



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

May 27, 2020

12:45 P.M.

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

BOARD OF DIRECTORS MEETING
AGENDA
May 27, 2020
Zoom Webinar Meeting

Remote Participation Login: <https://tinyurl.com/y7zqkhdr>

or

DIAL +1 (646) 558 8656 ; Meeting ID: 929 1690 7475; Access number: 930673

1. Call to Order – James Elder, 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. Sunshine Law Presentation
(General Counsel) [Pages 1-17]
- B. COVID-19 Update
(Dr. Belma Andric)

4. Disclosure of Voting Conflict

5. Public Comment*

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of February 26, 2020. [Pages 18-27]

7. Consent Agenda – Motion to Approve Consent Agenda Items

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

7. Consent Agenda – Motion to Approve Consent Agenda Items (cont.)

A. ADMINISTRATION

- 7A-1 **RECEIVE AND FILE:**
May 2020 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/resources/public-meetings>
- 7A-2 **RECEIVE AND FILE:**
Attendance tracking. [Page 28]
- 7A-3 **Staff recommends a MOTION TO APPROVE**
Conflict of Interest Policy Update. [Page 29-44]
(Deborah Hall)
- 7A-4 **Staff recommends a MOTION TO APPROVE**
Quality Care Transitions Policy. [Page 45-47]
(Yolanda Ogle)
- 7A-5 **Staff recommends a MOTION TO APPROVE**
Telemedicine Policy Update. [Page 48-50]
(Dr. Belma Andric)
- 7A-6 **RECEIVE AND FILE:**
Board Member Transition – Gary Butler. [Page 51-52]
(Thomas Cleare)

B. FINANCE

- 7B-1 **RECEIVE AND FILE:**
C. L. Brumback Primary Care Clinics Financial Report March 2020.
(Joel Snook) [Pages 53- 67]

C. CREDENTIALING

- 7C-1 **Staff recommends a MOTION TO APPROVE:**
Revised General Dentistry Delineation of Privileges.
(Dr. Belma Andric) [Pages 68-72]

8. Regular Agenda

A. ADMINISTRATION

- 8A-1 **Staff recommends a MOTION TO APPROVE:**
Sliding Fee Discount Program Evaluation.
(Dr. Hyla Fritsch) [Pages 73- 80]

8. Regular Agenda (cont.)

- 8A-2 **Staff recommends a MOTION TO APPROVE:**
Change in Scope - Provide Portable Clinical Care.
(Dr. Belma Andric) [Pages 81-82]
- 8A-3 **Staff recommends a MOTION TO APPROVE:**
Change in Scope – Administrative Site/Employee Health.
(Dr. Belma Andric) [Pages 83-84]
- 8A-4 **Staff recommends a MOTION TO APPROVE:**
Change in Scope – Mobile 2 Clinic.
(Dr. Belma Andric) [Pages 85-86]
- 8A-5 **RECEIVE AND FILE:**
Summary of Privacy and HIPAA Security Activities.
(Deborah Hall) [Pages 87-94]
- 8A-6 **Staff recommends a MOTION TO APPROVE:**
Updated Bylaws.
(Thomas Cleare) [Pages 95-120]
- 8A-7 **Staff recommends a MOTION TO APPROVE:**
Postponement of Annual Election of Officers.
(Thomas Cleare) [Pages 121-122]
- 8A-8 **Staff recommends a MOTION TO APPROVE:**
New Governance Board and Committee Membership Policy and Procedure.
(Thomas Cleare) [Pages 123-131]
- 8A-9 **Staff recommends a MOTION TO APPROVE:**
Clinic Privacy Taskforce Action Item.
(Dr. Belma Andric) [Pages 132-133]
- 8A-10 **Staff recommends a MOTION TO APPROVE:**
Pharmacy Sublicense Agreement
(Dr. Hyla Fritsch) [Pages 134-135]
- 8A-11 **Staff recommends a MOTION TO APPROVE:**
Second Amendment to License Agreement
(Dr. Hyla Fritsch) [Pages 136-137]

8. Regular Agenda (cont.)

B. EXECUTIVE

8B-1 RECEIVE AND FILE:

Executive Director Informational Update.
(Dr. Belma Andric) [Pages 138-139]

C. CREDENTIALING

8C-1 Staff Recommends a MOTION TO APPROVE:

Modification of General Dentistry Clinical Privileges:
Zenaida Alonso, DDS; Arwa Alwehaib, DDS; John Cucuras, DDS; Michelle
Kaloglian Silva, DDS; Paulo Oliveira, DDS; Ada Seminario, DDS.
(Dr. Belma Andric) [Pages 140-141]

8C-2 Staff Recommends a MOTION TO APPROVE:

Licensed Independent Practitioner Credentialing and Privileging – Salvatore
Colombo, DMD & Dawn Silver, PhD.
(Dr. Belma Andric) [Pages 142-144]

D. OPERATIONS

8D-1 Staff Recommends a MOTION TO APPROVE:

Operations Reports.
(Dr. Hyla Fritsch) [Pages 145-155]

E. QUALITY

8E-1 Staff Recommends a MOTION TO APPROVE:

Quality Reports.
(Dr. Ana Ferwerda) [Pages 156-170]

9. VP and Executive Director of Clinic Services Comments

9A-1 Executive Director request for authority to approve routine business items and administrative appointments which require Board approval but cannot wait until the next meeting of the Board. These items will be submitted for confirmation at the next convened Board meeting.

10. Board Member Comments

11. Closed Risk Meeting [Under Separate Cover]

12. Establishment of Upcoming Meetings

C. L. Brumback Primay Care Clinics
Board of Directors
Meeting Agenda
May 27, 2020

June 24, 2020 (Zoom)

12:45pm Board of Directors

July 29, 2020 (Zoom)

12:45pm Board of Directors

August 26, 2020 (Zoom)

12:45pm Board of Directors

September 30, 2020 (Zoom)

12:45pm Board of Directors

October 28, 2020 (Zoom)

12:45pm Board of Directors

November 25, 2020 (Zoom)

12:45pm Board of Directors

December 16, 2020 (Zoom)

12:45pm Board of Directors

13. Motion to Adjourn

*District Clinic Holdings, Inc. welcomes public comment during its regular monthly meetings. This month, public comment should be emailed to jdominiq@hcdpbc.org or submitted via phone (561) 804-5780 prior to Noon on May 27, 2020. All comments received during this time frame will be read aloud and included in the official meeting record.

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



Florida's Government-in-the-Sunshine Law

A horizontal line of ten small, light blue dots.

.....Presentation Topics

1. What is the Sunshine Law?
2. What is the Scope of the Sunshine Law?
3. Who is Covered by the Sunshine Law?
4. Meeting Requirements under the Sunshine Law
5. Discussions Covered by the Sunshine Law
6. Consequences for failing to Comply with the Sunshine Laws
7. Public Records
8. Questions

.....What is the Sunshine Law?

The Florida Constitution safeguards every Floridian's right of access to government meetings and records. The Comprehensive breadth and scope of the Florida's open government laws have served for many years as a model for the rest of the nation. In Florida, disclosure is the standard, unless the Legislature concludes that the public necessity compels and exemption from our strong open government laws.

..... Scope of the Sunshine Law

The Government in the Sunshine Law applies to “any board or commission of any state agency or authority or of any agency or authority of any county, municipal corporation or political subdivision.” The Statute applies to all public collegial bodies within the state, at the local as well as the state level.



Source: [City of Miami Beach v. Berns](#), 245 So. 2d 38(Fla. 1971).

.....Scope of the Sunshine Law

The Health Care District of Palm Beach County is a special taxing district which is a political subdivision of the state of Florida.



Source: Palm Beach County Health Care Act, Laws of Florida 2003-326.

.....Who is Covered by the Sunshine Law?

The Sunshine Law
is equally applicable
to elected ***and***
appointed boards
or commissions.

Source: AGO 73-223



.....Who is Covered by the Sunshine Law?

Advisory boards created ...by public agencies are subject to the Sunshine Laws, even though their recommendations are not binding upon the entities that create them.

Source: Town of Palm Beach v. Gradison, 296 So. 2d 473 (Fla. 1974).

.....Meeting Requirements

Three basic requirements of the Sunshine Law:

1. Meetings of public boards or commissions must be open to the public;
2. Reasonable notice of such meetings must be given; and
3. Minutes of the meetings must be taken.

Source: Section 286.011, Florida Statutes.

.....Meeting Requirements

Open to the Public

For Sunshine purposes, Florida law defines “meeting” as any gathering, whether formal or casual, of two or more members of the same board or commission to discuss some matter on which foreseeable action will be taken by the public board or commission.

Source: Hough v. Sternbridge, 278 So. 2d 288 (Fla. 3d DCA 1973).

.....Meeting Requirements

Reasonable Notice

Reasonable notice is required for all public meetings subject to the Sunshine Law. Such notice includes:

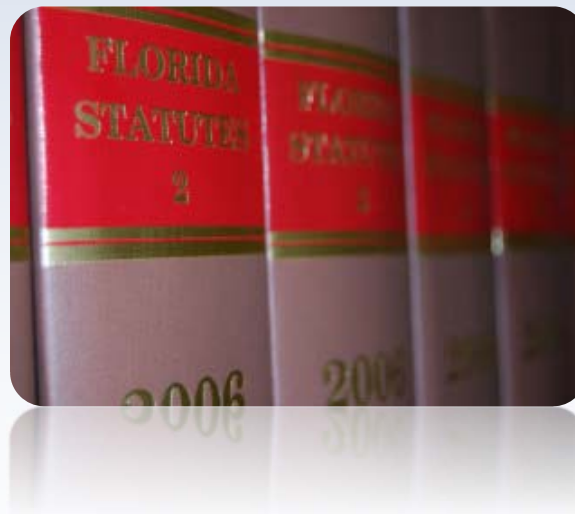
1. The time and place of the meeting; and
2. Prominently displayed or advertised;

Source: Section 286.011(1), Florida Statutes.

.....Meeting Requirements

Minutes

Minutes of a meeting of a public body board or commission must be promptly recorded and open to the public for inspection.



Source: Section 286.011, Florida Statutes.

Discussions Covered by the Sunshine Law

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any gathering, whether

formal or casual, of

two or more members

of the same board or

commission to discuss

some matter on which

foreseeable action will be taken by the public board or commission.



Source: Hough v. Sternbridge, 278 So. 2d 288 (Fla. 3d DCA 1973).

Discussions Covered by the Sunshine Law

In the absence of a specific statute exempting a meeting from the open meeting requirements, § 286.011, Florida Statutes should be construed as containing no exceptions.

Source: [City of Miami Beach v. Berns](#), 245 So. 2d 38 (Fla. 1971).

Consequences for failing to Comply with the Sunshine Laws

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Any member of a board or commission or of any state agency or authority of a county, municipal corporation, or political subdivision who knowingly violates the Sunshine Law is guilty of a misdemeanor of the second degree.

Source: Section 286.011(3)(b), Florida Statutes.

Consequences for Failing to Comply with the Sunshine Laws

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A person convicted of a second degree misdemeanor may be sentenced to a term of imprisonment not to exceed sixty (60) days and/or fined up to five hundred dollars (\$500.00).

Source: Section 775.082(4)(b) and 775.083(1)(e), Florida Statutes.

.....Public Records

Florida law defines “public records” to include all documents, papers, letters...tapes...or other material, regardless of the physical form ...made or received ... in connection with the transaction of official business of any agency and encompass all written materials made or received by an agency in connection with official business which are used to perpetuate, communicate or formalize knowledge.

Source: Section 119.011(11), Florida Statutes (2007); Shevin v. Byron, Harless, Schaffer, Reid and Associates, Inc., 379 So. 2d 633, 640 (Fla. 1980).

.....Questions



**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
02/26/2020**

Present: James Elder, Chairperson; Gary Butler, Vice-Chairperson, Irene Figueroa, Secretary; Mike Smith, Treasurer; John Casey Mullen; Melissa Mastrangelo; Tammy Jackson-Moore; Lisa Strickland; Julia Bullard;

Excused: Marjorie Etienne

Absent:

Staff: Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Joel Snook, VP & Chief Financial Officer; Dr. Hyla Fritsch, Director of FQHC Practice Operations; Shauniel Brown, Risk Manager; Dr. Ana Ferwerda, Director of Women's Health & Interim Medical Director; David Speciale, Patient Experience Manager; Nancy Stockslager, CIO; Thomas Cleare, AVP, Planning & Community Engagement; Sarah Gonzalez, Director of Provider Services; Courtney Rowling, Director of Behavioral Health; Robin Kish, Director of Community Engagement

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For: 12:45 PM

Meeting Began at: 12:56 PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Elder called the meeting to order.	The meeting was called to order at 12:56pm
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Elder Read the Affirmation of Mission	
2. Agenda Approval	Mr. Elder called for an approval of the meeting agenda.	VOTE TAKEN: Mr. Butler made a motion to approve the agenda with the addition. The motion was duly seconded by Mr. Smith. A vote was called, and the motion passed unanimously.
2A. Additions/Deletions/ Substitutions	Mr. Butler requested that there be an addition to the agenda; <i>Item 8A-4: Creation of Employee Patient Privacy Taskforce that Reports to The Board</i>	

2B. Motion to Approve Agenda Items	The agenda for the February 2020 meeting was approved with the addition of Item 8A-4.	
3. Awards, Introductions and Presentations 3A. Telemedicine in the C.L. Brumback Primary Care Clinics 3B. Patient Access To Care - Transportation	<p>Dr. Courtney Rowling Presented on the use of Telemedicine and Telepsych in the C.L. Brumback Primary Care Clinics</p> <p>David Speciale, Manager of Patient Experience presented on improving patient access to care by using medical rideshare company Circulation Health. We are currently using the Circulation Health Platform in our Addiction clinic on a pilot basis, and we plan to expand service to our other clinic locations in the future.</p>	No action necessary.
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes 6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of January 29, 2020	There were no changes or comments to the minutes dated January 29, 2020	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Board meeting minutes of January 29, 2020 as presented. The motion was duly seconded by Ms. Mastrangelo. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the consent agenda as presented. The motion was duly seconded by Ms. Smith. A vote was called, and the motion passed unanimously.

7A. ADMINISTRATION		
7A-1. Receive & File: February 2020 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.
7A-3. Receive & File: Credentialing and Privileging Procedure	The Credentialing and Privileging Procedure has been revised to be consistent with the revisions to the Credentialing and Privileging Policy. This serves to orient the Board of the formalized procedure for Credentialing and Privileging.	Receive & File. No further action necessary.
7B. FINANCE		
7B-1 Receive & File: C. L. Brumback Primary Care Clinics Financial Report – December 2019	The Year To Date December 2019 financial statements for the District Clinic Holdings, Inc. are presented for Board review. Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation.	Receive & File. No further action necessary.
8. REGULAR AGENDA		
8A. ADMINISTRATION		
8A-1. Staff Recommends a MOTION TO APPROVE: Sliding Fee Discount Program Policy & Federal Poverty Guidelines; Update to Sliding Fee Scales	This agenda item provides the updated C. L. Brumback Primary Care Clinics Sliding Fee Discount Program Policy and Federal Poverty Guideline Updates and corresponding scales. The Sliding Fee Discount Program Policy is updated to reflect the HRSA Compliance Manual requirements. The updated Federal Poverty Guidelines and corresponding updated scales are also included.	VOTE TAKEN: Mr. Mullen made a motion to approve the updated Sliding Fee Discount Program Policy and corresponding Sliding Fee Scales. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.
8A-2. Staff Recommends a MOTION TO APPROVE: Second Amendment to Co-Applicant Agreement	This agenda item represents the Second Amendment to the Co-Applicant agreement between Health Care District and District Clinic Holdings, Inc. d/b/a C.L. Brumback Primary Care Clinics. The Parties entered into the	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Second Amendment to Co-Applicant Agreement between HCDPBC and DCHI. The motion was duly

<p>between HCDPBC and DCHI</p>	<p>agreement initially on November 28, 2012 and the First Amendment on January 27, 2017. The District proposed amending the following sections and language:</p> <p><i>Amend Section 2</i> by adding the following language at the end of the section:</p> <ul style="list-style-type: none"> • District retains the authority to adopt and approve the financial management policies. <p><i>Amend Section 4(a)</i> by deleting in its entirety and replacing with the following:</p> <ul style="list-style-type: none"> • a. The DCHI Board shall cause the Clinics to be operated in accordance with the terms and conditions of the HRSA Compliance Manual requirements. <p><i>Amend Section 4(d)</i> by adding the following language at the end of the section:</p> <ul style="list-style-type: none"> • District retains the authority to adopt and approve the financial management policies. <p><i>Amend Section 16 Notice</i> by replacing the contact information with the following:</p> <p>If to the District addressed to: Chief Executive Officer Health Care District of Palm Beach County 1515 N. Flagler Dr., Suite 101 West Palm Beach, FL 33401</p> <p>With a copy to: General Counsel Health Care District of Palm Beach County 1515 N. Flagler Dr., Suite 101 West Palm Beach, FL 33401</p> <p>If to DCHI addressed to: James Elder c/o District Clinic Holdings, Inc. d/b/a C.L. Brumback Primary Care Clinics</p>	<p>seconded by Mr. Smith. A vote was called, and the motion passed unanimously.</p>
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	1515 N. Flagler Drive, Suite 101 West Palm Beach, FL 33401	
8A-3. Staff Recommends a MOTION TO APPROVE: Change in Scope – Form 5A Moving Services from Column II to Column III	We respectfully request the authorization to move services currently listed in Column II of Form 5A, to Column III. The following items currently listed in Column II of Form 5a need to be moved to Column III: Screenings, Voluntary Family Planning, Case Management, Infectious Disease, Health Education, Gynecological Care, Prenatal Care, Intrapartum Care, and Postpartum Care.	VOTE TAKEN: Mr. Mullen made a motion to approve the request for Change in Scope to Move the listed services from Column II to Column III. The motion was duly seconded by Mr. Smith. A vote was called, and the motion passed unanimously.
8A-4. Staff Recommends a MOTION TO APPROVE: Employee Patient Privacy Taskforce	Mr. Butler suggests the need to create an employee-led Patient Privacy taskforce to address Ms. Strickland's Privacy concerns at the January 29, 2020 Board Meeting.	VOTE TAKEN: Mr. Smith made a motion to approve the Creation of an Employee Patient Privacy Taskforce. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.
8B. EXECUTIVE		
8B-1. Receive & File: Executive Director Informational Update	Dr. Belma Andric, VP& Executive Director, provided the following updates: The HRSA Operational Site Visit is scheduled for the week of March 24-26. The longstanding community efforts to create an Addiction Stabilization Unit were finally realized when the ASU held its Grand Opening on February 5, 2020.	Receive & File. No further action necessary.
8C. OPERATIONS		
8C-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – January 2019	Dr. Hyla Fritsch, Director of Clinical Operations and Pharmacy Services, presented the following productivity report:	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the January Productivity Report as presented. The motion was duly seconded by Mr. Mullen.

	Overall visits from 1/1/19 – 12/31/19 totaled 149,848. The total number of encounters in December across all categories is slightly higher than the previous month. Pediatric programs in Lantana and West Palm Beach are showing increases in productivity, with 110% in Lantana and 93% in West Palm Beach. After two full months of operation, Mangonia Park continues to show growth with an increase in patients seen from 393 in November 2019, to 525 in December 2019. As of January 1, 2020, the Referral Department was transitioned from the Clinics Administration to the Revenue Cycle Department. Since this time, patient referral cycle data has been uploaded into Tableau which will provide more robust data on referrals and lab orders. Referral processing benchmarks have been established and include 7 days for a standard referral and 3 days for a stat referral.	A vote was called, and the motion passed unanimously.										
8D. Credentialing and Privileging												
8D-1. Staff Recommends a MOTION TO APPROVE Licensed Independent Practitioner Credentialing and Privileging – LIP(s)	<p>The LIP(s) listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</p> <ul style="list-style-type: none">• 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)	VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as presented. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.										
<table><tr><td>Last Name</td><td>First Name</td><td>Degree</td><td>Specialty</td><td>Credentialing</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>			Last Name	First Name	Degree	Specialty	Credentialing					
Last Name	First Name	Degree	Specialty	Credentialing								

	<table><tr><td>Bannon</td><td>Lori</td><td>APRN</td><td>Family Medicine Nurse Practitioner</td><td>Initial Credentialing</td></tr></table> <p>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.</p> <p>The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director and Dental Director to support the credentialing and privileging process.</p> <p>Lori Bannon, APRN is joining the Mangonia Park Clinic as a Nurse Practitioner specializing in Family Medicine. She attended South University and is certified as an Adult Gerontology Primary Care Nurse Practitioner by the American Academy of Nurse Practitioners. Ms. Bannon has been in practice for four years.</p>	Bannon	Lori	APRN	Family Medicine Nurse Practitioner	Initial Credentialing	
Bannon	Lori	APRN	Family Medicine Nurse Practitioner	Initial Credentialing			
8D-2. Staff Recommends a MOTION TO APPROVE: Credentialing and Privileging Policy Update	<p>The purpose of the Credentialing and Privileging Policy is to establish a written process for the credentialing and privileging of health center practitioners, employed or contracted, volunteers and locum tenens at all health care sites in accordance with state, federal and HRSA requirements. The C.L. Brumback Primary Care Clinics established a credentialing and privileging policy to ensure health center practitioners meet specific criteria and standards for professional qualifications. Credentialing and privileging is performed for health center practitioners at the time of hire, prior to the practitioner providing patient care services and every two (2) years thereafter. The revisions to the Credentialing and Privileging Policy include, but are not limited to, the addition of a new Other Clinic Staff (OCS) category for individuals for which licensure or certification is not required and who are not</p>	VOTE TAKEN: Ms. Mastrangelo made a motion to approve the Credentialing and Privileging Policy Updates as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.					

	permitted by law to provider patient care services without direction or supervision; and the use of a Credentials Verification Organization (CVO) to perform primary source verification of credentialing elements.	
8E. Quality		
8E-1. Staff Recommends a MOTION TO APPROVE Quality Council Reports & Updated QI Plan	<p>Dr. Ana Ferwerda, Medical Director and Director of Women's Health Presented the following:</p> <p><u>PATIENT SAFETY & ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review are brought to the board "under separate cover" on a quarterly basis.</p> <p><u>PATIENT SATISFACTION & GRIEVANCES</u> C. L. Brumback Primary Care Clinics is in the process of establishing a standardized chart review process for all patient grievances in order to identify possible areas of improvement.</p> <p><u>QUALITY ASSURANCE & IMPROVEMENT</u> Of the 14 UDS Measures; 8 exceeded the HRSA Goal and 6 were short of the HRSA Goal. Adult weight screening, Tobacco screening, Asthma therapy, Depression Screening and Follow-up, Coronary Artery Disease, Ischemic Vascular Disease, HIV Linkage to Care, Dental Sealants measures were met. We will strive to improve and attempt to achieve even higher goals for 2020. The childhood immunization measure was not met in 2019, but improved 10% when compared to 2018. Other measures not met were Cervical Cancer Screening, Weight Counseling for children and adolescents, Controlling High Blood Pressure and Uncontrolled Diabetes. As previously discussed we will be reporting data on special populations including migrant, and homeless as well as focusing on social determinants of health with the goal of identifying and eliminating barriers to improvement.</p>	VOTE TAKEN: Mr. Bullard made a motion to approve the Quality Council Reports & Updated QI Plan as presented. The motion was duly seconded by Mr. Butler. A vote was called, and the motion passed unanimously.

	<p><u>UTILIZATION OF HEALTH CENTER SERVICES</u></p> <p>No updates.</p> <p>Dr. Ferwerda Also Presented The Updated QI Plan & Work Plan</p>	
9. CMO, VP and Executive Director of Clinical Services Comments	None.	No action necessary.
10. Board Member Comments	<p>Mr. Butler Requested updates on the Corona Virus.</p> <p>Dr. Andric Provided the Board with Current Happenings with the DOH and CDC in relations to the Corona Virus.</p>	No action necessary.
11. Establishment of Upcoming Meetings	<p><u>March 25, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>April 29, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>May 27, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>June 24, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>July 29, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>August 26, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>September 30, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p> <p><u>October 28, 2020 (HCD Board Room)</u> 12:45pm Board of Directors</p>	No action necessary.

	<u>November 25, 2020 (HCD Board Room)</u> 12:45pm Board of Directors <u>December 16, 2020 (HCD Board Room)</u> 12:45pm Board of Directors	
13. Motion to Adjourn	There being no further business, the meeting was adjourned at 2:45 pm	Ms. Jackson-Moore made a motion to adjourn and seconded by Mr. Butler. The meeting was adjourned.

Minutes Submitted by: _____
Signature Date

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

Attendance Tracking

	1/29/20	2/26/20	5/27/20	6/24/20	7/29/20	8/26/20	9/30/20	10/28/20	11/25/20	12/16/2020
James Elder	X	X								
Gary Butler	X	X								
Mike Smith	X	X								
Irene Figueroa	X	X								
John Casey Mullen	X	X								
Julia Bullard	X	X								
Marjorie Etienne	X	E								
Lisa Strickland	X	X								
Melissa Mastrangelo	X	X								
Tammy Jackson-Moore	X	X								
Susan Foster		X								

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Conflict of Interest Policy Updates

2. Summary:

The Compliance Department recently reviewed and revised the Conflict of Interest Policy during the first quarter of 2020

3. Substantive Analysis:

The Compliance Department reviewed and revised the Conflict of Interest Policy to concretely demonstrate to employees and the community the Health Care District's strong commitment to honest and responsible provider and corporate conduct; ensure consistent processes, structures, and ongoing compliance; and to keep employees and the District current with regulatory and industry best practices.

The Policy addressing Conflict of Interest has recently been updated and requires Board Approval for adoption. This policy is attached for reference.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

6. Recommendation:

Staff recommends the Board approve the adoption of the updates made to the Conflict of Interest Policy.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Deborah Hall
VP & Chief Compliance & Privacy Officer



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

Conflict of Interest Policy

Policy #:	HCDCOM110	Effective Date:	12/11/2012
Business Unit:	HCD Shared Policies	Last Review Date:	08/20/2019
Approval Group:	HCD Compliance Policy	Document Owner(s):	Compliance
Board Approval Date:	12/11/2012, 3/12/2020		

PURPOSE

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

SCOPE

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

DEFINITIONS

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

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

Contract - any type of written agreement that includes, but is not limited to, memorandums of understanding/agreement, letters of agreement, written vendor quotes (with terms and conditions),

leases, inter-local agreements, grants, purchase orders, and addendums or amendments to the foregoing.

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

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

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

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

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

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

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

- Real property
- The use of real property
- Tangible or intangible personal property or the use of such property
- A preferential rate or terms on a debt, loan, goods, or services, which rate is below the customary rate and is not either a government rate available to all other similarly situated government employees or a rate which is available to similarly situated members of the public by virtue

of occupation, affiliation, age, religion, sex, or national origin

- Forgiveness of an indebtedness
- Transportation, other than that provided to a public employee by an agency in relation to officially approved governmental business, lodging, or parking
- Food or beverage
- Membership dues
- Entrance fees, admission fees, or tickets to events, performances, or facilities
- Plants, flowers, or floral arrangements
- Services provided by persons pursuant to a professional license or certificate
- Other personal services for which a fee is normally charged by the person providing the service
- Any other similar service or thing having an attributable value not already provided for above

A "gift" does not include the following items:

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

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

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

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

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

POLICY

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

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

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

- Receiving or giving a personal benefit of more than a nominal value from or to any Third Party doing or seeking to do business with the District.
- Conducting business with a personal friend, business associate or relative on behalf of the District.
- Speculating or dealing in material, equipment, supplies, products, land leases or other property purchased or sold by the District for which negotiations to purchase, acquire or sell are pending or anticipated.
- Disclosing to anyone, including relatives as defined above, any information, plans, or forecasts relating to the District which have not been released publicly.
- Except where prohibited by law, hiring or entering into a contractual arrangement with a Relative where a person currently employed by the District will be working directly for, or supervising, a Relative, and/or occupying a position in the same line of authority as the Relative within the organization.
- Accepting outside employment or holding a material financial interest with an organization that does business with or is a competitor of the District.
- Holding a position(s) that interferes with the performance of their assigned duties or the professional standards of the District.
- Using the District's property or other resources for outside activities.
- Participating in any other activity that is perceived by the District as being a conflict of interest.
- Any questions you may have should be discussed with your supervisor, the Human Resources Department or the Chief Compliance and Privacy Officer.

All Covered Persons are prohibited from engaging in conduct that creates a conflict of interest including, but not limited to, the activities described below:

Solicitation or Acceptance of Gifts

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

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

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

Doing Business with the District and Prohibited Employment and Business Relationships

Covered Persons are prohibited from having an employment or contractual relationship with any business entity or agency which is subject to the regulation of the District or that is doing business with the District. Furthermore, Covered Persons are prohibited from having an employment or contractual relationship that will create a continuing or frequently recurring conflict between his or her private interests and the performance of his or her public duties or that would impede the full and faithful discharge of his or her public duties. However, where the regulatory power over the business entity resides in another agency and not the District, the employment or contractual relationship is not a conflict of interest. Additionally, where the Covered Person is not personally performing services for the District through the outside employment or business relationship of the other entity, such outside employment may be approved depending on the facts and circumstances of each situation presented.

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

Covered Persons are prohibited from acting in a private capacity to rent, lease, or sell any realty, goods, or services to the District unless the contract for the transaction was entered into prior to the Covered

Person's first date of employment, or first date of appointment, at the District. However, no violation of this policy exists where the Covered Person's:

- Outside Employer or Business is awarded the contract under a system of sealed, competitive bidding to the lowest or best bidder and;
- Spouse or child have not participated in the determination of bid specifications or the determination of the lowest or best bidder in any way;
- the Covered Person or his/her spouse or child have not in any way used or attempted to use the Covered Person's influence to persuade the District or its board members, officers or employees to enter into the contract other than by the mere submission of the bid; and
- the Covered Person, prior to or at the time of the submission of the bid, has filed a statement with the Palm Beach County Supervisor of Elections disclosing the nature of the Covered Person or his/her spouse or child's interest in the Outside Employer or Business and the nature of the intended business.
- The purchase or sale contemplated is for legal advertising in a newspaper, for any utilities service, or for passage on a common carrier.
- An emergency purchase or contract that must be made in order to protect the health, safety, or welfare of the citizens of Palm Beach County;
- The Outside Employer or Business is the only source of supply within Palm Beach County and there is full disclosure by the Covered Person of his/her interest in the Outside Employer or
- Business to the District Board prior to the purchase, rental, sale, leasing, or other business being transacted.
- The total amount of the contracts or transactions in the aggregate between the Outside Employer or Business and the District does not exceed \$500.00 per calendar year.
- The Covered Person purchases in a private capacity goods or services at a price and terms available to similarly situated members of the general public.

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

- The Covered Person and his/her Family Members do not work in the District department that will enforce, oversee or administer the subject contract;
- The Outside Employment does not interfere with or otherwise impair the Covered Person's independence of judgment or otherwise interfere with the full and faithful performance of his or her public duties to the District;
- The Covered Person or his/her Family Members have not participated in determining the

contract requirements or awarding the contract;

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

Unauthorized Compensation

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

Misuse of Position

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

Disclosure or Use of Certain Information

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

Solicitation or Acceptance of Honoraria

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

Use of District Name

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

Lobbying by Former Employees

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

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	Employment of Relatives Policy Exempt Employee Pay Policy Non-Exempt Employee Pay Policy Standards of Conduct Policy Contracts Policy Purchasing Policy Property Usage Policy
Related Forms	Conflicts of Interest Disclosure Form

Reference(s)	Florida Statute Sections: 112.313; 112.3148
Last Revision	12/3/2018
Revision Information/Changes	
Next Review Date	12/2020

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.

Conflict of Interest Policy

Procedure #:	HCDCOM110	Effective Date:	12/11/2012
Business Unit:	HCD Shared Policies	Last Review Date:	
Approval Group:	HCD Compliance Policy	Document Owner(s):	

PROCEDURE

All individuals who have access to SharePoint shall submit a Conflict of Interest (COI) Disclosure Form electronically upon hire/appointment and annually thereafter. All others including Board and Committee members who do not have online access, will be provided a hard copy of the COI Disclosure Form to complete and submit. All completed Disclosure Forms are reviewed for potential conflicts either electronically (i.e. "yes" answers) or manually. If a potential conflict is disclosed, the Director of Human Resources will conduct the initial review. If further action is required, the disclosure is submitted to the Chief Compliance and Privacy Officer for approval or disposition.

Completed COI Disclosure Forms will be retained in strict confidence for six (6) years following the end of the calendar year it was completed/submitted. Online submissions of COI disclosure forms are stored electronically on SharePoint. The Chief Compliance and Privacy Officer will retain corresponding memoranda of all Board Compliance Committee and Corporate Compliance Committee actions/decisions for the corresponding six (6) year period.

DISCLOSURE OF POTENTIAL CONFLICTS

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

a) Covered Person's Responsibilities

- i. Fully, accurately, and timely fill out and submit the COI Disclosure Form as required by District policy.
- ii. Submit an additional COI Disclosure Forms within 10 days of becoming aware of

new activities or interests that may present a potential Conflict of Interest.

- iii. Avoid engaging in activities that present a potential conflict of interest
- iv. When engaging in approved Outside Employment or other activities, adhere to all other District policies governing the situation.
- v. When engaging in approved Outside Employment or other activities, individuals shall not take part in any decisions related to the outside employer or business to which the conflict relates.
- vi. Immediately report suspected Conflicts of Interest to the Compliance or Human Resource Departments or by calling the Compliance Hotline (1-866-633-7233).

b) Department Directors/Managers/Supervisors Responsibilities

- i. Refer employees to the Compliance or Human Resource Departments as needed.
- ii. Assist in ensuring Conflict of Interest Disclosure Forms are completed by employees annually. COI Disclosure Forms are located on SharePoint within Compliance Policies & Procedures.
- iii. Assure employees submit all Conflict of Interest Disclosure Forms thru SharePoint.

c) Compliance Department Responsibilities

- i. Review all COI Disclosure Forms that present a potential Conflict of Interest, and conduct further investigation as needed.
- ii. Consult with Human Resources to develop and implement recommendations as to the resolution of any actual conflict.
- iii. Educate employees about this Policy as needed.
- iv. Receive and investigate complaints regarding potential violations of this Policy with assistance from Human Resources.

d) Human Resources Department Responsibilities

- i. Ensure COI Disclosure Forms are provided to, and collected from, each employee annually and during New Hire Orientation.
- ii. Assist Compliance Department in developing and implementing recommendations as to the resolution of any actual conflict.
- iii. Receive complaints regarding violations of this Policy.
- iv. Assist Compliance Department in conducting investigations of potential conflicts of interest.
- v. Assist in providing Conflict of Interest Disclosure Forms as needed to/from employees and other Covered Persons.
- vi. File and maintain Conflict of Interest Disclosure Forms and related documents.

RESOLUTION OF DISCLOSURES

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

- a) **For Board Members and the Chief Executive Officer**, the Chief Compliance and Privacy Officer will review and make a recommendation to the Board's Compliance Committee. The Compliance Committee shall make a decision about any needed plan for curing or managing any disclosed conflict.

- b) **For employed and contracted Medical Staff**, the Medical Executive Committee shall review the disclosure and recommend corrective action to the Board's Compliance Committee. The Compliance Committee shall make a decision about any needed plan for curing or managing any disclosed conflict.
- c) **For Volunteers, and Employees**, the Director of Human Resources will review the disclosed conflict and recommend a course of action to the Chief Compliance and Privacy Officer who shall take appropriate action as warranted under the circumstances to resolve the actual or potential conflict of interest.
- d) **For Vendors**, the Procurement Officer or CFO will review the disclosure and recommend action to the Chief Compliance and Privacy Officer who may take corrective action to cure or manage the conflict after consultation with the appropriate executive officer.
- e) **Any valid appeal** regarding corrective action recommended or taken shall be submitted to the District's Compliance Committee for review. Recommendations to amend actions previously taken will be submitted to the Board's Compliance Committee for approval. The following factors should be considered when reviewing any Disclosures or action taken:
 - i. Whether the Covered Person or an Immediate Family Member is a party to, or may directly or indirectly benefit from, a proposed agreement or transaction;
 - ii. Whether the Covered Person's desire for, or expectation of, direct or indirect external economic advantage could distort the decision regarding a proposed transaction or activity;
 - iii. Whether the Covered Person or an Immediate Family Member is engaging in an activity, business, or transaction in which the District is likely to engage;
 - iv. Whether the Covered Person's outside activities may conflict with his/her rights of, or obligations to, the District or its constituencies;
 - v. Whether the Conflict of Interest can be cured or managed by recusal or other appropriate action; and
 - vi. Whether the Conflict of Interest is actual or perceived.

CONSEQUENCES OF VIOLATIONS

- 3. Any Covered Person who engages in prohibited conduct as specified by this policy is subject to disciplinary action, up to and including termination or removal.
- 4. Additionally, any Covered Person who violates this policy may also be subject to investigation by the Florida Commission on Ethics, the Palm Beach County State Attorney's Office, the Palm Beach County Inspector General, or other enforcement agencies, which may result in civil and/or criminal penalties. If the violation of this policy also constitutes a violation of Florida law.
- 5. If it has been determined that a Conflict of Interest exists, the Chief Compliance and Privacy Officer shall notify the applicable Covered Person in writing of the determination and the recommended course of action. The Covered Person shall respond to the Chief Compliance and Privacy Officer in writing within 3 business days indicating how he/she complied with the determination and the

recommended course of action.

RETENTION OF DISCLOSURE FORMS

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

REPORTING VIOLATIONS

7. Employees should contact the Compliance or Legal Department if they have any questions concerning the Conflict of Interest Policy
8. Suspected violations of the Conflict of Interest Policy must be reported immediately to the Compliance or Human Resources Departments or to the Compliance Hotline at 1-866-633-7233.
9. The District **will not retaliate** against any employee who reports suspected violations of this policy in **good faith**.

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

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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Revenue Cycle Quality Care Transitions Policy

2. Summary:

This agenda item provides a Care Transitions Policy specific to the Revenue Cycle Quality Care Coordination Team.

3. Substantive Analysis:

Transition from the inpatient (hospital setting) to home often results in poor care coordination, including communication lapses between inpatient and outpatient (a setting other than a hospital) providers; intentional and unintentional medication changes; incomplete diagnostic work-ups and inadequate patient, caregiver and provider understanding of diagnoses, medication and follow-up needs.

With hospital stays costing the U.S. \$377.5 billion per year and increased lengths of stay for Medicare beneficiaries, there is pressure for hospitals, health plans and providers to improve delivery and coordination of care and lower risks for these patients. This includes examining the admission and discharge processes to prevent re-hospitalization, ED Visits and other poor health outcomes.

The Health Care District of Palm Beach County works with health plans and C.L. Brumback Clinics to systematically identify patients with unplanned hospital admissions and/or emergency department visits to improve delivery and coordination of care through the performing of post-hospital and/or ED visit follow-up for examination of the admission and discharge processes to prevent re-hospitalization, ED Visits and other poor health outcomes as demonstrated in the attached proposed policy.

4. Fiscal Analysis & Economic Impact Statement:

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A


Committee Name

Date Approved

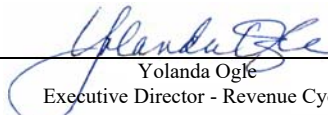
6. Recommendation:

Staff recommends the Board Approve the Revenue Cycle Quality Care Transitions Policy.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Yolanda Ogle
Executive Director - Revenue Cycle



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

Quality Care Transitions Policy

Policy #:	RCQ-001a	Effective Date:	1/1/2020
Business Unit:	Primary Care Clinics	Last Review Date:	2/21/2020
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Revenue Cycle
Board Approval Date:	3/25/2020		

PURPOSE

To establish a policy for coordinating patient care during and after transitions from acute care settings.

SCOPE

This procedure is applicable to all team-members who are involved in care transitions in the revenue cycle department.

POLICY

The Health Care District of Palm Beach County works with health plans and C.L Brumback Clinics to systematically identify patients with unplanned hospital admissions and emergency department visits and performs post-hospital/ED visit follow-up through the contact of patients/families/caregivers for follow-up care, if needed, within 48 hours.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	RCQ-001b
Reference(s)	RCQ-001b
Last Revision	
Revision Information/Changes	
Next Review Date	

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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Telemedicine Policy Updates

2. Summary:

C. L. Brumback Primary Care Clinics have contracted with Certintell to provide additional telemedicine licenses for all medical providers.

3. Substantive Analysis:

Attached you will find the Telemedicine Policy amended to include medical services which staff are recommending for approval.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

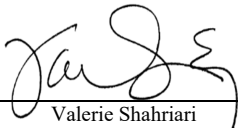
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020


6. Recommendation:

Staff recommends the Board approve the updated Telemedicine Policy.

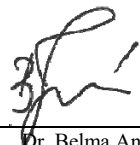
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Ana Ferwerda
FQHC Medical Director



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

Telemedicine Services Policy

Policy #:	1500-18.1	Effective Date:	11/28/2018
Business Unit:	Primary Care Clinics	Last Review Date:	3/26/2020
Approval Group:	PCC Telem Policy Board Approval PCC Telem Policy Board Approval	Document Owner(s):	Primary Care Clinics
Board Approval Date:	11/28/2018 5/27/2020		

PURPOSE

N/A

SCOPE

All C. L. Brumback Primary Care Clinic Providers and Staff.

In providing telemedicine services, Health Care District Palm Beach County will adhere to the current Florida Standards for Telemedicine Practice, including the provider types listed as allowed to provide telemedicine services.

POLICY

It is the policy of C. L. Brumback Primary Care Clinics, Health Care District Palm Beach County to use "live two- way audio-visual communication" to extend the availability of medical, women's health and behavioral health services ~~to adults only within their practicing locations~~. This service is only provided through a HIPAA and PHI-compliant platform.

It is the Policy of C. L. Brumback Primary Care Clinics to ensure adherence to all applicable laws, rules, and regulations while ensuring patient access to Medical Services, Psychiatry Services, Mental Health Assessments & Consultations, and Behavioral Health Treatments through the use of "live two-way audio-visual communication".

Health professionals providing telemedicine services shall be responsible for maintaining the same level of professional and ethical discipline and clinical practice principles and guidelines as "in-person" care, as well as additional telemedicine related concerns such as consent processes, patient autonomy, and privacy.

EXCEPTIONS

N/A



RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	3/26/2020
Revision Information/Changes	
Next Review Date	

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

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

DISTRICT CLINICS HOLDING, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Board Member Transition – Gary Butler

2. Summary:

Gary Butler has transitioned off the C.L. Brumback Primary Care Clinics Board since the change to the Health Care District subsidiary Board and Committee Memberships now require that the member live in Palm Beach County.

3. Substantive Analysis:

Gary Butler is transitioning off the C.L. Brumback Primary Care Clinics Board subsequent to the change in the requirements for Health Care District subsidiary Board and Committee Memberships. The change aligns with the requirements to serve on the Health Care District Board, including the requirement to reside in Palm Beach County.

Consistent with the District Clinics Holdings, Inc. Bylaws, Section 9.2(a), the Board has the following requirements to fill the open Board position.

9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing or to replace any member whose Term is ended, will be as follows:

- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.

Staff recommends that the Nominating/Membership Committee meet prior to the next Board meeting to identify candidates to nominate to fill the vacancy.

DISTRICT CLINICS HOLDING, INC.

BOARD OF DIRECTORS

May 27, 2020

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A


Committee Name

Date Approved _____

6. Recommendation:

Staff recommends the Board Receive and File Gary Butler's transition off the Board.


Approved for Legal sufficiency:


Valerie Shahriari

Valerie Shahriari
VP & General Counsel

Thom W Chen

Thomas Cleare
AVP, Planning & Community Engagement


Dr. Belma A. O'Connell, MD

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

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
May 27, 2020

1. Description: District Clinic Holdings, Inc. Financial Report March 2020

2. Summary:

The YTD March 2020 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

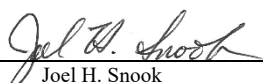
3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance Committee
Committee Name


5/27/2020
Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
May 27, 2020

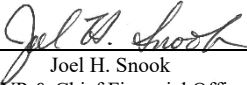
6. Recommendation:

Staff recommends the Board receive and file the YTD March 2020 District Clinic Holdings, Inc. financial statements.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Joel H. Snook
VP & Chief Financial Officer



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

MEMO

To: Finance Committee

From: Joel H. Snook
VP & Chief Financial Officer

Date: April 21, 2020

Subject: Management Discussion and Analysis of March 2020 C.L. Brumback Primary Care Clinic Financial Statements.

The March statements represent the financial performance for the sixth month of the 2020 fiscal year for C.L. Brumback Primary Care Clinics. Total YTD revenue was unfavorable to budget by (\$765k) due mostly to timing of grant revenue recognition. Expenses before depreciation were over budget by (\$138k) or (1.1%) due mostly to negative variances in purchase services (\$122k), medical supplies (\$32k), and repair and maintenance (\$131k). Total YTD net margin was (\$7.3M) compared to budget of (\$6.5M) for a variance of (\$838k).

The Medical clinics total YTD revenue was unfavorable to budget by (\$334k), this unfavorable variance resulting from grant revenue timing of (\$1.2M), was mostly offset by positive net patient revenue of \$801k. Increased gross patient revenue over budget of \$269k or 3.0% was the main reason for the favorable net patient revenue. Total operating expenses of \$10.9M were unfavorable to budget of \$10.6M by (\$280k) or (2.6%). This negative variance is mostly related to purchase services having an unfavorable variance of (\$111k), which is primarily due to higher collection fees from Athena. Medical supplies is unfavorable to budget by (\$54k) due to unanticipated supplies purchase. Repairs and maintenance is unfavorable to budget by (\$143k) primarily due to unanticipated Allscripts software maintenance cost. Total YTD net margin of (\$6.3M) was unfavorable to budget of (\$5.8M) by (\$556k) or (9.6%).

The Dental clinics gross patient revenue was favorable to budget by \$138k or 6.5%. Total revenue of \$1.6M was under budget of \$2.0M by (\$431k) or (21.2%) due to increased charity care of (\$114k) and contractual allowance of (\$119k). In addition, grant funds revenue was under budget by (\$192k) due to the timing of grant revenue recognition and YTD other patient revenue is unfavorable to budget by (\$155k) due to less than anticipated LIP payments. Total operating expenses of \$2.2M were favorable to budget by \$142k or 6.2% due mainly to combined salaries, wages, and benefits \$101k, medical supplies of \$21k, and repairs and maintenance \$11k. Total YTD net margin was (\$994k) compared to a budget loss of (\$713k) for a variance of (\$282k).

On the Comparative Statement of Net Position, due from other governments is comprised of approximately \$2.3M from Health Resources and Service Administration (HRSA). The District subsidy YTD for the medical and dental clinics are \$6.3M, and \$967k respectively for a combined subsidy of \$7.2M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Mar 31, 2020</u>	<u>Feb 29, 2020</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	(1,601,503)	(2,374,773)	\$ 773,270
Accounts Receivable, net	1,971,780	1,885,969	85,810
Due From Other Funds	-	-	-
Due from Other Governments	2,286,371	3,116,138	(829,767)
Other Current Assets	209,996	174,978	35,018
Net Investment in Capital Assets	2,312,496	2,106,785	205,711
Total Assets	<u>\$ 5,179,140</u>	<u>\$ 4,909,098</u>	<u>\$ 270,042</u>
Liabilities			
Accounts Payable	270,929	242,021	28,908
Due To Other Governments	-	-	-
Deferred Revenue	38,198	38,198	-
Other Current Liabilities	2,076,036	1,584,651	491,386
Non-Current Liabilities	1,110,458	1,059,188	51,270
Total Liabilities	<u>3,495,621</u>	<u>2,924,058</u>	<u>571,563</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 543</u>	<u>\$ 543</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	2,312,496	2,106,785	205,711
Unrestricted	(629,520)	(122,288)	(507,232)
Total Net Position	<u>1,682,976</u>	<u>1,984,497</u>	<u>(301,521)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 5,179,140</u>	<u>\$ 4,909,098</u>	<u>\$ 270,042</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SIXTH MONTH ENDED MARCH 31, 2020

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 1,801,952	\$ 2,070,038	\$ (268,086)	(13.0%)	\$ 1,935,491	\$ (133,538)	(6.9%)	Outpatient Revenue	\$ 11,619,528	\$ 11,212,673	\$ 406,855	3.6%	\$ 10,931,929	\$ 687,599	6.3%	
1,801,952	2,070,038	(268,086)	(13.0%)	1,935,491	(133,538)	(6.9%)	Gross Patient Revenue	11,619,528	11,212,673	406,855	3.6%	10,931,929	687,599	6.3%	
271,731	340,324	68,593	20.2%	909,476	637,745	70.1%	Contractual Allowances	2,153,795	1,855,659	(298,136)	(16.1%)	4,592,070	2,438,275	53.1%	
763,916	852,318	88,402	10.4%	394,786	(369,130)	(93.5%)	Charity Care	4,502,435	4,609,483	107,048	2.3%	2,588,936	(1,913,499)	(73.9%)	
266,273	354,729	88,456	24.9%	85,698	(180,574)	(210.7%)	Bad Debt	1,485,229	1,931,677	446,448	23.1%	950,858	(534,371)	(56.2%)	
1,301,919	1,547,371	245,452	15.9%	1,389,960	88,041	6.3%	Total Contractuals and Bad Debts	8,141,458	8,396,819	255,361	3.0%	8,131,864	(9,594)	(0.1%)	
363,607	380,319	(16,712)	(4.4%)	490,512	(126,905)	(25.9%)	Other Patient Revenue	2,181,639	2,281,914	(100,275)	(4.4%)	3,340,925	(1,159,285)	-35%	
863,640	902,986	(39,346)	(4.4%)	1,036,042	(172,402)	(16.6%)	Net Patient Revenue	5,659,709	5,097,768	561,941	11.0%	6,140,990	(481,281)	(7.8%)	
47.93%	43.62%						Collection %	48.71%	45.46%			56.17%			
797,135	1,219,289	(422,154)	(34.6%)	1,496,682	(699,547)	(46.7%)	Grant Funds	2,466,800	3,829,329	(1,362,529)	(35.6%)	6,339,946	(3,873,146)	(61.1%)	
5,134	2,442	2,692	110.2%	9,704	(4,569)	(47.1%)	Other Revenue	50,359	14,652	35,707	243.7%	57,713	(7,353)	(12.7%)	
802,270	1,221,731	(419,461)	(34.3%)	1,506,386	(704,116)	(46.7%)	Total Other Revenues	2,517,159	3,843,981	(1,326,822)	(34.5%)	6,397,659	(3,880,500)	(60.7%)	
1,665,909	2,124,717	(458,808)	(21.6%)	2,542,428	(876,518)	(34.5%)	Total Revenues	8,176,867	8,941,749	(764,882)	(8.6%)	12,538,648	(4,361,781)	(34.8%)	
<i>Direct Operational Expenses:</i>															
1,440,687	1,360,118	(80,569)	(5.9%)	1,332,097	(108,591)	(8.2%)	Salaries and Wages	8,108,998	8,098,949	(10,049)	(0.1%)	7,637,624	(471,374)	(6.2%)	
369,330	369,399	69	0.0%	365,610	(3,721)	(1.0%)	Benefits	2,113,211	2,209,716	96,505	4.4%	2,056,253	(56,958)	(2.8%)	
106,492	65,753	(40,739)	(62.0%)	54,666	(51,826)	(94.8%)	Purchased Services	516,357	394,518	(121,839)	(30.9%)	373,165	(143,192)	(38.4%)	
53,844	36,001	(17,843)	(49.6%)	32,270	(21,573)	(66.9%)	Medical Supplies	248,294	216,006	(32,288)	(14.9%)	191,351	(56,943)	(29.8%)	
11,678	19,686	8,008	40.7%	36,467	24,789	68.0%	Other Supplies	74,322	118,116	43,794	37.1%	142,515	68,193	47.8%	
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%	
74,266	72,478	(1,788)	(2.5%)	25,831	(48,435)	(187.5%)	Medical Services	395,248	388,999	(6,249)	(1.6%)	207,407	(187,840)	(90.6%)	
76,212	93,942	17,730	18.9%	32,329	(43,883)	(135.7%)	Drugs	497,208	508,485	11,277	2.2%	222,425	(274,783)	(123.5%)	
102,610	13,887	(88,723)	(638.9%)	41,024	(61,586)	(150.1%)	Repairs & Maintenance	214,631	83,322	(131,309)	(157.6%)	201,629	(13,002)	(6.4%)	
110,890	124,800	13,910	11.1%	133,369	22,478	16.9%	Lease & Rental	672,344	671,822	(522)	(0.1%)	674,552	2,208	0.3%	
4,694	6,682	1,988	29.8%	4,376	(318)	(7.3%)	Utilities	31,368	40,092	8,724	21.8%	30,811	(557)	(1.8%)	
17,735	28,941	11,206	38.7%	33,511	15,776	47.1%	Other Expense	169,039	173,646	4,607	2.7%	119,761	(49,278)	(41.1%)	
2,377	2,236	(141)	(6.3%)	2,170	(207)	(9.5%)	Insurance	14,261	13,416	(845)	(6.3%)	13,274	(988)	(7.4%)	
2,370,815	2,193,923	(176,892)	(8.1%)	2,093,719	(277,096)	(13.2%)	Total Operational Expenses	13,055,281	12,917,087	(138,194)	(1.1%)	11,870,767	(1,184,514)	(10.0%)	
Net Performance before Depreciation & Overhead Allocations															
(704,906)	(69,206)	(635,700)	918.6%	448,708	(1,153,615)	(257.1%)		(4,878,413)	(3,975,338)	(903,075)	22.7%	667,881	(5,546,294)	(830.4%)	

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SIXTH MONTH ENDED MARCH 31, 2020

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
19,355	13,280	(6,075)	(45.7%)	13,156	(6,198)	(47.1%)	Depreciation
<i>Overhead Allocations:</i>							
2,232	2,255	23	1.0%	2,172	(60)	(2.7%)	Risk Mgt
191,748	96,913	(94,836)	(97.9%)	42,307	(149,442)	(353.2%)	Rev Cycle
5,288	5,506	219	4.0%	5,718	430	7.5%	Internal Audit
18,562	21,420	2,858	13.3%	20,583	2,021	9.8%	Home Office Facilities
33,799	36,548	2,749	7.5%	26,720	(7,079)	(26.5%)	Administration
43,414	40,465	(2,949)	(7.3%)	31,650	(11,764)	(37.2%)	Human Resources
16,997	18,543	1,546	8.3%	(551)	(17,548)	3,185.1%	Legal
7,290	8,410	1,120	13.3%	6,258	(1,031)	(16.5%)	Records
7,333	11,534	4,201	36.4%	12,918	5,585	43.2%	Compliance
-	-	-	0.0%	0	0	100.0%	Planning/Research
44,494	31,318	(13,176)	(42.1%)	26,486	(18,008)	(68.0%)	Finance
6,968	11,356	4,388	38.6%	8,264	1,295	15.7%	Public Relations
92,458	109,427	16,970	15.5%	90,638	(1,820)	(2.0%)	Information Technology
2,714	1,447	(1,267)	(87.5%)	1,778	(936)	(52.6%)	Corporate Quality
11,455	4,999	(6,456)	(129.2%)	-	(11,455)	0.0%	Project MGMT Office
2,379	3,755	1,377	36.7%	3,502	1,123	32.1%	Managed Care Contract
487,131	403,897	(83,234)	(20.6%)	278,442	(208,688)	(74.9%)	Total Overhead Allocations
2,877,301	2,611,100	(266,201)	(10.2%)	2,385,318	(491,983)	(20.6%)	Total Expenses
\$ (1,211,391)	\$ (486,383)	\$ (725,009)	149.1%	\$ 157,110	\$ (1,368,501)	(871.0%)	Net Margin
-	3,988	3,988	100.0%	(1,752)	(1,752)	100.0%	Capital
\$ 909,870	\$ 479,261	\$ (430,609)	(89.8%)	\$ -	\$ (909,870)	0.0%	General Fund Support/ Transfer In

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
107,855	79,680	(28,175)	(35.4%)	79,208	(28,647)	(36.2%)	
11,846	13,529	1,683	12.4%	22,245	10,399	46.7%	
676,312	581,476	(94,836)	(16.3%)	546,402	(129,910)	(23.8%)	
32,820	33,039	219	0.7%	31,420	(1,400)	(4.5%)	
112,300	128,521	16,222	12.6%	112,853	554	0.5%	
210,397	219,286	8,889	4.1%	149,538	(60,859)	(40.7%)	
245,740	242,791	(2,949)	(1.2%)	205,470	(40,270)	(19.6%)	
99,395	111,257	11,862	10.7%	76,398	(22,997)	(30.1%)	
40,455	50,460	10,005	19.8%	37,192	(3,263)	(8.8%)	
57,305	69,204	11,899	17.2%	39,946	(17,359)	(43.5%)	
-	-	-	0.0%	5,582	5,582	100.0%	
201,083	187,907	(13,176)	(7.0%)	168,976	(32,107)	(19.0%)	
61,813	68,138	6,326	9.3%	43,986	(17,826)	(40.5%)	
517,630	656,564	138,934	21.2%	506,755	(10,875)	(2.1%)	
9,951	8,684	(1,267)	(14.6%)	16,284	6,333	38.9%	
36,448	29,993	(6,456)	(21.5%)	-	(36,448)	0.0%	
16,386	22,532	6,147	27.3%	20,891	4,505	21.6%	
2,329,880	2,423,380	93,500	3.9%	1,983,939	(345,941)	(17.4%)	
15,493,015	15,420,147	(72,868)	(0.5%)	13,933,913	(1,559,102)	(11.2%)	
\$ (7,316,148)	\$ (6,478,398)	\$ (837,750)	12.9%	\$ (1,395,265)	\$ (5,920,883)	424.4%	
9,407	23,928	14,521	60.7%	-	(9,407)	0.0%	
\$ 7,217,700	\$ 6,445,656	\$ (772,044)	(12.0%)	\$ 2,627,860	\$ (4,589,840)	(174.7%)	

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

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Gross Patient Revenue	2,170,266	1,734,463	1,899,323	2,006,755	2,006,769	1,801,952	-	-	-	-	-	-	11,619,528
Contractual Allowances	453,586	336,609	271,867	363,658	456,343	271,731	-	-	-	-	-	-	2,153,795
Charity Care	811,861	727,479	715,762	727,882	755,536	763,916	-	-	-	-	-	-	4,502,435
Bad Debt	341,494	193,678	306,448	343,282	34,054	266,273	-	-	-	-	-	-	1,485,229
Other Patient Revenue	385,820	385,820	341,366	190,933	514,094	363,607	-	-	-	-	-	-	2,181,639
Net Patient Revenue	949,144	862,516	946,612	762,866	1,274,930	863,640	-	-	-	-	-	-	5,659,709
Collections %	43.73%	49.73%	49.84%	38.01%	63.53%	47.93%							48.71%
Grant Funds	53,241	48,416	28,234	383,141	1,156,633	797,135	-	-	-	-	-	-	2,466,800
Other Revenue	21,291	2,647	6,897	1,641	12,750	5,134	-	-	-	-	-	-	50,359
Total Other Revenues	74,531	51,063	35,130	384,782	1,169,383	802,270	-	-	-	-	-	-	2,517,159
Total Revenues	1,023,676	913,579	981,742	1,147,648	2,444,313	1,665,909	-	-	-	-	-	-	8,176,867
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,489,724	1,328,404	1,427,860	1,204,612	1,217,711	1,440,687	-	-	-	-	-	-	8,108,998
Benefits	380,176	378,148	365,616	354,929	265,010	369,330	-	-	-	-	-	-	2,113,211
Purchased Services	101,033	80,005	43,837	125,015	59,974	106,492	-	-	-	-	-	-	516,357
Medical Supplies	15,280	65,422	33,103	32,205	48,440	53,844	-	-	-	-	-	-	248,294
Other Supplies	8,043	19,713	1,026	15,087	18,774	11,678	-	-	-	-	-	-	74,322
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	67,974	43,699	53,733	61,772	93,803	74,266	-	-	-	-	-	-	395,248
Drugs	65,352	106,112	85,786	79,805	83,941	76,212	-	-	-	-	-	-	497,208
Repairs & Maintenance	36,932	11,167	19,935	19,129	24,857	102,610	-	-	-	-	-	-	214,631
Lease & Rental	117,472	120,395	121,087	102,313	100,186	110,890	-	-	-	-	-	-	672,344
Utilities	6,959	6,781	4,724	4,942	3,268	4,694	-	-	-	-	-	-	31,368
Other Expense	19,578	37,182	33,567	43,749	17,228	17,735	-	-	-	-	-	-	169,039
Insurance	2,377	2,377	2,377	2,377	2,377	2,377	-	-	-	-	-	-	14,261
Total Operational Expenses	2,310,900	2,199,405	2,192,652	2,045,937	1,935,571	2,370,815	-	-	-	-	-	-	13,055,281
Net Performance before Depreciation & Overhead Allocations	(1,287,225)	(1,285,826)	(1,210,910)	(898,289)	508,743	(704,906)	-	-	-	-	-	-	(4,878,413)
Depreciation	13,167	10,357	26,292	19,329	19,356	19,355	-	-	-	-	-	-	107,855
<i>Overhead Allocations:</i>													
Risk Mgt	1,623	2,089	1,990	1,944	1,968	2,232	-	-	-	-	-	-	11,846
Rev Cycle	62,997	84,377	69,757	272,531	(5,098)	191,748	-	-	-	-	-	-	676,312
Internal Audit	5,281	6,983	5,435	5,263	4,570	5,288	-	-	-	-	-	-	32,820
Home Office Facilities	18,086	19,184	20,918	17,204	18,345	18,562	-	-	-	-	-	-	112,300
Administration	28,448	37,990	37,093	34,890	38,177	33,799	-	-	-	-	-	-	210,397
Human Resources	35,210	38,104	66,995	39,343	22,674	43,414	-	-	-	-	-	-	245,740
Legal	11,308	15,984	19,536	13,924	21,646	16,997	-	-	-	-	-	-	99,395
Records	6,516	6,638	7,687	5,290	7,035	7,290	-	-	-	-	-	-	40,455
Compliance	3,902	6,147	11,403	15,681	12,839	7,333	-	-	-	-	-	-	57,305
Planning/Research	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	27,070	34,293	28,393	46,646	20,187	44,494	-	-	-	-	-	-	201,083
Public Relations	9,057	15,976	11,021	11,326	7,463	6,968	-	-	-	-	-	-	61,813
Information Technology	80,822	61,834	94,710	97,188	97,188	92,458	-	-	-	-	-	-	517,630
Corporate Quality	1,964	2,269	2,876	2,441	(2,313)	2,714	-	-	-	-	-	-	9,951
Project MGMT Office	4,280	5,685	6,754	9,544	(1,268)	11,455	-	-	-	-	-	-	36,448
Managed Care Contract	3,150	3,685	2,822	2,038	2,312	2,379	-	-	-	-	-	-	16,386
Total Overhead Allocations	299,713	341,238	387,389	575,252	239,156	487,131	-	-	-	-	-	-	2,329,880
Total Expenses	2,623,781	2,551,001	2,606,333	2,640,518	2,194,083	2,877,301	-	-	-	-	-	-	15,493,015
Net Margin	\$ (1,600,105)	\$ (1,637,421)	\$ (1,624,591)	\$ (1,492,870)	\$ 250,231	\$ (1,211,391)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (7,316,148)
Capital	-	81,965	(81,965)	21,988	(12,580)	-	-	-	-	-	-	-	9,407
General Fund Support/ Transfer In	1,726,629	1,664,089	1,421,583	1,495,529	-	909,870	-	-	-	-	-	-	\$ 7,217,700

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2020

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Lewis Center	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Van	Total
Gross Patient Revenue	-	1,751,636	2,159,691	1,094,868	860,446	198,440	1,269,086	498,841	774,399	419,594	322,739	9,349,740
Contractual Allowances	-	341,361	437,402	215,193	212,816	36,255	199,048	107,647	197,603	2,511	25,408	1,775,302
Charity Care	-	675,861	796,294	277,206	219,497	80,139	541,279	164,374	178,100	113,118	152,516	3,198,384
Bad Debt	-	226,901	329,946	244,167	190,307	38,717	128,080	38,680	63,236	14,667	101,420	1,376,122
Total Contractual Allowances and Bad Debt	-	1,244,123	1,563,642	736,566	622,621	155,111	868,408	310,700	438,939	130,296	279,345	6,349,808
Other Patient Revenue	-	345,546	353,818	161,392	104,377	114,458	156,975	54,120	87,422	95,694	48,407	1,522,211
Net Patient Revenue	-	853,059	949,867	519,694	342,203	157,787	557,653	242,261	422,882	384,993	91,801	4,522,143
Collection %	0.00%	48.70%	43.98%	47.47%	39.77%	79.51%	43.94%	48.56%	54.61%	91.75%	28.44%	48.37%
Grant Funds	19,537	338,493	368,134	241,451	164,845	86,020	334,022	112,108	135,316	134,386	65,856	2,000,168
Other Revenue	8,922	8,943	13,207	4,778	4,698	718	4,139	1,732	2,559	349	316	50,359
Total Other Revenues	28,458	347,437	381,341	246,230	169,542	86,738	338,160	113,840	137,875	134,735	66,172	2,050,527
Total Revenues	28,458	1,200,495	1,331,208	765,924	511,745	244,524	895,813	356,100	560,756	519,728	157,973	6,572,670
<i>Direct Operational Expenses:</i>												
Salaries and Wages	1,172,658	975,895	917,864	697,256	531,881	223,195	871,399	327,765	437,071	392,595	143,369	6,690,948
Benefits	269,089	244,875	246,226	202,328	143,101	54,194	238,796	88,150	105,282	101,865	51,321	1,745,228
Purchased Services	103,267	56,641	46,756	39,052	38,596	3,831	64,474	33,911	40,332	27,059	5,731	459,649
Medical Supplies	1,653	26,402	36,775	9,697	12,487	2,755	13,549	4,154	3,741	24,955	1,040	137,207
Other Supplies	4,289	9,188	16,253	5,226	8,599	340	4,483	5,196	2,752	8,742	2,496	67,563
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	75,238	52,535	49,060	64,656	7,801	78,028	13,212	43,991	10,728	-	395,248
Drugs	-	190,149	150,910	77,453	34,573	126	12,804	10,124	5,505	15,365	48	497,058
Repairs & Maintenance	-	30,096	29,784	26,009	30,656	5,606	28,396	8,810	14,256	7,281	11,019	191,914
Lease & Rental	-	72,653	84,450	45,966	76,459	2,163	118,757	40,345	58,773	20,997	-	520,564
Utilities	-	1,054	2,399	571	5,472	1,141	5,928	3,836	3,000	1,207	1,051	25,658
Other Expense	94,400	5,927	8,012	7,154	7,190	2,266	8,799	2,008	7,103	7,690	2,571	153,120
Insurance	-	2,789	1,898	2,538	826	-	1,336	91	81	-	4,517	14,076
Total Operational Expenses	1,645,356	1,690,908	1,593,863	1,162,309	954,496	303,417	1,446,749	537,601	721,885	618,485	223,163	10,898,233
Net Performance before Depreciation & Overhead Allocations	(1,616,898)	(490,412)	(262,655)	(396,385)	(442,751)	(58,892)	(550,935)	(181,501)	(161,129)	(98,757)	(65,190)	(4,325,563)
Depreciation	4,310	2,864	2,647	899	23,723	643	2,836	1,903	2,398	207	37,500	79,929
<i>Overhead Allocations:</i>												
Risk Mgt	1,310	1,396	1,434	1,061	843	253	1,490	508	735	511	200	9,742
Rev Cycle	-	90,968	93,428	69,110	54,939	16,500	97,061	33,121	47,887	33,311	13,047	549,372
Internal Audit	3,630	3,868	3,973	2,939	2,336	702	4,127	1,408	2,036	1,416	555	26,991
Home Office Facilities	100,364	-	-	-	-	-	-	-	-	-	-	100,364
Administration	23,270	24,797	25,468	18,839	14,976	4,498	26,458	9,029	13,054	9,080	3,557	173,026
Human Resources	22,588	32,268	31,360	24,201	17,142	4,033	30,251	10,084	14,117	11,092	4,033	201,170
Legal	10,993	11,715	12,032	8,900	7,075	2,125	12,499	4,265	6,167	4,290	1,680	81,740
Records	4,474	4,768	4,897	3,622	2,880	865	5,087	1,736	2,510	1,746	684	33,270
Compliance	6,338	6,754	6,937	5,131	4,079	1,225	7,206	2,459	3,555	2,473	969	47,127
Planning/Research	-	-	-	-	-	-	-	-	-	-	-	-
Finance	22,240	23,700	24,341	18,005	14,313	4,299	25,287	8,629	12,476	8,678	3,399	165,367
Public Relations	6,836	7,285	7,482	5,535	4,400	1,321	7,773	2,653	3,835	2,668	1,045	50,833
Information Technology	57,249	61,008	62,658	46,349	36,845	11,066	65,095	22,213	32,116	22,340	8,750	425,689
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	1,101	1,173	1,205	891	708	213	1,251	427	617	429	168	8,183
Project MGMT Office	4,031	4,296	4,412	3,264	2,594	779	4,584	1,564	2,261	1,573	616	29,975
Managed Care Contract	-	2,204	2,264	1,674	1,331	400	2,352	802	1,160	807	316	13,310
Total Overhead Allocations	264,424	276,200	281,890	209,521	164,462	48,278	290,522	98,898	142,528	100,416	39,020	1,916,160
Total Expenses	1,914,090	1,969,972	1,878,401	1,372,729	1,142,682	352,338	1,740,107	638,403	866,811	719,107	299,683	12,894,322
Net Margin	\$ (1,885,632)	\$ (769,477)	\$ (547,192)	\$ (606,805)	\$ (630,937)	\$ (107,813)	\$ (844,293)	\$ (282,303)	\$ (306,054)	\$ (199,379)	\$ (141,710)	\$ (6,321,652)
Capital	-	-	-	-	9,407	-	-	-	-	-	-	9,407
General Fund Support/ Transfer In	\$ 6,251,129	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,251,129

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2020

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
1,379,409	1,681,678	(302,269)	(18.0%)	1,591,011	(211,603)	(13.3%)	Gross Patient Revenue	9,349,740	9,080,950	268,790	3.0%	9,037,265	312,475	3.5%
119,097	292,976	173,879	59.3%	816,271	697,174	85.4%	Contractual Allowances	1,775,302	1,595,678	(179,624)	(11.3%)	4,077,611	2,302,309	56.5%
485,303	635,535	150,232	23.6%	257,018	(228,285)	(88.8%)	Charity Care	3,198,384	3,419,852	221,468	6.5%	1,764,932	(1,433,452)	(81.2%)
312,135	332,709	20,574	6.2%	69,399	(242,736)	(349.8%)	Bad Debt	1,376,122	1,811,941	435,819	24.1%	901,016	(475,106)	(52.7%)
916,535	1,261,220	344,685	27.3%	1,142,689	226,153	19.8%	Total Contractuals and Bad Debts	6,349,808	6,827,471	477,663	7.0%	6,743,559	393,751	5.8%
254,178	244,640	9,538	3.9%	340,652	(86,474)	(25.4%)	Other Patient Revenue	1,522,211	1,467,840	54,371	3.7%	2,366,702	(844,492)	(35.7%)
717,051	665,098	51,953	7.8%	788,975	(71,923)	(9.1%)	Net Patient Revenue	4,522,143	3,721,319	800,824	21.5%	4,660,409	(138,266)	(3.0%)
51.98%	39.55%						Collection %	48.37%	40.98%			51.57%		
640,013	1,004,372	(364,359)	(36.3%)	1,264,737	(624,724)	(49.4%)	Grant Funds	2,000,168	3,170,958	(1,170,790)	(36.9%)	5,299,696	(3,299,529)	(62.3%)
5,134	2,442	2,692	110.2%	9,704	(4,569)	(47.1%)	Other Revenue	50,359	14,652	35,707	243.7%	57,480	(7,120)	(12.4%)
645,147	1,006,814	(361,667)	(35.9%)	1,274,441	(629,293)	(49.4%)	Total Other Revenues	2,050,527	3,185,610	(1,135,083)	(35.6%)	5,357,176	(3,306,649)	(61.7%)
1,362,199	1,671,912	(309,713)	(18.5%)	2,063,416	(701,217)	(34.0%)	Total Revenues	6,572,670	6,906,929	(334,259)	(4.8%)	10,017,585	(3,444,915)	(34.4%)
<i>Direct Operational Expenses:</i>														
1,193,278	1,114,249	(79,029)	(7.1%)	1,103,250	(90,028)	(8.2%)	Salaries and Wages	6,690,948	6,634,905	(56,043)	(0.8%)	6,254,148	(436,800)	(7.0%)
305,462	298,753	(6,709)	(2.2%)	299,244	(6,219)	(2.1%)	Benefits	1,745,228	1,787,139	41,911	2.3%	1,663,500	(81,728)	(4.9%)
101,472	58,128	(43,344)	(74.6%)	41,387	(60,084)	(145.2%)	Purchased Services	459,649	348,768	(110,881)	(31.8%)	314,423	(145,227)	(46.2%)
24,250	13,917	(10,333)	(74.2%)	14,549	(9,701)	(66.7%)	Medical Supplies	137,207	83,502	(53,705)	(64.3%)	81,172	(56,035)	(69.0%)
10,620	18,159	7,540	41.5%	35,566	24,947	70.1%	Other Supplies	67,563	108,954	41,391	38.0%	104,125	36,562	35.1%
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%
74,266	72,478	(1,788)	(2.5%)	25,831	(48,435)	(187.5%)	Medical Services	395,248	388,999	(6,249)	(1.6%)	207,407	(187,840)	(90.6%)
76,153	93,717	17,564	18.7%	32,323	(43,829)	(135.6%)	Drugs	497,058	507,135	10,077	2.0%	221,226	(275,832)	(124.7%)
99,430	8,235	(91,195)	(1,107.4%)	37,874	(61,556)	(162.5%)	Repairs & Maintenance	191,914	49,410	(142,504)	(288.4%)	176,194	(15,719)	(8.9%)
85,865	99,022	13,157	13.3%	114,291	28,426	24.9%	Lease & Rental	520,564	517,154	(3,410)	(0.7%)	516,555	(4,009)	(0.8%)
3,863	4,632	769	16.6%	3,573	(289)	(8.1%)	Utilities	25,658	27,792	2,134	7.7%	25,576	(82)	(0.3%)
17,020	25,242	8,222	32.6%	32,476	15,455	47.6%	Other Expense	153,120	151,452	(1,668)	(1.1%)	109,900	(43,221)	(39.3%)
2,346	2,205	(141)	(6.4%)	2,105	(241)	(11.4%)	Insurance	14,076	13,230	(846)	(6.4%)	12,874	(1,201)	(9.3%)
1,994,024	1,808,737	(185,287)	(10.2%)	1,742,468	(251,556)	(14.4%)	Total Operational Expenses	10,898,233	10,618,440	(279,793)	(2.6%)	9,687,101	(1,211,132)	(12.5%)
(631,825)	(136,825)	(495,000)	361.8%	320,947	(952,772)	(296.9%)	Net Performance before Depreciation & Overhead Allocations	(4,325,563)	(3,711,511)	(614,052)	16.5%	330,484	(4,656,046)	(1,408.9%)

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2020

Actual	Budget	Variance	Current Month %	Prior Year	Variance	%	
14,170	9,840	(4,330)	(44.0%)	9,787	(4,383)	(44.8%)	Depreciation
<i>Overhead Allocations:</i>							
1,835	1,854	19	1.0%	1,746	(89)	(5.1%)	Risk Mgt
155,758	78,723	(77,036)	(97.9%)	33,538	(122,221)	(364.4%)	Rev Cycle
4,349	4,528	180	4.0%	4,597	248	5.4%	Internal Audit
16,589	19,144	2,554	13.3%	18,311	1,722	9.4%	Home Office Facilities
27,795	30,056	2,261	7.5%	21,478	(6,317)	(29.4%)	Administration
35,540	33,126	(2,414)	(7.3%)	25,363	(10,177)	(40.1%)	Human Resources
13,978	15,249	1,271	8.3%	(446)	(14,424)	3,236.7%	Legal
5,995	6,916	921	13.3%	5,031	(964)	(19.2%)	Records
6,031	9,485	3,455	36.4%	10,385	4,355	41.9%	Compliance
-	-	-	0.0%	0	0	100.0%	Planning/Research
36,591	25,755	(10,836)	(42.1%)	21,293	(15,298)	(71.8%)	Finance
5,730	9,339	3,609	38.6%	6,643	913	13.7%	Public Relations
76,036	89,991	13,955	15.5%	72,867	(3,169)	(4.3%)	Information Technology
2,232	1,190	(1,042)	(87.5%)	1,425	(808)	(56.7%)	Corporate Quality
9,420	4,111	(5,309)	(129.2%)	-	(9,420)	0.0%	Project MGMT Office
1,932	3,051	1,118	36.7%	2,776	844	30.4%	Managed Care Contract
399,813	332,519	(67,293)	(20.2%)	225,008	(174,804)	(77.7%)	Total Overhead Allocations
2,408,006	2,151,096	(256,910)	(11.9%)	1,977,264	(430,743)	(21.8%)	Total Expenses
\$ (1,045,808)	\$ (479,184)	\$ (566,624)	118.2%	\$ 86,152	\$ (1,131,959)	(1,313.9%)	Net Margin
-	-	-	0.0%	-	-	0.0%	Capital
\$ 885,343	\$ 469,514	\$ (415,829)	(88.6%)	\$ -	\$ (885,343)	0.0%	General Fund Support/ Transfer In

Actual	Budget	Variance	Fiscal Year To Date %	Prior Year	Variance	%
79,929	59,040	(20,889)	(35.4%)	58,651	(21,278)	(36.3%)
9,742	11,126	1,384	12.4%	17,883	8,142	45.5%
549,372	472,337	(77,036)	(16.3%)	433,170	(116,202)	(26.8%)
26,991	27,170	180	0.7%	25,260	(1,731)	(6.9%)
100,364	114,862	14,498	12.6%	100,399	34	0.0%
173,026	180,336	7,310	4.1%	120,216	(52,810)	(43.9%)
201,170	198,756	(2,414)	(1.2%)	164,664	(36,506)	(22.2%)
81,740	91,496	9,755	10.7%	61,416	(20,324)	(33.1%)
33,270	41,497	8,228	19.8%	29,900	(3,370)	(11.3%)
47,127	56,912	9,786	17.2%	32,114	(15,013)	(46.7%)
-	-	-	0.0%	4,487	4,487	100.0%
165,367	154,531	(10,836)	(7.0%)	135,845	(29,522)	(21.7%)
50,833	56,036	5,202	9.3%	35,362	(15,472)	(43.8%)
425,689	539,946	114,256	21.2%	407,396	(18,293)	(4.5%)
8,183	7,142	(1,042)	(14.6%)	13,086	4,903	37.5%
29,975	24,665	(5,309)	(21.5%)	-	(29,975)	0.0%
13,310	18,303	4,993	27.3%	16,562	3,252	19.6%
1,916,160	1,995,114	78,955	4.0%	1,597,760	(318,400)	(19.9%)
12,894,322	12,672,594	(221,727)	(1.7%)	11,343,512	(1,550,810)	(13.7%)
\$ (6,321,652)	\$ (5,765,665)	\$ (555,986)	9.6%	\$ (1,325,927)	\$ (4,995,724)	376.8%
9,407	-	(9,407)	0.0%	-	(9,407)	0.0%
\$ 6,251,129	\$ 5,707,645	\$ (543,484)	(9.5%)	\$ 2,627,860	\$ (3,623,269)	(137.9%)

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2020

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	860,770	564,179	570,882	273,956	2,269,788
Contractual Allowances	-	160,629	88,979	64,076	64,809	378,493
Charity Care	-	474,812	317,606	387,496	124,138	1,304,051
Bad Debt	-	22,937	51,769	21,816	12,585	109,107
Total Contractual Allowances and Bad Debt	-	658,378	458,354	473,387	201,532	1,791,651
Other Patient Revenue	-	247,049	176,314	118,145	117,921	659,429
Net Patient Revenue	-	449,442	282,139	215,640	190,345	1,137,566
Collection %	-	52.21%	50.01%	37.77%	69.48%	50.12%
Grant Funds	-	174,768	117,480	109,304	65,079	466,632
Other Revenue	-	-	-	-	-	-
Total Other Revenues	-	174,768	117,480	109,304	65,079	466,632
Total Revenues	-	624,210	399,619	324,943	255,425	1,604,197
<i>Direct Operational Expenses:</i>						
Salaries and Wages	166,873	444,594	346,273	288,976	171,334	1,418,050
Benefits	38,854	111,524	88,414	81,252	47,940	367,983
Purchased Services	-	13,162	11,059	10,838	21,648	56,708
Medical Supplies	-	50,510	21,644	24,375	14,558	111,087
Other Supplies	-	2,348	926	599	2,885	6,759
Contracted Physician Expense	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-
Drugs	-	97	47	6	-	150
Repairs & Maintenance	-	6,975	4,965	6,102	4,674	22,717
Lease & Rental	-	57,464	32,964	30,799	30,554	151,780
Utilities	-	1,366	2,008	883	1,453	5,710
Other Expense	646	3,575	4,919	4,618	2,161	15,919
Insurance	-	-	-	-	186	186
Total Operational Expenses	206,372	691,616	513,219	448,448	297,393	2,157,048
Net Performance before Depreciation & Overhead Allocations	(206,372)	(67,405)	(113,600)	(123,505)	(41,968)	(552,851)
Depreciation	-	3,669	3,919	3,653	16,684	27,925
<i>Overhead Allocations:</i>						
Risk Mgt	156	722	514	451	260	2,104
Rev Cycle	-	47,064	33,511	29,413	16,952	126,940
Internal Audit	432	2,001	1,425	1,251	721	5,829
Home Office Facilities	11,935	-	-	-	-	11,935
Administration	2,767	12,829	9,135	8,018	4,621	37,370
Human Resources	2,017	14,117	12,302	11,092	5,042	44,570
Legal	1,307	6,061	4,315	3,788	2,183	17,654
Records	532	2,467	1,756	1,542	889	7,186
Compliance	754	3,494	2,488	2,184	1,259	10,179
Finance	2,645	12,262	8,731	7,663	4,416	35,716
Public Relations	813	3,769	2,684	2,356	1,358	10,979
Information Technology	6,808	31,564	22,474	19,726	11,369	91,941
Corporate Quality	131	607	432	379	219	1,768
Project MGMT Office	479	2,223	1,582	1,389	801	6,474
Managed Care Contract	-	1,140	812	713	411	3,075
Total Overhead Allocations	30,775	140,320	102,162	89,964	50,498	413,720
Total Expenses	237,148	835,605	619,300	542,065	364,576	2,598,694
Net Margin	\$ (237,148)	\$ (211,395)	\$ (219,681)	\$ (217,122)	\$ (109,151)	\$ (994,496)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 966,571	-	-	-	-	966,571

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
422,544	388,360	34,184	8.8%	344,480	78,064	22.7%	2,269,788	2,131,723	138,065	6.5%	1,894,664	375,124	19.8%
152,634	47,348	(105,286)	(222.4%)	93,205	(59,429)	(63.8%)	378,493	259,981	(118,512)	(45.6%)	514,459	135,966	26.4%
278,613	216,783	(61,830)	(28.5%)	137,768	(140,845)	(102.2%)	1,304,051	1,189,631	(114,420)	(9.6%)	824,005	(480,047)	(58.3%)
(45,862)	22,020	67,882	308.3%	16,299	62,162	381.4%	109,107	119,736	10,629	8.9%	49,842	(59,265)	(118.9%)
385,384	286,151	(99,233)	(34.7%)	247,272	(138,112)	(55.9%)	1,791,651	1,569,348	(222,303)	(14.2%)	1,388,306	(403,345)	(29.1%)
109,428	135,679	(26,251)	(19.3%)	149,859	(40,431)	(27.0%)	659,429	814,074	(154,645)	(19.0%)	974,223	(314,794)	(32.3%)
146,588	237,888	(91,300)	(38.4%)	247,067	(100,479)	(40.7%)	1,137,566	1,376,449	(238,883)	(17.4%)	1,480,581	(343,015)	(23.2%)
34.69%	61.25%						50.12%	64.57%			78.14%		
157,122	214,917	(57,795)	(26.9%)	231,945	(74,823)	(32.3%)	466,632	658,371	(191,739)	(29.1%)	1,040,250	(573,618)	(55.1%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	233	(233)	(100.0%)
157,122	214,917	(57,795)	(26.9%)	231,945	(74,823)	(32.3%)	466,632	658,371	(191,739)	(29.1%)	1,040,483	(573,851)	(55.2%)
303,710	452,805	(149,095)	(32.9%)	479,012	(175,302)	(36.6%)	1,604,197	2,034,820	(430,623)	(21.2%)	2,521,063	(916,866)	(36.4%)
<i>Direct Operational Expenses:</i>													
247,409	245,869	(1,540)	(0.6%)	228,847	(18,562)	(8.1%)	1,418,050	1,464,044	45,994	3.1%	1,383,476	(34,575)	(2.5%)
63,868	70,646	6,778	9.6%	66,366	2,498	3.8%	367,983	422,577	54,594	12.9%	392,753	24,770	6.3%
5,020	7,625	2,605	34.2%	13,279	8,259	62.2%	56,708	45,750	(10,958)	(24.0%)	58,742	2,034	3.5%
29,594	22,084	(7,510)	(34.0%)	17,722	(11,872)	(67.0%)	111,087	132,504	21,417	16.2%	110,179	(908)	(0.8%)
1,059	1,527	468	30.7%	901	(158)	(17.5%)	6,759	9,162	2,403	26.2%	38,391	31,632	82.4%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
59	225	166	73.8%	6	(53)	(972.2%)	150	1,350	1,200	88.9%	1,199	1,049	87.5%
3,181	5,652	2,471	43.7%	3,150	(30)	(1.0%)	22,717	33,912	11,195	33.0%	25,434	2,717	10.7%
25,025	25,778	753	2.9%	19,078	(5,947)	(31.2%)	151,780	154,668	2,888	1.9%	157,997	6,217	3.9%
832	2,050	1,218	59.4%	803	(29)	(3.6%)	5,710	12,300	6,590	53.6%	5,234	(475)	(9.1%)
715	3,699	2,984	80.7%	1,036	321	31.0%	15,919	22,194	6,275	28.3%	9,861	(6,057)	(61.4%)
31	31	0	0.1%	65	34	52.3%	186	186	0	0.1%	399	214	53.5%
376,791	385,186	8,395	2.2%	351,251	(25,541)	(7.3%)	2,157,048	2,298,647	141,599	6.2%	2,183,666	26,618	1.2%
Net Performance before													
(73,081)	67,619	(140,700)	(208.1%)	127,761	(200,842)	(157.2%)	(552,851)	(263,827)	(289,024)	109.6%	337,398	(890,248)	(263.9%)

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

FOR THE SIXTH MONTH ENDED MARCH 31, 2020

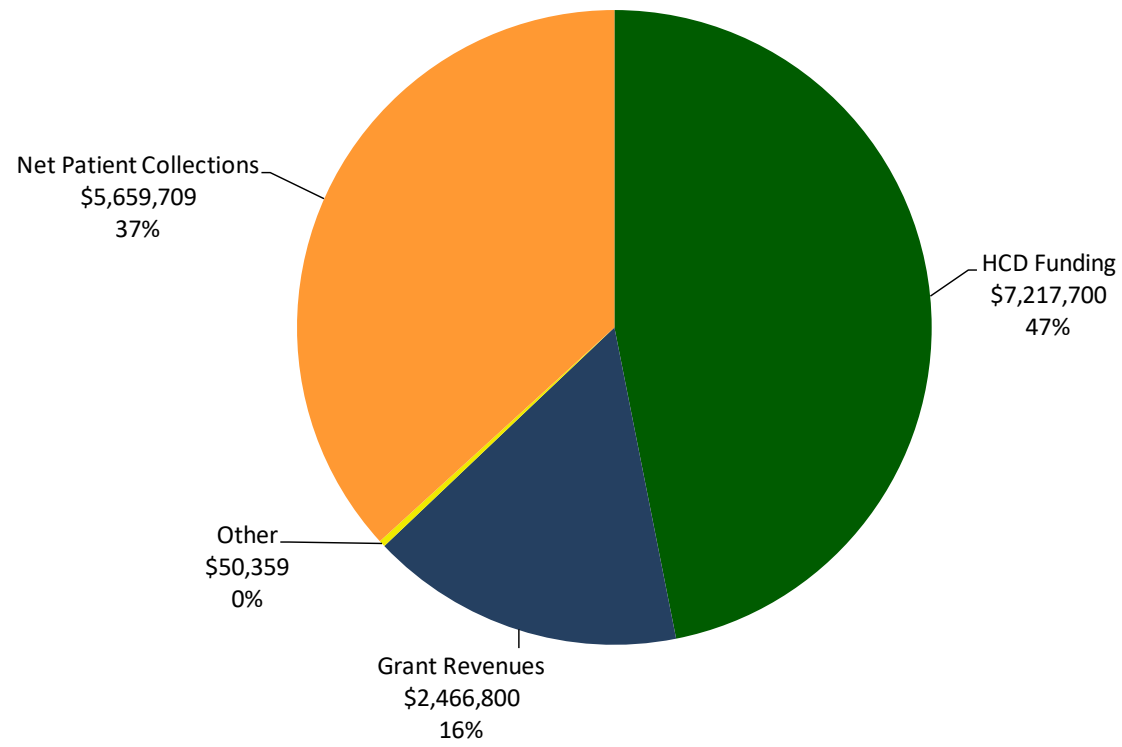
Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
5,185	3,440	(1,745)	(50.7%)	3,369	(1,815)	(53.9%)	Depreciation	27,925	20,640	(7,285)	(35.3%)	20,556	(7,369)	(35.8%)
Overhead Allocations:														
396	401	4	1.0%	426	29	6.9%	Risk Mgt	2,104	2,403	299	12.4%	4,362	2,258	51.8%
35,990	18,190	(17,800)	(97.9%)	8,769	(27,221)	(310.4%)	Rev Cycle	126,940	109,140	(17,800)	(16.3%)	113,232	(13,708)	(12.1%)
939	978	39	4.0%	1,121	182	16.2%	Internal Audit	5,829	5,868	39	0.7%	6,161	331	5.4%
1,973	2,277	304	13.3%	2,272	299	13.2%	Home Office Facilities	11,935	13,659	1,724	12.6%	12,455	520	4.2%
6,003	6,492	488	7.5%	5,241	(762)	(14.5%)	Administration	37,370	38,949	1,579	4.1%	29,322	(8,048)	(27.4%)
7,874	7,339	(535)	(7.3%)	6,287	(1,588)	(25.3%)	Human Resources	44,570	44,035	(535)	(1.2%)	40,806	(3,764)	(9.2%)
3,019	3,294	275	8.3%	(105)	(3,124)	2,966.8%	Legal	17,654	19,761	2,107	10.7%	14,982	(2,672)	(17.8%)
1,295	1,494	199	13.3%	1,227	(68)	(5.5%)	Records	7,186	8,963	1,777	19.8%	7,292	107	1.5%
1,303	2,049	746	36.4%	2,533	1,230	48.6%	Compliance	10,179	12,292	2,114	17.2%	7,832	(2,346)	(30.0%)
-	-	-	0.0%	0	0	100.0%	Planning/Research	-	-	-	0.0%	1,094	1,094	100.0%
7,903	5,563	(2,340)	(42.1%)	5,193	(2,710)	(52.2%)	Finance	35,716	33,376	(2,340)	(7.0%)	33,131	(2,585)	(7.8%)
1,238	2,017	779	38.6%	1,620	383	23.6%	Public Relations	10,979	12,103	1,124	9.3%	8,624	(2,355)	(27.3%)
16,422	19,436	3,014	15.5%	17,771	1,349	7.6%	Information Technology	91,941	116,618	24,677	21.2%	99,359	7,418	7.5%
482	257	(225)	(87.5%)	354	(128)	(36.2%)	Corporate Quality	1,768	1,543	(225)	(14.6%)	3,198	1,430	44.7%
2,035	888	(1,147)	(129.2%)	-	(2,035)	0.0%	Project MGMT Office	6,474	5,327	(1,147)	(21.5%)	-	(6,474)	0.0%
446	705	258	36.7%	726	279	38.5%	Managed Care Contract	3,075	4,229	1,154	27.3%	4,329	1,254	29.0%
87,318	71,378	(15,940)	(22.3%)	53,434	(33,884)	(63.4%)	Total Overhead Allocations	413,720	428,266	14,546	3.4%	386,179	(27,541)	(7.1%)
469,294	460,004	(9,291)	(2.0%)	408,054	(61,240)	(15.0%)	Total Expenses	2,598,694	2,747,553	148,859	5.4%	2,590,401	(8,292)	(0.3%)
\$ (165,584)	\$ (7,199)	\$ (158,385)	2,200.2%	\$ 70,958	\$ (236,542)	(333.4%)	Net Margin	\$ (994,496)	\$ (712,733)	\$ (281,763)	39.5%	\$ (69,338)	\$ (925,158)	1,334.3%
-	3,988	3,988	100.0%	(1,752)	(1,752)	100.0%	Capital	-	23,928	23,928	100.0%	-	-	0.0%
\$ 24,527	\$ 9,747	\$ (14,780)	(151.6%)	\$ -	\$ (24,527)	0.0%	General Fund Support/ Transfer In	\$ 966,571	\$ 738,011	\$ (228,560)	(31.0%)	\$ -	\$ (966,571)	0.0%

*

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
Clinic Visits - Adults and Pediatrics																
West Palm Beach	1,929	1,472	1,653	1,797	1,532								8,383	9,225	(9.1%)	9,071
Delray	1,429	957	1,019	1,151	994								5,550	5,170	7.4%	7,399
Lantana	1,752	1,489	1,664	2,034	1,809								8,748	8,263	5.9%	8,128
Belle Glade	950	746	912	847	762								4,217	5,242	(19.6%)	5,249
Lewis Center	296	213	241	246	246								1,242	1,396	(11.0%)	1,441
Lake Worth & Women's Health Care	1,553	1,161	1,303	1,255	1,301								6,573	8,927	(26.4%)	7,675
Jupiter Clinic	609	471	417	520	412								2,429	2,889	(15.9%)	2,748
West Boca & Women's Health Care	997	680	745	782	817								4,021	4,142	(2.9%)	5,289
Mobile Van	156	136	132	108	107								639	1,203	(46.9%)	1,104
Mangonia Park	-	67	58	80	168								373			
Mangonia Park-Substance	499	497	455	423	464								2,338	2,795	(16.4%)	2,064
Total Clinic Visits	10,170	7,889	8,599	9,243	8,612	-	-	-	-	-	-	-	44,513	49,252	(9.6%)	50,168
Dental Visits																
West Palm Beach	975	776	778	915	864								4,308	4,766	(9.6%)	4,775
Lantana	733	570	541	470	470								2,784	5,093	(45.3%)	3,592
Delray	628	547	596	598	557								2,926	3,394	(13.8%)	3,326
Belle Glade	360	251	343	376	296								1,626	1,990	(18.3%)	1,722
Total Dental Visits	2,696	2,144	2,258	2,359	2,187	-	-	-	-	-	-	-	11,644	15,243	(23.6%)	13,415
Total Medical and Dental Visits	12,866	10,033	10,857	11,602	10,799	-	-	-	-	-	-	-	56,157	64,495	(12.9%)	63,583
Mental Health Counselors (non-billable)																
West Palm Beach	178	101	164	171	153								767	609	25.9%	689
Delray	139	119	41	35	111								445	688	(35.3%)	682
Lantana	611	440	496	701	551								2,799	1,251	123.7%	2,330
Belle Glade	53	95	149	137	103								537	139	286.3%	129
Mangonia Park	53	150	296	391	278								1,168	2,254	(48.2%)	-
Lewis Center	240	173	215	178	177								983	1,416	(30.6%)	1,399
Lake Worth	204	146	163	192	140								845	1,002	(15.7%)	744
Jupiter	-	-	-	-	-								-	-	0.0%	-
West Boca	3	1	-	1	-								5	-	0.0%	-
Mobile Van	96	71	76	45	44								332	583	(43.1%)	113
Total Mental Health Screenings	1,577	1,296	1,600	1,851	1,557	-	-	-	-	-	-	-	7,881	7,942	-0.8%	3,017

* March data currently unavailable

Primary Care Clinics Funding Sources



Fiscal YTD March 2020 Total Revenues \$15,394,568

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Revised General Dentistry Delineation of Privileges

2. Summary:

The agenda item represents the General Dentistry Delineation of Privileges which was revised to include Collection of Specimens for Pathologic exams (Oropharyngeal/nasopharyngeal).

3. Substantive Analysis:

In response to the COVID-19 National Pandemic and State of Emergency declared by the Governor of Florida, the C.L. Brumback Primary Care Clinics utilized staff Dentists to support the testing efforts.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook, CPA
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

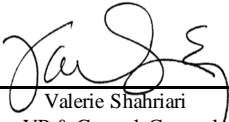
Date Approved

6. Recommendation:

Staff recommends the Board approve the revised General Dentistry Delineation of Privileges.


DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel

Sarah Gonzalez
Sarah Gonzalez, CPMSM, CPC
Director, Credentialing & Provider Services



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

DELINEATION OF PRIVILEGES

☐ Initial Appointment ☐ Reappointment

Practitioner Name:	
Specialty:	

Clinic Privileges Eligibility Criteria:

1. Current active licensure to practice as a dentist in the State of Florida
2. Completed additional education/training as follows: Successful completion of ADA accredited school of Dentistry and Board Certified or Board Eligible by the American Dental Board

General Privileges - Core I Privileges

General dental privileges are those competencies appropriate for and expected from the graduate of an ADA accredited dental school. Such as: oral diagnosis, and diagnostic procedures, treatment planning, operative dentistry, fixed and removable prosthodontics, endodontics, periodontal treatment, occlusal adjustment and treatment, pediatric patient treatment and behavior management, non-surgical management of temporomandibular disorders, anxiolysis, oral surgery to include: extractions, soft tissue impactions, alveoloplasty, biopsy minor tumor removal, and treatment of minor dentoalveolar trauma.

Requested Approved

_____	_____	Performance of health history
_____	_____	Comprehensive dental examination, consultation, and treatment planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation, records, and diagnostic casts
_____	_____	Preventive Dentistry
_____	_____	Preliminary diagnosis, initial treatment, or stabilization of the oral manifestations of system disease
_____	_____	Management of odontogenic infections & disease through pharmacologic means & incision & drainage.
_____	_____	Restorative dentistry (amalgams, composites, bonding, pin or post Retention)
_____	_____	Pulp capping
_____	_____	Pulpotomy (primary teeth)
_____	_____	Pulpectomy (primary teeth)
_____	_____	Space maintenance
_____	_____	Provisional splinting

*Application for Clinical Privileges DDS, DMD
Specialty: General Dentistry*

_____	_____	Occlusal adjustment
_____	_____	Scaling and root planing
_____	_____	Periodontal charting
_____	_____	Suture removal
_____	_____	Temporary fillings
_____	_____	Provide local anesthetic as certified by law
_____	_____	Post trauma replantation
_____	_____	Simple extraction of primary and permanent teeth
_____	_____	Alveoloplasty concurrent with extractions
_____	_____	Repair traumatic wounds (less than 2 cm and not passing vermillion board)
_____	_____	Foreign body removal in the treatment of acute trauma
_____	_____	Osteitis and pericoronitis treatment

Special Non-Core Privileges

If desired, noncore privileges are requested individually in addition to requesting core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Management of Fearful Patients:

Requested Approved

_____	_____	Analgesia (nitrous oxide) patients over three years of age
_____	_____	Protective Stabilization
_____	_____	Collect specimens for pathologic exams (Oropharyngeal /nasopharyngeal)

Surgical Extractions:

Requested Approved

_____	_____	Routine
_____	_____	Soft Tissue
_____	_____	Partial Bony
_____	_____	Full Bony
_____	_____	Sectioning bridge(s) to facilitate removal of teeth

*Application for Clinical Privileges DDS, DMD
Specialty: General Dentistry*

Applicant Attestation:

I attest by signature that I have requested privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the C.L. Brumback Primary Care Clinics to the extent services are available to be performed. I further agree to provide documentary evidence of clinical experience and performance of the past two (2) years if requested.

Applicant Printed Name

Specialty

Applicant Signature

Date

Dental Director:

The C.L. Brumback Primary Care Clinics' Dental Director accepts the above applicant's attestation and asserts that he/she meets the minimum criteria for the privileges requested.

Dental Director

Dental Director Signature

Date

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Sliding Fee Discount Program Evaluation

2. Summary:

Every few years the Clinics evaluate the Sliding Fee Discount Program.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics conducted a phone survey of each level of the Sliding Fee Scale by asking patients the following questions:

1. Do you agree with the amount you were charged? (Y/N)
2. Have you ever missed an appointment because you could not pay? (Y/N)
 - If yes for number 2, was the patient aware that we offer payment plans? (Y/N).

The rolled up results show that the majority of patients agreed with the amount they paid. Most patients confirmed they have not missed an appointment due to not being able to pay. Our area of opportunity is to increase awareness about offering payment plans.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

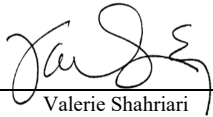
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

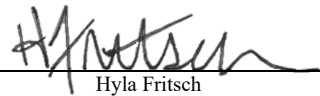
6. Recommendation:

Staff recommends the Board approve the Sliding Fee Discount Evaluation of survey results.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Hyla Fritsch
Executive Director of Clinic Operations
& Pharmacy

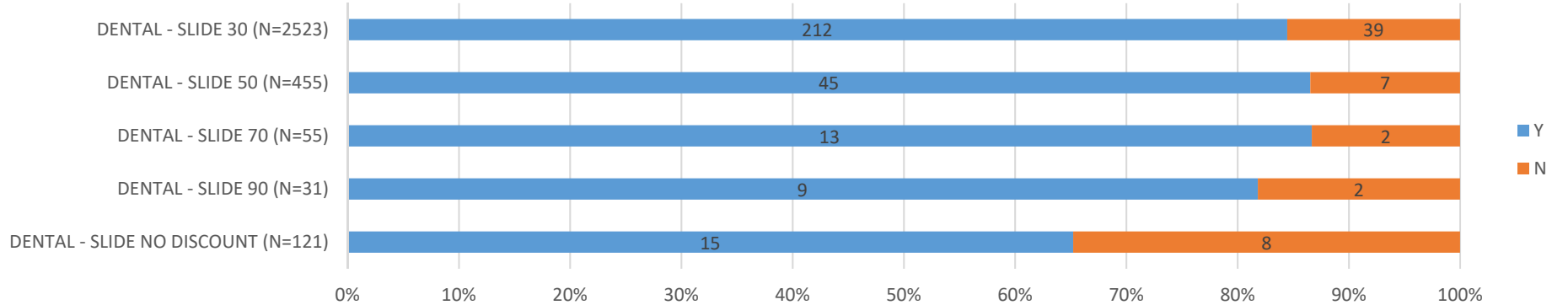


Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

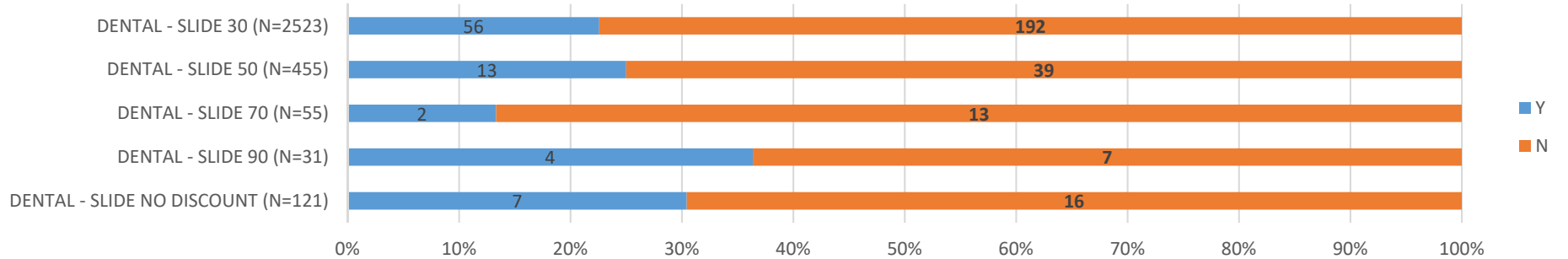
Sliding Fee Discount Program Evaluation

Dental

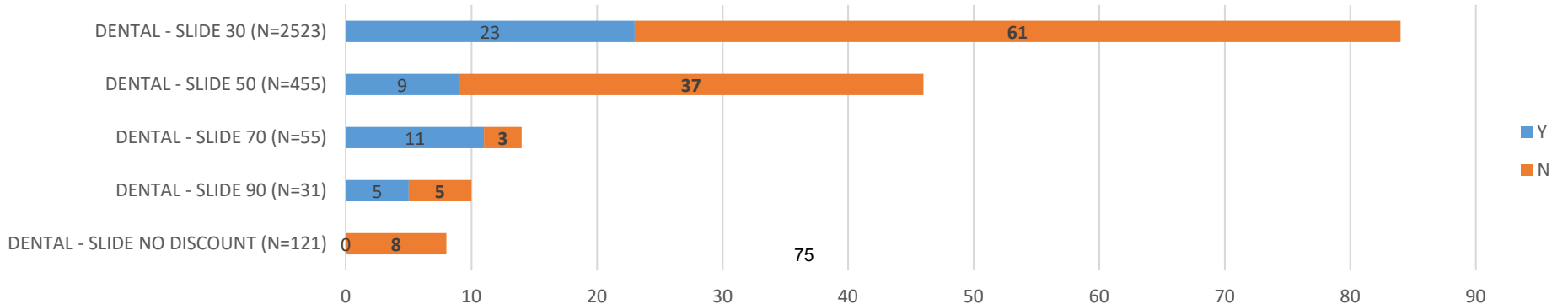
Do you agree with the amount you were charged?



Have you ever missed an appointment because you could not pay?

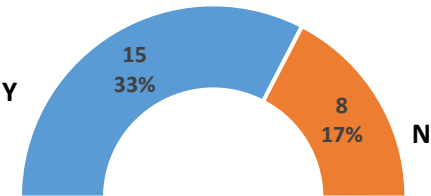


If yes for number 2, was the patient aware that we offer payment plans?

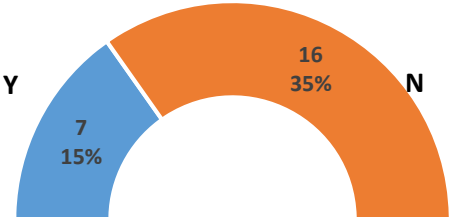


DENTAL - SLIDE NO DISCOUNT (N=121)

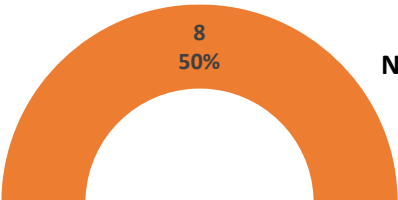
Do you agree with the amount you were charged?



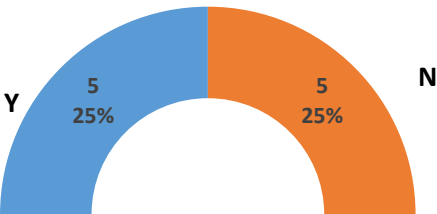
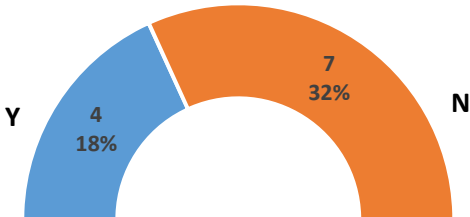
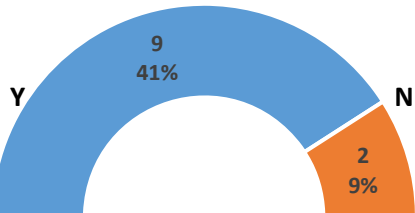
Have you ever missed an appointment because you could not pay?



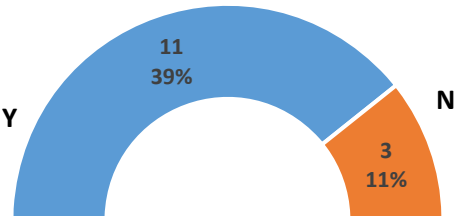
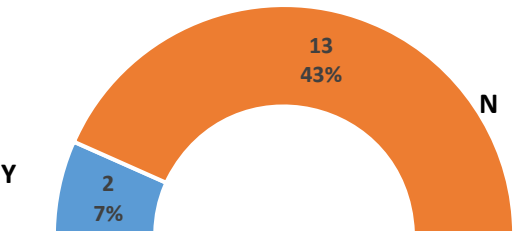
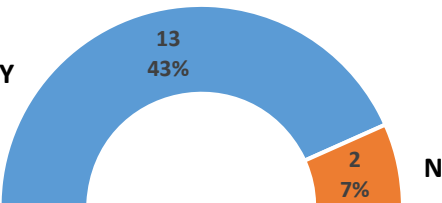
if yes for number 2, was the patient aware that we offer payment plans?



DENTAL - SLIDE 90 (N=31)

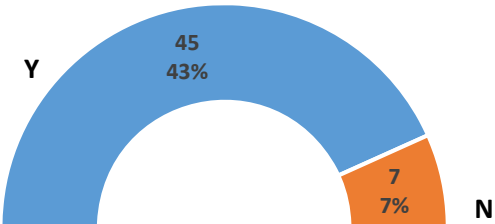


DENTAL - SLIDE 70 (N=55)

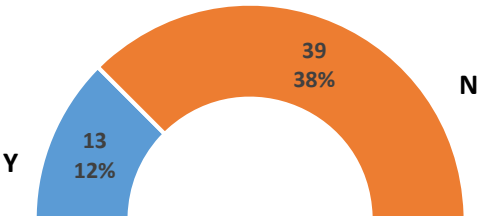


DENTAL - SLIDE 50 (N=455)

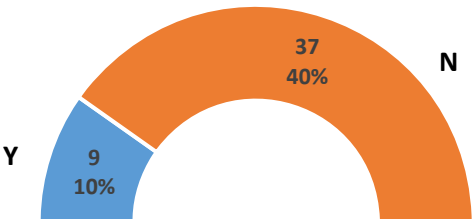
Do you agree with the amount you were charged?



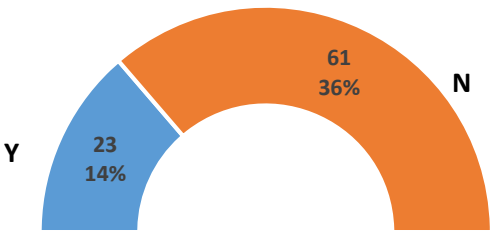
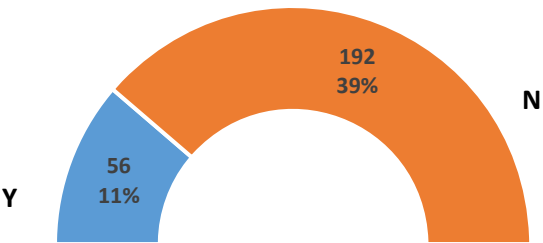
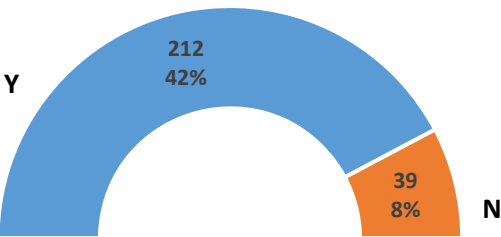
Have you ever missed an appointment because you could not pay?



if yes for number 2, was the patient aware that we offer payment plans?



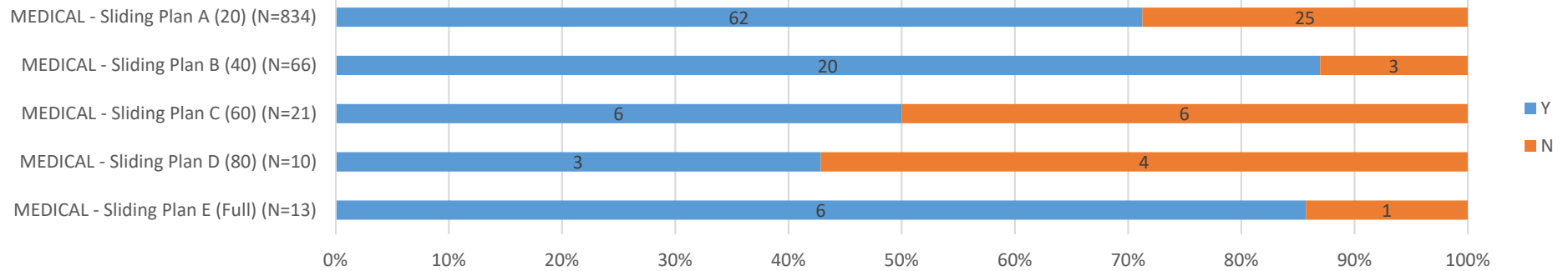
DENTAL - SLIDE 30 (N=2523)



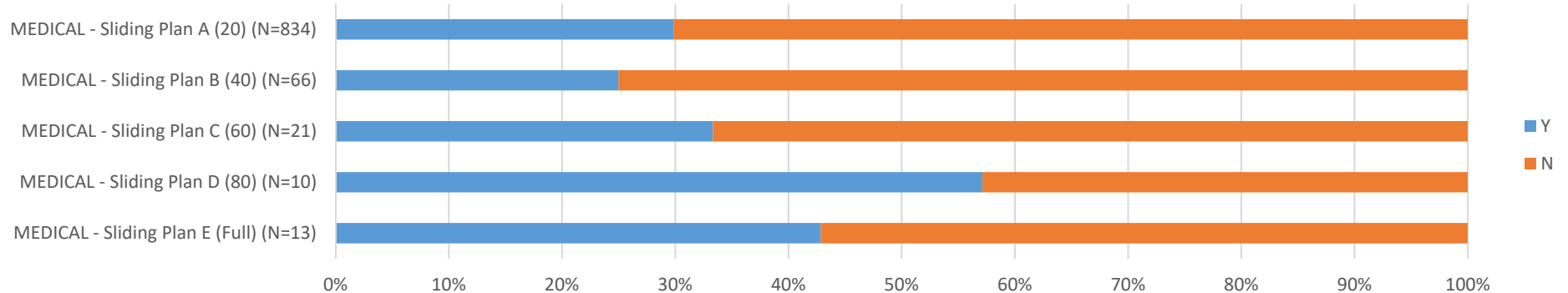
Sliding Fee Discount Program Evaluation

Medical, Behavioral Health, Women's Health

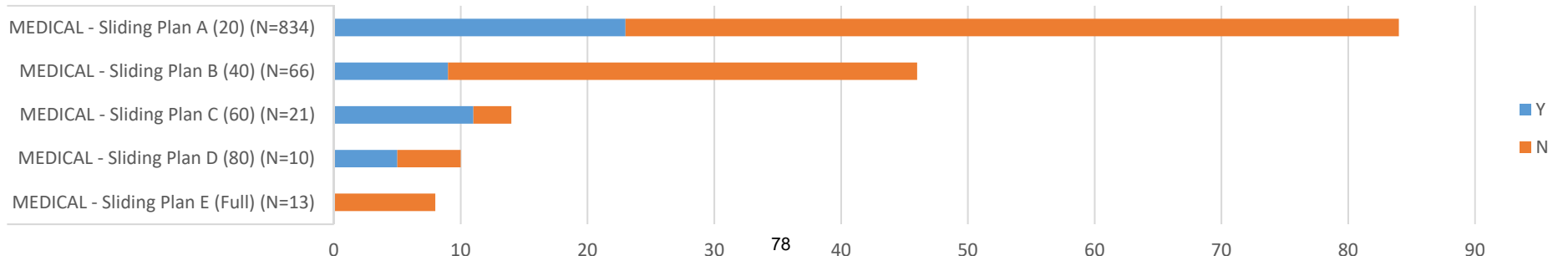
Do you agree with the amount you were charged?



Have you ever missed an appointment because you could not pay?

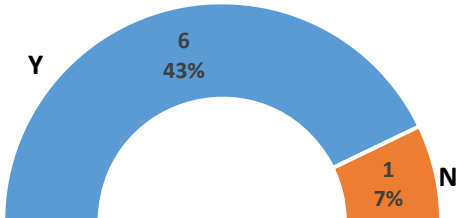


If yes for number 2, was the patient aware that we offer payment plans?

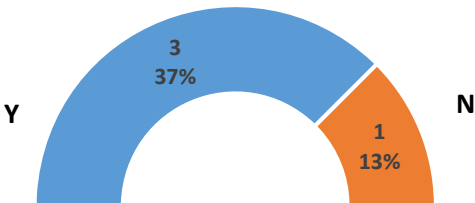


MEDICAL - Sliding Plan E (Full) (N=13)

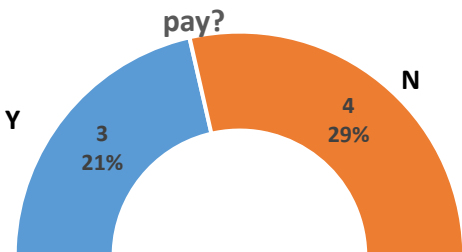
Do you agree with the amount you were charged?



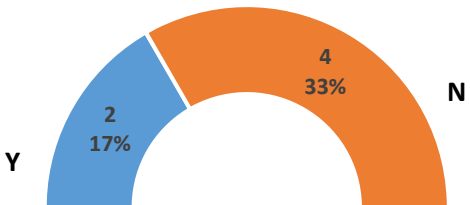
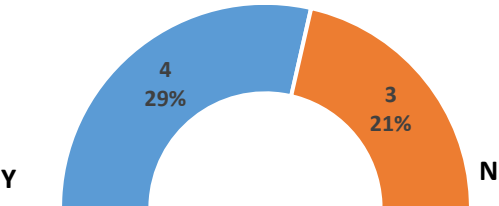
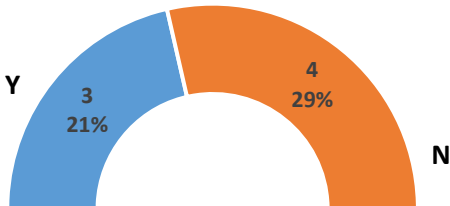
if yes for number 2, was the patient aware that we offer payment plans?



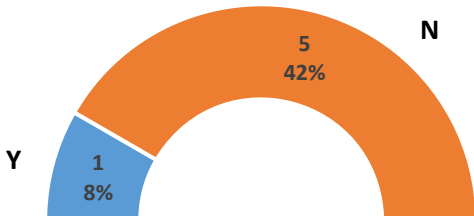
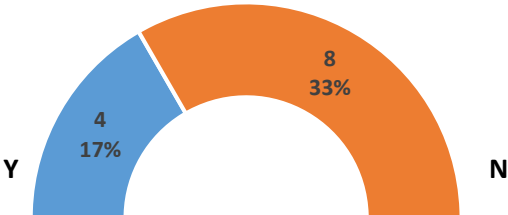
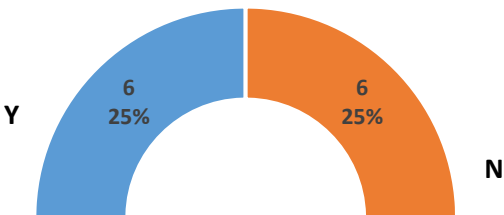
Have you ever missed an appointment because you could not pay?



MEDICAL - Sliding Plan D (80) (N=10)

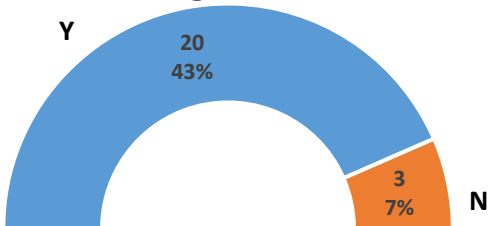


MEDICAL - Sliding Plan C (60) (N=21)

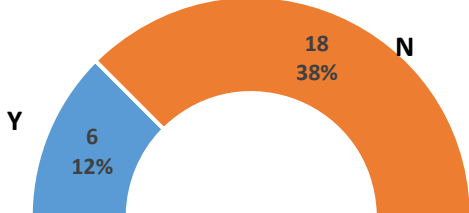


MEDICAL - Sliding Plan B (40) (N=66)

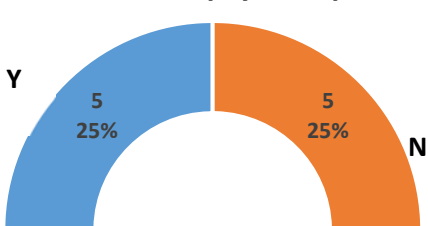
Do you agree with the amount you were charged?



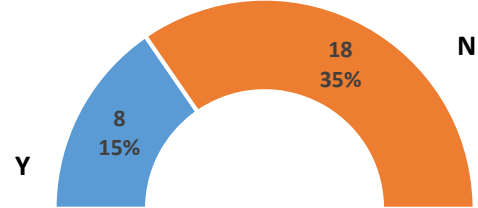
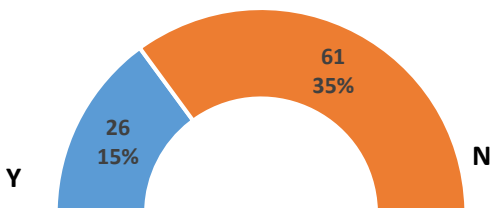
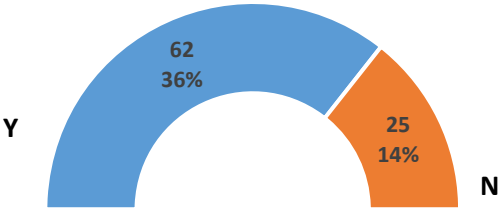
Have you ever missed an appointment because you could not pay?



if yes for number 2, was the patient aware that we offer payment plans?



MEDICAL - Sliding Plan A (20) (N=834)



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Change In Scope – Form 5C: Portable Clinical Care

2. Summary:

We respectfully request the authorization to update Form 5C Activity: Portable Clinical Care.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics is respectfully requesting approval to update the Portable Clinical Care Activity description to include infectious disease response in collaboration with the County:

Conduct routine outreach activities that include basic medical care, assessments, coordination of care (case management), insurance eligibility assistance and infectious disease (e.g. COVID-19), screening, testing, mitigation and vaccination.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020


6. Recommendation:

Staff recommends the Board approve the request for Change in Scope to update Form 5C: Portable Clinical Care.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Change In Scope – Form 5B: C. L. Brumback Primary Care Clinics Administrative Site/Employee Health

2. Summary:

We respectfully request the authorization to update Form 5B: C. L. Brumback Primary Care Clinics Administrative Site to allow this to be a service delivery site for employee health.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics submitted a temporary change in scope to request 90-day provisional approval to update the Administrative Site to become a service delivery site on 5/6/2020.

We would also like to respectfully request this be a permanent Change In Scope since it is anticipated that employee health will need needed for the foreseeable future and to update the name to be C. L. Brumback Primary Care Clinics Administrative Site/Employee Health.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

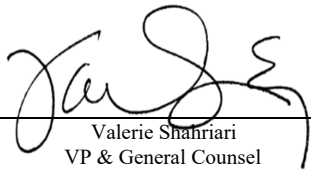
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020


6. Recommendation:

Staff recommends the Board approve the request for both a temporary and permanent Change in Scope to update Form 5B: C. L. Brumback Primary Care Clinics Administrative Site/Employee Health to be a service delivery site.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Change In Scope – Form 5B: C. L. Brumback Primary Care Clinics – Mobile 2 Clinic

2. Summary:

We respectfully request the authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Mobile 2 Clinic.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics submitted a temporary change in scope to request 90-day provisional approval to add a second Mobile Clinic to our service sites.

We would also like to respectfully request this be a permanent Change In Scope as we expect to keep this second Mobile Clinic for the foreseeable future.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

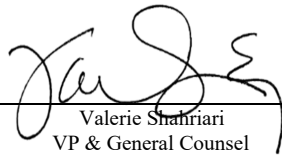
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020


6. Recommendation:

Staff recommends the Board approve the request both a temporary and permanent Change in Scope to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Mobile 2 Clinic.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Summary of Privacy Program Activities

2. Summary:

This item presents the summary of the District's Privacy activities.

3. Substantive Analysis:

The purpose of this summary is to provide an overview of Privacy Program activities and work plan. The Office of Inspector General (OIG) recommends reporting on a regular basis to the governing body, CEO, and Board with regard to planning, implementing, and monitoring the compliance and privacy programs. Reporting these activities helps to establish methods to improve the District's efficiency and quality of services, and to reduce the District's vulnerability to fraud, waste, and abuse.

- Attached Privacy Program Summary of Activities
- Privacy Work Plan 2020

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

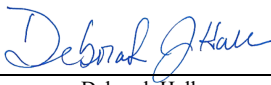
6. Recommendation:

Staff recommends the Clinic Board receive and file the District's Summary of Privacy Program -Summary of Activities and Annual Work Plan for 2020.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Deborah Hall
VP, Chief Compliance and Privacy Officer &
Internal Audit



Belma Andric, MD
Chief Medical Officer and Executive Director of
Clinics



Privacy Program Summary of Activities

May 27, 2020



Program Highlights

- Implemented new Sanction checking process across the District {1300 empl. monthly; vendors checked monthly}
- Collaborated with Human Resources - new FMV process for employed Clinic Physicians – process initiated 1/2020
- Completed Annual Risk Assessment process 11/2019
 - Finalized Multi-year Audit plans across all governance functions; plans span Compliance, Privacy, HIPAA Security & Internal Audit
- Participated in task force for the following management initiatives;
 - Athena post implementation optimization (revenue cycle/portal)
 - Coding and Compliance work group design
 - Began initial assessment for Privacy Website
 - Began initial build for Ethics program
 - Initiated inventory and revision for Privacy Policies & Procedures
 - Collaborated with Clinics to transition 340 B policy/procedures to Compliance



Privacy Major Projects

- Medication Assisted Treatment Audit
- Revised Privacy and Compliance education sources and content for roll out 2020
- Conducted ad hoc training with specific groups
 - New Hire Orientation
 - Privacy “Road Show” created to be implemented Q2 and beyond
- Recruited and filled open Privacy positions
 - Compliance / Privacy Manager
 - Privacy Analyst
- Initiate Privacy Program Components
 - Risk Qual coordination of reported incidents
 - Developing Privacy Trend analysis
 - Work plan initiation and re-evaluation due to Covid-19 environment
 - Re-develop HIPAA training and assessment across Clinics
 - Initiated assessment of Privacy Program components and built road map for action
 - Initiated Regulatory Guidance Database for specific updates by entity – roll out May 18th, 2020
 - Investigated CCP Privacy Incidents (3 YTD)
 - Sanction Checking for all resources, vendors and Physicians
 - Initiated BAA review of existing compliant/past due BAA’s in C360 (contracting) Annual requirement



Compliance and Privacy Concerns Report

Between Jan 1, 2019 and Oct 31, 2019

Compliance Concerns by Entity by Date Reported

		2019								Total
		Jan	Feb	Mar	May	Jul	Aug	Sep	Oct	
Health Care District of Palm Beach County		1					1		1	3
	C.L. Brumback				2		1			3
	E.J. Healey			1				1		2
	Lakeside Medical Center		1			1				2
	Total	1	1	1	2	1	2	1	1	10

Privacy Concerns by Entity by Date Reported

Entity		2019										Total
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
Health Care District of Palm Beach County		1	2		2						4	9
	Aeromedical		1									1
	C.L. Brumback	6	7	4	7	3	5	13	3	2	5	55
	E.J. Healey		2				1					3
	Healthy Palm Beaches										1	1
	Home Office	3	1	2	2	2	3	1	2	3	3	22
	Lakeside Medical Center	3		2	4	2	1		1			13
	School Health					1						1
	Total	13	13	8	15	8	10	14	6	5	13	105



Privacy Concern Crosstab Report

Between Jan 1, 2019 and Oct 31, 2019

Privacy Concerns by Entity by Date Reported

Privacy ID	Health Care District of Palm Beach County								
		Aeromedical	C.L. Brumback	E.J. Healey	Healthy Palm Beaches	Home Office	Lakeside Medical Center	School Health	Total
Consent for Treatment			1						1
Disclosure to an Unauthorized Person	2		4	2		1	5		14
Employee Complaint			2						2
Improper Disposal							1	1	2
Medication Error			3						3
Misdirected Email	1		1		1	5	1		9
Misdirected Fax	5	1	3	1		10	1		21
Misdirected Mail (USPS)	1		3						4
Misfile of Protected Health Information			27			5	2		34
Patient Complaint			2				1		3
Proper Safeguards			9				1		10
Reports of Violation							1		1
Vendors						1			1
Total	9	1	55	3	1	22	13	1	105

HCD Proposed Audit & Monitoring Plan 2020 (Detail Plan 6 of 8)

HCD Privacy Audit & Monitoring Plan 2020
Preliminary Scope for reviews aligned with current staffing complement

Audit Activity	Risk Rating	Process	Preliminary Audit & Monitoring Objective/Scope
Privacy Program Implementation or Privacy Audits			
Program Compliance	M	Privacy Program	On-going implementation of the foundation for the elements of privacy program. Specifically, efforts to maintain policy and procedures for privacy and HIPAA security, annual attestations, completion of annual privacy program road map for effectiveness of program, further implementation of privacy road show - training and standard disciplinary response.
Privacy Training	H	Privacy Program	Develop specific annual privacy required training and focused training as a response to specific corrective action (i.e. HIPAA - OCR Breach, Privacy and Security Rule - Annual Training, Clinical Training (HRSA, Privacy specific items faxing/sending/access to PHI). This will also include specific time and presentation to the Privacy Road Show - training and how to report incidents to be conducted in 2020.
On-going Monitoring	H	Annual Privacy Program Requirements	Annually we are required to perform specific monitoring in certain areas; specifically an area considered here is the annual requirements for HIPAA Privacy Rule assessment. There are certain addressable and reportable that are required for review each year.
Privacy threshold analysis	H	Privacy Program	A review to validate accuracy of ePHI, PHI, and IHI data points across the District and to analyze the safety and security of protected health information in transit, at rest and to support overall patient care.
Privacy Systems Interface to State Portals	M	Privacy Audit	This review will focus on the specific interfaces with regard to Athena and the Florida portals supporting tracking for disease management, various vaccine requirements and annual screening requirements.
Medical Record Documentation	H	Privacy Audit	This review will focus on the specific results of the Athena implementation and is to be considered a follow up to the deficiencies noted post implementation in the faxing and scanning of patient records that will require auditing and monitoring to address any breach concerns with 144K medical records documentation.
Behavioral Medical Records	M	Privacy Audit	This review will focus on a review of specific behavioral records within the Athena system. These records have not been parsed from the actual medical records and will focus on the corrective actions in order to secure these records from typical medical records request process.
Medication Reconciliation	M	Privacy Audit	This review will focus on the privacy components of medication reconciliation within the school nurse programs where our District employees support the school health programs. Select locations will be sampled for review of privacy and medication reconciliation.
Downstream Access to PHI	H	Privacy Audit	This review will focus on specific contracts and third parties that have access to PHI and utilize PHI in a downstream relationship with the District. The review will consist of contract service level agreements (SLA's) and specifically with regards to privacy and security of PHI in our covered entity and BAA relationships.
NOPP	M	Privacy Audit	The review will focus on a standard depiction of our Notice of Privacy Practices - NOPP and include a review of the various disclosures made at all the District entities where this applies. Consistency in documentation and practices will be the outcome of the review.
Management Requests			
TBD	TBD	Any	Privacy will provide response time to determine where deficiencies may exist as notified by management, and whether risk warrants further review. These audits/diagnostics can be requested by management to further understanding of risk across the District or within specific location or program.
Follow-Up Reviews			
Follow-Up Reviews	F	Any	Privacy will perform follow up reviews for all reportable comments contained within suggested corrective action, Final Audit Reports issued for 2019 and Plans of Correction (POC's) documented within privacy investigations and walk through.
Management Reporting			
Management Reporting	MR	Audit Plan Status	Privacy function time to develop management reports representing the results of privacy audit & monitoring, reviews, or diagnostics of specific privacy and control activities across the District. Additional time here for participation in management task forces, Privacy Committee(s), and Senior Management meetings including preparation for observations and recommendations and Board summaries.
Risk Assessment Update			
Formal System- wide Risk Assessment	RA	System - wide	Time here represents the both the continuous update to the risk assessment process and the initial formal privacy risk assessment conducted in 2019. Also includes the annual risk assessment to identify the risk universe, risk tolerance and prioritization of the annual audit & monitoring plan and adherence to the annual Privacy and HIPAA Security rule requirements.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Bylaws Updates

2. Summary:

This agenda item presents the District Clinic Holdings, Inc. update to the Bylaws.

3. Substantive Analysis:

Updates to the District Clinic Holding, Inc. Bylaws follow a process outlined in the following section of the Bylaws:

Section 14 – Amendments

These By-Laws may be amended or repealed by a vote from the majority of the total membership of the Governing Board. Proposed changes to the By-Laws must be submitted to the Board at a regularly scheduled meeting and voted on at the succeeding regularly scheduled meeting. Changes in the By-Laws are subject to approval by the Governing Board, Health Care District of Palm Beach County, and the Regional Office of the Department of Health and Human Services.

The following three proposed changes are recommended:

1. Section 8 – Membership Composition

8.6 ~~Non-User~~ Board members must live ~~or work~~ in one of the clinic's service areas.

2. Section 10 – Officers

10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers will be postponed until the meeting following the end of the state of emergency.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

3. Section 12 – Meeting

- 12.7 [If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the Board will adjust their meetings accordingly.](#)

After presenting the proposed changes at this meeting, they will be brought back to the next regularly scheduled meeting where they will receive a final vote for approval.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:


N/A
Committee Name

Date Approved

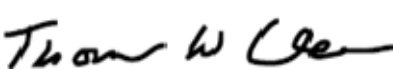
6. Recommendation:

Staff recommends the Board approve the Bylaws Updates.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas Cleare
AVP, Planning & Community Engagement

Amended
Bylaws
of
District Clinic Holdings, Inc.

**Amended
Bylaws
of
District Clinic Holdings, Inc.**

Section 1	Statutory Authority
Section 2	Name
Section 3	Purpose
Section 4	Officers
Section 5	Objectives
Section 6	Powers
Section 7	Board Member Responsibilities
Section 8	Member Composition
Section 9	Term of Office
Section 10	Officers
Section 11	Committees
Section 12	Meetings
Section 13	Authority
Section 14	Amendments

DISTRICT CLINIC HOLDINGS, INC.

AMENDED BY-LAWS

Section 1 – Statutory Authority

- 1.1 Statutory Authority. These Bylaws have been adopted as the Bylaws of the District Clinic Holdings, Inc. (“Clinics”) governing board of said Clinics pursuant to authority conferred upon that same governing board by Section 330 of the Public Health Service Act.
- 1.2 Health Care District of Palm Beach County. The term “District,” as used in these Bylaws, means the Health Care District of Palm Beach County and all affiliated entities.

Section 2 – Name

- 2.1 District Clinic Holdings, Inc. will be known as the “C.L. Brumback Primary Care Clinics” which shall be the common business name of the clinics.
- 2.2 Board Name. This authority shall be known as the C.L. Brumback Primary Care Clinics Board of Directors. (hereinafter referred to as the “Board”)

Section 3 – Purpose

- 3.1 Purpose. The purpose of the Board is to ensure that persons have access to high quality comprehensive health services, and that such health services are provided without regard to any persons race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, physical handicap, medical condition, medical history, genetics, evidence of insurability, or claims history in compliance with all applicable State, Federal and local laws and regulations.

Section 4 – Offices

- 4.1 Offices. The Board shall have and continuously maintain its principal office at the Health Care District of Palm Beach County administrative office located at 1515 N Flagler, Suite 101, West Palm Beach, FL 33401.

Section 5 – Objectives

- 5.1 The objectives of the Board are as follows:

- a. Improvement of the general health status of the community through the promotion of preventive health services and early identification and treatment of the disease.
- b. Identification and referral of individuals in need of health and social services.
- c. Participation in the development of the Federal grant application.
- d. Monitoring services provided by the clinics to ensure that community needs are being met within the constraints of the agency.
- e. Ensure that professional standards are maintained.
- f. Interpret the health needs of the community to clinic administrative staff and interpret the services provided by the clinics, to the community.

Section 6 – Powers

- 6.1 General Powers. The Board is vested with authority and responsibility to provide for the comprehensive planning and delivery of adequate health care services, including, but not limited to, clinical services for the citizens of Palm Beach County, particularly medically needy citizens. For those purposes, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act, including but not limited to:
- a. To approve and recommend the budget of the clinic operations annually. Monthly financial reports will be provided to the Governing Board at the regularly scheduled meetings. An annual financial audit and financial report by an independent auditor will be submitted to the Governing Board.
 - b. To be responsible for approving the selection and dismissal of the Executive Director within the guidelines of the Health Care District of Palm Beach County Personnel Policies and Procedures.
 - c. To provide input from the community, regarding appropriate matters, including, but not limited to, the health care needs of the community served.
 - d. To continually provide information about the accessibility of services to the community and the clinic's responsiveness to those needs.
 - e. To provide guidance regarding services and their priorities; and to establish how these priorities should be ranked as they pertain to program development.
 - f. To provide a viable link with the community, engaging in community education, public relation activities and other activities which promote community identification and understanding of the clinics and services provided.
 - g. To provide a nucleus in the community which reaches out to local agencies, governmental entities, and foundations, etc., to support the clinics financially and otherwise.

- h. Establish and approve general policies for the clinics. The Board acknowledges that the District is the public entity co-applicant and is permitted to retain the responsibility of establishing fiscal and personnel policies. When the public entity's board does not meet health center composition requirements, a separate health center governing board may be established. The health center board must meet all the membership requirements and perform all the responsibilities expected of governing boards except that the public entity may retain the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board's responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.
- . The Board shall work collaboratively with the District to specify each board's responsibilities, in writing so that the responsibilities of carrying out the governance functions are clearly understood by both boards.
- i. To be responsible for evaluating health care activities including services utilization patterns, productivity of the clinics, patient satisfaction, achievement of project objectives, and development of a process for hearing and resolving patient grievances.
- j. To assure that the clinics are operated in compliance with applicable federal, state and local laws, rules and regulations.
- k. To adopt health care policies, including scope and availability of services, location and hours of services.
- l. To assure compliance with the approved Quality Improvement/Quality Assurance Plan.
- m. To establish and review policies regarding the conduct of the federally funded project.
- n. Responsible for evaluating the clinics projects and achievements at least annually, and using the knowledge gained to revise its mission, goals, objectives, plans, and budgets as may be appropriate and necessary.
- o. Responsible for the annual performance evaluation of the Executive Director.
- p. To recruit, appoint, re-appoint, credential and discipline the Licensed Independent Practitioners of the Clinics and to approve policies to be adopted by the Clinics. The term Licensed Independent Practitioner shall mean any individual, as permitted by law and regulation, and also by the Clinics, to provide care and services without direction or supervision within the scope of the individual's license and consistent with the privileges granted by the organization. The foregoing shall be in accordance with applicable state, federal and local laws, rules and regulations, and in accordance with the standards of any applicable accrediting body. The Board may, in its discretion, delegate duties related to the performance of recruitment, appointment, credentialing and discipline of medical staff to the

appropriate Medical Director/Dental Director except that recommendations regarding appointment, credentialing and discipline shall be presented to the Board by the Medical Director for consideration and final vote.

Section 7 – Board Member Responsibilities

7.1 *Key function and responsibilities.*

- a. Attends and participates in all Board meetings.
- b. Each board member should be prepared for the meetings (i.e., read reports and minutes provided prior to the meetings and be familiar with the agenda), ask questions (as appropriate).
- c. Express his/her opinion and be respectful of the opinion of other members.
- d. Act in the best interests of the clinics at all times.
- e. Ensure confidentiality of clinics' information.
- f. Conflicts of Interest. Board members shall not enter into contracts or other arrangements or transactions that would be, or would give the appearance of, a conflict of interest. Further:
 1. Board members are subject to the provisions of Florida law pertaining to public officials avoiding conflicts of interest including, but not limited to, Ch. 112, Florida Statutes, the Code of Ethics for Public Officers and Employees, as well as any and all other applicable standards established by the applicable regulatory and accreditation agencies
 2. No Board member, administrator, employee or representative of the Clinics, nor any other person, organization or agency shall, directly or indirectly, be paid or receive any commission, bonus, kickback, rebate or gratuity or engage in any fee-splitting arrangement in any form whatsoever for the referral of any patient to the District or Clinics.

Section 8 – Membership Composition

- 8.1 Orientation. As new members are elected or appointed to the Board they shall receive an orientation regarding C. L. Brumback Primary Care Clinics Board to include, but not be limited to, their authority and responsibility under the 330 grant requirements, legal status, and relation to the Health Care District of Palm Beach County and a review of these By-Laws.
- 8.2 The Board shall consist of 9-13 members.
- 8.3 A majority of the Board members will be users of the in scope clinic's services within the past twenty-four months. A patient is an individual who has generated at least one health center visit. These members will be representatives of the individuals receiving services at any of the clinics.

- 8.4 The user Board members as appropriately defined in the Bylaws are consistent with applicable law, regulations and policy.
- 8.5 User Board members are defined as individuals who are (or, for planning grantees, will be) served by the clinics and who utilize the clinics as their principal source of primary care and who have used the clinic's services within the last two years.
- 8.6 ~~Non-User~~ Board members must live ~~or work~~ in one of the clinic's service areas.
- 8.7 No more than half of the remaining members of the Board may be individuals who derive more than 10% of their annual income from the healthcare industry. Healthcare industry is defined as "hospitals and other healthcare institutions, nurses, doctors, dentists, and other licensed healthcare professionals whose primary responsibility is providing primary preventive and therapeutic healthcare services".
- 8.8 The remaining members of the board must be representatives of the community where the project's catchment area is located and shall be selected for their expertise in community affairs, local government, finance, and banking, legal affairs, trade unions and other commercial and industrial concerns or social service agencies within the community.
- 8.9 No member of the Board shall be an employee of the clinics, or spouse, child, parent, brother or sister by blood, adoption or marriage of such an employee. The Executive Director may be a non-voting, ex-officio member of the Board.
- 8.10 No Board member, employee, consultant or those providing services and or goods to the Clinics may pursue any personal activity that will involve a conflict-of-interest or use their official position to make secret or private profits and will treat all matters of the clinics as confidential. Board members will not use or give the appearance of using their position for the purpose of financial gain. "Financial gain" includes financial interest, gifts, gratuities, favors, nepotism and bribery. Political favors will also be considered improper. Board members must identify any conflict-of-interest they may have regarding a particular matter and abstain from discussing or voting in the matter.
- 8.11 No Board members should act or speak, or otherwise indicate that they are authorized to act or speak, on behalf of the entire Board without express Board approval/consent.
- 8.12 Recommendation for Board membership shall be from the community being served.
- 8.13 One Board position shall be filled by the District Chair, or his/her designee, by appointing a member of the District's Governing Board in accordance with that body's applicable bylaws.
- 8.14 One Board member shall serve on the Finance and Audit Committee of the District's Governing Board and one Board member shall serve on the Quality, Patient Safety, and Compliance Committee of the District's Governing Board.

Section 9 – Term of Membership

- 9.1 Board membership will be for a period of three (3) years starting in January of each year and terminate

in December of the third year. No Board member shall serve more than two (2) consecutive terms. If at any time there is a question concerning the length of the term of office for any Board member, the Governing Board will decide through any appropriate means the term of the questioned incumbent.

9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing may or to replace any member whose Term is ended, will be as follows:

- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.
- b. Members eligible to serve for a second 3-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Member's 3-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the annual meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the annual meeting. In selecting its new members, the Board will use the criteria set out in Section 8.

9.3 Membership on the board may be terminated by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences. For purposes of these Bylaws, an unexcused absence occurs when a Board member fails to attend a regularly scheduled meeting and fails to give advance notice of such absence to the Executive Director who will notify the Chair. After two (2) unexcused absences, the secretary shall send the member a reminder. On the third unexcused absence, the Board shall take action to terminate membership and the individual shall be so advised. The migrant/seasonal farm worker who is absent due to job obligation will be granted and excused absence without restrictions.

9.4 Any Board member may be removed from the Board with or without cause by a two-thirds vote of the remaining board members present and voting at any regular or special meeting called for such purpose.

Board member can be removed for cause including, but not limited to:

- a. Repeated failure to attend Board meetings, or for conduct detrimental to the interests of the clinics.
- b. Conduct inconsistent with the clinics purpose.
- c. Refusing to render reasonable assistance in carrying out the clinics purpose.
- d. Refusing to act in a manner consistent with the clinic's mission and priorities.

- e. Individual is suspended or debarred from participation in federal programs.
- f. Whenever it is determined that the best interests of the clinics could be served by such removal.

Allegations made in support of the proposal to remove a board member shall be presented in writing, by mail, to the Board member in question at least five (5) calendar days in advance of the meeting. The allegation(s) shall be noted on the agenda of the meeting. The Board member in question shall be entitled to appear before the Board and be heard at such meeting. Removal of the Board member shall create a vacancy and a new Board member shall be elected in accordance with Section 8 of this Article.

9.5 Each member will be entitled to one (1) vote.

- a. Membership shall be designated as Consumer, Health Care Provider, Community Representative, or Migrant/Seasonal Farm worker.
- b. Voting Conflict. No member shall cast a vote on any matter that could result in direct or indirect financial benefit to such member or otherwise give the appearance of or create a conflict of interest as defined in Ch. 112, Florida Statutes. Nothing in the foregoing shall prevent Board Members from voting upon matters of Board Compensation as set forth in Section 10.5.

Section 10 – Officers

- 10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers will be postponed until the meeting following the end of the state of emergency.
- 10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.
- 10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the ‘two consecutive one-year terms’ referenced in Section 10.1.

10.4 The officers and their duties for this organization shall be:

10.4.1 Chairperson

- a. To preside over all meetings and to appoint all committee and councils.
- b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall constitute the acceptance by the Board of the terms and conditions of the Grant and

obligate it to perform its function under the approved project in accordance with the terms thereof.

- c. The Chairperson shall be the Board's sole and primary liaison for external affairs including serving as Board's representative to the media.
- d. Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization

10.4.2 Vice Chairperson

- a. The Vice-Chairperson shall succeed to the office of the Chairperson if the office becomes vacant or if otherwise the chairperson is otherwise unable to perform his/her duties.
- b. To assume the duties as assigned by the Chairperson in his/her absence.
- c. Perform such duties as assigned by the Chairperson or Board of Directors.

10.4.3 Secretary

- a. The secretary shall be responsible for ensuring recording and maintaining of the minutes of all meetings of the governing Board, and shall perform such duties as may be assigned by the Chairperson of the Board. The Secretary or designee shall distribute copies of minutes of all Board and/or committee meetings to all members of the Board.
- b. To monitor the minutes of all meeting of the Board and Executive Committee.
- c. To assure that his/her designees notifies members of all Board meetings and conferences.
- d. To advise staff members regarding correspondence.
- e. To monitor, review and approve the preparation of the agendas.

10.4.4 Treasurer

- a. To review monthly and/or periodic financial reports prior to presentation to the Board during scheduled meetings.

10.5 Compensation

Members shall serve without compensation except the Board may authorize and establish policies governing the reimbursement of certain reasonable expenses, such as mileage, incurred to attend meetings.

Section 11 – Committees

- 11.1 There shall be an Executive/By-Law Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair and the Executive Director will serve as a non-voting, *ex officio*, member of the Executive Committee. The Executive Committee shall:
- a. Act as advisor to the Chairperson;
 - b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
 - c. Report to the Board at its next regular meeting on any official actions it has taken;
 - d. Annually review and recommend to the Board any necessary change to the bylaws; and
 - e. Annually review the performance of the Executive Director for report to the Board.
 - f. Serve as the ad hoc Personnel Committee as needed.
- 11.2 Vacancies of the Executive committee occur when there is a vacant officer position. The vacancy is filled with the election of a member to serve out the officer's remaining term (See Section 10).
- 11.3 The Standing Committees shall be the Finance Committee, Quality Council and Planning Committee.
- 11.4 The Membership/Nominating Committee shall be an ad hoc committee, activated and populated at the direction of the Chairperson to recruit and nominate individuals to fill vacancies of the Governing Board. The Membership/Nominating Committee shall, if requested, review, edit, and submit proposed revisions to policies and procedures for the recruitment, screening and orientation of potential new Board members and present to the Board information on eligible persons to fill vacancies. This committee shall, if requested, assist in development of a board orientation program. The Executive Director, or his/her designee, will serve as a no voting, ex-officio member of this committee.
- 11.5 The Planning Committee shall oversee the clinic's goals and objectives, and develop a strategic planning workshop for the Board to be held at least every three (3) years. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.7 The Standing Committees will meet as set forth in these Bylaws and will provide a report of its meeting(s) during the next Board meeting following the Committee meeting, and make any recommendations for Board action, which will then become part of the Board documents.
- 11.8 Proxy: An absent member shall not be allowed to vote by proxy.

- 11.9 Members of the Planning Committee and Quality Council may also include non-board members with specific areas of expertise that support the mission of that committee.
- 11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 12 – Meeting

- 12.1 Regular meetings shall be held monthly. Time and place shall be determined by Board.
- 12.2 Special meetings may be called by the Chairperson whenever Board business cannot be held until the next regular meeting.
- 12.3 Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida’s Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings.
- 12.4 The Annual Meeting shall coincide with the Regular meeting held during the Month of May and shall hold the election of officers to take office commencing on the next January 1.
- 12.5 Quorum shall consist of a majority of the members of the Governing Board as then constituted, for the regular scheduled meetings and the special called meetings. Once a quorum is established for any meeting it remains for the duration of the meeting unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number needed for a quorum.
- 12.6 Official actions of the Board may be conducted by telephone provided that such meeting complies with the requirements of the Government in the Sunshine Act.
- 12.7 If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the ~~Committee or~~ Board will adjust their meetings accordingly.

Section 13 – Authority

The parliament authority of the Governing Board shall be used based on ROBERTS RULE OF ORDER (current edition), unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

Section 14 – Amendments

These By-Laws may be amended or repealed by a vote from the majority of the total membership of the Governing Board. Proposed changes to the By-Laws must be submitted to the Board at a regularly scheduled meeting and voted on at the succeeding regularly scheduled meeting. Changes in the By-Laws are subject to approval by the Governing Board, Health Care District of Palm Beach County, and the Regional Office of the Department of Health and Human Services.

Section 15 – Dissolution of the Corporation

In the event of the liquidation, dissolution or winding up of the corporation whether voluntary, or involuntary, or operation of law, the Board of Directors of the Corporation shall dispose of the assets of the Corporation in conformance with Federal and State of Florida law, as modified by the regulations promulgated by designated oversight agency or department, and in accordance with the Corporation's Articles of Incorporation.

CERTIFICATE

This certifies that the foregoing constitutes the Bylaws of District Clinics Holdings, Inc., amended and adopted by the Members of the Corporation at a meeting held on the ~~January 29th~~ day of May, 2020.

BY: _____

Irene Figueroa
Secretary

**Approved as to form and
Legal Sufficiency**

BY: _____

General Counsel

HISTORY OF DISTRICT CLINIC HOLDINGS, INC. BYLAWS

The initial Bylaws of the District Clinic Holdings, Inc. Board were first adopted on the 24th day of January, 2013. Amendments made subject to Section 14 of the District Clinic Holdings, Inc. Bylaws are listed below:

Change Number	Date of Adoption	Section(s) Amended
1	March 28, 2013	Title Pages amended to read: Section 11.3 relating to the Finance Committee deleted and Section 11.9 amended to remove reference to Finance Committee.
2	May 23, 2013	Section 2.1 amended to remove the following: “Thus, as used in these bylaws, the terms “Board” shall mean the C.L. Brumback Health Clinic Board of Directors.” Section 6.1m amended to remove ability to establish and revise policies. Section 6.1q amended to remove the following: “Within its discretion to file article of dissolution and dissolve the corporation. Section 8.10 “The Board shall ensure that the provision is made applicable to all employees, consultants and those providing goods and or services to the Center.” deleted.

Section 11.1 removed requirement to make recommendations to full Board.

Section 11.7 removed “The Personnel Committee shall review staffing needs and recommends changes in staffing levels when deemed desirable. While the Board’s personnel policies shall be consistent with those of the Health Care District the Board must tailor its personnel policies to the clinical operations of the corporation.” To dissolve the Personnel Committee.

Section 11.8 removed “The Finance Committee shall review the budget, expenditures, and financial policies and make recommendations to the Board in regard to certain concerns. While the Board’s financial policies shall be consistent with those the Health Care District the Board must tailor its financial policies to the clinical operation of the corporation.” To dissolve Finance Committee.

3

August 1, 2013

Section 2.1 amended to include: “hereinafter referred to as the “Board”)

Section 6.1m amended to include establishment of policies.

August 9, 2013

Section 6.1q added power to:
“Facilitate the annual Chief
Executive Officer performance
evaluation process.”

Section 8.10 amended to
include: “...employee,
consultant or those providing
services and or goods to the
Clinic...”

Section 2.1 established for
clarification regarding
common business name

Section 2.2 replaced Health
Clinic Board with Primary
Care Clinics Board of
Directors

Section 6.1.b replaced Project
with Executive

Section 6.1.h removed “To
adopt and be responsible for
operating and personnel
policies and procedures,
including selection and
dismissal procedures, salary
and benefits scales and
employee grievance
procedures within the
guidelines of the Health Care
District of Palm Beach County
Personnel Policies and
Procedures” and amended to
include ability to establish and
approve general policies for
the clinics as stated in PIN
1998-12, Part II Section 330,
Governance Requirements.

Section 6.1.m amended to
include ability to establish
policies

Section 6.1.q amended to establish responsibility for the Executive Director's annual performance evaluation

Section 8.1 amended to include the common business name, CL Brumback Primary Clinics

Section 8.9 amended to replace previously referenced project director with Executive Director

Section 8.11 amended to include "...otherwise indicate that they are authorized to act or speak..."

Section 8.13 added

Section 9 amended to read:
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

Section 9.2.a added to establish requirements for filling vacancies on the Board due to termination, resignation, or death of a Member.

Section 9.2.b added to establish procedure for member reappointment instituted by the Nominating Committee

Section 9.3 amended to define an unexcused absence

Section 9.4 amended to read: “Board member can be removed for cause including, but not limited to:”

Section 9.4.a “...causes include the” deleted

Section 9.5 regarding Board vacancies was deleted, became section 9.2.a

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

Section 10.2 added in order to establish process for removal of officers.

Section 10.3 added to establish election of a replacement officer on a vacant position.

Section 10.4.d. deleted: “The Chairperson, or his/her designee, shall represent the board before the news.”

Section 10.4.d reads: “The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.”

Section 10.4.e added to read: “Appoint a Board member to

attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization.”

Section 10.4.e amended to include ability to review and approve agendas.

Section 10.5 added: “the Board may authorize and establish policies governing the reimbursement of certain...”

Section 11.1 replaced clinic’s director with Executive Director. Added “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 11.2 included for establishment of a Personnel Committee

Section 11.3 removed “The Executive Committee of the Board shall consist of the Officers of the Board”

Section 11.4 added requirement to develop policies and procedures for recruitment, screening and orientation of potential new Board members and present information to the Board on eligible persons to fill vacancies.

Section 11.5 added: “The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.”

Section 11.6 amended to read that the Clinical Committee is to be also known as the Quality Committee.

Section 11.7 amended to include requirement for committees report to include any recommendations for Board action

Section 11.9 deleted
Committee members

Section 11.10 added to read:

The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C.L. Brumback Priamary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Finance Committee will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee. Section 13 added: “unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

February 18, 2014

Section 15 added for requirement for disposing of assets in the event of dissolution of the Corporation

Section 11 renumbered for efficiency.

Section 8.2 amended to increase the number of Board members to 10-13.

Section 10.3 added: to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the ‘two consecutive one-year terms’ referenced in 10.1.

Section 11.3 amended to establish process for filling vacancy of an officer position.

Section 12.3 added: “Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida’s Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings”.

Section 12.4 added to read:
“Effective in 2014, the Annual Meeting shall coincide with the Regular meeting held during the month of May and the election of officers to hold office commencing in the next fiscal year shall be held. In order to transition to this new schedule, the election of officers held in November 2013 for terms to continue through December 31, 2014, shall remain unchanged. The election to be held in May 2014 shall be for the officers whose terms shall commence on January 1, 2015, and each election that follows shall select the officers whose terms shall commence on the following January 1”.

Section 12.5 previously section 12.3 added “unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number need for a quorum”.

Section 12.6 previously section 12.4 amended to include condition to comply with Government in the Sunshine Act requirement.

Section 6.1.o Remove provision, it is duplicative of audit language in Section 6.1.a

Added Section 6.1.q

Added Section. 7.1.f to establish Board member responsibilities regarding Conflicts of Interest

Section 9.5.b added.

Section 10.4.1 removed subsection b (Chairperson shall have the same right to vote on matters as any other Board member)

Replaced Section 11.1 with the following: There shall be an Executive/Bylaw Committee comprised of the officers of the Board. This committee shall meet as provided in these Bylaws and as otherwise deemed necessary by the Chairperson. The Chairperson shall serve as the Committee chair, and the Executive Director will serve as a non-voting, *ex officio* member of the Executive Committee. The Executive Committee shall:

- a. Act as advisor to the Chairperson;
- b. Exercise the powers of the Board between regular Board meetings, except that the Executive Committee may not take final action to amend these bylaws, remove a board member from office, hire or remove the Executive Director, or sell or acquire assets;
- c. Report to the Board at its next regular meeting on any official actions it has taken;
- d. Annually review and recommend to the Board any necessary change to the bylaws; and Annually review the

		performance of the Executive Director for report to the Board
7	May 26, 2015	Amended Section 6.1.q to include Licensed Independent Practitioner and term of same. Addition of Dental Director.
8	March 28, 2018	Amended Section 4.1 to update administrative address. Addressed grammatical errors throughout.
9	December 11, 2019	Amended Section 8.7 to define healthcare.
10	January 29, 2020	Amended Section 6.1h to remove invalid HRSA PIN, 6.1l to updated QI/QA Plan, 8.3 to define patient and 8.9 to include adoption. Added robust language to section 9.4 regarding Board member termination.
11	May 27, 2020	<u>Amended Section 8.6 to only permit Board members to live in one of the clinic's service areas</u> <u>Section 10.1 to permit postponement of officer elections in the event of a declared state of emergency</u> <u>Added Section 12.7 to permit remote meetings during public emergencies.</u>

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Postponement of Annual Election of Officers

2. Summary:

Postponement of the Annual election of Officers and Committee Membership/Designations due to the Coronavirus COVID-19 State of Emergency.

3. Substantive Analysis:

The Clinic Board Bylaws require the election of officers at the Annual Meeting of the Board each May. This agenda item presents the Board with a recommendation to postpone the election of officers until after the State of Emergency has passed. The postponement will allow the current officers to remain in their role so there is no disruption or leadership change in the middle of the emergency situation. As soon as the emergency has passed, the Board will hold the election of officers.

Another agenda item at today's board meeting will recommend a change to the Bylaws that will automatically postpone the election of officers during a declared state of emergency for future emergency situations.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

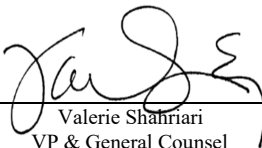
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020


6. Recommendation:

Staff recommends the Board Postpone the Annual Election of Officers and Committee Membership/Designations due to the Coronavirus COVID-19 State of Emergency.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas Cleare
AVP, Planning & Community Engagement



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: New Governance Board and Committee Membership Policy and Procedure

2. Summary:

The Health Care District approved a new Governance Policy and Procedure that included criteria to align the Committee and Board Memberships with the same criteria as the Health Care District Board Members. The new Policy and Procedures included a new Questionnaire and updated Application.

3. Substantive Analysis:

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

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

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

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

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

The new screening process applies to all current and future board and committee members.

A copy of the new policy and procedure are included with this agenda item.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Health Care District Board

Committee Name

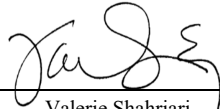
March 11, 2020

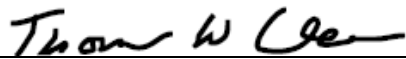
Date Approved


6. Recommendation:

Staff recommends the Board approve the adoption of the New Governance Board and Committee Membership Policy and Procedure.

Approved for Legal sufficiency:


Valerie Shahriari
VP & General Counsel


Thomas Cleare
AVP, Planning & Community Engagement


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

Application Screening for Board and Committee Members

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

PURPOSE

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

SCOPE

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

DEFINITIONS

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

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

POLICY

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

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

A. Exclusion Screening Requirements

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

- b. Any doubts on the authenticity of the attestation will be immediately brought to the attention of the Chief Compliance Officer.
- 3. Actual Exclusion:
 - a. If the Health Care District becomes aware that a Screening Subject has become an Ineligible Person, the Health Care District will, at a minimum, remove, or require the removal, of the Screening Subject from responsibility for, or involvement with, the Health Care District's business operations related to any Federal Health Care Program(s) from which the Screening Subject has been excluded, debarred, suspended, or otherwise declared ineligible. The Health Care District will provide notice to non-Health Care District entities as required by law or contract.
 - b. The Health Care District may also terminate its relationship as a board or committee member with the Screening Subject. If the relationship is not terminated, the Screening Subject will be removed from any position for which compensation for the items or services furnished, ordered, or prescribed are paid in whole or part, directly or indirectly, by the Federal Health Care Program(s) from which the Screening Subject has been excluded, debarred, suspended, or otherwise declared ineligible, at least until the Screening Subject is reinstated into the Federal Health Care Program(s).
- 4. Pending Charges and Proposed Exclusions. If the Health Care District becomes aware that a Screening Subject is charged with a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a) or 42 U.S.C. § 1320a-7(b)(1)-(3) or is proposed for exclusion during the term of the Screening Subject's relationship with the Health Care District, the Health Care District will take all appropriate actions, up to and including termination of the relationship, to ensure that the Screening Subject does not adversely affect the quality of care rendered to any patient, beneficiary, or resident.
- 5. Exceptions. Under certain circumstances, the Chief Compliance Officer may decide to grant an exception and continue the Health Care District's relationship with a Screening Subject that is, or may soon be, an Ineligible Person. However, no exception will be granted to a Screening Subject with respect to any Federal Health Care Program(s) for which the Screening Subject is excluded, debarred, suspended, or otherwise declared ineligible. Moreover, the Health Care District will terminate any relationship with a Screening Subject on the LEIE.

B. Disclosure Requirement

- 1. The Health Care District requires all Screening Subjects to immediately disclose if they are currently excluded, debarred, suspended, or otherwise ineligible to participate in any Federal

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

EXCEPTIONS

N/A

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

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

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

Application Screening for Board and Committee Members

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

PROCEDURE

A. Application Documents and Background Check

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

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

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

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

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

B. Initial Office of Inspector General Exclusions Database Screening

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

C. Recurring Office of Inspector General Exclusions Database Screening

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

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

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

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

RELATED DOCUMENTS

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

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

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Clinic Privacy Task Force Action Item

2. Summary:

Staff recommends that the Clinics Board reverse their previous action to create an employee led task force to address a privacy concern.

3. Substantive Analysis:

The C.L. Brumback Primary Care Clinics Board approved a motion to create an employee-led Patient Privacy task that reports to the Board during February 25, 2020 as a follow up to the privacy comment posed during the January 29, 2020 Board meeting. The motion was presented and approved during the February 25, 2020 meeting. A presentation of the Health Care District's Corporate Privacy function was presented at this meeting today. The Privacy function exists to address all privacy concerns and allegations and conduct investigations across all Health Care Districts entities. This department serves as a corporate resource, which supports District Clinic Holdings, Inc. through a long-term contract as part of the ongoing relationship with the Health Care District.

This department functions to react independently to privacy concerns across all entities in the organization. Currently this department reports to the CEO and to the Quality, Patient Safety and Compliance Committee.

Regarding the previously reported Lantana issue, the Privacy team conducted an unannounced walk through and assessment for improvement opportunities. We noted that the area(s) in registration could be enhanced to include noise-cancelling devices and /or increase the height of the soft walls. Partitions were added in one space and noise-cancelling devices were added in another since we cannot make modifications to this space due to coordinated space considerations with DOH to improve patient privacy. Other, specific issues of concern related to clinic matters will also be brought to this governing body for information and action as necessary.

4. Fiscal Analysis & Economic Impact Statement:

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the reversal of previous action taken to develop a separate employee led Privacy Task Force as previously passed.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Deborah J. Hall
VP, Chief Compliance & Privacy Officer



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Sublicense Agreement

2. Summary:

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

3. Substantive Analysis:

The Sublicense Agreement allows for District Clinic Holdings, Inc. to charge Health Care District of Palm Beach County for utility fees along with a usage fee inclusive of common area maintenance in regards to the pharmacy space located within the Belle Glade clinic at 39200 Hooker Highway, Belle Glade, FL 33430.

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

Usage Revenue:

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

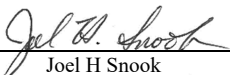
Utility Revenue:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



Joel H Snook
VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

5. Reviewed/Approved by Committee:

N/A

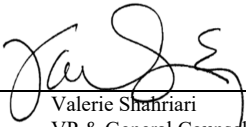
Committee Name

Date Approved


6. Recommendation:

Staff recommends the Board approve the Sublicense Agreement.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Hyla Fritsch
Director of Clinic Operations & Pharmacy
Services



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Second Amendment to License Agreement

2. Summary:

This agenda item presents the Board with the Second Amendment to the License Agreement between District Clinic Holdings, Inc., d/b/a C.L. Brumback Primary Care Clinics, and District Hospital Holdings, Inc. d/b/a Lakeside Medical Center.

3. Substantive Analysis:

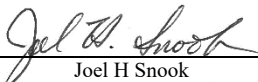
The two parties DCHI and DHHI entered into a License Agreement on or about April 17, 2019, and Agreed to a First amendment on or about May 9, 2019.

The Second amendment applies to Section 4, calling for the extension of the agreement for an additional twelve (12) Months. At the end of this twelve (12) month period, the agreement will renew for one (1) year periods unless terminated earlier in accordance with the term of this agreement. Except for the changes mentioned, all other provisions of the agreement will remain unchanged.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



Joel H Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Health Care District Board

Committee Name

March 11, 2020

Date Approved

6. Recommendation:

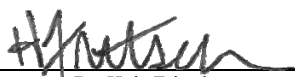
DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

Staff recommends the Board approve the Second Amendment to the License Agreement between DCHI and DHHL.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dr. Hyla Fritsch
Director of Clinic Operations & Pharmacy
Services



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Executive Director Informational Update

2. Summary:

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

- Grant Awards
- Telehealth
- Employee Health

3. Substantive Analysis:

Grant Awards

Since March of 2020 we have received three HRSA grant awards in response to the COVID-19 Pandemic:

1. H8CCS35088: COVID-19 Response - \$146,708.00
2. H8DCS36001: Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding (CARES) Response - \$2,058,425.00
3. H8ECS37839: FY 2020 Expanding Capacity for Coronavirus Testing - \$794,089.00

Telehealth

Piloted Certintell telehealth platform as well as Phreesia paperless registration software over the course of the past several weeks in anticipation of the “new normal” for operations, which will include fewer in-person appointments and more telemedicine appointments while focusing on COVID-19 testing.

Employee Health

Launched an employee health program to monitor team-member symptoms and offer free COVID-19 screening, testing and mitigation.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

5. Reviewed/Approved by Committee:

N/A

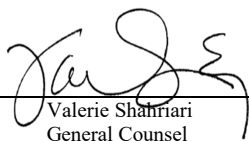
Committee Name

Date Approved

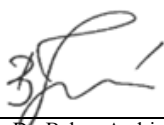
6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Modification of General Dentistry Clinical Privileges

2. Summary:

The agenda item represents the practitioner(s) recommended by the Dental Director for modification of their current General Dentistry privileges to include Collection of Specimens for Pathologic exams (Oropharyngeal/nasopharyngeal).

3. Substantive Analysis:

The practitioner(s) listed below meet the qualifications to perform Collection of Specimens for Pathologic exams (Oropharyngeal/nasopharyngeal) documented by the practitioner's education, training and experience.

Last Name	First Name	Credentials	Specialty
Alonso	Zenaida	DDS	General Dentistry
Alwehaib	Arwa	DDS	General Dentistry
Cucuras	John	DDS	General Dentistry
Kaloglian Silva	Michelle	DDS	General Dentistry
Oliveira	Paulo	DDS	General Dentistry
Seminario	Ada	DDS	General Dentistry

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook, CPA
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

6. Recommendation:

Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. Zenaida Alonso, General Dentistry.

Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. Arwa Alwehaib, General Dentistry.


Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. John Cucuras, General Dentistry.

Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. Michelle Kaloglian Silva, General Dentistry.

Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. Paulo Oliveira, General Dentistry.

Staff recommends the Board approve the modification of General Dentistry clinical privileges for Dr. Ada Seminario, General Dentistry.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel

Sarah Gonzalez

Sarah Gonzalez, CPMSM, CPC
Director, Credentialing & Provider Services



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

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

3. Substantive Analysis:

The LIP(s) listed below satisfactorily completed the credentialing and 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
Colombo	Salvatore	DMD	Pediatric Dentistry	Initial Credentialing
Silver	Dawn	PhD	Clinical Psychology	Initial Credentialing

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.

Salvatore Colombo, DMD is joining the West Palm Beach Clinic specializing in Pediatric Dentistry. He attended Nova Southeastern University and completed his residency at the Eastman Institute for Oral Health, University of Rochester. Dr. Colombo is a certified in Pediatric Dentistry by the American Board of Pediatric Dentistry. He has been in practice for nine years and is fluent in Italian and Spanish.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

Dawn Silver, PhD is joining the Mangonia Park Clinic specializing in Clinical Psychology. She attended Pennsylvania State University and completed her postdoctoral residency at Florida Atlantic University. Dr. Silver has been in practice for over ten years.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook, CPA
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

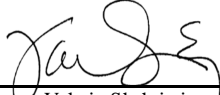
6. Recommendation:

Staff recommends the Board approve the initial credentialing and privileging of Dr. Salvatore Colombo, Pediatric Dentistry.

Staff recommends the Board approve the initial credentialing and privileging of Dr. Dawn Silver, Clinical Psychology.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel

Sarah Gonzalez

Sarah Gonzalez, CPMSM, CPC
Director, Credentialing & Provider Services



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Operations Reports – May 2020

2. Summary:

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

- COVID-19 Testing Productivity
- Call Center

3. Substantive Analysis:

The COVID-19 dashboard began on 3/16/2020 and is provided through 4/30/2020 for your review. As can be seen in the dashboard, we had tested almost 15,000 patients over the course of 6 weeks. Although the majority of the testing has occurred at the FITTEAM Ballpark in conjunction with the County and State of Florida, we are also supporting testing of EMS and essential workers at our Lantana location.

The Call Center Statistics show the number of calls since we began tracking on 3/28/2020 has migrated to the Clinics. As can be seen in the dashboard, there have been almost 100,000 by approximately 40,000 unique numbers.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

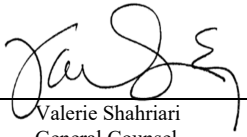
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020


6. Recommendation:

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


Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



Dr. Hyla Fritsch
Director of Clinic Operations and Pharmacy
Services



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

COVID-19 HCD Clinics All

Patient Detail

Test Date
3/16/2020 to 4/30/2020

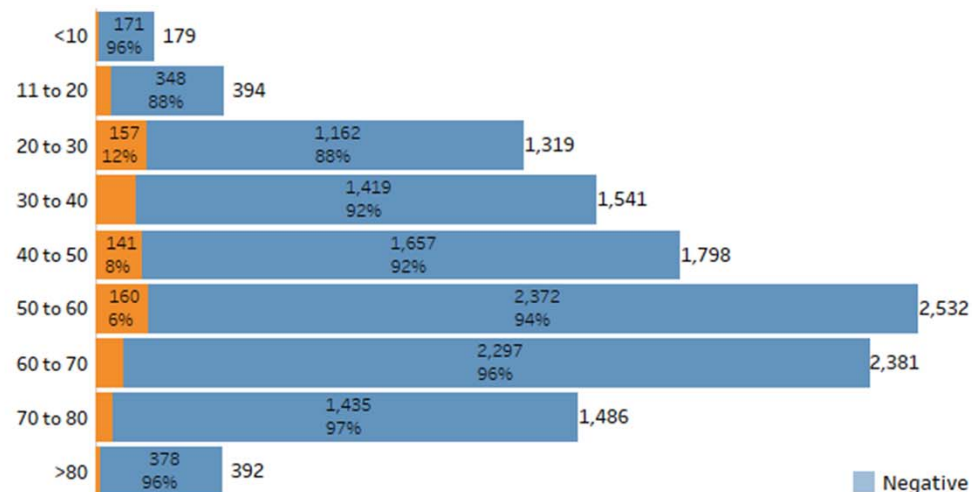
Ballpark 12,533
Lantana 1,180
Belle Glade 1,022
Jupiter 73
WPB 41

Tests **14,849**

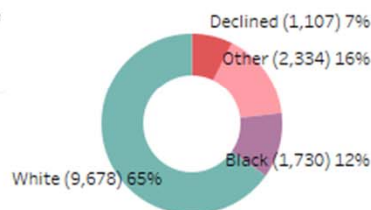
Results **12,022**



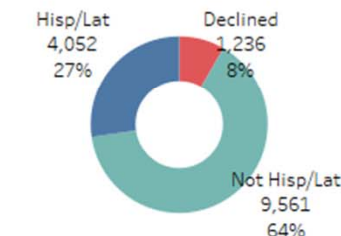
*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.



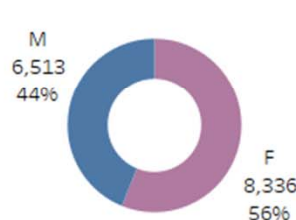
Race Tested



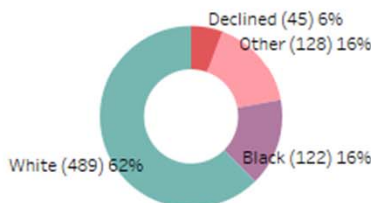
Ethnicity Tested



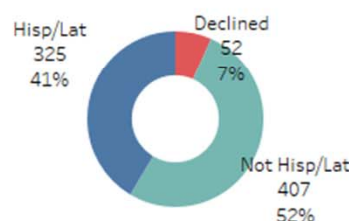
Gender Tested



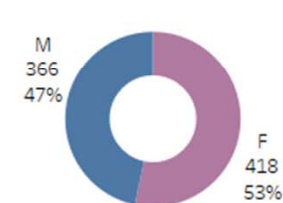
Race Positive



Ethnicity Positive

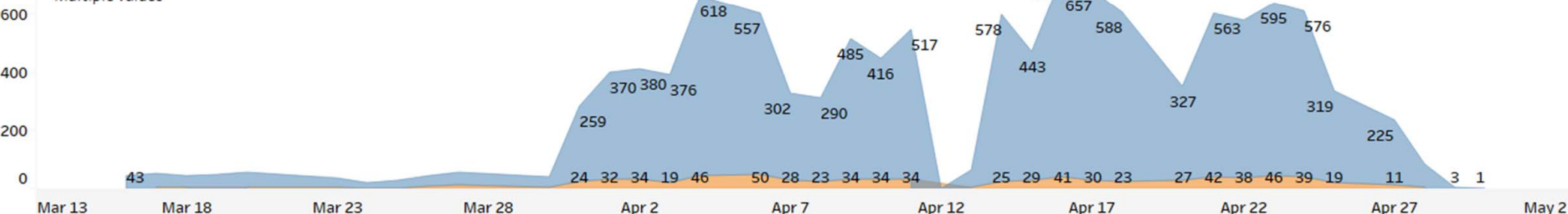


Gender Positive



Result Status

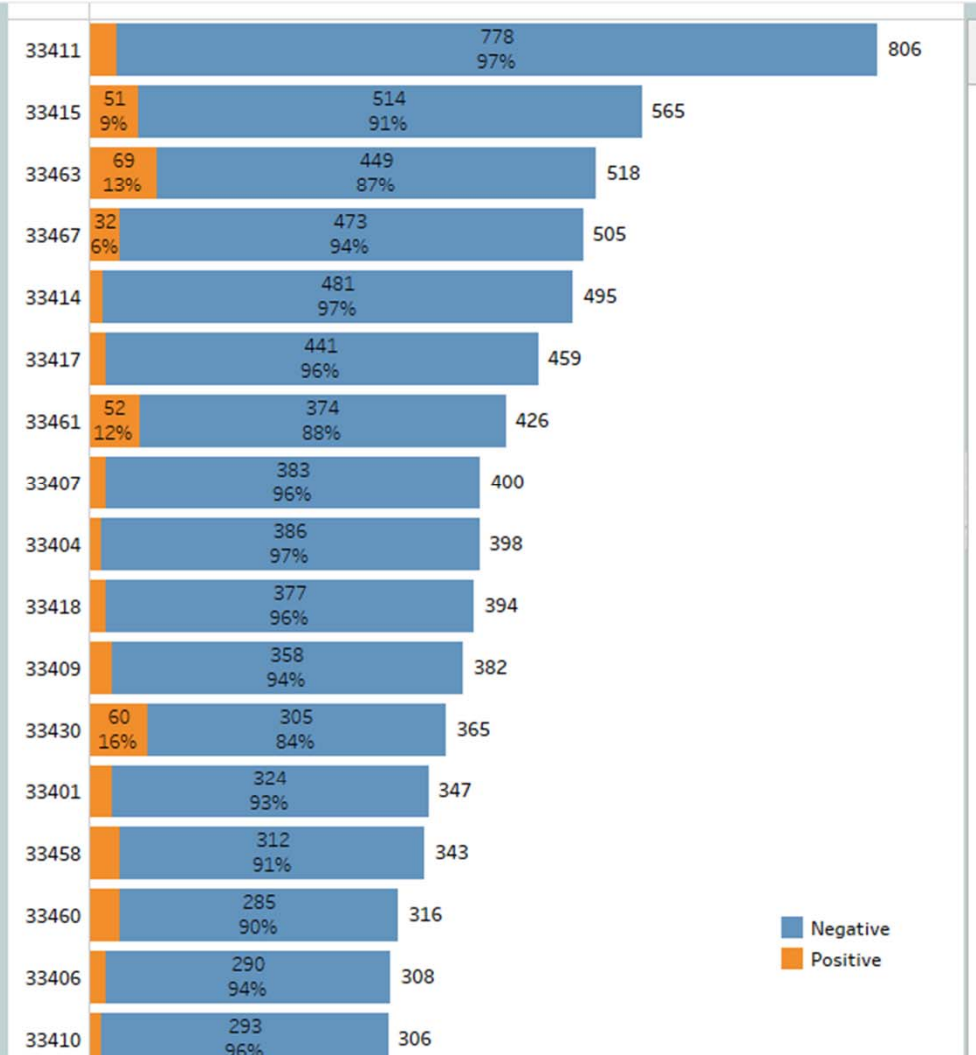
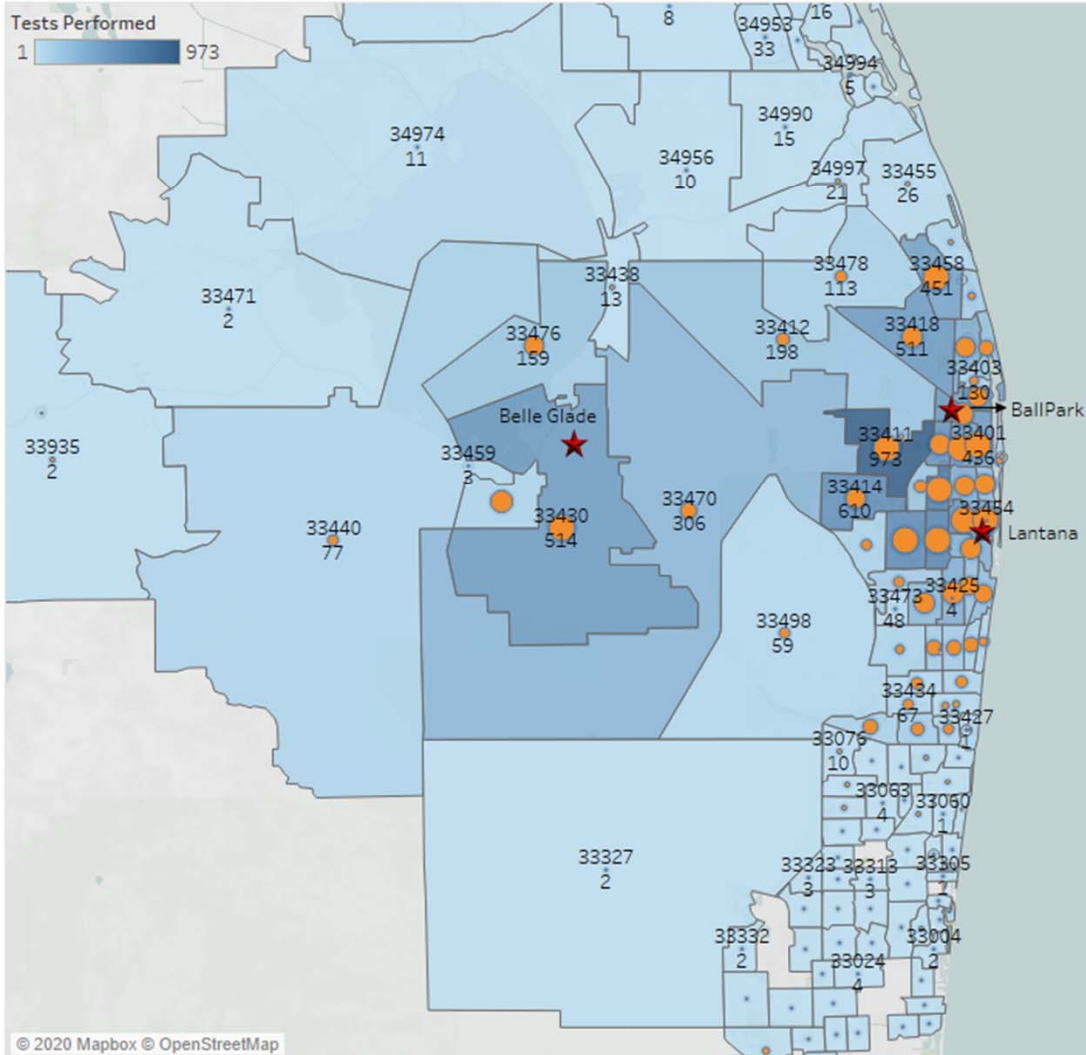
Multiple values





14,849

Test Date
3/16/2020 to 4/30/2020



COVID-19 HCD Clinics Ballpark

Patient Detail

Test Date
3/16/2020 to 4/30/2020

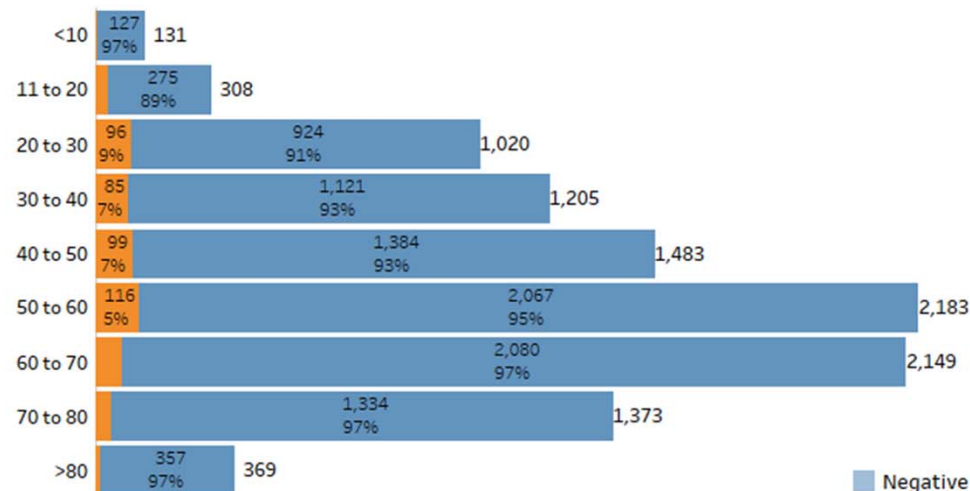
Ballpark	12,533
Lantana	1,180
Belle Glade	1,022
Jupiter	73
WPB	41

Tests **12,533**

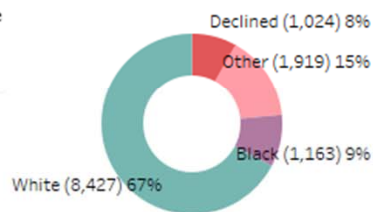
Results **10,221**

Not Resulted	2,312	18%
Resulted	10,221	82%
Negative	9,669	95%
Positive	553	5%

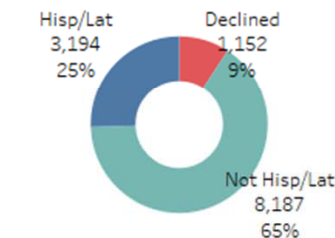
*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.



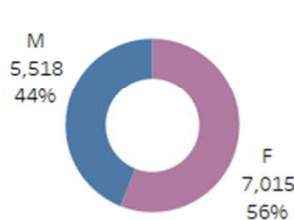
Race Tested



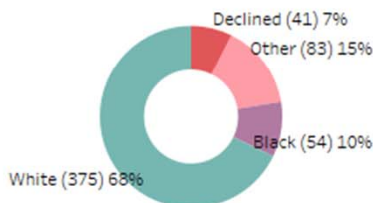
Ethnicity Tested



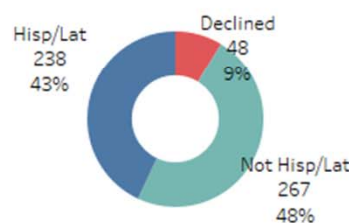
Gender Tested



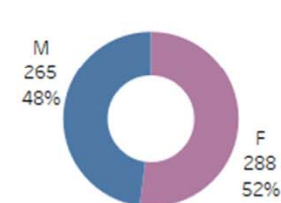
Race Positive



Ethnicity Positive



Gender Positive

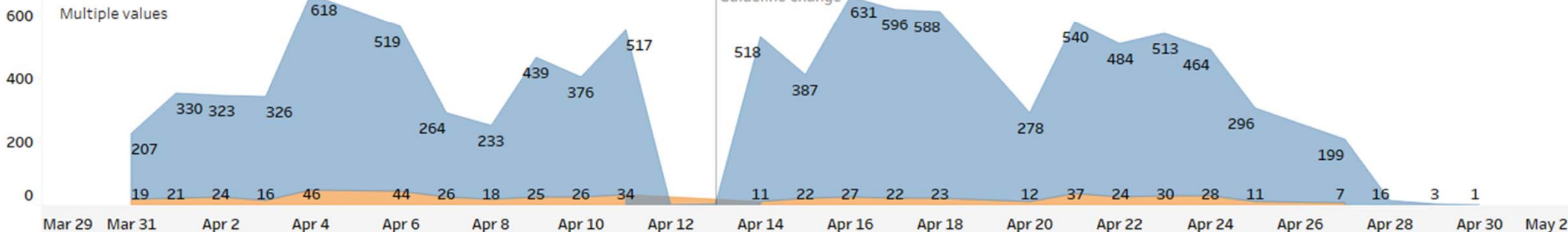


■ Negative ■ Positive

Result Status

Multiple values

Guideline Change



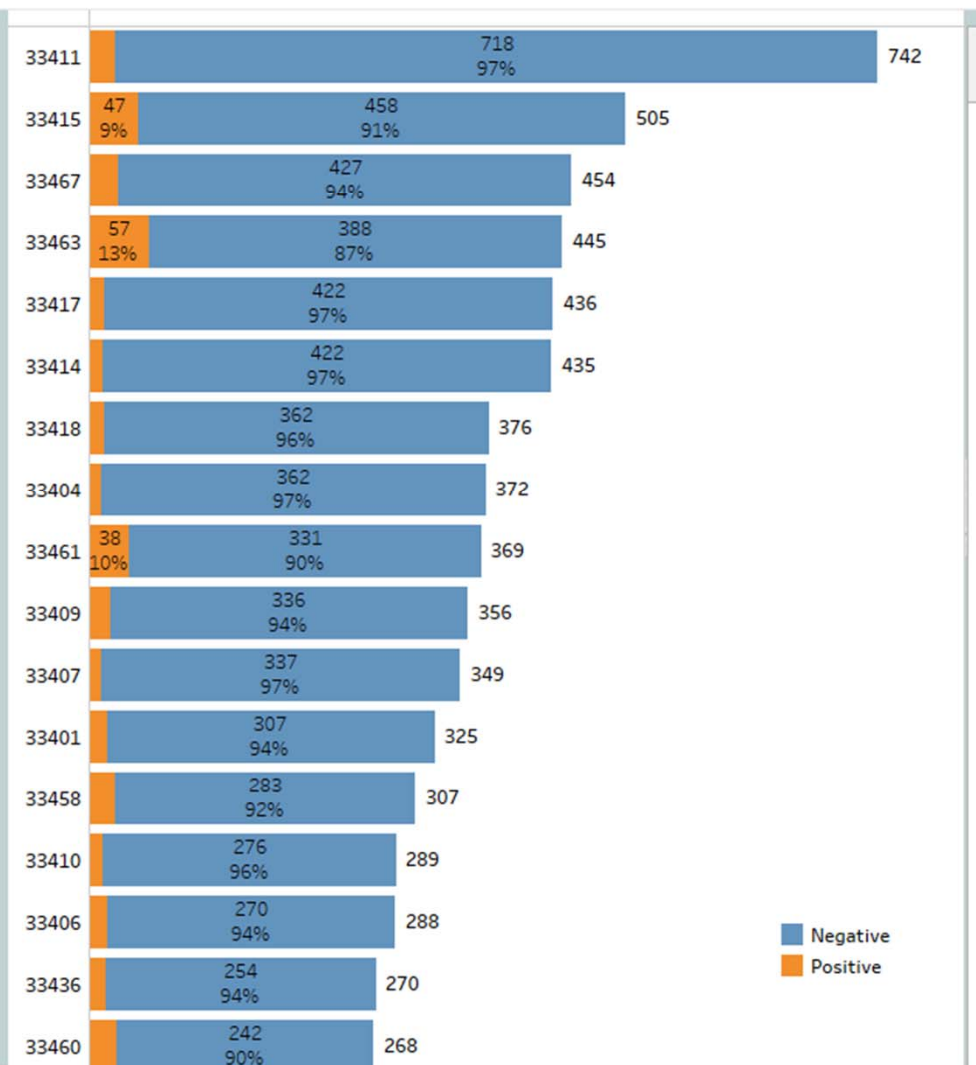
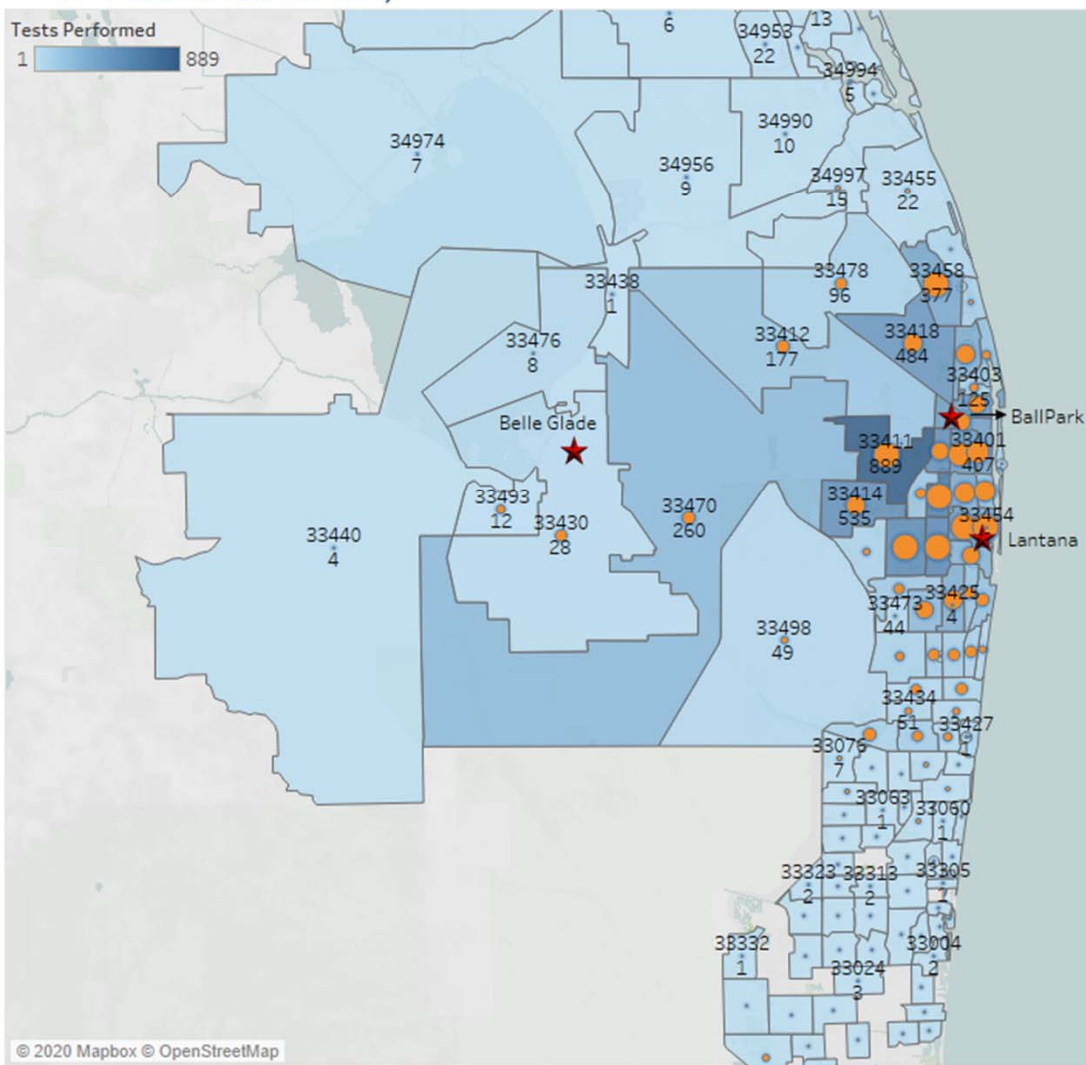
COVID-19 HCD Ballpark

12,533

Test Date
3/16/2020 to 4/30/2020

Tests Performed

1 889



COVID-19 HCD Clinics Lantana

Patient Detail

Test Date
3/16/2020 to 4/30/2020

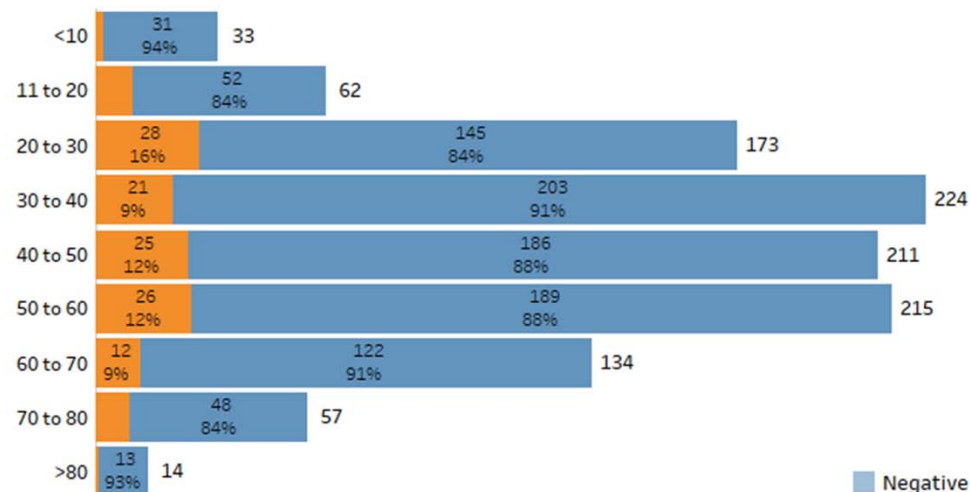
Ballpark	12,533
Lantana	1,180
Belle Glade	1,022
Jupiter	73
WPB	41

Tests **1,180**

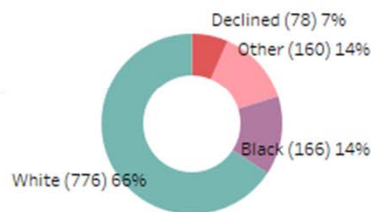
Results **1,123**

Not Resulted	Resulted	Negative	Positive
57 5%	1,123 95%	989 88%	134 12%

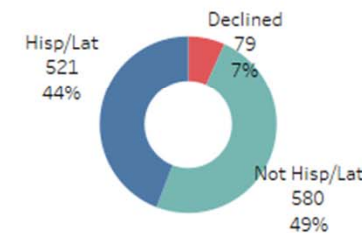
*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.



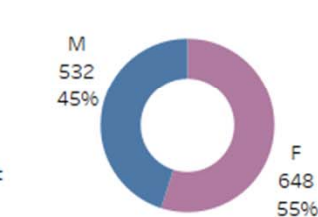
Race Tested



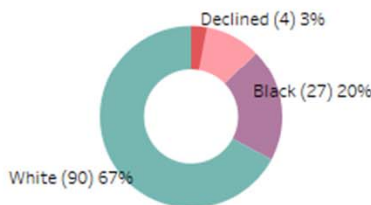
Ethnicity Tested



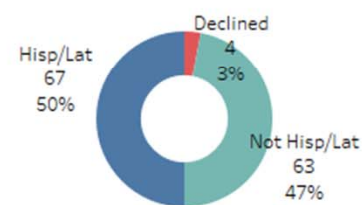
Gender Tested



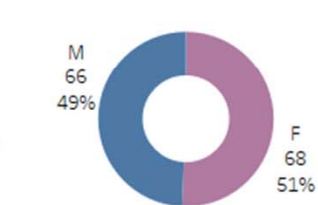
Race Positive



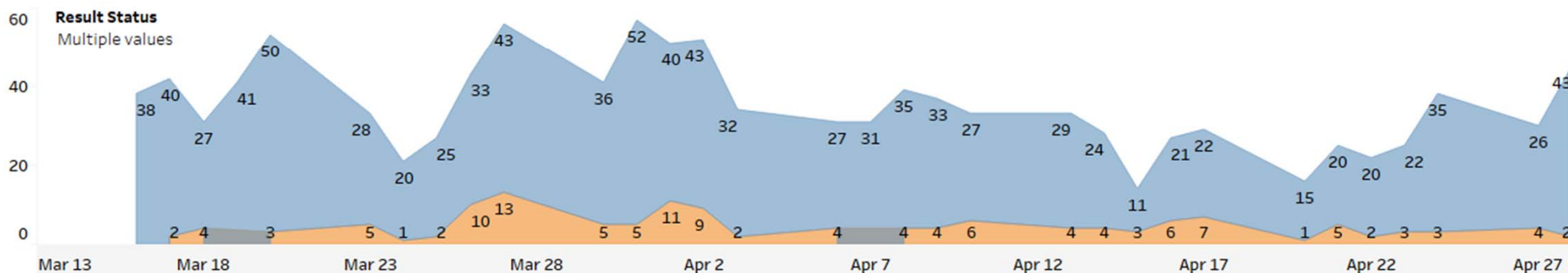
Ethnicity Positive



Gender Positive



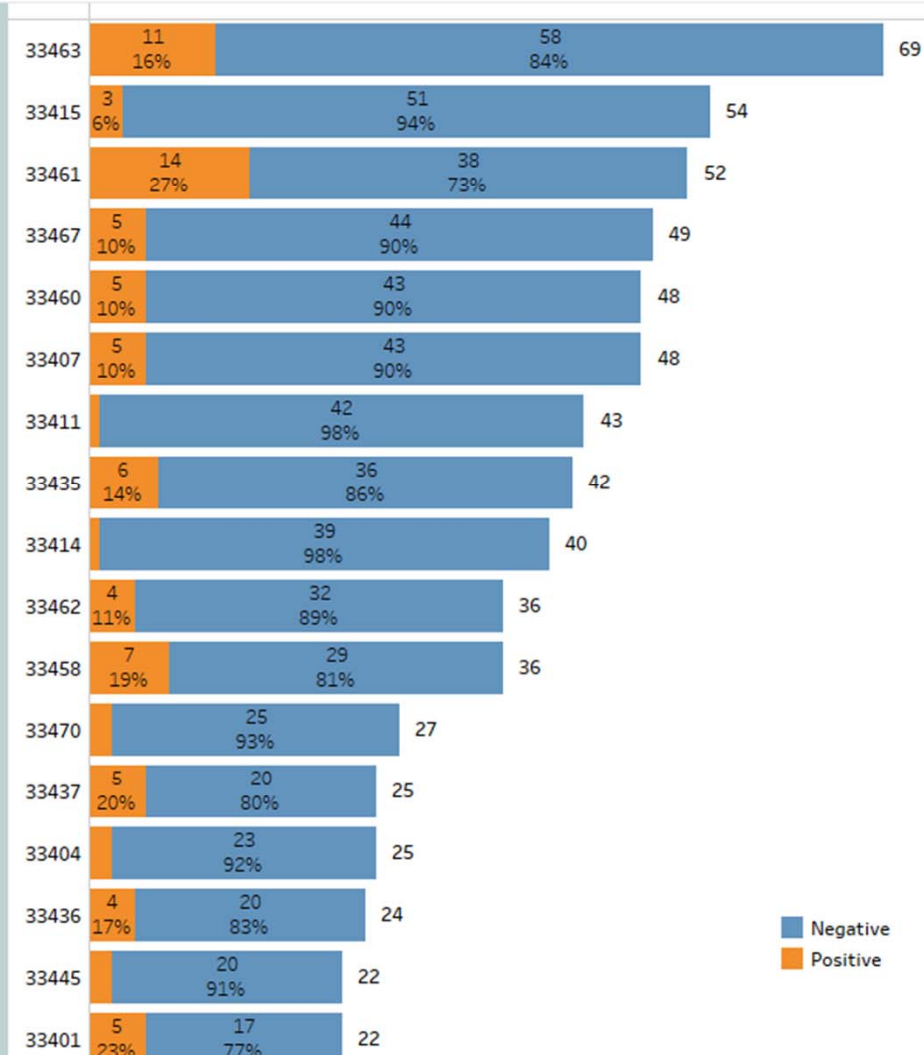
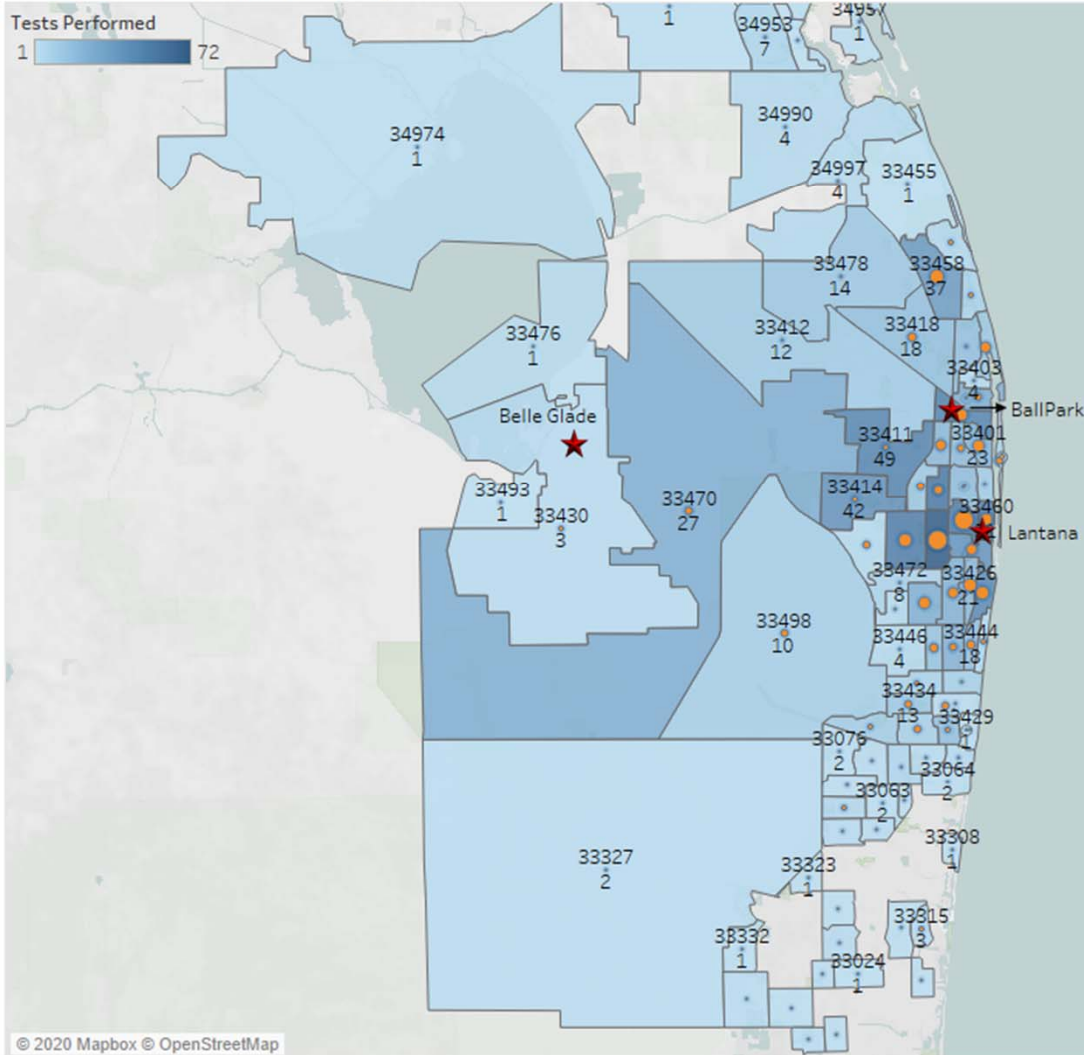
Legend: Negative (Blue), Positive (Orange)



COVID-19 HCD Lantana

1,180

Test Date
3/16/2020 to 4/30/2020



COVID-19 HCD Clinics Belle Glade

Patient Detail

Test Date
3/16/2020 to 4/30/2020

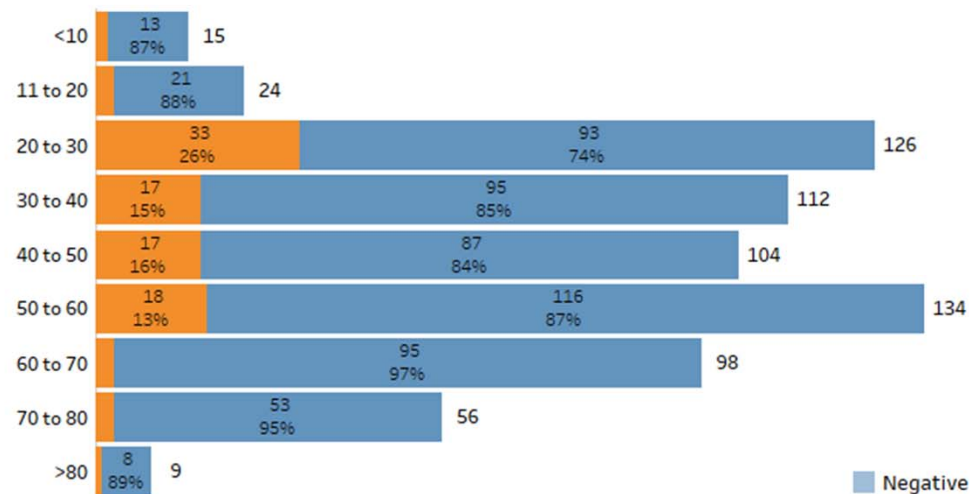
Ballpark	12,533
Lantana	1,180
Belle Glade	1,022
Jupiter	73
WPB	41

Tests **1,022**

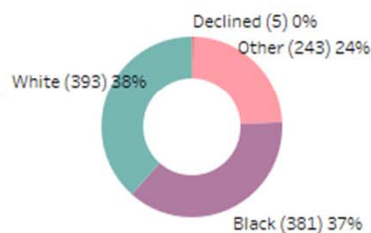
Results **678**

Not Resulted	Resulted	Negative	Positive
344	678	581	97
34%	66%	86%	14%

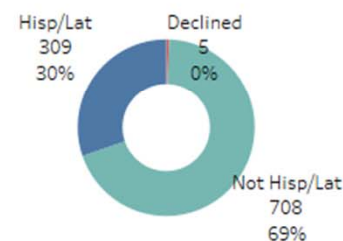
*Not including tests or results that the laboratory identified as test not performed, inconclusive or invalid.



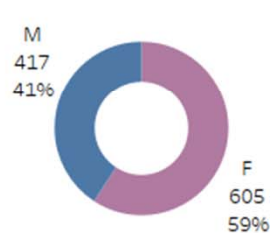
Race Tested



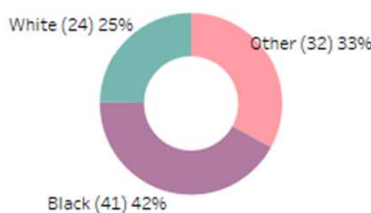
Ethnicity Tested



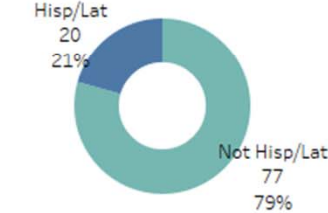
Gender Tested



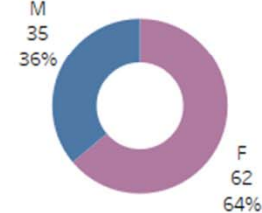
Race Positive



Ethnicity Positive

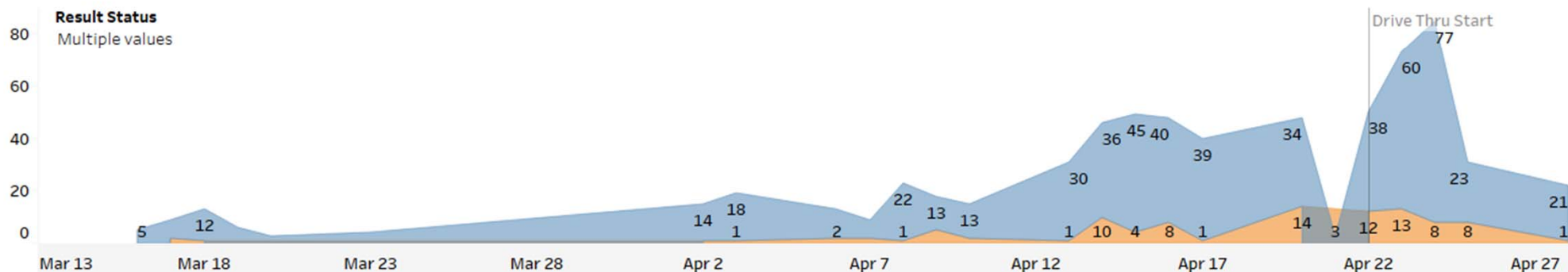


Gender Positive



Legend: Negative (Blue), Positive (Orange)

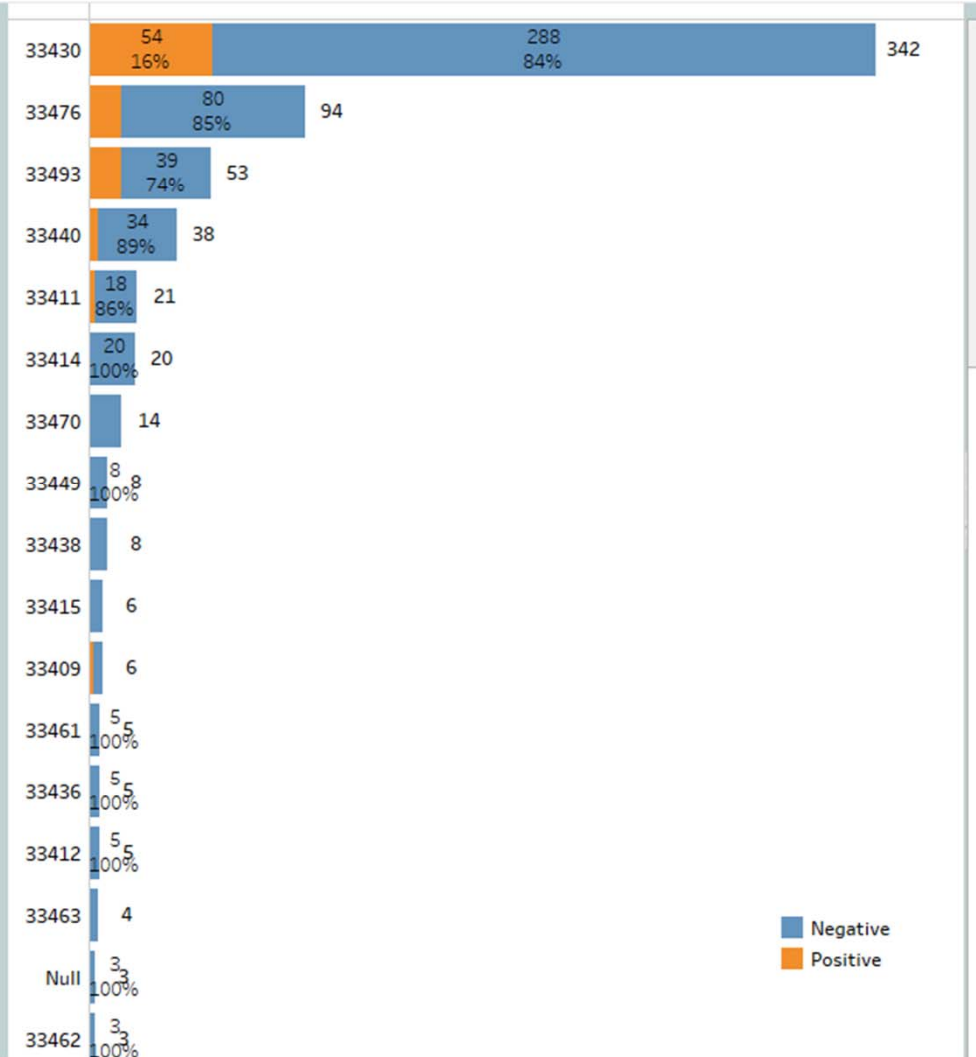
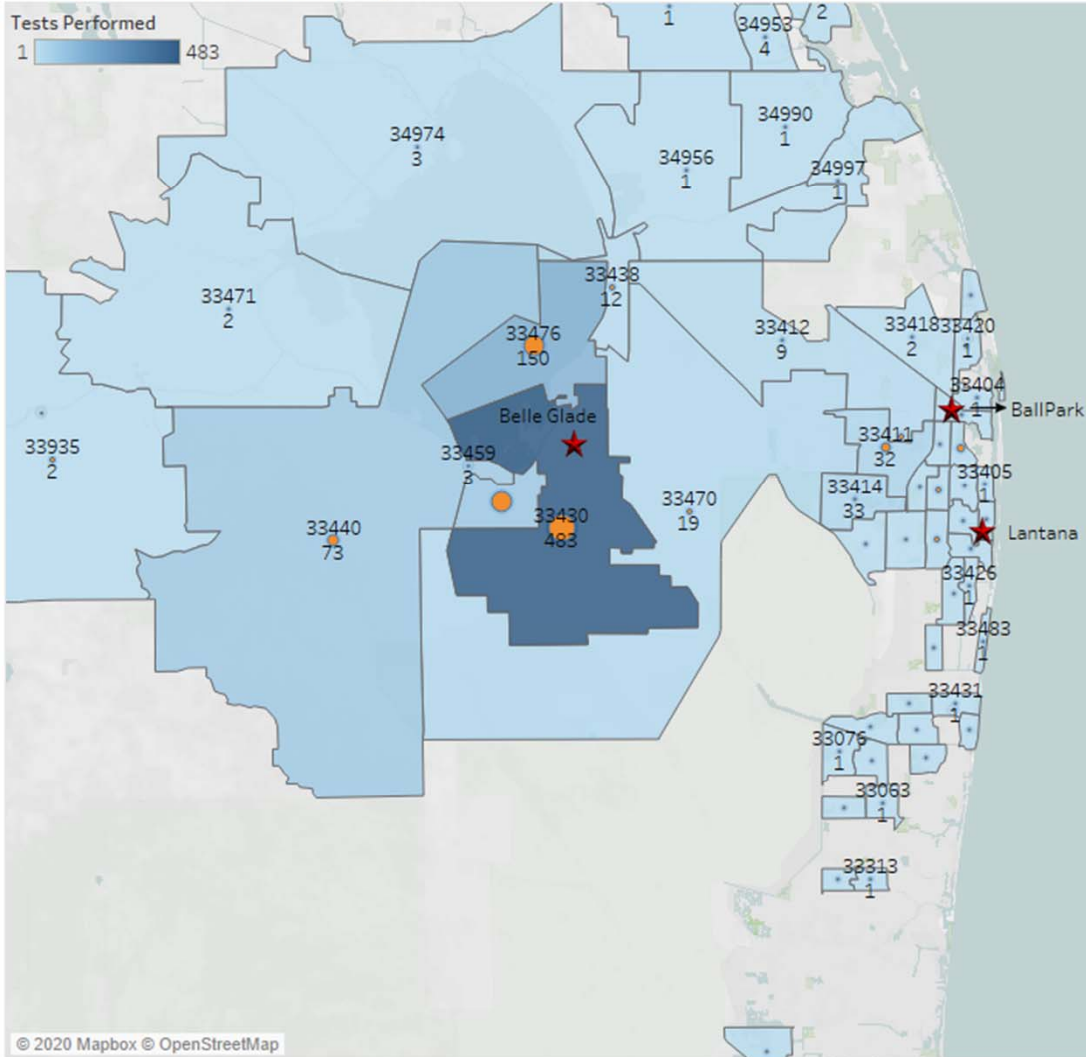
Result Status
Multiple values



COVID-19 HCD Belle Glade

1,022

Test Date
 3/16/2020 to 4/30/2020





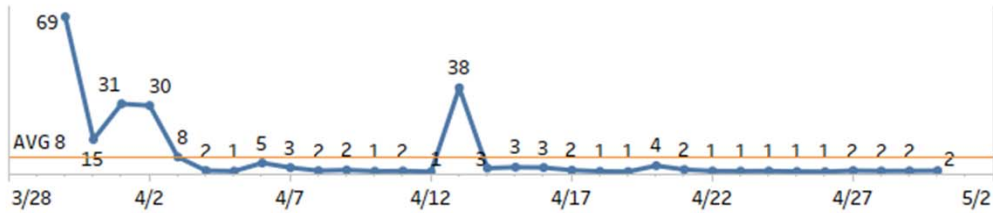
Call Center Stats

Number of Calls	878,131
Unique Phone Numbers	39,854

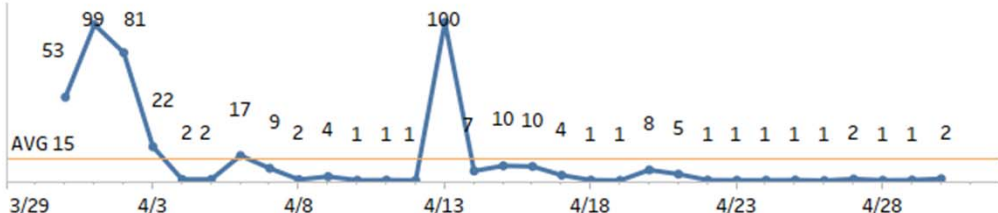
Anonymous numbers counted individually



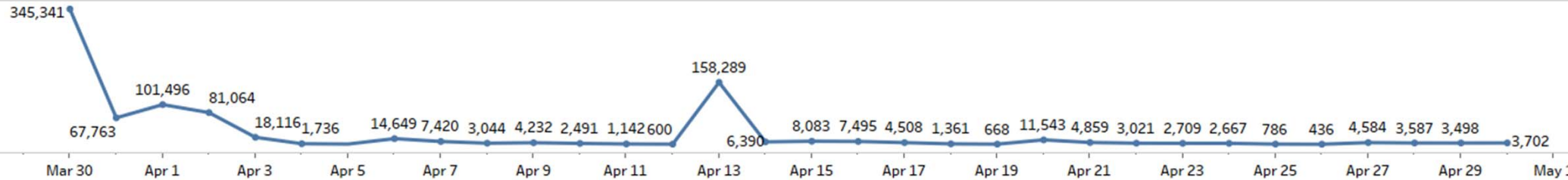
Call attempts per unique number All Day



Call attempts per unique number 8:00AM -9:00AM



Calls



Unique Numbers



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

1. Description: Quality Reports

2. Summary:

This agenda item provides the following:

- 2019 UDS Report Summary
- Quality Council Minutes – February 2020

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

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

PATIENT SATISFACTION & GRIEVANCES

No updates

QUALITY ASSURANCE & IMPROVEMENT

UDS 2019 was submitted on 2/14/2020.

UTILIZATION OF HEALTH CENTER SERVICES

The Health Center continues to focus on eliminating barriers to care and has instituted POC diabetes testing. We have begun universal screening for social determinants of health in order to improve outcomes.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
May 27, 2020

5. Reviewed/Approved by Committee:

N/A

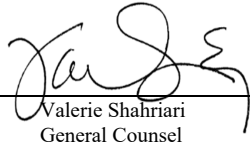
Committee Name

Date Approved

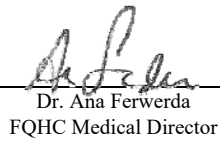
6. Recommendation:

Staff recommends the Board Approve the Quality Reports.

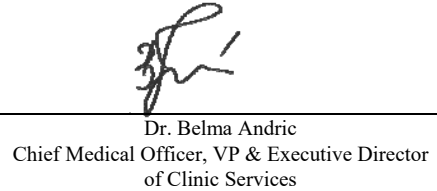
Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



Dr. Ana Ferwerda
FQHC Medical Director



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

UDS SUMMARY

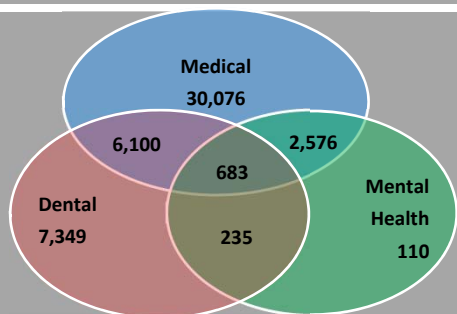
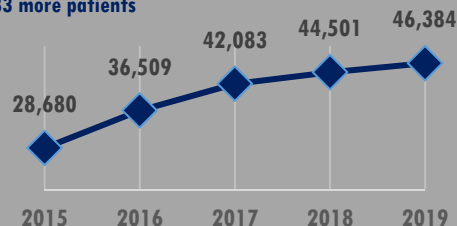
2019

Patients

Annual unique patients increased by 4.2% from 2018 to 2019; 1,883 more patients

Unique Patients Served

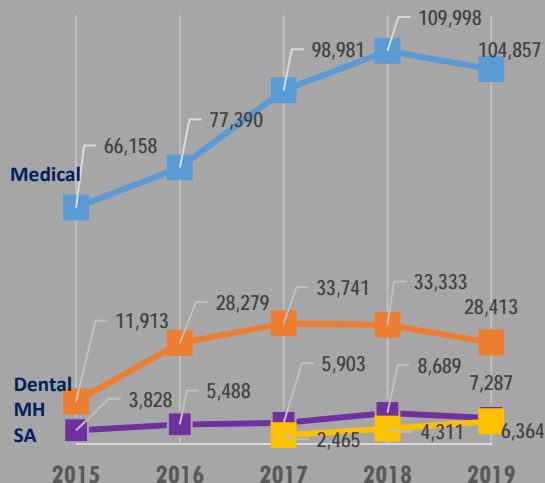
46,384



Visits

Visits across all service lines

146,921



MEDICAL DENTAL MENTAL HEALTH/SA WOMEN'S HEALTH

SERVING PALM BEACH COUNTY, FLORIDA

9 Primary Care Clinics
4 Dental Clinics
1 Mobile Clinic



34 MD/DO/Residents; 17 APRN's
10 Dentists; 5 Hygienists
2 Psychiatrists; 1 PsyD; 1 PA
10 LCSW's/LMHC's

ALMOST 6 OUT OF 10 PATIENTS ARE UNINSURED



7 OUT OF 10 PATIENTS LIVE AT OR BELOW THE FEDERAL POVERTY LINE



3 OUT OF 10 PATIENTS DO NOT HAVE STABLE HOUSING AND REPORTED THAT THEY WERE EXPERIENCING HOMELESSNESS



PATIENTS SERVED BY GENDER (AT BIRTH);

40.2% MALE, 58.7% FEMALE, <1% TRANSGENDER



42% OF PATIENTS IDENTIFIED AS AFRICAN AMERICAN/BLACK, 53% IDENTIFIED AS WHITE, WITH THE REMAINING 5% IDENTIFYING AS ANOTHER RACE.



ETHNICITY: 36% OF PATIENTS IDENTIFIED AS HISPANIC/LATINO, 63% IDENTIFIED AS NON-HISPANIC/LATINO, AND 1% WERE UNREPORTED

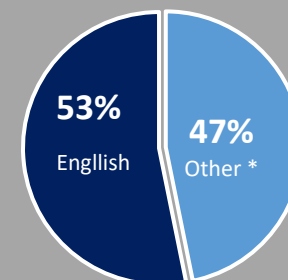


8% (3,610) PATIENTS IDENTIFIED AS AGRICULTURAL WORKERS

49% (1,770) IDENTIFIED AS MIGRATORY AND 51% (1,840) AS SEASONAL

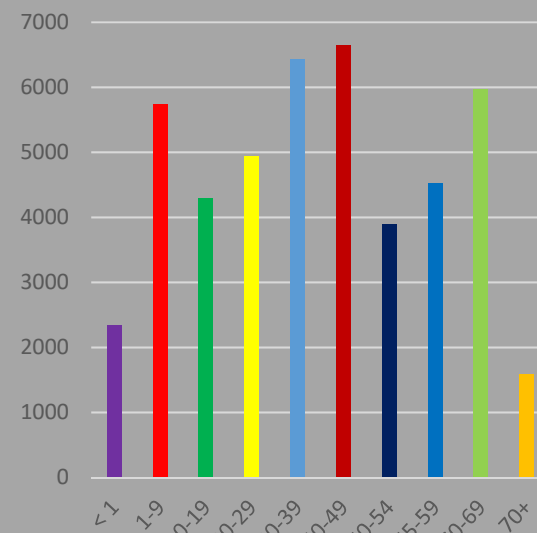


47% OF CLIENTS WERE BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH



* OF OUR PATIENT POPULATION, 16% SPEAK CREOLE AND 28% SPEAK SPANISH

PATIENT AGE — UNIQUE PATIENTS



Quality Council Meeting Minutes

Date: February 20, 2020

Time: 1:00pm – 3:00pm

Attendees: Dr. John Cucuras - Dental Director; Dr. Ana Ferwerda –Medical Director & Director of Women’s Health; David Speciale – Patient Experience Manager; Dr. Duclos Dessalines – Director of Pediatrics; Hyla Fritsch – Executive Director of Clinic Operations & Pharmacy; Jonathan Dominique – Executive Assistant; Andrea Steele – Quality Director; Dr. Courtney Rowling - Director of Behavioral Health; Belma Andric – Chief Medical Officer/Executive Director; Shauniel Brown – Risk Manager; Ivonne Cohen – Quality Reporting Analyst

Excused: Julia Bullard - Clinic Board Member

Minutes by: Andrea Steele

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
PATIENT RELATIONS				
OUTREACH SUMMARY	<p><u>Outreach</u> Outreach activities for January 2020 included Point In Time - Homeless Census and Cross Ministries Outreach in Delray Beach.</p> <p>David is combining efforts with Tom Cleare at the District to work on an Outreach Standard Operating Procedure (SOP).</p>			
SURVEY RESULTS	<p><u>Patient Satisfaction Survey</u> For 2020, we have received a total of 503 Patient Satisfaction Surveys. Breakdown by clinic presented. There were 8 areas of opportunities identified from Survey results: 3 related to request for better phone system; 1 requesting pharmacy at Lake Worth; 1 related to access to dental services, 1 related to communication of changes in provider (provider call outs), 1 was frustration with availability of appointments, 1 about wait time. Action items created and working on corrective actions.</p>			

	<p>In response to the 2019 Patient Satisfaction Survey results, Patient Experience (PX) Manager created a Patient Experience Checklist to ensure Clinic Coordinators assess Patient Experience-related items on a daily basis. The checklist includes daily tasks that Coordinators must complete to ensure a positive patient experience. PX Manager also launched a "Patient Experience Touch-base" conference call with Clinic Coordinators. This weekly meeting is to discuss issues and action items related to the improvement of the Patient Experience. Outcome of these calls to be shared with all team members in next-day clinic huddles.</p> <p>Patient Satisfaction Survey presentation completed and to be presented to the Board. PDCAs created and put in place for areas of concern and patient complaints:</p> <ol style="list-style-type: none"> 1. Coordination of Care 2. Access 3. Communication with Practice, Clinicians & Staff 4. Customer Service <p><i>(Patient Satisfaction Survey Completion report with graph presented.)</i></p> <p><u>Customer Service Training</u> PX Manager and Candice Barbanell, Manager, Training and Development are creating a calendar for Clinic team members to receive training on Customer Service.</p> <p><u>Pediatric Operational Survey</u> Pediatric Hours of Operation Survey being continued at Lantana, WPB, Jupiter, and Belle Glade. Total # of</p>	<p>Bring Third Next Available report to next Operations Workgroup.</p>	<p>Hyla/David</p>	<p>3/20/20</p>
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GRIEVANCES, COMPLIMENTS, & COMMENTS	<p>surveys completed is 111. Comparative analysis completed. No significant changes at this time.</p> <p>Patient Relations Report For January there were 7 complaints, 7 grievances, and 40 compliments for the month. Acknowledgment emails sent to team. Of the 40 compliments, there were 24 Thumbs Up nominations completed by employees. Complaints and grievances addressed in accordance to Clinic Policy and Procedures. <i>(Master Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i></p> <p>Thumbs Up For January we received a total of 22 Thumbs Up (employee to employee) recognitions for employees that have gone above and beyond to serve patient and support team members. The 5 finalists included: Dr. Seneca Harberger – Family Medicine, Belle Glade; Lourdine Laguerre – Medical Assistant, Lake Worth; Mozine Ronelus – Medical Assistant, Delray Beach Miladys Perez Forteza – Medical Assistant, Delray Beach; Barbara Gough – RN, Mangonia Park. Nominees and Winners notified through SnapComms communication in clinic shared spaces and break rooms.</p>			
QUALITY				
48-HOUR METRICS				
MEDICAL	<p>Clinical documents, Labs/orders are hovering around 70% closed within 48 hours.</p> <p>Quality Reporting Analyst proposed a weekly provider dashboard to track provider's progress in closing documents.</p>	<p>All directors will re-educate the respective individuals on reviewing records within 48 hours.</p> <p>Bring critical labs/images within 24 hours data to next Medical Workgroup.</p>	<p>Dr. Ferwerda/ Dr. Rowling/ Dr. Dessalines</p> <p>Ivonne</p>	<p>3/20/20</p> <p>3/20/20</p>

DENTAL	<u>Provider Documents and Labs Reviewed</u> Provider Totals-Trended Up December 2019, 15 January 2020, 19 Providers retrained to verify all notes at the end of the day are closed by using the "pen" function on Dentrix that identifies open notes and to sign opened notes. Notes will be monitored every 48 hours for compliance.			
QUALITY AUDITS				
WOMEN'S HEALTH	<u>Prenatal Age</u> In January 2020, 76% of patients were age 25-44. Zero patients over age 45. Teen pregnancy declining. <u>Entry into Care</u> Majority of patients are seeing us in first trimester of care. Sometimes patients that are entering into care in the third trimester due to moving here from another country or because they have had multiple previous births and do not believe they need prenatal care. <u>Deliveries & Birthweights</u> 3 deliveries in January, one with low birthweight.			
MEDICAL	<u>A1C Point of Care</u> Team-members have been trained and re-trained on A1C POC testing. Fine-tuning of report still needed. Sherri is reviewing data on daily basis.	Dr. Ferwerda to follow-up with providers on dropping A1C POC order when appropriate.	Dr. Ferwerda	3/20/20

DENTAL	<p><u>SBIRT</u> Every positive Cage-Aid should result in an SBIRT.</p> <p><u>Cage-Aid</u> Quite a few unscored Cage-Aid's. Many more positive Cage-Aid's than successful SBIRTs.</p> <p><u>PHQ9</u> Several unscored PHQ2/9s.</p> <p><u>Dental QSV</u> Process Improvements identified (logbooks, posting renewed dental licenses, autoclave loading and care training) Corrections Made</p> <p><u>Chart Trends (Dentists)</u> 24 Dental Provider Charts Reviewed 20 at Standard of Care 4 missing Date and Time Stamp Action retraining Provided at provider meeting 2-6-2020</p> <p><u>Chart Trends (Hygienists)</u> 9 Hygiene charts Reviewed for Period Charting 100% at Standard of Care</p> <p>Issues were already addressed by Template updates and re-education occurred during Boot Camp with Cherokee Health.</p>	<p>BHC's to do more assessing of substance abuse and encourage providers to do the same.</p> <p>Ensure order set is being dropped by MAs for positive Cage-Aid and also ensure MAs are clear about the fact that a score of 1 is positive.</p> <p>Ensure unscored PHQ2/9s are scored.</p>	<p>Dr. Ferwerda/ Dr. Rowling</p> <p>Lisa/ Angela</p> <p>Lisa/ Angela</p>	<p>3/20/20</p> <p>3/20/20</p> <p>3/20/20</p>
BEHAVIORAL HEALTH	<p><u>BAM</u> 37 surveys administered in January 2020 with an average of 2.64 surveys per day.</p>			
NURSING	<p><u>Hospital Follow-Up</u></p>	<p>Nurse Chart Auditor will begin bringing data on 2 months prior to see if patients have actually</p>	<p>Sherri</p>	<p>3/20/20</p>

	<p>Report for January- There were 120 ER referrals, but 8 patients have more than 1 referral. Dr. Ferwerda and Dr. Dessalines will review the charts for patients who received the multiple referrals to determine necessity.</p> <p>(16%) patients seen for hospital f/u, (56%) patients have future scheduled hospital f/u appointment, (23%) patients do not have a f/u appointment, (5%) patients refused ER. 35% medical records received, 59% medical records pending, 6% no records (pt. didn't go to the ER).</p> <p><u>Transition into Care</u> Transition into Care audit was performed 2/3 - 2/6/2020. 98 charts reviewed. 84.5% completed; 10% incomplete; 5.5% not done at all. One chart that showed 'Medical Records Requested' did not have the MR release signed in chart. Addressing with that MA. Will continue to monitor next month.</p> <p><u>Controlled Substance Report</u> 100% compliance with verification, but not consistent with documentation in the appropriate field in the EHR. Education to be provided to that provider.</p>	come in for their 'scheduled' ER referral appointments.		
QUALITY METRICS				
<u>UDS January 2020</u>				
Of the 16 UDS Measures: 9 Exceeded the HRSA Goal and 7 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>)				
Medical UDS Report	<p>UDS 2019 was submitted on 2/14/2020.</p> <p>UDS Summary presented.</p>	Work on new depression remission measure.	Andrea/Ivonne	3/20/20
	Childhood immunization: (55%/ 60%)	<p>Findings:</p> <p>1. Lowest rates in Rotavirus and Influenza</p>		

		<p>2. EMR reports are not capturing patients who have completed all vaccinations as per UDS requirements.</p> <p>Interventions:</p> <ol style="list-style-type: none"> 1. Create call list for patient access to schedule appointments for those due for vaccines. 2. Work with Athena for solution to capturing completed vaccinations as per UDS requirements. 		
	Cervical Cancer Screening: (52% /65%)	<p>Findings:</p> <ol style="list-style-type: none"> 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant although they did not have an encounter in the measurement year. 3. QMR data is skewed due to attribution and hence duplicating patients. <p>Interventions:</p> <ol style="list-style-type: none"> 1. Develop care teams to improve efficiencies in following up on requested medical records. 2. Develop a custom report similar to FIT test. 3. Woman's Health Director provided Pap smear guidance and cervical cancer guideline updates to teams. 		
	Weight assessment, Children & Adolescent: (75% /90%)	<p>Findings:</p> <ol style="list-style-type: none"> 1. Providers not dropping the order group at every visit. <p>Interventions:</p> <ol style="list-style-type: none"> 1. Train providers that health education should be given at every visit regardless of reason for visit. 		
	Adult Weight screening and follow up: (98% / 90%)			

	Tobacco use screening & cessation: (95% / 93%)			
	Asthma Pharmacologic Therapy: (91% / 99%)	Findings: Interventions:		
	Coronary Artery Disease CAD: (84% / 81%)			
	Ischemic Vascular Disease (IVD): (84% / 86%)	Findings: Interventions:		
	Colorectal Cancer Screening: (61% / 82%)	Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena. Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena.		
	HIV linkage: (71% / 100%)	5 patients were seen by PCP and DOH and linked to care. 1 patient was seen by PCP and DOH – the notes from 2/13/20 say patient ‘refusing care at this time’.		

		1 patient – left to Haiti – DOH made contact by phone before the patient left. Patient has not been physically seen by DOH.		
	Depression screening: (87% / 83%)			
	Depression screening (Homeless): (88% / 83%)			
	Hypertension: (70% / 80%)			
	Diabetes: (27% / 66%)			
	Diabetes (Migrant): (41% / 66%)			
Dental UDS & Quality Metrics	<u>Dental Sealants</u> Trended up January 2020 85% (96/113) December 2019 83% Providers sent a list monthly of patients not sealed to reschedule for completion.			
	<u>Dental Caries Risk Assessment</u> Trended up January 2020 97% (1343/1385) December 2019 96% Providers reminded and retrained to take a risk assessment for all Comprehensive, Periodic, Limited and Children Under 3 Years of Age exams.			
	<u>Referrals</u> Patient advised to go to ER at Delray Hospital and was admitted to room 4309. Patient released from hospital on 2/3/2020. Patient called on 2/10/2020 and spoke to patient. Issue resolved and patient stated he has a physical on 3/11/2020 and will call for a dental appointment. <u>Dexis Image Report</u> 2 patient's radiographs not saved. Due to Dexis not Interfacing with Dentrix Action-Staff retrained to restart pan oral and Dexis to assure integration.			
UTILIZATION				

OPERATIONS	<p><u>Productivity</u></p> <p>Mobile Clinic at 46% productivity for January. Very low. The current no show rate across all clinics is approximately 30%, but this is equal to our walk-in slots that hold each day.</p> <p>Need more places for the Mobile clinic. Zero (0) homeless patients for Loading Ramp and Palm Beach State. Other Homeless #'s:</p> <ul style="list-style-type: none"> • Delray Library - 15 • St. Ann - 32 • St. George - 10 • The Lords Place - 74 <p>Mangonia Park and WPB Pharmacy will be open on Presidents Day. Change of scope needs to be presented to the BOD to open Mangonia Park on Saturdays. Need supporting financial data including providers, pharmacy, and security. <i>(Clinic productivity report with graphs was presented.)</i></p> <p><u>Cycle Time</u></p> <p>The Patient Experience (PX) Manager developed a tool to assess Team-Member documentation of all 5 stages of the Patient Cycle Time in Athena: Check in; Intake; Exam; Sign-off; and Check Out. The PX Manager evaluated Patient Cycle Time documentation at Lantana, West Palm Beach, Boca Raton, and Delray Beach Clinics. A Patient Cycle time Training was developed to streamline the Patient Cycle time documentation process for all Team-Members.</p> <p><u>BYMY Campaign</u></p>	<p>Explore the idea of Marco being a dispensing provider.</p> <p>Change in Scope to open Saturday hours in Mangonia Clinic to go to Board in March.</p> <p>Patient Cycle Time training at sites to be scheduled.</p>	<p>Hyla</p> <p>Hyla/Andrea</p> <p>David</p>	<p>3/20/20</p> <p>3/20/20</p> <p>3/20/20</p>
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DENTAL

	<p>December 2019 33% January 2020 35% 87/251 returning patients within 10 days/total Triage extractions rescheduled.</p> <p><u>Call Center Triage No Shows</u> Rates static for January 10 broken appointments.</p> <p><u>Walk-in Triage No shows</u> Trended Down December 2019 9 Broken Appointments January 2020 1 Broken Appointment</p> <p><u>MDI</u> 896 peds patients seen in Lantana. 200 had MDI appointment. 103 patients given a new dental home in January 2020.</p>			
Meeting Adjourned: 3:28PM				

