



Health Care District
PALM BEACH COUNTY

**JOINT MEETING
HEALTH CARE DISTRICT BOARD AND
FINANCE AND AUDIT COMMITTEE
July 24, 2018**

**Meeting Location
600 Okeechobee Blvd.
West Palm Beach, FL 33401**

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 COMMISSIONERS & FINANCE AND AUDIT COMMITTEE
JOINT MEETING AGENDA
July 24, 2018 at 2:00 PM
600 Okeechobee Blvd.
West Palm Beach, FL 33401**

- 1. Call to Order – Brian Lohmann, Chair**
 - A. Roll Call
 - B. Invocation
 - C. Pledge of Allegiance
 - D. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.
- 2. Agenda Approval**
 - A. Additions/Deletions/Substitutions
 - B. Motion to Approve Agenda
- 3. Awards, Introductions and Presentations**
 - A. 2018/2019 Budget
- 4. Disclosure of Voting Conflict**
- 5. Public Comment**
- 6. Meeting Minutes**
 - A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of May 22, 2018. [Pages 1-7]
- 7. Consent Agenda – Motion to Approve Consent Agenda Items**
 - A. **ADMINISTRATION**
 - 7A-1 **RECEIVE AND FILE:**
July 2018 Internet Posting of District Public Meeting.
<http://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=171&m=00&DisplayType=C>

7. Consent Agenda (Continued)

- 7A-2 **RECEIVE AND FILE**
Health Care District Board Attendance. [Page 8]
- 7A-3 **RECEIVE AND FILE**
Finance and Audit Committee Attendance. [Page 9]
- 7A-4 **Staff Recommends a MOTION TO APPROVE:**
Billing and Collection Procedure. (Dawn Richards) [Pages10-22]
- 7A-5 **Staff Recommends a MOTION TO APPROVE:**
Implementation Strategy. (Dawn Richards) [Pages 23-32]
- 7A-6 **Staff Recommends a MOTION TO APPROVE:**
Plain Language Summary. (Dawn Richards) [Pages 33-35]
- 7A-7 **Staff Recommends a MOTION TO APPROVE:**
Lakeside Financial Assistance Policy. (Dawn Richards) [Page 36-54]
- 7A-8 **Staff Recommends a MOTION TO APPROVE:**
Medical Staff Bylaws. (Karen Harris) [Pages 55-141]
- 7A-9 **Staff Recommends a MOTION TO APPROVE:**
RFQ for Radiology Services at Lakeside Medical Center. (Karen Harris)
[Pages 142-143]
- 7A-10 **Staff Recommends a MOTION TO APPROVE:**
Amendment to the Finance and Audit Committee Charter. (Valerie Shahriari)
[Pages 144-151]
- 7A-11 **Staff Recommends a MOTION TO APPROVE:**
Insurance Broker Services. (Valerie Shahriari) [Pages 152-154]
- 7A-12 **RECEIVE AND FILE:**
Lakeside Medical Center Confidential Public Records Request Quarterly Report.
(Valerie Shahriari) [Pages 155-157]
- 7A-13 **Staff Recommends a MOTION TO APPROVE:**
Medical Staff Appointments for Lakeside Medical Center. (Belma Andric, MD)
[Pages 158-160]

8. Regular Agenda

A. ADMINISTRATION

- 8A-1 **Staff Recommends a MOTION TO APPROVE:**
Legal Pre-Suit Settlement. (Valerie Shahriari) [Pages 161-166]

8. Regular Agenda (Continued)

- 8A-2 **Staff Recommends a MOTION TO APPROVE:**
Appointments of Eddie Rhodes and Maria Vallejo to the Lakeside Health Advisory Board. (Tom Cleare) [Pages 167-186]
- 8A-3 **RECEIVE AND FILE:**
Health Care District Financial Statements June 2018. (Dawn Richards) [Pages 187-241]
- 8A-4 **Staff Recommends a MOTION TO APPROVE:**
Lakeside Medical Center Contracted Physician Expenditures. (Dawn Richards) [Pages 242-243]
- 8A-5 **Staff Recommends a MOTION TO APPROVE:**
Tentative Millage Rate. (Dawn Richards) [Page 244-247]

9. Committee Reports

- 10.1 Finance and Audit Committee Report – (No Report)
- 10.2 Quality, Patient Safety and Compliance Committee – (No Report)
- 10.3 Lakeside Health Advisory Board Report – (No Report)
- 10.4 C.L. Brumback Primary Care Clinics Board Report – (Commissioner Neering)

10. CEO Comments

11. Finance and Audit Committee Member Comments

12. HCD Board Member Comments

13. Establishment of Upcoming Board Meetings

September 11, 2018 - Hilton West Palm Beach

- 5:15PM, Truth In Millage (TRIM) Meeting

September 25, 2018

- 2:00PM, Health Care District Board Meeting
- 5:15PM, Truth In Millage (TRIM) Meeting

November 27, 2018

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

14. Motion to Adjourn



**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
BOARD OF COMMISSIONERS MEETING
SUMMARY MINUTES
May 22, 2018, 2:00 p.m.
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order

Philip Ward called the meeting to order.

A. Roll Call

Board members present included: Philip Ward, Chair; Brian Lohmann, Vice Chair; Nancy Banner, Secretary; Sean O'Bannon; Cory Neering and Dr. Alina Alonso. Les Daniels was absent.

Staff present included: Darcy Davis, Chief Executive Officer; Dawn Richards Chief Financial Officer; Dr. Belma Andric, Chief Medical Officer; Dr. Tom Cleare, VP of Strategy; Karen Harris, VP of Field Operations; Ellen Pentland, Chief Compliance Officer and Christy Goddeau, Legal Counsel.

Recording/Transcribing Secretary: Heidi Bromley

B. Invocation

Ms. Davis led the invocation.

C. Pledge of Allegiance

The Pledge of Allegiance was recited.

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

2. Agenda Approval

A. Additions/Deletions/Substitutions

It was requested that item 8A-8 Catherine Feliciano be removed from the approval listing for credentialing and items 8A-13 and 8A-14 be pulled to re-word the language and bring back to the next Board meeting.

B. Motion to Approve Agenda

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the agenda as amended. The motion was duly seconded by Commissioner Banner. There being no opposition, the motion passed unanimously.

3. Awards, Introductions and Presentations

A. Healey Center 100 Year Video.

Ms. Davis stated that we internally produced a video celebrating the Healey Center's 100 years and wanted to share with you so you could get some perspective on the Healey Center.

At this time, the video was shown.

B. GMEC Annual Institutional Review Executive Summary.

Dr. Nikerson Geneve presented the Board with the annual institutional review executive summary. The family medicine program at Lakeside Medical Center offers comprehensive residency training. We provide experience in family practice that allows graduates to practice independently in resource poor settings with diverse populations. Our mission is to provide community focused medical education and evidenced based, patient centered care. Improve health in rural western Palm Beach County. Model compassionate and efficient care using effective communication skills. We lead through excellence, collaboration and innovation. Our residents are trained to become competent and resourceful Board certified Family Physicians.

4. Disclosure of Voting Conflict

None.

5. Public Comment

Dr. Ivan Puente introduced himself as the Trauma Medical Director at Delray Medical Center. He expressed his concern and wanted the Board to be aware of some changes that have been proposed to the way they are getting compensated. He stated that changing back the methodology of compensation for trauma calls to the fee for service methodology could affect the quality of care delivered. Dr. Puente has received negative responses to the proposed change and is concerned that doctors might not stay within the call system.

Dr. Tom Saylor introduced himself as an orthopedic hand and microvascular surgeon who has been on staff at St. Mary's Medical Center and in this community for over 16 years. He expressed his concern over the proposed change in call coverage reimbursement from a subspecialist standpoint, not as much from a trauma surgeon standpoint. He requested that the Health Care District and Board

leave the current reimbursement model unchanged as the proposed fee for service model will likely result in discontinuation of hand surgery call coverage at St. Mary's Medical Center.

Chairman Ward expressed his thanks and stated that the commissioners of the Health Care District do express their appreciation for the dedicated professionals who serve the Palm Beach County trauma system. He stated that the Board is well aware of the action being taken by leadership.

6. Election of Officers

A. Chair

Commissioner Banner made a motion to elect Brian Lobmann as chair. The motion was duly seconded by Commissioner Alonso. There being no opposition, the motion passed unanimously.

B. Vice Chair

Commissioner Alonso made a motion to elect Nancy Banner as vice chair. The motion was duly seconded by Commissioner O'Bannon. There being no opposition, the motion passed unanimously.

C. Secretary

Commissioner Alonso made a motion to elect Sean O'Bannon as secretary. The motion was duly seconded by Commissioner Banner. There being no opposition, the motion passed unanimously.

7. Meeting Minutes

A. Staff Recommends a MOTION TO APPROVE: Joint Board Meeting Minutes of March 27, 2018

CONCLUSION/ACTION: Commissioner O'Bannon made a motion to approve the Board Meeting Minutes of March 27, 2018 as presented. The motion was duly seconded by Commissioner Alonso. There being no objection, the motion passed unanimously.

8. Consent Agenda – Motion to Approve Consent Agenda Items

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

A. ADMINISTRATION

8A-1 RECEIVE AND FILE:

May 2018 Internet Posting of District Public Meeting.

<http://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=171&m=00&DisplayType=C>

8A-2 RECEIVE AND FILE:

Health Care District Board Attendance.

8A-3 RECEIVE AND FILE:

Health Care District Financial Statements April 2018.

8A-4 RECEIVE AND FILE:

RFP Evaluation Process.

8A-5 RECEIVE AND FILE:

Amended 2018 Audit Plan.

8A-6 Staff Recommends a MOTION TO APPROVE:

Proclamation Recognizing the Trauma System.

8A-7 Staff Recommends a MOTION TO APPROVE:

Proclamation Recognizing the National Nurses Week.

8A-8 Staff Recommends a MOTION TO APPROVE:

Provider Appointments for Lakeside Medical Center.

8A-9 Staff Recommends a MOTION TO APPROVE:

Credentialing and Privileging of the Healey Center.

8A-10 Staff Recommends a MOTION TO APPROVE:

Public Records Access Policy Update.

8A-11 Staff Recommends a MOTION TO APPROVE:

Retention of Medical Records Policy.

8A-12 Staff Recommends a MOTION TO APPROVE:

Records Management Policy-Public Records Policy Update.

8A-13 RECEIVE AND FILE:

Amendment to the Finance & Audit Committee Charter.

8A-14 RECEIVE AND FILE:

Amendment to the Quality, Patient Safety & Compliance Committee Charter.

8A-15 **RECEIVE AND FILE:**
Board and Committee Membership Terms.

9. **Regular Agenda**

A. **ADMINISTRATION**

9A-1 **Staff Recommends a MOTION TO APPROVE:**
Litigation Claim Settlement Approval.

Christy Goddeau explained that this is a follow up to the March 27, 2018 closed session on the case of Pablo Corro vs. Blue Cross Blue Shield and the Health Care District of Palm Beach County. Ms. Goddeau requested a formal approval of the settlement from the Board.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the settlement agreement with Pablo Corro and Blue Cross Blue Shield. The motion was duly seconded by Commissioner Neering. There being no objection, the motion passed unanimously.

9A-2 **RECEIVE AND FILE:**
Corporate Risk Management Report.

Victoria Pruitt presented the Board with the Enterprise Risk Management Annual Risk report for 2017. The mission of Corporate Risk Management is to establish an effective framework for the Health Care District that will enable HCD to evaluate and prioritize its risk and risk mitigating activities. Each service line has a risk manager or designee whom identifies, assesses, and manages risk with their leadership teams. She reviewed the key items that were completed in 2017.

CONCLUSION/ACTION: Received and filed.

9A-3 **RECEIVE AND FILE:**
Shelter Support During Emergencies.

Karen Harris explained that the Health Care District is working with County officials to assist with providing medically trained staff at shelters during emergencies. The Health Care District has historically supported the special needs shelter for Palm Beach County during weather emergencies, by providing clinical support staff and pharmacy supplies. Ms. Harris stated that we are currently discussing an Interlocal Agreement with the County to provide the coverage they need for the shelters.

CONCLUSION/ACTION: Received and filed.

10. Committee Reports

10.1 Finance and Audit Committee Report

Commissioner Lohmann reported that the Finance and Audit committee reviewed the Investment report with John Grady from Public Trust Advisors. They reviewed the System Access Management Audit Report and approved the Amended 2018 Audit Plan with changes that management will make and bring back to the Board. They approved amendments to the Finance and Audit Committee charter which will include one member from the District Clinics Board and one member from the Lakeside Health Advisory Board to sit on both the Finance and Audit Committee and the Quality, Patient Safety and Compliance Committee.

10.2 Quality, Patient Safety and Compliance Committee Report

Commissioner Alonso reported that they had a really good meeting. She explained how much has improved in terms of quality and she's pleased to move forward and continue to focus on quality.

10.3 Lakeside Health Advisory Board Report

Commissioner Alonso reported that the election of officers was voted on and Reverend Robert Rease was nominated as the Chair of the Board. They nominated Sandra Chamblee as Vice Chair and Mary Weeks as Secretary. The Board discussed and approved the Lakeside Medical Center 2015-2018 Implementation Strategy as part of the IRS requirements that the Affordable Care Act instituted. The Board also received updates on activities at the hospital, the upcoming relocation of the clinic into the hospital, and an update on Telemedicine.

10.4 C.L. Brumback Primary Care Clinics Board Report

Commissioner Neering reported that the Board took action to keep Dr. Belma Andric as the interim Executive Director at least through September 2018. The Board also reviewed member attendance and appointed terms.

11. CEO Comments

Ms. Davis stated that Sandra Featherman who served on the Audit and Compliance Committee passed away at the age of 84. Ms. Davis stated that Brain Lohmann took a promotion in Belle Glade and is now the General Manager for the Sugar Cane Growers Cooperative of Florida. David Summers was appointed by Governor Rick Scott to the Florida Trauma System Advisory Council (one of eleven members). Ms. Davis also stated that she will provide the Board with an update on the Mental Health Counselors and proposal at the Strategic Planning session in July.

12. HCD Board Member Comments

Commissioner Neering thanked Commissioner Ward for his service as Board Chair. He asked staff to provide him with an update (off-line) on the Boards approach to fee for service vs per diem. He asked for some clarification on the policy regarding public comment.

Commissioner O'Bannon thanked Commissioner Ward for his service as Board Chair. He thanked Dr. Geneve for his presentation and the residents for choosing Belle Glade.

Commissioner Lohmann stated that staff from the District was invited to speak at the city commission meeting last night in Belle Glade. They shared the changes going on at the hospital and were able to inform the city commission that we were not closing the hospital; we were trying to improve things. He stated that changes need to be made and we need to get the community to understand that.

Chairman Ward commended staff for listening to the Board and moving forward with a lot of the initiatives that they were asked to proceed with. He stated that it's been an honor to be a part of it.

13. Establishment of Upcoming Meetings

July 24, 2018 - Hilton West Palm Beach

- 8:30AM, Health Care District Strategic Planning
- 2:00PM, Joint Meeting with Finance and Audit Committee

September 2018 (Dates TBD for two TRIM meetings)

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

November 27, 2018

- 2:00 p.m., Joint Meeting with Lakeside Health Advisory Board

14. Motion to Adjourn

There being no further business, the meeting was adjourned.

Sean O'Bannon, Secretary

Date

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

Attendance Tracking

	2/27/18	3/27/18	5/22/18	7/24/18	9/25/18	11/27/18
Philip Ward	x	x	x			
Brian Lohmann	x		x			
Nancy Banner	x	x	x			
Alina Alonso	x	x	x			
Leslie Daniels	x	x				
Sean O'Bannon	x	x	x			
Cory Neering	x	x	x			

**HEALTH CARE DISTRICT
OF PALM BEACH COUNTY
FINANCE and AUDIT COMMITTEE**

Attendance Tracking

	02/27/18	03/27/18	05/22/18	07/24/18	09/25/18	11/27/18
Brian Lohmann	✓		✓			
Nancy Banner	✓	✓				
Joseph Bergeron	✓	✓	✓			
Mike Burke	✓		✓			
Les Daniels	✓	✓				
Joan Roude	✓	✓				
Edward Sabin	✓	✓	✓			
Michael Smith	✓		✓			

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Billing and Collection Procedure

2. Summary:

Lakeside Medical Center is submitting the hospital Billing and Collection Procedure for approval.

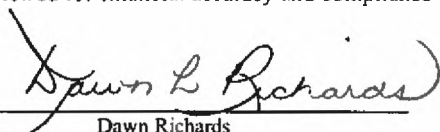
3. Substantive Analysis:

As a result of an audit completed by the Internal Revenue Service under IRC 501(r)(3) the Billing and Collection Procedure was amended to comply with applicable regulations and requires Board approval.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

07/24/2018

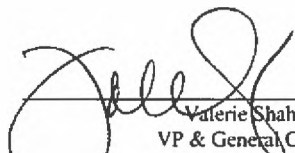
 Date Approved

6. Recommendation:

Staff recommends the Board approve the Billing and Collection Procedure.

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn L. Richards
VP & Chief financial Officer



Darcy J. Davis
Chief Executive Officer

PROCEDURE

Policy Title: **Billing and Collections**

Effective Date: 08/01/2018

Department: **Business Office**

Policy Number: N/A

PROCEDURE

After our patients have received services, it is the procedure of Lakeside Medical Center to bill patients and applicable payers accurately and in a timely manner. During this billing and collections process, staff will provide quality customer service and timely follow-up, and all unpaid accounts will be handled in accordance with the IRS and Treasury's 501(r) final rule under the authority of the Affordable Care Act.

APPLICABILITY

Lakeside Medical Center Business Office

AVAILABILITY

A copy of this procedure, the Financial Assistance Procedure, the Plain Language Summary of the Financial Assistance Procedure and the application for financial assistance are available at no charge by writing to the Admitting department at Lakeside Medical Center, 39200 Hooker Highway, Belle Glade FL 33430. You may also obtain a copy at the Admissions office, Business office, in our Emergency Room or on our website www.hcdpbc.org/for-patients/hospital under Billing and Insurance.

DEFINITIONS

Financial Assistance Policy (FAP): A separate policy that describes Lakeside Medical Center's financial assistance program—including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for financial assistance.

Reasonable Efforts: A certain set of actions a healthcare organization must take to determine whether an individual is eligible for financial assistance under Lakeside Medical Center's financial assistance policy. In general, reasonable efforts may include providing individuals with written and oral notifications about the FAP and application processes.

PROCEDURE

I. Billing Practices

Patient bills are generated by assigned charge code numbers. These numbers are linked to orders that are assigned to the departments. When a chart is completed and charges are finalized, the patient's bill will then be generate. All services of uninsured and insured patients are charged the same price.

PROCEDURE

Policy Title: **Billing and Collections**

Effective Date: 08/01/2018

Department: **Business Office**

Policy Number: N/A

A. Insurance Billing

Please note that it is the patient's responsibility to know their insurance benefits and coverage prior to their services at Lakeside Medical Center. All required referral(s) or authorizations must be secured prior to services. If a patient has questions regarding their financial responsibility or coverage of services at Lakeside Medical Center, they must contact their insurance carrier in advance of services.

1. For all insured patients, Lakeside Medical Center will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.
2. If a claim is denied (or is not processed) by a payer due to an error on our behalf, Lakeside Medical Center will not bill the patient for any amount in excess of what the patient would have owed had the payer paid the claim.
3. If a claim is denied (or is not processed) by a payer due to factors outside of our organization's control, staff will follow up with the payer and patient as appropriate to facilitate resolution of the claim. If resolution does not occur after prudent follow-up efforts, Lakeside Medical Center may bill the patient or take other actions consistent with current regulations and industry standards.

B. Patient Billing

Lakeside Medical Center only generates statements on assigned accounts which have been deemed as patient's responsibility and sent to the guarantor's address on file. It is the patient's obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for "Reasonable Effort" will have been made.

1. All uninsured patients will be billed directly and timely, and will receive three phone calls and a statements as part of the organization's normal billing process.
2. For insured patients, after claims have been processed by third-party payers, Lakeside Medical Center will bill patients in a timely fashion for their respective liability amounts as determined by their insurance benefits.

C. Payment Arrangements

Lakeside Medical Center may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in installments that can be paid within a (12) month calendar year.

1. Lakeside Medical Center may refer accounts to a collection agency as outlined in the Collections Practice section, if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

PROCEDURE

Policy Title: **Billing and Collections**

Effective Date: 08/01/2018

Department: **Business Office**

Policy Number: N/A

All patients may request an itemized statement for their accounts at any time. If one cannot be produced upon patient's request, Lakeside Medical Center will make every attempt to have it mailed to the patient's address on file within (7) seven day from the patient request. If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation.

II. Collections Practices

In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Procedure, Lakeside Medical Center may engage in collection activities to collect outstanding patient balances.

1. General collection activities may include follow-up calls and statements.
2. Lakeside Medical Center will maintain ownership of any debt referred to debt collection agencies, and patient accounts will be referred for collection only with the following reasons:
 - a. There is a reasonable basis to believe the patient owes the debt.
 - b. All third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient.
 - c. Lakeside Medical Center will not refer accounts for collection while a claim on the account is still pending payer payment. However, Lakeside Medical Center may classify certain claims as "denied" if such claims are stuck in "pending" mode for an unreasonable length of time despite efforts to facilitate resolution.
 - d. Lakeside Medical Center will not refer accounts for collection when the claim was denied due to a Lakeside Medical Center error. However, Lakeside Medical Center may refer the patient liability portion of such claims for collection if unpaid.
 - e. Lakeside Medical Center will not refer accounts for collection where the patient has submitted a completed application for financial assistance or other Lakeside Medical Center-sponsored program and Lakeside Medical Center has not yet notified the patient of its determination (provided the patient has complied with the timeline and information requests delineated during the application process).

Lakeside Medical Center will not take, nor allow any third party collection agency to take, any extraordinary collection actions. Reasonable collections efforts include self-pay and balance after insurance letters at

PROCEDURE

Policy Title: **Billing and Collections**

Effective Date: 08/01/2018

Department: **Business Office**

Policy Number: N/A

periodic intervals and other letters necessary to communicate status of account to patient or insurer. Billing statement are generated between 50 and 90 days from discharge date except where special circumstances exist such as appeals and third party payments. A copy of the Plain Language Summary will be included with each statement.

III. Financial Assistance

All billed patients will have the opportunity to contact Lakeside Medical Center to determine possible eligibility regarding financial assistance for their accounts, payment plan options and other applicable programs. Lakeside Medical Center's Financial Assistance Policy is available free of charge.

A. Request a copy of Financial Assistance

1. Patients may request a free copy of the Financial Assistance from the following:
 - a. In person in Admitting, Business Office or Emergency departments at 39200 Hooker Highway, Belle Glade, Fl. 33430
 - b. By calling Patient Financial Services at 1-561-995-6571 ext. 348419 or 34814
 - i. Individuals with questions regarding Lakeside Medical Center's Financial Assistance Policy may contact the financial counseling office at 1-561-996-6571 ext. 348419 or ext. 34814.
 - c. Located on our website at www.hcdpbc.org/for-patients/hospital under Billing & Insurance.

IV. Customer Service

- A. During the billing and collection process, Lakeside Medical Center will provide quality customer service by implementing the following guidelines:
 1. Lakeside Medical Center will enforce a zero tolerance standard for abusive, harassing, offensive, deceptive, or misleading language or conduct by its employees.
 2. Lakeside Medical Center will maintain a streamlined process for patient questions and/or disputes, which includes the phone number patients may call or an address they may write. This information will remain listed on all patient bills and collections statements sent.
 3. After receiving a communication from a patient (by phone or in writing), Lakeside Medical Center staff will return phone calls to patients as promptly as possible (but no more than two business day after the call was received).

PROCEDURE

Policy Title: **Billing and Collections**

Effective Date: 08/01/2018

Department: **Business Office**

Policy Number: N/A

CROSS-REFERENCES

26 CFR 1.501(r)

Financial Assistance Procedure

Plain Language Summary

APPROVED BY	DATE
_____	_____
_____	_____

PROCEDURE REVISION HISTORY

Original Procedure Date

03/12/2018

Revisions

08/01/2018

POLICY AND PROCEDURE

Policy Title: **Billing and Collections**

Effective Date: 05/01/2018

Department: **Business Office**

Policy Number: **N/A**

POLICY PROCEDURE

After our patients have received services, it is the policy of Lakeside Medical Center to bill patients and applicable payers accurately and in a timely manner. During this billing and collections process, staff will provide quality customer service and timely follow-up, and all unpaid accounts will be handled in accordance with the IRS and Treasury's 501(r) final rule under the authority of the Affordable Care Act.

APPLICABILITY

Lakeside Medical Center Business Office

AVAILABILITY

A copy of this procedure, the Financial Assistance Procedure, the Plain Language Summary of the Financial Assistance Procedure and the application for financial assistance are available at no charge by writing to the Admissions Office at Lakeside Medical Center, 39200 Hooker Highway, Belle Glade FL 33430. You may also obtain a copy at the Admissions office, Business Office, in our Emergency Room or on our website www.hcdpbc.org/for-patients/hospital under Billing and Insurance.

DEFINITIONS

Financial Assistance Policy (FAP): A separate policy that describes Lakeside Medical Center's financial assistance program—including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for financial assistance.

Reasonable Efforts: A certain set of actions a healthcare organization must take to determine whether an individual is eligible for financial assistance under Lakeside Medical Center's financial assistance policy. In general, reasonable efforts may include providing individuals with written and oral notifications about the FAP and application processes.

POLICY AND PROCEDURE

Policy Title:	Billing and Collections	Effective Date:	05/01/2018
Department:	Business Office	Policy Number:	N/A

PROCEDURE

I. Billing Practices

Patient bills are generated by assigned charge code numbers. These numbers are linked to orders and assigned to the departments. When a chart is completed and charges are finalized, the patient's bill will generate. All services of uninsured and insured patients are charged the same price.

A. Insurance Billing

Please note that it is the patient's responsibility to know their insurance benefits and coverage prior to their services at Lakeside Medical Center. All required referral(s) or authorizations must be secured prior to services. If you have questions regarding your financial responsibility or coverage of services at Lakeside Medical Center, please contact your insurance carrier in advance of services.

1. For all insured patients, Lakeside Medical Center will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.
2. If a claim is denied (or is not processed) by a payer due to an error on our behalf, Lakeside Medical Center will not bill the patient for any amount in excess of what the patient would have owed had the payer paid the claim.
3. If a claim is denied (or is not processed) by a payer due to factors outside of our organization's control, staff will follow up with the payer and patient as appropriate to facilitate resolution of the claim. If resolution does not occur after prudent follow-up efforts, Lakeside Medical Center may bill the patient or take other actions consistent with current regulations and industry standards.

B. Patient Billing

1. All uninsured patients will be billed directly and timely, and will receive three phone calls and a statement as part of the organization's normal billing process.
2. For insured patients, after claims have been processed by third-party payers, Lakeside Medical Center will bill patients in a timely fashion for their respective liability amounts as determined by their insurance benefits.
3. All patients may request an itemized statement for their accounts at any time. If one cannot be produced upon patient's request, Lakeside Medical Center will make every attempt to have it mailed to the patient's address on file within (7) seven day from the patient request.

POLICY AND PROCEDURE

Policy Title: **Billing and Collections**

Effective Date: 05/01/2018

Department: **Business Office**

Policy Number: N/A

4. If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation.
5. Lakeside Medical Center may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in installments that can be paid within a (12) month calendar year.
 - a. Lakeside Medical Center may refer accounts to a collection agency as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

II. Collections Practices

In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Procedure policy, Lakeside Medical Center may engage in collection activities to collect outstanding patient balances.

1. General collection activities may include follow-up calls and statements.
2. Patient balances may be referred to a third party for collection at the discretion of Lakeside Medical Center to include reporting unpaid debts to credit reporting agencies and /or credit bureaus.
3. Lakeside Medical Center will maintain ownership of any debt referred to debt collection agencies, and patient accounts will be referred for collection only with the following reasons:
 - b. There is a reasonable basis to believe the patient owes the debt.
 - c. All third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient.
 - d. Lakeside Medical Center will not refer accounts for collection while a claim on the account is still pending payer payment. However, Lakeside Medical Center may classify certain claims as "denied" if such claims are stuck in "pending" mode for an unreasonable length of time despite efforts to facilitate resolution.
 - e. Lakeside Medical Center will not refer accounts for collection when the claim was denied due to a Lakeside Medical Center error. However, Lakeside Medical Center may refer the patient liability portion of such claims for collection if unpaid.

POLICY AND PROCEDURE

Policy Title: **Billing and Collections**

Effective Date: 05/01/2018

Department: **Business Office**

Policy Number: **N/A**

f. Lakeside Medical Center will not refer accounts for collection where the patient has submitted a completed application for financial assistance or other Lakeside Medical Center-sponsored program and Lakeside Medical Center has not yet notified the patient of its determination (provided the patient has complied with the timeline and information requests delineated during the application process).

g. Lakeside Medical Center will not take, nor allow any third party collection agency to take, any extraordinary collection actions.

h. Reasonable collections efforts include self-pay and balance after insurance letters at periodic intervals (1 day, 21 days, 42 days), statements (42 days, 63 days), missed payment reminders (3 days after payment due date) and other letters necessary to communicate status of account to patient or insurer.

III. Financial Assistance

A. All billed patients will have the opportunity to contact Lakeside Medical Center to determine possible eligibility regarding financial assistance for their accounts, payment plan options and other applicable programs.

1. Lakeside Medical Center's Financial Assistance Policy is available free of charge.

Request a copy:

a. In person at Patient Financial Services in Admitting, Business Office or Emergency departments at 39200 Hooker Highway, Belle Glade, FL 33430

b. By calling Patient Financial Services at 1-561-995-6571

c. Located on our website at www.hcdjbc.org/for-patients/hospital under Billing & Insurance.

2. Individuals with questions regarding Lakeside Medical Center's Financial Assistance Policy may contact the financial counseling office at 1-561-996-6571.

IV. Customer Service

A. During the billing and collection process, Lakeside Medical Center will provide quality customer service by implementing the following guidelines:

1. Lakeside Medical Center will enforce a zero tolerance standard for abusive, harassing, offensive, deceptive, or misleading language or conduct by its employees.

POLICY AND PROCEDURE

Policy Title: **Billing and Collections**

Effective Date: 05/01/2018

Department: **Business Office**

Policy Number: **N/A**

2. Lakeside Medical Center will maintain a streamlined process for patient questions and/or disputes, which includes the phone number patients may call or an address they may write. This information will remain listed on all patient bills and collections statements sent.

3. After receiving a communication from a patient (by phone or in writing), Lakeside Medical Center staff will return phone calls to patients as promptly as possible (but no more than two business day after the call was received).

RESPONSIBILITY

Lakeside Medical Center Business Office

CROSS-REFERENCES

26 CFR 1.501(r)

Financial Assistance Policy Procedure

Plain Language Summary

Primary Billing

Early Out Assignment

Bad Debt Assignment

APPROVED BY	DATE
_____	_____
_____	_____

POLICY AND PROCEDURE

Policy Title: **Billing and Collections**

Effective Date: 053/0112/2018

Department: **Business Office**

Policy Number: **N/A**

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PROCEDURE REVISION HISTORY

Original Procedure Date

Revisions

<u>03/12/2018</u>

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Implementation Strategy

2. Summary:

Lakeside Medical Center is submitting the hospital Implementation Strategy for approval.

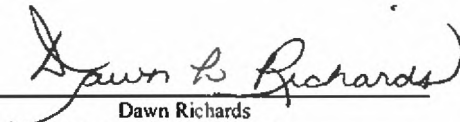
3. Substantive Analysis:

As a result of an audit completed by the Internal Revenue Service under IRC 501(r)(3) the Implementation Strategy was drafted to comply with applicable regulations and requires Board approval.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

07/24/2018

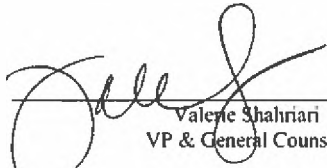
 Date Approved

6. Recommendation:

Staff recommends the Board approve the Implementation Strategy.

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

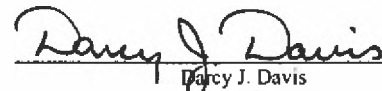
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn L. Richards
VP & Chief financial Officer



Nancy J. Davis
Chief Executive Officer



Lakeside Medical Center

Health Care District Palm Beach County



Owned and Operated by the Health Care District of Palm Beach County

2015-18 Implementation Strategy

April 2018



Health Care District
PALM BEACH COUNTY

Introduction

Lakeside Medical Center, the only public hospital in Palm Beach County, is a vital component of the health care safety net for the county's rural, western agricultural communities known as the Glades. Owned and operated by the Health Care District of Palm Beach County, Lakeside Medical Center treats over 34,000 patients a year. Located in Belle Glade, Florida, Lakeside Medical Center primarily serves the tri-city region comprised of Belle Glade, Pahokee and South Bay. The Glades is a medically underserved area where the rates of unemployment, uninsured and residents living below the poverty level are significantly higher than the rates elsewhere in the county. The 70-bed, all-private room acute care facility is accredited by The Joint Commission and is among the few rural teaching hospitals in the state of Florida. Lakeside Medical Center is designated as a Statutory Rural Hospital.

One of the mandates of the Health Care District, a special taxing district created by the voters in 1988 and guided by the Palm Beach County Health Care Act 2003-326 FL Law, is to provide medical services to the residents of the Glades. The Health Care District opened Lakeside Medical Center in October of 2009. The more centrally-located hospital replaced the Health Care District's former hospital, Glades General, which was built in the 1940's and ceased operations the day Lakeside Medical Center opened its doors. The closest private hospital is nearly 30 miles away. Lakeside Medical Center is also one of the largest employers in the Glades. The hospital features 16 emergency treatment rooms with innovative digital imaging technologies, six private labor and delivery rooms, 10 postpartum rooms and 2,275-square-feet of community classroom space in the dining area. This meeting space is available to the community and is utilized by the hospital as well to provide wellness education on such topics as diet, exercise and chronic disease control. Outside, a large on-campus helipad with direct access to the Emergency Room allows rapid service by the Health Care District's two Trauma Hawk air ambulances to the region's trauma centers.

Mission, Vision and Values

Our mission at Lakeside Medical Center is to serve as the "Safety Net" for the Glades by providing high quality, patient and family centered services in a safe, teaching environment. Our vision is to be the healthcare "Partner of Choice" for our healthy community. Our values are:

- Compassion
- Accountability
- Excellence
- Collaboration
- Respect

While the hospital is equipped with modern equipment and procedures, the dedicated staff's approach to quality patient care revolves around compassion and understanding. The medical staff at Lakeside Medical Center is trained in a healthcare delivery model that emphasizes relationship, partnership, teamwork and critical thinking in patient care delivery.

In 2017, Lakeside Medical Center received a deficiency-free risk/patient safety survey from the Florida Agency for Healthcare Administration. Also in 2017, the hospital engaged a new Board-certified ED group that is experienced at treating higher acuity patients. In 2018, Lakeside Medical Center was recognized by Florida Blue with a 2018 Blue Distinction® Center for Maternity Care designation, as part of the Blue Cross Blue Shield Association's Blue Distinction Specialty Care program. Blue Distinction Centers are nationally designated hospitals that show expertise in delivering improved patient safety and better health outcomes, based on objective measures that were developed with input from the medical community

Services

Lakeside Medical Center offers both inpatient and outpatient services, obstetrics, pediatrics, general surgery, radiology (including CT, MRI/MRA, nuclear medicine, ultrasound, fluoroscopy and mammography), and respiratory therapy.

Family Medicine – Lakeside Medical Center's medical staff includes both primary care physicians and specialists who together provide comprehensive and continuing health care for the individual and the family across all ages. The primary care doctors at Lakeside Medical Center provide care that is based on knowledge of the patient in the context of the family and the community. Lakeside Medical Center's Family Physicians and Chief of Surgery are fluent in English, Spanish and Creole.

Teaching Hospital – In July 2011, the hospital established a Family Medicine Residency Program to train 15 resident physicians to serve rural communities. The hospital serves as the main clinical training site along with the Health Care District's Federally Qualified Health Centers, the C. L. Brumback Primary Care Clinics, which have two sites in the Glades: one provides adult and pediatric medical and pharmacy services and the other provides dental services. Planning is underway for the Primary Care Clinics to relocate to the hospital to provide medical, dental, pharmacy and behavioral health services under one roof and decrease utilization of the hospital ER for primary care. In 2013, the program graduated its inaugural class and June 2018 will mark the program's sixth annual graduation ceremony. The goal of the Residency Program is to cultivate family physicians who will continue to practice in the Glades after graduation.

Women's Health – Lakeside Medical Center offers enhanced Women's Health Services, including primary care, maternal and childcare, and bone densitometry to help women through all stages of their personal health. The hospital offers technologically advanced digital mammography screenings for earlier detection of breast cancer.

Neonatal and Pediatrics – Lakeside Medical Center has a dedicated team of specialists who provide neonatal (newborns up to 28 days old) and pediatric (infants, children and adolescents) hospitalist services on site, 24 hours a day, 365 days a year.

Governance

The hospital is guided by the Lakeside Health Advisory Board (LHAB), which is comprised of Glades community leaders who serve on a voluntary basis. LHAB's responsibilities include evaluating community health needs through District-supported needs assessments and serving as health advocates for the Glades community. LHAB reports to the Health Care District of Palm Beach County's Board of Commissioners (d/b/a District Hospital Holdings, Inc.) Three Health Care District Board of Commissioners are appointed by the Governor of Florida, three by the Palm Beach County Board of Commissioners, and one is a representative of the State Department of Health. One of the seats appointed by the Palm Beach County Board of Commissioners is held by a representative of the Glades communities.

Community Health Needs Assessment

At the request of the Health Care District of Palm Beach County and the Florida Department of Health in Palm Beach County, the Health Council of Southeast Florida (HCSEF) developed the 2016 Palm Beach County, Florida Glades Region Health Assessment, a subset of the overall Palm Beach County Community Health Needs Assessment. The Health Care District Board and the LHAB had discussed the assessment during a joint workshop in November 2015 and at a joint Board meeting in May 2016. The focus of the assessment was identifying health indicators within the Glades region that present areas of concern, gaps in care or services and opportunities for improvement.

During strategic planning sessions of the Health Care District Board in September 2016, the Health Care District Board approved a strategy to develop relationships with external partners countywide and in the Glades in order to expand the health care safety net, increase access to care, and improve health outcomes for residents who lack access to needed services. The tactics included issuing an RFP to select community partners who share the District's mission to receive funding as a sponsored program that would deliver needed services without duplicating other local, State or Federal programs. The Glades Region Health Assessment was released in December 2016. The Glades Region Health Assessment credits the members of the Lakeside Health Advisory Board for their dedication and participation.¹

Service Area

The Glades region is a rural agricultural area in western Palm Beach County bordering the southeastern shores of Lake Okeechobee. The area is comprised of the communities of South Bay, Belle Glade, Canal Point, and Pahokee. Belle Glade is the largest city with an estimated population of more than 19,130.² For the year 2014, as outlined in the 2016 Glades Region

¹ Health Council of Southeast Florida, 2016 Palm Beach County, Florida Glades Region Health Assessment

² United States Census Bureau, Quick Facts, retrieved on April 20, 2018 from population estimates, July 1, 2016 (v2016) <https://www.census.gov/quickfacts/fact/table/bellegladecityflorida,palmbeachcountyflorida/PST040217>

Health Assessment, there were approximately 34,509 individuals residing in the Glades, representing 2.5% of Palm Beach County's total population of 1,359,074.³

A majority of the Glades' residents identified as Black or African American and Non-Hispanic or Latino.⁴ Of the Glades' residents that identified as foreign-born, most were from Latin America, the Caribbean, and Central America. Poverty and socioeconomic status often hinders access to many services including medical care and nutrition and ultimately negatively affect health outcomes. During this time, the percentage of residents below the poverty level was more than double in the Glades' communities than in the county.⁵ In 2014, the highest percentage of residents in the Glades who lived in poverty were female.⁶ Also in 2014, residents of Belle Glade, Pahokee and South Bay that identified as Black or African American experienced higher rates of poverty (27% below the poverty level) than residents that identified as White (11.5 % below the poverty level.)⁷ All communities in the Glades region had higher rates of families living below the poverty level when compared to the rate in Palm Beach County during the same time.⁸

The 2014 per capita income in the Glades (\$13,641 in Belle Glade and \$6,187 in South Bay) is less than half of that of the county (\$33,072).⁹ Family income for the Glades in 2014 was also considerably lower than Palm Beach County.¹⁰ All four Glades communities had higher percentages of households with food stamps/SNAP benefits when compared to the county's 9.7%; the highest percentage was in Belle Glade at 34.0%.¹¹ In 2014, the rate of unemployment was significantly higher in all Glades communities (the highest in Pahokee at 25.7%) than in Palm Beach County (10.8%).¹² The Glades region has been denoted as a state-designated priority rural area. South Bay, Belle Glade, and Pahokee are also designated rural areas of critical economic concern by the state.¹³

In 2014, the college enrollment rate was lower in the Glades communities than in the county. In fact, in 2014 the Glades had a higher percentage of individuals 25 years and over with less than a 9th grade education than the county.¹⁴ From 2011 through 2015, the Glades communities consistently had lower graduation rates than Palm Beach County.¹⁵ For the 2015-

³ Health Council of Southeast Florida, 2016 Palm Beach County, Florida Glades Region Health Assessment

⁴ Ibid

⁵ Ibid

⁶ Ibid

⁷ Ibid

⁸ Ibid

⁹ Ibid

¹⁰ Ibid

¹¹ Ibid

¹² Ibid

¹³ Ibid

¹⁴ Health Council of Southeast Florida, 2016 Palm Beach County Florida Glades Region Health Assessment

¹⁵ Ibid

2016 school year, the graduation rate in the Glades region was 62.5%. During the same period, Palm Beach County experienced a graduation rate of 82.3%.¹⁶

Among the twelve medically underserved areas/populations in Palm Beach County, the Glades holds the third lowest score.¹⁷ In 2014, the Glades had a high percentage of civilian, noninstitutionalized residents who were uninsured with the highest percentage of uninsured, 26.8%, living in Belle Glade followed by 23.8% in Pahokee. In 2014, those who identified as Hispanic or Latino (of any race) were more likely to be uninsured.¹⁸

Transportation challenges can restrict residents' access to care. In 2014, Belle Glade had the highest percentage of households with no vehicle available (20.2%) compared to 6.6% in the county. Language is often a barrier to health care access. In 2014, over one-third of residents living in the Glades region spoke a language other than English. Of those individuals, over half (57.6%) were reported to speak English less than "very well." Of the residents that reported speaking a language other than English, 76.9% reported speaking Spanish or Spanish Creole at home.¹⁹

Health Disparities

In 2014, the diabetes death rate for all Blacks in Palm Beach County was 32/100,000 while it was just 10/100,000 for all Whites.²⁰ The most common cause of death in the Glades in 2015 was malignant neoplasm (cancer), responsible for 54 deaths, followed by heart disease, responsible for 49 deaths, and unintentional injury, responsible for 26 deaths, cerebrovascular diseases, responsible for 23 deaths and diabetes mellitus, responsible for 16 deaths.²¹

According to the Centers for Disease Control and Prevention, 30.3 million US adults have diabetes, and 1 in 4 of them do not realize they have it. Diabetes is the seventh leading cause of death in the US and the number one cause of kidney failure, lower-limb amputations, and adult-onset blindness. In the last 20 years, the number of adults diagnosed with diabetes has more than tripled as the American population has aged and become more overweight or obese.²²

Implementation Strategies

¹⁶ Ibid

¹⁷ Ibid

¹⁸ Ibid

¹⁹ Ibid

²⁰ Florida Department of Health, Florida Community Health Assessment Resource Tool Set (CHARTS) retrieved on April 18, 2018 from

<http://www.flhealthcharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0090>

²¹ Health Council of Southeast Florida, 2016 Palm Beach County Florida Glades Region Health Assessment

²² Centers for Disease Control and Prevention (CDC) "Diabetes by the Numbers" retrieved from

<https://www.cdc.gov/diabetes/basics/diabetes.html>

In January 2017, the 2016 Palm Beach County Community Health Needs Assessment was presented to the LHAB at its meeting and the LHAB began the process of identifying initiatives that could be funded through Sponsored Programs to address areas of unmet health care needs. At an LHAB meeting in May 2017, the Glades Region Health Assessment was reviewed with the LHAB members and the top five causes of death in the Glades community were identified. Among these were heart disease, cerebrovascular disease and diabetes. Discussions ensued about adopting one of the conditions and the LHAB unanimously approved a motion for staff to develop an initiative to address diabetes in the Glades community.

During the Lakeside Health Advisory Board meeting in July 2017, representatives of the Palm Health Care Foundation provided a presentation on the "Healthier Together" project. The Glades cities of Belle Glade, Pahokee, and South Bay were among the six regions supported by the project. It was noted that residential participation was integral to the process and upcoming initiatives referred to as "community conversations" were identified. The speakers were advised that the LHAB had selected diabetes intervention and education as a focus area.

At the LHAB's October 2017 meeting, the Executive Director of the Diabetes Coalition of Palm Beach County delivered a presentation about the 50-member organization, which is comprised of representatives of local hospitals, universities, the general public, free clinics and Federally Qualified Health Centers. Lakeside Medical Center has been a long-standing partner in the Coalition's initiatives, annually participating every November as a screening site for patients during the organization's countywide Diabetes Awareness Month initiatives. The LHAB Board Chair suggested the need to provide education and tools for prevention to the Glades community. The LHAB unanimously approved directing staff to work with the Diabetes Coalition and its Executive Director to select a program to implement in the Glades.

During the joint meeting of the LHAB and the Health Care District Board in November 2017, the District Board approved the recommendation of the Sponsored Programs RFP selection committee for program awards. One of the criteria for ranking the proposals was how closely the proposed services aligned with Priority Areas and Objectives identified in the 2016 Palm Beach County Community Health Improvement Plan. Several of the agencies selected for awards actively provide services to Glades residents related to the LHAB's diabetes initiative, including the Diabetes Coalition of Palm Beach County, South Florida Hunger Coalition, and Healthy Mothers, Healthy Babies. Funding for the 17 proposing organizations as approved by the Health Care District Board totaled \$1.4 million.

Next Steps

Services to Glades residents with limited health care access are currently being provided through the community partnerships outlined above. Plans are underway for Lakeside Medical Center to collaborate with the Diabetes Coalition of Palm Beach County to educate residents and promote wellness, nutrition, and fitness in the Glades. In addition, Lakeside Medical Center's newly Certified Lactation Consultant is working with local providers in the Glades to

teach expectant mothers about the importance of breastfeeding in the first six months of a child's life. As outlined in the Glades Region Health Assessment, breastfeeding improves health outcomes for both mother and baby.

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Plain Language Summary

2. Summary:

Lakeside Medical Center is submitting the hospital Plain Language Summary for approval.

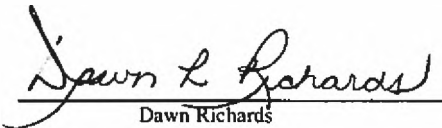
3. Substantive Analysis:

As a result of an audit completed by the Internal Revenue Service under IRC 501(r)(3) the Plain Language Summary was drafted to comply with applicable regulations and requires Board approval.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

07/24/2018

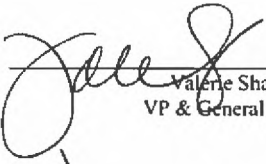
 Date Approved

6. Recommendation:


Staff recommends the Board approve the Plain Language Summary.

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

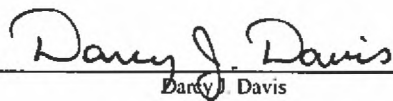
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn L. Richards
VP & Chief financial Officer



Darcy J. Davis
Chief Executive Officer

Plain Language Summary of Financial Assistance Programs Lakeside Medical Center

Lakeside Medical Center understands patients have concerns about their medical treatment. We also know you have concerns about paying for medical care. We are committed to providing access to health care for all. We offer several financial assistance programs to help with bills for medically necessary services. No patient eligible for financial assistance is billed more than the amount generally billed to individuals who have insurance covering the medically necessary care. In addition, we offer extended payment terms to eligible patients.

Financial Assistance Programs Available and Eligibility Criteria

1. Discounted Rates – Available to patients with no insurance coverage and based on the maximum amount that a Medicare beneficiary would be responsible for paying.
2. Charity Care – Available to patients who meet specific income tests based on Federal Poverty Guidelines. Full assistance is available for those who are 200% below the poverty level. Sliding fee scales are available for those who fall between 201% and 400% of the poverty level.
3. District Cares Program – Available for Palm Beach County Residents only and based on Federal Poverty Guidelines.
4. Medicaid – Assistance with application is available from the Admissions Office.

Eligibility criteria: Includes gross income, family size, employment status, assets. Applicants may be presumed eligible based on factors such as homelessness, low income housing, and subsidized school lunch program. Please refer to our Financial Assistance Policy for details on the above programs.

Application Process

Completed Applications need to be submitted with all requested documents (proof of income, tax returns, paycheck stubs, etc.) to the appropriate address identified below. For more information, to obtain an Application and for assistance with the application process, please call the telephone number below or visit a Financial Counselor in the Admitting area of the Hospital. Details of the application process and required documents are included in our Financial Assistance Policy.

How to obtain Application Form, Plain Language Summary or Financial Assistance Policy

You may obtain a free copy of the Financial Assistance Policy, Plain Language Summary and an Application in English, Spanish and Haitian Creole from our website: www.hcdpbc.org/for-patients/hospital under Billing & Insurance. In addition, copies of these documents are available in the Admission and Emergency Room areas of Lakeside Medical Center. You may also request the documents by writing to the Admissions Office at the address listed below or contacting us at the phone number listed.

Admissions Office
Lakeside Medical Center
39200 Hooker Highway
Belle Glade FL 33430
(561) 996-6571

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Lakeside Financial Assistance Policy

2. Summary:

Lakeside Medical Center is submitting the hospital Financial Assistance Policy for approval.

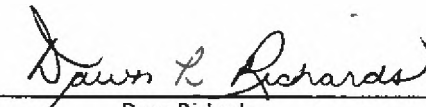
3. Substantive Analysis:

As a result of an audit completed by the Internal Revenue Service under IRC 501(r)(3) the Financial Assistance Policy was amended to comply with applicable regulations and requires Board approval.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

07/24/2018

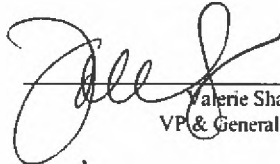
 Date Approved

6. Recommendation:

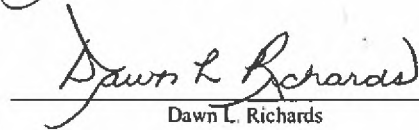
Staff recommends the Board approve the Lakeside Financial Assistance Policy.

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

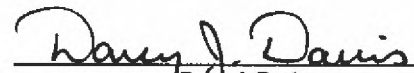
Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn L. Richards
VP & Chief financial Officer



Darcy J. Davis
Chief Executive Officer

POLICY

Policy Title: **Financial Assistance**

Effective Date: 05/01/2018

Department: **Admitting**

Policy Number: N/A

APPLICABILITY

This policy applies to all emergency and other medically necessary care provided by Lakeside Medical Center to Palm Beach County residents, as well as to the services provided at the hospital facility by those providers listed in Exhibit A. Those physicians and providers who may provide emergency treatment and medically necessary care at the hospital facility but who are not covered by this policy are listed in Exhibit B. The determination of financial assistance may be made before admission, at the time of admission, or shortly thereafter. Eligibility for financial assistance will only be considered after all potential payment sources have been exhausted. The co-pay and/or coinsurance amount will be pursued for all accounts with the exception of deceased and homeless patients with no other guarantor. Patient account transactions for patients deemed eligible for financial assistance will be posted in the month the determination is made. Additional information is included in the Hospital Billing and Collection Procedure.

AVAILABILITY

A copy of this policy, the Plain Language Summary of this policy, the application for financial assistance and the Hospital Billing and Collection Procedure will be made available at no charge by writing to the Admissions Office at Lakeside Medical Center, 39200 Hooker Highway, Belle Glade FL 33430. You may also obtain a copy at the Admissions office, Business Office, in our Emergency Room or on our website www.hcdpbc.org/for-patients/hospital under Billing and Insurance.

DEFINITIONS

Lakeside Medical Center: Referred to herein as "Hospital."

Federal Poverty Level Guidelines (FPLG): Updated by the federal government annually, these guidelines are used to determine eligibility for financial assistance by comparing household income to household size.

Financial Assistance: The process of discounting charges for patients who meet eligibility criteria, up to a 100% reduction of patient financial responsibility.

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting their payment obligations.

Underinsured: The patient has some level of insurance or third party assistance but still has out of pocket expenses that exceed their ability to pay.

POLICY

Policy Title: **Financial Assistance**

Effective Date: 05/01/2018

Department: **Admitting**

Policy Number: N/A

PROCEDURE

Eligibility Criteria for Financial Assistance

Eligibility for financial assistance will be considered for those who are uninsured, underinsured, ineligible for any government health care benefit program and are unable to pay for their care, based upon a determination of financial need in accordance with this procedure. The granting of financial assistance is based on an individualized determination of financial need and will not take into account age, gender, race, social or immigration status, disability, sexual orientation or religious affiliation. The Hospital, in its sole discretion, will determine whether or not patients are eligible to receive financial assistance for deductibles, co-insurance or copayment responsibilities.

No patient eligible under this Procedure will be charged more than the amount generally billed (AGB) to other patients for emergency or other medically necessary services. AGB is determined using the billing and coding process used for individuals covered by Medicare and represents the maximum amount that the Medicare beneficiary would be responsible for paying for services rendered. Amounts charged means the amount the patient is personally responsible for paying after all deductions, discounts (including FAP discounts) and insurance reimbursements have been applied.

In addition to assessing eligibility under this procedure, the Hospital may take other actions in the event of non-payment. These actions are explained in the Hospitals Billing and Collection Procedure.

Determination of Need

1. Financial need will be determined based on an assessment that involves:
 - a. An application process, in which the patient or the patient's guarantor are required to cooperate and supply personal and financial information on an application, in addition to supporting documentation relevant to making a determination of financial need;
 - b. The use of externally publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. Reasonable efforts by the Hospital to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs;
 - d. Consideration of the patient's available assets and all financial resources available to the patient; and
 - e. A review of the patient's outstanding accounts receivable for prior services rendered by the Hospital, as well as the patient's payment history.

POLICY

Policy Title: **Financial Assistance**

Effective Date: 05/01/2018

Department: **Admitting**

Policy Number: N/A

2. Requests for financial assistance shall be processed promptly and the Hospital will notify the patient or applicant in writing within thirty (30) days of receipt of a completed application.

Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for financial assistance but there is not a current Financial Assistance application on file. In the event there is no documentation to support a patient's eligibility for financial assistance, the Hospital will use outside agencies for the purpose of determining eligibility for financial assistance. When an eligibility determination is made based on the patient's presumptive circumstances, the only discount that can be provided is a one-hundred percent (100%) write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- State funded prescription programs;
- Homeless or received care from a homeless clinic;
- Participation in Women, Infants and Children Program (WIC)
- Food stamp eligibility;
- Subsidized school lunch program eligibility;
- Eligibility for other state or local assistance programs that are unfunded;
- Low income/subsidized housing is provided as a valid address
- Medicaid eligible with exhausted benefits or coverage limits exceeded
- Patient is deceased with no known estate
- When no documentation or verification of eligibility is available, the patient is considered a self-pay patient until documentation is provided to support financial need and eligibility for a financial assistance program.

Financial Assistance Eligibility Guidelines

Hospital services will be made available to the patient on a sliding fee scale, in accordance with financial need as determined in reference to Federal Poverty Level Guidelines (FPLG) in effect at the time of the determination as follows:

- Patients whose family income is at or below 200% of the FPLG qualify for a 100% reduction in financial responsibility.

POLICY

Policy Title: **Financial Assistance**

Effective Date: 05/01/2018

Department: **Admitting**

Policy Number: N/A

- Patients whose family income exceeds 200% of the FPLG but are no more than 300% of the FPLG qualify to receive an 80% discount Medicare's expected reimbursement.
- Patients whose family income exceeds 300% of the FPLG but are no more than 400% of the FPLG qualify to receive a 60% discount Medicare's expected reimbursement.
- Patients whose family income exceeds 400% of the FPLG qualify to receive a 40% discount of Medicare's expected reimbursement.

Process for Applying for Financial Assistance

1. A completed Financial Assistance Application must be submitted
2. All alternative payment sources will be reviewed to assist in payment of a patient's account prior to screening for financial assistance eligibility.
3. Once these sources have been exhausted, a patient will be requested to supply documentation of Palm Beach County residency and financial status, which may include:
 - a. Tax Returns
 - b. W-2 forms
 - c. Paycheck Stubs
 - d. Government or employer sponsored benefits, such as Workers' Compensation, Unemployment Compensation, long-term or short-term disability, SSI or SSDI.
 - e. A completed financial assistance application
 - f. Utility bill, rental lease or occupancy agreement.
4. This information will be screened against the current Federal Poverty Level Guidelines. Patients falling within these guidelines will qualify for financial aid and their account will be written off to the extent allowable by the guidelines.
5. Patients with insurance coverage leaving the patient with financial obligations that are beyond their ability to pay can also qualify for financial assistance. Once deemed eligible, account balances will be written off using the "Financial Assistance" adjustment code.
6. This approval will be valid for twelve (12) months and can be used retroactively for services up to three (3) months prior to submission of a financial assistance application.
7. Documentation for financial assistance determination must include the following:

POLICY

Policy Title: **Financial Assistance**

Effective Date: 05/01/2018

Department: **Admitting**

Policy Number: N/A

- a. Annual Gross household Income
- b. Number of family members
- c. Other information used for this determination

Application Approval

Prior to submission of the application for approval, the documentation to support the application will be reviewed by the Financial Counselor. Any missing or additional documentation required will be obtained prior to the application being approved.

Documentation required for write off amount:

1. Patient bill
2. Patient ledger card
3. Remittance advice
4. Patient financial class
5. Payments received
6. Other pertinent information.

All applications will be reviewed and approved by the Financial Counselor. Balances greater than \$2,500 will require the approval of the Finance Manager. Balances greater than \$10,000 will require the approval of the Chief Financial Officer.

Communication of the Financial Assistance Policy to Patients and the Public

Using language comprehensible to an ordinary layperson, the Hospital will publicize the availability of financial assistance and the method of application to be used. This information will be provided in the languages spoken by the population served by the Hospital. Means of publication include but are not limited to:

- Documentation will be available in the Admissions, Business Office and Emergency Departments.
- Notice will be posted in the Admissions, Emergency and Business Office departments.
- Notice will be posted on the Hospital website. Policies and forms will also be available on the website.
- Information will be provided to the public upon request.
- Information will be provided to all patients upon registration or admission.

CROSS-REFERENCES

Federal Poverty Level Guidelines

POLICY

Policy Title: **Financial Assistance**

Effective Date: 05/01/2018

Department: **Admitting**

Policy Number: N/A

Florida Statutes, Section 395.301

26 CFR 1.501(r)

Health Care District of Palm Beach County District Wide Policy – Financial Assistance – 201508-FA

Billing and Collections Policy

Plain Language Summary

POLICY

Policy Title: **Financial Assistance**

Effective Date: 05/01/2018

Department: **Admitting**

Policy Number: N/A

APPROVED BY	DATE
Dawn Richards, Chief Financial Officer	
Board Approval	

POLICY REVISION HISTORY

Original Policy Date

01/01/2011

Revisions

02/22/2012

10/31/2014

POLICY

Policy Title: **Financial Assistance**

Effective Date: 05/01/2018

Department: **Admitting**

Policy Number: N/A

Exhibit A

Lakeside Physician Practices

POLICY

Policy Title: **Financial Assistance**

Effective Date: 05/01/2018

Department: **Admitting**

Policy Number: N/A

Exhibit B

Private Practices Providing Direct Billing:

Cardiology Partners

Palm Beach Nephrology

Lake Surgical/Hendry Regional Medical Center

Palm Beach Pathology, PA

Elite Medical Services at Lakeside, LLC

Kidney Specialists of the Palm Beaches

Hospital Medicine Associates

Lake Surgical / Hendry Regional Medical Center

Palm Beach Pathology, PA

Lakeshore Anesthesia

Kidz Medical Services

Wellington Imaging Associates

OB/GYN Specialists of the Palm Beaches

PROCEDURE

Policy Title: **Financial Assistance**

Effective Date: 02/22/2012~~05/01/2018~~

Department: **Admitting**

Policy Number: N/A

POLICY

~~See Districtwide Financial Assistance Policy.~~

APPLICABILITY

This procedure applies to all emergency and other medically necessary care provided by Lakeside Medical Center to Palm Beach County residents, as well as to the services provided at the hospital facility by those providers listed in Exhibit A. Those physicians and providers who may provide emergency treatment and medically necessary care at the hospital facility but who are not covered by this procedure are listed in Exhibit B. ~~The determination of financial assistance generally should be~~ may be made before admission, at the time of admission, or shortly thereafter. ~~However, events after discharge could impact a patient's ability to pay.~~ Eligibility for financial assistance will only be considered after all potential payment sources have been exhausted. The co-pay and/or coinsurance amount will be pursued for all accounts with the exception of deceased and homeless patients with no other guarantor. Patient account transactions for patients deemed eligible for financial assistance ~~will~~ must be posted in the month the determination is made. Additional information is included in the Hospital Billing and Collection Procedure.

AVAILABILITY

A copy of this procedure, the Plain Language Summary of this procedure, the application for financial assistance and the Hospital Billing and Collection Procedure will be made available at no charge by writing to the Admissions Office at Lakeside Medical Center, 39200 Hooker Highway, Belle Glade FL 33430. You may also obtain a copy at the Admissions office, Business Office, in our Emergency Room or on our website www.hcdpbc.org/for-patients/hospital under Billing and Insurance.

DEFINITIONS

Lakeside Medical Center: Referred to herein as "Hospital."

Federal Poverty Level Guidelines (FPLG): Updated by the federal government annually, these guidelines are used to determine eligibility for financial assistance by comparing household income to household size.

Financial Assistance: ~~Formerly known as "Charity Care," financial assistance refers to~~ the process of discounting charges for patients who meet eligibility criteria, up to a 100% reduction of patient financial responsibility.

PROCEDURE

Policy Title: **Financial Assistance**

Effective Date: 02/22/2014-205/01/2018

Department: **Admitting**

Policy Number: N/A

Uninsured: ~~The~~ patient has no level of insurance or third party assistance to assist with meeting their payment obligations.

Underinsured: The patient has some level of insurance or third party assistance but still has out of pocket expenses that exceed their ~~financial abilities~~ ability to pay.

PROCEDURE

Eligibility Criteria for Financial Assistance

Eligibility for financial assistance will be considered for those ~~residents of Palm Beach County~~ who are uninsured, underinsured, ~~and ineligible~~ for any government health care benefit program and ~~who are~~ unable to pay for their care, based upon a determination of financial need in accordance with this ~~procedure~~ they. The granting of financial assistance ~~will be~~ based on an individualized determination of financial need and will not take into account age, gender, race, social or immigration status, disability, sexual orientation ~~or~~ of religious affiliation. The Hospital, in its sole discretion, will determine whether or not patients are eligible to receive financial assistance for deductibles, co-insurance or copayment responsibilities.

No patient eligible under this Procedure will be charged more than the amount generally billed (AGB) to other patients for emergency or other medically necessary services. AGB is determined using the billing and coding process used for individuals covered by Medicare and represents the maximum amount that the Medicare beneficiary would be responsible for paying for services rendered. Amounts charged means the amount the patient is personally responsible for paying after all deductions, discounts (including FAP discounts) and insurance reimbursements have been applied.

In addition to assessing eligibility under this procedure, the Hospital may take other actions in the event of non-payment. These actions are explained in the Hospitals Billing and Collection Procedure.

Determination of Need

1. ~~Financial need will be determined in accordance with procedures that involve an individual based on an assessment that of financial need including but not limited to involves:~~
 - a. An application process, in which the patient or the patient's guarantor are required to cooperate and supply personal and financial information on an application, in addition to supporting documentation relevant to making a determination of financial need;
 - b. The use of externally publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. Reasonable efforts by the Hospital to explore appropriate alternative sources of payment and

PROCEDURE

Policy Title: **Financial Assistance**

Effective Date: 02/22/2012-05/01/2018

Department: **Admitting**

Policy Number: N/A

coverage from public and private payment programs and to assist patients to apply for such programs;

- d. Consideration of the patient's available assets and all financial resources available to the patient; and
 - e. A review of the patient's outstanding accounts receivable for prior services rendered by the Hospital, as well as the patient's payment history.
2. Requests for financial assistance shall be processed promptly and the Hospital will notify the patient or applicant in writing within thirty (30) days of receipt of a completed application.

Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for financial assistance but there is not a current Financial Assistance application on file. In the event there is no documentation to support a patient's eligibility for financial assistance, the Hospital will~~can~~ use outside agencies for the purpose of determining eligibility for financial assistance. ~~eligibility~~ When an eligibility determination is made based on the patient's presumptive circumstances, the only discount that can be provided is a one-hundred percent (100%) write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- State funded prescription programs;
- Homeless or received care from a homeless clinic;
- Participation in Women, Infants and Children Program (WIC)
- Food stamp eligibility;
- Subsidized school lunch program eligibility;
- Eligibility for other state or local assistance programs that are unfunded;
- Low income/subsidized housing is provided as a valid address
- Medicaid eligible with exhausted benefits or coverage limits exceeded
- Patient is deceased with no known estate
- When no documentation or verification of eligibility is available, the patient is considered a self-pay patient until documentation is provided to support financial need and eligibility for a financial assistance program.

PROCEDURE

Policy Title: **Financial Assistance**

Effective Date: 02/22/2014-205/01/2018

Department: **Admitting**

Policy Number: N/A

Financial Assistance Eligibility Guidelines

Hospital services will be made available to the patient on a sliding fee scale, in accordance with financial need as determined in reference to Federal Poverty Level Guidelines (FPLG) in effect at the time of the determination as follows:

- Patients whose family income is at or below 200% of the FPLG qualify for a 100% reduction in financial responsibility.
- Patients whose family income exceed 200% of the FPLG but are no more than 300% of the FPLG qualify to receive a 80% discount Medicare's expected reimbursement.
- Patients whose family income exceed 300% of the FPLG but are no more than 400% of the FPLG qualify to receive a 60% discount Medicare's expected reimbursement.
- Patients whose family income exceeds 400% of the FPLG qualify to receive a 40% discount of Medicare's expected reimbursement.

Documents-required Process for Applying for Financial Assistance

1. A completed Financial Assistance Application must be submitted

1.2 All alternative payment sources will be reviewed to assist in payment of a patient's account prior to screening for financial assistance eligibility.

2.3 Once these sources have been exhausted, a patient will be requested to supply documentation of Palm Beach County residency and financial status, which may include:

- a. Tax Returns
- b. W-2 forms
- c. Paycheck Stubs
- d. Government or employer sponsored benefits, such as Workers' Compensation, Unemployment Compensation, long- or short-term disability, SSI or SSDI.
- e. A completed financial assistance application
- f. Utility bill, rental lease or occupancy agreement.

3.4 This information will be screened against the current Federal Poverty Level Guidelines. Patients falling within these guidelines will qualify for financial aid and their account will be written off to the extent allowable by the guidelines.

PROCEDURE

Policy Title: **Financial Assistance**

Effective Date: 02/22/2014205/01/2018

Department: **Admitting**

Policy Number: **N/A**

~~4.5~~ Patients with insurance coverage leaving the patient with financial obligations that are beyond their ability to pay can also qualify for financial assistance. Once deemed eligible, account balances will be written off using the "Financial Assistance" adjustment code.

~~5.6~~ This approval will be valid for twelve (12) months and can be used retroactively for services up to three (3) months prior to submission of a financial assistance application.

~~6.7~~ Documentation for financial assistance determination must include the following:

- a. Annual Gross household income
- b. Number of family members
- c. Other information used for this determination

Application Approval Level

Prior to submission of the application for approval, the documentation to support the application will be reviewed by the Financial Counselor. Any missing or additional documentation required will be obtained prior to the application being approved. ~~The financial assistance application and all supporting documentation will be scanned and saved to a folder designated by the Revenue Cycle Manager.~~

Documentation required for write off amount:

1. Patient bill
2. Patient ledger card
3. Remittance advice
4. Patient financial class
5. Payments received
6. Other pertinent information.

All applications will be reviewed and approved by the Financial Counselor. Balances greater than \$2,500 will require the approval of the ~~Revenue Cycle Manager~~ Finance Manager. Balances greater than \$10,000 will require the approval of the ~~Director of Hospital Finance~~. Balances greater than \$20,000 will require the approval of the ~~Chief Financial Officer~~.

Communication of the Financial Assistance Policy to Patients and the Public

Using language comprehensible to an ordinary layperson, the Hospital will publicize the availability of financial assistance and the method of application to be used. This information will be provided in the languages spoken by the population served by the Hospital. Means of publication include but are not limited to:

PROCEDURE

Policy Title: **Financial Assistance**

Effective Date: 02/22/2014-205/01/2018

Department: **Admitting**

Policy Number: N/A

- Documentation will be available in the Admissions, Business Office and Emergency Departments.
- Notice will be posted in the emergency, admitting and registration the Admissions, Emergency and Business Office departments, the business office, and other public places in the hospital;
- Notice will be posted on the Hospital website. Policies and forms will also be available on the website.
- Information will be provided to the public upon request.
- Information will be provided to all patients upon registration or admission, uninsured individuals seeking planned non-emergency elective Hospital services who request a written good faith estimate of reasonably anticipated charges for prospective medical treatment, as required by law.

RESPONSIBILITY

Financial Counselor

Revenue Cycle Manager

Director of Hospital Finance

Chief Financial Officer

CROSS-REFERENCES

Federal Poverty Level Guidelines

Florida Statutes, Section 395.301

26 CFR 1.501(r)

Health Care District of Palm Beach County District Wide Policy – Financial Assistance – 201508-FA

Billing and Collections Policy

Plain Language Summary

ADDENDA

Financial Assistance Application

Evaluation Steps

Checklist

PROCEDURE

Policy Title: **Financial Assistance**

Effective Date: 02/22/2014205/01/2018

Department: **Admitting**

Policy Number: **N/A**

Public Notice

PROCEDURE

Policy Title: **Financial Assistance**

Effective Date: 02/22/2014-205/01/2018

Department: **Admitting**

Policy Number: **N/A**

APPROVED BY	DATE
Tabatha McAllister, Patient Access Manager	
Dawn Richards, Chief Financial Officer	

PROCEDURE REVISION HISTORY

Original Procedure Date

01/01/2011

Revisions

02/22/2012

10/31/2014

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Medical Staff Bylaws

2. Summary:

The Medical Executive Committee has made several changes to its bylaws that were approved by its medical staff on June 4, 2018.

3. Substantive Analysis:

The changes to the Bylaws include adding a definition for the word “provisional”; changing the word “active” staff to “medical” staff; changes to the medical executive committee composition voting members and changes to the nominating day’s requirement from 30 days to 15 days.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date Approved

6. Recommendation:

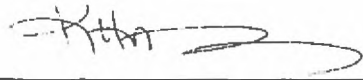
Staff recommends the Board approve the revision to the MEC Bylaws.

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

Approved for Legal sufficiency:



Valene Shahriari
VP & General Counsel



Karen A. Harris
VP of Field Operations



Darcy J. Davis
Chief Executive Officer



Lakeside
Medical Center
Health Care District Palm Beach County

2018

MEDICAL STAFF

BYLAWS

RULES & REGULATIONS



**MEDICAL STAFF BYLAWS
&
FAIR HEARING PLAN
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**MEDICAL STAFF BYLAWS
OF
LAKESIDE MEDICAL CENTER**

PREAMBLE

WHEREAS, the hospital facility known as Lakeside Medical Center, hereinafter referred to as “Hospital”, is operated by District Hospital Holdings, Inc., a Florida not-for-profit corporation, the sole member of which is the Health Care District of Palm Beach County, an independent special taxing district of the State of Florida; and

WHEREAS, no practitioner is entitled to Medical Staff membership and privileges at this Hospital solely by reason of education or licensure, or membership on the Medical Staff of another hospital; and

WHEREAS, the purpose of this Hospital is to serve as a general short-term, acute care hospital, providing patient care and education; and

WHEREAS, the Hospital must ensure that such services are delivered efficiently and with concern for keeping medical costs within reasonable bounds and meeting the evolving regulatory requirements applicable to functions within the Hospital; and

WHEREAS, the cooperative efforts of the Medical Staff, management and the Board of Directors are necessary to fulfill these goals.

NOW, THEREFORE, the practitioners practicing in LAKESIDE MEDICAL CENTER hereby organize themselves into a self-governing Medical Staff conforming to these bylaws.

DEFINITIONS

1. "Active Staff" shall be those physicians (D.O., M.D. and podiatrists) licensed in the State of Florida who have the privilege of admitting patients, holding office and voting.
2. "Allied Health Professional" or "AHP" means an individual, other than a practitioner, who is qualified to render direct or indirect medical or surgical care under the supervision of a practitioner who has been afforded privileges to provide such care in the Hospital. Such AHPs shall include, without limitation, certified registered nurse anesthetists ("CRNA"), nurse practitioners, physician assistants and psychologists, and other such professionals as approved by the Board. The authority of an AHP to provide specified patient care services is established by the Medical Staff based on the professional's qualifications and approved by the Board.
3. "Hospital Board" means the District Hospital Holdings, Inc. which is responsible to recruit, appoint, re-appoint, credential and discipline the medical staff and to approve and revise the Medical Staff Bylaws, rules and regulations and policies adopted by the medical staff of the Hospital under authority delegated to it by the Board of District Hospital Holdings, Inc. which is part of the Health Care District of Palm Beach County.
4. "Board Certification" shall mean a designation for a physician who has completed an approved educational training program and an evaluation process including an examination designed to assess the knowledge, skills and experience necessary to provide quality patient care in a specialty.
5. "Chief Executive Officer" or "Administrator" means the individual appointed by the Health Care District of Palm Beach County Board of Commissioners to provide for the overall management of the Hospital.
6. "Clinical Privileges" means the permission granted by the Board to appropriately licensed individuals to render specifically delineated professional, diagnostic, therapeutic, medical, surgical, dental or podiatry services with the approval of the Board. These clinical privileges granted shall be setting specific, meaning that the privileges granted shall be based not only on the applicant's qualifications, but also a consideration of the Hospital's capacity and capability to deliver care, treatment, and services within a specified setting.
7. "Complete Application" is an application for either initial appointment or reappointment to the Medical Staff, or an application for clinical privileges, that has been determined by the applicable Medical Staff Committees, Medical Staff Chairpersons, and/or the Board to meet the requirements of these Bylaws.
8. "Contract Practitioner" means a practitioner providing care or services to the hospital patients through a contract or other arrangement with the hospital.
9. "Corporation" means District Hospital Holdings, Inc.
10. "Data Bank" means the National Practitioner Data Bank, (or any state designee thereof), established pursuant to the Health Care Quality Improvement Act of 1986, for the purposes of reporting of adverse actions and Medical Staff malpractice information.
11. "Dependent Healthcare Professional": An individual who is permitted both by law and by the Hospital to provide patient care services under the direction or supervision of an independent practitioner, within the scope of the individual's license, and in accordance with individually granted clinical privileges if the dependent practitioner is an AHP.

12. Designee” means one selected by the Administrator, Chief of Staff or other officer to act on his/her behalf with regard to a particular responsibility or activity as permitted by these bylaws.
13. “Ex-Officio” means service as a member of a body by virtue of an office or position held, and unless otherwise expressly provided, means without voting rights.
14. “Fair Hearing Plan” means the procedure adopted by the Medical Staff with the approval of the Board to provide for an evidentiary hearing and appeals procedure when a practitioner's clinical privileges are adversely affected by a determination based on the practitioner's professional conduct or competence.
15. Federal Health Care Program: Any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or a State health care program (with the exception of the Federal Employees Health Benefits Program). The most significant Federal health care programs are Medicare, Medicaid, Blue Cross Federal Employee Program (FEP)/Tricare/Champus and the Veterans programs.
16. “Hospital” means Lakeside Medical Center
17. Independent Healthcare Professional: An individual who is permitted by both the applicable state law(s) and by the Hospital to provide patient care services without direction or supervision, within the scope of the individual’s license and in accordance with individually granted clinical privileges.
18. Licensed Independent Practitioner (LIP): An individual who is permitted by both the applicable state law(s) and by the Hospital to provide patient care services without direction or supervision, within the scope of the individual’s license and in accordance with individually granted clinical privileges. These are individuals who are designated by the State and by the Hospital to provide patient care independently. The Board has determined that the categories of individuals eligible for clinical privileges as a LIP are physicians (MD or DO), maxillofacial/oral surgeons (DMD), dentists (DDS), and podiatrists (DPM).
19. “Medical Executive Committee” or “MEC” means the Executive Committee of the Medical Staff.
20. “Medical Staff” means the formal organization of practitioners who have been credentialed and granted privileges by the Board to provide professional healthcare services to patients. The Medical Staff is an integral part of the Hospital and is not a separate legal entity.
21. “Medical Staff Bylaws” means the Bylaws and the accompanying Rules & Regulations, Fair Hearing Plan, and such other departmental rules and regulations as may be adopted by the Medical Staff subject to the approval of the Board.
22. “Medical Staff Year” means January 1 through December 31.
23. “Member” means a practitioner who has been granted Medical Staff membership and clinical privileges pursuant to these bylaws.
24. “Peer” is an individual from the same discipline (physician and physician, dentist and dentist) and with essentially equal qualifications.
25. “Provisional” is all initial appointments and clinical privileges, as well as any new clinical privileges granted to an existing **medical staff** appointee, are **provisional** for a period of 12 months, during which time all individuals with **provisional** privileges may be subject to review of their clinical performance by the chair(s).

26. "Physician" As defined by the Centers of Medicare & Medicaid Services in Sec. 1861. [42 U.S.C 1395x] of the Social Security ACT: The term "physician", when used in connection with the performance of any function or action, means (1) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State of Florida; (2) a doctor of podiatric medicine legally authorized to practice by the State of Florida.; (3) a doctor of dental surgery or of dental medicine who is legally authorized to practice dentistry by the State of Florida. These are individuals who are designated by the State and by the Hospital to provide patient care independently. The Board has determined that the categories of individuals eligible for clinical privileges as a LIP are physicians (MD or DO), maxillofacial/oral surgeons (DMD), dentist (DDS), and podiatrists (DPM).
27. "Prerogative" means a participatory right granted by the Medical Staff and exercised subject to the conditions imposed in these bylaws and in other hospital and Medical Staff policies.
28. "Chief of Staff" means the member of the Active Medical Staff who is duly elected in accordance with these bylaws to serve as chief officer of the Medical Staff of this Hospital.
29. "Special Notice" means a written notice sent by certified mail with a return receipt requested or delivered by hand with a written acknowledgment of receipt.
30. "Telemedicine" means the use of electronic communication or other communication technologies to provide or support clinical care at a location remote from Hospital.

ARTICLE I
NAME

The name of this organization shall be the Medical Staff of Lakeside Medical Center

ARTICLE II
PURPOSES & RESPONSIBILITIES

2.1 PURPOSE

The purposes of the Medical Staff are:

- 2.1(a) To provide a formal organizational structure through which the Medical Staff shall carry out their responsibilities and govern the professional activities of its members and other individuals with clinical privileges, and to provide mechanisms for accountability of the Medical Staff to the Board. These bylaws shall reflect the current organization and functions of the Medical Staff.
- 2.1(b) To foster cooperation with administration and the Board while allowing staff members to function with relative freedom in the care and treatment of their patients and to collaborate with the Hospital in providing for the uniform performance of patient care processes throughout the Hospital;
- 2.1(c) To ensure that all patients admitted to or treated in any of the facilities or services of the Hospital shall receive the same level of quality care, treatment and services commensurate with community resources, by accounting for and reporting regularly to the Board on patient care evaluation, including monitoring and other quality improvement activities in accordance with the Hospital's Quality Improvement Program;
- 2.1(d) To serve as a primary means for accountability to the Board concerning professional performance of Practitioners and others with clinical privileges authorized to practice in the Hospital through delineation of clinical privileges, on-going review i.e., focused practice improvement and ongoing practice improvement, of each practitioner's performance in the Hospital, and supervision, review, evaluation and delineation of duties and prerogative of AHPs. This shall be provided through leadership and participation in quality assessment and other Hospital initiatives to measure and improve performance.
- 2.1(e) To work with the Board and management to develop a strategy to maintain medical costs within reasonable bounds and meet evolving regulatory requirements;
- 2.1(f) To provide an appropriate educational setting that will promote continuous advancement in professional knowledge and skill;
- 2.1(g) To promulgate, maintain and enforce bylaws and rules and regulations for the proper functioning of the Medical Staff;
- 2.1(h) To provide a means by which issues and conflict resolution concerning the Medical Staff, the Hospital, and Governing Board may be discussed with the Board, Administrator or his/her designee, and Medical Staff as a whole or the Medical Executive Committee.

- 2.1(i) To participate in educational activities and scientific research with approved colleges of medicine and dentistry as may be justified by the facilities, personnel, funds or other equipment that are or can be made available;
- 2.1(j) To assist the Board in analyzing and improving patient satisfaction, identifying changing community health needs and preferences and implement programs goals to meet those needs and preferences;
- 2.1(k) To accomplish its goals through appropriate committees and departments;
- 2.1 (l) To assist the Board by serving as a professional review body in conducting professional review activities, which include, without limitation, quality assessment, performance improvement and peer review;
- 2.1 (m) To maintain compliance of the Medical Staff with regard to applicable accreditation requirements and applicable Federal, State and local laws and regulations; and,
- 2.1 (n) Responsible to the governing body for the quality of all health care provided to patients in the facility and for the ethical and professional practices of the Medical Staff.

2.2 RESPONSIBILITIES

The responsibilities of the Medical Staff include:

- 2.2(a) Ensuring Practitioners cooperate with each other in treating and caring for Hospital patients.
- 2.2(b) Accounting for the quality, appropriateness and cost effectiveness of patient care rendered by all Practitioners and AHPs authorized to practice in the Hospital, by taking action to:
 - (1) Assist the Board, the Administrator and their designees in data compilation, medical record administration, review and evaluation of cost effectiveness and other such functions necessary to meet accreditation and licensure standards, as well as federal and state law requirements;
 - (2) Implement credentialing procedures, including a mechanism for appointment and reappointment and the delineation of clinical privileges and assurance that all individuals with clinical privileges provide services within the scope of individual clinical privileges granted;
 - (3) Provide a medical education program addressing issues of quality assessment and improvement and including the types of care offered by the Hospital; and document individual participation in such programs;
 - (4) Implement a utilization review program, based on the requirements of the Hospital's Utilization Review Plan;
 - (5) Develop an organizational structure that provides continuous monitoring of patient care practices and appropriate supervision of AHPs;
 - (6) Initiate and pursue corrective action with respect to practitioners and AHPs, when warranted;

- (7) Develop, administer and enforce these Bylaws, the Rules and Regulations of the Medical Staff and other Hospital policies related to medical care;
 - (8) Review and evaluate the quality of patient care through a valid and reliable patient care monitoring procedure, including identification and resolution of important problems in patient care and treatment; and
 - (9) Implement a process to identify and manage matters of individual physician health that is separate from the Medical Staff disciplinary function.
- 2.2(c) Assisting the Board in maintaining the accreditation status of the Hospital;
- 2.2(d) Participating and cooperating in implementation of the policies of federal and state regulatory agencies, including the requirements of the Data Bank; and
- 2.2(e) Maintaining confidentiality with respect to the records and affairs of the Hospital, except as disclosure is authorized by the Board or required by law.
- 2.2(f) Assisting the MEC and Board in analyzing and improving patient satisfaction.

ARTICLE III
MEDICAL STAFF MEMBERSHIP

3.1 NATURE OF MEDICAL STAFF MEMBERSHIP

Medical Staff membership is a privilege extended by the Board, and is not a right of any person. Membership on the Medical Staff or the exercise of temporary privileges shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth in these Bylaws. Membership on the Medical Staff shall confer on the practitioner only such clinical privileges and prerogatives as have been granted by the Board in accordance with these Bylaws. No person shall admit patients to, or provide services to patients in the Hospital, unless he/she is a member of the Medical Staff with appropriate privileges, or has been granted temporary privileges as provided herein.

3.2 BASIC QUALIFICATIONS/CONDITIONS OF STAFF MEMBERSHIP

3.2(a) Basic Qualifications

The only individuals who shall qualify for membership on the Medical Staff are those practitioners legally licensed in Florida, who:

- (1) Document their professional experience, background, education, training, demonstrated ability, current competence, professional clinical judgment, and physical and mental health status with sufficient adequacy to demonstrate to the Medical Staff and the Board that any patient treated by them will receive quality care and that they are qualified to provide needed services within the Hospital;
- (2) Are determined, on the basis of documented references, to adhere strictly to the ethics of their respective professions, to work cooperatively with others and to be willing to participate in the discharge of staff responsibilities;
- (3) Comply and have complied with federal, state and local requirements, if any, for their medical practice, are not and have not been subject to any liability claims, challenges to licensure, or loss of Medical Staff membership or privileges which will adversely affect their services to the Hospital;
- (4) Comply with the financial requirements of § 458.320 or § 459.0085, Florida Statutes and any applicable regulations and amendments thereto;
- (5) Have successfully completed an approved ACGME or AOA, Podiatric or Dentistry Residency program;
- (6) Maintain a good reputation in his/her professional community; have the ability to work successfully with other professionals and have the physical and mental health to adequately practice his/her profession;
- (7) Show evidence every two (2) years of CME credits as required by the State of Florida and participates in continuing education to maintain clinical skills and current competence.
- (8) Meet one (1) of the following requirements, in addition to those listed above:

- (i) Board certification; or
- (ii) Adequate progress toward Board certification. The determination of adequacy shall be made by the MEC and must be approved by the Board of Directors; or
- (iii) Demonstration, to the satisfaction of the MEC and the Board of Directors, of competency and training equal or equivalent to that required for Board certification.

The above Board Certification requirements shall not apply to any practitioner already a member of the Medical Staff as of August 30, 2000.

- (9) Have skills and training to fulfill a patient care need existing within the Hospital, and be able to adequately provide those services with the facilities and support services available at the Hospital; and
- (10) Practice in such a manner as not to interfere with orderly and efficient rendering of services by the Hospital or by other practitioners within the Hospital.

3.2(b) Effects of Other Affiliations

No person shall be automatically entitled to membership on the Medical Staff or to exercise the particular clinical privileges merely because he/she is licensed to practice in this or any other state, or because he/she is a member of any professional organization, or because he/she is certified by any clinical board, or because he/she had, or presently has, staff membership at this Hospital or at another health care facility or in another practice setting.

3.2(c) Non-Discrimination

No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, national origin, disability after any necessary and reasonable accommodation (except as such may impair the practitioner's ability to provide quality patient care or fulfill his/her duties under these bylaws), or on the basis of any other criteria unrelated to the delivery of quality patient care in the Hospital, to professional ability and judgment, or to community need.

3.2(d) Ethics

The burden shall be on the applicant to establish that he/she is professionally competent and worthy in character, professional ethics and conduct. Acceptance of membership on the Medical Staff shall constitute the member's certification that he/she has in the past, and agrees that he/she will, in the future, abide by the lawful principles of Medical Ethics of the American Osteopathic Association, or the American Medical Association, or other applicable codes of ethics.

3.3 BASIC RESPONSIBILITIES OF STAFF MEMBERSHIP

Each member of the Medical Staff shall:

- 3.3(a) Provide his/her patients with continuous care at the generally recognized professional level of quality;

- 3.3(b) Consistent with generally recognized quality standards, deliver patient care in an efficient and financially prudent manner, and adhere to local medical review policies with regard to utilization;
- 3.3(c) Abide by the Medical Staff Bylaws and other lawful standards, policies (including impaired and disruptive physician policies), and Rules & Regulations of the Medical Staff;
- 3.3(d) Discharge the staff, department, committee and Hospital functions for which he/she is responsible by staff category assignment, appointment, election or otherwise;
- 3.3(e) Cooperate with other members of the Medical Staff, Hospital management, the Board of Directors and employees of the Hospital in the interest of quality patient care;
- 3.3(f) Adequately prepare and complete in a timely fashion the medical and other required records for all patients he/she admits or, in any way provides care to, in the Hospital, including but not limited to the performance of a medical history and physical examinations not more than 30 days prior to and within twenty-four hours of admission;
- 3.3(g) Be encouraged to be a member in good standing of respective professional societies and to participate in educational programs as contemplated by these Bylaws;
- 3.3(h) Participate in a health screening;
- 3.3(i) Abide by the ethical principles of his/her profession and specialty;
- 3.3(j) Refuse to engage in improper inducements for patient referral;
- 3.3(k) Notify the Administrator or his/her designee and Chief of Staff immediately if:
 - (1) His/Her professional licensure in any state is suspended or revoked or otherwise sanctioned, fined or any disciplinary board action taken;
 - (2) He/She is unable to comply with any requirements set forth in § 458.320 or § 459.0085 Florida Statutes;
 - (3) He/She is named as a defendant, or is subject to a final judgment or settlement, in any court proceeding alleging that he/she committed professional negligence or fraud; or
 - (4) He/She has been excluded from any federal or state health program;
 - (5) He/She is criminally charged with a felony
- 3.3(l) Participate in the Hospital's on-call roster for emergency department coverage, in accordance with the standards established by the MEC for such practitioner's category of Medical Staff membership.
- 3.3 (m) Practice only within the scope of the privileges granted.
- 3.3 (n) Manage and coordinate the patients care, treatment, and services of his/her assigned patients.

3.4 DURATION OF APPOINTMENT

3.4(a) Duration of Initial Appointments

- (1) All initial appointments to the Active Staff shall be Provisional and shall be for a period of one (1) year. In no case shall the Board take action on an application, refuse to renew an appointment, or cancel an appointment, except as provided for herein. Appointment to the Medical Staff shall confer to the appointee only such privileges as may hereinafter be provided.
- (2) Provisional status may not be renewed for a period that would extend the provisional status beyond eighteen (18) months from the date provisional status began. If the provisional appointee fails within that period to meet the requirements for advancement, his/her staff membership or particular clinical privileges, as applicable, shall terminate. The appointee so affected shall be given special notice of such termination and shall be entitled to the procedural rights afforded in the Fair Hearing Plan.

3.4(b) Declaration of Moratorium

The Board may from time to time declare moratoriums in the granting of Medical Staff privileges when the Board, in its discretion, deems such a moratorium to be in the best interest of this Hospital and in the best interest of the health and patient care capable of being provided by the Hospital and its staff. The aforementioned moratoriums may apply to individual medical specialty groups, or any combination thereof.

3.4(c) Reappointments

Reappointment to the Medical Staff shall be for a period of not more than two (2) years.

3.4(d) Modification in Staff Category and Clinical Privileges

The MEC may recommend to the Board that a change in staff category of a current staff member or the granting of additional privileges to a current staff member be made provisional in accordance with the procedures for initial appointment as outlined herein.

3.5 LEAVE OF ABSENCE

3.5(a) Leave Status

A Medical Staff member may obtain a voluntary leave of absence from the Medical Staff by submitting a written request to the MEC stating the reason for the leave and the time period of the leave, which may not exceed one (1) year. The request for leave must be presented to the MEC at least thirty (30) days in advance of the day the leave is to begin; unless there are emergency circumstances approved of by the concurrence of the Chief of Staff and the Administrator or his/her designee. If the leave request is granted, all rights and privileges of Medical Staff membership shall be suspended from the beginning of the leave period until reinstatement.

(1) Medical Leave of Absence

A Medical Staff member may request and be granted a leave of absence for the purpose of obtaining treatment for a medical or psychological condition, disability, or impairment. If an individual is unable to request a medical leave of absence because of a physical or psychological condition, the Chief of Staff or Chairperson of the individual's Department may submit the written notice on his/her behalf. A certified letter will be sent to the individual informing him/her of this action. Reinstatement of membership status and/or clinical privileges may be subject to production of evidence by the individual that he/she has the ability to perform the clinical privileges requested.

(2) Military Leave of Absence

A Medical Staff member may request and be granted a leave of absence to fulfill military service obligations. In addition to a written request for leave, a military reservist shall submit a copy of deployment orders. Medical Staff members who are on active military duty for more than one year will be afforded an automatic extension of their leave until their active duty is completed. Reinstatement of membership status and/or clinical privileges may be subject to certain monitoring and/or proctoring conditions as determined by the Medical Executive Committee, based on an evaluation of the nature of activities during the leave.

(3) Educational Leave of Absence

A Medical Staff member may request and be granted a leave of absence to pursue additional education and training. Any additional clinical privileges that may be desired upon the successful conclusion of additional education and training must be requested in accordance with credentialing policy and procedures.

(4) Personal/Family Leave of Absence

A Medical Staff member may request and be granted a leave of absence for a variety of personal reasons (e.g., to pursue a volunteer endeavor such as contributing work to "Doctors Without Borders/USA") or family reasons (e.g., maternity leave/family leave). Reinstatement of membership status and clinical privileges may be subject to certain monitoring and/or proctoring conditions as determined by the Medical Executive Committee, based on an evaluation of the nature of activities during the leave.

3.5(b) Termination of Leave

- (1) At least sixty (60) days prior to the termination of leave, or at any earlier time, the Medical Staff member may request reinstatement of his/her privileges by submitting a written notice to that effect to the Administrator or his/her designee for transmittal to the MEC. The Medical Staff member shall submit a written summary of his/her relevant activities during the leave. The MEC shall make a recommendation to the Board concerning the reinstatement of the member's privileges.
- (2) If a member of the Medical Staff requests leave of absence for the purpose of obtaining further medical training, reinstatement will ordinarily become automatic upon request for

same, but only after the MEC has satisfied itself as to the continuing competency of the returning staff member.

Any new privileges requested will be acted upon and monitored in similar fashion as if the member were a new applicant and may include provisional status.

- (3) Reinstatement will ordinarily be automatic if a leave of absence is an armed services commitment. However, if such a leave of absence occurs with no medical activity for twelve (12) or more months, the MEC may require proof of competency by further education, such as a refresher course, or appropriate monitoring for a period of time, or both, to insure continuing competence.
- (4) If a Medical Staff member requests leave of absence for reasons other than further medical training or an armed services commitment, the MEC may, prior to reinstatement, require proof of competency by further education, such as a refresher course, or appropriate monitoring for a period of time, or both, to insure continuing competence.
- (5) If during the leave of absence, the individual's term of appointment expires, a reappointment and reassessment of the individual's skill must be completed prior to returning to practice in the hospital.

3.5(c) Failure to request reinstatement

Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the Medical Staff and/or voluntary relinquishment of clinical privileges. A request for Medical Staff membership or clinical privileges subsequently received from a Medical Staff member deemed to have voluntarily resigned shall be submitted and processed in the manner specified for applications for initial appointment.

ARTICLE IV
CATEGORIES OF THE MEDICAL STAFF

4.1 CATEGORIES

The Medical Staff shall include Active, Affiliate, Courtesy Refer and Follow, and Provisional Staff.

4.2 ACTIVE STAFF

4.2(a) Qualifications

The Active Staff shall consist of practitioners who:

- (1) Meet the basic qualifications for Medical Staff membership set forth in these Bylaws;
- (2) Have a residence or office located within 60 minutes, of the Hospital in order to be continuously available for provision of care to his/her patients, as determined by the Board;

Exception is allowed for (2) above for Emergency Room Physician, Hospitalist, and any other contracted services that have in-house availability; and
- (3) Regularly admit to, or are otherwise regularly involved in the care of at least twelve (12) patients in the Hospital in a calendar year.

4.2(b) Prerogatives or Privileges

The prerogatives of an Active Staff member shall be:

- (1) To admit patients without limitation, unless otherwise provided in the Medical Staff Bylaws or Rules & Regulations;
- (2) To exercise such clinical privileges as are granted to him/her pursuant to Article VII;
- (3) To vote on all matters presented at general and special meetings of the Medical Staff;
- (4) To vote and hold office in the staff organization and departments and on committees to which he/she is appointed; and
- (5) To vote in all Medical Staff elections.

4.2(c) Responsibilities or Duties

Each member of the Active Staff shall:

- (1) Meet the basic responsibilities set forth in Section 3.3;
- (2) Within his/her area of professional competence, retain responsibility for the continuous care and supervision of each patient in the Hospital for whom he/she is providing services, or arrange a suitable alternative for such care and supervision; including an initial assessment of all patients within twenty-four (24) hours of admission, and an initial

assessment of all patients in the intensive care/critical care unit no later than six 6 hours after admission or sooner if warranted by the patient's condition.

- (3) Actively participate:
 - (i) in the quality improvement program and other patient care evaluation and monitoring activities required of the staff;
 - (ii) in supervision of provisional appointees where appropriate;
 - (iii) participate in the Hospital's on-call roster for emergency department coverage in the emergency on-call rotation, including personal appearance to assess patients in the emergency department when deemed appropriate by the emergency department physician;
 - (iv) in promoting effective utilization of resources consistent with delivery of quality patient care; and
 - (v) in discharging such other staff functions as may be required from time-to-time.
- (4) Serve on at least one (1) Medical Staff committee, if appointed by the Chief of the Staff; and
- (5) Satisfy the requirements set forth in these bylaws for attendance at meetings of the Medical Staff and of the department and committees of which he/she is a member.

4.2(d) Failure

Failure to carry out the responsibilities or meet the qualifications as enumerated shall be grounds for corrective action, including, but not limited to, termination of staff membership.

4.3 AFFILIATE STAFF

4.3(a) Qualifications

Affiliate Staff shall consist of a special category of physicians each of who possess specialized skills needed at the Hospital or who are unable to meet Active Staff category requirements

4.3(b) Prerogatives or Privileges

- (1) Prerogatives of an Affiliate Staff member shall be to:
 - (i) consult on patients only by request of an Active or Provisional Staff member and exercise such clinical privileges as granted to him/her;
 - (ii) attend no more than 12 patients per calendar year; and
- (2). Affiliate Staff members can admit patients to the Hospital and transfer patients from the Hospital and/or be the physician of primary care or responsibility for any patient within the

Hospital in accordance with privileges granted. Affiliate Staff members shall not hold office nor be eligible to vote in the Medical Staff organization.

4.3(c) Responsibilities or Duties

Each member of the Affiliate Staff shall assume responsibility, as requested by an Active or Provisional Staff member, for consultation and appropriate documentation thereof with regard to particular patients.

May participate in the Hospital's on-call roster for emergency department coverage in the emergency on-call rotation, including personal appearance to assess patients in the emergency department when deemed appropriate by the emergency department physician;

4.5 PROVISIONAL STAFF

4.5(a) Nature of Provisional Staff Appointment

- (1) Initial appointments to any category of the Medical Staff shall be provisional for a period of one (1) year. Each newly appointed member shall be assigned to a department where his/her performance and competence shall be observed by the Chairperson. Conditions of appointment, such as proctorship requirements, may be imposed as deemed appropriate by the MEC.
- (2) At the end of the one (1) year provisional status, the member will be evaluated by the Chairperson of the Department for the removal or extension of the provisional status. Information and findings from the hospital's focused performance evaluations and performance improvement program shall be considered as part of the evaluation process.
- (3) Provisional status may be extended for one (1) additional six (6) month period. If at the end of this period the practitioner has not met the requirements for advancement to another staff category, he/she will be removed from the staff.
- (4) At the end of the Provisional period, the practitioner may be advanced to another staff category. The MEC shall consider the recommendation of the department, and shall recommend to the Board that the practitioner be advanced to the appropriate category, or that he/she be removed from the staff. The decision of the MEC shall be based on the practitioner's
 - a. demonstrated competence,
 - b. appropriate utilization, and
 - c. Bylaws compliance, as well as all factors considered in the reappointment process as outlined in these Bylaws.

4.5(b) Qualifications

The Provisional Staff shall consist of practitioners who meet the basic requirements of Medical Staff membership and are seeking advancement to another staff category, but have not completed the period of provisional appointment established in these Bylaws. The qualifications of a

Provisional Staff member shall be the same as those required for the category to which he/she seeks advancement.

4.5(c) Prerogatives or Privileges

The prerogatives of a Provisional Staff member shall be:

- (1) To serve on committees (except the MEC) and departments of the Medical Staff as a voting member if seeking advancement to Active Staff and as a non-voting member if seeking advancement to another staff category;
- (2) To attend Medical Staff meetings as a non-voting member; and
- (3) To admit and treat patients subject to the limitations of the category to which he/she seeks advancement.

4.5(d) Responsibilities or Duties

The Responsibilities of a Provisional Staff member shall be the same as those of practitioners in the category to which he/she seeks advancement.

4.6 COURTESY REFER AND FOLLOW STAFF

4.6(a) Qualifications

The Courtesy Refer and Follow Staff shall consist of those practitioners whom desire to be affiliated with the hospital as a medical staff member, but do not wish to provide patient care. All qualifications and basic requirements for medical staff membership shall apply at the time of initial, reappointment periods and be supervised by the Department Chief or his/her designee. Courtesy Refer and Follow Staff shall be exempted from the FPPE and OPPE process.

Members of the Active Staff and Affiliated Staff who do not perform sufficient clinical activity for competence to be established through the Ongoing Professional Practice Evaluation and/or whom no longer qualify for the Active Staff or Affiliated Staff may be eligible for the Courtesy Refer and Follow Staff.

4.6(b) Prerogatives or Privileges

The prerogatives of a Courtesy Refer and Follow Staff member shall be to:

- (1) consult with attending physician; if needed, attend medical staff meetings, may access the Hospital's information systems after completing required user access documents, abide by all applicable state and federal laws, regulations, policies and procedures relating to access or use of electronic and otherwise confidential data, must pay applicable application and reappointment fees, but shall
- (2) not be eligible to admit, consult, treat nor admit patients, provide emergency call or back-up coverage, vote or hold office, enter electronic orders or give verbal/telephone order for any patients, or document in the patients chart.

ARTICLE V
ALLIED HEALTH PROFESSIONALS (AHP)

5.1 CATEGORIES

Allied Health Professionals (“AHP”) shall be identified as any person(s) other than practitioners who are granted privileges to practice in the Hospital and directly involved in patient care. Such persons may be employed by physicians on the staff; but whether or not so employed, must be under the direct supervision and direction of a staff physician.

5.2 QUALIFICATIONS

Only AHPs holding a license, certificate or other official credential as provided under state law, shall be eligible to provide specified services in the Hospital as delineated by the MEC and approved by the Board.

5.2(a) AHPs must:

- (1) Document their professional experience, background, education, training, demonstrated ability, current competence and physical and mental health status with sufficient adequacy to demonstrate to the Medical Staff and the Board that any patient treated by them will receive quality care and that they are qualified to provide needed services within the Hospital;
- (2) Establish, on the basis of documented references, that they adhere strictly to the ethics of their respective provisions, work cooperatively with others and are willing to participate in the discharge of AHP Staff responsibilities;
- (3) Maintain professional liability insurance in an amount not less than \$250,000.00 per occurrence and \$750,000.00 in aggregate.
- (4) Provide a needed service within the Hospital; and
- (5) Unless permitted by law and by the Hospital to practice independently, provide written documentation that a Medical Staff appointee has assumed responsibility for the acts and omissions of the AHP and responsibility for directing and supervising the AHP.

5.3 PREROGATIVES

Upon establishing experience, training and current competence, AHPs, as identified in Section 5.1, shall have the following prerogatives:

- 5.3(a)** To exercise judgment within the AHP’s area of competence, providing that a physician member of the Medical Staff has the ultimate responsibility for patient care;
- 5.3(b)** To participate directly, including writing orders to the extent permitted by law, in the management of patients under the supervision or direction of a member of the Medical Staff; and

- 5.3(c)** To participate as appropriate in patient care evaluation and other quality assessment and monitoring activities required of the staff, and to discharge such other staff functions as may be required from time-to-time.

5.4 CONDITIONS OF APPOINTMENT

5.4(a) AHPs shall be credentialed in the same manner as outlined in Article VI of the Medical Staff Bylaws for credentialing of practitioners. Each AHP shall be assigned to one (1) of the clinical departments and shall be granted clinical privileges relevant to the care provided in that department. The Board in consultation with the MEC shall determine the scope of the activities which each AHP may undertake. Such determinations shall be furnished in writing to the AHP and shall be final and non-appealable, except as specifically and expressly provided in these Bylaws.

5.4(b) Appointment of AHPs must be approved by the Board and may be terminated at will by the Board or the Administrator. AHP privileges and their reduction or termination shall not be covered by the provisions of the Fair Hearing Plan; however, AHPs have the right to request an appearance before the Medical Executive Committee with an opportunity to rebut the basis for termination. Upon receipt of a written request, the Medical Executive Committee shall afford the AHP an opportunity for an interview concerning the AHP's grievance. Before the interview, the AHP shall be informed of the general nature and circumstances giving rise to the action, and the AHP may present information relevant thereto at the interview. A record of the interview shall be made. The Medical Executive Committee shall, after conclusion of the investigation, submit a written decision to the AHP.

The AHP shall have a right to appeal to the Board any decision rendered by the Medical Executive Committee. Any request for appeal shall be required to be made within fifteen (15) days after the date of the receipt of the Medical Executive Committee decision. The written request shall be delivered to the Chief of Staff and shall include a brief statement of the reasons for the appeal. If appellate review is not requested within such period, the AHP shall be deemed to have accepted the action involved which shall thereupon become final and effective immediately upon affirmation by the MEC and the Board. If appellate review is requested the Board shall, within fifteen (15) days after the receipt of such an appeal notice, schedule and arrange for appellate review. The Board shall give the AHP notice of the time, place and date of the appellate review which shall not be less than fifteen (15) days nor more than ninety (90) days from the date of the request for the appellate review. The appeal shall be in writing only, and the AHP's written statement must be submitted at least five (5) days before the review. New evidence and oral testimony will not be permitted. The Board shall thereafter decide the matter by a majority vote of those Board members present during the appellate proceedings. A record of the appellate proceedings shall be maintained.

5.4(c) AHP privileges shall automatically terminate upon revocation of the privileges of the AHP's supervising physician member, or upon termination of relationship with supervising physician or employment, unless another qualified physician indicates his/her willingness to supervise the AHP and complies with all requirements hereunder for undertaking such supervision. In the event that an AHP's supervising physician member's privileges are significantly reduced or restricted, the AHP's privileges shall be reviewed and modified by the Board upon recommendation of the MEC. Such actions shall not be covered by the provisions of the Fair Hearing Plan. In the case of CRNAs who are supervised by the operating surgeon, the CRNA's privileges shall be unaffected by the termination of a given surgeon's privileges so long as other surgeons remain willing to supervise the CRNA for purposes of their cases.

5.4(d) If the supervising Practitioner employs or directly contracts with the AHP for services, the Practitioner shall indemnify the Hospital and hold the Hospital harmless from and against all actions, cause of actions, claims, damages, costs and expenses, including reasonable attorney fees, resulting from, caused by or arising from improper or inadequate supervision of the AHP, negligence of such AHP, the failure of such AHP to satisfy the standards of proper care of patients, or any action by such AHP beyond the scope of his/her license or clinical privileges. If the supervising Practitioner does not employ or directly contract with the AHP, the practitioner shall indemnify the Hospital and hold the Hospital harmless from and against all actions, causes of action, claims, damages, costs and expenses, including reasonable attorney fees, resulting from, caused by or arising from improper or inadequate supervision of the AHP by the practitioner in question.

5.5 RESPONSIBILITIES

Each AHP shall:

- 5.5(a)** Provide his/her patients with continuous care at the generally recognized professional level of quality;
- 5.5(b)** Abide by the Medical Staff Bylaws and other lawful standards, policies and Rules & Regulations of the Medical Staff, and personnel policies of the Hospital, if applicable;
- 5.5(c)** Discharge any committee functions for which he/she is responsible;
- 5.5(d)** Cooperate with members of the Medical Staff, administration, the Board of Directors and employees of the Hospital;
- 5.5(e)** Adequately prepare and complete in a timely fashion the medical and other required records for which he/she is responsible;
- 5.5(f)** Participate in Performance Improvement activities and in continuing professional education;
- 5.5(g)** Abide by the ethical principles of his/her profession and specialty; and
- 5.5(h)** Practice only within the scope of privileges granted.
- 5.5(i)** Notify the Administrator or his/her designee and the Chief of the Staff immediately if :
 - (1) His/Her professional license in any state is suspended or revoked;
 - (2) His/Her professional liability insurance is modified or terminated;
 - (3) He/She is named as a defendant, or is subject to a final judgment or settlement, in any court proceeding alleging that he/she committed professional negligence; or

- (4) He/She ceases to meet any of the standards or requirements set forth herein for continued enjoyment of AHP appointment and/or clinical privileges.
- (5) He/she is criminally charged with a felony

ARTICLE VI
PROCEDURES FOR APPOINTMENT & REAPPOINTMENT

6.1 GENERAL PROCEDURES

The Medical Staff through its designated committees and departments shall investigate and consider each application for appointment or reappointment to the staff and each request for modification of staff membership status and shall adopt and transmit recommendations thereon to the Board which shall be the final authority on granting, extending, terminating or reducing Medical Staff privileges. The Board shall be responsible for the final decision as to Medical Staff appointments. A separate, confidential record shall be maintained for each individual requesting Medical Staff membership or clinical privileges. Decisions on staff membership and granting of privileges shall consider criteria that are directly related to the quality of health care, treatment and services as well as such other criteria and factors as are consistent with section 395.0191, Florida Statutes (or any successor to such statute).

6.2 CONTENT OF APPLICATION FOR INITIAL APPOINTMENT

Each application for appointment to the Medical Staff shall be in writing, submitted on the prescribed form approved by the Board, and signed by the applicant. A copy of all active state licenses, current DEA registration/controlled substance certificate (for all practitioners except pathologists), a signed Medicare penalty statement and proof of compliance with the requirements of §458.320 or §459.0085 Florida Statutes, as applicable. An application fee in such amount as shall be determined by the MEC, shall be included with each application. Applicants shall supply the Hospital with all information requested on the application.

The application form shall include, at a minimum, the following:

- (a) Acknowledgment and Agreement: A statement that the applicant has received and read the Bylaws, Rules & Regulations and Fair Hearing Plan of the Medical Staff and that he/she agrees:
 - (i) to be bound by the terms thereof if he/she is granted membership and/or clinical privileges; and
 - (ii) to be bound by the terms thereof in all matters relating to consideration of his/her application, without regard to whether or he/she is granted membership and/or clinical privileges.
- (b) Administrative Remedies: A statement indicating that the practitioner agrees that he/she will exhaust the administrative remedies afforded by these Bylaws before resorting to formal legal action, should an adverse ruling be made with respect to his/her Medical Staff membership, staff status, and/or clinical privileges;
- (c) Felony Charges: Any current criminal charges pending against the applicant and any past convictions or pleas. The practitioner shall notify the Administrator or his/her designee and the Chief of the Staff within seven (7) days of receiving notice of the initiation of any felony charges;

- (d) Fraud: Any allegations of civil or criminal fraud pending against any applicant and any past allegations including their resolution and any investigations by any private, federal or state agency concerning participation in any health insurance program, including Medicare or Medicaid;
- (e) Health Status: Information from the applicant indicating whether the applicant suffers from any physical, mental or behavioral impairment, condition or status that, with or without reasonable accommodation, could affect or interfere with (or is likely to affect or interfere with) the applicant's ability to safely and effectively perform and discharge the functions of Medical Staff membership and exercise the privileges requested according to the Medical Staff Bylaws and accepted standards of professional performance and without posing a direct threat to patient safety or well-being.
- (f) Information on Malpractice Experience: All information concerning malpractice cases against the applicant either filed, pending, settled, or pursued to final judgment. It shall be the continuing duty of the practitioner to notify the MEC of the initiation of any professional liability action against him/her. The practitioner shall have a continuing duty to notify the MEC through the Administrator or his/her designee within seven (7) days of receiving notice of the initiation of a professional liability action against him/her. The Administrator or his/her designee shall be responsible for notifying the MEC of all such actions;
- (g) Education: Detailed information concerning the applicant's education and training.
- (h) Insurance: Provide proof of compliance with the requirements of §458.320 or §459.0085, Florida Statutes, as applicable.
- (i) Notification of Release and Immunity Provisions: Statements notifying the applicant of the scope and extent of authorization, confidentiality, immunity and release provisions of Section 6.3(b) and (c).
- (j) Professional Sanctions: Information as to previously successful or currently pending challenges to, or the voluntary relinquishment of, any of the following:
 - (i) membership/fellowship in local, state or national professional organizations;
 - (ii) specialty board certifications;
 - (iii) license to practice any profession in any jurisdiction;
 - (iv) Drug Enforcement Administration (DEA) number/controlled substance license;
 - (v) medical staff membership or voluntary or involuntary limitation, reduction or loss of clinical privileges at any other hospital or licensed facility;
 - (vi) the practitioner's management of patients which may have given rise to investigation by the medical board or any jurisdiction (including, the Florida Board of Medicine); or
 - (vii) participation in any private, federal or state health insurance program, including Medicare or Medicaid.

If any such actions were taken, the particulars thereof shall be obtained before the application is considered complete. The practitioner shall have a continuing duty to notify the MEC through the

Administrator or his/her designee within seven (7) days of receiving notice of the initiation of any of the above actions against him/her. The Administrator or his/her designee shall be responsible for notifying the MEC of all such actions;

- (k) **Qualifications:** Detailed information concerning the applicant's experience and qualifications for the requested staff category, including information in satisfaction of the basic qualifications specified in Section 3.2(a), and the applicant's current professional license and federal drug registration numbers;
- (l) **References:** The names of at least three (3) practitioners, (excluding partners, associates in practice, employers, employees or relatives), who have worked with the applicant within the past three (3) years and personally observed his/her professional performance and who are able to provide knowledgeable peer recommendations as to the applicant's education, experience and clinical ability, ethical character and ability to work with others;
- (m) **Request:** Specific requests stating the staff category and specific clinical privileges for which the applicant wishes to be considered;
- (n) **Practice Affiliations:** The name and address of all other hospitals, health care organizations or practice settings with whom the applicant is or has previously been affiliated;
- (o) **Photograph:** A copy of a governmental ID which may consist of a copy of a valid driver's license photograph or passport photo

6.3 PROCESSING THE APPLICATION

6.3(a) Request for Application

A practitioner wishing to be considered for Initial Medical Staff appointment and clinical privileges may obtain an application form by submitting his/her written request for an application form to the Administrator or his/her designee.

6.3(b) Applicant's Burden

It is the applicant's burden to produce adequate information for a proper evaluation of his or her experience, training, clinical competence, health status or any other qualifications required for Medical Staff membership or clinical privileges and in resolving any doubts about the same, and of satisfying any reasonable request for information or clarification (including submitting to a Medical Staff health screening or examination as may be necessary or required under these bylaws). By submitting the application, the applicant:

- (1) Signifies his/her willingness to appear for interviews and acknowledges that he/she shall have the burden of producing adequate information for a proper evaluation of his/her qualifications for staff membership and clinical privileges;
- (2) Authorizes hospital representatives to consult with others who have been associated with him/her and/or who may have information bearing on his/her current competence and qualifications;

- (3) Consents to the inspection by hospital representatives of all records and documents that may be material to an evaluation of his/her licensure, specific training, experience, current competence, health status and ability to carry out the clinical privileges he/she requests as well as of his/her professional ethical qualifications for staff membership, and agrees to submit to such health screening and/or medical examination as may be necessary or appropriate under the Medical Staff bylaws
- (4) Represents and warrants that all information provided by him/her is true, correct and complete in all material respects, agrees to notify the Hospital of any change in any of the information furnished in the application, and acknowledges that provision of false or misleading information, or omission of information, shall be grounds for immediate rejection of his/her application;
- (5) Pledges to provide continuous care for his/her patients who are treated in the Hospital;
- (6) Agrees to be bound by the statements described in Section 6.3(c) and the provisions of Section 6.6(c).

6.3(c) Statement of Release & Immunity from Liability

The following are express conditions applicable to any applicant and to any person appointed to the Medical Staff and to anyone having or seeking privileges to practice his/her profession in the Hospital during his/her term of appointment or reappointment. In addition, these statements shall be included on the application form, and by applying for appointment, reappointment or clinical privileges the applicant expressly accepts these conditions during the processing and consideration of his/her application, and at all times thereafter, regardless of whether or not he/she is granted appointment or clinical privileges.

I hereby apply for Medical Staff appointment as requested in this application and, whether or not my application is accepted; I acknowledge, consent and agree as follows:

As an applicant for appointment, I have the burden for producing adequate information for proper evaluation of my qualifications. I also agree to update the Hospital with current information regarding all questions contained in this application as such information becomes available and any additional information as may be requested by the Hospital or its authorized representatives. Failure to produce any such information will prevent my application for appointment from being evaluated and acted upon. I hereby signify my willingness to appear for the interview, if requested, in regard to my application.

Information given in or attached to this application is accurate and complete to the best of my knowledge. I fully understand and agree that as a condition to making this application, any misrepresentations or misstatement in, or omission from it, whether intentional or not, shall constitute cause for automatic and immediate rejection of this application, resulting in denial of appointment and clinical privileges.

If granted appointment, I accept the following conditions:

- (1) I extend immunity to, and release from any and all liability, the Hospital, its authorized representatives and any third parties, as defined in subsection (3) below, for any acts, communications, recommendations or disclosures performed without intentional fraud or malice involving me; performed, made, requested or received by this Hospital and its

authorized representatives to, from or by any third party, including otherwise privileged or confidential information, relating, but not limited to, the following:

- (i) applications for appointment or clinical privileges, including temporary privileges;
 - (ii) periodic reappraisals;
 - (iii) proceedings for suspension or reduction of clinical privileges or for denial or revocation of appointment, or any other disciplinary action;
 - (iv) summary suspension;
 - (v) hearings and appellate reviews;
 - (vi) medical care evaluations;
 - (vii) utilization reviews;
 - (viii) any other Hospital, Medical Staff, department, service or committee activities;
 - (ix) inquiries concerning my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior; and
 - (x) any other matter that might directly or indirectly impact or reflect on my competence, on patient care or on the orderly operation of this or Hospital.
- (2) I specifically authorize the Hospital and its authorized representatives to consult with any third party who may have information, including otherwise privileged or confidential information, bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or other matter bearing on my satisfaction of the criteria for continued appointment to the Medical Staff, as well as to inspect or obtain any all communications, reports, records, statements, documents, recommendations and/or disclosure of said third parties relating to such questions. I also specifically authorize said third parties to release said information to the Hospital and its authorized representatives upon request.
- (3) The term “Hospital” and its authorized representatives means the Hospital corporation, the Hospital to which I am applying and any of the following individuals who have any responsibility for obtaining or evaluating my credentials, or acting upon my application or conduct in the Hospital: the members of the Board and their appointed representatives, the Administrator or his/her designees, other Hospital employees, consultants to the Hospital, the Hospital’s attorney and his/her partners, associates or designees, and all appointees to the Medical Staff. The term “third parties” means all individuals, including appointees to the Medical Staff, and appointees to the Medical Staffs of other hospitals or other physicians or health practitioners, nurses or other government agencies, organizations, associations, partnerships and corporations, whether hospitals, health care facilities or not, from whom information has been requested by the Hospital or its authorized representatives or who have requested such information from the Hospital and its authorized representatives.

I acknowledge that: (1) Medical Staff appointments at this Hospital are not a right; (2) my request will be evaluated in accordance with prescribed procedures defined in these Bylaws and Rules & Regulations; (3) all Medical Staff recommendations relative to my application are subject to the ultimate action of the Board whose decision shall be final; (4) if appointed, my appointment and clinical privileges shall be provisional; (5) I have the responsibility to keep this application current by informing the Hospital through the Administrator, of any change in the areas of inquiry contained herein; and (6) appointment and continued clinical privileges remain contingent upon my continued demonstration of professional competence and cooperation, my general support of the acceptable performance of all responsibilities related thereto, as well as other factors that are relevant to the effective and efficient operation of the Hospital. Appointment and continued clinical privileges shall be granted only on formal application, according to the Hospital and these Bylaws and Rules & Regulations, and upon final approval of the Board.

I understand that before this application will be processed that: (1) I will be provided a copy of the Medical Staff Bylaws and such Hospital policies and directives as are applicable to appointees to the Medical Staff, including these Bylaws and Rules & Regulations of the Medical Staff presently in force; and (2) I must sign a statement acknowledging receipt and an opportunity to read the copies and agreement to abide by all such bylaws, policies, directives and rules and regulations as are in force, and as they may thereafter be amended, during the time I am appointed to the Medical Staff or exercise clinical privileges at the Hospital.

If appointed or granted clinical privileges, I specifically agree to: (1) refrain from fee-splitting or other inducements relating to patient referral; (2) refrain from delegating responsibility for diagnosis or care of hospitalized patient to any other practitioner who is not qualified to undertake this responsibility or who is not adequately supervised; (3) refrain from deceiving patients as to the identity of any practitioner providing treatment or services; (4) seek consultation whenever necessary; (5) abide by generally recognized ethical principles applicable to my profession; (6) provide continuous care and supervision as needed to all patients in the Hospital for whom I have responsibility; and (7) accept committee assignment and such other duties and responsibilities as shall be assigned to me by the Board and Medical

6.3(d) Submission of Application

Upon completion of the application form and attachment of all required information, the Applicant shall submit the form to the Administrator or his/her designee. The application shall be returned to the practitioner and shall not be processed further if one (1) or more of the following applies:

- (1) Not Licensed. The practitioner is not licensed in this state to practice in a field of health care eligible for appointment to the Medical Staff; or
- (2) Privileges Denied or Terminated. Within one (1) year immediately preceding the request, the practitioner has had his/her application for Medical Staff appointment at this Hospital denied, has resigned his/her Medical Staff appointment at this Hospital during the pendency of an active investigation which could have led to revocation of his/her appointment, or has had his/her appointment revoked or terminated at this Hospital; or

- (3) Exclusive Contract or Moratorium. The practitioner practices a specialty which is the subject of a current written exclusive contract for coverage with the Hospital or a moratorium has been imposed by the Board upon acceptance of applications within the practitioners' specialty; or
- (4) Inadequate Insurance. The practitioner does not meet the financial requirements as required of these Bylaws; or
- (5) Ineligible for Medicare Provider Status. The practitioner is not a participating provider in the Medicare and Medicaid programs and is currently ineligible to be a participating provider; or
- (6) No DEA number. The practitioner's DEA number/controlled substance license has been revoked or voluntarily relinquished (this shall not apply to pathologists); or
- (7)
- (8) Application Incomplete. The practitioner has failed to provide any information required by these bylaws or requested on the application, or has failed to execute an acknowledgment, agreement or release required by these bylaws or included in the application.

The refusal to further process an application form for any of the above reasons shall not entitle the practitioner to any further procedural rights under these bylaws.

The Administrator or his/her designee shall promptly notify the applicant, of any problems in obtaining the information required and it shall then be the applicant's obligation to ensure that the required information is provided within two (2) weeks of receipt of such notification.

6.3 (e) Verification of Information and Application Processing

In the event that none of the above apply to the application, the Administrator or his/her designee shall promptly seek to collect or verify the references, licensure and other evidence submitted. Verification shall be obtained from primary sources whenever feasible, or from a credentials verification organization (CVO) of the application's current licensure, relevant training, and applicant's current competency. Verification of current licensure through the primary source internet site or by telephone is also acceptable so long as verification is documented. Verification that the practitioner requesting approval is the same practitioner identified in the credentialing documents must be completed by viewing either a current picture hospital identification care or a valid picture ID issued by a state or federal agency.

Included in this review process are Peer references and recommendations which include written information regarding the practitioner's current medical clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills and professionalism.

An application shall not be deemed complete nor shall final action on the application be taken until verification of all information is complete. When collection and verification are accomplished, the application and all supporting materials shall be transmitted to the Chairperson of the applicable department.

6.3(f) Description of Clinical Privileges

Medical Staff appointments or reappointments shall not confer any clinical privileges or rights to practice in the Hospital. Each practitioner who is appointed to the Medical Staff of the Hospital shall be entitled to exercise only those clinical privileges specifically granted by the Board. The clinical privileges recommended to the Board shall be based upon the applicant's education, training, experience, past performance, demonstrated competence and judgment, references and other relevant information. The applicant shall have the burden of establishing his/her qualifications for, and competence to exercise the clinical privileges he/she requests.

6.3(g) Recommendation of Department Chairperson/Service Chief

The Department Chairperson and/or Service Chief of the appropriate Department/Service shall review and analyze all relevant information regarding the applicant's current licensure status, training, experience, current competence, and ability to perform the requested privilege, utilizing the supporting documentation, reports and recommendations, and such other relevant information available to him/her, and shall transmit to the MEC on the prescribed form a written recommendation as to staff appointment and, if appointment is recommended, clinical privileges to be granted and any specific conditions to be attached to the appointment. Included in the review are:

- An assessment determining the necessary resources to support the requested privilege(s) and availability.
- Evaluation of any challenges to any licensure or registration
- Voluntary and involuntary relinquishment of any licensure or registration
- Voluntary and involuntary termination of medical staff membership
- Voluntary and involuntary limitation, reduction. Or loss of clinical privileges
- Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in final judgment against the applicant
- Documentation as to the applicant's health status
- Relevant practitioner-specific data as compared to aggregate data, when available
- Morbidity and mortality data, when available

The reason for each recommendation shall be stated and supported by references to the completed application and all other information considered. Documentation shall be transmitted with the report.

6.3(h) Medical Executive Committee Action

At its next regular meeting after receipt of the completed application, but no later than sixty (60) days, the MEC shall review the application, the supporting documentation, the recommendation of the Department Chairperson/Service Chief and such other information available as may be relevant to consideration of the applicant's qualifications for the staff category and clinical privileges requested. The MEC shall then forward to the Board a written report on the prescribed form concerning staff recommendations and, if appointment is recommended, staff category and clinical privileges to be granted and any special conditions to be attached to the appointment.

The Medical Executive Committee upon recommendation of the Service Chief and/or the Department Chief will assign a proctor or practitioner to perform a focused professional practice evaluation.

The MEC also may defer action on the application. The reasons for each recommendation shall be stated and supported by reference to the completed application and other information considered by the committee. Documentation shall be transmitted with the report. Any minority views shall also be reduced to writing, supported by reasons, references and documents, and transmitted with the majority report.

6.3(i) Effect of Medical Executive Committee Action

- (1) Deferral: Action by the MEC to defer the application for further consideration must be followed up within ninety (90) days with a recommendation for either provisional appointment with specified clinical privileges or for rejection for staff membership. An MEC decision to defer an application shall include specific reference to the reasons therefore and shall describe any additional information needed. If additional information is required from the applicant, he/she shall be so notified, and he/she shall then bear the burden of providing same.

In no event shall the MEC defer action on a completed and verified application for more than ninety (90) days beyond receipt of same.

- (2) Favorable Recommendation: When the recommendation of the MEC is favorable to the applicant, the Administrator or his/her designee shall promptly forward it, together with all supporting documentation, to the Board. For purposes of this section, "all supporting documentation" generally shall include the application form and its accompanying information and the report and recommendation of the Department Chairperson. The Board shall act upon the recommendation at its next scheduled meeting, or may defer action if additional information or clarification of existing information is needed, or if verification is not yet complete.
- (3) Adverse Recommendation: When the recommendation of the MEC is adverse to the applicant, the Administrator or his/her designee shall immediately inform the practitioner by special notice which shall specify the reason or reasons for denial and the practitioner then shall be entitled to the procedural rights as provided in the Fair Hearing Plan. The applicant shall have an opportunity to exercise his/her procedural rights prior to submission of the adverse recommendation to the Board. For the purpose of this section, an "adverse recommendation" by the MEC is defined as denial of appointment, or denial or restriction of requested clinical privileges. Upon completion of the Fair Hearing process, the Board shall act in the matter as provided in the Fair Hearing Plan.

6.3(j) Board Action

- (1) Decision Deadline. The Board of Directors may accept, reject or modify the MEC recommendation. The Secretary of the Board shall reduce the decision to writing and shall set forth therein the reasons for the decision. The written decision shall not disclose any information which is or may be protected from disclosure to the applicant under applicable laws. The Board of Directors shall make every reasonable effort to render its decision within ninety (90) days following receipt of the MEC's recommendation.
- (2) Favorable Action. In the event that the Board of Directors' decision is favorable to the applicant, such decision shall constitute final action on the application. The Administrator or his/her designee shall promptly inform the applicant that his/her application has been granted. The decision to grant Medical Staff appointment or reappointment, together with

all requested clinical privileges, shall constitute a favorable action even if the exercise of clinical privileges is made contingent upon monitoring, proctoring, periodic drug testing, additional education concurrent with the exercise of clinical privileges, or any similar form of quality improvement that does not materially restrict the applicant's ability to exercise the requested clinical privileges.

- (3) **Adverse Action.** In the event that the MEC's recommendation was favorable to the applicant, but the Board of Directors' action is adverse, the applicant shall be entitled to the procedural rights specified in the Fair Hearing Plan. The Administrator or his/her designee shall immediately deliver to the applicant by special notice a letter enclosing the Board of Directors' written decision and containing a summary of the applicant's rights as specified in the Fair Hearing Plan.

Under no circumstances shall any applicant be entitled to more than one (1) evidentiary hearing under the Fair Hearing Plan based upon an adverse action.

6.3(k) Interview

An interview may be scheduled with the applicant during any of the steps set out in Section 6.3(f) - 6.3(j). Failure to appear for a requested interview without good cause will be considered withdrawal of the application.

6.3(l) Reapplication After Adverse Appointment Decision

An applicant who has received a final adverse decision regarding appointment shall not be considered for appointment to the Medical Staff for a period of one (1) year after notice of such decision is sent, or until the defect constituting the grounds for the adverse decision is corrected, whichever is later. An applicant who has received a final adverse decision as a result of fraudulent conduct, misrepresentations in the application process, or other basis involving dishonesty shall not be permitted to reapply for a period of five (5) years after notice of the final adverse decision is sent. Any reapplication shall be processed as an initial application and the applicant shall submit such additional information as the staff or the Board may require.

6.3(m) Time Periods for Processing

Applications for staff appointments shall be considered in a timely and good faith manner by all individuals and groups required by these bylaws to act thereon and, except for good cause, shall be processed within the time periods specified in this section. The Administrator or his/her designee shall transmit a completed application to the department chairperson upon completing his/her verification tasks, but in any event within ninety (90) days after receiving the completed application, unless the practitioner has failed to provide requested information needed to complete the verification process.

The medical executive committee may recommend to the Board an expedited process for initial appointments to membership and granting of privileges, reappointment to membership, or renewal or modification of privileges if there is an anticipated delay in the Board's approval process. In order to qualify for an expedited process the following criteria shall apply:

- (1) the applicant submits a complete application
- (2) the committee makes a final recommendation that is not adverse or has limitation

- (3) the applicant has no current challenge or previously successful challenge to licensure or registration or the committee, unless the committee determines the matter to be immaterial to the privileges to be granted
- (4) the applicant has not received an involuntary termination of medical staff privileges at another hospital, unless the committee determines the matter to be immaterial to the privileges to be granted
- (5) the applicant has not received involuntary limitation, reduction, denial, or loss of clinical privileges;
- (6) the committee determines that there has not been either an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the application

6.3(n) Denial for Hospital's Inability to Accommodate Applicant

A decision by the Board to deny staff membership, staff category assignment or particular clinical privileges based on any of the following criteria shall not be deemed to be adverse and shall not entitle the applicant to the procedural rights provided in the Fair Hearing Plan:

- (1) On the basis of the Hospital's present inability to provide adequate facilities or supportive services for the applicant and his/her patients as supported by documented evidence; or
- (2) On the basis of inconsistency with the Hospital's current management plan including the mix of patient care services to be provided; or
- (3) On the basis of professional contracts the Hospital has entered into for the rendition of services within various specialties.

However, upon written request of the applicant, the application shall be kept in a pending status for the next succeeding two (2) years. If during this period, the Hospital finds it possible to accept applications for Medical Staff positions for which the applicant is eligible, and the Hospital has no obligation to applicants with prior pending status, the Administrator or his/her designee shall promptly so inform the applicant of the opportunity by special notice.

Within thirty (30) days of receipt of such notice, the applicant shall provide, in writing on the prescribed form, such supplemental information as is required to update all elements of his/her original application. Thereafter, the procedure provided in Section 6.2 for initial appointment shall apply.

6.4 REAPPOINTMENT PROCESS

6.4(a) Information Form for Reappointment

At least 120 days prior to the expiration date of a Practitioner's present Medical Staff appointment the Administrator or his/her designee shall provide the Practitioner a reapplication form for use in considering reappointment. The Practitioner who desires reappointment shall, at least ninety (90) days prior to such expiration date, complete the reapplication form by providing updated information with regard to his/her practice during the previous appointment period, and shall forward his/her reapplication form to the Administrator or his/her designee. Failure to return a completed reapplication form shall result in automatic termination of membership at the expiration of the member's current term.

Temporary Privileges will not be granted if a practitioner fails to provide all information necessary for the processing of his/her reappointment in a timely manner.

6.4(b) Content of Reapplication Form

The Reapplication Form shall include, at a minimum, updated information regarding the following:

- (1) Education: Continuing training, education, and experience during the preceding appointment period that qualifies the staff member for the privileges sought on reappointment;
- (2) License: Current licensure;
- (3) Health Status: Current physical and mental health status only to the extent necessary to determine the practitioner's ability to perform the functions of staff membership or to exercise the privileges requested;
- (4) Previous Affiliations: The name and address of any other hospital, health care organization or practice setting where the staff member provided clinical services during the preceding appointment period;
- (5) Professional Sanctions: Information as to previously successful or currently pending challenges to, or the voluntary relinquishment of, any of the following during the preceding appointment period:
 - (i) membership/fellowship in local, state or national professional organizations; or
 - (ii) specialty board certification; or
 - (iii) license to practice any profession in any jurisdiction; or
 - (iv) Drug Enforcement Administration (DEA) number/controlled substance license (except for pathologists); or
 - (v) Medical Staff membership or voluntary or involuntary limitation, reduction or loss of clinical privileges; or
 - (vi) the Practitioner's management of patients which may have given rise to investigation by the state medical board; or
 - (vii) participation in any private, federal or state health insurance program, including Medicare or Medicaid.
- (6) Information on Malpractice Experience: Details about filed, pending, settled, or litigated malpractice claims and suits during the preceding appointment period;
- (7) Felony Charges: Any current criminal charges pending against the applicant and any convictions or pleas during the preceding appointment period. The practitioner shall notify

the Administrator and the Chief of the Staff within seven (7) days of receiving notice of the initiation of any felony charges;

- (8) **Fraud:** Any allegations of civil or criminal fraud pending against any applicant, and any past allegations resolved during the previous appointment period; as well as any investigations during the preceding appointment period by any private, federal or state agency concerning participation in any health insurance program;
- (9) **Insurance** Provide proof of compliance with the requirements of §458.320 or §459.0085 Florida Statutes, as applicable, and documentation from the bank, insurance company or other entity indicating the Hospital will be notified in the event the applicant fails to so comply.
- (10) **Current Competency:** Objective evidence of the individual's clinical performance, competence, and judgment, based on the findings of departmental evaluations of care, including an evaluation by the Department Chairperson or clinical activity from primary admitting facility and one peer reference.
- (11) **Notification of Release & Immunity Provisions:** The acknowledgments and statement of release set forth in Sections 6.3(b) and (c); and
- (12) **Information on Ethics/Qualifications:** Such other specific information about the staff member's professional ethics and qualifications that may bear on his/her ability to provide patient care in the hospital.

6.4(c) Verification of Information

The Administrator or his/her designee shall, in timely fashion, verify the additional information made available on each Reapplication Form and collect any other materials or information deemed pertinent, including information regarding the staff member's professional activities, performance and conduct in the hospital and query of the Data Bank. Peer recommendations will be collected and considered in the reappointment process if insufficient peer review data is available. When collection and verification are accomplished, the Administrator or his/her designee shall transmit the Reapplication Form and supporting materials to the Chairperson/Service Chief of the appropriate department. An application shall not be deemed complete nor shall final action on the application be taken until verification of all information, including query of the Data Bank, is complete.

6.4(d) Action on Application

The application for reappointment shall thereafter be processed as set forth as described in Section 6.3(f) - 6.3(m) for initial appointment; except that an individual whose application for reappointment is denied shall not be permitted to reapply for a period of five (5) years or until the defect constituting the basis for the adverse action is corrected, whichever is later. Any reapplication shall be processed as an initial application and the applicant shall submit such additional information as the staff or the Board may require.

6.4(e) Basis for Recommendations

Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon reappointment shall be based upon such member's professional performance, ability and clinical judgment in the treatment of patients, his/her discharge of staff obligations, including participation in continuing medical education, his/her compliance with the Medical Staff Bylaws, Rules & Regulations, his/her cooperation with other practitioners and with patients, results of the Hospital monitoring and evaluation process, including participation in continuing medical education, ongoing professional practice evaluation and improvement activities which consider criteria directly related to quality of care, and other matters bearing on his/her ability and willingness to contribute to quality patient care in the Hospital.

6.5 REQUEST FOR MODIFICATION OF CLINICAL PRIVILEGES

A Medical Staff member may, either in connection with reappointment or at any other time, request modification of his/her clinical privileges, by submitting a written request to the Medical Staff Office on the prescribed form. Such application shall be processed in substantially the same manner as provided in Section 6.4 for reappointment and Article VII for determination of clinical privileges. No staff member may seek modification of privileges previously denied on initial appointment or reappointment unless supported by documentation of additional training and experience. Modifications of clinical privileges shall remain in effect until the next regularly scheduled reappointment period.

6.6 PRACTITIONERS PROVIDING CONTRACTUAL PROFESSIONAL SERVICES

6.6(a) Qualifications & Processing

A practitioner who is providing contract services to the Hospital must meet the same qualifications for Medical Staff membership; must be processed for appointment, reappointment, and clinical privilege delineation in the same manner; must abide by the Medical Staff Bylaws and Rules & Regulations and must fulfill all of the obligations for his/her membership category as any other applicant or Medical Staff member.

6.6(b) Requirements for Service

In approving any such practitioners for Medical Staff membership, the Medical Staff must require that the services provided meet JCAHO requirements, are subject to appropriate quality controls, and are evaluated as part of the overall hospital quality program.

6.6(c) Termination

Notwithstanding any provision to the contrary in these Bylaws (including the Fair Hearing Plan), unless otherwise provided in the contract for services, the expiration or termination of any contract for services or arrangement pursuant to which professional services are provided on an exclusive basis to Hospital patients by one or more members of the Medical Staff shall automatically result in concurrent termination of Medical Staff membership and clinical privileges of such Medical Staff members unless those medical staff members are contracted to provide services under the new contractual agreement. The Fair Hearing Plan shall not apply in the case of such termination or expiration.

ARTICLE VII
DETERMINATION OF CLINICAL PRIVILEGES

7.1 EXERCISE OF PRIVILEGES

Every practitioner providing direct clinical services at this Hospital shall, in connection with such practice and except as provided in Section 7.5, be entitled to exercise only those clinical privileges or services specifically granted to him/her by the Board. Said privileges must be within the scope of the license authorizing the practitioner to practice in this state and consistent with any restrictions thereon.

7.2 DELINEATION OF PRIVILEGES IN GENERAL

7.2(a) Requests

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant. The request for specific privileges must be supported by documentation demonstrating the practitioner's qualifications to exercise the privileges requested. A request by a Medical Staff member for a modification of privileges must be supported by documentation of training and experience relating to privilege request.

7.2(b) Basis for Privileges Determination

Granting of clinical privileges shall be hospital specific and shall be based on the practitioner's education, training, current competence, including documented experience treatment areas or procedures; the results of treatment; and the conclusions drawn from performance and improvement activities and ongoing professional practice evaluations, when available. When privilege delineation is based primarily on experience, the individual's credentials record should reflect the specific experience and successful results that form the basis for granting of privileges, including information pertinent to judgment, professional performance and clinical or technical skills. Clinical privileges granted or modified on pertinent information concerning clinical performance obtained from other health care institutions may be used in the review process. Peer recommendations are utilized when insufficient practitioner-specific data is available. Peer recommendations include information on the applicant's medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills and professionalism. A Focus Professional Practice Evaluation will be utilized when the practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence for the requested privilege.

7.2(c) Procedure

All requests for clinical privileges shall be evaluated and granted, modified or denied pursuant to the procedures outlined in Article VI. The Data Bank shall be queried each time new privileges are requested. This review includes a gathering of information on the availability of resources necessary to support the requested privilege and current documented performance. The Medical Executive Committee upon recommendation of the Service Chief and/or the Department Chief will assign a proctor or practitioner to perform a focused professional practice evaluation on all initially requested privileges and when there is insufficient documented evidence of competency at the hospital.

7.2(d) Limitations on Privileges

The delineation of an individual's clinical privileges includes the limitations, if any, on an individual's prerogatives to admit and treat patients or direct the course of treatment for the conditions for which the patients were admitted.

7.3 **SPECIAL CONDITIONS FOR DENTAL/PODIATRY PRIVILEGES**

Requests for clinical privileges from dentists, oral surgeons, and podiatrist shall be processed, evaluated and granted in the manner specified in Article VI. Surgical procedures performed by dentists and oral surgeons shall be under the overall supervision of the Chief of Surgery, however, other dentists and/or oral surgeons shall participate in the review of the practitioner through the quality improvement process. All dental patients shall receive the same basic medical appraisal as patients admitted for other surgical services. A Physician member of the Medical Staff shall be responsible for admission evaluation, history and physical, and for the care of any medical problem that may be present at the time of admission or that may be discovered during hospitalization, and shall determine the risk and effect of the proposed surgical procedure on the total health status of the patient.

7.4 **TEMPORARY PRIVILEGES**

7.4(a) **Circumstances**

Temporary privileges may be granted in order to fulfill an important patient care, treatment, or service need. The Administrator or his/her designee, upon recommendation of the Chief of the Staff or Chairperson of the applicable department, and upon proof of current licensure, appropriate malpractice insurance, or proof of meeting the financial requirements of Florida Statutes 458.320 and 459.0085, and completion of the required Data Bank query; may grant temporary privileges in the following circumstances:

- (1) **Pendency of Applications:** After receipt of a completed application for staff appointment, including a request for specific temporary privileges, when the applicant is awaiting review and approval by the MEC/Medical Staff and the Board. Temporary privileges may be granted in this case for a period not to exceed the pendency of the application but in no case shall the grant of temporary privileges exceed the time limit established by Section 7.4(e). Prior to any award of temporary privileges pursuant to this Section, the applicant must submit, in addition to the completed application, a photograph, the consent and release required by these bylaws, copies of the practitioner's license to practice medicine and DEA certificate. The following information must be verified before the applicant may be granted temporary privileges based on a pending application: current licensure, relevant training or experience, current competence, and the applicant's ability to perform the privileges requested. Only applicants who meet the following criteria will be considered for temporary privileges during pendency of an application: The applicant must have no current or previously successful challenge to licensure or registration. The applicant must not have been subject to involuntary termination of medical staff membership or involuntary limitation, reduction, denial, or loss of clinical privileges at another institution. In addition, the results of the Data Bank query must be obtained and evaluated before any grant of temporary privileges based on a pending application. In exercising temporary privileges, the applicant shall act under the supervision of the Chairperson of the applicable department;
- (2) **One Case Privileges:** Upon receipt of a written request, an appropriately licensed person who is not an applicant for membership may be granted temporary privileges for the care of one (1) or more designated patients. Such privileges are intended for isolated instances

in which extension of such privileges are shown to be in an individual patient's best interest and no practitioner shall be granted one case privileges on more than five (5) occasions in any given year. If a given practitioner exceeds the five (5) case requirements, such person shall be required to apply for membership on the Medical Staff before being allowed to attend additional patients. Prior to any award of one case privileges, the practitioner must submit a copy of current license, DEA certificate and curriculum vitae and the Administrator or his/her designee must obtain telephone verification of the physician's privileges at his/her primary hospital. Verification of the practitioner's current licensure and competence is required prior to any award of one-case privileges.

- (3) **Locum Tenens:** Upon receipt of a request, an appropriately licensed person who is serving as locum tenens for a member of the Medical Staff may, without applying for membership on the Medical Staff, be granted temporary privileges for an initial period not to exceed 120 days in a calendar year. Prior to any award of locum tenens privileges pursuant to this section, the applicant must submit, in addition to a completed application, a photograph, the consent and release required by these bylaws, copies of the practitioner's license to practice medicine, DEA certificate and telephone verification of privileges at the practitioner's primary hospital. Verification of the practitioner's current licensure and competence is required prior to any award of locum tenens privileges.

Members of the Medical Staff seeking to provide coverage through locum tenens Physicians shall, where possible, advise the Hospital at least thirty (30) days in advance of the identity of the locum tenens and the dates during which the locum tenens services will be utilized in order to allow adequate time for appropriate verification to be completed. Failure to do so without good cause shall be grounds for corrective action.

7.4(b) Conditions

Temporary privileges shall be granted only when the information available reasonably supports a favorable determination regarding the requesting practitioner's qualifications, ability and judgment to exercise the privileges granted. Special requirements of consultation and reporting may be imposed by the Chief of the Staff, including a requirement that the patients of such practitioner be admitted upon dual admission with a member of the Active Staff. Before temporary privileges are granted, the practitioner must acknowledge in writing that he/she has received and read the Medical Staff Bylaws and Rules & Regulations, and that he/she agrees to be bound by the terms thereof in all matters relating to his/her temporary privileges.

7.4(c) Termination

On the discovery of any information or the occurrence of any event of a professionally questionable nature concerning a practitioner's qualifications or ability to exercise any or all of the temporary privileges granted, the Administrator or designee may, after consultation with the Chief of the Staff and/or the Chairperson of the department terminate any or all of such practitioner's temporary privileges. Where the life or well-being of a patient is endangered by continued treatment by the practitioner, the termination may be effected by any person entitled to impose summary-suspensions under Article VIII, Section 8.2(a). In the event of any such termination, the practitioner's patients then in the hospital shall be assigned to another practitioner by the Chief of the Staff or by the Chairperson of the department. The wishes of the patient shall be considered, if feasible, in choosing a substitute practitioner.

7.4(d) Rights of the Practitioner

A practitioner shall not be entitled to the procedural rights afforded by Article IX because of his/her inability to obtain temporary privileges or because of any termination or suspension of temporary privileges.

7.4(e) Term

No term of temporary privileges shall exceed a total of one hundred and twenty (120) days in a calendar year.

7.5 EMERGENCY & DISASTER PRIVILEGES

For the purpose of this section, an "*emergency*" is defined as a condition in which serious or permanent harm to a patient is likely to occur, or in which the life of a patient is in immediate danger, and delay in administering treatment would add to that danger. A "*disaster*" for purposes of this section is defined as a community-wide disaster or mass injury situation in which the number of existing, available medical staff members is not adequate to provide all clinical services required by the citizens served by this facility and the hospital's emergency management plan has been activated. In the case of an emergency as defined herein any practitioner, to the degree permitted by his/her license and regardless of staff status or clinical privileges, shall be permitted to do, and be assisted by hospital personnel in doing everything reasonable and necessary to save the life of a patient or to treat patients as needed.

When the emergency action plan has been activated and the Chief Executive Officer or Chief of Staff or their designee has granted disaster privileges to a volunteer licensed independent practitioner, the Chief of Staff will designate a member of the medical staff with privileges or training as closely matched as possible to the privileges granted to this individual. The designated member of the Medical Staff will oversee the performance of the disaster privileged individual by direct observation of the care being provided. Medical Staff members who are paired with these practitioners shall immediately report any concern regarding the practitioner's competence to the Chief of Staff. Should the situation arise where direct observation is not possible due to the nature of the disaster or unavailability of an appropriate observer, a medical record review of the care provided will be performed by the Chief of Staff or his/her designee, at an appropriate time following the disaster. Based on its oversight of each volunteer licensed independent practitioner the hospital determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue. In no case shall these privileges last more than 30 days without approval by the Chief Executive Officer and Chief of Staff.

ARTICLE VIII
PROCEDURES FOR ADDRESSING CONCERNS INVOLVING PRACTITIONERS

8.1 ROUTINE CORRECTIVE ACTION

8.1(a) Criteria for Initiation

Whenever activities, omissions, or any professional conduct of a Practitioner are detrimental to patient safety or, to the delivery of quality patient care, are disruptive to Hospital operations, are unethical or violate the provisions of these Bylaws, the Medical Staff Rules and Regulations, or duly adopted policies and procedures; corrective action against such Practitioner may be initiated by any officer of the Medical Staff, by the Chairperson of the Department of which the practitioner is a member, by the MEC, by the Administrator, or by the Board. Procedural guidelines from the Health Care Quality Improvement Act shall be followed, except as otherwise provided herein, and all corrective action shall be taken in good faith in the interest of quality patient care. The efforts of the MEC, the Chairperson of the Department of which the Practitioner is a member, the Administrator, or the Board, may include, but not be limited to:

- (1) educating and advising the Practitioner of all applicable policies (including policies regarding appropriate behavior, emergency call obligations, and timely and adequate completion of medical records);
- (2) following up on any questions or concerns raised about the clinical practice or conduct of a Practitioner and recommending such steps as proctoring, monitoring, consultation and letters of guidance; and
- (3) sharing summary comparative quality, utilization and other relevant information in order to assist the Practitioner in conforming their practices to appropriate norms.

Consistent with the foregoing, the MEC may direct that certain actions be taken, including, but not limited to, a request for corrective action, a focused review or an investigation:

- in the reasonable belief that the action or recommendation is warranted by the facts and is in furtherance of quality health care;
- after a reasonable effort to obtain the facts of the matter, including informing the Practitioner involved and soliciting relevant information from that Practitioner or after such other procedures as are fair to the Practitioner under the circumstances;

provided, however, that all activities undertaken by the MEC consistent with this Article VIII in furtherance of quality health care are confidential peer review action activities under these Bylaws and under state and federal law.

8.1(b) Request & Notices

All requests for corrective action and reports of a Practitioner's activities, omissions or professional conduct as described under this Section 8.1 shall be submitted in writing to the MEC, and supported by reference to the specific activities or conduct which constitutes the grounds for the report or

request. The Chief of the Staff shall promptly notify the Administrator or his/her designee in writing of all such reports and requests for corrective action received by the MEC and shall continue to keep the Administrator or his/her designee fully informed of all action taken in conjunction therewith.

8.1(c) Investigation or Focused Review by the Medical Executive Committee

The MEC shall in its discretion and as appropriate, (1) initiate a focused review in accordance with Section 8.3(i), or (2) begin to investigate the matter (or shall appoint an Ad Hoc Committee to investigate it), in each case, within forty-five (45) days or at its next regular meeting. When the request for corrective action or report of a Practitioner's conduct involves an issue of physician impairment, the MEC shall assign the matter to a proctor or ad hoc committee who shall operate apart from this corrective action process, pursuant to the provisions of the Hospital's impaired physician policy. Within thirty (30) days after the investigation begins, a written report of the investigation shall be completed. In circumstances where the MEC has initiated a focused review that has subsequently been referred back to the MEC by the ad hoc committee for termination in accordance with Section 8.3(i) (7), the MEC shall begin to investigate the request for corrective action or report of a Practitioner's conduct (or appoint an Ad Hoc Committee to investigate) within thirty (30) days of its decision to terminate the focused review.

8.1(d) Medical Executive Committee Action

Except in cases where the MEC has initiated a focused review (in which case the provisions of Section 8.3(i) shall apply), within sixty (60) days following receipt of the report, or request for corrective action (and in the case where a focused review has been referred back to the MEC for termination, within sixty (60) days following the MEC's decision to terminate the focused review), the MEC shall take action upon the request or report. Its action shall be reported in writing and may include, but shall not be limited to:

- (1) Determining that no investigation or focused review is warranted based on its evaluation of the information received, in which case the Chief of the Staff shall so inform the reporting party in writing;
- (2) Giving notice to the Practitioner that it requests an interview for the purpose of discussing the circumstances reported and, if possible and appropriate, resolving the matter without further MEC action;
- (3) Rejecting the request for corrective action;
- (4) Rescuing itself from the matter and referring same to the Board without recommendation, together with a statement of its reasons for rescuing itself from the matter, which reasons may include but are not limited to a conflict of interest due to direct economic competition or economic interdependence with the affected physician;
- (5) Issuing a warning or a reprimand to which the Practitioner may write a rebuttal, if he/she so desires;
- (6) Recommending terms of probation, education or required consultation;

- (7) Recommending reduction, suspension or revocation of clinical privileges;
- (8) Recommending reduction of staff category or limitation of any staff prerogatives; or
- (9) Recommending suspension or revocation of Medical Staff membership.

8.1(e) Procedural Rights

Any action by the MEC pursuant to Section 8.1(d)(7), (8) or (9) or Section 8.1(d)(6) (where such action materially restricts a Practitioner's exercise of privileges) or any combination of such actions, shall entitle the Practitioner to the procedural rights as specified in the provisions of Article IX and the Fair Hearing Plan. The Board may be informed of the recommendation, but shall take no action until the member has either waived his/her right to a hearing or completed the hearing.

8.1(f) Other Action

If the MEC's recommended action is as provided in Section 8.1(d)(1) (2), (3), (4) or (5) or Section 8.1(d)(6) (where such action does not materially restrict a Practitioner's exercise of privileges), such recommendation, together with all supporting documentation, shall be transmitted to the Board. The Fair Hearing Plan shall not apply to such actions.

8.1(g) Board Action

When routine corrective action is initiated by the Board pursuant to Section 1.2(2) or (3) of the Fair Hearing Plan, the functions assigned to the MEC under this Section 8.1 shall be performed by the Board, and shall entitle the practitioner to the procedural rights as specified in the Fair Hearing Plan.

8.2 SUMMARY SUSPENSION

8.2(a) Criteria & Initiation

Notwithstanding the provisions of Section 8.1 above, whenever a Practitioner willfully disregards these Bylaws or other Hospital policies, or his/her conduct may require that immediate action be taken to protect the life, well-being, health or safety of any patient, employee or other person, then the Chief of the Staff, the Administrator, or a member of the MEC shall have the authority to summarily suspend the Medical Staff membership status or all or any portion of the clinical privileges immediately upon imposition. Subsequently, the Administrator or his/her designee shall, on behalf of the imposer of such suspension, promptly give special notice of the suspension to the Practitioner.

Immediately upon the imposition of summary suspension, the Chief of the Staff shall designate a Physician with appropriate clinical privileges to provide continued medical care for the suspended Practitioner's patients still in the Hospital. The wishes of the patient shall be considered, if feasible, in the selection of the assigned Physician.

It shall be the duty of all Medical Staff members to cooperate with the Chief of the Staff and the Administrator in enforcing all suspension and in caring for the suspended Practitioner's patients.

8.2(b) Medical Executive Committee Action

Within seventy-two (72) hours after such summary-suspension, a meeting of the MEC shall be convened to review and consider the action taken. The MEC may recommend modification, ratification, continuation with further investigation or termination of the summary suspension.

8.2(c) Procedural Rights

If the summary suspension is terminated or modified such that the Practitioner's privileges are not materially restricted, the matter shall be closed and no further action shall be required.

If the summary suspension is continued for purposes of further investigation the MEC shall reconvene within fourteen (14) days of the original imposition of the summary-suspension and shall modify, ratify or terminate the summary suspension.

Upon ratification of the summary suspension or modification which materially restricts the Practitioner's clinical privileges, the Practitioner shall be entitled to the procedural rights provided in Article IX and the Fair Hearing Plan. The terms of the summary suspension as sustained or as modified by the MEC shall remain in effect pending a final decision by the Board.

8.3 ADMINISTRATIVE CORRECTIVE ACTION

8.3(a) Criteria for Initiation

Whenever a Practitioner violates Hospital policies, rules or regulations, or acts in a manner disruptive to Hospital operations, or in such a manner as to endanger the assets of the Hospital because of financially imprudent actions not justified by patient care considerations, administrative corrective action may be initiated by the Hospital Administrator, by the Chairman of the Board of Directors, or by the Board. Such action shall be taken pursuant to this Section 8.3, rather than Section 8.1 or 8.2, only in those instances in which disruptive or inappropriate conduct, rather than clinical competency is in question. Such instances may include, but are not limited to, abusive treatment of Hospital employees, refusal to discharge Medical Staff duties unrelated to patient care, violation of policies, rules or regulations, or harassment.

8.3(b) Documentation of Behavior

Practitioners and Hospital employees who observe disruptive behavior by a Practitioner shall document the behavior, and shall submit such written documentation to the Administrator. In performing all functions hereunder, the Administrator and all designees acting on his behalf shall be deemed authorized agents of the Board and shall enjoy all immunity and confidentiality protection afforded under state and federal law.

8.3 (c) Administrative Actions

The Administrator shall meet with the Practitioner whose behavior was alleged to be disruptive and if the Administrator determines that the complaint has merit, he/she will emphasize during the meeting that such conduct is inappropriate, and that further such conduct will result in formal action. A follow-up letter shall be sent to the Practitioner documenting the discussion of the incident.

If the Practitioner's disruptive behavior continues, or if the Administrator deems it appropriate, the

Board Chairperson shall meet with and advise the Practitioner that such conduct is intolerable and must stop. The Practitioner will be informed that the meeting constitutes the final warning prior to formal action. The meeting will be followed with a letter reiterating the warning, which shall become a part of the Practitioner's file.

Nothing herein shall be deemed to require the occurrence of the above two (2) meetings prior to institution of formal corrective action in the event that the action is sufficiently serious to justify summary suspension.

8.3(d) Request & Notices

Upon occurrence of an additional incident after the above process, the Administrator shall submit a formal request for corrective action to the Board of Directors. The request shall be submitted in writing and supported by reference to the specific activities or conduct which constitutes the grounds for the request.

8.3(e) Investigation by the Board

The Administrator shall be responsible for presenting the history of conduct to the Board. The Board shall be fully apprised of the previous meetings and warnings, if any, so that it may pursue whatever action is necessary to terminate the unacceptable conduct. Should the Board determine that further investigation is necessary; the Board Chairperson shall appoint an individual or an ad hoc committee to investigate and report back to the Board at its next regular meeting. Within thirty (30) days after the investigation begins, a written report of the investigation shall be completed.

8.3(f) Board Action

Within sixty (60) days following receipt of the report, the Board shall take action upon the request. Its action shall be reported in writing and may include, but is not limited to:

- (1) Rejecting the request for corrective action;
- (2) Issuing a warning or a reprimand to which the Practitioner may write a rebuttal, if he/she so desires;
- (3) Requiring terms of probation or required consultation;
- (4) Reducing, suspending or revoking clinical privileges;
- (5) Reducing staff category or limiting prerogatives; or
- (6) Suspending or revoking staff membership.

8.3(g) Procedural Rights

Any action by the Board pursuant to Section 8.3(f)(4), (5) or (6), or (f)(3) (where such action materially restricts a Practitioner's exercise of privileges) or any combination of such actions, shall entitle the Practitioner to the procedural rights as specified in the provisions of Article IX and the Fair Hearing Plan. The action will not become final until the Practitioner has either waived his/her right to a hearing or completed the hearing.

8.3(h) Other Action

If the Board's action is as provided in Section 8.3(f) (1) and (2), or (f) (3) (where such action does not materially restrict a practitioner's exercise of privileges), such action shall become the final action of the Board, and the Practitioner shall not be entitled to the rights enumerated in the Fair Hearing Plan.

8.3(i) Focused Review of Practitioner's Performance

When a Practitioner's performance is questioned or corrective action is requested by any officer of the Medical Staff, by the Medical Executive Committee, by the Chairperson of the Department of which the Practitioner is a member, by the Administrator or his/her designee or by the Board (other than in non-clinical competency cases governed by Sections 8.3(a) – 8.3(h)), the MEC, rather than pursue a formal investigation, may initiate a focused review in order to attempt to resolve the matter in a professional, helpful and non-adversarial manner in keeping with the Focused Professional Practice Policy and Procedure. Such collegial efforts are encouraged but not mandatory, and shall be within the discretion of the MEC. Focused review is conducted with the positive "performance improvement" philosophy, and efforts will be made to motivate, educate and help a Practitioner whose performance requires improvement. Because the purpose of a focused review is the review of professional practices in the Hospital so as to reduce morbidity and mortality and improve the quality of health care, focused reviews are confidential under state and federal law, but shall not, in and of themselves give rise to any hearing rights or application of the provisions of the Fair Hearing Plan.

- (1) The Chief of the Staff shall notify the Practitioner that a focused review is to be conducted on the Practitioner's performance. The Practitioner shall have the right to participate in the focused review process.
- (2) Focused review necessarily requires the cooperation of the Practitioner who is subject to the review. Whenever the assigned proctor finds that the Practitioner is uncooperative, the proctor or may report back to the MEC and request termination of the focused review. In such case, the MEC shall determine whether to terminate the focused review and initiate an investigation in accordance with Section 8.1(c), which may lead to other corrective action as contemplated herein.
- (3) Upon concluding its focused review, the proctor or shall make a written report to the MEC and the Practitioner, with recommendations which may include, but are not limited to, a recommendation for continued monitoring, periodic meetings with a clinical section or service chief, or that the MEC proceed with a formal investigation and consider more formal corrective action. The Practitioner may, within five (5) days of receiving a copy of the recommendations, provide his or her input to the MEC for consideration.
- (9) The MEC shall consider the report of the proctor and any material submitted by the Practitioner, and shall make its determination based upon the facts found and in furtherance of quality health care.
- (10) If the MEC's action does not materially restrict the Practitioner's exercise of privileges, such action shall become the final action of the MEC and the Practitioner shall not be entitled to the rights enumerated in the Fair Hearing

8.4 AUTOMATIC SUSPENSION

8.4(a) License

A Medical Staff member or AHP whose license, certificate, or other legal credential authorizing him/her to practice in Florida is revoked or suspended shall immediately and automatically be suspended from the Medical Staff and exercising clinical privileges in the Hospital. The member will not have the right of hearing or appeal as provided under Article IX of these bylaws. The Chief of the Staff shall designate a physician to provide continued medical care for the suspended practitioner's patients.

8.4(b) Drug Enforcement Administration (DEA) Registration Number

A Practitioner whose DEA registration number is revoked or suspended shall immediately and automatically be divested of his/her right to prescribe scheduled drugs.

8.4(c) Medical Records

- (1) Automatic suspension of a Practitioner's admitting privileges shall be imposed for failure to complete medical records as required by the Medical Staff Bylaws and Rules & Regulations. The suspension shall continue until such records are completed unless the Practitioner satisfies the Chief of the Staff that he/she has a justifiable excuse for such omissions.
- (2) Medical Records- Expulsion: Notwithstanding the provision of Section 8.4(c)(1), any Medical Staff member who accumulates forty-five (45) or more CONSECUTIVE days of automatic suspension under said subsection 8.4(c)(1) shall automatically be expelled from the Medical Staff. Such expulsion shall be effective as of the first day after the forty-fifth (45th) consecutive day of such automatic suspension.

8.4(d) Malpractice Insurance Coverage

Any Practitioner who fails to comply with the provisions of Florida Statute 458.320 or 459.0085, as applicable, will be automatically suspended until proof of such compliance is provided to the MEC and Administrator. Any AHP who fails to comply with 5.2 (a) of these Bylaws will be automatically suspended until proof is provided to the MEC and Administrator.

8.4(e) Exclusions/Suspension from Medicare

Any Practitioner who is excluded from the Medicare program or any state government payor program will be automatically suspended.

8.4(f) Automatic Suspension - Fair Hearing Plan Not Applicable

No Medical Staff member, whose privileges are automatically suspended under this Section 8.4, shall have the right of hearing or appeal as provided under Article IX of these Bylaws. The Chief of the Staff shall designate a physician to provide continued medical care for any suspended practitioner's patients.

8.4(g) Chief of the Staff

It shall be the duty of the Chief of the Staff to cooperate with the Administrator in enforcing all automatic suspensions and expulsions and in making necessary reports of same. The Administrator or his/her designee shall periodically keep the Chief of the Staff informed of the names of Medical Staff members who have been suspended or expelled under Section 8.4.

8.5 CONFIDENTIALITY

To maintain confidentiality, participants in the corrective action process shall limit their discussion of the matters involved to the formal avenues provided in these bylaws for peer review and discipline.

8.6 SUMMARY SUPERVISION

Whenever criteria exist for initiating corrective action pursuant to this Article, the practitioner may be summarily placed under supervision concurrently with the initiation of professional review activities until such time as a final determination is made regarding the practitioner's privileges. Any of the following shall have the right to impose supervision: Chief of the Staff, applicable department chairman, the Board and/or Administrator.

8.7 PROTECTION FROM LIABILITY

All members of the Board, the Medical Staff and Hospital personnel assisting in Medical Staff peer review shall have immunity from any civil liability to the fullest extent permitted by state and federal law when participating in any activity described in Section 6.3(c) of these bylaws.

8.8 REAPPLICATION AFTER ADVERSE ACTION

A Medical Staff applicant who has received a final adverse decision pursuant to Section 8.1, 8.2 or 8.3 shall not be considered for appointment to the Medical Staff for a period of five (5) years after notice of such decision is sent. Any reapplication shall be processed as an initial application and the applicant shall submit such additional information as the Medical Staff or the Board may require.

**ARTICLE IX
INTERVIEWS & HEARINGS**

9.1 INTERVIEWS

When the MEC or Board is considering initiating an adverse action concerning a practitioner, it may in its discretion give the practitioner an interview. The interview shall not constitute a hearing, shall be preliminary in nature and shall not be conducted according to the procedural rules provided with respect to hearings. The practitioner shall be informed of the general nature of the proposed action and may present information relevant thereto. A summary record of such interview shall be made. No legal or other outside representative shall be permitted to participate for any party.

9.2 HEARINGS

9.2(a) Procedure

Whenever a practitioner requests a hearing based upon or concerning a specific adverse action as defined in Article I of the Fair Hearing Plan, the hearing shall be conducted in accordance with the procedures set forth in the Fair Hearing Plan and the Health Care Quality Improvement Act.

9.2(b) Exceptions

Neither the issuance of a warning, a request to appear before a committee, a letter of admonition, a letter of reprimand, a recommendation for concurrent monitoring, a denial, termination or reduction of temporary privileges, terms of probation, nor any other actions which do not materially restrict the practitioners exercise of clinical privileges, shall give rise to any right to a hearing.

9.3 ADVERSE ACTION AFFECTING AHPs

Any adverse actions affecting AHPs may be accomplished in accordance with the usual personnel policies of the Hospital, or the particular terms of the AHPs employment. The Fair Hearing Plan shall not apply.

**ARTICLE X
OFFICERS**

10.1 OFFICERS OF THE STAFF

10.1(a) Identification

The officers of the Medical Staff shall be:

- (1) Chief of Staff
- (2) Chief Elect;
- (3) Secretary/Treasurer; and
- (4) Immediate Past

10.1(b) Qualifications

Officers must be members of the Medical Staff at the time of nomination and election and must remain members in good standing during their term of office. Failure of an officer to maintain such status shall immediately create a vacancy in the office.

10.1(c) Nominations

- (1) The Nominating Committee shall consist of the Chief the Past Chief of the Medical Staff and the Administrator or his/her designee. This committee shall offer one (1) or more nominees for each office (with the exception of the office of Immediate Past-Chief to the Medical Staff thirty (15) days before the meeting.
- (2) Nominations may also be made from the floor at the time of any meeting or by petition filed prior to any meeting signed by at least ten percent (10%) of the appointees of the Medical Staff, with a signed statement of willingness to serve by the nominee, filed with the Chief of the Staff at least thirty (15) days before the meeting.

10.1(d) Election

Officers shall be elected at the meeting of the Medical Staff and when otherwise necessary to fill vacancies. Officers shall be approved by the Board after election by medical staff members and shall be a member of the Medical Staff. Only members of the Medical Staff who are present at the meeting shall be eligible to vote. Voting may be open or by secret written ballot, as determined by the members present and voting at the meeting. Voting by proxy, electronic means, or telephone shall not be permitted. A nominee shall be elected upon receiving a majority of all the valid ballots cast.

10.1(e) Removal

Whenever the activities, professional conduct or leadership abilities of a Medical Staff officer are believed to be below the standards established by the Medical Staff or to be disruptive to the operations of the Hospital, the officer may be removed by a two-thirds (2/3) majority of the Medical Staff. Reasons for removal may include, but shall not be limited to violation of these bylaws, breaches of confidentiality or unethical behavior. Such removal shall not affect the officer's Medical Staff membership or clinical privileges, and shall not be considered an adverse action.

10.1(f) Term of Elected Officers

Each officer shall serve a two (2) year term, commencing on the first day of the Medical Staff year following his/her election. Each officer shall serve until the end of his/her term and until a successor is elected, unless he/she shall sooner resign or be removed from office.

10.1(g) Vacancies in Elected Office

Vacancies in office, other than Chief of the Staff, shall be filled by the MEC. If there is a vacancy in the office of Chief of the Staff, the Chief -Elect shall serve out the remaining term.

10.1(h) Duties of Elected Officers

- (1) Chief of the Staff. The Chief of the Staff shall serve as the Chief Medical Officer and principal official of the staff. As such he/she will:

- (i) appoint multi-disciplinary Medical Staff committees;
 - (ii) aid in coordinating the activities of the hospital administration and of the nursing and other non-physician patient care services with those of the Medical Staff;
 - (iii) be responsible to the Board, in conjunction with the MEC, for the quality and efficiency of clinical services and professional performance within the hospital and for the effectiveness of patient care evaluations and maintenance functions delegated to the staff; work with the Board in implementation of the Board's quality, performance, efficiency and other standards;
 - (iv) in concert with the MEC and clinical departments, develop and implement methods for credentials review and for delineation of privileges; along with the continuing medical education programs, utilization review, monitoring functions and patient care evaluation studies;
 - (v) participate in the selection (or appointment) of Medical Staff representatives to Medical Staff and hospital management committees;
 - (vi) report to the Board and the Administrator or his/her designee concerning the opinions, policies, needs and grievances of the Medical Staff;
 - (vii) be responsible for enforcement and clarification of Medical Staff Bylaws and Rules & Regulations, for the implementation of sanctions where indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner;
 - (viii) call, preside and be responsible for the agenda of all general meetings of the Medical Staff;
 - (ix) serve as a member of the MEC and as an ex-officio member of all other staff committees or functions;
 - (x) assist in coordinating the educational activities of the Medical Staff; and
 - (xi) serve as liaison for the Medical Staff in its external professional and public relations.
- (2) Chief -Elect: The Chief -Elect of the Staff shall be a member of the MEC. In the absence of the Chief of the Staff, he/she shall assume all the duties and have all the authority of the Chief of the Staff. He/She shall perform such additional duties as may be assigned to him/her by the Chief of the Staff, the MEC or the Board.
- (3) Secretary/Treasurer: The duties of the Secretary/Treasurer shall be to:
- (i) give proper notice of all staff meetings on order of the appropriate authority;
 - (ii) prepare accurate and complete minutes for MEC and Medical Staff meetings;
 - (iii) assure that an answer is rendered to all official Medical Staff correspondence;

- (iv) be responsible for the preparation of financial statements and report status of Medical Staff funds, if any; and
 - (v) perform such other duties as ordinarily pertain to his/her office.
- (4) The Immediate Past Chief shall be a member of the MEC and shall perform such additional duties as may be assigned to him/her by the Chief of the Staff, the MEC or the Board.

ARTICLE XI

CLINICAL DEPARTMENTS & SERVICES

11.1 DEPARTMENTS & SERVICES

11.1(a) There shall be clinical departments of:

- (1) Medicine, including internal medicine, family medicine, general practice, radiology, telemedicine, psychiatry and all subspecialties thereof including outpatient and ambulatory care physicians, pediatrics, summary medicine, nephrology, cardiology; and
- (2) Surgery, including general surgery and all subspecialties thereof, pathology, OB/GYN, urology, podiatry, anesthesia and outpatient services.

11.1(b) Further departmentalization of specialties may be made by unanimous vote of the MEC or added by amendment as described in Article XV of these Bylaws.

11.2 DEPARTMENT FUNCTIONS

The primary function of each department is to implement specific review and evaluation activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in the department. To carry out this overall function, each department shall:

- 11.2(a) Require that patient care evaluations be performed and that appointees exercising privileges within the department be reviewed on an ongoing basis and upon application for reappointment;
- 11.2(b) Establish guidelines for the granting of clinical privileges within the department and submit the recommendations as required under these Bylaws regarding the specific clinical privileges for applicants and reapplicants for clinical privileges;
- 11.2(c) Conduct, participate in, and make recommendations regarding the need for continuing education programs pertinent to changes in current professional practices and standards;
- 11.2(d) Monitor on an ongoing basis the compliance of its department members with these Bylaws, and the Rules and Regulations, policies, procedures and other standards of the Hospital;

- 11.2(e) Monitor on an ongoing basis the compliance of its department members with applicable professional standards;
- 11.2(f) Coordinate the patient care provided by the department's members with nursing, administrative, and other non-Medical Staff services;
- 11.2(g) Foster an atmosphere of professional decorum within the department;
- 11.2(h) Maintain a leadership role in the hospital's performance improvement activities to improve quality of care, treatment, services, patient safety and participate in the review process for medical assessment and treatment of patients, use of information about adverse privileging decisions for any practitioner privileged through the medical staff process, use of medications, use of blood and blood components, operative and other procedures(s), appropriateness of clinical practice patterns, significant departures from established patterns of clinical practice, the use of developed criteria for autopsies, sentinel event and patient safety data;
- 11.2(i) Submit written reports or minutes of department meetings to the MEC on a regular basis concerning:
 - (1) Findings of the department's review and evaluation activities, actions taken thereon, and the results thereof;
 - (2) Recommendations for maintaining and improving the quality of care provided in the department and in the Hospital; and
 - (3) Such other matters as may be requested from time to time by the MEC. 11.2(j)

When the finding of assessment processes are relevant to an individual's performance, determines their use in peer review or the ongoing evaluation of a practitioner's competence, and makes a recommendation(s) to the MEC consistent with Article VIII.

11.3 SERVICES

In addition to the departments of the Medical Staff, there shall be services within the Medical Staff. The various services within the Medical Staff (e.g., anesthesiology service, radiology service, emergency service, pathology service, etc.) shall not constitute departments as that term is used herein without the express designation by the MEC and the Board of Directors. Each service shall be headed by a chief selected in the manner and having the authority and responsibilities set forth in these bylaws. The purpose of the services shall be to provide specialized care within the Hospital and to monitor and evaluate the quality of care rendered in the service and to be accountable to the department to which such service is assigned for the discharge of these functions.

TELEMEDICINE SERVICES

Telemedicine means the use of electronic communication or other communication technologies to provide or support clinical care at a location remote from the Medical Center. The Medical Staff at both the originating and distant sites must determine what clinical services, if any, will be provided through a telemedicine link at their respective sites.

The Medical Staff shall make recommendations to the Governing Body regarding which clinical services are appropriately delivered through the medium of telemedicine, and the scope of such services. Clinical services offered through this means shall be provided consistent with commonly accepted quality standards.

Any Licensed Independent Practitioner who prescribes, renders a diagnosis, or otherwise provides clinical treatment to a patient at Lakeside Medical Center through a telemedicine procedure (the "telemedicine physician"), must be credentialed and privileged through the Medical Staff pursuant to the credentialing and privileging procedures described in these Medical Staff Bylaws.

Credentialing by Proxy: The governing body and the medical staff of Lakeside Medical Center may choose to rely upon the Credentialing Program decisions of another facility when making its own credentialing and privileging decisions regarding the Telemedicine Providers, provided that the governing body of the Lakeside Medical Center ensures compliance with the requirements at 42 C.F.R. §482.22(a)(3). Lakeside Medical Center shall ensure that each such Telemedicine Provider holds a license issued or recognized by the State of Florida. Lakeside Medical Center shall also ensure that the privileges it grants each Telemedicine Provider at Lakeside Medical Center in accordance with this paragraph do not exceed the privileges granted to that Telemedicine Provider at the facility which is providing the credentialing information on the provider.

Lakeside Medical Center shall maintain evidence of its internal reviews of each Telemedicine Provider's performance and quality at the Lakeside Medical Center and shall provide such performance and quality information to the facility which initially credentialed the provider for that facility's periodic appraisals of the Telemedicine Providers who are subject to this Agreement. At a minimum, this performance and quality information shall include all adverse events that result from the Telemedicine Services provided by each Telemedicine Provider to Lakeside Medical Center's patients and all complaints Lakeside Medical Center has received about each Telemedicine Provider (including but not limited to adverse outcomes related to sentinel events that are considered reviewable by TJC). Lakeside Medical Center shall notify the facility as soon as reasonably practicable of any action taken against a Telemedicine Provider by Lakeside Medical Center which is classified as disciplinary under Lakeside Medical Center's credentialing policies.

Peer Review Activities for Telemedicine Providers. The Peer Review activities required to be conducted related to professional conduct will be structured to operate as professional review activities under the Health Care Quality Improvement Act 42 U.S.C. §§ 1101, et seq, and as protected peer review activities pursuant to applicable state statutes. The parties, including their employees and agents, shall to the extent possible, conduct themselves at all times in a manner that maximizes the federal and state law confidentiality and related protections and privileges that may be available for the peer review processes, proceedings, records and reports described herein, so as to maintain the confidentiality of such processes, proceedings, records and reports, and protect such processes, proceedings, records and reports from discovery or introduction into evidence in any administrative, judicial or quasi-administrative or judicial tribunal or proceeding.

11.4 DEPARTMENT CHAIRPERSONS

11.4(a) Each Department shall have a Chairperson, who shall be approved by the Board after election by the department members and shall be a member of the Medical Staff, qualified by training, certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process. Department Chairperson may be removed by affirmative vote of two-thirds (2/3) of the Department members as provided for removal of officers in Section 10.1(e).

11.4(b) The roles and responsibilities of the Department Chairperson include:

- (1) Accountability to the MEC for all clinical related activities and assigned administrative activities within the department;
- (2) Continuing surveillance of the professional performance qualifications and competence of the Medical Staff members and AHPs who exercises privileges in the department;
- (3) Recommending to the medical staff the criteria for clinical privileges that are relevant to the care providing in the department.
- (4) Recommending clinical privileges for each member of the department
- (5) Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or hospital
- (6) The integration of the department or service into the primary functions of the hospital
- (7) The coordination and integration of intradepartmental and interdepartmental services.
- (8) The development and implantation of policies and procedures that guide and support the provisions of care, treatment, and services.
- (9) The recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services.
- (10) The determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment and services.
- (11) Ensure the measurement, assessment and improvement in quality of care, treatment, and Services including processes which are dependent on the activities of individuals with clinical privileges:
 - (i) medical assessment and treatment of patients;
 - (ii) use of information about adverse privileging decisions for any practitioner privileged through the medical staff process;
 - (iii) use of medications, blood, and blood components;
 - (iv) use of operative and other procedures(s);
 - (v) appropriateness and efficiency of clinical practice patterns;
 - (vi) significant departures from established patterns of clinical practice;
 - (vii) use of developed criteria for autopsies.
- (12) Ensure that that the Department Members participates in the measurement, assessment and improvement of other patient care processes, including but not limited to, those related to:
 - (i) education of patients and families;

- (ii) coordination of care with other practitioners and hospital personnel, as relevant to the care of an individual patient; and
 - (iii) accurate, timely, and legible completion of patients' medical records.
- (13) The maintenance of quality programs, as appropriate.
 - (14) The orientation and continuing education of all persons in the department or service.
 - (15) Implementing within the Department any actions or programs designated by the MEC;
 - (16) Participating in every phase of administration of the department, in cooperation with nursing and hospital administration, other departments and the Board;
 - (15) Making recommendations for space and other resources needed by the department or service;
 - (16) Review for quality and appropriateness and make appropriate recommendations on all medical charts that come before the Department Chairperson through mechanisms established by the MEC;
 - (17) When the finding of assessment processes are relevant to an individual's performance, determines their use in peer review or the ongoing evaluation of a practitioner's competence, and makes a recommendation to the MEC;
 - (18) Assist the MEC to fulfill its duty of accounting to the Board for quality of overall care rendered to patients in the Hospital;
 - (19) Review other matters concerning medical staff membership and responsibilities, as requested by the MEC.
 - (20) The communication of findings, conclusions, recommendations, and actions to improve performance to appropriate staff members and the medical executive committee.

11.4(c) Department Chairpersons shall be elected and serve for a term of one (1) year.

11.5 ORGANIZATION OF DEPARTMENT

11.5(a) All organized departments are governed by the Medical Staff Rules and Regulations. These rules and regulations shall be approved by the Board. The exercise of clinical privileges within any department is subject to the department rules and regulations and to the authority of the Department Chairperson.

11.5(b) Each Department shall meet separately but such meetings shall not release the member's from their obligations to attend the general meetings of the Medical Staff as provided in Article XIII of these bylaws. Additionally, each department shall meet quarterly to present educational programs and conduct clinical review of practice within their department. Written minutes must be maintained and furnished to the MEC.

11.6 SERVICE CHIEF

11.6(a) Chiefs of Service shall be appointed by Administration in consultation with the Chief of the Staff. The chief of each service shall have the following duties with respect to his/her service:

- (1) Account to the appropriate department chairperson and to the MEC for all professional activities within the service;
- (2) Develop and implement service programs in cooperation with the department chairperson;
- (3) Maintain continuing review of the professional performance of all Medical Staff and AHP Staff appointees having clinical privileges in the service and report regularly thereon to the department chairperson;
- (4) Implement within his/her service any actions or programs designated by the MEC;
- (5) Participate in every phase of administration of his/her service in cooperation with the department chairperson, the nursing service, other departments, administration and the Board;
- (6) Assist in the preparation of such reports regarding the service as may be required by the MEC, the Administrator or the Board of Directors;
- (7) As applicable, establish a system for adequate professional coverage within the service, including an on-call system, which systems shall be fair and non-discriminatory; and
- (8) Perform such other duties as may reasonably be requested by the Chief of the Staff, the MEC, the Department Chairperson or the Board of Directors.

ARTICLE XII **COMMITTEES & FUNCTIONS**

12.1 GENERAL PROVISIONS

- 12.1(a) The Standing Committees and the functions of the Medical Staff are set forth below. The MEC shall appoint special committees to perform the functions that are not within the stated functions of one (1) of the standing committees.
- 12.1(b) Each committee shall keep a permanent record of its proceedings and actions. All committee actions shall be reported to the MEC.
- 12.1(c) All information pertaining to activities performed by the Medical Staff, its committees and departments shall be privileged and confidential to the full extent provided by law.
- 12.1(d) The Administrator or his/her designee shall serve as an ex-officio member, without vote, of each standing and special Medical Staff committee.

12.2 MEDICAL EXECUTIVE COMMITTEE

12.2(a) Composition

Members of the Medical Executive Committee (MEC) shall include the following, provided, however, that at least a majority of the voting members of the MEC shall be fully licensed Active staff members:

- (1) Officers of the Medical Staff
- (2) Chief Medical Officer
- (3) Service Chiefs or Department Chairpersons (e.g. Medicine, Surgery, Pediatrics, OB/GYN, Radiology, Anesthesia, Emergency Medicine)
- (4) Director of Emergency Services
- (5) The Administrator, ex-officio, or his/her designee.

12.2(b) Functions

The MEC shall be responsible for governance of the Medical Staff, shall serve as a liaison mechanism between the Medical Staff, Hospital administration and the Board and shall be empowered to act for the Medical Staff in the intervals between Medical Staff meetings. This authority is delegated or removed by the medical staff through the adoption and amendment of the medical staff bylaws. All Medical Staff members shall be eligible to serve on the MEC. The functions and responsibilities of the MEC shall include, at least the following:

- (1) Receiving and acting upon department and staff committee reports, and other assigned activity groups;
- (2) Adopt, amend and implementing the policies of the Medical Staff;
- (3) Recommending to the Board on all matters relating to appointments and reappointments, the delineation of clinical privileges, staff category and corrective action;
- (4) Fulfilling the Medical Staff's accountability to the Board for the quality of the overall medical care rendered to the patients in the Hospital;
- (5) Initiating and pursuing corrective action when warranted, in accordance with Medical Staff Bylaws provision;
- (6) Recommending action to the Administrator or his/her designee on matters of a medico-administrative nature;
- (7) Developing and implementing programs for continuing medical education for the Medical Staff;
- (8) Assuring regular reporting of quality improvement and other staff issues to the MEC and to the Board of Directors and making recommendations to the Board regarding quality improvement processes and activities;
- (9) Evaluating areas of risk in the clinical aspects of patient care and safety and proposing plans and recommendations for reducing these risks;
- (10) Assuring an evaluation of the effectiveness of the Hospital's Quality Assessment

and Improvement Program is conducted;

- (11) Informing the Medical Staff of The Joint Commission and other accreditation programs and the accreditation status of the Hospital;
- (12) Requesting evaluation of a Practitioner or applicant for Medical Staff membership or clinical privileges in instances where there is doubt about the Practitioner's or applicant's ability to perform the privileges granted or requested as well as initiating an investigation of any incident, course of conduct, or allegation indicating that an appointee to the Medical Staff may not be complying with the bylaws, may be rendering care below the standards established for appointees to the Medical Staff, or may otherwise not be qualified for continued enjoyment of Medical Staff appointment or clinical privileges without limitation, further training, or other safeguards;
- (13) Participating in identifying community health needs and in setting Hospital goals and implementing programs to meet those needs;
- (14) Developing and monitoring compliance with these bylaws and the rules and regulations, policies and other Hospital standards;
- (15) Making recommendations to the Board regarding the Medical Staff structure, medical staff membership, the medical staff's structure, and the process used to review credentials and delineate privileges, the mechanism for fair hearing procedures the process used to review credentials and delineate privileges and the delineation of privileges for each practitioner privileged through the medical staff process.
- (16) Review and evaluate the qualifications, competence and performance of each applicant and make recommendations for membership and delineation of clinical privileges;
- (17) Review, on a periodic basis, applications for reappointment including information regarding the competence of staff members; and as a result of such reviews make recommendations for the granting of privileges and reappointments; and
- (18) Investigate any breach of ethics that is reported to it.
- (19) Developing and implementing programs to inform the staff about physician health and recognition of illness and impairment in physicians, and addressing prevention of physical, emotional and psychological illness;
- (20) Assure that the call schedule for the emergency department meets the coverage standards established by the Board, in order to meet the Hospital's obligations under EMTALA, including compliance with coverage specialties available to patients of the Hospital.
- (21) Develops and implements procedures for addressing concerns involving practitioners consistent with Article VIII.
- (22) Makes recommendations to the governing body on the committee's review of and actions on reports of the medical staff committees, departments and other assigned activity groups.
- (23) The communication of findings, conclusions, recommendations, and actions to improve performance to appropriate staff members and the governing body.

- (24) Determine the qualifications of the radiology staff who use equipment and administer procedures.
- (25) Approves the nuclear services director's specifications for qualification, training, functions and responsibilities of the nuclear medicine staff.

12.2(c) Meetings

The MEC shall meet as needed, and maintain a permanent record of its proceedings and actions.

12.2(d) Special Meeting of the Medical Executive Committee

A special meeting of the MEC may be called by the Chief of the Medical Staff when a majority of the MEC can be convened.

12.3 NOMINATING COMMITTEE

12.3(a) Composition

The Nominating Committee shall consist of the Chief of the Staff, the immediate Past Chief of the Staff and the Administrator or his/her designee. All members shall have voting privileges.

12.3(b) Functions

To prepare and recommend a slate of nominees for the officers of the Medical Staff.

12.3(c) Meetings

The Nominating Committee shall meet at least fifteen (15) days prior to the meeting, and report its recommendations to the Medical Staff at least fifteen (15) days prior to the meeting.

12.4 MEDICAL STAFF FUNCTIONS

12.4(a) Composition of Committees

The MEC shall designate appropriate Medical Staff committees to perform the functions of the Medical Staff.

12.4(b) Functions MS.02.01.01

The functions of the staff are to:

- (1) Monitor, evaluate and improve care provided in and develop clinical policy for special care areas, such as intensive or coronary care unit; patient care support services, such as respiratory therapy, physical medicine and anesthesia; and emergency, outpatient, home care and other ambulatory care services;
- (2) Conduct or coordinate quality, appropriateness and improvement activities, including invasive procedures, blood usage, drug usage review, medical record and other reviews

- (3) Conduct or coordinate utilization review activities;
- (4) Provide continuing education opportunities responsive to quality improvement activities, new state-of-the-art developments, and other perceived needs and supervise Hospital's professional library services;
- (5) Develop and maintain surveillance over drug utilization policies and practices;
- (6) Investigate and control nosocomial infections and monitor the Hospital's infection control program;
- (7) Plan for response to fire and other disasters, for Hospital growth and development, and for the provision of services required to meet the needs of the community;
- (8) Direct staff organizational activities, including staff bylaws, review and revision, staff officer and committee nominations, liaison with the Board and Hospital administration, and review and maintenance of Hospital accreditation;
- (9) Coordinate the care provided by members of the Medical Staff with the care provided by the nursing service and with the activities of other Hospital patient care and administrative services; and
- (10) Engage in other functions reasonably requested by the MEC and Board or those which are outlined in the Medical Staff Rules & Regulations, or other policies of the Medical Staff.

12.4(c) Meetings

These functions shall be performed as required by state and federal regulatory requirements, accrediting bodies, and as deemed appropriate by the MEC and the Board.

**ARTICLE XIII
MEETINGS**

13.1 STAFF MEETING

13.1(a) Meeting Time

The Medical Staff meeting shall be held, at a date, time and place determined by the MEC.

13.1(b) Order of Business & Agenda

The order of business at an meeting shall be determined by the Chief of the Staff. The agenda shall include:

- (1) Reading and accepting the minutes of the last regular and of all special meetings held since the last regular meeting;
- (2) Administrative reports from the Administrator or his/her designee, the Chief of the Staff and appropriate Department Chairperson;

- (3) The election of officers and other officials of the Medical Staff when required by these bylaws; and
- (4) Other old or new business.

13.2 REGULAR STAFF MEETINGS

13.2(a) Meeting Frequency & Time

The Medical Staff shall meet as needed upon the call of the MEC with the last meeting each year to be designated as the Staff Meeting. The Medical Staff may, by resolution, designate the time for holding regular meetings and no notice other than such resolution shall then be required. If the date, hour or place of a regular staff meeting must be changed for any reason, the notice procedure in Section 13.3 shall be followed.

13.2(b) Order of Business & Agenda

The order of business at a regular meeting shall be determined by the Chief of the Staff.

13.2(c) Special Meetings

Special meetings of the Medical Staff or any committee may be called at any time by the MEC, the Chief of the Staff or by thirty (30%) of the Active Medical Staff, and shall be held at the time and place designated in the meeting notice. No business shall be transacted at any special meeting unless stated in the meeting notice.

13.3 NOTICE OF MEETINGS

The MEC may, by resolution, provide the time for holding regular meetings and no notice other than such resolution shall be required. If a special meeting is called or if the date, hour and place of a regular staff meeting has not otherwise been announced, the Secretary of the MEC shall give written notice stating the place, day and hour of the meeting, delivered either personally or by mail, to each person entitled to be present there at not less than five (5) days nor more than thirty (30) days before the date of such meeting. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

13.4 QUORUM

13.4(a) General Staff Meeting

The presence of thirty (30%) percent of the voting members of the Active Staff present shall constitute a quorum for the transaction of all business before any action may be taken, but once found, the business of the meeting may continue and all actions taken thereafter shall be binding, even though less than a quorum may be present at a later time during the meeting excepting the amending of bylaws where a quorum is required at the time of the vote. For the purpose of calculating a quorum one practitioner in a recognized group or practice may represent the active members in the group. Written, signed proxies will not be permitted in any voting at any meeting.

13.4(b) Committee Meetings

Thirty (30%) percent of the voting members of a committee, but not less than two (2) members, shall constitute a quorum at any meeting of such committee.

13.4(c) MEC meetings

Thirty (30%) percent of the voting members of the MEC shall constitute a quorum for transaction of all business.

13.5 MANNER OF ACTION

Except as otherwise specific, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. Action may be taken without a meeting of the committee, if a unanimous consent in writing setting forth the action to be taken is signed by each member entitled to vote.

13.6 MINUTES

Minutes of all meetings shall be prepared by the Secretary of the meeting or his/her designee and shall include a record of attendance and the vote taken on each matter. Copies of the minutes, approved by the attendees, shall be forwarded to the MEC. A permanent file of the minutes of each meeting shall be maintained.

Complete and detailed minutes must be recorded and maintained.

13.7 ATTENDANCE

13.7(a) Regular Attendance

Members of the Active Staff are encouraged to participate in all committee functions but absence will not be a consideration for continued staff appointment.

13.7(b) Special Appearances

Any committee or department of the Medical Staff may request the appearance of a Medical Staff member at a meeting when the committee or department is questioning the practitioner's clinical course of treatment. Such special appearance requirement shall not be considered an adverse action and shall not constitute a hearing under these bylaws. Whenever apparent suspected deviation from standard clinical practice is involved, seven (7) days advance notice of the time and place of the meeting shall be given to the practitioner. When such special notice is given, it shall include a statement of the issue involved and that the practitioner's appearance is mandatory. Failure of a practitioner to appear at any meeting with respect to which he/she was given such special notice shall, unless excused by the MEC upon a showing of good cause, result in an automatic suspension of all or such portion of the practitioner's clinical privileges as the MEC may direct. Such suspension shall remain in effect until the matter is resolved by the MEC or the Board, or through corrective action, if necessary.

**ARTICLE XIV
GENERAL PROVISIONS**

14.1 STAFF RULES & REGULATIONS

Subject to approval by the Board, the Medical Staff shall adopt rules and regulations necessary to implement more specifically the general principles found within these bylaws. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is required of each staff member or affiliate in the hospital. Such rules and regulations shall be considered a part of these bylaws, except that they may be amended or repealed at any regular meeting at which a quorum present and without previous notice, or at any special meeting on notice, by a majority vote of those present and eligible to vote. Such changes shall become effective when approved by the Board. The rules and regulations shall be reviewed at least every two (2) years, and shall be revised as necessary to reflect changes in regulatory requirements, corporate and hospital policies, and current practices with respect to Medical Staff organization and functions.

14.2 PROFESSIONAL LIABILITY INSURANCE

Each practitioner granted clinical privileges in the Hospital shall comply with the § 458.320 or §459.0085, as applicable, at all times. CRNAs and other AHPs shall be required to carry malpractice coverage no less than \$250,000/\$750,000. Each Practitioner and AHP shall inform the MEC and the Administrator or his/her designee of the details of such coverage in December. He/She also shall be responsible for advising the MEC and the Administrator of any change in such financial coverage.

14.3 FORMS

Application forms and any other prescribed forms required by these bylaws for use in connection with staff appointments, reappointments, delineation of clinical privileges, corrective action, notices, recommendations, reports and other matters shall be developed by the Administrator or his/her designee, subject to adoption by the Board after considering the advice of the MEC. Such forms shall meet all applicable legal requirements, including non-discrimination requirements.

14.4 CONSTRUCTION OF TERMS & HEADINGS

Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular and plural, as the context requires. The captions or headings in these bylaws are for convenience and are not intended to limit or define the scope or effect of any provision of these Bylaws.

14.5 TRANSMITTAL OF REPORTS

Reports and other information which these bylaws require the Medical Staff to transmit to the Board shall be deemed so transmitted when delivered to the Administrator or his/her designee.

14.6 CONFIDENTIALITY & IMMUNITY STIPULATIONS & RELEASES

14.6(a) Reports to be Confidential

Information with respect to any practitioner, including applicants, Medical Staff members or AHPs, submitted, collected or prepared by any representative of the Hospital including its Board or Medical Staff, for purposes related to the achievement of quality care or contribution to clinical research shall, to the fullest extent permitted by the law, be confidential and shall not be disseminated beyond those who need to know nor used in any way except as provided herein. Such

confidentiality also shall apply to information of like kind provided by third parties.

14.6(b) Release from Liability

No representative of the hospital, including its Board, Administrator , administrative employees, Medical Staff or third party shall be liable to a practitioner for damages or other relief by reason of providing information, including otherwise privileged and confidential information, to a representative of the hospital including its Board, Administrator or his/her designee, or Medical Staff or to any other health care facility or organization, concerning a practitioner who is or has been an applicant to or member of the staff, or who has exercised clinical privileges or provided specific services for the hospital, provided such disclosure or representation is in good faith and without malice.

14.6 (c) Action in Good Faith

The representatives of the Hospital, including its Board, Administrator, administrative staff, and Medical Staff shall not be liable to a practitioner for damages or other relief for any action taken or statement of recommendation made within the scope of such representative's duties, if such representative acts in good faith and without malice after a reasonable effort to ascertain the facts and in a reasonable belief that the action, statement or recommendation is warranted by such facts. Truth shall be a defense in all circumstances.

ARTICLE XV
ADOPTION & AMENDMENTS

15.1 DEVELOPMENT

The Medical Staff shall have the responsibility and ability to formulate, adopt and recommend to the Board the Medical Staff Bylaws, rules and regulations or polices and amendments thereto which shall be effective when approved by the Board. The Medical Staff shall exercise its responsibility in a reasonable, timely and responsible manner, reflecting the interest of providing patient care of recognized quality and efficiency and of maintaining a harmony of purpose and effort with the Hospital, the Board, and the community.

15.2 ADOPTION, AMENDMENT & REVIEWS

The Bylaws and rules and regulations shall be reviewed and revised as needed, but at least every two (2) years, and policy and procedures. When necessary, the Bylaws and Rules and Regulations will be revised to reflect changes in regulatory requirements, corporate and hospital policies, and current practices with respect to Medical Staff organization and functions.

15.2(a) Medical Staff

The Medical Staff Bylaws and rules and regulations may be adopted, amended or repealed by simple majority of those present to vote at the General Staff meeting. At least five (5) days written notice, accompanied by the proposed bylaws and/or alternatives, must be made available to the Active Medical Staff members prior to the vote. Policies may be adopted, amended, or removed by the MEC after communications to the medical staff. The voting members of the staff may also propose to adopt a policy, or an amendment thereto after communicating to the MEC. Any actions require approval by the Board.

15.2(b) Board

The Medical Staff Bylaws may be adopted, amended or repealed by the affirmative vote of two-thirds of the Board. If the Medical Staff fails to act within a reasonable time after notice from the Board to such effect, the Board may resort to its own initiative in formulating or amending Medical Staff Bylaws. In such event, staff recommendations and views shall be carefully considered by the Board. At no time shall the Medical Staff or Board unilaterally amend the medical staff bylaws and/or rules and regulations without input from the Medical Executive Committee or the Medical Staff.

15.3 SUSPENSION, SUPPLEMENTATION OR REPLACEMENT

The Board reserves the right to suspend, override, supplement, or replace all or a portion of the Medical Staff Bylaws in the event of exigent and compelling circumstances affecting the operation of the Hospital, welfare of its employees and staff, or provision of care to patients. However, should the Board so suspend, override, supplement or replace such Bylaws, it shall consult with the Medical Staff at the next regular staff meeting (or at a special called meeting as provided in these Bylaws), and shall thereafter proceed as provided in Section 15.2(a) for adoption and amendment of bylaws provisions.

15.4 DOCUMENTATION & DISTRIBUTION OF AMENDMENTS

Amendments to these bylaws approved as set forth herein shall be documented by either:

15.4(a) Appending to these bylaws the approved amendment, which shall be dated and signed by the Chief of the Staff, the Administrator , the Chairperson of the Board of Directors and approved by corporate legal counsel as to form; or

15.4(b) Restating the Bylaws, incorporating the approved amendments and all prior approved amendments which have been appended to these bylaws since their last restatement, which restated bylaws shall be dated and signed by the Chief of the Staff, the Administrator and the Chairperson of the Board of Directors and approved by corporate legal counsel as to form.

15.5 URGENT AMENDMENTS TO THE RULES AND REGULATIONS

15.5(a) The organized medical staff has delegated the authority to the Medical Executive Committee to provisionally adopt amendments to the rules and regulation which are necessary to comply with law or regulation without prior notification of the medical staff.

15.5(b) The board may provisionally approve an amendment without prior notification of the medical staff.

15.5 (c) The medical executive committee will immediately notify the medical staff and the medical staff will have the opportunity for retrospective review of and comment on the provisional amendment.

15.5 (d) If there is no conflict between the organized medical staff and the medical executive committee, the provisional amendment stands.

15.5 (e) If there is conflict, the medical staff and medical executive committee will assign an ad hoc committee to resolve the conflict and make recommendations. If necessary, a revised amendment will then be submitted to the Board for action.

Each member of the Medical Staff shall be given a copy of any amendments to these Bylaws in a timely manner.

Attachment

LAKESIDE MEDICAL CENTER FAIR HEARING PLAN

This Fair Hearing Plan is adopted in connection with the Medical Staff Bylaws and made a part thereof. The definitions and terminologies of the Bylaws also apply to the Fair Hearing Plan and proceedings hereunder.

DEFINITIONS

The following definitions, in addition to those stated in the Medical Staff Bylaws or herein, shall apply to the provisions of this Fair Hearing Plan.

1. "Appellate Review Body" means the group designated pursuant to this Plan to hear a request for Appellate Review that has been properly filed and pursued by the practitioner.
2. "Corporation" shall mean District Hospital Holdings, Inc.
3. "Hearing Committee" means the committee appointed pursuant to this Plan to hear a request for an evidentiary hearing that has been properly filed and pursued by a practitioner.
4. "Parties" means the practitioner who requested the hearing or Appellate Review and the body or bodies upon whose adverse action a hearing or Appellate Review request is predicated.
5. "Special Notice" means written notification sent by certified or registered mail, return receipt requested, or delivered by hand with a written acknowledgment of receipt.

ARTICLE I
INITIATION OF HEARING

1.1 RECOMMENDATION OR ACTIONS

The following recommendations or actions shall, if deemed adverse pursuant to Article I, Section 1.2 of this Fair Hearing Plan (Plan), entitle the practitioner affected thereby to a hearing:

- (1) Denial of initial staff appointment;
- (2) Denial of reappointment;
- (3) Suspension of staff membership;
- (4) Revocation of staff membership;
- (5) Denial of requested advancement of staff category, except for an extension of provisional staff status;
- (6) Reduction of staff category due to an adverse determination as to a practitioner's competence or professional conduct;
- (7) Limitation of the right to admit patients;
- (8) Denial of an initial request for particular clinical privileges;
- (9) Reduction of clinical privileges;
- (10) Suspension of clinical privileges;
- (11) Revocation of clinical privileges;
- (12) Terms of probation, if such terms of probation materially restrict the physician's exercise of privileges;
- (13) Revocation of staff membership and/or clinical privileges of a provisional staff member; and
- (14) Summary suspension of privileges or staff membership for a period in excess of fourteen (14) days.

1.2 WHEN DEEMED ADVERSE

A recommendation or action listed in Article I, Section 1.1 of this Plan shall be deemed adverse only when it has been:

- (1) Recommended by the MEC; or
- (2) Taken by the Board contrary to a favorable recommendation by the MEC under circumstances where no right to hearing existed; or
- (3) Taken by the Board on its own initiative without prior recommendation by the MEC.

1.3 NOTICE OF ADVERSE RECOMMENDATION OR ACTION

A practitioner against whom an adverse recommendation or action has been taken pursuant to Article I, Section 1.1 of this Plan shall promptly be given special notice of such action. Such notice shall:

- (1) Advise the practitioner of his/her right to a hearing pursuant to the provisions of the Medical Staff Bylaws of this Plan;
- (2) Specify that the practitioner has thirty (30) days following the date of receipt of notice within which a request for a hearing must be submitted;
- (3) State that failure to request a hearing within the specified time period shall constitute a waiver of rights to a hearing and to an Appellate Review of the matter;
- (4) State that upon receipt of this hearing request, the practitioner will be notified of the date, time and place of the hearing, the grounds upon which the adverse action is based, and a list of the witnesses expected to testify in support of the adverse action;
- (5) Provide a summary of the practitioner's rights at the hearing; and
- (6) Inform the practitioner if the recommended action may be reportable to the National Practitioner Data Bank and appropriate licensing agencies.

1.4 REQUEST FOR HEARING

A practitioner shall have thirty (30) days following his/her receipt of a notice pursuant to Article I, Section 1.3 to file a written request for a hearing. Such request shall be delivered to the Administrator either in person or by certified or registered mail.

1.5 WAIVER BY FAILURE TO REQUEST A HEARING

A practitioner who fails to request a hearing within the time and in the manner specified waives any right to such hearing and to any Appellate Review to which he/she might otherwise have been entitled. Such waiver in connection with:

- (1) An adverse recommendation or action by the Board, Administrator or their designees, shall constitute acceptance of that recommendation or action. (hereinafter, references to decisions by these entities or individuals shall be designated as decisions or actions of the Board); and
- (2) An adverse recommendation by the MEC or its designee shall constitute acceptance of that recommendation, which shall thereupon become and remain effective pending the final decision of the Board. The Board shall consider the MEC's recommendation at its next regular meeting following the waiver. In its deliberations, the Board shall review all relevant information and material considered by the MEC and may consider all other relevant information received from any source. The Board's action on the matter shall constitute a final decision of the Board. The Administrator shall promptly send the practitioner special notice informing him/her of each action taken pursuant to this Article I, Section 1.5(2) and shall notify the Chief of Staff and the MEC of each such action.

ARTICLE II
HEARING PREREQUISITES

2.1 NOTICE OF TIME & PLACE FOR HEARING

Upon receipt of a timely request for hearing, the Administrator shall deliver such request to the Chief of Staff or to the Board, depending on whose recommendation or action prompted the request for hearing. The Administrator shall send the practitioner special notice of the time, place and date of the hearing. The hearing date shall not be less than thirty (30) nor more than sixty (60) days from the date of receipt of the request for hearing; provided, however, that a hearing for a practitioner who is under suspension then in effect shall, at the practitioner's request, be held as soon as arrangements for it reasonably may be made, but not later than thirty (30) days from the date of receipt of the request for hearing.

2.2 STATEMENT OF ISSUES & EVENTS

The notice of hearing required by Article II, Section 2.1 shall contain a concise statement of the practitioner's alleged act or omissions, and a list by number of specific or representative patient records in question and/or the other reasons or subject matter forming the basis for the adverse recommendation or action which is the subject of the hearing. The notice shall further contain a list of witnesses expected to testify in support of the adverse recommendation or action.

2.3 PRACTITIONER'S RESPONSE

Within ten (10) days of receipt of the notice of hearing under Section 2.2, the affected practitioner shall deliver, by special notice, a list of witnesses expected to testify on his/her behalf at the due process hearing.

2.4 EXAMINATION OF DOCUMENTS

The practitioner may request that he/she be allowed to examine any documents to be introduced in support of the adverse recommendation. If the practitioner so requests, the body initiating the adverse action shall also be entitled to examine all documents expected to be produced by the practitioner at the hearing. The parties shall exchange such documents at a mutually agreeable time at least five (5) days prior to the hearing. Copies of any patient charts, which form the basis for the adverse action, shall be made available to the practitioner, at his/her expense, within a reasonable time after a request is made for same.

2.5 APPOINTMENT OF HEARING COMMITTEE

2.5(a) By Medical Staff

A hearing occasioned by an adverse MEC recommendation pursuant to Article I, Section 1.2(1) shall be conducted by a Hearing Committee appointed by the Chief of Staff and composed of three (3) members of the Medical Staff. None of the Hearing Committee members shall be partners, associates, relatives or in direct economic competition with the affected individual. Should the Chief of Staff find it impossible to appoint a committee meeting the above requirements he/she may, upon approval by the Administrator, appoint an independent panel of three (3) practitioners meeting all requirements of this section with the exception of Medical Staff membership.

The affected individual shall have ten (10) days after notice of the appointment of the Hearing Committee members to object and identify in writing, any conflict of interest with any Hearing Committee members which the affected individual believes should disqualify the Hearing Committee member(s) from service. The failure of the affected individual to object and identify any conflict of interest as stated above shall constitute a waiver of any such right. Within seven (7) days of the receipt of the objections, the Chief of Staff shall determine whether such grounds

asserted by the affected individual are sufficient for disqualification. If a determination is made that a disqualification is appropriate, a replacement shall be appointed within seven (7) days of the determination. The Chief of Staff shall advise the affected individual accordingly. One (1) of the members so appointed shall be designated as Chairperson.

2.5(b) By Board

A hearing occasioned by an adverse action of the Board pursuant to Article I, Section 1.2 or 1.3 shall be conducted by a Hearing Committee appointed by the Chairperson of the Board and composed of three (3) people. At least one (1) Active Medical Staff member shall be included on this committee. One (1) of the appointees to the committee shall be designated as Chairperson.

2.5(c) Service on Hearing Committee

A Medical Staff or Board member shall not be disqualified from serving on a Hearing Committee solely because he/she has participated in investigating the action or matter at issue.

ARTICLE III
HEARING PROCEDURE

3.1 PERSONAL PRESENCE

The personal presence of the practitioner who requested the hearing shall be required. A practitioner who fails without good cause to appear and proceed at such hearing shall be deemed to have waived his/her rights in the same manner and with the same consequence as provided in Article I, Section 1.5.

3.2 PRESIDING OFFICER

Either the Hearing Officer, if one is appointed pursuant to Article VIII, Section 8.1, or the Chairperson of the Hearing Committee shall be the Presiding Officer. The Presiding Officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. He/She shall be entitled to determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure and the admissibility of evidence.

3.3 REPRESENTATION

The practitioner who requested the hearing shall be entitled to be accompanied and represented at the hearing by an attorney, a member of the Medical Staff in good standing, a member of his/her local professional society, or other individual of the physician's choice. The MEC or the Board, depending on whose recommendation or action prompted the hearing, shall appoint an individual to present the facts in support of its adverse recommendation or action, and to examine the witnesses. Representation of either party by an attorney at law shall be governed by the provisions of Article VIII, Section 8.2 of this Plan.

3.4 RIGHTS OF THE PARTIES

3.4(a) During a hearing, each of the parties shall have the right to:

- (1) Call and examine witnesses;
- (2) Present evidence determined to be relevant by the Presiding Officer, regardless of its admissibility in a court of law;
- (3) Cross-examine any witness on any matter relevant to the issues;
- (4) Impeach any witness;
- (5) Rebut any evidence;
- (6) Have a record made of the proceeding, copies of which may be obtained by the physician upon payment of any reasonable charges associated with the preparation thereof; and
- (7) Submit a written statement at the close of the hearing.

If any practitioner who requested the hearing does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination.

3.5 PROCEDURE & EVIDENCE

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence although these rules may be considered in determining the weight of the evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be admitted, regardless of admissibility of such evidence in a court of law. Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of law or fact, and such memoranda shall become part of the hearing record. The Presiding Officer may, but shall not be required to, order that oral evidence be taken only on oath or affirmation administered by any person designated by him/her and entitled to notarize documents in the state where the hearing is held.

3.6 OFFICIAL NOTICE

In reaching a decision, the Hearing Committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical, medical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held. Parties present at the hearing shall be informed of the matters to be noticed and those matters shall be noted in the record of the hearing. Any party shall be given opportunity on timely motion, to request that a matter be officially noticed and to refute the officially noticed matters by evidence or by written or oral presentation of authority, the manner of such refutation to be determined by the Hearing Committee.

3.7 BURDEN OF PROOF

- (1) When a hearing relates to the matters listed in Article I, Sections 1.1(1), 1.1(5) or 1.1(8), the practitioner who requested the hearing shall have the burden of proving, by clear and convincing evidence, that the adverse recommendation or action lacks any substantial factual basis or that the action is arbitrary, capricious or impermissibly discriminatory.
- (2) For the other matters listed in Article I, Section 1.1, the body whose adverse recommendation or action occasioned the hearing shall have the initial obligation to present evidence in support thereof; but the practitioner thereafter shall be responsible for supporting his/her challenge to the adverse recommendation or action by a preponderance of the evidence that the grounds therefore lack any substantial factual basis or that the action is arbitrary, capricious or impermissibly discriminatory. The standards of proof set forth herein shall apply and be binding upon the Hearing Committee and on any subsequent review or appeal.

3.8 RECORD OF HEARING

A record of the hearing shall be kept that is of sufficient accuracy to permit an informed and valid judgment to be made by any group that later may be called upon to review the record and render a recommendation or decision in the matter. The method of recording the hearing shall be by use of a court reporter.

3.9 POSTPONEMENT

Request for postponement of a hearing shall be granted by agreement between the parties or the Hearing Committee only upon a showing of good cause and only if the request therefore is made as soon as is reasonably practical.

3.10 PRESENCE OF HEARING COMMITTEE MEMBERS & VOTING

A majority of the Hearing Committee must be present throughout the hearing and deliberations. If a committee member is absent from a substantial portion of the proceedings, he/she shall not be permitted to participate in the deliberations of the decision.

3.11 RECESSES & ADJOURNMENT

The Hearing Committee may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence for consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Committee shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties and without a record of the deliberation being made. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

**ARTICLE IV
HEARING COMMITTEE REPORT & FURTHER ACTION**

4.1 HEARING COMMITTEE REPORT

Within fourteen (14) days after the transcript of the proceedings has been delivered to the proper officer of the hearing, or if no transcript is ordered, then thirty (30) days after the hearing ends, the Hearing Committee shall make a written report of its findings and recommendations in the matter. The Hearing Committee shall forward the same, together with the hearing record and all other documentation considered by it, to the Board or the MEC, for action consistent with Section 4.2 below. All findings and recommendations by the Hearing Committee shall be supported by reference to the hearing record and the other documentation considered by it. Recommendations must be made by a majority vote of the members and the committee may only consider the specific recommendations or actions of the Board or MEC. The practitioner who requested the hearing shall be entitled to receive the written recommendations of the Hearing Committee, including a statement of the basis for the recommendation.

4.2 ACTION ON HEARING COMMITTEE REPORT

If the MEC initiated the action, and the Hearing Committee's report alters, amends or modifies the MEC's recommendation, the MEC shall take action on the Hearing Committee report no later than twenty-eight (28) days after receipt of same, and prior to any appeal by the practitioner. If the MEC initiated the action and the Hearing Committee has not altered, amended or modified the MEC recommendation, or if the Board initiated the action and the action remains adverse to the practitioner, the practitioner shall be given notice of the right to appeal pursuant to Section 4.3(c) prior to final action by the Board. If the Board initiated the action, and the Hearing Panel recommendation is favorable to the practitioner, the Board shall take action on the Hearing Committee's report no later than twenty-eight (28) days from receipt of same.

4.3 NOTICE & EFFECT OF RESULT

4.3(a) Notice

The Administrator shall promptly send a copy of the result to the practitioner by special notice, including a statement of the basis for the decision.

4.3(b) Effect of Favorable Result

- (1) Adopted by the Board: If the Board's result is favorable to the practitioner, such result shall become the final decision of the Board and the matter shall be considered finally closed.
- (2) Adopted by the Medical Executive Committee: If the MEC's result is favorable to the practitioner, the Administrator shall promptly forward it, together with all supporting documentation, to the Board for its final action. The Board shall take action thereon by adopting or rejecting the MEC's result in whole or in part, or by referring the matter back to the MEC for further consideration. Any such referral back shall state the reasons therefore, set a time limit within which a subsequent recommendation to the Board must be made, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt. After receipt of such subsequent recommendation and any new evidence in the matter, and consultation with the Corporation as necessary, the Board shall take final action. The Administrator shall promptly send the practitioner special notice informing him/her of each action taken pursuant to this Article IV, Section 4.3(b)(2). Favorable action shall become the final decision of the Board, and the matter shall be considered finally closed.

4.3(c) Effect of Adverse Result

At the conclusion of the process set forth in Section 4.2, if the result continues to be adverse to the practitioner in any of the respects listed in Article I, Section 1.1 of this Plan, the practitioner shall be informed, by special notice of his/her right to request an Appellate Review as provided in Article V, Section 5.1 of this Plan. Said notice shall be delivered to the practitioner no later than fourteen (14) days from the MEC action, or Hearing Panel report, as appropriate under Section 4.2.

ARTICLE V
INITIAL & PREREQUISITES OF APPELLATE REVIEW

5.1 REQUEST FOR APPELLATE REVIEW

A practitioner shall have fourteen (14) days following his/her receipt of a notice pursuant to Article IV, Section 4.3(c) to file a written request for an Appellate Review. Such request shall be delivered to the Administrator either in person or by certified or registered mail and may include a request for a copy of the report and record of the Hearing Committee and all other material, favorable or unfavorable, if not previously forwarded, that was considered in reaching the adverse result.

5.2 WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW

A practitioner who fails to request an Appellate Review within the time and manner specified in Article V, Section 5.1 shall be deemed to have waived any right to such review.

Such waiver shall have the same force and effect as that provided in Article I, Section 1.5 of this Plan.

5.3 NOTICE OF TIME & PLACE FOR APPELLATE REVIEW

Upon receipt of a timely request for Appellate Review, the Administrator shall deliver such request to the Board. As soon as practicable, the Board shall schedule and arrange for an Appellate Review which shall be not less than twenty-one (21) days from the date of receipt of the Appellate Review request; provided, however, that an Appellate Review for a practitioner who is under a suspension then in effect shall be held as soon as the arrangements for it may reasonably be made, but not later than twenty-one (21) days from the date of receipt of the request for review. At least ten (10) days prior to the Appellate Review, the Administrator shall send the practitioner special notice of the time, place and date of the review. The time for the Appellate Review may be extended by the Appellate Review Body for good cause and if the request therefore is made as soon as reasonably practical.

5.4 APPELLATE REVIEW BODY

The Appellate Review Body shall be composed of the Board of Directors or a committee of at least three (3) members of the Board of Directors. One (1) of its members shall be designated as the Chairperson of the committee.

ARTICLE VI
APPELLATE REVIEW PROCEDURE

6.1 NATURE OF PROCEEDINGS

The proceedings of the Appellate Review Body shall be in the nature of an Appellate Review based upon the record of the hearing before the Hearing Committee, and the committee's report, and all subsequent results and actions thereon. The Appellate Review Body also shall consider the written statements, if any, submitted pursuant to Article VI, Section 6.2 of this Plan and such other material as may be presented and accepted under Article VI, Sections 6.4 and 6.5 of this Plan. The Appellate Review Body shall apply the standards of proof set forth in Article III, Section 3.7.

6.2 WRITTEN STATEMENTS

The practitioner seeking the review shall submit a written statement detailing the findings of fact, conclusions and procedural matters with which he/she disagrees, and his/her reasons for such disagreement. This written statement may cover any matters raised at any step in the hearing process, but may not raise new factual matters not presented at the hearing. The statement shall be submitted to the Appellate Review Body through the Administrator at least seven (7) days prior to the scheduled date of the Appellate Review, except if such time limit is waived by the Appellate Body. A written statement in reply may be submitted by the MEC or by the Board, and if submitted, the Administrator shall provide a copy thereof to the practitioner at least three (3) days prior to the scheduled date of the Appellate Review.

6.3 PRESIDING OFFICER

The Chairperson of the Appellate Review Body shall be the Presiding Officer. He/She shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

6.4 ORAL STATEMENT

The Appellate Review Body, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements supporting their positions. If the Appellate Review Body allows one of the parties to make an oral statement, the other party shall be allowed to do so. Any party or representative so appearing shall be required to answer questions put to him/her by any member of the Appellate Review Body.

6.5 CONSIDERATION OF NEW OR ADDITIONAL MATTERS

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report, and not otherwise reflected in the record shall not be introduced at the Appellate Review, except by leave of the Appellate Review Body. The Appellate Review Body, in its sole discretion, shall determine whether such matters or evidence shall be considered or accepted, following establishment of good cause by the party requesting the consideration of such matter or evidence as to why it was not presented earlier. If such additional evidence is considered, it shall be subject to cross examination and rebuttal.

6.6 PRESENCE OF MEMBERS & VOTING

A majority of the Appellate Review Body must be present throughout the review and deliberations. If a member of the Appellate Review Body is absent from a substantial portion of the proceedings, he/she shall not be permitted to participate in the deliberations or the decision.

6.7 RECESSES & ADJOURNMENT

The Appellate Review Body may recess the review proceedings and reconvene the same without additional notice for the convenience of the participants or for the purpose of consultation. Upon the conclusion of oral statements, if allowed, the Appellate Review shall be closed. The Appellate Review Body shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon the conclusion of those deliberations, the Appellate Review shall be declared finally adjourned.

6.8 ACTIONS TAKEN

The Appellate Review Body may affirm, modify or reverse the adverse result or action taken by the MEC or by the Board pursuant to Article IV, Section 4.2 or Section 4.3(b) (2) or, in its discretion, may refer the matter back to the Hearing Committee for further review and recommendation to be returned to it within fourteen (14) days and in accordance with its instructions. Within seven (7) days after such receipt of such recommendations after referral, the Appellate Review Body shall make its final determination.

6.9 CONCLUSION

The Appellate Review shall not be deemed to be concluded until all of the procedural steps provided herein have been completed or waived.

ARTICLE VII FINAL DECISION OF THE BOARD

7.1 FINAL DECISIONS OF THE BOARD

No later than twenty-eight (28) days after receipt of the recommendation of the Appellate Review Body, or twenty eight (28) days after waiver of Appellate Review, the Board shall consider the same and affirm, modify or reverse the recommendation. The decision made by the full Board after receipt of the written recommendation from the Appellate Review Body will be deemed final, subject to no further appeal under the provisions of this Fair Hearing Plan. The action of the Board will be promptly communicated to the practitioner in writing by certified mail.

ARTICLE VIII GENERAL PROVISIONS

8.1 HEARING OFFICER APPOINTED & DUTIES

The use of a Hearing Officer to preside at an evidentiary hearing is optional. The use and appointment of such an officer shall be determined by the Board. A Hearing Officer may or may not be an attorney at law, but must be experienced in conducting hearings. He/She shall act as the Presiding Officer of the hearing and participate in the deliberations.

8.2 ATTORNEYS

If the affected practitioner desires to be represented by an attorney at any hearing or any Appellate Review appearance pursuant to Article VI, Section 6.4, his/her initial request for the hearing should state his/her wish to be so represented at either or both such proceedings in the event they are held. The MEC or the Board may also be represented by an attorney.

8.3 NUMBER OF HEARINGS & REVIEWS

Notwithstanding any other provision of the Medical Staff Bylaws or of this Plan, no practitioner shall be entitled as of

right to more than one (1) evidentiary hearing and Appellate Review with respect to an adverse recommendation or action.

8.4 RELEASE

By requesting a hearing or Appellate Review under this Fair Hearing Plan, a practitioner agrees to be bound by the provisions of the Medical Staff Bylaws relating to immunity from liability in all matters relating thereto.

8.5 WAIVER

If any time after receipt of special notice of an adverse recommendation, action or result, a practitioner fails to make a required request of appearance or otherwise fails to comply with this Fair Hearing Plan or to proceed with the matter, he/she shall be deemed to have consented to such adverse recommendation, action or result and to have voluntarily waived all rights to which he/she might otherwise have been entitled under the Medical Staff Bylaws then in effect or under this Fair Hearing Plan with respect to the matter involved.

**MEDICAL STAFF BYLAWS
&
FAIR HEARING PLAN**

APPROVED & ADOPTED ON JUNE 4TH, 2018 BY THE HEALTH CARE DISTRICT BOARD OF COMMISSIONERS:

MEDICAL STAFF:

By: _____
David Bohorquez, DO
Chief of Staff
Date _____

BOARD OF DIRECTORS:

By: _____
Brian R. Lohmann
Chairman of the Board
Date _____

DISTRICT HOSPITAL HOLDINGS, INC. d/b/a LAKESIDE MEDICAL CENTER:

By: _____
Darcy J. Davis
Chief Executive Officer
Date _____

By: _____
Stephanie Dardanello
Hospital Administrator
Date _____

APPROVED AS TO FORM:

By: _____
Valerie Shahriari, Esq.
General Counsel for District
Hospital Holdings, Inc.
Date _____

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Radiology Services – Lakeside Medical Center

2. Summary:

This agenda item presents the RFQ that was submitted for consideration for Radiology Services at Lakeside Medical Center.

3. Committee Members:

Darcy Davis	Chief Executive Officer
Karen Harris	VP of Field Operations, Chairperson
Stephanie Dardanella	Hospital Administrator
Bruce Sample	Manager of Radiology
Janet Moreland	Director of Nursing
Daniel Padron, DO	Chief Medical Officer LMC
Regina Stolpman	Nurse Manager, ER

4. Substantive Analysis:

An RFQ was issued on May 25, 2018 for Radiology Services at Lakeside Medical Center.

On July 10, 2018 the selection committee met to discuss the proposal that was received. One (1) response was received. Management had the option to reject the proposal and re-issue the RFQ in hopes of receiving more responses, however based on the high quality of the professionals responding, management discussed the qualifications and gave high ratings to Boca Radiology. Because this was an RFQ, cost was not a factor in the decision to award the RFQ to Boca Radiology. Next steps upon award will be to begin the negotiation process with the vendor in hopes of reaching agreeable terms for both parties.

The proposal was evaluated based up the criterion of:

- Technical Ability
- References
- Qualifications and Experience
- Quality

5. Vendor Finalists:

[REDACTED]	
1	Boca Radiology

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

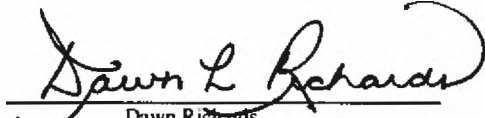
6. Fiscal Analysis & Economic Impact Statement:

The terms and cost of selecting Boca Radiology will be negotiated upon award of RFQ.

<u>Company</u>	<u>Cost Analysis</u>
Boca Radiology	N/A

	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	\$570,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

7. Reviewed/Approved by Committee:

Selection Committee

 Committee or Board

7/10/2018

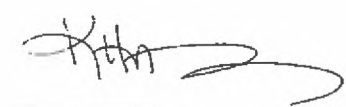
 7/10/2018

8. Recommendation:

Staff recommends the Board approve the award to Boca Radiology for services at Lakeside Medical Center.

Approved for Legal sufficiency:


 Valerie Shahriari
 VP & General Counsel


 Karen A. Harris
 VP of Field Operations


 Darcy Davis
 Chief Executive Officer

**HEALTH CARE DISTRICT BOARD AND FINANCE & AUDIT
COMMITTEE JOINT MEETING
July 24, 2018**

1. Amendment to the Finance and Audit Committee Charter

2. Summary:

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

3. Substantive Analysis:

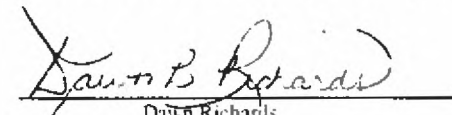
The charter was last updated on November 28, 2017. The District proposes amending the Section titled, Composition of Committee. The new language specifies that (1) committee member shall represent the Glades community and additionally that (1) committee member shall also serve on the District Clinic Board. Attached for your review is the following document:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

May 22, 2018

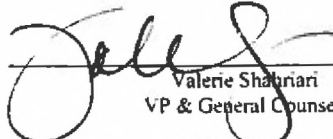
Date Approved

6. Recommendation:

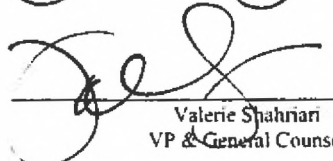
Staff recommends the Board approve the amendments to the Finance and Audit Committee Charter.

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT
COMMITTEE JOINT MEETING
July 24, 2018**

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Valerie Shahriari
VP & General Counsel



Darryl J. Davis
Chief Executive Officer

FINANCE AND AUDIT COMMITTEE CHARTER

PURPOSE

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

COMPOSITION OF COMMITTEE

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

MEETINGS

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

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

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

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

POWERS AND DUTIES

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

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

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

FINANCE AND AUDIT COMMITTEE CHARTER

PURPOSE

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

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POWERS AND DUTIES

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

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5. ***Grant Compliance.*** The Committee shall provide oversight of the District's fiscal activities as they relate to applying for and receiving grant awards.
6. ***Insurance.*** The Committee shall review the District's fiscal activities as they relate to insurance coverage of District operations and employees.

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

**HEALTH CARE DISTRICT BOARD and FINANCE & AUDIT
COMMITTEE JOINT MEETING
July 24, 2018**

1. Description: Insurance Broker Services

2. Summary:

A Request for Proposal for District-wide Insurance Broker Services.

3. Committee Members:

Valerie Shahriari, General Counsel, Chairperson
 Darcy Davis, Chief Executive Officer
 Dawn Richards, Chief Financial Officer
 Karen Harris, VP of Field Operations
 Cindy Yarbrough, Chief Information Officer
 Victoria Pruitt, Corporate Director of Risk Management

4. Substantive Analysis:

There were three respondents to the Request for Qualification, proposals were evaluated based on the five criteria listed below. The weighted scores are allocated amongst the three firms out of a total of 100 points and the total scores are the average of each criteria.

1. Company Profile/Qualifications
2. Company Expertise/Experience
3. Marketplace Position
4. Insurance Carrier Strategy, Negotiations and Binding Process
5. Broker Services and Ability

Company Name						Total
	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	
Harden	26	27	24	27	27	26
Aon Healthcare	45	46	48	48	46	47
Arthur J. Gallagher Risk Management	29	27	28	25	27	27

**HEALTH CARE DISTRICT BOARD and FINANCE & AUDIT
COMMITTEE JOINT MEETING**

July 24, 2018

The committee selected Aon Healthcare as they received the highest scores in each evaluation criteria. Aon is one of the largest insurance service providers to Florida health care systems, inclusive of several large hospitals with sovereign immunity protection. Aon's client base provides them not only the expertise but also the market leverage to meet the District's needs. Aon has a dedicated team of professionals in their local office and a wide range of subject matter experts in their national practice to provide consulting, brokering, alternative risk, managed care, captive guidance and can provide education services to the District.

5. Vendor Finalists:

Rank	Company Name	Score
1	Aon Healthcare	47
2	Arthur J. Gallagher Risk Management	27
3	Harden	26

6. Fiscal Analysis & Economic Impact Statement:

<u>Company</u>	<u>Cost Analysis</u>
Aon Healthcare	N/A

	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	\$140,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

7. Reviewed/Approved by Committee:

Selection Committee

 Committee Name

May 14, 2018

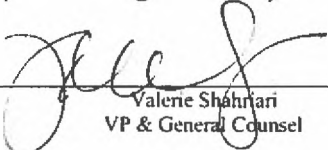
 Date Approved

**HEALTH CARE DISTRICT BOARD and FINANCE & AUDIT
COMMITTEE JOINT MEETING
July 24, 2018**

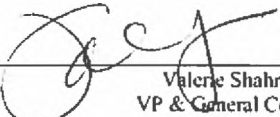
8. Recommendation:

Staff recommends the Board approve the award to Aon Risk Services, Inc. of Florida.

Approved for Legal sufficiency:



Valene Shahriari
VP & General Counsel



Valene Shahriari
VP & General Counsel



Darryl J. Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

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

2. Summary:

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

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

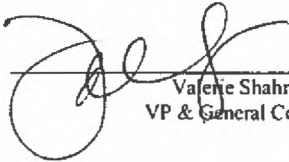
 Date Approved

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

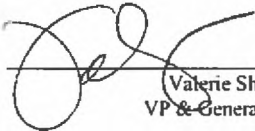
6. Recommendation:

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

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Valerie Shahriari
VP & General Counsel



Nancy J. Davis
Chief Executive Officer

LAKESIDE MEDICAL CENTER
CONFIDENTIAL PUBLIC RECORDS REQUESTS

<u>Record Description</u>	<u>Date Record Declared Confidential</u>	<u>Date Record Accessible to Public</u>	<u>Date Record Released to Public</u>
April-June 2018 - NO REQUESTS DECLARED CONFIDENTIAL	N/A	N/A	N/A

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Medical Staff Appointments for Lakeside Medical Center

2. Summary:

The agenda item represents the practitioners recommended for Medical Staff appointment by the Medical Executive Committee of Lakeside Medical Center.

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Appointment	Privileges
Ackerman	Joshua	MD	Obstetrics/Gynecology	Initial Appointment	Provisional
Baumel	Eric	MD	Radiology	Initial Appointment	Provisional
Bolton	Thomas	MD	Pathology	Reappointment	Active
Cardenal	Denise	MD	Obstetrics/Gynecology	Initial Appointment	Provisional
Chamsuddin	Abbas	MD	Radiology	Initial Appointment	Provisional
Chitturi	Srihari	MD	Anesthesia	Initial Appointment	Provisional
Davis	Sanford	MD	Radiology	Initial Appointment	Provisional
Dineen	Timothy	MD	Radiology	Initial Appointment	Provisional
Esser	James	MD	Radiology	Initial Appointment	Provisional
Feliciano	Aurelio	MD	Anesthesia	Initial Appointment	Provisional
Fortgang	Kenneth	MD	Radiology	Initial Appointment	Provisional
Foucauld	Jean	MD	Cardiology	Reappointment	Active
Greenspan	Matthew	MD	Radiology	Initial Appointment	Provisional
Gunawardene	Ishan	MD	Internal Medicine	Initial Appointment	Provisional

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

Hernandez	Eliezer	MD	Cardiology	Reappointment	Active
Johnston	Sean	MD	Radiology	Initial Appointment	Provisional
Jouma	Bashar	MD	Anesthesia	Initial Appointment	Provisional
Letang	Ketty	ARNP	Nurse Practitioner	Initial Appointment	Provisional
Luchs	Jonathan	MD	Radiology	Initial Appointment	Provisional
Moradi	Bijan	MD	Internal Medicine	Initial Appointment	Provisional
Plaskett	Allen	ARNP	Nurse Practitioner	Initial Appointment	Provisional
Rivera-Morales	Roberto	MD	Radiology	Initial Appointment	Provisional
Sanghi	Amit	DO	Radiology	Initial Appointment	Provisional
Shah	Animesh	MD	Radiology	Initial Appointment	Provisional
Taulbee	Donna	MD	Radiology	Initial Appointment	Provisional
Uyesugi	Walter	DO	Radiology	Initial Appointment	Provisional

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

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

5. Reviewed/Approved by Committee:

Lakeside Medical Center
Medical Executive Committee

Committee Name

July 2, 2018 and July 20, 2018

Date Approved

6. Recommendation:

Staff recommends the Board approve the Medical Staff Appointments for Lakeside Medical Center.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Karen Harris
VP of Field Operations



Darcy J. Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Legal Pre-Suit Settlement

2. Summary:

This item presents a proposed settlement and general release related to an employment matter for a prior Health Care District employee.

3. Substantive Analysis:

Mediation for this matter took place on July 16, 2018. After much deliberation and consideration of the facts, the District proposes a settlement of the following:

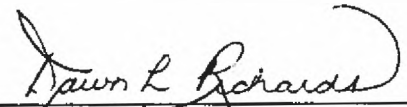
- The gross amount of \$10,556.22, less applicable withholding/taxes, payable to EMPLOYEE and reported on a W-2 Form;
- The gross amount of \$2,825.00 for tuition reimbursement payable to EMPLOYEE; and
- The gross amount of \$6,680.58, payable to Scott Wagner & Associates, P.A. and reported on a 1099-MISC Form.

The settlement and general release totaling \$20,061.80 is attached for your review and approval.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

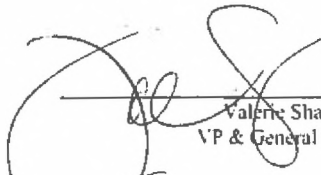
 Date Approved

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

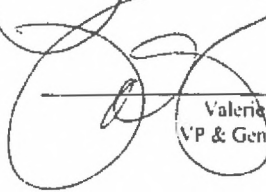
6. Recommendation:

Staff recommends the Board approve the settlement and general release.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Valerie Shahriari
VP & General Counsel



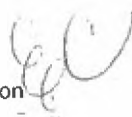
Darcy J. Davis
Chief Executive Officer

SETTLEMENT AGREEMENT AND GENERAL RELEASE

This Settlement Agreement and General Release ("Agreement") is hereby made and entered into by and between ELIZABETH CAYSON ("Employee") and the HEALTH CARE DISTRICT OF PALM BEACH COUNTY (hereinafter referred to as "Employer"). In exchange for the mutual promises set forth below and intending to be legally bound, the Employer and the Employee agree to the following terms and conditions:

- A Employee was employed as a Government Relations Specialist for said Employer.
- B Employee separated from employment effective September 28, 2016. As such, the Employer shall have no obligation to employ Employee under any circumstances in the future and Employee waives any alleged right or entitlement to future employment and agrees any future application for employment shall not be considered by Employer.
- C If Employee accepts the terms and conditions of this Agreement, Employee shall receive the gross amount of \$20,061.80, as the Settlement Amount, which is referenced in (and not in addition to) the amount set forth in any EEOC settlement form(s). The payment of such Settlement Amount is more fully set forth in Paragraph G.
- D It is agreed and understood that neither the offer or acceptance of this Agreement nor the payment of any money or provision of benefits hereunder constitute or will be construed as an admission of liability or of any wrongdoing or violation of laws, rules or policies by the Employer or the Employee.
- E Employee hereby releases and discharges the Employer (and all of its affiliates, successors, assigns, directors, officers, insurers, Commissioners, employees, attorneys, and agents) from and against any and all liability to Employee upon claims, causes of action or obligations of every nature whatsoever, whether known or unknown, arising out of or relating to Employee's employment, separation from employment, or any other act, event, failure to act or things which have occurred or were created at any time before or upon the date on which this Agreement becomes effective upon expiration of the revocation period. Without limiting the generality hereof, this release covers claims or causes of action based upon all torts (such as, for example, negligence, fraud, defamation, wrongful discharge, invasion of privacy), express and implied contracts (except this Agreement); federal, state or local statutes and ordinances, including those which regulate employment practices (such as, for example, the Age Discrimination in Employment Act, Family Medical Leave Act, Federal Civil Rights Acts (including but not limited to 42 U.S.C.A. Sections 1981 – 1988, 2000a-6, and 2000e-17); the Americans with Disabilities Act; the Genetic Information Nondiscrimination Act, the National Labor Relations Act; the Older Worker Benefit Protection Act, The Florida Civil Rights Act, any state or federal Whistleblower's Act; Public Employee Relations Act; Title VII of the Civil Rights Act; the Civil Rights Act of 1991; the Reconstruction Era Civil Rights Act of 1866; the Employee Retirement Income Security Act; the Public Health Services Act; Sarbanes-Oxley; the Rehabilitation Act of 1973; the Health Insurance Portability and Accountability Act; the Equal Pay Act; the Worker Adjustment and Retraining Notification Act; the Occupational Safety and Health Act; the Consolidated Omnibus Budget Reconciliation Act; the Florida Civil Rights Act; the Florida Equal Pay Act; the Patient Protection and Affordable Care Act; any claims under Fla. Stat. 448.08 for unpaid wages and waivable rights under the Florida Constitution; and any and all amendments to such acts); claims under Fla. Stat. 440.205; any and all claims raised or that could have been raised in EEOC Charge Number 510-2017-03024; any and all claims for violation of any statutory or administrative rules, regulations or codes; any right or entitlement to any individual relief including damages, attorney's fees, and costs which may be available through local, state, or federal regulatory agencies such as the EEOC, expenses, costs, fees, and/or attorneys' fees, incurred or claimed in connection with any alleged claims; and every other source of legal rights and obligations which may validly be waived or released, except rights created or preserved expressly in this Agreement. The Release contained herein is intended to be a **GENERAL RELEASE** of any and all claims to the fullest extent permissible by law. As used in this General Release, the term "claims" will include all claims, covenants, warranties, promises, undertakings, actions, suits, causes of action, obligations, debts, accounts, attorneys' fees, judgments, damages, expenses, losses, and liabilities, of whatsoever kind or nature, in law, in equity or otherwise.

Settlement Agreement and General Release—Elizabeth Cayson



F. The Employee makes the following representations to the Employer, each of which is necessary before the Employer will make payment of the Settlement Amount to the Employee under this Agreement:

- (1) that the payments and other benefits which the Employer has agreed to provide, as stated herein, are payments and benefits to which she would not be entitled if it were not for this Agreement;
- (2) that no consideration, promises, agreements or representations have been made to encourage her to sign this Agreement, except those that are contained in this Agreement;
- (3) that she has read and understands each and every provision of this Agreement and any waiver pursuant to this Agreement is knowing and voluntary;
- (4) that she has been advised by the Employer that she has seven (7) days from the date she signs this Agreement to revoke her acceptance of this Agreement in writing by delivering such written revocation to Torcivia, Donlon, Goddeau & Ansay, P.A., within the 7-day period;
- (5) that she has been advised by the Employer that she should consult an attorney of her own choosing before signing this Agreement and that she has, in fact, consulted Scott Wagner & Associates, P.A. and Gary, Williams, Parenti, Watson & Gary, P.L.L.C.;
- (6) that she has had an adequate and reasonable period of time (up to twenty-one (21) days) to decide whether or not to sign this Agreement. Accordingly, failure to sign and deliver the Agreement to Torcivia, Donlon, Goddeau & Ansay, P.A., on or before **5:00 p.m. on August 7, 2018**, shall be deemed a rejection of the Agreement and she shall not be entitled to the benefits outlined herein to which she would not otherwise be entitled. Material or immaterial changes to this Agreement do not restart the running of the 21-day period. Employee may waive her right to consider the Agreement for the above-referenced time period and may voluntarily elect to execute and deliver the Agreement at any time prior to August 7, 2018.
- (7) that she has not filed any complaints or initiated any other legal proceedings against the Employer before the date of signing this Agreement, other than EEOC Charge Number 510-2017-03024, that, by accepting the terms of this Agreement, she hereby withdraws her Charge of Discrimination, Number 510-2017-03024.
- (8) that she has not assigned, transferred or purported to assign or transfer any claims released in this Agreement to any person, association or entity.
- (9) that she has accurately reported all hours worked and has been paid in full for all time worked in accordance with the law and is owed no wages, whether in the form of straight time, overtime, or liquidated damages
- (10) that she has not suffered an occupational disease or disability or any on-the-job-related accident or injury of the type that might have entitled her to file a Workers' Compensation claim, whether temporary, permanent, partial or total.
- (11) that she was provided and received all paid and unpaid leaves of absence to which she was entitled
- (12) that she assumes the risk for any mistake of fact now known or unknown and that she understands the significance of this Agreement.
- (13) that she has the mental capacity to enter into this Agreement.
- (14) that she has returned all Employer-issued property in her possession.
- (15) that she has submitted any and all expense reports or other expenditures believed to be reimbursable by Employer, including required receipts or other backup, prior to executing this Agreement.

- (16) that she has withdrawn her Charge now pending before the Miami District Office of the Equal Employment Opportunity Commission and shall provide a copy of such withdrawal to Torcivia, Donlon, Goddeau & Ansay, P.A. upon delivery of this Agreement.
- (17) that she will indemnify Employer and hold Employer harmless for all taxes, payroll or otherwise, including attorneys' fees and costs, and any interest and penalties for which Employer may be found liable as a consequence of having paid monies to Employee or her counsel pursuant to this Agreement. Employee understands that Employer will be sending her counsel appropriate tax forms related to this transaction and Employee agrees to be responsible, solely and exclusively, for payment of any and all taxes related to this transaction.
- (18) that she is not aware of any liens and/or pending legal claims applicable to the Settlement Amount and agrees to defend, indemnify and hold harmless Employer, its board members, agents, insurers, attorneys, or representatives, against any lien, claim or action asserted against the Settlement Amount and that she will be solely responsible to satisfy any liens or pending legal claims asserted against the Employee, or Employer, its board members, agents, insurers, attorneys, or representatives, as against the Settlement Amount.
- (19) that the Settlement amount referenced herein is a restatement of, and not in addition to, the amounts identical in the EEOC settlement form (s).
- G In exchange for the general release and other promises and acknowledgments made by Employee in this Agreement, the Employer agrees to make payment to Employee the gross Settlement Amount equal to **TWENTY THOUSAND AND SIXTY ONE DOLLARS 80/100 (\$20,061.80)**. Such payment shall be made as outlined below within thirty (30) days of the expiration of the revocation period set forth in Paragraph F(4). Such payment shall be delivered to his attorney, Cathleen Scott, Esquire, Scott Wagner & Associates, P.A., at 250 S. Central Blvd., #104A, Jupiter, Florida 33458. Such payment shall be made, inclusive of attorney's fees and costs, as follows:
- (1) The gross amount of \$10,556.22, less applicable withholding/taxes, payable to EMPLOYEE and reported on a W-2 Form;
 - (2) The gross amount of \$2,825.00 for tuition reimbursement payable to EMPLOYEE; and
 - (3) The gross amount of \$6,680.58, payable to Scott Wagner & Associates, P.A. and reported on a 1099-MISC Form.
- H Employer shall provide a neutral reference in response to inquiries to the Human Resources Director from prospective employers consisting of Employee's dates of employment and last position held.
- I Employee and Employer agree (unless otherwise required by law) not to
- (1) disclose to any third party any confidential information of the other party; or
 - (2) file any claims waived by this Agreement.
- J This Agreement shall inure to the benefit of and be binding upon the Employer and Employee and each of their successors, assigns, affiliates, devisees, heirs, administrators and representatives.
- K This Agreement constitutes the entire agreement by and among the parties hereto and there are no agreements or commitments by or among the parties, either verbal or written, except as expressly set forth herein.
- L Should any part, term, or provision of this Agreement be declared or be determined by a court of competent jurisdiction to be illegal, invalid or unenforceable, the legality, validity and enforceability of the remaining parts, terms, or provisions shall not be affected thereby, and said illegal, unenforceable or invalid part, term, or provision shall be deemed not a part of this Agreement.

- M. The Agreement shall be governed exclusively by Florida Law and venue for any action herein shall be in the courts of Palm Beach County.
- N. The parties agree that this Agreement shall be construed as jointly prepared by the parties so that any uncertainty or ambiguity shall not be interpreted against any one party and in favor of the other.
- O. The rights, responsibilities, and duties of the parties, and the agreements herein, shall continue to bind the parties in full force and effect until each and every obligation has been fully performed.
- P. This Agreement may be executed in counterparts, each of which shall be deemed an original, and will become effective and binding upon the parties as of the effective date at such time as all the signatories hereto have signed a counterpart of this Agreement, all of which taken together shall constitute one and the same Agreement. In the event an executed version of this Agreement is transmitted by facsimile or is scanned and emailed, the Agreement shall be effective and binding as if it were the originally executed document. However, Employee will deliver original documents to Torcivia, Donlon, Goddeau & Ansay, P.A. as soon as possible.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date written below.

EMPLOYEE:

Elizabeth Cayson 7/16/2018
 ELIZABETH CAYSON, Employee Date

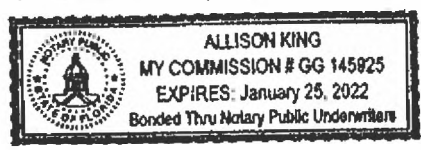
Andria
 ANDRIA GIBSON AS COUNSEL FOR PLAINTIFF

STATE OF FLORIDA
 COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 16th day of July, 2018 by **ELIZABETH CAYSON**, who is personally known to me, or has produced Dennis Green as identification and did/did not take an oath.

Allison King
 Notary Public
 Signature and Seal

My commission expires



HEALTH CARE DISTRICT OF PALM BEACH COUNTY:

Darcy Davis Chief Executive Officer Date

Settlement Agreement and General Release—Elizabeth Cayson ELC

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Appointments of Eddie Rhodes and Maria Vallejo to the Lakeside Health Advisory Board.

2. Summary:

This agenda item presents the Board with a recommendation to appointment Eddie Rhodes and Maria Vallejo to the Lakeside Health Advisory Board.

3. Substantive Analysis:

The Health Care District Bylaws specify that the District Board shall appoint standing committee members to a four (4) year term with standing committee membership limited to two (2) full terms. This agenda item includes the appointment of two new board members to the Lakeside Health Advisory Board.

Eddie Rhodes is retired from the Palm Beach County School District. If confirmed, Mr. Rhodes' term will run through September 2022.

Maria Vallejo is the Vice President for Growth and Expansion for Palm Beach State College and the Provost of the Belle Glade and Loxahatchee Groves campuses. If confirmed, Dr. Vallejo's term will run through September 2022.

A copy of Mr. Rhodes' and Dr. Vallejo's Application for Board or Committee Appointment Form and Conflict of Interest Questionnaire is attached to this agenda item.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

5. Reviewed/Approved by Committee:

N/A

Committee Name Date Approved

6. Recommendation:

Staff recommends the Board approve the appointments of Eddie Rhodes and Maria Vallejo to the Lakeside Health Advisory Board.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas W. Cleare, PhD, MBA
Vice President of Strategy



Darcy J. Davis
Chief Executive Officer



APPLICATION FOR BOARD OR COMMITTEE APPOINTMENT

Return fully completed application to:

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

**APPLICATION FOR
BOARD OR COMMITTEE APPOINTMENTS**

Name: Eddie Lee Rhodes

Page 2

Please indicate the Board/Committee(s) in which you are interested:

Lakeside Medical Center Board of Directors

1. Name: _____ Date Completed _____
 Mr./Mrs./Ms. Rhodes Last Eddie First Lee Middle/Maiden

2. Business Address:

Company Name _____ Email Address _____
 Street _____ Suite/Room No. _____ City _____
 State FL Zip Code _____ Area Code/Telephone No. _____ Facsimile No. _____

3. Residence Address:

Street _____ Apartment/Unit No. _____ City _____
 State FL Zip Code _____ County _____ Area Code/Telephone No. _____

Email Address _____

Specify the preferred mailing address: Business Residence

4. Have you ever used or been known by any other legal name?

Yes No If "yes," please provide:

5. Are you a United States citizen? Yes No

6. Are you a naturalized citizen? Yes No

7. Are you a full time Palm Beach County resident? Yes No

**APPLICATION FOR
BOARD OR COMMITTEE APPOINTMENTS**

Name: Eddie Lee Rhodes

Page 3

8. Education

A. High School Lake Shore High School

B. List all post-secondary educational institutions attended:

Name & Location	Dates Attended	Certificates/Degrees Received
<u>Edward Waters College</u>	<u>1964-67</u>	<u>B.S.</u>
<u>NorA University</u>		<u>Markers</u>

9. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty was paid.)

Yes No If yes, please provide details:

10. Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes No If yes, provide the following information:

Position	Employing Agency	Period of Employment
<u></u>	<u>Palm Beach County School Board</u>	<u>1967-2005</u>

11. State elements of your personal history that qualify you for this appointment.

Served as President of the Bulk Grade Chamber of Commerce, President of the Dully Hotel Board, Palm Beach State College, Member of The GLADE Leadership Bd. of Directors, Glorious Community Holiness Church Sunday School Teacher (Class #1)

12. Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment?

Yes No If yes, please list:

**APPLICATION FOR
BOARD OR COMMITTEE APPOINTMENTS**

Name: Eddie Lee Rhodes

Page 4

13. Identify all association memberships and association offices held by you that may relate to this appointment:

None

14. Do you currently hold an office or position (appointive, civil service, or other) with any government?

Yes No If yes, please provide details:

15. Have you ever been refused a fidelity, surety, performance, or other bond?

Yes No If yes, please explain:

16. Have you held or do you hold an occupational or professional license or certificate in the State of Florida?

Yes No If yes, please provide the following details:

License/Certificate Title & Number	Issue Date	Issuing Authority
---------------------------------------	------------	-------------------

17. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of action taken.

NO

18. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you may be appointed?

NO

APPLICATION FOR
BOARD OR COMMITTEE APPOINTMENTS

Name: Eddie Lee Rhodes

Page 5

19. If required by law or administrative rule, will you file financial disclosure statements?

Yes No

I certify that my answers are true and complete to the best of my knowledge. If this application leads to appointment, I understand that false or misleading information in my application may result in my release.

Signature: Eddie Lee Rhodes

Date: 5/17/2018



GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

Name: Eddie Lee Rhodes
Board/Committee: Lakeside Medical Center Board of Directors

The Conflicts of Interest Policy adopted by the Board of Directors of the District requires disclosure of certain interests. To carry out the purpose of this Policy, you state in this form that you or your family members have the following affiliations, interest or relationships, and/or have taken part in the following transactions that, when considered in conjunction with your position with or relationship to the District and its affiliates, might possibly constitute or give rise to an actual, apparent, or potential conflict of interest as defined under the Policy.

These individuals considered to be "family members" for purposes of this statement include: your spouse, parent, domestic partner, child, or sibling. Check "No" where applicable, or explain any possible conflicts of interest, including all material facts, on this questionnaire. All actual, apparent, or potential conflicts of interest that existed or that exist since the filing of your last Conflicts of Interest Statement (or since the beginning of your Board of Director tenure, Committee tenure, independent contractor, or agency relationship if no prior Conflicts of Interest Statement was filed) should be reported on this questionnaire. In addition, you must report to the Chief Compliance Officer any further financial interest, situation, activity, interest, or conduct that may develop before completion of the next annual questionnaire.

I. BACKGROUND

A. What position(s) do you hold/relationships do you maintain with respect to the District (i.e., Board member, committee member, etc.)? Also, please indicate the specific District entity, department or program within the Health Care District with which the position or relationship is maintained.

No

B. Do you refer patients to the District or an Affiliate for medical treatment? If the answer is "yes," please state the nature of the relationship (i.e., member of the medical staff of a Lakeside Medical Center, Edward J. Healey).

No

II. OUTSIDE INTEREST

A. Do you or any of your family members hold, or within the last one (1) year have you or any of your family members held, directly or indirectly, (i) a position or (ii) a material financial non-publicly traded interest in any outside entity with which you or your family member have reason to believe the District (a) does business, including obtaining goods or services, or (b) provides services competitive with the District?

A "material" financial interest is one which involves or has a fair market value of more than One Thousand Dollars (\$1,000.00) or which represent more than 5% of the total ownership interest in the outside entity.

No Yes-Explain below...

GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

- 1) Are you or any of your family members currently engaged, or within the last one (1) year have you or any of your family members been engaged, in any business outside of your duties at the District that in any way does business the District?

No

Yes-Explain below...

- 2) Are you or any of your family members, or within the last one (1) year have you or any of your family members been, an officer or director of any company or organization (for-profit or not-for-profit) other than the District that does business with the District?

No

Yes-Explain below...

- 3) Do you or any of your family members have, or within the last one (1) year have you or any of your family members had, any personal loans, advances, or borrowings from any customer or supplier who also does business with the District? (You may exclude charge cards and personal or mortgage loans at market rates at financial institutions such as bank, finance companies, insurance companies, and savings and loans associations.)

No

Yes-Explain below...

- B. Do you or any of your family members compete, directly or indirectly, with the District in the purchase or sale of ambulatory/ancillary medical services?

No

Yes-Explain below...

- C. Do you or any of your family members render, or within the last one (1) year have you or any of your family members rendered directive, managerial, consultative or other services to the District or on behalf of any outside entity that does business with the District?

No

Yes-Explain below...

- D. Do you or any of your family members employ or otherwise retain, or within the last one (1) year have you or any of your family members employed or otherwise retained, personnel of the District for work on non-district business done outside of the District?

No

Yes-Explain below...

GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

- E. Do you or any of your family members serve any other organization (public, private, or charitable) as a director, trustee, officer, or in a similar capacity?

No

Yes- Explain below...

- F. Do you or any of your family members serve on a board of an organization that receives funding from the District?

No

Yes- Explain below...

III. GIFTS, GRATUITIES, AND ENTERTAINMENT

- A. Have you or any of your family members in the last one (1) year accepted gifts, entertainment, benefits, discounts, or other favors valued in excess of One Hundred Dollars (\$100.00) from any outside entity that does or is seeking to do business with the District?

No

Yes-Explain below...

- B. Have you or any of your family members accepted any gifts, honoraria, perquisites, favor, or benefits valued in excess of One Hundred Dollars (\$100.00) from suppliers or vendors of the District?

No

Yes-Explain below...

In the space below, I have disclosed any other interest, activities, investments, or involvement of or concerning me or my family members that I believed might be considered relevant for purposes of disclosure of all actual, apparent, or possible conflicts of interest, or I have indicated "none." (Use additional pages as necessary.)

GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

ACKNOWLEDGMENT

I hereby state each of the following:

- (1) I have received a copy of the Conflicts of Interest Policy;
- (2) I have read and understand the Policy;
- (3) I agree to comply with the Policy;
- (4) I understand that the Health Care District is a charitable organization and that to maintain its status it must engage primarily in activities which accomplish one or more of its tax-exempt purposes;
- (5) I agree to report promptly to the District any change in the responses to each of the foregoing questions which may result from changes in circumstances or any further financial interest, situation, activity, interest, or conduct that may develop before completion of my next annual questionnaire; and
- (6) The information contained herein is true and accurate to the best of my knowledge and belief as of this, 17 day of May, 2018

Signed: _____

Print Name: _____

Eddie Lee Rhodes
Eddie Lee Rhodes



APPLICATION FOR BOARD OR COMMITTEE APPOINTMENT

Return fully completed application to:

Records Management Department
Health Care District
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401

**APPLICATION FOR
BOARD OR COMMITTEE APPOINTMENTS**

Name: Dr. Maria M. Vallejo

Page 2

Please indicate the Board/Committee(s) in which you are interested:

Lakeside Health Advisory Board

1. Name: _____ Date Completed _____
Dr. Vallejo Maria M.
Mr./Mrs./Ms. Last First Middle/Maiden

2. Business Address:
Palm Beach State College
Company Name Email Address
Bele Blade
Street Suite/Room No. City
FL
State Zip Code Area Code/Telephone No. Facsimile No.

3. Residence Address:
Street Apartment/Unit No. City
FL Palm Beach
State Zip Code County Area Code/Telephone No.
Same as above
Email Address

Specify the preferred mailing address: Business Residence

4. Have you ever used or been known by any other legal name?

Yes No If "yes," please provide:

Maria M. Vallejo - Negron

- 5. Are you a United States citizen? Yes No
- 6. Are you a naturalized citizen? Yes No
- 7. Are you a full time Palm Beach County resident? Yes No

**APPLICATION FOR
BOARD OR COMMITTEE APPOINTMENTS**

Name: Dr. Maria M. Vallejo

Page 3

8. Education

A. High School Aquinas High School - New York

B. List all post-secondary educational institutions attended:

Name & Location	Dates Attended	Certificates/Degrees Received
<u>Hampshire College Amherst, MA</u>	<u>Grad. 1974</u>	<u>B.A.</u>
<u>Columbia University New York</u>	<u>1975-1976</u>	<u>M.A. & M.E.D.</u>
<u>New York University New York</u>	<u>1983</u>	<u>Ph.D.</u>

9. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty was paid.)

Yes No If yes, please provide details:

10. Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes No If yes, provide the following information:

Position	Employing Agency	Period of Employment
_____	_____	_____
_____	_____	_____

11. State elements of your personal history that qualify you for this appointment.

• Background both educationally and
professionally in counseling
• Extensive community involvement

12. Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment?

Yes No If yes, please list:

APPLICATION FOR
BOARD OR COMMITTEE APPOINTMENTS

Name: Dr. Maria M. Vallejo

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13. Identify all association memberships and association offices held by you that may relate to this appointment:

Local Chambers of Commerce, Puerto Rican Chamber of Commerce
Board Member for Hampshire College

14. Do you currently hold an office or position (appointive, civil service, or other) with any government?

Yes No If yes, please provide details:

15. Have you ever been refused a fidelity, surety, performance, or other bond?

Yes No If yes, please explain:

16. Have you held or do you hold an occupational or professional license or certificate in the State of Florida?

Yes No If yes, please provide the following details:

License/Certificate Title & Number	Issue Date	Issuing Authority
---------------------------------------	------------	-------------------

17. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of action taken.

N/A

18. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you may be appointed?

NO

APPLICATION FOR
BOARD OR COMMITTEE APPOINTMENTS

Name: Dr. Maria M. Vallejo

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19. If required by law or administrative rule, will you file financial disclosure statements?

Yes No

I certify that my answers are true and complete to the best of my knowledge. If this application leads to appointment, I understand that false or misleading information in my application may result in my release.

Signature:

Maria M. Vallejo

Date:

6/28/2018

Revised 12/18/2012



GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

Name: Dr. Maria M. Vallejo
Board/Committee: Lakeside Health Advisory Board

The Conflicts of Interest Policy adopted by the Board of Directors of the District requires disclosure of certain interests. To carry out the purpose of this Policy, you state in this form that you or your family members have the following affiliations, interest or relationships, and/or have taken part in the following transactions that, when considered in conjunction with your position with or relationship to the District and its affiliates, might possibly constitute or give rise to an actual, apparent, or potential conflict of interest as defined under the Policy.

These individuals considered to be "family members" for purposes of this statement include: your spouse, parent, domestic partner, child, or sibling. Check "No" where applicable, or explain any possible conflicts of interest, including all material facts, on this questionnaire. All actual, apparent, or potential conflicts of interest that existed or that exist since the filing of your last Conflicts of Interest Statement (or since the beginning of your Board of Director tenure, Committee tenure, independent contractor, or agency relationship if no prior Conflicts of Interest Statement was filed) should be reported on this questionnaire. In addition, you must report to the Chief Compliance Officer any further financial interest, situation, activity, interest, or conduct that may develop before completion of the next annual questionnaire.

I. BACKGROUND

A. What position(s) do you hold/relationships do you maintain with respect to the District (i.e., Board member, committee member, etc.)? Also, please indicate the specific District entity, department or program within the Health Care District with which the position or relationship is maintained.

none

B. Do you refer patients to the District or an Affiliate for medical treatment? If the answer is "yes," please state the nature of the relationship (i.e., member of the medical staff of a Lakeside Medical Center, Edward J. Healey).

NO

II. OUTSIDE INTEREST

A. Do you or any of your family members hold, or within the last one (1) year have you or any of your family members held, directly or indirectly, (i) a position or (ii) a material financial non-publicly traded interest in any outside entity with which you or your family member have reason to believe the District (a) does business, including obtaining goods or services, or (b) provides services competitive with the District?

A "material" financial interest is one which involves or has a fair market value of more than One Thousand Dollars (\$1,000.00) or which represent more than 5% of the total ownership interest in the outside entity.

No

Yes-Explain below...



GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

1) Are you or any of your family members currently engaged, or within the last one (1) year have you or any of your family members been engaged, in any business outside of your duties at the District that in any way does business the District?

No

Yes-Explain below...

2) Are you or any of your family members, or within the last one (1) year have you or any of your family members been, an officer or director of any company or organization (for-profit or not-for-profit) other than the District that does business with the District?

No

Yes-Explain below...

Palm Beach State College - Nursing Practicum

3) Do you or any of your family members have, or within the last one (1) year have you or any of your family members had, any personal loans, advances, or borrowings from any customer or supplier who also does business with the District? (You may exclude charge cards and personal or mortgage loans at market rates at financial institutions such as bank, finance companies, insurance companies, and savings and loans associations.)

No

Yes-Explain below...

B. Do you or any of your family members compete, directly or indirectly, with the District in the purchase or sale of ambulatory/ancillary medical services?

No

Yes-Explain below...

C. Do you or any of your family members render, or within the last one (1) year have you or any of your family members rendered directive, managerial, consultative or other services to the District or on behalf of any outside entity that does business with the District?

No

Yes-Explain below...

D. Do you or any of your family members employ or otherwise retain, or within the last one (1) year have you or any of your family members employed or otherwise retained, personnel of the District for work on non-district business done outside of the District?

No

Yes-Explain below...



GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

E. Do you or any of your family members serve any other organization (public, private, or charitable) as a director, trustee, officer, or in a similar capacity?

No Yes- Explain below...
Hampshire College Board of Trustees member

F. Do you or any of your family members serve on a board of an organization that receives funding from the District?

No Yes- Explain below...

III. GIFTS, GRATUITIES, AND ENTERTAINMENT

A. Have you or any of your family members in the last one (1) year accepted gifts, entertainment, benefits, discounts, or other favors valued in excess of One Hundred Dollars (\$100.00) from any outside entity that does or is seeking to do business with the District?

No Yes-Explain below...

B. Have you or any of your family members accepted any gifts, honoraria, perquisites, favor, or benefits valued in excess of One Hundred Dollars (\$100.00) from suppliers or vendors of the District?

No Yes-Explain below...

In the space below, I have disclosed any other interest, activities, investments, or involvement of or concerning me or my family members that I believed might be considered relevant for purposes of disclosure of all actual, apparent, or possible conflicts of interest, or I have indicated "none." (Use additional pages as necessary.)
None



GOVERNANCE CONFLICT OF INTEREST QUESTIONNAIRE

ACKNOWLEDGMENT

I hereby state each of the following:

- (1) I have received a copy of the Conflicts of Interest Policy;
- (2) I have read and understand the Policy;
- (3) I agree to comply with the Policy;
- (4) I understand that the Health Care District is a charitable organization and that to maintain its status it must engage primarily in activities which accomplish one or more of its tax-exempt purposes;
- (5) I agree to report promptly to the District any change in the responses to each of the foregoing questions which may result from changes in circumstances or any further financial interest, situation, activity, interest, or conduct that may develop before completion of my next annual questionnaire; and
- (6) The information contained herein is true and accurate to the best of my knowledge and belief as of this 28 day of June, 18

Signed: _____

Print Name: _____

Dr. Maria M. Vallejo
Dr. Maria M. Vallejo

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Health Care District Financial Statements

2. Summary:

The June 2018 financial statements for the Health Care District are presented for Health Care District Board & Finance and Audit Committee review.

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


 Dawn Richards
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name Date Approved

6. Recommendation:

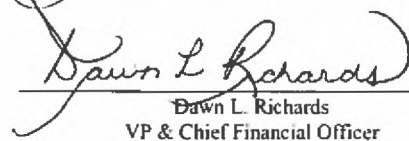
Staff recommends the Health Care District Board & Finance and Audit Committee receive and file the June 2018 Health Care District financial statements.

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn L. Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer



Health Care District of Palm Beach County

FINANCIAL STATEMENT

June 2018



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MEMO

To: Finance Committee

From: Dawn L. Richards, Chief Financial Officer

Date: July 12, 2018

Subject: Management Discussion and Analysis of YTD June 2018 Health Care District Financial Statements (Unaudited)

The June statements represent the financial performance for the nine months of the 2018 fiscal year for the Health Care District. Included below are year-to-date (YTD) explanations of volume, revenue and expense variances.

Net Performance

- Net margin combined for all funds YTD June of (\$5.6M) were under budget of (\$14.3M) by \$8.7M or 60.7% and under prior year of \$7.3M by \$12.9M or 177.3%.
- Total combined revenues YTD of \$163.4M were under budget of \$164.9M by \$1.5M or 0.9% and under prior year of \$171.1M by \$7.7M or 4.5%.
- Operating Expenses YTD of \$165.7M were under budget of \$175.7M by \$9.9M or 5.7% and above prior year of \$160.6M by \$5.2M or 3.2%. Factors contributing to this positive expense variance to budget included salaries and wages (\$1.6M), benefits (\$963k), medical supplies (\$69k), other supplies (\$564k), Medicaid match (\$96k), medical services (\$2.5M), drugs (\$1.8M), repairs and maintenance (\$1.4M), lease and rental (\$353k), utilities (\$93k), other expense (\$2.4M) and insurance (\$402k). Negative variances include purchased services \$219k, contracted physician expense \$2.0M and sponsored programs \$74k.

Net Margin

	Actual	Budget	Variance	Prior Year
General Fund	\$ 21,990,685	\$ 14,347,244	\$ 7,643,441	\$ 27,984,224
Healey Center	(2,272,994)	(2,485,226)	212,232	(1,308,332)
Lakeside Medical Center	(15,527,229)	(12,651,582)	(2,875,647)	(9,353,130)
Healthy Palm Beaches	32,093	(31,275)	63,368	(4,559)
Primary Care Clinics	(1,722,032)	(5,255,955)	3,533,922	(1,859,851)

Volume Analysis
General Fund (Trauma, Aeromedical, Managed Care, Pharmacy, School Health, Sponsored Programs)

- New Trauma patients YTD of 3,202 exceeded budget of 3,151 by 51 or 1.6% and prior year of 3,145 by 57 or 1.8%.
 - Aeromedical transports YTD of 492 exceeded budget of 480 by 12 or 2.5% and prior year of 472 by 20 or 4.2%
 - Managed Care District Cares visits to medical clinics YTD of 24,048 exceeded prior year of 23,917 by 131 or 0.5%.
 - Managed Care District Cares dental visits YTD of 6,305 were under prior year of 7,786 by 1,481 or 19.0%.
 - Managed Care Uninsured visits to medical clinics YTD of 21,000 exceeded prior year of 19,080 by 1,920 or 10.1%.
 - Managed Care Uninsured dental visits YTD of 10,490 exceeded prior year of 9,862 by 628 or 6.4%.
 - Managed Care Current year membership in District Cares of 9,666 is below prior year of 10,325 by 659 or 6.4%.
 - Total prescriptions filled at in-house pharmacies YTD of 213,658 exceeded prior year of 198,045 by 15,613 or 7.9%.
 - Retail pharmacy prescriptions YTD of 1,925 were below prior year of 32,374 by 30,449 or 94.1%.
- District Cares member are now required to utilize in-house pharmacy. As a result, average cost per script for YTD June was \$4.05, compared to \$7.52 in 2017 and \$12.41 in 2016.

Healey Center

- Census YTD of 119 remains the same as prior year of 119 and is ahead of budget 118.
- Admissions YTD were 97 compared to prior year of 117 by 20 or 17.1%.
- Resident patient days of 32,597 exceeded prior year of 32,358 by 239 or .74%.

Lakeside Medical Center

- Adjusted patient days YTD of 13,544 exceeded budget of 12,923 by 621 or 4.8% and exceeded prior year of 13,362 by 182 or 1.4%.
- Adjusted admissions YTD of 4,190 exceeded budget of 3,509 by 682 or 19.4% and exceeded prior year to date of 3,706 by 484 or 13.1%.
- Average length of stay (excluding newborns) for the hospital YTD was 3.98 down from budget of 4.57 by 12.8% and down from prior year of 4.49 by 11.2%.
- Medicare case mix index increased over prior year from 1.2914 to 1.3894. Overall case mix index was 1.0804; down compared to prior year of 1.1407.
- Emergency room admissions YTD of 1,062 exceeded budget of 886 by 176 or 19.9% and up from prior year of 847 by 215 or 25.4%.
- Emergency room visits YTD of 17,808 were under budget of 19,776 by 1,968 or 10.0% and under prior year of 19,223 by 1,415 or 7.4%.
- Outpatient visits YTD of 6,193 were under budget of 6,906 by 713 or 10.3% and under prior year of 6,980 by 787 or 11.3%.

Primary Care Clinics

- Total medical clinic visits YTD in all adult and pediatric clinics of 76,269 were under budget of 81,683 by 5,414 or 6.6% but are over prior year of 65,251 by 11,018 or 16.9%.
- Total dental visits YTD of 23,371 were under budget of 26,705 by 3,334 or 12.5% and below prior year of 25,510 by 2,139 or 8.4%.
- Suboxone clinic visits YTD of 2,649 were below budget of 11,543 by 8,894 or 77.1% due to unanticipated changes to the MAT strategy. All other medical clinics combined (net of Suboxone) were above budgeted volume by 3,480 visits.

Revenue Analysis

General Fund

- Total revenue in the general fund YTD of \$107.1M was slightly above budget of \$107.1M by \$18k or 0.0% and under prior year of \$115.4M by \$8.2M or 7.1%. The most significant revenue variance existed in the Unrealized Gain/ (Loss) on investments. Activity in these funds netted a loss of \$1.0M. This loss represents the difference between the book value and the market value of investments as of the end of the month and would be realized if investments were sold prior to maturity. Where possible Public Trust is re-investing matured bonds to obtain additional yield. Interest earnings YTD of \$2.0M exceed budget of \$1.0M by \$967k or 93.1% and exceeded prior year of \$1.5M by \$543k or 37.2%.
- Aeromed net patient revenue YTD of \$2.4M exceeded budget of \$2.1M by \$203k or 9.5% due to increased volume. Pharmacy grants YTD of \$87k were above budget of \$74k by \$13k or 17.1% and exceeded prior year of \$1.9M by \$430k or 22.5%.

Healey Center

- Gross revenue YTD of \$9.8M was under budget of \$11.0M by \$1.1M or 10.1% and under prior year of \$9.9M by \$39K or 0.4%.
- Net patient revenue YTD of \$6.4M was under budget of \$7.2M by \$836k or 11.5% and under prior year of \$6.6M by \$191k or 2.9%.

Lakeside Medical Center

- Lakeside Medical Center YTD gross patient revenue of \$99.5M was over budget of \$95.4M by \$4.1M or 4.3% due to higher adjusted patient days over budget.
- Net YTD patient revenue of \$19.4M was under to budget of \$21.8M by \$2.4M or 11.0% and down to prior year of \$22.2M by \$2.8M or 12.4%. Net revenue was negatively impacted by increases in charity and bad debt and contractals. The increased contractals were partially offset by a \$157k Medicare cost report settlement.

Primary Care Clinics

- Clinic net patient revenue YTD of \$12.1M exceeded budget of \$10.0M by \$2.0M or 20.3% and above of prior year of \$9.3M by \$2.7M or 29.1%. Clinics received a LIP payment in April 2018 of \$1.2M. This was unbudgeted.
- Grant revenue YTD of \$5.9M was below budget of \$6.4M by \$492k or 7.7% and exceeded prior year of \$4.9M by \$1.0M or 20.6%. Current year grants for mobile van and MAT program have not been realized.

Expenses Analysis

General Fund

- Total YTD operating expenses of \$92.4M in the General Fund were under budget of \$101.5M by \$9.1M or 9.0% and under prior year of \$93.0M by \$610k or 0.7%. Notable variances included medical services (\$2.5M) drugs (\$1.5M), and other expense (\$2.0M). Reduced medical services resulted from changes to specialist network and reimbursement models. Increase in pharmaceutical cost were budgeted for the implementation of pharmacy billing to insured patients, this strategy is currently being implemented. Drug cost per script of \$4.05 is down compared to prior year of \$7.52 due to use of in-house pharmacy and 340b medications. The favorable variance in other expense is primarily due to the rebranding implementation delay in communication and less than anticipated spending in tax collector fees.

Healey Center

- Operating expenses YTD of \$13.3M at the Healey Center were under budget of \$13.9M by \$615k or 4.4% and above prior year of \$13.0M by \$233k or 1.8%. Most of this positive variance related to salaries and benefits resulting from a higher than budgeted vacancy rate.

Lakeside Medical Center

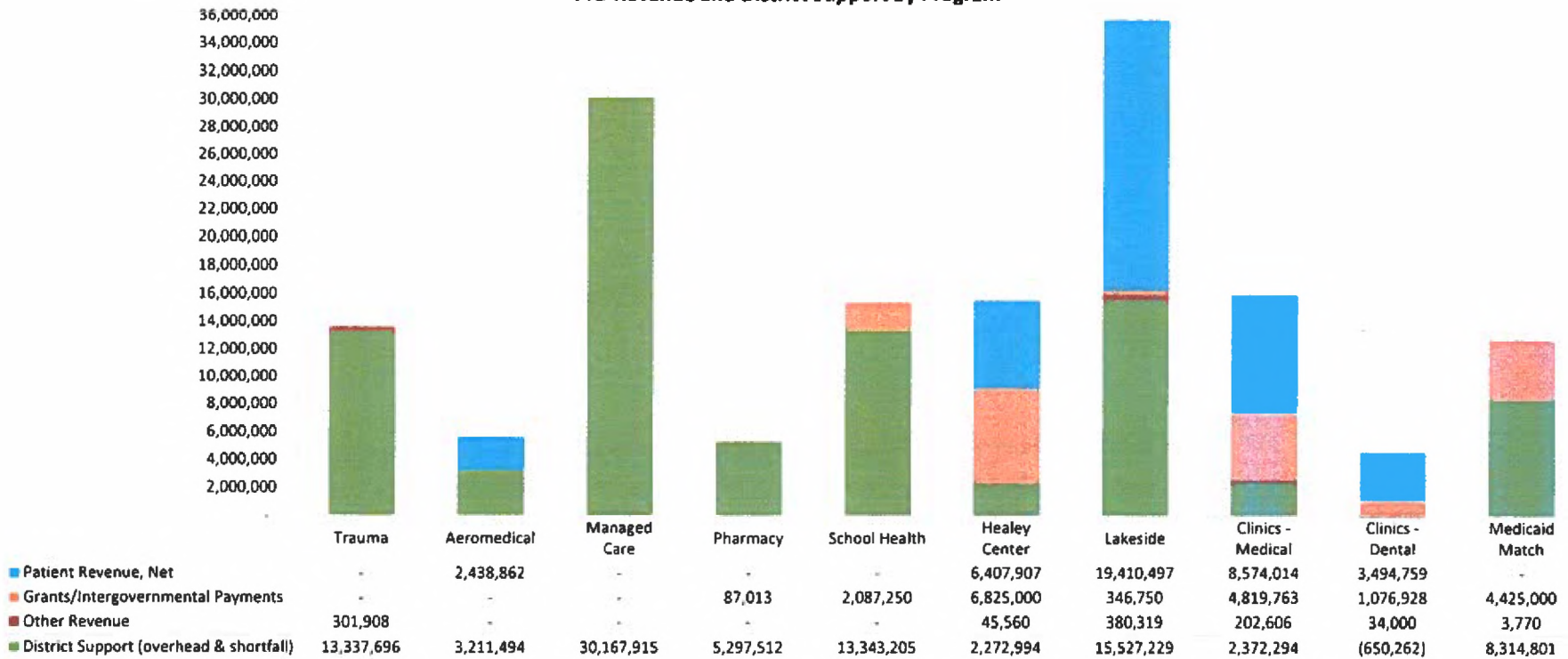
- Lakeside YTD operating expenses of \$30.1M exceeded budget of \$28.9M by \$1.3M or 4.3%. A negative variance of \$2.06M occurred in contracted physician expense due to locum tenens physician fees for Emergency Services, Anesthesia and Radiology. YTD purchased services expenses of \$2.4M exceeded budget of \$2.2M by \$150K due to increased security expenses.

Primary Care Clinics

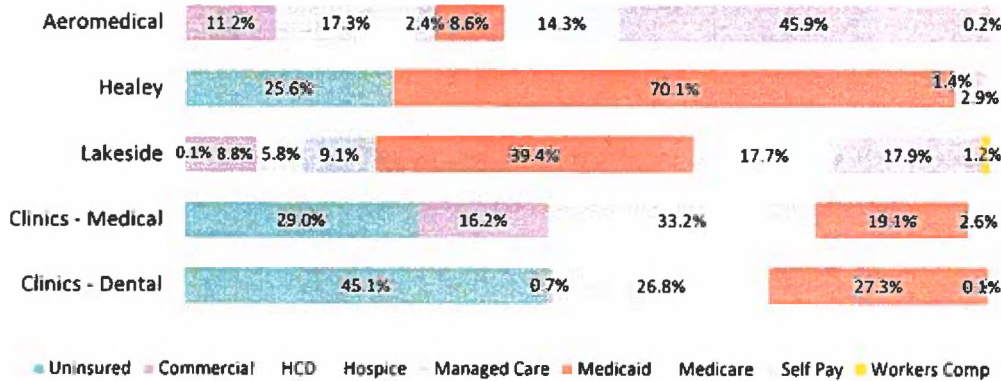
- Clinic operating expenses YTD of \$17.2M were under budget of \$18.5M by \$1.3M or 7.0% and above prior year of \$14.4M by \$2.8M or 19.2%. Most of this positive variance related to salaries, benefits, and software costs. Salaries and benefits were under budget due to unimplemented strategies in West Boca, Lake Worth and Lantana (Suboxone).

Program Dashboard - YTD June 2018

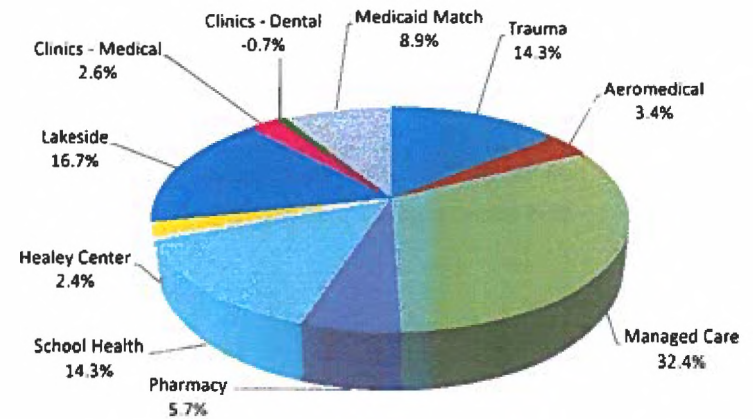
YTD Revenue and District Support by Program



YTD Payor Mix by Volume

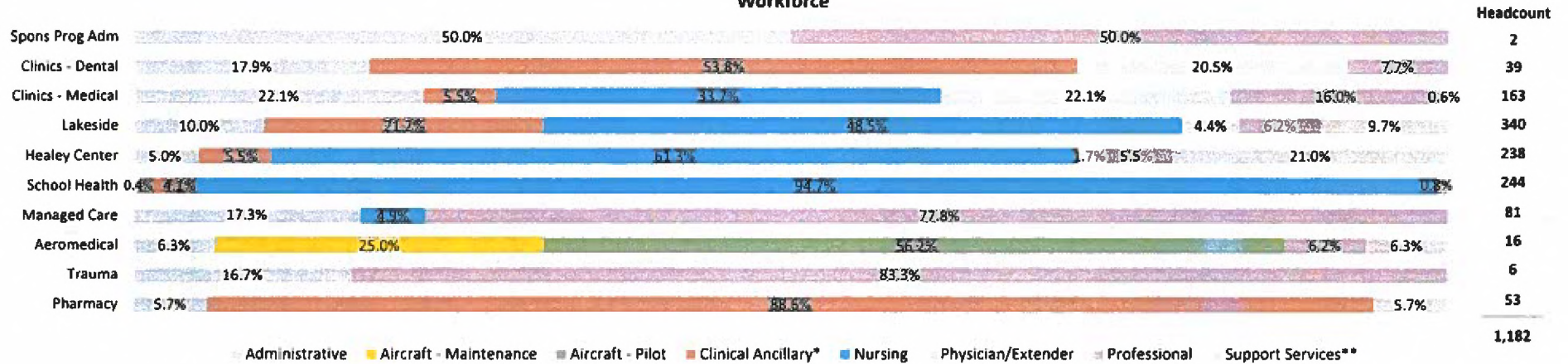


District Support (overhead and shortfall)



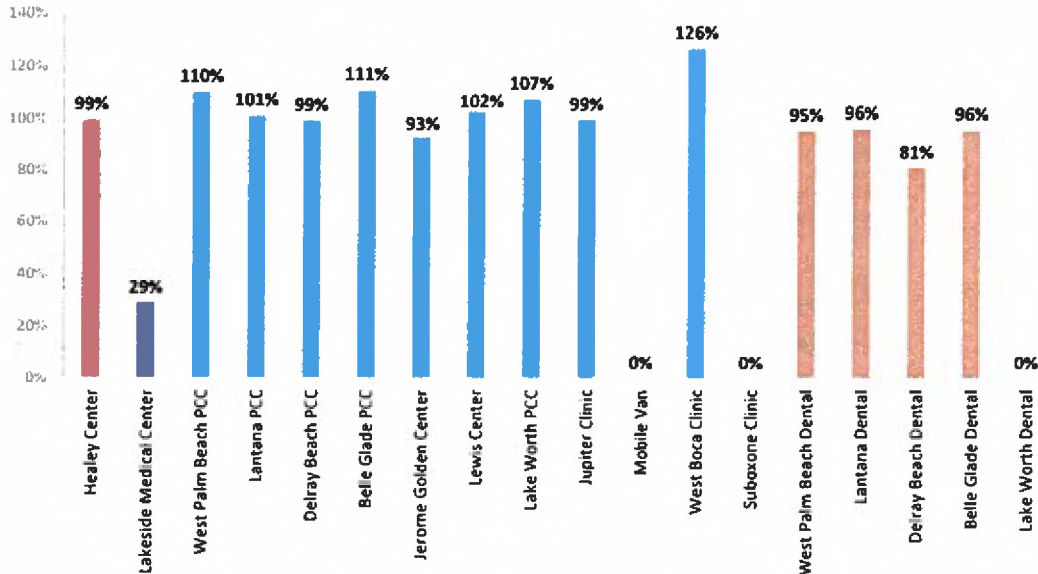
Program Dashboard - YTD June 2018

Workforce



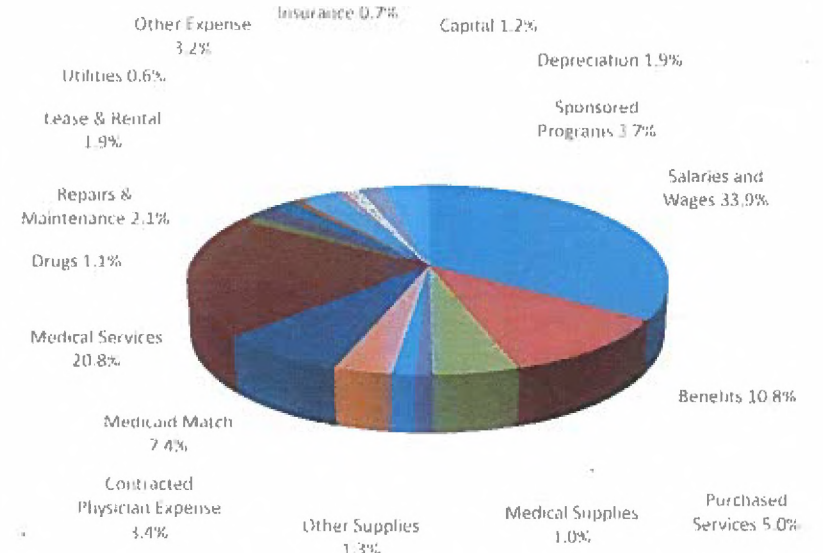
* Clinical Ancillary is comprised of employees in pharmacy, lab, radiology, ultrasound, respiratory, physical therapy, social services, activities, and dental hygienists/assistants
 ** Support Services is comprised of employees in housekeeping, dietary, laundry, purchasing, and warehouse/delivery

Capacity Percentage



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

Functional Expense Breakdown



Revenues & Expenditures - Combined All Funds (Functional)

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
Revenues:							Revenues:						
\$ 11,072,500	\$ 11,072,500	\$ -	0.0%	\$ 11,907,500	\$ (835,000)	(7.0%)	\$ 99,604,272	\$ 99,717,500	\$ (113,228)	(0.1%)	\$ 107,657,995	\$ (8,053,723)	(7.5%)
			0.0%			0.0%				0.0%			0.0%
4,447,059	4,768,259	(321,200)	(6.7%)	4,078,735	368,324	9.0%	40,226,934	41,469,363	(1,242,429)	(3.0%)	40,020,034	206,900	0.5%
1,481,917	1,481,917	-	0.0%	1,481,917	-	0.0%	13,337,250	13,337,250	-	0.0%	13,337,250	-	0.0%
659,956	833,085	(173,129)	(20.8%)	818,080	(158,124)	(19.3%)	6,330,455	7,033,128	(702,673)	(10.0%)	5,316,648	1,013,806	19.1%
154,414	124,175	30,239	24.4%	178,545	(24,130)	(13.5%)	2,237,174	1,117,575	1,119,599	100.2%	1,624,669	612,505	37.7%
33,410	-	33,410	0.0%	(138,016)	171,426	(124.2%)	(1,013,434)	-	(1,013,434)	0.0%	(849,027)	(164,407)	19.4%
17,201	76,748	(59,547)	(77.6%)	297,693	(280,492)	(94.2%)	2,687,641	2,187,690	499,951	22.9%	3,977,725	(1,290,084)	(32.4%)
\$ 17,866,457	\$ 18,356,684	\$ (490,227)	(2.7%)	\$ 18,624,454	\$ (757,997)	(4.1%)	\$ 163,410,291	\$ 164,862,506	\$ (1,452,215)	(0.9%)	\$ 171,085,295	\$ (7,675,003)	(4.5%)
Expenditures:							Expenditures:						
5,807,629	6,194,556	386,927	6.2%	5,755,602	(52,027)	(0.9%)	58,041,876	59,691,136	1,649,260	2.8%	53,550,948	(4,490,929)	(8.4%)
1,989,696	2,059,731	70,035	3.4%	1,950,898	(38,797)	(2.0%)	18,508,663	19,471,840	963,178	4.9%	17,761,503	(747,160)	(4.2%)
1,043,589	924,888	(118,700)	(12.8%)	799,833	(243,755)	(30.5%)	8,580,398	8,361,629	(218,769)	(2.6%)	7,191,386	(1,389,012)	(19.3%)
210,562	210,118	(443)	(0.2%)	212,575	2,013	0.9%	1,682,176	1,751,216	69,040	3.9%	1,130,602	(551,574)	(48.8%)
193,293	321,838	128,546	39.9%	211,592	18,299	8.6%	2,277,949	2,842,153	564,204	19.9%	1,897,206	(380,742)	(20.1%)
602,089	413,544	(188,545)	(45.6%)	316,585	(285,505)	(90.2%)	5,768,381	3,721,896	(2,046,485)	(55.0%)	3,705,831	(2,062,550)	(55.7%)
1,415,952	1,426,572	10,619	0.7%	1,412,756	(3,197)	(0.2%)	12,743,572	12,839,145	95,573	0.7%	12,714,803	(28,769)	(0.2%)
4,179,972	4,216,788	36,816	0.9%	4,017,703	(162,269)	(4.0%)	35,449,558	37,951,095	2,501,537	6.6%	38,961,787	3,512,229	9.0%
188,640	417,959	229,319	54.9%	102,278	(86,367)	(84.4%)	1,927,995	3,704,614	1,776,618	48.0%	3,185,788	1,257,793	39.5%
303,957	556,243	252,285	45.4%	362,622	58,665	16.2%	3,572,502	4,962,575	1,390,073	28.0%	3,638,171	65,669	1.8%
315,948	398,881	82,933	20.8%	329,620	13,673	4.1%	3,223,896	3,577,320	353,424	9.9%	3,094,526	(129,370)	(4.2%)
130,107	125,488	(4,619)	(3.7%)	131,797	1,690	1.3%	1,030,714	1,124,118	93,404	8.3%	1,203,531	172,817	14.4%
401,353	517,121	115,768	22.4%	415,142	13,789	3.3%	5,429,350	7,848,174	2,418,823	30.8%	5,741,566	312,216	5.4%
164,578	184,681	20,103	10.9%	124,846	(39,732)	(31.8%)	1,255,853	1,657,808	401,953	24.2%	1,161,773	(94,082)	(8.1%)
688,418	685,833	(2,585)	(0.4%)	662,682	(25,736)	(3.9%)	6,246,260	6,172,500	(73,761)	(1.2%)	5,644,359	(601,901)	(10.7%)
17,635,782	18,654,241	1,018,459	5.5%	16,806,532	(829,251)	(4.9%)	165,739,145	175,677,219	9,938,073	5.7%	160,583,781	(5,155,364)	(3.2%)
Net Performance before Depreciation & Overhead Allocations							Net Performance before Depreciation & Overhead Allocations						
\$ 230,675	\$ (297,557)	\$ 528,232	(177.5%)	\$ 1,817,923	\$ (1,587,247)	(87.3%)	\$ (2,328,854)	\$ (10,814,712)	\$ 8,485,858	(78.5%)	\$ 10,501,514	\$ (12,830,368)	(122.2%)
366,982	386,950	19,968	5.2%	371,934	4,953	1.3%	3,292,093	3,482,548	190,455	5.5%	3,228,910	(63,183)	(2.0%)
			0.0%			0.0%				0.0%			0.0%
18,002,764	19,041,191	1,038,427	5.5%	17,178,466	(824,298)	(4.8%)	169,031,239	179,159,767	10,128,528	5.7%	163,812,691	(5,218,548)	(3.2%)
Net Margin							Net Margin						
\$ (136,307)	\$ (684,507)	\$ 548,200	(80.1%)	\$ 1,445,988	\$ (1,582,295)	(109.4%)	\$ (5,620,947)	\$ (14,297,261)	\$ 8,676,314	(60.7%)	\$ 7,272,604	\$ (12,893,551)	(177.3%)
75,853	553,256	477,403	86.3%	224,881	149,028	66.3%	2,085,336	7,523,855	5,438,519	72.3%	1,105,807	(979,529)	(88.6%)
\$ (212,160)	\$ (1,237,763)	\$ 1,025,603	(82.9%)	\$ 1,221,107	\$ (1,433,267)	(117.4%)	\$ (7,706,289)	\$ (21,821,116)	\$ 14,114,832	(64.7%)	\$ 6,166,796	\$ (13,873,080)	(225.0%)

Note: Excludes Interfund Transfers

Revenues and Expenses by Fund YTD

FOR THE NINE MONTHS ENDED JUNE 30, 2018

	General Fund	Healey Center	Lakeside Medical	Healthy Palm Beaches	Primary Care Clinics	Medicaid Match	Capital Funds	Total
Revenues:								
Ad Valorem Taxes	\$ 99,604,272	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 99,604,272
Premiums	-	-	-	-	-	-	-	-
Patient Revenue, Net	2,339,758	6,407,907	19,410,497	-	12,068,773	-	-	40,226,934
Intergovernmental Revenue	2,087,250	6,825,000	-	-	-	4,425,000	-	13,337,250
Grants	87,013	-	346,750	-	5,896,691	-	-	6,330,455
Interest Earnings	2,004,912	-	-	-	-	-	-	2,004,912
Unrealized Gain/(Loss) Investments	(1,013,434)	-	-	-	-	-	-	(1,013,434)
Other Revenue	2,026,683	45,560	380,319	33,633	236,606	3,770	193,331	2,919,902
Total Revenues	\$ 107,136,454	\$ 13,278,467	\$ 20,137,566	\$ 33,633	\$ 18,202,070	\$ 4,428,770	\$ 193,331	\$ 163,410,291
Expenditures:								
Salaries and Wages	25,306,186	7,635,247	14,070,140	-	11,030,303	-	-	58,041,876
Benefits	8,832,445	2,898,698	3,795,090	-	2,982,430	-	-	18,508,663
Purchased Services	4,992,624	608,344	2,381,118	27,949	570,363	-	-	8,580,398
Medical Supplies	28,605	409,929	878,512	-	365,130	-	-	1,682,176
Other Supplies	804,095	722,582	626,228	-	125,044	-	-	2,277,949
Contracted Physician Expense	236,498	12,726	5,503,802	-	15,355	-	-	5,768,381
Medicaid Match	-	-	-	-	-	12,743,572	-	12,743,572
Medical Services	35,449,633	-	-	(75)	-	-	-	35,449,558
Drugs	673,968	267,005	577,843	-	409,180	-	-	1,927,995
Repairs & Maintenance	1,966,069	248,173	980,074	-	378,186	-	-	3,572,502
Lease & Rental	1,715,588	10,565	428,550	-	1,069,193	-	-	3,223,896
Utilities	68,008	301,741	604,667	-	56,298	-	-	1,030,714
Other Expense	4,941,199	120,880	196,511	(33,332)	204,092	-	-	5,429,350
Insurance	1,092,728	37,797	103,394	6,998	14,938	-	-	1,255,855
Sponsored Programs	6,246,260	-	-	-	-	-	-	6,246,260
Total Operational Expenditures	92,353,907	13,273,686	30,145,928	1,540	17,220,512	12,743,572	-	165,739,145
Net Performance before Depreciation & Overhead Allocations	\$ 14,782,547	\$ 4,781	\$ (10,008,363)	\$ 32,093	\$ 981,558	\$ (8,314,801)	\$ 193,331	\$ (2,328,854)
Budget	\$ 5,624,798	\$ 198,693	\$ (6,479,987)	\$ (31,275)	\$ (1,949,136)	\$ (8,412,570)	\$ 51,000	\$ (10,998,477)
Prior Year: Net Performance before Depreciation & Overhead Allocations	\$ 22,389,391	\$ 697,011	\$ (4,234,078)	\$ (4,559)	\$ (160,504)	\$ (8,288,970)	\$ 133,226	\$ 10,531,518

Combined Governmental Funds Statement of Net Position

AS OF JUNE 30, 2018

	General Fund June 2018	General Fund May 2018	Medicaid Match June 2018	Medicaid Match May 2018	Capital Projects June 2018	Capital Projects May 2018	Governmental Funds June 2018	Governmental Funds May 2018
Assets								
Cash and Cash Equivalents	\$ 19,950,416	\$ 8,502,083	\$ 609,042	\$ 609,042	\$ 23,676,282	\$ 23,732,099	\$ 44,235,741	\$ 32,843,224
Restricted Cash	-	-	-	-	-	-	-	-
Investments	150,041,504	173,542,719	-	-	-	-	150,041,504	173,542,719
Notes Receivable	-	-	-	-	-	-	-	-
Accounts Receivable, net	1,924,210	1,764,471	-	-	-	-	1,924,210	1,764,471
Due From Other Funds	263	18,453	-	-	-	-	263	18,453
Due From Other Governments	1,359,073	1,339,688	-	-	-	-	1,359,073	1,339,688
Inventory	230,831	230,831	-	-	-	-	230,831	230,831
Other Current Assets	2,236,720	1,869,944	-	-	-	-	2,236,720	1,869,944
Total Assets	\$ 175,743,017	\$ 187,268,190	\$ 609,042	\$ 609,042	\$ 23,676,282	\$ 23,732,099	\$ 200,028,341	\$ 211,609,331
Liabilities								
Accounts Payable	4,208,025	3,883,360	-	-	-	-	4,208,025	3,883,360
Medical Benefits Payable	3,359,411	3,753,349	-	-	-	-	3,359,411	3,753,349
Due To Other Funds	1,027	1,027	-	-	-	-	1,027	1,027
Due To Other Governments	-	(11,901)	-	-	-	-	-	(11,901)
Deferred Revenue	31,038,594	41,519,193	-	-	-	-	31,038,594	41,519,193
Other Current Liabilities	4,323,841	5,722,836	-	-	-	-	4,323,841	5,722,836
Noncurrent Liabilities	456,439	456,439	-	-	-	-	456,439	456,439
Total Liabilities	43,387,338	55,324,303	-	-	-	-	43,387,338	55,324,303
Fund Balances								
Nonspendable	2,467,551	2,100,776	-	-	-	-	2,467,551	2,100,776
Assigned to Subsequent Year's Budget	37,000,000	37,000,000	-	-	-	-	37,000,000	37,000,000
Assigned to Capital Projects	-	-	-	-	25,568,287	24,206,372	25,568,287	24,206,372
Assigned to Medicaid Match	-	-	609,042	609,042	-	-	609,042	609,042
Unassigned	96,042,734	86,740,126	-	-	-	-	96,042,734	86,740,126
Beginning Fund Balance	135,376,377	125,840,903	609,042	609,042	25,568,287	24,206,372	161,553,705	150,656,317
Revenue Over/(Under) Expenditures	(3,154,606)	6,102,984	-	-	(1,892,005)	(474,273)	(5,046,610)	5,628,711
Ending Fund Balance	132,355,680	131,943,887	609,042	609,042	23,676,282	23,732,099	156,507,095	156,285,027
Total Liabilities and Fund Balances	\$ 175,743,017	\$ 187,268,190	\$ 609,042	\$ 609,042	\$ 23,676,282	\$ 23,732,099	\$ 200,028,341	\$ 211,609,331

^ Excludes Interfund Transfers

Combined Business-Type Funds Statement of Net Position

AS OF JUNE 30, 2018

	Healey Center June 2018	Healey Center May 2018	Healthy Palm Beaches June 2018	Healthy Palm Beaches May 2018	Lakeside Medical Center June 2018	Lakeside Medical Center May 2018	Primary Care Clinics June 2018	Primary Care Clinics May 2018	Business-Type Funds June 2018	Business- Type Funds May 2018
Assets										
Cash and Cash Equivalents	\$ 2,447,929	\$ 2,931,030	\$ 1,411,391	\$ 1,427,968	\$ 7,930,722	\$ 8,078,002	\$ (1,324,404)	\$ 280,955	\$ 10,465,638	\$ 12,717,956
Restricted Cash	8,855	8,855	1,500,000	1,500,000	-	-	-	-	1,508,855	1,508,855
Accounts Receivable, net	814,072	814,707	-	-	1,942,796	2,184,139	1,210,309	1,056,308	3,967,177	4,055,154
Due From Other Funds	-	-	1,027	1,027	-	-	-	-	1,027	1,027
Due From Other Governments	-	-	-	-	94,149	369,564	3,791,208	2,997,474	3,885,357	3,367,038
Inventory	-	-	-	-	694,821	747,396	-	-	694,821	747,396
Other Current Assets	78,564	54,116	41,966	42,045	409,198	342,025	273,033	306,386	802,760	744,572
Net Investment in Capital Assets	17,882,974	17,939,672	-	-	39,609,311	39,906,740	477,520	494,242	57,969,806	58,340,654
Total Assets	\$ 21,232,394	\$ 21,748,379	\$ 2,954,385	\$ 2,971,040	\$ 50,680,996	\$ 51,627,867	\$ 4,427,666	\$ 5,135,365	\$ 79,295,440	\$ 81,482,651
Deferred Outflows of Resources										
Deferred Outflows Related to Pensions	\$ 114,863	\$ 114,863	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 114,863	\$ 114,863
Liabilities										
Accounts Payable	214,460	231,855	-	500	1,633,125	1,592,754	186,662	155,404	2,034,247	1,980,513
Medical Benefits Payable	-	-	10,000	10,000	-	-	-	-	10,000	10,000
Due to Other Funds	-	-	263	18,453	-	-	-	-	263	18,453
Due to Other Governments	28,821	28,129	-	-	2,317,805	2,317,805	-	(72,123)	2,346,627	2,273,811
Deferred Revenue	-	-	-	-	9,825	9,825	22,123	27,632	31,948	37,457
Other Current Liabilities	352,901	757,712	3,471	3,471	1,208,680	1,928,488	616,604	1,213,910	2,181,656	3,903,581
Noncurrent Liabilities	1,160,694	1,160,694	-	-	1,917,955	1,917,955	729,254	729,254	3,807,904	3,807,904
Total Liabilities	\$ 1,756,877	\$ 2,178,391	\$ 13,734	\$ 32,424	\$ 7,087,389	\$ 7,766,828	\$ 1,554,644	\$ 2,054,077	\$ 10,412,644	\$ 12,031,719
Deferred Inflows of Resources										
Deferred Inflows Related to Pensions	\$ 113,432	\$ 113,432	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 113,432	\$ 113,432
Net Position										
Net Investment in Capital Assets	17,882,974	17,939,672	-	-	39,609,311	39,906,740	477,520	494,242	57,969,806	58,340,654
Restricted	8,855	8,855	1,500,000	1,500,000	-	-	-	-	1,508,855	1,508,855
Unrestricted	1,585,119	1,622,893	1,440,651	1,438,616	3,984,295	3,954,299	2,395,501	2,587,046	9,405,567	9,602,854
Total Net Position	19,476,948	19,571,419	2,940,651	2,938,616	43,593,606	43,861,039	2,873,022	3,081,288	68,884,227	69,452,363
Total Net Position	\$ 21,347,257	\$ 21,863,242	\$ 2,954,385	\$ 2,971,040	\$ 50,680,996	\$ 51,627,867	\$ 4,427,666	\$ 5,135,365	\$ 79,410,303	\$ 81,597,514

SUPPLEMENTAL INFORMATION

GENERAL FUND

General Fund Revenue & Expenditures

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 11,072,500	\$ 11,072,500	\$ -	0.0%	\$ 11,907,500	\$ (835,000)	(7.0%)	\$ 99,604,272	\$ 99,717,500	\$ (113,228)	(0.1%)	\$ 107,657,995	\$ (8,053,723)	(7.5%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
311,502	240,053	71,449	29.8%	152,566	158,936	104.2%	2,339,758	2,188,929	150,828	6.9%	1,910,172	429,586	22.5%
231,917	231,917	-	0.0%	231,917	-	0.0%	2,087,250	2,087,250	-	0.0%	2,087,250	-	0.0%
11,147	8,258	2,889	35.0%	8,261	2,887	34.9%	87,013	74,325	12,688	17.1%	82,675	4,339	5.2%
127,237	115,358	11,878	10.3%	168,481	(41,245)	(24.5%)	2,004,912	1,038,225	966,687	93.1%	1,461,564	543,348	37.2%
33,410	-	33,410	0.0%	(138,016)	171,426	(124.2%)	(1,013,434)	-	(1,013,434)	0.0%	(849,027)	(164,407)	19.4%
8,291	57,267	(48,975)	(85.5%)	105,962	(97,670)	(92.2%)	2,026,683	2,012,355	14,328	0.7%	3,003,001	(976,319)	(32.5%)
\$ 11,796,004	\$ 11,725,353	\$ 70,651	0.6%	\$ 12,436,671	\$ (640,667)	(5.2%)	\$ 107,136,454	\$ 107,118,584	\$ 17,870	0.0%	\$ 115,353,630	\$ (8,217,176)	(7.1%)
Expenditures:													
2,289,243	2,512,239	222,996	8.9%	2,336,943	47,699.78	2.0%	25,306,186	26,470,978	1,164,791	4.4%	23,703,166	(1,603,020)	(6.8%)
876,139	934,630	58,491	6.3%	891,112	14,973.28	1.7%	8,832,445	9,433,175	600,729	6.4%	8,590,332	(242,113)	(2.8%)
615,462	539,012	(76,450)	(14.2%)	394,723	(220,738.78)	(55.9%)	4,992,624	4,908,868	(83,756)	(1.7%)	3,831,921	(1,160,703)	(30.3%)
1,528	15,273	13,745	90.0%	8,681	7,152.62	82.4%	28,605	74,723	46,118	61.7%	35,962	7,356	20.5%
34,980	126,302	91,322	72.3%	8,660	(26,319.68)	(303.9%)	804,095	1,125,778	321,683	28.6%	413,898	(390,197)	(94.3%)
29,167	29,167	0	0.0%	29,167	-	0.0%	236,498	262,500	26,002	9.9%	260,196	23,698	9.1%
4,179,972	4,216,788	36,816	0.9%	4,017,703	(162,269.12)	(4.0%)	35,449,633	37,951,095	2,501,462	6.6%	38,959,577	3,509,944	9.0%
92,554	244,165	151,611	62.1%	(60,948)	(153,501.96)	(251.9%)	673,968	2,197,485	1,523,517	69.3%	1,848,978	1,175,009	63.5%
190,335	282,274	91,939	32.6%	139,015	(51,319.75)	(36.9%)	1,966,069	2,537,067	570,998	22.5%	2,077,916	111,847	5.4%
160,482	214,365	53,883	25.1%	175,469	14,987.32	8.5%	1,715,588	1,929,287	213,699	11.1%	1,595,122	(120,466)	(7.6%)
10,291	6,471	(3,820)	(59.0%)	7,235	(3,055.68)	(42.2%)	68,008	58,237	(9,770)	(16.8%)	53,353	(14,654)	(27.5%)
291,038	442,425	151,387	34.2%	281,346	(9,692.31)	(3.4%)	4,941,199	6,900,736	1,959,537	28.4%	4,973,282	32,083	0.6%
143,263	163,484	20,221	12.4%	104,672	(38,590.60)	(36.9%)	1,092,728	1,471,357	378,629	25.7%	976,177	(116,551)	(11.9%)
688,418	685,833	(2,585)	(0.4%)	662,682	(25,735.67)	(3.9%)	6,246,260	6,172,500	(73,761)	(1.2%)	5,644,359	(601,901)	(10.7%)
9,602,871	10,412,429	809,557	7.8%	8,996,461	(606,411)	(6.7%)	92,353,907	101,493,786	9,139,879	9.0%	92,964,239	610,332	0.7%
Net Performance before Overhead													
2,193,133	1,312,925	880,208	67.0%	3,440,210	(1,247,077)	(36.3%)	14,782,547	5,624,798	9,157,749	162.8%	22,389,391	(7,606,844)	(34.0%)
(725,564)	(969,161)	243,597	(25.1%)	(579,000)	146,564	(25.3%)	(7,208,138)	(8,722,446)	1,514,308	(17.4%)	(5,594,833)	1,613,305	(28.8%)
8,877,307	9,443,268	565,961	6.0%	8,417,461	(459,846)	(5.5%)	85,145,769	92,771,341	7,625,571	8.2%	87,369,406	2,223,637	2.5%
\$ 2,918,697	\$ 2,282,085	\$ 636,611	27.9%	\$ 4,019,210	\$ (1,100,513)	(27.4%)	\$ 21,990,685	\$ 14,347,244	\$ 7,643,441	53.3%	\$ 27,984,224	\$ (5,993,539)	(21.4%)
-	-	-	0.0%	32,500	32,500	100.0%	-	-	-	0.0%	38,966	38,966	100.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ (2,506,904)	\$ (3,432,647)	\$ 925,742	(27.0%)	\$ (921,038)	\$ (1,585,866)	172.2%	\$ (25,145,290)	\$ (30,893,820)	\$ 5,748,530	(18.6%)	\$ (10,288,970)	\$ (14,856,321)	144.4%

Trauma Statement of Revenues and Expenditures

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ -	\$ 20,833	\$ (20,833)	(100.0%)	\$ -	\$ -	0.0%	Other Revenue	\$ 301,908	\$ 187,500	\$ 114,408	61.0%	\$ -	\$ 301,908	0.0%
-	20,833	(20,833)	(100.0%)	-	-	0.0%	Total Revenue	301,908	187,500	114,408	61.0%	-	301,908	0.0%
<i>Direct Operational Expenses:</i>														
44,528	41,151	(3,378)	(8.2%)	39,357	(5,171)	(13.1%)	Salaries and Wages	365,801	382,113	16,311	4.3%	418,249	52,448	12.5%
13,065	12,006	(1,059)	(8.8%)	13,334	270	2.0%	Benefits	117,324	110,022	(7,302)	(6.6%)	116,831	(493)	(0.4%)
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%
1,346,608	1,402,500	55,892	4.0%	1,488,812	142,203	9.6%	Medical Services	11,971,964	12,622,500	650,536	5.2%	14,313,891	2,341,928	16.4%
46	63	16	26.3%	-	(46)	0.0%	Other Supplies	251	563	312	55.4%	207	(43)	(21.0%)
29,167	29,167	0	0.0%	29,167	-	0.0%	Contracted Physician Expense	236,498	262,500	26,002	9.9%	260,196	23,698	9.1%
792	792	-	0.0%	708	(83)	(11.8%)	Repairs & Maintenance	6,542	7,125	583	8.2%	6,375	(167)	(2.6%)
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%
631	1,893	1,262	66.7%	572	(59)	(10.3%)	Other Expense	4,573	17,040	12,467	73.2%	62	(4,511)	#####
80,810	100,925	20,115	19.9%	81,884	1,074	1.3%	Insurance	798,579	908,325	109,746	12.1%	704,234	(94,345)	(13.4%)
1,515,647	1,588,495	72,848	4.6%	1,653,834	138,187	8.4%	Total Operational Expenses	13,501,531	14,310,187	808,656	5.7%	15,820,046	2,318,515	14.7%
Net Performance before Overhead														
(1,515,647)	(1,567,662)	52,015	(3.3%)	(1,653,834)	138,187	(8.4%)	Allocations	(13,199,624)	(14,122,687)	923,063	(7.0%)	(15,820,046)	2,620,422	(16.5%)
<i>Overhead Allocations:</i>														
360	339	(21)	(6.0%)	229	(131)	(57.1%)	Risk Mgt	2,492	3,055	564	18.4%	2,123	(368)	(17.4%)
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%
147	144	(3)	(2.1%)	314	167	53.3%	Internal Audit	672	1,292	620	48.0%	2,014	1,342	66.6%
7,717	12,606	4,890	38.8%	3,782	(3,935)	(104.0%)	Palm Springs Facility	86,906	113,457	26,551	23.4%	33,858	(53,048)	(156.7%)
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%
608	699	92	13.1%	801	193	24.1%	Administration	6,088	6,292	204	3.2%	7,501	1,413	18.8%
699	763	64	8.3%	780	81	10.3%	Human Resources	6,208	6,863	655	9.5%	7,288	1,080	14.8%
350	354	4	1.2%	166	(184)	(110.5%)	Legal	2,607	3,190	583	18.3%	3,240	633	19.5%
163	164	1	0.6%	63	(100)	(158.7%)	Records	1,657	1,480	(177)	(12.0%)	1,211	(446)	(36.8%)
152	228	77	33.6%	196	45	22.8%	Compliance	1,486	2,056	570	27.7%	1,564	79	5.0%
30	40	10	25.3%	-	(30)	0.0%	Planning/Research	305	362	57	15.7%	-	(305)	0.0%
676	767	91	11.9%	383	(293)	(76.5%)	Finance	6,918	6,903	(15)	(0.2%)	7,934	1,016	12.8%
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%
207	514	307	59.7%	236	29	12.4%	Public Relations	1,799	4,625	2,827	61.1%	2,468	670	27.1%
1,799	2,494	695	27.9%	2,721	921	33.9%	Information Technology	19,818	22,448	2,630	11.7%	23,597	3,779	16.0%
-	96	96	100.0%	179	179	100.0%	Budget & Decision Support	262	864	603	69.7%	1,345	1,084	80.5%
101	81	(20)	(24.9%)	-	(101)	0.0%	Corporate Quality	856	728	(128)	(17.5%)	-	(856)	0.0%
13,008	19,291	6,282	32.6%	9,851	(3,158)	(32.1%)	Total Overhead Allocations	138,072	173,615	35,543	20.5%	94,143	(43,929)	(46.7%)
1,528,655	1,607,786	79,131	4.9%	1,663,685	135,030	8.1%	Total Expenses	13,639,603	14,483,802	844,199	5.8%	15,914,189	2,274,586	14.3%
\$ (1,528,655)	\$ (1,586,953)	\$ 58,298	(3.7%)	\$ (1,663,685)	\$ 135,030	(8.1%)	Net Margin	\$ (13,337,696)	\$ (14,296,302)	\$ 958,607	(6.7%)	\$ (15,914,189)	\$ 2,576,493	(16.2%)

Aeromedical Statement of Revenues and Expenditures

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 972,284	\$ 1,032,650	\$ (60,366)	(5.8%)	\$ 883,062	\$ 89,222	10.1%	Gross Patient Revenue	\$ 10,018,040	\$ 9,896,734	\$ 121,305	1.2%	9,462,688	\$ 555,351	5.9%	
722,373	495,502	(226,871)	(45.8%)	373,054	(349,320)	(93.6%)	Contractual Allowances	5,404,025	4,745,194	(658,831)	(13.9%)	4,360,362	(1,043,663)	(23.9%)	
-	210,548	210,548	100.0%	339,741	339,741	100.0%	Charity Care	1,575,648	2,017,851	442,203	21.9%	2,677,922	1,102,274	41.2%	
(61,592)	104,061	165,653	159.2%	17,702	79,294	447.9%	Bad Debt	698,609	997,303	298,694	30.0%	514,233	(184,376)	(35.9%)	
660,781	810,111	149,330	18.4%	730,496	69,714	9.5%	Total Contractuals and Bad Debt	7,678,282	7,760,348	82,066	1.1%	7,552,517	(125,765)	-1.7%	
311,502	222,539	88,963	40.0%	152,566	158,936	104.2%	Net Patient Revenue	2,339,758	2,136,386	203,371	9.5%	1,910,172	429,586	22.5%	
32.04%	21.55%			17.28%			Collection %	23.36%	21.59%			20.19%			
-	-	-	0.0%	106	(106)	(100.0%)	Other revenue	-	-	-	0.0%	596	(596)	(100.0%)	
311,502	222,539	88,963	40.0%	152,673	158,829	104.0%	Total Revenues	2,339,758	2,136,386	203,371	9.5%	1,910,768	428,990	22.5%	
Direct Operational Expenses:															
158,562	161,756	3,195	2.0%	155,263	(3,299)	(2.1%)	Salaries and Wages	1,405,426	1,506,060	100,634	6.7%	1,335,539	(69,887)	(5.2%)	
58,158	52,482	(5,676)	(10.8%)	54,877	(3,281)	(6.0%)	Benefits	487,600	481,752	(5,848)	(1.2%)	453,887	(33,713)	(7.4%)	
342,744	211,602	(131,142)	(62.0%)	272,070	(70,674)	(26.0%)	Purchased Services	2,165,515	1,962,180	(203,335)	(10.4%)	1,887,530	(277,985)	(14.7%)	
1,528	831	(698)	(84.0%)	3,673	2,144	58.4%	Medical Supplies	13,891	7,974	(5,917)	(74.2%)	12,815	(1,076)	(18.4%)	
11,454	13,857	2,403	17.3%	7,821	(3,632)	(46.4%)	Other Supplies	91,788	132,823	41,035	30.9%	86,911	(4,877)	(5.6%)	
77,063	67,287	(9,776)	(14.5%)	27,898	(49,165)	(176.2%)	Repairs & Maintenance	629,488	605,584	(23,905)	(3.9%)	651,388	21,899	3.4%	
4,652	4,938	285	5.8%	5,548	896	16.1%	Utilities	40,486	44,438	3,951	8.9%	42,519	2,033	4.8%	
5,090	5,100	10	0.2%	5,090	-	0.0%	Lease & Rental	45,811	45,900	89	0.2%	45,811	-	0.0%	
18,679	23,914	5,235	21.9%	19,107	428	2.2%	Other Expense	175,299	215,224	39,925	18.6%	185,394	10,095	5.4%	
7,221	10,911	3,689	33.8%	9,729	2,507	25.8%	Insurance	57,218	98,199	40,981	41.7%	88,786	31,568	35.6%	
685,151	552,677	(132,474)	(24.0%)	561,077	(124,075)	(22.1%)	Total Operational Expenses	5,112,523	5,100,133	(12,391)	(0.2%)	4,790,581	(321,943)	(6.7%)	
Net Performance before Overhead															
(373,649)	(330,138)	(43,511)	13.2%	(408,404)	34,755	(8.5%)	Allocations	(2,772,766)	(2,963,747)	190,981	(6.4%)	(2,879,813)	107,047	(3.7%)	
Overhead Allocations:															
3,545	3,345	(200)	(6.0%)	1,790	(1,755)	(98.0%)	Risk Mgt	24,539	30,105	5,566	18.5%	16,581	(7,959)	(48.0%)	
7,227	10,928	3,701	33.9%	9,254	2,027	21.9%	Rev Cycle	76,095	98,353	22,258	22.6%	75,708	(387)	(0.5%)	
1,444	1,414	(29)	(2.1%)	2,452	1,008	41.1%	Internal Audit	6,623	12,730	6,107	48.0%	15,728	9,104	57.9%	
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	
5,987	6,889	902	13.1%	6,254	267	4.3%	Administration	59,992	62,003	2,011	3.2%	58,581	(1,410)	(2.4%)	
2,108	2,300	192	8.3%	2,005	(104)	(5.2%)	Human Resources	18,727	20,703	1,976	9.5%	18,740	14	0.1%	
3,450	3,492	42	1.2%	1,299	(2,151)	(165.6%)	Legal	25,685	31,429	5,744	18.3%	25,300	(385)	(1.5%)	
1,611	1,620	10	0.6%	493	(1,117)	(226.4%)	Records	16,329	14,584	(1,744)	(12.0%)	9,456	(6,872)	(72.7%)	
1,494	2,251	758	33.7%	1,534	40	2.6%	Compliance	14,641	20,263	5,621	27.7%	12,218	(2,424)	(19.8%)	
296	396	100	25.3%	-	(296)	0.0%	Planning/Research	3,007	3,567	560	15.7%	-	(3,007)	0.0%	
6,660	7,558	898	11.9%	2,991	(3,669)	(122.7%)	Finance	68,173	68,025	(148)	(0.2%)	61,962	(6,211)	(10.0%)	
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	
2,040	5,064	3,024	59.7%	1,845	(195)	(10.6%)	Public Relations	17,724	45,578	27,855	61.1%	19,275	1,552	8.1%	
17,730	24,578	6,848	27.9%	21,247	3,517	16.6%	Information Technology	195,285	221,200	25,915	11.7%	184,281	(11,003)	(6.0%)	
-	946	946	100.0%	1,399	1,399	100.0%	Budget & Decision Support	2,578	8,516	5,937	69.7%	10,506	7,928	75.5%	
996	797	(199)	(24.9%)	-	(996)	0.0%	Corporate Quality	8,435	7,175	(1,259)	(17.6%)	-	(8,435)	0.0%	
54,588	71,581	16,993	23.7%	52,562	(2,026)	(3.9%)	Total Overhead Allocations	537,832	644,231	106,399	16.5%	508,338	(29,495)	(5.8%)	
739,739	624,258	(115,481)	(18.5%)	613,639	(126,100)	(20.5%)	Total Expenses	5,650,356	5,744,364	94,009	1.6%	5,298,918	(351,437)	(6.6%)	
\$ (428,237)	\$ (401,719)	\$ (26,518)	6.6%	\$ (460,966)	\$ 32,729	(7.1%)	Net Margin	\$ (3,310,598)	\$ (3,607,978)	\$ 297,380	(8.2%)	\$ (3,388,150)	\$ 77,552	(2.3%)	

Managed Care Statement of Revenues and Expenditures

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	Patient Revenue	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
-	-	-	0.0%	-	-	0.0%	Total Revenue	-	-	-	0.0%	-	-	0.0%
<i>Direct Operational Expenses:</i>														
378,411	368,179	(10,232)	(2.8%)	355,954	(22,457)	(6.3%)	Salaries and Wages	3,408,680	3,418,809	10,129	0.3%	3,472,608	63,928	1.8%
133,855	142,789	8,934	6.3%	139,850	5,995	4.3%	Benefits	1,225,208	1,303,693	78,486	6.0%	1,251,755	26,547	2.1%
16,231	23,305	7,074	30.4%	22,039	5,809	26.4%	Purchased Services	339,777	209,743	(130,034)	(62.0%)	157,622	(182,154)	(115.6%)
2,833,364	2,814,288	(19,075)	(0.7%)	2,528,891	(304,473)	(12.0%)	Medical Services	23,477,669	25,328,595	1,850,926	7.3%	24,645,686	1,168,017	4.7%
1,050	2,875	1,825	63.5%	2,229	1,178	52.9%	Other Supplies	18,217	25,875	7,658	29.6%	48,057	29,840	62.1%
-	-	-	0.0%	-	-	0.0%	Drugs	-	-	-	0.0%	-	-	0.0%
24,307	24,127	(180)	(0.7%)	33,476	(10,831)	(30.4%)	Repairs & Maintenance	212,269	217,140	4,871	2.2%	153,980	(58,289)	(37.9%)
14,813	15,841	1,028	6.5%	14,813	-	0.0%	Lease & Rental	133,317	142,572	9,255	6.5%	133,317	-	0.0%
551	783	232	29.6%	950	398	42.0%	Utilities	4,226	7,050	2,824	40.1%	5,121	895	17.5%
17,727	37,106	19,379	52.2%	16,424	(1,303)	(7.9%)	Other Expense	61,363	333,957	272,593	81.6%	(36,152)	(97,515)	269.7%
-	-	-	0.0%	-	-	0.0%	Insurance	-	-	-	0.0%	-	-	0.0%
3,420,309	3,429,294	8,985	0.3%	3,094,625	(325,684)	(10.5%)	Total Operational Expenses	28,880,725	30,987,434	2,106,709	6.8%	29,831,994	951,269	3.2%
Net Performance before Overhead														
(3,420,309)	(3,429,294)	8,985	(0.3%)	(3,094,625)	(325,684)	10.5%	Allocations	(28,880,725)	(30,987,434)	2,106,709	(6.8%)	(29,831,994)	951,269	(3.2%)
<i>Overhead Allocations:</i>														
3,941	3,717	(225)	(6.0%)	4,710	768	16.3%	Risk Mgt	27,278	33,449	6,171	18.4%	43,625	16,347	37.5%
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%
1,604	1,572	(33)	(2.1%)	6,452	4,848	75.1%	Internal Audit	7,359	14,144	6,785	48.0%	41,380	34,021	82.2%
62,412	101,958	39,547	38.8%	53,289	(9,123)	(17.1%)	Palm Springs Facility	702,884	917,625	214,741	23.4%	477,028	(225,856)	(47.3%)
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%
6,652	7,654	1,002	13.1%	16,454	9,802	59.6%	Administration	66,654	68,889	2,235	3.2%	154,131	87,477	56.8%
10,367	11,311	944	8.3%	16,148	5,780	35.8%	Human Resources	92,081	101,799	9,718	9.5%	150,963	58,882	39.0%
3,834	3,880	46	1.2%	3,418	(416)	(12.2%)	Legal	28,540	34,920	6,380	18.3%	66,567	38,027	57.1%
1,789	1,800	11	0.6%	1,298	(491)	(37.8%)	Records	18,142	16,204	(1,938)	(12.0%)	24,880	6,738	27.1%
1,660	2,501	842	33.7%	4,036	2,376	58.9%	Compliance	16,267	22,513	6,246	27.7%	32,145	15,878	49.4%
329	440	111	25.3%	-	(329)	0.0%	Planning/Research	3,341	3,963	622	15.7%	-	(3,341)	0.0%
7,400	8,398	998	11.9%	7,869	470	6.0%	Finance	75,744	75,580	(164)	(0.2%)	163,026	87,282	53.5%
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%
2,267	5,627	3,360	59.7%	4,856	2,588	53.3%	Public Relations	19,692	50,640	30,948	61.1%	50,715	31,023	61.2%
19,699	27,307	7,608	27.9%	55,901	36,202	64.8%	Information Technology	216,973	245,766	28,793	11.7%	484,855	267,883	55.3%
-	1,051	1,051	100.0%	3,681	3,681	100.0%	Budget & Decision Support	2,865	9,461	6,597	69.7%	27,642	24,777	89.6%
1,106	886	(221)	(24.9%)	-	(1,106)	0.0%	Corporate Quality	9,371	7,972	(1,399)	(17.6%)	-	(9,371)	0.0%
123,060	178,103	55,042	30.9%	178,111	55,050	30.9%	Total Overhead Allocations	1,287,191	1,602,924	315,734	19.7%	1,716,959	429,768	25.0%
3,543,369	3,607,397	64,028	1.8%	3,272,736	(270,634)	(8.3%)	Total Expenses	30,167,915	32,590,359	2,422,443	7.4%	31,548,952	1,381,037	4.4%
\$ (3,543,369)	\$ (3,607,397)	\$ 64,028	(1.8%)	\$ (3,272,736)	\$ (270,634)	8.3%	Net Margin	\$ (30,167,915)	\$ (32,590,359)	\$ 2,422,443	(7.4%)	\$ (31,548,952)	\$ 1,381,037	(4.4%)

Pharmacy Statement of Revenues and Expenditures

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ -	17,514	\$ (17,514)	(100.0%)	-	\$ -	0.0%	\$ -	52,543	\$ (52,543)	(100.0%)	\$ -	\$ -	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
11,147	8,258	2,889	35.0%	8,261	2,887	34.9%	87,013	74,325	12,688	17.1%	82,675	4,339	5.2%
11,147	25,773	(14,625)	(56.7%)	8,261	2,887	34.9%	87,013	126,868	(39,855)	(31.4%)	82,675	4,339	5.2%
<i>Direct Operational Expenses:</i>													
277,657	299,190	21,533	7.2%	250,742	(26,915)	(10.7%)	2,691,217	2,778,124	86,907	3.1%	2,178,265	(512,952)	(23.5%)
95,063	89,611	(5,452)	(6.1%)	86,197	(8,866)	(10.3%)	807,502	818,422	10,920	1.3%	715,625	(91,877)	(12.8%)
10,578	16,357	5,780	35.3%	9,935	(643)	(6.5%)	99,565	147,216	47,651	32.4%	69,209	(30,355)	(43.9%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
9,255	11,417	2,162	18.9%	20,677	11,422	55.2%	95,829	102,750	6,921	6.7%	71,714	(24,115)	(33.6%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
92,554	244,165	151,611	62.1%	(60,948)	(153,502)	251.9%	673,968	2,197,485	1,523,517	69.3%	1,848,978	1,175,009	63.5%
21,950	39,492	17,542	44.4%	10,289	(11,661)	(113.3%)	253,483	355,429	101,946	28.7%	215,429	(38,055)	(17.7%)
12,523	15,549	3,026	19.5%	12,375	(148)	(1.2%)	112,221	139,943	27,721	19.8%	109,961	(2,260)	(2.1%)
738	750	12	1.6%	737	(0)	(0.1%)	6,146	6,750	604	8.9%	5,713	(433)	(7.6%)
2,164	3,433	1,270	37.0%	3,587	1,423	39.7%	12,798	30,900	18,102	58.6%	21,792	8,994	41.3%
1,761	1,304	(457)	(35.1%)	1,374	(386)	(28.1%)	13,270	11,735	(1,535)	(13.1%)	11,332	(1,938)	(17.1%)
524,242	721,268	197,026	27.3%	334,965	(189,277)	(56.5%)	4,765,999	6,588,754	1,822,755	27.7%	5,248,018	482,020	9.2%
<i>Net Performance before Overhead</i>													
(513,095)	(695,496)	182,401	(26.2%)	(326,704)	(186,390)	57.1%	(4,678,985)	(6,461,886)	1,782,901	(27.6%)	(5,161,005)	486,358	(9.4%)
<i>Overhead Allocations:</i>													
4,529	4,271	(258)	(6.0%)	-	(4,529)	0.0%	31,345	38,436	7,091	18.4%	-	(31,345)	0.0%
274	414	140	33.9%	-	(274)	0.0%	2,884	3,727	844	22.6%	-	(2,884)	0.0%
1,843	1,806	(37)	(2.1%)	-	(1,843)	0.0%	8,456	16,252	7,797	48.0%	-	(8,456)	0.0%
7,644	8,796	1,152	13.1%	-	(7,644)	0.0%	76,592	79,160	2,568	3.2%	-	(76,592)	0.0%
5,591	6,100	509	8.3%	-	(5,591)	0.0%	49,662	54,903	5,241	9.5%	-	(49,662)	0.0%
4,405	4,458	53	1.2%	-	(4,405)	0.0%	32,794	40,126	7,332	18.3%	-	(32,794)	0.0%
2,056	2,069	13	0.6%	-	(2,056)	0.0%	20,847	18,620	(2,227)	(12.0%)	-	(20,847)	0.0%
1,907	2,874	967	33.7%	-	(1,907)	0.0%	18,693	25,869	7,177	27.7%	-	(18,693)	0.0%
378	506	128	25.3%	-	(378)	0.0%	3,839	4,554	714	15.7%	-	(3,839)	0.0%
8,503	9,650	1,147	11.9%	-	(8,503)	0.0%	87,037	86,848	(189)	(0.2%)	-	(87,037)	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
2,605	6,466	3,860	59.7%	-	(2,605)	0.0%	22,628	58,190	35,562	61.1%	-	(22,628)	0.0%
22,636	31,379	8,743	27.9%	-	(22,636)	0.0%	249,321	282,407	33,086	11.7%	-	(249,321)	0.0%
-	1,208	1,208	100.0%	-	-	0.0%	3,292	10,872	7,580	69.7%	-	(3,292)	0.0%
1,271	1,018	(253)	(24.9%)	-	(1,271)	0.0%	10,769	9,161	(1,608)	(17.6%)	-	(10,769)	0.0%
15	81	65	81.0%	-	(15)	0.0%	371	727	356	49.0%	-	(371)	0.0%
63,658	81,095	17,436	21.5%	-	(63,658)	0.0%	618,527	729,851	111,324	15.3%	-	(618,527)	0.0%
587,900	802,363	214,463	26.7%	334,965	(252,935)	(75.5%)	5,384,526	7,318,605	1,934,079	26.4%	5,248,018	(136,508)	(2.6%)
\$ (576,753)	\$ (776,590)	\$ 199,837	(25.7%)	\$ (326,704)	\$ (250,049)	76.5%	\$ (5,297,512)	\$ (7,191,737)	\$ 1,894,225	(26.3%)	\$ (5,165,344)	\$ (132,169)	2.6%

School Health Statement of Revenues and Expenditures

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 231,917	\$ 231,917	\$ -	0.0%	\$ 231,917	\$ -	0.0%	\$ 2,087,250	\$ 2,087,250	\$ -	0.0%	\$ 2,087,250	\$ -	0.0%
231,917	231,917	-	0.0%	231,917	-	0.0%	2,087,250	2,087,250	-	0.0%	2,087,250	-	0.0%
<i>Direct Operational Expenses:</i>													
688,628	761,592	72,964	9.6%	712,810	24,182	3.4%	9,993,782	10,212,524	218,742	2.1%	9,565,702	(428,081)	(4.5%)
309,518	340,057	30,539	9.0%	316,905	7,387	2.3%	3,730,906	4,003,282	272,376	6.8%	3,685,019	(48,887)	(1.2%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	14,442	14,442	100.0%	5,008	5,008	100.0%	14,714	66,748	52,034	78.0%	23,146	8,432	36.4%
314	2,667	2,353	88.2%	1,185	871	73.5%	5,891	4,951	(941)	(19.0%)	2,199	(3,692)	(167.9%)
11,646	13,033	1,387	10.6%	6,625	(5,021)	(75.8%)	100,478	113,900	13,422	11.8%	57,928	(42,550)	(73.5%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
4,278	2,340	(1,938)	(82.9%)	1,756	(2,522)	(143.6%)	12,862	27,966	15,104	54.0%	21,304	8,442	39.6%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
1,014,383	1,134,131	119,747	10.6%	1,044,289	29,906	2.9%	13,858,634	14,429,372	570,738	4.0%	13,355,299	(503,335)	(3.8%)
Net Performance before Overhead							Allocations						
(782,467)	(902,214)	119,747	(13.3%)	(812,372)	29,906	(3.7%)	(11,771,384)	(12,342,122)	570,738	(4.8%)	(11,268,049)	(503,335)	4.5%
<i>Overhead Allocations:</i>													
9,329	8,797	(532)	(6.0%)	4,301	(5,027)	(116.9%)	64,564	79,169	14,605	18.4%	39,841	(24,723)	(62.1%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
3,797	3,720	(77)	(2.1%)	5,892	2,096	35.6%	17,417	33,477	16,060	48.0%	37,791	20,374	53.9%
14,558	23,783	9,225	38.8%	11,040	(3,518)	(31.9%)	163,955	214,046	50,091	23.4%	98,832	(65,124)	(65.9%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
15,744	18,117	2,373	13.1%	15,027	(718)	(4.8%)	157,763	163,053	5,289	3.2%	140,762	(17,001)	(12.1%)
27,340	29,828	2,488	8.3%	25,469	(1,871)	(7.3%)	242,825	268,451	25,626	9.5%	238,106	(4,719)	(2.0%)
9,074	9,183	110	1.2%	3,121	(5,952)	(190.7%)	67,550	82,651	15,102	18.3%	60,793	(6,757)	(11.1%)
4,235	4,261	26	0.6%	1,186	(3,050)	(257.3%)	42,940	38,353	(4,587)	(12.0%)	22,722	(20,218)	(89.0%)
3,928	5,921	1,992	33.7%	3,686	(243)	(6.6%)	38,503	53,285	14,783	27.7%	29,357	(9,146)	(31.2%)
779	1,042	264	25.3%	-	(779)	0.0%	7,908	9,379	1,472	15.7%	-	(7,908)	0.0%
17,515	19,876	2,362	11.9%	7,187	(10,328)	(143.7%)	179,277	178,888	(389)	(0.2%)	148,885	(30,392)	(20.4%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
5,366	13,318	7,952	59.7%	4,434	(932)	(21.0%)	46,608	119,859	73,251	61.1%	46,316	(293)	(0.6%)
46,625	64,633	18,008	27.9%	51,052	4,427	8.7%	513,549	581,699	68,150	11.7%	442,798	(70,750)	(16.0%)
-	2,488	2,488	100.0%	3,362	3,362	100.0%	6,781	22,394	15,614	69.7%	25,244	18,464	73.1%
2,619	2,097	(522)	(24.9%)	-	(2,619)	0.0%	22,181	18,869	(3,312)	(17.6%)	-	(22,181)	0.0%
160,908	207,064	46,156	22.3%	135,757	(25,151)	(18.5%)	1,571,821	1,863,575	291,754	15.7%	1,331,447	(240,374)	(18.1%)
1,175,291	1,341,195	165,903	12.4%	1,180,046	4,755	0.4%	15,430,455	16,292,947	862,492	5.3%	14,686,746	(743,709)	(5.1%)
\$ (943,374)	\$ (1,109,278)	\$ 165,903	(15.0%)	\$ (948,130)	\$ 4,755	(0.5%)	\$ (13,343,205)	\$ (14,205,697)	\$ 862,492	(6.1%)	\$ (12,599,496)	\$ (743,709)	5.9%

Sponsored Programs

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month				Fiscal Year To Date										
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
<i>Sponsored Programs:</i>														
538,626	500,000	(38,626)	(7.7%)	527,573	(11,053)	(2.1%)	DOH Uninsured/Preventive Care Svcs	4,902,147	4,500,000	(402,147)	(8.9%)	4,483,716	(418,431)	(9.3%)
147,292	183,333	36,041	19.7%	135,109	(12,183)	(9.0%)	Grant Funded Programs for Uninsured	1,321,614	1,650,000	328,386	19.9%	1,155,643	(165,971)	(14.4%)
2,500	2,500	-	0.0%	-	(2,500)	0.0%	Community Health Planning	22,500	22,500	-	0.0%	5,000	(17,500)	(350.0%)
688,418	685,833	(2,585)	(0.4%)	662,682	(25,736)	(3.9%)	Total Sponsored Programs	6,246,260	6,172,500	(73,761)	(1.2%)	5,644,359	(601,901)	(10.7%)
<i>Direct Operational Expenses:</i>														
12,383	12,088	(295)	(2.4%)	15,892	3,508	22.1%	Salaries and Wages	117,421	112,249	(5,172)	(4.6%)	115,111	(2,310)	(2.0%)
5,509	5,055	(454)	(9.0%)	5,617	107	1.9%	Benefits	49,232	46,209	(3,023)	(6.5%)	46,929	(2,303)	(4.9%)
307	125	(182)	(145.4%)	-	(307)	0.0%	Other Supplies	436	1,125	689	61.3%	845	409	48.4%
-	21	21	100.0%	-	-	0.0%	Repairs & Maintenance	-	187	187	100.0%	-	-	0.0%
21	117	95	81.6%	235	213	90.9%	Other Expense	571	1,050	479	45.7%	610	39	6.5%
18,221	17,406	(815)	(4.5%)	21,743	3,522	16.2%		167,660	160,820	(6,840)	(4.1%)	163,495	(4,164)	(2.5%)
\$ 706,639	\$ 703,240	\$ (3,399)	(0.5%)	\$ 684,425	\$ (22,214)	(3.2%)	Total Expenses	\$ 6,413,920	\$ 6,333,320	\$ (80,600)	(1.3%)	\$ 5,807,855	\$ (606,066)	(10.4%)

General Fund Statement of Revenues and Expenditures by Month

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Revenues:													
Ad Valorem Taxes	\$ 11,072,500	\$ 11,072,500	\$ 11,072,500	\$ 11,130,830	\$ 11,072,500	\$ 10,965,942	\$ 11,072,500	\$ 11,072,500	\$ 11,072,500	\$	\$	\$	\$ 99,604,272
Premiums													
Patient Revenue, Net	241,553	471,034	(69,950)	349,287	304,066	378,085	311,229	42,953	311,502				2,339,758
Intergovernmental Revenue	231,917	231,917	231,917	231,917	231,917	231,917	231,917	231,917	231,917				1,887,250
Grants	7,144	6,389	6,294	8,669	6,550	10,118	18,801	11,901	11,147				87,013
Interest Earnings	164,471	130,299	269,743	297,220	202,714	314,304	280,631	218,293	127,237				2,004,912
Unrealized Gain/(Loss)-Investments	(153,782)	(316,403)	(166,674)	(392,187)	(128,383)	27,466	(235,360)	318,479	33,410				(1,013,434)
Other Revenue	11,712	393,188	988,658	202,470	157,911	116,852	107,704	39,897	8,291				2,026,683
Total Revenues	\$ 11,575,515	\$ 11,908,924	\$ 12,332,488	\$ 11,828,205	\$ 11,847,275	\$ 12,044,683	\$ 11,787,421	\$ 11,935,940	\$ 11,796,004	\$	\$	\$	\$ 107,136,454
Expenditures:													
Salaries and Wages	3,106,364	3,040,529	2,646,364	2,798,961	2,739,350	2,909,619	2,791,991	2,983,764	2,289,243				25,306,186
Benefits	980,528	950,689	1,028,818	955,430	923,957	1,054,580	1,038,903	1,023,402	876,139				8,832,445
Purchased Services	347,274	456,708	456,268	494,431	827,372	665,475	520,267	609,367	615,462				4,992,624
Medical Supplies	1,588	2,382	3,385	2,646	10,790	2,455	2,564	1,266	1,578				28,605
Other Supplies	22,102	70,196	172,844	39,657	71,538	25,727	129,014	238,037	34,980				804,095
Contracted Physician Expense	20,833	37,500	29,167	11,498	25,000	25,000	26,528	31,806	29,167				236,498
Medical Services	3,641,913	3,606,873	3,658,337	4,022,814	3,898,814	4,284,225	4,153,198	4,003,487	4,179,972				35,449,633
Drugs	71,895	65,104	127,274	51,628	63,547	79,136	54,430	68,401	92,554				673,968
Repairs & Maintenance	114,002	286,529	264,256	251,362	172,238	207,117	293,578	246,651	190,335				1,966,069
Lease & Rental	211,838	186,277	151,780	176,556	418,963	85,462	159,995	164,236	160,487				1,715,588
Utilities	7,217	4,772	5,384	6,205	4,960	10,417	7,061	11,702	10,291				68,008
Other Expense	184,958	675,303	2,064,953	471,800	348,677	212,598	411,116	330,757	291,038				4,941,199
Insurance	154,372	98,527	121,411	110,397	121,443	121,397	111,692	110,226	143,263				1,092,728
Sponsored Programs	715,943	590,973	460,291	798,211	913,276	685,601	710,221	683,375	688,418				6,246,260
Total Operational Expenditures	9,580,827	10,072,364	11,190,531	10,141,594	10,539,876	10,368,810	10,350,558	10,506,476	9,602,871	\$	\$	\$	92,353,907
Net Performance before Overhead Allocations	\$ 1,994,688	\$ 1,916,560	\$ 1,141,956	\$ 1,686,611	\$ 1,307,399	\$ 1,675,872	\$ 1,436,863	\$ 1,429,464	\$ 2,193,133	\$	\$	\$	\$ 14,782,547
Overhead Allocations	(728,029)	(902,277)	(785,587)	(642,556)	(877,386)	(748,440)	(887,788)	(910,510)	(725,564)	\$	\$	\$	(7,208,138)
Total Expenses	8,852,798	9,170,087	10,404,945	9,499,038	9,662,490	9,620,370	9,462,769	9,595,965	8,877,307	\$	\$	\$	85,145,769
Net Margin	\$ 2,722,717	\$ 2,818,837	\$ 1,927,543	\$ 2,329,167	\$ 2,184,786	\$ 2,424,312	\$ 2,324,652	\$ 2,339,974	\$ 2,918,697	\$	\$	\$	\$ 21,990,685
Capital													
General Fund Support/ Transfer In (Out)	\$ (924,263)	\$ (923,682)	\$ (923,609)	\$ (923,717)	\$ (923,980)	\$ (13,273,972)	\$ (2,234,970)	\$ (2,510,183)	\$ (2,508,904)	\$	\$	\$	\$ (25,145,290)



General Fund Program Statistics

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Current Year Total	Prior Year Total
Aeromedical														
Patients Transported - Actual	57	63	53	57	59	58	52	49	44	-	-	-	492	472
Patients Transported - Budget	49	60	56	57	52	52	57	47	50	-	-	-	480	483
Variance	8	3	(3)	-	7	6	(5)	2	(6)	-	-	-	12	(11)
Actual Hours Available for Service	1,080	1,080	1,116	1,089	1,008	1,116	1,044	1,053	1,080	-	-	-	9,666	9,351
Service Hours Utilized	77.0	85.0	59.0	74.0	84.0	83.0	55.0	60.0	70.0	-	-	-	647.0	629.0
Utilization %	7.1%	7.9%	5.3%	6.8%	8.3%	7.4%	5.3%	5.7%	6.5%	-	-	-	6.7%	6.7%
# of Flights - Training/Public Education	16	10	11	6	12	4	4	2	8	-	-	-	73	113
# of Flights - Maintenance	8	6	7	13	13	7	10	4	7	-	-	-	75	74
Trauma														
New Trauma Patients - Actual	336	363	418	372	392	352	333	338	298	-	-	-	3,202	3,145
New Trauma Patients - Budget	346	323	363	346	352	378	378	334	331	-	-	-	3,151	3,058
Variance	(10)	40	55	26	40	(26)	(45)	4	(33)	-	-	-	51	87
School Health														
Medical Events	48,970	34,967	28,325	34,140	36,606	29,013	42,361	41,093	11,102	-	-	-	306,577	307,245
Screenings	17,642	15,239	15,389	15,948	15,330	5,505	648	454	-	-	-	-	86,155	117,870
Total Events- Actual	66,612	50,206	43,714	50,088	51,936	34,518	43,009	41,547	11,102	-	-	-	392,732	425,115
Total Events- Budget	59,592	52,800	47,713	45,199	57,473	50,051	42,232	45,227	24,828	-	-	-	425,115	
Managed Care														
District Care Visits to Primary Clinic - Medical	3,061	2,622	2,775	2,672	2,729	2,861	2,857	1,847	2,624	-	-	-	24,048	23,917
District Care Visits to Primary Clinic - Dental	905	740	720	685	661	730	761	627	476	-	-	-	6,305	7,786
Uninsured Visits to Primary Clinic - Medical	2,161	2,252	1,715	2,358	2,402	2,534	2,635	2,529	2,414	-	-	-	21,000	19,080
Uninsured Visits to Primary Clinic - Dental	1,373	966	1,144	1,182	1,087	1,241	1,226	1,210	1,061	-	-	-	10,490	9,862
Membership- Current Year	9,946	10,060	9,924	9,852	9,829	9,711	9,795	9,739	9,666	-	-	-		
Membership- Prior Year	13,686	10,949	10,766	10,658	10,543	10,274	10,223	10,263	10,325	-	-	-		
Pharmacy														
Total Prescriptions Filled at In-House Pharmacies	25,670	23,320	22,970	24,194	23,648	24,866	24,702	21,901	22,387	-	-	-	213,658	198,045
Total Prescriptions Filled at Retail Pharmacies	281	213	219	218	215	234	179	178	188	-	-	-	1,925	32,374
Total Prescriptions Filled Inhouse/Retail- Actual	25,951	23,533	23,189	24,412	23,863	25,100	24,881	22,079	22,575	-	-	-	215,583	230,419

SUPPLEMENTAL INFORMATION

HEALEY CENTER

Healey Center Statement of Revenues and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 1,086,962	\$ 1,205,553	\$ (118,591)	(9.8%)	\$ 1,088,209	\$ (1,247)	(0.1%)	Gross Patient Revenue	\$ 9,846,149	\$ 10,956,356	\$ (1,110,206)	(10.1%)	\$ 9,885,545	\$ (39,396)	(0.4%)	
67,553	154,301	86,748	56.2%	102,639	35,086	34.2%	Contractual Allowances	749,979	1,400,796	650,817	46.5%	1,130,965	380,985	33.7%	
353,615	245,433	(108,182)	(44.1%)	309,757	(43,857)	(14.2%)	Charity Care	2,643,863	2,230,553	(413,310)	(18.5%)	2,076,276	(567,587)	(27.3%)	
(187)	8,891	9,078	102.1%	5,027	5,214	103.7%	Bad Debt	44,400	80,804	36,404	45.1%	79,560	35,160	44.2%	
420,981	408,625	(12,356)	(3.0%)	417,423	(3,558)	(0.9%)	Total Contractuals and Bad Debt	3,438,242	3,712,153	273,911	7.4%	3,286,801	(151,441)	(4.6%)	
665,982	796,928	(130,947)	(16.4%)	670,786	(4,804)	(0.7%)	Net Patient Revenue	6,407,907	7,244,203	(836,296)	(11.5%)	6,598,744	(190,837)	(2.9%)	
61.27%	66.10%			61.64%			Collection %	65.08%	66.12%			66.75%			
758,333	758,333	-	0.0%	758,333	-	0.0%	PBC Interlocal	6,825,000	6,825,000	-	0.0%	6,825,000	-	0.0%	
3,515	1,965	1,550	78.9%	63,470	(59,956)	(94.5%)	Other revenue	45,560	17,685	27,875	157.6%	314,362	(268,802)	(85.5%)	
761,848	760,298	1,550	0.2%	821,804	(59,956)	(7.3%)	Total Other Revenues	6,870,560	6,842,685	27,875	0.4%	7,139,362	(268,802)	(3.8%)	
1,427,830	1,557,226	(129,397)	(8.3%)	1,492,590	(64,760)	(4.3%)	Total Revenues	13,278,467	14,086,888	(808,421)	(5.7%)	13,738,106	(459,639)	(3.3%)	
<i>Direct Operational Expenses</i>															
848,166	864,608	16,443	1.9%	841,257	(6,908)	(0.8%)	Salaries and Wages	7,635,247	7,867,796	232,549	3.0%	7,510,807	(124,440)	(1.7%)	
340,915	346,569	5,654	1.6%	341,869	954	0.3%	Benefits	2,898,698	3,134,560	235,863	7.5%	2,957,337	58,639	2.0%	
62,426	75,321	12,895	17.1%	71,506	9,079	12.7%	Purchased Services	608,344	678,213	69,869	10.3%	580,803	(27,541)	(4.7%)	
37,554	43,488	5,934	13.6%	40,868	3,314	8.1%	Medical Supplies	409,929	395,663	(14,265)	(3.6%)	400,743	(9,185)	(2.3%)	
71,207	75,014	3,807	5.1%	66,765	(4,443)	(6.7%)	Other Supplies	722,582	680,663	(41,919)	(6.2%)	532,739	(189,843)	(35.6%)	
619	1,958	1,339	68.4%	15,135	14,516	95.9%	Contracted Physician Expense	12,726	17,625	4,899	27.8%	121,603	108,877	89.5%	
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%	
31,976	27,539	(4,437)	(16.1%)	31,190	(786)	(2.5%)	Drugs	267,005	250,562	(16,443)	(6.6%)	254,124	(12,880)	(5.1%)	
25,979	34,259	8,281	24.2%	56,432	30,453	54.0%	Repairs & Maintenance	248,173	308,335	60,162	19.5%	209,838	(38,335)	(18.3%)	
99	2,379	2,280	95.8%	2,699	2,594	96.3%	Lease & Rental	10,565	21,413	10,848	50.7%	12,318	1,754	14.2%	
36,362	36,817	455	1.2%	36,652	290	0.8%	Utilities	301,741	331,351	29,609	8.9%	318,325	16,583	5.2%	
25,230	17,921	(7,310)	(40.8%)	20,414	(4,816)	(23.6%)	Other Expense	120,880	161,285	40,405	25.1%	104,436	(16,444)	(15.7%)	
5,012	4,526	(486)	(10.7%)	4,156	(856)	(20.6%)	Insurance	37,797	40,730	2,933	7.2%	38,022	225	0.6%	
1,485,545	1,530,399	44,854	2.9%	1,528,937	43,392	2.8%	Total Operational Expenses	13,273,686	13,888,195	614,509	4.4%	13,041,095	(232,591)	(1.8%)	
<i>Net Performance before Depreciation & Overhead Allocations</i>															
(57,716)	16,827	(84,543)	(315.1%)	(36,348)	(21,368)	(58.8%)	Overhead Allocations	4,781	198,693	(193,912)	(97.6%)	697,011	(692,230)	(99.3%)	
52,831	63,645	10,814	17.0%	62,750	9,919	15.8%	Depreciation	529,091	572,801	43,710	7.6%	556,941	27,850	5.0%	
<i>Overhead Allocations:</i>															
9,693	9,140	(553)	(6.0%)	4,386	(5,297)	(120.5%)	Risk Mgt	67,086	82,261	15,176	18.4%	40,720	(26,366)	(64.8%)	
25,859	39,255	13,296	33.9%	25,379	(580)	(2.3%)	Rev Cycle	273,343	353,295	79,952	22.6%	207,642	(65,701)	(31.6%)	
3,945	3,865	(80)	(2.1%)	6,022	2,077	34.5%	Internal Audit	18,097	34,784	16,687	48.0%	38,624	20,527	53.1%	
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	
16,359	18,825	2,465	13.1%	15,358	(1,001)	(6.5%)	Administration	169,925	169,421	5,496	3.2%	143,867	(20,058)	(13.9%)	
25,855	28,207	2,353	8.3%	23,993	(1,861)	(7.8%)	Human Resources	229,633	253,867	24,234	9.5%	224,311	(5,323)	(2.4%)	
9,428	9,542	114	1.2%	3,190	(6,238)	(195.5%)	Legal	70,188	85,879	15,691	18.3%	62,134	(8,054)	(13.0%)	
4,401	4,428	27	0.6%	1,212	(3,189)	(263.2%)	Records	44,617	39,851	(4,766)	(12.0%)	23,223	(21,394)	(92.1%)	
4,082	6,152	2,070	33.7%	3,767	(315)	(8.4%)	Compliance	40,006	55,366	15,360	27.7%	30,005	(10,002)	(33.3%)	
809	1,083	274	25.3%	-	(809)	0.0%	Planning/Research	8,217	9,746	1,529	15.7%	-	(8,217)	0.0%	
18,199	20,653	2,454	11.9%	7,345	(10,853)	(147.8%)	Finance	186,279	185,875	(404)	(0.2%)	152,170	(34,109)	(22.4%)	
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	
5,575	18,838	8,262	59.7%	4,532	(1,043)	(23.0%)	Public Relations	48,429	124,540	76,112	61.1%	47,337	(1,091)	(2.3%)	
48,446	67,158	18,712	27.9%	52,178	3,732	7.2%	Information Technology	533,606	604,418	70,812	11.7%	452,567	(81,039)	(17.9%)	
-	2,585	2,585	100.0%	3,436	3,436	100.0%	Budget & Decision Support	7,045	23,269	16,223	69.7%	25,801	18,756	72.7%	
2,721	2,178	(543)	(24.9%)	-	(2,721)	0.0%	Corporate Quality	23,047	19,606	(3,441)	(17.6%)	-	(23,047)	0.0%	
1,453	7,660	6,207	81.0%	-	(1,453)	0.0%	Managed Care Contract	35,165	68,938	33,773	49.0%	-	(35,165)	0.0%	
176,924	234,569	57,644	24.6%	150,810	(26,114)	(17.3%)	Total Overhead Allocations	1,748,684	2,111,118	362,434	17.2%	1,448,401	(300,282)	(20.7%)	
1,715,300	1,828,613	113,312	6.2%	1,742,497	27,197	1.6%	Total Expenses	15,551,461	16,572,114	1,020,653	6.2%	15,046,438	(505,023)	(3.4%)	
(287,471)	(271,386)	(16,084)	5.9%	(249,907)	(37,564)	15.0%	Net Margin	(2,272,994)	(2,485,226)	212,232	(8.5%)	(1,308,332)	(964,662)	73.7%	
\$ 193,000	\$ 191,667	\$ 1,333	0.7%	\$ -	\$ 193,000	0.0%	General Fund Support/Transfer In	\$ 1,743,406	\$ 1,725,000	\$ 18,406	1.1%	\$ -	\$ 1,743,406	0.0%	

Healey Center Statement of Revenues and Expenses by Month

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Gross Patient Revenue	\$ 1,122,050	\$ 1,079,301	\$ 1,119,134	\$ 1,124,270	\$ 1,001,224	\$ 1,117,410	\$ 1,076,858	\$ 1,118,940	\$ 1,086,962	\$ -	\$ -	\$ -	\$ 9,846,149
Contractual Allowances	89,357	102,086	141,760	65,896	93,577	100,094	19,950	69,706	67,553	-	-	-	749,979
Charity Care	326,451	229,891	225,515	350,864	227,515	295,767	311,052	323,192	353,615	-	-	-	2,643,863
Bad Debt	14,786	5,457	6,975	13,654	6,009	873	(8,930)	5,762	(187)	-	-	-	44,400
Total Contractuals and Bad Debt	430,594	337,435	374,251	430,414	327,101	396,734	322,072	398,661	420,981	-	-	-	3,438,242
Net Patient Revenue	691,456	741,866	744,884	693,856	674,123	720,676	754,785	720,280	665,982	-	-	-	6,407,907
Collections %	61.62%	68.74%	66.56%	61.72%	67.33%	64.50%	70.09%	64.37%	61.27%	#DIV/0!	#DIV/0!	#DIV/0!	65.08%
PBC Interlocal	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	-	-	-	6,825,000
Other revenue	2,407	2,662	2,480	2,270	2,713	2,355	24,424	2,734	3,515	-	-	-	45,560
Total Other Revenues	760,740	760,995	760,814	760,604	761,047	760,689	782,757	761,067	761,848	-	-	-	6,870,560
Total Revenues	1,452,196	1,502,861	1,505,697	1,454,459	1,435,170	1,481,364	1,537,542	1,481,347	1,427,830	-	-	-	13,278,467
<i>Direct Operational Expenses:</i>													
Salaries and Wages	847,410	854,762	823,867	857,385	785,960	882,018	818,977	916,703	848,166	-	-	-	7,635,247
Benefits	312,100	321,698	321,317	326,360	309,387	328,477	305,441	333,002	340,915	-	-	-	2,898,698
Purchased Services	63,141	63,985	71,574	67,198	70,353	69,410	72,089	68,166	62,426	-	-	-	608,144
Medical Supplies	47,193	48,134	40,058	46,907	47,541	38,267	51,821	52,454	37,554	-	-	-	409,929
Other Supplies	67,656	56,410	67,120	172,039	59,931	75,070	68,524	84,625	71,207	-	-	-	722,582
Contracted Physician Expense	1,777	1,350	1,718	1,506	1,263	1,785	1,711	997	619	-	-	-	12,726
Medical Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Drugs	31,209	24,080	44,082	29,682	23,032	29,312	27,289	26,343	31,976	-	-	-	267,005
Repairs & Maintenance	13,138	55,290	8,383	29,564	16,825	25,118	17,622	36,255	25,979	-	-	-	248,173
Lease & Rental	1,070	5,530	1,335	(2,144)	1,345	993	1,169	1,169	99	-	-	-	10,565
Utilities	37,612	29,996	33,396	37,159	29,704	31,398	33,720	32,395	36,362	-	-	-	301,741
Other Expense	9,117	12,500	16,239	12,325	12,495	7,457	8,674	16,843	25,730	-	-	-	120,880
Insurance	4,956	4,212	4,756	4,256	3,364	3,364	3,364	5,012	5,012	-	-	-	37,797
Total Operational Expenses	1,436,378	1,477,946	1,433,345	1,581,237	1,361,200	1,497,669	1,430,401	1,573,964	1,485,545	-	-	-	13,273,686
Net Performance before Depreciation & Overhead Allocations	15,818	24,916	72,352	(127,778)	73,969	(11,305)	107,141	(92,617)	(57,716)	-	-	-	4,781
Depreciation	62,090	60,190	61,082	60,986	60,986	60,926	57,104	52,897	52,831	-	-	-	529,091
<i>Overhead Allocations:</i>													
Risk Mgt	5,520	6,544	10,099	6,496	7,236	7,575	6,639	7,284	9,693	-	-	-	67,086
Rev Cycle	35,175	34,119	24,887	43,212	35,896	26,892	35,247	11,957	25,959	-	-	-	273,343
Internal Audit	4	-	-	429	1,457	4,301	3,981	3,981	3,945	-	-	-	18,097
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration	19,157	18,281	19,655	20,015	22,704	15,397	19,158	13,199	16,359	-	-	-	163,925
Human Resources	25,580	11,637	29,214	18,212	18,636	24,518	46,143	29,838	25,855	-	-	-	229,633
Legal	4,123	5,536	9,880	6,436	10,051	7,223	8,868	10,643	9,428	-	-	-	70,188
Records	3,598	3,074	2,934	3,518	7,446	4,910	6,812	7,923	4,401	-	-	-	44,617
Compliance	3,838	4,807	4,889	6,152	5,105	5,232	1,976	3,926	4,082	-	-	-	40,006
Planning/Research	1,233	891	861	924	823	894	857	925	809	-	-	-	8,217
Finance	19,772	16,088	16,607	18,302	17,918	32,145	24,945	22,304	18,199	-	-	-	186,279
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Relations	4,278	5,692	5,450	3,849	9,867	2,379	5,382	5,956	5,575	-	-	-	48,429
Information Technology	51,042	101,925	59,825	27,740	56,938	50,179	55,594	81,916	48,446	-	-	-	533,606
Budget & Decision Support	1,585	1,857	1,775	1,937	67	(171)	-	-	-	-	-	-	7,045
Corporate Quality	3,027	2,444	1,016	2,640	2,055	3,012	2,711	2,921	2,721	-	-	-	23,047
Managed Care Contract	3,223	3,335	3,116	3,986	11,161	(775)	3,898	5,767	1,453	-	-	-	35,165
Total Overhead Allocations	181,157	216,730	190,208	163,848	207,355	183,710	220,210	208,541	176,924	-	-	-	1,748,684
Total Expenses	1,679,625	1,754,865	1,684,635	1,807,071	1,629,541	1,737,305	1,707,715	1,835,403	1,715,300	-	-	-	15,551,461
Transfer out to Medicaid Match/ General Fund	-	-	-	-	-	-	-	-	-	-	-	-	-
Net Margin	(227,429)	(252,004)	(178,938)	(352,612)	(194,371)	(255,941)	(170,173)	(354,056)	(287,471)	-	-	-	(2,272,094)
General Fund Support/ Transfer in	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,150,000	\$ 114,000	\$ 286,406	\$ 193,000	\$ -	\$ -	\$ -	\$ 1,743,406

Census	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Current Year Total	Prior Year Total
Admissions	10	14	8	9	12	13	11	9	11				97	117
Discharges	9	15	10	9	15	15	9	9	10				101	112
Average Daily Census	120	120	119	120	120	119	119	119	120				119	119
Budget Census	118	118	118	118	118	118	118	118	118				118	118
Occupancy % (120 licensed beds)	100%	100%	99%	100%	100%	99%	99%	99%	100%	0%	0%	0%	100%	99%
Days By Payor Source:														
Medicaid	2,500	2,460	2,554	2,542	2,303	2,574	2,384	2,519	2,415				22,251	22,877
Medicare	40	30	13	1	46	67	118	80	68				463	650
Private Pay	99	117	124	124	103	95	95	92	97				946	929
Hospice	93	90	85	62	56	39	30	31	30				516	820
Charity	978	900	918	984	839	907	932	978	985				8,421	7,082
Total Resident Days	3,710	3,597	3,694	3,713	3,347	3,682	3,559	3,700	3,595	-	-	-	32,597	32,358

SUPPLEMENTAL INFORMATION

LAKESIDE MEDICAL CENTER

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 3,826,698	\$ 4,729,842	\$ (903,144)	(19.1%)	\$ 5,058,390	\$ (1,231,692)	(24.3%)	\$ 42,256,718	\$ 41,327,754	\$ 928,964	2.2%	\$ 45,375,191	\$ (3,118,473)	(6.9%)
6,229,492	6,148,203	81,289	1.3%	5,773,246	456,247	7.9%	56,744,396	53,720,911	3,023,485	5.6%	52,693,874	4,050,522	7.7%
22,916	35,043	(12,127)	(34.6%)	107,591	(84,675)	(78.7%)	480,197	306,196	174,001	56.8%	502,189	(21,992)	(4.4%)
10,079,106	10,913,088	(833,982)	(7.6%)	10,939,226	(860,120)	(7.9%)	99,481,311	95,354,861	4,126,450	4.3%	98,571,254	910,057	0.9%
6,503,979	7,054,412	(550,433)	(7.8%)	7,735,761	(1,231,782)	(15.9%)	66,811,243	61,639,061	5,172,182	(8.4%)	63,983,954	(2,827,289)	(4.4%)
252,345	175,245	77,100	(44.0%)	415,203	162,858	39.2%	1,993,092	1,531,234	461,858	(30.2%)	1,585,912	(407,180)	(25.7%)
1,137,027	1,160,687	23,661	2.0%	602,219	(534,807)	(88.8%)	10,976,498	10,141,693	(834,806)	(8.2%)	10,477,718	(498,780)	(4.8%)
14,071	25,529	11,458	44.9%	78,400	64,329	82.1%	289,982	223,065	(66,916)	(30.0%)	358,062	68,080	19.0%
\$ 7,907,422	\$ 8,415,874	\$ 508,453	6.0%	\$ 8,831,582	\$ 924,161	10.5%	\$ 80,070,814	\$ 73,535,053	\$ 6,535,761	(8.9%)	\$ 76,405,645	\$ (3,665,169)	(4.8%)
2,171,685	2,497,214	(325,529)	(13.0%)	2,107,644	64,040	3.0%	19,410,497	21,819,808	(2,409,311)	(11.0%)	22,165,609	(2,755,112)	(12.4%)
21.55%	22.88%			19.27%			19.51%	22.88%			22.49%		
36,696	63,314	(26,618)	(42.0%)	190,152	(153,456)	(80.7%)	346,750	569,825	(223,075)	(39.1%)	344,081	2,669	0.8%
4,632	2,392	2,240	93.7%	126,000	(121,368)	(96.3%)	380,319	21,525	358,794	1,666.9%	596,796	(216,477)	(36.3%)
41,328	65,706	(24,377)	(37.1%)	316,152	(274,824)	(86.9%)	727,069	591,350	135,719	23.0%	940,877	(213,808)	(22.7%)
2,213,013	2,562,920	(349,907)	(13.7%)	2,423,796	(210,784)	(8.7%)	20,137,566	22,411,158	(2,273,593)	(10.1%)	23,106,485	(2,968,920)	(12.8%)
<i>Direct Operational Expenses:</i>													
1,495,941	1,511,631	15,691	1.0%	1,510,117	14,176	0.9%	14,070,140	13,744,021	(326,119)	(2.4%)	13,153,699	(916,441)	(7.0%)
427,641	418,440	(9,201)	(2.2%)	420,827	(6,814)	(1.6%)	3,795,090	3,784,529	(10,561)	(0.3%)	3,722,486	(72,603)	(2.0%)
262,900	247,932	(14,968)	(6.0%)	276,949	14,049	5.1%	2,381,118	2,231,385	(149,733)	(6.7%)	2,294,677	(86,441)	(3.8%)
134,872	99,699	(35,173)	(35.3%)	127,347	(7,525)	(5.9%)	878,512	871,137	(7,375)	(0.8%)	417,557	(460,955)	(110.4%)
70,869	104,246	33,378	32.0%	92,197	21,328	23.1%	626,228	918,363	292,135	31.8%	652,042	25,814	4.0%
572,303	382,419	(189,884)	(49.7%)	272,283	(300,020)	(110.2%)	5,503,802	3,441,771	(2,062,031)	(59.9%)	3,324,032	(2,179,770)	(65.6%)
37,318	88,219	50,901	57.7%	79,252	41,935	52.9%	577,843	770,824	192,982	25.0%	717,082	139,239	19.4%
63,941	131,242	67,301	51.3%	133,692	69,751	52.2%	980,074	1,181,177	201,103	17.0%	1,035,948	55,874	5.4%
59,435	66,537	7,102	10.7%	42,799	(16,636)	(38.9%)	428,550	598,829	170,279	28.4%	574,755	146,205	25.4%
77,907	74,175	(3,732)	(5.0%)	81,161	3,254	4.0%	604,667	667,575	62,908	9.4%	802,724	198,057	24.7%
62,971	33,911	(29,061)	(85.7%)	85,574	22,603	26.4%	196,511	567,697	371,186	65.4%	525,909	329,398	62.6%
12,928	12,649	(280)	(2.2%)	13,227	299	2.3%	103,394	113,837	10,443	9.2%	119,652	16,257	13.6%
3,279,025	3,171,099	(107,926)	(3.4%)	3,135,425	(143,600)	(4.6%)	30,145,928	28,891,146	(1,254,783)	(4.3%)	27,340,563	(2,805,365)	(10.3%)
<i>Net Performance before Depreciation & Overhead Allocations</i>													
(1,066,012)	(608,179)	(457,833)	75.3%	(711,629)	(354,383)	49.8%	(10,008,363)	(6,479,987)	(3,528,375)	54.5%	(4,234,078)	(5,774,285)	136.4%

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
297,429	296,361	(1,068)	(0.4%)	291,168	(6,261)	(2.2%)	Depreciation	2,609,816	2,667,247	57,430	2.2%	2,524,257	(85,559)	(3.4%)
<i>Overhead Allocations:</i>														
20,141	18,993	(1,149)	(6.0%)	9,970	(10,171)	(102.0%)	Risk Mgt	139,399	170,933	31,534	18.4%	92,352	(47,047)	(50.9%)
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%
8,197	8,031	(166)	(2.1%)	13,658	5,461	40.0%	Internal Audit	37,604	72,279	34,675	48.0%	87,600	49,996	57.1%
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%
33,993	39,116	5,123	13.1%	34,832	839	2.4%	Administration	340,623	352,043	11,420	3.2%	326,291	(14,331)	(4.4%)
32,821	35,807	2,987	8.3%	30,965	(1,856)	(6.0%)	Human Resources	291,504	322,267	30,763	9.5%	289,485	(2,018)	(0.7%)
19,591	19,828	237	1.2%	7,236	(12,355)	(170.8%)	Legal	145,845	178,450	32,605	18.3%	140,920	(4,925)	(3.5%)
9,145	9,201	56	0.6%	2,748	(6,397)	(232.8%)	Records	92,710	82,807	(9,903)	(12.0%)	52,670	(40,040)	(76.0%)
8,481	12,783	4,302	33.7%	8,544	62	0.7%	Compliance	83,130	115,047	31,917	27.7%	68,051	(15,079)	(22.2%)
1,681	2,250	569	25.3%	-	(1,681)	0.0%	Planning/Research	17,073	20,251	3,178	15.7%	-	(17,073)	0.0%
37,815	42,915	5,100	11.9%	16,659	(21,156)	(127.0%)	Finance	387,073	386,233	(840)	(0.2%)	345,122	(41,951)	(12.2%)
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%
11,585	28,754	17,169	59.7%	10,279	(1,306)	(12.7%)	Public Relations	100,631	258,785	158,154	61.1%	107,361	6,730	6.3%
100,667	139,548	38,881	27.9%	118,341	17,674	14.9%	Information Technology	1,108,790	1,255,932	147,142	11.7%	1,026,424	(82,367)	(8.0%)
-	5,372	5,372	100.0%	7,793	7,793	100.0%	Budget & Decision Support	14,640	48,351	33,711	69.7%	58,518	43,878	75.0%
5,654	4,527	(1,127)	(24.9%)	-	(5,654)	0.0%	Corporate Quality	47,891	40,740	(7,151)	(17.6%)	-	(47,891)	0.0%
4,220	22,248	18,027	81.0%	-	(4,220)	0.0%	Managed Care Contract	102,136	200,229	98,093	49.0%	-	(102,136)	0.0%
293,992	389,372	95,380	24.5%	261,025	(32,967)	(12.6%)	Total Overhead Allocations	2,909,050	3,504,348	595,298	17.0%	2,594,795	(314,254)	(12.1%)
3,870,446	3,856,831	(13,615)	(0.4%)	3,687,618	(182,828)	(5.0%)	Total Expenses	35,664,794	35,062,740	(602,054)	(1.7%)	32,459,616	(3,205,178)	(9.9%)
\$ (1,657,433)	\$ (1,293,912)	\$ (363,521)	28.1%	\$ (1,263,821)	\$ (393,612)	31.1%	Net Margin	\$ (15,527,229)	\$ (12,651,582)	\$ (2,875,647)	22.7%	\$ (9,353,130)	\$ (6,174,098)	66.0%
\$ 1,390,000	\$ 1,127,083	\$ 262,917	23.3%	\$ -	\$ 1,390,000	0.0%	General Fund Support/ Transfer In	\$ 12,917,083	\$ 10,143,750	\$ 2,773,333	27.3%	\$ 2,000,000	\$ 10,917,083	545.9%

Lakeside Medical Center Statement of Revenues and Expenses by Month

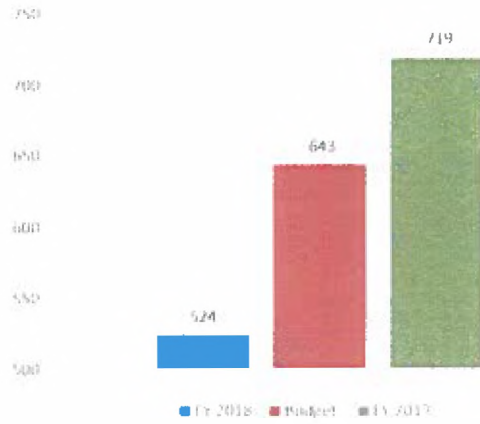
	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Inpatient Revenue	\$ 5,159,918	\$ 4,009,823	\$ 4,610,381	\$ 5,768,959	\$ 4,322,867	\$ 5,496,668	\$ 4,759,830	\$ 4,301,575	\$ 3,826,698	\$ -	\$ -	\$ -	\$ 42,256,718
Outpatient Revenue	6,021,350	6,123,871	5,950,079	6,176,451	6,187,355	6,555,676	6,483,539	7,016,581	6,229,492	-	-	-	56,744,396
Physician Clinic	79,787	47,912	75,350	26,253	60,070	63,371	46,455	58,083	22,916	-	-	-	480,197
Gross Patient Revenue	11,261,055	10,181,606	10,635,810	11,971,663	10,570,292	12,115,715	11,289,823	11,376,240	10,079,106	-	-	-	99,481,311
Contractual Allowances	7,762,754	6,944,585	6,743,794	8,245,105	7,381,412	8,250,517	7,523,449	7,455,647	6,503,979	-	-	-	66,811,243
Charity Care	350,081	353,654	82,586	94,145	192,449	111,692	389,002	167,137	252,345	-	-	-	1,993,092
Bad Debt	1,112,108	1,052,451	1,187,370	1,767,356	989,862	1,383,986	945,040	1,401,299	1,137,027	-	-	-	10,976,498
Physician Contractuals	36,627	16,960	52,435	11,825	40,582	41,317	33,952	40,219	14,071	-	-	-	289,982
Total Contractuals and Bad Debt	\$ 9,261,565	\$ 8,367,650	\$ 8,066,185	\$ 10,118,431	\$ 8,604,304	\$ 9,789,512	\$ 8,891,443	\$ 9,064,303	\$ 7,907,422	\$ -	\$ -	\$ -	\$ 80,070,814
Net Patient Revenue	1,999,491	1,813,956	2,569,624	1,853,233	1,965,988	2,326,203	2,398,380	2,311,938	2,171,685	-	-	-	19,410,497
Collection %	17.76%	17.82%	24.16%	15.48%	18.60%	19.20%	21.24%	20.32%	21.55%	N/DIV/0!	N/DIV/0!	N/DIV/0!	19.51%
Grant Funds	18,220	18,220	36,752	18,220	30,575	36,696	24,397	126,973	36,696	-	-	-	346,750
Other Revenue	2,890	5,564	1,480	1,293	11,256	3,378	305,420	43,405	4,632	-	-	-	380,319
Total Other Revenues	21,110	24,784	38,232	19,513	41,831	40,074	329,818	170,379	41,328	-	-	-	727,069
Total Revenues	2,020,601	1,838,740	2,607,856	1,872,745	2,007,819	2,366,278	2,728,198	2,482,317	2,213,013	-	-	-	20,137,566
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,624,220	1,558,973	1,473,626	1,629,844	1,485,016	1,620,737	1,534,209	1,647,553	1,495,941	-	-	-	14,070,140
Benefits	416,359	419,699	415,899	432,551	409,091	434,795	406,649	432,405	427,641	-	-	-	3,795,090
Purchased Services	256,816	218,981	238,326	257,138	371,841	238,803	274,599	261,714	262,900	-	-	-	2,381,178
Medical Supplies	35,248	62,101	133,847	78,027	71,994	31,016	164,766	162,641	134,872	-	-	-	878,512
Other Supplies	31,712	55,473	67,168	50,125	76,352	97,724	97,897	78,959	70,869	-	-	-	626,228
Contracted Physician Expense	322,331	797,944	536,869	790,175	589,329	533,131	519,344	882,376	572,103	-	-	-	5,503,802
Drugs	57,118	58,714	63,641	75,815	81,295	55,048	76,994	71,900	37,118	-	-	-	577,843
Repairs & Maintenance	50,574	247,249	21,746	145,171	120,201	127,383	73,499	130,306	63,941	-	-	-	980,074
Lease & Rental	42,553	41,519	55,148	12,157	52,717	69,481	34,867	60,672	59,435	-	-	-	428,550
Utilities	70,591	69,162	73,461	65,247	71,597	67,206	64,830	44,666	77,907	-	-	-	604,667
Other Expense	144,948	(42,686)	(755)	58,798	40,150	62,419	77,808	(207,140)	62,973	-	-	-	196,511
Insurance	12,825	13,793	12,982	9,891	9,891	9,891	10,215	10,979	12,928	-	-	-	103,394
Total Operational Expenses	3,069,195	3,500,872	3,091,958	3,564,938	3,179,492	3,347,639	3,335,678	3,577,831	3,279,025	-	-	-	30,145,928
Net Performance before Depreciation & Overhead Allocations	(1,048,694)	(1,662,132)	(484,102)	(1,692,192)	(1,171,674)	(981,361)	(607,480)	(1,094,715)	(1,066,012)	-	-	-	(10,008,363)
Depreciation	297,870	297,745	287,778	287,778	187,777	287,706	297,218	288,515	297,429	-	-	-	2,609,816
<i>Overhead Allocations:</i>													
Risk Mgt	11,471	13,598	20,986	13,498	15,036	15,740	13,794	15,136	20,341	-	-	-	139,399
Rev Cycle	-	-	-	892	3,027	8,937	8,272	8,272	8,197	-	-	-	37,604
Internal Audit	8	-	-	-	-	-	-	-	-	-	-	-	-
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration	19,807	17,987	40,841	41,589	47,177	31,994	39,808	27,427	33,991	-	-	-	340,623
Human Resources	32,472	14,772	37,086	23,119	23,657	31,124	58,576	37,877	32,821	-	-	-	291,504
Legal	8,568	11,503	20,520	13,373	20,886	15,010	14,270	22,115	19,591	-	-	-	145,845
Records	7,477	6,388	6,097	7,310	15,473	10,201	14,155	16,463	9,145	-	-	-	92,710
Compliance	7,976	9,989	10,151	12,784	10,607	10,871	4,106	8,158	8,481	-	-	-	83,130
Planning/Research	2,562	1,852	1,788	1,921	1,709	1,857	1,780	1,923	1,481	-	-	-	17,073
Finance	41,085	33,429	34,508	38,030	37,231	66,794	51,834	46,347	37,815	-	-	-	387,073
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Relations	8,889	11,828	11,325	7,997	20,504	4,943	11,183	12,376	11,585	-	-	-	100,631
Information Technology	106,061	211,792	124,312	57,642	118,313	104,268	115,519	170,215	100,667	-	-	-	1,104,790
Budget & Decision Support	3,294	3,858	3,687	4,025	130	(355)	-	-	-	-	-	-	14,640
Corporate Quality	6,290	6,117	2,111	5,485	4,271	6,259	5,634	6,070	5,654	-	-	-	47,891
Managed Care Contract	9,362	9,687	9,051	11,577	32,418	(2,252)	13,322	16,751	4,220	-	-	-	102,136
Total Overhead Allocations	285,323	372,800	322,480	239,242	350,438	305,392	350,254	389,129	293,992	-	-	-	2,909,050
Total Expenses	3,692,488	4,171,417	3,702,216	4,091,957	4,017,708	3,940,736	3,983,151	4,254,676	3,870,446	-	-	-	35,664,794
Net Margin	\$ (1,611,887)	\$ (2,332,671)	\$ (1,094,260)	\$ (2,219,212)	\$ (2,008,889)	\$ (1,574,458)	\$ (1,254,952)	\$ (1,772,259)	\$ (1,657,433)	\$ -	\$ -	\$ -	\$ (15,527,229)
General Fund Support/ Transfer In	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,200,000	\$ 1,127,083	\$ 1,200,000	\$ 1,390,000	\$ -	\$ -	\$ -	\$ 12,917,083

**Lakeside Medical Center
Statistical Information**

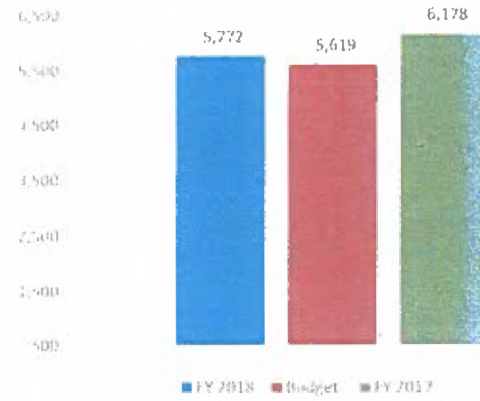
	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Current Year Total	YTD Budget Total	Prior YTD Total
Admissions															
Newborn	43	36	35	43	41	39	32	29	36	-	-	-	334	296	326
Pediatrics	23	18	20	22	19	18	17	16	21	-	-	-	174	155	177
Adult	147	125	136	157	143	160	146	135	124	-	-	-	1,273	1,075	1,207
Total	213	179	191	222	203	217	195	180	181	-	-	-	1,781	1,526	1,710
Adjusted Admissions	462	452	438	460	494	476	461	474	476	-	-	-	4,190	3,509	3,706
Patient Days															
Med Surg 2nd and 3rd Floor (14 beds)	133	147	138	98	85	113	109	119	115	-	-	-	1,028	1,144	1,253
Pediatrics (12 beds)	98	69	76	79	56	88	96	62	59	-	-	-	683	578	641
Telemetry (22 beds)	334	205	279	360	272	281	290	306	220	-	-	-	2,547	2,269	2,488
ICU (6 beds)	93	67	74	88	76	111	75	38	42	-	-	-	664	863	956
Obstetrics (16 beds)	106	92	95	116	103	96	83	72	87	-	-	-	850	765	840
Total (70 beds)	764	580	632	741	592	689	653	597	524	-	-	-	6,772	5,619	6,178
Adjusted Acute Patient Days	1,656	1,466	1,448	1,534	1,439	1,511	1,542	1,571	1,377	-	-	-	13,544	12,923	13,362
Other Key Inpatient Statistics															
Occupancy Percentage	35%	28%	29%	34%	30%	32%	31%	28%	25%	-	-	-	30%	29%	32%
Average Daily Census (excl. newborns)	24.6	19.3	20.4	23.9	21.1	22.2	21.8	19.3	17.5	-	-	-	21.1	20.6	22.7
Average Daily Census (incl. newborns)	27.8	21.9	23.1	27.2	24.3	25.0	24.2	21.6	20.2	-	-	-	23.9	23.1	25.4
Average Length of Stay (excl newborns)	4.49	4.06	4.05	4.14	3.65	3.87	4.01	3.95	3.61	-	-	-	3.98	4.57	4.49
Average Length of Stay (incl newborns)	4.05	3.68	3.75	3.79	3.35	3.58	3.73	3.72	3.34	-	-	-	3.66	4.13	4.07
Case Mix Index- Medicare	1.2984	1.1685	1.2704	2.0722	1.2469	1.2247	1.6090	1.4188	1.3313	-	-	-	1.3894	N/A	1.2914
Case Mix Index- Medicaid	0.8951	1.1032	-	1.0088	0.6338	0.9074	3.7969	1.3449	-	-	-	-	0.8819	N/A	1.0807
Case Mix Index- All Payers	1.1003	1.0937	1.0656	1.1999	1.0003	1.0846	1.1580	1.0306	0.9324	-	-	-	1.0804	N/A	1.1407
Emergency Room and Outpatients															
ER Admissions	107	93	118	110	126	132	124	140	112	-	-	-	1,052	886	847
ER Visits	2,015	1,992	1,881	2,071	1,946	2,074	2,070	2,049	1,710	-	-	-	17,808	19,778	19,223
Outpatient Visits	746	724	640	726	657	695	734	617	654	-	-	-	6,183	6,906	6,980
ER and Outpatient Visits	2,761	2,716	2,521	2,797	2,603	2,769	2,804	2,666	2,364	-	-	-	24,001	26,682	26,203
Observation Patient Stays	144	135	143	153	164	166	183	164	155	-	-	-	1,387	1,221	1,213
Surgery and Other Procedures															
Inpatient Surgeries	47	34	44	46	41	29	40	34	31	-	-	-	346	344	415
Outpatient Surgeries	13	20	15	20	19	20	15	19	33	-	-	-	174	222	214
Endoscopies	21	13	13	15	20	19	25	7	21	-	-	-	154	154	163
Radiology Procedures	2,085	2,125	2,154	2,471	2,169	2,457	2,380	2,225	1,950	-	-	-	20,016	18,349	19,111
Lab Charges	14,284	13,245	13,779	15,327	13,650	16,038	15,593	14,764	12,967	-	-	-	129,647	113,658	128,074
Staffing															
Paid FTE	287.20	284.13	280.85	285.94	291.65	290.03	288.89	288.77	285.40	-	-	-	286.98	281.75	258.11
Paid FTE per Adjusted Occupied Bed	5.38	5.82	6.01	5.78	5.67	5.95	5.62	5.70	6.22	-	-	-	5.78	5.97	5.78
Operational Performance															
Gross Revenue Per Adj Pat Day	6,802	6,946	7,347	7,802	7,344	8,020	7,319	7,242	7,320	-	-	-	7,349	7,379	7,387
Net Revenue Per Adj Pat Day	1,208	1,238	1,775	1,208	1,366	1,540	1,555	1,472	1,577	-	-	-	1,438	1,688	1,659
Salaries & Benefits as % of Net Pat Revenue	102%	109%	74%	111%	96%	88%	81%	90%	89%	-	-	-	92%	80%	76%
Labor Cost per Adj Pat Day	1,233	1,350	1,305	1,344	1,316	1,361	1,258	1,324	1,397	-	-	-	1,321	1,360	1,266
Total Expense Per Adj Pat Day	1,854	2,388	2,136	2,323	2,348	2,216	2,163	2,277	2,381	-	-	-	2,232	2,242	2,050

LAKESIDE MEDICAL CENTER Inpatient

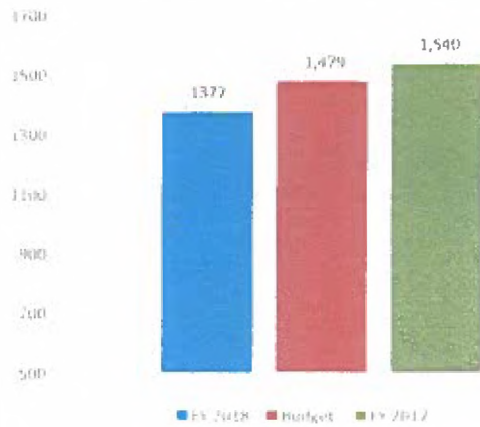
Patient Days June



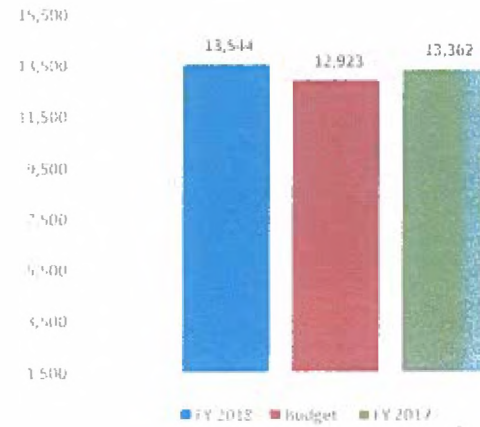
Patient Days YTD



Adjusted Patient Days June

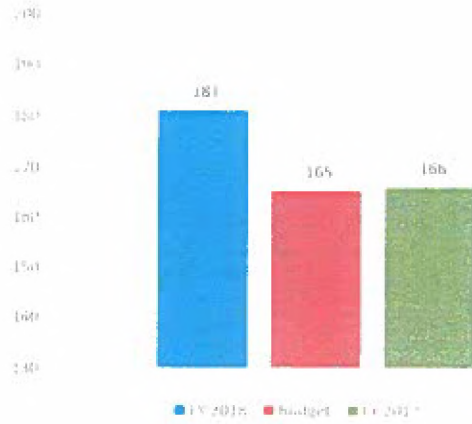


Adjusted Patient Days YTD

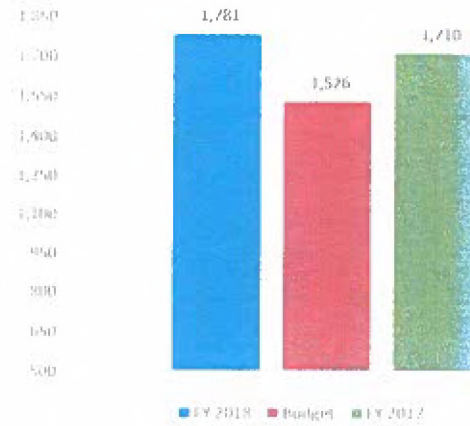


LAKESIDE MEDICAL CENTER Inpatient

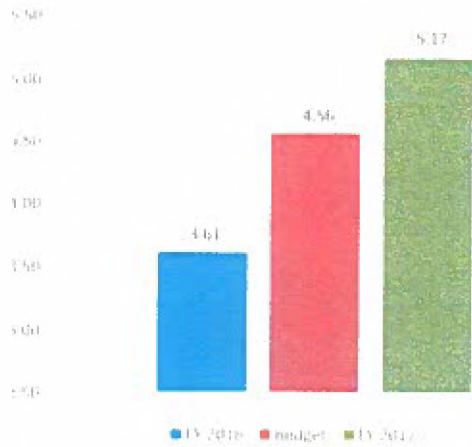
Admissions June



Admissions YTD



Average Length of Stay June

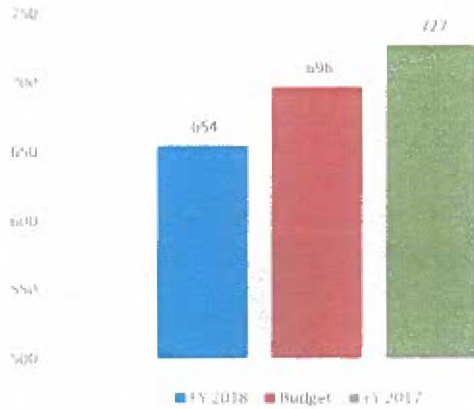


Average Length of Stay YTD

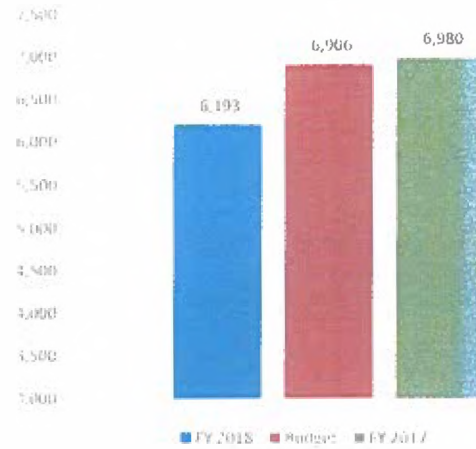


LAKESIDE MEDICAL CENTER Outpatient

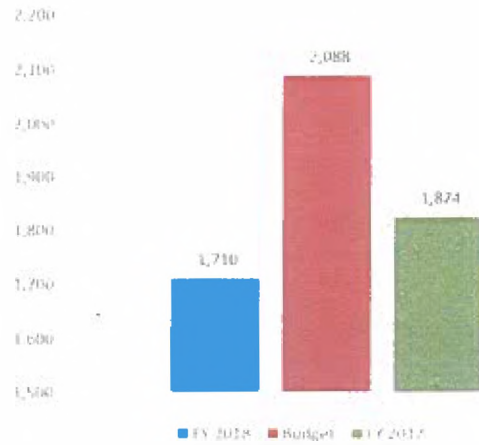
Outpatient Visits June



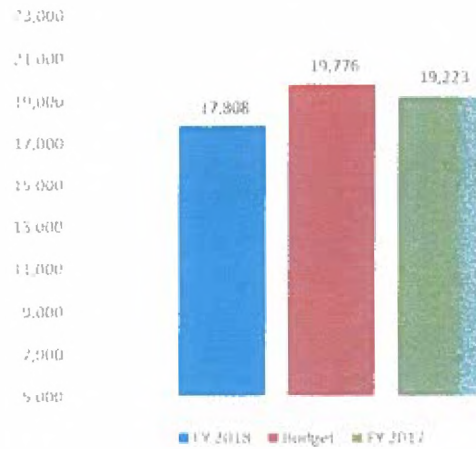
Outpatient Visits YTD



ER Visits June

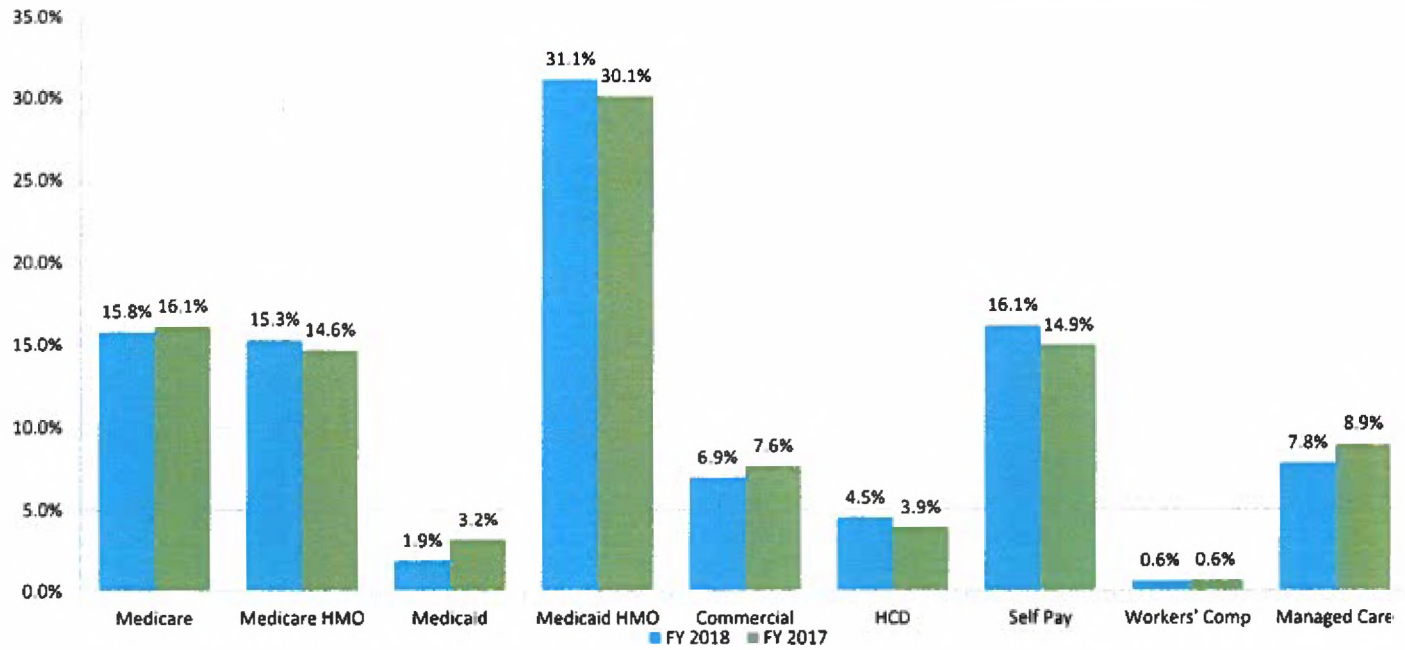


ER Visits YTD



LAKESIDE MEDICAL CENTER Revenue

Payor Mix YTD





Health Care District
PALM BEACH COUNTY

SUPPLEMENTAL INFORMATION

HEALTHY PALM BEACHES

Healthy Palm Beaches Statement of Revenues and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	Medicaid Revenue	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
-	-	-	0.0%	-	-	0.0%	Patient Premiums	-	-	-	0.0%	-	-	0.0%	
3,752	1,875	1,877	100.1%	2,982	770	25.8%	Other Revenue	33,633	16,875	16,758	99.3%	40,740	(7,107)	(17.4%)	
3,752	1,875	1,877	100.1%	2,982	770	25.8%	Total Revenues	33,633	16,875	16,758	99.3%	40,740	(7,107)	(17.4%)	
<i>Direct Operational Expenses:</i>															
-	-	-	0.0%	-	-	0.0%	Salaries and Wages	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Benefits	-	-	-	0.0%	-	-	0.0%	
-	3,042	3,042	100.0%	-	-	0.0%	Purchased Services	27,949	27,375	(574)	(2.1%)	25,795	(2,154)	(8.4%)	
-	-	-	0.0%	-	-	0.0%	Medical Supplies	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Other Supplies	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Medical Services	(75)	-	75	0.0%	2,210	2,285	103.4%	
-	-	-	0.0%	-	-	0.0%	Drugs	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Repairs & Maintenance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Lease & Rental	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
759	975	216	22.1%	1,121	362	32.3%	Other Expense	(33,332)	8,775	42,107	479.9%	5,808	39,140	673.9%	
959	1,333	375	28.1%	964	5	0.6%	Insurance	6,998	12,000	5,002	41.7%	11,486	4,488	39.1%	
1,718	5,350	3,632	67.9%	2,085	367	17.6%	Total Operational Expenses	1,540	48,150	46,610	96.8%	45,299	43,758	96.6%	
Net Performance before Overhead															
2,035	(3,475)	5,510	(158.5%)	897	1,137	126.7%	Allocations	32,093	(31,275)	63,368	(202.6%)	(4,559)	36,652	(804.0%)	
<i>Overhead Allocations:</i>															
-	-	-	0.0%	-	-	0.0%	Risk Mgt	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Internal Audit	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Palm Springs Facility	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Administration	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Human Resources	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Legal	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Records	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Compliance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Finance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Information Technology	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Total Overhead Allocations	-	-	-	0.0%	-	-	0.0%	
1,718	5,350	3,632	67.9%	2,085	367	17.6%	Total Expenses	1,540	48,150	46,610	96.8%	45,299	43,758	96.6%	
\$ 2,035	\$ (3,475)	\$ 5,510	(158.5%)	\$ 897	\$ 1,137	126.7%	Net Margin	\$ 32,093	\$ (31,275)	\$ 63,368	(202.6%)	\$ (4,559)	\$ 36,652	(804.0%)	
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	General Fund Support/Transfer In (net)	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	

Healthy Palm Beaches Statement of Revenues and Expenses by Month

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Medicaid Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Patient Premiums	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	4,676	3,620	3,628	4,637	2,112	5,224	2,449	3,535	3,752	-	-	-	33,633
Total Revenues	4,676	3,620	3,628	4,637	2,112	5,224	2,449	3,535	3,752	-	-	-	33,633
<i>Direct Operational Expenses:</i>													
Salaries and Wages	-	-	-	-	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-
Purchased Services	-	-	-	7,200	1,160	-	19,589	-	-	-	-	-	27,949
Medical Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-	(75)	-	-	-	-	-	(75)
Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
Lease & Rental	-	-	-	-	-	-	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Expense	345	1,032	(40,126)	971	1,388	802	750	747	759	-	-	-	(33,332)
Insurance	964	964	(549)	826	959	959	959	959	959	-	-	-	6,998
Total Operational Expenses	1,309	1,996	(40,675)	8,998	3,507	1,760	21,222	1,706	1,718	-	-	-	1,540
Net Performance before Overhead Allocations	3,367	1,624	44,303	(4,360)	(1,395)	3,464	(18,773)	1,829	2,035	-	-	-	32,093
<i>Overhead Allocations:</i>													
Risk Mgt	-	-	-	-	-	-	-	-	-	-	-	-	-
Rev Cycle	-	-	-	-	-	-	-	-	-	-	-	-	-
Internal Audit	-	-	-	-	-	-	-	-	-	-	-	-	-
Palm Springs Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration	-	-	-	-	-	-	-	-	-	-	-	-	-
Human Resources	-	-	-	-	-	-	-	-	-	-	-	-	-
Legal	-	-	-	-	-	-	-	-	-	-	-	-	-
Records	-	-	-	-	-	-	-	-	-	-	-	-	-
Compliance	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	-	-	-	-	-	-	-	-	-	-	-	-	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	1,309	1,996	(40,675)	8,998	3,507	1,760	21,222	1,706	1,718	-	-	-	1,540
Net Margin	\$ 3,367	\$ 1,624	\$ 44,303	\$ (4,360)	\$ (1,395)	\$ 3,464	\$ (18,773)	\$ 1,829	\$ 2,035	\$ -	\$ -	\$ -	\$ 32,093
General Fund Support/ Transfer In (net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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SUPPLEMENTAL INFORMATION

PRIMARY CARE CLINICS

Primary Care Clinics Statement of Revenues and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,801,509	2,008,432	(206,923)	(10.3%)	1,731,452	70,057	4.0%	16,620,718	16,734,693	(113,974)	(0.7%)	14,407,480	2,213,239	15.4%
196,239	577,512	381,274	66.0%	462,470	266,231	57.6%	2,618,906	4,820,311	2,201,405	45.7%	3,546,214	927,308	26.1%
58,983	189,212	130,228	68.8%	56,145	(2,838)	(5.1%)	515,199	1,546,110	1,030,911	66.7%	588,981	73,782	12.5%
248,396	38,115	(210,281)	(551.7%)	65,097	(183,299)	(281.6%)	1,417,840	335,614	(1,082,227)	(322.5%)	926,775	(491,065)	(53.0%)
503,618	804,838	301,220	37.4%	583,713	80,095	13.7%	4,551,946	6,702,035	2,150,090	32.1%	5,061,970	510,025	10.1%
1,297,891	1,203,594	94,297	7.8%	1,147,739	150,152	13.1%	12,068,773	10,032,657	2,036,115	20.3%	9,345,510	2,723,263	29.1%
72.04%	59.93%			66.29%			72.61%	59.95%			64.87%		
612,112	761,512	(149,400)	(19.6%)	619,667	(7,555)	(1.2%)	5,896,691	6,388,978	(492,287)	(7.7%)	4,889,893	1,006,799	20.6%
3,771	16,225	(12,454)	(76.8%)	2,389	1,382	57.8%	236,606	146,025	90,581	62.0%	51,872	184,735	356.1%
615,883	777,737	(161,854)	(20.8%)	622,056	(6,173)	(1.0%)	6,133,298	6,535,003	(401,705)	(6.1%)	4,941,764	1,191,533	24.1%
1,913,774	1,981,331	(67,557)	(3.4%)	1,769,795	143,979	8.1%	18,202,070	16,567,660	1,634,410	9.9%	14,287,274	3,914,796	27.4%
<i>Direct Operational Expenses:</i>													
1,174,280	1,306,077	131,797	10.1%	1,067,285	(106,995)	(10.0%)	11,030,303	11,608,341	578,038	5.0%	9,183,276	(1,847,027)	(20.1%)
345,001	360,092	15,092	4.2%	297,090	(47,911)	(16.1%)	2,982,430	3,119,576	137,147	4.4%	2,491,348	(491,082)	(19.7%)
102,800	59,582	(43,218)	(72.5%)	56,655	(46,145)	(81.4%)	570,363	515,788	(54,575)	(10.6%)	458,191	(112,173)	(24.5%)
36,607	51,659	15,051	29.1%	35,679	(928)	(2.6%)	365,130	409,693	44,563	10.9%	276,340	(88,790)	(32.1%)
16,237	16,276	39	0.2%	43,970	27,733	63.1%	125,044	117,348	(7,696)	(6.6%)	268,523	143,479	53.4%
-	-	-	0.0%	-	-	0.0%	15,355	-	(15,355)	0.0%	-	(15,355)	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
26,793	58,036	31,243	53.8%	52,784	25,991	49.2%	409,180	485,742	76,563	15.8%	365,605	(43,575)	(11.9%)
23,703	108,467	84,764	78.1%	33,484	9,780	29.2%	378,186	935,996	557,810	59.6%	314,469	(63,718)	(20.3%)
95,932	115,600	19,668	17.0%	108,659	12,728	11.7%	1,069,193	1,027,791	(41,402)	(4.0%)	912,331	(156,862)	(17.2%)
5,547	8,025	2,478	30.9%	6,749	1,202	17.8%	56,298	66,955	10,657	15.9%	29,129	(27,169)	(93.3%)
21,355	21,890	535	2.4%	26,687	5,332	20.0%	204,092	209,681	5,589	2.7%	132,131	(71,961)	(54.5%)
2,417	2,690	273	10.1%	1,826	(591)	(32.3%)	14,938	19,885	4,947	24.9%	16,436	1,498	9.1%
1,850,671	2,108,393	257,723	12.2%	1,730,868	(119,803)	(6.9%)	17,220,512	18,516,797	1,296,285	7.0%	14,447,778	(2,772,735)	(19.2%)
<i>Net Performance before Depreciation & Overhead Allocations</i>													
63,104	(127,062)	190,165	(149.7%)	38,927	24,176	62.1%	981,558	(1,949,136)	2,930,695	(150.4%)	(160,504)	1,142,062	(711.5%)

Primary Care Clinics Statement of Revenues and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
16,722	26,945	10,222	37.9%	18,017	1,295	7.2%	153,186	242,501	89,315	36.8%	147,712	(5,474)	(3.7%)
<i>Overhead Allocations</i>													
13,092	12,912	(180)	(1.4%)	5,422	(7,670)	(141.5%)	90,608	109,587	18,979	17.3%	48,037	(42,572)	(88.6%)
35,835	57,005	21,171	37.1%	18,519	(17,315)	(93.5%)	377,331	480,136	102,805	21.4%	144,288	(233,043)	(161.5%)
5,328	5,460	131	2.4%	7,381	2,052	27.8%	24,444	46,339	21,895	47.3%	45,568	21,125	46.4%
19,871	32,462	12,591	38.8%	-	(19,871)	0.0%	223,790	292,161	68,371	23.4%	-	(223,790)	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
22,096	26,593	4,497	16.9%	18,941	(3,155)	(16.7%)	223,497	225,699	2,201	1.0%	168,944	(54,553)	(32.3%)
29,915	35,298	5,384	15.3%	23,943	(5,971)	(24.9%)	261,363	286,634	25,271	8.8%	213,987	(47,376)	(22.1%)
12,734	13,480	746	5.5%	3,910	(8,824)	(225.7%)	94,337	114,407	20,070	17.5%	72,142	(22,194)	(30.8%)
5,944	6,255	311	5.0%	1,836	(4,108)	(223.8%)	60,302	53,089	(7,213)	(13.6%)	27,583	(32,719)	(118.6%)
5,513	8,691	3,177	36.6%	4,498	(1,015)	(22.6%)	53,153	73,758	20,605	27.9%	35,266	(17,887)	(50.7%)
1,093	1,530	437	28.6%	-	(1,093)	0.0%	15,673	12,983	(2,690)	(20.7%)	-	(15,673)	0.0%
24,580	29,176	4,595	15.7%	8,797	(15,784)	(179.4%)	247,885	247,618	(266)	(0.1%)	178,300	(69,585)	(39.0%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
7,531	19,548	12,018	61.5%	5,555	(1,976)	(35.6%)	64,502	165,910	101,408	61.1%	55,785	(8,718)	(15.6%)
65,435	94,872	29,437	31.0%	64,153	(1,282)	(2.0%)	720,729	805,192	84,463	10.5%	531,565	(189,163)	(35.6%)
-	3,652	3,652	100.0%	4,211	4,211	100.0%	13,118	30,998	17,880	57.7%	30,170	17,052	56.5%
3,675	3,077	(598)	(19.4%)	-	(3,675)	0.0%	31,130	26,119	(5,011)	(19.2%)	-	(31,130)	0.0%
2,006	11,123	9,118	82.0%	-	(2,006)	0.0%	48,543	93,688	45,146	48.2%	-	(48,543)	0.0%
254,648	361,134	106,486	29.5%	167,165	(87,483)	(52.3%)	2,550,405	3,064,318	513,913	16.8%	1,551,636	(998,769)	(64.4%)
2,122,041	2,496,472	374,431	15.0%	1,916,050	(205,991)	(10.8%)	19,924,103	21,823,615	1,899,512	8.7%	16,147,125	(3,776,977)	(23.4%)
\$ (208,267)	\$ (515,140)	\$ 306,874	(59.6%)	\$ (146,255)	\$ (62,012)	42.4%	\$ (1,722,032)	\$ (5,255,955)	\$ 3,533,922	(67.2%)	\$ (1,859,851)	\$ 137,819	(7.4%)
-	195,350	195,350	100.0%	318	318	100.0%	-	2,722,697	2,722,697	100.0%	318	318	100.0%
\$ -	\$ 800,000	\$ 800,000	100.0%	\$ -	\$ -	0.0%	\$ 2,170,000	\$ 7,200,000	\$ 5,030,000	69.9%	\$ -	\$ (2,170,000)	0.0%

Primary Care Clinics Statement of Revenues and Expenses by Month

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Gross Patient Revenue	1,932,348	1,614,292	1,726,128	1,887,183	1,901,243	2,169,234	1,858,934	1,729,846	1,801,509	-	-	-	16,620,718
Contractual Allowances	487,323	359,412	337,720	278,529	555,200	399,431	672,918	(617,866)	196,239	-	-	-	2,618,906
Charity Care	30,732	27,330	167,151	218,711	2,463	65,773	7,573	(63,519)	58,983	-	-	-	515,199
Bad Debt	213,806	165,082	190,754	153,100	156,052	249,996	17,792	22,862	248,396	-	-	-	1,417,840
Net Patient Revenue	1,200,487	1,062,467	1,030,503	1,236,843	1,187,529	1,454,034	1,210,650	2,388,369	1,297,891	-	-	-	12,068,773
Collections %	62.13%	65.82%	59.70%	65.54%	62.46%	67.03%	65.13%	138.07%	72.04%	#DIV/0!	#DIV/0!	#DIV/0!	72.61%
Grant Funds	581,399	570,025	610,755	847,450	668,265	623,345	655,083	728,259	612,112	-	-	-	5,896,691
Other Revenue	7,856	1,864	109,616	7,012	2,486	43,940	4,062	64,999	3,771	-	-	-	236,606
Total Other Revenues	\$84,255	\$71,889	720,371	\$50,462	\$70,751	\$67,285	\$59,145	793,257	\$615,893	-	-	-	\$1,133,298
Total Revenues	1,784,741	1,634,356	1,750,874	2,087,305	1,858,280	2,121,319	1,869,795	3,181,626	1,913,774	-	-	-	18,202,070
Direct Operational Expenses:													
Salaries and Wages	1,216,848	1,147,815	1,156,021	1,157,040	1,203,702	1,316,763	1,241,980	1,415,855	1,174,280	-	-	-	11,030,303
Benefits	302,737	307,341	306,130	339,069	334,301	350,911	339,579	357,361	345,001	-	-	-	2,982,430
Purchased Services	36,818	31,240	55,668	56,008	40,481	92,475	101,864	53,008	102,800	-	-	-	570,363
Medical Supplies	25,047	34,241	41,871	45,383	65,137	41,037	40,647	35,160	36,607	-	-	-	365,130
Other Supplies	5,129	8,001	3,444	8,044	14,369	10,848	12,495	44,476	16,237	-	-	-	125,044
Contracted Physician Expense	12,703	2,652	-	-	-	-	-	-	-	-	-	-	15,355
Medical Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Drugs	39,087	60,113	48,821	50,181	48,344	52,837	42,549	40,454	26,793	-	-	-	409,180
Repairs & Maintenance	28,999	49,299	58,740	12,935	48,891	41,387	21,609	92,624	23,703	-	-	-	378,186
Lease & Rental	111,395	109,108	90,150	129,097	117,865	127,337	165,851	122,460	95,932	-	-	-	1,069,193
Utilities	2,097	8,470	8,236	5,588	5,756	4,661	6,556	9,388	5,547	-	-	-	56,298
Other Expense	29,001	31,159	9,617	20,430	22,501	28,627	29,722	11,680	21,355	-	-	-	204,092
Insurance	1,778	1,778	1,416	1,417	1,417	1,417	1,417	1,883	2,417	-	-	-	14,938
Total Operational Expenses	1,811,638	1,791,217	1,782,114	1,825,192	1,902,763	2,068,299	2,004,269	2,184,349	1,850,671	-	-	-	17,220,512
Net Performance before Depreciation & Overhead Allocations	(26,897)	(156,860)	(31,240)	262,113	(44,484)	53,020	(134,474)	997,277	63,104	-	-	-	981,558
Depreciation	17,505	16,479	16,992	16,992	16,992	16,992	17,540	16,972	16,722	-	-	-	153,186
Overhead Allocations:													
Risk Mgt	7,453	8,836	13,641	8,777	9,774	10,231	8,967	9,838	13,092	-	-	-	90,608
Rev Cycle	48,556	47,099	34,355	59,652	49,552	37,122	48,655	16,506	35,835	-	-	-	377,331
Internal Audit	5	-	580	580	1,967	5,809	5,377	5,377	5,328	-	-	-	24,444
Palm Springs Facility	20,677	21,156	20,813	20,281	41,731	15,176	27,667	36,418	19,871	-	-	-	223,790
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration	25,875	24,692	26,547	27,033	30,666	20,796	27,963	17,828	22,096	-	-	-	223,497
Human Resources	29,597	13,464	33,802	21,072	21,563	28,368	49,058	34,524	29,915	-	-	-	261,363
Legal	5,568	7,477	13,345	8,693	13,576	9,757	8,811	14,375	12,734	-	-	-	94,337
Records	4,860	4,152	3,963	4,751	10,058	6,632	9,240	10,701	5,944	-	-	-	60,302
Compliance	5,184	6,493	6,683	8,310	6,895	7,066	1,786	5,303	5,513	-	-	-	53,153
Planning/Research	1,666	1,204	1,163	1,248	1,171	1,207	5,733	1,250	1,093	-	-	-	15,673
Finance	26,706	21,729	22,431	24,720	24,201	43,417	29,974	30,126	24,580	-	-	-	247,885
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Relations	5,278	7,688	7,362	5,198	13,328	3,213	6,360	8,045	7,531	-	-	-	64,502
Information Technology	68,942	137,669	80,805	37,467	76,905	67,776	75,088	110,642	65,435	-	-	-	720,729
Budget & Decision Support	2,141	2,508	2,397	2,616	84	(231)	3,602	-	-	-	-	-	13,118
Corporate Quality	4,089	3,976	1,372	3,565	2,776	4,069	3,662	3,945	3,675	-	-	-	31,130
Managed Care Contract	4,449	4,604	4,802	5,502	15,408	(1,070)	5,381	7,962	2,006	-	-	-	48,543
Total Overhead Allocations	261,549	312,747	272,899	239,466	319,593	259,338	317,325	312,840	254,648	-	-	-	2,550,405
Total Expenses	2,090,692	2,120,442	2,072,005	2,081,650	2,239,348	2,344,629	2,339,134	2,514,161	2,122,041	-	-	-	19,924,103
Net Margin	\$ (305,951)	\$ (486,086)	\$ (321,131)	\$ 5,655	\$ (381,068)	\$ (223,310)	\$ (469,339)	\$ 667,465	\$ (208,267)	\$ -	\$ -	\$ -	\$ (1,722,032)
Capital	-	10,221	(10,221)	-	-	-	40,825	(40,825)	-	-	-	-	-
General Fund Support/ Transfer In	-	-	-	-	-	2,000,000	70,000	100,000	-	-	-	-	\$ 2,170,000

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

FOR THE NINE MONTHS ENDED JUNE 30, 2018

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Jerome Golden Center	Lewis Center	Rams Clinic	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subzone Clinic	Mobile Van	Total
Gross Patient Revenue	-	2,607,157	2,289,270	2,330,685	1,404,190	381,774	466,169	-	2,435,601	758,260	994,049	-	-	13,661,154
Contractual Allowances	-	525,750	520,860	678,789	355,826	113,776	245,436	476	501,870	135,023	143,684	-	-	3,221,489
Charity Care	-	100,986	47,293	3,649	21,364	13,303	(35,135)	-	163,705	24,836	79,290	-	-	419,291
Bad Debt	-	311,444	301,521	232,006	186,419	28,005	66,934	(881)	195,169	30,874	94,871	-	-	1,446,361
Total Contractual Allowances and Bad Debt	-	938,181	869,674	914,444	563,609	155,083	277,234	(404)	860,743	190,733	317,845	-	-	5,087,141
Net Patient Revenue	-	1,668,976	1,419,596	1,416,242	840,582	226,691	182,935	404	1,574,858	567,527	676,204	-	-	8,574,014
Collection %	0.00%	64.02%	62.01%	60.77%	59.86%	59.38%	39.75%	0.00%	64.66%	74.85%	68.03%	0.00%	0.00%	62.76%
Grant Funds	917,871	647,841	606,822	599,711	393,239	66,869	127,918	-	641,347	203,984	449,461	164,701	-	4,819,763
Other Revenue	70,261	38,058	18,927	20,645	41,134	844	503	3	10,712	635	884	-	-	202,606
Total Other Revenues	988,132	685,898	625,749	620,356	434,373	67,713	128,422	3	652,059	204,619	450,345	164,701	-	5,022,370
Total Revenues	988,132	2,354,874	2,045,345	2,036,598	1,274,955	294,404	311,356	408	2,226,917	772,146	1,126,549	164,701	-	13,596,383
Direct Operational Expenses:														
Salaries and Wages	1,345,238	1,337,879	1,189,461	1,239,089	809,137	135,977	309,947	-	1,365,518	486,522	654,449	190,255	2,475	9,065,945
Benefits	304,185	313,808	348,264	379,705	204,766	39,821	85,251	-	391,602	122,794	176,805	35,308	290	2,402,599
Purchased Services	87,619	73,069	43,174	44,528	49,814	34,280	6,157	-	86,303	29,950	28,857	-	-	483,751
Medical Supplies	-	14,047	37,945	13,263	11,587	1,583	6,679	-	25,508	6,557	4,765	-	-	121,934
Other Supplies	20,385	12,487	7,577	7,857	7,076	2,318	2,964	-	16,073	4,810	12,199	2,015	1,545	97,306
Contracted Physician Expense	-	-	15,355	-	-	-	-	-	-	-	-	-	-	15,355
Drugs	-	80,272	81,578	84,092	31,974	7,066	3,307	-	79,421	20,729	9,809	-	-	398,249
Repairs & Maintenance	904	56,899	53,914	53,687	41,901	5,980	5,312	465	57,748	11,675	41,401	1,300	-	331,187
Lease & Rental	82,338	102,372	58,218	78,441	123,860	13,289	1,551	-	156,803	55,643	95,290	-	237	768,042
Utilities	3,393	839	2,418	869	16,814	1,567	1,567	-	9,051	5,824	6,550	-	-	48,893
Other Expense	123,495	4,769	6,649	3,847	7,762	797	4,276	-	7,368	7,300	9,773	312	-	176,348
Insurance	338	3,826	3,086	2,841	1,151	340	-	106	1,097	124	142	-	-	14,143
Total Operational Expenses	1,967,895	2,000,266	1,847,639	1,908,219	1,305,841	243,019	427,012	571	2,196,493	751,927	1,040,039	229,189	5,640	13,923,751
Net Performance before Depreciation & Overhead Allocations	(979,764)	354,608	197,706	128,379	(30,886)	51,385	(115,655)	(163)	30,424	20,219	86,509	(64,489)	(5,640)	(327,368)
Depreciation	7,622	3,990	3,977	2,024	1,881	715	2,970	125	9,917	3,844	2,990	-	-	40,054
Overhead Allocations:														
Risk Mgt	9,063	11,035	9,128	9,162	5,494	1,292	1,348	-	9,780	4,157	8,171	2,453	-	71,083
Rev Cycle	-	52,240	43,200	43,363	26,003	6,115	6,380	-	46,284	19,671	38,669	10,526	-	292,452
Internal Audit	2,445	2,951	2,440	2,449	1,469	345	360	-	2,614	1,111	2,184	806	-	19,176
Palm Springs Facility	191,570	-	-	-	-	-	-	-	-	-	-	-	-	191,570
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration	22,145	27,124	22,430	22,514	13,501	3,175	3,313	-	24,031	10,213	20,077	5,661	-	174,183
Human Resources	15,519	33,024	28,657	28,451	15,888	4,227	4,230	0	30,148	11,659	23,309	4,540	-	199,650
Legal	9,482	11,515	9,522	9,558	5,732	1,348	1,406	-	10,202	4,336	8,524	2,670	-	74,295
Records	6,027	7,331	6,063	6,085	3,649	858	895	-	6,495	2,761	5,427	1,692	-	47,284
Compliance	5,404	6,545	5,432	5,452	3,270	769	802	-	5,820	2,474	4,862	1,391	-	42,244
Planning/Research	1,110	1,492	1,235	1,239	743	175	182	-	1,323	562	1,104	307	-	9,472
Finance	25,164	30,560	25,271	25,366	15,212	3,577	3,732	-	27,075	11,508	22,622	6,676	-	196,764
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Relations	6,542	7,952	6,576	6,601	3,958	931	971	-	7,045	1,994	5,886	1,707	-	51,164
Information Technology	72,085	87,987	72,761	73,035	43,796	10,300	10,745	-	77,954	33,132	65,130	18,497	-	565,422
Budget & Decision Support	952	1,284	1,062	1,066	639	150	157	-	1,137	483	950	189	-	8,068
Corporate Quality	3,113	3,807	3,148	3,160	1,895	446	465	-	3,373	1,434	2,818	761	-	24,422
Managed Care Contract	-	6,698	5,539	5,560	3,334	784	818	-	5,934	2,522	4,958	1,476	-	37,623
Total Overhead Allocations	370,621	291,569	242,464	243,063	144,580	34,492	35,805	0	259,216	109,017	214,692	59,351	-	2,004,872
Total Expenses	2,346,139	2,295,826	2,094,080	2,153,305	1,452,302	278,227	465,787	695	2,465,625	864,788	1,257,721	288,541	5,640	15,968,677
Net Margin	\$ (1,358,007)	\$ 59,048	\$ (48,735)	\$ (116,707)	\$ (177,347)	\$ 16,177	\$ (154,431)	\$ (288)	\$ (238,709)	\$ (92,642)	\$ (131,173)	\$ (123,840)	\$ (8,640)	\$ (2,372,234)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/Transfer In	\$ 2,170,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,170,000

Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,476,579	1,578,810	(102,231)	(6.5%)	1,365,711	110,869	8.1%	13,661,154	13,333,152	328,003	2.5%	11,184,299	2,476,856	22.1%
Gross Patient Revenue							Gross Patient Revenue						
238,450	525,451	287,002	54.6%	459,940	221,491	48.2%	3,221,489	4,415,298	1,193,809	27.0%	3,242,183	20,694	0.6%
38,957	163,378	124,422	76.2%	41,977	3,021	7.2%	419,291	1,338,671	919,381	68.7%	456,316	37,026	8.1%
239,438	34,945	(204,492)	(585.2%)	77,130	(162,308)	(210.4%)	1,446,361	311,829	(1,134,533)	(363.8%)	818,516	(627,845)	(76.7%)
516,844	723,775	206,931	28.6%	579,047	62,203	10.7%	5,087,141	6,065,797	978,657	16.1%	4,517,015	(570,125)	(12.6%)
Total Contractuals and Bad Debts							Total Contractuals and Bad Debts						
959,735	855,035	104,700	12.2%	786,664	173,072	22.0%	8,574,014	7,267,354	1,306,659	18.0%	6,667,283	1,906,730	28.6%
65.00%	54.16%			57.60%			62.76%	54.51%		59.61%			
Net Patient Revenue							Net Patient Revenue						
501,737	505,781	(4,044)	(0.8%)	491,420	10,317	2.1%	4,819,763	4,580,027	239,736	5.2%	3,754,099	1,065,664	28.4%
3,771	7,725	(3,954)	(51.2%)	2,389	1,382	57.8%	202,606	69,525	133,081	191.4%	51,871	150,736	290.6%
Grant Funds							Grant Funds						
Other Revenue							Other Revenue						
505,508	513,506	(7,998)	(1.6%)	493,809	11,699	2.4%	5,022,370	4,649,552	372,818	8.0%	3,805,970	1,216,400	32.0%
Total Other Revenues							Total Other Revenues						
1,465,243	1,368,541	96,702	7.1%	1,280,473	184,770	14.4%	13,596,383	11,916,906	1,679,477	14.1%	10,473,253	3,123,130	29.8%
Total Revenues							Total Revenues						
Direct Operational Expenses:													
977,759	1,014,559	36,801	3.6%	845,043	(132,715)	(15.7%)	9,065,945	9,311,557	245,612	2.6%	7,244,705	(1,821,240)	(25.1%)
Salaries and Wages							Salaries and Wages						
279,156	271,963	(7,193)	(2.6%)	233,911	(45,245)	(19.3%)	2,402,599	2,444,512	41,913	1.7%	1,961,790	(440,809)	(22.5%)
Benefits							Benefits						
92,551	47,839	(44,712)	(93.5%)	46,356	(46,196)	(99.7%)	483,751	429,267	(54,484)	(12.7%)	374,539	(109,212)	(29.2%)
Purchased Services							Purchased Services						
14,653	20,157	5,504	27.3%	14,791	138	0.9%	121,934	172,683	50,749	29.4%	109,426	(12,508)	(11.4%)
Medical Supplies							Medical Supplies						
8,415	9,713	1,298	13.4%	39,593	31,179	78.7%	97,306	86,037	(11,269)	(13.1%)	248,768	151,462	60.9%
Other Supplies							Other Supplies						
-	-	-	0.0%	-	-	0.0%	15,355	-	(15,355)	0.0%	-	(15,355)	0.0%
Contracted Physician Expense							Contracted Physician Expense						
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
Medical Services							Medical Services						
26,789	55,427	28,639	51.7%	50,840	24,052	47.3%	398,249	470,897	72,649	15.4%	352,608	(45,640)	(12.9%)
Drugs							Drugs						
22,464	95,620	73,156	76.5%	32,334	9,870	30.5%	331,187	848,078	516,892	60.9%	272,906	(58,281)	(21.4%)
Repairs & Maintenance							Repairs & Maintenance						
62,658	83,814	21,157	25.2%	81,620	18,963	23.2%	768,042	754,330	(13,712)	(1.8%)	669,227	(98,815)	(14.8%)
Lease & Rental							Lease & Rental						
4,813	6,231	1,418	22.8%	6,749	1,936	28.7%	48,893	56,077	7,185	12.8%	29,129	(19,763)	(67.8%)
Utilities							Utilities						
20,067	20,583	516	2.5%	23,174	3,107	13.4%	176,348	183,350	7,002	3.8%	114,775	(61,573)	(53.6%)
Other Expense							Other Expense						
2,342	2,318	(24)	(1.0%)	1,715	(627)	(36.5%)	14,143	16,691	2,548	15.3%	15,436	1,292	8.4%
Insurance							Insurance						
1,511,666	1,628,224	116,559	7.2%	1,376,126	(135,539)	(9.8%)	13,923,751	14,773,481	849,730	5.8%	11,393,309	(2,530,442)	(22.2%)
Total Operational Expenses							Total Operational Expenses						
Net Performance before Depreciation & Overhead Allocations													
(46,423)	(259,684)	213,261	(82.1%)	(95,654)	49,231	(51.5%)	(327,368)	(2,856,574)	2,529,207	(88.5%)	(920,056)	592,688	(64.4%)

Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
4,125	8,105	3,980	49.1%	5,575	1,450	26.0%	40,054	72,942	32,888	45.1%	35,727	(4,327)	(12.1%)
<i>Overhead Allocations:</i>													
10,271	9,783	(488)	(5.0%)	4,383	(5,888)	(134.3%)	71,083	86,874	15,792	18.2%	38,415	(32,668)	(85.0%)
27,774	42,483	14,710	34.6%	14,764	(13,009)	(88.1%)	292,452	376,540	84,088	22.3%	113,566	(178,886)	(157.5%)
4,180	4,137	(44)	(1.1%)	5,958	1,777	29.8%	19,176	36,735	17,558	47.8%	36,441	17,265	47.4%
17,010	27,789	10,778	38.8%	-	(17,010)	0.0%	191,570	250,097	58,527	23.4%	-	(191,570)	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
17,335	20,148	2,813	14.0%	15,312	(2,023)	(13.2%)	174,183	178,920	4,737	2.6%	134,948	(39,235)	(29.1%)
22,575	25,138	2,563	10.2%	19,266	(3,309)	(17.2%)	199,650	220,144	20,494	9.3%	170,259	(29,391)	(17.3%)
9,990	10,213	223	2.2%	3,156	(6,834)	(216.5%)	74,295	90,695	16,400	18.1%	57,460	(16,835)	(29.3%)
4,663	4,739	76	1.6%	1,550	(3,114)	(201.0%)	47,284	42,086	(5,198)	(12.4%)	22,095	(25,188)	(114.0%)
4,325	6,584	2,259	34.3%	3,608	(717)	(19.9%)	42,244	58,471	16,227	27.8%	28,176	(14,068)	(49.9%)
857	1,159	302	26.0%	-	(857)	0.0%	9,472	10,292	821	8.0%	-	(9,472)	0.0%
19,284	22,104	2,821	12.8%	7,061	(12,223)	(173.1%)	196,764	196,297	(467)	(0.2%)	142,342	(54,422)	(38.2%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
5,908	14,810	8,902	60.1%	4,484	(1,424)	(31.8%)	51,164	131,524	80,359	61.1%	44,599	(6,566)	(14.7%)
51,335	71,878	20,543	28.6%	51,823	489	0.9%	565,422	638,308	72,886	11.4%	424,623	(140,799)	(33.2%)
-	2,767	2,767	100.0%	3,399	3,399	100.0%	8,068	24,573	16,505	67.2%	24,073	16,005	66.5%
2,883	2,332	(552)	(23.7%)	-	(2,883)	0.0%	24,422	20,705	(3,716)	(17.9%)	-	(24,422)	0.0%
1,555	8,290	6,735	81.2%	-	(1,555)	0.0%	37,623	73,474	35,850	48.8%	-	(37,623)	0.0%
199,945	274,353	74,408	27.1%	134,763	(65,182)	(48.4%)	2,004,872	2,435,735	430,863	17.7%	1,236,999	(767,873)	(62.1%)
1,715,735	1,910,682	194,947	10.2%	1,516,464	(199,271)	(13.1%)	15,968,677	17,282,158	1,313,481	7.6%	12,666,035	(3,302,642)	(26.1%)
\$ (250,492)	\$ (542,141)	\$ 291,649	(53.8%)	\$ (235,991)	\$ (14,501)	6.1%	\$ (2,372,294)	\$ (5,365,251)	\$ 2,992,958	(55.8%)	\$ (2,192,781)	\$ (179,512)	8.2%
-	\$2,700	52,700	100.0%	318	318	100.0%	-	712,300	712,300	100.0%	318	318	100.0%
\$ -	\$ 800,000	\$ 800,000	100.0%	\$ -	\$ -	0.0%	\$ 2,170,000	\$ 7,200,000	\$ 5,030,000	69.9%	\$ -	\$ (2,170,000)	0.0%

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

FOR THE NINE MONTHS ENDED JUNE 30, 2018

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Lake Worth Dental Clinic	West Boca Dental Clinic	Total
Gross Patient Revenue	-	1,022,793	792,854	758,587	385,330	-	-	2,959,564
Contractual Allowances	-	(169,437)	(153,629)	(162,164)	(117,353)	-	-	(602,583)
Charity Care	-	19,591	6,101	55,078	15,138	-	-	95,908
Bad Debt	-	(15,117)	5,578	(2,830)	(16,152)	-	-	(28,521)
Total Contractual Allowances and Bad Debt	-	(164,963)	(141,950)	(109,916)	(118,367)	-	-	(535,195)
Net Patient Revenue	-	1,187,756	934,803	868,503	503,697	-	-	3,494,759
Collection %	-	116.13%	117.90%	114.49%	130.72%	0.00%	0.00%	118.08%
Grant Funds	95,156	318,936	249,499	246,231	167,106	-	-	1,076,928
Other Revenue	-	17,000	8,500	8,500	-	-	-	34,000
Total Other Revenues	95,156	335,936	257,999	254,731	167,106	-	-	1,110,928
Total Revenues	95,156	1,523,691	1,192,802	1,123,234	670,803	-	-	4,605,687
<i>Direct Operational Expenses:</i>								
Salaries and Wages	198,624	600,092	495,111	428,202	233,528	-	8,800	1,964,358
Benefits	44,817	196,853	128,626	139,042	69,796	-	698	579,831
Purchased Services	-	19,821	16,536	17,456	22,799	-	-	84,613
Medical Supplies	-	68,732	74,293	73,951	26,220	-	-	243,196
Other Supplies	152	5,383	10,889	8,036	3,278	-	-	27,738
Contracted Physician Expense	-	-	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-	-	-
Drugs	-	3,932	2,968	2,193	1,839	-	-	10,931
Repairs & Maintenance	-	12,032	15,413	11,203	8,351	-	-	47,000
Lease & Rental	-	87,135	51,869	49,812	56,151	56,184	-	301,151
Utilities	-	1,307	2,490	1,574	2,035	-	-	7,405
Other Expense	7,784	5,947	1,919	3,761	8,332	-	-	27,744
Insurance	-	-	-	-	795	-	-	795
Total Operational Expenses	251,377	1,001,234	800,114	735,231	443,123	56,184	9,498	3,296,761
Net Performance before Depreciation & Overhead Allocations	(156,221)	522,457	392,688	388,003	227,681	(56,184)	(9,498)	1,308,926
Depreciation	-	64,522	14,735	18,878	14,996	-	-	113,131
<i>Overhead Allocations:</i>								
Risk Mgt	1,524	5,919	4,035	4,272	3,775	-	-	19,526
Rev Cycle	-	27,907	19,026	20,141	17,805	-	-	84,879
Internal Audit	411	1,597	1,589	1,153	1,018	-	-	5,267
Palm Springs Facility	32,220	-	-	-	-	-	-	32,220
Legislative Affairs	-	-	-	-	-	-	-	-
Administration	3,725	14,992	10,220	10,821	9,557	-	-	49,314
Human Resources	3,104	20,195	13,525	14,762	10,126	-	-	61,712
Legal	1,595	6,065	4,135	4,377	3,870	-	-	20,042
Records	1,014	3,947	2,691	2,849	2,517	-	-	13,018
Compliance	909	3,287	2,241	2,372	2,101	-	-	10,909
Planning/Research	187	1,983	1,351	1,432	1,249	-	-	6,202
Finance	4,232	15,412	10,508	11,123	9,845	-	-	51,120
Communications	-	-	-	-	-	-	-	-
Public Relations	1,100	4,023	2,743	2,903	2,569	-	-	13,338
Information Technology	12,124	47,079	32,096	33,980	30,028	-	-	155,306
Budget & Decision Support	160	1,612	1,098	1,164	1,016	-	-	5,050
Corporate Quality	524	2,033	1,386	1,468	1,297	-	-	6,708
Managed Care Contract	-	3,590	2,448	2,591	2,290	-	-	10,919
Total Overhead Allocations	62,829	159,640	108,592	115,409	99,063	-	-	545,533
Total Expenses	314,207	1,225,396	923,441	869,518	557,181	56,184	9,498	3,955,426
Net Margin	\$ (219,051)	\$ 298,295	\$ 269,361	\$ 253,716	\$ 113,622	\$ (56,184)	\$ (9,498)	\$ 650,262
Capital	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	-	-	-	-	-	-	\$	-

Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
324,930	429,622	(104,693)	(24.4%)	365,741	(40,812)	(11.2%)	Gross Patient Revenue	2,959,564	3,401,541	(441,977)	(13.0%)	3,223,181	(263,617)	(8.2%)
(42,211)	52,061	94,272	181.1%	2,529	44,741	1,768.8%	Contractual Allowances	(602,583)	405,013	1,007,596	248.8%	304,031	906,614	298.2%
20,027	25,833	5,807	22.5%	14,168	(5,859)	(41.4%)	Charity Care	95,908	207,439	111,531	53.8%	132,665	36,756	27.7%
8,958	3,169	(5,789)	(182.7%)	(12,032)	(20,990)	174.5%	Bad Debt	(28,521)	23,785	52,306	219.9%	108,259	136,780	126.3%
(13,226)	81,063	94,290	116.3%	4,665	17,892	383.5%	Total Contractuals and Bad Debts	(535,195)	636,238	1,171,433	184.1%	544,955	1,080,150	198.2%
338,156	348,559	(10,403)	(3.0%)	361,076	(22,920)	(6.3%)	Net Patient Revenue	3,494,759	2,765,303	729,456	26.4%	2,678,226	816,533	30.5%
104.07%	81.13%			98.72%			Collection %	118.08%	81.30%		83.09%			
110,375	255,732	(145,356)	(56.8%)	128,247	(17,872)	(13.9%)	Grant Funds	1,076,928	1,808,951	(732,023)	(40.5%)	1,135,793	(58,865)	(5.2%)
-	8,500	(8,500)	(100.0%)	-	-	0.0%	Other Revenue	34,000	76,500	(42,500)	(55.6%)	1	33,999	3,207,447.2%
110,375	264,232	(153,856)	(58.2%)	128,247	(17,872)	(13.9%)	Total Other Revenues	1,110,928	1,885,451	(774,523)	(41.1%)	1,135,794	(24,866)	(2.2%)
448,531	612,791	(164,259)	(26.8%)	489,323	(40,791)	(8.3%)	Total Revenues	4,605,687	4,650,754	(45,067)	(1.0%)	3,814,021	791,666	20.8%
<i>Direct Operational Expenses:</i>														
196,521	291,518	94,997	32.6%	222,242	25,721	11.6%	Salaries and Wages	1,964,358	2,296,784	332,426	14.5%	1,938,570	(25,787)	(1.3%)
65,845	88,129	22,284	25.3%	63,179	(2,666)	(4.2%)	Benefits	579,831	675,064	95,234	14.1%	529,558	(50,273)	(9.5%)
10,249	11,743	1,494	12.7%	10,300	51	0.5%	Purchased Services	86,613	86,521	(91)	(0.1%)	83,652	(2,961)	(3.5%)
21,954	31,501	9,548	30.3%	20,888	(1,066)	(5.1%)	Medical Supplies	243,196	237,011	(6,186)	(2.6%)	166,914	(76,282)	(45.7%)
7,822	6,563	(1,259)	(19.2%)	4,376	(3,445)	(78.7%)	Other Supplies	27,738	31,311	3,573	11.4%	19,755	(7,983)	(40.4%)
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
4	2,608	2,604	99.8%	1,944	1,939	99.8%	Drugs	10,931	14,845	3,914	26.4%	12,997	2,066	15.9%
1,240	12,847	11,608	90.4%	1,150	(90)	(7.8%)	Repairs & Maintenance	47,000	87,918	40,918	46.5%	41,563	(5,437)	(13.1%)
33,274	31,786	(1,488)	(4.7%)	27,039	(6,235)	(23.1%)	Lease & Rental	301,151	273,462	(27,690)	(10.1%)	243,104	(58,047)	(23.9%)
734	1,794	1,061	59.1%	-	(734)	0.0%	Utilities	7,405	10,877	3,472	31.9%	-	(7,405)	0.0%
1,288	1,306	19	1.4%	3,513	2,225	63.3%	Other Expense	27,744	26,331	(1,413)	(5.4%)	17,356	(10,388)	(59.9%)
75	372	297	79.8%	111	36	32.5%	Insurance	795	3,193	2,399	75.1%	1,000	206	20.6%
339,005	480,169	141,164	29.4%	354,742	15,737	4.4%	Total Operational Expenses	3,296,761	3,743,316	446,555	11.9%	3,054,468	(242,293)	(7.9%)
109,526	132,622	(23,096)	(17.4%)	134,581	(25,055)	(18.6%)	Net Performance before Depreciation & Overhead Allocations	1,308,926	907,438	401,488	44.2%	759,552	549,374	72.3%

Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE NINE MONTHS ENDED JUNE 30, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
12,597	18,840	6,242	33.1%	12,443	(155)	(1.2%)	Depreciation	113,131	169,558	56,427	33.3%	111,985	(1,147)	(1.0%)
<i>Overhead Allocations:</i>														
2,821	3,129	308	9.9%	1,039	(1,782)	(171.6%)	Risk Mgt	19,526	22,713	3,187	14.0%	9,622	(9,904)	(102.9%)
8,061	14,522	6,461	44.5%	3,755	(4,306)	(114.7%)	Rev Cycle	84,879	103,596	18,717	18.1%	30,722	(54,157)	(176.3%)
1,148	1,323	175	13.2%	1,423	275	19.3%	Internal Audit	5,267	9,604	4,337	45.2%	9,127	3,860	42.3%
2,861	4,674	1,813	38.8%	-	(2,861)	0.0%	Palm Springs Facility	32,220	42,064	9,844	23.4%	-	(32,220)	0.0%
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%
4,761	6,445	1,684	26.1%	3,629	(1,132)	(31.2%)	Administration	49,314	46,778	(2,536)	(5.4%)	33,996	(15,318)	(45.1%)
7,339	10,160	2,821	27.8%	4,677	(2,662)	(56.9%)	Human Resources	61,712	66,490	4,777	7.2%	43,727	(17,985)	(41.1%)
2,744	3,267	523	16.0%	754	(1,990)	(264.0%)	Legal	20,042	23,712	3,670	15.5%	14,682	(5,359)	(36.5%)
1,281	1,516	235	15.5%	286	(995)	(347.3%)	Records	13,018	11,003	(2,015)	(18.3%)	5,488	(7,531)	(137.2%)
1,188	2,106	918	43.6%	890	(298)	(33.5%)	Compliance	10,909	15,287	4,378	28.6%	7,090	(3,819)	(53.9%)
235	371	135	36.5%	-	(235)	0.0%	Planning/Research	6,202	2,691	(3,511)	(130.5%)	-	(6,202)	0.0%
5,297	7,071	1,774	25.1%	1,736	(3,561)	(205.2%)	Finance	51,120	51,321	201	0.4%	35,958	(15,163)	(42.2%)
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%
1,623	4,738	3,115	65.7%	1,071	(552)	(51.5%)	Public Relations	13,338	34,386	21,048	61.2%	11,186	(2,152)	(19.2%)
14,100	22,954	8,853	38.7%	12,330	(1,771)	(14.4%)	Information Technology	155,306	166,884	11,577	6.9%	106,942	(48,365)	(45.2%)
-	885	885	100.0%	812	812	100.0%	Budget & Decision Support	5,050	6,425	1,374	21.4%	6,097	1,047	17.2%
792	746	(46)	(6.2%)	-	(792)	0.0%	Corporate Quality	6,708	5,413	(1,295)	(23.9%)	-	(6,708)	0.0%
451	2,834	2,382	84.1%	-	(451)	0.0%	Managed Care Contract	10,919	20,215	9,295	46.0%	-	(10,919)	0.0%
54,703	86,781	32,078	37.0%	32,402	(22,301)	(68.8%)	Total Overhead Allocations	545,533	628,583	83,050	13.2%	314,637	(230,895)	(73.4%)
406,306	585,790	179,484	30.6%	399,586	(6,720)	(1.7%)	Total Expenses	3,955,426	4,541,457	586,032	12.9%	3,481,090	(474,335)	(13.6%)
\$ 42,225	\$ 27,001	\$ 15,225	56.4%	\$ 89,736	\$ (47,511)	(52.9%)	Net Margin	\$ 650,262	\$ 109,297	\$ 540,965	495.0%	\$ 332,930	\$ 317,331	95.3%
-	142,650	142,650	100.0%	-	-	0.0%	Capital	-	2,010,397	2,010,397	100.0%	-	-	0.0%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%

Clinic Visits - Adults and Pediatrics	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Current Year	Current YTD	Prior Year
													Total	Budget	Total
West Palm Beach	1,678	1,467	1,614	1,583	1,648	1,561	1,681	1,300	1,579				14,111	12,833	13,638
Delray	1,590	1,367	1,429	1,307	1,439	1,420	1,441	1,021	1,240				12,254	12,362	13,243
Lantana	1,448	1,214	1,212	1,304	1,312	1,399	1,373	1,036	1,303				11,601	11,478	11,450
Belle Glade	836	904	805	856	947	988	920	871	832				7,959	7,190	7,547
Jerome Golden Center	294	214	238	206	239	278	310	235	246				2,260	2,441	2,621
Lewis Center	197	169	205	166	203	212	218	191	257				1,818	1,773	1,822
Lake Worth & Women's Health Care	1,540	1,431	1,497	1,527	1,554	1,660	1,557	1,251	1,520				13,537	12,384	12,198
Jupiter Clinic	479	406	485	495	552	592	552	340	515				4,416	4,445	1,369
West Boca	407	353	438	510	702	812	859	809	774				5,664	4,484	690
Mobile Van															750
Suboxone	199	269	216	214	308	352	383	384	324				2,649	11,543	673
Total Clinic Visits	8,668	7,794	8,139	8,168	8,904	9,274	9,294	7,438	8,590				76,269	81,683	65,251
Total Budget Visits															
Dental Visits															
West Palm Beach	1,085	816	926	870	803	858	987	897	754				7,996	8,397	8,602
Lantana	833	711	699	697	671	754	749	709	623				6,446	6,711	6,581
Delray	824	651	649	627	609	602	592	516	504				5,574	6,892	6,813
Belle Glade	423	334	346	390	313	442	358	386	363				3,355	3,511	3,514
Lake Worth														994	
West Boca														200	
Total Dental Visits	3,165	2,512	2,620	2,584	2,396	2,656	2,686	2,508	2,244				23,371	26,705	25,510
Total Budget Visits															
Total Medical and Dental Visits	11,833	10,306	10,759	10,752	11,300	11,930	11,980	9,946	10,834				99,640	108,388	90,761
Mental Health Counselors (non-Bio-Link)															
West Palm Beach	80	61	63	94	105	110	111	97	150				871		720
Delray	84	94	95	86	78	71	90	79	138				815		846
Lantana	235	126	149	63	158	136	150	146	222				1,385		900
Belle Glade	17	7	21	7	17	15	16	15	18				133		168
Lewis Center	61	49	74	105	137	158	189	172	195				1,140		486
Lake Worth	112	105	65	114	145	183	177	195	166				1,262		768
Jupiter	23	24	21	34	36	38	42	23	27				268		30
West Boca	7	14	23	24	23	27	34	19	30				201		16
Total Mental Health Screenings	619	480	511	527	699	738	809	746	946				6,075		3,934



Health Care District
PALM BEACH COUNTY

SUPPLEMENTAL INFORMATION

MEDICAID MATCH FUND

Medicaid Match Statement of Revenues and Expenditures by Month

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Patient Revenue	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ 491,667	\$ -	\$ -	\$ 4,425,000
PBC Interlocal													
Other revenue	23	594	677	569	305	313	399	508	381	-	-	-	3,770
Total Revenue	491,690	492,261	492,344	492,235	491,972	491,980	492,065	492,175	492,048	-	-	-	4,428,770
<i>Direct Operational Expenses:</i>													
Salaries and Wages	-	-	-	-	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-
Purchased Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
Lease & Rental	-	-	-	-	-	-	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Expense	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	-	-	-	12,743,572
Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Operational Expenses	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	-	-	-	12,743,572
Net Performance before Overhead Allocations	(924,263)	(923,692)	(923,609)	(923,717)	(923,980)	(923,972)	(923,887)	(923,777)	(923,904)	-	-	-	(8,314,801)
<i>Overhead Allocations:</i>													
Risk Mgt	-	-	-	-	-	-	-	-	-	-	-	-	-
Rev Cycle	-	-	-	-	-	-	-	-	-	-	-	-	-
Internal Audit**	-	-	-	-	-	-	-	-	-	-	-	-	-
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration**	-	-	-	-	-	-	-	-	-	-	-	-	-
Human Resources	-	-	-	-	-	-	-	-	-	-	-	-	-
Legal	-	-	-	-	-	-	-	-	-	-	-	-	-
Records	-	-	-	-	-	-	-	-	-	-	-	-	-
Compliance**	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	-	-	-	-	-	-	-	-	-	-	-	-	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	-	-	-	12,743,572
Net Margin	(924,263)	(923,692)	(923,609)	(923,717)	(923,980)	(923,972)	(923,887)	(923,777)	(923,904)	-	-	-	(8,314,801)
General Fund Support	924,263	923,692	923,609	923,717	923,980	923,972	923,887	923,777	923,904	-	-	-	8,314,801
Total Transfers In	\$ 924,263	\$ 923,692	\$ 923,609	\$ 923,717	\$ 923,980	\$ 923,972	\$ 923,887	\$ 923,777	\$ 923,904	\$ -	\$ -	\$ -	\$ 8,314,801

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Lakeside Medical Center Contracted Physician Expenditures

2. Summary:

Lakeside Medical Center is presenting the contracted physician expense increase due to the use of locum tenens for anesthesia, radiology, and surgical services, as well as, those attributable to the contracted physician group for emergency services.

3. Substantive Analysis:

The schedule below depicts the anticipated expenditures for FY2018, including paid accrued and projected.

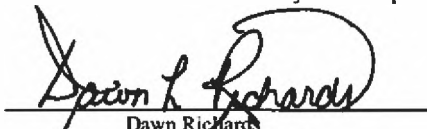
Vendor	Services Provided	7/1/2018-		Less Current Amount in Budget For period	Net Additional Budget Requirement
		6/30/2018 YTD Paid	9/30/2018 Projections		
Elite Medical Services At Lakeside	Emergency Room physicians	432,023.46	131,784.69	-	563,808.15
	Total Emergency Services	432,023.46	131,784.69	-	563,808.15
Locumtenens Holdings LLC	Anesthesiology/Hospitality	770,814.93		268,000.00	502,814.93
Premier Radiology Services LLC	Radiology	111,000.00	177,000.00	190,000.00	98,000.00
Weatherby Locums Inc.	Emergency Room Physicians	905,474.01	-	-	905,474.01
TBA	Surgical Services	-	167,571.43	-	167,571.43
	Total Locums	1,787,288.94	344,571.43	458,000.00	1,673,860.37
	Total	2,219,312.40	476,356.12	458,000.00	2,237,668.52

The contracted ER group became effective 2/1/18. Efforts to bring on the other groups continue to be underway. Radiology RFQ has resulted in selection of a group. Negotiation will begin when formally awarded with desired start date of October 1, 2018 targeted. There is a potential long-term savings once permanent partners are in place.

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	\$2,237,668.52	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn Richards
VP & Chief Financial Officer

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

5. Reviewed/Approved by Committee:

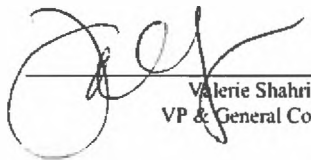
N/A
Committee Name

N/A
Date Approved

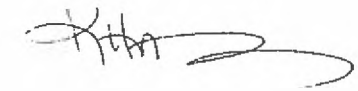
6. Recommendation:

Staff recommends the Board approve the FY2018 contracted physician expenditures.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Karen Harris
VP of Field Operations



Darby J. Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

1. Description: Tentative Millage Rate

2. Summary:

Staff recommends the Board set a proposed tentative millage rate of 0.7424.

3. Substantive Analysis:

The District tax rate in 2018 was 0.7808 mills, and staff is recommending the 2019 proposed tentative millage rate be set at the rolled-back rate of 0.7424, which represents a 4.9% reduction relative to 2018. The rolled-back rate is the tax rate which generates the same amount of tax revenue as the previous year, excluding new construction. The proposed tentative millage rate represents the tax rate the Board cannot exceed when it sets the final rate at the September TRIM hearings.

2018 taxable values showed a healthy increase of 6.5% over 2017. The increase in taxable values in conjunction with the reduction in the millage rate results in an approximately \$1.3 million increase in ad valorem taxes relative to 2018. The proposed budget anticipates spending approximately \$18.4 million in reserves.


The Florida legislature has proposed an amendment to increase the current homestead exemption from \$50,000 to \$75,000 for houses assessed at over \$125,000. This would reduce current assessed values by over \$5.7 billion dollars, resulting in a reduction to the District's ad valorem taxes of approximately \$4.1 million, assuming the millage remains flat. The proposed effective date of the amendment is January 1, 2019, which would not impact the District's budget until Fiscal Year 2020.

4. Fiscal Analysis & Economic Impact Statement:

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

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
July 24, 2018**

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

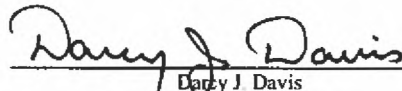
6. Recommendation:

Staff recommends the Board set a proposed tentative millage rate of 0.7424 mills.

Approved for Legal sufficiency:


Valerie Shahriari
VP & General Counsel


Dawn L. Richards
VP & Chief Financial Officer


Darryl J. Davis
Chief Executive Officer

Health Care District of Palm Beach County
Fiscal Year 2019 Proposed Budget
All Funds - Functional

	2015 Actual	2016 Actual	2017 Actual	2018 Projected Actual	2019 Proposed Budget	Variance from 2018 Projected	
						\$	%
Revenues:							
Ad Valorem Taxes	\$ 145,448,056	\$ 154,802,355	\$ 143,760,270	\$ 133,009,886	\$ 134,270,000	\$ 1,260,114	0.95%
Medicaid Revenue and Premiums	7,104,200	1,152,226	-	-	-	-	-
Patient Revenue, Net	52,773,576	51,179,880	53,312,156	54,036,150	49,363,007	(4,673,143)	-8.65%
Intergovernmental Revenue	17,783,000	18,478,750	17,783,000	17,782,993	17,783,000	7	0.00%
Grants	9,279,161	7,237,060	7,326,264	8,239,205	8,662,815	423,610	5.14%
Interest Earnings	1,940,879	1,736,990	1,336,714	1,691,802	1,688,275	(3,527)	-0.21%
Other Revenue	5,904,753	12,800,282	7,049,116	3,362,262	2,910,199	(452,063)	-13.45%
Total Revenues	\$ 240,233,624	\$ 247,387,543	\$ 230,567,520	\$ 218,122,298	\$ 214,677,296	\$ (3,445,002)	-1.58%
Expenditures:							
Salaries and Wages	62,984,349	67,320,185	71,322,904	76,162,076	81,258,788	5,096,712	6.69%
Benefits	21,742,953	21,822,067	23,358,843	24,051,680	24,854,551	802,871	3.34%
Purchased Services	10,574,691	10,538,361	10,263,413	12,422,096	15,392,904	2,970,808	23.92%
Medical Supplies	1,772,131	2,019,258	1,789,265	2,336,039	2,382,660	46,621	2.00%
Other Supplies	3,733,248	3,107,545	3,084,428	3,194,535	3,426,703	232,168	7.27%
Contracted Physician Expense	6,305,926	5,349,892	4,971,161	7,331,509	5,971,288	(1,360,221)	-18.55%
Medicaid Match	16,398,236	16,667,458	16,962,660	16,991,429	17,407,205	415,776	2.45%
Medical Services	72,358,146	61,589,727	51,758,760	46,777,883	41,907,770	(4,870,113)	-10.41%
Drugs	8,245,495	5,853,025	3,982,182	2,871,791	3,018,583	146,792	5.11%
Repairs & Maintenance	3,984,954	4,877,379	5,119,129	4,960,784	6,236,422	1,275,638	25.71%
Lease & Rental	1,554,545	3,481,239	4,250,159	4,438,653	4,354,810	(83,843)	-1.89%
Utilities	1,771,903	1,440,024	1,614,886	1,454,500	1,567,464	112,964	7.77%
Other Expense	7,653,657	7,070,728	7,064,831	7,291,561	8,187,488	895,927	12.29%
Insurance	1,782,089	1,696,792	1,585,730	1,731,847	2,151,074	419,227	24.21%
Sponsored Programs	3,868,505	4,490,207	7,326,057	7,798,638	7,647,000	(151,638)	-1.94%
Total Operational Expenditures	224,730,826	217,323,886	214,454,408	219,815,021	225,764,709	5,949,688	2.71%
Net Performance before Depreciation & Overhead Allocations							
	\$ 15,502,799	\$ 30,063,658	\$ 16,113,112	\$ (1,692,723)	\$ (11,087,413)	\$ (9,394,690)	555.00%
Depreciation	4,379,799	4,441,731	4,295,359	4,390,179	4,400,102	9,924	0.23%
Total Expenditures	229,110,625	221,765,616	218,749,768	224,205,200	230,164,811	5,959,612	2.66%
Net Margin	\$ 11,122,999	\$ 25,621,927	\$ 11,817,752	\$ (6,082,902)	\$ (15,487,515)	\$ (9,404,614)	154.61%
Capital	1,909,234	2,511,776	2,863,436	4,520,773	7,330,923	2,810,150	62.16%
Total Expenditures and Capital*	226,640,060	219,835,662	217,317,845	224,335,794	233,095,632	8,759,838	3.90%
RESERVES ADDED (USED)*	\$ 13,593,565	\$ 27,551,881	\$ 13,249,675	\$ (6,213,496)	\$ (18,418,336)	\$ (12,204,840)	196.42%

* Excludes depreciation

**Health Care District of Palm Beach County
Proposed Tentative Millage
Fiscal Year 2019**

	Proposed Rate
	0.7424
Current Year Taxable Value - Real Property	\$179,092,620,202
Current Year Taxable Value - Personal Property	9,013,596,127
Current Year Taxable Value - Centrally Assessed	149,388,000
Current Year Gross Taxable Value	188,255,604,329
New Construction	2,377,202,616
Current Year Adjusted Taxable Value	185,878,401,713
Rolled-back Rate	0.7424
Proposed Operating Millage	0.7424
Total Tax Levy	139,760,961
Current Year Proposed Millage	0.7424
Current Year as % of Rolled-back Rate	0.00%
2019 Proposed as % of 2018 Adopted Millage	-4.92%
Rounded Proceeds (96% collection rate)*	\$134,270,000
Yield Variance to Rolled-back	\$0
Budgeted Net Margin**	(\$18,418,336)

* includes delinquent taxes

** includes capital, excludes depreciation