 68.4% | 1,333 | 778 | 58.3% | Risk Mgt |
| - | - | - | 0.0% | - | - | 0.0% | Rev Cycle |
| 711 | 769 | 58 | 7.5% | 70 | (641) | (913.2%) | Internal Audit |
| 15,411 | 17,359 | 1,948 | 11.2% | 48,409 | 32,998 | 68.2% | Palm Springs Facility |
| 3,398 | 3,447 | 50 | 1.4% | 3,707 | 309 | 8.3% | Administration |
| 4,315 | 4,251 | (64) | (1.5%) | 2,792 | (1,523) | (54.5%) | Human Resources |
| 2,129 | 1,761 | (367) | (20.9%) | 1,338 | (791) | (59.1%) | Legal |
| 856 | 1,168 | 312 | 26.7% | 764 | (92) | (12.0%) | Records |
| 748 | 1,618 | 870 | 53.8% | 921 | 173 | 18.8% | Compliance |
| 154 | 198 | 43 | 21.9% | 176 | 21 | 12.1% | Planning/Research |
| 3,942 | 4,826 | 885 | 18.3% | 3,294 | (648) | (19.7%) | Finance |
| 988 | 1,819 | 830 | 45.7% | 1,082 | 94 | 8.7% | Public Relations |
| 11,512 | 13,788 | 2,276 | 16.5% | 11,048 | (464) | (4.2%) | Information Technology |
| - | - | - | 0.0% | 268 | 268 | 100.0% | Budget & Decision Support |
| 401 | 375 | (26) | (7.0%) | 434 | 33 | 7.5% | Corporate Quality |
| 45,119 | 53,137 | 8,018 | 15.1% | 75,635 | 30,516 | 40.3% | Total Overhead Allocations |
| 6,694,745 | 6,906,269 | 211,524 | 3.1% | 7,529,726 | 834,981 | 11.1% | |
| \$ (6,171,946) | \$ (6,746,269) | \$ 574,324 | (8.5%) | \$ (7,348,224) | \$ 1,176,278 | 16.0% | Net Margin |

Aeromedical Statement of Revenues and Expenditures

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | |
|---------------|--------------|--------------|----------|--------------|-------------|----------|---------------------------------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| \$ 1,319,247 | \$ 1,111,738 | \$ 207,509 | 18.7% | \$ 1,197,261 | \$ 121,986 | 10.2% | Gross Patient Revenue |
| 850,857 | 510,453 | (340,404) | (66.7%) | 647,569 | (203,288) | (31.4%) | Contractual Allowances |
| 197,469 | 264,618 | 67,149 | 25.4% | 168,372 | (29,097) | (17.3%) | Charity Care |
| 168,240 | 69,786 | (98,454) | (141.1%) | 77,254 | (90,985) | (117.8%) | Bad Debt |
| 1,216,565 | 844,857 | (371,708) | (44.0%) | 893,195 | (323,370) | (36.2%) | Total Contractuals and Bad Debt |
| 102,682 | 266,881 | (164,199) | (61.5%) | 304,066 | (201,384) | (66.2%) | Net Patient Revenue |
| 7.78% | 24.01% | | | 25.40% | | | Collection % |
| (1) | - | (1) | 0.0% | (87) | 86 | (98.7%) | Other revenue |
| 102,681 | 266,881 | (164,200) | (61.5%) | 303,979 | (201,298) | (66.2%) | Total Revenues |
| | | | | | | | Direct Operational Expenses: |
| 156,800 | 162,940 | 6,140 | 3.8% | 138,594 | (18,206) | (13.1%) | Salaries and Wages |
| 53,005 | 55,245 | 2,239 | 4.1% | 50,911 | (2,094) | (4.1%) | Benefits |
| 223,086 | 242,642 | 19,556 | 8.1% | 386,261 | 163,175 | 42.2% | Purchased Services |
| 954 | 1,517 | 563 | 37.1% | 2,099 | 1,146 | 54.6% | Medical Supplies |
| 12,469 | 12,833 | 364 | 2.8% | 10,391 | (2,078) | (20.0%) | Other Supplies |
| 77,565 | 72,194 | (5,371) | (7.4%) | 76,396 | (1,169) | (1.5%) | Repairs & Maintenance |
| 4,026 | 4,909 | 884 | 18.0% | 4,607 | 582 | 12.6% | Utilities |
| 5,090 | 5,100 | 10 | 0.2% | 5,090 | - | 0.0% | Lease & Rental |
| 23,616 | 22,713 | (903) | (4.0%) | 17,130 | (6,486) | (37.9%) | Other Expense |
| 6,957 | 6,597 | (360) | (5.5%) | 6,867 | (90) | (1.3%) | Insurance |
| 563,568 | 586,691 | 23,123 | 3.9% | 698,347 | 134,779 | 19.3% | Total Operational Expenses |
| (460,887) | (319,809) | (141,077) | 44.1% | (394,368) | (66,519) | 16.9% | Net Performance before Overhead |
| | | | | | | | Overhead Allocations: |
| 500 | 2,637 | 2,137 | 81.1% | 2,646 | 2,146 | 81.1% | Risk Mgt |
| 33,181 | 23,063 | (10,119) | (43.9%) | 9,993 | (23,189) | (232.0%) | Rev Cycle |
| 1,496 | 1,152 | (344) | (29.8%) | 533 | (963) | (180.7%) | Internal Audit |
| 6,815 | 5,169 | (1,647) | (31.9%) | 8,309 | 1,494 | 18.0% | Administration |
| 2,436 | 1,857 | (579) | (31.2%) | 1,520 | (916) | (60.3%) | Human Resources |
| 4,477 | 2,641 | (1,836) | (69.5%) | 3,679 | (798) | (21.7%) | Legal |
| 1,501 | 1,751 | 250 | 14.3% | 2,725 | 1,224 | 44.9% | Records |
| 1,194 | 2,426 | 1,232 | 50.8% | 1,868 | 674 | 36.1% | Compliance |
| 122 | 296 | 174 | 58.8% | 301 | 179 | 59.4% | Planning/Research |
| 6,645 | 7,236 | 592 | 8.2% | 6,557 | (87) | (1.3%) | Finance |
| 2,028 | 2,727 | 699 | 25.6% | 3,611 | 1,584 | 43.9% | Public Relations |
| 23,537 | 20,673 | (2,864) | (13.9%) | 20,838 | (2,699) | (13.0%) | Information Technology |
| - | - | - | 0.0% | 23 | 23 | 100.0% | Budget & Decision Support |
| 577 | 563 | (15) | (2.6%) | 752 | 175 | 23.3% | Corporate Quality |
| 84,508 | 72,189 | (12,319) | (17.1%) | 63,355 | (21,154) | (33.4%) | Total Overhead Allocations |
| 648,076 | 658,880 | 10,804 | 1.6% | 761,702 | 113,626 | 14.9% | Total Expenses |
| \$ (545,395) | \$ (391,999) | \$ (153,396) | 39.1% | \$ (457,723) | \$ (87,672) | 19.2% | Net Margin |

| Fiscal Year To Date | | | | | | | |
|---------------------|----------------|--------------|---------|----------------|--------------|----------|--|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| \$ 5,621,765 | \$ 5,639,544 | \$ (17,780) | (0.3%) | \$ 5,774,801 | \$ (153,036) | (2.7%) | |
| 3,423,939 | 2,589,389 | (834,550) | (32.2%) | 2,666,189 | (757,750) | (28.4%) | |
| 1,090,035 | 1,342,335 | 252,300 | 18.8% | 1,560,452 | 470,417 | 30.1% | |
| 281,438 | 354,003 | 72,565 | 20.5% | 252,170 | (29,268) | (11.6%) | |
| 4,795,412 | 4,285,727 | (509,685) | (11.9%) | 4,478,811 | (316,602) | -7.1% | |
| 826,352 | 1,353,817 | (527,465) | (39.0%) | 1,295,990 | (469,638) | (36.2%) | |
| 14.70% | 24.01% | | | 22.44% | | | |
| 1,400 | - | 1,400 | 0.0% | - | 1,400 | 0.0% | |
| 827,752 | 1,353,818 | (526,065) | (38.9%) | 1,295,990 | (468,238) | (36.1%) | |
| 796,373 | 873,877 | 77,504 | 8.9% | 797,311 | 938 | 0.1% | |
| 264,874 | 290,580 | 25,707 | 8.8% | 270,102 | 5,228 | 1.9% | |
| 1,248,506 | 1,213,212 | (35,293) | (2.9%) | 1,185,398 | (63,108) | (5.3%) | |
| 7,098 | 7,583 | 485 | 6.4% | 9,441 | 2,343 | 24.8% | |
| 53,063 | 64,167 | 11,104 | 17.3% | 47,982 | (5,080) | (10.6%) | |
| 361,103 | 360,971 | (132) | (0.0%) | 367,529 | 6,426 | 1.7% | |
| 22,799 | 24,546 | 1,747 | 7.1% | 22,780 | (19) | (0.1%) | |
| 25,451 | 25,500 | 49 | 0.2% | 25,451 | - | 0.0% | |
| 112,186 | 120,742 | 8,556 | 7.1% | 99,961 | (12,225) | (12.2%) | |
| 27,332 | 32,983 | 5,651 | 17.1% | 29,041 | 1,710 | 5.9% | |
| 2,918,784 | 3,014,162 | 95,378 | 3.2% | 2,854,995 | (63,789) | (2.2%) | |
| (2,091,031) | (1,660,344) | (430,687) | 25.9% | (1,559,005) | (532,026) | 34.1% | |
| 5,751 | 18,212 | 12,462 | 68.4% | 13,130 | 7,379 | 56.2% | |
| 176,348 | 159,291 | (17,057) | (10.7%) | 48,241 | (128,107) | (265.6%) | |
| 7,363 | 7,959 | 596 | 7.5% | 692 | (6,672) | (964.8%) | |
| 35,185 | 35,700 | 514 | 1.4% | 36,528 | 1,343 | 3.7% | |
| 13,017 | 12,823 | (194) | (1.5%) | 8,422 | (4,594) | (54.5%) | |
| 22,045 | 18,239 | (3,805) | (20.9%) | 13,183 | (8,862) | (67.2%) | |
| 8,862 | 12,095 | 3,233 | 26.7% | 7,528 | (1,334) | (17.7%) | |
| 7,743 | 16,753 | 9,010 | 53.8% | 9,073 | 1,330 | 14.7% | |
| 1,599 | 2,046 | 447 | 21.9% | 1,732 | 133 | 7.7% | |
| 40,821 | 49,982 | 9,160 | 18.3% | 32,457 | (8,364) | (25.8%) | |
| 10,234 | 18,833 | 8,599 | 45.7% | 10,663 | 429 | 4.0% | |
| 119,210 | 142,783 | 23,573 | 16.5% | 108,866 | (10,344) | (9.5%) | |
| - | - | - | 0.0% | 2,641 | 2,641 | 100.0% | |
| 4,156 | 3,885 | (270) | (7.0%) | 4,275 | 120 | 2.8% | |
| 452,334 | 498,602 | 46,268 | 9.3% | 297,431 | (154,903) | (52.1%) | |
| 3,371,117 | 3,512,763 | 141,646 | 4.0% | 3,152,426 | (218,691) | (6.9%) | |
| \$ (2,543,365) | \$ (2,158,946) | \$ (384,419) | 17.8% | \$ (1,856,436) | \$ (686,929) | (37.0%) | |

Managed Care Statement of Revenues and Expenditures

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 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% | - | - | - | 0.0% | - | - | 0.0% | |
| Patient Revenue | | | | | | | Patient Revenue | | | | | | | |
| - | - | - | 0.0% | - | - | 0.0% | - | - | - | 0.0% | - | - | 0.0% | |
| Total Revenue | | | | | | | Total Revenue | | | | | | | |
| Direct Operational Expenses: | | | | | | | Direct Operational Expenses: | | | | | | | |
| 356,165 | 370,319 | 14,154 | 3.8% | 349,236 | (6,929) | (2.0%) | Salaries and Wages | 1,915,617 | 1,907,031 | (8,585) | (0.5%) | 1,891,727 | (23,889) | (1.3%) |
| 125,588 | 135,456 | 9,868 | 7.3% | 131,954 | 6,366 | 4.8% | Benefits | 664,111 | 687,148 | 23,036 | 3.4% | 685,321 | 21,209 | 3.1% |
| 171,492 | 190,574 | 19,082 | 10.0% | 93,488 | (78,004) | (83.4%) | Purchased Services | 298,632 | 952,870 | 654,238 | 68.7% | 172,562 | (126,070) | (73.1%) |
| 2,135,831 | 2,165,583 | 29,752 | 1.4% | 2,594,548 | 458,717 | 17.7% | Medical Services | 12,060,767 | 10,827,917 | (1,232,850) | (11.4%) | 12,245,813 | 185,046 | 1.5% |
| 2,393 | 3,456 | 1,063 | 30.8% | 1,215 | (1,178) | (97.0%) | Other Supplies | 10,089 | 17,282 | 7,193 | 41.6% | 6,524 | (3,565) | (54.6%) |
| - | - | - | 0.0% | - | - | 0.0% | Drugs | - | - | - | 0.0% | - | - | 0.0% |
| 24,744 | 31,264 | 6,521 | 20.9% | 31,834 | 7,091 | 22.3% | Repairs & Maintenance | 125,408 | 156,322 | 30,914 | 19.8% | 116,556 | (8,853) | (7.6%) |
| 11,675 | 14,894 | 3,219 | 21.6% | 14,813 | 3,138 | 21.2% | Lease & Rental | 46,783 | 74,470 | 27,687 | 37.2% | 74,065 | 27,282 | 36.8% |
| 407 | 525 | 118 | 22.5% | 403 | (4) | (1.0%) | Utilities | 3,373 | 2,625 | (748) | (28.5%) | 2,415 | (959) | (39.7%) |
| 6,021 | 14,639 | 8,618 | 58.9% | 7,059 | 1,038 | 14.7% | Other Expense | 30,932 | 73,194 | 42,262 | 57.7% | 69,221 | 38,289 | 55.3% |
| - | - | - | 0.0% | - | - | 0.0% | Insurance | - | - | - | 0.0% | - | - | 0.0% |
| 2,834,315 | 2,926,711 | 92,396 | 3.2% | 3,224,549 | 390,234 | 12.1% | Total Operational Expenses | 15,155,713 | 14,698,859 | (456,854) | (3.1%) | 15,264,204 | 108,491 | 0.7% |
| Net Performance before Overhead | | | | | | | Net Performance before Overhead | | | | | | | |
| (2,834,315) | (2,926,711) | 92,396 | (3.2%) | (3,224,549) | 390,234 | (12.1%) | Allocations | (15,155,713) | (14,698,859) | (456,854) | 3.1% | (15,264,204) | 108,491 | (0.7%) |
| Overhead Allocations: | | | | | | | Overhead Allocations: | | | | | | | |
| 648 | 4,728 | 4,080 | 86.3% | 2,942 | 2,294 | 78.0% | Risk Mgt | 7,464 | 23,641 | 16,176 | 68.4% | 14,596 | 7,131 | 48.9% |
| - | - | - | 0.0% | - | - | 0.0% | Rev Cycle | - | - | - | 0.0% | - | - | 0.0% |
| 1,942 | 2,066 | 124 | 6.0% | 592 | (1,350) | (227.9%) | Internal Audit | 9,558 | 10,331 | 773 | 7.5% | 768 | (8,789) | (1,143.9%) |
| 23,979 | 25,654 | 1,675 | 6.5% | 131,070 | 107,091 | 81.7% | Palm Springs Facility | 113,874 | 128,269 | 14,396 | 11.2% | 391,527 | 277,654 | 70.9% |
| 8,847 | 9,268 | 421 | 4.5% | 9,232 | 385 | 4.2% | Administration | 45,672 | 46,340 | 667 | 1.4% | 40,585 | (5,087) | (12.5%) |
| 11,574 | 12,185 | 612 | 5.0% | 7,473 | (4,101) | (54.9%) | Human Resources | 61,847 | 60,927 | (920) | (1.5%) | 41,414 | (20,433) | (49.3%) |
| 5,811 | 4,735 | (1,076) | (22.7%) | 4,087 | (1,724) | (42.2%) | Legal | 28,615 | 23,675 | (4,939) | (20.9%) | 14,649 | (13,966) | (95.3%) |
| 1,948 | 3,140 | 1,192 | 38.0% | 3,028 | 1,080 | 35.7% | Records | 11,503 | 15,700 | 4,197 | 26.7% | 8,364 | (3,139) | (37.5%) |
| 1,550 | 4,349 | 2,799 | 64.4% | 2,076 | 526 | 25.3% | Compliance | 10,051 | 21,746 | 11,695 | 53.8% | 10,080 | 30 | 0.3% |
| 159 | 531 | 373 | 70.2% | 335 | 176 | 52.6% | Planning/Research | 2,076 | 2,656 | 581 | 21.9% | 1,924 | (152) | (7.9%) |
| 8,625 | 12,976 | 4,350 | 33.5% | 7,286 | (1,340) | (18.4%) | Finance | 52,988 | 64,878 | 11,891 | 18.3% | 36,061 | (16,926) | (46.9%) |
| 2,632 | 4,889 | 2,257 | 46.2% | 4,012 | 1,380 | 34.4% | Public Relations | 13,284 | 24,446 | 11,162 | 45.7% | 11,847 | (1,437) | (12.1%) |
| 30,552 | 37,068 | 6,516 | 17.6% | 23,152 | (7,400) | (32.0%) | Information Technology | 154,740 | 185,339 | 30,599 | 16.5% | 120,957 | (33,784) | (27.9%) |
| - | - | - | 0.0% | 25 | 25 | 100.0% | Budget & Decision Support | - | - | - | 0.0% | 2,934 | 2,934 | 100.0% |
| 749 | 1,009 | 260 | 25.7% | 836 | 87 | 10.4% | Corporate Quality | 5,394 | 5,043 | (351) | (7.0%) | 4,750 | (644) | (13.6%) |
| 99,015 | 122,598 | 23,583 | 19.2% | 196,145 | 97,129 | 49.5% | Total Overhead Allocations | 517,066 | 612,992 | 95,926 | 15.6% | 700,458 | 183,392 | 26.2% |
| 2,933,330 | 3,049,309 | 115,979 | 3.8% | 3,420,694 | 487,364 | 14.2% | Total Expenses | 15,672,779 | 15,311,851 | (360,928) | (2.4%) | 15,964,662 | 291,883 | 1.8% |
| \$ (2,933,330) | \$ (3,049,309) | \$ 115,979 | (3.8%) | \$ (3,420,694) | \$ 487,364 | (14.2%) | Net Margin | \$ (15,672,779) | \$ (15,311,851) | \$ (360,928) | 2.4% | \$ (15,964,662) | \$ 291,883 | 1.8% |

Pharmacy Services Statement of Revenues and Expenditures

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | |
|-------------------------------------|---------------------|------------------|----------------|---------------------|-------------------|---------------|--|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| \$ - | - | \$ - | 0.0% | - | \$ - | 0.0% | Patient Revenue |
| - | - | - | 0.0% | - | - | 0.0% | Other Revenue |
| 6,783 | 17,709 | (10,926) | (61.7%) | 6,550 | 233 | 3.6% | Grants |
| 6,783 | 17,709 | (10,926) | (61.7%) | 6,550 | 233 | 3.6% | Total Revenues |
| <i>Direct Operational Expenses:</i> | | | | | | | |
| 275,845 | 294,907 | 19,063 | 6.5% | 267,340 | (8,505) | (3.2%) | Salaries and Wages |
| 90,214 | 90,025 | (189) | (0.2%) | 85,064 | (5,150) | (6.1%) | Benefits |
| 9,430 | 13,135 | 3,705 | 28.2% | 499 | (8,931) | (1,788.2%) | Purchased Services |
| - | - | - | 0.0% | - | - | 0.0% | Medical Services |
| 15,616 | 16,077 | 461 | 2.9% | 5,336 | (10,280) | (192.7%) | Other Supplies |
| - | - | - | 0.0% | - | - | 0.0% | Preventive Services |
| 55,234 | 91,542 | 36,308 | 39.7% | 63,547 | 8,313 | 13.1% | Drugs |
| 16,180 | 43,230 | 27,049 | 62.6% | 25,635 | 9,455 | 36.9% | Repairs & Maintenance |
| 14,872 | 17,773 | 2,901 | 16.3% | 12,735 | (2,137) | (16.8%) | Lease & Rental |
| 464 | 800 | 336 | 41.9% | (50) | (515) | 1,027.0% | Utilities |
| 1,712 | 2,883 | 1,170 | 40.6% | 642 | (1,071) | (166.9%) | Other Expense |
| 2,243 | 1,912 | (331) | (17.3%) | 1,277 | (966) | (75.6%) | Insurance |
| 481,811 | 572,284 | 90,473 | 15.8% | 462,025 | (19,787) | (4.3%) | Total Operational Expenses |
| (475,028) | (554,575) | 79,546 | (14.3%) | (455,474) | (19,554) | 4.3% | Net Performance before Overhead |
| <i>Overhead Allocations:</i> | | | | | | | |
| 479 | 3,496 | 3,017 | 86.3% | 3,381 | 2,901 | 85.8% | Risk Mgt |
| 2,411 | 2,315 | (96) | (4.2%) | 379 | (2,032) | (536.6%) | Rev Cycle |
| 1,436 | 1,528 | 92 | 6.0% | 681 | (756) | (111.0%) | Internal Audit |
| 6,542 | 6,853 | 311 | 4.5% | 10,608 | 4,066 | 38.3% | Administration |
| 6,662 | 7,014 | 352 | 5.0% | 4,030 | (2,631) | (65.3%) | Human Resources |
| 4,297 | 3,502 | (796) | (22.7%) | 4,696 | 399 | 8.5% | Legal |
| 1,441 | 2,322 | 881 | 38.0% | 3,479 | 2,039 | 58.6% | Records |
| 1,146 | 3,216 | 2,070 | 64.4% | 2,385 | 1,239 | 51.9% | Compliance |
| 117 | 393 | 276 | 70.2% | 384 | 267 | 69.5% | Planning/Research |
| 6,378 | 9,595 | 3,217 | 33.5% | 8,372 | 1,994 | 23.8% | Finance |
| 1,946 | 3,615 | 1,669 | 46.2% | 4,610 | 2,664 | 57.8% | Public Relations |
| 22,593 | 27,411 | 4,818 | 17.6% | 26,604 | 4,011 | 15.1% | Information Technology |
| - | - | - | 0.0% | 29 | 29 | 100.0% | Budget & Decision Support |
| 554 | 746 | 192 | 25.7% | 960 | 406 | 42.3% | Corporate Quality |
| 82 | 146 | 64 | 43.9% | 118 | 36 | 30.2% | Managed Care Contract |
| 56,084 | 72,153 | 16,068 | 22.3% | 70,717 | 14,632 | 20.7% | Total Overhead Allocations |
| 537,895 | 644,437 | 106,541 | 16.5% | 532,741 | (5,154) | (1.0%) | Total Expenses |
| \$ (531,113) | \$ (626,728) | \$ 95,615 | (15.3%) | \$ (526,191) | \$ (4,921) | 0.9% | Net Margin |

| Fiscal Year To Date | | | | | | | |
|-----------------------|-----------------------|-------------------|----------------|-----------------------|-------------------|---------------|--|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| \$ - | - | \$ - | 0.0% | \$ - | \$ - | 0.0% | Patient Revenue |
| - | - | - | 0.0% | - | - | 0.0% | Other Revenue |
| 36,375 | 94,388 | (58,013) | (61.5%) | 35,046 | 1,329 | 3.8% | Grants |
| 36,375 | 94,388 | (58,013) | (61.5%) | 35,046 | 1,329 | 3.8% | Total Revenues |
| 1,469,662 | 1,518,730 | 49,067 | 3.2% | 1,449,252 | (20,411) | (1.4%) | Salaries and Wages |
| 461,232 | 457,244 | (3,988) | (0.9%) | 433,276 | (27,956) | (6.5%) | Benefits |
| 47,634 | 65,677 | 18,043 | 27.5% | 51,572 | 3,938 | 7.6% | Purchased Services |
| - | - | - | 0.0% | - | - | 0.0% | Medical Services |
| 39,415 | 80,383 | 40,968 | 51.0% | 45,107 | 5,692 | 12.6% | Other Supplies |
| - | - | - | 0.0% | - | - | 0.0% | Preventive Services |
| 221,451 | 457,710 | 236,260 | 51.6% | 379,448 | 157,997 | 41.6% | Drugs |
| 118,558 | 216,148 | 97,589 | 45.1% | 137,056 | 18,497 | 13.5% | Repairs & Maintenance |
| 68,545 | 88,866 | 20,321 | 22.9% | 61,954 | (6,591) | (10.6%) | Lease & Rental |
| 3,048 | 4,000 | 952 | 23.8% | 3,342 | 294 | 8.8% | Utilities |
| 6,736 | 14,413 | 7,677 | 53.3% | 4,778 | (1,958) | (41.0%) | Other Expense |
| 9,981 | 9,559 | (422) | (4.4%) | 6,418 | (3,564) | (55.5%) | Insurance |
| 2,446,262 | 2,912,729 | 466,467 | 16.0% | 2,572,202 | 125,939 | 4.9% | Total Operational Expenses |
| (2,409,887) | (2,818,341) | 408,454 | (14.5%) | (2,535,826) | 127,268 | (5.0%) | Net Performance before Overhead |
| 5,520 | 17,482 | 11,962 | 68.4% | 16,772 | 11,252 | 67.1% | Risk Mgt |
| 12,812 | 11,573 | (1,239) | (10.7%) | 1,828 | (10,984) | (600.8%) | Rev Cycle |
| 7,068 | 7,640 | 572 | 7.5% | 883 | (6,185) | (700.5%) | Internal Audit |
| 33,774 | 34,267 | 494 | 1.4% | 46,636 | 12,862 | 27.6% | Administration |
| 35,598 | 35,069 | (530) | (1.5%) | 22,336 | (13,262) | (59.4%) | Human Resources |
| 21,160 | 17,508 | (3,653) | (20.9%) | 16,833 | (4,327) | (25.7%) | Legal |
| 8,506 | 11,610 | 3,104 | 26.7% | 9,611 | 1,105 | 11.5% | Records |
| 7,432 | 16,081 | 8,648 | 53.8% | 11,583 | 4,151 | 35.8% | Compliance |
| 1,535 | 1,964 | 429 | 21.9% | 2,211 | 676 | 30.6% | Planning/Research |
| 39,183 | 47,976 | 8,793 | 18.3% | 41,438 | 2,254 | 5.4% | Finance |
| 9,823 | 18,077 | 8,254 | 45.7% | 13,614 | 3,790 | 27.8% | Public Relations |
| 114,428 | 137,055 | 22,627 | 16.5% | 138,990 | 24,562 | 17.7% | Information Technology |
| - | - | - | 0.0% | 3,372 | 3,372 | 100.0% | Budget & Decision Support |
| 3,989 | 3,729 | (259) | (7.0%) | 5,458 | 1,469 | 26.9% | Corporate Quality |
| 442 | 732 | 290 | 39.6% | 262 | (180) | (68.8%) | Managed Care Contract |
| 301,271 | 360,763 | 59,492 | 16.5% | 331,825 | 30,554 | 9.2% | Total Overhead Allocations |
| 2,747,534 | 3,273,493 | 525,959 | 16.1% | 2,904,027 | 156,493 | 5.4% | Total Expenses |
| \$ (2,711,158) | \$ (3,179,105) | \$ 467,946 | (14.7%) | \$ (2,868,981) | \$ 157,822 | 5.5% | Net Margin |

School Health Statement of Revenues and Expenditures

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 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 | \$ 1,159,583 | \$ 1,159,583 | \$ (0) | (0.0%) | \$ 1,159,583 | \$ (0) | (0.0%) | |
| 231,917 | 231,917 | - | 0.0% | 231,917 | - | 0.0% | Total Revenue | 1,159,583 | 1,159,583 | (0) | (0.0%) | 1,159,583 | (0) | (0.0%) | |
| <i>Direct Operational Expenses:</i> | | | | | | | | | | | | | | | |
| 1,167,319 | 1,302,259 | 134,940 | 10.4% | 1,094,902 | (72,417) | (6.6%) | Salaries and Wages | 6,146,343 | 6,546,960 | 400,617 | 6.1% | 5,692,657 | (453,685) | (8.0%) | |
| 415,166 | 475,175 | 60,010 | 12.6% | 406,737 | (8,429) | (2.1%) | Benefits | 2,212,869 | 2,375,877 | 163,008 | 6.9% | 2,162,809 | (50,060) | (2.3%) | |
| - | - | - | 0.0% | - | - | 0.0% | Purchased Services | - | - | - | 0.0% | - | - | 0.0% | |
| 4,290 | 10,000 | 5,710 | 57.1% | 8,691 | 4,401 | 50.6% | Medical Supplies | 51,923 | 34,000 | (17,923) | (52.7%) | 11,351 | (40,572) | (357.4%) | |
| 26 | 583 | 557 | 95.5% | 1,007 | 981 | 97.4% | Other Supplies | 7,221 | 2,917 | (4,304) | (147.6%) | 1,737 | (5,484) | (315.8%) | |
| 8,335 | 9,542 | 1,207 | 12.6% | 11,926 | 3,591 | 30.1% | Repairs & Maintenance | 51,609 | 47,708 | (3,901) | (8.2%) | 53,893 | 2,284 | 4.2% | |
| - | - | - | 0.0% | - | - | 0.0% | Utilities | - | - | - | 0.0% | - | - | 0.0% | |
| 1,683 | 1,929 | 247 | 12.8% | 1,596 | (86) | (5.4%) | Other Expense | 3,012 | 9,646 | 6,633 | 68.8% | 3,559 | 547 | 15.4% | |
| - | - | - | 0.0% | - | - | 0.0% | Insurance | - | - | - | 0.0% | - | - | 0.0% | |
| 1,596,818 | 1,799,488 | 202,670 | 11.3% | 1,524,860 | (71,958) | (4.7%) | Total Operational Expenses | 8,472,977 | 9,017,107 | 544,131 | 6.0% | 7,926,006 | (546,970) | (6.9%) | |
| Net Performance before Overhead | | | | | | | | | | | | | | | |
| (1,364,901) | (1,567,571) | 202,670 | (12.9%) | (1,292,943) | (71,958) | 5.6% | Allocations | (7,313,393) | (7,857,524) | 544,131 | (6.9%) | (6,766,423) | (546,971) | 8.1% | |
| <i>Overhead Allocations:</i> | | | | | | | | | | | | | | | |
| 1,270 | 9,264 | 7,993 | 86.3% | 6,964 | 5,694 | 81.8% | Risk Mgt | 14,625 | 46,319 | 31,694 | 68.4% | 34,547 | 19,922 | 57.7% | |
| - | - | - | 0.0% | - | - | 0.0% | Rev Cycle | - | - | - | 0.0% | - | - | 0.0% | |
| 3,805 | 4,048 | 243 | 6.0% | 1,402 | (2,403) | (171.4%) | Internal Audit | 18,727 | 20,242 | 1,515 | 7.5% | 1,819 | (16,908) | (929.8%) | |
| 7,531 | 8,057 | 526 | 6.5% | 30,573 | 23,042 | 75.4% | Palm Springs Facility | 35,764 | 40,286 | 4,521 | 11.2% | 91,328 | 55,564 | 60.8% | |
| 17,333 | 18,159 | 825 | 4.5% | 21,851 | 4,517 | 20.7% | Administration | 89,486 | 90,794 | 1,308 | 1.4% | 96,060 | 6,574 | 6.8% | |
| 32,258 | 33,963 | 1,705 | 5.0% | 19,707 | (12,552) | (63.7%) | Human Resources | 172,382 | 169,817 | (2,565) | (1.5%) | 109,213 | (63,169) | (57.8%) | |
| 11,386 | 9,277 | (2,108) | (22.7%) | 9,674 | (1,712) | (17.7%) | Legal | 56,065 | 46,387 | (9,678) | (20.9%) | 34,672 | (21,393) | (61.7%) | |
| 3,817 | 6,152 | 2,335 | 38.0% | 7,166 | 3,349 | 46.7% | Records | 22,538 | 30,762 | 8,223 | 26.7% | 19,797 | (2,741) | (13.8%) | |
| 3,037 | 8,521 | 5,485 | 64.4% | 4,913 | 1,876 | 38.2% | Compliance | 19,693 | 42,607 | 22,914 | 53.8% | 23,859 | 4,166 | 17.5% | |
| 311 | 1,041 | 730 | 70.2% | 792 | 481 | 60.8% | Planning/Research | 4,067 | 5,205 | 1,138 | 21.9% | 4,554 | 487 | 10.7% | |
| 16,900 | 25,423 | 8,524 | 33.5% | 17,244 | 345 | 2.0% | Finance | 103,819 | 127,117 | 23,297 | 18.3% | 85,353 | (18,466) | (21.6%) | |
| 5,157 | 9,579 | 4,423 | 46.2% | 9,496 | 4,340 | 45.7% | Public Relations | 26,028 | 47,897 | 21,869 | 45.7% | 28,041 | 2,014 | 7.2% | |
| 59,861 | 72,627 | 12,766 | 17.6% | 54,798 | (5,063) | (9.2%) | Information Technology | 303,184 | 363,136 | 59,952 | 16.5% | 286,290 | (16,894) | (5.9%) | |
| - | - | - | 0.0% | 60 | 60 | 100.0% | Budget & Decision Support | - | - | - | 0.0% | 6,945 | 6,945 | 100.0% | |
| 1,468 | 1,976 | 509 | 25.7% | 1,978 | 510 | 25.8% | Corporate Quality | 10,569 | 9,881 | (687) | (7.0%) | 11,243 | 674 | 6.0% | |
| 164,133 | 208,090 | 43,957 | 21.1% | 186,617 | 22,485 | 12.0% | Total Overhead Allocations | 876,947 | 1,040,449 | 163,502 | 15.7% | 833,720 | (43,227) | (5.2%) | |
| 1,760,950 | 2,007,578 | 246,627 | 12.3% | 1,711,477 | (49,473) | (2.9%) | Total Expenses | 9,349,923 | 10,057,556 | 707,633 | 7.0% | 8,759,726 | (590,197) | (6.7%) | |
| \$ (1,529,034) | \$ (1,775,661) | \$ 246,627 | (13.9%) | \$ (1,479,561) | \$ (49,473) | 3.3% | Net Margin | \$ (8,190,340) | \$ (8,897,973) | \$ 707,633 | (8.0%) | \$ (7,600,143) | \$ (590,197) | (7.8%) | |

Sponsored Programs

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | |
|-------------------------------------|-------------------|------------------|-------------|-------------------|------------------|---------------|-------------------------------------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| <i>Sponsored Programs:</i> | | | | | | | |
| 705,594 | 791,667 | 86,073 | 10.9% | 550,183 | (155,411) | (28.2%) | DOH Uninsured/Preventive Care Svs |
| 158,427 | 166,667 | 8,239 | 4.9% | 360,543 | 202,116 | 56.1% | Grant Funded Programs for Uninsured |
| - | - | - | 0.0% | - | - | 0.0% | CL Brumback Uninsured |
| 10,000 | 2,500 | (7,500) | (300.0%) | 2,500 | (7,500) | (300.0%) | Community Health Planning |
| 874,021 | 960,833 | 86,812 | 9.0% | 913,226 | 39,205 | 4.3% | Total Sponsored Programs |
| <i>Direct Operational Expenses:</i> | | | | | | | |
| 12,241 | 12,851 | 610 | 4.7% | 11,794 | (447) | (3.8%) | Salaries and Wages |
| 5,230 | 5,401 | 171 | 3.2% | 5,234 | 4 | 0.1% | Benefits |
| - | 83 | 83 | 100.0% | 129 | 129 | 100.0% | Other Supplies |
| - | - | - | 0.0% | - | - | 0.0% | Repairs & Maintenance |
| 270 | 521 | 251 | 48.2% | - | (270) | 0.0% | Other Expense |
| 17,741 | 18,856 | 1,115 | 6.3% | 17,157 | (584) | (3.4%) | |
| \$ 891,762 | \$ 979,689 | \$ 87,927 | 9.0% | \$ 930,383 | \$ 38,621 | 4.2% | Total Expenses |

| Fiscal Year To Date | | | | | | | |
|-------------------------------------|---------------------|-------------------|--------------|---------------------|---------------------|----------------|--|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| <i>Sponsored Programs:</i> | | | | | | | |
| 3,527,970 | 3,958,333 | 430,363 | 10.9% | 2,729,213 | (798,757) | (29.3%) | |
| 311,771 | 833,333 | 521,563 | 62.6% | 736,933 | 425,162 | 57.7% | |
| - | - | - | 0.0% | - | - | 0.0% | |
| 10,000 | 12,500 | 2,500 | 20.0% | 12,500 | 2,500 | 20.0% | |
| 3,849,741 | 4,804,167 | 954,426 | 19.9% | 3,478,645 | (371,095) | (10.7%) | |
| <i>Direct Operational Expenses:</i> | | | | | | | |
| 66,473 | 66,180 | (293) | (0.4%) | 66,119 | (354) | (0.5%) | |
| 27,578 | 27,450 | (127) | (0.5%) | 27,448 | (129) | (0.5%) | |
| 110 | 417 | 307 | 73.6% | 129 | 19 | 14.7% | |
| - | - | - | 0.0% | - | - | 0.0% | |
| 1,770 | 2,604 | 834 | 32.0% | 241 | (1,529) | (634.7%) | |
| 95,930 | 96,651 | 721 | 0.8% | 93,937 | (1,993) | (2.1%) | |
| \$ 3,945,671 | \$ 4,900,818 | \$ 955,147 | 19.5% | \$ 3,572,583 | \$ (373,088) | (10.4%) | |

General Fund Statement of Revenues and Expenditures by Month

| | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Year to Date |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------------|
| Revenues: | | | | | | | | | | | | | |
| Ad Valorem Taxes | \$ - | \$ 21,909,070 | \$ 83,120,459 | \$ 5,220,786 | \$ 5,661,776 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 115,912,091 |
| Premiums | | | | | | | | | | | | | |
| Patient Revenue, Net | 130,636 | 180,131 | 356,622 | 56,280 | 102,682 | - | - | - | - | - | - | - | 826,352 |
| Intergovernmental Revenue | 231,917 | 231,917 | 231,917 | 231,917 | 231,917 | - | - | - | - | - | - | - | 1,159,583 |
| Grants | 7,820 | 4,818 | 11,753 | 5,201 | 6,783 | - | - | - | - | - | - | - | 36,375 |
| Interest Earnings | 233,692 | 238,380 | 190,989 | 319,898 | 482,263 | - | - | - | - | - | - | - | 1,465,223 |
| Unrealized Gain/(Loss) Investments | (49,482) | 155,186 | 641,266 | 149,084 | (126,799) | - | - | - | - | - | - | - | 769,257 |
| Other Revenue | 1,210 | 473,396 | 1,224,894 | 224,207 | 231,878 | - | - | - | - | - | - | - | 2,155,585 |
| Total Revenues | \$ 555,794 | \$ 23,192,899 | \$ 85,777,900 | \$ 6,207,373 | \$ 6,590,500 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 122,324,466 |
| Expenditures: | | | | | | | | | | | | | |
| Salaries and Wages | 3,298,698 | 2,915,868 | 2,983,671 | 2,927,192 | 2,835,739 | - | - | - | - | - | - | - | 14,961,168 |
| Benefits | 1,055,344 | 1,100,508 | 904,269 | 1,015,998 | 990,983 | - | - | - | - | - | - | - | 5,067,103 |
| Purchased Services | 494,856 | 800,476 | 566,029 | 654,314 | 621,355 | - | - | - | - | - | - | - | 3,137,030 |
| Medical Supplies | 4,323 | 4,210 | 39,275 | 5,970 | 5,243 | - | - | - | - | - | - | - | 59,021 |
| Other Supplies | 25,159 | 40,536 | 84,704 | 77,326 | 101,366 | - | - | - | - | - | - | - | 329,092 |
| Contracted Physician Expense | 29,167 | 29,167 | 29,167 | 29,167 | 29,167 | - | - | - | - | - | - | - | 145,833 |
| Medical Services | 3,748,086 | 3,330,642 | 3,401,981 | 4,129,172 | 3,766,127 | - | - | - | - | - | - | - | 17,876,007 |
| Drugs | 14,087 | 30,279 | 18,181 | 103,670 | 55,234 | - | - | - | - | - | - | - | 221,451 |
| Repairs & Maintenance | 233,625 | 221,593 | 291,127 | 296,634 | 239,358 | - | - | - | - | - | - | - | 1,282,337 |
| Lease & Rental | 132,692 | 169,243 | 177,188 | 174,498 | 181,440 | - | - | - | - | - | - | - | 835,060 |
| Utilities | 11,427 | 12,065 | 9,852 | 9,749 | 8,540 | - | - | - | - | - | - | - | 51,632 |
| Other Expense | 316,602 | 650,421 | 1,935,661 | 1,711,669 | 556,651 | - | - | - | - | - | - | - | 5,171,004 |
| Insurance | 120,673 | 122,833 | 112,469 | 127,095 | 118,013 | - | - | - | - | - | - | - | 601,083 |
| Sponsored Programs | 705,594 | 705,594 | 705,594 | 858,937 | 874,021 | - | - | - | - | - | - | - | 3,849,741 |
| Total Operational Expenditures | 10,190,332 | 10,133,434 | 11,259,166 | 12,121,391 | 9,883,238 | - | - | - | - | - | - | - | 53,587,561 |
| Net Performance before Overhead Allocations | \$ (9,634,538) | \$ 13,059,465 | \$ 74,518,733 | \$ (5,914,018) | \$ (3,292,738) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 68,736,904 |
| Overhead Allocations | (822,184) | (878,882) | (893,893) | (955,086) | (815,753) | - | - | - | - | - | - | - | (4,365,798) |
| Total Expenses | 9,368,148 | 9,254,553 | 10,365,273 | 11,166,305 | 9,067,485 | - | - | - | - | - | - | - | 49,221,763 |
| Net Margin | \$ (8,812,354) | \$ 13,938,347 | \$ 75,412,627 | \$ (4,958,932) | \$ (2,476,985) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 73,102,702 |
| Capital | | | | | | | | | | | | | |
| General Fund Support/ Transfer In (Out) | \$ (3,291,581) | \$ (4,370,744) | \$ (3,491,091) | \$ (3,086,373) | \$ (2,941,885) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ (17,181,673) |

General Fund Program Statistics

| | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Current Year Total | Prior Year Total | % Var to Budget | % Var to Prior Year |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------------------|---------------------|--------------------|------------------------|
| Aeromedical | | | | | | | | | | | | | | | | |
| Patients Transported - Actual | 46 | 40 | 55 | 65 | 63 | - | - | - | - | - | - | - | 269 | 289 | - | (6.9%) |
| Patients Transported - Budget | 51 | 63 | 51 | 59 | 55 | - | - | - | - | - | - | - | 279 | 274 | (3.6%) | - |
| Variance | (5) | (23) | 4 | 6 | 8 | - | - | - | - | - | - | - | (10) | 15 | - | - |
| Actual Hours Available for Service | 1,070 | 1,080 | 1,113 | 1,069 | 1,005 | - | - | - | - | - | - | - | 5,337 | 5,373 | - | - |
| Service Hours Utilized | 74.0 | 54.0 | 79.0 | 94.0 | 92.0 | - | - | - | - | - | - | - | 393.0 | 379.0 | - | - |
| Utilization % | 6.9% | 5.0% | 7.1% | 8.8% | 9.2% | - | - | - | - | - | - | - | 7.4% | 7.1% | - | - |
| # of Flights - Training/Public Education | 8 | 5 | 7 | 7 | 1 | - | - | - | - | - | - | - | 28 | 55 | - | (49.1%) |
| # of Flights - Maintenance | 9 | 11 | 15 | 13 | 10 | - | - | - | - | - | - | - | 58 | 47 | - | 23.4% |
| Trauma | | | | | | | | | | | | | | | | |
| New Trauma Patients - Actual | 359 | 399 | 421 | 400 | 377 | - | - | - | - | - | - | - | 1,956 | 1,881 | - | 4.0% |
| New Trauma Patients - Budget | 399 | 399 | 399 | 399 | 399 | - | - | - | - | - | - | - | 1,995 | 1,730 | (2.0%) | - |
| Variance | (40) | - | 22 | 1 | (22) | - | - | - | - | - | - | - | (39) | 151 | - | - |
| School Health | | | | | | | | | | | | | | | | |
| Medical Events | 48,567 | 32,649 | 28,460 | 35,695 | 40,115 | - | - | - | - | - | - | - | 185,486 | 183,008 | - | 1.4% |
| Screenings | 29,329 | 19,811 | 18,958 | 14,867 | 16,019 | - | - | - | - | - | - | - | 98,984 | 79,548 | - | 24.4% |
| Total Events- Actual | 77,896 | 52,460 | 47,418 | 50,562 | 56,134 | - | - | - | - | - | - | - | 284,470 | 262,556 | - | - |
| Total Events- Budget | 66,612 | 50,206 | 43,714 | 50,088 | 51,936 | - | - | - | - | - | - | - | 262,556 | 262,777 | - | - |
| Managed Care | | | | | | | | | | | | | | | | |
| District Care Visits to Primary Clinic - Medical | 1,857 | 2,043 | 2,121 | 2,356 | 2,168 | - | - | - | - | - | - | - | 10,545 | 13,859 | - | (23.9%) |
| District Care Visits to Primary Clinic - Dental | 441 | 381 | 338 | 293 | 345 | - | - | - | - | - | - | - | 1,798 | 3,711 | - | (51.5%) |
| Uninsured Visits to Primary Clinic - Medical | 3,649 | 2,420 | 2,465 | 2,717 | 2,706 | - | - | - | - | - | - | - | 13,957 | 10,888 | - | 28.2% |
| Uninsured Visits to Primary Clinic - Dental | 1,381 | 990 | 873 | 1,028 | 1,052 | - | - | - | - | - | - | - | 5,324 | 5,752 | - | (7.4%) |
| Membership- Current Year | 9,446 | 9,195 | 8,929 | 8,731 | 8,470 | - | - | - | - | - | - | - | - | - | - | (11.4%) |
| Membership- Prior Year | 9,946 | 10,060 | 9,924 | 9,852 | 9,829 | - | - | - | - | - | - | - | - | - | - | - |
| Pharmacy | | | | | | | | | | | | | | | | |
| Total Prescriptions Filled at In-House Pharmacies | 24,348 | 20,947 | 20,144 | 22,785 | 20,931 | - | - | - | - | - | - | - | 109,155 | 119,802 | - | (8.9%) |
| Total Prescriptions Filled at Retail Pharmacies | 159 | 120 | 247 | 309 | 323 | - | - | - | - | - | - | - | 1,158 | 1,146 | - | 1.0% |
| Total Prescriptions Filled Inhouse/Retail- Actual | 24,507 | 21,067 | 20,391 | 23,094 | 21,254 | - | - | - | - | - | - | - | 110,313 | 120,948 | - | (8.8%) |
| Total Prescriptions Filled- Budget | 26,876 | 24,372 | 24,016 | 25,283 | 24,714 | - | - | - | - | - | - | - | 125,261 | 131,880 | (11.9%) | - |



Health Care District
PALM BEACH COUNTY



SUPPLEMENTAL INFORMATION

HEALEY CENTER

Healey Center Statement of Revenues and Expenses

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | | Fiscal Year To Date | | | | | | | |
|---------------------------------------|--------------|-------------|----------|--------------|------------|----------|----------------------------------|---------------------|--------------|--------------|---------|--------------|------------|----------|--|
| Actual | Budget | Variance | % | Prior Year | Variance | % | | Actual | Budget | Variance | % | Prior Year | Variance | % | |
| \$ 1,145,087 | \$ 1,011,946 | \$ 133,141 | 13.2% | \$ 1,001,224 | \$ 143,862 | 14.4% | Gross Patient Revenue | \$ 5,551,085 | \$ 5,417,850 | \$ 133,235 | 2.5% | \$ 5,445,979 | \$ 105,106 | 1.9% | |
| 101,265 | 22,744 | (78,521) | (345.2%) | 93,577 | (7,688) | (8.2%) | Contractual Allowances | 98,443 | 91,863 | (6,580) | (7.2%) | 492,675 | 394,233 | 80.0% | |
| 263,811 | 251,670 | (12,141) | (4.8%) | 227,515 | (36,296) | (16.0%) | Charity Care | 1,250,844 | 1,357,163 | 106,319 | 7.8% | 1,360,237 | 109,394 | 8.0% | |
| 13,170 | 2,236 | (10,934) | (489.0%) | 6,009 | (7,161) | (119.2%) | Bad Debt | (20,723) | 11,180 | 31,903 | 285.4% | 46,882 | 67,605 | 144.2% | |
| 378,246 | 276,650 | (101,596) | (36.7%) | 327,101 | (51,145) | (15.6%) | Total Contractuals and Bad Debt | 1,328,563 | 1,460,206 | 131,643 | 9.0% | 1,899,794 | 571,231 | 30.1% | |
| 766,841 | 735,296 | 31,545 | 4.3% | 674,123 | 92,717 | 13.8% | Net Patient Revenue | 4,222,522 | 3,957,644 | 264,878 | 6.7% | 3,546,185 | 676,337 | 19.1% | |
| 66.97% | 72.66% | | | 67.33% | | | Collection % | 76.07% | 73.05% | | | 65.12% | | | |
| 758,333 | 758,333 | - | 0.0% | 758,333 | - | 0.0% | PBC Interlocal | 3,791,667 | 3,791,667 | - | 0.0% | 3,791,667 | - | 0.0% | |
| 1,671 | 4,468 | (2,797) | (62.6%) | 2,713 | (1,042) | (38.4%) | Other revenue | 19,034 | 22,340 | (3,306) | (14.8%) | 12,532 | 6,502 | 51.9% | |
| 760,004 | 762,801 | (2,797) | (0.4%) | 761,047 | (1,042) | (0.1%) | Total Other Revenues | 3,810,701 | 3,814,007 | (3,306) | (0.1%) | 3,804,199 | 6,502 | 0.2% | |
| 1,526,845 | 1,498,097 | 28,748 | 1.9% | 1,435,170 | 91,675 | 6.4% | Total Revenues | 8,033,223 | 7,771,651 | 261,573 | 3.4% | 7,350,384 | 682,839 | 9.3% | |
| Direct Operational Expenses | | | | | | | | | | | | | | | |
| 860,191 | 805,606 | (54,585) | (6.8%) | 785,960 | (74,231) | (9.4%) | Salaries and Wages | 4,432,258 | 4,344,430 | (87,827) | (2.0%) | 4,169,384 | (262,874) | (6.3%) | |
| 321,671 | 324,278 | 2,607 | 0.8% | 309,387 | (12,284) | (4.0%) | Benefits | 1,654,582 | 1,675,583 | 21,001 | 1.3% | 1,590,862 | (63,720) | (4.0%) | |
| 71,451 | 71,143 | (309) | (0.4%) | 67,288 | (4,163) | (6.2%) | Purchased Services | 336,284 | 355,713 | 19,428 | 5.5% | 317,339 | (18,946) | (6.0%) | |
| 39,636 | 45,500 | 5,864 | 12.9% | 47,541 | 7,905 | 16.6% | Medical Supplies | 232,258 | 227,500 | (4,758) | (2.1%) | 229,832 | (2,426) | (1.1%) | |
| 66,207 | 67,232 | 1,025 | 1.5% | 59,931 | (6,277) | (10.5%) | Other Supplies | 352,009 | 336,159 | (15,850) | (4.7%) | 423,156 | 71,146 | 16.8% | |
| 119 | 2,088 | 1,969 | 94.3% | 1,263 | 1,143 | 90.5% | Contracted Physician Expense | 4,210 | 10,441 | 6,231 | 59.7% | 7,613 | 3,404 | 44.7% | |
| 5,732 | 3,750 | (1,982) | (52.9%) | - | (5,732) | 0.0% | Medical Services | 23,542 | 18,750 | (4,792) | (25.6%) | - | (23,542) | 0.0% | |
| 34,228 | 30,667 | (3,561) | (11.6%) | 23,032 | (11,197) | (48.6%) | Drugs | 158,228 | 153,333 | (4,895) | (3.2%) | 152,084 | (6,144) | (4.0%) | |
| 46,998 | 32,957 | (14,040) | (42.6%) | 16,825 | (30,172) | (179.3%) | Repairs & Maintenance | 151,119 | 164,787 | 13,668 | 8.3% | 123,200 | (27,919) | (22.7%) | |
| 1,383 | 2,849 | 1,466 | 51.5% | 1,345 | (38) | (2.8%) | Lease & Rental | 7,488 | 14,245 | 6,757 | 47.4% | 7,135 | (353) | (4.9%) | |
| 34,744 | 34,256 | (488) | (1.4%) | 29,704 | (5,040) | (17.0%) | Utilities | 175,806 | 171,280 | (4,525) | (2.6%) | 167,867 | (7,939) | (4.7%) | |
| 6,443 | 15,260 | 8,817 | 57.8% | 12,495 | 6,052 | 48.4% | Other Expense | 59,988 | 76,301 | 16,313 | 21.4% | 62,676 | 2,688 | 4.3% | |
| 5,029 | 4,601 | (429) | (9.3%) | 3,364 | (1,665) | (49.5%) | Insurance | 25,606 | 23,004 | (2,602) | (11.3%) | 21,044 | (4,562) | (21.7%) | |
| 1,493,834 | 1,440,187 | (53,647) | (3.7%) | 1,358,135 | (135,698) | (10.0%) | Total Operational Expenses | 7,613,379 | 7,571,527 | (41,851) | (0.6%) | 7,272,193 | (341,185) | (4.7%) | |
| Net Performance before Depreciation & | | | | | | | | | | | | | | | |
| 33,011 | 57,911 | (24,899) | (43.0%) | 77,035 | (44,023) | (57.1%) | Overhead Allocations | 419,845 | 200,123 | 219,721 | 109.8% | 78,191 | 341,654 | 436.9% | |
| 54,636 | 70,087 | 15,451 | 22.0% | 60,986 | 6,350 | 10.4% | Depreciation | 268,496 | 350,433 | 81,937 | 23.4% | 305,333 | 36,837 | 12.1% | |
| Overhead Allocations: | | | | | | | | | | | | | | | |
| 1,260 | 9,189 | 7,929 | 86.3% | 7,236 | 5,976 | 82.6% | Risk Mgt | 14,508 | 45,947 | 31,439 | 68.4% | 35,896 | 21,388 | 59.6% | |
| - | - | - | 0.0% | 35,896 | 35,896 | 100.0% | Rev Cycle | - | - | - | 0.0% | 173,288 | 173,288 | 100.0% | |
| 3,774 | 4,016 | 241 | 6.0% | 1,457 | (2,318) | (159.1%) | Internal Audit | 18,576 | 20,079 | 1,503 | 7.5% | 1,890 | (16,687) | (883.1%) | |
| 17,194 | 18,013 | 819 | 4.5% | 22,704 | 5,510 | 24.3% | Administration | 88,767 | 90,064 | 1,297 | 1.4% | 99,812 | 11,045 | 11.1% | |
| 30,031 | 31,618 | 1,588 | 5.0% | 18,636 | (11,395) | (61.1%) | Human Resources | 160,480 | 158,092 | (2,387) | (1.5%) | 103,280 | (57,200) | (55.4%) | |
| 11,294 | 9,203 | (2,091) | (22.7%) | 10,051 | (1,243) | (12.4%) | Legal | 55,615 | 46,015 | (9,600) | (20.9%) | 36,026 | (19,589) | (54.4%) | |
| 3,786 | 6,103 | 2,317 | 38.0% | 7,446 | 3,660 | 49.2% | Records | 22,357 | 30,514 | 8,157 | 26.7% | 20,571 | (1,787) | (8.7%) | |
| 3,012 | 8,453 | 5,441 | 64.4% | 5,105 | 2,092 | 41.0% | Compliance | 19,535 | 42,264 | 22,730 | 53.8% | 24,791 | 5,256 | 21.2% | |
| 308 | 1,033 | 724 | 70.2% | 823 | 515 | 62.5% | Planning/Research | 4,034 | 5,163 | 1,129 | 21.9% | 4,732 | 698 | 14.7% | |
| 16,764 | 25,219 | 8,455 | 33.5% | 17,918 | 1,154 | 6.4% | Finance | 102,985 | 126,095 | 23,110 | 18.3% | 88,686 | (14,298) | (16.1%) | |
| 5,115 | 9,502 | 4,387 | 46.2% | 9,867 | 4,752 | 48.2% | Public Relations | 25,818 | 47,512 | 21,693 | 45.7% | 29,136 | 3,318 | 11.4% | |
| 59,380 | 72,044 | 12,664 | 17.6% | 56,938 | (2,442) | (4.3%) | Information Technology | 300,748 | 360,218 | 59,470 | 16.5% | 297,471 | (3,276) | (1.1%) | |
| - | - | - | 0.0% | 62 | 62 | 100.0% | Budget & Decision Support | - | - | - | 0.0% | 7,216 | 7,216 | 100.0% | |
| 1,456 | 1,960 | 504 | 25.7% | 2,055 | 599 | 29.2% | Corporate Quality | 10,484 | 9,802 | (682) | (7.0%) | 11,682 | 1,198 | 10.3% | |
| - | - | - | 0.0% | 11,161 | 11,161 | 100.0% | Managed Care Contract | - | - | - | 0.0% | 24,822 | 24,822 | 100.0% | |
| 153,375 | 196,353 | 42,978 | 21.9% | 207,355 | 53,981 | 26.0% | Total Overhead Allocations | 823,905 | 981,765 | 157,859 | 16.1% | 959,298 | 135,393 | 14.1% | |
| 1,701,844 | 1,706,626 | 4,782 | 0.3% | 1,626,476 | (75,368) | (4.6%) | Total Expenses | 8,705,780 | 8,903,725 | 197,945 | 2.2% | 8,536,825 | (168,956) | (2.0%) | |
| (174,999) | (208,529) | 33,530 | (16.1%) | (191,306) | 16,307 | (8.5%) | Net Margin | (672,557) | (1,132,075) | 459,518 | (40.6%) | (1,186,441) | 513,883 | 43.3% | |
| \$ 118,407 | \$ 154,167 | \$ (35,760) | (23.2%) | \$ - | \$ 118,407 | 0.0% | General Fund Support/Transfer In | \$ 404,061 | \$ 770,833 | \$ (366,772) | (47.6%) | \$ - | \$ 404,061 | 0.0% | |

Healey Center Statement of Revenues and Expenses by Month

| | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Year to Date |
|--|--------------|--------------|--------------|--------------|--------------|--------|--------|--------|--------|--------|--------|--------|--------------|
| Gross Patient Revenue | \$ 1,116,480 | \$ 1,063,810 | \$ 1,105,771 | \$ 1,119,937 | \$ 1,145,087 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 5,552,085 |
| Contractual Allowances | (10,387) | (24,243) | (28,997) | 60,805 | 101,265 | - | - | - | - | - | - | - | 98,443 |
| Charity Care | 255,960 | 313,710 | 332,510 | 84,852 | 263,811 | - | - | - | - | - | - | - | 1,250,844 |
| Bad Debt | (9,091) | (12,991) | (22,945) | 11,134 | 13,170 | - | - | - | - | - | - | - | (20,723) |
| Total Contractuals and Bad Debt | 236,483 | 276,475 | 280,568 | 156,791 | 378,246 | - | - | - | - | - | - | - | 1,328,563 |
| Net Patient Revenue | 879,997 | 787,335 | 825,203 | 963,146 | 766,841 | - | - | - | - | - | - | - | 4,222,522 |
| Collections % | 78.82% | 74.01% | 74.63% | 86.00% | 66.97% | - | - | - | - | - | - | - | 76.07% |
| PBC Interlocal | 758,333 | 758,333 | 758,333 | 758,333 | 758,333 | - | - | - | - | - | - | - | 3,791,667 |
| Other revenue | 4,321 | 3,420 | 5,377 | 4,246 | 1,671 | - | - | - | - | - | - | - | 19,034 |
| Total Other Revenues | 762,655 | 761,753 | 763,710 | 762,579 | 760,004 | - | - | - | - | - | - | - | 3,810,701 |
| Total Revenues | 1,642,652 | 1,549,088 | 1,588,914 | 1,725,725 | 1,526,845 | - | - | - | - | - | - | - | 8,033,223 |
| Direct Operational Expenses: | | | | | | | | | | | | | |
| Salaries and Wages | 896,239 | 924,513 | 820,044 | 981,272 | 860,191 | - | - | - | - | - | - | - | 4,432,258 |
| Benefits | 336,118 | 354,622 | 305,299 | 336,872 | 321,671 | - | - | - | - | - | - | - | 1,654,582 |
| Purchased Services | 63,482 | 68,378 | 67,963 | 65,009 | 71,451 | - | - | - | - | - | - | - | 336,284 |
| Medical Supplies | 43,666 | 51,909 | 30,303 | 66,744 | 39,636 | - | - | - | - | - | - | - | 232,258 |
| Other Supplies | 70,505 | 75,257 | 63,200 | 76,840 | 66,207 | - | - | - | - | - | - | - | 352,009 |
| Contracted Physician Expense | 1,158 | 1,084 | 1,172 | 676 | 119 | - | - | - | - | - | - | - | 4,210 |
| Medical Services | 4,623 | 4,335 | 3,830 | 5,022 | 5,732 | - | - | - | - | - | - | - | 23,542 |
| Drugs | 29,943 | 29,679 | 27,357 | 37,025 | 34,228 | - | - | - | - | - | - | - | 158,228 |
| Repairs & Maintenance | 15,238 | 31,412 | 30,243 | 27,229 | 46,998 | - | - | - | - | - | - | - | 151,119 |
| Lease & Rental | 1,169 | 2,599 | 1,169 | 1,169 | 1,383 | - | - | - | - | - | - | - | 7,488 |
| Utilities | 31,551 | 32,824 | 40,401 | 36,285 | 34,744 | - | - | - | - | - | - | - | 175,806 |
| Other Expense | 10,709 | 12,991 | 16,616 | 13,229 | 6,443 | - | - | - | - | - | - | - | 59,988 |
| Insurance | 5,079 | 4,620 | 4,620 | 6,257 | 5,029 | - | - | - | - | - | - | - | 25,606 |
| Total Operational Expenses | 1,509,479 | 1,594,219 | 1,412,217 | 1,603,629 | 1,493,834 | - | - | - | - | - | - | - | 7,613,379 |
| Net Performance before Depreciation & Overhead Allocations | 133,172 | (45,131) | 176,696 | 122,096 | 33,011 | - | - | - | - | - | - | - | 419,845 |
| Depreciation | 52,986 | 52,986 | 54,806 | 53,084 | 54,636 | - | - | - | - | - | - | - | 268,496 |
| Overhead Allocations: | | | | | | | | | | | | | |
| Risk Mgt | 6,723 | 11,644 | 5,960 | (11,080) | 1,260 | - | - | - | - | - | - | - | 14,508 |
| Rev Cycle | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Internal Audit | 3,700 | 3,700 | 3,700 | 3,700 | 3,774 | - | - | - | - | - | - | - | 18,576 |
| Administration | 18,050 | 18,881 | 15,296 | 19,345 | 17,194 | - | - | - | - | - | - | - | 88,767 |
| Human Resources | 30,916 | 31,635 | 32,188 | 35,710 | 30,031 | - | - | - | - | - | - | - | 160,480 |
| Legal | 4,675 | 8,603 | 5,850 | 25,193 | 11,294 | - | - | - | - | - | - | - | 55,615 |
| Records | 4,712 | 4,663 | 4,385 | 4,811 | 3,786 | - | - | - | - | - | - | - | 22,357 |
| Compliance | 4,174 | 5,202 | 2,606 | 4,541 | 3,012 | - | - | - | - | - | - | - | 19,535 |
| Planning/Research | 968 | 926 | 874 | 958 | 308 | - | - | - | - | - | - | - | 4,034 |
| Finance | 17,415 | 23,761 | 16,356 | 28,690 | 16,764 | - | - | - | - | - | - | - | 102,985 |
| Public Relations | 4,682 | 4,600 | 6,025 | 5,396 | 5,115 | - | - | - | - | - | - | - | 25,818 |
| Information Technology | 58,094 | 50,067 | 70,345 | 62,863 | 59,380 | - | - | - | - | - | - | - | 300,748 |
| Budget & Decision Support | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Corporate Quality | 2,881 | 2,720 | 1,554 | 1,872 | 1,456 | - | - | - | - | - | - | - | 10,484 |
| Managed Care Contract | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Overhead Allocations | 156,991 | 166,404 | 165,137 | 181,999 | 153,375 | - | - | - | - | - | - | - | 823,905 |
| Total Expenses | 1,719,456 | 1,813,608 | 1,632,161 | 1,838,711 | 1,701,844 | - | - | - | - | - | - | - | 8,705,780 |
| Transfer out to Medicaid Match/ General Fund | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Net Margin | (76,804) | (264,520) | (43,247) | (112,986) | (174,999) | - | - | - | - | - | - | - | (672,557) |
| General Fund Support/ Transfer In | \$ 23,818 | \$ 229,466 | \$ - | \$ 32,370 | \$ 118,407 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 404,061 |

| Census | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Current Year Total | Prior Year Total |
|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------|--------|--------|--------|--------|--------|--------|-----------------------|---------------------|
| Admissions | 10 | 9 | 12 | 8 | 8 | | | | | | | | 47 | 53 |
| Discharges | 11 | 13 | 8 | 10 | 6 | | | | | | | | 48 | 58 |
| Average Daily Census | 119 | 118 | 119 | 119 | 119 | | | | | | | | 119 | 120 |
| Budget Census | 118 | 118 | 118 | 118 | 118 | | | | | | | | 118 | 118 |
| Occupancy % (120 licensed beds) | 99% | 98% | 99% | 99% | 99% | | | | | | | | 99% | 100% |
| Days By Payor Source: | | | | | | | | | | | | | | |
| Medicaid | 109 | 78 | 62 | 93 | 65 | | | | | | | | 407 | 12,359 |
| Managed Care Medicaid | 2,259 | 2,201 | 2,330 | 2,384 | 2,245 | | | | | | | | 11,419 | - |
| Medicare | 115 | 90 | 52 | 48 | 32 | | | | | | | | 337 | 130 |
| Private Pay | 97 | 90 | 93 | 93 | 84 | | | | | | | | 457 | 567 |
| Hospice | 124 | 120 | 145 | 142 | 103 | | | | | | | | 634 | 386 |
| Charity | 990 | 961 | 1,016 | 930 | 812 | | | | | | | | 4,709 | 4,619 |
| Total Resident Days | 3,694 | 3,540 | 3,698 | 3,690 | 3,341 | | | | | | | | 17,963 | 18,061 |



Health Care District
PALM BEACH COUNTY



SUPPLEMENTAL INFORMATION

LAKESIDE MEDICAL CENTER

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | Fiscal Year To Date | | | | | | |
|-------------------------------------|--------------|----------------|----------|--------------|--------------|--------------|-------------------------------------|---------------|----------------|---------|---------------|----------------|---------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % |
| \$ 4,545,320 | \$ 4,608,115 | \$ (62,795) | (1.4%) | \$ 4,322,867 | \$ 222,453 | 5.1% | \$ 21,494,635 | \$ 24,141,404 | \$ (2,646,768) | (11.0%) | \$ 23,871,947 | \$ (2,377,312) | (10.0%) |
| 6,775,699 | 5,625,374 | 1,150,324 | 20.4% | 6,187,355 | 588,344 | 9.5% | 34,556,217 | 29,470,711 | 5,085,506 | 17.3% | 30,459,107 | 4,097,111 | 13.5% |
| - | 57,619 | (57,619) | (100.0%) | 60,070 | (60,070) | (100.0%) | 1,126 | 288,093 | (286,968) | (99.6%) | 289,372 | (288,247) | (99.8%) |
| 11,321,019 | 10,291,108 | 1,029,911 | 10.0% | 10,570,292 | 750,727 | 7.1% | 56,051,978 | 53,900,208 | 2,151,770 | 4.0% | 54,620,426 | 1,431,552 | 2.6% |
| 8,134,897 | 6,797,189 | (1,337,708) | (19.7%) | 7,508,643 | (626,254) | (8.3%) | 38,688,650 | 35,609,717 | (3,078,933) | (8.6%) | 38,099,106 | (589,544) | (1.5%) |
| 313,570 | 201,182 | (112,387) | (55.9%) | 192,449 | (121,121) | (62.9%) | 1,763,567 | 1,053,972 | (709,595) | (67.3%) | 1,072,915 | (690,652) | (64.4%) |
| 825,696 | 1,142,698 | 317,001 | 27.7% | 989,862 | 164,165 | 16.6% | 5,281,982 | 5,986,466 | 704,484 | 11.8% | 6,109,146 | 827,164 | 13.5% |
| 108 | 38,427 | 38,319 | 99.7% | 40,582 | 40,474 | 99.7% | 1,988 | 192,137 | 190,149 | 99.0% | 158,423 | 156,435 | 98.7% |
| \$ 9,274,271 | \$ 8,179,496 | \$ (1,094,774) | (13.4%) | \$ 8,731,534 | \$ (542,736) | (6.2%) | \$ 45,736,187 | \$ 42,842,292 | \$ (2,893,896) | (6.8%) | \$ 45,439,591 | \$ (296,596) | (0.7%) |
| 130,283 | 140,377 | (10,094) | (7.2%) | 127,231 | 3,053 | 2% | 651,418 | 701,886 | (50,468) | (7.2%) | 1,021,455 | (370,038) | -36% |
| 2,177,032 | 2,251,989 | (74,958) | (3.3%) | 1,965,988 | 211,044 | 10.7% | 10,967,209 | 11,759,803 | (792,594) | (6.7%) | 10,202,291 | 764,918 | 7.5% |
| 19.23% | 21.88% | | | 18.60% | | Collection % | 19.57% | 21.82% | | 18.68% | | | |
| 18,224 | - | 18,224 | 0.0% | 30,575 | (12,350) | (40.4%) | 91,122 | - | 91,122 | 0.0% | 121,987 | (30,865) | (25.3%) |
| 4,337 | 35,935 | (31,598) | (87.9%) | 11,256 | (6,919) | (61.5%) | 42,686 | 179,673 | (136,987) | (76.2%) | 23,483 | 19,203 | 81.8% |
| 22,561 | 35,935 | (13,374) | (37.2%) | 41,831 | (19,270) | (46.1%) | 133,808 | 179,673 | (45,865) | (25.5%) | 145,470 | (11,662) | (8.0%) |
| 2,199,593 | 2,287,924 | (88,331) | (3.9%) | 2,007,819 | 191,774 | 9.6% | 11,101,017 | 11,939,476 | (838,459) | (7.0%) | 10,347,761 | 753,256 | 7.3% |
| Total Revenues | | | | | | | Total Revenues | | | | | | |
| Direct Operational Expenses: | | | | | | | Direct Operational Expenses: | | | | | | |
| 1,488,697 | 1,500,406 | 11,709 | 0.8% | 1,485,036 | (3,661) | (0.2%) | 7,789,540 | 8,091,473 | 301,933 | 3.7% | 7,771,699 | (17,840) | (0.2%) |
| 415,974 | 409,080 | (6,894) | (1.7%) | 409,091 | (6,883) | (1.7%) | 2,135,928 | 2,206,113 | 70,185 | 3.2% | 2,093,599 | (42,328) | (2.0%) |
| 206,736 | 333,043 | 126,307 | 37.9% | 371,841 | 165,105 | 44.4% | 1,188,948 | 1,468,117 | 279,169 | 19.0% | 1,343,102 | 154,153 | 11.5% |
| 153,498 | 92,117 | (61,382) | (66.6%) | 71,994 | (81,505) | (113.2%) | 573,554 | 482,590 | (90,964) | (18.8%) | 385,217 | (188,337) | (48.9%) |
| 64,124 | 86,914 | 22,790 | 26.2% | 76,352 | 12,228 | 16.0% | 366,254 | 447,495 | 81,242 | 18.2% | 280,779 | (85,475) | (30.4%) |
| 977,758 | 513,391 | (464,368) | (90.5%) | 589,329 | (388,430) | (65.9%) | 4,394,201 | 3,411,879 | (982,323) | (28.8%) | 2,996,647 | (1,397,554) | (46.6%) |
| 90,491 | 72,302 | (18,189) | (25.2%) | 81,295 | (9,197) | (11.3%) | 349,815 | 378,784 | 28,969 | 7.6% | 336,583 | (13,232) | (3.9%) |
| 105,261 | 157,024 | 51,763 | 33.0% | 120,201 | 14,940 | 12.4% | 812,119 | 785,119 | (27,000) | (3.4%) | 584,941 | (227,178) | (38.8%) |
| 51,184 | 62,234 | 11,050 | 17.8% | 52,717 | 1,534 | 2.9% | 314,074 | 311,170 | (2,905) | (0.9%) | 204,095 | (109,980) | (53.9%) |
| 85,378 | 69,047 | (16,331) | (23.7%) | 71,597 | (13,781) | (19.2%) | 346,894 | 404,708 | 57,815 | 14.3% | 350,057 | 3,163 | 0.9% |
| 99,995 | 88,194 | (11,801) | (13.4%) | 40,150 | (59,846) | (149.1%) | 314,913 | 316,171 | 1,258 | 0.4% | 200,454 | (114,459) | (57.1%) |
| 11,496 | 12,239 | 742 | 6.1% | 9,891 | (1,606) | (16.2%) | 52,787 | 61,193 | 8,406 | 13.7% | 59,381 | 6,594 | 11.1% |
| 3,750,593 | 3,395,990 | (354,603) | (10.4%) | 3,379,492 | (371,101) | (11.0%) | 18,639,027 | 18,364,811 | (274,216) | (1.5%) | 16,606,555 | (2,032,472) | (12.2%) |
| Total Operational Expenses | | | | | | | Total Operational Expenses | | | | | | |
| Net Performance before Depreciation | | | | | | | Net Performance before Depreciation | | | | | | |
| (1,551,000) | (1,108,066) | (442,934) | 40.0% | (1,371,674) | (179,327) | 13.1% | (7,538,010) | (6,425,335) | (1,112,675) | 17.3% | (6,258,794) | (1,279,216) | 20.4% |
| & Overhead Allocations | | | | | | | & Overhead Allocations | | | | | | |

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | Fiscal Year To Date | | | | | | | |
|-----------------------|----------------|--------------|---------|----------------|--------------|----------|-----------------------------------|-----------------|-----------------|--------------|------------|----------------|----------------|------------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % | |
| 276,806 | 294,088 | 17,282 | 5.9% | 287,777 | 10,971 | 3.8% | Depreciation | 1,388,657 | 1,470,439 | 81,782 | 5.6% | 1,438,948 | 50,292 | 3.5% |
| Overhead Allocations: | | | | | | | | | | | | | | |
| 2,985 | 21,765 | 18,780 | 86.3% | 15,036 | 12,051 | 80.1% | Risk Mgt | 34,361 | 108,824 | 74,463 | 68.4% | 74,589 | 40,228 | 53.9% |
| - | - | - | 0.0% | - | - | 0.0% | Rev Cycle | - | - | - | 0.0% | - | - | 0.0% |
| 8,940 | 9,511 | 572 | 6.0% | 3,027 | (5,913) | (195.4%) | Internal Audit | 43,997 | 47,557 | 3,559 | 7.5% | 3,926 | (40,071) | (1,020.5%) |
| 40,724 | 42,663 | 1,939 | 4.5% | 47,177 | 6,453 | 13.7% | Administration | 210,241 | 213,314 | 3,072 | 1.4% | 207,401 | (2,841) | (1.4%) |
| 38,875 | 40,930 | 2,055 | 5.0% | 23,657 | (15,218) | (64.3%) | Human Resources | 207,743 | 204,652 | (3,091) | (1.5%) | 131,106 | (76,636) | (58.5%) |
| 26,750 | 21,797 | (4,953) | (22.7%) | 20,886 | (5,864) | (28.1%) | Legal | 131,722 | 108,984 | (22,737) | (20.9%) | 74,859 | (56,862) | (76.0%) |
| 8,968 | 14,455 | 5,487 | 38.0% | 15,473 | 6,505 | 42.0% | Records | 52,952 | 72,273 | 19,320 | 26.7% | 42,744 | (10,208) | (23.9%) |
| 7,134 | 20,020 | 12,886 | 64.4% | 10,607 | 3,473 | 32.7% | Compliance | 46,267 | 100,102 | 53,835 | 53.8% | 51,514 | 5,247 | 10.2% |
| 730 | 2,446 | 1,716 | 70.2% | 1,709 | 980 | 57.3% | Planning/Research | 9,555 | 12,228 | 2,673 | 21.9% | 9,832 | 278 | 2.8% |
| 39,704 | 59,730 | 20,026 | 33.5% | 37,231 | (2,473) | (6.6%) | Finance | 243,916 | 298,652 | 54,736 | 18.3% | 184,283 | (59,633) | (32.4%) |
| 12,115 | 22,506 | 10,391 | 46.2% | 20,504 | 8,389 | 40.9% | Public Relations | 61,150 | 112,530 | 51,380 | 45.7% | 60,543 | (607) | (1.0%) |
| 140,639 | 170,633 | 29,994 | 17.6% | 118,313 | (22,326) | (18.9%) | Information Technology | 712,312 | 853,165 | 140,854 | 16.5% | 618,122 | (94,190) | (15.2%) |
| - | - | - | 0.0% | 130 | 130 | 100.0% | Budget & Decision Support | - | - | - | 0.0% | 14,994 | 14,994 | 100.0% |
| 3,448 | 4,643 | 1,195 | 25.7% | 4,271 | 822 | 19.2% | Corporate Quality | 24,831 | 23,216 | (1,615) | (7.0%) | 24,274 | (557) | (2.3%) |
| 10,665 | 19,005 | 8,339 | 43.9% | 32,418 | 21,753 | 67.1% | Managed Care Contract | 57,350 | 95,023 | 37,673 | 39.6% | 72,095 | 14,745 | 20.5% |
| 341,677 | 450,104 | 108,426 | 24.1% | 350,438 | 8,761 | 2.5% | Total Overhead Allocations | 1,836,396 | 2,250,519 | 414,122 | 18.4% | 1,570,283 | (266,114) | (16.9%) |
| 4,369,077 | 4,140,182 | (228,895) | (5.5%) | 4,017,708 | (351,369) | (8.7%) | Total Expenses | 21,864,080 | 22,085,768 | 221,689 | 1.0% | 19,615,786 | (2,248,294) | (11.5%) |
| \$ (2,169,484) | \$ (1,852,258) | \$ (317,226) | 17.1% | \$ (2,009,889) | \$ (159,595) | 7.9% | Net Margin | \$ (10,763,063) | \$ (10,146,292) | \$ (616,770) | 6.1% | \$ (9,268,025) | \$ (1,495,038) | (16.1%) |
| \$ 1,873,587 | \$ 1,625,000 | \$ 248,587 | 15.3% | \$ - | \$ 1,873,587 | 0.0% | General Fund Support/ Transfer In | \$ 9,377,331 | \$ 8,125,000 | \$ 1,252,331 | 15.4% | \$ - | \$ 9,377,331 | 0.0% |

Lakeside Medical Center Statement of Revenues and Expenses by Month

| | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Year to Date |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------------|
| Inpatient Revenue | \$ 1,927,107 | \$ 4,043,138 | \$ 4,395,962 | \$ 4,583,108 | \$ 4,545,320 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 21,494,635 |
| Outpatient Revenue | 7,369,477 | 6,754,814 | 6,542,374 | 7,113,854 | 6,775,699 | - | - | - | - | - | - | - | 34,556,217 |
| Physician Clinic | 615 | 510 | - | - | - | - | - | - | - | - | - | - | 1,126 |
| Gross Patient Revenue | 11,297,199 | 10,798,462 | 10,938,336 | 11,696,962 | 11,321,019 | - | - | - | - | - | - | - | 56,051,978 |
| Contractual Allowances | 7,481,597 | 8,190,285 | 6,886,241 | 7,995,630 | 8,134,897 | - | - | - | - | - | - | - | 38,688,650 |
| Charity Care | 232,522 | 247,790 | 418,757 | 550,929 | 313,570 | - | - | - | - | - | - | - | 1,763,567 |
| Bad Debt | 1,241,914 | 725,404 | 1,124,976 | 1,363,992 | 825,696 | - | - | - | - | - | - | - | 5,281,982 |
| Physician Contractuals | 3,637 | (2,975) | - | 1,218 | 108 | - | - | - | - | - | - | - | 1,988 |
| Total Contractuals and Bad Debt | \$ 8,959,670 | \$ 9,160,503 | \$ 8,429,974 | \$ 9,911,769 | \$ 9,274,271 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 45,736,187 |
| Other Patient Revenue | 130,283.42 | 130,283.42 | 130,283.92 | 130,283.42 | 130,283.42 | - | - | - | - | - | - | - | 651,417.60 |
| Net Patient Revenue | 2,467,813 | 1,768,242 | 2,638,646 | 1,915,476 | 2,177,032 | - | - | - | - | - | - | - | 10,967,209 |
| Collection % | 21.84% | 16.37% | 24.12% | 16.38% | 19.23% | - | - | - | - | - | - | - | 19.57% |
| Grant Funds | - | 54,673 | 18,224 | - | 18,224 | - | - | - | - | - | - | - | 91,122 |
| Other Revenue | 7,425 | 7,733 | 16,134 | 7,057 | 4,337 | - | - | - | - | - | - | - | 42,686 |
| Total Other Revenues | 7,425 | 62,406 | 34,359 | 7,057 | 22,561 | - | - | - | - | - | - | - | 133,808 |
| Total Revenues | 2,475,238 | 1,830,648 | 2,673,004 | 1,922,533 | 2,199,593 | - | - | - | - | - | - | - | 11,101,017 |
| <i>Direct Operational Expenses:</i> | | | | | | | | | | | | | |
| Salaries and Wages | 1,604,655 | 1,584,048 | 1,521,075 | 1,591,064 | 1,488,697 | - | - | - | - | - | - | - | 7,789,540 |
| Benefits | 446,177 | 439,522 | 395,007 | 439,253 | 415,974 | - | - | - | - | - | - | - | 2,135,928 |
| Purchased Services | 129,360 | 389,103 | 323,031 | 140,719 | 206,736 | - | - | - | - | - | - | - | 1,188,948 |
| Medical Supplies | 111,576 | 64,495 | 150,782 | 93,202 | 153,498 | - | - | - | - | - | - | - | 573,554 |
| Other Supplies | 51,377 | 47,854 | 121,939 | 80,959 | 64,124 | - | - | - | - | - | - | - | 366,254 |
| Contracted Physician Expense | 585,248 | 1,128,212 | 1,167,852 | 535,130 | 977,758 | - | - | - | - | - | - | - | 4,394,201 |
| Drugs | 87,498 | 39,046 | 51,899 | 80,882 | 90,491 | - | - | - | - | - | - | - | 349,815 |
| Repairs & Maintenance | 152,041 | 98,566 | 196,547 | 259,705 | 105,261 | - | - | - | - | - | - | - | 812,119 |
| Lease & Rental | 72,590 | 51,707 | 65,398 | 73,195 | 51,184 | - | - | - | - | - | - | - | 314,074 |
| Utilities | 12,394 | 123,994 | 72,238 | 52,890 | 85,378 | - | - | - | - | - | - | - | 346,894 |
| Other Expense | 52,007 | 59,552 | 68,441 | 34,917 | 99,995 | - | - | - | - | - | - | - | 314,913 |
| Insurance | 12,637 | 5,661 | 11,496 | 11,496 | 11,496 | - | - | - | - | - | - | - | 52,787 |
| Total Operational Expenses | 3,317,559 | 4,031,762 | 4,145,700 | 3,393,413 | 3,750,593 | - | - | - | - | - | - | - | 18,639,027 |
| Net Performance before Depreciation & Overhead Allocations | (842,321) | (2,201,114) | (1,472,695) | (1,470,879) | (1,551,000) | - | - | - | - | - | - | - | (7,538,010) |
| Depreciation | 281,892 | 281,892 | 270,170 | 277,897 | 276,806 | - | - | - | - | - | - | - | 1,388,657 |
| <i>Overhead Allocations:</i> | | | | | | | | | | | | | |
| Risk Mgt | 15,924 | 27,580 | 14,116 | (26,243) | 2,985 | - | - | - | - | - | - | - | 34,361 |
| Rev Cycle | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Internal Audit | 8,764 | 8,764 | 8,764 | 8,764 | 8,940 | - | - | - | - | - | - | - | 43,997 |
| Administration | 42,751 | 44,720 | 36,228 | 45,819 | 40,724 | - | - | - | - | - | - | - | 210,241 |
| Human Resources | 40,021 | 40,952 | 41,667 | 46,227 | 38,875 | - | - | - | - | - | - | - | 207,743 |
| Legal | 11,073 | 20,375 | 13,855 | 59,669 | 26,750 | - | - | - | - | - | - | - | 131,722 |
| Records | 11,161 | 11,045 | 10,385 | 11,394 | 8,968 | - | - | - | - | - | - | - | 52,952 |
| Compliance | 9,887 | 12,321 | 6,171 | 10,754 | 7,134 | - | - | - | - | - | - | - | 46,267 |
| Planning/Research | 2,293 | 2,194 | 2,069 | 2,269 | 730 | - | - | - | - | - | - | - | 9,555 |
| Finance | 41,247 | 56,276 | 38,738 | 67,951 | 39,704 | - | - | - | - | - | - | - | 243,916 |
| Public Relations | 11,089 | 10,896 | 14,269 | 12,781 | 12,115 | - | - | - | - | - | - | - | 61,150 |
| Information Technology | 137,594 | 118,581 | 366,609 | 148,888 | 140,639 | - | - | - | - | - | - | - | 712,312 |
| Budget & Decision Support | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Corporate Quality | 6,823 | 6,443 | 3,681 | 4,435 | 3,448 | - | - | - | - | - | - | - | 24,831 |
| Managed Care Contract | 11,284 | 13,253 | 10,022 | 12,125 | 10,665 | - | - | - | - | - | - | - | 57,350 |
| Total Overhead Allocations | 349,911 | 373,400 | 366,576 | 404,832 | 341,677 | - | - | - | - | - | - | - | 1,836,396 |
| Total Expenses | 3,949,362 | 4,687,053 | 4,782,446 | 4,076,142 | 4,369,077 | - | - | - | - | - | - | - | 21,864,080 |
| Net Margin | \$ (1,474,124) | \$ (2,856,405) | \$ (2,109,441) | \$ (2,153,609) | \$ (2,169,484) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ (10,763,063) |
| General Fund Support/ Transfer In | \$ 1,192,232 | \$ 2,595,059 | \$ 1,611,915 | \$ 2,104,538 | \$ 1,873,587 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 9,377,331 |

Lakeside Medical Center
Statistical Information

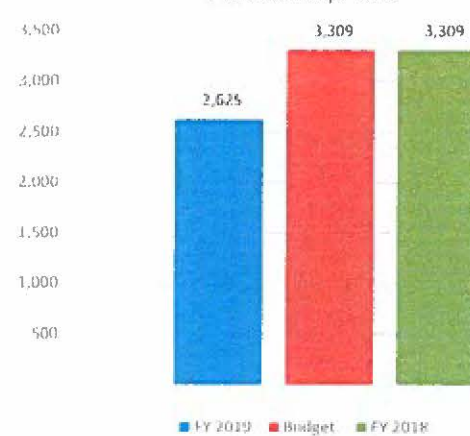
| | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Current Year Total | YTD Budget Total | % Var to Budget | Prior YTD Total |
|---|------------|------------|------------|------------|------------|----------|----------|----------|----------|----------|----------|----------|-----------------------|---------------------|--------------------|--------------------|
| Admissions | | | | | | | | | | | | | | | | |
| Newborn | 28 | 22 | 28 | 21 | 19 | - | - | - | - | - | - | - | 118 | 194 | (39.3%) | 198 |
| Pediatrics | 20 | 18 | 13 | 16 | 13 | - | - | - | - | - | - | - | 80 | 104 | (22.8%) | 102 |
| Adult | 111 | 130 | 152 | 144 | 128 | - | - | - | - | - | - | - | 665 | 744 | (10.6%) | 708 |
| Total | 159 | 170 | 193 | 181 | 160 | - | - | - | - | - | - | - | 863 | 1,042 | (17.2%) | 1,008 |
| Adjusted Admissions | | | | | | | | | | | | | | | | |
| | 457 | 454 | 480 | 462 | 399 | | | | | | | | 2,252 | 2,314 | (2.7%) | 2,305 |
| Patient Days | | | | | | | | | | | | | | | | |
| Med Surg 2nd and 3rd Floor (14 beds) | 88 | 94 | 75 | 69 | 80 | - | - | - | - | - | - | - | 406 | 578 | (29.7%) | 571 |
| Pediatrics (12 beds) | 56 | 79 | 54 | 45 | 54 | - | - | - | - | - | - | - | 288 | 378 | (23.8%) | 378 |
| Telemetry (22 beds) | 190 | 243 | 275 | 287 | 270 | - | - | - | - | - | - | - | 1,265 | 1,443 | (12.4%) | 1,450 |
| ICU (6 beds) | 73 | 73 | 49 | 78 | 66 | - | - | - | - | - | - | - | 339 | 398 | (14.8%) | 398 |
| Obstetrics (16 beds) | 72 | 66 | 80 | 58 | 51 | - | - | - | - | - | - | - | 327 | 512 | (36.1%) | 512 |
| Total (70 beds) | 479 | 555 | 533 | 537 | 521 | - | - | - | - | - | - | - | 2,625 | 3,309 | (20.7%) | 3,309 |
| Adjusted Acute Patient Days | | | | | | | | | | | | | | | | |
| | 1,378 | 1,482 | 1,326 | 1,371 | 1,298 | | | | | | | | 6,855 | 7,544 | (9.1%) | 7,543 |
| Other Key Inpatient Statistics | | | | | | | | | | | | | | | | |
| Occupancy Percentage | 22% | 26% | 25% | 25% | 27% | - | - | - | - | - | - | - | 25% | 31% | (20.7%) | 31% |
| Average Daily Census (excl. newborns) | 15.5 | 18.5 | 17.2 | 17.3 | 18.6 | - | - | - | - | - | - | - | 17.4 | 21.9 | (20.4%) | 21.9 |
| Average Daily Census (incl. newborns) | 17.7 | 20.3 | 19.6 | 18.7 | 20.1 | - | - | - | - | - | - | - | 19.3 | 24.9 | (22.5%) | 24.9 |
| Average Length of Stay (excl newborns) | 3.66 | 3.75 | 3.23 | 3.36 | 3.70 | - | - | - | - | - | - | - | 2.80 | 3.90 | (28.3%) | 4.08 |
| Average Length of Stay (incl newborns) | 3.45 | 3.58 | 3.15 | 3.21 | 3.52 | - | - | - | - | - | - | - | 2.88 | 3.60 | (25.8%) | 3.72 |
| Case Mix Index- Medicare | 1.7578 | 1.4420 | 1.6109 | 1.5723 | 1.2628 | - | - | - | - | - | - | - | 1.5335 | | | 1.4113 |
| Case Mix Index- Medicaid | 0.7119 | 1.3270 | 0.5277 | 0.4226 | 0.4350 | - | - | - | - | - | - | - | 0.7940 | | | 0.9102 |
| Case Mix Index- All Payers | 0.9851 | 1.1229 | 1.0046 | 1.0943 | 1.0419 | - | - | - | - | - | - | - | 1.0549 | | | 1.0920 |
| Emergency Room and Outpatients | | | | | | | | | | | | | | | | |
| ER Admissions | 127 | 108 | 113 | 131 | 130 | - | - | - | - | - | - | - | 609 | 554 | 9.9% | 554 |
| ER Visits | 2,103 | 1,950 | 1,983 | 1,949 | 2,020 | - | - | - | - | - | - | - | 10,005 | 9,907 | 1.0% | 9,905 |
| Outpatient Visits | 585 | 546 | 417 | 503 | 373 | - | - | - | - | - | - | - | 2,424 | 3,493 | (30.6%) | 3,493 |
| ER and Outpatient Visits | 2,688 | 2,496 | 2,400 | 2,452 | 2,393 | - | - | - | - | - | - | - | 12,429 | 10,646 | 16.7% | 13,134 |
| Observation Patient Stays | 196 | 163 | 175 | 182 | 218 | - | - | - | - | - | - | - | 934 | 739 | 26.4% | 739 |
| Surgery and Other Procedures | | | | | | | | | | | | | | | | |
| Inpatient Surgeries | 39 | 34 | 45 | 33 | 34 | - | - | - | - | - | - | - | 185 | 212 | (12.7%) | 212 |
| Outpatient Surgeries | 4 | 1 | 1 | 2 | 1 | - | - | - | - | - | - | - | 9 | 87 | (89.7%) | 87 |
| Endoscopies | 6 | 4 | 5 | 8 | 14 | - | - | - | - | - | - | - | 37 | 82 | (54.9%) | 82 |
| Radiology Procedures | 2,423 | 2,377 | 2,313 | 2,522 | 2,269 | - | - | - | - | - | - | - | 11,904 | 11,011 | 8.1% | 11,004 |
| Lab Charges | 15,226 | 14,356 | 15,018 | 15,888 | 14,924 | - | - | - | - | - | - | - | 75,412 | 70,285 | 7.3% | 70,285 |
| Staffing | | | | | | | | | | | | | | | | |
| Paid FTE | 293.02 | 288.65 | 284.62 | 300.71 | 298.00 | - | - | - | - | - | - | - | 292.60 | 288.87 | 1.3% | 285.95 |
| Paid FTE per Adjusted Occupied Bed | 18.96 | 15.49 | 16.55 | 17.36 | 16.02 | - | - | - | - | - | - | - | 16.80 | 5.94 | 182.6% | 5.72 |
| Operational Performance | | | | | | | | | | | | | | | | |
| Gross Revenue Per Adj Pat Day | 8,199 | 7,285 | 8,248 | 8,535 | 8,724 | - | - | - | - | - | - | - | 8,196 | 7,145 | 14.7% | 7,248 |
| Net Revenue Per Adj Pat Day | 1,791 | 1,193 | 1,990 | 1,398 | 2,355 | - | - | - | - | - | - | - | 1,745 | 1,559 | 11.9% | 1,359 |
| Salaries & Benefits as % of Net Pat Revenue | 88% | 114% | 73% | 106% | 62% | - | - | - | - | - | - | - | 84% | 88% | (3.8%) | 97% |
| Labor Cost per Adj Pat Day | 1,538 | 1,365 | 1,445 | 1,481 | 1,468 | - | - | - | - | - | - | - | 1,459 | 1,367 | 6.7% | 1,310 |
| Total Expense Per Adj Pat Day | 2,457 | 2,734 | 3,126 | 2,523 | 2,814 | - | - | - | - | - | - | - | 2,731 | 2,438 | 12.0% | 2,210 |

LAKESIDE MEDICAL CENTER Inpatient

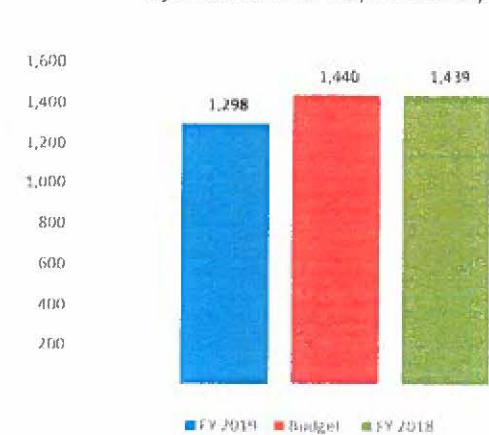
Patient Days February



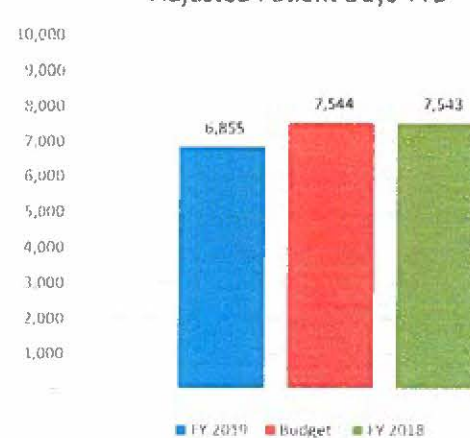
Patient Days YTD



Adjusted Patient Days February

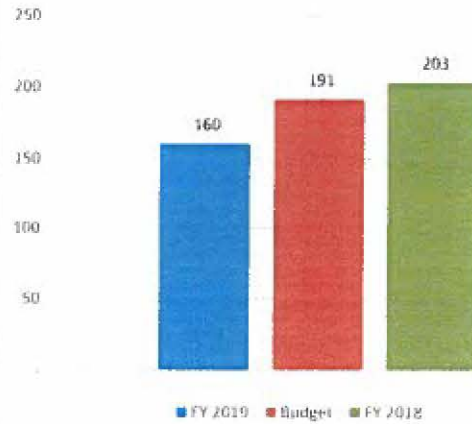


Adjusted Patient Days YTD

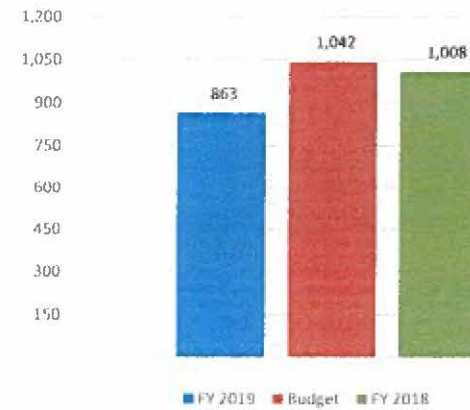


LAKESIDE MEDICAL CENTER Inpatient

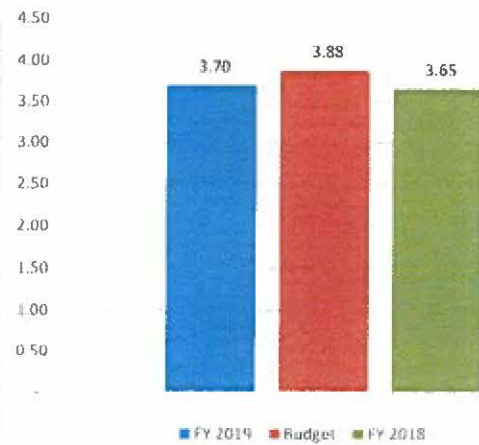
Admissions February



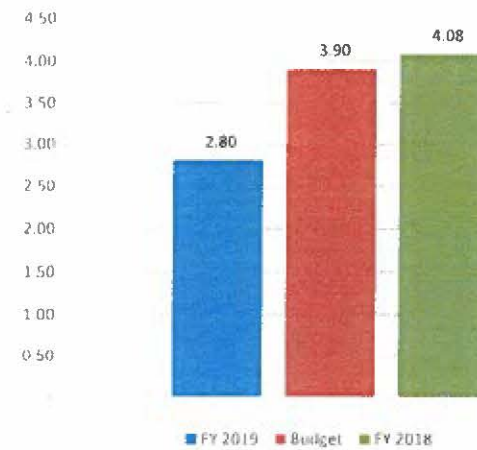
Admissions YTD



Average Length of Stay February

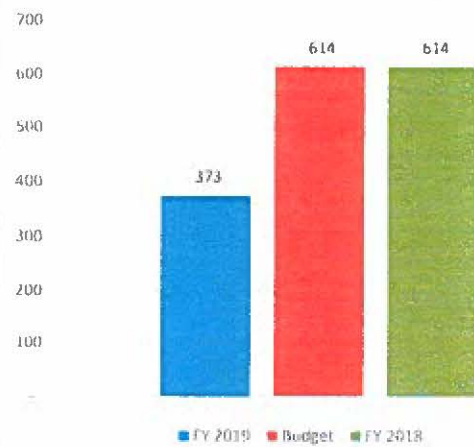


Average Length of Stay YTD



LAKESIDE MEDICAL CENTER Outpatient

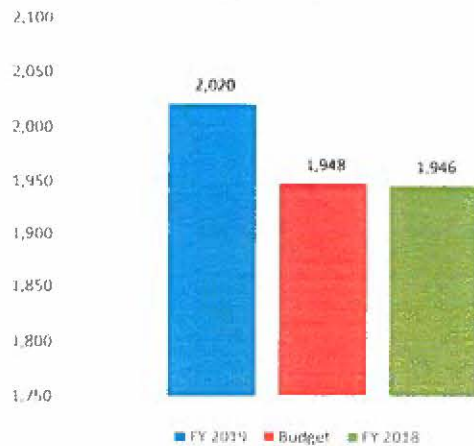
Outpatient Visits February



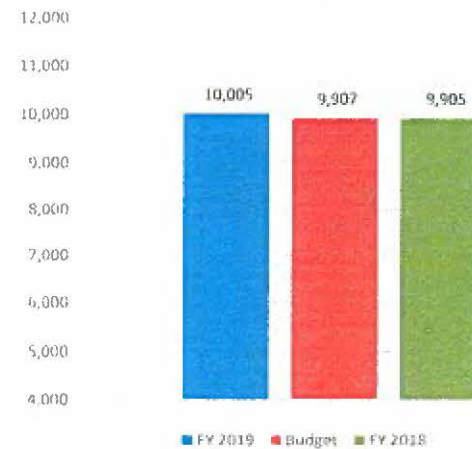
Outpatient Visits YTD



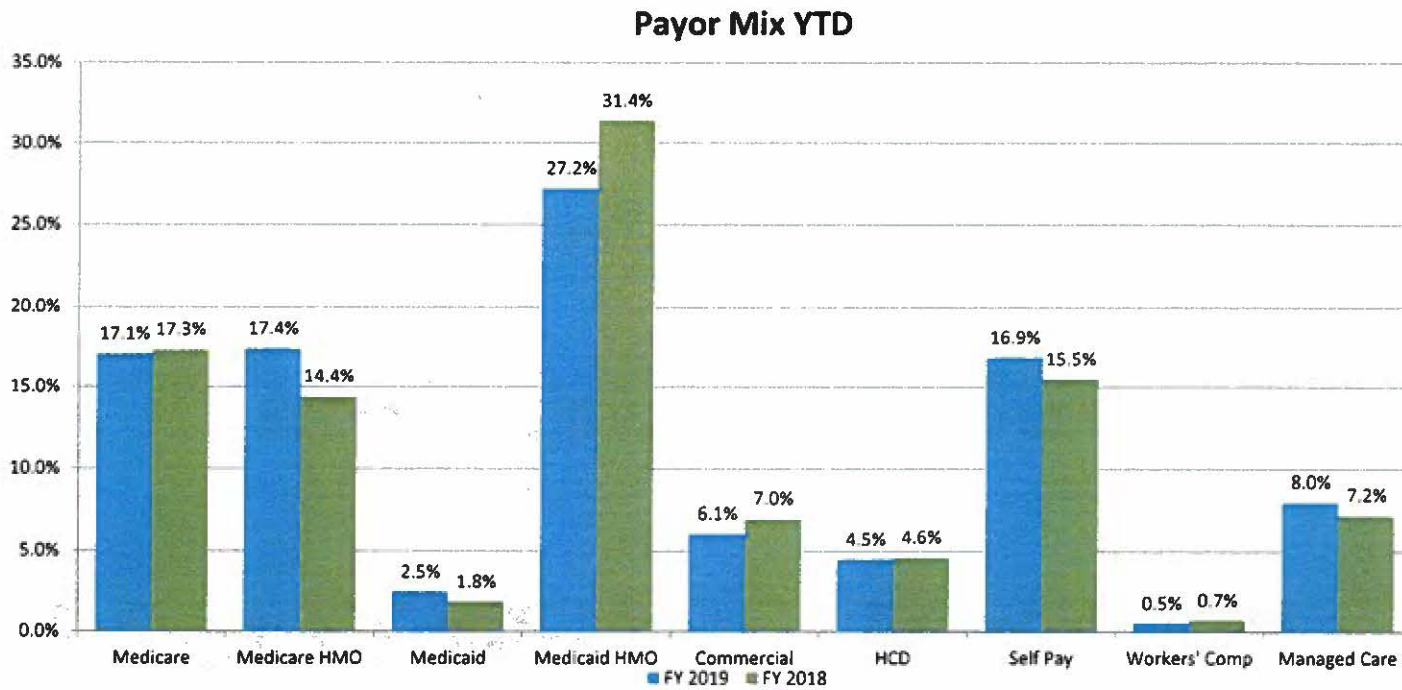
ER Visits February



ER Visits YTD



LAKESIDE MEDICAL CENTER
Revenue



SUPPLEMENTAL INFORMATION

HEALTHY PALM BEACHES

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Fiscal Year To Date | | | | | | |
|---------------------|-------------|-----------|---------|------------|-------------|----------|
| Actual | Budget | Variance | % | Prior Year | Variance | % |
| \$ - | \$ - | \$ - | 0.0% | \$ - | \$ - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| 20,543 | 12,990 | 7,553 | 58.1% | 18,673 | 1,870 | 10.0% |
| 20,543 | 12,990 | 7,553 | 58.1% | 18,673 | 1,870 | 10.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| 15,750 | 13,750 | (2,000) | (14.5%) | 8,360 | (7,390) | (88.4%) |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| (225) | - | 225 | 0.0% | - | 225 | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| 3,596 | 5,077 | 1,481 | 29.2% | (36,389) | (39,986) | 109.9% |
| 4,817 | 7,992 | 3,175 | 39.7% | 3,164 | (1,653) | (52.2%) |
| 23,938 | 26,819 | 2,881 | 10.7% | (24,865) | (48,804) | 196.3% |
| (3,396) | (13,830) | 10,434 | (75.4%) | 43,538 | (46,934) | (107.8%) |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% |
| 23,938 | 26,819 | 2,881 | 10.7% | (24,865) | (48,804) | 196.3% |
| \$ (3,396) | \$ (13,830) | \$ 10,434 | (75.4%) | \$ 43,538 | \$ (46,934) | (107.8%) |
| \$ - | \$ - | \$ - | 0.0% | \$ - | \$ - | 0.0% |

Healthy Palm Beaches Statement of Revenues and Expenses by Month

| | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Year to Date |
|--|-----------------|-------------------|-----------------|-------------------|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------------|
| Medicaid Revenue | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Patient Premiums | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Revenue | 4,987 | 4,660 | 5,305 | 3,231 | 2,360 | - | - | - | - | - | - | - | 20,543 |
| Total Revenues | 4,987 | 4,660 | 5,305 | 3,231 | 2,360 | - | - | - | - | - | - | - | 20,543 |
| <i>Direct Operational Expenses:</i> | | | | | | | | | | | | | |
| Salaries and Wages | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Benefits | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Purchased Services | - | 5,950 | - | 9,800 | - | - | - | - | - | - | - | - | 15,750 |
| Medical Supplies | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Supplies | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Contracted Physician Expense | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Medical Services | - | - | (225) | - | - | - | - | - | - | - | - | - | (225) |
| Drugs | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Repairs & Maintenance | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Lease & Rental | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Utilities | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other Expense | 483 | 747 | 871 | 750 | 745 | - | - | - | - | - | - | - | 3,596 |
| Insurance | 963 | 963 | 963 | 963 | 963 | - | - | - | - | - | - | - | 4,817 |
| Total Operational Expenses | 1,446 | 7,661 | 1,609 | 11,513 | 1,709 | - | - | - | - | - | - | - | 23,938 |
| Net Performance before Overhead Allocations | 3,541 | (3,001) | 3,696 | (8,282) | 650 | - | - | - | - | - | - | - | (3,396) |
| <i>Overhead Allocations:</i> | | | | | | | | | | | | | |
| Risk Mgt | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Rev Cycle | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Internal Audit | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Palm Springs Facility | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Administration | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Human Resources | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Legal | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Records | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Compliance | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Finance | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Information Technology | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Overhead Allocations | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Expenses | 1,446 | 7,661 | 1,609 | 11,513 | 1,709 | - | - | - | - | - | - | - | 23,938 |
| Net Margin | \$ 3,541 | \$ (3,001) | \$ 3,696 | \$ (8,282) | \$ 650 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | (3,396) |
| General Fund Support/ Transfer in (net) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |



Health Care District
PALM BEACH COUNTY



SUPPLEMENTAL INFORMATION

PRIMARY CARE CLINICS

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

48

Primary Care Clinics Statement of Revenues and Expenses

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | Fiscal Year To Date | | | | | | | |
|-----------------------|--------------|--------------|---------|--------------|------------|----------|-----------------------------------|----------------|----------------|--------------|------------|----------------|----------------|----------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % | |
| 13,157 | 20,384 | 7,227 | 35.5% | 16,992 | 3,835 | 22.6% | Depreciation | 66,051 | 104,068 | 38,017 | 36.5% | 84,960 | 18,908 | 22.3% |
| | | | | | | | | | | | | | | |
| Overhead Allocations: | | | | | | | | | | | | | | |
| 1,744 | 12,715 | 10,971 | 86.3% | 9,774 | 8,030 | 82.2% | Risk Mgt | 20,073 | 63,575 | 43,502 | 68.4% | 48,481 | 28,408 | 58.6% |
| 94,850 | 91,067 | (3,783) | (4.2%) | 49,552 | (45,298) | (91.4%) | Rev Cycle | 504,095 | 455,335 | (48,760) | (10.7%) | 239,213 | (264,882) | (110.7%) |
| 5,222 | 5,559 | 337 | 6.1% | 1,967 | (3,255) | (165.4%) | Internal Audit | 25,702 | 27,795 | 2,093 | 7.5% | 2,552 | (23,150) | (907.0%) |
| 19,430 | 20,787 | 1,357 | 6.5% | 41,731 | 22,301 | 53.4% | Palm Springs Facility | 92,271 | 103,935 | 11,664 | 11.2% | 124,658 | 32,387 | 26.0% |
| 23,790 | 24,923 | 1,133 | 4.5% | 30,666 | 6,876 | 22.4% | Administration | 122,818 | 124,615 | 1,797 | 1.4% | 134,814 | 11,995 | 8.9% |
| 32,527 | 34,245 | 1,718 | 5.0% | 21,563 | (10,965) | (50.9%) | Human Resources | 173,820 | 171,225 | (2,595) | (1.5%) | 119,498 | (54,322) | (45.5%) |
| 15,627 | 12,733 | (2,894) | (22.7%) | 13,576 | (2,050) | (15.1%) | Legal | 76,949 | 63,665 | (13,284) | (20.9%) | 48,659 | (28,289) | (58.1%) |
| 5,239 | 8,444 | 3,205 | 38.0% | 10,058 | 4,819 | 47.9% | Records | 30,934 | 42,220 | 11,286 | 26.7% | 27,784 | (3,149) | (11.3%) |
| 4,168 | 11,698 | 7,530 | 64.4% | 6,895 | 2,727 | 39.6% | Compliance | 27,028 | 58,490 | 31,462 | 53.8% | 33,485 | 6,456 | 19.3% |
| 426 | 1,428 | 1,002 | 70.1% | 1,111 | 685 | 61.6% | Planning/Research | 5,582 | 7,140 | 1,558 | 21.8% | 6,391 | 810 | 12.7% |
| 23,194 | 34,893 | 11,699 | 33.5% | 24,201 | 1,006 | 4.2% | Finance | 142,490 | 174,465 | 31,975 | 18.3% | 119,787 | (22,704) | (19.0%) |
| 7,077 | 13,149 | 6,072 | 46.2% | 13,328 | 6,250 | 46.9% | Public Relations | 35,723 | 65,745 | 30,022 | 45.7% | 39,354 | 3,632 | 9.2% |
| 82,158 | 99,679 | 17,521 | 17.6% | 76,905 | (5,253) | (6.8%) | Information Technology | 416,117 | 498,395 | 82,278 | 16.5% | 401,788 | (14,329) | (3.6%) |
| - | - | - | 0.0% | 84 | 84 | 100.0% | Budget & Decision Support | - | - | - | 0.0% | 9,747 | 9,747 | 100.0% |
| 2,015 | 2,714 | 699 | 25.8% | 2,776 | 761 | 27.4% | Corporate Quality | 14,506 | 13,570 | (936) | (6.9%) | 15,778 | 1,273 | 8.1% |
| 3,234 | 5,764 | 2,530 | 43.9% | 15,408 | 12,174 | 79.0% | Managed Care Contract | 17,389 | 28,820 | 11,431 | 39.7% | 34,265 | 16,876 | 49.3% |
| | | | | | | | | | | | | | | |
| 320,701 | 379,798 | 59,097 | 15.6% | 319,593 | (1,108) | (0.3%) | Total Overhead Allocations | 1,705,497 | 1,898,990 | 193,493 | 10.2% | 1,406,254 | (299,243) | (21.3%) |
| | | | | | | | | | | | | | | |
| 2,299,117 | 2,419,337 | 120,220 | 5.0% | 2,239,348 | (59,769) | (2.7%) | Total Expenses | 11,548,595 | 12,360,039 | 811,444 | 6.6% | 10,604,138 | (944,458) | (8.9%) |
| | | | | | | | | | | | | | | |
| \$ (25,961) | \$ (861,562) | \$ 835,601 | (97.0%) | \$ (381,068) | \$ 355,107 | (93.2%) | Net Margin | \$ (1,552,375) | \$ (4,661,827) | \$ 3,109,452 | (66.7%) | \$ (1,488,581) | \$ (63,794) | (4.3%) |
| | | | | | | | | | | | | | | |
| 1,752 | 203,615 | 201,863 | 99.1% | - | (1,752) | 0.0% | Capital | 1,752 | 1,018,075 | 1,016,323 | 99.8% | - | (1,752) | 0.0% |
| | | | | | | | | | | | | | | |
| \$ - | \$ 1,087,500 | \$ 1,087,500 | 100.0% | \$ - | \$ - | 0.0% | General Fund Support/ Transfer in | \$ 2,627,860 | \$ 5,437,500 | \$ 2,809,640 | 51.7% | \$ - | \$ (2,627,860) | 0.0% |

Primary Care Clinics Statement of Revenues and Expenses by Month

| | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Year to Date |
|---|-----------------------|---------------------|---------------------|-------------------|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|
| Gross Patient Revenue | 1,946,640 | 1,491,722 | 2,006,898 | 1,645,818 | 1,905,360 | - | - | - | - | - | - | - | 8,996,438 |
| Contractual Allowances | 629,927 | 523,761 | 955,352 | 869,362 | 704,192 | - | - | - | - | - | - | - | 3,682,594 |
| Charity Care | 522,280 | 370,440 | 411,855 | 348,213 | 541,362 | - | - | - | - | - | - | - | 2,194,151 |
| Bad Debt | 209,421 | 136,222 | 187,946 | 107,004 | 724,566 | - | - | - | - | - | - | - | 865,160 |
| Other Patient Revenue | 185,546 | 460,636 | 346,606 | 1,379,115 | 478,512 | - | - | - | - | - | - | - | 2,850,413 |
| Net Patient Revenue | 770,557 | 921,934 | 798,350 | 1,700,355 | 913,751 | - | - | - | - | - | - | - | 5,104,948 |
| Collections % | 39.58% | 61.80% | 39.78% | 103.31% | 47.96% | - | - | - | - | - | - | - | 56.74% |
| Grant Funds | 574,778 | 606,454 | 690,034 | 1,616,221 | 1,355,777 | - | - | - | - | - | - | - | 4,843,264 |
| Other Revenue | 4,645 | 8,821 | 24,768 | 6,149 | 3,627 | - | - | - | - | - | - | - | 48,009 |
| Total Other Revenues | 579,423 | 615,275 | 714,802 | 1,622,369 | 1,359,404 | - | - | - | - | - | - | - | 4,891,273 |
| Total Revenues | 1,349,980 | 1,537,209 | 1,513,151 | 3,322,725 | 2,273,156 | - | - | - | - | - | - | - | 9,996,220 |
| Direct Operational Expenses: | | | | | | | | | | | | | |
| Salaries and Wages | 1,387,450 | 1,190,417 | 1,317,029 | 1,213,339 | 1,197,291 | - | - | - | - | - | - | - | 6,305,527 |
| Benefits | 339,645 | 322,045 | 314,881 | 366,759 | 347,313 | - | - | - | - | - | - | - | 1,690,643 |
| Purchased Services | 65,028 | 68,614 | 50,770 | 82,094 | 51,993 | - | - | - | - | - | - | - | 318,498 |
| Medical Supplies | 41,828 | 27,305 | 14,573 | 29,201 | 46,174 | - | - | - | - | - | - | - | 159,081 |
| Other Supplies | 34,148 | 3,947 | 2,672 | 28,292 | 36,989 | - | - | - | - | - | - | - | 106,049 |
| Contracted Physician Expense | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Medical Services | 58,809 | (461) | 19,144 | 25,930 | 78,155 | - | - | - | - | - | - | - | 181,577 |
| Drugs | 47,555 | 37,534 | 36,129 | 31,431 | 37,448 | - | - | - | - | - | - | - | 190,096 |
| Repairs & Maintenance | 29,881 | 36,555 | 32,150 | 30,986 | 31,031 | - | - | - | - | - | - | - | 160,604 |
| Lease & Rental | 109,171 | 104,594 | 104,526 | 114,021 | 108,872 | - | - | - | - | - | - | - | 541,183 |
| Utilities | 4,568 | 6,558 | 5,313 | 5,904 | 4,092 | - | - | - | - | - | - | - | 26,435 |
| Other Expense | 15,526 | (576) | 24,682 | 22,887 | 23,732 | - | - | - | - | - | - | - | 86,250 |
| Insurance | 2,425 | 2,170 | 2,170 | 2,170 | 2,170 | - | - | - | - | - | - | - | 11,104 |
| Total Operational Expenses | 2,136,034 | 1,798,702 | 1,924,039 | 1,953,014 | 1,965,259 | - | - | - | - | - | - | - | 9,777,048 |
| Net Performance before Depreciation & Overhead Allocations | (786,055) | (261,492) | (410,887) | 1,369,711 | 307,896 | - | - | - | - | - | - | - | 219,173 |
| Depreciation | 17,256 | 17,256 | 5,158 | 13,224 | 13,157 | - | - | - | - | - | - | - | 66,051 |
| Overhead Allocations: | | | | | | | | | | | | | |
| Risk Mgt | 9,302 | 16,111 | 8,246 | (15,331) | 1,744 | - | - | - | - | - | - | - | 20,073 |
| Rev Cycle | 86,904 | 98,059 | 124,187 | 100,095 | 94,850 | - | - | - | - | - | - | - | 504,095 |
| Internal Audit | 5,120 | 5,120 | 5,120 | 5,120 | 5,222 | - | - | - | - | - | - | - | 25,702 |
| Palm Springs Facility | 17,032 | 16,269 | 16,141 | 23,398 | 19,430 | - | - | - | - | - | - | - | 92,271 |
| Administration | 24,974 | 26,124 | 21,164 | 26,766 | 23,790 | - | - | - | - | - | - | - | 122,818 |
| Human Resources | 33,486 | 34,265 | 34,863 | 38,678 | 32,527 | - | - | - | - | - | - | - | 173,820 |
| Legal | 6,468 | 11,903 | 8,094 | 34,857 | 15,627 | - | - | - | - | - | - | - | 76,949 |
| Records | 6,520 | 6,452 | 6,067 | 6,656 | 5,239 | - | - | - | - | - | - | - | 30,934 |
| Compliance | 5,776 | 7,197 | 3,605 | 6,283 | 4,168 | - | - | - | - | - | - | - | 27,028 |
| Planning/Research | 1,340 | 1,281 | 1,209 | 1,325 | 426 | - | - | - | - | - | - | - | 5,582 |
| Finance | 24,095 | 32,875 | 22,630 | 39,695 | 23,194 | - | - | - | - | - | - | - | 142,490 |
| Public Relations | 6,478 | 6,365 | 8,336 | 7,466 | 7,077 | - | - | - | - | - | - | - | 35,723 |
| Information Technology | 80,379 | 69,273 | 97,329 | 86,977 | 82,158 | - | - | - | - | - | - | - | 416,117 |
| Budget & Decision Support | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Corporate Quality | 3,986 | 3,764 | 2,150 | 2,591 | 2,015 | - | - | - | - | - | - | - | 14,506 |
| Managed Care Contract | 3,421 | 4,019 | 3,039 | 3,676 | 3,234 | - | - | - | - | - | - | - | 17,389 |
| Total Overhead Allocations | 315,282 | 339,079 | 362,180 | 368,255 | 320,701 | - | - | - | - | - | - | - | 1,705,497 |
| Total Expenses | 2,468,573 | 2,155,037 | 2,291,377 | 2,334,492 | 2,299,117 | - | - | - | - | - | - | - | 11,548,595 |
| Net Margin | \$ (1,118,593) | \$ (617,827) | \$ (778,226) | \$ 988,232 | \$ (25,961) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ (1,552,375) |
| Capital | - | - | (13,581) | 13,581 | 1,752 | - | - | - | - | - | - | - | 1,752 |
| General Fund Support/ Transfer In | 1,101,337 | 596,437 | 930,086 | - | - | - | - | - | - | - | - | - | \$ 2,627,860 |

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| | Clinic Administration | West Palm Beach Clinic | Lantana Clinic | Delray Clinic | Belle Glade Clinic | Jerome Golden Center | Lewis Center | Rams Clinic | Lake Worth Clinic | Jupiter Clinic | West Boca Clinic | Subxone Clinic | Mobile Van | Total |
|---|-----------------------|------------------------|----------------|---------------|--------------------|----------------------|--------------|-------------|-------------------|----------------|------------------|----------------|------------|-----------|
| Gross Patient Revenue | - | 1,373,620 | 1,504,410 | 1,107,553 | 762,325 | - | 332,438 | - | 1,090,448 | 404,996 | 725,397 | - | 144,067 | 7,446,254 |
| Contractual Allowances | - | 654,146 | 552,227 | 567,057 | 389,541 | (1,431) | 183,051 | 250 | 414,894 | 144,107 | 303,984 | - | 53,514 | 3,261,340 |
| Charity Care | - | 295,748 | 382,729 | 169,098 | 112,023 | 2,624 | 63,538 | - | 254,289 | 66,313 | 137,416 | - | 24,135 | 1,507,913 |
| Bad Debt | - | 145,386 | 225,418 | 137,254 | 112,256 | (5,217) | 58,699 | (184) | 67,730 | 12,428 | 42,687 | - | 35,160 | 831,617 |
| Total Contractual Allowances and Bad Debt | - | 1,095,280 | 1,160,373 | 873,410 | 613,821 | (4,025) | 305,288 | 66 | 736,913 | 222,848 | 484,088 | - | 112,809 | 5,600,870 |
| Other Patient Revenue | - | 432,997 | 401,494 | 272,807 | 198,661 | 2,926 | 76,215 | - | 344,425 | 87,294 | 172,637 | - | 36,593 | 2,026,050 |
| Net Patient Revenue | - | 711,337 | 745,531 | 506,950 | 347,165 | 6,950 | 103,365 | (66) | 697,960 | 269,443 | 414,947 | - | 67,851 | 3,871,434 |
| Collection % | 0.00% | 51.79% | 49.56% | 45.77% | 45.54% | 0.00% | 31.09% | 0.00% | 64.01% | 66.53% | 57.12% | 0.00% | 47.10% | 51.99% |
| Grant Funds | 471,614 | 514,469 | 503,556 | 438,637 | 745,892 | - | 123,711 | - | 515,508 | 167,572 | 247,342 | 89,960 | 216,698 | 4,034,959 |
| Other Revenue | 12,777 | 4,373 | 1,133 | 1,770 | 4,949 | - | 150 | - | 3,576 | 4,652 | 884 | 13,506 | 6 | 47,776 |
| Total Other Revenues | 484,390 | 518,843 | 504,689 | 440,407 | 750,841 | - | 123,861 | - | 519,084 | 172,224 | 248,226 | 103,466 | 216,704 | 4,082,735 |
| Total Revenues | 484,390 | 1,230,180 | 1,250,220 | 947,357 | 1,098,006 | 6,950 | 227,226 | (66) | 1,217,044 | 441,667 | 663,173 | 103,466 | 284,556 | 7,954,169 |
| Direct Operational Expenses: | | | | | | | | | | | | | | |
| Salaries and Wages | 705,527 | 792,314 | 748,087 | 650,993 | 422,428 | - | 187,085 | - | 771,933 | 255,358 | 358,195 | 155,574 | 103,404 | 5,150,898 |
| Benefits | 142,973 | 189,853 | 207,785 | 197,728 | 113,442 | - | 46,749 | - | 228,709 | 72,704 | 94,000 | 35,829 | 34,486 | 1,364,256 |
| Purchased Services | 30,028 | 38,578 | 31,722 | 24,416 | 26,364 | - | 3,889 | - | 45,847 | 35,701 | 33,725 | - | 2,766 | 273,035 |
| Medical Supplies | - | 8,648 | 23,178 | 6,494 | 7,343 | - | 4,086 | - | 10,739 | 2,221 | 3,914 | - | - | 66,624 |
| Other Supplies | 6,813 | 2,328 | 27,648 | 193 | 1,181 | - | 478 | - | 2,802 | 814 | 3,987 | 20,449 | 1,867 | 68,559 |
| Contracted Physician Expense | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Medical Services | - | 24,952 | 29,122 | 21,783 | 24,915 | - | 4,869 | - | 47,979 | 5,534 | 22,424 | - | - | 181,577 |
| Drugs | - | 43,315 | 66,812 | 35,708 | 16,437 | - | 923 | - | 6,773 | 8,540 | 952 | 8,580 | 864 | 188,903 |
| Repairs & Maintenance | - | 22,974 | 23,084 | 23,425 | 14,414 | - | 3,823 | - | 23,724 | 8,945 | 13,872 | 1,500 | 2,558 | 138,320 |
| Lease & Rental | 50 | 57,269 | 33,300 | 43,234 | 76,396 | 5,247 | 1,640 | - | 95,771 | 32,178 | 57,180 | - | - | 402,264 |
| Utilities | - | 381 | 1,650 | 453 | 6,962 | - | 907 | - | 5,323 | 3,769 | 2,558 | - | - | 22,003 |
| Other Expense | 53,208 | 3,210 | 3,053 | 2,506 | 2,131 | - | 2,462 | - | 5,604 | 655 | 3,416 | - | 1,179 | 77,424 |
| Insurance | - | 2,077 | 1,746 | 1,411 | 517 | 147 | - | - | 326 | 277 | 316 | - | 3,954 | 10,769 |
| Total Operational Expenses | 938,599 | 1,185,898 | 1,197,188 | 1,008,344 | 712,529 | 5,393 | 256,909 | - | 1,245,529 | 426,695 | 594,538 | 221,933 | 151,077 | 7 |

Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | Fiscal Year To Date | | | | | | |
|--|-----------|-----------|----------|------------|-----------|----------|---------------------|-------------|-------------|----------|------------|-------------|----------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % |
| 1,586,590 | 1,648,833 | (62,243) | (3.8%) | 1,584,283 | 2,306 | 0.1% | 7,446,254 | 7,808,721 | (362,467) | (4.6%) | 7,453,362 | (7,108) | (0.1%) |
| 615,972 | 396,978 | (218,994) | (55.2%) | 553,007 | (62,965) | (11.4%) | 3,261,340 | 1,919,145 | (1,342,195) | (69.9%) | 2,140,563 | (1,120,777) | (52.4%) |
| 409,552 | 604,238 | 194,686 | 32.2% | (15,164) | (424,716) | 2,800.8% | 1,507,913 | 2,835,998 | 1,328,085 | 46.8% | 329,586 | (1,178,328) | (357.5%) |
| 210,491 | 183,546 | (26,945) | (14.7%) | 165,530 | (44,962) | (27.2%) | 831,617 | 861,476 | 29,859 | 3.5% | 841,592 | 9,975 | 1.2% |
| 1,236,016 | 1,184,762 | (51,254) | (4.3%) | 703,372 | (532,643) | (75.7%) | 5,600,870 | 5,616,619 | 15,749 | 0.3% | 3,311,741 | (2,289,129) | (69.1%) |
| 412,976 | 148,099 | 264,877 | 178.9% | 21,861 | 391,115 | 1,789.1% | 2,026,050 | 740,495 | 1,285,555 | 173.6% | 174,888 | 1,851,163 | 1,058.5% |
| 763,550 | 612,170 | 151,380 | 24.7% | 902,772 | (139,222) | (15.4%) | 3,871,434 | 2,932,597 | 938,837 | 32.0% | 4,316,509 | (445,075) | (10.3%) |
| 48.13% | 37.13% | | | 56.98% | | | 51.99% | 37.56% | | | 57.91% | | |
| 1,119,120 | 560,993 | 558,127 | 99.5% | 511,981 | 607,139 | 118.6% | 4,034,959 | 2,804,965 | 1,229,994 | 43.9% | 2,547,919 | 1,487,040 | 58.4% |
| 3,627 | 12,988 | (9,361) | (72.1%) | 2,486 | 1,140 | 45.9% | 47,776 | 64,940 | (17,164) | (26.4%) | 119,835 | (72,059) | (60.1%) |
| 1,122,747 | 573,981 | 548,766 | 95.6% | 514,467 | 608,280 | 118.2% | 4,082,735 | 2,869,905 | 1,212,830 | 42.3% | 2,667,754 | 1,414,982 | 53.0% |
| 1,886,297 | 1,186,151 | 700,146 | 59.0% | 1,417,239 | 469,057 | 33.1% | 7,954,169 | 5,802,502 | 2,151,667 | 37.1% | 6,984,263 | 969,907 | 13.9% |
| | | | | | | | | | | | | | |
| Direct Operational Expenses: | | | | | | | | | | | | | |
| 984,555 | 1,028,755 | 44,200 | 4.3% | 1,009,209 | 24,654 | 2.4% | 5,150,898 | 5,295,696 | 144,798 | 2.7% | 4,812,592 | (338,306) | (7.0%) |
| 283,353 | 290,477 | 7,124 | 2.5% | 271,217 | (12,136) | (4.5%) | 1,364,256 | 1,495,956 | 131,700 | 8.8% | 1,272,663 | (91,593) | (7.2%) |
| 42,892 | 53,226 | 10,334 | 19.4% | 24,027 | (18,865) | (78.5%) | 273,035 | 262,333 | (10,702) | (4.1%) | 172,518 | (100,518) | (58.3%) |
| 18,325 | 18,474 | 149 | 0.8% | 14,710 | (3,615) | (24.6%) | 66,624 | 86,341 | 19,717 | 22.8% | 78,229 | 11,606 | 14.8% |
| 26,988 | 19,715 | (7,273) | (36.9%) | 8,613 | (18,375) | (213.3%) | 68,559 | 108,535 | 39,976 | 36.8% | 33,092 | (35,466) | (107.2%) |
| - | - | - | 0.0% | - | - | 0.0% | - | - | - | 0.0% | 15,355 | 15,355 | 100.0% |
| 78,155 | 62,093 | (16,062) | (25.9%) | - | (78,155) | 0.0% | 181,577 | 290,340 | 108,763 | 37.5% | - | (181,577) | 0.0% |
| 36,868 | 49,961 | 13,093 | 26.2% | 46,155 | 9,286 | 20.1% | 188,903 | 233,555 | 44,652 | 19.1% | 238,377 | 49,474 | 20.8% |
| 25,822 | 4,758 | (21,064) | (442.7%) | 43,815 | 17,993 | 41.1% | 138,320 | 41,174 | (97,146) | (235.9%) | 175,647 | 37,326 | 21.3% |
| 81,662 | 80,781 | (881) | (1.1%) | 89,554 | 7,892 | 8.8% | 402,264 | 408,556 | 6,292 | 1.5% | 422,023 | 19,759 | 4.7% |
| 3,189 | 5,503 | 2,314 | 42.1% | 4,887 | 1,698 | 34.7% | 22,003 | 27,515 | 5,512 | 20.0% | 26,257 | 4,254 | 16.2% |
| 19,810 | 19,035 | (775) | (4.1%) | 20,205 | 395 | 2.0% | 77,424 | 119,665 | 42,241 | 35.3% | 99,554 | 22,129 | 22.2% |
| 2,105 | 2,307 | 202 | 8.8% | 1,331 | (774) | (58.2%) | 10,769 | 11,844 | 1,075 | 9.1% | 7,332 | (3,437) | (46.9%) |
| 1,603,724 | 1,635,085 | 31,361 | 1.9% | 1,533,723 | (70,001) | (4.6%) | 7,944,633 | 8,381,510 | 436,877 | 5.2% | 7,353,638 | (590,995) | (8.0%) |
| | | | | | | | | | | | | | |
| 282,573 | (448,934) | 731,507 | (162.9%) | (116,483) | 399,057 | (342.6%) | 9,537 | (2,579,008) | 2,588,545 | (100.4%) | (369,375) | 378,912 | (102.6%) |
| Net Performance before Depreciation & Overhead Allocations | | | | | | | | | | | | | |

Primary Care Clinics- Medical Statement of Revenue and Expenses
FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | |
|------------------------------|--------------|--------------|----------|--------------|------------|----------|-----------------------------------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| 9,787 | 6,072 | (3,715) | (61.2%) | 4,517 | (5,270) | (116.7%) | Depreciation |
| <i>Overhead Allocations:</i> | | | | | | | |
| 1,402 | 10,221 | 8,819 | 86.3% | 7,667 | 6,266 | 81.7% | Risk Mgt |
| 75,194 | 72,195 | (2,999) | (4.2%) | 38,405 | (36,789) | (95.8%) | Rev Cycle |
| 4,198 | 4,469 | 271 | 6.1% | 1,543 | (2,655) | (172.0%) | Internal Audit |
| 17,285 | 18,493 | 1,208 | 6.5% | 35,723 | 18,437 | 51.6% | Palm Springs Facility |
| 19,125 | 20,036 | 911 | 4.5% | 24,058 | 4,932 | 20.5% | Administration |
| 26,068 | 27,444 | 1,376 | 5.0% | 16,272 | (9,795) | (60.2%) | Human Resources |
| 12,563 | 10,236 | (2,327) | (22.7%) | 10,651 | (1,912) | (18.0%) | Legal |
| 4,212 | 6,789 | 2,577 | 38.0% | 7,890 | 3,679 | 46.6% | Records |
| 3,350 | 9,404 | 6,054 | 64.4% | 5,409 | 2,058 | 38.1% | Compliance |
| 343 | 1,148 | 805 | 70.1% | 872 | 529 | 60.7% | Planning/Research |
| 18,647 | 28,051 | 9,404 | 33.5% | 18,986 | 339 | 1.8% | Finance |
| 5,690 | 10,572 | 4,882 | 46.2% | 10,456 | 4,766 | 45.6% | Public Relations |
| 66,050 | 80,135 | 14,085 | 17.6% | 60,333 | (5,717) | (9.5%) | Information Technology |
| - | - | - | 0.0% | 66 | 66 | 100.0% | Budget & Decision Support |
| 1,620 | 2,181 | 561 | 25.7% | 2,178 | 558 | 25.6% | Corporate Quality |
| 2,564 | 4,569 | 2,005 | 43.9% | 11,942 | 9,378 | 78.5% | Managed Care Contract |
| 258,310 | 305,943 | 47,633 | 15.6% | 252,451 | (5,859) | (2.3%) | Total Overhead Allocations |
| 1,871,821 | 1,947,100 | 75,280 | 3.9% | 1,790,691 | (81,130) | (4.5%) | Total Expenses |
| \$ 14,476 | \$ (760,949) | \$ 775,425 | (101.9%) | \$ (373,452) | \$ 387,928 | (103.9%) | Net Margin |
| - | 75,000 | 75,000 | 100.0% | - | - | 0.0% | Capital |
| \$ - | \$ 1,087,500 | \$ 1,087,500 | 100.0% | \$ - | \$ - | 0.0% | General Fund Support/ Transfer In |

| Fiscal Year To Date | | | | | | | |
|---------------------|----------------|--------------|---------|----------------|----------------|----------|--|
| Actual | Budget | Variance | % | Prior Year | Variance | % | |
| 48,864 | 30,360 | (18,504) | (60.9%) | 22,587 | (26,278) | (116.3%) | |
| 16,137 | 51,105 | 34,968 | 68.4% | 38,033 | 21,896 | 57.6% | |
| 399,632 | 360,975 | (38,657) | (10.7%) | 185,403 | (214,230) | (115.5%) | |
| 20,663 | 22,345 | 1,682 | 7.5% | 2,002 | (18,661) | (932.0%) | |
| 82,087 | 92,465 | 10,378 | 11.2% | 106,710 | 24,623 | 23.1% | |
| 98,738 | 100,180 | 1,442 | 1.4% | 105,763 | 7,026 | 6.6% | |
| 139,301 | 137,220 | (2,081) | (1.5%) | 90,181 | (49,120) | (54.5%) | |
| 61,862 | 51,180 | (10,682) | (20.9%) | 38,174 | (23,688) | (62.1%) | |
| 24,868 | 33,945 | 9,077 | 26.7% | 21,797 | (3,071) | (14.1%) | |
| 21,729 | 47,020 | 25,291 | 53.8% | 26,269 | 4,540 | 17.3% | |
| 4,487 | 5,740 | 1,253 | 21.8% | 5,014 | 527 | 10.5% | |
| 114,553 | 140,255 | 25,702 | 18.3% | 93,974 | (20,578) | (21.9%) | |
| 28,718 | 52,860 | 24,142 | 45.7% | 30,874 | 2,155 | 7.0% | |
| 334,529 | 400,675 | 66,146 | 16.5% | 315,208 | (19,321) | (6.1%) | |
| - | - | - | 0.0% | 7,646 | 7,646 | 100.0% | |
| 11,661 | 10,905 | (756) | (6.9%) | 12,378 | 717 | 5.8% | |
| 13,786 | 22,845 | 9,059 | 39.7% | 26,557 | 12,772 | 48.1% | |
| 1,372,751 | 1,529,715 | 156,964 | 10.3% | 1,105,985 | (266,767) | (24.1%) | |
| 9,366,248 | 9,941,585 | 575,337 | 5.8% | 8,482,209 | (884,039) | (10.4%) | |
| \$ (1,412,079) | \$ (4,139,083) | \$ 2,727,004 | (65.9%) | \$ (1,497,947) | \$ 85,867 | 5.7% | |
| - | 375,000 | 375,000 | 100.0% | - | - | 0.0% | |
| \$ 2,627,860 | \$ 5,437,500 | \$ 2,809,640 | 51.7% | \$ - | \$ (2,627,860) | 0.0% | |

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

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| | Dental Clinic Administration | West Palm Beach Dental Clinic | Lantana Dental Clinic | Delray Dental Clinic | Belle Glade Dental Clinic | Total |
|---|---------------------------------|----------------------------------|--------------------------|-------------------------|------------------------------|--------------|
| Gross Patient Revenue | - | 550,792 | 424,244 | 390,472 | 184,677 | 1,550,185 |
| Contractual Allowances | - | 161,523 | 96,970 | 107,499 | 55,262 | 421,254 |
| Charity Care | - | 204,810 | 217,242 | 194,915 | 69,272 | 686,237 |
| Bad Debt | - | 4,265 | 17,586 | 6,872 | 4,820 | 33,543 |
| Total Contractual Allowances and Bad Debt | - | 370,597 | 331,797 | 309,285 | 129,354 | 1,141,034 |
| Other Patient Revenue | - | 275,153 | 227,286 | 214,756 | 107,168 | 824,363 |
| Net Patient Revenue | - | 455,348 | 319,733 | 295,943 | 162,491 | 1,233,514 |
| Collection % | - | 82.67% | 75.37% | 75.79% | 87.99% | 79.57% |
| Grant Funds | 75,224 | 261,034 | 194,459 | 176,814 | 100,773 | 808,304 |
| Other Revenue | - | - | - | - | 233 | 233 |
| Total Other Revenues | 75,224 | 261,034 | 194,459 | 176,814 | 101,006 | 808,537 |
| Total Revenues | 75,224 | 716,382 | 514,192 | 472,757 | 263,496 | 2,042,051 |
| Direct Operational Expenses: | | | | | | |
| Salaries and Wages | 116,756 | 371,343 | 284,701 | 255,252 | 126,576 | 1,154,629 |
| Benefits | 24,079 | 112,808 | 72,629 | 78,834 | 38,037 | 326,387 |
| Purchased Services | - | 10,241 | 8,699 | 8,397 | 18,126 | 45,463 |
| Medical Supplies | - | 29,113 | 26,415 | 20,654 | 16,276 | 92,457 |
| Other Supplies | (12) | 15,833 | 13,212 | 6,695 | 1,763 | 37,490 |
| Contracted Physician Expense | - | - | - | - | - | - |
| Medical Services | - | - | - | - | - | - |
| Drugs | - | 39 | 300 | 615 | 240 | 1,194 |
| Repairs & Maintenance | - | 5,105 | 6,271 | 5,964 | 4,943 | 22,284 |
| Lease & Rental | - | 49,354 | 29,829 | 28,567 | 31,170 | 138,920 |
| Utilities | - | 641 | 1,910 | 713 | 1,167 | 4,432 |
| Other Expense | 1,212 | 3,321 | 2,812 | (986) | 2,467 | 8,826 |
| Insurance | - | - | - | - | 335 | 335 |
| Total Operational Expenses | 142,035 | 597,798 | 446,778 | 404,706 | 241,098 | 1,832,415 |
| Net Performance before Depreciation & Overhead Allocations | (66,811) | 118,584 | 67,415 | 68,051 | 22,398 | 209,636 |
| Depreciation | - | 6,148 | 2,722 | 4,257 | 4,061 | 17,187 |
| Overhead Allocations: | | | | | | |
| Risk Mgt | 255 | 1,239 | 1,087 | 840 | 515 | 3,936 |
| Rev Cycle | - | 35,158 | 30,863 | 23,837 | 14,605 | 104,463 |
| Internal Audit | 327 | 1,586 | 1,392 | 1,075 | 659 | 5,039 |
| Palm Springs Facility | 10,183 | - | - | - | - | 10,183 |
| Administration | 1,562 | 7,579 | 6,653 | 5,139 | 3,148 | 24,081 |
| Human Resources | 1,438 | 10,787 | 10,068 | 7,911 | 4,315 | 34,519 |
| Legal | 978 | 4,748 | 4,168 | 3,219 | 1,973 | 15,087 |
| Records | 393 | 1,909 | 1,676 | 1,294 | 793 | 6,065 |
| Compliance | 344 | 1,668 | 1,464 | 1,131 | 693 | 5,299 |
| Planning/Research | 71 | 344 | 302 | 234 | 143 | 1,094 |
| Finance | 1,812 | 8,793 | 7,719 | 5,962 | 3,653 | 27,938 |
| Public Relations | 454 | 2,204 | 1,935 | 1,495 | 916 | 7,004 |
| Information Technology | 5,291 | 25,678 | 22,542 | 17,410 | 10,667 | 81,588 |
| Budget & Decision Support | - | - | - | - | - | - |
| Corporate Quality | 184 | 895 | 786 | 607 | 372 | 2,844 |
| Managed Care Contract | - | 1,213 | 1,065 | 822 | 504 | 3,604 |
| Total Overhead Allocations | 23,292 | 103,802 | 91,721 | 70,974 | 42,955 | 332,745 |
| Total Expenses | 165,328 | 707,748 | 541,221 | 479,936 | 288,114 | 2,182,347 |
| Net Margin | \$ (90,104) | \$ 8,634 | \$ (27,028) | \$ (7,180) | \$ (24,618) | \$ (140,296) |
| Capital | - | - | - | - | 1,752 | 1,752 |
| General Fund Support/ Transfer In | - | - | - | - | - | \$ - |

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | Fiscal Year To Date | | | | | | | |
|------------------------------|----------|----------|----------|------------|-----------|------------|-------------------------------------|-----------|-----------|-----------|------------|-----------|-------------|------------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % | |
| 318,771 | 364,382 | (45,612) | (12.5%) | 316,960 | 1,811 | 0.6% | Gross Patient Revenue | 1,550,185 | 1,710,242 | (160,058) | (9.4%) | 1,607,833 | (57,649) | (3.6%) |
| 88,220 | 76,074 | (12,146) | (16.0%) | 2,194 | (86,027) | (3,921.4%) | Contractual Allowances | 421,254 | 357,056 | (64,198) | (18.0%) | (122,378) | (543,632) | 444.2% |
| 131,810 | 169,354 | 37,544 | 22.2% | 17,627 | (114,184) | (647.8%) | Charity Care | 686,237 | 794,860 | 108,623 | 13.7% | 116,802 | (569,435) | (487.5%) |
| 14,074 | 15,943 | 1,869 | 11.7% | (9,478) | (23,552) | 248.5% | Bad Debt | 33,543 | 74,833 | 41,290 | 55.2% | 37,202 | 3,659 | 9.8% |
| 234,105 | 261,371 | 27,266 | 10.4% | 10,342 | (223,762) | (2,163.5%) | Total Contractuals and Bad Debts | 1,141,034 | 1,226,749 | 85,715 | 7.0% | 31,626 | (1,109,408) | (3,507.9%) |
| 65,536 | 89,241 | (23,705) | (26.6%) | - | 65,536 | 0.0% | Other Patient Revenue | 824,363 | 446,205 | 378,158 | 84.7% | - | 824,363 | 0.0% |
| 150,202 | 192,252 | (42,050) | (21.9%) | 306,618 | (156,416) | (51.0%) | Net Patient Revenue | 1,233,514 | 929,698 | 303,816 | 32.7% | 1,576,208 | (342,694) | (21.7%) |
| 47.12% | 52.76% | | | 96.74% | | | Collection % | 79.57% | 54.36% | | 58.03% | | | |
| 236,657 | 176,539 | 60,118 | 34.1% | 134,423 | 102,235 | 76.1% | Grant Funds | 808,304 | 951,847 | (143,543) | (15.1%) | 555,086 | 253,218 | 45.6% |
| - | 2,833 | (2,833) | (100.0%) | - | - | 0.0% | Other Revenue | 233 | 14,165 | (13,932) | (98.4%) | - | 233 | 0.0% |
| 236,657 | 179,372 | 57,285 | 31.9% | 134,423 | 102,235 | 76.1% | Total Other Revenues | 808,537 | 966,012 | (157,475) | (16.3%) | 555,086 | 253,451 | 45.7% |
| 386,859 | 371,624 | 15,235 | 4.1% | 441,040 | (54,182) | (12.3%) | Total Revenues | 2,042,051 | 1,895,710 | 146,341 | 7.7% | 2,131,294 | (89,242) | (4.2%) |
| Direct Operational Expenses: | | | | | | | | | | | | | | |
| 212,736 | 232,861 | 20,125 | 8.6% | 194,492 | (18,244) | (9.4%) | Salaries and Wages | 1,154,629 | 1,198,720 | 44,091 | 3.7% | 1,068,834 | (85,795) | (8.0%) |
| 63,961 | 67,644 | 3,683 | 5.4% | 63,084 | (877) | (1.4%) | Benefits | 326,387 | 348,367 | 21,980 | 6.3% | 316,915 | (9,472) | (3.0%) |
| 9,101 | 11,990 | 2,889 | 24.1% | 16,455 | 7,354 | 44.7% | Purchased Services | 45,463 | 62,993 | 17,530 | 27.8% | 47,698 | 2,235 | 4.7% |
| 27,849 | 25,822 | (2,027) | (7.9%) | 50,427 | 22,577 | 44.8% | Medical Supplies | 92,457 | 119,870 | 27,413 | 22.9% | 133,450 | 40,993 | 30.7% |
| 10,001 | 10,765 | 764 | 7.1% | 5,756 | (4,245) | (73.7%) | Other Supplies | 37,490 | 54,737 | 17,247 | 31.5% | 7,895 | (29,595) | (374.8%) |
| - | - | - | 0.0% | - | - | 0.0% | Contracted Physician Expense | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Medical Services | - | - | - | 0.0% | - | - | 0.0% |
| 580 | 1,803 | 1,223 | 67.9% | 2,190 | 1,610 | 73.5% | Drugs | 1,194 | 8,370 | 7,177 | 85.7% | 8,169 | 6,976 | 85.4% |
| 5,210 | 1,909 | (3,301) | (172.9%) | 5,076 | (134) | (2.6%) | Repairs & Maintenance | 22,284 | 23,951 | 1,667 | 7.0% | 23,217 | 933 | 4.0% |
| 27,210 | 27,444 | 234 | 0.9% | 28,311 | 1,101 | 3.9% | Lease & Rental | 138,920 | 137,220 | (1,700) | (1.2%) | 135,591 | (3,329) | (2.5%) |
| 903 | 748 | (155) | (20.7%) | 869 | (34) | (3.9%) | Utilities | 4,432 | 3,740 | (692) | (18.5%) | 3,890 | (542) | (13.9%) |
| 3,921 | 3,025 | (896) | (29.6%) | 2,296 | (1,625) | (70.8%) | Other Expense | 8,826 | 17,208 | 8,382 | 48.7% | 13,155 | 4,330 | 32.9% |
| 65 | 59 | (6) | (9.9%) | 86 | 21 | 24.4% | Insurance | 335 | 295 | (40) | (13.4%) | 473 | 138 | 29.2% |
| 361,536 | 384,070 | 22,534 | 5.9% | 369,041 | 7,505 | 2.0% | Total Operational Expenses | 1,832,415 | 1,975,471 | 143,056 | 7.2% | 1,759,286 | (73,129) | (4.2%) |
| Net Performance before | | | | | | | | | | | | | | |
| 25,323 | (12,446) | 37,769 | (303.5%) | 72,000 | (46,677) | (64.8%) | Depreciation & Overhead Allocations | 209,636 | (79,761) | 289,397 | (362.8%) | 372,007 | (162,371) | (43.6%) |

Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 2019

| Current Month | | | | | | | Fiscal Year To Date | | | | | | |
|-----------------------------------|--------------|-----------|---------|------------|-------------|----------|---------------------|--------------|------------|---------|------------|--------------|------------|
| Actual | Budget | Variance | % | Prior Year | Variance | % | Actual | Budget | Variance | % | Prior Year | Variance | % |
| 3,369 | 14,312 | 10,943 | 76.5% | 12,475 | 9,105 | 73.0% | 17,187 | 73,708 | 56,521 | 76.7% | 62,373 | 45,186 | 72.4% |
| Overhead Allocations: | | | | | | | | | | | | | |
| 342 | 2,494 | 2,152 | 86.3% | 2,106 | 1,764 | 83.8% | 3,936 | 12,470 | 8,534 | 68.4% | 10,448 | 6,512 | 62.3% |
| 19,656 | 18,872 | (784) | (4.2%) | 11,147 | (8,509) | (76.3%) | 104,463 | 94,360 | (10,103) | (10.7%) | 53,810 | (50,653) | (94.1%) |
| 1,024 | 1,090 | 66 | 6.1% | 424 | (600) | (141.5%) | 5,039 | 5,450 | 411 | 7.5% | 550 | (4,489) | (816.3%) |
| 2,144 | 2,294 | 150 | 6.5% | 6,008 | 3,864 | 64.3% | 10,183 | 11,470 | 1,287 | 11.2% | 17,948 | 7,765 | 43.3% |
| 4,664 | 4,887 | 223 | 4.6% | 6,608 | 1,944 | 29.4% | 24,081 | 24,435 | 354 | 1.4% | 29,051 | 4,970 | 17.1% |
| 6,460 | 6,801 | 341 | 5.0% | 5,290 | (1,170) | (22.1%) | 34,519 | 34,005 | (514) | (1.5%) | 29,317 | (5,202) | (17.7%) |
| 3,064 | 2,497 | (567) | (22.7%) | 2,926 | (138) | (4.7%) | 15,087 | 12,485 | (2,602) | (20.8%) | 10,485 | (4,602) | (43.9%) |
| 1,027 | 1,655 | 628 | 37.9% | 2,167 | 1,140 | 52.6% | 6,065 | 8,275 | 2,210 | 26.7% | 5,987 | (78) | (1.3%) |
| 817 | 2,294 | 1,477 | 64.4% | 1,486 | 669 | 45.0% | 5,299 | 11,470 | 6,171 | 53.8% | 7,216 | 1,916 | 26.6% |
| 84 | 280 | 196 | 70.1% | 239 | 156 | 65.1% | 1,094 | 1,400 | 306 | 21.8% | 1,377 | 283 | 20.5% |
| 4,548 | 6,842 | 2,294 | 33.5% | 5,215 | 667 | 12.8% | 27,938 | 34,210 | 6,272 | 18.3% | 25,812 | (2,126) | (8.2%) |
| 1,388 | 2,577 | 1,189 | 46.2% | 2,872 | 1,484 | 51.7% | 7,004 | 12,885 | 5,881 | 45.6% | 8,480 | 1,476 | 17.4% |
| 16,109 | 19,544 | 3,435 | 17.6% | 16,572 | 463 | 2.8% | 81,588 | 97,720 | 16,132 | 16.5% | 86,580 | 4,992 | 5.8% |
| - | - | - | 0.0% | 18 | 18 | 100.0% | - | - | - | 0.0% | 2,100 | 2,100 | 100.0% |
| 395 | 533 | 138 | 25.9% | 598 | 203 | 34.0% | 2,844 | 2,665 | (179) | (6.7%) | 3,400 | 556 | 16.4% |
| 670 | 1,195 | 525 | 43.9% | 3,466 | 2,796 | 80.7% | 3,604 | 5,975 | 2,371 | 39.7% | 7,708 | 4,104 | 53.2% |
| 62,391 | 73,855 | 11,464 | 15.5% | 67,142 | 4,751 | 7.1% | 332,745 | 369,275 | 36,530 | 9.9% | 300,269 | (32,476) | (10.8%) |
| 427,296 | 472,237 | 44,941 | 9.5% | 448,657 | 21,361 | 4.8% | 2,182,347 | 2,418,454 | 236,107 | 9.8% | 2,121,929 | (60,419) | (2.8%) |
| \$ (40,437) | \$ (100,613) | \$ 60,176 | (59.8%) | \$ (7,617) | \$ (32,820) | 430.9% | \$ (140,296) | \$ (522,744) | \$ 382,448 | (73.2%) | \$ 9,365 | \$ (149,661) | (1,598.1%) |
| 1,752 | 128,615 | 126,863 | 98.6% | - | (1,752) | 0.0% | 1,752 | 643,075 | 641,323 | 99.7% | - | (1,752) | 0.0% |
| \$ - | \$ - | \$ - | 0.0% | \$ - | \$ - | 0.0% | \$ - | \$ - | \$ - | 0.0% | \$ - | \$ - | 0.0% |
| General Fund Support/ Transfer In | | | | | | | | | | | | | |

| Clinic Visits - Adults and Pediatrics | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Current Year | Current YTD | %Var to | Prior Year |
|--|---------------|--------------|--------------|---------------|---------------|--------|--------|--------|--------|--------|--------|--------|---------------|---------------|----------------|---------------|
| | | | | | | | | | | | | | Total | Budget | Budget | Total |
| West Palm Beach | 1,661 | 1,289 | 1,312 | 1,734 | 1,628 | | | | | | | | 7,624 | 7,622 | 0.0% | 7,990 |
| Delray | 1,355 | 1,162 | 1,134 | 1,180 | 1,212 | | | | | | | | 6,043 | 7,032 | (14.1%) | 7,132 |
| Lantana | 1,411 | 1,309 | 1,261 | 1,314 | 1,409 | | | | | | | | 6,704 | 7,335 | (8.6%) | 6,490 |
| Belle Glade | 1,030 | 790 | 839 | 934 | 806 | | | | | | | | 4,399 | 3,825 | 15.0% | 4,348 |
| Jerome Golden Center | - | - | - | - | - | | | | | | | | - | - | 0.0% | 1,191 |
| Lewis Center | 267 | 233 | 229 | 239 | 246 | | | | | | | | 1,214 | 1,064 | 14.1% | 940 |
| Lake Worth & Women's Health Care | 1,608 | 1,153 | 1,104 | 1,214 | 1,130 | | | | | | | | 6,209 | 7,665 | (19.0%) | 7,549 |
| Jupiter Clinic | 421 | 457 | 418 | 467 | 483 | | | | | | | | 2,246 | 2,562 | (12.3%) | 2,417 |
| West Boca & Women's Health Care | 1,009 | 861 | 781 | 923 | 815 | | | | | | | | 4,389 | 3,377 | 30.0% | 2,410 |
| Mobile Van | 239 | 186 | 119 | 201 | 200 | | | | | | | | 945 | 887 | 6.5% | - |
| Suboxone | 361 | 289 | 222 | 301 | 415 | | | | | | | | 1,588 | 1,406 | 12.9% | 1,206 |
| Total Clinic Visits | 9,362 | 7,729 | 7,419 | 8,507 | 8,344 | - | - | - | - | - | - | - | 41,361 | 42,775 | (3.3%) | 41,673 |
| Dental Visits | | | | | | | | | | | | | | | | |
| West Palm Beach | 918 | 722 | 704 | 800 | 792 | | | | | | | | 3,936 | 4,340 | (9.3%) | 4,500 |
| Lantana | 653 | 508 | 468 | 616 | 630 | | | | | | | | 2,875 | 4,177 | (31.2%) | 3,611 |
| Delray | 676 | 522 | 446 | 503 | 535 | | | | | | | | 2,682 | 3,318 | (19.2%) | 3,360 |
| Belle Glade | 406 | 260 | 230 | 259 | 275 | | | | | | | | 1,430 | 1,787 | (20.0%) | 1,806 |
| Total Dental Visits | 2,653 | 2,012 | 1,848 | 2,178 | 2,232 | - | - | - | - | - | - | - | 10,923 | 13,622 | (19.8%) | 13,277 |
| Total Medical and Dental Visits | 12,015 | 9,741 | 9,267 | 10,685 | 10,576 | - | - | - | - | - | - | - | 52,284 | 56,397 | (7.3%) | 54,950 |
| Mental Health Counselors (non-billable) | | | | | | | | | | | | | | | | |
| West Palm Beach | 124 | 100 | 103 | 135 | 117 | | | | | | | | 579 | 406 | 42.6% | 403 |
| Delray | 137 | 118 | 102 | 117 | 106 | | | | | | | | 580 | 402 | 44.3% | 437 |
| Lantana | 467 | 414 | 368 | 433 | 383 | | | | | | | | 2,065 | 1,104 | 87.0% | 731 |
| Belle Glade | 17 | 21 | 22 | 26 | 18 | | | | | | | | 104 | 70 | 48.6% | 69 |
| Lewis Center | 268 | 219 | 192 | 235 | 232 | | | | | | | | 1,146 | 459 | 149.7% | 426 |
| Lake Worth | 173 | 99 | 73 | 190 | 98 | | | | | | | | 633 | 592 | 6.9% | 541 |
| Jupiter | - | - | - | - | - | | | | | | | | - | 140 | (100.0%) | 138 |
| West Boca | - | - | - | - | - | | | | | | | | - | 95 | (100.0%) | 91 |
| Mobile Van | - | - | - | 16 | 40 | | | | | | | | 56 | - | 100.0% | - |
| Total Mental Health Screenings | 1,186 | 971 | 860 | 1,152 | 994 | - | - | - | - | - | - | - | 5,163 | 3,268 | 58.0% | 2,836 |

SUPPLEMENTAL INFORMATION

MEDICAID MATCH FUND

FOR THE FIFTH MONTH ENDED FEBRUARY 28, 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% |
| 491,667 | 491,667 | - | 0.0% | 491,667 | - | 0.0% | PBC Interlocal | 2,458,333 | 2,458,333 | - | 0.0% | 2,458,333 | - | 0.0% |
| 33 | 414 | (381) | (92.1%) | 305 | (272) | (89.2%) | Other revenue | 2,198 | 2,071 | 127 | 6.1% | 2,168 | 30 | 1.4% |
| 491,700 | 492,081 | (381) | (0.1%) | 491,972 | (272) | (0.1%) | Total Revenue | 2,460,531 | 2,460,404 | 127 | 0.0% | 2,460,502 | 30 | 0.0% |
| | | | | | | | Direct Operational Expenses: | | | | | | | |
| - | - | - | 0.0% | - | - | 0.0% | Salaries and Wages | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Benefits | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Purchased Services | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Medical Supplies | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Other Supplies | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Contracted Physician Expense | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Medical Services | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Drugs | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Repairs & Maintenance | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Lease & Rental | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Utilities | - | - | - | 0.0% | - | - | 0.0% |
| 1,441,591 | 1,441,591 | - | 0.0% | 1,415,952 | (25,638) | (1.8%) | Other Expense | 7,207,953 | 7,207,953 | - | 0.0% | 7,079,762 | (128,191) | (1.8%) |
| - | - | - | 0.0% | - | - | 0.0% | Insurance | - | - | - | 0.0% | - | - | 0.0% |
| 1,441,591 | 1,441,591 | - | 0.0% | 1,415,952 | (25,638) | (1.8%) | Total Operational Expenses | 7,207,953 | 7,207,953 | - | 0.0% | 7,079,762 | (128,191) | (1.8%) |
| | | | | | | | Net Performance before Overhead | | | | | | | |
| (949,891) | (949,510) | (381) | 0.0% | (923,980) | (25,911) | 2.8% | Allocations | (4,747,421) | (4,747,548) | 127 | (0.0%) | (4,619,260) | (128,161) | 2.8% |
| | | | | | | | Overhead Allocations: | | | | | | | |
| - | - | - | 0.0% | - | - | 0.0% | Risk Mgt | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Rev Cycle | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Internal Audit | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Legislative Affairs | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Administration | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Human Resources | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Legal | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Records | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Compliance | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Finance | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Communications | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Information Technology | - | - | - | 0.0% | - | - | 0.0% |
| - | - | - | 0.0% | - | - | 0.0% | Total Overhead Allocations | - | - | - | 0.0% | - | - | 0.0% |
| 1,441,591 | 1,441,591 | - | 0.0% | 1,415,952 | (25,638) | (1.8%) | Total Expenses | 7,207,953 | 7,207,953 | - | 0.0% | 7,079,762 | (128,191) | (1.8%) |
| (949,891) | (949,510) | (381) | 0.0% | (923,980) | (25,911) | 2.8% | Net Margin | (4,747,421) | (4,747,548) | 127 | (0.0%) | (4,619,260) | (128,161) | (2.8%) |
| 949,891 | 949,510 | 381 | 0.0% | 923,980 | 25,911 | 2.8% | General Fund Support | 4,747,421 | 4,747,548 | (127) | (0.0%) | 4,619,260 | (128,161) | (2.8%) |
| \$ 949,891 | \$ 949,510 | \$ 381 | 0.0% | \$ 923,980 | 25,911 | 2.8% | Total Transfers In | \$ 4,747,421 | \$ 4,747,548 | \$ (127) | (0.0%) | \$ 4,619,260 | \$ 128,161 | 2.8% |

Medicaid Match Statement of Revenues and Expenditures by Month

| | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Year to Date |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------------|
| Patient Revenue | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| PBC Interlocal | 491,667 | 491,667 | 491,667 | 491,667 | 491,667 | - | - | - | - | - | - | - | 2,458,333 |
| Other revenue | 730 | 142 | 834 | 459 | 33 | - | - | - | - | - | - | - | 2,198 |
| Total Revenue | 492,397 | 491,809 | 492,501 | 492,126 | 491,700 | - | - | - | - | - | - | - | 2,460,531 |
| <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 | 1,441,591 | 1,441,591 | 1,441,591 | 1,441,591 | 1,441,591 | - | - | - | - | - | - | - | 7,207,953 |
| Insurance | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Operational Expenses | 1,441,591 | 1,441,591 | 1,441,591 | 1,441,591 | 1,441,591 | - | - | - | - | - | - | - | 7,207,953 |
| Net Performance before Overhead Allocations | (949,194) | (949,782) | (949,090) | (949,465) | (949,891) | - | - | - | - | - | - | - | (4,747,421) |
| <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 | 1,441,591 | 1,441,591 | 1,441,591 | 1,441,591 | 1,441,591 | - | - | - | - | - | - | - | 7,207,953 |
| Net Margin | (949,194) | (949,782) | (949,090) | (949,465) | (949,891) | - | - | - | - | - | - | - | (4,747,421) |
| General Fund Support | 949,194 | 949,782 | 949,090 | 949,465 | 949,891 | - | - | - | - | - | - | - | 4,747,421 |
| Total Transfers In | \$ 949,194 | \$ 949,782 | \$ 949,090 | \$ 949,465 | \$ 949,891 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 4,747,421 |

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

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

2. Summary:

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

3. Substantive Analysis:

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

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

| Last Name | First Name | Degree | Specialty | Appointment | Privileges |
|------------------|-------------------|---------------|-------------------------|---------------------|-------------------|
| Poulin | Jessica | MD | Obstetrics & Gynecology | Initial Appointment | Provisional |
| Schultz | Steven | MD | Pediatrics/Neonatology | Initial Appointment | Provisional |
| Mathews | Chacko | MD | Obstetrics & Gynecology | Initial Appointment | Provisional |
| Patange | Amit | MD | Pediatric Cardiology | Initial Appointment | Provisional |
| Bakir | Banyan | MD | Pediatrics/Neonatology | Initial Appointment | Provisional |
| Sohn | Natalie | MD | Obstetrics & Gynecology | Initial Appointment | Provisional |
| Costello | Michael | DO | General Surgery | Initial Appointment | Provisional |
| Bohorquez | David | DO | Emergency Medicine | Reappointment | Active |
| Bui | Trinh | DO | Emergency Medicine | Reappointment | Active |
| DeVarona | Michael | DO | Emergency Medicine | Reappointment | Active |
| Giroux | Richard | DO | Emergency Medicine | Reappointment | Active |
| Padron | Daniel | DO | Emergency Medicine | Reappointment | Active |

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

| | | | | | |
|-------------|---------|----|-------------------------|---------------|-----------|
| Powell | Richard | MD | Emergency Medicine | Reappointment | Active |
| Skylar | Roman | MD | Emergency Medicine | Reappointment | Active |
| Villegas | Juan | MD | Emergency Medicine | Reappointment | Active |
| White | Jeremy | DO | Emergency Medicine | Reappointment | Active |
| Perezalonso | Luis | MD | Emergency Medicine | Reappointment | Active |
| Scheppke | Kenneth | MD | Emergency Medicine | Reappointment | Courtesy |
| Vassor | Raphael | PA | Emergency Medicine | Reappointment | Active |
| Caravello | John | MD | Obstetrics & Gynecology | Reappointment | Affiliate |

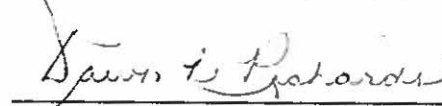
Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with regulatory requirements. A nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.

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

4. Fiscal Analysis & Economic Impact Statement:

| | Amount | Budget |
|----------------------|--------|--|
| Capital Requirements | 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:


Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Lakeside Medical Center
Medical Executive Committee

Committee Name

March 4, 2019 & March 20, 2019


Date Approved

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**


6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Belma Andric, MD, MPH
Chief Medical Officer



Darryl J. Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**

1. Description: Audit Plan 2018-2019 Status Update and Follow-up of Management Action Plan Items for Completed Audits

2. Summary:

This agenda item provides the Audit Plan 2018-2019 Status Update and Follow-up of Management Action Plan Items for Completed Audits.

3. Substantive Analysis:

Since the 1/29/19 Committee meeting, 4 audits have been completed. The FY 2018-2019 Audit Plan includes 12 audits. Crowe has completed 11 audits. There is 1 audit in the reporting phase.

Internal controls are strengthened when action plans for issues are implemented. Crowe discusses all issues with process owners during the course of 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, bimonthly.

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:



Dawn Richards
VP & Chief Financial Officer

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

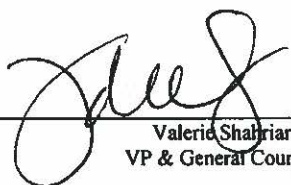
March 26, 2019

Date Reviewed

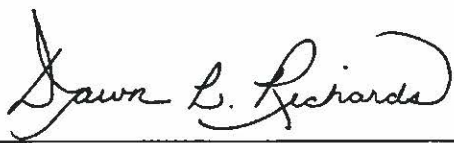
6. Recommendation:

The Finance and Audit Committee recommends that the Board approve the Audit Plan 2018-2019 Status Update and Follow-up of Management Action Plan Items for Completed Audits.

Approved for Legal sufficiency:



Valerie Shaltriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

Health Care District of Palm Beach County
Audit Plan 2018-2019 Status Update

| | Entity | Category | Quarter | Proposed Audit | Scope | Source | Status | Issues by Impact Level | | | Audit Overview |
|----|---|------------|---------|--|------------|---|---|------------------------|--------|-----|--|
| | | | | | | | | High | Medium | Low | |
| 1 | LMC | Operations | 2 | Gift Shop | FULL AUDIT | LMC Leadership | Complete | 0 | 1 | 4 | Assess operations of gift shop and relationship to LMC, including contracts, controls, donations. |
| 2 | Health Care District | IT | 2 | System Access Management | FULL AUDIT | Protiviti Risk Assessment, Crowe Horwath Top 20, RSM 2014, 2015, 2016 | Complete | 2 | 1 | 1 | Without strong access management controls, operating systems and business and clinical applications may not be protected from unauthorized access or theft. Users should have access only to the information they need to perform their job functions, and access for users who have been terminated or transferred must be removed on a timely basis. Weak system access management controls may also affect the integrity of information generated from a system and the system may be vulnerable to loss or failure due to external or internal manipulation. |
| 3 | LMC, Healey, Clinics, Aeromed | RCM | 2 | Accounts Receivable Reserves | FULL AUDIT | RSM 2014, 2015 | Complete | 0 | 6 | 0 | Controls over accounts receivables should be in place to account for patient and insurance receivables, contractual allowances, charity deductions and bad debt. |
| 4 | LMC, Clinics, Healey, Aeromedical, Trauma | RCM | 3 | Patient Access | FULL AUDIT | Protiviti Risk Assessment, Crowe Horwath Top 20 | Complete | 0 | 1 | 3 | Effective controls over scheduling, registration and insurance verification prevent issues in billing and collections, patient and physician satisfaction and access to care. |
| 5 | Pharmacy, LMC | Clinical | 3 | 340B Discount Program | PROJECT | Crowe Horwath Top 20, Senior Leadership | Complete | 0 | 3 | 2 | Savings and revenue from this program can significantly impact the bottom line. Having operations in place to validate compliance requires consistent attention. Risk is increased as the program is expanded to additional locations. |
| 6 | Clinics | Operations | 3 | Meaningful Use | PROJECT | CMS, Crowe Horwath Top 20 | Complete | 0 | 3 | 0 | CMS has contracted with third parties to conduct MU audits of suspicious and random providers. Audits may be pre or post payment and have been field or desk audits. They can occur anytime in the six year period following attestation. Providers have been given as little as two weeks to respond. If found to be ineligible, payments will be recouped. Fraudulent attestations are subject to sanctions. |
| 7 | LMC, Clinics, Healey | IT | 4 | Medical Device Security | PROJECT | Protiviti Risk Assessment, Crowe Horwath Top 20 | Complete | 1 | 5 | 1 | Assessment of patient devices that store patient information and procedures related to the management of these devices and the protection of PHI. |
| 8 | LMC, Clinics, Healey, Aeromedical, Pharmacy | RCM | 4 | Revenue Charge Capture | FULL AUDIT | Protiviti Risk Assessment, Crowe Horwath Top 20 | Complete Pending Audit Committee Approval | 0 | 0 | 0 | Charge capture procedures need to support revenue recognition goals. Challenges may exist despite EHRs and ICD10. Concerns are accuracy and timeliness. |
| 9 | Health Care District | Operations | 4 | Third Party Vendor Management | FULL AUDIT | Protiviti Risk Assessment, Crowe Horwath Top 20 | Complete Pending Audit Committee Approval | 0 | 2 | 2 | Healthcare systems continue to embrace the use of third party providers for a variety of crucial operational, clinical and technological functions, often with the objective of cost savings or efficiency gains. However, the use of third parties to provide core services is not without risk. Some of those risks include failure to meet performance requirements as outlined in the contract, failure to meet financial terms in accordance with contract provisions, billing for services not provided and potential compliance risks. |
| 10 | Pharmacy, Primary Care Clinics, LMC, Healey | Clinical | Q12019 | Medication Management and Drug Diversion | FULL AUDIT | Protiviti Risk Assessment, Crowe Horwath Top 20, OIG | Complete Pending Audit Committee Approval | 0 | 1 | 4 | Inadequate controls on medication management and controlled substances can have significant financial, compliance, patient care and reputational impacts. Pharmacists and care providers have a shared responsibility to help ensure the right patient, right medication, right dosage and right route in order to provide safe and effective care. Controls over ordering, dispensing, administering drugs, maintaining inventory and monitoring diversion are required to avoid patient care issues and compliance violations. |
| 11 | LMC, Clinics, Healey, Aeromedical | RCM | Q12019 | Credit Balances | FULL AUDIT | Protiviti Risk Assessment | Reporting | | | | Credit balances occur due to limitations in billing systems, errors in cash posting, incorrect insurance information, duplicate cash entries, incorrect coordination of benefits. Medicaid payment integrity reviews under RAC include credit balance audits. Federal and state law governs the timeliness of refunds due to patients. |
| 12 | Health Care District | Finance | Q12019 | PTO | PROJECT | Senior Leadership | Complete Pending Audit Committee Approval | 0 | 1 | 2 | Consistency of PTO practices coordinated with contracted terms per employment agreements. |
| | | | | | | | | 3 | 24 | 19 | |

Health Care District of Palm Beach County
Audit Plan 2018-2019 Status Update

Time Table By Calendar Quarter

| Crowe Resource | Q2 | Q3 | Q4 | Q12019 |
|---------------------------|---|---------------------------|--|----------------------------------|
| IT | (2) System Access management | (6) Meaningful Use | (7) Medical Device Security | |
| Harry Torres | (3) Accounts Receivable Reserves (1) Special Project. Gift Shop | (4) Patient Access | (9) Third party Vendor Management (8) Revenue Charge Capture | (11) Credit Balances (12) PTO |
| Pharmacy/ 340b specialist | | (5) 340b Discount Program | | (10) Med mgmt & Drug Diversion |

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

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 |
|---|----------------------|--|--|--|------------|------------------|--------------------|-------------|
| AR Allowance | 2019 - 03 | Aeromed Allowance Estimate Not Based On Sufficient Data | Revise Aeromed Allowance Calculation | The Aeromed department converted its patient accounting system in April 2018 from TriTech to Golden Hour. Due to system limitations in the old system, Management was unable to obtain sufficient data which includes substantial patient volume to estimate an adequate allowance percentage. Management will recalculate the reserve factor utilizing sufficient data covering at least six months of patient service activity in the Golden Hour system once this historical data is available and will review allowance percentages every six months following the initial calculation. | 4/30/2019 | | Marcia Young | Moderate |
| Controlled Substances | 2019 -10 | Pharmacy Record Keeping Is Non-Compliant with DEA Requirements | DEA Filing System | Pharmacy Management will develop a DEA filing system ("DEA File") to maintain the following information, segregated by Schedule I, II and III through V's: • Unused and executed DEA 222 Forms will be secured and filed in chronological order (if DEA file is not secure, a placeholder to the location will be added) • Dated controlled substance invoices • Biennial inventories • DEA registrant license certification • Power of Attorney (POA) Forms used to delegate the ordering of Schedule II controlled substances • DEA 106 Forms for theft or loss of controlled substances (as applicable) • DEA 41 Forms for registrant record of controlled substances destroyed (as applicable) • Records of controlled substances transferred to another DEA registrant (as applicable) • Expired controlled substance records • Provider prescriptions (or placeholder to location) • Signed Schedule II CSOS subscriber agreement | 6/1/2019 | | Hyla Fritsch | Low |
| | | | Checklist Process | Develop a checklist process to monitor the DEA File by validating all controlled substance records are current, complete and include all records for a closed loop system. | 6/1/2019 | | Hyla Fritsch | Low |
| Controlled Substances | 2019 -10 | Inventory Not Recorded in Finished Form | Inventory Recorded in Finished Form | The Pharmacy Procedures Manual will be revised to include the "finished form" requirement and the inventory count sheets will be revised to include the "finished form" format. Management provided staff with training and also revised written procedures to record inventory counts in finished form. Additionally, Pharmacy Management will provide education to pharmacy staff to record inventory counts in finished form. The next annual inventory is scheduled for September 30, 2019. | 10/1/2019 | | Hyla Fritsch | Low |
| Medical Device Security Assessment | 2019 - 07 | Medical Device Roles and Responsibilities Not Formalized | Assess Medical Device threats, risks, and controls | The Director of Operations will update the existing Medical Equipment Management plan to include roles and responsibilities from all departments that touch medical devices including IT, Clinical Engineering, Procurement, and Clinical Departments. | 3/29/2019 | | Dennis Dzurovski | Moderate |
| Medical Device Security Assessment | 2019 - 07 | Medical Device Inventory Adjustments are Not Reported to HCDPBC Management | Update Existing Medical Equipment Management Plan | HCDPBC management will request Crothall Healthcare to provide quarterly medical device inventory adjustments. | 3/29/2019 | | Dennis Dzurovski | Low |
| Medical Device Security Assessment | 2019 - 07 | IT and Clinical Engineering Do Not Have Oversight Over Biomedical Device Purchases | Track Medical Device Security-Related Attributes | HCDPBC management will require all connected medical device purchases to be analyzed and approved by the IT Department. This control will be formalized through a policy/procedure update. | 3/29/2019 | | Dennis Dzurovski | Moderate |
| 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. | 10/31/2019 | | Cindy Yarbrough | Moderate |
| 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 | | Cindy Yarbrough | 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. | 3/31/2020 | | Cindy Yarbrough | High |
| Patient Access - Front End Processes and Controls | 2019 -04 | The Clinics and Healey Lack A Quality Assurance Process to Improve Patient Access Activities | Procedures to Enhance Quality Assurance at Healey | Management will develop a checklist to include in the Quality Assurance Improvement audit. The checklist will assure that all critical admission processes were performed and that key forms and documents in the resident file were reviewed, signed and properly stored. The audit will be conducted every six months. | 3/29/2019 | | Shelly-Ann Lau | Low |

Health Care District of Palm Beach County

Follow-up of Management Action Plan Items for Completed Audits

| | | | | | | | |
|---|-----------|---|--|---|-----------|--|----------|
| Patient Access - Front End Processes and Controls | 2019 - 04 | No Monitoring of Point of Service Collections at Clinics | Implement Reporting Tools and Procedures to Monitor Collection at Point of Service | Some services offered by the Clinics, such as adult immunizations, are optional and require payment prior to the service being provided. Management will develop appropriate reporting tools from Athena and implement procedures to monitor collection activities and evaluate the performance of each clinic collection representative and compare actual collections to expected collections at the point of service. Additionally, management will review current procedures around collection activities at the point of service and implement enhancements to the process. Improvements will be made around the collection scripting provided to front-end personnel and reports that communicate staff performance at the point of service, in conjunction with practice managers, collection representatives and front-line coordinators. | 3/31/2019 | Terry Megiveron | Low |
| Patient Access - Front End Processes and Controls | 2019 - 04 | Vendor Contract Lacks Performance Metrics | Monitor Effectiveness of Patient Certification Services | The service agreement was effective October 2018. The medical services provided to patients who are qualified are not billable and LMC can only benefit from the patient's eligibility if they return for future service. Management will need sufficient data to analyze and develop appropriate goals and benchmarks. Once sufficient historical data is established management will analyze how many patients have been qualified on a monthly basis and how many have returned for medical service and implement relevant KPIs/ metrics to assess the overall benefit and effectiveness of the QMB certification program. The established metrics will be reviewed quarterly. | 6/30/2019 | Tabatha McCallister | Low |
| 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. | 3/31/2019 | 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. | 3/31/2019 | Sabrina Thornton | Moderate |
| PTO Benefits | 2019 - 12 | PTO Accrued at Higher Rates Due to Incorrect Leave Anniversary Codes | Correct Leave Anniversary Code Errors | The Human Resources Assistant will correct the Leave Anniversary Code for the employees in the Finance Plus system so that PTO can accrue correctly going forward. The Human Resource Manager and Director will advise the employees affected by this change. | 3/31/2019 | Rosella Weymer | Low |
| | | | Monitor Leave Anniversary Codes | The Payroll Manager will monitor Leave Anniversary Codes on a periodic basis to determine if correct based on years of service. | 3/31/2019 | Sabrina Thornton | Low |
| | | | Educate Human Resources Staff | The Payroll Manager will educate Human Resources staff regarding inclusion of the correct Leave Anniversary Code for all rehired employees that is based on their rehire date. | 3/31/2019 | Sabrina Thornton | Low |
| | | | Implement a Written Policy & Procedure | The Payroll Manager will update existing procedure to include information for correctly establishing rehired employees in the Finance Plus system. This includes inclusion of the correct Leave Anniversary Date and Leave Anniversary Code based on their rehire date. The updated written procedure will be shared with Human Resources management. | 3/31/2019 | Sabrina Thornton | Low |
| PTO Benefits | 2019 - 12 | PTO Hours Granted as an Award Entered Using Incorrect Process | Educate Human Resources Management | Human Resources management will oversee that education is provided on the correct process for awarding PTO hours. Specifically, the education will include that all PTO hours granted as awards should be routed to the Payroll Department for entry into the Finance Plus system. | 3/31/2019 | Steven Hurwitz | Low |
| | | | Monitor PTO Hours Added | The Payroll Manager will monitor PTO hours manually added in the Finance Plus system to determine if hours have been manually added and if the correct process for doing so has been followed. | 3/31/2019 | Sabrina Thornton | Low |
| Third Party Vendor Management | 2019 - 09 | Pre-paid Service Fees Not Supported by Agreement | Obtain a Possible Addendum to Agreement | <ul style="list-style-type: none"> Management will reach out to vendor and determine if a refund can be obtained under the agreement or if an addendum can be negotiated to account for future service credits as refundable to the District. Discussions will also include input from the District's Finance and Legal departments. Management will work with the Legal department to develop a standard template which defines the specific payment terms under the agreement and include in contracts going forward. Management will reinforce procedures to compare invoices received to the contract terms prior to submitting for payment. | 3/31/2019 | Terry Megiveron | Low |
| Third Party Vendor Management | 2019 - 09 | Security Officer Contract Performance Not Formally Monitored to Address Service Level Issues at Lakeside Medical Center (LMC) | Work with Service Provider to Resolve Service Related Issues and Implement Tools to Monitor Performance at LMC | <p>Management is discussing the service related issues identified with appropriate management over the Security Officer service agreement and will implement appropriate corrective actions.</p> <p>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.</p> | 4/30/2019 | Stephanie Dardanello, Dennis Dzurowski | Moderate |

Health Care District of Palm Beach County

Follow-up of Management Action Plan Items for Completed Audits

| | | | | | | | |
|-------------------------------|-----------|--|--|---|-----------|----------------------|----------|
| 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 | Stephanie Dardanello | Moderate |
| Third Party Vendor Management | 2019 - 09 | Establish Procedures Around Vendor Performance Monitoring | Develop District-wide Procedures and Guidelines Over Vendor Performance Monitoring and Management | <p>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.</p> <p>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.</p> | 4/30/2019 | Dawn Richards | Low |

ACTION PLANS COMPLETED SINCE THE LAST AUDIT COMMITTEE MEETING ON 1/29/19:

| AUDIT NAME | AUDIT PLAN REFERENCE | ISSUE NAME | ACTION PLAN NAME | ACTION PLAN SUMMARY | DUE DATE | REVISED DUE DATE | ACTION PLAN OWNERS | FOLLOW-UP COMMENTS |
|-----------------------|----------------------|--|---|---|------------|------------------|--------------------|--------------------|
| 340B Discount Program | 2019 - 05 | Policies and Procedures: Formal written direction to align organization behavior with objectives was missing or inadequate | Maintain and monitor compliance with 340B program requirements. | Management updated its policies with enhancements noted in order to convey accurate operations of the 340B program. | 12/31/2018 | 2/28/2018 | Hyla Fritsch | Complete |
| AR Allowance | 2019 - 03 | Gaps Exist in the Written Procedures Over Allowance Calculations | Procedures Are Currently Being Updated | <p>Management updated its written procedures. Each business unit operates differently and provides distinct services. Written procedures are consistent across business units and reflect the operating environment of each entity.</p> <p>Management revised existing procedures and included the necessary components and provisions related to the allowance process.</p> | 11/30/2018 | 2/28/2019 | Dawn Richards | Complete |
| Controlled Substances | 2019 - 10 | Pharmacy Record Keeping is Non-Compliant with DEA Requirements | Return Invalid DEA Forms to DEA | Pharmacy Management returned the invalid DEA 222 Forms to the local DEA field office. | 3/1/2019 | | Hyla Fritsch | Complete |
| Controlled Substances | 2019 - 10 | Controlled Substances Not Secured | Training on Securing Controlled Substances | <p>Pharmacy Management provided additional training and developed a quality review process to review proper security of all controlled substances.</p> <p>Coaching was provided to individuals on the importance of securing controlled substances at all time.</p> <p>The expired controlled substances that were left unsecured were locked up in a secured drawer or cabinet.</p> <p>Pharmacy Management eliminated the manual perpetual inventory system and solely uses the electronic McKesson inventory management system.</p> | 3/1/2019 | | Hyla Fritsch | Complete |
| Controlled Substances | 2019 - 10 | Two Perpetual Inventory Management Systems Utilized | Eliminate the Manual Inventory System | Management developed a monthly process to reconcile controlled substance purchases (Cardinal summary report) to controlled substances stocked into McKesson inventory. The reconciliations are signed off demonstrating performance of the reconciliation and maintained on file for internal quality assurance reviews. | 3/1/2019 | | Hyla Fritsch | Complete |
| Controlled Substances | 2019 - 10 | Controlled Substance Inventory Management Lacked Effective Diversion Controls | Reconciliation of Cardinal Summary Report | Management developed a monthly process to reconcile controlled substance purchases (Cardinal summary report) to controlled substances stocked into McKesson inventory. The reconciliations are signed off demonstrating performance of the reconciliation and maintained on file for internal quality assurance reviews. | 4/1/2019 | | Hyla Fritsch | Complete |
| | | | Reconciliation Between McKesson Inventory and Reverse Distributor Report. | The clinic pharmacies developed a reconciliation process requiring a reconciliation between the inventory adjustments recorded in McKesson to the reports provided by the reverse distributor when they pick up expired controlled substance inventory. | 4/1/2019 | | Hyla Fritsch | Complete |

Health Care District of Palm Beach County

Follow-up of Management Action Plan Items for Completed Audits

| | | | | | | | | |
|---|-----------|--|--|---|------------|-----------|----------------------------------|-------------------------|
| | | | New Formal Procedures Will Be Implemented | Management developed a formal written procedure requiring a reconciliation between McKesson inventory adjustments and the reverse distributor reports. | 4/1/2019 | | Hyla Fritsch | Complete |
| | | | | Employee training was conducted and a quality assurance review process were established to validate the procedures are being followed. | | | | |
| Gift Shop | 2019 - 01 | Business Liability Insurance for Gift Shop Could Not Be Confirmed | Business Insurance Coverage | Discussion was held with key Auxiliary personnel. They are aware that the gift shop and its personnel are not covered under the District's insurance policy. The District will be providing the Auxiliary Management Team with a sub-lease agreement that will contain standard insurance provisions. | 10/31/2018 | 2/28/2019 | Stephanie Dardanello | Will Not Be Implemented |
| | | | | NOTE: Not Applicable - The District is implementing an in-house gift shop strategy | | | | |
| Gift Shop | 2019 - 01 | The Medical Center Lacks a Formal Contract/Lease Agreement and Policies With the Auxiliary | Provide Formal Lease Agreement | Key Auxiliary personnel have asked for a proposed lease agreement. The sub-lease agreement will be presented to the Auxiliary and finalized accordingly. | 10/31/2018 | 2/28/2019 | Stephanie Dardanello | Will Not Be Implemented |
| | | | | NOTE: Not Applicable - The District is implementing an in-house gift shop strategy | | | | |
| Gift Shop | 2019 - 01 | Auxiliary May Not Be In Compliance with IRS Reporting Requirements | Auxiliary Consulting with Professionals | Discussion held with key Auxiliary personnel. They understand the findings and are currently in discussions with an Accountant to file the necessary returns and comply with IRS regulations and federal laws. | 12/31/2018 | 2/28/2019 | Stephanie Dardanello | Will Not Be Implemented |
| | | | | NOTE: Not Applicable - The District is implementing an in-house gift shop strategy | | | | |
| Patient Access - Front End Processes and Controls | 2019 - 04 | The Clinics and Healey Lack A Quality Assurance Process to Improve Patient Access Activities | Procedures to Enhance Quality Assurance at Clinics | Management hired a full-time equivalent in late December to support the front office operations for the Clinics. Management implemented procedures to monitor the quality and effectiveness of front-end patient access activities, to include key patient registration components needed to assure that necessary information, forms and signatures for each encounter are captured. | 2/28/2019 | | Terry Megiveron and Marcia Young | Complete |

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**

1. Description: Audit Plan 2019-2020 Status Update

2. Summary:

This agenda item provides the Audit Plan 2019-2020 Status Update.

3. Substantive Analysis:

Since the 1/29/19 Committee meeting. The FY 2019-2020 Audit Plan includes 12 audits. There are 2 audits in fieldwork phase and 1 in the planning stage. 9 audits are have not started.

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:



Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

March 26, 2019

Date Reviewed

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**

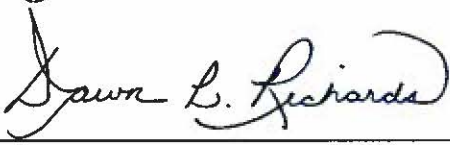
6. Recommendation:

The Finance and Audit Committee recommends that the Board approve the Audit Plan 2019-2020 Status Update.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

Health Care District of Palm Beach County
Audit Plan 2019-2020 Status Update

| | Entity | Category | Quarter | Proposed Audit | Scope | Source | Status | Audit Overview |
|----|---------------------------|-------------------------|---------|--|------------|-----------------------|-------------|--|
| 1 | Aeromedical | Finance & Revenue Cycle | 2 | Billing and Collections (Golden Hour) | FULL AUDIT | Crowe Risk Assessment | Fieldwork | 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 | Planning | 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 | Fieldwork | 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 | Not Started | 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 | Not Started | 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. Risks areas to consider around this operation include proper storage of medication, vehicle downtime parking and security. |
| 6 | District | Human Resources | 3 | Employee Classification | PROJECT | Crowe Risk Assessment | Not Started | Adequate processes related to employees vs. contractors 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 | Not Started | 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 Incentives and Improvement Reporting | FULL AUDIT | Crowe Risk Assessment | Not Started | 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 | District | Compliance | 4 | Compliance Effectiveness Assessment | PROJECT | Crowe Risk Assessment | Not Started | A compliance program assessment conducted by an independent source was last done in 2017. A compliance program assessment would assess the effectiveness of the compliance program across the organization in consideration of the 7 elements of an appropriate compliance program and consideration of the federal sentencing guidelines. |
| 10 | Clinics | Finance & Revenue Cycle | Q1 2020 | Medicaid Wrap Process | PROJECT | Senior Leadership | Not Started | Given the complexities of the Medicaid Wrap filing, completeness of the data set being incorrect could subject the District to incorrect filing and receipts. |

Health Care District of Palm Beach County
Audit Plan 2019-2020 Status Update

| | | | | | | | | |
|----|---------|------------|---------|---------------------------------|------------|-----------------------|-------------|--|
| 11 | LMC | Operations | Q1 2020 | Drug Diversion | FULL AUDIT | Crowe Risk Assessment | Not Started | Appropriate controls over medication management and controlled substances can mitigate significant financial, compliance, patient care, and reputational impacts. Controls over ordering, dispensing, administering drugs, maintaining inventory and monitoring diversion are required to avoid patient care issues and compliance violations. |
| 12 | Clinics | Clinical | Q1 2020 | Payer Quality Incentive Bonuses | PROJECT | Senior Leadership | Not Started | Payer quality reporting controls should support incentive bonuses received are accurate and represents the full amount allowable. |

Time Table By Calendar Quarter

| Crowe Resource | Q2 | Q3 | Q4 | Q1 2020 |
|--------------------------------------|--|---|---|--------------------------------------|
| Certified Construction Auditor (CCA) | (1) Construction Build Out | | | |
| Harry Torres | (2) Billing and Collections (Aeromed) (3) Procurement Controls | (4) Billing and Collections (Clinics) (5) Mobile Van Operations (6) Employee Classification | (7) Denials Management | (10) Medicaid Wrap Process |
| Clinical Specialist | | | (8) Clinical Quality | |
| Pharmacy Specialist | | | | (11) Drug Diversion |
| Compliance Specialist | | | (9) Compliance Effectiveness Assessment | (12) Payer Quality Incentive Bonuses |

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**

1. Description: Third Party Vendor Management Audit

2. Summary:

This agenda item provides the Third Party Vendor Management Audit report for committee review and approval.

3. Substantive Analysis:

Crowe completed the Third Party Vendor Management Audit, which resulted in 4 findings, 2 moderate risk and 2 low risk. Management responded with an action plan for each issue. The report is included in the Finance and Audit Committee package.

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:



Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

March 26, 2019

Date Reviewed

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**

6. Recommendation:

The Finance and Audit Committee recommends that the Board approve the Third Party Vendor Management Audit report.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

Third Party Vendor Management Audit



Date: December 28, 2018

Location: Health Care District of Palm Beach County

OBJECTIVES

- Performed tests to assess whether or not management monitored contract performance in accordance with contract terms, business needs and compliance risks. Assessed if key performance requirements of the contracts were met
- Validated that the organization established processes to monitor, manage and oversee vendor performance
- Tested whether processes established to review vendor performance prior to contract renewal were functioning as Management intended
- Tested whether processes established to review work completion or contractor/vendor performance prior to payment release were functioning as intended
- Assessed controls in place were properly designed to monitor executed contracts for regulatory compliance. Tested that contractual terms related to training and background checks were completed

SCOPE

This audit assessed controls related to contract performance management and focused on vendors that provided consulting, IT/Software, operational and staffing services.

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

Time Period: Fiscal Year End September 30, 2018

CONCLUSION

The overall contracting process is overseen and managed by the District's Legal department, who provides contract owners with guidance on the completion of an approved contract, necessary addendum and contract renewals. The District relies on department managers and contract owners to apply vendor oversight on executed contracts, in order to achieve the organizational objectives related to each agreement. Overall, controls were found to be in place and working as Management intended. Specifically, testing was performed that confirmed the following controls were in place:

- Contract Managers monitored contract performance, in accordance with contract terms and service level agreements (SLAs) documented within the contract.
- Formal processes existed to identify and notify Contract Managers of soon-to-expire agreements so that they are reviewed, updated and renewed in accordance with District policies and procedures.
- Payments made were consistent with overall organization policies and procedures and with the provisions within most of the contracts audited.

Opportunities were identified to improve the Third Party Vendor Management function to effectively realize the benefits from all vendor relationships. Management has identified action plans to mitigate the risks associated with the issues included in this report, including standardized procedures for vendor performance monitoring, improved performance monitoring of specific vendors and payment of vendor invoices in accordance with contract terms. These action plans have implementation dates through April 30, 2019. Upon effective implementation, these actions will help improve the District's internal controls over vendor performance management processes.

Third Party Vendor Management Audit



Date: December 28, 2018

Location: Health Care District of Palm Beach County

Sample Selected: A selection, based on history and complexity, of 25 key vendors that received payments between October 1, 2017 and June 30, 2018

The population of contracts subject to selection did not include agreements for legal services, facility repairs and maintenance, employee benefits, patient care, managed care physician contracts, supply contracts or vendor information technology (IT) security contracts.

Scope Exclusions: This audit did not include the following:

- Controls over the vendor selection process, such as requests for proposals, bidding and awarding of contracts
- Controls around key legal requirements, such as HIPAA Business Associate Agreements or regulatory standards

SUMMARY OF ISSUE RISKS



Third Party Vendor Management Audit



Date: December 28, 2018

Location: Health Care District of Palm Beach County

ISSUE 1: Security Officer Contract Performance Not Formally Monitored to Address Service Level Issues at Lakeside Medical Center (LMC)

WHAT IS CAUSING THE ISSUE?

Accountability: No formal performance management and monitoring procedures applied.

WHAT IS EXPECTED?

Monitoring vendor performance expectations timely, consistently and efficiently helps Management better understand if vendors deliver on key contract terms.

WHAT ARE THE FINDINGS?

Crowe noted that the G4S contract contained provisions around proper notification of changes of key personnel, selection and assignment of satisfactory security staff, contractor inspections over service performance, incident reporting and responsiveness of Contract Administrator. G4S was out of compliance with these provisions. Management is in corrective discussions with G4S with regards to this non-compliance. Crowe noted no formalized performance monitoring process existed to measure G4S service obligations to the contract.

ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Monitor and manage contracts in a manner that promotes acceptable, timely performance in accordance with contract terms, business needs and compliance risks (internal and regulatory).
- Third party vendor management strategy aligns with the overall business strategy to effectively realize the benefits from all third party vendor relationships.

WHAT ACTIONS WILL MANAGEMENT TAKE?

Management is discussing the service related issues identified with appropriate management over the Security Officer service agreement and will implement appropriate corrective actions.

04/30/2019
Stephanie Dardanello -
Hospital Administrator

Dennis Dzurovski -
Director of Facilities

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.

Third Party Vendor Management Audit



Date: December 28, 2018

Location: Health Care District of Palm Beach County

ISSUE 2: Improve Performance Management Procedures for LMC Cafeteria Services

WHAT IS CAUSING THE ISSUE?

Accountability: Performance management and monitoring procedures applied are not adequate

WHAT IS EXPECTED?

Monitoring vendor performance expectations timely, consistently and efficiently helps Management better understand if vendors deliver on key contract terms.

WHAT ARE THE FINDINGS?

Crowe noted that the monthly operational reports the cafeteria service vendor provides to Management does not include all topics in the Account Management section of the contract. Also, an annual business plan submitted by the vendor did not include quality monitoring and process improvement results as required in the contract.

Established within the contract are financial summaries provided in the monthly operational reports. Management did not have a formal process to analyze financial results related to the cafeteria transactions and activities and follow-up on significant trends or variances that fall outside of baseline expectations.

ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Monitor and manage contracts in a manner that promotes acceptable, timely performance in accordance with contract terms, business needs and compliance risks (internal and regulatory).
- Third party vendor management strategy aligns with the overall business strategy to effectively realize the benefits from all third party vendor relationships.

WHAT ACTIONS WILL MANAGEMENT TAKE?

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

04/30/2019
Stephanie Dardanella - Hospital Administrator

Third Party Vendor Management Audit



Date: December 28, 2018

Location: Health Care District of Palm Beach County

following operational year.

Additionally, management will require contractor to provide a monthly operational report that details all the relevant topics noted in the contract terms. Finally, Management will work with appropriate contractor personnel to develop a Quarterly Business Review packet that provides management appropriate insight to analyze financial results and operations of the cafeteria services provided by the vendor. The information in the Quarterly Business Review should include sufficient level detail to allow management to observe and follow up on significant trends and/or variances. Management will meet with vendor quarterly to discuss performance issues and any necessary corrective actions.

Third Party Vendor Management Audit



Date: December 28, 2018

Location: Health Care District of Palm Beach County

ISSUE 3: Establish Procedures Around Vendor Performance Monitoring

WHAT IS CAUSING THE ISSUE?

Policies and Procedures: Procedures to evaluate performance of key vendors were not in place.

WHAT IS EXPECTED?

Parameters for contract monitoring and feedback are established and formalized by written procedures. The ability to accurately, consistently, efficiently and timely monitor vendor performance, both at an individual contract level as well as on an overall performance basis, is part of an effective control environment around outsourcing. Written guidelines that detail management expectations and provide specific direction on contractor performance, dispute resolution and financial remedies help an organization better manage contractors and improves alignment of overall vendor performance with organizational goals. Solid vendor performance monitoring also puts the healthcare organization in a stronger negotiating position near current contract end or rebid, because the organization has captured and therefore can speak/negotiate from specifics about the level of vendor performance.

WHAT ARE THE FINDINGS?

There were no District-wide procedures around vendor performance monitoring. The vendor performance monitoring and management process was decentralized, and responsibility for monitoring vendor performance resided with department managers. The District can enhance organizational objectives when outsourcing critical functions through written procedures which communicate Management's expectations for effective vendor management to department managers and contract owners.

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Third party vendor management strategy aligns with the overall business strategy to effectively realize the benefits from all third party vendor relationships.
- Monitor and manage contracts in a manner that promotes acceptable, timely performance in accordance with contract terms, business needs and compliance risks (internal and regulatory).

WHAT ACTIONS WILL MANAGEMENT TAKE?

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.

04/30/2019
Dawn Richards - VP
& Chief Financial
Officer

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.

Third Party Vendor Management Audit



Date: December 28, 2018

Location: Health Care District of Palm Beach County

ISSUE 4: Pre-paid Service Fees Not Supported by Agreement

WHAT IS CAUSING THE ISSUE?

Supervision: Personnel processing the payments misunderstood the contract's payment terms.

WHAT IS EXPECTED?

Contract fees should be paid in accordance with terms specified in the agreement.

WHAT ARE THE FINDINGS?

In May 2018, the District completed and signed a 3-year subscription service agreement to provide telehealth software service at the Clinics. The agreement specifies monthly fees of \$300 over the three-year term. In May 2018, the District pre-paid all 3 years of service, a total of \$11,800, even though services had not yet begun.

The pre-payment of fees prevents the District from applying service credits which may be earned during the contract term. The contract terms specify that service credits can be applied only to outstanding or future payments; no refunds or payments against service credits are allowed.

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Make contract payments in accordance with contract terms and management authorization.

WHAT ACTIONS WILL MANAGEMENT TAKE?

- Management will reach out to vendor and determine if a refund can be obtained under the agreement or if an addendum can be negotiated to account for future service credits as refundable to the District. Discussions will also include input from the District's Finance and Legal departments.
 - Management will work with the Legal department to develop a standard template which defines the specific payment terms under the agreement and include in contracts going forward.
 - Management will reinforce procedures to compare invoices received to the contract terms prior to submitting for payment.
- 03/31/2019
Terry Megiveron - Director, Practice Operations

Third Party Vendor Management Audit



Date: December 28, 2018

Location: Health Care District of Palm Beach County

CONTEXT

The use of third party vendors can provide benefits for Healthcare systems, such as cost savings or expertise. However, the use of third parties to provide core services is not without risk. Some risks that could occur in outsourced services include: failure to meet performance requirements as outlined in the contract, failure to meet financial terms in accordance with contract provisions, billing for services not provided and potential compliance risks.

Management oversight of the Third Party Vendor Management processes is critical to minimize the risks of outsourcing. Strong oversight also promotes alignment with overall business strategies and facilitates achievement of business objectives related to operational, financial, clinical, legal functions and regulatory requirements.

OTHER OBSERVATIONS

Hospitals that use Joint Commission accreditation must adhere to accreditation standards and assure that care, treatment and services provided through contractual agreement are provided safely and effectively. As discussed in our sample, two contracts for medical services provided at the Lakeside Medical Services did not include service indicators and overall performance metrics. The Joint Commission had previously noted this issue in its unannounced survey in September 2018, and the District has an action plan to establish specific contract performance expectations (Key Performance Indicators).

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.

Third Party Vendor Management Audit



Date: December 28, 2018

Location: Health Care District of Palm Beach County

REPORT ACCEPTANCE

Darcy Davis
Darcy Davis, Chief Executive Officer

3-20-19

Date

Dawn E. Richards

Dawn Richards, VP & Chief Financial Officer

3/19/2019

Date

COPIES

Val Shahriari, VP & General Counsel

Belma Andric, MD, VP & Chief Medical Officer

Karen Harris, Vice President of Field Operations

Stephanie Dardanella, Hospital Administrator

Terry Megiveron, Director, Practice Operations

Dennis Dzurovski, Director of Facilities

AUDITORS

Harry Torres, Healthcare Risk Audit Senior Manager

This 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.

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**

1. Description: PTO Benefits Audit

2. Summary:

This agenda item provides the PTO Benefits Audit report for committee review and approval.

3. Substantive Analysis:

Crowe completed the PTO Benefits Audit, which resulted in 3 findings, 1 moderate risk and 2 low risk. Management responded with an action plan for each issue. The report is included in the Finance and Audit Committee package.

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:



Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

March 26, 2019

Date Reviewed

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**


6. Recommendation:

The Finance and Audit Committee recommends that the Board approve the PTO Benefits Audit report.

Approved for Legal sufficiency:



Valerie Shanjari
VP & General Counsel



Dawn Richards
VP and Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

PTO Benefits Audit



Date: January 28, 2019

Location: Health Care District of Palm Beach County

OBJECTIVES

- Evaluated and tested processes to determine if Paid Time Off (PTO) balances were accumulated, requested, approved and processed consistently for all employees as Management intends.

SCOPE

The scope of the audit included all Health Care District PTO accruals, requests and approvals for the three-month period audited. Data analytics was used to test the entire population of PTO accruals.

Location: Health Care District of Palm Beach County (entity-wide)

Time Period: August 1, 2018 to October 31, 2018

Scope Exclusions: The scope of the audit did not include other payroll functions not related to PTO.

CONCLUSION

Overall, controls were found to be in place and working as Management intended. Specifically, testing was performed that confirmed the following controls were in place:

- Physicians PTO accrual rates conformed to District policy;
- PTO accruals were stopping at 400 hours per the Paid Time Off policy;
- PTO accruals were not overdrawn;
- PTO hours taken were appropriately deducted from PTO accruals for exempt employees;
- PTO was being appropriately approved by the correct manager;
- PTO corrections were appropriately documented;
- PTO was being appropriately taken in full day increments by exempt employees; and
- User access in the Finance Plus system was properly restricted for transactions affecting PTO accruals and balances

However, issues related to PTO accruing at higher rates and PTO hours being manually added were found. Management has developed action plans to address these issues. The action plans will be completed by March 31, 2019.

SUMMARY OF ISSUE RISKS

High Risk - 0

Moderate Risk - 1

Low Risk - 2

PTO Benefits Audit



Date: January 28, 2019

Location: Health Care District of Palm Beach County

ISSUE 1: PTO Accrued at Higher Rates due to Exceeding 80 Regular Hours

WHAT IS CAUSING THE ISSUE?

Supervision: Management was not properly monitoring regular hours to make certain employees were not exceeding 80 regular hours when PTO, Sick Time, and Jury Duty hours were added.

WHAT IS EXPECTED?

Exceeding 80 regular hours could cause an employee to accrue PTO at a higher rate. The Kronos system utilized at the time of this audit did not let an employee enter more than 80 regular hours. However, PTO, Sick Time, and Jury Duty counted toward regular hours and could cause an employee to exceed 80 regular hours. The Kronos system did not correct for this. Therefore, it was up to each department manager to make certain that their employees regular hours did not exceed 80 regular hours when PTO, Sick Time, and Jury Duty hours were added to regular hours.

WHAT ARE THE FINDINGS?

Testing revealed that 68 employees out of approximately 1,300 total employees had PTO accruals higher than their accrual rate per hour for one or more pay periods because their regular hours exceeded 80.

ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Administer an accurate and consistent process for the accrual and payment of PTO benefits for all employees.
- Maintain accurate PTO balances for all employees

WHAT ACTIONS WILL MANAGEMENT TAKE?

- 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. 03/31/2019
Sabrina Thornton - Manager,
Payroll and Accounts Payable
- 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. 03/31/2019
Sabrina Thornton - Manager,
Payroll and Accounts Payable

PTO Benefits Audit



Date: January 28, 2019

Location: Health Care District of Palm Beach County

ISSUE 2: PTO Accrued at Higher Rates Due to Incorrect Leave Anniversary Codes

WHAT IS CAUSING THE ISSUE?

Training: Not all Human Resources employees were aware of the need to input the Leave Anniversary Code for rehired employees so that PTO accrued correctly.

WHAT IS EXPECTED?

Per the Health Care District Paid Time Off policy, all employees should accrue PTO based on years of service. Upon hire, Human Resources should assign the correct years of service tier located in the Finance Plus system. For rehires, the Leave Anniversary Date and Code must be changed in the Finance Plus system for the employee to accrue PTO based on their rehire date. If entered correctly, the Finance Plus system should automatically adjust the PTO tiers based on years of service going forward.

WHAT ARE THE FINDINGS?

Testing revealed that two employees out of a total of eight rehired employees over the three-month period audited received a higher PTO accrual rate per hour. Both employees had been rehired and their Leave Anniversary Code had not been properly entered and therefore, these employees were accruing PTO based on their length of service calculated using their original hire date rather than the length of service calculated based on their rehire date.

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Administer an accurate and consistent process for the accrual and payment of PTO benefits for all employees.
- Maintain accurate PTO balances for all employees

WHAT ACTIONS WILL MANAGEMENT TAKE?

- The Human Resources Assistant will correct the Leave Anniversary Code for the employees in the Finance Plus system so that PTO can accrue correctly going forward. The Human Resource Manager and Director will advise the employees affected by this change. 03/31/2019
Rosella Weymer - Human Resources Manager
- The Payroll Manager will monitor Leave Anniversary Codes on a periodic basis to determine if correct based on years of service. 03/31/2019
Sabrina Thornton - Manager, Payroll and Accounts Payable
- The Payroll Manager will educate Human Resources staff regarding inclusion of the correct Leave Anniversary Code for all rehired employees that is based on their rehire date. 03/31/2019
Sabrina Thornton - Manager, Payroll and Accounts Payable

PTO Benefits Audit

Date: January 28, 2019

Location: Health Care District of Palm Beach County



-
- The Payroll Manager will update existing procedure to include information for correctly establishing rehired employees in the Finance Plus system. This includes inclusion of the correct Leave Anniversary Date and Leave Anniversary Code based on their rehire date. The updated written procedure will be shared with Human Resources management.
- 03/31/2019
Sabrina Thornton - Manager,
Payroll and Accounts Payable

PTO Benefits Audit



Date: January 28, 2019

Location: Health Care District of Palm Beach County

ISSUE 3: PTO Hours Granted as an Award Entered Using Incorrect Process

WHAT IS CAUSING THE ISSUE?

Training: Human Resources management was not aware of the correct process for having PTO hours granted as an award entered into the Finance Plus system.

WHAT IS EXPECTED?

In order to maintain proper segregation of duties, PTO hours granted as an award should be approved by Human Resources management and then forwarded to the Payroll Department for entry into the Finance Plus system.

WHAT ARE THE FINDINGS?

Testing revealed that Human Resources management added PTO hours for two employees as an award. The PTO hours award should have been forwarded to the Payroll Department for processing.

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Administer an accurate and consistent process for the accrual and payment of PTO benefits for all employees.
- Maintain accurate PTO balances for all employees

WHAT ACTIONS WILL MANAGEMENT TAKE?

- Human Resources management will oversee that education is provided on the correct process for awarding PTO hours. Specifically, the education will include that all PTO hours granted as awards should be routed to the Payroll Department for entry into the Finance Plus system. 03/31/2019
Steven Hurwitz - Vice President of HR and Communications
- The Payroll Manager will monitor PTO hours manually added in the Finance Plus system to determine if hours have been manually added and if the correct process for doing so has been followed. 03/31/2019
Sabrina Thornton - Manager, Payroll and Accounts Payable

PTO Benefits Audit



Date: January 28, 2019

Location: Health Care District of Palm Beach County

CONTEXT

This audit was placed on the annual audit plan due to concerns that employed physicians were receiving PTO accrual rates per their contracts that were not the same as for regular employees. Physicians should accrue based on the same Years of Service tiers as regular employees. Crowe tested this and confirmed that all physicians are now accruing at the same years of service as regular employees. Other paid time off risks were discussed with Management during the opening meeting and included in the audit. Testing was based on the attributes contained in the Health Care District Paid Time Off policy. There were approximately 1,300 employees with the District at the time of this audit. Total payroll expense was approximately \$17.7 million during the three-month period tested.

OTHER OBSERVATIONS

Crowe noted during the performance of this audit that there was an electronic process available in the Kronos system for requesting and approving PTO. This electronic process was considered a leading practice because it had a time stamp for all PTO requests and approvals. PTO requests that were not approved were flagged by the payroll department for follow-up so that employees requesting PTO were always properly paid.

However, there were still departments found during the audit that were utilizing a manual paper process for requesting and approving PTO where PTO approvals were being entered manually by directors and managers after approving the PTO.

This process was not discontinued due to the need to remain flexible as an organization as long as PTO was being properly approved. Crowe, however, recommends that use of the electronic method for requesting and approving PTO should be followed whenever possible as it is a leading practice that makes certain employees requesting PTO are always paid properly and that PTO requests are never misplaced or misunderstood.

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.

PTO Benefits Audit



Date: January 28, 2019

Location: Health Care District of Palm Beach County

REPORT ACCEPTANCE

Darcy Davis
Darcy Davis, Chief Executive Officer

3-20-19
Date

Dawn B. Richards
Dawn Richards, VP & Chief Financial Officer

3/19/2019
Date

COPIES

Val Shahriari, VP & General Counsel

Steven Hurwitz, Vice President of HR and Communications

Rosella Weymer, Human Resources Manager

Sabrina Thornton, Manager, Payroll and Accounts Payable

AUDITORS

Angie Fearon, Healthcare Risk Audit Manager

This 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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**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**

1. Description: Revenue Charge Capture Controls Assessment

2. Summary:

This agenda item provides the Revenue Charge Capture Controls Assessment report for committee review and approval.

3. Substantive Analysis:

Crowe completed the Revenue Charge Capture Controls Assessment, which resulted in no findings. The report is included in the Finance and Audit Committee package.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

March 26, 2019

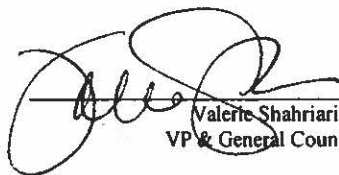
Date Reviewed

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**

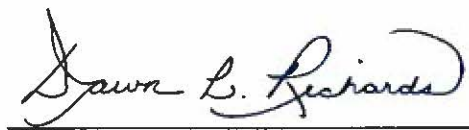
6. Recommendation:

The Finance and Audit Committee recommends that the Board approve the Revenue Charge Capture Controls Assessment report.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

Revenue Charge Capture Controls Assessment-Health Care District



Date: January 31, 2019

Location: Health Care District of Palm Beach County

OBJECTIVES

- Identified key controls and procedures over capturing and recording revenue for all chargeable services performed and medical supplies provided in selected departments and business units
- Performed a controls assessment of existing charge capture activities and evaluated that controls in place were designed as management intended

CONCLUSION

Controls over the charge entry process were in place and designed to support the District's charge capture objectives. Each business unit and hospital department acts independently to determine that their charges are accurate, timely and complete and relies on the functionality of its Electronic Health Record system (EHR) to meet revenue charge capture objectives. **See Attachment A** for further details regarding the key controls in place at each business unit/department.

SCOPE

Assessment of controls around revenue charge capture was documented for the following business units/departments:

- Lakeside Medical Center (LMC) - Operating Room, Emergency Services, Medical/Surgery 2nd Floor, Central Supply, Clinical Laboratory and Cat Scan. These departments represent 50% of more of total revenue and volume at LMC.
- Primary Care Clinics - West Palm Beach clinic (Medical and Dental)
- Healey Rehab Center
- Aeromed

Time Period: As of December 1, 2018

Scope Exclusions: This controls assessment did not include the following: evaluation of medical necessity, maintenance and updates of the Charge Description Master (CDM), or coding accuracy. The assessment also did not include any tests of control activities for effectiveness.

Revenue Charge Capture Controls Assessment-Health Care District



Date: January 31, 2019

Location: Health Care District of Palm Beach County

CONTEXT

Charge capture procedures need to support revenue recognition goals. Despite the use of Electronic Health Records (EHR's) and employment of ICD10 certified coders, concerns have arisen around accuracy and timeliness of capturing patient charges. At the hospital, difficulties were encountered around charging patients for supplies used at the time of service and the Clinics implemented a new EHR in the past year. Crowe performed a controls assessment to evaluate the design of controls established over the completeness, timeliness and accuracy of charges.

OTHER OBSERVATIONS

Medical supply inventory is transferred from Central Supply to a storage room for the various hospital departments at LMC, when needed. When a supply item is removed from the storage room for patient use, personnel in each department use the workstation in each room to scan the item bar code, which allows the inventory system to release the supply item from inventory records and properly record the expense to the department. Crowe noted the process of scanning bar codes when removing inventory items did not occur in the Emergency Department. The charges for medical supplies used for a patient are captured in the patient's medical chart and ultimately included on the patient account, but because the inventory items are not scanned when removed from the Emergency Department storage rooms, the expense will not be properly charged to the hospital department that used it. Further, the item used remains in the inventory records until an inventory count is performed and an adjustment posted.

REPORT ACCEPTANCE

Darcy Davis
Darcy Davis, Chief Executive Officer

3-20-19
Date

Dawn L. Richards
Dawn Richards, VP & Chief Financial Officer

3/19/2019
Date

Revenue Charge Capture Controls Assessment-Health Care District



Date: January 31, 2019

Location: Health Care District of Palm Beach County

COPIES

Val Shahriari, VP & General Counsel

Marcia Young, Director Revenue Cycle Management

Stephanie Dardanello, Hospital Administrator

Kenneth Healy, Finance Manager

Karen Harris, Vice President of Field Operations

Shelly-Ann Lau, Administrator Healey Center

AUDITORS

Harry Torres, Healthcare Risk Audit Senior Manager

This 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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Health Care District of Palm Beach County
Revenue Charge Capture Controls Assessment
Summary of Processes and Key Controls in Place

| Business Unit/Department | Key Controls |
|----------------------------|--|
| Aeromedical | <p>PROCESS: Completed transportation events are captured in the Aeromedical medic and pilot systems daily. Aeromedical personnel manually enter the flight information, mileage and patient demographic data in each system into an Excel file daily.</p> <p>CONTROL-1: Flight information captured daily is compared to the information entered into the Golden Hour system, they system provided by the Aeromedical billing and collections vendor. Discrepancies in any of the systems are addressed and resolved prior to final billing.</p> <p>CONTROL-2: Monthly reports, with total transports, provided by Golden Hour are reconciled to the running total of completed flights each month.</p> |
| Healey Rehab Center | <p>PROCESS: The charge capture process at Healey primarily consists of:</p> <p>Room and Board - Charges are captured through a daily resident census and midnight headcount.</p> <p>Physical Therapy – Charges are captured daily from the services scheduled through the Physical Therapy department's portal and billed monthly after charges are transferred to Matrixcare, the Resident Management System.</p> <p>Ancillary Services - Charges are captured through service logs, which are provided to the Billing Office Manager for review and entry into the Matrixcare system.</p> <p>Pharmacy Drugs, Clinical Laboratory and Radiology - These charges are captured when an invoice is received from the service provider.</p> <p>CONTROL-1: The Billing Office Manager reviews the Census Reports daily for accuracy/completeness of room and board charges.</p> <p>CONTROL-2: The Billing Office Manager reviews physical therapy charges monthly for missing codes/charges.</p> <p>CONTROL-3: The Billing Office Manager reviews the monthly service log for ancillary service charges to validate residents have authorized the services, prior to entering into Matrix. Any issues or discrepancies noted are researched and resolved prior to billing.</p> <p>CONTROL-4: The Billing Office Manager reviews the invoices for outside services provided to residents when received, validating that treatment/services are included in the resident's medical records.</p> |

| Business Unit/Department | Key Controls |
|--|---|
| Primary Care Clinics (Medical and Dental) | <p>PROCESS: Patient service charges at the Clinics (Medical and Dental) are captured through the Patient Management Systems Athena and Dentrrix. These systems provide visibility into missing charges or inaccuracies through error reports, system alerts and dashboards.</p> <p>CONTROL-1: The EHRs, Athena and Dentrrix, are configured to automatically capture service charges and supplies for procedures at the Clinics (Medical and Dental).- IT Automated System Control</p> <p>CONTROL-2: Clinic providers review patient charts in Athena and Dentrrix for completeness and accuracy prior to dropping charges for billing.</p> <p>CONTROL-3: The Clinic's Patient Financial Counselor reviews charges daily and compares to the provider's notes to identify errors in the charges dropped in Dentrrix.</p> <p>CONTROL-4: Coders review charges daily and compare to the provider's notes to identify errors in the charges dropped for billing, and work with providers to resolve issues around charge capture prior to billing.</p> |
| LMC (Surgery) | <p>PROCESS: Surgeries are scheduled through the hospital's EHR Perioperative Information Management System (PIMS). Once the schedule is complete, a Preference Card is generated. The Preference Cards define the list of equipment, instruments, supplies and implants for each surgical procedure. Nurses are able to correct or resolve any issues with the charges entered and reviewed prior to bill drop.</p> <p>CONTROL-1: The EHR is configured to automatically capture service charges and supplies for most procedures. - IT Automated System Control</p> <p>CONTROL-2: For scheduled surgeries, the nurse reviews that supplies noted for the procedure are accurate or added to the patient's chart, if missing.</p> <p>CONTROL-3: At the end of each surgical case the nurse will confirm all supplies/implants used with the Surgical Tech and confirm they are included in the Preference Card for accurate billing and also verify that charges agree to clinical documentation.</p> <p>CONTROL-4: Twice per week, the Surgery Nurse Manager pulls the Surgery Log report of recently completed surgeries and reviews it to make sure charge activity is complete and accurate and agrees to charge sheets, prior to submitting to billing.</p> |
| LMC (Emergency Department) | <p>PROCESS: Most patient charges from the Emergency Department (ED) are automatically captured through its Emergency Department Information System (EDIS). Charges not captured automatically are added manually after nurse reviews system edit reports and patient charts.</p> |

| Business Unit/Department | Key Controls |
|---------------------------|--|
| | <p>CONTROL-1: The Emergency Department's EHR is configured to automatically capture charges for most procedures. - IT Automated System Control</p> <p>CONTROL-2: Daily, staff queries the EDIS to validate that daily charges captured agrees with completed Emergency Room visits recorded by the Admitting department.</p> <p>CONTROL-3: Nurse management review daily alert reports for missing charges and supplies, which includes review of physician charts and nursing documentation to validate all chargeable procedures and supplies are included.</p> <p>CONTROL-4: Patient Access personnel reconcile the accommodation status code in MedHost to the Physician order for patients admitted as in-patient through the Emergency Department and apply the appropriate charges.</p> <p>CONTROL-5: The hospital coder reviews the patient medical record and procedures charged for accuracy and completeness and can capture missing charges if any are noted.</p> |
| LMC (Clinical Laboratory) | <p>PROCESS: Laboratory orders are received from hospital physicians through the Laboratory Information System (LIS), a subsystem of the Medical Center's MedHost EHR system. When orders are completed and results verified, the charges are automatically dropped for billing in MedHost.</p> <p>CONTROL-1: The Laboratory's EHR is configured to automatically capture service charges for completed laboratory tests. - IT Automated System Control</p> <p>CONTROL-2: Lab Technicians and Supervisors review system work lists to confirm orders from prior day were completed and verify no open lab orders have been missed and that all charges are captured.</p> <p>CONTROL-3: The Laboratory Manager also performs a bi-weekly quality assurance review of all orders to verify charges are accurate and results agree with patient records.</p> |
| LMC (Radiology) | <p>PROCESS: Radiology orders are entered through MedHost. Radiology Staff prints out the order and manually enters it into MedQ an enterprise radiology information systems. The Radiology Technologist completes the procedure and matches the image to the order before providing to Radiologist to dictate results.</p> <p>CONTROL-1: Technologist reviews the order received and matches to physician prescription to validate diagnosis is appropriate for the order.</p> |

| Business Unit/Department | Key Controls |
|------------------------------------|--|
| | <p>CONTROL-2: Director of Radiology and/or Radiology Manager review charges daily to compare the finalized orders in MedHost to the stored images and provider notes, to validate charges are complete and accurate. Charges for supplies are embedded into the procedure charge for this department.</p> |
| <p>LMC (Central Supply)</p> | <p>PROCESS: LMC's Materials Management group processes all supply requests for use in the hospital and also manages the request for new supply items to be added to the Charge Description Master (CDM). Supplies are received at the receiving warehouse and then transferred to a stock room for the respective hospital departments to use. Chargeable supplies are included in the patient charges when medical procedures are performed and can only be charged based on a physician order.</p> <p>CONTROL: The Charge Master Request Form requires approval from the requesting Department Manager, Purchasing Supervisor, Revenue Cycle Manager and Charge Master Coordinator before updating the CDM with a charge master code for new supply items.</p> |
| <p>LMC (General)</p> | <p>PROCESS: The Admitting department captures Inpatient room and board charges daily. The "head in bed" service code per the census report is compared to the patient's Hospital Service Code in MedHost. When the codes are matched, the appropriate charge is captured. LMC has a (3)-day bill hold policy. Charges posted to patient accounts after the 3-day bill hold are considered late charges.</p> <p>CONTROL-1: The Admitting department performs a reconciliation of room and board charges to daily census for LMC in-patients, by comparing the "head in bed" service code per the census report to the patient's Hospital Service Code in MedHost.</p> <p>CONTROL-2: The Finance department reviews the reconciliation performed by Admissions and any discrepancies noted to patient charges are addressed and resolved in MedHost.</p> <p>CONTROL-3: To support the identification and communication of late charges, the Billing Office reviews the bill hold reports at LMC, Coders and Practice Managers identify clinical encounters not closed by the providers at Clinics.</p> |

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**

1. Description: Controlled Substance Audit – Primary Care Clinic Pharmacies

2. Summary:

This agenda item provides the Controlled Substance Audit – Primary Care Clinic Pharmacies report for committee review and approval.

3. Substantive Analysis:

Crowe completed the Controlled Substance Audit – Primary Care Clinic Pharmacies, which resulted in 5 findings, 1 moderate risk and 4 low risk. Management responded with an action plan for each issue. The report is included in the Finance and Audit Committee package.

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:



Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

March 26, 2019

Date Reviewed

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
MARCH 26, 2019**


6. Recommendation:

The Finance and Audit Committee recommends that the Board approve the Controlled Substance Audit – Primary Care Clinic Pharmacies report.

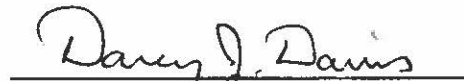
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

Healthcare District of Palm Beach County Controlled Substance Audit - Primary Care Clinic Pharmacies

Date: January 25, 2019

Location: Health Care District of Palm Beach County



OBJECTIVES

- Tested whether controls over Drug Enforcement Administration (DEA) files and record retention were functioning as Management intended
- Tested whether controls existed and were functioning to monitor, prevent and detect diversion of controlled substances.

SCOPE

The scope of the engagement included testing the handling, stocking, disposal and security of controlled substances and related records through site visits at the four Clinic Retail Pharmacies that order controlled substances. In addition, pharmacy system user access was tested for terminated employees.

Location: Primary Care Clinic Pharmacies - Lantana, Delray Beach, West Palm Beach and Belle Glade

Time Period: October 1, 2017 through November 8, 2018

Key Information System(s): Pharmacy Logistics

Scope Exclusions: The scope did not include testing of the controlled substance process in place at the Healthcare District of Palm Beach Lakeside Medical Center.

CONCLUSION

The internal controls surrounding the security of controlled substances in the Primary Care Clinic Pharmacies appeared to be in place and were generally functioning as Management intended. The Pharmacies' inventory management practices appeared mature, requiring perpetual controlled substance inventory counting during receiving, stocking and the filling processes.

However, through testing and observation of the daily processes, opportunities for improvement include establishing detective controls for diversion opportunities in their receiving, stocking and expiring of controlled substances. Other opportunities include improving their DEA record keeping quality review processes to validate compliance with DEA and Florida State Board of Pharmacy (BOP) record keeping regulations.

Pharmacy leadership has developed action plans to address these opportunities in an effort to improve internal controls to mitigate the ongoing risks of controlled substance diversion and improve record keeping requirements. Management has committed to implementing action plans by June 1, 2019.

SUMMARY OF ISSUE RISKS

High Risk - 0

Moderate Risk - 1

Low Risk - 4

Healthcare District of Palm Beach County Controlled Substance Audit - Primary Care Clinic Pharmacies

Date: January 25, 2019

Location: Health Care District of Palm Beach County



ISSUE 1: Controlled Substance Inventory Management Lacked Effective Diversion Controls

WHAT IS CAUSING THE ISSUE?

- Procedures: Healthcare District of Palm Beach County (HDPBC) pharmacies did not have procedures in place to prevent and detect diversion of controlled substances during receipt, stocking and expiring of controlled substances.
- Supervision: There was no supervisory oversight process requiring a monthly reconciliation of inventory received and inventory stocked to detect if a diversion occurred.
- Procedures: Expired controlled substance inventory reductions were based on what the Pharmacy indicated was provided to the reverse distributor and not on what was reported as removed for destruction by the reverse distributor's report.
- Resource Alignment: Due to limited personnel and resources (i.e., limited number of pharmacist and tech at each location), the pharmacies did not have enough staff to separate responsibilities, therefore, segregation of duties are not always feasible.

WHAT IS EXPECTED?

The Office of Diversion Control Division's Controlled Substances Security Manual requires all registrants to have effective physical security controls and operating procedures to guard against theft and diversion of controlled substances.

WHAT ARE THE FINDINGS?

HDPBC pharmacies lack effective preventative and detective controls in their receiving and stocking of controlled substances. Since detective reconciliation control procedures were not in place, a diversion could go undetected if a diverter knew to send a copy of the controlled substance

ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Prevent and detect diversion of controlled substances.

WHAT ACTIONS WILL MANAGEMENT TAKE?

- Develop a monthly process for reconciling controlled substance purchases (Cardinal summary report) to controlled substances stocked into McKesson inventory. The reconciliations will be signed off demonstrating performance of the reconciliation and maintained on file for internal quality assurance reviews. 04/01/2019
Hyla Fritsch - Director, Pharmacy
- The clinic pharmacies will develop a reconciliation process requiring a reconciliation between the inventory adjustments recorded in McKesson to the reports provided by the reverse distributor when they pick up expired controlled substance inventory. 04/01/2019
Hyla Fritsch - Director, Pharmacy

Healthcare District of Palm Beach County Controlled Substance Audit - Primary Care Clinic Pharmacies

Date: January 25, 2019

Location: Health Care District of Palm Beach County



invoice to Accounts Payable and indicate in the inventory system that a zero quantity was received.

Additionally, Crowe noted one expired controlled substance, picked up by the reverse distributor, that was incorrectly adjusted to inventory by two pills. Due to the lack of detective reconciliation control procedures, the error was not detected by Pharmacy Management.

- Develop a formal written procedure requiring a reconciliation between McKesson inventory adjustments and the reverse distributor reports.

04/01/2019

Hyla Fritsch - Director, Pharmacy

Employee training will be conducted and a quality assurance review process will be established to validate the procedures are being followed.

Healthcare District of Palm Beach County Controlled Substance Audit - Primary Care Clinic Pharmacies

Date: January 25, 2019

Location: Health Care District of Palm Beach County



ISSUE 2: Pharmacy Record Keeping is Non-Compliant with DEA Requirements

WHAT IS CAUSING THE ISSUE?

Supervision: No monitoring process to oversee and enforce required procedures to maintain that DEA files are complete, accurate, centralized and separated between Schedule II and Schedule III-V.

WHAT IS EXPECTED?

Title 21 Code of Federal Regulation (CFR) Part 1304.04 indicates: (1) Inventories and records of controlled substances listed in Schedules I and II shall be maintained separately from all of the records of the registrant; and (2) Inventories and records of controlled substances listed in Schedules III through V shall be maintained either separately from all other records of the registrant or in such form that the information required is readily retrievable from the ordinary business records of the registrant.

Title 21 CFR Part 1304.21 requires recording the date of receipt which is the date which the controlled substances are actually received will be used as the date of receipt (e.g., invoices or packing slips, or DEA Form 41).

Title 21 CFR Part 1311.60 indicates Controlled Substance Ordering System (CSOS) certificate holders must maintain a copy of the subscriber agreement that the Certification Authority provides for the life of the certificate.

The framework of the Controlled Substance Act (CSA) requires that all controlled substance transactions are to take place within a "closed system" of distribution. Within this "closed system" strict accounting for all controlled substance transactions must be maintained.

Having a DEA and State Board of Pharmacy file system is considered a leading practice to assist Facilities in complying with regulatory record keeping requirements.

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Prevent and detect diversion of controlled substances.

WHAT ACTIONS WILL MANAGEMENT TAKE?

- Pharmacy Management will develop a DEA filing system ("DEA File") to maintain the following information, segregated by Schedule I, II and III through V's: 06/01/2019
Hyla Fritsch - Director, Pharmacy
 - Unused and executed DEA 222 Forms will be secured and filed in chronological order (if DEA file is not secure, a placeholder to the location will be added)
 - Dated controlled substance invoices
 - Biennial inventories
 - DEA registrant license certification
 - Power of Attorney (POA) Forms used to delegate the ordering of Schedule II controlled substances
 - DEA 106 Forms for theft or loss of controlled substances (as applicable)
 - DEA 41 Forms for registrant record of controlled substances destroyed (as

Healthcare District of Palm Beach County Controlled Substance Audit - Primary Care Clinic Pharmacies

Date: January 25, 2019

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WHAT ARE THE FINDINGS?

Crowe noted instances where controlled substance invoices were not maintained accurately, complete, separated between Schedule II and Schedule III-V and in a centralized area. The following non-compliance with DEA regulations was noted:

- Two locations had a total of 26 controlled substance invoices (19 at Bell Glade and 7 at Delray) that were not dated by the pharmacist upon receipt.
- One location did not have their controlled substance records separated between Schedule II and Schedule III-V.
- One location had invalid DEA 222 Forms that were not returned to the DEA and were filed with their valid DEA 222 Forms.
- A required CSOS Subscriber Agreement was not maintained at all the locations.

Additionally, Crowe noted that at each pharmacy there was no centralized location for controlled substance records, nor a quality assurance program to validate compliance to Florida BOP and DEA record keeping requirements.

- applicable)
- Records of controlled substances transferred to another DEA registrant (as applicable)
- Expired controlled substance records
- Provider prescriptions (or placeholder to location)
- Signed Schedule II CSOS subscriber agreement

-
- Develop a checklist process to monitor the DEA File by validating all controlled substance records are current, complete and include all records for a closed loop system. 06/01/2019 Hyla Fritsch - Director, Pharmacy
 - Pharmacy Management returned the Complete invalid DEA 222 Forms to the local Hyla Fritsch - Director, Pharmacy DEA field office.
-

Healthcare District of Palm Beach County Controlled Substance Audit - Primary Care Clinic Pharmacies

Date: January 25, 2019

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ISSUE 3: Controlled Substances Not Secured

WHAT IS CAUSING THE ISSUE?

Accountability: Belle Glade did not secure their expired controlled substance in a locked secure area (i.e., drawer or cabinet).

WHAT IS EXPECTED?

Title 21 CFR Part 1301.71 requires that all registrants provide effective controls and procedures to guard against theft and diversion of controlled substances.

HDPBC Procedures require that all controlled substances, including expired medication, be physically secured.

WHAT ARE THE FINDINGS?

The Belle Glade Pharmacy did not comply with HDPBC Procedures on securing all controlled substances. Crowe noted that expired controlled substances were maintained in a cardboard box in an unsecured area.

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Prevent and detect diversion of controlled substances.

WHAT ACTIONS WILL MANAGEMENT TAKE?

Pharmacy Management provided additional training and developed a quality review process to review proper security of all controlled substances.

Complete
Hyla Fritsch - Director, Pharmacy

Coaching was provided to individuals on the importance of securing controlled substances at all time.

The expired controlled substances that were left unsecured were locked up in a secured drawer or cabinet.

Healthcare District of Palm Beach County Controlled Substance Audit - Primary Care Clinic Pharmacies

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ISSUE 4: Two Perpetual Inventory Management Systems Utilized

WHAT IS CAUSING THE ISSUE?

Procedures: Pharmacy Management procedures require staff to maintain two controlled substance inventory systems.

WHAT IS EXPECTED?

HDPBC uses an automated perpetual inventory management system, McKesson, that maintains controlled substance inventory updated real time with controlled substance inventory transactions such as purchase orders, receipts, prescriptions filled, and a multitude of other tracking information.

The framework of the CSA requires that all controlled substance transactions are to take place within a "closed system" of distribution. Within this "closed system", strict accounting for all controlled substance transactions must be maintained.

WHAT ARE THE FINDINGS?

HDPBC Retail Pharmacies are currently maintaining two controlled substance perpetual inventory systems. Even though the McKesson automated system is fully functional, HDPBC has continued to use a manual perpetual log system (simultaneously with the automated system). Having two inventory systems to maintain, can lead to inefficiencies, duplication of efforts, and human error when using the manual system.

Crowe noted two examples where the manual controlled substance inventory records were not accurate and did not reconcile to the automated inventory system.

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Prevent and detect diversion of controlled substances.

WHAT ACTIONS WILL MANAGEMENT TAKE?

Pharmacy Management eliminated the manual perpetual inventory system and solely uses the electronic McKesson inventory management system.

Complete
Hyla Fritsch - Director, Pharmacy

Healthcare District of Palm Beach County Controlled Substance Audit - Primary Care Clinic Pharmacies

Date: January 25, 2019

Location: Health Care District of Palm Beach County



ISSUE 5: Inventory Not Recorded in Finished Form

ISSUE RISK

Low Risk

WHAT IS CAUSING THE ISSUE?

Training: Employees recording inventory counts did not receive training/education on all the DEA inventory requirements.

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Controlled substance security, record keeping, tracking and monitoring processes are established to comply with DEA, State Board of Pharmacy and other regulatory standards.

WHAT IS EXPECTED?

Title 21 CFR Part 1304.03 states that controlled substances to be recorded in "finished form" includes the number of commercial containers of each such finished form (e.g. four 100-tablet bottles or six 3-milliliter vials).

WHAT ACTIONS WILL MANAGEMENT TAKE?

The Pharmacy Procedures Manual will be revised to include the 'finished form' requirement and the inventory count sheets will be revised to include the "finished form" format. Management provided staff with training and also revised written procedures to record inventory counts in finished form.

10/01/2019
Hyla Fritsch - Director, Pharmacy

WHAT ARE THE FINDINGS?

Crowe noted that during the last inventory counts performed at all the pharmacies (September 2018) the inventory count sheets listed controlled substances by the number of tablets, but did not indicate the number in each finished form. For example, HDPBC should add "four 100-tablet bottles" to the already stated 400 pill inventory count.

Additionally, Pharmacy Management will provide education to pharmacy staff to record inventory counts in finished form. The next annual inventory is scheduled for September 30, 2019.

Healthcare District of Palm Beach County Controlled Substance Audit - Primary Care Clinic Pharmacies

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CONTEXT

A November 2017 report by the President's Commission on Combating Drug Addiction and Opioid Crisis noted that "the crisis in opioid overdose deaths has reached epidemic proportions in the United States and currently exceeds all other drug-related deaths or traffic fatalities." Additionally, the Centers for Disease Control and Prevention reported that the annual number of drug overdose deaths involving prescription opioids (such as hydrocodone, oxycodone, fentanyl and methadone) has more than quadrupled since 1999.

In efforts to control the epidemic and combat the crisis, the DEA Diversion Control Division, responsible for administering and enforcing CSA, continues extensive monitoring and enforcement of DEA regulations. DEA statues house strict record-keeping requirements which are designed to prevent prescription pain killers, like oxycodone, from ending up on our streets. The federal statute governs the manufacture, distribution, and use of prescription and illicit opioids. DEA licensees/registrants who refuse or negligently fail to comply with the strict requirements of the controlled substance laws are subject to civil and criminal penalties. Fines may include \$10,000 for each violation, suspension or revocation of a controlled substance practitioner license and/or research registration and prison sentence.

The HDPBC provides healthcare care services, including a hospital, to all Palm Beach County residents, in Adult and Pediatric medicine. In 2013, the primary care clinics began operating at 6 locations in the areas of Delray Beach, West Palm, Lantana, Bell Glade, Lake Worth, and Jupiter. The clinics also have a pharmacy program operating as an in-house pharmacy providing prescription medications, including controlled substances, to patients who utilize the Primary Care Clinics. There is also a distribution center located in Boynton Beach. Patients benefit by being able to fill their prescriptions at the same location where they receive their primary care. All locations, except for Jupiter, have a DEA license and, therefore, can fill controlled substance prescriptions. The pharmacies have a limited formulary which does not include many of the high diverting controlled substances such as Fentanyl, OxyContin and Morphine. The Primary Care Clinics also have a Medication Assisted Treatment Program, to address the growing opioid crisis in Palm Beach County.

The Health Care District Palm Beach Primary Care Clinic pharmacies filled a total of 1,785 controlled substance prescriptions during the 6 month period ended November 6, 2018. A total of 159 of those prescriptions were Schedule II and 1,626 were Schedule III-V.

OTHER OBSERVATIONS

HDPBC Pharmacies lack an Opioid Stewardship Program.

The CDC has communicated guidelines for prescribing opioids. Many retail pharmacies, such as CVS, have implemented an opioid stewardship program to limit the quantity of days opioids are prescribed for certain conditions and has implemented system flags to stop any opioid and benzodiazepine combinations. HDPBC Pharmacy Management may want to consider similar opioid stewardship programs. CDC guidelines indicates the following recommendations:

Healthcare District of Palm Beach County Controlled Substance Audit - Primary Care Clinic Pharmacies



Date: January 25, 2019

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- Opioid prescriptions should only be for acute pain and for the expected duration of pain severe enough to need opioids.
- A prescription for opioids should be for three days or less (studies have shown that taking an opioid for more than three days, even at a low dose, increases the risk of addiction by 15 times).
- Avoid concurrent opioid and benzodiazepine prescriptions as patients with concurrent use are five times more likely to overdose on opioids.

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.

Healthcare District of Palm Beach County Controlled Substance Audit - Primary Care Clinic Pharmacies



Date: January 25, 2019

Location: Health Care District of Palm Beach County

REPORT ACCEPTANCE

Darcy Davis
Darcy Davis, Chief Executive Officer

3.20.19

Date

Dawn Richards
Dawn Richards, VP & Chief Financial Officer

3/19/2019

Date

COPIES

Val Shahriari, VP & General Counsel

Belma Andric, MD, VP & Chief Medical Officer

Hyla Fritsch, Director, Pharmacy

AUDITORS

Rosanna Coppola, Healthcare Risk Audit Manager

Tamara Mattox, Healthcare Risk Audit Senior Manager

This 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.

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

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

2. Summary:

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

3. Substantive Analysis:


The charter was last updated on September 25, 2018. The District proposes amending the Section titled, Meetings. The new language specifies the presence of a majority of the appointed committee members shall be necessary at any meeting to constitute a quorum or to transact business, rather than a set number of members. Attached for your review are the following documents:

- Updated version of the charter showing the proposed amendments; and,
- A clean version of the charter to be adopted.

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:


Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

March 26, 2019

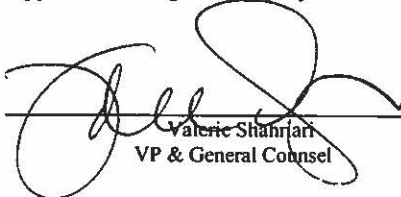
Date Approved

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

6. Recommendation:

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

Approved for Legal sufficiency:


Valerie Shahjari
VP & General Counsel


Darryl J. Davis
Chief Executive Officer

FINANCE AND AUDIT COMMITTEE CHARTER

PURPOSE

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

COMPOSITION OF COMMITTEE

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

MEETINGS

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

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

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

The presence of a majority of the appointed five (5) Committee members shall be necessary at any meeting to constitute a quorum or to transact business. The Board shall promulgate rules of order for the conduct of all Committee meetings. All procedural matters not addressed in said rules of order, by this Charter, or by the HCD Board Bylaws, shall be governed by the latest edition of "Roberts Rules of Order".

POWERS AND DUTIES

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

1. ***Financial Plans.*** The Committee shall review the long-range financial plans of the District, and make such recommendations, as it deems appropriate to the Board regarding the projected use of District funds.
2. ***Financial Statements.*** The Committee shall review the District's monthly and annual financial statements.
3. ***Budgets.*** The Committee shall review the annual capital and operating budgets, including amendments thereto, and make such recommendations, as it deems appropriate to the Board regarding the sources and uses of District funds.
4. ***Investment of Funds.*** The Committee shall review the District Investment Plan and portfolio, at least annually, and make such recommendations, as it deems appropriate to the Board for action regarding the investment of District funds and reserves.
5. ***Grant Compliance.*** The Committee shall provide oversight of the District's fiscal activities as they relate to applying for and receiving grant awards.
6. ***Insurance.*** The Committee shall review the District's fiscal activities as they relate to insurance coverage of District operations and employees.

7. ***Building Construction Contracts and Leases.*** The Committee shall review building construction contracts and all agreements, including leases, for the sale and/or acquisition of real property to insure the same are at arms-length, negotiated in compliance with the District Real Property Sale and/or Acquisition Policy.
8. ***Revenue cycle.*** The Committee shall provide oversight for the District's revenue cycle process, including charge structure, billing, collections and management of accounts receivable.
9. ***Physician compensation.*** The Committee shall review the District's policies and practices related to the setting of physician compensation and benefits to insure such payments meet fair market value requirements.
10. ***Employee Compensation and Benefits.*** The Committee shall review the Employee Compensation Benefit plan, and make such recommendations, as it deems appropriate to the Board for action regarding compensation studies and benefit administration.
11. ***Competitive Bidding.*** Upon final vendor selection, the Committee shall review competitive purchasing solicitations which are anticipated to exceed \$250,000 and make recommendations for approval to the Board
12. ***Internal Audit.*** The Committee shall provide oversight of the internal audit function including but not limited to: reviewing the annual budget; making recommendations on department structure and staffing; approving the annual audit plan; and receiving audit reports. The Chief Financial Officer is responsible for directing the day-to-day operations of the assigned staff. The Chair of the Committee is responsible for making decisions related to hiring, firing, performance review, and outsourcing of the Audit function.
13. ***Annual External Financial Audit.*** The Committee will review the results of the annual financial audit and make recommendations for approval to the Board.
14. ***Auditor Selection.*** The Committee will have oversight over the external auditor selection process and will make recommendations for engagement, including contract terms or termination to the Board.

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**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

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

2. Summary:

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

3. Substantive Analysis:

The charter was last updated on September 25, 2018. The District proposes amending the Section titled, Meetings. The new language specifies the presence of a majority of the appointed committee members shall be necessary at any meeting to constitute a quorum or to transact business, rather than a set number of members. Attached for your review are the following documents:

- Updated version of the charter showing the proposed amendments; and,
- A clean version of the charter to be adopted.

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:


Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Quality, Patient Safety & Compliance
Committee

Committee Name

March 26, 2019

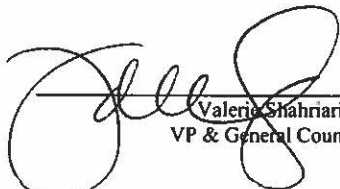
Date Approved

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

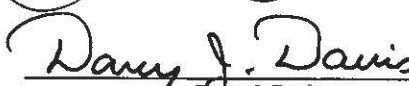
6. Recommendation:

Staff recommends the Board approve the amendment to the Quality, Patient safety and Compliance Charter.

Approved for Legal sufficiency:



Valeria Shahriari
VP & General Counsel



Darcy J. Davis
Chief Executive Officer

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER

PURPOSE

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

COMPOSITION OF COMMITTEE

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

MEETINGS

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POWERS AND DUTIES

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

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

processes designed to facilitate communication across the organization regarding risk management, patient care loss prevention/control and safety improvement opportunities and activities and the evaluation thereof.

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

15. ***Compliance Program.*** The Committee shall review the Compliance Program for adherence to the OIG's Compliance Guidance's for applicable businesses, including for hospitals, nursing homes, managed care, physician offices, etc.
16. ***Corrective Action.*** The Committee shall review and approve appropriate corrective action steps should a material error or violation of compliance policy and procedure occur.
17. ***Education.*** The Committee shall work with the Chief Compliance Officer, as necessary, to develop effective on-going training.
18. ***Monitor Compliance Program.*** The Committee shall assure that methodologies developed to monitor compliance are appropriate to maximize compliance and assure confidential treatment of material.
19. ***Standard of Conduct.*** The Committee shall periodically review and approve the Standard of Conduct.

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER

PURPOSE

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

COMPOSITION OF COMMITTEE

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

MEETINGS

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

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

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

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

POWERS AND DUTIES

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

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

processes designed to facilitate communication across the organization regarding risk management, patient care loss prevention/control and safety improvement opportunities and activities and the evaluation thereof.

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

15. ***Compliance Program.*** The Committee shall review the Compliance Program for adherence to the OIG's Compliance Guidance's for applicable businesses, including for hospitals, nursing homes, managed care, physician offices, etc.
16. ***Corrective Action.*** The Committee shall review and approve appropriate corrective action steps should a material error or violation of compliance policy and procedure occur.
17. ***Education.*** The Committee shall work with the Chief Compliance Officer, as necessary, to develop effective on-going training.
18. ***Monitor Compliance Program.*** The Committee shall assure that methodologies developed to monitor compliance are appropriate to maximize compliance and assure confidential treatment of material.
19. ***Standard of Conduct.*** The Committee shall periodically review and approve the Standard of Conduct.

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

1. Description: Member Appointments to the Finance and Audit Committee

2. Summary:

This agenda item presents the Board with a recommendation to appointment Mark Marciano and Richard Sartory to the Finance and Audit Committee.

3. Substantive Analysis:

The Health Care District Bylaws specify that the District Board shall appoint standing committee members to a four (4) year term with standing committee membership limited to two (2) full terms. This agenda item includes the recommendation to appoint two new committee members to the Finance and Audit Committee. Presently, there are three (3) vacancies, one (1) pending and two (2) presented today thus filling the Committee.

Mark Marciano is a Doctor of Optometry and owner of Marciano Family Optometric. In addition, Dr. Marciano is a Council Member for the City of Palm Beach Gardens and serves on many associations including the Florida Optometric Association, Palm Beach County Optometric Association, and the Economic Forum of Palm Beach County. If confirmed, Dr. Marciano's term will run through September 2023.

Richard Sartory is a Public Affairs and Advocacy professional in Palm Beach County. Mr. Sartory will bring 27 years of commercial banking experience and a strong financial management background to the Finance and Audit Committee. If confirmed, Mr. Sartory's term will run through September 2023

A copy of Dr. Marciano's and Mr. Sartory's Application for Board or Committee Appointment Form and 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:


Dawn Richards
VP & Chief Financial Officer

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the appointment of Mark Marciano and Richard Sartory to the Finance and Audit Committee.

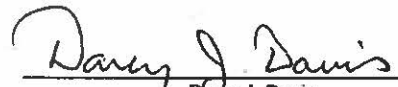
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas Cleare
VP of Strategy



Darcy J. Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

1. Description: 2018 Health Care District Audit

2. Summary:

The 2018 Health Care District audited Comprehensive Annual Financial Report (CAFR) is being provided for Board review.

3. Substantive Analysis:

The District's external auditor, RSM US LLP, completed the audit procedures for fiscal year ended September 30, 2018. 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:



Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

3/26/2019

Date Reviewed

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

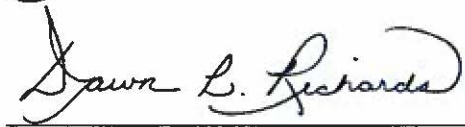
6. Recommendation:

The Finance and Audit Committee recommends that the Health Care District Board approve the 2018 Health Care District audited Comprehensive Annual Financial Report (CAFR).

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

1. Description: 2018 District Clinic Holdings, Inc. Audit

2. Summary:

The 2018 District Clinic Holdings, Inc. audited financial report is being provided for Board review.

3. Substantive Analysis:

The District's external auditor, RSM US LLP, completed the audit procedures for fiscal year ended September 30, 2018. 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:



Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

3/26/2019

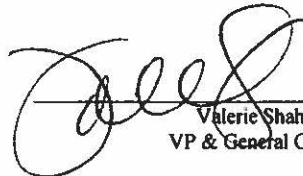
Date Reviewed

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**


6. Recommendation:

The Finance and Audit Committee recommends that the Health Care District Board approve the 2018 District Clinic Holdings, Inc. audited financial report.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

1. Description: 2018 Good Health Foundation, Inc. Audit

2. Summary:

The 2018 Good Health Foundation, Inc. audited financial report is being provided for Board review.

3. Substantive Analysis:

The District's external auditor, RSM US LLP, completed the audit procedures for fiscal year ended September 30, 2018. 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:



Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

3/26/2019

Date Reviewed

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

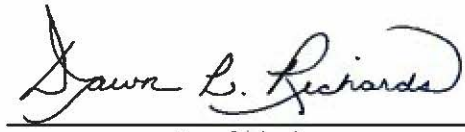
6. Recommendation:

The Finance and Audit Committee recommends that the Health Care District Board approve the 2018 Good Health Foundation, Inc. audited financial report.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

1. Description: 2018 Healthy Palm Beaches, Inc. Audit

2. Summary:

The 2018 Healthy Palm Beaches, Inc. audited statutory financial report is being provided for Board review.

3. Substantive Analysis:

The District's external auditor, RSM US LLP, completed the audit procedures for fiscal year ended December 31, 2018. 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:



Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

3/26/2019

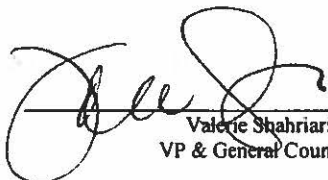
Date Reviewed

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**


6. Recommendation:

The Finance and Audit Committee recommends that the Health Care District Board approve the 2018 Healthy Palm Beaches, Inc. audited statutory financial report.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

1. Description: Appointment of Gary Butler to the District Clinic Holdings, Inc. Board of Directors

2. Summary:

Gary Butler's application for the Board or Committee Appointment.

3. Substantive Analysis:

Gary Butler has submitted an application for consideration by the Membership / Nominating Committee to be appointed to the District Clinic Holdings, Inc. Board of Directors.

Mr. Butler has worked in the field of healthcare for years and spends a great deal of time in Belle Glade. He is familiar with special populations such as agricultural workers and homeless individuals.

A copy of Mr. Butler's application 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:

N/A

Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Nominating Committee

Committee Name

3/26/2019

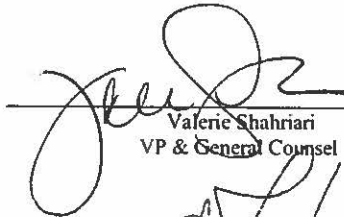
Date Approved

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**


6. Recommendation:

Staff recommends the Board approve the appointment of Gary Butler to the District Clinic Holdings, Inc. Board.

Approved for Legal sufficiency:



Valerie Shahriari
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 & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

1. Description: Licensed Independent Practitioner (LIP) Credentialing and Privileging

2. Summary:

The agenda item represents the licensed independent practitioner(s) recommended for credentialing and privileging by the FQHC Medical Director.

3. Substantive Analysis:

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

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

| Last Name | First Name | Degree | Specialty | Credentialing |
|-----------|------------|--------|--------------------|-----------------|
| Dabu | Darnel | MD | Family Medicine | Recredentialing |
| Inacio | Vanessa | MD | Family Medicine | Recredentialing |
| Petit | Jesula | APRN | Nurse Practitioner | Recredentialing |

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

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

**HEALTH CARE DISTRICT BOARD & DISTRICT CLINIC HOLDINGS, INC BOARD
JOINT MEETING
March 26, 2019**

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:



Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

N/A

Date Approved

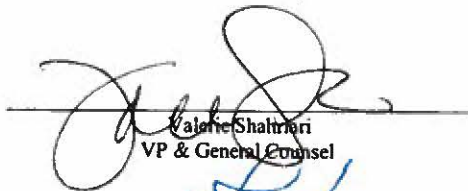
6. Recommendation:

Staff recommends the Board approve the recredentialing and renewal of privileges of Dr. Dabu, Family Medicine.

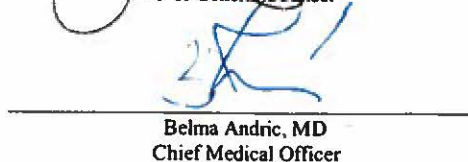
Staff recommends the Board approve the recredentialing and renewal of privileges of Dr. Inacio, Family Medicine.

Staff recommends the Board approve the recredentialing and renewal of privileges of Ms. Petit, Nurse Practitioner.

Approved for Legal sufficiency:



Valerie Shaltoni
VP & General Counsel



Belma Andric, MD
Chief Medical Officer



Darcy Davis
Chief Executive Officer