



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

BOARD OF DIRECTORS
September 29, 2021
12:45 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 29, 2021
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

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

or

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

1. Call to Order – Mike Smith, 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. COVID Testing and Vaccination Update
(Dr. Belma Andric)
- B. St. Ann Place
(Mr. Robert Glass)

4. Disclosure of Voting Conflict

5. Public Comment*

6. Meeting Minutes

- A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of August 25, 2021 [Pages 1-14]

7. Consent Agenda – Motion to Approve Consent Agenda Items

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

**C. L. Brumback Primary Care Clinics
Board of Directors
Meeting Agenda
September 29, 2021**

7. Consent Agenda (cont.)

A. ADMINISTRATION

7A-1 RECEIVE AND FILE:

September 2021 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/resources/public-meetings>

7A-2 RECEIVE AND FILE:

Attendance tracking [Page 15]

B. FINANCE

7B-1 Staff recommends a MOTION TO APPROVE:

C.L. Brumback Primary Care Clinics Financial Report July 2021
(Candice Abbott) [Pages 16-33]

C. POLICIES

7C-1 Staff recommends a MOTION TO APPROVE:

Sliding Fee Discount Program Policy
(Annmarie Haskins) [Pages 34-42]

7C-2 Staff recommends a MOTION TO APPROVE:

Purchasing Policy
(Candice Abbott) [Pages 43-51]

D. CREDENTIALING

7D-1 Staff recommends a MOTION TO APPROVE:

Behavioral Health Delineation of Privileges
(Charmaine Chibar) [Pages 52-56]

8. Regular Agenda

A. ADMINISTRATION

8A-1 Staff recommends a MOTION TO APPROVE:

Board Member Self-Evaluation Tally of Results
(Thomas Cleare) [Pages 57-60]

8A-2 Staff recommends a MOTION TO APPROVE:

Change in Scope- St. Ann Place
(Hyla Fritsch) [Pages 61-62]

**C. L. Brumback Primary Care Clinics
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September 29, 2021**

8. Regular Agenda (cont.)

B. EXECUTIVE

- 8B-1 **RECEIVE AND FILE:**
Executive Director Informational
Update (Dr. Hyla Fritsch) [Pages 63-82]

C. CREDENTIALING

- 8C-1 **Staff Recommends a MOTION TO APPROVE:**
Licensed Independent Practitioner Credentialing and Privileging
(Dr. Charmaine Chibar) [Pages 83-84]

D. OPERATIONS

- 8D-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report
(Marisol Miranda) [Pages 85-87]

E. QUALITY

- 8E-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report
(Dr. Charmaine Chibar) [Pages 88-117]

9. AVP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Closed Meeting

12. Establishment of Upcoming Meetings

October 27, 2021 (HCD Board Room)

12:45 p.m. Board of Directors

November 30, 2021 (HCD Board Room)

12:45 p.m. Board of Directors

December 14, 2021 (HCD Board Room)

12:45 p.m. Board of Directors

C. L. Brumback Primary Care Clinics
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September 29, 2021

13. Motion to Adjourn

*District Clinic Holdings, Inc. welcomes public comment during its regular monthly meetings. This month, public comment should be emailed to swynn@hcdpbc.org or submitted via phone at 561-829-1211 prior to Noon on The Scheduled Meeting Date. All comments received during this time frame will be read aloud and included in the official meeting record.

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

**District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
08/25/2021**

Present: Mike Smith, Chair (ZOOM); Melissa Mastrangelo, Vice-Chairperson; John Casey Mullen; Julia Bullard, Secretary; Tammy Jackson-Moore (ZOOM); James Elder; Robert Glass

Excused: Joe Gibbons, Treasurer; Marjorie Etienne; Irene Figueroa

Staff: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, Chief Medical Officer; Dr. Hyla Fritsch, Executive Director of Clinic and Pharmacy Services; Bernabe Icaza, VP & General Counsel; Candice Abbott, VP & CFO; Shauniel Brown, Risk Manager; Thomas Cleare, AVP of Strategy; Martha Hyacinthe, Director of Corporate Risk; David Speciale, Director of Patient Experience; Dr. Charmaine Chibar, FQHC Medical Director; Sparticus Gunn, Desktop Engineer; Shannon Wynn, Administrative Assistant; Marisol Miranda, Director of Operations; Andrea Steele; Heather Bokor; Alexa Goodwin; Irene Garcia; Lisa Hogans; Jonathan Dominique; Maria Chamberline; Patricia Lavelly

Minutes Transcribed By: Shannon Wynn

Meeting Scheduled for 12:45 p.m.

Meeting Began at 12:48 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order	Mr. Smith called the meeting to order.	The meeting was called to order at 12:48 p.m.
1A. Roll Call	Roll call was taken.	
1B. Affirmation of Mission	Mr. Smith read the affirmation of mission.	

<p>2. Agenda Approval</p> <p>2A. Additions/Deletions/ Substitutions</p> <p>2B. Motion to Approve Agenda Items</p>	<p>None.</p> <p>Mr. Smith called for approval of the meeting agenda.</p>	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the agenda. Mr. Glass duly seconded the motion. A vote was called and the motion passed unanimously.</p>
<p>3. Awards, Introductions and Presentations</p> <p>3A. COVID-19 Testing and Vaccination Update</p>	<p>Dr. Andric presented to the Board the most recent Covid testing and vaccine update.</p> <p>Ms. Jackson-Moore explained how excited she was with the number of Black/ African Americans who could have access to the Covid vaccine due to the mobile clinic outreach in Belle Glade. She also stated she was excited to see the male gender is becoming more open to vaccination. The mobile bus has been an excellent resource for the people of Belle Glade and the surrounding areas.</p>	<p>No action necessary.</p>
<p>4. Disclosure of Voting Conflict</p>	<p>None.</p>	<p>No action necessary.</p>
<p>5. Public Comment</p>	<p>None.</p>	<p>No action necessary.</p>

<p>6. Meeting Minutes</p> <p>6A-1 Staff Recommends a MOTION TO APPROVE: Board meeting minutes of July 28, 2021</p>	<p>There were no changes or comments to the minutes dated July 28, 2021.</p>	<p>VOTE TAKEN: As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of July 28, 2021. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>7. Consent Agenda – Motion to Approve Consent Agenda Items</p>		<p>VOTE TAKEN: Mr. Mullen made a motion to approve the consent agenda as presented. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>7A. ADMINISTRATION</p>		
<p>7A-1. Receive & File: August 2021 Internet Posting of District Public Meeting</p>	<p>The meeting notice was posted.</p>	<p>Receive & File. No further action is necessary.</p>
<p>7A-2. Receive & File: Attendance tracking</p>	<p>Attendance tracking was updated.</p>	<p>Receive & File. No further action is necessary.</p>
<p>7B. FINANCE</p>		
<p>7B-1. Staff Recommends a MOTION TO APPROVE: District Clinic Holdings, Inc., Financial Report: May 2021</p>	<p>The May 2021 financial statements for the District Clinic Holdings, Inc., are presented for Board review. Management has provided the income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation. The May statements represent the financial performance through the eighth month of the 2021 fiscal year for</p>	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the PCC Financial Report May 2021. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<p>the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by \$4.3M due to increased patient volumes. Net patient revenue YTD was favorable to budget by \$1.1M. Total YTD revenue was unfavorable to budget by (\$3.1M) due primarily to the timing of COVID-19 stimulus funds. Operational expenses before depreciation were favorable to budget by \$366k due mainly to positive variances in medical supplies of \$631k and medical services of \$147k. Total YTD net margin was (\$10.3M) compared to a budget of (\$7.8M), resulting in an unfavorable variance of (\$2.5M) or 31.9%. The Medical clinics' gross patient revenue exceeded the budget by \$3.5M. This resulted from the clinics' efforts to respond to the pandemic offering telemedicine visits in addition to office visits. Net patient revenue YTD for the Medical clinics was favorable to budget by \$814k. The Medical clinics' total YTD revenue was unfavorable to budget by (\$3.2M). This unfavorable variance resulted from the recognition timing of COVID-19 related stimulus funding. Total operating expenses of \$15.7M were favorable to the budget of \$16.0M by \$328k. This positive variance is mostly related to expenses being under budget in the following amounts: medical supplies \$589k, medical services \$147k, lease and rental \$125k, and other expenses \$93k. These expenses are favorable to the budget due to usage timing and supplies purchases. Total YTD net margin was (\$9.2M) compared to budget of (\$6.6M) resulting in an unfavorable variance of (\$2.7M) or 40.9%. The Dental clinic's total YTD gross patient revenue was favorable to budget by \$781k. Net patient revenue YTD for the Dental clinics was favorable to budget by \$320k. Total revenue of \$2.5M was over budget by \$130k due to increased visits. Total operating expenses of \$2.6M were favorable to budget by \$38k. Total YTD net margin was (\$1.0M) compared to a budget loss of (\$1.2M) for a favorable variance of \$197k or (16.2%). On the Comparative Statement of Net Position, due from other governments increased from \$2.6M to \$4.1M. This balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.0M and \$961k, respectively, for a combined subsidy of \$10.0M.</p>	
<p>7B-2. Staff Recommends a MOTION TO</p>		<p>VOTE TAKEN: Mr. Mullen made a motion to approve the PCC</p>

<p>APPROVE: District Clinic Holdings, Inc., Financial Report: June 2021</p>	<p>The June statements represent the financial performance through the ninth month of the 2021 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by \$5.6M due to increased patient volumes. Net patient revenue YTD was favorable to budget by \$1.4M. Total YTD revenue was unfavorable to budget by (\$2.9M) due primarily to the timing of COVID-19 stimulus funds. Operational expenses before depreciation were favorable to budget by \$406k due mainly to positive variances in medical supplies \$576k, medical services \$156k, and lease and rental of \$193k. Total YTD net margin was (\$11.2M) compared to budget of (\$8.8M) resulting in an unfavorable variance of (\$2.4M) or 26.7%. The Medical clinics' gross patient revenue exceeded budget by \$4.3M. This resulted from the clinics being able to resume patient-facing visits earlier than anticipated. Net patient revenue YTD for the Medical clinics was favorable to budget by \$925k. The Medical clinics' total YTD revenue was unfavorable to budget by (\$3.1M). This unfavorable variance resulted from the recognition timing of COVID-19 related stimulus funding. Total operating expenses of \$17.8M were favorable to budget of \$18.1M by \$376k. The primary temporary positive variance of \$573k is primarily due to the delayed timing of medical supplies, including COVID-19 test kits. Total YTD net margin was (\$10.1M) compared to budget of (\$7.5M) resulting in an unfavorable variance of (\$2.6M) or 34.6%. The Dental clinics' total YTD gross patient revenue was favorable to budget by \$1.3M. Net patient revenue YTD for the Dental clinics was favorable to budget by \$429k. Total revenue of \$2.9M was over budget by \$206k due to increased visits. Total operating expenses of \$3.0M were favorable to budget by \$30k. Total YTD net margin was (\$1.0M) compared to a budget loss of (\$1.3M) for a favorable variance of \$250k or (19.3%). On the Comparative Statement of Net Position, due from other governments increased from \$4.1M to \$5.4M. This balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.0M and \$961k, respectively, for a combined subsidy of \$10.0M.</p>	<p>Financial Report for June 2021. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>8. REGULAR AGENDA</p>		
<p>8A. ADMINISTRATION</p>		

<p>8A-1. Receive and File: AVP & Executive Director of Clinic and Pharmacy Services Annual Evaluation by the Board</p>	<p>This agenda item presents the Board’s annual evaluation of Dr. Hyla Fritsch, AVP & Executive Director of Clinic & Pharmacy Services, the tally of July 2021. The Bylaws and HRSA Compliance Manual indicate that the annual evaluation of the Executive Director of the Clinics is reviewed and approved by the Board. A tally of results from last month’s completed Annual Evaluation Form is attached for your consideration.</p>	<p>Receive & File. No further action is necessary.</p>
<p>8A-2. Staff Recommends a MOTION TO APPROVE: Lease Agreement Approval- Delray</p>	<p>We respectfully request the approval of the lease agreement to move the existing Delray Beach clinic to 200 Congress Park Dr, Suite 100, Delray Beach, FL 33445.</p> <p>Staff is respectfully requesting the approval of the lease agreement to move the existing Delray Beach clinic to 200 Congress Park Dr, Suite 100, Delray Beach, FL 33445, which is located across the street from our existing clinic. Once improvements are completed in approximately nine months, we will move our current Delray Beach Clinic services to this new location. Although this would be a cost increase proportional to increased space, we would be better positioned to ensure the clinic could accommodate social distancing. Additionally, the increased area would allow us to provide Substance Use Disorder services at this clinic, allowing better access to addiction services in the southern end of our county.</p> <p>Other qualitative benefits of the new location include convenient access to Delray Medical Center, which is located close to where many of our existing patients live.</p> <p>Programming:</p> <ul style="list-style-type: none"> • 11,874 rentable square feet • Services Include: Medical, Dental, Behavioral Health, SUD (New) and Pharmacy • 1 Large Shared Waiting Room and 1 SUD Waiting Room • 14 Exam or Counselling Rooms • Triage Room • 6 Dental Chairs • 1 Large Group Therapy Room 	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Lease Agreement Approval for Delray. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<ul style="list-style-type: none"> • 3 Shared WorkSpaces and Additional Nursing Work Areas • Centralized Registration for Medical and Dental and Additional Registration for SUD • Support Staff Space for Certified Application Counselors and Referral Coordinators • Ample Storage and Staff Areas <p>Lease Summary:</p> <ul style="list-style-type: none"> • \$30,674.50 total monthly rent (base rent + operating expense) • \$0 - No prepaid rent due upon lease execution • \$32,668.34 deposit due at execution of the lease • 2.5% base rent annual increase • Ten years and three months with the first three months rent abatement 	
<p>8A-3. Staff Recommends a MOTION TO APPROVE: Lease Agreement Approval- Boca</p>	<p>We respectfully request the approval of the lease agreement to move the existing West Boca site to 9960 S Central Park Blvd, Suite 450, Boca Raton, FL 33428.</p> <p>Staff is respectfully requesting the approval of the lease agreement to move the existing West Boca site to 9960 S Central Park Blvd, Suite 450, Boca Raton, FL 33428, which is located two miles from our existing clinic. Once improvements are completed in approximately six months, we will move our current West Boca Clinic services to this new location.</p> <p>Although this would be a cost increase proportional to increased space, we would be better positioned to ensure the clinic could accommodate social distancing.</p> <p>Other qualitative benefits of the new location include convenient access to West Boca Medical Clinic, near where many of our existing patients live.</p> <p>Programming:</p> <ul style="list-style-type: none"> • 4,671 rentable square feet • Services Include: Medical and Behavioral Health • 1 Large Shared Waiting Room 	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Lease Agreement Approval- Boca. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<ul style="list-style-type: none"> • 10 Exam or Counselling Rooms • Triage Room • Large Shared Work Space and Additional Nurse/M.A. Work Area • Centralized Registration for Medical and Behavioral Health • Support Staff Space for Certified Application Counselor and Referral Coordinator • Ample Storage and Staff Areas <p>Lease Summary:</p> <ul style="list-style-type: none"> • \$13,281.21 total monthly rent (base rent + operating expense) • \$0 - No prepaid rent due upon lease execution • \$13,561.47 deposit due at execution of the lease • 2.5% base rent annual increase • Ten years and four months with the first four months rent abatement 	
<p>8A-4. Staff Recommends a MOTION TO APPROVE: Lease Agreement Approval-Mangonia</p>	<p>We respectfully request the approval of the lease agreement to move the existing Mangonia clinic to 2051 N 45th Street, Suite 300, West Palm Beach, FL 33407.</p> <p>Staff is respectfully requesting the approval of the lease agreement to move the existing Mangonia clinic to 2051 N 45th Street, Suite 300, West Palm Beach, FL 33407, which is located on the same campus as our existing clinic. Once improvements are completed in approximately six months, we will move our current Mangonia services to this new location.</p> <p>Although this would be a cost increase proportional to increased space, we would be better positioned to ensure the clinic could accommodate social distancing. Additionally, the increased space would allow us to have an onsite District pharmacy to sublease their space.</p> <p>Programming:</p> <ul style="list-style-type: none"> • 5,776 rentable square feet • Services: Medical, Behavioral Health, SUD, Pharmacy (New) • 1 Shared Waiting Room and 1 SUD Waiting Room • 8 Exam or Counselling Rooms 	<p>VOTE TAKEN: Mr. Mullen made a motion to approve the Lease Agreement Approval-Mangonia. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<ul style="list-style-type: none"> • 1 Centering or Exam Room • 1 Large Group Therapy Room • Patient Lounge Area and Self Care Area (New) Including Shower and Clothes Cabinets • 2 Shared WorkSpaces and Additional Nursing / MA Work Areas • Centralized Registration for All Services • Support Staff Space for Certified Application Counselor and Referral Coordinator • Ample Storage and Staff Areas <p>Lease Summary:</p> <ul style="list-style-type: none"> • \$12,943.06 total monthly rent (base rent + operating expense) • \$28,947.39 prepaid rent, representing base rent for first and last months of lease term • \$16,004.33 deposit due at execution of the lease • 3.0% base rent annual increase • Ten years and six months with the first six months rent abatement 	
<p>8B. EXECUTIVE</p>		
<p>8B-1. Receive and File: Executive Director Information Update</p>	<p>Updates on key changes within C. L. Brumback Primary Care Clinics:</p> <ol style="list-style-type: none"> 1. CDR Maguire <p>CDR Maguire On the front lines of the COVID-19 pandemic, CDR's team of disaster health and medical experts are assisting state and local governments in response to and manage health crises. The contract was executed for CDR to perform COVID-19 testing in Belle Glade starting this month.</p>	<p>Receive & File. No further action necessary.</p>
<p>8C. CREDENTIALING</p>		

<p>8C-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 FQHC Medical Director. 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) <table border="1" data-bbox="472 755 1381 1112"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Degree</th> <th>Specialty</th> <th>Credentialing</th> </tr> </thead> <tbody> <tr> <td>Normil-Smith</td> <td>Sherloun</td> <td>MD</td> <td>Pediatric Medicine</td> <td>Recredentialing</td> </tr> <tr> <td>Lequerica Ziemba</td> <td>Adriana</td> <td>PsyD</td> <td>Clinical Psychology</td> <td>Recredentialing</td> </tr> <tr> <td>Fernandez Sanchez</td> <td>Marco</td> <td>APRN</td> <td>Nurse Practitioner</td> <td>Recredentialing</td> </tr> <tr> <td>Philistin</td> <td>Ketely</td> <td>APRN</td> <td>Nurse Practitioner</td> <td>Recredentialing</td> </tr> <tr> <td>Jean-Jacques</td> <td>Fernique</td> <td>APRN</td> <td>Nurse Practitioner</td> <td>Recredentialing</td> </tr> </tbody> </table> <p>Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.</p> <p>The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director to support the credentialing and privileging process.</p>	Last Name	First Name	Degree	Specialty	Credentialing	Normil-Smith	Sherloun	MD	Pediatric Medicine	Recredentialing	Lequerica Ziemba	Adriana	PsyD	Clinical Psychology	Recredentialing	Fernandez Sanchez	Marco	APRN	Nurse Practitioner	Recredentialing	Philistin	Ketely	APRN	Nurse Practitioner	Recredentialing	Jean-Jacques	Fernique	APRN	Nurse Practitioner	Recredentialing	<p>VOTE TAKEN: Mr. Elder made a motion to approve the Initial Credentialing and privileges of Adriana Lequerica Ziemba, PsyD, Clinical Psychology; Marco Fernandez Sanchez, APRN, Family Nurse Practitioner; Ketely Philistin, APRN, Family Nurse Practitioner; Fernique Jean-Jacques, APRN, Family Nurse Practitioner as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</p>
Last Name	First Name	Degree	Specialty	Credentialing																												
Normil-Smith	Sherloun	MD	Pediatric Medicine	Recredentialing																												
Lequerica Ziemba	Adriana	PsyD	Clinical Psychology	Recredentialing																												
Fernandez Sanchez	Marco	APRN	Nurse Practitioner	Recredentialing																												
Philistin	Ketely	APRN	Nurse Practitioner	Recredentialing																												
Jean-Jacques	Fernique	APRN	Nurse Practitioner	Recredentialing																												

Sherloune Normil-Smith, MD, joined the Lake Worth Clinic in 2015, specializing in Pediatric Medicine. She attended the University of Medicine and Dentistry of New Jersey and completed her residency at St. Luke's Roosevelt Hospital. Dr. Normil-Smith has been in practice for eighteen years and is fluent in Creole, French and Spanish.

Adriana Lequerica Ziemba, PsyD, joined the Belle Glade Clinic in 2019, specializing in Psychology. She attended Carlos Albizu University and also completed a fellowship at U.S Veterans Medical Center. Dr. Lequerica Ziemba has been in practice for five years and is fluent in Spanish.

Marco Fernandez Sanchez, APRN, joined the West Palm Beach Clinic in 2015 as a Nurse Practitioner. He attended the Universidad Ana C. Mendez South Florida Campus and is certified as an Adult Nurse Practitioner by the American Academy of Nurse Practitioners. He has been in practice for six years and is fluent in Spanish.

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

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

8D. OPERATIONS

<p>8D-1. Staff Recommends a MOTION TO APPROVE Operations Reports</p>	<p>This agenda item provides the following operations reports for June 2021:</p> <p>Clinic Productivity, including in-person and telehealth metrics and No Show trended over time.</p> <p>In June, we had 10,577 visits, which are 784 more than the month prior and significantly higher from May 2020. Regarding individual clinics visits, as expected with the impact from COVID, all clinics other than WPB, Boca and Delray Medical exceeded their 2020 totals. Our payer mix for the year-to-date reflects a slightly higher percentage of uninsured patients at 60%. By visit category, Pediatrics met their productivity targets, and OB/GYN missed their target productivity by a minimal margin. Telehealth visits decreased to 5% of all visits, which is down from 6% last month. The continued decrease in telehealth is expected as clinics have primarily transitioned back to in-person visits.</p> <p>Productivity targets for in-person visits were met in the Boca, Delray and Lewis Center adult primary, WPB and Lantana Pediatrics Behavioral Health at Lewis and Mangonia Clinics along with Dental in WPB Belle Glade and Delray. In the 90% and higher range were Lantana, Jupiter, Mangonia and WPB Adult Medical and Lake Worth Women’s Health.</p> <p>The No Show rate in June was higher at 29%, up from 27.5 % in May.</p>	<p>VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Operations Reports as presented. Mr. Glass duly seconded the motion. A vote was called, and the motion passed unanimously.</p>
<p>8E. QUALITY</p>		
<p>8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports</p>	<p><u>PATIENT SAFETY & ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review, are brought to the board “under separate cover” quarterly.</p> <p><u>PATIENT SATISFACTION AND GRIEVANCES</u> For January - June 2021, 52 Patient Relations Occurrences occurred between 8 clinics, Clinic Administration and Pharmacy. Of the 52 occurrences, there were 12 Grievances and 40 Complaints. The top 4 categories were Care & Treatment, Communication, Finance, and Respect Related. The top subcategory with 13 Complaints and Grievances was Poor</p>	<p>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the Quality Reports as presented. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.</p>

	<p>Communication issues, followed by Inappropriate Care and Refusal of Treatment with 7 Complaints and Grievances in each subcategory.</p> <p>There were also 32 compliments received across 5 Clinics, Clinic Administration, and two Vaccine sites.</p> <p><u>QUALITY ASSURANCE & IMPROVEMENT</u> This current report reflects data from January - June 2021. Our greatest challenge during the pandemic has been addressing depression remission. Although we have seen a significant increase in behavioral health visits, our patients are experiencing greater stress. The average across the United States for 2020 was 14%. We are currently at 9%, but working to increase this number.</p> <p><u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity is stratified by the clinic.</p>	
9. V.P. and Executive Director of Clinic Services Comments	Dr. Fritsch thanked each Board member for her evaluation and for having confidence in her leadership.	No action necessary.
10. Board Member Comments	Mr. Glass thanked the HCD for allowing him to attend the NCCH conference. He was able to learn more from the experience.	No action necessary.
11. Establishment of Upcoming Meetings	<p><u>September 29, 2021 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>October 27, 2021 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p> <p><u>November 30, 2021 (HCD Board Room)</u> 12:45 p.m. Board of Directors</p>	No action necessary.

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

Attendance Tracking

	1/27/21	2/24/21	3/12/21	3/31/21	4/28/21	5/19/21	6/23/21	7/28/21	8/25/21	9/29/21	10/27/21	11/30/21	12/15/21
Mike Smith	X	X	X	X	X	A	X	E	X (ZOOM)				
James Elder	X	X	X	E	X	X	X	X	X				
Irene Figueroa	X	E	A	X	X	X	X	X	E				
John Casey Mullen	X	X	X	X	X	X	X	X	X				
Julia Bullard	X	X	X	X	X	X	X	E	X				
Marjorie Etienne	E	E	X	X	E	E	A	E	E				
Melissa Mastrangelo	E	A	X	X	E	X	X	X	X				
Tammy Jackson-Moore	X	X	A	E	X	X	X	X	X (ZOOM)				
Robert Glass		X	X	X	X	X	E	X	X				
Joseph Gibbons						X	X	E	E				

X= Present

C= Cancel

E= Excused

A= Absent

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021

1. Description: District Clinic Holdings, Inc. Financial Report July 2021

2. Summary:

The July 201 financial statements for the District Clinic Holdings, Inc., are presented for Board review.

3. Substantive Analysis:

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:



Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved


6. Recommendation:

Staff recommends the Board approve the July 2021 District Clinic Holdings, Inc. financial statements.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021

Approved for Legal sufficiency:

DocuSigned by:

0290C8C02014479...
BERNABE A ICAZA
VP & General Counsel


Candice Abbott
VP & Chief Financial Officer


Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy
Services



MEMO

To: Finance Committee

From: Candice Abbott
Chief Financial Officer

Date: September 29, 2021

Subject: Management Discussion and Analysis as of July 2021 C.L. Brumback Primary Care Clinic Financial Statements.

The July statements represent the financial performance through the tenth month of the 2021 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by \$6.0M due to increased patient volumes. Net patient revenue YTD was favorable to budget by \$1.7M. Total YTD revenue was unfavorable to budget by (\$1.3M) due primarily to timing of COVID-19 stimulus funds. The COVID funds were budgeted for the current year, but due to changing guidance, they were able to be recognized earlier than anticipated in the prior year, thus creating a timing difference. Operational expenses before depreciation were favorable to budget by \$440k due mostly to positive variances in medical supplies \$648k, lease and rental of \$259k, and in medical services \$174k. Total YTD net margin was (\$11.6M) compared to budget of (\$11.0M) resulting in an unfavorable variance of (\$595K) or 5.4%.

The Medical clinics gross patient revenue exceeded budget by \$4.5M. This resulted from the clinics being able to resume patient-facing visits earlier than anticipated. Net patient revenue YTD for the Medical clinics was favorable to budget by \$1.3M. The Medical clinics total YTD revenue was unfavorable to budget by (\$1.7M). Total operating expenses of \$19.8M were favorable to budget of \$20.2M by \$438k. The main reason for the positive variance of \$438k is primarily due to the delayed timing of medical supply purchases, including COVID-19 test kits. Total YTD net margin was (\$10.4M) compared to budget of (\$9.4M) resulting in an unfavorable variance of (\$1.0M) or 10.9%.

The Dental clinics total YTD gross patient revenue was favorable to budget by \$1.5M. Net patient revenue YTD for the Dental clinics was favorable to budget by \$396k. Total operating expenses of \$3.3M were slightly favorable to budget by \$1.2k. Total YTD net margin was (\$1.2M) compared to a budget loss of (\$1.6M) for a favorable variance of \$428k or (27.0%).

On the Comparative Statement of Net Position, due from other governments increased from \$5.4M to \$6.2M. This balance is due mainly from Health Resources and Service Administration (HRSA). The District subsidy YTD for the Medical and Dental clinics are \$9.0M, and \$961k respectively for a combined subsidy of \$10.0M.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	<u>Jul 31, 2021</u>	<u>Jun 30, 2021</u>	<u>Increase (Decrease)</u>
Assets			
Cash and Cash Equivalents	(7,796,102)	(7,632,552)	\$ (163,550)
Restricted Cash	-	221,426	(221,426)
Accounts Receivable, net	2,408,480	2,782,139	(373,659)
Due From Other Funds	-	-	-
Due from Other Governments	6,162,665	5,386,052	776,613
Other Current Assets	251,155	118,470	132,685
Net Investment in Capital Assets	2,763,457	2,794,555	(31,098)
Total Assets	<u>\$ 3,789,655</u>	<u>\$ 3,670,090</u>	<u>\$ 119,565</u>
Liabilities			
Accounts Payable	286,986	93,858	193,128
Due To Other Governments	-	-	-
Deferred Revenue	834,022	621,160	212,862
Other Current Liabilities	1,400,585	1,310,619	89,966
Non-Current Liabilities	1,438,384	1,416,655	21,729
Total Liabilities	<u>3,959,976</u>	<u>3,442,292</u>	<u>517,684</u>
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	<u>\$ 474</u>	<u>\$ 474</u>	<u>\$ -</u>
Net Position			
Net Investment in Capital Assets	2,763,457	2,794,555	(31,098)
Unrestricted	(2,934,252)	(2,567,231)	(367,021)
Total Net Position	<u>(170,795)</u>	<u>227,324</u>	<u>(398,119)</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 3,789,655</u>	<u>\$ 3,670,090</u>	<u>\$ 119,565</u>

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2021

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
1,642,906	1,250,820	392,086	31.3%	1,451,817	191,089	13.2%	18,361,678	12,373,970	5,987,708	48.4%	15,049,213	3,312,466	22.0%
Gross Patient Revenue							Gross Patient Revenue						
1,306,229	222,654	(1,083,575)	(486.7%)	329,147	(977,082)	(296.9%)	5,784,279	2,224,513	(3,559,766)	(160.0%)	2,795,300	(2,988,979)	(106.9%)
46,809	486,717	439,908	90.4%	516,395	469,586	90.9%	6,051,107	4,846,517	(1,204,590)	(24.9%)	5,638,461	(412,646)	(7.3%)
(33,070)	171,224	204,294	119.3%	293,790	326,859	111.3%	2,829,559	1,729,936	(1,099,623)	(63.6%)	2,617,872	(211,688)	(8.1%)
1,319,968	880,595	(439,373)	(49.9%)	1,139,331	(180,637)	(15.9%)	14,664,946	8,800,966	(5,863,980)	(66.6%)	11,051,633	(3,613,313)	(32.7%)
732,778	382,571	350,207	91.5%	159,491	573,287	359.4%	5,300,604	3,767,408	1,533,196	40.7%	3,847,653	1,452,951	38%
1,055,716	752,796	302,920	40.2%	471,977	583,739	123.7%	8,997,336	7,340,412	1,656,924	22.6%	7,845,232	1,152,104	14.7%
64.26%	60.18%			32.51%			49.00%	59.32%		52.13%			
1,403,407	42,249	1,361,158	3,221.8%	1,607,165	(203,758)	(12.7%)	8,634,268	7,402,405	1,231,863	16.6%	6,403,798	2,230,470	34.8%
80,496	145,876	(65,380)	(44.8%)	259,050	(178,555)	(68.9%)	911,935	4,749,712	(3,837,777)	(80.8%)	1,622,871	(710,936)	(43.8%)
1,823	45,034	(43,211)	(96.0%)	4,752	(2,929)	(61.6%)	73,646	450,340	(376,694)	(83.6%)	71,294	2,352	3.3%
1,485,726	233,159	1,252,567	537.2%	1,870,968	(385,242)	(20.6%)	9,619,849	12,602,457	(2,982,608)	(23.7%)	8,097,963	1,521,887	18.8%
2,541,441	985,955	1,555,486	157.8%	2,342,945	198,497	8.5%	18,617,185	19,942,869	(1,325,684)	(6.6%)	15,943,195	2,673,990	16.8%
Total Revenues							Total Revenues						
<i>Direct Operational Expenses:</i>													
1,315,072	1,460,073	145,001	9.9%	1,437,972	122,900	8.5%	14,403,018	14,404,231	1,213	0.0%	13,912,179	(490,839)	(3.5%)
401,983	386,441	(15,542)	(4.0%)	397,791	(4,191)	(1.1%)	4,059,528	3,841,283	(218,245)	(5.7%)	3,768,317	(291,210)	(7.7%)
109,493	46,342	(63,151)	(136.3%)	50,292	(59,201)	(117.7%)	1,030,108	551,211	(478,897)	(86.9%)	744,365	(285,743)	(38.4%)
46,960	119,202	72,242	60.6%	85,145	38,186	44.8%	532,407	1,180,765	648,358	54.9%	380,087	(152,320)	(40.1%)
89,909	26,518	(63,391)	(239.0%)	33,418	(56,490)	(169.0%)	220,279	265,280	45,001	17.0%	150,051	(70,229)	(46.8%)
63,843	81,724	17,881	21.9%	142,201	78,357	55.1%	633,206	807,488	174,282	21.6%	834,733	201,528	24.1%
54,509	59,024	4,515	7.6%	72,180	17,671	24.5%	599,599	583,203	(16,396)	(2.8%)	819,170	219,571	26.8%
153,420	9,629	(143,791)	(1,493.3%)	15,685	(137,734)	(878.1%)	221,384	96,290	(125,094)	(129.9%)	285,229	63,845	22.4%
101,103	166,968	65,865	39.4%	119,189	18,086	15.2%	1,043,525	1,302,219	258,694	19.9%	1,136,042	92,517	8.1%
7,549	7,341	(208)	(2.8%)	5,209	(2,339)	(44.9%)	71,354	73,410	2,056	2.8%	49,486	(21,868)	(44.2%)
24,966	38,973	14,007	35.9%	24,110	(855)	(3.5%)	263,036	405,315	142,279	35.1%	249,531	(13,505)	(5.4%)
4,026	4,334	308	7.1%	3,716	(310)	(8.3%)	37,044	43,340	6,296	14.5%	25,241	(11,803)	(46.8%)
2,372,830	2,406,569	33,739	1.4%	2,386,910	14,080	0.6%	23,114,487	23,554,035	439,548	1.9%	22,354,431	(760,056)	(3.4%)
Total Operational Expenses							Total Operational Expenses						
Net Performance before Depreciation & Overhead Allocations													
168,611	(1,420,614)	1,589,225	(111.9%)	(43,965)	212,576	(483.5%)	(4,497,302)	(3,611,166)	(886,136)	24.5%	(6,411,236)	1,913,934	(29.9%)

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
31,098	17,334	(13,764)	(79.4%)	20,412	(10,686)	(52.4%)	Depreciation	315,701	173,340	(142,361)	(82.1%)	185,903	(129,798)	(69.8%)
<i>Overhead Allocations:</i>														
4,167	2,875	(1,292)	(44.9%)	1,631	(2,536)	(155.5%)	Risk Mgt	32,431	28,749	(3,682)	(12.8%)	20,049	(12,382)	(61.8%)
255,603	206,967	(48,636)	(23.5%)	-	(255,603)	0.0%	Rev Cycle	2,068,509	2,069,671	1,162	0.1%	1,162,953	(905,557)	(77.9%)
6,583	3,852	(2,732)	(70.9%)	-	(6,583)	0.0%	Internal Audit	29,778	38,516	8,737	22.7%	40,512	10,734	26.5%
20,056	19,768	(287)	(1.5%)	21,199	1,143	5.4%	Home Office Facilities	181,747	197,685	15,938	8.1%	191,321	9,574	5.0%
34,474	33,232	(1,242)	(3.7%)	30,804	(3,670)	(11.9%)	Administration	380,855	332,320	(48,535)	(14.6%)	339,813	(41,042)	(12.1%)
46,879	47,193	315	0.7%	38,708	(8,171)	(21.1%)	Human Resources	505,600	471,933	(33,667)	(7.1%)	399,686	(105,914)	(26.5%)
40,541	17,241	(23,300)	(135.1%)	16,333	(24,209)	(148.2%)	Legal	206,826	172,414	(34,412)	(20.0%)	160,029	(46,796)	(29.2%)
3,387	8,048	4,662	57.9%	7,269	3,882	53.4%	Records	73,817	80,482	6,665	8.3%	68,029	(5,788)	(8.5%)
656	6,886	6,230	90.5%	4,338	3,682	84.9%	Compliance	56,561	68,860	12,298	17.9%	82,768	26,207	31.7%
6,688	7,007	319	4.6%	-	(6,688)	0.0%	Comm Engage Plan	72,631	70,069	(2,562)	(3.7%)	-	(72,631)	0.0%
53,197	82,884	29,687	35.8%	-	(53,197)	0.0%	IT Operations	710,007	828,835	118,828	14.3%	-	(710,007)	0.0%
8,247	8,445	199	2.4%	-	(8,247)	0.0%	IT Security	84,701	84,453	(248)	(0.3%)	-	(84,701)	0.0%
(19,562)	40,421	59,983	148.4%	-	19,562	0.0%	IT Applications	398,813	404,209	5,396	1.3%	-	(398,813)	0.0%
50,177	47,251	(2,926)	(6.2%)	-	(50,177)	0.0%	Security Services	458,391	472,514	14,122	3.0%	-	(458,391)	0.0%
(37,053)	121,543	158,596	130.5%	-	37,053	0.0%	IT EPIC	895,238	1,215,434	320,196	26.3%	-	(895,238)	0.0%
40,576	31,665	(8,911)	(28.1%)	32,237	(8,338)	(25.9%)	Finance	289,876	316,646	26,770	8.5%	308,272	18,396	6.0%
5,395	10,057	4,661	46.4%	5,791	395	6.8%	Public Relations	72,040	100,569	28,529	28.4%	92,020	19,980	21.7%
1,680	8,303	6,623	79.8%	131,527	129,847	98.7%	Information Technology	99,598	83,028	(16,570)	(20.0%)	965,963	866,365	89.7%
3,677	4,761	1,084	22.8%	-	(3,677)	0.0%	Corporate Quality	57,097	47,611	(9,486)	(19.9%)	17,368	(39,729)	(228.7%)
10,265	11,235	971	8.6%	-	(10,265)	0.0%	Project MGMT Office	94,835	112,352	17,518	15.6%	59,985	(34,850)	(58.1%)
-	1,328	1,328	100.0%	2,054	2,054	100.0%	Managed Care Contract	6,415	13,283	6,868	51.7%	25,461	19,046	74.8%
535,632	720,963	185,331	25.7%	291,890	(243,742)	(83.5%)	Total Overhead Allocations	6,775,766	7,209,632	433,866	6.0%	3,934,229	(2,841,536)	(72.2%)
2,939,561	3,144,866	205,305	6.5%	2,699,213	(240,348)	(8.9%)	Total Expenses	30,205,955	30,937,007	731,052	2.4%	26,474,564	(3,731,391)	(14.1%)
\$ (398,119)	\$ (2,158,911)	\$ 1,760,792	(81.6%)	\$ (356,268)	\$ (41,852)	11.7%	Net Margin	\$ (11,588,769)	\$ (10,994,138)	\$ (594,631)	5.4%	\$ (10,531,369)	\$ (1,057,400)	10.0%
-	45,000	45,000	100.0%	(6,816)	(6,816)	100.0%	Capital	-	802,210	802,210	100.0%	6,460	6,460	100.0%
\$ -	\$ 2,197,000	\$ 2,197,000	100.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ 9,987,030	\$ 11,807,000	\$ 1,819,970	15.4%	\$ 10,587,867	\$ 600,837	5.7%

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

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Year to Date
Gross Patient Revenue	1,842,091	1,535,619	1,685,042	1,321,289	1,595,963	1,870,757	2,230,803	2,066,863	2,570,345	1,642,906	-	-	18,361,678
Contractual Allowances	509,972	470,624	453,962	303,580	404,818	543,358	562,148	464,663	764,925	1,306,229	-	-	5,784,279
Charity Care	158,009	-	1,751,178	434,796	538,927	530,618	809,796	782,187	998,787	46,809	-	-	6,051,107
Bad Debt	788,060	799,873	(860,761)	338,348	289,586	402,163	405,392	368,549	331,418	(33,070)	-	-	2,829,559
Other Patient Revenue	414,367	286,936	350,651	704,172	439,031	439,031	905,685	513,976	513,976	732,778	-	-	5,300,604
Net Patient Revenue	800,416	552,056	691,315	948,737	801,664	833,649	1,359,153	965,440	989,190	1,055,716	-	-	8,997,336
Collections %	43.45%	35.95%	41.03%	71.80%	50.23%	44.56%	60.93%	46.71%	38.48%	64.26%	0.00%	0.00%	49.00%
Grant Funds	104,059	-	130,321	2,271,653	(629,521)	974,299	1,566,400	1,488,547	1,325,105	1,403,407	-	-	8,634,268
Other Financial Assistance	-	-	588,890	-	179,158	5,710	27,883	19,439	10,358	80,496	-	-	911,935
Other Revenue	9,732	1,689	3,302	809	26,487	13,061	14,654	1,578	513	1,823	-	-	73,646
Total Other Revenues	113,791	1,689	722,512	2,272,462	(423,876)	993,070	1,608,937	1,509,564	1,335,976	1,485,726	-	-	9,619,849
Total Revenues	914,207	553,745	1,413,827	3,221,199	377,788	1,826,719	2,968,090	2,475,004	2,325,166	2,541,441	-	-	18,617,185
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,612,557	1,177,306	1,310,859	1,482,538	1,423,741	1,551,730	1,629,754	1,480,781	1,418,683	1,315,072	-	-	14,403,018
Benefits	394,482	358,883	404,282	407,085	420,732	406,226	427,189	429,489	409,178	401,983	-	-	4,059,528
Purchased Services	35,150	59,503	33,586	71,484	37,746	151,018	248,133	165,470	118,524	109,493	-	-	1,030,108
Medical Supplies	19,841	24,253	46,148	84,529	35,626	41,196	28,620	27,504	177,731	46,960	-	-	532,407
Other Supplies	2,686	4,538	8,638	12,332	32,280	4,195	13,176	25,786	26,739	89,909	-	-	220,279
Medical Services	92,709	55,338	56,152	45,535	47,251	80,848	55,468	61,653	74,408	63,843	-	-	633,206
Drugs	82,365	73,242	60,219	55,947	59,708	49,636	62,547	51,857	54,570	54,509	-	-	599,599
Repairs & Maintenance	6,725	4,061	3,703	7,491	3,518	6,010	14,332	5,264	16,859	153,420	-	-	221,384
Lease & Rental	105,605	104,935	96,815	102,475	102,093	106,287	97,843	125,417	100,952	101,103	-	-	1,043,525
Utilities	5,024	10,320	7,438	6,515	6,285	6,819	7,229	6,933	7,242	7,549	-	-	71,354
Other Expense	26,726	23,914	19,350	30,184	26,817	25,554	52,110	12,164	21,251	24,966	-	-	263,036
Insurance	3,716	3,716	2,892	4,649	3,331	3,331	3,331	4,026	4,026	4,026	-	-	37,044
Total Operational Expenses	2,387,586	1,900,008	2,050,081	2,310,763	2,199,128	2,432,851	2,639,732	2,396,345	2,425,163	2,372,830	-	-	23,114,487
Net Performance before Depreciation & Overhead Allocations	(1,473,379)	(1,346,263)	(636,254)	910,436	(1,821,340)	(606,132)	328,358	78,659	(99,997)	168,611	-	-	(4,497,302)
Depreciation	20,995	42,335	31,665	31,896	31,706	31,593	31,592	31,525	31,296	31,098	-	-	315,701
<i>Overhead Allocations:</i>													
Risk Mgt	2,012	1,749	1,914	1,899	1,713	4,413	6,192	3,330	5,042	4,167	-	-	32,431
Rev Cycle	215,318	177,247	193,553	191,807	169,849	197,221	212,145	227,981	227,784	255,603	-	-	2,068,509
Internal Audit	261	2,616	2,029	2,200	1,135	1,246	7,147	2,099	4,462	6,583	-	-	29,778
Home Office Facilities	17,338	17,140	20,876	18,248	17,620	20,104	9,531	18,817	22,018	20,056	-	-	181,747
Administration	23,989	26,119	37,026	49,639	36,008	44,102	45,279	41,444	42,774	34,474	-	-	380,855
Human Resources	42,681	36,896	77,803	48,416	60,805	77,147	3,301	64,825	46,879	46,879	-	-	505,600
Legal	10,774	17,493	15,799	13,841	14,400	25,673	38,855	11,084	18,366	40,541	-	-	206,826
Records	7,126	7,518	8,070	7,478	6,020	8,062	8,127	8,395	9,635	3,387	-	-	73,817
Compliance	4,813	5,086	3,125	8,017	5,183	8,271	(1,922)	10,663	12,669	656	-	-	56,561
Comm Engage Plan	6,756	6,116	6,940	6,621	6,060	6,624	7,424	7,980	11,422	6,688	-	-	72,631
IT Operations	50,805	70,691	70,850	96,616	74,267	109,310	44,072	71,882	68,316	53,197	-	-	710,007
IT Security	7,989	5,317	9,366	7,739	6,244	7,634	7,228	7,647	17,290	8,247	-	-	84,701
IT Applications	23,045	40,862	27,197	44,176	20,639	34,133	93,419	84,463	50,443	(19,562)	-	-	398,813
Security Services	42,428	41,825	46,136	46,399	42,607	47,158	46,146	48,653	46,862	50,177	-	-	458,391
IT EPIC	48,185	53,582	65,588	81,914	67,894	180,108	137,495	141,685	155,840	(37,053)	-	-	895,238
Finance	29,725	28,440	28,580	29,666	24,493	25,741	24,055	26,159	32,441	40,576	-	-	289,876
Public Relations	11,466	8,342	3,617	5,257	7,654	9,625	5,644	9,271	5,769	5,395	-	-	72,040
Information Technology	9,827	8,743	9,357	10,810	11,233	10,196	10,978	11,671	15,104	1,680	-	-	99,598
Corporate Quality	5,104	7,241	4,957	5,242	5,965	6,203	7,863	4,933	5,912	3,677	-	-	57,097
Project MGMT Office	7,800	8,679	9,051	9,313	8,472	9,555	10,778	10,897	10,025	10,265	-	-	94,835
Managed Care Contract	1,205	1,157	1,243	1,204	1,096	508	3	-	-	-	-	-	6,415
Total Overhead Allocations	568,646	572,859	643,078	686,500	589,359	833,035	723,759	813,878	809,020	535,632	-	-	6,775,766
Total Expenses	2,977,227	2,515,202	2,724,824	3,029,159	2,820,193	3,297,479	3,395,083	3,241,748	3,265,479	2,939,561	-	-	30,205,955
Net Margin	\$ (2,063,020)	\$ (1,961,457)	\$ (1,310,997)	\$ 192,040	\$ (2,442,405)	\$ (1,470,760)	\$ (426,994)	\$ (766,744)	\$ (940,313)	\$ (398,119)	\$ -	\$ -	\$ (11,588,769)
Capital	-	13,568	3,078	(16,646)	-	-	-	-	-	-	-	-	-
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	2,042,025	-	3,228,001	-	700,000	22	-	4,017,004	-	-	-	-	\$ 9,987,030

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

FOR THE TENTH MONTH ENDED JULY 31, 2021

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Lewis Center	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Warrior	Mobile Van Scout	Mobile Van Hero	Total
Gross Patient Revenue	-	1,903,808	3,009,537	1,363,056	1,090,513	1,284,681	2,254,800	969,490	1,259,180	958,956	7,558	-	-	14,101,577.85
Contractual Allowances	-	573,044	926,628	299,325	281,397	240,818	702,363	315,748	522,046	216,231	(25,008)	-	-	4,052,591
Charity Care	-	583,305	890,683	448,418	267,251	491,615	860,214	262,194	222,722	307,438	4,024	-	-	4,337,864
Bad Debt	-	313,891	392,704	230,189	203,192	450,522	162,421	97,971	78,611	402,446	16,707	-	-	2,348,653
Total Contractual Allowances and Bad Debt	-	1,470,241	2,210,015	977,931	751,840	1,182,956	1,724,998	675,913	823,378	926,115	(4,277)	-	-	10,739,108
Other Patient Revenue	-	735,526	833,785	426,648	233,032	289,070	481,832	176,999	232,050	219,490	59,402	-	-	3,687,834
Net Patient Revenue	-	1,169,093	1,633,307	811,773	571,706	390,795	1,011,634	470,577	667,852	252,331	71,237	-	-	7,050,304
Collection %	0.00%	61.41%	54.27%	59.56%	52.43%	30.42%	44.87%	48.54%	53.04%	26.31%	942.56%	0.00%	0.00%	50.00%
Grant Funds	2,413,146	769,754	1,049,998	497,746	477,450	215,543	756,369	315,833	336,523	535,148	146,057	(54,507)	37,050	7,496,110
Other Financial Assistance	349,232	3,629	132,235	763	(6,990)	6,530	(24,746)	12,267	(4,079)	(23,024)	31,226	131,246	145,595	753,884
Other Revenue	10,833	10,809	7,038	12,141	12,282	58	6,687	3,236	10,534	13	-	15	-	73,646
Total Other Revenues	2,773,210	784,192	1,189,271	510,650	482,742	222,130	738,311	331,336	342,979	512,138	177,283	76,754	182,645	8,323,641
Total Revenues	2,773,210	1,953,285	2,822,578	1,322,422	1,054,448	612,925	1,749,944	801,913	1,010,831	764,469	248,521	76,754	182,645	15,373,944
<i>Direct Operational Expenses:</i>														
Salaries and Wages	3,310,021	1,362,632	1,796,714	879,792	802,113	356,388	1,446,774	555,101	598,686	779,336	223,064	42,912	37,850	12,191,384
Benefits	881,390	383,313	502,266	259,864	237,996	103,027	418,740	148,693	175,990	221,698	82,156	8,921	10,668	3,434,720
Purchased Services	663,119	36,896	84,620	33,278	39,646	13,877	50,710	24,859	32,046	21,001	2,537	2,537	2,537	1,007,662
Medical Supplies	78,230	43,842	51,570	28,565	33,846	53,592	41,054	17,146	14,564	35,158	7,174	928	1,072	406,741
Other Supplies	47,835	7,332	28,249	18,827	3,451	2,870	3,567	6,280	6,686	6,460	1,949	6,745	4,066	144,316
Medical Services	24,050	74,250	135,347	69,696	46,801	25,034	140,322	37,364	61,061	19,282	-	-	-	633,206
Drugs	-	265,392	179,417	80,470	48,610	-	15,230	1,798	6,752	586	1,302	-	33	599,590
Repairs & Maintenance	147,824	3,077	3,205	3,088	4,409	2,017	21,346	2,580	5,797	4,166	10,053	2,495	1,113	211,169
Lease & Rental	-	107,499	140,603	74,072	68,789	230	222,042	67,605	98,956	39,298	160	55	170	819,480
Utilities	-	3,678	3,481	997	16,596	1,956	10,966	6,955	4,235	-	-	-	-	54,299
Other Expense	126,861	13,504	24,777	8,375	5,164	5,017	15,776	3,734	7,833	8,718	5,031	3,923	1,556	230,271
Insurance	-	4,775	4,265	3,625	1,810	332	2,383	1,206	1,459	767	6,579	3,934	5,361	36,497
Total Operational Expenses	5,279,330	2,306,190	2,954,515	1,460,650	1,309,231	564,340	2,388,913	873,321	1,015,262	1,140,704	340,004	72,449	64,426	19,769,335
Net Performance before Depreciation & Overhead Allocations	(2,506,120)	(352,905)	(131,937)	(138,227)	(254,784)	48,585	(638,968)	(71,408)	(4,432)	(376,235)	(91,483)	4,304	118,219	(4,395,391)
Depreciation	4,844	11,708	12,232	1,332	57,630	271	3,701	2,286	3,996	1,535	62,500	11,570	69,605	243,211
<i>Overhead Allocations:</i>														
Risk Mgt	5,407	3,014	5,218	2,258	1,839	821	3,291	1,156	1,440	1,965	590	407	414	27,818
Rev Cycle	-	234,837	406,608	175,921	143,300	64,014	256,443	90,048	112,224	153,094	45,963	31,682	32,260	1,746,395
Internal Audit	4,972	2,766	4,790	2,072	1,688	754	3,021	1,061	1,322	1,803	541	373	380	25,544
Home Office Facilities	163,651	-	-	-	-	-	-	-	-	-	-	-	-	163,651
Administration	62,987	35,448	61,376	26,555	21,631	9,663	38,709	13,592	16,940	23,109	6,938	4,782	4,869	326,600
Human Resources	114,823	53,487	61,100	34,262	28,552	13,324	47,776	15,228	19,034	30,645	7,614	5,710	5,710	437,266
Legal	33,462	19,205	33,569	14,489	11,804	5,268	21,119	7,415	9,241	12,610	3,785	2,606	2,655	177,228
Records	12,325	6,857	11,873	5,137	4,185	1,869	7,488	2,630	3,277	4,471	1,342	925	942	63,321
Compliance	9,444	5,254	9,098	3,936	3,206	1,432	5,738	2,015	2,511	3,425	1,028	709	722	48,519
Comm Engage Plan	12,127	6,747	11,682	5,055	4,117	1,839	7,368	2,587	3,224	4,399	1,321	910	927	62,304
IT Operations	118,547	65,958	114,203	49,411	40,248	17,979	72,027	25,292	31,520	42,999	12,910	8,899	9,061	609,054
IT Security	14,142	7,869	13,624	5,895	4,801	2,145	8,593	3,017	3,760	5,130	1,540	1,062	1,081	72,658
IT Applications	66,588	37,049	64,148	27,754	22,608	10,099	40,458	14,206	17,705	24,153	7,251	4,998	5,089	342,107
Security Services	18,008	49,997	86,566	37,453	30,508	13,628	54,596	19,171	23,892	32,594	9,785	6,745	6,868	389,813
IT EPIC	149,475	83,166	143,997	62,301	50,749	22,670	90,817	31,890	39,743	54,217	16,277	11,220	11,424	767,947
Finance	48,400	26,929	46,626	20,173	16,432	7,340	29,406	10,326	12,869	17,555	5,271	3,633	3,699	248,659
Public Relations	12,028	6,692	11,587	5,013	4,084	1,824	7,308	2,566						

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

FOR THE TENTH MONTH ENDED JULY 31, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
24,106	12,917	(11,189)	(86.6%)	15,379	(8,727)	(56.7%)	Depreciation	243,211	129,170	(114,041)	(88.3%)	137,390	(105,821)	(77.0%)
<i>Overhead Allocations:</i>														
3,573	2,464	(1,110)	(45.0%)	1,341	(2,232)	(166.4%)	Risk Mgt	27,818	24,636	(3,182)	(12.9%)	16,488	(11,330)	(68.7%)
215,800	174,743	(41,057)	(23.5%)	-	(215,800)	0.0%	Rev Cycle	1,746,395	1,747,433	1,039	0.1%	944,673	(801,721)	(84.9%)
5,647	3,301	(2,347)	(71.1%)	-	(5,647)	0.0%	Internal Audit	25,544	33,006	7,462	22.6%	33,317	7,772	23.3%
18,059	17,713	(345)	(2.0%)	18,946	887	4.7%	Home Office Facilities	163,651	177,132	13,481	7.6%	170,987	7,337	4.3%
29,470	28,478	(991)	(3.5%)	25,333	(4,137)	(16.3%)	Administration	326,600	284,780	(41,819)	(14.7%)	279,456	(47,144)	(16.9%)
40,525	40,768	243	0.6%	31,688	(8,838)	(27.9%)	Human Resources	437,266	407,684	(29,582)	(7.3%)	327,195	(110,072)	(33.6%)
34,587	14,775	(19,812)	(134.1%)	13,432	(21,156)	(157.5%)	Legal	177,228	147,749	(29,479)	(20.0%)	131,605	(45,623)	(34.7%)
2,905	6,897	3,992	57.9%	5,978	3,073	51.4%	Records	63,321	68,969	5,647	8.2%	55,946	(7,376)	(13.2%)
563	5,901	5,338	90.5%	3,567	3,004	84.2%	Compliance	48,519	59,009	10,490	17.8%	68,067	19,548	28.7%
5,737	6,005	268	4.5%	-	(5,737)	0.0%	Comm Engage Plan	62,304	60,045	(2,259)	(3.8%)	-	(62,304)	0.0%
45,633	71,027	25,394	35.8%	-	(45,633)	0.0%	IT Operations	609,054	710,266	101,213	14.2%	-	(609,054)	0.0%
7,074	7,237	163	2.3%	-	(7,074)	0.0%	IT Security	72,658	72,372	(286)	(0.4%)	-	(72,658)	0.0%
(16,780)	34,638	51,419	148.4%	-	16,780	0.0%	IT Applications	342,107	346,385	4,278	1.2%	-	(342,107)	0.0%
42,670	40,184	(2,486)	(6.2%)	-	(42,670)	0.0%	Security Services	389,813	401,840	12,027	3.0%	-	(389,813)	0.0%
(31,785)	104,156	135,941	130.5%	-	31,785	0.0%	IT EPIC	767,947	1,041,560	273,613	26.3%	-	(767,947)	0.0%
34,806	27,135	(7,671)	(28.3%)	26,511	(8,295)	(31.3%)	Finance	248,659	271,348	22,689	8.4%	253,517	4,858	1.9%
4,628	8,618	3,990	46.3%	4,762	134	2.8%	Public Relations	61,797	86,182	24,385	28.3%	75,675	13,878	18.3%
1,416	7,115	5,699	80.1%	108,165	106,749	98.7%	Information Technology	85,345	71,150	(14,195)	(20.0%)	794,390	709,045	89.3%
3,100	4,080	980	24.0%	-	(3,100)	0.0%	Corporate Quality	48,924	40,801	(8,123)	(19.9%)	14,283	(34,641)	(242.5%)
8,805	9,628	823	8.5%	-	(8,805)	0.0%	Project MGMT Office	81,350	96,280	14,929	15.5%	49,331	(32,020)	(64.9%)
-	1,122	1,122	100.0%	1,668	1,668	100.0%	Managed Care Contract	5,416	11,215	5,799	51.7%	20,682	15,266	73.8%
456,433	615,984	159,551	25.9%	241,391	(215,041)	(89.1%)	Total Overhead Allocations	5,791,717	6,159,842	368,125	6.0%	3,235,612	(2,556,105)	(79.0%)
2,484,184	2,694,518	210,335	7.8%	2,246,924	(237,259)	(10.6%)	Total Expenses	25,804,264	26,496,607	692,343	2.6%	22,150,871	(3,653,393)	(16.5%)
\$ (284,991)	\$ (1,868,441)	\$ 1,583,450	(84.7%)	\$ (164,028)	\$ (120,963)	73.7%	Net Margin	\$ (10,430,319)	\$ (9,408,179)	\$ (1,022,141)	10.9%	\$ (8,934,959)	\$ (1,495,361)	16.7%
-	45,000	45,000	100.0%	(6,816)	(6,816)	100.0%	Capital	-	802,210	802,210	100.0%	6,460	6,460	100.0%
\$ -	\$ 1,910,000	\$ 1,910,000	100.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ 9,025,566	\$ 10,255,000	\$ 1,229,434	12.0%	\$ 9,172,408	\$ 146,842	1.6%

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

FOR THE TENTH MONTH ENDED JULY 31, 2021

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	1,593,496	1,613,586	607,059	445,960	4,260,100
Contractual Allowances	-	571,109	732,575	200,461	227,542	1,731,688
Charity Care	-	798,978	469,780	316,843	127,640	1,713,243
Bad Debt	-	119,225	293,055	46,399	22,227	480,907
Total Contractual Allowances and Bad Debt	-	1,489,313	1,495,411	563,704	377,409	3,925,838
Other Patient Revenue	-	706,036	349,809	254,860	302,065	1,612,770
Net Patient Revenue	-	810,219	467,983	298,215	370,616	1,947,033
Collection %	-	50.85%	29.00%	49.12%	83.11%	45.70%
Grant Funds	117,730	432,799	254,003	249,494	84,132	1,138,158
Other Financial Assistance	(1,389)	64,763	(5,826)	87,485	13,018	158,051
Other Revenue	-	-	-	-	-	-
Total Other Revenues	116,341	497,562	248,177	336,979	97,150	1,296,209
Total Revenues	116,341	1,307,780	716,160	635,194	467,766	3,243,241
<i>Direct Operational Expenses:</i>						
Salaries and Wages	299,952	772,883	458,318	494,051	186,429	2,211,634
Benefits	78,656	228,657	121,345	136,333	59,816	624,807
Purchased Services	-	4,830	5,948	4,028	7,639	22,445
Medical Supplies	-	42,752	39,502	25,099	18,313	125,666
Other Supplies	488	45,716	14,462	7,811	7,487	75,963
Drugs	-	-	7	2	-	9
Repairs & Maintenance	-	2,801	2,615	2,468	2,331	10,215
Lease & Rental	-	91,917	54,383	50,995	26,750	224,045
Utilities	-	3,637	4,001	1,517	7,899	17,055
Other Expense	1,394	13,295	8,194	6,777	3,106	32,765
Insurance	-	-	-	-	547	547
Total Operational Expenses	380,489	1,206,488	708,775	729,082	320,318	3,345,152
Net Performance before Depreciation & Overhead Allocations	(264,148)	101,292	7,385	(93,888)	147,448	(101,911)
Depreciation	-	19,468	9,363	8,433	35,226	72,490
<i>Overhead Allocations:</i>						
Risk Mgt	479	1,621	1,028	1,001	484	4,613
Rev Cycle	-	126,306	80,105	77,970	37,733	322,115
Internal Audit	440	1,488	944	918	445	4,234
Home Office Facilities	18,096	-	-	-	-	18,096
Administration	5,633	19,066	12,092	11,769	5,696	54,255
Human Resources	5,710	25,506	14,276	17,131	5,710	68,334
Legal	3,073	10,403	6,592	6,423	3,107	29,597
Records	1,090	3,688	2,339	2,277	1,102	10,496
Compliance	835	2,826	1,792	1,745	844	8,042
Comm Engage Plan	1,072	3,629	2,302	2,240	1,084	10,327
IT Operations	10,482	35,475	22,499	21,899	10,598	100,953
IT Security	1,250	4,232	2,684	2,613	1,264	12,043
IT Applications	5,888	19,927	12,638	12,301	5,953	56,706
Security Services	-	26,890	17,054	16,600	8,033	68,578
IT EPIC	13,216	44,730	28,369	27,613	13,363	127,291
Finance	4,279	14,484	9,186	8,941	4,327	41,216
Public Relations	1,063	3,599	2,283	2,222	1,075	10,243
Information Technology	1,480	5,010	3,174	3,093	1,496	14,253
Corporate Quality	849	2,873	1,820	1,774	858	8,173
Project MGMT Office	1,400	4,738	3,005	2,925	1,416	13,484
Managed Care Contract	-	392	248	242	117	999
Total Overhead Allocations	76,335	356,883	224,430	221,695	104,706	984,049
Total Expenses	456,825	1,582,839	942,567	959,210	460,250	4,401,691
Net Margin	\$ (340,484)	\$ (275,059)	\$ (226,407)	\$ (324,016)	\$ 7,516	\$ (1,158,450)
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 961,464	26	-	-	-	961,464

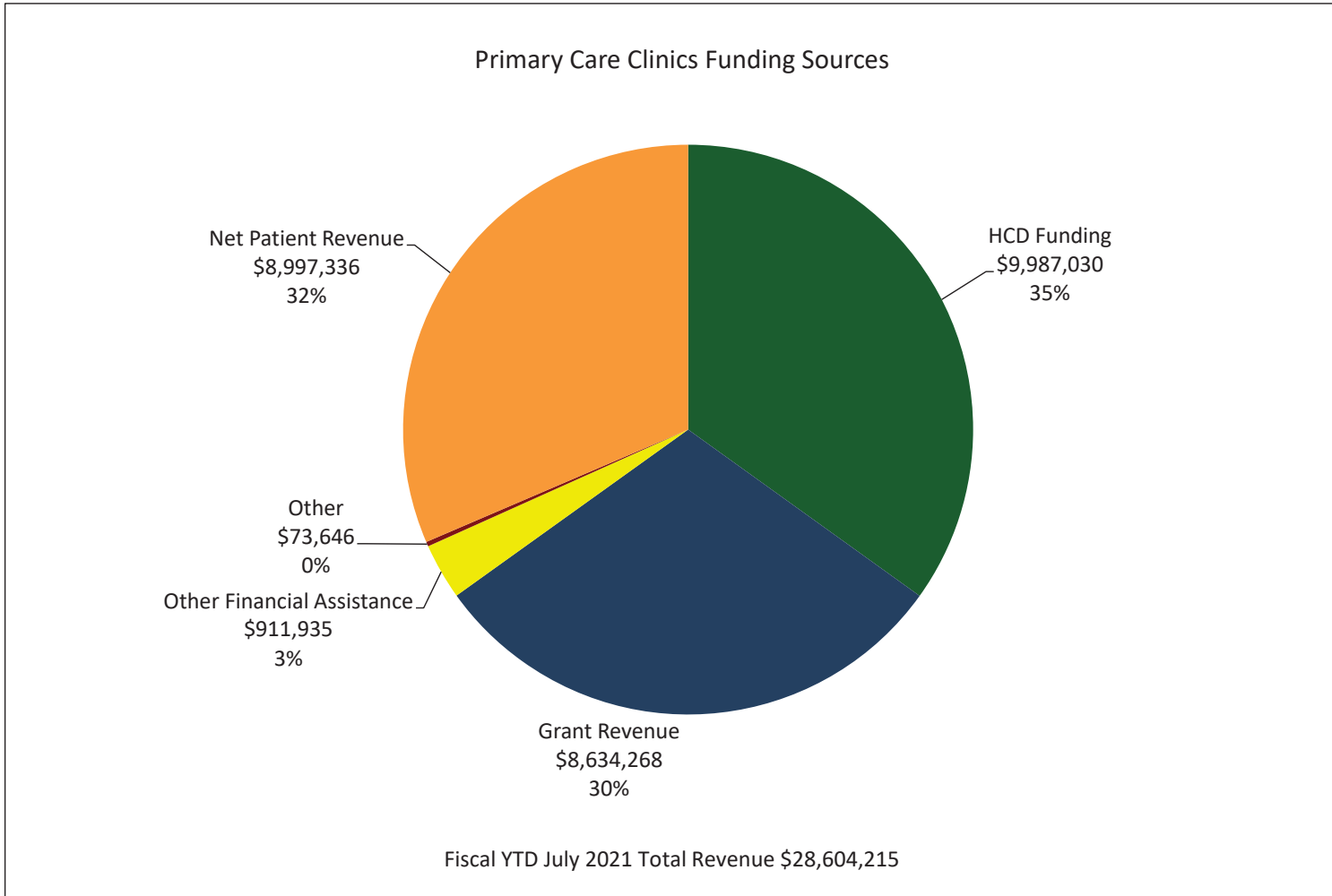
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

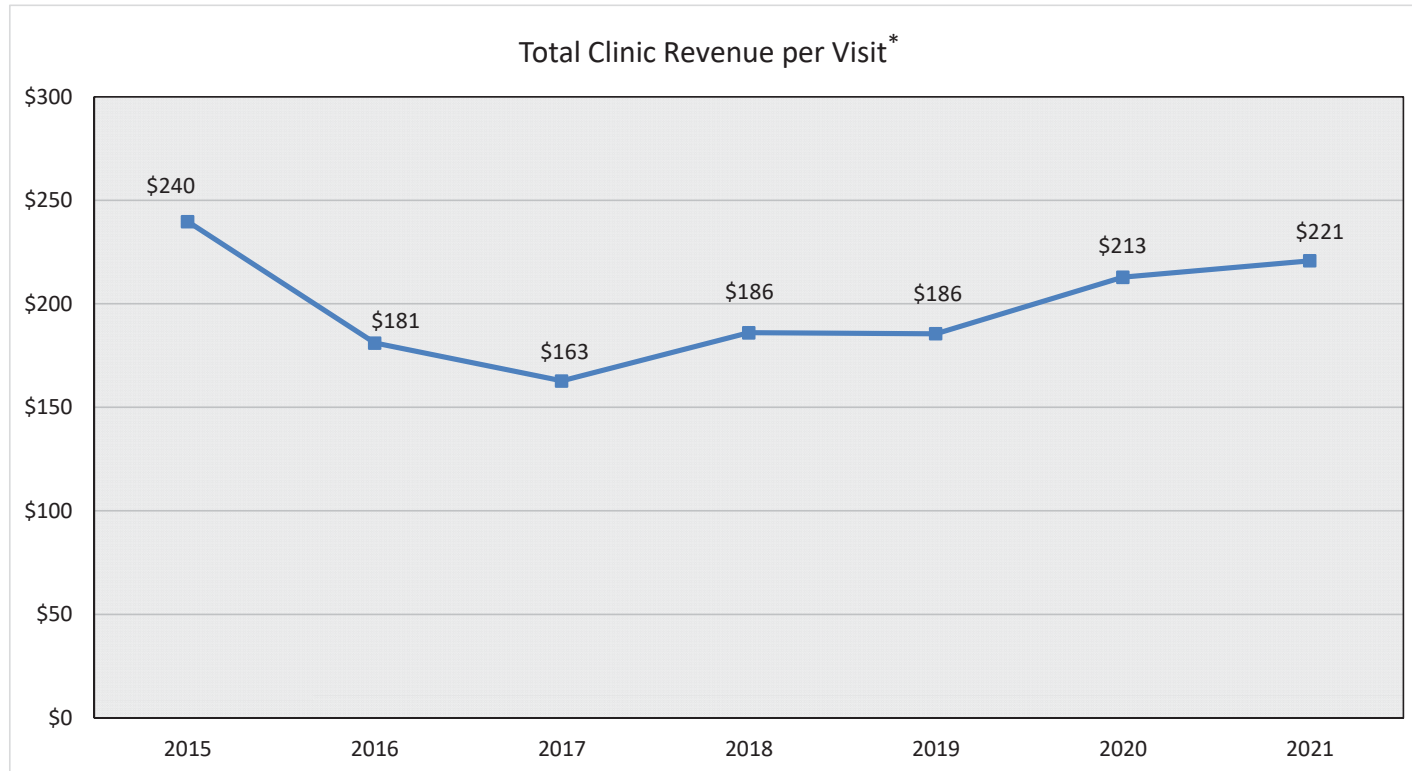
FOR THE TENTH MONTH ENDED JULY 31, 2021

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
6,993	4,417	(2,576)	(58.3%)	5,033	(1,959)	(38.9%)	Depreciation	72,490	44,170	(28,320)	(64.1%)	48,513	(23,977)	(49.4%)
<i>Overhead Allocations:</i>														
594	411	(183)	(44.4%)	290	(304)	(105.0%)	Risk Mgt	4,613	4,113	(500)	(12.2%)	3,561	(1,052)	(29.5%)
39,803	32,224	(7,580)	(23.5%)	-	(39,803)	0.0%	Rev Cycle	322,115	322,238	123	0.0%	218,279	(103,836)	(47.6%)
936	551	(385)	(69.9%)	-	(936)	0.0%	Internal Audit	4,234	5,510	1,276	23.2%	7,196	2,962	41.2%
1,997	2,055	58	2.8%	2,253	256	11.4%	Home Office Facilities	18,096	20,553	2,457	12.0%	20,333	2,237	11.0%
5,005	4,754	(251)	(5.3%)	5,471	467	8.5%	Administration	54,255	47,540	(6,715)	(14.1%)	60,357	6,102	10.1%
6,354	6,425	71	1.1%	7,021	667	9.5%	Human Resources	68,334	64,249	(4,085)	(6.4%)	72,491	4,158	5.7%
5,954	2,466	(3,488)	(141.4%)	2,901	(3,053)	(105.2%)	Legal	29,597	24,665	(4,933)	(20.0%)	28,424	(1,173)	(4.1%)
482	1,151	670	58.2%	1,291	810	62.7%	Records	10,496	11,513	1,018	8.8%	12,083	1,587	13.1%
93	985	892	90.5%	770	677	87.9%	Compliance	8,042	9,851	1,808	18.4%	14,701	6,659	45.3%
951	1,002	52	5.1%	-	(951)	0.0%	Comm Engage Plan	10,327	10,024	(303)	(3.0%)	-	(10,327)	0.0%
7,564	11,857	4,293	36.2%	-	(7,564)	0.0%	IT Operations	100,953	118,569	17,616	14.9%	-	(100,953)	0.0%
1,173	1,208	36	2.9%	-	(1,173)	0.0%	IT Security	12,043	12,081	38	0.3%	-	(12,043)	0.0%
(2,781)	5,782	8,564	148.1%	-	2,781	0.0%	IT Applications	56,706	57,824	1,118	1.9%	-	(56,706)	0.0%
7,507	7,067	(439)	(6.2%)	-	(7,507)	0.0%	Security Services	68,578	70,674	2,096	3.0%	-	(68,578)	0.0%
(5,268)	17,387	22,656	130.3%	-	5,268	0.0%	IT EPIC	127,291	173,874	46,583	26.8%	-	(127,291)	0.0%
5,769	4,530	(1,240)	(27.4%)	5,726	(43)	(0.8%)	Finance	41,216	45,298	4,081	9.0%	54,755	13,539	24.7%
767	1,439	672	46.7%	1,029	261	25.4%	Public Relations	10,243	14,387	4,144	28.8%	16,344	6,101	37.3%
264	1,188	923	77.8%	23,362	23,097	98.9%	Information Technology	14,253	11,878	(2,375)	(20.0%)	171,573	157,320	91.7%
578	681	103	15.2%	-	(578)	0.0%	Corporate Quality	8,173	6,811	(1,362)	(20.0%)	3,085	(5,088)	(164.9%)
1,459	1,607	148	9.2%	-	(1,459)	0.0%	Project MGMT Office	13,484	16,073	2,588	16.1%	10,654	(2,830)	(26.6%)
-	207	207	100.0%	386	386	100.0%	Managed Care Contract	999	2,068	1,069	51.7%	4,779	3,780	79.1%
79,199	104,979	25,780	24.6%	50,499	(28,701)	(56.8%)	Total Overhead Allocations	984,049	1,049,790	65,741	6.3%	698,617	(285,432)	(40.9%)
455,377	450,348	(5,029)	(1.1%)	452,288	(3,089)	(0.7%)	Total Expenses	4,401,691	4,440,400	38,709	0.9%	4,323,693	(77,998)	(1.8%)
\$ (113,128)	\$ (290,470)	\$ 177,342	(61.1%)	\$ (192,239)	\$ 79,111	(41.2%)	Net Margin	\$ (1,158,450)	\$ (1,585,959)	\$ 427,509	(27.0%)	\$ (1,596,410)	\$ 437,961	(27.4%)
-	-	-	0.0%	-	-	0.0%	Capital	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Capital Contributions	-	-	-	0.0%	-	-	0.0%
\$ -	\$ 287,000	\$ 287,000	100.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ 961,464	\$ 1,552,000	\$ 590,536	38.1%	\$ 1,415,459	\$ 453,995	32.1%

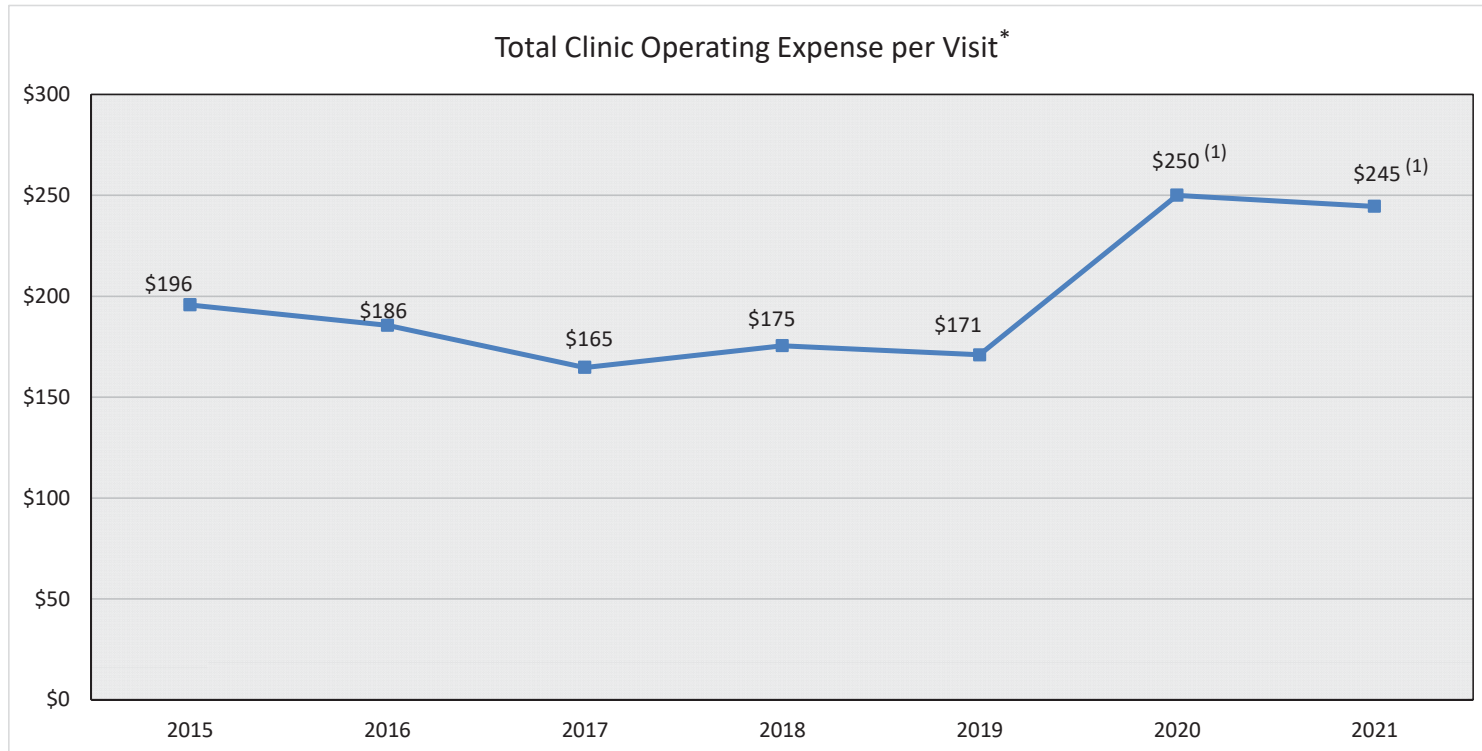


Clinic Visits - Adults and Pediatrics	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
	West Palm Beach	1,227	929	1,068	836	879	1,119	1,138	1,007	1,173	911			10,287	5,722	79.8%
Delray	1,061	883	989	776	582	723	600	541	560	457			7,172	6,177	16.1%	8,144
Lantana	1,738	1,282	1,379	1,374	1,480	1,638	1,799	1,695	1,832	1,258			15,475	15,859	(2.4%)	13,882
Belle Glade	616	395	661	451	555	656	622	566	616	621			5,759	4,158	38.5%	5,748
Lewis Center	786	695	807	662	696	685	584	541	648	227			6,331	1,640	286.0%	2,113
Lake Worth & Women's Health Care	1,153	979	958	907	953	1,339	1,206	1,222	1,409	1,002			11,128	6,870	62.0%	10,319
Jupiter Clinic	602	407	468	450	527	656	501	415	533	484			5,043	3,731	35.2%	3,488
West Boca & Women's Health Care	786	679	730	641	666	798	741	637	562	354			6,594	4,155	58.7%	5,944
Cib Mob 1 Warrior	16	-	-	1	-	-	-	-	-	351			368	124	196.8%	1,087
Cib Mob 2 Scout	-	-	-	-	-	-	-	-	-	559			559	124	350.8%	
Cib Mob 3 Hero	-	-	-	-	-	-	-	-	-	592			592	124	377.4%	
Mangonia Park	259	203	198	224	261	447	508	523	554	64			3,241	1,204		1,578
Mangonia Park-Substance	-	-	-	-	-	-	-	-	-	-			-	1,592	(100.0%)	2,338
Total Clinic Visits	8244	6,452	7,258	6,322	6,599	8,061	7,699	7,147	7,887	6,880	-	-	72,549	51,480	40.9%	66,484
Dental Visits																
West Palm Beach	467	334	427	172	159	179	693	691	705	469			4,296	4,254	1.0%	5,258
Lantana	447	358	473	466	495	558	553	423	561	475			4,809	6,319	(23.9%)	3,009
Delray	-	-	-	-	-	-	306	480	403	338			1,527	3,020	(49.4%)	3,171
Belle Glade	-	-	-	2	-	-	201	270	346	307			1,126	1,649	(31.7%)	2,081
Total Dental Visits	914	692	900	640	654	737	1,753	1,864	2,015	1,589	-	-	11,758	15,242	(22.9%)	13,519
Total Medical and Dental Visits	9158	7,144	8,158	6,962	7,253	8,798	9,452	9,011	9,902	8,469	-	-	84,307	66,722	26.4%	80,003
Key Ratios																
Collection Ratio													11%			
Bad debt write off as a percentage of total billing													0%			
Collections per visit													10			
Charges Per Visit													183			
Percentage of A/R less than 120 days													7%			
Days in AR													55			
Mental Health Counselors (non-billable)																
West Palm Beach	-	2	-	1	-	-	-	-	-	54			57	751	(92.4%)	1,330
Delray	60	41	22	1	3	2	-	-	1	19			149	614	(75.7%)	835
Lantana	-	36	2	-	1	-	-	3	1	-			43	2,484	(98.3%)	4,089
Belle Glade	26	18	41	21	14	21	18	15	11	67			252	282	(10.6%)	810
Mangonia Park	458	205	225	214	205	311	441	387	409	463			3,318	1,090	204.4%	1,823
Lewis Center	308	381	544	678	709	838	729	625	677	764			6,253	1,050	495.5%	1,219
Lake Worth	12	-	1	-	-	-	-	-	-	137			150	794	(81.1%)	1,196
Jupiter	-	-	-	-	-	-	-	-	-	-			-	-	0.0%	1
West Boca	-	-	-	-	-	-	-	-	-	-			-	-	0.0%	11
Mobile Van	-	-	-	-	-	-	-	-	-	-			-	402	(100.0%)	362
Total Mental Health Screenings	864	683	835	915	932	1,172	1,188	1,030	1,099	1,504	-	-	10,222	7,467	36.9%	11,676



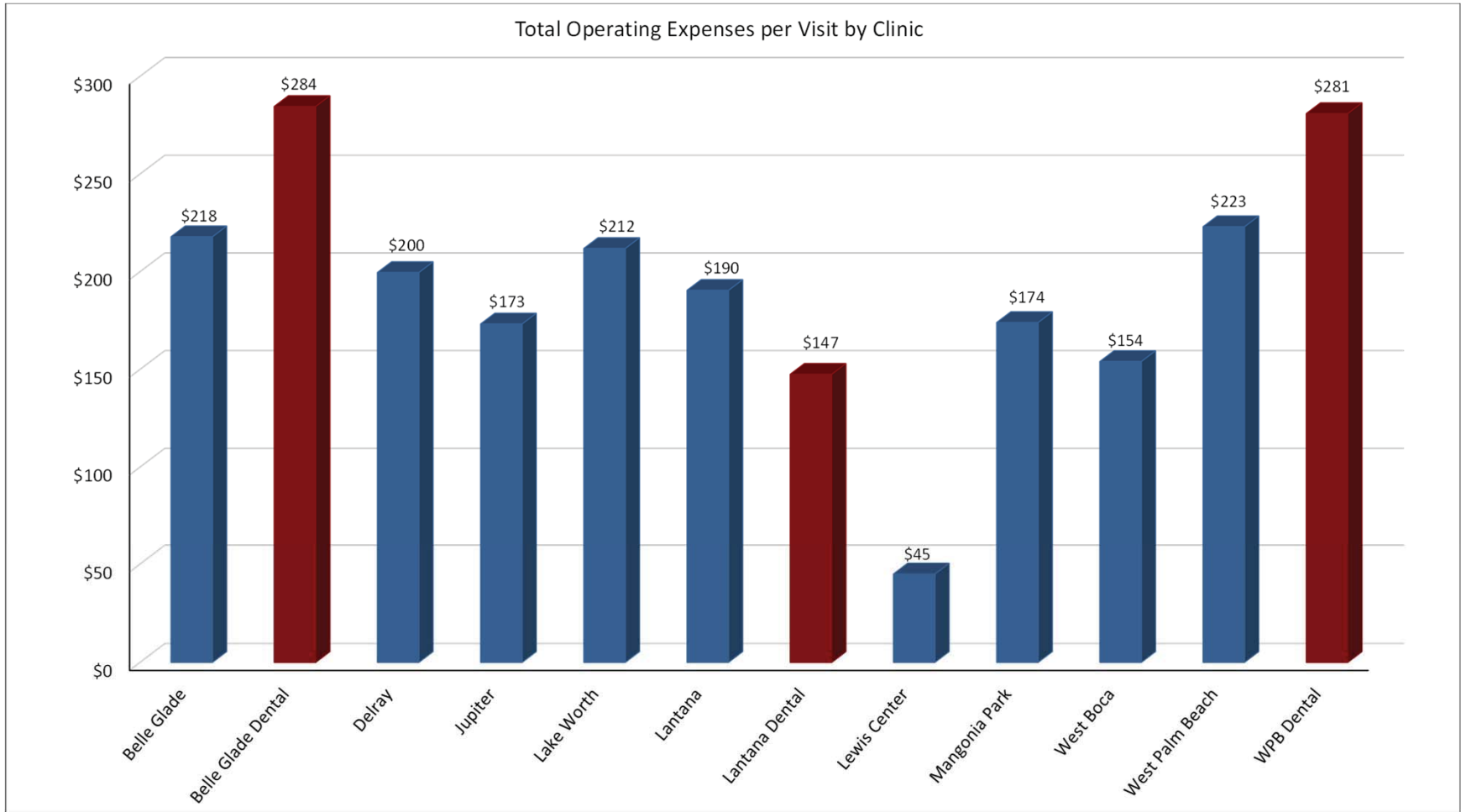


* Based on total medical and dental visits



(1) Increase in expense per visit is due to lower visits in fiscal years 2020 and 2021 related to operational changes for Covid-19

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



* Based on Fiscal Year-to-Date July 2021 total operating expenses

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

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021

1. Description: Sliding Fee Discount Program Policy

2. Summary:

The C.L. Brumback Primary Care Clinics have updated the Sliding Fee Discount Program Policy to align with their current process.

3. Substantive Analysis:

Attached you will find the Sliding Fee Discount Program Policy, and patients will now be evaluated every twelve months instead of every six months for the Sliding Fee Discount Program. The staff recommends a receive and file.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

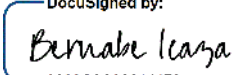
 Date Approved

6. Recommendation:

Staff recommends the Board receive and file the updated Sliding Fee Discount Program Policy.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021


Approved for Legal sufficiency:

DocuSigned by:

0290C6C02014479...

Bernabe Icaza
VP & General Counsel



Annamarie Hankins
Director of Revenue Cycle



Dr. Hyla Fritsch
AVP & Executive Director of Clinic and
Pharmacy Services



Sliding Fee Discount Program Policy

Policy #:	501-13	Effective Date:	9/29/2021
Business Unit:	Primary Care Clinics	Last Review Date:	8/30/2021
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 CLBPCCC 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 CLBPCCC 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 CLBPCCC 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:** CLBPCCC 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 CLBPCCC'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



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 CLBPPC'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 CLBPPC. 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: CLBPPC 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 CLBPCC'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 CLBPCC'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. CLBPCC 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 CLBPCC.

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	
Reviewer approval date	
Final approver	
Final approval date	

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

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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021

1. Description: Purchasing Policy—Health Care District

2. Summary:

This item presents the Purchasing Policy revisions approved by the Health Care District Board and Finance and Audit Committee.

3. Substantive Analysis:

The policy was previously revised and approved on September 25, 2018. Attached for your review is the revised version approved on June 29, 2021, by the Health Care District Board and Finance and Audit Committee. C.L. Brumback Primary Clinics adopts the purchasing policy of the District.

Substantive changes include:

Except where a standard District Purchase Order is authorized (see below), any request for goods or services must be accompanied by a fully executed agreement between the parties and must comply with all District legal policies and procedures, unless otherwise approved by General Counsel and the Chief Financial Officer.

The District has established a Purchase Order which contains the District's standard contractual Terms and Conditions. In lieu of a contract, a standard District Purchase Order may be used for purchases of goods and/or services which meet the following requirements:

- *The term of the purchase does not exceed one (1) year;*
- *The amount of the purchase(s) does not exceed \$10,000;*
- *The purchase does not create substantial risk or exposure to the District (e.g., property damage, personal injury, or other risk to the District);*
- *The purchase does not include any construction services; and,*
- *The purchase is not defined as a capital asset.*

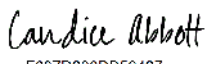
Only the Supply Chain Department can print purchase orders with the District's standard contractual Terms & Conditions. Upon approval of a Requisition/Purchase Order, the Supply Chain Department will electronically send the PO to the requestor for them to forward it to its respective vendor.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021**

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 F637D209DB52427...
 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Health Care District Board and
 Finance and Audit Committee

 Committee Name

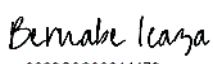
June 29, 2021

 Date Approved

6. Recommendation:

Staff recommends the Board approve the adoption of the updated Purchasing Policy.

Approved for Legal sufficiency:

DocuSigned by:

 0290C6C02014479...
 Bernabe Icaza
 VP & General Counsel

DocuSigned by:

 F637D209DB52427...
 Candice Abbott
 VP & Chief Financial Officer



Purchasing Policy

Policy #:	201410-PP	Effective Date:	9/25/2018
Business Unit:	HCD Shared Policies	Last Review Date:	06/2021
Approval Group:	HCD Finance Policy	Document Owner(s):	Finance
Board Approval Date:	6/29/21		

PURPOSE

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

RESPONSIBILITY

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

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

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

POLICY

Exempt From Purchase Requisition Requirements

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

- Institutional and professional medical claims payments on behalf of members, patients, and residents.
- Refunds to members, patients, and residents.
- Resident entertainment activity prizes (Healey Center only).
- Dues and memberships in trade and professional organizations (if being reimbursed through expense report or paid by corporate credit card).



- Legal settlements, fines, and penalties.
- Payroll ACH refunds.
- Postage (if being paid through petty cash or through the expense report process).
- Security coverage by individual local police officers if offered through a government agency.
- Travel Authorization expenses to be paid by the District in advance of travel to vendors, including registration fees, hotel costs, airline tickets, and/or train tickets.
- Reimbursement of travel expenses for interview candidates.
- Travel Authorization employee-paid expenses, includes meals, mileage, tolls, taxi, and other miscellaneous trip-related expenses.
- Payroll, court ordered payments, garnishments, payments of taxes, and other amounts withheld from employees pay, including employee reimbursements for mileage, dues, and tuition.
- Other employee reimbursements at the discretion of the Chief Financial Officer.
- Purchasing card purchases at the discretion of the Chief Financial Officer

Contract Requirement

Except where a standard District Purchase Order is authorized (see below), any request for goods or services must be accompanied by a fully executed agreement between the parties and must comply with all District legal policies and procedures, unless otherwise approved by General Counsel and the Chief Financial Officer.

Purchase Orders

The District has established a Purchase Order which contains the District's standard contractual terms and conditions. In lieu of a contract, a standard District Purchase Order may be used for purchases of goods and/or services which meet the following requirements:

- The term of the purchase does not exceed one (1) year;
- The amount of the purchase(s) does not exceed \$10,000;
- The purchase does not create substantial risk or exposure to the District (e.g., property damage, personal injury, or other risk to the District);
- The purchase does not include any construction services; and,
- The purchase is not defined as a capital asset.

If the Purchaser has questions about the use of a Purchase Order, the Purchaser should contact Purchasing and/or the General Counsel to discuss.



Competitive Bidding and Competitive Quotes

Except when otherwise required by law, any expenditure exceeding \$5,000 requires the submission of two (2) competitive bids or quotes ("bid" hereafter) in total and any expenditure exceeding \$10,000 requires the submission of three (3) competitive bids in total and justification for selection if the lowest bid is not selected. For non-construction purchases, the Purchaser may opt to make a selection from bids received, solicit informal competitive bids or complete a formal Request for Proposal (RFP) process. Pursuant to sections 255.0525 and 255.20, Florida Statutes, unless exempted by law, construction projects require public advertising and formal competitive bidding when the projected cost exceeds \$200,000 (or electrical work which will exceed \$75,000).

Bids are not required for the following purchases:

- Utilities including but not limited to electric, water and sewer, natural gas, and telephone.
- Entertainers, artists, and performers.
- Advertisements for legal, promotional or informative matters.
- Costs for training and education, including speakers, events, and programs.
- Renewal of software maintenance where maintenance is provided by software manufacturer or developer.
- Subscriptions to periodicals, newspapers, and clinical databases.
- Services provided to or on behalf of individual members, patients, and residents that are not elsewhere described.
- Licensed health professionals who hold a medical directorship position, serve on a committee, provide services directly to members, patients, and residents whose payments are issued outside of the medical claims system.
- Contracts for goods and services between the District and other governmental entities or non-profit organizations, including PRIDE.
- Attorneys at law, court reporters, investigators, and expert witnesses having specialized skill, or knowledge in an area of legal practice.
- Sole source purchases (as described below).
- Emergency purchases (as described below).
- Cooperative and piggy-back purchases (see Purchasing Procedure for further information).
- Except as set forth below, professional services may be purchased without bids when the Purchaser and its applicable corporate officer approve the purchase of professional services from a vendor with distinct field of expertise. Such approval shall be stated on the contract memorandum in support of the purchase. Such purchases shall not exceed five (5) years in duration unless the Purchaser and its applicable corporate officer re-certify that the vendor still maintains a distinct field of expertise.



Bids are required for the purchase of all other professional services and when required by law (e.g. Architectural, Engineering, Landscape Architectural, Surveying and Mapping services (see section 287.055, Florida Statutes); Design-Build projects (see section 287.055, Florida Statutes); and, financial auditing services (see Section 218.391, Florida Statutes).)

Formal Competitive Bidding Process (RFP) and Protest Procedure

All formal competitive solicitations for goods and services obtained through the RFP process shall be advertised and internal bid procedures shall be followed.

Any actual bidder who is aggrieved in connection with a formal competitive bidding process may timely protest the process and/or award. Protest procedures are contained within the RFP document as posted on the District's website.

Local vendor preference

Except where limited by applicable law or grant award requirements, it is the District's intent to purchase from Palm Beach County approved vendors whenever possible. However, the intent to purchase locally is constrained by the District's responsibility to ensure that maximum value is obtained for each public dollar spent. Bids received from all vendors will be evaluated based on price and quality.

Sole Source Purchases

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

Emergency Purchases

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

Compliance with Policy and Chief Financial Officer Discretion

- Purchases of goods or service (may not be split across multiple transactions, vendors, or procurement methods to circumvent established purchasing approval limits).
- The purchasing card program and employee reimbursement process should not be used to



procure goods or services that would be subject to a competitive bidding process or could be acquired utilizing contracted pricing.

- Use of multiple procurement methods, e.g. purchase requisitions, purchasing card, etc. for a single purchase does not eliminate the competitive bidding requirement, if the total purchase would be subject to competitive bidding.
- In instances where the application of the policy is unclear and relates to procurements not exceeding \$250,000, the Chief Financial Officer may exercise discretion in determining if there has been compliance with policy.

Development of Procedures

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

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)		Purchasing Procedure; P-Card Procedure; Sole Source Procedure; Contracts Procedure.
Related Forms	N/A	
Reference(s)	201410-PP	
Last Revision	2/20/2020	



Revision Information/Changes	Competitive Bidding and Competitive Quotes "when the projected cost exceeds \$325,000 the competitive bid process must follow the requirements of Florida Statue 287.055".
Next Review Date	N/A

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

Health Care District of Palm Beach County Standard Terms and Conditions

1. PURPOSE & SCOPE: Under the authority of the Health Care District of Palm Beach County's purchasing policy and procedure, the purpose of this Purchase Order (PO) is to establish terms and conditions for the sale and purchase of commodities and/or services between you (Vendor) and the Health Care District of Palm Beach County, including its subsidiary entities (District Hospital Holdings, Inc., District Clinic Holdings, Inc., Edward J. Healey Center (collectively HCD). HCD is an independent special taxing district and political subdivision of the State of Florida established by Chapter 2003-326, Laws of Florida. This PO does not establish Vendor as the exclusive source of HCD. The terms and conditions of this PO shall supersede any terms and conditions in Vendor's bid, quote or other written materials submitted to the HCD.

2. TERMINATION: This PO may be terminated in whole or in part by HCD at any time by written notice to Vendor. The effective date of termination shall be stated in the notice. If terminated prior to complete delivery and/or acceptance of commodities and/or services, Vendor shall be paid by HCD for commodities and/or services provided to the date of termination without penalty, indirect costs or expense to the HCD whatsoever. HCD shall be entitled to a right of offset if it determines that the commodities and/or services delivered are rejected as unsatisfactory; Vendor causes an unreasonable delay in delivery; or, erroneous payments have been made to Vendor.

3. INVOICING AND PAYMENT:

(a) Taxes: HCD is exempt from Federal Excise and State taxes on direct purchases. Vendor is not authorized to use HCD's tax exemption.

(b) Cost and Risk of Loss: HCD terms are "F.O.B. Destination".

(c) Invoicing and Payment: Vendor shall be paid upon submission of one original and one copy of an invoice clearly referencing this PO with a sufficient salient description to identify the commodities and/or services for which payment is requested. The invoice must contain the Vendor's Federal Employer Identification Number. HCD's payment terms are "Net Thirty Days" after delivery, inspection and acceptance or final inspection of commodities and/or services. Any other terms of payment must be approved by HCD in writing.

(d) Budgeting and Appropriations: Under Florida Law, HCD's performance and obligation to pay under this PO is contingent upon appropriate budgeting and appropriations by the HCD Board of Commissioners.

4. INSPECTION AND ACCEPTANCE OF COMMODITIES:

(a) For Vendor-installed products, the date of acceptance is the date HCD accepts the product as installed and in good working order, as determined by any appropriate acceptance testing, and HCD shall certify in writing to the Vendor when the product is accepted (if training or other post-installation services are included in the PO, the acceptance shall be conditional). Until acceptance, risk of loss or damage shall remain with the Vendor.

(b) For HCD-installed products, the date of acceptance shall be the delivery date. Until acceptance, risk of loss or damage shall remain with the Vendor.

(c) When HCD rejects a product, the Vendor shall remove it from the premises within ten days after notification of rejection. If rejected, risk of loss shall remain with the Vendor. If Vendor fails to remove the product within ten days after notification of rejection, the product shall be deemed abandoned by the Vendor and HCD shall have the right to dispose of the product as its own property. Vendor shall reimburse HCD for costs and expenses incurred in storing or effecting removal or disposition of rejected product.

5. INSPECTION AND ACCEPTANCE OF SERVICES: Each phase of services, including quality of work, rendered under this PO is subject to HCD's inspection during both the Vendor's operations and after completion of the tasks. When Vendor is satisfied with the completion of the contracted work, and prior to acceptance of any phase, Vendor shall submit a written request for inspection to HCD. If contracted work passes final inspection, services will be deemed acceptable by HCD.

6. WARRANTY: Unless a longer period is provided herein, applicable manufacturer, for the contracted commodities and/or services, Vendor shall provide to HCD a one-year warranty as follows:

(a) against poor workmanship for all services rendered by Vendor;

(b) for all products, materials or equipment provided by the Vendor in the course of providing services to HCD; and,

(c) for all commodities sold to HCD.

The warranty period shall begin on the date of acceptance by HCD.

7. INDEMNITY: The Vendor shall be fully liable for the action of its agents, officers, employees, and subcontractors and shall fully indemnify, defend and hold harmless HCD and its officers, agents and employees from suit, action, damages and costs of every name and description, including attorney's fees, arising from or relating to personal injury, damage to real or personal property and infringement of a trademark, copyright, patent trade secret or intellectual property, that is alleged to be caused in whole or in part by Vendor, its agents, officers, employees, partners or subcontractors; provided however, that the Vendor, shall not indemnify for that portion of any loss or damages proximately caused by the negligent act of omission of HCD, its officers or employees.

8. COMPLIANCE WITH LAWS: The Vendor shall comply with all laws, rules, codes, ordinances and licensing requirements that are applicable to the conduct of its business and/or this PO, including those of federal, State and local agencies having jurisdiction and authority. Vendor shall also comply with the E-Verify requirements of section 448.095, Florida Statutes.

9. WARRANTY OF ABILITY TO PERFORM: The Vendor warrants that neither it nor any affiliate is currently on the convicted vendor list maintained pursuant to section 287.133, Florida Statutes; and, under section 287.135, Florida Statutes, by doing business with HCD, the Vendor certifies that it is not participating in a boycott of Israel.

10. DISPUTE RESOLUTION: Any dispute concerning performance of this PO shall be decided by HCD's purchasing agent or his or her designee, who shall reduce the decision to writing and serve a copy on the Vendor. The decision of the purchasing agent (or designee) shall be final and conclusive unless within ten days from the date of receipt, the Vendor files an appeal to HCD CFO. The decision of HCD CFO on the appeal shall be final. Without limiting the foregoing, the exclusive venue of any legal or equitable litigation that arises out of or relates to this PO shall be the appropriate state court in Palm Beach County, Florida; in any such action, Florida law shall apply without reference to conflicts of law principles. Vendor and HCD waive any right to jury trial of any dispute related to or arising from this PO.

11. MISCELLANEOUS PROVISIONS:

(a) Independent Contractor: The Vendor, together with its agents, distributors, resellers, subcontractors, officers and employees, shall have and always retain under this PO the legal status of independent contractor, and in no manner shall they be deemed employees, joint venture, partner, agent, representative or other relationship of HCD.

(b) Confidential Data: If during the course of providing the contracted commodities and/or services, either party becomes aware of or comes into possession of certain confidential or proprietary information or documents of the other party, the receiving party shall not use, copy or disclose such information or documents unless required by Florida law or court order.

(c) Insurance: Unless otherwise stated in this PO, the Vendor shall maintain (i) general liability insurance (including coverage for death, bodily injury, products and completed operations liability and property damage) in an amount no less than \$1M/occurrence, \$2M/aggregate; (ii) worker's compensation and employees' liability insurance in compliance with Chapter 440, Florida Statutes; (iii) business automobile liability insurance (occurrence form policy) in an amount of \$500,000/occurrence (combined single limit for bodily injury and property damage); or, as mutually agreed by HCD in writing, HCD may require that it be named as additional insured on all policies (except Workers' Compensation) and proof of same shall be submitted prior to delivering any commodities or services to HCD.

(d) Sovereign Immunity: This PO shall not be construed as constituting a waiver of any HCD's rights to sovereign immunity under applicable law.

(e) Entire Agreement: This PO shall constitute the entire agreement between the parties in regard to its subject matter. Neither party has relied on verbal or other statements, inducements or representations in entering into this PO.

(f) Severability: If any term or condition of this PO is held invalid or unenforceable, it shall not affect any other term or condition of this PO.

(g) Notice: Any notice required by this PO shall be delivered by hand delivery or certified mail and address to the party to whom such notice is intended to be given as the last known address of the party's place of business.

(h) Assignment: This PO may not be assigned in whole or in part by Vendor without HCD's prior written consent.

(i) Waiver: The failure of any party to enforce at any time any of the terms or conditions of this PO shall in no way be construed to be a waiver of any such term or condition or any right of any party thereafter to enforce each and every term and condition of this PO.

(j) Third-Party Beneficiaries: This PO is not intended to nor shall it create any third-party beneficiaries.

(k) Survival: Termination of this PO by HCD shall terminate each party's obligations under this PO except for the terms in sections 6, 7 and 10.

(l) Discrimination: Vendor doing business with HCD is prohibited from discriminating against an employee or client because of race, color, religion, disability, sex, age, origin, marital status or sexual orientation.

(m) MSDS: If Vendor is delivering any toxic substance as part of this PO, the Vendor must comply with Chapter 442, Florida Statutes, and the order must be accompanied by a Material Safety Data Sheet (MSDS).

(n) Modification: This PO may not be modified unless agreed to in writing by HCD's authorized representative.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021

1. Description: Behavioral Health Delineation of Privileges

2. Summary:

The agenda item represents the Behavioral Health Delineation of Privileges recommended for Behavioral Health practitioners by the FQHC Medical Director and Behavioral Health Director.

3. Substantive Analysis:

The Delineation of Privileges presented meets 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)

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

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021**

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the Behavioral Health Delineation of Privileges.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0290C8C02014479...
Bernabe Icaza
VP & General Counsel

lh *Dr MD*

Dr. Charmaine Chibar
FQHC Medical Director

H Fritsch

Dr. Hyla Fritsch
AVP & Executive Director of Clinics and
Pharmacy Services



*Application for Clinical Privileges
Specialty: Behavioral Health*

DELINEATION OF PRIVILEGES

Initial Appointment Reappointment

Practitioner Name:	
Specialty:	

Clinic Privileges Eligibility Criteria:

1. Current active licensure to practice in the State of Florida
2. Completed additional education/training as follows: Licensed Mental Health Counselor/Licensed Clinical Social Worker by the Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling.

General Privileges - Core I Privileges

Privileges for Licensed Mental Health Counselors/Licensed Clinical Social Workers identified below are performed within the context of a collaborative management plan with physicians credentialed at C.L. Brumback Primary Care Clinics that designate the scope of collaboration necessary to manage the care of patients. A practitioner requesting privileges in this Core I will have documented experience, demonstrated ability and current competence in Mental Health Counseling and Social Work.

- Mental Status examination
- Psychological/Psychiatric diagnosis using DSM
- Clinical interviewing skills using biopsychosocial approaches
- Consultation and liaison with other physicians/medical providers in other fields and staff in the clinic regarding psychiatric/psychological disorders interacting with physical disorders
- Crisis intervention
- Appropriate Referral for Psychopharmacology and higher levels of care
- Referral for appropriate Psychological Testing
- Working knowledge of major psychotherapeutic modalities and ability to provide group, family, and individual therapies
- Differential diagnosis of patients with medical problems presenting with behavioral symptoms
- Use of screening scales and outcome measures
- Domestic violence, recognize/manage
- Physical, emotional and sexual abuse, neglect, recognize/ manage
- Social Services, Social Determinants of Health Consult
- Patient Education and Instruction



*Application for Clinical Privileges
Specialty: Behavioral Health*

Core II Privileges

Privileges in this Core may be granted to Behavioral Health practitioners who have acquired added experience and/or training, and who have special skills and knowledge in the specific areas. A representative but, of necessity, not complete list of Behavioral Health Core II Privileges is stated below. It is assumed that other procedures and problems of similar complexity and risk will fall within the identified Behavioral Health Core II Privileges.

Requested Approved

_____	_____	Adjustment Disorder
_____	_____	Adolescent Behavior Disturbance
_____	_____	Alcohol/Drug Treatment
_____	_____	Anxiety Disorder
_____	_____	Attention Deficit Disorder
_____	_____	Brief Therapy
_____	_____	Chronic Pain
_____	_____	Child specific assessment and
therapy	_____	
_____	_____	Crisis Management
_____	_____	Eating Disorder
_____	_____	Eye Movement and Desensitization Reprocessing
_____	_____	Gay/Lesbian/Bisexual
_____	_____	Geriatric
_____	_____	Grief Bereavement
_____	_____	Head Trauma
_____	_____	Marital Therapy
_____	_____	Men's Issues
_____	_____	Mood Disorder
_____	_____	Multiple Personality Disorder
_____	_____	Obsessive Compulsive Disorder
_____	_____	Panic/Phobia
_____	_____	Personality Disorder
_____	_____	Physical Abuse

Successful completion of one year of specialized training in child psychotherapy or in an accredited child psychology/therapy program or documentation of two (2) years' work experience specific to the care and treatment of children.
--

Requested by: _____
(Applicant Signature)

Approved by: _____
(Behavioral Health Director Signature)



*Application for Clinical Privileges
Specialty: Behavioral Health*

Applicant Attestation:

I attest by signature that I have requested privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the C.L. Brumback Primary Care Clinics to the extent services are available to be performed. I further agree to provide documentary evidence of clinical experience and performance of the past two (2) years if requested.

Applicant Printed Name

Specialty

Applicant Signature

Date

Behavioral Health Director:

The C.L. Brumback Primary Care Clinics' Behavioral Health Director accepts the above applicant's attestation and asserts that he/she meets the minimum criteria for the privileges requested.

Behavioral Health Director

Behavioral Health Director
Signature

Date

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021**

1. Description: Summary of Board Member Self-Evaluations

2. Summary:

This agenda item presents the Board’s annual self-evaluation tally of results from August 2021.

3. Substantive Analysis:

The C. L. Brumback Primary Care Clinics Board completes an annual self-evaluation yearly. Attached you will find the tally of results for 2021.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name


Date Approved


6. Recommendation:


Staff recommends the Board receive and file the Summary of Board Member Self-Evaluations.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021**

Approved for Legal sufficiency:

DocuSigned by:

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Bernabe Icaza
VP & General Counsel


Thomas Cleare
VP of Strategy


Hyla Fritsch, PharmD
AVP and Executive Director
of Clinical Services & Pharmacy



C. L. BRUMBACK PRIMARY CARE CLINICS

BOARD OF DIRECTORS

SELF-EVALUATION TALLY SHEET 2021

Criteria or Measures of:	YES	NO	Need to Work on
Our Board Prepares to do its job by:			
<u>SELECTION AND COMPOSITION</u>			
Ensuring that the Board is composed of persons vitally interested in the work of the organization.	8		
Ensuring that the Board is widely representative of the community.	8		
Ensuring that there is a satisfactory combination of experience and new Board members to guarantee both continuity and new thinking.	8		
<u>ORIENTATION AND TRAINING</u>			
Ensuring that the organization has a Board Member manual, which it supplies to all Board members. The manual is revised periodically.	8		
Ensuring that Board members participate in community, state regional and national training opportunities.	7		1
Conducting a thorough orientation of all new Board members.	8		
Integrating new members into the team as quickly as possible.	8		
Attending Board development activities for all Board members.	7		1
Providing Board development activities for all Board members.	7		1
Performing an annual evaluation of Board and organization operations.	8		
Providing all Board members with copies of the mission statement, by-laws, and all other important documents of the organization.	8		
Touring all facilities on a regular basis.	5		3
Ensuring that Board members understand their legal responsibilities	8		
Ensuring that Board activities are confined to policy issues rather than management issues.	8		
<u>OUR BOARD ENSURES GOOD MEETINGS BY</u>			
Ensuring that the minutes of the Board and committee meetings are written and circulated to members.	8		
Limiting most meeting to two (2) hours or less.	8		
Providing a comfortable meeting room conducive to business.	8		
Convening and adjourning on time.	8		
Sticking to the prepared agenda and are businesslike.	8		
Working for consensus rather than fighting for a majority.	8		
Following a businesslike system of parliamentary rules.	8		
Including the Executive Director and/or other appropriate staff.	8		
Confining all discussion to policy issues and avoiding management issues.	8		
Allowing/encouraging all Board members to participate in discussion.	8		



Criteria or Measures of:	YES	NO	Need to Work on
<u>INDIVIDUAL BOARD MEMBERS</u>			
Attend at least 80% of all Board meetings and committee meetings to which they are assigned.	7	1	
Come to meetings prepared to discuss agenda issues.	8		
Come to meetings on time.	8		
See themselves as a part of a team effort.	8		
Act as lobbyists for the organization, as required and/or needed.	7		1
Know their responsibility as trustees of the organization.	8		
Attempt to exercise authority only during official meetings of a Board.	8		
Represent the Board interest of the organization and all constituents, not special interests.	8		
Understand that the most efficient way to govern is to delegate management to the Executive Director.	8		
<u>OUR BOARD PLANS FOR THE FUTURE OF THE ORGANIZATION BY:</u>			
Annually reviewing and approving the mission statement.	8		
Operating from opportunity to opportunity rather than crisis to crisis.	8		

REINFORCEMENTS AND SOLUTIONS

In which of the major categories above does our Board show real strength?

- *By having a diverse membership representative of our community.*
- *In all the categories above, the board has shown great strength. I think we met and surpassed the expectations in all categories in spite of a worldwide pandemic upon us.*
- *Orientation and training.*
- *Our Board shows strength in the selection and composition of board members.*
- *Knowledge, community awareness, leadership.*
- *Creating a positive environment for board members to discuss the community and our patients.*
- *Active prep and participation in meetings and representing diversity in the communities served.*
- *The board shows real strength in all the main categories. The composition of the Board is diverse in culture, age, and experience. Orientation and training is complete and in-depth. Board meetings are efficient and professional as are the Board members.*

In which of the major categories above does our Board need improvement?

- *I think it needs not to become complacent, I think it is doing a great job.*
- *At this point we are in good shape across the board in all categories.*
- *I personally would like to tour our clinics and facilities to understand their operations.*
- *None to report at this time.*

**DISTRICT CLINIC HOLDINGS,
INC. BOARD OF DIRECTORS
September 29, 2021**

1. Description: Change In Scope – Form 5B: C. L. Brumback Primary Care Clinics – St. Ann Place

2. Summary:

We respectfully request the authorization to add a new site to Form 5B: C. L. Brumback Primary Care Clinics – St. Ann Place by creating a clinic at St. Ann Place located at 2107 N Dixie Hwy, West Palm Beach, FL 33407.

3. Substantive Analysis:

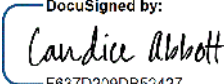
Staff respectfully request a permanent Change In Scope to create a new site at St. Ann Place in partnership with their team. St. Ann Place is a homeless resource center that connects clients to community resources to raise people out of homelessness and provide respite and food services.

The clinic will have a full-time nurse to do assessments and connect patients to medical care through in-person and telehealth visits for both primary care and behavioral health.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	\$0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	\$49,380	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	\$27,960	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:

 F637D209DB52427...
 Candice Abbott
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name


 Date Approved

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021**

6. Recommendation:

Staff recommends the Board approve the request for a permanent Change in Scope to move our current site to Form 5B: C. L. Brumback Primary Care Clinics – St. Ann Place.

Approved for Legal sufficiency:

DocuSigned by:

0290C6C02014479...
Bernabe Icaza
VP & General Counsel


Dr. Hyla Fritsch
AVP & Executive Director of Pharmacy & Clinic
Services

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021**

1. Description: Executive Director Informational Update

2. Summary:

Comparison of C.L. Brumback to local, State, and National data from HRSA.

3. Substantive Analysis:

	C.L. BRUMBACK PCC	PALM BEACH	FLORIDA	UNITED STATES
POPULATION	33,168	1,426,772	20,278,447	321,004,407
MEDIAN ANNUAL HOUSEHOLD INCOME	approx \$12,000 (avg household size is 2.7)	\$57,256	\$50,883	\$57,652
LOW INCOME POPULATION	25,633	87,148	1,420,551	20,501,813
HEALTH CENTER PROGRAM FY 2020 FUNDING	\$7,552,630	\$20,266,069	\$243,590,405	\$4,944,798,892
HEALTH CENTER PROGRAM FY 2020 UNIQUE AWARDEES		4	47	1,383
PRIMARY HEALTH CARE/HEALTH CENTER COVID- 19 RESPONSE FY 2020 FUNDING	\$2,225,464	\$7,859,713	\$96,844,079	\$2,014,915,613

Data source: internal electronic health record system and data.hrsa.gov

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021**

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A


Committee Name

Date Approved

6. Recommendation:

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

Approved for Legal sufficiency:

DocuSigned by:

0290C6C02014479...

Bernabe Icaza
VP & General Counsel



Dr. Hyla Fritsch
AVP & Executive Director of Pharmacy & Clinic
Services

HRSA Fact Sheet

Health Resources & Services Administration

Powered by the HRSA Data Warehouse – data.hrsa.gov

Data as of 09/30/2020

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.

FY 2020 – Palm Beach, Florida



Demographic	Data
Population	1,426,772
Median Household Income	\$57,256
Low Income Population (Population in households with incomes below 2-times the U.S. poverty level)	87,148

Based upon U.S. Census American Community Survey (ACS) data as of 12/19/2020

Total COVID-19 Awards

In FY 2020, HRSA received \$2.3 billion under three separate emergency supplemental measures to prevent, prepare for, and respond to the COVID-19 pandemic. Funding includes over \$2 billion for the Health Center Program and \$975 million to HRSA programs, \$180 million for rural health programs, \$90 million for the Ryan White HIV/AIDS program, and \$5 million for poison control centers. HRSA also received \$225 million for Rural Health Clinics testing and \$65 million to expand telehealth infrastructure and access. In addition to the funds directly appropriated to HRSA, the agency is working with HHS to administer the Provider Relief Fund (\$178 billion) and COVID-19 testing for the uninsured (\$2 billion).

HRSA FY 2020 Supplemental Funding for COVID-19 Response

Program Funding	FY 2020 Funding
Primary Health Care/Health Centers	\$7,859,713
Ryan White HIV/AIDS Program	\$294,724
Health Workforce ¹	\$142,856
Maternal and Child Health ¹	\$0
Rural Health	\$0
Healthcare Systems	\$0
Total	\$8,297,293

Information about HRSA COVID-19 support can be found here: [HRSA Find Grants](#).

Total Awards

Program	FY 2020 Funding	Unique Awardees ²	Total Awards ³
Grants and Cooperative Agreements	\$39,072,170	7	24
Loan Repayments and Scholarships	\$609,406	15	NA

Breakdown of Investments

HRSA makes grants to organizations and individuals to improve and expand health care services for underserved people, focusing on the following program areas:

Primary Health Care/Health Centers

Nationwide, nearly 1,400 health center grantees operated approximately 13,000 sites, providing affordable primary and preventive care on a sliding fee scale to nearly 30 million patients.

Health Center Program

Health centers are community-based and [patient-directed](#) organizations that deliver affordable, accessible, high-quality, and cost effective comprehensive primary health care services to underserved and vulnerable populations, regardless of their ability to pay.

Program	FY 2020 Funding	Unique Awardees	Total Awards
Health Center Program	\$20,266,069	4	4

Related Programs

Program	FY 2020 Funding	Unique Awardees	Total Awards
Native Hawaiian Health Care (NHHHC)	\$0	0	0
Health Center Controlled Networks (HCCN)	\$0	0	0
Training and Technical Assistance National Cooperative Agreements (NTTAPs)	\$0	0	0
State and Regional Primary Care Associations (PCAs)	\$0	0	0
COVID Funding – Health Centers	\$7,859,713	4	12
COVID Funding – Look-Alikes	\$0	0	0
Capital Assistance for Disaster Response and Recovery Efforts (CADRE)	\$0	0	0
Total ⁴	\$7,859,713	4	12

Ryan White HIV/AIDS Program

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—nearly 568,000 people in 2019—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care, treatment, and support services for people with HIV to improve health outcomes and reduce HIV transmission. In 2019, 88.1% of RWHAP clients receiving HIV medical care were virally suppressed, compared to 69.5% virally suppressed in 2010.

[Detailed state-level information](#) is available from the [HIV/AIDS Bureau \(HAB\)](#).

FY 2020 Funding	Unique Awardees	Total Awards
\$8,603,532	1	3

Health Workforce

HRSA's workforce programs improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. The Bureau of Health Workforce (BHW) supports the health care workforce across the training continuum from training to service and expands the primary care workforce of clinicians who provide health care in high-need areas nationwide, including urban, rural, and frontier locations. Health professions programs support a wide array of fields including medicine, nursing, behavioral health, dentistry, public health, and others.

Loan Repayment and Scholarship Programs

In FY 2020, HRSA made more than \$520 million in awards to primary care clinicians and students through the National Health Service Corps (NHSC), Nurse Corps, Faculty Loan Repayment Program, and Native Hawaiian Health Scholarship Program. This funding helps to increase access to primary health care services in the communities that need it most.

These programs provide funding to primary care clinicians, faculty, and students to reduce their educational debt in exchange for their multi-year service in underserved communities. They also remove financial barriers for health professionals interested in practicing a primary care discipline, enabling them to pursue community-based careers.

National Health Service Corps

Nationwide, over 16,000 medical, dental, and mental and behavioral health professionals provide care to more than 17 million people.⁵

FY 2020 Funding	Total Awards	Awards Breakdown
\$420,000	12	12 for Loan Repayment
		0 for Scholarships
		0 for Students to Service Loan Repayment
		0 for State Loan Repayment Program ⁶

Nurse Corps

Nationwide, more than 1,600 nurses and nurse faculty serve at facilities with a critical shortage of nurses or teach at accredited schools of nursing, and provide care to more than 1.6 million people.

FY 2020 Funding	Total Awards	Awards Breakdown
\$189,406	3	1 for Loan Repayment
		2 for Scholarships

Other Scholarship and Loan Repayment Programs

Program	FY 2020 Funding	Awards
Faculty Loan Repayment Program	\$0	0
Native Hawaiian Health Scholarship Program	\$0	0

School-based Scholarship and Loan Programs⁷

Through scholarship and loan programs, HRSA funds schools and organizations to help students pursue degrees in the health professions. These students are encouraged to deliver health care in communities where people lack access to basic health care needs.

This includes programs supported by annual funds and program supported by self-sustaining revolving funds.

Funding	Organizations	Programs
\$99,955	1	1

Health Professions Training Grants to Support Institutions

HRSA supports the development of a robust primary care workforce through Health Professions Training Grants that encourage clinicians to practice in underserved areas, increase diversity, and foster inter-professional training and practice. These programs advance the education and training of a 21st century health workforce and work to address existing and projected demand for skilled health professionals in high-need areas nationwide.

FY 2020 Funding	Unique Awardees	Total Awards
\$1,342,856	1	4

Maternal and Child Health

MCHB works to improve the health of America's mothers, children and families. In FY 2019, the [Maternal and Child Health Block Grant Program](#) funded 59 states and jurisdictions to provide health care and public health services for an estimated 60 million people (including pregnant women, infants, children, and children with special needs), and their families in the United States: 92% of all pregnant women, 98% of infants, and 60% of children nationwide benefitted from a Title V-supported service.

The [Maternal, Infant and Early Childhood Home Visiting](#) program gives pregnant women and families living in communities at risk for poor maternal and child health outcomes necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to succeed.

The [Healthy Start](#) program provides grants to support community-based strategies to reduce disparities in infant mortality and improve perinatal outcomes for women and children in high-risk communities throughout the nation.

[MCHB's Autism and Other Developmental Disorders program](#), authorized under the Autism CARES Act of 2019, supports health professional training, research, and state systems of care for children and adolescents with autism spectrum disorder (ASD) and other developmental disabilities (DDs).

[Other MCHB programs](#) include Emergency Medical Services for Children (EMSC), Universal Newborn Hearing Screening, Heritable Disorders in Newborns and Children, the Sickle Cell Service Demonstration program, Family-To-Family Health Information Centers, Screening and Treatment for Maternal Depression and Related Behavioral Disorders, and Pediatric Mental Health Care Access Grants.

FY 2020 Funding	Unique Awardees	Total Awards
\$0 ⁸	0	0

Rural Health

The Federal Office of Rural Health Policy (FORHP) is charged with advising the HHS Secretary on how rural health care is affected by current policies as well as proposed statutory, regulatory, administrative, and budgetary changes in the Medicare, Medicaid, and other key HHS programs. In addition to its policy role, the Office focuses on improving access to health care for the 57 million people who live in rural areas by administering programs that identify and meet needs at the community level; supporting and providing assistance to small rural hospitals; and improving and promoting the use of telehealth services. FORHP also supports treatment for and prevention of substance use disorders, including opioid use disorder.

For more information about Rural Health Policy, visit www.hrsa.gov/rural-health.

FY 2020 Funding	Unique Awardees	Total Awards
\$1,000,000	1	1

Highlighted Programs

Program	FY 2020 Funding	Unique Awardees	Total Awards
Rural Hospitals	\$0	0	0
Community Programs	\$1,000,000	1	1
Research	\$0	0	0
Telehealth	\$0	0	0
Total ⁹	\$1,000,000	1	1

Healthcare Systems

The [Healthcare System Bureau](#) protects the public's health and improves the health of individuals through programs that provide national leadership and direction in targeted areas that:

- Promote [organ donation](#) and remove barriers to living organ donation.
- Oversee the [organ donation and transplantation system](#); 2,724 organ transplants were performed for residents of Florida in FY 2020.¹⁰
- Facilitate [bone marrow](#) and cord blood donation, matching and transplantation.
- Build a genetically and ethnically diverse inventory of cord blood units.
- Compensates people injured by certain vaccines given routinely to children and adults and covered by the [National Vaccine Injury Compensation Program](#) (VICP). These include the seasonal flu vaccine, measles, mumps, rubella or polio.
- Compensates individuals for serious physical injuries or deaths from pandemic, epidemic, or security countermeasures covered by the [Countermeasures Injury Compensation Program](#) (CICP). Countermeasures are vaccines, medications, devices or other items used to prevent, diagnose or treat conditions, including COVID-19, Marburg, Zika, Ebola, Pandemic Flu, Smallpox, Anthrax, Botulism, Acute Radiation Syndrome, and poisonings from nerve agents and certain insecticides (organophosphorus and/or carbamate).
- Provide diagnosis, medical care and rehabilitative treatment for patients with Hansen's disease (leprosy) in the U.S. and its territories through the National Hansen's Disease Program.
- Conduct research to identify and determine the efficacy of [Hansen's disease](#) (leprosy) treatment regimen.
- Make grants to regional [poison centers](#) to help them prevent and recommend treatment for poisonings.
- Make discounted drugs available to 50,043 participating providers Nationwide through the 340B Drug Pricing Program.

FY 2020 Funding	Unique Awardees	Total Awards
\$0	69	0

Shortage Designation

[Health Professional Shortage Areas \(HPSAs\)](#) are geographic areas, population groups, or health care facilities that have been designated by HRSA as having a shortage of health professionals.

[Medically Underserved Areas \(MUAs\)](#) and [Medically Underserved Populations \(MUPs\)](#), identify geographic areas and populations with a lack of access to primary care services.

As part of HRSA's cooperative agreement with the State Primary Care Offices (PCOs), the State PCOs conduct needs assessment in their states, determine what areas are eligible for designations, and submit designation applications to HRSA. HRSA reviews the applications submitted by the State PCOs, and—if they meet the designation eligibility criteria—designates the area, population, or facility.

The Federal government uses HPSAs, MUAs and MUPs to determine [eligibility](#) for a number of government programs.¹¹

HPSA Discipline	Count
Primary Care	0
Dental Health	0
Mental Health	0

Quarterly summaries regarding HPSAs are [available online](#).

Other Programs

Through agency-wide coordination and funding, HRSA supports programs that assist state and local health officials with technical assistance and training, information exchange and learning communities to support the development of localized and innovative solutions to public health challenges. In FY 2020, these programs included the National Organizations for State and Local Officials (NOSLO) and the National Forum for State and Territorial Chief Executives.

Program	FY 2020 Funding
Grants	\$0

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, improves health and achieves health equity through access to quality services, a skilled health workforce and innovative programs. Note: Not all HRSA programs and funding are represented in this report.

Visit <https://www.hrsa.gov>

¹ Provided through supplemental funding appropriated to the Public Health and Social Services Emergency Fund (PHSSEF) and transferred to HRSA at the discretion of the Secretary of HHS. These were not resources directly appropriated to HRSA. These were part of a permissive transfer for telehealth-related activities, carried out under those programs.

² The Unique Awardees count the distinct organizations (for grants) or individuals (for scholarships or loans) at the specific summary level (row in a Fact Sheet table) regardless of the number of awards.

³ The Total Awards is the number of grants or scholarships and loans at the specific summary level (row in a Fact Sheet table).

⁴ Grantees are counted only once even if they receive multiple grants from multiple programs.

⁵ Some clinicians and grantees may serve in [multiple geographic areas](#).

⁶ The SLRP provides grants directly to states operating their own loan repayment programs.

⁷ The School-based Scholarship and Loan programs include the following seven programs: Nurse Faculty Loan Program; Scholarships for Disadvantaged Students; Loans for Disadvantaged Students; Health Professions Student Loans; Nursing Student Loans; Primary Care Loans; and Native Hawaiian Health Scholarship Program Cooperative Agreement.

⁸ In addition to this fiscal year funding, some maternal and child health programs may award funds remaining from previous fiscal years. Those funds are not reflected in these totals.

⁹ This funding is included in the Rural Health bureau summary total.

¹⁰ Data only available at state, region and national level.

¹¹ Some HPSAs may [cross geographic boundaries](#).

HRSA Fact Sheet

Health Resources & Services Administration

Powered by the HRSA Data Warehouse – data.hrsa.gov

Data as of 09/30/2020

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.

FY 2020 – Florida



Demographic	Data
Population	20,278,447
Median Household Income	\$50,883
Low Income Population (Population in households with incomes below 2-times the U.S. poverty level)	1,420,551

Based upon U.S. Census American Community Survey (ACS) data as of 12/19/2020

Total COVID-19 Awards

In FY 2020, HRSA received \$2.3 billion under three separate emergency supplemental measures to prevent, prepare for, and respond to the COVID-19 pandemic. Funding includes over \$2 billion for the Health Center Program and \$975 million to HRSA programs, \$180 million for rural health programs, \$90 million for the Ryan White HIV/AIDS program, and \$5 million for poison control centers. HRSA also received \$225 million for Rural Health Clinics testing and \$65 million to expand telehealth infrastructure and access. In addition to the funds directly appropriated to HRSA, the agency is working with HHS to administer the Provider Relief Fund (\$178 billion) and COVID-19 testing for the uninsured (\$2 billion).

HRSA FY 2020 Supplemental Funding for COVID-19 Response

Program Funding	FY 2020 Funding
Primary Health Care/Health Centers	\$96,844,079
Ryan White HIV/AIDS Program	\$7,572,313
Health Workforce ¹	\$419,561
Maternal and Child Health ¹	\$0
Rural Health	\$1,349,072
Healthcare Systems	\$295,465
Total	\$106,480,490

Information about HRSA COVID-19 support can be found here: [HRSA Find Grants](#).

Total Awards

Program	FY 2020 Funding	Unique Awardees ²	Total Awards ³
Grants and Cooperative Agreements	\$657,122,678	93	367
Loan Repayments and Scholarships	\$23,968,962	466	NA

Breakdown of Investments

HRSA makes grants to organizations and individuals to improve and expand health care services for underserved people, focusing on the following program areas:

Primary Health Care/Health Centers

Nationwide, nearly 1,400 health center grantees operated approximately 13,000 sites, providing affordable primary and preventive care on a sliding fee scale to nearly 30 million patients.

Health Center Program

Health centers are community-based and [patient-directed](#) organizations that deliver affordable, accessible, high-quality, and cost effective comprehensive primary health care services to underserved and vulnerable populations, regardless of their ability to pay.

Program	FY 2020 Funding	Unique Awardees	Total Awards
Health Center Program	\$243,590,405	47	47

Related Programs

Program	FY 2020 Funding	Unique Awardees	Total Awards
Native Hawaiian Health Care (NHHHC)	\$0	0	0
Health Center Controlled Networks (HCCN)	\$1,869,000	2	2
Training and Technical Assistance National Cooperative Agreements (NTTAPs)	\$0	0	0
State and Regional Primary Care Associations (PCAs)	\$1,439,272	1	1
COVID Funding – Health Centers	\$96,172,448	46	141
COVID Funding – Look-Alikes	\$671,631	3	3
Capital Assistance for Disaster Response and Recovery Efforts (CADRE)	\$6,091,118	9	9
Total ⁴	\$106,243,469	52	156

Ryan White HIV/AIDS Program

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—nearly 568,000 people in 2019—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care, treatment, and support services for people with HIV to improve health outcomes and reduce HIV transmission. In 2019, 88.1% of RWHAP clients receiving HIV medical care were virally suppressed, compared to 69.5% virally suppressed in 2010.

[Detailed state-level information](#) is available from the [HIV/AIDS Bureau \(HAB\)](#).

FY 2020 Funding	Unique Awardees	Total Awards
\$235,736,898	25	83

Health Workforce

HRSA's workforce programs improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. The Bureau of Health Workforce (BHW) supports the health care workforce across the training continuum from training to service and expands the primary care workforce of clinicians who provide health care in high-need areas nationwide, including urban, rural, and frontier locations. Health professions programs support a wide array of fields including medicine, nursing, behavioral health, dentistry, public health, and others.

Loan Repayment and Scholarship Programs

In FY 2020, HRSA made more than \$520 million in awards to primary care clinicians and students through the National Health Service Corps (NHSC), Nurse Corps, Faculty Loan Repayment Program, and Native Hawaiian Health Scholarship Program. This funding helps to increase access to primary health care services in the communities that need it most.

These programs provide funding to primary care clinicians, faculty, and students to reduce their educational debt in exchange for their multi-year service in underserved communities. They also remove financial barriers for health professionals interested in practicing a primary care discipline, enabling them to pursue community-based careers.

National Health Service Corps

Nationwide, over 16,000 medical, dental, and mental and behavioral health professionals provide care to more than 17 million people.⁵

FY 2020 Funding	Total Awards	Awards Breakdown
\$17,942,532	389	373 for Loan Repayment
		11 for Scholarships
		5 for Students to Service Loan Repayment
		0 for State Loan Repayment Program ⁶

Nurse Corps

Nationwide, more than 1,600 nurses and nurse faculty serve at facilities with a critical shortage of nurses or teach at accredited schools of nursing, and provide care to more than 1.6 million people.

FY 2020 Funding	Total Awards	Awards Breakdown
\$5,906,724	75	57 for Loan Repayment
		18 for Scholarships

Other Scholarship and Loan Repayment Programs

Program	FY 2020 Funding	Awards
Faculty Loan Repayment Program	\$119,707	2
Native Hawaiian Health Scholarship Program	\$0	0

School-based Scholarship and Loan Programs⁷

Through scholarship and loan programs, HRSA funds schools and organizations to help students pursue degrees in the health professions. These students are encouraged to deliver health care in communities where people lack access to basic health care needs.

This includes programs supported by annual funds and program supported by self-sustaining revolving funds.

Funding	Organizations	Programs
\$3,656,011	10	3

Health Professions Training Grants to Support Institutions

HRSA supports the development of a robust primary care workforce through Health Professions Training Grants that encourage clinicians to practice in underserved areas, increase diversity, and foster inter-professional training and practice. These programs advance the education and training of a 21st century health workforce and work to address existing and projected demand for skilled health professionals in high-need areas nationwide.

FY 2020 Funding	Unique Awardees	Total Awards
\$27,855,083	22	45

Maternal and Child Health

MCHB works to improve the health of America's mothers, children and families. In FY 2019, the [Maternal and Child Health Block Grant Program](#) funded 59 states and jurisdictions to provide health care and public health services for an estimated 60 million people (including pregnant women, infants, children, and children with special needs), and their families in the United States: 92% of all pregnant women, 98% of infants, and 60% of children nationwide benefitted from a Title V-supported service.

The [Maternal, Infant and Early Childhood Home Visiting](#) program gives pregnant women and families living in communities at risk for poor maternal and child health outcomes necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to succeed.

The [Healthy Start](#) program provides grants to support community-based strategies to reduce disparities in infant mortality and improve perinatal outcomes for women and children in high-risk communities throughout the nation.

[MCHB's Autism and Other Developmental Disorders program](#), authorized under the Autism CARES Act of 2019, supports health professional training, research, and state systems of care for children and adolescents with autism spectrum disorder (ASD) and other developmental disabilities (DDs).

[Other MCHB programs](#) include Emergency Medical Services for Children (EMSC), Universal Newborn Hearing Screening, Heritable Disorders in Newborns and Children, the Sickle Cell Service Demonstration program, Family-To-Family Health Information Centers, Screening and Treatment for Maternal Depression and Related Behavioral Disorders, and Pediatric Mental Health Care Access Grants.

FY 2020 Funding	Unique Awardees	Total Awards
\$37,261,176 ⁸	13	22

Rural Health

The Federal Office of Rural Health Policy (FORHP) is charged with advising the HHS Secretary on how rural health care is affected by current policies as well as proposed statutory, regulatory, administrative, and budgetary changes in the Medicare, Medicaid, and other key HHS programs. In addition to its policy role, the Office focuses on improving access to health care for the 57 million people who live in rural areas by administering programs that identify and meet needs at the community level; supporting and providing assistance to small rural hospitals; and improving and promoting the use of telehealth services. FORHP also supports treatment for and prevention of substance use disorders, including opioid use disorder.

For more information about Rural Health Policy, visit www.hrsa.gov/rural-health.

FY 2020 Funding	Unique Awardees	Total Awards
\$4,895,551	5	8

Highlighted Programs

Program	FY 2020 Funding	Unique Awardees	Total Awards
Rural Hospitals	\$816,479	1	2
Community Programs	\$3,849,072	5	5
Research	\$0	0	0
Telehealth	\$0	0	0
Total ⁹	\$4,665,551	5	7

Healthcare Systems

The [Healthcare System Bureau](#) protects the public's health and improves the health of individuals through programs that provide national leadership and direction in targeted areas that:

- Promote [organ donation](#) and remove barriers to living organ donation.
- Oversee the [organ donation and transplantation system](#); 2,724 organ transplants were performed for residents of Florida in FY 2020.¹⁰
- Facilitate [bone marrow](#) and cord blood donation, matching and transplantation.
- Build a genetically and ethnically diverse inventory of cord blood units.
- Compensates people injured by certain vaccines given routinely to children and adults and covered by the [National Vaccine Injury Compensation Program](#) (VICP). These include the seasonal flu vaccine, measles, mumps, rubella or polio.
- Compensates individuals for serious physical injuries or deaths from pandemic, epidemic, or security countermeasures covered by the [Countermeasures Injury Compensation Program](#) (CICP). Countermeasures are vaccines, medications, devices or other items used to prevent, diagnose or treat conditions, including COVID-19, Marburg, Zika, Ebola, Pandemic Flu, Smallpox, Anthrax, Botulism, Acute Radiation Syndrome, and poisonings from nerve agents and certain insecticides (organophosphorus and/or carbamate).
- Provide diagnosis, medical care and rehabilitative treatment for patients with Hansen's disease (leprosy) in the U.S. and its territories through the National Hansen's Disease Program.
- Conduct research to identify and determine the efficacy of [Hansen's disease](#) (leprosy) treatment regimen.
- Make grants to regional [poison centers](#) to help them prevent and recommend treatment for poisonings.
- Make discounted drugs available to 50,043 participating providers Nationwide through the 340B Drug Pricing Program.

FY 2020 Funding	Unique Awardees	Total Awards
\$1,540,096	3	6

Shortage Designation

[Health Professional Shortage Areas \(HPSAs\)](#) are geographic areas, population groups, or health care facilities that have been designated by HRSA as having a shortage of health professionals.

[Medically Underserved Areas \(MUAs\)](#) and [Medically Underserved Populations \(MUPs\)](#), identify geographic areas and populations with a lack of access to primary care services.

As part of HRSA's cooperative agreement with the State Primary Care Offices (PCOs), the State PCOs conduct needs assessment in their states, determine what areas are eligible for designations, and submit designation applications to HRSA. HRSA reviews the applications submitted by the State PCOs, and—if they meet the designation eligibility criteria—designates the area, population, or facility.

The Federal government uses HPSAs, MUAs and MUPs to determine [eligibility](#) for a number of government programs.¹¹

HPSA Discipline	Count
Primary Care	279
Dental Health	256
Mental Health	204

Quarterly summaries regarding HPSAs are [available online](#).

Other Programs

Through agency-wide coordination and funding, HRSA supports programs that assist state and local health officials with technical assistance and training, information exchange and learning communities to support the development of localized and innovative solutions to public health challenges. In FY 2020, these programs included the National Organizations for State and Local Officials (NOSLO) and the National Forum for State and Territorial Chief Executives.

Program	FY 2020 Funding
Grants	\$0

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, improves health and achieves health equity through access to quality services, a skilled health workforce and innovative programs. Note: Not all HRSA programs and funding are represented in this report.

Visit <https://www.hrsa.gov>

¹ Provided through supplemental funding appropriated to the Public Health and Social Services Emergency Fund (PHSSEF) and transferred to HRSA at the discretion of the Secretary of HHS. These were not resources directly appropriated to HRSA. These were part of a permissive transfer for telehealth-related activities, carried out under those programs.

² The Unique Awardees count the distinct organizations (for grants) or individuals (for scholarships or loans) at the specific summary level (row in a Fact Sheet table) regardless of the number of awards.

³ The Total Awards is the number of grants or scholarships and loans at the specific summary level (row in a Fact Sheet table).

⁴ Grantees are counted only once even if they receive multiple grants from multiple programs.

⁵ Some clinicians and grantees may serve in [multiple geographic areas](#).

⁶ The SLRP provides grants directly to states operating their own loan repayment programs.

⁷ The School-based Scholarship and Loan programs include the following seven programs: Nurse Faculty Loan Program; Scholarships for Disadvantaged Students; Loans for Disadvantaged Students; Health Professions Student Loans; Nursing Student Loans; Primary Care Loans; and Native Hawaiian Health Scholarship Program Cooperative Agreement.

⁸ In addition to this fiscal year funding, some maternal and child health programs may award funds remaining from previous fiscal years. Those funds are not reflected in these totals.

⁹ This funding is included in the Rural Health bureau summary total.

¹⁰ Data only available at state, region and national level.

¹¹ Some HPSAs may [cross geographic boundaries](#).

HRSA Fact Sheet

Health Resources & Services Administration

Powered by the HRSA Data Warehouse – data.hrsa.gov

Data as of 09/30/2020

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.

FY 2020 – Nation



Demographic	Data
Population	321,004,407
Median Household Income	\$57,652
Low Income Population (Population in households with incomes below 2-times the U.S. poverty level)	20,501,816

Based upon U.S. Census American Community Survey (ACS) data as of 12/19/2020

Total COVID-19 Awards

In FY 2020, HRSA received \$2.3 billion under three separate emergency supplemental measures to prevent, prepare for, and respond to the COVID-19 pandemic. Funding includes over \$2 billion for the Health Center Program and \$975 million to HRSA programs, \$180 million for rural health programs, \$90 million for the Ryan White HIV/AIDS program, and \$5 million for poison control centers. HRSA also received \$225 million for Rural Health Clinics testing and \$65 million to expand telehealth infrastructure and access. In addition to the funds directly appropriated to HRSA, the agency is working with HHS to administer the Provider Relief Fund (\$178 billion) and COVID-19 testing for the uninsured (\$2 billion).

HRSA FY 2020 Supplemental Funding for COVID-19 Response

Program Funding	FY 2020 Funding
Primary Health Care/Health Centers	\$2,014,915,613
Ryan White HIV/AIDS Program	\$89,101,640
Health Workforce ¹	\$14,819,108
Maternal and Child Health ¹	\$15,000,000
Rural Health	\$182,646,330
Healthcare Systems	\$4,834,000
Total	\$2,321,316,691

Information about HRSA COVID-19 support can be found here: [HRSA Find Grants](#).

Total Awards

Program	FY 2020 Funding	Unique Awardees ²	Total Awards ³
Grants and Cooperative Agreements	\$12,305,476,414	2,806	10,387
Loan Repayments and Scholarships	\$517,798,260	11,002	NA

Breakdown of Investments

HRSA makes grants to organizations and individuals to improve and expand health care services for underserved people, focusing on the following program areas:

Primary Health Care/Health Centers

Nationwide, nearly 1,400 health center grantees operated approximately 13,000 sites, providing affordable primary and preventive care on a sliding fee scale to nearly 30 million patients.

Health Center Program

Health centers are community-based and [patient-directed](#) organizations that deliver affordable, accessible, high-quality, and cost effective comprehensive primary health care services to underserved and vulnerable populations, regardless of their ability to pay.

Program	FY 2020 Funding	Unique Awardees	Total Awards
Health Center Program	\$4,944,798,892	1,383	1,383

Related Programs

Program	FY 2020 Funding	Unique Awardees	Total Awards
Native Hawaiian Health Care (NHHHC)	\$16,999,696	6	6
Health Center Controlled Networks (HCCN)	\$47,239,450	49	49
Training and Technical Assistance National Cooperative Agreements (NTTAPs)	\$25,038,704	21	21
State and Regional Primary Care Associations (PCAs)	\$71,271,023	52	52
COVID Funding – Health Centers	\$1,997,659,853	1,384	4,143
COVID Funding – Look-Alikes	\$17,255,760	78	78
Capital Assistance for Disaster Response and Recovery Efforts (CADRE)	\$79,479,628	165	165
Total ⁴	\$2,254,944,114	1,554	4,514

Ryan White HIV/AIDS Program

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—nearly 568,000 people in 2019—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care, treatment, and support services for people with HIV to improve health outcomes and reduce HIV transmission. In 2019, 88.1% of RWHAP clients receiving HIV medical care were virally suppressed, compared to 69.5% virally suppressed in 2010.

[Detailed state-level information](#) is available from the [HIV/AIDS Bureau \(HAB\)](#).

FY 2020 Funding	Unique Awardees	Total Awards
\$2,361,642,185	543	1,437

Health Workforce

HRSA's workforce programs improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. The Bureau of Health Workforce (BHW) supports the health care workforce across the training continuum from training to service and expands the primary care workforce of clinicians who provide health care in high-need areas nationwide, including urban, rural, and frontier locations. Health professions programs support a wide array of fields including medicine, nursing, behavioral health, dentistry, public health, and others.

Loan Repayment and Scholarship Programs

In FY 2020, HRSA made more than \$520 million in awards to primary care clinicians and students through the National Health Service Corps (NHSC), Nurse Corps, Faculty Loan Repayment Program, and Native Hawaiian Health Scholarship Program. This funding helps to increase access to primary health care services in the communities that need it most.

These programs provide funding to primary care clinicians, faculty, and students to reduce their educational debt in exchange for their multi-year service in underserved communities. They also remove financial barriers for health professionals interested in practicing a primary care discipline, enabling them to pursue community-based careers.

National Health Service Corps

Nationwide, over 16,000 medical, dental, and mental and behavioral health professionals provide care to more than 17 million people.⁵

FY 2020 Funding	Total Awards	Awards Breakdown
\$437,886,290	9,960	8,318 for Loan Repayment
		263 for Scholarships
		148 for Students to Service Loan Repayment
		1,231 for State Loan Repayment Program ⁶

Nurse Corps

Nationwide, more than 1,600 nurses and nurse faculty serve at facilities with a critical shortage of nurses or teach at accredited schools of nursing, and provide care to more than 1.6 million people.

FY 2020 Funding	Total Awards	Awards Breakdown
\$77,419,476	1,013	756 for Loan Repayment
		257 for Scholarships

Other Scholarship and Loan Repayment Programs

Program	FY 2020 Funding	Awards
Faculty Loan Repayment Program	\$1,098,286	20
Native Hawaiian Health Scholarship Program	\$1,394,208	9

School-based Scholarship and Loan Programs⁷

Through scholarship and loan programs, HRSA funds schools and organizations to help students pursue degrees in the health professions. These students are encouraged to deliver health care in communities where people lack access to basic health care needs.

This includes programs supported by annual funds and program supported by self-sustaining revolving funds.

Funding	Organizations	Programs
\$107,394,041	181	7

Health Professions Training Grants to Support Institutions

HRSA supports the development of a robust primary care workforce through Health Professions Training Grants that encourage clinicians to practice in underserved areas, increase diversity, and foster inter-professional training and practice. These programs advance the education and training of a 21st century health workforce and work to address existing and projected demand for skilled health professionals in high-need areas nationwide.

FY 2020 Funding	Unique Awardees	Total Awards
\$962,323,795	604	1,355

Maternal and Child Health

MCHB works to improve the health of America's mothers, children and families. In FY 2019, the [Maternal and Child Health Block Grant Program](#) funded 59 states and jurisdictions to provide health care and public health services for an estimated 60 million people (including pregnant women, infants, children, and children with special needs), and their families in the United States: 92% of all pregnant women, 98% of infants, and 60% of children nationwide benefitted from a Title V-supported service.

The [Maternal, Infant and Early Childhood Home Visiting](#) program gives pregnant women and families living in communities at risk for poor maternal and child health outcomes necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to succeed.

The [Healthy Start](#) program provides grants to support community-based strategies to reduce disparities in infant mortality and improve perinatal outcomes for women and children in high-risk communities throughout the nation.

[MCHB's Autism and Other Developmental Disorders program](#), authorized under the Autism CARES Act of 2019, supports health professional training, research, and state systems of care for children and adolescents with autism spectrum disorder (ASD) and other developmental disabilities (DDs).

[Other MCHB programs](#) include Emergency Medical Services for Children (EMSC), Universal Newborn Hearing Screening, Heritable Disorders in Newborns and Children, the Sickle Cell Service Demonstration program, Family-To-Family Health Information Centers, Screening and Treatment for Maternal Depression and Related Behavioral Disorders, and Pediatric Mental Health Care Access Grants.

FY 2020 Funding	Unique Awardees	Total Awards
\$1,240,482,080 ⁸	414	805

Rural Health

The Federal Office of Rural Health Policy (FORHP) is charged with advising the HHS Secretary on how rural health care is affected by current policies as well as proposed statutory, regulatory, administrative, and budgetary changes in the Medicare, Medicaid, and other key HHS programs. In addition to its policy role, the Office focuses on improving access to health care for the 57 million people who live in rural areas by administering programs that identify and meet needs at the community level; supporting and providing assistance to small rural hospitals; and improving and promoting the use of telehealth services. FORHP also supports treatment for and prevention of substance use disorders, including opioid use disorder.

For more information about Rural Health Policy, visit www.hrsa.gov/rural-health.

FY 2020 Funding	Unique Awardees	Total Awards
\$501,264,309	501	782

Highlighted Programs

Program	FY 2020 Funding	Unique Awardees	Total Awards
Rural Hospitals	\$59,449,370	49	97
Community Programs	\$333,294,180	413	482
Research	\$8,835,894	10	13
Telehealth	\$41,353,203	56	78
Total ⁹	\$442,932,647	461	670

Healthcare Systems

The [Healthcare System Bureau](#) protects the public's health and improves the health of individuals through programs that provide national leadership and direction in targeted areas that:

- Promote [organ donation](#) and remove barriers to living organ donation.
- Oversee the [organ donation and transplantation system](#); approximately 39,000 organ transplants were performed in the United States in FY 2020.¹⁰
- Facilitate [bone marrow](#) and cord blood donation, matching and transplantation.
- Build a genetically and ethnically diverse inventory of cord blood units.
- Compensates people injured by certain vaccines given routinely to children and adults and covered by the [National Vaccine Injury Compensation Program](#) (VICP). These include the seasonal flu vaccine, measles, mumps, rubella or polio.
- Compensates individuals for serious physical injuries or deaths from pandemic, epidemic, or security countermeasures covered by the [Countermeasures Injury Compensation Program](#) (CICP). Countermeasures are vaccines, medications, devices or other items used to prevent, diagnose or treat conditions, including COVID-19, Marburg, Zika, Ebola, Pandemic Flu, Smallpox, Anthrax, Botulism, Acute Radiation Syndrome, and poisonings from nerve agents and certain insecticides (organophosphorus and/or carbamate).
- Provide diagnosis, medical care and rehabilitative treatment for patients with Hansen's disease (leprosy) in the U.S. and its territories through the National Hansen's Disease Program.
- Conduct research to identify and determine the efficacy of [Hansen's disease](#) (leprosy) treatment regimen.
- Make grants to regional [poison centers](#) to help them prevent and recommend treatment for poisonings.
- Make discounted drugs available to 50,043 participating providers Nationwide through the 340B Drug Pricing Program.

FY 2020 Funding	Unique Awardees	Total Awards
\$34,572,689	81	108

Shortage Designation

[Health Professional Shortage Areas \(HPSAs\)](#) are geographic areas, population groups, or health care facilities that have been designated by HRSA as having a shortage of health professionals.

[Medically Underserved Areas \(MUAs\)](#) and [Medically Underserved Populations \(MUPs\)](#), identify geographic areas and populations with a lack of access to primary care services.

As part of HRSA's cooperative agreement with the State Primary Care Offices (PCOs), the State PCOs conduct needs assessment in their states, determine what areas are eligible for designations, and submit designation applications to HRSA. HRSA reviews the applications submitted by the State PCOs, and—if they meet the designation eligibility criteria—designates the area, population, or facility.

The Federal government uses HPSAs, MUAs and MUPs to determine [eligibility](#) for a number of government programs.¹¹

HPSA Discipline	Count
Primary Care	7,203
Dental Health	6,487
Mental Health	5,733

Quarterly summaries regarding HPSAs are [available online](#).

Other Programs

Through agency-wide coordination and funding, HRSA supports programs that assist state and local health officials with technical assistance and training, information exchange and learning communities to support the development of localized and innovative solutions to public health challenges. In FY 2020, these programs included the National Organizations for State and Local Officials (NOSLO) and the National Forum for State and Territorial Chief Executives.

Program	FY 2020 Funding
Grants	\$5,448,350

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, improves health and achieves health equity through access to quality services, a skilled health workforce and innovative programs. Note: Not all HRSA programs and funding are represented in this report.

Visit <https://www.hrsa.gov>

¹ Provided through supplemental funding appropriated to the Public Health and Social Services Emergency Fund (PHSSEF) and transferred to HRSA at the discretion of the Secretary of HHS. These were not resources directly appropriated to HRSA. These were part of a permissive transfer for telehealth-related activities, carried out under those programs.

² The Unique Awardees count the distinct organizations (for grants) or individuals (for scholarships or loans) at the specific summary level (row in a Fact Sheet table) regardless of the number of awards.

³ The Total Awards is the number of grants or scholarships and loans at the specific summary level (row in a Fact Sheet table).

⁴ Grantees are counted only once even if they receive multiple grants from multiple programs.

⁵ Some clinicians and grantees may serve in [multiple geographic areas](#).

⁶ The SLRP provides grants directly to states operating their own loan repayment programs.

⁷ The School-based Scholarship and Loan programs include the following seven programs: Nurse Faculty Loan Program; Scholarships for Disadvantaged Students; Loans for Disadvantaged Students; Health Professions Student Loans; Nursing Student Loans; Primary Care Loans; and Native Hawaiian Health Scholarship Program Cooperative Agreement.

⁸ In addition to this fiscal year funding, some maternal and child health programs may award funds remaining from previous fiscal years. Those funds are not reflected in these totals.

⁹ This funding is included in the Rural Health bureau summary total.

¹⁰ Data only available at state, region and national level.

¹¹ Some HPSAs may [cross geographic boundaries](#).

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021

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
Marzouca	Kisha	MD	Pediatric Medicine	Initial Credentialing

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.

Kisha Marzouca, MD joined the West Palm Beach Clinic in 2021 specializing in Pediatric Medicine. She attended the State University of New York College of Medicine and also completed her Residency at State University of New York College of Medicine. Dr. Marzouca is certified in Pediatrics by the American Board of Pediatrics. She has been in practice for seventeen years.

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021**

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A


Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the Initial Credentialing and privileging of Dr. Kisha Marzouca, MD, Pediatric Medicine.


Approved for Legal sufficiency:

DocuSigned by:


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Bernabe Icaza
VP & General Counsel



Dr. Charmaine Chibar
FQHC Medical Director



Dr. Hyla Fritsch
AVP & Executive Director of Clinics and
Pharmacy Services

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021

1. Description: Operations Reports – July 2021

2. Summary:

This agenda item provides the following operations reports for July 2021:

- Clinic Productivity, including in-person and telehealth metrics and No-Show trended over time.

3. Substantive Analysis:

In July, we had 8,044 visits, which are 24% less than the prior month and 13% less than July of 2020. This is due to the decrease in schedules during our EHR EPIC conversion and go-live. Our payer mix reflects a slightly higher percentage of uninsured patients at 64% for the year-to-date.

By visit category, Adult Medical, Behavioral Health and Dental met their productivity target. Pediatrics missed their target productivity by a very small margin. Telehealth visits continue to decrease at 3% of all visits, down from 5% last month.

Productivity targets for in-person visits were met in the Lake Worth, WPB, Boca and Delray Adult Primary Care, WPB and Mobile Clinic Pediatrics, Behavioral Health in Mangonia and Lake Worth and all 4 Dental Clinics. In the 90% and higher range were Lantana and Belle Glade Adult Medical and Lantana Pediatrics.

The No-Show rate in July was consistent with the prior month at 29%

In July, the largest age group were those from 30-49 years old with 30%. The largest populations are English speaking at 58%, followed by Spanish speaking patients at 27% and Creole-speaking at 8%. In Race, 50% were White, 39% Black or African American and 37% were Hispanic or Latino. 3% of our population were Agricultural Workers, of which 73% were Seasonal workers and 27% Migrant workers. 13% of our population were Homeless, with the largest percentage of 71% being those who Doubled Up. 59% identify as female and 41% male. For Sexual Orientation, 84% identify as Straight and 13% Choose not to disclose.

4. Fiscal Analysis & Economic Impact Statement:

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

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
September 29, 2021**

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

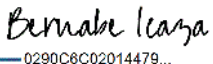
Committee Name

Date Approved

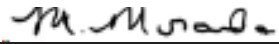
6. Recommendation:

Staff recommends the Board Approve the Operations Reports for May 2021.


Approved for Legal sufficiency:

DocuSigned by:


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Bernabe Icaza
VP & General Counsel



Marisol Miranda
Director of Clinic Operations



Dr. Hyla Fritsch
AVP & Executive Director of Clinic and
Pharmacy Services



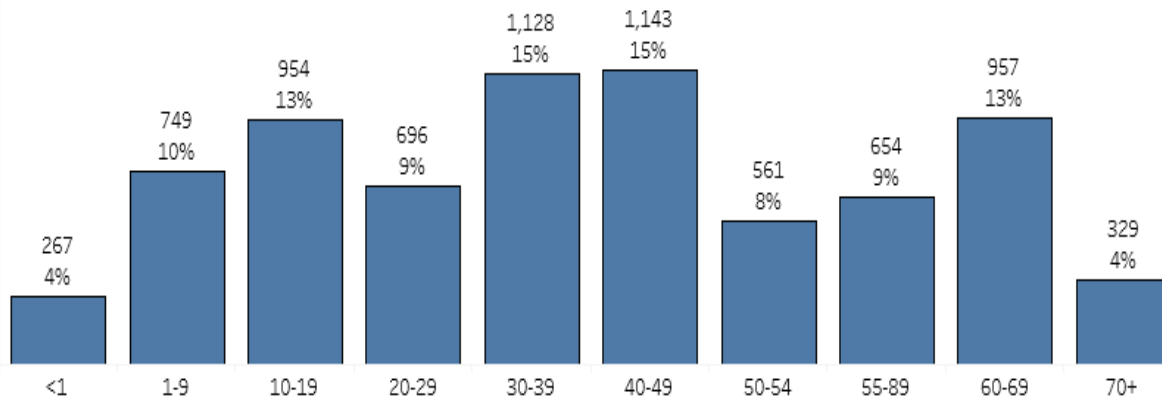
Demographics (7/1/2021 - 7/31/2021)

Clinic: All

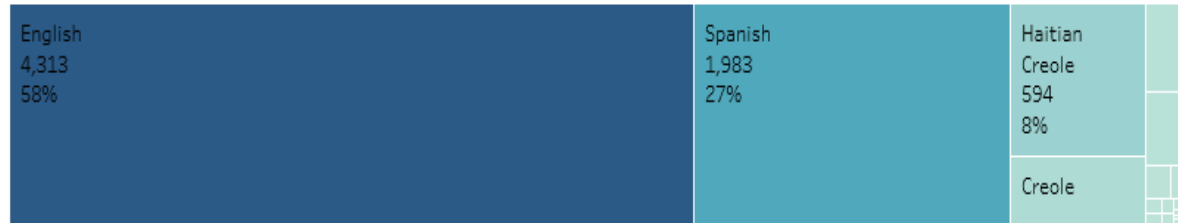
Unique Patients 7,431

Click to display filter options

Age Group



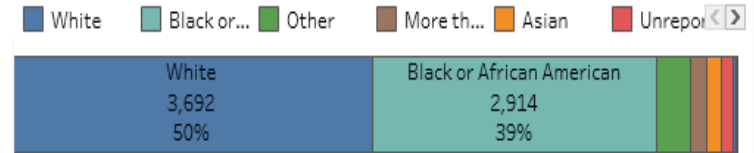
Language



Sexual Orientation	Pts	%
Straight (not lesbian or gay)	6,278	84.48%
Choose not to disclose	962	12.95%
Don't know	151	2.03%
Lesbian	17	0.23%
Bisexual	17	0.23%
Gay	9	0.12%
Something else	7	0.09%

Gender Identity	Pts	%
Female	4,347	58%
Male	3,070	41%
Transgender Female/ Assigned Male at Birth	2	0%
Transgender Female/ Male-to-Female	2	0%
Choose not to disclose	8	0%
Unknown	2	0%

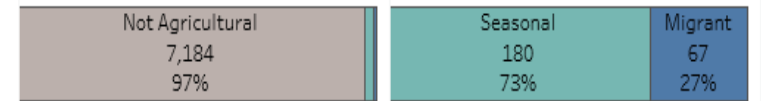
Race



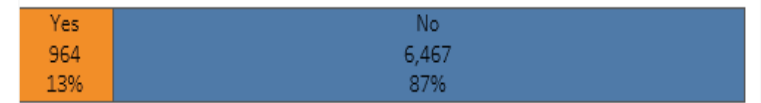
Ethnicity



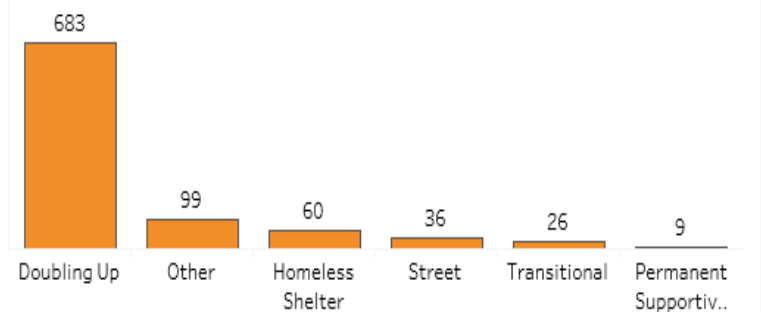
Agricultural Status



Homeless Status



Homeless Type



**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
SEPTEMBER 29, 2021**

1. Description: Quality Report

2. Summary:

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

- Quality Council Meeting Minutes September 2021
- Provider Productivity – July 2021

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

We are collaborating with American Cancer Society on FL HPV QI Learning Collaborative. As part of this project, we have analyzed our pediatric HPV vaccination rates and have created our AIM statement to outline our desired improvement outcomes. We are currently working on identifying barriers to improving our HPV vaccination rates and creating a plan of action to implement solutions for the pediatric clinics.

UTILIZATION OF HEALTH CENTER SERVICES

Individual monthly provider productivity stratified by clinic.

4. Fiscal Analysis & Economic Impact Statement:

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

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

**DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
SEPTEMBER 29, 2021**

5. Reviewed/Approved by Committee:


N/A
_____ Date Approved
Committee Name

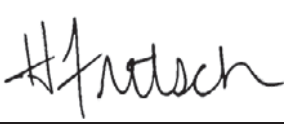
6. Recommendation:

Staff recommends the Board Approve the updated Quality Report.

Approved for Legal sufficiency:

DocuSigned by:
Bernabe Icaza
0290C6C02014479...
Bernabe Icaza
VP & General Counsel


_____ Dr. Charmaine Chibar
FQHC Medical Director


_____ Dr. Hyla Fritsch
AVP & Executive Director of Clinic and
Pharmacy Services



Quality Council Meeting Minutes

Date: September 7, 2021

Time: 9:00AM – 10:10AM

Attendees: Dr. Charmaine Chibar –Medical Director; Jonathan Dominique – Clinic Quality Analyst; Andrea Steele – Quality Director; Lisa Hogans –Director of Nursing; Shauniel Brown – Risk Manager; Ivonne Cohen – Corporate Quality Reporting Analyst; Dr. Hyla Fritsch – Executive Director of Clinic Operations & Pharmacy Services; Dr. John Cucuras - Dental Director; David Speciale – Director of Patient Experience; Dominique Domond – Operations Process Manager; Marisol Miranda – Director of Clinic Operations; Alexa Goodwin – Patient Relations Manager; Dr. Belma Andric – Chief Medical Officer; Kara Baker – Diabetes Nurse Educator; Tracey Archambo – Nurse Chart Auditor

Excused: Dr. Courtney Phillips - Director of Behavioral Health; Nicole Glasford, Executive Assistant

Minutes by: Jonathan Dominique

<u>AGENDA ITEM</u>	<u>DISCUSSION / RECOMMENDATIONS</u>	<u>ACTION ITEMS (AI)</u>	<u>RESPON SIBLE PARTY</u>	<u>DATE</u>
UTILIZATION				
OPERATIONS	<p><u>Productivity (based on checked-in appts)</u> 8,070 visits all clinics.</p> <p>Medical Payer Mix is as follows: Self-Pay – 56% Medicaid – 4% Managed Care – 37% Medicare – 2% Pending Medicaid – 1%</p> <p>Dental Payer Mix is as follows: Self Pay – 58% Medicaid – 31% Medicare – 7% Managed Care – 4%</p>			



Service Line		Target	Actual
Adult	In Person	3,265	3,440
	Telehealth	36	37
Pediatric	In Person	1,095	1,041
	Telehealth	3	3
Behavioral Health	In Person	598	470
	Telehealth	99	70
Dental	In Person	1,756	1,580
Women's Health	In Person	341	414
	Telehealth	1	0
Substance Abuse	In Person	776	830
	Telehealth	241	185

Visit Breakdown: n= 8,070

- 4% Telehealth
- 96% In-Person

Provider Targets were lowered for July due to the EPIC Go-

Live. ***(Clinic productivity report with graphs were presented)***

No Show Rates



<p>No Show Rate in July was 29%, which is the same as June (29%).</p> <p>Top Four Reasons for Cancellations</p> <ul style="list-style-type: none"> • Patient • Provider • Error • No Show Appt <p>(Report with graph presented)</p>			
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PATIENT RELATIONS

<p>SURVEY RESULTS</p>	<p><u>Patient Satisfaction Survey</u></p> <p>There were 110 surveys received in July 2021, which is a 56% decrease from the previous month. This is attributed to the EPIC Go-live and needs to reduce Provider schedules significantly. The Lewis Center received the most surveys (40%). This brings the year-to-date total to 2,032 patient Satisfaction Surveys received. Of the 110 Surveys received in July:</p> <ul style="list-style-type: none"> • Belle Glade – 8 (7%) • Boca Raton – 33 (30%) • Delray Beach – 8 (7%) • Jupiter – 2 (2%) • Lake Worth – 4 (4%) • Lantana – 0 • Lewis Center – 44 (40%) • Mangonia Park – 9 (8%) • West Palm Beach – 2 (2%) <p>Survey - General Summary</p> <ul style="list-style-type: none"> • English-speaking patients complete the most surveys. 	<p>Opportunities: Returning Patient Phone Calls</p> <p>Meet with Clinic Supervisors to discuss and strategize on ways to improve returns on patient satisfaction surveys.</p> <p>Look into even more opportunities to increase patient access – patients find it challenging to schedule appointments on short notice.</p> <p>The patient cycle time report is a work in progress.</p>	<p>David</p> <p>David</p> <p>David</p>	<p>10/5/21</p> <p>10/5/21</p> <p>10/5/21</p>
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	<ul style="list-style-type: none"> • Patients aged 41-60 complete the most surveys, while over 80 complete the least amount of surveys. • No surveys were received for Pediatric Medical, Psychiatry, Behavioral Health and Pediatric Dental services. • Most surveys were completed after a Wednesday morning clinic visit. • Patients who received care at the clinics between 6 months and 1 year completed the most surveys. <p>Patient Satisfaction – Of the 110 surveys, two (1.8%) surveys were marked as Fair or Poor for Psychiatry services.</p> <p>Patient Experience - Most patients rated their patient experience as positive. The following clinics received at least one survey as fair or poor (less than 1% of all surveys received) and were sent opportunities for improvement: Boca Raton, Jupiter, Lake Worth (Women's Health side) and Mangonia Park.</p> <p>Wait Time - Patients perceived wait time between the scheduled appointment and actual time seen increased in July, whereas 33% of patients reported a perceived wait time was between 31 and 45 minutes.</p> <p>The trend over time data & patient comments presented.</p> <p>(Report with graph presented)</p>			
<p>GRIEVANCES, COMPLAINTS & COMPLIMENTS</p>	<p>Patient Relations Report</p> <p>For July 2021, 18 Patient Relations Occurrences occurred between 5 clinics and Clinic Administration. Of the 18 occurrences, there were 1 Grievance and 17 Complaints. The top categories were Communication, Care & Treatment, Finance and Respect Related. The top subcategory with 7</p>			



	<p>complaints and grievances was Poor Communication, followed by Wait Time with 3 Complaints and Grievances. There was also a total of 3 compliments received across 2 clinics and Clinic Administration. <i>(presented report with patient relations dashboard)</i></p>			
QUALITY				
QUALITY AUDITS				
<p>MEDICAL</p>	<p><u>Hemoglobin A1C/Point of Care Testing</u> The diabetes measure data for July-August shows that our patients are currently controlled at 69% while 26% are uncontrolled (from 35,835 diabetic patients total), and 5% of patients need data. HRSA's goal is to have 67% of patients with controlled diabetes. There were 2,840 POC A1Cs done (79% of Diabetic Patients). There was an increase in A1c POC testing compared to 76% in the previous month. The majority of controlled patients had 81%, and uncontrolled 89% patients had the A1c done at POC vs. lab. Compared to June, there were 406 additional POC A1c done.</p> <p>Lewis Center (11%), Boca Clinic (7%), Delray (5%) and Jupiter (5%) - have the highest percentage of untested patients in July-August. In general, these clinics were the lowest, but their percentages were better than in June. 177 patients did not have data, 31% already had a future appointment, and 66% did not have a scheduled future appointment. Less than 1 % had telemedicine appointments set.</p> <p><u>A1C No Data Results Follow-up</u></p>	<p>Kara Baker will stratify by provider and clinic the 177 patients with no data for July and August. We will compare with June and provide feedback with the specific providers as July and August are currently the most recent data.</p> <p>Dr. Warren will follow with the nurses and providers of the Lewis Center to evaluate any barriers or training issues that may be limiting A1c POC testing at that location.</p> <p>The call center will be provided the list of patients with no data that do not have an appointment to be scheduled.</p>	<p>Kara Baker</p> <p>Dr. Warren</p> <p>Dr. Warren / David</p>	<p>10/5/21</p> <p>10/5/21</p> <p>10/5/21</p>



	<p>As of 6/30/21, 102 patients who had a medical appointment were missing A1C results. The clinic sorted this list to identify a possible pattern, and a chart review of 35 patients was completed.</p> <table border="1" data-bbox="342 402 863 841"> <thead> <tr> <th>Clinic Location</th> <th># Patients</th> <th></th> </tr> </thead> <tbody> <tr> <td>Belle Glade</td> <td>12</td> <td>11.8%</td> </tr> <tr> <td>Boca</td> <td>5</td> <td>4.9%</td> </tr> <tr> <td>Delray Beach</td> <td>18</td> <td>17.6%</td> </tr> <tr> <td>Jupiter</td> <td>14</td> <td>13.7%</td> </tr> <tr> <td>Lake Worth</td> <td>5</td> <td>4.9%</td> </tr> <tr> <td>Lantana</td> <td>18</td> <td>17.6%</td> </tr> <tr> <td>Lewis Center</td> <td>10</td> <td>9.8%</td> </tr> <tr> <td>Mangonia Park</td> <td>1</td> <td>.98%</td> </tr> <tr> <td>West Palm Beach</td> <td>19</td> <td>18.6%</td> </tr> </tbody> </table> <table border="1" data-bbox="342 883 1102 1065"> <thead> <tr> <th>A1C completed/results noted</th> <th>A1C not ordered/no results noted</th> <th>A1C ordered but not resultd</th> </tr> </thead> <tbody> <tr> <td>7</td> <td>8</td> <td>20</td> </tr> </tbody> </table> <p>(Report with graph presented)</p>	Clinic Location	# Patients		Belle Glade	12	11.8%	Boca	5	4.9%	Delray Beach	18	17.6%	Jupiter	14	13.7%	Lake Worth	5	4.9%	Lantana	18	17.6%	Lewis Center	10	9.8%	Mangonia Park	1	.98%	West Palm Beach	19	18.6%	A1C completed/results noted	A1C not ordered/no results noted	A1C ordered but not resultd	7	8	20			
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	<p>AHA BP Monitor Follow Up: The 2nd round of patients has been distributed to the clinic nurses. For those 45 patients who received the Blood Pressure Monitor from 1st round distribution:</p>	<p>All signs point to this initiative working (58% controlled at the time of visit). Kara will follow up with the nurses and data this next month to see how we progress.</p>	<p>Kara Baker</p>	<p>10/5/21</p>																																				



# Follow-up Appointment scheduled	# Attended appointment	# Appointment pending	# Did not attend appointment	# BP Log uploaded	# Medication change noted	# Blood pressure control at time of visit
45	24	1 (F/U scheduled after report date)	20	6	4	14
100%	53.3%	2.2%	44.4%	25.0%	16.6%	58.3%
			10 rescheduled 10 need appt (list to CSC)			

Of the 45 Patients that were scheduled for a follow-up appointment:

- 24 patients attended the appointments to receive the BP Monitors
 - o Of which, 6 had their BP Log uploaded into their Medical record.
 - o 4 Had a medication change as a result of the follow-up appointment.
 - o 14 were listed as having met the controlled blood pressure metric at the time of the visit / or having controlled blood pressure.
- 20 Did not attend their appointment, of which
 - o 10 Have been rescheduled
 - o 10 Have not yet been rescheduled.
- 1 appointment is pending.

DENTAL

Dental Sealants

56% (n=16) for July.

89% (n=289) Jan-July 2021



WOMEN'S HEALTH	<p><u>Prenatal Age</u></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2" style="text-align: center;">July – Aug 2021</th> </tr> <tr> <th style="text-align: center;">Age</th> <th style="text-align: center;">Number of Patients</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Less than 15 Years</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Ages 15-19</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">Ages 20-24</td> <td style="text-align: center;">32</td> </tr> <tr> <td style="text-align: center;">Ages 25-44</td> <td style="text-align: center;">90</td> </tr> <tr> <td style="text-align: center;">Ages 45 and Over</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Total</td> <td style="text-align: center;">131</td> </tr> </tbody> </table> <p>(Report with graph presented)</p>	July – Aug 2021		Age	Number of Patients	Less than 15 Years	0	Ages 15-19	9	Ages 20-24	32	Ages 25-44	90	Ages 45 and Over	0	Total	131			
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	<p><u>Entry into Care</u></p> <p>131 women entered into care from July - Aug.</p> <p>73 - Entered into care in the first trimester 43 - Entered into care in the second trimester 15 - Entered into care in the third trimester</p> <p>125 - Entered into Care with the C.L. Brumback Primary care Clinics 6 - Had her first visit with another provider 0 - Had initial provider not recorded.</p> <p>(Report with graph presented)</p>																			
	<p><u>Deliveries & Birthweights</u></p> <p>3 Deliveries in July.</p> <ul style="list-style-type: none"> - (<1500 grams) – 1 - (1500-2499 grams) – 0 																			



	<p>– (>2500 grams) – 2</p> <p>(Report with graph presented)</p>																					
<p>BEHAVIORAL HEALTH</p>	<p>Cage-Aid: Over 2,464 performed in the month of July. Positives (n=216), majority were in Mangonia Clinic (n=99) & Lewis Clinic (n=47); Lake Worth Clinic (n=13), and Jupiter Primary Clinic (n=12).</p> <table border="1" data-bbox="394 600 1047 987"> <thead> <tr> <th>July 2021 Total Score</th> <th># Patients</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Score = 0</td> <td>2,248</td> <td>91.23%</td> </tr> <tr> <td>Score = 1</td> <td>23</td> <td>0.93%</td> </tr> <tr> <td>Score = 2</td> <td>21</td> <td>0.85%</td> </tr> <tr> <td>Score = 3</td> <td>25</td> <td>1.01%</td> </tr> <tr> <td>Score = 4</td> <td>147</td> <td>5.97%</td> </tr> </tbody> </table> <p>Comparing June 2021 and July 2021, there was an <u>increase</u> in the number of patients with Positive CAGE and no SBIRT: by 47% n=209, or a 97% rate of +CAGE-AID w/ No SBIRT. Overall a regression, from June, in which n= 80 +CAGE-AID w/ No SBIRT for a rate of 50%</p> <p>(Report with graph presented)</p> <p>Monthly trend of + CAGE & NO SBIRT</p>	July 2021 Total Score	# Patients	%	Score = 0	2,248	91.23%	Score = 1	23	0.93%	Score = 2	21	0.85%	Score = 3	25	1.01%	Score = 4	147	5.97%	<p>Ivonne will dig into best practice advisory data to get more context for reporting results with Andrea and discuss with Behavioral Health Workgroup.</p> <p>Opportunity for retraining providers, as the number of positive Cage screenings without SBIRT has increased so drastically.</p>	<p>Andrea / Ivonne</p> <p>Dr. Chibar / Dr. Warren</p>	<p>10/5/21</p> <p>10/5/21</p>
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	<ul style="list-style-type: none"> • February Positive with NO SBIRT = 43 • March Positive with NO SBIRT = 154 • April Positive with NO SBIRT = 60 • May Positive with NO SBIRT = 64 • June Positive with NO SBIRT = 80 • July Positive with NO SBIRT = 209 																																																
	<p>SBIRT:</p> <ul style="list-style-type: none"> • Number of SBIRT vs. CAGE-AID positive continue to be discordant, rather than a 1:1 <table border="1" data-bbox="331 654 1108 1024"> <thead> <tr> <th>2021</th> <th>Unique Patients</th> <th>%</th> <th>Total # Encounters</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Jan-21</td> <td>91</td> <td>100%</td> <td>102</td> <td>100%</td> </tr> <tr> <td>Feb-21</td> <td>74</td> <td>45%</td> <td>78</td> <td>43%</td> </tr> <tr> <td>Mar-21</td> <td>168</td> <td>50%</td> <td>204</td> <td>53%</td> </tr> <tr> <td>Apr-21</td> <td>114</td> <td>26%</td> <td>146</td> <td>28%</td> </tr> <tr> <td>May-21</td> <td>112</td> <td>20%</td> <td>121</td> <td>100%</td> </tr> <tr> <td>June-21</td> <td>108</td> <td>16%</td> <td>124</td> <td>16%</td> </tr> <tr> <td>July - 21</td> <td>8</td> <td>1%</td> <td>8</td> <td>1%</td> </tr> <tr> <td>Total</td> <td>675</td> <td>100%</td> <td>783</td> <td>100%</td> </tr> </tbody> </table> <p>SBIRTS are trending downward from June to July 2021 With 8 completed orders. Lantana Clinic (n=1) and Mangonia Clinic (n=7) have the highest number of SBIRTS this month; No other Clinic completed SBIRT orders.</p>	2021	Unique Patients	%	Total # Encounters	%	Jan-21	91	100%	102	100%	Feb-21	74	45%	78	43%	Mar-21	168	50%	204	53%	Apr-21	114	26%	146	28%	May-21	112	20%	121	100%	June-21	108	16%	124	16%	July - 21	8	1%	8	1%	Total	675	100%	783	100%			
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	<p><u>PHQ 2/9</u> Total encounters with PHQ2/9: 4,540</p> <p>9% positive rate based on >10, or 1 or above, (N=398)</p> <p>Patients that were seen by the BHC - 87.4% (n= 348) Only n= 50 had positive PHQ9 and NO BH, which is at 12.6%,</p>	<p>Follow up with the Jupiter clinic as they appear to be struggling the most with Positive screenings with No Past BH/SA Appointments. The team will look into the possibility of a warm hand-off via telehealth in Jupiter.</p>	<p>Dr. Warren / Andrea</p>	<p>10/5/21</p>
NURSING	<p><u>Higher Level of Care</u> 42 ER referrals/41 patients were sent to the ER in July. There was 1 patient with multiple orders in June (1 of the 2 were duplicate orders). Upon completion of chart review, 1 patient with numerous orders were all appropriate. For June, Dr. Noella Clarke-Aaron was the highest producer of HLC referrals in the West Palm Beach Clinic with 8 (19%). 0 Hospital Referral Types were ordered for July from the (N/A) clinic</p>			
	<p><u>After Hours On-Call Summary</u></p> <p>1. 48% (93) Nonclinical calls- appointments / insurance / referral / general question</p> <p>2. 13% (25) DDS calls</p> <p>3. 38% (72) Clinical calls</p> <ul style="list-style-type: none"> ○ 60 % of clinical calls were paged (43) <ul style="list-style-type: none"> ○ 12% of those paged had no response (5) (*no note in EPIC) <ul style="list-style-type: none"> – 4 Prescription Refill / Requests / Questions calls – 1 Prescription issue 	<p>Meeting scheduled next week to review the After Hours on Call Procedure, the expectations for documentation turnaround. There also appears to be a discrepancy between the number of calls received vs. the number of calls shown on the report</p>	<p>Lisa / Dr. Chibar / Dr. Warren / Tracey</p>	<p>10/5/21</p>



	<ul style="list-style-type: none"> ○ 33% page out was N/A (24) ○ 40% of clinical calls not paged (29) <ul style="list-style-type: none"> – 17 % of those not paged should have been paged (5) <ul style="list-style-type: none"> ▪ 3 were: (feeling ill, reporting rash, reporting skin infection) ▪ 2 were: pharmacy issues (pt needed suboxone, pharmacy called to clarify a pediatric med dose) ○ 18% of clinical calls were Prescription issues: 13 total of which: 7 were Adult Medical, 3 Behavioral Health, 1 WH, 2 Pediatrics ○ 40% of clinical calls were Prescription Refill/Requests/Questions: 29 total of which; 27 were Adult Medical; 2 Behavioral Health <p>Dental: 25 total of which 8 were pain/issues/general questions, 1 was an Rx inquiry, and 16 were appointment/ nonclinical</p> <ul style="list-style-type: none"> ○ DDS paged 7 times and Dentist responded 7 times 100% <p>GOAL: On-call provider addressed patient's need(s) at time of the call and/or follow up with patient within 24-48 hours or on the first business day after weekend or holiday (by nurse or provider)</p> <ul style="list-style-type: none"> ▪ Yes= 96% (69) ▪ No= 0 			
--	--	--	--	--



	<ul style="list-style-type: none">▪ <i>N/A= 4 % (2) deceased and (1) BH pt needed next day appt for placement *all 3 did have a response in 24 hrs</i>			
Meeting Adjourned – 10:10 A.M.				

Quality Measures



Table 6B

	Q3 '20	Q4 '20	Q1 '21	Q2 '21	YTD ▲
HIV Screening	-	-	-	0 %	10 %
Colorectal Cancer Screening	-	-	-	0 %	22 %
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	-	-	-	0 %	35 %
Diabetes: Hemoglobin A1c Control >9%	-	-	-	-	40 %
Cervical Cancer Screening	-	-	-	100 %	44 %
Childhood Immunization Status	-	-	-	-	47 %
Breast Cancer Screening	-	-	-	100 %	59 %
Controlling High Blood Pressure	-	-	-	100 %	70 %
Dental Sealants for Children Between 6-9 Years	-	-	-	-	79 %
Statin Therapy	-	-	-	-	82 %
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	-	-	-	-	82 %
Tobacco Screening and Cessation Intervention	-	-	-	100 %	86 %
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	-	-	-	-	87 %
Screening for Clinical Depression and Follow-Up Plan	-	-	-	50 %	94 %
Depression Remission at 12 Months	-	-	-	-	-



Table 7B

	Q3 '20	Q4 '20	Q1 '21	Q2 '21	YTD
Healthcare District of Palm Beach County					
Hispanic or Latino/a					
Asian	-	-	-	-	100 %
Native Hawaiian	-	-	-	-	100 %
Other Pacific Islander	-	-	-	-	100 %
Black/African American	-	-	-	-	67 %
American Indian/Alaska Native	-	-	-	-	0 %
White	-	-	-	-	78 %
More than one race	-	-	-	-	50 %
Unreported/Refused to Report Race	-	-	-	-	80 %
Non-Hispanic or Latino/a					
Asian	-	-	-	-	68 %
Native Hawaiian	-	-	-	-	0 %
Other Pacific Islander	-	-	-	-	67 %
Black/African American	-	-	-	100 %	63 %
American Indian/Alaska Native	-	-	-	-	50 %
White	-	-	-	-	74 %
More than one race	-	-	-	-	56 %
Unreported/Refused to Report Race	-	-	-	-	76 %
Unreported/Refused to Report Ethnicity					
Unreported/Refused to Report Race	-	-	-	-	33 %

Table 7C

*Note: Lower is better for this measure.

	Q3 '20	Q4 '20	Q1 '21	Q2 '21	YTD
Healthcare District of Palm Beach County					
Hispanic or Latino/a					
Asian	-	-	-	-	0 %
Native Hawaiian	-	-	-	-	-
Other Pacific Islander	-	-	-	-	100 %
Black/African American	-	-	-	-	37 %
American Indian/Alaska Native	-	-	-	-	100 %
White	-	-	-	-	38 %
More than one race	-	-	-	-	100 %
Unreported/Refused to Report Race	-	-	-	-	43 %
Non-Hispanic or Latino/a					
Asian	-	-	-	-	33 %
Native Hawaiian	-	-	-	-	0 %
Other Pacific Islander	-	-	-	-	0 %
Black/African American	-	-	-	-	44 %
American Indian/Alaska Native	-	-	-	-	33 %
White	-	-	-	-	35 %
More than one race	-	-	-	-	33 %
Unreported/Refused to Report Race	-	-	-	-	42 %
Unreported/Refused to Report Ethnicity					
Unreported/Refused to Report Race	-	-	-	-	100 %

Hide empty rows (1)

PRODUCTIVITY JULY 2021**ALL PROVIDERS**

AS 07/31/2021 Based on Checked-In App

Avg Daily Target * : Targets for July were adjusted for Epic Go Live

<51%

>=51% and <80%

>=80% and <100%

>=100%

ADULT CARE											
Provider	Avg Daily Target *	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved		Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total	Total		
ALFONSO PUENTES, RAMIRO	14	14.5	161	1	162	169	105%		169	104%	11.7
CESAIRE-JEAN, ROSE CARLINE	8	20.0	160	0	160	218	136%		218	136%	10.9
DABU, DARNEL	16	19.5	307.5	3	310.5	245	80%	1	246	79%	12.6
DE OLIVEIRA INACIO, VANESSA	11	18	186	3	189	212	114%	5	217	115%	12.1
ESTIME, GUERLYNE OPHIN	8	2	16	0	16	12	75%		12	75%	6.0
FERNANDEZ SANCHEZ, MARCO	13	19	267	1	268	206	77%	1	207	77%	10.9
FLOREZ, GLORIA	9	17	153	0	153	198	129%		198	129%	11.6
HARBERGER, SENECA & Residents	14	10.5	157.5	0	157.5	309	196%		309	196%	29.4
JEAN-JACQUES, FERNIQUE	10	21.5	220	2	222	206	94%	1	207	93%	9.6
LAM, MINH DAI	11	21	243	9	252	268	110%	8	276	110%	13.1
LOUIS, JOANN PIERRE	8	13	142	2	144	170	120%	3	173	120%	13.3
NAVARRO, ELSY	10	21.5	211	5	216	212	100%	7	219	101%	10.2
PEREZ, DANIEL JESUS & Residents	12	13.2	186.75	0	186.75	240	129%		240	129%	18.2
PHILISTIN, KETELY	9	18	202	6	208	222	110%	7	229	110%	12.7
SECIN SANTANA, DELVIS	9	12	107	1	108	119	111%	1	120	111%	10.0
SHOAF, NOREMI	14	21.5	303	1	304	239	79%	1	240	79%	11.2
ST VIL, CARLINE	11	16	166	2	168	144	87%	2	146	87%	9.1
WARREN, SANDRA	9	7	63	0	63	42	67%		42	67%	6.0
ZITO, AMALINETTE	6.75	2	13.5	0	13.5	9	67%		9	67%	4.5
ADULT CARE TOTALS		287.2	3,265	36	3,301	3,440	105%	37	3,477	105%	

PEDIATRIC CARE											
CHIBAR, CHARMAINE	9	0.5	9	0	9	11	122%		11	122%	22.0
CLARKE-AARON, NOELLA	10	16	166.5	0	166.5	179	108%		179	108%	11.2
DESSALINES, DUCLOS	14	21	300.5	1	301.5	281	94%	1	282	94%	13.4
LAZARO RIVERA, NANCY	15	19.5	304	2	306	297	98%	2	299	98%	15.3
NORMIL-SMITH, SHERLOUNE	16	20	315	0	315	273	87%		273	87%	13.7
PEDIATRIC CARE TOTALS		77	1,095	3	1,098	1,041	95%	3	1,044	95%	

WOMEN'S HEALTH CARE											
CASANOVA, JENNIFER	8	12.0	111	1	112	164	148%		164	146%	13.7
FERWERDA, ANA	11	17.0	229.5	0	229.5	250	109%		250	109%	14.7
WOMEN'S HEALTH CARE TOTALS		29	341	1	342	414	122%	0	414	121%	

BEHAVIORAL HEALTH											
ALVAREZ, FRANCO	14	10.0	118.5	21	139.5	105	89%	20	125	90%	12.5
BONHOMETRE, STEPHANY	5	4.5	33	12	45	12	36%	4	16	36%	3.6
CALDERON, NYLSA	7	19.5	138.5	4	142.5	101	73%	4	105	74%	5.4
HIRSCH, KAREN	7	14.5	122	15.5	137.5	67	55%	8	75	55%	5.2
JONES, KIARA	6	16.5	105	15	120	125	119%	12	137	114%	8.3
ZIEMBA, ADRIANA LEQUERICA	5	16.1	81	31	112	60	74%	22	82	73%	5.1
BEHAVIORAL HEALTH TOTALS		81.1	598	99	697	470	79%	70	540	78%	

SUBSTANCE ABUSE DISORDER											
BELL, EMILY	13	20.5	285	3	288	234	82%	2	236	82%	11.5
FARAH, CRISTINA	8	19.0	121	51.5	172.5	96	79%	18	114	66%	6.0
MITCHELL, ANGELA	8	19.6	91	92.5	183.5	118	130%	84	202	110%	10.3
PHILLIPS, COURTNEY	7	15	105	1	106	168	160%	1	169	159%	11.3
REXACH, CLAUDIA	7	17.1	104	44.5	148.5	129	124%	42	171	115%	10.0
ROMAIN, REYNETTE	8	13.0	69.5	48	117.5	85	122%	38	123	105%	9.5
SUBSTANCE ABUSE DISORDER TOTALS		104.2	776	241	1,016	830	107%	185	1,015	100%	

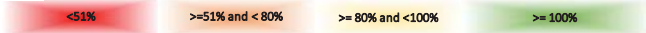
DENTAL											
ALONSO, ZENAIDA	12	17.0	200	0	200	247	124%		247	124%	14.5
ALWEHAIB, ARWA	12	9	112	0	112	123	110%		123	110%	13.7
CUCURAS, JOHN N	8	3	24	0	24	25	104%		25	104%	8.3
OLIVEIRA, PAULO	12	20	248	0	248	242	98%		242	98%	12.1
SEMINARIO, ADA	12	20	248	0	248	147	59%		147	59%	7.4
SILVA, MICHELLE	13	21	264	0	264	236	89%		236	89%	11.2
ZANGENEH, YASMINE	12	18	224	0	224	145	65%		145	65%	8.1
GARCIA, IRENE	7	13	92	0	92	183	199%		183	199%	14.1
HARDCASTLE, CORINA	7	16	104	0	104	74	71%		74	71%	4.6
MASON, SHERRY	6	18	108	0	108	83	77%		83	77%	4.6
PETERSEN, PATRICE	6	21	132	0	132	75	57%		75	57%	3.6
DENTAL TOTALS		176.0	1,756	0	1,756	1,580	90%		1,580	90%	

GRAND TOTAL		754.5	7,830	379	8,209	7,775	99%	295	78%	8,070	98%
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PRODUCTIVITY JULY 2021

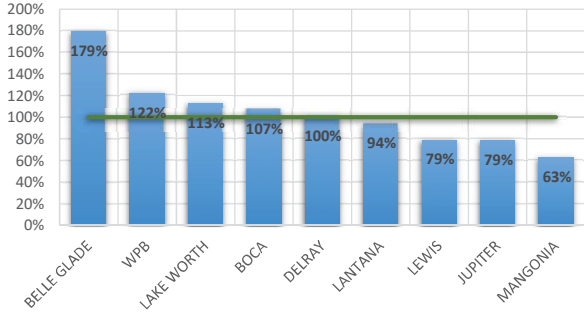
ALL CLINICS

AS 07/31/2021 Based on Checked-In App

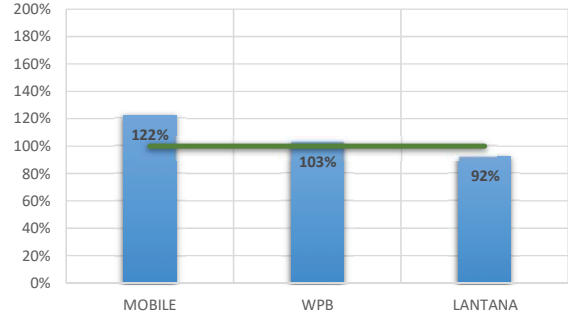


Category	Target for the Month			Total for the Month Seen			% Monthly Target Achieved		
	AS 07/31/2021	In-Person	Telehealth	Total	In-Person	Telehealth		Total	
ADULT CARE	3,265	36	3,301	3,440	105%	37	103%	3,477	105%
PEDIATRIC CARE	1,095	3	1,098	1,041	95%	3	100%	1,044	95%
WOMEN'S HEALTH CARE	341	1	342	414	122%	0		414	121%
BEHAVIORAL HEALTH	598	99	697	470	79%	70	71%	540	78%
SUBSTANCE ABUSE DISORDER	776	241	1,016	830	107%	185	77%	1,015	100%
DENTAL	1,756	0	1,756	1,580	90%	0		1,580	90%
Grand Total	7,830	379	8,209	7,775	99%	295	78%	8,070	98%

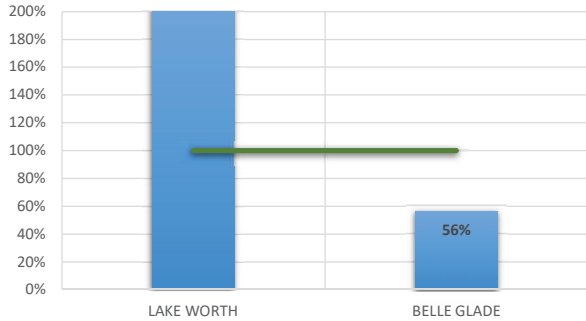
Adult Care



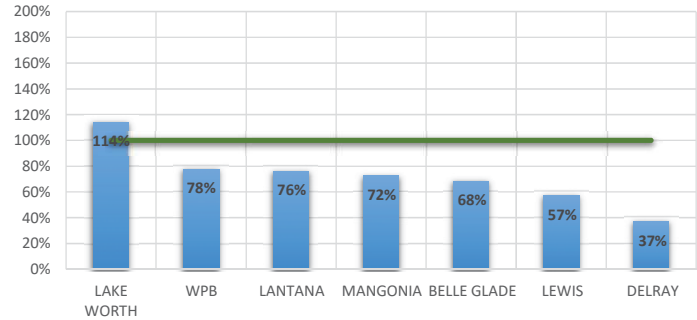
Pediatric Care



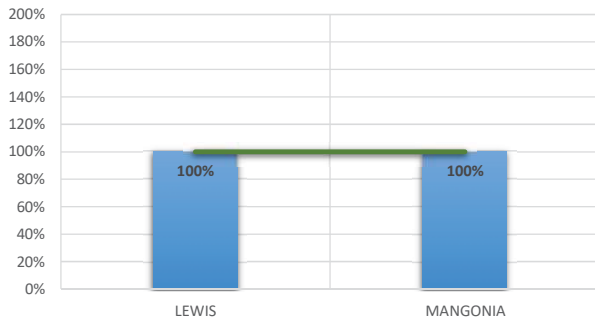
Women's Health Care



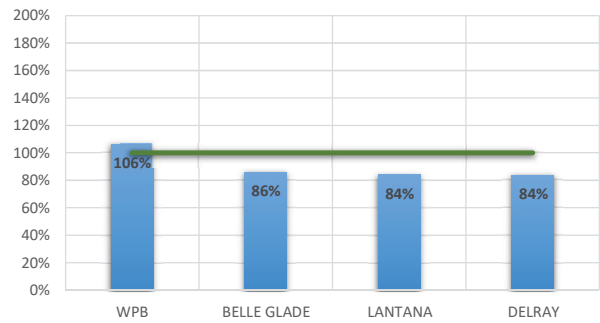
Behavioral Health



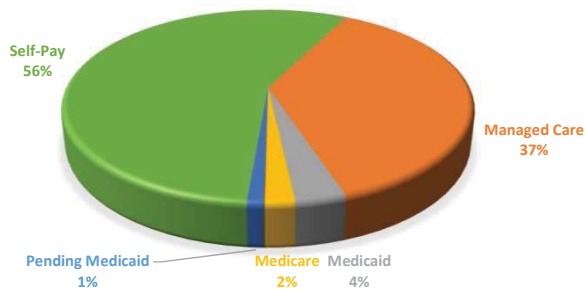
Substance Abuse Disorder



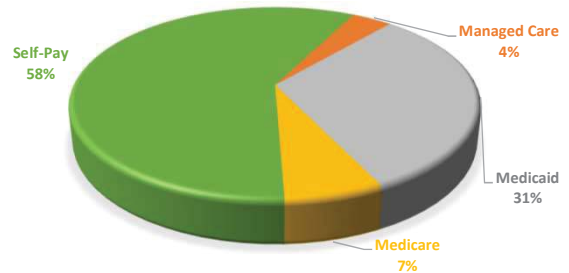
Dental



MEDICAL PAYER MIX



DENTAL PAYER MIX



*Avg Daily Target * : Targets for July were adjusted for Epic Go Live*

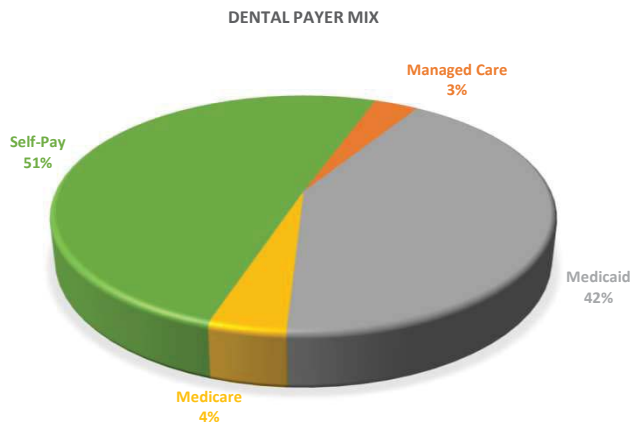
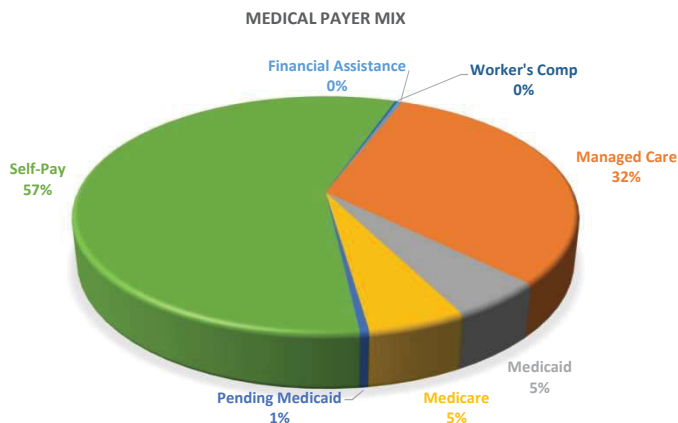
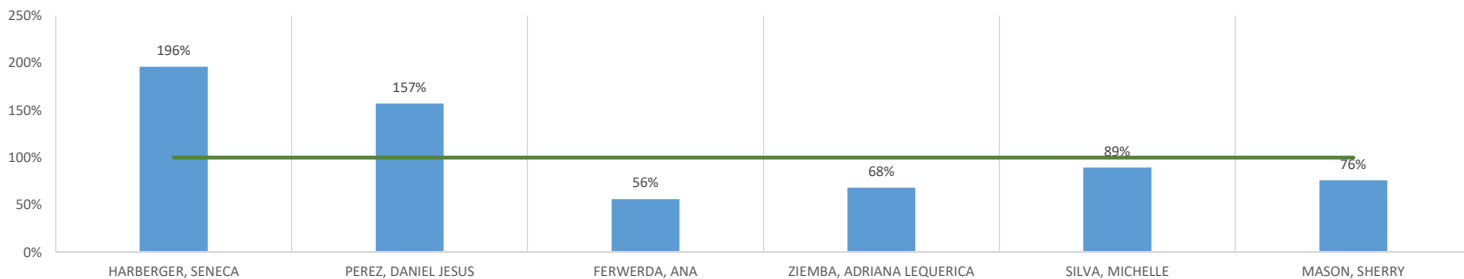
ADULT CARE										
Provider	Avg Daily Target *	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
HARBERGER, SENECA & Residents	14	10.5	157.5	0	157.5	309		309	196%	29.4
PEREZ, DANIEL JESUS & Residents	15	7	121.5	0	121.5	191		191	157%	27.3
ADULT CARE TOTALS		17.5	279	0	279	500	0	500	179%	

WOMEN'S HEALTH CARE										
FERWERDA, ANA	14	4.5	67.5	0	67.5	38		38	56%	8.4
WOMEN'S HEALTH CARE TOTALS		4.5	68	0	68	38	0	38	56%	

BEHAVIORAL HEALTH										
ZIEMBA, ADRIANA LEQUERICA	7	13.5	70	28	98	47	20	67	68%	5.0
BEHAVIORAL HEALTH TOTALS		13.5	70	28	98	47	20	67	68%	

DENTAL										
SILVA, MICHELLE	13	21	264	0	264	236		236	89%	11.2
MASON, SHERRY	6	15	92	0	92	70		70	76%	4.7
DENTAL TOTALS		36	356	0	356	306	0	306	86%	

GRAND TOTAL										
		71.5	773	28	801	891	20	911	114%	



BOCA PRODUCTIVITY JULY 2021

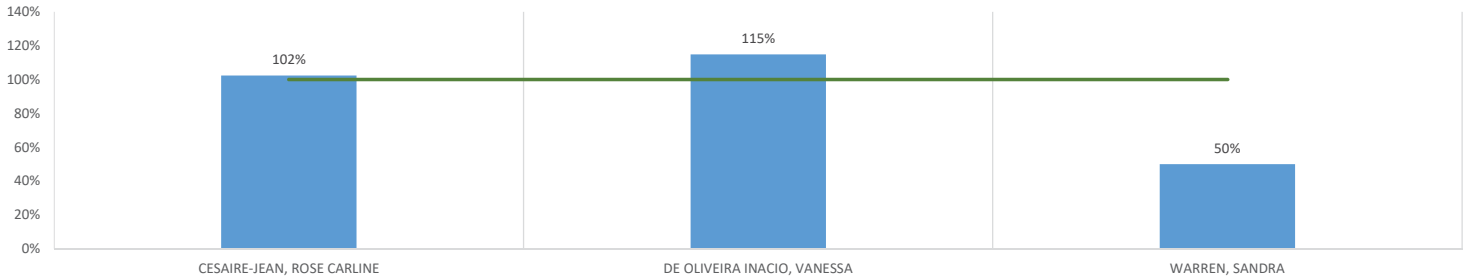


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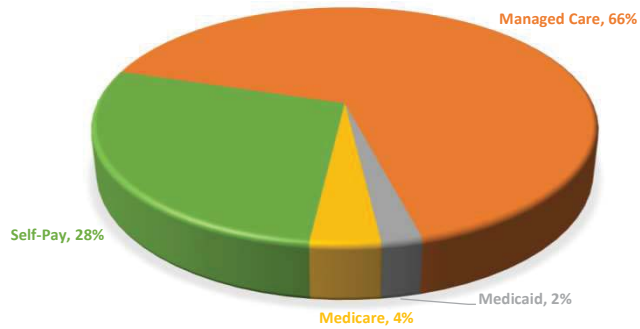
*Avg Daily Target * : Targets for July were adjusted for Epic Go Live*

ADULT CARE										
Provider	Avg Daily Target *	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
CESAIRE-JEAN, ROSE CARLINE	8	11	88	0	88	90	0	90	102%	8.2
DE OLIVEIRA INACIO, VANESSA	11	18	186	3	189	212	5	217	115%	12.1
WARREN, SANDRA	9	2	18	0	18	9	0	9	50%	4.5
ADULT CARE TOTALS		31	292	3	295	311	5	316	107%	

GRAND TOTAL		31	292	3	295	311	5	316	107%	
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MEDICAL PAYER MIX



DELRAY PRODUCTIVITY JULY 2021

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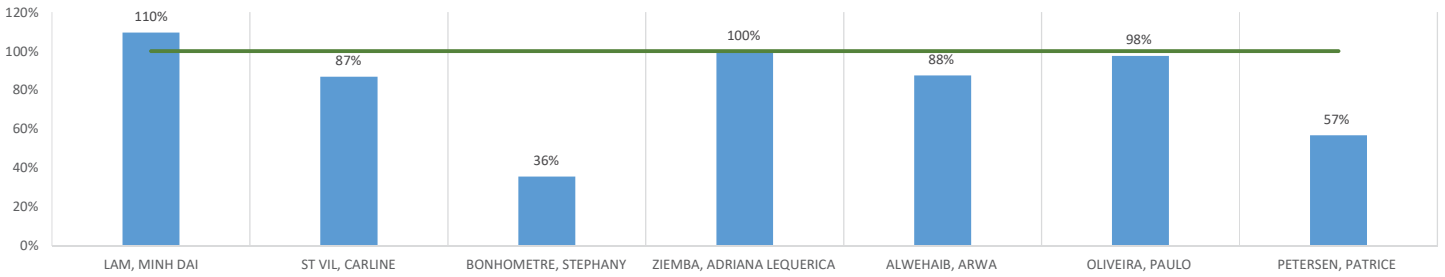
*Avg Daily Target * : Targets for July were adjusted for Epic Go Live*

ADULT CARE										
Provider	Avg Daily Target *	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
LAM, MINH DAI	11	21	243	9	252	268	8	276	110%	13.1
ST VIL, CARLINE	11	16	166	2	168	144	2	146	87%	9.1
ADULT CARE TOTALS		37	409	11	420	412	10	422	100%	

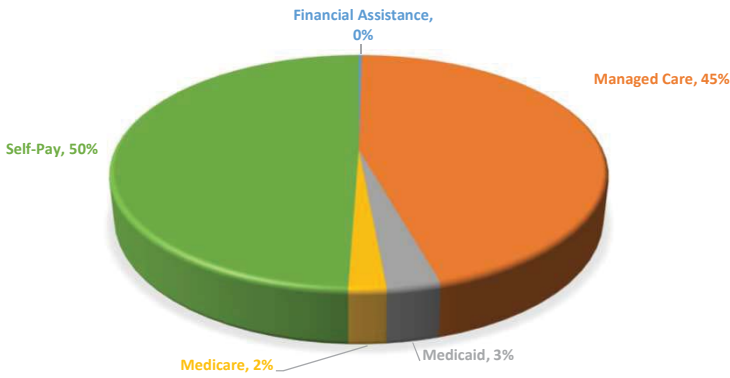
BEHAVIORAL HEALTH										
BONHOMETRE, STEPHANY	5	4.5	33	12	45	12	4	16	36%	3.6
ZIEMBA, ADRIANA LEQUERICA	1	0.1	1	0	1	1	0	1	100%	10.0
BEHAVIORAL HEALTH TOTALS		4.6	34	12	46	13	4	17	37%	

DENTAL										
ALWEHAIB, ARWA	16	1	16	0	16	14		14	88%	14.0
OLIVEIRA, PAULO	12	20	248	0	248	242		242	98%	12.1
PETERSEN, PATRICE	6	21	132	0	132	75		75	57%	3.6
DENTAL TOTALS		42	396	0	396	331	0	331	84%	

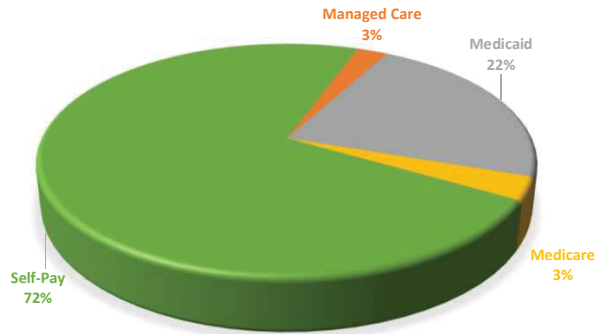
GRAND TOTAL										
		83.6	839	23	862	756	14	770	89%	



MEDICAL PAYER MIX



DENTAL PAYER MIX



JUPITER PRODUCTIVITY JULY 2021

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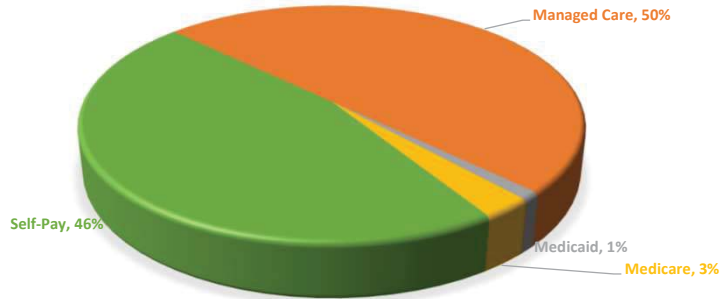
*Avg Daily Target * : Targets for July were adjusted for Epic Go Live*

ADULT CARE										
Provider	Avg Daily Target *	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
DABU, DARNEL	16	19	298.5	3	301.5	239	1	240	80%	12.6
SHOAF, NOREMI	14	21	295	1	296	229	1	230	78%	11.0
ADULT CARE TOTALS		40	594	4	598	468	2	470	79%	

GRAND TOTAL		40	594	4	598	468	2	470	79%	
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MEDICAL PAYER MIX





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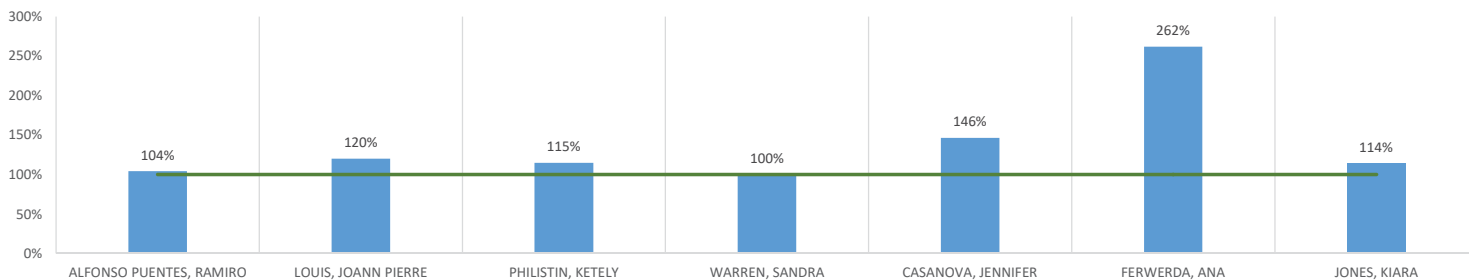
Avg Daily Target * : Targets for July were adjusted for Epic Go Live

ADULT CARE										
Provider	Avg Daily Target *	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ALFONSO PUENTES, RAMIRO	10	14.5	161	1	162	169	0	169	104%	11.7
LOUIS, JOANN PIERRE	8	13	142	2	144	170	3	173	120%	13.3
PHILISTIN, KETELY	9	16	171	5	176	197	5	202	115%	12.6
WARREN, SANDRA	9	1	9	0	9	9	0	9	100%	9.0
ADULT CARE TOTALS		44.5	483	8	491	545	8	553	113%	

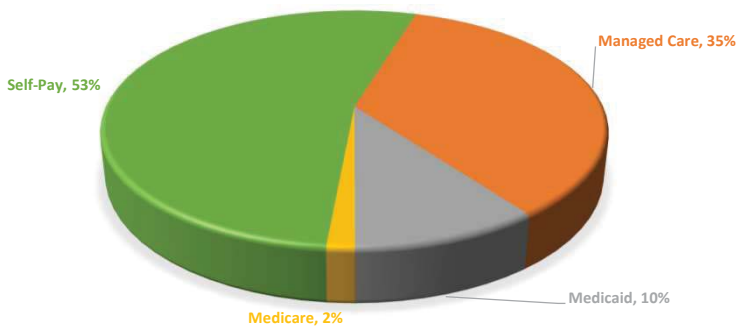
WOMEN'S HEALTH CARE										
CASANOVA, JENNIFER	16	12	111	1	112	164		164	146%	13.7
FERWERDA, ANA	18	12.5	162	0	162	212	212	424	262%	33.9
WOMEN'S HEALTH CARE TOTALS		24.5	273	1	274	376	212	588	215%	

BEHAVIORAL HEALTH										
JONES, KIARA	10	16.5	105	15	120	125	12	137	114%	8.3
BEHAVIORAL HEALTH TOTALS		16.5	105	15	120	125	12	137	114%	

GRAND TOTAL		85.5	861	24	885	1,046	232	1,278	144%	
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MEDICAL PAYER MIX





AS 07/31/2021 Based on Checked-In App

*Avg Daily Target * : Targets for July were adjusted for Epic Go Live*

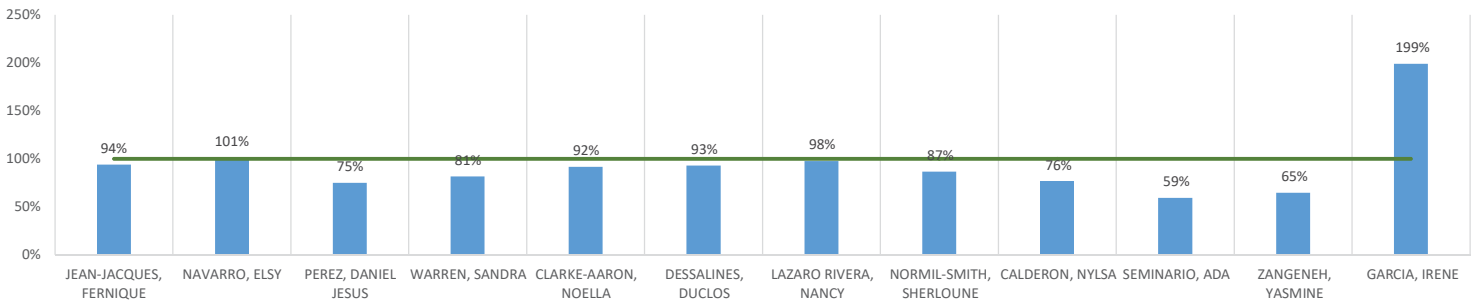
ADULT CARE										
Provider	Avg Daily Target *	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
JEAN-JACQUES, FERNIQUE	10	20.5	204	2	206	193	1	194	94%	9.5
NAVARRO, ELSY	10	21.5	211	5	216	212	7	219	101%	10.2
PEREZ, DANIEL JESUS	9	6.2	65.25	0	65.25	49	0	49	75%	7.9
WARREN, SANDRA	9	3.0	27	0	27	22	0	22	81%	7.3
ADULT CARE TOTALS		51.2	507	7	514	476	8	484	94%	

PEDIATRIC CARE										
CLARKE-AARON, NOELLA	14	5	67.5	0	67.5	62	0	62	92%	12.4
DESSALINES, DUCLOS	11	11	121.5	0	121.5	113	0	113	93%	10.3
LAZARO RIVERA, NANCY	15	19.5	304	2	306	297	2	299	98%	15.3
NORMIL-SMITH, SHERLOUNE	16	20	315	0	315	273	0	273	87%	13.7
WOMEN'S HEALTH CARE TOTALS		55.5	808	2	810	745	2	747	92%	

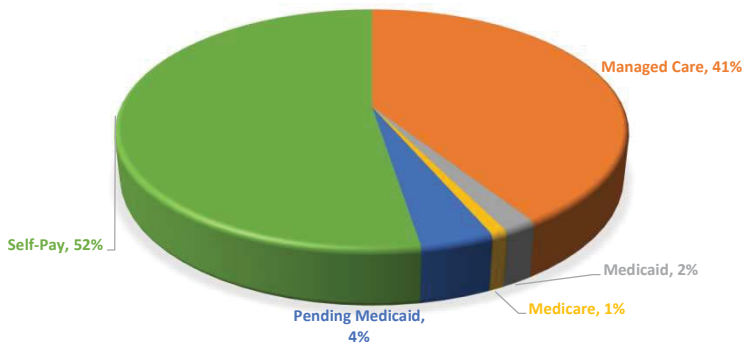
BEHAVIORAL HEALTH										
CALDERON, NYLSA	6	13	76	4	80	57	4	61	76%	4.7
BEHAVIORAL HEALTH TOTALS		13	76	4	80	57	4	61	76%	

DENTAL										
SEMINARIO, ADA	12	20	248	0	248	147		147	59%	7.4
ZANGENEH, YASMINE	12	18	224	0	224	145		145	65%	8.1
GARCIA, IRENE	7	13	92	0	92	183		183	199%	14.1
DENTAL TOTALS		51	564	0	564	475	0	475	84%	

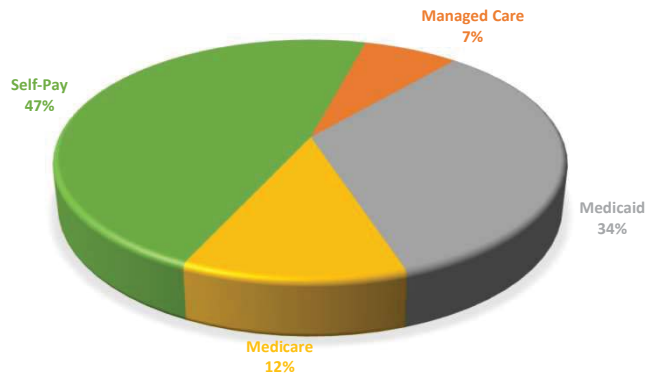
GRAND TOTAL		170.7	1,955	13	1,968	1,753	14	1,767	90%	
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MEDICAL PAYER MIX



DENTAL PAYER MIX



LEWIS PRODUCTIVITY JULY 2021

AS 07/31/2021 Based on Checked-In App

*Avg Daily Target * : Targets for July were adjusted for Epic Go Live*

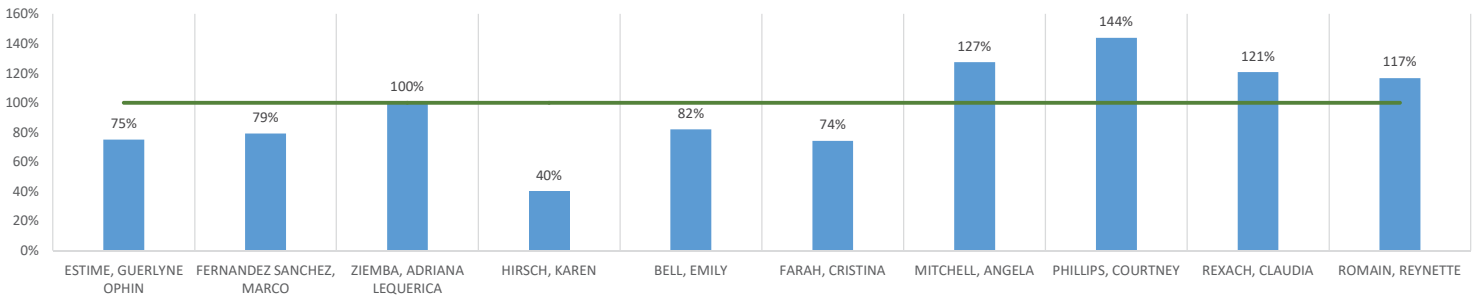


ADULT CARE										
Provider	Avg Daily Target *	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ESTIME, GUERLYNE OPHIN	8	1	8	0	8	6	0	6	75%	6.0
FERNANDEZ SANCHEZ, MARCO	14	17	243	1	244	192	1	193	79%	11.4
ADULT CARE TOTALS		18	251	1	252	198	1	199	79%	

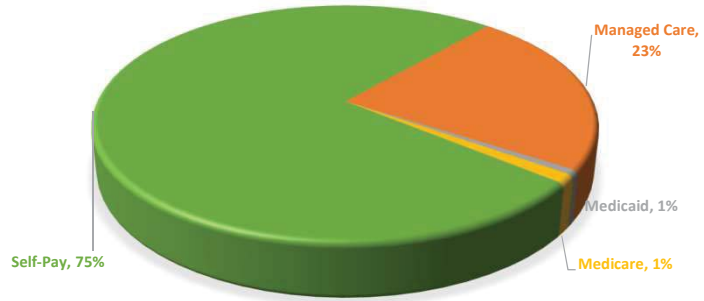
BEHAVIORAL HEALTH										
ZIEMBA, ADRIANA LEQUERICA	1	1.1	0	2	2	1	1	2	100%	1.8
HIRSCH, KAREN	5	0.5	0	5	5	0	2	2	40%	4.0
BEHAVIORAL HEALTH TOTALS		1.6	0	7	7	1	3	4	57%	

SUBSTANCE ABUSE DISORDER										
BELL, EMILY	14	19	265	3	268	218	2	220	82%	11.6
FARAH, CRISTINA	9	15.5	96	44	140	87	17	104	74%	6.7
MITCHELL, ANGELA	9	10.9	57	42	99	88	38	126	127%	11.6
PHILLIPS, COURTNEY	8	4	32	0	32	46	0	46	144%	11.5
REXACH, CLAUDIA	8	15.6	90	43.5	133.5	120	41	161	121%	10.3
ROMAIN, REYNETTE	8	10	49	41	90	67	38	105	117%	10.5
SUBSTANCE ABUSE CARE TOTALS		75	589	174	763	626	136	762	100%	

GRAND TOTAL										
		94.6	840	182	1,022	825	140	965	94%	



MEDICAL PAYER MIX





AS 07/31/2021 Based on Checked-In App

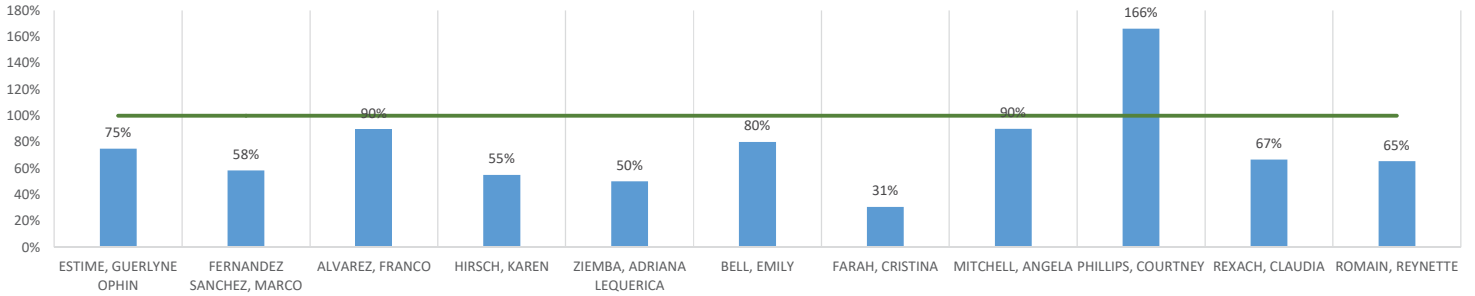
*Avg Daily Target * : Targets for July were adjusted for Epic Go Live*

ADULT CARE										
Provider	Avg Daily Target *	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ESTIME, GUERLYNE OPHIN	8	1	8	0	8	6		6	75%	6.0
FERNANDEZ SANCHEZ, MARCO	8	2	24	0	24	14		14	58%	7.0
ADULT CARE TOTALS		3	32	0	32	20	0	20	63%	

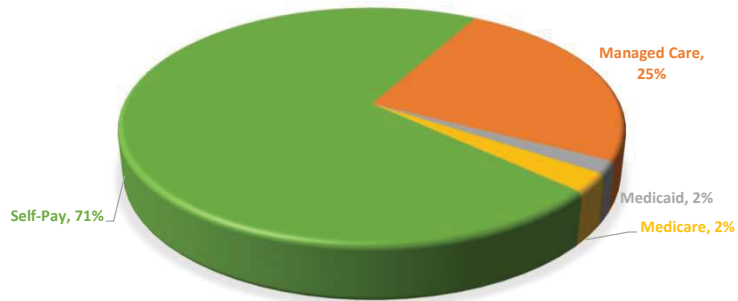
BEHAVIORAL HEALTH										
ALVAREZ, FRANCO	14	10	118.5	21	139.5	105	20	125	90%	12.5
HIRSCH, KAREN	7	14	122	10.5	132.5	67	6	73	55%	5.2
ZIEMBA, ADRIANA LEQUERICA	4	0.5	4	0	4	2	0	2	50%	4.0
BEHAVIORAL HEALTH TOTALS		24.5	245	32	276	174	26	200	72%	

SUBSTANCE ABUSE DISORDER										
BELL, EMILY	7	1.5	20	0	20	16	0	16	80%	10.7
FARAH, CRISTINA	7	3.5	25	7.5	32.5	9	1	10	31%	2.9
MITCHELL, ANGELA	8	8.7	34	50.5	84.5	30	46	76	90%	8.7
PHILLIPS, COURTNEY	7	11	73	1	74	122	1	123	166%	11.2
REXACH, CLAUDIA	5	1.5	14	1	15	9	1	10	67%	6.7
ROMAIN, REYNETTE	7	3	20.5	7	27.5	18	0	18	65%	6.0
SUBSTANCE ABUSE CARE TOTALS		29.2	187	67	254	204	49	253	100%	

GRAND TOTAL										
		56.7	463	99	562	398	75	473	84%	



MEDICAL PAYER MIX



WEST PALM BEACH PRODUCTIVITY JULY 2021

AS 07/31/2021 Based on Checked-In App



Avg Daily Target * : Targets for July were adjusted for Epic Go Live

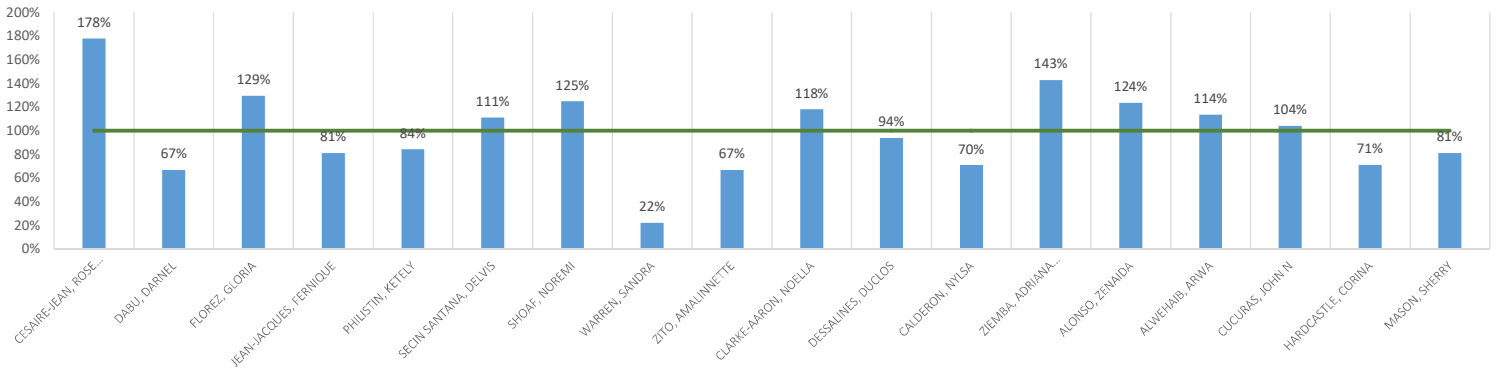
ADULT CARE										
Provider	Avg Daily Target *	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
CESAIRE-JEAN, ROSE CARLINE	8	9	72	0	72	128	0	128	178%	14.2
DABU, DARNEL	9	0.5	9	0	9	6	0	6	67%	12.0
FLOREZ, GLORIA	9	17	153	0	153	198	0	198	129%	11.6
JEAN-JACQUES, FERNIQUE	16	1	16	0	16	13	0	13	81%	13.0
PHILUSTIN, KETELY	16	2	31	1	32	25	2	27	84%	13.5
SECIN SANTANA, DELVIS	9	12	107	1	108	119	1	120	111%	10.0
SHOAF, NOREMI	8	0.5	8	0	8	10	0	10	125%	20.0
WARREN, SANDRA	9	1	9	0	9	2	0	2	22%	2.0
ZITO, AMALINETTE	6.75	2	13.5	0	13.5	9	0	9	67%	4.5
ADULT CARE TOTALS		45	419	2	421	510	3	513	122%	

PEDIATRIC CARE										
CLARKE-AARON, NOELLA	9	11	99	0	99	117	0	117	118%	10.6
DESSALINES, DUCLOS	18	10	179	1	180	168	1	169	94%	16.9
WOMEN'S HEALTH CARE TOTALS		21	278	1	279	285	1	286	103%	

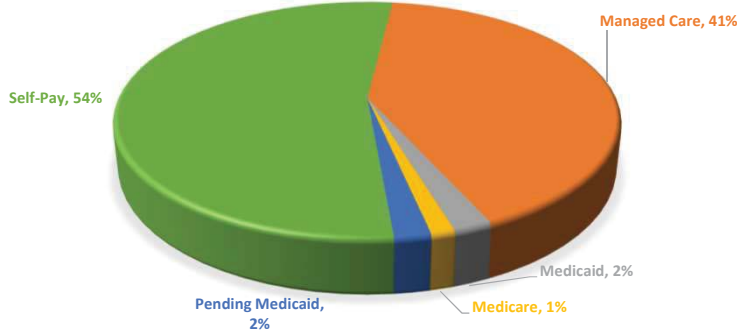
BEHAVIORAL HEALTH										
CALDERON, NYLSA	9	6.5	62.5	0	62.5	44	0	44	70%	6.8
ZIEMBA, ADRIANA LEQUERICA	4	0.9	6	1	7	9	1	10	143%	11.1
BEHAVIORAL HEALTH TOTALS		7.4	69	1	70	53	1	54	78%	

DENTAL										
ALONSO, ZENAIDA	12	17	200	0	200	247		247	124%	14.5
ALWEHAIB, ARWA	12	8	96	0	96	109		109	114%	13.6
CUCURAS, JOHN N	8	3	24	0	24	25		25	104%	8.3
HARDCASTLE, CORINA	7	16	104	0	104	74		74	71%	4.6
MASON, SHERRY	5	3	16	0	16	13		13	81%	4.3
DENTAL TOTALS		47	440	0	440	468	0	468	106%	

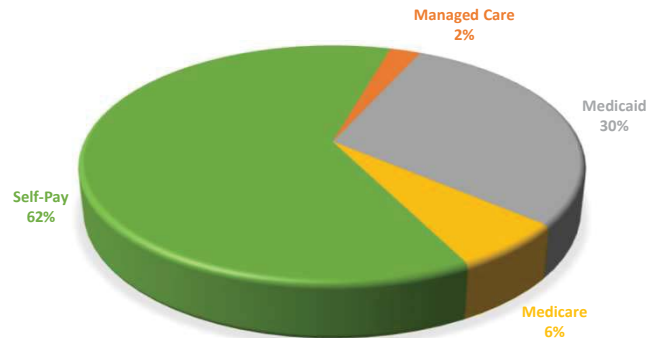
GRAND TOTAL										
		120.4	1,205	4	1,209	1,316	5	1,321	109%	



MEDICAL PAYER MIX



DENTAL PAYER MIX



MOBILE PRODUCTIVITY JULY 2021

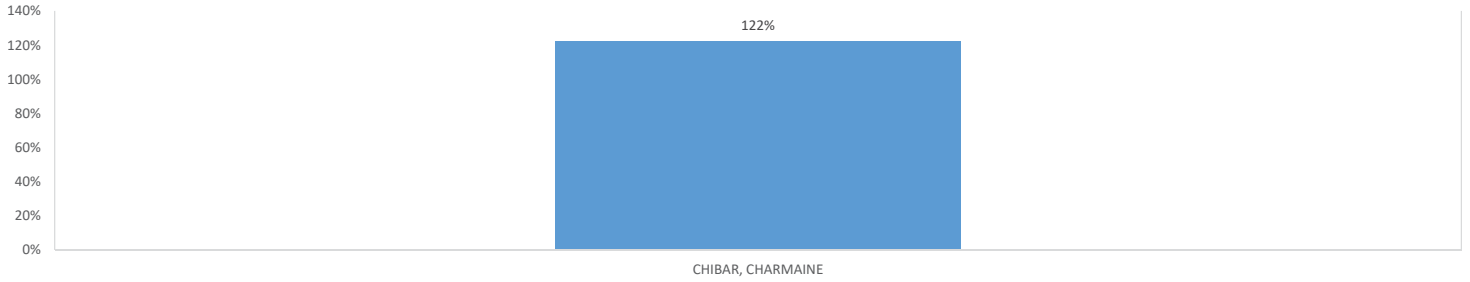
AS 07/31/2021 Based on Checked-In App



*Avg Daily Target * : Targets for July were adjusted for Epic Go Live*

PEDIATRIC CARE										
Provider	Avg Daily Target *	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
CHIBAR, CHARMAINE	9	0.5	9	0	9	11		11	122%	22.0
ADULT CARE TOTALS		0.5	9	0	9	11	0	11	122%	

GRAND TOTAL		0.5	9	0	9	11	0	11	122%	
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MEDICAL PAYER MIX

