



**BOARD OF DIRECTORS**  
**August 23, 2023**  
**12:30 P.M.**

**Meeting Location**  
**1515 N. Flagler Drive, Suite 101**  
**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 DIRECTORS MEETING  
AGENDA  
August 23, 2023  
1515 N. Flagler Drive, Suite 101  
West Palm Beach, FL 33401**

Remote Participation Link: <https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZ1dDQT09>

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

**1. Call to Order – Melissa Tascone, Chair**

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

**2. Agenda Approval**

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

**3. Awards, Introductions and Presentations**

- A. National Community Health Center Week:  
“A Road To Better Health” (Robin Kish)
- B. 2022 District Clinic Holdings, Inc. Audit: (Anil Harris and Kirk Cornack, RSM)

**4. Disclosure of Voting Conflict**

**5. Public Comment**

**6. Meeting Minutes**

- A. **Staff Recommends a MOTION TO APPROVE:**  
Board Meeting Minutes of June 28, 2023 [Pages 1-10]

**7. Committee Reports**

- A. Finance Committee Report (Mike Smith)

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

**A. ADMINISTRATION**

**C. L. Brumback Primary Care Clinics**  
**Board of Directors Meeting**  
**Agenda**  
**August 23, 2023**

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

August 2023 Internet Posting of District Public Meeting  
<https://www.hcdpbc.org/resources/public-meetings>

8A-2 **RECEIVE AND FILE:**

Attendance Tracking [Page 11]

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

HRSA Digest  
(Andrea Steele) [Pages 12-24]

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

Approval Selection of Interim Executive Director and Dismissal of Existing Executive Director.  
(Darcy Davis) [Pages 25-26]

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

Board Member Reappointment  
(Belma Andric) [Pages 27-28]

**B. FINANCE**

8B-1 **Staff Recommends a MOTION TO APPROVE:**

District Clinic Holdings, Inc. Financial Report June 2023  
(Jessica Cafarelli) [Pages 29-45]

8B-2 **Staff Recommends a MOTION TO APPROVE:**

2022 District Clinic Holdings, Inc. Audit  
(Jessica Cafarelli) [Pages 46-82]

**9. Regular Agenda**

**A. ADMINISTRATION**

9A-1 **Staff Recommends a MOTION TO APPROVE:**

Annual Update To Legislative Mandates Policy and Procedure  
(Candice Abbott) [Pages 83-94]

9A-2 **Staff Recommends a MOTION TO APPROVE:**

Bylaws Change  
(Bernabe Icaza) [Pages 95-122]

9A-3 **Staff Recommends a MOTION TO APPROVE:**

Change in Scope – Form 5B: C.L. Brumback Primary Care Clinics - Delray  
(Andrea Steele) [Pages 123-124]

**C. L. Brumback Primary Care Clinics  
Board of Directors Meeting  
Agenda  
August 23, 2023**

**B. EXECUTIVE**

- 9B-1 **RECEIVE AND FILE:**  
Executive Director Informational Update  
(Candice Abbott) [Pages 125-126]

**C. CREDENTIALING**

- 9C-1 **Staff Recommends a MOTION TO APPROVE:**  
Licensed Independent Practitioner Credentialing and Privileging  
(Dr. Charmaine Chibar) [Pages 127-129]

**D. QUALITY**

- 9D-1 **Staff Recommends a MOTION TO APPROVE:**  
Quality Report  
(Dr. Charmaine Chibar) [Pages 130-183]

**E. OPERATIONS**

- 9E-1 **Staff Recommends a MOTION TO APPROVE:**  
Operations Report- July 2023  
(Marisol Miranda) [Pages 184-188]
- 9F-1 **Staff Recommends a MOTION TO APPROVE:**  
Patient Relations Report- July 2023  
(Alexa Goodwin) [Pages 189-191]

**10. Candice Abbott, SVP and Chief Operating Officer Services Comments**

**11. Board Member Comments**

**12. Establishment of Upcoming Meetings**

**September 27, 2023 (HCD Board Room)**

12:30 p.m. Board of Directors

**October 25, 2023 (HCD Board Room)**

12:30 p.m. Board of Directors

**November 28, 2023 (HCD Board Room)**

12:30 p.m. Board of Directors

**December 13, 2023 (HCD Board Room)**

12:30 p.m. Board of Directors



**C. L. Brumback Primary Care Clinics**

**Board of Directors Meeting**

**Agenda**

**August 23, 2023**

- 13. Motion to Adjourn Public Meeting Immediately following the Conclusion of the Closed Meeting**
- 14. Closed Meeting: [Under Separate Cover]  
Closed Pursuant to Florida Statute Ch. 766.101 and 768.28**

**District Clinic Holdings, Inc.**  
**d.b.a. C.L. Brumback Primary Care Clinics**  
**Board of Directors Meeting**  
**Summary Minutes**  
**06/28/2023**

**Present:** Melissa Tascone - Chair; Mike Smith- Vice-Chair; Joseph Gibbons- Secretary; William Johnson - Treasurer; Robert Glass; Alcolya St.Juste (ZOOM); (note: Julia Bullard joined after roll call)

**Absent:** Boris Seymore

**Excused:** N/A

**Staff:**Dr. Belma Andric; Bernabe Icaza; Candice Abbott; Alicia Ottmann; Jessica Cafarelli; Alexa Goodwin; David Speciale; Marisol Miranda; Alyssa Tater; Shauniel Brown; Andrea Steele; Robin Kish; Macson Florvil; Heather Bokor (ZOOM); Robin Kish; Maria Chamberlin; Monica Georgelis; Luis Rodriguez; Steve Sadiku; Jonathan Dominique; Jon Van Arnam (ZOOM); Gina Kenyon

**Minutes Transcribed By:** Gina Kenyon

**The meeting is scheduled for** 12:30pm.

**Meeting Began at** 12:40pm.

AGENDA ITEM	DISCUSSION	ACTION
<b>1. Call to Order</b>	Ms. Tascone called the meeting to order.	<b>The meeting was called to order at 12:40 p.m.</b>
<b>1A. Roll Call</b>	Roll call was taken.	
<b>1B. Affirmation of Mission</b>	Ms. Tascone read the affirmation of mission.	

<p><b>2. Agenda Approval</b></p> <p><b>2A. Additions/Deletions/ Substitutions</b></p> <p><b>2B. Motion to Approve Agenda Items</b></p>	<p>None.</p> <p>Staff Recommends a MOTION TO APPROVE: Agenda item.</p>	<p><b>VOTE TAKEN: Mr. William Johnson made a motion to approve the agenda. Mr. Joe Gibbons duly seconded the motion. A vote was called and the motion passed unanimously.</b></p>
<p><b>3. Awards, Introductions &amp; Presentations</b></p>	<p><u>Presentations:</u> Ms. Robin Kish presented our Clinic's Commercial created by our Communications Team which is a part of a marketing campaign to market all of our comprehensive services as well as encourage individuals to continue to get vaccinated for Covid.</p> <p>Ms. Ottmann thanked Robin Kish for all her and her marketing team's hard work. Ms. Kish informed the Board that the commercial was compiled of HCD Staff and family. She also informed them that we were able to showcase our Substance use/Disorder program.</p> <p>Ms. Ottmann introduced Monica Georgelis to present the Social Determinents of Health.</p> <p>Ms. Ottman presented the Strategic Planning Presentation Summary as a follow up from last meeting.</p> <p>Ms. Ottmann informed the Board that we will be having a Ribbon Cutting Ceremony for our new Delray Beach Clinic in September, date TBD.</p> <p>Ms. Tascone inquired about pediatric appointment availability being less than 7 days. Ms. Ottmann clarified that we are working to shorten the wait times.</p>	<p><b>No action necessary.</b></p>

	<p>Mr. Mike Smith asked if we provide any other group education sessions. Dr. Andric informed him that at this time, many of our employees are asked to present to different community groups. We do provide outreach regarding our services on a daily basis. At this time, we only have group sessions for our Substance Abuse Disorders but we are planning to expand to Diabetes groups in the future. In the past, we provided nutrition classes, exercise classes, as well as others before COVID. We would like to continue those at some point.</p> <p>Mr. Bill Johnson was happy to see the expansion but regarding the demographic and needs of our community changing how that works with our model. He commended the clinics on how they adapt to the model. Ms. Ottmann responded that we are flexible regarding appointment times as well as maintaining a good balance for time management. We have also gone to Telehealth in certain capacities for medical with good feedback. Mr. Johnson stated that having a “hybrid kind of system” is where we are moving to which in turn is better. He applauded the staff for being able to apply that model. Ms. Ottmann stated that we are excited for Atlantis as we have a dedicated space for the Urgent Care Model.</p> <p>Mr. Mike Smith asked if we were still re-branding. Dr. Andric stated that we have been researching for years how we can increase awareness to the community about our services and unify our brand as the Health Care District. We will begin to use “Community Health Center” instead of “Clinics”.</p> <p>Mr. Mike Smith also asked if the staff could measure the effect of these advertising efforts. Dr. Belma Andric explained that we will be measuring via different avenues and present to the BOD.</p> <p>Mr. Robert Glass mentioned having education to be part of a direct service.</p> <p>Ms. Julia Bullard suggested providing education for individualized diagnoses so patient’s would know what to expect down the road whether group setting or 1:1.</p>	
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	<p>Ms. Ottmann discussed how we will be starting a Food Pharmacy next to our regular Pharmacy at Atlantis. Providers can prescribe a specific diet that aligns with a patient's disease. Providers can medicalize the thought around nutrition.</p> <p>We currently have a program called chronic disease management for patient education as a part of our PCMH Program on an individualized basis.</p>	
<b>4. Disclosure of Voting Conflict</b>	None.	<b>No action necessary.</b>
<b>5. Public Comment</b>	None.	<b>No action necessary.</b>
<b>6. Meeting Minutes</b>  <b>A. Staff Recommends a MOTION TO APPROVE:</b> Board meeting minutes of May 24, 2023	There were no changes or comments to the minutes dated May 24, 2023.	<b>VOTE TAKEN:</b> As presented, Mr. Joe Gibbons made a motion to approve the Board meeting minutes from May 24, 2023. Mr. Robert Glass duly seconded the motion. A vote was called, and the motion passed unanimously.
<b>7. Consent Agenda – Motion to Approve Consent Agenda Items</b>		<b>VOTE TAKEN:</b> Mr. Joe Gibbons motioned to approve the Consent Agenda. Mr. Mike Smith duly seconded the motion. A vote was called, and the motion passed unanimously.
<b>A. ADMINISTRATION</b>		
<b>7A-1. Receive &amp; File:</b> June 2023 Internet		<b>Received &amp; Filed. No further action is necessary.</b>

Posting of District Public Meeting	The meeting notice was posted.	
<b>7A-2. Receive &amp; File:</b> Attendance tracking	Attendance tracking was updated.	<b>Received &amp; Filed. No further action is necessary.</b>
<b>7A-3. Receive &amp; File:</b> HRSA Digest	Per the request of the clinic board, the latest HRSA Digest was provided.	<b>Received &amp; Filed. No further action is necessary.</b>
<b>B. Finance</b>	Financials were provided in the Board packet.	<b>No further action taken.</b>
<b>8. REGULAR AGENDA</b>		
<b>A. ADMINISTRATION</b>		
<b>B. EXECUTIVE</b>		
<b>8B-1. Receive &amp; File:</b> Executive Director Informational Update	Soft opening for the Delray Community Health Center this past Saturday, with all services opening this Monday. No issues so far with logistics. Patient's have been finding us. Many forms of communication have been sent to them. The Clinic is about 12,000 sq feet and has medical, dental and will have psychiatry and group therapy and Pharmacy. Ribbon cutting is tentatively planned for Thursday, September 7 <sup>th</sup> . Invite to be sent at a later date.	<b>Received &amp; Filed. No further action is necessary.</b>
<b>C. CREDENTIALING</b>		
<b>8C-1 Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging.</b>	<p>The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the Vice President, Chief Medical Officer.</p> <p>Dr. Andric reviewed and The LIPs listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</p>	<b>VOTE TAKEN: Mr. Mike Smith motioned to approve Licensed Independent Practitioner Credentialing and Privileging Ms. Julia Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</b>

	<ul style="list-style-type: none"> <li>➤ Current licensure, registration or certification</li> <li>➤ Relevant education, training and experience</li> <li>➤ Current clinical competence</li> <li>➤ Health fitness, or ability to perform the requested privileges</li> <li>➤ Malpractice history (NPDB query)</li> <li>➤ Immunization and PPD status; and</li> <li>➤ Life support training (BLS)</li> </ul> <p>LIP(s):  Richard Elliott, MD Psychiatry  Gavin Rose, MD Psychiatry  Ashley Beattie, MD Psychiatry  Adam Demner, MD Psychiatry  Snjezana Mileta, LMHC Licensed Mental Health Counselor</p>	
<b>D.QUALITY</b>		
<b>8D-1. Staff</b> <b>Recommends a</b> <b>MOTION TO APPROVE:</b> Quality Reports.	<p>This agenda item presents the updated Quality Improvement &amp; Quality Updates:</p> <ul style="list-style-type: none"> <li>• Quality Council Meeting Minutes June, 2023</li> <li>• UDS Report – YTD</li> <li>• Provider Productivity – May, 2023</li> </ul> <p><u>PATIENT SAFETY &amp; ADVERSE EVENTS</u>  Patient safety and risk, including adverse events, peer review and chart review are brought to the board “under separate cover” on a quarterly basis.</p> <p><u>PATIENT SATISFACTION AND GRIEVANCES</u>  Patient relations to be presented as separate agenda item.</p>	<p><b>VOTE TAKEN: Mr. Joseph Gibbons made a motion to approve the Quality Reports as presented. Juliana Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>

	<p><u><b>QUALITY ASSURANCE &amp; IMPROVEMENT</b></u></p> <p><b>Colorectal Cancer Screening Initiative:</b> We continue to collaborate with Exact Sciences Laboratories to offer Cologuard to our eligible clinic patients. As discussed previously, Cologuard is a colorectal cancer screening test that tests for both DNA changes and blood in the stool. It is indicated to screen adults, 45 to 74 years, who are at typical average risk for colorectal cancer. The recommended testing frequency is every 3 years and it can be done in the privacy of the patient's home. We have seen great adoption from our clinic providers for utilization of this test. We have seen our orders increase since implementation in the clinics, from 52 orders placed in March to 107 orders placed in April, for a total of 159 ordered tests. In addition, we are continuing to have follow-up meetings with our Exact Sciences and Cologuard partners to identify barriers that may result in patients not completing the test, as well as working to create an interface with our EHR to streamline how we receive the test results.</p> <p><u><b>UTILIZATION OF HEALTH CENTER SERVICES</b></u></p> <p>Individual monthly provider productivity stratified by clinic.</p> <p>Dr. Andric presented the above topics and reviewed the UDS Report Dashboard.</p> <p>Mr. Bill Johnson had a question regarding the amount of patient's that were contacted to reschedule their appointments due to the changed template.</p> <p>Ms. Ottmann explained that the patient's that were closest to the time of the template change in WPB, were only rescheduled a few minutes, where as the patients in Lantana were less impacted since we were able to look at 6 days out. There were less patients on the schedule to be affected. For future clinics, we will take the same approach where we make the change in the system well ahead of the appointments, at least 6-8 weeks before they are scheduled so less patients are affected. We believe we are in a good spot with this model and that it is working well.</p>	
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<b>E. OPERATIONS</b>		
<b>8E-1. Staff</b> <b>Recommends a</b> <b>MOTION TO APPROVE:</b> Operations Reports May 2023	<p>This agenda item provides the following operations reports for May 2023:  Clinic Productivity, Demographics, Payor Mix, No Shows and Walk-In dashboards.</p> <p>Marisol Miranda presented the Operations dashboards. The Board had no additional questions.</p> <p>In May, the clinics had a total of 9,301 unique patients and 13,552 visits. This was 8% higher than the month prior but 23% higher than May 2022. 39% of patients were from adults Primary Care, 26% from Dental and 13% from Pediatrics. The Lantana Medical Clinic had the highest volume with 2,193 visits followed by the Mangonia Clinic with 1,988 visits.</p> <p>Our payer mix for May was consistent with previous month with 52% uninsured which is an increase of 2% from the prior month. 44% of patients were Managed Care and 4% Medicaid.</p> <p>60% of patients were female. 50% of patients reported as White and 43% Black or African American. 39% of patients reported as Hispanic which was 2% less than previous month. Our largest age group has consistently remained those between the ages of 30-39 years old.</p> <p>The number of walk-ins YTD is 19% for Medical and 15% in Dental. May is up slightly for 20% in Medical with a total of 2,054 walk-ins and it went up slightly to 14% as well in Dental with 499 walk-ins. The highest number of walk-ins was Lantana followed by West Palm Beach Health Center. In Dental, the highest number of walk-ins was in the West Palm Beach Health Center followed by Delray.</p> <p>The average no show rate YTD is 17%. Of those no shows, only 3% are from _____. In May, established patients no show rate was 17.3% yet the new patient no show rate was much less at 6.06%.</p>	<b>VOTE TAKEN: Mr. Mike Smith made a motion to approve the Operations Reports- May 2023 as presented. Mr. Joe Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.</b>

	<p>In May, we had 1,705 new patients out of which 110 no showed which gave us the 6% no show rate which is much less than the almost compared to the almost 12,000 established patients that we saw, with over 2,400 no shows that resulted in 17%.</p> <p>In May, Womens Health Departments did have a higher % of no show rate for new patients than the other departments. For established patients, the primary care health centers in West Palm Beach, Jupiter and Lantana had the highest % of no shows.</p> <p>The no show rates specifically for _____ remain consistent. In May, the average was 30.2 by individual clinics. The no show rate for the _____ is much less in Mangonia, Jupiter, Lantana and Boca.</p>	
<b>9. AVP and Executive Director of Clinic Services Comments</b>	<p>Ms. Ottmann stated that there has been a re-organization for the Leadership Team for HCD. Ms. Ottmann handed it over to Ms. Abbott to explain a bit more.</p> <p>Ms. Abbott stated that from here on our, Jessica Cafarelli is going to be the CFO for the HCD and she will be the representative here for the Finance &amp; Audit Committee for the BOD and I am taking on the role as COO for the HCD including oversight of the clinics.</p> <p>Ms. Ottmann welcomed Jessica Cafarelli.</p>	<b>No action necessary.</b>
<b>10. Board Member Comments</b>	<p>Mr. Joe Gibbons had a comment in regards to psychiatrist coverage.</p> <p>Ms. Ottmann stated we are very blessed to have the partnership with FAU and that was one of the appeals is that it is challenging to find psychiatrists. With such a wide array of expertise that they bring as well, the residency program attendings, one is addiction psychiatrist trained and one is geriatric trained, and one is child and adolescent trained. We are really able to utilize all their expertise based upon the needs that we have. Also, being able to train psychiatry residents in our clinic in hopes that they enjoy community health and potentially work for a Community Health Center in the future.</p>	<b>No action necessary.</b>

<b>11. Establishment of Upcoming Meetings</b>	<p><b><u>July 26, 2023 (HCD Board Room)</u></b> 12:30 p.m. Board of Directors</p> <p><b><u>August 23, 2023 (HCD Board Room)</u></b> 12:30 p.m. Board of Directors</p> <p><b><u>September 27, 2023 (HCD Board Room)</u></b> 12:30 p.m. Board of Directors</p> <p><b><u>October 25, 2023 (HCD Board Room)</u></b> 12:30 p.m. Board of Directors</p> <p><b><u>November 28, 2023 (HCD Board Room)</u></b> 12:30 p.m. Board of Directors</p> <p><b><u>December 13, 2023 (HCD Board Room)</u></b> 12:30 p.m. Board of Directors</p>	<p><b>No action necessary.</b></p>
<b>12. Motion to Adjourn</b>	<p>Ms. Tascone motioned to adjourn the public meeting at <b>2:01</b> pm.</p>	<p><b>VOTE TAKEN: Mr. Mike Smith made a motion to adjourn. Mr. Joe Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.</b></p>

Minutes Reviewed by: \_\_\_\_\_

Signature Date

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

	01/25/23	02/22/23	03/29/23	04/27/23	05/24/23	06/28/23	07/26/23	08/23/23	09/27/23	10/25/23	11/28/23	12/13/23
Mike Smith	X	X	X	X	X	X	N/A					
Melissa Tascone	X	X	X	X	X	X	N/A					
Julia Bullard	X	X	X	E	X	X	N/A					
Joseph Gibbons	X	X	X	X	X	X	N/A					
John Casey Mullen	X	---	---	---	---	---	---	---	---	---	---	---
James Elder	A	---	---	---	---	---	---	---	---	---	---	---
Irene Figueroa	A	---	---	---	---	---	---	---	---	---	---	---
Tammy Jackson-Moore	E	A	E	E	E	A	N/A					
Robert Glass	X (ZOOM)	X	X	X	A	X	N/A					
William Johnson	X	X	X	X	X	X	N/A					
Boris Seymore	----	X	A	A	X	A	N/A					
Alcolya St. Juste	----	A	X	X	X	X (ZOOM)	N/A					

**X= Present****C= Cancel****E= Excused****A= Absent**

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

**1. Description: HRSA Digest**

**2. Summary:**

Per the request of the Clinic Board, we will include the latest HRSA Digest updates as available.

**3. Substantive Analysis:**

The July and August HRSA Digest highlighted the UDS reporting changes, FY 2024 Budget Period Progress Report Non-Competing Continuation reporting and National Health Center Week.

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
CA6A21FF2E90481 Jessica Cafarelli  
Interim VP & Chief Financial Officer

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

N/A  
\_\_\_\_\_  
Committee Name

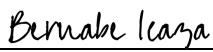
N/A  
\_\_\_\_\_  
Date Approved


**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

**6. Recommendation:**

Staff recommends the Board Receive and File the HRSA Digest.

Approved for Legal sufficiency:

DocuSigned by:  
  
0CF6F7DB670641B Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
38DECE56F5694EC Andrea Steele  
AVP, IT & Business Intelligence

# Today with Macrae Next Week, NTTAP Awards

HRSA sent this bulletin at 07/05/2023 09:10 AM EDT



## Primary Health Care Digest

July 5, 2023



### THIS FRIDAY: COVID-19 Survey Changes

In response to your feedback and other factors, the COVID-19 survey is now monthly and has fewer questions. Health centers will receive the survey for June data this Friday, July 7. See the [COVID-19 Survey User Guide](#) and [questions preview](#) on our website so you can prepare.



### Fiscal Year 2023 National Training and Technical Assistance Partners Cooperative Agreements Awarded

HRSA has awarded approximately \$23.5 million in fiscal year (FY) 2023 National Training and Technical Assistance Partners (NTTAP) Cooperative Agreements funding (HRSA-23-029). This funding will support 22 NTTAPs in developing and delivering training and technical assistance (T/TA) that supports health centers to:

- Deliver comprehensive care.
- Address emergent public health priorities and health needs.
- Improve health care access, operational effectiveness, and quality.
- Advance health equity.



Each NTTAP provides specialized T/TA on a specific topic, which may focus on a population or health center operations. For FY 2023, HRSA added a new NTTAP type, *Clinical Quality Improvement and Patient Safety*. Visit the [NTTAPs webpage](#) to read more about the awardees or to request T/TA. Award recipients can visit the [NTTAPs Cooperative Agreement webpage](#) for award information and resources.

NTTAPs host or developed many of the events and resources we feature in the Digest, as well as those in the [Health Center Resource Clearinghouse](#).

### Did You Miss It?

Here are some of our most popular items from June:

- Your input is key to improving this newsletter! Our brief [reader survey](#) is only available for a limited time.
- Visit [HRSA's website](#) to learn how you can **become a HRSA grant reviewer**.

- CMS' [All Hands-On-Deck fact sheet](#) (PDF) and [press release](#) provide strategies to help **keep people covered as states restart routine Medicaid renewals**.
- Thank you to those who submitted to **HRSA's photo gallery for Health Care Risk Management Week**. View the full gallery on [HRSA's website](#).

Missed an issue? Catch up in our [online archive](#).



Jump To: [COVID-19](#) | [Behavioral Health](#) | [Hypertension](#) | [Workforce](#) | [Telehealth](#) | [Additional Resources](#) | [Training Calendar](#)

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## What's New

### **NEXT THURSDAY! Today with Macrae: Health Center Program Updates**

Join Jim to hear about Health Center Program 2035, our COVID-19 Response Programs, funding, and more.

Thursday, July 13

2:00-3:00 p.m. ET

[Join the day of the session](#)

Join by phone: 833-568-8864

Webinar ID: 161 391 4467



### **Recording Available: 2023 Uniform Data System Changes TA Webinar**

Learn about the 2023 Uniform Data System (UDS) reporting requirements by watching a

[recording of our recent webinar](#). The

presentation details important proposed reporting changes. Access the [presentation slides](#) (PDF) and other resources on HRSA's [UDS Training and TA website](#).



### **FY 2024 Budget Period Progress Report Non-Competing Continuation Released for January 1 Budget Period Starts**

On Monday, June 26, HRSA released the FY 2024 Budget Period Progress Report (BPR) Non-Competing Continuation (5-H80-24-001) for Health Center Program award recipients with a January 1 budget period start date. These award recipients have a BPR submission available for completion in HRSA's Electronic Handbooks by 5:00 p.m. ET on Friday, August 18.

TA materials and a list of deadlines for all FY 2024 BPRs are available on the [BPR TA webpage](#).

### **Policy Tip: Clinical Staff**

A health center governing board is not required to approve credentialing or privileging procedures or individual provider credentials or privileges to demonstrate compliance with the Health Center Program requirements. To learn more about this topic, and to find answers to other questions, check out the [Health Center Program Compliance FAQs](#).



### **CDC Urges Continued Focus on Mpox**

CDC's [report about recent mpox cases](#) announces that 40 laboratory-confirmed mpox cases were identified in Chicago, including 22 patients who were fully vaccinated. CDC encourages continued focus on:

- Communication about prevention and detection to both clinicians and the public. Continue checking [CDC's mpox website](#) for updates and resources (scroll down for "What's New & Updated"). Your health center can even embed CDC's mpox content into your website. Visit [CDC's website](#) for details and the embed code.

## Training Calendar



Visit our [online calendar](#) for details on these and all scheduled events.

### **Through July 11**

#### **COVID-19 Response Program Office Hours**

Tuesday, July 11

1:00-2:00 p.m. ET

[Registration page](#)

### **Upcoming**

#### **Overview of the 2023-2025 HRSA Strategy to Address IPV**

Wednesday, July 12

1:00-2:00 p.m. ET

[Registration page](#)

#### **Aging, Substance Use, and Cognitive Health**

Thursday, July 13

Noon-1:00 p.m. ET

[Registration page](#)

**\*\* 1.0 CE available \*\***

#### **Today with Macrae: Health Center Program Updates**

Thursday, July 13

2:00-3:00 p.m. ET

[Join the day of the session](#)

Join by phone: 833-568-8864

Webinar ID: 161 391 4467

#### **Brown Bag Discussion: Treating Alcohol Use Disorder in Primary Care**

Monday, July 17

1:00-2:00 p.m. ET

[Registration page](#)

#### **Integrating Behavioral Health in Your Community Health Center**

Hosted by the Accreditation

Association of Ambulatory Health Care (AAAHC)

Wednesday, July 19

1:00-2:00 p.m. ET

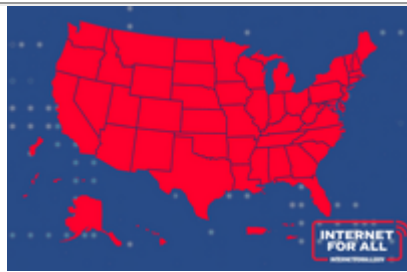
Visit [AAAHC's website](#) to sign up for a free account so you can register for the session.

#### **Contextualizing Our Understanding of Mental Health**

- Participation in NIH's Study of Tecovirimat for Human Mpox Virus (STOMP) trial. Learn more on the [trial website](#).

### Expanding Internet Access through the Broadband Equity Access and Deployment Program

The National Telecommunications and Information Administration recently announced \$42.45 billion in funding through the Broadband Equity Access and Deployment (BEAD) Program to connect every person in the U.S. to affordable, reliable, high-speed internet service. With broadband access being a key social determinant of health, these new investments will help close the digital divide, which magnifies health inequities for those with unreliable or no internet access.



- Each state will receive BEAD Program funding as part of the Internet for All initiative.
- Individual awards range from \$27 million to over \$3.3 billion, with every state receiving a minimum of \$107 million.
- All 50 states, U.S. territories, and the District of Columbia now have the resources to connect every resident and small business to reliable, affordable high-speed internet by 2030.

Learn more on the [Internet for All website](#).

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### CMS No Surprises Resources for Consumers

CMS' [new website](#) provides easy-to-read information regarding the consumer protections in the No Surprises Act.

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## COVID-19

### Provider Relief Fund Reporting Period 5

The [Provider Relief Fund \(PRF\) Reporting Portal](#) is open until 11:59 p.m. ET on Saturday, September 30. Providers who received one or more PRF (General or Targeted) and/or American Rescue Plan Rural payments exceeding \$10,000, in the aggregate, from January 1 to June 30, 2022, must report on their use of funds during Reporting Period 5 to comply with [PRF Reporting Requirements](#) (PDF). Find more information and resources on the [PRF Reporting webpage](#).

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## Behavioral Health

### Aging, Substance Use, and Cognitive Health

Speakers from the HRSA-funded National Clinician Consultation Center will discuss how aging and cognitive impairment intersect with substance use. They will share practical strategies for how to adapt screening assessment and treatment for older patients with substance use disorder (SUD).

Thursday, July 13  
Noon-1:00 p.m. ET  
[Registration page](#)

**\*\* 1.0 CE available \*\***

### and Substance Use

Wednesday, July 19  
1:00-2:00 p.m. ET  
[Registration page](#)

### Improving Blood Pressure in African Americans: Strategies for Achieving Equity

Co-hosted by the National Association of Community Health Centers (through a cooperative agreement with CDC) and the American Medical Association  
Wednesday, July 19  
3:00-3:45 p.m. ET  
[Registration page](#)

**\*\* 1.0 CME available \*\***

### Better Assess Your Community Using the UDS Mapper

Thursday, July 20  
2:00-3:00 p.m. ET  
[Registration page](#)

*Webinars are hosted by HRSA unless otherwise noted.*

---

## Communities

July is National Minority Mental Health Awareness Month. American Indians and Alaska Natives have higher mortality rates and lower health outcomes than the general population in a variety of behavioral health categories. The [Telehealth.hhs.gov site](https://www.hhs.gov/telehealth) includes resources to help health centers increase use of telehealth for these communities.

---

## Improving Access to Evidence-Based Care for Opioid Use Disorder

New legislation opens opportunities to provide treatment for those in need of opioid use disorder services to the approximately 1.9 million practitioners across the country with registration from the Drug Enforcement Administration to prescribe controlled medications. Learn more about the change and access training resources on [SAMHSA's website](https://www.samhsa.gov).

---

## Hypertension

### Webinar Recording: Uncontrolled Hypertension and Cognitive Impairment – A Health Center Discussion Panel

Watch the [recording of HRSA's webinar](#) to see health center colleagues discuss the clinical relationship between uncontrolled hypertension, dementia, and general cognitive decline. Speakers included experts in the field of heart and brain health and a panel of health center leaders discussing strategies for the aging health center patient population.

---

## Workforce

### Pediatric Specialty Loan Repayment Program

Eligible clinicians providing pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care including SUD prevention and treatment services may apply to HRSA's Pediatric Specialty Loan Repayment Program. Learn more on [HRSA's website](#).

---

## Telehealth

### Policy Updates

Stay up-to-date on telehealth policies by bookmarking and regularly visiting [Telehealth.HHS.gov](https://www.hhs.gov/telehealth).

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### Expanding Internet Access through the Broadband Equity Access and Deployment Program

[See the announcement above.](#)

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### Telebehavioral Health for American Indian and Alaska Native Communities

[See the announcement above.](#)

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## Additional Resources

### Overview of the 2023-2025 HRSA Strategy to Address Intimate Partner Violence

Learn about how HRSA prevents and responds to intimate partner

violence (IPV) and about the new strategy to guide these efforts on [HRSA's website](#) and at a webinar:

Wednesday, July 12  
1:00-2:00 p.m. ET  
[Registration page](#)

We'll feature speakers from HRSA's Office of Women's Health, BPHC, and HRSA's HIV/AIDS Bureau.

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## It's National Health Center Week, Important Update on ECV Funding

HRSA sent this bulletin at 08/08/2023 11:22 AM EDT

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Share Bulletin



Primary Health Care



August 8, 2023

SHARE

### Celebrating YOU During National Health Center Week

Happy National Health Center Week!

For 58 years, health centers have delivered affordable, accessible, and high-quality primary health care to millions of people, regardless of their ability to pay. At the heart of each health center are dedicated people like YOU: primary care providers, nurses, dentists, health educators, social workers, behavioral health staff, quality improvement, administrative, and patient support staff committed to ensuring patients have access to high-quality primary health care.

In 2022, more than 30.5 million people relied on HRSA-funded health centers for care, including:

- 1 in 9 children
- More than 24.2 million uninsured, Medicaid, and Medicare patients
- More than 9.6 million rural residents
- Nearly 1.4 million patients experiencing homelessness
- Nearly 1 million agricultural workers
- More than 952,000 patients served at school-based health center sites
- More than 395,000 veterans

Of these patients, 90% were at or below 200% of the poverty line.

At the end of fiscal year (FY) 2023, the mandatory funding that provides about two-thirds of the Health Center Program's budget is set to expire. The President's FY 2024 budget proposes \$7.1 billion for health centers, which includes \$5.2 billion in proposed mandatory resources, an increase of \$1.3 billion above the FY 2023 enacted level. Please read more about the Biden-Harris Administration's celebration of the work you do in their [recent proclamation](#).

Throughout this week, be sure to visit HRSA's social media ([Facebook](#), [Twitter](#), [LinkedIn](#), and [Instagram](#)) to see data and stories of HRSA-supported health centers that are making great strides in providing equitable care for all. We're also very excited to release a [new video](#) featuring patients celebrating health centers' positive impact on their communities.

Thank you for all the work that you do to assure every person across this country has access to quality, affordable primary health care services.

Warmly,

Jim Macrae  
BPHC Associate Administrator



### IMPORTANT UPDATE About the Immediate Use of ECV Funds for COVID-19 Vaccines

HRSA encourages health centers to enroll with their state/jurisdiction immunization program to get COVID-19 vaccines through the [CDC Bridge Access Program](#) for uninsured and underinsured adults when available. COVID-19 vaccines may also be purchased from the commercial market.

Health centers with active Expanding COVID-19 Vaccination (ECV) grants may use their funding to purchase COVID-19 vaccines to support equitable and timely access to COVID-19 vaccination for patients and residents of the service area. Health centers can use any remaining ECV funds for immediate purchase of updated COVID-19 vaccines and adjust budgets accordingly. Consult with your Grants Management Specialist if this is a change of more than 25% of your current approved budget.

If you have questions about ECV funding, use the [BPHC Contact Form](#) (COVID-19 Funding > ECV). If you have questions about the CDC Bridge Access Program, attend TODAY's COVID-19 Response Program Office Hours.

#### TODAY! CDC Joins COVID-19 Response Program Office Hours

A CDC representative will join today to discuss the Bridge Access Program, which will make COVID-19 vaccines available for uninsured persons through 2024.

2:30-3:30 p.m. ET  
[Registration page](#)



These Office Hours sessions are open to *all* HRSA-supported health centers, even if you don't participate in our COVID-19 Response Programs.

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**Health Center Innovations Include Urgent Mental Health Care, Teledentistry, a New Model for Integrating Maternal and Child Health, Nutritious Food for Hungry Patients**

Check out our [Health Center Stories webpage](#) to enjoy these new features:

- Axis Community Health in California offers urgent mental health care so patients in crisis can get same-day appointments.
- Patients at Peak Vista Community Health Centers in Colorado are delighted to save time and money by taking advantage of a pioneering teledentistry program.
- Cherokee Health Systems in Tennessee launched an innovative care model for mothers and children that spans the entire prenatal and postnatal period, integrating pediatrics, maternal care, OB-GYN, and mental health services.
- Staff members at Fish River Rural Health in Eagle Lake, Maine, were so distressed about hunger among patients that they started an in-house fund to help. The effort now includes donations from local food banks, farmers, and businesses.



*Hunger plagued some of the patients at Fish River Rural Health in Eagle Lake, Maine. The center now gives food to many local people every month.*

Share your center's success story by emailing [HealthCenterStories@hrsa.gov](mailto:HealthCenterStories@hrsa.gov).



Jump To: [Back to School](#) | [Behavioral Health](#) | [Workforce](#) | [Oral Health](#) | [Additional Resources](#) | [Training Calendar](#)

---

HRSA-funded [National Training and Technical Assistance Partners](#) (NTTAPs) host or developed many of these events and resources. For more from the NTTAPs, visit the [Health Center Resource Clearinghouse](#).

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## What's New

### 2022 Uniform Data System Data Now Available

See 2022 Uniform Data System (UDS) data in HRSA's Data Warehouse on the [Health Center Program Data and Reporting webpages](#).



**TODAY!** Join our annual UDS trends webinar to hear about highlights from the data, including health center patient demographics, staffing, and clinical quality measures.

1:00-2:15 p.m. ET  
[Registration page](#)

### Deadline Reminders

- **Service Area Competition (SAC) Applications for February 1 and March 1 Starts**  
FY 2024 SAC applications for February 1 starts (HRSA-24-067) are due in HRSA's Electronic Handbooks (EHBs) on Wednesday, August 23, by 5:00 p.m. ET.

FY 2024 SAC applications for service areas with a March 1 period of performance start date (HRSA-24-068) are due in [Grants.gov](#) on Monday, August 21, by 11:59 p.m. ET, and in EHBs on Wednesday, September 20, by 5:00 p.m. ET.

Technical assistance (TA) materials are available on the [SAC TA webpage](#).

- **FY 2024 Budget Period Progress Report (BPR) Noncompeting Continuation (NCC) for January 1 Budget Period Starts**  
BPR submissions for Health Center Program award recipients with a January 1 budget period start date are due in EHBs on Friday, August 18 by 5:00 p.m. ET. TA materials are available on the [BPR TA webpage](#).

### Health Center Program 2035 Listening Session

At the end of this month, the National Association of Community Health Centers will hold its annual Community Health Institute (CHI) & Expo conference. BPHC invites attendees to participate in a listening session we will host during the conference. This is your opportunity to give ideas and input on our Health Center Program 2035 initiative. We hope you will join us!

Monday, August 28  
4:45-6:00 p.m. PT (CHI takes place in California)  
No registration needed – join us in the Solana Beach AB Room of the Manchester Grand Hyatt.  
For more information on the session, contact our partners at ATW Health Solution: [Desiree.Bradley@atwhealth.com](mailto:Desiree.Bradley@atwhealth.com).

Health Center Program 2035 is an initiative to strengthen BPHC's capacity to anticipate and prepare for the future and ensure that the Health Center Program continues its mission of improving the health of the nation's underserved populations. We are engaging perspectives from a wide range of health center staff, patients, partners, and communities to inform this long-term strategic vision.

We focused on Health Center Program 2035 during our July 13 Today with Macrae webcast. Visit our [Engaging with BPHC webpage](#) for the recording and slides.

### Federal Tort Claims Act Site Visits and Health Center Operational Site Visits: A Comparison Reference Guide

You recommended it, and we delivered! Our new resource helps health centers prepare for both Federal Tort Claims Act (FTCA) site visits and operational site visits by highlighting the differences between the two. We posted the [comparison reference guide](#) (PDF) on our [FTCA Site Visit Protocol webpage](#). We encourage you to share it with health center staff, leadership, and board members.

### Policy Tip: Operational Site Visit Process

Health centers have discretion in how they name or title their documentation. They can demonstrate compliance with Health Center Program requirements with a document that has a name or title that is different than the name or title specified in the [Site Visit Protocol](#). When the HRSA site visit team reviews a document, they determine compliance based on the *content*, not the title.



## Training Calendar



Visit our [online calendar](#) for details on these and all scheduled events.

### Through August 15

#### 2022 UDS Trends

Tuesday, August 8  
1:00-2:15 p.m. ET  
[Registration page](#)

#### COVID-19 Response Program Office Hours

Tuesday, August 8  
2:30-3:30 p.m. ET  
[Registration page](#)

#### HRSA Virtual Job Fair

Wednesday, August 9  
6:00-9:00 p.m. ET  
[Registration page](#) for job seekers  
(employer registration is closed)

#### Contextualizing Our Understanding of Mental Health and Substance Use

Thursday, August 10  
2:00-3:00 p.m. ET  
[Registration page](#)

#### UDS Mapper: Office Hours

Monday, August 14  
2:00-3:00 p.m. ET  
[Registration page](#)

### Upcoming

#### Peer Recovery Support in Integrated Care

Thursday, August 17  
1:00-1:30 p.m. ET  
[Registration page](#)

#### Today with Macrae: Health Center Program Updates

Thursday, September 14  
2:00-3:00 p.m. ET  
[Join the day of the session](#)  
Join by phone: 833-568-8864  
Webinar ID: 160 345 8842

Webinars are hosted by HRSA unless otherwise noted.

To learn more about this topic and to find answers to other questions, check out the [Health Center Program Compliance FAQs](#).

### Comments Requested: Proposed Changes to Medicare Physician Fee Schedule

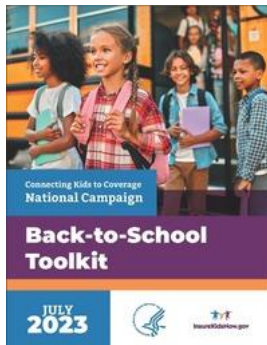
CMS invites public comments on the Medicare Physician Fee Schedule Proposed Rule for Calendar Year 2024. They'll use that input to develop the final rule. Visit the [CMS website](#) for information about the proposal and submit comments on the [Federal Register website](#) by Monday, September 11.

Telehealth-relevant proposals would extend many of the flexibilities available during the COVID-19 public health emergency until the end of 2024.

## Back to School

As families prepare for children to return to school, health centers have an opportunity to share information related to important public health efforts. Resources to support your work are available on:

- CDC's [Back to School with Routine Vaccines website](#).
- CMS's [Back-to-School & School-Based Outreach webpage](#) to support conversations about renewing Medicaid and Children's Health Insurance Program (CHIP) coverage. Their [Toolkit](#) (PDF) offers text messages and social media messages you can use.
- CMS is hosting train-the-trainer webinars about Medicaid and CHIP renewals focused on diverse communities and audiences, including racial and ethnic groups, people with disabilities, and people who live in rural areas. Get details on the [registration page](#).



## Behavioral Health

### Changes in Federal Regulations Regarding Medical Providers Prescribing Buprenorphine

View a presentation to understand the recent changes in training requirements for providers prescribing medications for opioid use disorder (MOUD). Physicians, psychiatrists, nurse practitioners, and behavioral health professionals can visit our [behavioral health TA website](#) to watch the 11-minute presentation.

### Call for Applications: Integration of Behavioral Health and Oral Health Learning Collaborative

The National Network for Oral Health Access (NNOHA) invites health centers to a learning collaborative on integrating behavioral health and oral health. Participants will learn strategies to implement behavioral screenings in the dental clinic and bi-directional referrals. Visit [NNOHA's website](#) for information or to apply by Monday, August 14.

## Workforce

### Job Seekers: Register Now for HRSA's Virtual Job Fair

HRSA's virtual job fair connects healthcare professionals with representatives from health care facilities across the country. Employer registration is closed.

Wednesday, August 9  
6:00-9:00 p.m. ET  
[Registration page](#) for job seekers

### Advancing Health Equity among Hispanic/Latino Populations Series

In this final session, a dynamic panel of HRSA workforce grantees will provide testimonials, highlight HRSA programs and resources to support individuals across health workforce disciplines, and share information about HRSA-supported organizations engaged in the growth and development of the Hispanic/Latino workforce. The session will be presented in Spanish with live interpretation in English.

Tuesday, August 29  
1:00-2:30 p.m. ET  
[Registration page](#)

## Oral Health



**Call for Applications: Integration of Behavioral Health and Oral Health Learning Collaborative**

[See the announcement above.](#)

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**Additional Resources**

**Health Center and Supportive Housing Capital Development Partnerships Case Study: Denver, Colorado**

The Corporation for Supportive Housing (CSH) shares another case study to help health centers consider how to support at-risk populations with collaborations to improve housing stability. Learn more about the key steps and decisions the Denver Housing Authority and Denver Health and Hospital Authority made on their path to building new health and housing co-developments in their community. Visit [CSH'S website](#) to access the case study.

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**DISTRICT CLINIC HOLDINGS, INC.  
BOARD OF DIRECTORS**

**August 23, 2023**

**1. Description: Approval Selection of Interim Executive Director and Dismissal of Existing Executive Director**

**2. Summary:**

On January 25<sup>th</sup>, 2023, the selection of Alicia Ottmann as the Executive Director was approved by the District Clinic Holdings, Inc. d/b/a C.L. Brumback Primary Clinics (“Clinics”) Board of Directors (“Board”). On June 29, 2023, the Health Care District of Palm Beach County dismissed Ms. Ottman from employment after she offered her resignation. A replacement needs to be selected.

**3. Substantive Analysis:**

The Health Care District of Palm Beach County (“HCD”) and the Clinics entered into a co-applicant arrangement in 2012 in order to transition the responsibility for operating the four existing Federally Qualified Health Centers (“FQHC”) from the State of Florida Department of Health to the HCD. In order to maintain the FQHC status and to receive grant funding from the Health Resources and Services Administration (“HRSA”), the Board has certain responsibilities which include the approval of the selection and dismissal of the Executive Director within the guidelines of the HCD Personnel Policies and Procedures. The Board acknowledges that the HCD as the public entity co-applicant is permitted to retain responsibility for establishing fiscal and personnel policies.

HCD Policy No. HOHR129, Introductory Period for New Employees Policies and Procedure, states in pertinent part that all new employees will serve an introductory period of up to six (6) months from date of hire. This period is used to assess the new employee's fit within the organization and their performance. Ms. Ottman's introductory period would have ended on July 16, 2023. Her employment ended on June 29, 2023.

In order to maintain continuity and stability in the Clinics, as well as maintain transparency into any proposed changes to the delivery of care at the FQHC's, we believe that it would be in the best interest of the Clinics to allow Candice Abbott to step into this role.

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
Jessica Cafarelli  
CA6A21FF2F08481-Cafarelli  
Interim 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 dismissal of Ms.Ottman and the appointment of Ms. Abbott as the Executive Director of the Clinics.

Approved for Legal sufficiency:

DocuSigned by:  
Bernabe Icaza  
0CF6F7DB6706401-Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
Darcy Davis  
77A3B53589A1477-Darcy J. Davis  
Chief Executive Officer

**CL BRUMBACK PRIMARY CARE CLINICS  
BOARD OF DIRECTORS  
August 23, 2023**

**1. Description: Board Member Reappointments**

**2. Summary:**

This agenda item presents the Board with a recommendation to reappoint, Melissa Tascone to a second term.

**3. Substantive Analysis:**

The Bylaws of District Clinic Holdings, Inc. state Board membership will be for a period of four (4) years, starting on the date membership is approved and terminating four (4) years from the date of approval. No Board member shall serve more than two (2) consecutive terms. This agenda item includes the recommendation to reappoint the following member to the Board:

**Reappointment:**

Ms. Melissa Tascone, is a current board member (September 25, 2019-September 24, 2023).

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
 CA6A21FF2ED84C Jessica Cafarelli  
 Interim VP & Chief Financial Officer

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

N/A  
 \_\_\_\_\_  
 Committee Name


\_\_\_\_\_  
 Date


**6. Recommendation:**


**CL BRUMBACK PRIMARY CARE CLINICS**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

Staff recommends the Board approve the reappointment of Melissa Tascone to a new four (4) year term beginning on September 25, 2023, and ending on September 24, 2027.

Approved for Legal sufficiency:

DocuSigned by:  
  
0CF6F7DB6706B Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
F637D209DB52427 Candice Abbott  
SVP & Chief Operating Officer

DocuSigned by:  
  
77A3B53589A1475 Darcy J. Davis  
Chief Executive Officer

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

**1. Description:** District Clinic Holdings, Inc. Financial Report June 2023

**2. Summary:**

The June 2023 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

**3. Substantive Analysis:**

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

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
 CA6A21FF2E04181A Cafarelli  
 Interim VP & Chief Financial Officer

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

N/A  
 \_\_\_\_\_  
 Committee Name


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

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

**6. Recommendation:**

Staff recommends the Board approve the June 2023 District Clinic Holdings, Inc. financial statements.

Approved for Legal sufficiency:

DocuSigned by:  
  
\_\_\_\_\_  
0CF6F7DB6708434  
Bernabe Icaza  
VP & General Counsel

DocuSigned by:  
  
\_\_\_\_\_  
CA6A21FF2E09181  
Jessica Cafarelli  
Interim VP & Chief Financial Officer



## MEMO

---

To: Finance Committee

From: Jessica Cafarelli  
Interim VP, Chief Financial Officer

Date: August 23, 2023

Subject: Management Discussion and Analysis as of June 2023 C.L. Brumback Primary Care Clinic Financial Statements.

The June financial statements represent the financial performance through the ninth month of the 2023 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, cash increased \$7.1M as a result of normal operations and subsidy funding. Due from Other Governments increased \$780k as a result of grant and LIP revenue recognized.

On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$922k) or (12.1%) primarily due to a decrease in Medicaid Wraparound funding. Gross patient revenue YTD was favorable to budget by \$4.0M due to increased patient visits. Total YTD revenues were favorable to budget by \$310k. This was mostly due to a favorable timing difference in PRF and other revenue recognized offsetting the unfavorable variance in net patient revenue. Operational expenses before depreciation were favorable to budget by \$4.3M due mostly to positive variances in salaries, wages, and benefits of \$2.9M, purchased services of \$275k, medical supplies of \$183k, other supplies of \$323k, medical services of \$110k, repairs and maintenance \$160k, and lease and rental of \$458k. Total YTD net margin was a loss of (\$13.3M) compared to the budgeted loss of (\$19.6M) resulting in a favorable variance of \$6.3M or (32.3%).

Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$2.5M). The Medical clinics YTD gross patient revenue was favorable to budget by \$2.0M, related to an increase in patient volumes. The Medical clinics total YTD revenue was unfavorable to budget by (\$1.6M). Total operating expenses of \$19.5M were favorable to the budget of \$23.6M by \$4.1M or 17.4%. The positive variance is mostly due to salaries, wages, and benefits of \$2.9M, purchased services of \$242k, medical supplies \$195k, other supplies of \$275k, repairs and maintenance \$206k, and lease and rental of \$411k. Staffing challenges as well as expense timing are driving these favorable YTD variances. Total YTD net margin was favorable to budget by \$3.9M or (22.5%).

Net patient revenue YTD for the Dental clinics was favorable to budget by \$1.3M or 61.4%. The Dental clinics total YTD gross patient revenue was favorable to budget by \$1.2M. Increased patient visits are favorably impacting net patient revenue results. Total YTD operating expenses of \$4.0M were favorable to budget by \$204k. Total YTD net margin was a loss of (\$33k) compared to a budgeted loss of (\$2.1M) for a favorable variance of \$2.1M or (98.4%).



**District Clinic Holdings, Inc.**  
**Comparative Statement of Net Position**

	June 30, 2023	May 31, 2023	Increase (Decrease)
<b>Assets</b>			
Cash and Cash Equivalents	\$ 9,771,624	\$ 2,629,847	\$ 7,141,777
Accounts Receivable, net	1,874,829	1,873,711	1,118
Due From Other Governments	2,645,008	1,865,375	779,633
Other Current Assets	380,259	298,580	81,678
Net Investment in Capital Assets	2,708,559	2,628,240	80,318
Right Of Use Assets	3,239,214	3,239,214	0
<b>Total Assets</b>	<b>\$ 20,619,492</b>	<b>\$ 12,534,966</b>	<b>\$ 8,084,525</b>
<b>Liabilities</b>			
Accounts Payable	269,728	312,536	(42,808)
Deferred Revenue-	14,502	15,502	(1,000)
Accrued Interest	43,109	43,109	0
Other Current Liabilities	1,380,433	1,326,692	53,742
Lease Liability	3,475,476	3,475,476	0
Non-Current Liabilities	1,134,985	1,099,788	35,198
<b>Total Liabilities</b>	<b>6,318,232</b>	<b>6,273,101</b>	<b>45,131</b>
<b>Deferred Inflows of Resources</b>			
Deferred Inflows	\$ 33,656	\$ 33,656	\$ 0
<b>Net Position</b>			
Net Investment in Capital Assets	2,708,559	2,628,240	80,318
Unrestricted	11,559,045	3,599,969	7,959,076
<b>Total Net Position</b>	<b>14,267,603</b>	<b>6,228,209</b>	<b>8,039,394</b>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<b>\$ 20,619,492</b>	<b>\$ 12,534,966</b>	<b>\$ 8,084,525</b>

Note: Amounts may not foot due to rounding.

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 2,918,227	\$ 2,127,981	\$ 790,246	37.1%	\$ 2,353,552	\$ 564,675	24.0%	Gross Patient Revenue	\$ 23,354,695	\$ 19,393,288	\$ 3,961,407	20.4%	\$ 19,748,847	\$ 3,605,849	18.3%
1,344,583	554,365	790,218	142.5%	453,108	891,475	196.7%	Contractual Allowance	7,877,239	5,047,700	2,829,539	56.1%	4,412,372	3,464,866	78.5%
1,027,081	914,837	112,244	12.3%	944,007	83,073	8.8%	Charity Care	9,011,436	8,278,673	732,763	8.9%	8,138,402	873,034	10.7%
(62,168)	297,439	(359,607)	(120.9%)	170,543	(232,710)	(136.5%)	Bad Debt	2,491,443	2,743,643	(252,200)	(9.2%)	3,172,393	(680,950)	(21.5%)
2,309,496	1,766,641	542,855	30.7%	1,567,658	741,838	47.3%	Total Contractuals and Bad Debt	19,380,118	16,070,016	3,310,102	20.6%	15,723,167	3,656,951	23.3%
205,785	458,639	(252,854)	(55.1%)	447,317	(241,532)	(54.0%)	Other Patient Revenue	2,711,648	4,284,637	(1,572,989)	(36.7%)	4,061,092	(1,349,443)	(33.2%)
814,516	819,979	(5,463)	(0.7%)	1,233,211	(418,694)	(34.0%)	Net Patient Revenue	6,686,226	7,607,909	(921,683)	(12.1%)	8,086,771	(1,400,546)	(17.3%)
27.91%	38.53%			52.40%			Collection %	28.63%	39.23%			40.95%		
733,140	689,465	43,675	6.3%	1,245,495	(512,354)	(41.1%)	Grants	8,279,699	8,139,640	140,059	1.7%	11,194,540	(2,914,841)	(26.0%)
-	-	-	-	50,700	(50,700)	-	Other Financial Assistance	738,416	381,143	357,273	93.7%	870,165	(131,748)	(15.1%)
358,355	2,460	355,895	14,467.3%	2,377	355,977	14,975.9%	Other Revenue	756,402	22,140	734,262	3,316.4%	(1,653)	758,055	(45,859.3%)
\$ 1,906,011	\$ 1,511,904	\$ 394,107	26.1%	\$ 2,531,783	\$ (625,771)	(24.7%)	Total Revenues	\$ 16,460,742	\$ 16,150,832	\$ 309,910	1.9%	\$ 20,149,823	\$ (3,689,080)	(18.3%)
							Direct Operating Expenses:							
1,629,444	1,856,685	227,241	12.2%	1,478,608	(150,836)	(10.2%)	Salaries and Wages	14,957,368	17,447,265	2,489,897	14.3%	13,101,183	(1,856,185)	(14.2%)
467,424	484,176	16,752	3.5%	413,216	(54,208)	(13.1%)	Benefits	3,981,838	4,357,580	375,743	8.6%	3,686,786	(295,051)	(8.0%)
69,048	63,786	(5,262)	(8.2%)	89,798	20,750	23.1%	Purchased Services	298,645	574,075	275,431	48.0%	534,915	236,270	44.2%
101,849	103,083	1,234	1.2%	44,499	(57,350)	(128.9%)	Medical Supplies	745,128	927,746	182,618	19.7%	492,607	(252,521)	(51.3%)
38,796	59,966	21,170	35.3%	78,667	39,870	50.7%	Other Supplies	216,226	539,696	323,470	59.9%	313,446	97,220	31.0%
80,827	75,160	(5,667)	(7.5%)	56,566	(24,261)	(42.9%)	Medical Services	566,246	676,437	110,192	16.3%	434,708	(131,538)	(30.3%)
45,397	48,958	3,561	7.3%	55,320	9,923	17.9%	Drugs	389,056	440,623	51,567	11.7%	410,939	21,883	5.3%
55,077	53,684	(1,393)	(2.6%)	(15,339)	(70,416)	459.1%	Repairs and Maintenance	323,059	483,156	160,097	33.1%	329,783	6,724	2.0%
124,493	165,334	40,841	24.7%	96,591	(27,901)	(28.9%)	Lease and Rental	1,030,122	1,488,002	457,881	30.8%	948,476	(81,645)	(8.6%)
7,462	11,522	4,059	35.2%	7,150	(312)	(4.4%)	Utilities	66,503	103,694	37,190	35.9%	65,338	(1,165)	(1.8%)
51,877	75,576	23,699	31.4%	84,690	32,813	38.7%	Other Expense	827,194	680,183	(147,011)	(21.6%)	420,525	(406,670)	(96.7%)
8,759	4,083	(4,677)	(114.5%)	7,480	(1,279)	(17.1%)	Insurance	47,268	36,742	(10,525)	(28.6%)	39,821	(7,447)	(18.7%)
2,680,453	3,002,011	321,559	10.7%	2,397,245	(283,208)	(11.8%)	Total Operating Expenses	23,448,652	27,755,201	4,306,549	15.5%	20,778,527	(2,670,125)	(12.9%)
							Net Performance before Depreciation & Overhead Allocations	\$ (6,987,910)	\$ (11,604,369)	\$ 4,616,459	(39.8%)	\$ (628,704)	\$ (6,359,205)	1,011.5%
\$ (774,442)	\$ (1,490,107)	\$ 715,666	(48.0%)	\$ 134,537	\$ (908,979)	(675.6%)	Depreciation	236,188	299,249	63,061	21.1%	284,288	48,099	16.9%
26,989	33,250	6,261	18.8%	31,774	4,784	15.1%	Overhead Allocations:							
9,779	10,722	943	8.8%	7,693	(2,086)	(27.1%)	Risk Management	85,510	96,500	10,990	11.4%	67,426	(18,084)	(26.8%)
74,884	109,939	35,055	31.9%	128,114	53,230	41.5%	Rev Cycle	723,160	989,447	266,287	26.9%	1,467,978	744,818	50.7%
2,739	6,555	3,816	58.2%	1,844	(895)	(48.5%)	Internal Audit	19,456	58,997	39,541	67.0%	14,164	(5,292)	(37.4%)
34,251	32,746	(1,505)	(4.6%)	29,076	(5,175)	(17.8%)	Home Office Facilities	280,102	294,716	14,614	5.0%	252,156	(27,946)	(11.1%)
51,018	41,476	(9,542)	(23.0%)	48,374	(2,644)	(5.5%)	Administration	405,700	373,288	(32,412)	(8.7%)	388,857	(16,843)	(4.3%)
69,724	99,947	30,223	30.2%	64,343	(5,381)	(8.4%)	Human Resources	626,218	899,525	273,307	30.4%	470,259	(155,959)	(33.2%)
16,039	27,766	11,727	42.2%	14,385	(1,654)	(11.5%)	Legal	150,463	249,892	99,429	39.8%	154,910	4,447	2.9%
4,261	4,171	(90)	(2.2%)	2,930	(1,331)	(45.4%)	Records	31,034	37,539	6,505	17.3%	27,830	(3,204)	(11.5%)
6,834	11,059	4,225	38.2%	5,549	(1,285)	(23.2%)	Compliance	62,835	99,531	36,696	36.9%	55,621	(7,214)	(13.0%)
-	-	-	-	8,762	8,762	-	Community Engagement	-	-	-	-	74,556	74,556	-
39,156	46,251	7,095	15.3%	76,007	36,851	48.5%	IT Operations	347,747	416,263	68,516	16.5%	727,563	379,816	52.2%
12,103	16,858	4,755	28.2%	10,845	(1,258)	(11.6%)	IT Security	166,938	151,723	(15,215)	(10.0%)	105,730	(61,208)	(57.9%)
33,431	33,245	(186)	(0.6%)	27,779	(5,652)	(20.3%)	Finance	247,937	299,208	51,271	17.1%	277,489	29,552	10.6%
10,993	16,960	5,967	35.2%	7,062	(3,931)	(55.7%)	Corporate Communications	100,634	152,641	52,007	34.1%	53,450	(47,184)	(88.3%)
-	4,750	4,750	-	10,069	10,069	-	Information Technology	60,595	42,749	(17,846)	(41.7%)	84,890	24,295	28.6%
250,681	237,695	(12,986)	(5.5%)	55,868	(194,813)	(348.7%)	IT Applications	1,562,821	2,139,253	576,432	26.9%	416,691	(1,146,130)	(275.1%)

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	-	179,063	179,063	-	-	-	-	-	1,668,426	1,668,426	-
36,224	41,476	5,252	12.7%	-	(36,224)	-	293,336	373,286	79,950	21.4%	-	(293,336)	-
-	6,503	6,503	-	12,742	12,742	-	77,609	58,530	(19,079)	(32.6%)	104,998	27,389	26.1%
10,909	8,052	(2,857)	(35.5%)	8,100	(2,809)	(34.7%)	77,408	72,465	(4,943)	(6.8%)	68,185	(9,223)	(13.5%)
44,003	57,288	13,285	23.2%	49,302	5,299	10.7%	351,397	515,589	164,192	31.8%	481,201	129,804	27.0%
11,356	5,383	(5,973)	(111.0%)	-	(11,356)	-	59,102	48,451	(10,651)	(22.0%)	-	(59,102)	-
10,217	10,156	(61)	(0.6%)	-	(10,217)	-	121,464	91,408	(30,056)	(32.9%)	-	(121,464)	-
16,745	21,541	4,796	22.3%	-	(16,745)	-	172,981	193,867	20,886	10.8%	-	(172,981)	-
2,206	4,143	1,937	46.8%	-	(2,206)	-	19,828	37,283	17,455	46.8%	-	(19,828)	-
747,553	854,683	107,130	12.5%	747,907	354	-	6,044,275	7,692,148	1,647,873	21.4%	6,962,379	918,104	13.2%
3,454,995	3,889,944	434,949	11.2%	3,176,926	(278,069)	(8.8%)	29,729,115	35,746,598	6,017,483	16.8%	28,025,194	(1,703,921)	(6.1%)
\$ (1,548,984)	\$ (2,378,040)	\$ 829,057	(34.9%)	\$ (645,143)	\$ (903,840)	140.1%	\$ (13,268,373)	\$ (19,595,766)	\$ 6,327,393	(32.3%)	\$ (7,875,371)	\$ (5,393,002)	68.5%
-	153,690	153,690	-	1,409	1,409	-	-	1,383,207	1,383,207	100.0%	15,628	15,628	100.0%
107,308	-	107,308	-	-	107,308	-	132,840	-	132,840	-	-	132,840	-
\$ 6,257,118	\$ 6,625,000	\$ (367,882)	(5.6%)	\$ 656,466	\$ (5,600,653)	(853.2%)	\$ 14,099,698	\$ 19,875,000	\$ (5,775,302)	(29.1%)	\$ 7,924,615	\$ (6,175,083)	(77.9%)
IT EPIC							Total Overhead Allocations-						
IT Service Center							Total Expenses						
Performance Excellence							Net Margin						
Corporate Quality							Capital						
Security Services							Capital Contributions						
Supply Chain							Transfer In/(Out)						
HIM Department													
Coding													
Reimbursement													

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Year to Date
Gross Patient Revenue	\$ 2,421,964	\$ 2,173,673	\$ 2,534,826	\$ 2,394,233	\$ 2,436,124	\$ 2,859,432	\$ 2,815,106	\$ 2,801,109	\$ 2,918,227	\$ 23,354,695
Contractual Allowance	942,552	616,457	797,366	764,288	728,571	1,015,151	998,014	670,258	1,344,583	7,877,239
Charity Care	1,080,772	818,987	996,143	1,145,797	998,209	1,031,223	979,676	933,548	1,027,081	9,011,436
Bad Debt	49,730	353,288	285,914	95,985	279,913	332,230	527,608	628,944	(62,168)	2,491,443
Total Contractuals and Bad Debt	2,073,054	1,788,732	2,079,423	2,006,069	2,006,694	2,378,604	2,505,297	2,232,750	2,309,496	19,380,118
Other Patient Revenue	474,943	474,943	87,703	345,863	345,863	345,863	224,901	205,785	205,785	2,711,648
Net Patient Revenue	823,853	859,885	543,106	734,027	775,294	826,691	534,711	774,144	814,516	6,686,226
Collection %	34.02%	39.56%	21.43%	30.66%	31.82%	28.91%	18.99%	27.64%	27.91%	28.63%
Non-Operating Revenues										
Grants	831,658	951,673	1,163,225	937,662	1,277,476	1,004,344	730,315	650,205	733,140	8,279,699
Other Financial Assistance	12,477	51,355	674,585	-	-	-	-	-	-	738,416
Other Revenue	624	29,490	1,042	1,648	18,706	193,647	101,773	51,117	358,355	756,402
Total Other Revenues	\$ 844,758	\$ 1,032,517	\$ 1,838,851	\$ 939,311	\$ 1,296,183	\$ 1,197,991	\$ 832,088	\$ 701,322	\$ 1,091,495	\$ 9,774,517
Total Non-Operating Revenues	\$ 1,668,611	\$ 1,892,402	\$ 2,381,957	\$ 1,673,338	\$ 2,071,476	\$ 2,024,682	\$ 1,366,799	\$ 1,475,466	\$ 1,906,011	\$ 16,460,742
Direct Operating Expenses:										
Salaries and Wages	1,713,850	1,402,443	1,788,664	1,498,332	1,674,786	1,997,115	1,543,212	1,709,521	1,629,444	14,957,368
Benefits	427,827	405,732	406,022	459,199	430,679	495,969	415,751	473,236	467,424	3,981,838
Purchased Services	13,764	60,480	10,119	24,018	29,210	11,762	40,767	39,476	69,048	298,645
Medical Supplies	35,872	230,443	141,439	60,778	25,067	29,192	30,198	90,290	101,849	745,128
Other Supplies	12,383	6,147	10,233	39,697	20,076	8,453	19,539	60,902	38,796	216,226
Medical Services	55,581	60,482	61,270	56,783	59,594	57,974	65,942	67,793	80,827	566,246
Drugs	37,475	49,341	45,922	45,378	44,505	37,090	43,958	39,990	45,397	389,056
Repairs and Maintenance	10,726	11,441	47,732	37,415	40,271	30,847	36,409	53,140	55,077	323,059
Lease and Rental	107,496	87,434	114,395	115,290	117,771	96,132	162,213	104,899	124,493	1,030,122
Utilities	8,438	8,881	8,149	9,620	3,675	5,106	7,585	7,587	7,462	66,503
Other Expense	115,489	74,228	262,113	(53,654)	65,834	23,262	24,383	263,662	51,877	827,194
Insurance	6,154	4,622	4,622	4,622	4,622	4,622	4,622	4,622	8,759	47,268
Total Operating Expenses	2,545,056	2,401,675	2,900,679	2,297,479	2,516,089	2,797,523	2,394,579	2,915,118	2,680,453	23,448,652
Net Performance before Depreciation & Overhead Allocations	\$ (876,445)	\$ (509,273)	\$ (518,722)	\$ (624,141)	\$ (444,613)	\$ (772,841)	\$ (1,027,780)	\$ (1,439,653)	\$ (774,442)	\$ (6,987,910)
Depreciation	25,462	25,462	26,045	25,656	26,428	26,619	26,619	26,909	26,989	236,188
Overhead Allocations:										
Risk Management	11,692	7,282	9,397	9,332	9,963	8,896	9,668	9,501	9,779	85,510
Rev Cycle	63,371	103,816	86,659	73,183	62,585	90,867	75,286	92,509	74,884	723,160

Primary Care Clinic Statement of Revenues and Expenses by Month

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Year to Date
Internal Audit	2,627	1,796	1,779	1,955	1,585	1,641	2,516	2,818	2,739	19,456
Home Office Facilities	30,821	31,492	32,824	20,328	24,166	35,671	34,187	36,362	34,251	280,102
Administration	46,107	48,941	49,005	49,055	34,089	42,379	39,583	45,523	51,018	405,700
Human Resources	76,105	96,165	80,652	41,032	63,880	76,821	55,879	65,960	69,724	626,218
Legal	3,344	12,867	12,360	14,912	35,905	18,361	21,522	15,153	16,039	150,463
Records	4,206	2,926	3,073	3,403	3,291	3,419	3,266	3,189	4,261	31,034
Compliance	6,347	6,648	6,675	6,995	7,114	6,714	7,962	7,546	6,834	62,835
IT Operations	35,658	44,142	42,594	37,089	32,670	40,660	34,452	41,326	39,156	347,747
IT Security	9,905	21,768	16,176	14,289	25,121	14,449	14,135	38,992	12,103	166,938
Finance	24,232	19,591	27,494	20,102	25,315	27,713	28,566	41,493	33,431	247,937
Corporate Communications	10,421	9,413	10,833	11,419	12,679	15,613	10,308	8,955	10,993	100,634
Information Technology	10,834	10,976	13,078	12,123	3,404	10,180	-	-	-	60,595
IT Applications	81,636	278,939	162,379	216,444	192,470	176,106	87,647	116,519	250,681	1,562,821
IT Service Center	25,999	28,022	25,841	25,533	26,762	39,926	52,726	32,303	36,224	293,336
Performance Excellence	6,591	12,194	12,071	14,647	15,321	16,785	-	-	-	77,609
Corporate Quality	8,434	7,268	7,766	7,118	7,006	9,852	9,489	9,566	10,909	77,408
Security Services	39,124	39,146	42,649	38,519	36,544	39,645	35,851	35,916	44,003	351,397
Supply Chain	6,253	5,354	6,385	6,747	4,243	6,959	5,574	6,231	11,356	59,102
HIM Department	8,351	19,826	19,536	12,608	20,538	10,117	10,316	9,955	10,217	121,464
Coding	21,345	13,076	24,947	17,566	21,638	20,338	19,289	18,037	16,745	172,981
Reimbursement	2,482	1,671	4,032	1,238	1,989	2,109	2,020	2,081	2,206	19,828
Total Overhead Allocations	535,885	823,319	698,205	655,637	668,278	715,221	560,242	639,935	747,553	6,044,275
<b>Total Expenses</b>	<b>3,106,403</b>	<b>3,250,455</b>	<b>3,624,929</b>	<b>2,978,772</b>	<b>3,210,795</b>	<b>3,539,363</b>	<b>2,981,440</b>	<b>3,581,963</b>	<b>3,454,995</b>	<b>29,729,115</b>
<b>Net Margin</b>	<b>\$ (1,437,791)</b>	<b>\$ (1,358,053)</b>	<b>\$ (1,242,972)</b>	<b>\$ (1,305,434)</b>	<b>\$ (1,139,319)</b>	<b>\$ (1,514,681)</b>	<b>\$ (1,614,641)</b>	<b>\$ (2,106,497)</b>	<b>\$ (1,548,984)</b>	<b>\$ (13,268,373)</b>
<b>Capital</b>	<b>36,782</b>	<b>-</b>	<b>53,251</b>	<b>(90,033)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Capital Contributions</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,923</b>	<b>14,609</b>	<b>107,308</b>	<b>132,840</b>
<b>General Fund Support/Transfer In</b>	<b>-</b>	<b>-</b>	<b>\$4,128,850</b>	<b>-</b>	<b>-</b>	<b>\$3,713,730</b>	<b>-</b>	<b>-</b>	<b>\$6,257,118</b>	<b>\$14,099,698</b>

	Clinic Administration	Belle Glade Medical Clinic	Delray Medical Clinic	Lantana Medical Clinic	Mangonia Park Medical Clinic	West Palm Beach Medical Clinic	Jupiter Medical Clinic	Lake Worth Medical Clinic	Lewis Center Medical Clinic	West Boca Medical Clinic	St Ann Place Medical Clinic	Mobile Warrior	Mobile Van Scout	Mobile Van Hero	Atlantis Medical Clinic	Port Medical Clinic	Total
Gross Patient Revenue	\$ 4,717	\$ 1,303,970	\$ 1,384,269	\$ 3,494,272	\$ 969,157	\$ 2,355,621	\$ 900,706	\$ 2,706,194	\$ 47,988	\$ 555,485	\$ 11,647	-	-	\$ 100,906	-	\$ 2,980	\$ 13,837,911
Contractual Allowances	3,586,119	207,575	233,631	219,182	260,237	384,541	133,866	586,293	43,600	170,062	4,754	1,623	-	9,676	-	49	5,841,208
Charity Care	418,397	426,818	479,047	1,467,090	172,506	817,270	276,421	1,034,837	16,793	167,853	1,254	-	-	10,188	-	-	5,288,473
Bad Debt	53,477	112,863	125,579	480,033	286,289	214,172	99,683	153,779	45,996	17,257	7,432	(1,475)	-	5,913	-	-	1,601,001
Total Contractual Allowances and Bad Debt	4,057,994	747,256	838,258	2,166,306	719,033	1,415,982	509,970	1,774,910	106,389	355,172	13,440	148	-	25,777	-	49	12,730,682
Other Patient Revenue	-	167,210	186,785	442,586	79,474	459,960	83,542	248,474	34,721	128,945	5,442	20,927	-	4,047	23,123	-	1,885,237
Net Patient Revenue	(4,053,277)	723,925	732,797	1,770,552	329,599	1,399,599	474,278	1,179,758	(23,680)	329,257	3,649	20,779	-	79,177	23,123	2,932	2,992,467
Collection %	(85.934.41%)	55.52%	52.94%	50.67%	34.01%	59.42%	52.66%	43.59%	(49.35%)	59.27%	31.33%	-	-	78.47%	-	98.37%	21.63%
Grant Funds	1,404,567	618,209	458,392	1,086,680	1,010,430	968,887	224,426	769,782	25,216	269,311	16,191	28,207	68	58,633	3,182	-	6,942,181
Other Financial Assistance	120,959	66,464	60,718	119,301	50,531	105,464	19,969	66,551	10,885	19,710	4,445	2,000	2,067	-	-	-	649,065
Other Revenue	632,104	4,321	-	160	-	70	-	-	-	21	-	-	-	-	-	-	636,675
Total Other Revenues	2,157,630	688,994	519,110	1,206,141	1,060,961	1,074,421	244,395	836,333	36,101	289,042	20,636	30,207	2,135	58,633	3,182	-	8,227,921
Total Revenues	\$ (1,895,648)	\$ 1,412,919	\$ 1,251,906	\$ 2,976,693	\$ 1,390,559	\$ 2,474,019	\$ 718,673	\$ 2,016,091	\$ 12,422	\$ 618,299	\$ 24,286	\$ 50,985	\$ 2,135	\$ 137,810	\$ 26,306	\$ 2,932	\$ 11,220,388
Direct Operational Expenses:																	
Salaries and Wages	2,840,347	903,540	873,648	1,936,158	1,581,609	1,529,734	424,458	1,435,035	55,324	525,235	37,537	28,958	-	111,396	-	-	12,282,977
Benefits	806,982	255,767	247,973	526,345	443,331	341,444	113,663	370,830	8,885	110,333	9,682	10,693	-	32,162	-	-	3,278,089
Purchased Services	169,546	15,970	13,608	8,727	20,122	990	6,671	22,828	1,824	15,572	-	-	-	-	-	-	275,859
Medical Supplies	-	67,852	67,627	94,345	78,371	111,219	31,428	54,628	10,075	34,101	6,227	870	426	421	-	-	557,590
Other Supplies	33,529	21,369	33,774	8,027	15,048	12,062	10,863	33,249	3,384	2,972	-	2,655	860	2,807	3,182	-	183,782
Medical Services	-	83,949	57,640	89,097	33,959	76,401	40,458	155,811	2,029	25,977	924	-	-	-	-	-	566,246
Drugs	-	39,727	53,620	105,863	83,474	94,794	1,290	1,750	-	7,467	-	-	-	33	-	-	388,017
Repairs and Maintenance	141,827	29,205	12,637	2,218	8,103	25,219	2,109	17,351	2,111	3,186	660	676	2,554	11,207	-	-	259,063
Lease and Rental	-	65,878	66,985	115,955	65,861	97,031	68,612	233,124	120	107,608	110	70	30	70	5,169	-	826,622
Utilities	-	18,127	534	1,893	7,319	1,912	5,970	9,500	1,587	5,021	825	-	-	-	-	-	52,689
Other Expense	292,856	121,215	39,263	59,731	36,676	69,519	23,770	101,384	6,242	21,397	3,026	3,050	353	1,250	157	-	779,888
Insurance	-	2,852	2,196	4,568	2,220	3,646	778	2,077	791	916	-	8,869	8,801	8,891	-	-	46,605
Total Operating Expenses	4,285,087	1,625,450	1,469,505	2,952,925	2,376,091	2,363,971	730,070	2,437,568	92,373	859,785	58,991	55,841	13,024	168,238	8,508	-	19,497,427
Net Performance before Depreciation & Overhead Allocations	(6,180,735)	(212,532)	(217,598)	23,768	(985,531)	110,048	(11,397)	(421,476)	(79,951)	(241,486)	(34,705)	(4,856)	(10,890)	(30,428)	17,798	2,932	(8,277,039)
Depreciation	3,907	60,482	261	9,802	16,272	11,312	1,477	3,769	217	6,583	-	-	10,413	62,645	-	-	187,139
Overhead Allocations:																	
Risk Management	72,187	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	72,187
Revenue Cycle	597,869	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	597,869
Internal Audit	16,424	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,424
Home Office Facilities	244,951	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	244,951
Administration	342,490	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	342,490
Human Resources	534,815	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	534,815
Legal	127,020	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	127,020
Records	26,198	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26,198
Compliance	53,044	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	53,044
IT Operations	293,565	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	293,565
IT Security	140,929	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	140,929
Finance	209,307	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	209,307
Corporate Communications	84,954	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	84,954
Information Technology	51,154	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51,154
IT Applications	1,319,327	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,319,327
IT Service Center	247,632	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	247,632
Performance Excellence	65,517	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	65,517
Corporate Quality	65,348	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	65,348
Security Services	290,045	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	290,045
Supply Chain	49,895	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	49,895
HIM Department	102,540	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	102,540
Coding	146,030	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	146,030
Reimbursement	16,738	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,738
Total Overhead Allocations	5,097,979	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,097,979
Total Expenses	9,386,973	1,685,932	1,469,765	2,962,727	2,392,363	2,375,283	731,547	2,441,336	92,590	866,368	58,991	55,841	23,438	230,883	8,508	-	24,782,545
Net Margin	\$ (11,282,621)	\$ (273,013)	\$ (217,859)	\$ 13,966	\$ (1,001,803)	\$ 98,736	\$ (12,874)	\$ (425,245)	\$ (80,168)	\$ (248,069)	\$ (34,705)	\$ (4,856)	\$ (21,303)	\$ (93,073)	\$ 17,798	\$ 2,932	\$ (13,562,157)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer In/(Out)	\$ 13,375,018	-	-	-	-	-	37	-	-	-	-	-	-	-	-	-	\$ 13,375,018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 1,571,459	\$ 1,221,751	\$ 349,708	28.6%	\$ 1,338,405	\$ 233,054	17.4%	Gross Patient Revenue	\$ 13,837,911	\$ 11,846,409	\$ 1,991,502	16.8%	\$ 11,884,792	\$ 1,953,119	16.4%
1,198,351	314,993	883,358	280.4%	216,744	981,607	452.9%	Contractual Allowance	5,841,208	3,054,255	2,786,953	91.2%	2,003,779	3,837,428	191.5%
616,949	482,355	134,594	27.9%	459,096	157,853	34.4%	Charity Care	5,288,473	4,677,052	611,421	13.1%	4,434,020	854,453	19.3%
(147,817)	194,844	(342,661)	(175.9%)	47,316	(195,133)	(412.4%)	Bad Debt	1,601,001	1,889,254	(288,253)	(15.3%)	2,211,701	(610,700)	(27.6%)
1,667,483	992,192	675,291	68.1%	723,156	944,327	130.6%	Total Contractuals and Bad Debt	12,730,682	9,620,561	3,110,121	32.3%	8,649,500	4,081,182	47.2%
136,676	339,910	(203,234)	(59.8%)	318,324	(181,649)	(57.1%)	Other Patient Revenue	1,885,237	3,295,880	(1,410,643)	(42.8%)	2,893,580	(1,008,342)	(34.8%)
40,651	569,469	(528,818)	(92.9%)	933,573	(892,921)	(95.6%)	Net Patient Revenue	2,992,467	5,521,728	(2,529,261)	(45.8%)	6,128,872	(3,136,405)	(51.2%)
2.59%	46.61%			69.75%			Collection %	21.63%	46.61%			51.57%		
578,369	578,072	297	0.1%	1,048,742	(470,372)	(44.9%)	Grants	6,942,181	6,918,217	23,964	0.3%	9,626,003	(2,683,822)	(27.9%)
-	-	-	-	50,700	(50,700)	-	Other Financial Assistance	649,065	381,143	267,922	70.3%	755,703	(106,638)	(14.1%)
288,001	2,460	285,541	11,607.4%	2,377	285,624	12,016.2%	Other Revenue	636,675	22,140	614,535	2,775.7%	(1,853)	638,528	(34,459.1%)
\$ 907,022	\$ 1,150,001	\$ (242,979)	(21.1%)	\$ 2,035,392	\$ (1,128,370)	(55.4%)	Total Revenues	\$ 11,220,388	\$ 12,843,228	\$ (1,622,840)	(12.6%)	\$ 16,508,724	\$ (5,288,336)	(32.0%)
							Direct Operating Expenses:							
1,317,209	1,570,136	252,927	16.1%	1,223,232	(93,977)	(7.7%)	Salaries and Wages	12,282,977	14,742,326	2,459,349	16.7%	11,019,421	(1,263,556)	(11.5%)
379,047	411,085	32,038	7.8%	345,832	(33,215)	(9.6%)	Benefits	3,278,089	3,699,761	421,673	11.4%	3,087,152	(190,937)	(6.2%)
59,456	57,496	(1,959)	(3.4%)	88,554	29,098	32.9%	Purchased Services	275,859	517,466	241,607	46.7%	518,691	242,833	46.8%
53,091	83,646	30,555	36.5%	24,272	(28,819)	(118.7%)	Medical Supplies	557,590	752,809	195,219	25.9%	330,553	(227,037)	(68.7%)
35,926	50,957	15,031	29.5%	49,534	13,608	27.5%	Other Supplies	183,782	458,614	274,832	59.9%	273,687	89,905	32.8%
80,827	59,500	(21,327)	(35.8%)	56,566	(24,261)	(42.9%)	Medical Services	566,246	535,498	(30,748)	(5.7%)	434,708	(131,538)	(30.3%)
45,397	48,958	3,561	7.3%	55,320	9,923	17.9%	Drugs	388,017	440,623	52,606	11.9%	410,939	22,922	5.6%
41,408	51,615	10,207	19.8%	(16,735)	(58,143)	(347.4%)	Repairs and Maintenance	259,063	464,537	205,474	44.2%	309,955	50,892	16.4%
101,808	137,465	35,657	25.9%	74,101	(27,707)	(37.4%)	Lease and Rental	826,622	1,237,188	410,566	33.2%	740,912	(85,711)	(11.6%)
6,276	9,018	2,742	30.4%	5,805	(471)	(8.1%)	Utilities	52,689	81,164	28,475	35.1%	50,478	(2,211)	(4.4%)
47,110	70,438	23,327	33.1%	86,147	39,037	45.3%	Other Expense	779,888	633,938	(145,949)	(23.0%)	401,132	(378,756)	(94.4%)
8,714	3,993	(4,722)	(118.3%)	7,389	(1,325)	(17.9%)	Insurance	46,605	35,932	(10,673)	(29.7%)	39,027	(7,578)	(19.4%)
2,176,270	2,554,307	378,037	14.8%	2,000,018	(176,252)	(8.8%)	Total Operating Expenses	19,497,427	23,599,858	4,102,431	17.4%	17,616,655	(1,880,772)	(10.7%)
							Net Performance before Depreciation & Overhead Allocations	\$ (8,277,039)	\$ (10,756,630)	\$ 2,479,591	(23.1%)	\$ (1,107,931)	\$ (7,169,108)	647.1%
21,992	27,500	5,508	20.0%	24,329	2,337	9.6%	Depreciation	187,139	247,499	60,360	24.4%	216,876	29,736	13.7%
							Overhead Allocations:							
8,255	9,052	797	8.8%	6,612	(1,643)	(24.8%)	Risk Management	72,187	81,465	9,278	11.4%	57,954	(14,233)	(24.6%)
61,910	90,891	28,981	31.9%	109,141	47,231	43.3%	Rev Cycle	597,869	818,020	220,151	26.9%	1,250,581	652,712	52.2%
2,312	5,534	3,222	58.2%	1,585	(727)	(45.9%)	Internal Audit	16,424	49,805	33,381	67.0%	12,174	(4,250)	(34.9%)
29,953	28,637	(1,316)	(4.6%)	26,294	(3,659)	(13.9%)	Home Office Facilities	244,951	257,730	12,779	5.0%	228,031	(16,920)	(7.4%)
43,069	35,014	(8,055)	(23.0%)	41,579	(1,490)	(3.6%)	Administration	342,490	315,128	(27,362)	(8.7%)	334,233	(8,257)	(2.5%)
59,547	85,359	25,812	30.2%	55,085	(4,462)	(8.1%)	Human Resources	534,815	768,230	233,415	30.4%	402,593	(132,222)	(32.8%)
13,540	23,440	9,900	42.2%	12,364	(1,176)	(9.5%)	Legal	127,020	210,958	83,938	39.8%	133,149	6,129	4.6%
3,597	3,521	(76)	(2.2%)	2,519	(1,078)	(42.8%)	Records	26,198	31,690	5,492	17.3%	23,921	(2,277)	(9.5%)
5,769	9,336	3,567	38.2%	4,770	(999)	(20.9%)	Compliance	53,044	84,024	30,980	36.9%	47,807	(5,237)	(11.0%)
-	-	-	-	7,531	7,531	-	Community Engagement	-	-	-	-	64,083	64,083	-
33,055	39,045	5,990	15.3%	65,330	32,275	49.4%	IT Operations	293,565	351,407	57,842	16.5%	625,359	331,794	53.1%
10,217	14,232	4,015	28.2%	9,321	(896)	(9.6%)	IT Security	140,929	128,084	(12,845)	(10.0%)	90,877	(50,052)	(55.1%)
28,222	28,066	(156)	(0.6%)	23,877	(4,345)	(18.2%)	Finance	209,307	252,591	43,284	17.1%	238,509	29,202	12.2%
9,280	14,318	5,038	35.2%	6,070	(3,210)	(52.9%)	Corporate Communications	84,954	128,858	43,904	34.1%	45,942	(39,012)	(84.9%)
-	4,010	4,010	-	8,655	8,655	-	Information Technology	51,154	36,088	(15,066)	(41.7%)	72,965	21,811	29.9%
211,624	200,661	(10,963)	(5.5%)	48,020	(163,604)	(340.7%)	IT Applications	1,319,327	1,805,949	486,622	26.9%	358,157	(961,170)	(268.4%)

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	-	153,909	153,909	-	IT EPIC	-	-	-	-	1,434,055	1,434,055	-
30,580	35,014	4,434	12.7%	-	(30,580)	-	IT Service Center	247,632	315,126	67,494	21.4%	-	(247,632)	-
-	5,490	5,490	-	10,952	10,952	-	Performance Excellence	65,517	49,411	(16,106)	(32.6%)	90,248	24,731	27.4%
9,209	6,797	(2,412)	(35.5%)	6,962	(2,247)	(32.3%)	Corporate Quality	65,348	61,174	(4,174)	(6.8%)	58,607	(6,741)	(11.5%)
36,320	47,286	10,966	23.2%	41,965	5,645	13.5%	Security Services	290,045	425,572	135,527	31.8%	409,595	119,550	29.2%
9,587	4,545	(5,042)	(110.9%)	-	(9,587)	-	Supply Chain	49,895	40,902	(8,993)	(22.0%)	-	(49,895)	-
8,625	8,574	(51)	(0.6%)	-	(8,625)	-	HIM Department	102,540	77,166	(25,374)	(32.9%)	-	(102,540)	-
14,136	18,185	4,049	22.3%	-	(14,136)	-	Coding	146,030	163,661	17,631	10.8%	-	(146,030)	-
1,862	3,497	1,635	46.8%	-	(1,862)	-	Reimbursement	16,738	31,474	14,736	46.8%	-	(16,738)	-
630,669	720,501	89,832	12.5%	642,541	11,872	1.8%	Total Overhead Allocations-	5,097,979	6,484,513	1,386,534	21.4%	5,978,841	880,862	14.7%
2,828,931	3,302,308	473,377	14.3%	2,666,888	(162,043)	(6.1%)	Total Expenses	24,782,545	30,331,870	5,549,325	18.3%	23,812,371	(970,174)	(4.1%)
\$ (1,921,909)	\$ (2,152,307)	\$ 230,398	(10.7%)	\$ (631,496)	\$ (1,290,413)	204.3%	Net Margin	\$ (13,562,157)	\$ (17,488,642)	\$ 3,926,485	(22.5%)	\$ (7,303,647)	\$ (6,258,510)	85.7%
-	116,559	116,559	-	1,409	1,409	-	Capital	-	1,049,034	1,049,034	100.0%	15,628	15,628	100.0%
11,886	-	11,886	-	-	11,886	-	Capital Contributions	37,419	-	37,419	-	-	37,419	-
\$ 6,257,118	\$ 5,900,000	\$ 357,118	6.1%	\$ 593,308	\$ (5,663,811)	(954.6%)	Transfer In/(Out)	\$ 13,375,018	\$ 17,700,000	\$ (4,324,982)	(24.4%)	\$ 7,319,275	\$ (6,055,742)	(82.7%)



	Dental Clinic Administration	Belle Glade Dental Clinic	Delray Dental Clinic	Lantana Dental Clinic	West Palm Beach Dental Clinic	Port Dental Clinic	Total
<b>Gross Patient Revenue</b>	-	\$ 1,255,370	\$ 1,805,716	\$ 2,321,304	\$ 3,295,975	\$ 37,092	\$ 8,715,458
Contractual Allowances	-	365,509	297,557	418,078	840,615	489	1,922,248
Charity Care	-	365,869	836,154	896,419	1,443,460	36,648	3,578,551
Bad Debt	-	113,075	111,665	192,475	269,176	(19,799)	666,592
Total Contractual Allowances and Bad Debt	-	844,453	1,245,376	1,506,972	2,553,251	17,338	6,167,391
Other Patient Revenue	-	136,380	192,576	203,067	286,317	236	818,576
<b>Net Patient Revenue</b>	-	<b>547,297</b>	<b>752,916</b>	<b>1,017,398</b>	<b>1,029,042</b>	<b>19,990</b>	<b>3,366,643</b>
Collection %	-	43.60%	41.70%	43.83%	31.22%	53.89%	38.63%
Grant Funds	162,743	134,907	283,376	280,722	475,769	-	1,337,518
Other Financial Assistance	20,165	6,474	11,703	27,647	23,361	-	89,351
Other Revenue	119,676	-	-	(9)	60	-	119,727
Total Other Revenues	302,584	141,381	295,079	308,360	499,190	-	1,546,595
<b>Total Revenues</b>	<b>\$ 302,584</b>	<b>\$ 688,678</b>	<b>\$ 1,047,996</b>	<b>\$ 1,325,758</b>	<b>\$ 1,528,232</b>	<b>\$ 19,990</b>	<b>\$ 4,913,239</b>
<i>Direct Operational Expenses:</i>							
Salaries and Wages	297,359	263,633	615,834	616,375	881,189	-	2,674,390
Benefits	87,022	85,208	159,498	166,980	205,041	-	703,749
Purchased Services	-	8,386	5,219	1,487	7,694	-	22,786
Medical Supplies	-	22,969	48,557	37,978	78,034	-	187,538
Other Supplies	-	4,987	14,489	4,485	8,484	-	32,445
Drugs	-	237	264	325	213	-	1,038
Repairs and Maintenance	-	8,592	18,430	5,185	31,789	-	63,996
Lease and Rental	-	25,536	45,755	49,035	83,173	-	203,499
Utilities	-	7,155	904	2,673	3,082	-	13,815
Other Expense	4,526	4,578	12,338	10,827	15,037	-	47,307
Insurance	-	663	-	-	-	-	663
Total Operating Expenses	388,908	431,943	921,288	895,350	1,313,737	-	3,951,225
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(86,323)</b>	<b>256,735</b>	<b>126,707</b>	<b>430,409</b>	<b>214,495</b>	<b>19,990</b>	<b>962,013</b>
Depreciation	-	17,035	4,225	4,954	22,835	-	49,049
<i>Overhead Allocations:</i>							
Risk Management	13,323	-	-	-	-	-	13,323
Revenue Cycle	125,291	-	-	-	-	-	125,291
Internal Audit	3,032	-	-	-	-	-	3,032
Home Office Facilities	35,151	-	-	-	-	-	35,151
Administration	63,210	-	-	-	-	-	63,210
Human Resources	91,403	-	-	-	-	-	91,403
Legal	23,443	-	-	-	-	-	23,443
Records	4,836	-	-	-	-	-	4,836
Compliance	9,791	-	-	-	-	-	9,791
IT Operations	54,182	-	-	-	-	-	54,182
IT Security	26,009	-	-	-	-	-	26,009
Finance	38,630	-	-	-	-	-	38,630
Corporate Communications	15,680	-	-	-	-	-	15,680
Information Technology	9,441	-	-	-	-	-	9,441
IT Applications	243,494	-	-	-	-	-	243,494
IT Service Center	45,704	-	-	-	-	-	45,704
Performance Excellence	12,092	-	-	-	-	-	12,092
Corporate Quality	12,060	-	-	-	-	-	12,060
Security Services	61,352	-	-	-	-	-	61,352
Supply Chain	9,207	-	-	-	-	-	9,207
HIM Department	18,924	-	-	-	-	-	18,924
Coding	26,951	-	-	-	-	-	26,951
Reimbursement	3,090	-	-	-	-	-	3,090
Total Overhead Allocations	946,296	-	-	-	-	-	946,296
<b>Total Expenses</b>	<b>1,335,204</b>	<b>448,978</b>	<b>925,514</b>	<b>900,303</b>	<b>1,336,572</b>	<b>-</b>	<b>4,946,570</b>
<b>Net Margin</b>	<b>\$ (1,032,619)</b>	<b>\$ 239,700</b>	<b>\$ 122,482</b>	<b>\$ 425,455</b>	<b>\$ 191,660</b>	<b>\$ 19,990</b>	<b>\$ (33,332)</b>
<b>Capital</b>	-	-	-	-	-	-	-
<b>Transfer In/(Out)</b>	<b>\$ 724,681</b>	<b>40</b>	-	-	-	-	<b>\$ 724,681</b>

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 1,269,067	\$ 906,230	\$ 362,837	40.0%	\$ 945,320	\$ 323,747	34.2%	\$ 8,715,458	\$ 7,546,879	\$ 1,168,579	15.5%	\$ 7,794,227	\$ 921,230	11.8%
203,196	239,372	(36,176)	(15.1%)	219,819	(16,622)	(7.6%)	1,922,248	1,993,445	(71,197)	(3.6%)	2,392,048	(469,800)	(19.6%)
396,498	432,482	(35,984)	(8.3%)	467,719	(71,220)	(15.2%)	3,578,551	3,601,621	(23,070)	(0.6%)	3,687,189	(108,639)	(2.9%)
59,196	102,595	(43,399)	(42.3%)	120,753	(61,557)	(51.0%)	666,592	854,389	(187,797)	(22.0%)	958,219	(291,627)	(30.4%)
658,891	774,449	(115,558)	(14.9%)	808,291	(149,399)	(18.5%)	6,167,391	6,449,455	(282,064)	(4.4%)	7,037,456	(870,065)	(12.4%)
68,381	118,729	(50,348)	(42.4%)	128,992	(60,611)	(47.0%)	818,576	988,757	(170,181)	(17.2%)	1,167,512	(348,936)	(29.9%)
678,556	250,510	428,046	170.9%	266,022	412,535	155.1%	3,366,643	2,086,181	1,280,462	61.4%	1,924,284	1,442,360	75.0%
53.47%	27.64%			28.14%			38.63%	27.64%			24.69%		
154,771	111,393	43,378	38.9%	196,753	(41,982)	(21.3%)	1,337,518	1,221,423	116,095	9.5%	1,568,537	(231,019)	(14.7%)
-	-	-	-	-	-	-	89,351	-	89,351	-	114,462	(25,111)	(21.9%)
70,354	-	70,354	-	-	70,354	-	119,727	-	119,727	-	200	119,527	59,763.5%
\$ 903,681	\$ 361,903	\$ 541,778	149.7%	\$ 462,774	\$ 440,906	95.3%	\$ 4,913,239	\$ 3,307,604	\$ 1,605,635	48.5%	\$ 3,607,482	\$ 1,305,756	36.2%
Direct Operating Expenses:							Direct Operating Expenses:						
312,235	286,549	(25,686)	(9.0%)	255,375	(56,859)	(22.3%)	2,674,390	2,704,939	30,549	1.1%	2,081,762	(592,629)	(28.5%)
88,377	73,091	(15,286)	(20.9%)	67,384	(20,993)	(31.2%)	703,749	657,819	(45,930)	(7.0%)	599,634	(104,114)	(17.4%)
9,592	6,290	(3,302)	(52.5%)	1,244	(8,348)	(671.1%)	22,786	56,610	33,824	59.7%	16,224	(6,562)	(40.4%)
48,758	19,437	(29,320)	(150.8%)	20,227	(28,530)	(141.0%)	187,538	174,937	(12,601)	(7.2%)	162,054	(25,484)	(15.7%)
2,870	9,009	6,139	68.1%	29,133	26,263	90.1%	32,445	81,082	48,637	60.0%	39,759	7,314	18.4%
-	15,660	15,660	-	-	-	-	-	140,939	140,939	-	-	-	-
-	-	-	-	-	-	-	1,038	-	(1,038)	-	-	(1,038)	-
13,669	2,069	(11,600)	(560.7%)	1,396	(12,273)	(879.2%)	63,996	18,619	(45,377)	(243.7%)	19,827	(44,168)	(222.8%)
22,684	27,868	5,184	18.6%	22,490	(194)	(0.9%)	203,499	250,814	47,315	18.9%	207,565	4,065	2.0%
1,186	2,503	1,318	52.7%	1,345	159	11.8%	13,815	22,530	8,715	38.7%	14,860	1,046	7.0%
4,767	5,138	372	7.2%	(1,457)	(6,224)	(427.2%)	47,307	46,245	(1,062)	(2.3%)	19,393	(27,914)	(143.9%)
45	90	45	50.0%	90	45	50.0%	663	810	147	18.1%	794	131	16.5%
504,183	447,705	(56,478)	(12.6%)	397,228	(106,955)	(26.9%)	3,951,225	4,155,343	204,118	4.9%	3,161,872	(789,353)	(25.0%)
\$ 399,498	\$ (85,802)	\$ 485,300	(565.6%)	\$ 65,547	\$ 333,951	509.5%	\$ 962,013	\$ (847,739)	\$ 1,809,752	(213.5%)	\$ 445,610	\$ 516,403	115.9%
4,997	5,750	753	13.1%	7,444	2,447	32.9%	49,049	51,750	2,701	5.2%	67,412	18,363	27.2%
Overhead Allocations:							Overhead Allocations:						
1,524	1,671	147	8.8%	1,081	(443)	(41.0%)	13,323	15,035	1,712	11.4%	9,472	(3,851)	(40.7%)
12,974	19,047	6,073	31.9%	18,973	5,999	31.6%	125,291	171,427	46,136	26.9%	217,396	92,105	42.4%
427	1,021	594	58.2%	259	(168)	(64.9%)	3,032	9,192	6,160	67.0%	1,990	(1,042)	(52.4%)
4,298	4,110	(188)	(4.6%)	2,782	(1,516)	(54.5%)	35,151	36,986	1,835	5.0%	24,125	(11,026)	(45.7%)
7,949	6,462	(1,487)	(23.0%)	6,795	(1,154)	(17.0%)	63,210	58,160	(5,050)	(8.7%)	54,625	(8,585)	(15.7%)
10,177	14,588	4,411	30.2%	9,258	(919)	(9.9%)	91,403	131,295	39,892	30.4%	67,666	(23,737)	(35.1%)
2,499	4,326	1,827	42.2%	2,021	(478)	(23.7%)	23,443	38,934	15,491	39.8%	21,761	(1,682)	(7.7%)
664	650	(14)	(2.2%)	412	(252)	(61.2%)	4,836	5,848	1,012	17.3%	3,909	(927)	(23.7%)
1,065	1,723	658	38.2%	780	(285)	(36.5%)	9,791	15,507	5,716	36.9%	7,813	(1,978)	(25.3%)
-	-	-	-	1,231	1,231	-	-	-	-	-	10,473	10,473	-
6,101	7,206	1,105	15.3%	10,677	4,576	42.9%	54,182	64,855	10,673	16.5%	102,204	48,022	47.0%
1,886	2,627	741	28.2%	1,523	(363)	(23.8%)	26,009	23,639	(2,370)	(10.0%)	14,852	(11,157)	(75.1%)
5,209	5,180	(29)	(0.6%)	3,902	(1,307)	(33.5%)	38,630	46,618	7,988	17.1%	38,980	350	0.9%
1,713	2,642	929	35.2%	992	(721)	(72.7%)	15,680	23,782	8,102	34.1%	7,508	(8,172)	(108.8%)
-	740	740	-	1,414	1,414	-	9,441	6,661	(2,780)	(41.7%)	11,925	2,484	20.8%
39,057	37,034	(2,023)	(5.5%)	7,848	(31,209)	(397.7%)	243,494	333,305	89,811	26.9%	58,534	(184,960)	(316.0%)

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	-	25,154	25,154	-	-	-	-	-	234,371	234,371	-
5,644	6,462	818	12.7%	-	(5,644)	-	45,704	58,159	12,455	21.4%	-	(45,704)	-
-	1,013	1,013	-	1,790	1,790	-	12,092	9,119	(2,973)	(32.6%)	14,750	2,658	18.0%
1,700	1,254	(446)	(35.6%)	1,138	(562)	(49.4%)	12,060	11,290	(770)	(6.8%)	9,578	(2,482)	(25.9%)
7,683	10,002	2,319	23.2%	7,336	(347)	(4.7%)	61,352	90,018	28,666	31.8%	71,606	10,254	14.3%
1,769	839	(930)	(110.8%)	-	(1,769)	-	9,207	7,549	(1,658)	(22.0%)	-	(9,207)	-
1,592	1,582	(10)	(0.6%)	-	(1,592)	-	18,924	14,242	(4,682)	(32.9%)	-	(18,924)	-
2,609	3,356	747	22.3%	-	(2,609)	-	26,951	30,205	3,254	10.8%	-	(26,951)	-
344	645	301	46.7%	-	(344)	-	3,090	5,809	2,719	46.8%	-	(3,090)	-
116,884	134,182	17,298	12.9%	105,366	(11,518)	(10.9%)	946,296	1,207,635	261,339	21.6%	983,539	37,243	3.8%
626,064	587,636	(38,427)	(6.5%)	510,038	(116,026)	(22.7%)	4,946,570	5,414,728	468,158	8.6%	4,212,822	(733,748)	(17.4%)
\$ 277,617	\$ (225,733)	\$ 503,351	(223.0%)	\$ (47,263)	\$ 324,880	(687.4%)	\$ (33,332)	\$ (2,107,124)	\$ 2,073,793	(98.4%)	\$ (605,340)	\$ 572,009	(94.5%)
-	37,130	37,130	-	-	-	-	-	334,174	334,174	100.0%	-	-	-
95,421	-	95,421	-	-	95,421	-	95,421	-	95,421	-	-	95,421	-
-	\$ 725,000	\$ (725,000)	-	\$ 63,158	\$ 63,158	-	\$ 724,681	\$ 2,175,000	\$ (1,450,319)	(66.7%)	\$ 605,340	\$ (119,341)	(19.7%)
IT EPIC							Total Overhead Allocations-						
IT Service Center							Total Expenses						
Performance Excellence							Net Margin						
Corporate Quality							Capital						
Security Services							Capital Contributions						
Supply Chain							Transfer In/(Out)						
HIM Department													
Coding													
Reimbursement													

d Expenses by Location (YTD)

	Belle Glade Behavioral Health	St Ann Place Behavioral Health	Delray Behavioral Health	Lantana Behavioral Health	Mangonia Park Behavioral Health	West Palm Beach Behavioral Health	Jupiter Behavioral Health	Lake Worth Behavioral Health	Lewis Center Behavioral Health	West Boca Behavioral Health	Total
<b>Gross Patient Revenue</b>	<b>\$141</b>	<b>\$39</b>	<b>\$170</b>	<b>-</b>	<b>\$791,624</b>	<b>\$1,513</b>	<b>-</b>	<b>-</b>	<b>\$7,839</b>	<b>-</b>	<b>\$801,327</b>
Contractual Allowances	1,575	-	-	(33)	(22,755)	617	-	-	134,379	-	113,783
Charity Care	607	-	110	33	136,923	479	19	-	6,240	-	144,412
Bad Debt	655	7	80	150	164,597	416	64	39	57,822	20	223,851
Total Contractual Allowances and Bad Debt	2,837	7	191	150	278,765	1,513	83	39	198,441	20	482,046
Other Patient Revenue	-	-	-	-	7,271	-	-	-	564	-	7,835
<b>Net Patient Revenue</b>	<b>(2,696)</b>	<b>32</b>	<b>(20)</b>	<b>(150)</b>	<b>520,130</b>	<b>-</b>	<b>(83)</b>	<b>(39)</b>	<b>(190,038)</b>	<b>(20)</b>	<b>327,116</b>
Collection %	(1,914.67%)	83.21%	(11.97%)	-	65.70%	0.02%	-	-	(2,424.37%)	-	40.82%
Ad Valorem Taxes	-	-	-	-	-	-	-	-	-	-	-
Intergovernmental Revenue	-	-	-	-	-	-	-	-	-	-	-
Grant Funds	-	-	-	-	-	-	-	-	-	-	-
Interest Earnings	-	-	-	-	-	-	-	-	-	-	-
Unrealized Gain/(Loss) On Investments	-	-	-	-	-	-	-	-	-	-	-
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-	-	-	-	-	-
Total Other Revenues	-	-	-	-	-	-	-	-	-	-	-
<b>Total Revenues</b>	<b>\$ (2,696)</b>	<b>\$ 32</b>	<b>\$ (20)</b>	<b>\$ (150)</b>	<b>\$ 520,130</b>	<b>-</b>	<b>\$ (83)</b>	<b>\$ (39)</b>	<b>\$ (190,038)</b>	<b>\$ (20)</b>	<b>\$ 327,116</b>
<i>Direct Operational Expenses:</i>											
Total Operating Expenses	-	-	-	-	-	-	-	-	-	-	-
<b>Net Performance before Depreciation &amp; Overhead Allocations</b>	<b>(2,696)</b>	<b>32</b>	<b>(20)</b>	<b>(150)</b>	<b>520,130</b>	<b>-</b>	<b>(83)</b>	<b>(39)</b>	<b>(190,038)</b>	<b>(20)</b>	<b>327,116</b>
Depreciation	-	-	-	-	-	-	-	-	-	-	-
<i>Overhead Allocations:</i>											
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	-
<b>Total Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Net Margin</b>	<b>\$ (2,696)</b>	<b>\$ 32</b>	<b>\$ (20)</b>	<b>\$ (150)</b>	<b>\$ 520,130</b>	<b>-</b>	<b>\$ (83)</b>	<b>\$ (39)</b>	<b>\$ (190,038)</b>	<b>\$ (20)</b>	<b>\$ 327,116</b>
Capital	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/Transfer In	-	-	-	-	-	-	-	-	-	-	-

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 77,702	-	\$ 77,702	-	\$ 69,827	\$ 7,874	11.3%	Gross Patient Revenue	\$ 801,327	-	\$ 801,327	-	\$ 69,827	\$ 731,499	1,047.6%
(56,965)	-	(56,965)	-	16,545	(73,510)	(444.3%)	Contractual Allowance	113,783	-	113,783	-	16,545	97,238	587.7%
13,634	-	13,634	-	17,192	(3,559)	(20.7%)	Charity Care	144,412	-	144,412	-	17,192	127,220	740.0%
26,453	-	26,453	-	2,474	23,980	969.3%	Bad Debt	223,851	-	223,851	-	2,474	221,377	8,948.1%
(16,878)	-	(16,878)	-	36,211	(53,089)	(146.6%)	Total Contractuals and Bad Debt	482,046	-	482,046	-	36,211	445,834	1,231.2%
729	-	729	-	-	729	-	Other Patient Revenue	7,835	-	7,835	-	-	7,835	-
95,308	-	95,308	-	33,616	61,692	183.5%	Net Patient Revenue	327,116	-	327,116	-	33,616	293,500	873.1%
122.66%	-			48.14%			Collection %	40.82%	-			48.14%		
\$ 95,308	-	\$ 95,308	-	\$ 33,616	\$ 61,692	183.5%	Total Revenues	\$ 327,116	-	\$ 327,116	-	\$ 33,616	\$ 293,500	873.1%
							Direct Operating Expenses:							
-	-	-	-	-	-	-	Total Operating Expenses	-	-	-	-	-	-	-
\$ 95,308	-	\$ 95,308	-	\$ 33,616	\$ 61,692	183.5%	Net Performance before Depreciation & Overhead Allocations	\$ 327,116	-	\$ 327,116	-	\$ 33,616	\$ 293,500	873.1%
-	-	-	-	-	-	-	Total Expenses	-	-	-	-	-	-	-
\$ 95,308	-	\$ 95,308	-	\$ 33,616	\$ 61,692	183.5%	Net Margin	\$ 327,116	-	\$ 327,116	-	\$ 33,616	\$ 293,500	873.1%



District Clinic Holdings, Inc.

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
<b>Clinic Visits - Adults and Pediatrics</b>																
West Palm Beach	1,597	1,182	1,355	1,573	1,553	1,991	1,635	1,805	1,599				14,290	13,605	5.0%	11,958
Delray	832	663	857	741	795	943	988	958	562				7,339	5,149	42.5%	5,149
Lantana	2,017	1,613	1,604	1,778	1,840	2,089	1,889	2,206	1,872				16,908	14,772	14.5%	14,772
Belle Glade & Women's Health Care	920	775	839	905	852	963	784	858	766				7,662	6,285	21.9%	6,285
Lewis Center	57	22	44	11	64	57	46	38	12				351	3,115	(88.7%)	3,115
Lake Worth & Women's Health Care	1,408	1,009	1,126	1,116	1,142	1,298	1,196	1,288	1,201				10,784	10,403	3.7%	10,403
Jupiter & Women's Health Care	518	438	544	461	430	600	501	620	510				4,622	4,464	3.5%	4,464
West Boca & Women's Health Care	350	311	359	357	320	332	369	310	282				2,990	3,204	(6.7%)	3,204
St Ann Place	-	-	-	-	12	77	52	52	6				199	452	(56.0%)	397
Clb Mob 1 Warrior	-	-	-	-	-	-	-	-	-				-	162	(100.0%)	3,239
Clb Mob 2 Scout	-	-	-	-	-	-	-	-	-				-	-	#DIV/0!	2,745
Clb Mob 3 Hero	51	49	61	65	65	57	55	62	57				522	450	16.0%	5,001
Mangonia Park	923	844	956	862	757	949	787	941	914				7,933	2,630	201.6%	2,630
<b>Total Clinic Visits</b>	<b>8,673</b>	<b>6,906</b>	<b>7,745</b>	<b>7,869</b>	<b>7,830</b>	<b>9,356</b>	<b>8,302</b>	<b>9,138</b>	<b>7,781</b>	-	-	-	<b>73,600</b>	<b>64,691</b>	<b>13.8%</b>	<b>73,362</b>
<b>Dental Visits</b>																
West Palm Beach Dental	1,101	824	977	1,209	1,060	1,298	1,272	1,211	1,261				10,213	7,422	37.6%	7,422
Lantana Dental	769	529	653	753	780	935	899	1,001	1,068				7,387	7,718	(4.3%)	7,718
Delray Dental	536	420	540	521	743	796	709	751	437				5,453	3,913	39.4%	3,913
Belle Glade Dental	369	270	344	282	299	519	514	496	531				3,624	3,457	4.8%	3,457
Lake Worth	-	-	-	-	-	-	-	-	-				-	-	#DIV/0!	-
West Boca	-	-	-	-	-	-	-	-	-				-	-	#DIV/0!	-
<b>Total Dental Visits</b>	<b>2,775</b>	<b>2,043</b>	<b>2,514</b>	<b>2,765</b>	<b>2,882</b>	<b>3,548</b>	<b>3,394</b>	<b>3,459</b>	<b>3,297</b>	-	-	-	<b>26,677</b>	<b>22,510</b>	<b>18.5%</b>	<b>22,510</b>
<b>Total Medical and Dental Visits</b>	<b>11,448</b>	<b>8,949</b>	<b>10,259</b>	<b>10,634</b>	<b>10,712</b>	<b>12,904</b>	<b>11,696</b>	<b>12,597</b>	<b>11,078</b>	-	-	-	<b>100,277</b>	<b>87,201</b>	<b>15.0%</b>	<b>95,872</b>
<b>Mental Health Counselors (non-billable)</b>																
West Palm Beach BH	169	112	177	45	35	90	78	54	76				836	1,399	(40.2%)	1,399
Delray BH	158	127	140	141	135	164	146	172	106				1,289	1,249	3.2%	1,249
Lantana BH	80	131	192	158	138	160	130	101	117				1,207	1,325	(8.9%)	1,325
Belle Glade BH	148	58	16	-	13	-	-	-	-				235	851	(72.4%)	851
Mangonia Park BH	860	784	869	902	773	1,024	902	1,504	1,046				8,664	4,022	115.4%	4,022
Lewis Center BH	-	-	-	-	37	1	-	-	-				38	90	(57.8%)	7,266
Lake Worth BH	174	137	172	227	232	184	137	169	167				1,599	1,618	(1.2%)	1,618
Jupiter BH	-	-	37	44	58	-	-	-	-				139	-	#DIV/0!	-
St Ann Place BH	-	-	-	-	-	98	108	85	120				411	-	-	-
West Boca BH	-	-	-	-	20	48	34	32	73				207	98	111.2%	4
Mobile Van	-	-	-	-	-	-	-	-	-				-	-	#DIV/0!	-
<b>Total Mental Health Screenings</b>	<b>1,589</b>	<b>1,349</b>	<b>1,603</b>	<b>1,517</b>	<b>1,441</b>	<b>1,769</b>	<b>1,535</b>	<b>2,117</b>	<b>1,705</b>	-	-	-	<b>14,625</b>	<b>10,652</b>	<b>37.3%</b>	<b>17,734</b>
<b>GRAND TOTAL</b>	<b>13,037</b>	<b>10,298</b>	<b>11,862</b>	<b>12,151</b>	<b>12,153</b>	<b>14,673</b>	<b>13,231</b>	<b>14,714</b>	<b>12,783</b>	-	-	-	<b>114,902</b>			<b>113,606</b>

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

**1. Description: 2022 District Clinic Holdings, Inc. Audit**

**2. Summary:**

The 2022 District Clinic Holdings, Inc. audited financial statements are being provided for Board review.

- District Clinic Holdings, Inc. (Clinics)
- Single Audit Report

**3. Substantive Analysis:**

The District's external auditor, RSM US LLP, completed the audit procedures for the fiscal year ended September 30, 2022. The annual financial statement has an unmodified opinion and the balances are fairly stated.

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
 CA6A21FF2E0819 Jessica Cafarelli  
 Interim VP & Chief Financial Officer

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

N/A  
 \_\_\_\_\_  
 Committee Name


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


**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

**6. Recommendation:**

Staff recommends the Board approve the 2022 District Clinic Holdings, Inc. audited annual financial report.

Approved for Legal sufficiency:

DocuSigned by:  
  
\_\_\_\_\_  
0CF6F7DB670B491 Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
\_\_\_\_\_  
CA6A21FF2E90481 Jessica Cafarelli  
Interim VP & Chief Financial Officer



# **Health Care District of Palm Beach County, Florida**

Single Audit Reports in Accordance with  
Uniform Guidance

Fiscal Year Ended September 30, 2022

## Table of Contents

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Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With <i>Government Auditing Standards</i>	1-2
Independent Auditor's Report on Compliance for Each Major Federal Program; Report on Internal Control Over Compliance; and Report on the Schedule of Expenditures of Federal Awards Required by the Uniform Guidance	3-5
Schedule of Expenditures of Federal Awards	6
Notes to Schedule of Expenditures of Federal Awards	7
Schedule of Findings and Questioned Costs	8-9

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RSM US LLP

**Report on Internal Control Over Financial Reporting and on  
Compliance and Other Matters Based on an Audit of Financial Statements  
Performed in Accordance With Government Auditing Standards**

**Independent Auditor's Report**

Honorable Chairperson and Members of the Board of Commissioners  
Health Care District of Palm Beach County, Florida  
West Palm Beach, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the Health Care District of Palm Beach County, Florida (the District), as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated March 13, 2023.

**Report on Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses, however, material weaknesses may exist that have not been identified.

**Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**THE POWER OF BEING UNDERSTOOD**  
AUDIT | TAX | CONSULTING

**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*RSM VS LLP*

West Palm Beach, Florida  
March 13, 2023



RSM US LLP

**Report on Compliance for Each Major Federal Program; Report on Internal Control  
Over Compliance; and Report on the Schedule of Expenditures of Federal Awards  
Required by the Uniform Guidance**

**Independent Auditor's Report**

Members of the Board of Commissioners  
Health Care District of Palm Beach County, Florida  
West Palm Beach, Florida

**Report on Compliance for Each Major Federal Program**

***Opinion on Each Major Federal Program***

We have audited Health Care District of Palm Beach County, Florida's (the District) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the District's major federal programs for the year ended September 30, 2022. The District's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2022.

***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the District's compliance with the compliance requirements referred to above.

***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the District's federal programs.

***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

***Report on Internal Control Over Compliance***

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

***Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance***

We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component unit, each major fund, and the aggregate remaining fund information of the District as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise District's basic financial statements. We issued our report thereon, dated March 13, 2023, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

*RSM VS LLP*

West Palm Beach, Florida  
June 21, 2023

**Health Care District of Palm Beach County, Florida**  
**Schedule of Expenditures of Federal Awards**  
**For the Fiscal Year Ended September 30, 2022**

<b>Federal Grantor/Pass-through Grantor/Program or Cluster Title</b>	<b>Federal Assistance Listing Number</b>	<b>Contract Number</b>	<b>Pass-Through Entity Identifying Number</b>	<b>Federal Expenditures</b>
<b>U.S. Department of Health and Human Services:</b>				
Health Resources and Services Administration: Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Housing Primary Care Centers, and School-based Health Centers):				
Grant Year January 1, 2013 – December 31, 2021	93.224	6 H80CS25684-08-08	Not Applicable	\$ 12,198
Grant Year January 1, 2019 – December 31, 2022	93.224	6 H80CS25684_09_09	Not Applicable	55,667
Grant Year January 1, 2019 – December 31, 2021	93.224	5 H80CS25684_10_00	Not Applicable	5,282,845
Grant Year January 1, 2019 – December 31, 2022	93.224	6 H80CS25684 10 06	Not Applicable	231,300
Grant Year April 1, 2021 – March 31, 2023	93.224	1 H8FCS40806 01 00	Not Applicable	7,731,160
Total Health Centers Cluster				<u>13,313,170</u>
COVID-19 – HRSA COVID-19 Claims Reimbursement for the Uninsured Program and the COVID-19 Coverage Assistance Fund	93.461	none	Not Applicable	1,109,654
COVID-19 – Provider Relief Fund and American Rescue Plan Rural Distribution	93.498	none	Not Applicable	14,703,338
Grants for Capital Development in Health Centers Grant Year September 15, 2021 – September 14, 2024	93.526	1 C8ECS43761 01 00	Not Applicable	571,123
<b>Total U.S. Department of Health and Human Services</b>				<u><u>29,697,285</u></u>
<b>Total Expenditures for Federal Awards</b>				<u><u>\$ 29,697,285</u></u>

See Notes to Schedule of Expenditures of Federal Awards



## **Health Care District of Palm Beach County, Florida**

### **Notes to Schedule of Expenditures of Federal Awards**

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#### **Note 1. Basis of Presentation**

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of the Health Care District of Palm Beach County, Florida (the District) under programs of the federal government for the year ended September 30, 2022. The information in the Schedule is presented in accordance with the requirements of the Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the District, it is not intended to and does not present the financial position, changes in fund balance/net position or cash flows of the District.

#### **Note 2. Summary of Significant Accounting Policies**

The Schedule is presented using the modified accrual basis of accounting for expenditures accounted for in the governmental funds and on the accrual basis of accounting for expenses of the proprietary fund types, which are described in Note 1 to the District's basic financial statements. Such expenditures/expenses are recognized following the cost principles contained in the Uniform Guidance wherein certain types of expenditures/expenses are not allowable or are limited as to reimbursement.

#### **Note 3. Indirect Cost Rate**

The District elected not to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

#### **Note 4. Subrecipient Awards**

Of the federal awards presented in the Schedule, the District did not provide any amounts to subrecipients.

**Health Care District of Palm Beach County, Florida****Schedule of Findings and Questioned Costs  
Fiscal Year Ended September 30, 2022****I – Summary of Independent Auditor's Results****Financial Statements**

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:

Unmodified

Internal control over financial reporting:

Material weakness(es) identified?

\_\_\_\_\_ Yes

  X   No

Significant deficiency(ies) identified?

\_\_\_\_\_ Yes

  X   None Reported

Noncompliance material to financial statements noted?

\_\_\_\_\_ Yes

  X   No

**Federal Awards**

Internal control over major programs:

Material weakness(es) identified?

\_\_\_\_\_ Yes

  X   No

Significant deficiency(ies) identified?

\_\_\_\_\_ Yes

  X   None Reported

Type of auditor's report issued on compliance for major federal programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)?

\_\_\_\_\_ Yes

  X   No

**Identification of major programs:**Assistance Listing NumberName of Federal Program or Cluster

93.224

Health Resources and Services Administration: Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Housing Primary Care Centers, and School-based Health Centers):

93.461

COVID-19 – HRSA COVID-19 Claims Reimbursement for the Uninsured Program and the COVID-19 Coverage Assistance Fund

93.498

COVID-19 – Provider Relief Fund and American Rescue Plan Rural Distribution

Dollar threshold used to distinguish between type A and type B programs:

\$

890,919

Auditee qualified as low-risk auditee?

  X   Yes

\_\_\_\_\_ No

(Continued)

**Health Care District of Palm Beach County, Florida**

**Schedule of Findings and Questioned Costs (Continued)**  
**Fiscal Year Ended September 30, 2022**

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**II – Financial Statement Findings**

None reported.

**III – Federal Awards Findings and Questioned Costs**

None reported.

**IV – Summary of Prior Year Audit Findings**

The prior year single audit disclosed no findings in the Schedule of Findings and Questioned Costs and no uncorrected or unresolved findings exist from the prior audit's Summary Schedule of Prior Year Audit Findings.

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District**  
**of Palm Beach County, Florida)**

Financial Report and Required Supplementary  
Information  
September 30, 2022

## Contents

Independent auditor's report	1-2
<hr/>	
Financial statements	
Statements of net position	3
Statements of revenues, expenses and changes in net position	4
Statements of cash flows	5
Notes to financial statements	6-19
<hr/>	
Required supplementary information - unaudited	
Schedule of changes in the total OPEB liability and related ratios	20
<hr/>	
Independent auditor's report on internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with <i>Government Auditing Standards</i>	21-22
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## Independent Auditor's Report

RSM US LLP

Board of Directors  
District Clinic Holdings, Inc.  
West Palm Beach, Florida

### Opinion

We have audited the financial statements of the business-type activities of District Clinic Holdings, Inc. (the Clinics), a component unit of the Health Care District of Palm Beach County, Florida, as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the Clinic's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities of the Clinics, as of September 30, 2022, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Clinics and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Clinics ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Clinics internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Clinics ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

#### **Required Supplementary Information**

Accounting principles generally accepted in the United States of America require that the schedule of changes in the total OPEB liability and related ratios be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Management has omitted management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. Our opinion on the basic financial statements is not affected by this missing information.

#### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 13, 2023, on our consideration of the Clinics internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and, compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Clinics internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Clinics internal control over financial reporting and compliance.

*RSM US LLP*

West Palm Beach, Florida  
March 13, 2023

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Statement of Net Position**  
**September 30, 2022**

**Assets**

Current assets:

Cash and cash equivalents	\$ 1,629,446
Patient accounts receivable, net	1,438,510
Grant receivable	2,016,820
Prepaid expenses and other current assets	250,110
<b>Total current assets</b>	<b>5,334,886</b>

Capital assets:

Depreciable capital assets, net of accumulated depreciation	2,698,961
Right-to-use leased and SBITA assets, net of accumulated amortization	3,239,215

**Total assets** 11,273,062

Deferred outflows of resources related to other post-employment benefit plan 52,533

**Total assets and deferred outflows of resources** \$ 11,325,595

**Liabilities**

Current liabilities:

Accounts payable	\$ 455,793
Accrued salaries and benefits	1,287,585
Accrued interest payable	96,773
Unearned grant revenue	786,636
Current portion of accrued compensated absences	297,050
Current portion of estimated self-insured liability	3,514
Current portion of lease payables	560,461
<b>Total current liabilities</b>	<b>3,487,812</b>

Accrued compensated absences, less current portion 1,114,757

Estimated self-insured liability, less current portion 1,286

Lease payables, less current portion 2,868,150

Other postemployment benefits liabilities 92,074

**Total liabilities** 7,564,079

Deferred inflows of resources related to other post-employment benefit plan 33,656

**Total liabilities and deferred inflows of resources** \$ 7,597,735

**Net Position**

Net investment in capital assets \$ 2,509,565

Unrestricted 1,218,295

**Total net position** \$ 3,727,860

**Total net position, liabilities and deferred inflows of resources** \$ 11,325,595

See notes to financial statements.



**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Statement of Revenues, Expenses and Changes in Net Position**  
**Year Ended September 30, 2022**

Operating revenues:	
Patient service revenue, net of provision for bad debts of \$4,737,913	\$ 10,404,084
Other operating revenues	155,810
<b>Total operating revenues</b>	<b>10,559,894</b>
Operating expenses:	
Medical services	23,574,481
Fiscal and general administrative services	14,041,213
Depreciation and amortization	838,859
<b>Total operating expenses</b>	<b>38,454,553</b>
<b>Operating loss</b>	<b>(27,894,659)</b>
Nonoperating revenues (expenses):	
CARES Act funding	896,780
Grant revenue	14,966,469
Loss on disposal of capital assets	(40,861)
Interest expense on leases	(107,297)
<b>Total nonoperating revenues</b>	<b>15,715,091</b>
<b>Loss before District contributions</b>	<b>(12,179,568)</b>
District operating contributions	11,790,007
<b>Decrease in net position</b>	<b>(389,561)</b>
Net position, beginning of year	4,117,421
Net position, end of year	<b>\$ 3,727,860</b>

See notes to financial statements.

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Statement of Cash Flows**  
**Year Ended September 30, 2022**

Cash flows from operating activities:	
Receipts from patients and third-party payors	\$ 10,689,500
Payments to employees	(24,422,759)
Payments to suppliers and service providers	(14,098,417)
Other receipts	155,807
<b>Net cash used in operating activities</b>	<b>(27,675,869)</b>
Cash flows from noncapital financing activities:	
Grants received	18,078,973
District operating contributions	11,790,007
<b>Net cash provided by noncapital financing activities</b>	<b>29,868,980</b>
Cash flows from capital and related financing activities:	
Acquisition of capital assets	(292,561)
Interest payments on leases	(64,189)
Principal payments on leases and SBITA	(218,362)
<b>Net cash used by capital and related financing activities</b>	<b>(575,112)</b>
<b>Net increase in cash and cash equivalents</b>	<b>1,617,999</b>
Cash and cash equivalents, beginning of year	11,447
Cash and cash equivalents, end of year	<b>\$ 1,629,446</b>
Reconciliation of operating loss to net cash used in operating activities:	
Operating loss	\$ (27,894,659)
Adjustments to reconcile operating loss to net cash used in operating activities:	
Provision for bad debts	4,737,913
Depreciation and amortization expense	838,859
Changes in assets and liabilities:	
Patient accounts receivable	(4,487,418)
Prepaid expenses and other current assets	(43,258)
Accounts payable	230,821
Accrued salaries and benefits	(802,607)
Unearned grant revenue	34,921
Accrued compensated absences	(59,710)
Deferred rent	(245,610)
Estimated self-insured liability	840
Other postemployment benefits liabilities	17,157
Deferred inflows of resources	31,479
Deferred outflows of resources	(34,597)
<b>Net cash used in operating activities</b>	<b>\$ (27,675,869)</b>

See notes to financial statements.

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

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**Note 1. Nature of Organization and Summary of Significant Accounting Policies**

**Organization:** District Clinic Holdings, Inc., doing business as C.L. Brumback Primary Care Clinics (the Clinics), is a Florida, nonprofit corporation created on July 24, 2012, by the Health Care District of Palm Beach County, Florida (the District) for purposes of operating primary care, behavior health and dental clinics in Palm Beach County, Florida.

The Clinics' four initial locations in Belle Glade, Lantana/Lake Worth, Delray Beach and West Palm Beach were operated by the Florida Department of Health of Palm Beach County (the Health Department) until the operations were assumed by the District in June 2013. The Clinics later expanded their footprint to include ten locations and have expanded services, including dental services and behavior health services. Additional locations added included the Palm Beach Lakes High School Clinic (RAMS Clinic; 2014), Lewis Center (2015), Jerome Golden Center (2015), Lake Worth Clinic (2015), West Boca Raton (2017), Jupiter (2017), Mangonia Park (2019) and St. Ann Place (2021). The RAMS (2017) and Jerome Golden (2018) locations were later closed. Two mobile vans were purchased in 2020 to provide services during the COVID-19 pandemic and are currently being used to provide access to the homeless population.

The District receives federal grants from the Health Resources and Services Administration (HRSA) to operate the Clinics as Federally Qualified Health Center Primary Care Clinics. Federally Qualified Health Centers (FQHCs) include all organizations receiving grants under Section 330 of the Public Health Service Act (PHSA). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program and have a governing board of directors. The main purpose of the FQHC Program is to be a "safety net" provider and enhance the provision of primary care services in underserved urban and rural communities.

The governing board of the FQHC is legally responsible for ensuring that the FQHC complies with federal, state and local laws and regulations and is financially viable. The board must include a majority (at least 51%) of active, registered users of the FQHCs who are representative of the populations served by the center(s). The governing board ensures that the FQHCs are community based and responsive to the community's health care needs. The Clinics are governed by the District Clinic Holdings, Inc. Board of Directors who are responsible for administering and managing the operations of the FQHCs of the Clinics in accordance with Section 330 of the PHSA. The District's governing board retains fiscal and personnel policy authority for the Clinics. District Clinic Holdings, Inc. is an affiliate entity of the District. The District is the sole corporate member of the Clinics therefore, the Clinics is considered a blended component unit of the District. The District was created by the Florida Legislature pursuant to Chapter 2003-326, Laws of Florida (the Health Care Act), and by the affirmative vote of the residents of Palm Beach County, Florida. The District's general purpose is to provide quality health care services in a comprehensive and efficient manner throughout Palm Beach County, as more fully set forth in the Health Care Act.

**Basis of accounting:** The Clinics uses proprietary fund accounting and follows all relevant pronouncements of the Governmental Accounting Standards Board (GASB). Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Under this method, revenues are recorded when earned and expenses are recognized when incurred.

**Use of estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates include the allowances for contractual discounts and doubtful accounts. Actual results could differ from those estimates.

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

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**Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)**

**Cash and cash equivalents:** All of the Clinics' operating accounts are pooled into a common interest-bearing account with the District, consisting of deposits with financial institutions. The Clinics considers cash, deposits with financial institutions and short-term investments with an original maturity of three months or less when purchased to be cash and cash equivalents.

**Patient accounts receivable:** Patient accounts receivable are reported at estimated net realizable amounts due from patients, third-party payors and others for medical and dental services rendered. Throughout the year, management assesses the adequacy of the Clinics' estimates, including those related to bad debt and contractual discounts. The accounting policies related to the Clinics' overall determination of net patient accounts receivable are described in the paragraphs that follow.

**Allowance for doubtful accounts:** The Clinics' ability to collect outstanding receivables from patients, third-party payors and others is critical to its operating performance and cash flows. The primary collection risk lies with uninsured patient accounts or patient accounts for which a balance remains after government payors or primary insurance has paid. For the year ended September 30, 2022, the Clinics' policy with respect to estimating its allowance for doubtful accounts is to reserve at rates that represent historical collections which was approximately 90.8% of all self-pay accounts receivable. The Clinics continually monitors its accounts receivable balances and utilizes cash collections data and other analysis to support the basis for its estimates of the allowance for doubtful accounts.

The Clinics does not pursue collection of amounts related to patients who qualify for charity care under its guidelines. As such, charity care accounts do not affect the allowance for doubtful accounts. Significant changes in the payor mix, business office operations or deterioration in aging accounts receivable could result in a significant increase in this allowance.

**Allowance for contractual discounts:** The Clinics estimates the allowance for contractual discounts on a payor-specific basis, given its interpretation of the applicable regulations or contract terms. It is additionally estimated based on management's assessment of historical collections, considering business and economic conditions, trends in health care coverage and other collection indicators. However, the services authorized and provided and the resulting reimbursement are often subject to interpretation. These interpretations sometimes result in payments that differ from the Clinics' estimates. Additionally, updated regulations and contract negotiations occur periodically, necessitating regular review and assessment of the estimation process.

As of September 30, 2022, the percentage of gross patient accounts receivable covered by Medicare and Medicaid, patients and insurance and others was approximately 25%, 45%, 30% respectively.

**Grant receivable:** As of September 30, 2022, the Clinics had grant receivables of approximately \$2,017,000, of which, approximately 54% was due from HRSA.

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

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**Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)**

**Capital assets:** Capital assets are recorded at historical cost. Capital assets contributed by the District are recorded at the District's carrying value. Assets contributed by others are recorded at acquisition value on the date contributed. Capital assets include computer software, furniture, fixtures, equipment and right-to-use leased and Subscription Based Information Technology Arrangements (SBITA) assets. The Clinics defines capital assets as assets with an initial cost of at least \$5,000 and an estimated useful life of one year or greater. Capital assets used in operations are depreciated over the estimated useful lives of the respective assets on a straight-line basis. Amortization expense of right-to-use leased and SBITA assets, is included in depreciation and amortization expense. Gains and losses on dispositions of capital assets are recorded in the period of disposal. The estimated useful lives for computer software range from 3 to 10 years and for furniture, fixtures and equipment range from 3 to 20 years and generally conform to those recommended by the American Hospital Association.

The Clinics evaluates capital assets regularly for impairment. If circumstances suggest that assets may be impaired, an assessment of recoverability is performed prior to any write-down of the assets. An impairment charge is recorded on those assets or groups of assets for which the estimated fair value is below its carrying amount. The Clinics has not recorded any impairment charges in the accompanying statements of revenues, expenses and changes in net position for the year ended September 30, 2022.

**Leases:** The Clinics is a lessee for noncancellable leases of equipment and building space. The Clinics recognizes a lease liability and an intangible right-to-use leased asset (lease asset) on the financial statements.

At the commencement of the lease, the Clinics initially measures the lease liability at the present value of payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made. The lease asset is initially measured as the initial amount of the lease liability, adjusted for lease payments made at or before the lease commencement date, plus certain initial direct costs. Subsequently, the lease asset is amortized on a straight-line basis over its useful life.

Key estimates and judgements related to leases include how the Clinics determines: (1) the discount rate it uses to discount the expected lease payments to present value, (2) lease term, and (3) lease payments.

- The Clinics uses estimated incremental borrowing rates, which is the estimate of the interest rate that would be charged for borrowing the lease payment amounts during the lease term.
- The lease term includes the noncancellable period of the lease. Lease payments included in the measurement of the lease liability are composed of fixed payments and the purchase option price that the Clinics is reasonably certain to exercise.

The Clinics is not a lessor in any transaction.

The Clinics monitors changes in circumstances that would require a remeasurement of its lease and will remeasure the lease asset and liability if certain changes occur that are expected to significantly affect the amount of the lease liability.

Lease assets and SBITA are reported as right-to-use leased and SBITA assets on the statement of net position. The related lease liabilities are reported as lease payables on the statement of net position.

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

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**Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)**

**Net position:** The Clinics reports net position categories in accordance with GASB standards: Net investment in capital assets, restricted net position and unrestricted net position. Net investment in capital assets consists of right-to-use, SBITA and capital assets net of accumulated depreciation and amortization, reduced by the balance of any outstanding debt (including lease payables) used to finance the purchase or construction of those assets. Restricted net position consists of assets that have constraints placed on them externally by creditors, grantors, contributors, regulations or imposed by law through constitutional provisions or enabling legislation, reduced by liabilities payable from those assets. The Clinics has no restricted net position for the year ended September 30, 2022. Unrestricted net position consists of remaining assets/deferred outflows less liabilities/deferred inflows of resources that do not meet the definition of net investment in capital assets or restricted net position.

**Net patient service revenue:** The Clinics serve patients whose medical costs are not paid at established rates. These include patients sponsored under government programs, such as Medicare and Medicaid, patients sponsored under private contractual agreements and uninsured patients who have limited ability to pay. Contractual discounts under third-party reimbursement programs represent the difference between the established rates for services and amounts reimbursed by third-party payors and are included as a reduction of patient service revenue. The Clinics present its provision for bad debts as a direct reduction of patient service revenue.

For the year ended September 30, 2022, the percentage of net patient service revenue covered by Medicare and Medicaid, patients and insurance & others was approximately 19%, 46% and 36%, respectively.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods when adjustments become known or as years are no longer subject to audits, reviews and investigations.

**Net patient service revenue:** The Clinics' gross patient charges, charity adjustments, provision for doubtful account, and contractual adjustments for the year ended September 30, 2022, are as follows:

Patient revenue:	
Medicare and Medicaid	\$ 5,844,518
Self-pay patients	14,234,461
Insurance and others	11,064,981
Total patient revenue	<u>31,143,960</u>
Contractual adjustment	(5,117,862)
Charity care adjustment	(10,884,101)
Provision for doubtful accounts	(4,737,913)
Total net patient revenue	<u><u>\$ 10,404,084</u></u>

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

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**Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)**

**Medicare:** Payments to the Clinics for Medicare patients changed to a prospective payment system (PPS) effective October 1, 2014, as mandated by the Affordable Care Act of 2010. The Centers for Medicare and Medicaid Services (CMS) established a base rate as of October 1, 2014 of \$158.85. A Geographic Adjustment Factor (GAF) is applied to the base rate based on where the services are provided. In addition, the GAF-adjusted rate may also be affected by additional adjustment factors, such as new patients. Generally, the Medicare PPS payment to the Clinics is equal to 80% of the lesser of the Clinics' charges or the PPS rate. The remaining 20% is the responsibility of the patient and/or the patients coinsurance. Effective January 1, 2022, the base rate was increased to \$180.16.

**Medicaid:** Services rendered to Medicaid beneficiaries are paid primarily based upon the Clinics' FQHC Medicaid encounter rate, adjusted effective October 1st of each year by percentage increases in the Medicare Economic Index.

**Commercial providers:** The Clinics also has reimbursement agreements with certain commercial insurance carriers and health maintenance organizations. The basis for reimbursement under these agreements includes prospectively determined rates per discharge, discounts from established charges, prospectively determined per diem rates and capitation. Settlements are not expected to vary materially from the estimated amounts recorded in the accompanying financial statements.

**Charity care:** The Clinics' mission is to provide high quality, affordable health care to the greater Palm Beach County, Florida community. In pursuing its commitment to serve all members of the community, the Clinics provides services to the financially disadvantaged, despite the lack or adequacy of payment for its services. The Clinics maintains records to identify and report the level of charity care it provides to the community. These records include the amount of charges foregone for health care services and supplies furnished under the Clinics' charity care guidelines.

The Clinics provides care to patients who meet certain criteria under its charity care guidelines without charge or at amounts less than its established rates. Because the Clinics does not anticipate payment and does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue. The cost of providing this care, determined by applying the Uniform Data System (UDS)-calculated cost per medical or dental visit times the number of applicable charity care visits, was approximately \$10,884,000 for the year ended September 30, 2022.

**Disproportionate share distributions:** The Low Income Pool (LIP) program is a federal matching program that provides the State with the opportunity to receive additional federal distributions based on a capped annual allotment, which is distributed by the State to participating health care providers for eligible services. Local governments, such as counties, hospital districts, and the Florida Department of Health provide funding for the nonfederal share of the LIP distributions. Revenues from the LIP program are reported as net patient service revenue in the accompanying statements of revenues, expenses and changes in net position, net of the required quarterly assessments owed by the Clinics, which are accrued in the fiscal year for which the assessments are made. For the year ended September 30, 2022, the Clinics recorded revenues of approximately \$2,737,000 and there were no assessments. The receipt of future distributions is contingent upon the continued support of the program by the federal and state governments.

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

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**Note 1. Nature of Organization and Summary of Significant Accounting Policies (Continued)**

**Incentive program revenues:** During the year ended September 30, 2022, the Clinics recognized approximately \$122,000, which is reported within other operating revenues, as a result of a shared revenue saving incentive program with an insurance payor. The incentive payment was associated with patient activity from the calendar year ended December 31, 2021 and was calculated using a targeted medical loss ratio. The Clinics were not able to estimate the targeted medical loss ratio for the nine month period ended September 30, 2022, and as a result, was not able to estimate the associated incentive payment to be received, if any. The shared revenue saving incentive program does not subject the Clinics to the potential to repay amounts already received from patient services.

**Operating revenues and expenses:** The Clinics' statements of revenues, expenses and changes in net position distinguish between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, the Clinics' principal activity. Nonexchange revenues, including interest income, grants, contributions and other unrestricted revenues are reported as non-operating revenues. Gifts, grants and contributions of capital assets or such amounts restricted by donors for the acquisition of capital assets are reported as capital contributions. Operating expenses include all expenses incurred to provide health care services, other than financing costs.

**Grant revenue:** Grant revenue is recorded when allowable expenses are incurred, and all applicable requirements have been met. Grant funds received in advance of meeting all requirements are reported as unearned grant revenue.

**Compensated absences:** The Clinics' employees earn paid time off (with no distinction between holiday, vacation, personal days and other absences) at varying rates depending on years of service and position. Employees may accumulate a maximum of 400 hours of paid time off. Upon termination, employees are paid all time off accrued but not used at the current rate of pay. The estimated amount of paid time off available as termination payments is reported as a current liability. The Clinics estimates additional amounts due within one year based upon historical trends.

**Risk management:** The Clinics is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters to the extent such claims are not covered by sovereign immunity. The Clinics is deemed covered under the Federal Tort Claims Act for professional liability claims (see Note 9). Settled claims have not exceeded the Clinics' commercial coverage from inception through September 30, 2022.

**Income taxes:** The Clinics is exempt from federal and state income taxes as a governmental entity and is not required under the Internal Revenue Code to file tax returns.

**Recent accounting pronouncements:** In June 2017, the GASB issued Statement No. 87, *Leases*. This statement improves the accounting and financial reporting for leases by governments. The Clinic adopted this statement effective October 1, 2021. The adoption of GASB 87 resulted in the Clinics reporting right-of-use leased assets and a corresponding lease payable liability of \$1,502,435 at October 1, 2021.

In May 2020, the GASB issued Statement No. 96, *Subscription-Based Information Technology Arrangements* (SBITA). This statement provides guidance on the accounting and financial reporting for subscription-based information technology arrangements. The Clinic adopted this statement effective October 1, 2021. The adoption of GASB 96 resulted in the Clinics reporting SBITA assets and a corresponding lease payable liability of \$494,665 at October 1, 2021.



**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

**COVID-19 pandemic:** In January 2020, the Secretary of the U.S. Department of Health and Human Services (HHS) declared a national public health emergency due to a novel strain of coronavirus (COVID-19). In March 2020, the World Health Organization declared the outbreak of COVID-19 a pandemic. The resulting measures to contain the spread and impact of COVID-19 have adversely affected the Clinics' results of operations. As a result of the COVID-19 pandemic, federal and state governments have passed legislation, promulgated regulations and taken other administrative actions intended to assist health care providers in providing care to COVID-19 and other patients during the public health emergency. Sources of relief include the Coronavirus Aid, Relief and Economic Security Act (the CARES Act), which was enacted on March 27, 2020. For the year ended September 30, 2022, the Clinics was the beneficiary of this stimulus measure. The Clinics' accounting policies for the recognition of this stimulus money is described below.

**CARES Act Funds:** During the year ended September 30, 2022, the Clinics received \$1,461,093 in payments through the Public Health and Social Services Emergency Fund (the PHSSEF) in general distributions. The Clinics recognized grant revenues of \$896,780 and unearned revenues of \$564,313 for the year ended September 30, 2022. In 2022, all of the PHSSEF payments qualified as reimbursement for qualifying expenses and was recognized as grant revenue in the statements of revenues, expenses and changes in net position. The Clinics recognizes grant payments as income when there is reasonable assurance the Clinics has complied with the conditions associated with the grant.

**Note 2. Cash and Cash Equivalents**

At September 30, 2022, the Clinics' cash and cash equivalents balances were as follows:

Carrying amount:

Deposits with financial institutions	\$ 1,625,146
Petty cash	4,300
	<u>\$ 1,629,446</u>

The Clinics has pooled cash with the District's common interest-bearing concentration account, as well as maintains three separate bank accounts for the year ended September 30, 2022. See the District's Annual Financial Report for disclosures relating to its interest rate risk, credit risk, custodial credit risk, concentration of credit risk and related fair value measurement disclosures required by GASB.

**Note 3. Patient Accounts Receivable**

Patient accounts receivable, reported as current assets by the Clinics at September 30, 2022, consist of the following amounts:

Patient accounts receivable:

Medicare and Medicaid	\$ 1,590,928
Self-pay patients	2,819,402
Insurance and others	1,852,684
Total patient accounts receivable	6,263,014
Less allowance for contractual discounts	(1,894,277)
Less allowance for doubtful accounts	(2,930,227)
Patient accounts receivable, net	<u>\$ 1,438,510</u>

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

**Note 4. Capital Assets**

Capital asset activity for the year ended September 30, 2022, follows:

	Balance October 1, 2021	Transfers and Additions	Transfers and Deletions	Balance September 30, 2022
Capital assets:				
Furniture, fixtures and equipment	\$ 4,561,626	\$ 292,561	\$ (647,142)	\$ 4,207,045
Less accumulated depreciation:				
Furniture, fixtures and equipment	(1,747,456)	(366,909)	606,281	(1,508,084)
Capital assets, net	<u>\$ 2,814,170</u>	<u>\$ (74,348)</u>	<u>\$ (40,861)</u>	<u>\$ 2,698,961</u>

**Note 5. Right-to-Use and SBITA Assets and Liabilities**

The Clinic is a lessee for various noncancellable leases for buildings and has entered into SBITA to use vendor-provided information technology intangible assets. The Clinics utilizes SBITA to provide specific social care services to the patients.

Right-to-use and SBITA assets activity for the year ended September 30, 2022, are summarized as follows:

	Balance October 1, 2021*	Transfers and Additions	Transfers and Deletions	Balance September 30, 2022
Right-to-use leased and SBITA assets:				
Building	\$ 1,502,435	\$ 1,714,065	\$ -	\$ 3,216,500
SBITA assets:	494,665	-	-	494,665
Total right-to-use leased assets	<u>1,997,100</u>	<u>1,714,065</u>	<u>-</u>	<u>3,711,165</u>
Less accumulated amortization for:				
Building	\$ -	\$ (323,551)	\$ -	\$ (323,551)
SBITA assets	-	(148,399)	-	(148,399)
Total accumulated amortization		<u>(471,950)</u>	<u>-</u>	<u>(471,950)</u>
Total right-to-use leased and SBITA assets, net	<u>\$ 1,997,100</u>	<u>\$ 1,242,115</u>	<u>\$ -</u>	<u>\$ 3,239,215</u>

\*The beginning balances were restated with the implementation of GASB 87, Leases and GASB 96, SBITA.

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

**Note 5. Right-to-Use and SBITA Assets and Liabilities (Continued)**

Right-to-use and SBITA liabilities activity for the year ended September 30, 2022, are summarized as follows:

	Balance October 1, 2021*	Transfers and Additions	Transfers and Deletions	Balance September 30, 2022
Lease Payable:				
Building	\$ 1,502,435	\$ 1,631,001	\$ (218,362)	\$ 2,915,074
SBITA assets	494,665	18,872	-	513,537
Total lease payable	<u>\$ 1,997,100</u>	<u>\$ 1,649,873</u>	<u>\$ (218,362)</u>	<u>\$ 3,428,611</u>

\*The beginning balances were restated with the implementation of GASB 87, Leases and GASB 96, SBITA.

The future principal and interest payments due on the right-to-use and SBITA liabilities are as follows:

	Principal	Interest	Total
Fiscal year ending September 30:			
2023	\$ 560,461	\$ 163,375	\$ 723,836
2024	571,926	118,830	690,756
2025	397,885	95,186	493,071
2026	427,706	78,029	505,735
2027	356,820	60,536	417,356
Thereafter	1,113,813	136,896	1,250,709
Totals	<u>\$ 3,428,611</u>	<u>\$ 652,852</u>	<u>\$ 4,081,463</u>

**Note 6. Accrued Compensated Absences**

Compensated absences liability activity for the year ended September 30, 2022, follows:

	Balance October 1, 2021	Additions	Deletions	Balance September 30, 2022	Amount Due Within One Year
Accrued compensated absences	\$ 1,471,517	\$ 2,290,032	\$ (2,349,742)	\$ 1,411,807	\$ 297,050

**Note 7. Related Party Transactions**

The Clinics' operations are financially dependent on the District. The Clinics received approximately \$11,790,000 in operating contributions from the District in fiscal year 2022.

The Clinics reported approximately \$14,041,000 as fiscal and general administrative services expenses in the statement of revenues, expenses and changes in net position. The District allocated approximately \$9,068,000 of support department costs to the Clinics, including personnel, purchasing, information technology, legal and administrative costs that are included in the fiscal and general administrative services expenses total for the year ended September 30, 2022.

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

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**Note 8. Retirement Plans**

**Defined contribution plan:** In October 1990, the District established the Health Care District of Palm Beach County 401(a) Retirement Plan (the Plan), a defined contribution pension plan that covers employees of the District and its wholly owned affiliates, including the Clinics' employees not participating in the Florida Retirement System (FRS) Plan who are 18 years of age or older and have completed one year of service. The Plan is administered by Empower Retirement. For employees hired after September 30, 2012, the District contributes 4% for general employees, 5% for Associate Vice Presidents and 6% for Vice Presidents of eligible compensation to the Plan and also makes matching contributions equal to 100% of the participants' elective deferrals up to 4%, 5% and 6% of eligible compensation based on job title, as listed above. The District contributes 15% of eligible compensation for employees hired prior to October 1, 2012. Contribution rates and benefits of the Plan are established by and may be amended by the District Board. For the fiscal year ending September 30, 2022, the Clinics contributed \$1,002,037, to the Plan for its employees. Employees who terminate after December 12, 2019 are fully vested after 3 years of service.

**District deferred compensation plan:** The District also established and provides its employees, including the Clinics' employees, with access to a 457(b) deferred compensation plan named the Health Care District of Palm Beach County Deferred Compensation 457(b) and Roth 457(b) plan. Under this plan, an employee is able to contribute pre-tax wage/salary dollars into the 457(b) account and/or post-tax wage and salary dollars into the Roth 457(b). The 457(b) Plan is administered by Empower Retirement. An employee can defer up to \$20,500 of eligible compensation or \$27,000 annually for employees aged 50 and over. These limits are subject to change each year. No contributions are required of the District. Contribution rates and benefits of the 457(b) and Roth 457(b) Plan are established by and may be amended by the District Board.

**Note 9. Commitments and Contingencies**

**District and Health Department Master Agreement:** The District entered into a Master Agreement with the Florida Department of Health of Palm Beach County (the Health Department), effective October 1, 2013, whereby the District assumed the financial, administrative and operational responsibility for providing adult and pediatric primary care services to patients formerly served by the Health Department through their FQHC locations in Palm Beach County. The agreement was extended through June 30, 2023.

Pursuant to the Master Agreement, the District operates the Clinics locations and accounts for all operational activities through the Clinics. Four clinic facility locations are owned by Palm Beach County (C.L. Brumback Health Center in Belle Glade; the Lantana/Lake Worth Health Center; and the Delray Beach Health Center) and the State of Florida (the West Palm Beach Health Center) and are utilized by the District without rent. The District pays the Health Department for common expenses incurred by the Health Department for the facilities based on the pro rata square footage used by the District and the Health Department. The total annual common expenses, for the facilities paid by the District were \$675,140 for the year ended September 30, 2022, including costs related to space for the District's pharmacy and eligibility offices. The portion of these costs allocated to the Clinics was \$607,000 for the year ended September 30, 2022.

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

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**Note 9. Commitments and Contingencies (Continued)**

**Professional and general liability claims:** The Clinics is subject to risk of loss arising in the ordinary course of business, including claims for damages from medical malpractice, personal injuries, employment-related claims, breach of management contracts and wrongful restriction of or interference with physicians' staff privileges. In certain of these actions, plaintiffs may seek punitive or other damages against the Clinics, which are generally not covered by insurance. As a FQHC, the Clinics is deemed covered under the Federal Tort Claims Act (FTCA) for professional liability claims. Under the Act, health centers are considered Federal entities and are immune from lawsuits, with the Federal government acting as their primary insurer. FTCA coverage is comparable to an "occurrence" policy without a monetary cap.

The Clinics, with respect to general liability and breach of contract claims, are entitled to sovereign immunity under Florida law. For tort actions (with claims arising on or after October 1, 2011), *Florida Statutes, Section 768.28* has a limited waiver of sovereign immunity. Therefore, the District's liability for tort is limited to \$200,000 per claim and \$300,000 in the aggregate. Additionally, on June 1, 2015, the District obtained an umbrella liability policy for coverage in excess of the self-insured retention levels of \$500,000 for each incident or loss and \$850,000 in the aggregate. The District has insurance policies for employers liability, commercial property insurance and business automobile liability exposures. Judgments may be claimed or rendered in excess of the sovereign immunity limits; however, the District cannot be liable for such excess amounts unless the claim/judgment is presented to and approved by the Florida legislature (i.e., claims bill). The umbrella policy, with aggregate limits of \$10 million, only responds in the event a covered loss results in a claims bill that is approved by the Legislature, or the annual aggregate is met.

The Clinic's management, in consultation with legal counsel, believes all general liability claims are covered by insurance or limited under sovereign immunity and will not have any significant impact on the financial condition of the District in excess of the amounts accrued at September 30, 2022. At September 30, 2022, the Clinics accrued approximately \$4,800, for professional and general liability claims. No settlements exceeded insurance coverage during the past three fiscal years.

**Grants and other federal funding:** The grant and other federal funding revenues received or receivable by the Clinics are subject to audit and adjustment by the grantor agencies, principally the federal government. Any disallowed claims, including amounts already received, might constitute a liability of the Clinics for the return of those funds. Management believes that all grant expenditures were in compliance with the terms of the grant and applicable federal laws and regulations.

**Compliance with laws and regulations:** The health care industry is subject to voluminous and complex laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, anti-kickback and anti-referral laws, false claims prohibitions and Medicare and Medicaid fraud and abuse. In addition, as a government entity, the Clinics is also subject to the laws and regulations related to its tax exemption. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions that are unknown or unasserted at this time. Violations of these laws and regulations could result in significant fines and penalties, including repayments for patient services previously reimbursed. Management believes that the Clinics has generally complied with applicable laws and regulations that could have a material impact on the financial statements of the Clinics and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing or noncompliance.

District Clinic Holdings, Inc.  
(A Component Unit of the Health Care District of Palm Beach County, Florida)

Notes to Financial Statements

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**Note 10. Other Postemployment Benefits**

The Clinics follow GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions* for financial reporting and disclosure for its other postemployment benefits plan (OPEB Plan).

**Plan description:** The Clinics participates in the District’s single-employer OPEB Plan that provides health care benefits to eligible retired employees and their spouses and/or beneficiaries. The District Board has the authority to establish and amend the premiums for and the benefit provisions of the OPEB Plan. The OPEB Plan is financed on a “pay as you go” basis and is not administered as a formal qualifying trust. The OPEB Plan does not issue a stand-alone publicly available financial report.

**Funding policy:** The Clinics is required by Florida Statutes, Section 112.0801 to allow retirees to buy health care coverage at the same group insurance rates that current employees are charged, resulting in an implicit health care benefit. Florida law prohibits the OPEB Plan from separately rating retirees and active employees. The OPEB Plan therefore charges both groups an equal, blended rate premium for health insurance. Although both groups are charged the same blended rate premium, GAAP requires the actuarial liability to be calculated using age-adjusted premiums approximating claim costs for retirees separately from active employees. The use of age-adjusted premiums results in the addition of the implicit rate subsidy into the actuarial accrued liability. Plan members receiving benefits contribute 100% of the monthly medical premium, which currently ranges from a minimum of \$754 to a maximum of \$2,315.

**District employees covered by benefit terms:** At October 1, 2021, there were 6 retirees and 980 active plan members covered by the benefit terms for the overall District.

**Total OPEB Liability:** The Clinics allocated proportionate share of the District’s total OPEB liability was \$92,074 for the year ended September 30, 2022. The September 30, 2022 total OPEB liability was measured based on an actuarial valuation as of October 1, 2021.

The total OPEB liability in the October 1, 2021, actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Salary increases	3%
Investment rate of return	Not applicable. The plan is not funded.
Discount rate	4.77%
Healthcare cost trend rates	8.25% in 2021, graded down to 4.5% by 0.25% per year
Mortality	Mortality Pub-2010 Headcount weighted mortality table for general public employer, annuitant and non-annuitant, sex distinct with improvement scale MP-2021

The discount rate used to measure the total OPEB liability was based on a 20-year AA/Aa tax-exempt municipal bond yield.

**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Notes to Financial Statements**

**Note 10. Other Postemployment Benefits (Continued)**

The following provides the changes to the total OPEB liability for the year ended:

Beginning balance	\$	74,917
Service cost		10,599
Interest		2,051
Difference between expected and actual experience		40,794
Changes of assumptions		(35,161)
Implicit benefit payments		(1,126)
Net changes		17,157
Ending balance	\$	92,074

**Sensitivity of the total OPEB liability to changes in the discount rate.** The following presents the total OPEB liability of the Clinics, as well as what the Clinics' total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower or 1-percentage-point higher than the discount rate for the year ended September 30, 2022:

	Discount Rate		
	1% Decrease 3.77%	Current Discount Rate 4.77%	1% Increase 5.77%
Total OPEB Liability	\$ 97,612	\$ 92,074	\$ 86,948

**Sensitivity of the total OPEB liability to changes in the healthcare cost trend rates.** The following presents the total OPEB liability of the Clinics, as well as what the Clinics' total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower or 1-percentage-point higher than the current healthcare cost trend rates for the year ended September 30, 2022:

	Trend Rate		
	1% Decrease 7.25%	Current Trend 8.25%	1% Increase 9.25%
Total OPEB Liability	\$ 83,953	\$ 92,074	\$ 101,380

**OPEB Expense and Deferred Inflows and Outflows of Resources Related to OPEB**

The Clinics recognized OPEB expense of \$15,165 for the year ended September 30, 2022. At September 30, 2022, the Clinics reported deferred inflows and outflows of resources for changes in assumptions and experience losses of \$33,656 and \$52,533, respectively, related to the OPEB plan.

Amounts reported as deferred inflows and outflows of resources related to the OPEB plan will be recognized in OPEB expenses on a straight-line basis over the next 10 years.

*Required Supplementary Information*  
*Unaudited*



**District Clinic Holdings, Inc.**  
**(A Component Unit of the Health Care District of Palm Beach County, Florida)**

**Required Supplementary Information - unaudited**  
**Other Postemployment Benefits**  
**Schedule of Changes in the Total OPEB Liability and Related Ratios**  
**(Unaudited Last Five Years)**

	2022	2021	2020	2019	2018
<b>Total OPEB liability</b>					
Service cost	\$ 10,599	\$ 11,313	\$ 5,416	\$ 5,466	\$ 15,463
Interest	2,051	1,612	1,467	1,243	956
Difference between expected and actual experience	40,794	-	14,971	-	-
Changes of assumptions	(35,161)	(1,994)	7,065	481	(681)
Implicit benefit payments	(1,126)	(481)	(315)	(146)	(53)
<b>Net change in total OPEB liability</b>	<b>17,157</b>	<b>10,450</b>	<b>28,604</b>	<b>7,044</b>	<b>15,685</b>
<b>Total OPEB liability – beginning</b>	<b>74,917</b>	<b>64,467</b>	<b>35,863</b>	<b>28,819</b>	<b>13,134</b>
<b>Total OPEB liability – ending</b>	<b>\$ 92,074</b>	<b>\$ 74,917</b>	<b>\$ 64,467</b>	<b>\$ 35,863</b>	<b>\$ 28,819</b>
<b>Covered payroll</b>	<b>\$ 19,067,945</b>	<b>\$ 18,142,000</b>	<b>\$ 15,960,000</b>	<b>\$ 15,511,000</b>	<b>\$ 14,665,000</b>
<b>Clinics total liability as a percentage of covered payroll</b>	<b>0.48%</b>	<b>0.41%</b>	<b>0.40%</b>	<b>0.23%</b>	<b>0.20%</b>
<b>Measurement date</b>	<b>9/30/2022</b>	<b>9/30/2021</b>	<b>9/30/2020</b>	<b>9/30/2019</b>	<b>9/30/2018</b>

Notes to schedule:

(1) Assumption changes since prior valuation:

- The percentage of active, covered lives electing low, basic and high plan options shifted significantly since the data was gathered for the prior actuarial valuation.
- Discount rate was increased from 2.43% to 4.77%

(2) This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, information for those years for which information is available will be presented.



**Report on Internal Control Over Financial Reporting  
and on Compliance and Other Matters Based on an Audit of Financial  
Statements Performed in Accordance With *Government Auditing Standards***

RSM US LLP

**Independent Auditor's Report**

Board of Directors  
District Clinic Holdings, Inc.  
West Palm Beach, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of District Clinic Holdings, Inc. (the Clinics), a component unit of the Health Care District of Palm Beach County, Florida, as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the Clinics' basic financial statements, and have issued our report thereon dated March 13, 2023.

**Report on Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Clinics' internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Clinics' internal control. Accordingly, we do not express an opinion on the effectiveness of the Clinics' internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses, however, material weaknesses may exist that have not been identified.

**Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Clinics' financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

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**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*RSM US LLP*

West Palm Beach, Florida  
March 13, 2023

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 26, 2023**

**1. Description: Annual Update to Legislative Mandates Policy and Procedure**

**2. Summary:**

Annual update to the District's Legislative Mandates Policy and Procedure are being proposed for approval.

**3. Substantive Analysis:**

The Legislative Mandates Policy and Procedure provides information on the funding limits for HRSA grants and cooperative agreements. The updates are necessary to be in compliance with the Consolidated Appropriations Act, 2023, that was signed on December 29, 2022. It will remain in effect until a new appropriation bill is passed setting a new list of requirements.

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
 CA6A21FF2B9483 Jessica Cafarelli  
 Interim VP & Chief Financial Officer

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

N/A  
 \_\_\_\_\_  
 Committee Name

N/A  
 \_\_\_\_\_  
 Date Approved


**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**July 26, 2023**

**6. Recommendation:**

Staff recommends the Board approve the Updated Legislative Mandates Policy and Procedure.

Approved for Legal sufficiency:

DocuSigned by:  
  
0CF6F7DB670643C Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
F637D209DB5242C Candice Abbott  
SVP & Chief Operating Officer



## Legislative Mandates in Grants Management

Policy #:	PCCFIN522-19A	Effective Date:	7/19/2023
Business Unit:	Primary Care Clinics	Last Review Date:	7/19/2023
Approval Group:	HCD Finance Policy	Document Owner(s):	Finance Department
Board Approval Date:			

### PURPOSE

The purpose of this policy and the associated procedures is to provide safeguards and outline requirements to ensure C.L. Brumback Primary Care Clinics compliance with the Consolidated Appropriations Act, which provides funding to the Health Resources and Services Administration ("HRSA") and restrict grantees from using these federal grant funds to support certain defined activities. These limitations are commonly referred to as the "Legislative Mandates".

### SCOPE

This policy applies to all staff at C.L. Brumback Primary Care Clinics and all Health Care District of Palm Beach County (the "District") stakeholders.

### POLICY

C.L. Brumback Primary Care Clinics is committed to compliance with the Consolidated Appropriations Act and all applicable laws and regulations. All Legislative Mandates that restrict the use of Federal grant funds shall remain in effect until a new appropriation bill is passed.

Current Legislative Mandates are as follows:

1. Confidentiality Agreements
2. Salary Rate Limitation
3. Gun Control
4. Anti-Lobbying
5. Acknowledgment of Federal Funding
6. Restriction on Abortions
7. Exceptions to Restriction on Abortions
8. Ban on Funding Human Embryo Research
9. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances
10. Restriction of Pornography on Computer Networks
11. Restriction on Purchase of Sterile Needles



## **Details:**

### **1) Confidentiality Agreements (Section 742)**

“(a) None of the funds appropriated or otherwise made available by this or any other Act may be available for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a federal department or agency authorized to receive such information.

(b) The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a federal department or agency governing the nondisclosure of classified information.”

C. L. Brumback Primary Care Clinics shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

### **2) Salary Rate Limitation (Section 202)**

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." The Executive Level II salary is currently set at \$212,100, as of January 2023.

C. L. Brumback Primary Care Clinics shall not use federal grant funds to pay the salary of an individual at a rate in excess of Executive Level II.

### **3) Gun Control (Section 210)**

"None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."

C. L. Brumback Primary Care Clinics shall not use federal grant funds to advocate or promote gun control.

### **4) Anti-Lobbying (Section 503)**

“(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive legislative



C. L. Brumback

Primary Care Clinics

Health Care District Palm Beach County

relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any state or local legislature or legislative body, except in presentation to the Congress or any state or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any state or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

C. L. Brumback Primary Care Clinics shall not use federal grant funds, other than for normal and recognized executive legislative relationships,

## **5) Acknowledgment of Federal Funding (Section 505)**

"When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, all grantees receiving federal funds included in this Act, including but not limited to state and local governments and recipients of federal research grants, shall clearly state –

- (1) the percentage of the total costs of the program or project which will be financed with federal money;
- (2) the dollar amount of federal funds for the project or program; and
- (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources."

C. L. Brumback Primary Care Clinics shall clearly state and include the above when acknowledging receipt of federal funding.

## **6) Restriction on Abortions (Section 506)**

"(a) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.

(b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

(c) The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.





C. L. Brumback Primary Care Clinics shall not use federal grant funds for any abortion or for health benefits coverage that includes coverage of abortion. These restrictions shall not apply to abortions (or health benefits coverage of abortions) that fall within the Hyde Amendment exceptions.

## **7) Exceptions to Restriction on Abortions (Section 507)**

“(a) The limitations established in the preceding section shall not apply to an abortion –

- (1) if the pregnancy is the result of an act of rape or incest; or
- (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

(b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a state, locality, entity, or private person of state, local, or private funds (other than a state’s or locality’s contribution of Medicaid matching funds).

(c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a state or locality to contract separately with such a provider for such coverage with state funds (other than a state’s or locality’s contribution of Medicaid matching funds).

(d)(1) None of the funds made available in this Act may be made available to a federal agency or program, or to a state or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

(2) In this subsection, the term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”

C. L. Brumback Primary Care Clinics shall not use federal grant funds for any abortion or for health benefits coverage that includes coverage of abortion. These restrictions shall not apply to abortions (or health benefits coverage of abortions) that fall within the Hyde Amendment exceptions.



## **8) Ban on Funding of Human Embryo Research (Section 508)**

“(a) None of the funds made available in this Act may be used for –

- (1) the creation of a human embryo or embryos for research purposes; or
- (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(b) For purposes of this section, the term “human embryo or embryos” includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.”

Per Section 508, C. L. Brumback Primary Care Clinics shall not use federal grant funds for human embryo research.

## **9) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)**

“(a) None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

(b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.”

C. L. Brumback Primary Care Clinics shall not use federal grant funds to promote the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act.

## **10) Restriction of Pornography on Computer Networks (Section 520)**

“(a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

(b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.”



C. L. Brumback Primary Care Clinics shall not use federal grant funds to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

**(11) Restriction on the Purchase of Sterile Needles (Section 526)**

"Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant state or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the state or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law."

C. L. Brumback Primary Care Clinics shall not use federal grant funds to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

**EXCEPTIONS**

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	PCCFIN522-19B
Related Forms	
Reference(s)	<a href="#">Consolidated Appropriations Act, 2023</a> , H.R.2617
Last Revision	7/19/2023
Revision Information/Changes	
Next Review Date	



## APPROVALS

Reviewer approval	Jessica Cafarelli; Belma Andric; Candice Abbott; Geoff Washburn
Reviewer approval date	7/19/2023
Final approver	Darcy Davis
Final approval date	[Date Approved]

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

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



## Legislative Mandates in Grants Management

Procedure #:	PCCFIN522-19B	Effective Date:	6/29/2023
Business Unit:	Primary Care Clinics	Last Review Date:	6/29/2023
Approval Group:	HCD Finance Policy	Document Owner(s):	Finance Department

### PURPOSE

To establish a standardized process for complying with the Consolidated Appropriations Act, which outlines limitations of federal grant funds to support certain defined activities.

### SCOPE

This procedure applies to C.L. Brumback Primary Care Clinics staff and all Health Care District of Palm Beach County (the "District") stakeholders, to include Compliance, Finance, and Information Technology.

### PROCEDURE

#### 1. Review and Updates of this Policy and Procedure (P&P)

The Executive Director of Clinical Services shall review this P&P upon the passage of a new HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates, and shall ensure this P&P is updated as necessary. As Appropriations Acts are generally enacted annually, this P&P will generally require annual review. Any modifications to this P&P will require review and approval by C. L. Brumback Primary Care Clinics Board of Directors.

#### 2. Legislative Mandates Training

The Chief Financial Officer shall ensure that the key management team and finance department staff receive training regarding the Legislative Mandates and the procedures set forth in this P&P.

#### 3. Compliance Program

This Legislative Mandates P&P will be incorporated into C. L. Brumback Primary Care Clinics Compliance Program.

#### 4. Financial Management

The Chief Financial Officer ("CFO") shall ensure that C. L. Brumback Primary Care Clinics financial management systems and procedures are structured to ensure that no federal grant funds are used for purposes that are impermissible under this P&P. As necessary, the CFO may establish cost centers/accounts for the accumulation and segregation of such costs. The CFO may use any practical means to do so, consistent with C. L. Brumback Primary Care Clinics financial management policies (including by establishing appropriate cost centers and associated accounts to accumulate and segregate the following costs where necessary). Through this process, C. L. Brumback Primary Care Clinics will adhere to the Legislative Mandates restrictions on use of federal funds for:



- i. “Lobbying” or other “advocacy” activities that may meet the definitions of the applicable Legislative Mandate sections (as well as 45 C.F.R. § 75.450) (including certain advocacy relating to gun control, legalization of controlled substances, consumer products, and other advocacy);
- ii. Payment of a salary (or associated fringe benefits) at a rate in excess of the Executive Level II pay scale;
- iii. Abortions or health benefits coverage that includes coverage of abortion (this restriction shall not apply to abortions (or health benefits coverage of abortions) that fall within the Hyde Amendment exceptions);
- iv. Activities related to the purchase of sterile needles or syringes for hypodermic injection of any illegal drug; and
- v. Human embryo research.

### **Acknowledgment of Federal Funding**

All statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, will be reviewed and approved by the C. L. Brumback Primary Care Director of Marketing and Communications. The Director of Marketing and Communications shall ensure that such written material include the following:

*“This [publication/procurement] is issued in furtherance of C. L. Brumback Primary Care Clinics federally funded health center project. This year, the C. L. Brumback Primary Care Clinics health center project received \$ [insert] of federal assistance, which is estimated as constituting [insert] percent of project costs. Of total project costs for this year, C. L. Brumback Primary Care Clinics estimates [insert dollar amount], or [insert] percent, will be financed with nongovernmental sources.”*

### **5. Restriction of Pornography on Computer Networks**

C. L. Brumback Primary Care Clinics computer network is and shall remain configured to block the viewing, downloading, and exchange of pornography. The Executive Director of the Clinics, in collaboration with the Associate Vice President of Information Technology & Business Intelligence, shall ensure appropriate information technology assets and support are made available to ensure continued compliance.

### **6. Confidentiality Agreements**

C. L. Brumback Primary Care Clinics Compliance Officer shall review any and all confidentiality agreements entered into between C. L. Brumback Primary Care Clinics and its employees and/or contractors and, prior to execution, shall confirm that such agreements do not prohibit or otherwise restrict the employee/contractor from lawfully reporting waste, fraud, or abuse to (i) federal law enforcement or other federal investigative personnel, or (ii) other representatives of federal departments and agencies.

## **EXCEPTIONS**

N/A



#### RELATED DOCUMENTS

Related Policy Document(s)	PCCFIN522-19A
Related Forms	
Reference(s)	
Last Revision	6/29/2023 (or date approved by Board)
Revision Information/Changes	
Next Review Date	1/1/2024

#### APPROVALS

Reviewer approval	Candice Abbott; Belma Andric; Jessica Cafarelli; Geoff Washburn
Reviewer approval date	
Final approver	Darcy Davis
Final approval date	[Date Approved]

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

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**CL BRUMBACK PRIMARY CARE CLINICS  
BOARD OF DIRECTORS  
AUGUST 23, 2023**

**1. Description: Bylaws Amendment**

**2. Summary:**

This agenda item presents proposed amendments to the Bylaws of District Clinic Holdings, Inc.

**3. Substantive Analysis:**

Staff recommends amending Section 12, Meeting. The proposed changes are as follows:

- Revising Section 12.1 to allow for monthly meetings to be held virtually except that the Board shall hold regular meetings in person on a quarterly basis.
- Adding Section 12.6 to state, Board members may participate in meetings of the Board by means of telephone, video teleconferences, or similar communications equipment provided all Board members participating in the meeting can hear each other. Participation pursuant to the foregoing shall constitute presence in person at the meetings and shall be counted towards the quorum.

Staff also recommends amending Section 14, Amendments. The proposed changes are as follows:

- Revising to remove language requiring the Bylaws to be submitted at a regularly scheduled meeting and voted on at the succeeding regularly scheduled meeting, and removing the requirement that the Bylaws Amendments are subject to approval from the Regional Office of the Department of Health and Human Services.

Attached for your review are the updated Bylaws showing the proposed changes



CL BRUMBACK PRIMARY CARE CLINICS  
BOARD OF DIRECTORS  
AUGUST 23, 2023

4. Fiscal Analysis & Economic Impact Statement:

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

\_\_\_\_\_  
Jessica Cafarelli  
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

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

N/A

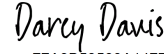
\_\_\_\_\_  
Date

6. Recommendation:

Staff recommends the Board approve the proposed amendments to the District Clinic Holdings, Inc. Bylaws and forward to the Health Care District Board for approval.

Approved for Legal sufficiency:

DocuSigned by:  
  
\_\_\_\_\_  
0CF6F7DB6706433 Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
\_\_\_\_\_  
77A3B53589A1477 Darcy J. Davis  
Chief Executive Officer



Amended  
Bylaws  
of  
District Clinic Holdings, Inc.

Amended: 2013, 2014, 2016, 2018, 2019, 2020

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

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

**DISTRICT CLINIC HOLDINGS, INC.**

**AMENDED BY-LAWS**

**Section 1 – Statutory Authority**

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

**Section 2 – Name**

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

**Section 3 – Purpose**

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

**Section 4 – Offices**

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

**Section 5 – Objectives**

- 5.1 The objectives of the Board are as follows:
  - a. Improvement of the general health status of the community through the promotion of preventive health services and early identification and treatment of the disease.
  - b. Identification and referral of individuals in need of health and social services.

- c. Participation in the development of the Federal grant application.
- d. Monitoring services provided by the clinics to ensure that community needs are being met within the constraints of the agency.
- e. Ensure that professional standards are maintained.
- f. Interpret the health needs of the community to clinic administrative staff and interpret the services provided by the clinics, to the community.

#### **Section 6 – Powers**

6.1 General Powers. The Board is vested with authority and responsibility to provide for the comprehensive planning and delivery of adequate health care services, including, but not limited to, clinical services for the citizens of Palm Beach County, particularly medically needy citizens. For those purposes, the Board shall have and may utilize all enumerated general powers as set forth in the Health Care Act, including but not limited to:

- a. To approve and recommend the budget of the clinic operations annually. Monthly financial reports will be provided to the Governing Board at the regularly scheduled meetings. An annual financial audit and financial report by an independent auditor will be submitted to the Governing Board.
- b. To be responsible for approving the selection and dismissal of the Executive Director within the guidelines of the Health Care District of Palm Beach County Personnel Policies and Procedures.
- c. To provide input from the community, regarding appropriate matters, including, but not limited to, the health care needs of the community served.
- d. To continually provide information about the accessibility of services to the community and the clinic's responsiveness to those needs.
- e. To provide guidance regarding services and their priorities; and to establish how these priorities should be ranked as they pertain to program development.
- f. To provide a viable link with the community, engaging in community education, public relation activities and other activities which promote community identification and understanding of the clinics and services provided.
- g. To provide a nucleus in the community which reaches out to local agencies, governmental entities, and foundations, etc., to support the clinics financially and otherwise.
- h. Establish and approve general policies for the clinics. The Board acknowledges that the District is the public entity co-applicant and is permitted to retain the responsibility of establishing fiscal and personnel policies. When the public entity's board does not meet health

center composition requirements, a separate health center governing board may be established. The health center board must meet all the membership requirements and perform all the responsibilities expected of governing boards except that the public entity may retain the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board's responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.

- . The Board shall work collaboratively with the District to specify each board's responsibilities, in writing so that the responsibilities of carrying out the governance functions are clearly understood by both boards.
- i. To be responsible for evaluating health care activities including services utilization patterns, productivity of the clinics, patient satisfaction, achievement of project objectives, and development of a process for hearing and resolving patient grievances.
- j. To assure that the clinics are operated in compliance with applicable federal, state and local laws, rules and regulations.
- k. To adopt health care policies, including scope and availability of services, location and hours of services.
- l. To assure compliance with the approved Quality Improvement/Quality Assurance Plan.
- m. To establish and review policies regarding the conduct of the federally funded project.
- n. Responsible for evaluating the clinics projects and achievements at least annually, and using the knowledge gained to revise its mission, goals, objectives, plans, and budgets as may be appropriate and necessary.
- o. Responsible for the annual performance evaluation of the Executive Director.
- p. To recruit, appoint, re-appoint, credential and discipline the Licensed Independent Practitioners of the Clinics and to approve policies to be adopted by the Clinics. The term Licensed Independent Practitioner shall mean any individual, as permitted by law and regulation, and also by the Clinics, to provide care and services without direction or supervision within the scope of the individual's license and consistent with the privileges granted by the organization. The foregoing shall be in accordance with applicable state, federal and local laws, rules and regulations, and in accordance with the standards of any applicable accrediting body. The Board may, in its discretion, delegate duties related to the performance of recruitment, appointment, credentialing and discipline of medical staff to the appropriate Medical Director/Dental Director except that recommendations regarding appointment, credentialing and discipline shall be presented to the Board by the Medical Director for consideration and final vote.

## **Section 7 – Board Member Responsibilities**

### **7.1 *Key function and responsibilities.***

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

## **Section 8 – Membership Composition**

- 8.1 Orientation. As new members are elected or appointed to the Board they shall receive an orientation regarding C. L. Brumback Primary Care Clinics Board to include, but not be limited to, their authority and responsibility under the 330 grant requirements, legal status, and relation to the Health Care District of Palm Beach County and a review of these By-Laws.
- 8.2 The Board shall consist of 9-13 members.
- 8.3 A majority of the Board members will be users of the in scope clinic's services within the past twenty-four months. A patient is an individual who has generated at least one health center visit. These members will be representatives of the individuals receiving services at any of the clinics.
- 8.4 The user Board members as appropriately defined in the Bylaws are consistent with applicable law, regulations and policy.
- 8.5 User Board members are defined as individuals who are (or, for planning grantees, will be) served by the clinics and who utilize the clinics as their principal source of primary care and who have used the clinic's services within the last two years.

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

#### **Section 9 – Term of Membership**

- 9.1 Board membership will be for a period of four (4) years starting on the date membership is approved and terminating four (4) years from the date of approval. No Board member shall serve more than two (2) consecutive terms. If at any time there is a question concerning the length of the term of office for any Board member, the Governing Board will decide through any appropriate means the term of the questioned incumbent.
- 9.2 Selection of New Board Member(s) for open Member positions. The selection of new Board members to fill any vacancy then existing may or to replace any member whose Term is ended, will be as follows:



- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee.
- b. Members eligible to serve for a second 4-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Member's 4-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the annual meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the annual meeting. In selecting its new members, the Board will use the criteria set out in Section 8.

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

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

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

- a. Repeated failure to attend Board meetings, or for conduct detrimental to the interests of the clinics.
- b. Conduct inconsistent with the clinics purpose.
- c. Refusing to render reasonable assistance in carrying out the clinics purpose.
- d. Refusing to act in a manner consistent with the clinic's mission and priorities.
- e. Individual is suspended or debarred from participation in federal programs.
- f. Whenever it is determined that the best interest of the clinics could be served by such removal.

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

Article.

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

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

#### **Section 10 – Officers**

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

10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.

10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the ‘two consecutive one-year terms’ referenced in Section 10.1.

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

##### 10.4.1 Chairperson

- a. To preside over all meetings and to appoint all committee and councils.
- b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall constitute the acceptance by the Board of the terms and conditions of the Grant and obligate it to perform its function under the approved project in accordance with the terms thereof.
- c. The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.
- d. Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization

#### 10.4.2 Vice Chairperson

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

#### 10.4.3 Secretary

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

#### 10.4.4 Treasurer

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

#### 10.5 Compensation

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

### **Section 11 – Committees**

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

- a. Act as advisor to the Chairperson;

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

- 11.2 Vacancies of the Executive committee occur when there is a vacant officer position. The vacancy is filled with the election of a member to serve out the officer's remaining term (See Section 10).
- 11.3 The Standing Committees shall be the Finance Committee, Quality Council and Planning Committee.
- 11.4 The Membership/Nominating Committee shall be an ad hoc committee, activated and populated at the direction of the Chairperson to recruit and nominate individuals to fill vacancies of the Governing Board. The Membership/Nominating Committee shall, if requested, review, edit, and submit proposed revisions to policies and procedures for the recruitment, screening and orientation of potential new Board members and present to the Board information on eligible persons to fill vacancies. This committee shall, if requested, assist in development of a board orientation program. The Executive Director, or his/her designee, will serve as a no voting, ex-officio member of this committee.
- 11.5 The Planning Committee shall oversee the clinic's goals and objectives, and develop a strategic planning workshop for the Board to be held at least every three (3) years. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.6 The Quality Council shall review and make recommendations for clinical services, monitor progress of Health Care Plan objectives, review Clinical Outcome measures audits, monitor and review Quality Assurance and Continuous Quality Improvement, Principles of Practice, credentialing, community needs survey data, patient satisfaction survey, and recommend new clinical programs. The Quality Council will meet on a monthly basis. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the Quality Council meetings may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.
- 11.7 The Standing Committees will meet as set forth in these Bylaws and will provide a report of its meeting(s) during the next Board meeting following the Committee meeting, and make any recommendations for Board action, which will then become part of the Board documents.
- 11.8 Proxy: An absent member shall not be allowed to vote by proxy.
- 11.9 Members of the Planning Committee and Quality Council may also include non-board members with specific areas of expertise that support the mission of that committee.
- 11.10 The Finance Committee shall review the budget, expenditures, and all other financial reports related to the operations of the C. L. Brumback Primary Care Clinics. The Finance Committee will report to

the full Board of Directors. The Finance Committee will meet on a quarterly basis, and may include clinic staff employees. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

## Section 12 – Meeting

- 12.1 Regular meetings shall be held monthly where a quorum is present. These monthly meetings can be held virtually except that the Board shall hold regular meetings in-person on a quarterly basis. Time and place shall be determined by Board.
- 12.2 Special meetings may be called by the Chairperson whenever Board business cannot be held until the next regular meeting.
- 12.3 Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida’s Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings.
- 12.4 The Annual Meeting shall coincide with the Regular meeting held during the Month of May and shall hold the election of officers.
- 12.5 Quorum shall consist of a majority of the members of the Governing Board as then constituted, for the regular scheduled meetings and the special called meetings. Once a quorum is established for any meeting it remains for the duration of the meeting unless one or more members permanently absents him/herself from the premises of the meeting and the sum of the remaining members falls below the number needed for a quorum.
- 12.6 Board members may participate in meetings of the Board by means of telephone, video teleconferences, or similar communications equipment provided all Board members participating in the meeting can hear and speak to each other. Participation pursuant to the foregoing shall constitute presence in person at the meetings and shall be counted towards the quorum. Official actions of the Board may be conducted by telephone or video conferencing provided that such meeting complies with the requirements of the Government in the Sunshine Act. For attendance and voting by telephone or video conferencing:
- ~~a. There must be a quorum physically present in order for a board member to participate and vote by telephonic or video conferencing~~
  - ~~b. The member voting by these means must be physically located outside the borders of Palm Beach County, unable to attend due to an illness, or unable to attend due to an unforeseen circumstance beyond their control.~~
  - ~~c. Any telephone or video conferencing utilized for voting during a board meeting must be amplified for all to hear and or displayed so that those attending can see the board member’s comments and or vote. This also ensures that all other board members attending remotely can hear and or see the other~~

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~~board member's comments and votes.~~

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

#### **Section 13 – Authority**

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

#### **Section 14 – Amendments**

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

#### **Section 15 – Dissolution of the Corporation**

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

### CERTIFICATE

This certifies that the foregoing constitutes the Bylaws of District Clinics Holdings, Inc., amended and adopted by the Members of the Corporation at a meeting held on the ~~23<sup>rd</sup>~~<sup>14<sup>th</sup></sup> day of ~~August~~<sup>December</sup>, 2023~~+~~.

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BY: \_\_\_\_\_

Julia Bullard  
Secretary

**Approved as to form and  
Legal Sufficiency**

BY: \_\_\_\_\_

Bernabe Icaza  
General Counsel

## HISTORY OF DISTRICT CLINIC HOLDINGS, INC. BYLAWS

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

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



Section 11.1 removed  
requirement to make  
recommendations to full  
Board.

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

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

3

August 1, 2013

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

Section 6.1m amended to  
include establishment of  
policies.

4

August 9, 2013

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

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

Section 2.1 established for  
clarification regarding  
common business name

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

Section 6.1.b replaced Project  
with Executive

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

Section 6.1.m amended to  
include ability to establish  
policies

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

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

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

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

Section 8.13 added

Section 9 amended to read:  
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

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

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

Section 9.3 amended to define an unexcused absence

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

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

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

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

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

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

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

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

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

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

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

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

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

Section 11.2 included for establishment of a Personnel Committee

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

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

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

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

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

Section 11.9 deleted  
Committee members

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

5

February 18, 2014

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

Section 11 renumbered for efficiency.

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

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

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

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

6

April 24, 2014

Section 12.4 added to read:

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

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

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

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

Added Section 6.1.q



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

Section 9.5.b added.

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

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

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

		performance of the Executive Director for report to the Board
7	May 26, 2015	Amended Section 6.1.q to include Licensed Independent Practitioner and term of same. Addition of Dental Director.
8	March 28, 2018	Amended Section 4.1 to update administrative address.  Addressed grammatical errors throughout.
9	December 11, 2019	Amended Section 8.7 to define healthcare.
10	January 29, 2020	Amended Section 6.1h to remove invalid HRSA PIN, 6.11 to updated QI/QA Plan, 8.3 to define patient and 8.9 to include adoption. Added robust language to section 9.4 regarding Board member termination.
11		May 27, 2020 Amended Section 10.1 to permit postponement of officer elections in the event of a declared state of emergency Added Section 12.7 to permit remote meetings during public emergencies.
12	September 30, 2020	Amended Section 11.6 to permit postponement of the Quality Council meetings in the event of a declared state of emergency
13	January 27, 2021	Amended Section 12.6 adding Language related to telephone Videoconferencing Participation

14	December 14, 2021	Amended Section 9 updating Membership term to 4 years from date of appointment; removed language related to filing unexpired terms; and Section 11 updating Finance Committee meetings to Quarterly.
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15	August 23, 2023	Amend Sections 12.1 and 12.6 removing requirement that quorum be physically present and allowing for virtual attendance at Board meetings. Amend Section 14 to simplify Bylaws amendment process.
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**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

**1. Description: Change In Scope – Form 5B: C. L. Brumback Primary Care Clinics – Delray**

**2. Summary:**

Staff respectfully requests the authorization to remove the old site to Form 5B: C. L. Brumback Primary Care Clinics – Delray as we moved from 225 S. Congress Avenue, Delray Beach, FL 33445 to the current clinic, 200 Congress Park Dr, Suite 100, Delray Beach, FL 33445.

**3. Substantive Analysis:**

Staff is respectfully requesting a permanent Change In Scope to remove our old Delray Clinic services now that services are being provided at the new location.

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

\_\_\_\_\_  
N/A  
Jessica Cafarelli  
Interim VP & Chief Financial Officer

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

\_\_\_\_\_  
N/A  
Committee Name


\_\_\_\_\_  
N/A  
Date

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**


**6. Recommendation:**

Staff recommends the Board approve the Change In Scope – Form 5B: C. L. Brumback Primary Care Clinics – Delray.

Approved for Legal sufficiency:

DocuSigned by:  
  
0CF6F7DB6706424  
Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
38DECE56F5694EC  
Andrea Steele  
AVP, IT & Business Intelligence

DocuSigned by:  
  
77A3B53589A1474  
Darcy J. Davis  
Chief Executive Officer

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

**1. Description: Executive Director Informational Update**

**2. Summary:**

- FAU Psychiatric Residency Program
- Approval for change in scope of services for Delray Beach location

**3. Substantive Analysis:**

FAU Psychiatric Residency Program

The FAU Psychiatric Residency program is comprised of eight, part-time (equivalent of 4 full-time) 3<sup>rd</sup> and 4<sup>th</sup> year residents and four attending physicians. Dr. Courtney Phillips onboarded and trained the residents early July. The residents are now staffed at our Mangonia and Delray Beach Clinic for General Psychiatry and Substance Use Disorder. Our ACGME Family Medicine Program new class of four residents started and will continue to provide services to our patients.

Scope of Services – Delray Beach location change

The approval for the change in location for Delray Beach was June 27, 2023.

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

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Jessica Cafarelli  
Interim VP & Chief Financial Officer

**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

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


N/A  
\_\_\_\_\_  
Committee Name

N/A  
\_\_\_\_\_  
Date Approved

**6. Recommendation:**

Staff recommends the Board Receive and File the Executive Director Informational Update.

Approved for Legal sufficiency:

DocuSigned by:  
  
\_\_\_\_\_  
0CF6F7DB6F044C Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
\_\_\_\_\_  
F637D209D65447 Candice Abbott  
SVP & Chief Operatnig Officer

# CL BRUMBACK PRIMARY CARE CLINICS BOARD OF DIRECTORS

August 23, 2023

## 1. Description: Licensed Independent Practitioner Credentialing and Privileging

## 2. Summary:

The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.

## 3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Hernandez Garcia	Jose	MD	Pediatrics	Initial Credentialing
Adametz	Joshua	DMD	General Dentistry	Initial Credentialing
Millien	Eleonore	APRN	Nurse Practitioner	Initial Credentialing
Fernandez Sanchez	Marco	APRN	Nurse Practitioner	Recredentialing
Jean-Jacques	Fernique	APRN	Nurse Practitioner	Recredentialing
Normil-Smith	Sherlounce	MD	Pediatrics	Recredentialing
Philistin	Ketely	APRN	Nurse Practitioner	Recredentialing

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

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



## CL BRUMBACK PRIMARY CARE CLINICS BOARD OF DIRECTORS

**August 23, 2023**

Jose Hernandez Garcia, MD joined the West Palm Beach Clinic in 2023 specializing in Pediatrics. He attended the Pontifica University and also completed his residency at the Bronxcare Health System. Dr. Hernandez Garcia is certified in Pediatrics by the American Board of Pediatrics. He has been in practice for eight years and is fluent in Spanish.

Joshua Adametz, DMD joined the West Palm Beach Clinic in 2023 specializing in General Dentistry. He attended the A.T. Still University of Health Sciences. Dr. Adametz has been in practice for four years.

Eleonore Millien, APRN joined the Mobil Clinic in 2023 as a Family Nurse Practitioner. She attended Barry University and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. She has been in practice for nine years and is fluent in French and Creole.

Marco Fernandez Sanchez, APRN joined the West Palm Beach Clinic in 2019 as a Family Nurse Practitioner. He attended the Ana G Mendez University and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. He has been in practice for four years and is fluent in Spanish.

Fernique Jean-Jacques, APRN joined the Lantana Clinic in 2019 as a Family Nurse Practitioner. He attended the Florida Atlantic University and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. He has been in practice for six years and is fluent in French and Creole.

Sherloun Normil-Smith, MD joined the Lantana Clinic in 2015 specializing in Pediatrics. She attended the University of Medicine and Dentistry New Jersey and also completed her residency at University of Hawaii. Dr. Normil-Smith has been in practice for seventeen years and is fluent in Creole, French and Spanish.

Ketely Philistin, APRN joined the Belle Glade Clinic in 2017 as a Family Nurse Practitioner. She attended South University and is certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. She has been in practice for ten years and is fluent in Creole, French and Spanish.

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

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

**CL BRUMBACK PRIMARY CARE CLINICS**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
CA6A21FF2E081C... Jessica Cafarelli  
Interim VP & Chief Financial Officer

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

N/A	
_____ Committee Name	_____ Date

**6. Recommendation:**

Staff recommends the Board approve the Initial Credentialing and privileging of Jose Hernandez Garcia, MD, Pediatric Medicine.

Staff recommends the Board approve the Initial Credentialing and privileging of Josh Adametz, DMD, General Dentistry.


Staff recommends the Board approve the Initial Credentialing and privileging of Eleonore Millien, APRN, Nurse Practitioner.


Staff recommends the Board approve the Recredentialing and privileging of Marco Fernandez Sanchez, APRN, Nurse Practitioner.


Staff recommends the Board approve the Recredentialing and privileging of Fernique Jean-Jacques, APRN, Nurse Practitioner.

Staff recommends the Board approve the Recredentialing and privileging of Sherloun Normil-Smith, MD, Pediatric Medicine.

Staff recommends the Board approve the Recredentialing and privileging of Ketely Philistin, APRN, Nurse Practitioner.

Approved for Legal sufficiency:  
DocuSigned by:  
  
0CF6F7DB6708434... Bernabe Icaza  
VP & General Counsel

DocuSigned by:  
  
B6F5640C1C664F... Dr. Charmaine Chibar  
FQHC Medical Director

DocuSigned by:  
  
77A3B53589A147... Darcy J. Davis  
Chief Executive Officer

**CL BRUMBACK PRIMARY CARE CLINICS  
BOARD OF DIRECTORS  
August 23, 2023**

**1. Description: Quality Report**

**2. Summary:**

This agenda item presents the updated Quality Improvement & Quality Updates:

- Quality Council Meeting Minutes – July & August 2023
- UDS Report – YTD
- Provider Productivity – July 2023

**3. Substantive Analysis:**

PATIENT SAFETY & ADVERSE EVENTS

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

PATIENT SATISFACTION AND GRIEVANCES

Patient relations to be presented as separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

**Behavioral Health:** Our behavioral health measures have steadily improved over the past few months and we continue to exceed our UDS goals. In particular, we have seen significant gains in our depression remission measure, with the number of patients achieving depression remission increasing from 20% in April 2023 to 37% currently. In our continued endeavor to improve access to mental health services for our patients, we have joined forces with FAU psychiatry residency program. Starting in July, their residents, along with their attendings, began seeing patients in our Mangonia and Delray clinics. As part of this collaboration, we plan to link those patients identified as having Severe or Moderately Severe Depression to the FAU psychiatry residents for further care, in order to improve the mental well-being for our most at-risk patients.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

CL BRUMBACK PRIMARY CARE CLINICS  
BOARD OF DIRECTORS  
August 23, 2023

4. Fiscal Analysis & Economic Impact Statement:

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
CA6A21FF2F09481 Jessica Cafarelli  
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

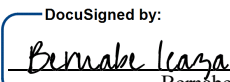
N/A  
\_\_\_\_\_  
Committee Name

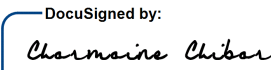
N/A  
\_\_\_\_\_  
Date Approved

6. Recommendation:

Staff recommends that the Board approve the updated Quality Report.

Approved for Legal sufficiency:

DocuSigned by:  
  
0CF6F7DB6706434... Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
B6F5640C1C501F4 Charmaine Chibar  
FQHC Medical Director



## Quality Council Meeting Minutes

**Date: July 12, 2023**

**Time: 8:00AM – 10:30PM**

**Attendees:** Steven Sadiku – Director of Corporate Quality; Andrea Steele – AVP of IT & Business Intelligence; Maria Chamberlin – Assistant Director of Nursing; Shauniel Brown – Senior Risk Manager; David Speciale – Patient Experience Director; Marisol Miranda – Director of Clinic Operations; Carolina Foksinski- Operations Process Manager; Jokebed Laurore- Nurse Educator; Nancy Gonzalez – Dental Program Director; Erik Lalani – Dental Operations Manager; Alexa Goodwin – Patient Relations Manager; Lisa Hogans – Director of Nursing; Ivonne Cohen- Corporate Quality Reporting Analyst; Dr. Sandra Warren – Associate Medical Director;

**Excused:** Dr. Ana Ferwerda – Director of Clinic EHR Optimization & Women’s Health; Dr. Charmaine Chiba – FQHC Medical Director

**Minutes by:** Andrea Steele – AVP of IT & Business Intelligence

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
<b>PATIENT SAFETY &amp; ADVERSE EVENTS</b>				
<b>OCCURENCES</b>	<p>Per Compliance, discussion surrounding not recording meetings.</p> <p><b><u>Report Summary</u></b>            The July 2023 Risk Management (Incident Reports) Tableau dashboard showed a total of 50 reported events. 49 incidents and <u>1</u> good catch. Our highest reported location was Lantana Medical Clinic (10), West Palm Beach Medical (11), Mangonia Park (5), and Medical Clinic Administration (5). Which had a total of 62% of all reported events.</p> <p><b>Trends by Clinic: Incidents</b></p> <p>1. Belle Glade Dental – 0</p>	<p>Risk Management Trend- change appearance of Near Misses from parentheses to a line pointing from it  <b>Completed</b></p> <p>Update “Good Catch” phrase anywhere to Near Miss- <b>Completed</b></p>	<p>Shauniel &amp; Grace</p> <p>Shauniel</p>	<p>7/1/2023</p> <p>7/1/2023</p>



	<div>2. Belle Glade Medical- 1</div> <div>3. Delray Dental- 0</div> <div>4. Delray Medical-3</div> <div>5. Dental Clinic Administration: 1</div> <div>6. Jupiter- 1</div> <div>7. Lake Worth Medical- 2</div> <div>8. Lantana dental- 2</div> <div>9. Lantana Medical- 10</div> <div>10. Mangonia- 5</div> <div>11. Medical Clinic Administration- 5</div> <div>12. West Boca- 3</div> <div>13. West Palm Beach Dental- 2</div> <div>14. West Palm Beach Medical -11</div> <div>(June 2023 Risk Report Summary presented with graphs.)</div>																																																									
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OPERATIONS	<div>Productivity</div> <div>The Clinics continue to see an increase:</div> <table><tr><th colspan="6">Productivity June 2023</th></tr><tr><th>Service Line</th><th colspan="2">Target</th><th colspan="2">Seen</th><th>% of Goal</th></tr><tr><td></td><th>In Person</th><th>Tele</th><th>In Person</th><th>Tele</th><th>Total</th></tr><tr><td>Adult Care</td><td>6,317</td><td></td><td>5,093</td><td></td><td>81%</td></tr><tr><td>Pediatrics</td><td>1,570</td><td></td><td>1,480</td><td></td><td>94%</td></tr><tr><td>Women’s Health</td><td>738</td><td></td><td>578</td><td></td><td>78%</td></tr><tr><td>Behavioral Health</td><td>595</td><td></td><td>539</td><td></td><td>91%</td></tr><tr><td>Substance Use</td><td>1,389</td><td></td><td>1,166</td><td></td><td>84%</td></tr><tr><td>Dental</td><td>2,249</td><td></td><td>2,181</td><td></td><td>97%</td></tr></table>	Productivity June 2023						Service Line	Target		Seen		% of Goal		In Person	Tele	In Person	Tele	Total	Adult Care	6,317		5,093		81%	Pediatrics	1,570		1,480		94%	Women’s Health	738		578		78%	Behavioral Health	595		539		91%	Substance Use	1,389		1,166		84%	Dental	2,249		2,181		97%	Look at doubling up %. Seems to have dropped?	Andrea	8/1/23
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	<table><tr><td>Dental Hygiene</td><td>1,138</td><td></td><td>1,116</td><td></td><td>98%</td></tr></table> <p><b><i>(Clinic productivity report with graphs were presented.)</i></b></p>	Dental Hygiene	1,138		1,116		98%			
Dental Hygiene	1,138		1,116		98%					
	<p><b><u>Walk-ins</u></b></p> <p>Medical</p> <ul style="list-style-type: none"><li>Scheduled: 7,505</li><li>Walk-Ins: 1,862</li></ul> <p>Dental:</p> <ul style="list-style-type: none"><li>Scheduled: 3,292</li><li>Walk-Ins: 420</li></ul>									
	<p><b><u>No Show Rates</u></b></p> <p>No Show rate was consistent to previous month at 16%. Year to date no show rate is 17% of which 3% is from telehealth visits.</p> <p><b>(Report with graph presented.)</b></p>									
<b>PATIENT RELATIONS</b>										
<b>GRIEVANCES, COMPLAINTS &amp; COMPLIMENTS</b>	<p><b><u>Patient Relations Dashboard</u></b></p> <p>For May 2023, there were a total of 12 Patient Relations Occurrences that occurred between 6 Clinics and Clinic Administration. Of the 12 occurrences, there was 2 Grievances and 10 Complaints. The top 5 categories were Care &amp; Treatment, Finance, Referral Related, Respect Related and Nursing Related issues. The top subcategory was Insurance Issues with 2 occurrences. There was also a total of 43 compliments received across 6 Clinics and Clinic Administration. Of the 43</p>	Send out updated dashboards to clinics.	Ivonne	8/1/2023						



	<p>compliments, 42 were patient compliments and 1 was an employee to employee “Thumbs-Up” compliment. Breakdown of each clinic presented.</p> <p><b><i>(Patient Relations Report &amp; Patient Relations Dashboard with Graphs presented.)</i></b></p>			
<b>SURVEY RESULTS</b>	<p><b><u>Patient Satisfaction Survey – June 2023</u></b></p> <p>For June 2023 there were 432 Patient Satisfaction Surveys completed which is 3.8% of the total surveys delivered to patients throughout the month and a 14% rate of return increase from the previous month. Total promoters have increased and total detractors have decreased from the previous month. Of the 432 surveys, there were 401 surveys (93%) received for in person clinic visits, and 31 (7%) surveys received from telemedicine appointments. The top 5 and lowest 5 scored-questions were presented for each area.</p> <p>“Best Questions” for in person visits – June 2023:</p> <ul style="list-style-type: none"> <li>• Our practice – 89% (increased from 85%)</li> <li>• Care and concern of our nurses/medical assistants - 88% (increased from 87%)</li> <li>• Quality of Medical Care – 88% (increased from 85%)</li> <li>• Maintaining patient privacy throughout this visit – 87% (increased from 85%)</li> <li>• Instructions given regarding medication/follow up care – 87% (increased from 82%)</li> </ul> <p>“Worst Questions” for in person visits – June 2023:</p>			





	<ul style="list-style-type: none"> <li>• Waiting time in the reception area – 14% (increased from 13%)</li> <li>• Your phone calls were answered promptly – 14% (increased from 12%)</li> <li>• Your ability to contact us after hours - 12% (decreased from 15%)</li> <li>• Waiting time in the exam room – 12% (increased from 11%)</li> <li>• Being informed about any delays during this visit – 9% (decreased from 14%)</li> </ul> <p>Surveys received in June account for 3% of total visits for the month across all clinics. Rates of return for each clinic and service areas presented for June. Of the surveys received for June, 62% pf the surveys were completed by females; most patients preferred to be seen Monday mornings; and perceived wait time ranged between 6 to 30 minutes. Top promoters, detractors, and patient comments presented by clinic and service line. Telemedicine survey results presented. Clinic trends over time to be shared with Clinic Supervisors and Coordinators.</p> <p><b>(Patient Satisfaction Survey PowerPoint presented.)</b></p>	Noted some issues with telemedicine connectivity. Look into HIPAA compliance Zoom vs. Doximity.	Andrea	8/1/23
<b>OUTBOUND CALL CAMPAIGNS</b>	<p><b><u>Outreach Activities / Provider Reschedules:</u></b></p> <p>In June 2023, the Clinic Service Center conducted two outreach activities to schedule patients. Patient Access Coordinators scheduled 27 patients to be seen on the Mammogram bus and scheduled an additional 27 patients for patients to be seen on</p>			



	<p>the Hero mobile clinic for an outreach event in Pahokee.</p> <p>In addition, Patient Access Coordinators rescheduled 59 for three providers at three different clinics.</p> <p><b><u>Afterhours Report – June 2023</u></b></p> <p>In June 2023, the Clinic Service Center returned 226 calls received from the Afterhours service. This was a 6% increase from the previous month. After hours calls by Type, by Clinic, and by Department presented. Of the 226 after hours calls received 26 (14%) of the calls were paged out to the Adult on-call provider and 4 calls (2%) were paged out to the on-call Pediatrician for clinical issues. The majority of after-hours calls were for appointment requests (27%), followed by clinical issues. Trends over time reported.</p> <p><b><i>(Outbound Campaign PowerPoint presented.)</i></b></p>	Campaign to advertise recovery coach after hours line.	Dr. Andric	8/1/23
<b>NEXT THIRD AVAILABLE</b>	<p><b><u>Next Third Available</u></b></p> <p>The Next Third Available (NTA) report as of June 30<sup>th</sup> 2023 was presented by service line for each Clinic location. The report excludes “same day” appointment slots. Monthly data and Trends over time data presented for each clinic and service line. Report data revised to reflect <u>average number of days</u> for each provider per month.</p> <p>June 2023 data - average # of days (trend from previous month):</p>	Ensure templates are closed that should be.	Marisol	8/1/23



	<p><u>Women's Health:</u> Monthly increases attributed to one provider out on leave</p> <ul style="list-style-type: none"> <li>• Belle Glade: 22 days (increased)</li> <li>• Jupiter: 5 days (increased)</li> <li>• Lake Worth: between 2 and 7 days (increased)</li> </ul> <p><u>Belle Glade PCC:</u></p> <ul style="list-style-type: none"> <li>• Providers: between 13 and 34 days (increased)</li> <li>• Residents: between 2 and 18 days (decreased)</li> </ul> <p><u>Boca PCC:</u> Between 1 and 14 days (decreased)</p> <p><u>Delray Beach PCC:</u> Between 5 and 12 days (increased)</p> <p><u>Jupiter PCC:</u> Between 1 and 2 days (decreased)</p> <p><u>Lake Worth PCC:</u> Between 1 and 2 days (decreased)</p> <p><u>Lantana PCC:</u> Note: this was a transitional month using a 30-minute Provider template</p> <ul style="list-style-type: none"> <li>• Adults: Between 4 and 8 days (decreased)</li> <li>• Peds: Between 0 and 7 days (decreased)</li> </ul> <p><u>Lewis Center PCC:</u> 1 day (decreased)</p> <p><u>Mangonia Park PCC:</u> Between 0 and 2 days (same)</p> <p><u>WPB PCC:</u> Note: this was a transitional month using a 30-minute Provider template</p> <ul style="list-style-type: none"> <li>• Adults: Between 1 and 22 days (decreased)</li> <li>• Peds: Between 15 and 30 days (increased)</li> </ul> <p><u>Behavioral Health:</u></p> <ul style="list-style-type: none"> <li>• Mangonia Park: Between 0 and 3 days (increase)</li> <li>• Other Locations: Between 0 and 4 days (decrease)</li> </ul> <p><u>Dental New Patients (Comps):</u></p> <ul style="list-style-type: none"> <li>• BG: Adult &amp; Peds 2 days (increase)</li> <li>• DB: Adult 30 days (decrease)</li> </ul>			
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	<ul style="list-style-type: none"> <li>• LAN: Peds 42-57 days (increase)</li> <li>• WPB: Adult 46 days (increase), Peds 16 days (increase)</li> </ul> <p><u>Dental Procedures:</u></p> <ul style="list-style-type: none"> <li>• BG: 0 – 1 day (increase)</li> <li>• DB: Between 1 and 20 days (increase)</li> <li>• LAN: Between 0 days (decrease)</li> <li>• WPB: Between 0 and 6 days (decrease)</li> </ul> <p><u>Hygiene:</u></p> <ul style="list-style-type: none"> <li>• BG: 0 to 16 days wait (decrease)</li> <li>• DB: 6 days (decrease)</li> <li>• LAN: 0 days (decrease)</li> <li>• WPB: 1 to 2 days (decrease)</li> </ul> <p><b><i>(Third Next Available PowerPoint presented.)</i></b></p>			
QUALITY				
QUALITY AUDITS				
<b>MEDICAL</b>	<p><b>Hemoglobin A1C/Point of Care Testing</b></p> <p>Shows:</p> <p>The diabetes measure data for May 2023 shows that our patients are currently controlled at 72 % while 23% are uncontrolled (of 3112 diabetic patients total) and 4% of patients need data. Our HRSA goal is to have 67% of patients with controlled diabetes. Up to May, there were 2,632 POC A1Cs done (85% of Diabetic Patients). The majority of controlled patients (88%) and uncontrolled patients (88%) had the A1c done at POC vs. lab. West Palm Beach Clinic (90%), Belle Glade Clinic (88%), Boca Clinic, Jupiter Clinic and Lake Worth Clinic (85) had the highest percentage of A1c use among the clinics from January to May, 2023.</p>			



	(Diabetes dashboard presented.)			
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	<p><b><u>Colorectal Cancer Screening May, 2023</u></b></p> <p>Interphase with Exact Science laboratory for Cologuard was launched on June 19, 2023. The POC order does not exist anymore. This will improve the process of ordering and receiving results.</p> <p>Satisfied: 2,645 (35%) No met: 4,967 (65%)</p> <p><b>(Report with graph presented.)</b></p>	<p>Up to May 19<sup>th</sup> 2023 there were 301 orders placed for Cologuard with a return rate for the past 90 days of 60.7%. 301 total number of orders placed on 2023 with a return rate of 40%.</p> <p>Noted a couple issues with Quest results not interfacing.</p>	<p>Dr. Warren</p> <p>Andrea</p>	<p>8/1/2023</p> <p>8/1/2023</p>
	<p><b><u>FIT Test May, 2023</u></b></p> <p>Among patients with the colorectal cancer screening due the screening was ordered in 72% of the patients and 28% of the patient did not have and order for Fit test. The rate of completion persists low. Our highest return rates during the past year up to May, 2023 were at Belle Glade Clinic (59%), Boca Clinic (55%), and Lantana (55%).</p> <p>Belle Glade Clinic is leading the completion of Point of Care FIT Tests.</p> <p><b>(Report with graph presented.)</b></p>	<p>Data on patients coming due in next month to consider ordering/mailling kits out to patients.</p>	<p>Ivonne</p>	<p>8/1/2023</p>
	<p><b><u>Cervical Cancer Screening May, 2023</u></b></p> <p>Satisfied: 4,801 (61%) Needs Data: 3,011 (39%)</p> <p><b>(Report with graph presented.)</b></p>			
	<p><b><u>HPV</u></b></p>			



	<p>Second dose in both females and males for 9-10y and 11-12y has improved, especially when compared to Meningococcal &amp; TDAP.</p> <p><b>(Report with graph presented.)</b></p>	HPV QI total- add scale on HPV QI total graphs.	Ivonne	8/1/2023																				
	<p><b><u>Breast Cancer Screening May, 2023</u></b> Satisfied screenings – 1,793 (54%) Unsatisfied Screenings – 1502 (46%) Not Met with order –1194 (36%) Not Met (Patient Missed) – 308 (9.3%)</p> <p>Served 10 patients on mammogram bus in June 2023.</p> <p><b>(Report with graph presented.)</b></p>	<p>Low show up rate during June was reviewed with the Florida Mobile Mammography and number of double bookings in the scheduling will be increased.</p> <p>We will have to follow ourselves with patients to guarantee 18 patients.</p> <p>New dates were requested for October, November and December. For this current year we will get only available days after recurrent organizations had submitted their dates for events.</p>	Dr. Warren	8/1/2023																				
	<p><b><u>Quarter 2 Clinical QSV</u></b></p> <table><tr><td>Belle Glade</td><td>94%</td></tr><tr><td>Boca Raton</td><td>97%</td></tr><tr><td>Delray</td><td>100%</td></tr><tr><td>Jupiter</td><td>99%</td></tr><tr><td>Lake Worth</td><td>99%</td></tr><tr><td>Lantana</td><td>96%</td></tr><tr><td>Lewis Center</td><td>98%</td></tr><tr><td>Mangonia</td><td>98%</td></tr><tr><td>Mobile-Hero</td><td>97%</td></tr><tr><td>St.Anns</td><td>99%</td></tr></table>	Belle Glade	94%	Boca Raton	97%	Delray	100%	Jupiter	99%	Lake Worth	99%	Lantana	96%	Lewis Center	98%	Mangonia	98%	Mobile-Hero	97%	St.Anns	99%			
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	<b>West Palm Beach</b>	<b>97%</b>			
	<b><u>Quarter 2 Non-Clinical QSV</u></b>				
	<b>Belle Glade</b>	<b>98%</b>			
	<b>Boca Raton</b>	<b>96%</b>			
	<b>Delray</b>	<b>98%</b>			
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	<b>St.Anns</b>	<b>94%</b>			
	<b>West Palm Beach</b>	<b>98%</b>			
<b>DENTAL</b>	<b><u>Dental Sealants</u></b>				
	YTD 2023: <b>96%</b> (295; n=308) June 2023: <b>99%</b> (77; n= 78)				
	<b><u>Limited Exams</u></b>				
	<b>June 2023: 363</b> -Same Day Extractions: <b>148 (41% n=363)</b> -Antibiotics Given: Patients without a future extraction appointment type <b>111 (31% n=363)</b> -Ext. not needed(non-emergent): <b>57 (16%n=363)</b> -Returns (Follow-Up): Patients with a future extraction appointment type <b>47 (13% n=363)</b> -Returned within 21 days for ext.: <b>33 (70% n=47)</b>				
	<b><u>MDI/WHO</u></b>				





	<p><b>June 2023</b></p> <p><u>Total Well Visit Pediatric Patients</u> <b>195</b></p> <ul style="list-style-type: none"><li>- Excluded from MDI KPI <b>89 (46%; n=195)</b></li><li>- Eligible MDI <b>106 (54%; n=195)</b></li></ul> <p><u>Total Pediatrician KPI Patients (Pts who do not have a dental home):</u> <b>106</b></p> <ul style="list-style-type: none"><li>- No MDI <b>21 (20% n=106)</b></li><li>- MDI <b>85 (80% n=106)</b></li></ul> <p><u>Total of patients who had MDI visit:</u> <b>85</b></p> <ul style="list-style-type: none"><li>- Declined WHO <b>58 (68% n=85)</b></li><li>- Interested in WHO <b>27 (32% n=85)</b></li></ul> <p><u>Total Dentist KPI Patients (Pts. Interested in WHO):</u> <b>27</b></p> <ul style="list-style-type: none"><li>- WHO not seen by Dentists <b>1 (4%; n=27)</b></li></ul> <p>WHO seen by Dentists <b>26 (96%; n=27)</b></p>	Schedule follow-up meeting about MDI/WHO algorithm, P&P and review follow-up data.	Nancy	8/1/2023										
	<p><b>Dental Clinic Audit Summary</b></p> <table><tr><td><u>Dental Clinic Audit – June 2023</u></td><td></td></tr><tr><td>Belle Glade</td><td>97%</td></tr><tr><td>Delray</td><td>99%</td></tr><tr><td>Lantana</td><td>94%</td></tr><tr><td>West Palm Beach</td><td>99%</td></tr></table>	<u>Dental Clinic Audit – June 2023</u>		Belle Glade	97%	Delray	99%	Lantana	94%	West Palm Beach	99%			
<u>Dental Clinic Audit – June 2023</u>														
Belle Glade	97%													
Delray	99%													
Lantana	94%													
West Palm Beach	99%													
BEHAVIORAL HEALTH	SBIRT													



	<p>Consider looking more deeply at AUDIT-C &amp; DAST screening data stratified by men vs. women.</p> <p><b>(Report with graph presented.)</b></p>	Monica to send to Dr. Warren.	Andrea	8/1/23
	<p><b>PHQ9</b></p> <p>187 Severe and 231 Moderately Severe depression to be linked to FAU psychiatry residency program.</p> <p><b>(Report with graph presented.)</b></p>	Update trendline to be percent positive.	Ivonne	8/1/2023
	<p><b>Depression Remission</b></p> <p>Sent follow-up data to Karen Hirsch to follow-up on Jupiter patients.</p> <p>26% achieving depression remission, but additional 7% decreased by 5-points.</p> <p><b>(Report with graph presented.)</b></p>	Share patient lists with new FAU Psychiatry Residents when they start in July.	Ingrid	8/1/2023
<b>NURSING</b>	<p><u><b>Higher Level of Care</b></u></p> <p>Higher Level of Care May</p> <p>75 ER referrals/74 patients were sent to the ER in May. The breakdown of the referrals is:</p> <ul style="list-style-type: none"> <li>• WH- 11 (15%)</li> <li>• Peds- 9 (12%)</li> </ul>			



	<ul style="list-style-type: none"> <li>• Adult- 53 (71%)</li> <li>• Urgent Care/ER**- 1 (1%)</li> <li>• Life Trans to LMC- 0</li> <li>• Adult Crisis- 1 (1%)</li> <li>• Peds Crisis-0</li> </ul> <p>**Urgent Care was discontinued previous months. Being ordered due to preference list changes.</p> <p>There was 1 patient with multiple orders in May- 1. Patient lab results were called into on call provider and on call provider advised patient to go to the ER. Patient went to clinic the following morning and informed Nurse he didn't go to the ER. Patient seen by the Provider and advised again to go to the ER. This is the reason for the 2 referrals for higher level of care.</p> <p>PEDS REFERRALS- highest producer was Dr. Clarke- having 3 (33%); Dr. Marzouca had 4 (45%); Dr. Lazaro 2 (22%)</p> <p>The incorrect referral type was used by Dr. Lazaro for 1 pediatric referrals this month.</p>			
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	<p>ADULT REFERRALS- highest producers this month were Ewelina Stanek in WPB (2nd month in a row) and Carline in Delray with 7 referrals each (19% total).</p> <p>The incorrect referral type was used by many different providers 28 times. This is a large increase. (AMB referral to Emergency Medicine should be used) We had removed the incorrect referral types from the preference list but providers may potentially be searching for them. MHS is reviewing the preference list again to make sure it is accurate.</p>			
<b>QUALITY METRICS</b>				
<b><u>PCMH Annual Reporting approved 6/2/2023</u></b>				
<p style="text-align: center;"><b><u>UDS YTD 2023</u></b></p> <p>Of the <u>16</u> UDS Measures: 10 Exceeded the HRSA Goal and 8 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>)</p>				
<b>Medical UDS Report</b>	<b>Adult Weight screening and follow up:</b> ( _94_ % / 90%)			
	<b>Breast Cancer Screening:</b> ( _55_ %/60%)			
	<b>Cervical Cancer Screening:</b> ( _61_ % /65%)			
	<b>Childhood immunization:</b> ( _47_ %/ 60%)			
	<b>Colorectal Cancer Screening:</b> ( _35_ % / 82%)			
	<b>Coronary Artery Disease CAD:</b> ( _85_ % / 81%)			
	<b>Dental Sealants:</b> ( _96_ % / 75% )			
	<b>Depression Remission:</b> ( _32_ % / 14% )			



	<b>Diabetes:</b> ( _73_ % / 67% )			
	<b>HIV Linkage to Care</b> (100% / 100%)	December 1st 2022 through June 982023 = 5 patients reported. All Linked to care within 30 days = 100%		
	<b>HIV Screening:</b> ( _52_ % / 32%)			
	<b>Hypertension:</b> ( _99_ % / 80% )			
	<b>Ischemic Vascular Disease (IVD):</b> ( _76_ % / 86%)			
	<b>Depression screening:</b> ( _93_ % / 83% )			
	<b>Depression screening (Homeless):</b> ( _91_ % / 83% )			
	<b>Tobacco use screening &amp; cessation:</b> ( _96_ % / 93%)	Issue identified with measure mapping in Epic Connect. MHS working on this.		
	<b>Weight assessment, Children &amp; Adolescent:</b> ( _84_ % / 90%)	Issue identified with measure mapping in Epic Connect. MHS working on this.		
<b>Meeting Adjourned: 10:30AM</b>				



## Quality Council Meeting Minutes

**Date: August 9, 2023**

**Time: 8:00AM – 10:30AM**

**Attendees:** Steven Sadiku – Director of Corporate Quality; Andrea Steele – AVP of IT & Business Intelligence; Maria Chamberlin – Assistant Director of Nursing; Shauniel Brown – Senior Risk Manager; David Speciale – Patient Experience Director; Marisol Miranda – Director of Clinic Operations; Carolina Foksinski- Operations Process Manager; Jokebed Laurore- Nurse Educator; Nancy Gonzalez – Dental Program Director; Erik Lalani – Dental Operations Manager; Alexa Goodwin – Patient Relations Manager; Lisa Hogans – Director of Nursing; Ivonne Cohen- Corporate Quality Reporting Analyst; Dr. Sandra Warren – Associate Medical Director; Dr. Ana Ferwerda – Director of Clinic EHR Optimization & Women’s Health

**Excused:** Dr. Charmaine Chibar – FQHC Medical Director

**Minutes by:** Christine Ferguson – Executive Assistant

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSI BLE PARTY</u>	<u>DATE</u>
<b>PATIENT SAFETY &amp; ADVERSE EVENTS</b>				
<b>OCCURENCES</b>	<p>Per Compliance, discussion surrounding not recording meetings.</p> <p><b><u>Report Summary</u></b>            The July 2023 Risk Management (Incident Reports) Tableau dashboard showed a total of 27 reported events. 27 incidents and 0 good catch. Our highest reported location was Lantana Medical Clinic (5), Delray Medical (4), Lakeworth Medical (3) and Mangonia Park (3). Which had a total of 56% of all reported events.</p> <p><b>Trends by Clinic: Incidents</b></p> <ol style="list-style-type: none"> <li>1. Belle Glade Dental – 0</li> <li>2. Belle Glade Medical- 1</li> <li>3. Delray Dental- 2</li> <li>4. Delray Medical-4</li> <li>5. Dental Clinic Administration:</li> </ol>			



	<div>6. Jupiter- 1</div> <div>7. Lake Worth Medical- 3</div> <div>8. Lantana dental- 1</div> <div>9. Lantana Medical- 5</div> <div>10. Mangonia- 3</div> <div>11. Medical Clinic Administration- 2</div> <div>12. West Boca- 1</div> <div>13. West Palm Beach Dental- 1</div> <div>14. West Palm Beach Medical -2</div> <div>(<a href="#">July 2023</a> Risk Report Summary presented with graphs.)</div>																																																																															
UTILIZATION																																																																																
OPERATIONS	<div>Productivity</div> <table><tr><th colspan="6">Productivity July 2023</th></tr><tr><th>Service Line</th><th colspan="2">Target</th><th colspan="2">Seen</th><th>% of Goal</th></tr><tr><th></th><th>In Person</th><th>Tele</th><th>In Person</th><th>Tele</th><th>Total</th></tr><tr><td>Adult Care</td><td>6,378</td><td></td><td>4,903</td><td></td><td>77%</td></tr><tr><td>Pediatrics</td><td>1,340</td><td></td><td>1,285</td><td></td><td>96%</td></tr><tr><td>Primary Residents</td><td>746</td><td></td><td>612</td><td></td><td>82%</td></tr><tr><td>Women’s Health</td><td>617</td><td></td><td>515</td><td></td><td>83%</td></tr><tr><td>Behavioral Health</td><td>651</td><td></td><td>613</td><td></td><td>94%</td></tr><tr><td>Behavioral Health - Psych</td><td>425</td><td></td><td>241</td><td></td><td>57%</td></tr><tr><td>Psych Residents</td><td>230</td><td></td><td>231</td><td></td><td>100%</td></tr><tr><td>Substance Use</td><td>720</td><td></td><td>705</td><td></td><td>98%</td></tr><tr><td>Dental</td><td>2,024</td><td></td><td>2,018</td><td></td><td>100%</td></tr></table>					Productivity July 2023						Service Line	Target		Seen		% of Goal		In Person	Tele	In Person	Tele	Total	Adult Care	6,378		4,903		77%	Pediatrics	1,340		1,285		96%	Primary Residents	746		612		82%	Women’s Health	617		515		83%	Behavioral Health	651		613		94%	Behavioral Health - Psych	425		241		57%	Psych Residents	230		231		100%	Substance Use	720		705		98%	Dental	2,024		2,018		100%			
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	<table><tr><td>Dental Hygiene</td><td>1,049</td><td></td><td>953</td><td></td><td>91%</td></tr></table> <p><b><i>(Clinic productivity report with graphs were presented.)</i></b></p>	Dental Hygiene	1,049		953		91%			
Dental Hygiene	1,049		953		91%					
	<p><b><u>Walk-ins</u></b></p> <p>Medical</p> <ul style="list-style-type: none"><li>Scheduled: 7,405</li><li>Walk-Ins: 1,700</li></ul> <p>Dental:</p> <ul style="list-style-type: none"><li>Scheduled: 2,557</li><li>Walk-Ins: 414</li></ul>									
	<p><b><u>No Show Rates</u></b></p> <p>No Show rate was 17%, a 1% increase from the previous month. Year to date no show rate is 17% of which 3% is from telehealth visits.</p> <p><b>(Report with graph presented.)</b></p>									
	<p><b><u>Doximity Dialer Usage</u></b></p> <p><b>Users</b></p> <ul style="list-style-type: none"><li>51 registered users (98% registration rate)<ul style="list-style-type: none"><li>19 active users ( 6 MD/Dos, 7 NP, PA, 6 Care Team</li></ul></li></ul> <p><b>Calls</b></p> <ul style="list-style-type: none"><li>196 total calls<ul style="list-style-type: none"><li>97 voice calls<ul style="list-style-type: none"><li>92 successful calls (94.8%) success rate</li><li>3 calls escalated to video</li></ul></li><li>99 video calls</li></ul></li></ul>	Raise awareness to the physiciains of not being able to bill if video is not used when performing telemed vistic. To be discussed in the next physician meeting.	Dr. Warren	8/9/23						





	<ul style="list-style-type: none"> <li>▪ 67 successful calls (67.7%) success rate</li> <li>○ 1 secure text</li> </ul> <p><b>(Report with breakdown by specialty and user)</b></p>			
<b>PATIENT RELATIONS</b>				
<b>GRIEVANCES, COMPLAINTS &amp; COMPLIMENTS</b>	<p><b><u>Patient Relations Dashboard</u></b></p> <p>For June 2023, there were a total of 14 Patient Relations Occurrences that occurred between 5 Clinics and Clinic Administration. Of the 14 occurrences, there was 5 Grievances and 9 Complaints. The top 5 categories were Respect Related, Care &amp; Treatment, Finance, Physician Related and Referral Related issues. The top subcategories were Physician Related All Aspects of Care and Respect Related Bad attitude/rude with 3 occurrences in each. There was also a total of 19 compliments received across 6 Clinics and Clinic Administration. Of the 19 compliments, 18 were patient compliments and 1 was an employee to employee “Thumbs-Up” compliment. Breakdown of each clinic presented.</p> <p><b><i>(Patient Relations Report &amp; Patient Relations Dashboard with Graphs presented.)</i></b></p>			
<b>SURVEY RESULTS</b>	<p><b><u>Patient Satisfaction Survey – July 2023</u></b></p> <p>For July 2023 there were 389 Patient Satisfaction Surveys completed which is 4% of the total surveys delivered to patients throughout the month and a 10%</p>	Patient Satisfactory Survey comments and results will be discussed in the Patient Relations Workgroup meeting moving forward.	Alexa	8/9/23



	<p>rate of return decrease from the previous month. Total promoters have decreased slightly (by 1%) and total detractors have remained the same when compared to the previous month. Of the 389 surveys, there were 383 surveys (98%) received for in person clinic visits, and 6 (2%) surveys received from telemedicine appointments. The top 5 and lowest 5 scored-questions were presented for each area.</p> <p>“Best Questions” for in person visits – July 2023:</p> <ul style="list-style-type: none"> <li>• Time taken to listen and answer your questions – 90% (increased from last month)</li> <li>• Care and concern of our nurses/medical assistants - 88% (same as last month)</li> <li>• Our Practice – 88% (decreased from 89%)</li> <li>• Things explained in a way you could understand – 88% (increased from last month)</li> <li>• Instructions given regarding medication/follow up care – 87% (same as last month)</li> </ul> <p>“Worst Questions” for in person visits – July 2023:</p> <ul style="list-style-type: none"> <li>• Your ability to contact us after hours - 14% (increased from 12%)</li> <li>• Waiting time in the reception area – 14% (same as last month)</li> <li>• Waiting time in the exam room – 13% (increased from 12%)</li> <li>• Your phone calls were answered promptly – 12% (decreased from 14%)</li> <li>• Being informed about any delays during this visit – 11% (increased from 9%)</li> </ul>	<p>White noise machines to be purchased for Delray clinic to see if this helps with level of noise.</p>	<p>Marisol</p>	<p>8/9/23</p>
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	<p>Surveys received in July account for 3% of total visits for the month across all clinics. Rates of return for each clinic and service areas presented for July. Of the surveys received for July, 73% of the surveys were completed by females; most patients preferred to be seen Tuesday mornings; and perceived wait time ranged mostly between 6 to 15 minutes. Top promoters, detractors, and patient comments presented by clinic and service line. Telemedicine survey results presented. Clinic trends over time to be shared with Clinic Supervisors and Coordinators.</p> <p><b>(Patient Satisfaction Survey PowerPoint presented.)</b></p>			
<b>OUTBOUND CALL CAMPAIGNS</b>	<p><b><u>Outreach Activities / Provider Reschedules:</u></b></p> <p>For July 2023, the Clinic Service Center rescheduled 1,448 patients. This was due to provider unavailable, provider out sick, moving to a new clinic location and new clinic template changes. The blue highlights the providers whose templates were changed causing patients to be rescheduled (1,146 patients) and the orange highlights any other reason for reschedules as listed above (302 patients).</p> <p><b><u>Afterhours Report – July 2023</u></b></p> <p>In July 2023, the Clinic Service Center returned 202 calls received from the Afterhours service. This was an 11% decrease from the previous month. After hours calls by Type, by Clinic, and by Department presented. Of the 202 after hours calls received 35 (17%) of the calls were paged out to the Adult on-call provider and 4 calls (2%)</p>	<p>New template changes made in West Palm and Lantana. Might convert back to 20 min. due to negative feedback from providers. Idea is to go back to original template, but there are contradictory reports. Marisol to discuss with Dr. Chibar/Dr. Andric.</p>	<p>Marisol/Dr. Chibar/Dr. Andric</p>	<p>8/9/23</p>



	<p>were paged out to the on-call Pediatrician for clinical issues. The majority of after-hours calls were for appointment requests (27%), followed by clinical issues. Trends over time reported.</p> <p><b><i>(Outbound Campaign PowerPoint presented.)</i></b></p>			
<b>NEXT THIRD AVAILABLE</b>	<p><b><u>Next Third Available</u></b></p> <p>The Next Third Available (NTA) report as of July 31st 2023 was presented by service line for each Clinic location. The report excludes “same day” appointment slots. Monthly data and Trends over time data presented for each clinic and service line. Report data revised to reflect average number of days for each provider per month.</p> <p>July 2023 data - average # of days (trend from previous month):</p> <p>Women’s Health: Monthly increases attributed to one provider out on leave</p> <ul style="list-style-type: none"> <li>• Belle Glade: 21 days (decreased)</li> <li>• Jupiter: 8 days (increased)</li> <li>• Lake Worth: between 2 and 5 days (decreased)</li> </ul> <p>Belle Glade PCC:</p> <ul style="list-style-type: none"> <li>• Providers: between 9 and 32 days (decreased)</li> <li>• Residents: between 3 and 22 days (increased)</li> </ul> <p>Boca PCC: Between 0 and 2 days (decreased)</p> <p>Delray Beach PCC: NO DATA (due to tableau error with new location)</p> <p>Jupiter PCC: Between 1 and 3 days (Same as last month)</p> <p>Lake Worth PCC: Between 3 days (increased)</p>	Tableau error Next Third---not available for new clinic Delray	Andrea/Ivonne	8/9/2023



	<p>Lantana PCC: Note: this was a transitional month using a 30-minute Provider template</p> <ul style="list-style-type: none"> <li>• Adults: Between 0 and 4 days (decreased)</li> <li>• Peds: Between 4 and 18 days (increased)</li> </ul> <p>Lewis Center PCC: 3 days (increased)</p> <p>Mangonia Park PCC: Between 0 and 2 days (same)</p> <p>WPB PCC: Note: this was a transitional month using a 30-minute Provider template</p> <ul style="list-style-type: none"> <li>• Adults: Between 1 and 16 days (decreased)</li> <li>• Peds: Between 8 and 20 days (decreased)</li> </ul> <p>Behavioral Health:</p> <ul style="list-style-type: none"> <li>• Mangonia Park: Between 0 and 7 days (increase)</li> <li>• Other Locations: Between 1 and 4 days (increase)</li> </ul> <p>Dental New Patients (Comps):</p> <ul style="list-style-type: none"> <li>• BG: Adult &amp; Peds 2 days (same)</li> <li>• DB: NO DATA</li> <li>• LAN: Peds 43-56 days (increase)</li> <li>• WPB: Adult 64 days (increase), Peds 10 days (decrease)</li> </ul> <p>Dental Procedures:</p> <ul style="list-style-type: none"> <li>• BG: 0 – 1 day (same)</li> <li>• DB: NO DATA</li> <li>• LAN: 1 day (decrease)</li> <li>• WPB: Between 0 and 1 days (decrease)</li> </ul> <p>Hygiene:</p> <ul style="list-style-type: none"> <li>• BG: 1 day (decrease)</li> <li>• DB: NO DATA</li> <li>• LAN: 0 days (same)</li> <li>• WPB: 1 day (decrease)</li> </ul>			
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	<b><i>(Third Next Available PowerPoint presented.)</i></b>			
QUALITY				
QUALITY AUDITS				
<b>MEDICAL</b>	<p><b><u>Hemoglobin A1C/Point of Care Testing</u></b></p> <p>Shows: The diabetes measure data for June 2023 shows that our patients are currently controlled at 73 % while 25% are uncontrolled (of 3357 diabetic patients total) and 2% of patients need data. Our HRSA goal is to have 67% of patients with controlled diabetes. Up to June, there were 2,878 POC A1Cs done (86% of Diabetic Patients). The majority of controlled patients (87%) and uncontrolled patients (87%) had the A1c done at POC vs. lab. West Palm Beach Clinic (91%), Belle Glade Clinic (89%), Jupiter Clinic (88%) Boca Clinic (86%), and Lake Worth Clinic (85%) had the highest percentage of A1c use among the clinics from January to June, 2023.</p> <p><b>(Diabetes dashboard presented.)</b></p>			
	<p><b><u>Colorectal Cancer Screening June, 2023</u></b></p> <p>Satisfied: 3,068 (37%) No met: 5,287 (63%)</p> <p><b>(Report with graph presented.)</b></p>			



	<p><b><u>FIT Test June, 2023</u></b></p> <p>Among patients with the colorectal cancer screening due the screening was ordered in 68% of the patients and 32% of the patient did not have and order for Fit test. The rate of completion persists low at 46%. Our highest return rates during the past year up to May, 2023 were at Belle Glade Clinic (57%), Boca Clinic (58%), and Lantana (56%).</p> <p>Belle Glade Clinic continues to be leading the completion of Point of Care FIT Tests.</p> <p><b>(Report with graph presented.)</b></p>			
	<p><b><u>Cervical Cancer Screening June, 2023</u></b></p> <p>Satisfied: 5389 (61%) Needs Data: 3,400 (39%)</p> <p><b>(Report with graph presented.)</b></p>			
	<p><b><u>HPV</u></b></p> <p>Second dose in both females and males for 9-10y and 11-12y has improved, especially when compared to Meningococcal &amp; TDAP.</p> <p><b>(Report with graph presented.)</b></p>			
	<p><b><u>Breast Cancer Screening June, 2023</u></b></p> <p>Satisfied screenings – 1985 (56%) Unsatisfied Screenings – 1567 (44%) Not Met with order –1159 (33%) Not Met (Patient Missed) – 408 (11%)</p> <p><b>(Report with graph presented.)</b></p>			



<b>DENTAL</b>	<b><u>Dental Sealants</u></b>  YTD 2023: <b>96%</b> (378; n=394)  July 2023: <b>96%</b> (100; n= 96)			
	<b><u>Limited Exams</u></b>  <b>July 2023: 352</b> -Same Day Extractions: <b>177 (50% n=352)</b> -Antibiotics Given: Patients without a future extraction appointment type <b>102 (29% n=352)</b> -Ext. not needed(non-emergent): <b>54 (15% n=352)</b> -Returns (Follow-Up): Patients with a future extraction appointment type <b>19 (5% n=352)</b> -Returned within 21 days for ext.: <b>12 (63% n=19)</b>			
	<b><u>MDI/WHO</u></b>  <b>July 2023</b>  <u>Total Well Visit Pediatric Patients 167</u> <ul style="list-style-type: none"> <li>- Excluded from MDI KPI <b>81 (49%; n=167)</b></li> <li>- Eligible MDI <b>86 (51%; n=167)</b></li> </ul> <u>Total Pediatrician KPI Patients (Pts who do not have a dental home): 86</u> <ul style="list-style-type: none"> <li>- No MDI <b>28 (33% n=86)</b></li> <li>- MDI <b>58 (67% n=86)</b></li> </ul>			





	<p><u>Total of patients who had MDI visit: 58</u></p> <ul style="list-style-type: none"><li>- Declined WHO <b>32 (53% n=58)</b></li><li>- Interested in WHO <b>29 (47% n=58)</b></li></ul> <p><u>Total Dentist KPI Patients (Pts. Interested in WHO): 29</u></p> <ul style="list-style-type: none"><li>- WHO not seen by Dentists <b>4 (14%; n=29)</b></li></ul> <p>WHO seen by Dentists <b>25 (86%; n=29)</b></p>													
	<p><b>Dental Clinic Audit Summary</b></p> <table border="1"><tr><td><u>Dental Clinic Audit – July 2023</u></td><td></td></tr><tr><td>Belle Glade</td><td>97%</td></tr><tr><td>Delray</td><td>97%</td></tr><tr><td>Lantana</td><td>97%</td></tr><tr><td>West Palm Beach</td><td>97%</td></tr></table>	<u>Dental Clinic Audit – July 2023</u>		Belle Glade	97%	Delray	97%	Lantana	97%	West Palm Beach	97%	Belle Glade having issues with storage for medical supplies. Looking into purchasing/building more storage.	Marisol	8/9/23
<u>Dental Clinic Audit – July 2023</u>														
Belle Glade	97%													
Delray	97%													
Lantana	97%													
West Palm Beach	97%													
BEHAVIORAL HEALTH	<p><b>SBIRT</b></p> <p>Consider looking more deeply at AUDIT-C &amp; DAST screening data stratified by men vs. women.</p> <p><b>(Report with graph presented.)</b></p>													
	<p><b>PHQ9</b></p> <p>187 Severe and 231 Moderately Sever depression to be linked to FAU psychiatry residency program.</p>													



	<p><b>(Report with graph presented.)</b></p>			
	<p><b>Depression Remission</b></p> <p>Sent follow-up data to Karen Hirsch to follow-up on Jupiter patients.</p> <p>26% achieving depression remission, but additional 7% decreased by 5-points.</p> <p><b>(Report with graph presented.)</b></p>			
<b>NURSING</b>	<p><b><u>Higher Level of Care</u></b></p> <p>Higher Level of Care June</p> <p>97 ER referrals/92 patients were sent to the ER in June. The breakdown of the referrals is:</p> <ul style="list-style-type: none"> <li>• WH- 16 (16%)</li> <li>• Peds- 23 (24%)</li> <li>• Adult- 53 (55%)</li> <li>• Urgent Care/ER**- 3 (3%)</li> <li>• Life Trans to LMC- 0</li> <li>• Adult Crisis- 2 (2%)</li> <li>• Peds Crisis-0</li> </ul> <p>**Urgent Care was discontinued previous months. Being ordered due to preference list changes.</p> <p>There were 4 patients with multiple orders in June-</p>	Follow up on possible double referral	Dr. Waren	



	<ol style="list-style-type: none"> <li>1. WH patient referred to hospital 6/23 fetal tachycardia and 6/30 for PIH eval.</li> <li>2. WH patient referred to hospital on 6/8 for elevated BP eval and on 6/15 for postdates IOL scheduling.</li> <li>3. Request this chart to be reviewed to see if second referral was ordered in error. First referral to ER for ankle pain and swelling after a reported injury by patient. Next visit documentation needs review</li> <li>4. Peds patient sent 3 times to the ER in June. 6/2 sent due to audible wheezing and respiratory distress noted x3days. 6/15 sent again with wheezing. 6/28 continued wheezing, right lung field involved, O2 sat low. Follow up completed by Nurse- parent noncompliant with hospital referral. Nurse instructed to follow up and schedule in office follow up. Reviewed case with Nurse working the work queue.</li> </ol> <p>PEDS REFERRALS- highest producer was Dr. Clarke- having 15 (65%); Dr. Marzouca had 1 (4%); Dr. Lazaro 3 (13%); Dr. Dessalines 3 (13%); Dr. Normil-smith 1 (4%)</p>			
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	<p>The incorrect referral type was not for pediatric referrals this month.</p> <p>ADULT REFERRALS- highest producers this month were Ewelina Stanek in WPB (<b>3rd month in a row</b>) with 4 (8%); Carline in Delray (<b>second month in a row</b>) with 4 (8%) and Dr. Perez with 4 (8%)</p> <p>The incorrect referral type was used by many different providers 24 times. This is a large increase. (AMB referral to Emergency Medicine should be used) We had removed the incorrect referral types from the preference list but providers may potentially be searching for them. MHS is reviewing the preference list again to make sure it is accurate.</p>			
QUALITY METRICS				
<p align="center"><b>UDS YTD 2023</b></p> <p>Of the <u>16</u> UDS Measures: 10 Exceeded the HRSA Goal and 8 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>)</p>				
<b>Medical UDS Report</b>	<b>Adult Weight screening and follow up:</b> ( _95_ % / 90%)			
	<b>Breast Cancer Screening:</b> ( _56_ %/60%)			
	<b>Cervical Cancer Screening:</b> ( _61_ % /65%)			
	<b>Childhood immunization:</b> ( _46_ %/ 60%)			
	<b>Colorectal Cancer Screening:</b> ( _38_ % / 82%)			
	<b>Coronary Artery Disease CAD:</b> ( _85_ % / 81%)			
	<b>Dental Sealants:</b> ( _96_ % / 75% )			



	<b>Depression Remission: ( _36_ % / 14% )</b>			
	<b>Diabetes: ( _73_ % / 67% )</b>			
	<b>HIV Linkage to Care (100% / 100%)</b>			
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	<b><i>Ischemic Vascular Disease (IVD): ( _76_ % / 86% )</i></b>			
	<b>Depression screening: ( _93_ % / 83% )</b>			
	<b>Depression screening (Homeless): ( _91_ % / 83% )</b>			
	<b>Tobacco use screening &amp; cessation: ( _96_ % / 93% )</b>			
	<b>Weight assessment, Children &amp; Adolescent: ( _87_ % / 90% )</b>			
<b>Meeting Adjourned: 10:30AM</b>				

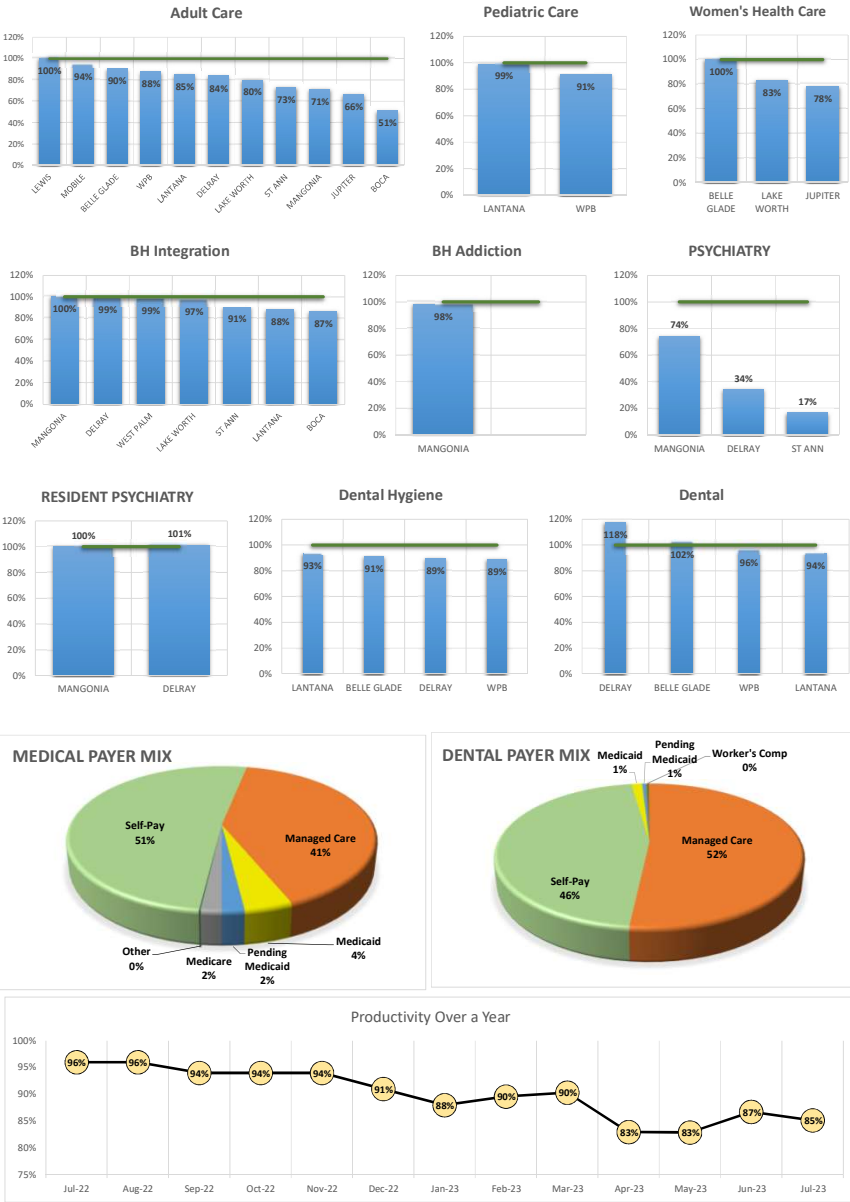
PRODUCTIVITY REPORT JULY 2023						
ALL PROVIDERS						
AS 07/31/2023 Based on Completed Appointments						
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	% Monthly Target Achieved		Daily Average
			Total	Total		
ALFONSO PUNTES, RAMIRO, MD	18	20.0	360	303	84%	15.2
BUI, THY, DO	20	16.0	320	187	58%	11.7
CASTIGLIA, SARAH, MD	18	19.0	342	184	54%	9.7
DABU, DARNEL, MD	18	4.0	40	35	88%	8.8
DORCE-MEDARD, JENNIFER, MD	18	0.5	3	3	100%	6.0
DONNELL, MASON, PA	18	17.0	306	225	74%	13.2
FERNANDEZ SANCHEZ, MARCO, NP	20	19.0	380	270	71%	14.2
FIDLER, LISA, APRN	18	16.5	297	141	47%	8.5
FLOREZ, GLORIA, MD	18	16.5	297	260	88%	15.8
JEAN-JACQUES, FERNIQUE, NP	18	21.0	378	332	88%	15.8
KOOPMAN, REBECCA SUE, PA	20	18.0	360	299	83%	16.6
LAM, MINH DAI, NP	18	16.0	288	295	102%	18.4
LANGLEY, TAMARA, NP	18	17.5	315	210	67%	12.0
LARA SUAREZ, MARIA, NP	18	20.5	369	239	65%	11.7
NAVARRO, ELSY, NP	18	18.5	333	270	81%	14.6
NOUKELAK, GERMAINE, MD	18	17.5	315	328	104%	18.7
PEREZ, DANIEL JESUS, MD	18 when no precepting	5.5	34	31	91%	5.6
PHILISTIN, KETELY, NP	18	12.5	225	172	76%	13.8
PIERRE LOUIS, JOANN, NP	18	15.0	270	213	79%	14.2
TAHERI, NERCESS, DO	18 when no precepting	2.5	37	34	92%	13.6
TUCKER, CHELSEA, PA	18	5.5	66	65	98%	11.8
ST. VIL, CARLINE, NP	18	16.0	288	217	75%	13.6
STANEK, EVELINA, PA	18	20.5	369	267	72%	13.0
WARREN, SANDRA, MD	18	13.0	234	196	84%	15.1
WILMOT, ALTHEA, NP	18 / 6 Mobile, St Ann, Lewis	18.0	132	107	81%	5.9
ZHANG, MICHAEL, MD	New Provider	6.0	20	20	100%	3.3
ADULT CARE TOTALS		372.0	6,378	4,903	77%	
RESIDENCY PROGRAM						
PGY-1	5	17.5	88	78	89%	4.5
PGY-2	11	26.0	275	207	75%	8.0
PGY-3	14	33.0	383	327	85%	9.9
RESIDENTS TOTAL		76.5	746	612	82%	
PEDIATRIC CARE						
CLARKE-AARON, NOELLA, MD	20	13.0	260	229	88%	17.6
DESSALINES, DUCLOS, MD	20	14.0	280	267	95%	19.1
NORMIL-SMITH, SHERLOUNE, MD	20	17.0	340	341	100%	20.1
LAZARO RIVERA, NANCY, MD	20	12.0	240	255	106%	21.3
MARZOUCA, KISHA F., MD	20	11.0	220	193	88%	17.5
PEDIATRIC CARE TOTALS		67	1,340	1,285	96%	
WOMEN'S HEALTH CARE						
FINLEY, NICOLE, NP	18	19.0	342	292	85%	15.4
PROPHETE, JOYCE, MD	18 when no precepting	17.0	275	223	81%	13.1
WOMEN'S HEALTH CARE TOTALS		36	617	515	83%	
BEHAVIORAL HEALTH INTEGRATION						
CALDERON, NYLSA, LMHC	10	18.0	180	159	88%	8.8
HIRSCH, KAREN, LCSW	6	17.0	96	87	91%	5.1
BROWN, JEREMY, LCSW	10	18.0	180	175	97%	9.7
JONES, KIARA, LCSW	10	20.0	195	192	98%	9.6
BH INTEGRATION TOTALS		73	651	613	94%	
BEHAVIORAL HEALTH PSYCHIATRY						
DEMNER, ADAM, MD	New Provider	3.0	5	5	100%	1.7
PETER, AMANDA, NP	12	17.0	204	86	42%	5.1
BURROWES, SHARON, NP	12	18.0	216	150	69%	8.3
BEHAVIORAL HEALTH PSYCHIATRY		38	425	241	57%	
RESIDENT PSYCHIATRY						
BEAMAN, DAVID, MD	12	6.0	35	35	100%	5.8
DHALIWAL, AMAREEN, MD	12	7.0	28	29	104%	4.1
HOGUE, KRISTIAN, MD	12	7.0	19	19	100%	2.7
MAXWELL, CHRISTIAN, MD	12	4.0	33	33	100%	8.3
MENEFEE, STEPHEN, MD	12	5.0	33	33	100%	6.6
NGUYEN, ANH-VU, MD	12	5.0	36	36	100%	7.2
SANCHEZ, GRETEL, MD	12	4.0	23	23	100%	5.8
TORRES, MICHAEL, MD	12	5.0	23	23	100%	4.6
RESIDENTS PSYCHIATRY TOTAL		43.0	230.0	231.0	100%	
BEHAVIORAL HEALTH ADDICTION						
MILETA, SNIEZANA, LMHC	10	8.0	80	104	130%	13.0
SILVER, DAWN, PhD	10	13.0	130	124	95%	9.5
LARRAD LAMOTE DE GRIGNON, MARIA, LCSW	10	20.0	200	156	78%	7.8
MITCHELL, ANGELA, LCSW	10	15.0	150	163	109%	10.9
REXACH, CLAUDIA, LMHC	10	16.0	160	158	99%	9.9
BH ADDICTION TOTALS		72	720	705	98%	
DENTAL						
ABREU, MARIANA, DDS	16	22.5	360	377	105%	16.8
ALWEHAIB, ARWA, DDS	16	18.0	288	348	121%	19.3
BOWEN, BEVERLY, DMD	16	18.0	288	266	92%	14.8
SEMINARIO, ADA, DDS	16	15.0	240	228	95%	15.2
SOFIANOS, MICHAEL, DMD	16	19.0	304	308	101%	16.2
WILLIAMS, RICHARD, DMD	16	19.0	304	272	89%	14.3
ZANGENEH, YASMINE, DMD	16	15.0	240	219	91%	14.6
DENTAL TOTALS		126.5	2,024	2,018	100%	
DENTAL HYGIENE						
MOZER NASCIMENTO, ARIANNE MILENA	8	18.0	144	141	98%	7.8
FEOLA, LEYDA	8	20.0	160	146	91%	7.3
MASON, SHERRY	8	20.0	160	143	89%	7.2
HARDCASTLE, CORINA	8	15.0	120	122	102%	8.1
DUCHARME, RHONDA	8 / 16 MDI	16.0	241	218	90%	13.6
PETERSEN, PATRICE	8 / 16 MDI	17.0	224	183	82%	10.8
DENTAL HYGIENE TOTALS		106.0	1049	953	91%	
165						
GRAND TOTAL		1010.0	14,180	12,076	85%	


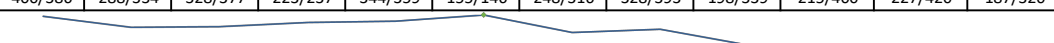
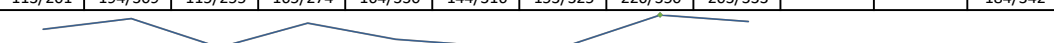
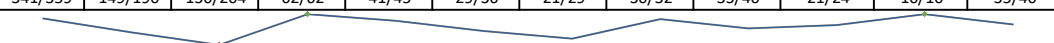

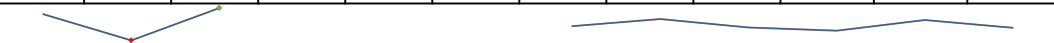



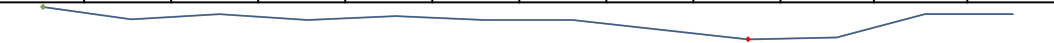








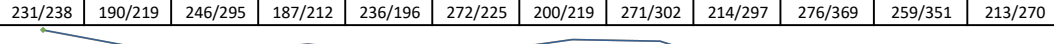
PRODUCTIVITY REPORT JULY 2023

ALL CLINICS

AS 07/31/2023 Based on Completed Appointments

Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved
	AM	PM	Total	AM	PM	Total	
AS 07/31/2023							
ADULT CARE	3,297	3,081	6,378	2,992	1,911	4,903	77%
PEDIATRIC CARE	670	670	1,340	768	517	1,285	96%
WOMEN'S HEALTH CARE	312	305	617	334	181	515	83%
BH INTEGRATION	328	323	651	326	287	613	94%
BH ADDICTION	360	360	720	447	258	705	98%
DENTAL HEALTH	1,032	992	2,024	1,373	645	2,018	100%
DENTAL HYGIENE	524	525	1,049	459	494	953	91%
BH PSYCHIATRY	212	213	425	138	103	241	57%
RESIDENCY PSYCHIATRY	115	115	230	145	86	231	100%
RESIDENCY PROGRAM	410	336	746	393	219	612	82%
Grand Total	7,260	6,920	14,180	7,375	4,701	12,076	85%



ADULT CARE	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
ALFONSO PUENTES, RAMIRO, MD	92%	94%	82%	88%	88%	85%	102%	85%	87%	85%	89%	84%
	324/352	198/210	288/352	249/283	212/240	225/264	90/88	261/308	321/369	300/351	265/297	303/360
												
BUI, THY, DO	104%	86%	87%	94%	96%	106%	78%	83%	58%	54%	54%	58%
	400/386	288/334	328/377	223/237	344/359	155/146	248/316	328/393	198/339	215/400	227/420	187/320
												
CASTIGLIA, SARAH, MD	56%	63%	45%	60%	50%	46%	47%	65%	61%			54%
	113/201	194/309	115/255	165/274	164/330	144/316	153/325	226/350	203/333			184/342
												
DABU, DARNEL, MD	95%	78%	64%	100%	92%	80%	71%	94%	83%	87%	100%	88%
	341/359	149/190	130/204	62/62	41/45	29/36	21/29	30/32	33/40	21/24	10/10	35/40
												
DONNELL, MASON, PA			100%	100%	100%	79%	86%	59%	57%	68%	70%	74%
			19/19	109/109	132/132	233/294	241/279	146/249	200/351	262/387	223/319	225/306
												
DORCE-MEDARD, JENNIFER, MD	106%	44%	120%				78%	94%	75%	67%	92%	74%
	19/18	4/9	12/10				7/9	17/18	18/24	6/9	24/26	225/306
												
FERNANDEZ SANCHEZ, MARCO, NP	117%	104%	91%	90%	96%	100%	94%	98%	79%	77%	72%	71%
	392/334	196/189	296/325	150/135	282/294	143/143	241/257	229/234	286/360	347/450	286/400	270/380
												
FIDLER, LISA, APRN						100%	100%	69%	50%	64%	74%	47%
						15/15	135/135	214/309	168/333	229/360	265/360	141/297
												
FLOREZ, GLORIA, MD	91%	106%	86%	66%	82%	86%	87%	86%	79%	89%	110%	88%
	318/350	227/213	264/306	189/124	167/204	265/308	252/289	310/359	262/333	321/360	407/369	260/297
												
JEAN-JACQUES, FERNIQUE, NP	102%	95%	98%	95%	97%	95%	95%	90%	85%	86%	98%	98%
	355/349	102/107	319/325	135/150	234/242	286/302	244/257	314/349	237/279	332/387	291/297	291/297
												
KOOPMAN, REBECCA SUE, PA	105%	124%	108%	130%	98%	123%	103%	108%	80%	83%	88%	83%
	264/251	326/262	261/242	348/267	238/242	391/318	296/287	375/347	271/340	371/446	388/440	299/360
												
LAM, MINH DAI, NP	111%	100%	100%	97%	107%	108%	107%	104%	92%	101%	108%	102%
	197/177	237/236	325/326	243/250	307/288	154/143	267/250	260/250	348/378	283/279	302/279	295/288
												
LANGLEY, TAMARA, NP	88%	99%	75%	85%	89%	89%	69%	73%	68%	74%	65%	67%
	99/112	201/204	207/275	206/242	276/309	236/264	151/219	247/339	177/261	239/324	245/378	210/315
												
LARA SUAREZ, MARIA, NP		100%	98%	68%	78%	88%	75%	75%	72%	77%	59%	65%
		16/16	141/144	163/240	242/189	189/166	215/287	250/332	246/342	202/261	214/360	239/369
												
NAVARRO, ELSY, NP	94%	99%	91%	90%	96%	90%	99%	91%	83%	83%	83%	81%
	203/215	273/275	275/302	219/242	240/251	204/227	263/266	304/335	270/324	305/369	210/252	270/333
												
NOUKELAK, GERMAINE, MD		103%	87%	74%	73%	77%	92%	84%	75%	84%	107%	104%
		199/194	280/320	198/266	126/172	252/325	306/334	311/368	278/369	342/405	375/351	328/315
												
PEREZ, DANIEL JESUS, MD	100%	98%	94%	102%	90%	78%	80%	79%	83%	86%	95%	91%
	131/131	100/102	119/126	42/41	33/37	34/43	26/33	34/43	45/54	50/58	42/44	31/34
												
PHILISTIN, KETELY, NP	99%	87%	81%	85%	90%	85%	77%	84%	70%	73%	72%	76%
	239/242	167/191	208/256	283/333	218/243	276/325	232/302	254/302	260/369	294/405	278/387	172/225
												
PIERRE LOUIS, JOANN, NP	97%	87%	83%	88%	83%	83%	91%	90%	72%	75%	74%	79%
	231/238	190/219	246/295	187/212	236/196	272/225	200/219	271/302	214/297	276/369	259/351	213/270
												



ADULT CARE												
ST. VIL, CARLINE, NP	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
	102%	90%	88%	79%	79%	82%	85%	82%	71%	78%	91%	75%
	202/198	232/257	219/249	167/212	186/234	190/233	187/219	247/302	211/297	253/324	221/243	217/288
STANEK, EWELINA, PA	59%	77%	90%	68%	76%	80%	72%	75%	65%	70%	70%	72%
	12/20	102/132	186/208	171/250	240/317	230/287	120/167	181/240	176/270	269/387	260/369	267/369
TAHERI, NERGESS, DO	102%	86%	94%	100%	100%	100%	97%	100%	96%	100%	100%	92%
	103/101	25/29	65/69	33/33	50/50	31/31	33/34	32/32	53/55	50/50	50/50	34/37
WARREN, SANDRA, MD	63%	52%	83%	75%	75%	72%	78%	82%	71%	70%	80%	84%
	19/30	11/21	50/60	129/172	148/197	100/138	147/189	190/232	140/198	133/189	166/207	196/234
WILMOT, ALTHEA, NP		100%	82%	29%	35%	49%	56%	39%	71%	69%	79%	81%
		2/2	132/161	66/231	68/192	75/154	125/222	107/273	77/108	149/216	85/108	107/132
RESIDENTS			85%	92%	80%	82%	96%	83%	67%	68%	82%	82%
			570/673	519/563	573/718	665/811	658/687	692/833	508/759	650/951	630/773	612/746
PEDIATRIC CARE												
CLARKE-AARON, NOELLA, MD	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
	107%	106%	104%	111%	100%	107%	101%	109%	87%	81%	82%	88%
	387/360	316/299	348/333	275/247	264/265	290/272	303/299	382/350	322/370	244/300	345/420	229/260
CHIBAR, CHARMAINE, MD	103%			100%						53%	100%	
	21/20			5/5						16/30	10/10	
DESSALINES, DUCLOS, MD	114%	111%	112%	112%	110%	104%	110%	117%	92%	97%	104%	95%
	332/292	257/231	355/316	212/189	235/214	276/265	291/265	311/265	249/270	348/360	354/340	267/280
LAZARO RIVERA, NANCY, MD	122%	126%	129%	129%	127%	113%	109%	128%	104%	106%	105%	106%
	348/285	316/252	421/326	310/241	316/248	308/272	309/282	339/265	323/310	444/420	377/360	255/240
MARZOUCA, KISHA F., MD	110%	110%	108%	109%	106%	116%	105%	109%	91%	83%	82%	88%
	272/258	306/290	354/326	284/261	372/350	346/299	333/316	419/384	353/390	348/420	212/260	193/220
NORMIL-SMITH, SHERLOUNE, MD	119%	114%	115%	116%	118%	110%	104%	122%	98%	99%	101%	100%
	336/282	353/309	336/293	279/240	233/197	310/282	311/299	353/289	372/380	357/360	182/180	341/340
WOMEN'S HEALTH CARE												
FERWERDA, ANA, MD	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
	94%	93%	70%	62%	83%	82%	67%	89%	78%	53%		
	36/38	65/70	117/166	60/97	106/128	136/166	107/159	214/239	151/193	19/36		
FINLEY, NICOLE, NP			72%	86%	80%	88%	94%	95%	76%	81%	87%	85%
			89/123	207/240	210/264	246/279	257/273	193/204	239/315	278/342	329/378	292/342
PROPHETE, JOYCE, MD	73%	70%	69%	80%	70%	70%	76%	82%	71%	72%	75%	81%
	209/288	210/299	194/282	218/272	233/334	224/321	180/235	240/294	244/342	285/396	249/330	223/275

BEHAVIORAL HEALTH INTEGRATION	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
CALDERON, NYLSA, LMHC	87%	86%	93%	87%	93%	95%	103%	100%	96%	91%	84%	88%
	173/200	152/176	80/86	131/150	191/206	158/166	140/136	205/206	159/165	127/140	160/190	159/180
JONES, KIARA, LCSW	98%	95%	101%	96%	104%	111%	112%	111%	105%	104%	100%	98%
	190/193	178/187	174/172	137/142	172/166	187/169	182/162	228/206	184/175	197/190	200/200	192/195
SILVER, DAWN, PhD									100%	92%	79%	95%
									87/87	202/220	166/210	124/130
BROWN, JEREMY, LCSW						100%	103%	94%	92%	93%	87%	97%
						40/40	170/165	213/226	180/195	204/220	179/205	175/180
BURROWES, SHARON, NP				100%	54%	46%	51%	58%	58%	56%	61%	69%
				12/12	73/136	89/192	114/223	158/271	104/180	148/264	142/234	150/216
HIRSCH, KAREN, LCSW	90%		100%	92%	67%	92%	107%	101%	104%	102%	97%	91%
	82/92		12/12	48/52	44/66	44/48	58/54	98/97	109/105	86/84	116/120	87/96
MILETA, SNJEZANA, LMHC	89%	123%	124%	112%	179%	128%	117%	115%	139%	95%		130%
	201/227	179/146	174/140	181/162	226/126	246/192	211/180	253/220	195/140	95/100		104/80
MITCHELL, ANGELA, LCSW	106%	104%	114%	154%	120%	106%	117%	119%	96%	87%	93%	109%
	192/181	194/186	208/182	205/133	235/196	190/180	202/172	204/172	89/93	182/210	186/200	163/150
PETER, AMANDA, NP			100%	99%	68%	64%	50%	73%	76%	72%	70%	42%
			19/19	93/94	105/154	151/235	105/211	171/235	179/234	172/240	163/234	86/204
REXACH, CLAUDIA, LMHC	112%	112%	120%	173%	134%	139%	123%	110%	122%	104%	123%	99%
	236/211	210/187	196/236	232/134	222/166	223/160	199/162	232/210	237/195	207/200	221/180	158/160
DENTAL	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
ABREU, MARIANA, DDS			100%	106%	107%	71%	75%	80%	91%	98%	101%	105%
			28/28	189/178	226/211	233/330	205/274	303/379	285/312	313/320	355/352	377/360
ALWEHAIB, ARWA, DDS	109%	104%	106%	115%	107%	86%	115%	119%	114%	118%	114%	121%
	298/274	265/255	279/264	224/194	273/254	270/314	334/290	430/362	373/328	395/336	310/273	348/288
BOWEN, BEVERLY, DMD	89%	96%	94%	120%	114%	81%	81%	77%	86%	83%	96%	92%
	274/307	269/282	316/338	233/194	241/211	253/314	240/298	243/314	261/304	264/320	262/272	266/288
CAMPBELL, LISA, DDS									82%	82%	83%	
									40/49	289/352	80/96	
SEMINARIO, ADA, DDS	76%	76%	94%	101%	95%	84%	98%	104%	87%	91%	94%	95%
	238/313	170/223	215/228	99/98	223/235	262/314	277/282	259/250	180/208	276/304	286/304	228/240
SOFIANOS, MICHAEL, DMD			94%	123%	111%	91%	97%	88%	113%	96%	104%	101%
			243/258	246/200	247/274	275/251	296/306	247/282	343/304	293/304	309/296	308/304
WILLIAMS, RICHARD, DMD	103%	88%	100%	102%	88%	84%	84%	94%	83%	91%	85%	89%
	307/299	233/266	257/257	159/156	208/235	269/322	249/298	265/282	233/280	262/288	285/336	272/304

<b>DENTAL</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>Jul-23</b>
ZANGENEH, YASMINE	69%	78%	99%	103%	102%			91%	95%	83%	92%	91%
	205/299	162/207	250/252	126/122	86/84			219/240	281/296	238/288	294/320	219/240
ZANGENEH, YASMINE, DMD			99%	103%	102%			91%	95%	83%	92%	91%
			250/252	126/122	86/84			219/240	281/296	238/288	294/320	219/240
GARCIA, IRENE S.			92%									
			11/12									
GONZALEZ, NANCY						75%	54%					
						6/8	13/24					
HARDCASTLE, CORINA	86%	104%	101%	101%	98%	96%	102%	91%	93%	95%	96%	102%
	87/101	146/141	159/157	130/129	138/141	143/149	127/125	150/165	138/148	144/152	107/112	122/120
MASON, SHERRY	93%	86%	93%	94%	91%		97%	95%	90%	88%	92%	89%
	165/178	114/133	153/165	91/97	139/152		137/141	165/173	119/132	147/168	140/152	143/160
MOZER NASCIMENTO, ARIANNE	100%	87%	105%	102%	89%	96%	95%	106%	106%	96%	109%	98%
	169/170	130/149	165/173	123/121	147/165	151/157	142/149	191/181	165/156	138/144	165/152	141/144
FEOLA, LEYDA								92%	99%	92%	99%	91%
								159/173	154/156	154/168	158/160	146/160
DUCHARME, RHONDA						99%	98%	96%	100%	95%	99%	90%
						237/240	293/298	256/266	264/264	311/328	316/320	218/241
PETERSEN, PATRICE	109%	123%	121%	104%	94%	102%	97%	96%	96%	92%	95%	82%
	238/218	229/186	297/246	231/222	309/330	286/281	210/218	309/322	299/312	202/220	230/242	183/224

**SATURDAY****PRODUCTIVITY REPORT JULY 2023**

AS 07/31/2023 Based on Completed Appointments

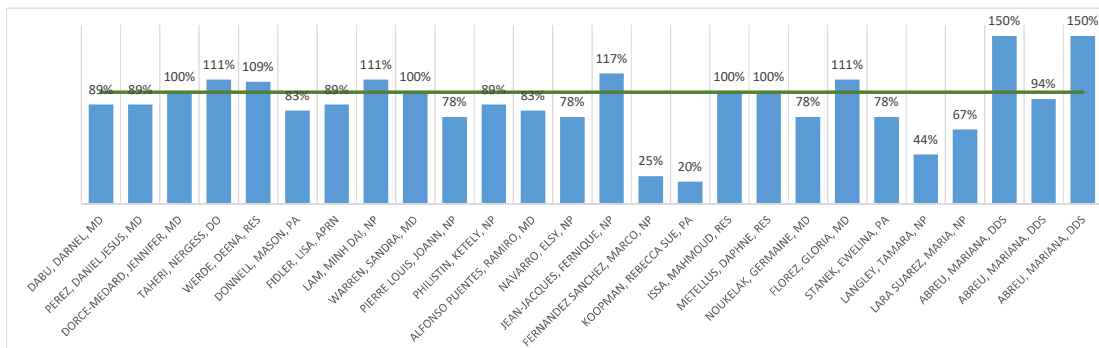
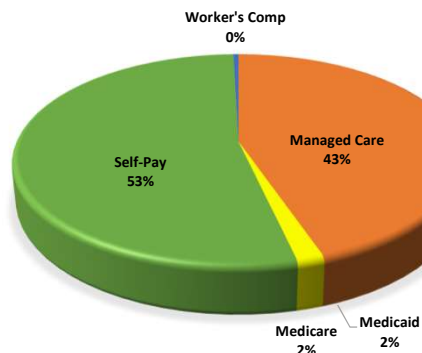
&lt;51%

&gt;=51% and &lt; 80%

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&gt;= 100%

ADULT CARE						
Provider	Daily Target	# Saturdays Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
<b>BELLE GLADE</b>						
DABU, DARNEL, MD	18	2	18	16	89%	8.0
PEREZ, DANIEL JESUS, MD	18	1	9	8	89%	8.0
DORCE-MEDARD, JENNIFER, MD	18	1	3	3	100%	3.0
TAHERI, NERGESS, DO	18	1	9	10	111%	10.0
WERDE, DEENA, RES	18	1	5.5	6	109%	6.0
<b>DELRAY</b>						
DONNELL, MASON, PA	18	2	18	15	83%	7.5
FIDLER, LISA, APRN	18	1	9	8	89%	8.0
LAM, MINH DAI, NP	18	2	18	20	111%	10.0
<b>LAKE WORTH</b>						
WARREN, SANDRA, MD	18	2	18	18	100%	9.0
PIERRE LOUIS, JOANN, NP	18	2	18	14	78%	7.0
PHILISTIN, KETELY, NP	18	1	9	8	89%	8.0
<b>LANTANA</b>						
ALFONSO PUENTES, RAMIRO, MD	18	2	18	15	83%	7.5
NAVARRO, ELSY, NP	18	1	9	7	78%	7.0
JEAN-JACQUES, FERNIQUE, NP	18	2	18	21	117%	10.5
<b>MANGONIA PRIMARY</b>						
FERNANDEZ SANCHEZ, MARCO, NP	20	2	20	5	25%	2.5
KOOPMAN, REBECCA SUE, PA	20	2	20	4	20%	2.0
<b>MOBILE PRIMARY</b>						
ISSA, MAHMOUD, RES	5	1	9	9	100%	9.0
METELLUS, DAPHNE, RES	14	1	16	16	100%	16.0
<b>WEST PALM BEACH</b>						
NOUKELAK, GERMAINE, MD	18	1	9	7	78%	7.0
FLOREZ, GLORIA, MD	18	1	9	10	111%	10.0
STANEK, EWEUNA, PA	18	1	9	7	78%	7.0
LANGLEY, TAMARA, NP	18	1	9	4	44%	4.0
LARA SUAREZ, MARIA, NP	18	1	9	6	67%	6.0
<b>ADULT CARE TOTALS</b>			<b>290</b>	<b>237</b>	<b>82%</b>	
<b>BELLE GLADE DENTAL</b>						
ABREU, MARIANA, DDS	16	1	8	12	150%	12.0
<b>LANTANA DENTAL</b>						
ABREU, MARIANA, DDS	16	2	16	15	94%	7.5
<b>WEST PALM BEACH DENTAL</b>						
ABREU, MARIANA, DDS	16	2	16	24	150%	12.0
<b>DENTAL TOTALS</b>			<b>40</b>	<b>51</b>	<b>128%</b>	
<b>GRAND TOTAL</b>						
			<b>330</b>	<b>288</b>	<b>87%</b>	

**MEDICAL PAYER MIX****DENTAL**

**BELLE GLADE****PRODUCTIVITY REPORT JULY 2023**

AS 07/31/2023 Based on Completed Appointments

&lt;51%

&gt;=51% and &lt; 80%

&gt;= 80% and &lt;100%

&gt;= 100%

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
TAHERI, NERGESS, DO	18 when no precepting	2.5	37	34	92%	13.6
PEREZ, DANIEL JESUS, MD	18 when no precepting	5.5	34	31	91%	5.6
DABU, DARNEL, MD	18 when no precepting	4.0	40	35	88%	8.8
DORCE-MEDARD, JENNIFER, MD	18 when no precepting	0.5	3	3	100%	6.0
<b>ADULT CARE TOTALS</b>		<b>12.5</b>	<b>114</b>	<b>103</b>	<b>90%</b>	

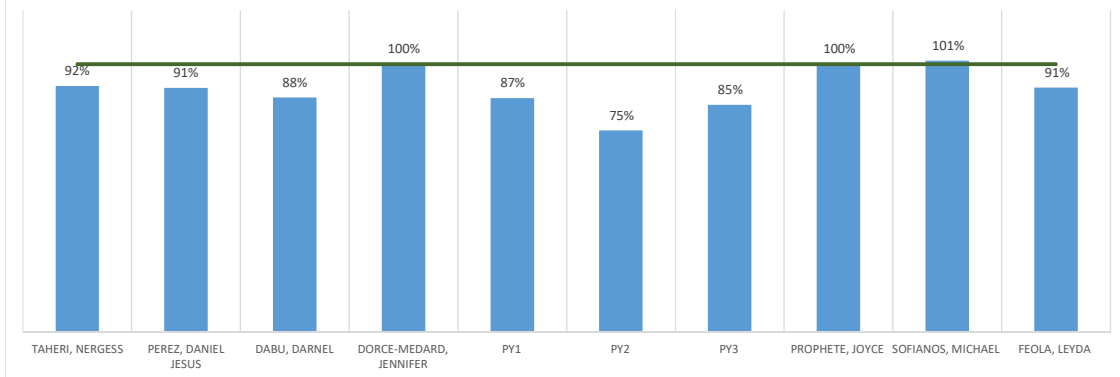
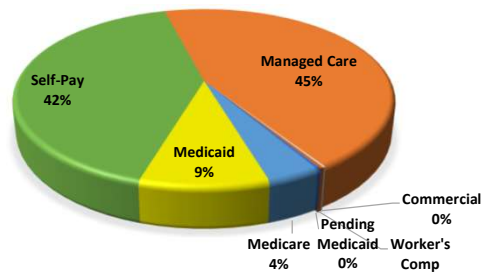
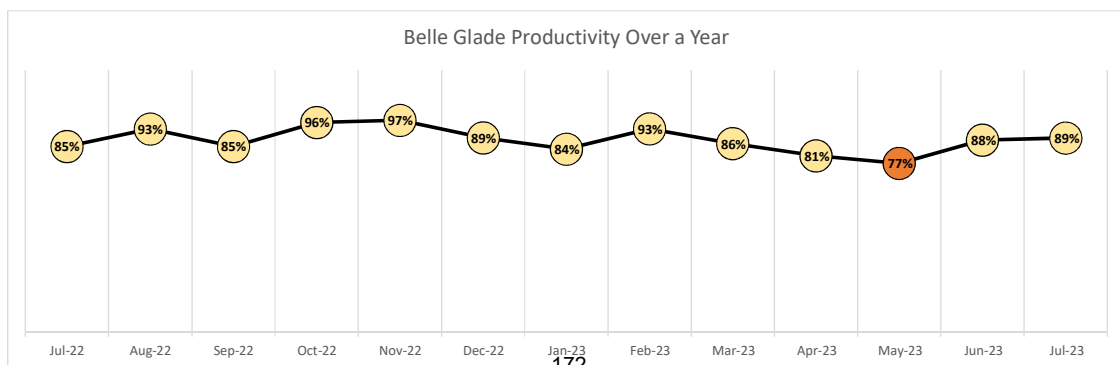
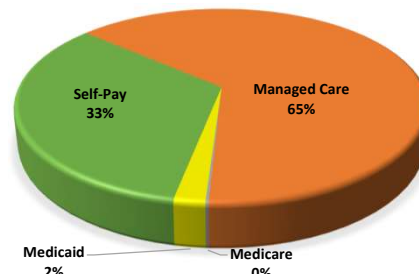
RESIDENCY PROGRAM						
PGY-1	6	17.5	79	69	87%	3.9
PGY-2	10	26	275	207	75%	8.0
PGY-3	14	33.0	367	311	85%	9.4
<b>RESIDENTS TOTALS</b>		<b>76.5</b>	<b>721</b>	<b>587</b>	<b>81%</b>	

WOMEN'S HEALTH CARE						
PROPHETE, JOYCE, MD	18 when no precepting	4	41	41	100%	10.3
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>4.0</b>	<b>41</b>	<b>41</b>	<b>100%</b>	

DENTAL						
SOFIANOS, MICHAEL, DMD	16	19.0	304	308	101%	16.2
ABREU, MARIANA, DDS	16	1.5	24	27	113%	18.0
<b>DENTAL TOTALS</b>		<b>20.5</b>	<b>328</b>	<b>335</b>	<b>102%</b>	

DENTAL HYGIENE						
FEOLA, LEYDA	8	20.0	160	146	91%	7.3
<b>DENTAL HYGIENE TOTALS</b>		<b>20.0</b>	<b>160</b>	<b>146</b>	<b>91%</b>	

<b>GRAND TOTAL</b>		<b>133.5</b>	<b>1,364</b>	<b>1,212</b>	<b>89%</b>	
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**MEDICAL PAYER MIX****DENTAL PAYER MIX**

BOCA

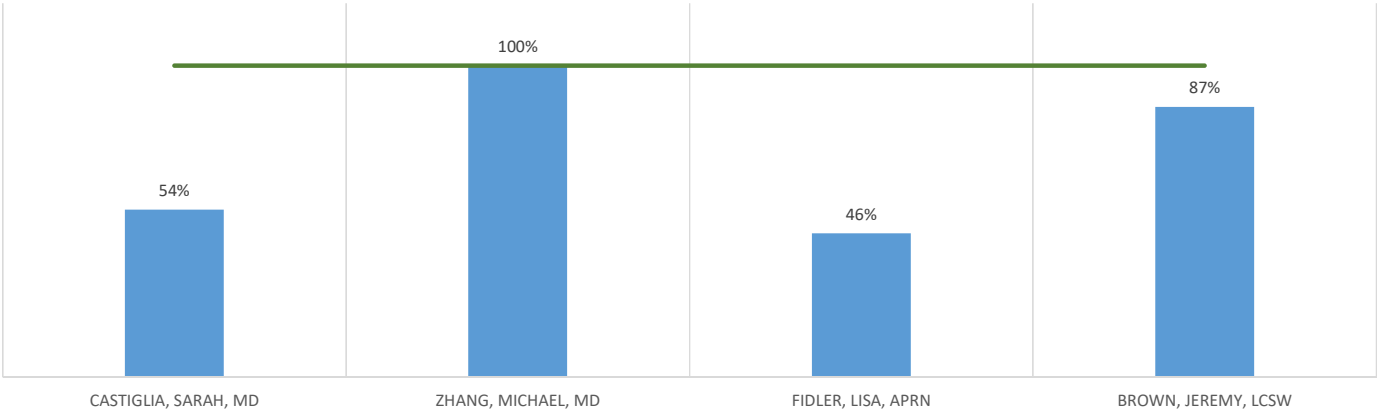
PRODUCTIVITY REPORT JULY 2023

AS 07/31/2023 Based on Completed Appointments

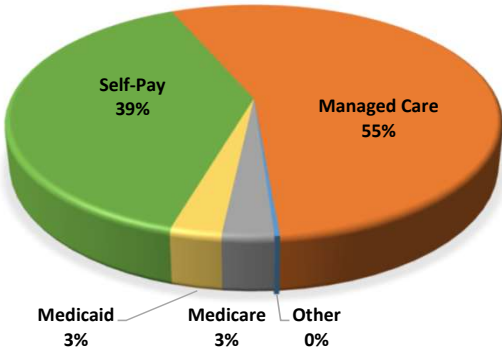
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
CASTIGLIA, SARAH, MD	18	19.0	342	184	54%	9.7
ZHANG, MICHAEL, MD	18	4.0	9	9	100%	2.3
FIDLER, LISA, APRN	18	16.0	288	133	46%	8.3
ADULT CARE TOTALS		39.0	639	326	51%	

BEHAVIORAL HEALTH INTEGRATION						
BROWN, JEREMY, LCSW	10	3.0	30	26	87%	8.7
BH INTEGRATION TOTALS		3.0	30	26	87%	

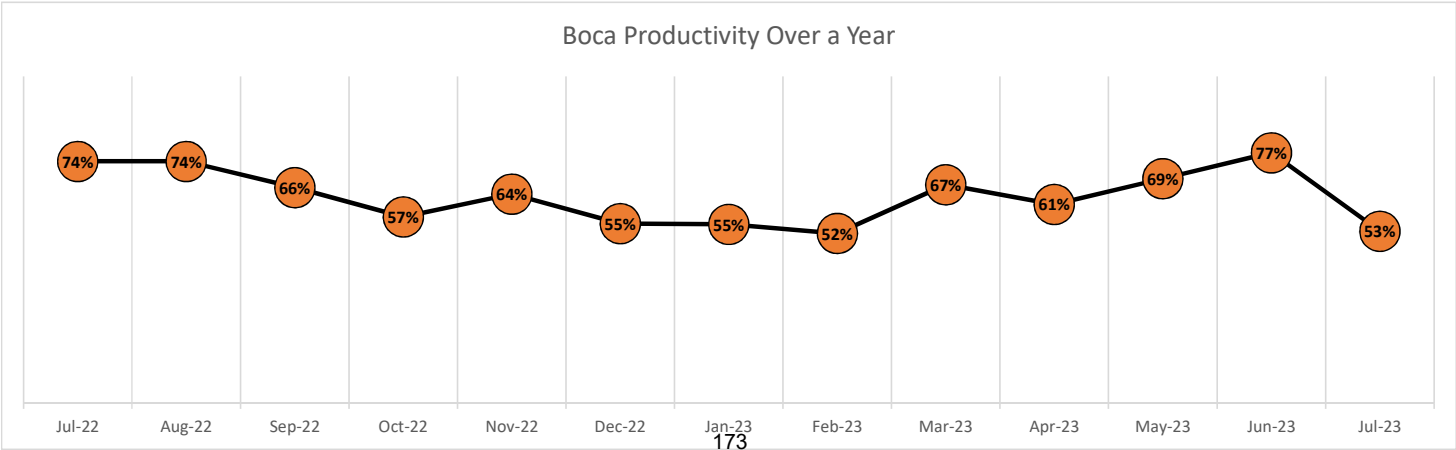
GRAND TOTAL	42.0	669	352	53%	
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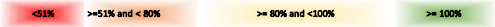
MEDICAL PAYER MIX



Boca Productivity Over a Year



DELRAY  
PRODUCTIVITY REPORT JULY 2023



AS 07/31/2023 Based on Completed Appointments

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
DONNELL, MASON, PA	18	17.0	306	225	74%	13.2
LAM, MINH DAI, NP	18	16.0	288	295	102%	18.4
FIDLER, LISA, APRN	18	0.5	9	8	89%	16.0
ST. VIL, CARLINE, NP	18	16.0	288	217	75%	13.6
ADULT CARE TOTALS		49.5	891	745	84%	

BEHAVIORAL HEALTH INTEGRATION						
BROWN, JEREMY, LCSW	10	15.0	150	149	99%	9.9
BH INTEGRATION TOTALS		15.0	150	149	99%	

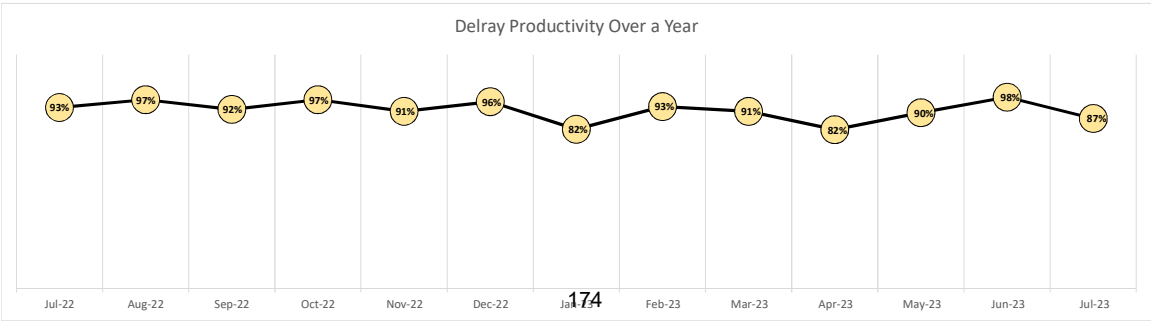
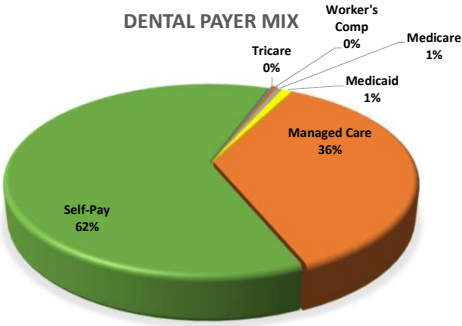
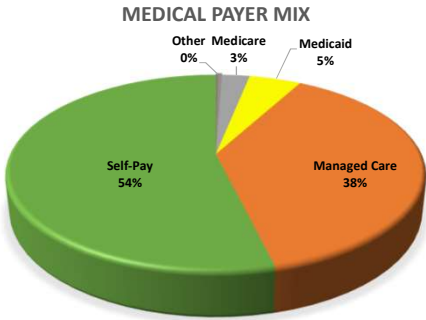
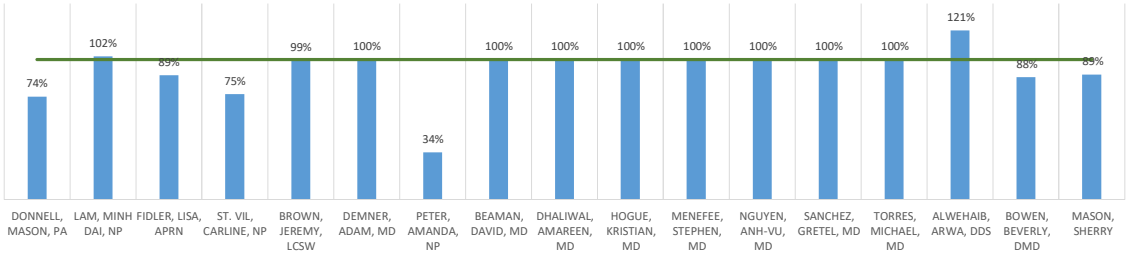
BEHAVIORAL HEALTH PSYCHIATRY						
DEMNER, ADAM, MD	18	1.0	1	1	100%	1.0
PETER, AMANDA, NP	12	14.0	168	57	34%	4.1
BEHAVIORAL HEALTH PSYCHIATRY TOTALS		15.0	169	58	34%	

RESIDENT PSYCHIATRY						
BEAMAN, DAVID, MD	12	3.0	5	5	100%	1.7
DHALIWAL, AMAREEN, MD	12	2.0	4	4	100%	2.0
HOGUE, KRISTIAN, MD	12	5.0	10	10	100%	2.0
MENEFEE, STEPHEN, MD	12	2.0	3	3	100%	1.5
NGUYEN, ANH-VU, MD	12	3.0	11	11	100%	3.7
SANCHEZ, GRETTEL, MD	12	2.0	4	4	100%	2.0
TORRES, MICHAEL, MD	12	2.0	3	3	100%	1.5
RESIDENT PSYCHIATRY TOTAL		19.0	40	40	100%	

DENTAL						
ALWEHAIB, ARWA, DDS	16	18	288	348	121%	19.3
BOWEN, BEVERLY, DMD	16	2	32	28	88%	14.0
DENTAL TOTALS		20	320	376	118%	

DENTAL HYGIENE						
MASON, SHERRY	8	20	160	143	89%	7.2
DENTAL HYGIENE TOTALS		20	160	143	89%	

GRAND TOTAL						
		139	1730	1511	87%	

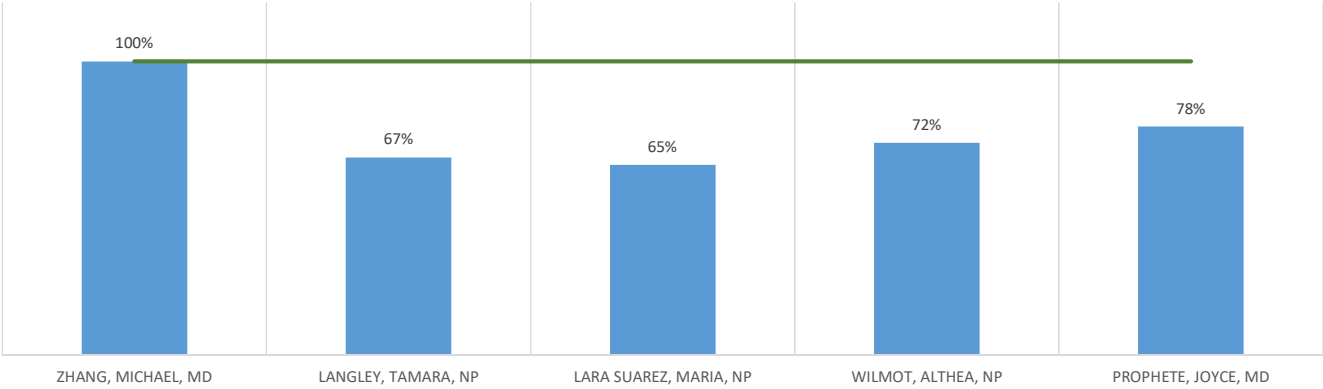


JUPITER

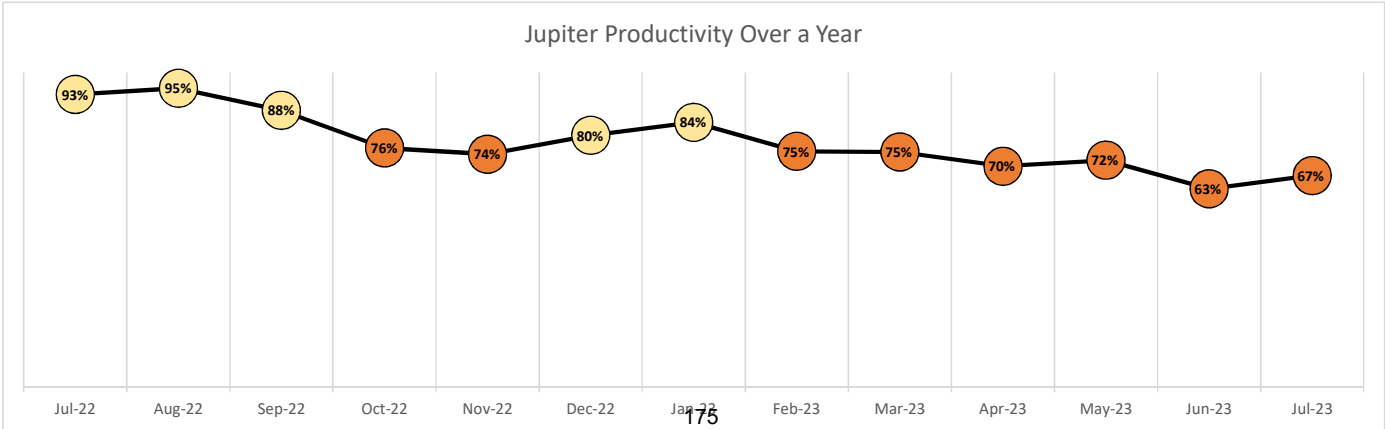
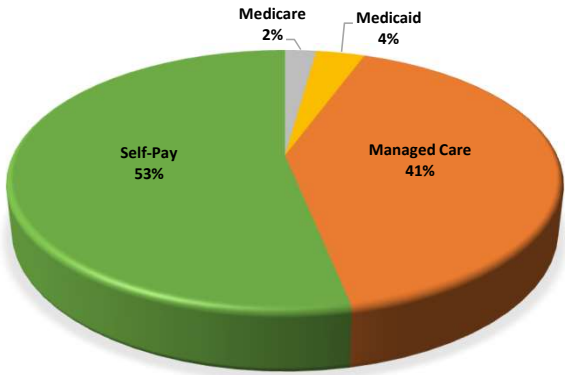
PRODUCTIVITY REPORT JULY 2023

AS 07/31/2023 Based on Completed Appointments

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
ZHANG, MICHAEL, MD	18	1.0	6	6	100%	6.0
LANGLEY, TAMARA, NP	18	17.0	306	206	67%	12.1
LARA SUAREZ, MARIA, NP	18	20.0	360	233	65%	11.7
WILMOT, ALTHEA, NP	18	1.0	18	13	72%	13.0
ADULT CARE TOTALS		39	690	458	66%	
WOMENS HEALTH CARE						
PROPHETE, JOYCE, MD	18	3.0	54	42	78%	14.0
WOMENS HEALTH CARE TOTALS		3	54	42	78%	
GRAND TOTAL		42	744	500	67%	



MEDICAL PAYER MIX





**LAKE WORTH****PRODUCTIVITY REPORT JULY 2023**

AS 07/31/2023 Based on Completed Appointments

**ADULT CARE**

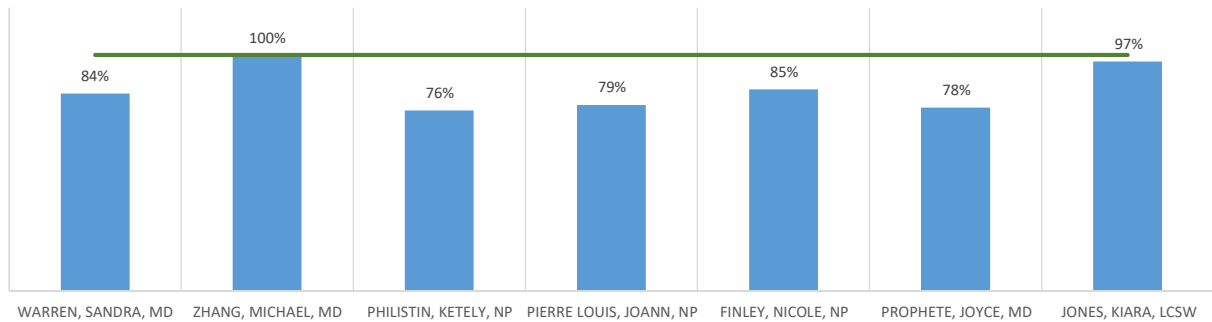
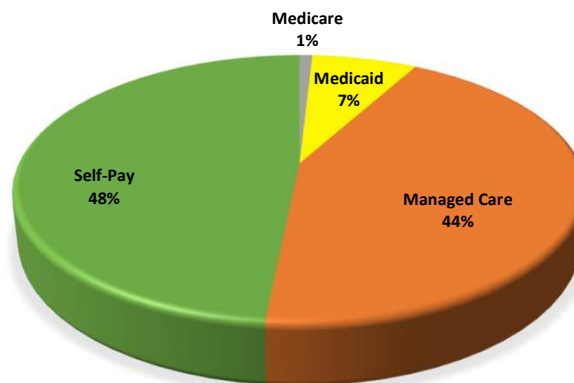
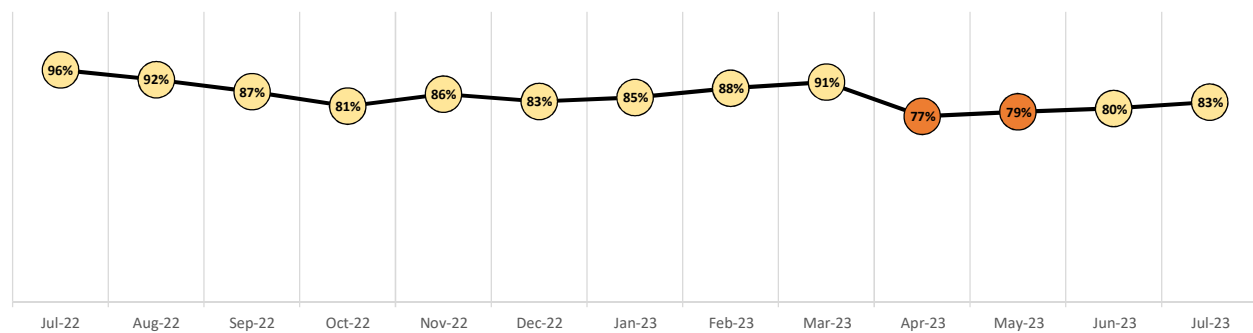
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WARREN, SANDRA, MD	18	13.0	234	196	84%	15.1
ZHANG, MICHAEL, MD	18	1.0	5	5	100%	5.0
PHILISTIN, KETELY, NP	18	12.5	225	172	76%	13.8
PIERRE LOUIS, JOANN, NP	18	15.0	270	213	79%	14.2
<b>ADULT CARE TOTALS</b>		<b>41.5</b>	<b>734</b>	<b>586</b>	<b>80%</b>	

**WOMEN'S HEALTH CARE**

FINLEY, NICOLE, NP	18	19	342	292	85%	15.4
PROPHETE, JOYCE, MD	18	10	180	140	78%	14.0
<b>WOMEN'S HEALTH CARE TOTALS</b>		<b>29</b>	<b>522</b>	<b>432</b>	<b>83%</b>	

**BEHAVIORAL HEALTH INTEGRATION**

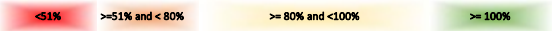
JONES, KIARA, LCSW	10	15	145	141	97%	9.4
<b>BH INTEGRATION TOTALS</b>		<b>15</b>	<b>145</b>	<b>141</b>	<b>97%</b>	

**GRAND TOTAL****85.5****1,401****1,159****83%****MEDICAL PAYER MIX****Lake Worth Productivity Over a Year**

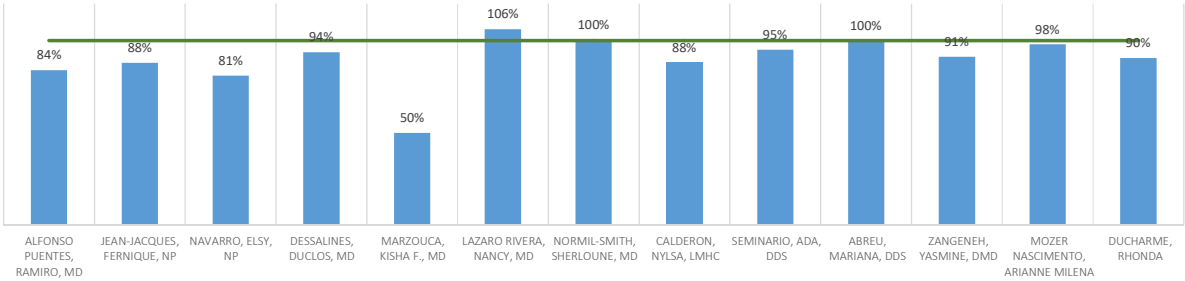
LANTANA

PRODUCTIVITY REPORT JULY 2023

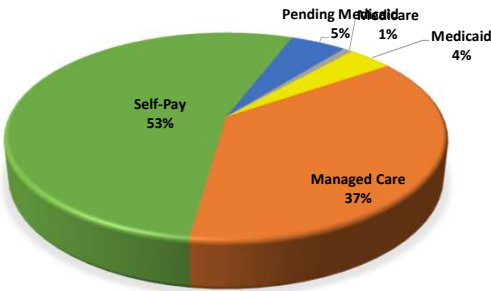
AS 07/31/2023 Based on Completed Appointments



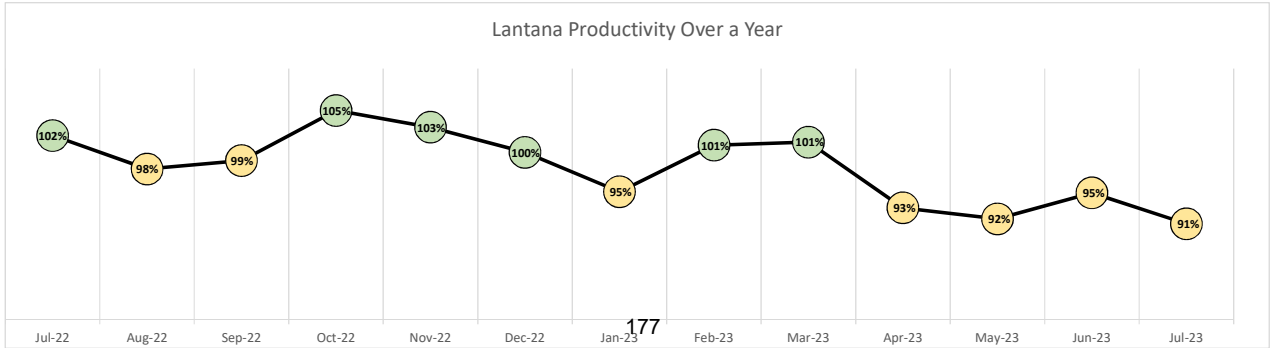
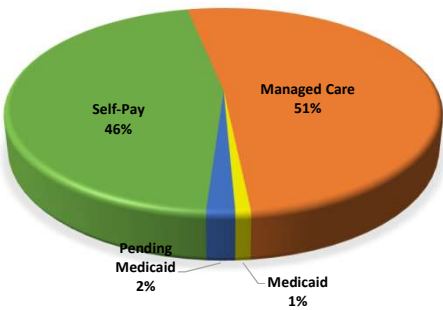
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
ALFONSO PUENTES, RAMIRO, MD	18	20.0	360	303	84%	15.2
JEAN-JACQUES, FERNIQUE, NP	18	21.0	378	332	88%	15.8
NAVARRO, ELSY, NP	18	18.5	333	270	81%	14.6
ADULT CARE TOTALS		59.5	1,071	905	85%	
PEDIATRIC CARE						
DESSALINES, DUCLOS, MD	20	11	220	206	94%	18.7
MARZOUCA, KISHA F., MD	20	1	20	10	50%	10.0
LAZARO RIVERA, NANCY, MD	20	12	240	255	106%	21.3
NORMIL-SMITH, SHERLOUNE, MD	20	17	340	341	100%	20.1
PEDIATRIC CARE TOTALS		41	820	812	99%	
BEHAVIORAL HEALTH INTEGRATION						
CALDERON, NYLSA, LMHC	10	16	160	141	88%	8.8
BH INTEGRATION TOTALS		16	160	141	88%	
DENTAL						
SEMINARIO, ADA, DDS	16	15.0	240	228	95%	15.2
ABREU, MARIANA, DDS	16	2.0	32	32	100%	16.0
ZANGENEH, YASMINE, DMD	16	15	240	219	91%	14.6
DENTAL TOTALS		32	512	479	94%	
DENTAL HYGIENE						
MOZER NASCIMENTO, ARIANNE MILENA	8	18.0	144	141	98%	7.8
DUCHARME, RHONDA	8 / 16 MDI	16.0	241	218	90%	13.6
DENTAL HYGIENE TOTALS		34	385	359	93%	
GRAND TOTAL		182.5	2,948	2,696	91%	



MEDICAL PAYER MIX



DENTAL PAYER MIX



PRODUCTIVITY REPORT JULY 2023

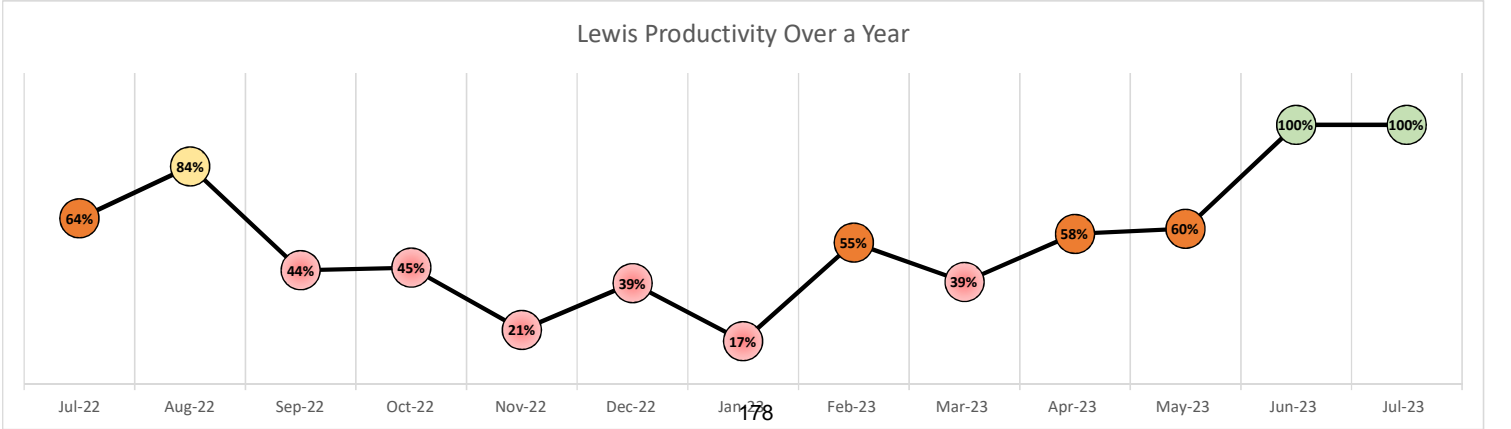
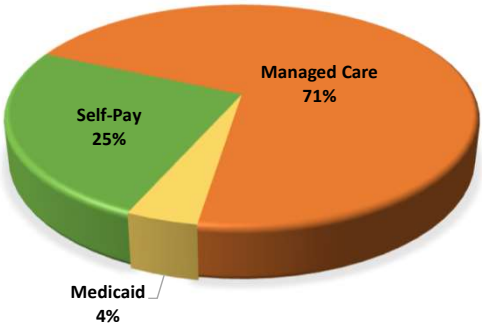
AS 07/31/2023 Based on Completed Appointments

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WILMOT, ALTHEA, NP	18	4.0	24	24	100%	6.0
ADULT CARE TOTALS			24	24	100%	
BEHAVIORAL HEALTH INTEGRATION						
BH INTEGRATION TOTALS		0	0	0		
BEHAVIORAL HEALTH ADDICTION						
BH ADDICTION TOTALS						

GRAND TOTAL	0	24	24	100%	
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MEDICAL PAYER MIX



MANGONIA  
PRODUCTIVITY REPORT JULY 2023  
AS 07/31/2023 Based on Completed Appointments



ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month				Total for the Month Seen	% Monthly Target Achieved		Daily Average
			AM	PM	AM	PM				
BUI, THY, DO	20	16.0	160	160	320	111	76	187	58%	11.7
KOOPMAN, REBECCA SUE, PA	20	18.0	190	170	360	156	143	299	83%	16.6
FERNANDEZ SANCHEZ, MARCO, NP	20	19.0	200	180	380	194	76	270	71%	14.2
ADULT CARE TOTALS		53.0	550	510	1,060	461	295	756	71%	

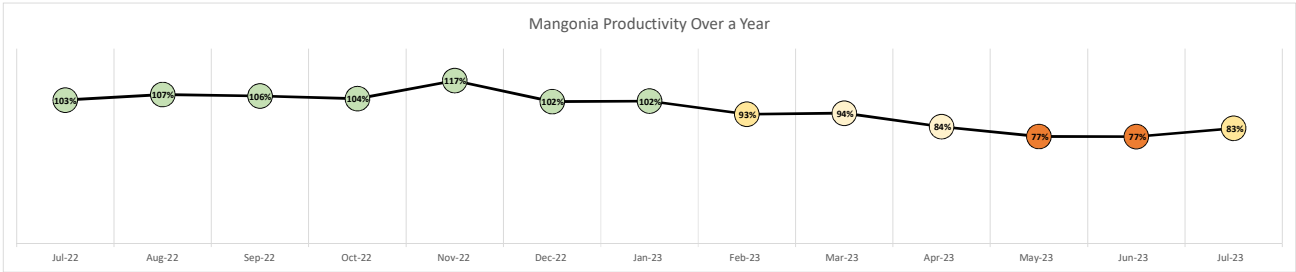
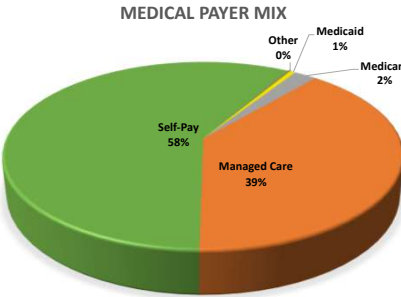
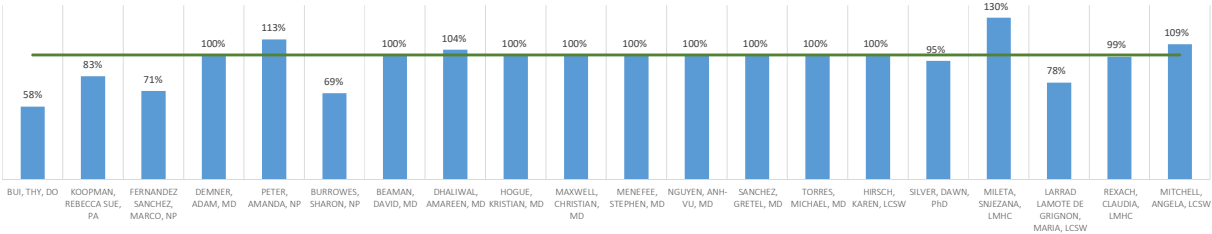
BEHAVIORAL HEALTH PSYCHIATRY										
DEMNER, ADAM, MD	18	2.0	1	3	4	1	3	4	100%	2.0
PETER, AMANDA, NP	12	2.0	12	12	24	20	7	27	113%	13.5
BURROWES, SHARON, NP	12	18.0	108	108	216	88	62	150	69%	8.3
BEHAVIORAL HEALTH PSYCHIATRY TOTALS		22.0	121	123	244	109	72	181	74%	

RESIDENT PSYCHIATRY										
BEAMAN, DAVID, MD	12	3.0	14	16	30	20	10	30	100%	10.0
DHALIWAL, AMAREEN, MD	12	5.0	11	13	24	16	9	25	104%	5.0
HOGUE, KRISTIAN, MD	12	2.0	5	4	9	4	5	9	100%	4.5
MAXWELL, CHRISTIAN, MD	12	4.0	17	16	33	20	13	33	100%	8.3
MENEFEE, STEPHEN, MD	12	3.0	16	14	30	25	5	30	100%	10.0
NGUYEN, ANH-VU, MD	12	2.0	13	12	25	19	6	25	100%	12.5
SANCHEZ, GRETTEL, MD	12	2.0	9	10	19	8	11	19	100%	9.5
TORRES, MICHAEL, MD	12	3.0	9	11	20	15	5	20	100%	6.7
RESIDENT PSYCHIATRY TOTAL		24.0	94	96	190	127	64	191	101%	

BEHAVIORAL HEALTH INTEGRATION										
HIRSCH, KAREN, LCSW	6.0	1.0	1	0	1	1	0	1	100%	1.0
BH INTEGRATION TOTALS		1.0	1	0	1	1	0	1	100%	

BEHAVIORAL HEALTH ADDICTION										
SILVER, DAWN, PhD	10	13.0	65	65	130	76	48	124	95%	9.5
MILETA, SNJEZANA, LMHC	10	8.0	40	40	80	67	37	104	130%	13.0
LARRAD LAMOTE DE GRIGNON, MARIA, LCSW	10	20.0	100	100	200	86	70	156	78%	7.8
REXACH, CLAUDIA, LMHC	10	16.0	80	80	160	108	50	158	99%	9.9
MITCHELL, ANGELA, LCSW	10	15.0	75	75	150	110	53	163	109%	10.9
BH ADDICTION TOTALS		72.0	360	360	720	447	258	705	98%	

GRAND TOTAL	172.0	1,126	1,089	2,215	1,145	689	1,834	83%	
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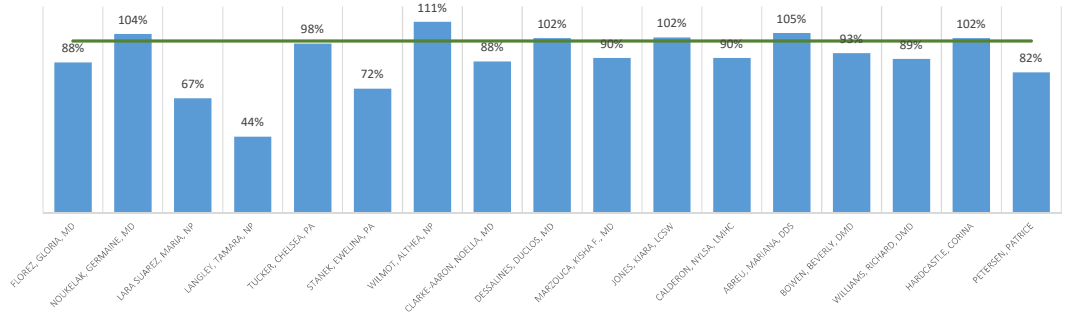


WEST PALM BEACH

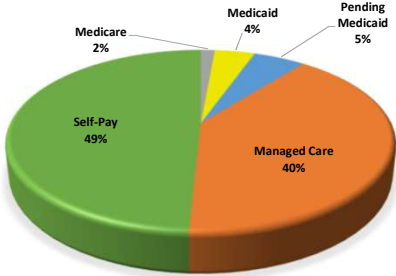
PRODUCTIVITY REPORT JULY 2023

AS 07/31/2023 Based on Completed Appointments

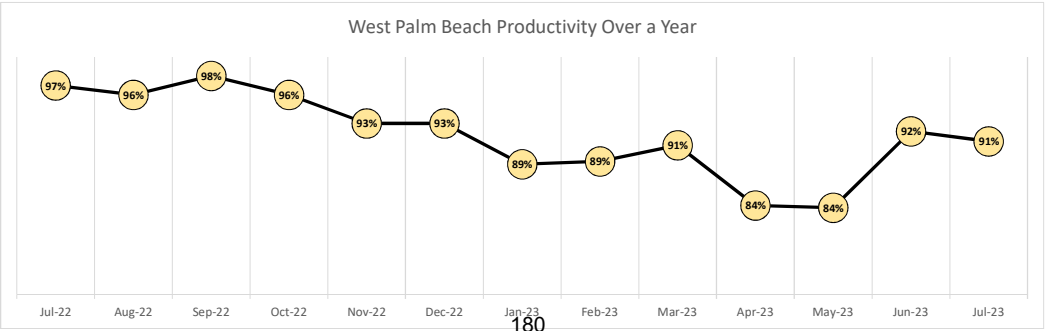
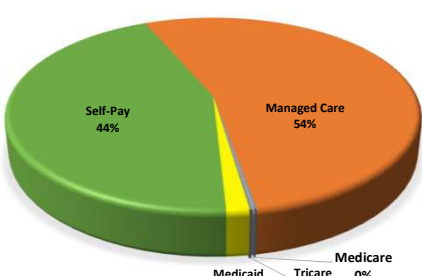
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
FLOREZ, GLORIA, MD	18	16.5	297	260	88%	15.8
NOUKELAK, GERMAINE, MD	18	17.5	315	328	104%	18.7
LARA SUAREZ, MARIA, NP	18	0.5	9	6	67%	12.0
LANGLEY, TAMARA, NP	18	0.5	9	4	44%	8.0
TUCKER, CHELSEA, PA	18	5.5	66	65	98%	11.8
STANEK, EWELINA, PA	18	20.5	369	267	72%	13.0
WILMOT, ALTHEA, NP	18	1.0	18	20	111%	20.0
ADULT CARE TOTALS		62	1,083	950	88%	
PEDIATRIC CARE						
CLARKE-AARON, NOELLA, MD	20	13	260	229	88%	17.6
DESSALINES, DUCLOS, MD	20	3	60	61	102%	20.3
MARZOUCA, KISHA F., MD	20	10.0	200	183	90%	18.3
PEDIATRIC CARE TOTALS		26	520	473	91%	
BEHAVIORAL HEALTH INTEGRATION						
JONES, KIARA, LCSW	10	5.0	50	51	102%	10.2
CALDERON, NYLSA, LMHC	10	2.0	20	18	90%	9.0
BH INTEGRATION TOTALS		7	70	69	99%	
DENTAL						
ABREU, MARIANA, DDS	16	19.0	304	318	105%	16.7
BOWEN, BEVERLY, DMD	16	16.0	256	238	93%	14.9
WILLIAMS, RICHARD, DMD	16	19.0	304	272	89%	14.3
DENTAL TOTALS		54.0	864	828	96%	
DENTAL HYGIENE						
HARDCASTLE, CORINA	8	15.0	120	122	102%	8.1
PETERSEN, PATRICE	8 / 16 MDI	17.0	224	183	82%	10.8
DENTAL HYGIENE TOTALS		32.0	344	305	89%	
GRAND TOTAL			181.0	2,881	2,625	91%



MEDICAL PAYER MIX



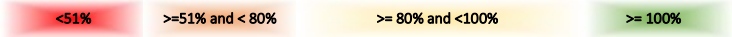
DENTAL PAYER MIX



MOBILE & PORT CLIN

PRODUCTIVITY REPORT JULY 2023

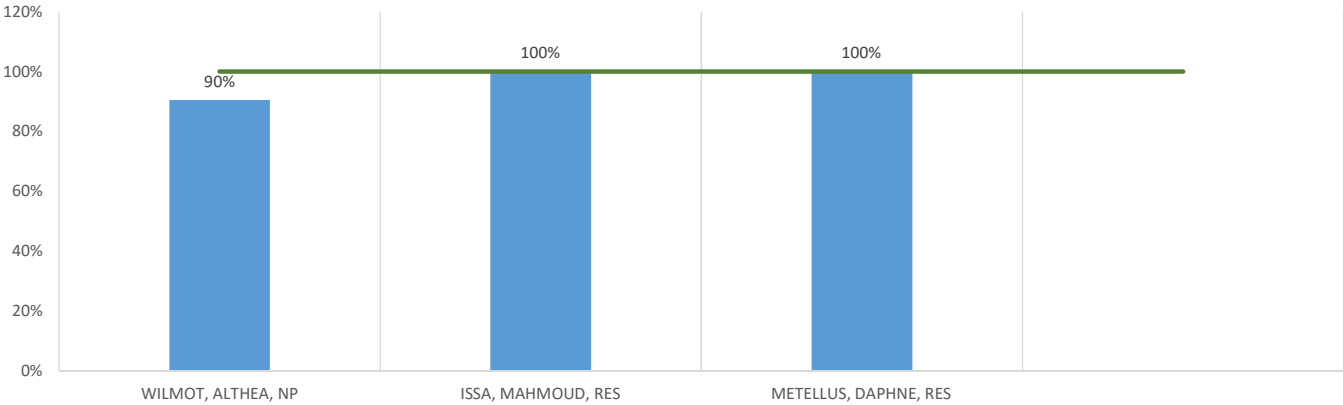
AS 07/31/2023 Based on Completed Appointments



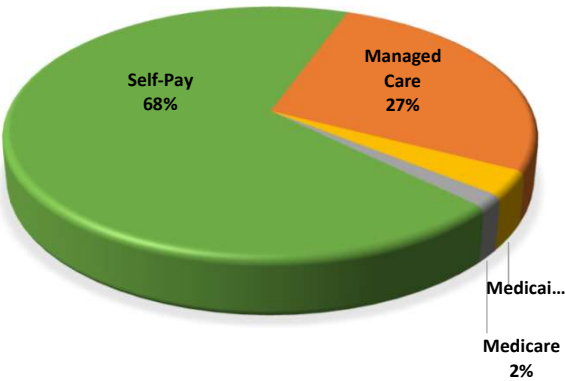
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WILMOT, ALTHEA, NP	6	7.0	42	38	90%	5.4
ISSA, MAHMOUD, RES	6	0.5	9	9	100%	18.0
METELLUS, DAPHNE, RES	6	0.5	16	16	100%	32.0
ADULT CARE TOTALS		8	67	63	94%	

DENTAL						
DENTAL TOTALS		0.0	0	0		

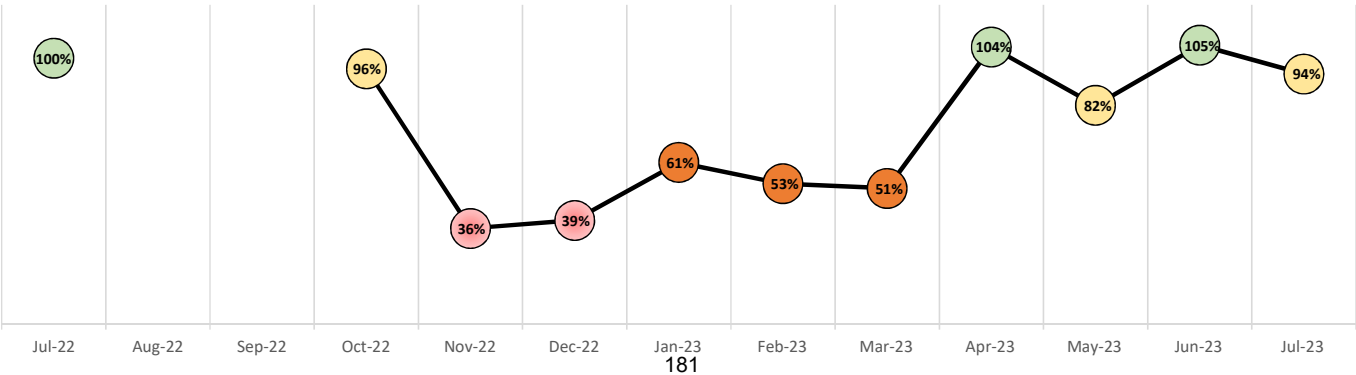
GRAND TOTAL	8	67	63	94%	
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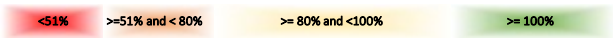
MEDICAL PAYER MIX



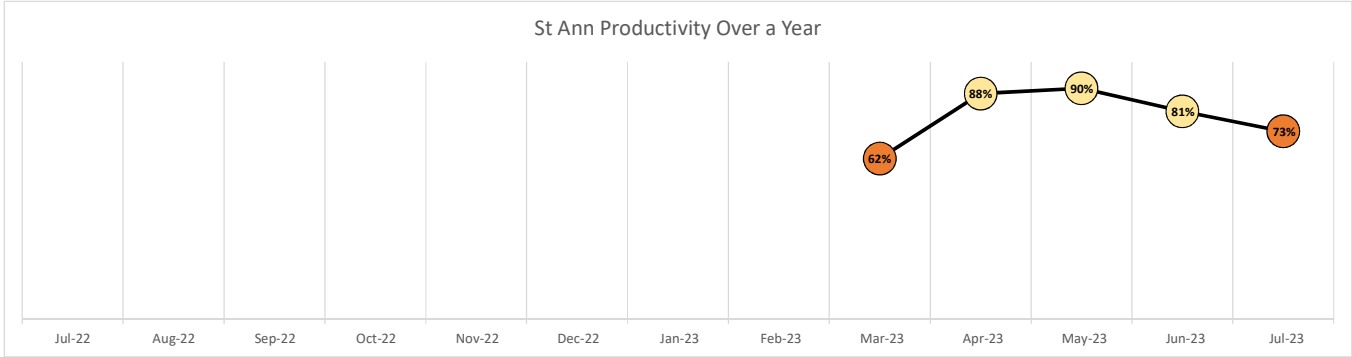
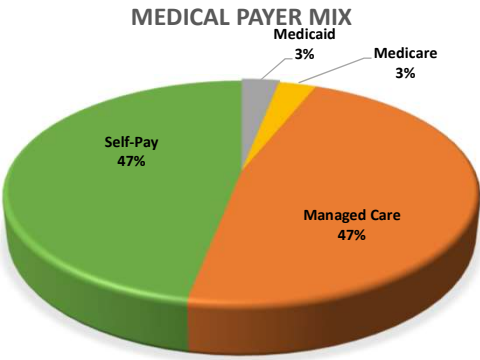
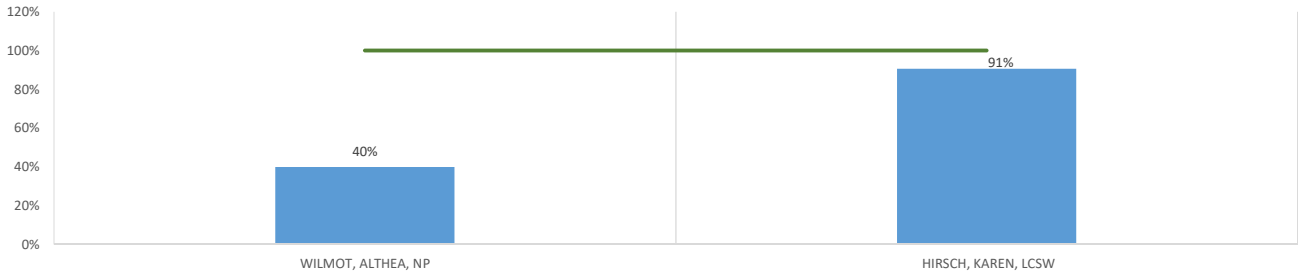
Mobile Productivity Over a Year

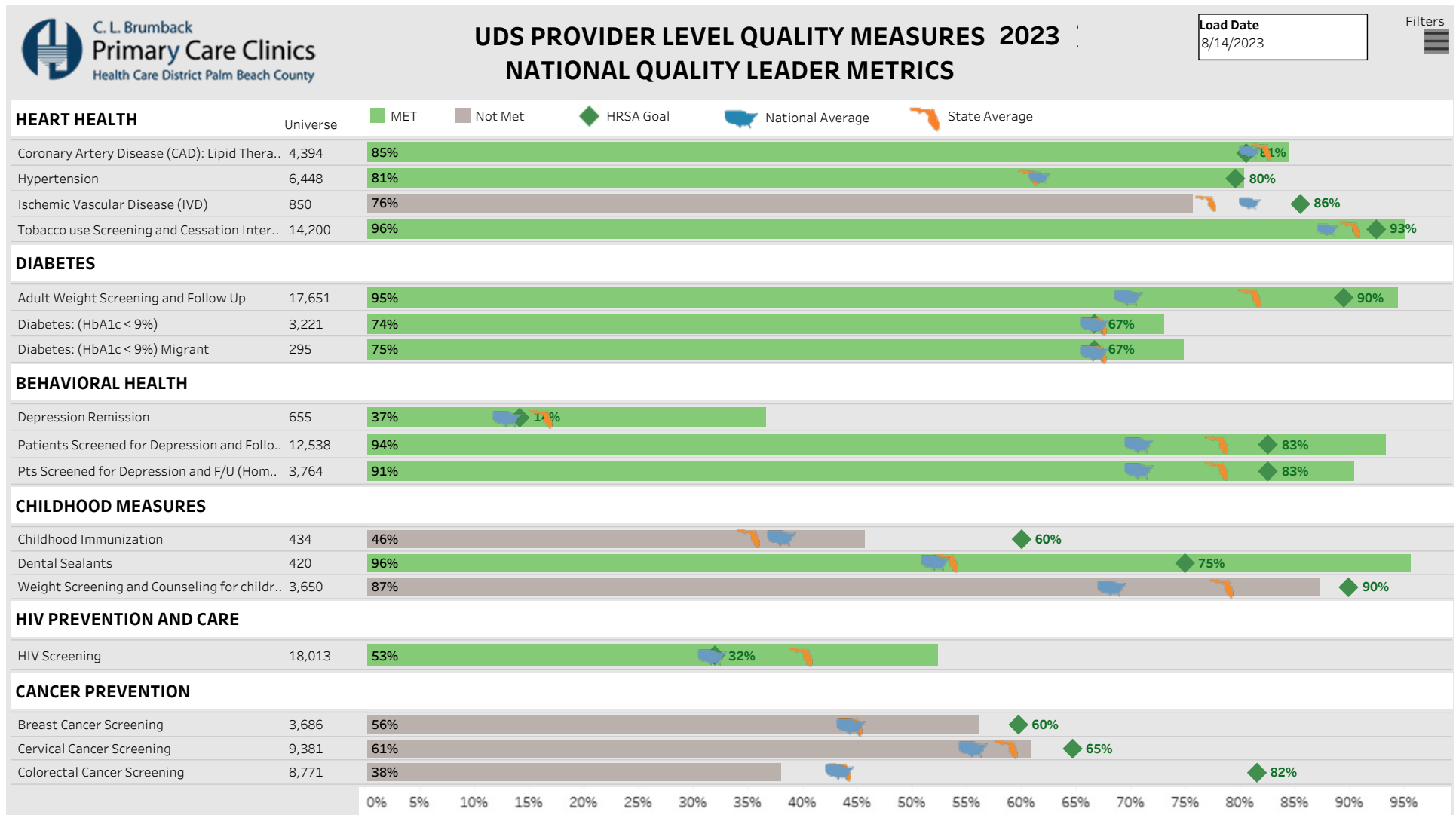


St ANN  
PRODUCTIVITY REPORT JULY 2023  
AS 07/31/2023 Based on Completed Appointments



ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WILMOT, ALTHEA, NP	6	5.0	30	12	40%	2.4
ADULT CARE TOTALS		5.0	30	12	40%	
BEHAVIORAL HEALTH INTEGRATION						
HIRSCH, KAREN, LCSW	6.0	16.0	95	86	91%	5.4
BH INTEGRATION TOTALS		16.0	95	86	91%	
BEHAVIORAL HEALTH PSYCHIATRY						
PETER, AMANDA, NP	12.0	1.0	12	2	17%	2.0
BH PSYCHIATRY TOTALS		1.0	12	2	17%	
GRAND TOTAL		22.0	137.0	100.0	73%	







# CL BRUMBACK PRIMARY CARE CLINIC BOARD

August 23, 2023

## 1. Description: Operations Report – July 2023

## 2. Summary:

This agenda item provides the following operations report for July 2023

- Clinic Productivity, Payor Mix, Demographics, No Shows and Walk-In dashboards.

## 3. Substantive Analysis:

In July, the clinics had a total of 8,400 unique patients. This is a 2% decrease from previous month. Our unique new patients totaled was 2,132 which was 25% of overall unique patients. In provider visits the clinics had a total of 11,960 visits. This was a decrease of 6% from the month prior but 18% higher than July 2022. 41% of patients were from adults Primary Care, 25% from Dental and 11% from Pediatrics. In July the Mangonia Clinic had the highest volume with 1,803 visits followed by the Lantana clinic with 1,787 visits.

Our payer mix for July showed an increase of 2% over prior month with 54% uninsured. 40% of patients were Managed Care and 4% Medicaid.

Clinics continue to have 60% female. 49% of patients reported as White and 43% Black or African American. 38% of patients reported as Hispanic. Our largest age group continue to be those between the ages of 30-39 years old.

In July our Homeless population averaged 32.4% with a total of 2,796 homeless patients between all Health Centers.

Agricultural Worker averaged 4.5% between all clinics. The majority continue to come from the Belle Glade with 28% in July.

## 4. Fiscal Analysis & Economic Impact Statement:

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

CL BRUMBACK PRIMARY CARE CLINIC BOARD  
August 23, 2023

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
CA6A21F52E09487C  
Jessica Cafarelli  
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A  
\_\_\_\_\_  
Committee Name

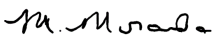
N/A  
\_\_\_\_\_  
Date


6. Recommendation:

Staff recommends the Board approve the Operations report for July 2023

Approved for Legal sufficiency:

DocuSigned by:  
  
0CF6F7DB6706484  
Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
A0CB9739E3DF452  
Marisol Miranda  
Director of Clinic Operations

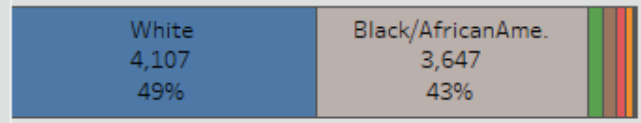
DocuSigned by:  
  
77A3B53589A1B77  
Darcy J. Davis  
Chief Executive Officer

<b>Patient</b>	<b>New</b>
<b>Visits</b>	<b>Patients</b>
<b>8,400</b>	<b>2,132</b>

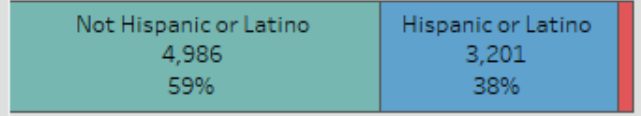
# Monthly Productivity July 2023

## DEMOGRAPHICS

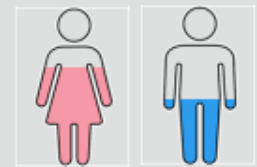
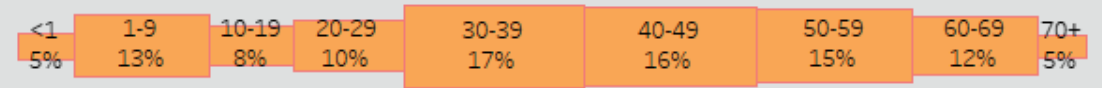
### RACE



### ETHNICITY



### AGE GROUP



60%

40%

**Homeless**

32.2%



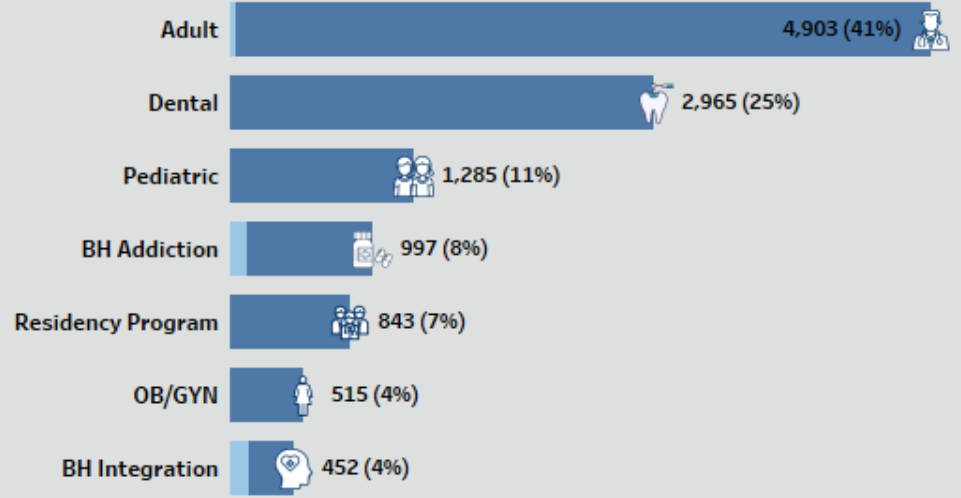
**Agricultural**

4.5%

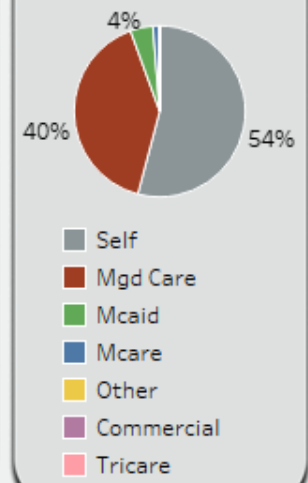


## VISIT TYPE

In Person  
Tele Health

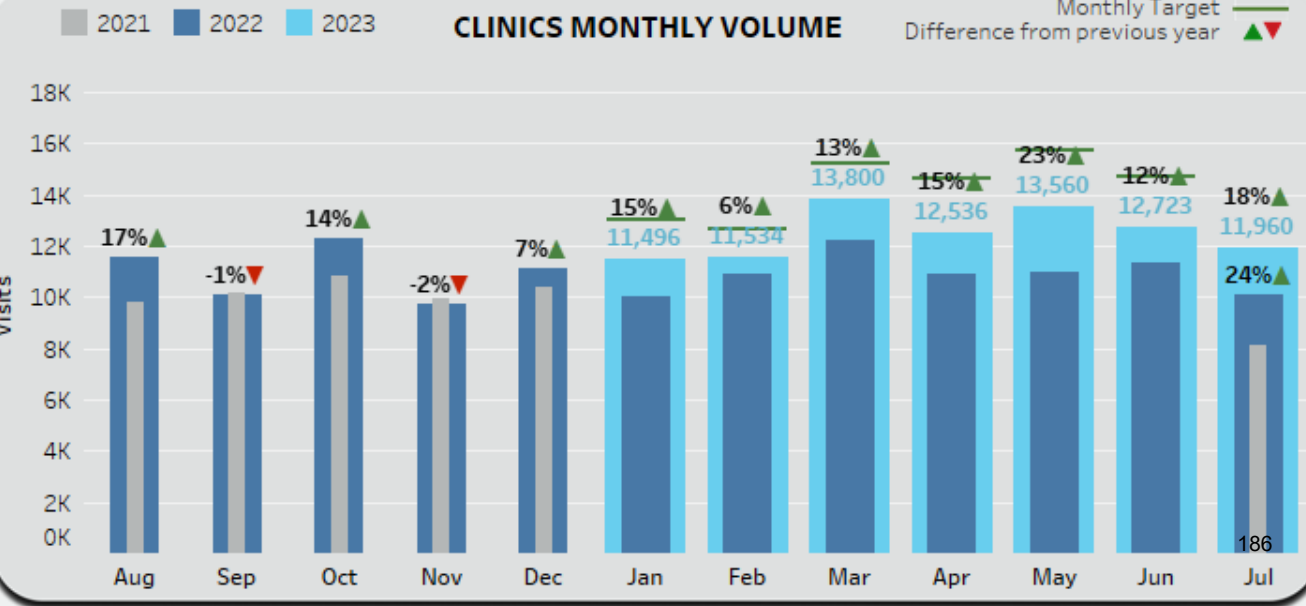


## PAYOR MIX

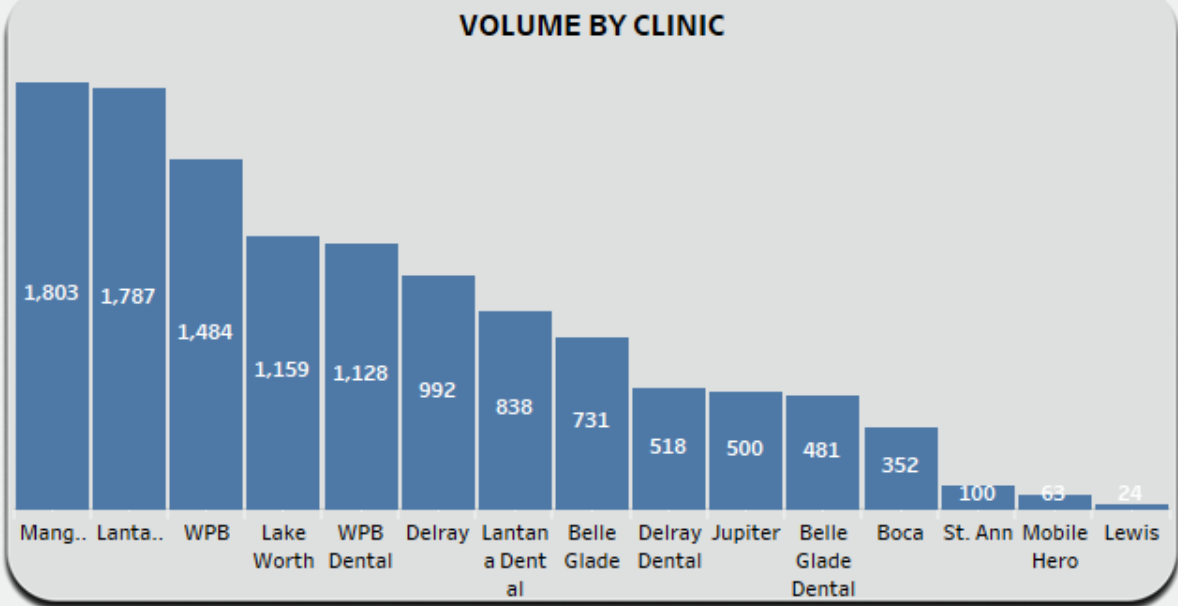


## CLINICS MONTHLY VOLUME

Monthly Target  
Difference from previous year



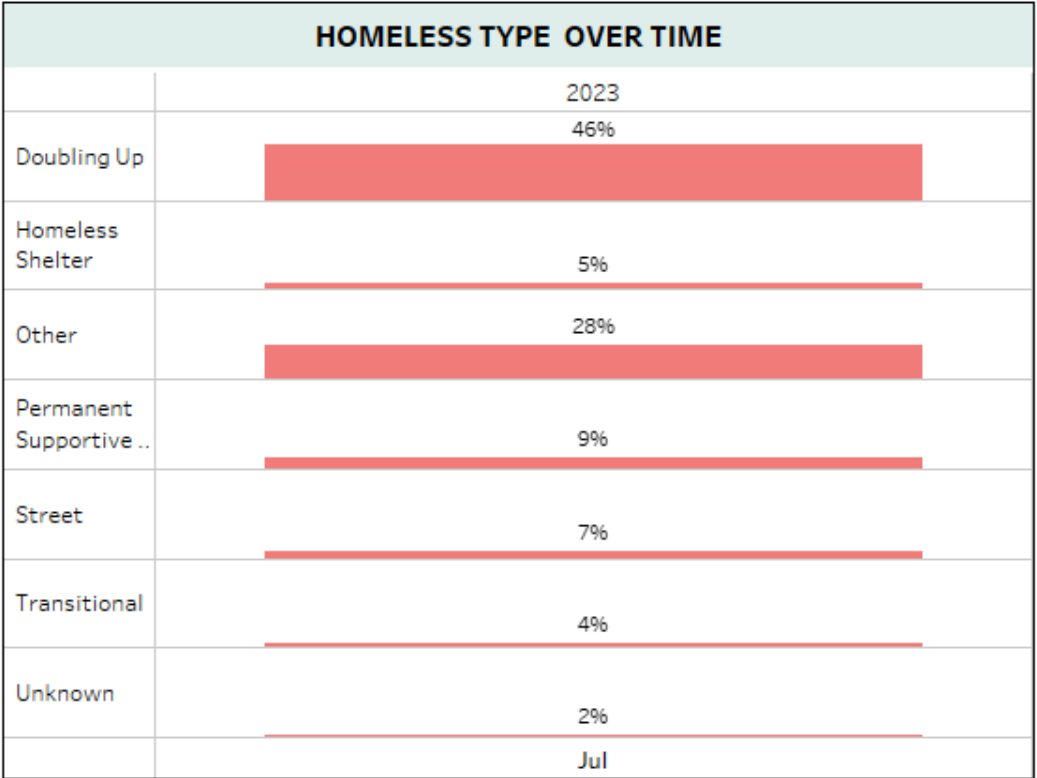
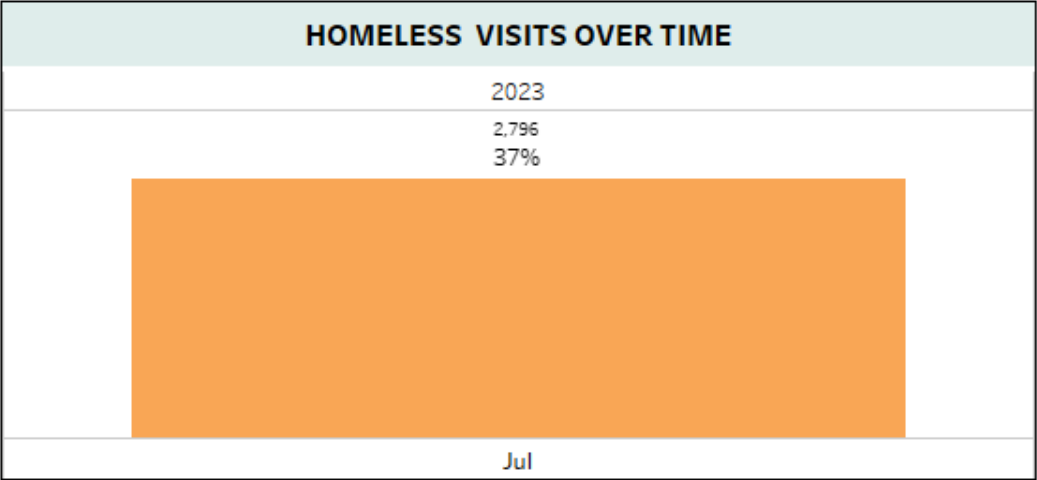
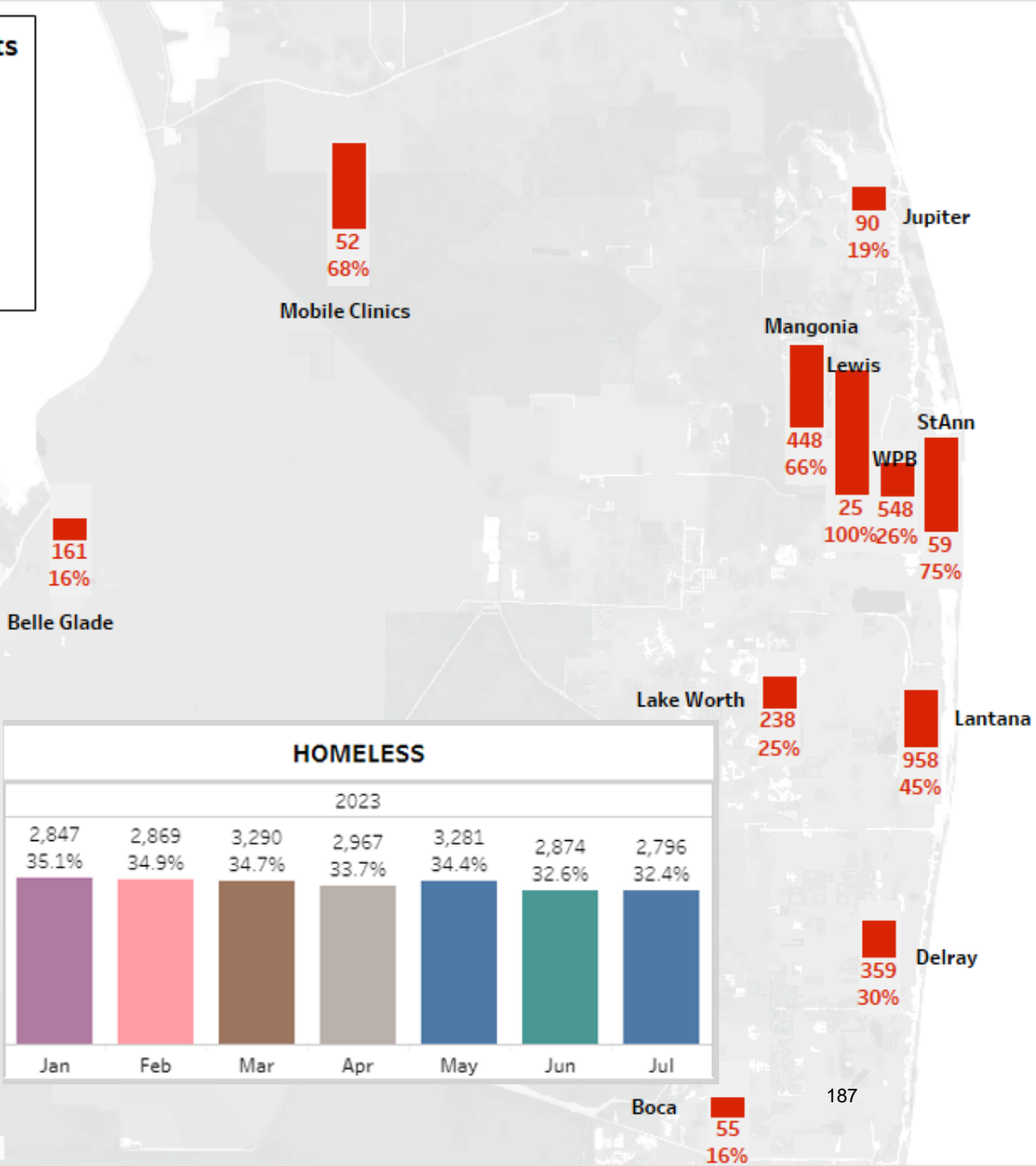
## VOLUME BY CLINIC



Unique Patients

2,796

32.4%



Average Visits per Patient

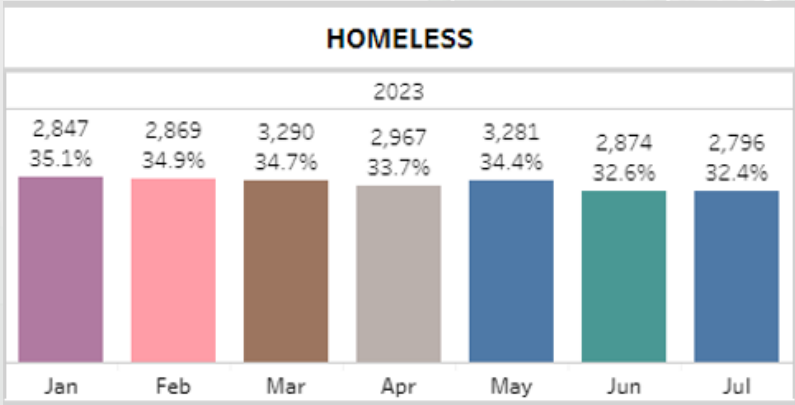
Homeless

No

Yes

1.4

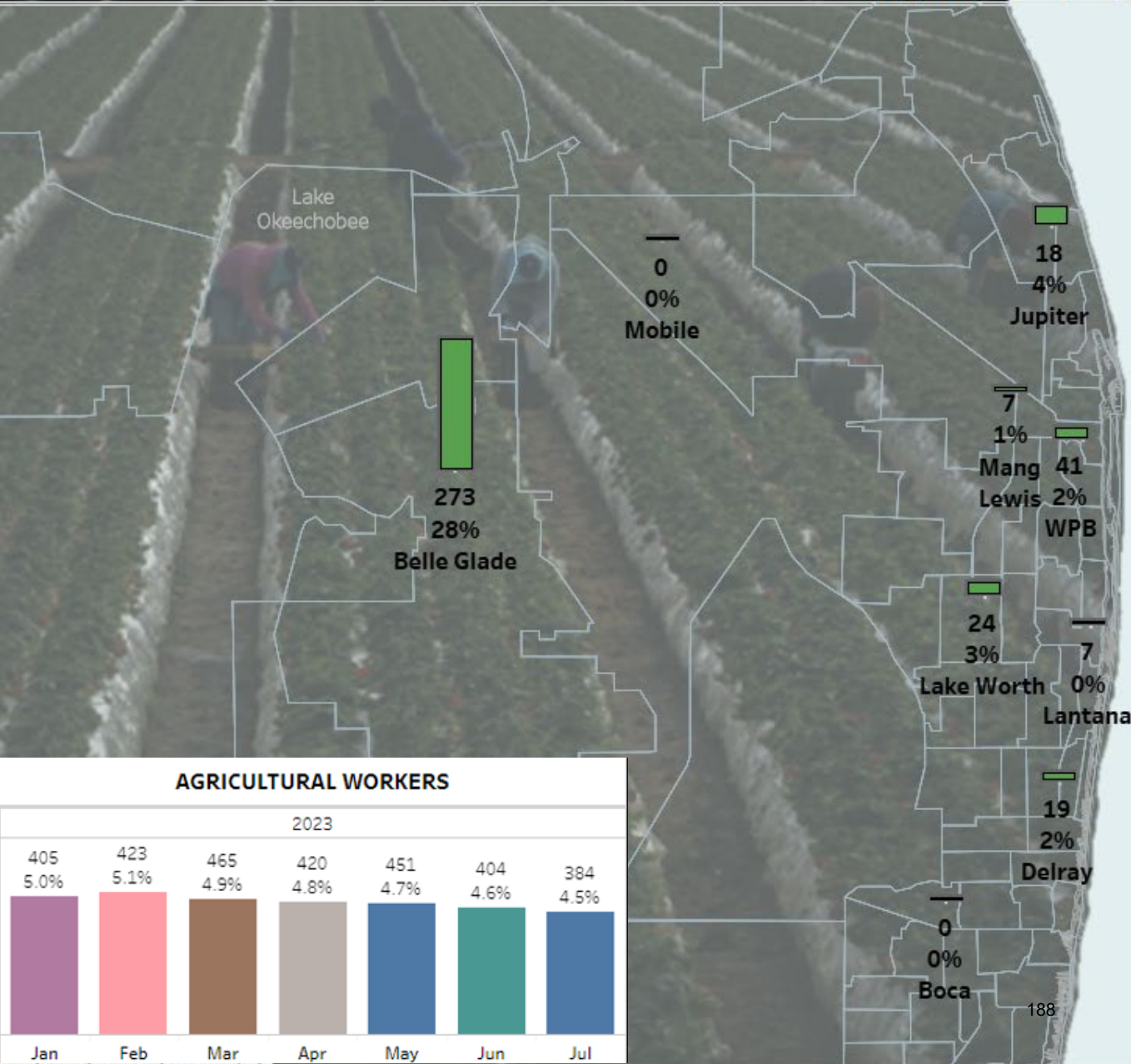
1.6





## AGRICULTURAL WORKERS BREAKDOWN BY CLINIC

7/1/2023 - 7/31/2023

376  
4.5%

## AGRICULTURAL WORKERS OVER TIME

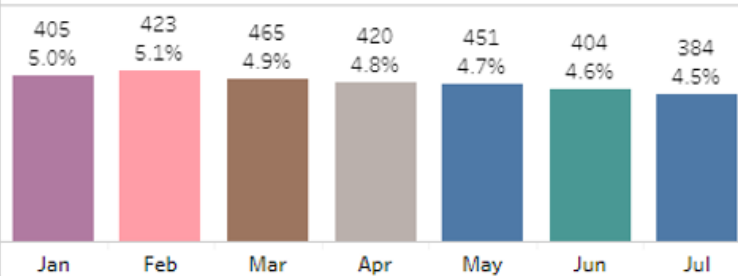
2023

384  
4.5%

Jul

## AGRICULTURAL WORKERS

2023



**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**

**1. Description: Patient Relations Dashboard Report, Clinics**

**2. Summary:**

This agenda item provides the Quarterly Patient Relations Dashboard FY Q3 2023.

**3. Substantive Analysis:**

For Quarter 3 2023, there were a total of 36 Patient Relations Occurrences that occurred between 7 Clinics, Dental Administration and Clinic Administration. Of the 36 occurrences, there were 9 Grievances and 27 Complaints. The top 5 categories were Finance, Care & Treatment, Respect Related, Physician Related, and Referral Related issues. The top subcategories were Billing Issues, Physician Related All Aspects of Care and Bad Attitude/Rude with 5 occurrences in each.

There was also a total of 92 Compliments received across 8 Clinics and Clinic Administration. Of the 92 Compliments, 87 were patient compliments and 5 were employee-to-employee Thumbs-Up compliments.

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

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:  
  
 CA6A21FF2E Jessica Cafarelli  
 Interim VP & Chief Financial Officer

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

N/A  
 \_\_\_\_\_  
 Committee Name

N/A  
 \_\_\_\_\_  
 Date


**DISTRICT CLINIC HOLDINGS, INC.**  
**BOARD OF DIRECTORS**  
**August 23, 2023**


**6. Recommendation:**

Staff recommends the Board approve the Quarterly Patient Relations Dashboard for FY Q3 2023.

Approved for Legal sufficiency:

DocuSigned by:  
  
0CF6F7DB6706433 Bernabe Icaza  
SVP & General Counsel

DocuSigned by:  
  
8C07412FC5B7426 Alexa Goodwin  
Manager Patient Relations

DocuSigned by:  
  
77A3B53589A1477 Darcy J. Davis  
Chief Executive Officer



# Patient Relations (Grievances, Complaints & Compliments)

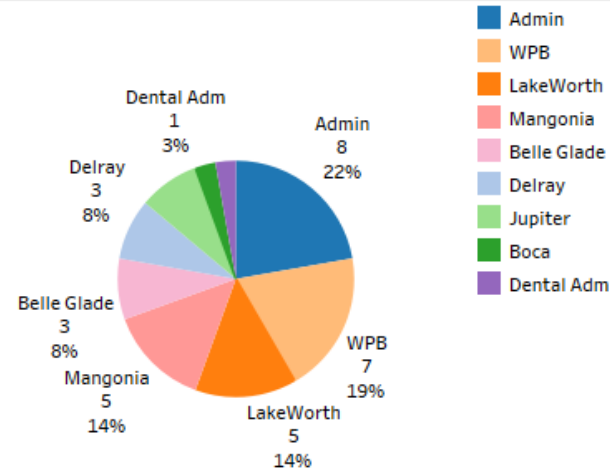
## C.L. Brumback Primary Care Clinics

2023 Q2

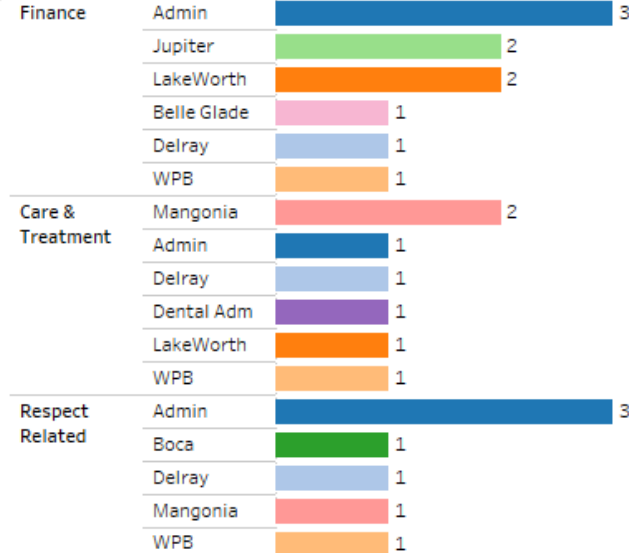
4/1/23 to 6/30/23

 Dept Desc All Provider All **Total Complaints and Grievances 36** Late Entries: 4 Clinic All

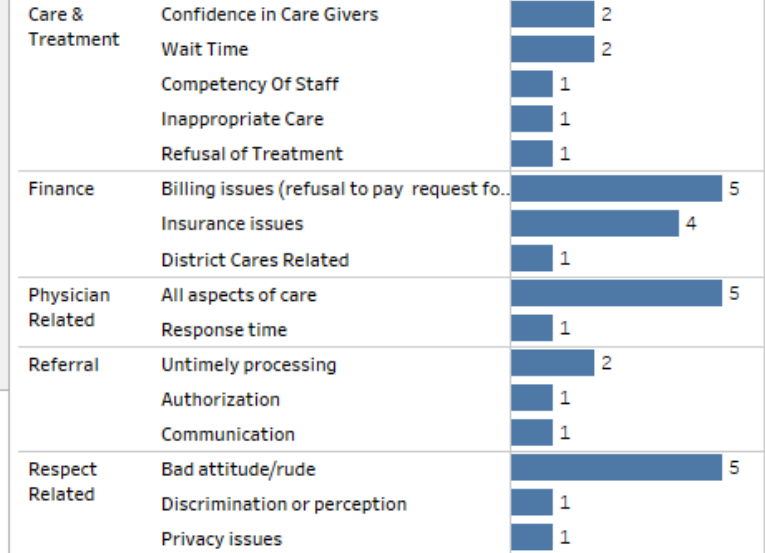
## Clinics



## Top 5 Categories



## Total Top 5 Subcategories



## Total Compliments

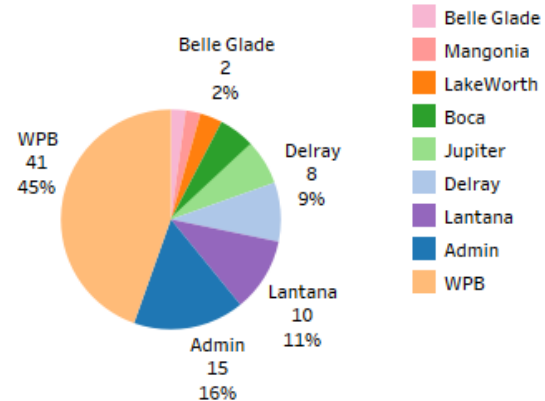
92

## Late Entries: 5

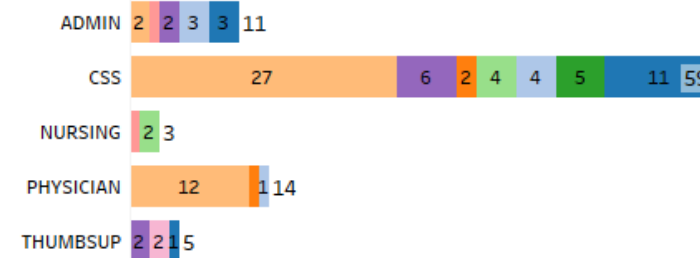
## Complaints/Grievances Prev 4 Quarters

168

## Clinics



## Care and Treatment Categories



## Top 5 Categories Trended

7/1/22 to 6/30/23

