



C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

BOARD OF DIRECTORS
September 26, 2023
12:30 P.M.

Meeting Location
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401

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



**BOARD OF DIRECTORS MEETING
AGENDA
September 26, 2023
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

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

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

- 1. Call to Order – Melissa Tascone, Chair**
 - A. Roll Call
 - B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.
- 2. Agenda Approval**
 - A. Additions/Deletions/Substitutions
 - B. Motion to Approve Agenda
- 3. Awards, Introductions and Presentations**
 - A. Budget Presentation FY24:
(Candice Abbott & Jessica Cafarelli)
- 4. Disclosure of Voting Conflict**
- 5. Public Comment**
- 6. Meeting Minutes**
 - A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of August 23, 2023 [Pages 1-11]
- 7. Committee Reports**
- 8. Consent Agenda – Motion to Approve Consent Agenda Items**
 - A. **ADMINISTRATION**
 - 8A-1 **RECEIVE AND FILE:**
September 2023 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>

**C. L. Brumback Primary Care Clinics
Board of Directors Meeting
Agenda
September 26, 2023**

8A-2 **RECEIVE AND FILE:**
Attendance Tracking [Page 12]

8A-3 **RECEIVE AND FILE:**
HRSA Digest
(Alexa Goodwin) [Pages 13-19]

8A-4 **Staff Recommends a MOTION TO APPROVE:**
Budget FY24
(Candice Abbott) [Pages 20-22]

B. FINANCE

8B-1 **Staff Recommends a MOTION TO APPROVE:**
District Clinic Holdings, Inc. Financial Report July 2023
(Jessica Cafarelli) [Pages 23-39]

9. Regular Agenda

A. ADMINISTRATION

9A-1 **Staff Recommends a MOTION TO APPROVE:**
Billing and Collections Policies
(Annmarie Hankins) [Pages 40-72]

9A-2 **Staff Recommends a MOTION TO APPROVE:**
Bylaws Amendment Approved 08.23.23
Bylaws Amendment Alternative proposal (No.2) Discussed 08.23.23
(Bernabe Icaza) [Pages 73-126]

9A-3 **Staff Recommends a MOTION TO APPROVE:**
Nomination of New Clinic Board Member
(Candice Abbott) [Pages 127-131]

B. EXECUTIVE

9B-1 **RECEIVE AND FILE:**
Executive Director Informational Update
(Candice Abbott) [Pages 132-145]

C. CREDENTIALING

9C-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging
(Dr. Charmaine Chibar) [Pages 146-147]

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D. QUALITY

- 9D-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report
(Dr. Charmaine Chibar) [Pages 148-184]

E. OPERATIONS

- 9E-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report- August 2023
(Marisol Miranda) [Pages 185-193]

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

11. Board Member Comments

12. Establishment of Upcoming Meetings

October 25, 2023 (HCD Board Room)

12:30 p.m. Board of Directors

November 28, 2023 (HCD Board Room)

12:30 p.m. Board of Directors

December 13, 2023 (HCD Board Room)

12:30 p.m. Board of Directors

13. Motion to Adjourn Public Meeting

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
08/23/2023**

Present: Melissa Tascone - Chair; Mike Smith- Vice-Chair; Joseph Gibbons- Secretary; William Johnson - Treasurer; Robert Glass; Alcolya St.Juste

Absent: Boris Seymore; Julia Bullard; Tammy Jackson-Moore

Excused: N/A

Staff: Darcy Davis (ZOOM); Dr. Belma Andric; Bernabe Icaza; Candice Abbott; Jessica Cafarelli; Regina All; Dr. Charmaine Chibar; Lisa Hogans; Alexa Goodwin; Marisol Miranda; Alyssa Tater; Shauniel Brown (ZOOM); Robin Kish; Macson Florvil; Heather Bokor (ZOOM); Maria Chamberlin; Roger Chen (ZOOM); Gina Kenyon; Christine Ferguson

Minutes Transcribed By: Gina Kenyon

The meeting is scheduled for 12:30pm.

Meeting Began at 12:48pm.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order 1A. Roll Call 1B. Affirmation of Mission	Ms. Tascone called the meeting to order. Roll call was taken. Ms. Tascone read the affirmation of mission.	The meeting was called to order at 12:48 p.m.
2. Agenda Approval 2A. Additions/Deletions/ Substitutions 2B. Motion to Approve Agenda Items	None.	

<p>3. Awards, Introductions & Presentations</p>	<p><u>Presentations:</u></p> <p>A. Ms. Robin Kish presented our National Community Health Center Week: “A Road To Better Health”.</p> <p>National Community Health Center Week took place between August 6, 2023 and August 12, 2023. Every year, as a FQHC, we along with other FQHC’s across the Country, participate in this week long event with a different theme each year. This year’s theme was “Your Road To Better Health Starts Here”. Our road to decide how we might role this out began at our West Boca Community Health Center. Our theme was a Road down one of our hallways at the Community Health Center to represent the welcoming that we provide for all different health conditions. Ms. Kish showed poster boards that was made from the clinic using staff members greeting everyone during this campaign. We also shared social media links through a QR code and all poster boards were on display. Tables on display at each location had baskets designed by mailroom staff which contained fresh fruit, apples, bananas and mandarin oranges. These were replenished frequently as patients enjoyed the fresh fruit. There were also coloring pages that our graphic designer, Sandra Davila, to go along with the theme. These are still being colored in our pediatric sites. It was very well received. Our social media presence featured focus days. Each day of the week had a different focus. Monday – Homelessness, Tuesday – Agricultural Workers; Wednesday – Patient Appreciation Day; Thursday – Elected Officials & Legislative Staff, Stakeholders; Friday – Staff Appreciation Day. Five star reviews continue to come in at quite a nice pace on our Social Media platforms. We have also featured all of these graphic designs at our Health Centers on the TV monitors as well as in our home office and all locations to showcase how we are making a difference on that road. It just so happened, that our launch of our Community Partnership Schools Initiative fell during this week as school began so we also highlighted our staff on our Mobile Clinics at JFK Middle School (M, T, W) and Lake Worth High School (Th, F).</p> <p>B. 2022 District Clinic Holdings, Inc. Audit:</p>	<p>No action necessary.</p>
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	Anil Harris & Kirk Cornack, from RSM presented the Single Audit Reports in Accordance with Uniform Guidance for Fiscal Year September 30, 2022 along with the Financial Report & Required Supplemental Information for Fiscal Year September 30, 2022.	
4. Disclosure of Voting Conflict	None.	No action necessary.
5. Public Comment	None.	No action necessary.
6. Meeting Minutes A. Staff Recommends a MOTION TO APPROVE: Board meeting minutes of June 28, 2023	There were no changes or comments to the minutes dated June 28, 2023.	VOTE TAKEN: As presented, Mr. Robert Glass made a motion to approve the Board meeting minutes from June 28, 2023. Mr. Mike Smith duly seconded the motion. A vote was called, and the motion passed unanimously.
7. Committee Reports 7A. Finance Committee Report	<p>Mr. Mike Smith stated the Finance Committee meets on a quarterly basis. They met today and the next meeting will be in November. A preliminary budget for 2024 was presented to the committee today. The budget will be sent out to the members of the Finance Committee for a closer look. It will also be sent out in advance in the board packet for all the Board Members prior to the next meeting. At next month's meeting in September, the Board will be getting a chance to see the final proposed budget for 2024.</p> <p>The Finance Committee report that we just got today was based on year to date through April.</p>	

8. Consent Agenda – Motion to Approve Consent Agenda Items		VOTE TAKEN: Mr. Joe Gibbons motioned to approve the Consent Agenda. Mr. Robert Glass duly seconded the motion. A vote was called, and the motion passed unanimously.
A. ADMINISTRATION		
8A-1. Receive & File: June 2023 Internet Posting of District Public Meeting	The meeting notice was posted.	Received & Filed. No further action is necessary.
8A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	Received & Filed. No further action is necessary.
8A-3. Receive & File: HRSA Digest	Per the request of the clinic Board, the latest HRSA Digest was provided.	Received & Filed. No further action is necessary.
8A-4. Motion To Approve: Approval Selection of Interim Executive Director & Dismissal of Existing Executive Director	This agenda item recommends the Board approve Ms. Candice Abbott as the new Executive Director and dismiss the existing Executive Director.	Motion approved unanimously.
8A-5. Motion To Approve: Board Member Reappointment	This agenda item presents the Board with a recommendation to reappoint, Melissa Tascone to a second term.	Motion approved unanimously.
B. Finance	Financials were provided in the Board packet.	No further action taken.
8B-1. Motion To Approve: DCH, Inc. Financial Report June 2023	June 2023 Financials was provided in the Board packet.	Motion approved unanimously.
8B-2. Motion To Approve: 2022 DCH, Inc. Audit	2022 Audit was presented to the Board & provided in the Board packet.	Motion approved unanimously.

9. REGULAR AGENDA		
A. ADMINISTRATION:		
<p>9A-1. Staff Recommends a MOTION TO APPROVE: Annual Update to Legislative Mandates Policy and Procedure</p>	<p>The purpose of this Agenda Item is to get approval to update the finance policy for the Healthcare District. These most current legislative mandates that have come out restrict the use of Federal Grant funds and so we always have to keep our financial policy up to date to basically adhere to the compliance in restricting those legislative mandates for the use of those funds. Examples: Confidentiality agreements, gun control, no anti-lobbying, restriction on abortions, etc... This is just a requirement to ensure we are compliant. Until a new appropriation bill is passed those are the mandates that will stay in that finance policy until a new appropriation bill is passed. This is updated every year.</p> <p>Mr. Johnson asked what changed? Ms. Andrea Steele stated that the Salary rate limitation was updated but could change every new calendar year. That is for the ED for the clinics. There is a cap for how much federal dollars can be used for that position. That increases incrementally usually in line with inflation rates. There was an additional restriction around abortions and using Misoprostol for an abortion so we just have to be careful of how we are prescribing that. And one other that I recall was a little more information on human embryo research. These were all here before so nothing new, just making little tweaks to make it more stringent.</p> <p>Mr. Johnson asked if we could in the future get a track changes version instead of a clean version of these mandates so we can see the changes. Ms. Abbott will make sure this happens moving forward.</p>	<p>VOTE TAKEN: Mr. Joe Gibbons motioned to approve the Annual Update to Legislative Mandates Policy and Procedure. Ms. Melissa Tascone duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>9A-2. Staff Recommends a MOTION TO APPROVE: Bylaws Change</p>	<p>Mr. Icaza presented to the Board a couple options for a change in the Bylaws. We are required to meet every month, for a total of twelve (12) meetings according to HRSA. We currently have a requirement in the Bylaws that require a quorum be physically present in this room before anyone can participate virtually. That means since we only have nine (9) Board members, we have to have five (5) present in person. In the month of July, we had a difficult time meeting our quorum so we had to cancel the meeting. We have had a difficult time previously as well getting enough people to show up physically each month. What we are proposing is an amendment to the Bylaws to do away with the requirement that there be a quorum physically present and allow for virtual participation of the Board meetings. This means</p>	<p>VOTE TAKEN: Mr. Joe Gibbons motioned the Board move forward with the Bylaws Change Agenda Item as proposed and vote on it at the next Board meeting. Ms. Alcoya St. Juste duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<p>you can dial in via Zoom and your participation via zoom would be as if you were here physically present for the purposes of a quorum. That way, we do not have to have five (5) people physically present in this room. This allows participation through the Zoom technology. The other thing that we are proposing is a requirement that we meet four (4) times per year quarterly physically, with the option to attend via Zoom, and other eight (8) times we meet via Zoom only, there would be no in person meeting. The edits in the Board packet are red-lined for your review.</p> <p>Ms. Davis stated that she believes it is worth mentioning to this Board that we are also proposing to the HCD Board that we make a similar change in terms of not having to have a quorum physically present in order to conduct business just so they are aware that this not just for the Clinic Board, we are also proposing to the HCD Board in our September meeting.</p> <p>Mr. Icaza stated that the idea would be to synchronize the quarterly meetings with the HCD Board meetings.</p> <p>Dr. Andric also mentioned that in the past, we have had a hard time recruiting new Board members due to the distance of travel and possible difficulty of attendance in person.</p> <p>After discussion amongst the Board members and staff, the Board agreed to move forward with the Agenda Item as proposed and vote at the next Board meeting.</p>	
<p>9A-3. Staff Recommends a MOTION TO APPROVE: Change in Scope – Form 5B: CLBPCC - Delray</p>	<p>Ms. Steele informed the Board that in June, we opened the new Delray Beach clinic and it is located at 200 Congress Park Drive, so this request is actually to close the old Delray clinic that was previously located at 225 South Congress. We just need the Board to approve so we can submit the paperwork to HRSA and have that removed from our scope of services and sites since we are no longer serving patients there.</p>	<p>VOTE TAKEN: Ms. Alcoya St. Juste motioned to approve the Change in Scope – Form 5B: CLBPCC - Delray. Mr. Joe Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>9B-1. Receive & File: Executive Director Informational Update</p>	<p>The first item is the FAU psychiatric residency program. This kicked off in early July. The residents are staffed at Mangonia and the Delray Beach clinic for general psychiatry and substance use disorder. There are four (4) full time equivalent psychiatric residents from FAU rotating at both sites with a preceptor from FAU. Also keep in mind, this is in addition to our accredited GME Family Medicine resident program as well.</p>	<p>Received & Filed. No further action is necessary.</p>

	<p>The second item is a change in scope of services for the Delray Beach location that there was an approval for the change in location for Delray Beach when the moved, effective June 27, 2023.</p>	
<p>C.CREDENTIALING</p>		
<p>9C-1 Staff Recommends a MOTION TO APPROVE: Licensed Independent Practitioner Credentialing and Privileging.</p>	<p>The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the Vice President, Chief Medical Officer.</p> <p>Dr. Chibar reviewed and The LIPs listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:</p> <ul style="list-style-type: none"> ➤ Current licensure, registration or certification ➤ Relevant education, training and experience ➤ Current clinical competence ➤ Health fitness, or ability to perform the requested privileges ➤ Malpractice history (NPDB query) ➤ Immunization and PPD status; and ➤ Life support training (BLS) <p>LIP(s): Jose Hernandez Garcia, MD Joshua Adamez, DMD Eleonore Millien, APRN March Fernandez Sanchez, APRN Fernique Jean-Jacques, APRN Sherloun Normil-Smith, MD Ketely Philistin, APRN</p>	<p>VOTE TAKEN: Mr. Mike Smith motioned to approve Licensed Independent Practitioner Credentialing and Privileging Mr. Joe Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>D.QUALITY</p>		
<p>9D-1. Staff Recommends a MOTION TO APPROVE: Quality Reports.</p>	<p>This agenda item presents the updated Quality Improvement & Quality Updates:</p> <ul style="list-style-type: none"> • Quality Council Meeting Minutes July & August, 2023 • UDS Report – YTD • Provider Productivity – July, 2023 	<p>VOTE TAKEN: Mr. Joseph Gibbons made a motion to approve the Quality Reports as presented. Mr. Robert Glass duly seconded the</p>

motion. A vote was called, and the motion passed unanimously.

PATIENT SAFETY & ADVERSE EVENTS

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

PATIENT SATISFACTION AND GRIEVANCES

Patient relations to be presented as separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

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

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

Dr. Chibar presented the above topics and reviewed the UDS Report Dashboard.

E. OPERATIONS

**9E-1. Staff
Recommends a
MOTION TO APPROVE:**
Operations Reports July
2023

Ms. Miranda presented in July, the clinics had a total of 8,400 unique patients. This is a 2% decrease from previous month. Our unique new patients totaled was 2,132 which was consistent with previous month at 25% of overall unique patients. In provider visits the clinics had a total of 11,960 visits. This was a decrease of 6% from the month prior but 18% higher than July 2022. 41% of patients were from adults Primary Care, 25% from Dental and 11% from Pediatrics. In July the Mangonia Clinic had the highest volume with 1,803 visits followed by the Lantana clinic with 1,787 visits.

Our payer mix for July showed an increase of 2% over prior month with 54% uninsured. 40% of patients were Managed Care and 4% Medicaid.

Clinics continue to have 60% female patients. 49% of patients reported as White and 43% Black or African American. 38% of patients reported as Hispanic. Our largest age group continue to be those between the ages of 30-39 years old.

In July our Homeless population averaged 32.4% with a total of 2,796 homeless patients between all Health Centers. There was a slightly higher number of visits per patient for the homeless patients at 1.6 visits in August versus a non-homeless patients at 1.4 visits. Doubling up continues to be the largest percent of homeless types between all clinics. Mangonia, Lewis Center, St. Ann and the Mobile Clinics have less patients doubling up but a higher percent of those in the street or a shelter.

Agricultural Worker averaged 4.5% between all clinics. The majority continue to come from the Belle Glade with 28% in July. This has only varied through this calendar year by 0.6%

Mr. Smith asked about the number of new patients. I referred back to my presentation where I indicated: Our unique new patients totaled was 2,132 which was consistent with previous month at 25% of overall unique patients.

VOTE TAKEN: Mr. Mike Smith made a motion to approve the Operations Reports- July 2023 as presented. Mr. Joe Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.

<p>9F-1. Staff Recommends a MOTION TO APPROVE: Patient Relations Report July 2023</p>	<p>For Quarter 3 2023, there were a total of 36 Patient Relations Occurrences that occurred between 7 Clinics, Dental Administration and Clinic Administration. Of the 36 occurrences, there were 9 Grievances and 27 Complaints. The top 5 categories were Finance, Care & Treatment, Respect Related, Physician Related, and Referral Related issues. The top subcategories were Billing Issues, Physician Related All Aspects of Care and Bad Attitude/Rude with 5 occurrences in each.</p> <p>There was also a total of 92 Compliments received across 8 Clinics and Clinic Administration. Of the 92 Compliments, 87 were patient compliments and 5 were employee-to-employee Thumbs-Up compliments.</p>	<p>VOTE TAKEN: Ms. Alcoya St. Juste made a motion to approve the Patient Relations Report - July 2023 as presented. Mr. Mike Smith duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>10. SVP and Chief Operating Officer Comments</p>	<p>Ms. Abbott explained the transition from Andrea Steele to Jessenia Bruno. Andrea Steele has been with HCD as AVP of Quality for a long time and more than half of her role was serving the clinics well in the capacity of regulatory over the HRSA grant. Everything from reporting to making sure that we are crossing our T's and dotting our I's. Andrea has thankfully moved into a new AVP of IT Operations role for the HCD and with that transition we are asking Jessenia Bruno and she has very kindly accepted the offer to step into Andrea's role. Jessie has also been with the organization and has moved up over the last 8-10 years as well and so she is now stepping into the role to fill some very big shoes for Andrea, as we all know, overseeing the HRSA grant. Ultimately, Jessie will just be overseeing the HRSA but the goal is to centralize and standardize this process across this entire organization so many of our accrediting bodies, whether it is AHCA at our Healey Center or joint commission at Lakeside, that role will expand to have regulatory over all areas but we know that HRSA is very important to us so most of this year, Jessie will be imbedded in that. I just wanted to let you all know that she will be working with Andrea to transition. Other than that, I have been in this role for a couple of months now and I have been really excited visiting the clinics, visiting providers, meeting people and really learning a lot more. I have been here almost three (3) years and you just don't know what you don't know until you actually go to where the work is being done and see the patients and get a whole new perspective. It has been a blessing for me to be able to see that. The people in the clinics, staff, our leadership, everybody are just great people and I have been very happy to be working with them. Thank you.</p>	<p>No action necessary.</p>

11. Board Member Comments	None.	No action necessary.
12. Establishment of Upcoming Meetings	<p><u>September 26, 2023 (HCD Board Room)</u> 12:30 p.m. Board of Directors</p> <p><u>October 25, 2023 (HCD Board Room)</u> 12:30 p.m. Board of Directors</p> <p><u>November 28, 2023 (HCD Board Room)</u> 12:30 p.m. Board of Directors</p> <p><u>December 13, 2023 (HCD Board Room)</u> 12:30 p.m. Board of Directors</p>	No action necessary.
13. Motion to Adjourn	Ms. Tascone motioned to adjourn the public meeting at 2:11 pm.	VOTE TAKEN: Mr. Robert Glass made a motion to adjourn. Mr. Mike Smith duly seconded the motion. A vote was called, and the motion passed unanimously.

Minutes Reviewed by: _____
Signature
Date

C. L. Brumback Primary Care Clinics

Board of Directors

Attendance Tracking

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

X= Present

C= Cancel

E= Excused

A= Absent

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

1. Description: HRSA Digest

2. Summary:

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

3. Substantive Analysis:

The September HRSA Digest highlighted the FY2023 COVID-19 Bridge Funding for Health Center, FY2023 Primary Care HIV Prevention (PCHP) awardees, Cooperative Agreements Notice of Funding Opportunity (NOFO), and 2023 UDS Webinars.

4. Fiscal Analysis & Economic Impact Statement:

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 CA6A21FF2E0484 Jessica Cafarelli
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

6. Recommendation:

Staff recommends the Board Receive and File the HRSA Digest.

Approved for Legal sufficiency:

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

DocuSigned by:
Jesenia Montalvo
D31F5A902D3B449
Jesenia Montalvo
Manager, Regulatory & Accreditation

DocuSigned by:
Candice Abbott
F637D209DB52487
Candice Abbott
SVP & Chief Operating Officer

Bridge Funding, PCA NOFO, TWM Next Week

HRSA sent this bulletin at 09/05/2023 10:14 AM EDT

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Primary Health



September 5, 2023

Jim Macrae Presents at the Community Health Institute and Expo in San Diego, California

Last week, BPHC's Associate Administrator Jim Macrae presented at the National Association of Community Health Centers' Community Health Institute (CHI). He described the Health Center Program's growth, noting that 30.5 million people now rely on HRSA-funded health centers, including one out of every nine children in the United States.

Jim lauded health center staff for their remarkable performance. "You are all warriors, and should be recognized for that," he said. He shared these noteworthy accomplishments by health centers:

- Improved their performance on 12 of 19 clinical quality measures between 2021 and 2022, including cervical cancer screening and HIV screening.
- Overcame obstacles in attracting skilled practitioners in a challenging job market. Employment increased 12% between 2020 and 2022, growing to nearly 285,000 health center employees.
- Contributed to training the future workforce by hosting nearly 59,000 pre- and post-graduate trainees in 2022, a 12% increase over 2021. Most were medical trainees, with many dental and vision specialists.

Health center patients report being happy with the care they receive. An astonishing 97% of patients surveyed in 2022 said they would recommend their health center to family and friends.

Jim noted that Congress is currently considering the reauthorization of the Health Center Program as well as fiscal year (FY) 2024 appropriations, both of which will be critical for the future direction of the Program. Regardless of funding, health centers should expect to see a continuing emphasis on value-based care in the future. This is a health care delivery model that ties payment to patient outcomes. "We need to figure out how to make this work for health centers," Jim said.



HRSA Awards FY 2023 COVID-19 Bridge Funding for Health Centers

HRSA awarded more than \$81 million to over 1,460 health centers last week to continue providing equitable access to COVID-19 testing, vaccination, and treatment to patients and residents of their communities, including those who are uninsured or underinsured. This one-time funding supports the [HHS Bridge Access Program](#) and complements [CDC's Bridge Access Program](#).

Visit the [Bridge Funding technical assistance \(TA\) webpage](#) for award recipient information and other resources. We encourage award recipients to attend these upcoming sessions:

Bridge Funding Post-Award Submission Q&A

Thursday, September 14

Noon-1:00 p.m. ET

[Join the day of the session](#)

Bridge Funding Office Hours

Wednesday, September 20

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

[Registration page](#)



Did You Miss It?

Here are some of our most popular items from August:

- New resources for HRSA-funded health centers:
 - [FTCA Site Visits and Health Center OSVs: A Comparison Reference Guide](#) (PDF)
 - [Health Center Self-Assessment Worksheet for Form 5A: Services Provided](#) (PDF) – use it to determine if all services are correctly recorded on your [Form 5A: Services Provided](#) (PDF)
- [Highlights from National Health Center Week](#) and our [newest video](#).
- [Together TakeMeHome](#) is a national direct-to-consumer program that offers free HIV self-tests.

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



Jump To: [HIV](#) | [Workforce](#) | [Oral Health](#) | [Additional Resources](#) | [Training Calendar](#)

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

What's New

NEXT WEEK: Today with Macrae: Health Center Program Updates

Join Jim for funding and program updates, plus hear from guests about the importance of folic acid supplementation in recognition of Hispanic Heritage Month.

Thursday, September 14
2:00-3:00 p.m. ET

[Join the day of the session](#)

Join by phone: 833-568-8864
Webinar ID: 160 345 8842



Funding Opportunity for Primary Care Associations

HRSA has released FY 2024 State and Regional Primary Care Association (PCA) Cooperative Agreements Notice of Funding Opportunity (NOFO, HRSA-24-080). HRSA will make available approximately \$68 million for up to 52 awards.



PCAs who receive this funding will provide training and technical assistance (T/TA) to existing and potential Health Center Program award recipients and look-alikes. This T/TA will support health centers in improving the health of individuals and communities by:

- Increasing access to comprehensive, culturally competent, high-quality primary health care services;
- Recruiting and retaining a diverse health care workforce;
- Preparing for, responding to, and recovering from emergent health events;
- Implementing value-based care delivery and ensuring financial sustainability; and
- Accelerating data-informed improvements to operations, clinical quality, and care coordination.

Applications are due in [Grants.gov](#) by 11:59 p.m. ET on Tuesday, October 31, and in HRSA's Electronic Handbooks (EHBs) by 5:00 p.m. ET on Thursday, November 30. TA resources are available on the [PCA Cooperative Agreements webpage](#).

We will host a live Q&A session for applicants:

Thursday, September 28
Noon-1:00 p.m. ET

[Join the day of the session](#)

Service Area Competition Applications for March 1, April 1, and June 1 Starts

HRSA released the FY 2024 Service Area Competition (SAC) NOFO for service areas with a June 1, 2024, period of performance start date (HRSA-24-071). Find details for each announced service area on the [Service Area Announcement Table](#).

Applications are due in [Grants.gov](#) by 11:59 p.m. ET on Monday, October 30, and in HRSA's EHBs by 5:00 p.m. ET on Wednesday, November 29.

Deadline Reminders:

- SAC applications for March 1 starts (HRSA-24-068) are due in EHBs by 5:00 p.m. ET on Wednesday, September 20.
- SAC applications for April 1 starts (HRSA-24-069) are due in [Grants.gov](#) by 11:59 p.m. ET on Monday, September 18, and in EHBs by 5:00 p.m. ET on Wednesday, October 18.

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

Optimizing Virtual Care Briefs for Health Centers

HRSA announces the [second of a four-part series of briefs developed through the Optimizing Virtual Care \(OVC\) award](#). They appear below the first set, which we posted at the six-month mark.

OVC awardees develop, implement, and evaluate innovative strategies to increase access and improve clinical quality for underserved communities through virtual care. Their work is intended to be adapted and scaled across the Health Center Program. These briefs are one way we ensure that happens.

The new briefs capture actionable tips on:

- Adapting virtual care delivery.
- Implementing virtual care in multiple delivery settings.
- Measuring social determinants of health.

FY 2023 Primary Care HIV Prevention Awardees Q&A

We will host a Q&A for FY 2023 Primary Care HIV Prevention (PCHP) (HRSA-23-025) awardees. The [PCHP TA webpage](#) includes slides and a recorded presentation that awardees can review ahead of time.

Training Calendar



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

Through September 12

Health Literacy Assessment for Community Health Centers

Wednesday, September 6
1:00-2:00 p.m. ET

[Registration page](#), use subscription key: *TJCEd*, or login with previous credentials

FY 2023 Early Childhood Development Supplemental Funding Award Recipient Presentation

Wednesday, September 6
2:00-3:00 p.m. ET

[Registration page](#)

Health Network: A Care Coordination Program for Patients Who Move During Treatment (in English with live interpretation in Spanish)

Hosted by the Migrant Clinicians Network

Thursday, September 7
1:00-2:00 p.m. ET

[Registration page](#)

HITEQ Highlights: Navigating Compliance Challenges with the Information Blocking Rule

Hosted by the Health Information Technology, Evaluation, and Quality (HITEQ) Center

Thursday, September 7
1:00-2:30 p.m. ET

[Registration page](#)

PCHP FY 2023 Post-Award Briefing

Thursday, September 7
2:00-3:00 p.m. ET

[Registration page](#)

Empowering Your Workforce: Considerations for Implementing & Responding to Staff Satisfaction Surveys

Hosted by ACU's STAR² Center
Thursday, September 7

3:00-4:00 p.m. ET

[Registration page](#)

Embracing Patient Safety Through a Blame-Free, Just Culture

Hosted by Renaye James
Healthcare Advisors

Friday, September 8
Noon-1:15 p.m. ET

[Registration page](#)

National Telehealth Conference

Tuesday, September 12
9:00 a.m.-4:30 p.m. ET

[Registration page](#)

Unlocking HCV Care in Key Settings

Hosted by the National Viral Hepatitis Roundtable and the National Alliance of State & Territorial AIDS Directors

Tuesday, September 12, and Wednesday, September 13
12:30-5:00 p.m. ET

[Registration page](#)

Patient-Centered Medical Home (PCMH) National Training – Care Management

Tuesday, September 12
2:00-3:00 p.m. ET

[Registration page](#)

GUIDE Model Presentation

Co-hosted by BHW and CMS
Tuesday, September 12

4:00-5:00 p.m. ET

[Join the day of the session](#)

Thursday, September 7
2:00-3:00 p.m. ET
[Registration page](#)

For immediate programmatic questions or concerns, awardees should use the [BPHC Contact Form](#) (Funding > Supplemental Grant Award).

2023 Uniform Data System Reporting Webinars

These TA webinars will help you submit accurate, timely, and complete 2023 Uniform Data System (UDS) reports. Learn about:



- Key terms and resources
- Counting visits and patients
- Clinical, financial, and operational tables
- Preliminary Reporting Environment access
- Strategies for successful submission

See [our training flyer](#) (PDF) for details and registration. Sessions kick off in mid-September.

DUE THURSDAY: Expanding COVID-19 Vaccination (ECV) Reporting Requirement

Health centers using Expanding COVID-19 Vaccination (ECV) funds must complete the monthly Health Center COVID-19 Survey. It went out last Friday (September 1) and is due by 11:59 p.m. *your local time* on Thursday, September 7.

Our [Health Center COVID-19 Survey webpage](#) links to tools that can help you: a preview and a user guide. If you still have questions, use the [BPHC Contact Form](#) (COVID-19 > COVID-19 Surveys).

Policy Tip: Key Management Staff

Health centers are required to directly employ the Project Director or CEO. To comply with Health Center Program requirements, the health center's Project Director/CEO is an individual who:



- Is directly employed by the health center;
- Is selected by the health center's governing board;
- Reports to the health center's governing board; and
- Is responsible for overseeing other key management staff in carrying out the day-to-day activities necessary to fulfill the HRSA-approved scope of project.

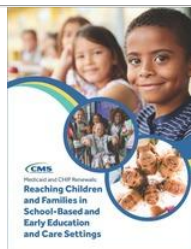
Learn more in the [Health Center Program Compliance FAQs](#).

Biden Harris Administration Invests More Than \$80 Million to Help Rural Communities Respond to Fentanyl and Other Opioid Overdose Risks

Last week, HRSA announced more than \$80 million in awards to rural communities in 39 states to support key strategies to respond to the overdose risk from fentanyl and other opioids. These awards help advance President Biden's commitment to beat the opioid epidemic as part of his Unity Agenda for the nation. [Read more](#).

New Toolkit for School-Based Outreach on Medicaid and CHIP Renewals

CMS released a [toolkit](#) (PDF) to support school-based outreach to families about renewing Medicaid or Children's Health Insurance Program (CHIP) coverage. It includes ready-to-use resources, like email and text message scripts, to spread the word about Medicaid/CHIP coverage renewal in schools and early education or care settings.



The back-to-school [toolkit](#) (PDF) we recently shared (from the [HHS Insure Kids Now campaign](#)) also supports these efforts.

We also strongly encourage you to join this final population-specific train-the-trainer webinar on Medicaid/CHIP renewal:

Reaching American Indian and Alaska Native Populations
Thursday, September 7
3:00-4:00 p.m. ET
[Registration page](#)

HIV

78th Presidential Advisory Council on HIV/AIDS (PACHA) Meeting

The Presidential Advisory Council on HIV/AIDS (PACHA) will convene a full council meeting this month.

Wednesday, September 20
9:00 a.m.-6:00 p.m. ET
Watch live on [HHS' livestream webpage](#)

Upcoming

Achieving Excellence through HRSA Accreditation and PCMH Recognition

Hosted by the Accreditation Association for Ambulatory Health Care (AAAHC)
Wednesday, September 13
1:00-2:30 p.m. ET
Visit [AAAHC's website](#) to sign up for a free account and register for the session.

UDS Basics: Orientation to Terms and Resources

Wednesday, September 13
1:00-2:30 p.m. ET
[Registration page](#)

Bridge Funding Post-Award Submission Q&A

Thursday, September 14
Noon-1:00 p.m. ET
[Join the day of the session](#)

Today with Macrae: Health Center Program Updates

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

The Early Project Planning Phases of a Capital Development Project

Hosted by Capital Link
Thursday, September 14
3:00-4:00 p.m. ET
[Registration page](#)

Addressing Staff Burnout in Rural Settings

Tuesday, September 19
2:00-3:00 p.m. ET
[Join the day of the session](#)

UDS Mapper Advanced Topics: Using the UDS Mapper to Explore Measures of Social Need

Tuesday, September 19
2:00-3:00 p.m. ET
[Registration page](#)

Bridge Funding Office Hours

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

Eyes on Access: Children's Vision and Eye Health in Community Health Centers

Co-hosted by ACU, SBHA, and Prevent Blindness
Wednesday, September 20
2:00-3:15 p.m. ET
[Registration page](#)

UDS Clinical Quality Measures Deep Dive

Thursday, September 21
12:30-2:00 p.m. ET
[Registration page](#)

Academic Partnerships in Community Health Centers

Hosted by NNOHA
Tuesday, September 26
2:00-3:00 p.m. ET
[Registration page](#)

****1.0 CDE is available****

PCA NOFO Q&A

Thursday, September 28
Noon-1:00 p.m. ET
[Join the day of the session](#)

Webinars are hosted by HRSA unless otherwise noted.

Organizers will post the agenda on HIV.gov's "[About PACHA](#)" webpage, which offers direction for anyone who would like to make a public comment during the meeting.

Workforce

Open Now: Common Application for Clinical Workforce Learning Collaboratives

Community Health Center, Inc. (CHC) has opened its [common application for learning collaboratives](#). Through it, staff from HRSA-supported health centers and PCAs can apply to focus on:

- Comprehensive and Team-Based Care (October-June 2024)
- Postgraduate Nurse Practitioner Residency and Fellowship Programs (October-March 2024)
- Health Professions Student Training (January-June 2024)
- HIV Prevention (January-June 2024)

Health Professional Students' Loan Repayment Application Open Now

The 2024 National Health Service Corps (NHSC) [Students to Service Loan Repayment Program](#) is now open. Final-year nursing, medical, and dental students can apply for up to \$120,000 in exchange for a three-year commitment providing primary care services at NHSC-approved sites in high-need areas.



We added a \$40,000 supplement for medical students who commit to providing OB/GYN services in a maternity care target area. Apply by 7:30 p.m. ET on Thursday, December 7.

Tribal Communities: Help Your Providers Keep More Money in Their Pockets

Our NHSC loan repayment and scholarship programs can help eliminate health professional student loan debt. BHW is co-hosting an informational webinar and Q&A session for health care students, professionals, and facilities that serve tribal communities. The National Council of Urban Indian Health and the National Indian Health Board are BHW's co-hosts.

Tuesday, September 19
1:00-2:00 p.m. ET
[Join the day of the session](#)

Oral Health

Integration of Diabetes and Oral Health Learning Collaborative

The National Network for Oral Health Access (NNOHA) invites health centers to apply for this opportunity. Participants will use their systems-level framework to adopt and implement oral health core clinical competencies. The goals are to integrate oral health and primary care and improve patient outcomes. [Apply by Tuesday, September 12.](#)

Additional Resources

Unlocking HCV Care in Key Settings

The National Viral Hepatitis Roundtable and the National Alliance of State and Territorial AIDS Directors invite health center staff to join. Speakers will showcase models and best practices for integrating hepatitis C virus (HCV) testing and treatment in key settings, including health centers.

Tuesday, September 12, and Wednesday, September 13
12:30-5:00 p.m. ET
[Registration page](#)

Eyes on Access: Children's Vision and Eye Health in Community Health Centers

Join Prevent Blindness, the Association of Clinicians for the Underserved (ACU), and the School-Based Health Alliance (SBHA) to learn about common vision disorders among children, best practices for screening and assessment, and strategies for completing referrals for eyecare. You'll also learn about models of investment for pediatric eye care in health centers.

Wednesday, September 20
2:00-3:15 p.m. ET
[Registration page](#)

In case you missed it:

[Visit the Primary Health Care Digest archive.](#)

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**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

1. Description: C. L. Brumback Primary Care Clinics Fiscal Year 2024 Budget

2. Summary:

This item presents the fiscal year 2024 budget for the C.L. Brumback Primary Care Clinics.

3. Substantive Analysis:

The fiscal year 2024 budget is attached for your review. The budget includes total expenditures and capital of \$57,452,045 and District support of \$37,000,000.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	\$3,224,435	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A	(\$37,000,000)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 CA6A21FF2E00481 Jessica Cafarelli
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Health Care District Board and
 Finance and Audit Committee

 Committee Name

9/13/2023

 Date

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

6. Recommendation:

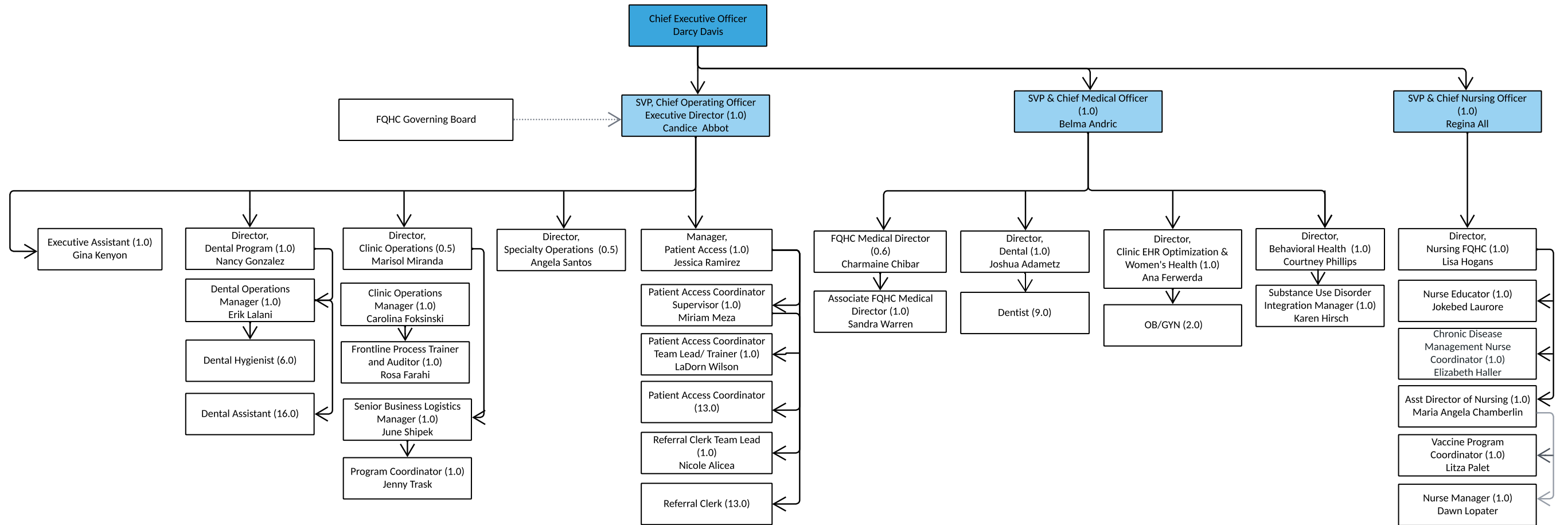
Staff recommends the Board approve the adoption of the Fiscal Year 2024 Budget.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706134
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E094F1
Jessica Cafarelli
Interim VP & Chief Financial Officer

DocuSigned by:
Candice Abbott
F637D209DB52427
Candice Abbott
SVP & Chief Operating Officer



**C. L. Brumback
Primary Care Clinics
Organizational Chart
(September 2023)**

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

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

2. Summary:

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

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 CA6A21FF2E0048 Jessica Cafarelli
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0CF6F7DB6706434Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Jessica Cafarelli
CA6A21FF2E09483Jessica Cafarelli
Interim VP & Chief Financial Officer

DocuSigned by:
Candice Abbott
F637D209DB52427Candice Abbott
SVP & Chief Operations Officer



MEMO

To: Finance Committee
From: Jessica Cafarelli
Interim VP, Chief Financial Officer
Date: September 26, 2023

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

The July financial statements represent the financial performance through the tenth month of the 2023 fiscal year for the C.L. Brumback Primary Care Clinics. On the Comparative Statement of Net Position, cash increased \$3.4M as a result of normal operations and subsidy funding. Due from Other Governments decreased \$2.0M as a result of grant payments received.

On the Statement of Revenues and Expenses, net patient revenue YTD was unfavorable to budget by (\$89k) or (1.1%) primarily due to a decrease in Medicaid Wraparound funding. Gross patient revenue YTD was favorable to budget by \$4.6M due to increased patient visits. Total YTD revenues were favorable to budget by \$1.3M. This was mostly due to a favorable timing difference in PRF and other revenue recognized offsetting the unfavorable variance in net patient revenue. Operational expenses before depreciation were favorable to budget by \$4.6M due mostly to positive variances in salaries, wages, and benefits of \$3.0M, purchased services of \$300k, medical supplies of \$243k, other supplies of \$359k, medical services of \$102k, repairs and maintenance \$173k, and lease and rental of \$501k. Total YTD net margin was a loss of (\$14.3M) compared to the budgeted loss of (\$22.1M) resulting in a favorable variance of \$7.7M or (35.1%).

Net patient revenue YTD for the Medical clinics was unfavorable to budget by (\$2.5M). The Medical clinics YTD gross patient revenue was favorable to budget by \$2.4M, related to an increase in patient volumes. The Medical clinics total YTD revenue was unfavorable to budget by (\$1.5M). Total operating expenses of \$21.7M were favorable to the budget of \$26.2M by \$4.4M or 16.9%. The positive variance is mostly due to salaries, wages, and benefits of \$3.1M, purchased services of \$262k, medical supplies \$254k, other supplies of \$304k, repairs and maintenance \$223k, and lease and rental of \$449k. Past staffing challenges as well as expense timing are driving these favorable YTD variances. Total YTD net margin was favorable to budget by \$4.5M or (22.9%).

Net patient revenue YTD for the Dental clinics was favorable to budget by \$2.1M or 89.1%. The Dental clinics total YTD gross patient revenue was favorable to budget by \$1.3M. Increased patient visits are favorably impacting net patient revenue results. Total YTD operating expenses of \$4.4M were favorable to budget by \$161k. Total YTD net margin was favorable by \$473k versus budgeted loss of (\$2.4M) for a favorable variance of \$2.8M or (120.0%).

District Clinic Holdings, Inc.
Comparative Statement of Net Position

	<u>July 31, 2023</u>	<u>June 30, 2023</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	\$ 13,159,304	\$ 9,771,624	\$ 3,387,680
Accounts Receivable, net	2,901,765	1,874,829	1,026,936
Due From Other Governments	667,807	2,645,008	(1,977,201)
Other Current Assets	319,674	380,259	(60,584)
Net Investment in Capital Assets	2,719,854	2,708,559	11,295
Right Of Use Assets	3,239,214	3,239,214	0
Total Assets	<u>\$ 23,007,618</u>	<u>\$ 20,619,492</u>	<u>\$ 2,388,126</u>
Liabilities			
Accounts Payable	259,110	269,728	(10,618)
Deferred Revenue-	13,672	14,502	(830)
Accrued Interest	43,109	43,109	0
Other Current Liabilities	1,549,271	1,380,433	168,837
Lease Liability	3,475,476	3,475,476	0
Non-Current Liabilities	1,153,039	1,134,985	18,054
Total Liabilities	<u>6,493,676</u>	<u>6,318,232</u>	<u>175,443</u>
Deferred Inflows of Resources			
Deferred Inflows	<u>\$ 33,656</u>	<u>\$ 33,656</u>	<u>\$ 0</u>
Net Position			
Net Investment in Capital Assets	2,719,854	2,708,559	11,295
Unrestricted	13,760,432	11,559,045	2,201,388
Total Net Position	<u>16,480,286</u>	<u>14,267,603</u>	<u>2,212,683</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 23,007,618</u>	<u>\$ 20,619,492</u>	<u>\$ 2,388,126</u>

Note: Amounts may not foot due to rounding.

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 2,553,603	\$ 1,894,073	\$ 659,530	34.8%	\$ 1,851,922	\$ 701,680	37.9%	Gross Patient Revenue	\$ 25,908,298	\$ 21,287,361	\$ 4,620,937	21.7%	\$ 21,600,769	\$ 4,307,529	19.9%
736,918	493,354	243,564	49.4%	380,666	356,252	93.6%	Contractual Allowance	8,614,156	5,541,054	3,073,102	55.5%	4,793,038	3,821,118	79.7%
1,060,385	813,232	247,153	30.4%	950,302	110,083	11.6%	Charity Care	10,071,821	9,091,905	979,916	10.8%	9,088,704	983,117	10.8%
312,029	265,333	46,696	17.6%	383,449	(71,420)	(18.6%)	Bad Debt	2,803,472	3,008,976	(205,504)	(6.8%)	3,555,842	(752,370)	(21.2%)
2,109,331	1,571,919	537,412	34.2%	1,714,417	394,914	23.0%	Total Contractuals and Bad Debt	21,489,449	17,641,935	3,847,514	21.8%	17,437,584	4,051,865	23.2%
1,120,503	410,093	710,410	173.2%	55,614	1,064,888	1,914.8%	Other Patient Revenue	3,832,151	4,694,730	(862,579)	(18.4%)	4,116,706	(284,555)	(6.9%)
1,564,774	732,247	832,527	113.7%	193,120	1,371,654	710.3%	Net Patient Revenue	8,251,000	8,340,156	(89,156)	(1.1%)	8,279,891	(28,891)	(0.3%)
61.28%	38.66%			10.43%			Collection %	31.85%	39.18%		38.33%			
724,102	689,465	34,637	5.0%	1,266,054	(541,952)	(42.8%)	Grants	9,003,801	8,829,105	174,696	2.0%	12,460,594	(3,456,793)	(27.7%)
-	-	-	-	5,720	(5,720)	-	Other Financial Assistance	738,416	381,143	357,273	93.7%	875,885	(137,468)	(15.7%)
155,255	2,460	152,795	6,211.2%	4,320	150,935	3,493.9%	Other Revenue	911,657	24,600	887,057	3,605.9%	2,667	908,990	34,082.9%
\$ 2,444,132	\$ 1,424,172	\$ 1,019,960	71.6%	\$ 1,469,214	\$ 974,917	66.4%	Total Revenues	\$ 18,904,874	\$ 17,575,004	\$ 1,329,870	7.6%	\$ 21,619,037	\$ (2,714,163)	(12.6%)
							Direct Operating Expenses:							
1,721,522	1,856,685	135,163	7.3%	1,412,965	(308,557)	(21.8%)	Salaries and Wages	16,678,890	19,303,950	2,625,060	13.6%	14,514,147	(2,164,742)	(14.9%)
485,386	484,176	(1,210)	(0.2%)	410,711	(74,675)	(18.2%)	Benefits	4,467,223	4,841,756	374,532	7.7%	4,097,497	(369,726)	(9.0%)
39,233	63,786	24,553	38.5%	23,396	(15,837)	(67.7%)	Purchased Services	337,878	637,862	299,984	47.0%	558,312	220,434	39.5%
42,487	103,083	60,596	58.8%	99,807	57,319	57.4%	Medical Supplies	787,615	1,030,829	243,214	23.6%	592,414	(195,202)	(33.0%)
24,217	59,966	35,749	59.6%	10,186	(14,031)	(137.7%)	Other Supplies	240,444	599,663	359,219	59.9%	323,632	83,189	25.7%
83,687	75,160	(8,527)	(11.3%)	45,369	(38,318)	(84.5%)	Medical Services	649,933	751,597	101,664	13.5%	480,077	(169,855)	(35.4%)
39,232	48,958	9,726	19.9%	44,174	4,942	11.2%	Drugs	428,288	489,581	61,294	12.5%	455,113	26,825	5.9%
40,887	53,684	12,797	23.8%	25,319	(15,568)	(61.5%)	Repairs and Maintenance	363,946	536,840	172,894	32.2%	355,102	(8,844)	(2.5%)
122,080	165,334	43,254	26.2%	98,523	(23,557)	(23.9%)	Lease and Rental	1,152,202	1,653,336	501,134	30.3%	1,046,999	(105,202)	(10.0%)
7,709	11,522	3,812	33.1%	7,887	178	2.3%	Utilities	74,213	115,215	41,003	35.6%	73,225	(987)	(1.3%)
111,223	75,576	(35,647)	(47.2%)	46,176	(65,047)	(140.9%)	Other Expense	938,417	755,759	(182,658)	(24.2%)	466,700	(471,717)	(101.1%)
6,691	4,083	(2,608)	(63.9%)	5,819	(872)	(15.0%)	Insurance	53,959	40,825	(13,134)	(32.2%)	45,640	(8,318)	(18.2%)
2,724,354	3,002,011	277,657	9.2%	2,230,333	(494,022)	(22.2%)	Total Operating Expenses	26,173,006	30,757,212	4,584,206	14.9%	23,008,860	(3,164,147)	(13.8%)
\$ (280,223)	\$ (1,577,839)	\$ 1,297,617	(82.2%)	\$ (761,118)	\$ 480,896	(63.2%)	Net Performance before Depreciation & Overhead Allocations	\$ (7,268,132)	\$ (13,182,208)	\$ 5,914,076	(44.9%)	\$ (1,389,823)	\$ (5,878,309)	423.0%
27,002	33,250	6,248	18.8%	31,712	4,709	14.8%	Depreciation	263,190	332,499	69,308	20.8%	315,999	52,809	16.7%
							Overhead Allocations:							
9,977	10,722	745	6.9%	-	(9,977)	-	Risk Management	95,487	107,222	11,735	10.9%	67,426	(28,061)	(41.6%)
82,399	109,939	27,540	25.1%	136,865	54,466	39.8%	Rev Cycle	805,559	1,099,386	293,827	26.7%	1,604,843	799,284	49.8%
2,503	6,555	4,052	61.8%	2,043	(460)	(22.5%)	Internal Audit	21,959	65,552	43,593	66.5%	16,207	(5,752)	(35.5%)
34,755	32,746	(2,009)	(6.1%)	29,299	(5,456)	(18.6%)	Home Office Facilities	314,857	327,462	12,605	3.8%	281,455	(33,402)	(11.9%)
69,603	41,476	(28,127)	(67.8%)	39,561	(30,042)	(75.9%)	Administration	475,303	414,764	(60,539)	(14.6%)	428,419	(46,884)	(10.9%)
57,374	99,947	42,573	42.6%	48,056	(9,318)	(19.4%)	Human Resources	683,592	999,473	315,881	31.6%	518,314	(165,278)	(31.9%)
12,136	27,766	15,630	56.3%	14,079	1,943	13.8%	Legal	162,599	277,657	115,058	41.4%	168,989	6,390	3.8%
3,208	4,171	963	23.1%	2,901	(307)	(10.6%)	Records	34,242	41,710	7,468	17.9%	30,731	(3,511)	(11.4%)
6,194	11,059	4,865	44.0%	3,947	(2,247)	(56.9%)	Compliance	69,029	110,590	41,561	37.6%	59,568	(9,461)	(15.9%)
-	-	-	-	8,832	8,832	-	Community Engagement	-	-	-	-	83,388	83,388	-
35,730	46,251	10,521	22.7%	62,937	27,207	43.2%	IT Operations	383,477	462,514	79,037	17.1%	790,500	407,023	51.5%
13,451	16,858	3,407	20.2%	11,108	(2,343)	(21.1%)	IT Security	180,389	168,581	(11,808)	(7.0%)	116,838	(63,551)	(54.4%)
30,570	33,245	2,675	8.0%	34,492	3,922	11.4%	Finance	278,507	332,454	53,947	16.2%	311,982	33,475	10.7%
10,184	16,960	6,776	40.0%	6,073	(4,111)	(67.7%)	Corporate Communications	110,818	169,601	58,783	34.7%	59,523	(51,295)	(86.2%)
-	4,750	4,750	-	13,345	13,345	-	Information Technology	60,595	47,499	(13,096)	(27.6%)	98,235	37,640	38.3%
219,039	237,695	18,656	7.8%	49,515	(169,524)	(342.4%)	IT Applications	1,781,860	2,376,948	595,088	25.0%	466,206	(1,315,654)	(282.2%)

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	-	145,474	145,474	-	-	-	-	-	1,813,900	1,813,900	-
62,685	41,476	(21,209)	(51.1%)	-	(62,685)	-	356,021	414,762	58,741	14.2%	-	(356,021)	-
-	6,503	6,503	-	10,558	10,558	-	77,609	65,033	(12,576)	(19.3%)	115,556	37,947	32.8%
5,663	8,052	2,389	29.7%	7,861	2,198	28.0%	83,071	80,516	(2,555)	(3.2%)	76,046	(7,025)	(9.2%)
61,817	57,288	(4,529)	(7.9%)	48,676	(13,141)	(27.0%)	413,214	572,877	159,663	27.9%	529,877	116,663	22.0%
5,676	5,383	(293)	(5.4%)	-	(5,676)	-	64,778	53,834	(10,944)	(20.3%)	-	(64,778)	-
-	10,156	10,156	-	-	-	-	121,464	101,565	(19,899)	(19.6%)	-	(121,464)	-
16,745	21,541	4,796	22.3%	-	(16,745)	-	189,726	215,407	25,681	11.9%	-	(189,726)	-
2,598	4,143	1,545	37.3%	-	(2,598)	-	22,426	41,426	19,000	45.9%	-	(22,426)	-
742,307	854,683	112,376	13.1%	675,625	(66,682)	(9.9%)	6,786,582	8,546,832	1,760,250	20.6%	7,638,005	851,423	11.1%
3,493,664	3,889,944	396,281	10.2%	2,937,670	(555,994)	(18.9%)	33,222,779	39,636,543	6,413,764	16.2%	30,962,863	(2,259,915)	(7.3%)
\$ (1,049,532)	\$ (2,465,772)	\$ 1,416,241	(57.4%)	\$ (1,468,455)	\$ 418,924	(28.5%)	\$ (14,317,905)	\$ (22,061,539)	\$ 7,743,634	(35.1%)	\$ (9,343,827)	\$ (4,974,078)	53.2%
-	153,690	153,690	-	-	-	-	-	1,536,897	1,536,897	100.0%	15,628	15,628	100.0%
-	-	-	-	-	-	-	132,840	-	132,840	-	-	132,840	-
-	-	-	-	-	-	-	\$ 14,099,698	\$ 19,875,000	\$ (5,775,302)	(29.1%)	\$ 7,924,615	\$ (6,175,083)	(77.9%)

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Year to Date
Gross Patient Revenue	\$ 2,421,964	\$ 2,173,673	\$ 2,534,826	\$ 2,394,233	\$ 2,436,124	\$ 2,859,432	\$ 2,815,106	\$ 2,801,109	\$ 2,918,227	\$ 2,553,603	\$ 25,908,298
Contractual Allowance	942,552	616,457	797,366	764,288	728,571	1,015,151	998,014	670,258	1,344,583	736,918	8,614,156
Charity Care	1,080,772	818,987	996,143	1,145,797	998,209	1,031,223	979,676	933,548	1,027,081	1,060,385	10,071,821
Bad Debt	49,730	353,288	285,914	95,985	279,913	332,230	527,608	628,944	(62,168)	312,029	2,803,472
Total Contractuals and Bad Debt	2,073,054	1,788,732	2,079,423	2,006,069	2,006,694	2,378,604	2,505,297	2,232,750	2,309,496	2,109,331	21,489,449
Other Patient Revenue	474,943	474,943	87,703	345,863	345,863	345,863	224,901	205,785	205,785	1,120,503	3,832,151
Net Patient Revenue	823,853	859,885	543,106	734,027	775,294	826,691	534,711	774,144	814,516	1,564,774	8,251,000
Collection %	34.02%	39.56%	21.43%	30.66%	31.82%	28.91%	18.99%	27.64%	27.91%	61.28%	31.85%
Non-Operating Revenues											
Grants	831,658	951,673	1,163,225	937,662	1,277,476	1,004,344	730,315	650,205	733,140	724,102	9,003,801
Other Financial Assistance	12,477	51,355	674,585	-	-	-	-	-	-	-	738,416
Other Revenue	624	29,490	1,042	1,648	18,706	193,647	101,773	51,117	358,355	155,255	911,657
Total Other Revenues	\$ 844,758	\$ 1,032,517	\$ 1,838,851	\$ 939,311	\$ 1,296,183	\$ 1,197,991	\$ 832,088	\$ 701,322	\$ 1,091,495	\$ 879,358	\$ 10,653,874
Total Non-Operating Revenues	\$ 1,668,611	\$ 1,892,402	\$ 2,381,957	\$ 1,673,338	\$ 2,071,476	\$ 2,024,682	\$ 1,366,799	\$ 1,475,466	\$ 1,906,011	\$ 2,444,132	\$ 18,904,874
Direct Operating Expenses:											
Salaries and Wages	1,713,850	1,402,443	1,788,664	1,498,332	1,674,786	1,997,115	1,543,212	1,709,521	1,629,444	1,721,522	16,678,890
Benefits	427,827	405,732	406,022	459,199	430,679	495,969	415,751	473,236	467,424	485,386	4,467,223
Purchased Services	13,764	60,480	10,119	24,018	29,210	11,762	40,767	39,476	69,048	39,233	337,878
Medical Supplies	35,872	230,443	141,439	60,778	25,067	29,192	30,198	90,290	101,849	42,487	787,615
Other Supplies	12,383	6,147	10,233	39,697	20,076	8,453	19,539	60,902	38,796	24,217	240,444
Medical Services	55,581	60,482	61,270	56,783	59,594	57,974	65,942	67,793	80,827	83,687	649,933
Drugs	37,475	49,341	45,922	45,378	44,505	37,090	43,958	39,990	45,397	39,232	428,288
Repairs and Maintenance	10,726	11,441	47,732	37,415	40,271	30,847	36,409	53,140	55,077	40,887	363,946
Lease and Rental	107,496	87,434	114,395	115,290	117,771	96,132	162,213	104,899	124,493	122,080	1,152,202
Utilities	8,438	8,881	8,149	9,620	3,675	5,106	7,585	7,587	7,462	7,709	74,213
Other Expense	115,489	74,228	262,113	(53,654)	65,834	23,262	24,383	263,662	51,877	111,223	938,417
Insurance	6,154	4,622	4,622	4,622	4,622	4,622	4,622	4,622	8,759	6,691	53,959
Total Operating Expenses	2,545,056	2,401,675	2,900,679	2,297,479	2,516,089	2,797,523	2,394,579	2,915,118	2,680,453	2,724,354	26,173,006
Net Performance before Depreciation & Overhead Allocations	\$ (876,445)	\$ (509,273)	\$ (518,722)	\$ (624,141)	\$ (444,613)	\$ (772,841)	\$ (1,027,780)	\$ (1,439,653)	\$ (774,442)	\$ (280,223)	\$ (7,268,132)
Depreciation	25,462	25,462	26,045	25,656	26,428	26,619	26,619	26,909	26,989	27,002	263,190
<i>Overhead Allocations:</i>											
Risk Management	11,692	7,282	9,397	9,332	9,963	8,896	9,668	9,501	9,779	9,977	95,487
Rev Cycle	63,371	103,816	86,659	73,183	62,585	90,867	75,286	92,509	74,884	82,399	805,559
Internal Audit	2,627	1,796	1,779	1,955	1,585	1,641	2,516	2,818	2,739	2,503	21,959
Home Office Facilities	30,821	31,492	32,824	20,328	24,166	35,671	34,187	36,362	34,251	34,755	314,857
Administration	46,107	48,941	49,005	49,055	34,089	42,379	39,583	45,523	51,018	69,603	475,303

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Year to Date
Human Resources	76,105	96,165	80,652	41,032	63,880	76,821	55,879	65,960	69,724	57,374	683,592
Legal	3,344	12,867	12,360	14,912	35,905	18,361	21,522	15,153	16,039	12,136	162,599
Records	4,206	2,926	3,073	3,403	3,291	3,419	3,266	3,189	4,261	3,208	34,242
Compliance	6,347	6,648	6,675	6,995	7,114	6,714	7,962	7,546	6,834	6,194	69,029
IT Operations	35,658	44,142	42,594	37,089	32,670	40,660	34,452	41,326	39,156	35,730	383,477
IT Security	9,905	21,768	16,176	14,289	25,121	14,449	14,135	38,992	12,103	13,451	180,389
Finance	24,232	19,591	27,494	20,102	25,315	27,713	28,566	41,493	33,431	30,570	278,507
Corporate Communications	10,421	9,413	10,833	11,419	12,679	15,613	10,308	8,955	10,993	10,184	110,818
Information Technology	10,834	10,976	13,078	12,123	3,404	10,180	-	-	-	-	60,595
IT Applications	81,636	278,939	162,379	216,444	192,470	176,106	87,647	116,519	250,681	219,039	1,781,860
IT Service Center	25,999	28,022	25,841	25,533	26,762	39,926	52,726	32,303	36,224	62,685	356,021
Performance Excellence	6,591	12,194	12,071	14,647	15,321	16,785	-	-	-	-	77,609
Corporate Quality	8,434	7,268	7,766	7,118	7,006	9,852	9,489	9,566	10,909	5,663	83,071
Security Services	39,124	39,146	42,649	38,519	36,544	39,645	35,851	35,916	44,003	61,817	413,214
Supply Chain	6,253	5,354	6,385	6,747	4,243	6,959	5,574	6,231	11,356	5,676	64,778
HIM Department	8,351	19,826	19,536	12,608	20,538	10,117	10,316	9,955	10,217	-	121,464
Coding	21,345	13,076	24,947	17,566	21,638	20,338	19,289	18,037	16,745	16,745	189,726
Reimbursement	2,482	1,671	4,032	1,238	1,989	2,109	2,020	2,081	2,206	2,598	22,426
Total Overhead Allocations	535,885	823,319	698,205	655,637	668,278	715,221	560,242	639,935	747,553	742,307	6,786,582
Total Expenses	3,106,403	3,250,455	3,624,929	2,978,772	3,210,795	3,539,363	2,981,440	3,581,963	3,454,995	3,493,664	33,222,779
Net Margin	\$ (1,437,791)	\$ (1,358,053)	\$ (1,242,972)	\$ (1,305,434)	\$ (1,139,319)	\$ (1,514,681)	\$ (1,614,641)	\$ (2,106,497)	\$ (1,548,984)	\$ (1,049,532)	\$ (14,317,905)
Capital	36,782	-	53,251	(90,033)	-	-	-	-	-	-	-
Capital Contributions	-	-	-	-	-	-	10,923	14,609	107,308	-	132,840
General Fund Support/Transfer In	-	-	\$4,128,850	-	-	\$3,713,730	-	-	\$6,257,118	-	\$14,099,698

	Clinic Administration	Belle Glade Medical Clinic	Delray Medical Clinic	Lantana Medical Clinic	Mangonia Park Medical Clinic	West Palm Beach Medical Clinic	Jupiter Medical Clinic	Lake Worth Medical Clinic	Lewis Center Medical Clinic	West Boca Medical Clinic	St Ann Place Medical Clinic	Mobile Warrior	Mobile Van Scout	Mobile Van Hero	Atlantis Medical Clinic	Port Medical Clinic	Total
Gross Patient Revenue	\$ 7,771	\$ 1,461,704	\$ 1,525,260	\$ 3,904,746	\$ 1,068,121	\$ 2,626,157	\$ 988,714	\$ 3,002,164	\$ 52,353	\$ 610,549	\$ 14,023	-	-	\$ 117,791	-	\$ 2,980	\$ 15,382,334
Contractual Allowances	4,769,079	184,681	214,814	99,332	252,244	339,626	114,454	534,442	42,157	160,611	4,542	1,623	-	7,389	-	49	6,725,043
Charity Care	474,619	469,499	537,357	1,646,835	186,342	917,883	314,859	1,171,604	16,709	189,822	1,462	-	-	11,867	-	-	5,938,858
Bad Debt	72,187	128,179	137,446	532,684	321,475	240,142	108,146	177,220	47,190	20,792	7,415	(1,475)	-	10,917	-	-	1,802,319
Total Contractual Allowances and Bad Debt	5,315,885	782,359	899,618	2,278,851	760,062	1,497,651	537,459	1,883,266	106,057	371,225	13,420	148	-	30,172	-	49	14,466,220
Other Patient Revenue	-	229,505	248,771	645,461	91,400	609,198	138,775	357,414	36,238	162,448	5,786	20,927	-	9,818	23,123	-	2,578,864
Net Patient Revenue	(5,308,113)	908,850	884,413	2,271,356	399,460	1,737,704	590,030	1,476,312	(17,466)	401,773	6,390	20,779	-	97,437	23,123	2,932	3,494,979
Collection %	(68.304.23%)	62.18%	57.98%	58.17%	37.40%	66.17%	59.68%	49.17%	(33.36%)	65.81%	45.57%	-	-	82.72%	-	98.37%	22.72%
Grant Funds	1,512,561	669,321	498,420	1,179,298	1,117,675	1,040,394	251,682	834,883	28,160	293,315	18,989	29,688	68	63,793	3,182	-	7,541,429
Other Financial Assistance	120,959	66,464	60,718	119,301	50,531	105,464	19,969	66,551	10,885	19,710	4,445	2,000	2,067	-	-	-	649,065
Other Revenue	786,875	4,805	-	160	-	70	-	-	-	21	-	-	-	-	-	-	791,930
Total Other Revenues	2,420,395	740,590	559,138	1,298,759	1,168,206	1,145,928	271,651	901,434	39,045	313,046	23,434	31,688	2,135	63,793	3,182	-	8,982,425
Total Revenues	\$ (2,887,718)	\$ 1,649,439	\$ 1,443,551	\$ 3,570,115	\$ 1,567,666	\$ 2,883,632	\$ 861,681	\$ 2,377,746	\$ 21,579	\$ 714,819	\$ 29,824	\$ 52,466	\$ 2,135	\$ 161,231	\$ 26,306	\$ 2,932	\$ 12,477,404
<i>Direct Operational Expenses:</i>																	
Salaries and Wages	3,130,559	1,001,246	969,760	2,182,520	1,755,739	1,693,624	495,774	1,601,208	60,970	592,875	45,291	31,811	-	122,881	-	-	13,684,258
Benefits	907,322	284,427	275,666	590,200	493,511	380,546	131,065	416,424	10,796	125,387	12,344	12,115	-	35,704	-	-	3,675,505
Purchased Services	192,271	18,196	20,042	8,787	20,186	1,119	7,783	2,038	17,390	-	-	-	-	-	-	-	312,549
Medical Supplies	-	68,224	70,108	98,272	87,516	113,629	31,964	60,038	10,075	34,445	6,275	907	426	588	-	-	582,467
Other Supplies	46,981	21,359	37,236	9,636	15,568	12,610	12,014	33,289	3,424	3,297	3,297	3,421	860	2,937	3,182	-	205,817
Medical Services	-	91,597	64,509	102,687	37,627	92,358	48,115	180,716	2,391	28,902	1,029	-	-	-	-	-	649,933
Drugs	-	43,480	57,194	117,861	92,626	105,548	1,290	1,750	-	7,467	-	-	-	33	-	-	427,249
Repairs and Maintenance	166,019	29,503	15,845	2,335	9,003	26,772	2,343	18,268	2,302	3,464	1,417	726	2,604	12,335	-	-	292,935
Lease and Rental	-	73,178	74,361	128,833	77,119	107,739	79,832	257,685	160	121,697	130	90	40	90	5,169	-	926,124
Utilities	-	20,131	682	2,283	8,349	2,302	6,686	10,784	1,735	5,774	950	-	-	-	-	-	59,676
Other Expense	311,721	134,678	56,163	62,646	40,578	76,846	25,819	113,821	6,784	23,295	3,491	3,173	376	1,498	207	-	861,997
Insurance	-	3,569	2,546	5,473	2,310	4,409	979	2,614	849	1,071	-	9,828	9,726	9,861	-	-	53,235
Total Operating Expenses	4,754,873	1,789,590	1,644,113	3,311,533	2,640,131	2,617,501	843,664	2,721,334	101,525	965,065	70,927	62,072	14,033	185,927	8,558	-	21,730,845
Net Performance before Depreciation & Overhead Allocations	(7,642,591)	(140,151)	(200,562)	258,582	(1,072,465)	266,130	18,017	(343,588)	(79,946)	(250,246)	(41,102)	(9,605)	(11,898)	(24,697)	17,747	2,932	(9,253,442)
Depreciation	4,341	68,161	368	10,891	18,106	12,677	1,606	4,177	217	7,289	-	-	11,570	69,605	-	-	209,009
<i>Overhead Allocations:</i>																	
Risk Management	80,610	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	80,610
Revenue Cycle	665,992	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	665,992
Internal Audit	18,537	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18,537
Home Office Facilities	275,344	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	275,344
Administration	401,249	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	401,249
Human Resources	583,815	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	583,815
Legal	137,265	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	137,265
Records	28,906	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	28,906
Compliance	58,273	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	58,273
IT Operations	323,728	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	323,728
IT Security	152,284	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	152,284
Finance	235,114	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	235,114
Corporate Communications	93,551	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	93,551
Information Technology	51,154	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51,154
IT Applications	1,504,239	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,504,239
IT Service Center	300,550	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	300,550
Performance Excellence	65,517	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	65,517
Corporate Quality	70,129	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	70,129
Security Services	341,069	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	341,069
Supply Chain	54,687	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	54,687
HIM Department	102,540	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	102,540
Coding	160,166	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	160,166
Reimbursement	18,931	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18,931
Total Overhead Allocations	5,723,650	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,723,650
Total Expenses	10,482,864	1,857,751	1,644,481	3,322,424	2,658,238	2,630,178	845,270	2,725,511	101,742	972,354	70,927	62,072	25,603	255,533	8,558	-	27,663,505
Net Margin	\$ (13,370,582)	\$ (208,311)	\$ (200,930)	\$ 247,692	\$ (1,090,572)	\$ 253,453	\$ 16,411	\$ (347,765)	\$ (80,163)	\$ (257,535)	\$ (41,102)	\$ (9,605)	\$ (23,468)	\$ (94,302)	\$ 17,747	\$ 2,932	\$ (15,186,101)
Capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer In/(Out)	\$ 13,375,018	-	-	-	-	-	31	-	-	-	-	-	-	-	-	-	\$ 13,375,018

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 1,544,423	\$ 1,100,158	\$ 444,265	40.4%	\$ 982,642	\$ 561,781	57.2%	Gross Patient Revenue	\$ 15,382,334	\$ 12,946,567	\$ 2,435,767	18.8%	\$ 12,867,435	\$ 2,514,900	19.5%
883,835	283,648	600,187	211.6%	168,804	715,031	423.6%	Contractual Allowance	6,725,043	3,337,903	3,387,140	101.5%	2,172,583	4,552,460	209.5%
650,385	434,349	216,036	49.7%	493,660	156,724	31.7%	Charity Care	5,938,858	5,111,401	827,457	16.2%	4,927,680	1,011,178	20.5%
201,318	175,453	25,865	14.7%	273,916	(72,598)	(26.5%)	Bad Debt	1,802,319	2,064,707	(262,388)	(12.7%)	2,485,617	(683,298)	(27.5%)
1,735,538	893,450	842,088	94.3%	936,381	799,157	85.3%	Total Contractuals and Bad Debt	14,466,220	10,514,011	3,952,209	37.6%	9,585,881	4,880,339	50.9%
693,627	306,080	387,547	126.6%	30,558	663,069	2,169.9%	Other Patient Revenue	2,578,864	3,601,960	(1,023,096)	(28.4%)	2,924,138	(345,274)	(11.8%)
502,512	512,788	(10,276)	(2.0%)	76,820	425,692	554.1%	Net Patient Revenue	3,494,979	6,034,516	(2,539,537)	(42.1%)	6,205,692	(2,710,713)	(43.7%)
32.54%	46.61%			7.82%			Collection %	22.72%	46.61%		48.23%			
599,248	578,072	21,176	3.7%	1,095,239	(495,991)	(45.3%)	Grants	7,541,429	7,496,289	45,140	0.6%	10,721,242	(3,179,813)	(29.7%)
-	-	-	-	5,720	(5,720)	-	Other Financial Assistance	649,065	381,143	267,922	70.3%	761,423	(112,358)	(14.8%)
155,255	2,460	152,795	6,211.2%	4,320	150,935	3,493.9%	Other Revenue	791,930	24,600	767,330	3,119.2%	2,467	789,463	32,000.9%
\$ 1,257,015	\$ 1,093,320	\$ 163,695	15.0%	\$ 1,182,100	\$ 74,916	6.3%	Total Revenues	\$ 12,477,404	\$ 13,936,548	\$ (1,459,144)	(10.5%)	\$ 17,690,824	\$ (5,213,420)	(29.5%)
							Direct Operating Expenses:							
1,401,281	1,570,136	168,855	10.8%	1,176,792	(224,489)	(19.1%)	Salaries and Wages	13,684,258	16,312,462	2,628,204	16.1%	12,196,213	(1,488,045)	(12.2%)
397,416	411,085	13,668	3.3%	345,627	(51,789)	(15.0%)	Benefits	3,675,505	4,110,846	435,341	10.6%	3,432,779	(242,726)	(7.1%)
36,691	57,496	20,806	36.2%	21,996	(14,694)	(66.8%)	Purchased Services	312,549	574,962	262,413	45.6%	540,687	228,138	42.2%
24,877	83,646	58,768	70.3%	88,839	63,962	72.0%	Medical Supplies	582,467	836,455	253,988	30.4%	419,392	(163,075)	(38.9%)
22,035	50,957	28,922	56.8%	9,698	(12,337)	(127.2%)	Other Supplies	205,817	509,571	303,755	59.6%	283,385	77,568	27.4%
83,687	59,500	(24,187)	(40.7%)	45,369	(38,318)	(84.5%)	Medical Services	649,933	594,998	(54,935)	(9.2%)	480,077	(169,855)	(35.4%)
39,232	48,958	9,726	19.9%	44,174	4,942	11.2%	Drugs	427,249	489,581	62,332	12.7%	455,113	27,864	6.1%
33,872	51,615	17,743	34.4%	24,827	(9,046)	(36.4%)	Repairs and Maintenance	292,935	516,152	223,217	43.2%	334,782	41,847	12.5%
99,502	137,465	37,964	27.6%	76,033	(23,469)	(30.9%)	Lease and Rental	926,124	1,374,654	448,530	32.6%	816,945	(109,179)	(13.4%)
6,987	9,018	2,031	22.5%	6,233	(754)	(12.1%)	Utilities	59,676	90,182	30,506	33.8%	56,711	(2,965)	(5.2%)
81,209	70,438	(10,771)	(15.3%)	44,076	(37,133)	(84.2%)	Other Expense	861,097	704,376	(156,721)	(22.2%)	445,207	(415,889)	(93.4%)
6,630	3,993	(2,637)	(66.0%)	5,729	(901)	(15.7%)	Insurance	53,235	39,925	(13,310)	(33.3%)	44,756	(8,479)	(18.9%)
2,233,419	2,554,307	320,888	12.6%	1,889,394	(344,025)	(18.2%)	Total Operating Expenses	21,730,845	26,154,164	4,423,319	16.9%	19,506,049	(2,224,797)	(11.4%)
\$ (976,403)	\$ (1,460,987)	\$ 484,583	(33.2%)	\$ (707,294)	\$ (269,109)	38.0%	Net Performance before Depreciation & Overhead Allocations	\$ (9,253,442)	\$ (12,217,616)	\$ 2,964,174	(24.3%)	\$ (1,815,225)	\$ (7,438,217)	409.8%
21,870	27,500	5,630	20.5%	24,267	2,397	9.9%	Depreciation	209,009	274,999	65,990	24.0%	241,143	32,134	13.3%
							Overhead Allocations:							
8,423	9,052	629	6.9%	-	(8,423)	-	Risk Management	80,610	90,516	9,906	10.9%	57,954	(22,656)	(39.1%)
68,123	90,891	22,768	25.0%	116,597	48,474	41.6%	Rev Cycle	665,992	908,911	242,919	26.7%	1,367,178	701,186	51.3%
2,113	5,534	3,421	61.8%	1,756	(357)	(20.3%)	Internal Audit	18,537	55,339	36,802	66.5%	13,930	(4,607)	(33.1%)
30,393	28,637	(1,756)	(6.1%)	26,496	(3,897)	(14.7%)	Home Office Facilities	275,344	286,366	11,022	3.8%	254,527	(20,817)	(8.2%)
58,759	35,014	(23,745)	(67.8%)	34,004	(24,755)	(72.8%)	Administration	401,249	350,142	(51,107)	(14.6%)	368,237	(33,012)	(9.0%)
49,000	85,359	36,359	42.6%	41,141	(7,859)	(19.1%)	Human Resources	583,815	853,589	269,774	31.6%	443,734	(140,081)	(31.6%)
10,245	23,440	13,195	56.3%	12,102	1,857	15.3%	Legal	137,265	234,397	97,132	41.4%	145,251	7,986	5.5%
2,708	3,521	813	23.1%	2,494	(214)	(8.6%)	Records	28,906	35,212	6,306	17.9%	26,414	(2,492)	(9.4%)
5,229	9,336	4,107	44.0%	3,393	(1,836)	(54.1%)	Compliance	58,273	93,360	35,087	37.6%	51,200	(7,073)	(13.8%)
-	-	-	-	7,592	7,592	-	Community Engagement	-	-	-	-	71,674	71,674	-
30,163	39,045	8,882	22.7%	54,096	23,933	44.2%	IT Operations	323,728	390,453	66,725	17.1%	679,455	355,727	52.4%
11,355	14,232	2,877	20.2%	9,548	(1,807)	(18.9%)	IT Security	152,284	142,315	(9,969)	(7.0%)	100,425	(51,859)	(51.6%)
25,807	28,066	2,259	8.0%	29,647	3,840	13.0%	Finance	235,114	280,656	45,542	16.2%	268,156	33,042	12.3%
8,597	14,318	5,721	40.0%	5,219	(3,378)	(64.7%)	Corporate Communications	93,551	143,176	49,625	34.7%	51,161	(42,390)	(82.9%)
-	4,010	4,010	-	11,470	11,470	-	Information Technology	51,154	40,098	(11,056)	(27.6%)	84,435	33,281	39.4%
184,912	200,661	15,749	7.8%	42,560	(142,352)	(334.5%)	IT Applications	1,504,239	2,006,609	502,370	25.0%	400,716	(1,103,523)	(275.4%)

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	-	125,039	125,039	-	-	-	-	-	1,559,094	1,559,094	-
52,918	35,014	(17,904)	(51.1%)	-	(52,918)	-	300,550	350,140	49,590	14.2%	-	(300,550)	-
-	5,490	5,490	-	9,075	9,075	-	65,517	54,901	(10,616)	(19.3%)	99,323	33,806	34.0%
4,781	6,797	2,016	29.7%	6,757	1,976	29.2%	70,129	67,971	(2,158)	(3.2%)	65,364	(4,765)	(7.3%)
51,024	47,286	(3,738)	(7.9%)	41,433	(9,591)	(23.1%)	341,069	472,857	131,788	27.9%	451,028	109,959	24.4%
4,792	4,545	(247)	(5.4%)	-	(4,792)	-	54,687	45,446	(9,241)	(20.3%)	-	(54,687)	-
-	8,574	8,574	-	-	-	-	102,540	85,740	(16,800)	(19.6%)	-	(102,540)	-
14,136	18,185	4,049	22.3%	-	(14,136)	-	160,166	181,846	21,680	11.9%	-	(160,166)	-
2,193	3,497	1,304	37.3%	-	(2,193)	-	18,931	34,972	16,041	45.9%	-	(18,931)	-
625,671	720,501	94,830	13.2%	580,418	(45,253)	(7.8%)	5,723,650	7,205,015	1,481,365	20.6%	6,559,258	835,608	12.7%
2,880,960	3,302,308	421,348	12.8%	2,494,079	(386,881)	(15.5%)	27,663,505	33,634,178	5,970,673	17.8%	26,306,450	(1,357,055)	(5.2%)
\$ (1,623,944)	\$ (2,208,988)	\$ 585,044	(26.5%)	\$ (1,311,979)	\$ (311,965)	23.8%	\$ (15,186,101)	\$ (19,697,630)	\$ 4,511,529	(22.9%)	\$ (8,615,626)	\$ (6,570,475)	76.3%
-	116,559	116,559	-	-	-	-	-	1,165,593	1,165,593	100.0%	15,628	15,628	100.0%
-	-	-	-	-	-	-	37,419	-	37,419	-	-	37,419	-
-	-	-	-	-	-	-	\$ 13,375,018	\$ 17,700,000	\$ (4,324,982)	(24.4%)	\$ 7,319,275	\$ (6,055,742)	(82.7%)

	Dental Clinic Administration	Belle Glade Dental Clinic	Delray Dental Clinic	Lantana Dental Clinic	West Palm Beach Dental Clinic	Port Dental Clinic	Total
Gross Patient Revenue	-	\$ 1,406,039	\$ 1,963,442	\$ 2,623,044	\$ 3,604,649	\$ 37,092	\$ 9,634,267
Contractual Allowances	-	346,346	279,569	373,225	792,769	489	1,792,397
Charity Care	-	416,952	917,042	1,015,288	1,585,171	36,648	3,971,100
Bad Debt	-	121,133	138,103	208,542	300,402	(19,799)	748,380
Total Contractual Allowances and Bad Debt	-	884,430	1,334,713	1,597,055	2,678,341	17,338	6,511,877
Other Patient Revenue	-	218,453	253,755	324,125	441,674	236	1,238,244
Net Patient Revenue	-	740,062	882,484	1,350,115	1,367,983	19,990	4,360,633
Collection %	-	52.63%	44.95%	51.47%	37.95%	53.89%	45.26%
Grant Funds	171,058	148,904	311,310	315,469	515,630	-	1,462,372
Other Financial Assistance	20,165	6,474	11,703	27,647	23,361	-	89,351
Other Revenue	119,676	-	-	(9)	60	-	119,727
Total Other Revenues	310,899	155,378	323,013	343,107	539,051	-	1,671,449
Total Revenues	\$ 310,899	\$ 895,440	\$ 1,205,497	\$ 1,693,222	\$ 1,907,034	\$ 19,990	\$ 6,032,083
<i>Direct Operational Expenses:</i>							
Salaries and Wages	328,266	297,606	668,770	692,633	1,007,356	-	2,994,631
Benefits	96,373	96,426	173,493	190,603	234,824	-	791,718
Purchased Services	-	9,155	6,865	1,519	7,790	-	25,329
Medical Supplies	-	25,770	52,337	40,591	86,450	-	205,148
Other Supplies	-	4,987	16,294	4,485	8,861	-	34,627
Drugs	-	237	264	325	213	-	1,038
Repairs and Maintenance	-	8,658	19,014	8,022	35,316	-	71,010
Lease and Rental	-	28,373	50,840	54,473	92,391	-	226,078
Utilities	-	7,877	904	2,673	3,082	-	14,536
Other Expense	4,928	7,651	16,334	12,976	35,431	-	77,321
Insurance	-	724	-	-	-	-	724
Total Operating Expenses	429,567	487,465	1,005,115	1,008,299	1,511,715	-	4,442,161
Net Performance before Depreciation & Overhead Allocations	(118,668)	407,975	200,383	684,923	395,319	19,990	1,589,922
Depreciation	-	18,168	5,152	5,504	25,357	-	54,181
<i>Overhead Allocations:</i>							
Risk Management	14,877	-	-	-	-	-	14,877
Revenue Cycle	139,567	-	-	-	-	-	139,567
Internal Audit	3,422	-	-	-	-	-	3,422
Home Office Facilities	39,513	-	-	-	-	-	39,513
Administration	74,054	-	-	-	-	-	74,054
Human Resources	99,777	-	-	-	-	-	99,777
Legal	25,334	-	-	-	-	-	25,334
Records	5,336	-	-	-	-	-	5,336
Compliance	10,756	-	-	-	-	-	10,756
IT Operations	59,749	-	-	-	-	-	59,749
IT Security	28,105	-	-	-	-	-	28,105
Finance	43,393	-	-	-	-	-	43,393
Corporate Communications	17,267	-	-	-	-	-	17,267
Information Technology	9,441	-	-	-	-	-	9,441
IT Applications	277,621	-	-	-	-	-	277,621
IT Service Center	55,471	-	-	-	-	-	55,471
Performance Excellence	12,092	-	-	-	-	-	12,092
Corporate Quality	12,942	-	-	-	-	-	12,942
Security Services	72,145	-	-	-	-	-	72,145
Supply Chain	10,091	-	-	-	-	-	10,091
HIM Department	18,924	-	-	-	-	-	18,924
Coding	29,560	-	-	-	-	-	29,560
Reimbursement	3,495	-	-	-	-	-	3,495
Total Overhead Allocations	1,062,932	-	-	-	-	-	1,062,932
Total Expenses	1,492,499	505,633	1,010,267	1,013,803	1,537,073	-	5,559,274
Net Margin	\$ (1,181,600)	\$ 389,808	\$ 195,231	\$ 679,419	\$ 369,961	\$ 19,990	\$ 472,808
Capital	-	-	-	-	-	-	-
Transfer In/(Out)	\$ 724,681	34	-	-	-	-	\$ 724,681

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 918,809	\$ 793,915	\$ 124,894	15.7%	\$ 793,278	\$ 125,531	15.8%	Gross Patient Revenue	\$ 9,634,267	\$ 8,340,794	\$ 1,293,473	15.5%	\$ 8,587,505	\$ 1,046,762	12.2%
(129,851)	209,706	(339,557)	(161.9%)	194,320	(324,170)	(166.8%)	Contractual Allowance	1,792,397	2,203,151	(410,754)	(18.6%)	2,586,367	(793,970)	(30.7%)
392,549	378,883	13,666	3.6%	440,355	(47,805)	(10.9%)	Charity Care	3,971,100	3,980,504	(9,404)	(0.2%)	4,127,544	(156,444)	(3.8%)
81,788	89,880	(8,092)	(9.0%)	69,482	12,306	17.7%	Bad Debt	748,380	944,269	(195,889)	(20.7%)	1,027,701	(279,321)	(27.2%)
344,487	678,469	(333,982)	(49.2%)	704,156	(359,670)	(51.1%)	Total Contractuals and Bad Debt	6,511,877	7,127,924	(616,047)	(8.6%)	7,741,612	(1,229,735)	(15.9%)
419,667	104,013	315,654	303.5%	15,557	404,110	2,597.6%	Other Patient Revenue	1,238,244	1,092,770	145,474	13.3%	1,183,069	55,175	4.7%
993,990	219,459	774,531	352.9%	104,678	889,312	849.6%	Net Patient Revenue	4,360,633	2,305,640	2,054,993	89.1%	2,028,962	2,331,671	114.9%
108.18%	27.64%			13.20%			Collection %	45.26%	27.64%		23.63%			
124,854	111,393	13,461	12.1%	170,815	(45,961)	(26.9%)	Grants	1,462,372	1,332,816	129,556	9.7%	1,739,352	(276,980)	(15.9%)
-	-	-	-	-	-	-	Other Financial Assistance	89,351	-	89,351	-	114,462	(25,111)	(21.9%)
-	-	-	-	-	-	-	Other Revenue	119,727	-	119,727	-	200	119,527	59,763.5%
\$ 1,118,844	\$ 330,852	\$ 787,992	238.2%	\$ 275,493	\$ 843,351	306.1%	Total Revenues	\$ 6,032,083	\$ 3,638,456	\$ 2,393,627	65.8%	\$ 3,882,976	\$ 2,149,107	55.3%
Direct Operating Expenses:														
320,241	286,549	(33,692)	(11.8%)	236,172	(84,069)	(35.6%)	Salaries and Wages	2,994,631	2,991,488	(3,143)	(0.1%)	2,317,934	(676,697)	(29.2%)
87,970	73,091	(14,879)	(20.4%)	65,084	(22,886)	(35.2%)	Benefits	791,718	730,910	(60,809)	(8.3%)	664,718	(127,000)	(19.1%)
2,543	6,290	3,747	59.6%	1,400	(1,142)	(81.6%)	Purchased Services	25,329	62,900	37,571	59.7%	17,624	(7,705)	(43.7%)
17,610	19,437	1,827	9.4%	10,968	(6,642)	(60.6%)	Medical Supplies	205,148	194,374	(10,774)	(5.5%)	173,021	(32,127)	(18.6%)
2,183	9,009	6,827	75.8%	488	(1,694)	(347.1%)	Other Supplies	34,627	90,091	55,464	61.6%	40,247	5,620	14.0%
-	15,660	15,660	-	-	-	-	Medical Services	-	156,599	156,599	-	-	-	-
-	-	-	-	-	-	-	Drugs	1,038	-	(1,038)	-	-	(1,038)	-
7,015	2,069	(4,946)	(239.1%)	493	(6,522)	(1,322.9%)	Repairs and Maintenance	71,010	20,687	(50,323)	(243.3%)	20,320	(50,690)	(249.5%)
22,578	27,868	5,290	19.0%	22,490	(88)	(0.4%)	Lease and Rental	226,078	278,682	52,605	18.9%	230,055	3,977	1.7%
722	2,503	1,782	71.2%	1,654	932	56.3%	Utilities	14,536	25,033	10,497	41.9%	16,515	1,978	12.0%
30,014	5,138	(24,876)	(484.2%)	2,100	(27,914)	(1,329.2%)	Other Expense	77,321	51,383	(25,937)	(50.5%)	21,493	(55,828)	(259.7%)
61	90	29	32.2%	90	29	32.2%	Insurance	724	900	176	19.6%	884	160	18.1%
490,936	447,705	(43,231)	(9.7%)	340,939	(149,997)	(44.0%)	Total Operating Expenses	4,442,161	4,603,048	160,887	3.5%	3,502,811	(939,350)	(26.8%)
\$ 627,908	\$ (116,853)	\$ 744,761	(637.3%)	\$ (65,446)	\$ 693,354	(1,059.4%)	Net Performance before Depreciation & Overhead Allocations	\$ 1,589,922	\$ (964,592)	\$ 2,554,513	(264.8%)	\$ 380,165	\$ 1,209,757	318.2%
5,132	5,750	618	10.7%	7,444	2,312	31.1%	Depreciation	54,181	57,500	3,319	5.8%	74,856	20,675	27.6%
Overhead Allocations:														
1,554	1,671	117	7.0%	-	(1,554)	-	Risk Management	14,877	16,706	1,829	10.9%	9,472	(5,405)	(57.1%)
14,276	19,047	4,771	25.0%	20,269	5,993	29.6%	Rev Cycle	139,567	190,474	50,907	26.7%	237,665	98,098	41.3%
390	1,021	631	61.8%	287	(103)	(35.9%)	Internal Audit	3,422	10,213	6,791	66.5%	2,277	(1,145)	(50.3%)
4,362	4,110	(252)	(6.1%)	2,803	(1,559)	(55.6%)	Home Office Facilities	39,513	41,096	1,583	3.9%	26,928	(12,585)	(46.7%)
10,844	6,462	(4,382)	(67.8%)	5,557	(5,287)	(95.1%)	Administration	74,054	64,622	(9,432)	(14.6%)	60,182	(13,872)	(23.1%)
8,374	14,588	6,214	42.6%	6,915	(1,459)	(21.1%)	Human Resources	99,777	145,884	46,107	31.6%	74,580	(25,197)	(33.8%)
1,891	4,326	2,435	56.3%	1,978	87	4.4%	Legal	25,334	43,260	17,926	41.4%	23,739	(1,595)	(6.7%)
500	650	150	23.1%	408	(92)	(22.5%)	Records	5,336	6,498	1,162	17.9%	4,317	(1,019)	(23.6%)
965	1,723	758	44.0%	555	(410)	(73.9%)	Compliance	10,756	17,230	6,474	37.6%	8,368	(2,388)	(28.5%)
-	-	-	-	1,241	1,241	-	Community Engagement	-	-	-	-	11,714	11,714	-
5,567	7,206	1,639	22.7%	8,841	3,274	37.0%	IT Operations	59,749	72,061	12,312	17.1%	111,045	51,296	46.2%
2,096	2,627	531	20.2%	1,560	(536)	(34.4%)	IT Security	28,105	26,266	(1,839)	(7.0%)	16,413	(11,692)	(71.2%)
4,763	5,180	417	8.1%	4,845	82	1.7%	Finance	43,393	51,797	8,404	16.2%	43,825	432	1.0%
1,587	2,642	1,055	39.9%	853	(734)	(86.0%)	Corporate Communications	17,267	26,425	9,158	34.7%	8,361	(8,906)	(106.5%)
-	740	740	-	1,875	1,875	-	Information Technology	9,441	7,401	(2,040)	(27.6%)	13,799	4,358	31.6%
34,127	37,034	2,907	7.8%	6,956	(27,171)	(390.6%)	IT Applications	277,621	370,339	92,718	25.0%	65,490	(212,131)	(323.9%)

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
-	-	-	-	20,435	20,435	-	-	-	-	-	254,807	254,807	-
9,767	6,462	(3,305)	(51.1%)	-	(9,767)	-	55,471	64,621	9,150	14.2%	-	(55,471)	-
-	1,013	1,013	-	1,483	1,483	-	12,092	10,132	(1,960)	(19.3%)	16,233	4,141	25.5%
882	1,254	372	29.7%	1,104	222	20.1%	12,942	12,545	(397)	(3.2%)	10,683	(2,259)	(21.1%)
10,793	10,002	(791)	(7.9%)	7,243	(3,550)	(49.0%)	72,145	100,020	27,875	27.9%	78,849	6,704	8.5%
884	839	(45)	(5.4%)	-	(884)	-	10,091	8,387	(1,704)	(20.3%)	-	(10,091)	-
-	1,582	1,582	-	-	-	-	18,924	15,824	(3,100)	(19.6%)	-	(18,924)	-
2,609	3,356	747	22.3%	-	(2,609)	-	29,560	33,562	4,002	11.9%	-	(29,560)	-
405	645	240	37.2%	-	(405)	-	3,495	6,454	2,959	45.8%	-	(3,495)	-
116,636	134,182	17,546	13.1%	95,208	(21,428)	(22.5%)	1,062,932	1,341,817	278,885	20.8%	1,078,746	15,814	1.5%
612,704	587,636	(25,067)	(4.3%)	443,591	(169,113)	(38.1%)	5,559,274	6,002,365	443,091	7.4%	4,656,413	(902,861)	(19.4%)
\$ 506,140	\$ (256,784)	\$ 762,924	(297.1%)	\$ (168,098)	\$ 674,238	(401.1%)	\$ 472,808	\$ (2,363,909)	\$ 2,836,717	(120.0%)	\$ (773,438)	\$ 1,246,246	(161.1%)
-	37,130	37,130	-	-	-	-	-	371,304	371,304	100.0%	-	-	-
-	-	-	-	-	-	-	95,421	-	95,421	-	-	95,421	-
-	-	-	-	-	-	-	\$ 724,681	\$ 2,175,000	\$ (1,450,319)	(66.7%)	\$ 605,340	\$ (119,341)	(19.7%)

Primary Care Clinics - Behavioral Health Statement of Revenues and Expenses by Location (YTD)
For The Tenth Month Ended July 31, 2023

	Belle Glade Behavioral Health	St Ann Place Behavioral Health	Delray Behavioral Health	Lantana Behavioral Health	Mangonia Park Behavioral Health	West Palm Beach Behavioral Health	Jupiter Behavioral Health	Lake Worth Behavioral Health	Lewis Center Behavioral Health	West Boca Behavioral Health	Total
Gross Patient Revenue	\$141	\$336	\$7,291	-	\$874,577	\$1,513	-	-	\$7,839	-	\$891,697
Contractual Allowances	1,575	(72)	(948)	(33)	(38,982)	617	-	-	134,559	-	96,716
Charity Care	607	70	2,645	33	151,978	479	19	-	6,031	-	161,863
Bad Debt	655	(4)	(282)	150	192,762	416	64	39	58,953	20	252,773
Total Contractual Allowances and Bad Debt	2,837	(7)	1,415	150	305,759	1,513	83	39	199,544	20	511,352
Other Patient Revenue	-	-	-	-	14,761	-	-	-	282	-	15,043
Net Patient Revenue	(2,696)	343	5,876	(150)	583,580	-	(83)	(39)	(191,423)	(20)	395,388
Collection %	(1,914.67%)	102.04%	80.59%	-	66.73%	0.02%	-	-	(2,442.03%)	-	44.34%
Ad Valorem Taxes	-	-	-	-	-	-	-	-	-	-	-
Intergovernmental Revenue	-	-	-	-	-	-	-	-	-	-	-
Grant Funds	-	-	-	-	-	-	-	-	-	-	-
Interest Earnings	-	-	-	-	-	-	-	-	-	-	-
Unrealized Gain/(Loss) On Investments	-	-	-	-	-	-	-	-	-	-	-
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-	-	-	-	-	-
Total Other Revenues	-	-	-	-	-	-	-	-	-	-	-
Total Revenues	\$ (2,696)	\$ 343	\$ 5,876	\$ (150)	\$ 583,580	-	\$ (83)	\$ (39)	\$ (191,423)	\$ (20)	\$ 395,388
<i>Direct Operational Expenses:</i>											
Total Operating Expenses	-	-	-	-	-	-	-	-	-	-	-
Net Performance before Depreciation & Overhead Allocations	(2,696)	343	5,876	(150)	583,580	-	(83)	(39)	(191,423)	(20)	395,388
Depreciation	-	-	-	-	-	-	-	-	-	-	-
<i>Overhead Allocations:</i>											
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	-	-	-	-	-	-	-	-	-	-	-
Net Margin	\$ (2,696)	\$ 343	\$ 5,876	\$ (150)	\$ 583,580	-	\$ (83)	\$ (39)	\$ (191,423)	\$ (20)	\$ 395,388
Capital	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/Transfer In	-	-	-	-	-	-	-	-	-	-	-

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 90,370	-	\$ 90,370	-	\$ 76,002	\$ 14,368	18.9%	Gross Patient Revenue	\$ 891,697	-	\$ 891,697	-	\$ 145,829	\$ 745,868	511.5%
(17,066)	-	(17,066)	-	17,543	(34,609)	(197.3%)	Contractual Allowance	96,716	-	96,716	-	34,088	62,628	183.7%
17,451	-	17,451	-	16,287	1,164	7.1%	Charity Care	161,863	-	161,863	-	33,480	128,383	383.5%
28,922	-	28,922	-	40,050	(11,128)	(27.8%)	Bad Debt	252,773	-	252,773	-	42,523	210,249	494.4%
29,307	-	29,307	-	73,880	(44,573)	(60.3%)	Total Contractuals and Bad Debt	511,352	-	511,352	-	110,091	401,261	364.5%
7,209	-	7,209	-	9,499	(2,290)	(24.1%)	Other Patient Revenue	15,043	-	15,043	-	9,499	5,544	58.4%
68,272	-	68,272	-	11,621	56,651	487.5%	Net Patient Revenue	395,388	-	395,388	-	45,237	350,151	774.0%
75.55%	-			15.29%			Collection %	44.34%	-			31.02%		
\$ 68,272	-	\$ 68,272	-	\$ 11,621	\$ 56,651	487.5%	Total Revenues	\$ 395,388	-	\$ 395,388	-	\$ 45,237	\$ 350,151	774.0%
-	-	-	-	-	-	-	Direct Operating Expenses:							
							Total Operating Expenses	-	-	-	-	-	-	-
\$ 68,272	-	\$ 68,272	-	\$ 11,621	\$ 56,651	487.5%	Net Performance before Depreciation & Overhead Allocations	\$ 395,388	-	\$ 395,388	-	\$ 45,237	\$ 350,151	774.0%
-	-	-	-	-	-	-	Total Expenses	-	-	-	-	-	-	-
\$ 68,272	-	\$ 68,272	-	\$ 11,621	\$ 56,651	487.5%	Net Margin	\$ 395,388	-	\$ 395,388	-	\$ 45,237	\$ 350,151	774.0%



District Clinic Holdings, Inc.

Clinic Visits - Adults and Pediatrics	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
	West Palm Beach	1,597	1,182	1,355	1,573	1,553	1,991	1,635	1,805	1,599	1,423			15,713	14,886	5.6%
Delray	832	663	857	741	795	943	988	958	562	785			8,124	5,740	41.5%	5,740
Lantana	2,017	1,613	1,604	1,778	1,840	2,089	1,889	2,206	1,872	1,717			18,625	16,539	12.6%	16,539
Belle Glade & Women's Health Care	920	775	839	905	852	963	784	858	766	731			8,393	7,003	19.8%	7,003
Lewis Center	57	22	44	11	64	57	46	38	12	24			375	3,209	(88.3%)	3,209
Lake Worth & Women's Health Care	1,408	1,009	1,126	1,116	1,142	1,298	1,196	1,288	1,201	1,018			11,802	11,353	4.0%	11,353
Jupiter & Women's Health Care	518	438	544	461	430	600	501	620	510	500			5,122	4,992	2.6%	4,992
West Boca & Women's Health Care	350	311	359	357	320	332	369	310	282	326			3,316	3,446	(3.8%)	3,446
St Ann Place	-	-	-	-	12	77	52	52	6	12			211	496	(57.5%)	441
Cib Mob 1 Warrior	-	-	-	-	-	-	-	-	-	0			-	180	(100.0%)	3,239
Cib Mob 2 Scout	-	-	-	-	-	-	-	-	-	0			-	-	#DIV/0!	2,745
Cib Mob 3 Hero	51	49	61	65	65	57	55	62	57	63			585	500	17.0%	5,056
Mangonia Park	923	844	956	862	757	949	787	941	914	947			8,880	3,356	164.6%	3,356
Total Clinic Visits	8,673	6,906	7,745	7,869	7,830	9,356	8,302	9,138	7,781	7,546	-	-	81,146	71,700	13.2%	80,175
Dental Visits																
West Palm Beach Dental	1,101	824	977	1,209	1,060	1,298	1,272	1,211	1,261	1,133			11,346	8,261	37.3%	8,261
Lantana Dental	769	529	653	753	780	935	899	1,001	1,068	838			8,225	8,403	(2.1%)	8,403
Delray Dental	536	420	540	521	743	796	709	751	437	519			5,972	4,316	38.4%	4,316
Belle Glade Dental	369	270	344	282	299	519	514	496	531	481			4,105	3,898	5.3%	3,898
Lake Worth	-	-	-	-	-	-	-	-	-	-			-	-	#DIV/0!	-
West Boca	-	-	-	-	-	-	-	-	-	-			-	-	#DIV/0!	-
Total Dental Visits	2,775	2,043	2,514	2,765	2,882	3,548	3,394	3,459	3,297	2,971	-	-	29,648	24,878	19.2%	24,878
Total Medical and Dental Visits	11,448	8,949	10,259	10,634	10,712	12,904	11,696	12,597	11,078	10,517	-	-	110,794	96,578	14.7%	105,053
Mental Health Counselors (non-billable)																
West Palm Beach BH	169	112	177	45	35	90	78	54	76	69			905	1,547	(41.5%)	1,547
Delray BH	158	127	140	141	135	164	146	172	106	207			1,496	1,412	5.9%	1,412
Lantana BH	80	131	192	158	138	160	130	101	117	141			1,348	1,501	(10.2%)	1,501
Belle Glade BH	148	58	16	-	13	-	-	-	-	-			235	956	(75.4%)	956
Mangonia Park BH	860	784	869	902	773	1,024	902	1,504	1,046	887			9,551	4,944	93.2%	4,944
Lewis Center BH	-	-	-	-	37	1	-	-	-	-			38	100	(62.0%)	7,266
Lake Worth BH	174	137	172	227	232	184	137	169	167	141			1,740	1,793	(3.0%)	1,793
Jupiter BH	-	-	37	44	58	-	-	-	-	-			139	-	#DIV/0!	-
St Ann Place BH	-	-	-	-	-	98	108	85	120	88			499	98	409.2%	-
West Boca BH	-	-	-	-	20	48	34	32	73	26			233	-	#DIV/0!	4
Mobile Van	-	-	-	-	-	-	-	-	-	-			-	-	#DIV/0!	-
Total Mental Health Screenings	1,589	1,349	1,603	1,517	1,441	1,769	1,535	2,117	1,705	1,559	-	-	16,184	12,351	31.0%	19,423
GRAND TOTAL	13,037	10,298	11,862	12,151	12,153	14,673	13,231	14,714	12,783	12,076	-	-	126,978	108,929.00		124,476

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

1. Description: Billing and Collections Policies

2. Summary:

This agenda item provides the C. L. Brumback Primary Care Clinics Billing and Collection Policies for review and approval.

3. Substantive Analysis:

Per Chapter 19 of the HRSA Compliance Manual, the health center Board must review the following at least once every three years, and, as needed, approve updates to policies in the following areas: Sliding Fee Discount Program, Quality Improvement/Assurance, and Billing and Collections. Policies related to billing and collections that require Board approval include those that address the waiving or reducing of amounts owed by patients due to inability to pay, and if applicable those that limit or deny services due to refusal to pay.

Please see the following attached Billing and Collection policies for your review and re-approval:

- a. Accounts Receivable – 502-13
- b. Advance Beneficiary Notice – 517-16
- c. Auditing and Monitoring – 505-16
- d. Care Transitions – RCQ-001a
- e. Charge Capture & Reconciliation – 514-16
- f. Claims Submission – 515-16
- g. Coding Documentation – 508-16
- h. Collections – 509-16
- i. Medical Necessity – 507-16
- j. Medical Record Documentation – 513-16
- k. Patient Payment – 511-15
- l. Petty Cash – 519-17
- m. Sliding Fee Discount Program – 501-13
- n. Training – 510-16
- o. Waiver of Fees – 522-19

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

4. Fiscal Analysis & Economic Impact Statement:

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 CA6A21FF2E048 Jessica Cafarelli
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date

6. Recommendation:

Staff recommends the Board Approve the Billing and Collection Policies.


Approved for Legal sufficiency:

DocuSigned by:

 0CF6F7DB6706433 Bernabe Icaza
 SVP & General Counsel

DocuSigned by:

 B3AD99498354419 Annmarie Hankins
 AVP Revenue Cycle Management

DocuSigned by:

 F637D209DB52427 Candice Abbott
 SVP & Chief Operating Officer



Accounts Receivable Policy

Policy #:	502-13	Effective Date:	2/3/2022
Business Unit:	Primary Care Clinics	Last Review Date:	03/1/2021
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics, HCD Rev Cycle
Board Approval Date:	03/12/2021		

SCOPE

This Financial Policy outlines requirements for the accounting and management of accounts receivable (AR) transactions within the clinical operations utilizing Electronic Health Record (EHR). It also establishes uniform guidelines and principles in regards to billing, collections, and write-off of accounts receivables.

POLICY

The AR Policy is to provide consistency by following standard best practices that follow general accounting principles related to revenue cycle management. This includes:

- Properly charge and bill responsible payor's.
- Collect from all Third Party entities in a timely manner.
- Collect from clients that have the ability to pay in a timely manner.
- Provide a recourse collections process on clients with delinquent accounts that have the ability to pay.

EXCEPTIONS

N/A



RELATED DOCUMENTS	
Related Policy Document(s)	502-13-A
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Anmarie Hankins; Candice Abbott;
Reviewer approval date	3/30/2022
Final approver	Darcy Davis;
Final approval date	4/5/2022

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Advance Beneficiary Notice

Policy #:	517-16	Effective Date:	2/3/2022
Business Unit:	Primary Care Clinics	Last Review Date:	3/1/2021
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics, HCD Rev Cycle
Board Approval Date:	03/12/2021		

POLICY

It is clinic operations policy to obtain an Advance Beneficiary Notice (ABN) from Medicare beneficiaries, or an Advance Notice of Non-Coverage (ANN) from commercial beneficiaries, when tests/services may not be covered according to Local Medical Review Policy (LMRP) or National Coverage Limitations or other criteria issued by Medicare or Commercial Carrier.

EXCEPTIONS

N/A

RELATED DOCUMENTS

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

APPROVALS

Reviewer approval	Annamarie Hankins; Candice Abbott;
Reviewer approval date	3/30/2022
Final approver	Darcy Davis;
Final approval date	4/5/2022

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Auditing and Monitoring Policy

Policy #:	505-16	Effective Date:	2/3/2022
Business Unit:	Primary Care Clinics	Last Review Date:	03/01/2021
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics, HCD Rev Cycle
Board Approval Date:	03/12/2021		

POLICY

It is clinic operations policy to audit and monitor its billing functions as part of its compliance program to ensure that billing practices are consistent with applicable federal, state and local laws and sound ethical business practices.

EXCEPTIONS

N/A

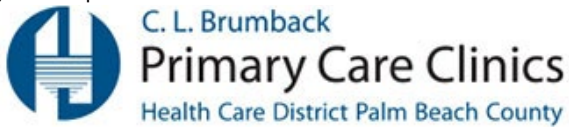
RELATED DOCUMENTS

Related Policy Document(s)	505-16-A
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS

Reviewer approval	Anmarie Hankins; Candice Abbott;
Reviewer approval date	3/30/2022
Final approver	Darcy Davis;
Final approval date	4/5/2022

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Quality Care Transitions Policy

Policy #:	RCQ-001a	Effective Date:	1/1/2020
Business Unit:	Primary Care Clinics	Last Review Date:	03/05/2021
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Revenue Cycle
Board Approval Date:	3/25/2020, 03/12/2021		

PURPOSE

To establish a policy for coordinating patient care during and after transitions from acute care settings.

SCOPE

This procedure is applicable to all team-members who are involved in care transitions in the revenue cycle department.

POLICY

The Health Care District of Palm Beach County works with health plans and C.L Brumback Clinics to systematically identify patients with unplanned hospital admissions and emergency department visits and performs post-hospital/ED visit follow-up through the contact of patients/families/caregivers for follow-up care, if needed, within 48 hours.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	
Related Forms	RCQ-001b
Reference(s)	RCQ-001b
Last Revision	
Revision Information/Changes	
Next Review Date	



APPROVALS

Reviewer approval	Shauna Miller; Andrea Steele;
Reviewer approval date	3/5/2021
Final approver	Candice Abbott; Darcy Davis;
Final approval date	5/18/2021

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Charge Capture and Reconciliation Policy

Policy #:	514-16	Effective Date:	2/3/2022
Business Unit:	Primary Care Clinics	Last Review Date:	03/01/2021
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics, HCD Rev Cycle
Board Approval Date:	08/30/2016, 03/12/2021		

POLICY

It is clinic operations policy to maintain patient records which accurately and fairly reflect the treatment and services rendered, consistent with applicable federal and state laws and regulations. All health care providers are required to document in the medical record pertinent facts, findings and observations about a patient's health history, including past, and present illness, examinations, tests, treatments, and outcomes.

EXCEPTIONS

N/A

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



APPROVALS	
Reviewer approval	Annmarie Hankins; Candice Abbott;
Reviewer approval date	3/30/2022
Final approver	Darcy Davis;
Final approval date	4/5/2022

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Claims Submission Policy

Policy #:	515-16	Effective Date:	2/3/2022
Business Unit:	Primary Care Clinics	Last Review Date:	03/01/2021
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics, HCD Rev Cycle
Board Approval Date:	03/12/2021		

POLICY

It is clinic operations policy to submit all claims promptly according to guidelines established by each carrier.

EXCEPTIONS

N/A

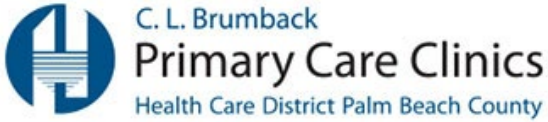
RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	



APPROVALS

Reviewer approval	Annamarie Hankins; Candice Abbott;
Reviewer approval date	3/30/2022
Final approver	Darcy Davis;
Final approval date	4/5/2022

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Coding Documentation Policy

Policy #:	508-16	Effective Date:	2/3/2022
Business Unit:	Primary Care Clinics	Last Review Date:	03/03/2022
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics, HCD Rev Cycle
Board Approval Date:	08/30/2016, 12/10/2019, 03/12/2021		

POLICY

It is clinic operations policy to ensure the accuracy, integrity and quality of patient data, and improve the quality of medical record documentation to reflect the assignment of billing codes. Coding is performed consistent with the Current Procedural Terminology (CPT) coding conventions and guidelines published by the American Medical Association as well as requirements of private insurance carriers regarding ICD-10-CM. Coding for Medicare services are performed according to CPT and Level I and II HCPCS codes and Level III HCPCS codes of Medicare's fiscal intermediary.

EXCEPTIONS

N/A

RELATED DOCUMENTS

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



APPROVALS	
Reviewer approval	Annmarie Hankins; Candice Abbott;
Reviewer approval date	3/30/2022
Final approver	Darcy Davis;
Final approval date	4/5/2022

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Collections Policy

Policy #:	509-16	Effective Date:	2/3/2022
Business Unit:	Primary Care Clinics	Last Review Date:	03/01/2021
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics, HCD Rev Cycle
Board Approval Date:	08/30/2016, 03/12/2021		

POLICY

It is clinic operations policy to collect all balances due from patients fairly and equitably and in a manner consistent with applicable laws and rules from Medicare and private insurance carriers.

The clinic operations will serve anyone regardless of their ability to pay.

EXCEPTIONS

N/A

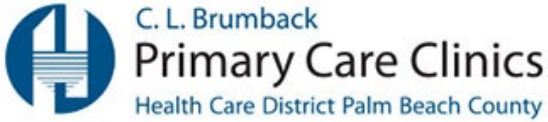
RELATED DOCUMENTS

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



APPROVALS	
Reviewer approval	Annmarie Hankins; Candice Abbott;
Reviewer approval date	3/30/2022
Final approver	Darcy Davis;
Final approval date	4/5/2022

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Medical Necessity Policy

Policy #:	507-16	Effective Date:	8/30/2016
Business Unit:	Primary Care Clinics	Last Review Date:	03/01/2021
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics, HCD Rev Cycle
Board Approval Date:	08/30/2016, 03/12/2021		

POLICY

It is clinic operations policy to order only those tests and/or services that clinical providers believe are medically necessary for the diagnosis and treatment of their patients. A specific diagnosis, sign, symptom, disease and/or ICD-10-CM code must be provided for each test and/or service ordered to appropriately reflect medical necessity.

EXCEPTIONS

N/A

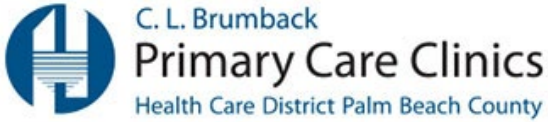
RELATED DOCUMENTS

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



APPROVALS	
Reviewer approval	Annmarie Hankins; Candice Abbott;
Reviewer approval date	3/22/2022
Final approver	Darcy Davis;
Final approval date	3/22/2022

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Medical Record Documentation Policy

Policy #:	513-16	Effective Date:	8/30/2016
Business Unit:	Primary Care Clinics	Last Review Date:	03/01/2021
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics, Rev Cycle
Board Approval Date:	08/30/2016, 03/12/2021		

POLICY

It is clinic operations policy to maintain patient records which accurately and fairly reflect the treatment and services rendered, consistent with applicable federal and state laws and regulations. Health care providers involved in rendering care to the patient are required to document in the medical record pertinent facts, findings and observations about a patient's health history, including past, and present illness, examinations, tests, treatments, and outcomes.

EXCEPTIONS

N/A

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



APPROVALS	
Reviewer approval	Shauna Miller; Andrea Steele;
Reviewer approval date	3/5/2021
Final approver	Candice Abbott; Darcy Davis;
Final approval date	5/18/2021

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Petty Cash Policy

Policy #: 519-17 Effective Date: 3/3/2022
 Business Unit: Primary Care Clinics Last Review Date: 03/01/2021
 Approval Group: HCD Rev Cycle Policy Document Owner(s): Primary Care Clinics, HCD Rev Cycle
 Board Approval Date: 04/26/2017, 03/12/2021

POLICY

It is the policy of the clinic operations to provide availability of petty cash to front line staff to facilitate cash handling.

EXCEPTIONS

N/A

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



APPROVALS	
Reviewer approval	Annmarie Hankins; Candice Abbott;
Reviewer approval date	3/22/2022
Final approver	Darcy Davis;
Final approval date	3/22/2022

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Sliding Fee Discount Program Policy

Policy #:	501-13	Effective Date:	8/30/2021 <u>8/32/4/2022</u>
Business Unit:	Primary Care Clinics	Last Review Date:	8/30/2021 <u>2/4/2022</u>
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics and Finance
Board Approval Date:	9/29/2021		

PURPOSE

This program is designed to provide discounted care to those who have no means, or limited means, to pay for services (Uninsured or Underinsured). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full.

C. L. Brumback Primary Care Clinics (CLBPCC) will offer a Sliding Fee Discount Program uniformly to all patients. CLBPCC will base program eligibility on a person's ability to pay and family size. CLBPCC will not discriminate on the basis of age, gender, race, creed, disability or national origin. The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the Sliding Fee Schedule (SFS) to determine eligibility.

Individuals and families with annual incomes at or below 100 percent of the Federal Poverty Guidelines will be charged a nominal fee. No sliding fee discount will be available for individuals and families with annual incomes above 200 percent of the Federal Poverty Guidelines. CLBPCC SFS will apply for every service, including ancillary services, within CLBPCC's HRSA approved scope of project.

SCOPE

Primary Care Clinics; Finance; Revenue Cycle

POLICY

It is the policy of the CLBPCC to assess and evaluate a patient's ability to pay for all in-scope clinic services as well as services by paid referral and to make available discount services to those in need. All clinic patients will be assessed for income level unless they refuse. Discounts are determined based on household income and family size as defined in this policy. A sliding fee discount scale is used to calculate the applicable discount and is updated annually when the Federal Poverty Guidelines change. Discounts that are approved will be honored for twelve months, after which the patient must be reassessed. No



patients will be denied health care services due to an individual's inability to pay for services of the health center.

It is the policy of CLBPCC to maintain a standard procedure to qualifying patients for sliding fee scale discounts for services provided. Sliding fee scale discounts are available to patients with all incomes at or below 200% of the Federal Poverty Guidelines. All services included within the scope of federal project, including all services provided directly and by referral will comply with HRSA sliding fee requirement. Patients with insurance are eligible to apply for the Sliding Fee Discount Program, and those who qualify will be charged the lesser of the patient liability or what they would be charged as an uninsured sliding fee patient unless prohibited by the applicable insurance contract. Patients that do not wish to apply for a sliding fee scale discount will be asked to attest to income and household size to be compliant with UDS reporting. Patients that refuse to be assessed may be billed full charges for their services.

It is the policy of the CLBPCC to post visible notices at all clinic sites, websites, and in printed material which state that no one will be denied access to services due to inability to pay, and that there is a Sliding Fee Discount Program available. This statement will be translated into the appropriate language/dialect and provided to patients upon request.

It is the policy of CLBPCC to ensure that when charging a nominal fee, the ability of the patient to pay is considered. Designated staff will periodically conduct a brief survey to those patients who were charged a nominal fee that allows patients to provide feedback about their charges.

The Board of Directors will review the Sliding Fee Discount Program Policy once every three years to ensure the policy in effect does not create a barrier to care, and if so, corrective action will be taken to eliminate those barriers. The evaluation will consider the perspective of all sliding fee patients through the use of tools such as patient surveys, focus groups and similar methods. The evaluation will also analyze patient and visit use data to ensure that the sliding fee patients of all classes are accessing services.

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

- 1. Notification:** CLBPCC will notify patients of the Sliding Fee Discount Program by:
 - a. A "Welcome Packet" (brochure) will be available to all patients at the time of service.
 - b. Notification of the Sliding Fee Discount Program will be offered to each patient upon registration.
 - c. An explanation of our Sliding Fee Discount Program and our application form



are available on CLBPCC's website.

- d. CLBPCC places notification of the Sliding Fee Discount Program in the clinics' waiting area.
2. All patients seeking healthcare services at CLBPCC are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
3. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk.
4. **Administration:** The Sliding Fee Scale Discount Program Policy and Procedure will be administered through the FQHC Clinic Supervisor. Information about the Sliding Fee Discount Program Policy and Procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided services.
5. **Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize CLBPCC access in confirming income as disclosed on the application form. Providing false information on the Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be completed or processed due to the need for additional information or a State of Emergency, the applicant has two (2) weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two-week time period, their application will be re-dated to the date on which they supply the requested information. CLBPCC will work all patient accounts as detailed in its Billing and Collections Policy.

6. **Eligibility:** Discounts will be based on income and family size only. CLBPCC uses the Census Bureau definitions of each.
 - a. **Family** is defined as a group of two people or more (one of whom is the householder)



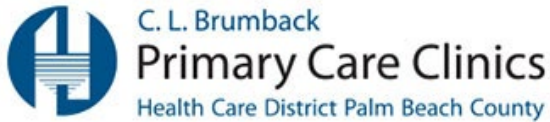
related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

- b. **Income*** includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. *Noncash benefits (such as food stamps and housing subsidies) do not count.*

- 7. Income verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. **Self-declaration of income** may only be used in special circumstances. Specific examples include participants who are living in unsheltered locations (such as streets, parks, temporary housing) coupled with an inability to pay. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to CLBPCC's Executive Director or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

- 8. Discounts:** Those with incomes at or below 100% of poverty will asked to pay a nominal fee. Partial discounts are provided for patients with incomes above 100% of the Federal Poverty Guidelines (FPG) and at or below 200% of the FPG. These discounts adjust based on gradations in income levels and include four discount pay classes. Those with incomes at or below 100% of poverty will not pay more than those with incomes above 100% of poverty. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines (FPG), <http://aspe.hhs.gov/poverty>. The primary care medical and dental sliding fee schedules are attached as a part of the policy.

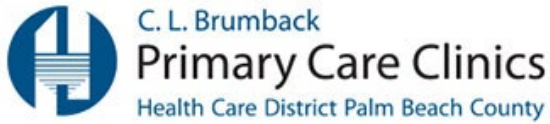
- 9. Nominal Fee:** Patients at or below 100% FPG will be assessed a nominal charge per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment. The nominal charge is a flat fee, nominal from the patient's perspective, and is not based on actual cost of service.



10. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by CLBPCC's Executive Director of Clinic Operations or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event). Patients who demonstrate financial hardship may request assistance by completing a Waiver of Fees Exemption Application. The Clinic Supervisor will review the application and forward to the Executive Director of Clinic Operations or designee for approval. Criteria reviewed includes, but not limited to:

1. Living in unsheltered locations (such as streets/parks/temporary home)
2. Eviction or facing eviction or foreclosure
3. Shut-off notices from a utility company
4. Experiencing domestic violence
5. Death of a close family member resulting in extreme financial constraints
6. Experiencing a fire, hurricane, flood or other natural or human-caused disaster that caused substantial damage to patient property
7. Filing bankruptcy
8. Medical expenses the patient could not pay that resulted in substantial debt
9. Unexpected increases in necessary expenses due to caring for an ill, disabled or aging family member
10. External medical crisis requiring frequent visits that make it challenging for the patient to pay
11. Other hardships that may prevent a patient from affording health care services subject to Executive Director of Clinic Operations or designee approval

11. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) verbally, and will include the Sliding Fee Discount Program Discount, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with CLBPCC. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to the application date and any balances incurred within six months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the twelve months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program applications.



12. Refusal to Pay: CLBPCCC does not refuse services to patients.

13. Record keeping: Information related to Sliding Fee Discount Program decision will be scanned by the Front Desk staff and maintained electronically in the CLBPCCC's Electronic Health Record in an effort to preserve the dignity of those receiving free or discounted care.

- a. Applicants that have been approved for the Sliding Fee Discount Program will be annotated in CLBPCCC's Electronic Practice Management system.

14. Policy and procedure review: Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CEO and CFO and submitted to the Board for approval. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing the amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in the policy and procedures and for examining institutional practices, which may serve as barriers preventing eligible patients from having access to our community care provisions.

15. Third Party Insurance. Patients with third party insurance are subject to any limitations on further discounting amounts required by the insurer due to applicable Federal and state law, Medicare and Medicaid and / or terms and conditions of private payor contracts. Patients with insurance that are eligible for the SFS Program are charged no more than they would have owed under the SFS Program.

16. Evaluation: At a minimum, once every three years, the Sliding Fee Discount Program will be reviewed from the perspective of reducing patient financial barriers to care. CLBPCCC shall include input from patients in various forms including, but not limited to, patient focus groups, patient surveys, and input from board members that are also patients of CLBPCCC.

EXCEPTIONS

N/A



RELATED DOCUMENTS	
Related Policy Document(s)	522-19
Related Forms	Waiver of Fees Exemption Application
Reference(s)	
Last Revision	05/23/2013, 08/12/2013, 05/24/2017, 06/28/2017, 2/12/2019, 12/31/2019; 3/2/2021, 8/30/2021
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	Shauna Miller; Andrea Steele;
Reviewer approval date	3/5/2021
Final approver	Candice Abbott; Darcy Davis;
Final approval date	5/18/2021

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

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Training Policy

Policy #:	510-16	Effective Date:	8/30/2016
Business Unit:	Primary Care Clinics	Last Review Date:	03/01/2021
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics, HCD Rev Cycle
Board Approval Date:	08/30/2016, 03/12/2021		

POLICY

It is clinic operations policy to periodically train providers on the appropriate legal and ethical requirements pertaining to the billing process.

EXCEPTIONS

N/A

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



APPROVALS	
Reviewer approval	Shauna Miller; Andrea Steele;
Reviewer approval date	3/5/2021
Final approver	Candice Abbott; Darcy Davis;
Final approval date	5/18/2021

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Waiver of Fees Policy

Policy #:	522-19	Effective Date:	11/27/2019
Business Unit:	Primary Care Clinics	Last Review Date:	03/01/2021
Approval Group:	HCD Rev Cycle Policy	Document Owner(s):	Primary Care Clinics, Finance
Board Approval Date:	11/27/2019, 03/12/2021		

PURPOSE

C. L. Brumback Primary Care Clinics is committed to compliance with all applicable HRSA Compliance Manual Requirements. The purpose of this policy and the associated procedures is to provide safeguards to ensure C. L. Brumback Primary Care Clinics compliance with HRSA requirements.

SCOPE

Primary Care Clinics; Finance; Revenue Cycle

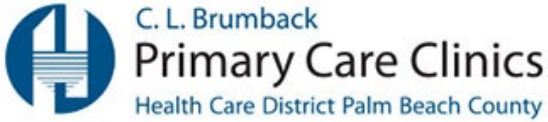
POLICY

C. L. Brumback Primary Care Clinics (CLBPCC) recognizes that patients who experience extenuating circumstances may qualify to receive an additional financial discount based on their Waiver of Fees Application. It is the policy of CLBPCC to ensure that services are provided to all patients without regard to the patient's ability to pay.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	522-19A Waiver of Fee Procedure, 522-19C Waiver of Fee Application
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	



APPROVALS	
Reviewer approval	Annmarie Hankins; Andrea Steele;
Reviewer approval date	3/5/2021
Final approver	Candice Abbott; Darcy Davis;
Final approval date	5/18/2021

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**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

1. Description: Bylaws Amendment

2. Summary:

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

3. Substantive Analysis:

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

Option 1: * This option was previously presented to the Board and approved on August 23, 2023.

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

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

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

Option 2: * On August 23, 2023, the Board also discussed an option of maintaining the monthly meetings but allowing remote attendance to count towards the quorum. A draft of the Bylaws with this option is included as follows:

- No revision is made to Section 12.1. This Section 12.1 will continue to require monthly meetings. However, Section 12.6 was amended as referenced above, and Section 14 was also amended as referenced above.

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

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

4. Fiscal Analysis & Economic Impact Statement:

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Jessica Cafarelli
Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza

0CF6F7DB6706484
Bernabe Icaza
SVP & General Counsel

DocuSigned by:
Darcy Davis

77A3B53589A1477
Darcy J. Davis
Chief Executive Officer



Amended

Bylaws of

District Clinic Holdings, Inc.

Amended: 2013, 2014, 2016, 2018, 2019, 2020, 2023

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

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

DISTRICT CLINIC HOLDINGS, INC.

AMENDED BY-LAWS

Section 1 – Statutory Authority

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

Section 2 – Name

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

Section 3 – Purpose

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

Section 4 – Offices

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

Section 5 – Objectives

- 5.1 The objectives of the Board are as follows:
 - a. Improvement of the general health status of the community through the promotion of preventive health services and early identification and treatment of the disease.
 - b. Identification and referral of individuals in need of health and social services.
 - c. Participation in the development of the Federal grant application.
 - d. Monitoring services provided by the clinics to ensure that community needs are being met

within the constraints of the agency.

- e. Ensure that professional standards are maintained.
- f. Interpret the health needs of the community to clinic administrative staff and interpret the services provided by the clinics, to the community.

Section 6 – Powers

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

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

the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board's responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.

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

Section 7 – Board Member Responsibilities

7.1 *Key function and responsibilities.*

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

Section 8 – Membership Composition

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

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

Section 9 – Term of Membership

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

- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee.
 - b. Members eligible to serve for a second 4-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Member's 4-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the annual meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the annual meeting. In selecting its new members, the Board will use the criteria set out in Section 8.
- 9.3 Membership on the board may be terminated by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences. For purposes of these Bylaws, an unexcused absence occurs when a Board member fails to attend a regularly scheduled meeting and fails to give advance notice of such absence to the Executive Director who will notify the Chair. After two (2) unexcused absences, the secretary shall send the member a reminder. On the third unexcused absence, the Board shall take action to terminate membership and the individual shall be so advised. The migrant/seasonal farm worker who is absent due to job obligation will be granted and excused absence without restrictions.
- 9.4 Any Board member may be removed from the Board with or without cause by a two-thirds vote of the remaining board members present and voting at any regular or special meeting called for such purpose.

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

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

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

Article.

- 9.5 Each member will be entitled to one (1) vote.
- a. Membership shall be designated as Consumer, Health Care Provider, Community Representative, or Migrant/Seasonal Farm worker.
 - b. Voting Conflict. No member shall cast a vote on any matter that could result in direct or indirect financial benefit to such member or otherwise give the appearance of or create a conflict of interest as defined in Ch. 112, Florida Statutes. Nothing in the foregoing shall prevent Board Members from voting upon matters of Board Compensation as set forth in Section 10.5.

Section 10 – Officers

- 10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed.
- 10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.
- 10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the ‘two consecutive one-year terms’ referenced in Section 10.1.
- 10.4 The officers and their duties for this organization shall be:
- 10.4.1 Chairperson
 - a. To preside over all meetings and to appoint all committee and councils.
 - b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall constitute the acceptance by the Board of the terms and conditions of the Grant and obligate it to perform its function under the approved project in accordance with the terms thereof.
 - c. The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.
 - d. Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization

10.4.2 Vice Chairperson

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

10.4.3 Secretary

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

10.4.4 Treasurer

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

10.5 Compensation

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

Section 11 – Committees

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

- a. Act as advisor to the Chairperson;

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

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

Section 12 – Meeting

- 12.1 Regular meetings shall be held monthly. ~~Time and place shall be determined by Board. These monthly meetings can be conducted by teleconferencing or other technological means, except that the Board shall hold regular in person meetings on a quarterly basis. Time and place shall be determined by Board. If a meeting is conducted by teleconferencing or other technological means, public access must be afforded which permits the public to attend the meeting. That public access may be provided by teleconferencing or technological means.~~
- 12.2 Special meetings may be called by the Chairperson whenever Board business cannot be held until the next regular meeting.
- 12.3 Meetings shall conform to the requirements of Ch. 286, Florida Statutes (“Government in the Sunshine Act”), including the taking and maintenance of meeting minutes, and such minutes shall be retained by District in accordance with the requirements of the State of Florida’s Record Retention Schedules GS1-SL (State and Local Government Agencies), GS4 (Public Health Care Facilities and Providers), and/or any other applicable Schedule(s)), regarding Minutes of Official Meetings.
- 12.4 The Annual Meeting shall coincide with the Regular meeting held during the Month of May and shall hold the election of officers.
- 12.5 Quorum shall consist of a majority of the members of the Governing Board as then constituted, for the regular scheduled meetings and the special called meetings. Once a quorum is established for any meeting it remains for the duration of the meeting unless one or more members permanently absents him/herself from the ~~premises of the~~ meeting and the sum of the remaining members falls below the number needed for a quorum.
- 12.6 ~~Official actions~~ Board members may attend meetings of the Board ~~may be conducted by telephoneteleconferencing or video conferencing provided that such meeting complies with other technological means. Attendance by Board members pursuant to the requirements of foregoing shall constitute presence in person at the Government in meetings and shall be counted towards the Sunshine Act. For attendance and voting by telephone or video conferencing:~~

~~There must be a quorum physically present in order for a board member to participate and vote by telephonic or video conferencing.~~

- ~~a. The member voting by these means must be physically located outside the borders of Palm Beach County, unable to attend due to an illness, or unable to attend due to an unforeseen circumstance beyond their control.~~
- ~~b. Any telephone or video conferencing utilized for voting during a board meeting must be amplified for all to hear and or displayed so that those attending can see the board member’s comments and~~

~~or vote. This also ensures that all other board members attending remotely can hear and or see the other board member's comments and votes.~~

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

Section 13 – Authority

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

Section 14 – Amendments

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

Section 15 – Dissolution of the Corporation

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

CERTIFICATE

This certifies that the foregoing constitutes the Bylaws of District Clinics Holdings, Inc., amended and adopted by the Members of the Corporation at a meeting held on the 26th day of September , 2023.

BY: _____

Joseph Gibbons, Secretary

**Approved as to form and
Legal Sufficiency**

BY: _____

Bernabe Icaza
General Counsel

HISTORY OF DISTRICT CLINIC HOLDINGS, INC. BYLAWS

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

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

Section 11.1 removed requirement to make recommendations to full Board.

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

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

3

August 1, 2013

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

Section 6.1m amended to include establishment of policies.

4

August 9, 2013

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

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

Section 2.1 established for
clarification regarding
common business name

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

Section 6.1.b replaced Project
with Executive

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

Section 6.1.m amended to
include ability to establish

policies

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

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

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

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

Section 8.13 added

Section 9 amended to read:
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

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

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

Section 9.3 amended to define an unexcused absence

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

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

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

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

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

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

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

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

Section 10.4.e added to read:

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

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

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

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

Section 11.2 included for establishment of a Personnel Committee

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

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

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

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

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

Section 11.9 deleted
Committee members

Section 11.10 added to read:

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

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February 18, 2014

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

Section 11 renumbered for efficiency.

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

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

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

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

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

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

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

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

Added Section 6.1.q

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April 24, 2014

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

Section 9.5.b added.

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

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

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

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

14

December 14, 2021

Videoconferencing
Participation

Amended Section 9 updating
Membership term to 4 years
from date of appointment;
removed language related to
filing unexpired terms; and
Section 11 updating Finance
Committee meetings to
Quarterly.

15

September 26, 2023

Amended Section 12.1 to
allow for monthly meetings to
be held by teleconferencing or
other technological means,
except for in person quarterly
meetings.

Amended Section 12.6 to
allow Board members to
participate in meetings by
technological means.

Amended Section 14 requiring
Bylaws amendment by
majority of the Board members
and approval by Governing
Board.



Amended

Bylaws of

District Clinic Holdings, Inc.

Amended: 2013, 2014, 2016, 2018, 2019, 2020, 2023

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

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

DISTRICT CLINIC HOLDINGS, INC.

AMENDED BY-LAWS

Section 1 – Statutory Authority

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

Section 2 – Name

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

Section 3 – Purpose

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

Section 4 – Offices

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

Section 5 – Objectives

- 5.1 The objectives of the Board are as follows:
 - a. Improvement of the general health status of the community through the promotion of preventive health services and early identification and treatment of the disease.
 - b. Identification and referral of individuals in need of health and social services.
 - c. Participation in the development of the Federal grant application.
 - d. Monitoring services provided by the clinics to ensure that community needs are being met

within the constraints of the agency.

- e. Ensure that professional standards are maintained.
- f. Interpret the health needs of the community to clinic administrative staff and interpret the services provided by the clinics, to the community.

Section 6 – Powers

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

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

the responsibility of establishing fiscal and personnel policies. The health center board can be a formally incorporated entity and it and the public entity board are co-applicants for the health center program. When there are two boards, each board's responsibilities must be specified in writing so that the responsibilities for carrying out the governance functions are clearly understood.

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

Section 7 – Board Member Responsibilities

7.1 *Key function and responsibilities.*

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

Section 8 – Membership Composition

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

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

Section 9 – Term of Membership

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

- a. Vacancies on the Board due to the termination, resignation or death of a Member prior to the expiration of his/her Term may be filled within sixty (60) days of the vacancy by a majority vote of the Members at the next regular meeting, or at a special meeting called for that purpose, from those eligible persons recommended by the Nominating/Membership Committee.
 - b. Members eligible to serve for a second 4-year term may apply for reappointment according to the procedures instituted by the Nominating Committee and approved by the Board. When a vacancy is anticipated to occur at the completion of any Member's 4-year term, the Nominating Committee shall submit names of eligible persons to the Board for consideration at least one month prior to the annual meeting of the Board, and the Board shall select those persons to fill the anticipated vacancy by a majority vote at the annual meeting. In selecting its new members, the Board will use the criteria set out in Section 8.
- 9.3 Membership on the board may be terminated by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences. For purposes of these Bylaws, an unexcused absence occurs when a Board member fails to attend a regularly scheduled meeting and fails to give advance notice of such absence to the Executive Director who will notify the Chair. After two (2) unexcused absences, the secretary shall send the member a reminder. On the third unexcused absence, the Board shall take action to terminate membership and the individual shall be so advised. The migrant/seasonal farm worker who is absent due to job obligation will be granted and excused absence without restrictions.
- 9.4 Any Board member may be removed from the Board with or without cause by a two-thirds vote of the remaining board members present and voting at any regular or special meeting called for such purpose.

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

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

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

Article.

- 9.5 Each member will be entitled to one (1) vote.
- a. Membership shall be designated as Consumer, Health Care Provider, Community Representative, or Migrant/Seasonal Farm worker.
 - b. Voting Conflict. No member shall cast a vote on any matter that could result in direct or indirect financial benefit to such member or otherwise give the appearance of or create a conflict of interest as defined in Ch. 112, Florida Statutes. Nothing in the foregoing shall prevent Board Members from voting upon matters of Board Compensation as set forth in Section 10.5.

Section 10 – Officers

- 10.1 Corporation officers shall be elected by the Members at the Annual Meeting in May of each year for a one (1) year term of office. Any officer may be elected to serve consecutive terms in the same office, but may not serve more than two consecutive one-year terms in the same office. If there is a declared state of emergency declared at the local, state, or federal level that impacts the Clinics, the election of officers may be postponed unless the circumstances make it impossible to meet, if so, then it shall be postponed.
- 10.2 Removal of Officers. Any officer of the Board may be removed from office, with or without cause, by a majority vote of the Board of Directors at any meeting of the Board where a quorum exists.
- 10.3 Vacancies. Any time there is a vacant officer position, the Board may elect a replacement officer at its next regular meeting to serve out the remainder of the term of office, and any person so elected shall not have the remaining term count for purposes of calculating the ‘two consecutive one-year terms’ referenced in Section 10.1.
- 10.4 The officers and their duties for this organization shall be:
- 10.4.1 Chairperson
 - a. To preside over all meetings and to appoint all committee and councils.
 - b. The Chairperson or such representative selected by the Board shall be authorized to act for the Board, and assume on its behalf the obligations imposed by the terms and conditions of any award and Public Health Service regulations. Such execution shall constitute the acceptance by the Board of the terms and conditions of the Grant and obligate it to perform its function under the approved project in accordance with the terms thereof.
 - c. The Chairperson shall be the Board’s sole and primary liaison for external affairs including serving as Board’s representative to the media.
 - d. Appoint a Board member to attend District governing Board meeting in conjunction with the Executive Director, solely in advisory capacity to enhance oversight and communication between each organization

10.4.2 Vice Chairperson

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

10.4.3 Secretary

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

10.4.4 Treasurer

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

10.5 Compensation

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

Section 11 – Committees

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

- a. Act as advisor to the Chairperson;

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

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

Section 12 – Meeting

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

comments of other participants in the meeting. -

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

Section 13 – Authority

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

Section 14 – Amendments

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

Section 15 – Dissolution of the Corporation

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

CERTIFICATE

This certifies that the foregoing constitutes the Bylaws of District Clinics Holdings, Inc., amended and adopted by the Members of the Corporation at a meeting held on the 26th~~14th~~ day of September, ~~2023~~December, 2021.

BY: _____

Joseph Gibbons, Julia Bullard
Secretary

**Approved as to form and
Legal Sufficiency**

BY: _____

Bernabe Icaza
General Counsel

HISTORY OF DISTRICT CLINIC HOLDINGS, INC. BYLAWS

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

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

Section 11.1 removed requirement to make recommendations to full Board.

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

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

3

August 1, 2013

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

Section 6.1m amended to include establishment of policies.

4

August 9, 2013

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

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

Section 2.1 established for
clarification regarding
common business name

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

Section 6.1.b replaced Project
with Executive

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

Section 6.1.m amended to
include ability to establish

policies

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

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

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

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

Section 8.13 added

Section 9 amended to read:
Term of Membership

Section 9.1 amended to clarify membership length of terms

Section 9.2 added for establishment of selecting New Board Members.

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

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

Section 9.3 amended to define an unexcused absence

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

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

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

Section 10.1 amended to become Section 10.4

Section 10.1 included to establish election of officers by Members

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

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

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

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

Section 10.4.e added to read:

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

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

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

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

Section 11.2 included for establishment of a Personnel Committee

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

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

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

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

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

Section 11.9 deleted
Committee members

Section 11.10 added to read:

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

5

February 18, 2014

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

Section 11 renumbered for efficiency.

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

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

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

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

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

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

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

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

Added Section 6.1.q

6

April 24, 2014

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

Section 9.5.b added.

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

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

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

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

14

December 14, 2021

Videoconferencing
Participation

Amended Section 9 updating
Membership term to 4 years
from date of appointment;
removed language related to
filing unexpired terms; and
Section 11 updating Finance
Committee meetings to
Quarterly.

15

September 26, 2023

Amended Section 12.1 to
allow for monthly meetings to
be held by teleconferencing or
other technological means,
except for in person quarterly
meetings.

Amended Section 12.6 to
allow Board members to
participate in meetings by
technological means.

Amended Section 14 requiring
Bylaws amendment by
majority of the Board members
and approval by Governing
Board.

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

1. Description: Nomination of New Clinic Board Member

2. Summary:

This agenda item recommends the appointment of Mr. Albert Polk to the Clinic Board.

3. Substantive Analysis:

Mr. Albert Polk has submitted an application for consideration for appointment to the District Clinic Holdings, Inc. Board of Directors. A copy of Mr. Albert Polk’s application is attached to this agenda.

4. Fiscal Analysis & Economic Impact Statement:

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 CA6A21FF2B09483a-Cafarelli
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

6. Recommendation:

Nominating Membership Committee recommends the Board approve the appointment of Mr. Albert Polk to the District Clinic Holdings, Inc. Board.

Approved for Legal sufficiency:

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

DocuSigned by:
Candice Abbott
F637D209DB52427
Candice Abbott
SVP & Chief Operating Officer

ID

Created

Flagged

Queued

Sent

From

To

CC

BCC

Subject

Attachments

Message

The following information has been submitted from the hcdpbc.org:

Name : Albert Polk

Address :

City / State :

Telephone (Please include area code, prefix and line number, i.e. XXX-XXX-XXXX) :

Best Time to Call :

Fax (Please include area code, prefix and line number, i.e. XXX-XXX-XXXX) :

Email Address :

Emergency Contact

Person :

Emergency Contact

Telephone Number

(Please include area code, prefix and line number, i.e. XXX-XXX-XXXX) :

Ethnicity :

Race : Black

Employment : Pastor, Miracle By Faith Revival Center of South Bay, Florida

Other Volunteer Commitments you currently have : None currently

Past or current community Boards serving : City commissioner South Bay

Dolly Hand board

What special contributions would you make as a Board Member? : I possess a deep commitment to developing meaningful relationships on the boards and committees I have served. I am a community advocate to the bones. My genuine care and dedication will support an atmosphere of unity and togetherness within our organization. Furthermore, I have a strong willingness to represent CLBPCC at events, serving as an ambassador to the community. I am passionate about spreading the message as am also a 15 year veteran radio show host.

Please check any area(s) of Expertise you bring to the Board : Business / Corporate, Government, Legislative, Public Relations, Social Services

Languages Spoken : English

Are you related to anyone currently employed by the C. L. Brumback Primary Care Clinics and if so, whom? : None

Have you personally experienced by being a member of, have expertise about, or work closely with the following special populations? : Migrant, Seasonal Farmworkers

User of C. L. Brumback Primary Care Clinics? : No

For Board Use Only

Nominee has had a personal meeting with either the Executive Director, Board President, or Nominating Committee Chair :

Date of Meeting :

Date Reviewed :

Nominee attended Board Meeting and Interviewed by Board :

Date Attended :

Action taken by Board :

Date :

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

1. Description: Executive Director Informational Update

2. Summary:

- Grants
- Additions to the team
- NACHC Conference

3. Substantive Analysis:

Grants

FY2023 Primary Care HIV Prevention (PCHP)

\$392,114.00 was awarded on 8/2/2023 with the following aim: Diagnose and treat all people with HIV as early as possible to reach sustained viral suppression and prevent new HIV transmissions.

FY 2023 Bridge Access Program

\$219,598.00 was awarded on 8/25/2023 to continue essential COVID-19-related services and mitigate adverse impacts of COVID-19 on underserved populations as COVID-19 vaccines and therapeutics move to the commercial market beginning in the fall of 2023.

FY2023 Capital Assistance for Hurricane Response and Recovery Efforts (CARE)

\$589,000.00 was awarded on 9/1/2023 to respond and recover from emergency and/or disaster impacts and increase the capacity and capability to prepare for, respond to and/or recover from future emergencies and/or disasters that will support the continuity of access to high quality primary care services for underserved populations.

Leadership team

In September, we welcomed Dr. Joshua Adametz, our new Dental Director and Angela Santos, our new Specialty Director of Operations.

NACHC Conference

Clinic key stakeholders and Bill Johnson attended the NACHC conference to learn about best practices, regulations and quality that promotes comprehensive healthcare that is accessible, culturally and linguistically competent, community directed, and patient-centered for all.


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

4. Fiscal Analysis & Economic Impact Statement:

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 CA6A21FF2E09481 Jessica Cafarelli
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name


N/A

 Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:

 0CF6F7DB670633A Bernabe Icaza
 SVP & General Counsel

DocuSigned by:

 F637D209D85227C Candice Abbott
 SVP & Chief Operatnig Officer



Department of Health and Human Services
 Health Resources and Services Administration

Notice of Award
 FAIN# H8L51670
 Federal Award Date: 08/25/2023

Recipient Information

- 1. Recipient Name**
 Health Care District of Palm Beach County
 1515 N Flagler Drive
 West Palm Beach, FL 33401
- 2. Congressional District of Recipient**
 21
- 3. Payment System Identifier (ID)**
 1650145123A1
- 4. Employer Identification Number (EIN)**
 650145123
- 5. Data Universal Numbering System (DUNS)**
 136668972
- 6. Recipient's Unique Entity Identifier**
 GEXFCK57ZK6
- 7. Project Director or Principal Investigator**
 Alicia Ottmann
 aottmann@hcdpbc.org
 (702)343-3692
- 8. Authorized Official**
 Darcy Davis
 Chief Executive Officer
 ddavis@hcdpbc.org
 (561)804-5885

Federal Agency Information

- 9. Awarding Agency Contact Information**
 Saul Arana
 Grants Management Specialist
 Office of Federal Assistance Management (OFAM)
 Division of Grants Management Office (DGMO)
 SARana@hrsa.gov
 (301) 443-6555
- 10. Program Official Contact Information**
 Joshua Grove
 Public Health Analyst/Project Officer
 Bureau of Primary Health Care (BPHC)
 jgrove@hrsa.gov
 (301) 443-3354

Federal Award Information

- 11. Award Number**
 1 H8LCS51670-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
 H8L51670
- 13. Statutory Authority**
 American Rescue Plan Act of 2021 (P.L. 117-2)
- 14. Federal Award Project Title**
 FY 2023 Bridge Access Program
- 15. Assistance Listing Number**
 93.527
- 16. Assistance Listing Program Title**
 Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program
- 17. Award Action Type**
 New
- 18. Is the Award R&D?**
 No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2023 - End Date 12/31/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$219,598.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$219,598.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$219,598.00
26. Project Period Start Date 09/01/2023 - End Date 12/31/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$219,598.00

- 28. Authorized Treatment of Program Income**
 Addition
- 29. Grants Management Officer – Signature**
 Sarah Hammond on 08/25/2023

30. Remarks



Notice of Award
Award Number: 1 H8LCS51670-01-00
Federal Award Date: 08/25/2023

Bureau of Primary Health Care (BPHC)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$219,598.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$219,598.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$219,598.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$219,598.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
	Not applicable

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.51

37. BHCNIS#

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$219,598.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$219,598.00

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 398BAP1	93.527	23H8LCS51670C6	\$219,598.00	\$0.00	N/A	23H8LCS51670C6

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
4. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**

You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:

<http://pms.psc.gov/find-pms-liaison-accountant.html>

Program Specific Term(s)

1. Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed under each award. These records must reflect the total activity for which the employee is compensated, not to exceed 1 FTE across all Federal awards ([45 CFR 75.430\(i\)\(1\)](#)). You shall maintain appropriate records and cost documentation including, as applicable, documentation described in 45 CFR § 75.302 – Financial management and 45 CFR § 75.361 through 75.365 – Record Retention and Access, to substantiate the charging of salaries and other project activities costs. You shall promptly submit copies of such records and cost documentation upon the request of HHS, and you agree to fully cooperate in all audits that HHS, the HHS Inspector General, or the Pandemic Response Accountability Committee conducts to ensure compliance with these terms and conditions.
2. Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed.
3. The Health Center Program COVID-19 Bridge Access Program funding (Bridge funding) may support the following allowable activities (in alignment with your Health Center Program scope of project and consistent with all Health Center Program requirements):

- COVID-19 testing
- COVID-19 vaccination
- COVID-19 therapeutics
- Enabling/patient support services (such as outreach, education, enrollment assistance, transportation, translation, and care coordination) to support COVID-19-related services
- Community COVID-19 vaccination events
- Personnel who support COVID-19-related services and care delivery, including personnel costs necessary to develop, support, or expand collaborations, including collaborations with state/jurisdiction immunization programs
- Supplies that support COVID-19-related services and care delivery

You must make every reasonable effort to get vaccines, therapeutics, and other COVID-19 supplies through the HHS programs that provide free COVID-19 supplies to health centers, as detailed below:

- COVID-19 vaccines for uninsured and underinsured adults from the CDC [Bridge Access Program for COVID-19 Vaccines](#)
- COVID-19 vaccines for children from the CDC [Vaccines for Children Program](#)
- COVID-19 oral antiviral treatments for the outpatient treatment of mild to moderate COVID-19 from HRSA's [COVID-19 Therapeutics Program](#)
- COVID-19 testing supplies from HRSA's [COVID-19 Testing Supply Program](#)

If through reasonable efforts you are not able to meet the COVID-19-related needs of your patients and community at no cost and in a timely manner, the purchase of vaccines, therapeutics, and testing supplies is an allowable use of these funds. If you use Bridge funding for such purposes, you must document both the unmet need among your population and the reasonable efforts made by your health center to secure COVID-19 supplies that are otherwise available through the HHS programs detailed above. You must maintain documentation of your reasonable efforts to obtain them for free and how the result of those efforts was insufficient to meet the needs of your community.

4. Within 90 days of the end of the period of performance, you must submit a final report into the HRSA Electronic Handbooks (EHBs). Reports will document completed activities and use of Bridge funding, and may request additional information such as issues and barriers experienced while implementing projects. HRSA will post details to the [Bridge technical assistance webpage](#) when available.
5. This notice of award provides one-time funding for health centers to continue essential COVID-19-related services and mitigate adverse impacts of COVID-19 on underserved populations as vaccines and therapeutics move to the commercial market. The authority for these awards is section 2401 of the [American Rescue Plan Act of 2021](#), P.L. 117-2 (ARP). HRSA determined your award amount using the following formula: (1) \$10,029, plus (2) \$11.53 per uninsured patient reported in the 2022 Uniform Data System (UDS). When you draw down award funding, you are accepting all the terms and conditions of the award, and must comply with all requirements including the terms, conditions, and all applicable statutes, regulations, and policies. Non-compliance with these terms or other applicable requirements is grounds for HRSA to take actions pursuant to 45 CFR § 75.371 (Remedies for non-compliance) which may include repayment of all or part of the award. The availability of these funds is dependent on your continued status as a current Health Center Program (H80) award recipient or your continued status as a designated look-alike under Section 1861(aa)(4)(B) of the Social Security Act. **Note:** This one-time funding is not awarded under the authority of section 330 of the Public Health Service Act (42 U.S.C. 254b); thus, receipt of these funds does not confer Health Center Program award recipient status under Section 330.
6. You must follow all Health Center Program requirements, including those related to billing, collections, and sliding fee discounts. See the [Health Center Program Compliance Manual](#) for information about reasonable efforts to collect appropriate reimbursement for your costs. Review the [Billing and Cost Sharing Overview for COVID-19 Vaccination, Testing, and Treatment resource](#) for information about reimbursement and your sliding fee.
7. Bridge funding activities must be aligned with your Health Center Program scope of project. You are responsible for ensuring that your Health Center Program scope of project is accurate and includes service, site, and/or activity changes necessary to implement your Bridge activities. This includes: (1) Form 5A: Services Provided, (2) Form 5B: Service Sites, and (3) Form 5C: Other Activities/Locations. For additional information, see the [Scope of Project webpage](#).
8. You may not use this funding for: costs not aligned with the Bridge funding purpose and allowable activities; costs already paid for by any other federal award, including H80, H8F, H8G, and L2C funding from HRSA; costs that are reimbursed or compensated by other federal or state programs; equipment purchases, including electronic health record (EHR) systems, vehicles, and mobile units; construction and alteration/renovation projects; and facility or land purchases.

Award funds may not be used to pay the salary of an individual at a rate in excess of [Executive Level II](#), which is currently \$212,100. This amount reflects an individual's base salary including bonuses and overtime, but not including fringe and any income that an individual may be

permitted to earn outside of the duties to your organization. For more information about allowable expenses, see [45 CFR part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS). The requirements of [45 CFR part 75](#) apply to this award.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including, but not limited to, restrictions on use of funds for lobbying, executive salaries, gun control, and abortion. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

9. You do not need prior approval to rebudget these funds, except as noted below, if the proposed use of funding aligns with the allowable uses of funds and your Health Center Program scope of project, avoids ineligible uses of funding as outlined in this notice of award, and complies with [45 CFR part 75](#) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. If the amount of the costs to be rebudgeted exceeds 25% of the total federal award or shifts funds to a line item in your approved budget that previously had no federal funds, you must submit a prior approval rebudgeting request for review and approval by HRSA.
10. You must respond to the HRSA [Health Center COVID-19 survey](#), until HRSA ends the survey. You must submit periodic progress reports into the HRSA Electronic Handbooks (EHBs) to document the use of Bridge funding. HRSA will monitor implementation of Bridge funding in part by comparing your progress with your approved post-award submission. HRSA will post details to the [Bridge technical assistance webpage](#) when available.
11. If you cannot use all or part the Bridge funding in accordance with the terms of this award for the allowable uses of funds, you must relinquish all or part of the award back to HRSA. If you choose to relinquish all or part of your award, contact the grants management specialist noted on page 1 of this notice of award to discuss the relinquishment process.
12. Bridge funding may be used to purchase supplies necessary for use by health center patients to access in-scope COVID-19-related services via telehealth or virtual care or to support such services via remote monitoring technology. Items may include health and wellness-related technology hardware and software, computer and mobile phone applications, and devices that support patient participation in virtual appointments, remote home monitoring, and engagement in care through telemedicine. If you choose to use HRSA funds to purchase supplies for these purposes, be aware that funds may not be used to provide these items as incentives to individuals to induce them to select the health center as their provider. Additionally, you must ensure such purchases align with your organization's policies and procedures, and maintain appropriate records and cost documentation as required by [45 CFR §75.302](#). HRSA encourages you to review the following guidance on the federal anti-kickback and physician self-referral law. In particular, you cannot provide incentives conditioned on an individual's past or anticipated future use of services that are reimbursable in whole or in part by federal health care programs. For specific inquiries, please contact OIGComplianceSuggestions@oig.hhs.gov.
 - [Office of Inspector General Safe Harbor Regulations](#)
 - [Final Rule: Safe Harbor for Federally Qualified Health Centers Arrangements Under the Anti-Kickback Statute](#)
 - [Office of Inspector General Fraud and Abuse Laws](#)
13. You are expected to monitor and use available COVID-19 guidance and resources, such as those available at the Centers for Disease Control and Prevention [COVID-19 webpage](#) and [CDC COVID-19 Vaccination Program](#). For health center-specific information, see [COVID-19 Information for Health Centers and Partners](#) and the [Health Center Resource Clearinghouse](#).
14. You may use Bridge funding for allowable activities from September 1, 2023 through December 31, 2024. Pre-award costs dating back to June 1, 2023 are allowable with approval of your post-award submission. Such costs must align with the allowable uses of funds and be necessary for efficient and timely performance of your Bridge funding activities. If you draw down funds before your Bridge funding post-award submission is approved, the costs are incurred at your own risk.

Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

2. Due Date: 10/02/2023

Within 30 days of award release date (i.e., the date HRSA emailed you this notice of award), you must submit the following in EHBs: (1) SF-424A Budget Form and (2) Budget Narrative, indicating the activities that Bridge funding will support. Include a statement that no staff member will be budgeted at more than 1 FTE across all Federal awards. If you include pre-award costs in your budget, clearly indicate the date incurred. See the [Bridge technical assistance webpage](#) for instructions to support your submission, a Budget Narrative sample, and information for joining a Q&A webinar to address your submission questions.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts**NoA Email Address(es):**

Name	Role	Email
Candice R Abbott	Business Official	cabbott@hcdpbc.org
Alicia Ottmann	Program Director	aottmann@hcdpbc.org
Hyla H Fritsch	Point of Contact	hfritsch@hcdpbc.org
Darcy Davis	Authorizing Official	ddavis@hcdpbc.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).



Department of Health and Human Services
 Health Resources and Services Administration

Notice of Award
 FAIN# H8H49553
 Federal Award Date: 08/02/2023

Recipient Information

- 1. Recipient Name**
 Health Care District of Palm Beach County
 1515 N Flagler Dr
 West Palm Beach, FL 33401-3428
- 2. Congressional District of Recipient**
 22
- 3. Payment System Identifier (ID)**
 1650145123A1
- 4. Employer Identification Number (EIN)**
 650145123
- 5. Data Universal Numbering System (DUNS)**
 136668972
- 6. Recipient's Unique Entity Identifier**
 GEXFCTK57ZK6
- 7. Project Director or Principal Investigator**
 Belma Andric
 VP, CMO
 bandric@hcdpbc.org
 (561)804-5694
- 8. Authorized Official**
 Darcy Davis
 ddavis@hcdpbc.org
 (561)804-5885

Federal Agency Information

- 9. Awarding Agency Contact Information**
 Saul Arana
 Grants Management Specialist
 Office of Federal Assistance Management (OFAM)
 Division of Grants Management Office (DGMO)
 SARana@hrsa.gov
 (301) 443-6555
- 10. Program Official Contact Information**
 Jeanine Baez
 Lead Public Health Analyst
 Bureau of Primary Health Care (BPHC)
 Jbaez@hrsa.gov
 (404) 562-4131

Federal Award Information

- 11. Award Number**
 1 H8HCS49553-01-00
- 12. Unique Federal Award Identification Number (FAIN)**
 H8H49553
- 13. Statutory Authority**
 42 U.S.C. § 254b
- 14. Federal Award Project Title**
 FY 2021 Ending the HIV Epidemic - Primary Care HIV Prevention
- 15. Assistance Listing Number**
 93.527
- 16. Assistance Listing Program Title**
 Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program
- 17. Award Action Type**
 New
- 18. Is the Award R&D?**
 No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2023 - End Date 08/31/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$392,114.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$392,114.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$392,114.00
26. Project Period Start Date 09/01/2023 - End Date 08/31/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$392,114.00

- 28. Authorized Treatment of Program Income**
 Addition
- 29. Grants Management Officer – Signature**
 Lisa Ayoub on 08/02/2023

30. Remarks

This grant is included under Expanded Authority



Notice of Award
Award Number: 1 H8HCS49553-01-00
Federal Award Date: 08/02/2023

Bureau of Primary Health Care (BPHC)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$129,017.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$33,854.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$162,871.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$163,302.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$55,941.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$10,000.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$392,114.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$392,114.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$392,114.00</td></tr> </table>	a. Salaries and Wages:	\$129,017.00	b. Fringe Benefits:	\$33,854.00	c. Total Personnel Costs:	\$162,871.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$163,302.00	g. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$55,941.00	j. Consortium/Contractual Costs:	\$10,000.00	k. Trainee Related Expenses:	\$0.00	l. Trainee Stipends:	\$0.00	m. Trainee Tuition and Fees:	\$0.00	n. Trainee Travel:	\$0.00	o. TOTAL DIRECT COSTS:	\$392,114.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$392,114.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$392,114.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">02</td> <td style="text-align: right;">\$392,114.00</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: right;">\$392,114.00</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER</p> <p>36. OBJECT CLASS 41.51</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS	02	\$392,114.00	03	\$392,114.00	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
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<p>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$392,114.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$392,114.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$392,114.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$392,114.00																																						
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<p>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</p> <p>a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.</p>																																																					
<p>39. ACCOUNTING CLASSIFICATION CODES</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 15%;">FY-CAN</th> <th style="width: 10%;">CFDA</th> <th style="width: 15%;">DOCUMENT NUMBER</th> <th style="width: 15%;">AMT. FIN. ASST.</th> <th style="width: 15%;">AMT. DIR. ASST.</th> <th style="width: 15%;">SUB PROGRAM CODE</th> <th style="width: 15%;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>23 - 3981160</td> <td>93.224</td> <td>23H8HCS49553</td> <td style="text-align: right;">\$163,472.00</td> <td style="text-align: right;">\$0.00</td> <td>CH</td> <td>23H8HCS49553</td> </tr> <tr> <td>23 - 3981180</td> <td>93.224</td> <td>23H8HCS49553</td> <td style="text-align: right;">\$187,156.00</td> <td style="text-align: right;">\$0.00</td> <td>MH</td> <td>23H8HCS49553</td> </tr> <tr> <td>23 - 3980879</td> <td>93.224</td> <td>23H8HCS49553</td> <td style="text-align: right;">\$41,486.00</td> <td style="text-align: right;">\$0.00</td> <td>HCH</td> <td>23H8HCS49553</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	23 - 3981160	93.224	23H8HCS49553	\$163,472.00	\$0.00	CH	23H8HCS49553	23 - 3981180	93.224	23H8HCS49553	\$187,156.00	\$0.00	MH	23H8HCS49553	23 - 3980879	93.224	23H8HCS49553	\$41,486.00	\$0.00	HCH	23H8HCS49553																								
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HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
2. You must provide periodic Primary Care HIV Prevention (PCHP) progress reports. These reports will include a brief description of accomplishments and barriers toward implementing your PCHP project. See the [PCHP technical assistance webpage](#) for the reporting schedule for FY 2023 PCHP award recipients.
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
4. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:
<http://pms.psc.gov/find-pms-liaison-accountant.html>
5. This notice of award provides fiscal year 2023 Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) funding. The purpose of PCHP funding is to expand HIV prevention services that decrease the risk of HIV transmission in underserved communities in support of [Ending the HIV Epidemic in the U.S.](#) This award includes additional funding beyond what was requested in your application. The additional funding was added to the Other object class category of your approved budget.
This notice of award establishes a 3-year period of performance, and provides 12 months of funding.
PCHP funding should support progress on the following objectives: 1) Increase the number of patients counseled and tested for HIV, 2) increase the number of patients prescribed PrEP, and 3) increase the percentage of patients newly diagnosed with HIV who are linked to care and treatment within 30 days of diagnosis.
HRSA will assess performance on PCHP objectives to determine funding beyond the initial 3-year period of performance, which could include increased, level, reduced, or no funding beyond the initial 3-year period of performance. If funding is continued, this initial award may be supplemented and/or additional funding may be made available under your H80 award.
6. You may not use Primary Care HIV Prevention (PCHP) funds for the following costs: purchasing or upgrading an electronic health record that is not certified to the 2015 edition of certification criteria under the Office of the National Coordinator for Health Information Technology Health IT Certification Program; new construction activities, including additions or expansions; minor alteration or renovation activities; purchase and/or installation of trailers and pre-fabricated modular units; facility or land purchases; purchase of vehicles to transport patients

or health center personnel (mobile units are allowed); needles and syringes for illegal drug injection; and devices solely used for illegal drug injection (e.g., cookers). Additionally, PCHP funds may not be used for costs already supported by the H80 operational grant or related supplemental funding.

Program Specific Term(s)

1. This grant is governed by the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 C.F.R. part 75 except when the notice of award indicates in the "Remarks" section that the grant is included under "Expanded Authority." These recipients may take the following action without prior approval of the Grant Management Officer, based on Section 75.308 (d)(3) to carry forward unobligated balances to subsequent periods of performance: Except for funds restricted on a notice of award, recipients are authorized to carry over unobligated grant funds remaining at the end of that budget period up to 25% of the amount awarded for that budget period. In all cases, the recipient must notify HRSA when it has elected to carry over unobligated balances (UOB) under Expanded Authority and indicate the amount to be carried over. This notification must be provided by the recipient under item 12, "Remarks," on the initial submission of the Federal Financial Report (FFR). In this section of the FFR, the recipient must also provide details regarding the source of the UOB for each type of funding received and to be carried over (e.g., the specific supplemental award(s), base operational funding). If the recipient wishes to carry over UOB in excess of 25% of the total amount awarded, the recipient must submit a prior approval request for carryover in the HRSA Electronic Handbooks (EHBs). Contact your Grants Management Specialist listed on this notice of award with any questions.
2. Health centers that purchase, are reimbursed for, or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products to maximize results for the health center and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
3. The non-federal share of the project budget includes all program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from other revenue sources such as state, local, or other federal grants or contracts; private support; and income generated from fundraising, and donations/contributions. The description of "Authorized Treatment of Program Income" under the "Addition" alternative, as cited elsewhere in this notice of award, is superseded by the requirements in section 330(e)(5)(D) of the Public Health Service Act relating to the use of nongrant funds. Under this statutory provision, health centers shall use nongrant funds, including funds in excess of those originally expected, "as permitted under section 330," and may use such funds "for such purposes as are not specifically prohibited under section 330 if such use furthers the objectives of the project." Under 45 CFR § 75.351(a), subrecipients (entities that receive a subaward from a pass-through entity for the purpose of carrying out a portion of a Federal award received by the pass-through entity) are responsible for adherence to applicable Federal program requirements specified in the Federal award.
4. Under existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed.
5. The availability of the PCHP funds for use through the 3-year period of performance is dependent on your continued status as a current Health Center Program (H80) award recipient.
6. You must make reasonable efforts to incorporate the use of available medication assistance (e.g., Ready, Set, PrEP) before using Primary Care HIV Prevention (PCHP) funds to support access to PrEP for health center patients. Information about programs that may support patients with paying for PrEP is available at <https://www.cdc.gov/stophivtogether/library/hiv-prevention-resources/fact-sheets/cdc-lsht-factsheet-paying-for-prep.pdf>.
7. Primary Care HIV Prevention (PCHP) funds may be used to purchase supplies necessary for use by health center patients to access in-scope services via telehealth or virtual care or to support such services via remote monitoring technology. Items may include health and wellness-related technology hardware and software, computer and mobile phone applications, and devices that support patient participation in virtual appointments, remote home monitoring, and engagement in care through telemedicine. If you choose to use HRSA funds to purchase supplies for these purposes, be aware that funds may not be used to provide these items as incentives to individuals to induce them to select the health center as their provider. Additionally, you must ensure such purchases align with your organization's policies and procedures, and maintain appropriate records and cost documentation as required by 45 CFR §75.302. HRSA encourages you to review the following guidance on the federal anti-kickback and physician self-referral law. In particular, you cannot provide incentives conditioned on an individual's past or anticipated future use of services that are reimbursable in whole or in part by federal health care programs. For specific inquiries, please contact OIGComplianceSuggestions@oig.hhs.gov.
 - [Office of Inspector General Safe Harbor Regulations](#)
 - [Final Rule: Safe Harbor for Federally Qualified Health Centers Arrangements Under the Anti-Kickback Statute](#)
 - [Office of Inspector General Fraud and Abuse Laws](#)

8. If you would like to use Primary Care HIV Prevention (PCHP) funds or other Health Center Program funding to support participation in a syringe services program, you must submit required supporting documentation and receive HRSA's approval before implementation. See the Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs at <https://www.cdc.gov/hiv/pdf/risk/hhs-ssp-guidance.pdf>, and the HRSA-Specific Implementation Guidance to Support Certain Components of Syringe Services Programs at <https://files.hiv.gov/s3fs-public/hhs-ssp-hrsa-guidance.pdf>.
9. You must implement proposed activities within the following focus areas: 1) PrEP prescribing, 2) outreach, 3) testing, and 4) workforce development, understanding that activities may change as the needs of your organization, patients, or community evolve over the course of the period of performance. All activities must align with your current Health Center Program scope of project and be carried out consistent with Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), and applicable law.
10. You are required to submit a non-competing continuation (NCC) progress report approximately five months before the end of each budget period to report on progress and provide an updated budget. HRSA approval of your NCC is required for the awarding of year 2 and year 3 funds, dependent on congressional appropriation and a determination that continued funding would be in the best interest of the federal government. Failure to submit the NCCs by the established deadlines, or submission of an incomplete or non-responsive progress report, may result in a delay or a lapse in funding.
11. You are responsible for ensuring that your Health Center Program scope of project is accurate and includes service, site, and/or activity changes necessary to implement your Primary Care HIV Prevention (PCHP) project (i.e., changes to your Form 5A, 5B, and/or 5C). You must submit and receive approval for any necessary change in scope requests before you implement the change(s), such as use of new mobile site(s). For additional information, see the scope of project resources available at <https://bphc.hrsa.gov/programrequirements/scope.html>. Alert the PCHP Investment Team if you plan to submit a change in scope request and include any questions you have by completing the [BPHC Contact Form](#) (under Funding, select Supplemental Grant Award), as needed.
12. You must contact the Primary Care HIV Prevention (PCHP) Investment Team by completing the [BPHC Contact Form](#) (under Funding, select Supplemental Grant Award) if you identify technical assistance needs or you encounter PCHP implementation challenges that may affect your ability to demonstrate progress on your PCHP objectives. You may also contact your Primary Care Association and/or relevant National Training and Technical Assistance Partners for technical assistance. You can find contact information for Health Center Program training and technical assistance partners at <https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/index.html>.

Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

2. **Due Date: Within 90 Days of Project End Date**

Within 90 days after the project end date, submit the SF-428 (Tangible Personal Property Report) with the SF-428B (Final Report Attachment) and, if applicable, the SF-428S (Supplemental Sheet). These documents must be completed using the HRSA Electronic Handbooks (EHBs). You must report federally-owned property, acquired equipment with an acquisition cost of \$5,000 or more for which HRSA has reserved the right to transfer title, and residual unused supplies with total aggregate fair market value exceeding \$5,000. Records for equipment acquired with federal funds shall be retained for three years after final disposal.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email

Belma Andric	Business Official, Point of Contact	bandric@hcdpbc.org
Belma Andric	Program Director	bandric@hcdpbc.org
Darcy Davis	Authorizing Official	ddavis@hcdpbc.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2023

1. Description: Licensed Independent Practitioner Credentialing and Privileging

2. Summary:

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

3. Substantive Analysis:

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

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

Last Name	First Name	Degree	Specialty	Credentialing
Calderon	Nylsa	LMHC	Licensed Mental Health Counselor	Recredentialing
Marzouca	Kisha	MD	Pediatric Medicine	Recredentialing

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

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

Nylsa Calderon, LMHC joined the Lantana Clinic in 2015 as a Licensed Mental Health Counselor. She attended the Palm Beach Atlantic University. Ms. Calderon has been in practice for ten years and is fluent Spanish.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 26, 2023

Kisha Marzouca, MD joined the West Palm Beach Clinic in 2021 specializing in Pediatrics. She attended the SUNY Health Science Center at Brooklyn and also completed her residency at SUNY Health Science Center at Brooklyn. Dr. Marzouca has been in practice for nineteen years.

4. Fiscal Analysis & Economic Impact Statement:

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

Jessica Cafarelli

CA6A21FF2E09483 Jessica Cafarelli
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

 Date

6. Recommendation:

Staff recommends the Board approve the Recredentialing and privileging of Nylsa Calderon, LMHC, Licensed Mental Health Counselor.

Staff recommends the Board approve the Recredentialing and privileging of Kisha Marzouca, MD, Pediatric Medicine.

Approved for Legal sufficiency:

DocuSigned by:

Bernabe Icaza

0CF6F7DB670643B Bernabe Icaza
 SVP & General Counsel

DocuSigned by:

Charmaine Chibar

B6F5640C1C584F4 Charmaine Chibar
 FQHC Medical Director

DocuSigned by:

Candice Abbott

F637D209DB5242C Candice Abbott
 SVP & Chief Operating Officer

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

1. Description: Quality Report

2. Summary:

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

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

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS

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

PATIENT SATISFACTION AND GRIEVANCES

Patient relations to be presented as separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

HPV Quality Improvement Project: We completed our HPV Quality Improvement (QI) Project with American Cancer Society (ACS) at the end of August 2023. This project focused on increasing our HPV vaccine series completion rates our pediatric patients, ages 9-13, in order to reduce the burden of HPV cancers in our community. As part of this initiative we were able to increase our HPV series completion rate by 19% in our 9-10y old patients, and by 14% in our 11-12y patients.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

4. Fiscal Analysis & Economic Impact Statement:

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 CA6A21FF2E000000000000000000000000 Jessica Cafarelli
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name


N/A


 Date


6. Recommendation:

Staff recommends the Board approve the updated Quality Report.

Approved for Legal sufficiency:

DocuSigned by:

 0CF6F7DB6706434 Bernabe Icaza
 SVP & General Counsel

DocuSigned by:

 B6F5640C1C0000000000000000000000 Charmaine Chibar
 FQHC Medical Director

DocuSigned by:

 F637D209DB5242 Candice Abbott
 SVP & Chief Operating Officer



Quality Council Meeting Minutes

Date: September 13, 2023

Time: 1:00AM – 3:30PM

Attendees: Steven Sadiku – Director of Corporate Quality; Andrea Steele – AVP of IT & Business Intelligence; Maria Chamberlin – Assistant Director of Nursing; Shauniel Brown – Senior Risk Manager; Marisol Miranda – Director of Clinic Operations; Carolina Foksinski- Operations Process Manager; Jokebed Laureore- Nurse Educator; Nancy Gonzalez – Dental Program Director; Erik Lalani – Dental Operations Manager; Alexa Goodwin – Patient Relations Manager; Lisa Hogans – Director of Nursing; Dr. Sandra Warren – Associate Medical Director; Dr. Ana Ferwerda – Director of Clinic EHR Optimization & Women’s Health; Dr. Charmaine Chibar – FQHC Medical Director; Angela Santos – Director of Ops; Dr. Josh Adametz – Dental Director; Elizabeth Haller, Maria Chamberlain, Jessica Ramirez

Excused: Ivonne Cohen – Corporate Quality Reporting Analyst

Minutes by: Christine Ferguson – Executive Assistant

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPONSIBLE PARTY</u>	<u>DATE</u>
PATIENT SAFETY & ADVERSE EVENTS				
OCCURENCES	<p>Per Compliance, discussion surrounding not recording meetings.</p> <p>Report Summary The August 2023 Risk Management (Incident Reports) Tableau dashboard showed a total of 28 reported events. 27 incidents and 1 good catch. Our highest reported location was Lantana Medical Clinic (4), Lantana Dental Clinic (4), and West Palm Beach Medical (4). Which had a total of 44% of all reported events.</p> <p>Trends by Clinic: Incidents</p> <ol style="list-style-type: none"> 1. Belle Glade Dental – 1 2. Belle Glade Medical- 3 3. Delray Dental- 1 4. Delray Medical-1 5. Dental Clinic Administration: 			



- 6. Jupiter- 1
 - 7. Lake Worth Medical-
 - 8. Lantana dental- 2
 - 9. Lantana Medical- 4
 - 10. Mangonia- 4
 - 11. Medical Clinic Administration- 1
 - 12. St. Ann Place- 3
 - 13. West Boca- 1
 - 14. West Palm Beach Dental- 2
 - 15. West Palm Beach Medical -4
- ([August 2023](#) Risk Report Summary presented with graphs.)

UTILIZATION

OPERATIONS

Productivity

Productivity August 2023					
Service Line	Target		Seen		% of Goal
	In Person	Tele	In Person	Tele	
Adult Care	6,982		5,376		77%
Pediatrics	2,141		1,862		87%
Primary Residents	761		681		89%
Women's Health	899		635		71%
Behavioral Health	707		653		92%
Behavioral Health - Psych	467		258		55%
Psych Residents	505		341		68%
Substance Use	980		789		81%
Dental	2,085		2,075		100%



	<table border="1"> <tr> <td>Dental Hygiene</td> <td>960</td> <td></td> <td>888</td> <td></td> <td>93%</td> </tr> </table> <p><i>(Clinic productivity report with graphs were presented.)</i></p>	Dental Hygiene	960		888		93%			
Dental Hygiene	960		888		93%					
	<p><u>Walk-ins</u> Medical</p> <ul style="list-style-type: none"> Scheduled: 8,506 Walk-Ins: 2,091 <p>Dental:</p> <ul style="list-style-type: none"> Scheduled: 2,481 Walk-Ins: 482 									
	<p><u>No Show Rates</u> No Show rate was 15.3%, a 1% decrease from the previous month. Year to date no show rate is 18%, between medical and dental, of which 3% is from telehealth visits.</p> <p>(Report with graph presented.)</p>									
PATIENT RELATIONS										
GRIEVANCES, COMPLAINTS & COMPLIMENTS	<p><u>Patient Relations Dashboard</u> For July 2023, there were a total of 10 Patient Relations Occurrences that occurred between 5 Clinics and Clinic Administration. Of the 10 occurrences, there was 4 Grievances and 6 Complaints. The top 5 categories were Care & Treatment, Physician Related, Communication, Finance and Medical Record Related issues. The top subcategories were Care & Treatment Competency of Staff and Physician Related All Aspects of Care with 2 occurrences in each. There was also a total of 16 patient compliments received across 3 Clinics and Dental Clinic Administration. Breakdown of each clinic presented.</p>									



	<i>(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)</i>			
SURVEY RESULTS	<p>Patient Satisfaction Survey – August 2023</p> <p>For August 2023 there were 395 Patient Satisfaction Surveys completed. This is a 3% return rate out of the total survey delivered for the month. The top 5 and lowest 5 scored-questions were presented for each area.</p> <p>“Best Questions” for in person visits – August 2023:</p> <ul style="list-style-type: none"> • Things explained in a way you could understand – 88% (same as last month) • Care and concern of our nurses/medical assistants - 86% (decrease from month) • Instructions given regarding medication/follow up care – 86% (decrease from month) • Quality of your medical care – 86% • Maintaining patient privacy throughout this visit – 85% <p>“Worst Questions” for in person visits – August 2023:</p> <ul style="list-style-type: none"> • Your ability to contact us after hours - 11% (decreased from 14%) • Appointment available within a reasonable amount of time – 6% • Being informed about any delays during this visit – 6% (decreased from 11%) • Being ware of care you received from other doctors/providers, not in this practice – 5% • The practice worked with my other providers to coordinate my care effectively – 5% 	<p>Make changes to how the data is presented and identify trends. To also be discussed during patient safety workgroup on 9/14.</p> <p>Include partially completed surveys in the data presented.</p>	<p>Alexa/Ivonne/</p> <p>Alexa/Elizabeth</p>	



	<p>Of the surveys received for August, 75% of the surveys were completed by females; most patients preferred to be seen Monday or Tuesday mornings; and perceived wait time ranged mostly between 6 to 15 minutes. Top promoters, detractors, and patient comments presented by clinic and service line. Telemedicine survey results presented. Clinic trends over time to be shared with Clinic Supervisors and Coordinators. (Patient Satisfaction Survey PowerPoint presented.)</p>			
<p>OUTBOUND CALL CAMPAIGNS</p>	<p><u>Afterhours Report – Sept 2023</u> In August 2023, the Clinic Service Center returned 144 calls received from the Afterhours service. This was an 29% decrease from the previous month. After hours calls by Type, by Clinic, and by Department presented. Of the 144 after hours calls received 23 (16%) of the calls were paged out to the Adult on-call provider and 16 calls (11%) were paged out to the on-call Pediatrician for clinical issues. The majority of after-hours calls were for appointment requests 37 (26%), followed by clinical issues. Trends over time reported. (Outbound Campaign PowerPoint presented.)</p>			
<p>NEXT THIRD AVAILABLE</p>	<p><u>Next Third Available</u> The Next Third Available (NTA) report as of August 31st 2023 was presented by service line for each Clinic location. The report excludes “same day” appointment slots. Monthly data and Trends over time data presented for each clinic and service line. Report data revised to reflect average number of days for each provider per month.</p>			



	<p>August 2023 data - average # of days (trend from previous month):</p> <p>Women’s Health: Monthly increases attributed to one provider out on leave</p> <ul style="list-style-type: none"> • Belle Glade: 17 days (decreased) • Jupiter: 5 days (decreased) • Lake Worth: between 2 and 3 days (decreased) <p>Belle Glade PCC:</p> <ul style="list-style-type: none"> • Providers: between 6 and 26 days (decreased) • Residents: between 0 and 8 days (decreased) <p>Boca PCC: 0 days (decreased)</p> <p>Delray Beach PCC: Between 1 and 77 days (increase)</p> <p>Jupiter PCC: Between 1 and 3 days (Same as last month)</p> <p>Lake Worth PCC: Between 1 and 2 days (decreased)</p> <p>Lantana PCC: Note: this was a transitional month using a 30-minute Provider template</p> <ul style="list-style-type: none"> • Adults: Between 10 and 12 days (Increased) • Peds: Between 10 and 12 days (increased) <p>Lewis Center PCC: 2 days (decreased)</p> <p>Mangonia Park PCC: Between 0 and 2 days (same)</p> <p>WPB PCC: Note: this was a transitional month using a 30-minute Provider template</p> <ul style="list-style-type: none"> • Adults: Between 1 and 13 days (decreased) • Peds: Between 12 and 13 days (decreased) <p>Behavioral Health:</p> <ul style="list-style-type: none"> • Mangonia Park: Between 0 and 7 days (increase) <p>Dental New Patients (Comps):</p> <ul style="list-style-type: none"> • BG: Adult & Peds 3 days (increase) 			
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	<ul style="list-style-type: none"> • DB: 50 (increase) • LAN: Peds 65-69 days (increase) • WPB: Adult 97 days (increase), Peds 11 days (increase) 			
QUALITY				
QUALITY AUDITS				
MEDICAL	<p><u>Hemoglobin A1C/Point of Care Testing</u></p> <p>Shows: The diabetes measure data for July 2023 shows that our patients are currently controlled at (2567)74 % while (842) 24% are uncontrolled (of 3357 diabetic patients total) and (61)2% of patients need data. Our HRSA goal is to have 67% of patients with controlled diabetes. Up to July, there were 3024 POC A1Cs done (87% of Diabetic Patients). The majority of controlled patients (88%) and uncontrolled patients (91%) had the A1c done at POC vs. lab. West Palm Beach Clinic (92%), Belle Glade Clinic (91%), Jupiter Clinic (93%) Boca Clinic (86%), and Lake Worth Clinic (86%) had the highest percentage of A1c use among the clinics from January to July, 2023.</p> <p>(Diabetes dashboard presented.)</p>			
	<p><u>Colorectal Cancer Screening July, 2023</u></p> <p>Satisfied: 3379 (40%)</p>			



	<p>No met: 5081 (60%)</p> <p>(Report with graph presented.)</p>			
	<p><u>FIT Test July, 2023</u></p> <p>Among patients with the colorectal cancer screening that do not meet having the screening completed, the screening was ordered in 68% of the patients and 32% of the patient did not have and order for Fit test. The rate of completion persists low at 46%. Our highest return rates during the past year up to July, 2023 were at Belle Glade Clinic (57%), Boca Clinic (58%), and Lantana (55%).</p> <p>Among the larger clinics Point of Care FIT Testing increased during the month of July compared to previous months.</p> <p>(Report with graph presented.)</p>			
	<p><u>Cervical Cancer Screening July, 2023</u></p> <p>Satisfied: 5703 (63%) Needs Data: 3,419 (37%)</p> <p>(Report with graph presented.)</p>	<p>Stratify internal and external referrals per provider. To be discussed at referrals workgroup.</p> <p>Update new residents in the dashboard</p>	<p>Ivonne/Steven</p> <p>Ivonne</p>	
	<p><u>HPV</u></p> <p>Second dose in both females and males for 9-10y and 11-12y has improved, especially when compared to Meningococcal & TDAP.</p> <p>(Report with graph presented.)</p>			
	<p><u>Breast Cancer Screening July, 2023</u></p>			



	<p>Satisfied screenings – 2073 (57%) Unsatisfied Screenings – 1560 (43%) Not Met with order –1199 (33%) Not Met (Patient Missed) – 361 (10%)</p> <p>(Report with graph presented.)</p>			
DENTAL	<p><u>Dental Sealants</u></p> <p>YTD 2023: 96% (378; n=394) August 2023: 96% (122; n= 127)</p>			
	<p><u>Limited Exams</u></p> <p>August 2023: 389</p> <ul style="list-style-type: none"> -Same Day Extractions: 165 (42% n=389) -Antibiotics Given: Patients without a future extraction appointment type 124 (32% n=389) -Ext. not needed(non-emergent): 67 (17%n=389) -Returns (Follow-Up): Patients with a future extraction appointment type 33 (8% n=389) -Returned within 21 days for ext.: 26 (79% n=33) 			
	<p><u>MDI/WHO</u></p> <p>August 2023</p> <p><u>Total Well Visit Pediatric Patients 218</u></p> <ul style="list-style-type: none"> - Excluded from MDI KPI 84 (39%; n=218) - Eligible MDI 134 (61%; n=218) 			



	<p><u>Total Pediatrician KPI Patients (Pts who do not have a dental home): 134</u></p> <ul style="list-style-type: none"> - No MDI 98 (73% n=134) - MDI 36 (27% n=134) <p><u>Total of patients who had MDI visit: 36</u></p> <ul style="list-style-type: none"> - Declined WHO 25 (69% n=36) - Interested in WHO 12 (31% n=36) <p><u>Total Dentist KPI Patients (Pts. Interested in WHO): 12</u></p> <ul style="list-style-type: none"> - WHO not seen by Dentists 5 (42%; n=12) - WHO seen by Dentists 7 (58%; n=12) 													
	<p>Dental Clinic Audit Summary</p> <table border="1" data-bbox="432 784 1060 1008"> <thead> <tr> <th colspan="2"><u>Dental Clinic Audit – August 2023</u></th> </tr> </thead> <tbody> <tr> <td>Belle Glade</td> <td>97%</td> </tr> <tr> <td>Delray</td> <td>99%</td> </tr> <tr> <td>Lantana</td> <td>96%</td> </tr> <tr> <td>West Palm Beach</td> <td>98%</td> </tr> </tbody> </table>	<u>Dental Clinic Audit – August 2023</u>		Belle Glade	97%	Delray	99%	Lantana	96%	West Palm Beach	98%			
<u>Dental Clinic Audit – August 2023</u>														
Belle Glade	97%													
Delray	99%													
Lantana	96%													
West Palm Beach	98%													
<p>BEHAVIORAL HEALTH</p>	<p>July 2023 SBIRT</p> <p>2565 total SBIRTs completed up til July 2023, with 4% of unique patients. The goal is to achieve 5% of patients</p> <table border="1" data-bbox="394 1219 1098 1409"> <thead> <tr> <th>2023</th> <th>Unique Patients</th> <th>%</th> <th>Total # Encounters</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Jan-July</td> <td>876</td> <td>_4_</td> <td>_2565_</td> <td>_11_</td> </tr> </tbody> </table>	2023	Unique Patients	%	Total # Encounters	%	Jan-July	876	_4_	_2565_	_11_	<p>Follow up meeting to look at data on achieving 5% on SBIRT.</p>	<p>Steven/Ivonne/Phillips/Elizabeth/Andrea</p>	
2023	Unique Patients	%	Total # Encounters	%										
Jan-July	876	_4_	_2565_	_11_										



	<p>(Report with graph presented.)</p>			
	<p>PHQ9 July 2023 Total encounters with PHQ2/9: 8,047 13% positive rate, (n=1,074)</p> <p>Unique patients with positive PHQ9= 441/8%</p> <p>(Report with graph presented.)</p>	<p>Follow up on the PHQ9 data to validate positivity of PHQ9 vs. PHQ2.</p>	<p>Ivonne/Steven/Elizabeth</p>	
	<p>Depression Remission July 2023</p> <p>37% achieving depression remission (244 patients) 28% improved by 5 points or more during the measuring period (115 patients)</p> <p>(Report with graph presented.)</p>			
NURSING	<p>Higher Level of Care Higher Level of Care July 85 ER referrals/79 patients were sent to the ER in July. The breakdown of the referrals is:</p> <ul style="list-style-type: none"> • WH- 16 (19%) • Peds- 12 (14%) • Adult- 47 (55%) • Urgent Care/ER**- 6 (7%) • Life Trans to LMC- 1 (1%) 			



	<ul style="list-style-type: none"> • Adult Crisis- 3 (4%) • Peds Crisis-0 <p>**Urgent Care was discontinued previous months. Being ordered due to preference list changes. Propose to add Urgent Care/ER and Referral to Ambulatory Medicine to the AMB Referral to Ambulatory Medicine totals and not separate anylonger.</p> <p>There were 6 patients with multiple orders in July-</p> <ol style="list-style-type: none"> 1. Pediatric patient sent to hospital as a hospital follow up on 7/10 with tachypnea, wheezing, and non compliance with albuterol and prednisolone. Second referral was 7/12 when in clinic for hospital follow up. Patient had no improvement, same symptoms. Child was admitted with + viral panel. Referrals appropriate. Follow up visit completed. 2. Adult patient referred in Delray to Life Trans. 3 referrals dropped at one visit: AMB Hospital, Referral to Emergency Medicine and Life Trans. Only Life Trans necessary. Educational opportunity for Provider. 			
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	<p>3. Adult patient referred in BG to ER for hyperglycemia due to non compliance with medication on 7/21 and again on 7/28 at the hospital follow up visit. Both visits symptomatic. Follow up appointment completed with the Nurse for education. Referrals appropriate.</p> <p>4. WH referrals on 7/6 and 7/13 for PIH evaluations. Referrals appropriate.</p> <p>5. WH referrals on 7/20 and 7/26 for BPP/NST. Referrals appropriate.</p> <p>PEDS REFERRALS- highest producer was Dr. Clarke- having 8 (%); Dr. Marzouca had 2 (%); Dr. Lazaro 1 (%); Dr. Normil-smith 1 (%)</p> <p>The correct referral type was used for pediatric referrals this month.</p> <p>ADULT REFERRALS- highest producers this month were Mason Donnell in Delray with 12 (%)- SUD or Adult; Carline in Delray (third month in a row) with 7 (%); Joanne Pierre Louis Lake Worth with 4 (%). Ewelina Stanek in WPB was highest for 3 months in a row and only had 1 referral in July.</p>			
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	<p>The incorrect referral type was used by many different providers 24 times. This is a large increase. (AMB referral to Emergency Medicine should be used) We had removed the incorrect referral types from the preference list but providers may potentially be searching for them. MHS is reviewing the preference list again to make sure it is accurate.</p>			
<p>PEER REVIEW</p>	<p>Women’s Health: 10 charts were peer reviewed. 10 were evaluated as “within standard of care”, 2 were evaluated as , “ Provider Self-identified Remediation” and 0 as “ Provider Education Required”, 0 chart was evaluated as “Inappropriate care”.</p> <p>Adult Medical: 65 charts were reviewed. 55 charts were “Per standard of care”, 5 charts were “Peer provider self-remediation”, 4 charts the reviewer did not review the charst properly, 1 chart the encounter got deleted and the provider has to redo the encounter as a result, the reviewer was not able to complete.</p> <p>Pediatric Medical: 20 charts were peer reviewed. 20 were evaluated as “within standard of care”, 0 were evaluated as , “Provider Self-identified Remediation”, 0 were evaluated as</p>			



	"Provider Review Required" and 0 were evaluated as "Inappropriate care".			
QUALITY METRICS				
UDS YTD 2023				
Of the <u>16</u> UDS Measures: 8 Exceeded the HRSA Goal and 7 were short of the HRSA Goal (<i>Clinic Score/ HRSA Goal / Healthy People Goal</i>)				
Medical UDS Report	Adult Weight screening and follow up: (<u>95</u> % / 90%)			
	Breast Cancer Screening: (<u>56</u> %/60%)			
	Cervical Cancer Screening: (<u>61</u> %/65%)			
	Childhood immunization: (<u>45</u> %/ 60%)			
	Colorectal Cancer Screening: (<u>40</u> % / 82%)			
	Coronary Artery Disease CAD: (<u>85</u> % / 81%)			
	Dental Sealants: (<u>96</u> % / 75%)			
	Depression Remission: (<u>38</u> % / 14%)			
	Diabetes: (<u>74</u> % / 67%)			
	HIV Linkage to Care (100% / 100%)			
	HIV Screening: (<u>53</u> % / 32%)			
	Hypertension: (<u>79</u> % / 80%)			
	Ischemic Vascular Disease (IVD): (<u>77</u> % / 86%)	Follow up on criteria for reporting	Ivonne/Steven	
	Depression screening: (<u>94</u> % / 83%)			
	Depression screening (Homeless): (<u>91</u> % / 83%)			
	Tobacco use screening & cessation: (<u>96</u> % / 93%)			
Weight assessment, Children & Adolescent: (<u>88</u> % /90%)	Validate when the BPA screening triggers.	Ivonne/Stven/Elizabeth		
Meeting Adjourned: 3:30PM				

PRODUCTIVITY REPORT AUGUST 2023

ALL PROVIDERS

AS 08/31/2023 Based on Completed Appointments



ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	% Monthly Target Achieved		Daily Average
			Total	Total		
ALFONSO PUENTES, RAMIRO, MD	18	23.0	414	344	83%	15.0
CASTIGLIA, SARAH, MD	18	22.0	396	196	49%	8.9
DABU, DARNEL, MD	18 when no precepting	3.0	29	29	100%	9.7
DONNELL, MASON, PA	18	18.0	324	216	67%	12.0
DORCE-MEDARD, JENNIFER, MD	18	1.0	18	17	94%	17.0
FERNANDEZ SANCHEZ, MARCO, NP	20	24.0	480	448	93%	18.7
FIDLER, LISA, APRN	18	23.5	423	187	44%	8.0
FLOREZ, GLORIA MATILDE, MD	18	14.5	261	232	89%	16.0
JEAN-JACQUES, FERNIQUE, NP	18	22.5	405	349	86%	15.5
KOOPMAN, REBECCA SUE, PA	20	21.5	430	350	81%	16.3
LAM, MINH DAI, NP	18	18.0	324	328	101%	18.2
LANGLEY, TAMARA, NP	18	18.5	333	199	60%	10.8
LARA SUAREZ, MARIA, NP	18	13.5	243	142	58%	10.5
MILLIEN, ELEONORE, APRN	New Provider	13.0	44	44	100%	3.4
NAVARRO, ELSY, NP	18	13.0	234	194	83%	14.9
NOUKELAK, GERMAINE, MD	18	16.5	297	311	105%	18.8
PEREZ, DANIEL JESUS, MD	18 when no precepting	5.0	30	23	77%	4.6
PHILUSTIN, KETELY, NP	18	21.5	387	291	75%	13.5
PIERRE LOUIS, JOANN, NP	18	19.0	342	250	73%	13.2
TAHERI, NERGESS, DO	18 when no precepting	5.0	64	61	95%	12.2
TUCKER, CHELSEA, PA	18	12.5	202	160	79%	12.8
ST. VIL, CARLINE, NP	18	13.0	234	183	78%	14.1
STANEK, EWELINA, PA	18	22.0	396	299	76%	13.6
WARREN, SANDRA, MD	18	12.5	225	168	75%	13.4
WILMOT, ALTHEA, NP	18 / 6 Mobile, St Ann, Lewis	20.0	204	176	86%	8.8
ZHANG, MICHAEL, MD	18	21.0	243	179	74%	8.5
ADULT CARE TOTALS		417.0	6,982	5,376	77%	

RESIDENCY PROGRAM						
PGY-1	5	35.5	175	183	105%	5.2
PGY-2	11	29.0	319	290	91%	10.0
PGY-3	14	20.0	268	208	78%	10.4
RESIDENTS TOTAL		84.5	761	681	89%	

PEDIATRIC CARE						
CLARKE-AARON, NOELLA, MD	20	21.0	420	328	78%	15.6
DESSAUNES, DUCLOS, MD	20	20.0	400	358	90%	17.9
HERNANDEZ GARCIA, JOSE, MD	New Provider	9.0	61	61	100%	6.8
NORMIL-SMITH, SHERLOUNE, MD	20	21.0	420	370	88%	17.6
LAZARO RIVERA, NANCY, MD	20	19.0	380	380	100%	20.0
MARZOUCO, KISHA F., MD	20	23.0	460	365	79%	15.9
PEDIATRIC CARE TOTALS		113	2,141	1,862	87%	

WOMEN'S HEALTH CARE						
FERWERDA, ANA, MD	18 / 14 BG	10.5	177	110	62%	10.5
FINLEY, NICOLE, NP	18	21.0	378	296	78%	14.1
PROPHETE, JOYCE, MD	18 / 14 BG	20.0	344	229	67%	11.5
WOMEN'S HEALTH CARE TOTALS		51.5	899	635	71%	

BEHAVIORAL HEALTH INTEGRATION						
CALDERON, NYLSA, LMHC	10	22.0	220	190	86%	8.6
HIRSCH, KAREN, LCSW	6	17.0	102	94	92%	5.5
BROWN, JEREMY, LCSW	10	22.0	220	202	92%	9.2
JONES, KIARA, LCSW	10	17.0	165	167	101%	9.8
BH INTEGRATION TOTALS		78	707	653	92%	

BEHAVIORAL HEALTH PSYCHIATRY						
DEMNER, ADAM, MD	New Provider	3.0	4	4	100%	1.3
PETER, AMANDA, NP	12	20.5	246	107	43%	5.2
BEATTIE, ASHLEY, MD	New Provider	1.0	1	1	100%	1.0
BURROWES, SHARON, NP	12	18.0	216	146	68%	8.1
BEHAVIORAL HEALTH PSYCHIATRY		42.5	467	258	55%	

RESIDENT PSYCHIATRY						
BEAMAN, DAVID, MD	12	7.0	61	32	52%	4.6
DHALIWAL, AMAREEN, MD	12	9.0	64	59	92%	6.6
HOGUE, KRISTIAN, MD	12	9.0	72	40	56%	4.4
MAXWELL, CHRISTIAN, MD	12	3.0	25	23	92%	7.7
MENEFFEE, STEPHEN, MD	12	9.0	80	67	84%	7.4
NGUYEN, ANH-VU, MD	12	7.0	62	31	50%	4.4
SANCHEZ, GRETTEL, MD	12	8.0	58	17	29%	2.1
TORRES, MICHAEL, MD	12	9.0	83	72	87%	8.0
RESIDENTS PSYCHIATRY TOTAL		61.0	505.0	341.0	68%	

BEHAVIORAL HEALTH ADDICTION						
MILETA, SNEJAZANA, LMHC	10	14.0	140	114	81%	8.1
SILVER, DAWN, PhD	10	19.0	190	180	95%	9.5
LARRAD LAMOTE DE GRIGNON, MARIA, LCSW	10	23.0	230	145	63%	6.3
MITCHELL, ANGELA DENISE, LCSW	10	19.0	190	142	75%	7.5
REXACH, CLAUDIA, LMHC	10	23.0	230	208	90%	9.0
BH ADDICTION TOTALS		98	980	789	81%	

DENTAL						
ABREU, MARIANA, DDS	16	14.0	224	195	87%	13.9
ALWEHAIB, ARWA, DDS	16	23.5	371	468	126%	19.9
BOWEN, BEVERLY, DMD	16	22.0	352	339	96%	15.4
SEMINARIO, ADA, DDS	16	9.0	90	88	98%	9.8
SOFIANOS, MICHAEL, DMD	16	21.5	344	359	104%	16.7
WILLIAMS, RICHARD, DMD	16	23.0	368	309	84%	13.4
ZANGENEH, YASMINE, DMD	16	21.0	336	317	94%	15.1
DENTAL TOTALS		134.0	2,085	2,075	100%	

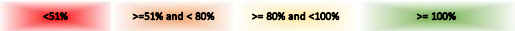
DENTAL HYGIENE						
MOZER NASCIMENTO, ARIANNE MILENA	8	22.0	176	168	95%	7.6
FEOLA, LEYDA	8	23.0	184	176	96%	7.7
MASON, SHERRY	8	20.0	160	133	83%	6.7
DUCHARME, RHONDA	8 / 16 MDI	22.5	312	275	88%	12.2
PETERSEN, PATRICE	8 / 16 MDI	16.0	128	136	106%	8.5
DENTAL HYGIENE TOTALS		103.5	960	888	93%	

GRAND TOTAL		1183.0	16,487	13,558	82%	
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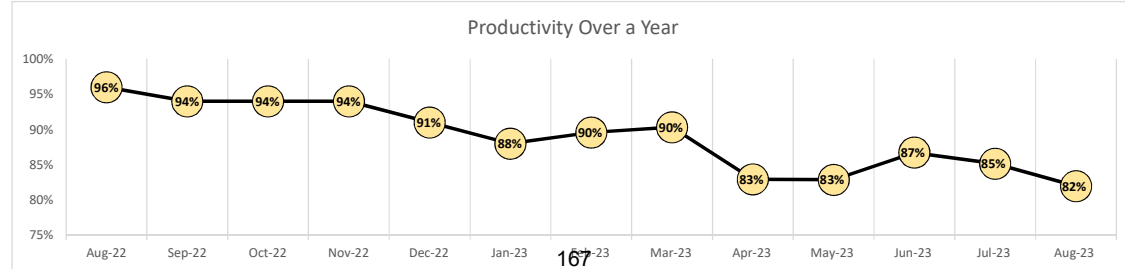
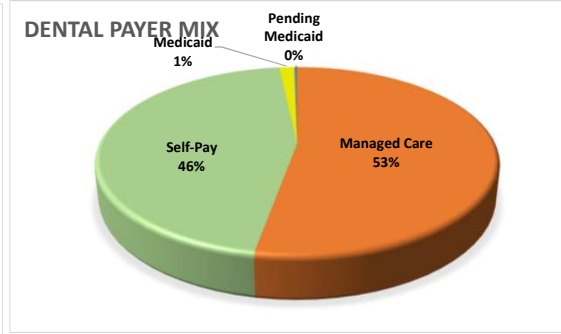
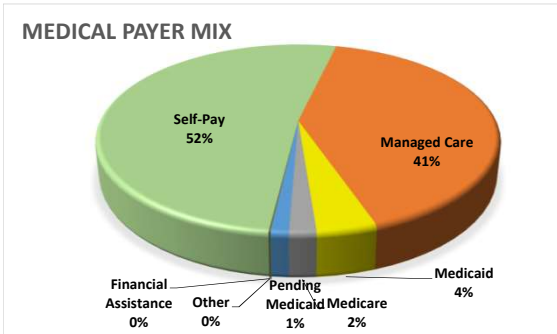
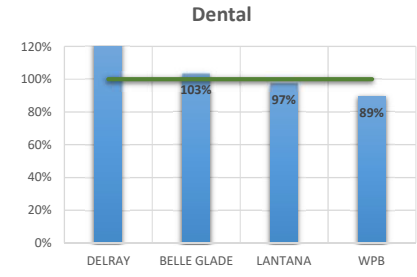
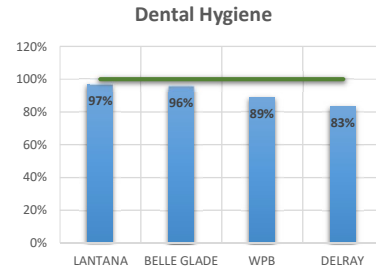
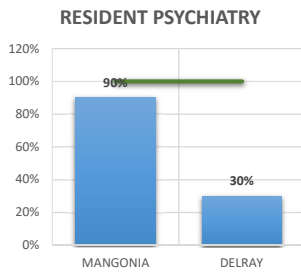
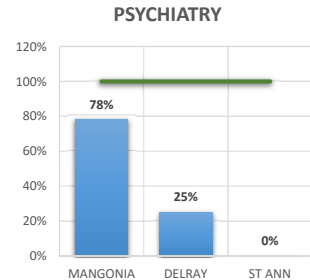
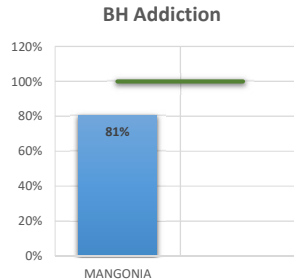
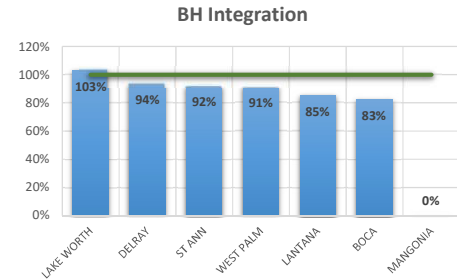
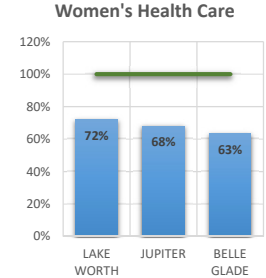
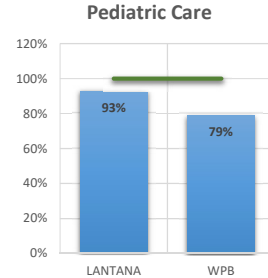
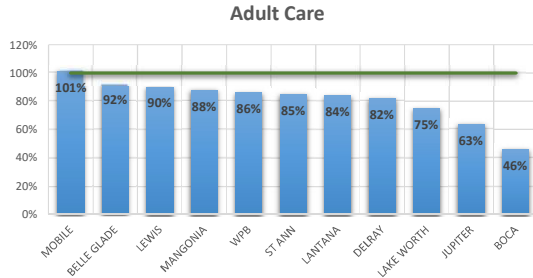
PRODUCTIVITY REPORT AUGUST 2023

ALL CLINICS

AS 08/31/2023 Based on Completed Appointments



Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved
	AM	PM	Total	AM	PM	Total	
AS 08/31/2023							
ADULT CARE	3,587	3,395	6,982	3,305	2,071	5,376	77%
PEDIATRIC CARE	1,072	1,069	2,141	1,137	725	1,862	87%
WOMEN'S HEALTH CARE	463	436	899	415	220	635	71%
BH INTEGRATION	356	351	707	313	340	653	92%
BH ADDICTION	490	490	980	503	286	789	81%
DENTAL HEALTH	1,059	1,026	2,085	1,412	663	2,075	100%
DENTAL HYGIENE	484	476	960	412	476	888	93%
BH PSYCHIATRY	232	235	467	155	103	258	55%
RESIDENCY PSYCHIATRY	258	247	505	238	103	341	68%
RESIDENCY PROGRAM	416	346	761	426	255	681	89%
Grand Total	8,417	8,071	16,487	8,316	5,242	13,558	82%



ADULT CARE	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
ALFONSO PUENTES, RAMIRO, MD	94%	82%	88%	88%	85%	102%	85%	87%	85%	89%	84%	83%
	198/210	288/352	249/283	212/240	225/264	90/88	261/308	321/369	300/351	265/297	303/360	344/414
BUI, THY, DO	86%	87%	94%	96%	106%	78%	83%	58%	54%	54%	58%	
	288/334	328/377	223/237	344/359	155/146	248/316	328/393	198/339	215/400	227/420	187/320	
CASTIGLIA, SARAH, MD	63%	45%	60%	50%	46%	47%	65%	61%			54%	49%
	194/309	115/255	165/274	164/330	144/316	153/325	226/350	203/333			184/342	196/396
DABU, DARNEL, MD	78%	64%	100%	92%	80%	71%	94%	83%	87%	100%	88%	100%
	149/190	130/204	62/62	41/45	29/36	21/29	30/32	33/40	21/24	10/10	35/40	29/29
DONNELL, MASON, PA		100%	100%	100%	79%	86%	59%	57%	68%	70%	74%	67%
		19/19	109/109	132/132	233/294	241/279	146/249	200/293	262/323	223/274	225/256	216/324
DORCE-MEDARD, JENNIFER, MD	44%	120%				78%	94%	75%	67%	92%	74%	74%
	4/9	12/10				7/9	17/18	18/24	6/9	24/26	225/306	225/306
FERNANDEZ SANCHEZ, MARCO, NP	104%	91%	90%	96%	100%	94%	98%	79%	77%	72%	71%	93%
	196/189	296/325	150/135	282/294	143/143	241/257	229/234	286/360	347/450	286/400	270/380	448/480
FIDLER, LISA, APRN					100%	100%	69%	50%	64%	74%	47%	44%
					15/15	135/135	214/309	168/278	229/300	265/300	141/248	187/423
FLOREZ, GLORIA MATILDE, MD	106%	86%	66%	82%	86%	87%	86%	79%	89%	110%	88%	89%
	227/213	264/306	189/124	167/204	265/308	252/289	310/359	262/333	321/360	407/369	260/297	232/261
JEAN-JACQUES, FERNIQUE, NP	95%	98%	95%	97%	95%	95%	90%	85%	86%	98%	117%	117%
	102/107	319/325	135/150	234/242	286/302	244/257	314/349	237/234	332/323	291/248	332/316	291/248
KOOPMAN, REBECCA SUE, PA	124%	108%	130%	98%	123%	103%	108%	80%	83%	88%	83%	81%
	326/262	261/242	348/267	238/242	391/318	296/287	375/347	271/340	371/440	388/440	299/360	350/430
LAM, MINH DAI, NP	100%	100%	97%	107%	108%	107%	104%	92%	101%	108%	102%	101%
	237/236	325/326	243/250	307/288	154/143	267/250	260/250	348/317	283/233	302/233	295/241	328/324
LANGLEY, TAMARA, NP	99%	75%	85%	89%	89%	69%	73%	68%	74%	65%	67%	60%
	201/204	207/275	206/242	276/309	236/264	151/219	247/339	177/218	239/270	245/315	210/263	199/333
LARA SUAREZ, MARIA, NP	100%	98%	68%	78%	88%	75%	75%	72%	77%	59%	65%	58%
	16/16	141/144	163/240	242/189	189/166	215/287	250/332	246/286	202/218	214/300	239/308	142/243
NAVARRO, ELSY, NP	99%	91%	90%	96%	90%	99%	91%	83%	83%	83%	81%	83%
	273/275	275/302	219/242	240/251	204/227	263/266	304/335	270/271	305/308	210/211	270/278	194/234
NOUKELAK, GERMAINE, MD	103%	87%	74%	73%	77%	92%	84%	75%	84%	107%	104%	105%
	199/194	280/320	198/266	126/172	252/325	306/334	311/368	278/369	342/405	375/351	328/315	311/297
PEREZ, DANIEL JESUS, MD	98%	94%	102%	90%	78%	80%	79%	83%	86%	95%	91%	77%
	100/102	119/126	42/41	33/37	34/43	26/33	34/43	45/54	50/58	42/44	31/34	23/30
PHILISTIN, KETELY, NP	87%	81%	85%	90%	85%	77%	84%	70%	73%	72%	76%	75%
	167/191	208/256	283/333	218/243	276/325	232/302	254/302	260/309	294/338	278/323	172/188	291/387
PIERRE LOUIS, JOANN, NP	87%	83%	88%	83%	83%	91%	90%	72%	75%	74%	79%	73%
	190/219	246/295	187/212	236/196	272/225	200/219	271/302	214/249	276/308	259/293	213/226	250/342

ADULT CARE		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
ST. VIL, CARLINE, NP		90%	88%	79%	79%	82%	85%	82%	71%	78%	91%	75%	78%
		232/257	219/249	167/212	186/234	190/233	187/219	247/302	211/248	253/270	221/204	217/240	183/234
STANEK, EWELINA, PA		77%	90%	68%	76%	80%	72%	75%	65%	70%	70%	72%	76%
		102/132	186/208	171/250	240/317	230/287	120/167	181/240	176/226	269/323	260/308	267/308	299/396
TAHERI, NERGESS, DO		86%	94%	100%	100%	100%	97%	100%	96%	100%	100%	92%	95%
		25/29	65/69	33/33	50/50	31/31	33/34	32/32	53/55	50/50	50/50	34/37	61/64
WARREN, SANDRA, MD		52%	83%	75%	75%	72%	78%	82%	71%	70%	80%	84%	75%
		11/21	50/60	129/172	148/197	100/138	147/189	190/232	140/198	133/189	166/207	196/234	168/225
WILMOT, ALTHEA, NP		100%	82%	29%	35%	49%	56%	39%	71%	69%	79%	81%	86%
		2/2	132/161	66/231	68/192	75/154	125/222	107/273	77/108	149/195	85/99	107/126	176/204
RESIDENTS			85%	92%	80%	82%	96%	83%	67%	68%	82%	82%	89%
			570/673	519/563	573/718	665/811	658/687	692/833	508/759	650/951	630/773	612/746	681/761
PEDIATRIC CARE		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
CLARKE-AARON, NOELLA, MD		106%	104%	111%	100%	107%	101%	109%	87%	81%	82%	88%	78%
		316/299	348/333	275/247	264/265	290/272	303/299	382/350	322/370	244/300	345/420	229/260	328/420
CHIBAR, CHARMAINE, MD				100%						53%	100%		
				5/5						16/30	10/10		
DESSALINES, DUCLOS, MD		111%	112%	112%	110%	104%	110%	117%	92%	97%	104%	95%	90%
		257/231	355/316	212/189	235/214	276/265	291/265	311/265	249/270	348/360	354/340	267/280	358/400
LAZARO RIVERA, NANCY, MD		126%	129%	129%	127%	113%	109%	128%	104%	106%	105%	106%	100%
		316/252	421/326	310/241	316/248	308/272	309/282	339/265	323/310	444/420	377/360	255/240	380/380
MARZOUCA, KISHA F., MD		110%	108%	109%	106%	116%	105%	109%	91%	83%	82%	88%	79%
		306/290	354/326	284/261	372/350	346/299	333/316	419/384	353/390	348/420	212/260	193/220	365/460
NORMIL-SMITH, SHERLOUNE, MD		114%	115%	116%	118%	110%	104%	122%	98%	99%	101%	100%	88%
		353/309	336/293	279/240	233/197	310/282	311/299	353/289	372/380	357/360	182/180	341/340	370/420
WOMEN'S HEALTH CARE		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
FERWERDA, ANA, MD		93%	70%	62%	83%	82%	67%	89%	78%	53%			62%
		65/70	117/166	60/97	106/128	136/166	107/159	214/239	151/193	19/36			110/177
FINLEY, NICOLE, NP			72%	86%	80%	88%	94%	95%	76%	81%	87%	85%	78%
			89/123	207/240	210/264	246/279	257/273	193/204	239/263	278/285	329/315	292/285	296/378
PROPHETE, JOYCE, MD		70%	69%	80%	70%	70%	76%	82%	71%	72%	75%	81%	67%
		210/299	194/282	218/272	233/334	224/321	180/235	240/294	244/342	285/396	249/330	223/275	229/344

BEHAVIORAL HEALTH INTEGRATION	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
CALDERON, NYLSA, LMHC	86%	93%	87%	93%	95%	103%	100%	96%	91%	84%	88%	86%
	152/176	80/86	131/150	191/206	158/166	140/136	205/206	159/165	127/140	160/190	159/180	190/220
JONES, KIARA, LCSW	95%	101%	96%	104%	111%	112%	111%	105%	104%	100%	98%	101%
	178/187	174/172	137/142	172/166	187/169	182/162	228/206	184/175	197/190	200/200	192/195	167/165
SILVER, DAWN, PhD								100%	92%	79%	95%	95%
								87/87	202/220	166/210	124/130	180/190
BROWN, JEREMY, LCSW					100%	103%	94%	92%	93%	87%	97%	92%
					40/40	170/165	213/226	180/195	204/220	179/205	175/180	202/220
BURROWES, SHARON, NP			100%	54%	46%	51%	58%	58%	56%	61%	69%	68%
			12/12	73/136	89/192	114/223	158/271	104/180	148/264	142/234	150/216	146/216
HIRSCH, KAREN, LCSW		100%	92%	67%	92%	107%	101%	104%	102%	97%	91%	92%
		12/12	48/52	44/66	44/48	58/54	98/97	109/105	86/84	116/120	87/96	94/102
MILETA, SNJEZANA, LMHC	123%	124%	112%	179%	128%	117%	115%	139%	95%		130%	81%
	179/146	174/140	181/162	226/126	246/192	211/180	253/220	195/140	95/100		104/80	114/140
MITCHELL, ANGELA DENISE, LCSW	104%	114%	154%	120%	106%	117%	119%	96%	87%	93%	109%	75%
	194/186	208/182	205/133	235/196	190/180	202/172	204/172	89/93	182/210	186/200	163/150	142/190
PETER, AMANDA, NP		100%	99%	68%	64%	50%	73%	76%	72%	70%	42%	43%
		19/19	93/94	105/154	151/235	105/211	171/235	179/234	172/240	163/234	86/204	107/246
REXACH, CLAUDIA, LMHC	112%	120%	173%	134%	139%	123%	110%	122%	104%	123%	99%	90%
	210/187	196/236	232/134	222/166	223/160	199/162	232/210	237/195	207/200	221/180	158/160	208/230
DENTAL												
ABREU, MARIANA, DDS		100%	106%	107%	71%	75%	80%	91%	98%	101%	105%	87%
		28/28	189/178	226/211	233/330	205/274	303/379	285/312	313/320	355/352	377/360	195/224
ALWEHAIB, ARWA, DDS	104%	106%	115%	107%	86%	115%	119%	114%	118%	114%	121%	126%
	265/255	279/264	224/194	273/254	270/314	334/290	430/362	373/328	395/336	310/273	348/288	468/371
BOWEN, BEVERLY, DMD	96%	94%	120%	114%	81%	81%	77%	86%	83%	96%	92%	96%
	269/282	316/338	233/194	241/211	253/314	240/298	243/314	261/304	264/320	262/272	266/288	339/352
SEMINARIO, ADA, DDS	76%	94%	101%	95%	84%	98%	104%	87%	91%	94%	95%	98%
	170/223	215/228	99/98	223/235	262/314	277/282	259/250	180/208	276/304	286/304	228/240	88/90
SOFIANOS, MICHAEL, DMD		94%	123%	111%	91%	97%	88%	113%	96%	104%	101%	104%
		243/258	246/200	247/274	275/251	296/306	247/282	343/304	293/304	309/296	308/304	359/344
WILLIAMS, RICHARD, DMD	88%	100%	102%	88%	84%	84%	94%	83%	91%	85%	89%	84%
	233/266	257/257	159/156	208/235	269/322	249/298	265/282	233/280	262/288	285/336	272/304	309/368

DENTAL	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
ZANGENEH, YASMINE	78%	99%	103%	102%			91%	95%	83%	92%	91%	94%
	162/207	250/252	126/122	86/84			219/240	281/296	238/288	294/320	219/240	317/336
ZANGENEH, YASMINE, DMD		99%	103%	102%			91%	95%	83%	92%	91%	94%
		250/252	126/122	86/84			219/240	281/296	238/288	294/320	219/240	317/336
GARCIA, IRENE S.		92%										
		11/12										
GONZALEZ, NANCY					75%	54%						
					6/8	13/24						
HARDCASTLE, CORINA	104%	101%	101%	98%	96%	102%	91%	93%	95%	96%	102%	
	146/141	159/157	130/129	138/141	143/149	127/125	150/165	138/148	144/152	107/112	122/120	
MASON, SHERRY	86%	93%	94%	91%		97%	95%	90%	88%	92%	89%	83%
	114/133	153/165	91/97	139/152		137/141	165/173	119/132	147/168	140/152	143/160	133/160
MOZER NASCIMENTO, ARIANNE	87%	105%	102%	89%	96%	95%	106%	106%	96%	109%	98%	95%
	130/149	165/173	123/121	147/165	151/157	142/149	191/181	165/156	138/144	165/152	141/144	168/176
FEOLA, LEYDA							92%	99%	92%	99%	91%	96%
							159/173	154/156	154/168	158/160	146/160	176/184
DUCHARME, RHONDA					99%	98%	96%	100%	95%	99%	90%	88%
					237/240	293/298	256/266	264/264	311/328	316/320	218/241	275/312
PETERSEN, PATRICE	123%	121%	104%	94%	102%	97%	96%	96%	92%	95%	82%	106%
	229/186	297/246	231/222	309/330	286/281	210/218	309/322	299/312	202/220	230/242	183/224	136/128

SATURDAY

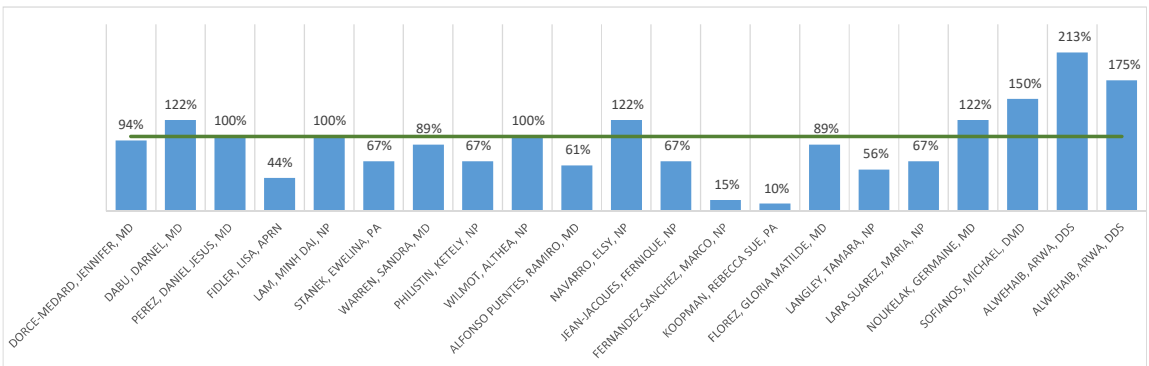
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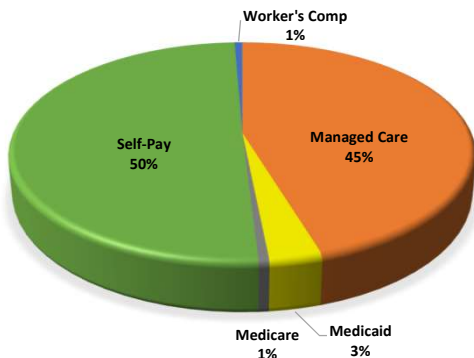


ADULT CARE						
Provider	Daily Target	# Saturdays Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
BELLE GLADE						
DORCE-MEDARD, JENNIFER, MD	18	2	18	17	94%	8.5
DABU, DARNEL, MD	18	1	9	11	122%	11.0
PEREZ, DANIEL JESUS, MD	18	1	9	9	100%	9.0
DELRAY						
FIDLER, LISA, APRN	18	1	9	4	44%	4.0
LAM, MINH DAI, NP	18	2	18	18	100%	9.0
STANEK, EWELINA, PA	18	1	9	6	67%	6.0
LAKE WORTH						
WARREN, SANDRA, MD	18	1	9	8	89%	8.0
PHILISTIN, KETELY, NP	18	1	9	6	67%	6.0
WILMOT, ALTHEA, NP	18	2	18	18	100%	9.0
LANTANA						
ALFONSO PUENTES, RAMIRO, MD	18	2	18	11	61%	5.5
NAVARRO, ELSY, NP	18	1	9	11	122%	11.0
JEAN-JACQUES, FERNIQUE, NP	18	1	9	6	67%	6.0
MANGONIA PRIMARY						
FERNANDEZ SANCHEZ, MARCO, NP	20	2	20	3	15%	1.5
KOOPMAN, REBECCA SUE, PA	20	1	10	1	10%	1.0
WEST PALM BEACH						
FLOREZ, GLORIA MATILDE, MD	18	1	9	8	89%	8.0
LANGLEY, TAMARA, NP	18	1	9	5	56%	5.0
LARA SUAREZ, MARIA, NP	18	1	9	6	67%	6.0
NOUKELAK, GERMAINE, MD	18	1	9	11	122%	11.0
ADULT CARE TOTALS			210	159	76%	

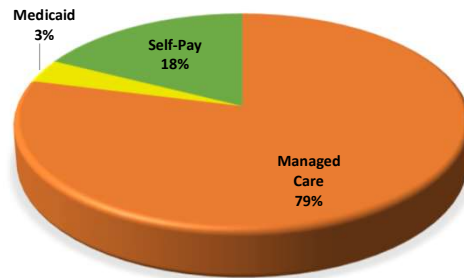
BELLE GLADE DENTAL						
SOFIANOS, MICHAEL, DMD	16	1	8	12	150%	12.0
DENTAL TOTALS			8	12	150%	
LANTANA DENTAL						
ALWEHAIB, ARWA, DDS	16	1	8	17	213%	17.0
DENTAL TOTALS			8	17	213%	
WEST PALM BEACH DENTAL						
ALWEHAIB, ARWA, DDS	16	2	16	28	175%	14.0
DENTAL TOTALS			16	28	175%	
GRAND TOTAL			242	216	89%	



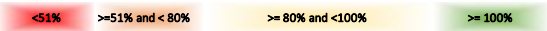
MEDICAL PAYER MIX



DENTAL



BELLE GLADE



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ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
TAHERI, NERGESS, DO	18 when no precepting	5.0	64	61	95%	12.2
DABU, DARNEL, MD	18 when no precepting	3.0	29	29	100%	9.7
PEREZ, DANIEL JESUS, MD	18 when no precepting	5.0	30	23	77%	4.6
DORCE-MEDARD, JENNIFER, MD	18	1.0	18	17	94%	17.0
ADULT CARE TOTALS		14.0	141	130	92%	

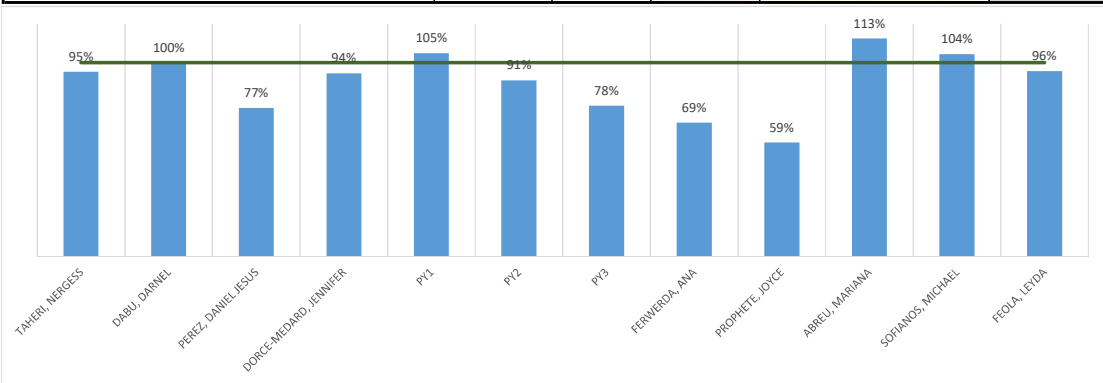
RESIDENCY PROGRAM						
PGY-1	6	35.5	175	183	105%	5.2
PGY-2	10	29	319	290	91%	10.0
PGY-3	14	20.0	268	208	78%	10.4
RESIDENTS TOTALS		84.5	761	681	89%	

WOMEN'S HEALTH CARE						
FERWERDA, ANA, MD	14	3	42	29	69%	9.7
PROPHETE, JOYCE, MD	14	4	56	33	59%	8.3
WOMEN'S HEALTH CARE TOTALS		7.0	98	62	63%	

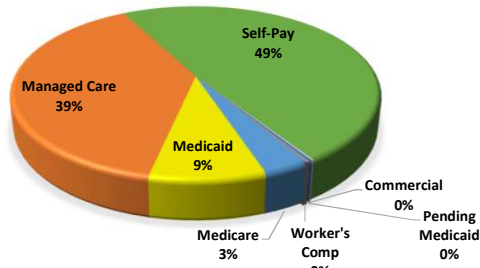
DENTAL						
ABREU, MARIANA, DDS	16	1.0	16	18	113%	18.0
BOWEN, BEVERLY, DMD	16	1.0	16	11	69%	11.0
SOFIANOS, MICHAEL, DMD	16	21.5	344	359	104%	16.7
DENTAL TOTALS		23.5	376	388	103%	

DENTAL HYGIENE						
FEOLA, LEYDA	8	23.0	184	176	96%	7.7
DENTAL HYGIENE TOTALS		23.0	184	176	96%	

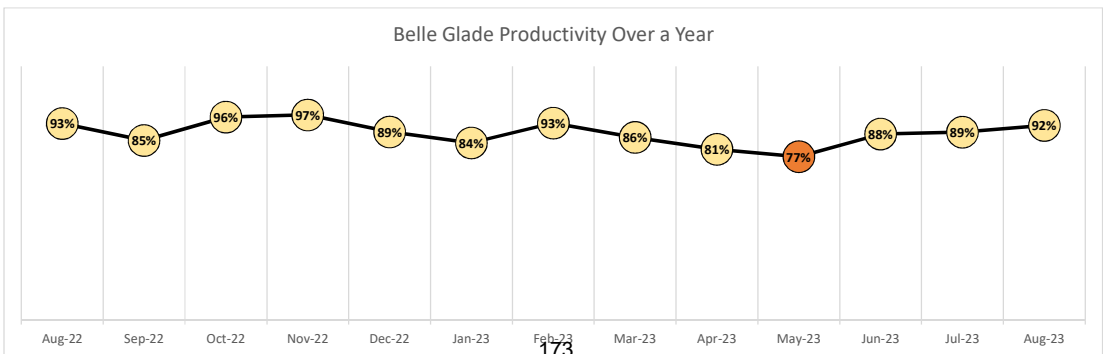
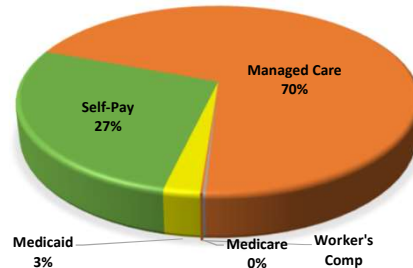
GRAND TOTAL						
		152.0	1,560	1,437	92%	



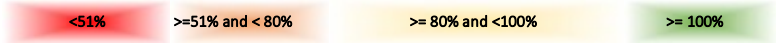
MEDICAL PAYER MIX



DENTAL PAYER MIX



BOCA



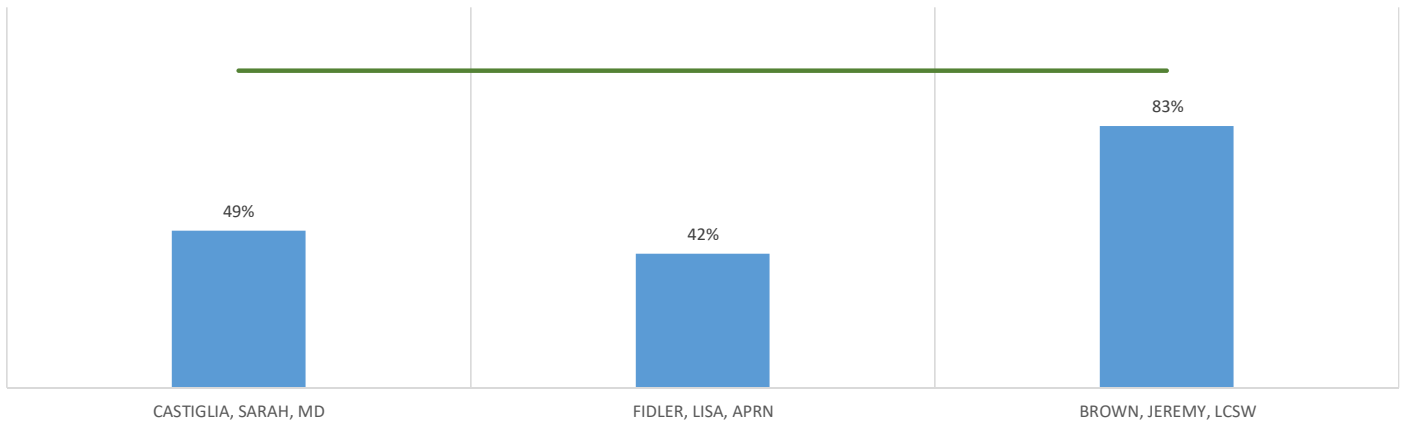
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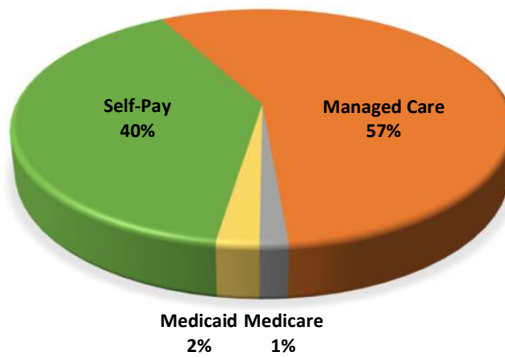
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
CASTIGLIA, SARAH, MD	18	22.0	396	196	49%	8.9
FIDLER, LISA, APRN	18	21.0	378	160	42%	7.6
ADULT CARE TOTALS		43.0	774	356	46%	

BEHAVIORAL HEALTH INTEGRATION						
BROWN, JEREMY, LCSW	10	4.0	40	33	83%	8.3
BH INTEGRATION TOTALS		4.0	40	33	83%	

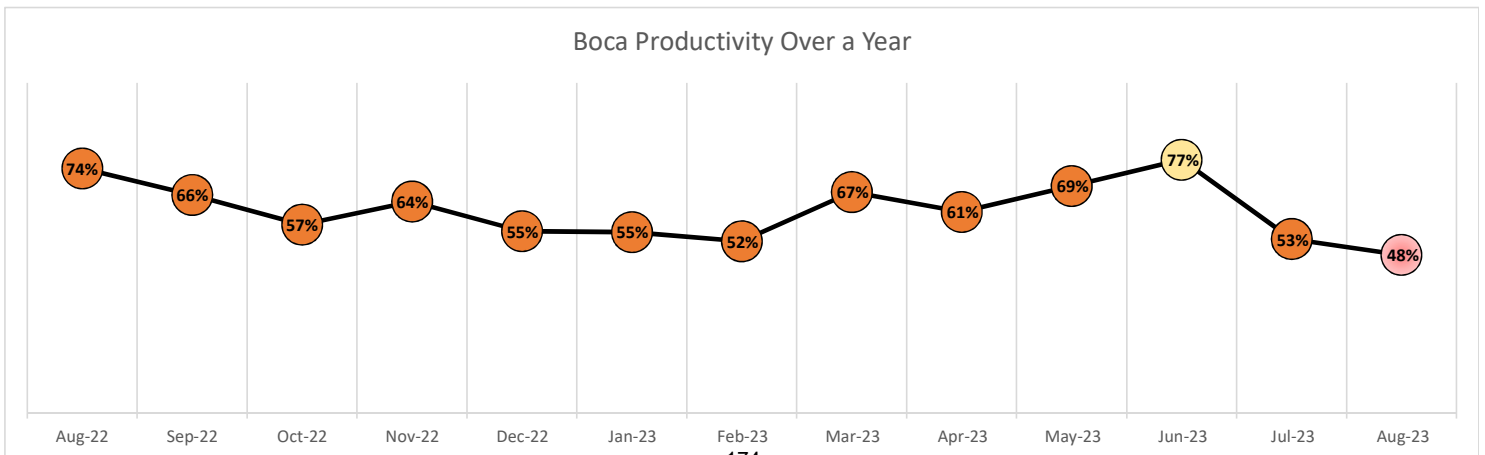
GRAND TOTAL		47.0	814	389	48%	
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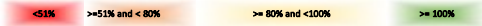
MEDICAL PAYER MIX



Boca Productivity Over a Year



DELRAY



PRODUCTIVITY REPORT AUGUST 2023

AS 08/31/2023 Based on Completed Appointments

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
DONNELL, MASON, PA	18	18.0	324	216	67%	12.0
LAM, MINH DAI, NP	18	18.0	324	328	101%	18.2
FIDLER, LISA, APRN	18	0.5	9	4	44%	8.0
STANEK, EWELINA, PA	18	0.5	9	6	67%	12.0
ST. VIL, CARLINE, NP	18	13.0	234	183	78%	14.1
ADULT CARE TOTALS		50	900	737	82%	

BEHAVIORAL HEALTH INTEGRATION						
BROWN, JEREMY, LCSW	10	18.0	180	169	94%	9.4
BH INTEGRATION TOTALS		18.0	180	169	94%	

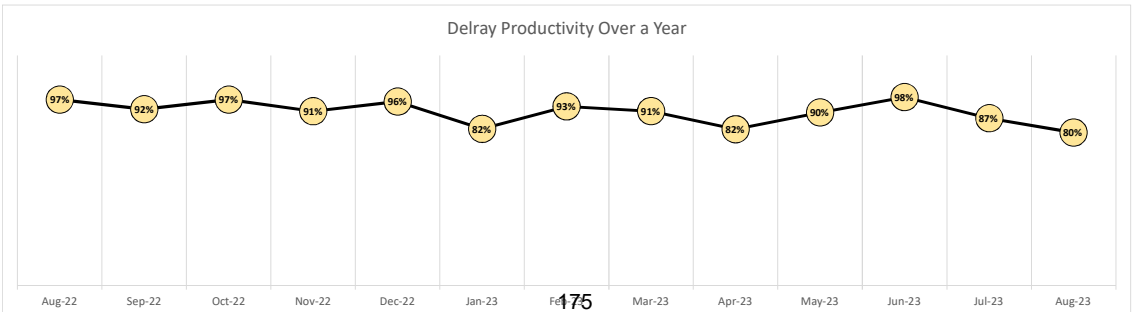
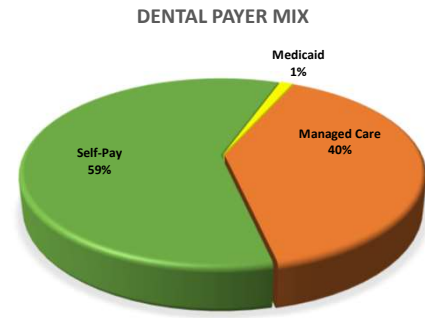
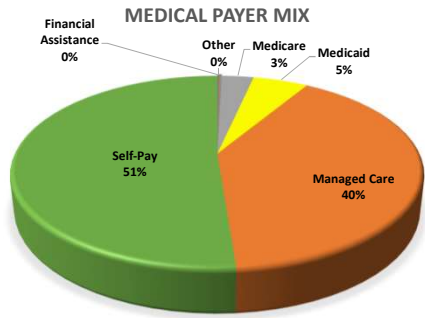
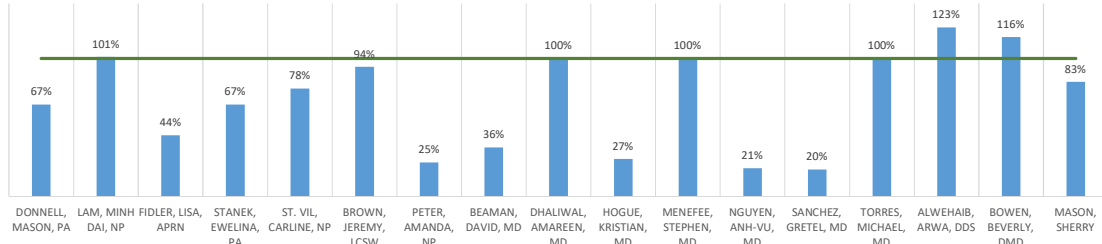
BEHAVIORAL HEALTH PSYCHIATRY						
PETER, AMANDA, NP	12	16.5	198	49	25%	3.0
BEHAVIORAL HEALTH PSYCHIATRY TOTALS		16.5	198	49	25%	

RESIDENT PSYCHIATRY						
BEAMAN, DAVID, MD	12	6.0	45	16	36%	2.7
DHALIWAL, AMAREEN, MD	12	2.0	3	3	100%	1.5
HOGUE, KRISTIAN, MD	12	6.0	44	12	27%	2.0
MENEFEE, STEPHEN, MD	12	2.0	4	4	100%	2.0
NGUYEN, ANH-VU, MD	12	5.0	39	8	21%	1.6
SANCHEZ, GRETTEL, MD	12	7.0	51	10	20%	1.4
TORRES, MICHAEL, MD	12	2.0	3	3	100%	1.5
RESIDENT PSYCHIATRY TOTAL		30.0	189	56	30%	

DENTAL						
ALWEHAIB, ARWA, DDS	16	21	336	412	123%	19.6
BOWEN, BEVERLY, DMD	16	2	32	37	116%	18.5
DENTAL TOTALS		23	368	449	122%	

DENTAL HYGIENE						
MASON, SHERRY	8	20	160	133	83%	6.7
DENTAL HYGIENE TOTALS		20	160	133	83%	

GRAND TOTAL						
		158	1995	1593	80%	



JUPITER



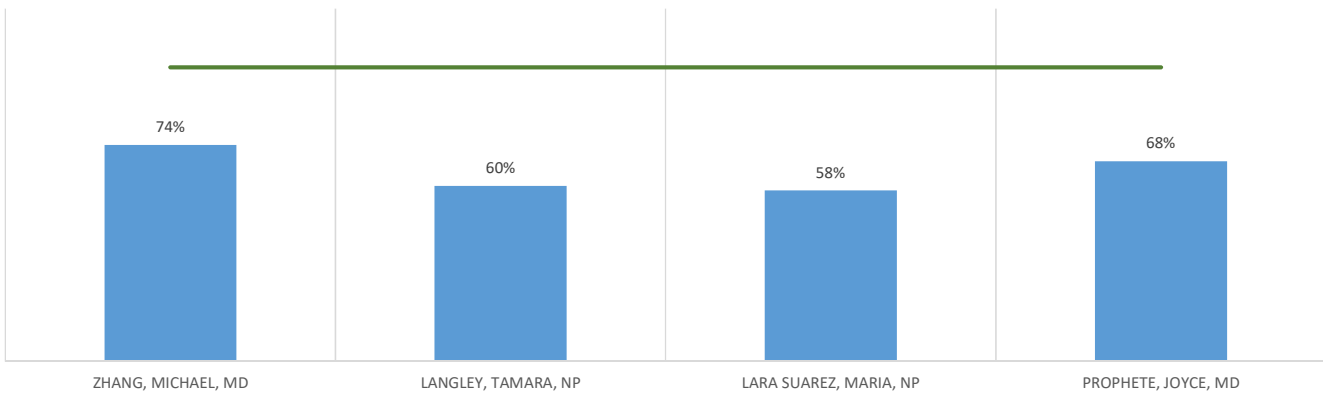
PRODUCTIVITY REPORT AUGUST 2023

AS 08/31/2023 Based on Completed Appointments

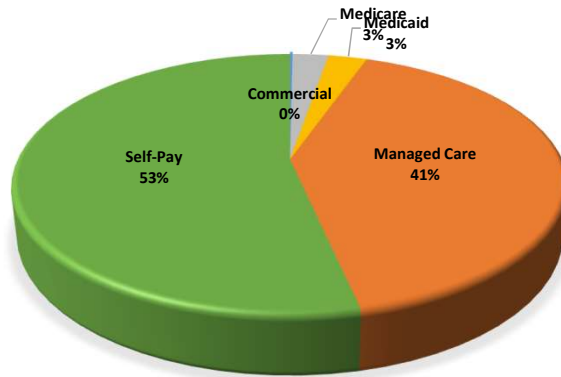
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
ZHANG, MICHAEL, MD	18	21.0	243	179	74%	8.5
LANGLEY, TAMARA, NP	18	18.0	322	192	60%	10.7
LARA SUAREZ, MARIA, NP	18	13.0	234	136	58%	10.5
ADULT CARE TOTALS		52	799	507	63%	

WOMENS HEALTH CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
PROPHETE, JOYCE, MD	18	4.0	72	49	68%	12.3
WOMENS HEALTH CARE TOTALS		4	72	49	68%	

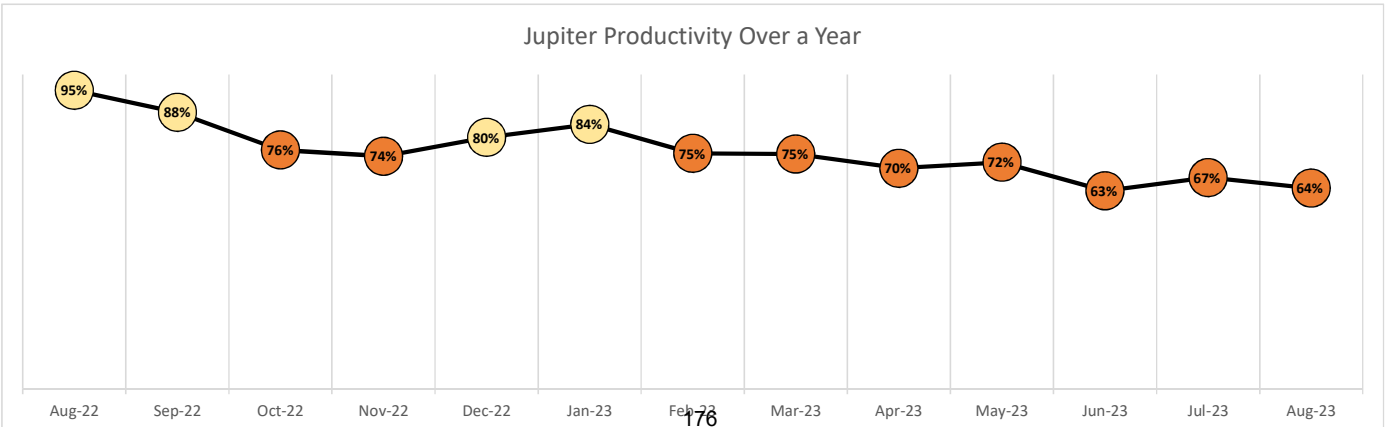
GRAND TOTAL						
		56	871	556	64%	



MEDICAL PAYER MIX



Jupiter Productivity Over a Year



LAKE WORTH

PRODUCTIVITY REPORT AUGUST 2023

AS 08/31/2023 Based on Completed Appointments

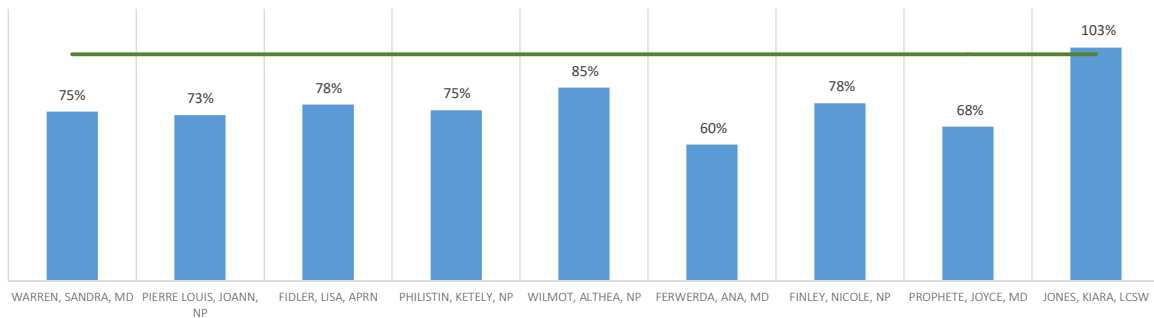


ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WARREN, SANDRA, MD	18	12.5	225	168	75%	13.4
PIERRE LOUIS, JOANN, NP	18	19.0	342	250	73%	13.2
FIDLER, LISA, APRN	18	1.0	18	14	78%	14.0
PHILISTIN, KETELY, NP	18	21.5	387	291	75%	13.5
WILMOT, ALTHEA, NP	18	3.0	54	46	85%	15.3
ADULT CARE TOTALS		57.0	1026	769	75%	

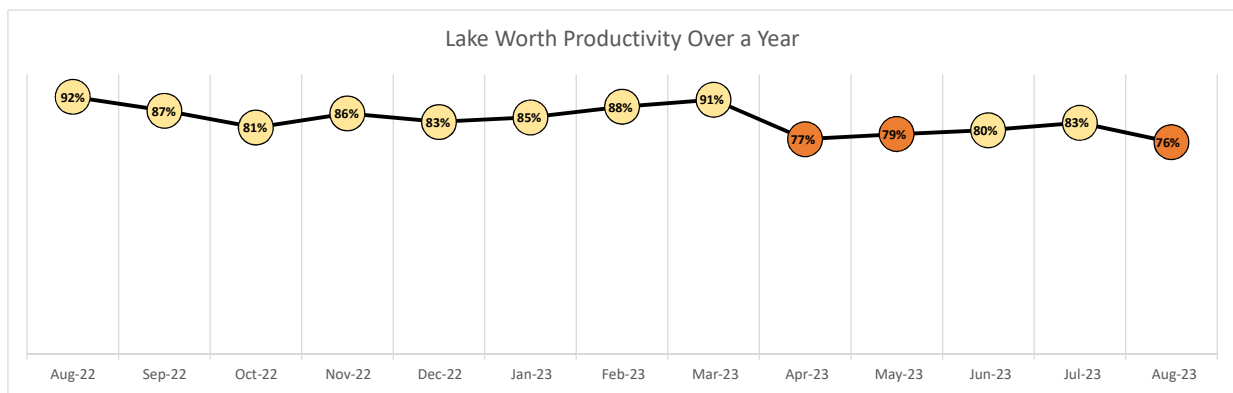
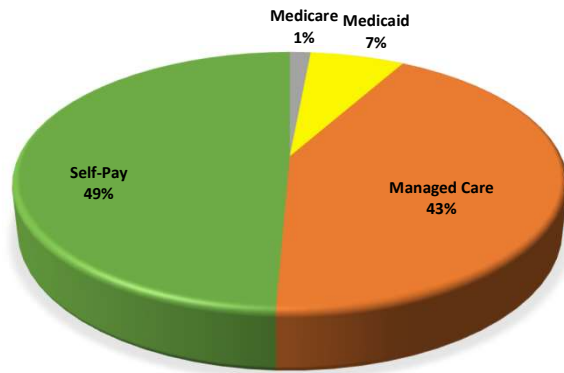
WOMEN'S HEALTH CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
FERWERDA, ANA, MD	18	7.5	135	81	60%	10.8
FINLEY, NICOLE, NP	18	21	378	296	78%	14.1
PROPHETE, JOYCE, MD	18	12	216	147	68%	12.3
WOMEN'S HEALTH CARE TOTALS		40.5	729	524	72%	

BEHAVIORAL HEALTH INTEGRATION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
JONES, KIARA, LCSW	10	14	134	138	103%	9.9
BH INTEGRATION TOTALS		14	134	138	103%	

GRAND TOTAL						
		111.5	1,889	1,431	76%	



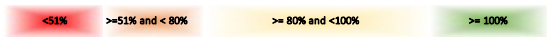
MEDICAL PAYER MIX



LANTANA

PRODUCTIVITY REPORT AUGUST 2023

AS 08/31/2023 Based on Completed Appointments



ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
ALFONSO PUENTES, RAMIRO, MD	18	23.0	414	344	83%	15.0
JEAN-JACQUES, FERNIQUE, NP	18	22.5	405	349	86%	15.5
NAVARRO, ELSY, NP	18	13.0	234	194	83%	14.9
ADULT CARE TOTALS		58.5	1,053	887	84%	

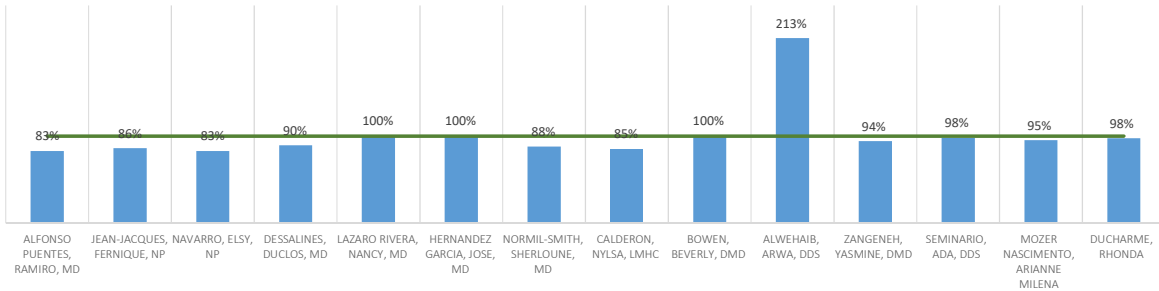
PEDIATRIC CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
DESSALINES, DUCLOS, MD	20	20	400	358	90%	17.9
LAZARO RIVERA, NANCY, MD	20	19	380	380	100%	20.0
HERNANDEZ GARCIA, JOSE, MD	18	9	61	61	100%	6.8
NORMIL-SMITH, SHERLOUNE, MD	20	21	420	370	88%	17.6
PEDIATRIC CARE TOTALS		69	1,261	1,169	93%	

BEHAVIORAL HEALTH INTEGRATION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
CALDERON, NYLSA, LMHC	10	17	170	145	85%	8.5
BH INTEGRATION TOTALS		17	170	145	85%	

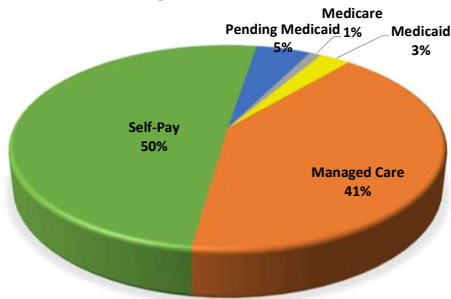
DENTAL						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
BOWEN, BEVERLY, DMD	16	2.0	32	32	100%	16.0
ALWEHAIB, ARWA, DDS	16	0.5	8	17	213%	34.0
ZANGENEH, YASMINE, DMD	16	21.0	336	317	94%	15.1
SEMINARIO, ADA, DDS	16	9.0	90	88	98%	9.8
DENTAL TOTALS		32.5	466	454	97%	

DENTAL HYGIENE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
MOZER NASCIMENTO, ARIANNE MILENA	8	22.0	176	168	95%	7.6
DUCHARME, RHONDA	8 / 16 MDI	15.5	240	234	98%	15.1
DENTAL HYGIENE TOTALS		37.5	416	402	97%	

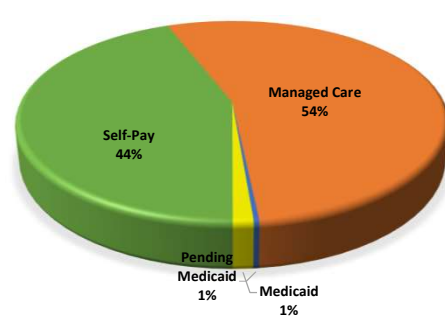
GRAND TOTAL						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
GRAND TOTAL		214.5	3,366	3,057	91%	



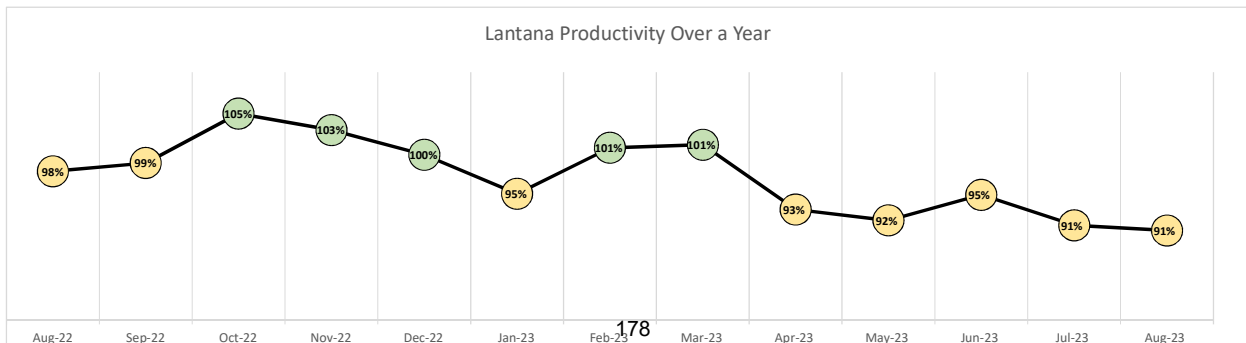
MEDICAL PAYER MIX



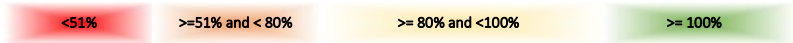
DENTAL PAYER MIX



Lantana Productivity Over a Year



LEWIS



PRODUCTIVITY REPORT AUGUST 2023

AS 08/31/2023 Based on Completed Appointments

ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WILMOT, ALTHEA, NP	18	5.0	42	38	90%	7.6
ADULT CARE TOTALS			42	38	90%	

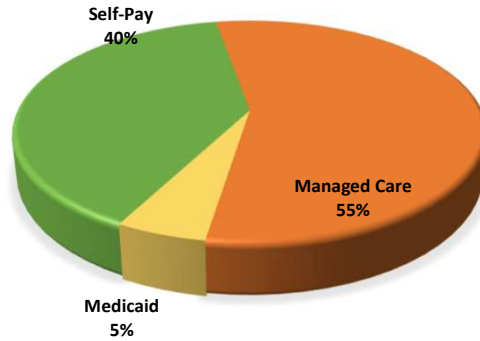
BEHAVIORAL HEALTH INTEGRATION						
BH INTEGRATION TOTALS		0	0	0		

BEHAVIORAL HEALTH ADDICTION						
BH ADDICTION TOTALS						

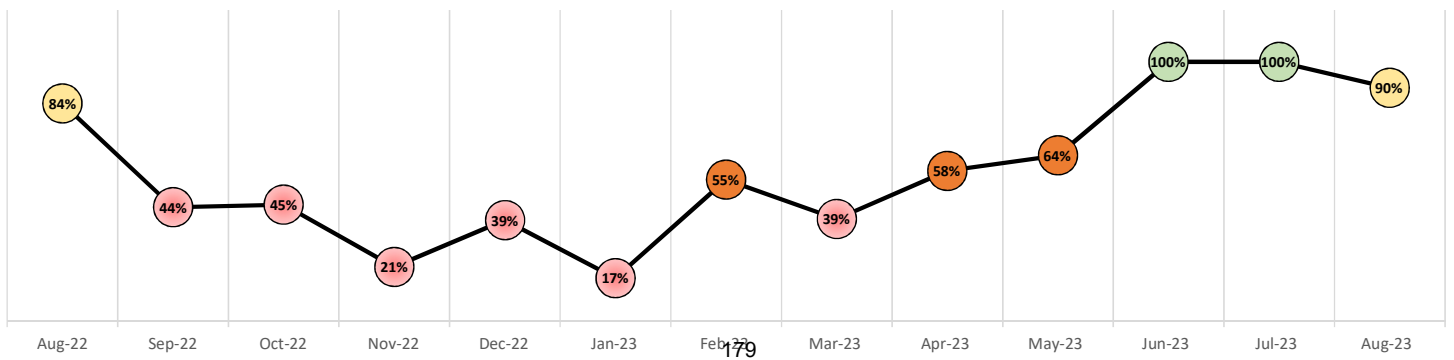
GRAND TOTAL		0	42	38	90%	
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MEDICAL PAYER MIX



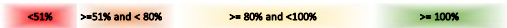
Lewis Productivity Over a Year



MANGONIA

PRODUCTIVITY REPORT AUGUST 2023

AS 08/31/2023 Based on Completed Appointments



ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
KOOPMAN, REBECCA SUE, PA	20	21.5	430	350	81%	16.3
FERNANDEZ SANCHEZ, MARCO, NP	20	24.0	480	448	93%	18.7
ADULT CARE TOTALS		45.5	910	798	88%	

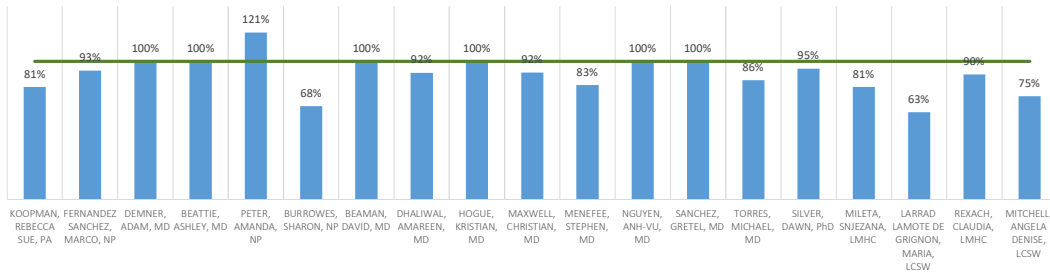
BEHAVIORAL HEALTH PSYCHIATRY						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
DEMNER, ADAM, MD	12	3.0	4	4	100%	1.3
BEATTIE, ASHLEY, MD	12	1.0	1	1	100%	1.0
PETER, AMANDA, NP	12	4.0	48	58	121%	14.5
BURROWES, SHARON, NP	12	18.0	216	146	68%	8.1
BEHAVIORAL HEALTH PSYCHIATRY TOTALS		26.0	269	209	78%	

RESIDENT PSYCHIATRY						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
BEAMAN, DAVID, MD	12	1.0	16	16	100%	16.0
DHALIWAL, AMAREEN, MD	12	7.0	61	56	92%	8.0
HOGUE, KRISTIAN, MD	12	3.0	28	28	100%	9.3
MAXWELL, CHRISTIAN, MD	12	3.0	25	23	92%	7.7
MENEFEE, STEPHEN, MD	12	7.0	76	63	83%	9.0
NGUYEN, ANH-VU, MD	12	2.0	23	23	100%	11.5
SANCHEZ, GRETEL, MD	12	1.0	7	7	100%	7.0
TORRES, MICHAEL, MD	12	7.0	80	69	86%	9.9
RESIDENT PSYCHIATRY TOTAL		31.0	316	285	90%	

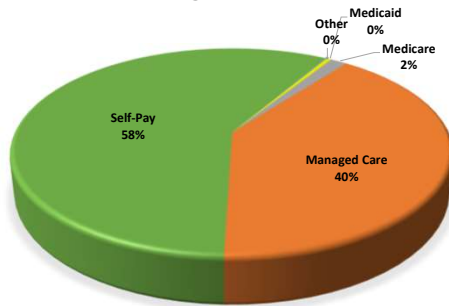
BEHAVIORAL HEALTH INTEGRATION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
BH INTEGRATION TOTALS		0.0	0	0		

BEHAVIORAL HEALTH ADDICTION						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
SILVER, DAWN, PhD	10	19.0	190	180	95%	9.5
MILETA, SNJEZANA, LMHC	10	14.0	140	114	81%	8.1
LARRAD LAMOTE DE GRIGNON, MARIA, LCSW	10	23.0	230	145	63%	6.3
REXACH, CLAUDIA, LMHC	10	23.0	230	208	90%	9.0
MITCHELL, ANGELA DENISE, LCSW	10	19.0	190	142	75%	7.5
BH ADDICTION TOTALS		98.0	980	789	81%	

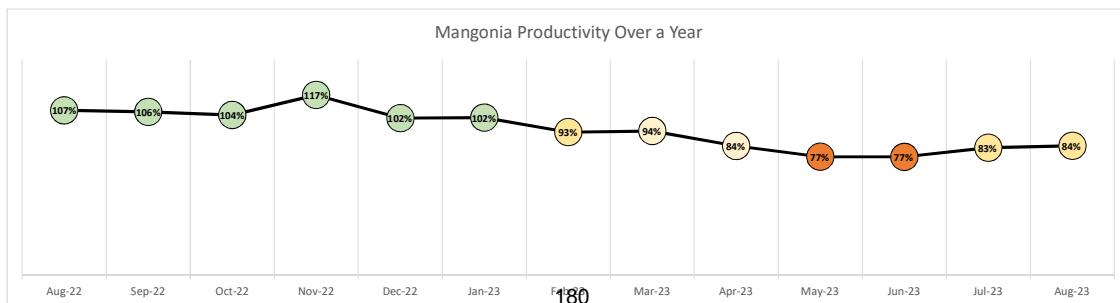
GRAND TOTAL						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
GRAND TOTAL		200.5	2,475	2,081	84%	



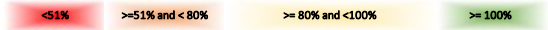
MEDICAL PAYER MIX



Mangonia Productivity Over a Year



WEST PALM BEACH
PRODUCTIVITY REPORT AUGUST 2023
 AS 08/31/2023 Based on Completed Appointments



ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
NOUKELAK, GERMAINE, MD	18	16.5	297	311	105%	18.8
FIDLER, LISA, APRN	18	1.0	18	9	50%	9.0
FLOREZ, GLORIA MATILDE, MD	18	14.5	261	232	89%	16.0
TUCKER, CHELSEA, PA	18	12.5	202	160	79%	12.8
LANGLEY, TAMARA, NP	18	0.5	11	7	64%	14.0
LARA SUAREZ, MARIA, NP	18	0.5	9	6	67%	12.0
STANEK, EWELINA, PA	18	21.5	387	293	76%	13.6
WILMOT, ALTHEA, NP	18	3.0	54	47	87%	15.7
ADULT CARE TOTALS		70	1,239	1,065	86%	

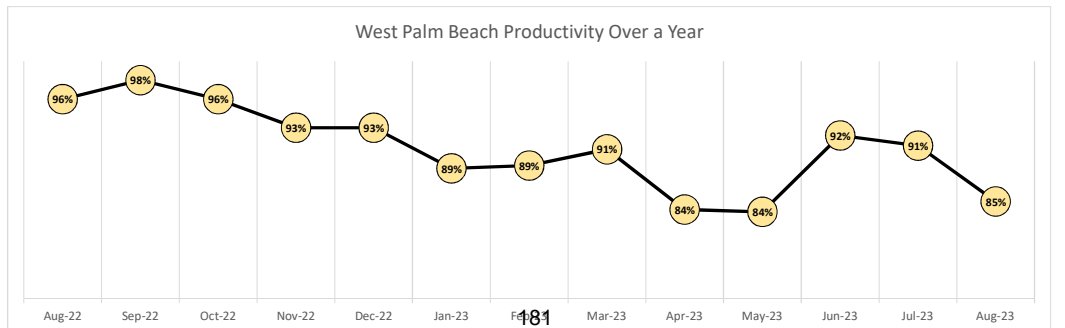
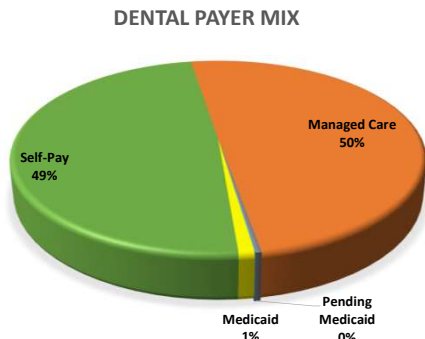
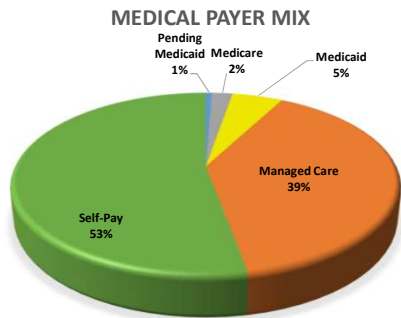
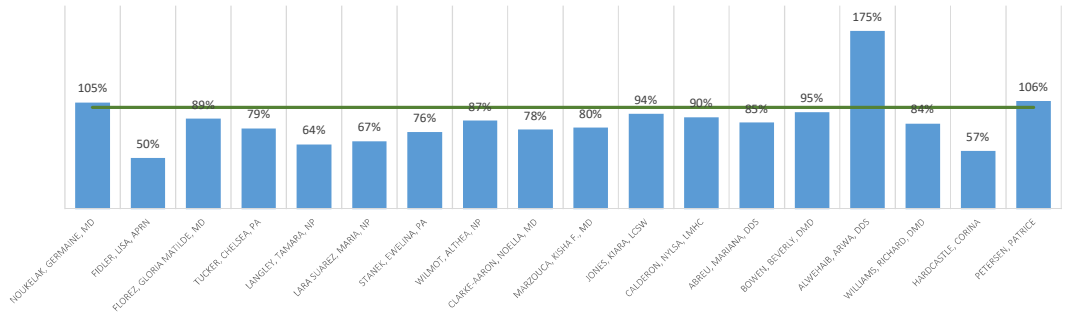
PEDIATRIC CARE						
CLARKE-AARON, NOELLA, MD	20	21	420	328	78%	15.6
MARZOUCA, KISHA F., MD	20	23.0	460	365	80%	15.9
PEDIATRIC CARE TOTALS		44	880	693	79%	

BEHAVIORAL HEALTH INTEGRATION						
JONES, KIARA, LCSW	10	3.0	31	29	94%	9.7
CALDERON, NYLSA, LMHC	10	5.0	50	45	90%	9.0
BH INTEGRATION TOTALS		8	81	74	91%	

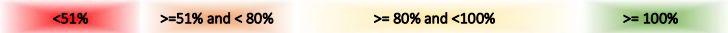
DENTAL						
ABREU, MARIANA, DDS	16	13.0	208	177	85%	13.6
BOWEN, BEVERLY, DMD	16	17.0	272	259	95%	15.2
ALWEHAIB, ARWA, DDS	16	1.0	16	28	175%	28.0
WILLIAMS, RICHARD, DMD	16	23.0	368	309	84%	13.4
DENTAL TOTALS		54.0	864	773	89%	

DENTAL HYGIENE						
HARDCASTLE, CORINA	16	7.0	72	41	57%	5.9
PETERSEN, PATRICE	8 / 16 MDI	16.0	128	136	106%	8.5
DENTAL HYGIENE TOTALS		23.0	200	177	89%	

GRAND TOTAL		199.0	3,264	2,782	85%	
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MOBILE & PORT CLIN



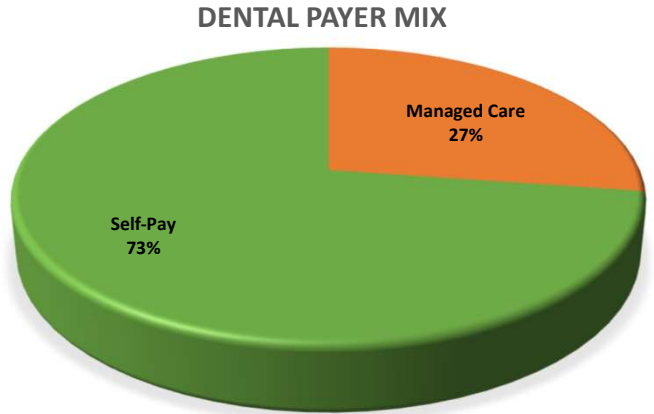
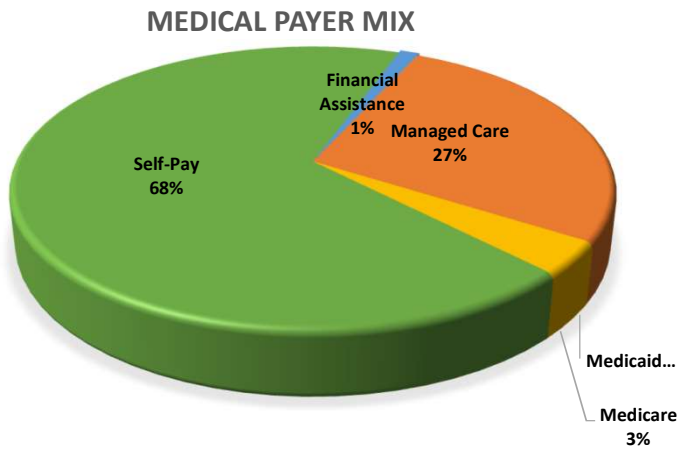
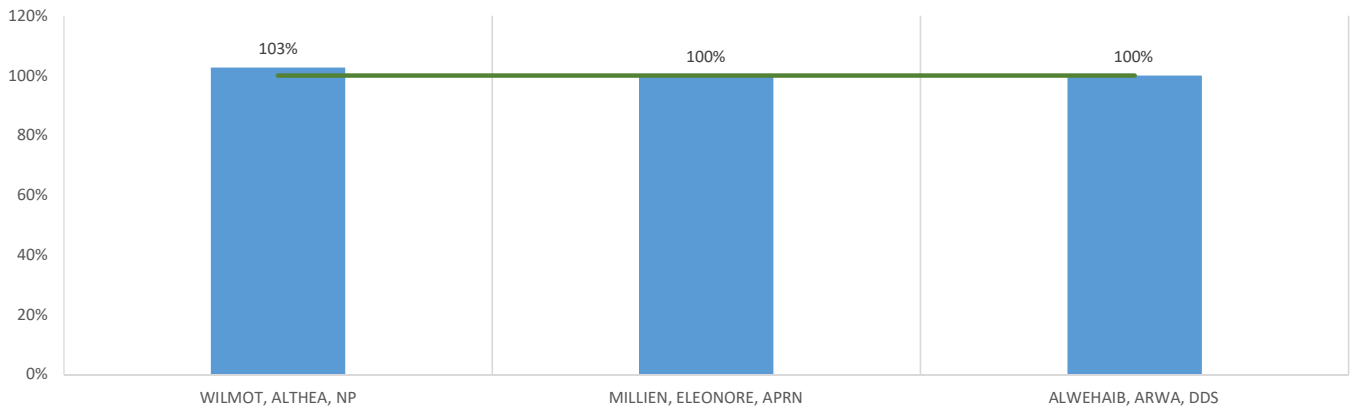
PRODUCTIVITY REPORT AUGUST 2023

AS 08/31/2023 Based on Completed Appointments

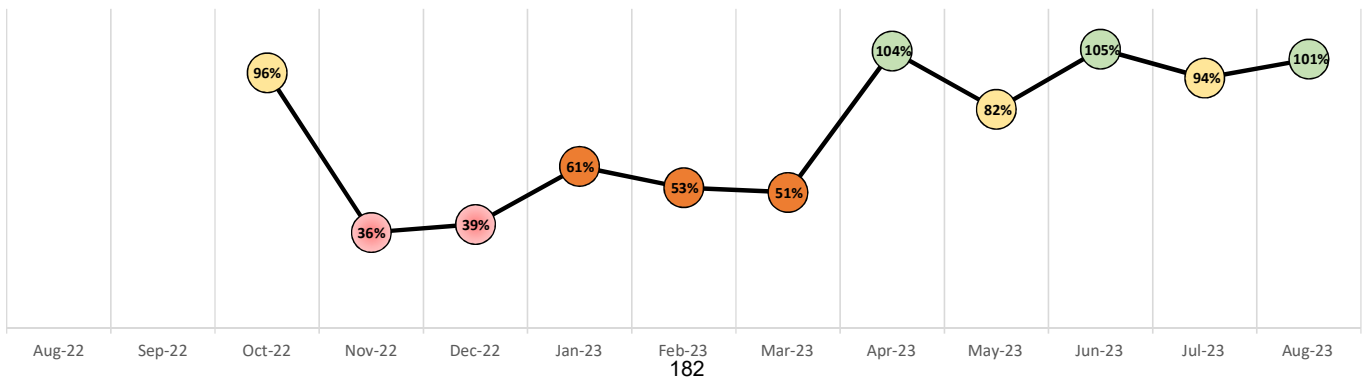
ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WILMOT, ALTHEA, NP	6	6.0	36	37	103%	6.2
MILLIEN, ELEONORE, APRN	6	13.0	44	44	100%	3.4
ADULT CARE TOTALS		19	80	81	101%	

DENTAL						
ALWEHAIB, ARWA, DDS	6	1.0	11	11	100%	11.0
DENTAL TOTALS		1.0	11	11	100%	

GRAND TOTAL		20	91	92	101%	
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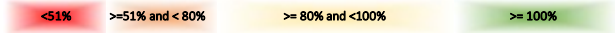
Mobile Productivity Over a Year



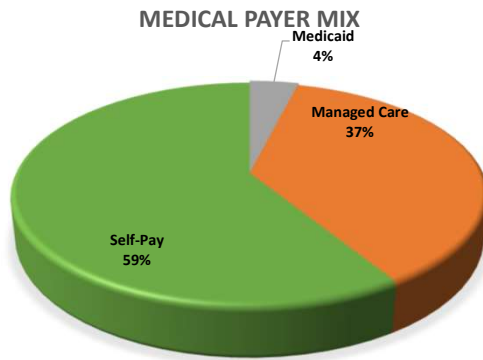
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PRODUCTIVITY REPORT AUGUST 2023

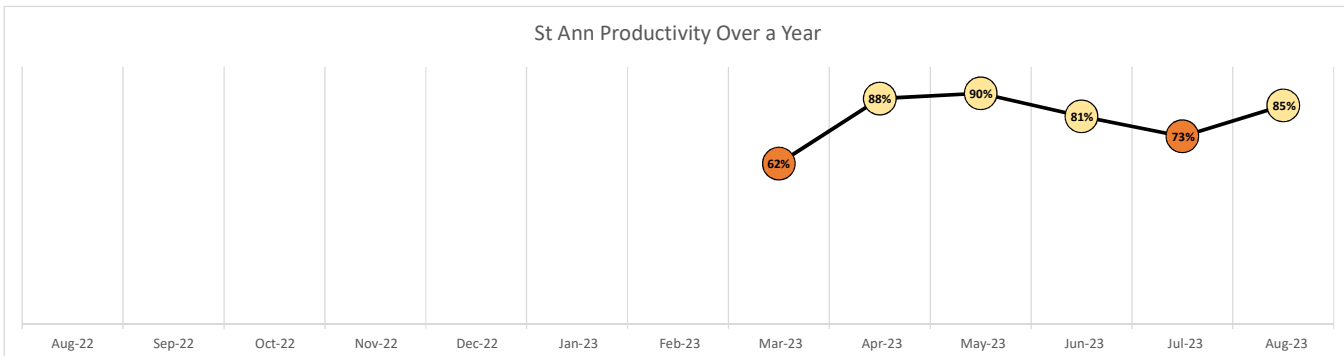
AS 08/31/2023 Based on Completed Appointments



ADULT CARE						
Provider	Daily Target	Days Worked	Target for the Month	Total for the Month Seen	% Monthly Target Achieved	Daily Average
WILMOT, ALTHEA, NP	6	3.0	18	8	44%	2.7
ADULT CARE TOTALS		3.0	18	8	44%	
BEHAVIORAL HEALTH INTEGRATION						
HIRSCH, KAREN, LCSW	6	17.0	102	94	92%	5.5
BH INTEGRATION TOTALS		17.0	102	94	92%	
BEHAVIORAL HEALTH PSYCHIATRY						
BH PSYCHIATRY TOTALS		0.0	0	0		
GRAND TOTAL		20.0	120.0	102.0	85%	



St Ann Productivity Over a Year





UDS PROVIDER LEVEL QUALITY MEASURES 2023

NATIONAL QUALITY LEADER METRICS

Load Date
9/11/2023

Filters

HEART HEALTH

Universe

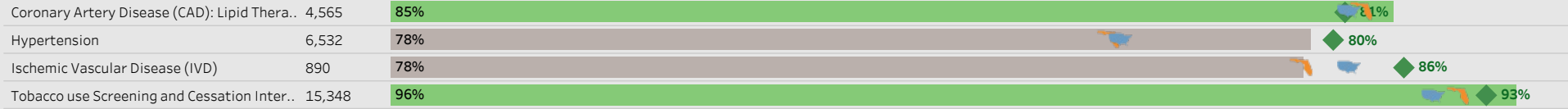
■ MET

■ Not Met

◆ HRSA Goal

🇺🇸 National Average

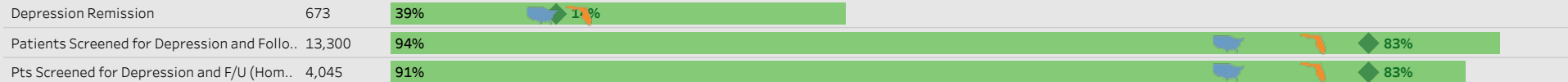
🇺🇸 State Average



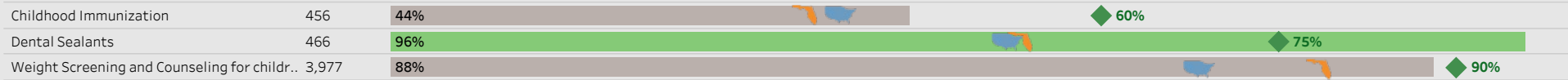
DIABETES



BEHAVIORAL HEALTH



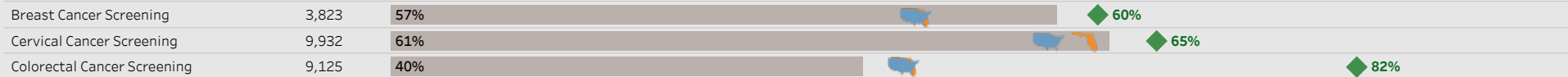
CHILDHOOD MEASURES



HIV PREVENTION AND CARE



CANCER PREVENTION



**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

1. Description: Operations Report – August 2023

2. Summary:

This agenda item provides the following operations report for August 2023

- Health Center Productivity, Payor Mix, Demographics, No Shows and Walk-In dashboards.

3. Substantive Analysis:

In August, the Health Centers had a total of 9,408 unique patients. This is a 12% increase from previous month. Our unique new patients totaled was 2,402 which remains consistently at 25% of overall unique patients. In provider visits the Health Centers had a total of 13,473 visits. This was an increase of 12% from the month prior and 17% higher than August 2022. 40% of patients were from adults Primary Care, 22% from Dental which was a 3% decrease and 14% from Pediatrics which is a 3% increase over previous month. In August the Lantana Health Center had the highest volume with 2,147 visits followed by the Mangonia Health Center with 2,079 visits.

Our payer mix for August remains consistent with previous month with 54% uninsured. 41% of patients were Managed Care and 4% Medicaid.

Health Centers continue to have 60% female. 49% of patients reported as White and 43% Black or African American. 39% of patients reported as Hispanic. Our largest age group continue to be those between the ages of 30-39 years old with 16% of patients.

In August our Homeless population averaged 32.8% with a total of 3,158 homeless patients between all Health Centers.

Agricultural Worker averaged 4.7% between all Health Centers. The majority continue to come from the Belle Glade with 30% of their patients reporting as agricultural worker.

The No Show rate average for all Health Center has remained consistent. For August the no show rate was 15.3%. Of those only 3% were from Telehealth. The no show rate for established patients decreased from 18% to 16% but increased slightly for new patients from 8.54% to 9.09%. The Women's Health Department consistently has a higher percent of new patient no shows ranging from 21%-29%. The dental departments also consistently have the lower percent of established patient no shows ranging from 6% to 13%.

**CL BRUMBACK PRIMARY CARE CLINICS
BOARD OF DIRECTORS
SEPTEMBER 26, 2023**

Year to date the Health Centers walk-in average is 19% in medical and 14% in dental totaling 18,111 walk in patients. In August this was slightly higher at 20% for medical and 16% for dental. The West Palm Beach Health Center had the highest number of walk-ins for medical. For dental the Delray Health Center had the highest number of walk-ins.

4. Fiscal Analysis & Economic Impact Statement:

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

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 CA6A21FF2E0948 Jessica Cafarelli
 Interim VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name


N/A

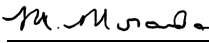
 Date


6. Recommendation:

Staff recommends the Board approve the Operations report for August 2023

Approved for Legal sufficiency:

DocuSigned by:

 0CF6F7DB6706434 Bernabe Icaza
 SVP & General Counsel

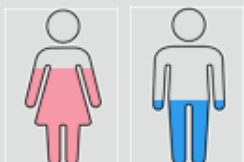
DocuSigned by:

 A0CB9739E3DF452 Marisol Miranda
 Director of Clinic Operations

DocuSigned by:

 F637D209DB52427 Candice Abbott
 SVP & Chief Operating Officer

Patient 9,408
Visits 13,473
New Patients 2,402

Monthly Productivity August 2023

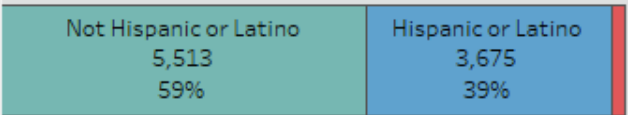
DEMOGRAPHICS



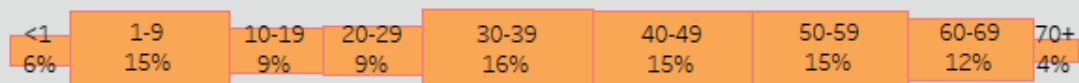
RACE



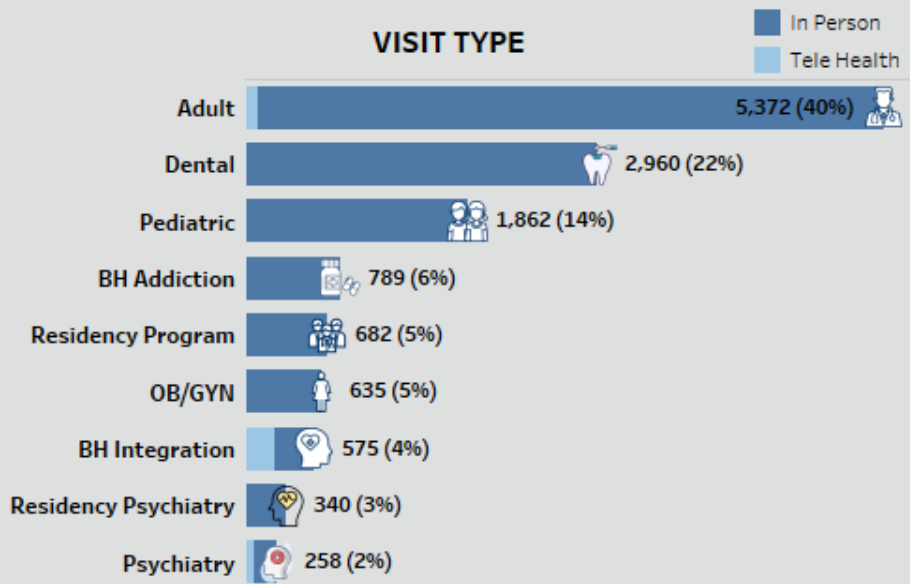
ETHNICITY



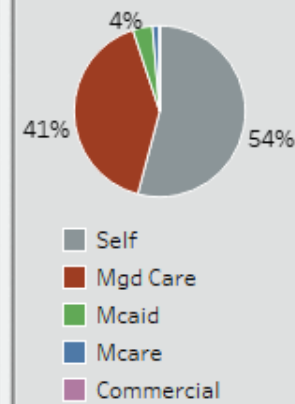
AGE GROUP



VISIT TYPE

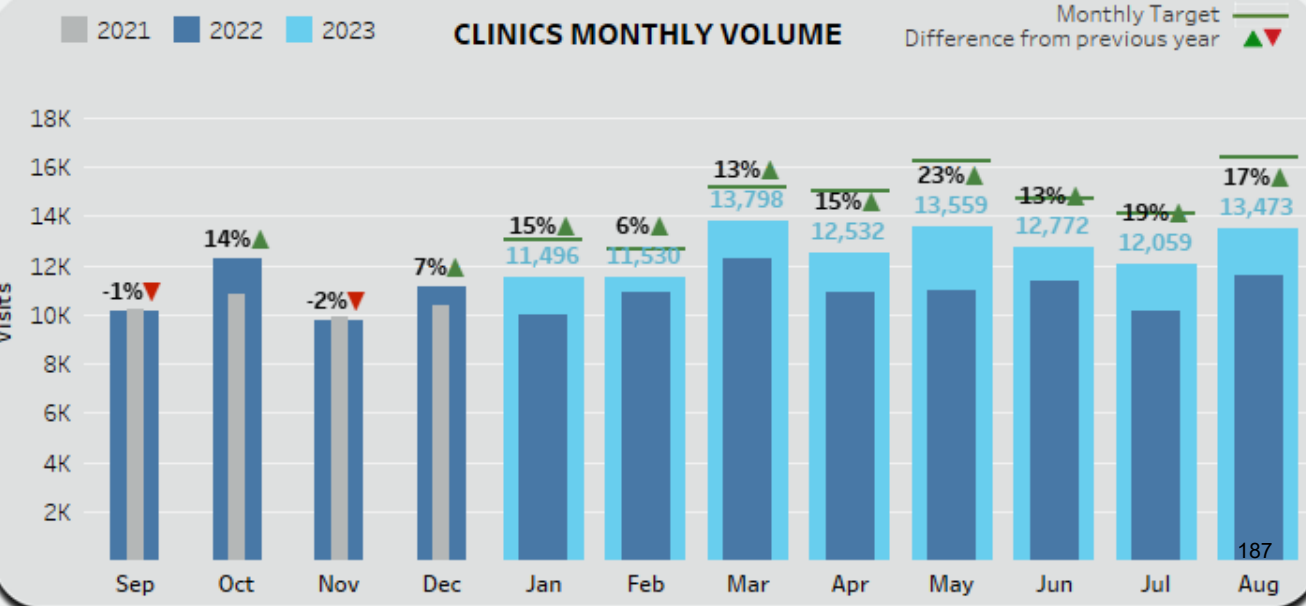


PAYOR MIX

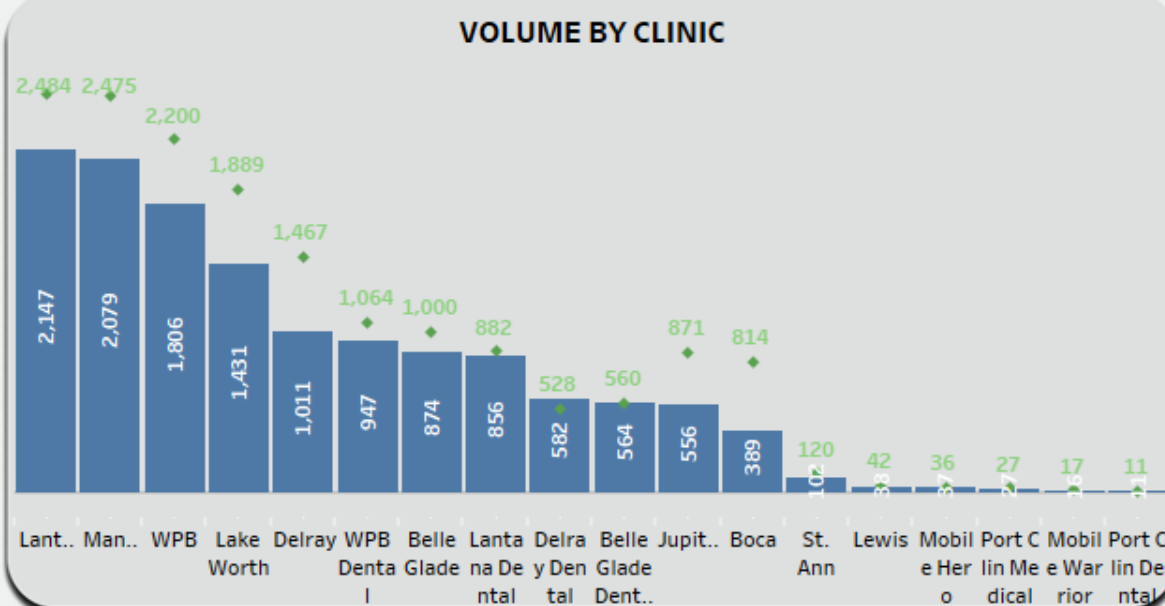


CLINICS MONTHLY VOLUME

Monthly Target Difference from previous year



VOLUME BY CLINIC



HOMELESS BREAKDOWN BY CLINIC

8/1/2023 - 8/31/2023



Unique Patients

3,158

32.8%



Average Visits per Patient

Homeless

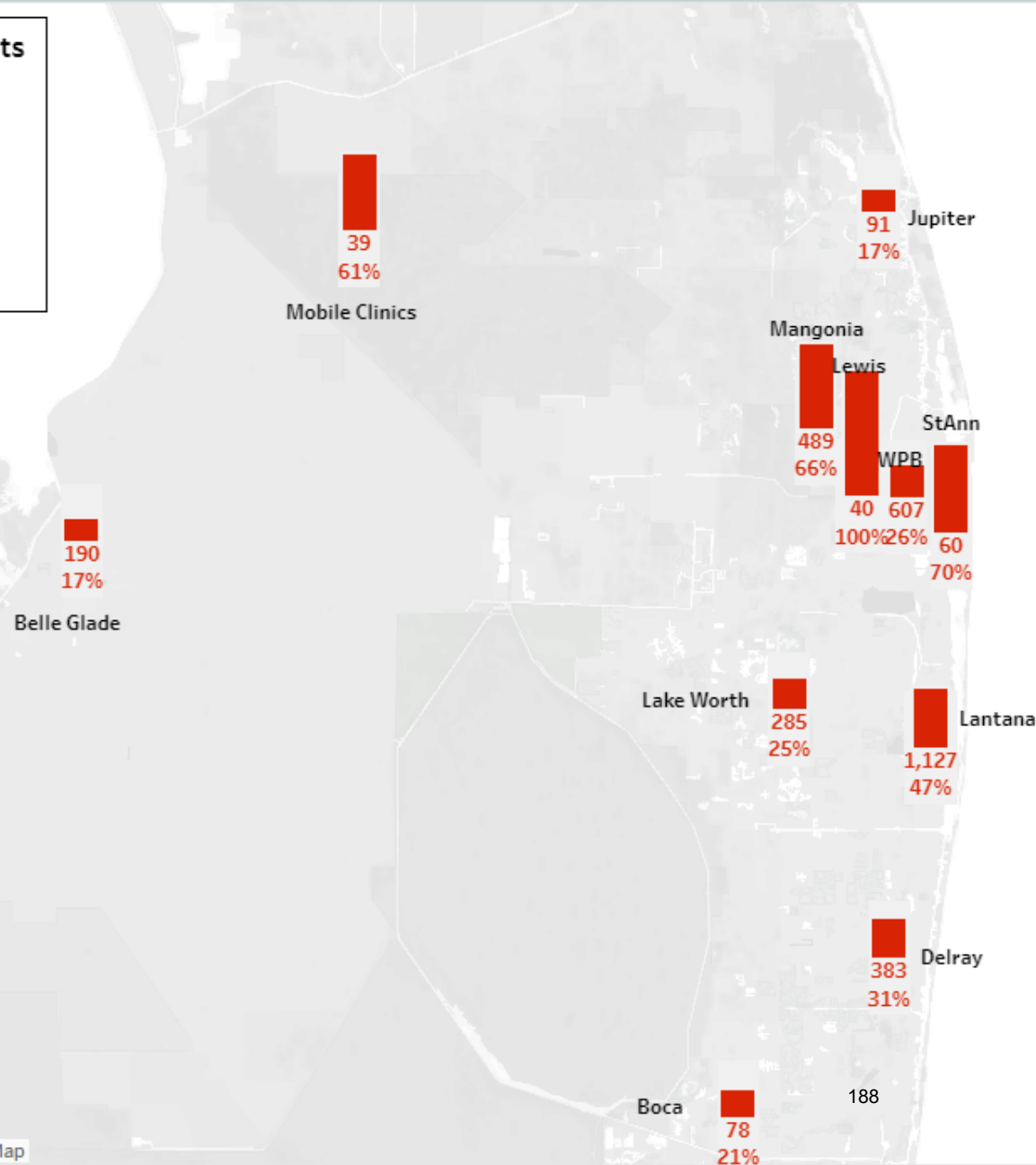
No Yes



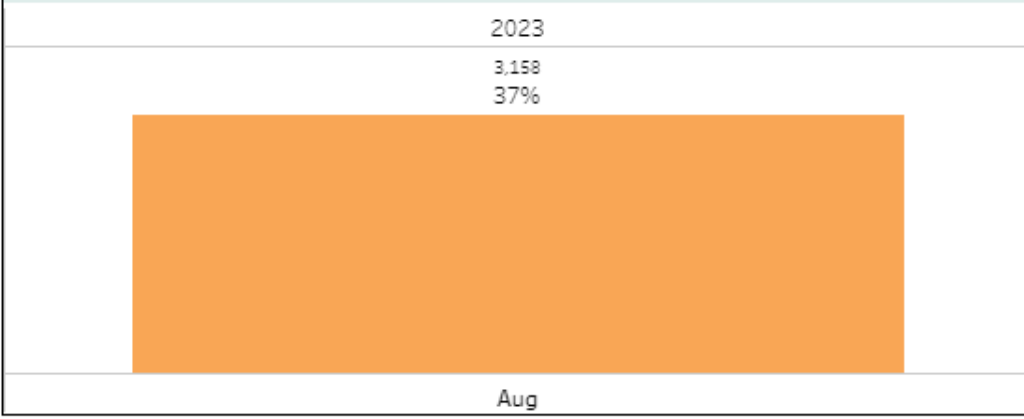
1.4



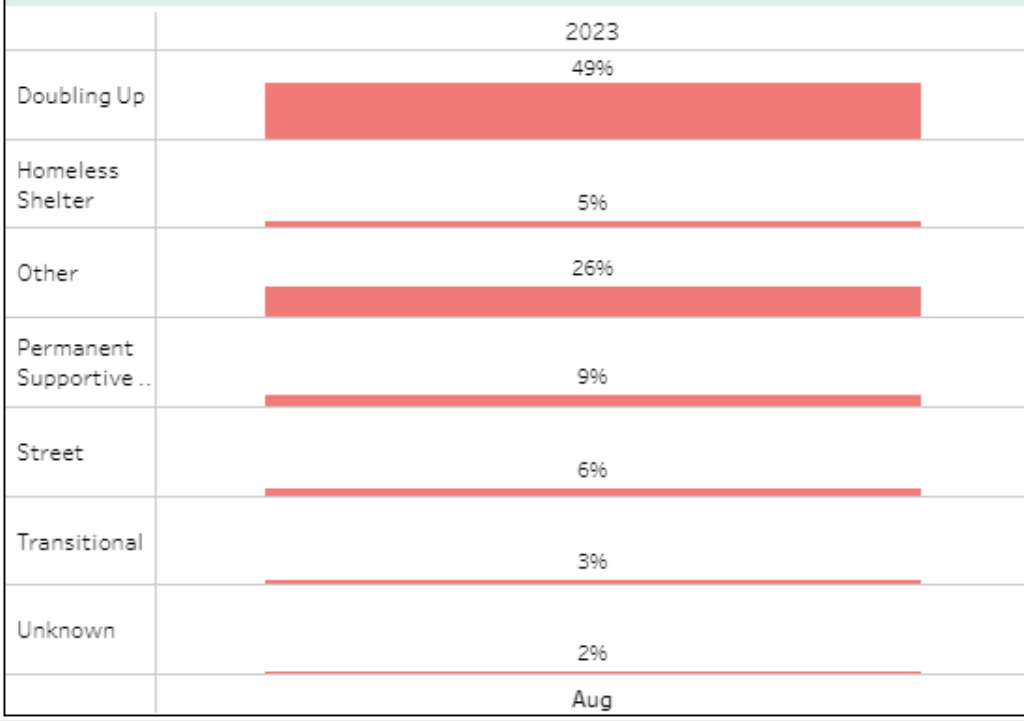
1.7



HOMELESS VISITS OVER TIME

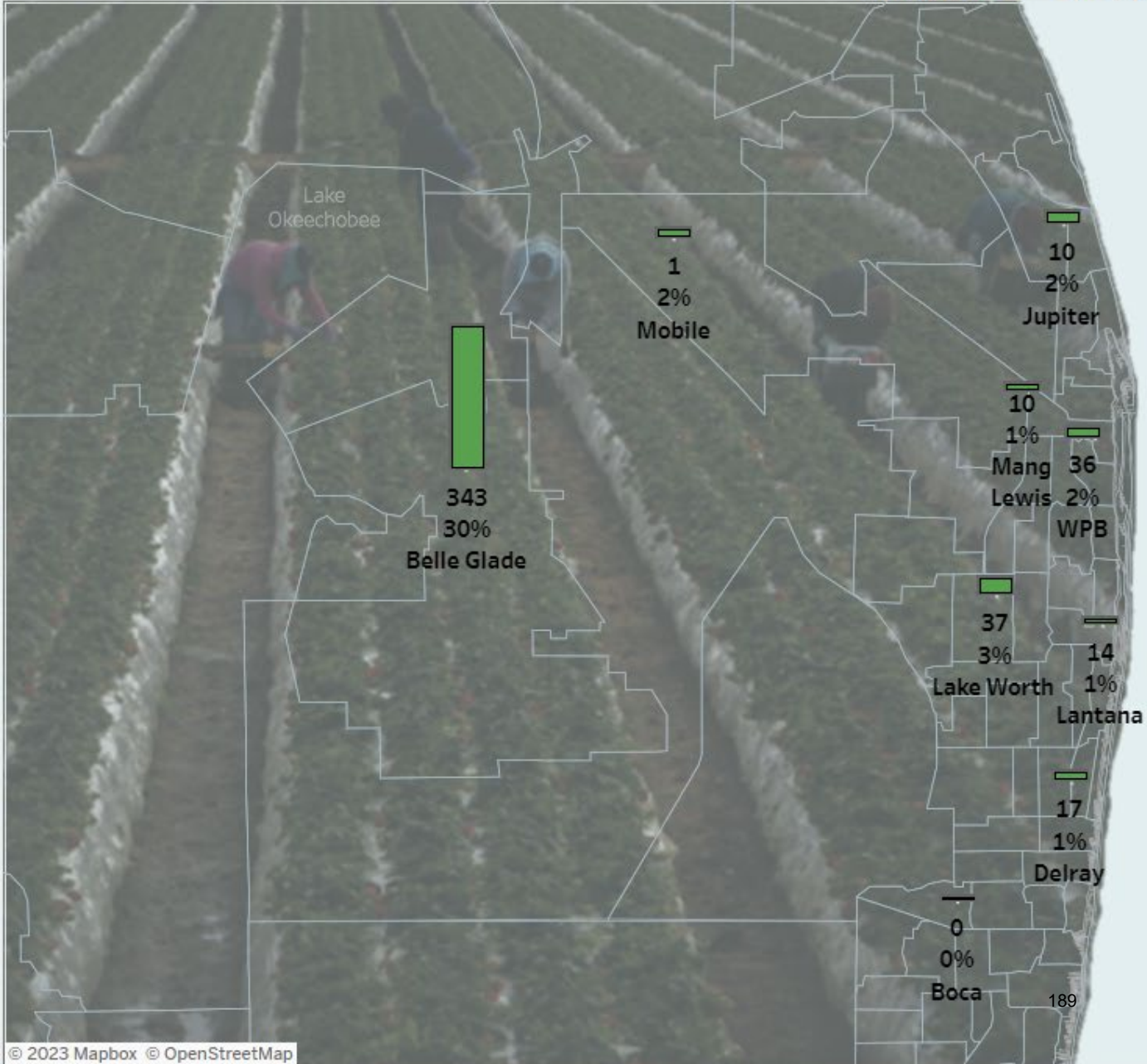


HOMELESS TYPE OVER TIME

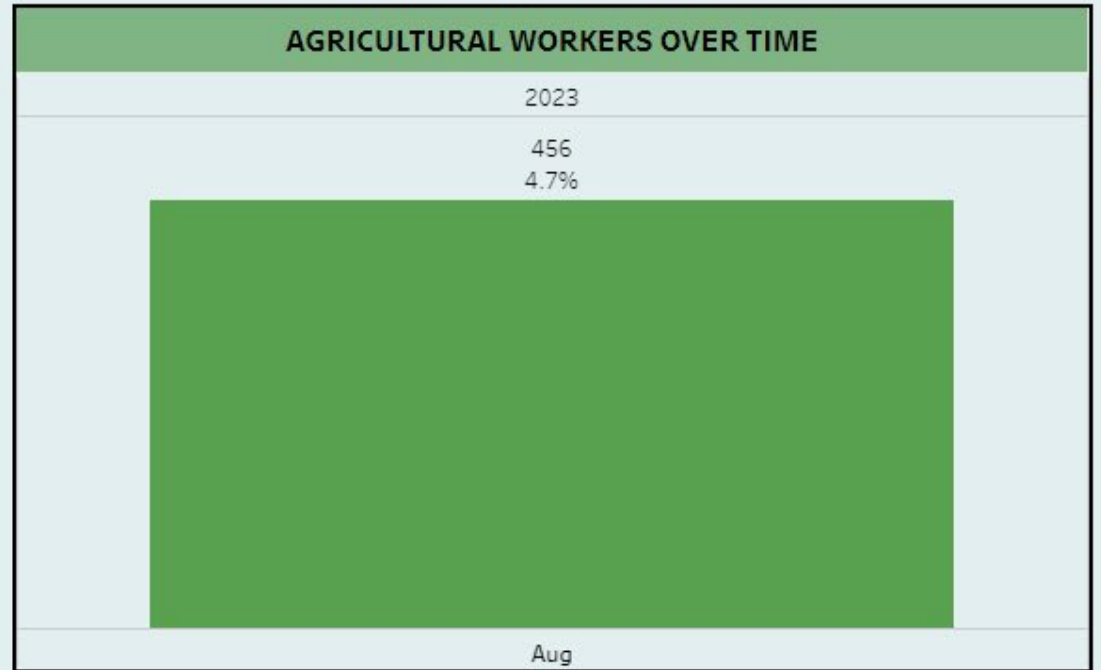


AGRICULTURAL WORKERS BREAKDOWN BY CLINIC

8/1/2023 - 8/31/2023



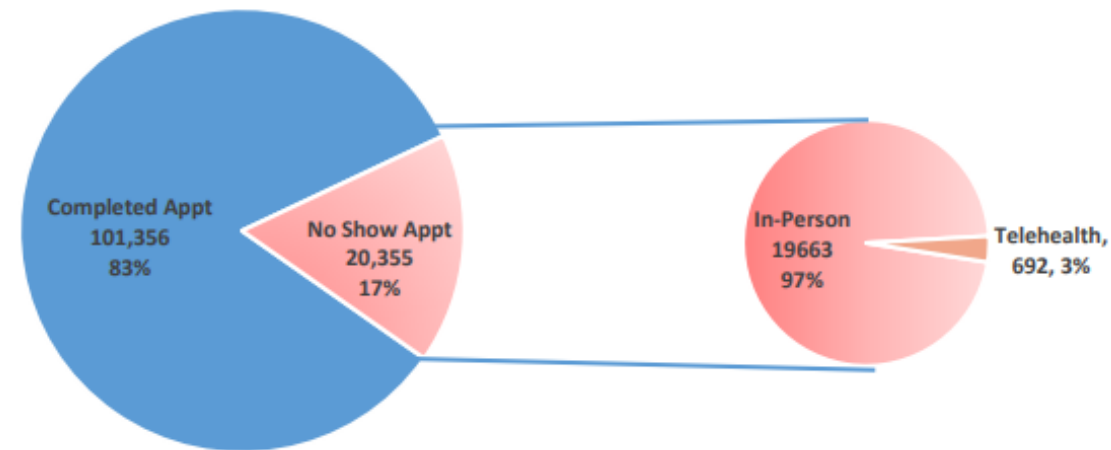
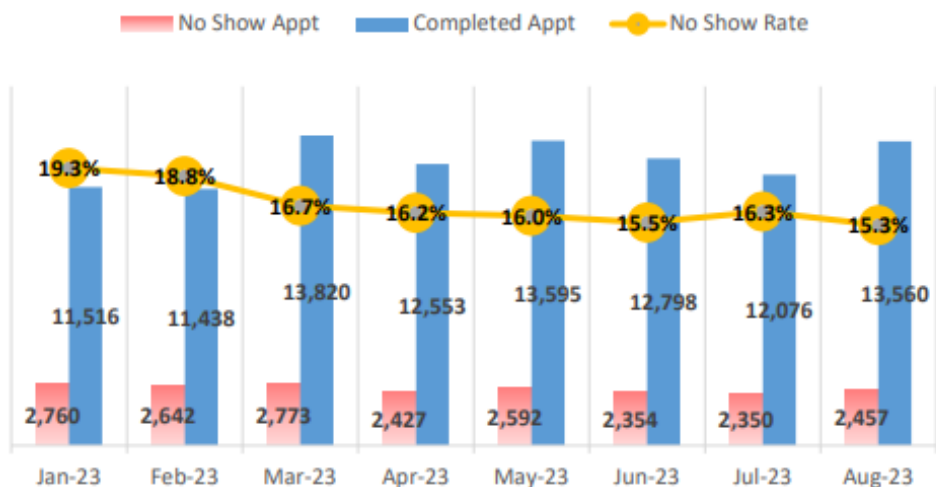

444
4.7%



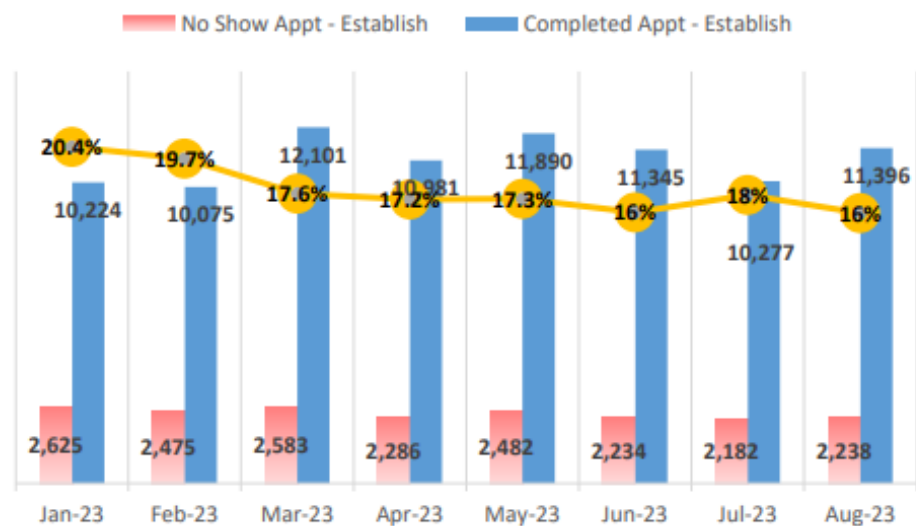
No Show Appointment Analysis August 2023

(Medical, Adult Peds, Pediatric Care, Women's Health, Dental, BH Integration and BH Addiction)

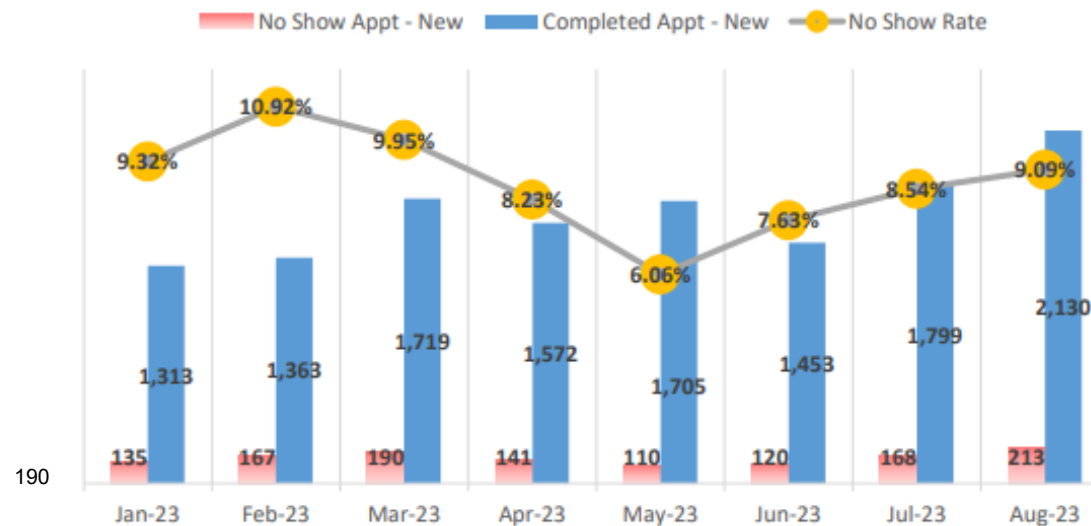
No Shows vs Checked in appointments Overall



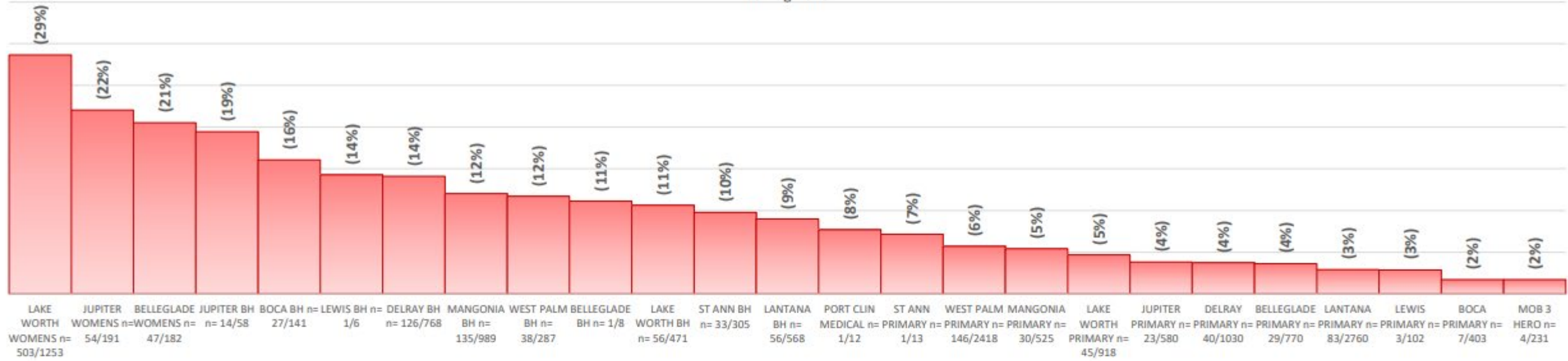
No Shows vs Checked in appointments - Establish Patients



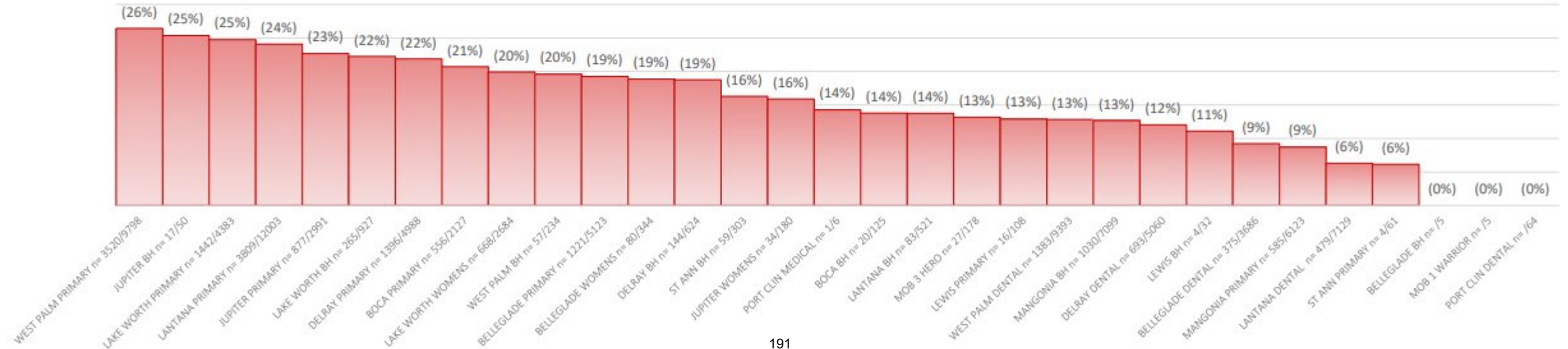
No Shows vs Checked in appointments - New Patients



No Show Rate 2023 - New Patients
as Aug 2023

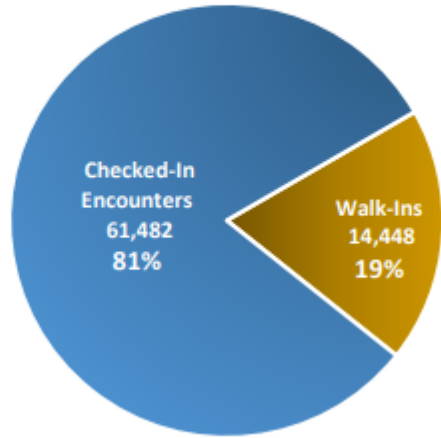


No Show Rate by Clinic - Establish Patients
as Aug 2023

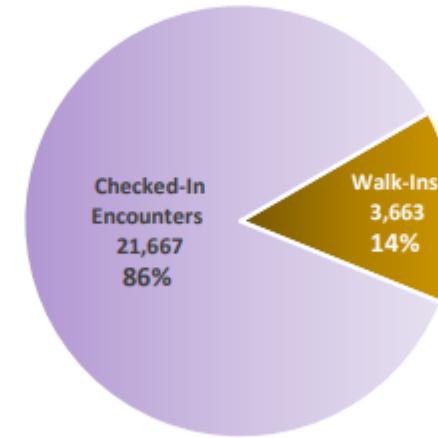


Number and percentage of Walk-Ins seen during YTD 2023 at C. L. Brumback Primary Care Clinics

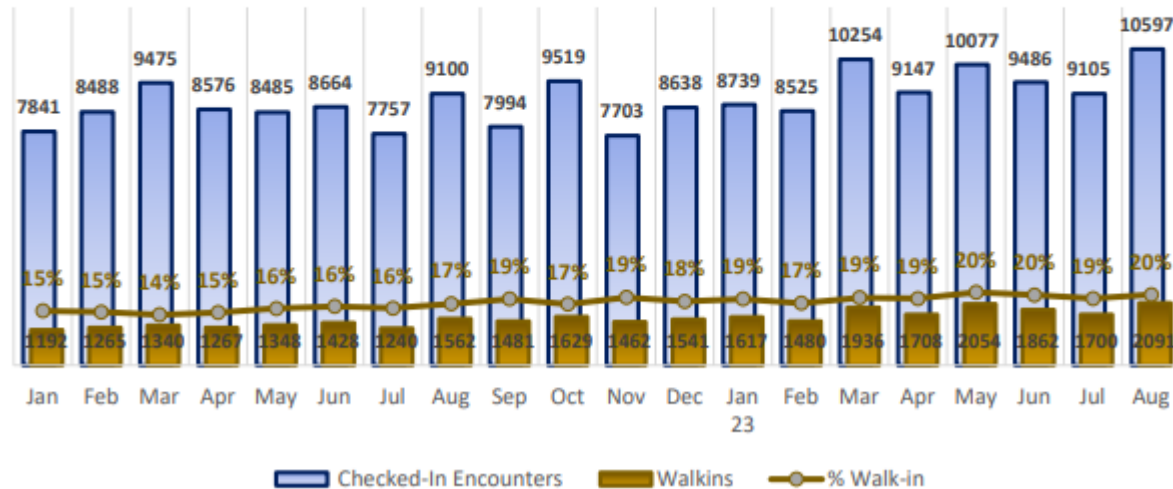
Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA
2023



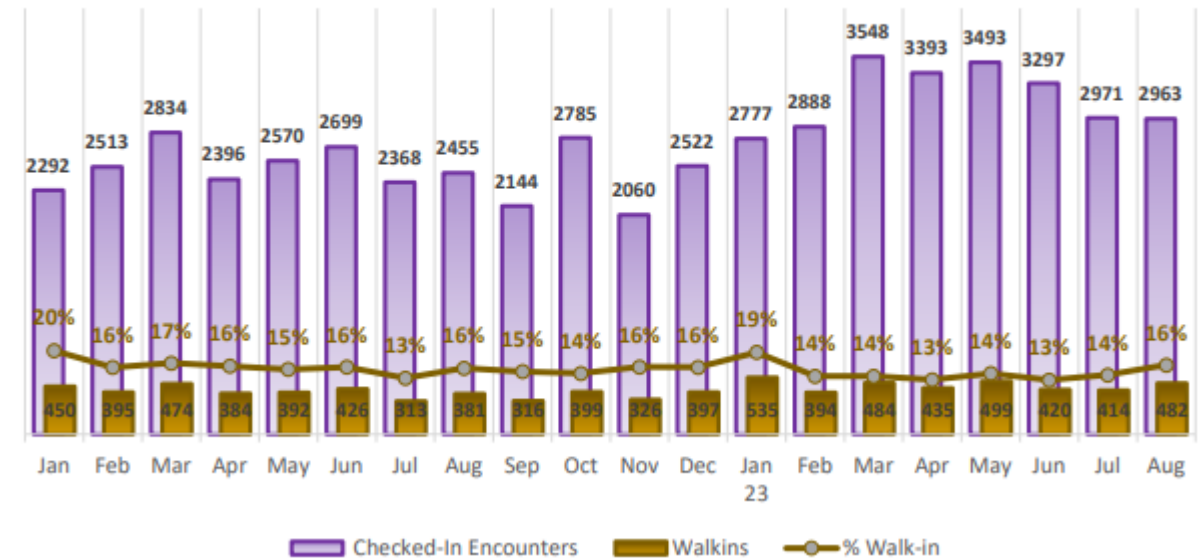
Walk-ins Dental
2023



Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA by
Clinic
2022- 2023

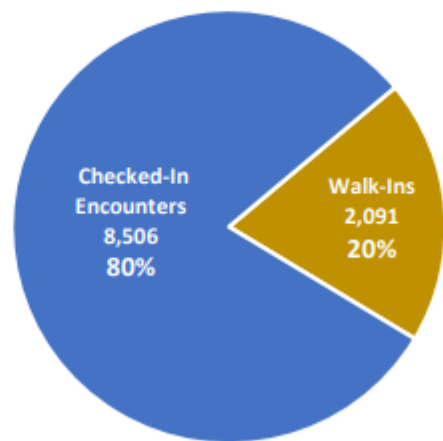


Walk-ins Dental
2022 - 2023

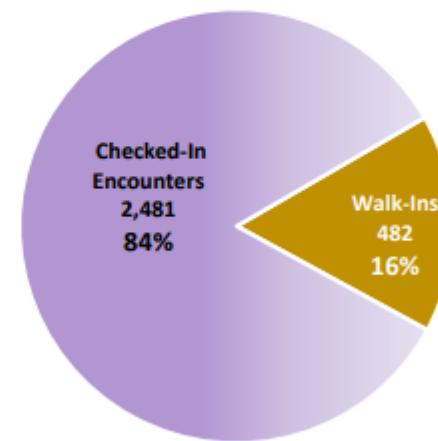


Number and percentage of Walk-Ins seen in August 2023 at C. L. Brumback Primary Care Clinics

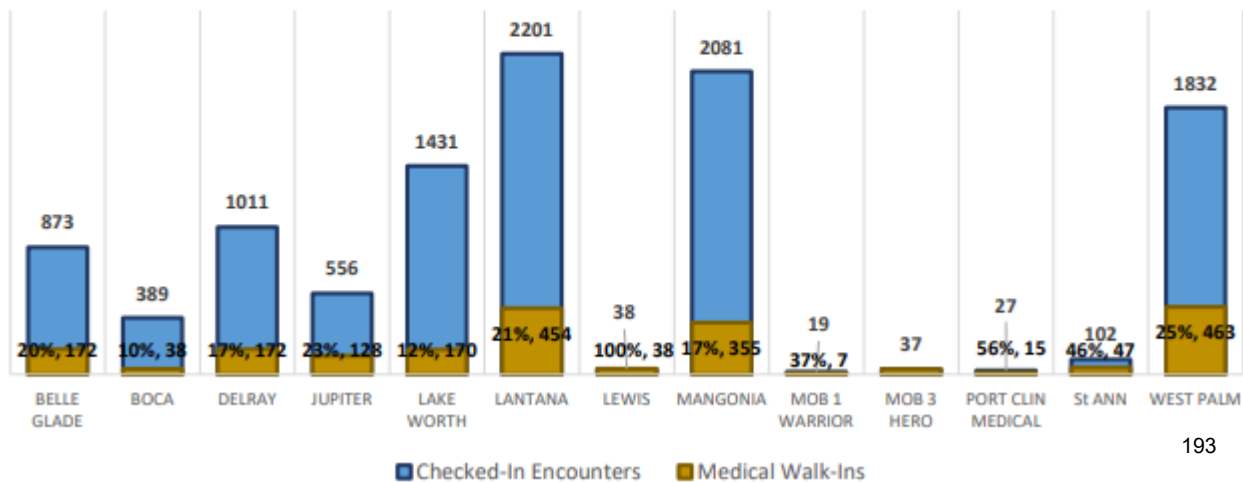
Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA
Aug 2023



Walk-ins Dental
Aug 2023



Walk-ins Adult Medical, Pediatric, Women's Health, BH / SA by
Clinic
Aug 2023



Walk-ins Dental by Clinic
Aug 2023

