



**HEALTH CARE DISTRICT BOARD AND
FINANCE & AUDIT COMMITTEE
JOINT MEETING AGENDA**

**June 15, 2023 at 2:00PM
1515 N Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Link: <https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRsZ1dDQT09>

Telephone Dial-in Access: (646) 558-8656 / Meeting ID: 550 789 5592 / Password: 946503

1. Call to Order – Carlos Vidueira, 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. Legislative Update (Mat Forrest, Ballard Partners)
- B. Economic Update (John Grady, Public Trust Advisors)
- C. 2021-2022 Annual Institutional Review (Jennifer Dorce-Medard, D.O.)
- D. Behavioral Health Update (Belma Andric, MD & Jon Van Arnam)
- E. Branding Update (Belma Andric, MD)
- F. FY24 Proposed Budget (Candice Abbott)

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of April 26, 2023 [Pages 1-7]

7. Committee Reports

- 7.1 Finance and Audit Committee – (No Report)
- 7.2 Good Health Foundation Committee – (No Report)
- 7.3 Quality, Patient Safety and Compliance Committee – (Dr. Gunta)
- 7.4 Lakeside Health Advisory Board – (Commissioner Jackson-Moore)
- 7.5 Primary Care Clinics Board – (Commissioner Jackson-Moore)

8. Consent Agenda – Motion to Approve Consent Agenda Items

HEALTH CARE DISTRICT

A. **ADMINISTRATION**

- 8A-1 **RECEIVE AND FILE:**
June 2023 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=344&m=0|0&DisplayType=C>

- 8A-2 **RECEIVE AND FILE**
Health Care District Board Attendance [Page 8]

- 8A-3 **Staff Recommends a MOTION TO APPROVE:**
Health Care District Financial Statements April 2023 (Candice Abbott)
[Pages 9-61]

- 8A-4 **RECEIVE AND FILE:**
Recent Regulatory Updates, Industry Enforcement Activity, and Florida Legislation (Heather Bokor) [Pages 62-84]

- 8A-5 **Staff Recommends a MOTION TO APPROVE:**
Recredentialing and Privileging of Healey Center Practitioner(s)
(Belma Andric, MD) [Pages 85-86]

8. Consent Agenda (Continued)

DISTRICT HOSPITAL HOLDINGS, INC.

B. ADMINISTRATION

8B-1 Staff Recommends a MOTION TO APPROVE:

Medical Staff Appointment(s) for Lakeside Medical Center (Belma Andric, MD)
[Pages 87-89]

9. Regular Agenda

A. ADMINISTRATION

9A-1 Staff Recommends a MOTION TO APPROVE:

Tentative Millage Rate (Candice Abbott) [Pages 90-91]

10. HCD Board Member Comments

11. CEO Comments

12. Establishment of Upcoming Board Meetings

September 13, 2023

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

September 27, 2023

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

December 14, 2023

- 2:00PM, Health Care District Board Meeting

13. Motion to Adjourn



**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
BOARD OF COMMISSIONERS MEETING
SUMMARY MEETING MINUTES**
April 26, 2023
1675 Palm Beach Lakes Blvd.
West Palm Beach, FL

1. Call to Order

Carlos Vidueira called the meeting to order.

A. Roll Call

Health Care District Board members present: Carlos Vidueira, Chair; Sean O'Bannon, Vice Chair; Tammy Jackson-Moore, Secretary; Patrick Rooney, Jr.; and Dr. Jyothi Gunta. Tracy Caruso was absent.

Staff present: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, Chief Medical Officer; Bernabe Icaza, VP & General Counsel; Geoffrey Washburn, VP & Chief Human Resources Officer; Candice Abbott, Chief Financial Officer; Regina All, VP & Chief Nursing Officer; Heather Bokor, VP & Chief Compliance, Privacy & Risk Officer; Karen Harris, VP of Field Operations; and Daniel Scott, VP & Chief Information Officer.

Recording/Transcribing Secretary: Heidi Bromley

B. Invocation

Ms. Davis led the invocation.

C. Pledge of Allegiance

The Pledge of Allegiance was recited.

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

Health Care District Board
Summary Meeting Minutes
April 26, 2023

2. Agenda Approval

A. Additions/Deletions/Substitutions

Ms. Davis stated that she would like to substitute agenda item 8A-4 with a revised copy which is currently in your binder.

B. Motion to Approve Agenda

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the revised 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. Sunshine Training

Mr. Icaza and Ms. Bokor provided the Board with an overall Sunshine training.

B. Data Maturity

Ms. Steele discussed the data maturity with the Board.

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **Staff Recommends a MOTION TO APPROVE:**

Board Meeting Minutes of January 26, 2023

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the Board Meeting Minutes of January 26, 2023. The motion was duly seconded by Commissioner Rooney. There being no opposition, the motion passed unanimously.

7. Committee Reports

7.1 Finance and Audit Committee

Commissioner Rooney stated that the Finance and Audit committee met on March 15th. John Grady provided the committee with an Economic Update. RSM reviewed the

Health Care District Board
Summary Meeting Minutes
April 26, 2023

Health Care District Audit for 2022 and gave kudos to the Finance team for a job well done. Candice Abbott reviewed the Financial Statements.

7.2 Quality, Patient Safety and Compliance Committee

Ms. Davis stated that the Quality, Patient Safety and Compliance committee met on March 15th. I welcomed the newest Quality, Patient Safety and Compliance Committee member, Tracy Caruso. The HCD Compliance, Privacy, and Ethics Program Activities and Updates were presented to the Committee. The Corporate Quality Dashboards were presented to the Committee.

7.3 Lakeside Health Advisory Board

Ms. Jackson-Moore stated that the Lakeside Health Advisory Board met on March 1st. Janet Moreland gave a Hospital Update and stated that the new MRI is up and running. Regina All gave an update on the School Health Program and Recruitment Initiatives. Candice Abbott gave an update on Oracle Implementation and the Performance Excellence Program.

7.4 Primary Care Clinics Board

Commissioner Jackson-Moore stated on 12/2/2022, the clinics were awarded \$361,336 in funding to use towards allowable vaccine-related activities. On 1/25/2023, the Board voted Alicia Ottmann, as the Project Director for the Primary Care Clinics. Expansion of mental health care is a priority across the Health Care District due to identified community needs. A 3-year contract was signed with FAU to integrate their resident physicians into our health centers, thus providing a resource of expertise in the field of psychiatry and increased access to care. The financial agreement includes \$750,000 annually for four resident physicians and one psychiatric attending physician 5 days per week. Initial appointment availability is planned at Mangonia Park and Delray Beach Health Centers in mid-July, with a contract start date of 07/03/23.

8. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the Consent Agenda as presented. The motion was duly seconded by Commissioner Rooney. There being no opposition, the motion passed unanimously.

Health Care District Board
Summary Meeting Minutes
April 26, 2023

HEALTH CARE DISTRICT

A. ADMINISTRATION

8A-1 RECEIVE AND FILE:

April 2023 Internet Posting of District Public Meeting

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=344&m=0|0&DisplayType=C>

8A-2 RECEIVE AND FILE:

Health Care District Board Attendance

8A-3 RECEIVE AND FILE:

Health Care District Financial Report January 2023

8A-4 Staff Recommends a MOTION TO APPROVE:

Standing Committee Designations & Appointments

8A-5 Staff Recommends a MOTION TO APPROVE:

Lakeside Health Advisory Board Re-Appointment

8A-6 RECEIVE AND FILE:

Regulatory Updates and Industry Enforcement Activity

8A-7 Staff Recommends MOTION TO APPROVE:

Proclamation Recognizing National Nurses Week

8A-8 Staff Recommends MOTION TO APPROVE:

Proclamation Recognizing the Trauma System

8A-9 RECEIVE AND FILE:

Epic Staff & Support Transition

8A-10 RECEIVE AND FILE:

Oracle ERP Software Update

DISTRICT HOSPITAL HOLDINGS, INC.

B. ADMINISTRATION

8B-1 Staff Recommends a MOTION TO APPROVE:

Medical Staff Appointment(s) for Lakeside Medical Center

Health Care District Board
Summary Meeting Minutes
April 26, 2023

9. Regular Agenda

A. ADMINISTRATION

9A-1 Staff Recommends MOTION TO APPROVE:
CEO Evaluation

Chair Vidueira stated that by now everyone has had a chance to review the CEO's accomplishments from last year. Based on Darcy's strong performance and hearing everything today; I would like to move her compensation from 87% to 95% of the median compensation.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the CEO's compensation increase as recommended. The motion was duly seconded by Commissioner O'Bannon. There being no opposition, the motion passed unanimously.

9A-2 Staff Recommends MOTION TO APPROVE:
2022 Health Care District Audit

RSM provided the 2022 Health Care District audited financial statements for Board review and approval.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the 2022 Health Care District Audit. The motion was duly seconded by Commissioner O'Bannon. There being no opposition, the motion passed unanimously.

9A-3 Staff Recommends MOTION TO APPROVE:
The JERON 700 Nurse Call System

Ms. Harris stated that this agenda item is to upgrade the Nurse Call System at the Edward J. Healey Rehabilitation and Nursing. The total cost for the system is \$259,044. The cost was not budgeted in FY23 due to the timing of the revised regulation however unused funds from another project will be allocated to cover the unbudgeted cost. Staff is recommending the Board approve \$259,044 for the nurse call system.

CONCLUSION/ACTION: Commissioner O'Bannon made a motion to approve the Nurse Call System at the Healey Center. The motion was duly seconded by Commissioner Rooney. There being no opposition, the motion passed unanimously.

Health Care District Board
Summary Meeting Minutes
April 26, 2023

9A-4 Staff Recommends MOTION TO APPROVE:
Emergency Room Services Agreement

Ms. Harris stated that Lakeside Medical Center is currently in negotiations with Elite Medical Services to revise their compensation arrangement. This physician group provides restricted coverage 24 x 7, for the hospital's emergency department. These physicians have brought a higher level of care and quality to the hospital, as they are board certified in Emergency Medicine. This has led to improved patient outcomes for the community.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the Emergency Services Agreement as presented. The motion was duly seconded by Commissioner Rooney. There being no opposition, the motion passed unanimously.

- 10. HCD Board Member Comments**
- 11. CEO Comments**
- 12. Establishment of Upcoming Board Meetings**

June 15, 2023

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

(1st) September Meeting (Date TBD)

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

(2nd) September Meeting (Date TBD)

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

December 14, 2023

- 2:00PM, Health Care District Board Meeting

Health Care District Board
Summary Meeting Minutes
April 26, 2023

13. Motion to Adjourn

There being no further business, the meeting was adjourned.

Tammy Jackson-Moore, Secretary

Date

**HEALTH CARE DISTRICT
BOARD OF COMMISSIONERS**

Board Meeting Attendance Tracking for 2023

	1/26/23	4/26/23	6/15/23	9/13/23	9/27/23	12/14/23
Dr. Alina Alonso	X	N/A	N/A	NA	N/A	N/A
Sean O'Bannon	X	X				
Tammy Jackson-Moore	X	X				
Patrick Rooney	X	X				
Tracy Caruso	X	Absent				
Carlos Vidueira	X	X				
Dr. Jyothi Gunta	N/A	X				

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
JOINT MEETING
June 15, 2023**

1. Description: Health Care District Financial Report April 2023

2. Summary:

The April 2023 financial statements for the Health Care District are presented for Finance and Audit Committee review and Board approval.

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


Candice Abbott

F6370200005246

VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
JOINT MEETING
June 15, 2023**

6. Recommendation:

Staff recommends the Board approve the Health Care District April 2023 YTD financial statements.

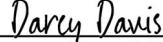
Approved for Legal sufficiency:

DocuSigned by:

Bernabe Icaza
0CF6B90000000000A4D
VP & General Counsel

DocuSigned by:

Candice Abbott
F637020000000000A4D
VP & Chief Financial Officer

DocuSigned by:

Darcy Davis
77A3B90000000000A4D
Chief Executive Officer



Health Care District of Palm Beach County



FINANCIAL STATEMENT

April 2023



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Combined Financial Statements

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MEMO

To: Finance & Audit Committee

From: Candice Abbott, Chief Financial Officer

Date: June 15, 2023

Subject: Management Discussion and Analysis as of April 2023 Health Care District Financial Statements

The April statements represent the financial performance through the seventh month of the 2023 fiscal year for the Health Care District. Total revenue year to date (YTD) of \$227.4M is favorable to budgeted revenue of \$219.3M by \$8.1M or 3.7%. Operational expenditures YTD are \$20.2M favorable to budget or 13.5%. YTD, the consolidated net margin is \$95.1M, with a favorable variance to budget of \$28.5M.

The General Fund YTD total revenue of \$186.1M is favorable to budget of \$177.9M by \$8.2M. This overall favorable variance is due to unrealized gain, and interest earnings from investments. The unrealized gain on investment of \$6.6M represents an increase in current market value of the investment portfolio held by the District. Changing interest rates are favorably impacting the portfolio's value, however, this increase in portfolio value would only be realized should the District liquidate its portfolio or underlying investments. Repositioning of cash to short term investments is also taking advantage of the rising interest rate. Expenditures in the General Fund YTD before overhead allocation are favorable to budget by \$12.7M or 16.5%. Significant categories of favorable YTD budget variances include; salaries, wages and benefits of 2.2M, purchased services of \$4.4M, other supplies of \$401k, medical services of \$5.5M, repairs and maintenance of \$637k, lease and rental of \$272k, insurance of \$549k, and sponsored programs of \$363k. Noted favorable variances are anticipated to be a result of expense timing, as well as personnel vacancies. Other expenses are unfavorable to budget by (\$1.8M) primarily due to tax collector fees paid not aligning with budget spread. This is expected to be a timing difference.

The General Fund YTD has a net margin of \$133.6M versus a budgeted net margin of \$115.9M, for a favorable net margin variance of \$17.6M or 15.2%.



The Healey Center total revenue YTD of \$10.8M was favorable to budget by \$526k. This favorable variance is primarily due to lower contractual allowances and less charity care being recognized than projected. Total YTD operating expenses before overhead allocation of \$12.1M were favorable to budget by \$817k or 6.3%. This favorable variance is mainly due to savings in the categories of salaries, wages, and benefits of \$385k, purchased services of \$187k, and medical supplies of \$110k. Timing of these expenses are the primary reason for savings. The YTD net margin after overhead allocations for the Healey Center was a loss of (\$3.6M) compared to the budgeted loss of (\$5.4M) or (33.6%).

Lakeside Medical Center total revenue YTD of \$13.9M was unfavorable to budget by (\$519k) or (3.6%). This unfavorable variance mainly resulted from adjusted patient days being lower than anticipated. Net patient revenue YTD of \$13.7M was under budget by (\$489k) or (3.4%). Total operating expenses YTD of \$25.8M were favorable to budget by \$2.8M or 9.7%. The YTD net margin after overhead allocations at Lakeside Medical Center was a loss of (\$19.0M) compared to a budgeted loss of (\$22.8M) for a favorable variance of \$3.8M or (16.7%).

The Primary Care Clinics total revenue YTD of \$13.1M was in line with budget resulting in a small unfavorable variance of (\$108k). Net patient revenue YTD was unfavorable to budget by (\$930k) or (15.4%). Total operating expenses YTD for the clinics are favorable to budget by \$3.9M or 17.9%. This favorable variance is primarily due to salaries, wages, and benefits \$2.5M, purchased services \$256k, medical supplies of \$169k, other supplies of \$303k, repair and maintenance of \$161k, and lease and rental of \$357k. Expense timing is the primary reason for savings as well as personnel vacancies earlier in the fiscal year. Total net margin YTD after overhead allocations for the Primary Care Clinics is a loss of (\$9.6M), compared to budgeted loss of (\$14.8M) for a favorable variance of \$5.2M or (35.0%).

Cash and investments have a combined balance of \$268.0M, of which \$4k is restricted. Due from other governments of \$12.1M reflects grants receivable of \$4.2M, and tax collector receivable of \$7.9M. Total net position for all funds combined is \$308.6M.



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SUPPLEMENTAL INFORMATION

GENERAL FUND

Actual	Budget	Variance	Current Month	%	Prior Year	Variance	%					Actual	Budget	Variance
\$ (710,582)	\$ (614,292)	\$ (96,290)	15.7%	\$ 185,047	\$ (895,629)	(484.0%)						Fiscal Year To Date		
												Actual	Budget	Variance
												%	%	%
													Prior Year	Variance
														%

	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
	\$ (725,013)	\$ (984,811)	\$ 259,797	(26.4%)	\$ (574,761)	\$ (150,252)	\$ (424,509)	(26.1%)				

	Actual	Budget	Variance	%	Current Month	Prior Year	Variance	%	Net Margin
	\$ (42,136)	\$ (140,687)	\$ 98,551	(70.0%)	\$ (156,955)	\$ 114,819	\$ (73,2%)		

						Fiscal Year To Date				
Actual			Budget			Variance	%	Prior Year	Variance	%
\$ 333,657	\$ 271,610	\$ 62,047	22.8%	\$ 312,559	\$ 21,098	6.8%				
1,134,764	1,045,975	(88,788)	(8.5%)	1,081,872	(52,891)	(4.9%)	Salaries and Wages	7,806,824	7,321,326	(484,998)
361,098	375,741	14,644	3.9%	377,923	16,825	4.5%	Benefits	2,589,677	2,630,189	(40,512)
-	12,500	12,500	-	41	41	-	Medical Supplies	20,350	87,500	67,149
399	7,317	6,918	94.5%	(8)	(407)	5,087.5%	Other Supplies	13,364	51,516	38,152
-	1,733	1,733	-	-	-	-	Repairs and Maintenance	107	12,233	12,026
-	317	317	-	-	-	-	Lease and Rental	-	2,217	-
1,038	7,025	5,987	85.2%	2,183	1,144	52.4%	Other Expense	4,842	49,175	44,353
1,497,299	1,450,608	(46,691)	(3.2%)	1,462,011	(35,288)	(2.4%)	Total Operating Expenditures	10,455,164	10,154,556	(280,508)
\$ (1,163,642)	\$ (1,178,998)	\$ 15,356	(1.3%)	\$ (1,149,452)	\$ (14,190)	1.2%	Net Performance before Depreciation & Overhead Allocations	\$ (8,021,721)	\$ (8,253,287)	\$ 231,566
4,578	5,077	499	9.8%	3,509	(1,069)	(30.5%)	Risk Management	31,363	35,541	4,178
1,191	3,104	1,913	61.6%	1,058	(133)	(12.6%)	Internal Audit	6,580	21,729	15,149
9,702	9,293	(409)	(4.4%)	7,021	(2,681)	(38.2%)	Home Office Facilities	59,453	65,054	5,601
18,774	19,640	896	4.6%	29,651	10,907	36.8%	Administration	146,396	137,482	(8,314)
39,069	69,888	30,819	44.1%	38,560	(509)	(1.3%)	Human Resources	343,004	489,219	146,215
10,191	13,148	2,957	22.5%	16,123	5,932	36.8%	Legal	56,478	92,036	35,558
1,547	1,975	428	21.7%	1,921	374	19.5%	Records	11,168	13,826	2,658
3,770	5,237	1,467	28.0%	3,575	(195)	(5.5%)	Compliance	22,945	36,657	13,712
-	-	-	-	5,202	5,202	-	Community Engagement	-	-	-
16,314	21,902	5,588	25.5%	38,432	22,118	57.6%	IT Operations	126,560	153,310	26,750
6,694	7,983	1,289	16.1%	7,132	438	6.1%	IT Security	54,855	55,380	1,025
13,527	15,743	2,216	14.1%	18,641	5,114	27.4%	Finance	81,927	110,199	28,272
4,881	8,031	3,150	39.2%	3,825	(1,056)	(27.6%)	Corporate Communications	38,205	56,218	18,013
-	2,249	2,249	-	7,248	7,248	-	Information Technology	28,693	15,745	(12,948)
24,967	19,640	(5,327)	(27.1%)	-	(24,967)	-	IT Service Center	106,454	137,482	31,028
-	3,079	3,079	-	7,351	7,351	-	Performance Excellence	36,750	21,556	(15,194)
4,494	3,813	(681)	(17.9%)	4,485	(9)	(0.2%)	Corporate Quality	26,961	26,889	(272)
2,640	2,549	(91)	(3.6%)	-	(2,640)	-	Supply Chain	19,659	17,845	(1,814)
162,309	212,352	50,043	23.6%	193,733	31,424	16.2%	Total Overhead Allocations-	1,197,451	1,486,466	289,015
							Total Expenditures	11,632,615	11,641,021	8,407
\$ 1,659,608	\$ 1,662,960	3,352	0.2%	1,655,744	(3,864)	(0.2%)				
\$ (1,325,051)	\$ (1,391,350)	\$ 65,399	(4.7%)	\$ (1,343,185)	\$ 17,234	(1.3%)	Net Margin	\$ (9,219,172)	\$ (9,739,753)	\$ 520,581
								\$ (9,219,172)	\$ (9,739,753)	\$ 520,581
								\$ (9,367,745)	\$ 148,572	(1.6%)

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Year to Date
Revenues:								
Ad Valorem Taxes	-	\$ 58,765,456	\$ 90,517,409	\$ 4,297,135	\$ 7,584,436	\$ 3,851,949	\$ 8,002,029	\$ 173,018,414
Net Patient Service Revenue	288,785	466,590	83,604	155,673	44,251	31,568	238,873	1,309,343
Intergovernmental Revenue	333,657	333,657	333,657	333,657	390,150	355,009	333,657	2,413,442
Grants	-	-	-	-	-	-	-	-
Interest Earnings	217,777	(96,376)	300,025	718,965	950,274	924,968	1,146,090	4,161,723
Unrealized Gain/(Loss) On Investments	(385,088)	1,441,719	(156,267)	1,263,572	(1,242,255)	1,963,105	247,105	3,131,891
Other Financial Assistance	-	-	-	-	-	-	-	-
Other Revenue	17,206	682,109	1,050,327	60,347	88,437	69,067	94,180	2,061,673
Total Revenues	\$ 472,336	\$ 61,593,154	\$ 92,128,755	\$ 6,829,349	\$ 7,815,294	\$ 7,195,666	\$ 10,061,933	\$ 186,096,487
Expenditures:								
Salaries and Wages	3,676,616	3,502,075	3,687,288	3,275,174	3,189,878	3,461,345	3,371,735	24,164,112
Benefits	1,100,340	1,096,965	975,174	892,666	1,022,322	1,161,525	1,014,697	7,263,689
Purchased Services	282,699	940,899	515,643	644,535	1,201,338	589,862	919,429	5,094,404
Medical Supplies	1,426	11,702	3,394	8,148	10,754	7,592	7,102	50,118
Other Supplies	24,904	113,572	82,349	82,526	92,145	125,525	238,008	759,028
Medical Services	637,669	1,027,189	653,777	540,015	755,607	569,641	647,686	4,831,584
Drugs	(8,582)	(4,970)	(17,105)	26,983	(22,081)	19,733	(20,480)	(26,502)
Repairs and Maintenance	356,088	1,011,817	754,783	978,112	834,097	798,776	384,442	5,118,115
Lease and Rental	169,124	177,998	193,401	108,022	166,698	168,250	193,796	1,177,289
Utilities	10,091	11,781	9,965	9,772	10,469	14,163	11,383	77,624
Other Expense	468,329	1,834,648	2,294,168	1,490,488	763,624	1,940,091	895,711	9,687,059
Insurance	50,932	50,213	51,226	49,280	50,255	49,281	49,280	350,469
Sponsored Programs.	774,083	784,432	788,233	756,042	793,672	793,974	802,103	5,492,539
Total Operating Expenditures	7,543,720	10,558,322	9,992,295	8,861,762	8,868,779	9,699,758	8,514,892	64,039,528
Net Performance before Overhead Allocations	\$ (7,071,384)	\$ 51,034,832	\$ 82,136,460	\$ (2,032,413)	\$ (1,053,485)	\$ (2,504,093)	\$ 1,547,041	\$ 122,056,959
Total Overhead Allocations-	(1,330,754)	(2,016,647)	(1,720,410)	(1,634,872)	(1,676,212)	(1,764,575)	(1,384,382)	(11,527,852)
Total Expenditures	6,212,966	8,541,675	8,271,885	7,226,890	7,192,567	7,935,133	7,130,510	52,511,676
Net Margin	\$ (5,740,630)	\$ 53,051,479	\$ 83,856,870	\$ (397,541)	\$ 622,727	\$ (739,518)	\$ 2,931,423	\$ 133,584,811
Transfer In/(Out)	\$ (479,777)	\$ (896,426)	\$ (16,053,249)	\$ (901,420)	\$ (894,223)	\$ (16,143,838)	\$ (896,221)	\$ (36,265,146)



General Fund Program Statistics

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Current Year Total	Prior Year Total
Aeromedical														
Patients Transported - Actual	73	47	40	48	38	71	40						357	364
Patients Transported - Budget	51	54	52	60	56	55	55						383	378
Variance	22	(7)	(12)	(18)	16	(15)							(26)	(14)
Actual Hours Available for Service	1,104	768	744	744	672	744	720						5,496	7,455
Service Hours Utilized	114.0	76.0	55.0	71.0	56.0	112.0	65						549	557
Utilization %	10.3%	9.9%	7.4%	9.5%	8.3%	15.1%	9.0%						10.0%	7.5%
# of Flights - Training/Public Education	1	-	3	10	5	-	-						19	42
# of Flights - Maintenance	3	7	11	13	5	13	4						56	50
Ground Transportation														
Ground Transportation Trips-Actual	142	126	160	171	147	175	205						1,126	-
Ground Transportation Trips-Budget	87	87	87	87	87	87	87						609	157
Variance	55	39	73	84	60	88	118						517	(157)
School Health														
Medical Events	27,608	19,378	18,643	24,421	24,288	22,115	23,612						160,065	251,065
Screenings	23,716	17,414	15,725	21,276	23,712	19,748	6,736						128,327	199,249
Covid-19 Testing	110	99	278	365	245	148	128						1,373	11,867
Influenza Testing	88	80	254	320	213	117	116						1,188	-
Total Events- Actual	51,522	36,971	34,900	46,382	48,458	42,128	30,592						290,953	462,181
Total Events- Budget	78,000	62,000	61,600	69,600	73,000	58,600	59,800						462,600	285,252
Pharmacy														
Total Prescriptions Filled at In-House Pharmacies	13,077	11,360	12,413	12,642	12,260	13,789	12,359						87,900	85,432
Total Prescriptions Filled at Retail Pharmacies	-	-	-	-	-	-	-						-	1
Total Prescriptions Filled Inhouse/Retail- Actual	13,077	11,360	12,413	12,642	12,260	13,789	12,359						87,900	85,433
Total Prescriptions Filled- Budget	11,998	11,998	11,998	11,998	11,998	11,998	11,998						83,986	111,103



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SUPPLEMENTAL INFORMATION

HEALEY CENTER

Health Center Statement of Revenues and Expenses
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Category	Current Month			Prior Year			Variance			Fiscal Year To Date			
	Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance
Corporate Quality	5,685	4,824	(861)	(17.8%)	4,847	(838)	(17.3%)	34,109	33,767	(342)	(1.0%)	33,936	(173)
Security Services	22,814	36,456	13,642	37.4%	27,630	4,816	17.4%	172,757	255,190	82,453	32.3%	188,950	16,193
Supply Chain	3,340	3,225	(115)	(3.6%)	-	(3,340)	-	24,872	22,577	(2,295)	(10.2%)	-	(24,872)
Total Overhead Allocations	219,022	309,098	90,076	29.1%	256,337	37,315	14.6%	1,693,407	2,163,688	470,281	21.7%	1,831,738	138,331
Total Expenses	1,963,528	2,200,611	237,083	10.8%	2,049,752	86,224	4.2%	14,396,014	15,689,375	1,293,360	8.2%	13,855,472	(540,542)
Net Margin	\$ (444,869)	\$ (738,769)	\$ 293,900	(39.8%)	\$ (393,027)	\$ (51,842)	13.2%	\$ (3,580,359)	\$ (5,409,703)	\$ 1,819,344	(33.6%)	\$ (3,159,400)	\$ (420,959)
Capital Contributions	-	-	-	-	-	-	-	172,160	-	172,160	-	8,150	164,010
Transfer In/(Out)	-	-	\$ 2,602,388	\$ 2,602,388	-	-	-	\$ 2,665,483	\$ 4,400,000	\$ (1,734,517)	(39.4%)	\$ 2,602,388	\$ (63,095)
													(2.4%)

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Year to Date
Gross Patient Revenue	\$ 1,133,282	\$ 1,092,136	\$ 1,198,577	\$ 1,235,917	\$ 1,106,126	\$ 1,237,453	\$ 1,200,936	\$ 8,204,426
Contractual Allowance	93,187	42,994	74,628	55,063	52,641	47,575	80,312	446,400
Charity Care	257,132	343,362	343,583	473,760	359,388	320,299	362,057	2,459,581
Bad Debt	-	22,173	-	36,165	-	15,949	-	74,287
Total Contractuals and Bad Debt	350,319	408,528	418,211	564,988	412,030	383,823	442,370	2,980,269
Net Patient Revenue	782,963	683,607	780,365	670,929	694,097	853,630	758,566	5,224,158
Collection %	69.09%	62.59%	65.11%	54.29%	62.75%	68.98%	63.16%	63.67%
Non-Operating Revenues								
Intergovernmental Revenue	758,333	758,333	758,333	758,333	758,333	758,333	758,333	5,308,333
Interest Earnings	-	-	-	-	4,849	515	552	5,915
Other Revenue	861	2,000	1,022	858	1,056	260,245	1,208	267,250
Total Other Revenues	\$ 759,195	\$ 760,333	\$ 759,355	\$ 759,191	\$ 764,238	\$ 1,019,093	\$ 760,093	\$ 5,581,498
Total Non-Operating Revenues	\$ 1,542,158	\$ 1,443,941	\$ 1,539,720	\$ 1,430,120	\$ 1,458,335	\$ 1,872,723	\$ 1,518,659	\$ 10,805,655
Direct Operating Expenses:								
Salaries and Wages	1,085,663	1,066,987	1,125,625	1,118,596	1,010,800	1,131,999	1,056,638	7,596,307
Benefits	360,082	354,542	338,379	366,057	341,195	380,027	347,360	2,487,642
Purchased Services	45,961	49,657	60,872	56,140	52,585	56,825	57,487	379,528
Medical Supplies	26,346	65,429	39,763	62,259	35,070	20,618	29,161	278,645
Other Supplies	79,353	100,280	82,491	102,364	67,816	65,287	66,662	564,253
Contracted Physician Expense	150	501	2,612	1,303	1,194	1,432	984	8,176
Medical Services	747	4,785	2,843	3,130	2,788	2,314	2,093	18,699
Drugs	33,212	29,912	23,065	53,722	36,054	34,607	31,822	242,393
Repairs and Maintenance	26,346	26,744	24,936	42,377	21,830	26,103	28,833	197,170
Lease and Rental	103	103	103	103	103	103	103	721
Utilities	39,586	41,708	35,628	35,367	29,354	33,115	40,061	254,820
Other Expense	3,332	12,664	18,337	6,438	9,229	19,964	3,331	73,295
Insurance	6,830	6,830	6,830	6,830	6,830	6,830	6,830	47,810
Total Operating Expenses	1,707,709	1,760,142	1,761,483	1,854,687	1,614,847	1,779,226	1,671,366	12,149,460

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Year to Date
Net Performance before Depreciation & Overhead Allocations	\$ (165,552)	\$ (316,202)	\$ (221,763)	\$ (424,567)	\$ (156,512)	\$ 93,497	\$ (152,706)	\$ (1,343,804)
Depreciation	80,825	80,825	78,571	79,226	80,274	80,285	73,141	553,148
<i>Overhead Allocations:</i>								
Risk Management	7,005	4,363	5,630	5,591	5,969	5,330	5,793	39,681
Internal Audit	1,574	1,076	1,066	1,171	949	983	1,507	8,326
Administration	27,623	29,321	29,360	29,390	20,423	25,390	23,715	185,222
Human Resources	56,614	71,536	59,996	30,523	47,519	57,146	41,568	364,902
Legal	2,003	7,709	7,405	8,934	21,511	11,000	12,894	71,456
Records	2,520	1,753	1,841	2,039	1,971	2,048	1,957	14,129
Compliance	3,802	3,983	3,999	4,191	4,262	4,023	4,770	29,030
IT Operations	21,363	26,446	25,519	22,221	19,574	24,360	20,641	160,124
IT Security	5,934	13,042	9,691	8,561	15,050	8,657	8,469	69,404
Finance	14,518	11,737	16,472	12,043	15,166	16,603	17,114	103,653
Corporate Communications	6,243	5,639	6,490	6,842	7,596	9,354	6,176	48,340
Information Technology	6,491	6,576	7,835	7,263	2,040	6,099	-	36,304
IT Applications	10,236	34,975	20,360	27,139	24,133	22,081	10,990	149,914
IT Service Center	15,577	16,788	15,482	15,298	16,034	23,920	31,589	134,688
Performance Excellence	3,949	7,305	7,232	8,775	9,179	10,056	-	46,496
Corporate Quality	5,053	4,355	4,652	4,264	4,197	5,903	5,685	34,109
Security Services	24,897	24,911	27,140	24,512	23,255	25,228	22,814	172,757
Supply Chain	3,746	3,208	3,825	4,042	2,542	4,169	3,340	24,872
Total Overhead Allocations	219,148	274,723	253,995	222,799	241,370	262,350	219,022	1,693,407
Total Expenses	2,007,683	2,115,691	2,094,049	2,156,712	1,936,491	2,121,860	1,963,528	14,396,014
Net Margin	\$ (465,525)	\$ (671,750)	\$ (554,329)	\$ (726,592)	\$ (478,156)	\$ (249,137)	\$ (44,869)	\$ (3,590,359)
Capital Contributions	-	-	-	163,244	-	8,916	-	172,160
General Fund Support/Transfer In	-	\$ 1,451,382	-	-	-	\$ 1,214,100	-	\$ 2,665,483



Census												Current Year Total	Prior Year Total
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Admissions	9	9	17	13	10	10	10	10	10	10	15		83
Discharges	9	11	9	10	12	9	18						75
Average Daily Census	109	109	114	117	116	120	117						78
Budget Census	110	110	110	110	110	110	110						115
Occupancy % (120 licensed beds)	91%	91%	95%	97%	97%	100%	98%						110
Days By Payor Source:													
Medicaid	31	-	-	-	-	57	6						94
Managed Care Medicaid	2,233	2,169	2,320	2,310	2,065	2,244	2,218						15,559
Medicare	97	61	109	81	49	79	110						586
Private Pay	31	30	42	93	64	45	30						335
Hospice	36	30	31	43	63	93	90						386
Charity	948	987	1,040	1,093	1,006	1,077	1,039						7,190
Optum/V/A	-	-	-	-	-	-	18						18
Total Resident Days	3,376	3,277	3,542	3,620	3,247	3,595	3,511	-	-	-	-	-	24,168
													23,863



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SUPPLEMENTAL INFORMATION

LAKESIDE MEDICAL CENTER

										Fiscal Year To Date						
										Actual	Budget	Variance	%	Prior Year	Variance	%
Actual		Budget	Variance	Current Month	%	Prior Year	Variance	%								
69,814	54,919	54,895	(14,895)	(27.1%)	-	278,664	278,664	-	IT EPIC	297,669	384,430	86,751	22.6%	1,997,547	1,997,547	-
-	8,611	8,611	-	-	-	18,454	18,454	-	IT Service Center	102,759	60,277	(42,482)	(70.5%)	122,534	19,775	16.1%
12,555	10,661	10,604	(17.9%)	-	11,259	(1.306)	(11.6%)	-	Performance Excellence	75,386	74,628	(758)	(1.0%)	78,836	3,450	4.4%
32,592	52,080	19,488	37.4%	46,050	13,458	29.2%	Security Services	246,798	364,558	117,780	32.3%	314,916	68,118	21.6%		
7,381	7,128	(253)	(3.5%)	-	(7,381)	-	-	Supply Chain	54,971	49,897	(5,074)	(10.2%)	-	(54,971)	-	
13,593	13,383	(210)	(1.6%)	-	(13,593)	-	-	HIM Department	133,469	93,679	(39,790)	(42.5%)	-	(133,469)	-	
25,417	28,383	2,966	10.4%	-	(25,417)	-	-	Coding	182,101	198,683	16,582	8.3%	-	(182,101)	-	
2,661	5,459	2,798	51.3%	-	(2,661)	-	-	Reimbursement	20,476	38,210	17,734	46.4%	-	(20,476)	-	
605,118	945,053	339,935	36.0%	914,150	309,032	33.8%	Total Overhead Allocations-	5,177,658	6,615,368	1,437,710	21.7%	6,494,090	1,316,432	20.3%		
5,074,430	5,264,394	188,964	3.6%	4,917,713	(156,717)	(3.2%)	Total Expenses	32,936,889	37,258,722	4,321,833	11.6%	34,798,610	1,861,721	5.3%		
\$ (1,571,931)	\$ (3,438,220)	\$ 1,866,290	(54.3%)	\$ (176,020)	\$ (1,395,911)	793.0%	Net Margin	\$ (18,993,858)	\$ (22,796,261)	\$ 3,802,403	(16.7%)	\$ (16,141,972)	\$ (2,851,886)	17.7%		
51,121	-	51,121	-	-	51,121	-	Capital Contributions	2,141,893	-	2,141,893	-	379,821	1,762,073	463.9%		
-	-	-	-	\$ 13,823,612	\$ 13,823,612	-	Transfer In/(Out)	\$ 15,755,541	\$ 20,000,000	\$ (4,244,459)	(21.2%)	\$ 13,823,612	\$ (1,931,929)	(14.0%)		

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Year to Date
Gross Patient Revenue	\$ 9,410,011	\$ 9,172,195	\$ 9,898,843	\$ 9,575,784	\$ 8,358,601	\$ 8,888,569	\$ 8,707,468	\$ 64,011,470
Contractual Allowance	7,526,313	6,093,064	8,815,263	7,439,166	6,434,425	7,573,616	4,989,813	48,871,660
Charity Care	188,852	647,069	74,181	86,833	231,755	553,596	413,521	2,195,807
Bad Debt	527,547	263,757	(325,753)	425,788	682,501	(774,883)	1,026,889	1,825,841
Total Contractuals and Bad Debt	8,242,713	7,003,890	8,563,690	7,951,787	7,348,681	7,352,324	6,430,223	52,893,308
Other Patient Revenue	47,816	47,816	47,816	47,816	47,816	1,187,904	1,187,904	2,614,889
Net Patient Revenue	1,215,115	2,216,121	1,382,969	1,671,813	1,057,736	2,724,148	3,465,149	13,733,051
Collection %	12.91%	24.16%	13.97%	17.46%	12.65%	30.65%	39.80%	21.45%
Non-Operating Revenues								
Grants	17,544	16,848	16,848	16,848	16,848	16,848	21,302	123,084
Interest Earnings	-	-	-	-	2,002	-	155	2,157
Other Revenue	15,399	15,611	15,230	(13,250)	15,589	20,267	15,893	84,739
Total Other Revenues	\$ 32,943	\$ 32,458	\$ 32,077	\$ 3,598	\$ 34,438	\$ 37,115	\$ 37,351	\$ 209,981
Total Non-Operating Revenues	\$ 1,248,058	\$ 2,248,579	\$ 1,415,046	\$ 1,675,411	\$ 1,092,175	\$ 2,761,263	\$ 3,502,500	\$ 13,943,031
Direct Operating Expenses:								
Salaries and Wages	1,539,968	1,410,468	1,538,086	1,399,690	1,438,623	1,587,613	1,201,578	10,116,025
Benefits	424,068	413,566	375,449	406,292	381,372	422,740	365,948	2,789,435
Purchased Services	452,813	262,972	590,036	583,573	621,174	644,650	701,228	3,856,446
Medical Supplies	14,107	11,684	11,499	24,079	10,239	135,644	375,025	582,277
Other Supplies	(2,396)	57,570	144,130	68,334	160,897	149,885	70,184	648,604
Contracted Physician Expense	380,576	872,418	602,355	604,678	997,437	813,153	650,413	4,921,031
Drugs	43,713	(28,898)	(971)	121,787	13,726	16,925	222,854	389,136
Repairs and Maintenance	122,273	(51,216)	242,232	224,830	67,668	92,344	335,932	1,034,063
Lease and Rental	73,901	41,502	59,447	31,004	32,144	41,965	34,093	314,057
Utilities	72,730	105,148	17,693	137,592	86,206	86,241	107,383	612,993
Other Expense	57,764	244,065	138,732	187,402	(289,683)	(7,344)	99,199	430,135
Insurance	15,528	15,528	15,528	15,528	15,528	15,528	15,528	108,697
Total Operating Expenses	3,195,046	3,354,805	3,734,216	3,804,788	3,535,333	3,999,344	4,179,366	25,802,899

Net Performance before Depreciation & Overhead Allocations	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Year-to-Date
\$ (1,946,988)	\$ (1,106,226)	\$ (2,319,170)	\$ (2,129,377)	\$ (2,443,158)	\$ (1,238,081)	\$ (676,867)	\$ (11,859,868)	
Depreciation	281,138	281,138	250,088	273,630	288,716	291,676	289,946	1,956,332
<i>Overhead Allocations:</i>								
Risk Management	15,481	9,642	12,443	12,356	13,193	11,780	12,802	87,697
Rev Cycle	39,573	64,829	54,116	45,701	39,082	56,743	47,013	347,057
Internal Audit	3,478	2,378	2,355	2,589	2,098	2,172	3,331	18,401
Administration	61,049	64,803	64,887	64,953	45,137	56,114	52,412	409,355
Human Resources	68,523	86,584	72,617	36,944	57,515	69,167	50,313	441,663
Legal	4,427	17,037	16,365	19,746	47,542	24,311	28,497	157,925
Records	5,570	3,874	4,069	4,506	4,357	4,526	4,325	31,227
Compliance	8,404	8,803	8,838	9,262	9,420	8,891	10,542	64,160
IT Operations	47,214	58,448	56,399	49,109	43,259	53,838	45,618	353,885
IT Security	13,116	28,823	21,419	18,920	33,262	19,133	18,717	153,390
Finance	32,086	25,940	36,404	26,617	33,519	36,695	37,824	229,085
Corporate Communications	13,798	12,463	14,343	15,120	16,788	20,673	13,649	106,834
Information Technology	14,345	14,533	17,316	16,052	4,508	13,479	-	80,233
IT Applications	108,095	369,342	215,006	286,592	254,849	233,181	116,052	1,583,117
IT Service Center	34,425	37,104	34,216	33,809	35,436	52,865	69,814	297,669
Performance Excellence	8,727	16,145	15,982	19,394	20,286	22,225	-	102,759
Corporate Quality	11,167	9,624	10,282	9,425	9,277	13,046	12,565	75,386
Security Services	35,567	35,587	38,772	35,017	33,222	36,041	32,592	246,798
Supply Chain	8,279	7,089	8,455	8,934	5,619	9,214	7,381	54,971
HIM Department	11,003	26,124	25,741	16,614	27,062	13,332	13,593	133,469
Coding	28,125	17,231	32,872	23,145	28,512	26,799	25,417	182,101
Reimbursement	3,269	2,202	5,313	1,631	2,621	2,779	2,661	20,476
Total Overhead Allocations	575,721	918,605	768,210	756,436	766,564	787,004	605,118	5,177,658
Total Expenses	4,051,905	4,554,549	4,752,514	4,834,854	4,590,613	5,078,024	5,074,430	32,936,889
Net Margin	\$ (2,803,848)	\$ (2,305,970)	\$ (3,337,468)	\$ (3,159,443)	\$ (3,498,438)	\$ (2,316,761)	\$ (1,571,931)	\$ (18,993,858)

	Expenses by Month							
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Year to Date
Capital Contributions	-	-	-	1,914,064	-	176,709	51,121	2,141,893
General Fund Support/Transfer In	-	-	\$8,461,956	-	-	\$7,293,585	-	\$15,755,541



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SUPPLEMENTAL INFORMATION

PRIMARY CARE CLINICS

	Actual	Budget	Variance	% Current Month	Prior Year	Variance	% Current Month	Fiscal Year To Date		
								Actual	Budget	Variance
	-	-	-	-	182,957	182,957	-	IT EPIC	-	-
52,726	41,476	(11,250)	(27.1%)	-	(52,726)	-	-	IT Service Center	224,809	290,333
-	6,503	6,503	-	12,116	12,116	-	Performance Excellence	77,609	45,523	(70.5%)
9,489	8,052	(1,437)	(17.8%)	7,392	(2,097)	(28.4%)	Corporate Quality	56,933	56,361	(1.0%)
35,851	57,288	21,437	37.4%	55,259	19,408	35.1%	Security Services	271,478	401,014	129,536
5,574	5,383	(191)	(3.5%)	-	(5,574)	-	Supply Chain	41,515	37,684	(3,931)
10,316	10,156	(160)	(1.6%)	-	(10,316)	-	HIM Department	101,292	71,095	(30,197)
19,289	21,541	2,252	10.5%	-	(19,289)	-	Coding	138,199	150,785	12,586
2,020	4,143	2,123	51.2%	-	(2,020)	-	Reimbursement	15,541	23,998	13,457
560,242	854,633	294,441	34.5%	767,163	206,921	27.0%	Total Overhead Allocations-	4,666,787	5,982,782	1,325,995
2,981,440	3,889,944	908,504	23.4%	3,126,976	145,536	4.7%	Total Expenses	22,692,158	27,966,709	5,274,551
\$ (1,614,641)	\$ (2,452,761)	\$ 838,120	(34.2%)	\$ (477,027)	\$ (1,137,615)	238.5%	Net Margin	<u>\$ (9,612,892)</u>	<u>\$ (14,779,608)</u>	<u>\$ 5,166,716</u>
							Capital	-	1,075,828	1,075,828
							Capital Contributions	10,923	-	10,923
							Transfer In/(Out)	\$ 7,842,580	\$ 13,250,000	\$ (5,407,420)
								(40.8%)	\$ 7,268,150	\$ (574,430)

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Year to Date
Gross Patient Revenue	\$ 2,421,964	\$ 2,173,673	\$ 2,534,826	\$ 2,394,233	\$ 2,436,124	\$ 2,859,432	\$ 2,815,106	\$ 17,635,360
Contractual Allowance	942,552	616,457	797,366	764,288	728,571	1,015,151	998,014	5,862,398
Charity Care	1,080,772	818,987	996,143	1,145,797	998,209	1,031,223	979,676	7,050,807
Bad Debt	49,730	353,288	285,914	95,985	279,913	332,230	527,608	1,924,667
Total Contractuals and Bad Debt	2,073,054	1,788,732	2,079,423	2,006,069	2,006,694	2,378,604	2,505,297	14,837,872
Other Patient Revenue	474,943	474,943	87,703	345,863	345,863	345,863	224,901	2,300,078
Net Patient Revenue	823,853	859,885	543,106	734,027	775,294	826,691	534,711	5,097,566
Collection %	34.02%	39.56%	21.43%	30.66%	31.82%	28.91%	18.99%	28.91%
Non-Operating Revenues								
Grants	831,658	951,673	1,163,225	937,662	1,277,476	1,004,344	730,315	6,896,353
Other Financial Assistance	12,477	51,355	674,585	-	-	-	-	738,416
Other Revenue	624	29,490	1,042	1,648	18,706	193,647	101,773	346,930
Total Other Revenues	\$ 844,758	\$ 1,032,517	\$ 1,838,851	\$ 939,311	\$ 1,296,183	\$ 1,197,991	\$ 832,088	\$ 7,981,700
Total Non-Operating Revenues	\$ 1,668,611	\$ 1,892,402	\$ 2,381,957	\$ 1,673,338	\$ 2,071,476	\$ 2,024,682	\$ 1,366,799	\$ 13,079,265
Direct Operating Expenses:								
Salaries and Wages	1,713,850	1,402,443	1,788,664	1,498,332	1,674,786	1,997,115	1,543,212	11,618,403
Benefits	427,827	405,732	406,022	459,199	430,679	495,969	415,751	3,041,177
Purchased Services	13,764	60,480	10,119	24,018	29,210	11,762	40,767	190,121
Medical Supplies	35,872	230,443	141,439	60,778	25,067	29,192	30,198	552,990
Other Supplies	12,383	6,147	10,233	39,697	20,076	8,453	19,539	116,529
Medical Services	55,581	60,482	61,270	56,783	59,594	57,974	65,942	417,625
Drugs	37,475	49,341	45,922	45,378	44,505	37,090	43,958	303,669
Repairs and Maintenance	10,726	11,441	47,732	37,415	40,271	30,847	36,409	214,841
Lease and Rental	107,496	87,434	114,395	115,290	117,771	96,132	162,213	800,730
Utilities	8,438	8,881	8,149	9,620	3,675	5,106	7,585	51,454
Other Expense	115,489	74,228	262,113	(53,654)	65,834	23,262	24,383	511,655
Insurance	6,154	4,622	4,622	4,622	4,622	4,622	4,622	33,887
Total Operating Expenses	2,545,056	2,401,675	2,900,679	2,297,479	2,516,089	2,797,523	2,394,579	17,853,081

Net Performance before Depreciation & Overhead Allocations	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Year-to-Date
	\$ (876,445)	\$ (509,273)	\$ (518,722)	\$ (624,141)	\$ (444,613)	\$ (772,841)	\$ (1,027,780)	\$ (4,773,815)
Depreciation	25,462	25,462	26,045	25,656	26,428	26,619	26,619	182,290
Overhead Allocations:								
Risk Management	11,692	7,282	9,397	9,332	9,963	8,896	9,668	66,230
Rev Cycle	63,371	103,816	86,659	73,183	62,585	90,867	75,286	555,767
Internal Audit	2,627	1,796	1,779	1,955	1,585	1,641	2,516	13,899
Home Office Facilities	30,821	31,492	32,824	20,328	24,166	35,671	34,187	209,489
Administration	46,107	48,941	49,005	49,055	34,089	42,379	39,583	309,159
Human Resources	76,105	96,165	80,652	41,032	63,880	76,821	55,879	490,534
Legal	3,344	12,867	12,360	14,912	35,905	18,361	21,522	119,271
Records	4,206	2,926	3,073	3,403	3,291	3,419	3,266	23,584
Compliance	6,347	6,648	6,675	6,995	7,114	6,714	7,962	48,455
IT Operations	35,658	44,142	42,594	37,089	32,670	40,660	34,452	267,265
IT Security	9,905	21,768	16,176	14,289	25,121	14,449	14,135	115,843
Finance	24,232	19,591	27,494	20,102	25,315	27,713	28,566	173,013
Corporate Communications	10,421	9,413	10,833	11,419	12,679	15,613	10,308	80,686
Information Technology	10,834	10,976	13,078	12,123	3,404	10,180	-	60,595
IT Applications	81,636	278,939	162,379	216,444	192,470	176,106	87,647	1,195,621
IT Service Center	25,999	28,022	25,841	25,533	26,762	39,926	52,726	224,809
Performance Excellence	6,591	12,194	12,071	14,647	15,321	16,785	-	77,609
Corporate Quality	8,434	7,268	7,766	7,118	7,006	9,852	9,489	56,933
Security Services	39,124	39,146	42,649	38,519	36,544	39,645	35,851	271,478
Supply Chain	6,253	5,354	6,385	6,747	4,243	6,959	5,574	41,515
HR Department	8,351	19,826	19,536	12,608	20,538	10,117	10,316	101,292
Coding	21,345	13,076	24,947	17,566	21,638	20,338	19,289	138,199
Reimbursement	2,482	1,671	4,032	1,238	1,989	2,109	2,020	15,541
Total Overhead Allocations	535,885	823,319	698,205	655,637	668,278	715,221	560,242	4,656,787
Total Expenses	3,106,403	3,250,455	3,624,929	2,978,772	3,210,795	3,539,363	2,981,440	22,692,158

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Year to Date
Net Margin	\$ (1,437,791)	\$ (1,358,053)	\$ (1,242,972)	\$ (1,305,434)	\$ (1,139,319)	\$ (1,514,681)	\$ (1,614,641)	\$ (9,612,892)
Capital	36,782	-	53,251	(90,033)	-	-	-	-
Capital Contributions	-	-	-	-	-	-	10,923	10,923
General Fund Support/Transfer In	-	\$4,128,850	-	-	\$3,713,730	-	\$7,842,580	

Primary Care Medical Statement of Revenues and Expenses
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	Actual	Budget	Variance	Current Month %	Prior Year %	Variance %		Fiscal Year To Date					
								Actual	Budget	Variance	%	Prior Year	
	-	-	-	-	157,256	157,256	-	IT EPIC	-	-	22.6%	1,127,259	
	44,511	35,014	(9,497)	(27.1%)	-	(44,511)	-	IT Service Center	189,782	245,098	(27.08%)	-	
	-	5,490	5,490	-	10,414	10,414	-	Performance Excellence	65,517	38,430	(1.0%)	69,148	
8,011	6,797	(1,214)	(17.9%)	6,354	(1,657)	(26.1%)	Corporate Quality	48,063	47,580	(483)	44,489	(3.574)	
29,592	47,286	17,694	37.4%	47,036	17,444	37.1%	Security Services	224,080	331,000	106,920	321,665	97,585	
4,706	4,545	(161)	(3.5%)	-	(4,706)	-	Supply Chain	35,048	31,813	(3,235)	-	(35,048)	
8,709	8,574	(135)	(1.6%)	-	(8,709)	-	HIM Department	85,511	60,018	(25,493)	-	(85,511)	
16,284	18,185	1,901	10.5%	-	(16,284)	-	Coding	116,667	127,292	10,625	8,3%	-	
1,705	3,497	1,792	51.2%	-	(1,705)	-	Reimbursement	13,119	24,480	11,361	46.4%	-	
472,554	720,501	247,947	34.40%	658,776	186,222	28.3%	Total Overhead Allocations-	3,927,618	5,043,510	1,115,892	22.1%	4,647,612	
	2,464,976	3,302,308	837,332	25.4%	2,678,337	213,361	8.0%	Total Expenses	18,973,505	23,727,254	4,753,749	20.0%	18,507,980
	\$ (1,798,105)	\$ (2,198,665)	\$ 400,560	(18.2%)	\$ (530,881)	\$ (1,267,224)	238.7%	Net Margin	\$ (9,195,525)	\$ (13,136,461)	\$ 3,940,936	(30.0%)	\$ (6,894,951)
	-	116,559	116,559	-	(100,000)	(100,000)	-	Capital	-	815,915	815,915	100.00%	-
	-	10,923	-	10,923	-	10,923	-	Capital Contributions	10,923	-	10,923	-	-
	-	-	-	-	\$ 6,725,968	\$ 6,725,968	-	Transfer In/(Out)	\$ 7,117,899	\$ 11,800,000	(\$ 4,682,101)	(39.7%)	\$ 6,725,968
	-	-	-	-	-	-	-					(5.8%)	\$ (39,1,932)

				Current Month					Fiscal Year To Date		
Actual	Budget	Variance	%	Prior Year	Variance	%			Actual	Budget	Variance
\$ 1,267,350	\$ 803,636	\$ 463,714	57.7%	\$ 996,154	\$ 271,197	27.2%	Gross Patient Revenue	\$ 6,438,098	\$ 5,779,680	\$ 658,418	11.4%
275,825	212,275	63,550	29.9%	195,915	79,910	40.8%	Contractual Allowance	1,882,533	1,526,656	355,877	23.3%
409,654	383,522	26,162	6.8%	501,406	(91,721)	(18.3%)	Charity Care	2,847,970	2,758,258	89,712	3.3%
115,804	90,980	24,824	27.3%	222,511	(106,707)	(48.0%)	Bad Debt	433,581	654,323	(220,742)	(33.7%)
801,314	686,777	114,537	16.7%	919,832	(118,518)	(12.9%)	Total Contractuals and Bad Debt	5,164,084	4,939,237	224,847	4.6%
87,541	105,288	(17,747)	(16.9%)	138,357	(50,816)	(36.7%)	Other Patient Revenue	681,815	757,728	(75,413)	(10.0%)
553,577	222,147	331,430	149.2%	214,678	338,899	157.9%	Net Patient Revenue	1,955,828	1,597,671	358,157	22.4%
43,68%	27.64%			21.55%			Collection %	30.38%	27.64%		24.11%
122,487	111,393	11,094	10.0%	287,815	(165,328)	(57.4%)	Grants	1,073,573	998,637	74,936	7.5%
-	-	-	-	-	-	-	Other Financial Assistance	89,351	-	89,351	(10.9%)
455	-	455	-	-	455	-	Other Revenue	926	-	200	726
\$ 676,519	\$ 333,540	\$ 342,979	102.8%	\$ 502,493	\$ 174,026	34.6%	Total Revenues	\$ 3,119,678	\$ 2,596,308	\$ 523,370	20.2%
							Direct Operating Expenses:				
292,942	296,549	(6,333)	(2.2%)	216,678	(76,294)	(35.2%)	Salaries and Wages	2,042,588	2,131,841	89,253	4.2%
79,285	73,091	(6,194)	(8.5%)	64,784	(14,501)	(22.4%)	Benefits	527,404	511,337	(15,767)	(3.1%)
1,880	6,290	4,410	70.1%	1,027	(853)	(83.1%)	Purchased Services	12,553	44,030	31,477	71.5%
16,352	19,437	3,086	15.9%	20,969	4,618	22.0%	Medical Supplies	111,171	136,062	24,891	18.3%
7,540	9,009	1,469	16.3%	426	(7,115)	(1,670.2%)	Other Supplies	20,208	63,064	42,886	66.0%
-	15,660	15,660	-	-	-	-	Medical Services	-	109,620	109,620	-
27	-	(27)	-	-	(27)	-	Drugs	1,038	-	(1,038)	-
1,973	2,069	95	4.6%	3,602	1,629	45.2%	Repairs and Maintenance	37,732	14,481	(23,251)	(160.6%)
22,788	27,868	5,080	18.2%	22,440	(348)	(1.6%)	Lease and Rental	158,278	195,078	36,800	18.9%
2,114	2,503	390	15.6%	968	(1,146)	(118.4%)	Utilities	10,979	17,523	6,544	37.3%
(908)	5,138	6,046	117.7%	1,825	2,733	149.8%	Other Expense	2,937	35,968	8,031	22.3%
77	90	13	14.4%	88	10	11.4%	Insurance	541	630	89	14.1%
424,070	447,705	23,635	5.3%	332,808	(91,262)	(27.4%)	Total Operating Expenses	2,950,428	3,259,934	309,505	9.5%
							Net Performance before Depreciation & Overhead Allocations	\$ 169,250	\$ (663,626)	\$ 332,875	(125.5%)
4,707	5,750	1,043	18.1%	7,444	2,737	36.8%	Depreciation	39,055	40,250	1,194	3.0%
\$ 252,449	\$ (114,165)	\$ 366,614	(321.1%)	\$ 169,686	\$ 32,764	48.8%		\$ 332,875	\$ (663,626)	\$ 222,008	\$ (52,758)
											(23.8%)
							Overhead Allocations:				
1,506	1,671	165	9.9%	812	(694)	(85.5%)	Risk Management	10,319	11,694	1,375	11.8%
13,044	19,047	6,003	31.5%	24,641	11,597	47.1%	Rev Cycle	96,289	133,332	37,043	27.8%
392	1,021	629	61.6%	245	(147)	(60.0%)	Internal Audit	2,166	7,149	4,983	69.7%
4,290	4,110	(180)	(4.4%)	2,709	(1,581)	(58.4%)	Home Office/Facilities	26,290	28,767	2,477	8.6%
6,167	6,462	295	4.6%	6,895	698	10.2%	Administration	48,168	45,236	(2,332)	(6.5%)
8,156	14,588	6,432	44.1%	6,779	(1,377)	(20.3%)	Human Resources	71,598	102,119	30,521	29.9%
3,353	4,326	973	22.5%	3,733	380	10.2%	Legal	18,583	30,282	11,659	36.6%
509	650	141	21.7%	445	(64)	(14.4%)	Records	3,675	4,449	874	19.2%
1,241	1,723	482	28.0%	828	(413)	(49.9%)	Compliance	7,550	12,961	4,511	37.4%
-	-	-	-	-	-	-	Community Engagement	-	-	-	-
5,368	7,206	1,838	25.5%	8,897	3,529	39.7%	IT Operations	41,642	50,443	8,801	17.4%
2,202	2,627	425	16.2%	1,651	(551)	(33.4%)	IT Security	18,048	18,386	338	1.8%
4,451	5,180	1,729	14.1%	4,316	(135)	(31.1%)	Finance	26,956	36,258	9,392	25.7%
1,606	2,642	1,036	39.2%	886	(720)	(81.3%)	Corporate Communications	12,572	18,397	5,925	32.0%
-	740	740	-	1,678	-	-	Information Technology	9,441	5,181	(4,260)	(82.2%)
13,656	37,034	23,378	63.1%	6,035	(7,621)	(126.3%)	IT Applications	186,283	259,237	72,954	28.1%

Primary Care Dental Statement of Revenues and Expenses
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		Current Month		Prior Year		Variance	%				Fiscal Year To Date
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%
-	-	-	-	25,701	25,701	-		-	-	-	184,231
8,215	6,462	(1,753)	(27.1%)	-	(8,215)	-		35,027	45,235	10,208	22.6%
-	1,013	1,013	-	1,702	1,702	-		12,092	7,093	(4,999)	(70.5%)
1,478	1,254	(224)	(17.9%)	1,038	(440)	(42.4%)		8,870	8,781	(89)	(1.0%)
6,259	10,002	3,743	37.4%	8,223	1,964	23.9%		47,398	70,014	22,616	32.3%
868	839	(29)	(3.5%)	-	(868)	-		6,467	5,871	(596)	(10.2%)
1,607	1,582	(25)	(1.6%)	-	(1,607)	-		15,781	11,077	(4,704)	(42.5%)
3,005	3,356	351	10.5%	-	(3,005)	-		21,532	23,93	1,961	8.3%
315	645	330	51.2%	-	(315)	-		2,422	4,318	2,096	46.4%
87,688	134,182	46,494	34.6%	108,387	20,699	19.1%	Total Overhead Allocations:	729,169	939,272	210,103	22.4%
516,465	587,636	71,172	12.1%	448,639	(67,825)	(15.1%)	Total Expenses	3,718,653	4,239,455	520,803	12.3%
\$ 160,055	\$ (254,056)	\$ 414,151	(163.0%)	\$ 53,854	\$ 106,200	197.2%	Net Margin	\$ (588,975)	\$ (1,643,147)	\$ 1,044,173	(63.5%)
-	37,130	37,130	-	-	-	-	Capital	-	259,913	259,913	100.0%
-	-	-	-	\$ 542,182	\$ 542,182	-	Transfer In/(Out)	\$ 724,681	\$ 1,450,000	\$ (725,319)	(50.0%)
											\$ 542,182
											\$ (182,499)
											(33.7%)

	Belle Glade Behavioral Health	Delray Behavioral Health	Lantana Behavioral Health	Mangonia Park Behavioral Health	West Palm Beach Behavioral Health	Jupiter Behavioral Health	Lake Worth Behavioral Health	Lewis Center Behavioral Health	West Boca Behavioral Health	Total	
Gross Patient Revenue	\$141	\$170	-	\$632,266	\$1,513	-	-	\$7,839	-	\$641,929	
Contractual Allowances	1,575	-	(33)	56,833	617	-	-	134,265	-	193,257	
Charity Care	607	110	33	107,045	479	19	-	8,357	-	116,651	
Bad Debt	624	60	150	100,190	355	64	39	55,299	20	156,791	
Total Contractual Allowances and Bad Debt	2,795	171	150	264,068	1,452	83	39	197,922	20	466,699	
Other Patient Revenue	-	-	-	6,001	-	-	-	376	-	6,377	
Net Patient Revenue	(2,654)	(1,885,26%)	(0.23%)	(150)	374,199	62	(83)	(39)	(189,707)	(20)	181,607
Collection %				59.18%	4.08%			(2,470.14%)		28.29%	
Ad Valorem Taxes	-	-	-	-	-	-	-	-	-	-	
Intergovernmental Revenue	-	-	-	-	-	-	-	-	-	-	
Grant Funds	-	-	-	-	-	-	-	-	-	-	
Interest Earnings	-	-	-	-	-	-	-	-	-	-	
Unrealized Gain/(Loss) On Investments	-	-	-	-	-	-	-	-	-	-	
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	
Other Revenue	-	-	-	-	-	-	-	-	-	-	
Total Other Revenues	-	-	-	-	-	-	-	-	-	-	
Total Revenues	\$ (2,654)	-	\$ (150)	\$ 374,199	\$ 62	\$ (83)	\$ (39)	\$ (189,707)	\$ (20)	\$ 181,607	
<i>Direct Operational Expenses:</i>											
Total Operating Expenses	-	-	-	-	-	-	-	-	-	-	
Net Performance before Depreciation & Overhead Allocations	(2,654)	-	(150)	374,199	62	(83)	(39)	(189,707)	(20)	181,607	
Depreciation	-	-	-	-	-	-	-	-	-	-	
Overhead Allocations:											
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	
Total Expenses	\$ (2,654)	-	\$ (150)	\$ 374,199	\$ 62	\$ (83)	\$ (39)	\$ (189,707)	\$ (20)	\$ 181,607	
Net Margin	-	-	-	-	-	-	-	-	-	-	
Capital	-	-	-	-	-	-	-	-	-	-	
General Fund Support/Transfer In											

Actual	Budget	Variance	Current Month %	Prior Year %	Variance	% Gross Patient Revenue	Fiscal Year To Date		
							Actual	Budget	Variance
\$ 67,800	-	\$ 67,800	-	-	\$ 67,800	-	\$ 641,929	-	\$ 641,929
10,541	-	10,541	-	-	10,541	-	193,257	-	193,257
12,428	-	12,428	-	-	12,428	-	116,651	-	116,651
20,874	-	20,874	-	-	20,874	-	156,791	-	156,791
43,843	-	43,843	-	-	43,843	-	466,699	-	466,699
(549)	-	(549)	-	-	(549)	-	6,377	-	6,377
23,409	-	23,409	-	-	23,409	-	181,607	-	181,607
34.53%	-				Collection %		28.29%		
					Total Revenues				
\$ 23,409	-	\$ 23,409	-	-	\$ 23,409	-	\$ 181,607	-	\$ 181,607
					Direct Operating Expenses:				
					Total Operating Expenses				
					Net Performance before Depreciation & Overhead Allocations				
\$ 23,409	-	\$ 23,409	-	-	\$ 23,409	-	\$ 181,607	-	\$ 181,607
					Total Expenses				
					Net Margin				
\$ 23,409	-	\$ 23,409	-	-	\$ 23,409	-	\$ 181,607	-	\$ 181,607


District Clinic Holdings, Inc.

		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Current Year Total	Budget	%Var to Budget	Prior Year Total
Clinic Visits - Adults and Pediatrics																	
West Palm Beach	1,597	1,182	1,355	1,573	1,553	1,991	1,635	1,988	1,913	903	5,819	10,886	10,511	3.6%	9,230		
Delray	832	663	857	741	795	903	988	903	1,089	1,089	12,830	3,821	5,123%	3,821			
Lantana	2,017	1,613	1,604	1,778	1,840	1,840	1,889	1,889	1,840	1,840	6,038	4,852	12.7%	11,380			
Belle Glade & Women's Health Care	920	775	839	905	852	963	784	57	57	46	301	2,620	2,620	24.4%	4,852		
Lewis Center	57	22	44	11	11	64	1,196	1,196	1,196	1,196	8,295	8,242	0.6%	8,242			
Lake Worth & Women's Health Care	1,408	1,009	1,126	1,116	1,142	1,298	1,298	1,298	1,298	1,298	3,492	3,343	4.5%	3,343			
Jupiter & Women's Health Care	58	438	544	461	430	600	501	501	501	501	2,398	2,534	15.4%	2,534			
West Boca & Women's Health Care	350	311	359	357	320	332	369	369	369	369	141	141	141	61.2%	308		
St Ann Place	-	-	-	-	-	12	77	52	52	52	126	126	126	#DIV/0!	3,239		
Club Mob 1 Warrior	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	2,738		
Club Mob 2 Scout	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	-		
Club Mob 3 Hero	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	-		
Mangonia Park	923	844	936	862	757	949	787	787	787	787	403	403	350	15.1%	5,001		
Total Clinic Visits	8,673	6,906	7,745	7,869	7,830	9,356	8,302	-	-	-	6,078	1,554	291.1%	1554			
Dental Visits															56,681	49,696	14.1%
West Palm Beach	1,101	824	977	1,209	1,060	1,298	1,272	1,272	1,272	1,272	7,741	5,547	39.6%	5,547			
Lantana	769	529	653	753	780	935	899	899	899	899	5,318	6,188	(14.1%)	6,188			
Delray	536	420	540	521	743	796	709	709	709	709	4,265	2,959	44.1%	2,959			
Belle Glade	369	270	344	282	299	519	514	514	514	514	2,597	2,545	2.0%	2,545			
Lake Worth	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	-		
West Boca	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!	-		
Total Dental Visits	2,775	2,043	2,514	2,765	2,832	3,548	3,394	-	-	-	-	19,921	17,239	15.6%	17,239		
Total Medical and Dental Visits	11,448	8,949	10,259	10,634	10,712	12,904	11,696	-	-	-	-	76,602	66,935	14.4%	76,101		
Mental Health Counselors (non-billable)																	
West Palm Beach	169	112	177	45	35	90	78	78	78	78	706	1,073	(34.2%)	1,073			
Lantana	158	127	140	141	135	164	146	146	146	146	1,011	964	4.9%	964			
Belle Glade	80	131	192	158	138	160	130	130	130	130	989	992	(0.3%)	992			
Mangonia Park	148	58	16	-	13	-	-	-	-	-	235	600	(60.8%)	600			
Lewis Center	860	784	869	902	773	1,024	902	902	902	902	6,114	2,755	121.9%	2,755			
Lake Worth	-	-	-	-	-	37	1	1	1	1	38	70	(45.7%)	6,139			
Jupiter	174	137	172	227	232	184	137	137	137	137	1,263	1,219	3.6%	1,219			
St Ann Place	-	-	37	44	58	-	-	-	-	-	139	-	#DIV/0!	-			
West Boca	-	-	-	-	-	-	98	108	108	108	206	-	#DIV/0!	-			
Mobile Van	-	-	-	-	-	20	48	34	34	34	102	98	4.1%	98			
Total Mental Health Screenings	1,539	1,349	1,603	1,517	1,441	1,769	1,535	-	-	-	-	10,803	7,771	39.0%	13,742		
GRAND TOTAL	13,037	10,298	11,862	12,151	12,153	14,673	13,231	-	-	-	-	87,405	89,843				



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SUPPLEMENTAL INFORMATION

MEDICAID MATCH FUND

Medicaid Match Statement of Revenues and Expenditures
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Actual	Budget	Current Month			Variance	% Variance	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
		Current Month	Prior Year	%										
491,667	491,667	-	-	-	491,667	-	-	3,441,667	3,441,669	(2)	-	3,441,667	-	-
206	-	206	-	-	206	-	-	2,637	-	-	2	2,636	131,800.0%	-
\$ 491,872	\$ 491,667	\$ 205	-	-	\$ 491,667	\$ 206	-	\$ 3,444,304	\$ 3,441,669	\$ 2,635	0.1%	\$ 3,441,668	\$ 2,636	0.1%
1,388,093	1,396,769	8,676	0.6%	1.4%	1,407,924	19,831	1.4%	9,716,650	9,777,386	60,735	0.6%	9,855,469	138,819	1.4%
1,388,093	1,396,769	8,676	0.6%	1.4%	1,407,924	19,831	1.4%	9,716,650	9,777,386	60,735	0.6%	9,855,469	138,819	1.4%
\$ (896,221)	\$ (905,102)	\$ 8,882	(1.0%)	\$ (916,258)	\$ 20,037	(2.2%)	Net Performance before Depreciation & Overhead Allocations	\$ (6,272,347)	\$ (6,335,717)	\$ 63,370	(1.0%)	\$ (6,413,801)	\$ 141,454	(2.2%)
1,388,093	1,396,769	8,676	0.6%	1.4%	1,407,924	19,831	1.4%	9,716,650	9,777,386	60,735	0.6%	9,855,469	138,819	1.4%
\$ (896,221)	\$ (905,102)	\$ 8,882	(1.0%)	\$ (916,258)	\$ 20,037	(2.2%)	Net Margin	\$ (6,272,347)	\$ (6,335,717)	\$ 63,370	(1.0%)	\$ (6,413,801)	\$ 141,454	(2.2%)
\$896,221	\$916,258	\$(-20,037)	(2.2%)	\$916,258	\$20,037	2.2%	General Fund Support/Transfer in	\$6,272,347	\$6,413,806	\$(141,459)	(2.2%)	\$6,413,801	\$141,454	2.2%

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Year to Date
Revenues:								
Intergovernmental Revenue	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 3,441,667
Interest Earnings	-	-	-	-	2,203	229	206	2,637
Total Revenues	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 493,869	\$ 491,896	\$ 491,872	\$ 3,444,304
Expenditures:								
Medicaid Match	1,388,093	1,388,093	1,388,093	1,388,093	1,388,093	1,388,093	1,388,093	9,716,650
Total Operating Expenditures	1,388,093	9,716,650						
Net Performance before Overhead Allocations	\$ (896,426)	\$ (896,426)	\$ (896,426)	\$ (896,426)	\$ (894,223)	\$ (896,197)	\$ (896,221)	\$ (6,272,347)
Total Expenditures	1,388,093	9,716,650						
Net Margin	\$ (896,426)	\$ (896,426)	\$ (896,426)	\$ (896,426)	\$ (894,223)	\$ (896,197)	\$ (896,221)	\$ (6,272,347)
Transfer In/(Out)	\$ 896,426	\$ 896,426	\$ 896,426	\$ 896,426	\$ 894,223	\$ 896,197	\$ 896,221	\$ 6,272,347

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
JOINT MEETING
June 15, 2023**

1. Description: Recent Regulatory Updates and Industry Enforcement Activity, Including Updates from Florida's 2023 Legislative Session (April – June 2023)

2. Summary:

This item presents recent health care regulatory updates and industry enforcement activity which may impact the Health Care District of Palm Beach County (“HCD”). An overall summary and supplemental details are being provided to the Board as informational, including: recent Regulatory Updates and Industry Enforcement Activity since the last meeting held (covering January – March 2023), additionally, we are including Updates from the 2023 Florida Legislative Session (May 2023).

3. Substantive Analysis:

HCD Compliance, Privacy, and Ethics (“CPE”) consistently reviews regulatory updates and industry enforcement activity to keep abreast of the changes and potential impacts to HCD, communicate information to necessary parties, and help shape CPE’s Work Plan. Information is searched, tracked, reviewed, analyzed, monitored, and posted to our regulatory dashboard. HCD CPE determines the information necessary to communicate to HCD staff, physicians, and leadership, as well as if additional action (e.g., audit, policy, training) is necessary. These updates are presented to the HCD Board by the HCD VP/Chief Compliance, Privacy, & Risk Officer, on a quarterly basis.

Recent Trends in the Regulatory and Enforcement:

Recent trends include, but are not limited to: The official end of the COVID-19 public health emergency (“PHE”), which ended on May 11, 2023. HHS has continued the process of unwinding and has been consistently providing information to assist providers in the process. The PHE had been in effect since January 2020 and allowed the federal government to alter many requirements related to federal health care programs, including Medicare and Medicaid. This includes the implementation of the CARES Act, many relief programs, free COVID-19 vaccinations, the passage of Emergency Use Authorizations for emergency treatment, etc. This has also resulted in the end of Medicaid continuous coverage requirements. In Florida, this has resulted in many individuals losing Medicaid coverage as of April 1, 2023. The Florida Legislative Session took place, which has resulted in many new bills being signed into law. Separately, Ballard will provide an update to the HCD Board at this June meeting. A review of the laws has uncovered that many of these laws are applicable to the Health Care District. Important laws that apply to the HCD are included below. HCD Legal and Compliance are working together to review the details and impacts and provide recommendations to leadership on the best ways to implement to ensure compliance with applicable laws.

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Regulatory Updates

1. The Centers for Medicare and Medicaid Services (“CMS”) Releases Final Rule on Health Care Employee Vaccination Requirements
2. The Joint Ransomware Task Force (CISA, FBI, NSA, MS-ISAC) Published an Updated #StopRansomware Guide
3. The Department of Health and Human Services (“HHS”) Office for Civil Rights (“OCR”) Released Report to Increase Language Access for Persons with Limited English Proficiency (LEP)
4. The Drug Enforcement Agency (“DEA”) Extends COVID-19 Telehealth Flexibilities Through November 2023
5. The Biden-Harris Administration Announces Actions to Protect Youth Mental Health, Safety and Privacy Online
6. CMS Issues Proposed Rules for FY2024 Inpatient Prospective Payment System (“IPPS”) and Long-Term Care Hospital Prospective Payment System
7. CMS Declines to Adopt Amended Overpayment Definition
8. CMS Issues Additional Price Transparency Fines
9. The Office of Inspector General (“OIG”) Announced their Intent to Update Existing Compliance Program Guidance (“CPG”) Documents
10. HHS Cybersecurity Task Force Provides New Resources to Help Address Rising Threat of Cyberattacks in Health and Public Health Sector
11. The OCR Announces the Expiration of COVID-19 Public Health Emergency HIPAA Notifications of Enforcement Discretion

Industry Enforcement Activity

1. Detroit Medical Center, Vanguard Health Systems, and Tenet Health Agreed to Pay Over \$29 Million to Resolve False Claims Act (“FCA”) Allegations
2. New York Physician Sentenced to Prison for Illegal Distribution of Opioids
3. Vascular Surgeon Sentenced to Prison, to Pay Over \$40 Million to resolve FCA Allegations
4. Ohio Physician Sentenced to 6 Years in Prison for Illegally Distributing Opioids
5. Village Home Care, CEO, and Two Physicians Agree to Pay \$490,000 to Resolve FCA and Kickback Allegations
6. Precision Lens and Owner Face \$487 Million Judgment for Violations of the FCA and Anti-Kickback Statute (“AKS”)
7. Five Individuals in Florida (2 in Palm Beach County) Plead Guilty in Fraudulent Nursing Diploma Scheme
8. A Louisiana hospital Agrees to Pay \$95,000 to Resolve EMTALA Violations
9. Former Harvard Professor Sentenced for Lying about Ties to China’s Thousand Talents Program and Wuhan University of Technology Detroit Physician Sentenced to 20 Years in Prison for Illegal Distribution of Controlled Substances and Health Care Fraud
10. Criminal Charges Brought Against Medical Professionals, Owners of Medical Businesses, and Others for COVID-19 Fraud Scheme and FCA Violations
11. Essex County Hospital Center Agrees to Pay \$20,000 for Civil Money Penalty Law (“CMPL”) Violations

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12. Sibley Hospital (Washington D.C.) and Johns Hopkins (Maryland) Agree to Pay \$5 Million to Resolve Stark Allegations
13. Streamwood Behavioral Health Hospital (Illinois) Self-Disclosed CMPL Violations
14. Regents of the University of California (UCLA Health) Self-Disclosed CMPL Violations
15. Tampa General Hospital (Florida) Self-Disclosed CMPL Violations

Florida Legislation 2023 Updates

1. [Senate Bill 1718](#) – Immigration/Patient Immigration Status
2. [Senate Bill 252](#) – Medical Freedom
3. [House Bill 1387](#) – Banning Gain of Function Research and Other Requirements
4. [Senate Bill 1580](#) – Physicians Freedom of Speech
5. [SB 264- Interest of Foreign Countries](#)
6. [SB 230- Health Care Practitioner Titles and Designation](#)
7. [Senate Bill 238](#) – Public Records/Protection from Discrimination Based on Health Care
8. [SB 558- Certified Nursing Assistant](#)
9. [Senate Bill 254](#) – Treatments for Sex Reassignment
10. [House Bill 1069](#)- Education
11. [House Bill 1521](#)- Facility Requirements Based on Sex
12. [Senate Bill 300](#)- Pregnancy and Parenting Support / The Heartbeat Protection Act
13. [House Bill 837](#) – Civil Remedies
14. [CS/SB 292](#)- Newborn Screenings
15. CS/HB/HB 7001/7003 – Lobbying
16. [HB 829- Operation and Administration of the Baker Act](#)
17. Senate Bill 568 – Assault or Battery on Hospital Personnel
18. [HB 1471- Health Care Provider Accountability](#)
19. [CS/HB 389](#) – Menstrual Hygiene Products in Public Schools

(DETAILS PROVIDED BELOW ARE PROVIDED AS INFORMATION ONLY):

Regulatory Updates

1. **The Centers for Medicare and Medicaid Services (“CMS”) Releases Final Rule on Health Care Employee Vaccination Requirements (05/2023)**
 - On May 31, 2023, CMS released a copy of the Final Rule related to health care employee vaccination requirements. The final version is scheduled to be posted on June 5, 2023 and would become effective 60 days after being published. However, CMS will no longer be enforcing the staff vaccination requirement between June 5 (date of publication) and the date the Final Rule is published in the Federal Register. CMS is withdrawing the COVID-19 health care staff vaccination requirements under the CoPs, CfCs, and requirements.
 - Nursing homes would have education requirements for staff that require them to offer patients COVID-19 education, as well as that residents are offered vaccinations, when available. This includes residents, resident representatives, and staff members.
 - Appropriate documentation must continue to be completed. The facility must continue to maintain documentation, which must include at a minimum, evidence that staff were informed about the risks and benefits of the COVID-19 vaccine. The facility must also

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document that staff were either offered the COVID-19 vaccine or provided with information on acquiring the COVID-19 vaccine.

- Lastly, the staff's COVID-19 vaccine statuses and any associated information must be documented and reported to the NHSN as indicated by CDC.
- Moving forward, CMS will now tie vaccination rates in three categories of populations to quality reimbursement. These include:
 1. Adult COVID-19 Vaccination Status – Percentage of patients aged 18 years and older seen for a visit during the performance period who have ever completed or reported having ever completed a COVID-19 vaccination series and one booster dose
 2. COVID-19 Vaccination Among Health Care Personnel- Percentage of healthcare personnel who are considered up-to-date on their COVID-19 vaccinations per the CDC's latest guidance
 3. COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date- Percentage of patients who are considered up-to-date on their COVID-19 vaccinations per the CDC's latest guidance

2. The Joint Ransomware Task Force (CISA, FBI, NSA, MS-ISAC) Published an Updated #StopRansomware Guide (05/2023)

- The Cybersecurity and Infrastructure Security Agency ("CISA"), Federal Bureau of Investigation ("FBI"), National Security Agency ("NSA"), and Multi-State Information Sharing and Analysis Center ("MS-ISAC") published the [#StopRansomware Guide](#) – an updated version of the 2020 guide containing additional recommended actions, resources, and tools. This publication was produced through the Joint Ransomware Task Force ("JRTF"), an interagency body established by Congress in 2022 to ensure unity of effort in combating the threat of ransomware attacks.
- The #StopRansomware Guide is a one-stop resource to help organizations reduce the risk of ransomware incidents through best practices to detect, prevent, respond, and recover, including step-by-step approaches to address potential attacks.
- This incorporates lessons learned from the past two years, including recommendations for preventing common initial access techniques, such as compromised credentials/passwords and advanced forms of social engineering; recommendations to address cloud security backups; and threat hunting tips for detection and analysis.
- The first part of the guide provides comprehensive, relevant, and proven best practices that organizations should continuously implement to help reduce their risk. This section can guide organizations in identifying their critical data and enable forward-leaning actions to mitigate potential ransomware incidents.
- Part two provides a step-by-step list of actions along with available services and resources for detection and analysis, containment and eradication, and recovery and post-incident activity. This checklist can guide any victim organization through a methodical, measured, and properly managed incident response approach.

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- 3. The Department of Health and Human Services (“HHS”) Office for Civil Rights (“OCR”) Released Report to Increase Language Access for Persons with Limited English Proficiency (“LEP”)**
 - HHS-OCR issued a report that summarizes the progress the Department has made on improving the provision of meaningful access to language assistance services to persons with LEP.
 - This newly released report was issued in response to President Biden’s Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities through the Federal Government, which seeks to increase access to government services to address barriers in federal programs and services. This is the first such report HHS has issued since 2016. The report is also in line with Executive Order 14012, Restoring Faith in Our Legal Immigration Systems and Strengthening Integration and Inclusion Efforts for New Americans, which directed the Federal Government to develop welcoming strategies to promote integration and inclusion.
 - This first annual report summarizes the Department’s progress to date and charts a course to increase meaningful language access across the Department. Recent accomplishments include:
 - OpDivs and StaffDivs have greatly increased the amount of in-language online content;
 - In response to a complaint alleging 19 states failed to provide meaningful access to their COVID testing, inoculation, and treatment programs, OCR is collaborating with the DHS and FEMA to provide technical assistance; and
 - HHS added taglines in multiple languages at the bottom of HHS.gov homepage.
 - The report also identifies the need to reduce barriers in 4 areas, including internet access, telephone access, access to programs and activities, and federal funds to provide needed language services. The report also maps specific benchmarks and progress to date, including OCR’s collection and analysis of 25 HHS agency and component-level Language Access Plans, and a review of work by the HHS Language Access Steering Committee to assess needed improvements and to share best practices.
- 4. The Drug Enforcement Agency (“DEA”) Extends COVID-19 Telehealth Flexibilities Through November 2023 (05/2023)**
 - The DEA recently issued updated guidance following the overwhelming response to its proposed rule.
 - The DEA announced that it will extend the telemedicine flexibilities regarding the prescription of controlled medications that were in place during the COVID-19 PHE through November 11, 2023.
 - Additionally, for any practitioner-patient telemedicine relationships that have been or will be established on or prior to November 11, 2023, all of the telemedicine flexibilities regarding the prescription of controlled medications that were allowable during the public health emergency will be granted a further one-year grace period through November 11, 2024.
 - Essentially, so long as patient-provider relationship was established prior to November 11, 2023, the flexibilities will remain in place until November 11, 2024.

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- These extensions were granted in order to promote access to care via telehealth, primarily for opioid use order patients and to ensure continuity of care for patients who routinely require access to controlled substance medications.

5. The Biden-Harris Administration Announces Actions to Protect Youth Mental Health, Safety and Privacy Online (05/2023)

- President Joe Biden and his Administration announced actions that it intends to take assist in protecting in youth mental health, safety, and privacy online. This includes potential amendments to the Family Educational Rights and Privacy Act (“FERPA”).
- From the press release: “The Department of Education will promote and enhance the privacy of minor students’ data and address concerns about monetization of the data by commercial entities, including by planning to commence a rulemaking under FERPA.”
- After issuing the final FERPA regulations, the Department of Education will update its model FERPA notification and consent forms to provide more clarity and to provide best practices to schools and school districts regarding FERPA and responsibilities when contracting with third-party vendors.

6. CMS Issues Proposed Rules for FY2024 Inpatient Prospective Payment System (“IPPS”) and Long-Term Care Hospital (“LTCH”) Prospective Payment System

- On April 10, 2023, CMS issued the FY2024 IPPS and LTCHPPS proposed rules.

IPPS Proposed Rule

- For general acute care hospitals that successfully participate in Hospital Inpatient Quality Reporting and are meaningful EHR users, the projected payment would increase by 2.8. Other adjustments may be to hospital payments under IPPS, depending on:
 - a. Payment reductions for excess readmissions under the HRRP.
 - b. Payment reduction (1%) for the worst-performing quartile under the Hospital Acquired Condition (HAC) Reduction Program.
 - c. Upward and downward adjustments under the Hospital Value-Based Purchasing Program.
- This will result in a projected increase for hospitals of \$3.3 billion in FY2024.
- CMS projects that Medicare Disproportionate Share Hospital (DSH) payments and Medicare Uncompensated Care payments will combine to decrease by approximately \$115 million in FY2024.
- It is estimated that inpatient payments made for cases involved new medical technologies will decrease by \$460 million.
- Addition of Social Determinants of Health (SDOH) Coding – CMS will change the severity designation of three ICD-10 diagnosis codes describing homelessness (unspecified, sheltered, and unsheltered) from non-complication to comorbidity to complication or comorbidity, based on the higher average resource costs of cases with these diagnosis codes compared to similar cases without these codes.
- Graduate Medical Education (“GME”) and Rural Hospitals – The proposal changes GME payments for training in the new Medicare provider type known as “REH”, which was created to address closures of rural hospitals. The proposal would allow

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these hospital types to serve as training sites for Medicare GME purposes after the location becomes an REH.

- CMS will continue with the Low-Wage Hospital Policy.
- CMS is seeking guidance from safety-net hospitals to assist with advancing health equity. The proposed rule notes the crucial role these safety-net hospitals play in treating uninsured, underinsured, and other populations that face difficulty in accessing care. CMS is specifically seeking comment on challenges faced by safety-net hospitals and the patients they serve.
- New COVID-19 Treatments Add-on Payment (NCTAP) – Knowing that the PHE is scheduled to end on May 11, 2023, patient discharges involving eligible products would continue to be eligible for payment for the NCTAP through 9/30/2023. No NCTAP payments would be made after this date.

Long-Term Care Hospital Prospective Payment System

- It is projected that the LTCH payment rate will increase by 2.9%.
- Long-Term Care Quality Reporting Program Changes:
- Beginning in FY2026, it proposes the adoption of the COVID-19 vaccine percent of patients/residents who are up to date measure, which measures the percentage of patients or residents who are up to date with COVID-19 vaccinations per CDC measures.
- Beginning in FY2025, it proposes the adoption of the Functional Discharge Score measure, which assesses the percentage of patients who meet or exceed the expected discharge function score. This item would also utilize mobility and self-care items already collected on the assessment score. This would replace the Application of Functional Assessment and Care Plan, if adopted.
- Beginning in FY2025, it proposes to update the COVID-19 Vaccination Coverage among HCP measure, which aligns with the Hospital IQR and PCHQR Programs.
- Beginning with FY2025, it proposes to remove the Application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care that Addresses Function.
- The proposal has been met with wide criticism by the health care community, with individuals lamenting the low increase in payment percentages.

7. CMS Declines to Adopt Amended Overpayment Definition (04/2023)

- Following comments in rulemaking that it was considering amending the definition of overpayments, CMS ultimately declined to adopt the previous definition of “identified” overpayments at this time. This would have removed the concept of quantification of the overpayment serving as the start of the 60-day clock to return overpayments.
- CMS had issued the proposal in December, which CMS subsequently finalized and issued in April as part of the 2024 Medicare Advantage and Prescription Drug Benefit Programs Final Rule.
- The Final Rule ultimately stayed silent on the overpayment issue.
- As part of the Final Rule, CMS indicated it intends to address previous rule proposals that were not specifically included in the Final Rule in future rulemaking.

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- Further, CMS noted that it intentionally did not address any comments on areas that were not included within the Final Rule and will address them when they are included in future rules, meaning additional rulemaking is likely to address this area in the future.

8. CMS Issues Additional Price Transparency Fines (04/2023)

- CMS recently issued fines to two additional hospitals, bringing the total number of hospitals fined to four (4).
- Frisbee Memorial Hospital was fined \$102,660.00, while Kell West Regional Hospital was fined \$117,260.00. The hospitals were previously issued warnings, but continually failed to comply with requirements related to price transparency and failed to respond to corrective action plans or adequately publish the correct price transparency information.
- CMS announced updates to the price transparency enforcement process, including:
- Requiring Corrective Action Plan (“CAP”) Completion Deadlines – While the 45-day deadline to submit a CAP still exists, CMS will now require hospitals to be in full compliance with the price transparency requirements within 90 days of the CAP request.
- Imposing Civil Monetary Penalties (“CMP”) Earlier and Automatically – CMS will now automatically impose a CMP on hospitals that fail to timely submit a CAP by the end of the 45-day deadline. Prior to issuing the CMP, CMS will re-review files to determine whether the violations that led to the citation still exist. For hospitals that do timely submit a CAP but fail to comply by the end of the 90-day deadline, CMS will re-review files to determine whether the violations are still in existence.
- Streamlining the Compliance Process – For hospitals that have failed to publish any data related to price transparency (such as failure to publish a machine-readable file or shoppable service list/price estimator), CMS will no longer issue a warning notice and will immediately request the hospital submit a CAP.

9. Office of Inspector General (“OIG”) Announces Intent to Update Existing Compliance Program Guidance (“CPG”) Documents (04/2023)

- On April 24, 2023, the OIG announced its intent to improve and update existing CPG Documents and to issue new CPG Documents to individual segments of the health care industry or entities involved in the health care industry. The OIG’s aim is to modernize the guidance and provide useful resources for providers and health care systems. In the interim, the current documents will remain available as a resource.

10. HHS Cybersecurity Task Force Provides New Resources to Help Address Rising Threat of Cyberattacks in Health and Public Health Sector (04/2023)

- HHS 405(d) Program announced the release of the following resources to help address cybersecurity concerns in the Healthcare and Public Health (“HPH”) Sector:
- Health Industry Cybersecurity Practices (HICP) 2023 Edition – A foundational publication that aims to raise awareness of cybersecurity risks, provide best practices, and help the HPH Sector set standards in mitigating the most pertinent cybersecurity threats to the sector. The HICP 2023 Edition has been updated by over 150+ industry and federal professionals to include the most relevant and cost-effective ways to mitigate the current cybersecurity threats the HPH sector is facing today. This edition includes a new

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top 5 threat and many new mitigating practices that should be implemented to continue to keep patients safe.

- [Hospital Cyber Resiliency Initiative Landscape Analysis - PDF](#) – A report on domestic hospitals' current state of cybersecurity preparedness, including a review of participating hospitals benchmarked against standard cybersecurity guidelines such as HICP 2023 and the National Institute of Standards and Technology Cybersecurity Framework (NIST CSF). The Landscape Analysis conducted a deeper investigative study into both the methods that cyber adversaries are using to compromise US hospitals, disrupt operations and extort for financial gain. It then benchmarked these results to specific practices of the Health Industry Cybersecurity Practices (HICP) in order to outline the most meaningful protections to these specific threats.
- [Knowledge on Demand](#) – a new online educational platform that offers free cybersecurity trainings for health and public health organizations to improve cybersecurity awareness. This platform includes five cybersecurity awareness trainings that align with the top five cybersecurity threats outlined in the landmark 405(d) HICP 2023 publication and its accompanying two volumes.
- The 405(d) Program is a collaborative effort between industry and the federal government to align healthcare industry security practices to develop consensus-based guidelines, practices, and methodologies to strengthen the healthcare and public health (PHH) sector's cybersecurity posture against cyber threats. These efforts are a key part of the Administration's work to secure all of our Nation's critical infrastructure from cyber threats.

11. HHS-Office for Civil Rights (“OCR”) Announces the Expiration of COVID-19 Public Health Emergency HIPAA Notifications of Enforcement Discretion (04/2023)

- On April 11, 2023, the OCR announced that the Notifications of Enforcement Discretion issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic and Clinical Health (“HITECH”) Act during the COVID-19 public health emergency will expire at 11:59 pm on May 11, 2023, due to the expiration of the COVID-19 public health emergency. In 2020 and 2021, OCR published four Notifications of Enforcement Discretion in the Federal Register regarding how the Privacy, Security, Breach Notification, and Enforcement Rules (“HIPAA Rules”) would be applied to certain violations during the COVID-19 nationwide public health emergency. These Notifications and the effective beginning and end dates are included below:
- [Enforcement Discretion Regarding COVID-19 Community-Based Testing Sites During the COVID-19 Nationwide Public Health Emergency - PDF](#), effective from March 13, 2020, to 11:59 pm May 11, 2023.
- [Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency - PDF](#) (“Telehealth Notification”), effective from March 17, 2020, to 11:59 pm May 11, 2023.
- [Enforcement Discretion Under HIPAA To Allow Uses and Disclosures of Protected Health Information by Business Associates for Public Health and Health Oversight](#)

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[Activities in Response to COVID-19 - PDF](#), effective from April 7, 2020, to 11:59 pm May 11, 2023.

- [Enforcement Discretion Regarding Online or Web-Based Scheduling Applications for the Scheduling of Individual Appointments for COVID-19 Vaccination During the COVID-19 Nationwide Public Health Emergency - PDF](#), effective from December 11, 2020, to 11:59 pm May 11, 2023.
- OCR is providing a 90-calendar day transition period for covered health care providers to come into compliance with the HIPAA Rules with respect to their provision of telehealth. The transition period will be in effect beginning on May 12, 2023 and will expire at 11:59 p.m. on August 9, 2023. OCR will continue to exercise its enforcement discretion and will not impose penalties on covered health care providers for noncompliance with the HIPAA Rules that occurs in connection with the good faith provision of telehealth during the 90-calendar day transition period.

(DETAILS PROVIDED BELOW ARE PROVIDED AS INFORMATION ONLY):

Industry Updates

- 1. Detroit Medical Center, Vanguard Health Systems, and Tenet Health Agreed to Pay Over \$29 Million to Resolve False Claims Act (“FCA”) and Kickback Allegations (05/2023)**
 - Vanguard Health, Tenet, and the Detroit Medical Center agreed to pay approximately \$29.75 million to resolve allegations that they violated the FCA and Anti-Kickback Statute (“AKS”). The case was raised pursuant to the *qui tam* provisions of the FCA. The settlement resolves allegations that the parties submitted false claims to Medicare from January 1, 2014 through December 31, 2017.
 - A hospital provided mid-level practitioners to 13 physicians at no cost or at below market value rates, which violates the AKS. Additionally, the 13 physicians were selected in part based on the substantial volume of patient referrals provided to the hospital. Further, the mid-level practitioners were provided in an effort to induce additional referrals from these physicians.
- 2. New York Physician Sentenced to Prison for Illegal Distribution of Opioids (05/2023)**
 - Former physician, Dr. Frank Parasmio was sentenced to 36 months in prison following his conviction on 32 counts of unlawfully distributing opioids (specifically, Oxycodone).
 - Parasmio prescribed the opioid to 18 patients outside the usual course and scope of medical treatment and without a legitimate medical purpose.
 - From January 2014-February 2015, Parasmio issued prescriptions to patients who had just exited rehabilitation facilities and to patients who had just been discharged from treatment following an opioid overdose. Additionally, evidence revealed that he issued prescriptions to patients who he suspected were addicted to drugs or who were otherwise taking illegal drugs. Parasmio continued to prescribe medication even when he had received warnings that these patients were not taking the medications as prescribed. Parasmio was one of the top prescribers of opioids in New York from 2010-2015. When

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Parasmo discovered the DEA was investigating him, he greatly reduced the number of prescriptions issued for opioids.

- 3. Vascular Surgeon Sentenced to Prison, to Pay Over \$40 Million to resolve FCA Allegations (05/2023)**
 - Dr. Vasso Godiali, a vascular surgeon, was sentenced to nearly seven years in prison and ordered to pay over \$43 million to resolve FCA allegations that he defrauded numerous federal health care programs. This includes Medicare, Medicaid, and Blue Cross/Blue Shield of Michigan. Godiali submitted claims for the placement of vascular stents and for thrombectomies that he did not perform or that otherwise lacked medical necessity. As part of this, he will pay \$19.5 million in restitution to the affected programs. Additionally, he will pay the United States \$43.4 million to resolve FCA allegations for claims submitted to the federal government.
 - The conduct began in 2009, where Godiali would bill for the placement of multiple stents in the same blood vessel and falsified medical records to indicate that the procedures were medically necessary. As part of the plea agreement, Godiali admitted that these services were never provided and that he falsified medical records to support his requests for reimbursement. Further, Godiali admitted to improperly unbundling services that should have been billed as single claim by utilizing Modifier 59.
- 4. Ohio Physician Sentenced to 6 Years in Prison for Illegally Distributing Opioids (05/2023)**
 - An Ohio Physician, Dr. Jeffrey Sutton, was sentenced to six years in prison after pleading guilty to illegally prescribing opioids and other controlled substances to patients, as well as for committing healthcare fraud. Additionally, Sutton will pay nearly \$150,000.00 in restitution, a \$5,200.00 special assessment, a \$20,000.00 fine, and face three years of supervised release.
 - Per court documents, Sutton prescribed controlled substances outside the normal course of practice and the prescriptions that were not for a legitimate medical purpose from 2015-2022. He would subsequently bill federal health care programs for these illegal prescriptions. Sutton also acknowledged that he engaged in sexual activity with patients to whom he was prescribing the medications.
- 5. Village Home Care, CEO, and Two Physicians Agree to Pay \$490,000 to Resolve FCA and Kickback Allegations (05/2023)**
 - Village Home Care (“VHC”) agreed to pay \$225,000.00 to resolve FCA allegations that it illegally paid kickbacks to physicians.
 - VHC is alleged to have paid two physicians via sham medical directorship agreements and/or sublease agreements in exchange for referrals.
 - Joy Rodak, CEO and primary owner of VHC, agreed to pay \$105,000.00, which is based on the financial ability to pay. Further settlement agreements were reached with Dr. Vishnu Reddy for \$100,000.00 and Dr. Kuchakilla Reddy for approximately \$62,000.00 to resolve allegations that they accepted kickbacks from VHC in exchange for referrals.
 - The conduct in question took place from 2012-2014, during which time Dr. Vishnu Reddy was paid \$50,000.00 to refer patients to VHC despite performing no services for

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VHC. Dr. K Reddy entered into a sham sublease agreement with VHC, while did not utilize the space, in exchange for referrals.

- 6. Precision Lens and Owner Face \$487 Million Judgment for Violations of FCA and AKS (05/2023)**
 - Cameron-Ehlen Group, Inc. (d/b/a Precision Lens) and its owner Paul Ehlen face a judgement of \$487,048,705.13 following convictions related to the FCA and AKS. The case was raised pursuant to the *qui tam* provisions of the FCA.
 - Per court documents, a jury found that Precision Lens violated the FCA and AKS by providing kickbacks to surgeons in an effort to cause the surgeons to utilize their products in cataract surgeries. Ultimately, it was concluded that 64,575 claims were false, causing over \$43.6 million in damages to Medicare.
 - The kickbacks were provided via travel and entertainment, including fishing, skiing, golfing, hunting, and vacations at premium destinations. This included tickets to Broadway musicals and tickets to popular sporting events. Precision Lens also sold frequent flyer miles to physicians at a significant discount.
- 7. Five Individuals in Florida (Two in Palm Beach County) Plead Guilty in Fraudulent Nursing Diploma Scheme (05/2023)**
 - Five individuals pleaded guilty in Florida for their participation in a scheme to sell fraudulent diplomas to individuals. The defendants pleaded guilty to wire fraud conspiracy. Two of the defendants resided in Palm Beach County. Each defendant faces up to 20 years in prison.
 - As part of the guilty pleas, the individuals admitted to recruiting and soliciting individuals who wanted nursing degrees to provide those parties with false or fraudulent nursing credentials.
 - Further, the defendants admitted to conspiring with the Palm Beach School of Nursing to make and send fraudulent transcripts and diplomas to these individuals who sought nursing credentials, despite them not completing the required schooling and clinicals. One defendant worked as the Palm Beach School of Nursing's Finance Director and admitted to processing applications and transcripts in exchange for \$15,000.00.
 - Numerous other cases related to the scheme are still being pursued.
- 8. A Louisiana hospital Agrees to Pay \$95,000 to Resolve EMTALA Violations (05/2023)**
 - New Orleans East Hospital agreed to pay \$95,000.00 to resolve allegations that it violated its obligations under EMTALA by failing to provide an appropriate medical screening examination ("MSE") and appropriate stabilizing treatment to a patient. Per the OIG's investigation, the Hospital failed to provide an adequate MSE to one patient and failed to provide an appropriate MSE and stabilizing treatment to a second patient. One of the patients was removed from the hospital after yelling at staff, despite having significant medical issues.

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9. Former Harvard Professor Sentenced for Lying about Ties to China's Thousand Talents Program and Wuhan University of Technology (04/2023)

- Former Harvard professor Charles Lieber was sentenced to time served in prison (two days), two years of supervised release, a fine of \$50,000.00, and ordered to pay \$33,600.00 in restitution to the Internal Revenue Service (“IRS”) for lying to the government about his affiliation with the Thousand Talents Program and Wuhan University of Technology in China.
- Lieber was previously convicted of two counts of making false statements to federal authorities, two counts of making a false tax return, and two counts of failing to file appropriate foreign bank and financial account records to the IRS.

10. Detroit Physician Sentenced to 20 Years in Prison for Illegal Distribution of Controlled Substances and Health Care Fraud (04/2023)

- Dr. David Jankowski was sentenced to 20 years in prison after being convicted on 30 charges of illegal distribution of prescription drugs and health care fraud. Jankowski must also forfeit \$35 million related to the illicit conduct, which included forfeiture of property, as well as pay \$5.2 million in restitution to Medicare.
- Per court documents, Jankowski wrote prescriptions for controlled substances such as Oxycontin, Oxycodone, Xanax, Hydrocodone, and Morphine for patients despite lacking medical necessity. In one egregious instance, Jankowski talked a patient into undergoing shoulder surgery in exchange for prescribing controlled substances. He also prescribed controlled substances in exchange for receiving money from patient recruiters who brought patients to his practice.
- As a result of his conduct, over one million opioid pills were provided to patients outside the normal scope of professional practice and lacked medical necessity.

11. The Department of Justice (“DOJ”) and HHS Brought Criminal Charges Against Medical Professionals, Owners of Medical Businesses, and Others for COVID-19 Fraud Scheme, FCA Violations, and Defrauding HRSA Programs (04/2023)

- The DOJ announced that it was bringing criminal charges against 18 individuals across 9 districts for their participation in numerous fraud schemes that stemmed from the pandemic and caused over \$490 million in COVID-19 related false billings to federal programs and pandemic programs. As part of the enforcement action, the DOJ seized over \$16 million in cash and other fraud related proceeds. As part of a separate announcement, CMS announced that it took actions against 28 medical providers for their participation in fraudulent COVID-19 schemes. Several of the charges included schemes to defraud the Health Resources and Services Administration (“HRSA”) COVID-19 Uninsured Program, which was created to assist in preventing the spread of COVID-19 by providing access to uninsured patients to receive treatment and testing for COVID-19. Other instances include a California lab owner submitting over \$350 million in false claims to Medicare, HRSA, and other private insurance companies for lab testing. While some lab tests were performed, the owner added claims for pathogen panel tests to increase reimbursement, despite lacking medical necessity and not being ordered. A physician in California was charged for fraudulently billing \$230 million to the Uninsured Program, which was done by billing for treatment of insured patients,

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billing for services that were never actually provided, and billing for services that lacked medical necessity. The physician then used \$100 million of the proceeds to engage in risky stock market trades. He also faces charges for submitting over 70 fraudulent loan applications through the Paycheck Protection Program (PPP) and Economic Injury Disaster Loan Program.

12. A New Jersey Health Center, Essex County Hospital Center, Agreed to Pay \$20,000 for Civil Money Penalty Law (“CMPL”) Violations (04/2023)

- Essex County Hospital Center self-disclosed violations of the CMPL to the OIG. Essex County self-disclosed that it submitted claims to Medicare for evaluation and management visits under CPT 99214 for services that it did not provide or that should have been billed under a lower CPT code, which would have lowered reimbursement.

13. Sibley Hospital (Washington D.C.) and Johns Hopkins (Maryland) Agree to Pay \$5 Million to Resolve Stark Allegations (04/2023)

- Sibley Hospital and parent company John Hopkins Health System agreed to pay \$5 million to the United States to resolve allegations that it violated the Stark Law. The settlement resolves allegations that Sibley violated the Stark Law by billing for services referred by cardiologists that it was paying above fair market value. The conduct in question took place from 2008-2011. Sibley Hospital and John Hopkins self-disclosed the violations to the government.

14. Streamwood Behavioral Health Hospital (Illinois) Self-Disclose CMPL Violations (04/2023)

- Streamwood Behavioral Health Hospital agreed to pay \$180,000.00 after self-disclosing violations of the CMPL by employing excluded individuals. Streamwood self-disclosed that it employed two individuals that it knew or should have known were excluded from the Illinois Medicaid program.

15. Regents of the University of California (UCLA Health) Self-Disclose CMPL Violations (04/2023)

- Regents of the University of California, on behalf of UCLA Health, agreed to pay approximately \$136,000.00 for violations of the CMPL. UCLA self-disclosed that it violated the CMPL by employing an individual it knew or should have known was excluded from federal health care programs.

16. Tampa General Hospital (Florida) Self-Discloses CMPL Violations to OIG (04/2023)

- Tampa General Hospital agreed to pay \$136,065.24 for violations of the CMPL. Per the self-disclosure, disclosed that it submitted claims for services provided by 14 unlicensed nurses. Penalties were calculated based on the full salary and benefits paid to nurses during the time in which they worked without a valid nursing license.

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Florida Legislation 2023 Updates

1. **Senate Bill 1718 – Immigration/Patient Immigration Status (Signed with effective date of July 1, 2023)**
 - It would create Florida Statutes Section 395.3027.
 - Each hospital that accepts Medicaid must include a provision on its patient admission or registration forms for the patient or the patient's representative to state or indicate whether the patient is a United States citizen or lawfully present in the United States or is not lawfully present in the United States. The inquiry must be followed by a statement that the response will not affect patient care or result in a report of the patient's immigration status to immigration authorities.
 - Each hospital must submit a quarterly report to the agency within 30 days after the end of each calendar quarter which reports the number of hospital admissions or emergency department visits within the previous quarter which were made by a patient who indicated that he or she was a citizen of the United States or lawfully present in the United States, was not lawfully present in the United States, or declined to answer.
 - By March 1 of each year, the agency shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes the total number of hospital admissions and emergency department visits for the previous calendar year for which the patient or patient's representative reported that the patient was a citizen of the United States or lawfully present in the United States, was not lawfully present in the United States, or declined to answer. The report must also describe information relating to the costs of uncompensated care for aliens who are not lawfully present in the United States, the impact of uncompensated care on the cost or ability of hospitals to provide services to the public, hospital funding needs, and other related information.
 - The agency may adopt rules relating to the format and information to be contained in quarterly reports and the acceptable formats for hospitals to use in requesting information regarding a patient's immigration status on hospital admission or registration forms. The rules may not require the disclosure of patient names or any other personal identifying information to the agency.
 - Requires the Department of Economic Opportunity to enter an order and require repayment of certain economic development incentives if the department finds or is notified that an employer has knowingly employed an unauthorized individual without verifying the employment of such person. This provision becomes effective July 1, 2024.
 - Outlines penalties for failure to comply with new requirements.
 - Requires an employer to verify a new employee's employment eligibility within 3 business days after the new employee's start date (defined as working for pay)
 - Requires public agencies to use the E-Verify system to verify a new employee's employment eligibility. Also requires employers to use the E-Verify system on unemployment compensation or reemployment assistance system returns
 - Prohibits an employer from continuing to employ an unauthorized individual after learning that a person is an unauthorized individual.

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- Prohibits public entities, contractors, or subcontractors from entering into a contract unless that party/all parties agree to use and comply with E-Verify system requirements.
- 2. **Senate Bill 252 -Medical Freedom (Signed and Effective June 1, 2023- Masking policies and procedures require updates by August 1, 2023)**
 - Amended Florida Statutes 381.00316 relating to discrimination by governmental and business entities based on health care choices, such as refusal by an individual or employee to obtain a COVID-19 vaccine.
 - Prohibits business and governmental entities from requiring individuals to provide proof of vaccination or post-infection recovery from any disease to gain access to, entry upon, or service from such entities.
 - Prohibiting employers from refusing employment to or firing, disciplining, demoting, or otherwise discriminating against an individual solely on vaccination status.
 - Prevents discrimination against Floridians related to COVID-19 vaccination or immunity status.
 - Prohibiting some entities from requiring persons to wear face coverings in order to gain access to, entry upon, service from, or admission to such entities or from otherwise discriminating against persons based on their refusal to wear a facial covering. There are certain exceptions for healthcare.
 - Requires practitioners to obtain informed consent from patients who have COVID-19 and are receiving a COVID-19 medication.
- 3. **House Bill 1387 – Banning Gain of Function Research and Other Requirements: (Signed and effective July 1, 2023)**
 - Prohibiting “gain of function” research, also known as enhanced potential pandemic pathogen research.
 - Amends Florida Statutes 382.009 on who is able to declare brain death under certain circumstances.
 - 382.013 Birth registration —A certificate for each live birth that occurs in this state shall be filed within 5 days after such birth in the department's electronic registration system.
 - Amends Florida Statutes 401.272 to state Notwithstanding any other provision of law to the contrary: (a) Paramedics or emergency medical technicians shall operate under the medical direction of a physician through two-way voice communication or pursuant to established standing orders or protocols and within the scope of their training when providing basic life support, advanced life support.
 - Paramedics and emergency medical technicians shall operate under the medical direction of a physician through two-way communication or pursuant to established standing orders or protocols and within the scope of their training when a patient is not transported to an emergency department or is transported to a facility other than a hospital as defined in s. 395.002(12).
 - Paramedics may continue to administer immunizations in a nonemergency environment and within the scope of their training when acting under the medical direction of a physician through two-way communication or pursuant to established standing orders or protocols.

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4. Senate Bill 1580 – Physicians Freedom of Speech: (Signed and effective July 1, 2023)

- Legislative intent: To provide the right of medical conscience for health care providers and payors to ensure they can care for patients that is consistent with their moral, ethical, and religious considerations. It also aims to have providers and payors be free from threats of discrimination for providing conscience-based care.
- Essentially allows a health care provider or payor to indicate that they will not provide a service or other care that conflicts with moral, ethical, or religious beliefs. This provides a lot of leeway for practitioners and payors.
- Providing that health care providers and health care payors have the right to opt out of participation in or payment for certain health care services on the basis of conscience-based objections. This could include the ability to refuse to provide treatment, medications, therapies, etc. It provides very broad protections for providers and payors.
- The “Right of Medical Conscience” means the right of a health care provider or payor to abide by sincerely held religious, moral, or ethical beliefs. For health care providers or payors that are entities, such beliefs are determined by reference to the entities’ governing documents and published ethical, moral, or religious guidelines or directives; mission statements; constitutions; articles of incorporation; bylaws; policies; or regulations.
- Requires a health care provider, at the time of the conscience-based objection or as soon as possible after, must provide written notice of the objection to their supervisor or employer. The provider must also make a note in the patient’s medical record regarding the provider’s objection.
- For health care providers who are students, the student must provide written notice of their conscience objection to the educational institution at the time the conscience-based objection is made or as soon as practicable thereafter.
- Providing whistle-blower protections for health care providers and health care payors that take certain actions or disclose certain information relating to the reporting of certain violations.
- Prohibiting boards, or the Department of Health in case there is no board, from taking disciplinary action against or denying a license to an individual based solely on specified conduct that is outlined.
- Requires health care providers to notify patients or potential patients seeking a specific health care service of any such objection before scheduling an appointment.
- Prohibits health care payors from declining to cover any health care service they are obligated to cover during the plan year.
- Prohibiting discrimination or adverse action (as defined in the new statute) against health care providers who decline to participate in a health care service on the basis of conscience-based objection.
- Also provides whistle-blower protections for health care providers and health care payors that take adverse actions or disclose certain information relating to the reporting of certain violations.
- Allows health care providers and health care payors to file complaints with the Attorney General for violations.
- Provides for civil penalties against parties in violation of the law. Authorizes the Attorney General to take specified actions for purposes of investigating complaints.

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- Authorizing the Department of Legal Affairs to adopt rules in accordance with overseeing the law.
- Provides providers and health care payors immunity from civil liability solely for declining to participate in or pay for a health care service on the basis of conscience-based objections.
- Prohibits boards, or the Department of Health if there is no board in place, from taking disciplinary action against or denying a license to an individual based solely on the outlined conduct.

5. SB 264- Interest of Foreign Countries (Signed and effective 7/1/2023)

- Amends Health Care Licensing Act to require affidavit that records are stored in U.S., U.S. territory, and/or Canada (so not offshore overseas at non-U.S. location). Updates Florida EHR Act and requires that offsite storage of any health records in U.S., U.S. territories, or Canada.
- Storage requirement applicable to healthcare providers using certified electronic health records.
- Requires initial applications and renewals to include attestation that the provider is in compliance with the law.
- Requires that the entity ensure that no party who possesses a controlling interest in the provider does not hold a business relationship with several countries, many of which are prohibited by the federal government
- Patient information is not clearly defined, which means there is some vagueness.

6. SB 230- Health Care Practitioner Titles and Designation (Vetoed)

- Prevents practitioners from misleading individuals and patients about their credentials or other authorized professional designation. (e.g., can't call self a doctor if don't have degree and meet those requirements). Applies to anesthesiologists, physicians, dentists, chiropractors.
- Practitioner name tags must include their name and credentials so as not to constitute the unlicensed practice of medicine.
- Advertisements must accurately represent the credentials of the individual. Advertisements is broadly construed and includes electronic, online, or oral statements that is communicated to the general public.

7. Senate Bill 238 – Public Records/Protection from Discrimination Based on Health Care Choices (Signed and effective July 1, 2023)

- Providing an exemption from public records requirements for certain information relating to complaints or investigations regarding violations of provisions protecting from discrimination based on health care choices.
- This is an additional protection from public records. (1) An employee complaint alleging a business entity's, a governmental entity's, or an educational institution's private employer's violation of s. 381.00316, s. 381.00317, or s. 25 381.00319 regarding employer COVID-19 vaccination policies or practices, and all information relating to an investigation of such complaint, held by the Department of Legal Affairs or the Department of Health is confidential and exempt from s. 119.07(1) and s. 24(a),

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Art. I of the State Constitution until the investigation is completed or ceases to be active.

8. **SB 558- Certified Nursing Assistant (Passed the House on 5/2/2023, has not yet been signed into law as of 6/7/2023)**
 - Creates new designation of “qualified medication aide” for CNAs who work in nursing home and meet certain licensure and training requirements.
 - Authorizes nursing home facilities (Healey) to allow RNs to delegate certain tasks to certified nursing assistants who meet requirements. Creates designation of “qualified medication aides.” These individuals must have annual validation and training requirements.
 - Requires that qualified medication aides only administer medication to residents under the direct supervision of a licensed nurse.
9. **Senate Bill 254 – Treatments for Sex Reassignment (Signed and Effective as of 5/17/2023)**
 - Prohibits sex reassignment surgeries and experimental puberty blockers for children.
 - Requires adult patients who are receiving these medications or surgeries to be informed about the dangers and irreversible nature of these procedures and to give written, informed consent.
 - Provides courts temporary emergency jurisdiction to step in and halt sex reassignment procedures for out-of-state children present in Florida.
 - Creates a pathway for individuals to obtain damages when they were injured or killed after receiving sex reassignment surgeries or medications as minors.
10. **House Bill 1069- Education (Signed and effective as of July 1, 2023)**
 - Protects students from having to declare their pronouns in school. Additionally, this bill expands parental rights in education by prohibiting classroom instruction on sexual orientation and gender identity in Pre-K through 8th grade.
11. **House Bill 1521- Facility Requirements Based on Sex (Signed and effective as of July 1, 2023)**
 - The bill requires educational institutions, detention facilities, correctional institutions, juvenile correctional facilities, and public buildings with a restroom or changing facility to designate separate facilities based on biological sex or to provide one-person unisex facilities.
 - The applicable governmental entity shall, for each public building under its jurisdiction, establish disciplinary procedures for any employee of the governmental entity who willfully enters, for a purpose other than those listed in subsection (6), a restroom or changing facility designated for the opposite sex at such public building and refuses to depart when asked to do so by any other employee of the governmental entity.

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
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June 15, 2023**

**12. Senate Bill 300- *Pregnancy and Parenting Support / The Heartbeat Protection Act*
(Signed and becomes effective on date of signature with the following caveat,
contingent on court cases)**

- This section takes effect upon this act becoming a law. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect 30 days after any of the following occurs: a decision by the Florida Supreme Court holding that the right to privacy enshrined in s. 23, Article I of the State Constitution does not include a right to abortion; a decision by the Florida Supreme Court in Planned Parenthood v. State, SC2022-1050, that allows the prohibition on abortions after 15 weeks in s. 390.0111(1), Florida Statutes, to remain in effect, including a decision approving, in whole or in part, the First District Court of Appeal's decision under review or a decision discharging jurisdiction; an amendment to the State Constitution clarifying that s. 23, Article I of the State Constitution does not include a right to abortion; or a decision from the Florida Supreme Court after March 7, 2023, receding, in whole or in part, from In re T.W., 551 So. 2d 1186 (Fla. 1989), North Fla. Women's Health v. State, 866 So. 2d 612 (Fla. 2003), or Gainesville Woman Care, LLC v. State, 210 So. 3d 1243 (Fla. 2017).
- Makes abortion after 6 weeks illegal except in the event of rape, incest, human trafficking, a fatal fetal abnormality diagnosis, or when the pregnant woman's life is in danger.
- Requires physicians to report known or suspected human trafficking of adults to local law enforcement.
- Requires physicians to report incidents of rape, incest, or human trafficking of minors to the central abuse hotline.
- Prohibits any person other than a physician from inducing a termination of pregnancy.
- Prohibits physicians from using telehealth to perform abortions.
- Requires that medications intended for use in a medical abortion be dispensed in person by a physician.
- Prohibits the dispensing of abortion medication through the United States Postal Service or any other courier or shipping service.
- Amends rules for AHCA to allow them to develop and enforce rules so that they can regulate abortion clinics.

13. House Bill 837- *Civil Remedies* (Signed and effective 3/24/2023)

- The bill changes how damages are factored in Florida, changing from a pure comparative negligence state to a modified comparative negligence state. This means that if a plaintiff is more than 50 percent at fault for injuries sustained, they will not be able to recover damages. Note this provision does not apply to medical negligence claims.
- The law shortens the Statute of Limitations for general negligence cases to two years. It alters the standard for bad-faith insurance claims and changes how damages in personal injury or wrongful death suits are to be calculated.

14. CS/SB 292- *Newborn Screenings* (Signed and effective 1/1/2023)

- The bill now requires a hospital or other state-licensed birthing facility to test a newborn for congenital cytomegalovirus ("CMV") if the newborn has failed his or her hearing

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
JOINT MEETING
June 15, 2023**

screening, before the newborn is 21 days old or before discharge, whichever occurs earlier. For home births and births in a licensed birth center, if a newborn fails a hearing test, the bill requires that the newborn's primary health care provider must refer the newborn to be tested for CMV and changes the timeframe in which a referral for appointment for a newborn hearing screening must occur, to within seven days after delivery, rather than 30 days. Additionally, the bill requires that the results of any newborn screening test to be reported to the Department of Health ("DOH") within seven days of receipt of the results. This law became effective January 1, 2023.

15. CS/HB/HB 7001/7003- Lobbying- (*Signed and effective 12/31/2022*)

- Amends the period of time that certain officials have to wait before lobbying after leaving government positions. Previously, these officials had to wait two years, but will not have to wait six years.
- It applies to judges, lawmakers, state agency heads, and other applicable government officials.

16. HB 829- Operation and Administration of the Baker Act (*Signed and effective 7/1/2023*)

- Does not create new obligations for HCD, but requires DCF to annually update Baker Act reference guide by 10/1 each year. They must also post FAQs.

17. Senate Bill 568: Assault or Battery on Hospital Personnel: (*Signed 5/25/2023*)

- This was signed into law on 5/25/2023. This amends Florida Statutes 784.07. It would add a definition of "Hospital personnel" to mean a health care practitioner as defined in s. 456.001 or an employee, an agent, or a volunteer who is employed by, under contract with, or otherwise authorized by a hospital as defined in s. 395.002 to perform duties directly associated with the care and treatment rendered by any department of a hospital or with the security thereof. This would broadly cover HCD involved in patient care or security of the hospital. Broadly speaking it provides for enhanced criminal penalties for individuals who knowingly commit assault or battery on a hospital employee.
- Applies only to hospital employees, NOT clinics.

18. HB 1471- Health Care Provider Accountability (*Not yet signed*)

- Amends nursing home residents' bill of rights to include being free from sexual abuse.
- Requires physicians performing gluteal fat grafting procedures (more commonly referred to as a Brazilian butt lift) in an office surgery setting to adhere to specific standards of practice.

19. CS/HB 389- Menstrual Hygiene Products in Public Schools (*Signed and effective 7/1/2023*)

- Allows a school district (meaning this would be within the purview of schools and appears to be their decision, NOT a requirement for school health nurses to provide)

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
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to make menstrual hygiene products available in each school within the district at no charge.

- These menstrual hygiene products may be located in the school nurse's office (potentially involving HCD staff), other school facilities for health services, and in restrooms.
- The menstrual hygiene products may not display any advertisement, logo, or text except for the brand name and any product information provided by the manufacturer.
- If the menstrual hygiene products or dispense for such products if funded by a person or organization other than the school district or the manufacturer, information related to that individual/provider/sponsor may not be displayed.
- If a school decides to participate, the school needs to ensure the students are provided appropriate notice as to the availability and location of the menstrual hygiene products.
- Encourages school districts to partner with nonprofits, nongovernmental organizations, businesses, and other organizations to assist in supplying and maintaining the menstrual hygiene products.

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4. Fiscal Analysis & Economic Impact Statement:

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

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 Candice Abbott
RECORDED BY: _____
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

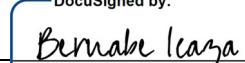
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Committee Name

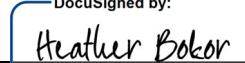
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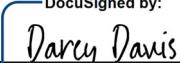
6. Recommendation:

Staff recommends the Board receive and file this Report.

Approved for Legal sufficiency:

DocuSigned by:

 Bernabe Icaza
RECORDED BY: _____
 VP & General Counsel

DocuSigned by:

 Heather Bokor
RECORDED BY: _____
 4766 Heather Bokor
 VP / Chief Compliance, Privacy, and Risk Officer

DocuSigned by:

 Darcy Davis
RECORDED BY: _____
 77ABB5380A D Davis
 Chief Executive Officer

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
JOINT MEETING
June 15, 2023**

1. Description: Recredentialing and Privileging of Healey Center Practitioner(s).

2. Summary:

The below practitioners are recommended for approval by the Chief Medical Officer:

Last Name	First Name	Credentials	Specialty
Desarmes	Edzer	APRN	Nurse Practitioner

3. Substantive Analysis:

The practitioner has satisfactorily completed the Initial Credentialing and privileging process. The credentialing and privileging process ensures that all facility practitioners 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 competence
- Health fitness, or ability to perform the requested privileges
- Malpractice history (NPDB query)

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

The Healey Center utilized internal Credentialing staff and the Chief Medical Officer to support the credentialing and privileging process.

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
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June 15, 2023**

4. Fiscal Analysis & Economic Impact Statement:

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

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

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VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

N/A

Date

6. Recommendation:

Staff recommends the Board approve the recredentialing and privileging of the Healey Center practitioners.

Approved for Legal sufficiency:

DocuSigned by:

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VP & General Counsel

DocuSigned by:

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VP & Chief Medical Officer

DocuSigned by:

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Chief Executive Officer

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
JOINT MEETING
June 15, 2023**

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
Ahkee	Sunket	MD	Infectious Disease	Initial Appointment	Provisional
Cheema	Shafqat	MD	Pediatrics	Initial Appointment	Provisional
Downey	Christopher	DO	Emergency Medicine	Initial Appointment	Provisional
Fernandez	Marc	MD	General Surgery	Initial Appointment	Provisional
Gonzalez	Christina	DO	Emergency Medicine	Initial Appointment	Provisional
Grenier	Daniel	DO	Emergency Medicine	Initial Appointment	Provisional
Grieb	Jesse	DO	Family Medicine	Initial Appointment	Provisional
Lipkin	Adam	MD	General Surgery	Initial Appointment	Provisional
Mandell	Charles	MD	Radiology	Initial Appointment	Provisional
Petrosky	Jacob	MD	General Surgery	Initial Appointment	Provisional
Scumpia	Alexander	DO	Emergency Medicine	Initial Appointment	Provisional
Arce	Denise	APRN	Nurse Practitioner	Initial Appointment	Provisional Allied Health
Freeman	Dumekia	APRN	Nurse Practitioner	Initial Appointment	Provisional Allied Health

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
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Martin	Ashley	PA	Physician Assistant	Initial Appointment	Provisional Allied Health
Abraham	Mohan	MD	Nephrology	Reappointment	Active
Bashir	Atif	MD	Cardiology	Reappointment	Active
Castillo	Alvaro	MD	General Surgery	Reappointment	Active
Colak	Kaya	MD	Radiology	Reappointment	Active
Echavarria	Gonzalo	MD	Anesthesiology	Reappointment	Active
Gunawardeen	Ishan	MD	Internal Medicine	Reappointment	Active
Henriquez	Israel	DO	Cardiology	Reappointment	Active
Ottino	Fernando	MD	Nephrology	Reappointment	Active
Pandit	Sunila	MD	Nephrology	Reappointment	Active

4. Fiscal Analysis & Economic Impact Statement:

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

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
 Committee Name

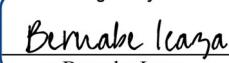
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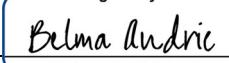
**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
JOINT MEETING
June 15, 2023**

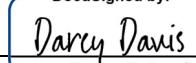
6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:

Bernabe Icaya
0C9B7DDE716424..
VP & General Counsel

DocuSigned by:

Belma Andric
Belma Andric MD
VP & Chief Medical Officer

DocuSigned by:

Darcy Davis
77A8B53699A947918..
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
JOINT MEETING
June 15, 2023**

1. Description: Tentative Millage Rate

2. Summary:

Staff recommends the Board set a proposed tentative millage rate of 0.6761.

3. Substantive Analysis:

The District tax rate in 2023 was 0.7261 mills. Staff is recommending the 2024 proposed tentative millage rate be set at 0.6761, which is 5% over the rolled-back rate of 0.6416 and 7% less than the 2023 tax rate. The rolled-back rate is the tax rate which generates the same amount of tax revenue as the previous year, excluding new construction. The proposed tentative millage rate represents the tax rate the Board cannot exceed when it sets the final rate at the September TRIM hearings.

The 2023 estimate of taxable values from the County showed an increase of 13% over 2022. The increase in taxable values in conjunction with reducing the millage rate results in an approximately \$8.9 million increase in ad valorem taxes relative to 2023.

4. Fiscal Analysis & Economic Impact Statement:

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

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


Candice Abbott

F63720055AAbbott

VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

N/A

Date

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT COMMITTEE
JOINT MEETING
June 15, 2023**

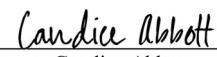
6. Recommendation:

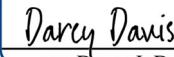
Staff recommends the Board set a proposed tentative millage rate of 0.6761 mills.

Approved for Legal sufficiency:

DocuSigned by:

Bernabe Icaza
OCB#000004824
VP & General Counsel

DocuSigned by:

Candice Abbott
FCB#000004824
VP & Chief Financial Officer

DocuSigned by:

Darcy Davis
77A3Baa3941D Davis
Chief Executive Officer