



BOARD OF COMMISSIONERS

September 25, 2018

2:00 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.



DISTRICT BOARD MEETING AGENDA
September 25, 2018 at 2:00 PM
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401

1. Call to Order – Brian Lohmann, Chair

- A. Roll Call
- B. Invocation
- C. Pledge of Allegiance
- D. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.

2. Agenda Approval

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

3. Awards, Introductions and Presentations

- A. Recognition of Philip H. Ward, III (Chair Lohmann)
- B. GMEC Annual Institutional Review Executive Summary. (Takela Golson, DIO)

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

- A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of July 24, 2018. [Pages 1-7]

7. Consent Agenda – Motion to Approve Consent Agenda Items

- A. **ADMINISTRATION**

7A-1 RECEIVE AND FILE:

September 2018 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=221&m=0|0&DisplayType=C>

7. Consent Agenda (Continued)

7A-2 RECEIVE AND FILE

Health Care District Board Attendance. [Page 8]

7A-3 RECEIVE AND FILE:

Health Care District Financial Statements August 2018. (Dawn Richards)
[Pages 9-64]

7A-4 Staff Recommends a MOTION TO APPROVE:

Purchasing Policy Revisions. (Dawn Richards) [Pages 65-79]

7A-5 Staff Recommends a MOTION TO APPROVE:

Fund Balance Policy Revisions. (Dawn Richards) [Pages 80-90]

7A-6 RECEIVE AND FILE:

Auditor General Final Response. (Dawn Richards) [Page 91-95]

7A-7 Staff Recommends a MOTION TO APPROVE:

Gift Shop Audit Report. (Dawn Richards) [Pages 96-107]

7A-8 Staff Recommends a MOTION TO APPROVE:

Meaningful Use Audit Report. (Dawn Richards) [Pages 108-116]

7A-9 Staff Recommends a MOTION TO APPROVE:

Accounts Receivable Allowance Audit Report. (Dawn Richards) [Pages 117-132]

7A-10 Staff Recommends a MOTION TO APPROVE:

FY2018 Audit Plan Status Update. (Dawn Richards) [Pages 133-136]

7A-11 RECEIVE AND FILE:

Amendment to the Quality, Patient Safety and Compliance Committee Charter.
(Ellen Pentland) [Pages 137-146]

Staff Recommends a MOTION TO APPROVE:

7A-12 Initial Credentialing and Privileging of Healey Center Practitioner(s)
(Belma Andric, MD) [Pages 147-148]

7A-13 Staff Recommends a MOTION TO APPROVE:

Medical Staff Appointment(s) for Lakeside Medical Center. (Belma Andric, MD)
[Pages 149-150]

8. Regular Agenda

A. ADMINISTRATION

8A-1 Staff Recommends a MOTION TO APPROVE:

Low Income Pool Participation for Palm Beach County Hospitals and Federally
Qualified Health Centers. (Tom Cleare) [Pages 151-154]

9. Committee Reports

- 9.1 Finance and Audit Committee Report – (Commissioner Lohmann)
- 9.2 Quality, Patient Safety and Compliance Committee – (Commissioner Ward)
- 9.3 Lakeside Health Advisory Board Report – (Tom Cleare)
- 9.4 C.L. Brumback Primary Care Clinics Board Report – (Commissioner Neering)

10. CEO Comments

11. Board Member Comments

12. CLOSED MEETING

Pursuant to Florida Statute Section 395.3035 (4) (A)

13. Establishment of Upcoming Board Meetings

September 25, 2018

- 5:15PM, TRIM Public Hearing

November 27, 2018

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

14. Motion to Adjourn



**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
BOARD OF COMMISSIONERS & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
SUMMARY MINUTES
July 24, 2018, 2:00 p.m.
600 Okeechobee Blvd.,
West Palm Beach, FL 33401**

1. Call to Order

Brian Lohmann called the meeting to order.

A. Roll Call

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

Finance & Audit Committee members present included: Michael Burke, Joan Roude, Edward Sabin, Joseph Bergeron and Michael Smith.

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

Recording/Transcribing Secretary: Heidi Bromley

B. Invocation

Ms. Davis led the invocation.

C. Pledge of Allegiance

The Pledge of Allegiance was recited.

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

2. Agenda Approval

A. Additions/Deletions/Substitutions

None.

B. Motion to Approve Agenda

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

3. Awards, Introductions and Presentations

A. 2018/2019 Budget

Ms. Richards presented the Board with the 2018/2019 Budget Overview. Ms. Richards stated that we do not have a lot of volume increase budgeted. She reviewed the Strategic Initiatives and the impacts on revenue, expenses, capital and FTE's. She discussed the effect of changes to Medical Programs and the 2019 expenditures for the Healey Center, Lakeside Medical Center, Primary Care Clinics and General Fund.

4. Disclosure of Voting Conflict

None.

5. Public Comment

Gabrielle Finley-Hazle introduced herself as a resident of Palm Beach County and the CEO at St. Mary's Medical Center. As a community leader she has a tremendous amount of respect for this Board and staff as well as the organization. She explained the Regional Perinatal Intensive Care Centers (RPICC). There are eleven in the State of Florida and the one designated here locally sits on the campus of St. Mary's. The clinic was founded for a very specific reason as it relates to the health of our community.

Ms. Finley-Hazle stated that together we have built a tremendous trauma system and we've always worked collaboratively to serve the community. On average, St. Mary's provides about 12 million indigent trauma care every year which is actual cost, not charges. We get paid 3.1 million. As such, we believe funding should follow the patient. So for the sake of the community and the underserved, we are asking staff to be able to meet with representatives of our trauma system before any changes are made as it relates to indigent funding specifically to the hospitals.

6. Meeting Minutes

A. Staff Recommends a MOTION TO APPROVE:
Board Meeting Minutes of July 24, 2018.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Board Meeting Minutes of July 24, 2018 as presented. The motion was duly seconded by Commissioner Neering. There being no objection, the motion passed unanimously.

7. Consent Agenda – Motion to Approve Consent Agenda Items

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

A. ADMINISTRATION

7A-1 RECEIVE AND FILE:

July 2018 Internet Posting of District Public Meeting.

<http://www.hcdpb.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=171&m=0.0&DisplayType=C>

7A-2 RECEIVE AND FILE

Health Care District Board Attendance.

7A-3 RECEIVE AND FILE

Finance and Audit Committee Attendance.

7A-4 Staff Recommends a MOTION TO APPROVE:

Billing and Collection Procedure.

7A-5 Staff Recommends a MOTION TO APPROVE:

Implementation Strategy.

7A-6 Staff Recommends a MOTION TO APPROVE:

Plain Language Summary.

7A-7 Staff Recommends a MOTION TO APPROVE:

Lakeside Financial Assistance Policy.

7A-8 Staff Recommends a MOTION TO APPROVE:

Medical Staff Bylaws.

7A-9 Staff Recommends a MOTION TO APPROVE:

RFQ for Radiology Services at Lakeside Medical Center.

7A-10 Staff Recommends a MOTION TO APPROVE:

Amendment to the Finance and Audit Committee Charter.

7A-11 Staff Recommends a MOTION TO APPROVE:

Insurance Broker Services.

7A-12 RECEIVE AND FILE:

Lakeside Medical Center Confidential Public Records Request Quarterly Report.

7A-13 Staff Recommends a MOTION TO APPROVE:

Medical Staff Appointments for Lakeside Medical Center.

8. Regular Agenda

A. ADMINISTRATION

8A-1 Staff Recommends a MOTION TO APPROVE: Legal Pre-Suit Settlement.

Lara Donlon with Torcivia, Donlon, Goddeau & Ansay has been assisting the District with employment matters for a number of years. Ms. Donlon stated that we had a pre-suit claim that was filed by a former employee with the Equal Employment Opportunity Commission (EEOC) back in May of 2017. Upon exiting the District, the former employee was provided a severance package. In accordance with the agreement the package was revoked by the former employee and thereafter the employee filed the (EEOC) charge against the District. The District attended mediation and came to a good resolution for the parties. Ms. Donlon recommended an approval of the settlement agreement from the Board.

CONCLUSION/ACTION: Commissioner Ward made a motion to approve the Settlement Agreement. The motion was duly seconded by Commissioner Banner. There being no objection, the motion passed unanimously.

8A-2 Staff Recommends a MOTION TO APPROVE: Appointments of Eddie Rhodes and Maria Vallejo to the Lakeside Health Advisory Board.

Dr. Cleare stated that staff is looking for a recommendation to appoint Eddie Rhodes and Maria Vallejo to the LHAB. Mr. Rhodes is retired from the Palm Beach County School District. Maria Vallejo is the Vice President for Growth and Expansion for Palm Beach State College and the Provost of the Belle Glade and Loxahatchee Groves campuses. If confirmed their term will run through September 2022. Dr. Cleare recommended an approval from the Board to appoint Eddie Rhodes and Maria Vallejo to the Lakeside Health Advisory Board.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the appointment of Eddie Rhodes and Maria Vallejo to the Lakeside Health Advisory Board. The motion was duly seconded by Commissioner O'Bannon. There being no objection, the motion passed unanimously.

8A-3 RECEIVE AND FILE: Health Care District Financial Statements June 2018.

Ms. Richards presented the June 2018 Financial Statements. The June Statements represent the financial performance for the nine months of the 2018 fiscal year for the Health Care District. Net margin combined for all funds YTD June loss of (\$5.6) were under budgeted loss of (\$14.3M) by 8.7M and under prior year of 7.3M by 12.9M.

Operating expenses YTD of 165.7M were under budget of 175.7M by 9.9M and above prior year of 160.6M by 5.2M

Ms. Richards reviewed the Volume Analysis. General fund (Trauma, Aeromedical, Managed Care, Pharmacy, School Health Sponsored Programs). New Trauma patients YTD of 3,202 exceeded budget of 3,151. Retail Pharmacy prescriptions YTD of 1,925 were below prior year of 32,374 by 30,449. District Cares members are now required to utilize in-house pharmacy. As a result, average cost per script for YTD June was \$4.05, compared to \$7.52 in 2017 and \$12.41 in 2016.

CONCLUSION/ACTION: Received and filed.

8A-4 Staff Recommends a MOTION TO APPROVE:

Lakeside Medical Center Contracted Physician Expenditures.

Ms. Richards explained that in accordance with our purchasing policy, expenditures over \$250,000. which are not in the budget require Board approval. Lakeside Medical Center is presenting the contracted physician expense increase due to the use of locum tenens for anesthesia, radiology, and surgical services, as well as those attributable to the contracted physician group for emergency services. Staff requires Board approval of anything that is in excess of the budgeted funds.

CONCLUSION/ACTION: Commissioner Daniels made a motion to approve the Lakeside Medical Center Contracted Physician Expenditures. The motion was duly seconded by Commissioner Ward. There being no objection, the motion passed unanimously.

8A-5 Staff Recommends a MOTION TO APPROVE:

Tentative Millage Rate.

Ms. Richards stated that Staff recommends the Board set a proposed tentative millage rate of 0.7424. The District tax rate in 2018 was 0.7808 mills, and staff is recommending the 2019 proposed tentative millage rate be set at the rolled-back rate of 0.7424, which represents a 4.9% reduction relative to 2018. The rolled-back rate is the tax rate which generates the same amount of tax revenue as the previous year, excluding new construction. The proposed tentative millage rate represents the tax rate the Board cannot exceed when it sets the final rate at the September TRIM hearings.

CONCLUSION/ACTION: Commissioner Ward made a motion to reduce the tentative millage rate to 0.7423. The motion was duly seconded by Commissioner Alonso.

CONCLUSION/ACTION: Mr. Smith made a motion to approve the roll back rate of 0.7424 as recommended by staff. The motion was duly seconded by Mr. Bergeron.

Roll Call Vote (Finance & Audit Committee):

Michael Smith	Yes
Ed Sabin	Yes
Joan Roude	Yes
Michael Burke	Yes
Joseph Bergeron	Yes

Commissioner Ward as maker of the motion to reduce the millage rate to 0.7423 withdrew the motion. Commissioner Ward made a new motion to reduce the millage rate to 0.74. The motion was duly seconded by Commissioner Banner. There being no objection, the motion passed unanimously.

Roll Call Vote (Board Members):

Commissioner Neering	Yes
Commissioner Daniels	Yes
Commissioner Alonso	Yes
Commissioner Ward	Yes
Commissioner O'Bannon	Yes
Commissioner Banner	Yes
Commissioner Lohmann	Yes

9. Committee Reports

9.1 Finance and Audit Committee Report

None.

9.2 Quality, Patient Safety and Compliance Committee Report

None.

9.3 Lakeside Health Advisory Board Report

None.

9.4 C.L. Brumback Primary Care Clinics Board Report

Commissioner Neering reported that the Board took action to make Dr. Belma Andric as the permanent Executive Director. The Board nominated and approved Joan Roude as a new DCHI Board Member. A Change In Scope to remove Golden Center Clinic was approved by the Board. The Mobile Clinic will serve patients at Jerome Golden Center 1-2 days a week starting in August.

10. CEO Comments

None.

11. Finance and Audit Committee Member Comments

None.

12. HCD Board Member Comments

Dr. Alonso and Commissioner Lohmann Thanked staff for a job well done with Strategic Planning.

13. Establishment of Upcoming Meetings

September 11, 2018 - Hilton West Palm Beach

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

September 25, 2018

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

November 27, 2018

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

14. Motion to Adjourn

There being no further business, the meeting was adjourned.

Sean O'Bannon, Secretary

Date

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

Attendance Tracking

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

HEALTH CARE DISTRICT BOARD
September 25, 2018

1. Description: Health Care District Financial Statements

2. Summary:

The August 2018 financial statements for the Health Care District are presented for Board review.

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

09/25/2018

Date Approved

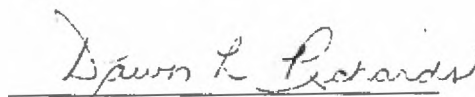
HEALTH CARE DISTRICT BOARD
September 25, 2018

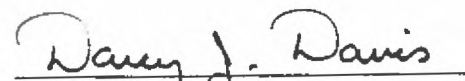
6. Recommendation:

Staff recommends the Board receive and file the August 2018 Health Care District financial statements.

Approved for Legal sufficiency:


Valerie Shahbrian
VP & General Counsel


Dawn Richards
VP & Chief Financial Officer


Dorey J. Davis
Chief Executive Officer

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Health Care District of Palm Beach County

FINANCIAL STATEMENT

August 2018

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MEMO

To: Finance Committee

From: Dawn L. Richards, Chief Financial Officer

Date: September 12, 2018

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

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

Net Performance

- Net margin combined for all funds YTD August of (\$4.2M) were below budget of (\$15.8M) by \$11.6M or 73.4% and below prior year of \$10.5M by \$14.7M or 140.2%.
- Total combined revenues YTD of \$201.6M were in line with budget of \$201.6M, and below prior year of \$208.9M by \$7.3M or 3.5%.
- Operating Expenses YTD of \$201.8M were below budget of \$213.2M by \$11.4M or 5.3% and above prior year of \$194.5M by \$7.3M or 3.8%. Factors contributing to this positive expense variance to budget included salaries and wages (\$2.3M), benefits (\$1.2M), medical supplies (\$238k), other supplies (\$672k), Medicaid match (\$66k), medical services (\$2.9M), drugs (\$2.2M), repairs and maintenance (\$1.5M), lease and rental (\$482k), utilities (\$108k), other expense (\$2.7M) and insurance (\$495k). Negative variances include purchased services \$683k, contracted physician expense \$2.7M and sponsored programs \$38k.



Net Margin

	Actual	Budget	Variance	Prior Year	Prior Year Variance
General Fund	\$ 28,775,024	\$ 19,119,408	\$ 9,655,616	\$ 36,239,658	\$ (7,464,634)
Healey Center	(2,920,000)	(3,056,245)	136,246	(1,661,981)	(1,258,019)
Lakeside Medical Center	(19,114,244)	(15,518,247)	(3,595,997)	(12,390,492)	(6,723,752)
Healthy Palm Beaches	34,973	(38,225)	73,198	(2,051)	37,024
Primary Care Clinics	(1,028,640)	(6,360,693)	5,332,053	(1,703,265)	674,625

Volume Analysis

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

- New Trauma patients YTD of 3,887 exceeded budget of 3,791 by 96 or 2.5% and prior year of 3,785 by 102 or 2.7%.
- Aeromedical transports YTD of 610 exceeded budget of 568 by 42 or 7.4% and prior year of 561 by 49 or 8.7%.
- Managed Care District Cares visits to medical clinics YTD of 29,049 were below prior year of 29,286 by 237 or 0.8%.
- Managed Care Uninsured visits to medical clinics YTD of 26,066 exceeded prior year of 23,461 by 2,605 or 11.1%.
- Managed Care District Cares dental visits YTD of 7,412 were below prior year of 9,424 by 2,012 or 21.3%.
- Managed Care Uninsured dental visits YTD of 12,726 exceeded prior year of 12,353 by 373 or 3.0%.
- Managed Care Current year membership in District Cares of 9,667 is below prior year of 10,371 by 704 or 6.8%.
- Total prescriptions filled at in-house pharmacies YTD of 260,048 exceeded prior year of 244,997 by 15,051 or 6.1%.
- Retail pharmacy prescriptions YTD of 2,286 were below prior year of 32,892 by 30,606 or 93.0%.
- District Cares member are now required to utilize in-house pharmacy. As a result, average cost per script for YTD August was \$4.05, compared to \$7.52 in 2017 and \$12.41 in 2016.

Healey Center

- Census YTD of 119 remains the same as prior year of 119 and is ahead of budget 118.
- Admissions YTD were 118 compared to prior year of 140 by 22 or 15.7%.
- Resident patient days of 39,937 exceeded prior year of 39,727 by 210 or .50%.

Lakeside Medical Center

- Adjusted patient days YTD of 16,371 exceeded budget of 15,827 by 544 or 3.44% but were down from prior year of 16,374 by 3 or .017%.
- Adjusted admissions YTD of 5,172 exceeded budget of 4,311 by 861 or 19.97% and exceeded prior year of 4,547 by 625 or 13.75%.
- Average length of stay (excluding newborns) for the hospital YTD was 3.90 down from budget of 4.58 by 14.83% and down from prior year of 4.52 by 13.61%.
- Medicare case mix index increased over prior year from 1.2868 to 1.3512. Overall case mix index was 1.0741; down compared to prior year of 1.1491.
- Emergency room admissions YTD of 1,316 exceeded budget of 1,069 by 247 or 23.1% and up from prior year of 1,016 by 300 or 29.53%.
- Emergency room visits YTD of 21,359 were below budget of 23,862 by 2,503 or 10.49% and below prior year of 22,868 by 1,509 or 6.6%.
- Outpatient visits YTD of 7,408 were below budget of 8,392 by 984 or 11.72% and below prior year of 8,474 by 1,066 or 12.58%.

Primary Care Clinics

- Total medical clinic visits YTD in all adult and pediatric clinics of 90,999 were below budget of 101,853 by 10,854 or 10.7% but are over prior year of 80,824 by 10,175 or 12.6%.
- Total dental visits YTD of 27,457 were below budget of 34,050 by 6,593 or 19.4% and below prior year of 31,433 by 3,976 or 12.6%.
- Suboxone clinic visits YTD of 3,398 were below budget of 14,109 by 10,711 or 75.9% due to unanticipated changes to the MAT strategy. All other medical clinics combined (net of Suboxone) were below budgeted volume by 143 visits.
- Mobile van visits YTD of 169 were below budget of 1,620 by 1,451 or 89.6%.



Revenue Analysis

General Fund

- Total revenue in the General fund YTD of \$131.2M was above budget of \$130.5M by \$718k or 0.5% and below prior year of \$141.0M by \$9.8M or 6.9%. The most significant revenue variance existed in the Unrealized Gain/ (Loss) on investments. Activity in these funds netted a loss of \$849k. This loss represents the difference between the book value and the market value of investments as of the end of the month and would be realized if investments were sold prior to maturity. Where possible Public Trust is re-investing matured bonds to obtain additional yield. Interest earnings YTD of \$2.5M exceed budget of \$1.3M by \$1.2M or 93.5% and exceeded prior year of \$1.8M by \$609k or 33.0%.
- Aeromed net patient revenue YTD of \$2.8M exceeded budget of \$2.5M by \$264k or 10.4% due to increased volume. Pharmacy grants YTD of \$100k were above budget of \$91k by \$9k or 10.0% and exceeded prior year of \$93k by \$7k or 7.4%.

Healey Center

- Gross revenue YTD of \$12.0M was below budget of \$13.4M by \$1.4M or 10.4% and below prior year of \$12.1M by \$85K or 0.7%.
- Net patient revenue YTD of \$7.7M was below budget of \$8.9M by \$1.1M or 12.8% and below prior year of \$8.0M by \$270K or 3.4%. Charity care YTD exceeded budget by \$636k.

Lakeside Medical Center

- Lakeside Medical Center YTD gross patient revenue of \$120.5M was over budget of \$116.8M by \$3.7M or 3.2% due to increased volume.
- Net YTD patient revenue of \$24.3M was below budget of \$26.7M by \$2.4M or 9.0% and down to prior year of \$26.2M by \$1.9M or 7.2%. Net revenue continues to be negatively impacted by increases in charity care (\$721k) and bad debt (\$638k).

Primary Care Clinics

- Clinic net patient revenue YTD of \$14.5M exceeded budget of \$12.6M by \$1.9M or 15.4% and prior year of \$11.7M by \$2.9M or 24.4%. Clinics received an unbudgeted LIP payment of \$2.2M.
- Grant revenue YTD of \$7.0M was below budget of \$7.9M by \$888k or 11.2% and above prior year of \$6.1M by \$935k or 15.4%. Due to the delayed relocation of the Belle Glade clinic to Lakeside Medical Center, the clinics were unable to recognize HRSA grant funding for construction at the site.

Capital Replacement

- Capital replacement total revenue YTD of \$257k were above budget of \$62k by \$195k and above prior year of \$150k by \$107k or 71.3%

Expenses Analysis

General Fund

- Total YTD operating expenses of \$111.3M in the General Fund were below budget of \$122.1M by \$10.7M or 8.8% and below prior year of \$111.9M by \$541k or 0.5%. Notable variances included medical services (\$2.9M), other expense (\$2.2M), drugs (\$1.9M), repairs and maintenance (\$676k), insurance (\$476k) and lease and rental (\$281k). Reduced medical services resulted from reduced volume and changes to specialist network and reimbursement models. Increase in pharmaceutical cost was budgeted for the implementation of pharmacy billing to insured patients, this strategy is currently being implemented. Drug cost per script of \$4.05 is down compared to prior year of \$7.52 due to use of in-house pharmacy and 340b medications. IT has less than anticipated expense for software costs and licenses due to delay in projects. Reduced rent coupled with rent abatement incentives at the new home office location are the primary reasons for the favorable variance in lease and rental expense. The favorable variance in other expense is primarily due to the rebranding implementation delay in communications and less than anticipated spending in tax collector fees. Favorable insurance variance is a result of reduced captive and malpractice insurance expenses.



Healey Center

- Operating expenses YTD of \$16.3M at the Healey Center were below budget of \$17M by \$754k or 4.4% and above prior year of \$15.8M by \$453k or 2.9%. Most of this positive variance related to salaries and benefits resulting from a higher than budgeted vacancy rate.

Lakeside Medical Center

- Lakeside YTD operating expenses of \$37.4M exceeded budget of \$35.4M by \$2.0M and 5.7%. YTD negative variance of \$2.8M occurred in contracted physician expense due to continued use of locum tenens physician fees for Surgical Services, Anesthesia, and Radiology. YTD purchased services of \$3.1M exceeded budget of \$2.7M by \$362k due to increased security and maintenance expenses.

Primary Care Clinics

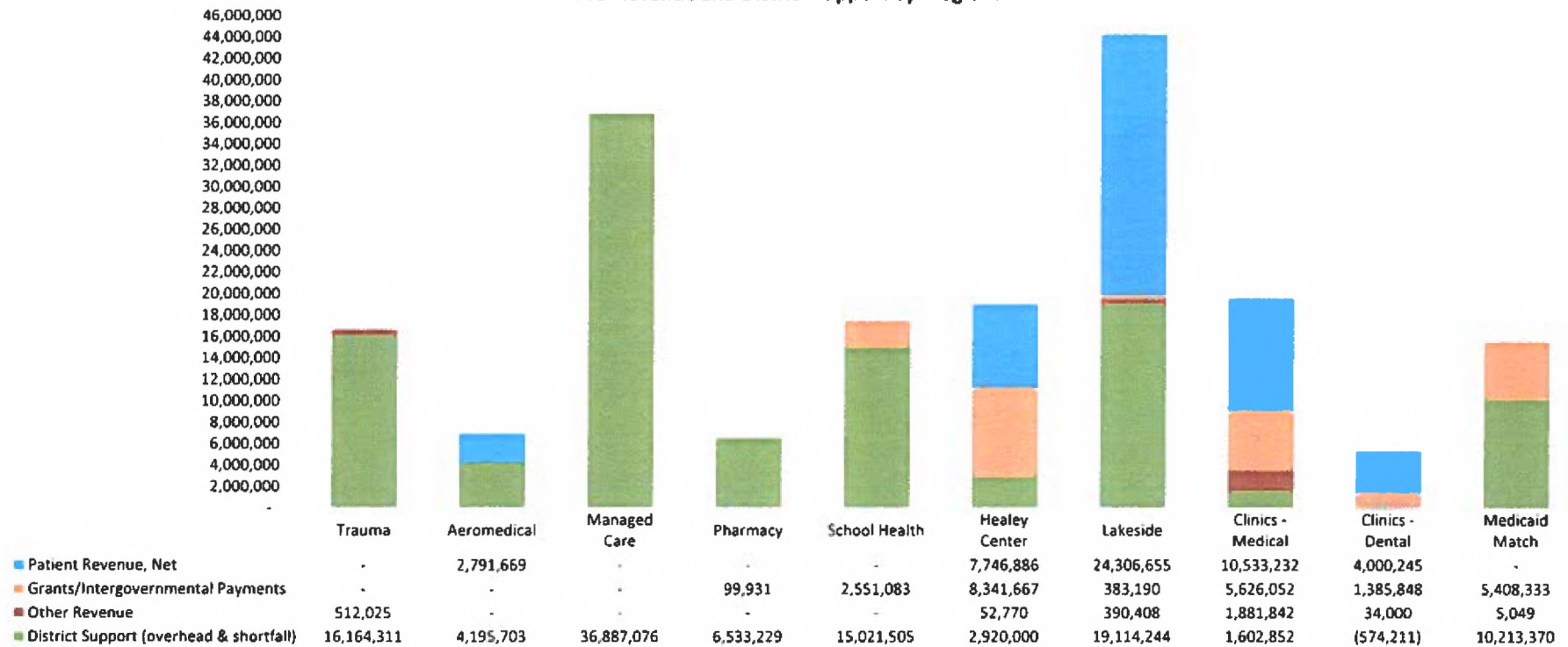
- Clinic operating expenses YTD of \$21.2M were under budget of \$23.0M by \$1.8M or 7.8% and above prior year of \$18.0M by \$3.2M or 17.7%. Most of this positive variance related to salaries (\$912k), benefits (\$205k), medical supplies (\$94k), drugs (\$145k) and repair and maintenance (\$670k) are mainly due to unimplemented strategies in West Boca Dental, Lake Worth Dental and Lantana (Suboxone). Drugs are under budget due to use of the District in house pharmacy and 340B medications.

Capital Replacement

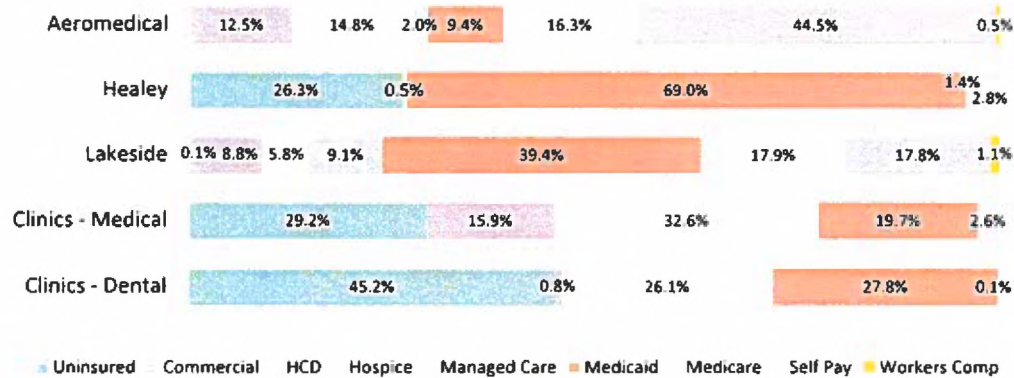
- Capital replacement YTD of \$2.4M was below budget of \$5.5M by \$3.1M and above prior year of \$2.0M by \$405k or 20.6%

Program Dashboard - YTD August 2018

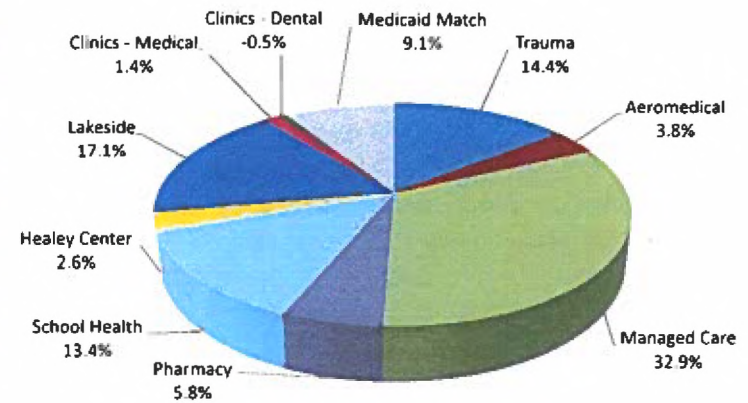
YTD Revenue and District Support by Program



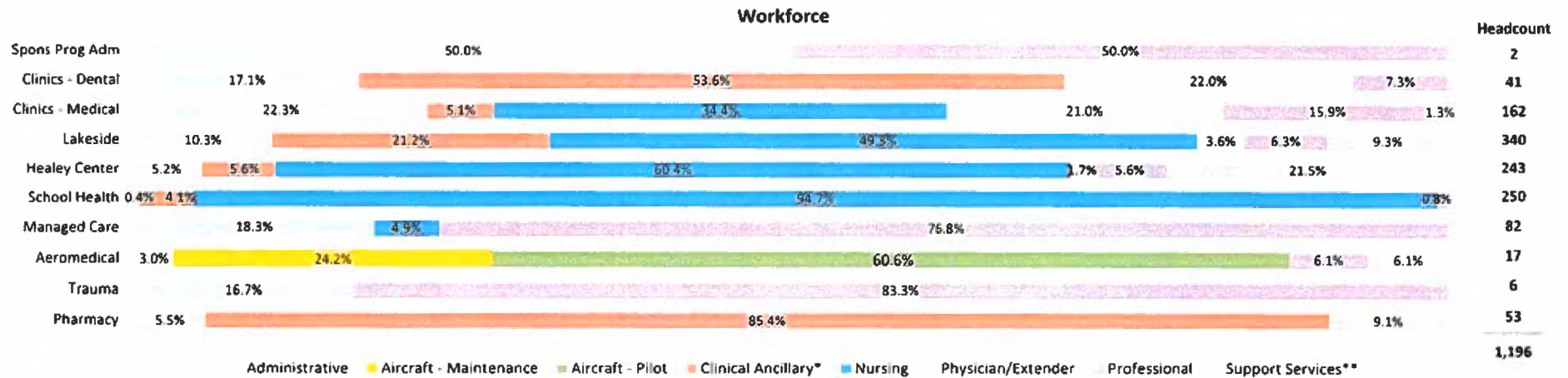
YTD Payor Mix by Volume



District Support (overhead and shortfall)

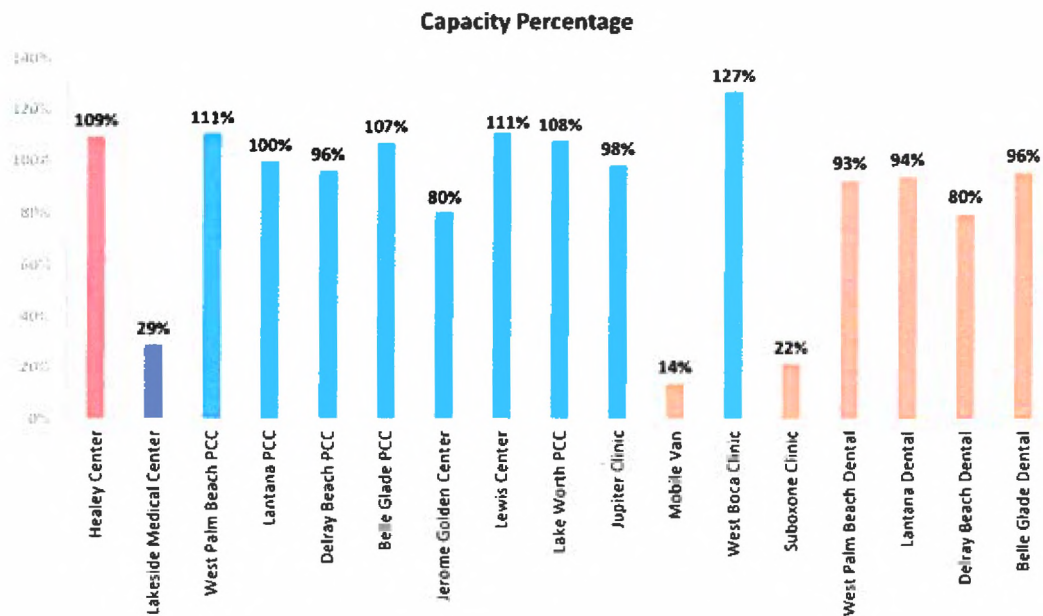


Program Dashboard - YTD August 2018



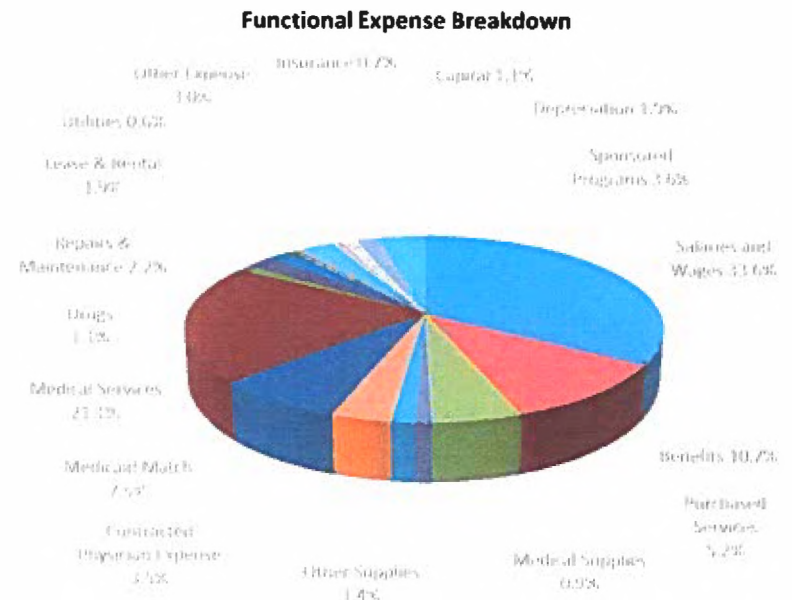
* Clinical Ancillary is comprised of employees in pharmacy, lab, radiology, ultrasound, respiratory, physical therapy, social services, activities, and dental hygienists/assistants

** Support Services is comprised of employees in housekeeping, dietary, laundry, purchasing, and warehouse/delivery



Healey Center and Lakeside Medical Center capacity percentages reflect the year-to-date average daily census.

Primary Care and Dental Clinic capacity percentages represent the number of completed visits compared to the budgeted number of visits at each location.



Revenues & Expenditures - Combined All Funds (Functional)

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
Revenues:													
\$ 11,181,253	\$ 11,107,500	\$ 73,753	0.7%	\$ 12,004,792	\$ (823,539)	(6.9%)	\$ 121,858,024	\$ 121,897,500	\$ (39,476)	(0.0%)	\$ 131,570,287	\$ (9,712,263)	(7.4%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
4,066,970	4,775,176	(708,206)	(14.8%)	4,026,707	40,263	1.0%	49,378,686	51,069,889	(1,691,203)	(3.3%)	48,112,088	1,266,599	2.6%
1,481,917	1,481,917	-	0.0%	1,481,917	0	0.0%	16,301,083	16,301,083	-	0.0%	16,301,083	0	0.0%
814,365	833,085	(18,720)	(2.2%)	499,389	314,976	63.1%	7,495,021	8,686,797	(1,191,777)	(13.7%)	6,550,376	944,645	14.4%
292,474	124,175	168,299	135.5%	203,613	88,860	43.6%	2,770,112	1,365,925	1,404,187	102.8%	2,031,228	738,883	36.4%
192,964	-	192,964	0.0%	88,979	103,985	116.9%	(848,814)	-	(848,814)	0.0%	(642,409)	(206,405)	32.1%
1,874,307	61,748	1,812,558	2,935.4%	899,598	974,709	108.3%	4,677,561	2,311,187	2,366,375	102.4%	5,025,762	(348,200)	(6.9%)
\$ 19,904,249	\$ 18,383,601	\$ 1,520,648	8.3%	\$ 19,204,995	\$ 699,253	3.6%	\$ 201,631,674	\$ 201,632,381	\$ (707)	(0.0%)	\$ 208,948,415	\$ (7,316,741)	(3.5%)
Expenditures:													
6,696,017	6,909,545	213,528	3.1%	6,277,988	(418,029)	(6.7%)	70,188,997	72,445,119	2,256,122	3.1%	64,756,840	(5,432,157)	(8.4%)
2,016,878	2,112,535	95,657	4.5%	1,950,095	(66,783)	(3.4%)	22,177,229	23,384,752	1,207,523	5.2%	21,329,396	(847,833)	(4.0%)
1,195,275	944,250	(251,025)	(26.6%)	945,328	(249,947)	(26.4%)	10,923,310	10,240,503	(682,808)	(6.7%)	9,039,579	(1,883,731)	(20.8%)
142,882	229,257	86,376	37.7%	205,435	62,553	30.4%	1,943,684	2,181,636	237,952	10.9%	1,586,587	(357,096)	(22.5%)
287,419	315,334	27,915	8.9%	146,977	(140,441)	(95.6%)	2,810,826	3,482,356	671,530	19.3%	1,916,569	(894,257)	(46.7%)
990,610	413,544	(577,066)	(139.5%)	295,404	(695,206)	(235.3%)	7,284,982	4,548,984	(2,735,998)	(60.1%)	4,525,080	(2,759,902)	(61.0%)
1,441,591	1,426,572	(15,019)	(1.1%)	1,415,952	(25,638)	(1.8%)	15,626,753	15,692,288	65,536	0.4%	15,546,708	(80,045)	(0.5%)
3,830,589	4,216,788	386,200	9.2%	4,490,095	659,506	14.7%	43,450,829	46,384,672	2,933,843	6.3%	47,658,115	4,207,286	8.8%
235,933	420,220	184,287	43.9%	214,245	(21,688)	(10.1%)	2,331,373	4,545,530	2,214,157	48.7%	3,703,020	1,371,647	37.0%
570,650	556,243	(14,407)	(2.6%)	370,034	(200,616)	(54.2%)	4,604,563	6,075,060	1,470,497	24.2%	4,454,741	(149,821)	(3.4%)
340,699	398,881	58,182	14.6%	345,085	4,386	1.3%	3,892,906	4,375,082	482,176	11.0%	3,828,603	(64,303)	(1.7%)
101,336	125,488	24,152	19.2%	129,584	28,248	21.8%	1,266,759	1,375,093	108,335	7.9%	1,459,981	193,222	13.2%
363,076	492,811	129,735	26.3%	342,165	(20,911)	(6.1%)	6,229,987	8,911,349	2,681,362	30.1%	6,426,999	197,012	3.1%
136,392	184,681	48,289	26.1%	139,031	2,638	1.9%	1,531,920	2,027,171	495,251	24.4%	1,444,524	(87,396)	(6.1%)
670,031	685,833	15,802	2.3%	603,059	(66,972)	(11.1%)	7,582,657	7,544,167	(38,490)	(0.5%)	6,869,385	(713,271)	(10.4%)
19,018,377	19,431,982	412,606	2.1%	17,870,475	(1,148,902)	(6.4%)	201,846,773	213,213,762	11,366,988	5.3%	194,546,128	(7,300,645)	(3.8%)
Net Performance before Depreciation & Overhead Allocations													
\$ 884,872	\$ (1,048,382)	\$ 1,933,254	(184.4%)	\$ 1,334,520	\$ (449,648)	(33.7%)	\$ (215,100)	\$ (11,581,381)	\$ 11,366,281	(98.1%)	\$ 14,402,287	\$ (14,617,386)	(101.5%)
353,956	386,950	32,994	8.5%	354,355	398	0.1%	3,994,309	4,256,448	262,140	6.2%	3,937,894	(56,414)	(1.4%)
19,373,333	19,818,932	445,599	2.2%	18,224,829	(1,148,503)	(6.3%)	205,841,082	217,470,210	11,629,128	5.3%	198,484,022	(7,357,059)	(3.7%)
\$ 530,916	\$ (1,435,332)	\$ 1,966,247	(137.0%)	\$ 980,166	\$ (449,250)	(45.8%)	\$ (4,209,408)	\$ (15,837,829)	\$ 11,628,421	(73.4%)	\$ 10,464,393	\$ (14,673,801)	(140.2%)
104,665	483,256	378,591	78.3%	695,877	591,212	85.0%	2,367,257	8,490,367	6,123,110	72.1%	2,049,966	(317,290)	(15.5%)
\$ 426,251	\$ (1,918,588)	\$ 2,344,838	(122.2%)	\$ 284,288	\$ 141,962	49.9%	\$ (6,576,665)	\$ (24,328,196)	\$ 17,751,531	(73.0%)	\$ 8,414,426	\$ (14,991,091)	(178.2%)

Note: Excludes Interfund Transfers

Revenues and Expenses by Fund YTD

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

	General Fund	Healey Center	Lakeside Medical	Healthy Palm Beaches	Primary Care Clinics	Medicaid Match	Capital Funds	Total
Revenues:								
Ad Valorem Taxes	\$ 121,858,024	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 121,858,024
Premiums	-	-	-	-	-	-	-	-
Patient Revenue, Net	2,791,669	7,746,886	24,306,655	-	14,533,477	-	-	49,378,686
Intergovernmental Revenue	2,551,083	8,341,667	-	-	-	5,408,333	-	16,301,083
Grants	99,931	-	383,190	-	7,011,899	-	-	7,495,021
Interest Earnings	2,455,273	-	-	-	-	-	-	2,455,273
Unrealized Gain/(Loss)-Investments	(848,814)	-	-	-	-	-	-	(848,814)
Other Revenue	2,331,559	52,770	390,408	39,924	1,915,842	5,049	256,849	4,992,400
Total Revenues	\$ 131,238,726	\$ 16,141,323	\$ 25,080,252	\$ 39,924	\$ 23,461,218	\$ 5,413,382	\$ 256,849	\$ 201,631,674
Expenditures:								
Salaries and Wages	30,152,880	9,382,514	17,163,359	-	13,490,244	-	-	70,188,997
Benefits	10,340,857	3,548,031	4,634,064	-	3,654,277	-	-	22,177,229
Purchased Services	6,186,785	748,079	3,089,559	27,949	870,939	-	-	10,923,310
Medical Supplies	36,580	497,804	978,105	-	431,194	-	-	1,943,684
Other Supplies	996,501	864,199	811,260	-	138,866	-	-	2,810,826
Contracted Physician Expense	294,832	15,376	6,959,419	-	15,355	-	-	7,284,982
Medicaid Match	-	-	-	-	-	15,626,753	-	15,626,753
Medical Services	43,450,904	-	-	(75)	-	-	-	43,450,829
Drugs	831,980	312,531	723,916	-	462,946	-	-	2,331,373
Repairs & Maintenance	2,425,208	317,074	1,378,863	-	483,418	-	-	4,604,563
Lease & Rental	2,076,919	12,947	522,543	-	1,280,497	-	-	3,892,906
Utilities	91,051	372,011	736,443	-	67,254	-	-	1,266,759
Other Expense	5,536,684	151,703	316,055	(31,839)	257,385	-	-	6,229,987
Insurance	1,322,396	48,475	131,854	8,916	20,280	-	-	1,531,920
Sponsored Programs	7,582,657	-	-	-	-	-	-	7,582,657
Total Operational Expenditures	111,326,232	16,270,744	37,445,439	4,951	21,172,654	15,626,753	-	201,846,773
Net Performance before Depreciation & Overhead Allocations	\$ 19,912,494	\$ (129,422)	\$ (12,365,187)	\$ 34,973	\$ 2,288,564	\$ (10,213,370)	\$ 256,849	\$ (215,100)
Budget	\$ 8,458,641	\$ 224,100	\$ (7,975,187)	\$ (38,225)	\$ (2,277,718)	\$ (10,282,030)	\$ 62,333	\$ (11,828,086)
Prior Year: Net Performance before Depreciation & Overhead Allocations	\$ 29,149,134	\$ 862,853	\$ (6,053,445)	\$ (2,051)	\$ 463,272	\$ (10,137,400)	\$ 149,927	\$ 14,432,292

Combined Governmental Funds Statement of Net Position

AS OF August 31, 2018

	General Fund August 2018	General Fund July 2018	Medicaid Match August 2018	Medicaid Match July 2018	Capital Projects August 2018	Capital Projects July 2018	Governmental Funds August 2018	Governmental Funds July 2018
Assets								
Cash and Cash Equivalents	\$ 1,277,481	\$ 12,552,434	\$ 609,042	\$ 609,042	\$ 23,457,879	\$ 23,524,661	\$ 25,344,402	\$ 36,686,138
Restricted Cash	-	-	-	-	-	-	-	-
Investments	150,221,155	149,956,772	-	-	-	-	150,221,155	149,956,772
Notes Receivable	-	-	-	-	-	-	-	-
Accounts Receivable, net	1,827,580	2,023,175	-	-	-	-	1,827,580	2,023,175
Due From Other Funds	-	-	-	-	-	-	-	-
Due From Other Governments	4,154,991	4,150,227	-	-	-	-	4,154,991	4,150,227
Inventory	230,831	230,831	-	-	-	-	230,831	230,831
Other Current Assets	2,443,143	2,256,044	-	-	-	-	2,443,143	2,256,044
Total Assets	\$ 160,155,181	\$ 171,169,482	\$ 609,042	\$ 609,042	\$ 23,457,879	\$ 23,524,661	\$ 184,222,102	\$ 195,303,186
Liabilities								
Accounts Payable	3,443,341	3,851,749	-	-	-	-	3,443,341	3,851,749
Medical Benefits Payable	3,769,685	3,769,685	-	-	-	-	3,769,685	3,769,685
Due To Other Funds	-	1	-	-	-	-	-	1
Due To Other Governments	-	-	-	-	-	-	-	-
Deferred Revenue	13,659,673	24,964,089	-	-	-	-	13,659,673	24,964,089
Other Current Liabilities	5,360,264	4,496,952	-	-	-	-	5,360,264	4,496,952
Noncurrent Liabilities	449,769	456,439	-	-	-	-	449,769	456,439
Total Liabilities	26,682,732	37,538,917	-	-	-	-	26,682,732	37,538,917
Fund Balances								
Nonspendable	2,734,140	2,877,739	-	-	-	-	2,734,140	2,877,739
Assigned to Subsequent Year's Budget	36,700,000	36,700,000	-	-	-	-	36,700,000	36,700,000
Assigned to Capital Projects	-	-	-	-	25,129,755	25,129,755	25,129,755	25,129,755
Assigned to Medicaid Match	-	-	491,667	491,667	-	-	491,667	491,667
Unassigned	96,076,145	95,932,546	117,376	117,376	438,532	438,532	96,632,052	96,488,453
Beginning Fund Balance	135,510,285	135,510,285	609,042	609,042	25,568,287	25,568,287	161,687,613	161,687,613
Revenue Over/(Under) Expenditures	(2,037,835)	(1,879,719)	-	-	(2,110,408)	(2,043,625)	(4,148,243)	(3,923,344)
Ending Fund Balance	133,472,449	133,630,566	609,042	609,042	23,457,879	23,524,661	157,539,370	157,764,269
Total Liabilities and Fund Balances	\$ 160,155,181	\$ 171,169,482	\$ 609,042	\$ 609,042	\$ 23,457,879	\$ 23,524,661	\$ 184,222,102	\$ 195,303,186

^ Excludes Interfund Transfers

Combined Business-Type Funds Statement of Net Position

AS OF August 31, 2018

	Healey Center August 2018	Healey Center July 2018	Healthy Palm Beaches August 2018	Healthy Palm Beaches July 2018	Lakeside Medical Center August 2018	Lakeside Medical Center July 2018	Primary Care Clinics August 2018	Primary Care Clinics July 2018	Business-Type Funds August 2018	Business-Type Funds July 2018
Assets										
Cash and Cash Equivalents	\$ 2,672,905	\$ 2,504,114	\$ 1,417,868	\$ 1,415,524	\$ 7,542,284	\$ 7,463,116	\$ 1,454,249	\$ 431,478	\$ 13,087,306	\$ 11,814,232
Restricted Cash	8,855	8,855	1,500,000	1,500,000	-	-	-	-	1,508,855	1,508,855
Accounts Receivable, net	732,681	834,940	-	-	2,283,759	2,027,866	1,329,873	1,447,818	4,346,313	4,310,624
Due From Other Funds	-	-	-	1	-	-	-	-	-	1
Due From Other Governments	-	-	-	-	297,007	87,831	1,676,060	1,483,932	1,973,067	1,571,762
Inventory	-	-	-	-	799,432	744,464	-	-	799,432	744,464
Other Current Assets	74,196	92,809	39,134	40,575	346,746	407,162	312,219	277,903	772,295	818,449
Net Investment in Capital Assets	17,777,475	17,830,224	-	-	39,049,093	39,329,137	755,881	777,044	57,582,449	57,936,406
Total Assets	\$ 21,266,112	\$ 21,270,942	\$ 2,957,002	\$ 2,956,100	\$ 50,318,321	\$ 50,059,576	\$ 5,528,282	\$ 4,418,174	\$ 80,069,717	\$ 78,704,793
Deferred Outflows of Resources										
Deferred Outflows Related to Pensions	\$ 114,863	\$ 114,863	-	-	-	-	-	-	\$ 114,863	\$ 114,863
Liabilities										
Accounts Payable	159,062	231,834	-	-	1,499,910	1,052,757	170,790	304,523	1,829,763	1,589,113
Medical Benefits Payable	-	-	10,000	10,000	-	-	-	-	10,000	10,000
Due to Other Funds	-	-	-	-	-	-	-	-	-	-
Due to Other Governments	28,821	28,821	-	-	2,317,805	2,317,805	-	-	2,346,627	2,346,627
Deferred Revenue	-	-	-	-	9,825	9,825	-	21,861	9,825	31,686
Other Current Liabilities	547,022	427,737	3,471	3,471	1,539,234	1,348,141	861,824	677,216	2,951,551	2,456,565
Noncurrent Liabilities	1,160,694	1,160,694	-	-	1,917,955	1,917,955	729,254	729,254	3,807,904	3,807,904
Total Liabilities	\$ 1,895,601	\$ 1,849,087	\$ 13,471	\$ 13,471	\$ 7,284,729	\$ 6,646,483	\$ 1,761,869	\$ 1,732,854	\$ 10,955,669	\$ 10,241,895
Deferred Inflows of Resources										
Deferred Inflows Related to Pensions	\$ 113,432	\$ 113,432	-	-	-	-	-	-	\$ 113,432	\$ 113,432
Net Position										
Net Investment in Capital Assets	17,777,475	17,830,224	-	-	39,049,093	39,329,137	755,881	777,044	57,582,449	57,936,406
Restricted	8,855	8,855	1,500,000	1,500,000	-	-	-	-	1,508,855	1,508,855
Unrestricted	1,585,613	1,584,207	1,443,531	1,442,629	3,984,498	4,083,956	3,010,533	1,908,276	10,024,175	9,019,069
Total Net Position	19,371,942	19,423,286	2,943,531	2,942,629	43,033,591	43,413,093	3,766,414	2,685,321	69,115,479	68,464,329
Total Net Position	\$ 21,380,975	\$ 21,385,805	\$ 2,957,002	\$ 2,956,100	\$ 50,318,321	\$ 50,059,576	\$ 5,528,283	\$ 4,418,174	\$ 80,184,580	\$ 78,819,656



SUPPLEMENTAL INFORMATION

GENERAL FUND

General Fund Revenue & Expenditures

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 11,181,253	\$ 11,107,500	\$ 73,753	0.7%	\$ 12,004,792	\$ (823,539)	(6.9%)	\$ 121,858,024	\$ 121,897,500	\$ (39,476)	(0.0%)	\$ 131,570,287	\$ (9,712,263)	(7.4%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
124,904	204,449	(79,545)	(38.9%)	101,469	23,435	23.1%	2,791,669	2,615,630	176,039	6.7%	2,229,448	562,220	25.2%
231,917	231,917	-	0.0%	231,917	0	0.0%	2,551,083	2,551,083	-	0.0%	2,551,083	0	0.0%
4,765	8,258	(3,493)	(42.3%)	5,151	(386)	(7.5%)	99,931	90,842	9,090	10.0%	93,049	6,883	7.4%
243,422	115,358	128,064	111.0%	194,253	49,169	25.3%	2,455,273	1,268,942	1,186,331	93.5%	1,846,083	609,190	33.0%
192,964	-	192,964	0.0%	88,979	103,985	116.9%	(848,814)	-	(848,814)	0.0%	(642,409)	(206,405)	32.1%
196,941	42,267	154,674	365.9%	254,506	(57,565)	(22.6%)	2,331,559	2,096,888	234,670	11.2%	3,368,458	(1,036,900)	(30.8%)
\$ 12,176,165	\$ 11,709,749	\$ 466,416	4.0%	\$ 12,881,066	\$ (704,901)	(5.5%)	\$ 131,238,726	\$ 130,520,885	\$ 717,841	0.5%	\$ 141,016,000	\$ (9,777,274)	(6.9%)
Expenditures:													
2,946,395	3,029,475	83,080	2.7%	2,734,854	(211,541)	(7.7%)	30,152,880	31,523,795	1,370,915	4.3%	28,201,162	(1,951,718)	(6.9%)
914,234	962,899	48,665	5.1%	884,255	(29,979)	(3.4%)	10,340,857	11,053,412	712,556	6.4%	10,070,988	(269,869)	(2.7%)
624,735	558,266	(66,469)	(11.9%)	556,624	(68,111)	(12.2%)	6,186,785	6,015,773	(171,012)	(2.8%)	4,869,424	(1,317,361)	(27.1%)
6,607	28,182	21,575	76.6%	10,339	3,733	36.1%	36,580	103,669	67,089	64.7%	48,248	11,668	24.2%
132,530	121,775	(10,755)	(8.8%)	38,114	(94,416)	(247.7%)	996,501	1,373,951	377,450	27.5%	577,101	(419,400)	(72.7%)
29,167	29,167	0	0.0%	29,167	-	0.0%	294,832	320,833	26,002	8.1%	318,530	23,698	7.4%
3,830,589	4,216,788	386,200	9.2%	4,490,095	659,506	14.7%	43,450,904	46,384,672	2,933,768	6.3%	47,655,905	4,205,001	8.8%
104,771	244,165	139,394	57.1%	64,444	(40,328)	(62.6%)	831,980	2,685,815	1,853,835	69.0%	2,048,367	1,216,387	59.4%
243,314	282,274	38,960	13.8%	157,302	(86,012)	(54.7%)	2,425,208	3,101,615	676,407	21.8%	2,449,601	24,393	1.0%
169,820	214,365	44,545	20.8%	182,381	12,561	6.9%	2,076,919	2,358,017	281,098	11.9%	1,990,289	(86,630)	(4.4%)
12,287	6,471	(5,816)	(89.9%)	5,593	(6,694)	(119.7%)	91,051	71,179	(19,872)	(27.9%)	66,995	(24,055)	(35.9%)
303,393	418,114	114,722	27.4%	237,526	(65,867)	(27.7%)	5,536,684	7,727,020	2,190,336	28.3%	5,480,490	(56,193)	(1.0%)
113,247	163,484	50,237	30.7%	125,751	12,504	9.9%	1,322,396	1,798,326	475,930	26.5%	1,220,381	(102,015)	(8.4%)
670,031	685,833	15,802	2.3%	603,059	(66,972)	(11.1%)	7,582,657	7,544,167	(38,490)	(0.5%)	6,869,385	(713,271)	(10.4%)
10,101,118	10,961,259	860,141	7.8%	10,119,502	18,385	0.2%	111,326,232	122,062,243	10,736,012	8.8%	111,866,865	540,634	0.5%
Net Performance before Overhead													
2,075,047	748,490	1,326,557	177.2%	2,761,563	(686,516)	(24.9%)	19,912,494	8,458,641	11,453,853	135.4%	29,149,134	(9,236,640)	(31.7%)
(845,988)	(969,161)	123,172	(12.7%)	(743,509)	102,480	(13.8%)	(8,862,530)	(10,660,767)	1,798,237	(16.9%)	(7,090,524)	1,772,006	(25.0%)
9,255,129	9,992,098	736,969	7.4%	9,375,994	120,864	1.3%	102,463,702	111,401,476	8,937,775	8.0%	104,776,342	2,312,640	2.2%
\$ 2,921,036	\$ 1,717,651	\$ 1,203,384	70.1%	\$ 3,505,072	\$ (584,036)	(16.7%)	\$ 28,775,024	\$ 19,119,408	\$ 9,655,616	50.5%	\$ 36,239,658	\$ (7,464,634)	(20.6%)
-	-	-	0.0%	66,513	66,513	100.0%	-	-	-	0.0%	117,718	117,718	100.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ (3,079,152)	\$ (3,432,647)	\$ 353,495	(10.3%)	\$ (924,230)	\$ (2,154,922)	233.2%	\$ (30,812,859)	\$ (37,759,113)	\$ 6,946,254	(18.4%)	\$ (12,137,400)	\$ (18,675,460)	153.9%

Trauma Statement of Revenues and Expenditures

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 191,921	\$ 20,833	\$ 171,088	821.2%	\$ -	\$ 191,921	0.0%	\$ 512,025	\$ 229,167	\$ 282,858	123.4%	\$ -	\$ 512,025	0.0%
191,921	20,833	171,088	821.2%	-	191,921	0.0%	512,025	229,167	282,858	123.4%	-	512,025	0.0%
<i>Direct Operational Expenses:</i>													
42,386	45,070	2,684	6.0%	41,157	(1,229)	(3.0%)	446,781	470,292	23,512	5.0%	496,974	50,193	10.1%
13,166	12,663	(504)	(4.0%)	13,804	638	4.6%	142,421	135,018	(7,402)	(5.5%)	143,727	1,306	0.9%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
1,344,526	1,402,500	57,974	4.1%	1,660,438	315,912	19.0%	14,663,471	15,427,500	764,029	5.0%	17,634,115	2,970,644	16.8%
9	63	54	86.0%	-	(9)	0.0%	259	688	428	62.3%	336	76	22.7%
29,167	29,167	0	0.0%	29,167	-	0.0%	294,832	320,833	26,002	8.1%	318,530	23,698	7.4%
792	792	-	0.0%	708	(83)	(11.8%)	8,125	8,708	583	6.7%	7,792	(333)	(4.3%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
1,354	1,893	539	28.5%	822	(533)	(64.8%)	6,551	20,827	14,275	68.5%	1,316	(5,235)	(397.8%)
74,308	100,925	26,617	26.4%	98,884	24,576	24.9%	950,369	1,110,175	159,806	14.4%	894,762	(55,607)	(6.2%)
1,505,707	1,593,072	87,364	5.5%	1,844,980	339,272	18.4%	16,512,810	17,494,042	981,232	5.6%	19,497,551	2,984,742	15.3%
<i>Net Performance before Overhead</i>													
(1,313,786)	(1,572,238)	258,452	(16.4%)	(1,844,980)	531,194	(28.8%)	(16,000,785)	(17,264,875)	1,264,091	(7.9%)	(19,497,551)	3,496,767	(17.9%)
<i>Overhead Allocations:</i>													
278	339	61	18.0%	421	143	33.9%	3,037	3,734	697	18.7%	2,937	(101)	(3.4%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
145	144	(2)	(1.2%)	164	19	11.6%	964	1,579	615	39.0%	2,327	1,364	58.6%
6,794	12,606	5,813	46.1%	3,305	(3,489)	(105.6%)	100,577	138,670	38,093	27.5%	41,040	(59,537)	(145.1%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
662	699	37	5.3%	1,346	683	50.8%	7,386	7,690	305	4.0%	9,662	2,276	23.6%
779	763	(17)	(2.2%)	817	38	4.7%	7,669	8,388	719	8.6%	8,936	1,267	14.2%
251	354	104	29.2%	281	30	10.8%	3,237	3,898	661	17.0%	4,030	793	19.7%
185	164	(20)	(12.4%)	209	24	11.6%	2,014	1,809	(205)	(11.3%)	1,420	(594)	(41.8%)
173	228	56	24.4%	211	39	18.3%	1,830	2,513	683	27.2%	1,945	114	5.9%
37	40	3	7.5%	-	(37)	0.0%	376	442	66	15.0%	-	(376)	0.0%
718	767	49	6.4%	878	160	18.2%	8,337	8,437	101	1.2%	9,566	1,229	12.8%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
274	514	240	46.6%	364	90	24.6%	2,314	5,653	3,339	59.1%	3,161	847	26.8%
2,584	2,494	(89)	(3.6%)	2,895	311	10.7%	24,455	27,436	2,981	10.9%	30,081	5,626	18.7%
-	96	96	100.0%	147	147	100.0%	262	1,056	795	75.2%	1,661	1,399	84.2%
109	81	(28)	(34.5%)	-	(109)	0.0%	1,068	890	(178)	(20.0%)	-	(1,068)	0.0%
12,989	19,291	6,302	32.7%	11,039	(1,950)	(17.7%)	163,526	212,197	48,671	22.9%	116,764	(46,761)	(40.0%)
1,518,696	1,612,362	93,666	5.8%	1,856,018	337,322	18.2%	16,676,336	17,706,239	1,029,903	5.8%	19,614,316	2,937,980	15.0%
\$ (1,326,775)	\$ (1,591,529)	\$ 264,754	(16.6%)	\$ (1,856,018)	\$ 529,244	(28.5%)	\$ (16,164,311)	\$ (17,477,072)	\$ 1,312,761	(7.5%)	\$ (19,614,316)	\$ 3,450,005	(17.6%)

Aeromedical Statement of Revenues and Expenditures

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 1,366,106	\$ 871,881	\$ 494,225	56.7%	\$ 912,287	\$ 453,819	49.7%	Gross Patient Revenue	\$ 12,453,845	\$ 11,720,880	\$ 732,964	6.3%	11,255,755	\$ 1,198,089	10.6%	
1,153,393	419,318	(734,075)	(175.1%)	549,861	(603,532)	(109.8%)	Contractual Allowances	7,071,401	5,621,921	(1,449,480)	(25.8%)	5,285,396	(1,786,005)	(33.8%)	
335,846	177,768	(158,078)	(88.9%)	194,802	(141,044)	(72.4%)	Charity Care	1,823,852	2,389,777	565,925	23.7%	3,158,047	1,334,195	42.2%	
(248,037)	87,860	335,897	382.3%	66,155	314,191	474.9%	Bad Debt	766,923	1,181,124	414,201	35.1%	582,864	(184,059)	(31.6%)	
1,241,202	684,946	(556,256)	(81.2%)	810,818	(430,384)	(53.1%)	Total Contractuals and Bad Debt	9,662,176	9,192,822	(469,354)	(5.1%)	9,026,307	(635,869)	-7.0%	
124,904	186,935	(62,031)	(33.2%)	101,469	23,435	23.1%	Net Patient Revenue	2,791,669	2,528,058	263,611	10.4%	2,229,448	562,220	25.2%	
9.14%	21.44%			11.12%			Collection %	22.42%	21.57%			19.81%			
-	-	-	0.0%	501	(501)	(100.0%)	Other revenue	-	-	-	0.0%	1,139	(1,139)	(100.0%)	
124,904	186,935	(62,031)	(33.2%)	101,970	22,934	22.5%	Total Revenues	2,791,669	2,528,058	263,611	10.4%	2,230,588	561,081	25.2%	
Direct Operational Expenses:															
164,971	173,884	8,913	5.1%	130,933	(34,039)	(26.0%)	Salaries and Wages	1,730,770	1,847,764	116,995	6.3%	1,644,277	(86,492)	(5.3%)	
55,635	55,620	(16)	(0.0%)	50,454	(5,181)	(10.3%)	Benefits	596,464	591,423	(5,041)	(0.9%)	559,543	(36,921)	(6.6%)	
281,598	230,856	(50,742)	(22.0%)	207,807	(73,792)	(35.5%)	Purchased Services	2,693,277	2,414,265	(279,012)	(11.6%)	2,286,506	(406,772)	(17.8%)	
2,302	698	(1,604)	(229.9%)	809	(1,493)	(184.7%)	Medical Supplies	17,561	9,436	(8,125)	(86.1%)	15,571	(1,990)	(12.8%)	
9,004	11,693	2,689	23.0%	5,741	(3,262)	(56.8%)	Other Supplies	110,272	157,291	47,019	29.9%	99,181	(11,091)	(11.2%)	
92,553	67,287	(25,266)	(37.5%)	49,358	(43,195)	(87.5%)	Repairs & Maintenance	784,356	740,158	(44,198)	(6.0%)	759,652	(24,704)	(3.3%)	
5,917	4,938	(980)	(19.8%)	3,996	(1,922)	(48.1%)	Utilities	50,986	54,313	3,327	6.1%	53,067	2,081	3.9%	
5,090	5,100	10	0.2%	5,090	-	0.0%	Lease & Rental	55,991	56,100	109	0.2%	55,991	-	0.0%	
21,551	23,914	2,363	9.9%	18,975	(2,576)	(13.6%)	Other Expense	213,402	263,051	49,650	18.9%	221,396	7,995	3.6%	
7,221	10,911	3,689	33.8%	9,716	2,494	25.7%	Insurance	71,661	120,020	48,359	40.3%	108,191	36,530	33.8%	
645,843	584,900	(60,943)	(10.4%)	482,877	(162,966)	(33.7%)	Total Operational Expenses	6,324,740	6,253,822	(70,919)	(1.1%)	5,803,376	(521,365)	(9.0%)	
Net Performance before Overhead															
(520,939)	(397,965)	(122,974)	30.9%	(380,906)	(140,033)	36.8%	Allocations	(3,533,071)	(3,725,763)	192,692	(5.2%)	(3,572,788)	39,717	(1.1%)	
Overhead Allocations:															
2,740	3,345	605	18.1%	3,289	548	16.7%	Risk Mgt	29,915	36,745	6,881	18.7%	22,936	(6,979)	(30.4%)	
8,131	10,928	2,797	25.6%	13,578	5,447	40.1%	Rev Cycle	94,778	120,209	25,431	21.2%	105,163	10,385	9.9%	
1,431	1,414	(16)	(1.2%)	1,282	(149)	(11.6%)	Internal Audit	9,498	15,559	6,061	39.0%	18,175	8,678	47.7%	
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	
6,527	6,889	362	5.3%	10,509	3,982	37.9%	Administration	72,778	75,782	3,004	4.0%	75,452	2,674	3.5%	
2,351	2,300	(51)	(2.2%)	2,102	(249)	(11.8%)	Human Resources	23,134	25,304	2,169	8.6%	22,978	(156)	(0.7%)	
2,472	3,492	1,020	29.2%	2,196	(276)	(12.6%)	Legal	31,900	38,414	6,514	17.0%	31,476	(423)	(1.3%)	
1,821	1,620	(201)	(12.4%)	1,632	(189)	(11.6%)	Records	19,845	17,825	(2,019)	(11.3%)	11,088	(8,756)	(79.0%)	
1,701	2,251	550	24.4%	1,650	(51)	(3.1%)	Compliance	18,037	24,765	6,728	27.2%	15,188	(2,849)	(18.8%)	
367	396	30	7.5%	-	(367)	0.0%	Planning/Research	3,706	4,359	654	15.0%	-	(3,706)	0.0%	
7,076	7,558	483	6.4%	6,858	(218)	(3.2%)	Finance	82,151	83,142	990	1.2%	74,703	(7,449)	(10.0%)	
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	
2,702	5,064	2,362	46.6%	2,842	140	4.9%	Public Relations	22,806	55,707	32,901	59.1%	24,685	1,879	7.6%	
25,458	24,578	(880)	(3.6%)	22,606	(2,852)	(12.6%)	Information Technology	240,980	270,355	29,375	10.9%	234,918	(6,062)	(2.6%)	
-	946	946	100.0%	1,148	1,148	100.0%	Budget & Decision Support	2,578	10,408	7,830	75.2%	12,970	10,392	80.1%	
1,072	797	(275)	(34.5%)	-	(1,072)	0.0%	Corporate Quality	10,526	8,770	(1,757)	(20.0%)	-	(10,526)	0.0%	
63,850	71,581	7,731	10.8%	69,692	5,842	8.4%	Total Overhead Allocations	662,632	787,394	124,762	15.8%	649,732	(12,899)	(2.0%)	
709,693	656,481	(53,212)	(8.1%)	552,569	(157,124)	(28.4%)	Total Expenses	6,987,372	7,041,216	53,844	0.8%	6,453,108	(534,264)	(8.3%)	
\$ (584,789)	\$ (469,546)	\$ (115,243)	24.5%	\$ (450,598)	\$ (134,191)	29.8%	Net Margin	\$ (4,195,703)	\$ (4,513,157)	\$ 317,454	(7.0%)	\$ (4,222,520)	\$ 26,817	(0.6%)	

Managed Care Statement of Revenues and Expenditures

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
<i>Direct Operational Expenses:</i>													
393,765	403,244	9,479	2.4%	396,527	2,762	0.7%	4,164,975	4,207,765	42,790	1.0%	4,211,048	46,073	1.1%
139,752	148,986	9,234	6.2%	145,536	5,784	4.0%	1,496,346	1,598,567	102,221	6.4%	1,534,313	37,967	2.5%
17,038	23,305	6,266	26.9%	16,236	(802)	(4.9%)	371,125	256,353	(114,772)	(44.8%)	189,122	(182,002)	(96.2%)
2,486,063	2,814,288	328,225	11.7%	2,829,656	343,593	12.1%	28,787,433	30,957,172	2,169,739	7.0%	30,021,790	1,234,357	4.1%
2,110	2,875	765	26.6%	757	(1,353)	(178.7%)	22,487	31,625	9,138	28.9%	52,365	29,878	57.1%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
24,262	24,127	(135)	(0.6%)	14,078	(10,184)	(72.3%)	259,693	265,393	5,700	2.1%	182,098	(77,595)	(42.6%)
14,813	15,841	1,028	6.5%	14,813	-	0.0%	162,943	174,255	11,312	6.5%	162,943	-	0.0%
807	783	(23)	(3.0%)	848	41	4.9%	5,704	8,617	2,912	33.8%	6,727	1,023	15.2%
16,199	37,106	20,907	56.3%	(41,350)	(57,550)	(139.2%)	83,932	408,169	324,237	79.4%	(83,880)	(167,812)	200.1%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
3,094,810	3,470,556	375,746	10.8%	3,377,102	282,292	8.4%	35,354,637	37,907,915	2,553,278	6.7%	36,276,526	921,889	2.5%
<i>Net Performance before Overhead</i>													
(3,094,810)	(3,470,556)	375,746	(10.8%)	(3,377,102)	282,292	(8.4%)	(35,354,637)	(37,907,915)	2,553,278	(6.7%)	(36,276,526)	921,889	(2.5%)
<i>Overhead Allocations</i>													
3,047	3,717	669	18.0%	8,652	5,605	64.8%	33,255	40,882	7,627	18.7%	60,346	27,091	44.9%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
1,590	1,572	(18)	(1.2%)	3,374	1,784	52.9%	10,552	17,287	6,734	39.0%	47,821	37,268	77.9%
54,945	101,958	47,013	46.1%	46,565	(8,380)	(18.0%)	813,451	1,121,542	308,091	27.5%	578,216	(235,234)	(40.7%)
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
7,252	7,654	402	5.3%	27,651	20,399	73.8%	80,860	84,198	3,338	4.0%	198,519	117,659	59.3%
11,560	11,313	(249)	(2.2%)	16,934	5,374	31.7%	113,754	124,420	10,667	8.6%	185,101	71,348	38.5%
2,747	3,880	1,133	29.2%	5,779	3,032	52.5%	35,444	42,680	7,236	17.0%	82,816	47,372	57.2%
2,024	1,800	(223)	(12.4%)	4,294	2,270	52.9%	22,049	19,805	(2,244)	(11.3%)	29,174	7,126	24.4%
1,890	2,501	612	24.4%	4,342	2,452	56.5%	20,040	27,516	7,476	27.2%	39,960	19,919	49.8%
407	440	33	7.5%	-	(407)	0.0%	4,117	4,843	726	15.0%	-	(4,117)	0.0%
7,861	8,398	536	6.4%	18,044	10,182	56.4%	91,275	92,375	1,100	1.2%	196,547	105,272	53.6%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
3,002	5,627	2,625	46.6%	7,477	4,475	59.8%	25,338	61,893	36,555	59.1%	64,947	39,609	61.0%
28,286	27,307	(978)	(3.6%)	59,478	31,193	52.4%	267,743	300,381	32,637	10.9%	618,084	350,341	56.7%
-	1,051	1,051	100.0%	3,019	3,019	100.0%	2,865	11,564	8,699	75.2%	34,125	31,261	91.6%
1,191	886	(306)	(34.5%)	-	(1,191)	0.0%	11,695	9,744	(1,952)	(20.0%)	-	(11,695)	0.0%
125,802	178,103	52,300	29.4%	205,609	79,806	38.8%	1,532,439	1,959,130	426,691	21.8%	2,135,657	603,218	28.2%
3,220,612	3,648,659	428,047	11.7%	3,582,710	362,098	10.1%	36,887,076	39,867,045	2,979,969	7.5%	38,412,183	1,525,107	4.0%
\$ (3,220,612)	\$ (3,648,659)	\$ 428,047	(11.7%)	\$ (3,582,710)	\$ 362,098	(10.1%)	\$ (36,887,076)	\$ (39,867,045)	\$ 2,979,969	(7.5%)	\$ (38,412,183)	\$ 1,525,107	(4.0%)

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ -	17,514	\$ (17,514)	(100.0%)	-	\$ -	0.0%	Patient Revenue	\$ -	87,572	\$ (87,572)	(100.0%)	\$ -	\$ -	0.0%
			0.0%				Other Revenue				0.0%			0.0%
4,765	8,258	(3,493)	(42.3%)	5,151	(386)	(7.5%)	Grants	99,931	90,842	9,090	10.0%	93,049	6,883	7.4%
4,765	25,773	(21,008)	(81.5%)	5,151	(386)	(7.5%)	Total Revenues	99,931	178,413	(78,482)	(44.0%)	93,049	6,883	7.4%
Direct Operational Expenses:														
309,594	327,661	18,067	5.5%	277,220	(32,375)	(11.7%)	Salaries and Wages	3,318,278	3,419,211	100,933	3.0%	2,712,185	(606,093)	(22.3%)
96,000	93,586	(2,414)	(2.6%)	90,059	(5,941)	(6.6%)	Benefits	994,863	1,003,607	8,744	0.9%	892,127	(102,736)	(11.5%)
13,059	16,357	3,299	20.2%	4,455	(8,604)	(193.2%)	Purchased Services	123,919	179,931	56,012	31.1%	89,100	(34,819)	(39.1%)
			0.0%				Medical Services				0.0%			0.0%
16,848	11,417	(5,432)	(47.6%)	18,001	1,152	6.4%	Other Supplies	120,822	125,583	4,762	3.8%	93,050	(27,771)	(29.8%)
			0.0%				Preventive Services				0.0%			0.0%
104,771	244,165	139,394	57.1%	64,444	(40,328)	(62.6%)	Drugs	831,980	2,685,815	1,853,835	69.0%	2,048,367	1,216,387	59.4%
21,867	39,492	17,625	44.6%	7,598	(14,270)	(187.8%)	Repairs & Maintenance	304,742	434,413	129,671	29.8%	246,024	(58,718)	(23.9%)
12,523	15,549	3,026	19.5%	12,305	(218)	(1.8%)	Lease & Rental	137,267	171,041	33,774	19.7%	135,571	(1,697)	(1.3%)
714	750	36	4.8%	749	35	4.7%	Utilities	7,624	8,250	626	7.6%	7,201	(423)	(5.9%)
2,136	3,433	1,298	37.8%	14,591	12,456	85.4%	Other Expense	16,306	37,767	21,761	57.6%	48,907	32,901	67.3%
1,761	1,304	(457)	(35.1%)	1,372	(389)	(28.3%)	Insurance	16,792	14,343	(2,449)	(17.1%)	14,071	(2,721)	(19.3%)
579,274	753,715	174,441	23.1%	490,793	(88,480)	(18.0%)	Total Operational Expenses	5,872,292	8,079,960	2,207,668	27.3%	6,286,603	414,311	6.6%
Net Performance before Overhead														
(574,509)	(727,942)	153,433	(21.1%)	(485,642)	(88,866)	18.3%	Allocations	(5,772,361)	(7,901,547)	2,129,186	(26.9%)	(6,186,672)	421,193	(6.8%)
Overhead Allocations:														
3,501	4,271	769	18.0%	-	(3,501)	0.0%	Risk Mgt	38,213	46,977	8,764	18.7%	-	(38,213)	0.0%
308	414	106	25.6%	-	(308)	0.0%	Rev Cycle	3,592	4,556	964	21.2%	-	(3,592)	0.0%
1,827	1,806	(21)	(1.2%)	-	(1,827)	0.0%	Internal Audit	12,126	19,864	7,738	39.0%	-	(12,126)	0.0%
8,333	8,796	462	5.3%	-	(8,333)	0.0%	Administration	92,916	96,751	3,835	4.0%	-	(92,916)	0.0%
6,235	6,100	(134)	(2.2%)	-	(6,235)	0.0%	Human Resources	61,350	67,103	5,753	8.6%	-	(61,350)	0.0%
3,156	4,458	1,302	29.2%	-	(3,156)	0.0%	Legal	40,728	49,043	8,315	17.0%	-	(40,728)	0.0%
2,325	2,069	(257)	(12.4%)	-	(2,325)	0.0%	Records	25,336	22,758	(2,578)	(11.3%)	-	(25,336)	0.0%
2,172	2,874	703	24.4%	-	(2,172)	0.0%	Compliance	23,028	31,618	8,590	27.2%	-	(23,028)	0.0%
468	506	38	7.5%	-	(468)	0.0%	Planning/Research	4,731	5,565	834	15.0%	-	(4,731)	0.0%
9,033	9,650	616	6.4%	-	(9,033)	0.0%	Finance	104,883	106,147	1,264	1.2%	-	(104,883)	0.0%
-	-	-	0.0%	-	-	0.0%	Communications				0.0%	-	-	0.0%
3,450	6,466	3,016	46.6%	-	(3,450)	0.0%	Public Relations	29,116	71,121	42,005	59.1%	-	(29,116)	0.0%
32,503	31,379	(1,124)	(3.6%)	-	(32,503)	0.0%	Information Technology	307,661	345,164	37,503	10.9%	-	(307,661)	0.0%
-	1,208	1,208	100.0%	-	-	0.0%	Budget & Decision Support	3,292	13,288	9,996	75.2%	-	(3,292)	0.0%
1,369	1,018	(351)	(34.5%)	-	(1,369)	0.0%	Corporate Quality	13,439	11,196	(2,243)	(20.0%)	-	(13,439)	0.0%
29	81	52	64.5%	-	(29)	0.0%	Managed Care Contract	458	889	431	48.5%	-	(458)	0.0%
74,709	81,095	6,385	7.9%	-	(74,709)	0.0%	Total Overhead Allocations	760,868	892,040	131,172	14.7%	-	(760,868)	0.0%
653,983	834,809	180,826	21.7%	490,793	(163,189)	(33.3%)	Total Expenses	6,633,160	8,972,000	2,338,840	26.1%	6,286,603	(346,557)	(5.5%)
\$ (649,218)	\$ (809,037)	\$ 159,819	(19.8%)	\$ (485,642)	\$ (163,576)	33.7%	Net Margin	\$ (6,533,229)	\$ (8,799,587)	\$ 2,260,358	(25.7%)	\$ (6,193,554)	\$ (339,675)	5.5%

School Health Statement of Revenues and Expenditures

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 231,917	\$ 231,917	\$ -	0.0%	\$ 231,917	\$ 0	0.0%	Palm Beach County School District	\$ 2,551,083	\$ 2,551,083	\$ -	0.0%	\$ 2,551,083	\$ 0	0.0%
231,917	231,917	-	0.0%	231,917	0	0.0%	Total Revenue	2,551,083	2,551,083	-	0.0%	2,551,083	0	0.0%
Direct Operational Expenses:														
1,169,706	1,115,907	(53,798)	(4.8%)	1,045,508	(124,198)	(11.9%)	Salaries and Wages	11,371,532	11,519,667	148,135	1.3%	10,789,943	(581,589)	(5.4%)
328,651	342,082	13,431	3.9%	309,380	(19,271)	(6.2%)	Benefits	4,106,421	4,395,008	288,588	6.6%	4,039,240	(67,181)	(1.7%)
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%
4,305	27,484	23,179	84.3%	9,531	5,226	54.8%	Medical Supplies	19,019	94,232	75,213	79.8%	32,677	13,658	41.8%
833	304	(528)	(173.7%)	135	(697)	(516.1%)	Other Supplies	6,867	9,100	2,232	24.5%	4,043	(2,825)	(69.9%)
11,754	13,033	1,279	9.8%	6,625	(5,129)	(77.4%)	Repairs & Maintenance	123,879	139,967	16,088	11.5%	71,178	(52,700)	(74.0%)
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%
9,213	10,029	816	8.1%	6,009	(3,205)	(53.3%)	Other Expense	22,627	38,079	15,452	40.6%	27,312	4,686	17.2%
-	-	-	0.0%	-	-	0.0%	Insurance	-	-	-	0.0%	-	-	0.0%
1,524,461	1,508,840	(15,622)	(1.0%)	1,377,187	(147,275)	(10.7%)	Total Operational Expenses	15,650,345	16,196,053	545,708	3.4%	14,964,393	(685,951)	(4.6%)
Net Performance before Overhead														
(1,292,545)	(1,276,923)	(15,622)	1.2%	(1,145,270)	(147,275)	12.9%	Allocations	(13,099,261)	(13,644,969)	545,708	(4.0%)	(12,413,310)	(685,951)	5.5%
Overhead Allocations:														
7,212	8,797	1,585	18.0%	7,902	690	8.7%	Risk Mgt	78,711	96,763	18,052	18.7%	55,112	(23,599)	(42.8%)
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%
3,763	3,720	(43)	(1.2%)	3,081	(682)	(22.1%)	Internal Audit	24,976	40,916	15,940	39.0%	43,673	18,696	42.8%
12,817	23,783	10,966	46.1%	9,647	(3,169)	(32.8%)	Palm Springs Facility	189,746	261,612	71,866	27.5%	119,796	(69,950)	(58.4%)
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%
17,165	18,117	952	5.3%	25,252	8,087	32.0%	Administration	191,387	199,287	7,900	4.0%	181,299	(10,088)	(5.6%)
30,484	29,828	(656)	(2.2%)	26,709	(3,775)	(14.1%)	Human Resources	299,977	328,106	28,129	8.6%	291,950	(8,027)	(2.7%)
6,501	9,183	2,682	29.2%	5,277	(1,224)	(23.2%)	Legal	83,892	101,018	17,126	17.0%	75,632	(8,260)	(10.9%)
4,790	4,261	(528)	(12.4%)	3,922	(868)	(22.1%)	Records	52,187	46,876	(5,311)	(11.3%)	26,644	(25,543)	(95.9%)
4,473	5,921	1,447	24.4%	3,965	(508)	(12.8%)	Compliance	47,433	65,126	17,694	27.2%	36,493	(10,939)	(30.0%)
964	1,042	78	7.5%	-	(964)	0.0%	Planning/Research	9,745	11,464	1,719	15.0%	-	(9,745)	0.0%
18,607	19,876	1,269	6.4%	16,479	(2,129)	(12.9%)	Finance	216,037	218,641	2,604	1.2%	179,498	(36,538)	(20.4%)
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%
7,106	13,318	6,212	46.6%	6,829	(277)	(4.1%)	Public Relations	59,973	146,495	86,521	59.1%	59,314	(660)	(1.1%)
66,949	64,633	(2,315)	(3.6%)	54,319	(12,630)	(23.3%)	Information Technology	633,717	710,966	77,249	10.9%	564,471	(69,246)	(12.3%)
-	2,488	2,488	100.0%	2,757	2,757	100.0%	Budget & Decision Support	6,781	27,371	20,590	75.2%	31,165	24,385	78.2%
2,820	2,097	(723)	(34.5%)	-	(2,820)	0.0%	Corporate Quality	27,682	23,062	(4,619)	(20.0%)	-	(27,682)	0.0%
183,651	207,064	23,413	11.3%	166,139	(17,511)	(10.5%)	Total Overhead Allocations	1,922,244	2,277,703	355,459	15.6%	1,665,047	(257,197)	(15.4%)
1,708,112	1,715,904	7,792	0.5%	1,543,326	(164,786)	(10.7%)	Total Expenses	17,572,588	18,473,755	901,167	4.9%	16,629,440	(943,148)	(5.7%)
\$ (1,476,195)	\$ (1,483,987)	\$ 7,792	(0.5%)	\$ (1,311,409)	\$ (164,786)	12.6%	Net Margin	\$ (15,021,505)	\$ (15,922,672)	\$ 901,167	(5.7%)	\$ (14,078,357)	\$ (943,148)	6.7%

Sponsored Programs

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Actual	Budget	Current Month					Prior Year	Variance	%	
		Variance	%							
550,017	500,000	(50,017)	(10.0%)		539,692	(10,325)	(1.9%)			DOH Uninsured/Preventive Care Svcs
117,514	183,333	65,819	35.9%		63,367	(54,147)	(85.5%)			Grant Funded Programs for Uninsured
2,500	2,500	-	0.0%		-	(2,500)	0.0%			Community Health Planning
670,031	685,833	15,802	2.3%		603,059	(66,972)	(11.1%)			Total Sponsored Programs
<i>Direct Operational Expenses</i>										
13,563	13,240	(323)	(2.4%)		13,169	(394)	(3.0%)			Salaries and Wages
5,627	5,292	(335)	(6.3%)		5,538	(89)	(1.6%)			Benefits
288	125	(163)	(130.5%)		-	(288)	0.0%			Other Supplies
-	21	21	100.0%		-	-	0.0%			Repairs & Maintenance
41	117	75	64.7%		114	72	63.7%			Other Expense
19,519	18,794	(725)	(3.7%)		18,820	(699)	(3.7%)			
\$ 689,550	\$ 704,627	\$ 15,077	2.1%		\$ 621,880	\$ (67,671)	(10.9%)			Total Expenses

Actual	Budget	Fiscal Year To Date					Prior Year	Variance	%	
		Variance	%							
5,999,836	5,500,000	(499,836)	(9.1%)		5,535,385	(464,451)	(8.4%)			
1,555,320	2,016,667	461,347	22.9%		1,319,000	(236,320)	(17.9%)			
27,500	27,500	-	0.0%		15,000	(12,500)	(83.3%)			
7,582,657	7,544,167	(38,490)	(0.5%)		6,869,385	(713,271)	(10.4%)			
143,957	138,152	(5,805)	(4.2%)		139,205	(4,752)	(3.4%)			
60,055	56,674	(3,380)	(6.0%)		57,652	(2,402)	(4.2%)			
724	1,375	651	47.4%		1,057	333	31.5%			
-	229	229	100.0%		-	-	0.0%			
697	1,283	586	45.7%		787	90	11.5%			
205,432	197,714	(7,718)	(3.8%)		198,702	(6,731)	(3.4%)			
\$ 7,788,089	\$ 7,741,881	\$ (46,208)	(0.6%)		\$ 7,068,087	\$ (720,002)	(10.2%)			

General Fund Statement of Revenues and Expenditures by Month

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Revenues:													
Ad Valorem Taxes	\$ 11,072,500	\$ 11,072,500	\$ 11,072,500	\$ 11,130,830	\$ 11,072,500	\$ 10,965,942	\$ 11,072,500	\$ 11,072,500	\$ 11,072,500	\$ 11,072,500	\$ 11,181,253	\$	\$ 121,858,024
Premiums													
Patent Revenue, Net	241,553	471,034	[69,950]	349,787	304,066	378,085	311,229	42,953	311,502	327,007	124,904		2,791,669
Intergovernmental Revenue	231,917	231,917	231,917	231,917	231,917	231,917	231,917	231,917	231,917	231,917	231,917		2,551,083
Grants	7,144	6,389	6,294	8,669	6,550	10,118	18,801	11,901	11,147	8,153	4,765		99,931
Interest Earnings	164,471	130,299	269,743	297,720	202,714	314,304	280,631	218,293	127,237	206,938	243,422		2,455,273
Unrealized Gain/(Loss)-Investments	(153,782)	(316,403)	(166,674)	(392,187)	(178,383)	27,466	(295,360)	318,479	33,410	(28,344)	192,964		(848,814)
Other Revenue	11,712	393,188	988,658	202,470	157,911	116,852	107,704	39,897	8,291	107,935	196,941		2,331,559
Total Revenues	\$ 11,575,515	\$ 11,988,924	\$ 12,332,888	\$ 11,828,205	\$ 11,847,275	\$ 12,044,683	\$ 11,787,421	\$ 11,935,940	\$ 11,796,004	\$ 11,926,107	\$ 12,176,165	\$	\$ 131,238,726
Expenditures:													
Salaries and Wages	3,106,364	3,040,529	2,646,364	2,198,961	2,739,350	2,909,619	2,791,991	2,984,764	2,289,249	1,900,299	2,946,395		30,152,880
Benefits	980,528	950,689	1,028,818	955,430	923,957	1,054,580	1,038,903	1,023,402	876,139	594,178	914,234		10,340,857
Purchased Services	347,274	456,708	456,268	494,431	827,372	665,475	520,267	609,367	615,462	569,426	624,735		6,186,785
Medical Supplies	1,588	2,382	3,385	2,646	10,790	2,455	2,564	1,266	1,578	1,368	6,607		36,580
Other Supplies	22,102	70,196	172,844	39,657	71,538	25,727	129,014	238,037	34,980	59,877	132,530		996,501
Contracted Physician Expense	20,831	37,500	29,167	11,498	25,000	25,000	26,528	31,806	29,167	29,167	29,167		294,832
Medical Services	3,641,913	3,606,873	3,658,337	4,022,814	3,898,814	4,284,225	4,153,198	4,003,487	4,179,972	4,170,682	3,830,589		43,450,904
Drugs	71,895	65,104	127,274	51,628	63,547	79,136	54,430	68,401	92,554	53,741	104,771		831,980
Repairs & Maintenance	114,002	286,529	264,256	251,362	172,238	207,117	233,578	246,651	190,335	215,825	243,314		2,425,208
Lease & Rental	211,838	186,277	151,780	176,556	418,963	85,462	159,995	164,236	160,482	191,511	169,870		2,076,919
Utilities	7,717	4,722	5,384	6,205	4,960	10,417	7,061	11,702	10,291	10,756	12,287		91,051
Other Expense	188,958	675,303	2,064,953	421,800	348,677	212,598	411,116	330,757	291,038	292,091	303,393		5,536,684
Insurance	154,372	98,527	121,411	110,397	121,443	121,397	111,692	110,226	143,263	116,421	113,247		1,322,396
Sponsored Programs	715,943	590,973	460,291	798,211	913,226	685,601	710,221	683,375	688,418	666,365	670,031		7,582,657
Total Operational Expenditures	9,580,827	10,072,164	11,190,531	10,141,594	10,539,876	10,368,810	10,350,558	10,506,476	9,602,871	8,871,207	10,101,118		111,326,232
Net Performance before Overhead Allocations	\$ 1,994,688	\$ 1,916,760	\$ 1,141,956	\$ 1,686,611	\$ 1,307,399	\$ 1,675,872	\$ 1,436,863	\$ 1,429,464	\$ 2,193,133	\$ 3,054,900	\$ 2,075,047	\$	\$ 19,912,494
Overhead Allocations	(728,029)	(902,277)	(785,582)	(642,556)	(877,386)	(748,440)	(887,788)	(910,510)	(725,564)	(808,404)	(845,988)		(8,862,530)
Total Expenses	8,852,798	9,170,887	10,404,945	9,499,038	9,662,490	9,620,370	9,462,769	9,595,965	8,877,307	8,062,803	9,255,129		102,463,702
Net Margin	\$ 2,722,717	\$ 2,818,837	\$ 1,927,543	\$ 2,329,167	\$ 2,184,786	\$ 2,424,312	\$ 2,324,652	\$ 2,339,974	\$ 2,918,697	\$ 3,863,304	\$ 2,921,036	\$	\$ 28,775,024
Capital													
General Fund Support/ Transfer In (Out)	\$ (924,263)	\$ (923,692)	\$ (923,609)	\$ (923,717)	\$ (923,980)	\$ (13,273,972)	\$ (2,234,970)	\$ (2,510,183)	\$ (2,506,904)	\$ (2,588,417)	\$ (3,079,152)	\$	\$ (30,812,859)



General Fund Program Statistics

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Current Year Total	Prior Year Total
Aeromedical														
Patients Transported - Actual	57	63	53	57	59	58	52	49	44	53	65	*	610	561
Patients Transported - Budget	49	60	56	57	52	52	57	47	50	46	42	*	568	571
Variance	8	3	(3)	-	7	6	(5)	2	(6)	7	23	*	42	(10)
Actual Hours Available for Service	1,080	1,080	1,116	1,089	1,008	1,116	1,044	1,053	1,080	1,113	1,092	*	11,871	11,559
Service Hours Utilized	77.0	85.0	59.0	74.0	84.0	83.0	55.0	60.0	70.0	74.0	105.0	*	826.0	748.0
Utilization %	7.1%	7.9%	5.3%	6.8%	8.3%	7.4%	5.3%	5.7%	6.5%	6.6%	9.6%	*	7.0%	6.5%
# of Flights - Training/Public Education	16	10	11	6	12	4	4	2	8	3	7	*	83	122
# of Flights - Maintenance	8	6	7	13	13	7	10	4	7	10	9	*	94	87
Trauma														
New Trauma Patients - Actual	336	363	418	372	392	352	333	338	298	345	340	*	3,887	3,785
New Trauma Patients - Budget	346	323	363	346	352	378	378	334	331	319	321	*	3,791	3,664
Variance	(10)	40	55	26	40	(26)	(45)	4	(33)	26	19	*	96	121
School Health														
Medical Events	48,970	34,967	28,325	34,140	36,606	29,013	42,361	41,093	11,102	*	40,881	*	347,458	341,220
Screenings	17,642	15,239	15,389	15,948	15,330	5,505	648	454	*	*	3,145	*	89,300	120,765
Total Events - Actual	66,612	50,206	43,714	50,088	51,936	34,518	43,009	41,547	11,102	*	44,026	*	436,758	461,985
Total Events - Budget	59,592	52,800	47,713	45,199	57,473	50,051	42,232	45,227	24,828	*	36,870	*	461,985	
Managed Care														
District Care Visits to Primary Clinic - Medical	3,061	2,622	2,775	2,672	2,729	2,861	2,857	1,847	2,624	2,338	2,663	*	29,049	29,286
District Care Visits to Primary Clinic - Dental	905	740	720	685	661	730	761	627	476	511	596	*	7,412	9,424
Uninsured Visits to Primary Clinic - Medical	2,161	2,252	1,715	2,358	2,402	2,534	2,635	2,529	2,414	2,417	2,649	*	26,066	23,461
Uninsured Visits to Primary Clinic - Dental	1,373	966	1,144	1,182	1,087	1,241	1,226	1,210	1,061	1,076	1,160	*	12,726	12,353
Membership - Current Year	9,946	10,060	9,924	9,852	9,829	9,711	9,795	9,739	9,666	9,623	9,667	*		
Membership - Prior Year	13,686	10,949	10,766	10,658	10,543	10,274	10,223	10,263	10,325	10,364	10,371	*		
Pharmacy														
Total Prescriptions Filled at In-House Pharmacies	25,670	23,320	22,970	24,194	23,648	24,866	24,702	21,901	22,387	21,746	24,644	*	260,048	244,997
Total Prescriptions Filled at Retail Pharmacies	281	213	219	218	215	234	179	178	188	187	174	*	2,286	32,892
Total Prescriptions Filled Inhouse/Retail - Actual	25,951	23,533	23,189	24,412	23,863	25,100	24,881	22,079	22,575	21,933	24,818	*	262,334	277,889
Total Prescriptions Filled - Budget	26,085	26,194	26,619	27,764	25,718	27,652	24,630	24,613	23,949	22,849	25,096	*	280,668	

SUPPLEMENTAL INFORMATION

HEALEY CENTER

Healey Center Statement of Revenues and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 1,099,058	\$ 1,241,271	\$ (142,213)	(11.5%)	\$ 1,121,575	\$ (22,517)	(2.0%)	Gross Patient Revenue	\$ 12,037,824	\$ 13,438,898	\$ (1,401,074)	(10.4%)	\$ 12,122,763	\$ (84,939)	(0.7%)	
54,810	158,359	103,549	65.4%	165,902	111,092	67.0%	Contractual Allowances	868,744	1,717,514	848,770	49.4%	1,397,648	528,904	37.8%	
401,667	252,704	(148,963)	(58.9%)	207,658	(194,008)	(93.4%)	Charity Care	3,372,090	2,735,962	(636,128)	(23.3%)	2,616,091	(755,998)	(28.9%)	
(9,581)	9,154	18,735	204.7%	5,179	14,760	285.0%	Bad Debt	50,105	99,112	49,008	49.4%	91,958	41,854	45.5%	
448,896	420,218	(28,679)	(6.3%)	378,740	(68,156)	(18.0%)	Total Contractuals and Bad Debt	4,290,938	4,552,588	261,650	5.7%	4,105,697	(185,241)	(4.5%)	
652,162	823,053	(168,892)	(20.6%)	742,835	(90,673)	(12.2%)	Net Patient Revenue	7,746,886	8,886,310	(1,139,424)	(12.8%)	8,017,065	(270,179)	(3.4%)	
59.34%	66.15%			66.23%			Collection %	64.35%	66.12%			66.13%			
758,333	758,333	-	0.0%	758,333	-	0.0%	PBC Interlocal	8,341,667	8,341,667	-	0.0%	8,341,667	-	0.0%	
4,240	1,965	2,275	115.8%	2,139	2,101	98.2%	Other revenue	52,770	21,615	31,155	144.1%	321,596	(268,826)	(83.6%)	
762,573	760,298	2,275	0.3%	760,473	2,101	0.3%	Total Other Revenues	8,394,437	8,363,282	31,155	0.4%	8,663,263	(268,826)	(3.1%)	
1,414,735	1,581,352	(166,617)	(10.5%)	1,503,308	(88,573)	(5.9%)	Total Revenues	16,141,323	17,249,591	(1,108,268)	(6.4%)	16,680,328	(539,005)	(3.2%)	
Direct Operational Expenses															
887,748	893,394	5,646	0.6%	847,645	(40,103)	(4.7%)	Salaries and Wages	9,382,514	9,654,584	272,070	2.8%	9,120,137	(262,377)	(2.9%)	
331,849	351,716	19,868	5.6%	329,974	(1,874)	(0.6%)	Benefits	3,548,031	3,837,993	289,962	7.6%	3,608,524	60,493	1.7%	
69,755	75,429	5,675	7.5%	67,967	(1,787)	(2.6%)	Purchased Services	748,079	829,072	80,993	9.8%	712,729	(35,350)	(5.0%)	
45,244	44,925	(320)	(0.7%)	43,522	(1,723)	(4.0%)	Medical Supplies	497,804	485,512	(12,292)	(2.5%)	480,155	(17,649)	(3.7%)	
74,865	76,875	2,009	2.6%	51,858	(23,007)	(44.4%)	Other Supplies	864,199	834,413	(29,786)	(3.6%)	611,274	(252,925)	(41.4%)	
344	1,958	1,615	82.5%	7,861	7,518	95.6%	Contracted Physician Expense	15,376	21,542	6,165	28.6%	142,613	127,237	89.2%	
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%	
17,929	28,449	10,520	37.0%	29,114	11,185	38.4%	Drugs	312,531	307,461	(5,070)	(1.6%)	308,758	(3,773)	(1.2%)	
29,200	34,259	5,060	14.8%	28,963	(237)	(0.8%)	Repairs & Maintenance	317,074	376,854	59,780	15.9%	260,358	(56,716)	(21.8%)	
1,214	2,379	1,165	49.0%	811	(403)	(49.7%)	Lease & Rental	12,947	26,171	13,224	50.5%	14,183	1,236	8.7%	
33,401	36,817	3,416	9.3%	35,724	2,323	6.5%	Utilities	372,011	404,984	32,973	8.1%	389,592	17,581	4.5%	
15,530	17,921	2,391	13.3%	7,834	(7,696)	(98.2%)	Other Expense	151,703	197,126	45,423	23.0%	123,102	(28,601)	(23.2%)	
5,666	4,526	(1,141)	(25.2%)	4,085	(3,581)	(87.7%)	Insurance	48,475	49,781	1,306	2.6%	46,051	(2,424)	(5.3%)	
1,512,744	1,568,648	55,904	3.6%	1,455,359	(57,385)	(3.9%)	Total Operational Expenses	16,270,744	17,025,491	754,747	4.4%	15,817,475	(453,270)	(2.9%)	
Net Performance before Depreciation &															
(98,010)	12,703	(110,713)	(871.5%)	47,948	(145,958)	(304.4%)	Overhead Allocations	(129,422)	224,100	(353,522)	(157.8%)	862,853	(992,275)	(115.0%)	
52,749	63,645	10,895	17.1%	61,694	8,945	14.5%	Depreciation	634,591	700,090	65,500	9.4%	680,424	45,833	6.7%	
Overhead Allocations															
7,494	9,140	1,646	18.0%	8,076	582	7.2%	Risk Mgt	81,785	100,542	18,757	18.7%	56,328	(25,458)	(45.2%)	
29,208	39,255	10,047	25.6%	37,239	8,033	21.6%	Rev Cycle	340,460	431,805	91,345	21.2%	288,426	(52,034)	(18.0%)	
3,910	3,865	(45)	(1.2%)	3,149	(761)	(24.2%)	Internal Audit	25,952	42,514	16,562	39.0%	44,636	18,684	41.9%	
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	
17,835	18,825	989	5.3%	25,809	7,974	30.9%	Administration	198,862	207,070	8,208	4.0%	185,299	(13,563)	(7.3%)	
28,828	28,207	(621)	(2.2%)	25,161	(3,667)	(14.6%)	Human Resources	283,681	310,282	26,601	8.6%	275,035	(8,646)	(3.1%)	
6,755	9,542	2,787	29.2%	5,394	(1,362)	(25.2%)	Legal	87,168	104,964	17,795	17.0%	77,301	(9,868)	(12.8%)	
4,977	4,428	(549)	(12.4%)	4,008	(969)	(24.2%)	Records	54,225	48,707	(5,518)	(11.3%)	27,231	(26,993)	(99.1%)	
4,648	6,152	1,504	24.4%	4,053	(595)	(14.7%)	Compliance	49,285	67,670	18,385	27.2%	37,288	(11,987)	(32.1%)	
1,002	1,083	81	7.5%	-	(1,002)	0.0%	Planning/Research	10,126	11,911	1,786	15.0%	-	(10,126)	0.0%	
19,334	20,653	1,319	6.4%	16,842	(2,492)	(14.8%)	Finance	224,474	227,180	2,706	1.2%	183,458	(41,016)	(22.4%)	
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	
7,383	13,838	6,455	46.6%	6,979	(404)	(5.8%)	Public Relations	62,316	152,216	89,901	59.1%	60,622	(1,693)	(2.8%)	
69,563	67,158	(2,406)	(3.6%)	55,517	(14,046)	(25.3%)	Information Technology	658,467	738,793	80,266	10.9%	576,923	(81,544)	(14.1%)	
-	2,585	2,585	100.0%	2,818	2,818	100.0%	Budget & Decision Support	7,045	28,440	21,394	75.2%	31,853	24,807	77.9%	
2,930	2,178	(751)	(34.5%)	-	(2,930)	0.0%	Corporate Quality	28,763	23,963	(4,800)	(20.0%)	-	(28,763)	0.0%	
2,717	7,660	4,943	64.5%	-	(2,717)	0.0%	Managed Care Contract	43,378	84,258	40,880	48.5%	-	(43,378)	0.0%	
206,585	234,569	27,984	11.9%	195,046	(11,539)	(5.9%)	Total Overhead Allocations	2,155,987	2,580,255	424,268	16.4%	1,844,410	(311,577)	(16.9%)	
1,772,078	1,866,861	94,783	5.1%	1,712,100	(59,979)	(3.5%)	Total Expenses	19,061,323	20,305,837	1,244,514	6.1%	18,342,309	(719,013)	(3.9%)	
(357,343)	(285,510)	(71,834)	25.2%	(208,792)	(148,551)	71.1%	Net Margin	(2,920,000)	(3,056,245)	136,246	(4.5%)	(1,661,981)	(1,258,019)	75.7%	
\$ 306,000	\$ 191,667	\$ 114,333	59.7%	\$ -	\$ 306,000	0.0%	General Fund Support/Transfer In	\$ 2,285,406	\$ 2,108,333	\$ 177,073	8.4%	\$ -	\$ 2,285,406	0.0%	

Healey Center Statement of Revenues and Expenses by Month

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
	\$ 1,122,050	\$ 1,079,301	\$ 1,119,134	\$ 1,124,270	\$ 1,001,224	\$ 1,117,410	\$ 1,076,858	\$ 1,118,940	\$ 1,086,962	\$ 1,092,616	\$ 1,099,058	\$	\$ 12,037,824
Gross Patient Revenue													
Contractual Allowances	89,357	102,086	141,760	65,896	93,577	100,094	19,950	69,706	67,553	63,955	54,810		868,744
Charity Care	326,451	229,891	225,515	350,864	277,515	295,767	311,052	323,192	353,615	326,560	401,667		3,372,090
Bad Debt	14,786	5,457	6,975	13,654	6,009	873	(8,930)	5,762	(187)	15,285	(9,581)		50,105
Total Contractuals and Bad Debt	430,594	337,435	374,251	430,414	377,101	396,734	322,072	398,661	420,981	405,799	446,896		4,290,938
Net Patient Revenue	691,456	741,866	744,884	693,856	624,123	720,676	754,785	720,280	665,982	686,817	652,162		7,746,886
Collections %	61.62%	68.74%	66.56%	61.72%	67.33%	64.50%	70.09%	64.37%	61.27%	62.86%	59.34%	NDIV/01	64.35%
PBC Interlocal	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333		8,341,667
Other revenue	2,407	2,667	2,480	2,270	2,713	2,355	24,424	2,734	3,515	2,970	4,240		52,770
Total Other Revenues	760,740	761,000	760,814	760,604	761,047	760,689	782,757	761,067	761,848	761,304	762,573		8,394,437
Total Revenues	1,452,196	1,502,866	1,505,697	1,454,459	1,435,170	1,481,364	1,537,542	1,481,347	1,427,830	1,448,121	1,414,735		16,141,323
Direct Operational Expenses													
Salaries and Wages	842,410	854,762	823,867	857,385	785,960	882,018	818,477	416,703	848,166	859,519	882,748		9,382,514
Benefits	312,100	321,698	321,317	326,360	308,387	328,477	305,442	333,002	340,915	317,485	331,849		3,548,031
Purchased Services	63,141	63,985	71,574	67,198	70,353	69,410	72,089	68,166	62,426	69,981	69,755		748,079
Medical Supplies	47,193	48,134	40,058	46,907	47,541	38,267	51,821	52,454	37,554	42,631	45,144		497,804
Other Supplies	67,656	56,410	67,120	172,039	59,931	75,070	68,524	84,625	71,207	66,752	74,865		864,199
Contracted Physician Expense	1,777	1,350	1,718	1,506	1,263	1,785	1,711	497	619	2,107	344		15,376
Medical Services													
Drugs	31,709	24,080	44,082	29,682	23,032	29,312	27,289	26,343	31,976	27,597	17,929		312,531
Repairs & Maintenance	13,138	55,290	8,383	29,564	16,825	25,118	37,622	36,255	25,979	39,701	29,200		317,074
Lease & Rental	1,070	5,530	1,335	(2,144)	1,345	993	1,169	1,169	99	1,169	1,214		12,947
Utilities	37,612	29,996	31,396	37,159	28,704	31,358	33,720	32,395	36,362	36,869	33,401		372,011
Other Expense	9,117	12,500	16,239	12,375	12,495	7,457	8,674	16,843	25,230	15,293	15,530		151,703
Insurance	4,956	4,712	4,256	4,256	3,364	3,364	3,364	5,012	5,012	5,012	5,666		48,475
Total Operational Expenses	1,436,378	1,477,946	1,433,345	1,582,237	1,361,200	1,492,669	1,430,401	1,571,964	1,485,545	1,484,314	1,512,744		16,270,744
Net Performance before Depreciation & Overhead Allocations	15,818	24,916	72,352	(127,778)	73,969	(11,305)	107,141	(92,617)	(57,716)	(36,193)	(98,010)		(129,422)
Depreciation	62,090	60,190	61,087	68,986	60,886	60,926	57,104	52,897	52,833	52,750	52,749		614,591
Overhead Allocations													
Risk Mgt	5,520	6,544	10,090	6,496	7,216	7,575	6,819	7,784	9,693	7,206	7,494		81,785
Rev Cycle	35,175	34,119	24,887	43,212	35,896	26,892	35,247	11,957	25,959	37,909	29,208		340,460
Internal Audit	4			429	1,457	4,301	3,981	3,981	3,945	3,945	3,910		25,957
Legislative Affairs													
Administration	19,157	18,281	19,655	20,015	22,704	15,897	19,158	13,199	16,359	17,107	17,835		198,862
Human Resources	25,580	11,637	29,214	18,712	18,636	24,518	46,143	29,838	25,855	25,219	28,848		283,681
Legal	4,123	5,536	9,880	6,436	10,051	7,273	6,868	10,643	9,428	10,225	6,755		87,168
Records	3,598	3,074	2,934	3,518	7,446	6,910	6,812	7,923	4,401	4,631	4,977		54,225
Compliance	3,838	4,807	4,889	6,152	5,105	5,232	1,976	3,926	4,082	4,631	4,648		49,285
Planning/Research	1,233	891	861	924	823	894	857	925	809	907	1,002		10,126
Finance	19,772	16,088	16,607	18,302	17,918	32,145	24,945	22,304	18,199	18,861	19,334		224,474
Communications													
Public Relations	4,278	5,692	5,450	3,849	9,867	2,379	5,382	5,956	5,575	6,504	7,383		62,316
Information Technology	51,047	101,925	59,825	27,740	56,938	50,179	55,594	81,916	48,446	58,798	69,563		658,467
Budget & Decision Support	1,585	1,857	1,775	1,937	62	(173)							7,045
Corporate Quality	3,027	2,944	1,016	2,640	2,055	3,012	2,711	2,921	2,721	2,786	2,930		28,763
Managed Care Contract	3,223	3,335	3,116	3,986	11,161	(775)	3,898	5,767	1,451	5,496	2,717		43,378
Total Overhead Allocations	181,157	216,730	190,208	163,848	207,355	183,710	220,210	208,541	176,924	209,789	206,585		2,355,587
Total Expenses	1,617,535	1,694,676	1,623,553	1,746,085	1,568,555	1,676,379	1,650,611	1,780,505	1,662,469	1,694,103	1,719,329		18,626,331
Transfer out to Medicaid Match/ General Fund													
Net Margin	(227,429)	(252,004)	(170,938)	(352,612)	(194,371)	(255,941)	(170,173)	(354,056)	(287,471)	(289,662)	(357,343)		(2,920,000)
General Fund Support/ Transfer In	\$	\$	\$	\$	\$	\$ 1,150,000	\$ 114,000	\$ 286,406	\$ 193,000	\$ 236,000	\$ 306,000	\$	\$ 2,285,406



Census	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Current Year Total	Prior Year Total
Admissions	10	14	8	9	12	13	11	9	11	13	8		118	140
Discharges	9	15	10	9	15	15	9	9	10	15	8		124	135
Average Daily Census	120	120	119	120	120	119	119	119	120	119	118		119	119
Budget Census	118	118	118	118	118	118	118	118	118	118	118		118	118
Occupancy % (120 licensed beds)	100%	100%	99%	100%	100%	99%	99%	99%	100%	99%	99%	0%	99%	99%
Days By Payor Source:														
Medicaid	2,500	2,460	2,554	2,542	2,303	2,574	2,384	2,519	2,415	2,473	2,373		27,097	27,784
Medicare	40	30	13	1	46	67	118	80	68	31	57		551	702
Private Pay	99	117	124	124	103	95	95	92	97	93	88		1,127	1,177
Hospice	93	90	85	62	56	39	30	31	30	61	63		640	944
Charity	978	900	918	984	839	907	932	978	985	1,016	1,085		10,522	9,120
Total Resident Days	3,710	3,597	3,694	3,713	3,347	3,682	3,559	3,700	3,595	3,674	3,666	-	39,937	39,727



SUPPLEMENTAL INFORMATION

LAKESIDE MEDICAL CENTER

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 4,121,372	\$ 4,489,992	\$ (368,620)	(8.2%)	\$ 4,726,998	\$ (605,626)	(12.8%)	\$ 50,821,015	\$ 50,614,746	\$ 206,269	0.4%	\$ 55,152,397	\$ (4,331,382)	(7.9%)
6,330,558	5,836,428	494,130	8.5%	6,187,241	143,317	2.3%	69,018,855	65,792,839	3,226,016	4.9%	64,576,552	4,442,303	6.9%
121,811	33,266	88,545	266.2%	48,012	73,799	153.7%	666,286	375,003	291,283	77.7%	565,968	100,318	17.7%
10,573,742	10,359,686	214,056	2.1%	10,962,251	(388,509)	(3.5%)	120,506,157	116,782,588	3,723,568	3.2%	120,294,918	211,239	0.2%
7,113,179	6,696,684	(416,495)	(6.2%)	7,480,960	367,781	4.9%	82,316,419	75,490,321	(6,826,098)	(9.0%)	78,423,145	13,893,274	(5.0%)
337,326	166,359	(170,968)	(102.8%)	195,323	(142,003)	(72.7%)	2,596,491	1,875,326	(721,164)	(38.5%)	2,091,255	(505,236)	(24.2%)
949,295	1,101,829	152,534	13.8%	1,295,044	345,749	26.7%	13,058,470	12,420,689	(637,780)	(5.1%)	13,485,687	427,217	3.2%
5,976	24,235	18,258	75.3%	42,790	36,814	86.0%	346,223	273,192	(73,031)	(26.7%)	417,569	71,346	17.1%
\$ 8,405,776	\$ 7,989,106	\$ (416,671)	(5.2%)	\$ 9,014,117	\$ 608,341	6.7%	\$ 98,317,602	\$ 90,059,528	\$ (8,258,074)	(9.2%)	\$ 94,417,656	\$ (3,899,947)	(4.1%)
190,956	-	190,956	0.0%	31,404	159,552	508%	2,118,100	-	2,118,100	0.0%	308,074	1,810,027	588%
2,358,921	2,370,580	(11,659)	(0.5%)	1,979,538	379,383	19.2%	24,306,655	26,723,060	(2,416,405)	(9.0%)	26,185,336	(1,878,681)	(7.2%)
22.31%	22.88%			18.06%			20.17%	22.88%			21.77%		
18,220	63,314	(45,094)	(71.2%)	18,220	-	0.0%	383,190	696,453	(313,263)	(45.0%)	380,521	2,669	0.7%
6,019	2,392	3,627	151.7%	6,030	(11)	(0.2%)	390,408	26,308	364,099	1,384.0%	631,311	(240,903)	(38.2%)
24,239	65,706	(41,467)	(63.1%)	24,250	(11)	(0.0%)	773,598	722,761	50,836	7.0%	1,011,832	(238,234)	(23.5%)
2,383,160	2,436,286	(53,126)	(2.2%)	2,003,788	379,372	18.9%	25,080,252	27,445,821	(2,365,569)	(8.6%)	27,197,167	(2,116,915)	(7.8%)
Direct Operational Expenses:													
1,567,620	1,559,276	(8,344)	(0.5%)	1,524,225	(43,396)	(2.8%)	17,163,359	16,864,692	(298,667)	(1.8%)	16,072,145	(1,091,213)	(6.8%)
427,174	424,630	(2,543)	(0.6%)	417,510	(9,663)	(2.3%)	4,634,064	4,633,789	(275)	(0.0%)	4,541,938	(92,126)	(2.0%)
403,415	247,932	(155,483)	(62.7%)	276,909	(126,506)	(45.7%)	3,089,559	2,727,248	(362,311)	(13.3%)	2,854,377	(235,182)	(8.2%)
58,180	94,643	36,463	38.5%	116,195	58,015	49.9%	978,105	1,066,895	88,790	8.3%	727,245	(250,860)	(34.5%)
73,293	100,409	27,115	27.0%	46,629	(26,664)	(57.2%)	811,260	1,124,093	312,833	27.8%	398,780	(412,480)	(103.4%)
961,099	382,419	(578,680)	(151.3%)	230,487	(730,612)	(317.0%)	6,959,419	4,206,609	(2,752,810)	(45.4%)	4,036,049	(2,923,370)	(72.4%)
86,453	83,745	(2,708)	(3.2%)	68,479	(17,974)	(26.2%)	723,916	944,041	220,125	23.3%	882,811	158,895	18.0%
231,024	131,242	(99,782)	(76.0%)	141,468	(89,556)	(63.3%)	1,378,863	1,443,661	64,798	4.5%	1,300,800	(78,063)	(6.0%)
64,507	66,537	2,030	3.1%	51,905	(12,602)	(24.3%)	522,543	731,903	209,360	28.6%	692,265	169,722	24.5%
48,826	74,175	25,349	34.2%	82,446	33,620	40.8%	736,443	815,925	79,483	9.7%	965,453	229,010	23.7%
23,930	33,911	9,981	29.4%	61,684	37,754	61.2%	316,055	723,018	406,964	56.3%	633,965	317,910	50.1%
13,583	12,649	(934)	(7.4%)	6,453	(7,130)	(110.5%)	131,854	139,134	7,280	5.2%	144,784	12,930	8.9%
3,959,105	3,211,567	(747,538)	(23.3%)	3,024,390	(934,714)	(30.9%)	37,445,439	35,421,009	(2,024,431)	(5.7%)	33,250,612	(4,194,827)	(12.6%)
Net Performance before													
(1,575,945)	(775,281)	(800,663)	103.3%	(1,020,602)	(555,342)	54.4%	(12,365,187)	(7,975,187)	(4,390,000)	55.0%	(6,053,445)	(6,311,742)	104.3%

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
280,044	296,361	16,317	5.5%	276,231	(3,813)	(1.4%)	Depreciation	3,170,034	3,259,968	89,934	2.8%	3,076,899	(93,135)	(3.0%)
Overhead Allocations:														
15,571	18,993	3,421	18.0%	18,317	2,745	15.0%	Risk Mgt	169,943	208,918	38,975	18.7%	127,751	(42,192)	(33.0%)
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%
8,124	8,031	(93)	(1.2%)	7,142	(903)	(13.8%)	Internal Audit	53,926	88,341	34,415	39.0%	101,235	47,309	46.7%
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%
37,061	39,116	2,055	5.3%	58,536	21,475	36.7%	Administration	413,219	430,275	17,056	4.0%	420,258	7,039	1.7%
36,595	35,807	(788)	(2.2%)	32,472	(4,123)	(12.7%)	Human Resources	360,113	393,882	33,768	8.6%	354,948	(5,165)	(1.5%)
14,037	19,828	5,791	29.2%	12,233	(1,804)	(14.7%)	Legal	181,129	218,106	36,977	17.0%	175,318	(5,811)	(3.3%)
10,342	9,201	(1,141)	(12.4%)	9,091	(1,251)	(13.8%)	Records	112,675	101,209	(11,466)	(11.3%)	61,761	(50,914)	(82.4%)
9,658	12,783	3,125	24.4%	9,192	(466)	(5.1%)	Compliance	102,411	140,613	38,202	27.2%	84,593	(17,818)	(21.1%)
2,082	2,250	168	7.5%	-	(2,082)	0.0%	Planning/Research	21,041	24,751	3,711	15.0%	-	(21,041)	0.0%
40,174	42,915	2,741	6.4%	38,198	(1,976)	(5.2%)	Finance	466,440	472,063	5,623	1.2%	416,084	(50,356)	(12.1%)
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%
15,342	28,754	13,412	46.6%	15,829	487	3.1%	Public Relations	129,487	316,293	186,806	59.1%	137,491	8,005	5.8%
144,547	139,548	(4,999)	(3.6%)	125,914	(18,633)	(14.8%)	Information Technology	1,368,243	1,535,028	166,786	10.9%	1,308,465	(59,777)	(4.6%)
-	5,372	5,372	100.0%	6,392	6,392	100.0%	Budget & Decision Support	14,640	59,095	44,456	75.2%	72,242	57,603	79.7%
6,088	4,527	(1,561)	(34.5%)	-	(6,088)	0.0%	Corporate Quality	59,767	49,793	(9,974)	(20.0%)	-	(59,767)	0.0%
7,892	22,248	14,356	64.5%	-	(7,892)	0.0%	Managed Care Contract	125,991	244,725	118,734	48.5%	-	(125,991)	0.0%
347,513	389,372	41,859	10.8%	333,314	(14,200)	(4.3%)	Total Overhead Allocations	3,579,023	4,283,091	704,069	16.4%	3,260,147	(318,875)	(9.8%)
4,586,662	3,897,300	(689,362)	(17.7%)	3,633,935	(952,727)	(26.2%)	Total Expenses	44,194,496	42,964,068	(1,230,428)	(2.9%)	39,587,659	(4,606,837)	(11.6%)
\$ (2,203,502)	\$ (1,461,014)	\$ (742,488)	50.8%	\$ (1,630,147)	\$ (573,355)	35.2%	Net Margin	\$ (19,114,244)	\$ (15,518,247)	\$ (3,595,997)	23.2%	\$ (12,390,492)	\$ (6,723,752)	54.3%
\$ 1,824,000	\$ 1,127,083	\$ 696,917	61.8%	\$ -	\$ 1,824,000	0.0%	General Fund Support/ Transfer In	\$ 15,944,083	\$ 12,397,917	\$ 3,546,166	28.6%	\$ 2,000,000	\$ 13,944,083	697.2%

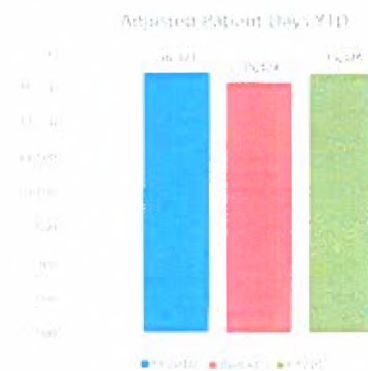
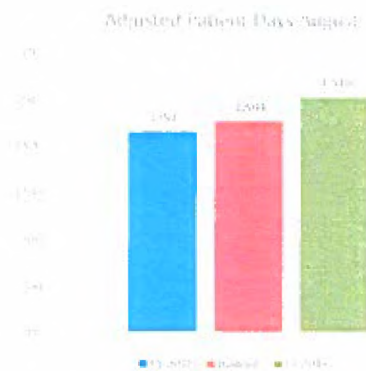
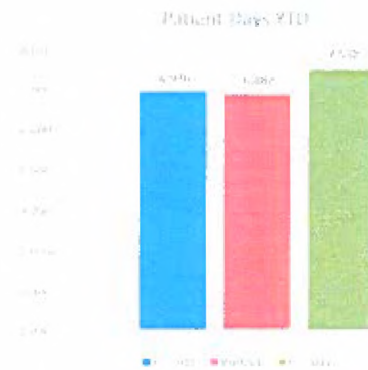
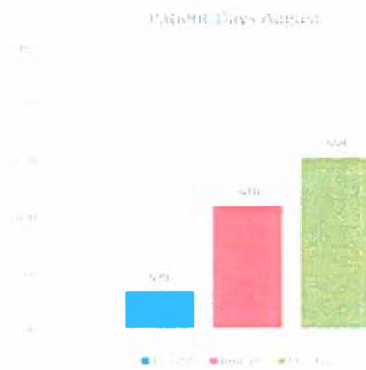
Lakeside Medical Center Statement of Revenues and Expenses by Month

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Inpatient Revenue	\$ 5,359,918	\$ 4,009,823	\$ 4,610,381	\$ 5,768,959	\$ 4,322,867	\$ 5,496,668	\$ 4,759,830	\$ 4,301,575	\$ 3,826,698	\$ 4,442,925	\$ 4,121,372	\$ -	\$ 50,821,015
Outpatient Revenue	6,021,350	6,123,871	5,950,079	6,176,451	6,187,355	6,555,676	6,483,519	7,016,582	6,229,492	5,943,901	6,330,558	-	69,018,855
Physician Clinics	79,787	47,912	75,350	26,253	60,070	63,371	46,455	58,083	22,916	64,278	321,813	-	666,286
Gross Patient Revenue	11,261,055	10,181,606	10,635,810	11,971,663	10,570,292	12,115,715	11,289,823	11,376,240	10,079,106	10,451,104	10,573,742	-	120,506,157
Contractual Allowances	2,796,545	6,984,395	7,437,189	8,372,336	7,508,643	8,377,747	2,862,140	7,652,797	6,656,704	6,554,746	7,113,179	-	82,316,419
Charity Care	350,081	353,654	82,586	94,343	152,449	131,692	389,002	167,137	252,845	266,073	337,326	-	2,596,491
Bad Debt	1,117,108	1,052,451	1,187,370	1,767,356	989,862	1,383,986	945,040	1,401,299	1,137,027	1,132,676	949,295	-	13,058,470
Physician Contractuals	36,622	36,960	52,435	11,825	40,582	43,317	33,952	40,219	34,031	50,265	5,976	-	346,223
Total Contractuals and Bad Debt	\$ 9,295,355	\$ 8,407,460	\$ 8,759,580	\$ 10,245,661	\$ 8,731,533	\$ 9,916,742	\$ 9,730,134	\$ 9,261,452	\$ 8,060,147	\$ 8,003,760	\$ 8,405,776	\$ -	\$ 98,317,607
Other Patient Revenue	\$ 33,791	\$ 39,810	\$ 693,394	\$ 127,231	\$ 127,231	\$ 327,230	\$ 338,691	\$ 197,150	\$ 152,725	\$ 89,893	\$ 190,956	\$ -	\$ 2,118,100
Net Patient Revenue	1,999,491	1,813,956	2,569,624	1,853,233	1,965,988	2,326,203	2,498,380	2,311,938	2,171,685	2,537,236	2,358,921	-	24,306,655
Collection %	17.76%	17.82%	24.16%	15.48%	18.60%	19.20%	21.24%	20.12%	21.55%	24.28%	0.00%	0.00%	20.17%
Grant Funds	18,220	18,220	36,752	18,220	30,575	36,696	24,397	126,973	36,696	18,220	18,220	-	383,190
Other Revenue	2,890	6,564	1,480	1,293	11,256	3,128	305,420	43,405	4,632	4,070	6,019	-	390,408
Total Other Revenues	21,110	24,784	38,232	19,513	41,831	40,024	329,818	170,379	41,328	22,290	24,239	-	773,598
Total Revenues	2,020,601	1,838,740	2,607,856	1,872,745	2,007,819	2,366,228	2,728,198	2,482,317	2,213,013	2,559,526	2,383,160	-	25,080,252
Direct Operational Expenses													
Salaries and Wages	1,624,220	1,558,973	1,473,626	1,629,844	1,485,036	1,620,737	1,534,209	1,647,553	1,495,941	1,525,599	1,567,620	-	17,163,359
Benefits	416,359	419,699	415,899	432,551	409,091	434,795	406,649	432,405	427,641	411,801	427,174	-	4,634,064
Purchased Services	256,816	218,981	238,326	257,138	371,841	238,803	274,599	261,714	262,900	305,027	403,415	-	1,089,559
Medical Supplies	39,248	62,101	133,847	78,027	71,994	31,016	164,766	162,642	138,822	41,413	58,780	-	978,105
Other Supplies	31,712	55,423	67,168	50,125	76,352	97,724	97,897	78,959	70,669	111,738	73,293	-	811,260
Contracted Physician Expense	322,331	797,944	516,869	750,175	589,329	533,131	519,344	882,376	572,403	494,518	561,099	-	6,959,419
Drugs	52,118	58,714	63,641	75,815	81,295	55,048	76,994	71,900	37,318	59,620	86,453	-	723,916
Repairs & Maintenance	50,574	247,249	21,746	145,171	120,201	127,387	23,499	130,306	63,941	167,265	231,024	-	1,378,863
Lease & Rental	42,553	41,519	55,148	32,357	52,717	49,481	34,867	60,672	59,435	29,486	64,507	-	522,543
Utilities	70,591	69,162	71,461	65,247	71,597	67,206	64,830	44,666	72,807	81,949	48,836	-	736,443
Other Expense	144,948	(42,686)	(755)	58,798	40,150	58,798	62,419	(207,140)	62,971	95,613	23,930	-	316,055
Insurance	12,825	13,793	12,982	9,891	9,891	9,891	10,715	10,979	17,928	14,877	13,583	-	131,854
Total Operational Expenses	3,069,295	3,500,872	3,091,958	3,564,938	3,379,492	3,347,619	3,335,678	3,577,031	3,279,025	3,340,406	3,559,105	-	37,445,419
Net Performance before Depreciation & Overhead Allocations	(1,048,694)	(1,662,132)	(484,102)	(1,692,192)	(1,371,674)	(981,391)	(607,480)	(1,094,715)	(1,066,012)	(780,880)	(1,575,945)	-	(12,365,187)
Depreciation	277,870	297,745	287,778	287,778	287,777	287,777	297,238	288,515	297,429	288,174	280,044	-	3,170,034
Overhead Allocations													
Risk Mgt	11,471	13,598	20,986	13,498	15,036	15,740	13,794	15,115	20,341	14,973	15,573	-	169,943
Rev Cycle	-	-	-	892	3,027	8,937	8,272	8,272	8,197	8,197	8,124	-	53,926
Internal Audit	8	-	-	-	-	-	-	-	-	-	-	-	-
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration	39,807	37,987	40,841	41,589	47,177	31,994	19,808	27,427	33,993	35,536	37,061	-	413,719
Human Resources	32,472	14,772	47,086	23,119	23,657	31,124	58,376	37,877	37,821	32,014	36,595	-	360,113
Legal	8,568	11,503	20,510	13,373	20,886	15,010	14,770	22,315	19,591	21,243	14,017	-	181,179
Records	7,477	6,388	8,097	7,310	15,473	10,203	14,115	16,463	9,145	9,623	10,342	-	112,675
Compliance	7,976	9,989	10,158	12,784	10,607	10,871	4,106	8,158	8,481	9,623	9,658	-	102,411
Planning/Research	2,561	1,852	1,788	1,921	1,709	1,857	1,780	1,923	1,681	1,885	2,082	-	21,041
Finance	41,085	31,429	34,508	38,030	37,231	66,794	51,814	46,347	32,815	39,193	40,174	-	466,440
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Relations	8,889	11,828	11,325	7,897	20,504	4,943	11,183	12,376	11,585	13,514	35,342	-	129,487
Information Technology	106,061	211,792	124,312	57,642	118,313	104,268	115,519	170,215	100,667	114,985	144,547	-	1,368,243
Budget & Decision Support	3,294	3,858	3,687	4,025	130	(155)	-	-	-	-	-	-	14,540
Corporate Quality	6,290	6,117	2,111	5,485	4,773	-	5,634	6,870	5,614	5,788	6,088	-	39,767
Managed Care Contract	9,362	9,687	9,051	11,577	32,418	(2,752)	16,322	16,251	4,220	15,962	7,892	-	125,991
Total Overhead Allocations	285,323	372,800	322,080	239,242	350,438	305,392	350,254	389,129	293,992	322,459	347,513	-	3,579,023
Total Expenses	3,632,488	4,173,417	3,702,216	4,091,957	4,017,708	3,940,736	3,983,151	4,254,676	3,870,446	3,943,039	4,586,662	-	44,194,496
Net Margin	\$ (1,611,887)	\$ (2,332,677)	\$ (1,094,360)	\$ (2,219,212)	\$ (2,009,889)	\$ (1,574,499)	\$ (1,254,952)	\$ (1,772,359)	\$ (1,657,433)	\$ (1,383,513)	\$ (2,203,502)	-	\$ (19,114,244)
General Fund Support/ Transfer In	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,200,000	\$ 1,127,083	\$ 1,200,000	\$ 1,390,000	\$ 1,203,000	\$ 1,824,000	\$ -	\$ 15,944,083

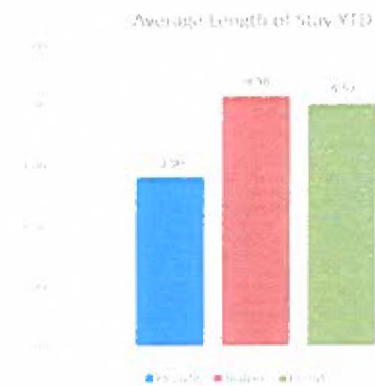
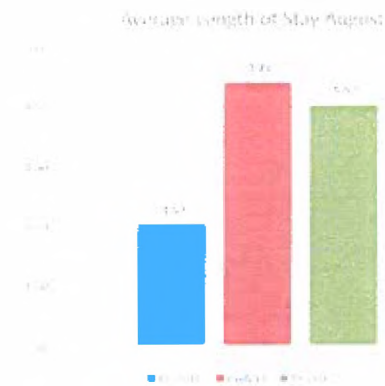
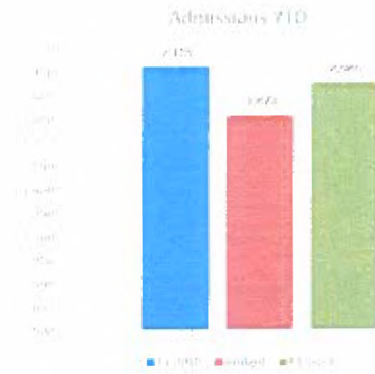
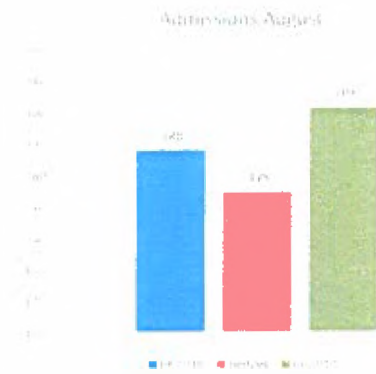
**Lakeside Medical Center
Statistical Information**

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Current Year Total	YTD Budget Total	Prior YTD Total
Admissions															
Newborn	43	45	45	43	41	47	50	29	36	40	34	4	410	373	411
Pediatrics	23	18	20	22	19	18	14	16	21	12	15	4	201	173	198
Adult	147	125	136	157	143	140	149	135	124	164	137	4	1,574	1,326	1,479
Total	213	179	191	222	203	217	198	180	181	216	186	8	2,185	1,874	2,088
Adjusted Admissions															
	462	452	438	466	494	476	461	474	475	505	477		5,172	4,311	4,547
Patient Days															
Med Surg 2nd and 3rd Floor (14 beds)	103	74	108	88	85	113	109	119	110	98	109	4	1,235	1,378	1,505
Pediatrics (12 beds)	58	49	74	79	56	80	96	62	50	85	54	4	824	663	732
Telehealth (22 beds)	104	215	279	360	272	281	240	306	240	265	196	4	3,011	2,827	3,088
ICU (6 beds)	55	67	74	88	75	111	75	38	42	84	40	4	828	1,056	1,164
Obstetrics (10 beds)	134	162	95	116	103	94	83	72	82	92	91	4	1,038	959	1,049
Total (70 beds)	764	580	632	741	692	689	653	597	524	620	535	4	6,936	6,882	7,538
Adjusted Acute Patient Days															
	1,656	1,466	1,448	1,534	1,438	1,511	1,542	1,571	1,377	1,470	1,357		16,371	15,827	16,374
Other Key Inpatient Statistics															
Occupancy Percentage	35%	28%	29%	34%	30%	32%	31%	28%	25%	29%	25%	4	30%	29%	32%
Average Daily Census (incl newborns)	24.6	19.3	20.4	23.9	21.1	22.2	21.8	19.3	17.5	20.3	17.3	4	20.7	20.6	22.5
Average Daily Census (incl newborns)	27.8	21.9	23.1	27.2	24.3	25.0	24.2	21.6	20.2	23.2	20.2	4	23.5	23.1	25.3
Average Length of Stay (incl newborns)	4.49	4.06	4.05	4.14	3.65	3.87	4.01	3.95	3.51	3.57	3.52	4	3.90	4.58	4.52
Average Length of Stay (incl newborns)	4.05	3.84	3.75	3.79	3.35	3.58	3.73	3.72	3.34	3.33	3.34	4	3.60	4.12	4.08
Case Mix Index - Medicare	1.2984	1.1685	1.2704	2.0722	1.2469	1.2247	1.6090	1.4186	1.3315	1.2962	1.1169	4	1.3512	N/A	1.2868
Case Mix Index - Medicaid	0.8951	1.1032	-	1.0088	0.6358	0.9074	3.7969	1.3449	-	0.1819	0.6590	4	0.8340	N/A	1.0956
Case Mix Index - All Payers	1.1003	1.0937	1.0656	1.1989	1.0003	1.0646	1.1580	1.0306	0.9324	1.0798	1.0263	4	1.0741	N/A	1.1491
Emergency Room and Outpatients															
ER Admissions	107	93	116	110	126	132	124	140	112	122	132	4	1,396	1,069	1,016
ER Visits	2,015	1,992	1,881	2,071	1,946	2,074	2,076	2,049	1,770	1,738	1,813	4	21,359	23,862	22,868
Outpatient Visits	746	724	640	726	657	695	734	617	654	623	592	4	7,408	8,392	8,474
ER and Outpatient Visits	2,761	2,716	2,521	2,797	2,603	2,769	2,804	2,666	2,364	2,361	2,405	4	28,767	32,254	31,342
Observation Patient Stays	144	135	143	153	164	160	163	164	155	146	172	4	1,705	1,505	1,510
Surgery and Other Procedures															
Inpatient Surgeries	47	34	44	46	41	29	40	34	31	33	28	4	407	425	496
Outpatient Surgeries	13	20	15	20	19	20	15	19	33	15	8	4	197	270	260
Endoscopies	21	14	13	15	20	15	25	7	21	19	3	4	176	197	206
Radiology Procedures	2,085	2,125	2,154	2,473	2,445	2,467	2,580	2,225	1,950	2,231	2,170	4	24,417	22,496	23,220
Lab Charges	14,284	13,245	13,773	15,377	13,690	16,008	15,593	14,764	12,967	14,005	14,228	4	157,880	138,877	156,682
Staffing															
Paid FTE	287.26	284.13	280.85	285.94	281.45	280.03	288.89	288.77	285.40	284.06	341.99	4	291.77	281.75	257.80
Paid FTE per Adjusted Occupied Bed	5.38	5.12	5.03	5.78	5.47	5.98	5.62	5.70	6.22	5.99	7.81	4	5.97	5.18	5.97
Operational Performance															
Gross Revenue Per Adj Pat Day	6,802	6,546	7,347	7,802	7,344	8,020	7,319	7,740	7,320	7,105	7,704	4	7,368	7,379	7,355
Net Revenue Per Adj Pat Day	1,206	1,268	1,775	1,208	1,364	1,540	1,555	1,472	1,577	1,725	1,739	4	1,491	1,688	1,600
Salaries & Benefits as % of Net Pat Revenue	102%	109%	74%	111%	95%	89%	81%	90%	89%	78%	85%	4	90%	80%	79%
Labor Cost per Adj Pat Day	1,233	1,350	1,308	1,344	1,316	1,347	1,258	1,324	1,397	1,318	1,472	4	1,334	1,362	1,281
Total Expense Per Adj Pat Day	1,854	2,388	2,170	2,323	2,548	2,216	2,193	2,277	2,381	2,340	2,749	4	2,289	2,242	2,058

LAKESIDE MEDICAL CENTER Inpatient

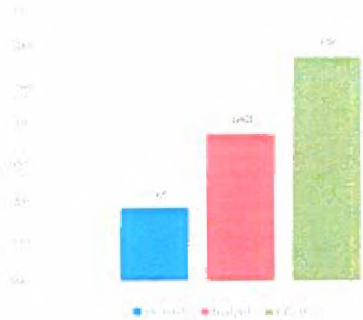


LAKESIDE MEDICAL CENTER Inpatient

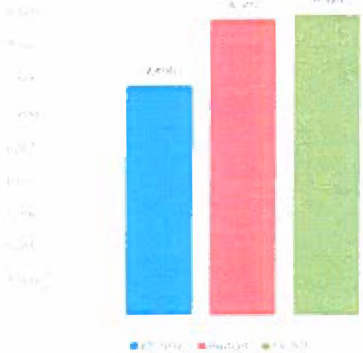


LAKESIDE MEDICAL CENTER
Outpatient

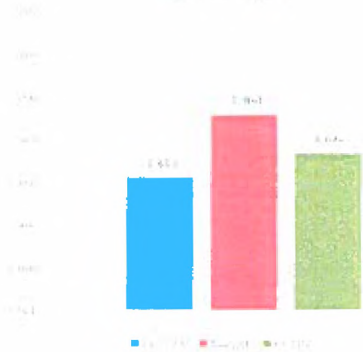
Outpatient Visits Annual



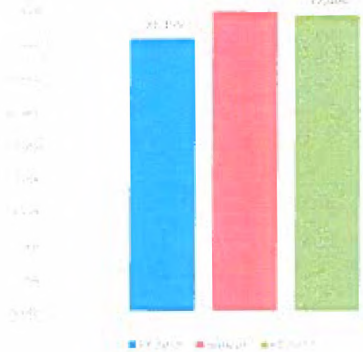
Outpatient Visits YTD



ER Visits Annual

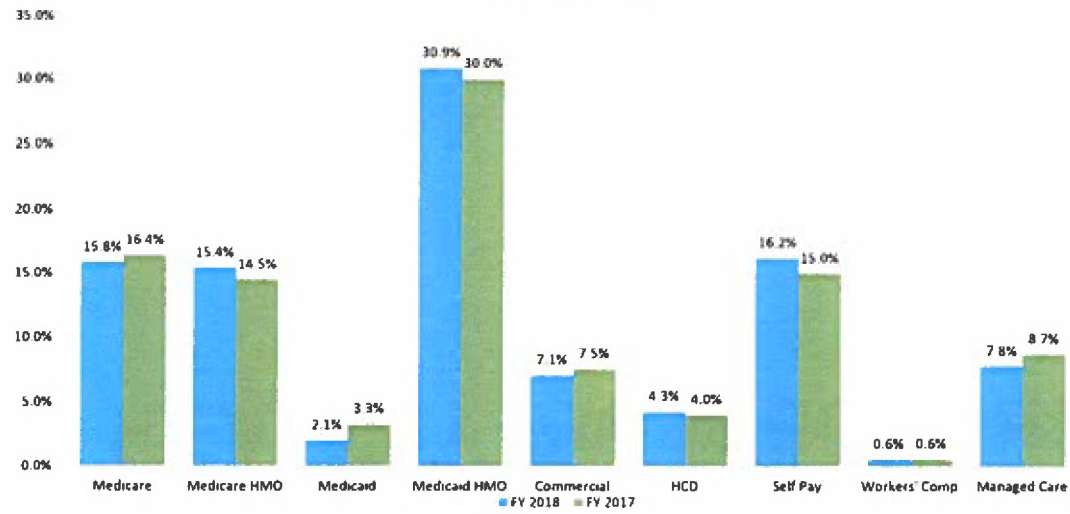


ER Visits YTD



LAKESIDE MEDICAL CENTER
Revenue

Payor Mix YTD





SUPPLEMENTAL INFORMATION

HEALTHY PALM BEACHES

Healthy Palm Beaches Statement of Revenues and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	Medicaid Revenue	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
-	-	-	0.0%	-	-	0.0%	Patient Premiums	-	-	-	0.0%	-	-	0.0%
2,608	1,875	733	39.1%	2,078	530	25.5%	Other Revenue	39,924	20,625	19,299	93.6%	47,027	(7,103)	(15.1%)
2,608	1,875	733	39.1%	2,078	530	25.5%	Total Revenues	39,924	20,625	19,299	93.6%	47,027	(7,103)	(15.1%)
Direct Operational Expenses:														
-	-	-	0.0%	-	-	0.0%	Salaries and Wages	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Benefits	-	-	-	0.0%	-	-	0.0%
-	3,042	3,042	100.0%	-	-	0.0%	Purchased Services	27,949	33,458	5,509	16.5%	25,795	(2,154)	(8.4%)
-	-	-	0.0%	-	-	0.0%	Medical Supplies	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Other Supplies	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Medical Services	(75)	-	75	0.0%	2,210	2,285	103.4%
-	-	-	0.0%	-	-	0.0%	Drugs	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Repairs & Maintenance	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Lease & Rental	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%
747	975	228	23.4%	983	236	24.0%	Other Expense	(31,839)	10,725	42,564	396.9%	7,659	39,498	515.7%
959	1,333	375	28.1%	964	5	0.6%	Insurance	8,916	14,667	5,751	39.2%	13,414	4,498	33.5%
1,706	5,350	3,644	68.1%	1,947	241	12.4%	Total Operational Expenses	4,951	58,850	53,899	91.6%	49,078	44,127	89.9%
Net Performance before Overhead														
902	(3,475)	4,377	(126.0%)	131	771	588.6%	Allocations	34,973	(38,225)	73,198	(191.5%)	(2,051)	37,024	(1,805.3%)
Overhead Allocations:														
-	-	-	0.0%	-	-	0.0%	Risk Mgt	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Internal Audit	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Palm Springs Facility	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Administration	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Human Resources	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Legal	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Records	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Compliance	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Finance	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Information Technology	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Total Overhead Allocations	-	-	-	0.0%	-	-	0.0%
1,706	5,350	3,644	68.1%	1,947	241	12.4%	Total Expenses	4,951	58,850	53,899	91.6%	49,078	44,127	89.9%
\$ 902	\$ (3,475)	\$ 4,377	(126.0%)	\$ 131	\$ 771	588.6%	Net Margin	\$ 34,973	\$ (38,225)	\$ 73,198	(191.5%)	\$ (2,051)	\$ 37,024	(1,805.3%)
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	General Fund Support/Transfer In (net)	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%

Healthy Palm Beaches Statement of Revenues and Expenses by Month

[illegible]

SUPPLEMENTAL INFORMATION

PRIMARY CARE CLINICS

Primary Care Clinics Statement of Revenues and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
2,048,106	2,214,245	(166,138)	(7.5%)	1,821,845	226,261	12.4%	Gross Patient Revenue	20,741,564	20,978,975	(237,411)	(1.1%)	17,743,538	2,998,026	16.9%
761,828	625,331	(136,498)	(21.8%)	745,057	(16,771)	(2.3%)	Contractual Allowances	9,133,345	6,028,187	(3,105,159)	(51.5%)	7,156,228	(1,977,117)	(27.6%)
408,156	199,258	(208,898)	(104.8%)	370,578	(37,578)	(10.1%)	Charity Care	4,032,409	1,936,663	(2,095,746)	(108.2%)	3,643,178	(389,231)	(10.7%)
651,797	42,033	(609,764)	(1,450.7%)	84,766	(567,031)	(668.9%)	Bad Debt	2,176,163	415,941	(1,760,221)	(423.2%)	1,079,395	(1,096,767)	(101.6%)
1,821,780	866,621	(955,159)	(110.2%)	1,200,400	(621,380)	(51.8%)	Total Contractuals and Bad Debts	15,341,917	8,380,791	(6,961,126)	(83.1%)	11,878,802	(3,463,115)	(29.2%)
704,658	-	704,658	0.0%	581,420	123,238	21%	Other Patient Revenue	9,133,830	-	9,133,830	0.0%	5,815,502	3,318,328	57%
930,983	1,347,623	(416,640)	(30.9%)	1,202,865	(271,882)	(22.6%)	Net Patient Revenue	14,533,477	12,598,184	1,935,292	15.4%	11,680,238	2,853,239	24.4%
45.46%	60.86%			66.02%			Collection %	70.07%	60.05%		65.83%			
791,380	761,512	29,868	3.9%	476,018	315,362	66.2%	Grant Funds	7,011,899	7,899,503	(887,604)	(11.2%)	6,076,806	935,093	15.4%
1,674,896	16,225	1,658,671	10,222.9%	637,215	1,037,682	162.8%	Other Revenue	1,915,842	178,475	1,737,367	973.5%	691,614	1,224,228	177.0%
2,466,276	777,737	1,688,539	217.1%	1,113,233	1,353,043	121.5%	Total Other Revenues	8,927,741	8,077,978	849,764	10.5%	6,768,420	2,159,321	31.9%
3,397,260	2,125,361	1,271,899	59.8%	2,316,098	1,081,162	46.7%	Total Revenues	23,461,218	20,676,162	2,785,056	13.5%	18,448,658	5,012,560	27.2%
Direct Operational Expenses:														
1,294,254	1,427,400	133,146	9.3%	1,171,264	(122,990)	(10.5%)	Salaries and Wages	13,490,244	14,402,048	911,804	6.3%	11,363,396	(2,126,848)	(18.7%)
343,621	373,289	29,668	7.9%	318,355	(25,266)	(7.9%)	Benefits	3,654,277	3,859,557	205,280	5.3%	3,107,946	(546,331)	(17.6%)
97,371	59,582	(37,790)	(63.4%)	43,828	(53,543)	(122.2%)	Purchased Services	870,939	634,951	(235,987)	(37.2%)	577,254	(293,684)	(50.9%)
32,851	61,508	28,657	46.6%	35,379	2,529	7.1%	Medical Supplies	431,194	525,560	94,366	18.0%	330,940	(100,255)	(30.3%)
6,730	16,276	9,546	58.6%	10,376	3,646	35.1%	Other Supplies	138,866	149,899	11,033	7.4%	299,409	160,543	53.6%
-	-	-	0.0%	27,889	27,889	100.0%	Contracted Physician Expense	15,355	-	(15,355)	0.0%	27,889	12,534	44.9%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
26,779	63,861	37,081	58.1%	52,208	25,428	48.7%	Drugs	462,946	608,213	145,267	23.9%	463,085	138	0.0%
67,112	108,467	41,355	38.1%	42,301	(24,811)	(58.7%)	Repairs & Maintenance	483,418	1,152,931	669,512	58.1%	443,983	(39,436)	(8.9%)
105,159	115,600	10,441	9.0%	109,988	4,829	4.4%	Lease & Rental	1,280,497	1,258,992	(21,505)	(1.7%)	1,131,866	(148,630)	(13.1%)
6,822	8,025	1,203	15.0%	5,820	(1,001)	(17.2%)	Utilities	67,254	83,005	15,751	19.0%	37,941	(29,313)	(77.3%)
19,476	21,890	2,414	11.0%	34,138	14,662	42.9%	Other Expense	257,385	253,460	(3,924)	(1.5%)	181,783	(75,601)	(41.6%)
2,938	2,690	(248)	(9.2%)	1,778	(1,160)	(65.3%)	Insurance	20,280	25,264	4,984	19.7%	19,895	(385)	(1.9%)
2,003,113	2,258,587	255,473	11.3%	1,853,324	(149,790)	(8.1%)	Total Operational Expenses	21,172,654	22,953,880	1,781,226	7.8%	17,985,386	(3,187,269)	(17.7%)
Net Performance before Depreciation & Overhead Allocations														
1,394,146	(133,226)	1,527,372	(1,146.5%)	462,774	931,372	201.3%		2,288,564	(2,277,718)	4,566,282	(200.5%)	463,272	1,825,292	394.0%

Primary Care Clinics Statement of Revenues and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
21,163	26,945	5,782	21.5%	16,430	(4,733)	(28.8%)	Depreciation	189,684	296,390	106,706	36.0%	180,571	(9,113)	(5.0%)
Overhead Allocations:														
10,122	12,912	2,790	21.6%	9,898	(224)	(2.3%)	Risk Mgt	110,462	135,411	24,949	18.4%	67,165	(43,297)	(64.5%)
40,319	57,005	16,686	29.3%	27,173	(13,146)	(48.4%)	Rev Cycle	469,990	594,146	124,156	20.9%	203,237	(266,753)	(131.3%)
5,281	5,460	179	3.3%	3,859	(1,422)	(36.8%)	Internal Audit	35,053	57,258	22,206	38.8%	52,936	17,883	33.8%
17,494	32,462	14,968	46.1%	-	(17,494)	0.0%	Palm Springs Facility	258,993	357,086	98,093	27.5%	-	(258,993)	0.0%
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%
24,090	26,593	2,503	9.4%	31,631	7,541	23.8%	Administration	270,686	278,885	8,198	2.9%	219,721	(50,965)	(23.2%)
33,355	35,298	1,943	5.5%	25,109	(8,246)	(32.8%)	Human Resources	323,895	357,230	33,335	9.3%	264,605	(59,290)	(22.4%)
9,124	13,480	4,356	32.3%	6,610	(2,514)	(38.0%)	Legal	117,272	141,367	24,095	17.0%	90,730	(26,542)	(29.3%)
6,722	6,255	(467)	(7.5%)	5,213	(1,509)	(29.0%)	Records	73,279	65,599	(7,680)	(11.7%)	33,097	(40,182)	(121.4%)
6,278	8,691	2,413	27.8%	4,967	(1,311)	(26.4%)	Compliance	65,686	91,139	25,453	27.9%	44,205	(21,481)	(48.6%)
1,353	1,530	176	11.5%	-	(1,353)	0.0%	Planning/Research	18,252	16,043	(2,210)	(13.8%)	-	(18,252)	0.0%
26,114	29,176	3,062	10.5%	20,641	(5,473)	(26.5%)	Finance	299,475	305,970	6,495	2.1%	216,646	(82,829)	(38.2%)
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%
9,972	19,548	9,576	49.0%	8,554	(1,419)	(16.6%)	Public Relations	83,259	205,007	121,747	59.4%	72,066	(11,193)	(15.5%)
93,958	94,872	914	1.0%	68,040	(25,918)	(38.1%)	Information Technology	889,370	994,935	105,565	10.6%	683,972	(205,398)	(30.0%)
-	3,652	3,652	100.0%	3,454	3,454	100.0%	Budget & Decision Support	13,118	38,303	25,184	65.8%	37,587	24,468	65.1%
3,957	3,077	(880)	(28.6%)	-	(3,957)	0.0%	Corporate Quality	38,849	32,274	(6,576)	(20.4%)	-	(38,849)	0.0%
3,751	11,123	7,372	66.3%	-	(3,751)	0.0%	Managed Care Contract	59,880	115,935	56,055	48.4%	-	(59,880)	0.0%
291,890	361,134	69,244	19.2%	215,149	(76,742)	(35.7%)	Total Overhead Allocations	3,127,520	3,786,586	659,066	17.4%	1,985,966	(1,141,554)	(57.5%)
2,316,167	2,646,665	330,499	12.5%	2,084,902	(231,265)	(11.1%)	Total Expenses	24,489,858	27,036,855	2,546,997	9.4%	20,151,923	(4,337,935)	(21.5%)
\$ 1,081,093	\$ (521,305)	\$ 1,602,398	(307.4%)	\$ 231,196	\$ 849,897	367.6%	Net Margin	\$ (1,028,640)	\$ (6,360,693)	\$ 5,332,053	(83.8%)	\$ (1,703,265)	\$ 674,625	(39.6%)
-	125,350	125,350	100.0%	(2,789)	(2,789)	100.0%	Capital	-	2,973,396	2,973,396	100.0%	-	-	0.0%
\$ -	\$ 800,000	\$ 800,000	100.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ 2,370,000	\$ 8,800,000	\$ 6,430,000	73.1%	\$ -	\$ (2,370,000)	0.0%

Primary Care Clinics Statement of Revenues and Expenses by Month

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Gross Patient Revenue	1,932,348	1,614,292	1,726,128	1,887,183	1,901,243	2,169,234	1,858,934	1,729,846	1,801,509	2,072,740	2,048,106	-	20,741,564
Contractual Allowances	787,418	59,317	837,720	278,529	555,700	399,431	2,339,528	828,730	529,647	2,256,497	761,828	-	9,133,345
Charity Care	311,552	(253,490)	167,151	218,711	7,463	65,773	2,052,688	259,306	353,313	446,784	408,156	-	4,037,409
Bad Debt	213,806	165,082	190,754	153,100	156,052	249,996	17,792	22,862	248,396	106,526	651,797	-	2,176,163
Other Patient Revenue	580,915	(580,915)	-	153,027	21,861	21,861	3,783,586	1,790,787	649,599	2,008,457	704,658	-	9,133,830
Net Patient Revenue	1,200,487	1,062,467	1,030,503	1,389,870	1,209,390	1,475,895	1,232,511	2,410,230	1,319,752	1,273,389	930,983	-	14,533,477
Collections %	62.13%	65.82%	59.70%	74.65%	63.61%	68.04%	66.30%	139.33%	73.26%	61.34%	0.00%	0.00%	70.07%
Grant Funds	581,399	570,025	610,755	694,423	646,404	601,484	633,222	706,398	590,251	586,159	791,380	-	7,011,899
Other Revenue	2,856	1,864	109,616	3,012	2,486	43,940	4,062	64,999	3,771	4,339	1,674,896	-	1,915,842
Total Other Revenues	584,255	571,889	720,371	697,436	648,890	645,424	637,284	771,396	594,022	590,499	2,466,276	-	8,927,741
Total Revenues	1,784,741	1,634,356	1,750,874	2,087,305	1,858,280	2,121,319	1,869,795	3,181,626	1,913,774	1,861,888	3,397,260	-	23,461,218
Direct Operational Expenses													
Salaries and Wages	1,216,848	1,147,815	1,156,021	1,157,040	1,203,702	1,316,763	1,241,980	1,415,855	1,174,280	1,165,687	1,294,254	-	13,490,244
Benefits	302,737	407,341	306,130	339,069	334,301	350,911	339,579	357,361	345,001	328,226	343,621	-	3,654,277
Purchased Services	36,818	31,740	55,668	56,008	40,481	42,175	101,864	53,008	203,204	97,371	870,939	-	870,939
Medical Supplies	25,047	34,241	41,871	45,383	65,137	41,037	40,647	35,160	36,607	33,213	32,851	-	431,194
Other Supplies	5,129	8,001	5,444	8,044	14,369	10,848	12,495	44,476	16,237	7,092	6,730	-	138,866
Contracted Physician Expense	12,703	2,652	-	-	-	-	-	-	-	-	-	-	15,355
Medical Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Drugs	39,087	60,113	48,821	50,181	48,344	52,837	42,549	40,454	26,793	26,987	26,779	-	462,946
Repairs & Maintenance	28,999	49,299	58,740	12,935	48,891	41,387	21,604	92,624	23,703	38,120	67,117	-	483,418
Lease & Rental	111,395	109,108	90,150	129,097	117,865	127,337	165,851	122,460	95,932	106,145	105,159	-	1,280,497
Utilities	2,097	8,470	8,736	5,588	5,756	4,661	6,556	9,388	5,547	4,134	6,822	-	67,254
Other Expense	29,001	31,159	9,617	20,440	27,501	28,627	29,722	11,680	21,355	33,817	19,476	-	257,385
Insurance	1,278	1,778	1,416	1,417	1,417	1,417	1,417	1,883	2,417	2,404	2,938	-	20,280
Total Operational Expenses	1,811,638	1,791,217	1,782,114	1,825,192	1,902,763	2,068,298	2,004,269	2,184,349	1,850,671	1,949,029	2,003,113	-	21,172,654
Net Performance before Depreciation & Overhead Allocations	(26,897)	(156,860)	(31,240)	262,113	(44,484)	53,020	(134,474)	997,277	63,104	(87,141)	1,394,146	-	2,288,564
Depreciation	17,505	16,479	16,992	16,992	16,992	16,992	17,540	16,972	16,722	15,335	21,163	-	189,684
Overhead Allocations													
Risk Mgt	7,453	8,816	13,641	8,777	9,774	10,231	8,967	9,838	13,092	9,732	10,122	-	110,462
Rev Cycle	48,556	47,099	34,355	59,652	49,552	37,122	48,655	16,506	35,835	52,339	40,339	-	469,990
Internal Audit	5	-	-	580	1,967	5,809	5,377	5,328	5,328	5,281	-	-	35,053
Palm Springs Facility	20,677	21,156	20,813	20,281	41,731	15,176	27,667	36,418	19,871	17,709	17,494	-	258,993
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration	25,875	24,692	26,547	27,033	30,666	20,796	27,963	17,828	22,096	23,099	24,090	-	270,686
Human Resources	29,597	13,464	33,802	23,072	21,563	28,368	49,058	34,524	29,915	29,178	33,355	-	323,895
Legal	5,569	7,477	13,345	8,693	13,576	9,757	8,811	14,375	12,734	13,811	9,124	-	117,272
Records	4,860	4,152	3,963	4,751	10,058	6,632	9,240	10,701	5,944	6,255	6,722	-	73,779
Compliance	5,184	6,493	6,603	8,310	6,895	7,066	1,786	5,303	5,513	6,255	6,278	-	65,686
Planning/Research	1,666	1,204	1,163	1,248	1,111	1,207	5,733	1,250	1,093	1,225	1,353	-	18,252
Finance	26,706	21,729	22,431	24,720	24,201	43,417	29,974	30,126	24,580	25,476	26,114	-	299,475
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Relations	5,778	7,688	7,362	5,198	13,328	3,213	6,360	8,045	7,531	8,785	9,972	-	83,259
Information Technology	68,947	137,669	80,805	37,467	76,905	67,776	75,088	110,642	65,435	74,684	93,958	-	889,370
Budget & Decision Support	2,141	2,508	2,397	2,616	84	(231)	3,602	-	-	-	-	-	13,118
Corporate Quality	4,089	3,976	1,372	3,565	2,776	4,069	3,662	3,945	3,675	3,762	3,957	-	38,849
Managed Care Contract	4,449	4,604	4,302	5,502	15,408	(1,070)	5,381	7,962	2,006	7,586	3,751	-	59,880
Total Overhead Allocations	261,549	312,747	272,899	239,466	319,593	259,338	317,325	312,840	254,648	285,225	291,890	-	3,127,520
Total Expenses	2,090,692	2,120,442	2,072,005	2,081,450	2,239,348	2,344,629	2,339,134	2,514,161	2,122,041	2,249,589	2,316,167	-	24,489,858
Net Margin	\$ (305,951)	\$ (486,086)	\$ (321,131)	\$ 5,655	\$ (381,068)	\$ (223,310)	\$ (469,339)	\$ 667,465	\$ (208,267)	\$ (387,701)	\$ 1,081,093	\$ -	\$ (1,078,640)
Capital	-	10,221	(10,221)	-	-	-	40,825	(40,825)	-	-	-	-	-
General Fund Support/ Transfer In	-	-	-	-	-	2,000,000	70,000	100,000	-	200,000	-	-	\$ 2,370,000

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	DeRay Clinic	Belle Glade Clinic	Jerome Golden Center	Lewis Center	Rams Clinic	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subone Clinic	Mobile Van	Total
Gross Patient Revenue	-	3,261,530	2,897,190	2,832,655	1,662,228	419,469	626,051	-	3,028,710	981,747	1,374,326	-	34,446	17,118,352
Contractual Allowances	-	1,508,124	1,345,902	1,483,654	856,173	215,524	471,480	-	1,377,670	417,279	452,023	-	15,713	8,144,088
Charity Care	-	543,388	517,115	269,463	196,350	44,402	88,965	-	573,025	111,449	270,527	-	9,001	2,623,684
Bad Debt	-	359,026	371,404	316,286	214,573	29,148	95,088	(881)	247,300	35,136	119,655	-	8,122	1,794,857
Total Contractual Allowances and Bad Debt	-	2,410,538	2,234,421	2,069,403	1,267,096	289,074	655,533	(335)	2,197,995	563,864	842,204	-	32,836	12,562,629
Other Patient Revenue	262,331	1,132,302	1,113,034	892,669	593,282	117,164	247,428	-	1,005,427	243,709	360,022	-	10,140	5,977,509
Net Patient Revenue	262,331	1,983,294	1,775,803	1,655,922	988,414	247,559	217,946	335	1,836,142	661,593	892,143	-	11,749	10,533,232
Collection %	0.00%	60.81%	61.29%	58.46%	59.46%	59.02%	34.81%	0.00%	60.62%	67.39%	64.91%	0.00%	0.00%	61.53%
Grant Funds	802,129	805,590	755,411	745,584	493,175	84,696	164,099	-	802,344	262,741	529,910	175,700	4,672	5,626,052
Other Revenue	76,216	248,721	92,751	189,573	116,765	36,820	45,924	3	358,394	379,420	337,255	-	-	1,881,842
Total Other Revenues	878,346	1,054,310	848,162	935,157	609,940	121,517	210,022	3	1,160,738	642,162	867,165	175,700	4,672	7,507,894
Total Revenues	1,140,677	3,037,604	2,623,965	2,591,079	1,598,354	369,075	427,969	338	2,996,881	1,303,754	1,759,308	175,700	16,421	18,041,126
Direct Operational Expenses:														
Salaries and Wages	1,588,680	1,620,574	1,447,078	1,486,906	992,576	154,363	393,197	-	1,674,657	612,928	820,408	252,991	20,509	11,064,868
Benefits	354,441	384,814	424,265	456,849	251,760	46,781	105,378	-	481,942	156,579	223,296	47,722	5,753	2,939,578
Purchased Services	126,925	123,318	75,557	79,143	75,041	42,602	11,380	-	130,273	53,247	52,019	-	-	769,505
Medical Supplies	-	20,736	48,549	15,195	13,987	1,583	8,793	-	29,191	7,438	6,327	-	543	152,344
Other Supplies	21,369	13,253	8,099	8,474	7,392	2,327	3,497	-	17,286	5,269	13,465	2,015	6,344	108,791
Contracted Physician Expense	-	-	15,355	-	-	-	-	-	-	-	-	-	-	15,355
Drugs	-	94,410	95,105	94,557	36,632	7,066	3,371	-	88,131	22,864	9,809	-	25	451,969
Repairs & Maintenance	904	72,847	68,401	68,189	52,229	7,942	7,496	465	73,190	17,273	50,902	1,900	-	421,737
Lease & Rental	84,458	125,480	71,067	95,896	152,149	16,061	1,436	-	184,393	68,128	114,455	-	237	913,762
Utilities	3,816	1,100	3,163	1,043	19,412	1,741	1,915	-	10,841	7,374	7,720	-	-	58,126
Other Expense	158,969	5,596	7,092	4,053	9,418	826	4,294	-	8,926	7,542	9,969	312	186	217,183
Insurance	338	4,758	3,869	3,474	1,383	406	-	106	1,243	248	283	-	3,227	19,335
Total Operational Expenses	2,339,900	2,466,886	2,267,601	2,313,778	1,611,981	281,698	540,757	571	2,700,073	958,889	1,308,654	304,941	36,823	17,132,553
Net Performance before Depreciation & Overhead Allocations	(1,199,223)	570,718	356,364	277,301	(13,627)	87,377	(112,789)	(233)	296,807	344,865	450,653	(129,241)	(20,402)	908,573
Depreciation	9,110	4,877	4,861	2,398	2,299	874	3,184	152	11,774	4,698	3,654	-	6,250	54,132
Overhead Allocations														
Risk Mgt	11,048	13,404	11,087	11,129	6,674	1,569	1,637	-	11,878	5,049	9,925	3,101	157	86,658
Rev Cycle	-	64,780	53,568	53,770	12,245	7,583	7,911	0	57,392	24,394	47,953	13,957	708	364,262
Internal Audit	3,506	4,217	3,487	3,500	2,099	494	515	-	3,736	1,588	3,127	1,153	84	27,499
Palm Springs Facility	221,704	-	-	-	-	-	-	-	-	-	-	-	-	221,704
Legislative Affairs														
Administration	26,864	32,754	27,086	27,188	16,304	3,834	4,000	-	29,019	12,334	24,246	7,201	372	211,203
Human Resources	19,172	40,616	35,252	34,998	19,538	5,200	5,203	(0)	37,084	14,335	28,662	5,781	1,001	246,843
Legal	11,776	14,252	11,785	11,830	7,094	1,668	1,740	-	12,627	5,367	10,550	3,419	181	92,288
Records	7,325	8,880	7,343	7,371	4,420	1,039	1,084	-	7,867	3,344	6,573	2,115	102	57,464
Compliance	6,658	8,064	6,668	6,693	4,014	944	985	-	7,144	3,037	5,969	1,800	99	52,076
Planning/Research	1,368	1,800	1,489	1,495	896	211	220	-	1,595	678	1,332	391	20	11,495
Finance	30,324	36,717	30,362	30,477	18,277	4,298	4,484	-	32,530	13,827	27,180	8,360	401	237,237
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Public Relations	8,418	10,191	8,427	8,459	5,073	1,193	1,245	-	9,029	3,838	7,544	2,320	145	65,879
Information Technology	88,952	108,097	89,389	89,726	53,806	12,653	13,201	(0)	95,770	40,705	80,017	23,996	1,416	697,728
Budget & Decision Support	952	1,284	1,062	1,066	639	150	157	-	1,137	483	950	189	-	8,068
Corporate Quality	3,886	4,728	3,910	3,925	2,354	553	577	-	4,189	1,781	3,500	1,013	61	30,478
Managed Care Contract	-	8,230	6,806	6,831	4,097	963	1,005	-	7,291	3,099	6,092	1,895	101	46,410
Total Overhead Allocations	441,954	358,015	297,722	298,456	177,527	42,353	43,965	(0)	318,290	133,858	263,615	76,690	4,848	2,457,293
Total Expenses	2,790,964	2,829,777	2,570,184	2,614,633	1,791,807	324,926	587,907	723	3,030,137	1,097,446	1,575,923	381,631	47,921	19,643,977
Net Margin	\$ (1,650,286)	\$ 207,827	\$ 53,781	\$ (23,554)	\$ (193,452)	\$ 44,150	\$ (159,938)	\$ (385)	\$ (33,256)	\$ 206,308	\$ 183,385	\$ (205,930)	\$ (31,499)	\$ (1,602,852)
Capital														
General Fund Support/ Transfer In	\$ 2,370,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,370,000

Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
1,698,416	1,722,070	(23,654)	(1.4%)	1,416,836	281,580	19.9%	Gross Patient Revenue	17,118,352	16,644,638	473,715	2.8%	13,779,740	3,338,612	24.2%
886,379	565,226	(321,153)	(56.8%)	612,439	(273,940)	(44.7%)	Contractual Allowances	8,144,088	5,509,476	(2,634,612)	(47.8%)	5,832,410	(2,311,678)	(39.6%)
256,852	169,826	(87,026)	(51.2%)	214,375	(42,477)	(19.8%)	Charity Care	2,623,684	1,673,377	(950,308)	(56.8%)	2,256,277	(367,407)	(16.3%)
251,691	38,309	(213,382)	(557.0%)	97,218	(154,473)	(158.9%)	Bad Debt	1,794,857	385,146	(1,409,711)	(366.0%)	997,835	(797,022)	(79.9%)
1,394,922	773,361	(621,561)	(80.4%)	924,031	(470,890)	(51.0%)	Total Contractuals and Bad Debts	12,562,629	7,567,998	(4,994,631)	(66.0%)	9,086,522	(3,476,107)	(38.3%)
463,449	-	463,449	0.0%	361,020	102,429	28.4%	Other Patient Revenue	5,977,509	-	5,977,509	0.0%	3,670,202	2,307,307	62.9%
766,943	948,709	(181,766)	(19.2%)	853,825	(86,882)	(10.2%)	Net Patient Revenue	10,533,232	9,076,639	1,456,593	16.0%	8,363,420	2,169,812	25.9%
45.16%	55.09%			60.26%			Collection %	61.53%	54.53%			60.69%		
594,388	505,781	88,608	17.5%	360,240	234,148	65.0%	Grant Funds	5,626,052	5,579,088	46,963	0.8%	4,700,555	925,496	19.7%
1,674,896	7,725	1,667,171	21,581.5%	637,215	1,037,682	162.8%	Other Revenue	1,881,842	84,975	1,796,867	2,114.6%	691,613	1,190,229	172.1%
2,269,285	513,506	1,755,779	341.9%	997,455	1,271,830	127.5%	Total Other Revenues	7,507,894	5,664,064	1,843,830	32.6%	5,392,168	2,115,726	39.2%
3,036,228	1,462,215	1,574,013	107.6%	1,851,280	1,184,948	64.0%	Total Revenues	18,041,126	14,740,703	3,300,423	22.4%	13,755,588	4,285,538	31.2%
Direct Operational Expenses:														
1,062,538	1,108,548	46,010	4.2%	935,977	(126,561)	(13.5%)	Salaries and Wages	11,064,868	11,481,362	416,494	3.6%	8,985,922	(2,078,945)	(23.1%)
276,594	282,262	5,668	2.0%	252,096	(24,498)	(9.7%)	Benefits	2,939,578	3,003,887	64,308	2.1%	2,449,674	(489,904)	(20.0%)
90,479	47,839	(42,640)	(89.1%)	33,321	(57,158)	(171.5%)	Purchased Services	769,505	524,944	(244,561)	(46.6%)	474,869	(294,636)	(62.0%)
16,498	21,533	5,034	23.4%	11,046	(5,453)	(49.4%)	Medical Supplies	152,344	214,495	62,152	29.0%	131,895	(20,448)	(15.5%)
5,199	9,713	4,514	46.5%	6,959	1,760	25.3%	Other Supplies	108,791	105,462	(3,328)	(3.2%)	270,195	161,404	59.7%
-	-	-	0.0%	27,889	27,889	100.0%	Contracted Physician Expense	15,355	-	(15,355)	0.0%	27,889	12,534	44.9%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
26,750	60,412	33,662	55.7%	49,502	22,752	46.0%	Drugs	451,969	587,064	135,095	23.0%	447,367	(4,602)	(1.0%)
58,105	95,620	37,515	39.2%	34,047	(24,058)	(70.7%)	Repairs & Maintenance	421,737	1,039,318	617,581	59.4%	385,699	(36,038)	(9.3%)
72,734	83,814	11,081	13.2%	83,088	10,354	12.5%	Lease & Rental	913,762	921,958	8,196	0.9%	834,848	(78,914)	(9.5%)
5,882	6,231	349	5.6%	5,820	(61)	(1.1%)	Utilities	58,126	68,539	10,413	15.2%	37,941	(20,185)	(53.2%)
9,353	20,583	11,230	54.6%	33,056	23,703	71.7%	Other Expense	217,183	224,517	7,333	3.3%	163,168	(54,015)	(33.1%)
2,863	2,318	(545)	(23.5%)	1,670	(1,193)	(71.4%)	Insurance	19,335	21,327	1,991	9.3%	18,686	(650)	(3.5%)
1,626,995	1,738,872	111,877	6.4%	1,474,471	(152,524)	(10.3%)	Total Operational Expenses	17,132,553	18,192,873	1,060,320	5.8%	14,228,153	(2,904,400)	(20.4%)
Net Performance before Depreciation & Overhead Allocations														
1,409,233	(276,657)	1,685,890	(609.4%)	378,809	1,032,424	274.0%		908,573	(3,452,170)	4,360,743	(126.3%)	(472,565)	1,381,138	(292.3%)

Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
9,953	8,105	(1,848)	(22.8%)	3,987	(5,966)	(149.6%)	Depreciation	54,132	89,151	35,019	39.3%	43,701	(10,431)	(23.9%)
Overhead Allocations														
7,941	9,783	1,842	18.8%	7,989	49	0.6%	Risk Mgt	86,658	106,439	19,781	18.6%	53,855	(32,804)	(60.9%)
31,250	42,483	11,234	26.4%	21,664	(9,586)	(44.2%)	Rev Cycle	364,262	461,507	97,245	21.1%	160,562	(203,700)	(126.9%)
4,143	4,137	(6)	(0.2%)	3,115	(1,028)	(33.0%)	Internal Audit	27,499	45,008	17,508	38.9%	42,388	14,889	35.1%
14,975	27,789	12,813	46.1%	-	(14,975)	0.0%	Palm Springs Facility	221,704	305,674	83,970	27.5%	-	(221,704)	0.0%
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%
18,899	20,148	1,249	6.2%	25,532	6,633	26.0%	Administration	211,203	219,216	8,012	3.7%	175,935	(35,268)	(20.0%)
25,172	25,138	(34)	(0.1%)	20,204	(4,968)	(24.6%)	Human Resources	246,843	270,421	23,578	8.7%	210,990	(35,853)	(17.0%)
7,158	10,213	3,055	29.9%	5,336	(1,822)	(34.2%)	Legal	92,288	111,120	18,832	16.9%	72,464	(19,824)	(27.4%)
5,274	4,739	(535)	(11.3%)	4,266	(1,008)	(23.6%)	Records	57,464	51,564	(5,901)	(11.4%)	26,662	(30,802)	(115.5%)
4,925	6,584	1,659	25.2%	4,009	(916)	(22.8%)	Compliance	52,076	71,639	19,563	27.3%	35,392	(16,685)	(47.1%)
1,062	1,159	97	8.4%	-	(1,062)	0.0%	Planning/Research	11,495	12,610	1,115	8.8%	-	(11,495)	0.0%
20,487	22,104	1,618	7.3%	16,661	(3,825)	(23.0%)	Finance	237,237	240,506	3,269	1.4%	173,294	(63,943)	(36.9%)
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%
7,823	14,810	6,987	47.2%	6,904	(919)	(13.3%)	Public Relations	65,879	161,144	95,265	59.1%	57,741	(8,138)	(14.1%)
73,711	71,878	(1,833)	(2.6%)	54,921	(18,790)	(34.2%)	Information Technology	697,728	782,063	84,336	10.8%	547,644	(150,083)	(27.4%)
-	2,767	2,767	100.0%	2,788	2,788	100.0%	Budget & Decision Support	8,068	30,108	22,040	73.2%	30,060	21,992	73.2%
3,105	2,332	(773)	(33.2%)	-	(3,105)	0.0%	Corporate Quality	30,478	25,369	(5,109)	(20.1%)	-	(30,478)	0.0%
2,907	8,290	5,383	64.9%	-	(2,907)	0.0%	Managed Care Contract	46,410	90,053	43,643	48.5%	-	(46,410)	0.0%
228,830	274,353	45,522	16.6%	173,390	(55,441)	(32.0%)	Total Overhead Allocations	2,457,293	2,984,441	527,148	17.7%	1,586,986	(870,306)	(54.8%)
1,865,778	2,021,329	155,551	7.7%	1,651,847	(213,931)	(13.0%)	Total Expenses	19,643,977	21,266,465	1,622,487	7.6%	15,858,840	(3,785,138)	(23.9%)
\$ 1,170,449	\$ (559,114)	\$ 1,729,564	(309.3%)	\$ 199,433	\$ 971,017	486.9%	Net Margin	\$ (1,602,852)	\$ (6,525,762)	\$ 4,922,910	(75.4%)	\$ (2,103,252)	\$ 500,400	(23.8%)
-	52,700	52,700	100.0%	(2,789)	(2,789)	100.0%	Capital	-	817,700	817,700	100.0%	-	-	0.0%
\$ -	\$ 800,000	\$ 800,000	100.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ 2,370,000	\$ 8,800,000	\$ 6,430,000	73.1%	\$ -	\$ (2,370,000)	0.0%

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

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Lake Worth Dental Clinic	West Boca Dental Clinic	Total
Gross Patient Revenue	-	1,240,585	979,243	929,280	474,104	-	-	3,623,212
Contractual Allowances	-	359,138	254,018	247,056	129,046	-	-	989,257
Charity Care	-	429,217	381,415	432,004	166,089	-	-	1,408,725
Bad Debt	-	107,404	149,029	82,522	42,350	-	-	381,306
Total Contractual Allowances and Bad Debt	-	895,759	784,462	761,582	337,485	-	-	2,779,288
Other Patient Revenue	-	1,020,006	853,344	831,671	451,300	-	-	3,156,321
Net Patient Revenue	-	1,364,832	1,048,124	999,368	587,920	-	-	4,000,245
Collection %	-	110.07%	107.03%	107.54%	124.01%	0.00%	0.00%	110.41%
Grant Funds	214,331	381,957	301,563	291,442	196,555	-	-	1,385,848
Other Revenue	-	17,000	8,500	8,500	-	-	-	34,000
Total Other Revenues	214,331	398,957	310,063	299,942	196,555	-	-	1,419,848
Total Revenues	214,331	1,763,789	1,358,188	1,299,310	784,474	-	-	5,420,032
Direct Operational Expenses	-	-	-	-	-	-	-	-
Salaries and Wages	243,894	732,062	610,635	532,366	297,620	-	8,800	2,425,376
Benefits	54,553	244,756	155,046	172,757	86,889	-	698	714,699
Purchased Services	-	23,453	19,746	19,977	38,757	-	-	101,433
Medical Supplies	-	80,143	88,824	78,453	31,531	-	-	278,851
Other Supplies	480	5,511	12,634	8,103	3,348	-	-	30,075
Contracted Physician Expense	-	-	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-	-	-
Drugs	-	3,932	2,983	2,222	1,839	-	-	10,977
Repairs & Maintenance	-	14,880	18,060	17,370	11,372	-	-	61,682
Lease & Rental	-	106,775	63,179	61,017	68,860	66,953	-	366,734
Utilities	-	1,533	3,256	1,852	2,487	-	-	9,128
Other Expense	9,339	7,510	3,420	5,980	13,954	-	-	40,202
Insurance	-	-	-	-	945	-	-	945
Total Operational Expenses	308,265	1,270,553	977,231	899,937	557,603	66,953	9,498	4,040,102
Net Performance before Depreciation & Overhead Allocations	(93,935)	543,236	380,956	399,313	226,871	(66,953)	(9,498)	1,379,931
Depreciation	-	76,140	18,010	23,074	18,328	-	-	135,552
Overhead Allocations	-	-	-	-	-	-	-	-
Risk Mgt	1,858	7,216	4,919	5,208	4,602	-	-	23,804
Rev Cycle	-	34,754	23,697	25,083	22,194	-	-	105,728
Internal Audit	590	2,290	1,561	1,653	1,460	-	-	7,554
Palm Springs Facility	37,289	-	-	-	-	-	-	37,289
Legislative Affairs	-	-	-	-	-	-	-	-
Administration	4,518	18,075	12,322	13,046	11,522	-	-	59,483
Human Resources	3,834	25,218	16,892	18,432	12,676	-	-	77,053
Legal	1,981	7,563	5,156	5,459	4,825	-	-	24,984
Records	1,232	4,795	3,269	3,461	3,058	-	-	15,815
Compliance	1,120	4,105	2,799	2,963	2,623	-	-	13,610
Planning/Research	280	2,151	1,465	1,554	1,357	-	-	6,757
Finance	5,100	18,782	12,806	13,555	11,995	-	-	62,238
Communications	-	-	-	-	-	-	-	-
Public Relations	1,416	5,248	3,578	3,787	3,351	-	-	17,380
Information Technology	14,961	58,100	39,607	41,935	37,039	-	-	191,643
Budget & Decision Support	160	1,612	1,098	1,164	1,016	-	-	5,050
Corporate Quality	654	2,538	1,730	1,832	1,619	-	-	8,372
Managed Care Contract	-	4,429	3,019	3,197	2,825	-	-	13,470
Total Overhead Allocations	74,943	156,876	134,920	142,328	122,161	-	-	670,228
Total Expenses	383,209	1,493,569	1,129,161	1,065,399	690,092	66,953	9,498	4,845,881
Net Margin	\$ (168,878)	\$ 270,220	\$ 229,026	\$ 233,913	\$ 86,383	\$ (66,953)	\$ (9,498)	\$ 574,211
Capital	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	-	-	-	-	-	-	-	\$ -

Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
349,690	492,175	(142,484)	(28.9%)	405,009	(55,319)	(13.7%)	Gross Patient Revenue	3,623,212	4,334,338	(711,126)	(16.4%)	3,963,798	(340,586)	(8.6%)
(124,551)	60,105	184,655	307.2%	132,618	257,169	193.9%	Contractual Allowances	989,257	518,711	(470,547)	(90.7%)	1,323,818	334,561	25.3%
151,304	29,432	(121,872)	(414.1%)	156,203	4,899	3.1%	Charity Care	1,408,725	263,286	(1,145,439)	(435.1%)	1,386,901	(21,824)	(1.6%)
400,106	3,724	(396,382)	(10,644.4%)	(12,452)	(412,558)	3,313.2%	Bad Debt	381,306	30,796	(350,510)	(1,138.2%)	81,560	(299,746)	(367.5%)
426,859	93,261	(333,598)	(357.7%)	276,369	(150,490)	(54.5%)	Total Contractuals and Bad Debts	2,779,288	812,793	(1,966,495)	(241.9%)	2,792,280	12,992	0.5%
241,209	-	241,209	0.0%	220,400	20,809	9.4%	Other Operating Revenue	3,156,321	-	3,156,321	0.0%	2,145,300	1,011,021	47.1%
164,040	398,914	(234,874)	(58.9%)	349,040	(185,000)	(53.0%)	Net Patient Revenue	4,000,245	3,521,545	478,700	13.6%	3,316,818	683,427	20.6%
46.91%	81.05%			86.18%			Collection %	110.41%	81.25%		83.68%			
196,992	255,732	(58,740)	(23.0%)	115,778	81,214	70.1%	Grant Funds	1,385,848	2,320,414	(934,567)	(40.3%)	1,376,251	9,597	0.7%
-	8,500	(8,500)	(100.0%)	-	-	0.0%	Other Revenue	34,000	93,500	(59,500)	(63.6%)	1	33,999	3,207,447.2%
196,992	264,232	(67,240)	(25.4%)	115,778	81,214	70.1%	Total Other Revenues	1,419,848	2,413,914	(994,067)	(41.2%)	1,376,252	43,596	3.2%
361,032	663,146	(302,114)	(45.6%)	464,818	(103,786)	(22.3%)	Total Revenues	5,420,092	5,935,459	(515,367)	(8.7%)	4,693,070	727,022	15.5%
Direct Operational Expenses														
231,716	318,852	87,136	27.3%	235,287	3,571	1.5%	Salaries and Wages	2,425,376	2,920,686	495,310	17.0%	2,377,474	(47,903)	(2.0%)
67,028	91,028	24,000	26.4%	66,259	(768)	(1.2%)	Benefits	714,699	855,670	140,971	16.5%	658,272	(56,427)	(8.6%)
6,892	11,743	4,851	41.3%	10,507	3,615	34.4%	Purchased Services	101,433	110,007	8,574	7.8%	102,385	952	0.9%
16,352	39,975	23,623	59.1%	24,334	7,982	32.8%	Medical Supplies	278,851	311,065	32,214	10.4%	199,044	(79,806)	(40.1%)
1,531	6,563	5,032	76.7%	3,417	1,886	55.2%	Other Supplies	30,075	44,437	14,362	32.3%	29,214	(861)	(2.9%)
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
30	3,449	3,419	99.1%	2,706	2,676	98.9%	Drugs	10,977	21,149	10,172	48.1%	15,717	4,740	30.2%
9,007	12,847	3,840	29.9%	8,255	(752)	(9.1%)	Repairs & Maintenance	61,682	113,613	51,931	45.7%	58,284	(3,397)	(5.8%)
32,425	31,786	(639)	(2.0%)	26,900	(5,525)	(20.5%)	Lease & Rental	366,734	337,033	(29,701)	(8.8%)	297,019	(69,716)	(23.5%)
940	1,794	854	47.6%	-	(940)	0.0%	Utilities	9,128	14,466	5,338	36.9%	-	(9,128)	0.0%
10,123	1,306	(8,816)	(674.8%)	1,081	(9,041)	(836.2%)	Other Expense	40,202	28,944	(11,258)	(38.9%)	18,615	(21,587)	(116.0%)
75	372	297	79.8%	108	33	30.3%	Insurance	945	3,938	2,993	76.0%	1,209	264	21.9%
376,118	519,715	143,597	27.6%	378,853	2,735	0.7%	Total Operational Expenses	4,040,102	4,761,007	720,906	15.1%	3,757,233	(282,868)	(7.5%)
Net Performance before														
(15,086)	143,431	(158,517)	(110.5%)	85,965	(101,052)	(117.5%)	Depreciation & Overhead Allocations	1,379,991	1,174,452	205,539	17.5%	935,837	444,154	47.5%

Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							
Actual	Budget	Variance	%	Prior Year	Variance	%	
11,210	18,840	7,630	40.5%	12,443	1,233	9.9%	Depreciation
							<i>Overhead Allocations:</i>
2,181	3,129	948	30.3%	1,908	(273)	{14.3%}	Risk Mgt
9,070	14,522	5,452	37.5%	5,510	(3,560)	{64.6%}	Rev Cycle
1,138	1,323	185	14.0%	744	(394)	{52.9%}	Internal Audit
2,519	4,674	2,155	46.1%	-	(2,519)	0.0%	Palm Springs Facility
-	-	-	0.0%	-	-	0.0%	Legislative Affairs
5,191	6,445	1,254	19.5%	6,099	908	14.9%	Administration
8,183	10,160	1,977	19.5%	4,905	(3,278)	{66.8%}	Human Resources
1,966	3,267	1,301	39.8%	1,275	(692)	{54.3%}	Legal
1,449	1,516	67	4.5%	947	(501)	{52.9%}	Records
1,353	2,106	754	35.8%	958	(395)	{41.3%}	Compliance
292	371	79	21.3%	-	(292)	0.0%	Planning/Research
5,627	7,071	1,444	20.4%	3,980	(1,647)	{41.4%}	Finance
-	-	-	0.0%	-	-	0.0%	Communications
2,149	4,738	2,589	54.6%	1,649	(500)	{30.3%}	Public Relations
20,247	22,994	2,747	11.9%	13,319	(7,128)	{54.3%}	Information Technology
-	885	885	100.0%	666	666	100.0%	Budget & Decision Support
853	746	(107)	{14.3%}	-	(853)	0.0%	Corporate Quality
844	2,834	1,990	70.2%	-	(844)	0.0%	Managed Care Contract
63,060	86,781	23,721	27.3%	41,759	(21,301)	{51.0%}	Total Overhead Allocations
450,388	625,336	174,948	28.0%	433,055	(17,334)	{4.0%}	Total Expenses
\$ (89,356)	\$ 37,810	\$ (127,166)	{336.3%}	\$ 31,764	\$ (121,120)	{381.3%}	Net Margin
-	72,650	72,650	100.0%	-	-	0.0%	Capital
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In

Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	
135,552	207,238	71,687	34.6%	136,870	1,318	1.0%	
23,804	28,972	5,168	17.8%	13,310	(10,494)	{78.8%}	
105,728	132,639	26,911	20.3%	42,675	(63,054)	{147.8%}	
7,554	12,251	4,697	38.3%	10,548	2,994	28.4%	
37,289	51,412	14,123	27.5%	-	(37,289)	0.0%	
-	-	-	0.0%	-	-	0.0%	
59,483	59,669	186	0.3%	43,786	(15,697)	{35.8%}	
77,053	86,809	9,756	11.2%	53,616	(23,437)	{43.7%}	
24,984	30,246	5,262	17.4%	18,266	(6,718)	{36.8%}	
15,815	14,035	(1,780)	{12.7%}	6,435	(9,380)	{145.8%}	
13,610	19,500	5,890	30.2%	8,814	(4,796)	{54.4%}	
6,757	3,432	(3,325)	{96.9%}	-	(6,757)	0.0%	
62,238	65,464	3,226	4.9%	43,351	(18,886)	{43.6%}	
-	-	-	0.0%	-	-	0.0%	
17,380	43,862	26,482	60.4%	14,325	(3,055)	{21.3%}	
191,643	212,872	21,229	10.0%	136,328	(55,315)	{40.6%}	
5,050	8,195	3,145	38.4%	7,527	2,476	32.9%	
8,372	6,905	(1,466)	{21.2%}	-	(8,372)	0.0%	
13,470	25,882	12,412	48.0%	-	(13,470)	0.0%	
670,228	802,145	131,918	16.4%	398,980	(271,248)	{68.0%}	
4,845,881	5,770,391	924,510	16.0%	4,293,083	(552,798)	{12.9%}	
\$ 574,211	\$ 165,069	\$ 409,143	247.9%	\$ 399,987	\$ 174,224	43.6%	
-	2,155,696	2,155,696	100.0%	-	-	0.0%	
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	

													Current Year	Current YTD	Prior Year
Clinic Visits - Adults and Pediatrics	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total	Budget	Total
West Palm Beach	1,678	1,467	1,614	1,583	1,648	1,561	1,681	1,300	1,579	1,635	1,175		16,921	15,805	16,615
Delray	1,590	1,367	1,429	1,307	1,439	1,420	1,441	1,021	1,240	1,105	849		14,208	15,225	16,265
Lantana	1,448	1,214	1,212	1,304	1,312	1,399	1,373	1,036	1,303	1,149	1,062		13,812	14,135	13,931
Belle Glade	836	904	805	856	947	988	920	871	832	706	568		9,233	8,856	9,260
Jerome Golden Center	294	214	238	206	239	278	310	235	246	155			2,415	3,007	3,128
Lewis Center	197	169	205	166	203	212	218	191	257	275	455		2,548	2,183	2,238
Lake Worth & Women's Health Care	1,540	1,431	1,497	1,527	1,554	1,660	1,557	1,251	1,520	1,409	1,003		15,949	15,250	14,743
Jupiter Clinic	479	406	485	495	552	592	552	340	515	524	317		5,257	5,600	2,238
West Boca	407	353	438	510	702	812	859	809	774	977	448		7,089	6,063	1,479
Mobile Van											169		169	1,620	
Suboxone	199	269	216	214	308	352	383	384	324	414	335		3,398	14,109	927
Total Clinic Visits	8,668	7,794	8,139	8,168	8,904	9,274	9,294	7,438	8,590	8,349	6,381	-	90,999	101,853	80,824
Dental Visits															
West Palm Beach	1,085	816	926	870	803	858	987	897	754	746	531		9,273	10,340	10,633
Lantana	833	711	699	697	671	754	749	709	623	649	483		7,578	8,264	8,139
Delray	824	651	649	627	609	607	592	516	504	583	503		6,660	8,487	8,398
Belle Glade	423	334	346	390	313	442	358	386	363	352	239		3,946	4,324	4,263
Lake Worth														1,833	
West Boca														802	
Total Dental Visits	3,165	2,512	2,620	2,584	2,396	2,656	2,686	2,508	2,244	2,330	1,756	-	27,457	34,050	31,433
Total Medical and Dental Visits	11,833	10,306	10,759	10,752	11,300	11,930	11,980	9,946	10,834	10,679	8,137	-	118,456	135,903	112,257
Mental Health Counselors (non billable)															
West Palm Beach	80	61	63	94	105	110	111	97	150	123	170		1,164	-	864
Delray	84	94	95	86	78	71	90	79	138	126	102		1,043	-	1,005
Lantana	235	126	149	63	158	136	150	146	222	226	230		1,841	-	1,277
Belle Glade	17	7	21	7	17	15	16	15	18	16	20		169	-	199
Lewis Center	61	49	74	105	137	158	189	172	195	213	224		1,577	-	614
Lake Worth	112	105	65	114	145	183	177	195	166	151	140		1,553	-	940
Jupiter	23	24	21	34	36	38	42	23	27	39	8		315	-	88
West Boca	7	14	23	24	23	27	34	19	30	26	7		234	-	50
Total Mental Health Screenings	619	480	511	527	699	738	809	746	946	920	901	-	7,896	-	5,037



SUPPLEMENTAL INFORMATION

MEDICAID MATCH FUND

FOR THE ELEVEN MONTHS ENDED AUGUST 31, 2018

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	Patient Revenue	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
491,667	491,667	-	0.0%	491,667	-	0.0%	PBC Interlocal	5,408,333	5,408,333	-	5,408,333	-	0.0%
772	175	597	341.1%	55	717	1,297.0%	Other revenue	5,049	1,925	3,124	974	4,074	418.1%
492,439	491,842	597	0.1%	491,722	717	0.1%	Total Revenue	5,413,382	5,410,258	3,124	5,409,308	4,074	0.1%
Direct Operational Expenses													
-	-	-	0.0%	-	-	0.0%	Salaries and Wages	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Benefits	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Medical Supplies	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Other Supplies	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Drugs	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Repairs & Maintenance	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Lease & Rental	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	0.0%	-	-	0.0%
1,441,591	1,426,572	(15,019)	(1.1%)	1,415,952	(25,638)	(1.8%)	Other Expense	15,626,753	15,692,288	65,536	15,546,708	(80,045)	(0.5%)
-	-	-	0.0%	-	-	0.0%	Insurance	-	-	0.0%	-	-	0.0%
1,441,591	1,426,572	(15,019)	(1.1%)	1,415,952	(25,638)	(1.8%)	Total Operational Expenses	15,626,753	15,692,288	65,536	15,546,708	(80,045)	(0.5%)
Net Performance before Overhead													
(949,152)	(934,730)	(14,422)	1.5%	(924,230)	(24,922)	2.7%	Allocations	(10,213,370)	(10,282,030)	68,660	(10,137,400)	(75,971)	0.7%
Overhead Allocations													
-	-	-	0.0%	-	-	0.0%	Risk Mgt	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Internal Audit	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Administration	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Human Resources	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Legal	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Records	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Compliance	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Finance	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Communications	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Information Technology	-	-	0.0%	-	-	0.0%
0.0%									0.0%			0.0%	
1,441,591	1,426,572	(15,019)	(1.1%)	1,415,952	(25,638)	(1.8%)	Total Expenses	15,626,753	15,692,288	65,536	15,546,708	(80,045)	(0.5%)
(949,152)	(934,730)	(14,422)	1.5%	(924,230)	(24,922)	2.7%	Net Margin	(10,213,370)	(10,282,030)	68,660	(10,137,400)	(75,971)	0.7%
949,152	934,730	14,422	1.5%	924,230	24,922	2.7%	General Fund Support	10,213,370	10,282,030	(68,660)	10,137,400	(75,971)	(0.7%)
\$ 949,152	\$ 934,730	\$ 14,422	1.5%	\$ 924,230	24,922	2.7%	Total Transfers In	\$ 10,213,370	\$ 10,282,030	\$ (68,660)	\$ 10,137,400	\$ 75,971	0.7%

Medicaid Match Statement of Revenues and Expenditures by Month

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year to Date
Patient Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PBC Interlocal	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	-	5,408,333
Other Revenue	23	594	677	569	105	313	399	508	381	507	772	-	5,049
Total Revenue	491,690	492,261	492,344	492,235	491,972	491,980	492,066	492,175	492,048	492,174	492,439	-	5,413,382
<i>Direct Operational Expenses</i>													
Salaries and Wages	-	-	-	-	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-
Purchased Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
Lease & Rental	-	-	-	-	-	-	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Expense	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,441,591	1,441,591	-	15,626,753
Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Operational Expenses	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,441,591	1,441,591	-	15,626,753
Net Performance before Overhead Allocations	(924,263)	(923,692)	(923,609)	(923,717)	(923,980)	(923,972)	(923,887)	(923,777)	(923,904)	(949,417)	(949,152)	-	(10,213,370)
<i>Overhead Allocations:</i>													
Risk Mgt	-	-	-	-	-	-	-	-	-	-	-	-	-
Rev Cycle	-	-	-	-	-	-	-	-	-	-	-	-	-
Internal Audit**	-	-	-	-	-	-	-	-	-	-	-	-	-
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration**	-	-	-	-	-	-	-	-	-	-	-	-	-
Human Resources	-	-	-	-	-	-	-	-	-	-	-	-	-
Legal	-	-	-	-	-	-	-	-	-	-	-	-	-
Records	-	-	-	-	-	-	-	-	-	-	-	-	-
Compliance**	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	-	-	-	-	-	-	-	-	-	-	-	-	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,415,952	1,441,591	1,441,591	-	15,626,753
Net Margin	(924,263)	(923,692)	(923,609)	(923,717)	(923,980)	(923,972)	(923,887)	(923,777)	(923,904)	(949,417)	(949,152)	-	(10,213,370)
General Fund Support	924,263	923,692	923,609	923,717	923,980	923,972	923,887	923,777	923,904	949,417	949,152	-	10,213,370
Total Transfers In	\$ 924,263	\$ 923,692	\$ 923,609	\$ 923,717	\$ 923,980	\$ 923,972	\$ 923,887	\$ 923,777	\$ 923,904	\$ 949,417	\$ 949,152	\$ -	\$ 10,213,370

HEALTH CARE DISTRICT BOARD
September 25, 2018

1. Description: Purchasing Policy Revisions

2. Summary:

Revisions to the District's Purchasing Policy are being proposed for approval.

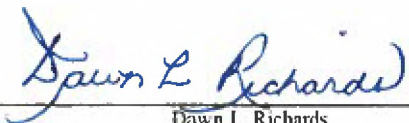
3. Substantive Analysis:

The Purchasing Policy provides guidance for the procurement of goods and services including responsibilities, exemptions, bidding requirements and preferences.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



Dawn L. Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee or Subsidiary Board:

Finance and Audit Committee
Committee or Board

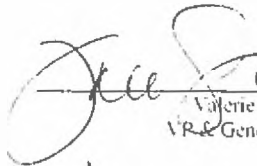
09/25/2018
Date Reviewed

HEALTH CARE DISTRICT BOARD
September 25, 2018

6. Recommendation:

Staff recommends the Board approve the revised Purchasing Policy

Approved for Legal sufficiency:



Valerie Shahrian
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Danny J. Davis
Chief Executive Officer

POLICY

Policy Title: **Purchasing Policy**

Effective Date: 09/25/2018

Department: Finance

Policy #: 201410-PP

1. Purpose

The District must ensure that quality goods and services are procured in a timely manner, at the most competitive costs. The purchasing policy provides for a consistent and systematic method of procuring goods and services required by the District and its affiliates. This policy defines the responsibilities and authority for purchases and ensures compliance with applicable State and Federal laws.

2. Responsibility

The authority to obligate funds for the purchase of goods (including supplies, materials, finished goods, and equipment) or services is granted to the Chief Financial Officer, unless specifically reserved for the Chief Executive Officer or the District's Board under this policy. This policy applies to the Health Care District and all of its affiliates.

No expenditure is entirely exempt from this policy, however, certain procurements of goods and services, as enumerated below, may be exempted from the purchase requisition requirement. Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Unless otherwise stated within this policy, all purchases require the submission and approval of a Purchase Requisition and will not be processed through other payment means (check request, payroll deduction, etc.)

3. Exempt From Purchase Requisition Requirements

The goods and services listed below are exempt from the purchase requisition requirement:

- Institutional and professional medical claims payments on behalf of members, patients, and residents.
- Refunds to members, patients, and residents.
- Resident entertainment activity prizes (Healey Center only).
- Dues and memberships in trade and professional organizations (if being reimbursed through expense report or paid by corporate credit card).
- Legal settlements, fines, and penalties.
- Payroll ACH refunds.
- Postage (if being paid through petty cash or through the expense report process).
- Security coverage by individual local police officers if offered through a government agency.
- Travel Authorization expenses to be paid by the District in advance of travel to vendors, including registration fees, hotel costs, airline tickets, and/or train tickets.
- Reimbursement of travel expenses for interview candidates.

POLICY

Policy Title: **Purchasing Policy**

Effective Date: 09/25/2018

Department: Finance

Policy #: 201410-PP

- Travel Authorization employee-paid expenses, includes meals, mileage, tolls, taxi, and other miscellaneous trip-related expenses.
- Payroll, court ordered payments, garnishments, payments of taxes, and other amounts withheld from employees pay, including employee reimbursements for mileage, dues, and tuition.
- Other employee reimbursements at the discretion of the Chief Financial Officer.
- Purchasing card purchases at the discretion of the Chief Financial Officer

4. Contract Requirement

Any request for goods or services must be accompanied by a fully executed agreement between the parties and must comply with all District legal policies and procedures, unless otherwise approved by HCD General Counsel and the Chief Financial Officer.

5. Competitive Bidding and Competitive Quotes

Any expenditure exceeding \$5,000 requires the submission of two additional competitive quotes and justification for selection if the lowest bid is not selected. For non-construction purchases, the Purchaser may opt to make a selection from quotes received, solicit informal competitive bids or complete a formal Request for Proposal process (RFP). Construction projects require formal competitive bidding.

Quotes are not required for the following purchases:

- Utilities including but not limited to electric, water and sewer, natural gas, and telephone.
- Entertainers, artists, and performers.
- Costs for training and education, including speakers, events, and programs.
- Renewal of software maintenance where maintenance is provided by software manufacturer or developer.
- Subscriptions to periodicals, newspapers, and clinical databases.
- Services provided to or on behalf of individual members, patients, and residents that are not elsewhere described.
- Licensed health professionals who hold a medical directorship position, serve on a committee, provide services directly to members, patients, and residents whose payments are issued outside of the medical claims system.
- Contracts for goods and services between the District and other governmental entities or non-profit organizations, including PRIDE.

POLICY

Policy Title: **Purchasing Policy**

Effective Date: 09/25/2018

Department: Finance

Policy #: 201410-PP

- Attorneys at law, investigators, and expert witnesses having specialized skill, or knowledge in an area of legal practice.
- Professional services to be used on special projects not to exceed 12 months.(This exception cannot be renewed and no contract may exceed 12 months)

6. Formal Competitive Bidding Process (RFP) and Right To Protest

All formal competitive solicitations for goods and services obtained through the RFP process shall be advertised and internal bid procedures shall be followed. RFPs for construction projects will comply with Florida Statute Chapter 255 Section 20.

Any bidder who is aggrieved in connection with the solicitation or pending award of a contract may protest to the Chief Financial Officer. Protest procedures will be contained within the RFP document as posted on the Health Care District website.

7. Local vendor preference

It is the District's intent to purchase from Palm Beach County approved vendors whenever possible. However, the intent to purchase locally is constrained by the District's responsibility to ensure that maximum value is obtained for each public dollar spent. Bids and quotations received from all vendors will be evaluated based on price and quality.

8. Sole Source Purchases

The Chief Financial Officer may designate certain purchases to be justified sole source purchases, where the goods or services being procured are only available from a single supplier due to the specialized nature of the goods or services being provided, the need for compatible equipment or supplies, the relationship of the supplier to the original manufacturer, emergency conditions or the specific needs of the Health Care District.

9. Emergency Purchases

The Chief Financial Officer may make or authorize others to make emergency procurements when there exists a threat to public health, welfare, safety, property, or other substantial loss to the District. All emergency procurements shall be made with such competition as is practical under the circumstances. Emergency purchases shall require a purchase requisition and must be made in accordance with such terms as required by General Counsel

10. Compliance with Policy and Chief Financial Officer Discretion

- Purchases of goods or service (may not be split across multiple transactions, vendors, or procurement methods to circumvent established purchasing approval limits.

POLICY

Policy Title: **Purchasing Policy**

Effective Date: 09/25/2018

Department: Finance

Policy #: 201410-PP

- The purchasing card program and employee reimbursement process should not be used to procure goods or services that would be subject to a competitive bidding process or could be acquired utilizing contracted pricing.
- Use of multiple procurement methods, e.g. purchase requisitions, purchasing card, etc. for a single purchase does not eliminate the competitive bidding requirement, if the total purchase would be subject to competitive bidding.

In instances where the application of the policy is unclear and relates to procurements not exceeding \$250,000, the Chief Financial Officer may exercise discretion in determining if there has been compliance with policy.

11. Development of Procedures

The Chief Financial Officer shall establish procedures, authorizations and forms as may be necessary to implement this policy.

APPROVED BY	DATE
Darcy J. Davis, Chief Executive Officer	
Finance and Audit Committee	09/25/2018
Health Care District Board	09/25/2018

POLICY REVISION HISTORY:

10/11/2006	07/11/2007	01/14/2009	02/09/2011	03/14/2012
10/10/2012	10/01/2013	10/01/2014	07/25/2017	09/25/2018



POLICY

Policy Title: **Purchasing Policy**

Effective Date: 07/25/2017

Department: Finance

Policy #: 201410-PP

1. Purpose

The District must ensure that quality goods and services are procured in a timely manner, at the most competitive costs. The purchasing policy provides for a consistent and systematic method of procuring goods and services required by the District and its affiliates. This policy defines the responsibilities and authority for purchases and ensures compliance with applicable State and Federal laws.

2. Responsibility

The authority to obligate funds for the purchase of goods (including supplies, materials, finished goods, and equipment) or services is granted to the Chief Financial Officer, unless specifically reserved for the Chief Executive Officer or the District's Board under this policy. This policy applies to the Health Care District and all of its affiliates.

No expenditure is entirely exempt from this policy, however, certain procurements of goods and services, as enumerated below, may be exempted from the purchase requisition requirement ~~and/or from competitive bidding~~. Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval.

Unless otherwise stated within this policy, all purchases require the submission and approval of a Purchase Requisition and will not be processed through other payment means (check request, payroll deduction, etc.)

3. Exempt From Purchase Requisition Requirement

The goods and services listed below are exempt from the purchase requisition requirement:

- Institutional and professional medical claims payments on behalf of members, patients, and residents.
- Refunds to members, patients, and residents.
- Resident entertainment activity prizes (Healey Center only).
- Dues and memberships in trade and professional organizations (if being reimbursed through expense report or paid by corporate credit card).
- Legal settlements, fines, and penalties.
- Payroll ACH refunds.
- Postage (if being paid through petty cash or through the expense report process).
- Security coverage by individual local police officers if offered through a government agency.
- Travel Authorization expenses to be paid by the District in advance of travel to vendors, including registration fees, hotel costs, airline tickets, and/or train tickets.



POLICY

Policy Title: **Purchasing Policy**

Effective Date: 07/25/2017

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- Reimbursement of travel expenses for interview candidates.
- Travel Authorization employee-paid expenses, includes meals, mileage, tolls, taxi, and other miscellaneous trip-related expenses.
- Payroll, court ordered payments, garnishments, payments of taxes, and other amounts withheld from employees pay, including employee reimbursements for mileage, dues, and tuition.
- Other employee reimbursements at the discretion of the Chief Financial Officer (see section on Compliance with Policy and Chief Financial Officer Discretion).
- Purchasing card purchases at the discretion of the Chief Financial Officer (see section on Compliance with Policy and Chief Financial Officer Discretion).

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4. Exempt From The Competitive Bidding Process—Require Purchase Requisitions

The goods and services listed below are exempt from the competitive bidding requirement:

- Utilities including but not limited to electric, water and sewer, natural gas, and telephone.
- Corporate media and advertising agreements, including employment.
- Professional recruitment services for positions with specialized skills.
- Entertainers, artists, and performers.
- Costs for training and education, including speakers, events, and programs.
- Computer software maintenance renewals, not to exceed 10 years.
- Subscriptions to periodicals, newspapers, and clinical databases.
- Services provided to or on behalf of individual members, patients, and residents that are not elsewhere described.
- Licensed health professionals who hold a medical directorship position, serve on a committee, provide services directly to members, patients, and residents whose payments are issued outside of the medical claims system.
- Contracts for goods and services between the District and other governmental entities or non-profit organizations, including PRIDE.
- Attorneys at law, investigators, and expert witnesses having specialized skill or knowledge in an area of legal practice.
- Professional services to be used on special projects not to exceed 12 months.

POLICY

Policy Title: **Purchasing Policy**

Effective Date: 07/25/2017

Department: **Finance**

Policy #: 201410-PP

- Government relations professionals having specialized skills or knowledge.
- Purchases made by piggy-backing another governmental entity's contract where the goods and services sought by the District are the same or similar where pricing is the most competitive.
- Purchases made from GPO that engages in a competitive bidding process for the same or similar goods and services sought by the District where GPO pricing is the most competitive.
- Purchases made through cooperative procurement programs with other governmental entities where pricing is the most competitive.
- Sole source and/or sole brand purchases where only one product or service can meet the requirements and/or only one supplier as reasonably determined through analysis of the marketplace – (see section on Sole Source and/or Sole Brand Purchases)
- Emergency purchases – (see section on Emergency Purchases)
- Small parts purchases – (see section on Small Parts Purchases)

25.4 Contract Requirement – Any request for goods or purchased services must be accompanied by a fully executed agreement between the parties and must comply with all District legal policies and procedures, unless otherwise approved by HCD General Counsel and the Chief Financial Officer.

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Purchased Services include the following categories:

- Financial and Administration Services – (Banking, Financing, Collections, Auditing, Actuary, Leases, Billing, Coding, etc.)
- Facility Support Services – (Food Services, EVS, etc.)
- HR Services – (Employment, Temporary Staffing, Advertising, etc.)
- Insurance Services – (Life, Disability, Malpractice, etc.)
- Clinical Services – (Reference Lab, Dialysis, etc.)
- Ancillary Services – (Courier, Parking, Security, etc.)
- IT & Telecom Services – (Hardware, Software, Wireless, etc.)

34.5 Competitive Bidding Requirement and Competitive Quotes

Any expenditure exceeding \$5,000 requires the submission of two additional competitive quotes and justification for selection if the lowest bid is not selected. For non-construction purchases, the Purchaser



POLICY

Policy Title: **Purchasing Policy**

Effective Date: 07/25/2017

Department: Finance

Policy #: 201410-PP

may opt to make a selection from quotes received, solicit informal competitive bids or complete a formal Request for Proposal process (RFP). Quotes are not required for the following purchases.

- Utilities including but not limited to electric, water and sewer, natural gas, and telephone.
- Corporate media and advertising agreements including employment.
- Professional recruitment services for positions with specialized skills.
- Entertainers, artists, and performers.
- Costs for training and education, including speakers, events, and programs.
- Computer software maintenance renewals not to exceed 10 years.
- Renewal of software maintenance where maintenance is provided by software manufacturer or developer.
- Subscriptions to periodicals, newspapers, and clinical databases.
- Services provided to or on behalf of individual members, patients, and residents that are not elsewhere described.
- Licensed health professionals who hold a medical directorship position, serve on a committee, provide services directly to members, patients, and residents whose payments are issued outside of the medical claims system.
- Contracts for goods and services between the District and other governmental entities or non-profit organizations, including PRIDE.
- Attorneys at law, investigators, and expert witnesses having specialized skill, or knowledge in an area of legal practice.
- Professional services to be used on special projects not to exceed 12 months. (This exception cannot be renewed and no contract may exceed 12 months.)

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POLICY

Policy Title: **Purchasing Policy**

Effective Date: 07/25/2017

Department: **Finance**

Policy #: 201410-PP

~~Construction projects require formal competitive bidding by RFP. Aggregate value over the term of the resulting contract must be considered in determining competitive bidding requirements. Purchases of goods and services must comply with the competitive bidding requirements by category listed below:~~

- ~~Less than \$5,000 — No competitive bidding~~
- ~~\$5,000 — \$100,000 — Written Documented quotes from three vendors~~
- ~~Over \$100,000 — Formal competitive bidding process~~

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35.6 ~~Formal Competitive Bidding Process (RFP) and Right To Protest~~

~~All formal competitive solicitations for goods and services obtained through the RFP process shall be advertised and internal bid procedures shall be followed. RFPs for construction projects will comply with Florida Statute Chapter 255, Section 20.~~

~~Any bidder who is aggrieved in connection with the solicitation or pending award of a contract may protest to the Chief Financial Officer. Protest procedures will be contained within the RFP document as posted on the Health Care District website. The protest must be submitted within five (5) calendar days after posting of the tabulation of the results of an Invitation to bid or the award recommendation of Request for Proposals. The protest must be in writing and must identify the protester and the solicitation and include a factual summary of the basis of the protest. Such protest is considered filed when the Chief Financial Officer receives it.~~

~~A committee comprised of the Chief Financial Officer and two (2) Senior Managers shall have the authority to hear and resolve the protest. The Chief Financial Officer shall serve as the Chair of the committee.~~

- ~~• If it is determined that the solicitation is in violation of law or the District purchasing policy, the solicitation shall be cancelled or revised.~~
- ~~• If it is determined that the solicitation should be upheld, the Chief Financial Officer shall promptly issue a decision in writing stating the reason for the action with a copy to the protester and any other intervening party.~~
- ~~• The prospective bidder may appeal the decision to the District Board for their consideration.~~
- ~~• The Board's decision shall be final and conclusive as to the District unless a party commences action in court.~~

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36.7 ~~Local vendor preference~~



POLICY

Policy Title: **Purchasing Policy**

Effective Date: 07/25/2017

Department: Finance

Policy #: 201410-PP

It is the District's intent to purchase from Palm Beach County approved vendors whenever possible. However, the intent to purchase locally is constrained by the District's responsibility to ensure that maximum value is obtained for each public dollar spent. Bids and quotations received from all vendors will be evaluated based on price and quality the following two (2) criteria:

- Lowest qualified prices
- Quality of goods or services

Whenever two (2) or more bids/quotation are received for the procurement of goods and services that are within 5% with respect to price, the Palm Beach County vendor(s) with an approved business license issued in Palm Beach County will be given preference.

37.8 Sole Source and/or Sole Brand Purchases

The Chief Financial Officer may designate certain purchases to be justified sole source purchases, where the goods or services being procured are only available from a single supplier due to the specialized nature of the goods or services being provided, the need for compatible equipment or supplies, the relationship of the supplier to the original manufacturer, emergency conditions or the specific needs of the Health Care District. Such purchases (up to \$100,000) are exempt from competitive bidding requirements. Similarly, the Chief Financial Officer may designate certain goods/commodity purchases to be sole brand purchases. Sole brand purchases are not exempt from competitive bidding if they are not also sole source; however, they would not be compared in a competitive bidding process to a substitute product.

38.9 Emergency Purchases

The Chief Financial Officer may make or authorize others to make emergency procurements when there exists a threat to public health, welfare, safety, property, or other substantial loss to the District. All emergency procurements shall be made with such competition as is practical under the circumstances. Emergency purchases shall require a purchase requisition and must be made in accordance with such terms as required by General Counsel.

39. Small Parts Purchases

The Chief Financial Officer may make or authorize others to make procurements of certain maintenance parts without being subject to the competitive bidding requirements when such purchases are miscellaneous, non-routine, low dollar value items. Such items may not be subject to the competitive bidding requirements based upon individual dollar value but might otherwise have been subject to competitive bidding requirements in the aggregate for items that cannot be bid or purchased together. All small parts procurements shall be made with such competition as is practical under the circumstances.

40.10 Compliance with Policy and Chief Financial Officer Discretion



POLICY

Policy Title: **Purchasing Policy**

Effective Date: 07/25/2017

Department: Finance

Policy #: 201410-PP

- Purchases of a single goods commodity or service (or a group of like commodities or services) may not be split across multiple transactions, vendors, or procurement methods to circumvent established purchasing approval limits.
- Down-payments and deposits toward larger purchases will be governed by the competitive bidding rules that would apply to the total purchase.
- The purchasing card program and employee reimbursement process should not be used to procure goods or services that would be subject to a competitive bidding process or could be acquired utilizing contracted pricing.
- Use of multiple procurement methods, e.g. purchase requisitions, purchasing card, etc. for a single purchase does not eliminate the competitive bidding requirement, if the total purchase would be subject to competitive bidding.
- In situations where the initial purchase was not subject to competitive bidding due to its dollar value and it was later determined that more was needed to be procured of the same good or service, such that the total procurement would have been subject to competitive bidding requirements, the additional purchase of goods or services must be competitively bid. Good judgment should be exercised to ensure that the District's needs are fully anticipated at the outset of the procurement process to minimize this.
- Purchases of goods and services that would be subject to competitive bidding requirements based upon dollar value may not be procured from multiple vendors in separate transactions to become exempted from competitive bidding requirements based upon transaction size.

In instances where the application of the policy is unclear and relates to procurements not exceeding \$250,000, the Chief Financial Officer may exercise discretion in determining if there has been compliance with policy.

4.11 Development of Procedures

The Chief Financial Officer shall establish procedures, authorizations and forms as may be necessary to implement this policy.

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APPROVED BY

DATE

Darcy J. Davis, Chief Executive Officer



POLICY

Policy Title: **Purchasing Policy**

Effective Date: 07/25/2017

Department: Finance

Policy #: 201410-PP

<u>Finance and Audit Committee</u>	<u>07/25/2017</u>
<u>Health Care District Board</u>	<u>07/25/2017</u>



POLICY

Policy Title: **Purchasing Policy**

Effective Date: 07/25/2017

Department: Finance

Policy #: 201410-PP

POLICY REVISION HISTORY:

10/11/2006	07/11/2007	01/14/2009	02/09/2011	03/14/2012
10/10/2012	10/01/2013	10/01/2014	07/25/2017	

HEALTH CARE DISTRICT BOARD

September 25, 2018

1. Description: Fund Balance Policy Revisions

2. Summary:

Revisions to the District's Fund Balance Policy are being proposed for approval.

3. Substantive Analysis:

The Fund Balance Policy was amended to allow for budgeting depreciation expense in the business-type funds. The change is being made in order to improve the comparability of the budget to financial reporting. The cost of depreciation is not included in the budget adopted by the Board as part of the annual Truth in Millage process, which enables the District to levy taxes. Since capital expenditures are included in each year's adopted budget, depreciation of capital assets purchased in prior years is excluded from the total budgeted expenditures that the Board approves. This change has already been incorporated into the financial statements.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

9/25/2018

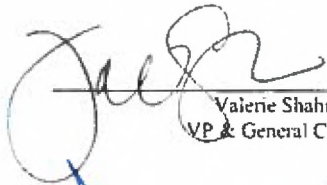
Date Approved

HEALTH CARE DISTRICT BOARD
September 25, 2018


6. Recommendation:

Staff recommends the Board approve the revised Fund Balance Policy.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darryl J. Davis
Chief Executive Officer

POLICY

Policy Title: **Fund Balance Policy**

Effective Date: 10/01/18

Department: **Finance**

Policy #: 201410-FBP

INTRODUCTION

This policy provides clarification regarding District Fund Balances and corresponding reserve funds.

SCOPE

This policy applies to all District Funds.

DEFINITIONS

GOVERNMENTAL FUNDS

General Fund – The main operating fund of the District is used to account for all financial resources except those required to be accounted for in another fund.

Special Revenue Funds – The District accounts for all revenues and expenditures related to the Medicaid Match program in this fund.

Capital Projects Funds – These funds are used to account for and report financial resources that are restricted, committed, or assigned to expenditures for capital outlays, including acquisition or construction of capital facility and other capital assets.

PROPRIETARY FUNDS

Enterprise Funds – These funds are used to account for operations that are financed and operated in a manner similar to private business enterprises, where the intent is that the costs of providing goods or services to the general public on a continuing basis are financed or recovered primarily through user charges. The District reports the Healey Center, Healthy Palm Beaches, Lakeside Medical Center and Primary Care Clinics as enterprise funds.

FIDUCIARY FUNDS

Fiduciary Funds – These funds are used to account for assets held by the District in a trustee capacity for individuals, private organizations, other governmental units, and other funds. Since the assets do not belong to the District, they are not included in the government-wide financial statements. The District has Pension Trust Funds and Resident Agency Fund for which it is the fiduciary.

POLICY

Policy Title: **Fund Balance Policy**

Effective Date: 10/01/18

Department: **Finance**

Policy #: 201410-FBP

POLICY

Measurement focus and basis of accounting – The measurement focus and basis of accounting used is dependent upon the fund or funds involved.

Governmental funds use the flow of current financial resources measurement focus and the modified accrual basis of accounting. Under this method, revenues are recognized if they are measurable and available for use during the year. For this purpose, the District considers revenue to be available if it is collected within 60 days of year-end. Expenditures are recognized when the related fund liability is incurred, if measurable.

The government-wide, proprietary, and pension funds use the economic resources measurement focus and the accrual basis of accounting. Under these accounting principles, revenues are recognized in the period earned, and expenses are recognized in the period the liabilities are incurred.

Fund Balance Reporting - In the fund financial statements, governmental funds report equity classifications that comprise a hierarchy based primarily on the extent to which the District is legally bound to honor constraints on the specific purposes for which amounts in fund balance can be spent. The fund balance classification hierarchy is summarized as follows:

Nonspendable – Nonspendable fund balances include amounts that cannot be spent because they are either: a) not in spendable form, or b) legally or contractually required to be maintained intact.

Restricted – Restricted fund balances include amounts that are restricted to specific purposes either by: a) constraints placed on the use of resources by creditors, grantors, contributors, or laws and regulations of other governments, or b) imposed by law through constitutional provisions or enabling legislation.

Committed – Committed fund balances include amounts that can only be used for specific purposes pursuant to constraints imposed by the District's Board of Commissioners through a Board Resolution and remain in place until action is taken by the District Board to remove or revise the limitation.

Assigned – Assigned fund balances include amounts that are constrained by the District's intent to be used for specific purposes, but are neither restricted nor committed. Assignments are made by the District's chief executive officer or upon direction of the District Board. Assignments are generally temporary and do not require District Board action for removal.

POLICY

Policy Title: **Fund Balance Policy**

Effective Date: 10/01/18

Department: **Finance**

Policy #: 201410-FBP

Unassigned – Unassigned fund balances include amounts that have not been assigned to other funds and have not been restricted, committed, or assigned to specific purposes within the General Fund.

The District considers restricted fund balances to be spent when an expenditure is incurred for the restricted purpose. The District considers committed, assigned, or unassigned fund balances to be spent when an expenditure is incurred for purposes for which amounts in any of those fund balance classifications should be used.

When the District has both restricted and unrestricted resources available to finance a particular program, it is the District's policy to use the restricted resources before using unrestricted resources.

Budgetary Basis - All encumbrances lapse at fiscal year-end..

Minimum Fund Balance Policy – The District's policy is to maintain an adequate unassigned balance in the General Fund to provide liquidity in the event of an economic downturn or budget shortfall. Enabling legislation prohibits the District from increasing the annual millage levy more than .25 mills per year and total millage cannot exceed 2 mills. The District shall maintain an amount between 15% and 20% of all combined fund annual expenditures in the General Fund as a minimum unassigned fund balance. This balance will be adjusted annually as part of the budget process.

Capital Improvement Policy - The District will develop a five-year capital improvement program as part of each year's annual budget process and will make capital improvements in accordance with the adopted annual budget. The District CFO will determine and recommend to the Board, the most appropriate financing method for all capital projects.

Depreciation Reporting – Depreciation is recorded in the proprietary funds as a non-cash expense, which is not subsidized by the General Fund. This is done to better align the proprietary funds with their peers for benchmarking, as well as to give a more accurate estimate of the cost of running the business line. This expense is budgeted in order to align the budget with financial reporting. However, it is excluded from the adopted budget approved by the Board, in order to avoid over-estimating the annual resources necessary from the tax payers through millage assessments.

Capital Projects Reserve Balance – The balance in the capital projects reserve fund should be evaluated annually and funded at sufficient levels to avoid significant annual fluctuations in funding. The balance should include funding for capital lease obligations, as well as approximately 20% of the total capital expenditures in the five-year capital improvement program, which will be re-evaluated annually.

POLICY

Policy Title: **Fund Balance Policy**

Effective Date: 10/01/18

Department: **Finance**

Policy #: 201410-FBP

This policy is intended to operate and be applied in conjunction with other approved District Finance policies. In the event of an inadvertent conflict among the policies, the Chief Financial Officer shall exercise judgment in applying policy until the conflicting language can be reasonably resolved. Additionally, should any guidance in this policy conflict with the pronouncements of authoritative government accounting standard-setting bodies, then the Chief Financial Officer shall have the discretion to comply with such pronouncements until a revised policy may be reasonably presented for approval.

APPROVED BY	DATE
Darcy Davis, Chief Executive Officer	
Finance and Audit Committee	09/25/18
Health Care District Board	09/25/18

POLICY REVISION HISTORY

Original Policy Date

10/01/14

Revisions

9/25/2018

9/25/2018	

POLICY

Policy Title: **Fund Balance Policy**

Effective Date: 10/01/14~~8~~

Department: **Finance**

Policy #: 201410-FBP

INTRODUCTION

This policy provides clarification regarding District Fund Balances and corresponding reserve funds.

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General Fund – The main operating fund of the District is used to account for all financial resources except those required to be accounted for in another fund.

Special Revenue Funds – The District accounts for all revenues and expenditures related to the Medicaid Match program in this fund.

Capital Projects Funds – These funds are used to account for and report financial resources that are restricted, committed, or assigned to expenditures for capital outlays, including acquisition or construction of capital facility and other capital assets.

PROPRIETARY FUNDS

Enterprise Funds – These funds are used to account for operations that are financed and operated in a manner similar to private business enterprises, where the intent is that the costs of providing goods or services to the general public on a continuing basis are financed or recovered primarily through user charges. The District reports the Healey Center, Healthy Palm Beaches, Lakeside Medical Center and Primary Care Clinics as enterprise funds.

FIDUCIARY FUNDS

Fiduciary Funds – These funds are used to account for assets held by the District in a trustee capacity for individuals, private organizations, other governmental units, and other funds. Since the assets do not belong to the District, they are not included in the government-wide financial statements. The District has Pension Trust Funds and Resident Agency Fund for which it is the fiduciary.

POLICY

Policy Title: **Fund Balance Policy**

Effective Date: 10/01/14~~8~~

Department: **Finance**

Policy #: 201410-FBP

POLICY

Measurement focus and basis of accounting – The measurement focus and basis of accounting used is dependent upon the fund or funds involved.

Governmental funds use the flow of current financial resources measurement focus and the modified accrual basis of accounting. Under this method, revenues are recognized if they are measurable and available for use during the year. For this purpose, the District considers revenue to be available if it is collected within 60 days of year-end. Expenditures are recognized when the related fund liability is incurred, if measurable.

The government-wide, proprietary, and pension funds use the economic resources measurement focus and the accrual basis of accounting. Under these accounting principles, revenues are recognized in the period earned, and expenses are recognized in the period the liabilities are incurred.

Fund Balance Reporting - In the fund financial statements, governmental funds report equity classifications that comprise a hierarchy based primarily on the extent to which the District is legally bound to honor constraints on the specific purposes for which amounts in fund balance can be spent. The fund balance classification hierarchy is summarized as follows:

Nonspendable – Nonspendable fund balances include amounts that cannot be spent because they are either: a) not in spendable form, or b) legally or contractually required to be maintained intact.

Restricted – Restricted fund balances include amounts that are restricted to specific purposes either by: a) constraints placed on the use of resources by creditors, grantors, contributors, or laws and regulations of other governments, or b) imposed by law through constitutional provisions or enabling legislation.

Committed – Committed fund balances include amounts that can only be used for specific purposes pursuant to constraints imposed by the District's Board of Commissioners through a Board Resolution and remains in place until action is taken by the District Board to remove or revise the limitation.

Assigned – Assigned fund balances include amounts that are constrained by the District's intent to be used for specific purposes, but are neither restricted nor committed. Assignments are made by the District's chief executive officer or upon direction of the District Board. Assignments are generally temporary and do not require District Board action for removal.

POLICY

Policy Title: **Fund Balance Policy**

Effective Date: 10/01/14~~8~~

Department: **Finance**

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Unassigned – Unassigned fund balances include amounts that have not been assigned to other funds and have not been restricted, committed, or assigned to specific purposes within the General Fund.

The District considers restricted fund balances to be spent when an expenditure is incurred for the restricted purpose. The District considers committed, assigned, or unassigned fund balances to be spent when an expenditure is incurred for purposes for which amounts in any of those fund balance classifications should be used.

When the District has both restricted and unrestricted resources available to finance a particular program, it is the District's policy to use the restricted resources before using unrestricted resources.

Budgetary Basis - ~~Generally, all~~ encumbrances lapse at fiscal year-end ~~except for capital outlay and certain professional contracts that may be re-appropriated to the next fiscal year with Board approval.~~

Minimum Fund Balance Policy – The District's policy is to maintain an adequate unassigned balance in the General Fund to provide liquidity in the event of an economic downturn or budget shortfall. Enabling legislation prohibits the District from increasing the annual millage levy more than .25 mills per year and total millage cannot exceed 2 mills. The District shall maintain an amount between 15% and 20% of all combined fund annual expenditures in the General Fund as a minimum unassigned fund balance. This balance will be adjusted annually as part of the budget process.

Capital Improvement Policy - The District will develop a five-year capital improvement program as part of each year's annual budget process and will make capital improvements in accordance with the adopted annual budget. The District CFO will determine and recommend to the Board, the most appropriate financing method for all capital projects.

Depreciation Reporting – Depreciation is recorded in the proprietary funds as a non-cash expense, which is not subsidized by the General Fund. This is done to better align the proprietary funds with their peers for benchmarking, as well as to give a more accurate estimate of the cost of running the business line. This expense is ~~not budgeted in order to align the budget with financial reporting~~ ~~However, it is excluded from the adopted budget approved by the Board, in order to avoid over-estimating the annual resources necessary from the tax payers through millage assessments.~~

Capital Projects Reserve Balance – The balance in the capital projects reserve fund should be evaluated annually and funded at sufficient levels to avoid significant annual fluctuations in funding. The balance should include funding for capital lease obligations, as well as approximately 20% ~~per year of the total capital expenditures in the~~ five-year capital ~~funding improvement~~ program, which will be re-evaluated annually.

POLICY

Policy Title: **Fund Balance Policy**

Effective Date: 10/01/14~~8~~

Department: **Finance**

Policy #: 201410-FBP

This policy is intended to operate and be applied in conjunction with other approved District Finance policies. In the event of an inadvertent conflict among the policies, the Chief Financial Officer shall exercise judgment in applying policy until the conflicting language can be reasonably resolved. Additionally, should any guidance in this policy conflict with the pronouncements of authoritative government accounting standard-setting bodies, then the Chief Financial Officer shall have the discretion to comply with such pronouncements until a revised policy may be reasonably presented for approval.

APPROVED BY

DATE

~~Ronald J. Wiewora, MD, MPH~~
Darcy Davis, Chief Executive Officer

Finance and Audit Committee

Health Care District Board

~~09/23/14~~09/25/18

~~10/08/14~~09/25/18

POLICY REVISION HISTORY

Original Policy Date

10/01/14

Revisions

~~9/25/2018~~

POLICY

Policy Title: **Fund Balance Policy**

Effective Date: 10/01/14~~8~~

Department: **Finance**

Policy #: 201410-FBP

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HEALTH CARE DISTRICT BOARD

September 25, 2018

1. Description: Auditor General Final Response

2. Summary:

Management is providing a copy of the final response to the Auditor General after the completion of their follow-up investigation.

3. Substantive Analysis:

In 2016 the Auditor General began an investigation related to concerns expressed about usage of the Trauma Hawk helicopters outside of the county. The investigation lasted a number of months and was extremely comprehensive in scope, going well beyond the review of only helicopter usage. The resulting report had 4 areas of recommendation which were responded to in November 2017. As is required, the Auditor General's office came back in May 2018 to perform a follow up review to evaluate whether the Health Care District had implemented the recommendations as asserted in the initial response. Attached is the concluding correspondence which should close out the review.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Finance and Audit Committee

Committee Name

09/25/2018

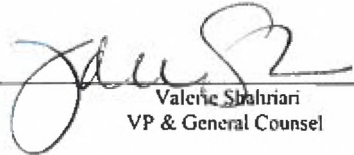
Date Approved

HEALTH CARE DISTRICT BOARD
September 25, 2018

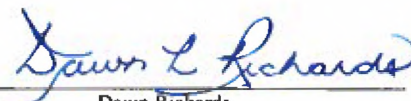
6. Recommendation:

Staff recommends the Board receive and file this correspondence.

Approved for Legal sufficiency:



Valerie Shahrian
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer



August 2, 2018

Sherrill F. Norman, CPA
Florida Auditor General
Claude Pepper Building
Suite G74
111 West Madison St
Tallahassee, FL 32399-1450

Dear Ms. Norman:

We are in receipt of your list of preliminary and tentative audit findings from the July 16, 2018 operational audit of The Health Care District of Palm Beach County, Prior Audit Follow Up. Please find the corrective action responses attached.

If you require any additional information, please do not hesitate to contact me.

Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Darcy J. Davis".

Darcy J. Davis
Chief Executive Officer

Finding 1: Land Acquisition

Recommendation:

District actions corrected this finding.

Management Response to the Recommendation:

No action required.

Finding 2: Audit and Compliance Functions

Recommendation:

1. The District should amend the Internal Audit Services contract to require the audit staff to administratively report to and be evaluated by the FAC or the Board.
2. Amend the Internal Audit Services contract to specify that only the FAC or the Board has authority to cancel the contract.
3. Enhance the organizational independence of the compliance function by requiring the CCO to administratively report to and be evaluated by the QPSCC or Board.

Management Response to the Recommendation:

1. The District will develop a Board approved policy to address the recommendation.
2. The District will develop a Board approved policy to address the recommendation.
3. All Compliance work product is approved by the QPSCC and Board and the Charter will be revised regarding evaluation of the CCO.

Finding 3: Procurement Procedures

Recommendation:

We continue to recommend that the District seek an advisory opinion from the COE regarding the \$5000.00 payment.

Management Response to the Recommendation:

The District sought to go beyond getting an opinion and implemented Policy for prohibition of similar situations in the future.

Finding 4: Helicopter Air Ambulance Service

Recommendation:

The District should continue efforts to establish cooperative agreement with other governmental authorities and public and private entities outside of Palm Beach County, as contemplated by the Act, to ensure that the cost of flights provided for the benefit of those who do not contribute to the District operations are fully recovered. Absent such agreements, the District should seek legislation that requires that appropriate parties to establish cooperative agreements.

Management Response to the Recommendation:

The District will continue to seek cooperative agreements and seek guidance from legislative consultants to pursue legislation.

HEALTH CARE DISTRICT BOARD
September 25, 2018

1. Item Description: Gift Shop Audit Report

2. Summary:

Provide the Gift Shop audit report for Board review and approval.


3. Substantive Analysis:

Crowe completed the Gift Shop audit project and report is included in the Audit Committee package.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn L. Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee or Subsidiary Board:

Finance and Audit Committee

Committee or Board

09/25/2018

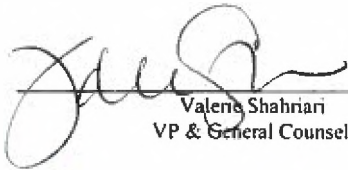
Date Reviewed

HEALTH CARE DISTRICT BOARD
September 25, 2018

6. Recommendation:

Staff recommends the Board approve the Gift Shop audit report.

Approved for Legal sufficiency:


Valens Shahriari
VP & General Counsel


Dawn Richards
VP & Chief Financial Officer


Darcy J. Davis
Chief Executive Officer

Gift Shop Assessment



Date: May 04, 2018

Location: Lakeside Medical Center

OBJECTIVES

- Assessed the Gift Shop business activities at the Lakeside Medical Center (the Medical Center) to gain an understanding of how the Lakeside Medical Center Auxiliary, Inc (the Auxiliary) operates the gift shop and identify relevant risks to the District.
- Provided recommendations to the Medical Center Management for improving Auxiliary operations and processes and mitigate risks to the District and the Medical Center

SCOPE

Time Period: Processes in place as of February 2018

Scope Exclusions: Given that there is no contractual right for the District to audit the financial transactions of the Auxiliary, the project did not include any tests of controls at the Auxiliary's gift shop around financial transactions, e.g. cash receipts, inventory or bank accounts.

CONCLUSION

Crowe noted that significant process controls over the business functions and activities of the Auxiliary and Gift Shop were not established, and the District lacked contract/lease agreements or policies and procedures to govern interactions with the Auxiliary. Crowe documented issues and collaborated with Management to identify action plans to improve/ implement policies and procedures over the control environment and guide the District's interaction with the Auxiliary. Issues identified during our audit present potential risks to the District's and the Medical Center's reputations.

SUMMARY OF ISSUE RISKS

High Risk - 0

Moderate Risk - 1

Low Risk - 4

Gift Shop Assessment

Date: May 04, 2018

Location: Lakeside Medical Center



ISSUE 1: Business Liability Insurance for Gift Shop Could Not Be Confirmed

WHAT IS CAUSING THE ISSUE?

Oversight: The District and the Auxiliary have not established a formal contract to define and govern their business relationship.

WHAT IS EXPECTED?

Business insurance protects organizations from exposure to unexpected liabilities arising from normal day-to-day operations. Different insurance products that protect against a variety of risks at a small business, such as the Gift Shop, can include General Liability and Property Coverage.

A sub-lease agreement with the Auxiliary, which covers the Gift Shop, should contain appropriate insurance coverage.

WHAT ARE THE FINDINGS?

The Gift Shop currently operates without its own business insurance coverage. Auxiliary Management assumes the Gift Shop is covered by the District's insurance policies.

Without appropriate business insurance coverage, the District and the Medical Center are potentially exposed to liabilities that can arise from a customer injury, theft and fire or property damage occurring at the Gift Shop. Agreements established between the District and the Auxiliary should cover expectations around adequate business insurance coverage.

ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Appropriate oversight and accountability standards are in place, which cover current contracts, agreements, leases and policies and procedures.

WHAT ACTIONS WILL MANAGEMENT TAKE?

Discussion was held with key Auxiliary personnel. They are aware that the gift shop and its personnel are not covered under the District's insurance policy. The District will be providing the Auxiliary Management Team with a sub-lease agreement that will contain standard insurance provisions.

10/31/2018
Stephanie Dardanella - Lakeside Medical Center Administrator

Gift Shop Assessment

Date: May 04, 2018

Location: Lakeside Medical Center



ISSUE 2: The Medical Center Lacks a Formal Contract/Lease Agreement and Policies With the Auxiliary

WHAT IS CAUSING THE ISSUE?

Oversight: Lack of historical continuity and governance when the District acquired the Lakeside Medical Center.

WHAT IS EXPECTED?

To maintain proper oversight and governance capabilities of the Medical Center's relationship with the Auxiliary and its operations of the gift shop, and to mitigate third-party related risks to the District, a formal contract/lease agreement and policies and procedures should be in place.

WHAT ARE THE FINDINGS?

The Auxiliary group runs the gift shop at the Medical Center without a defined relationship with the District. The Medical Center lacks a written contract/lease agreement and policies and procedures to govern the business relationship between the Medical Center and the Auxiliary. This exposes the Medical Center and the District to reputation and business risks and potential unforeseen liabilities related to third-party operations. Written contract/lease agreements and policies and procedures established to define the relationship should cover relevant duties, responsibilities, obligations and actions expected from all parties involved and protect the Medical Center and the District from compliance, financial and regulatory related risks.

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Appropriate oversight and accountability standards are in place, which cover current contracts, agreements, leases and policies and procedures.

WHAT ACTIONS WILL MANAGEMENT TAKE?

Key Auxiliary personnel have asked for a proposed lease agreement. The sub-lease agreement will be presented to the Auxiliary and finalized accordingly.	10/31/2018 Stephanie Dardanella - Lakeside Medical Center Administrator
--	--

Gift Shop Assessment

Date: May 04, 2018

Location: Lakeside Medical Center



ISSUE 3: No Excluded Provider Checks on Volunteers

WHAT IS CAUSING THE ISSUE?

Oversight: The District and Auxiliary have not established a formal contract to define and govern their business relationship.

WHAT IS EXPECTED?

The Department of Health and Human Services Office of Inspector General (OIG) mandates that sanction screening be performed on all individuals employed or entered into contracts to furnish items and/or services (directly or indirectly) that are payable by Federal health care programs. An excluded person may not provide services that are payable by Federal health care programs, regardless of whether the person is an employee, a contractor or a volunteer, or has any other relationship with the health care provider.

Health care providers who receive payments under Federal health care programs may employ or contract with excluded persons, so long as any of the items or services provided are wholly unrelated to Federal healthcare programs. OIG guidance indicates that excluded provider screening should include hospital volunteers who provide unpaid services, regardless of whether a volunteer's duties and responsibilities extend directly or indirectly to patient care. Therefore, it is considered best practice to screen volunteers, even if they are not paid or included in any claims or costs submitted for payment by a Federally financed health care program.

WHAT ARE THE FINDINGS?

Through inquiry, Crowe noted that the Medical Center lacked a process for screening the Auxiliary volunteers against the Federal excluded entities databases. Violations of the Excluded Provider statutory requirement can result in Civil Monetary Penalties against the health care

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Gift Shop/Auxiliary transactions, business activity and processes in place are in accordance with all applicable standards, regulations and laws.

WHAT ACTIONS WILL MANAGEMENT TAKE?

Going forward, all gift shop personnel will be screened prior to beginning their volunteer duties. By 10/15/18, background screening will be performed on all current volunteers.

10/15/2018
Edwin Melendez - Manager, Human Resources-Lakeside Medical

Confidential

Crowe Healthcare Risk Consulting LLC © 2018

Gift Shop Assessment

Date: May 04, 2018

Location: Lakeside Medical Center



entity who contracted the excluded person, even if the excluded person does not receive payments from the provider.

Gift Shop Assessment

Date: May 04, 2018

Location: Lakeside Medical Center



ISSUE 4: Auxiliary May Not Be In Compliance with IRS Reporting Requirements

WHAT IS CAUSING THE ISSUE?

Personnel Capabilities: Lack of Auxiliary knowledge or understanding of relevant rules, requirements or regulations

WHAT IS EXPECTED?

The Auxiliary, as a Florida not-for-profit organization, is subject to disclosure requirements under federal law. An entity determined by the U.S. Internal Revenue Service (IRS) to be exempt from Federal income tax must annually file a form 990, 990 EZ or 990N, which provides relevant information related to the entity and its stated charitable purpose.

WHAT ARE THE FINDINGS?

Crowe inquired regarding the Auxiliary's filing status with the IRS and Form 990 and noted that the Auxiliary is not aware of its responsibility to file an annual Form 990 Return of Organization Exempt from Income Tax or any other informational filing required by the IRS of tax exempt organizations.

Crowe queried IRS public source databases to determine if the Auxiliary was listed as a tax-exempt entity under the Auxiliary's Employer Identification Number (EIN) or if the organization was previously disqualified as exempt from federal income tax. The Auxiliary is not included in either database. This suggests the organization has not previously applied for recognition of tax exemption.

Tax-exempt organizations that fail to file required IRS 990 forms for three consecutive years automatically lose their tax-exempt status, are no longer exempt from federal income tax and are not eligible to receive tax-deductible contributions. Additional penalties could also be applied for

Confidential

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Gift Shop/Auxiliary transactions, business activity and processes in place are in accordance with all applicable standards, regulations and laws.

WHAT ACTIONS WILL MANAGEMENT TAKE?

Discussion held with key Auxiliary personnel. They understand the findings and are currently in discussions with an Accountant to file the necessary returns and comply with IRS regulations and federal laws.

12/31/2018
Stephanie Dardanella - Lakeside Medical Center Administrator

Gift Shop Assessment

Date: May 04, 2018

Location: Lakeside Medical Center



failure to comply.

Although the District and the Medical Center are separate independent entities from the Auxiliary, the Auxiliary exists exclusively to benefit the Medical Center and is closely identified with the District and the Medical Center. Therefore, there are reputation risks associated with maintaining the Auxiliary's tax-exempt status and complying with IRS rules. Some implications to the District can include donors not being allowed to take a deduction on contributions or donations to the Auxiliary to benefit the Medical Center. Also, in regards to rental arrangements, use of publicly financed space such as the gift shop that is donated by the District can only be done to a legally recognized not-for-profit entity. The District should consider consulting an exempt organization tax/ legal specialist to determine the impact of the donations, to the Medical Center, from the Auxiliary not complying with Federal filing requirements.

Gift Shop Assessment

Date: May 04, 2018

Location: Lakeside Medical Center



ISSUE 5: No Policy for In-Kind Donations

WHAT IS CAUSING THE ISSUE?

Policies and Procedures: Lack of historical continuity and governance when the District acquired the Medical Center

WHAT IS EXPECTED?

In-kind donations should be properly accounted for in the District's financial records, in accord with relevant accounting standards.

WHAT ARE THE FINDINGS?

Through discussions with District personnel, Crowe noted that the Auxiliary occasionally purchased supplies or equipment on behalf of the Medical Center, either through a direct purchase by the Auxiliary, by directly paying a vendor invoice that was issued to the Medical Center, or by reimbursing Medical Center employees for Medical Center-related purchases. These types of transactions constitute in-kind donations from the Auxiliary, which should be tracked and accounted for in accordance with relevant accounting standards. There were no tracking procedures in place to identify transactions made by the Auxiliary on the Medical Center's behalf so that they can be properly accounted for in the District's financial records.

Crowe examined five invoices totaling \$4,264.00 for various supplies and equipment. The purchases paid for by the Auxiliary included medication record cards, handbooks for new moms, bereavement kits and mammogram pads. According to Medical Center Management, the Auxiliary also made purchases of physical therapy equipment and incubators, but no documentation or invoices of these purchases were retained.

ISSUE RISK

Low Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Gift Shop/Auxiliary transactions, business activity and processes in place are in accordance with all applicable standards, regulations and laws.
- Appropriate oversight and accountability standards are in place, which cover current contracts, agreements, leases and policies and procedures.

WHAT ACTIONS WILL MANAGEMENT TAKE?

Discussion held with key Auxiliary personnel. In-kind donations will no longer be made to Lakeside Medical Center. Lakeside Managers will be educated on the restriction of donations from the gift shop.	Complete Stephanie Dardanella - Lakeside Medical Center Administrator
---	--

Gift Shop Assessment



Date: May 04, 2018

Location: Lakeside Medical Center

CONTEXT

The Lakeside Medical Center contains a gift shop operated by a group of volunteers who are independent of the District. The Gift Shop is operated by the Lakeside Medical Center Auxiliary, Inc. (Auxiliary), which is registered in the state of Florida as a not-for-profit entity. The stated purpose of the Auxiliary is to support and promote Lakeside Medical Center's mission and programs through volunteer services and financial contributions. Maintaining appropriate oversight of the Auxiliary group's functions and activities is important to protect the District's reputation in the community and allow the District to continue to deliver on its mission.

Recent activity prompted Senior Management at the District to evaluate current oversight processes in place over the Gift Shop and its volunteer staff and to assess the organization's business structure while understanding its relationship with Lakeside Medical Center and the District. The Gift Shop is not under the direct control of the District, but with proper risk management and oversight in place, the District can develop an opportunity to enhance patient care and increase fund raising opportunities.

OTHER OBSERVATIONS

Employee Scholarships:

Per discussions with Auxiliary personnel and review of supporting documentation, the Auxiliary on occasion provided academic scholarships of \$1,000 to hospital employees to assist with the employee's education. The scholarships were provided in the form of a forgivable loan, and were presented to the recipient with a promissory note that can be cancelled when the employee completes the agreed-upon education and one year of employment at Lakeside Medical Center. This arrangement may not represent a tax or compliance risk for the District, but as the relationship with the Auxiliary is formalized through written agreements, the District should fully understand the Auxiliary's legal structure and its impact on the District's operations and overall compliance risks. The IRS has special rules under Rev. Proc. 76-47, which address scholarships provided by employer-related private foundations to employees. The rules primarily mandate that the grants be awarded on an objective and nondiscriminatory basis, in addition to additional requirements. During the audit process, the District's Management discussed this matter with key Auxiliary personnel and decided employee scholarships will no longer be offered.

ISSUE RISK DEFINITIONS

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

Gift Shop Assessment



Date: May 04, 2018

Location: Lakeside Medical Center

REPORT ACCEPTANCE

Darcy Davis
Darcy Davis, Chief Executive Officer

9-19-18

Date

Dawn L. Richards
Dawn Richards, VP & Chief Financial Officer

9-20-18

Date

COPIES

Val Shahriari, VP & General Counsel

Ellen Pentland, Chief Compliance Officer

Karen Harris, VP of Field Operations

Stephanie Dardanella, Lakeside Medical Center Administrator

Kenneth Healey, Finance Manager

Edwin Melendez, Manager, Human Resources-Lakeside Medical

AUDITORS

Harry Torres, Healthcare Risk Audit Senior Manager

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

Except for the permitted use of the Report by the authorized employees of the client named herein, Crowe hereby disclaims any and all responsibility and liability for the Report and the use thereof. No third party may rely on the Report or the information contained therein for any purpose, and Crowe makes no representation to any third party as to the accuracy, sufficiency or propriety of the information contained in the Report. Further, Crowe disclaims any obligation to update the Report.

HEALTH CARE DISTRICT BOARD
September 25, 2018

1. Item Description: Meaningful Use Audit Report

2. Summary:

Provide the Meaningful Use audit report for Board review and approval.

3. Substantive Analysis:

Crowe completed the Meaningful Use audit project and report is included in the Audit Committee package.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn L. Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee or Subsidiary Board:

Finance and Audit Committee

Committee or Board

09/25/2018

Date Reviewed

HEALTH CARE DISTRICT BOARD
September 25, 2018

6. Recommendation:

Staff recommends the Board approve the Meaningful Use audit report.

Approved for Legal sufficiency:


Valerie Shahrian
VP & General Counsel


Dawn Richards
VP & Chief Financial Officer


Darcy J. Davis
Chief Executive Officer

Meaningful Use (MU) Mock Audit



Date: August 17, 2018

Location: Health Care District of Palm Beach County

OBJECTIVES

- Validated that Management has adequate control mechanisms in place and is retaining sufficient documentation to enable a timely and comprehensive response to a third party audit of submitted attestations.

SCOPE

The scope of the audit included:

- Lakeside Medical Center (LMC) Hospital Stage 1 MU (2013); LMC Hospital Modified Stage 2 MU (2016); and West Palm Beach (WPB) Clinic MU Modified Stage 2 (2016) attestations.
- Confirmed that Certified Electronic Health Record Technology (CEHRT) was utilized for submitted attestations and that data retention mechanisms exist and are in place.
- Confirmed that a CEHRT was utilized to generate metric based reports in support of Core Objective, Menu Set and Clinical Quality Measures components of submitted attestations.
- Confirmed that a Security Risk Analysis (SRA) was performed in support of protecting electronic Protected Health Information (ePHI).
- Confirmed that an electronic exchange mechanism capable of securely transferring ePHI to regulatory health agencies existed (e.g. Florida Medicaid).
- Reviewed two core measure statistics by selecting a statistical sample from population and compared the results of the test(s) to the submitted attestation statistic to determine reasonableness.

Time Period: 6/1/2018 - 7/31/2018

Scope Exclusions: All HCDPBC MU attestations other than the District's LMC Hospital MU Stage 1 (2013), LMC Hospital Modified Stage 2 (2016) and WBP Clinic Modified MU Stage 2 (2016) attestations.

CONCLUSION

Overall, the capture and reporting of MU measures for the audit scope periods did appear to be functioning as Management intended. However, at the time of the audit, the Eligible Hospital (EH) MU Stage 1 attestation was missing some supporting attestation detail documentation; the Eligible Professional (EP) Clinic MU Modified Stage 2 did not maintain attestation details as part of the MU attestation evidence; and a formal MU Audit Defense Plan is needed so that a timely and comprehensive response to a third party audit of a submitted MU attestation can be accommodated.

Meaningful Use (MU) Mock Audit



Date: August 17, 2018

Location: Health Care District of Palm Beach County

SUMMARY OF ISSUE RISKS



Meaningful Use (MU) Mock Audit



Date: August 17, 2018

Location: Health Care District of Palm Beach County

ISSUE 1: MU Audit Defense Plan Did Not Exist

WHAT IS CAUSING THE ISSUE?

Training: A clear understanding of roles and responsibilities and the key steps needed in order to respond to an MU audit in a comprehensive and timely manner was not in place or communicated to the HCDPBC MU stakeholder team.

WHAT IS EXPECTED?

A MU Audit Defense Plan exists and identifies key components including:

- (1) Key stakeholders including the audit defense response team members and contact details for those involved in the MU program.
- (2) A road map that identifies the steps needed to respond in a timely and comprehensive manner to a third party audit of any MU attestation.
- (3) The dedicated email address (e.g. contact details) that were set up as the MU attestation contact(s) at the respective regulatory agencies and the responsible party that needs to monitor this generic email address.
- (4) Details regarding the location (e.g. secure share file) and the content of supporting documentation that is stored as part of attestation evidence.

WHAT ARE THE FINDINGS?

A MU Audit Defense Plan that identifies key stakeholders and defines the key steps that enable a timely and comprehensive response to an audit of an MU attestation did not exist.

ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

To organize and retain documentation and supporting evidence required to demonstrate MU qualification status to regulatory auditors

WHAT ACTIONS WILL MANAGEMENT TAKE?

- Management will produce a MU Audit Defense Plan for the Hospital (EH) to include key components such as defense response team members, response road map, dedicated and monitored contact notification email address and location of MU attestation supporting evidence. 12/15/2018
Janet Moreland - Director of Nursing
- Management will produce a MU Audit Defense Plan for the Clinics (EP) to include key components such as defense response team members, response road map, dedicated and monitored contact notification email address and location of MU attestation supporting evidence. 12/15/2018
Terry Megiveron - Director of Practice Operations, Primary Care Clinics

Meaningful Use (MU) Mock Audit



Date: August 17, 2018

Location: Health Care District of Palm Beach County

ISSUE 2: Lakeside Medical Center (EH) Stage 1 Supporting Attestation Details Were Missing

WHAT IS CAUSING THE ISSUE?

Supervision: Supporting details for all attestation statistics identified on the EH MU Stage 1 attestation summary were not being maintained and stored as part of attestation evidence.

WHAT IS EXPECTED?

Supporting detail for every component identified on the summary attestation page of the EH Stage 1 attestation including core, menu and clinical quality measure of MU submitted attestations is produced and stored on a share drive accessible by key stakeholders so that it is available and audit ready.

WHAT ARE THE FINDINGS?

The EH Stage 1 MU attestation was missing supporting documentation evidence details including:

- (1) The Certified Electronic Health Record Technology (CEHRT) number for HMS Medhost 2013 attestation.
- (2) Documentation regarding why the Observation method versus ED method was chosen as the methodology for collecting and reporting on attestation statistics.
- (3) Documentation regarding when the Core Measure (a) Clinical Decision Support (CDS) Rule and (b) Drug Allergy Interaction Checks were implemented.

ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

To organize and retain documentation and supporting evidence required to demonstrate MU qualification status to regulatory auditors

WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will obtain and maintain audit ready details for every EH Stage 1 component identified on the summary attestation page including core, menu and clinical quality measure of MU submitted attestations and store it on a share drive so that it is available to all key stakeholders.

12/15/2018
Janet Moreland - Director of Nursing

Meaningful Use (MU) Mock Audit



Date: August 17, 2018

Location: Health Care District of Palm Beach County

ISSUE 3: Clinics (EP) Modified Stage 2 Supporting Attestation Details Not Maintained

WHAT IS CAUSING THE ISSUE?

Supervision: Supporting details for attestation statistics identified on the EP Modified Stage 2 MU attestation summary were not being maintained and stored as part of attestation evidence.

WHAT IS EXPECTED?

Supporting detail for every component identified on the EP Clinic Modified Stage 2 summary attestation page including core and clinical quality measure details of MU submitted attestations is produced and stored on a share drive accessible by key stakeholders so that it is available and audit ready.

WHAT ARE THE FINDINGS?

Although the summary level reports are maintained as part of MU attestation evidence in support of the submitted attestation, the supporting level detail behind those summary reports was not being maintained.

ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

To organize and retain documentation and supporting evidence required to demonstrate MU qualification status to regulatory auditors

WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will produce and maintain audit ready details as needed for EP Modified Stage 2 Core and Clinical Quality Measure identified on summary attestation page of submitted attestation and store it on a share drive so that it is available to all key stakeholders.

12/15/2018
Terry Megiveron - Director of Practice Operations, Primary Care Clinics

Meaningful Use (MU) Mock Audit



Date: August 17, 2018

Location: Health Care District of Palm Beach County

CONTEXT

At the onset of the Electronic Health Record (EHR) Incentive program, CMS announced that providers receiving an EHR incentive payment under Medicare might be subject to an audit. Pre- and post-payment audits were expected to be performed on 5-10% of attesting healthcare providers. Figliozi and Company (Figliozi) was selected by CMS as their designated audit firm. Providers were encouraged to retain all relevant supporting documentation, in either paper or electronic format, used to complete the attestation process. While CMS has provided guidance concerning the types of documentation that should be maintained by providers, they have stipulated that any documentation may be requested based on auditor judgment at the time of the review.

These audits can be "desktop" in nature where Figliozi remotely requests a common and somewhat limited list of initial documentation to support the hospital's attestation. In some cases, the desktop audit has been followed by minor additional documentation requests to further support attested measures.

ISSUE RISK DEFINITIONS

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

Meaningful Use (MU) Mock Audit



Date: August 17, 2018

Location: Health Care District of Palm Beach County

REPORT ACCEPTANCE

 _____ Darcy Davis, Chief Executive Officer	<u>9-19-18</u> _____ Date
 _____ Dawn Richards, VP & Chief Financial Officer	<u>9-19-18</u> _____ Date

COPIES

Cindy Yarbrough, Chief Information Officer
Belma Andric, MD, VP & CMO
Val Shahriari, VP & General Counsel
Karen Harris, VP of Field Operations
Stephanie Dardanella, Lakeside Medical Center Administrator
Janet Moreland, Director of Nursing
Marcia Young, Director of Clinic Business Operations
Terry Megiveron, Director of Practice Operations, Primary Care Clinics

AUDITORS

Ken Kaan, Healthcare Risk Audit Manager

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

Except for the permitted use of the Report by the authorized employees of the client named herein, Crowe hereby disclaims any and all responsibility and liability for the Report and the use thereof. No third party may rely on the Report or the information contained therein for any purpose, and Crowe makes no representation to any third party as to the accuracy, sufficiency or propriety of the information contained in the Report. Further, Crowe disclaims any obligation to update the Report.

HEALTH CARE DISTRICT BOARD
September 25, 2018

1. Item Description: AR Allowance Audit Report

2. Summary:

Provide the AR Allowance audit report for Board review and approval.

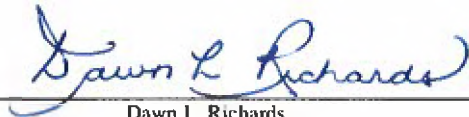
3. Substantive Analysis:

Crowe completed the AR Allowance audit project and report is included in the Audit Committee package.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



Dawn L. Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee or Subsidiary Board:

Finance and Audit Committee

Committee or Board

09/25/2018

Date Reviewed

HEALTH CARE DISTRICT BOARD
September 25, 2018


6. Recommendation:

Staff recommends the Board approve the AR Allowance audit report.

Approved for Legal sufficiency:



Valerie Shahrian
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darby J. Davis
Chief Executive Officer

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

OBJECTIVES

- Evaluated compliance with established procedures at each business unit, with respect to the calculation of the Accounts Receivable (AR) Allowance
- Tested if the process by which the reserve balance estimates were prepared and the aging balances recorded was performed in accordance with management expectations
- Tested the AR Allowance estimates and assessed that calculations used reasonable average reimbursement history, which took into account all transactions (e.g., contractual adjustments, bad debt adjustments, administrative write-offs)
- Calculated the bad debt reserve and analyzed the potential impact of the reserve percentages currently used
- Tested controls over bad debt adjustments, write-offs, charity care and other manual adjustments to AR, and if adjustment codes were properly applied and mapped in accordance with established procedures
- Evaluated the contractual adjustment process at either time of billing or time of payment and assessed process consistency and compliance with established procedures
- Evaluated controls over the monitoring and processing of actual payments received from third party payers against the model of expected payments and test if significant differences were evaluated and addressed according to established procedures

CONCLUSION

During the Accounts Receivable Reserves Calculation audit, Crowe Healthcare Risk Consulting (Crowe) noted a number of opportunities to improve controls around the calculation of accounts receivable reserves. These opportunities include strengthening system access to perform bad debt adjustments, improving timeliness and completion of month-end reconciliations, maximizing collections from insurers, and controlling and assessing the accuracy of the reserve calculations. Remediation of these issues can help Management improve the accuracy and reasonableness of the accounts receivable reserves.

Crowe also provided Management with analytical ratios and metrics to assist with performance monitoring efforts over Accounts Receivable balances and the related Allowances at each business unit. The ratios will help Management monitor fluctuations and trends in the data used for the allowance calculations at the business units and identify root causes.

SCOPE

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

Management controls and procedures related to the calculation of Accounts Receivable reserves at the Lakeside Medical Center (the Medical Center), CL Brumback Primary Care Health Clinics [Clinics (Medical) or Clinics (Dental)], Healey Long Term Rehabilitation Center (Healey), and Aeromed.

Location: Healthcare District of Palm Beach County

Time Period: April 1, 2017 through March 31, 2018

Scope Exclusions: This audit did not include tests to assess the accuracy and completeness of charge codes or medical billing on patient accounts or assess controls over the claim denials process. The audit procedures also did not include a comprehensive review of compliance with Generally Accepted Accounting Principles. Accordingly, we express no opinion on the District's financial statements as of the audit scope date or any other period.

SUMMARY OF ISSUE RISKS



HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

ISSUE 1: Lack of Support for Reasonableness of Allowance Factors Calculated for the Clinics and Aeromed

WHAT IS CAUSING THE ISSUE?

Policies and Procedures: Best practice not established to assess reasonableness of allowance estimates.

WHAT IS EXPECTED?

Hindsight analysis of patient accounts receivable balances over a specific period can help Management evaluate whether assumptions made in the estimations of allowances in one period are consistent and reasonably reflect subsequent actual experience. Assessing the effectiveness of past estimates provides a basis for confidence in future estimates or an indication that future estimates should be adjusted. To assure consistent estimates, processes should include a look-back assessment and/or monitoring of cash collection fluctuations over time and compare the calculated estimates over multiple periods to determine the reasonableness of the allowances calculated.

WHAT ARE THE FINDINGS?

In May 2018, the District updated the allowance calculation percentages applied to accounts receivable for the Primary Care Clinics (Medical and Dental) and Aeromed. The data collected to update the percentages represents six months of patient charges and the payments posted against those charges during that period (September 2017-February 2018).

The calculation of the allowance percentages for the Clinics and Aeromed did not include an assessment of reasonableness; therefore, the factors used may not adequately align with the future allowance estimates.

ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Perform accounts receivable allowance calculations consistently and accurately and prepare an accurate estimate of the valuation of accounts receivable in a timely and efficient manner

WHAT ACTIONS WILL MANAGEMENT TAKE?

The six month period used to estimate the allowance considers all payments received during that time period which relate to charges in that period. About 65% of patient service charges are incurred under the Trauma Care program or Self-Pay, which are adjusted at 100% and 90%, respectively. Medicaid/Managed Care charges make up about 20% of remaining charges and are collected within 45 days.

11/30/2018
Jesenia Bruno - Director of Accounting

Management intends to recalculate the allowance percentage every 6 months for Clinics and Aeromed. To assess reasonableness of the established rates, a lookback will compare the recalculated percentages with prior rates for the Clinics and Aeromed.

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

ISSUE 2: User Access Profiles over Bad Debt Adjustments Did Not Enforce Segregation of Duties at the Medical Center and Clinics

WHAT IS CAUSING THE ISSUE?

Technology Design/Operations: Management was unaware of the multiple users with system access to accomplish bad debt write-offs in HMS, Allscripts and Athena.

WHAT IS EXPECTED?

Bad debt write-offs in the financial system should be restricted to appropriate personnel authorized by management to review and approve those adjustments. User access profiles properly restricted help enforce segregation of duties and prevents the ability for one person to carry out incompatible duties. If the system does not restrict access to specific individuals, a compensating control should be in place to monitor activity for unauthorized adjustments.

WHAT ARE THE FINDINGS?

Multiple users without write-off authority had system access to perform bad debt write-off adjustments in the Medical Center's Health Management Systems (HMS) and the Clinics' Allscripts and Athena systems. Based on the system functionality assigned to each user role, incompatible duties were available to the staff. Unauthorized users, including those who are part of the revenue cycle team posting payments received, should not have access to posting bad debt adjustments.

In HMS, 106 users had access to the Collection Menu, where the Bad Debt write-off functionality resides. In Allscripts, there were 226 users with access to process bad debt adjustments. Most of these users require access to the payment screen, which also includes the bad debt adjustment functionality. Allscripts does not have the ability to restrict

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ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Make accounts receivable adjustments in accordance with established procedures
- Write-offs are applied properly and only after the appropriate approval (s)

WHAT ACTIONS WILL MANAGEMENT TAKE?

The Medical Center restricted access on 8/30/18 to allow 4 users the authority to post bad debt write-off adjustments in HMS. The 4 users include the Business Office Manager, 2 back-up staff personnel and the system administrator.

10/15/2018
Marcia Young - Director of Clinic Business Operations

Management will establish a monthly review of adjustments made in Allscripts and Athena, by transaction type, to assure they were performed by authorized personnel.

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

access by transaction type. In Athena, Crowe identified 19 users with the ability to process adjustments. Access in Athena is permission based and can restrict users from access to the write-off functionality. It was also noted that HMS can provide role based restrictions to users. If user access profiles do not enforce Management's expectations for segregation of duties, the risk for inappropriate or fraudulent transactions is increased.

Crowe reviewed a report of bad debt adjustments posted during the audit scope period, for the Clinics, and noted the write-offs were performed by authorized management personnel. The Medical Center was not able to produce a report from HMS which includes the active users who executed the write-off during the same period.

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

ISSUE 3: Gaps Exist in the Written Procedures Over Allowance Calculations

WHAT IS CAUSING THE ISSUE?

Policies and Procedures: Most of the written procedures in place were updated within last two years, but in some cases did not include all of the necessary provisions over the accounts receivable allowance process.

WHAT IS EXPECTED?

Written procedures and guidelines should be documented to define processes and time-frames, establish accountability and communicate Management's expectations. Documented procedures governing the allowance calculation processes should address roles, responsibilities and accountability, and they should include sufficient detail to enable staff to execute processes and complete calculations in accordance with Management's direction.

Written guidance over the allowance process should also address Management's monitoring controls, such as analytical procedures and periodic review of ratios, trends and fluctuations. The procedures should also reflect any duties and responsibilities that are outsourced and should be regularly reviewed and updated to reflect changes in the entity's environment and in Management's expectations. Finally, they should appropriately reflect each business unit's operating environment.

WHAT ARE THE FINDINGS?

Crowe noted deficiencies in documented procedures and other written guidance over the Accounts Receivable Allowance process. There is a misalignment between existing practices and written guidance, which includes procedures, process narratives and memos, over several components related to the calculation of the allowance.

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ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

- Make accounts receivable adjustments in accordance with established procedures
- Perform accounts receivable allowance calculations consistently and accurately and prepare an accurate estimate of the valuation of accounts receivable in a timely and efficient manner

WHAT ACTIONS WILL MANAGEMENT TAKE?

Management will update written procedures. Each business unit operates differently and provides distinct services. Written procedures will be consistent across business units where possible, but will reflect the operating environment of each entity.

11/30/2018
Dawn Richards - VP & Chief
Financial Officer

Management is currently revising existing procedures and will look to include the necessary components and provisions related to the allowance process, where appropriate.

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

Expected elements of comprehensive procedures not found at some of the business units included, but was not limited to: the timing of contractual adjustments; adjusting for credit balances if applicable; updating allowance percentages; financial ratios monitoring/analytics; and authorization matrix or thresholds for reviewing and approving bad debt, administrative, charity and contractual adjustments. The deficiencies and variances noted applied to all HCD entities.

These gaps increase the risk that financial processes, including the allowance calculation, may be carried out in a manner that does not meet Management's expectations. Documented procedures which contain the necessary provisions in calculating and reporting the accounts receivable allowances can guide staff, even during periods of turnover. Staff should be aware of and should closely adhere to those provisions.

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

ISSUE 4: Inaccurate Balances Used to Calculate Allowances for Clinics (Dental)

WHAT IS CAUSING THE ISSUE?

Technology Design/Operations: Management did not properly test a system implementation to validate that contractual adjustments by payer type were processed correctly in the Dentrix system.

WHAT IS EXPECTED?

Accurate payer receivable balances are necessary to accurately calculate the monthly reserve. The completed calculations should also be reviewed by appropriate management level. Maintaining an accurate allowance calculation by payer is necessary to perform meaningful financial analysis and performance monitoring.

WHAT ARE THE FINDINGS?

In September 2016, the Clinics (Dental) automated the contractual adjustment function for Medicaid at the time of billing. It was subsequently noted that the Dentrix system used could not apply contractual adjustments to the correct payer bucket for the related patient account, when patients had multiple payers noted in their records.

While the overall patient balance was correct, when all payer amounts were netted, the processing error caused payer receivable balances on Medicaid and self-pay accounts to be misstated. Because the reserve was calculated as a fixed percentage applied to the accounts receivable balances by payer, these erroneous balances resulted in corresponding misstatements in the payer allowances calculated for each payer class. Management did identify the issue and corrected the misstatements going forward in June. Management calculated that the overall impact to the previously misstated payer balances is \$397,668, which was recorded for September 2018.

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ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Perform accounts receivable allowance calculations consistently and accurately and prepare an accurate estimate of the valuation of accounts receivable in a timely and efficient manner

WHAT ACTIONS WILL MANAGEMENT TAKE?

Management identified the issue and Complete
implemented procedures to manually Jesenia Bruno - Director of
correct the balances at month-end Accounting
for each payer group in order to
accurately calculate the allowance
for the month. Also, an adjustment of
approximately \$398,000 was posted
for September to correct the
allowance balance in the balance
sheet and increase the year-to-date
contractual allowance in the profit
and loss statement.

Management will continue to review
the detailed Dentrix reports during
the month-end close process and
confirm with the dental biller that no
misstatements have occurred.

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

ISSUE 5: No Reconciliation Between Actual Payment and Expected Payment Amount at the Clinics

WHAT IS CAUSING THE ISSUE?

Resource Alignment: Misalignment between system capabilities and established procedures to assure control activities over short payments from insurers are researched and not adjusted from patient charges in All-scripts and Athena.

WHAT IS EXPECTED?

Payments received should be compared to expected amounts to identify and promptly research and resolve discrepancies due to incorrect reimbursement (over or under). Discrepancies should be investigated to determine the root cause and properly account for the difference in the accounting records. Also, maintaining accurate and current contract terms in the contract modeling system helps assure accurate contractual adjustments on accounts.

WHAT ARE THE FINDINGS?

The Clinics replaced its practice management systems in May 2018 from All-scripts to Athena. During implementation, management decided not to transfer the receivable balances from All-scripts to Athena for operational reasons and started new in Athena. Payments received from insurers are therefore applied in the system where the charges were recorded. Crowe noted there was no research performed when insurer payments received did not match the expected payment amount. The net difference from the remittance was written-off to patient balance if noted as a patient liability or adjusted as a contractual adjustment.

Reimbursement review reports are available in both systems to monitor and follow up on payment discrepancies, where the payer contract is loaded into the system. In All-scripts all payer contracts are included but
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ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Maximize revenue through the establishment and enforcement of a process for write-off adjustments

WHAT ACTIONS WILL MANAGEMENT TAKE?

Effective with August 2018 month-end procedures, Management will run a mis-match report monthly for payer contracts loaded into All-scripts and Athena, which will be reviewed and followed up by the Director of Clinic Business Operations.

09/30/2018

Marcia Young - Director of Clinic Business Operations

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

procedures are not in place to follow-up on payment discrepancies. In Athena there are 2 payer contracts remaining to load. Management is currently implementing procedures to reduce the risk of lost revenue and properly manage payments that differ from expected amounts posted to All-scripts and Athena.

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

ISSUE 6: Aeromed Allowance Estimate Not Based On Sufficient Data

WHAT IS CAUSING THE ISSUE?

Technology Alignment: System limitations in TriTech prevented collection of sufficient data to perform calculation properly.

WHAT IS EXPECTED?

Reserves calculated based on the allowance method established should be sufficient to cover patient account balances deemed un-collectible at a future date. Accounts receivable reserve percentages should be calculated using sufficient, historical data that takes into account all transactions (e.g., contractual adjustments, bad debt adjustments, administrative write-offs, etc.). These calculations should be adequately reviewed by a supervisor and include evidence of preparer and reviewer sign-off.

WHAT ARE THE FINDINGS?

In May 2018, the District updated the allowance percentages used for Aeromed. Historical patient transaction data was used to calculate the updated percentages, which included patient charges and payments received which relate to those charges during a 6 month period (September 2017-February 2018). A system changeover, from TriTech to Golden Hour, was completed in April 2018.

Aeromed does not have contracts with payers, therefore collections lag for longer periods. The computations performed relied on patient activity that covered approximately \$694,000 in patient charges and \$185,000 in collections when compared with total activity of approximately \$7,000,000 in charges and \$810,000 payments during that period. Since most of the payments received relate to patient service charges from prior months, and collections typically lag for Aeromed, Management should update its

ISSUE RISK

Moderate Risk

WHAT BUSINESS OBJECTIVES ARE AT RISK?

Perform accounts receivable allowance calculations consistently and accurately and prepare an accurate estimate of the valuation of accounts receivable in a timely and efficient manner

WHAT ACTIONS WILL MANAGEMENT TAKE?

The Aeromed department converted its patient accounting system in April 2018 from TriTech to Golden Hour. Due to system limitations in the old system, Management was unable to obtain sufficient data which includes substantial patient volume to estimate an adequate allowance percentage. Management will recalculate the reserve factor utilizing sufficient data covering at least six months of patient service activity in the Golden Hour system once this historical data is available and will review allowance percentages every six months following the initial calculation.

04/30/2019
Marcia Young - Director of Clinic Business Operations

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

calculated allowance to use patient transaction data over a 12 month period and continue to assess the accuracy of the calculation on an ongoing basis.

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

CONTEXT

The District computes the reserve factor applied to accounts receivable differently at each of the business units. The Medical Center updates the reserve factor for each payer, every 4 months using the most recent 6 month period of patient transactions with a zero balance account. For the Clinics (Medical and Dental) and Aeromed historical data used is for all patient transactions over a 6 month period. The allowance balance at Healey is 100% of aged receivables greater than 180 days in any month.

During the past fiscal year, concerns arose over the valuation of accounts receivable based on the allowance amounts recorded. The concerns included adjustments proposed by the District's financial statement auditors during FY 2017 and significant fluctuations in the allowance balance and bad debt expense at some of the business units. Accounts receivable valuation represents a high risk for misstatement due to the significant estimates required. Valuation misstatements could have a considerable effect on estimating future financial resources to support operations.

OTHER OBSERVATIONS

Crowe noted that the District could enhance performance monitoring of the accounts receivable and reserve balances at each business unit by adding certain ratios to those already monitored by the District.

Revenue cycle analytics that could enhance performance management and prompt process improvements to the at each business unit include a monthly trending of:

- Gross charges by payer
- Contractual deductions taken as a percentage of zero balance gross charges, by payer
- Bad debt as a percentage of gross accounts receivable by payer
- Cash collected as a percentage of net patient service revenue, by payer
- Patient Days Accounts Receivable

ISSUE RISK DEFINITIONS

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

HCDPBC-Accounts Receivable Reserves Calculation



Date: August 20, 2018

Location: Health Care District of Palm Beach County

REPORT ACCEPTANCE

Darcy Davis
Darcy Davis, Chief Executive Officer

9-19-18

Date

Dawn L. Richards
Dawn Richards, VP & Chief Financial Officer

9-19-18

Date

COPIES

Val Shahriari, VP & General Counsel
Ellen Pentland, Chief Compliance Officer
Jesenia Bruno, Director of Accounting
Marcia Young, Director of Clinic Business Operations
Kenneth Healey, Finance Manager
Karen Harris, VP of Field Operations

AUDITORS

Harry Torres, Healthcare Risk Audit Senior Manager

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

Except for the permitted use of the Report by the authorized employees of the client named herein, Crowe hereby disclaims any and all responsibility and liability for the Report and the use thereof. No third party may rely on the Report or the information contained therein for any purpose, and Crowe makes no representation to any third party as to the accuracy, sufficiency or propriety of the information contained in the Report. Further, Crowe disclaims any obligation to update the Report.

HEALTH CARE DISTRICT BOARD
September 25, 2018

1. Item Description: FY 2018 Audit Plan Status Update

2. Summary:

Provide a status update of the FY 2018 Audit Plan

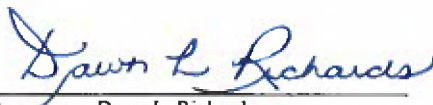
3. Substantive Analysis:

The FY 2018 Audit Plan includes 12 audits. Crowe has completed 4 audits. There are 2 audits in the reporting phase and 2 in fieldwork phase. Also, 2 audits are in planning stage and 2 have not started.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn L. Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee or Subsidiary Board:

Finance and Audit Committee

Committee or Board

09/25/2018

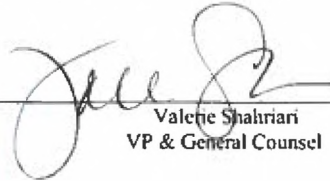
Date Reviewed

HEALTH CARE DISTRICT BOARD
September 25, 2018


6. Recommendation:

Staff recommends the Board approve the FY 2018 audit plan status update.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Dawn Richards
VP & Chief Financial Officer



Darcy J. Davis
Chief Executive Officer

Health Care District of Palm Beach County
Internal Audit - Audit Plan 2017-2018

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

Health Care District of Palm Beach County
Internal Audit - Audit Plan 2017-2018

	Entity	Category	Quarter	Proposed Audit	Scope	Status	Source	Audit Overview
11	LMC, Clinics, Healey, Aeromedical	RCM	Q12019	Credit Balances	FULL AUDIT	Not Started	Protiviti Risk Assessment	Credit balances occur due to limitations in billing systems, errors in cash posting, incorrect insurance information, duplicate cash entries, incorrect coordination of benefits. Medicaid payment integrity reviews under RAC include credit balance audits. Federal and state law governs the timeliness of refunds due to patients.
12	Health Care District	Finance	Q12019	PTO	PROJECT	Not Started	Senior Leadership	Consistency of PTO practices coordinated with contracted terms per employment agreements.
13	TBB			As needed	PROJECT			
14	TBD			As needed	PROJECT			

Time Table By Calendar Quarter

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

HEALTH CARE DISTRICT BOARD

September 25, 2018

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

2. Summary:

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

3. Substantive Analysis:


The charter was last updated on November 28, 2017. The District proposes amending the Section titled, Composition of Committee. The new language specifies that (1) committee member shall represent the Glades community and additionally that (1) committee member shall also serve on the District Clinic Board. The new language also specifies the Committee will evaluate the Chief Compliance and Privacy Officer Annually. Additionally, the term of Board members appointed to the Committee will now be the same as the term they are serving on the Board. Attached for your review are the following documents:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Quality, Patient Safety & Compliance
Committee

Committee Name

September 25, 2018


Date Approved

HEALTH CARE DISTRICT BOARD
September 25, 2018

6. Recommendation:

Staff recommends the Board receive and file the amendments to the Quality, Patient Safety and Compliance Charter.

Approved for Legal sufficiency:


Valerie Shahriari
VP & General Counsel


Ellen Pentland
Chief Compliance Officer


Darryl J. Davis
Chief Executive Officer

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER

PURPOSE

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

COMPOSITION OF COMMITTEE

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

MEETINGS

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

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

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

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

POWERS AND DUTIES

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

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

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

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

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

QUALITY, PATIENT SAFETY AND COMPLIANCE COMMITTEE CHARTER

PURPOSE

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

COMPOSITION OF COMMITTEE

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

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 - d. Federal Sentencing Guidelines; and,
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15. ***Compliance Program.*** The Committee shall review the Compliance Program for adherence to the OIG's Compliance Guidance's for applicable businesses, including for hospitals, nursing homes, managed care, physician offices, etc.
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18. ***Monitor Compliance Program.*** The Committee shall assure that methodologies developed to monitor compliance are appropriate to maximize compliance and assure confidential treatment of material.
19. ***Standard of Conduct.*** The Committee shall periodically review and approve the Standard of Conduct.

HEALTH CARE DISTRICT BOARD

September 25, 2018

1. Description: Initial Credentialing and Privileging of Healey Center practitioner(s)

2. Summary:

The agenda item represents the practitioner(s) recommended for initial credentialing and privileging by the Chief Medical Officer.

Last Name	First Name	Credentials	Specialty
Ferwerda	Anna	MD	Gynecology
Rowling	Courtney	MD	Psychiatry
Salazar	Armando	MD	Wound Care

3. Substantive Analysis:

The practitioner(s) satisfactorily completed the credentialing and privileging process. The credentialing and privileging process ensures that all facility practitioners meet specific criteria and standards of professional qualifications; this criterion includes, but is not limited to:

- Current licensure
- Relevant education, training and experience
- Current clinical competence
- Health fitness, or ability to perform the requested privileges
- Malpractice history (NPDB query)

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

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn Richards
VP & Chief Financial Officer

HEALTH CARE DISTRICT BOARD
September 25, 2018

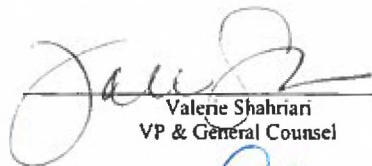
5. Reviewed/Approved by Committee:

N/A	N/A
_____ Committee Name	_____ Date Approved


6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and Privileging for the Healey Center practitioner(s).

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Belma Andric, MD, MPH
Chief Medical Officer



Darryl J. Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD
September 25, 2018

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

2. Summary:

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

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Appointment	Privileges
Dang	Quoc	DO	General Surgery	Initial Appointment	Provisional
Panchal	Rishi	DO	Cardiology	Initial Appointment	Provisional
Urban	Derek	MD	Radiology	Initial Appointment	Provisional
Weston	Laura	MD	Obstetrics & Gynecology	Initial Appointment	Provisional

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

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


HEALTH CARE DISTRICT BOARD

September 25, 2018

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn Richards
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Lakeside Medical Center
Medical Executive Committee
Committee Name

September 24, 2018

Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:


Valerie Shahriari
VP & General Counsel


Belma Andric, MD
Chief Medical Officer


Darryl J. Davis
Chief Executive Officer

HEALTH CARE DISTRICT BOARD

September 25, 2018

1. Description: Low Income Pool Participation for Palm Beach County Hospitals and Federally Qualified Health Centers

2. Summary:

This agenda item presents the Board with a request to approve providing a Local Intergovernmental Transfer for Palm Beach County Hospitals and Federally Qualified Health Centers' for their participation in the 2018-19 Low Income Pool Program.

3. Substantive Analysis:

Through an agreement with the Centers for Medicare and Medicaid Services (CMS), the State of Florida administers the Low Income Pool (LIP) to reimburse health care services for uninsured populations. These health care expenditures may be incurred by the State, by hospitals, federally qualified health centers, community behavioral health providers, or by other provider types for uncompensated care that includes charity care for the uninsured.

The funding for the LIP program is a shared funding between the State, local tax dollars and the federal government. Local governments, such as counties, hospital taxing districts and other state agencies are able to provide funding for the non-federal share of the \$1 billion statewide LIP distributions.

The District was notified last week, after the District's FY2019 budget had been prepared, that there is an opportunity to provide the Local IGT to the State for the 2018-19 LIP program year that will enable to State to draw down additional federal funding for Palm Beach County hospitals and Federally Qualified Health Centers (FQHC). Under the LIP proposal, the hospitals and FQHCs in Palm Beach County stand to receive significant funding if the full local IGT match is provided.

Table 1 below presents the match rates for the Tiers for the PBC Hospitals and FQHCs. So as an example, for Tier 1 providers, the District would be providing the 47% share and the state and federal government would be providing a 53% match.

Table 1

LIP Tiers	District Contribution (IGT)	State/Federal Matches
Tier 1	47%	53%
Tier 2	0%	100%
Tier 4	45%	55%
Tier 5	82%	18%

HEALTH CARE DISTRICT BOARD

September 25, 2018

Table 2 below identifies the required District Contribution (IGT), the State/Federal Match, and the Hospital/FQHC Benefit for the hospitals and FQHCs in Palm Beach County.

Table 2

Provider Name	Tier	District Contribution	State/ Federal Match	Hospital/ FQHC Benefit
Bethesda Healthcare System	5	\$202,172	\$44,755	\$246,927
Boca Raton Community Hospital	5	96,133	21,281	117,414
C.L. Brumback/Palm Beach CHD	1	1,181,411	1,331,096	2,512,507
Delray Medical	5	45,292	10,026	55,318
Florida Community Health Center*	1	530,519	597,735	1,128,254
Foundcare (FQHC)	1	636,725	717,399	1,354,124
Genesis (FQHC)	1	82,349	92,782	175,131
Good Samaritan Medical Center	5	117,809	26,080	143,889
JFK Medical Center	5	262,485	58,107	320,592
Jupiter Medical Center	5	61,465	13,607	75,072
Lakeside Medical Hospital	2		728,072	728,072
Palm Beach Gardens Med Ctr	5	83,349	18,451	101,800
Palms West Hospital	5	60,529	13,399	73,928
St. Mary's Medical Center	4	2,109,007	2,587,068	4,696,075
Wellington Regional Med Ctr	5	90,099	19,945	110,044
West Boca Med Ctr	5	23,931	5,298	29,229
Total		\$ 5,583,275	\$ 6,285,101	\$ 11,868,376

* Florida Community Health Center amount will be reduced to align proportionately with the charity care provided in Palm Beach County only

HEALTH CARE DISTRICT BOARD

September 25, 2018

In prior years, the District has funded the local portion by using reimbursement for services delivered by the hospitals and FQHCs to District Cares members. Instead of reimbursing each provider for the services throughout the year, the District would instead send that money to the State to fulfill the District Contribution (IGT). Then the State would send a quarterly check to each provider including both the funding for the services provided to District Cares members and the match.

The State changed the requirements for the IGT this year. Under the State's definition, uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, bad debt, or Medicaid and CHIP shortfall. The state and providers that are participating in LIP will provide assurance that LIP claims include only costs associated with uncompensated care that is furnished through a charity care program and that adheres to the principles of the HFMA operated by the provider. Therefore, the IGTs must be considered a bona fide donation pursuant to 42 CFR § 433.54.

As a result, the District cannot follow the previous method of using funds that would have been paid to the providers anyway for District Cares services for the IGT and must simply "make a donation" in order to draw down the match funds.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	\$2,059,168	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	Up to \$5,583,275	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Fiscal Year	Expense
HCD Budget Impact FY18	\$585,674
HCD Budget Impact FY19	\$1,757,022

Reviewed for financial accuracy and compliance with purchasing procedure:


Dawn Richards
VP & Chief Financial Officer

HEALTH CARE DISTRICT BOARD

September 25, 2018

5. Reviewed/Approved by Committee:

N/A

Committee Name

N/A

Date


6. Recommendation:

Staff recommends the Board approve funding the 2018-19 Low Income Program IGT funding for the hospitals and FQHCs listed in Table 2 and authorize the CEO to execute the required Agreements.

Approved for Legal sufficiency:



Valerie Shahrian
VP & General Counsel



Thomas W. Cleare
VP of Strategy



Nancy J. Davis
Chief Executive Officer

