



**BOARD OF COMMISSIONERS**  
**May 28, 2019**  
**2:00PM**

**Meeting Location**  
**39200 Hooker Highway**  
**Belle Glade, FL 33430**

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



## **DISTRICT BOARD MEETING AGENDA**

**May 28, 2019 at 2:00 PM**

**39200 Hooker Highway**

**Belle Glade, FL 33430**

- 1. Call to Order – Brian Lohmann, Chair**
  - A. Roll Call
  - B. Invocation
  - C. Pledge of Allegiance
  - D. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.
- 2. Agenda Approval**
  - A. Additions/Deletions/Substitutions
  - B. Motion to Approve Agenda
- 3. Awards, Introductions and Presentations**
  - A. Introduce New Chief Compliance Officer. (Darcy Davis)
  - B. Legislative Wrap-Up. (Mat Forrest)
- 4. Disclosure of Voting Conflict**
- 5. Public Comment**
- 6. Meeting Minutes**
  - A. **Staff Recommends a MOTION TO APPROVE:**  
Board Meeting Minutes of March 26, 2019. [Pages 1-8]
- 7. Committee Reports**
  - 7.1 Finance and Audit Committee Report – (Commissioner Sabin)
  - 7.2 Quality, Patient Safety and Compliance Committee – (Commissioner Alonso)
  - 7.3 Lakeside Health Advisory Board Report – (Commissioner Alonso)
  - 7.4 C.L. Brumback Primary Care Clinics Board Report – (Commissioner Neering)

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

**A. ADMINISTRATION**

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

May 2019 Internet Posting of District Public Meeting.

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

**8A-2 RECEIVE AND FILE**

Health Care District Board Attendance. [Page 9]

**8A-3 RECEIVE AND FILE:**

Health Care District Financial Statements April 2019.

(Dawn Richards) [Pages 10-62]

**8A-4 Staff Recommends a MOTION TO APPROVE:**

Medical Staff Appointments for Lakeside Medical Center.

(Belma Andric, MD) [Pages 63-65]

**8A-5 Staff Recommends a MOTION TO APPROVE:**

Committee Appointments. (Tom Cleare) [Pages 66-67]

**8A-6 Staff Recommends a MOTION TO APPROVE:**

First Amendment to License Agreement. (Belma Andric, MD) [Pages 68-69]

**8A-7 RECEIVE AND FILE:**

Primary Care Clinics Strategic Planning 2019. (Belma Andric, MD)

[Pages 70-85]

**8A-8 Staff Recommends a MOTION TO APPROVE:**

Audit Plan 2018-2019 Status Update. (Dawn Richards) [Pages 86-89]

**8A-9 Staff Recommends a MOTION TO APPROVE:**

Audit Plan 2019-2020 Status Update. (Dawn Richards) [Pages 90-93]

**8A-10 RECEIVE AND FILE:**

Management Action Plan Items for Completed Audits. (Dawn Richards)

[Pages 94-100]

**8A-11 Staff Recommends a MOTION TO APPROVE:**

Credit Balances Controls Audit. (Dawn Richards) [Pages 101-109]

**8A-12 Staff Recommends a MOTION TO APPROVE:**

Billing and Collections (Aeromedical) Audit. (Dawn Richards) [Pages 110-118]

**8A-13 Staff Recommends a MOTION TO APPROVE:**

Proclamation Recognizing National Nurses Week. (Karen Harris)

[Pages 119-121]

**8. Consent Agenda (Continued)**

- 8A-14 **RECEIVE AND FILE:**  
GMEC Meeting Minutes. (Karen Harris) [Pages 122-124]
- 8A-15 **Staff Recommends a MOTION TO APPROVE:**  
Proclamation Recognizing the Trauma System for Trauma Awareness Month.  
(Belma Andric, MD) [Pages 125-127]
- 8A-16 **Staff Recommends a MOTION TO APPROVE:**  
Amendment to the Finance & Audit Committee Charter. (Valerie Shahriari)  
[Pages 128-135]
- 8A-17 **Staff Recommends a MOTION TO APPROVE:**  
Amendment to the Quality, Patient Safety and Compliance Committee Charter.  
(Valerie Shahriari) [Pages 136-145]
- 8A-18 **RECEIVE AND FILE:**  
Lakeside Medical Center Confidential Public Records Request Quarterly Report.  
(Valerie Shahriari) [Pages 146-148]
- 8A-19 **Staff Recommends a MOTION TO APPROVE:**  
Third Amendment to Lease Agreement. (Valerie Shahriari) [Page 149]
- 8A-20 **Staff Recommends a MOTION TO APPROVE:**  
HR Policies & Procedures – Volunteer Program & Internship Program.  
(Steven Hurwitz) [Pages 150-153]

**9. Regular Agenda**

A. **ADMINISTRATION**

- 9A-1 **Staff Recommends a MOTION TO APPROVE:**  
Annual Meeting Bylaw Revision. (Valerie Shahriari) [Pages 154-183]
- 9A-2 **RECEIVE AND FILE:**  
Committee Member Terms. (Tom Cleare) [Pages 184-185]
- 9A-3 **Staff Recommends a MOTION TO APPROVE:**  
Helicopter Purchase Request. (Darcy Davis) [Pages 186-187]

**10. CEO Comments**

**11. HCD Board Member Comments**

**12. CLOSED ATTORNEY CLIENT SESSION**  
Pursuant to Florida Statute Ch. 286.011 (8)

**13. Establishment of Upcoming Board Meetings**

**July 30, 2019 - Hilton West Palm Beach - 600 Okeechobee Blvd., WPB 33401  
(Cypress Room- First Floor)**

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

**September 2019 (Dates TBD for two TRIM meetings)**

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

**November 26, 2019**

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

**14. Motion to Adjourn**



**HEALTH CARE DISTRICT OF  
PALM BEACH COUNTY  
BOARD OF COMMISSIONERS & DISTRICT CLINIC HOLDINGS, INC. JOINT  
SUMMARY MEETING MINUTES  
March 26, 2019, 2:00 p.m.  
1515 N. Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

**1. Call to Order**

Brian Lohmann called the meeting to order.

**A. Roll Call**

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

District Clinic Holdings Board members present included: James Elder, Chair; Joseph Morel, Vice Chair; John Casey Mullen, Secretary; Michael Smith; Irene Figueroa; and Julia Bullard. Shanti Howard was absent.

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

Recording/Transcribing Secretary: Heidi Bromley

**B. Invocation**

Darcy Davis led the invocation.

**C. Pledge of Allegiance**

The Pledge of Allegiance was recited.

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

**2. Agenda Approval**

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

**CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the agenda as presented. The motion was duly seconded by Commissioner O'Bannon. There being no opposition, the motion passed unanimously.**

**3. Awards, Introductions and Presentations**

- A. Clinic and Board Introductions

Dr. Andric introduced the District Clinic Board members and Ms. Davis introduced the Health Care District Board members.

- B. Accomplishments, Changes and Anticipated Direction of the Clinics

Dr. Andric discussed the Accomplishments, Changes and Anticipated Direction of the Primary Care Clinics.

- C. Public Records and Sunshine Implications.

Ms. Shahriari provided an overview of Florida's Government in the Sunshine Law.

- D. RSM - 2018 IT Risk Assessment Summary

Anthony Catalano with RSM presented the 2018 IT Risk Assessment.

- E. Correlation of IT Audits

Ms. Yarbrough discussed the layers of IT review and Audits performed.

**4. Disclosure of Voting Conflict**

**5. Public Comment**

Don Chester stated that a friend who required health care went to the Lantana Clinic and gave praise for the care he received. He wanted to thank the entire clinic staff for a job well done.

## 6. Meeting Minutes

- A. Staff Recommends a MOTION TO APPROVE:  
Board Meeting Minutes of January 29, 2019.

**CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Board Meeting Minutes of January 29, 2019 as presented. The motion was duly seconded by Commissioner Sabin. There being no objection, the motion passed unanimously.**

## 7. Committee Reports

- 7.1 Finance and Audit Committee Report – (Commissioner Sabin)

Commissioner Sabin stated that the Finance & Audit Committee approved the four internal audit updates. They reviewed the external audits and the February financial statements. They approved the Good Health Foundation amended bylaws which now appoints the Finance & Audit Committee as the governing Board effective as today.

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

Dr. Alonso stated that we had an outstanding Quality, Patient Safety and Compliance Committee meeting. We received a visit from AHCA. They went to the Healey Center on the weekend and made a surprise visit. There were very few findings so staff did a great job. The other audit was school health. They gave lots of compliments on all the great things we're doing and how well everything is organized. This shows how hard staff is working.

- 7.3 Lakeside Health Advisory Board Report – (Commissioner Alonso)

The Lakeside Health Advisory Board met on February 12, 2019. The Board welcomed new Board Member Inger Harvey. We received Lakeside Medical Center updates on operations, quality data, and financial data. The Board recognized outgoing Board Member Angie Pope and thanked her for her 8 years of service. A framed memento was presented to Sandra Chamblee's family recognizing her over 30 years of service to the Glades Community and multiple tenures on the hospital Board.

- 7.4 C.L. Brumback Primary Care Clinics Board Report – (Belma Andric, MD)

Meetings were held on January 30, 2019 and February 27, 2019. On 12/20/2018 we received our Notice of Award from HRSA confirming our grant continuation through 12/31/2021. Our current approved grant budget is \$7,617,174.00. Construction is underway at the new Mangonia Park clinic with expectation that



we will open in the fall. HRSA-19-080 - New Access Points (NAP) grant is a new funding opportunity for new sites. Applicants can apply for up to \$650,000 per year for up to 2 years.

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

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

**A. ADMINISTRATION**

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

March 2019 Internet Posting of District Public Meeting.

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

**8A-2 RECEIVE AND FILE**

Health Care District Board Attendance.

**8A-3 RECEIVE AND FILE:**

Health Care District Financial Statements February 2019.

**8A-4 Staff Recommends a MOTION TO APPROVE:**

Medical Staff Appointment(s) for Lakeside Medical Center.

**8A-5 Staff Recommends a MOTION TO APPROVE:**

Audit Plan 2018-2019 Status Update & Follow-Up of Management Action Plan Items.

**8A-6 Staff Recommends a MOTION TO APPROVE:**

Audit Plan 2019-2020 Status Update.

**8A-7 Staff Recommends a MOTION TO APPROVE:**

Third Party Vendor Management Audit.

**8A-8 Staff Recommends a MOTION TO APPROVE:**

PTO Benefits Audit.

**8A-9 Staff Recommends a MOTION TO APPROVE:**

Revenue Charge Capture Controls Assessment.

**8A-10 Staff Recommends a MOTION TO APPROVE:**

Controlled Substance Audit – Primary Care Clinic Pharmacies.

8A-11 **Staff Recommends a MOTION TO APPROVE:**  
Amendment to the Finance and Audit Committee Charter.

8A-12 **Staff Recommends a MOTION TO APPROVE:**  
Amendment to the Quality, Patient Safety and Compliance Committee Charter.

9. Regular Agenda

A. **ADMINISTRATION**

9A-1 **Staff Recommends a MOTION TO APPROVE:**  
Member Appointments to the Finance and Audit Committee.

Dr. Cleare stated this agenda item presents the Board with a recommendation to appoint Mark Marciano and Richard Sartory to the Finance & Audit Committee. As a reminder, the Health Care District Bylaws specify that the District Board shall appoint all standing committee members to a four (4) year term with standing committee membership limited to two (2) full terms. Staff recommends the Board approve the appointment of Mark Marciano and Richard Sartory to the Finance and Audit Committee.

**CONCLUSION/ACTION: Commissioner Sabin made a motion to approve the appointment of Mark Marciano and Richard Sartory to the Finance and Audit Committee. The motion was duly seconded by Commissioner Banner. There being no objection, the motion passed unanimously.**

There was discussion of staggering the rotation of members. As a result, the motion was revised (below).

**CONCLUSION/ACTION: Commissioner Banner made a new motion to appoint Rick Sartory and Mark Marciano for a term that is consistent with our governing documents. The motion was duly seconded by Commissioner Sabin. There being no objection, the motion passed unanimously.**

9A-2 **Staff Recommends a MOTION TO APPROVE:**  
2018 Health Care District Audit.

The 2018 Health Care District audited Comprehensive Annual Financial Report (CAFR) was presented by Carlos Hernandez (RSM) to the Board for review and approval.

**CONCLUSION/ACTION: Commissioner Banner made a motion to approve the 2018 Health Care District Audit. The motion was duly seconded by Commissioner O'Bannon. There being no objection, the motion passed unanimously.**

9A-3 **Staff Recommends a MOTION TO APPROVE:**  
2018 District Clinic Holdings, Inc. Audit.

The 2018 District Clinic Holdings, Inc. audited financial report was presented by Carlos Hernandez (RSM) to the Board for review and approval.

**CONCLUSION/ACTION: Commissioner Banner made a motion to approve the 2018 District Clinic Holdings, Inc. Audit. The motion was duly seconded by Commissioner Alonso. There being no objection, the motion passed unanimously.**

9A-4 **Staff Recommends a MOTION TO APPROVE:**  
2018 Good Health Foundation, Inc. Audit.

The 2018 Good Health Foundation, Inc. audited financial report was presented by Carlos Hernandez (RSM) to the Board for review and approval.

**CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the 2018 Good Health Foundation, Inc. Audit. The motion was duly seconded by Commissioner Daniels. There being no objection, the motion passed unanimously.**

9A-5 **Staff Recommends a MOTION TO APPROVE:**  
2018 Healthy Palm Beaches, Inc. Audit.

The 2018 Healthy Palm Beaches, Inc. audited financial report was presented by Carlos Hernandez (RSM) to the Board for review and approval.

**CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the 2018 Healthy Palm Beaches, Inc. Audit. The motion was duly seconded by Commissioner O'Bannon. There being no objection, the motion passed unanimously.**

**DISTRICT CLINIC HOLDINGS, INC. BOARD**

**10. Agenda Approval**

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

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

## 11. Regular Agenda

### 11A-1 Staff Recommends a MOTION TO APPROVE:

Appointment of Gary Butler to the District Clinic Holdings, Inc. Board.

Dr. Andric stated that Gary Butler has submitted an application for consideration to be appointed to the District Clinic Holdings, Inc. Board of Directors. Mr. Butler worked in the field of healthcare for years and spends a great deal of time in Belle Glade. He is familiar with special population such as agricultural workers and homeless individuals. Staff recommends the Board approve the appointment of Gary Butler to the District Clinic Holdings, Inc. Board.

**CONCLUSION/ACTION: Mr. Smith made a motion to approve the appointment of Gary Butler to the District Clinic Board. The motion was duly seconded by Mr. Morel. There being no objection, the motion passed unanimously.**

### 11A-2 Staff Recommends a MOTION TO APPROVE:

Licensed Independent Practitioner Credentialing and Privileging.

Dr. Andric stated that the LIP satisfactorily completed the credentialing and privileging process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. Staff recommends the Board approve the credentialing and privileging.

**CONCLUSION/ACTION: Mr. Morel made a motion to approve the credentialing and privileging. The motion was duly seconded by Mrs. Bullard. There being no objection, the motion passed unanimously.**

## 12. CEO Comments

Ms. Davis mentioned that the upcoming Board meeting in May will be held at Lakeside Medical Center. Please allow ample time for travel.

## 13. District Clinic Board Member Comments

None.

## 14. HCD Board Member Comments

None.

**15. CLOSED RISK MEETING**

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

The closed meeting took place at this time. All persons currently exited the meeting except the following: Chief Executive Officer, General Counsel and the Health Care District Board.

**16. Establishment of Upcoming Board Meetings**

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

- 2:00PM, Health Care District Board Meeting

**July 30, 2019 (Location TBD)**

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

**September 2019 (Dates TBD for two TRIM meetings)**

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

**November 26, 2019**

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

**17. Motion to Adjourn**

There being no further business, the meeting was adjourned.

\_\_\_\_\_  
**Sean O'Bannon, Secretary**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**John Casey Mullen, Secretary**

\_\_\_\_\_  
**Date**

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

**12 Month Attendance Tracking**

	<b>1/29/19</b>	<b>3/26/19</b>	<b>5/28/19</b>	<b>7/30/19</b>	<b>9/24/19</b>	<b>11/26/19</b>	
Brian Lohmann	<b>x</b>	<b>x</b>					
Nancy Banner	<b>x</b>	<b>x</b>					
Alina Alonso	<b>x</b>	<b>x</b>					
Leslie Daniels		<b>x</b>					
Sean O'Bannon	<b>x</b>	<b>x</b>					
Cory Neering	<b>x</b>						
Ed Sabin	<b>x</b>	<b>x</b>					

# HEALTH CARE DISTRICT BOARD

May 28, 2019

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

**2. Summary:**

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

**3. Substantive Analysis:**

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
Dawn Richards  
VP & Chief Financial Officer

**5. Reviewed/Approved by Committee:**

Finance and Audit Committee

Committee Name

5/28/2019

Date Reviewed

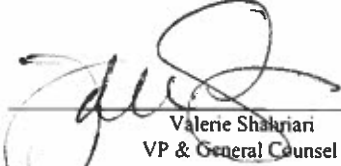
**HEALTH CARE DISTRICT BOARD**

**May 28, 2019**

**6. Recommendation:**

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

Approved for Legal sufficiency:



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Valerie Shahriari  
VP & General Counsel



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Dawn Richards  
VP & Chief Financial Officer



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Darcy J. Davis  
Chief Executive Officer





# Health Care District of Palm Beach County

FINANCIAL STATEMENT

April 2019



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**Management Discussion and Analysis**

**Combined Financial Statements**

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## MEMO

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**To:** Finance Committee

**From:** Dawn L. Richards, Chief Financial Officer

**Date:** May 16, 2019

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

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

### Net Performance

- YTD net margin for all funds combined of \$42.2M is \$8.4M (24.7%) over the budget of \$33.8M and \$47.6M (870.5%) over the prior year of (\$5.5M). The significant increase in net margin over the prior year is a result of a change in revenue recognition methodology for ad valorem taxes.

### Volume Analysis

- Aeromedical transports of 361 are under the budget of 389 by 28 or 7.2% and under the prior year of 399 by 38 or 9.5%.
- YTD census at the Healey Center of 119 is over the budget of 118 by 1 or 0.8% and on par with the prior year of 119.
- YTD adjusted patient days at Lakeside Medical Center of 9,755 are under the budget of 10,460 by 705 or 6.7% and under the prior year of 10,596 by 841 or 7.9%.
- Emergency room visits YTD of 14,317 are under the budget of 14,374 by 57 or (0.4%) and over the prior year of 14,049 by 268 or 1.9%.
- Outpatient visits YTD of 3,114 are under the budget of 5,023 by 1,909 or 38.0% and under the prior year of 4,922 by 1,808 or 36.7%.
- Total medical clinic visits YTD in all adult and pediatric clinics of 59,785 are under the budget of 62,310 by 2,525 or 4.1% and under the prior year of 60,241 by 456 or 0.8%.

- Total dental visits YTD of 15,986 are under the budget of 19,951 by 3,965 or 19.9% and under the prior year of 18,619 by 2,633 or 14.1%. The volume variances are attributable to the ramp up of the new strategy of integration with medical visits, which is slowing productivity.

### **Revenue Analysis**

- YTD revenue in the General Fund of \$133.5M is \$891k (0.7%) over the budget of \$132.7M and \$50.1M (60.1%) over the prior year of \$83.4M. Shortfalls in ad valorem taxes (\$2.2M) and patient revenue (\$289k) are offset by overages in interest earnings (\$841k), unrealized gain/loss - investments (\$1.9M), and other revenue (\$811k).
- YTD net patient revenue at the Healey Center of \$5.9M is \$299k (5.4%) over the budget of \$5.6M and \$847k (16.9%) over the prior year of \$5.0M. The increase in reimbursement is attributable to an enhanced rate from Medicaid.
- YTD net patient revenue at Lakeside Medical Center of \$15.1M is \$1.3M (8.0%) under the budget of \$16.4M and \$183k (1.2%) over the prior year of \$14.9M. This is a result of unfavorable volume variances.
- YTD net patient revenue in the Primary Care Clinics of \$7.2M is \$1.7M (30.0%) over the budget of \$5.5M and \$1.4M (16.3%) under the prior year of \$8.6M, due to unanticipated LIP revenue (\$1.1M) and unbudgeted District Cares subsidy payments (\$1.1M) for clinic visits.
- YTD grant revenue in the Primary Care Clinics of \$7.5M is \$2.3M (46.3%) over the budget of \$5.1M and \$3.1M (72.2%) over the prior year of \$4.3M. This is due to a change in the HRSA base drawdown procedure that improves the process. Revenue from the Belle Glade construction grant of \$801k is \$51k (6.8%) over the budget of \$750k.

### **Expenses Analysis**

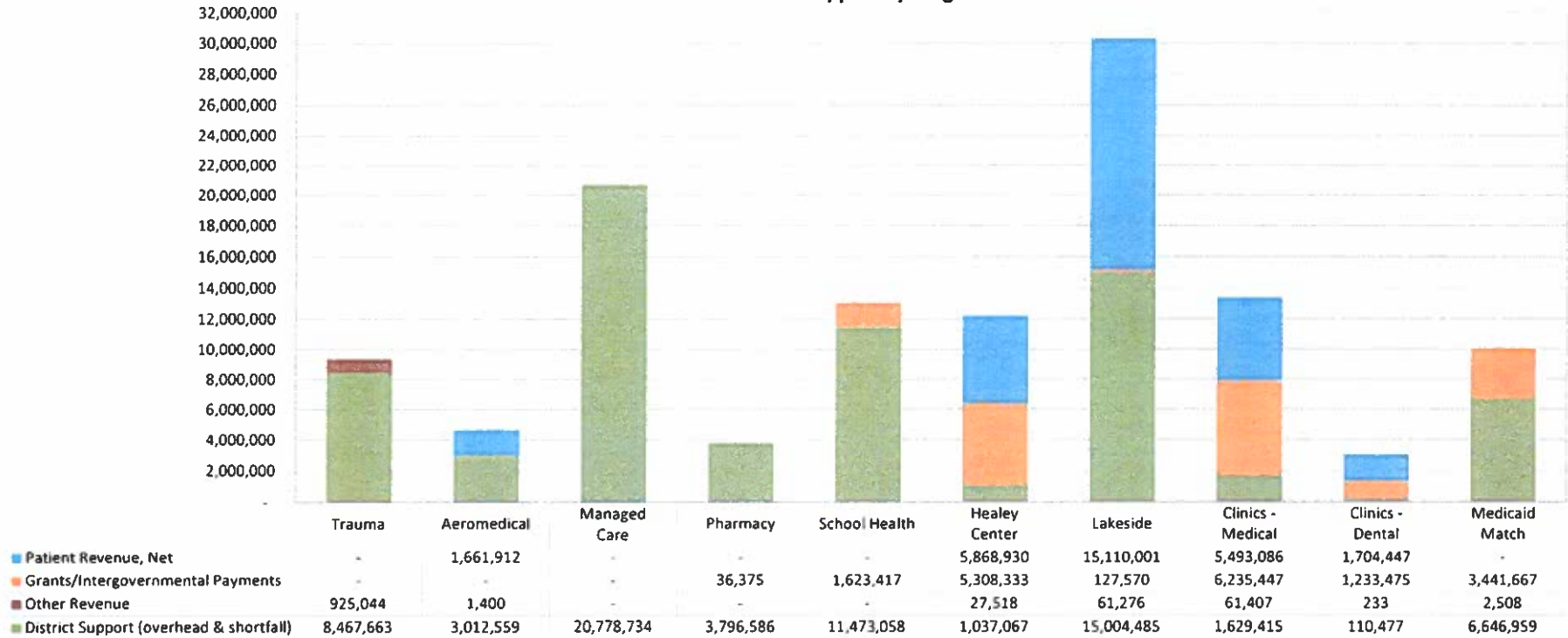
- Total operating expenses in the General Fund of \$73.2M are \$4.0M (5.2%) under the budget of \$77.2M and \$978k (1.4%) over the prior year of \$72.2M. Savings and timing in salaries (\$1.4M), benefits (\$538k), purchased services (\$1.2M), repairs and maintenance (\$469k), and sponsored programs (\$1.1M) are the major contributors to the favorable variance.
- Total operating expenses in the Healey Center of \$10.7M are \$94k (0.9%) over the budget of \$10.6M and \$526k (5.2%) over the prior year of \$10.2M. Favorable variances in benefits (\$33k), purchased services (\$20k), drugs (\$21k), repairs and maintenance (\$11k), and other expense (\$20k) partially offset unfavorable variances in salaries (\$144k) and other supplies (\$60k).

- Total operating expenses at Lakeside Medical Center of \$25.8M are \$347k (1.4%) over the budget of \$25.4M and \$2.5M (10.7%) over the prior year of \$23.3M. Significant favorable variances in salaries (\$451k), benefits (\$84k), purchased services (\$299k), other supplies (\$91k), and utilities (\$74k) partially offset unfavorable variances in medical supplies (\$69k), contracted physician expense (\$1.3M), and repairs and maintenance (\$80k). Variances were caused by locum tenens, inventory adjustments, and JCAHO required repairs.
- Total operating expenses in the Primary Care Clinics of \$14M are \$652k (4.4%) under the budget of \$14.7M and \$871k (6.6%) over the prior year of \$13.2M. Savings in salaries (\$203k), benefits (\$185k), medical supplies (\$72k), medical services (\$181k) and drugs (\$58k) are the main contributors to the favorable variance.

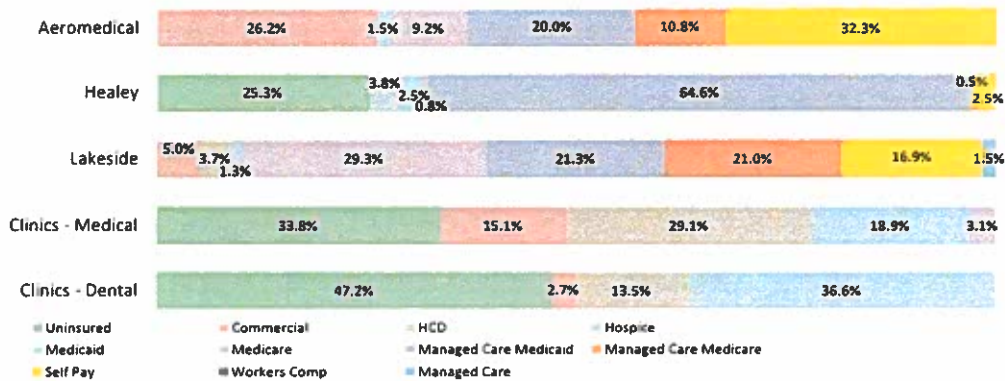


# Program Dashboard - YTD April 2019

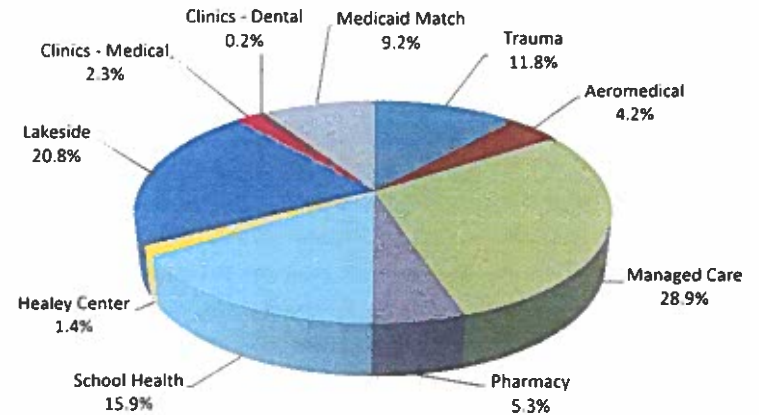
## YTD Revenue and District Support by Program



## YTD Payor Mix by Volume

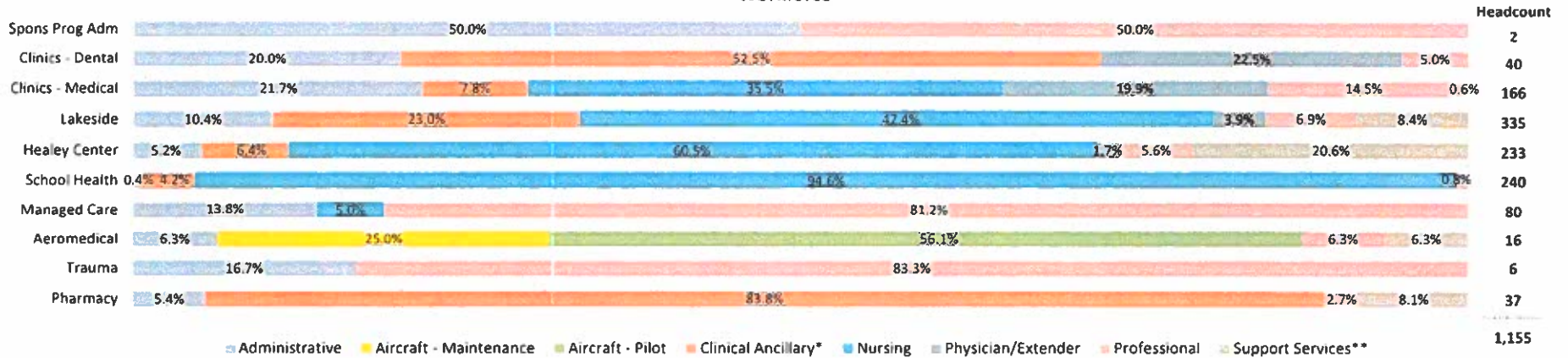


## District Support (overhead and shortfall)



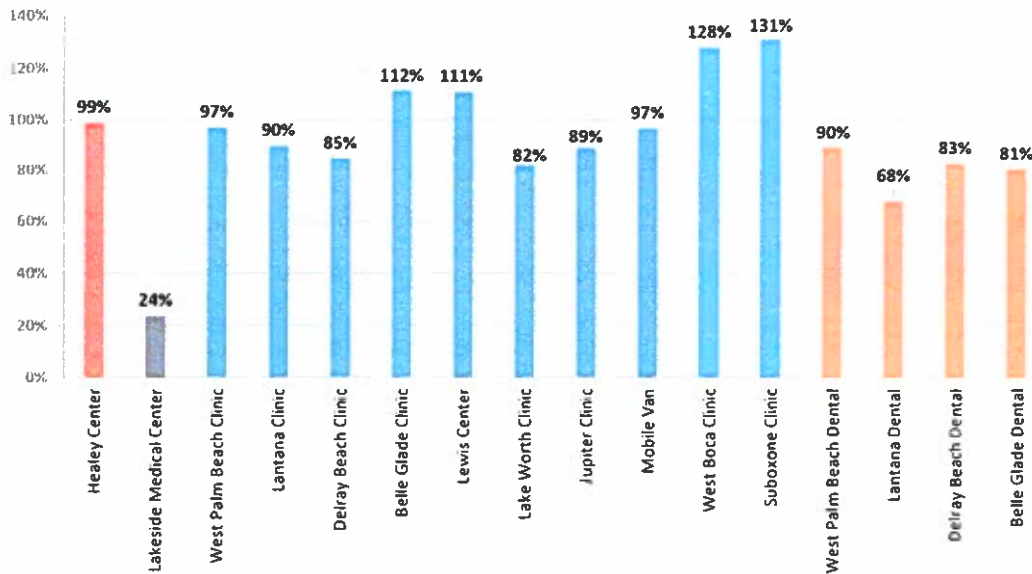
# Program Dashboard - YTD April 2019

## Workforce



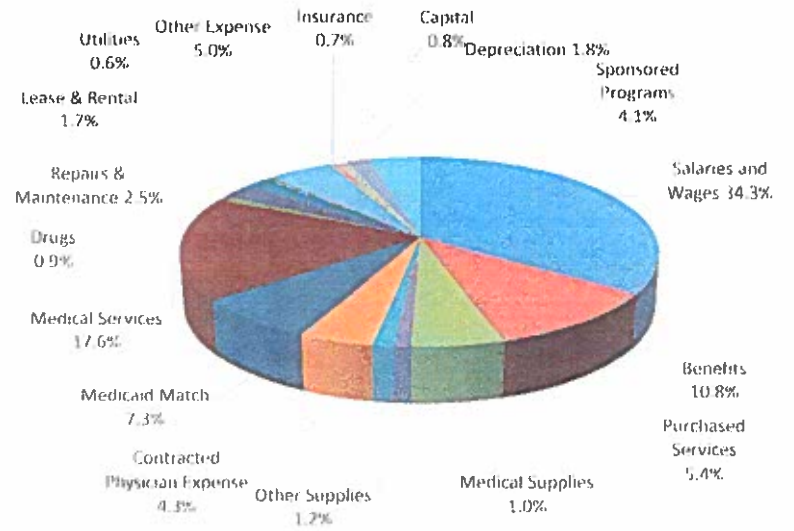
\* Clinical Ancillary is comprised of employees in pharmacy, lab, radiology, ultrasound, respiratory, physical therapy, social services, activities, and dental hygienists/assistants  
 \*\* Support Services is comprised of employees in housekeeping, dietary, laundry, purchasing, and warehouse/delivery

## Capacity Percentage



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

## Functional Expense Breakdown



# Revenues & Expenditures - Combined All Funds (Functional)

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
<b>Revenues:</b>															
\$ 5,487,587	\$ 5,796,448	\$ (308,860)	(5.3%)	\$ 11,072,500	\$ (5,584,913)	(50.4%)	Ad Valorem Taxes	\$ 123,995,813	\$ 126,215,866	\$ (2,220,053)	(1.8%)	\$ 77,459,272	\$ 46,536,541	60.1%	
-	-	-	0.0%	-	-	0.0%	Medicaid Revenue and Premiums	-	-	-	0.0%	-	-	0.0%	
4,224,690	4,173,832	50,859	1.2%	4,696,905	(472,215)	(10.1%)	Patient Revenue, Net	29,838,376	29,481,942	356,435	1.2%	30,534,945	(696,569)	(2.3%)	
1,481,917	1,481,917	-	0.0%	1,481,917	-	0.0%	Intergovernmental Revenue	10,373,417	10,373,417	(0)	(0.0%)	10,373,417	(0)	(0.0%)	
1,147,201	645,469	501,732	77.7%	676,420	470,781	69.6%	Grants	7,632,868	5,254,620	2,378,248	45.3%	4,584,756	3,048,112	66.5%	
373,780	223,338	150,442	67.4%	308,348	65,432	21.2%	Interest Earnings	2,553,149	1,563,369	989,780	63.3%	1,830,393	722,757	39.5%	
126,713	(86,815)	213,528	(246.0%)	(235,360)	362,073	(153.8%)	Unrealized Gain/(Loss)-Investments	1,251,707	(607,704)	1,859,411	(306.0%)	(1,365,323)	2,617,030	(191.7%)	
431,017	181,339	249,678	137.7%	440,377	(9,359)	(2.1%)	Other Revenue	2,836,732	2,322,435	514,297	22.1%	2,521,349	315,383	12.5%	
<b>\$ 13,272,906</b>	<b>\$ 12,415,528</b>	<b>\$ 857,378</b>	<b>6.9%</b>	<b>\$ 18,441,107</b>	<b>\$ (5,168,201)</b>	<b>(28.0%)</b>	<b>Total Revenues</b>	<b>\$ 178,482,062</b>	<b>\$ 174,603,944</b>	<b>\$ 3,878,118</b>	<b>2.2%</b>	<b>\$ 125,938,809</b>	<b>\$ 52,543,253</b>	<b>41.7%</b>	
<b>Expenditures:</b>															
6,848,744	7,140,302	291,558	4.1%	6,387,157	(461,587)	(7.2%)	Salaries and Wages	47,123,101	49,080,601	1,957,500	4.0%	45,270,372	(1,852,729)	(4.1%)	
2,166,379	2,271,288	104,909	4.6%	2,090,573	(75,806)	(3.6%)	Benefits	14,864,254	15,704,129	839,875	5.3%	14,372,797	(491,457)	(3.4%)	
1,572,066	1,278,221	(293,846)	(23.0%)	984,108	(587,958)	(59.7%)	Purchased Services	7,401,289	8,938,452	1,537,162	17.2%	6,518,020	(883,270)	(13.6%)	
199,405	192,341	(7,064)	(3.7%)	259,799	60,393	23.2%	Medical Supplies	1,355,321	1,348,419	(6,902)	(0.5%)	1,220,093	(135,228)	(11.1%)	
258,320	282,874	24,554	8.7%	307,931	49,611	16.1%	Other Supplies	1,680,964	2,034,602	353,638	17.4%	1,638,560	(42,404)	(2.6%)	
684,236	544,645	(139,591)	(25.6%)	547,583	(136,653)	(25.0%)	Contracted Physician Expense	5,972,229	4,657,443	(1,314,785)	(28.2%)	4,251,113	(1,721,115)	(40.5%)	
1,441,591	1,441,591	-	0.0%	1,415,952	(25,638)	(1.8%)	Medicaid Match	10,091,134	10,091,134	-	0.0%	9,911,667	(179,467)	(1.8%)	
2,452,751	3,417,431	964,679	28.2%	4,157,423	1,704,671	41.0%	Medical Services	24,053,348	23,891,642	(161,706)	(0.7%)	27,292,634	3,239,286	11.9%	
208,801	248,958	40,157	16.1%	201,262	(7,539)	(3.7%)	Drugs	1,251,617	1,736,959	485,341	27.9%	1,532,257	280,639	18.3%	
628,556	533,112	(95,445)	(17.9%)	366,307	(262,249)	(71.6%)	Repairs & Maintenance	3,475,914	3,728,349	252,435	6.8%	2,762,708	(713,206)	(25.8%)	
300,228	376,929	76,701	20.3%	361,882	61,654	17.0%	Lease & Rental	2,375,786	2,553,279	177,492	7.0%	2,559,411	183,625	7.2%	
134,877	123,167	(11,710)	(9.5%)	112,167	(22,710)	(20.2%)	Utilities	828,172	891,643	63,471	7.1%	802,458	(25,715)	(3.2%)	
638,525	516,444	(122,080)	(23.6%)	528,069	(110,456)	(20.9%)	Other Expense	6,909,931	5,569,153	(1,340,778)	(24.1%)	4,875,111	(2,034,820)	(41.7%)	
106,942	164,257	57,315	34.9%	127,647	20,705	16.2%	Insurance	942,637	1,150,109	207,472	18.0%	962,219	19,582	2.0%	
864,502	960,833	96,331	10.0%	710,221	(154,281)	(21.7%)	Sponsored Programs	5,581,736	6,725,833	1,144,098	17.0%	4,874,467	(707,268)	(14.5%)	
<b>18,505,924</b>	<b>19,492,393</b>	<b>986,469</b>	<b>5.1%</b>	<b>18,558,081</b>	<b>52,157</b>	<b>0.3%</b>	<b>Total Operational Expenditures</b>	<b>133,907,432</b>	<b>138,101,745</b>	<b>4,194,313</b>	<b>3.0%</b>	<b>128,843,885</b>	<b>(5,063,547)</b>	<b>(3.9%)</b>	
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>															
\$ (5,233,018)	\$ (7,076,866)	\$ 1,843,847	(26.1%)	\$ (116,975)	\$ (5,116,044)	4,373.6%	Overhead Allocations	\$ 44,574,630	\$ 36,502,199	\$ 8,072,431	22.1%	\$ (2,905,076)	\$ 47,479,706	(1,634.4%)	
344,186	385,990	41,803	10.8%	371,862	27,676	7.4%	Depreciation	2,412,091	2,696,205	284,114	10.5%	2,566,727	154,636	6.0%	
<b>18,850,111</b>	<b>19,878,383</b>	<b>1,028,272</b>	<b>5.2%</b>	<b>18,929,943</b>	<b>79,833</b>	<b>0.4%</b>	<b>Total Expenses</b>	<b>136,319,523</b>	<b>140,797,950</b>	<b>4,478,427</b>	<b>3.2%</b>	<b>131,410,612</b>	<b>(4,908,911)</b>	<b>(3.7%)</b>	
<b>\$ (5,577,205)</b>	<b>\$ (7,462,855)</b>	<b>\$ 1,885,650</b>	<b>(25.3%)</b>	<b>\$ (488,837)</b>	<b>\$ (5,088,368)</b>	<b>1,040.9%</b>	<b>Net Margin</b>	<b>\$ 42,162,539</b>	<b>\$ 33,805,994</b>	<b>\$ 8,356,544</b>	<b>24.7%</b>	<b>\$ (5,471,803)</b>	<b>\$ 47,634,342</b>	<b>870.5%</b>	
63,453	1,457,771	1,394,318	95.6%	110,715	47,261	42.7%	Capital	1,076,165	11,426,088	10,349,923	90.6%	1,979,602	903,437	45.6%	
<b>\$ (5,640,658)</b>	<b>\$ (8,920,626)</b>	<b>\$ 3,279,968</b>	<b>(36.8%)</b>	<b>\$ (599,551)</b>	<b>\$ (5,041,107)</b>	<b>840.8%</b>	<b>RESERVES ADDED (USED)</b>	<b>\$ 41,086,374</b>	<b>\$ 22,379,907</b>	<b>\$ 18,706,468</b>	<b>83.6%</b>	<b>\$ (7,451,405)</b>	<b>\$ 48,537,779</b>	<b>651.4%</b>	

Note: Excludes Interfund Transfers



## Revenues and Expenses by Fund YTD

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

	General Fund	Healey Center	Lakeside Medical	Healthy Palm Beaches	Primary Care Clinics	Medicaid Match	Capital Funds	Total
<b>Revenues:</b>								
Ad Valorem Taxes	\$ 123,995,813	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 123,995,813
Premiums	-	-	-	-	-	-	-	-
Patient Revenue, Net	1,661,912	5,868,930	15,110,001	-	7,197,533	-	-	29,838,376
Intergovernmental Revenue	1,623,417	5,308,333	-	-	-	3,441,667	-	10,373,417
Grants	36,375	-	127,570	-	7,468,922	-	-	7,632,868
Interest Earnings	2,218,910	-	-	-	-	-	-	2,218,910
Unrealized Gain/(Loss)-Investments	1,251,707	-	-	-	-	-	-	1,251,707
Other Revenue	2,751,612	27,518	61,276	29,151	61,640	2,508	237,267	3,170,971
<b>Total Revenues</b>	<b>\$ 133,539,746</b>	<b>\$ 11,204,781</b>	<b>\$ 15,298,847</b>	<b>\$ 29,151</b>	<b>\$ 14,728,096</b>	<b>\$ 3,444,175</b>	<b>\$ 237,267</b>	<b>\$ 178,482,062</b>
<b>Expenditures:</b>								
Salaries and Wages	20,970,677	6,243,133	10,908,849	-	9,000,442	-	-	47,123,101
Benefits	7,106,045	2,316,033	3,013,448	-	2,428,729	-	-	14,864,254
Purchased Services	4,685,977	478,456	1,775,606	21,210	440,040	-	-	7,401,289
Medical Supplies	65,481	317,683	742,882	-	229,275	-	-	1,355,321
Other Supplies	419,895	531,071	534,479	-	195,519	-	-	1,680,964
Contracted Physician Expense	204,167	6,547	5,761,515	-	-	-	-	5,972,229
Medicaid Match	-	-	-	-	-	10,091,134	-	10,091,134
Medical Services	23,778,706	33,480	-	(225)	241,387	-	-	24,053,348
Drugs	283,231	193,888	480,041	-	294,457	-	-	1,251,617
Repairs & Maintenance	1,826,006	219,491	1,178,737	-	251,680	-	-	3,475,914
Lease & Rental	1,177,059	9,905	402,734	-	786,088	-	-	2,375,786
Utilities	71,424	247,443	473,357	-	35,949	-	-	828,172
Other Expense	6,231,765	86,906	444,968	5,570	140,723	-	-	6,909,931
Insurance	820,548	29,976	75,779	4,050	12,283	-	-	942,637
Sponsored Programs	5,581,736	-	-	-	-	-	-	5,581,736
<b>Total Operational Expenditures</b>	<b>73,222,716</b>	<b>10,714,012</b>	<b>25,792,395</b>	<b>30,604</b>	<b>14,056,571</b>	<b>10,091,134</b>	<b>-</b>	<b>133,907,432</b>
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>\$ 60,317,030</b>	<b>\$ 490,769</b>	<b>\$ (10,493,547)</b>	<b>\$ (1,454)</b>	<b>\$ 671,524</b>	<b>\$ (6,646,959)</b>	<b>\$ 237,267</b>	<b>\$ 44,574,630</b>
<b>Budget</b>	<b>\$ 55,450,114</b>	<b>\$ 289,581</b>	<b>\$ (8,768,951)</b>	<b>\$ (19,361)</b>	<b>\$ (3,955,887)</b>	<b>\$ (6,646,568)</b>	<b>\$ 153,271</b>	<b>\$ 36,502,199</b>
<b>Prior Year: Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>\$ 11,159,950</b>	<b>\$ 181,648</b>	<b>\$ (7,847,636)</b>	<b>\$ 28,229</b>	<b>\$ (78,822)</b>	<b>\$ (6,467,120)</b>	<b>\$ 145,209</b>	<b>\$ (2,878,542)</b>

# Combined Governmental Funds Statement of Net Position

As of April 30, 2019

	General Fund April 2019	General Fund March 2019	Medicaid Match April 2019	Medicaid Match March 2019	Capital Projects April 2019	Capital Projects March 2019	Governmental Funds April 2019	Governmental Funds March 2019
<b>Assets</b>								
Cash and Cash Equivalents	\$ 226,346	\$ 3,952,510	\$ 609,042	\$ 609,042	\$ 22,433,422	\$ 22,454,021	\$ 23,268,810	\$ 27,015,573
Restricted Cash	-	-	-	-	-	-	-	-
Investments	188,275,795	188,030,205	-	-	-	-	188,275,795	188,030,205
Notes Receivable	-	-	-	-	-	-	-	-
Accounts Receivable, net	1,149,031	1,191,205	-	-	-	-	1,149,031	1,191,205
Due From Other Funds	-	-	-	-	-	-	-	-
Due From Other Governments	6,328,875	11,884,997	-	-	-	-	6,328,875	11,884,997
Inventory	165,181	163,529	-	-	-	-	165,181	163,529
Other Current Assets	2,548,815	2,821,271	-	-	-	-	2,548,815	2,821,271
<b>Total Assets</b>	<b>\$ 198,694,044</b>	<b>\$ 208,043,716</b>	<b>\$ 609,042</b>	<b>\$ 609,042</b>	<b>\$ 22,433,422</b>	<b>\$ 22,454,021</b>	<b>\$ 221,736,508</b>	<b>\$ 231,106,780</b>
<b>Liabilities</b>								
Accounts Payable	4,103,642	3,131,086	-	-	24,188	-	4,127,830	3,131,086
Medical Benefits Payable	4,501,937	4,315,496	-	-	-	-	4,501,937	4,315,496
Due To Other Funds	-	-	-	-	-	-	-	-
Due To Other Governments	-	-	-	-	-	-	-	-
Deferred Revenue	7,804,120	13,523,624	-	-	-	-	7,804,120	13,523,624
Other Current Liabilities	3,646,643	3,625,146	-	-	-	-	3,646,643	3,625,146
Noncurrent Liabilities	463,133	438,133	-	-	-	-	463,133	438,133
<b>Total Liabilities</b>	<b>20,519,474</b>	<b>25,033,484</b>	<b>-</b>	<b>-</b>	<b>24,188</b>	<b>-</b>	<b>20,543,662</b>	<b>25,033,484</b>
<b>Fund Balances</b>								
Nonspendable	807,831	1,441,150	-	-	-	-	807,831	1,441,150
Assigned to Subsequent Year's Budget	38,200,000	38,200,000	-	-	-	-	38,200,000	38,200,000
Assigned to Capital Projects	-	-	-	-	23,248,133	23,248,133	23,248,133	23,248,133
Assigned to Medicaid Match	-	-	609,042	609,042	-	-	609,042	609,042
Unassigned	95,835,754	95,949,366	-	-	-	-	95,835,754	95,949,366
Beginning Fund Balance	134,843,585	135,590,517	609,042	609,042	23,248,133	23,248,133	158,700,760	159,447,691
Revenue Over/(Under) Expenditures	43,330,985	47,419,715	-	-	(838,898)	(794,111)	42,492,087	46,625,604
Ending Fund Balance	178,174,570	183,010,232	609,042	609,042	22,409,235	22,454,021	201,192,847	206,073,295
<b>Total Liabilities and Fund Balances</b>	<b>\$ 198,694,045</b>	<b>\$ 208,043,716</b>	<b>\$ 609,042</b>	<b>\$ 609,042</b>	<b>\$ 22,433,422</b>	<b>\$ 22,454,021</b>	<b>\$ 221,736,508</b>	<b>\$ 231,106,779</b>

^ Excludes Interfund Transfers

# Combined Business-Type Funds Statement of Net Position

As of April 30, 2019

	Healey Center April 2019	Healey Center March 2019	Healthy Palm Beaches April 2019	Healthy Palm Beaches March 2019	Lakeside Medical Center April 2019	Lakeside Medical Center March 2019	Primary Care Clinics April 2019	Primary Care Clinics March 2019	Business-Type Funds April 2019	Business-Type Funds March 2019
<b>Assets</b>										
Cash and Cash Equivalents	\$ 1,922,088	\$ 1,782,053	\$ 1,413,033	\$ 1,415,504	\$ 4,678,688	\$ 5,295,620	\$ 1,167,574	\$ 1,762,860	\$ 9,181,383	\$ 10,256,036
Restricted Cash	8,855	8,855	1,500,000	1,500,000	-	-	-	-	1,508,855	1,508,855
Accounts Receivable, net	1,175,167	1,144,872	-	-	2,925,670	2,908,328	1,365,927	1,111,251	5,466,764	5,164,452
Due From Other Funds	-	-	-	-	-	-	-	-	-	-
Due From Other Governments	-	-	-	-	148,508	0	1,388,052	1,449,746	1,536,560	1,449,746
Inventory	-	-	-	-	742,783	736,395	-	-	742,783	736,395
Other Current Assets	21,229	22,794	43,781	45,418	361,340	366,347	130,182	180,872	556,531	615,431
Net Investment in Capital Assets	17,668,235	17,722,857	-	-	37,022,574	37,298,982	1,465,655	1,460,339	56,156,464	56,482,178
<b>Total Assets</b>	<b>\$ 20,795,574</b>	<b>\$ 20,681,431</b>	<b>\$ 2,956,814</b>	<b>\$ 2,960,922</b>	<b>\$ 45,879,562</b>	<b>\$ 46,603,316</b>	<b>\$ 5,517,390</b>	<b>\$ 5,965,069</b>	<b>\$ 75,149,340</b>	<b>\$ 76,213,095</b>
<b>Deferred Outflows of Resources</b>										
Deferred Outflows Related to Pensions	\$ 88,686	\$ 88,686	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 88,686	\$ 88,686
<b>Liabilities</b>										
Accounts Payable	174,283	109,249	503	-	982,991	1,545,201	250,178	553,261	1,407,955	2,207,711
Medical Benefits Payable	-	-	-	-	-	-	-	-	-	-
Due to Other Funds	-	-	-	225	-	-	-	-	-	225
Due to Other Governments	30,390	29,545	-	-	2,301,819	2,301,819	-	-	2,332,209	2,331,364
Deferred Revenue	-	-	-	-	16,225	16,225	45,880	49,462	62,104	65,687
Other Current Liabilities	630,040	516,045	-	3,471	1,248,895	1,064,085	1,121,239	917,625	3,000,174	2,501,226
Noncurrent Liabilities	1,127,645	1,127,645	-	-	2,135,423	2,135,423	797,053	797,053	4,060,122	4,060,122
<b>Total Liabilities</b>	<b>\$ 1,962,358</b>	<b>\$ 1,782,484</b>	<b>\$ 503</b>	<b>\$ 3,696</b>	<b>\$ 6,685,354</b>	<b>\$ 7,062,753</b>	<b>\$ 2,214,350</b>	<b>\$ 2,317,402</b>	<b>\$ 10,862,564</b>	<b>\$ 11,166,335</b>
<b>Deferred Inflows of Resources</b>										
Deferred Inflows	\$ 126,350	\$ 126,350	\$ -	\$ -	\$ 2,357	\$ 2,357	\$ 612	\$ 612	\$ 129,319	\$ 129,319
<b>Net Position</b>										
Net Investment in Capital Assets	17,668,235	17,722,857	-	-	37,022,574	37,298,982	1,465,655	1,460,339	56,156,464	56,482,178
Restricted	8,855	8,855	1,500,000	1,500,000	-	-	-	-	1,508,855	1,508,855
Unrestricted	1,118,462	1,129,572	1,456,311	1,457,226	2,169,278	2,241,580	1,836,773	2,186,715	6,580,824	7,015,093
<b>Total Net Position</b>	<b>18,795,552</b>	<b>18,861,283</b>	<b>2,956,311</b>	<b>2,957,226</b>	<b>39,191,852</b>	<b>39,540,563</b>	<b>3,302,428</b>	<b>3,647,055</b>	<b>64,246,143</b>	<b>65,006,127</b>
<b>Total Net Position</b>	<b>\$ 20,757,909</b>	<b>\$ 20,643,767</b>	<b>\$ 2,956,814</b>	<b>\$ 2,960,922</b>	<b>\$ 45,879,562.93</b>	<b>\$ 46,603,316</b>	<b>\$ 5,516,777.80</b>	<b>\$ 5,964,456.50</b>	<b>\$ 75,238,026</b>	<b>\$ 76,301,781</b>



Health Care District  
PALM BEACH COUNTY



# **SUPPLEMENTAL INFORMATION**

## **GENERAL FUND**

# General Fund Revenue & Expenditures

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 5,487,587	\$ 5,796,448	\$ (308,860)	(5.3%)	\$ 11,072,500	\$ (5,584,913)	(50.4%)	\$ 123,995,813	\$ 126,215,866	\$ (2,220,053)	(1.8%)	\$ 77,459,272	\$ 46,536,541	60.1%
322,497	293,659	28,839	9.8%	311,229	11,269	3.6%	1,661,912	1,950,840	(288,928)	(14.8%)	1,985,303	(323,391)	(16.3%)
231,917	231,917	-	0.0%	231,917	-	0.0%	1,623,417	1,623,417	(0)	(0.0%)	1,623,417	(0)	(0.0%)
-	32,937	(32,937)	(100.0%)	18,801	(18,801)	(100.0%)	36,375	147,744	(111,369)	(75.4%)	63,965	(27,590)	(43.1%)
345,540	196,900	148,640	75.5%	280,631	64,909	23.1%	2,218,910	1,378,300	840,610	61.0%	1,659,382	559,527	33.7%
126,713	(86,815)	213,528	(246.0%)	(235,360)	362,073	(153.8%)	1,251,707	(607,704)	1,859,411	(306.0%)	(1,365,323)	2,617,030	(191.7%)
421,146	127,499	293,647	230.3%	107,704	313,442	291.0%	2,751,612	1,940,435	811,177	41.8%	1,978,494	773,118	39.1%
<b>\$ 6,935,401</b>	<b>\$ 6,592,544</b>	<b>\$ 342,857</b>	<b>5.2%</b>	<b>\$ 11,787,421</b>	<b>\$ (4,852,020)</b>	<b>(41.2%)</b>	<b>\$ 133,539,746</b>	<b>\$ 132,648,897</b>	<b>\$ 890,849</b>	<b>0.7%</b>	<b>\$ 83,404,510</b>	<b>\$ 50,135,235</b>	<b>60.1%</b>
<b>Expenditures:</b>													
2,987,415	3,283,741	296,325	9.0%	2,791,991	(195,425)	(7.0%)	20,970,677	22,416,935	1,446,258	6.5%	20,033,179	(937,498)	(4.7%)
1,017,474	1,104,922	87,448	7.9%	1,038,903	21,429	2.1%	7,106,045	7,643,746	537,701	7.0%	6,932,904	(173,140)	(2.5%)
1,091,677	841,607	(250,070)	(29.7%)	520,267	(571,410)	(109.8%)	4,685,977	5,891,248	1,205,271	20.5%	3,767,795	(918,183)	(24.4%)
2,486	7,517	5,031	66.9%	2,564	78	3.0%	65,481	54,617	(10,864)	(19.9%)	25,811	(39,670)	(153.7%)
41,321	103,664	62,344	60.1%	129,014	87,693	68.0%	419,895	725,648	305,754	42.1%	531,078	111,183	20.9%
29,167	29,167	0	0.0%	26,528	(2,639)	(9.9%)	204,167	204,167	0	0.0%	175,526	(28,640)	(16.3%)
2,413,144	3,348,921	935,777	27.9%	4,153,198	1,740,054	41.9%	23,778,706	23,442,446	(336,260)	(1.4%)	27,266,174	3,487,469	12.8%
32,292	91,542	59,250	64.7%	54,430	22,137	40.7%	283,231	640,795	357,563	55.8%	513,014	229,783	44.8%
280,299	327,889	47,590	14.5%	233,578	(46,721)	(20.0%)	1,826,006	2,295,226	469,220	20.4%	1,529,083	(296,923)	(19.4%)
163,309	186,299	22,990	12.3%	159,995	(3,314)	(2.1%)	1,177,059	1,304,095	127,036	9.7%	1,390,870	213,811	15.4%
9,923	8,613	(1,310)	(15.2%)	7,061	(2,862)	(40.5%)	71,424	60,291	(11,132)	(18.5%)	46,015	(25,409)	(55.2%)
543,788	436,841	(106,946)	(24.5%)	411,116	(132,672)	(32.3%)	6,231,765	4,789,562	(1,442,203)	(30.1%)	4,319,405	(1,912,360)	(44.3%)
98,826	143,453	44,627	31.1%	111,692	12,866	11.5%	820,548	1,004,173	183,625	18.3%	839,239	18,691	2.2%
864,502	960,833	96,331	10.0%	710,221	(154,281)	(21.7%)	5,581,736	6,725,833	1,144,098	17.0%	4,874,467	(707,268)	(14.5%)
9,575,622	10,875,009	1,299,387	11.9%	10,350,558	774,936	7.5%	73,222,716	77,198,783	3,976,067	5.2%	72,244,560	(978,156)	(1.4%)
<b>Net Performance before Overhead</b>													
(2,640,222)	(4,282,465)	1,642,244	(38.3%)	1,436,863	(4,077,085)	(283.7%)	60,317,030	55,450,114	4,866,915	8.8%	11,159,950	49,157,080	440.5%
(876,067)	(1,026,249)	150,181	(14.6%)	(887,788)	(11,721)	1.3%	(6,038,099)	(7,183,740)	1,145,641	(15.9%)	(5,572,063)	466,035	(8.4%)
<b>8,699,555</b>	<b>9,848,761</b>	<b>1,149,206</b>	<b>11.7%</b>	<b>9,462,769</b>	<b>763,215</b>	<b>8.1%</b>	<b>67,184,617</b>	<b>70,015,043</b>	<b>2,830,426</b>	<b>4.0%</b>	<b>66,672,497</b>	<b>(512,120)</b>	<b>(0.8%)</b>
<b>\$ (1,764,154)</b>	<b>\$ (3,256,217)</b>	<b>\$ 1,492,063</b>	<b>(45.8%)</b>	<b>\$ 2,324,652</b>	<b>\$ (4,088,806)</b>	<b>(175.9%)</b>	<b>\$ 66,355,128</b>	<b>\$ 62,633,854</b>	<b>\$ 3,721,274</b>	<b>5.9%</b>	<b>\$ 16,732,014</b>	<b>\$ 49,623,115</b>	<b>296.6%</b>
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
<b>\$ (3,071,733)</b>	<b>\$ (4,332,010)</b>	<b>\$ 1,260,276</b>	<b>(29.1%)</b>	<b>\$ (2,234,970)</b>	<b>\$ (836,763)</b>	<b>37.4%</b>	<b>\$ (23,024,144)</b>	<b>\$ (30,324,068)</b>	<b>\$ 7,299,924</b>	<b>(24.1%)</b>	<b>\$ (20,128,203)</b>	<b>\$ (2,895,941)</b>	<b>14.4%</b>

# Trauma Statement of Revenues and Expenditures

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 302,113	\$ 32,000	\$ 270,113	844.1%	\$ 23,617	\$ 278,495	1,179.2%	Other Revenue	\$ 925,044	\$ 224,000	\$ 701,044	313.0%	\$ 284,222	\$ 640,822	225.5%	
<b>302,113</b>	<b>32,000</b>	<b>270,113</b>	<b>844.1%</b>	<b>23,617</b>	<b>278,495</b>	<b>1,179.2%</b>	<b>Total Revenue</b>	<b>925,044</b>	<b>224,000</b>	<b>701,044</b>	<b>313.0%</b>	<b>284,222</b>	<b>640,822</b>	<b>225.5%</b>	
<i>Direct Operational Expenses:</i>															
41,757	45,114	3,357	7.4%	38,696	(3,060)	(7.9%)	Salaries and Wages	286,652	299,401	12,748	4.3%	278,875	(7,778)	(2.8%)	
13,134	13,782	648	4.7%	12,380	(754)	(6.1%)	Benefits	89,718	93,489	3,771	4.0%	91,091	1,373	1.5%	
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	
1,148,603	1,183,338	34,735	2.9%	1,335,816	187,214	14.0%	Medical Services	8,167,036	8,283,363	116,327	1.4%	9,289,091	1,122,056	12.1%	
9	42	33	78.8%	38	29	76.8%	Other Supplies	177	292	115	39.4%	98	(79)	(80.8%)	
29,167	29,167	0	0.0%	26,528	(2,639)	(9.9%)	Contracted Physician Expense	204,167	204,167	0	0.0%	175,526	(28,640)	(16.3%)	
792	792	-	0.0%	708	(83)	(11.8%)	Repairs & Maintenance	5,542	5,542	-	0.0%	4,958	(583)	(11.8%)	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
126	860	734	85.4%	128	2	1.8%	Other Expense	7,294	6,918	(377)	(5.4%)	3,422	(3,872)	(113.1%)	
77,014	100,745	23,731	23.6%	80,810	3,796	4.7%	Insurance	568,569	705,215	136,646	19.4%	636,959	68,390	10.7%	
<b>1,310,600</b>	<b>1,373,838</b>	<b>63,238</b>	<b>4.6%</b>	<b>1,495,105</b>	<b>184,505</b>	<b>12.3%</b>	<b>Total Operational Expenses</b>	<b>9,329,154</b>	<b>9,598,385</b>	<b>269,231</b>	<b>2.8%</b>	<b>10,480,021</b>	<b>1,150,866</b>	<b>11.0%</b>	
<b>Net Performance before Overhead</b>															
<b>(1,008,487)</b>	<b>(1,341,838)</b>	<b>333,351</b>	<b>(24.8%)</b>	<b>(1,471,487)</b>	<b>463,000</b>	<b>(31.5%)</b>	<b>Allocations</b>	<b>(8,404,110)</b>	<b>(9,374,385)</b>	<b>970,275</b>	<b>(11.5%)</b>	<b>(10,195,798)</b>	<b>1,791,688</b>	<b>(17.6%)</b>	
<i>Overhead Allocations:</i>															
62	352	290	82.4%	247	185	74.9%	Risk Mgt	677	2,462	1,785	72.5%	1,861	1,184	63.6%	
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%	
149	154	5	3.0%	148	(1)	(0.8%)	Internal Audit	1,018	1,076	58	5.4%	378	(641)	(169.6%)	
3,166	3,472	306	8.8%	10,744	7,578	70.5%	Palm Springs Facility	22,014	24,303	2,288	9.4%	65,047	43,032	66.2%	
689	689	-	0.0%	712	22	3.1%	Administration	4,826	4,826	-	0.0%	4,990	164	3.3%	
772	850	78	9.2%	1,247	475	38.1%	Human Resources	5,873	5,951	78	1.3%	4,702	(1,171)	(24.9%)	
352	352	-	0.0%	255	(97)	(38.1%)	Legal	2,466	2,466	-	0.0%	1,861	(604)	(32.5%)	
158	234	75	32.2%	253	95	37.4%	Records	1,187	1,635	448	27.4%	1,199	12	1.0%	
126	324	198	61.1%	73	(52)	(71.5%)	Compliance	1,231	2,265	1,034	45.6%	1,188	(43)	(3.6%)	
-	40	40	100.0%	32	32	100.0%	Planning/Research	154	277	122	44.2%	241	86	35.9%	
1,041	965	(76)	(7.9%)	926	(115)	(12.4%)	Finance	5,716	6,757	1,041	15.4%	5,414	(302)	(5.6%)	
252	364	111	30.6%	200	(53)	(26.3%)	Public Relations	1,469	2,546	1,077	42.3%	1,370	(99)	(7.2%)	
2,401	2,758	357	12.9%	2,065	(336)	(16.3%)	Information Technology	16,420	19,303	2,883	14.9%	14,976	(1,444)	(9.6%)	
-	-	-	0.0%	-	-	0.0%	Budget & Decision Support	-	-	-	0.0%	262	262	100.0%	
49	75	26	34.1%	101	51	50.9%	Corporate Quality	500	525	26	4.9%	646	147	22.7%	
<b>9,219</b>	<b>10,627</b>	<b>1,408</b>	<b>13.3%</b>	<b>17,003</b>	<b>7,784</b>	<b>45.8%</b>	<b>Total Overhead Allocations</b>	<b>63,552</b>	<b>74,392</b>	<b>10,840</b>	<b>14.6%</b>	<b>104,136</b>	<b>40,584</b>	<b>39.0%</b>	
<b>1,319,819</b>	<b>1,384,465</b>	<b>64,647</b>	<b>4.7%</b>	<b>1,512,107</b>	<b>192,289</b>	<b>12.7%</b>	<b>Total Expenses</b>	<b>9,392,707</b>	<b>9,672,777</b>	<b>280,070</b>	<b>2.9%</b>	<b>10,584,157</b>	<b>1,191,450</b>	<b>11.3%</b>	
<b>\$ (1,017,706)</b>	<b>\$ (1,352,465)</b>	<b>\$ 334,759</b>	<b>(24.8%)</b>	<b>\$ (1,488,490)</b>	<b>\$ 470,784</b>	<b>(31.6%)</b>	<b>Net Margin</b>	<b>\$ (8,467,663)</b>	<b>\$ (9,448,777)</b>	<b>\$ 981,114</b>	<b>(10.4%)</b>	<b>\$ (10,299,935)</b>	<b>\$ 1,832,272</b>	<b>17.8%</b>	

# Aeromedical Statement of Revenues and Expenditures

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 882,792	\$ 1,091,525	\$ (208,733)	(19.1%)	\$ 1,082,538	(199,746)	(18.5%)	Gross Patient Revenue	\$ 7,601,256	\$ 7,863,021	\$ (261,764)	(3.3%)	8,056,166	(454,910)	(5.6%)	
510,844	501,172	(9,672)	(1.9%)	643,845	133,001	20.7%	Contractual Allowances	4,513,160	3,610,295	(902,865)	(25.0%)	3,845,778	(667,382)	(17.4%)	
153,428	259,806	106,379	40.9%	170,127	16,700	9.8%	Charity Care	1,263,263	1,871,570	608,308	32.5%	1,830,002	566,739	31.0%	
(103,977)	68,517	172,494	251.8%	(42,662)	61,314	(143.7%)	Bad Debt	162,922	493,574	330,652	67.0%	395,083	232,161	58.8%	
560,295	829,495	269,200	32.5%	771,309	211,015	27.4%	Total Contractuals and Bad Debt	5,939,344	5,975,439	36,095	0.6%	6,070,863	131,519	2.2%	
322,497	262,030	60,468	23.1%	311,229	11,269	3.6%	Net Patient Revenue	1,661,912	1,887,582	(225,670)	(12.0%)	1,985,303	(323,391)	(16.3%)	
36.53%	24.01%			28.75%			Collection %	21.86%	24.01%			24.64%			
(463)	-	(463)	0.0%	-	(463)	0.0%	Other revenue	1,400	-	1,400	0.0%	-	1,400	0.0%	
322,034	262,030	60,004	22.9%	311,229	10,805	3.5%	Total Revenues	1,663,312	1,887,582	(224,270)	(11.9%)	1,985,303	(321,991)	(16.2%)	
<i>Direct Operational Expenses:</i>															
161,104	170,337	9,233	5.4%	146,020	(15,085)	(10.3%)	Salaries and Wages	1,110,272	1,221,948	111,677	9.1%	1,089,336	(20,936)	(1.9%)	
55,353	57,039	1,686	3.0%	51,192	(4,161)	(8.1%)	Benefits	373,688	406,454	32,766	8.1%	374,097	409	0.1%	
265,472	242,642	(22,829)	(9.4%)	209,469	(56,003)	(26.7%)	Purchased Services	1,745,990	1,698,497	(47,493)	(2.8%)	1,609,406	(136,585)	(8.5%)	
1,430	1,517	87	5.7%	1,692	262	15.5%	Medical Supplies	11,107	10,617	(490)	(4.6%)	11,591	484	4.2%	
8,076	12,833	4,757	37.1%	12,550	4,474	35.6%	Other Supplies	74,267	89,833	15,566	17.3%	69,809	(4,458)	(6.4%)	
63,334	72,194	8,860	12.3%	63,407	73	0.1%	Repairs & Maintenance	482,404	505,360	22,956	4.5%	503,724	21,320	4.2%	
4,153	4,909	757	15.4%	3,863	(289)	(7.5%)	Utilities	31,249	34,364	3,115	9.1%	31,509	260	0.8%	
5,090	5,100	10	0.2%	5,090	-	0.0%	Lease & Rental	35,631	35,700	69	0.2%	35,631	-	0.0%	
19,779	22,713	2,934	12.9%	18,555	(1,224)	(6.6%)	Other Expense	161,275	171,543	10,268	6.0%	139,282	(21,993)	(15.8%)	
5,679	6,597	917	13.9%	6,867	1,188	17.3%	Insurance	39,968	46,176	6,208	13.4%	42,775	2,807	6.6%	
589,470	595,882	6,412	1.1%	518,704	(70,766)	(13.6%)	Total Operational Expenses	4,065,851	4,220,493	154,642	3.7%	3,907,160	(158,691)	(4.1%)	
<i>Net Performance before Overhead</i>															
(267,436)	(333,852)	66,416	(19.9%)	(207,475)	(59,961)	28.9%	Allocations	(2,402,539)	(2,332,911)	(69,628)	3.0%	(1,921,857)	(480,682)	25.0%	
<i>Overhead Allocations:</i>															
640	3,642	3,003	82.4%	2,432	1,792	73.7%	Risk Mgt	7,013	25,497	18,485	72.5%	18,331	11,319	61.7%	
31,858	31,858	(0)	(0.0%)	9,812	(22,046)	(224.7%)	Rev Cycle	223,008	223,008	-	0.0%	65,540	(157,468)	(240.3%)	
1,544	1,592	48	3.0%	1,457	(87)	(6.0%)	Internal Audit	10,545	11,143	597	5.4%	3,722	(6,823)	(183.3%)	
7,140	7,140	-	0.0%	7,011	(129)	(1.8%)	Administration	49,979	49,979	-	0.0%	49,174	(805)	(1.6%)	
2,329	2,565	235	9.2%	3,763	1,434	38.1%	Human Resources	17,717	17,952	235	1.3%	14,185	(3,532)	(24.9%)	
3,648	3,648	-	0.0%	2,513	(1,135)	(45.1%)	Legal	25,535	25,535	-	0.0%	18,340	(7,195)	(39.2%)	
1,641	2,419	778	32.2%	2,493	852	34.2%	Records	12,296	16,933	4,638	27.4%	11,818	(477)	(4.0%)	
1,304	3,351	2,047	61.1%	723	(580)	(80.3%)	Compliance	12,748	23,454	10,706	45.6%	11,711	(1,037)	(8.9%)	
-	409	409	100.0%	314	314	100.0%	Planning/Research	1,599	2,865	1,266	44.2%	2,372	773	32.6%	
10,784	9,996	(788)	(7.9%)	9,129	(1,655)	(18.1%)	Finance	59,193	69,974	10,781	15.4%	53,350	(5,843)	(11.0%)	
2,614	3,767	1,152	30.6%	1,970	(645)	(32.7%)	Public Relations	15,216	26,366	11,150	42.3%	13,503	(1,712)	(12.7%)	
24,862	28,557	3,695	12.9%	20,346	(4,516)	(22.2%)	Information Technology	170,038	199,896	29,858	14.9%	147,576	(22,462)	(15.2%)	
-	-	-	0.0%	-	-	0.0%	Budget & Decision Support	-	-	-	0.0%	2,578	2,578	100.0%	
472	777	305	39.3%	992	520	52.5%	Corporate Quality	5,134	5,439	305	5.6%	6,370	1,236	19.4%	
88,835	99,720	10,885	10.9%	62,955	(25,880)	(41.1%)	Total Overhead Allocations	610,020	698,042	88,022	12.6%	418,571	(191,449)	(45.7%)	
678,306	695,603	17,297	2.5%	581,659	(96,646)	(16.6%)	Total Expenses	4,675,871	4,918,535	242,664	4.9%	4,325,731	(350,140)	(8.1%)	
\$ (356,271)	\$ (433,573)	\$ 77,301	(17.8%)	\$ (270,430)	\$ (85,841)	31.7%	Net Margin	\$ (3,012,559)	\$ (3,030,953)	\$ 18,395	(0.6%)	\$ (2,340,428)	\$ (672,131)	(28.7%)	

# Managed Care Statement of Revenues and Expenditures

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
Patient Revenue							Patient Revenue						
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
Total Revenue							Total Revenue						
<i>Direct Operational Expenses:</i>							<i>Direct Operational Expenses:</i>						
380,188	407,277	27,089	6.7%	393,939	13,751	3.5%	2,654,948	2,703,107	48,158	1.8%	2,659,177	4,229	0.2%
132,914	142,034	9,120	6.4%	129,997	(2,917)	(2.2%)	926,539	967,927	41,388	4.3%	954,472	27,934	2.9%
362,305	190,574	(171,731)	(90.1%)	93,741	(268,564)	(286.5%)	521,203	1,334,018	812,815	60.9%	307,208	(213,995)	(69.7%)
1,264,541	2,165,583	901,042	41.6%	2,817,382	1,552,841	55.1%	15,611,670	15,159,083	(452,587)	(3.0%)	17,977,083	2,365,413	13.2%
2,371	3,456	1,085	31.4%	2,594	223	8.6%	13,715	24,194	10,479	43.3%	15,935	2,219	13.9%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
28,658	31,264	2,607	8.3%	27,207	(1,451)	(5.3%)	182,493	218,851	36,358	16.6%	166,750	(15,743)	(9.4%)
9,382	14,894	5,512	37.0%	14,813	5,431	36.7%	65,547	104,259	38,712	37.1%	103,691	38,144	36.8%
507	525	18	3.4%	401	(106)	(26.3%)	4,386	3,675	(711)	(19.3%)	3,215	(1,170)	(36.4%)
13,340	14,639	1,299	8.9%	4,494	(8,846)	(196.9%)	72,022	102,471	30,449	29.7%	50,068	(21,954)	(43.8%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
2,194,205	2,970,247	776,042	26.1%	3,484,567	1,290,362	37.0%	20,052,523	20,617,585	565,062	2.7%	22,237,600	2,185,077	9.8%
Total Operational Expenses							Total Operational Expenses						
<i>Net Performance before Overhead</i>							<i>Net Performance before Overhead</i>						
(2,194,205)	(2,970,247)	776,042	(26.1%)	(3,484,567)	1,290,362	(37.0%)	(20,052,523)	(20,617,585)	565,062	(2.7%)	(22,237,600)	2,185,077	(9.8%)
Allocations							Allocations						
<i>Overhead Allocations:</i>							<i>Overhead Allocations:</i>						
830	4,728	3,898	82.4%	2,699	1,869	69.2%	9,103	33,097	23,994	72.5%	20,375	11,273	55.3%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
2,004	2,066	62	3.0%	1,619	(385)	(23.8%)	13,688	14,464	775	5.4%	4,136	(9,552)	(231.0%)
23,393	25,654	2,260	8.8%	86,898	63,505	73.1%	162,669	179,577	16,908	9.4%	526,090	363,421	69.1%
9,268	9,268	-	0.0%	7,790	(1,478)	(19.0%)	64,875	64,875	-	0.0%	54,635	(10,240)	(18.7%)
11,067	12,185	1,119	9.2%	18,503	7,436	40.2%	84,180	85,298	1,119	1.3%	69,749	(14,431)	(20.7%)
4,735	4,735	-	0.0%	2,792	(1,943)	(69.6%)	33,146	33,146	-	0.0%	20,378	(12,767)	(62.7%)
2,130	3,140	1,010	32.2%	2,770	640	23.1%	15,960	21,980	6,020	27.4%	13,131	(2,829)	(21.5%)
1,692	4,349	2,657	61.1%	803	(889)	(110.6%)	16,547	30,444	13,897	45.6%	13,011	(3,536)	(27.2%)
-	531	531	100.0%	348	348	100.0%	2,076	3,719	1,643	44.2%	2,636	560	21.3%
13,998	12,976	(1,023)	(7.9%)	10,143	(3,855)	(38.0%)	76,835	90,830	13,994	15.4%	59,275	(17,560)	(29.6%)
3,394	4,889	1,495	30.6%	2,188	(1,205)	(55.1%)	19,751	34,224	14,473	42.3%	15,003	(4,748)	(31.6%)
32,272	37,068	4,796	12.9%	22,605	(9,666)	(42.8%)	220,717	259,475	38,757	14.9%	163,965	(56,752)	(34.6%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	2,865	2,865	100.0%
612	1,009	396	39.3%	1,102	490	44.5%	6,664	7,061	396	5.6%	7,077	413	5.8%
105,396	122,598	17,203	14.0%	160,263	54,867	34.2%	726,211	858,189	131,978	15.4%	972,327	246,116	25.3%
2,299,601	3,092,846	793,245	25.6%	3,644,830	1,345,229	36.9%	20,778,734	21,475,774	697,041	3.2%	23,209,927	2,431,193	10.5%
Total Overhead Allocations							Total Overhead Allocations						
Total Expenses							Total Expenses						
\$ (2,299,601)	\$ (3,092,846)	\$ 793,245	(25.6%)	\$ (3,644,830)	\$ 1,345,229	(36.9%)	\$ (20,778,734)	\$ (21,475,774)	\$ 697,041	(3.2%)	\$ (23,209,927)	\$ 2,431,193	10.5%
Net Margin							Net Margin						



# Pharmacy Services Statement of Revenues and Expenditures

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ -	31,629	\$ (31,629)	(100.0%)	-	\$ -	0.0%	\$ -	63,258	\$ (63,258)	(100.0%)	\$ -	\$ -	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	32,937	(32,937)	(100.0%)	18,801	(18,801)	(100.0%)	36,375	147,744	(111,369)	(75.4%)	63,965	(27,590)	(43.1%)
-	64,566	(64,566)	(100.0%)	18,801	(18,801)	(100.0%)	36,375	211,002	(174,627)	(82.8%)	63,965	(27,590)	(43.1%)
<b>Total Revenues</b>													
<i>Direct Operational Expenses</i>													
303,903	324,369	20,466	6.3%	343,716	39,813	11.6%	2,055,329	2,152,737	97,408	4.5%	2,110,424	55,095	2.6%
97,336	94,770	(2,566)	(2.7%)	91,478	(5,858)	(6.4%)	651,376	644,412	(6,964)	(1.1%)	616,278	(35,098)	(5.7%)
9,464	13,135	3,672	28.0%	11,730	2,267	19.3%	67,875	91,947	24,072	26.2%	77,882	10,006	12.8%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
1,534	16,077	14,542	90.5%	14,222	12,688	89.2%	47,433	112,537	65,103	57.9%	68,945	21,512	31.2%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
32,292	91,542	59,250	64.7%	54,430	22,137	40.7%	283,231	640,795	357,563	55.8%	513,014	229,783	44.8%
22,970	43,230	20,259	46.9%	29,427	6,457	21.9%	164,046	302,607	138,562	45.8%	196,794	32,749	16.6%
20,111	17,773	(2,338)	(13.2%)	12,523	(7,588)	(60.6%)	114,118	124,412	10,294	8.3%	87,000	(27,118)	(31.2%)
609	800	191	23.8%	677	68	10.0%	4,241	5,600	1,359	24.3%	4,690	448	9.6%
3,089	2,883	(207)	(7.2%)	2,474	(615)	(24.9%)	11,359	20,178	8,818	43.7%	8,149	(3,210)	(39.4%)
1,981	1,912	(69)	(3.6%)	2,053	72	3.5%	14,205	13,383	(822)	(6.1%)	9,748	(4,457)	(45.7%)
493,289	606,491	113,201	18.7%	562,731	69,442	12.3%	3,413,214	4,108,607	695,393	16.9%	3,692,924	279,710	7.6%
<b>Total Operational Expenses</b>													
<b>Net Performance before Overhead</b>													
(493,289)	(541,925)	48,635	(9.0%)	(543,930)	50,641	(9.3%)	(3,376,839)	(3,897,605)	520,766	(13.4%)	(3,656,549)	252,120	(6.9%)
<b>Allocations</b>													
<i>Overhead Allocations</i>													
614	3,496	2,882	82.4%	3,102	2,488	80.2%	6,731	24,474	17,743	72.5%	23,413	16,682	71.2%
2,315	2,315	-	0.0%	372	(1,943)	(522.4%)	16,202	16,202	-	0.0%	2,484	(13,719)	(552.3%)
1,482	1,528	46	3.0%	1,860	378	20.3%	10,122	10,696	573	5.4%	4,752	(5,370)	(113.0%)
6,853	6,853	-	0.0%	8,951	2,098	23.4%	47,974	47,974	-	0.0%	62,781	14,807	23.6%
6,370	7,014	644	9.2%	9,979	3,609	36.2%	48,452	49,096	644	1.3%	37,617	(10,835)	(28.8%)
3,502	3,502	-	0.0%	3,209	(293)	(9.1%)	24,511	24,511	-	0.0%	23,417	(1,094)	(4.7%)
1,575	2,322	747	32.2%	3,183	1,608	50.5%	11,802	16,254	4,452	27.4%	15,089	3,286	21.8%
1,251	3,216	1,965	61.1%	923	(328)	(35.5%)	12,236	22,513	10,277	45.6%	14,951	2,715	18.2%
-	393	393	100.0%	400	400	100.0%	1,535	2,750	1,215	44.2%	3,029	1,494	49.3%
10,352	9,595	(756)	(7.9%)	11,655	1,304	11.2%	56,818	67,167	10,349	15.4%	68,112	11,294	16.6%
2,510	3,615	1,106	30.6%	2,515	5	0.2%	14,605	25,308	10,703	42.3%	17,240	2,634	15.3%
23,864	27,411	3,547	12.9%	25,975	2,111	8.1%	163,216	191,877	28,660	14.9%	188,411	25,194	13.4%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	3,292	3,292	100.0%
453	746	293	39.3%	1,267	814	64.3%	4,928	5,221	293	5.6%	8,132	3,204	39.4%
82	146	64	43.9%	41	(41)	(99.8%)	613	1,025	412	40.2%	295	(318)	(108.0%)
61,222	72,153	10,931	15.1%	73,433	12,210	16.6%	419,747	505,068	85,321	16.9%	473,014	53,266	11.3%
<b>Total Overhead Allocations</b>													
554,511	678,643	124,132	18.3%	636,163	81,652	12.8%	3,832,962	4,613,675	780,714	16.9%	4,165,938	332,976	8.0%
<b>Total Expenses</b>													
\$ (554,511)	\$ (614,077)	\$ 59,566	(9.7%)	\$ (617,363)	\$ 62,851	(10.2%)	\$ (3,796,586)	\$ (4,402,673)	\$ 606,087	(13.8%)	\$ (4,101,973)	\$ 305,386	7.4%
<b>Net Margin</b>													

# School Health Statement of Revenues and Expenditures

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 231,917	\$ 231,917	\$ -	0.0%	\$ 231,917	\$ -	0.0%	Palm Beach County School District	\$ 1,623,417	\$ 1,623,417	\$ (0)	(0.0%)	\$ 1,623,417	\$ (0)	(0.0%)	
<b>231,917</b>	<b>231,917</b>	<b>-</b>	<b>0.0%</b>	<b>231,917</b>	<b>-</b>	<b>0.0%</b>	<b>Total Revenue</b>	<b>1,623,417</b>	<b>1,623,417</b>	<b>(0)</b>	<b>(0.0%)</b>	<b>1,623,417</b>	<b>(0)</b>	<b>(0.0%)</b>	
<i>Direct Operational Expenses</i>															
1,193,996	1,302,259	108,263	8.3%	1,035,575	(158,421)	(15.3%)	Salaries and Wages	8,644,317	9,151,477	507,160	5.5%	8,000,403	(643,914)	(8.0%)	
430,358	475,175	44,817	9.4%	380,112	(50,246)	(13.2%)	Benefits	3,085,225	3,326,228	241,003	7.2%	2,977,775	(107,450)	(3.6%)	
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	
1,056	6,000	4,944	82.4%	872	(184)	(21.1%)	Medical Supplies	54,374	44,000	(10,374)	(23.6%)	14,220	(40,154)	(282.4%)	
1,557	583	(973)	(166.9%)	26	(1,531)	(5,887.5%)	Other Supplies	10,903	4,083	(6,819)	(167.0%)	1,763	(9,140)	(518.6%)	
8,335	9,542	1,207	12.6%	11,646	3,311	28.4%	Repairs & Maintenance	68,279	66,792	(1,487)	(2.2%)	77,185	8,906	11.5%	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
3,747	6,654	2,907	43.7%	4,491	744	16.6%	Other Expense	8,444	18,229	9,785	53.7%	8,476	33	0.4%	
-	-	-	0.0%	-	-	0.0%	Insurance	-	-	-	0.0%	-	-	0.0%	
<b>1,639,049</b>	<b>1,800,213</b>	<b>161,164</b>	<b>9.0%</b>	<b>1,432,722</b>	<b>(206,327)</b>	<b>(14.4%)</b>	<b>Total Operational Expenses</b>	<b>11,871,541</b>	<b>12,610,809</b>	<b>739,268</b>	<b>5.9%</b>	<b>11,079,822</b>	<b>(791,719)</b>	<b>(7.1%)</b>	
<b>Net Performance before Overhead</b>															
<b>(1,407,132)</b>	<b>(1,568,296)</b>	<b>161,164</b>	<b>(10.3%)</b>	<b>(1,200,805)</b>	<b>(206,327)</b>	<b>17.2%</b>	<b>Allocations</b>	<b>(10,248,124)</b>	<b>(10,987,392)</b>	<b>739,268</b>	<b>(6.7%)</b>	<b>(9,456,405)</b>	<b>(791,719)</b>	<b>8.4%</b>	
<i>Overhead Allocations:</i>															
1,627	9,264	7,637	82.4%	6,389	4,762	74.5%	Risk Mgt	17,835	64,847	47,012	72.5%	48,226	30,391	63.0%	
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%	
3,927	4,048	122	3.0%	3,831	(96)	(2.5%)	Internal Audit	26,819	28,339	1,519	5.4%	9,789	(17,030)	(174.0%)	
7,347	8,057	710	8.8%	20,270	12,923	63.8%	Palm Springs Facility	51,089	56,400	5,310	9.4%	122,716	71,627	58.4%	
18,159	18,159	-	0.0%	18,438	279	1.5%	Administration	127,111	127,111	-	0.0%	129,316	2,205	1.7%	
30,846	33,963	3,118	9.2%	48,794	17,948	36.8%	Human Resources	234,626	237,744	3,118	1.3%	183,933	(50,693)	(27.6%)	
9,277	9,277	-	0.0%	6,609	(2,668)	(40.4%)	Legal	64,942	64,942	-	0.0%	48,233	(16,709)	(34.6%)	
4,173	6,152	1,980	32.2%	6,556	2,383	36.4%	Records	31,271	43,066	11,795	27.4%	31,079	(192)	(0.6%)	
3,315	8,321	5,006	61.1%	1,902	(1,413)	(74.3%)	Compliance	32,420	59,650	27,229	45.6%	30,796	(1,625)	(5.3%)	
-	1,041	1,041	100.0%	825	825	100.0%	Planning/Research	4,067	7,287	3,220	44.2%	6,239	2,172	34.8%	
27,427	25,423	(2,004)	(7.9%)	24,008	(3,420)	(14.2%)	Finance	150,544	177,963	27,419	15.4%	140,297	(10,247)	(7.3%)	
6,649	9,579	2,930	30.6%	5,180	(1,470)	(28.4%)	Public Relations	38,698	67,055	28,358	42.3%	35,510	(3,187)	(9.0%)	
63,230	72,627	9,397	12.9%	53,504	(9,726)	(18.2%)	Information Technology	432,453	508,391	75,938	14.9%	388,087	(44,366)	(11.4%)	
-	-	-	0.0%	-	-	0.0%	Budget & Decision Support	-	-	-	0.0%	6,781	6,781	100.0%	
1,200	1,976	776	39.3%	2,609	1,410	54.0%	Corporate Quality	13,058	13,834	776	5.6%	16,751	3,694	22.0%	
<b>177,177</b>	<b>208,090</b>	<b>30,913</b>	<b>14.9%</b>	<b>198,914</b>	<b>21,737</b>	<b>10.9%</b>	<b>Total Overhead Allocations</b>	<b>1,224,934</b>	<b>1,456,628</b>	<b>231,694</b>	<b>15.9%</b>	<b>1,197,752</b>	<b>(27,182)</b>	<b>(2.3%)</b>	
<b>1,816,226</b>	<b>2,008,303</b>	<b>192,077</b>	<b>9.6%</b>	<b>1,631,636</b>	<b>(184,590)</b>	<b>(11.3%)</b>	<b>Total Expenses</b>	<b>13,096,475</b>	<b>14,067,437</b>	<b>970,962</b>	<b>6.9%</b>	<b>12,277,574</b>	<b>(818,901)</b>	<b>(6.7%)</b>	
<b>\$ (1,584,309)</b>	<b>\$ (1,776,386)</b>	<b>\$ 192,077</b>	<b>(10.8%)</b>	<b>\$ (1,399,719)</b>	<b>\$ (184,590)</b>	<b>13.2%</b>	<b>Net Margin</b>	<b>\$ (11,473,058)</b>	<b>\$ (12,444,020)</b>	<b>\$ 970,962</b>	<b>(7.8%)</b>	<b>\$ (10,654,158)</b>	<b>\$ (818,901)</b>	<b>(7.7%)</b>	

# Sponsored Programs

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
<i>Sponsored Programs:</i>													
705,594	791,667	86,073	10.9%	560,930	(144,664)	(25.8%)	4,939,159	5,541,667	602,508	10.9%	3,829,437	(1,109,722)	(29.0%)
158,908	166,667	7,759	4.7%	146,791	(12,117)	(8.3%)	632,576	1,166,667	534,090	45.8%	1,027,530	394,954	38.4%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	2,500	2,500	100.0%	2,500	2,500	100.0%	10,000	17,500	7,500	42.9%	17,500	7,500	42.9%
<b>864,502</b>	<b>960,833</b>	<b>96,331</b>	<b>10.0%</b>	<b>710,221</b>	<b>(154,281)</b>	<b>(21.7%)</b>	<b>5,581,736</b>	<b>6,725,833</b>	<b>1,144,098</b>	<b>17.0%</b>	<b>4,874,467</b>	<b>(707,268)</b>	<b>(14.5%)</b>
<i>Direct Operational Expenses:</i>													
13,362	14,136	774	5.5%	12,383	(979)	(7.9%)	92,589	93,809	1,220	1.3%	91,475	(1,114)	(1.2%)
5,615	5,698	82	1.4%	5,151	(464)	(9.0%)	38,673	38,697	24	0.1%	38,095	(577)	(1.5%)
-	83	83	100.0%	-	-	0.0%	110	583	473	81.1%	129	19	14.7%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
784	521	(263)	(50.5%)	53	(731)	(1,379.2%)	2,554	3,646	1,092	29.9%	294	(2,260)	(768.9%)
<b>19,761</b>	<b>20,437</b>	<b>676</b>	<b>3.4%</b>	<b>17,587</b>	<b>(2,174)</b>	<b>(12.4%)</b>	<b>133,926</b>	<b>136,735</b>	<b>2,809</b>	<b>2.1%</b>	<b>129,994</b>	<b>(3,932)</b>	<b>(3.0%)</b>
<b>\$ 884,263</b>	<b>\$ 981,271</b>	<b>\$ 97,008</b>	<b>9.9%</b>	<b>\$ 727,808</b>	<b>\$ (156,455)</b>	<b>(21.5%)</b>	<b>\$ 5,715,662</b>	<b>\$ 6,862,568</b>	<b>\$ 1,146,907</b>	<b>16.7%</b>	<b>\$ 5,004,461</b>	<b>\$ (711,201)</b>	<b>(14.2%)</b>

## General Fund Statement of Revenues and Expenditures by Month

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year to Date
<b>Revenues:</b>													
Ad Valorem Taxes	\$ -	\$ 21,909,070	\$ 83,120,459	\$ 5,270,786	\$ 5,661,776	\$ 2,596,135	\$ 5,487,587	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 123,995,813
Premiums													
Patient Revenue, Net	130,636	180,131	356,622	56,280	102,682	513,063	322,497						1,661,912
Intergovernmental Revenue	231,917	231,917	231,917	231,917	231,917	231,917	231,917						1,623,417
Grants	7,820	4,818	11,753	5,201	6,783								36,375
Interest Earnings	233,697	238,380	190,989	319,898	482,763	408,147	345,540						2,218,910
Unrealized Gain/(Loss)-Investments	(49,482)	155,186	641,266	149,084	(126,799)	355,737	126,713						1,251,707
Other Revenue	1,210	473,396	1,224,894	224,207	231,878	174,881	421,146						2,751,612
<b>Total Revenues</b>	<b>\$ 555,794</b>	<b>\$ 23,192,899</b>	<b>\$ 85,777,900</b>	<b>\$ 6,207,373</b>	<b>\$ 6,590,500</b>	<b>\$ 4,279,879</b>	<b>\$ 6,935,401</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 133,539,746</b>
<b>Expenditures:</b>													
Salaries and Wages	3,298,698	2,915,868	2,983,671	2,927,192	2,835,739	3,022,094	2,987,415						20,970,677
Benefits	1,055,344	1,100,508	904,269	1,015,998	990,983	1,021,468	1,017,474						7,106,045
Purchased Services	494,856	800,476	566,029	654,314	621,355	457,270	1,091,677						4,685,977
Medical Supplies	4,323	4,210	39,275	5,970	5,243	3,974	2,486						65,481
Other Supplies	25,159	40,536	84,704	77,326	101,366	49,483	41,321						419,895
Contracted Physician Expense	29,167	29,167	29,167	29,167	29,167	29,167	29,167						204,167
Medical Services	3,748,086	3,330,642	3,401,981	4,129,172	3,266,127	3,489,555	2,413,144						23,778,706
Drugs	14,087	30,279	18,181	103,670	55,234	29,488	32,292						283,231
Repairs & Maintenance	233,625	221,593	291,127	296,634	239,358	263,370	280,299						1,826,006
Lease & Rental	132,692	169,243	177,188	174,498	181,440	178,690	163,309						1,177,059
Utilities	11,427	12,065	9,852	9,749	8,540	9,869	9,923						71,424
Other Expense	316,602	650,421	1,935,661	1,711,669	556,651	516,973	543,788						6,231,765
Insurance	120,673	122,833	112,469	127,095	118,013	120,639	98,826						820,548
Sponsored Programs	705,594	705,594	705,594	858,937	874,021	867,493	864,502						5,581,736
<b>Total Operational Expenditures</b>	<b>10,190,332</b>	<b>10,133,434</b>	<b>11,259,166</b>	<b>12,121,391</b>	<b>9,883,238</b>	<b>10,059,532</b>	<b>9,575,622</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>73,222,716</b>
<b>Net Performance before Overhead Allocations</b>	<b>\$ (9,634,538)</b>	<b>\$ 13,059,465</b>	<b>\$ 74,518,733</b>	<b>\$ (5,914,018)</b>	<b>\$ (3,292,738)</b>	<b>\$ (5,779,653)</b>	<b>\$ (2,640,222)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 60,317,030</b>
<b>Overhead Allocations</b>	<b>(822,184)</b>	<b>(878,882)</b>	<b>(893,893)</b>	<b>(955,086)</b>	<b>(815,753)</b>	<b>(796,233)</b>	<b>(876,067)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(6,038,099)</b>
<b>Total Expenses</b>	<b>9,368,148</b>	<b>9,254,553</b>	<b>10,365,273</b>	<b>11,166,305</b>	<b>9,067,485</b>	<b>9,263,299</b>	<b>8,699,555</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>67,184,617</b>
<b>Net Margin</b>	<b>\$ (8,812,354)</b>	<b>\$ 13,938,347</b>	<b>\$ 75,412,627</b>	<b>\$ (4,958,932)</b>	<b>\$ (2,476,985)</b>	<b>\$ (4,983,420)</b>	<b>\$ (1,764,154)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 66,355,128</b>
<b>Capital</b>													
<b>General Fund Support/ Transfer In (Out)</b>	<b>\$ (3,291,581)</b>	<b>\$ (4,370,744)</b>	<b>\$ (3,491,091)</b>	<b>\$ (3,086,373)</b>	<b>\$ (2,941,885)</b>	<b>\$ (2,770,737)</b>	<b>\$ (3,071,733)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (23,024,144)</b>



General Fund Program Statistics

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Current Year Total	Prior Year Total	% Var to Budget	% Var to Prior Year
<b>Aeromedical</b>																
Patients Transported - Actual	46	40	55	65	63	52	40	-	-	-	-	-	361	399	-	(9.5%)
Patients Transported - Budget	51	63	51	59	55	56	54	-	-	-	-	-	389	383	(7.2%)	-
Variance	(5)	(23)	4	6	8	(4)	(14)	-	-	-	-	-	(28)	16	-	-
Actual Hours Available for Service	1,070	1,080	1,113	1,069	1,005	1,116	908	-	-	-	-	-	7,361	7,533	-	-
Service Hours Utilized	74.0	54.0	79.0	94.0	92.0	75.0	62.0	-	-	-	-	-	530.0	517.0	-	-
Utilization %	6.9%	5.0%	7.1%	8.8%	9.2%	6.7%	6.8%	-	-	-	-	-	7.2%	6.9%	-	-
# of Flights - Training/Public Education	8	5	7	7	1	2	3	-	-	-	-	-	33	63	-	(47.6%)
# of Flights - Maintenance	9	11	15	13	10	6	11	-	-	-	-	-	75	64	-	17.2%
<b>Trauma</b>																
New Trauma Patients - Actual	359	399	421	400	377	446	381	-	-	-	-	-	2,783	2,566	-	8.5%
New Trauma Patients - Budget	399	399	399	399	399	399	399	-	-	-	-	-	2,793	2,486	(0.4%)	-
Variance	(40)	-	22	1	(22)	47	(18)	-	-	-	-	-	(10)	80	-	-
<b>School Health</b>																
Medical Events	48,567	32,649	28,460	35,695	40,115	30,919	44,658	-	-	-	-	-	261,063	254,382	-	2.6%
Screenings	29,329	19,811	18,958	14,867	16,019	5,085	860	-	-	-	-	-	104,929	85,701	-	22.4%
Total Events- Actual	77,896	52,460	47,418	50,562	56,134	36,004	45,518	-	-	-	-	-	365,992	340,083	-	-
Total Events- Budget	66,612	50,206	43,714	50,088	51,936	34,518	43,009	-	-	-	-	-	340,083	355,060	-	-
<b>Managed Care</b>																
District Care Visits to Primary Clinic - Medical	1,857	2,043	2,121	2,356	2,168	2,233	2,401	-	-	-	-	-	15,179	19,577	-	(22.5%)
District Care Visits to Primary Clinic - Dental	441	381	338	293	345	426	438	-	-	-	-	-	2,662	5,202	-	(48.8%)
Uninsured Visits to Primary Clinic - Medical	3,649	2,420	2,465	2,717	2,706	2,761	2,958	-	-	-	-	-	19,676	16,057	-	22.5%
Uninsured Visits to Primary Clinic - Dental	1,381	990	873	1,028	1,052	1,194	1,576	-	-	-	-	-	8,094	8,219	-	(1.5%)
Membership- Current Year	9,446	9,195	8,929	8,731	8,470	8,259	8,369	-	-	-	-	-	-	-	-	(11.4%)
Membership- Prior Year	9,946	10,060	9,924	9,852	9,829	9,711	9,795	-	-	-	-	-	-	-	-	-
<b>Pharmacy</b>																
Total Prescriptions Filled at In-House Pharmacies	24,348	20,947	20,144	22,785	20,931	21,618	22,443	-	-	-	-	-	153,216	169,370	-	(9.5%)
Total Prescriptions Filled at Retail Pharmacies	159	120	247	309	323	202	232	-	-	-	-	-	1,592	1,559	-	2.1%
Total Prescriptions Filled Inhouse/Retail - Actual	24,507	21,067	20,391	23,094	21,254	21,820	22,675	-	-	-	-	-	154,808	170,929	-	(9.4%)
Total Prescriptions Filled- Budget	26,876	24,372	24,016	25,283	24,714	25,995	25,768	-	-	-	-	-	177,024	184,162	(12.5%)	-



Health Care District  
PALM BEACH COUNTY



# **SUPPLEMENTAL INFORMATION**

## **HEALEY CENTER**

# Healy Center Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 1,203,482	\$ 1,108,513	\$ 94,969	8.6%	\$ 1,076,858	\$ 126,625	11.8%	\$ 7,985,028	\$ 7,655,660	\$ 329,368	4.3%	\$ 7,640,247	\$ 344,781	4.5%
74,968	41,417	(33,551)	(81.0%)	19,950	(55,017)	(275.8%)	245,690	164,234	(81,456)	(49.6%)	612,719	367,030	59.9%
305,603	269,646	(35,957)	(13.3%)	311,052	5,449	1.8%	1,872,240	1,905,443	33,203	1.7%	1,967,056	94,817	4.8%
2,052	2,236	184	8.2%	(8,930)	(10,981)	(123.0%)	(1,832)	15,652	17,484	111.7%	38,825	40,657	104.7%
382,622	313,299	(69,323)	(22.1%)	322,072	(60,550)	(18.8%)	2,116,097	2,085,329	(30,768)	(1.5%)	2,618,601	502,503	19.2%
820,860	795,214	25,646	3.2%	754,785	66,075	8.8%	5,868,930	5,570,331	298,599	5.4%	5,021,646	847,284	16.9%
68.21%	71.74%			70.09%			73.50%	72.76%		65.73%			
758,333	758,333	-	0.0%	758,333	-	0.0%	5,308,333	5,308,333	-	0.0%	5,308,333	-	0.0%
5,694	4,468	1,226	27.4%	24,424	(18,730)	(76.7%)	27,518	31,276	(3,758)	(12.0%)	39,311	(11,794)	(30.0%)
764,027	762,801	1,226	0.2%	782,757	(18,730)	(2.4%)	5,335,851	5,339,609	(3,758)	(0.1%)	5,347,644	(11,794)	(0.2%)
1,584,887	1,558,015	26,872	1.7%	1,537,542	47,345	3.1%	11,204,781	10,909,940	294,841	2.7%	10,369,290	835,491	8.1%
<i>Direct Operational Expenses</i>							<i>Direct Operational Expenses</i>						
903,087	863,143	(39,944)	(4.6%)	818,977	(84,110)	(10.3%)	6,243,133	6,099,467	(143,666)	(2.4%)	5,870,379	(372,754)	(6.3%)
331,142	334,131	2,989	0.9%	305,442	(25,700)	(8.4%)	2,316,033	2,348,772	32,740	1.4%	2,224,781	(91,251)	(4.1%)
73,559	71,143	(2,416)	(3.4%)	67,789	(5,770)	(8.5%)	478,456	497,998	19,542	3.9%	451,216	(27,239)	(6.0%)
50,195	45,500	(4,695)	(10.3%)	51,821	1,627	3.1%	317,683	318,500	817	0.3%	319,920	2,237	0.7%
102,967	67,232	(35,735)	(53.2%)	68,524	(34,442)	(50.3%)	531,071	470,623	(60,448)	(12.8%)	566,750	35,679	6.3%
1,190	2,088	898	43.0%	1,711	521	30.4%	6,547	14,617	8,070	55.2%	11,109	4,562	41.1%
5,628	3,750	(1,878)	(50.1%)	-	(5,628)	(0.0%)	33,480	26,250	(7,230)	(27.5%)	-	(33,480)	(0.0%)
26,408	30,667	4,259	13.9%	27,289	880	3.2%	193,888	214,667	20,778	9.7%	208,685	14,797	7.1%
41,582	32,957	(8,625)	(26.2%)	37,622	(3,961)	(10.5%)	219,491	230,702	11,211	4.9%	185,939	(33,552)	(18.0%)
1,248	2,849	1,601	56.2%	1,169	(79)	(6.8%)	9,905	19,943	10,038	50.3%	9,297	(608)	(6.5%)
36,192	34,256	(1,936)	(5.7%)	33,720	(2,472)	(7.3%)	247,443	239,793	(7,650)	(3.2%)	232,985	(14,458)	(6.2%)
16,940	15,260	(1,680)	(11.0%)	8,674	(8,266)	(95.3%)	86,906	106,822	19,916	18.6%	78,807	(8,098)	(10.3%)
(659)	4,601	5,260	114.3%	3,364	4,023	119.6%	29,976	32,206	2,229	6.9%	27,773	(2,203)	(7.9%)
1,589,479	1,507,577	(81,902)	(5.4%)	1,426,102	(163,377)	(11.5%)	10,714,012	10,620,359	(93,653)	(0.9%)	10,187,642	(526,370)	(5.2%)
(4,591)	50,438	(55,030)	(109.1%)	111,441	(116,032)	(104.1%)	490,769	289,581	201,188	69.5%	181,648	309,121	170.2%
54,621	70,087	15,465	22.1%	57,104	2,483	4.3%	377,739	490,607	112,867	23.0%	423,363	45,624	10.8%
<i>Overhead Allocations:</i>							<i>Overhead Allocations:</i>						
1,614	9,189	7,575	82.4%	6,639	5,024	75.7%	17,692	64,326	46,634	72.5%	50,109	32,418	64.7%
-	-	-	0.0%	35,247	35,247	100.0%	-	-	-	0.0%	235,427	235,427	100.0%
3,895	4,016	121	3.0%	3,981	86	2.2%	26,604	28,111	1,507	5.4%	10,171	(16,433)	(161.6%)
18,013	18,013	-	0.0%	19,158	1,145	6.0%	126,089	126,089	-	0.0%	134,366	8,277	6.2%
28,716	31,618	2,903	9.2%	46,143	17,427	37.8%	218,427	221,329	2,903	1.3%	173,941	(44,486)	(25.6%)
9,203	9,203	-	0.0%	6,868	(2,335)	(34.0%)	64,420	64,420	-	0.0%	50,117	(14,303)	(28.5%)
4,139	6,103	1,964	32.2%	6,812	2,673	39.2%	31,020	42,720	11,701	27.4%	32,293	1,273	3.9%
3,289	8,453	5,164	61.1%	1,976	(1,313)	(66.4%)	32,160	59,170	27,010	45.6%	31,999	(161)	(0.5%)
-	1,033	1,033	100.0%	857	857	100.0%	4,034	7,228	3,194	44.2%	6,482	2,448	37.8%
27,207	25,219	(1,988)	(7.9%)	24,945	(2,262)	(9.1%)	149,334	176,533	27,199	15.4%	145,776	(3,558)	(2.4%)
6,596	9,502	2,907	30.6%	5,382	(1,214)	(22.6%)	38,387	66,516	28,130	42.3%	36,897	(1,490)	(4.0%)
62,722	72,044	9,322	12.9%	55,594	(7,128)	(12.8%)	428,978	504,305	75,327	14.9%	403,244	(25,734)	(6.4%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	7,045	7,045	100.0%
1,190	1,960	770	39.3%	2,711	1,521	56.1%	12,953	13,723	770	5.6%	17,405	4,453	25.6%
-	-	-	0.0%	3,898	3,898	100.0%	-	-	-	0.0%	27,945	27,945	100.0%
166,583	196,353	29,770	15.2%	220,210	53,627	24.4%	1,150,096	1,374,471	224,374	16.3%	1,363,218	213,122	15.6%
1,810,683	1,774,017	(36,667)	(2.1%)	1,703,415	(107,268)	(6.3%)	12,241,848	12,485,436	243,588	2.0%	11,974,224	(267,624)	(2.2%)
(225,796)	(216,001)	(9,795)	4.5%	(165,873)	(59,923)	36.1%	(1,037,067)	(1,575,496)	(538,429)	(34.2%)	(1,604,933)	(567,867)	35.4%
\$ 160,065	\$ 154,167	\$ 5,898	3.8%	\$ 114,000	\$ 46,065	40.4%	\$ 659,328	\$ 1,079,167	\$ (419,839)	(38.9%)	\$ 1,264,000	\$ (604,672)	(47.8%)
General Fund Support/Transfer In							General Fund Support/Transfer In						

## Healey Center Statement of Revenues and Expenses by Month

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year to Date
<b>Gross Patient Revenue</b>	\$ 1,116,480	\$ 1,063,810	\$ 1,105,771	\$ 1,119,937	\$ 1,145,087	\$ 1,230,460	\$ 1,203,482	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,985,028
Contractual Allowances	(10,387)	(24,243)	(28,997)	60,805	101,265	72,279	74,968	-	-	-	-	-	245,690
Charity Care	255,960	313,710	332,510	84,852	263,811	315,794	305,603	-	-	-	-	-	1,872,240
Bad Debt	(9,091)	(12,991)	(22,945)	11,134	13,170	16,839	2,052	-	-	-	-	-	(1,832)
<b>Total Contractuals and Bad Debt</b>	236,483	276,475	280,568	156,791	378,246	404,913	382,627	-	-	-	-	-	2,116,097
<b>Net Patient Revenue</b>	879,997	787,335	825,203	963,146	766,841	825,548	820,860	-	-	-	-	-	5,868,930
Collections %	78.82%	74.01%	74.61%	86.00%	66.97%	67.09%	68.21%	-	-	-	-	-	73.50%
PBC Interlocal	758,333	758,333	758,333	758,333	758,333	758,333	758,333	-	-	-	-	-	5,308,333
Other revenue	4,321	3,420	5,377	4,246	1,671	2,790	5,694	-	-	-	-	-	27,518
<b>Total Other Revenues</b>	762,655	761,753	763,710	762,579	760,004	761,123	764,027	-	-	-	-	-	5,335,851
<b>Total Revenues</b>	1,642,652	1,549,088	1,588,914	1,725,725	1,526,845	1,586,671	1,584,887	-	-	-	-	-	11,204,781
<i>Direct Operational Expenses.</i>													
Salaries and Wages	896,239	924,513	820,044	931,272	860,191	907,789	903,087	-	-	-	-	-	6,243,133
Benefits	336,118	354,622	305,299	336,872	321,671	330,309	331,142	-	-	-	-	-	2,316,033
Purchased Services	63,482	68,378	67,963	65,009	71,451	68,613	73,559	-	-	-	-	-	478,456
Medical Supplies	43,666	51,909	30,303	66,744	39,636	35,230	50,195	-	-	-	-	-	317,683
Other Supplies	70,505	75,257	63,200	76,840	66,207	76,095	102,967	-	-	-	-	-	531,071
Contracted Physician Expense	1,158	1,084	1,172	676	119	1,147	1,190	-	-	-	-	-	6,547
Medical Services	4,623	4,335	3,830	5,022	5,732	4,310	5,628	-	-	-	-	-	33,480
Drugs	29,943	29,675	27,357	37,075	34,278	9,252	76,408	-	-	-	-	-	193,888
Repairs & Maintenance	15,238	31,412	30,243	27,279	46,998	26,790	41,582	-	-	-	-	-	219,491
Lease & Rental	1,169	2,599	1,169	1,169	1,383	1,169	1,248	-	-	-	-	-	9,905
Utilities	31,551	32,824	40,401	36,285	34,744	35,445	36,192	-	-	-	-	-	247,443
Other Expense	10,709	12,991	16,616	13,229	6,443	9,977	16,940	-	-	-	-	-	86,906
Insurance	5,079	4,620	4,620	6,257	5,079	5,079	(659)	-	-	-	-	-	29,976
<b>Total Operational Expenses</b>	1,509,479	1,594,219	1,412,217	1,603,629	1,493,834	1,511,155	1,589,479	-	-	-	-	-	10,714,012
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	133,172	(45,131)	176,696	122,096	33,011	75,516	(4,591)	-	-	-	-	-	490,769
Depreciation	52,986	52,986	54,806	53,084	54,636	54,621	54,621	-	-	-	-	-	377,739
<i>Overhead Allocations:</i>													
Risk Mgt	6,723	11,644	5,960	(11,080)	1,260	1,570	1,614	-	-	-	-	-	17,692
Rev Cycle	-	-	-	-	-	-	-	-	-	-	-	-	-
Internal Audit	3,700	3,700	3,700	3,700	3,774	4,133	3,895	-	-	-	-	-	26,604
Administration	18,050	18,881	15,296	19,345	17,194	19,310	18,013	-	-	-	-	-	126,089
Human Resources	40,916	31,635	32,188	35,710	30,031	29,231	28,716	-	-	-	-	-	218,427
Legal	4,675	8,603	5,850	25,193	11,294	(397)	9,203	-	-	-	-	-	64,420
Records	4,712	4,663	4,385	4,811	3,786	4,523	4,139	-	-	-	-	-	31,020
Compliance	4,174	5,202	2,606	4,541	3,012	9,337	3,289	-	-	-	-	-	32,160
Planning/Research	968	926	874	958	308	0	-	-	-	-	-	-	4,034
Finance	17,415	23,761	16,356	28,690	16,764	19,142	27,207	-	-	-	-	-	149,334
Public Relations	4,682	4,600	6,025	5,396	5,115	5,972	6,596	-	-	-	-	-	38,387
Information Technology	58,094	50,067	70,345	62,863	59,380	65,508	62,722	-	-	-	-	-	428,978
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	2,881	2,720	1,554	1,872	1,456	1,279	1,190	-	-	-	-	-	12,953
Managed Care Contract	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Overhead Allocations</b>	156,991	166,404	165,137	181,999	153,375	159,608	166,583	-	-	-	-	-	1,150,096
<b>Total Expenses</b>	1,719,456	1,813,608	1,632,161	1,838,711	1,701,844	1,725,384	1,810,683	-	-	-	-	-	12,241,848
Transfer out to Medicaid Match/ General Fund	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Net Margin</b>	(76,804)	(264,520)	(43,247)	(112,986)	(174,999)	(138,714)	(225,796)	-	-	-	-	-	(1,037,067)
General Fund Support/ Transfer In	\$ 23,818	\$ 229,466	\$ -	\$ 32,370	\$ 118,407	\$ 95,202	\$ 160,065	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 659,328



Census	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Current Year Total	Prior Year Total
Admissions	10	9	12	8	8	2	5						54	77
Discharges	11	13	8	10	6	4	5						57	82
Average Daily Census	119	118	119	119	119	120	119						119	119
Budget Census	118	118	118	118	118	118	118						118	118
Occupancy % (120 licensed beds)	99%	98%	99%	99%	99%	100%	99%						99%	99%
<b>Days By Payor Source:</b>														
Medicaid	109	78	62	93	65	31	30						468	17,317
Managed Care Medicaid	2,259	2,201	2,330	2,384	2,245	2,567	2,512						16,498	-
Medicare	115	90	52	48	32	22	12						371	315
Private Pay	97	90	93	93	84	92	60						609	757
Hospice	124	120	145	142	103	102	90						826	455
Charity	990	961	1,016	930	812	899	870						6,478	6,458
<b>Total Resident Days</b>	<b>3,694</b>	<b>3,540</b>	<b>3,698</b>	<b>3,690</b>	<b>3,341</b>	<b>3,713</b>	<b>3,574</b>						<b>25,250</b>	<b>25,302</b>



Health Care District  
PALM BEACH COUNTY

# **SUPPLEMENTAL INFORMATION**

## **LAKESIDE MEDICAL CENTER**

# Lakeside Medical Center Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 3,794,298	\$ 4,633,716	\$ (839,418)	(18.1%)	\$ 4,759,830	\$ (965,532)	(20.3%)	Inpatient Revenue	\$ 29,030,081	\$ 33,712,843	\$ (4,682,762)	(13.9%)	\$ 34,128,445	\$ (5,098,363)	(14.9%)	
8,160,200	5,656,626	2,503,574	44.3%	6,483,539	1,676,662	25.9%	Outpatient Revenue	50,495,641	41,155,083	9,340,558	22.7%	43,498,322	6,997,319	16.1%	
-	57,619	(57,619)	(100.0%)	46,455	(46,455)	(100.0%)	Physician Clinic	1,126	403,331	(402,205)	(99.7%)	399,198	(398,073)	(99.7%)	
<b>11,954,498</b>	<b>10,347,961</b>	<b>1,606,537</b>	<b>15.5%</b>	<b>11,289,823</b>	<b>664,675</b>	<b>5.9%</b>	<b>Gross Patient Revenue</b>	<b>79,526,847</b>	<b>75,271,256</b>	<b>4,255,591</b>	<b>5.7%</b>	<b>78,025,964</b>	<b>1,500,883</b>	<b>1.9%</b>	
8,388,212	6,834,951	(1,553,261)	(22.7%)	7,862,140	(526,073)	(6.7%)	Contractual Allowances	55,283,605	49,728,044	(5,555,560)	(11.2%)	54,338,993	(944,612)	(1.7%)	
361,962	202,300	(159,662)	(78.9%)	389,002	27,040	7.0%	Charity Care	2,421,863	1,471,845	(950,018)	(64.5%)	1,573,609	(848,254)	(53.9%)	
1,309,817	1,149,046	(160,772)	(14.0%)	945,040	(364,777)	(38.6%)	Bad Debt	7,621,375	8,359,944	(738,569)	8.8%	8,438,172	816,798	9.7%	
-	38,427	38,427	100.0%	33,952	33,952	100.0%	Physician Contractuals	1,988	268,991	(267,003)	99.3%	235,692	233,704	99.2%	
\$ 10,059,992	\$ 8,224,724	\$ (1,835,268)	(22.3%)	\$ 9,230,134	\$ (829,858)	(9.0%)	Total Contractuals and Bad Debt	\$ 65,328,831	\$ 59,828,825	\$ (5,500,006)	(9.2%)	\$ 64,586,466	\$ (742,364)	(1.1%)	
130,283	140,377	(10,094)	(7.2%)	338,691	(208,408)	(62.2%)	Other Patient Revenue	911,984	982,640	(70,656)	(7.2%)	1,487,377	(575,392)	(38.7%)	
2,024,789	2,263,614	(238,825)	(10.6%)	2,398,380	(373,591)	(15.6%)	Net Patient Revenue	15,110,001	16,425,072	(1,315,071)	(8.0%)	14,926,874	183,126	1.2%	
16.94%	21.87%			21.24%			Collection %	19.00%	21.82%			19.13%			
18,224	-	18,224	0.0%	24,397	(6,173)	(25.3%)	Grant Funds	127,570	-	127,570	0.0%	183,080	(55,510)	(30.3%)	
6,043	35,935	(29,892)	(83.2%)	305,420	(299,378)	(98.0%)	Other Revenue	61,276	251,543	(190,267)	(75.6%)	332,281	(271,005)	(81.6%)	
24,267	35,935	(11,668)	(32.5%)	329,818	(305,551)	(92.6%)	Total Other Revenues	188,846	251,543	(62,696)	(24.9%)	515,362	(326,515)	(63.4%)	
<b>2,049,056</b>	<b>2,299,549</b>	<b>(250,492)</b>	<b>(10.9%)</b>	<b>2,728,198</b>	<b>(679,142)</b>	<b>(24.9%)</b>	<b>Total Revenues</b>	<b>15,298,847</b>	<b>16,676,615</b>	<b>(1,377,768)</b>	<b>(8.3%)</b>	<b>15,442,236</b>	<b>(143,389)</b>	<b>(0.9%)</b>	
<i>Direct Operational Expenses:</i>															
1,595,424	1,607,577	12,154	0.8%	1,534,209	(61,214)	(4.0%)	Salaries and Wages	10,908,849	11,360,213	451,364	4.0%	10,926,646	17,797	0.2%	
445,287	438,301	(6,987)	(1.6%)	406,649	(38,638)	(9.5%)	Benefits	3,013,448	3,097,324	83,876	2.7%	2,935,044	(78,404)	(2.7%)	
334,495	299,443	(35,052)	(11.7%)	274,599	(59,896)	(21.8%)	Purchased Services	1,775,606	2,074,504	298,898	14.4%	1,856,504	80,898	4.4%	
108,801	92,629	(16,172)	(17.5%)	164,766	55,965	34.0%	Medical Supplies	742,882	673,924	(68,958)	(10.2%)	580,999	(161,883)	(27.9%)	
61,029	87,215	26,185	30.0%	97,897	36,868	37.7%	Other Supplies	534,479	625,494	91,015	14.6%	476,401	(58,078)	(12.2%)	
653,879	513,391	(140,488)	(27.4%)	519,344	(134,535)	(25.9%)	Contracted Physician Expense	5,761,515	4,438,660	(1,322,855)	(29.8%)	4,049,123	(1,712,392)	(42.3%)	
78,069	72,704	(5,365)	(7.4%)	76,994	(1,075)	(1.4%)	Drugs	480,041	528,962	48,921	9.2%	468,625	(11,416)	(2.4%)	
256,623	157,024	(99,600)	(63.4%)	73,499	(183,125)	(249.2%)	Repairs & Maintenance	1,178,737	1,099,167	(79,570)	(7.2%)	785,827	(392,910)	(50.0%)	
24,135	62,234	38,099	61.2%	34,867	10,732	30.8%	Lease & Rental	402,734	435,637	32,903	7.6%	308,443	(94,291)	(30.6%)	
83,625	74,047	(9,578)	(12.9%)	64,830	(18,794)	(29.0%)	Utilities	473,357	547,802	74,445	13.6%	482,094	8,737	1.8%	
56,068	35,144	(20,924)	(59.5%)	77,808	21,739	27.9%	Other Expense	444,968	478,209	33,241	7.0%	340,680	(104,288)	(30.6%)	
11,496	12,239	742	6.1%	10,215	(1,281)	(12.5%)	Insurance	75,779	85,670	9,891	11.5%	79,487	3,708	4.7%	
3,708,932	3,451,946	(256,986)	(7.4%)	3,335,678	(373,253)	(11.2%)	Total Operational Expenses	25,792,395	25,445,566	(346,829)	(1.4%)	23,289,872	(2,502,522)	(10.7%)	
<b>Net Performance before</b>															
<b>(1,659,876)</b>	<b>(1,152,398)</b>	<b>(507,478)</b>	<b>44.0%</b>	<b>(607,480)</b>	<b>(1,052,395)</b>	<b>173.2%</b>	<b>Depreciation &amp; Overhead Allocations</b>	<b>(10,493,547)</b>	<b>(8,768,951)</b>	<b>(1,724,596)</b>	<b>19.7%</b>	<b>(7,847,636)</b>	<b>(2,645,911)</b>	<b>33.7%</b>	

# Lakeside Medical Center Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
276,409	294,088	17,679	6.0%	297,218	20,810	7.0%	1,941,988	2,058,615	116,627	5.7%	2,023,872	81,885	4.0%
							<i>Overhead Allocations:</i>						
3,823	21,765	17,942	82.4%	13,794	9,972	72.3%	41,902	152,353	110,451	72.5%	104,123	62,221	59.8%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
9,225	9,511	286	3.0%	8,272	(954)	(11.5%)	63,011	66,579	3,569	5.4%	21,135	(41,875)	(198.1%)
42,663	42,663	-	0.0%	39,808	(2,854)	(7.2%)	298,639	298,639	-	0.0%	279,203	(19,436)	(7.0%)
37,173	40,930	3,757	9.2%	58,576	21,403	36.5%	282,755	286,513	3,757	1.3%	220,806	(61,950)	(28.1%)
21,797	21,797	-	0.0%	14,270	(7,527)	(52.7%)	152,578	152,578	-	0.0%	104,139	(48,439)	(46.5%)
9,804	14,455	4,651	32.2%	14,155	4,351	30.7%	73,469	101,182	27,712	27.4%	67,102	(6,367)	(9.5%)
7,789	20,020	12,232	61.1%	4,106	(3,683)	(89.7%)	76,170	140,143	63,973	45.6%	66,490	(9,679)	(14.6%)
-	2,446	2,446	100.0%	1,780	1,780	100.0%	9,555	17,119	7,564	44.2%	13,470	3,915	29.1%
64,439	59,730	(4,708)	(7.9%)	51,834	(12,605)	(24.3%)	353,693	418,113	64,420	15.4%	302,911	(50,782)	(16.8%)
15,622	22,506	6,884	30.6%	11,183	(4,439)	(39.7%)	90,918	157,542	66,624	42.3%	76,669	(14,248)	(18.6%)
148,555	170,633	22,079	12.9%	115,519	(33,035)	(28.6%)	1,016,021	1,194,431	178,411	14.9%	837,909	(178,112)	(21.3%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	14,640	14,640	100.0%
2,819	4,643	1,824	39.3%	5,634	2,815	50.0%	30,678	32,502	1,824	5.6%	36,167	5,489	15.2%
10,663	19,005	8,341	43.9%	11,322	658	5.8%	79,562	133,032	53,469	40.2%	81,165	1,602	2.0%
374,371	450,104	75,733	16.8%	350,254	(24,117)	(6.9%)	2,568,950	3,150,726	581,776	18.5%	2,225,928	(343,022)	(15.4%)
4,359,711	4,196,138	(163,574)	(3.9%)	3,983,151	(376,561)	(9.5%)	30,303,332	30,654,907	351,575	1.1%	27,539,673	(2,763,660)	(10.0%)
\$ (2,310,655)	\$ (1,896,589)	\$ (414,066)	21.8%	\$ (1,254,952)	\$ (1,055,703)	84.1%	\$ (15,004,485)	\$ (13,978,292)	\$ (1,026,193)	7.3%	\$ (12,097,437)	\$ (2,907,049)	(24.0%)
\$ 1,961,944	\$ 1,625,000	\$ 336,944	20.7%	\$ 1,127,083	\$ 834,861	74.1%	\$ 13,064,997	\$ 11,375,000	\$ 1,689,997	14.9%	\$ 10,327,083	\$ 2,737,914	26.5%

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

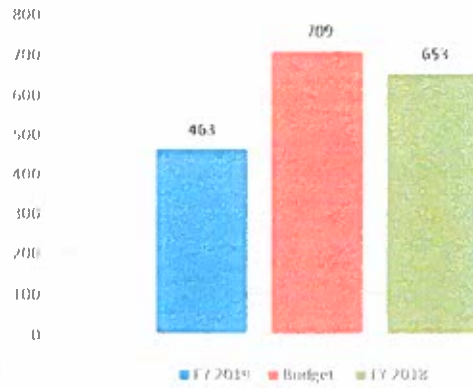
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year to Date
Inpatient Revenue	\$ 3,977,107	\$ 4,043,138	\$ 4,395,962	\$ 4,583,108	\$ 4,145,320	\$ 3,741,148	\$ 3,794,298						\$ 29,030,081
Outpatient Revenue	7,369,477	6,754,814	6,542,374	7,113,854	6,775,699	7,779,273	8,160,200						50,495,641
Physician Clinic	615	510											1,126
<b>Gross Patient Revenue</b>	<b>11,297,199</b>	<b>10,798,462</b>	<b>10,938,336</b>	<b>11,696,962</b>	<b>11,321,019</b>	<b>11,520,371</b>	<b>11,954,498</b>						<b>79,526,847</b>
Contractual Allowances	7,481,597	8,190,285	6,886,241	7,991,630	8,134,897	8,206,743	8,388,212						55,283,605
Charity Care	232,522	247,790	418,757	550,929	313,570	296,134	361,962						2,421,863
Bad Debt	1,241,914	725,404	1,124,976	1,363,992	825,696	1,029,575	1,309,817						7,621,375
Physician Contractuals	3,637	(2,975)		1,218	108								1,988
Total Contractuals and Bad Debt	\$ 8,959,670	\$ 9,160,503	\$ 8,429,974	\$ 9,911,769	\$ 9,274,271	\$ 9,532,652	\$ 10,059,992						\$ 65,326,831
Other Patient Revenue	130,283.42	130,283.42	130,283.92	130,283.42	130,283.42	130,283.16	130,283.34						911,984.10
<b>Net Patient Revenue</b>	<b>2,467,813</b>	<b>1,768,242</b>	<b>2,638,646</b>	<b>1,915,476</b>	<b>2,177,032</b>	<b>2,118,003</b>	<b>2,024,789</b>						<b>15,110,001</b>
Collection %	21.84%	16.37%	24.12%	16.38%	19.23%	18.38%	16.94%						19.00%
Grant Funds		54,673	18,224		18,224	18,224	18,224						127,570
Other Revenue	7,425	7,733	16,134	7,057	4,337	12,547	6,043						61,276
Total Other Revenues	7,425	62,406	34,359	7,057	22,561	30,771	24,267						188,846
<b>Total Revenues</b>	<b>2,475,238</b>	<b>1,830,648</b>	<b>2,673,004</b>	<b>1,922,533</b>	<b>2,199,593</b>	<b>2,148,774</b>	<b>2,049,056</b>						<b>15,298,847</b>
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,604,655	1,584,048	1,521,075	1,591,064	1,488,697	1,523,886	1,595,474						10,908,849
Benefits	446,177	439,522	395,002	439,253	415,974	432,233	445,287						3,013,448
Purchased Services	129,360	389,103	323,031	140,719	206,736	252,163	334,495						1,775,606
Medical Supplies	111,576	64,495	150,282	93,202	153,498	60,527	108,801						742,887
Other Supplies	51,377	47,854	121,939	80,959	64,124	107,196	61,029						534,479
Contracted Physician Expense	585,248	1,128,212	1,167,852	535,130	977,758	713,434	653,879						5,761,515
Drugs	87,498	39,046	51,899	80,882	90,491	52,157	78,069						480,041
Repairs & Maintenance	152,041	98,566	196,547	259,705	105,261	109,994	256,623						1,178,737
Lease & Rental	72,590	51,707	65,398	73,195	51,184	64,425	24,135						402,734
Utilities	12,394	123,994	72,238	52,890	85,378	42,838	83,625						473,357
Other Expense	52,007	59,552	68,441	34,917	99,999	73,987	56,068						444,968
Insurance	12,637	5,661	11,496	11,496	11,496	11,496	11,496						75,779
Total Operational Expenses	3,317,559	4,031,762	4,145,700	3,393,413	3,750,593	3,444,436	3,708,932						25,792,395
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(842,321)</b>	<b>(2,201,114)</b>	<b>(1,472,695)</b>	<b>(1,470,879)</b>	<b>(1,551,000)</b>	<b>(1,295,662)</b>	<b>(1,659,876)</b>						<b>(10,493,547)</b>
Depreciation	281,892	281,892	270,170	277,897	276,806	276,927	276,409						1,941,988
<i>Overhead Allocations:</i>													
Risk Mgt	15,924	27,580	14,116	(26,243)	2,985	3,718	3,823						41,902
Rev Cycle													
Internal Audit	8,764	8,764	8,764	8,764	8,940	9,788	9,225						63,011
Administration	42,751	44,720	36,228	45,819	40,724	45,735	42,663						298,639
Human Resources	40,021	40,952	41,667	46,227	38,875	37,840	37,173						282,755
Legal	11,073	20,375	13,855	59,669	26,750	(941)	21,797						152,578
Records	11,161	11,045	10,385	11,394	8,968	10,713	9,804						73,469
Compliance	9,887	12,321	6,171	10,754	7,134	22,114	7,789						76,170
Planning/Research	2,293	2,194	2,069	2,269	730								9,555
Finance	41,247	56,276	38,738	67,951	39,704	45,338	64,439						353,693
Public Relations	11,089	10,896	14,269	12,781	12,115	14,146	15,622						90,918
Information Technology	137,594	118,581	166,609	148,888	140,639	155,154	148,555						1,016,021
Budget & Decision Support													
Corporate Quality	6,823	6,443	3,681	4,435	3,448	3,028	2,819						30,678
Managed Care Contract	11,284	13,253	10,022	12,125	10,665	11,549	10,663						79,562
Total Overhead Allocations	349,911	373,400	366,576	404,832	341,677	358,183	374,371						2,568,950
<b>Total Expenses</b>	<b>3,949,362</b>	<b>4,687,053</b>	<b>4,782,446</b>	<b>4,076,142</b>	<b>4,369,077</b>	<b>4,079,541</b>	<b>4,359,711</b>						<b>30,303,332</b>
<b>Net Margin</b>	<b>\$ (1,474,124)</b>	<b>\$ (2,856,405)</b>	<b>\$ (2,109,441)</b>	<b>\$ (2,153,609)</b>	<b>\$ (2,169,484)</b>	<b>\$ (1,930,767)</b>	<b>\$ (2,310,655)</b>						<b>\$ (15,004,485)</b>
General Fund Support/ Transfer In	\$ 1,192,232	\$ 2,595,059	\$ 1,611,915	\$ 2,104,538	\$ 1,873,587	\$ 1,725,722	\$ 1,961,944						\$ 13,064,997

Lakeside Medical Center  
Statistical Information

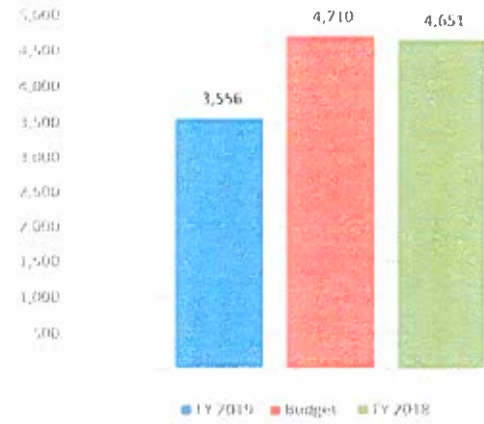
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Current Year Total	YTD Budget Total	% Var to Budget	Prior YTD Total
<b>Admissions</b>																
Newborn	28	22	28	21	19	9	13	-	-	-	-	-	140	265	(47.2%)	269
Pediatrics	20	18	13	16	13	10	7	-	-	-	-	-	97	152	(38.1%)	137
Adult	111	130	152	144	128	106	125	-	-	-	-	-	896	1,056	(15.2%)	1,014
<b>Total</b>	<b>159</b>	<b>170</b>	<b>193</b>	<b>181</b>	<b>160</b>	<b>125</b>	<b>145</b>						<b>1,133</b>	<b>1,473</b>	<b>(23.1%)</b>	<b>1,420</b>
<b>Adjusted Admissions</b>	<b>457</b>	<b>454</b>	<b>480</b>	<b>462</b>	<b>399</b>	<b>385</b>	<b>457</b>						<b>3,094</b>	<b>3,271</b>	<b>(5.4%)</b>	<b>3,241</b>
<b>Patient Days</b>																
Med Surg 2nd and 3rd Floor (14 beds)	88	94	75	69	80	90	74	-	-	-	-	-	570	786	(27.5%)	793
Pediatrics (12 beds)	56	79	54	45	54	37	21	-	-	-	-	-	346	549	(37.0%)	562
Telemetry (22 beds)	190	243	275	287	270	218	278	-	-	-	-	-	1,761	2,054	(14.3%)	2,021
ICU (6 beds)	73	73	49	78	66	85	59	-	-	-	-	-	483	845	(25.1%)	584
Obstetrics (16 beds)	72	66	80	58	51	33	36	-	-	-	-	-	396	676	(41.4%)	691
<b>Total (70 beds)</b>	<b>479</b>	<b>555</b>	<b>533</b>	<b>537</b>	<b>521</b>	<b>463</b>	<b>468</b>						<b>3,556</b>	<b>4,710</b>	<b>(24.5%)</b>	<b>4,651</b>
<b>Adjusted Acute Patient Days</b>	<b>1,378</b>	<b>1,482</b>	<b>1,326</b>	<b>1,371</b>	<b>1,298</b>	<b>1,426</b>	<b>1,475</b>						<b>9,755</b>	<b>10,460</b>	<b>(6.7%)</b>	<b>10,596</b>
<b>Other Key Inpatient Statistics</b>																
Occupancy Percentage	22%	26%	25%	25%	27%	21%	22%	-	-	-	-	-	24%	32%	(24.5%)	31%
Average Daily Census (excl. newborns)	15.5	18.5	17.2	17.3	18.6	14.9	15.6	-	-	-	-	-	16.8	22.2	(24.3%)	21.9
Average Daily Census (incl. newborns)	17.7	20.3	19.6	18.7	20.1	15.7	16.6	-	-	-	-	-	18.4	25.1	(26.7%)	24.8
Average Length of Stay (excl. newborns)	3.66	3.75	3.23	3.36	3.70	3.99	3.55	-	-	-	-	-	3.60	3.90	(7.6%)	4.04
Average Length of Stay (incl. newborns)	3.45	3.58	3.15	3.21	3.52	3.90	3.43	-	-	-	-	-	3.46	3.61	(4.2%)	3.70
Case Mix Index- Medicare	1.7578	1.4420	1.6109	1.5723	1.2628	1.2876	1.1895	-	-	-	-	-	1.4600			1.4129
Case Mix Index- Medicaid	0.7119	1.3270	0.5277	0.4226	0.4350	1.1681	0.7822	-	-	-	-	-	0.8160			1.3909
Case Mix Index- All Payers	0.9851	1.1229	1.0046	1.0943	1.0419	1.0424	1.0843	-	-	-	-	-	1.0565			1.1003
<b>Emergency Room and Outpatients</b>																
ER Admissions	127	108	113	131	130	104	114	-	-	-	-	-	827	737	12.2%	810
ER Visits	2,103	1,950	1,983	1,949	2,020	2,157	2,155	-	-	-	-	-	14,317	14,374	(0.4%)	14,049
Outpatient Visits	585	546	417	503	373	345	345	-	-	-	-	-	3,114	5,023	(38.0%)	4,922
ER and Outpatient Visits	2,688	2,496	2,400	2,452	2,393	2,502	2,500	-	-	-	-	-	17,431	15,374	13.4%	18,585
Observation Patient Stays	196	163	175	182	218	241	261	-	-	-	-	-	1,436	1,000	43.6%	1,068
<b>Surgery and Other Procedures</b>																
Inpatient Surgeries	39	34	45	33	34	31	30	-	-	-	-	-	246	309	(20.4%)	281
Outpatient Surgeries	4	1	1	2	1	3	6	-	-	-	-	-	18	135	(86.7%)	122
Endoscopies	6	4	5	8	14	2	6	-	-	-	-	-	45	120	(62.5%)	126
Radiology Procedures	2,423	2,377	2,313	2,522	2,269	2,340	2,326	-	-	-	-	-	16,570	15,306	8.3%	15,841
Lab Charges	15,226	14,356	15,016	15,888	14,924	15,341	16,548	-	-	-	-	-	107,301	98,389	9.1%	101,916
<b>Staffing</b>																
Paid FTE	293.02	286.65	284.62	300.71	298.00	292.93	297.60	-	-	-	-	-	293.36	288.87	1.6%	286.96
Paid FTE per Adjusted Occupied Bed	18.96	15.49	16.55	17.36	16.02	19.61	19.08	-	-	-	-	-	17.46	5.86	197.9%	5.74
<b>Operational Performance</b>																
Gross Revenue Per Adj Pat Day	8,199	7,285	8,248	8,535	8,724	8,080	8,107	-	-	-	-	-	8,168	7,244	12.8%	7,369
Net Revenue Per Adj Pat Day	1,791	1,193	1,990	1,398	1,678	1,486	1,373	-	-	-	-	-	1,558	1,581	(1.4%)	1,413
Salaries & Benefits as % of Net Pat Revenue	86%	114%	73%	106%	87%	92%	101%	-	-	-	-	-	93%	88%	5.1%	93%
Labor Cost per Adj Pat Day	1,538	1,365	1,445	1,481	1,468	1,372	1,384	-	-	-	-	-	1,436	1,393	3.1%	1,310
Total Expense Per Adj Pat Day	2,457	2,734	3,126	2,523	2,814	2,452	2,517	-	-	-	-	-	2,660	2,456	8.3%	2,204

## LAKESIDE MEDICAL CENTER Inpatient

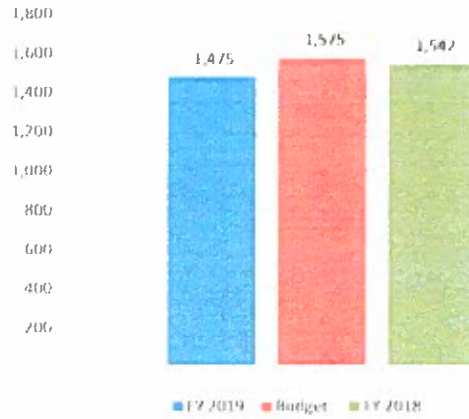
Patient Days April



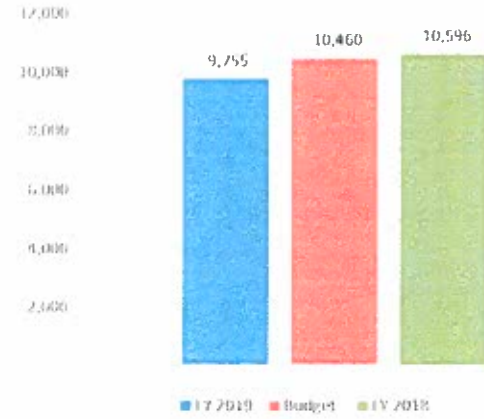
Patient Days YTD



Adjusted Patient Days April

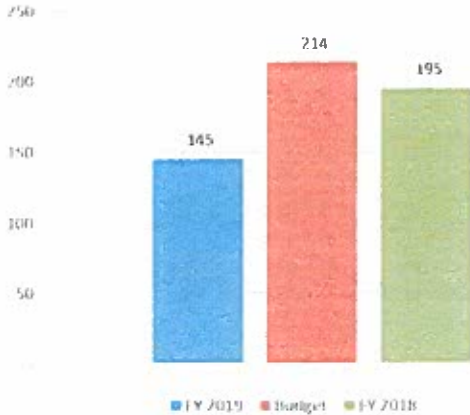


Adjusted Patient Days YTD



# LAKESIDE MEDICAL CENTER Inpatient

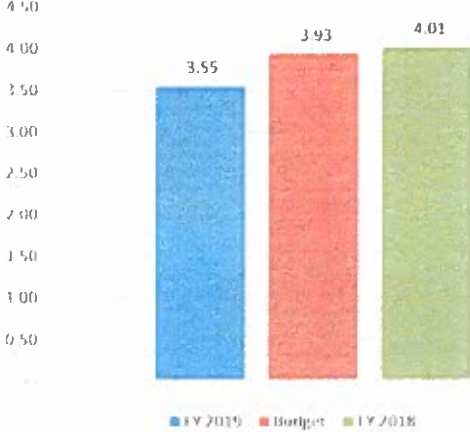
Admissions April



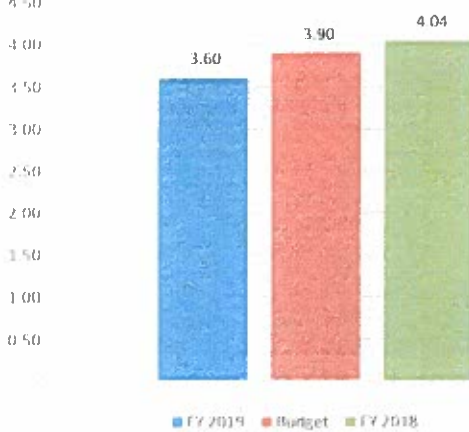
Admissions YTD



Average Length of Stay April



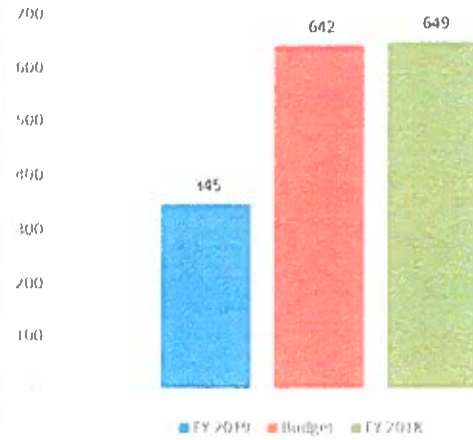
Average Length of Stay YTD



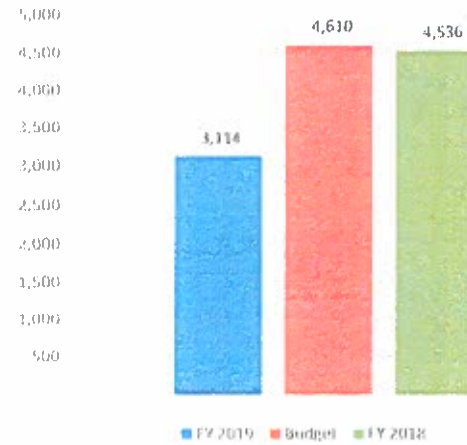


## LAKESIDE MEDICAL CENTER Outpatient

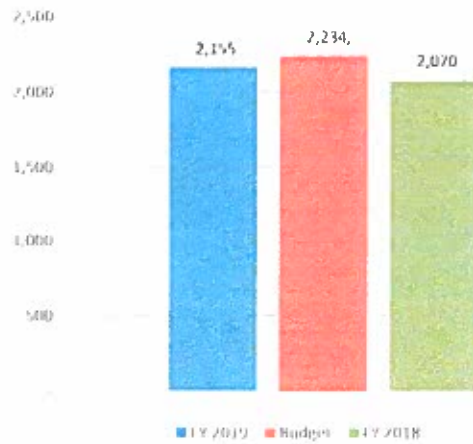
### Outpatient Visits April



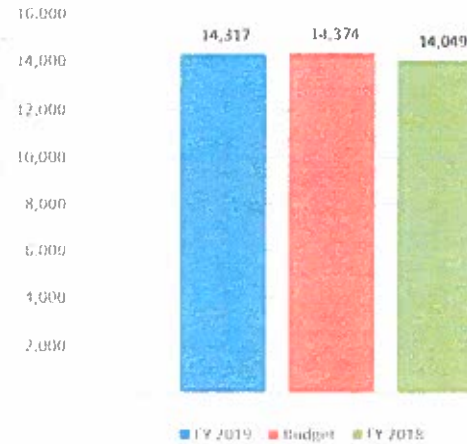
### Outpatient Visits YTD



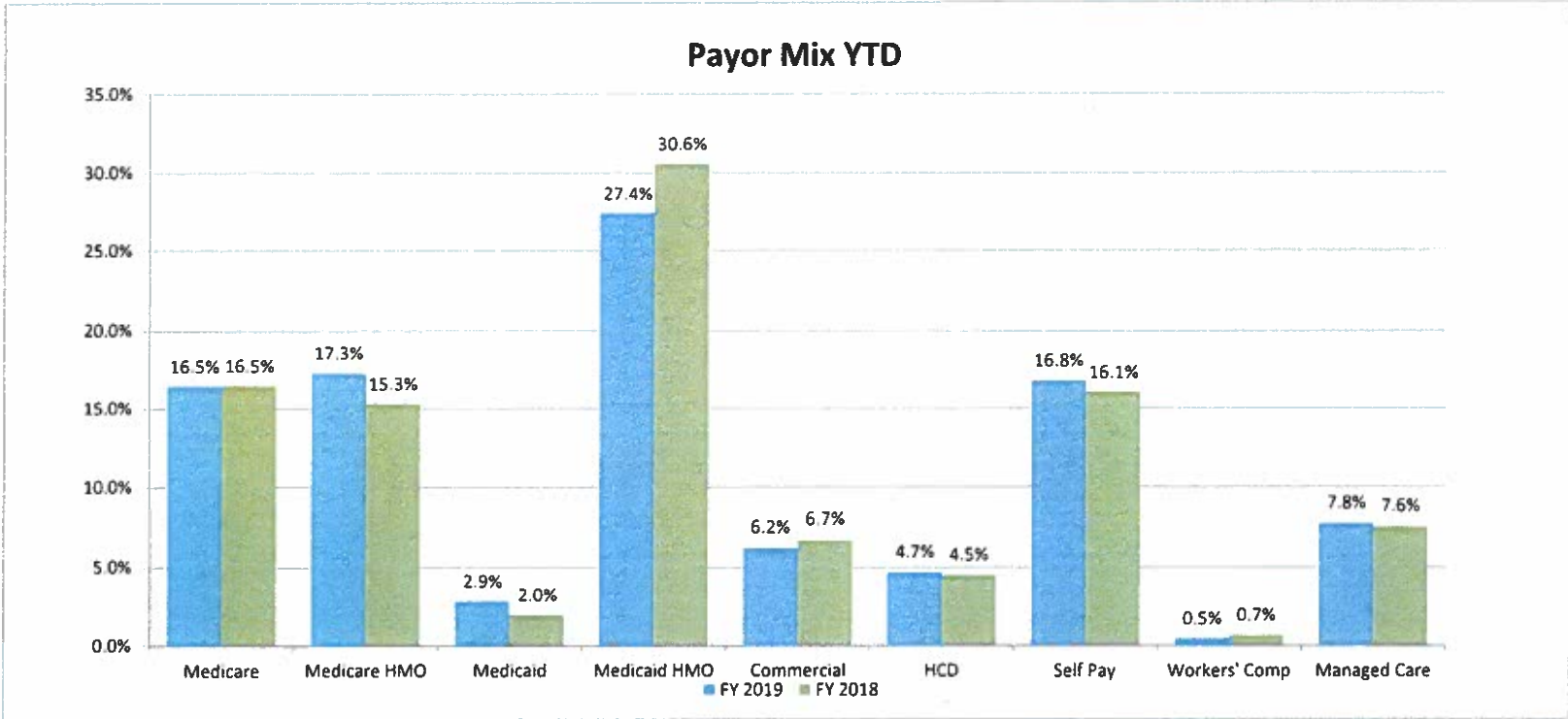
### ER Visits April



### ER Visits YTD



**LAKESIDE MEDICAL CENTER  
Revenue**





# SUPPLEMENTAL INFORMATION

## HEALTHY PALM BEACHES

# Healthy Palm Beaches Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
3,582	2,598	984	37.9%	2,449	1,132	46.2%	29,151	18,185	10,965	60.3%	26,346	2,805	10.6%
<b>3,582</b>	<b>2,598</b>	<b>984</b>	<b>37.9%</b>	<b>2,449</b>	<b>1,132</b>	<b>46.2%</b>	<b>29,151</b>	<b>18,185</b>	<b>10,965</b>	<b>60.3%</b>	<b>26,346</b>	<b>2,805</b>	<b>10.6%</b>
<i>Direct Operational Expenses</i>													
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
5,460	2,750	(2,710)	(98.5%)	19,589	14,129	72.1%	21,210	19,250	(1,960)	(10.2%)	27,949	6,739	24.1%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	(75)	(75)	100.0%	(225)	-	225	0.0%	(75)	150	(200.1%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
767	1,015	248	24.4%	750	(18)	(2.4%)	5,570	7,108	1,538	21.6%	(34,838)	(40,408)	116.0%
(1,731)	1,598	3,329	208.3%	959	2,689	280.5%	4,050	11,189	7,139	63.8%	5,081	1,031	20.3%
<b>4,497</b>	<b>5,364</b>	<b>867</b>	<b>16.2%</b>	<b>21,222</b>	<b>16,726</b>	<b>78.8%</b>	<b>30,604</b>	<b>37,547</b>	<b>6,942</b>	<b>18.5%</b>	<b>(1,883)</b>	<b>(32,487)</b>	<b>1,725.4%</b>
<i>Net Performance before Overhead</i>													
(915)	(2,766)	1,851	(66.9%)	(18,773)	17,858	(95.1%)	(1,454)	(19,361)	17,908	(92.5%)	28,229	(29,683)	(105.2%)
<i>Overhead Allocations:</i>													
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
<b>4,497</b>	<b>5,364</b>	<b>867</b>	<b>16.2%</b>	<b>21,222</b>	<b>16,726</b>	<b>78.8%</b>	<b>30,604</b>	<b>37,547</b>	<b>6,942</b>	<b>18.5%</b>	<b>(1,883)</b>	<b>(32,487)</b>	<b>1,725.4%</b>
<b>\$ (915)</b>	<b>\$ (2,766)</b>	<b>\$ 1,851</b>	<b>(66.9%)</b>	<b>\$ (18,773)</b>	<b>\$ 17,858</b>	<b>(95.1%)</b>	<b>\$ (1,454)</b>	<b>\$ (19,361)</b>	<b>\$ 17,908</b>	<b>(92.5%)</b>	<b>\$ 28,229</b>	<b>\$ (29,683)</b>	<b>(105.2%)</b>
<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.0%</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.0%</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.0%</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.0%</b>

**Healthy Palm Beaches Statement of Revenues and Expenses by Month**

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year to Date
Medicaid Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Patient Premiums	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	4,987	4,660	5,305	3,231	2,360	5,026	3,582	-	-	-	-	-	29,151
<b>Total Revenues</b>	<b>4,987</b>	<b>4,660</b>	<b>5,305</b>	<b>3,231</b>	<b>2,360</b>	<b>5,026</b>	<b>3,582</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>29,151</b>
<i>Direct Operational Expenses:</i>													
Salaries and Wages	-	-	-	-	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-
Purchased Services	-	5,950	-	9,800	-	-	5,460	-	-	-	-	-	21,210
Medical Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	-	(225)	-	-	-	-	-	-	-	-	-	(225)
Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
Lease & Rental	-	-	-	-	-	-	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Expense	483	747	871	750	746	1,206	767	-	-	-	-	-	5,570
Insurance	963	963	963	963	963	963	(1,731)	-	-	-	-	-	4,050
<b>Total Operational Expenses</b>	<b>1,446</b>	<b>7,661</b>	<b>1,609</b>	<b>11,513</b>	<b>1,709</b>	<b>2,169</b>	<b>4,497</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>30,604</b>
<b>Net Performance before Overhead Allocations</b>	<b>3,541</b>	<b>(3,001)</b>	<b>3,696</b>	<b>(8,282)</b>	<b>650</b>	<b>2,857</b>	<b>(915)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(1,454)</b>
<i>Overhead Allocations:</i>													
Risk Mgt	-	-	-	-	-	-	-	-	-	-	-	-	-
Rev Cycle	-	-	-	-	-	-	-	-	-	-	-	-	-
Internal Audit	-	-	-	-	-	-	-	-	-	-	-	-	-
Palm Springs Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration	-	-	-	-	-	-	-	-	-	-	-	-	-
Human Resources	-	-	-	-	-	-	-	-	-	-	-	-	-
Legal	-	-	-	-	-	-	-	-	-	-	-	-	-
Records	-	-	-	-	-	-	-	-	-	-	-	-	-
Compliance	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	-	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Overhead Allocations</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Expenses</b>	<b>1,446</b>	<b>7,661</b>	<b>1,609</b>	<b>11,513</b>	<b>1,709</b>	<b>2,169</b>	<b>4,497</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>30,604</b>
<b>Net Margin</b>	<b>\$ 3,541</b>	<b>\$ (3,001)</b>	<b>\$ 3,696</b>	<b>\$ (8,282)</b>	<b>\$ 650</b>	<b>\$ 2,857</b>	<b>\$ (915)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,454)</b>
<b>General Fund Support/ Transfer In (net)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

AR



Health Care District  
PALM BEACH COUNTY



# **SUPPLEMENTAL INFORMATION**

## **PRIMARY CARE CLINICS**



# Primary Care Clinics Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
2,020,946	2,071,149	(50,203)	(2.4%)	1,858,934	162,013	8.7%	12,952,875	13,766,399	(813,524)	(5.9%)	13,089,363	(136,488)	(1.0%)
<b>Gross Patient Revenue</b>							<b>Gross Patient Revenue</b>						
911,498	482,482	(429,016)	(88.9%)	2,339,528	1,428,030	61.0%	5,503,568	3,258,282	(2,245,286)	(68.9%)	4,757,144	(746,424)	(15.7%)
472,106	798,698	326,592	40.9%	2,052,688	1,580,582	77.0%	3,061,043	5,273,813	2,212,770	42.0%	2,564,849	(496,193)	(19.3%)
183,544	205,964	22,420	10.9%	17,792	(165,752)	(931.6%)	1,134,402	1,359,985	225,583	16.6%	1,146,583	12,180	1.1%
1,567,148	1,487,144	(80,004)	(5.4%)	4,410,008	2,842,860	64.5%	9,699,012	9,892,080	193,068	2.0%	8,468,575	(1,230,437)	(14.5%)
602,746	237,340	365,406	154.0%	3,783,586	(3,180,840)	(84.1%)	3,943,670	1,661,380	2,282,290	137.4%	3,980,335	(36,664)	-1%
1,056,544	821,345	235,199	28.6%	1,232,511	(175,968)	(14.3%)	7,197,533	5,535,699	1,661,834	30.0%	8,601,122	(1,403,589)	(16.3%)
52,287	39,66%			66.30%			55.57%	40.21%					
1,128,976	612,532	516,444	84.3%	633,222	495,755	78.3%	7,468,922	5,106,876	2,362,046	46.3%	4,337,711	3,131,211	72.2%
3,928	14,968	(11,040)	(73.8%)	4,062	(134)	(3.3%)	61,640	109,895	(48,255)	(43.9%)	167,837	(106,197)	(63.3%)
1,132,904	627,500	505,404	80.5%	637,284	495,620	77.8%	7,530,562	5,216,771	2,313,791	44.4%	4,505,548	3,025,015	67.1%
2,189,447	1,448,845	740,602	51.1%	1,869,795	319,653	17.1%	14,728,096	10,752,470	3,975,626	37.0%	13,106,670	1,621,426	12.4%
<b>Total Revenues</b>							<b>Total Revenues</b>						
<i>Direct Operational Expenses</i>							<i>Direct Operational Expenses</i>						
1,362,818	1,385,841	23,023	1.7%	1,241,980	(120,838)	(9.7%)	9,000,442	9,203,985	203,543	2.2%	8,440,168	(560,273)	(6.6%)
372,476	393,935	21,459	5.4%	339,579	(32,898)	(9.7%)	2,428,729	2,614,287	185,558	7.1%	2,280,068	(148,661)	(6.5%)
66,875	63,278	(3,597)	(5.7%)	101,864	34,989	34.3%	440,040	455,452	15,412	3.4%	414,555	(25,485)	(6.1%)
37,924	46,696	8,772	18.8%	40,647	2,723	6.7%	229,275	301,378	72,103	23.9%	293,363	64,088	21.8%
53,003	24,763	(28,240)	(114.0%)	12,495	(40,508)	(324.2%)	195,519	212,837	17,318	8.1%	64,331	(131,188)	(203.9%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	15,355	15,355	100.0%
33,980	64,760	30,780	47.5%	-	(33,980)	0.0%	241,387	422,946	181,559	42.9%	-	(241,387)	0.0%
72,032	54,045	(17,987)	(33.3%)	42,549	(29,482)	(69.3%)	294,457	352,535	58,078	16.5%	341,932	47,476	13.9%
50,051	15,241	(34,810)	(228.4%)	21,609	(28,443)	(131.6%)	251,680	103,254	(148,426)	(143.7%)	261,859	10,179	3.9%
111,536	125,547	14,011	11.2%	165,851	54,315	32.7%	786,088	793,603	7,515	0.9%	850,801	64,713	7.6%
5,138	6,251	1,113	17.8%	6,556	1,418	21.6%	35,949	43,757	7,808	17.8%	41,364	5,415	13.1%
20,962	28,183	7,221	25.6%	29,722	8,760	29.5%	140,723	187,452	46,729	24.9%	171,057	30,335	17.7%
(990)	2,366	3,356	141.9%	1,417	2,407	169.9%	12,283	16,871	4,588	27.2%	10,638	(1,645)	(15.5%)
2,185,804	2,210,906	25,102	1.1%	2,004,269	(181,535)	(9.1%)	14,056,571	14,708,357	651,786	4.4%	13,185,492	(871,079)	(6.6%)
<b>Total Operational Expenses</b>							<b>Total Operational Expenses</b>						
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>							<b>Net Performance before Depreciation &amp; Overhead Allocations</b>						
3,643	(762,061)	765,704	(100.5%)	(134,474)	138,117	(102.7%)	671,524	(3,955,887)	4,627,411	(117.0%)	(78,822)	750,347	(951.9%)

# Primary Care Clinics Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
13,156	21,815	8,659	39.7%	17,540	4,383	25.0%	Depreciation	92,364	146,983	54,619	37.2%	119,491	27,127	22.7%	
<i>Overhead Allocations:</i>															
2,233	12,715	10,482	82.4%	8,967	6,733	75.1%	Risk Mgt	24,478	89,005	64,527	72.5%	67,678	43,200	63.8%	
91,067	91,067	-	0.0%	48,655	(42,412)	(87.2%)	Rev Cycle	637,469	637,469	-	0.0%	324,991	(312,478)	(96.1%)	
5,389	5,559	170	3.1%	5,377	(12)	(0.2%)	Internal Audit	36,809	38,913	2,104	5.4%	13,738	(23,071)	(167.9%)	
18,956	20,787	1,831	8.8%	27,667	8,712	31.5%	Palm Springs Facility	131,809	145,509	13,700	9.4%	167,501	35,692	21.3%	
24,923	24,923	-	0.0%	27,963	3,040	10.9%	Administration	174,461	174,461	-	0.0%	183,573	9,112	5.0%	
31,103	34,245	3,142	9.2%	49,058	17,955	36.6%	Human Resources	236,573	239,715	3,142	1.3%	196,924	(39,649)	(20.1%)	
12,733	12,733	-	0.0%	8,811	(3,922)	(44.5%)	Legal	89,131	89,131	-	0.0%	67,227	(21,904)	(32.6%)	
5,727	8,444	2,717	32.2%	9,240	3,513	38.0%	Records	42,919	59,108	16,189	27.4%	43,656	737	1.7%	
4,550	11,698	7,148	61.1%	1,786	(2,764)	(154.7%)	Compliance	44,497	81,886	37,389	45.7%	42,337	(2,159)	(5.1%)	
-	1,428	1,428	100.0%	5,733	5,733	100.0%	Planning/Research	5,582	9,996	4,414	44.2%	13,331	7,749	58.1%	
37,644	34,893	(2,751)	(7.9%)	29,974	(7,669)	(25.6%)	Finance	206,620	244,251	37,631	15.4%	193,178	(13,442)	(7.0%)	
9,126	13,149	4,023	30.6%	6,360	(2,766)	(43.5%)	Public Relations	53,112	92,043	38,931	42.3%	48,927	(4,185)	(8.6%)	
86,782	99,679	12,897	12.9%	75,088	(11,694)	(15.6%)	Information Technology	593,537	697,753	104,216	14.9%	544,652	(48,886)	(9.0%)	
-	-	-	0.0%	3,602	3,602	100.0%	Budget & Decision Support	-	-	-	0.0%	13,118	13,118	100.0%	
1,647	2,714	1,067	39.3%	3,662	2,015	55.0%	Corporate Quality	17,931	18,998	1,067	5.6%	23,509	5,578	23.7%	
3,233	5,764	2,531	43.9%	5,381	2,147	39.9%	Managed Care Contract	24,124	40,348	16,224	40.2%	38,575	14,451	37.5%	
335,113	379,798	44,685	11.8%	317,325	(17,789)	(5.6%)	Total Overhead Allocations	2,319,052	2,658,586	339,534	12.8%	1,982,917	(336,135)	(17.0%)	
<b>2,534,074</b>	<b>2,612,519</b>	<b>78,445</b>	<b>3.0%</b>	<b>2,339,134</b>	<b>(194,941)</b>	<b>(8.3%)</b>	<b>Total Expenses</b>	<b>16,467,987</b>	<b>17,513,926</b>	<b>1,045,939</b>	<b>6.0%</b>	<b>15,287,900</b>	<b>(1,180,087)</b>	<b>(7.7%)</b>	
<b>\$ (344,627)</b>	<b>\$ (1,163,674)</b>	<b>\$ 819,047</b>	<b>(70.4%)</b>	<b>\$ (469,339)</b>	<b>\$ 124,712</b>	<b>(26.6%)</b>	<b>Net Margin</b>	<b>\$ (1,739,892)</b>	<b>\$ (6,761,456)</b>	<b>\$ 5,021,564</b>	<b>(74.3%)</b>	<b>\$ (2,181,230)</b>	<b>\$ 441,339</b>	<b>20.2%</b>	
-	-	-	0.0%	40,825	40,825	100.0%	Capital	-	1,221,688	1,221,688	100.0%	40,825	40,825	100.0%	
<b>\$ -</b>	<b>\$ 1,087,500</b>	<b>\$ 1,087,500</b>	<b>100.0%</b>	<b>\$ 70,000</b>	<b>\$ 70,000</b>	<b>100.0%</b>	<b>General Fund Support/ Transfer In</b>	<b>\$ 2,627,860</b>	<b>\$ 7,612,500</b>	<b>\$ 4,984,640</b>	<b>65.5%</b>	<b>\$ 2,070,000</b>	<b>\$ (557,860)</b>	<b>(26.9%)</b>	



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

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year to Date
<b>Gross Patient Revenue</b>	<b>1,946,640</b>	<b>1,491,722</b>	<b>2,006,898</b>	<b>1,645,818</b>	<b>1,905,360</b>	<b>1,935,491</b>	<b>2,020,946</b>	-	-	-	-	-	<b>12,952,875</b>
Contractual Allowances	629,927	523,761	955,352	869,362	704,192	909,476	911,498	-	-	-	-	-	5,503,568
Charity Care	522,280	370,440	431,855	348,213	541,362	394,786	472,106	-	-	-	-	-	3,061,043
Bad Debt	209,421	136,222	187,946	107,004	224,566	85,698	183,544	-	-	-	-	-	1,134,402
Other Patient Revenue	185,546	460,636	346,606	1,379,115	478,512	490,512	602,746	-	-	-	-	-	3,943,670
<b>Net Patient Revenue</b>	<b>770,557</b>	<b>921,934</b>	<b>798,350</b>	<b>1,700,355</b>	<b>913,751</b>	<b>1,036,042</b>	<b>1,056,544</b>	-	-	-	-	-	<b>7,197,533</b>
Collections %	39.58%	61.80%	39.78%	103.31%	47.96%	53.53%	52.28%	-	-	-	-	-	55.57%
Grant Funds	574,778	606,454	690,034	1,616,271	1,355,777	1,496,682	1,128,976	-	-	-	-	-	7,468,922
Other Revenue	4,645	8,821	24,768	6,149	3,627	9,704	3,928	-	-	-	-	-	61,640
<b>Total Other Revenues</b>	<b>579,423</b>	<b>615,275</b>	<b>714,802</b>	<b>1,622,420</b>	<b>1,359,404</b>	<b>1,506,386</b>	<b>1,132,904</b>	-	-	-	-	-	<b>7,530,562</b>
<b>Total Revenues</b>	<b>1,349,980</b>	<b>1,537,209</b>	<b>1,513,151</b>	<b>3,322,725</b>	<b>2,273,156</b>	<b>2,542,428</b>	<b>2,189,447</b>	-	-	-	-	-	<b>14,728,096</b>
<i>Direct Operational Expenses.</i>													
Salaries and Wages	1,387,450	1,190,417	1,317,029	1,213,339	1,197,291	1,332,097	1,362,818	-	-	-	-	-	9,000,442
Benefits	339,645	322,045	314,881	366,759	347,313	365,610	372,476	-	-	-	-	-	2,428,729
Purchased Services	65,028	68,614	50,770	82,094	51,993	54,666	66,875	-	-	-	-	-	440,040
Medical Supplies	41,828	27,305	14,573	29,201	46,174	32,270	37,924	-	-	-	-	-	279,275
Other Supplies	34,148	3,947	2,672	28,792	36,989	36,467	53,003	-	-	-	-	-	195,519
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	58,809	(461)	19,144	25,930	78,155	25,831	33,980	-	-	-	-	-	241,387
Drugs	47,555	37,534	36,129	31,431	37,448	32,329	72,032	-	-	-	-	-	294,457
Repairs & Maintenance	29,881	36,555	32,150	30,986	31,031	41,024	50,051	-	-	-	-	-	251,680
Lease & Rental	109,171	104,594	104,526	114,021	108,872	133,369	111,536	-	-	-	-	-	786,088
Utilities	4,568	6,558	5,313	5,904	4,092	4,376	5,138	-	-	-	-	-	35,949
Other Expense	15,526	(576)	24,682	22,887	23,732	33,511	20,962	-	-	-	-	-	140,723
Insurance	2,425	2,170	2,170	2,170	2,170	2,170	(990)	-	-	-	-	-	12,283
<b>Total Operational Expenses</b>	<b>2,136,034</b>	<b>1,798,702</b>	<b>1,924,039</b>	<b>1,953,014</b>	<b>1,965,259</b>	<b>2,093,719</b>	<b>2,185,804</b>	-	-	-	-	-	<b>14,056,571</b>
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(786,055)</b>	<b>(261,492)</b>	<b>(410,887)</b>	<b>1,369,711</b>	<b>307,896</b>	<b>448,708</b>	<b>3,643</b>	-	-	-	-	-	<b>671,524</b>
Depreciation	17,256	17,256	5,158	13,274	13,157	13,156	13,156	-	-	-	-	-	92,364
<i>Overhead Allocations:</i>													
Risk Mgt	9,302	16,111	8,246	(15,331)	1,744	2,172	2,233	-	-	-	-	-	24,478
Rev Cycle	86,904	98,059	124,187	100,095	94,850	42,307	91,067	-	-	-	-	-	637,469
Internal Audit	5,120	5,120	5,120	5,120	5,222	5,718	5,389	-	-	-	-	-	36,809
Palm Springs Facility	17,032	16,269	16,141	23,398	19,430	20,583	18,956	-	-	-	-	-	131,809
Administration	24,974	26,124	21,164	26,766	23,790	26,720	24,923	-	-	-	-	-	174,461
Human Resources	33,486	34,265	34,863	38,678	32,527	31,650	31,103	-	-	-	-	-	236,573
Legal	6,468	11,903	8,094	34,857	15,637	(551)	12,733	-	-	-	-	-	89,131
Records	6,520	6,452	6,067	6,656	5,289	6,258	5,727	-	-	-	-	-	42,919
Compliance	5,776	7,197	3,605	6,283	4,168	12,918	4,550	-	-	-	-	-	44,497
Planning/Research	1,340	1,281	1,209	1,325	426	0	-	-	-	-	-	-	5,582
Finance	24,095	32,875	22,630	39,695	23,194	26,486	37,644	-	-	-	-	-	206,620
Public Relations	6,478	6,365	8,336	7,466	7,077	8,264	9,126	-	-	-	-	-	53,112
Information Technology	80,379	69,273	97,329	86,977	82,158	90,638	86,782	-	-	-	-	-	593,537
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	3,986	3,764	2,150	2,591	2,015	1,778	1,647	-	-	-	-	-	17,931
Managed Care Contract	3,421	4,019	3,039	3,676	3,234	3,502	3,233	-	-	-	-	-	24,124
<b>Total Overhead Allocations</b>	<b>315,282</b>	<b>339,079</b>	<b>362,180</b>	<b>368,255</b>	<b>320,701</b>	<b>278,442</b>	<b>335,113</b>	-	-	-	-	-	<b>2,319,052</b>
<b>Total Expenses</b>	<b>2,468,573</b>	<b>2,155,037</b>	<b>2,291,377</b>	<b>2,334,492</b>	<b>2,299,117</b>	<b>2,385,318</b>	<b>2,534,074</b>	-	-	-	-	-	<b>16,467,987</b>
<b>Net Margin</b>	<b>\$ (1,118,593)</b>	<b>\$ (617,827)</b>	<b>\$ (778,226)</b>	<b>\$ 988,232</b>	<b>\$ (25,961)</b>	<b>\$ 157,110</b>	<b>\$ (344,627)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,739,892)</b>
Capital	-	-	(13,581)	13,581	1,752	(1,752)	-	-	-	-	-	-	-
<b>General Fund Support/ Transfer In</b>	<b>1,101,337</b>	<b>596,437</b>	<b>930,086</b>	-	-	-	-	-	-	-	-	-	<b>\$ 2,627,860</b>

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Jerome Golden Center	Lewis Center	Rams Clinic	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Van	Total
<b>Gross Patient Revenue</b>	-	2,013,848	2,164,200	1,566,881	1,059,653	-	480,868	-	1,575,213	591,319	1,035,122	-	204,141	10,691,245
Contractual Allowances	-	1,005,877	837,849	833,107	531,488	2,094	271,293	250	649,445	216,170	458,419	-	81,489	4,887,483
Charity Care	-	409,799	535,744	217,657	151,377	2,994	90,405	-	367,446	94,407	184,822	-	37,818	2,092,469
Bad Debt	-	185,706	289,589	171,186	139,286	6,300	81,924	(184)	83,167	11,676	52,231	-	42,902	1,063,783
<b>Total Contractual Allowances and Bad Debt</b>	-	1,601,383	1,663,183	1,221,949	822,151	11,388	443,623	66	1,100,058	322,254	695,472	-	162,209	8,043,735
Other Patient Revenue	-	569,121	572,750	381,864	280,920	2,926	110,900	-	482,666	139,484	247,616	-	57,329	2,845,576
<b>Net Patient Revenue</b>	-	981,586	1,073,767	726,796	518,422	(8,462)	148,146	(66)	957,821	408,549	587,266	-	99,261	5,493,086
Collection %	0.00%	48.74%	49.61%	46.38%	48.92%	0.00%	30.81%	0.00%	60.81%	69.09%	56.73%	0.00%	48.62%	51.38%
Grant Funds	740,210	811,443	774,653	683,819	1,209,763	-	189,676	-	801,984	271,067	363,280	117,968	271,584	6,235,447
Other Revenue	20,406	4,921	1,456	2,363	7,005	-	258	-	3,905	6,483	1,099	13,506	6	61,407
<b>Total Other Revenues</b>	760,616	816,363	776,109	686,182	1,216,769	-	189,933	-	805,888	277,550	364,379	131,473	271,591	6,296,854
<b>Total Revenues</b>	760,616	1,797,950	1,849,876	1,412,978	1,735,190	(8,462)	338,080	(66)	1,763,709	686,100	951,645	131,473	370,852	11,789,940
<b>Direct Operational Expenses:</b>														
Salaries and Wages	1,020,627	1,129,932	1,069,366	926,632	600,451	-	262,638	-	1,092,426	372,344	498,444	244,609	154,103	7,371,572
Benefits	210,190	273,938	300,351	280,864	159,917	-	67,682	-	324,213	106,354	135,007	57,919	50,329	1,966,764
Purchased Services	83,660	46,573	36,303	29,269	34,354	-	4,501	-	59,862	39,615	42,208	-	3,133	379,478
Medical Supplies	-	11,377	36,136	8,087	8,710	-	4,800	-	14,739	4,501	4,662	-	442	93,454
Other Supplies	24,530	3,413	30,460	1,407	35,519	-	2,030	-	8,258	1,656	6,388	39,864	2,631	156,157
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	35,440	39,305	24,579	33,845	-	5,403	-	66,381	7,570	28,863	-	-	241,387
Drugs	-	64,924	88,477	64,266	21,762	-	923	-	21,645	12,919	1,284	16,195	864	293,258
Repairs & Maintenance	-	37,108	36,212	36,857	23,068	-	6,163	-	37,435	14,225	21,717	2,100	4,088	218,973
Lease & Rental	50	80,023	92,180	53,427	111,384	5,013	2,582	-	135,351	45,924	76,113	-	-	602,048
Utilities	-	562	2,326	635	8,848	-	1,269	-	7,606	5,016	3,438	-	-	29,700
Other Expense	80,592	5,974	3,359	3,748	4,899	-	3,196	-	8,774	1,220	4,244	250	2,266	118,521
Insurance	-	2,101	1,766	1,427	523	148	-	-	330	280	320	-	5,052	11,945
<b>Total Operational Expenses</b>	1,419,649	1,691,366	1,736,240	1,431,198	1,043,278	5,161	361,186	-	1,777,020	611,625	822,688	360,937	222,908	11,483,256
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	(659,033)	106,584	113,636	(18,220)	691,912	(13,623)	(23,107)	(66)	(13,311)	74,474	128,957	(229,464)	147,944	306,684
Depreciation	5,005	3,239	2,667	1,048	1,463	424	751	69	4,234	2,990	2,797	-	43,750	68,438
<b>Overhead Allocations:</b>														
Risk Mgt	2,509	2,697	2,695	2,382	1,530	-	566	-	3,144	1,077	1,616	1,009	454	19,679
Rev Cycle	-	79,394	79,324	70,105	45,045	-	16,667	-	92,526	31,703	47,551	29,687	13,363	505,365
Internal Audit	3,773	4,056	4,053	3,582	2,301	-	852	-	4,727	1,620	2,430	1,517	683	29,592
Palm Springs Facility	117,262	-	-	-	-	-	-	-	-	-	-	-	-	117,262
Administration	17,878	19,222	19,208	16,975	10,906	-	4,039	-	22,407	7,679	11,515	7,189	3,234	140,252
Human Resources	14,680	30,341	28,483	25,450	14,680	-	4,891	-	27,992	10,770	18,597	9,789	3,917	189,590
Legal	9,135	9,821	9,814	8,673	5,572	-	2,065	-	11,445	3,920	5,880	3,675	1,652	71,652
Records	4,399	4,729	4,726	4,176	2,683	-	993	-	5,512	1,888	2,833	1,768	796	34,504
Compliance	4,561	4,903	4,899	4,330	2,782	-	1,029	-	5,715	1,958	2,937	1,833	825	35,772
Planning/Research	572	615	615	543	349	-	129	-	717	246	368	230	104	4,487
Finance	21,177	22,768	22,749	20,104	12,919	-	4,780	-	26,536	9,091	13,638	8,513	3,833	166,108
Public Relations	5,444	5,853	5,848	5,168	3,321	-	1,229	-	6,821	2,337	3,506	2,188	985	42,698
Information Technology	60,833	65,403	65,350	57,752	37,110	-	13,731	-	76,227	26,116	39,176	24,456	11,010	477,163
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	1,837	1,975	1,975	1,744	1,123	-	416	-	2,300	786	1,183	740	331	14,410
Managed Care Contract	-	3,004	3,002	2,653	1,705	-	631	-	3,502	1,200	1,800	1,123	506	19,125
<b>Total Overhead Allocations</b>	264,058	254,783	252,740	223,637	142,027	-	52,018	-	289,570	100,390	153,028	93,718	41,691	1,867,660
<b>Total Expenses</b>	1,688,713	1,949,388	1,991,648	1,655,882	1,186,768	5,586	413,955	69	2,070,824	715,005	978,513	454,655	308,349	13,419,355
<b>Net Margin</b>	\$ (928,097)	\$ (151,438)	\$ (141,772)	\$ (242,904)	\$ 548,422	\$ (14,048)	\$ (75,875)	\$ (135)	\$ (307,115)	\$ (28,905)	\$ (26,868)	\$ (323,182)	\$ 62,503	\$ (1,629,415)
<b>Capital</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>General Fund Support/ Transfer In</b>	\$ 2,627,860	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,627,860

## Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,653,980	1,694,941	(40,961)	(2.4%)	1,520,682	133,299	8.8%	10,691,245	11,282,278	(591,033)	(5.2%)	10,794,176	(102,931)	(1.0%)
809,872	403,942	(405,930)	(100.5%)	1,802,679	992,807	55.1%	4,887,483	2,739,665	(2,147,818)	(78.4%)	4,401,313	(486,170)	(11.0%)
327,537	623,849	296,312	47.5%	1,302,662	975,124	74.9%	2,092,469	4,119,282	2,026,813	49.2%	1,698,294	(394,175)	(23.2%)
162,767	189,502	26,735	14.1%	16,183	(146,584)	(905.8%)	1,063,783	1,251,290	187,507	15.0%	1,122,667	58,884	5.2%
1,300,176	1,217,293	(82,883)	(6.8%)	3,121,523	1,821,347	58.3%	8,043,735	8,110,237	66,502	0.8%	7,222,273	(821,461)	(11.4%)
478,873	148,099	330,774	223.3%	2,484,786	(2,005,912)	(80.7%)	2,845,576	1,036,693	1,808,883	174.5%	2,681,535	164,041	6.1%
832,677	625,747	206,930	33.1%	883,944	(51,267)	(5.8%)	5,493,086	4,208,734	1,284,352	30.5%	6,253,437	(760,351)	(12.2%)
50.34%	36.92%			58.13%			51.38%	37.30%		57.93%			
935,750	502,660	433,090	86.2%	485,578	450,172	92.7%	6,235,447	3,868,620	2,366,827	61.2%	3,523,209	2,712,237	77.0%
3,928	12,135	(8,207)	(67.6%)	4,062	(134)	(3.3%)	61,407	90,064	(28,657)	(31.8%)	133,837	(72,430)	(54.1%)
939,678	514,795	424,883	82.5%	489,640	450,038	91.9%	6,296,854	3,958,684	2,338,170	59.1%	3,657,047	2,639,807	72.2%
1,772,356	1,140,542	631,814	55.4%	1,373,584	398,771	29.0%	11,789,940	8,167,418	3,622,522	44.4%	9,910,484	1,879,456	19.0%
<i>Direct Operational Expenses:</i>													
1,117,424	1,130,036	12,612	1.1%	1,037,664	(79,761)	(7.7%)	7,371,572	7,505,128	133,556	1.8%	6,938,821	(432,752)	(6.2%)
303,264	319,525	16,261	5.1%	276,322	(26,941)	(9.8%)	1,966,764	2,120,482	153,718	7.2%	1,834,319	(132,444)	(7.2%)
65,055	52,952	(12,103)	(22.9%)	89,292	24,237	27.1%	379,478	369,756	(9,722)	(2.6%)	346,207	(33,270)	(9.6%)
12,282	19,294	7,012	36.3%	16,435	4,154	25.3%	93,454	125,823	32,369	25.7%	98,081	4,627	4.7%
52,032	13,983	(38,049)	(272.1%)	6,567	(45,465)	(692.3%)	156,157	136,532	(19,625)	(14.4%)	49,541	(106,615)	(215.2%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	15,355	15,355	100.0%
33,980	64,760	30,780	47.5%	-	(33,980)	0.0%	241,387	422,946	181,559	42.9%	-	(241,387)	0.0%
72,032	52,132	(19,900)	(38.2%)	42,117	(29,915)	(71.0%)	293,258	340,277	47,019	13.8%	331,021	37,763	11.4%
42,779	9,027	(33,752)	(373.9%)	17,757	(25,021)	(140.9%)	218,973	65,834	(153,139)	(232.6%)	230,019	11,046	4.8%
85,493	98,072	12,579	12.8%	126,515	41,022	32.4%	602,048	601,464	(584)	(0.1%)	615,563	13,515	2.2%
4,124	5,503	1,379	25.1%	5,438	1,314	24.2%	29,700	38,521	8,821	22.9%	35,928	6,227	17.3%
8,622	24,162	15,541	64.3%	24,957	16,336	65.5%	118,521	163,141	44,620	27.4%	146,141	27,620	18.9%
(929)	2,307	3,236	140.3%	1,331	2,260	169.8%	11,945	16,458	4,513	27.4%	9,994	(1,951)	(19.5%)
1,796,155	1,791,753	(4,402)	(0.2%)	1,644,395	(151,760)	(9.2%)	11,483,256	11,906,362	423,106	3.6%	10,650,990	(832,266)	(7.8%)
(23,800)	(651,211)	627,411	(96.3%)	(270,811)	247,011	(91.2%)	306,684	(3,738,944)	4,045,628	(108.2%)	(740,506)	1,047,190	(141.4%)

# Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
9,787	6,072	(3,715)	(61.2%)	4,451	(5,336)	(119.9%)	Depreciation	68,438	42,504	(25,934)	(61.0%)	31,555	(36,884)	(116.9%)
<i>Overhead Allocations:</i>														
1,795	10,221	8,426	82.4%	7,034	5,239	74.5%	Risk Mgt	19,679	71,547	51,868	72.5%	53,094	33,415	62.9%
72,195	72,195	-	0.0%	37,711	(34,484)	(91.4%)	Rev Cycle	505,365	505,365	-	0.0%	251,885	(253,480)	(100.6%)
4,333	4,469	136	3.1%	4,218	(115)	(2.7%)	Internal Audit	29,592	31,283	1,691	5.4%	10,778	(18,814)	(174.6%)
16,864	18,493	1,629	8.8%	23,684	6,820	28.8%	Palm Springs Facility	117,262	129,451	12,189	9.4%	143,385	26,123	18.2%
20,036	20,036	-	0.0%	20,784	748	3.6%	Administration	140,252	140,252	-	0.0%	142,862	2,610	1.8%
24,926	27,444	2,518	9.2%	39,432	14,506	36.8%	Human Resources	189,590	192,108	2,518	1.3%	151,021	(38,569)	(25.5%)
10,236	10,236	-	0.0%	7,199	(3,037)	(42.2%)	Legal	71,652	71,652	-	0.0%	53,028	(18,624)	(35.1%)
4,604	6,789	2,185	32.2%	7,225	2,620	36.3%	Records	34,504	47,523	13,019	27.4%	34,225	(279)	(0.8%)
3,658	9,404	5,746	61.1%	1,946	(1,712)	(88.0%)	Compliance	35,772	65,828	30,056	45.7%	33,759	(2,013)	(6.0%)
-	1,148	1,148	100.0%	1,673	1,673	100.0%	Planning/Research	4,487	8,036	3,549	44.2%	7,634	3,147	41.2%
30,263	28,051	(2,212)	(7.9%)	25,811	(4,452)	(17.2%)	Finance	166,108	196,357	30,249	15.4%	153,846	(12,262)	(8.0%)
7,337	10,572	3,235	30.6%	5,551	(1,786)	(32.2%)	Public Relations	42,698	74,004	31,306	42.3%	38,945	(3,753)	(9.6%)
69,767	80,135	10,368	12.9%	58,908	(10,859)	(18.4%)	Information Technology	477,163	560,945	83,782	14.9%	427,287	(49,875)	(11.7%)
-	-	-	0.0%	603	603	100.0%	Budget & Decision Support	-	-	-	0.0%	8,068	8,068	100.0%
1,324	2,181	857	39.3%	2,873	1,549	53.9%	Corporate Quality	14,410	15,267	857	5.6%	18,443	4,033	21.9%
2,563	4,569	2,006	43.9%	4,171	1,607	38.5%	Managed Care Contract	19,125	31,983	12,858	40.2%	29,898	10,773	36.0%
<b>269,901</b>	<b>305,943</b>	<b>36,042</b>	<b>11.8%</b>	<b>248,822</b>	<b>(21,078)</b>	<b>(8.5%)</b>	<b>Total Overhead Allocations</b>	<b>1,867,660</b>	<b>2,141,601</b>	<b>273,941</b>	<b>12.8%</b>	<b>1,558,158</b>	<b>(309,502)</b>	<b>(19.9%)</b>
<b>2,075,843</b>	<b>2,103,768</b>	<b>27,925</b>	<b>1.3%</b>	<b>1,897,668</b>	<b>(178,175)</b>	<b>(9.4%)</b>	<b>Total Expenses</b>	<b>13,419,355</b>	<b>14,090,467</b>	<b>671,112</b>	<b>4.8%</b>	<b>12,240,703</b>	<b>(1,178,652)</b>	<b>(9.6%)</b>
<b>\$ (303,487)</b>	<b>\$ (963,226)</b>	<b>\$ 659,739</b>	<b>(68.5%)</b>	<b>\$ (524,084)</b>	<b>\$ 220,596</b>	<b>(42.1%)</b>	<b>Net Margin</b>	<b>\$ (1,629,415)</b>	<b>\$ (5,923,049)</b>	<b>\$ 4,293,634</b>	<b>(72.5%)</b>	<b>\$ (2,330,219)</b>	<b>\$ 700,804</b>	<b>30.1%</b>
-	-	-	0.0%	-	-	0.0%	Capital	-	450,000	450,000	100.0%	-	-	0.0%
<b>\$ -</b>	<b>\$ 1,087,500</b>	<b>\$ 1,087,500</b>	<b>100.0%</b>	<b>\$ 70,000</b>	<b>\$ 70,000</b>	<b>100.0%</b>	<b>General Fund Support/ Transfer In</b>	<b>\$ 2,627,860</b>	<b>\$ 7,612,500</b>	<b>\$ 4,984,640</b>	<b>65.5%</b>	<b>\$ 2,070,000</b>	<b>\$ (557,860)</b>	<b>(26.9%)</b>

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
<b>Gross Patient Revenue</b>	-	<b>789,211</b>	<b>626,638</b>	<b>578,957</b>	<b>266,825</b>	<b>2,261,630</b>
Contractual Allowances	-	228,371	148,376	158,212	81,126	616,085
Charity Care	-	788,857	295,925	286,962	96,830	968,574
Bad Debt	-	12,644	40,382	9,599	7,995	70,619
Total Contractual Allowances and Bad Debt	-	579,872	484,682	454,773	185,951	1,655,278
Other Patient Revenue	-	372,847	292,848	296,747	135,653	1,098,095
<b>Net Patient Revenue</b>	-	<b>632,186</b>	<b>434,804</b>	<b>420,930</b>	<b>216,527</b>	<b>1,704,447</b>
Collection %	-	80.10%	69.39%	72.71%	81.15%	75.36%
Grant Funds	115,649	393,709	309,384	267,335	147,398	1,233,475
Other Revenue	-	-	-	-	233	233
Total Other Revenues	115,649	393,709	309,384	267,335	147,631	1,233,708
<b>Total Revenues</b>	<b>115,649</b>	<b>1,025,894</b>	<b>744,188</b>	<b>688,266</b>	<b>364,158</b>	<b>2,938,155</b>
<i>Direct Operational Expenses:</i>						
Salaries and Wages	160,603	511,690	409,640	363,645	183,292	1,628,869
Benefits	35,771	154,730	106,562	111,264	54,139	461,965
Purchased Services	-	13,479	11,153	10,782	25,149	60,562
Medical Supplies	-	43,735	37,125	31,751	23,211	135,821
Other Supplies	442	16,022	14,045	6,618	2,235	39,362
Contracted Physician Expense	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-
Drugs	-	39	300	615	246	1,199
Repairs & Maintenance	-	9,269	7,979	8,554	6,905	32,707
Lease & Rental	-	66,947	38,307	35,861	42,925	184,040
Utilities	-	926	2,690	999	1,633	6,248
Other Expense	1,212	10,144	6,707	1,163	3,476	22,202
Insurance	-	-	-	-	338	338
Total Operational Expenses	197,577	826,980	634,007	571,751	343,550	2,573,315
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(81,879)</b>	<b>198,914</b>	<b>110,181</b>	<b>117,015</b>	<b>20,609</b>	<b>364,841</b>
Depreciation	-	8,471	3,810	5,959	5,685	23,926
<i>Overhead Allocations:</i>						
Risk Mgt	311	1,511	1,326	1,074	628	4,799
Rev Cycle	-	44,457	39,032	30,142	18,473	132,104
Internal Audit	468	2,271	1,994	1,540	944	7,217
Palm Springs Facility	14,547	-	-	-	-	14,547
Administration	2,219	10,766	9,450	7,301	4,473	34,209
Human Resources	1,955	14,680	13,706	10,770	5,872	46,983
Legal	1,134	5,502	4,830	3,731	2,282	17,479
Records	546	2,649	2,325	1,796	1,100	8,415
Compliance	566	2,746	2,410	1,862	1,141	8,724
Planning/Research	71	344	302	234	143	1,094
Finance	2,627	12,750	11,193	8,645	5,297	40,512
Public Relations	675	3,278	2,877	2,222	1,362	10,414
Information Technology	7,547	36,627	32,153	24,833	15,215	116,374
Budget & Decision Support	-	-	-	-	-	-
Corporate Quality	231	1,104	971	753	462	3,521
Managed Care Contract	-	1,683	1,477	1,141	699	4,999
Total Overhead Allocations	32,897	140,367	124,047	95,992	58,090	451,392
<b>Total Expenses</b>	<b>230,424</b>	<b>975,818</b>	<b>761,863</b>	<b>673,202</b>	<b>407,325</b>	<b>3,048,632</b>
<b>Net Margin</b>	<b>\$ (114,775)</b>	<b>\$ 50,076</b>	<b>\$ (17,676)</b>	<b>\$ 15,064</b>	<b>\$ (43,167)</b>	<b>\$ (110,477)</b>
<b>Capital</b>						
<b>General Fund Support/ Transfer In</b>					<b>\$</b>	<b>-</b>

# Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
366,966	376,208	(9,242)	(2.5%)	338,252	28,714	8.5%	<b>Gross Patient Revenue</b>	2,261,630	2,484,121	(222,491)	(9.0%)	2,295,187	(33,557)	(1.5%)
101,626	78,540	(23,086)	(29.4%)	536,849	435,223	81.1%	Contractual Allowances	616,085	518,617	(97,468)	(18.8%)	355,831	(260,254)	(73.1%)
144,569	174,849	30,280	17.3%	750,027	605,458	80.7%	Charity Care	968,574	1,154,531	185,957	16.1%	866,555	(102,018)	(11.8%)
20,777	16,462	(4,315)	(26.2%)	1,609	(19,168)	(1,191.0%)	Bad Debt	70,619	108,695	38,076	35.0%	23,916	(46,703)	(195.3%)
266,972	269,851	2,879	1.1%	1,288,485	1,021,513	79.3%	Total Contractuals and Bad Debts	1,655,278	1,781,843	126,565	7.1%	1,246,302	(408,976)	(32.8%)
123,872	89,241	34,631	38.8%	1,298,800	(1,174,928)	(90.5%)	Other Patient Revenue	1,098,095	624,687	473,408	75.8%	1,298,800	(200,705)	(15.5%)
223,866	195,598	28,268	14.5%	348,567	(124,701)	(35.8%)	Net Patient Revenue	1,704,447	1,326,965	377,482	28.4%	2,347,685	(643,238)	(27.4%)
61.00%	51.99%			103.05%			Collection %	75.36%	53.42%		102.29%			
193,226	109,872	83,354	75.9%	147,644	45,582	30.9%	Grant Funds	1,233,475	1,238,256	(4,781)	(0.4%)	814,501	418,974	51.4%
-	2,833	(2,833)	(100.0%)	-	-	0.0%	Other Revenue	233	19,831	(19,598)	(98.8%)	34,000	(33,767)	(99.3%)
193,226	112,705	80,521	71.4%	147,644	45,582	30.9%	Total Other Revenues	1,233,708	1,258,087	(24,379)	(1.9%)	848,501	385,207	45.4%
417,092	308,303	108,789	35.3%	496,211	(79,119)	(15.9%)	<b>Total Revenues</b>	2,938,155	2,585,052	353,103	13.7%	3,196,186	(258,031)	(8.1%)
<i>Direct Operational Expenses:</i>														
245,394	255,805	10,411	4.1%	204,317	(41,077)	(20.1%)	Salaries and Wages	1,628,869	1,698,857	69,988	4.1%	1,501,348	(127,522)	(8.5%)
69,212	74,410	5,198	7.0%	63,256	(5,956)	(9.4%)	Benefits	461,965	493,805	31,840	6.4%	445,748	(16,217)	(3.6%)
1,820	10,326	8,506	82.4%	12,573	10,753	85.5%	Purchased Services	60,562	85,696	25,134	29.3%	68,348	7,786	11.4%
25,642	27,402	1,760	6.4%	24,212	(1,430)	(5.9%)	Medical Supplies	135,821	175,555	39,734	22.6%	195,283	59,461	30.4%
971	10,780	9,809	91.0%	5,928	4,957	83.6%	Other Supplies	39,362	76,305	36,943	48.4%	14,790	(24,573)	(166.1%)
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
-	1,913	1,913	100.0%	432	432	100.0%	Drugs	1,199	12,258	11,059	90.2%	10,912	9,713	89.0%
7,272	6,214	(1,058)	(17.0%)	3,851	(3,421)	(88.8%)	Repairs & Maintenance	32,707	37,420	4,713	12.6%	31,839	(867)	(2.7%)
26,043	27,475	1,432	5.2%	39,336	13,293	33.8%	Lease & Rental	184,040	192,139	8,099	4.2%	235,238	51,198	21.8%
1,014	748	(266)	(35.6%)	1,118	104	9.3%	Utilities	6,248	5,236	(1,012)	(19.3%)	5,436	(812)	(14.9%)
12,340	4,021	(8,319)	(206.9%)	4,764	(7,576)	(159.0%)	Other Expense	22,202	24,311	2,109	8.7%	24,916	2,715	10.9%
(61)	59	120	203.5%	86	147	171.1%	Insurance	338	413	75	18.1%	644	306	47.5%
389,649	419,153	29,504	7.0%	359,874	(29,775)	(8.3%)	<b>Total Operational Expenses</b>	2,573,315	2,801,995	228,680	8.2%	2,534,502	(38,813)	(1.5%)
<b>Net Performance before</b>														
27,443	(110,850)	138,293	(124.8%)	136,337	(108,894)	(79.9%)	Depreciation & Overhead Allocations	364,841	(216,943)	581,784	(268.2%)	661,684	(296,843)	(44.9%)

# Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
3,369	15,743	12,374	78.6%	13,089	9,720	74.3%	23,926	104,479	80,553	77.1%	87,937	64,011	72.8%
<i>Overhead Allocations:</i>													
438	2,494	2,056	82.4%	1,932	1,494	77.3%	4,799	17,458	12,659	72.5%	14,585	9,785	67.1%
18,872	18,872	-	0.0%	10,944	(7,928)	(72.4%)	132,104	132,104	-	0.0%	73,105	(58,999)	(80.7%)
1,057	1,090	33	3.1%	1,159	102	8.8%	7,217	7,630	413	5.4%	2,961	(4,257)	(143.8%)
2,092	2,294	202	8.8%	3,983	1,891	47.5%	14,547	16,058	1,511	9.4%	24,116	9,569	39.7%
4,887	4,887	-	0.0%	7,179	2,292	31.9%	34,209	34,209	-	0.0%	40,711	6,502	16.0%
6,177	6,801	624	9.2%	9,626	3,449	35.8%	46,983	47,607	624	1.3%	45,903	(1,080)	(2.4%)
2,497	2,497	-	0.0%	1,612	(885)	(54.9%)	17,479	17,479	-	0.0%	14,200	(3,279)	(23.1%)
1,123	1,655	532	32.2%	2,015	892	44.3%	8,415	11,585	3,170	27.4%	9,431	1,016	10.8%
892	2,294	1,402	61.1%	(160)	(1,052)	(657.8%)	8,724	16,058	7,334	45.7%	8,578	(146)	(1.7%)
-	280	280	100.0%	4,060	4,060	100.0%	1,094	1,960	866	44.2%	5,697	4,603	80.8%
7,381	6,842	(539)	(7.9%)	4,164	(3,217)	(77.3%)	40,512	47,894	7,382	15.4%	39,332	(1,180)	(3.0%)
1,789	2,577	788	30.6%	809	(980)	(121.1%)	10,414	18,039	7,625	42.3%	9,982	(432)	(4.3%)
17,015	19,544	2,529	12.9%	16,180	(836)	(5.2%)	116,374	136,808	20,434	14.9%	117,364	990	0.8%
-	-	-	0.0%	3,000	3,000	100.0%	-	-	-	0.0%	5,050	5,050	100.0%
323	533	210	39.4%	789	466	59.1%	3,521	3,731	210	5.6%	5,066	1,545	30.5%
670	1,195	525	43.9%	1,210	540	44.6%	4,999	8,365	3,366	40.2%	8,677	3,678	42.4%
65,213	73,855	8,642	11.7%	68,503	3,290	4.8%	451,392	516,985	65,593	12.7%	424,759	(26,633)	(6.3%)
458,231	508,751	50,520	9.9%	441,465	(16,766)	(3.8%)	3,048,632	3,423,459	374,827	10.9%	3,047,198	(1,435)	(0.0%)
\$ (41,139)	\$ (200,448)	\$ 159,309	(79.5%)	\$ 54,745	\$ (95,884)	(175.1%)	\$ (110,477)	\$ (838,407)	\$ 727,930	(86.8%)	\$ 148,988	\$ (259,465)	(174.2%)
-	-	-	0.0%	40,825	40,825	100.0%	-	771,688	771,688	100.0%	40,825	40,825	100.0%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
<b>Clinic Visits - Adults and Pediatrics</b>																
West Palm Beach	1,661	1,289	1,312	1,734	1,628	1,447	1,798						10,869	11,166	(2.7%)	11,232
Delray	1,355	1,162	1,134	1,180	1,212	1,356	1,283						8,682	10,214	(15.0%)	9,993
Lantana	1,411	1,309	1,261	1,314	1,409	1,424	1,524						9,652	10,739	(10.1%)	9,262
Belle Glade	1,030	790	839	934	806	850	949						6,198	5,555	11.6%	6,256
Jerome Golden Center	-	-	-	-	-	-	-						-	-	0.0%	1,779
Lewis Center	267	233	229	239	246	227	277						1,718	1,546	11.1%	1,370
Lake Worth & Women's Health Care	1,608	1,153	1,104	1,214	1,130	1,466	1,483						9,158	11,133	(17.7%)	10,766
Jupiter Clinic	421	457	418	467	483	502	565						3,313	3,722	(11.0%)	3,561
West Boca & Women's Health Care	1,009	861	781	923	815	900	984						6,273	4,905	27.9%	4,081
Mobile Van	239	186	119	201	200	159	143						1,247	1,288	(3.2%)	-
Suboxone	361	289	222	301	415	476	611						2,675	2,042	31.0%	1,941
<b>Total Clinic Visits</b>	<b>9,362</b>	<b>7,729</b>	<b>7,419</b>	<b>8,507</b>	<b>8,344</b>	<b>8,807</b>	<b>9,617</b>	-	-	-	-	-	<b>59,785</b>	<b>62,310</b>	<b>(4.1%)</b>	<b>60,241</b>
<b>Dental Visits</b>																
West Palm Beach	918	722	704	800	792	839	873						5,648	6,304	(10.4%)	6,345
Lantana	653	508	468	616	630	717	646						4,238	6,231	(32.0%)	5,114
Delray	676	522	446	503	535	644	675						4,001	4,820	(17.0%)	4,554
Belle Glade	406	260	230	259	275	292	377						2,099	2,596	(19.1%)	2,606
<b>Total Dental Visits</b>	<b>2,653</b>	<b>2,012</b>	<b>1,848</b>	<b>2,178</b>	<b>2,232</b>	<b>2,492</b>	<b>2,571</b>	-	-	-	-	-	<b>15,986</b>	<b>19,951</b>	<b>(19.9%)</b>	<b>18,619</b>
<b>Total Medical and Dental Visits</b>	<b>12,015</b>	<b>9,741</b>	<b>9,267</b>	<b>10,685</b>	<b>10,576</b>	<b>11,299</b>	<b>12,188</b>	-	-	-	-	-	<b>75,771</b>	<b>82,261</b>	<b>(7.9%)</b>	<b>78,860</b>
<b>Mental Health Counselors (non billable)</b>																
West Palm Beach	124	100	103	135	117	110	154						843	586	43.9%	624
Delray	137	118	102	117	106	102	126						808	581	39.1%	598
Lantana	467	414	368	433	383	265	423						2,753	1,586	73.6%	1,017
Belle Glade	17	21	22	26	18	25	23						152	101	50.5%	100
Lewis Center	268	219	192	235	232	253	283						1,682	664	153.3%	773
Lake Worth	173	99	73	190	98	111	76						820	846	(3.1%)	901
Jupiter	-	-	-	-	-	-	-						-	202	(100.0%)	218
West Boca	-	-	-	-	-	-	-						-	138	(100.0%)	152
Mobile Van	-	-	-	16	40	57	95						208	-	100.0%	-
<b>Total Mental Health Screenings</b>	<b>1,186</b>	<b>971</b>	<b>860</b>	<b>1,152</b>	<b>994</b>	<b>923</b>	<b>1,180</b>	-	-	-	-	-	<b>7,266</b>	<b>4,704</b>	<b>54.5%</b>	<b>4,383</b>



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# **SUPPLEMENTAL INFORMATION**

## **MEDICAID MATCH FUND**

# Medicaid Match Statement of Revenues and Expenditures

FOR THE SEVENTH MONTH ENDED APRIL 30, 2019

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	Patient Revenue	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
491,667	491,667	-	0.0%	491,667	-	0.0%	PBC Interlocal	3,441,667	3,441,667	-	0.0%	3,441,667	-	0.0%	
200	414	(215)	(51.8%)	399	(199)	(49.9%)	Other revenue	2,508	2,899	(391)	(13.5%)	2,880	(372)	(12.9%)	
<b>491,866</b>	<b>492,081</b>	<b>(215)</b>	<b>(0.0%)</b>	<b>492,065</b>	<b>(199)</b>	<b>(0.0%)</b>	<b>Total Revenue</b>	<b>3,444,175</b>	<b>3,444,566</b>	<b>(391)</b>	<b>(0.0%)</b>	<b>3,444,547</b>	<b>(372)</b>	<b>(0.0%)</b>	
<i>Direct Operational Expenses:</i>															
-	-	-	0.0%	-	-	0.0%	Salaries and Wages	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Benefits	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Medical Supplies	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Other Supplies	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Drugs	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Repairs & Maintenance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Lease & Rental	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
1,441,591	1,441,591	-	0.0%	1,415,952	(25,638)	(1.8%)	Other Expense	10,091,134	10,091,134	-	0.0%	9,911,667	(179,467)	(1.8%)	
-	-	-	0.0%	-	-	0.0%	Insurance	-	-	-	0.0%	-	-	0.0%	
<b>1,441,591</b>	<b>1,441,591</b>	<b>-</b>	<b>0.0%</b>	<b>1,415,952</b>	<b>(25,638)</b>	<b>(1.8%)</b>	<b>Total Operational Expenses</b>	<b>10,091,134</b>	<b>10,091,134</b>	<b>-</b>	<b>0.0%</b>	<b>9,911,667</b>	<b>(179,467)</b>	<b>(1.8%)</b>	
<b>Net Performance before Overhead</b>															
<b>(949,724)</b>	<b>(949,510)</b>	<b>(215)</b>	<b>0.0%</b>	<b>(923,887)</b>	<b>(25,837)</b>	<b>2.8%</b>	<b>Allocations</b>	<b>(6,646,959)</b>	<b>(6,646,568)</b>	<b>(391)</b>	<b>0.0%</b>	<b>(6,467,120)</b>	<b>(179,839)</b>	<b>2.8%</b>	
<i>Overhead Allocations:</i>															
-	-	-	0.0%	-	-	0.0%	Risk Mgt	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Internal Audit	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Administration	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Human Resources	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Legal	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Records	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Compliance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Finance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Information Technology	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	<b>Total Overhead Allocations</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.0%</b>	<b>-</b>	<b>-</b>	<b>0.0%</b>	
<b>1,441,591</b>	<b>1,441,591</b>	<b>-</b>	<b>0.0%</b>	<b>1,415,952</b>	<b>(25,638)</b>	<b>(1.8%)</b>	<b>Total Expenses</b>	<b>10,091,134</b>	<b>10,091,134</b>	<b>-</b>	<b>0.0%</b>	<b>9,911,667</b>	<b>(179,467)</b>	<b>(1.8%)</b>	
<b>(949,724)</b>	<b>(949,510)</b>	<b>(215)</b>	<b>0.0%</b>	<b>(923,887)</b>	<b>(25,837)</b>	<b>2.8%</b>	<b>Net Margin</b>	<b>(6,646,959)</b>	<b>(6,646,568)</b>	<b>(391)</b>	<b>0.0%</b>	<b>(6,467,120)</b>	<b>(179,839)</b>	<b>(2.8%)</b>	
949,724	949,510	215	0.0%	923,887	25,837	2.8%	General Fund Support	6,646,959	6,646,568	391	0.0%	6,467,120	(179,839)	(2.8%)	
<b>\$ 949,724</b>	<b>\$ 949,510</b>	<b>\$ 215</b>	<b>0.0%</b>	<b>\$ 923,887</b>	<b>25,837</b>	<b>2.8%</b>	<b>Total Transfers In</b>	<b>\$ 6,646,959</b>	<b>\$ 6,646,568</b>	<b>\$ 391</b>	<b>0.0%</b>	<b>\$ 6,467,120</b>	<b>\$ 179,839</b>	<b>2.8%</b>	

### Medicaid Match Statement of Revenues and Expenditures by Month

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year to Date
Patient Revenue	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,441,667
PBC Interlocal	730	142	834	459	33	111	200	-	-	-	-	-	2,508
Other revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Revenue</b>	<b>492,397</b>	<b>491,809</b>	<b>492,501</b>	<b>492,126</b>	<b>491,700</b>	<b>491,777</b>	<b>491,866</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,444,175</b>
<i>Direct Operational Expenses:</i>													
Salaries and Wages	-	-	-	-	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-
Purchased Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
Lease & Rental	-	-	-	-	-	-	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Expense	1,441,591	1,441,591	1,441,591	1,441,591	1,441,591	1,441,591	1,441,591	-	-	-	-	-	10,091,134
Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Operational Expenses</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,091,134</b>
<b>Net Performance before Overhead Allocations</b>	<b>(949,194)</b>	<b>(949,782)</b>	<b>(949,090)</b>	<b>(949,465)</b>	<b>(949,891)</b>	<b>(949,813)</b>	<b>(949,724)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(6,646,959)</b>
<i>Overhead Allocations:</i>													
Risk Mgt	-	-	-	-	-	-	-	-	-	-	-	-	-
Rev Cycle	-	-	-	-	-	-	-	-	-	-	-	-	-
Internal Audit**	-	-	-	-	-	-	-	-	-	-	-	-	-
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration**	-	-	-	-	-	-	-	-	-	-	-	-	-
Human Resources	-	-	-	-	-	-	-	-	-	-	-	-	-
Legal	-	-	-	-	-	-	-	-	-	-	-	-	-
Records	-	-	-	-	-	-	-	-	-	-	-	-	-
Compliance**	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	-	-	-	-	-	-	-	-	-	-	-	-	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Overhead Allocations</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Expenses</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>1,441,591</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,091,134</b>
<b>Net Margin</b>	<b>(949,194)</b>	<b>(949,782)</b>	<b>(949,090)</b>	<b>(949,465)</b>	<b>(949,891)</b>	<b>(949,813)</b>	<b>(949,724)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(6,646,959)</b>
General Fund Support	949,194	949,782	949,090	949,465	949,891	949,813	949,724	-	-	-	-	-	6,646,959
<b>Total Transfers In</b>	<b>\$ 949,194</b>	<b>\$ 949,782</b>	<b>\$ 949,090</b>	<b>\$ 949,465</b>	<b>\$ 949,891</b>	<b>\$ 949,813</b>	<b>\$ 949,724</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 6,646,959</b>

# HEALTH CARE DISTRICT BOARD

May 28, 2019

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

**2. Summary:**

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

**3. Substantive Analysis:**

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

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

Last Name	First Name	Degree	Specialty	Appointment	Privileges
Abdalla	Adel	MD	Radiology	Initial Appointment	Provisional
Aravindakshan	Nisha	MD	Internal Medicine	Initial Appointment	Provisional
Barbosa-Rivera	Norma	MD	Internal Medicine	Initial Appointment	Provisional
Carter	Melissa	APRN	Nurse Practitioner	Initial Appointment	Provisional
Clarke	Richard	MD	Anesthesia	Initial Appointment	Provisional
Ghazala	Janan	MD	Anesthesia	Initial Appointment	Provisional
Hassanzadeh	Kambiz	MD	Radiology	Initial Appointment	Provisional
Kater	Gabrielle	MD	Radiology	Initial Appointment	Provisional
Marino	Thomas	MD	Radiology	Initial Appointment	Provisional
Nascimento	Flavius	APRN	Nurse Practitioner	Initial Appointment	Provisional
Polak	Adam	APRN	Nurse Practitioner	Initial Appointment	Provisional
Said	Binor	MD	Radiology	Initial Appointment	Provisional
Samuel	Monique	DO	Family Medicine	Initial Appointment	Provisional
Torres-Miranda	Daisy	MD	Internal Medicine	Initial Appointment	Provisional

## HEALTH CARE DISTRICT BOARD

May 28, 2019

Zebrowski	Brian	MD	General Surgery	Initial Appointment	Provisional
Baldari	Duccio	MD	Cardiology	Reappointment	Active
Bhattarai	Manoj	MD	Nephrology	Reappointment	Active
Cardenal	Denise	MD	Obstetrics & Gynecology	Reappointment	Active
Chitturi	Srihari	MD	Anesthesia	Reappointment	Active
Collins	Glenn	MD	Obstetrics & Gynecology	Reappointment	Active
Cosme	Yolanda	MD	Pediatrics/Neonatology	Reappointment	Active
Gunawardene	Ishan	MD	Internal Medicine	Reappointment	Active
Ottino	Fernando	MD	Nephrology	Reappointment	Active
Plaskett	Allen	APRN	Nurse Practitioner	Reappointment	Active

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

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

#### 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  
 Dawn Richards  
 VP & Chief Financial Officer

#### 5. Reviewed/Approved by Committee:

Lakeside Medical Center  
 Medical Executive Committee  


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 Committee Name

April 1, 2019 and May 6, 2019  


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 Date Approved

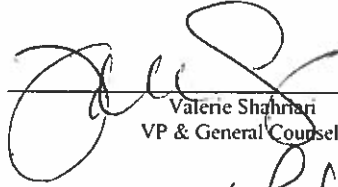
# HEALTH CARE DISTRICT BOARD

May 28, 2019

## 6. Recommendation:

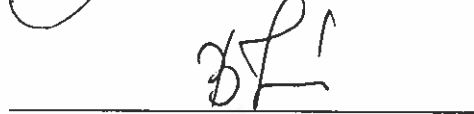
Staff recommends the Board approve the Medical Staff Appointment(s) for Lakeside Medical Center.

Approved for Legal sufficiency:



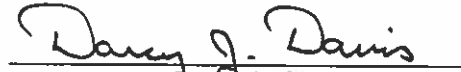
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Valerie Shahrari  
VP & General Counsel



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Belma Andric, MD, MPH  
Chief Medical Officer



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Darcy J. Davis  
Chief Executive Officer

# HEALTH CARE DISTRICT BOARD

May 28, 2019

## 1. Description: Committee Appointments

## 2. Summary:

This agenda item presents the Board with a recommendation to appointment Joseph Gibbons to the Finance and Audit Committee; Kimberly Schulz to the Quality, Patient Safety and Compliance Committee; and Carolyn Jones to the Lakeside Health Advisory Board.

## 3. Substantive Analysis:

The Health Care District Bylaws specify that the District Board shall appoint standing committee members to a four (4) year term with standing committee membership limited to two (2) full terms. This agenda item includes the recommendation to appoint new committee members to the Finance and Audit Committee; Quality, Patient Safety and Compliance Committee; and the Lakeside Health Advisory Board.

Joseph Gibbons operates Gibbons Consulting Group providing business intelligence, government affairs and community relations consultative services in South Florida. Previously, Mr. Gibbons served in the Florida House of Representatives and as the President and General Manager of an IT Manufacturing Company. If confirmed, Mr. Gibbons' term will run through May 2023.

Kimberly Schulz is the Director of Quality at Wellington Regional Medical Center. Ms. Schulz has over 30 years of experience in healthcare including both long term and acute care. Previously, Ms. Schulz served as the Director of Quality and Patient Safety and as a college adjunct instructor teaching healthcare courses. If confirmed, Ms. Schulz's term will run through May 2023.

Carolyn Jones is an auxiliary member at Lakeside Medical Center. Ms. Jones has volunteered for several years in the ICU and other areas of the hospital. If confirmed, Ms. Jones' term will run through May 2023.

A copy of Mr. Gibbons', Ms. Schulz's, and Ms. Jones' Application for Board or Committee Appointment Forms and Conflict of Interest Questionnaires will be maintained on file.

**HEALTH CARE DISTRICT BOARD**  
**May 28, 2019**

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
 Dawn Richards  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee:**

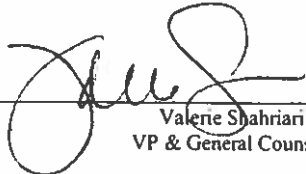
N/A  
 Committee Name

\_\_\_\_\_  
 Date Approved

**6. Recommendation:**

Staff recommends the Board approve the appointment of Joseph Gibbons to the Finance and Audit Committee; Kimberly Schulz to the Quality, Patient Safety and Compliance Committee; and Carolyn Jones to the Lakeside Health Advisory Board.

Approved for Legal sufficiency:

  
 Valerie Shahriari  
 VP & General Counsel

  
 Thomas Cleare  
 VP of Strategy

  
 Darcy J. Davis  
 Chief Executive Officer



**HEALTH CARE DISTRICT BOARD**  
**May 28, 2019**

**1. Description: First Amendment to License Agreement**

**2. Summary:**

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

**3. Substantive Analysis:**

The License Agreement was executed on April 9, 2017. The District proposes amending the commencement date of the license to be June 1, 2019. Additionally, the square footage was increased by 171.50 square feet, thus increasing the fee to \$12,511.97 per year.

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

	<b>Amount</b>	<b>Budget</b>
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	\$12,511.97	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 Dawn Richards  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee:**

Finance & Audit Committee  
 Committee Name

May 28, 2019  
 Date Approved

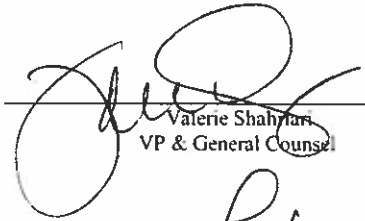
**HEALTH CARE DISTRICT BOARD**

**May 28, 2019**

**6. Recommendation:**

Staff recommends the Board approve the amendment to the License Agreement.

Approved for Legal sufficiency:



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Valerie Shahjari  
VP & General Counsel



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Belma Andric, MD, MPH  
CMO, VP & Executive Director of Clinical Services



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Darcy J. Davis  
Chief Executive Officer

# HEALTH CARE DISTRICT BOARD

May 28, 2019

**1. Description: C. L. Brumback Primary Care Clinics Strategic Planning 2019**

**2. Summary:**

A collaborative discussion took place between the clinic board and Dr. Andric, Terry, Dr. Stewart, Dr. Dessalines, Dr. Tibby and Lisa addressing the following business unit's goals addressing the four key pillars (Quality and Patient Safety, People, Cost and Community Leader) of our strategic imperatives to enhance operational efficiencies.

Upon conclusion of Strategic Planning, Dr. Andric confirmed that we will plan to conduct a similar exercise next year and that she will be providing updates on our progress towards meeting our goals to the Board periodically.

**3. Substantive Analysis:**

A collaborative discussion took place between the clinic board and Dr. Andric, Terry, Dr. Stewart, Dr. Dessalines, Dr. Tibby and Lisa addressing the following business unit's goals addressing the four key pillars (Quality and Patient Safety, People, Cost and Community Leader) of our strategic imperatives to enhance operational efficiencies.

Business Development

Improve patient satisfaction and patient grievance processes, closing the referral loop, ongoing evaluation of security, team-member development, cultivate an empathetic workforce that is motivated and service oriented, reduce cost per patient and improve clinic efficiency, reduce our dependency on overall subsidies, improving sustainability, maximize existing access to care, capital expenditure needs planning such as the proposed new access point, improve efficiencies in service delivery and aligning our workforce and financial management characteristics monitoring similar to high-performing health center benchmarks.

Operations

Identify quality and productivity metrics, streamline and standardize operational workflows, ensure easy scheduling of appointments, ensure continuity of care, standardize infection control, help employees succeed, identify effective strategies to reduce the cost per patient and maximize existing access to care.

Adult Medical

Improve our quality metrics, improve test result management, reduce discomfort with behavioral health, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, and maximize existing access to care.

# HEALTH CARE DISTRICT BOARD

May 28, 2019

## Pediatric Medical

Improve quality metrics, reducing discomfort with behavioral health, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, reduce our dependency on overall subsidies, improve sustainability and create pediatric hubs for MDI integration.

## Dental

Improve quality metrics, provide continuum of care from pediatric to dental clinic, infection control, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, and create pediatric hubs for MDI integration.

## Behavioral Health

Improve quality metrics, providing appropriate psychiatric health services, reducing discomfort with behavioral health integration, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, and position the proposed new clinic as community leader in treating patients with substance use disorders on an outpatient basis.

## Women's Health

Improve quality metrics, improve patient safety through test result management, infection control, reducing discomfort with behavioral health, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, and maximize existing access to care.

## Nursing

Improve quality metrics, improve patient safety through test result management, reducing discomfort with behavioral health, infection control, revise occurrence follow up workflow, implement annual skills assessments, team-member development, reduce cost per patient and improve clinic efficiency, and maximize existing access to care.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
Dawn Richards  
VP & Chief Financial Officer

**HEALTH CARE DISTRICT BOARD**

**May 28, 2019**

**5. Reviewed/Approved by Committee:**

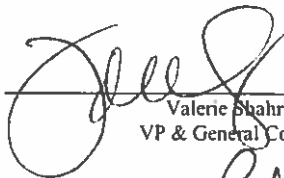
N/A  
Committee Name


N/A  
Date Approved

**6. Recommendation:**

Staff recommends the Board receive and file the Primary Care Clinics Strategic Planning 2019.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valene Shahmari  
VP & General Counsel

  
\_\_\_\_\_  
Dr. Belma Andric, MPH  
CMO, VP & Executive Director of the Clinics

  
\_\_\_\_\_  
Darcy J. Davis  
Chief Executive Officer



# STRATEGIC PLANNING

March 27, 2019

## INDEX

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## AGENDA

March 27, 2019

12:00 – 12:15pm	Lunch	
12:15 – 12:30pm	Belma Andric	Introduction
12:30 – 12:45pm	Belma Andric	Mission, Strategic Imperatives, Pillars of Success
12:45 – 1:00pm	Belma Andric	UDS Summary 2018
1:00 – 3:00pm	Belma Andric	Primary Care Clinics Strategic Initiatives
3:00 – 3:15pm	Everyone	Questions



## MISSION

To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.

## STRATEGIC IMPERATIVES

### FIND OUR “TRUE NORTH”

Our role as the health care **safety net** is our primary driver when determining our direction in the community

### ENHANCE EFFICIENCIES

Improve **efficiency** and **effectiveness** of operations

### QUALITY AND VALUE IS REMEMBERED LONG AFTER THE PRICE IS FORGOTTEN

**Mission first** in the most cost effective and resourceful manner

## PILLARS OF SUCCESS

No building can be held up by only one post, one pillar. It takes a number of supports to make an institution sound. Likewise, it takes a number of goals to achieve a healthy organization. Every District strategy should fall under one of the four pillars and line up with our strategic imperatives in order to maintain a balanced scorecard.

**Quality and Patient Safety** To provide quality, patient centered health care that can be defined and measured. To enforce and invest in a pervasive culture of safety with zero preventable errors.

**People** To be the employer of choice. To develop and support a culturally diverse, competent, motivated and service oriented workforce. To recruit and retain highly competent providers to meet patient needs.

**Cost** To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers.

**Community Leader** To lead Palm Beach County in improving health status and access to care through community coordination and collaboration. To protect and advance the county's health care safety net.

# UDS SUMMARY

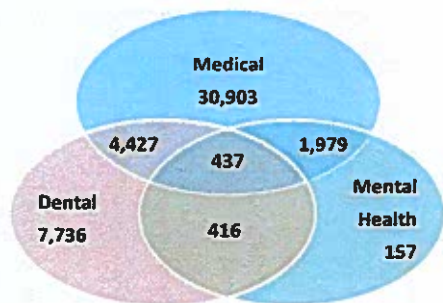
# 2018

## Patients

Annual unique patients increased by 5.8% from 2017 to 2018; 2,418 more patients

**44,501**

Unique Patients Served

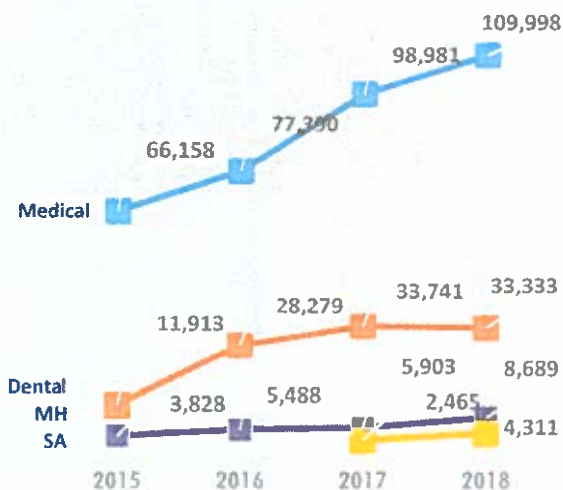


## Visits

11% Increase

**156,331**

Visits across all service lines



MEDICAL DENTAL MENTAL HEALTH/SA WOMEN'S HEALTH

### SERVING PALM BEACH COUNTY, FLORIDA

8 Primary Care Clinics  
4 Dental Clinics  
1 Mobile Clinic



18 MD's/DO's; 2 Psychiatrists  
14 ARNP's  
9 Dentists; 4 Hygienists  
9 LCSW's/LMHC's

ALMOST 7 OUT OF 10 PATIENTS ARE UNINSURED



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



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



PATIENTS SERVED BY GENDER (AT BIRTH);

37.9% MALE, 57.7% FEMALE, <1% TRANSGENDER



41% OF PATIENTS IDENTIFIED AS AFRICAN AMERICAN/BLACK, 53% IDENTIFIED AS WHITE, WITH THE REMAINING 6% IDENTIFYING AS ANOTHER RACE.



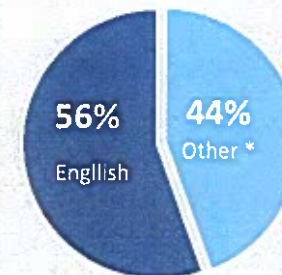
ETHNICITY: 34% OF PATIENTS IDENTIFIED AS HISPANIC/LATINO, 64% IDENTIFIED AS NON-HISPANIC/LATINO, AND 2% WERE UNREPORTED



8% (3,394) PATIENTS IDENTIFIED AS AGRICULTURAL WORKERS  
57% (1,935) IDENTIFIED AS MIGRATORY AND 43% (1,459) AS SEASONAL

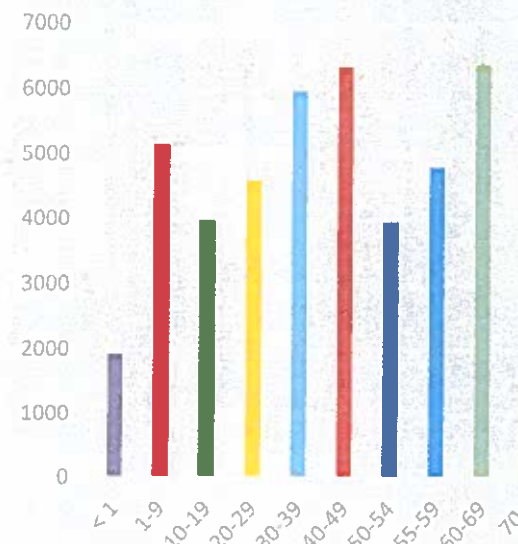


44% OF CLIENTS WERE BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH



\* OF OUR PATIENT POPULATION, 12% SPEAK CREOLE AND 25% SPEAK SPANISH

PATIENT AGE — UNIQUE PATIENTS



**PILLAR 1 – QUALITY OF PATIENT CARE:** *To provide quality, patient-centered health care that can be defined and measured*

**Performance Goal: Improve Patient Satisfaction and Patient Grievance processes**

**TACTIC:** Change the culture from reactive to proactive in addressing patient experience

- Patient Satisfaction Survey's monthly and present to the Board quarterly
- Standardize and streamline Patient onboarding process, including New Patient Package and Clinic Tours
- Implement SnapComm initiatives clinic-wide
- Develop "Walk-in your shoes" evaluation and feedback from patients

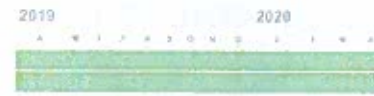


**PILLAR 2 – PATIENT SAFETY:** *To enforce and invest in a pervasive culture of safety with zero preventable errors*

**Performance Goal: Closing the Referral Loop**

**TACTIC:** Standardize and Implement new Referral Loop process

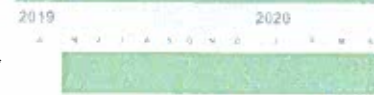
- Develop and train on the updated Referral Institute
- Standardize CCP Referral Authorization Process and information flow



**Performance Goal: Ongoing evaluation of security**

**TACTIC:** Evaluate existing vendor relationships

- Develop formal onboarding and evaluation process with contracted security company



**PILLAR 3 – PEOPLE:** *To develop and support a culturally diverse, competent, motivated and service oriented workforce, to recruit and retain highly competent team-members*

**Performance Goal: Team-member Development**

**TACTIC:** Evaluate and train team-members

- Developing Patient Experience and Outreach positions and program

**TACTIC:** Promote team-based care culture

- Create shared space in all clinic locations



**Performance Goal: Cultivate an empathetic workforce that is motivated and service oriented**

**TACTIC:** Help employees succeed

- Develop mechanism to regularly share team-member recognition from comment boxes
- Implement Standards of Conduct

**TACTIC:** Maximization of team-member's potential

- Develop a career ladder to encourage professional development and increase team-member longevity
- Analyze team-member turnover dashboard and present to Quality Council quarterly
- Prioritize FM Resident Provider and Health Service Corp recruitment and retention
- Work with FAU to develop Nurse Practitioner Primary Care Practicum



**PILLAR 4 – COST:** *To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers*

**Performance Goal: Reduce cost per patient and improve clinic efficiency**

**TACTIC:** Identify effective strategies to reduce the cost per patient

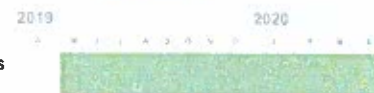
- Cost-benefit analysis (e.g. evening hours)
- Align workforce and financial management characteristics monitoring similar to high-performing health center benchmarks (operating margin, days-cash-on-hand, days-in-net-patient-receivables, operating expense per patient, productivity metrics, support staff/FTE)



**Performance Goal: To reduce our dependency on overall subsidies, improve sustainability**

**TACTIC:** Maximize Revenue Potential

- Meet with Revenue Cycle monthly to review reports and identify areas to maximize revenues



**PILLAR 5 – COMMUNITY LEADER:** *To lead Palm Beach County in improving health status and access to care through community coordination and collaboration*

**Performance Goal: Maximize existing access to care**

**TACTIC:** Obtain and Evaluate Trends in patient access and define needs

- Work closely with community partners: City of WPB, Lord's Place and County Departments to maximize utilization of the Mobile Clinic
- Measure homeless population utilization of Behavioral Health Services to address health disparities



**Performance Goal: Capital Expenditure Needs Planning**

**Tactic:** Obtain New Access Point (NAP) funding

- Address health disparities by providing prenatal care to women suffering from Substance Use Disorders



**Performance Goal: Improve efficiencies in service delivery**

**TACTIC:** Create service-line hubs for Pediatrics

- Replace Pediatricians with Family Medicine Providers in low-utilization clinic locations
- Complete Pediatric hubs in high-utilization clinic locations and offer comprehensive services
- Expand Project Dulce to Lantana Clinic



**TACTIC:** IT/EHR Improvements

- Create Information Technology (IT) clinic equipment replacement plans
- Clinics to be a part of solution for an agency-wide Health Information Exchange (HIE) goals





**Operations**

**PILLAR 1 – QUALITY OF PATIENT CARE: To provide quality, patient-centered health care that can be defined and measured**

**Performance Goal: Improve Quality and Utilization metrics**

- TACTIC: Identify quality and productivity metrics for frontline
- Define frontline quality and productivity metrics
- Frontline chart audit to be presented at monthly Quality Council
- Measure patient cycle time, no show rates and next 3rd available by clinic and report to the Board

**Performance Goal: Establish consistency across all clinics**

- TACTIC: Streamline and standardize operational workflows
- Implement electronic check-in and data gathering
- Develop clinic flow in shared space environment to maximize patient throughput
- Standardize templates, operating hours and lunch schedules across clinics
- TACTIC: Evaluate and train staff
- Re-evaluate and standardize Lead frontline, Lead medical assistants, etc.

**PILLAR 2 – PATIENT SAFETY: To enforce and invest in a pervasive culture of safety with zero preventable errors**

**Performance Goal: Ensure easy scheduling of appointments**

- TACTIC: Reduce Call Center wait times and dropped calls
- Streamline phone trees for centralized scheduling
- Monitor answer rates, wait times and dropped calls

**Performance Goal: Ensure continuity of care**

- TACTIC: Follow-up on No-Show's
- Ensure daily no-show and recall lists are being reconciled appropriately
- TACTIC: Develop formal Provider absence and off boarding procedure
- Monitor patient hand-off's, completion of documentation and continuity of care

**Performance Goal: Infection Control**

- TACTIC: Standardize Infection Control Procedures
- Ensure consistency across clinics and ensure use of Hand-Sanitizer dispensers

**PILLAR 3 – PEOPLE: To develop and support a culturally diverse, competent, motivated and service oriented workforce, to recruit and retain highly competent team-members**

**Performance Goal: Team-member Development**

- TACTIC: Help employees succeed
- Develop and implement frontline team-member training to increase their confidence in providing patients with information regarding new District Cares coverage, Sliding Fee Scale, Nominal Fees, etc.

**PILLAR 4 – COST: To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers**

**Performance Goal: Reduce cost per patient and improve clinic efficiency**

- TACTIC: Identify effective strategies to reduce the cost per patient
- Constantly monitor staff-to-Provider ratio and report on periodic basis to the Board
- Report patient point-of-service collections to the Board

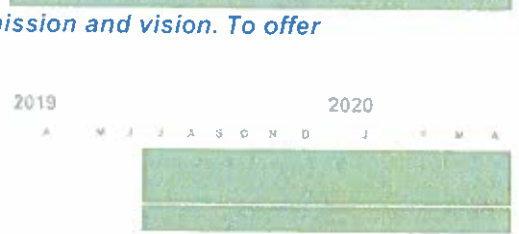
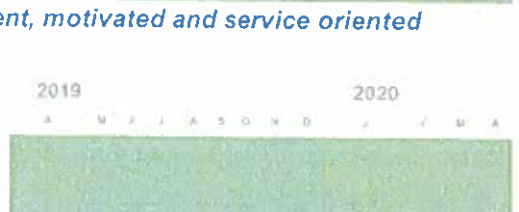
**Performance Goal: To reduce our dependency on overall subsidies, improve sustainability**

- TACTIC: Cost Containment
- Practice Managers to monitor their individual clinic budgets more closely than before by creating purchase requisitions, verifying invoices, etc.
- Practice Managers to utilize new centralized ordering process (including dental)

**PILLAR 5 – COMMUNITY LEADER: To lead Palm Beach County in improving health status and access to care through community coordination and collaboration**

**Performance Goal: Maximize existing access to care**

- TACTIC: Establish primary care Providers as gatekeepers for District Cares uninsured patient fund
- Closely monitor next 3rd available for new patients referred to clinics to establish medical home
- TACTIC: Offer Hardship Exemption Application
- Develop policy and procedure on Hardship Exemptions and present to the Board



**PILLAR 1 – QUALITY OF PATIENT CARE: To provide quality, patient-centered health care that can be defined and measured**

**Performance Goal: Improve Quality metrics**

**Tactic: Benchmarking ourselves against HRSA National Quality Leaders**

**HRSA** Setting accountability around individualized Provider goals (especially in Cervical Cancer Screening)

**HRSA** Re-establish good practices for Colon Cancer Screening (point of care reporting)

Setting HealthyPeople 2020 goals

Implement and train on Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening in adult population at every visit (consider AUDIT/CAGE-AID and DAST)

**HRSA TACTIC: Focus on Chronic Disease Management: Diabetes and Hypertension**

Reinforce use of Population Management tools

Redefine roles of Patient Navigators versus Nurses in Chronic Disease Management

Avhana Implementation



**PILLAR 2 – PATIENT SAFETY: To enforce and invest in a pervasive culture of safety with zero preventable errors**

**Performance Goal: Improve Test Result Management**

**TACTIC: Report 48-hour metrics by Provider on a consistent basis**

Re-introduce Test Result Management to be reported monthly to Quality Council

**TACTIC: Closing the Referral Loop**

Defining Provider's roles and metrics in closing the referral loop

**Performance Goal: Reducing Discomfort with Behavioral Health**

**TACTIC: Fully integrated Behavioral Health into Primary Care**

**HRSA** All positive result Behavioral Health Screenings to be seen by Behavioral Specialist on the same day

**Performance Goal: Implement Annual Skills Assessments**

**TACTIC: Ensure all Clinical skills are assessed annually**

Conduct testing of defined skills per Clinical role/Department annually



**PILLAR 3 – PEOPLE: To develop and support a culturally diverse, competent, motivated and service oriented workforce, to recruit and retain highly competent team-members**

**Performance Goal: Team-member Development**

**TACTIC: Help employees succeed**

Re-introduce building the Care Teams consisting of Provider, Patient and Patient Navigator and the use of "treatment plans"



**PILLAR 4 – COST: To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers**

**Performance Goal: Reduce cost per patient and improve clinic efficiency**

**TACTIC: Identify effective strategies to reduce the cost per patient**

Establish primary care Providers as gatekeepers for District Cares uninsured patient fund

Maximize HEDIS value-based reimbursements by implementing templates specific to the measures (e.g. diabetes, hypertension)

Standardize Quest Lab ordering by Providers and provide ongoing feedback to Providers on orders



**PILLAR 5 – COMMUNITY LEADER: To lead Palm Beach County in improving health status and access to care through community coordination and collaboration**

**Performance Goal: Maximize existing access to care**

**TACTIC: Evaluate Provider Productivity**

Create and Monitor Patient Panels per Provider



## Pediatric Medical

**PILLAR 1 – QUALITY OF PATIENT CARE:** *To provide quality, patient-centered health care that can be defined and measured*

**Performance Goal: Improve Quality metrics**

**TACTIC: Achieving HRSA and ACS goals**

- Setting accountability around individualized Provider goals (especially in Childhood Immunizations and HPV rates)
- Implement and train on Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening in pediatric population at every visit (consider CRAFFT)



**PILLAR 2 – PATIENT SAFETY:** *To enforce and invest in a pervasive culture of safety with zero preventable errors*

**Performance Goal: Reducing Discomfort with Behavioral Health**

**TACTIC: Implement Age-Appropriate Behavioral Health Screening and Treatment**

- Fully integrated Behavioral Health into Primary Care in Pediatric Hubs
- All positive result Behavioral Health Screenings to be seen by Behavioral Specialist on the same day



**Performance Goal: Implement Annual Skills Assessments**

**TACTIC: Ensure all Clinical skills are assessed annually**

- Conduct testing of defined skills per Clinical role/Department annually



**PILLAR 3 – PEOPLE:** *To develop and support a culturally diverse, competent, motivated and service oriented workforce, to recruit and retain highly competent team-members*

**Performance Goal: Team-member Development**

**TACTIC: Help employees succeed**

- Increase Pediatrician confidence in mental health treatment and working in an integrated Behavioral Health setting



**PILLAR 4 – COST:** *To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers*

**Performance Goal: Reduce cost per patient and improve clinic efficiency**

**TACTIC: Identify effective strategies to reduce the cost per patient**

- Providing comprehensive care (pediatric care, behavioral health care, dental care is cost beneficial)
- Standardize Quest Lab ordering by Providers and provide ongoing feedback to Providers on orders



**Performance Goal: To reduce our dependency on overall subsidies, improve sustainability**

**TACTIC: Maximize Revenue Potential**

- Monitor the number of newborns that continue their Well-Child visits until age three



**PILLAR 5 – COMMUNITY LEADER:** *To lead Palm Beach County in improving health status and access to care through community coordination and collaboration*

**Performance Goal: MDI Integration in Pediatric Hubs**

**TACTIC: Fully integrate Dental Screenings Prevention for all age groups**

- Dental Hygienists incorporated in all Pediatric Well-Child visits





## Dental

**PILLAR 1 – QUALITY OF PATIENT CARE:** *To provide quality, patient-centered health care that can be defined and measured*

**Performance Goal: Improve Quality metrics**

**TACTIC: Achieving HRSA goals**

- Setting accountability around individualized Provider goals (assessment of caries risk, sealants)
- Improve Chronic Disease Management through Diabetes Pilot in West Palm Beach



**PILLAR 2 – PATIENT SAFETY:** *To enforce and invest in a pervasive culture of safety with zero preventable errors*

**Performance Goal: Provide Continuum of Care from Pediatric to Dental Clinic**

**TACTIC: Ensure all patients referred from Pediatric Clinic MDI program are seen on the same day**

- Develop culture of Dental/Pediatric Integration
- Develop the data collection tools to closely monitor MDI numbers and overall pediatric, medical and dental (Venn diagram)



**Performance Goal: Infection Control**

**TACTIC: Standardize Infection Control Procedures**

- Implement Infection Control Plan and training
- Conduct monthly audits of Infection Control and report to Quality Council



**Performance Goal: Implement Annual Skills Assessments**

**TACTIC: Ensure all Clinical skills are assessed annually**

- Conduct testing of defined skills per Clinical role/Department annually



**PILLAR 3 – PEOPLE:** *To develop and support a culturally diverse, competent, motivated and service oriented workforce, to recruit and retain highly competent team-members*

**Performance Goal: Team-member Development**

**TACTIC: Help people succeed**

- Increase General Dentists confidence in treating Pediatric population



**PILLAR 4 – COST:** *To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers*

**Performance Goal: Reduce cost per patient and improve clinic efficiency**

**TACTIC: Identify effective strategies to reduce the cost per patient**

- Providing comprehensive care (integrated dental care is cost beneficial)

**TACTIC: ER Diversion Program for Belle Glade**

- Develop warm-hand-off with ER team at Lakeside Medical Center



**PILLAR 5 – COMMUNITY LEADER:** *To lead Palm Beach County in improving health status and access to care through community coordination and collaboration*

**Performance Goal: MDI Integration in Pediatric Hubs**

**TACTIC: Fully Integrate Dental Screenings Prevention for all age groups**

- Dental Hygienists incorporated in all Pediatric Well-Child visits
- Increase percentage of overlap in medical and dental patients from 15% to 30%



## Behavioral Health

**PILLAR 1 – QUALITY OF PATIENT CARE:** *To provide quality, patient-centered health care that can be defined and measured*

**Performance Goal: Improve Quality metrics**

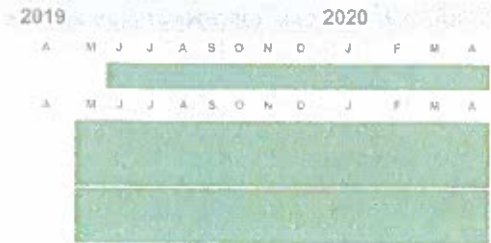
**TACTIC: Monitor BAM outcomes and adjust program accordingly**

Have easily accessible BAM indicators by Behavioral Health Specialist

**TACTIC: Monitor Behavioral Health Integration in Primary Care Setting**

Setting accountability around individualized Behavioral Health Specialist WHO goals (especially positive Depression Screenings seen the same day of service)

Develop the data collection tools to closely monitor Mobile Clinic and MAT program overlap (Venn diagram)



**PILLAR 2 – PATIENT SAFETY:** *To enforce and invest in a pervasive culture of safety with zero preventable errors*

**Performance Goal: Providing Appropriate Psychiatric Health Services**

**TACTIC: Monitor Agency-wide Psychiatric Referrals**

Maximize use of Telemedicine for patients in need of Psychiatric Services

**Performance Goal: Reducing Discomfort with Behavioral Health Integration**

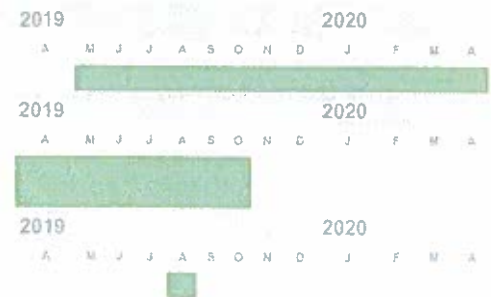
**TACTIC: Fully integrated Behavioral Health into Primary Care**

All positive result Behavioral Health Screenings to be seen by Behavioral Specialist on the same day

**Performance Goal: Implement Annual Skills Assessments**

**TACTIC: Ensure all Clinical skills are assessed annually**

Conduct testing of defined skills per Clinical role/Department annually



**PILLAR 3 – PEOPLE:** *To develop and support a culturally diverse, competent, motivated and service oriented workforce, to recruit and retain highly competent team-members*

**Performance Goal: Team-member Development**

**TACTIC: Help employees succeed**

Increasing level of comfort among Behavioral Health Specialists to address urgent needs from WHO's

**PILLAR 4 – COST:** *To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers*

**Performance Goal: Reduce cost per patient and improve clinic efficiency**

**TACTIC: Identify effective strategies to reduce the cost per patient**

Establish primary care Providers as gatekeepers for District Cares uninsured patient fund in need of Mental Health Services

Providing comprehensive care  
(integrated behavioral health care is cost beneficial)



**PILLAR 5 – COMMUNITY LEADER:** *To lead Palm Beach County in improving health status and access to care through community coordination and collaboration*

**Performance Goal: Position Mangonia Park Clinic as Community Leader in treating patients with Substance Use Disorders on an Outpatient basis**

**TACTIC: Provide Leadership in accepting referrals from Addiction Stabilization Center**

Move MAT Clinic from Lantana to JFK North campus

Start a women's health/MAT integrated clinic and plan to start perinatal psychiatry integrated clinic (pending receipt of NAP grant)





**PILLAR 1 – QUALITY OF PATIENT CARE: To provide quality, patient-centered health care that can be defined and measured**

**Performance Goal: Improve Quality metrics**

**TACTIC: Benchmarking ourselves against HRSA National Quality Leaders**

Setting accountability around individualized Provider goals and data entry (especially regarding entry in to care, delivery and birth weight)

**HRSA** Re-establish good practices for Colon Cancer Screening (point of care reporting)



**PILLAR 2 – PATIENT SAFETY: To enforce and invest in a pervasive culture of safety with zero preventable errors**

**Performance Goal: Improve Test Result Management**

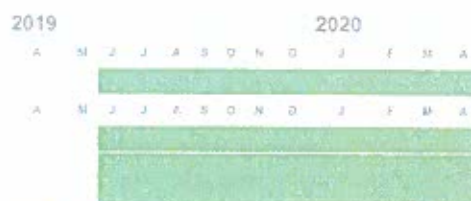
**TACTIC: Report 48-hour metrics by Provider on a consistent basis**

Re-introduce Test Result Management to be reported monthly to Quality Council

**TACTIC: Closing the Referral Loop**

Defining Provider's roles and metrics in closing the referral loop

Ensure contracts and processes for Ultrasounds are in place with new CCP/MCP program



**Performance Goal: Infection Control**

**TACTIC: Standardize Infection Control Procedures**

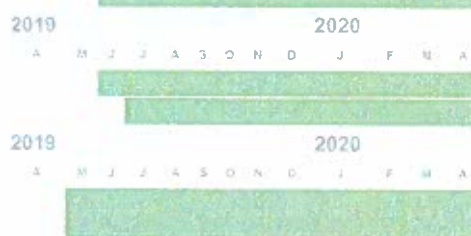
Implement Infection Control Plan and training

Conduct monthly audits of Infection Control and report to Quality Council

**Performance Goal: Reducing Discomfort with Behavioral Health**

**TACTIC: Fully integrated Behavioral Health into Primary Care**

**HRSA** All positive result Behavioral Health Screenings to be seen by Behavioral Specialist on the same day



**Performance Goal: Implement Annual Skills Assessments**

**TACTIC: Ensure all Clinical skills are assessed annually**

Conduct testing of defined skills per Clinical role/Department annually



**PILLAR 3 – PEOPLE: To develop and support a culturally diverse, competent, motivated and service oriented workforce, to recruit and retain highly competent team-members**

**Performance Goal: Team-member Development**

**TACTIC: Help employees succeed**

Cross-training of Clinical staff



**PILLAR 4 – COST: To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers**

**Performance Goal: Reduce cost per patient and improve clinic efficiency**

**TACTIC: Identify effective strategies to reduce the cost per patient**

Define the patient population and type of OB/GYN services to be provided in HCD Clinics in light of MCP changes

Standardize Quest Lab ordering by Providers and provide ongoing feedback to Providers on orders



**PILLAR 5 – COMMUNITY LEADER: To lead Palm Beach County in improving health status and access to care through community coordination and collaboration**

**Performance Goal: Maximize existing access to care**

**TACTIC: Evaluate HCD vs. DOH role in Prenatal Care in the indigent care landscape for the County**

Eliminating MCP coverage effects on HCD services to be evaluated



Nursing

**PILLAR 1 – QUALITY OF PATIENT CARE:** *To provide quality, patient-centered health care that can be defined and measured*

**Performance Goal: Improve Quality metrics**

**TACTIC: Benchmarking ourselves against HRSA National Quality Leaders**

- HRSA Re-establish good practices around individualized reporting of Colon Cancer Screening (point of care reporting for MAs)
- Implement and train on Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening in adult and pediatric population at every visit (consider AUDIT/CAGE-AID, CRAFFT and DAST)



**PILLAR 2 – PATIENT SAFETY:** *To enforce and invest in a pervasive culture of safety with zero preventable errors*

**Performance Goal: Improve Test Result Management**

**TACTIC: Improving Critical Labs Management by RNs**

- Critical Test Result Management currently to be re-created based on new reference lab processes
- Ensure easy access for Nurses to be reach with Critical Lab results
- Chart Auditor to review Critical Labs Log on regular basis and report to Quality Council

**TACTIC: Improving Triage Process**

- Reconciling Walk-In registration list against triage patients seen and report to Quality Council
- Revise triage procedure to reflect implemented changes
- Achieve consistency in routing, scheduling and documenting of Walk-In patients



**Performance Goal: Reducing Discomfort with Behavioral Health**

**TACTIC: Fully integrated Behavioral Health into Primary Care**

- HRSA All positive result Behavioral Health Screenings to complete Warm-Hand-Off from MA to Behavioral Specialist on the same day



**Performance Goal: Infection Control**

**TACTIC: Develop Infection Control Program**

- Implement Infection Control Plan and Engagedly training
- Update and implement TB Protocol
- Conduct monthly audits of Infection Control and report to Quality Council



**Performance Goal: Revise Occurrence follow up workflow**

**TACTIC: Clinic Risk Manager to maximize RiskQual utilization**

- Update and implement Risk/Quality Cycle of processing occurrences
- Improve follow up and action plans for identified occurrence's
- Ensure appropriate follow-up on Workloads and closure of events
- HRSA Identification of trends



**Performance Goal: Implement Annual Skills Assessments**

**TACTIC: Ensure all Clinical skills are assessed annually**

- Conduct testing of defined skills per Clinical role/Department annually
- Annual Crisis Prevention Institute (CPI) training
- Annual Immunization training



**PILLAR 3 – PEOPLE:** *To develop and support a culturally diverse, competent, motivated and service oriented workforce, to recruit and retain highly competent team-members*

**Performance Goal: Team-member Development**

**TACTIC: Help employees succeed**

- Re-introduce building the Care Teams consisting of Provider, Patient and Patient Navigator and the use of "treatment plans"
- Transition role of Patient Navigators to Licensed LPN/RN
- Cross-training of Clinical staff



**PILLAR 4 – COST:** *To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers*

**Performance Goal: Reduce cost per patient and improve clinic efficiency**

**TACTIC: Cost Containment**

- Standardize storage supplies and space across all clinics



**PILLAR 5 – COMMUNITY LEADER:** *To lead Palm Beach County in improving health status and access to care through community coordination and collaboration*

**Performance Goal: Maximize existing access to care**

**TACTIC: Evaluate Hospital Follow-up's to maximize access**

- Develop and monitor trends in Hospital Follow-up

**TACTIC: ER Diversion Program for Belle Glade**

- Develop warm-hand-off with ER team at Lakeside Medical Center



**HEALTH CARE DISTRICT BOARD  
MAY 28, 2019**

**1. Description: Audit Plan 2018-2019 Status Update**

**2. Summary:**

This agenda item provides the Audit Plan 2018-2019 Status Update.

**3. Substantive Analysis:**

Of the 12 audits projected to be finalized in 2018-2019, 11 have been completed and 1 is pending Committee and Board 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:

  
 Dawn L. Richards  
 VP & Chief Financial Officer

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

Finance and Audit Committee  


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 Committee or Board

May 28, 2019  


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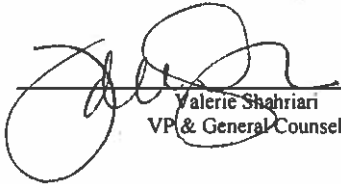
 Date Reviewed

**HEALTH CARE DISTRICT BOARD**  
**MAY 28, 2019**

**6. Recommendation:**

The Finance and Audit Committee recommends that the Board approve the Audit Plan 2018-2019 Status Update.

Approved for Legal sufficiency:

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

  
\_\_\_\_\_  
Dawn Richards  
VP & Chief Financial Officer

  
\_\_\_\_\_  
Darcy J. Davis  
Chief Executive Officer



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

	Entity	Category	Quarter	Proposed Audit	Scope	Source	Status	Issues by Impact Level			Audit Overview
								High	Medium	Low	
1	LMC	Operations	2	Gift Shop	FULL AUDIT	LMC Leadership	Complete	0	1	4	Assess operations of gift shop and relationship to LMC, including contracts, controls, donations.
2	Health Care District	IT	2	System Access Management	FULL AUDIT	Protiviti Risk Assessment, Crowe Horwath Top 20, RSM 2014, 2015, 2016	Complete	2	1	1	Without strong access management controls, operating systems and business and clinical applications may not be protected from unauthorized access or theft. Users should have access only to the information they need to perform their job functions, and access for users who have been terminated or transferred must be removed on a timely basis. Weak system access management controls may also affect the integrity of information generated from a system and the system may be vulnerable to loss or failure due to external or internal manipulation.
3	LMC, Healey, Clinics, Aeromed	RCM	2	Accounts Receivable Reserves	FULL AUDIT	RSM 2014, 2015	Complete	0	6	0	Controls over accounts receivables should be in place to account for patient and insurance receivables, contractual allowances, charity deductions and bad debt.
4	LMC, Clinics, Healey, Aeromedical, Trauma	RCM	3	Patient Access	FULL AUDIT	Protiviti Risk Assessment, Crowe Horwath Top 20	Complete	0	1	3	Effective controls over scheduling, registration and insurance verification prevent issues in billing and collections, patient and physician satisfaction and access to care.
5	Pharmacy, LMC	Clinical	3	340B Discount Program	PROJECT	Crowe Horwath Top 20, Senior Leadership	Complete	0	3	2	Savings and revenue from this program can significantly impact the bottom line. Having operations in place to validate compliance requires consistent attention. Risk is increased as the program is expanded to additional locations.
6	Clinics	Operations	3	Meaningful Use	PROJECT	CMS, Crowe Horwath Top 20	Complete	0	3	0	CMS has contracted with third parties to conduct MU audits of suspicious and random providers. Audits may be pre or post payment and have been field or desk audits. They can occur anytime in the six year period following attestation. Providers have been given as little as two weeks to respond. If found to be ineligible, payments will be recouped. Fraudulent attestations are subject to sanctions.
7	LMC, Clinics, Healey	IT	4	Medical Device Security	PROJECT	Protiviti Risk Assessment, Crowe Horwath Top 20	Complete	1	5	1	Assessment of patient devices that store patient information and procedures related to the management of these devices and the protection of PHI.
8	LMC, Clinics, Healey, Aeromedical, Pharmacy	RCM	4	Revenue Charge Capture	FULL AUDIT	Protiviti Risk Assessment, Crowe Horwath Top 20	Complete	0	0	0	Charge capture procedures need to support revenue recognition goals. Challenges may exist despite EHRs and ICD10. Concerns are accuracy and timeliness.
9	Health Care District	Operations	4	Third Party Vendor Management	FULL AUDIT	Protiviti Risk Assessment, Crowe Horwath Top 20	Complete	0	2	2	Healthcare systems continue to embrace the use of third party providers for a variety of crucial operational, clinical and technological functions, often with the objective of cost savings or efficiency gains. However, the use of third parties to provide core services is not without risk. Some of those risks include: failure to meet performance requirements as outlined in the contract, failure to meet financial terms in accordance with contract provisions, billing for services not provided and potential compliance risks.
10	Pharmacy, Primary Care Clinics, LMC, Healey	Clinical	Q12019	Medication Management and Drug Diversion	FULL AUDIT	Protiviti Risk Assessment, Crowe Horwath Top 20, OIG	Complete	0	1	4	Inadequate controls on medication management and controlled substances can have significant financial, compliance, patient care and reputational impacts. Pharmacists and care providers have a shared responsibility to help ensure the right patient, right medication, right dosage and right route in order to provide safe and effective care. Controls over ordering, dispensing, administering drugs, maintaining inventory and monitoring diversion are required to avoid patient care issues and compliance violations.
11	LMC, Clinics, Healey, Aeromedical	RCM	Q12019	Credit Balances	FULL AUDIT	Protiviti Risk Assessment	Complete Pending Audit Committee Approval	0	2	0	Credit balances occur due to limitations in billing systems, errors in cash posting, incorrect insurance information, duplicate cash entries, incorrect coordination of benefits. Medicaid payment integrity reviews under RAC include credit balance audits. Federal and state law governs the timeliness of refunds due to patients.
12	Health Care District	Finance	Q12019	PTO	PROJECT	Senior Leadership	Complete	0	1	2	Consistency of PTO practices coordinated with contracted terms per employment agreements.
								3	26	19	

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

Time Table By Calender Quarter

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

**HEALTH CARE DISTRICT BOARD  
MAY 28, 2019**

**1. Description: Audit Plan 2019-2020 Status Update**

**2. Summary:**

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

**3. Substantive Analysis:**

Since the 3/26/19 Committee meeting 1 audit has been completed. The FY 2019-2020 Audit Plan includes 12 audits. There is 1 audit in fieldwork phase, 1 in reporting and 3 in the planning stage. 6 audits are have not started.

A special project Athena System Selection and Current State, was added to the 2019-2020 Audit Plan. The proposed audit Medicaid Wrap process could potentially be completed in the subsequent year audit plan.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 Dawn L. Richards  
 VP & Chief Financial Officer

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

Finance and Audit Committee

Committee or Board

May 28, 2019

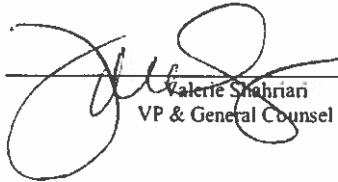
Date Reviewed

**HEALTH CARE DISTRICT BOARD**  
**MAY 28, 2019**

**6. Recommendation:**

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

Approved for Legal sufficiency:

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

  
\_\_\_\_\_  
Dawn Richards  
VP & Chief Financial Officer

  
\_\_\_\_\_  
Darryl J. Davis  
Chief Executive Officer



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

Entity	Category	Quarter	Proposed Audit	Scope	Source	Status	Issues by Impact Level			Audit Overview
							High	Medium	Low	
1 Aeromedical	Finance & Revenue Cycle	2	Billing and Collections (Golden Hour)	FULL AUDIT	Crowe Risk Assessment	Complete Pending Audit Committee Approval	0	1	0	Given that processes and systems in place are manual, and services have been recently contracted to a third party vendor, an external assessment can address control gaps that might exist and consideration of leading practices provided.
2 District	Finance & Revenue Cycle	2	Procurement Controls	FULL AUDIT	Crowe Risk Assessment	Fieldwork				Adequate control activities around vendor set-up, purchase authorizations, supply chain management and accounts payable can prevent financial issues for the District.
3 Clinics	Operations	2	Construction Build Out	FULL AUDIT	Crowe Risk Assessment	Reporting				Construction projects can create risks of overpayments and delays. The primary care build out at LMC has experienced changes to scope and opportunities to enhance processes can help the District achieve organizational objectives.
4 Clinics	Finance & Revenue Cycle	3	Billing and Collections (Athena)	FULL AUDIT	Crowe Risk Assessment	Planning				Given that processes and systems in place are manual, and services have been recently contracted to a third party vendor, control gaps might exist which could be addressed through an external review and consideration of leading practices.
5 Clinics	Operations	3	Mobile Van Operations and Processes	FULL AUDIT	Crowe Risk Assessment	Not Started				Adequate control activities are important to facilitate the eligibility, patient setup, data collection activities and downstream processes which support the overall effectiveness of the Mobile Van program. Risks areas to consider around this operation include proper storage of medication, vehicle downtime parking and security.
6 District	Human Resources	3	Employee Classification	PROJECT	Crowe Risk Assessment	Not Started				Adequate processes related to employees vs. contractors classification can prevent penalties and fines. Also, appropriate oversight of contractors can mitigate other risks for the District
7 Aeromedical, LMC, Clinics	Finance & Revenue Cycle	4	Denials Management	FULL AUDIT	Crowe Risk Assessment	Not Started				To prevent negative financial impacts to the organization, adequate control activities over denials management should be in place. These controls and processes can also mitigate compliance issues and perpetual billing and collecting issues.
8 Clinics	Clinical	4	Quality Improvement and Reporting	FULL AUDIT	Crowe Risk Assessment	Planning				Adequate control activities over the collection and aggregation of data from the individual clinics for reporting and performance improvement process can mitigate risks to deficient quality reporting and can enhance incentive opportunities. Quality metrics used can be compared to leading practices and potential gaps identified.
9 District	Compliance	4	Compliance Effectiveness Assessment	PROJECT	Crowe Risk Assessment	Planning				A compliance program assessment conducted by an independent source was last done in 2017. A compliance program assessment would assess the effectiveness of the compliance program across the organization in consideration of the 7 elements of an appropriate compliance program and consideration of the federal sentencing guidelines.
10 Clinics	Finance & Revenue Cycle	Q1 2020	Medicaid Wrap Process	PROJECT	Senior Leadership	Not Started				Given the complexities of the Medicaid Wrap filing, completeness of the data set being incorrect could subject the District to incorrect filing and receipts.
11 LMC	Operations	Q1 2020	Drug Diversion	FULL AUDIT	Crowe Risk Assessment	Not Started				Appropriate controls over medication management and controlled substances can mitigate significant financial, compliance, patient care, and reputational impacts. Controls over ordering, dispensing, administering drugs, maintaining inventory and monitoring diversion are required to avoid patient care issues and compliance violations.

12	Clinics	Clinical	Q1 2020	Payer Quality Incentive Bonuses	PROJECT	Senior Leadership	Not Started		Payer quality reporting controls should support incentive bonuses received are accurate and represents the full amount allowable.
13	Clinics	Special Project	2	Athena System Selection and Current State	PROJECT	Finance and Audit Committee	Complete Pending Audit Committee Approval	Not Applicable	Inadequate due diligence procedures related to the selection, implementation and use of an Electronic Health Record (EHR) system could be disruptive to business operations and present a risk to strategic and operational objectives. The Finance and Audit Committee noted Management concerns regarding the functionality and operational effectiveness of the athenahealth EHR system for the Clinics.
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Time Table By Calendar Quarter

Crowe Resource	Q2	Q3	Q4	Q1 2020
Certified Construction Auditor (CCA)	(1) Construction Build Out			
Harry Torres	(2) Billing and Collections (Aeromed) (3) Procurement Controls (13) Athena System Selection and Current State	(4) Billing and Collections (Clinics) (5) Mobile Van Operations (6) Employee Classification	(7) Denials Management	(10) Medicaid Wrap Process
Clinical Specialist			(8) Clinical Quality	
Pharmacy Specialist				(11) Drug Diversion
Compliance Specialist			(9) Compliance Effectiveness Assessment	(12) Payer Quality Incentive Bonuses

**HEALTH CARE DISTRICT BOARD  
MAY 28, 2019**

**1. Description: Management Action Plan Items for Completed Audits**

**2. Summary:**

This agenda item provides the Management Action Plan Items for Completed Audits.

**3. Substantive Analysis:**

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 Dawn L. Richards  
 VP & Chief Financial Officer

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

Finance and Audit Committee  


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 Committee or Board

May 28, 2019  


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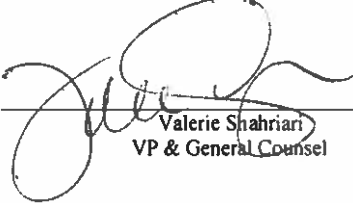
 Date Reviewed

**HEALTH CARE DISTRICT BOARD**  
**MAY 28, 2019**

**6. Recommendation:**

The Finance and Audit Committee recommends that the Board receive and file the Management Action Plan Items for Completed Audits.

Approved for Legal sufficiency:



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Valerie Shahriari  
VP & General Counsel



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Dawn Richards  
VP & Chief Financial Officer



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Darcy J. Davis  
Chief Executive Officer



Health Care District of Palm Beach County

Follow-up of Management Action Plan Items for Completed Audits

OPEN ACTION PLANS

AUDIT NAME	AUDIT PLAN REFERENCE	ISSUE NAME	ACTION PLAN NAME	ACTION PLAN SUMMARY	DUE DATE	REVISED DUE DATE	ACTION PLAN OWNERS	RISK RATING
Billing and Collections (Aeromedical)	2020-01	Vendor Service Fees Not Adequately Reconciled to Contract Terms	Review Golden Hour Invoices for Accuracy of Service Fees on Medicaid Transports	<p>Management will analyze all Golden Hour invoices and validate that the service fees applied to transports paid by Medicaid were billed at the agreed upon flat fee of \$50 per transport and not as a percentage of the amount collected or any other basis. Any errors identified will be corrected on a future invoice.</p> <p>Management will also strengthen the invoice reconciliation control procedures to confirm the service fees in the Golden Hour invoices are accurate and conform to the contract terms.</p>	6/30/2019		Fred Fabien, Robert Forchin	Moderate
Controlled Substances	2019 -10	Pharmacy Record Keeping is Non-Compliant with DEA Requirements	DEA Filing System	<p>Pharmacy Management will develop a DEA filing system ("DEA File") to maintain the following information, segregated by Schedule I, II and III through V's:</p> <ul style="list-style-type: none"> <li>• Unused and executed DEA 222 Forms will be secured and filed in chronological order (if DEA file is not secure, a placeholder to the location will be added)</li> <li>• Dated controlled substance invoices</li> <li>• Biennial inventories</li> <li>• DEA registrant license certification</li> <li>• Power of Attorney (POA) Forms used to delegate the ordering of Schedule II controlled substances</li> <li>• DEA 106 Forms for theft or loss of controlled substances (as applicable)</li> <li>• DEA 41 Forms for registrant record of controlled substances destroyed (as applicable)</li> <li>• Records of controlled substances transferred to another DEA registrant (as applicable)</li> <li>• Expired controlled substance records</li> <li>• Provider prescriptions (or placeholder to location)</li> <li>• Signed Schedule II CSOS subscriber agreement</li> </ul>	6/1/2019		Hyla Fritsch	Low
			Checklist Process	Develop a checklist process to monitor the DEA File by validating all controlled substance records are current, complete and include all records for a closed loop system.	6/1/2019		Hyla Fritsch	Low
Controlled Substances	2019 -10	Inventory Not Recorded in Finished Form	Inventory Recorded In Finished Form	<p>The Pharmacy Procedures Manual will be revised to include the 'finished form' requirement and the inventory count sheets will be revised to include the "finished form" format. Management provided staff with training and also revised written procedures to record inventory counts in finished form.</p> <p>Additionally, Pharmacy Management will provide education to pharmacy staff to record inventory counts in finished form. The next annual inventory is scheduled for September 30, 2019.</p>	10/1/2019		Hyla Fritsch	Low
Credit Balance	2019-11	Credit Balances Not Resolved Timely at LMC, Clinics and Aeromed	Implement Process to Resolve Credit Balances Timely	<p>Management will develop procedures to identify, review and resolve credit balances timely. Overpayments that relate to government payers (Medicare/Medicaid) will be reviewed and resolved within 60 days of payment remittance, per Medicare rules. Overpayments from non-government payors will be reviewed and resolved within 120 days of the patient date of service.</p> <p>Management will assign dedicated staff to work and manage credit balances in all systems for new credit balances created each month. Credit balances that have not been refunded within the state of Florida's one-year dormancy rule will be considered for reporting to the State of Florida as unclaimed property.</p>	6/30/2019		Fred Fabien	Moderate
Credit Balance	2019-11	Lack of Procedures for Reporting Credit Balances Under Florida Unclaimed Property Laws	Implement Process to Report Unclaimed Property in Accordance with state of Florida Regulation	<p>Management will develop credit balance monitoring and reporting procedures and design credit balance prevention education and resolution training for staff. Management will create monthly reports to monitor credit balance creation and track resolution performance.</p> <p>Revenue Cycle management at the Clinics and LMC will coordinate with the District's Finance department to process and report unrefunded credit balances to the state of Florida, in accordance with the State's dormancy rules and reporting requirements over unclaimed property.</p>	6/30/2019		Fred Fabien, Robert Forchin	Moderate
Medical Device Security Assessment	2019 - 07	Medical Device Inventory Adjustments are Not Reported to HCDPBC Management	Update Existing Medical Equipment Management Plan	<p>HCDPBC management will request Crothall Healthcare to provide quarterly medical device inventory adjustments.</p> <p><b>CROWE COMMENT:</b> Management stated that they are waiting on Crothall to respond on the details on how they will introduce the changes in the process.</p>	3/29/2019	5/31/2019	Dennis Dzurowski	Low

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

Medical Device Security Assessment	2019 - 07	IT and Clinical Engineering Do Not Have Oversight Over Biomedical Device Purchases	Track Medical Device Security-Related Attributes	HCDPBC management will require all connected medical device purchases to be analyzed and approved by the IT Department. This control will be formalized through a policy/procedure update.  <b>CROWE COMMENT:</b> Management stated that action plan detail was discussed with IT at the initial quarterly meeting in March 2019, but the final procedures have not been developed. The final will be in the minutes for the upcoming quarterly meeting on May 30, 2019	3/29/2019	6/7/2019	Dennis Dzurovski	Moderate
Medical Device Security Assessment	2019 - 07	Security-Related Medical Device Attributes Are Not Maintained	Establish Medical Device Network Segment	IT Management will define security-related medical device attributes to track and maintain on a centralized inventory of connected medical devices through input from IT security review forms and a complete review and documentation of existing connected medical devices.	10/31/2019		Cindy Yarbrough	Moderate
Medical Device Security Assessment	2019 - 07	IT Risk Assessment did not Include Medical Devices	Establish Medical Device Governance Committee	IT Management will direct with the external vendor who completes the FY2019 IT Risk Assessment to include medical device threats, risks, and controls.	11/30/2019		Cindy Yarbrough	Moderate
Medical Device Security Assessment	2019 - 07	Medical Devices are Not on a Separate Network Segment	Provide Quarterly Reporting	IT Management has contracted with CDW Government, Inc. to transform the HCDPBC network from a legacy flat design to a segmented design. The project will include a separate segment to place medical devices.	3/31/2020		Cindy Yarbrough	High
Patient Access - Front End Processes and Controls	2019 - 04	No Monitoring of Point of Service Collections at Clinics	Implement Reporting Tools and Procedures to Monitor Collection at Point of Service	Some services offered by the Clinics, such as adult immunizations, are optional and require payment prior to the service being provided. Management will develop appropriate reporting tools from Athena and implement procedures to monitor collection activities and evaluate the performance of each clinic collection representative and compare actual collections to expected collections at the point of service.  Additionally, management will review current procedures around collection activities at the point of service and implement enhancements to the process. Improvements will be made around the collection scripting provided to front-end personnel and reports that communicate staff performance at the point of service, in conjunction with practice managers, collection representatives and front-line coordinators.  <b>CROWE COMMENT:</b> Management indicated implementation is not complete but is currently in progress.	3/31/2019	6/30/2019	Terry Megiveron	Low
Patient Access - Front End Processes and Controls	2019 - 04	Vendor Contract Lacks Performance Metrics	Monitor Effectiveness of Patient Certification Services	The service agreement was effective October 2018. The medical services provided to patients who are qualified are not billable and LMC can only benefit from the patient's eligibility if they return for future service. Management will need sufficient data to analyze and develop appropriate goals and benchmarks.  Once sufficient historical data is established management will analyze how many patients have been qualified on a monthly basis and how many have returned for medical service and implement relevant KPI's/ metrics to assess the overall benefit and effectiveness of the QMB certification program. The established metrics will be reviewed quarterly.	6/30/2019		Tabatha McCallister	Low
PTO Benefits	2019 - 12	PTO Accrued at Higher Rates due to Exceeding 80 Regular Hours	Educate Department Managers	The Payroll Manager will educate department managers regarding the importance of making certain that employees do not exceed 80 regular hours. This education will be incorporated into the quarterly education session.  <b>CROWE COMMENT:</b> The April quarterly meeting did not occur. Management has targeted the July Management Quarterly Meeting to complete this action plan item.	3/31/2019	7/31/2019	Sabrina Thomton	Moderate
			Build a Rule into Kronos	The Payroll Manager will build a rule into the Kronos system which will comply with the PTO policy of employees not exceeding 40 regular hours per week.  <b>CROWE COMMENT:</b> Management will implement the new rule in Kronos after ADP is implemented in October 2019. Currently, Payroll staff reviews the timecards and notify the managers regarding discrepancies in PTO if the employee has over 40 hours in a week. Employee managers also review timecards.	3/31/2019	10/31/2019	Sabrina Thomton	Moderate
PTO Benefits	2019 - 12	PTO Accrued at Higher Rates Due to Incorrect Leave Anniversary Codes	Implement a Written Policy & Procedure	The Payroll Manager will update existing procedure to include information for correctly establishing rehired employees in the Finance Plus system. This includes inclusion of the correct Leave Anniversary Date and Leave Anniversary Code based on their rehire date. The updated written procedure will be shared with Human Resources management.  <b>CROWE COMMENT:</b> Management indicated that the updated payroll procedures are not complete.	3/31/2019	5/31/2019	Sabrina Thomton	Low



Health Care District of Palm Beach County

Follow-up of Management Action Plan Items for Completed Audits

Third Party Vendor Management	2019 - 09	Pre-paid Service Fees Not Supported by Agreement	Obtain a Possible Addendum to Agreement	<ul style="list-style-type: none"> <li>Management will reach out to vendor and determine if a refund can be obtained under the agreement or if an addendum can be negotiated to account for future service credits as refundable to the District. Discussions will also include input from the District's Finance and Legal departments.</li> <li>Management will work with the Legal department to develop a standard template which defines the specific payment terms under the agreement and include in contracts going forward.</li> <li>Management will reinforce procedures to compare invoices received to the contract terms prior to submitting for payment.</li> </ul> <p><b>CROWE COMMENT:</b> Management has negotiated a refund with the vendor but it has not been received by the District due to personal health matters with the vendor CEO. Management is currently working to fully implement action plan items.</p>	3/31/2019	5/31/2019	Terry Megiveron	Low
Third Party Vendor Management	2019 - 09	Security Officer Contract Performance Not Formally Monitored to Address Service Level Issues at Lakeside Medical Center (LMC)	Work with Service Provider to Resolve Service Related Issues and Implement Tools to Monitor Performance at LMC	<p>Management is discussing the service related issues identified with appropriate management over the Security Officer service agreement and will implement appropriate corrective actions.</p> <p>Management will implement a formalized performance monitoring process which will include tools and procedures to address G4S compliance with contract requirements and provide effective oversight over the contract. Such tools will include verification of licensing requirements, notification of changes to vendor's key personnel, unsatisfactory personnel, minimum hiring standards, training expectations, scheduled and unscheduled inspections, reconciliation of service hours billed, communication of incident reports and resolving performance issues in a timely manner. Management will also apply action plan items to other business units serviced by G4S.</p> <p><b>CROWE COMMENT:</b> Management is currently assessing alternate solutions to the current vendor. Full implementation of action plan items is currently on-going.</p>	4/30/2019	6/30/2019	Stephanie Dardanella, Dennis Dzurowski	Moderate
Third Party Vendor Management	2019 - 09	Improve Performance Management Procedures for LMC Cafeteria Services	Develop Tools and Formal Procedures to Adequately Monitor and Management Performance of Cafeteria Services Provider at LMC	<p>Management will implement tools and procedures to facilitate contract performance monitoring. In accordance with quality monitoring and process improvement goals included in the contract, LMC will develop a patient/customer satisfaction tool to survey patient/customer satisfaction with cafeteria services. Additionally, LMC will survey Nutrition Services staff semi-annually to gauge strengths and weaknesses of the department and management. The results of these surveys will be included in the annual business plan. Management will also make sure that the annual business plan details all of the elements provided in the contract requirements, such as Goals and Objectives to be attained over the following operational year.</p> <p>Additionally, management will require contractor to provide a monthly operational report that details all the relevant topics noted in the contract terms. Finally, Management will work with appropriate contractor personnel to develop a Quarterly Business Review packet that provides management appropriate insight to analyze financial results and operations of the cafeteria services provided by the vendor. The information in the Quarterly Business Review should include sufficient level detail to allow management to observe and follow up on significant trends and/or variances. Management will meet with vendor quarterly to discuss performance issues and any necessary corrective actions.</p> <p><b>CROWE COMMENT:</b> Management has not fully implemented action item. Some tools and procedures have been developed. Full implementation is in progress.</p>	4/30/2019	6/30/2019	Stephanie Dardanella	Moderate
Third Party Vendor Management	2019 - 09	Establish Procedures Around Vendor Performance Monitoring	Develop District-wide Procedures and Guidelines Over Vendor Performance Monitoring and Management	<p>Vendor performance monitoring and management procedures consists of a Vendor Risk Assessment, Vendor Due Diligence, Vendor Contract Management and Vendor Supervision. Management will develop a Vendor Risk Rating Matrix to assign a Vendor Risk Rating of Low, Medium or High Risk which is managed by an assigned contract supervisor for each department. Exceptions to the assigned risk rating may be granted as noted by the Risk Rating Matrix.</p> <p>The Rating is an indicator of the level of due diligence the organization requires for each vendor. Risk assessments will be reviewed as part of contract renewal or anytime its scope changes significantly. Medium and high-risk vendor contracts, including renewals, will be executed by the business unit senior leader or above. The assigned contract supervisor will complete the vendor risk analysis, vendor due diligence review, maintain vendor files and act as vendor liaison.</p> <p><b>CROWE COMMENT:</b> Management requested Crowe provide sample guidance and procedures that represents Leading Practices. Crowe provided additional guidance 5/8/2019.</p>	4/30/2019	6/30/2019	Dawn Richards	Low

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

**ACTION PLANS COMPLETED SINCE THE LAST AUDIT COMMITTEE MEETING ON 3/26/19:**

AUDIT NAME	AUDIT PLAN REFERENCE	ISSUE NAME	ACTION PLAN NAME	ACTION PLAN SUMMARY	DUE DATE	REVISED DUE DATE	ACTION PLAN OWNERS	FOLLOW-UP COMMENTS
AR Allowance	2019 - 03	Aeromed Allowance Estimate Not Based On Sufficient Data	Revise Aeromed Allowance Calculation	Management recalculated the allowance percentage calculation in March 2019 for the six month September 2018 to February 2019 period utilizing data covering at least six months of patient service activity. Crowe observed that Management has implemented procedures to recalculate the allowance percentage every 6 months for Aeromedical accounts receivable and assess reasonableness of the established rates by comparing the recalculated percentages with prior rates.	4/30/2019		Marcia Young	Complete
Medical Device Security Assessment	2019 - 07	Medical Device Roles and Responsibilities Not Formalized	Assess Medical Device threats, risks, and controls	Crowe noted that the Director of Operations updated the existing Medical Equipment Management plan to include roles and responsibilities from all departments that touch medical devices including IT, Clinical Engineering, Procurement, and Clinical Departments.	3/29/2019		Dennis Dzurowski	Complete
Patient Access - Front End Processes and Controls	2019 - 04	The Clinics and Healey Lack A Quality Assurance Process to Improve Patient Access Activities	Procedures to Enhance Quality Assurance at Healey	Management developed a checklist to include in the Quality Assurance Improvement audit, conducted every 6 months. Crowe noted that the checklist identifies all critical admission processes that were performed and that the key forms and documents in the resident file were reviewed, signed and properly stored.	3/29/2019		Shelly-Ann Lau	Complete
PTO Benefits	2019 - 12	PTO Accrued at Higher Rates Due to Incorrect Leave Anniversary Codes	Correct Leave Anniversary Code Errors	Documentation provided validates that the Human Resources Assistant corrected the Leave Anniversary Code for the employees in the Finance Plus system so that their PTO can accrue correctly going forward. The Human Resource Manager and Director also advised the employees affected by this change.	3/31/2019		Rosella Weymer	Complete



Health Care District of Palm Beach County

Follow-up of Management Action Plan Items for Completed Audits

			Monitor Leave Anniversary Codes	Documentation obtained noted that the Payroll Manager monitors Leave Anniversary Codes on a periodic basis to determine if correct based on years of service. The Payroll Manager provided the Director of HR with a list of employees whose Leave Anniversary date is different from their Hire date and requested notification when the necessary corrections are made. The review covered the January 1 to March 30, 2019 and Crowe noted that the necessary corrections were made.	3/31/2019	Sabrina Thornton	Complete
			Educate Human Resources Staff	The Payroll Manager sent an e-mail on March 22, 2019 to the VP of Human Resources, Director of HR and the HR Specialist to educate Human Resources staff regarding inclusion of the correct Leave Anniversary Code for all rehired employees that is based on their rehire date.  The Payroll Manager also noted in the communication to the HR personnel that the leave anniversary codes will be monitored periodically and additional staff education is available if needed.	3/31/2019	Sabrina Thornton	Complete
PTO Benefits	2019 - 12	PTO Hours Granted as an Award Entered Using Incorrect Process	Educate Human Resources Management	Human Resources Management stated that HR managers and team members have been trained to notify payroll accordingly whenever PTO is being given as an award and to route all PTO hours granted as awards to the Payroll Department for entry into the Finance Plus system.	3/31/2019	Steven Hurwitz	Complete
			Monitor PTO Hours Added	The Payroll Manager obtained a report of all manual adjustment made to employee balances to review and determine if the correct process was followed. The review performed by management covered the November 1, 2018 to March 30, 2019.	3/31/2019	Sabrina Thornton	Complete

**HEALTH CARE DISTRICT BOARD  
MAY 28, 2019**

**1. Description: Credit Balances Controls Audit**

**2. Summary:**

This agenda item provides the Credit Balances Controls Audit report for Board review.

**3. Substantive Analysis:**

Crowe completed the Credit Balances Controls Audit, which resulted in 2 findings, both moderate risk. Management responded with an action plan for each issue. The report is included in the Board package.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 Dawn L. Richards  
 VP & Chief Financial Officer

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

Finance and Audit Committee  
 \_\_\_\_\_  
 Committee or Board

May 28, 2019  
 \_\_\_\_\_  
 Date Reviewed

**HEALTH CARE DISTRICT BOARD**  
**MAY 28, 2019**

**6. Recommendation:**

The Finance and Audit Committee recommends that the Board approve the Credit Balances Controls Audit report.

Approved for Legal sufficiency:

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

  
\_\_\_\_\_  
Dawn Richards  
VP & Chief Financial Officer

  
\_\_\_\_\_  
Darcy J. Davis  
Chief Executive Officer

# Credit Balances Controls Audit



Date: February 15, 2019

Location: Health Care District of Palm Beach County

## OBJECTIVES

- Tested whether internal controls over payment posting and patient account adjustments were functioning as Management intended
- Evaluated the internal review, monitoring and approval processes for credit balances and patient refunds
- Assessed the segregation of duties between the preparation and approval of refund requests and the distribution of funds and between patient account adjustments and the processing/recording of cash receipts

## SCOPE

This audit assessed controls related to the review and processing of patient credit balances and tested patient account charges, payments and adjustments for accuracy. The credit balance at each location as of December 31, 2018 was:

Lakeside Medical Center - \$134,139  
Clinics (Medical and Dental) - \$16,901  
Healey Rehab Center - \$20,964  
Aeromedical - \$25,653

**Location:** Lakeside Medical Center (LMC), CL Brumback Primary Care Clinics (Medical and Dental), Healey Rehabilitation Center and Aeromedical

**Time Period:** October 1, 2018 - December 31, 2018

## CONCLUSION

The audit work identified areas where controls were operating as Management intended and areas with opportunities for improvement. Specifically, testing was performed that confirmed the following controls were in place:

- Credit balances deemed valid by reviewers were adequately supported
- Credit balances refunded through a check request were authorized in accordance with District disbursement policy
- Adjustments made to patient balances were appropriate and did not conceal a credit balance

Opportunities were identified to improve the Credit Balance function by resolving open credit balances timely and reporting inactive credit balances to the state of Florida. Implementation of corrective actions will enhance reporting accuracy of patient account balances and allow the District to comply with the state of Florida's Unclaimed Property regulations. Specifically, noted for each issue:

- Issue 1 - Credit balances related to patient and/or insurance payers, remained unresolved for a significant period of time after the patient's date of service at the Clinics, LMC and Aeromedical.
- Issue 2 - Lack of of procedures to report refundable credit balances that have been inactive, to the state of Florida, in accordance with Unclaimed Property Laws.

Management action plans were developed for each issue and have implementation dates through June 30, 2019.

## SUMMARY OF ISSUE RISKS



Crowe Healthcare Risk Consulting LLC © 2019

# Credit Balances Controls Audit



Date: February 15, 2019

Location: Health Care District of Palm Beach County

## ISSUE 1: Credit Balances Not Resolved Timely at LMC, Clinics and Aeromed

## ISSUE RISK

Moderate Risk

### WHAT IS CAUSING THE ISSUE?

Policies and Procedures: Procedures in place did not provide Management with guidance on resolving credit balances timely.

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Identify and resolve credit balances in a timely manner and in accordance with policy.
- Refund payers and patients in a timely manner when appropriate.

### WHAT IS EXPECTED?

The Centers for Medicare and Medicaid Services (CMS) requires that Medicare overpayments be reported and returned within 60 days after the date on which the overpayment was identified, or the date any corresponding cost report is due, if applicable. CMS notes that an overpayment is identified when the provider has, or should have, through the exercise of reasonable diligence, determined that the provider has received an overpayment and quantified the amount of the overpayment.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will develop procedures to identify, review and resolve credit balances timely.	06/30/2019 Fred Fabien - Director of Revenue Cycle Management (Interim)
Overpayments that relate to government payers (Medicare/Medicaid) will be reviewed and resolved within 60 days of payment remittance, per Medicare rules. Overpayments from non-government payors will be reviewed and resolved within 120 days of the patient date of service.	Tony Colby - Director of Hospital Finance, (Interim)

### WHAT ARE THE FINDINGS?

Patient credit balances at LMC and Clinics (Medical and Dental) were identified and reviewed on a regular basis and a final disposition applied whenever possible, but Crowe noted that some credit balances deemed valid were not resolved timely. Crowe relied on the patient date of service to evaluate the timeliness of credit balances and applied a 120-day rule as a reasonable basis to validate timeliness.

**LMC** – Twenty-two (88%) of 25 patient credit balances selected for testing, had dates of service older than 120 days on the December 31, 2018 aging report. Twenty (80%) of those accounts were more than one year old, with service dates as far back as 2014.

**Clinics (Medical and Dental)** – Twenty-eight (80%) of 35 patient credit balances selected for testing were more than 120 days old on the November 30, 2018 aging report. Eighteen (51%) of the 35 patient

Management will assign dedicated staff to work and manage credit balances in all systems for new credit balances created each month. Credit balances that have not been refunded within the state of Florida's one-year dormancy rule will be considered for reporting to the State of Florida as unclaimed property.

Crowe Healthcare Risk Consulting LLC © 2019

# Credit Balances Controls Audit



Date: February 15, 2019

Location: Health Care District of Palm Beach County

accounts had dates of service in 2017 or before, with the oldest dating to 2015.

**Aeromedical** - Crowe tested all six credit balances reported for Aeromedical and found that all were valid credit balances where a refund was due to the secondary payer. These six credit balances had dates of service between June 2017 and May 2018, and they all had not been reviewed and resolved at the time of the audit. Management refunded some of the credit balances during the audit, but others were still pending at the audit's conclusion.

Timeliness of resolving credit balances was not identified as an issue at Healey Rehabilitation Center.



# Credit Balances Controls Audit



Date: February 15, 2019

Location: Health Care District of Palm Beach County

## ISSUE 2: Lack of Procedures for Reporting Credit Balances Under Florida Unclaimed Property Laws

### WHAT IS CAUSING THE ISSUE?

Policies and Procedures: Credit balances were not included in the District's process to report unclaimed property to the state of Florida.

### WHAT IS EXPECTED?

The state of Florida, through the Department of Financial Services, has a statute that governs unclaimed property that has been inactive after a period of time. Every person holding funds or other property, tangible or intangible, presumed unclaimed and subject to custody as unclaimed property must report and submit the unclaimed property to the Department of Financial Services after the applicable dormancy period has passed. The annual unclaimed property report and remittance must be submitted to the state before May 1 of each year and applies to all unclaimed property reaching the required dormancy period during the preceding calendar year. The state of Florida provides a one-year dormancy period to all property held by courts, government or governmental subdivisions or agencies, public corporations or public authority.

### WHAT ARE THE FINDINGS?

The District has a process in place to report outstanding checks to the State of Florida as unclaimed property after the applicable dormancy period. The process did not include patient/payer credit balances identified. Crowe noted 20 patient credit balances for a total of \$19,600 at LMC and 13 patient credit balances for a total of \$1,080 at the Clinics (Medical and Dental) that were unrefunded and met the State of Florida unclaimed property dormancy period as of the December 31, 2018 scope period.

## ISSUE RISK

Moderate Risk

### WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Identify and resolve credit balances in a timely manner and in accordance with policy.
- Refund payers and patients in a timely manner when appropriate.

### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will develop credit balance monitoring and reporting procedures and design credit balance prevention education and resolution training for staff. Management will create monthly reports to monitor credit balance creation and track resolution performance.

06/30/2019

Fred Fabien - Director of Revenue Cycle Management (Interim)

Robert Forchin - Manager, Accounting & Purchasing

Tony Colby - Director of Hospital Finance, (Interim)

Revenue Cycle management at the Clinics and LMC will coordinate with the District's Finance department to process and report unrefunded credit balances to the state of Florida, in accordance with the State's dormancy rules and reporting requirements over unclaimed property.

## Credit Balances Controls Audit



Date: February 15, 2019

Location: Health Care District of Palm Beach County

There were no patient credit balances noted at Aeromedical and Healey Rehabilitation Center, which had not been refunded and met the State of Florida unclaimed property dormancy period, for the scope period tested.



# Credit Balances Controls Audit



Date: February 15, 2019

Location: Health Care District of Palm Beach County

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## CONTEXT

Credit balances occur due to limitations in billing systems, errors in cash posting, incorrect insurance information, duplicate cash entries, incorrect coordination of benefits or erroneous or unauthorized adjustments. Federal and state law governs the timeliness of refunds due to patients and Medicare cost reporting guidelines require accurate recording of patient credit balances. The Credit Balance audit assessed procedures and tested controls that support the completeness and timely recording of patient credit balances at the District.

---

## OTHER OBSERVATIONS

Crowe noted instances at LMC where the patient credit balance resulted from a primary and secondary insurer both paying a claim as the primary insurer. The payments and corresponding contractual adjustments applied to the patient accounts were in agreement with the payer's remittance, even though the secondary payer is due a refund of all or some of the payment received. These contractual adjustments impact the accuracy of the patient receivable balance and overall net patient service revenue when the payer ultimately recoups the overpayments.

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## ISSUE RISK DEFINITIONS

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

# Credit Balances Controls Audit


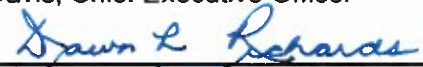


Date: February 15, 2019

Location: Health Care District of Palm Beach County

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## REPORT ACCEPTANCE

 _____ Darcy Davis, Chief Executive Officer	 _____ Dawn Richards, VP & Chief Financial Officer	<u>5-22-19</u> _____ Date	<u>5-21-19</u> _____ Date
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## COPIES

Val Shahriari, VP & General Counsel  
Karen Harris, Vice President of Field Operations  
Deborah Hall, Chief Compliance & Privacy Officer (Interim)  
Tony Colby, Director of Hospital Finance, (Interim)

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## AUDITORS

Harry Torres, Healthcare Risk Audit Senior Manager  
Bobbie Wilson, Healthcare Risk Audit Manager

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

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Crowe Healthcare Risk Consulting LLC © 2019

**HEALTH CARE DISTRICT BOARD  
MAY 28, 2019**

**1. Description: Billing and Collections (Aeromedical) Audit**

**2. Summary:**

This agenda item provides the Billing and Collections (Aeromedical) Audit report for Board approval.

**3. Substantive Analysis:**

Crowe completed the Billing and Collections (Aeromedical) Audit, which resulted in 1 finding, a moderate risk. Management responded with an action plan for the issue. The report is included in the Board package.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 Dawn L. Richards  
 VP & Chief Financial Officer

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

Finance and Audit Committee  
 \_\_\_\_\_  
 Committee or Board

May 28, 2019  
 \_\_\_\_\_  
 Date Reviewed

**HEALTH CARE DISTRICT BOARD  
MAY 28, 2019**

**6. Recommendation:**

The Finance and Audit Committee recommends that the Board approve the Billing and Collections (Aeromedical) Audit report.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valerie Shaltrian  
VP & General Counsel

  
\_\_\_\_\_  
Dawn Richards  
VP & Chief Financial Officer

  
\_\_\_\_\_  
Darryl J. Davis  
Chief Executive Officer

# Billing and Collections (Aeromedical)



Date: April 22, 2019

Location: Health Care District of Palm Beach County

## OBJECTIVES

- Validated that internal analysis and monitoring processes for key performance measures over billing and collections existed and functioned as Management intended
- Evaluated the timeliness and effectiveness of collection follow-up activities
- Evaluated denials activities and if they are properly tracked and managed after billing
- Assessed whether controls around transport documentation, billing, collection and adjustments functioned as Management intended
- Tested collection agency contract compliance regarding fee payments/withholds for services performed

## SCOPE

Billing and collections function at the District's Aeromedical business unit and the services contracted with Golden Hour for billing and collections of Trauma Hawk patient charges.

Total service billings from Golden Hour during the scope time period was \$244,568.

**Location:** Aeromedical

**Time Period:** April 1, 2018 - February 28, 2019

**Scope Exclusions:** This audit did not include testing of control activities or IT systems at Golden Hour, the third party vendor for billing and collections at Aeromedical.

## CONCLUSION

Overall, control activities and procedures over the Billing and Collection functions at the Aeromedical business unit were found to be in place and operating as Management intended. Specifically, Crowe noted:

- Golden Hour performance was monitored regularly and related billing and collections data was obtained from Golden Hour
- Patient bill/claims were produced timely and charges were collected
- Key Performance Indicators (KPIs)/metrics for billing and collections, including un-billed accounts, were monitored
- A process and controls were in place to adjust Accounts Receivable accurately and timely
- Denied claims were actively analyzed and addressed
- Reconciliation controls between Golden Hour data and General Ledger balances were in place

One opportunity was identified to improve the reconciliation of invoices from Golden Hour and validate that invoiced charges are accurate and payments made are in agreement with contract terms and regulatory requirements. Management provided an action plan for this issue, which will be implemented by June 30, 2019.

Finally, an observation was made around access restriction to information. The District can enhance and improve workflows around Billing and Collections by addressing certain access limitations that exist within the workflow, while considering relevant privacy laws and regulations.

# Billing and Collections (Aeromedical)



Date: April 22, 2019

Location: Health Care District of Palm Beach County

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## SUMMARY OF ISSUE RISKS



# Billing and Collections (Aeromedical)



Date: April 22, 2019

Location: Health Care District of Palm Beach County

## ISSUE 1: Vendor Service Fees Not Adequately Reconciled to Contract Terms

### ISSUE RISK

Moderate Risk

#### WHAT IS CAUSING THE ISSUE?

Supervision: A detailed reconciliation of the service fee invoice to contracted fee terms was not in place.

#### WHAT BUSINESS OBJECTIVES ARE AT RISK?

Posted Golden Hour invoice payments are timely, accurate, in agreement with contract terms and in line with budgeted amounts.

#### WHAT IS EXPECTED?

The Medicaid program in the State of Florida prohibits percentage of collection arrangements when Medicaid funds are involved. Under Florida Statutes 409.913(10), payments for the services of billing agents or persons participating in the preparation of a Medicaid claim shall not be based on amounts for which they bill nor based on the amount a provider receives from the Medicaid program. This rule applies to Florida Medicaid or Medicaid Managed Care, regardless if it is the primary or secondary payer. The District's contract with Golden Hour reflects this prohibition, and specifies the rate for Medicaid Payers as \$50 per transport.

#### WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will analyze all Golden Hour invoices and validate that the service fees applied to transports paid by Medicaid were billed at the agreed upon flat fee of \$50 per transport and not as a percentage of the amount collected or any other basis. Any errors identified will be corrected on a future invoice.

06/30/2019  
Fred Fabien - Director of Revenue Cycle Management (Interim)

#### WHAT ARE THE FINDINGS?

The District's reconciliation control of the Golden Hour service invoices did not detect a billing error related to collections from Medicaid payers. The collection fees for Medicaid transports were invoiced to the District under a percentage of collection methodology. The fees billed should have been a flat fee of \$50 for each Medicaid transport as specified under the contract terms.

Management will also strengthen the invoice reconciliation control procedures to confirm the service fees in the Golden Hour invoices are accurate and conform to the contract terms.

The District's agreed-upon fee structure for billing and collection services through Golden Hour is \$50 for Medicaid payers, 3.8% for all other payers and 25% on Aged Accounts Receivable (AR) patient accounts that were transferred to GH as part of an addendum to the original agreement and re-billed by GH. The calculation fee error that the reconciliation control



## Billing and Collections (Aeromedical)



Date: April 22, 2019

Location: Health Care District of Palm Beach County

failed to detect, in the invoice tested by Crowe, related to the aged (AR) accounts. Collections made from Medicaid payers that were not part of the aged AR were invoiced at the correct rate, for that month.

# Billing and Collections (Aeromedical)



Date: April 22, 2019

Location: Health Care District of Palm Beach County

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## CONTEXT

Billing and collection services for trauma transportation events performed through the Aeromedical Trauma Hawk program were outsourced to Golden Hour Systems (GH) in April 2018. The District has manual processes in place to validate the information from GH and evaluate the services provided. An independent assessment of the relevant risks around the billing and collection services and overall performance management of GH was included on the FY 2019 Audit Plan to identify and address any control gaps that may exist.

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## OTHER OBSERVATIONS

It was noted from Management discussions that the Aeromedical staff provides Golden Hour with additional support to facilitate Golden Hour's workflow, as a result of access restrictions. Limitations to access of information by either GH or Aeromedical personnel result in process inefficiencies for District staff. The District can improve efficiencies around the billing and collections process by addressing the limitations. Relevant privacy laws and regulations should be considered in any changes made to process workflows. Specific access limitations were observed in the following areas:

- Bank account transactions - Aeromedical shares a tax identification number (Tax ID) and a bank account with Healey Rehabilitation Center business unit, which prevents the District from providing access to GH to view patient deposits, made. Currently District personnel access the patient cash deposit information that is pertinent to Aeromedical transports and forward to GH. District personnel must also analyze deposit transaction history to validate a request from GH that a payment was received.
- Patient hospital records - Trauma related patient transports are coordinated with two designated trauma centers in Palm Beach County (St. Mary's Medical Center and Delray Medical Center) Patient information collected by either trauma center can only be access by District personnel. Management has been working on an Access Authorization Agreement with each facility but has not been able to finalize the agreement to allow GH access to the patient medical records.
- Payer Websites - Access rights to payer websites is restricted to District personnel. Specific information needed by GH must be accessed by a District staff and forward to Golden Hour. The District should work with payers to provide GH with specific access rights to obtain needed information on patient transports.
- Golden Hour billing system - District personnel currently do not have access to the GH billing system. Access to this data in real time allows Management to validate patient billing information and can improve overall processes around billing and collections.

Management indicated it is currently working to implement solutions that will eliminate the access limitations noted and improve billing and collection process workflows for the Aeromedical business unit.

## Billing and Collections (Aeromedical)



Date: April 22, 2019

Location: Health Care District of Palm Beach County

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### ISSUE RISK DEFINITIONS

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

# Billing and Collections (Aeromedical)



Date: April 22, 2019

Location: Health Care District of Palm Beach County

---

## REPORT ACCEPTANCE

 _____ Darcy Davis, Chief Executive Officer	<u>5-22-19</u> _____ Date
 _____ Dawn Richards, VP & Chief Financial Officer	<u>5-21-19</u> _____ Date

---

## COPIES

Val Shahriari, VP & General Counsel  
Deborah Hall, Chief Compliance & Privacy Officer (Interim)  
Fred Fabien, Director of Revenue Cycle Management (Interim)

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## AUDITORS

Harry Torres, Healthcare Risk Audit Senior Manager

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**HEALTH CARE DISTRICT BOARD**  
**May 28, 2019**

**1. Description: Proclamation Recognizing National Nurses Week 2019**

**2. Summary:**

The first full week of May is recognized as National Nurses Week and the Wednesday within National Nurses Week is celebrated as National School Nurse Day. This year, the American Nurses Association’s (ANA) National Nurses Week theme is “4 Million Reasons to Celebrate,” a nod to nurses’ sheer numbers. The Health Care District’s Board of Commissioners is asked to approve a proclamation that honors all of the dedicated nursing professionals in our safety net system.

**3. Substantive Analysis:**

The Health Care District employs nursing professionals who provide high-quality, safe and compassionate care in the following programs and facilities: Lakeside Medical Center, our acute care, rural teaching hospital in the Glades; the C. L. Brumback Primary Care Clinics; the School Health program, which cares for students from pre-kindergarten through 12<sup>th</sup> grade in 166 public schools; the Trauma Agency; the Palm Beach County Trauma System; Utilization Management; Compliance and Privacy; Legal; Risk Management; and the Edward J. Healey Rehabilitation and Nursing Center.

The action requested from the Health Care District Board is the approval of Proclamation 2019P-002 to recognize all of the nursing professionals throughout our diverse public health care system who play a critical day-to-day role in the delivery of care to adults and children in our community.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
 Dawn Richards  
 VP & Chief Financial Officer

**HEALTH CARE DISTRICT BOARD**  
**May 28, 2019**

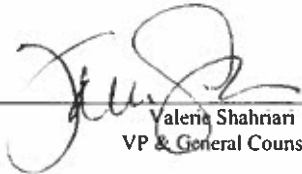
**5. Reviewed/Approved by Committee:**


<p>N/A _____ Committee Name</p>	<p>N/A _____ Date Approved</p>
---	--

**6. Recommendation:**

Staff recommends the Board approve Proclamation 2019P-002.

Approved for Legal sufficiency:

  
\_\_\_\_\_  
Valene Shahriari  
VP & General Counsel

  
\_\_\_\_\_  
Karen A. Harris  
VP of Field Operations

  
\_\_\_\_\_  
Darcy J. Davis  
Chief Executive Officer

**PROCLAMATION 2019P-002**

**A PROCLAMATION OF THE HEALTH CARE DISTRICT BOARD OF COMMISSIONERS TO RECOGNIZE THE DEDICATED NURSES OF THE HEALTH CARE DISTRICT AND THEIR SAFE, QUALITY AND COMPASSIONATE CARE TO ADULTS AND CHILDREN IN PALM BEACH COUNTY.**

WHEREAS, the mission of the Health Care District of Palm Beach County is to provide a health care safety net for Palm Beach County; and

WHEREAS, nurses play a critical role in delivering quality, safe and compassionate care in our system; and

WHEREAS, more than 200 Health Care District School Nurses provide care to over 190,000 students at 166 public schools during the school year, keeping the pre-kindergarten through 12<sup>th</sup> graders healthy and ready to learn; and

WHEREAS, Florida Governor Ron DeSantis proclaimed May 8<sup>th</sup>, 2019 “Florida School Nurse Day” and commended all of Florida’s registered school nurses for their professionalism and dedication; and

WHEREAS, the nursing staff at Lakeside Medical Center, the Health Care District’s teaching hospital in Belle Glade, attend to over 34,000 patients every year who live in rural, western Palm Beach County; and

WHEREAS, the nursing professionals with the Health Care District’s Utilization Management Department review operational efficiencies and help members of the District Cares health coverage plan manage their medical needs in coordination with the C. L. Brumback Primary Care Clinics; and

WHEREAS, the nurses at the C. L. Brumback Primary Care Clinics provide vital primary care services to adults and children who made nearly 110,000 medical patient visits to the network of Federally Qualified Health Clinics; and

WHEREAS, the nurses at the Edward J. Healey Rehabilitation and Nursing Center in Riviera Beach provide skilled nursing services to residents with traumatic injuries or who have debilitating illnesses requiring 24/7 care; and

WHEREAS, the nurses with the Health Care District’s Legal and Compliance and Privacy Departments serve to prevent, detect and mitigate any activities or behavior that may conflict with the District’s values and all applicable Federal and State laws or statutes; and

WHEREAS, the nurses with the Health Care District’s Corporate Risk Management Program protect the health care system’s human and financial assets against the adverse effects of accidental losses; and

WHEREAS, Palm Beach County Fire Rescue’s Critical Care Nurses with the Aeromedical team provide initial care on scene and in flight for patients transported by the Health Care District’s two Trauma Hawk air ambulances; and

WHEREAS, the designated Trauma Resuscitation Nurses within the county’s Trauma System attend to critically injured patients in the county’s two Level I Trauma Centers, St. Mary’s Medical Center and Delray Medical Center; and

WHEREAS, nurses provide a continuum of care to recovering trauma patients, from admission to discharge; and

WHEREAS, the American Nurses Association recognizes May 6<sup>th</sup>-12<sup>th</sup>, 2019 as National Nurses Week 2019 with the theme “4 Million Reasons to Celebrate,” a nod to nurses’ sheer numbers; and

WHEREAS, the Florida Department of Health recognizes National Nurses Week as a time to honor the crucial role nurses play in keeping Florida’s residents and visitors healthy and safe even during times of natural disasters.

NOW, THEREFORE, on this 28<sup>th</sup> day of May 2019, the HEALTH CARE DISTRICT OF PALM BEACH COUNTY Board of Commissioners, on behalf of the community, does express appreciation for the nurses in our safety net system.

Upon call of a vote, the Chair thereupon declared the proclamation duly passed and adopted on this 28<sup>th</sup> day of May 2019.

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Brian R. Lohmann, *Chair*

---

Sean O’Bannon, *Secretary*



# HEALTH CARE DISTRICT BOARD

May 28, 2019

**1. Description: Graduate Medical Education Committee (GMEC) Meeting Minutes**

**2. Summary: January 2019 – April 2019**

The GMEC is comprised of a:

GMEC Chair – Karen Harris

Program Director / Designated Institutional Officer (DIO) – Jennifer Dorcé-Medard, DO

Two Peer Selected Resident – Terry Parsons, DO and Kimala Harris, DO

Quality and Patient Safety Officer – Janet Moreland APRN, MSN, LHRM

All GME Faculty Members whom are actively involved in the Graduate Medical Education

Lakeside Medical Center Updates	Reported on peer review, MEC and all service lines as it relates to the residency program.
Program Director Updates	Reported on duty hours, program educational and/or structural changes, and resident salary and stipend changes/increases.
ACGME Correspondence	Updated on the accreditation status of the GME program.
Faculty Development Conference	Reported that GME had its first Annual GME Faculty Development Conference hosted by the GME faculty and staff.
Special Review Process	Reported that the consultant was brought in by the Sponsoring Institution to assist the GME with open citations as it pertains to both the institution and the program. The Consultant was also tasked with doing a complete overview of the Sponsoring Institution and the Program and to provide recommendations.
Faculty Changes	Report was given that there has been a change in DIO and GMEC Chair.
Summary of Other GMEC Functions	<ul style="list-style-type: none"> <li>• Approval of DIO, GMEC Chair and voting members.</li> <li>• Approval of GMEC meeting minutes and agenda format.</li> <li>• Discussions around Institutional Citations and Program Citations.</li> </ul>

## HEALTH CARE DISTRICT BOARD

May 28, 2019

Quality and Patient Safety Officer Update	Reported on Quality Improvement as it relates to residents involved in the monthly Quality meeting.
Peer Selected Resident Report	Reported on the status of the program, any challenges that they were having, and the upcoming poster competition.
Affiliation Updates	<ul style="list-style-type: none"> <li>• Dr. Janet Hamstra discussed the upcoming Updates in Medicine conference at the end of May.</li> <li>• Reported on the upcoming CEME board meeting at the end of June, residents participating in OSCI, and all other poster contests.</li> <li>• Dr. Parkes discussed the changes in the Community Medicine Rotation.</li> </ul>
Geriatric Rotation	Reported on the status of the Geriatric Rotation.
Clinical Competency Committee	The Chair of CCC reported on the weekly CCC meetings.

### 3. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
 Dawn Richards  
 VP & Chief Financial Officer

### 4. Reviewed/Approved by Committee:

GMEC Committee  
 Committee Name

April 25, 2019  
 Date Approved

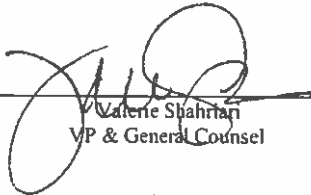
**HEALTH CARE DISTRICT BOARD**

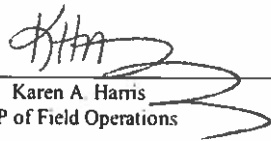
**May 28, 2019**

**6. Recommendation:**

Staff recommends the Board receive and file the GMEC meeting minutes.

Approved for Legal sufficiency:

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

  
\_\_\_\_\_  
Karen A. Harris  
VP of Field Operations

  
\_\_\_\_\_  
Darcy J. Davis  
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD**  
**May 28, 2019**

**1. Description: Proclamation Recognizing the Trauma System**

**2. Summary:**

The month of May is recognized nationally as Trauma Awareness Month. This year the Palm Beach County Trauma System, which is overseen and funded by the Health Care District of Palm Beach County, marks its 28<sup>th</sup> year. In 2018, the Trauma System provided lifesaving trauma care and specialized treatment to more than 4,195 residents and visitors. The Health Care District’s Board of Commissioners is asked to approve a proclamation that commemorates Trauma Awareness Month and recognizes the many dedicated professionals who play vital roles to support the clinical coordination of care within the county’s integrated Trauma System.

**3. Substantive Analysis:**

The Health Care District of Palm Beach County oversees the county’s nationally-recognized Trauma System from the moment a patient is traumatically injured through rehabilitation. Since 1991, when the first lifesaving mission took flight, the Palm Beach County Trauma System has cared for more than 77,797 trauma patients. The Health Care District’s Trauma Agency continuously monitors trauma quality and provides clinical coordination of the entire Trauma System. The Trauma Agency also conducts community outreach programs that provide education about injury prevention like the “Shattered Dreams” safe driving program for teens in school, “Stop the Bleed” training and “Falls Prevention” training. The action requested from the Health Care District Board is the approval of Proclamation 2019P-03 to recognize the many dedicated partners who provide continuity of care for our traumatically injured residents and visitors.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
 \_\_\_\_\_  
 Dawn Richards  
 VP & Chief Financial Officer

**HEALTH CARE DISTRICT BOARD**  
**May 28, 2019**

**5. Reviewed/Approved by Committee:**

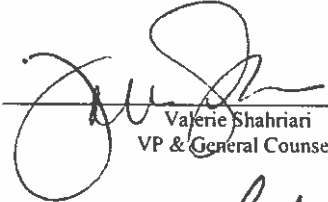
N/A  
Committee Name

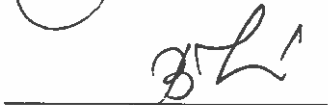
N/A  
Date Approved

**6. Recommendation:**

Staff recommends the Board approve Proclamation 2019P-003.

Approved for Legal sufficiency:

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

  
\_\_\_\_\_  
Belma Andrić, MD, MPH  
Chief Medical Officer

  
\_\_\_\_\_  
Darryl J. Davis  
Chief Executive Officer

**PROCLAMATION 2019P-003**

**A PROCLAMATION OF THE HEALTH CARE DISTRICT BOARD OF COMMISSIONERS TO RECOGNIZE THE PALM BEACH COUNTY TRAUMA SYSTEM AND TO COMMEND THE MANY DEDICATED PROFESSIONALS WHOSE WORK SAVES LIVES.**

WHEREAS, the Palm Beach County Trauma System, which is overseen and funded by the Health Care District of Palm Beach County, has provided lifesaving, rapid-response care to residents and visitors who suffer serious traumatic injuries for 28 years; and

WHEREAS, the Trauma System treated more than 4,195 trauma patients last year and over 77,797 trauma patients since inception on May 1<sup>st</sup>, 1991; and

WHEREAS, trauma is the leading cause of death among Americans between 1 and 44 years old; and

WHEREAS, the integrated Trauma System provides access to specialized trauma services to all seriously injured in Palm Beach County within an average of 20 minutes of injury; and

WHEREAS, rapid and safe transport, comprehensive and immediate treatment, and early rehabilitation of trauma patients reduce the physical, emotional, and financial costs of traumatic injuries; and

WHEREAS, the success of Palm Beach County's integrated emergency-response system is the result of close collaboration between dedicated partners who are committed to saving lives; and

WHEREAS, trauma physicians, specialists, nurses, and other staff at the two Level I Trauma Centers - St. Mary's Medical Center and Delray Medical Center - and their associated rehabilitation centers are dedicated to ensuring that trauma victims receive lifesaving care; and

WHEREAS, Palm Beach County Fire Rescue along with 11 other public and private EMS providers support the pre-hospital component of initial trauma care with dedicated nurses, paramedics, EMTs, 911 communications and dispatch staff, and emergency staff; and

WHEREAS, the Trauma Hawk aeromedical team conducted safe, expedited transfers of 390 trauma patients from the scene and between hospitals in 2018; and

WHEREAS, the staff of the Health Care District's Trauma Agency continuously monitors trauma quality and provides clinical coordination of the entire Trauma System; and

WHEREAS, the Trauma Agency staff conducts outreach programs – an integral part of the county's trauma system – that provide community education about injury prevention, which is a proven approach to reducing death and disability and saving lives; and

WHEREAS, the Palm Beach County Trauma System is a mature, integrated system that meets or exceeds Florida trauma regulations and in 2016, an independent system-wide assessment noted that whenever its quality and safety metrics have been reviewed, the Trauma System "...uniformly demonstrates the care of the injured is best in class"; and

WHEREAS, the American Trauma Society has declared May 2019 as National Trauma Awareness Month; and

WHEREAS, this year's theme, "Firearm Injury Prevention: Everyday, Everyone, Everywhere" promotes safety, prevention and resources like the "Stop the Bleed" campaign to empower communities to help save lives;

NOW, THEREFORE, on this 28<sup>th</sup> day of May 2019, the HEALTH CARE DISTRICT OF PALM BEACH COUNTY Board of Commissioners, on behalf of the community, does hereby express its appreciation of the dedicated professionals who serve the Palm Beach County Trauma System.

Upon call of a vote, the Chair thereupon declared the proclamation duly passed and adopted on this 28<sup>th</sup> day of May 2019.

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Brian R. Lohmann, *Chair*

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Sean O'Bannon, *Secretary*

# HEALTH CARE DISTRICT BOARD

May 28, 2019

## 1. Amendment to the Finance and Audit Committee Charter

### 2. Summary:

This agenda item presents the proposed amendments to the Finance and Audit Committee Charter.

### 3. Substantive Analysis:

The charter was last updated on March 26, 2019. The District proposes amending the Section titled, Composition of Committee. The new language specifies that The Board shall appoint Committee members, who are not Board members, to a four (4) year term, commencing on the date of their appointment, with Committee membership limited to two (2) full terms. Attached for your review are the following documents:

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Dawn Richards  
VP & Chief Financial Officer

### 5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

May 28, 2019

Date Approved

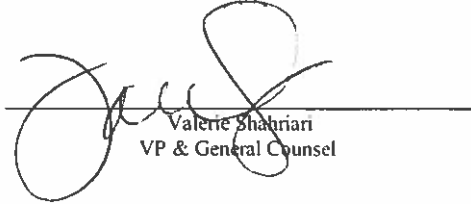


**HEALTH CARE DISTRICT BOARD**  
**May 28, 2019**

**6. Recommendation:**

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

Approved for Legal sufficiency:



Valerie Shatriari  
VP & General Counsel



Darcy Davis  
Darcy Davis  
Chief Executive Officer

## **FINANCE AND AUDIT COMMITTEE CHARTER**

### **PURPOSE**

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

### **COMPOSITION OF COMMITTEE**

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

### **MEETINGS**

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

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

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

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

## **POWERS AND DUTIES**

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

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

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

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14. ***Auditor Selection.*** The Committee will have oversight over the external auditor selection process and will make recommendations for engagement, including contract terms or termination to the Board.

**HEALTH CARE DISTRICT BOARD**

**May 28, 2019**

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

**2. Summary:**

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

**3. Substantive Analysis:**

The charter was last updated on March 26, 2019. The District proposes amending the Section titled, Composition of Committee. The new language specifies that The Board shall appoint Committee members, who are not Board members, to a four (4) year term, commencing on the date of their appointment, with Committee membership limited to two (2) full terms. Attached for your review are the following documents:

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
Dawn Richards  
VP & Chief Financial Officer

**5. Reviewed/Approved by Committee:**

Quality, Patient Safety & Compliance  
Committee  
\_\_\_\_\_  
Committee Name

May 28, 2019  
\_\_\_\_\_  
Date Approved



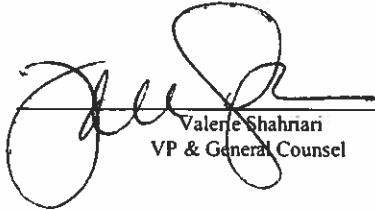
**HEALTH CARE DISTRICT BOARD**

**May 28, 2019**

**6. Recommendation:**

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

Approved for Legal sufficiency:



Valerie Shahriari  
VP & General Counsel



Darcy J. Davis  
Chief Executive Officer

## **QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER**

### **PURPOSE**

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

### **COMPOSITION OF COMMITTEE**

The Committee shall have at least five (5) but no more than nine (9) members. A minimum of two (2) Board members shall be appointed to the Committee, one of which will chair the Committee, and their term shall be the same as the term of their Board membership. One (1) Committee member shall represent the Glades community and one (1) Committee member shall serve on the District Clinic Board, and (1) Committee member shall be a community member at large. The Board shall appoint Committee members, who are not a Board member, to a four (4) year term, [commencing on the date of appointment](#), with Committee membership limited to two (2) full terms. The composition of the Committee shall be regularly reviewed to ensure that each member meets the requirements set forth by the Board for the Committee. Each member of the Committee shall have expertise and experience in quality, patient safety, legal compliance, healthcare, risk management and/or insurance and such other matters as the Board may deem appropriate.

### **MEETINGS**

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

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## **POWERS AND DUTIES**

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

1. ***Policies & Procedures.*** The Committee shall review and approve policies and procedures developed to promote quality patient care, patient safety, risk management, and compliance.
2. ***Reporting.*** The Committee shall regularly report to the Board of Commissioners about Quality, Patient Safety & Compliance Committee activities, issues, and related recommendations; provide an open avenue of communication between Committee and the Board of Commissioners.
3. ***Quality.*** The Committee shall review, as appropriate, information relating to quality, clinical risk, and performance improvement. Monitor and assess performance against targets of the care delivery system, including clinical performance and member satisfaction with the care experience.
4. ***Patient Safety.*** The Committee evaluate results of Patient Safety Organization including recommended actions and follow-up.
5. ***Quality Improvement Plans.*** The Committee shall review and approve business unit Quality Improvement (QI) plans for quality clinical care, patient safety, and clinical

services improvement strategies. Review and update HCD QI Plan at least every three years (more often if substantial changes are made in the QI Program).

6. ***Internal Systems & Controls.*** The Committee shall oversee the development and implementation of internal systems and controls to carry out the District's standards, policies and procedures relating to risk management, including, without limitation, processes designed to facilitate communication across the organization regarding risk management, patient care loss prevention/control and safety improvement opportunities and activities and the evaluation thereof.
7. ***Risk Management Program.*** The Committee shall review and provide advice on the development and implementation of a corporate risk management program, in conjunction with existing business processes and systems, to facilitate management of the District's clinical and operational risks.
8. ***Credentialing.*** Conduct an annual formal review of the credentialing process and offer revisions to credentialing criteria to reflect best practices and protocols. Review the integrity of systems relating to the selection, credentialing, and competence of physicians and other health care practitioners, including systems for granting or terminating clinical privileges, professional or medical staff or clinical staff membership, peer review, proctoring, and continuing education.
9. ***Risk.*** The Committee shall review asset protection needs of the District, and make recommendations to the Board for approval.
10. ***Risk Management Plans.*** The Committee shall review and approve business unit Risk Management plans.
11. ***Compliance Reports.*** The Committee shall receive and review reports from the Compliance Program that may have a significant effect on the District's compliance activities or have a material impact on the financial statements.
12. ***Policy and Procedure.*** The Committee shall review and approve compliance policies, procedures, plans or the mechanism by which staff shall approve such policies, procedures and plans.
13. ***Board Report.*** The Committee shall report regularly to the District Board of Commissioners regarding the development and implementation of the District compliance plans. Annually, the Committee will evaluate the Chief Compliance and Privacy Officer.
14. ***Compliance Work Plans.*** The Committee shall ensure that the District maintains compliance work plans designed to encourage integrity, accountability in reimbursement and adherence to applicable laws. The compliance plans shall at minimum be designed and implemented to promote compliance and detect and deter non-compliance with regard to:
  - a. Medicare, Medicaid and other laws and regulations that apply to the District because of its participation in federal health benefit programs;

- b. Laws and regulations dealing with business relationships with physicians including, but not limited to, the anti-kickback statute, Stark Laws and other laws;
  - c. Federal and state anti-trust law prohibitions regarding anti-competitive conduct;
  - d. Federal Sentencing Guidelines; and,
  - e. Laws which apply to the District as a result of its tax exempt status.
15. **Compliance Program.** The Committee shall review the Compliance Program for adherence to the OIG's Compliance Guidance's for applicable businesses, including for hospitals, nursing homes, managed care, physician offices, etc.
16. **Corrective Action.** The Committee shall review and approve appropriate corrective action steps should a material error or violation of compliance policy and procedure occur.
17. **Education.** The Committee shall work with the Chief Compliance Officer, as necessary, to develop effective on-going training.
18. **Monitor Compliance Program.** The Committee shall assure that methodologies developed to monitor compliance are appropriate to maximize compliance and assure confidential treatment of material.
19. **Standard of Conduct.** The Committee shall periodically review and approve the Standard of Conduct.

## **QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER**

### **PURPOSE**

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

### **COMPOSITION OF COMMITTEE**

The Committee shall have at least five (5) but no more than nine (9) members. A minimum of two (2) Board members shall be appointed to the Committee, one of which will chair the Committee, and their term shall be the same as the term of their Board membership. One (1) Committee member shall represent the Glades community and one (1) Committee member shall serve on the District Clinic Board, and (1) Committee member shall be a community member at large. The Board shall appoint Committee members, who are not a Board member, to a four (4) year term, commencing on the date of appointment, with Committee membership limited to two (2) full terms. The composition of the Committee shall be regularly reviewed to ensure that each member meets the requirements set forth by the Board for the Committee. Each member of the Committee shall have expertise and experience in quality, patient safety, legal compliance, healthcare, risk management and/or insurance and such other matters as the Board may deem appropriate.

### **MEETINGS**

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## **POWERS AND DUTIES**

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

1. ***Policies & Procedures.*** The Committee shall review and approve policies and procedures developed to promote quality patient care, patient safety, risk management, and compliance.
2. ***Reporting.*** The Committee shall regularly report to the Board of Commissioners about Quality, Patient Safety & Compliance Committee activities, issues, and related recommendations; provide an open avenue of communication between Committee and the Board of Commissioners.
3. ***Quality.*** The Committee shall review, as appropriate, information relating to quality, clinical risk, and performance improvement. Monitor and assess performance against targets of the care delivery system, including clinical performance and member satisfaction with the care experience.
4. ***Patient Safety.*** The Committee evaluate results of Patient Safety Organization including recommended actions and follow-up.
5. ***Quality Improvement Plans.*** The Committee shall review and approve business unit Quality Improvement (QI) plans for quality clinical care, patient safety, and clinical

services improvement strategies. Review and update HCD QI Plan at least every three years (more often if substantial changes are made in the QI Program).

6. ***Internal Systems & Controls.*** The Committee shall oversee the development and implementation of internal systems and controls to carry out the District's standards, policies and procedures relating to risk management, including, without limitation, processes designed to facilitate communication across the organization regarding risk management, patient care loss prevention/control and safety improvement opportunities and activities and the evaluation thereof.
7. ***Risk Management Program.*** The Committee shall review and provide advice on the development and implementation of a corporate risk management program, in conjunction with existing business processes and systems, to facilitate management of the District's clinical and operational risks.
8. ***Credentialing.*** Conduct an annual formal review of the credentialing process and offer revisions to credentialing criteria to reflect best practices and protocols. Review the integrity of systems relating to the selection, credentialing, and competence of physicians and other health care practitioners, including systems for granting or terminating clinical privileges, professional or medical staff or clinical staff membership, peer review, proctoring, and continuing education.
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14. ***Compliance Work Plans.*** The Committee shall ensure that the District maintains compliance work plans designed to encourage integrity, accountability in reimbursement and adherence to applicable laws. The compliance plans shall at minimum be designed and implemented to promote compliance and detect and deter non-compliance with regard to:
  - a. Medicare, Medicaid and other laws and regulations that apply to the District because of its participation in federal health benefit programs;



- b. Laws and regulations dealing with business relationships with physicians including, but not limited to, the anti-kickback statute, Stark Laws and other laws;
  - c. Federal and state anti-trust law prohibitions regarding anti-competitive conduct;
  - d. Federal Sentencing Guidelines; and,
  - e. Laws which apply to the District as a result of its tax exempt status.
15. **Compliance Program.** The Committee shall review the Compliance Program for adherence to the OIG's Compliance Guidance's for applicable businesses, including for hospitals, nursing homes, managed care, physician offices, etc.
16. **Corrective Action.** The Committee shall review and approve appropriate corrective action steps should a material error or violation of compliance policy and procedure occur.
17. **Education.** The Committee shall work with the Chief Compliance Officer, as necessary, to develop effective on-going training.
18. **Monitor Compliance Program.** The Committee shall assure that methodologies developed to monitor compliance are appropriate to maximize compliance and assure confidential treatment of material.
19. **Standard of Conduct.** The Committee shall periodically review and approve the Standard of Conduct.

# HEALTH CARE DISTRICT BOARD

May 28, 2019

**1. Description: Lakeside Medical Center Confidential Public Records Request Quarterly Report**

**2. Summary:**

Under the provisions of Florida Statute 395.3035(9)(a), staff shall report in writing to the governing board on the number of records for which a public records request has been made and the records have been declared to be confidential under section 395.3035. This report is attached for Board information.

**3. Substantive Analysis:**

For each such record, the governing Board is provided with a general description of the record, the date on which the record became confidential, whether the public will have access to the record at a future time, and, if so, on what date the public will be granted access to such record. The report also includes each record that had been confidential to which the public has been granted access since the last report.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
Dawn Richards  
VP & Chief Financial Officer

**5. Reviewed/Approved by Committee:**

N/A  
Committee Name

\_\_\_\_\_  
Date Approved

# HEALTH CARE DISTRICT BOARD

May 28, 2019

## 6. Recommendation:

Staff recommends the Board receive and file the attached Lakeside Medical Center Confidential Public Records Request Quarterly Report.

Approved for Legal sufficiency:

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

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

  
\_\_\_\_\_  
Darryl J. Davis  
Chief Executive Officer

**LAKESIDE MEDICAL CENTER**  
**CONFIDENTIAL PUBLIC RECORDS REQUESTS**

<b><u>Record Description under Section 395.3035</u></b>	<b><u>Date Record Declared Confidential</u></b>	<b><u>Date Record Accessible to Public</u></b>	<b><u>Date Record Released to Public</u></b>
<b>APRIL-JUNE 2018 - NO REQUESTS DECLARED CONFIDENTIAL</b>	N/A	N/A	N/A
<b>JULY-SEPTEMBER 2018 - NO REQUESTS DECLARED CONFIDENTIAL</b>	N/A	N/A	N/A
<b>OCTOBER-DECEMBER 2018 - NO REQUESTS DECLARED CONFIDENTIAL</b>	N/A	N/A	N/A
<b>JANUARY-MARCH 2019 - NO REQUESTS DECLARED CONFIDENTIAL</b>	N/A	N/A	N/A

# HEALTH CARE DISTRICT BOARD MEETING

May 28, 2019

**1. Description: Third Amendment to Lease Agreement**

**2. Summary:**

This item presents proposed amendments to the Lease Agreement between District Clinic Holdings, Inc. d/b/a C.L. Brumback Primary Care Clinics and Roy E. Burch Trustee.

**3. Substantive Analysis:**

The District proposes amending the lease to extend the term of the lease by two (2) months. The lease shall end on August 31, 2019.

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

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	\$13,638.63	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

  
Dawn Richards  
VP & Chief Financial Officer

**5. Reviewed/Approved by Committee:**


Finance & Audit Committee  
Committee Name

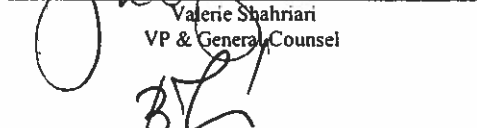
May 28, 2019  
Date Approved

**6. Recommendation:**

Staff recommends the Board approve the Third Amendment to the Lease Agreement.

Approved for Legal sufficiency:

  
Valerie Shahriari  
VP & General Counsel

  
Belma Andric, MD, MPH  
CMO, VP & Executive Director of Clinical Services

  
Darcy J. Davis  
Chief Executive Officer

# HEALTH CARE DISTRICT BOARD

May 28, 2019

**1. Description: HR Policies– Volunteer Program & Internship Program**

**2. Summary:**

This agenda item presents the Board with the proposed policies for approval.

**3. Substantive Analysis:**

Human Resources has developed an Internship Program to give students an opportunity to gain valuable experience within the health care industry, and to enhance their knowledge and interest within their chosen career path.

Human Resources has developed a Volunteer Program to allow individuals to share their time and experience by helping others, providing excellent customer service, and adhering to the Health Care District's mission and values.

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
Dawn Richards  
VP & Chief Financial Officer

**5. Reviewed/Approved by Committee:**

N/A  
Committee Name

N/A  
Date Approved

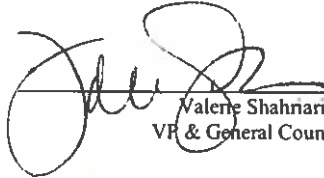
# HEALTH CARE DISTRICT BOARD

May 28, 2019

## 6. Recommendation:

Staff recommends the Board approve the proposed policies to move forward with formalized Internship and Volunteer Programs.

Approved for Legal sufficiency:



Valene Shahrian  
VP & General Counsel



Steven Hurwitz  
VP of HR & Communications



Darcy J. Davis  
Chief Executive Officer

# POLICY

Policy Title: **Internship Program**

Effective Date: 11/2018

Department: **Human Resources**

Policy Number: N/A

## POLICY

The Internship Program provides interns with an experiential learning that integrates knowledge and theory learned in the classroom with practical application and skills development in a professional setting. Internships give students the opportunity to gain valuable applied experience and make connections in professional fields they are considering for a career paths; and give The Health Care District the opportunity to guide and evaluate talent.

After the completion of an internship application, interview and internship screening process, the intern is assigned to a program area and/or department and a preceptor.

APPROVED BY	DATE
Darcy J. Davis, Chief Executive Officer	
Committee: N/A	N/A
Health Care District Board Approval:	

## POLICY REVISION HISTORY

### Original Policy Date

11/13/2018

### Revisions

	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"



# POLICY

Policy Title: **Volunteer Program**

Effective Date: 11/2018

Department: **Human Resources**

Policy Number: N/A

## POLICY

The Volunteer Program allows a volunteer to share his/her time, experience, and talent by helping others. In exchange the volunteer receives a sense of accomplishment, while being recognized by the Health Care District as an integral part of the Health Care District team. The volunteer meet the needs of customers, patients, their families, and visitors to provide a customer friendly environment.

After the completion of a volunteer application, interview and volunteer screening process, the volunteer is assigned to a program area and/or department.

APPROVED BY	DATE
Darcy J. Davis, Chief Executive Officer	
Committee: N/A	N/A
Health Care District Board Approval:	

## POLICY REVISION HISTORY

Original Policy Date

11/13/2018

Revisions

	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

# HEALTH CARE DISTRICT BOARD

May 28, 2019

## 1. Description: Annual Meeting Bylaw Revision

## 2. Summary:

This agenda item presents the Board with a recommendation to revise the Bylaws to move the annual meeting of the Board to September of each year.

## 3. Substantive Analysis:

Currently, the Bylaws specify that the annual meeting of the Health Care District Board takes place in May of each year. The May date creates the possibility of a partial year for an officer's term if their term is ending September 30<sup>th</sup> of the same year. In order to align officer terms with Board Member terms, this agenda item presents a recommendation to change the annual meeting from May to September. The recommended change appears below and in the attached redline version of the Bylaws.

4.2 *Annual Meeting.* The Regular Board meeting in September of each year shall constitute the annual meeting of the Board. Officers of the Board shall be elected and the newly elected Officers shall take office at the next Regular meeting. The Chief Executive Officer may cancel and/or reschedule the Annual meeting, upon proper notice to Board members and the public, if it is determined that a quorum will not be present or for other reasons in consultation with the Chair.

## 4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
Dawn Richards  
VP & Chief Financial Officer

**HEALTH CARE DISTRICT BOARD**

**May 28, 2019**

**5. Reviewed/Approved by Committee:**

N/A

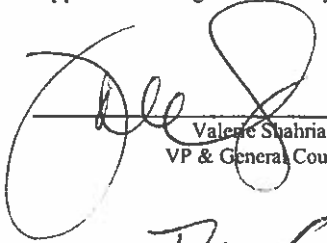
\_\_\_\_\_  
Committee Name

\_\_\_\_\_  
Date Approved

**6. Recommendation:**

Staff recommends the Board approve the Bylaw revision changing the annual meeting from May to September each year.

Approved for Legal sufficiency:

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

  
\_\_\_\_\_  
Thomas Cleare  
VP of Strategy

  
\_\_\_\_\_  
Darcy J. Davis  
Chief Executive Officer



# Bylaws of The Health Care District of Palm Beach County

Version Dated: \_\_\_\_\_ 2017

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

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

**Section 1 – Statutory Authority, Purpose, Mission and Vision**

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

**Section 2 – Governing Board and Board Members**

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

- c. Serve on the board of directors or board of trustees of any entity, which either directly or indirectly, receives funds from the District.
- 2.3 **General Powers.** Consistent with the purpose set forth herein, the Board is vested with the authority to provide for the comprehensive planning, funding and coordination of health care services for the residents of Palm Beach County. For that purpose, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act.
- 2.4 **Role.** The Board's general powers and responsibilities as set forth in the Health Care Act and herein shall be exercised as a whole body and not through the actions of any one member. The Board shall rely on the Chief Executive Officer to manage the District's daily operations and the Board shall not interfere with said management. For the purposes of information and inquiry, individual Board members may directly ask questions or request information from District officers.
- 2.5 **Responsibilities.** The governance and business of the District is conducted by the Board with due attention to the District's purpose, mission and vision. Responsibilities of the Board include, but are not necessarily limited to:
- a. Plan, set policy and oversee the provision of health care services, programs and facilities with and without other public and/or private health care providers for all residents and users in Palm Beach County;
  - b. Oversee and approve agreements, leases, contracts, deeds, notes and other instruments for the acquisition, establishment, construction, operations and/or maintenance of such health care services, programs and facilities as shall be necessary for the health care needs of the residents and users in Palm Beach County;
  - d. Accountable for monitoring and oversight of the quality of all health care services provide by the District;
  - e. Oversee the compliance and ethics program and review matters related to compliance with federal and state laws and federal health care program requirements;
  - d. Oversee the engagement of professional service providers and consultants as may be necessary in its judgment to assist the Board in accomplishing the District's mission;
  - e. Annually determine and approve a District budget and millage in accordance with Florida law and the Health Care Act;
  - f. Promulgate and adopt general policies for the operation of the District;
  - g. Review and approve the mission and vision statement of the District;

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

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

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

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

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



### Section 3 – Officers

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

minutes;

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

#### **Section 4 - Meetings**

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

- c. **Workshop Meetings.** The Chair, Vice Chair or Chief Executive Officer may call for a Workshop meeting. Public notice of each Workshop meeting shall be given as required by law. No official business shall be transacted at the Workshop meetings.
  - d. **Risk Management Meetings.** At the request of the Chair, Vice Chair or Chief Executive Officer, the Board may conduct closed Risk Management meetings as authorized by law to evaluate claims or offers to compromise claims made against the District and/or one or more of its subsidiary entities. Public notice of each Risk Management meeting shall be given as required by law. No official Board business shall be transacted at the Risk Management meetings.
  - e. **Other Special Meetings.** The Chair, Vice Chair or Chief Executive Officer may call such other Special meetings authorized by and in a manner consistent with law.
- 4.5 **Attendance.** Regular attendance shall be expected for all Board members. If a member misses more than twenty-five percent (25%) of the Regular Board meetings during a twelve (12) month period, the Chair shall advise the appropriate appointing authority.
- 4.6 **Quorum and Procedure.** The presence of ~~four (4)~~ a majority of the appointed members of the Board shall be necessary at any meeting to constitute a quorum or to transact business. A quorum is not required for any Special meeting where official business is not to be transacted.

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

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

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

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

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

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

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

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

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

### **Section 5 - Conflicts of Interest**

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

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

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

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

### **Section 6 - Chief Executive Officer**

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

### **Section 7 – Committees**

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

- a. ***Finance and Audit.*** The Finance and Audit committee is responsible for reviewing the short, intermediate, and long range financial plans of the District, which includes reviewing the District's financial statements, the proposed annual budget, amendments to the annual budget, investments, grant compliance, insurance, building construction contracts and leases, revenue cycle oversight, physician compensation and benefits (FMV reports) and employee compensation and benefits. The Finance and Audit committee also reviews competitive purchasing solicitations which are anticipated to exceed \$100,000 in anticipated cost to the District. The Finance and Audit committee is also responsible for the oversight of the internal audit function and the external financial audit.
- b. ***Quality, Patient Safety and Compliance.*** The Quality, Patient Safety and Compliance committee shall assist the Board with accountability for monitoring and oversight of the quality, patient safety, compliance and privacy program, corporate ethics and risk management activities of the District and its affiliated entities and promote an organizational "Culture of Quality". This includes assisting in the oversight of provider credentialing and peer review.

7.3 ***Ad Hoc Committees.*** The Board or Chair may designate ad hoc committees as necessary to assist with short term decisions facing the organization. The ad hoc committees may include, but are not limited to:

- a. ***Governance and Board Development Committee.*** The Governance and Board Development committee may review and recommend revisions to the Bylaws as appropriate, and to recommend the enactment of policies responsive to decisions made by the Board which have a significant and on-going impact on the operations of the District.
- b. ***Chief Executive Evaluation and Compensation.*** The Chief Executive Officer Evaluation and Compensation committee may be responsible for performing an annual performance evaluation of the Chief Executive Officer and recommending to the Board a base pay, incentives and benefits package for the Chief Executive Officer.
- c. ***Nominating Committee.*** The Nominating Committee may be responsible for identifying qualified individuals to serve on subsidiary boards and committees.

7.4 ***General Composition.*** A minimum of two (2) Board members shall be appointed to each standing committee of the Board, one of which will chair the committee. The remainder of the standing committee shall have at least five (5) but no more than nine (9) members. The District Board shall appoint standing committee members to a four (4) year term, [commencing on the date of appointment](#), with standing committee membership limited to two (2) full terms unless otherwise recommended by the standing committee and approved by the Board. The compositions of each standing committee shall be regularly reviewed to ensure that each member meets the requirements set forth by the Board for that respective

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

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- 7.6 **Standing Committee Charters.** Each standing committee shall create a written charter detailing the standing committee's responsibilities as summarized in these bylaws and addressing all matters related to the administration of the standing committee. Each standing committee shall have the authority to amend its charter from time to time with each approved charter being provided to the Board for informational purposes.

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

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

- a. **District Clinic Holdings.** District Clinic Holdings, Inc., is an affiliate entity of the District. District Clinic Holdings is responsible for the governance, management and oversight of the C.L. Brumbach Primary & Dental Care clinics including, without limitation, credentialing of all clinic providers. The District Clinic Holdings' board is vested with all power and authority as directed by federal and state regulations with regards to its responsibilities.
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**Section 10 - Miscellaneous**

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

**CERTIFICATE**

This is to certify that I am the Secretary of the Board of the Health Care District of Palm Beach County and the foregoing Amended and Restated Bylaws were duly adopted by said District Board at a meeting held on the \_\_\_\_\_<sup>th</sup> day of \_\_\_\_\_, 20179.

By: \_\_\_\_\_  
 Nancy C. Banner, Esq. Sean O'Bannon



Secretary



# Bylaws of The Health Care District of Palm Beach County

Version Dated: \_\_\_\_\_ 2019

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

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

**Section 1 – Statutory Authority, Purpose, Mission and Vision**

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

**Section 2 – Governing Board and Board Members**

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

- c. Serve on the board of directors or board of trustees of any entity, which either directly or indirectly, receives funds from the District.
- 2.3 **General Powers.** Consistent with the purpose set forth herein, the Board is vested with the authority to provide for the comprehensive planning, funding and coordination of health care services for the residents of Palm Beach County. For that purpose, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act.
- 2.4 **Role.** The Board's general powers and responsibilities as set forth in the Health Care Act and herein shall be exercised as a whole body and not through the actions of any one member. The Board shall rely on the Chief Executive Officer to manage the District's daily operations and the Board shall not interfere with said management. For the purposes of information and inquiry, individual Board members may directly ask questions or request information from District officers.
- 2.5 **Responsibilities.** The governance and business of the District is conducted by the Board with due attention to the District's purpose, mission and vision. Responsibilities of the Board include, but are not necessarily limited to:
- a. Plan, set policy and oversee the provision of health care services, programs and facilities with and without other public and/or private health care providers for all residents and users in Palm Beach County;
  - b. Oversee and approve agreements, leases, contracts, deeds, notes and other instruments for the acquisition, establishment, construction, operations and/or maintenance of such health care services, programs and facilities as shall be necessary for the health care needs of the residents and users in Palm Beach County;
  - d. Accountable for monitoring and oversight of the quality of all health care services provide by the District;
  - e. Oversee the compliance and ethics program and review matters related to compliance with federal and state laws and federal health care program requirements;
  - d. Oversee the engagement of professional service providers and consultants as may be necessary in its judgment to assist the Board in accomplishing the District's mission;
  - e. Annually determine and approve a District budget and millage in accordance with Florida law and the Health Care Act;
  - f. Promulgate and adopt general policies for the operation of the District;
  - g. Review and approve the mission and vision statement of the District;

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

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

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

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

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

### Section 3 – Officers

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

minutes;

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

#### **Section 4 - Meetings**

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



- c. **Workshop Meetings.** The Chair, Vice Chair or Chief Executive Officer may call for a Workshop meeting. Public notice of each Workshop meeting shall be given as required by law. No official business shall be transacted at the Workshop meetings.
  - d. **Risk Management Meetings.** At the request of the Chair, Vice Chair or Chief Executive Officer, the Board may conduct closed Risk Management meetings as authorized by law to evaluate claims or offers to compromise claims made against the District and/or one or more of its subsidiary entities. Public notice of each Risk Management meeting shall be given as required by law. No official Board business shall be transacted at the Risk Management meetings.
  - e. **Other Special Meetings.** The Chair, Vice Chair or Chief Executive Officer may call such other Special meetings authorized by and in a manner consistent with law.
- 4.5 **Attendance.** Regular attendance shall be expected for all Board members. If a member misses more than twenty-five percent (25%) of the Regular Board meetings during a twelve (12) month period, the Chair shall advise the appropriate appointing authority.
- 4.6 **Quorum and Procedure.** The presence of a majority of the appointed members of the Board shall be necessary at any meeting to constitute a quorum or to transact business. A quorum is not required for any Special meeting where official business is not to be transacted.
- The Board shall promulgate rules of order for the conduct of all Board meetings. All procedural matters not addressed in said rules of order, or by these Bylaws, shall be governed by the latest edition of "Roberts Rules of Order."
- 4.7 **Voting.** Actions of the Board require a simple majority of the members present at a given meeting. Each Board member shall have one vote. Except as provided herein for attendance and voting by telephonic or electronic communication, members must be present to vote at a meeting and members may not vote by secret ballot or by proxy or designee. Unless otherwise required by law, matters requiring an affirmative vote of at least four (4) Board members include:
- a. Revisions and/or modification to these Bylaws;
  - b. Engagement or termination of the Chief Executive Officer; and,
  - c. Issuance of General Obligation and/or Revenue Bonds.
- 4.8 **Meeting Minutes.** Minutes of each meeting shall be accurately taken, preserved, and provided to members timely at a regular meeting.
- 4.9 **Agenda and Order of Business for Meetings.** There shall be an agenda for every meeting of the Board. However, the Board is not prohibited from discussing and/or taking action

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

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

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

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

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

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

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

## **Section 5 - Conflicts of Interest**

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

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

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

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

### **Section 6 - Chief Executive Officer**

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

### **Section 7 – Committees**

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

- a. ***Finance and Audit.*** The Finance and Audit committee is responsible for reviewing the short, intermediate, and long range financial plans of the District, which includes reviewing the District's financial statements, the proposed annual budget, amendments to the annual budget, investments, grant compliance, insurance, building construction contracts and leases, revenue cycle oversight, physician compensation and benefits (FMV reports) and employee compensation and benefits. The Finance and Audit committee also reviews competitive purchasing solicitations which are anticipated to exceed \$100,000 in anticipated cost to the District. The Finance and Audit committee is also responsible for the oversight of the internal audit function and the external financial audit.
- b. ***Quality, Patient Safety and Compliance.*** The Quality, Patient Safety and Compliance committee shall assist the Board with accountability for monitoring and oversight of the quality, patient safety, compliance and privacy program, corporate ethics and risk management activities of the District and its affiliated entities and promote an organizational "Culture of Quality". This includes assisting in the oversight of provider credentialing and peer review.

7.3 ***Ad Hoc Committees.*** The Board or Chair may designate ad hoc committees as necessary to assist with short term decisions facing the organization. The ad hoc committees may include, but are not limited to:

- a. ***Governance and Board Development Committee.*** The Governance and Board Development committee may review and recommend revisions to the Bylaws as appropriate, and to recommend the enactment of policies responsive to decisions made by the Board which have a significant and on-going impact on the operations of the District.
- b. ***Chief Executive Evaluation and Compensation.*** The Chief Executive Officer Evaluation and Compensation committee may be responsible for performing an annual performance evaluation of the Chief Executive Officer and recommending to the Board a base pay, incentives and benefits package for the Chief Executive Officer.
- c. ***Nominating Committee.*** The Nominating Committee may be responsible for identifying qualified individuals to serve on subsidiary boards and committees.

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- 10.2 ***Subject to Law and Health Care Act.*** All powers, authority and responsibilities provided for in these Bylaws, whether or not explicitly so qualified, are qualified by the provisions of the Health Care Act and applicable laws.
- 10.3 ***Construction.*** These Bylaws shall be construed to conform with, and when necessary, shall be amended to conform to the provisions of the Health Care Act.

**CERTIFICATE**

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

By: \_\_\_\_\_  
Nancy C. Banner, Esq.  
Secretary

# HEALTH CARE DISTRICT BOARD

May 28, 2019

## 1. Description: Committee Member Terms

## 2. Summary:

This agenda item presents the Board with an update on the process followed for Committee Member Term assignments.

## 3. Substantive Analysis:

During the March 2019 Board Meeting, direction was provided to staff to apply committee member terms in a manner that more evenly distributes terms to avoid situations where many committee members term off of a committee at the same time. Current practice had been to follow the process that the Health Care Act prescribes for Board member terms where the terms always end on September 30<sup>th</sup> at the end of the 4 year term.

The Health Care District Bylaws specify that the District Board shall appoint standing committee members to a four (4) year term with standing committee membership limited to two (2) full terms. The manner in which the four (4) year terms are applied is not specified in the Bylaws. The discretion for how the terms are managed are left to the Board and Staff.

Going forward, committee member terms will be applied whereas the 4 year term will end at the end of the month 4 years from the appointment date. So for example, committee members appointed at today's meeting will have a 4 year term that runs from May 28, 2019 through May 31, 2023.

A copy of Committee Member Applications for Board or Committee Appointment and Conflict of Interest Questionnaire will be maintained on file. Conflict of Interest Questionnaires will be updated annually.

## 4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A  
Dawn Richards  
VP & Chief Financial Officer



**HEALTH CARE DISTRICT BOARD**

**May 28, 2019**

**5. Reviewed/Approved by Committee:**

N/A

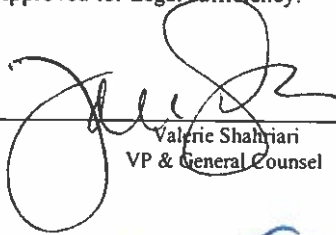
\_\_\_\_\_  
Committee Name

\_\_\_\_\_  
Date Approved

**6. Recommendation:**

Staff recommends the Board receive and file the Committee Member Terms information.

Approved for Legal sufficiency:

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

  
\_\_\_\_\_  
Thomas Cleare  
VP of Strategy

  
\_\_\_\_\_  
Darcy J. Davis  
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD**  
**May 28, 2019**

**1. Description: Helicopter Purchase Request**

**2. Summary:**

This agenda item presents a recommendation for the Board to consider and approve the purchase and completion process for two Air Ambulance helicopters to replace the District's current fleet.

**3. Substantive Analysis:**

In September 2011, the Board approved an Ad Hoc Aeromedical Fleet Replacement Committee to develop an aircraft replacement plan. The committees work resulted in Board approval of the Aeromedical Fleet Planning policy on May 9, 2012. The policy provides guidance for acquisition of new aircraft in a timely and effective manner considering safety, mission requirements, cost, and funding mechanism.

On March 11, 2016, the District released RFP 16-AHR/GP seeking proposals for two Aeromedical equipped helicopters and on June 10, 2016, the District received four responses. Following site visits, several meetings of the Fleet Replacement committee, and proposer presentations, on November 28, 2017, the selection results were provided to the Board. Sikorsky and Bell were eliminated, Airbus was ranked 1<sup>st</sup> and Leonardo 2<sup>nd</sup>. In addition to seeking approval to proceed with negotiations the Board was advised that a second RFP was planned to determine the most appropriate procurement method.

Prior to release of the procurement RFP the District instituted a policy, eliminating a need for RFPs, which are not required by statute, and authorized direct negotiations for determining the benefits of lease, finance or cash purchase. After a thorough vetting of the options in conjunction with our consultants, Brandon Battles of Conklin & de Decker and Chuck McGuire of Avstar Finance and shopping the markets, the executive selection team consisting of Commissioner Les Daniels, Darcy Davis, Dawn Richards, Val Shahriari, Belma Andric and Gerry Pagano determined the most appropriate method to move forward is with a direct cash purchase.

During this period, the District had received updated proposals from Airbus and Leonardo which had both increased. All four vendors who previously responded were advised of the RFP 16-AHR/GP cancellation, and Airbus and Leonardo were asked for current best offers. Sikorsky Aircraft also requested an opportunity to participate in these negotiations, given various internal changes in their organization since the process began. Since February 2019, negotiations have been ongoing with the vendors and negotiators which resulted in Leonardo being ranked 1<sup>st</sup>, Airbus 2<sup>nd</sup>, and Sikorsky 3<sup>rd</sup>. The team believes there is enough information to finalize negotiations, proceed with the manufacturer, and commit to completion and delivery. The District is prepared to enter into a contractual obligation as such.

# HEALTH CARE DISTRICT BOARD

May 28, 2019

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

	Amount	Budget
Capital Requirements	\$24,000,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue		Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures		Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

  
 \_\_\_\_\_  
 Dawn Richards  
 VP & Chief Financial Officer

**5. Reviewed/Approved by Committee:**

N/A  
 \_\_\_\_\_  
 Committee Name

N/A  
 \_\_\_\_\_  
 Date Approved

**6. Recommendation:**

Staff recommends the Board authorize the CEO to execute a contract based upon the final term recommendations of the executive negotiation team and the special aviation counsel hired to assist in the completion of the purchase of two helicopters, which meet the needs of the District's Aeromedical Program.

Approved for Legal sufficiency:

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

  
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 Belma Andric, MD  
 Chief Medical Officer

  
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 Darcy J. Davis  
 Chief Executive Officer