



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

BOARD OF DIRECTORS

June 24, 2020

12:45 P.M.

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

BOARD OF DIRECTORS MEETING
AGENDA
June 24, 2020
Zoom Webinar Meeting

Remote Participation Login: <https://tinyurl.com/yda3vnks>

or

DIAL +1 (646) 558 8656 ; Meeting ID: 550 789 5592; Access number: 946503

1. Call to Order – James Elder, Chair

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

2. Agenda Approval

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

3. Awards, Introductions and Presentations

4. Disclosure of Voting Conflict

5. Public Comment*

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of May 27, 2020. [Pages 1-20]

7. Consent Agenda – Motion to Approve Consent Agenda Items

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

A. ADMINISTRATION

- 7A-1 **RECEIVE AND FILE:**
June 2020 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/resources/public-meetings>

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

7A-2 RECEIVE AND FILE:

Attendance tracking. [Page 21]

7A-3 Staff recommends a MOTION TO APPROVE

Compliance Policy Updates. [Page 22-39]
(Leticia Stinson)

B. FINANCE

7B-1 RECEIVE AND FILE:

C. L. Brumback Primary Care Clinics Financial Report April 2020.
(Joel Snook) [Pages 40-58]

8. Regular Agenda

A. ADMINISTRATION

8A-1 Staff recommends a MOTION TO APPROVE:

Bylaws Updates.
(Dr. Belma Andric) [Pages 59-84]

8A-2 Staff recommends a MOTION TO APPROVE:

Election of Officers and Committee Appointments.
(Thomas Cleare) [Pages 85-86]

B. EXECUTIVE

8B-1 RECEIVE AND FILE:

Executive Director Informational Update.
(Dr. Belma Andric) [Pages 87-88]

C. CREDENTIALING

8C-1 Staff Recommends a MOTION TO APPROVE:

Licensed Independent Practitioner Credentialing and Privileging – Charmaine Chibar, MD; Eleanore Millien, APRN; Yasmine Zangeneh, DMD; Ana Ferwerda, MD; Daniel Perez, MD
(Dr. Belma Andric) [Pages 89-91]

8. Regular Agenda (cont.)

D. OPERATIONS

8D-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report.
(Dr. Hyla Fritsch) [Pages 92-93]

8D-2 **Staff Recommends a MOTION TO APPROVE:**
Patient Relations Dashboard Report.
(David Speciale) [Pages 94-96]

E. QUALITY

8E-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report.
(Dr. Ana Ferwerda) [Pages 97-104]

9. VP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Closed Risk Meeting [Under Separate Cover]

12. Establishment of Upcoming Meetings

July 29, 2020 (Zoom)

12:45pm Board of Directors

August 26, 2020 (TBD)

12:45pm Board of Directors

September 30, 2020 (TBD)

12:45pm Board of Directors

October 28, 2020 (TBD)

12:45pm Board of Directors

November 25, 2020 (TBD)

12:45pm Board of Directors

December 16, 2020 (TBD)

12:45pm Board of Directors

13. Motion to Adjourn

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

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

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
05/27/2020**

Present: James Elder, Chairperson; Mike Smith, Treasurer; John Casey Mullen; Melissa Mastrangelo; Tammy Jackson-Moore; Julia Bullard;

Excused: Irene Figueroa, Secretary; Lisa Strickland; Susan Foster, Marjorie Etienne

Absent:

Staff: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, CMO, VP & Executive Director of Clinical Services; Valerie Shahriari, General Counsel; Joel Snook, VP & Chief Financial Officer; Dr. Hyla Fritsch, Director of FQHC Practice Operations; Shauniel Brown, Risk Manager; Dr. Ana Ferwerda, Director of Women's Health & Medical Director; Nancy Stockslager, Chief Information Officer; Thomas Cleare, Assistant Vice President, Planning & Community Engagement; Robin Kish, Director of Community Engagement; Andrea Steele, Director of Corporate Quality ; Martha Hyacinthe, Director of Corporate Risk; Lisa Sulger, Public Records Manager; Heidi Bromley, Executive Assistant to the CEO

Minutes Transcribed By: Jonathan Dominique

Meeting Scheduled For 12:45 PM

Meeting Began at 12:45 PM

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Elder called the meeting to order.	The meeting was called to order at 12:45pm
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission		
2. Agenda Approval	Mr. Elder called for an approval of the meeting agenda.	VOTE TAKEN: Mr. Mullen made a motion to approve the agenda with the deletion. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.
2A. Additions/Deletions/ Substitutions	Dr. Belma Andric requested that item 9A-1 be removed from the agenda as it was added in error.	

	<p>staff, dates testing sites opened, and implementation of Telemedicine. Dr. Andric also presented data collected from all of the testing sites, including demographics, number of tests provided, and a breakdown of test results. Dr. Andric also went over Clinic Reopening Plans and the goal of Defusing density while adjusting to this new normal. As part of this, goal, the clinics will be implementing the use of the Phreesia registration module and the Parking Lot Waiting Room. In this module we are also able to conduct COVID-19 screenings to the patients before they come in for their appointment. We now have a New Mobile Clinic named "SCOUT" it was made possible in part by a \$500,000 Grant from Palm Beach County. Along with SCOUT will be another "big" bus as <i>Hero</i>. They will join both join our first Mobile clinic aptly named <i>Warrior</i>. Mr. Smith asked about random testing being more representative of statistically significant population data. Dr. Andric explained that the ballpark is a good example of random testing, as there is no criteria for testing to be administered. Mr. Smith also asked about Contact Tracing and its importance. Dr. Andric informed the board that the Health Department has increased the number of tracers, and a lot of funding nationwide has gone to these projects. The process of tracing has less to do with the ill patient than it does with prevention of future spread. Mr. Smith asked about PPE availability. Dr. Andric assured Mr. Smith that the clinics are very careful with their PPE supply, and we have also received donations, there hasn't been an interruption in service due to shortage of supply. We have limited the number of non-emergency dental procedures conducted, as they require a lot of PPE, but emergency procedures are still conducted.</p>	
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4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes 6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of February 26, 2020	There were no changes or comments to the minutes dated February 26, 2020	VOTE TAKEN: Mr. Mullen made a motion to approve the Board meeting minutes of February 26, 2020 as presented. The motion was duly seconded by Mr. Smith. A vote was called, and the motion passed unanimously.
7. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the consent agenda as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: May 2020 Internet Posting of District Public Meeting	The meeting notice was posted.	Receive & File. No further action necessary.
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Receive & File. No further action necessary.
7A-3. Staff Recommends a MOTION TO APPROVE: Conflict of Interest Policy Update.	The Compliance Department reviewed and revised the Conflict of Interest Policy to concretely demonstrate to employees and the community the Health Care District's strong commitment to honest and responsible provider and corporate conduct; ensure consistent processes, structures, and ongoing compliance; and to keep employees and the District current with regulatory and industry best practices.	Motion referenced above, no further action necessary.

	The Policy addressing Conflict of Interest, recently updated, was presented to the Board for approval & adoption.	
7A-4. Staff Recommends a MOTION TO APPROVE: Quality Care Transitions Policy	<p>Transition from the inpatient (hospital setting) to home often results in poor care coordination, including communication lapses between inpatient and outpatient (a setting other than a hospital) providers; intentional and unintentional medication changes; incomplete diagnostic work-ups and inadequate patient, caregiver and provider understanding of diagnoses, medication and follow-up needs.</p> <p>The Health Care District of Palm Beach County works with health plans along with the C.L. Brumback Clinics to systematically identify patients with unplanned hospital admissions and/or emergency department visits. This is done to improve delivery and coordination of care by performing post-hospital and/or ED visit follow-up for examination of the admission and discharge processes to prevent re-hospitalization, ED Visits and other poor health outcomes as demonstrated in the Quality Care Transitions Policy.</p> <p>The policy was recommended for approval.</p>	Motion referenced above, no further action necessary.
7A-5. Staff Recommends a MOTION TO APPROVE: Telemedicine Policy Update	C. L. Brumback Primary Care Clinics have contracted with Certintell to provide additional telemedicine licenses for all medical providers. The Telemedicine Policy, amended to include medical services was recommended for approval.	Motion referenced above, no further action necessary.
7A-6. Receive & File: Board Member Transition	Gary Butler is transitioning off the C.L. Brumback Primary Care Clinics Board subsequent to the change in the requirements for Health Care District subsidiary Board and Committee Memberships. The change aligns with the requirements to serve on the Health Care District Board, including the requirement to reside in Palm Beach County.	Receive & File. No further action necessary.

	<p>Consistent with the District Clinics Holdings, Inc. Bylaws, Section 9.2(a), the Board has the following requirements to fill the open Board position.</p> <p>9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing or to replace any member whose Term is ended, will be as follows:</p> <p>a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee. The newly elected member will serve for the unexpired term of the Member position being filled and shall be eligible to seek reappointment upon expiration of such term.</p>	
7B. FINANCE		
7B-1 Receive & File: C. L. Brumback Primary Care Clinics Financial Report – March 2020	The Year To Date March 2020 financial statements for the District Clinic Holdings, Inc. are presented for Board review. Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation.	Receive & File. No further action necessary.

7C. CREDENTIALING**7C-1. Staff Recommends a MOTION TO APPROVE:**
Revised General Dentistry Delineation of Privileges

The agenda item represents the General Dentistry Delineation of Privileges which was revised to include Collection of Specimens for Pathologic exams (Oropharyngeal/nasopharyngeal). In response to the COVID-19 National Pandemic and State of Emergency declared by the Governor of Florida, the C.L. Brumback Primary Care Clinics utilized staff Dentists to support the testing efforts. The Revised general Dentistry Delineation of Privileges was presented to the board for approval.

Motion referenced above, no further action necessary.

8. REGULAR AGENDA**8A. ADMINISTRATION****8A-1. Staff Recommends a MOTION TO APPROVE:**
Sliding Fee Discount Program Evaluation

Dr. Hyla Fritsch presented the C. L. Brumback Primary Care Clinics phone survey of each level of the Sliding Fee Scale by asking patients the following questions:

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

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

VOTE TAKEN: Mr. Mullen made a motion to approve the Sliding Fee Discount Program Evaluation. The motion was duly seconded by Ms. Jackson-Moore. A vote was called, and the motion passed unanimously.

8A-2. Staff Recommends a MOTION TO APPROVE:
Change in Scope – Provide Portable Clinical Care

The Clinics would like to have authorization from the board to update Form 5C Activity: Portable Clinical Care. The C. L. Brumback Primary Care Clinics is respectfully requesting approval to update the Portable Clinical Care

VOTE TAKEN: Mr. Mullen made a motion to approve the Change in scope to Provide Portable Clinical Care. The motion was duly seconded by Mr. Smith. A vote was

	Activity description to include infectious disease response in collaboration with the County: <i>Conduct routine outreach activities that include basic medical care, assessments, coordination of care (case management), insurance eligibility assistance and infectious disease (e.g. COVID-19), screening, testing, mitigation and vaccination.</i> The staff recommended the change in scope for approval.	called, and the motion passed unanimously.
8A-3. Staff Recommends a MOTION TO APPROVE: Change in Scope – Administrative Site / Employee Health	Clinic staff requested the authorization to update Form 5B: C. L. Brumback Primary Care Clinics Administrative Site to allow this to be a service delivery site for employee health. The C. L. Brumback Primary Care Clinics submitted a temporary change in scope to request 90-day provisional approval to update the Administrative Site to become a service delivery site on 5/6/2020. We would also like to respectfully request this be a permanent Change In Scope since it is anticipated that employee health will need for the foreseeable future and to update the name to be C. L. Brumback Primary Care Clinics Administrative Site/Employee Health. The Change in scope was presented for approval.	VOTE TAKEN: Mr. Smith made a motion to approve the request for Change in Scope allowing the C.L. Brumback Administrative site to be a delivery site for employee health. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
8A-4. Staff Recommends a MOTION TO APPROVE: Change in Scope – Mobile 2 Clinic	Staff requests the board's authorization to permanently add a new site to Form 5B: C. L. Brumback Primary Care Clinics – Mobile 2 Clinic. The C. L. Brumback Primary Care Clinics submitted a temporary change in scope to request 90-day provisional approval to add a second Mobile Clinic to our service sites. On our first day operating this mobile clinic, we were able to see 270 patients. We would also like to respectfully request this be a permanent Change In Scope as we expect to keep this second Mobile Clinic for the foreseeable future.	VOTE TAKEN: Ms. Bullard made a motion to approve the Change in Scope. The motion was duly seconded by Mr. Mullen and the motion passed unanimously.
8A-5 . Receive & File: Summary of Privacy and HIPAA Security Activities	The purpose of this summary is to provide an overview of Privacy Program activities and work plan. The Office of Inspector General (OIG) recommends reporting on a regular basis to the governing body, CEO, and Board with regard to planning, implementing, and monitoring the compliance and privacy programs. Reporting these	Receive & File. No further action necessary.

	activities helps to establish methods to improve the District's efficiency and quality of services, and to reduce the District's vulnerability to fraud, waste, and abuse.	
8A-6. Staff Recommends a MOTION TO APPROVE: Bylaws Updates	<p>Thomas Cleare, AVP of Planning and Community Engagement, informed the board members on the updates to the District Clinic Holding, Inc., specifically the changes outlined in the following section of the Bylaws:</p> <p>Section 14 – Amendments</p> <p>These By-Laws may be amended or repealed by a vote from the majority of the total membership of the Governing Board. Proposed changes to the By Laws must be submitted to the Board at a regularly scheduled meeting and voted on at the succeeding regularly scheduled meeting. Changes in the By Laws are subject to approval by the Governing Board, Health Care District of Palm Beach County, and the Regional Office of the Department of Health and Human Services.</p> <p>The following three proposed changes are recommended:</p> <ol style="list-style-type: none"> Section 8 – Membership Composition <ul style="list-style-type: none"> 8.6 Non-User Board members must live or work in one of the clinic's service areas. Section 10 – Officers <ul style="list-style-type: none"> 10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. <u>If there is a declared state of emergency</u> 	VOTE TAKEN: Mr. Smith made a motion to approve the updates to the Bylaws. The motion was duly seconded by Mr. Mullen and the motion passed unanimously.

	<p><u>declared at the local, state, or federal level that impacts the Clinics, the election of officers will be postponed until the meeting following the end of the state of emergency.</u></p> <p>3. Section 12 – Meeting</p> <p>12.7 <u>If an Executive Order, Florida Statute, or Attorney General opinion permits the ability to meet remotely due to a public emergency, the Board will adjust their meetings accordingly.</u></p> <p>After presenting the proposed changes at this meeting, they will be brought back to the next regularly scheduled meeting where they will receive a final vote for approval.</p> <p>Mr. Smith asked why the language in section 10.1 say that the meeting ‘will be postponed’ as opposed to ‘may be postponed’. Ms. Shahriari explained that depending on the situation variations of ‘may’, ‘shall’, or ‘will’ could work. She suggested the change be <u>‘If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed’</u>. The updates to the bylaws were presented for approval.</p>	
<p>8A-7. Staff Recommends a MOTION TO APPROVE: Postponement of Annual Election of Officers.</p>	<p>The Clinic Board Bylaws require the election of officers at the Annual Meeting of the Board each May. This agenda item presents the Board with a recommendation to postpone the election of officers until after the State of Emergency has passed. The postponement will allow the current officers to remain in their role so there is no disruption or leadership change in the middle of the emergency situation. As soon as the emergency has passed, the Board will hold the election of officers.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the postponement of Annual election of offers in the event of a state of emergency. The motion was duly seconded by Mr. Smith, and the motion passed unanimously.</p>

	<p>The previous agenda item recommends a change to the Bylaws that will automatically postpone the election of officers during a declared state of emergency for future emergency situations. The election of officers will be postponed until the next clinics board meeting. The Postponement of Annual Election of Officers was presented for approval.</p>	
<p>8A-8. Staff Recommends a MOTION TO APPROVE: New Governance Board and Committee Membership Policy and Procedure</p>	<p>The Health Care District approved a new Governance Policy and Procedure that included criteria to align the Committee and Board Memberships with the same criteria as the Health Care District Board Members. The new Policy and Procedures included a new Questionnaire and updated Application.</p> <p>The Health Care District currently has the following subsidiary boards and Committees:</p> <ul style="list-style-type: none"> • CL Brumback Primary Care Clinics Board (District Clinic Holdings) • Lakeside Health Advisory Board • Finance and Audit Committee • Quality, Patient Safety and Compliance Committee <p>The Health Care District's enabling legislation identifies a formal process for appointment to the Health Care District Board of Commissioners. With the exception of the Director of the Palm Beach County Health Department, applicants for the District Board must go through a screening process by either the Governor's Office or the Palm Beach County Board of Commissioners.</p> <p>Given the sensitive and unique nature of the business that the Health Care District and CL Brumback Primary Care Clinics undertake, it is necessary to formalize the appointment process for members of the supportive boards and committees.</p>	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve The New Governance Board and Committee Membership Policy and procedure. The motion was duly seconded by Mr. Mullen and the motion passed unanimously.</p>

	<p>A new application, questionnaire and policy are developed to reflect the same standard required to serve on the Health Care District Board along with recommendations for participants in Federal Health Care Programs to screen applicants through the Office of Inspector General List of Excluded Individuals and Entities. The new screening process applies to all current and future board and committee members. The New Governance Board and Committee Membership Policy and Procedure was presented for approval.</p>	
<p>8A-9. Staff Recommends a MOTION TO APPROVE: Clinic Privacy Taskforce Action Item</p>	<p>Staff recommends that the Clinics Board reverse their previous action to create an employee-led task force to address a privacy concern. The C.L. Brumback Primary Care Clinics Board approved a motion to create an employee-led Patient Privacy task that reports to the Board during February 25, 2020 as a follow up to the privacy comment posed during the January 29, 2020 Board meeting. The motion was presented and approved during the February 25, 2020 meeting. A presentation of the Health Care District's Corporate Privacy function was presented at this meeting today. The Privacy function exists to address all privacy concerns and allegations and conduct investigations across all Health Care Districts entities. This department serves as a corporate resource, which supports District Clinic Holdings, Inc. through a long-term contract as part of the ongoing relationship with the Health Care District. This department functions to react independently to privacy concerns across all entities in the organization. Currently this department reports to the CEO and to the Quality, Patient Safety and Compliance Committee. Regarding the previously reported Lantana issue, the Privacy team conducted an unannounced walk through and assessment for improvement opportunities. We noted that the area(s) in registration could be enhanced to include noise-cancelling devices and /or increase the height of the soft walls. Partitions were added in one space and noise-cancelling devices were added in another since we cannot make modifications to this space</p>	<p>VOTE TAKEN: Mr. Smith made a motion to approve the Reversal of the previous action taken to develop a separate employee led Privacy Taskforce. The motion was duly seconded by Mr. Mullen and the motion passed unanimously.</p>

	<p>due to coordinated space considerations with DOH to improve patient privacy. Other, specific issues of concern related to clinic matters will also be brought to this governing body. Staff recommended the board approve.</p>	
<p>8A-10. Staff Recommends a MOTION TO APPROVE: Pharmacy Sublicense Agreement</p>	<p>This agenda item presents the Board with a Sublicense Agreement between District Clinic Holdings, Inc. and Health Care District of Palm Beach County. The Sublicense Agreement allows for District Clinic Holdings, Inc. to charge Health Care District of Palm Beach County for utility fees along with a usage fee inclusive of common area maintenance in regards to the pharmacy space located within the Belle Glade clinic at 39200 Hooker Highway, Belle Glade, FL 33430.</p> <p>Health Care District pharmacy currently utilizes 295 sq. ft. of office space and the revenue to the Clinics is as follows:</p> <p><u>Usage Revenue:</u> \$5,310.00 per year at \$18.00 per sq. ft. which includes Common Area Maintenance charges (CAM); usage fee will increase 3% annually beginning the second year.</p> <p><u>Utility Revenue:</u> Utility fees will be calculated at 0.2% of the annual gross amount paid by District Clinic Holdings, Inc.</p> <p>The Pharmacy sublicense agreement was presented for approval.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Pharmacy Sublicense Agreement. The motion was duly seconded by Mr. Smith and the motion passed unanimously.</p>
<p>8A-11. Staff Recommends a MOTION TO APPROVE: Second Amendment to License Agreement</p>	<p>This agenda item presents the Board with the Second Amendment to the License Agreement between District Clinic Holdings, Inc., d/b/a C.L. Brumback Primary Care Clinics, and District Hospital Holdings, Inc. d/b/a Lakeside Medical Center. The two parties DCHI and DHHI entered into a License Agreement on or about April 17, 2019, and Agreed to a First amendment on or about May 9, 2019.</p>	<p>VOTE TAKEN: Mr. Elder made a motion to approve the Second Amendment to the License agreement between DCHI and DHHI. The motion was duly seconded by Mr. Mullen and the motion passed unanimously.</p>

	<p>The Second amendment applies to Section 4, calling for the extension of the agreement for an additional twelve (12) Months. At the end of this twelve (12) month period, the agreement will renew for one (1) year periods unless terminated earlier in accordance with the term of this agreement. Except for the changes mentioned, all other provisions of the agreement will remain unchanged. The second amendment to the License agreement was presented for approval.</p>	
8B. EXECUTIVE		
<p>8B-1. Receive & File: Executive Director Informational Update</p>	<p>Dr. Belma Andric, VP & Executive Director, provided the following updates:</p> <p>Grant Awards</p> <p>Since March of 2020 we have received three HRSA grant awards in response to the COVID-19 Pandemic:</p> <ol style="list-style-type: none"> 1. H8CCS35088: COVID-19 Response - \$146,708.00 2. H8DCS36001: Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding (CARES) Response - \$2,058,425.00. Extended to community health centers across the country. 3. H8ECS37839: FY 2020 Expanding Capacity for Coronavirus Testing - \$794,089.00 <p>These grant funds will definitely play a large part in keeping us operating while patient volumes are lower than usual.</p> <p>Telehealth</p> <p>Started a Pilot of The Certintell telehealth platform as well as Phreesia paperless registration software over the course of the past several weeks in anticipation of the “new normal” for clinic operations. This will include fewer in-person appointments and more telemedicine appointments while focusing on COVID-19 testing.</p>	<p>Receive & File. No further action necessary.</p>

	Employee Health As mentioned before we have launched the employee health program to help monitor Team-member symptoms, and employee testing for purpose of risk mitigation, avoiding illness spreading at our worksites.																													
8C. Credentialing and Privileging																														
8C-1. Staff Recommends a MOTION TO APPROVE: Modification of General Dentistry Clinical Privileges	<p>The agenda item represents the practitioner(s) recommended by the Dental Director for modification of their current General Dentistry privileges to include Collection of Specimens for Pathologic exams (Oropharyngeal/nasopharyngeal). The practitioner(s) listed below meet the qualifications to perform Collection of Specimens for Pathologic exams (Oropharyngeal/nasopharyngeal) documented by the practitioner’s education, training and experience.</p> <table><tr><th>Last Name</th><th>First Name</th><th>Credentials</th><th>Specialty</th></tr><tr><td>Alonso</td><td>Zenaida</td><td>DDS</td><td>General Dentistry</td></tr><tr><td>Alwehaib</td><td>Arwa</td><td>DDS</td><td>General Dentistry</td></tr><tr><td>Cucuras</td><td>John</td><td>DDS</td><td>General Dentistry</td></tr><tr><td>Kaloglian Silva</td><td>Michelle</td><td>DDS</td><td>General Dentistry</td></tr><tr><td>Oliveira</td><td>Paulo</td><td>DDS</td><td>General Dentistry</td></tr><tr><td>Seminario</td><td>Ada</td><td>DDS</td><td>General Dentistry</td></tr></table>	Last Name	First Name	Credentials	Specialty	Alonso	Zenaida	DDS	General Dentistry	Alwehaib	Arwa	DDS	General Dentistry	Cucuras	John	DDS	General Dentistry	Kaloglian Silva	Michelle	DDS	General Dentistry	Oliveira	Paulo	DDS	General Dentistry	Seminario	Ada	DDS	General Dentistry	VOTE TAKEN: Mr. Smith made a motion to approve the modification of general dentistry clinical privileges as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.
Last Name	First Name	Credentials	Specialty																											
Alonso	Zenaida	DDS	General Dentistry																											
Alwehaib	Arwa	DDS	General Dentistry																											
Cucuras	John	DDS	General Dentistry																											
Kaloglian Silva	Michelle	DDS	General Dentistry																											
Oliveira	Paulo	DDS	General Dentistry																											
Seminario	Ada	DDS	General Dentistry																											
8C-2. Staff Recommends a MOTION TO APPROVE	<p>The LIP(s) listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging</p>	VOTE TAKEN: Mr. Mullen made a motion to approve the re-credentialing and renewal privileges of the LIP(s) as presented. The motion was duly seconded by Mr. Smith. A																												

Licensed Independent Practitioner Credentialing and Privileging – LIP(s)	process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:				vote was called, and the motion passed unanimously.	
	<ul style="list-style-type: none">• Current licensure, registration or certification• Relevant education, training and experience• Current clinical competence• Health fitness, or ability to perform the requested privileges• Malpractice history (NPDB query)• Immunization and PPD status; and• Life support training (BLS)					
	Last Name	First Name	Degree	Specialty		Credentialing
	Colombo	Salvatore	DMD	Pediatric Dentistry		Initial Credentialing
	Silver	Dawn	PhD	Clinical Psychology		Initial Credentialing
<p>Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.</p> <p>The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director and Dental Director to support the credentialing and privileging process.</p> <p>Salvatore Colombo, DMD, is joining the West Palm Beach Clinic specializing in Pediatric Dentistry. He attended Nova Southeastern University and completed his residency at the Eastman Institute for Oral Health, University of</p>						

	<p>Rochester. Dr. Colombo is a certified in Pediatric Dentistry by the American Board of Pediatric Dentistry. He has been in practice for nine years and is fluent in Italian and Spanish.</p> <p>Dawn Silver, PhD, is joining the Mangonia Park Clinic specializing in Clinical Psychology. She attended Pennsylvania State University and completed her postdoctoral residency at Florida Atlantic University. Dr. Silver has been in practice for over ten years.</p>	
8D. OPERATIONS		
<p>8D-1. Staff Recommends a MOTION TO APPROVE: Operations Reports – May 2020</p>	<p>Dr. Hyla Fritsch, Director of Clinical Operations and Pharmacy Services, presented the following report: The COVID-19 dashboard began on 3/16/2020 and is provided through 4/30/2020 for your review. As can be seen in the dashboard, we had tested almost 15,000 patients over the course of 6 weeks. Although the majority of the testing has occurred at the FITTEAM Ballpark in conjunction with the County and State of Florida, we are also supporting testing of EMS and essential workers at our Lantana location. The Call Center Statistics show the number of calls since we began tracking on 3/28/2020 has migrated to the Clinics. As can be seen in the dashboard, there have been almost 100,000 by approximately 40,000 unique numbers. Dr. Fritsch also shared her admiration for the HCD teams that were involved in the COVID-19 operations went above and beyond and were able to adapt and attack any and every challenge presented to them.</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the May Operations Report as presented. The motion was duly seconded by Ms. Bullard. A vote was called, and the motion passed unanimously.</p>
8E. Quality		

<p>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</p>	<p>Dr. Ana Ferwerda, Medical Director and Director of Women’s Health Presented the following:</p> <p><u>PATIENT SAFETY & ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.</p> <p><u>PATIENT SATISFACTION & GRIEVANCES</u> No updates</p> <p><u>QUALITY ASSURANCE & IMPROVEMENT</u> UDS 2019 was submitted on 2/14/2020.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u></p> <p>The Health Center continues to focus on eliminating barriers to care and has instituted POC diabetes testing. We have begun universal screening for social determinants of health in order to improve outcomes.</p> <p>Mr. Smith asked what the difference was between migratory and seasonal workers. Dr. Ferwerda answered that Migratory workers are those who follow the crops so they work all over the country throughout the year. Whereas seasonal workers are local and only work during the season of the crop they harvest. Dr. Fritsch read the HRSA verbiage defining agricultural workers and the subcategories (migratory/seasonal). Dr. Andric stressed that we train frontline workers on these terms to make sure that we are properly serving these communities.</p> <p>Mr. Mullen thanked Dr. Ferwerda and her team for the excellent care provided when he brought someone in. Mr. Smith asked how telehealth is paying for the 40% of patients that do have insurance. Dr. Ferwerda explained that from the data she has seen so far, they are paying at their contracted rate for face-to-face visits. This allowed for a seamless transition into telehealth and billing for it. Mr.</p>	<p>VOTE TAKEN: Mr. Smith made a motion to approve the Quality Reports as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>
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	<p>Smith stated that he hopes this continues. Dr. Ferwerda agreed and said that this is important especially for patients that are vulnerable to catching COVID-19.</p>	
<p>9. CMO, VP and Executive Director of Clinical Services Comments</p>	<p>Dr. Andric stated that she really likes the Zoom Format. Mr. Smith asked if there has been any thought to returning to in-person meetings considering social distancing. Ms. Shahriari, General Counsel, explained that right now, in efforts to diffuse density, and the current recording situation, it would be impossible to socially distance.</p> <p>Ms. Darcy Davis, CEO, stated that none of the things the HCD has done to step up and support the community would have been possible without the leadership of the people on this call (Dr. Andric, Dr. Fritsch, Dr. Ferwerda, et al.). She also spoke on the flexibility of the team and their ability to do the impossible.</p> <p>Ms. Shahriari stated that we would be bringing back all decisions voted on over Zoom when the board is finally able to meet in person in order to ratify everything done during this time.</p>	<p>No action necessary.</p>
<p>10. Board Member Comments</p>	<p>Mr. Smith thanked the team for all that they are doing. Mr. Elder agreed stating that it is incredible the way everyone has stepped up and been at the top of their game during this crisis.</p> <p>Mr. Mullen thanked Dr. Andric for her leadership.</p>	<p>No action necessary.</p>
<p>12. Establishment of Upcoming Meetings</p>	<p><u>June 24, 2020 (Zoom Webinar)</u> 12:45pm Board of Directors</p>	<p>No action necessary.</p>

	<u>July 29, 2020 (TBD)</u> 12:45pm Board of Directors <u>August 26, 2020 (TBD)</u> 12:45pm Board of Directors <u>September 30, 2020 (TBD)</u> 12:45pm Board of Directors <u>October 28, 2020 (TBD)</u> 12:45pm Board of Directors <u>November 25, 2020 (TBD)</u> 12:45pm Board of Directors <u>December 16, 2020 (TBD)</u> 12:45pm Board of Directors	
13. Motion to Adjourn	There being no further business, the meeting was adjourned at 3:04pm	Ms. Jackson-Moore made a motion to adjourn and seconded by Ms. Mastrangelo. The meeting was adjourned.

Minutes Submitted by: _____
Signature Date

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

Attendance Tracking

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

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

1. Description: Compliance Policy Updates

2. Summary:

The Compliance Department reviewed Compliance policies in the first quarter of 2020

3. Substantive Analysis:

The Compliance Department reviewed and revised the following compliance policies at the end of 2019 in order to concretely demonstrate to employees and the community the District's strong commitment to honest and responsible provider and corporate conduct; ensure consistent processes, structures, and ongoing compliance; and to keep employees and the District current with regulatory and industry best practices.

- Standards of Conduct
- Social Media Policy
- Sanction Screening

These policies are attached for reference.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook
VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

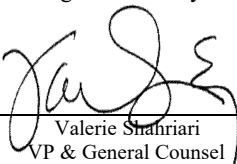
5. Reviewed/Approved by Committee:

<u>N/A</u>	
Committee Name	Date Approved

6. Recommendation:

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

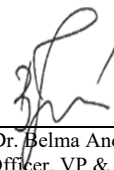
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Deborah Hall
VP & Chief Compliance & Privacy Officer



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

Standards of Conduct Policy

Policy #:	HCDCOM150	Effective Date:	01/16/2013
Business Unit:	HCD Shared Policies	Last Review Date:	2/24/2020
Approval Group:	HCD Compliance Policy	Document Owner(s):	Compliance
Board Approval Date:	01/16/2013, 3/12/2020		

PURPOSE

The purpose of this policy is to describe the distribution and intended use for the District's Standards of Conduct.

SCOPE

This procedure applies to all workforce, Board and Committee members of the Health Care District of Palm Beach County and its affiliates (the "District") including Lakeside Medical Center, E.J. Healey Center, School Health, C.L. Brumback Primary Care Clinics, Pharmacy, Trauma and Managed Care.

DEFINITIONS

Standards of Conduct – within a business, the standards or code of conduct govern how workforce members are expected to carry out their assigned duties and obey relevant laws and regulations that govern the business.

POLICY

The District will maintain and periodically update its Standards of Conduct to provide workforce, Committee and Board members guidance regarding the professional and legal conduct expected in the performance of their assigned duties and responsibilities. The Standards of Conduct is available on the District's website. All new employees will review the Standards, and sign an acknowledgement that they have read and understand the Standards, during their new hire orientation and again each time a new version is published. A Standards of Conduct booklet will be provided to all Committee and Board members at the time of their appointment and again each time a new version is published.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	
----------------------------	--

Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

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

Standards of Conduct Policy

Procedure #:	HCDCOM150	Effective Date:	3/12/2020
Business Unit:	HCD Shared Policies	Last Review Date:	
Approval Group:	HCD Compliance Policy	Document Owner(s):	

PROCEDURE

1. The Quality, Patient Safety and Compliance Committee and the Board of Directors will be responsible for oversight and final approval of the Standards of Conduct.
2. The Standards of Conduct will be written in at a basic reading level and avoid complex language.
3. The Standards of Conduct will address the following topics related to health care compliance:
 - a) The District's mission and values
 - b) Quality of Care
 - c) Compliance with laws and regulations including, but not limited to fraud, abuse, and waste
 - d) Billing and Coding
 - e) Use of information, property and assets
 - f) Conflicts of Interest including, but not limited to procurement provisions to protect federal awards
 - g) Obligation to report suspected violations
 - h) Reporting options and non-retaliation policy
 - i) Responsibilities of management and employee
4. The Standards of Conduct will be distributed to Committee and Board Members, Executive Management, employees and other applicable parties. Copies will be provided to all new employees as part of their orientation. Recipients will sign a statement acknowledging:
 - a) Receipt and Understanding
 - b) Agreeing to abide by its provisions
5. All employees will receive training regarding the Standards of Conduct and related policies and procedures to help them understand how they apply to their work situations. Refer to HIPAA, Compliance and Privacy Training policies for additional information. The Chief Compliance and Privacy Officer and/or Human Resources will ensure that documentation is maintained to evidence those individuals who have received such training and education.
6. All employees have the opportunity to review the Standards, sign the acknowledgment and complete training online. All others will be provided with corresponding paper or electronic documents in order to comply with the requirements of this policy.

7. The Chief Compliance and Privacy Officer will investigate all suspected and reported violations of the Standards and ensure appropriate corrective and disciplinary action is taken as necessary.

RESPONSIBILITY

Employee Responsibilities

1. Ask questions; seek guidance, report violations and express concerns regarding compliance with this policy to your direct supervisor, the Human Resources Department or the Chief Compliance Officer.
2. Abide by the District's Standards of Conduct.

Department Directors/Managers/Supervisors Responsibilities

1. Create a work environment in which ethical and legal concerns can be raised and openly discussed without fear of retaliation or retribution.
2. Consult with Human Resources and the Chief Compliance and Privacy Officer regarding suspected violations of Standards of Conduct and assist in the investigation if requested to do so.
3. Monitor compliance.

Human Resources Responsibilities

1. Observe the standards of our professions and exercise judgment and objectivity.
2. Provide guidance and assist employees in complying with the District's expectations of ethical and legal business conduct and uncompromising values.
3. Assist supervisors/managers with investigations of violations of Standards of Conduct.
4. Notify Chief Compliance and Privacy Officer of suspected violations of the Standards of Conduct.

Compliance Office Responsibilities

1. Track and investigate suspected violations of the Standards of Conduct.
2. Provide education and guidance to workforce, Committee and Board members as appropriate.

RELATED DOCUMENTS

Related Policy Document(s)	
Related Forms	

Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

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Social Media

Policy #:	HCDPRIV225	Effective Date:	03/12/2020
Business Unit:	HCD Shared Policies	Last Review Date:	2/11/2020
Approval Group:	HCD Privacy Policy	Document Owner(s):	Compliance
Board Approval Date:	3/12/2020		

PURPOSE

The purpose of this policy is to provide workforce members who participate is social media with guidelines regarding appropriate participation in social media sites. Social media includes personal blogs and other websites, including, but not limited to Facebook, LinkedIn, Twitter, YouTube or others. These guidelines apply whether workforce members are posting to their own sites or commenting on other sites.

SCOPE

The scope of this policy includes all workforce members of the Healthcare District of Palm Beach County and its affiliates (the "District") who participate in social media by posting to their own sites or commenting on other sites.

POLICY

Any workforce member who participates in social media either, as an employee or an individual on their own time, must follow all relevant policies and procedures of the District. For example, workforce members must not share confidential or proprietary information about the company and you must maintain patient privacy at all times. Among the policies that are most pertinent include those dealing with Confidential Information and Data Security and Authorized Uses and Disclosures of Protected Health Information (PHI).

Workforce members who violate the policy's guideline may be subject to disciplinary action, up to and including termination. In addition, violations of the privacy or security requirements of the Health Insurance Portability and Accountability Act (HIPAA) may subject both you as an individual and the District to fines up to \$1.5 million.

EXCEPTIONS

N/A

RELATED DOCUMENTS

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

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

Social Media

Procedure #:	HCDPRIV225	Effective Date:	3/12/2020
Business Unit:	HCD Shared Policies	Last Review Date:	
Approval Group:	HCD Privacy Policy	Document Owner(s):	Compliance

PROCEDURE

The following guidelines should be followed whenever you participate in social media as an employee or an individual.

1. You should never post any content that includes individually identifiable personal health information including patient images on any Social Media Site. You are also prohibited from using Social Media to provide medical advice or medical commentary by non-physicians or to use the Social Media Site to make, recommend or increase referrals to physicians.
2. You should never violate any local, state, federal and international laws and regulations, including but not limited to copyright and intellectual property rights laws regarding any content that you send or receive or transmit any material (by uploading, posting, email or otherwise) that is unlawful, disruptive, threatening, profane, abusive, harassing, embarrassing, tortuous, defamatory, obscene, libelous, or is an invasion of another person's privacy, is hateful or racially, ethnically or otherwise objectionable.
3. Write in the first person. Where your connection to the District is apparent, make it clear that you are speaking for yourself and not on behalf of The District. In those circumstances, you should include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer." Consider adding this language in an "About me" section of your blog or social media profile.
4. If you identify your affiliation to the District, your social media activities should be consistent with the District's high standards of professional conduct.
5. If you communicate in the public internet about the District or District-related matters, you must disclose your connection with the District and your role at the District or one of its affiliated entities.
6. Be professional. Use good judgment and be accurate and honest in your communications; errors, and omissions. Unprofessional language or behavior reflect poorly on the District, and may result in liability for either you or the District. Be respectful and professional to fellow employees, business associates, competitors and patients.
7. Ensure that your social media activity does not interfere with your work commitments.
8. The District strongly discourages "friending" of patients on social media websites. Staff in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.

9. The District discourages staff in management/supervisory roles from initiating “friend” requests with employees they manage. Managers/supervisors may accept friend requests if initiated by the employee, and if the manager/supervisor does not believe it will negatively impact the work relationship.
10. The District does not endorse people, products, services and organizations. Official District accounts should not be used to provide such endorsements. For personal social media accounts where your connection to the District is apparent, you should be careful to avoid implying that an endorsement of a person or product is on behalf of the District, rather than a personal endorsement. As an example, LinkedIn users may endorse individuals or companies, but may not use the District's name in connection with the endorsement, state or imply that the endorsement is on behalf of The District, or state specifically that the endorsement is based on work done at the District.
11. Unless approved by the Executive Leadership, your social media name, handle and URL should not include the District's name or logo.

Suspected violations of these guidelines should be reported immediately to the Chief Compliance and Privacy Officer for review and investigation.

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

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Sanction Screening Policy and Procedure

Policy #:	HCDCOM148	Effective Date:	1/16/2013
Business Unit:	HCD Shared Policies	Last Review Date:	3/3/2020
Approval Group:	HCD Compliance Policy	Document Owner(s):	Compliance
Board Approval Date:			

PURPOSE

To ensure that all employees, volunteers, students, medical staff, contractors, Board and Committee members, vendors and others with whom the District does business are properly screened for sanctions/exclusions and are authorized to participate in federal and state healthcare programs. Under federal law, no payment will be made by any federal health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity.

SCOPE

This policy applies to all workforce members of the Health Care District of Palm Beach County and its affiliates (the "District") including Lakeside Medical Center, the Edward J. Healey Rehabilitation and Nursing Center, C.L. Brumback Primary Care Clinics, School Health, Aeromedical, and Trauma.

DEFINITIONS

Workforce members: All employees, medical staff, physicians, students, volunteers, contractors, vendors and others such as Board and Committee members that may influence business decisions made by the organization.

List of Excluded Individuals/Entities (LEIE): The OIG established a program to exclude individuals and entities found to have violated federal law and/or regulations. The OIG has been granted a number of legal authorities under the Social Security Act to affect sanctions and maintains a List of Excluded Individuals and Entities (LEIE). The effect of an OIG exclusion from Federal health care programs is that no Federal health care program payment may be made for any items or services (1) furnished by an excluded individual or entity, or (2) directed or prescribed by an excluded physician (42 CFR 1001.1901). This payment ban applies to all methods of Federal program reimbursement, whether payment results from itemized claims, cost reports, fee schedules or a prospective payment system (PPS). Any items and services furnished by an excluded individual or entity are not reimbursable under Federal health care programs. In addition, any items and services furnished at the medical direction or prescription of an excluded physician are not reimbursable when the individual or entity furnishing the services either knows or should know of the

exclusion. This prohibition applies even when the Federal payment itself is made to another provider, practitioner or supplier that is not excluded.

General Services Administration (GSA) Sanction List: The GSA maintains the sanction list to provide a single comprehensive list of individuals and firms excluded by Federal government agencies from receiving federal contracts or federally approved subcontracts and from certain types of federal financial and nonfinancial assistance and benefits. The sanction list was created for information of and use by Federal agencies.

Medicaid State Sanction Data: Many states maintain their own database of individuals and entities they sanction. Several call for or require health care entities to screen against this list. This is in addition to not in lieu of screening against the Federal sanction information.

National Practitioner Data Bank (NPDB): The National Practitioner Data Bank (NPDB) is primarily an alert or flagging system intended to facilitate a comprehensive review of health care practitioners' professional credentials. The information contained in the NPDB is intended to direct discrete inquiry into, and scrutiny of, specific areas of a practitioner's licensure, professional society memberships, medical malpractice payment history, and record of clinical privileges. The information contained in the NPDB should be considered together with other relevant data in evaluating a practitioner's credentials; it is intended to augment, not replace, traditional forms of credentials review. Authorized parties to make NPDB inquiries and for reporting include state licensing boards, medical malpractice payers (authorized only to report to the NPDB), hospitals and other healthcare HOSPITALs, professional societies, and licensed healthcare practitioners (self-query only).

POLICY

1. The District will not employ or engage in a business relationship with anyone who is currently under sanction or exclusion by the Department of Health and Human Services Office of Inspector General (OIG) and any other duly authorized enforcement agency or licensing and disciplining authority.
2. The District shall not employ any individuals who have been recently convicted of a criminal offense related to healthcare or who are listed as excluded or otherwise ineligible for participation in federal healthcare programs.

3. The District shall remove individuals with direct responsibility for or involvement in any federal healthcare program, as well as those pending the resolution of any criminal charges or proposed exclusion sanction. Contractors under pending criminal charges shall be suspended from continued work until the matter is resolved in a Court of Law.

EXCEPTIONS

N/A

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

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

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Sanction Screening Policy and Procedure

Procedure #:	HCDCOM148	Effective Date:	1/16/2013
Business Unit:	HCD Shared Policies	Last Review Date:	
Approval Group:	HCD Compliance Policy	Document Owner(s):	

PROCEDURE

1. Prior to establishing employment or a business relationship with any individuals, medical professionals or entities, the District will screen them against the current List of Excluded Individuals and Entities (LEIE) of the OIG.
2. The District shall also screen on a monthly basis those individuals and entities with whom it has engaged or otherwise has a business relationship.
3. If it is determined upon reasonable due diligence that an individual or entity is listed as excluded by the OIG, the relationship shall be immediately terminated.
4. Prospective employees and vendors who have been officially reinstated into the Medicare and Medicaid programs by the OIG may be considered for employment, medical privileges or a contractual relationship upon proof of such reinstatement and a determination that there are no other impediments to such action.
5. The District shall screen all contractors, consultants, vendors, joint venture parties, and affiliates providing ancillary medically related services or products against the General Services Administration (GSA) System for Award Management (SAM) exclusion list. If it is determined that an individual or entity is under debarment, we shall follow the guidance offered by the GSA on their website and by CMS.
6. The following, or substantially similar language, shall appear on all applications for employment and medical staff privileges:
 - a. "Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? If yes, explain."

- b. "Have you been subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? If yes, explain."
7. A professional who is required to be licensed must agree/attest to notifying the District in writing within five (5) business days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a State Licensing Board taken or pending; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage."
8. All applications and contracts shall include a statement that the accuracy of all information provided is a condition of employment or contract, and that the provision of incorrect information is grounds for immediate termination of employment or contract. Applications and contracts will also include a statement that grants the right to verify all information provided in any employment application or contract agreement.
9. The District will exercise reasonable due diligence to verify that any party found on an exclusion list is the same individual or entity noted.
10. The Human Resource Department is responsible for carrying out this Policy as it relates to hiring of employees.
11. Credentialing committees are responsible for carrying out this Policy in granting staff privileges to medical personnel who are not employees.
12. The Purchasing/Procurement Office is responsible for carrying out this Policy as it relates to vendors and contractors.
13. The Chief Compliance and Privacy Officer is responsible for monitoring this Policy for compliance and reporting results quarterly to the Quality, Patient Safety and Compliance Committee of the Board, along with any recommendations for remedial actions or improvement to the program.

REFERENCES

42 U.S.C. §§1320a-7b (2006).
<http://frwebgate2.access.gpo.gov/cgibin/TEXTgate.cgi?WALSdocID=cEcmOi/0/1/0&WALSaction=retrieve>

Department of Health and Human Services Office of Inspector General. "Updated Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs." Special Advisory Bulletin. (9 May 2013). <<http://oig.hhs.gov/exclusions/files/sab-05092013.pdf>>

Centers for Medicaid and CHIP Services. "Migration of the Excluded Parties List System (EPLS) to the System for Award Management (SAM)." CMCS Informational Bulletin. (Aug. 1, 2012).

Centers for Medicare & Medicaid Services. State Medicaid Director Letter (SMDL #09-001). (Jan. 16, 2009).
<http://www.cms.gov/SMDL/downloads/SMD011609.pdf>

Department of Health and Human Services Office of Inspector General. "The Effect of Exclusion From Participation in Federal Health Care Programs." Special Advisory Bulletin. (Sept. 1999).
 <http://oig.hhs.gov/fraud/alerts/effect_of_exclusion.asp>

Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities. <<http://www.oig.hhs.gov/fraud/exclusions.asp>>

U.S. General Services Administration's System for Award Management.
 <www.sam.gov/portal/public/SAM/>

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

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



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DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
June 24, 2020

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

2. Summary:

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

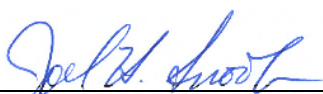
3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance Committee
Committee Name


6/24/2020
Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
June 24, 2020

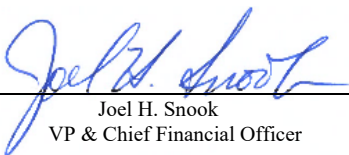
6. Recommendation:

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


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Joel H. Snook
VP & Chief Financial Officer



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

MEMO

To: Finance Committee

From: Joel H. Snook
VP & Chief Financial Officer

Date: May 15, 2020

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

The April statements represent the financial performance for the seven month of the 2020 fiscal year for C.L. Brumback Primary Care Clinics. Total YTD revenue was unfavorable to budget by (\$1.2M) due mostly to grant revenue timing and closure of clinics starting mid-March through April. Net patient revenue YTD was unfavorable to budget by (\$27k). The COVID-19 national emergency started mid-March and 9 clinics were closed to start countywide COVID-19 testing. Expenses before depreciation were over budget by (\$310k) or (2.1%) due mostly to negative variances in salaries and wages (\$193k), purchase services (\$113k), medical services (\$29k), and repair and maintenance (\$140k). Total YTD net margin was (\$8.4M) compared to budget of (\$7.0M) for a variance of (\$1.5M) or (21.5%).

The Medical clinics total YTD revenue was unfavorable to budget by (\$685k), this unfavorable variance resulted from grant revenue timing of (\$1.1M). Gross patient revenue under budget of (\$1.3M) or (11.8%) was a result of reduced clinic operation and closure from mid-March through April. During clinic closure, staff were reassigned to start countywide COVID-19 testing. Total operating expenses of \$12.9M were unfavorable to budget of \$12.4M by (\$467k) or (3.8%). This negative variance is mostly related to salaries and wages (\$231k), purchase services (\$98k), medical supplies (\$49k), medical services (\$29k) and repairs and maintenance (\$153k). Purchase services are unfavorable to budget due to higher collection fees from Athena. Medical supplies and medical services are unfavorable to budget due to unanticipated service use and supplies purchases. Repairs and maintenance is unfavorable to budget primarily due to unanticipated Allscripts software maintenance cost. Total YTD net margin of (\$7.4M) was unfavorable to budget of (\$6.2M) by (\$1.1M) or (18.1%).

The Dental clinics gross patient revenue was unfavorable to budget by (\$191k) or (7.7%). Total revenue of \$2.0M was under budget of \$2.5M by (\$522k) or (21.1%) due to grant revenue recognition timing, as well as reduced services. Total operating expenses of \$2.5M were favorable to budget by \$157k or 5.8% due mainly to combined salaries, wages, and benefits \$96k, medical supplies of \$40k, and repairs and maintenance \$14k. Total YTD net margin was (\$1.1k) compared to a budgeted loss of (\$727k) for a variance of (\$367k).

As of May 15, 2020, the District has been awarded \$3M in COVID-19 grants from HRSA (\$2.9M) and the CARES Act (\$50K) to make up for lost revenue related to the pandemic and to prevent, prepare, respond with increase healthcare capacity and staffing levels for COVID-19. These funds were appropriated under the HRSA and the CARES Act to cover health care related expenses or lost revenues that are attributable to coronavirus and to expand

testing and increase health care capacity. The District will recognize the \$3M in the coming months as revenue in accordance with grant recognition principles to cover for the lost revenue as visits significantly decreased in March and April 2020 due to the closure of clinics to comply with mandated social distancing guidelines. In addition, the District will also recognize part of the \$3M from HRSA which is an expenditure driven grant as the District has been incurring payroll and other expenses related to COVID-19 due to the implementation of countywide testing to respond to COVID-19. The District has established strong internal control systems to ensure compliance with grantor requirements.

On the Comparative Statement of Net Position, due from other governments increased to \$3.3M, due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$7.3M, and \$1.0M respectively for a combined subsidy of \$8.3M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Apr 30, 2020</u>	<u>Mar 31, 2020</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	(1,890,511)	(1,601,503)	\$ (289,008)
Accounts Receivable, net	1,508,927	1,971,780	(462,853)
Due From Other Funds	-	-	-
Due from Other Governments	3,272,427	2,286,371	986,056
Other Current Assets	165,469	209,996	(44,527)
Net Investment in Capital Assets	2,356,461	2,312,496	43,965
Total Assets	<u>\$ 5,412,773</u>	<u>\$ 5,179,140</u>	<u>\$ 233,632</u>
Liabilities			
Accounts Payable	288,605	270,929	17,675
Due To Other Governments	-	-	-
Deferred Revenue	89,700	38,198	51,502
Other Current Liabilities	2,142,952	2,076,036	66,916
Non-Current Liabilities	1,227,256	1,110,458	116,798
Total Liabilities	<u>3,748,512</u>	<u>3,495,621</u>	<u>252,891</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 543</u>	<u>\$ 543</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	2,356,461	2,312,496	43,965
Unrestricted	(692,744)	(629,520)	(63,223)
Total Net Position	<u>1,663,718</u>	<u>1,682,976</u>	<u>(19,258)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 5,412,773</u>	<u>\$ 5,179,140</u>	<u>\$ 233,632</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2020

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 160,855	\$ 2,024,064	\$ (1,863,209)	(92.1%)	\$ 2,020,946	\$ (1,860,091)	(92.0%)	Outpatient Revenue	\$ 11,780,383	\$ 13,236,737	\$ (1,456,354)	(11.0%)	\$ 12,952,875	\$ (1,172,493)	(9.1%)	
160,855	2,024,064	(1,863,209)	(92.1%)	2,020,946	(1,860,091)	(92.0%)	Gross Patient Revenue	11,780,383	13,236,737	(1,456,354)	(11.0%)	12,952,875	(1,172,493)	(9.1%)	
(59,194)	338,364	397,558	117.5%	911,498	970,692	106.5%	Contractual Allowances	2,094,601	2,194,023	99,422	4.5%	5,503,568	3,408,967	61.9%	
60,440	826,072	765,632	92.7%	472,106	411,667	87.2%	Charity Care	4,562,875	5,435,555	872,680	16.1%	3,061,043	(1,501,832)	(49.1%)	
189,943	346,693	156,750	45.2%	183,544	(6,399)	(3.5%)	Bad Debt	1,675,172	2,278,370	603,198	26.5%	1,134,402	(540,769)	(47.7%)	
191,188	1,511,129	1,319,941	87.3%	1,567,148	1,375,960	87.8%	Total Contractuals and Bad Debts	8,332,647	9,907,948	1,575,301	15.9%	9,699,012	1,366,366	14.1%	
333,912	380,319	(46,407)	(12.2%)	602,746	(268,834)	(44.6%)	Other Patient Revenue	2,515,551	2,662,233	(146,682)	(5.5%)	3,943,670	(1,428,119)	-36%	
303,579	893,254	(589,675)	(66.0%)	1,056,544	(752,965)	(71.3%)	Net Patient Revenue	5,963,287	5,991,022	(27,735)	(0.5%)	7,197,533	(1,234,246)	(17.1%)	
188.73%	44.13%						Collection %	50.62%	45.26%			55.57%			
1,364,639	1,219,289	145,350	11.9%	1,128,976	235,663	20.9%	Grant Funds	3,831,439	5,048,618	(1,217,179)	(24.1%)	7,468,922	(3,637,483)	(48.7%)	
4,770	2,442	2,328	95.3%	3,928	842	21.4%	Other Revenue	55,129	17,094	38,035	222.5%	61,640	(6,511)	(10.6%)	
1,369,409	1,221,731	147,678	12.1%	1,132,904	236,505	20.9%	Total Other Revenues	3,886,568	5,065,712	(1,179,144)	(23.3%)	7,530,562	(3,643,995)	(48.4%)	
1,672,988	2,114,985	(441,997)	(20.9%)	2,189,447	(516,460)	(23.6%)	Total Revenues	9,849,855	11,056,734	(1,206,879)	(10.9%)	14,728,096	(4,878,241)	(33.1%)	
<i>Direct Operational Expenses:</i>															
1,543,379	1,360,118	(183,261)	(13.5%)	1,362,818	(180,561)	(13.2%)	Salaries and Wages	9,652,377	9,459,067	(193,310)	(2.0%)	9,000,442	(651,936)	(7.2%)	
366,442	369,399	2,957	0.8%	372,476	6,035	1.6%	Benefits	2,479,652	2,579,115	99,463	3.9%	2,428,729	(50,923)	(2.1%)	
57,310	65,753	8,443	12.8%	66,875	9,565	14.3%	Purchased Services	573,667	460,271	(113,396)	(24.6%)	440,040	(133,627)	(30.4%)	
12,994	36,001	23,007	63.9%	37,924	24,930	65.7%	Medical Supplies	261,288	252,007	(9,281)	(3.7%)	229,275	(32,013)	(14.0%)	
16,520	19,686	3,166	16.1%	53,003	36,484	68.8%	Other Supplies	90,842	137,802	46,960	34.1%	195,519	104,677	53.5%	
94,104	71,570	(22,534)	(31.5%)	33,980	(60,124)	(176.9%)	Medical Services	489,352	460,569	(28,783)	(6.2%)	241,387	(247,965)	(102.7%)	
84,585	93,309	8,724	9.3%	72,032	(12,553)	(17.4%)	Drugs	581,793	601,794	20,001	3.3%	294,457	(287,336)	(97.6%)	
22,582	13,887	(8,695)	(62.6%)	50,051	27,470	54.9%	Repairs & Maintenance	237,212	97,209	(140,003)	(144.0%)	251,680	14,467	5.7%	
115,797	106,850	(8,947)	(8.4%)	111,536	(4,261)	(3.8%)	Lease & Rental	788,141	778,672	(9,469)	(1.2%)	786,088	(2,053)	(0.3%)	
4,407	6,682	2,275	34.0%	5,138	731	14.2%	Utilities	35,775	46,774	10,999	23.5%	35,949	174	0.5%	
26,386	28,941	2,555	8.8%	20,962	(5,425)	(25.9%)	Other Expense	195,426	202,587	7,161	3.5%	140,723	(54,703)	(38.9%)	
1,320	2,236	916	41.0%	(990)	(2,311)	233.3%	Insurance	15,582	15,652	70	0.4%	12,283	(3,298)	(26.9%)	
2,345,826	2,174,432	(171,394)	(7.9%)	2,185,804	(160,021)	(7.3%)	Total Operational Expenses	15,401,106	15,091,519	(309,587)	(2.1%)	14,056,571	(1,344,535)	(9.6%)	
(672,838)	(59,447)	(613,391)	1,031.8%	3,643	(676,481)	(18,569.0%)	Net Performance before Depreciation & Overhead Allocations	(5,551,251)	(4,034,785)	(1,516,466)	37.6%	671,524	(6,222,776)	(926.7%)	

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2020

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
19,259	13,280	(5,979)	(45.0%)	13,156	(6,102)	(46.4%)	Depreciation
<i>Overhead Allocations:</i>							
1,937	2,255	318	14.1%	2,233	296	13.3%	Risk Mgt
158,636	96,913	(61,724)	(63.7%)	91,067	(67,569)	(74.2%)	Rev Cycle
5,186	5,506	321	5.8%	5,389	203	3.8%	Internal Audit
18,588	21,420	2,833	13.2%	18,956	368	1.9%	Home Office Facilities
31,099	36,548	5,449	14.9%	24,923	(6,176)	(24.8%)	Administration
39,978	40,465	488	1.2%	31,103	(8,875)	(28.5%)	Human Resources
12,561	18,543	5,982	32.3%	12,733	172	1.4%	Legal
7,681	8,410	729	8.7%	5,727	(1,954)	(34.1%)	Records
11,124	11,534	410	3.6%	4,550	(6,574)	(144.5%)	Compliance
-	-	-	0.0%	-	-	0.0%	Planning/Research
30,084	31,318	1,234	3.9%	37,644	7,559	20.1%	Finance
9,064	11,356	2,292	20.2%	9,126	62	0.7%	Public Relations
100,648	109,427	8,779	8.0%	86,782	(13,865)	(16.0%)	Information Technology
2,175	1,447	(727)	(50.2%)	1,647	(528)	(32.0%)	Corporate Quality
10,972	4,999	(5,974)	(119.5%)	-	(10,972)	0.0%	Project MGMT Office
1,975	3,755	1,781	47.4%	3,233	1,259	38.9%	Managed Care Contract
441,707	403,897	(37,810)	(9.4%)	335,113	(106,594)	(31.8%)	Total Overhead Allocations
2,806,792	2,591,609	(215,183)	(8.3%)	2,534,074	(272,717)	(10.8%)	Total Expenses
\$ (1,133,804)	\$ (476,624)	\$ (657,180)	137.9%	\$ (344,627)	\$ (789,177)	229.0%	Net Margin
(6,663)	3,988	10,651	267.1%	-	6,663	0.0%	Capital
\$ 1,107,882	\$ 469,502	\$ (638,380)	(136.0%)	\$ -	\$ (1,107,882)	0.0%	General Fund Support/ Transfer In

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
127,113	92,960	(34,153)	(36.7%)	92,364	(34,749)	(37.6%)	
13,783	15,784	2,001	12.7%	24,478	10,695	43.7%	
834,948	678,389	(156,559)	(23.1%)	637,469	(197,479)	(31.0%)	
38,006	38,545	539	1.4%	36,809	(1,196)	(3.3%)	
130,887	149,941	19,054	12.7%	131,809	922	0.7%	
241,496	255,833	14,338	5.6%	174,461	(67,035)	(38.4%)	
285,718	283,256	(2,462)	(0.9%)	236,573	(49,145)	(20.8%)	
111,955	129,800	17,845	13.7%	89,131	(22,824)	(25.6%)	
48,137	58,870	10,733	18.2%	42,919	(5,217)	(12.2%)	
68,430	80,738	12,309	15.2%	44,497	(23,933)	(53.8%)	
-	-	-	0.0%	5,582	5,582	100.0%	
231,167	219,225	(11,943)	(5.4%)	206,620	(24,547)	(11.9%)	
70,876	79,494	8,618	10.8%	53,112	(17,764)	(33.4%)	
618,278	765,991	147,713	19.3%	593,537	(24,741)	(4.2%)	
12,125	10,132	(1,994)	(19.7%)	17,931	5,805	32.4%	
47,421	34,991	(12,430)	(35.5%)	-	(47,421)	0.0%	
18,360	26,288	7,927	30.2%	24,124	5,764	23.9%	
2,771,587	2,827,277	55,690	2.0%	2,319,052	(452,535)	(19.5%)	
18,299,807	18,011,756	(288,051)	(1.6%)	16,467,987	(1,831,820)	(11.1%)	
\$ (8,449,952)	\$ (6,955,022)	\$ (1,494,930)	21.5%	\$ (1,739,892)	\$ (6,710,060)	385.7%	
2,744	27,916	25,172	90.2%	-	(2,744)	0.0%	
\$ 8,325,582	\$ 6,915,158	\$ (1,410,424)	(20.4%)	\$ 2,627,860	\$ (5,697,722)	(216.8%)	

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

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Gross Patient Revenue	2,170,266	1,734,463	1,899,323	2,006,755	2,006,769	1,801,952	160,855	-	-	-	-	-	11,780,383
Contractual Allowances	453,586	336,609	271,867	363,658	456,343	271,731	(59,194)	-	-	-	-	-	2,094,601
Charity Care	811,861	727,479	715,762	727,882	755,536	763,916	60,440	-	-	-	-	-	4,562,875
Bad Debt	341,494	193,678	306,448	343,282	34,054	266,273	189,943	-	-	-	-	-	1,675,172
Other Patient Revenue	385,820	385,820	341,366	190,933	514,094	363,607	333,912	-	-	-	-	-	2,515,551
Net Patient Revenue	949,144	862,516	946,612	762,866	1,274,930	863,640	303,579	-	-	-	-	-	5,963,287
Collections %	43.73%	49.73%	49.84%	38.01%	63.53%	47.93%	188.73%						50.62%
Grant Funds	53,241	48,416	28,234	383,141	1,156,633	797,135	1,364,639	-	-	-	-	-	3,831,439
Other Revenue	21,291	2,647	6,897	1,641	12,750	5,134	4,770	-	-	-	-	-	55,129
Total Other Revenues	74,531	51,063	35,130	384,782	1,169,383	802,270	1,369,409	-	-	-	-	-	3,886,568
Total Revenues	1,023,676	913,579	981,742	1,147,648	2,444,313	1,665,909	1,672,988	-	-	-	-	-	9,849,855
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,489,724	1,328,404	1,427,860	1,204,612	1,217,711	1,440,687	1,543,379	-	-	-	-	-	9,652,377
Benefits	380,176	378,148	365,616	354,929	265,010	369,330	366,442	-	-	-	-	-	2,479,652
Purchased Services	101,033	80,005	43,837	125,015	59,974	106,492	57,310	-	-	-	-	-	573,667
Medical Supplies	15,280	65,422	33,103	32,205	48,440	53,844	12,994	-	-	-	-	-	261,288
Other Supplies	8,043	19,713	1,026	15,087	18,774	11,678	16,520	-	-	-	-	-	90,842
Medical Services	67,974	43,699	53,733	61,772	93,803	74,266	94,104	-	-	-	-	-	489,352
Drugs	65,352	106,112	85,786	79,805	83,941	76,212	84,585	-	-	-	-	-	581,793
Repairs & Maintenance	36,932	11,167	19,935	19,129	24,857	102,610	22,582	-	-	-	-	-	237,212
Lease & Rental	117,472	120,395	121,087	102,313	100,186	110,890	115,797	-	-	-	-	-	788,141
Utilities	6,959	6,781	4,724	4,942	3,268	4,694	4,407	-	-	-	-	-	35,775
Other Expense	19,578	37,182	33,567	43,749	17,228	17,735	26,386	-	-	-	-	-	195,426
Insurance	2,377	2,377	2,377	2,377	2,377	2,377	1,320	-	-	-	-	-	15,582
Total Operational Expenses	2,310,900	2,199,405	2,192,652	2,045,937	1,935,571	2,370,815	2,345,826	-	-	-	-	-	15,401,106
Net Performance before Depreciation & Overhead Allocations	(1,287,225)	(1,285,826)	(1,210,910)	(898,289)	508,743	(704,906)	(672,838)	-	-	-	-	-	(5,551,251)
Depreciation	13,167	10,357	26,292	19,329	19,356	19,355	19,259	-	-	-	-	-	127,113
<i>Overhead Allocations:</i>													
Risk Mgt	1,623	2,089	1,990	1,944	1,968	2,232	1,937	-	-	-	-	-	13,783
Rev Cycle	62,997	84,377	69,757	272,531	(5,098)	191,748	158,636	-	-	-	-	-	834,948
Internal Audit	5,281	6,983	5,435	5,263	4,570	5,288	5,186	-	-	-	-	-	38,006
Home Office Facilities	18,086	19,184	20,918	17,204	18,345	18,562	18,588	-	-	-	-	-	130,887
Administration	28,448	37,990	37,093	34,890	38,177	33,799	31,099	-	-	-	-	-	241,496
Human Resources	35,210	38,104	66,995	39,343	22,674	43,414	39,978	-	-	-	-	-	285,718
Legal	11,308	15,984	19,536	13,924	21,646	16,997	12,561	-	-	-	-	-	111,955
Records	6,516	6,638	7,687	5,290	7,035	7,290	7,681	-	-	-	-	-	48,137
Compliance	3,902	6,147	11,403	15,681	12,839	7,333	11,124	-	-	-	-	-	68,430
Finance	27,070	34,293	28,393	46,646	20,187	44,494	30,084	-	-	-	-	-	231,167
Public Relations	9,057	15,976	11,021	11,326	7,463	6,968	9,064	-	-	-	-	-	70,876
Information Technology	80,822	61,834	94,710	97,188	90,619	92,458	100,648	-	-	-	-	-	618,278
Corporate Quality	1,964	2,269	2,876	2,441	(2,313)	2,714	2,175	-	-	-	-	-	12,125
Project MGMT Office	4,280	5,685	6,754	9,544	(1,268)	11,455	10,972	-	-	-	-	-	47,421
Managed Care Contract	3,150	3,685	2,822	2,038	2,312	2,379	1,975	-	-	-	-	-	18,360
Total Overhead Allocations	299,713	341,238	387,389	575,252	239,156	487,131	441,707	-	-	-	-	-	2,771,587
Total Expenses	2,623,781	2,551,001	2,606,333	2,640,518	2,194,083	2,877,301	2,806,792	-	-	-	-	-	18,299,807
Net Margin	\$ (1,600,105)	\$ (1,637,421)	\$ (1,624,591)	\$ (1,492,870)	\$ 250,231	\$ (1,211,391)	\$ (1,133,804)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (8,449,952)
Capital	-	81,965	(81,965)	21,988	(12,580)	-	(6,663)	-	-	-	-	-	2,744
General Fund Support/ Transfer In	1,726,629	1,664,089	1,421,583	1,495,529	-	909,870	1,107,882	-	-	-	-	-	\$ 8,325,582

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2020

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Lewis Center	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Van	Total
Gross Patient Revenue	-	1,751,281	2,218,089	1,095,779	860,878	200,974	1,334,516	499,271	776,768	420,395	322,792	9,480,742
Contractual Allowances	-	341,048	435,358	182,567	205,068	28,419	225,472	93,491	174,696	6,030	18,806	1,711,011
Charity Care	-	677,855	809,011	281,106	219,838	81,393	560,120	165,370	178,380	114,026	152,516	3,239,616
Bad Debt	-	243,754	429,008	268,306	201,027	43,499	129,120	42,086	70,410	15,995	105,994	1,549,199
Total Contractual Allowances and Bad Debt	-	1,262,657	1,673,377	731,979	625,933	153,311	914,712	300,948	423,486	136,051	277,316	6,499,826
Other Patient Revenue	-	374,532	415,258	186,223	111,704	179,038	171,443	61,976	94,734	98,720	48,834	1,742,462
Net Patient Revenue	-	863,156	959,971	550,023	346,649	226,701	591,247	260,299	448,016	383,064	94,311	4,723,378
Collection %	0.00%	49.29%	43.28%	50.19%	40.27%	112.80%	44.30%	52.14%	57.68%	91.12%	29.22%	49.82%
Grant Funds	188,335	514,597	559,008	369,255	264,984	125,735	477,327	166,129	191,123	162,240	94,009	3,112,741
Other Revenue	10,362	9,915	14,323	4,911	4,989	839	4,371	1,947	2,725	399	349	55,129
Total Other Revenues	198,697	524,512	573,331	374,166	269,973	126,574	481,698	168,076	193,847	162,639	94,358	3,167,870
Total Revenues	198,697	1,387,667	1,533,302	924,188	616,621	353,275	1,072,945	428,375	641,863	545,703	188,668	7,891,248
<i>Direct Operational Expenses:</i>												
Salaries and Wages	1,380,551	1,156,379	1,125,708	807,543	642,511	267,182	1,034,692	395,419	512,368	484,333	173,383	7,980,068
Benefits	307,647	286,456	295,996	230,657	167,468	64,393	280,031	102,664	122,436	126,274	60,632	2,044,655
Purchased Services	103,699	65,730	52,996	41,690	48,536	4,434	73,524	40,230	40,918	27,429	6,169	505,353
Medical Supplies	44	29,292	39,085	10,694	13,480	3,138	14,347	4,394	3,806	27,107	1,247	146,634
Other Supplies	6,389	9,258	21,491	5,400	8,668	478	4,621	5,335	2,785	16,748	2,748	83,923
Medical Services	-	102,617	91,832	51,683	71,860	7,989	80,861	13,424	44,319	24,767	-	489,352
Drugs	-	227,767	181,431	88,992	38,113	126	13,082	10,124	5,505	16,454	48	581,643
Repairs & Maintenance	45	33,391	34,912	28,376	32,153	6,055	31,509	9,738	15,544	8,421	11,468	211,613
Lease & Rental	-	83,733	107,996	53,372	85,970	2,337	137,837	46,967	68,473	24,831	-	611,518
Utilities	-	1,633	2,736	665	5,850	1,330	6,934	4,485	3,398	1,438	378	28,848
Other Expense	110,772	6,391	8,591	8,245	6,912	2,536	10,239	2,352	7,388	8,663	3,155	175,244
Insurance	-	3,254	2,215	2,961	964	-	1,558	106	94	-	4,213	15,365
Total Operational Expenses	1,909,146	2,005,899	1,964,989	1,330,278	1,122,485	359,999	1,689,237	635,240	827,036	766,466	263,441	12,874,215
Net Performance before Depreciation & Overhead Allocations	(1,710,449)	(618,232)	(431,687)	(406,090)	(505,864)	(6,724)	(616,292)	(206,864)	(185,173)	(220,763)	(74,773)	(4,982,967)
Depreciation	4,932	3,338	3,136	1,048	28,563	751	3,308	2,132	2,797	248	43,750	94,003
<i>Overhead Allocations:</i>												
Risk Mgt	1,524	1,624	1,668	1,234	981	295	1,733	591	855	595	233	11,335
Rev Cycle	-	112,305	115,343	85,321	67,826	20,370	119,828	40,890	59,120	41,124	16,108	678,233
Internal Audit	4,203	4,479	4,601	3,403	2,705	812	4,779	1,631	2,358	1,640	642	31,255
Home Office Facilities	116,977	-	-	-	-	-	-	-	-	-	-	116,977
Administration	26,709	28,463	29,233	21,624	17,190	5,163	30,369	10,363	14,983	10,423	4,082	198,602
Human Resources	26,262	37,517	36,462	28,138	19,931	4,690	35,172	11,724	16,414	12,897	4,690	233,897
Legal	12,382	13,195	13,552	10,025	7,969	2,393	14,079	4,804	6,946	4,832	1,893	92,070
Records	5,324	5,673	5,827	4,310	3,426	1,029	6,053	2,066	2,987	2,077	814	39,587
Compliance	7,568	8,065	8,283	6,127	4,871	1,463	8,605	2,936	4,246	2,953	1,157	56,275
Finance	25,567	27,245	27,982	20,699	16,455	4,942	29,070	9,920	14,343	9,977	3,908	190,108
Public Relations	7,839	8,354	8,579	6,346	5,045	1,515	8,913	3,041	4,397	3,059	1,198	58,287
Information Technology	68,381	72,871	74,842	55,361	44,009	13,217	77,751	26,532	38,361	26,684	10,452	508,460
Budget & Decision Support	-	-	-	-	-	-	-	-	-	-	-	-
Corporate Quality	1,341	1,429	1,468	1,086	863	259	1,525	520	752	523	205	9,972
Project MGMT Office	5,245	5,589	5,740	4,246	3,375	1,014	5,963	2,035	2,942	2,047	802	38,998
Managed Care Contract	-	2,470	2,536	1,876	1,491	448	2,635	899	1,300	904	354	14,914
Total Overhead Allocations	309,322	329,280	336,117	249,796	196,138	57,609	346,478	117,954	170,004	119,735	46,536	2,278,969
Total Expenses	2,223,401	2,338,517	2,304,242	1,581,123	1,347,186	418,359	2,039,023	755,325	999,837	886,448	353,727	15,247,188
Net Margin	\$ (2,024,704)	\$ (950,850)	\$ (770,940)	\$ (656,935)	\$ (730,564)	\$ (65,084)	\$ (966,078)	\$ (326,950)	\$ (357,974)	\$ (340,745)	\$ (165,059)	\$ (7,355,940)
Capital	-	-	-	-	2,744	-	-	-	-	-	-	2,744
General Fund Support/ Transfer In	\$ 7,264,680	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,264,680

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2020

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
131,002	1,664,684	(1,533,682)	(92.1%)	1,653,980	(1,522,978)	(92.1%)	Gross Patient Revenue	9,480,742	10,745,634	(1,264,892)	(11.8%)	10,691,245	(1,210,503)	(11.3%)
(64,290)	293,998	358,288	121.9%	809,872	874,162	107.9%	Contractual Allowances	1,711,011	1,889,676	178,665	9.5%	4,887,483	3,176,471	65.0%
41,232	626,787	585,555	93.4%	327,537	286,305	87.4%	Charity Care	3,239,616	4,046,639	807,023	19.9%	2,092,469	(1,147,147)	(54.8%)
173,076	326,510	153,434	47.0%	162,767	(10,310)	(6.3%)	Bad Debt	1,549,199	2,138,451	589,252	27.6%	1,063,783	(485,416)	(45.6%)
150,018	1,247,295	1,097,277	88.0%	1,300,176	1,150,158	88.5%	Total Contractuals and Bad Debts	6,499,826	8,074,766	1,574,940	19.5%	8,043,735	1,543,909	19.2%
220,251	244,640	(24,389)	(10.0%)	478,873	(258,622)	(54.0%)	Other Patient Revenue	1,742,462	1,712,480	29,982	1.8%	2,845,576	(1,103,114)	(38.8%)
201,235	662,029	(460,794)	(69.6%)	832,677	(631,442)	(75.8%)	Net Patient Revenue	4,723,378	4,383,348	340,030	7.8%	5,493,086	(769,708)	(14.0%)
153.61%	39.77%						Collection %	49.82%	40.79%			51.38%		
1,112,573	1,004,372	108,201	10.8%	935,750	176,823	18.9%	Grant Funds	3,112,741	4,175,330	(1,062,589)	(25.4%)	6,235,447	(3,122,706)	(50.1%)
4,770	2,442	2,328	95.3%	3,928	842	21.4%	Other Revenue	55,129	17,094	38,035	222.5%	61,407	(6,278)	(10.2%)
1,117,343	1,006,814	110,529	11.0%	939,678	177,665	18.9%	Total Other Revenues	3,167,870	4,192,424	(1,024,554)	(24.4%)	6,296,854	(3,128,984)	(49.7%)
1,318,578	1,668,843	(350,265)	(21.0%)	1,772,356	(453,777)	(25.6%)	Total Revenues	7,891,248	8,575,772	(684,524)	(8.0%)	11,789,940	(3,898,692)	(33.1%)
<i>Direct Operational Expenses:</i>														
1,289,120	1,114,249	(174,871)	(15.7%)	1,117,424	(171,696)	(15.4%)	Salaries and Wages	7,980,068	7,749,154	(230,914)	(3.0%)	7,371,572	(608,496)	(8.3%)
299,427	298,753	(674)	(0.2%)	303,264	3,836	1.3%	Benefits	2,044,655	2,085,892	41,237	2.0%	1,966,764	(77,891)	(4.0%)
45,704	58,128	12,424	21.4%	65,055	19,351	29.7%	Purchased Services	505,353	406,896	(98,457)	(24.2%)	379,478	(125,875)	(33.2%)
9,427	13,917	4,490	32.3%	12,282	2,855	23.2%	Medical Supplies	146,634	97,419	(49,215)	(50.5%)	93,454	(53,180)	(56.9%)
16,360	18,159	1,799	9.9%	52,032	35,672	68.6%	Other Supplies	83,923	127,113	43,190	34.0%	156,157	72,234	46.3%
94,104	71,570	(22,534)	(31.5%)	33,980	(60,124)	(176.9%)	Medical Services	489,352	460,569	(28,783)	(6.2%)	241,387	(247,965)	(102.7%)
84,585	93,084	8,499	9.1%	72,032	(12,553)	(17.4%)	Drugs	581,643	600,219	18,576	3.1%	293,258	(288,386)	(98.3%)
19,699	8,235	(11,464)	(139.2%)	42,779	23,080	54.0%	Repairs & Maintenance	211,613	57,645	(153,968)	(267.1%)	218,973	7,361	3.4%
90,954	81,072	(9,882)	(12.2%)	85,493	(5,461)	(6.4%)	Lease & Rental	611,518	598,226	(13,292)	(2.2%)	602,048	(9,470)	(1.6%)
3,190	4,632	1,442	31.1%	4,124	934	22.7%	Utilities	28,848	32,424	3,576	11.0%	29,700	853	2.9%
22,124	25,242	3,118	12.4%	8,622	(13,503)	(156.6%)	Other Expense	175,244	176,694	1,450	0.8%	118,521	(56,723)	(47.9%)
1,289	2,205	916	41.5%	(929)	(2,219)	(238.7%)	Insurance	15,365	15,435	70	0.5%	11,945	(3,420)	(28.6%)
1,975,983	1,789,246	(186,737)	(10.4%)	1,796,155	(179,827)	(10.0%)	Total Operational Expenses	12,874,215	12,407,686	(466,529)	(3.8%)	11,483,256	(1,390,959)	(12.1%)
(657,405)	(120,403)	(537,002)	446.0%	(23,800)	(633,605)	2,662.2%	Net Performance before Depreciation & Overhead Allocations	(4,982,967)	(3,831,914)	(1,151,053)	30.0%	306,684	(5,289,651)	(1,724.8%)

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2020

Actual	Budget	Variance	Current Month %	Prior Year	Variance	%	
14,074	9,840	(4,234)	(43.0%)	9,787	(4,287)	(43.8%)	Depreciation
<i>Overhead Allocations:</i>							
1,593	1,854	261	14.1%	1,795	202	11.3%	Risk Mgt
128,861	78,723	(50,138)	(63.7%)	72,195	(56,666)	(78.5%)	Rev Cycle
4,265	4,528	264	5.8%	4,333	68	1.6%	Internal Audit
16,612	19,144	2,531	13.2%	16,864	251	1.5%	Home Office Facilities
25,575	30,056	4,481	14.9%	20,036	(5,539)	(27.6%)	Administration
32,727	33,126	399	1.2%	24,926	(7,801)	(31.3%)	Human Resources
10,330	15,249	4,920	32.3%	10,236	(94)	(0.9%)	Legal
6,317	6,916	599	8.7%	4,604	(1,713)	(37.2%)	Records
9,148	9,485	337	3.6%	3,658	(5,490)	(150.1%)	Compliance
-	-	-	0.0%	-	-	0.0%	Planning/Research
24,741	25,755	1,014	3.9%	30,263	5,522	18.2%	Finance
7,454	9,339	1,885	20.2%	7,337	(117)	(1.6%)	Public Relations
82,771	89,991	7,220	8.0%	69,767	(13,004)	(18.6%)	Information Technology
1,788	1,190	(598)	(50.2%)	1,324	(464)	(35.1%)	Corporate Quality
9,023	4,111	(4,913)	(119.5%)	-	(9,023)	0.0%	Project MGMT Office
1,604	3,051	1,447	47.4%	2,563	959	37.4%	Managed Care Contract
362,810	332,519	(30,290)	(9.1%)	269,901	(92,909)	(34.4%)	Total Overhead Allocations
2,352,866	2,131,605	(221,261)	(10.4%)	2,075,843	(277,023)	(13.3%)	Total Expenses
\$ (1,034,288)	\$ (462,762)	\$ (571,526)	123.5%	\$ (303,487)	\$ (730,800)	240.8%	Net Margin
(6,663)	-	6,663	0.0%	-	6,663	0.0%	Capital
\$ 1,013,551	\$ 453,092	\$ (560,459)	(123.7%)	\$ -	\$ (1,013,551)	0.0%	General Fund Support/ Transfer In

Actual	Budget	Variance	Fiscal Year To Date %	Prior Year	Variance	%	
94,003	68,880	(25,123)	(36.5%)	68,438	(25,565)	(37.4%)	
11,335	12,980	1,645	12.7%	19,679	8,344	42.4%	
678,233	551,059	(127,174)	(23.1%)	505,365	(172,868)	(34.2%)	
31,255	31,699	443	1.4%	29,592	(1,663)	(5.6%)	
116,977	134,006	17,029	12.7%	117,262	286	0.2%	
198,602	210,392	11,791	5.6%	140,252	(58,350)	(41.6%)	
233,897	231,881	(2,015)	(0.9%)	189,590	(44,307)	(23.4%)	
92,070	106,745	14,675	13.7%	71,652	(20,418)	(28.5%)	
39,587	48,414	8,827	18.2%	34,504	(5,083)	(14.7%)	
56,275	66,398	10,123	15.2%	35,772	(20,503)	(57.3%)	
-	-	-	0.0%	4,487	4,487	100.0%	
190,108	180,286	(9,821)	(5.4%)	166,108	(23,999)	(14.4%)	
58,287	65,375	7,087	10.8%	42,698	(15,589)	(36.5%)	
508,460	629,937	121,477	19.3%	477,163	(31,297)	(6.6%)	
9,972	8,332	(1,640)	(19.7%)	14,410	4,438	30.8%	
38,998	28,776	(10,222)	(35.5%)	-	(38,998)	0.0%	
14,914	21,354	6,439	30.2%	19,125	4,211	22.0%	
2,278,969	2,327,634	48,664	2.1%	1,867,660	(411,309)	(22.0%)	
15,247,188	14,804,200	(442,988)	(3.0%)	13,419,355	(1,827,833)	(13.6%)	
\$ (7,355,940)	\$ (6,228,428)	\$ (1,127,512)	18.1%	\$ (1,629,415)	\$ (5,726,525)	351.4%	
2,744	-	(2,744)	0.0%	-	(2,744)	0.0%	
\$ 7,264,680	\$ 6,160,737	\$ (1,103,943)	(17.9%)	\$ 2,627,860	\$ (4,636,820)	(176.4%)	

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2020

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	860,935	564,329	570,942	303,434	2,299,640
Contractual Allowances	-	163,125	89,154	60,552	70,758	383,589
Charity Care	-	474,814	319,004	387,885	141,556	1,323,259
Bad Debt	-	24,541	51,951	30,567	18,914	125,973
Total Contractual Allowances and Bad Debt	-	662,479	460,110	479,004	231,228	1,832,821
Other Patient Revenue	-	267,547	191,715	127,718	186,108	773,089
Net Patient Revenue	-	466,004	295,935	219,656	258,314	1,239,909
Collection %	-	54.13%	52.44%	38.47%	85.13%	53.92%
Grant Funds	30,856	252,073	174,157	165,292	96,320	718,698
Other Revenue	-	-	-	-	-	-
Total Other Revenues	30,856	252,073	174,157	165,292	96,320	718,698
Total Revenues	30,856	718,076	470,092	384,949	354,634	1,958,607
<i>Direct Operational Expenses:</i>						
Salaries and Wages	200,876	530,003	385,466	347,639	208,325	1,672,309
Benefits	47,160	132,583	101,521	96,236	57,498	434,997
Purchased Services	-	14,589	14,033	11,609	28,083	68,314
Medical Supplies	-	50,731	22,350	25,141	16,432	114,654
Other Supplies	-	2,411	971	671	2,867	6,919
Drugs	-	97	47	6	-	150
Repairs & Maintenance	-	7,696	5,686	6,823	5,395	25,600
Lease & Rental	-	66,987	38,407	35,884	35,346	176,623
Utilities	-	1,997	2,396	1,029	1,505	6,927
Other Expense	1,885	3,843	7,124	4,883	2,447	20,181
Insurance	-	-	-	-	217	217
Total Operational Expenses	249,920	810,936	578,000	529,921	358,114	2,526,891
Net Performance before Depreciation & Overhead Allocations	(219,064)	(92,860)	(107,908)	(144,972)	(3,480)	(568,284)
Depreciation	-	4,281	4,590	4,262	19,978	33,110
<i>Overhead Allocations:</i>						
Risk Mgt	181	840	598	525	303	2,448
Rev Cycle	-	58,103	41,371	36,312	20,928	156,715
Internal Audit	500	2,318	1,650	1,448	835	6,751
Home Office Facilities	13,911	-	-	-	-	13,911
Administration	3,176	14,726	10,485	9,203	5,304	42,894
Human Resources	2,345	16,414	14,303	12,897	5,862	51,821
Legal	1,472	6,827	4,861	4,266	2,459	19,885
Records	633	2,935	2,090	1,834	1,057	8,550
Compliance	900	4,173	2,971	2,608	1,503	12,154
Finance	3,040	14,096	10,037	8,809	5,077	41,060
Public Relations	932	4,322	3,077	2,701	1,557	12,589
Information Technology	8,132	37,701	26,844	23,562	13,579	109,818
Corporate Quality	160	739	526	462	266	2,154
Project MGMT Office	624	2,892	2,059	1,807	1,042	8,423
Managed Care Contract	-	1,278	910	799	460	3,446
Total Overhead Allocations	36,006	167,363	121,784	107,234	60,232	492,618
Total Expenses	285,926	982,580	704,373	641,416	438,324	3,052,619
Net Margin	\$ (255,070)	\$ (264,504)	\$ (234,282)	\$ (256,468)	\$ (83,689)	\$ (1,094,012)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 1,060,902	-	-	-	-	1,060,902

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

FOR THE SEVENTH MONTH ENDED APRIL 30, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
29,853	359,380	(329,527)	(91.7%)	366,966	(337,113)	(91.9%)	Gross Patient Revenue	2,299,640	2,491,103	(191,463)	(7.7%)	2,261,630	38,010	1.7%
5,096	44,366	39,270	88.5%	101,626	96,529	95.0%	Contractual Allowances	383,589	304,347	(79,242)	(26.0%)	616,085	232,496	37.7%
19,207	199,285	180,078	90.4%	144,569	125,362	86.7%	Charity Care	1,323,259	1,388,916	65,657	4.7%	968,574	(354,685)	(36.6%)
16,866	20,183	3,317	16.4%	20,777	3,911	18.8%	Bad Debt	125,973	139,919	13,946	10.0%	70,619	(55,354)	(78.4%)
41,170	263,834	222,664	84.4%	266,972	225,802	84.6%	Total Contractuals and Bad Debts	1,832,821	1,833,182	361	0.0%	1,655,278	(177,543)	(10.7%)
113,661	135,679	(22,018)	(16.2%)	123,872	(10,211)	(8.2%)	Other Patient Revenue	773,089	949,753	(176,664)	(18.6%)	1,098,095	(325,005)	(29.6%)
102,344	231,225	(128,881)	(55.7%)	223,866	(121,523)	(54.3%)	Net Patient Revenue	1,239,909	1,607,674	(367,765)	(22.9%)	1,704,447	(464,538)	(27.3%)
342.83%	64.34%						Collection %	53.92%	64.54%			75.36%		
252,066	214,917	37,149	17.3%	193,226	58,840	30.5%	Grant Funds	718,698	873,288	(154,590)	(17.7%)	1,233,475	(514,778)	(41.7%)
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	233	(233)	(100.0%)
252,066	214,917	37,149	17.3%	193,226	58,840	30.5%	Total Other Revenues	718,698	873,288	(154,590)	(17.7%)	1,233,708	(515,011)	(41.7%)
354,409	446,142	(91,733)	(20.6%)	417,092	(62,683)	(15.0%)	Total Revenues	1,958,607	2,480,962	(522,355)	(21.1%)	2,938,155	(979,549)	(33.3%)
Direct Operational Expenses:														
254,259	245,869	(8,390)	(3.4%)	245,394	(8,865)	(3.6%)	Salaries and Wages	1,672,309	1,709,913	37,604	2.2%	1,628,869	(43,440)	(2.7%)
67,014	70,646	3,632	5.1%	69,212	2,198	3.2%	Benefits	434,997	493,223	58,226	11.8%	461,965	26,968	5.8%
11,606	7,625	(3,981)	(52.2%)	1,820	(9,786)	(537.6%)	Purchased Services	68,314	53,375	(14,939)	(28.0%)	60,562	(7,752)	(12.8%)
3,567	22,084	18,517	83.8%	25,642	22,075	86.1%	Medical Supplies	114,654	154,588	39,934	25.8%	135,821	21,167	15.6%
160	1,527	1,367	89.5%	971	811	83.5%	Other Supplies	6,919	10,689	3,770	35.3%	39,362	32,443	82.4%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
-	225	225	100.0%	-	-	0.0%	Drugs	150	1,575	1,425	90.5%	1,199	1,049	87.5%
2,883	5,652	2,769	49.0%	7,272	4,390	60.4%	Repairs & Maintenance	25,600	39,564	13,964	35.3%	32,707	7,107	21.7%
24,843	25,778	935	3.6%	26,043	1,200	4.6%	Lease & Rental	176,623	180,446	3,823	2.1%	184,040	7,417	4.0%
1,217	2,050	833	40.6%	1,014	(203)	(20.0%)	Utilities	6,927	14,350	7,423	51.7%	6,248	(678)	(10.9%)
4,262	3,699	(563)	(15.2%)	12,340	8,078	65.5%	Other Expense	20,181	25,893	5,712	22.1%	22,202	2,020	9.1%
31	31	0	0.1%	(61)	(92)	150.7%	Insurance	217	217	0	0.1%	338	122	35.9%
369,843	385,186	15,343	4.0%	389,649	19,806	5.1%	Total Operational Expenses	2,526,891	2,683,833	156,942	5.8%	2,573,315	46,424	1.8%
Net Performance before														
(15,434)	60,956	(76,390)	(125.3%)	27,443	(42,876)	(156.2%)	Depreciation & Overhead Allocations	(568,284)	(202,871)	(365,413)	180.1%	364,841	(933,125)	(255.8%)

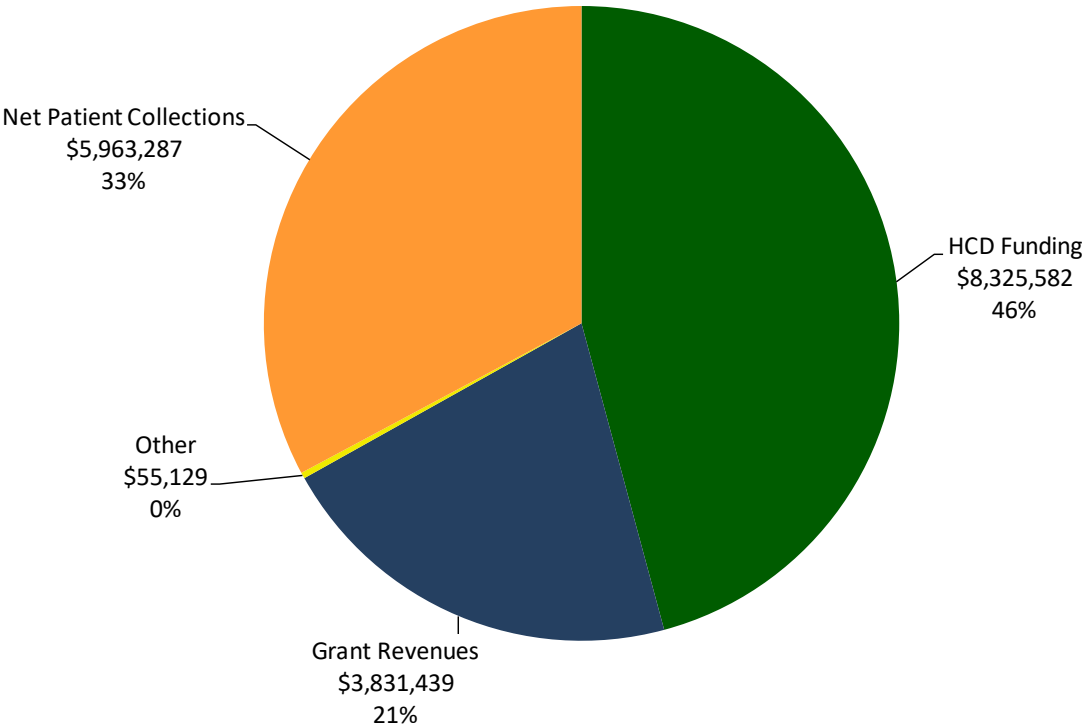
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE SEVENTH MONTH ENDED APRIL 30, 2020

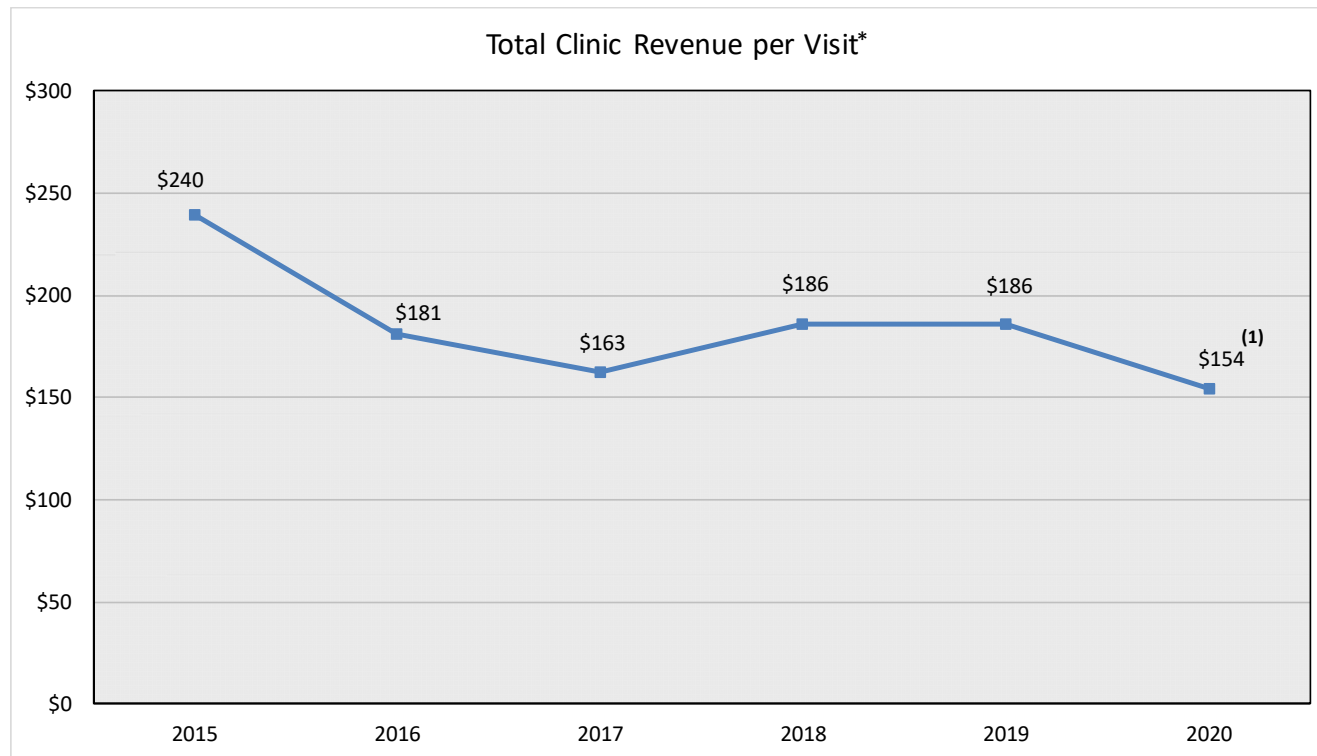
Current Month							Fiscal Year To Date																	
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%										
5,185	3,440	(1,745)	(50.7%)	3,369	(1,815)	(53.9%)	Depreciation	33,110	24,080	(9,030)	(37.5%)	23,926	(9,185)	(38.4%)										
Overhead Allocations:																								
344	401	56	14.1%	438	94	21.4%	Risk Mgt	2,448	2,804	355	12.7%	4,799	2,351	49.0%										
29,775	18,190	(11,585)	(63.7%)	18,872	(10,903)	(57.8%)	Rev Cycle	156,715	127,330	(29,385)	(23.1%)	132,104	(24,611)	(18.6%)										
921	978	57	5.8%	1,057	136	12.8%	Internal Audit	6,751	6,846	96	1.4%	7,217	467	6.5%										
1,975	2,277	301	13.2%	2,092	117	5.6%	Home Office Facilities	13,911	15,936	2,025	12.7%	14,547	636	4.4%										
5,524	6,492	968	14.9%	4,887	(637)	(13.0%)	Administration	42,894	45,441	2,547	5.6%	34,209	(8,685)	(25.4%)										
7,251	7,339	88	1.2%	6,177	(1,074)	(17.4%)	Human Resources	51,821	51,374	(447)	(0.9%)	46,983	(4,838)	(10.3%)										
2,231	3,294	1,063	32.3%	2,497	266	10.7%	Legal	19,885	23,055	3,170	13.7%	17,479	(2,406)	(13.8%)										
1,364	1,494	129	8.7%	1,123	(241)	(21.5%)	Records	8,550	10,456	1,906	18.2%	8,415	(135)	(1.6%)										
1,976	2,049	73	3.6%	892	(1,084)	(121.5%)	Compliance	12,154	14,341	2,186	15.2%	8,724	(3,430)	(39.3%)										
-	-	-	0.0%	-	-	0.0%	Planning/Research	-	-	-	0.0%	1,094	1,094	100.0%										
5,344	5,563	219	3.9%	7,381	2,037	27.6%	Finance	41,060	38,938	(2,121)	(5.4%)	40,512	(548)	(1.4%)										
1,610	2,017	407	20.2%	1,789	179	10.0%	Public Relations	12,589	14,120	1,531	10.8%	10,414	(2,175)	(20.9%)										
17,877	19,436	1,559	8.0%	17,015	(862)	(5.1%)	Information Technology	109,818	136,054	26,237	19.3%	116,374	6,556	5.6%										
386	257	(129)	(50.2%)	323	(63)	(19.6%)	Corporate Quality	2,154	1,800	(354)	(19.7%)	3,521	1,367	38.8%										
1,949	888	(1,061)	(119.5%)	-	(1,949)	0.0%	Project MGMT Office	8,423	6,215	(2,208)	(35.5%)	-	(8,423)	0.0%										
371	705	334	47.4%	670	299	44.7%	Managed Care Contract	3,446	4,934	1,488	30.2%	4,999	1,553	31.1%										
78,898	71,378	(7,520)	(10.5%)	65,213	(13,685)	(21.0%)	Total Overhead Allocations	492,618	499,644	7,026	1.4%	451,392	(41,226)	(9.1%)										
453,926	460,004	6,078	1.3%	458,231	4,306	0.9%	Total Expenses	3,052,619	3,207,557	154,937	4.8%	3,048,632	(3,987)	(0.1%)										
\$	(99,516)	\$	(13,862)	\$	(85,654)	617.9%	\$	(41,139)	\$	(58,377)	141.9%	Net Margin	\$	(1,094,012)	\$	(726,595)	\$	(367,418)	50.6%	\$	(110,477)	\$	(983,535)	890.3%
-	3,988	3,988	100.0%	-	-	0.0%	Capital	-	27,916	27,916	100.0%	-	-	0.0%										
\$	94,331	\$	16,410	\$	(77,921)	(474.8%)	\$	-	\$	(94,331)	0.0%	General Fund Support/ Transfer In	\$	1,060,902	\$	754,421	\$	(306,481)	(40.6%)	\$	-	\$	(1,060,902)	0.0%

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
Clinic Visits - Adults and Pediatrics																
West Palm Beach	1,929	1,472	1,653	1,797	1,532	1,095	-						9,478	10,935	(13.3%)	7,624
Delray	1,429	957	1,019	1,151	994	542	-						6,092	6,079	0.2%	6,043
Lantana	1,752	1,489	1,664	2,034	1,809	1,415	563						10,726	9,674	10.9%	6,704
Belle Glade	950	746	912	847	762	484	10						4,711	6,171	(23.7%)	4,399
Lewis Center	296	213	241	246	246	198	-						1,440	1,646	(12.5%)	1,214
Lake Worth & Women's Health Care	1,553	1,161	1,303	1,255	1,301	731	296						7,600	10,591	(28.2%)	6,209
Jupiter Clinic	609	471	417	520	412	233	-						2,662	3,449	(22.8%)	2,246
West Boca & Women's Health Care	997	680	745	782	817	395	20						4,436	5,039	(12.0%)	4,389
Mobile Van	156	136	132	108	107	442	-						1,081	1,359	(20.5%)	945
Mangonia Park	-	67	58	80	168	166	-						539			
Mangonia Park-Substance	499	497	455	423	464	-	-						2,338	3,562	(34.4%)	1,588
Total Clinic Visits	10,170	7,889	8,599	9,243	8,612	5,701	889	-	-	-	-	-	51,103	58,505	(12.7%)	41,361
Dental Visits																
West Palm Beach	975	776	778	915	864	460	-						4,768	5,597	(14.8%)	3,936
Lantana	733	570	541	470	470	225	-						3,009	5,949	(49.4%)	2,875
Delray	628	547	596	598	557	245	-						3,171	3,919	(19.1%)	2,682
Belle Glade	360	251	343	376	296	154	109						1,889	2,352	(19.7%)	1,430
Total Dental Visits	2,696	2,144	2,258	2,359	2,187	1,084	109	-	-	-	-	-	12,837	17,817	(28.0%)	10,923
Total Medical and Dental Visits	12,866	10,033	10,857	11,602	10,799	6,785	998	-	-	-	-	-	63,940	76,322	(16.2%)	52,284
Key Ratios																
Collection Ratio													24%			
Bad debt write off as a percentage of total billing													25%			
Collections per visit													38			
Charges Per Visit													161			
Percentage of A/R less than 120 days													58%			
Days in AR													64			
Mental Health Counselors (non-billable)																
West Palm Beach	178	101	164	171	153	192	10						969	742	30.6%	579
Delray	139	119	41	35	111	95	-						540	803	(32.8%)	580
Lantana	611	440	496	701	551	417	9						3,225	1,495	115.7%	2,065
Belle Glade	53	95	149	137	103	38	-						575	159	261.6%	104
Mangonia Park	53	150	296	391	278	189	3						1,360	2,817	(51.7%)	-
Lewis Center	240	173	215	178	177	-	-						983	1,747	(43.7%)	1,146
Lake Worth	204	146	163	192	140	89	1						935	1,174	(20.4%)	633
Jupiter	-	-	-	-	-	1	-						1	-	#DIV/0!	-
West Boca	3	1	-	1	-	4	1						10	-	#DIV/0!	-
Mobile Van	96	71	76	45	44	30	-						362	719	(49.7%)	56
Total Mental Health Screenings	1,577	1,296	1,600	1,851	1,557	1,055	24	-	-	-	-	-	8,960	9,656	-7.2%	3,017

Primary Care Clinics Funding Sources

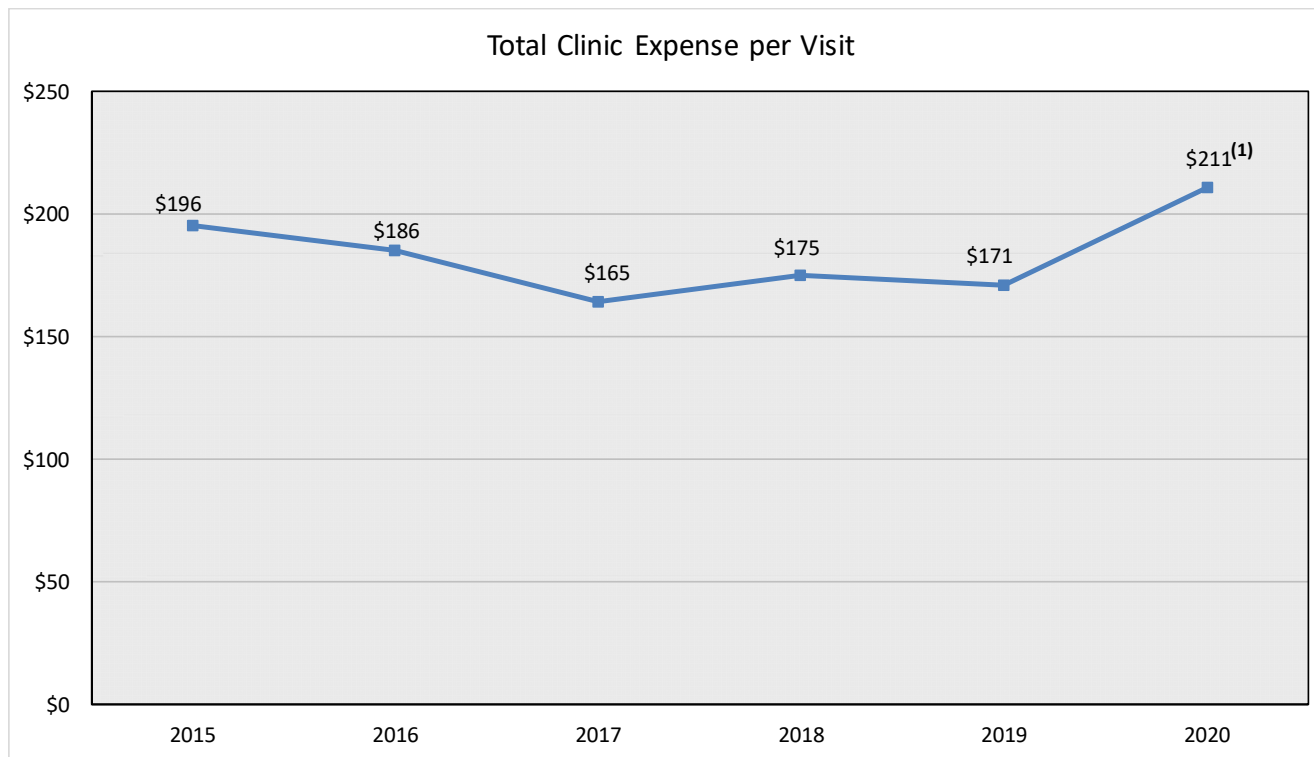


Fiscal YTD April 2020 Total Revenues \$18,175,437



(1) The calendar year 2019 HRSA base grant and the Belle Glade construction grant were fully recognized in FY 2019, resulting in a reduction in total clinic revenue per visit in FY 2020.

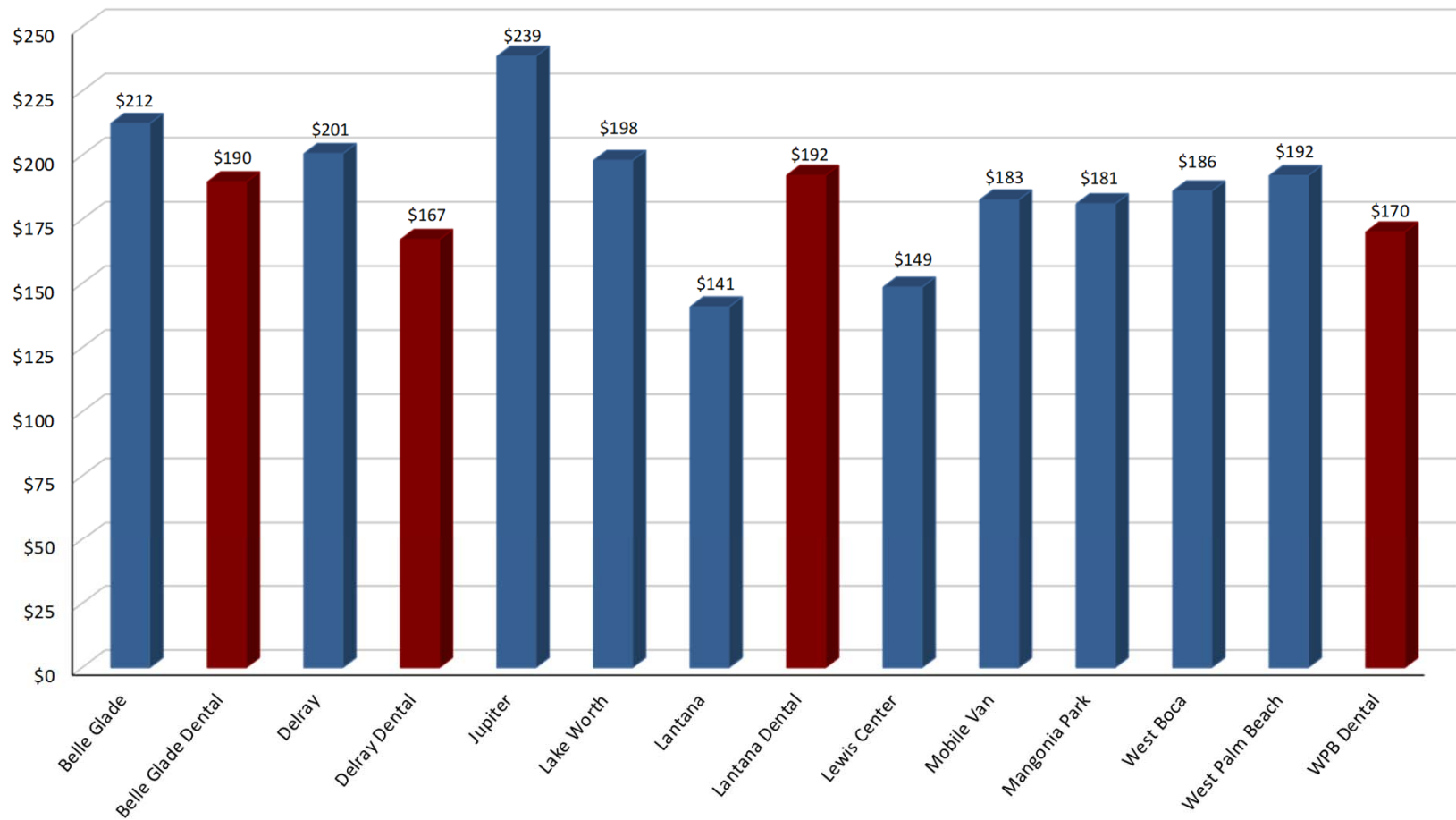
*Based on total medical and dental visits.



(1) Increase in expense per visit is due to lower visits in March and April related to operational changes for Covid-19

*Based on total medical, dental, and mental health visits.

Total Operating Expenses per Visit by Clinic



*Based on Fiscal Year-to-Date April 2020 total operating expenses.

** Visits for the medical clinics include medical and mental health visits.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

1. Description: Bylaws Updates

2. Summary:

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

3. Substantive Analysis:

At the May 27, 2020 Board Meeting, the Board approved the Bylaws change presented below. The Clinic Bylaws require that the Board review and approve any Bylaw changes at two meetings. Section 14 of the Bylaws outline the process for Amendments to the Bylaws:

Section 14 – Amendments

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

The following three proposed changes are recommended:

1. Section 8 – Membership Composition

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

2. Section 10 – Officers

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

3. Section 12 – Meeting

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

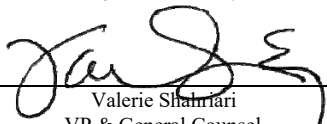
Committee Name

Date Approved

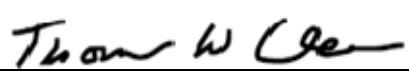
6. Recommendation:

Staff recommends the Board approve the Bylaws Updates.

Approved for Legal sufficiency:



Valerie Shahmiri
VP & General Counsel



Thomas Cleare
AVP, Planning & Community Engagement

Amended
Bylaws
of
District Clinic Holdings, Inc.

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

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

DISTRICT CLINIC HOLDINGS, INC.

AMENDED BY-LAWS

Section 1 – Statutory Authority

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

Section 2 – Name

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

Section 3 – Purpose

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

Section 4 – Offices

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

Section 5 – Objectives

- 5.1 The objectives of the Board are as follows:

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

Section 6 – Powers

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

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

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

Section 7 – Board Member Responsibilities

7.1 *Key function and responsibilities.*

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

Section 8 – Membership Composition

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

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

Section 9 – Term of Membership

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

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

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

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

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

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

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

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

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

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

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

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

Section 10 – Officers

- 10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers may will be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed until the meeting following the end of the state of emergency.
- 10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.
- 10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the ‘two consecutive one-year terms’ referenced in Section 10.1.
- 10.4 The officers and their duties for this organization shall be:
 - 10.4.1 Chairperson
 - a. To preside over all meetings and to appoint all committee and councils.
 - b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall

constitute the acceptance by the Board of the terms and conditions of the Grant and obligate it to perform its function under the approved project in accordance with the terms thereof.

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

10.4.2 Vice Chairperson

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

10.4.3 Secretary

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

10.4.4 Treasurer

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

10.5 Compensation

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

Section 11 – Committees

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

- 11.8 Proxy: An absent member shall not be allowed to vote by proxy.
- 11.9 Members of the Planning Committee and Quality Council may also include non-board members with specific areas of expertise that support the mission of that committee.
- 11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

Section 12 – Meeting

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

Section 13 – Authority

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

Section 14 – Amendments

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

Section 15 – Dissolution of the Corporation

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

CERTIFICATE

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

BY: _____

Irene Figueroa
Secretary

**Approved as to form and
Legal Sufficiency**

BY: _____

General Counsel

HISTORY OF DISTRICT CLINIC HOLDINGS, INC. BYLAWS

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

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

Section 11.1 removed requirement to make recommendations to full Board.

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

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

3

August 1, 2013

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

Section 6.1m amended to include establishment of policies.

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

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

Section 2.1 established for
clarification regarding
common business name

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

Section 6.1.b replaced Project
with Executive

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

Section 6.1.m amended to
include ability to establish
policies

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

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

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

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

Section 8.13 added

Section 9 amended to read:
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

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

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

Section 9.3 amended to define an unexcused absence

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

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

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

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

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

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

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

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

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

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

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

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

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

Section 11.2 included for establishment of a Personnel Committee

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

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

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

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

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

Section 11.9 deleted
Committee members

Section 11.10 added to read: The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C.L. Brumback Priamary Care Clinics. The Finance Committee will report to the full Board of Directors. The Finance Committee will meet on a monthly basis, and may include clinic staff employees. The Finance Committee will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee. Section 13 added: “unless contrary procedure is established by the Articles of Incorporation, these Bylaws, standing rule, or by resolution of the Board of Directors.

February 18, 2014

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

Section 11 renumbered for efficiency.

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

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

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

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

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

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

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

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

Added Section 6.1.q

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

Section 9.5.b added.

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

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

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

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

1. Description: Election of Officers and Committee Appointments

2. Summary:

This agenda item presents the annual election of Officers and Committee Appointments.

3. Substantive Analysis:

The Clinic Bylaws require the Officers of the Board to be elected each year. This agenda item presents the current Officers of the Board as well as the current Committee Appointments. The Clinic Bylaws only permit someone to hold a specific officer position for two consecutive terms. Officers in their second term are not permitted to hold the same Officer Position for another term. However, they can hold other Officer Positions. Committee appointments do not have limits on how long a Board Member can serve on a committee.

The current Officers of the Board are:

Chairperson

James Elder (Second Term)

Vice-Chairperson

Vacant

Secretary

Irene Figueroa (First Term)

Treasurer

Michael Smith (First Term)

The current Committee Appointments are:

Finance Committee:

James Elder

Michael Smith

Vacant

Membership / Nominating Committee:

John Casey Mullen

Irene Figueroa

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

Quality Council:
Julia Bullard

Planning Committee:
All Board Members

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook, CPA
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board Elect Officers and appoint Committee Membership/Designations.

Approved for Legal sufficiency:

Valerie Shahriari
VP & General Counsel

Thomas Cleare
AVP of Planning & Community Engagement

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

1. Description: Executive Director Informational Update

2. Summary:

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

- All Clinics Re-opened

3. Substantive Analysis:

All Clinics Re-opened

As of 6/16/2020 all clinics have been re-opened and all services are being offered. Dental is still limited to emergencies only.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020


6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

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

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Chibar	Charmaine	MD	Pediatrics	Initial Credentialing
Millien	Eleonore	APRN	Nurse Practitioner	Recredentialing
Zangeneh	Yasmine	DMD	Dentist	Recredentialing
Ferwerda	Ana	MD	Obstetrics & Gynecology	Recredentialing
Perez	Daniel	MD	Family Medicine	Recredentialing

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

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

Charmaine Chibar, MD is joining the West Palm Beach Clinic specializing in Pediatrics. She attended Emory University School of Medicine and completed her residency at

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS

June 24, 2020

University of South Florida College of Medicine. Dr. Chibar is certified in Pediatrics by The American Board of Pediatrics. She has been in practice for over fifteen years.

Eleonore Millien, APRN joined the West Palm Beach Clinic in 2018 as a Nurse Practitioner specializing in Family Medicine. She attended Barry University and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. Ms. Millien has been in practice for over ten years and is fluent in French and Creole.

Yasmine Zangeneh, DMD joined the West Boca Clinic in 2018 specializing in Pediatric Dentistry. She attended the University of Florida, College of Dentistry and completed her residency at University of Rochester, School of Medicine and Dentistry. Dr. Zangeneh is certified in Pediatric Dentistry by The American Board of Pediatric Dentistry. She has been in practice for eleven years and is fluent in Farsi.

Ana Ferwerda, MD joined the Lake Worth Clinic in 2016 specializing in Obstetrics and Gynecology. She attended the Ponce School of Medicine and completed her residency at Allegheny General Hospital. Dr. Ferwerda is certified in Obstetrics and Gynecology by The American Board of Obstetrics and Gynecology. She has been in practice for five years and is fluent in Spanish.

Daniel Perez, MD joined the Lake Worth Clinic in 2016 specializing in Family Medicine. He attended the Higher Institute of Medicine, Santiago Cuba and completed his residency at the American Academy of Family Physicians. Dr. Perez is certified in Family Medicine by The American Board of Family Medicine. He has been in practice for eleven years and is fluent in Spanish.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook, CPA
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

6. Recommendation:

Staff recommends the Board approve the initial credentialing and privileging of Dr. Charmaine Chibar, MD, Pediatrics

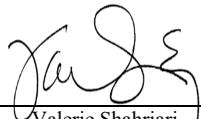
Staff recommends the Board approve the recredentialing and renewal of privileges of Eleonore Millien, APRN, Family Nurse Practitioner.

Staff recommends the Board approve the recredentialing and renewal of privileges of Dr. Yasmine Zangeneh, DMD, Pediatric Dentistry.


Staff recommends the Board approve the recredentialing and renewal of privileges of Dr. Ana Ferwerda, MD, Obstetrics and Gynecology.

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

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

1. Description: Operations Reports – June 2020

2. Summary:

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

- COVID-19 Testing

3. Substantive Analysis:

We are currently providing drive thru COVID-19 testing at the FITTEAM Ball Park and Belle Glade Clinic. Additionally, we offer walk up and walk in testing in Jupiter, West Palm Beach, Lantana, Delray, Belle Glade, and SCOUT (our new mobile testing unit).

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

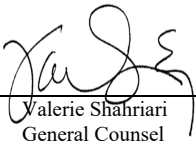
Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020


6. Recommendation:

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


Approved for Legal sufficiency:



Valerie Shahriari
General Counsel



Dr. Hyla Fritsch
Director of Clinic Operations and Pharmacy
Services



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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

1. Description: Patient Relations Dashboard Report

2. Summary:

This agenda item provides the following:

- Quarterly Patient Relations Dashboard Q1 - 2020

3. Substantive Analysis:

- See attached Quarterly Patient Relations Dashboard.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel H. Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

6. Recommendation:

Staff recommends the Board Approve the Quarterly Patient Relations Dashboard for Q1 2020.


Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



David Speciale
Director of Patient Experience



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

Patient Relations C.L. Brumback Primary Care Clinics

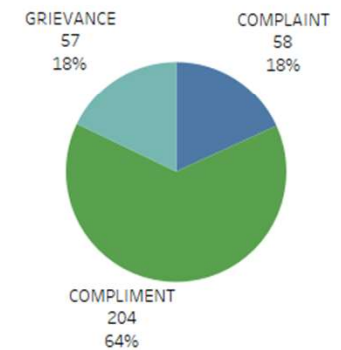
C.L. Brumback Primary Car..

Event Date
 04/01/2019 to 03/31/2020

Patient Detail

TOTAL	2019													2020				
	Q2				Q3				Q4				Total	Q1				Total
	April	May	June	Total	July	August	Septemb..	Total	October	November	December	Total		January	February	March	Total	
COMPLAINT	5	4	4	13	2	5	7	14	2	5	12	19	46	4	4	5	13	13
GRIEVANCE	7	4	5	16	3	2	5	10	2	3	4	9	35	9	11	2	22	22

	2019													2020			
	Q2				Q3				Q4				Total	Q1			
	April	May	June	Total	July	August	Septemb..	Total	October	November	December	Total		January	February	March	Total
Care & Treatment	6	5	4	15	5	3	5	13	1	3	9	13	6	11	1	1	18
Communication	3		1	4		2	2	4	1	2	4	7	1	1			2
Finance		1		1		2	2	4									
Other			4	4			1	1	2	2	2	6					
Pharmacy	2			2									1	1			2
Physician Related		1		1			1	1					1				1
Respect Related	1	1		2			1	1	1	1		3	4	2			6



TOTAL	2019													2020				
	Q2				Q3				Q4				Total	Q1				Total
	April	May	June	Total	July	August	Septemb..	Total	October	November	December	Total		January	February	March	Total	
COMPLIMENT	9	4	15	28	11	6	25	42	8	1	14	23	93	46	53	12	111	111

	2019													2020			
	Q2				Q3				Q4				Total	Q1			
	April	May	June	Total	July	August	Septemb..	Total	October	November	December	Total		January	February	March	Total
Care & Treatment		2		2	1			1					2	28	33		33
Clinical Support Staff	1	1	4	6	2	2	1	5		2		2	28	33			33
Communication					3			3									
Nursing Related			1	1					1			1	2	3	5		8
Other	5		10	15	3	1	14	18	1	11		12	8	13			21
Pharmacy															1		1
Physician Related	2	1		3	1	3	1	5		1	7	8	1	7	1		9
Respect Related	1			1	1		9	11									11

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

1. Description: Quality Report

2. Summary:

This agenda item provides the following:

- UDS Report – YTD March 2020

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

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

PATIENT SATISFACTION & GRIEVANCES

No updates.

QUALITY ASSURANCE & IMPROVEMENT

Of the 14 UDS Measures: 6 exceeded the HRSA Goal and 8 were short of the HRSA Goal.

Adult weight screening, Tobacco screening, Depression Screening and Follow-up, Coronary Artery Disease, Dental Sealants, and Childhood Immunization measures were met. Interventions are planned for all the measures that are not at goal.

The childhood immunization measure is 18% higher than the value for 2019. Pre-visit planning, improvements in documentation and scheduling practices have contributed to the increase.

Provider training on documentation is planned at the next provider meeting to improve the Asthma pharmacologic therapy and IVD: antiplatelet therapy measures. Staff and provider training is planned in order to increase cervical and colon cancer screening rates.

UTILIZATION OF HEALTH CENTER SERVICES

C. L. Brumback Primary Care Clinics will offer patients Telemedicine as well as in-person medical visits in order to encourage social distancing and meet current industry standards. We will continue to provide COVID-19 testing for the community at most of our clinic locations.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
June 24, 2020

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Joel Snook
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

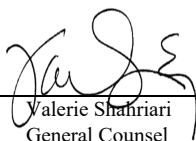
Committee Name

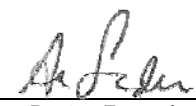
Date Approved


6. Recommendation:

Staff recommends the Board Approve the YTD UDS.

Approved for Legal sufficiency:

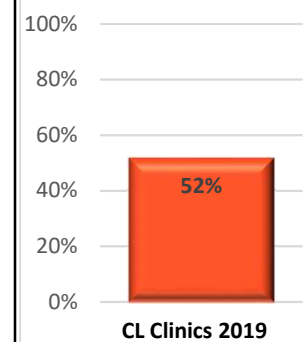
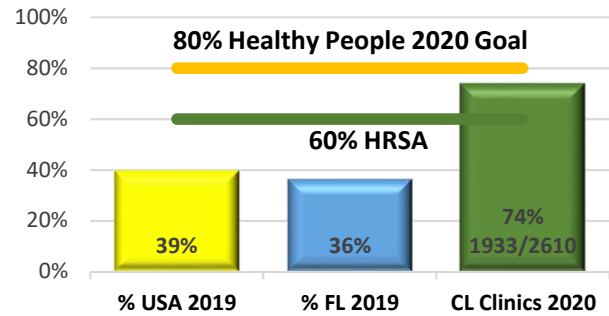

Valerie Shahriari
General Counsel


Dr. Ana Ferwerda
FQHC Medical Director

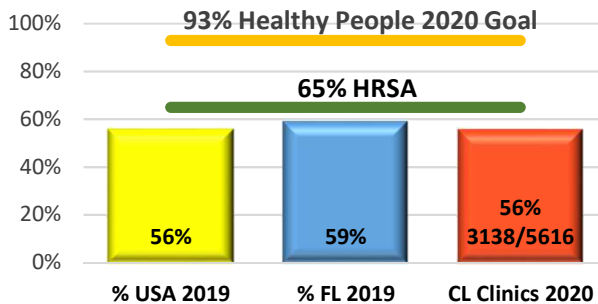

Dr. Belma Andric
Chief Medical Officer, VP & Executive Director
of Clinic Services

C. L. BRUMBACK PRIMARY CARE CLINICS
YTD March 2020

CHILDHOOD IMMUNIZATION

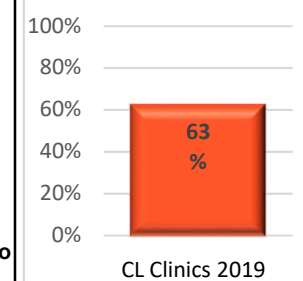


CERVICAL CANCER SCREENING

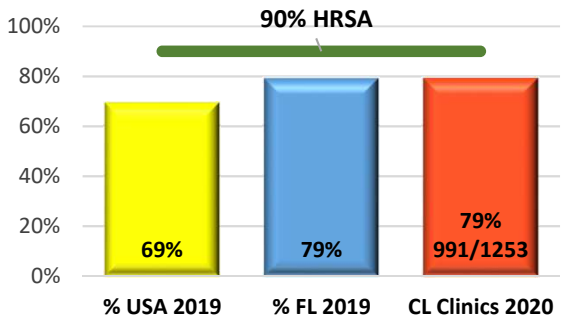
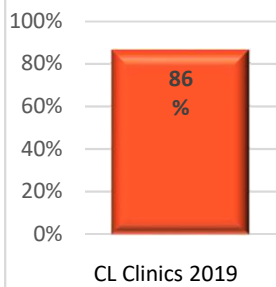
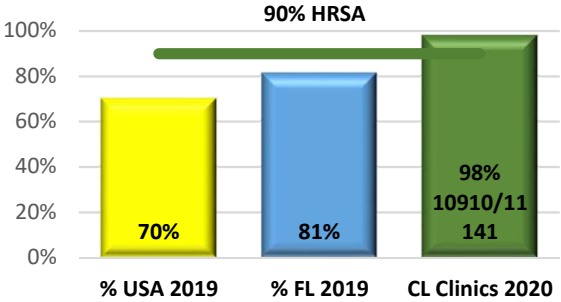
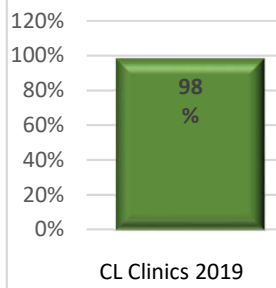
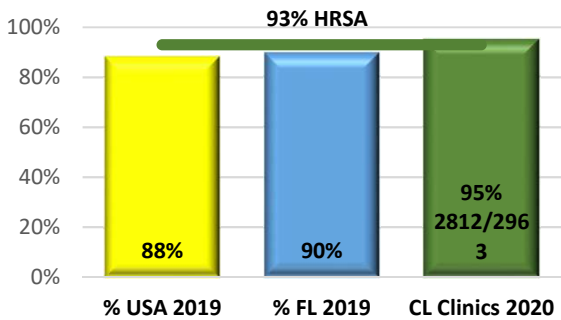
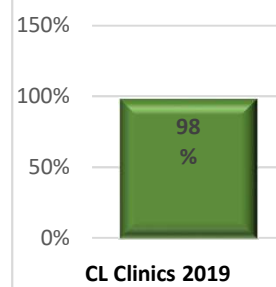


Findings: 1. Difficulty getting records from outside providers that have performed the screening. 2. Patients are showing as non-compliant although they did not have an encounter in the measurement year.

Interventions: 1. Develop care teams to improve efficiencies in following up on requested medical records. 2. Ongoing cervical cancer screening education provided to providers.

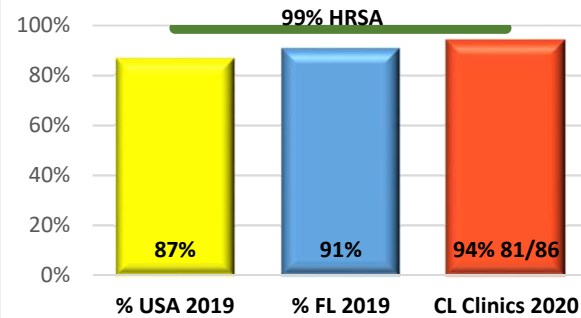


C. L. BRUMBACK PRIMARY CARE CLINICS
YTD March 2020

WEIGHT SCREENING AND COUNSELING FOR CHILDREN AND ADOLESCENTS		
 <p> 90% HRSA 100% 80% 60% 40% 20% 0% 69% 79% 79% 991/1253 % USA 2019 % FL 2019 CL Clinics 2020 </p>	<p> Findings: 1. Providers not dropping the order group at every visit. Interventions: 1. Continue to train providers that health education should be given at every visit regardless of reason for visit. </p>	 <p> 100% 80% 60% 40% 20% 0% 86% CL Clinics 2019 </p>
ADULT WEIGHT SCREENING AND FOLLOW UP		
 <p> 90% HRSA 100% 80% 60% 40% 20% 0% 70% 81% 98% 10910/11141 % USA 2019 % FL 2019 CL Clinics 2020 </p>		 <p> 120% 100% 80% 60% 40% 20% 0% 98% CL Clinics 2019 </p>
TOBACCO USE SCREENING AND CESSATION INTERVENTION		
 <p> 93% HRSA 100% 80% 60% 40% 20% 0% 88% 90% 95% 2812/2963 % USA 2019 % FL 2019 CL Clinics 2020 </p>		 <p> 150% 100% 50% 0% 98% CL Clinics 2019 </p>

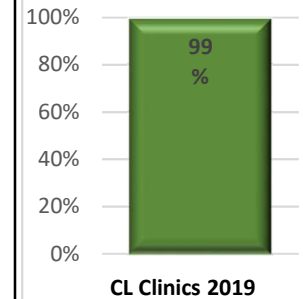
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD March 2020

ASTHMA PHARMACOLOGIC THERAPY

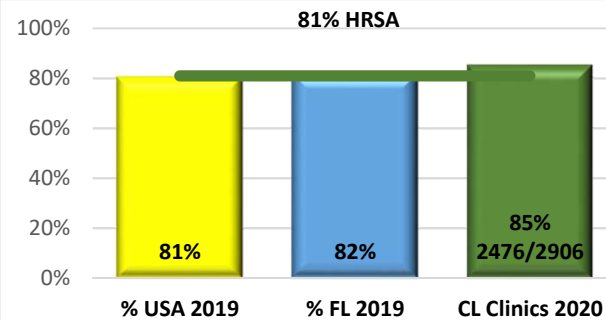


Findings: 1. Asthma medication must dated as active in 2020. 2. Some providers were using inappropriate asthma classification.

Interventions: 1. Providers have been trained on asthma classifications. 2. Charts are being continuously audited to revise dating and classification errors.



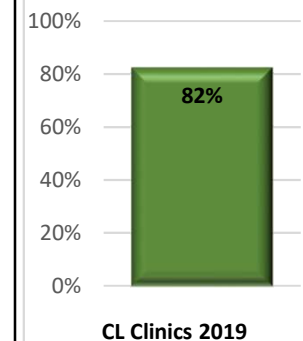
CORONARY ARTERY DISEASE (CAD): LIPID THERAPY



Findings: There are patients who have been recognized as meeting exclusion criteria for measure, however are still presenting as requiring statin on quality tab.

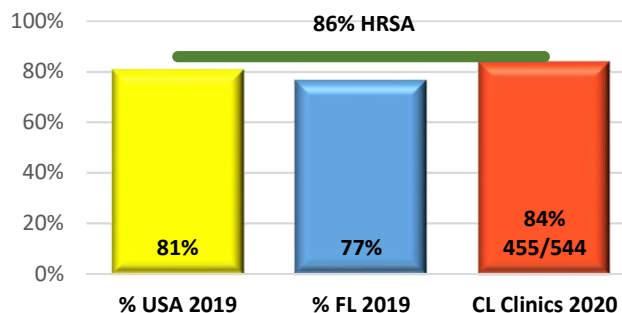
This measure covers 3 populations. It is the theory that the diabetic patients are what is holding us back.

Interventions: (1) Send ticket to Athena for review of exclusion criteria. (2) Measure validation and audit to be completed.



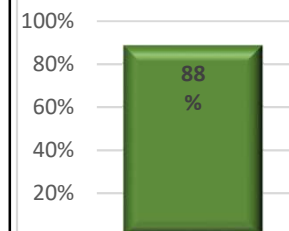
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD March 2020

ISCHEMIC VASCULAR DISEASE (IVD): Antiplatelet Therapy

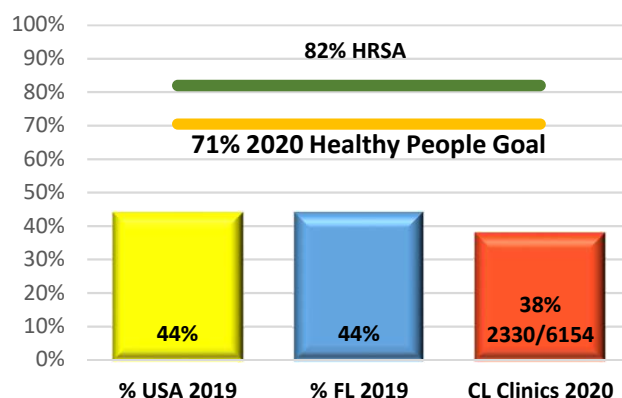


Findings: 1. Aspirin not documented under medication list.

Interventions: 1. Providers encouraged to review medication list and include Aspirin.

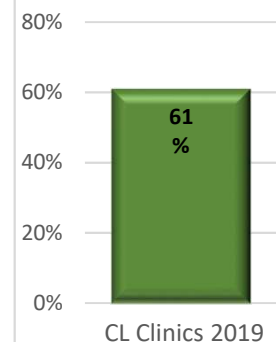


COLORECTAL CANCER SCREENING

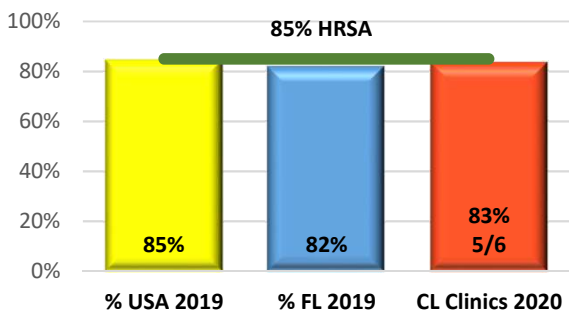


Findings: 1. Difficulty in getting FIT test returned from patient. 2. Some patients may have colonoscopies in Allscripts that have not been updated in Athena.

Interventions: 1. Encourage POD 2. More robust patient follow up through phone call reminders. 3. Custom report developed and dashboard created 4. Work on importing colonoscopy quality data into Athena. 5. Plan charity colonoscopy program with community partners for uninsured patients.

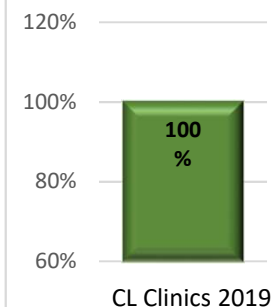


HIV LINKAGE TO CARE

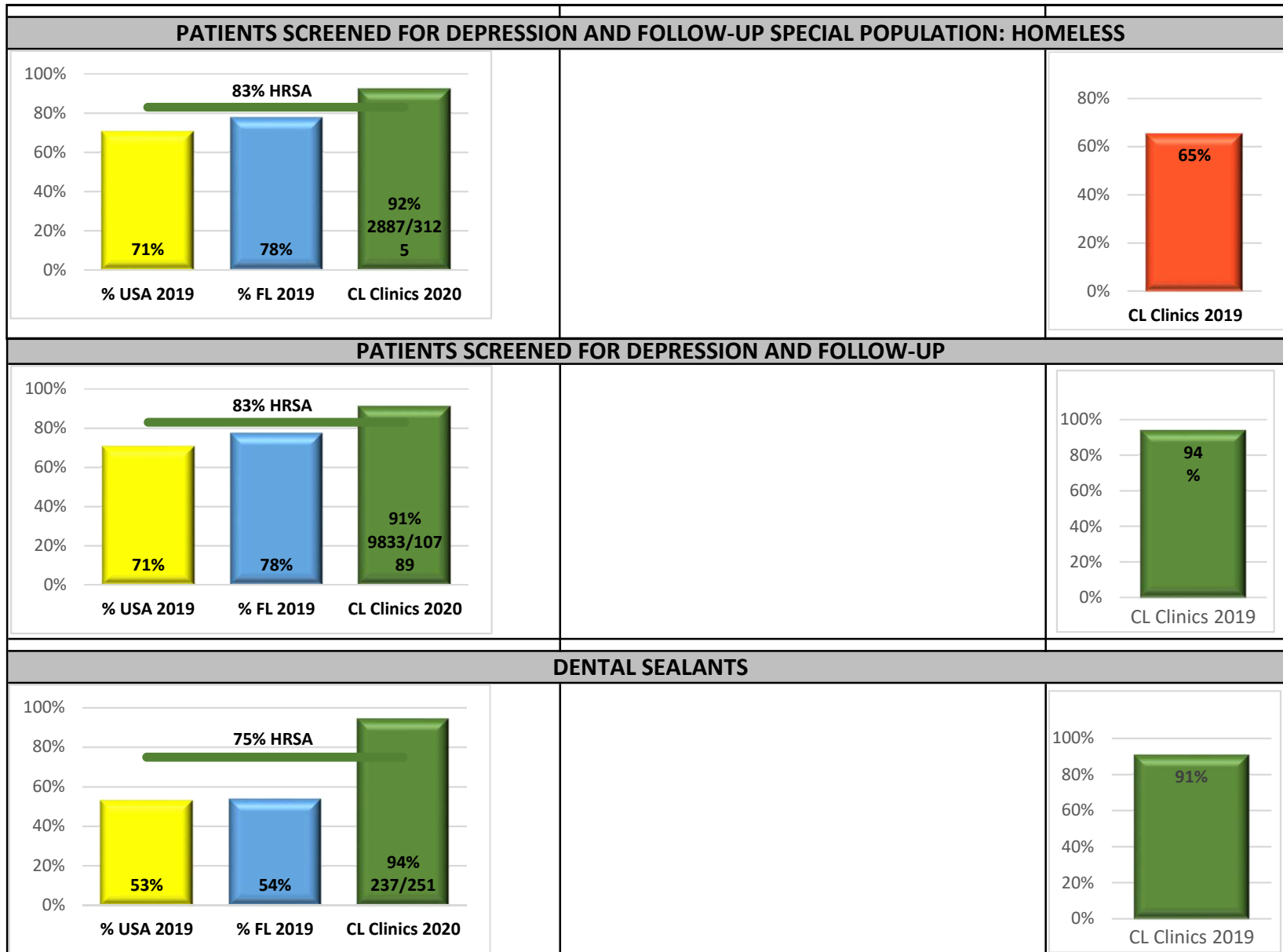


Findings: 1. Linkage to care time decreased from 90 to 30 days.

Interventions: 1. Providers educated on changes to the measure and opportunities for linkage to care.

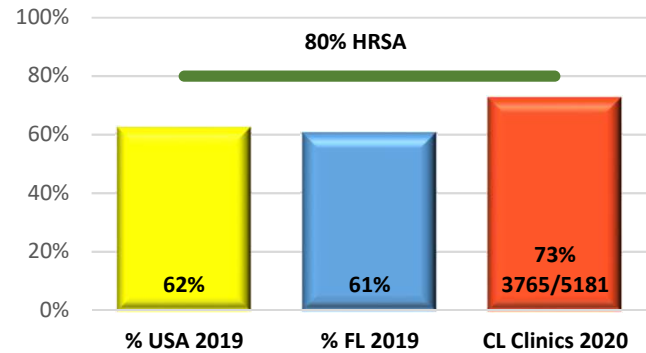


C. L. BRUMBACK PRIMARY CARE CLINICS
YTD March 2020



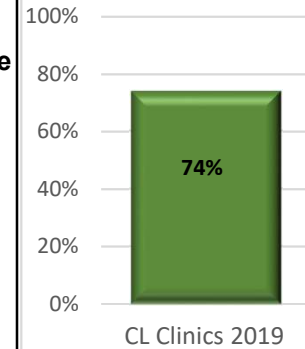
C. L. BRUMBACK PRIMARY CARE CLINICS
YTD March 2020

HYPERTENSION

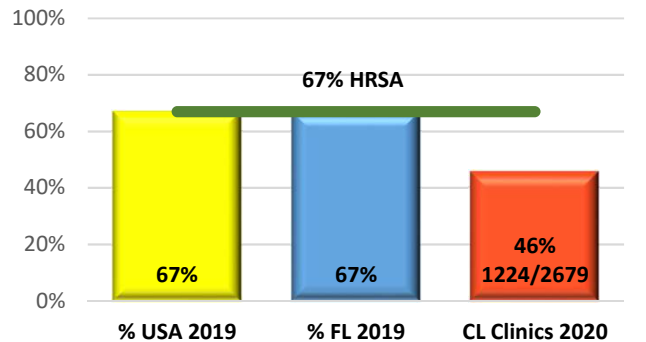


Findings: 1. Providers failing to give short term follow up for uncontrolled BP 2. non-adherence to medication regimen.

Interventions: 1. Reeducate on short interval follow up for uncontrolled hypertension and advancement of therapy 2. Encourage use of combination pills. 3. Pharmacy will begin sending patient messages to providers to recommend changing to combination therapy when appropriate.



DIABETES



Findings: 1. Many patients did not meet the measure because they did not have HgbA1c during measurement period.

Interventions: 1. POC HgbA1c testing implemented to increase patient compliance.

