



BOARD OF DIRECTORS MEETING

AGENDA

March 26, 2025

**Health Care District Palm Beach County
1515 N. Flagler Drive, Suite 101, West Palm Beach, FL 33401**

Remote Participation Link: <https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZldDQT09>

Telephone Dial-in Access: (646) 558-8656 / Meeting ID: 550 789 5592 / Password: 94650

1. Call to Order – Joseph Gibbons, Chair

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

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. **MOTION TO APPROVE: Agenda**

3. Awards, Introductions and Presentations

- A. UDS Presentation
(Steven Sadiku)

4. Disclosure of Voting Conflict

5. Public Comment



6. Meeting Minutes

- A. **MOTION TO APPROVE:**
Special Board Meeting Minutes of February 26, 2025 [Pages 1-2]
- B. **MOTION TO APPROVE:**
Board Meeting Minutes of February 26, 2025 [Pages 2-8]

7. CONSENT AGENDA:

MOTION TO APPROVE: Consent Agenda Items

A. ADMINISTRATION

- 7A-1 **RECEIVE AND FILE:**
March 2025 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>
- 7A-2 **RECEIVE AND FILE:**
Attendance Tracking [Page 9]
- 7A-3 **RECEIVE AND FILE:**
HRSA Digest [Pages 10-14]

B. FINANCE

- 7B-1 **MOTION TO APPROVE:**
District Clinic Holdings, Inc. Jan 2025 Financial Report
(Jessica Cafarelli) [Pages 15-33]

8. REGULAR AGENDA:

A. ADMINISTRATION

- 8A-1 **MOTION TO APPROVE:**
FY24 Financial Statement Audit
(Anil Harris and Kirk Cornack, RSM) [Pages 34-93]



8A-2 **MOTION TO APPROVE:**

Sliding Fee Discount Policy
(Jessica Cafarelli) [Pages 94-101]

B. EXECUTIVE

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

Executive Director Informational Update
(Dr. Joshua Adametz) [Pages 102-103]

C. CREDENTIALING

8C-1 **MOTION TO APPROVE:**

LIP Credentialing and Privileging
(Dr. Ana Ferwerda) [Pages 104-106]

D. QUALITY

8D-1 **MOTION TO APPROVE:**

Quality Report
(Dr. Ana Ferwerda) [Pages 107-128]

E. OPERATIONS

8E-1 **MOTION TO APPROVE:**

Operations Report
(Nancy Gonzalez) [Pages 129-131]

**9. Dr. Joshua Adametz, AVP & Executive Director
of Community Health Center Comments**

10. Board Member Comments



11. Establishment of Upcoming Meetings

April 23, 2025 (TBD)
12:30 p.m.

May 28, 2025 (TBD)
12:30 p.m.

June 25, 2025 (TBD)
12:30 p.m.

July 23, 2025 (TBD)
12:30 p.m.

August 27, 2025 (TBD)
12:30 p.m.

September 24, 2025 (TBD)
12:30 p.m.

October 22, 2025 (TBD)
12:30 p.m.

November 19, 2025 (TBD)
12:30 p.m.

December 17, 2025 (TBD)
12:30 p.m.

12. Motion to Adjourn Public Meeting



District Clinic Holdings, Inc.; d.b.a. Health Care District Community Health Center
Special Board of Directors Meeting
Healthcare District Palm Beach County, 1515 N. Flagler Drive, Suite 101, WPB, FL 33401
Summary Minutes
02/26/2025

Present: Joseph Gibbons-Chair; Bill Johnson – Vice Chair; Michael Smith – Treasurer; Alcolya St. Juste (ZOOM); Boris Seymore (ZOOM); Julia Bullard – Secretary (ZOOM)

Absent: None.

Excused: Melissa Tascone; Albert Borotto

Staff: Bernabe Icaza; Candice Abbott; Dr. Joshua Adametz; Geoff Washburn; Jessica Cafarelli; Dr. Ana Ferwerda; Gina Kenyon; Nancy Gonzalez (ZOOM)

Minutes Transcribed By: Gina Kenyon

The meeting is scheduled for 12:15pm.
Meeting Began at 12:17pm.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Joseph Gibbons called the meeting to order.	The meeting was called to order at 12:17 p.m.
1A. Roll Call	Roll call was taken, and a quorum was established.	
1B. Affirmation of Mission	Mr. Gibbons read the affirmation of mission.	
2. Agenda Approval		VOTE TAKEN: Mr. Bill Johnson made a motion to approve the agenda as amended. Mr. Mike Smith duly seconded the motion. A vote was called and the motion passed unanimously.
2A. Additions/Deletions/ Substitutions	None.	
2B: Motion to Approve Agenda Items		



3. Disclosure of Voting Conflict	None.	No action necessary.
4. Public Comment	None.	No action necessary.
5. REGULAR AGENDA:		
A. ADMINISTRATION 5A-1. MOTION TO APPROVE: Nomination of Community Health Center Board Member Nicholas Campbell	This agenda item recommends to the appointment of Nicholas Campbell to the Community Health Center's Board of Directors. Prior to voting, Dr. Adametz disclosed to the Board that Mr. Nicholas Campbell was a personal friend of his. Dr. Adametz shared that this is not a conflict of interest per HCD policies or bylaws but chose to disclose for transparency.	VOTE TAKEN: Mr. Bill Johnson made a motion to approve Nicholas Campbell to the Board of Directors. Mr. Mike Smith duly seconded the motion. A vote was called and the motion passed unanimously.
5A-2. RECEIVE AND FILE	February 2025 Internet Posting of District Public Meeting https://www.hcdpbc.org/resources/public-meetings	No action necessary.
6. Executive Director of FQHC Services Comments	None.	No action necessary.
7: Board Member Comments	None.	No action necessary.
8. Motion to Adjourn	Mr. Mike Smith has motioned to adjourn the public meeting at 12:22 pm.	VOTE TAKEN: Mr. Mike Smith made a motion to adjourn the special public meeting. Mr. Bill Johnson duly seconded the motion. A vote was called, and the motion passed unanimously.

Minutes Reviewed by: _____ **Signature** **Date**



District Clinic Holdings, Inc.; d.b.a. Health Care District Community Health Center
Board of Directors Meeting
Healthcare District Palm Beach County, 1515 N. Flagler Drive, Suite 101, WPB, FL 33401
Summary Minutes
02/26/2025

Present: Joseph Gibbons-Chair; Bill Johnson – Vice Chair; Michael Smith – Treasurer; Alcolya St. Juste (ZOOM); Boris Seymore (ZOOM); Nicholas Campbell; Julia Bullard – Secretary (ZOOM)

Absent: None.

Excused: Melissa Tascone; Albert Borotto

Staff: Bernabe Icaza; Candice Abbott; Dr. Joshua Adametz; Geoff Washburn; Jessica Cafarelli; Dr. Ana Ferwerda; Angela Santos; Gina Kenyon; Maxine Sonnenschein (ZOOM); Heather Bokor (ZOOM); Angela Swenson; Nancy Gonzalez (ZOOM); Belma Andric (ZOOM); Jose Rodriguez

Minutes Transcribed By: Gina Kenyon

The meeting is scheduled for 12:30pm.
Meeting Began at 12:30pm.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Joseph Gibbons called the meeting to order.	The meeting was called to order at 12:30 p.m.
1A. Roll Call	Roll call was taken and a quorum was established.	
1B. Affirmation of Mission	Mr. Gibbons read the affirmation of mission as well as welcomed our new board member, Nicholas Campbell.	
2. Agenda Approval 2A. Additions/Deletions/ Substitutions	Substitution – Page 35 8A-1 – 2025 Sliding Fee Schedule.	VOTE TAKEN: Mr. Micheal Smith made a motion to approve the agenda as amended. Mr. Bill Johnson duly seconded the motion. A vote was called and the motion passed unanimously.



2B: Motion to Approve Agenda Items			
3. Awards, Introductions & Presentations	None.		No action necessary.
4. Disclosure of Voting Conflict	None.		No action necessary.
5. Public Comment	None.		No action necessary.
6. Meeting Minutes A. MOTION TO APPROVE: Board Meeting Minutes	There were no changes or comments to the minutes dated January 22,2025.		VOTE TAKEN: As presented, Mr. Bill Johnson made a motion to approve the Board meeting minutes Mr. Mike Smith duly seconded the motion. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items			VOTE TAKEN: Mr. Bill Johnson motioned to approve the Consent Agenda. Mr. Mike Smith duly seconded the motion. A vote was called, & the motion passed unanimously.
A. ADMINISTRATION 7A-1. RECEIVE & FILE: Internet Posting of District Public Meeting	The February 2025 meeting notice was posted.		Received & Filed. No further action is necessary.



7A-2. RECEIVE & FILE: Attendance Tracking	Attendance tracking was updated.	Received & Filed. No further action is necessary.
7A-3. RECEIVE & FILE: HRSA Digest	Per the request of the clinic Board, the latest HRSA Digest was provided.	Received & Filed. No further action is necessary.
B. FINANCE		
7B-1. MOTION TO APPROVE: DCH, Inc. Financial Report	This agenda item recommends the Board approve the December 2024 Financials which were provided in the Board packet.	Motion approved unanimously.
8. REGULAR AGENDA		
A. ADMINISTRATION:		
8A-1 MOTION TO APPROVE: Sliding Fee Scale	<p>Angela Swenson presented this agenda item which provides the updated 2025 Federal Poverty Guidelines and Community Health Center (Medical, Dental) and Sliding Fee Scale.</p> <p>Mr. Michael Smith asked how many patients fall into these categories? Ms. Candice Abbott stated 50% qualify for Sliding Fee Scale. She will provide more detailed information at the next board meeting.</p>	VOTE TAKEN: Mr. Bill Johnson motioned to approve the Sliding Fee Scale. Mr. Nicholas Campbell duly seconded the motion. A vote was called, & the motion passed unanimously.
8A-2 MOTION TO APPROVE: Change in Scope Mangonia Park	<p>Dr. Joshua Adametz presented that Mangonia Park's hours of operation will be 7am – 7pm Monday – Sunday. The increase is to provide Behavioral Health services 7 days a week to align with our strategic goals. The total hours of operation listed on Form 5B are currently 60 hours.</p>	VOTE TAKEN: Mr. Bill Johnson motioned to approve the Change in Scope Mangonia Park. Mr. Mike Smith duly seconded the motion. A vote was called, & the motion passed unanimously.

8A-3 MOTION TO APPROVE: Change in Scope Form 5B: HCD CHC Sites at Lantana & Lake Worth	Dr. Adametz shared that we request the authorization to remove two permanent sites to Form 5B: HCD CHC at Lantana and Lake Worth. The Lantana and Lake Worth services will be at the new location Atlantis located on Congress Avenue near JFK Medical Center.	VOTE TAKEN: Mr. Mike Smith motioned to approve the Change in Scope Form 5B: HCD CHC Sites at Lantana & Lake Worth. Mr. Bill Johnson duly seconded the motion. A vote was called, & the motion passed unanimously.
B. EXECUTIVE 8B-1 RECEIVE AND FILE: Executive Director Informational Update	Dr. Adametz presented his Executive Director Informational Update. <ul style="list-style-type: none"> • Atlantis Update • UDS 	Received & Filed. No further action is necessary.
C. CREDENTIALING 8C-1 MOTION TO APPROVE: LIP Credentialing and Privileging	None.	No action necessary.
D. QUALITY 8D-1. MOTION TO APPROVE: Quality Reports	<p>This agenda item presents the updated Quality Improvement & Quality Updates:</p> <ul style="list-style-type: none"> • Quality Council Meeting Minutes – February 2025 • UDS Report – YTD <p>Dr. Ferwerda presented the above topics and reviewed the UDS Report Dashboard.</p>	VOTE TAKEN: Mr. Bill Johnson made a motion to approve the Quality Reports as presented. Mr. Mike Smith duly seconded the motion. A vote was called, and the motion passed unanimously.
E. OPERATIONS 8E-1 MOTION TO APPROVE: Operations Report	<p>Angela Santos presented the Operations Report for January 2025</p> <ul style="list-style-type: none"> • Clinic Productivity, Demographics, Payor Mix, Walk-In Dashboard, and No-Show Dashboard. 	VOTE TAKEN: Mr. Mike Smith made a motion to approve the Quality Reports as presented. Mr. Bill Johnson duly seconded the motion. A vote was called, and the motion passed unanimously.

<p>9. Executive Director of FQHC Services Comments</p>	<p>Dr. Joshua Adametz wanted to welcome Jose Rodriguez as our new Director of Pharmacy. He also reminded the board that we will have a training from Fla Assoc. CHC immediately following our board meeting today.</p>	<p>No action necessary.</p>
<p>10: Board Member Comments</p>	<p>Mr. Joseph Gibbons stated this was a very efficient meeting and welcomed our new board member as well as appreciated everyone who was able to attend via zoom.</p>	<p>No action necessary.</p>
<p>11. Establishment of Upcoming Meetings</p>	<p>March 26, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>April 23, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>May 28, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>June 25, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>July 23, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>August 27, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>September 24, 2025 (HCD Board Room) 12:30 p.m. Board of Directors</p> <p>October 22, 2025 (HCD Board Room)</p>	<p>No action necessary.</p>



	12:30 p.m. Board of Directors November 19, 2025 (HCD Board Room) 12:30 p.m. Board of Directors December 17, 2025 (HCD Board Room) 12:30 p.m. Board of Directors	
12. Motion to Adjourn	Mr. Mike Smith motioned to adjourn the public meeting at 12:54 pm.	VOTE TAKEN: Mr. Mike Smith made a motion to adjourn the public meeting. Mr. Bill Johnson duly seconded the motion. A vote was called, and the motion passed unanimously.

Minutes Reviewed by: _____ **Signature**

_____ **Date**

**Community Health Center Board of Directors
Attendance Tracking 2025**

	01/22/25	02/26/25	03/26/25	04/23/25	05/28/25	06/25/25	07/23/25	08/27/25	09/24/25	10/22/25	11/19/25	12/17/25
Mike Smith	X	X										
Melissa Tascone	X (zoom)	E										
Julia Bullard	X	X (zoom)										
Joseph Gibbons	X	X										
Alcolya St. Juste	E	X (zoom)										
William (Bill) Johnson	X	X										
Boris Seymore	E	X (zoom)										
Crystal Gonzalez	E	-	-	-	-	-	-	-	-	-	-	-
Albert Borotto	X (zoom)	E										
Nicholas Campbell	-	X										
Quorum Established	Q	Q										

X= Present **A= Absent**
C= Cancel **Q= Quorum**
E= Excused



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 26, 2025

1. Description: HRSA Digest

2. Summary:

Per the request of the Clinic Board, we will include the latest HRSA Digest updates as available.

3. Substantive Analysis:

The March HRSA Digest highlighted Patient Safety Awareness Week, Access to funds, UDS+ Profiles, and 340b Registration

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget	
Capital Requirements	N/A		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Jessica Cafarelli

VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date Approved

6. Recommendation:

Staff recommends the Board Receive and File the HRSA Digest.

Approved for Legal sufficiency:

Signed by:

0CF6F7DB6706434... Bernabe Icaza

SVP & General Counsel

Signed by:

2B4234F087844B2 Joshua Adametz, DMD, MPH, MA

AVP & Executive Director of Community
 Health Centers



Outlook

Patient Safety Awareness Week, UDS+ Profile and Attestation

From HRSA Primary Health Care Digest <hrsa@public.govdelivery.com>

Date Tue 3/11/2025 10:14 AM

To Joshua Adametz <jadametz@hcdpbc.org>

Caution: This email came from an EXTERNAL SOURCE. Do not click on links or open attachments unless you are sure you recognize the sender and you know the contents are safe.



Primary Health Care Digest

March 11, 2025

This is Patient Safety Awareness Week

Patient Safety Awareness Week is an annual campaign to recognize patient safety initiatives nationally and to highlight action for continued improvements. We encourage you to take time this week to:

- Highlight patient safety achievements.
- Strategize on ways to reduce and avoid risk.
- Collaborate with patients and family members to achieve better patient outcomes and ensure the delivery of safe health care.



HRSA-supported health centers can access free patient safety resources by emailing our technical assistance provider at Clinical_RM_Program@ecri.org.

Access to Funds in the Event of a Partial Government Shutdown

In the event of a lapse in appropriations and a partial government shutdown, the Payment Management System (PMS) will remain accessible and you will still be able to draw down funds.



NEXT WEEK: Poison Prevention Week

This annual observance is an opportunity to educate your community about poison risks and ways to avoid them. Visit [HRSA's website](https://www.hrsa.gov/poison-prevention) for materials to promote your events and support your efforts to raise awareness.

The ["What You Can Do" webpage](#) is an important resource for anyone who suspects someone has been exposed to a poisonous substance.



What's New

UDS+ Profile and Attestation Deadline Approaching

2024 Uniform Data System patient-level submissions (UDS+) are due on **Friday, May 30**.

Health centers must register for UDS+ by completing a UDS+ Profile and Attestation form in the [Health Center Program Community](#) by **Monday, April 7**.

The forms are now live for all health centers. Submit questions via the [BPHC Contact Form](#) (*Uniform Data System (UDS) > UDS Modernization > Patient-level submission (UDS+)*).



Loan Guarantee Program Virtual Office Hours

We are hosting virtual office hours to help you better understand our Loan Guarantee Program, which can help you access capital funding and reduce financing costs for capital infrastructure projects. We will provide a short overview of the program and dedicate most of the time to answering your questions. Submit questions directly to us ahead of time via the [BPHC Contact Form](#) (*Funding > Loan Guarantee*).

Thursday, April 10

1:00-2:00 p.m. ET

[Registration page](#)

Quarterly 340B Program Registration

Quarterly 340B Program site registration is open from April 1 to 15. Health centers will be able to register a site that has been verified as implemented and with a site status reflected as "active" in HRSA's Electronic Handbooks Form 5B through Tuesday, May 27. After that date, the system will close to prepare for the July 1 start.

[Email the 340B Prime Vendor Program](#) or call 888-340-2787 (Monday-Friday, 9:00 a.m.-6:00 p.m. ET) to register a new site or ask questions. You will need to provide:

- Health center name.
- Site/clinic name.
- Site IDs for all sites.
- HRSA/BPHC grant number.
- Contact name and email.
- Authorizing Official name and email.

The Authorizing Official will receive an email message that the account is unlocked and a registration may be submitted.

Updated Information for Medicare Providers on Covered Dental and Oral Health Services

The calendar year 2025 Medicare Physician Fee Schedule Final Rule clarified the list of clinical scenarios under which Medicare payment may be made for dental services linked to covered services. You can learn

about what dental services are covered, how to bill, and more at [this new CMS resource page](#).

Do you forward the Digest to others?

Encourage them to [subscribe](#).

Training Calendar

BPHC Program Updates

Tuesday, March 25

3:00-4:00 p.m. ET

[Join the day of the session](#)

Join by phone: 833-568-8864

Webinar ID: 160 374 5124

Passcode: 95630553 and/or

6ewQcP5S

Loan Guarantee Program

Virtual Office Hours

Thursday, April 10

1:00-2:00 p.m. ET

[Registration page](#)

UDS Test Cooperative (UTC) Meeting

Wednesday, April 16

2:00-3:00 p.m. ET

Join the UTC via the [BPHC Contact Form](#) (*Uniform Data System > UDS Modernization > Join the UDS Test Cooperative*)

*Webinars are hosted by HRSA
unless otherwise noted.*



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5600 Fishers Lane | Rockville, MD 20857

This email was sent to jadametz@hcdpbc.org using GovDelivery Communications Cloud on behalf of: HRSA • 5600 Fishers Lane • Rockville, MD 20857





DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 26, 2025

1. Description: District Clinic Holdings, Inc. Financial Report January 2025

2. Summary:

The January 2025 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 DCHI Finance Committee
 Committee Name

 3/26/25
 Date Approved




DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 26, 2025

6. Recommendation:

Staff recommends the Board approve the January 2025 District Clinic Holdings, Inc. financial statements.

Approved for Legal sufficiency:

Signed by:

0CF6F7DB6706434
Bernabe Icaza
SVP & General Counsel

Signed by:

CA6A21FF2E09481E
Jessica Cafarelli
VP & Chief Financial Officer

Signed by:

5B4B34A067344B21
Joshua Agamatz, DMD, MPH, MA
AVP & Executive Director of Community Health Centers



MEMO

To: Finance Committee

From: Jessica Cafarelli
VP, Chief Financial Officer

Date: March 26, 2025

Subject: Management Discussion and Analysis as of January 2025 C.L. Brumback Primary Care Clinic Financial Statements.

The January financial statements represent the financial performance through the fourth month of the 2025 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, total assets decreased \$963k. Due from Other Governments decreased \$699k primarily as a result of HRSA drawdown payment. Cash increased by \$238k from normal business activities.

On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$345k) or (7.2%) primarily due to unanticipated increases in charity care and bad debt classification. Gross patient revenue YTD was favorable to budget by \$737k. Total YTD revenues were unfavorable to budget by (\$1.6M) or (18.7%). YTD Grant revenue is unfavorable by (\$1.2M) due to grant accrual timing as well as unanticipated reduction in funding. Several grants that were budgeted were not awarded which accounts for approximately \$542k of the unfavorable variance. At this time, staff does not anticipate additional grants being awarded and recognized this fiscal year. To offset this variance, staff identified opportunities to reduce expenses to remain within budget. Operational expenses before depreciation were favorable to budget by \$3.4M due to timing differences in expenses and staffing. Positive variances YTD in salaries, wages, and benefits were \$3.0M. YTD net margin was a loss of (\$8.7M) compared to the budgeted loss of (\$11.3M) resulting in a favorable variance of \$2.6M or (23.0%). YTD, the District has transferred in \$7.3M to fund clinic operations.

Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$222k). The Medical clinics YTD gross patient revenue was favorable to budget by \$235k. The Medical clinics total YTD revenue was unfavorable to budget by (\$1.2M) due primarily to a decrease in grant revenue as well as unanticipated increased bad debt allowance. Grant revenue recognition had a negative impact on overall revenue of (\$1.0M). Total operating expenses of \$8.9M were favorable to budget of \$10.5M by \$1.7M or 16.0%. The positive variance is mostly due to salaries, wages, and benefits of \$1.3M, and medical supplies of \$255k. Timing differences in expenses and staffing are driving these favorable YTD variances. YTD net margin was a loss of (\$6.7M) compared to the budgeted loss of (\$7.8M) resulting in a favorable variance of \$1.0M or (13.1%).

Net patient revenue YTD for the Dental clinics was unfavorable to budget by (\$196k). The Dental clinics total YTD gross patient revenue was unfavorable to budget by (\$380k). Total YTD operating expenses of \$1.8M were favorable to budget by \$273k, with timing differences in staffing primarily accounting for this favorable variance. Total YTD net margin was favorable to budget by \$119k or (10.5%).

District Clinic Holdings, Inc.
Comparative Statement of Net Position

	January 31, 2025	December 31, 2024	Increase (Decrease)
Assets			
Cash and Cash Equivalents	\$ 237,779	\$ 0	\$ 237,779
Accounts Receivable, net	2,047,785	2,409,880	(362,095)
Due From Other Governments	2,009,879	2,708,793	(698,913)
Other Current Assets	165,696	200,000	(34,305)
Net Investment in Capital Assets	5,392,088	5,402,643	(10,556)
Right Of Use Assets	8,680,892	8,776,199	(95,307)
Total Assets	\$ 18,534,117	\$ 19,497,515	\$ (963,397)
Liabilities			
Accounts Payable	452,610	492,762	(40,153)
Deferred Revenue-	9,167	10,000	(833)
Accrued Interest	35,432	35,698	(266)
Other Current Liabilities	2,097,643	3,046,527	(948,884)
Lease Liability	8,185,075	8,263,002	(77,926)
Non-Current Liabilities	1,002,756	1,010,416	(7,661)
Total Liabilities	11,782,682	12,858,405	(1,075,723)
Deferred Inflows of Resources			
Deferred Inflows	\$ 66,853	\$ 66,853	\$ 0
Net Position			
Net Investment in Capital Assets	5,392,088	5,402,643	(10,556)
Unrestricted	1,292,494	1,169,613	122,881
Total Net Position	6,684,582	6,572,257	112,325
Total Liabilities, Deferred Inflows of Resources and Net Position	\$ 18,534,117	\$ 19,497,515	\$ (963,397)

Note: Amounts may not foot due to rounding.

Current Month				Fiscal Year To Date			
Actual	Budget	Variance	%	Prior Year	Variance	%	%
\$ 2,812,330	\$ 2,978,639	\$ (166,309)	(5.6%)	\$ 2,896,182	\$ (83,853)	(2.9%)	10.0%
894,111	976,503	(82,392)	(8.4%)	911,759	(17,648)	(1.9%)	0.5%
924,346	1,036,530	(112,184)	(10.8%)	1,078,843	(154,497)	(14.3%)	4.3%
488,188	396,070	92,118	23.3%	404,411	83,777	20.7%	70.7%
2,306,645	2,409,103	(102,458)	(4.3%)	2,395,013	(88,368)	(3.7%)	12.1%
645,491	677,435	(31,944)	(4.7%)	678,114	(32,624)	(4.8%)	(1.4%)
1,151,175	1,246,970	(95,795)	(7.7%)	1,179,284	(28,109)	(2.4%)	(0.4%)
40.93%	41.86%		40.72%			40.09%	
603,899	892,624	(288,725)	(32.3%)	450,916	152,982	33.9%	6.9%
1,088	6,757	(5,669)	(83.9%)	1,092	(4)	(0.4%)	258.0%
\$ 1,756,162	\$ 2,146,351	\$ (390,189)	(18.2%)	\$ 1,631,292	\$ 124,870	7.7%	2.6%
Direct Operating Expenses:							
1,908,502	2,439,581	531,079	21.8%	1,593,013	(315,489)	(19.8%)	(3.1%)
292,556	652,834	360,278	55.2%	511,022	218,466	42.8%	(2.5%)
46,042	40,384	(5,658)	(14.0%)	301,222	255,180	84.7%	69.9%
55,613	128,048	72,435	56.6%	166,912	111,299	66.7%	26.4%
21,433	40,922	19,489	47.6%	12,044	(9,389)	(78.0%)	(97.1%)
90,149	77,899	(12,250)	(15.7%)	69,614	(20,535)	(29.5%)	(5.8%)
55,185	63,362	8,177	12.9%	42,320	(12,865)	(30.4%)	(19.4%)
61,279	62,324	1,045	1.7%	64,782	3,503	5.4%	(4.4%)
172,355	130,991	(41,364)	(31.6%)	90,137	(82,217)	(91.2%)	(56.1%)
12,995	15,476	2,481	16.0%	7,644	(5,351)	(70.0%)	(29.1%)
80,439	105,523	25,084	23.8%	58,676	(21,764)	(37.1%)	12.8%
35,432	15,649	(19,782)	(126.4%)	18,450	(16,981)	(92.0%)	(91.8%)
-	-	-	-	-	-	-	-
6,635	6,599	(37)	(0.6%)	4,947	(1,688)	(34.1%)	(34.1%)
2,838,615	3,779,592	940,977	24.9%	2,940,782	102,167	3.5%	(2.8%)
\$ (1,082,453)	\$ (1,633,240)	\$ 550,787	(33.7%)	\$ (1,309,490)	\$ 227,037	(17.3%)	3.1%
115,083	116,870	1,787	1.5%	87,803	(27,280)	(31.1%)	(41.2%)
10,369	13,995	3,626	25.9%	10,599	230	2.2%	(0.9%)
47,507	89,828	42,321	47.1%	162,033	114,526	70.7%	15.3%
2,016	3,723	1,707	45.9%	3,211	1,195	37.2%	11.7%
22,161	23,419	1,258	5.4%	37,902	15,741	41.5%	1.4%
6,306	15,137	8,831	58.3%	13,871	7,565	54.5%	(19.3%)
103,551	130,323	26,772	20.5%	68,587	(34,964)	(51.0%)	(21.6%)
27,544	42,791	15,247	35.6%	40,492	12,948	32.0%	(29.2%)
4,784	5,154	370	7.2%	3,875	(809)	(23.5%)	(15.5%)
14,870	17,343	2,473	14.3%	12,306	(2,564)	(20.8%)	(13.4%)
53,115	71,621	18,506	25.8%	68,578	15,463	22.5%	(3.8%)
12,874	24,864	11,990	48.2%	12,739	(135)	(1.1%)	(19.9%)
42,960	47,680	4,720	9.9%	32,428	(10,532)	(32.5%)	(27.6%)
14,302	20,807	6,505	31.3%	10,279	(4,023)	(39.1%)	(7.9%)
20,119	28,311	8,192	28.9%	25,954	5,835	22.5%	4.9%

Primary Care Clinics Statement of Revenues and Expenses
For The Fourth Month Ended January 31, 2025

Docusign Envelope ID: 1035F9C0-D4F2-47AF-B6B7-76872CCD10B4

Current Month				Fiscal Year To Date			
Actual	Budget	Variance	%	Prior Year	Variance	%	%
253,644	242,117	(11,527)	(4.8%)	736,277	482,633	65.8%	
34,566	51,288	16,722	32.6%	34,788	222	0.6%	
-	-	-	-	15,961	15,961	-	
21,542	22,239	697	3.1%	16,561	(4,981)	(30.1%)	
50,226	57,690	7,464	12.9%	55,297	5,071	9.2%	
10,315	23,428	13,113	56.0%	17,584	7,269	41.3%	
11,979	13,459	1,480	11.0%	10,052	(1,927)	(19.2%)	
22,450	29,159	6,709	23.0%	21,159	(1,291)	(6.1%)	
459	2,626	2,167	82.5%	2,221	1,762	79.3%	
11,682	12,405	723	5.8%	13,315	1,633	12.3%	
31,377	41,818	10,441	25.0%	23,024	(8,353)	(36.3%)	
21,336	14,415	(6,921)	(48.0%)	10,752	(10,584)	(98.4%)	
3,651	5,025	1,374	27.3%	2,595	(1,056)	(40.7%)	
1,670	5,774	4,104	71.1%	-	(1,670)	-	
5,375	3,852	(1,523)	(39.5%)	-	(5,375)	-	
15,770	18,643	2,873	15.4%	-	(15,770)	-	
878,520	1,078,934	200,414	18.6%	1,462,440	583,920	39.9%	
3,832,218	4,975,395	1,143,177	23.0%	4,491,025	658,807	14.7%	
\$ (2,076,056)	\$ (2,829,044)	\$ 752,988	(26.6%)	\$ (2,859,733)	\$ 783,677	(27.4%)	
9,221	31,140	(21,919)	(70.4%)	-	9,221	-	
-	\$ 3,583,333	\$ (3,583,333)	-	-	-	-	

Current Month				Fiscal Year To Date			
Actual	Budget	Variance	%	Prior Year	Variance	%	%
796,675	968,468	171,793	17.7%	913,585	116,910	12.8%	
174,611	205,152	30,541	14.9%	142,901	(31,710)	(22.2%)	
-	-	-	-	65,679	65,679	-	
84,861	88,956	4,095	4.6%	58,288	(26,573)	(45.6%)	
229,595	230,760	1,165	0.5%	167,906	(61,689)	(36.7%)	
79,014	93,712	14,698	15.7%	72,720	(6,294)	(8.7%)	
49,030	53,836	4,806	8.9%	50,745	1,715	3.4%	
95,224	116,636	21,412	18.4%	87,763	(7,461)	(8.5%)	
2,127	10,504	8,377	79.8%	8,795	6,668	75.8%	
50,320	49,620	(700)	(1.4%)	25,146	(25,174)	(100.1%)	
121,776	167,272	45,496	27.2%	68,639	(53,137)	(77.4%)	
83,646	57,660	(25,986)	(45.1%)	42,783	(40,863)	(95.5%)	
13,573	20,100	6,527	32.5%	16,006	2,433	15.2%	
3,487	23,096	19,609	84.9%	-	(3,487)	-	
22,819	15,408	(7,411)	(48.1%)	-	(22,819)	-	
55,465	74,572	19,107	25.6%	-	(55,465)	-	
3,541,453	4,315,736	774,283	17.9%	3,268,501	(272,952)	(8.4%)	
15,500,688	19,656,839	4,156,151	21.1%	14,770,606	(730,082)	(4.9%)	
\$ (8,736,780)	\$ (11,341,837)	\$ 2,605,057	(23.0%)	\$ (8,176,957)	\$ (559,823)	6.8%	
9,221	124,560	(115,339)	(92.6%)	284,630	(275,409)	(96.8%)	
\$ 7,331,296	\$ 14,333,331	\$ (7,002,034)	(48.9%)	-	\$ (7,331,296)	-	

Statement of Revenues and Expenses by Month

	Oct-24	Nov-24	Dec-24	Jan-25	Year to Date
Gross Patient Revenue	\$ 3,463,909	\$ 2,991,655	\$ 3,037,040	\$ 2,812,330	\$ 12,304,933
Contractual Allowance	1,230,872	846,040	755,447	894,111	3,726,469
Charity Care	1,196,335	1,035,483	1,098,512	924,346	4,254,676
Bad Debt	704,322	429,668	565,031	488,188	2,187,209
Total Contractuals and Bad Debt	3,131,528	2,311,191	2,418,989	2,306,645	10,168,354
Other Patient Revenue	561,333	561,333	561,333	645,491	2,329,488
Net Patient Service Revenue	893,713	1,241,797	1,179,383	1,151,175	4,466,068
Collection %	25.80%	41.51%	38.83%	40.93%	36.29%
Non-Operating Revenues					
Grants	514,544	740,790	372,651	603,899	2,231,883
Other Revenue	25,544	5,756	33,568	1,088	65,957
Total Other Revenues	\$ 540,088	\$ 746,545	\$ 406,220	\$ 604,987	\$ 2,297,840
Total Non-Operating Revenues	\$ 1,433,801	\$ 1,988,342	\$ 1,585,603	\$ 1,756,162	\$ 6,763,908
Direct Operating Expenses:					
Salaries and Wages	1,777,415	1,748,215	1,759,915	1,908,502	7,194,047
Benefits	432,027	639,602	585,302	292,556	1,949,487
Purchased Services	12,929	22,360	30,717	46,042	112,049
Medical Supplies	68,475	49,343	80,343	55,613	253,774
Other Supplies	6,167	19,844	22,170	21,433	69,614
Medical Services	103,925	95,313	64,076	90,149	353,463
Drugs	61,289	67,731	60,760	55,185	244,966
Repairs and Maintenance	52,025	41,102	33,724	61,279	188,130
Lease and Rental	180,498	143,397	61,812	172,355	558,062

Statement of Revenues and Expenses by Month

	Oct-24	Nov-24	Dec-24	Jan-25	Year to Date
Utilities	3,195	11,841	13,205	12,995	41,235
Other Expense	44,142	98,523	53,236	80,439	276,341
Interest Expense	16,511	55,677	35,698	35,432	143,317
Principal And Interest	1,606	50,497	-	-	52,103
Insurance	6,635	6,635	6,635	6,635	26,542
Total Operating Expenses	2,766,839	3,050,082	2,807,592	2,838,615	11,463,128

Net Performance before Depreciation & Overhead Allocations

	\$ (1,333,038)	\$ (1,061,740)	\$ (1,221,990)	\$ (1,082,453)	\$ (4,699,220)
Depreciation	87,165	166,932	126,926	115,083	496,106
Overhead Allocations:					
OH Risk Management	12,674	10,468	10,570	10,369	44,081
OH Revenue Cycle	76,173	58,628	87,253	47,507	269,561
OH Internal Audit	3,844	3,009	2,478	2,016	11,347
Home Office Facilities	28,469	21,511	16,029	22,161	88,170
OH Administration	19,054	16,540	14,636	6,306	56,536
OH Human Resources	122,937	105,519	102,453	103,551	434,460
Legal	55,244	32,069	26,771	27,544	141,628
Records	4,254	3,444	4,660	4,784	17,142
OH Compliance	14,592	15,279	14,663	14,870	59,404
IT Operations	22,627	43,480	52,077	53,115	171,299
IT Security	17,676	28,314	3,226	12,874	62,090
OH Finance	48,235	38,992	47,994	42,960	178,181
Corporate Communications	16,284	14,653	14,656	14,302	59,895
OH Information Technology	24,675	20,492	20,150	20,119	85,436

Statement of Revenues and Expenses by Month

	Oct-24	Nov-24	Dec-24	Jan-25	Year to Date
IT Applications	264,361	84,357	194,313	253,644	796,675
IT Service Center	56,523	38,529	44,993	34,566	174,611
Corporate Quality	22,066	19,497	21,756	21,542	84,861
OH Security Services	61,071	62,445	55,853	50,226	229,595
OH Supply Chain	22,217	24,128	22,354	10,315	79,014
HIM Department	12,735	11,992	12,324	11,979	49,030
OH Coding	24,741	23,865	24,168	22,450	95,224
OH Reimbursement	953	185	530	459	2,127
OH Clinical Labor Pool	13,086	12,292	13,260	11,682	50,320
District Nursing Admin	29,065	29,316	32,018	31,377	121,776
District Operations Admin	24,854	16,298	21,158	21,336	83,646
OH Mail Room	3,566	3,087	3,269	3,651	13,573
OH Patient Experience	-	-	1,817	1,670	3,487
OH External Affairs	4,618	7,899	4,927	5,375	22,819
OH Strategic Initiatives and Projects	-	-	39,695	15,770	55,465
Total Overhead Allocations	1,006,594	746,288	910,051	878,520	3,541,453
Total Expenses	3,860,598	3,963,302	3,844,570	3,832,218	15,500,688
Net Margin	\$ (2,426,797)	\$ (1,974,960)	\$ (2,258,967)	\$ (2,076,056)	\$ (8,736,780)
Capital Contributions.	-	-	-	9,221	9,221
General Fund Support/Transfer In	-	-	\$7,331,296	-	\$7,331,296

	Clinic Administration	Belle Glade Medical Clinic	DuRay Medical Clinic	Lantana Medical Clinic	Mangonia Park Medical Clinic	West Palm Beach Medical Clinic	Jupiter Medical Clinic	Lake Worth Medical Clinic	Lewis Center Medical Clinic	West Boca Medical Clinic	St Ann Place Medical Clinic	Mobile Warrior	Mobile Van Scout	Mobile Van Hero	Atlantis Medical Clinic	Port Medical Clinic	Total
Gross Patient Revenue	\$ 9,938	\$ 773,821	\$ 882,383	\$ 1,500,323	\$ 879,326	\$ 1,286,042	\$ 440,777	\$ 882,712	\$ 86,743	\$ 249,454	\$ 22,645	\$ 86,706	-	\$ 88,781	-	-	\$ 7,159,662
Contractual Allowance	(301)	242,552	214,259	348,126	507,640	244,792	106,143	263,101	25,054	77,572	7,016	6,697	2	43,267	-	2,646	2,088,565
Charity Care	333	211,914	252,319	573,044	126,244	459,762	191,900	348,486	10,597	96,298	6,307	48,940	-	17,437	-	(1,051)	2,343,893
Bad Debt	1,256	135,935	126,331	223,649	231,970	284,114	55,212	92,881	7,231	22,569	4,401	5,358	-	8,724	-	215	1,300,025
Total Contractual Allowances and Bad Debt	1,288	590,401	592,958	1,145,179	965,854	988,667	353,255	704,468	42,893	196,469	17,814	61,966	2	69,439	-	1,811	5,752,463
Other Patient Revenue	-	160,659	148,784	319,772	74,775	332,556	72,669	141,889	23,175	92,645	3,760	11,140	-	15,913	197,930	-	1,595,677
Net Patient Revenue	8,650	344,079	438,209	674,917	(11,753)	629,930	160,181	320,133	37,035	145,640	8,601	35,850	(2)	35,255	197,930	(1,811)	3,022,855
Collection %	87.04%	44.47%	49.66%	44.98%	(1.34%)	48.98%	36.34%	36.27%	65.27%	58.38%	37.98%	41.35%	-	39.71%	-	-	42.22%
Grants	321,896	202,542	155,163	246,410	233,350	185,504	80,378	171,737	10,619	43,251	13,901	23,149	-	38,233	20,581	-	1,746,715
Other Revenue	62,394	2,021	-	-	-	-	-	-	-	-	-	-	-	-	-	-	64,956
Total Other Revenues	384,330	204,564	155,163	246,410	233,350	185,504	80,378	171,737	10,619	43,251	13,901	23,149	-	38,233	20,581	-	1,811,670
Total Revenues	\$ 393,481	\$ 548,643	\$ 893,371	\$ 921,327	\$ 221,598	\$ 815,434	\$ 240,570	\$ 491,870	\$ 47,654	\$ 189,891	\$ 22,502	\$ 59,999	\$ (2)	\$ 73,488	\$ 218,511	\$ (1,811)	\$ 4,834,526
Direct Operational Expenses:																	
Salaries and Wages	1,165,093	642,641	476,908	765,510	417,547	642,983	250,581	553,852	34,252	163,209	37,630	73,450	-	128,081	80,040	-	5,431,778
Benefits	341,064	172,452	152,388	204,068	136,327	142,529	58,297	166,061	-	37,602	6,937	27,476	-	36,654	18,291	-	1,500,148
Purchased Services	61,198	8,193	1,249	4,560	1,627	7,909	3,232	7,750	1,088	7,345	-	-	-	-	-	-	104,092
Medical Supplies	-	14,716	16,931	20,241	22,760	22,611	5,431	20,225	1,877	1,888	22	433	-	10	5,477	-	132,621
Other Supplies	1,515	2,963	4,383	2,139	5,186	2,483	1,261	3,302	597	1,076	40	1,880	729	2,156	27,739	-	57,449
Medical Services	-	44,006	61,150	29,906	20,415	38,915	39,839	104,612	2,073	10,727	1,821	-	-	-	-	-	353,463
Drugs	-	19,369	40,449	58,236	64,808	54,610	352	572	-	4,084	-	27	-	138	2,321	-	244,966
Repairs and Maintenance	140,488	1,841	1,596	2,328	9,037	1,435	2,175	3,391	788	1,542	240	2,279	240	6,238	1,695	-	175,394
Leases and Rental	-	30,942	36,930	59,351	29,806	55,375	80	40,824	60	27,275	40	40	20	30	147,054	-	427,827
Utilities	-	7,741	4,279	780	2,170	3,295	4,073	592	1,365	1,365	500	-	-	-	5,100	-	39,674
Other Expense	23,919	35,147	19,146	30,740	26,059	28,048	4,638	20,002	4,183	5,563	2,091	3,048	59	4,182	922	-	207,756
Interest Expense	-	-	-	-	-	-	3,052	5,106	-	12,029	-	-	-	-	68,271	-	123,717
Principal And Interest	-	-	-	-	1,606	-	-	-	-	-	-	-	-	-	39,063	-	40,669
Insurance	-	1,559	1,575	3,092	892	3,102	892	1,575	-	658	-	4,505	4,506	4,505	-	-	25,836
Total Operating Expenses	1,733,239	981,571	841,187	1,180,861	746,392	1,000,781	373,863	930,567	45,490	274,361	49,321	113,139	5,552	182,004	395,973	-	8,856,301
Net Performance before Depreciation & Overhead Allocations	(1,339,750)	(432,928)	(247,815)	(259,535)	(526,794)	(185,347)	(132,294)	(438,697)	2,163	(85,470)	(26,819)	(54,140)	(5,554)	(108,515)	(177,462)	(1,811)	(4,021,775)
Depreciation	1,736	32,286	12,999	4,946	7,672	8,187	705	1,683	333	3,347	333	333	4,167	333	3,045	-	82,086
Overhead Allocations:																	
OH Risk Management	29,689	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	29,689
OH Revenue Cycle	134,781	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	134,781
OH Internal Audit	7,642	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7,642
Home Office Facilities	71,260	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	71,260
OH Administration	38,078	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	38,078
OH Human Resources	283,021	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	283,021
Legal	95,390	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	95,390
Records	11,545	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,545
OH Compliance	40,010	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,010
IT Operations	115,374	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	115,374
IT Security	41,819	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	41,819
OH Finance	120,008	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	120,008
Corporate Communications	40,341	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,341
OH Information Technology	57,542	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,542
IT Applications	478,333	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	478,333
IT Service Center	117,604	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	117,604
Corporate Quality	57,156	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,156
OH Security Services	182,307	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	182,307
OH Supply Chain	53,219	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	53,219
RH Department	33,022	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,022
OH Coding	64,137	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	64,137
OH Reimbursement	1,433	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,433
OH Clinical Labor Pool	33,892	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,892
District Nursing Admin	82,019	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82,019
District Operations Admin	56,338	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	56,338
OH Mail Room	9,142	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9,142
OH Patient Experience	2,348	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,348
OH External Affairs	15,368	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15,368
OH Strategic Initiatives and Projects	37,256	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	37,256
Total Overhead Allocations	2,290,174	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,290,174
Total Expenses	4,031,722	1,013,837	908,983	1,185,698	781,846	1,008,967	410,750	979,769	45,824	306,802	49,654	113,472	9,719	182,337	538,187	-	11,567,676
Net Margin	\$ (3,638,241)	\$ (465,194)	\$ (315,612)	\$ (264,481)	\$ (560,248)	\$ (183,533)	\$ (170,180)	\$ (487,899)	\$ 1,830	\$ (117,912)	\$ (27,182)	\$ (54,473)	\$ (9,721)	\$ (108,849)	\$ (319,676)	\$ (1,811)	\$ (6,735,180)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer In/(Out)	\$ 5,350,738	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ 5,350,738

Primary Care Medical Statement of Revenues and Expenses
For The Fourth Month Ended January 31, 2025

Docusign Envelope ID: 1035F9C0-D4F2-47AF-B6B7-76872CCD10B4

Current Month				Fiscal Year To Date			
Actual	Budget	Variance	%	Prior Year	Variance	%	%
\$ 1,512,287	\$ 1,789,360	\$ (277,073)	(15.5%)	\$ 1,735,322	\$ (223,034)	(12.9%)	0.7%
468,307	538,796	(70,489)	(13.1%)	824,240	(355,934)	(43.2%)	(38.1%)
453,125	625,003	(171,878)	(27.5%)	629,273	(176,148)	(28.0%)	(6.2%)
289,044	245,340	43,704	17.8%	250,571	38,473	15.4%	69.8%
1,210,476	1,409,139	(198,663)	(14.1%)	1,704,085	(493,609)	(29.0%)	(13.7%)
460,974	485,021	(4,047)	(0.9%)	492,092	(31,118)	(6.3%)	(1.5%)
762,785	845,242	(82,457)	(9.8%)	523,329	239,456	45.8%	44.9%
50.44%	47.24%		30.16%				
436,750	709,017	(272,267)	(38.4%)	367,140	69,610	19.0%	2.3%
1,088	6,590	(5,502)	(83.5%)	990	98	9.9%	-
\$ 1,200,623	\$ 1,560,849	\$ (360,226)	(23.1%)	\$ 891,459	\$ 309,165	34.7%	26.8%
Direct Operating Expenses:							
1,346,862	1,672,540	325,678	19.5%	1,320,013	(26,849)	(2.0%)	4.9%
202,584	427,606	225,022	52.6%	418,739	216,155	51.6%	3.4%
43,080	33,382	(9,698)	(29.1%)	298,256	255,176	85.8%	70.5%
23,255	96,946	73,691	76.0%	125,744	102,489	81.5%	46.6%
20,672	25,259	4,587	18.2%	12,486	(8,186)	(65.6%)	(81.7%)
90,149	77,899	(12,250)	(15.7%)	69,614	(20,535)	(29.5%)	(5.8%)
55,185	58,471	3,286	5.6%	42,320	(12,865)	(30.4%)	(19.4%)
57,168	58,374	1,206	2.1%	59,760	2,592	4.3%	(5.0%)
126,547	108,402	(18,145)	(16.7%)	68,612	(57,936)	(84.4%)	(64.0%)
9,869	13,204	3,335	25.3%	5,960	(3,909)	(65.6%)	(28.8%)
60,946	85,959	25,013	29.1%	52,907	(8,039)	(15.2%)	27.7%
30,574	13,310	(17,264)	(129.7%)	15,892	(14,682)	(92.4%)	(92.0%)
-	-	-	-	-	-	-	-
6,459	6,424	(35)	(0.5%)	4,902	(1,557)	(31.8%)	(31.8%)
2,073,350	2,677,776	604,426	22.6%	2,495,205	421,855	16.9%	4.3%
\$ (872,727)	\$ (1,116,927)	\$ 244,200	(21.9%)	\$ (1,603,747)	\$ 731,020	(45.6%)	(26.1%)
96,418	98,507	2,089	2.1%	76,268	(20,150)	(26.4%)	(38.1%)
6,984	9,426	2,442	25.9%	8,844	1,860	21.0%	18.5%
23,753	44,914	21,161	47.1%	120,430	96,677	80.3%	43.0%
1,358	2,507	1,149	45.8%	2,679	1,321	49.3%	28.7%
17,911	18,927	1,016	5.4%	29,608	11,697	39.5%	(2.0%)
4,247	10,195	5,948	58.3%	11,574	7,327	63.3%	3.7%
67,456	84,897	17,441	20.5%	56,410	(11,046)	(19.6%)	3.7%
18,552	28,821	10,269	35.6%	33,786	15,234	45.1%	(4.3%)
3,222	3,471	249	7.2%	3,233	11	0.3%	6.8%
10,015	11,681	1,666	14.3%	10,268	253	2.5%	8.5%
35,774	48,238	12,464	25.8%	57,221	21,447	37.5%	16.2%
8,671	16,746	8,075	48.2%	10,629	1,958	18.4%	3.2%
28,934	32,113	3,179	9.9%	27,058	(1,876)	(6.9%)	(3.0%)
9,633	14,014	4,381	31.3%	8,577	(1,056)	(12.3%)	12.9%
13,550	19,068	5,518	28.9%	21,656	8,106	37.4%	23.2%

Net Performance before Depreciation & Overhead Allocations				Net Performance before Depreciation & Overhead Allocations			
\$ (4,021,775)	\$ (4,515,922)	\$ 494,146	(10.9%)	\$ (5,444,329)	\$ 1,422,554	(26.1%)	
421,201	394,027	(27,174)	(6.9%)	305,073	(116,128)	(38.1%)	
Overhead Allocations:				Overhead Allocations:			
29,689	37,704	8,015	21.3%	36,437	6,748	18.5%	
134,781	179,656	44,875	25.0%	236,656	101,875	43.0%	
7,642	10,028	2,386	23.8%	10,722	3,080	28.7%	
71,260	75,708	4,448	5.9%	69,870	(1,390)	(2.0%)	
38,078	40,780	2,702	6.6%	39,545	1,467	3.7%	
283,021	339,588	56,567	16.7%	293,761	10,740	3.7%	
95,390	115,284	19,894	17.3%	91,490	(3,900)	(4.3%)	
11,545	13,884	2,339	16.8%	12,382	837	6.8%	
40,010	46,724	6,714	14.4%	43,724	3,714	8.5%	
115,374	192,952	77,578	40.2%	137,638	22,264	16.2%	
41,819	66,984	25,165	37.6%	43,197	1,378	3.2%	
120,008	128,452	8,444	6.6%	116,531	(3,477)	(3.0%)	
40,341	56,056	15,715	28.0%	46,317	5,976	12.9%	
57,542	76,272	18,730	24.6%	74,945	17,403	23.2%	

Primary Care Clinics - Dental Statement of Revenues and Expenses by Location (YTD)
For The Fourth Month Ended January 31, 2025

	Dental Clinic Administration	Belle Glade Dental Clinic	Delray Dental Clinic	Lantana Dental Clinic	West Palm Beach Dental Clinic	Atlantis Dental Clinic	Port Dental Clinic	Total
Gross Patient Revenue	-	\$ 585,813	\$ 951,625	\$ 805,128	\$ 1,319,517	-	\$ 15,773	\$ 3,677,857
Contractual Allowance	-	-	207,069	249,099	273,744	400,065	-	1,130,002
Charity Care	-	186,149	414,131	351,234	619,432	-	15,773	1,586,719
Bad Debt	-	84,657	143,472	103,398	138,959	-	(93)	460,392
Total Contractual Allowances and Bad Debt	-	477,815	866,701	728,376	1,148,456	-	15,705	3,177,113
Other Patient Revenue	-	122,921	155,225	96,045	238,894	62,290	-	675,465
Net Patient Revenue	-	230,859	300,149	172,798	410,045	62,290	68	1,176,209
Collection %	-	39.41%	31.54%	21.46%	31.08%	-	0.43%	31.98%
Grants	6,717	42,874	83,076	88,129	121,411	-	-	342,208
Other Revenue	1,001	-	-	-	-	-	-	1,001
Total Other Revenues	7,718	42,874	83,076	88,129	121,411	-	-	343,209
Total Revenues	\$ 7,718	\$ 273,733	\$ 383,225	\$ 260,927	\$ 531,456	\$ 62,290	\$ 68	\$ 1,519,418
Direct Operational Expenses:								
Salaries and Wages	30,009	144,432	273,941	265,720	412,354	-	-	1,126,457
Benefits	8,101	43,255	61,254	83,496	105,972	-	-	302,077
Purchased Services	-	3,487	573	3,704	193	-	-	7,957
Medical Supplies	-	16,258	32,005	23,187	48,339	1,364	-	121,153
Other Supplies	-	2,800	3,909	570	3,989	896	-	12,165
Repairs and Maintenance	-	1,989	1,888	1,240	7,709	-	-	12,826
Lease and Rental	-	13,207	24,648	23,520	47,634	21,226	-	130,234
Utilities	-	3,191	5,063	780	780	746	-	10,561
Other Expense	5,922	4,863	12,379	11,844	29,874	-	-	64,882
Interest Expense	-	-	-	-	-	9,991	-	19,600
Principal And Interest	-	-	9,609	-	-	11,434	-	11,434
Insurance	-	705	-	-	-	-	-	705
Total Operating Expenses	44,033	234,188	425,270	414,062	656,843	45,657	-	1,820,051
Net Performance before Depreciation & Overhead Allocations	(36,314)	39,546	(42,044)	(153,135)	(125,387)	16,633	68	(300,633)
Depreciation	-	4,343	10,046	5,052	11,359	1,993	-	32,792
Overhead Allocations:								
OH Risk Management	7,407	-	-	-	-	-	-	7,407
OH Revenue Cycle	107,824	-	-	-	-	-	-	107,824
OH Internal Audit	1,907	-	-	-	-	-	-	1,907
Home Office Facilities	8,455	-	-	-	-	-	-	8,455
OH Administration	9,500	-	-	-	-	-	-	9,500
OH Human Resources	76,280	-	-	-	-	-	-	76,280
Legal	23,798	-	-	-	-	-	-	23,798
Records	2,881	-	-	-	-	-	-	2,881
OH Compliance	9,892	-	-	-	-	-	-	9,982
IT Operations	28,784	-	-	-	-	-	-	28,784
IT Security	10,433	-	-	-	-	-	-	10,433
OH Finance	29,941	-	-	-	-	-	-	29,941
Corporate Communications	10,064	-	-	-	-	-	-	10,064
OH Information Technology	14,356	-	-	-	-	-	-	14,356
IT Applications	133,869	-	-	-	-	-	-	133,869
IT Service Center	29,340	-	-	-	-	-	-	29,340
Corporate Quality	14,260	-	-	-	-	-	-	14,260
OH Security Services	22,429	-	-	-	-	-	-	22,429
OH Supply Chain	13,276	-	-	-	-	-	-	13,276
HM Department	8,239	-	-	-	-	-	-	8,239
OH Coding	16,000	-	-	-	-	-	-	16,000
OH Reimbursement	357	-	-	-	-	-	-	357
OH Clinical Labor Pool	8,455	-	-	-	-	-	-	8,455
District Nursing Admin	20,462	-	-	-	-	-	-	20,462
District Operations Admin	14,055	-	-	-	-	-	-	14,055
OH Mail Room	2,281	-	-	-	-	-	-	2,281
OH Patient Experience	596	-	-	-	-	-	-	596
OH External Affairs	3,834	-	-	-	-	-	-	3,834
OH Strategic Initiatives and Projects	9,320	-	-	-	-	-	-	9,320
Total Overhead Allocations	638,375	-	-	-	-	-	-	638,375
Total Expenses	682,408	238,530	457,061	419,114	668,202	68,016	-	2,533,331
Net Margin	\$ (674,689)	\$ 35,203	\$ (73,836)	\$ (158,187)	\$ (136,746)	\$ (5,727)	\$ 68	\$ (1,013,913)
Capital	-	-	-	-	-	-	-	-
Transfer In/(Out)	\$ 1,215,506	-	27	-	-	-	-	\$ 1,215,506

Current Month				Fiscal Year To Date			
Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 979,156	\$ 1,043,180	\$ (64,024)	(6.1%)	\$ 1,012,298	\$ (33,142)	(3.3%)	
301,639	384,250	(82,610)	(21.5%)	78,241	223,388	285.5%	
406,286	391,979	14,307	3.6%	412,613	(6,327)	(1.5%)	
81,859	124,666	(42,807)	(34.3%)	108,063	(26,204)	(24.2%)	
789,784	900,895	(111,110)	(12.3%)	598,917	190,867	31.9%	
151,909	210,792	(58,884)	(27.9%)	184,288	(32,380)	(17.6%)	
341,280	353,077	(11,797)	(3.3%)	597,669	(256,389)	(42.9%)	
34.85%	33.85%			59.04%			
96,694	133,608	(36,914)	(27.6%)	83,777	12,917	15.4%	
-	167	(167)	-	102	(102)	-	
\$ 437,974	\$ 486,852	\$ (48,878)	(10.0%)	\$ 681,548	\$ (243,574)	(35.7%)	
Direct Operating Expenses:							
309,283	337,793	28,510	8.4%	273,000	(36,283)	(13.3%)	
47,057	98,675	51,618	52.3%	92,282	45,225	49.0%	
2,962	6,940	3,978	57.3%	2,966	4	0.1%	
32,958	28,499	(3,859)	(13.5%)	41,168	8,809	21.4%	
761	8,827	8,066	91.4%	(442)	(1,203)	272.2%	
-	137	137	-	-	-	-	
4,111	3,950	(161)	(4.1%)	5,021	911	18.1%	
45,808	22,589	(23,219)	(102.8%)	21,526	(24,282)	(112.8%)	
3,126	2,272	(854)	(37.6%)	1,683	(1,442)	(85.7%)	
18,514	18,028	(487)	(2.7%)	5,769	(12,746)	(220.9%)	
4,858	2,339	(2,519)	(107.7%)	2,558	(2,299)	(89.9%)	
-	-	-	-	-	-	-	
176	175	(1)	(0.6%)	45	(131)	(291.1%)	
469,014	530,224	61,209	11.5%	445,577	(23,438)	(5.3%)	
Net Performance before Depreciation & Overhead Allocations							
\$ (31,040)	\$ (43,372)	\$ 12,332	(28.4%)	\$ 235,971	\$ (267,011)	(113.2%)	
18,665	18,363	(302)	(1.6%)	11,535	(7,130)	(61.8%)	
Overhead Allocations:							
1,742	2,352	610	25.9%	1,755	13	0.7%	
19,003	35,931	16,928	47.1%	41,603	22,600	54.3%	
339	626	287	45.8%	532	193	36.3%	
2,125	2,246	121	5.4%	8,294	6,169	74.4%	
1,060	2,544	1,484	58.3%	2,297	1,237	53.9%	
18,181	22,881	4,700	20.5%	12,177	(6,004)	(49.3%)	
4,628	7,190	2,562	35.6%	6,706	2,078	31.0%	
804	866	62	7.2%	642	(162)	(25.2%)	
2,499	2,914	415	14.2%	2,038	(461)	(22.6%)	
8,925	12,035	3,110	25.8%	11,357	2,432	21.4%	
2,163	4,178	2,015	48.2%	2,110	(53)	(2.5%)	
7,219	8,012	793	9.9%	5,370	(1,849)	(34.4%)	
2,403	3,496	1,093	31.3%	1,702	(701)	(41.2%)	
3,381	4,757	1,376	28.9%	4,298	917	21.3%	
42,621	57,582	14,961	26.0%	121,935	79,314	65.0%	
5,808	8,618	2,810	32.6%	5,761	(47)	(0.8%)	

Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 3,677,857	\$ 4,056,269	\$ (380,412)	(9.4%)	\$ 3,572,400	\$ 105,457	3.0%	
1,130,002	1,498,890	(368,889)	(24.6%)	256,769	873,233	340.1%	
1,586,719	1,523,528	63,191	4.1%	1,460,611	126,108	8.6%	
460,392	484,367	(23,975)	(4.9%)	368,960	91,432	24.8%	
3,177,113	3,506,785	(329,673)	(9.4%)	2,086,340	1,090,773	52.3%	
675,465	820,576	(145,111)	(17.7%)	736,581	(61,116)	(8.3%)	
1,176,209	1,372,060	(195,851)	(14.3%)	2,222,641	(1,046,432)	(47.1%)	
31.98%	33.81%			62.22%			
342,208	517,800	(175,592)	(33.9%)	380,277	(38,068)	(10.0%)	
1,001	668	333	49.9%	1,177	(176)	(15.0%)	
\$ 1,519,418	\$ 1,890,528	\$ (371,110)	(19.6%)	\$ 2,604,095	\$ (1,084,677)	(41.7%)	
Direct Operating Expenses:							
1,126,457	1,324,513	198,056	15.0%	1,285,589	139,132	11.0%	
302,077	393,411	91,334	23.2%	349,004	46,927	13.4%	
7,957	27,761	19,804	71.3%	19,827	11,870	59.9%	
121,153	113,996	(7,157)	(6.3%)	96,350	(24,803)	(25.7%)	
12,165	35,308	23,143	65.5%	3,710	(8,455)	(227.9%)	
-	548	548	-	-	-	-	
12,826	15,800	2,974	18.8%	13,218	392	3.0%	
130,234	90,356	(39,879)	(44.1%)	96,707	(33,527)	(34.7%)	
10,561	9,088	(1,473)	(16.2%)	8,135	(2,426)	(29.8%)	
64,882	72,111	7,228	10.0%	29,291	(35,592)	(121.5%)	
19,600	9,356	(10,244)	(109.5%)	10,317	(9,283)	(90.0%)	
11,434	-	(11,434)	-	-	(11,434)	(287.9%)	
705	700	(5)	(0.7%)	182	(524)	(287.9%)	
1,820,051	2,092,948	272,896	13.0%	1,892,329	72,278	3.8%	
Net Performance before Depreciation & Overhead Allocations							
\$ (300,633)	\$ (202,420)	\$ (98,213)	48.5%	\$ 711,766	\$ (1,012,399)	(142.2%)	
74,905	73,452	(1,453)	(2.0%)	46,169	(28,736)	(62.2%)	
Overhead Allocations:							
7,407	9,408	2,001	21.3%	7,232	(175)	(2.4%)	
107,824	143,724	35,900	25.0%	81,754	(26,070)	(31.8%)	
1,907	2,504	597	23.8%	2,128	221	10.4%	
8,455	8,984	529	5.9%	19,572	11,117	56.8%	
9,500	10,176	676	6.6%	7,849	(1,651)	(21.0%)	
76,280	91,524	15,244	16.7%	63,411	(12,869)	(20.3%)	
23,798	28,760	4,962	17.3%	18,159	(5,639)	(31.1%)	
2,881	3,464	583	16.8%	2,458	(423)	(17.2%)	
9,982	11,656	1,674	14.4%	8,678	(1,304)	(15.0%)	
28,784	48,140	19,356	40.2%	27,318	(1,466)	(5.4%)	
10,433	16,712	6,279	37.6%	8,574	(1,859)	(21.7%)	
29,941	32,048	2,107	6.6%	23,129	(6,812)	(29.5%)	
10,064	13,984	3,920	28.0%	9,193	(871)	(9.5%)	
14,356	19,028	4,672	24.6%	14,875	519	3.5%	
133,869	230,328	96,459	41.9%	151,299	17,430	11.5%	
29,340	34,472	5,132	14.9%	23,666	(5,674)	(24.0%)	

Current Month				Fiscal Year To Date			
Actual	Budget	Variance	%	Prior Year	Variance	%	
-	-	-	2,643	-	-	10,877	-
3,620	3,737	117	3.1%	2,743	688	4.6%	10,877
4,907	5,636	729	12.9%	18,432	115	0.5%	9,653
1,733	3,937	2,204	56.0%	2,912	1,179	15.7%	55,968
2,013	2,262	249	11.0%	1,665	809	8.9%	12,043
3,772	4,900	1,128	23.0%	3,504	3,600	18.4%	8,404
77	441	364	82.5%	368	1,407	79.8%	14,534
1,963	2,084	121	5.8%	2,205	1,457	1.4%	1,100
5,272	7,027	1,755	25.0%	3,813	(119)	(1.4%)	1,100
3,585	2,422	(1,163)	(48.0%)	1,781	7,646	27.2%	4,164
614	844	230	27.3%	(1,804)	9,688	(45.1%)	11,367
281	970	689	71.0%	(281)	3,376	32.4%	7,086
903	647	(256)	(39.6%)	(903)	1,095	84.9%	2,651
2,650	3,133	483	15.4%	(2,650)	3,294	(48.1%)	370
154,291	214,268	59,977	28.0%	269,073	3,212	25.6%	(9,320)
			42.7%		218,697	25.5%	(30,875)
641,970	762,855	120,884	15.8%	726,185	490,140	16.2%	2,545,998
			11.6%				12,667
\$ (203,996)	\$ (276,003)	\$ 72,007	(26.1%)	\$ (44,637)	\$ 119,030	(10.5%)	\$ (1,072,010)
			357.0%				(1,845,296)
9,221	20,662	(11,441)	(55.4%)	-	(73,427)	(88.8%)	(41,992)
			-				(82,096)
-	\$ 500,000	\$ (500,000)	-	-	\$ (784,494)	(39.2%)	-
			-				\$ (1,215,506)

	Belle Glade Behavioral Health	Dodray Behavioral Health	Lantana Behavioral Health	Mangonia Park Behavioral Health	Mangonia Pilot	West Palm Beach Behavioral Health	Lake Worth Behavioral Health	Lewis Center Behavioral Health	St Ann Place Behavioral Health	Mobile Warrior Behavioral Health	Mobile 3 Hero Behavioral Health	Co-Responder Unit	Total
Gross Patient Revenue	\$144	\$410,330	\$1,283	\$794,488	-	\$8,357	\$330	\$252,052	\$30	\$360	-	-	\$1,487,415
Contractual Allowance	135	136,673	8,759	269,949	-	9,627	45	81,906	5	804	-	-	507,902
Charity Care	-	111,322	(13)	136,892	-	1,634	20	74,099	-	10	90	-	324,064
Bad Debt	-	109,114	21,063	246,314	-	17,060	37	32,517	-	7	80	-	420,792
Total Contractual Allowances and Bad Debt	135	357,119	30,408	653,156	-	28,321	101	188,522	5	821	170	-	1,258,758
Other Patient Revenue	-	23,301	-	21,407	-	-	-	13,640	-	-	-	-	58,347
Net Patient Revenue	10	76,512	(28,115)	162,739	-	(19,964)	228	77,170	25	(791)	190	-	287,004
Collection %	6.69%	18.65%	(2.251,02%)	20.46%	-	(238.05%)	69.28%	30.62%	84.07%	(2.63%,07%)	52.91%	-	16.20%
Ad Valorem Taxes	-	-	-	-	-	-	-	-	-	-	-	-	-
Intergovernmental Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
Grants	-	11,240	9,740	15,460	61,417	-	2,490	12,188	2,810	2,918	2,110	22,587	142,960
Interest Earnings	-	-	-	-	-	-	-	-	-	-	-	-	-
Unrealized Gain/(Loss) On Investments	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Other Revenues	-	11,240	9,740	15,460	61,417	-	2,490	12,188	2,810	2,918	2,110	22,587	142,960
Total Revenues	\$ 10	\$ 87,752	\$ (19,375)	\$ 178,199	\$ 61,417	\$ (19,964)	\$ 2,718	\$ 89,358	\$ 2,835	\$ 2,127	\$ 2,300	\$ 22,587	\$ 409,964
Direct Operational Expenses:													
Salaries and Wages	-	64,950	59,961	119,103	215,636	-	15,307	50,614	17,334	7,885	12,945	72,077	635,812
Benefits	-	6,516	10,063	34,136	51,398	-	4,318	14,021	4,169	1,931	3,191	17,529	147,262
Other Expense	-	-	-	-	3,666	-	-	-	-	-	-	-	3,702
Total Operating Expenses	-	71,466	70,014	153,239	270,700	-	19,624	64,635	21,540	9,816	16,136	89,606	786,776
Net Performance before Depreciation & Overhead Allocations	10	16,286	(89,390)	24,960	(209,283)	(19,964)	(16,906)	24,723	(18,704)	(7,688)	(13,836)	(67,019)	(376,812)
Depreciation	-	-	-	-	-	-	-	-	-	-	-	-	-
Overhead Allocations:													
OH Risk Management	-	-	-	-	6,985	-	-	-	-	-	-	-	6,985
OH Revenue Cycle	-	-	-	-	26,956	-	-	-	-	-	-	-	26,956
OH Internal Audit	-	-	-	-	1,798	-	-	-	-	-	-	-	1,798
Home Office Facilities	-	-	-	-	8,455	-	-	-	-	-	-	-	8,455
OH Administration	-	-	-	-	8,958	-	-	-	-	-	-	-	8,958
OH Human Resources	-	-	-	-	75,159	-	-	-	-	-	-	-	75,159
Legal	-	-	-	-	22,440	-	-	-	-	-	-	-	22,440
Records	-	-	-	-	2,716	-	-	-	-	-	-	-	2,716
OH Compliance	-	-	-	-	9,412	-	-	-	-	-	-	-	9,412
IT Operations	-	-	-	-	27,141	-	-	-	-	-	-	-	27,141
IT Security	-	-	-	-	9,838	-	-	-	-	-	-	-	9,838
OH Finance	-	-	-	-	28,232	-	-	-	-	-	-	-	28,232
Corporate Communications	-	-	-	-	9,490	-	-	-	-	-	-	-	9,490
OH Information Technology	-	-	-	-	13,538	-	-	-	-	-	-	-	13,538
IT Applications	-	-	-	-	184,473	-	-	-	-	-	-	-	184,473
IT Service Center	-	-	-	-	27,687	-	-	-	-	-	-	-	27,687
Corporate Quality	-	-	-	-	13,445	-	-	-	-	-	-	-	13,445
OH Security Services	-	-	-	-	44,859	-	-	-	-	-	-	-	44,859
OH Supply Chain	-	-	-	-	12,519	-	-	-	-	-	-	-	12,519
HIM Department	-	-	-	-	7,769	-	-	-	-	-	-	-	7,769
OH Coding	-	-	-	-	15,087	-	-	-	-	-	-	-	15,087
OH Reimbursement	-	-	-	-	337	-	-	-	-	-	-	-	337
OH Clinical Labor Pool	-	-	-	-	7,973	-	-	-	-	-	-	-	7,973
District Nursing Admin	-	-	-	-	19,295	-	-	-	-	-	-	-	19,295
District Operations Admin	-	-	-	-	13,253	-	-	-	-	-	-	-	13,253
OH Mail Room	-	-	-	-	2,150	-	-	-	-	-	-	-	2,150
OH Patient Experience	-	-	-	-	553	-	-	-	-	-	-	-	553
OH External Affairs	-	-	-	-	3,617	-	-	-	-	-	-	-	3,617
OH Strategic Initiatives and Projects	-	-	-	-	8,769	-	-	-	-	-	-	-	8,769
Total Overhead Allocations	-	-	-	-	612,904	-	-	-	-	-	-	-	612,904
Total Expenses	-	71,466	70,014	153,239	883,604	-	19,624	64,635	21,540	9,816	16,136	89,606	1,399,680
Net Margin	\$ 10	\$ 16,286	\$ (89,390)	\$ 24,960	\$ (822,187)	\$ (19,964)	\$ (16,906)	\$ 24,723	\$ (18,704)	\$ (7,688)	\$ (13,836)	\$ (67,019)	\$ (989,716)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/Transfer In	-	-	-	-	30	-	-	-	-	-	-	-	-

Current Month				Fiscal Year To Date			
Actual	Budget	Variance	%	Prior Year	Variance	%	Prior Year
578	796	218	27.4%	-	1,034	32.5%	-
265	915	650	71.0%	-	3,660	84.9%	-
852	610	(242)	(39.7%)	-	2,440	(1.77%)	-
2,499	2,954	455	15.4%	-	11,816	3.027	-
156,941	154,236	(2,705)	(1.8%)	-	616,944	4.040	-
453,192	725,828	272,637	37.6%	-	2,851,827	1,452,147	-
\$ (335,627)	\$ (627,178)	\$ 291,551	(46.5%)	\$ 58,286	\$ 1,467,509	\$ 175,351	(654.4%)
-	\$ 750,000	\$ (750,000)	-	-	\$ (2,234,947)	(74.5%)	\$ (765,052)



District Clinic Holdings, Inc.

Clinic Visits - Adults and Pediatrics	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
West Palm Beach	1,552	1,223	1,331	1,460									5,566	6,406	(13.1%)	6,388
Delray & Women's Health Care	1,056	896	902	1,039									3,893	3,069	26.8%	3,069
Lantana & Atlantis	1,730	1,432	1,548	1,391									6,101	5,862	4.1%	7,248
Belle Glade & Women's Health Care	793	764	802	895									3,254	3,282	(0.9%)	3,282
Lewis Center	40	57	76	76									249	126	97.6%	126
Lake Worth & Women's Health Care & Atlantis	1,268	1,010	1,066	1,108									4,452	5,862	(24.0%)	4,475
Jupiter & Women's Health Care	597	500	441	538									2,076	2,200	(5.6%)	2,200
West Boca & Women's Health Care	276	235	255	251									1,017	1,399	(27.3%)	1,399
St Ann Place	68	54	13	56									191	58	229.3%	58
Cib Mob 1 Warrior (Mobile Van)	10	-	-	-									10	-	100.0%	48
Cib Mob 2 Scout	-	-	-	-									-	6	(100.0%)	-
Cib Mob 3 Hero	84	83	84	86									337	88	283.0%	88
Portable Medical	96	66	72	121									355	248	43.1%	248
Mangonia Park	679	594	590	714									2,577	2,682	(3.9%)	2,682
Atlantis	-	-	-	3									3	-	100.0%	-
Total Clinic Visits	8,249	6,914	7,180	7,738	-	-	-	-	-	-	-	-	30,081	31,287	(3.9%)	31,311
Dental Visits																
West Palm Beach Dental	1,230	1,084	1,269	1,210									4,793	4,323	10.9%	4,323
Delray Dental	734	654	870	936									3,194	2,338	36.6%	2,338
Lantana & Atlantis Dental	856	672	269	759									2,556	3,342	(23.5%)	3,342
Belle Glade Dental	514	411	455	481									1,861	1,912	(2.7%)	1,912
Portable Dental	-	16	8	11									35	54	(35.2%)	54
Total Dental Visits	3,334	2,837	2,871	3,397	-	-	-	-	-	-	-	-	12,439	11,969	3.9%	11,969
Total Medical and Dental Visits	11,583	9,751	10,051	11,135	-	-	-	-	-	-	-	-	42,520	43,256	(1.7%)	43,280
Mental Health Counselors (non billable)																
West Palm Beach BH	58	30	34	45									167	718	(76.7%)	718
Delray BH	520	437	520	621									2,098	1,724	21.7%	1,724
Lantana & Atlantis BH	151	150	167	177									645	-	100.0%	676
Belle Glade BH	55	22	-	-									77	20	285.0%	35
Mangonia Park BH	989	921	1,024	1,019									3,953	5,351	(26.1%)	3,581
Lewis Center BH	307	315	354	338									1,314	-	100.0%	-
Lake Worth BH	132	97	124	124									477	-	100.0%	503
Jupiter BH	-	-	-	-									-	-	0.0%	-
St Ann Place BH	32	20	16	23									91	322	(71.7%)	322
West Boca BH	34	22	19	28									103	-	100.0%	99
Mob 1 Warrior BH	62	-	2	2									66	-	100.0%	-
Mob 3 Hero BH	54	55	62	73									244	-	100.0%	-
Mobile Van BH	21	47	13	38									119	-	100.0%	-
Atlantis Peds BH	-	-	-	1									1	-	100.0%	-
Total Mental Health Screenings	2,415	2,116	2,335	2,489	-	-	-	-	-	-	-	-	9,354	8,135	15.0%	7,658
GRAND TOTAL	13,998	11,867	12,386	13,624	-	-	-	-	-	-	-	-	51,874	51,391	-	50,938

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 26, 2025

1. Description: 2024 Financial Statement Audits

2. Summary:

The 2024 audited financial statements are being provided for Board review and approval.

- District Clinic Holdings, Inc. (Clinics)
- Single Audit Report (District)

3. Substantive Analysis:

The District’s external auditor, RSM US LLP, completed the audit procedures for the fiscal year ended September 30, 2024. The annual financial statement has an unmodified opinion noting that the balances are fairly stated.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget	
Capital Requirements	N/A		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 26, 2025

6. Recommendation:

Staff recommends the Board approve the 2024 audited annual financial reports.

Approved for Legal sufficiency:

Signed by:

Bernabe Icaza

0CF6F7DB6706434Bernabe Icaza

SVP & General Counsel

Signed by:

Jessica Cafarelli

CA6A21FF2E09481Jessica Cafarelli

VP & Chief Financial Officer

Signed by:

Joshua Adametz

2B4234F087844B2Joshua Adametz, DMD, MPH, MA

AVP & Executive Director of Community
Health Centers



District Clinic Holdings, Inc.
(A Component Unit of the Health Care
District of Palm Beach County,
Florida

Report to the Board of Directors and Finance and
Audit Committee Members
March 10, 2025



RSM US LLP

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March 10, 2025

Board of Directors and Finance and Audit Committee Members
District Clinic Holdings, Inc.
West Palm Beach, Florida

Attention: Board and Committee Members

We are pleased to present this report related to our 2024 audit of District Clinic Holdings, Inc.'s (the Clinics), a component unit of the Health Care District of Palm Beach County, Florida (the District), financial statements. Our report summarizes certain matters required by professional standards to be communicated to you in your oversight responsibility for the Clinics' financial reporting process.

This report is intended solely for the information and use of the Board of Directors, Finance and Audit Committee Members and management, and is not intended to be, and should not be, used by anyone other than these specified parties. It will be our pleasure to respond to any questions you have about this report. We appreciate the opportunity to continue to be of service to the Clinics.

RSM US LLP

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REQUIRED COMMUNICATIONS

The following required communications summarize our responsibilities regarding the financial statement audit as well as observations from our audit that are significant and relevant to your responsibility to oversee the financial reporting process.

Our Responsibilities

We described our responsibilities under auditing standards generally accepted in the United States of America and *Government Auditing Standards*, issued by the Comptroller General of the United States, to you in our engagement letter dated September 4, 2024. Our audit of the financial statements does not relieve management or you of your responsibilities, which are also described in that letter.

Planned Scope and Timing of the Audit

We previously issued a separate communication dated January 22, 2025, regarding the planned scope and timing of our audit and identified significant risks.

Accounting Policies and Practices

Preferability of Accounting Policies and Practices

Under accounting principles generally accepted in the United States of America, in certain circumstances, management may select among alternative accounting practices. In our view, in such circumstances, management has selected the preferable accounting practice.

Adoption of, or Change in, Accounting Policies

Management has the ultimate responsibility for the appropriateness of the accounting policies used by the Clinics. The following is a description of significant accounting policies or their application that were either initially selected or changed during the year:

- In June 2022, the GASB issued Statement No. 100, *Accounting Changes and Error Corrections—an amendment of GASB Statement No. 62*. The statement improves the accounting and financial reporting requirements for accounting changes and error corrections to provide more understandable, reliable, relevant, consistent, and comparable information for making decisions or assessing accountability. Effective October 1, 2023, the Clinics adopted this Statement with no material effect.

Significant Accounting Policies

We did not identify any significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

Significant Unusual Transactions

We did not identify any significant unusual transactions.

Management's Judgments and Accounting Estimates

Summary information about the process used by management in formulating particularly sensitive accounting estimates and about our conclusions regarding the reasonableness of those estimates is in the attached Summary of Significant Accounting Estimates.

Audit Adjustments and Uncorrected Misstatements

There were no audit adjustments made to the original trial balance presented to us to begin our audit.

We are not aware of any uncorrected misstatements other than misstatements that are clearly trivial.

Observations About the Audit Process

Disagreements With Management

We encountered no disagreements with management over the application of significant accounting principles, the basis for management's judgments on any significant matters, the scope of the audit or significant disclosures to be included in the financial statements.

Consultations With Other Accountants

We are not aware of any consultations management had with other accountants about accounting or auditing matters.

Significant Issues Discussed With Management

No significant issues arising from the audit were discussed or were the subject of correspondence with management.

Significant Difficulties Encountered in Performing the Audit

We did not encounter any significant difficulties in dealing with management during the audit.

Significant Matters That Required Consultation

We did not encounter any difficult or contentious matters that required consultation outside the engagement team and that are, in our professional judgment, significant and relevant to your responsibility to oversee the financial reporting process.

Shared Responsibilities for Independence

Auditor independence is a **joint responsibility** and is managed most effectively when management, audit committees (or their equivalents) and audit firms work together in considering compliance with applicable AICPA and *Government Accountability Office* (GAO) independence rules. For RSM to fulfill its professional responsibility to maintain and monitor independence, management, the finance and audit committee, the board of directors and RSM each play an important role.

Our Responsibilities

- AICPA and GAO rules require independence both of mind and in appearance when providing audit and other attestation services. RSM is to ensure that the AICPA and GAO's General Requirements for performing non-attest services are adhered to and included in all letters of engagement.
- Maintain a system of quality management over compliance with independence rules and firm policies.

The Clinics' Responsibilities

- Timely inform RSM, before the effective date of transactions or other business changes, of the following:
 - New affiliates, directors or officers.
 - New beneficial owners of the Clinics which have significant influence.
 - Change in corporate structure impacting affiliates such as add-on acquisitions or exits.
- Provide necessary affiliate information such as new or updated investment structure charts, as well as financial information required to perform materiality calculations needed for making affiliate determinations.
- Understand and conclude on the permissibility, prior to the Clinic and its affiliates, officers, directors or persons in a decision-making capacity, engaging in business relationships with RSM. Not entering into relationships resulting in close family members of RSM covered persons, temporarily or permanently acting as an officer, director or person in an accounting or financial reporting oversight role at the Clinics.

Internal Control Matters

We have issued, as part of the audited financial statement package, our Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards.

Significant Written Communications Between Management and Our Firm

Copies of significant written communications between our firm and the management of the Clinics, including the representation letter provided to us by management, are attached as Appendix A.

SIGNIFICANT ACCOUNTING ESTIMATES

Accounting estimates are an integral part of the preparation of financial statements and are based upon management's current judgment. The process used by management encompasses their knowledge and experience about past and current events, and certain assumptions about future events. You may wish to monitor throughout the year the process used to determine and record these accounting estimates. The following summarizes the significant accounting estimates reflected in the Clinics' September 30, 2024 financial statements.

Significant Accounting Estimates

Allowances for doubtful accounts and contractual discounts

Accounting policy	Accounts receivables are reduced to their estimated net collectible amounts.
Management's estimation process	Accounts receivables from third-party payors are reported at the estimated realizable amount. Contractual allowances are based on management's review of historical experience and contract provisions. Management determines the allowance for doubtful accounts for self-pay patients, co-insurance and deductibles by identifying potentially uncollectible accounts by historical experience and by considering financial and credit history, and current economic conditions.
Basis for our conclusion on the reasonableness of the estimate	We tested the propriety of information underlying management's estimates, including the patient aging reports utilized by management to obtain the gross accounts receivables balances and reperformance of the hindsight analysis used to analyze the adequacy of the year end allowances. We also developed our own independent estimate of the net accounts receivables balance in order to compare our results to management's estimate. We reviewed management's methodology which appears properly and consistently applied and have deemed the resulting estimate to be reasonable.

Self-insurance liabilities (employee health, medical malpractice and general liability)

Accounting policy	A liability for unpaid claims and estimated incurred but not reported claims and their related anticipated insurance recoveries are estimated in the period that claims are incurred and adjusted in future periods as final settlements are determined.
Management's estimation process	Management's liability estimates are based on actuarial studies and both current and historical claims information.
Basis for our conclusion on the reasonableness of the estimate	We tested the propriety of information underlying management's estimates, including verification of information provided to the actuary, confirmation with legal counsel and testing of claim activity.

APPENDIX A

Significant Written Communications Between Management and Our Firm



March 10, 2025

RSM US LLP

1555 Palm Beach Lakes Blvd, Suite 500
West Palm Beach, Florida, 33401

This representation letter is provided in connection with your audit of the financial statements of District Clinic Holdings, Inc. (the Clinics), a component unit of the Health Care District of Palm Beach County, Florida (the District) as of and for the year ended September 30, 2024, for the purpose of expressing an opinion on whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

We confirm, to the best of our knowledge and belief, that as of the date of this letter:

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated September 4, 2024, for the preparation and fair presentation of the financial statements referred to above in accordance with U.S. GAAP.
2. We acknowledge our responsibility for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
3. We acknowledge our responsibility for the design, implementation and maintenance of controls to prevent and detect fraud.
4. The methods, data, and significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable in the context of U.S. GAAP, and reflect our judgment based on our knowledge and experience about past and current events, and our assumptions about conditions we expect to exist and courses of action we expect to take.



5. The methods, assumptions and data used to estimate *Allowances for Doubtful Accounts and Contractual Discounts and Self-Insured Liabilities* are as follows, and result in an estimate that is appropriate for financial statement measurement and disclosure purposes and have been consistently selected and applied in making the estimate:

- Allowances for Doubtful Accounts and Contractual Discounts – The Clinics recognizes revenue in the period in which services are rendered. Net patient service revenue is measured at estimated net realizable amounts due from patients, third-party payors, and others for services rendered. An allowance for contractual adjustments is established for unbilled and billed accounts for which contractual adjustments are not recorded at the time of billing or where the recorded contractual is not sufficient, based on the Clinic’s best estimate of net revenue dollars that will not be collected.
- Self-Insurance Liabilities – Accruals are based on estimated ultimate losses and costs associated with settling claims and the relationship of past reported claims to eventual claim payments. The accrual includes an estimate of the losses that will result from unreported claims, which are probable of having occurred before the end of the reporting period. Management’s liability estimates are based on actuarial studies based on both current and historical information.
- Claims payable – A liability for medical claims is recognized for unpaid claims and estimated incurred but not reported claims. The estimate of the unpaid claims is based on actuarial studies. The actuary uses subsequent claims run-out and both current and prior claims experience to actuarially determine the amount of the estimated liabilities.

Significant judgments made in making the estimate have taken into account all relevant information of which we are aware. All disclosures related to the estimates, including disclosures describing estimation uncertainty, are complete and reasonable in the context of U.S. GAAP. No subsequent events have occurred that would require adjustment to the estimate and related disclosures included in the financial statements.

6. Related-party transactions have been recorded in accordance with the economic substance of the transaction and appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP. Types of related party transactions engaged in by the Clinics include:



- a. Those with the District (primary government) having accountability for the Clinics.
 - b. Interfund transactions, including interfund accounts receivable and payable, sale and purchase transactions, interfund transfers and operating & capital contributions.
7. All events subsequent to the date of the financial statements, and for which U.S. GAAP requires adjustment or disclosure, have been adjusted or disclosed.
 8. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
 9. Management has followed applicable laws and regulations in adopting, approving and amending budgets.
 10. Risk disclosures associated with deposit and investment securities transactions are presented in accordance with GASB requirements.
 11. Provisions for uncollectible receivables have been properly identified and recorded.
 12. Capital assets, including infrastructure, intangible assets, and right of use assets are properly capitalized, reported and, if applicable, depreciated.
 13. Components of net position (net investment in capital assets, restricted, and unrestricted) are properly classified and, if applicable, approved.
 14. Revenues are appropriately classified in the financial statements.
 15. Expenses have been appropriately classified in the financial statements.
 16. Interfund, internal, and intra-entity activity and balances have been appropriately classified and reported.



17. The Clinics' policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position is available are appropriately disclosed and the net position is properly recognized under the policy.
18. Leases have been properly identified, recorded and disclosed in accordance with GASB Statement No. 87, *Leases*.
19. Subscription-based technology information arrangements (SBITAs) have been properly identified, recorded and disclosed in accordance with GASB Statement No. 96, *Subscription-Based Information Technology Arrangements*.
20. With respect to receivables:
 - a. Adequate consideration has been given to, and appropriate provision made for, estimated adjustments to revenue, such as for denied claims and changes to resource utilization group, ambulatory payment classification, DSH and LIP settlements, and DRG assignments, as applicable.
 - b. Recorded valuation allowances are necessary, appropriate, and properly supported.
 - c. All peer review organizations, fiscal intermediary, and third-party payor reports and information have been made available.
21. With respect to cost reports:
 - a. All required Medicare, Medicaid, and similar reports have been properly filed.
 - b. Management is responsible for the accuracy and propriety of all filed cost reports.
 - c. All costs reflected on such reports are appropriate and allowable under applicable reimbursement rules and regulations and are patient-related and properly allocated to applicable payors.
 - d. The employed reimbursement methodologies and principles are in accordance with applicable rules and regulations.



- e. Adequate consideration has been given to, and appropriate provision made for, audit adjustments by intermediaries, third-party payors, or other regulatory agencies.
- f. All items required to be disclosed, including disputed costs that are being claimed to establish a basis for a subsequent appeal, have been fully disclosed in the cost report.
- g. Recorded third-party settlements include differences between filed (and to-be-filed) cost reports and calculated settlements, which are necessary based on historical experience or new or ambiguous regulations that may be subject to differing interpretations. Although management believes that the entity is entitled to all amounts claimed on the cost reports, management also believes the amounts of these differences are appropriate.

22. With respect to contingencies:

- a. There are no instances of noncompliance with laws or regulations, such as those related to Medicare and Medicaid antifraud and abuse statutes, in any jurisdiction, whose effects are considered for disclosure in the financial statements or as a basis for recording a loss contingency other than those disclosed or accrued in the financial statements. This is including, but not limited to, the anti-kickback statute of the Medicare and Medicaid Patient and Program Protection Act of 1987, limitations on certain physician referrals (the Stark law) and the False Claims Act.
- b. Billings to third-party payors comply in all material respects with applicable coding guidelines (for example, ICD-10 and CPT-4) and laws and regulations, including those dealing with Medicare and Medicaid antifraud and abuse, and billings reflect only charges for goods and services that were medically necessary; properly approved by regulatory bodies (for example, the Food and Drug Administration), if required; and properly rendered.
- c. There have been no internal or external investigations relating to compliance with applicable laws and regulations, including investigations in progress that would have an effect on the amounts reported in the financial statements or on the disclosure in the notes to the financial statements.
- d. There have been no oral or written communications from regulatory agencies, governmental representatives, employees, or others concerning investigations or allegations of noncompliance with laws and regulations in any jurisdiction, including those related to Medicare and Medicaid antifraud and abuse statutes; deficiencies in financial reporting practices; or other matters that could have a material adverse effect on the financial statements.



- e. Adequate consideration has been given to, and appropriate provision made for, a prepaid health care provider's obligation to provide future health care services.
 - f. Guarantees, whether written or oral, under which the health care entity is contingently liable, including guarantee contracts and indemnification agreements have been properly recorded or disclosed in the financial statements.
 - g. We continue to maintain commercial insurance for general liability, director and officer liability, auto, workers' compensation, cyber security and business interruption risk that provides adequate coverage for the risks commensurate with the health care entity's business. Management periodically reviews such insurance coverages and intends to maintain appropriate levels of insurance coverage to address such risks.
23. We have no direct or indirect legal or moral obligation for any debt of any organization, public or private, or to special assessment bond holders, that is not disclosed in the financial statements.
24. We have complied with all aspects of laws, regulations and provisions of contracts and agreements that would have a material effect on the financial statements in the event of noncompliance.
25. The District is legally obligated to maintain the continued operations of the Clinics for the benefit of the public. The District will continue to subsidize the operations of the Clinics through operating contributions on an annual basis.
26. We have reviewed the GASB Statements effective for the fiscal year ended September 30, 2024, and concluded the implementation of GASB Statement No. No. 100, *Accounting Changes and Error Corrections—an amendment of GASB Statement No. 62* did not have a material impact on the basic financial statements.
27. We have no knowledge of any uncorrected misstatements in the financial statements.
28. We have requested an unsecured electronic copy of the auditor's report and financial statements and agree that the auditor's report and financial statements will not be modified in any manner.



Information Provided

29. We have provided you with:

- a. Access to all information of which we are aware that is relevant to the preparation and fair presentation of the basic financial statements such as records, documentation and other matters.
- b. Additional information that you have requested from us for the purpose of the audit.
- c. Unrestricted access to persons within the Clinics from whom you determined it necessary to obtain audit evidence.
- d. Minutes of the meetings of the board of directors and committees, or summaries of actions of recent meetings for which minutes have not yet been prepared.

30. All transactions have been recorded in the accounting records and are reflected in the basic financial statements.

31. It is our responsibility to establish and maintain internal control over financial reporting. One of the components of an entity's system of internal control is risk assessment. We hereby represent that our risk assessment process includes identification and assessment of risks of material misstatement due to fraud. We have shared with you our fraud risk assessment, including a description of the risks, our assessment of the magnitude and likelihood of misstatements arising from those risks, and the controls that we have designed and implemented in response to those risks.

32. We have no knowledge of allegations of fraud or suspected fraud affecting the Clinics' basic financial statements involving:

- a. Management.
- b. Employees who have significant roles in internal control.



- c. Others where the fraud could have a material effect on the basic financial statements.
33. We have no knowledge of any allegations of fraud or suspected fraud affecting the Clinics' basic financial statements received in communications from employees, former employees, analysts, regulators, or others.
34. We have no knowledge of noncompliance or suspected noncompliance with laws and regulations.
35. We have disclosed to you all known actual or possible litigation, claims or assessments; unasserted claims or assessments that are probable of assertion and must be disclosed in accordance with Government Accounting Standards Board (GASB) Codification Section C50, Claims and Judgments; and other matters, including gain or loss contingencies, whose effects should be considered when preparing the financial statements.
36. Unasserted claims or assessments have been properly disclosed in accordance with GASB Codification Section C50.
37. We have disclosed to you the identity of all of the Clinics' related parties and all the related-party relationships and transactions of which we are aware.
38. We are aware of no deficiencies in internal control over financial reporting, including significant deficiencies or material weaknesses, in the design or operation of internal controls that could adversely affect the Clinics' ability to record, process, summarize and report financial data.
39. There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices.
40. It is our responsibility to inform you of all current and potential affiliates of the Clinics as defined by the "State and Local Government Client Affiliates" interpretation (ET sec. 1.224.020). Financial interests in, and other relationships with, affiliates of the Clinics may create threats to independence.

We have:



- a. Provided you with all information we are aware of with respect to current and potential affiliates, including degree of influence assessments and materiality assessments.
 - b. Notified you of all changes to relevant considerations that may impact our determination of the existence of current or potential affiliates involving (i) changes in the determination of the materiality of an entity to the Clinics' financial statements as a whole, (ii) the level of influence the Clinics has over an entity's financial reporting process or (iii) the level of control or influence the Clinics or a potential or current affiliate has over an investee that is not trivial or clearly inconsequential, sufficiently in advance of their effective dates to enable the Clinics and RSM US LLP to identify and eliminate potential impermissible services and relationships between RSM US LLP or its associated entities and those potential affiliates, prior to the effective dates.
 - c. Made you aware, to the best of our knowledge and belief, of any nonaudit services that the Clinics or any of our affiliates has engaged RSM US LLP or any of its associated entities to perform.
41. We agree with the findings of the specialists in evaluating professional and general liability and the other post-employment benefits (OPEB) liability and have adequately considered the qualifications of the specialists in determining the amounts and disclosures used in the financial statements and underlying accounting records. We did not give instructions, or cause any instructions to be given, to the specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an impact on the independence or objectivity of the specialists.
42. We believe that the actuarial assumptions and methods used by the actuaries for evaluating the professional and general liability and other post-employment benefits (OPEB) liability are appropriate in the circumstances. We did not give instructions, or cause any instructions to be given, to the actuary with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an impact on the independence or objectivity of the actuaries.
43. During the course of your audit, you may have accumulated records containing data that should be reflected in our books and records. All such data have been so reflected. Accordingly, copies of such records in your possession are no longer needed by us.



Supplementary Information

44. With respect to the schedule of changes in the total other post-employment benefits (OPEB) liability and related ratios, presented as required by U.S GAAP to supplement the basic financial statements:
- a. We acknowledge our responsibility for the presentation of such required supplementary information.
 - b. We believe such required supplementary information is measured and presented in accordance with guidelines prescribed by U.S. GAAP.
 - c. The methods of measurement or presentation have not changed from those used in the prior period.
 - d. The underlying significant assumptions or interpretations regarding the measurement or presentation of such information are the discount rate, mortality rate and healthcare cost trend rate.

Compliance Considerations

In connection with your audit conducted in accordance with *Government Auditing Standards*, we confirm that management:

- 45. Is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework.
- 46. Is responsible for compliance with the laws, regulations and provisions of contracts and grant agreements applicable to the auditee.
- 47. Is not aware of any instances of identified and suspected fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements that have a material effect on the financial statements.



48. Is responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
49. Acknowledges its responsibility for the design, implementation and maintenance of controls to prevent and detect fraud.
50. Has a process to track the status of audit findings and recommendations (when applicable).
51. Has identified for the auditor previous audits, attestation engagements and other studies related to the objectives of the audit and whether related recommendations have been implemented (when applicable).
52. Is not aware of any investigations or legal proceedings that have been initiated with respect to the period under audit.
53. With respect to non-attest services performed by you in the course of the audits:
 - a. We have made all management decisions and performed all management functions;
 - b. We have designated Jessica Cafarelli, VP & Chief Financial Officer, who possesses suitable skill, knowledge or experience to oversee the services;
 - c. We evaluated the adequacy and results of the services performed, and made an informed judgment on the results of the services performed;
 - d. We have accepted responsibility for the results of the services; and
 - e. We have accepted responsibility for all significant judgments and decisions that were made.



District Clinic Holdings, Inc.

Signed by:

Darcy Davis

77A3B53589A1477...

Darcy J. Davis
President & Chief Executive Officer

Signed by:

Jessica Cafarelli

CA8A21FF2E09481...

Jessica Cafarelli, CPA
VP & Chief Financial Officer

Signed by:

Mark Early Jr.

BCAC4759B6B546F...

Mark Early, CPA, MBA
Manager, Accounting and Financial Reporting



Health Care District
OF PALM BEACH COUNTY

Community Health Center



WE CARE FOR ALL.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District
of Palm Beach County, Florida)

Financial Report and
Required Supplementary Information
September 30, 2024

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RSM US LLP

Independent Auditor's Report

Board of Directors
District Clinic Holdings, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of District Clinic Holdings, Inc. (the Clinics), a component unit of the Health Care District of Palm Beach County, Florida, as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise the Clinics' basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of the Clinics, as of September 30, 2024, and the changes in financial position and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Clinics, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Clinics' ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Clinics' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Clinics' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the schedule of changes in the total OPEB liability and related ratios be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Management has omitted the management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated March 10, 2025, on our consideration of the Clinics' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Clinics' internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Clinics' internal control over financial reporting and compliance.

RSM US LLP

West Palm Beach, Florida
March 10, 2025

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Statement of Net Position
September 30, 2024

Assets

Current assets:

Patient accounts receivable, net	\$ 2,359,545
Grant receivable	2,149,730
Prepaid expenses and other current assets	295,530
Total current assets	4,804,805

Capital assets and right-to-use leased and SBITA assets:

Construction in progress	2,621,603
Depreciable capital assets, net of accumulated depreciation	2,876,146
Right-to-use leased and SBITA assets, net of accumulated amortization	4,036,749

Total assets 14,339,303

Deferred outflows of resources related to other post-employment benefit plan 45,186

Total assets and deferred outflows of resources \$ 14,384,489

Liabilities

Current liabilities:

Accounts payable	\$ 587,381
Accrued salaries and benefits	1,862,198
Accrued interest payable	16,674
Unearned grant revenue	2,503
Current portion of accrued compensated absences	306,915
Current portion of estimated self-insured liability	2,063
Current portion of lease and SBITA payable	566,159
Total current liabilities	3,343,893

Accrued compensated absences, less current portion 1,151,777

Estimated self-insured liability, less current portion 1,888

Lease and SBITA payable, less current portion 3,794,791

Other postemployment benefits liabilities 78,433

Total liabilities 8,370,782

Deferred inflows of resources related to other post-employment benefit plan 66,853

Total liabilities and deferred inflows of resources \$ 8,437,635

Net Position

Net investment in capital assets \$ 5,156,874

Unrestricted 789,980

Total net position 5,946,854

Total net position, liabilities and deferred inflows of resources \$ 14,384,489

See notes to financial statements.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Statement of Revenues, Expenses and Changes in Net Position
Fiscal Year Ended September 30, 2024

Operating revenues:	
Patient service revenue, net of provision for bad debts of \$5,135,689	\$ 13,380,111
Other operating revenues	96,436
Total operating revenues	13,476,547
Operating expenses:	
Medical services	30,354,294
Fiscal and general administrative services	16,664,711
Depreciation and amortization	1,070,026
Total operating expenses	48,089,031
Operating loss	(34,612,484)
Nonoperating revenues (expenses):	
Grant revenue	8,673,150
Loss on disposal of capital assets	(17,095)
Interest expense on leases and SBITA	(215,283)
Interest income	1,943
Total nonoperating revenues	8,442,715
Loss before District contributions	(26,169,769)
District contributions:	
Operating contributions	25,147,405
Capital contributions	2,461,887
Total District contributions	27,609,292
Change in net position	1,439,523
Net position, beginning of year	4,507,331
Net position, end of year	\$ 5,946,854

See notes to financial statements.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Statement of Cash Flows
Year Ended September 30, 2024

Cash flows from operating activities:	
Receipts from patients and third-party payors	\$ 13,260,727
Payments to employees	(29,890,579)
Payments to suppliers and service providers	(16,679,554)
Other receipts	96,436
Net cash used in operating activities	(33,212,970)
Cash flows from noncapital financing activities:	
Grants received	8,559,683
District operating contributions	25,147,405
Net cash provided by noncapital financing activities	33,707,088
Cash flows from capital and related financing activities:	
Interest payments on leases and SBITA	(192,146)
Principal payments on leases and SBITA	(690,332)
Interest income	1,943
Net cash used in capital and related financing activities	(880,535)
Net decrease in cash and cash equivalents	(386,417)
Cash and cash equivalents, beginning of year	386,417
Cash and cash equivalents, end of year	\$ -
Reconciliation of operating loss to net cash used in operating activities:	
Operating loss	\$ (34,612,484)
Adjustments to reconcile operating loss to net cash used in operating activities:	
Provision for bad debts	5,135,689
Depreciation and amortization expense	1,070,026
Changes in assets and liabilities:	
Patient accounts receivable	(5,255,406)
Prepaid expenses and other current assets	(14,994)
Accounts payable	841
Accrued salaries and benefits	330,582
Unearned grant revenue	333
Accrued compensated absences	122,750
Estimated self-insured liability	(690)
Other postemployment benefits liabilities	(26,863)
Deferred inflows of resources	36,096
Deferred outflows of resources	1,150
Net cash used in operating activities	\$ (33,212,970)

See notes to financial statements.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies

Organization: District Clinic Holdings, Inc., doing business as C.L. Brumback Primary Care Clinics (the Clinics), is a Florida, nonprofit corporation created on July 31, 2012, by the Health Care District of Palm Beach County, Florida (the District) for purposes of operating primary care, behavior health and dental clinics in Palm Beach County, Florida.

The Clinics' four initial locations in Belle Glade, Lantana/Lake Worth, Delray Beach and West Palm Beach were operated by the Florida Department of Health of Palm Beach County (the Health Department) until the operations were assumed by the District in June 2013. The Clinics later expanded their footprint to include ten locations and have expanded services, including dental services and behavior health services. Additional locations added included the Palm Beach Lakes High School Clinic (RAMS Clinic; 2014), Lewis Center (2015), Jerome Golden Center (2015), Lake Worth Clinic (2015), West Boca Raton (2017), Jupiter (2017), Mangonia Park (2019) and St. Ann Place (2021). The RAMS (2017) and Jerome Golden (2018) locations were later closed. Two mobile vans were purchased in 2020 to provide services during the COVID-19 pandemic and are currently being used to provide access to the homeless population.

The District receives federal grants from the Health Resources and Services Administration (HRSA) to operate the Clinics as Federally Qualified Health Center Primary Care Clinics. Federally Qualified Health Centers (FQHCs) include all organizations receiving grants under Section 330 of the Public Health Service Act (PHSA). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program and have a governing board of directors. The main purpose of the FQHC Program is to be a "safety net" provider and enhance the provision of primary care services in underserved urban and rural communities.

The governing board of the FQHC is legally responsible for ensuring that the FQHC complies with federal, state and local laws and regulations and is financially viable. The board must include a majority (at least 51%) of active, registered users of the FQHCs who are representative of the populations served by the center(s). The governing board ensures that the FQHCs are community based and responsive to the community's health care needs. The Clinics are governed by the District Clinic Holdings, Inc. Board of Directors who are responsible for administering and managing the operations of the FQHCs of the Clinics in accordance with Section 330 of the PHSA. The District's governing board retains fiscal and personnel policy authority for the Clinics. District Clinic Holdings, Inc. is an affiliate entity of the District. Therefore, the Clinics is considered a blended component unit of the District. The District was created by the Florida Legislature pursuant to Chapter 2003-326, Laws of Florida (the Health Care Act), and by the affirmative vote of the residents of Palm Beach County, Florida. The District's general purpose is to provide quality health care services in a comprehensive and efficient manner throughout Palm Beach County, as more fully set forth in the Health Care Act.

Basis of accounting: The Clinics uses proprietary fund accounting and follows all relevant pronouncements of the Governmental Accounting Standards Board (GASB). Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Under this method, revenues are recorded when earned and expenses are recognized when incurred.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates include the allowances for contractual discounts and doubtful accounts. Actual results could differ from those estimates.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Cash and cash equivalents: All of the Clinics' operating accounts are pooled into a common interest-bearing account with the District, consisting of deposits with financial institutions. The Clinics considers cash, deposits with financial institutions and short-term investments with an original maturity of three months or less when purchased to be cash and cash equivalents.

Patient accounts receivable: Patient accounts receivable are reported at estimated net realizable amounts due from patients, third-party payors and others for medical and dental services rendered. Throughout the year, management assesses the adequacy of the Clinics' estimates, including those related to bad debt and contractual discounts. The accounting policies related to the Clinics' overall determination of net patient accounts receivable are described in the paragraphs that follow.

Allowance for doubtful accounts: The Clinics' ability to collect outstanding receivables from patients, third-party payors and others is critical to its operating performance and cash flows. The primary collection risk lies with uninsured patient accounts or patient accounts for which a balance remains after government payors or primary insurance has paid. For the year ended September 30, 2024, the Clinics' policy with respect to estimating its allowance for doubtful accounts is to reserve at rates that represent historical collections which was approximately 89.2% of all self-pay accounts receivable. The Clinics continually monitors its accounts receivable balances and utilizes cash collections data and other analysis to support the basis for its estimates of the allowance for doubtful accounts.

The Clinics does not pursue collection of amounts related to patients who qualify for charity care under its guidelines. As such, charity care accounts do not affect the allowance for doubtful accounts. Significant changes in the payor mix, business office operations or deterioration in aging accounts receivable could result in a significant increase in this allowance.

Allowance for contractual discounts: The Clinics estimates the allowance for contractual discounts on a payor-specific basis, given its interpretation of the applicable regulations or contract terms. It is additionally estimated based on management's assessment of historical collections, considering business and economic conditions, trends in health care coverage and other collection indicators. However, the services authorized and provided and the resulting reimbursement are often subject to interpretation. These interpretations sometimes result in payments that differ from the Clinics' estimates. Additionally, updated regulations and contract negotiations occur periodically, necessitating regular review and assessment of the estimation process.

As of September 30, 2024, the percentage of gross patient accounts receivable covered by Medicare & Medicaid, patients and insurance & others was approximately 28%, 48% and 24%, respectively.

Grant receivable: As of September 30, 2024, the Clinics had grant receivables of approximately \$2,150,000, of which, approximately 68% was due from HRSA.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Capital assets: Capital assets are recorded at historical cost. Capital assets contributed by the District are recorded at the District's carrying value. Assets contributed by others are recorded at acquisition value on the date contributed. Capital assets include computer software, furniture, fixtures, equipment and right-to-use leased and Subscription Based Information Technology Arrangements (SBITA) assets. The Clinics defines capital assets as assets with an initial cost of at least \$5,000 and an estimated useful life of one year or greater. Capital assets used in operations are depreciated over the estimated useful lives of the respective assets on a straight-line basis. Amortization expense of right-to-use leased and SBITA assets, is included in depreciation and amortization expense. Gains and losses on dispositions of capital assets are recorded in the period of disposal. The estimated useful lives for computer software range from 3 to 10 years and for furniture, fixtures and equipment range from 3 to 20 years and generally conform to those recommended by the American Hospital Association.

The Clinics evaluates capital assets regularly for impairment. If circumstances suggest that assets may be impaired, an assessment of recoverability is performed prior to any write-down of the assets. An impairment charge is recorded on those assets or groups of assets for which the estimated fair value is below its carrying amount. The Clinics has not recorded any impairment charges in the accompanying statements of revenues, expenses and changes in net position for the year ended.

Leases: The Clinics is a lessee for noncancellable leases of equipment and building space. The Clinics recognizes a lease liability and an intangible right-to-use leased asset (lease asset) on the financial statements.

At the commencement of the lease, the Clinics initially measures the lease liability at the present value of payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made. The lease asset is initially measured as the initial amount of the lease liability, adjusted for lease payments made at or before the lease commencement date, plus certain initial direct costs. Subsequently, the lease asset is amortized on a straight-line basis over its useful life.

Key estimates and judgements related to leases include how the Clinics determines: (1) the discount rate it uses to discount the expected lease payments to present value, (2) lease term, and (3) lease payments.

- The Clinics uses estimated incremental borrowing rates, which is the estimate of the interest rate that would be charged for borrowing the lease payment amounts during the lease term.
- The lease term includes the noncancellable period of the lease. Lease payments included in the measurement of the lease liability are composed of fixed payments and the purchase option price that the Clinics is reasonably certain to exercise.

The Clinics is not a lessor in any transaction.

The Clinics monitors changes in circumstances that would require a remeasurement of its lease and will remeasure the lease asset and liability if certain changes occur that are expected to significantly affect the amount of the lease liability.

Lease and SBITA assets are reported as right-to-use leased and SBITA assets on the statement of net position. The related lease liabilities are reported as lease and SBITA payables on the statement of net position.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Net position: The Clinics reports net position categories in accordance with GASB standards: Net investment in capital assets, restricted net position and unrestricted net position. Net investment in capital assets consists of right-to-use, SBITA and capital assets net of accumulated depreciation and amortization, reduced by the balance of any outstanding debt (including lease and SBITA payables) used to finance the purchase or construction of those assets. Restricted net position consists of assets that have constraints placed on them externally by creditors, grantors, contributors, regulations or imposed by law through constitutional provisions or enabling legislation, reduced by liabilities payable from those assets. The Clinics has no restricted net position for the year ended. Unrestricted net position consists of remaining assets/deferred outflows less liabilities/deferred inflows of resources that do not meet the definition of net investment in capital assets or restricted net position.

Net patient service revenue: The Clinics serve patients whose medical costs are not paid at established rates. These include patients sponsored under government programs, such as Medicare and Medicaid, patients sponsored under private contractual agreements and uninsured patients who have limited ability to pay. Contractual discounts under third-party reimbursement programs represent the difference between the established rates for services and amounts reimbursed by third-party payors and are included as a reduction of patient service revenue. The Clinics present its provision for bad debts as a direct reduction of patient service revenue.

For the year ended September 30, 2024, the percentage of net patient service revenue covered by Medicare & Medicaid, patients and insurance & others was approximately 15%, 45% and 40%, respectively.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods when adjustments become known or as years are no longer subject to audits, reviews and investigations.

Net patient service revenue: The Clinics' gross patient charges, charity adjustments, provision for doubtful account, and contractual adjustments for the year ended, are as follows:

Patient service revenue:	
Medicare and Medicaid	\$ 6,666,657
Self-pay patients	19,092,219
Insurance and others	17,464,746
Total patient revenue	43,223,622
Contractual adjustment	(11,461,390)
Charity care adjustment	(13,246,432)
Provision for doubtful accounts	(5,135,689)
Total net patient service revenue	\$ 13,380,111

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Medicare: Payments to the Clinics for Medicare patients changed to a prospective payment system (PPS) effective October 1, 2014, as mandated by the Affordable Care Act of 2010. The Centers for Medicare and Medicaid Services (CMS) established a base rate as of October 1, 2014 of \$158.85. A Geographic Adjustment Factor (GAF) is applied to the base rate based on where the services are provided. In addition, the GAF-adjusted rate may also be affected by additional adjustment factors, such as new patients. Generally, the Medicare PPS payment to the Clinics is equal to 80% of the lesser of the Clinics' charges or the PPS rate. The remaining 20% is the responsibility of the patient and/or the patients coinsurance. Effective January 1, 2024, the base rate was increased to \$195.99.

Medicaid: Services rendered to Medicaid beneficiaries are paid primarily based upon the Clinics' FQHC Medicaid encounter rate, adjusted effective October 1st of each year by percentage increases in the Medicare Economic Index.

Commercial providers: The Clinics also has reimbursement agreements with certain commercial insurance carriers and health maintenance organizations. The basis for reimbursement under these agreements includes prospectively determined rates per discharge, discounts from established charges, prospectively determined per diem rates and capitation. Settlements are not expected to vary materially from the estimated amounts recorded in the accompanying financial statements.

Charity care: The Clinics' mission is to provide high quality, affordable health care to the greater Palm Beach County, Florida community. In pursuing its commitment to serve all members of the community, the Clinics provides services to the financially disadvantaged, despite the lack or adequacy of payment for its services. The Clinics maintains records to identify and report the level of charity care it provides to the community. These records include the amount of charges foregone for health care services and supplies furnished under the Clinics' charity care guidelines.

The Clinics provides care to patients who meet certain criteria under its charity care guidelines without charge or at amounts less than its established rates. Because the Clinics does not anticipate payment and does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue. The cost of providing this care, determined by applying the Uniform Data System (UDS)-calculated cost per medical or dental visit times the number of applicable charity care visits, was approximately \$13,246,000 for the year ended.

Disproportionate share distributions: The Low-Income Pool (LIP) program is a federal matching program that provides the State with the opportunity to receive additional federal distributions based on a capped annual allotment, which is distributed by the State to participating health care providers for eligible services. Local governments, such as counties, hospital districts and the Florida Department of Health provide funding for the nonfederal share of the LIP distributions. Revenues from the LIP program are reported as net patient service revenue in the accompanying statements of revenues, expenses and changes in net position, net of the required quarterly assessments owed by the Clinics, which are accrued in the fiscal year for which the assessments are made. For the year ended September 30, 2024, the Clinics recorded revenues of approximately \$2,133,000 and there were no assessments. The receipt of future distributions is contingent upon the continued support of the program by the federal and state governments.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

Incentive program revenues: During the year ended September 30, 2024, the Clinics recognized approximately \$82,000, which is reported within other operating revenues, as a result of a shared revenue saving incentive program with an insurance payor. The incentive payment was associated with patient activity from the calendar year ended December 31, 2023 and was calculated using a targeted medical loss ratio. The Clinics were not able to estimate the targeted medical loss ratio for the nine-month period ended September 30, 2024, and as a result, was not able to estimate the associated incentive payment to be received, if any. The shared revenue saving incentive program does not subject the Clinics to the potential to repay amounts already received from patient services.

Operating revenues and expenses: The Clinics' statements of revenues, expenses and changes in net position distinguish between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, the Clinics' principal activity. Nonexchange revenues, including interest income, grants, contributions and other unrestricted revenues are reported as non-operating revenues. Gifts, grants and contributions of capital assets or such amounts restricted by donors for the acquisition of capital assets are reported as capital contributions. Operating expenses include all expenses incurred to provide health care services, other than financing costs.

Grant revenue: Grant revenue is recorded when allowable expenses are incurred, and all applicable program requirements have been met. Grant funds received in advance of meeting all requirements are reported as unearned grant revenue.

Compensated absences: The Clinics' employees earn paid time off (with no distinction between holiday, vacation, personal days and other absences) at varying rates depending on years of service and position. Employees may accumulate a maximum of 400 hours of paid time off. Upon termination, employees are paid all time off accrued but not used at the current rate of pay. The estimated amount of paid time off available as termination payments is reported as a current liability. The Clinics estimates additional amounts due within one year based upon historical trends.

Risk management: The Clinics is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters to the extent such claims are not covered by sovereign immunity. The Clinics is deemed covered under the Federal Tort Claims Act for professional liability claims (see Note 9). Settled claims have not exceeded the Clinics' commercial coverage from inception through September 30, 2024.

Recent accounting pronouncements: In June 2022, the GASB issued Statement No. 100, *Accounting Changes and Error Corrections—an amendment of GASB Statement No. 62*. The statement improves the accounting and financial reporting requirements for accounting changes and error corrections to provide more understandable, reliable, relevant, consistent, and comparable information for making decisions or assessing accountability. Effective October 1, 2023, the Clinics adopted this Statement with no material effect.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)

In June 2022, the GASB issued Statement No. 101, *Compensated Absences*. The statement improves the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures. The requirements of this statement will be effective for the Clinics beginning with its fiscal year ending September 30, 2025. Management is currently evaluating the impact of this new guidance on its financial statements.

Note 2. Cash and Cash Equivalents

The Clinics has pooled cash with the District's common interest-bearing concentration account, as well as maintains three separate bank accounts for the year ended. See the District's Annual Financial Report for disclosures relating to its interest rate risk, credit risk, custodial credit risk, concentration of credit risk and related fair value measurement disclosures required by GASB.

Note 3. Patient Accounts Receivable

Patient accounts receivable, reported as current assets by the Clinics at year-end consist of the following amounts:

Patient accounts receivable:

Medicare and Medicaid	\$ 2,467,444
Self-pay patients	4,341,881
Insurance and others	2,159,990
Total patient accounts receivable	<u>8,969,315</u>
Less allowance for contractual discounts	(2,169,753)
Less allowance for doubtful accounts	(4,440,017)
Patient accounts receivable, net	<u><u>\$ 2,359,545</u></u>

Note 4. Capital Assets

Capital asset activity for the year ended follows:

	Balance September 30, 2023	Transfers and Additions	Transfers and Deletions	Balance September 30, 2024
Capital assets:				
Construction in progress (nondepreciable)	\$ 500,000	\$ 2,248,173	\$ (126,570)	\$ 2,621,603
Furniture, fixtures and equipment	4,585,670	340,284	52,941	4,978,895
Total cost	<u>5,085,670</u>	<u>2,588,457</u>	<u>(73,629)</u>	<u>7,600,498</u>
Less accumulated depreciation:				
Furniture, fixtures and equipment	(1,645,436)	(387,284)	(70,029)	(2,102,749)
Capital assets, net	<u><u>\$ 3,440,234</u></u>	<u><u>\$ 2,201,173</u></u>	<u><u>\$ (143,658)</u></u>	<u><u>\$ 5,497,749</u></u>

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 5. Right-to-Use and SBITA Assets and Liabilities

The Clinic is a lessee for various noncancellable leases for buildings and has entered into SBITAs to use vendor-provided information technology intangible assets. The Clinics utilizes SBITAs to provide specific social and healthcare services to patients.

Right-to-use lease and SBITA assets activity for the year ended are summarized as follows:

	Balance September 30, 2023	Additions	Deletions	Balance September 30, 2024
Right-to-use leased and SBITA assets:				
Building leased	\$ 5,509,730	\$ -	\$ (44,552)	\$ 5,465,178
SBITA assets	194,407	-	-	194,407
Total right-to-use leased and SBITA assets	5,704,137	-	(44,552)	5,659,585
Less accumulated amortization for:				
Building leased	(771,977)	(663,024)	-	(1,435,001)
SBITA assets	(168,117)	(19,718)	-	(187,835)
Total accumulated amortization	(940,094)	(682,742)	-	(1,622,836)
Total right-to-use leased and SBITA assets, net	\$ 4,764,043	\$ (682,742)	\$ (44,552)	\$ 4,036,749

Right-to-use lease and SBITA liabilities activity for the year ended are summarized as follows:

	Balance September 30, 2023	Additions	Deletions	Balance September 30, 2024
Liabilities:				
Building leased	\$ 4,926,452	\$ -	\$ (565,502)	\$ 4,360,950
SBITA	124,830	-	(124,830)	-
Total lease and SBITA payable	\$ 5,051,282	\$ -	\$ (690,332)	\$ 4,360,950

The future principal and interest payments due on the right-to-use and SBITA liabilities are as follows:

	Principal	Interest	Total
Fiscal year ending September 30:			
2025	\$ 566,159	\$ 189,118	\$ 755,277
2026	610,515	163,951	774,466
2027	530,082	138,070	668,152
2028	393,044	117,648	510,692
2029	425,698	98,275	523,973
Thereafter	1,835,452	172,020	2,007,472
Totals	\$ 4,360,950	\$ 879,082	\$ 5,240,032

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 6. Compensated Absences

Compensated absences liability activity for the year ended follows:

	Balance October 1, 2023	Additions	Deletions	Balance September 30, 2024	Amount Due Within One Year
Compensated absences	\$ 1,335,942	\$ 2,706,748	\$ (2,583,998)	\$ 1,458,692	\$ 306,915

Note 7. Related Party Transactions

The Clinics’ operations are financially dependent on the District. The Clinics received approximately \$25,147,000 in operating contributions and \$2,462,000 in capital contributions from the District in fiscal year 2024.

The Clinics reported approximately \$16,665,000 as fiscal and general administrative services expenses in the statement of revenues, expenses and changes in net position. The District allocated approximately \$10,158,000 of support department costs to the Clinics, including personnel, purchasing, information technology, legal and administrative costs that are included in the fiscal and general administrative services expenses total for the year ended.

Note 8. Retirement Plans

Defined contribution plan: In October 1990, the District established the Health Care District of Palm Beach County 401(a) Retirement Plan (the Plan), a defined contribution pension plan that covers employees of the District and its wholly owned affiliates, including the Clinics’ employees not participating in the Florida Retirement System (FRS) Plan who are 18 years of age or older and have completed one year of service. The Plan is administered by Empower Retirement. For employees hired after September 30, 2012, the District contributes 4% for general employees, 5% for Associate Vice Presidents and 6% for Vice Presidents of eligible compensation to the Plan and also makes matching contributions equal to 100% of the participants’ elective deferrals up to 4%, 5% and 6% of eligible compensation based on job title, as listed above. The District contributes 15% of eligible compensation for employees hired prior to October 1, 2012. Contribution rates and benefits of the Plan are established by and may be amended by the District Board. For the fiscal year ended September 30, 2024, the Clinics contributed \$1,243,303, to the Plan for its employees which is recorded within medical services expense in the statement of revenues, expenses and changes in net position. Employees who terminate after December 12, 2019, are fully vested after 3 years of service.

District deferred compensation plan: The District also established and provides its employees, including the Clinics’ employees, with access to a 457(b) deferred compensation plan named the Health Care District of Palm Beach County Deferred Compensation 457(b) and Roth 457(b) plan. Under this plan, an employee is able to contribute pre-tax wage/salary dollars into the 457(b) account and/or post-tax wage and salary dollars into the Roth 457(b). The 457(b) Plan is administered by Empower Retirement. An employee can defer up to \$23,000 of eligible compensation or \$30,500 annually for employees aged 50 and over. These limits are subject to change each year. No contributions are required of the District. Contribution rates and benefits of the 457(b) and Roth 457(b) Plan are established by and may be amended by the District Board.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 9. Commitments and Contingencies

District and Health Department Master Agreement: The District entered into a Master Agreement with the Florida Department of Health of Palm Beach County (the Health Department), effective October 1, 2013, whereby the District assumed the financial, administrative and operational responsibility for providing adult and pediatric primary care services to patients formerly served by the Health Department through their FQHC locations in Palm Beach County. The agreement was extended through June 30, 2025.

Pursuant to the Master Agreement, the District operates the clinic locations and accounts for all operational activities through the Clinics. As of fiscal year end the Lantana/Lake Worth Health Center facility location is owned by Palm Beach County, and the West Palm Beach Health Center facility location is owned by the State of Florida. Both locations are utilized by the District without rent. The District pays the Health Department for common expenses incurred by the Health Department for the facilities based on the pro rata square footage used by the District and the Health Department. The total annual common expenses for the facilities paid by the District were approximately \$724,000 for the year ended September 30, 2024, including costs related to space for the District's pharmacy and eligibility offices. The portion of the costs allocated to the Clinics was approximately \$654,000 for the year ended September 30, 2024.

Professional and general liability claims: The Clinics is subject to risk of loss arising in the ordinary course of business, including claims for damages from medical malpractice, personal injuries, employment-related claims, breach of management contracts and wrongful restriction of or interference with physicians' staff privileges. In certain of these actions, plaintiffs may seek punitive or other damages against the Clinics, which are generally not covered by insurance. As a FQHC, the Clinics is deemed covered under the Federal Tort Claims Act (FTCA) for professional liability claims. Under the Act, health centers are considered Federal entities and are immune from lawsuits, with the Federal government acting as their primary insurer. FTCA coverage is comparable to an "occurrence" policy without a monetary cap.

The Clinics, with respect to general liability and breach of contract claims, are entitled to sovereign immunity under Florida law. For tort actions (with claims arising on or after October 1, 2011), *Florida Statutes, Section 768.28* has a limited waiver of sovereign immunity. Therefore, the District's liability for tort is limited to \$200,000 per claim and \$300,000 in the aggregate. Additionally, on June 1, 2015, the District obtained an umbrella liability policy for coverage in excess of the self-insured retention levels of \$500,000 for each incident or loss and \$850,000 in the aggregate. The District has insurance policies for employers liability, commercial property insurance and business automobile liability exposures. Judgments may be claimed or rendered in excess of the sovereign immunity limits; however, the District cannot be liable for such excess amounts unless the claim/judgment is presented to and approved by the Florida legislature (i.e., claims bill). The umbrella policy, with aggregate limits of \$10 million, only responds in the event a covered loss results in a claims bill that is approved by the Legislature, or the annual aggregate is met.

The Clinic's management, in consultation with legal counsel, believes all general liability claims are covered by insurance or limited under sovereign immunity and will not have any significant impact on the financial condition of the District in excess of the amounts accrued at September 30, 2024. At September 30, 2024, the Clinics accrued approximately \$4,000, for professional and general liability claims. No settlements exceeded insurance coverage during the past three fiscal years.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 9. Commitments and Contingencies (Continued)

Grants and other federal funding: The grant and other federal funding revenues received or receivable by the Clinics are subject to audit and adjustment by the grantor agencies, principally the federal government. Any disallowed claims, including amounts already received, might constitute a liability of the Clinics for the return of those funds. Management believes that all grant expenditures were in compliance with the terms of the grant and applicable federal laws and regulations.

Compliance with laws and regulations: The health care industry is subject to voluminous and complex laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, anti-kickback and anti-referral laws, false claims prohibitions and Medicare and Medicaid fraud and abuse. In addition, as a government entity, the Clinics is also subject to the laws and regulations related to its tax exemption. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions that are unknown or unasserted at this time. Violations of these laws and regulations could result in significant fines and penalties, including repayments for patient services previously reimbursed. Management believes that the Clinics has generally complied with applicable laws and regulations that could have a material impact on the financial statements of the Clinics and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing or noncompliance.

Note 10. Other Postemployment Benefits

The Clinics follow GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions* for financial reporting and disclosure for its other postemployment benefits plan (OPEB Plan).

Plan description: The Clinics participates in the District's single-employer OPEB Plan that provides health care benefits to eligible retired employees and their spouses and/or beneficiaries. The District Board has the authority to establish and amend the premiums for and the benefit provisions of the OPEB Plan. The OPEB Plan is financed on a "pay as you go" basis and is not administered as a formal qualifying trust. The OPEB Plan does not issue a stand-alone publicly available financial report.

Funding policy: The Clinics is required by Florida Statutes, Section 112.0801 to allow retirees to buy health care coverage at the same group insurance rates that current employees are charged, resulting in an implicit health care benefit. Florida law prohibits the OPEB Plan from separately rating retirees and active employees. The OPEB Plan therefore charges both groups an equal, blended rate premium for health insurance. Although both groups are charged the same blended rate premium, GAAP requires the actuarial liability to be calculated using age-adjusted premiums approximating claim costs for retirees separately from active employees. The use of age-adjusted premiums results in the addition of the implicit rate subsidy into the actuarial accrued liability. Plan members receiving benefits contribute 100% of the monthly medical premium, which currently ranges from a minimum of \$850 to a maximum of \$2,609.

District employees covered by benefit terms: At October 1, 2023, there were four retirees and 799 active plan members covered by the benefit terms for the overall District.

Total OPEB Liability: The Clinics' allocated proportionate share of the District's total OPEB liability was \$78,433 for the year ended September 30, 2024. The September 30, 2024 total OPEB liability was measured based on an actuarial valuation as of October 1, 2023.

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 10. Other Postemployment Benefits (Continued)

The total OPEB liability in the October 1, 2023 actuarial valuation projected to September 30, 2024, was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Salary increases	3%
Investment rate of return	Not applicable. The plan is not funded.
Discount rate	4.06%
Healthcare cost trend rates	7.50% in 2023-2024, graded down to 4.5% by 0.25% per year
Mortality	Pub-2010 Headcount weighted mortality table for general, public employer, annuitant and non-annuitant, sex distinct with 2024 IRS adjusted MP-2021

The discount rate used to measure the total OPEB liability was based on a 20-year AA/Aa tax-exempt municipal bond yield.

The discount rate was decreased from 4.87% for the year ended September 30, 2023, to 4.06% for the year ended September 30, 2024.

The following provides the changes to the total OPEB liability for the year ended:

Beginning balance	\$ 105,296
Service cost	10,976
Interest	5,487
Difference between expected and actual experience	(45,464)
Changes of assumptions	5,755
Implicit benefit payments	(3,617)
Net changes	(26,863)
Ending balance	\$ 78,433

Sensitivity of the total OPEB liability to changes in the discount rate. The following presents the total OPEB liability of the Clinics, as well as what the Clinics' total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower or 1-percentage-point higher than the discount rate for the year ended September 30, 2024:

	Discount Rate		
	1% Decrease 3.06%	Current Discount Rate 4.06%	1% Increase 5.06%
Total OPEB Liability	\$ 84,955	\$ 78,433	\$ 72,726

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

Note 10. Other Postemployment Benefits (Continued)

Sensitivity of the total OPEB liability to changes in the healthcare cost trend rates. The following presents the total OPEB liability of the Clinics, as well as what the Clinics' total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower or 1-percentage-point higher than the current healthcare cost trend rates for the year ended September 30, 2024:

	Trend Rate		
	1% Decrease 6.50%	Current Trend Rate 7.50%	1% Increase Rate 8.50%
Total OPEB Liability	\$ 72,097	\$ 78,433	\$ 85,558

OPEB Expense and Deferred Inflows and Outflows of Resources Related to OPEB

The Clinics recognized OPEB expense of \$14,000 for the year ended September 30, 2024. At September 30, 2024, the Clinics reported deferred inflows and outflows of resources for changes in assumptions and experience losses of \$66,853 and \$45,186, respectively, related to the OPEB plan.

Amounts reported as deferred inflows and outflows of resources related to the OPEB plan will be recognized in OPEB expenses on a straight-line basis over the next 10 years.

Note 11. Subsequent Event

Presidential executive orders: In January 2025 several executive orders were signed by President Trump that could impact federal financial assistance. Federal agencies have been tasked with reviewing their federal programs to ensure they align with the President's policy priorities. The Clinics receive various federal grants and payments that could be subject to the abovementioned executive orders. The Clinics do not believe any loss of funding would be material to its financial statements, however the implication of these executive orders is not fully known at the date these financial statements were issued. Total federal funding as of September 30, 2024 was approximately \$8,673,000. Accounts receivable associated with federal grants as of September 30, 2024 was approximately \$1,472,000 and was collected subsequent to year end.

**Required Supplementary Information
Unaudited**

District Clinic Holdings, Inc.
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Required Supplementary Information
Other Post-Employment Benefits
Schedule of Changes in the Total OPEB Liability and Related Ratios
(Unaudited Last Seven Years)

	2024	2023	2022	2021	2020	2019	2018
Total OPEB liability							
Service cost	\$ 10,976	\$ 11,523	\$ 10,599	\$ 11,313	\$ 5,416	\$ 5,466	\$ 15,463
Interest	5,487	4,834	2,051	1,612	1,467	1,243	956
Difference between expected and actual experience	(45,464)	-	40,794	-	14,971	-	-
Changes of assumptions	5,755	(877)	(35,161)	(1,994)	7,065	481	(681)
Implicit benefit payments	(3,617)	(2,258)	(1,126)	(481)	(315)	(146)	(53)
Net change in total OPEB liability	(26,863)	13,222	17,157	10,450	28,604	7,044	15,685
Total OPEB liability – beginning	105,296	92,074	74,917	64,467	35,863	28,819	13,134
Total OPEB liability – ending	\$ 78,433	\$ 105,296	\$ 92,074	\$ 74,917	\$ 64,467	\$ 35,863	\$ 28,819
Covered payroll	\$ 22,245,000	\$ 20,924,000	\$ 19,068,000	\$ 18,142,000	\$ 15,960,000	\$ 15,511,000	\$ 14,665,000
Clinics total liability as a percentage of covered payroll	0.35%	0.50%	0.48%	0.41%	0.40%	0.23%	0.20%
Measurement date	09/30/2024	9/30/2023	9/30/2022	9/30/2021	9/30/2020	9/30/2019	9/30/2018

Notes to schedule:

- (1) Assumption changes since prior valuation:
 - Discount rate decreased from 4.87% to 4.06%
- (2) This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, information for those years for which information is available will be presented.



**Report on Internal Control Over Financial Reporting and on Compliance
and Other Matters Based on an Audit of Financial Statements
Performed in Accordance With Government Auditing Standards**

RSM US LLP

Independent Auditor's Report

Board of Directors
District Clinic Holdings, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of District Clinic Holdings, Inc. (the Clinics), a component unit of the Health Care District of Palm Beach County, Florida, as of and for the year ended September 30, 2024, and the related notes to the financial statements which collectively comprise the Clinics' basic financial statements, and have issued our report thereon dated March 10, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Clinics' internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Clinics' internal control. Accordingly, we do not express an opinion on the effectiveness of the Clinics' internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Clinics' financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Clinics' internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Clinics' internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

RSM US LLP

West Palm Beach, Florida
March 10, 2025



Health Care District

OF PALM BEACH COUNTY

WE CARE FOR ALL

Financial report prepared by the Finance Department
of the Health Care District of Palm Beach County

1515 N. Flagler Dr., Suite 101
West Palm Beach, FL 33401-3429
561-659-1270
www.hcdpbc.org

Health Care District of Palm Beach County, Florida

Single Audit Reports in Accordance with
Uniform Guidance

Fiscal Year Ended September 30, 2024

Contents

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RSM US LLP

**Report on Internal Control Over Financial Reporting and on
Compliance and Other Matters Based on an Audit of Financial Statements
Performed in Accordance With Government Auditing Standards**

Independent Auditor's Report

Members of the Board of Commissioners
Health Care District of Palm Beach County, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of the governmental activities, the business-type activities, the discretely presented component unit, each major fund, and the aggregate remaining fund information of the Health Care District of Palm Beach County, Florida (the District), as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated March 10, 2025. The financial statements of the Good Health Foundation, Inc. were not audited in accordance with *Government Auditing Standards*, and accordingly, this report does not include reporting on internal control over financial reporting or instances of reportable noncompliance associated with the Good Health Foundation, Inc.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

RSM US LLP

West Palm Beach, Florida
March 10, 2025



RSM US LLP

**Report on Compliance for the Major Federal Program; Report on Internal Control
Over Compliance; and Report on Schedule of Expenditures of Federal Awards
Required by the Uniform Guidance**

Independent Auditor's Report

Members of the Board of Commissioners
Health Care District of Palm Beach County, Florida

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited the Health Care District of Palm Beach County, Florida's (the District) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on the District's major federal program for the year ended September 30, 2024. The District's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended September 30, 2024.

Basis for Opinion on the Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for the major federal program. Our audit does not provide a legal determination of the District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the District's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the District's compliance with the requirements of the major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the governmental activities, the business-type activities, the discretely presented component unit, each major fund, the aggregate remaining fund information of the District as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise the District's basic financial statements. We have issued our report thereon dated March 10, 2025, which contained unmodified opinions on those financial statements. Our audit was performed for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

RSM US LLP

West Palm Beach, Florida
March 10, 2025

**Health Care District of Palm Beach County, Florida
Schedule of Expenditures of Federal Awards
Fiscal Year Ended September 30, 2024**

Federal Grantor/Pass-through Grantor/Program or Cluster Title	Assistance Listing Number	Contract Number	Pass-Through Entity Identifying Number	Federal Expenditures
U.S. Department of Health and Human Services:				
Health Center Program Cluster: (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care):				
Grant Year January 1, 2023 - December 31, 2025	93.224	6 H80CS25684-11-02	Not applicable	\$ 1,588,341
Grant Year January 1, 2023 - December 31, 2025	93.224	5 H80CS25684-12-00	Not applicable	2,426,188
Grant Year January 1, 2023 - December 31, 2025	93.224	6 H80CS25684-12-03	Not applicable	606,547
Grant Year January 1, 2023 - December 31, 2025	93.224	6 H80CS25684-12-09	Not applicable	606,547
Grant Year January 1, 2023 - December 31, 2025	93.224	6 H80CS25684-12-10	Not applicable	2,176,238
Grant Year January 1, 2023 - December 31, 2025	93.224	6 H80CS25684-12-11	Not applicable	31,824
Grant Year September 1, 2023 - August 31, 2026	93.224	1 C16CS50444-01-00	Not applicable	309,244
				<u>7,744,929</u>
Grants for New and Expanded Services under the Health Center Program				
Grant Year September 1, 2023 - August 31, 2026	93.527	1 H8HCS49553-01-00	Not applicable	70,766
Grant Year September 1, 2023 - December 31, 2024	93.527	1 H8LCS51670-01-00	Not applicable	200,467
Grant Year December 1, 2022 - June 30, 2024	93.527	1 H8GCS48698-01-00	Not applicable	120,786
				<u>392,019</u>
				<u>8,136,948</u>
Total Health Center Program Cluster				
Grants for Capital Development in Health Centers				
Grant Year September 15, 2021 - September 14, 2024	93.526	1 C8ECS43761-01-00	Not applicable	28,893
Passed through Administration of Community Living: Congressional Directives - Grant Year July 1, 2023 - June 30, 2025				
	93.493	90CFPA0030-01	unknown	527,723
Passed through Florida Alcohol and Drug Abuse Association, Inc. Block Grants for Prevention and Treatment of Substance Abuse				
	93.959	1111004234	unknown	15,757
Passed through Florida Alcohol and Drug Abuse Association, Inc. Opioid STR				
	93.788	1111004532	unknown	14,423
				<u>14,423</u>
Total U.S. Department of Health and Human Services				
				<u>8,723,744</u>
Total Expenditures for Federal Awards				
				<u>\$ 8,723,744</u>

The accompanying notes are an integral part of this schedule.

Health Care District of Palm Beach County, Florida

Notes to Schedule of Expenditures of Federal Awards

Note 1. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of the Health Care District of Palm Beach County, Florida (the District) under programs of the federal government for the year ended September 30, 2024. The information in the Schedule is presented in accordance with the requirements of the Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the District, it is not intended to and does not present the financial position, changes in fund balance/net position or cash flows of the District.

Note 2. Summary of Significant Accounting Policies

The Schedule is presented using the modified accrual basis of accounting for expenditures accounted for in the governmental funds and on the accrual basis of accounting for expenses of the proprietary fund types, which are described in Note 1 to the District's basic financial statements. Such expenditures/expenses are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures/expenses are not allowable or are limited as to reimbursement.

Note 3. Indirect Cost Rate

The District elected not to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

Note 4. Subrecipient Awards

Of the federal awards presented in the Schedule, the District did not provide any amounts to subrecipients.

Health Care District of Palm Beach County, Florida

Schedule of Findings and Questioned Costs
Fiscal Year Ended September 30, 2024

Section I - Summary of Auditor's Results

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP: Unmodified

Internal control over financial reporting:

Material weakness(es) identified?	<u> </u> Yes	<u> X </u> No
Significant deficiency(ies) identified?	<u> </u> Yes	<u> X </u> None Reported
Noncompliance material to financial statements noted?	<u> </u> Yes	<u> X </u> No

Federal Awards

Internal control over major federal program:

Material weakness(es) identified?	<u> </u> Yes	<u> X </u> No
Significant deficiency(ies) identified?	<u> </u> Yes	<u> X </u> None Reported

Type of auditor's report issued on compliance for the major federal program: Unmodified

Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)? Yes X No

Identification of major federal program:

<u>Assistance Listing Numbers</u>	<u>Name of Federal Program or Cluster</u>
93.224 and 93.527	Health Center Program Cluster

Dollar threshold used to distinguish between type A and type B programs: \$ 750,000

Auditee qualified as low-risk auditee? X Yes No

(Continued)

Health Care District of Palm Beach County, Florida

Schedule of Findings and Questioned Costs (Continued)
Fiscal Year Ended September 30, 2024

Section II – Financial Statement Findings

None reported.

Section III – Federal Awards Findings and Questioned Costs

None reported.

Section IV – Summary of Prior Year Audit Findings

The prior year single audit disclosed no findings in the Schedule of Findings and Questioned Costs and no uncorrected or unresolved findings exist from the prior audit's Summary Schedule of Prior Year Audit Findings.



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 26, 2025

1. Description: Sliding Fee Discount Policy

2. Summary:

This agenda item provides the sliding fee scale policy for the community health center, which includes expanding pharmacy services.

3. Substantive Analysis:

- Operationalize pharmacy billing in 2025 at the 5 CHC pharmacies for our patients with or without insurance to secure HCD financial sustainability, broaden service offerings, and ensure our ability to meet evolving patient needs.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget	
Capital Requirements	N/A		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved




DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 26, 2025

6. Recommendation:


Staff recommends that the Board approve the expansion of pharmacy services to be included within the scope of the Sliding Fee Scale Discount Policy.

Approved for Legal sufficiency:

Signed by:

0CF6F7DB-88A0-4000-8000-000000000000
Bernabe Icaza
SVP & General Counsel

Signed by:

CA6A21EE2E09481C
Jessica Cafarelli
VP & Chief Financial Officer

Signed by:

2B4234F087844B2
Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community Health Centers



Sliding Fee Discount Program Policy

Policy #:	501-13	Effective Date:	(Enter Effective date)
Business Unit:	Revenue Cycle/Community Health Center	Original Effective Date:	2/4/2022
Approval Group:	Revenue Cycle	Board Approval Date:	(If applicable)

PURPOSE

To assure that no patient shall be denied service due to an individual's inability to pay.

The Sliding Fee Discount Program is designed to provide a schedule of discounts to patients with no or limited means to pay for medicines and health care services provided by the Health Care District of Palm Beach County ("District"), District Clinic Holdings, Inc. d/b/a Health Care District Community Health Center ("CHC"). All patients are entitled to financial assistance counseling to identify possible solutions and options for patients who do not have the ability to pay in full.

SCOPE

This policy applies to the Health Care District ("District") of Palm Beach County Health Care District Community Health Centers ("CHC"), including Pharmacy, Finance, and Revenue Cycle stakeholders.

DEFINITIONS

1. **Family** - A family includes a householder and one or more people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family.
2. **Income** - Income includes salary wages, gratuities, self-employment income, cash assistance or support, unemployment compensation, workers' compensation, Social Security, Supplemental Security income, disability benefits, public assistance, military or veterans' benefits, survivor benefits, pension or retirement income, annuities, savings account or other earned interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household,



and any other miscellaneous monies received. Noncash benefits such as food stamps and housing subsidies are not counted.

POLICY

It is the policy of the Health Care District Community Health Center (“CHC”) to have a Sliding Fee Discount Program (“SFDP”) in accordance with section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)) and related guidance issued by The Health Resources and Services Administration (HRSA) through the Health Center Program Compliance Manual, Chapter 9, which outlines the "sliding fee discount program" requirements for Federally Qualified Health Centers (“FQHC”)/Community Health Centers (“CHC”).

The sliding fee discount program (SFDP) shall apply to all HCDCHC Medical (Pediatrics, Adult), Women’s Health, Behavioral Health, Dental, and Pharmacy (340B outpatient drugs), including ancillary services, within the HRSA–approved scope of project as well as services provided via formal referral arrangements which shall apply uniformly to all patients to make available discount services to those in need.

The HCDCHC shall not discriminate on the basis of an individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. All patients will be assessed for sliding fee discount eligibility unless the patient has declined or refused to provide such information.

The HCDCHC maintains a standard sliding scale fee schedule and operating procedures for qualifying patient discounts for services provided, which include:

1. The sliding fee discount schedule (SFDS) will be used to calculate the applicable discount and determine eligibility and is updated annually based on the current Federal Poverty Guidelines (“FPG”) at <http://aspe.hhs.gov/poverty>.
2. Sliding fee scale discounts are available to patients with all incomes at or below 200% of the FPG. Discounts are determined based on household income and family size as defined in this policy.
 - a. Individuals and families with annual incomes at or below 100 percent of the FPG will be charged a nominal charge. These nominal charges shall not be a barrier to accessing care and shall be based on the patient’s ability to pay.



- b. Individuals and families with annual incomes ranging from 101 percent to 150 percent of the FPG, 151 percent to 175 percent of the FPG, and 176 percent to 200 percent of the FPG shall receive a discount.
- c. No sliding fee discount will be provided to individuals and families with annual incomes above 200 percent of the Federal Poverty Guidelines.

FPL%	100% or below	101% to 150%	151% to 175%	176% to 200%	Over 200%
Sliding Fee	Nominal Fee	Discount	Discount	Discount	No Discount

3. It is the policy of HCDCHC to ensure that the patient's ability to pay is considered when charging a nominal fee.
4. Patients who are eligible for the sliding fee discounts and have insurance/third-party coverage will be charged the lesser of the patient's liability or what they would be charged as an uninsured sliding fee patient unless prohibited by the applicable insurance contract.
5. The effective period for approved discounts is twelve (12) months, after which all patients must be reassessed for income and family size.
6. Patients who do not wish to apply for a sliding fee scale discount will be asked to attest to income and household size to be compliant with Health Center Program Uniform Data System ("UDS") reporting. Patients who decline and refuse a Sliding Fee Scale assessment may be billed full charges for services.

The HCDCHC shall inform all patients of the availability of the SFDP through various methods, such as posting signage in the waiting area at all clinic sites, in printed material, and published on the HCDCHC website to include a statement that will be translated into the appropriate language (s)/dialect and literacy levels appropriate for the patient population. CHC shall clearly explain the eligibility criteria, documentation requirements, and application process to help patients understand and access the program.

Designated staff periodically conduct patient surveys with patients who were charged a nominal or discount fee, which allows patients to provide feedback about the Sliding Fee Scale Discount Program.



The Board of Directors will review the Sliding Fee Discount Program Policy at least once every three (3) years to assess if the current sliding fee discount program is effectively addressing patient needs, that it does not create a barrier to care, and that the sliding fee scale is aligned with updated Federal Poverty Guidelines (“FPG”). The evaluation method may include, through the use of tools, data analysis on patient utilization within the sliding fee schedules, patient satisfaction surveys, focus groups, and similar methods to ensure that the sliding fee patients

of all classes are accessing services to ensure the SFDP is effectively reducing financial barriers to care for patients based on income levels. Corrective action will be taken to implement changes as needed.

The HCDCHC Sliding Fee Scale Reference Guide is attached as part of this policy for reference. This guide is updated each year.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	Waiver of Fee
Related Forms	Sliding Fee Scale Application, CHC Sliding Fee Scale Reference Guide
Reference(s)	Section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b), HRSA Health Center Program Compliance Manual, Chapter 9 , Sliding Fee Discount Program Bureau of Primary Health Care
Dynamic Health/EBSCO link:	

APPROVALS	
Final approver	Darcy Davis
Final approval date	(Enter Approval Date)



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

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



Health Care District Community Health Centers & Pharmacy					
2025 SLIDING FEE SCHEDULE (SFS)					
Poverty Level	Annual Income				
	At or Below 100%	101% to 150%	151% to 175%	176% to 200%	Over 200%
Family Size	A	B	C	D	E
1	\$15,650.00	\$15,806.50 - \$23,475.00	\$23,631.50 - 27,387.50	\$27,544.00 - \$31,300.00	\$31,456.50
2	\$21,150.00	\$21,361.50 - \$31,725.00	\$31,936.50 - \$37,012.50	\$37,224.00 - \$42,300.00	\$42,511.50
3	\$26,650.00	\$26,916.50 - \$39,975.00	\$40,241.50 - \$46,637.50	\$46,904.00 - \$53,300.00	\$53,566.50
4	\$32,150.00	\$32,471.50 - \$48,225.00	\$48,546.50 - \$56,262.50	\$56,584.00 - \$64,300.00	\$64,621.50
5	\$37,650.00	\$38,026.50 - \$56,475.00	\$56,851.50 - \$65,887.50	\$66,264.00 - \$75,300.00	\$75,676.50
6	\$43,150.00	\$43,581.50 - \$64,725.00	\$65,156.50 - \$75,512.50	\$75,944.00 - \$86,300.00	\$86,731.50
7	\$48,650.00	\$49,136.50 - \$72,975.00	\$73,461.50 - \$85,137.50	\$85,624.00 - \$97,300.00	\$97,786.50
8	\$54,150.00	\$54,691.50 - \$81,225.00	\$81,766.50 - \$94,762.50	\$95,304.00 - \$108,300.00	\$108,841.50
For families/households with more than 8 persons, add \$5,500 for each additional person					
Fee Schedule	100% or below	101% to 150%	151% to 175%	176% to 200%	Over 200%
	Nominal Fee	Discount Fee	Discount Fee	Discount Fee	
Medical: Adult, Pediatrics, Women's Health, Behavioral Health	\$20.00	\$40.00	\$60.00	\$80.00	No Discount
Dental	\$30.00	\$50.00	\$70.00	\$90.00	
Pharmacy	\$1.00	\$3.00	\$6.00	\$8.00	
Based on 2025 Federal Poverty Guidelines published in the Federal Register- January 17, 2025 Discounted charges are per visit and will include lab orders. The Sliding Fee Scale is updated each calendar year. Patient pays at a minimum, a \$1.00 nominal dispensing fee for each medication.					



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 26, 2025

1. Description: Executive Director Informational Update

2. Summary:

- . Sliding Fee Scale

3. Substantive Analysis:

Sliding Fee Scale: As requested, a breakout of where our patients fall on the sliding fee scale is provided on the next page. The majority, 77.21% fall within the 100% or below slide.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

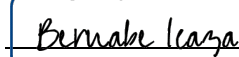
 Date Approved

6. Recommendation:

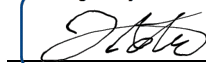
Staff recommends the Board Receive and File the Executive Director Informational Update.

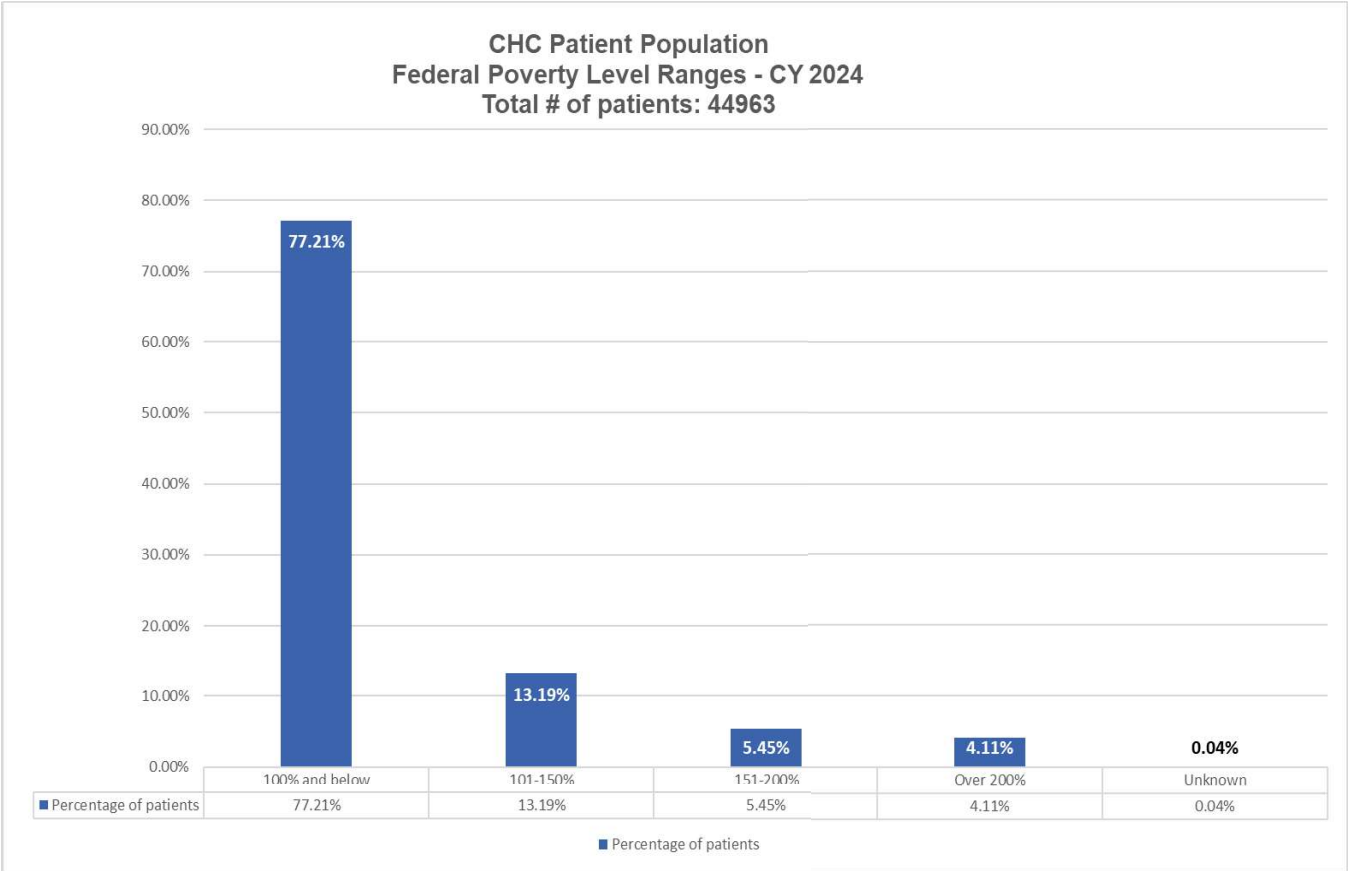
Approved for Legal sufficiency:

Signed by:


 0CF6F7DB6706434E0000000000000000 Bernabe Icaza
 SVP & General Counsel

Signed by:


 2B4234F087844B2 Joshua Adametz, DMD, MPH, MA
 AVP & Executive Director of Community
 Health Centers



CHC Fee Schedule	100% or below	101% to 150%	151% to 175%	176% to 200%	Over 200%
	Nominal Fee	Discount Fee	Discount Fee	Discount Fee	
Medical: Adult, Pediatrics, Women's Health, Behavioral Health	\$20.00	\$40.00	\$60.00	\$80.00	No Discount
Dental	\$30.00	\$50.00	\$70.00	\$90.00	



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 26, 2025

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

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

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Credentialing
McCloud	Derkasha	LMHC	Licensed Mental Health Counselor	Initial Credentialing
Keys	Kristen	APRN	Physician Assistant	Initial Credentialing
Quevedo	Andres	APRN	Nurse Practitioner	Initial Credentialing
Dabu	Darnel	MD	Family Medicine	Recredentialing
Hirsch	Karen	LCSW	Licensed Clinical Social Worker	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.



DISTRICT CLINIC HOLDINGS, INC.
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Derkasha McCloud, LMHC joined the Mobil Clinic in 2025 as a Licensed Mental Health Counselor. She attended Nova Southeastern University and has been in practice for three years.

Kristen Keys, PA joined the Atlantis Clinic in 2025 as a Physician Assistant. She attended Barry University. Ms. Keys is certified as a Physician Assistant by the National Commission on Certification of Physician Assistants. She has been in practice for twenty-one years.

Andres Quevedo, APRN joined the Atlantis Clinic in 2025 as a Nurse Practitioner. He attended Barry University and is certified as a Family Nurse Practitioner by The American Nurses Credentialing Center. He has been in practice for four years.

Darnel Dabu, MD joined the Jupiter Clinic in 2017 specializing in Family Medicine. He attended The University of Santo Tomas and also completed his Residency at the University of Arkansas College of Medicine. Dr. Dabu is certified in Family Medicine by The American Board of Family Medicine and is also certified as a Lifestyle Medicine Physician by the American Board of Lifestyle Medicine. He has been in practice for fifteen years and is fluent in Tagalog.

Karen Hirsch, LCSW joined the West Palm Beach Clinic in 2019 as a Licensed Clinical Social Worker. She attended the Florida Atlantic University. She has been in practice for nine years and is fluent in Spanish.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Jessica Cafarelli
 VP & Chief Financial Officer



DISTRICT CLINIC HOLDINGS, INC.
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5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Derkasha McCloud, Licensed Mental Health Counselor.


Staff recommends the Board approve the Initial Credentialing and privileging of Kristen Keys, PA, Physician Assistant.

Staff recommends the Board approve the Initial Credentialing and privileging of Andres Quevedo, APRN, Family Nurse Practitioner.


Staff recommends the Board approve the Recredentialing and privileging of Darnel Dabu, MD, Family Medicine.

Staff recommends the Board approve the Recredentialing and privileging of Karen Hirsch, LCSW, Licensed Clinical Social Worker.

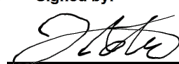
Approved for Legal sufficiency:

Signed by:


0CF6F7DB6706434 Bernabe Icaza
SVP & General Counsel

DocuSigned by:


FF528E6E1A16461 Ana Ferwerda
FQHC Medical Director

Signed by:


2B4234F087844B2 Joshua Adametz, DMD, MPH, MA
AVP & Executive Director of Community Health Centers

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 26, 2025

1. Description: Quality Report

2. Summary:

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

- Quality Council Meeting Minutes – February 2025
- UDS Report – YTD

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

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

QUALITY ASSURANCE & IMPROVEMENT

Since the launch of the Luminetix Core retinal screening program on March 7, 2025, the initiative has shown promising early results, highlighting both its clinical value and operational efficiency.

In the first week of launching our Community Health Centers have conducted a total of 80 screenings across participating clinics. The system has demonstrated exceptional accuracy, with a detection rate of 98% for early signs of retinal diseases, including diabetic retinopathy, glaucoma, and macular degeneration. Specifically, signs of diabetic retinopathy were identified in 26% of patients. The ability to detect these conditions at an early stage has positioned our Health Centers to significantly reduce the incidence of preventable vision loss.

The efficiency of the Luminetix Core system has also been noteworthy. On average, each screening takes under 5 minutes, minimizing patient discomfort while maximizing throughput. Furthermore, clinician feedback has been overwhelmingly positive, with healthcare providers appreciating the value of its real-time diagnostic insights.

Perhaps most importantly, the patient impact has been tangible. To date, 20 patients have been referred for early intervention and treatment based on Luminetix Core’s findings. Early treatment is critical in preventing disease progression, and the estimated reduction in preventable vision loss among



DISTRICT CLINIC HOLDINGS, INC.
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screened patients stands at 37%, a clear indicator of the program's success in improving patient outcomes.

There are opportunities to enhance and expand the program's reach. Increasing screening capacity in underserved communities remains a priority. Luminetix Core technology could help address barriers to access, ensuring that patients in rural and economically disadvantaged areas benefit from early detection. Additionally, improving patient follow-up rates through targeted outreach and education could further increase the program's long-term impact.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

 N/A
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:


 N/A
 Committee Name

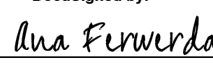
 N/A
 Date Approved

6. Recommendation:

Staff recommends the Board approve the updated Quality Report.

Approved for Legal sufficiency:

Signed by:

 0CF6F7DB6706434... Bernabe Icaza

Signed by:

 FF528E6E1A0646... Ana M. Ferwerda
 SVP & General Counsel
 FQHC Medical Director

Signed by:

 2642861064A2... Dr. Joshua Adametz, DMD, MPH, MA
 AVP & Executive Director of
 FQHC Services



Quality Council Meeting Minutes

Date: March 12, 2025

Time: 1 pm–3:30 pm

Attendees: Steven Sadiku – Director of Corporate Quality; Shauniel Brown – Senior Risk Manager; Jessica Ramirez – Manager Patient Access Services, Erik Lalani –Operations Manager; Dr. Sandra Warren – Associate Medical Director; Angela Santos – Director of Ops; Dr. Josh Adametz – FQHC Executive Director & Dental Director; Nancy Gonzalez – Director of Clinic Operations; Ingrid Barlett-Quality Manager; Irene Garcia– Infection Control Coordinator; Sakiya Henderson– Dental Clinical Manager, Joe-Ann Reynolds-Patient Relations Coordinator, Manager, Dr. Valena Grbic – Medical Director District Cares; Alexa Goodwin – Patient Relations Manager; Ivonne Cohen – Business Intelligence Developer; Maria Chamberlin – Assistant Director of Nursing, Carolina Foksinski– Operations Manager; Bianca Badolati – Executive Assistant; Lisa Hogans – Director of Nursing; Dr. Ana Ferwerda – FQHC Medical Director; Dr. Belma Andric – SVP & Chief Medical Officer; Dr. Courtney Phillips – VP of Behavioral Health; Monica Georgelis – Director of Business Intelligence

Excused: Candice Abbot – SVP & Chief Operating Officer; Jokebed Laroure-Clinical Educator; Miriam Meza – Clinic Service Center Supervisor;

Minutes by: Steven Sadiku – Director of Corporate Quality

AGENDA ITEM	DISCUSSION / RECOMMENDATIONS	ACTION ITEMS (AI)	RESPONSIBLE PARTY	DATE
PATIENT SAFETY & ADVERSE EVENTS				
OCCURRENCES	Per Compliance, discussion surrounding not recording meetings.			
	Report Summary The February 2025 Risk Management Tableau dashboard was presented. Volumes were			

		<p>provided for the following clinic areas and types: total reported events, incidents, and good catches. Trends were also presented by volume of reported entries and clinic location. The Risk Report Summary and graphical data were reviewed with the Committee for February 2025. Reports included the risk severity - volume and category/type for incidents and near misses entered in HCD's safety event reporting system. Risk mitigation strategies were also shared with the Committee.</p> <p>(February 2025 Risk Report Summary presented with graphs.)</p>			
UTILIZATION					
OPERATIONS	Productivity	Productivity February 2025			
		Service Line	Target		% of Goal
			In Person	Seen	
			Tele	In Person	Tele
		Adult Care	4687.5	4199	90%
		Pediatrics	1520	1222	80%
		Primary Residents	998	613	61%
		Women's Health	710	561	79%
		Update BH to Mental Health Professional on Productivity dashboard			
		Ivonne Cohen			

	Behavioral Health Integration	912		749		82%			
	Behavioral Health - Psych	1016		890		88%			
	Psych Residents	N/A		N/A		N/A			
	Behavioral Health Addiction	752		614		82%			
	Dental Health	2156		1987		92%			
	Dental Hygiene	784		708		90%			
	Dental MDI	144		106		74%			
	(Clinic productivity report with graphs were presented.)								
	<u>Walk-ins</u> 18% Between Medical and Dental 93% same day walk-ins scheduled by front line staff 7% same-day walk-ins scheduled by the CSC								
	<u>Doximity Dialer Usage (Telemedicine) - February 2025</u> Users								

	<ul style="list-style-type: none">75registered users (100% registration rate)<ul style="list-style-type: none">29 active users (13 MD/DOs, 5 NP, PA, 11 Care Team <p>Calls</p> <ul style="list-style-type: none">744 total calls<ul style="list-style-type: none">242 voice calls<ul style="list-style-type: none">205 successful calls (84.7%) success rate2 calls escalated to video502 video calls<ul style="list-style-type: none">359 successful calls (71.5%) success rate102 secure texts <p>(Report with breakdown by specialty and user)</p>		
PATIENT RELATIONS			
GRIEVANCES, COMPLAINTS & COMPLIMENTS	<p><u>Patient Relations Dashboard – February 2025</u></p> <p>For February 2025, there were a total of 10 Patient Relations Occurrences that occurred between 6 Centers. Of the 10 occurrences, there were 1 Grievance and 9 Complaints. The</p>		

	<p>top 5 Categories were Physician Related, Communication, Finance, Medical Records and Referral. There was also a total of 28 compliments received across 3 Centers and Administration. 25 were patient generated compliments and 3 were employee to employee compliments known as Thumbs-Up.</p> <p><i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p>			
SURVEY RESULTS	<p><u>Patient Satisfaction Survey – February 2025</u> For February 2025, there were 409 Patient Satisfaction Surveys completed. West Palm Beach Primary had the highest return rate with 77 completed surveys followed by Delray Primary with 46 completed surveys.</p> <p>Our Net Promoter Score (NPS) was 72 (out of 365 responses) compared to the Phreesia FQHC/CHC/RHC Network at 69.</p> <p>The top 5 and lowest 5 scored-questions were presented for each area.</p>	Review questions in Annual Survey and PCMH requirements	Alexa G./Steven S.	

	<p>"Best Questions" for in person visits – February 2025:</p> <ul style="list-style-type: none"> • Overall cleanliness of exam room and overall practice – 92% (same) • Professionalism of our staff – 90% (decrease of 2%) • Instruction given regarding medication/follow-up care – 88% (decrease of 4%) • Overall experience at today's visit – 88% (decrease of 2%) • Time taken to listen and answer your questions – 87% (new) <p>"Worst Questions" for in person visits – February 2025:</p> <ul style="list-style-type: none"> • Being informed about any delays during this visit – 9% (decrease of 2%) • Your ability to contact us after hours – 7% (decrease of 3%) • Things explained in a way you could understand – 6% (new) • Appointment available within a reasonable amount of time – 6% (same) 		
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	<ul style="list-style-type: none">Each member of my care team identified themselves and their role in my care – 5% (decrease of 2%) <p>Of the surveys received for February, 32% of patients perceived wait time to be between 6 to 15 minutes, 27% of responses were from patients that this was their first visit to the practice. 83% of patients were scheduled and 17% were walk-ins.</p> <p>59% of surveys completed were by females and most patients preferred to be seen on Monday, Tuesday and Wednesday. 95% of patients did not experience any technical difficulties while using telemedicine.</p> <p>For Dental, 68% of patients felt educated on how to better care for your teeth and gums, 72% were satisfied with results of dental treatment, 70% felt staff explained the procedures in a clear and understandable way and 70% felt staff who provided dental care were sensitive to my concerns.</p>		
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	<p>84% of responses in February were promoters (decrease of 2%), 10% of responses were neutrals (increase of 2%) and 6% of responses were detractors (same).</p> <p>Top promoters, detractors, and patient comments presented by center and service line. (Patient Satisfaction Survey PowerPoint presented.)</p>			
After Hours	<p><u>Afterhours Report –Feb 2025</u> <i>(Outbound Campaign PowerPoint presented.)</i></p> <p>The Clinic Service Center received 207 after hours calls</p> <p>Our top 3 call types are Appt request with 24% of the volume. Followed by HCD Info Request with 19% and Providers – paged out with 18%</p> <p>Our Delray Location remains our highest volume health center with 24% of the call volume. Followed by WPB with 19% and Lake Worth with 15%.</p> <p>AH Paged Out calls – There were 39 after hours calls that required a provider to be paged out. Of those 23 had telephone encounters created in the chart.</p> <p>15 of the 23 encounters had the correct reason for encounter listed as “after Hours”.</p>			

	16 patients telephone encounters were missed			
NEXT THIRD AVAILABLE	<p><u>Peds Primary</u> Atlantis – 13 days out West Palm – 6 days out</p> <p><u>Adult Primary</u> Atlantis – 34 days out Belle Glade – 4 days out Boca – 2 days out Delray – 34 days out Jupiter – 6 days out West Palm – 18 days out</p> <p><u>BH</u> Delray – 1 day out Lewis Center – 3 days out Mangonia – 2 days out</p> <p><u>Dental</u> Belle Glade – 1 days out Delray – 89 days out Atlantis – 67 days out West Palm – 41 days out</p> <p><u>Women's Health</u> Atlantis – 15 days out Belle Glade – 48 days out</p>			

	Delray – 36 days out Jupiter – 14 days out			
REFERRAL/ CALL CENTER	<p>Referrals – There were a total of 5,708 referral orders placed. This was a 15% decrease in volume from the previous month. The average turnaround time for referral processing was 34.27 days for routine referrals with a goal of 5 days or less. The TAT for urgent referrals was 2.79 days with a goal of 2 days or less.</p> <p>WPB location has the highest referral volume placed with 21% of the total referral volume, followed by Delray with 17% and Belle Glade with 11% of the volume</p> <p>Lisa Fidler and Dr Noukelak remain our highest producers of referrals with 10% of the total volume each. They are followed Carline with 6%</p> <p>Our most common payer remains the HCD Voucher with 26% of the referral volume followed by Self pay (no coverage) with 15% and Humana with 12%. Very similar to last month</p>	Monitor referral volume by specialty and by provider	Steven Sadiku	

	<p>Our top referred to specialties this month are Radiology Orders with 29%, followed by Ophthalmology with 8% and Nutrition with 5% .</p> <p><u>Call Center –</u> The call center received 20,502 calls. This was a 7% decrease from the previous month.</p> <p>The abandonment rate for Feb was 10% with a goal of 10% or less.</p> <p>The service level Was 65% answered within 3 minutes with a goal of 80% or higher.</p> <p>Average hold time was 2m 9s with a goal of 3min or less</p>		
QUALITY			
QUALITY			
MEDICAL Data load up to 3/10/2025.	<p><u>Controlled Diabetes based on A1c less than 9% February, 2025</u> (Data load up to 3/10/2025.) Yearly goal 67%</p> <p>We saw 2114 unique patients with a diagnosis of diabetes. 62% were controlled and 38% uncontrolled with an A1c equal or greater than 9%. 32 patients (2%) did not have data. By clinic, Jupiter (71%), Boca (69%) and Atlantis 68% are the clinics with highest number of patients with</p>		

	controlled diabetes. Belle Glade, Lake Worth, Delray and West Palm Beach ranged between 59% to 63%. The larger number of patients with diabetes are in Lantana, Belle Glade and West Palm Beach Clinics.		
	<p><u>Colorectal Cancer Screening – February 2025</u> (Data load up to 3/10/2025.)</p> <p>Yearly goal 82%</p> <p>We saw 4683 unique patients due for colorectal cancer screening. 1678 (36%) of the patients had the screening satisfied in 2025, 569 (12%) had the screening satisfied in 2024 and 2439 (52%) of the patients did not have the screening satisfied. The highest percentage of screening completed was at the Boca Clinic with 64%.</p> <p>The largest number of patients that needed colorectal cancer screening were at the Delray, West Palm Beach, Belle Glade and Jupiter for 50% of the patients. They individually achieved 45%, 31%, 29% and 40% of colorectal cancer screening completion.</p> <p>The largest number of patients with missing orders to address the screening were at Mangonia, Belle Glade and Jupiter clinics with 48%.</p> <p>The last graph shows the met, unmet and missed patients by provider percentages</p>		

	<p>The type of screening test ordered shows the majority of patients are screen with fit test, followed by Cologuard and last with colonoscopy.</p>		
	<p>Breast Cancer Screening – February 2025 (Data load up to 3/10/2025.) Yearly goal 60%</p> <p>We saw 1982 unique patients due for breast cancer screening.</p> <p>Satisfied screenings – 1052 (53%) Unsatisfied Screenings – 930 (47%) Not Met with order – 649 (77%) Not Met (Patient Missed) – 281 (23%)</p> <p>The clinics with the highest percentage of screening were Belle Glade with 70%, Lantana with 68% and Atlantis 63%.</p> <p>The clinics with the lowest percentage of patients who completed breast cancer screening were West Palm Beach (43%), Delray (51%) and Jupiter (48%).</p> <p>The larger number of patients where the screening was not addressed were Delray, Atlantis and Belle Glade clinics. Accounting for 53% of missed patients. (Report with graph presented.)</p>		

	<p><u>Cervical Cancer Screening – February 2025</u> (Data load up to 3/10/2025.)</p> <p>Yearly goal 65%</p> <p>We saw 4439 unique patients with screening due. Cervical cancer screening was completed in 2747 (62%) of the patients and 1692 (38%) patients the screening was not addressed. Atlantis, Boca, Lake Worth and Lantana Clinics achieved at or above the goal of 65%.</p> <p>The graph on the right shows the distribution by percentage of met, not met and missing orders to address the screening by provider which correlates with the clinics with larger percentage of screening met.</p> <p>The lowest right graph shows the number of missed patients by clinic in descending order. The larger number of patients where the screening was not addressed were Delray, West Palm Beach, Mangonia, and Jupiter clinics accounting for 54%.</p> <p>The last slide shows the number of PAPs orders by provider and the number of referrals during 2025.</p> <p>Report with graph presented.)</p>			
	<p><u>HIV Screening – February 2025</u> (Data load up to 3/10/2025.)</p> <p>Yearly goal 32%</p>			

	<p>We saw 8626 unique patients with screening due. Satisfied: 6167 (71%) No satisfied: 2459 (29%). All the clinics reached above goal except Atlantis ped with five patients. The largest percentage of patients for which the screening was not addressed were from Jupiter, Lake worth and Atlantis Clinics accounting for 46% of the missed patients.</p>		
	<p><u>Controlling High Blood Pressure – January 2025</u> (Data load up to 3/10/2025.) Yearly goal 80% We saw 3572 patients with hypertension. 2531 (71%) of patients had BP controlled and 1041 292%) BP uncontrolled. From all the clinics Boca reached 82%, West Palm Beach 79%, and Lake Worth and Lantana 73%. The last graph shows the distribution by provider.</p>		
BEHAVIORAL HEALTH	<p><u>PHQ9 – February 2025</u> % of patients with PHQ9: 5,065/5,551 = 91.24% Unique patients with positive PHQ9= 473/8.52% <u>SBIRT – February 2025</u> 908 unique patients/12,111 = 7.5%</p>		

	The goal is 5%			
	(Report with graph presented.) <u>Depression Remission February, 2025</u> Yearly goal 14% (Data load up to 3/10/2025.) We are currently meeting this metric at 25% of patients with depression in remission. (Report with graph presented.)			
WOMEN'S HEALTH	<u>Early Entry into Prenatal Care Feb 2025</u> Early Entry into care into the First Trimester is 52% UDS National Average for 2022 is 72% Total population of 141 prenatal patients <u>Low Birth Weight Feb 2025</u> Babies born with a birth weight below normal (under 2,500 grams) 0% --<1500 grams: 0% --1500—2499 grams: 0% UDS 2022 National average 8.43% Total deliveries/birth weight= 7			
DENTAL	<u>Dental Sealants</u> YTD 2025: 98% (111; n=113)			
	<u>Limited Exams</u> February 2025: 241			

	<p>-Same Day Extractions: 89(37%, n=241)</p> <p>-Antibiotics Given: Patients without a future extraction appointment type 81(34%, n=241)</p> <p>-Ext. not needed(non-emergent): 52(22%, n=241)</p> <p>-Returns (Follow-Up): Patients with a future extraction appointment type 19(8%, n=241)</p> <p>-Returned within 21 days for ext.: 14(74%, n=19)</p>		
NURSING	<p><u>Higher Level of Care</u></p> <p>89 ER referrals /88 patients were sent to the ER in February.</p> <p>The breakdown of referrals is:</p> <ul style="list-style-type: none"> • WH – 15 (17%) • Peds – 27 (30%) • Adult – 47 (53%) (this combines urgent care and emergency medicine referrals) <ul style="list-style-type: none"> ◦ Transport – 0 ◦ Adult Crisis –4- highest since April 2024 ◦ Peds Crisis – 0 <p>ADULT REFERRALS: highest producer this month are Dr. Warren with 4 (9%) and Dr. Zhang with 4 (9%).</p> <p>PEDIATRIC REFERRALS: highest producer this month was Dr. Clarke in WPB with 22 referrals (81%). Note</p>		

	<p>*Dr. Hernandez in same clinic had 1 referral and the Lantana providers combined had 4.</p> <p>Top Diagnosis: ADULT</p> <ul style="list-style-type: none"> • Weakness 2(second month with this diagnosis on the top list. This is a newer diagnosis on the list) • Shortness of breath 2 • Chest pain, 2 • Hypertensive urgency, malignant • Hypertensive emergency <p>PEDS</p> <ul style="list-style-type: none"> • Fever unspecified cause 4 • URI, unspecified type 3 <p>There was 1 patient with more than 1 referral. This referral was escalated to the Medical Director for review.</p>		
QUALITY METRICS			
UDS YTD 2025			
Of the 17 UDS Measures: 6 Exceeded the HRSA Goal, 11 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal</i>)			
	Adult Weight screening and follow-up: (81% / 90%)		
	Breast Cancer Screening: (53%/60%)		

Medical UDS Report	<i>Cervical Cancer Screening: (62% / 65%)</i>			
	Childhood Immunization: (54% / 60%)			
	Colorectal Cancer Screening: (36% / 82%)			
	<i>Coronary Artery Disease CAD: (87% / 81%)</i>			
	Dental Sealants: (98% / 75%)			
	Depression Remission: (25% / 14%)			
	Diabetes: (62% / 67%)			
	HIV Screening: (71% / 32%)			
	Hypertension: (71% / 80%)			
	<i>Ischemic Vascular Disease (IVD): (69% / 86%)</i>			
	Depression screening: (91% / 83%)			
	Depression screening (Homeless): (87% / 83%)			
	Tobacco use screening & cessation: (90% / 93%)			
Meeting Adjourned: 3:56 pm				



UDS PROVIDER LEVEL QUALITY MEASURES 2025 NATIONAL QUALITY LEADER METRICS

Filters

Load Date
3/10/2025

	Universe	<div><div></div>MET</div>	<div><div></div>Not Met</div>	<div><div></div>HRSA Goal</div>	<div><div></div>National Average</div>	<div><div></div>State Average</div>
Heart Health	Coronary Artery Disease (CAD): Lipid Ther...	87%				<div><div></div>81%</div>
	Hypertension	71%				<div><div></div>80%</div>
	Ischemic Vascular Disease (IVD)	69%				<div><div></div>86%</div>
	Tobacco use Screening and Cessation Inte...	90%				<div><div></div>93%</div>
Diabetes	Adult Weight Screening and Follow Up	81%				<div><div></div>90%</div>
	Diabetes: (HbA1c < 9%)	62%			<div><div></div>67%</div>	
	Diabetes: (HbA1c < 9%) Migrant	59%				
Behavioral Health	Depression Remission	25%	<div><div></div>14%</div>			
	Patients Screened for Depression and Follow-Up	91%				<div><div></div>83%</div>
	Pts Screened for Depression and F/U (Homeless)	87%				<div><div></div>83%</div>
Childhood Measures	Childhood Immunization	54%		<div><div></div>60%</div>		
	Dental Sealants	98%				<div><div></div>75%</div>
	Weight Screening and Counseling for children and adolescents	79%				<div><div></div>90%</div>
HIV Prevention..	HIV Screening	71%		<div><div></div>32%</div>		
Cancer Prevention	Breast Cancer Screening	53%		<div><div></div>60%</div>		
	Cervical Cancer Screening	62%				<div><div></div>65%</div>
	Colorectal Cancer Screening	36%				<div><div></div>82%</div>



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
March 26, 2025

1. Description: Operations Report – February 2025

2. Summary:

This agenda item is the Operations report which provides the Health Center Productivity report for February 2025.

3. Substantive Analysis:

In February, the Health Centers had a total of 8,198 unique patients and 11,664 visits across health centers which is a 12% decrease from last month but down 14% when compared to February 2024. 1,329 patients, or 16% of unique patients were new to the Health Centers. 36% of visits were from Adult Primary Care and 23% were from Dental, no change from last month. 10% from Pediatrics, which is 2% down from last month. In February, Delray Medical had the highest volume of visits, followed by Mangonia Medical and West Palm Beach Medical.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

 N/A
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved

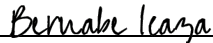
6. Recommendation:


Staff recommends the Board approve the Operations Report for October 2024.

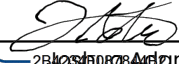


DISTRICT CLINIC HOLDINGS, INC.
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Approved for Legal sufficiency:

Signed by:

0CF6F7DB6706433 Bernabe Icaza
SVP & General Counsel

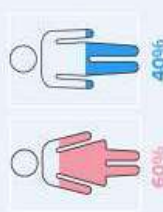
DocuSigned by:

24CBCE432B6840B Nancy Gonzalez
Director of Specialty Operations

Signed by:

2B35F003AD2 Joshua Admetz, DMD, MPH, MA
AVP & Executive Director of Community
Health Centers

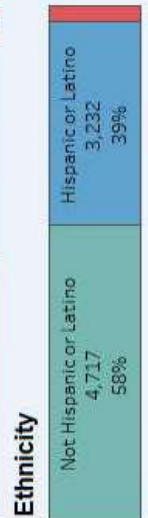
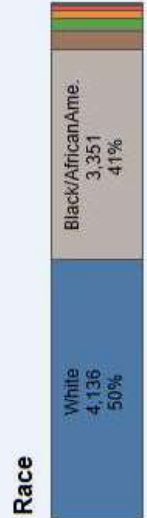
Unique Patients 8,198
Patient Visits 11,664
New Patients 1,329

Monthly Productivity February 2025

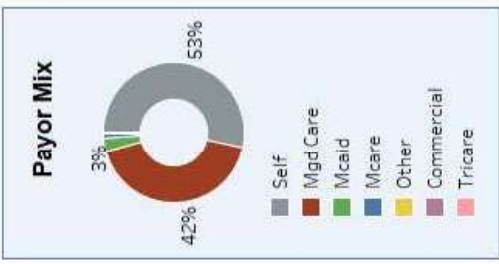
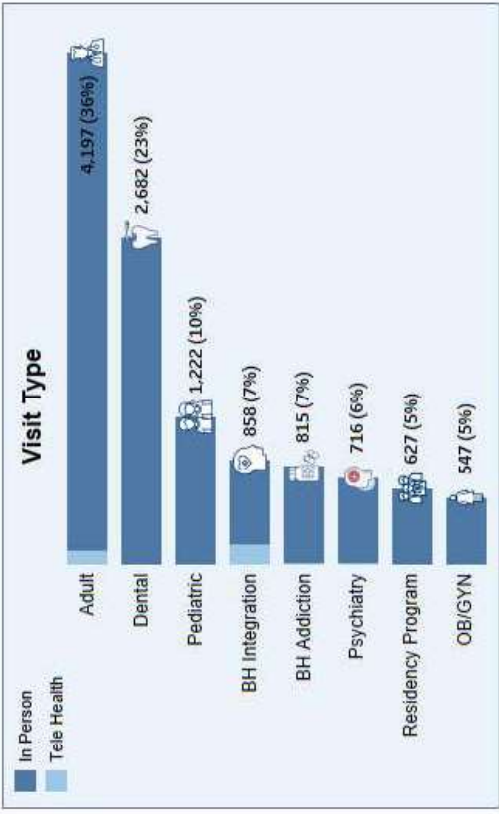
Demographics



Homeless 25.9%
Agricultural 5.0%



Age Group



Monthly Volume

