# NOTICE OF MEETING

# NORTH BROWARD HOSPITAL DISTRICT

## BOARD OF COMMISSIONERS

A Finance Committee meeting will be held on Wednesday, June 17, 2020, immediately following the Compliance and Ethics Committee meeting, via WebEx. The purpose of this committee meeting is to review and consider any matters within the committee's jurisdiction.

NOTE: This public board meeting shall be conducted only through communications media technology in accordance with Fla. Exec. Order No. 2020-69 (March 20, 2020) and § 120.54(5)(b)2., Florida Statutes.

Any person who decides to appeal any decision of the District's Board with respect to any matter considered at these meetings will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings is made which record includes testimony and evidence upon which the appeal is to be based.

# MINUTES

NORTH BROWARD HOSPITAL DISTRICT

North Broward Hospital District Board of Commissioners
1700 Northwest 49th Street, Suite #150, Ft. Lauderdale, 33309

**FINANCE COMMITTEE**
**Immediately following the Compliance and Ethics Committee Meeting**
**February 19, 2020**

1. **NOTICE**

Official notice and agenda of this meeting is attached to the Minutes, as EXHIBIT I and EXHIBIT II, as presented for consideration of the Committee.

2. **CALL TO ORDER** 11:04 a.m.

3. **COMMITTEE MEMBERS**

*Present:* Commissioner Stacy L. Angier, Chair
Commissioner Ray T. Berry, Vice Chair
Commissioner Nancy W. Gregoire

*Not Present:* Commissioner Christopher T. Ure
Commissioner Marie C. Waugh

*Senior Leadership Additionally Present:* Gino Santorio/ Chief Executive Officer, President, Alan Goldsmith/Chief Administrative Officer, Alex Fernandez/Chief Financial Officer, Linda Epstein/Corporate General Counsel, Jerry Del Amo/Deputy General Counsel

4. **PUBLIC COMMENTS**

None.

5. **APPROVAL OF MINUTES DATED JANUARY 15, 2020**

Staff Recommendation: That the minutes, dated January 15, 2020, be approved.

**Staff recommendation *carried* without dissent.**

6. **TOPIC OF DISCUSSION**

* Item 6.2., *Acceptance of the Interim Financial Statement* was heard prior to item 6.1., *CFO Presentation*.

6.2. Acceptance of the Interim Financial Statement for the month of January, 2020

DRAFT

Staff Recommendation: That the Finance Committee accept the Interim Financial Statement for the month of January 2020.

**Staff recommendation *carried* without dissent.**

Prior to beginning the CFO presentation, Mr. Fernandez introduced David Weisman as the new VP of Managed Care. Mr. Weisman shared details to his experience and employment history.

Mr. Fernandez updated the committee on the impacts hospitals were experiencing on Intergovernmental Transfer's (IGT) and Lip & Dish Funding for Fiscal Year 2020.

6.1.CFO Presentation – Alex Fernandez, SVP, Chief Financial Officer

Mr. Fernandez proudly reported that the organization exceeded budget by $1.2 million for the month of January 2020.

The financial report for the month of January was presented, as listed below.

- Broward Health Systems:
  - Drivers and Performance
- Financial Performance Graph:
  - Gain and Loss on Operations
- Growth Graph:
  - Trends within year-to-date Hospitalization
  - Trends within year-to-date Surgeries and ED visits
- Broward Health CDTC Performance:
  - Current Period
  - Fiscal Year to Date
- Service:
  - Drivers and Performance
- Key Financial Indicators:
  - Drivers and Performance
- Revenue Cycle Dashboard:
  - Drivers and Performance
- FY 2020 Financial Initiative Update:
  - Efficiency/Cost Improvement
  - Revenue Cycle
  - Managed Care
  - Non-Operating Financial Strategy

DRAFT

6.3. BHMC, Approval to renew a 2-year employment agreement with Dr. Kenneth Herskowitz

Staff Recommendation: That the Finance Committee recommend that the Board of Commissioners of the North Broward Hospital District authorize the District to enter into a new 2-year employment agreement with Medical Directorship with Dr. Kenneth Herskowitz for the provision of Cardiothoracic Surgery services at Broward Health Medical Center.

**Staff recommendation *carried* without dissent.**

6.4. BH, Approval to enter into a 5-year clinical service agreement for perfusion services with Comprehensive Care Services Inc.

Staff Recommendation: That the Finance Committee recommend that the Board of Commissioners of the North Broward Hospital District authorize the District to enter into a five (5) year clinical services agreement for perfusion with Comprehensive Care Inc. for $9,050,000.

**Staff recommendation *carried* without dissent.**

6.5. Revint DRG Validation

Staff Recommendation: That the Finance Committee recommend that the Board of Commissioners of the North Broward Hospital District authorize the District to enter into a contractual agreement with Revint Solutions, the vendor awarded per the formal RFP process, with the annual planned system spend to be contingent on performance.

**Staff recommendation *carried* without dissent.**

6.6. Supplier Diversity Discussion - Jorge Hernandez, VP, Supply Chain, CPO

Mr. Jorge Hernandez, VP, Supply Chain, Ms. LaRae Floyd, Manager of Business Development and Material Operations, and Ms. Diana Gomez, Manager, Supply Chain Bids and Purchasing, gave an overview on the Supplier Diversity Policy GA-001-045 and the department's program as it currently stood. Mr. Hernandez also announced that Ms. Floyd had been nominated for the 2020 Distinguished Health Care Diversity Applicant Award, by the National Diversity Counsel.

6.7. Ryan Grant Award, (part A) - Dr. Andrew Ta, EVP, Chief Medical Officer

**MOTION** It was ***moved*** by Commissioner Gregoire, ***seconded*** by Commissioner Berry, that:

DRAFT

Staff Recommendation: That the Finance Committee recommend that the Board of Commissioners of the North Broward Hospital District authorize the District to accept adjusted Ryan White Part A funds of $1,615,356 for Medical Care, Case Management, Disease Case management, and Pharmacy services for 2019/2020. Furthermore, this request allows Broward Health to accept Ryan White Part A partial funding for the new service period (March 1, 2020 through August 31, 2020) of $689,425.

Staff recommendation ***carried*** unanimously.

6. **ADJOURNMENT** 11:56 a.m.

Respectfully submitted,
Commissioner Stacy L. Angier, Secretary/Treasurer

DRAFT

# Financial Review
# Fiscal Year 2020
# May 2020

**June 17, 2020**

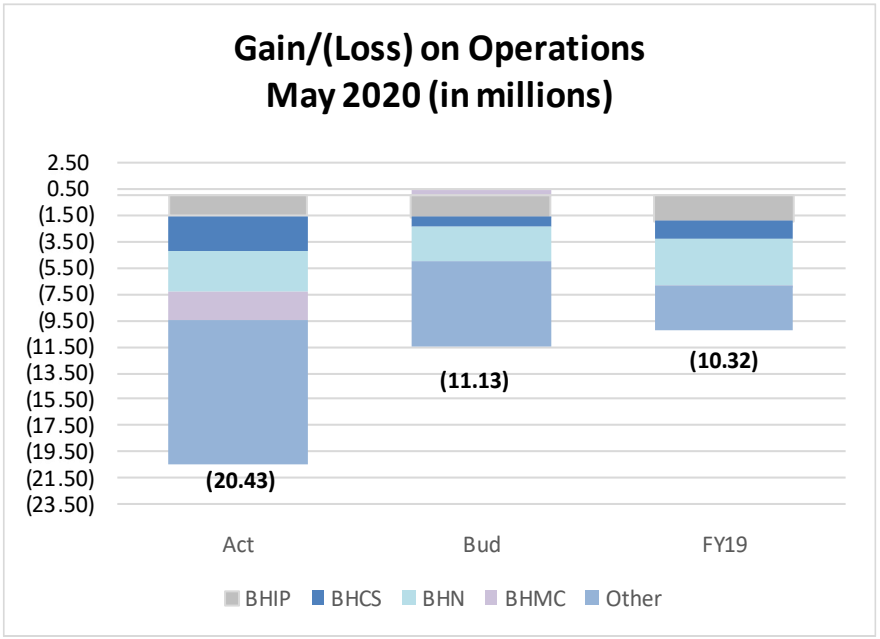
BROWARD HEALTH®

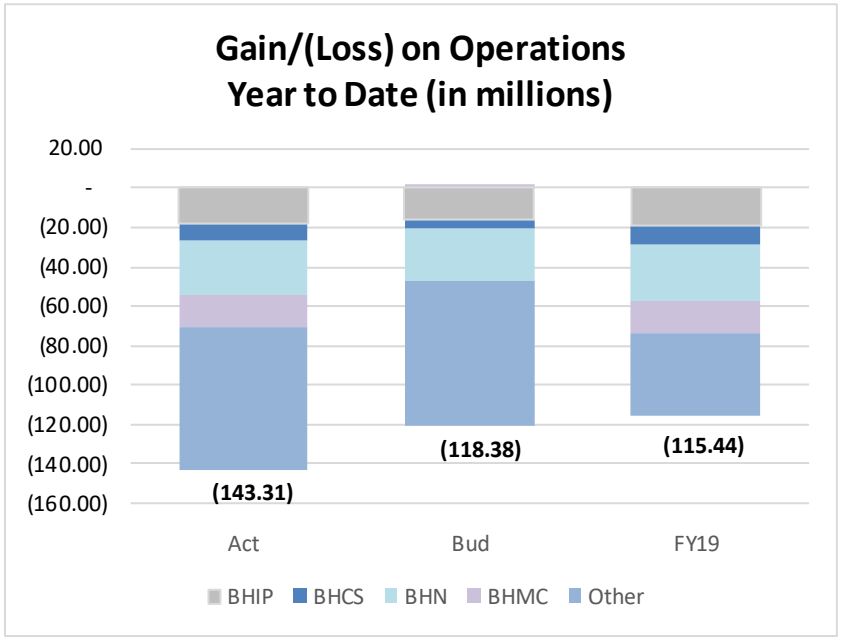
# Broward Health System

## DRIVERS

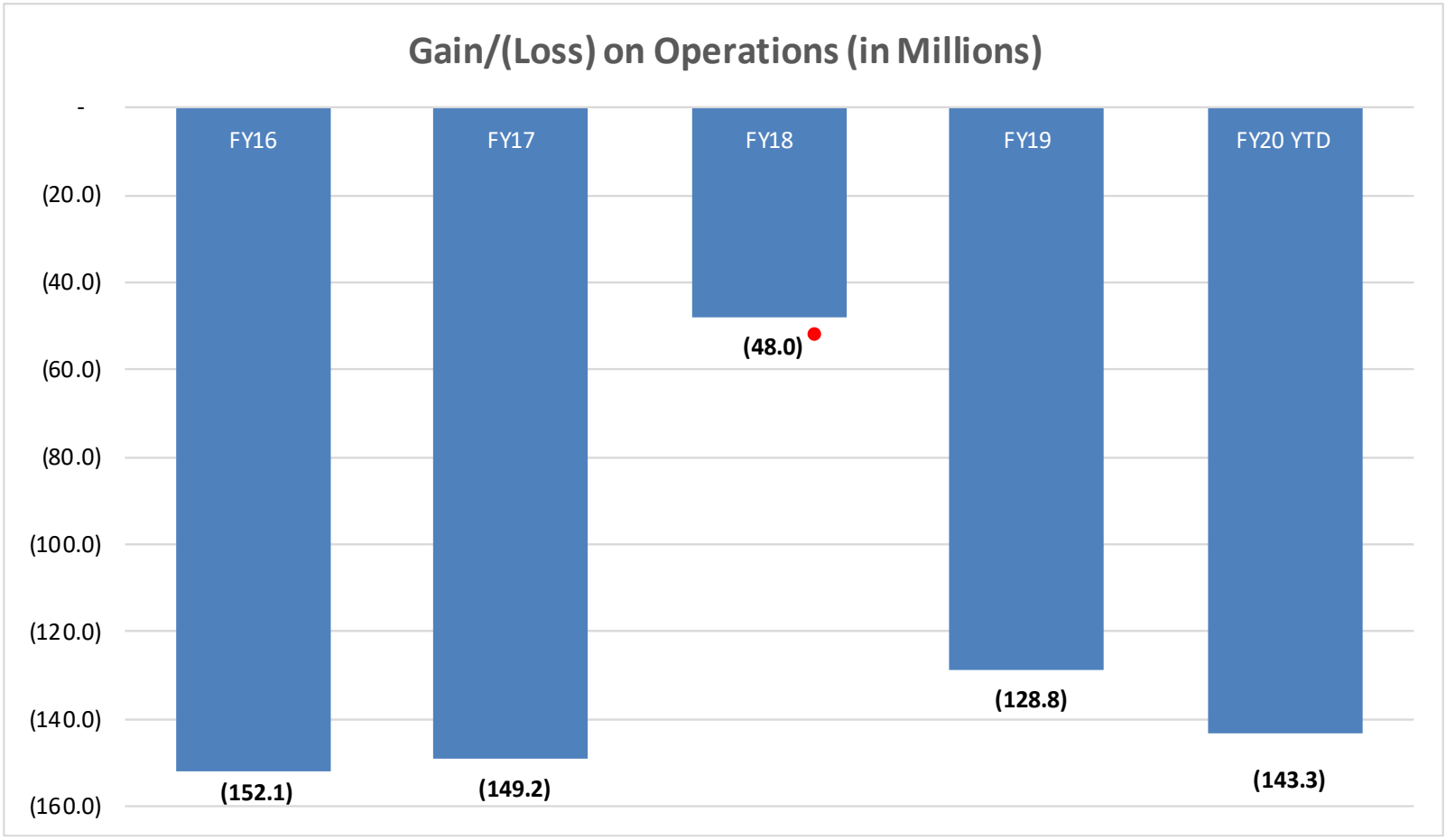
- Net Operating Revenue below PY YTD by 0.3%
- Total Hospitalizations below PY YTD by 4.0%
- ED Visits are below PY YTD by 9.6%
- With the effect of COVID 19, Operating Margin below PY YTD by 24.2%
- Holding steady with overall expense controls resulting in operating expenses to remain below budget by 5.9%

## PERFORMANCE



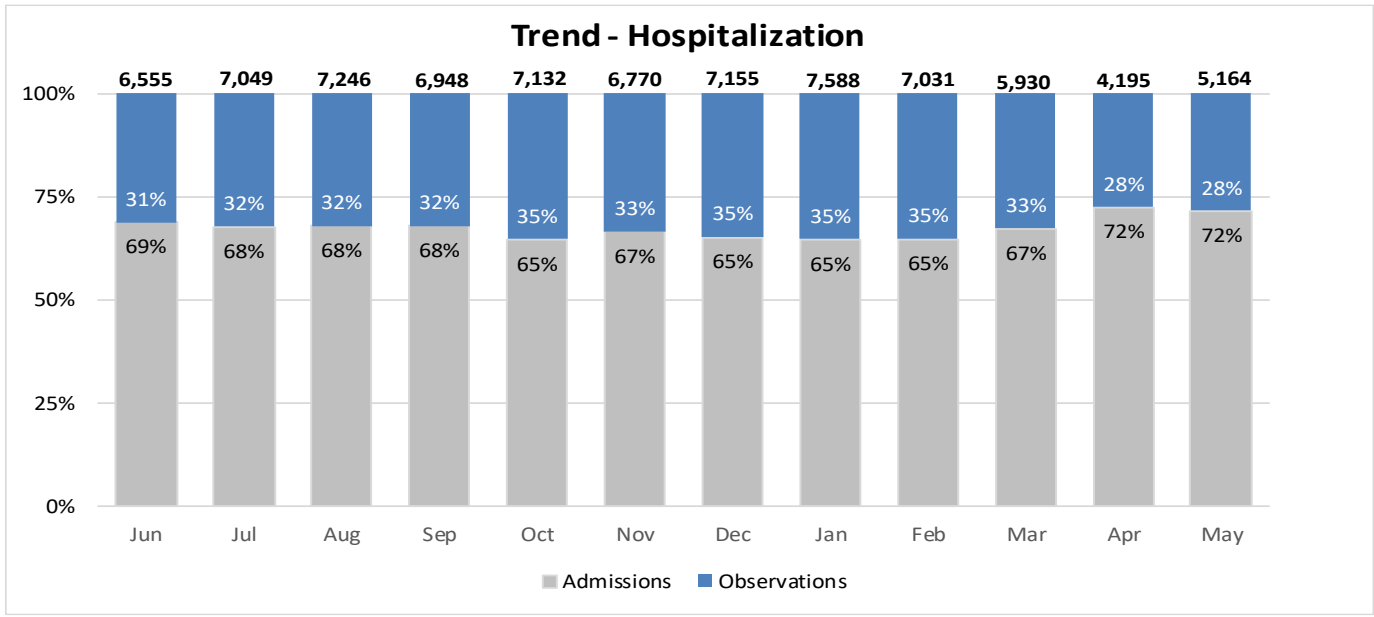



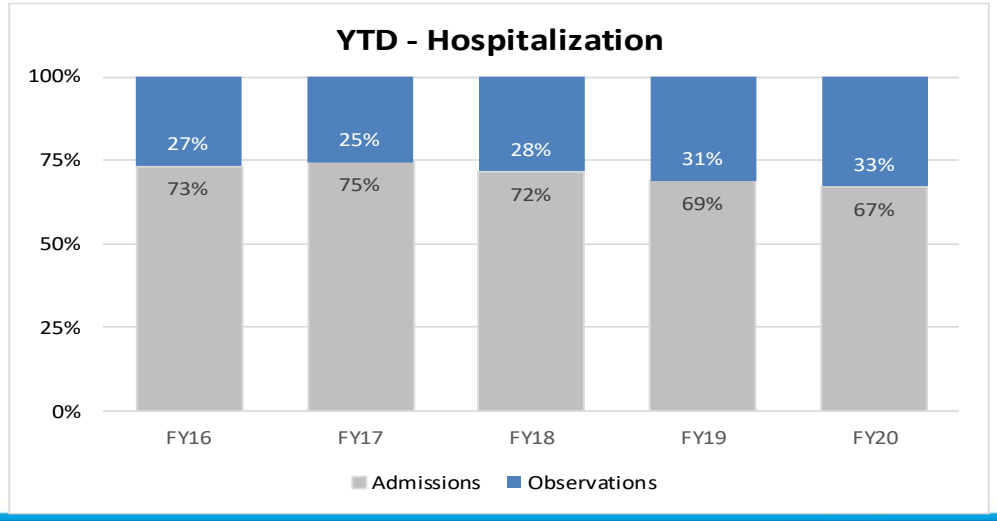
# Financial Performance Graph



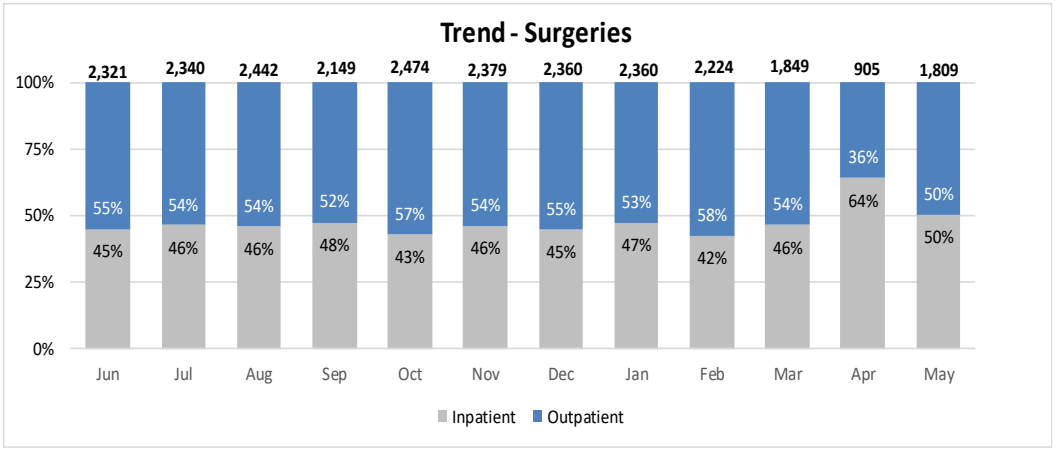

● A change in GASB75 in FY18 resulted in a 1 time reduction of post-employment benefit expense of $76.1 million. Without the adjustment Gain/(Loss) = (124.1)

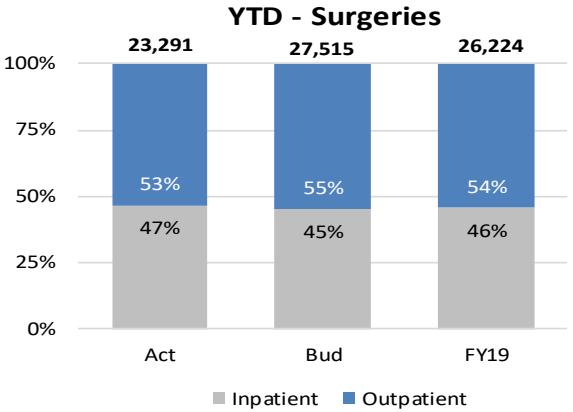
# Growth Graph

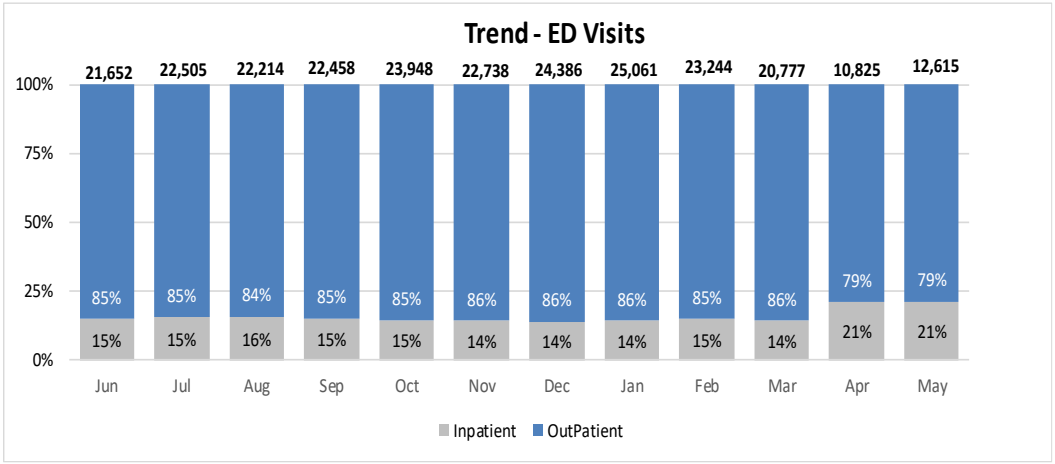


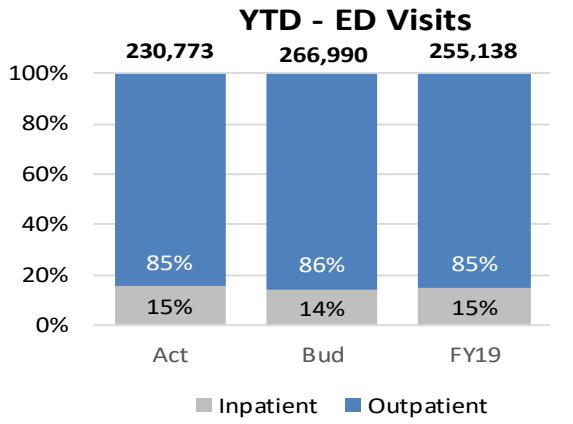



# Growth Graph



# Broward Health North

## DRIVERS

- Highest CMI for FY 2020 at 1.6913
- Operating Expenses were $2.9M Favorable to Budget and $3M Favorable to Prior Year
- Overtime & Agency Use was 1.9% of Total Productive Hours
- Loss From Operations was $506K Favorable to PY

## PERFORMANCE

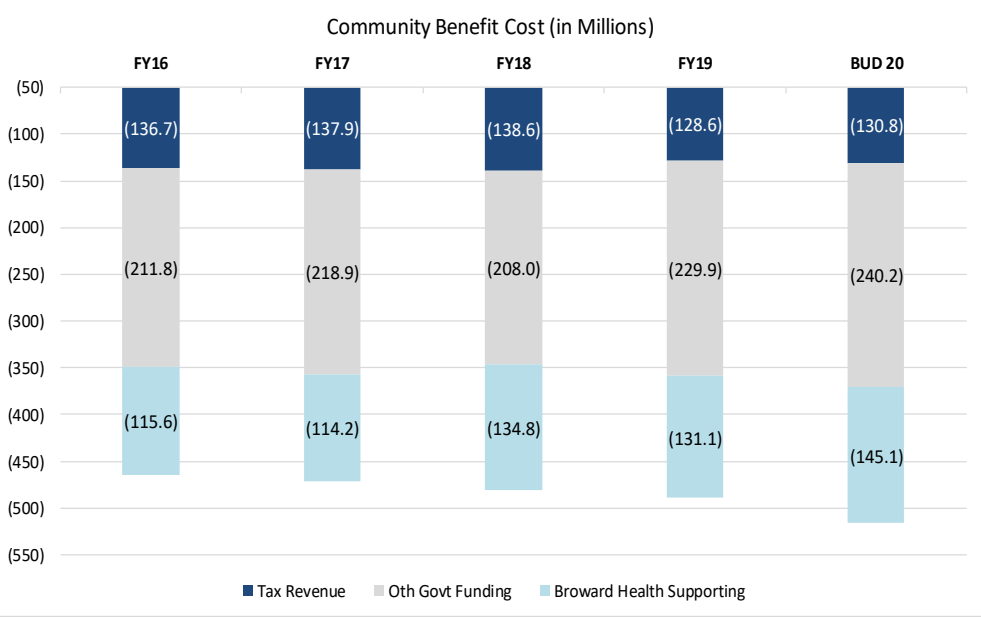
| | | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Broward Health North | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| 1. | Admissions | 914 | 1,156 | (242) | 1,162 | (248) | 11,649 | 12,631 | (982) | 12,248 | (599) |
| 2. | Observation Cases | 428 | 621 | (193) | 474 | (46) | 6,111 | 6,742 | (631) | 6,577 | (466) |
| 3. | Total Hospitalization Patients | 1,342 | 1,777 | (435) | 1,636 | (294) | 17,760 | 19,373 | (1,613) | 18,825 | (1,065) |
| 4. | Surgeries | 483 | 600 | (117) | 592 | (109) | 5,600 | 6,445 | (845) | 6,066 | (466) |
| 5. | ER Visits | 3,134 | 5,423 | (2,289) | 5,268 | (2,134) | 52,249 | 59,803 | (7,554) | 58,200 | (5,951) |
| | ($ in millions) | | | | | | | | | | |
| 6. | Net Operating Revenue | $16.6 | $19.9 | ($3.3) | $19.2 | ($2.6) | $205.7 | $218.2 | ($12.5) | $203.1 | $2.6 |
| 7. | SW & B | $9.0 | $9.8 | ($0.8) | $9.5 | ($0.5) | $103.4 | $106.4 | ($3.0) | $100.3 | $3.1 |
| 8. | Supplies | $3.9 | $5.8 | ($1.9) | $6.3 | ($2.4) | $57.0 | $62.6 | ($5.6) | $59.4 | ($2.4) |
| 9. | Other | $3.3 | $3.6 | ($0.3) | $3.4 | ($0.1) | $37.6 | $38.4 | ($0.8) | $36.1 | $1.5 |
| 10. | EBIDA | $0.3 | $0.7 | ($0.4) | ($0.1) | $0.4 | $7.7 | $10.7 | ($3.0) | $7.3 | $0.4 |
| 11. | Depreciation & Common Service | $3.4 | $3.3 | $0.1 | $3.5 | ($0.1) | $35.7 | $37.0 | ($1.3) | $35.9 | ($0.2) |
| 12. | Net Gain (Loss) from Operations | ($3.1) | ($2.6) | ($0.5) | ($3.6) | $0.5 | ($28.0) | ($26.3) | ($1.7) | ($28.6) | $0.6 |

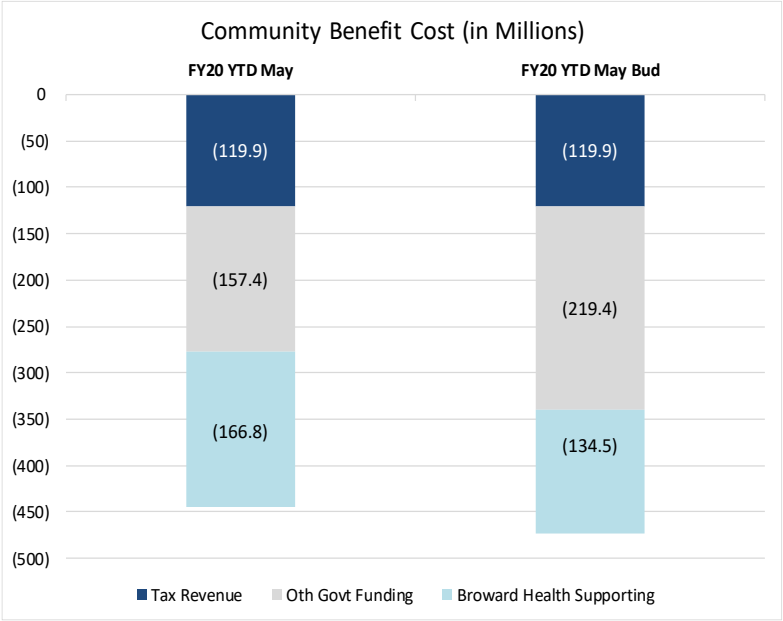
# Service

## DRIVERS

- Community Benefit Cost in Excess of Gov't Funding represents the amount of the unfunded costs BH subsidies through operations
- BH Projects for 2020 to subsidize unfunded programs by $145.1M
- BH has subsidized $166.8M in unfunded programs though May 2020 YTD

## PERFORMANCE



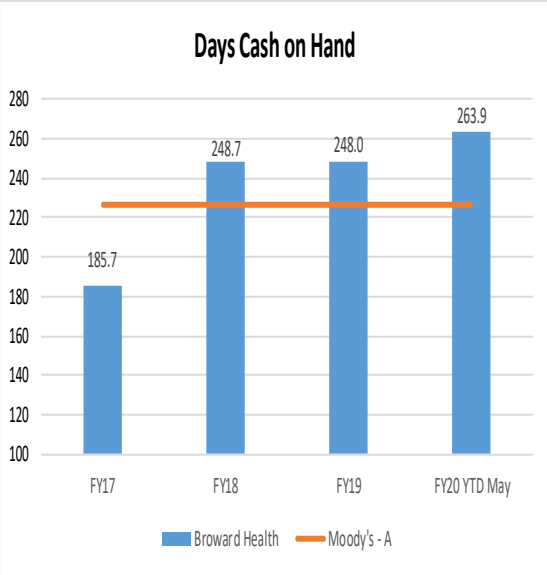



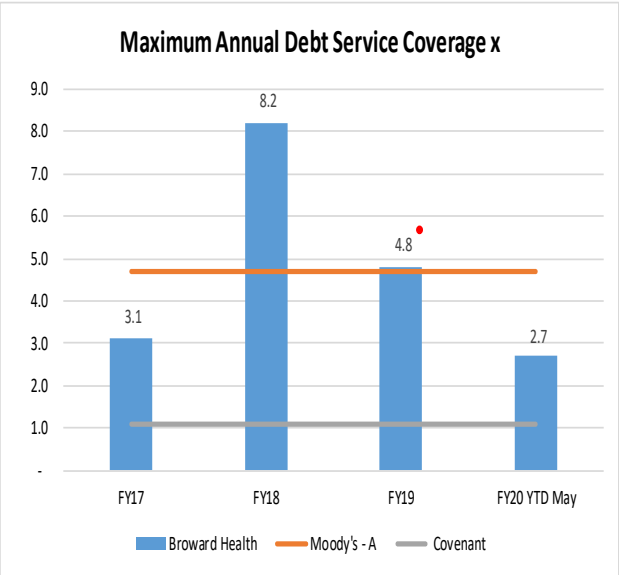
# Key Financial Indicators

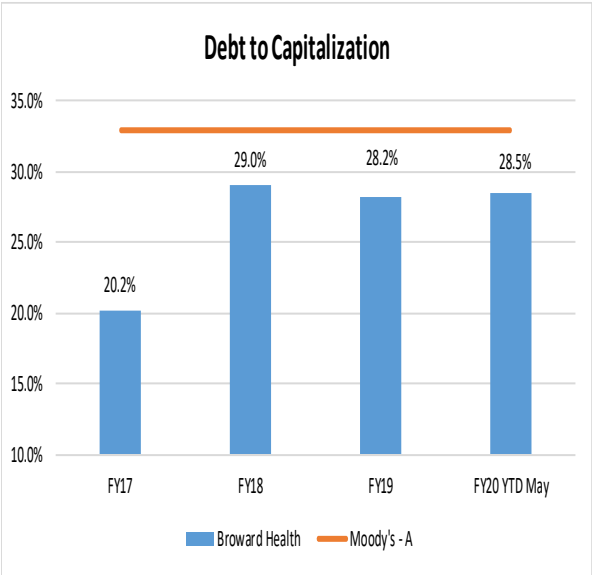
## DRIVERS

- Days Cash on Hand is holding above A Rate benchmark at 263.9
- Debt Service Coverage is below A Rate at 2.7
- Debt to Capitalization holding steady below A Rate benchmark at 28.5%

## PERFORMANCE




● Maximum Annual Debt Service Coverage; from FY18 to FY19, drop from 8.2 to 4.8 resulted in a one time benefit entry dropping off of the total expense 12 month roll.

# Rev Cycle Dashboard

## DRIVERS

- The Discharged Not Sent to payer (DNSP) is better than goal 5.26 vs 5.44
- YTD cash collections continue to be within range of (86-100%) at 97.29%

## PERFORMANCE

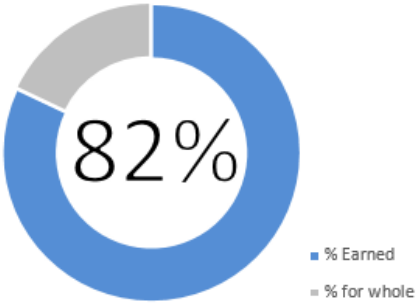
BEST KPI EVER!!!!!

| | Revenue Cycle | Current Period | | | FYTD | | |
|---|---|---|---|---|---|---|---|
| | | Actual | Goal | Var | Actual | Goal | Var |
| 1. | Cash Collection % (86-100%) | 89.34% | 100.00% | -10.7% | 97.29% | 100.00% | -2.7% |
| 2. | AR days - Revenue Cycle Team | 59 | 47 | 12 | 59 | 47 | 12 |
| 3. | First Pass Denial % | 12.4% | 8.5% | -3.9% | 11.4% | 8.5% | -2.9% |
| 4. | POS Cash Collections % | 25.90% | 35.00% | -9.1% | 35.55% | 35.00% | 0.6% |
| 5. | Discharged Not Sent to Payer - Rev Mgt | 5.26 | 5.81 | (0.55) | 5.51 | 5.65 | (0.14) |
| 6. | Billed AR >90 days- All FC's + Self-pay (P) | 48.06% | 30.00% | 18.1% | 48.06% | 30.00% | 18.1% |
| 7. | % of IP screened by MOPED | 99.75% | 98.00% | 1.8% | 98.95% | 98.00% | 1.0% |
| 8. | % of IP conversions to FC R | 31.18% | N/A | 0.0% | 31.29% | N/A | 0.0% |
| 9. | % of Accounts Converted to Funded | 87.39% | 80.00% | 7.4% | 78.61% | 80.00% | -1.4% |

# FY 2020 FINANCIAL INITIATIVE UPDATE

## KEY INITIATIVES

- Efficiency/cost improvements
- Revenue Cycle
- Managed Care
- Non-operating finance strategy




### Efficiency/Cost Improvement

| | |
|---|---|
| Labor Management | |
| Procurement | |
| Utilization Review | |

### Revenue Cycle

| | |
|---|---|
| Scorecard benchmark | |
| Consumerism strategy | |
| Backend patient accounting conversion | |
| Transparency | |

### Managed Care

| | |
|---|---|
| Enhance contract language to protect BH | |
| Initiate Managed Care Negotiations | |
| Expand relationships with Managed Care | |

### Non-operating Financial Strategy

| | |
|---|---|
| Full review of financial position | |
| Create long-term capital plan | |
| Financial modeling | |

**39 Potential Points**

- = 3 points
- = 2 points
- = 1 point

# CARES Act YTD Comparison

- Broward Health received Cares Act funding - $18,709,697
- Financial statement below are inclusive of revenue from the Cares Act

## PERFORMANCE

| | | 2020 FYTD | | | | |
|---|---|---|---|---|---|---|
| | Broward Health | Actual | Budget | Var | Prior Year | Var |
| | ($ in millions) | | | | | |
| 1 | Net Operating Revenue | $960.7 | $1,055.4 | ($94.7) | $963.9 | ($3.2) |
| 2 | SW & B | $616.7 | $655.1 | ($38.4) | $590.0 | $26.7 |
| 3 | Supplies | $213.0 | $221.3 | ($8.2) | $211.0 | $2.0 |
| 4 | Other | $226.0 | $247.7 | ($21.8) | $226.3 | ($0.3) |
| 5 | EBIDA | ($95.0) | ($68.7) | ($26.3) | ($63.5) | ($31.5) |
| 6 | Depreciation & Common Service | $48.3 | $49.7 | ($1.3) | $52.0 | ($3.7) |
| 7 | Net Gain (Loss) from Operations | ($143.3) | ($118.4) | ($24.9) | ($115.4) | ($27.9) |

# CARES Act YTD Comparison (cont'd)

- Broward Health received Cares Act funding - $18,709,697
- Financial statement below excludes revenue from the Cares Act

## PERFORMANCE

| | | 2020 FYTD | | | | |
|---|---|---|---|---|---|---|
| | Broward Health | Actual | Budget | Var | Prior Year | Var |
| | ($ in millions) | | | | | |
| 1 | Net Operating Revenue | $942.0 | $1,055.4 | ($113.4) | $963.9 | ($21.9) |
| 2 | SW & B | $616.7 | $655.1 | ($38.4) | $590.0 | $26.7 |
| 3 | Supplies | $213.0 | $221.3 | ($8.2) | $211.0 | $2.0 |
| 4 | Other | $226.0 | $247.7 | ($21.8) | $226.3 | ($0.3) |
| 5 | EBIDA | ($113.7) | ($68.7) | ($45.0) | ($63.5) | ($50.2) |
| 6 | Depreciation & Common Service | $48.3 | $49.7 | ($1.3) | $52.0 | ($3.7) |
| 7 | Net Gain (Loss) from Operations | ($162.0) | ($118.4) | ($43.6) | ($115.4) | ($46.6) |

# Tax Hearing Timeline

## Board Sensitive Dates

| Task | Date |
|---|---|
| TA Board approves Tax Exhibit – Proposed millage rate is discussed | Late July |
| TA holds 1st Tax Hearing<br>Amends tentative budget<br>Re-calculates Proposed Mil Rate<br>Calculate % over Roll-Back Mil Rate<br>Adopts tentative Mil Rate & Budget | Mid September |
| TA holds Final Tax Hearing - 2 to 5 days after Ad is placed or no later than 9/26<br>% increase over Roll-Back Mil Rate<br>Adopt Final Mil Rate<br>Approve Operating & Capital Budget | Late September |

# Appendix

# Broward Health System

| | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| **1. Net Operating Revenue** | **$76.9** | **$98.0** | ($21.1) | **$89.2** | ($12.3) | **$960.7** | **$1,055.4** | ($94.7) | **$963.9** | ($3.2) |
| 2. Salaries | 43.8 | 50.0 | **(6.2)** | 45.0 | **(1.2)** | 495.3 | 532.2 | **(36.9)** | 479.4 | 15.9 |
| 3. Benefits | 11.3 | 11.4 | **(0.1)** | 10.1 | 1.2 | 121.4 | 122.9 | **(1.5)** | 110.7 | 10.7 |
| 4. Fees - Physician | 5.0 | 6.0 | **(1.0)** | 5.4 | **(0.4)** | 62.4 | 65.4 | **(3.0)** | 55.7 | 6.7 |
| 5. Fees - Other | 10.2 | 9.7 | 0.5 | 9.5 | 0.7 | 98.7 | 105.1 | **(6.4)** | 99.6 | **(0.9)** |
| 6. Supplies | 17.3 | 20.7 | **(3.4)** | 18.5 | **(1.2)** | 213.0 | 221.3 | **(8.3)** | 211.0 | 2.0 |
| 7. Insurance | 0.2 | 0.9 | **(0.7)** | 0.8 | **(0.6)** | 8.1 | 10.4 | **(2.3)** | 9.1 | **(1.0)** |
| 8. Repairs & Maintenance | 1.4 | 1.8 | **(0.4)** | 1.5 | **(0.1)** | 16.4 | 20.0 | **(3.6)** | 18.7 | **(2.3)** |
| 9. Lease & Rentals | 1.0 | 1.1 | **(0.1)** | 0.9 | 0.1 | 10.1 | 11.8 | **(1.7)** | 9.7 | 0.4 |
| 10. Utilities | 1.4 | 1.6 | **(0.2)** | 1.6 | **(0.2)** | 16.6 | 17.8 | **(1.2)** | 17.0 | **(0.4)** |
| 11. PMATF Assessment | 1.0 | 1.0 | **0.0** | 1.0 | **0.0** | 10.7 | 11.5 | **(0.8)** | 11.4 | **(0.7)** |
| 12. Other | 0.3 | 0.5 | **(0.2)** | 0.3 | **0.0** | 2.9 | 6.0 | **(3.1)** | 5.1 | **(2.2)** |
| 13. Depreciation | 4.4 | 4.4 | **0.0** | 4.8 | **(0.4)** | 48.3 | 49.7 | **(1.4)** | 52.0 | **(3.7)** |
| **14. Total Expenses** | **$97.3** | **$109.2** | **(11.9)** | **$99.5** | **($2.2)** | **$1,104.0** | **$1,173.8** | **(69.8)** | **$1,079.3** | $24.7 |
| **15. Net Loss from Operations** | **($20.4)** | **($11.1)** | ($9.3) | **($10.3)** | ($10.1) | **($143.3)** | **($118.4)** | ($24.9) | **($115.4)** | ($27.9) |
| 16. Tax Revenue (Net) | 10.9 | 10.9 | **0.0** | 10.7 | **0.2** | 119.9 | 119.9 | **0.0** | 117.8 | **2.1** |
| 17. Investment Income (Net) | 16.9 | 1.8 | **15.1** | (3.9) | **$20.8** | 5.6 | 20.2 | (14.6) | 23.0 | (17.4) |
| 18. Interest Expense | 1.4 | 1.4 | **0.0** | 1.4 | **0.0** | 15.7 | 15.5 | 0.2 | 15.9 | **(0.2)** |
| 19. Donations (Net) & County Funding | (0.2) | (0.4) | **0.2** | (0.7) | **0.5** | (5.8) | (4.7) | (1.1) | (8.4) | **2.6** |
| **20. Net Non-operating Revenue & Expenses** | **$26.2** | **$10.9** | **$15.3** | **$4.7** | **$21.5** | **$104.0** | **$119.9** | ($15.9) | **$116.5** | ($12.5) |
| **21. Excess** | **$5.8** | **($0.2)** | **$6.0** | **($5.6)** | **$11.4** | **($39.3)** | **$1.5** | ($40.8) | **$1.1** | ($40.4) |

# Broward Health System

| | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| 1. Admissions - Compensated | 3,131 | 4,238 | -26% | 4,045 | -23% | 40,947 | 45,911 | -11% | 44,228 | -7% |
| 2. Admissions - Uncompensated | 562 | 723 | -22% | 723 | -22% | 7,471 | 7,835 | -5% | 7,612 | -2% |
| 3. Admissions - Total | 3,693 | 4,961 | -26% | 4,768 | -23% | 48,418 | 53,746 | -10% | 51,840 | -7% |
| 4. Observation Cases | 1,470 | 2,191 | -33% | 2,120 | -31% | 23,794 | 23,526 | 1% | 23,356 | 2% |
| 5. Average Length of Stay | 5.9 | 5.1 | 16% | 5.3 | 11% | 5.5 | 5.1 | 8% | 5.3 | 4% |
| 6. Total Hospitalization Patients | 5,163 | 7,152 | -28% | 6,888 | -25% | 72,212 | 77,272 | -7% | 75,196 | -4% |
| 7. Births | 362 | 489 | -26% | 455 | -20% | 5,061 | 5,506 | -8% | 5,363 | -6% |
| 8. Surgeries | 1,810 | 2,527 | -28% | 2,466 | -27% | 23,291 | 27,515 | -15% | 26,224 | -11% |
| 9. ED Visits - Total | 12,614 | 24,682 | -49% | 23,908 | -47% | 230,773 | 266,990 | -14% | 255,138 | -10% |
| 10 Outpatient Med Ctr. Visits | 9,432 | 16,513 | -43% | 16,498 | -43% | 150,207 | 179,419 | -16% | 177,445 | -15% |
| 11 Community Health Care Visits | 5,336 | 8,962 | -40% | 7,423 | -28% | 70,010 | 89,264 | -22% | 82,048 | -15% |
| 12 Physician Practice Visits | 20,376 | 28,360 | -28% | 22,020 | -7% | 227,182 | 256,121 | -11% | 211,028 | 8% |
| 13 UCC Coral & Plantation Visits | 328 | 917 | -64% | 810 | -60% | 7,932 | 10,087 | -21% | 9,894 | -20% |
| 14 BH Weston Visits | 910 | 1,867 | -51% | 1,785 | -49% | 16,424 | 20,537 | -20% | 20,379 | -19% |
| 15 Home Health/Hospice Visits | 1,493 | 1,338 | 12% | 1,285 | 16% | 12,920 | 14,718 | -12% | 14,358 | -10% |

# Broward Health Medical Center

## PERFORMANCE

| | Broward Health Medical Center | Current Period Actual | Budget | Var | Prior Year | Var | FYTD Actual | Budget | Var | Prior Year | Var |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Admissions | 1,542 | 2,224 | (682) | 2,065 | (523) | 20,568 | 23,436 | (2,868) | 22,627 | (2,059) |
| 2. | Observation Cases | 479 | 683 | (204) | 683 | (204) | 7,778 | 7,421 | 357 | 7,196 | 582 |
| 3. | Total Hospitalization Patients | 2,021 | 2,907 | (886) | 2,748 | (727) | 28,346 | 30,857 | (2,511) | 29,823 | (1,477) |
| 4. | Surgeries | 640 | 848 | (208) | 804 | (164) | 8,203 | 9,250 | (1,047) | 8,918 | (715) |
| 5. | ER Visits | 4,779 | 9,985 | (5,206) | 9,742 | (4,963) | 91,682 | 105,721 | (14,039) | 102,869 | (11,187) |
| | ($ in millions) | | | | | | | | | | |
| 6. | Net Operating Revenue | $35.7 | $45.3 | ($9.6) | $40.7 | ($5.0) | $435.0 | $481.9 | ($46.9) | $444.8 | ($9.9) |
| 7. | SW & B | $17.1 | $20.7 | ($3.4) | $19.0 | ($1.9) | $200.4 | $218.7 | ($18.3) | $209.6 | ($9.2) |
| 8. | Supplies | $7.6 | $10.2 | ($2.6) | $7.0 | $0.6 | $104.4 | $107.2 | ($2.8) | $102.8 | $1.6 |
| 9. | Other | $6.4 | $7.3 | ($0.9) | $7.7 | ($1.3) | $75.7 | $80.3 | ($4.6) | $77.1 | ($1.4) |
| 10. | EBIDA | $4.6 | $7.1 | ($2.5) | $7.0 | ($2.4) | $54.5 | $75.7 | ($21.2) | $55.3 | ($0.8) |
| 11. | Depreciation & Common Service | $6.7 | $6.7 | ($0.0) | $7.0 | ($0.3) | $70.2 | $73.8 | ($3.6) | $72.3 | ($2.1) |
| 12. | Net Gain (Loss) from Operations | ($2.1) | $0.4 | ($2.5) | ($0.0) | ($2.1) | ($15.8) | $1.9 | ($17.7) | ($17.1) | $1.3 |

# Broward Health North

## PERFORMANCE

| | Broward Health North | Current Period Actual | Budget | Var | Prior Year | Var | FYTD Actual | Budget | Var | Prior Year | Var |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Admissions | 914 | 1,156 | (242) | 1,162 | (248) | 11,649 | 12,631 | (982) | 12,248 | (599) |
| 2. | Observation Cases | 428 | 621 | (193) | 474 | (46) | 6,111 | 6,742 | (631) | 6,577 | (466) |
| 3. | Total Hospitalization Patients | 1,342 | 1,777 | (435) | 1,636 | (294) | 17,760 | 19,373 | (1,613) | 18,825 | (1,065) |
| 4. | Surgeries | 483 | 600 | (117) | 592 | (109) | 5,600 | 6,445 | (845) | 6,066 | (466) |
| 5. | ER Visits | 3,134 | 5,423 | (2,289) | 5,268 | (2,134) | 52,249 | 59,803 | (7,554) | 58,200 | (5,951) |
| | ($ in millions) | | | | | | | | | | |
| 6. | Net Operating Revenue | $16.6 | $19.9 | ($3.3) | $19.2 | ($2.6) | $205.7 | $218.2 | ($12.5) | $203.1 | $2.6 |
| 7. | SW & B | $9.0 | $9.8 | ($0.8) | $9.5 | ($0.5) | $103.4 | $106.4 | ($3.0) | $100.3 | $3.1 |
| 8. | Supplies | $3.9 | $5.8 | ($1.9) | $6.3 | ($2.4) | $57.0 | $62.6 | ($5.6) | $59.4 | ($2.4) |
| 9. | Other | $3.3 | $3.6 | ($0.3) | $3.4 | ($0.1) | $37.6 | $38.4 | ($0.8) | $36.1 | $1.5 |
| 10. | EBIDA | $0.3 | $0.7 | ($0.4) | ($0.1) | $0.4 | $7.7 | $10.7 | ($3.0) | $7.3 | $0.4 |
| 11. | Depreciation & Common Service | $3.4 | $3.3 | $0.1 | $3.5 | ($0.1) | $35.7 | $37.0 | ($1.3) | $35.9 | ($0.2) |
| 12. | Net Gain (Loss) from Operations | ($3.1) | ($2.6) | ($0.5) | ($3.6) | $0.5 | ($28.0) | ($26.3) | ($1.7) | ($28.6) | $0.6 |

# Broward Health Imperial Point

## PERFORMANCE

| | | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| | Broward Health Imperial Point | | | | | | | | | | |
| 1. | Admissions | 515 | 653 | (138) | 628 | (113) | 6,515 | 7,322 | (807) | 6,946 | (431) |
| 2. | Observation Cases | 221 | 344 | (123) | 336 | (115) | 3,752 | 3,623 | 129 | 3,637 | 115 |
| 3. | Total Hospitalization Patients | 736 | 997 | (261) | 964 | (228) | 10,267 | 10,945 | (678) | 10,583 | (316) |
| 4. | Surgeries | 410 | 598 | (188) | 594 | (184) | 5,309 | 6,724 | (1,415) | 6,373 | (1,064) |
| 5. | ER Visits | 2,057 | 3,155 | (1,098) | 3,106 | (1,049) | 32,001 | 35,381 | (3,380) | 34,275 | (2,274) |
| | ($ in millions) | | | | | | | | | | |
| 6. | Net Operating Revenue | $8.2 | $9.2 | ($1.0) | $8.3 | ($0.1) | $93.3 | $102.8 | ($9.5) | $91.6 | $1.7 |
| 7. | SW & B | $5.0 | $5.2 | ($0.2) | $4.9 | $0.1 | $55.8 | $57.4 | ($1.6) | $53.3 | $2.5 |
| 8. | Supplies | $1.3 | $1.8 | ($0.5) | $2.2 | ($0.9) | $18.1 | $19.9 | ($1.8) | $19.0 | ($0.9) |
| 9. | Other | $1.6 | $1.9 | ($0.3) | $1.2 | $0.4 | $18.2 | $21.0 | ($2.8) | $19.0 | ($0.8) |
| 10. | EBIDA | $0.3 | $0.3 | ($0.0) | $0.0 | $0.3 | $1.1 | $4.4 | ($3.3) | $0.2 | $0.9 |
| 11. | Depreciation & Common Service | $1.9 | $1.9 | ($0.0) | $1.9 | $0.0 | $19.5 | $20.4 | ($0.9) | $19.7 | ($0.2) |
| 12. | Net Gain (Loss) from Operations | ($1.5) | ($1.6) | $0.1 | ($1.9) | $0.4 | ($18.3) | ($15.9) | ($2.4) | ($19.5) | $1.2 |

# Broward Health Coral Springs

## PERFORMANCE

| | | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| | Broward Health Coral Springs | | | | | | | | | | |
| 1. | Admissions | 725 | 928 | (203) | 913 | (188) | 9,689 | 10,357 | (668) | 10,019 | (330) |
| 2. | Observation Cases | 340 | 543 | (203) | 627 | (287) | 6,137 | 5,740 | 397 | 5,946 | 191 |
| 3. | Total Hospitalization Patients | 1,065 | 1,471 | (406) | 1,540 | (475) | 15,826 | 16,097 | (271) | 15,965 | (139) |
| 4. | Surgeries | 276 | 481 | (205) | 476 | (200) | 4,178 | 5,096 | (918) | 4,867 | (689) |
| 5. | ER Visits | 2,645 | 6,119 | (3,474) | 5,792 | (3,147) | 54,840 | 66,085 | (11,245) | 59,794 | (4,954) |
| | ($ in millions) | | | | | | | | | | |
| 6. | Net Operating Revenue | $10.8 | $14.4 | ($3.6) | $13.2 | ($2.4) | $144.3 | $159.4 | ($15.1) | $144.9 | ($0.6) |
| 7. | SW & B | $6.9 | $7.7 | ($0.8) | $7.4 | ($0.5) | $79.1 | $83.9 | ($4.8) | $77.9 | $1.2 |
| 8. | Supplies | $1.7 | $2.3 | ($0.6) | $2.5 | ($0.8) | $22.2 | $25.6 | ($3.4) | $25.0 | ($2.8) |
| 9. | Other | $2.5 | $2.7 | ($0.2) | $2.2 | $0.3 | $26.1 | $28.7 | ($2.6) | $26.0 | $0.1 |
| 10. | EBIDA | ($0.3) | $1.7 | ($2.0) | $1.1 | ($1.4) | $17.0 | $21.2 | ($4.2) | $16.0 | $1.0 |
| 11. | Depreciation & Common Service | $2.4 | $2.4 | ($0.0) | $2.5 | ($0.1) | $25.0 | $26.2 | ($1.2) | $25.0 | ($0.0) |
| 12. | Net Gain (Loss) from Operations | ($2.7) | ($0.7) | ($2.0) | ($1.4) | ($1.3) | ($8.0) | ($5.0) | ($3.0) | ($9.0) | $1.0 |

# Broward Health Gold Coast

## PERFORMANCE

| | | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| | Broward Health GC | | | | | | | | | | |
| 1. | Primary Care Visits | 1,493 | 1,338 | 155 | 1,285 | 208 | 12,920 | 14,718 | (1,798) | 14,358 | (1,438) |
| | ($ in millions) | | | | | | | | | | |
| 2. | Net Operating Revenue | $0.2 | $0.2 | ($0.0) | $0.2 | $0.0 | $2.1 | $2.0 | $0.1 | $1.9 | $0.2 |
| 3. | SW & B | $0.4 | $0.4 | $0.0 | $0.4 | ($0.0) | $4.7 | $4.5 | $0.3 | $4.9 | ($0.2) |
| 4. | Supplies | $0.0 | $0.0 | ($0.0) | $0.0 | ($0.0) | $0.1 | $0.2 | ($0.2) | $0.2 | ($0.1) |
| 5. | Other | $0.1 | $0.1 | $0.0 | $0.1 | $0.0 | $0.9 | $0.8 | $0.0 | $0.7 | $0.2 |
| 6. | EBIDA | ($0.3) | ($0.3) | $0.0 | ($0.3) | $0.0 | ($3.6) | ($3.5) | ($0.1) | ($3.8) | $0.2 |
| 7. | Depreciation & Common Service | $0.1 | $0.1 | ($0.0) | $0.1 | $0.0 | $0.8 | $0.8 | ($0.0) | $0.7 | ($0.0) |
| 8. | Net Gain (Loss) from Operations | ($0.4) | ($0.4) | $0.0 | ($0.4) | ($0.0) | ($4.4) | ($4.3) | ($0.1) | ($4.6) | $0.2 |

# Broward Health UCC

## PERFORMANCE

| | | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| | **Broward Health UCC** | | | | | | | | | | |
| 1. | Primary Care Visits | 328 | 917 | (589) | 810 | (482) | 7,932 | 10,087 | (2,155) | 9,894 | (1,962) |
| | ($ in millions) | | | | | | | | | | |
| 2. | Net Operating Revenue | $0.1 | $0.1 | $0.0 | $0.1 | ($0.0) | $1.1 | $1.2 | (0.1) | $1.2 | ($0.1) |
| 3. | SW & B | $0.1 | $0.1 | ($0.0) | $0.1 | ($0.0) | $1.1 | $1.1 | ($0.0) | $1.3 | ($0.2) |
| 4. | Supplies | $0.0 | $0.0 | ($0.0) | ($0.0) | $0.0 | $0.1 | $0.1 | $0.0 | $0.0 | $0.0 |
| 5. | Other | $0.0 | $0.0 | ($0.0) | $0.0 | $0.0 | $0.5 | $0.5 | $0.0 | $0.5 | $0.0 |
| 6. | EBIDA | ($0.1) | ($0.0) | ($0.1) | ($0.0) | ($0.1) | ($0.6) | ($0.5) | ($0.1) | ($0.6) | ($0.0) |
| 7. | Depreciation & Common Service | $0.0 | $0.0 | ($0.0) | $0.0 | ($0.0) | $0.1 | $0.1 | ($0.0) | $0.2 | ($0.1) |
| 8. | Net Gain (Loss) from Operations | ($0.1) | ($0.1) | ($0.0) | ($0.1) | ($0.0) | ($0.7) | ($0.6) | ($0.1) | ($0.8) | $0.1 |

# Broward Health Weston

## PERFORMANCE

| | | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| | **Broward Health Weston** | | | | | | | | | | |
| 1. | Primary Care Visits | 910 | 1,867 | (957) | 1,785 | (875) | 16,424 | 20,537 | (4,113) | 20,379 | (3,955) |
| | ($ in millions) | | | | | | | | | | |
| 2. | Net Operating Revenue | $0.2 | $0.3 | ($0.1) | $0.2 | $0.0 | $2.7 | $3.0 | ($0.3) | $3.0 | ($0.3) |
| 3. | SW & B | $0.2 | $0.2 | ($0.0) | $0.2 | ($0.0) | $2.4 | $2.6 | ($0.2) | $2.5 | ($0.1) |
| 4. | Supplies | $0.0 | $0.0 | ($0.0) | ($0.0) | $0.0 | $0.1 | $0.1 | $0.0 | $0.1 | $0.0 |
| 5. | Other | $0.1 | $0.2 | ($0.1) | $0.2 | ($0.1) | $1.3 | $2.3 | ($1.0) | $2.7 | ($1.4) |
| 6. | EBIDA | ($0.1) | ($0.2) | $0.1 | ($0.2) | $0.1 | ($1.1) | ($2.0) | $0.9 | ($2.4) | $1.3 |
| 7. | Depreciation & Common Service | $0.1 | $0.1 | ($0.0) | $0.1 | ($0.0) | $1.1 | $1.2 | ($0.1) | $1.2 | ($0.1) |
| 8. | Net Gain (Loss) from Operations | ($0.2) | ($0.3) | $0.1 | ($0.3) | $0.1 | ($2.2) | ($3.3) | $1.1 | ($3.6) | $1.4 |

# Broward Health Imaging

## PERFORMANCE

| | | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| | Broward Health Imaging | | | | | | | | | | |
| 1. | Primary Care Visits | 31 | 150 | (119) | 161 | (130) | 1,131 | 1,650 | (519) | 1,682 | (551) |
| | ($ in millions) | | | | | | | | | | |
| 2. | Net Operating Revenue | $0.0 | $0.0 | ($0.0) | $0.0 | ($0.0) | $0.3 | $0.4 | ($0.1) | $0.4 | ($0.1) |
| 3. | SW & B | $0.0 | $0.0 | ($0.0) | $0.0 | ($0.0) | $0.2 | $0.3 | ($0.1) | $0.3 | ($0.1) |
| 4. | Supplies | $0.0 | $0.0 | ($0.0) | $0.0 | ($0.0) | $0.0 | $0.0 | ($0.0) | $0.1 | ($0.1) |
| 5. | Other | $0.0 | $0.1 | ($0.1) | $0.0 | $0.0 | $0.4 | $0.6 | ($0.2) | $0.4 | ($0.0) |
| 6. | EBIDA | ($0.0) | ($0.0) | $0.0 | ($0.0) | ($0.0) | ($0.3) | ($0.5) | $0.2 | ($0.3) | ($0.0) |
| 7. | Depreciation & Common Service | $0.0 | $0.0 | ($0.0) | $0.0 | ($0.0) | $0.0 | $0.0 | ($0.0) | $0.4 | ($0.4) |
| 8. | Net Gain (Loss) from Operations | ($0.0) | ($0.0) | $0.0 | ($0.0) | ($0.0) | ($0.3) | ($0.5) | $0.2 | ($0.7) | $0.4 |

# Broward Health CDTC

## PERFORMANCE

| | | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| | **Broward Health CDTC** | | | | | | | | | | |
| 1. | Primary Care Visits | 6,073 | 4,788 | 1,285 | 8,349 | (2,276) | 73,904 | 52,668 | 21,236 | 50,714 | 23,190 |
| | ($ in millions) | | | | | | | | | | |
| 2. | Net Operating Revenue | $1.4 | $1.4 | $0.0 | $1.7 | ($0.1) | $16.5 | $15.6 | $0.9 | $14.6 | $1.9 |
| 3. | SW & B | $1.1 | $1.1 | ($0.0) | $1.0 | $0.1 | $11.6 | $12.1 | ($0.5) | $10.8 | $0.8 |
| 4. | Supplies | $0.2 | $0.0 | $0.2 | $0.2 | $0.0 | $1.2 | $0.5 | $0.7 | $0.4 | $0.8 |
| 5. | Other | $0.2 | $0.4 | ($0.2) | $0.5 | ($0.3) | $4.6 | $4.8 | ($0.2) | $4.9 | ($0.3) |
| 6. | EBIDA | ($0.0) | ($0.2) | $0.2 | ($0.1) | $0.0 | ($1.0) | ($1.8) | $0.8 | ($1.5) | $0.5 |
| 7. | Depreciation & Common Service | $0.1 | $0.1 | $0.0 | $0.1 | $0.0 | $0.8 | $0.7 | $0.1 | $0.7 | $0.1 |
| 8. | Net Gain (Loss) from Operations | ($0.1) | ($0.3) | $0.2 | ($0.1) | $0.1 | ($1.7) | ($2.6) | $0.9 | ($2.3) | $0.6 |

# Broward Health Physician Group

## PERFORMANCE

| | | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| | **Broward Health Physician Group** | | | | | | | | | | |
| 1. | Visits | 20,376 | 28,360 | (7,984) | 22,020 | (1,644) | 227,182 | 256,121 | (28,939) | 211,028 | 16,154 |
| | ($ in millions) | | | | | | | | | | |
| 2. | Net Operating Revenue | $2.4 | $4.2 | ($1.8) | $2.5 | ($0.1) | $28.5 | $37.2 | ($8.7) | $26.7 | $1.8 |
| 3. | SW & B | $4.8 | $5.7 | ($0.9) | $3.7 | $1.1 | $49.7 | $55.9 | ($6.2) | $39.2 | $10.5 |
| 4. | Supplies | $0.0 | $0.1 | ($0.1) | $0.2 | ($0.2) | $1.1 | $1.5 | ($0.4) | $1.2 | ($0.1) |
| 5. | Other | $1.1 | $1.3 | ($0.2) | $0.8 | $0.3 | $10.4 | $14.3 | ($3.9) | $7.6 | $2.8 |
| 6. | EBIDA | ($3.6) | ($2.9) | ($0.7) | ($2.2) | ($1.4) | ($32.8) | ($34.4) | $1.6 | ($21.4) | ($11.4) |
| 7. | Depreciation & Common Service | $0.3 | $0.3 | ($0.0) | $0.3 | ($0.0) | $3.2 | $3.3 | ($0.1) | $3.5 | ($0.3) |
| 8. | Net Gain (Loss) from Operations | ($3.9) | ($3.3) | ($0.6) | ($2.5) | ($1.4) | ($36.1) | ($37.7) | $1.6 | ($24.8) | ($11.3) |

# Broward Health CHS

## PERFORMANCE

| | | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Actual | Budget | Var | Prior Year | Var | Actual | Budget | Var | Prior Year | Var |
| | **Broward Health CHS** | | | | | | | | | | |
| 1. | Primary Care Visits | 5,336 | 8,962 | (3,626) | 7,423 | (2,087) | 70,010 | 89,264 | (19,254) | 82,048 | (12,038) |
| | ($ in millions) | | | | | | | | | | |
| 2. | Net Operating Revenue | $1.9 | $1.7 | $0.2 | $2.3 | ($0.4) | $20.6 | $19.8 | $0.8 | $18.1 | $2.5 |
| 3. | SW & B | $1.7 | $1.9 | ($0.2) | $1.8 | ($0.1) | $18.8 | $20.4 | ($1.6) | $19.8 | ($1.0) |
| 4. | Supplies | $0.5 | $0.2 | $0.3 | $0.2 | $0.3 | $2.0 | $2.2 | ($0.2) | $1.9 | $0.1 |
| 5. | Other | $0.3 | $0.6 | ($0.3) | $0.4 | ($0.1) | $5.6 | $6.4 | ($0.8) | $5.3 | $0.3 |
| 6. | EBIDA | ($0.6) | ($0.9) | $0.3 | ($0.1) | ($0.5) | ($5.8) | ($9.2) | $3.4 | ($8.9) | $3.1 |
| 7. | Depreciation & Common Service | $0.5 | $0.5 | ($0.0) | $0.5 | ($0.0) | $5.4 | $5.4 | $0.0 | $5.3 | $0.1 |
| 8. | Net Gain (Loss) from Operations | ($1.1) | ($1.4) | $0.3 | ($0.6) | ($0.5) | ($11.2) | ($14.7) | $3.5 | ($14.2) | $3.0 |

# Service

## PERFORMANCE

| | | FY 2016 | FY 2017 | FY 2018 | FY 2019 | Budget 2020 | FY 2020 - YTD May 2020 Actual | Budget | % Chg |
|---|---|---|---|---|---|---|---|---|---|
| | **Community Benefit Cost** | | | | | | | | |
| 1. | Charity Care | $40.9 | $39.8 | $34.8 | $31.0 | $33.3 | $22.4 | $30.6 | -26.8% |
| 2. | Bad Debts | $114.6 | $112.9 | $108.3 | $114.9 | $122.6 | $115.3 | $111.8 | 3.1% |
| 3. | Mcaid/HMO/PSN Program Cost | $216.0 | $229.2 | $240.7 | $236.6 | $250.7 | $211.8 | $230.2 | -8.0% |
| 4. | Comm Health Service Net Cost | $29.9 | $29.4 | $30.1 | $37.0 | $30.3 | $23.0 | $26.8 | -14.3% |
| 5. | PPUC | $52.2 | $49.4 | $57.2 | $60.2 | $69.4 | $62.4 | $65.4 | -4.5% |
| 6. | Mcaid Cost of County Funding | $9.0 | $8.7 | $8.9 | $9.0 | $8.7 | $8.0 | $8.0 | 0.0% |
| 7. | CDTC & Broward House (Cost Subsidies) | $1.4 | $1.6 | $1.4 | $1.0 | $1.0 | $1.2 | $0.9 | 31.7% |
| 8. | Total Cost | $464.0 | $471.0 | $481.4 | $489.6 | $516.1 | $444.1 | $473.8 | -6.3% |
| | **Government Funding Sources** | | | | | | | | |
| 9. | Tax Revenues Net (Millage) | $136.7 | $137.9 | $138.6 | $128.6 | $130.8 | $119.9 | $119.9 | 0.0% |
| 10. | Mcaid/HMO/PSN Program Reimb | $143.2 | $162.6 | $136.9 | $148.6 | $160.2 | $77.0 | $147.0 | -47.7% |
| 11. | DSH - Medicaid | $29.3 | $20.5 | $30.9 | $36.5 | $35.2 | $36.7 | $32.2 | 13.8% |
| 12. | DSH - Medicare | $25.9 | $21.3 | $25.9 | $30.6 | $30.6 | $31.8 | $28.0 | 13.6% |
| 13. | County Primary Care Support | $8.5 | $8.5 | $8.4 | $8.5 | $8.5 | $6.7 | $6.8 | -1.4% |
| 14. | Community Health Serv Grants | $4.9 | $6.0 | $5.9 | $5.7 | $5.8 | $5.2 | $5.3 | -2.1% |
| 15. | Total | $348.5 | $356.8 | $346.6 | $358.5 | $371.0 | $277.3 | $339.2 | -18.3% |
| 16. | Comm. Benefit Cost in (Excess) of Gov't Funding Sources | ($115.6) | ($114.2) | ($134.8) | ($131.1) | ($145.1) | ($166.8) | ($134.5) | 24.0% |



BROWARD HEALTH

# Key Financial Indicators

## PERFORMANCE

| | Key Financial Indicators | Audit FY 2016 | Audited FY 2017 | Audited FY 2018 | Audited FY 2019 | May FY 2019 | May FY 2020 | Moody's (2017) Not For Profit Baa2 | Moody's (2017) Not For Profit A Rated |
|---|---|---|---|---|---|---|---|---|---|
| | **Liquidity:** | | | | | | | | |
| 1. | Cash on Hand (Days) | **182.7** | **185.7** | **233.3** | **248.0** | **278.9** | **263.9** | 148.6 | 226.5 |
| 2. | Accounts Receivable (Days) | 46.8 | 46.8 | 46.8 | 48.7 | 50.2 | 57.4 | 46.5 | 48.4 |
| 3. | Cash-to-Direct Debt (%) | **240.0%** | **257.9%** | **205.2%** | **218.2%** | **219.8%** | **242.8%** | 143.6% | 169.6% |
| | **Capitalization:** | | | | | | | | |
| 4. | Debt-to-Capitalization (%) | **22.0%** | **22.0%** | **22.0%** | **28.2%** | **28.5%** | **28.5%** | 33.8% | 32.9% |
| 5. | Debt Service Coverage (x) | **3.5** | 3.1 | **8.2** | **4.8** | **9.2** | 2.7 | 3.2 | 4.7 |
| 6. | Capital Spending Ratio (% of Depr. Exp.) | **186%** | **171%** | **138%** | 70% | 84% | 87% | 100% | 130% |
| | **Profitability:** | | | | | | | | |
| 7. | Operating Margin (%) | -1.3% | -1.0% | **7.7%** | **0.0%** | **0.2%** | -2.2% | -0.4% | 2.3% |

# Statement of Cash Flows

| | | FY 2019 *YTD May* | FY 2020 *YTD May* |
|---|---|---|---|
| 1. | Beginning Balance Cash & Investments | **714,067,535** | **763,598,062** |
| 2. | Excess of Revenue over Expense | **1,020,334** | **(39,357,260)** |
| 3. | Add: Depreciation | **51,983,151** | **48,336,259** |
| 4. | Add: Change in Accounts Recv. | **6,470,682** | **5,850,532** |
| 5. | Less: Capital Expenses | **(29,658,366)** | **(35,907,715)** |
| 6. | Add: All other before tax revenue | **15,370,208** | **79,283,197** |
| 7. | Sub totals | **45,186,008** | **58,205,013** |
| 8. | Ad Valorem Tax Collections | **135,990,275** | **136,244,833** |
| 9. | Ad Valorem Tax Accruals | **(125,389,352)** | **(127,666,347)** |
| 10. | Ending Balance Cash & Investments | **769,854,467** | **830,381,561** |
| 11. | Change in Cash & Investments | **55,786,932** | **66,783,499** |

# AR Aging

## Combined Medical Center

| Sum of NetAR Row Labels | Column Labels In-House | DNFB | 0-30 | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181-270 | 271-360 | 361+ | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2020-May | 13,546,714 | 10,867,987 | 42,037,822 | 15,710,976 | 11,164,315 | 9,628,574 | 6,574,973 | 4,034,264 | 5,823,827 | 3,428,065 | -5,657,491 | 117,160,026 |
| 2020-Apr | 13,129,465 | 10,079,476 | 30,538,436 | 17,580,292 | 12,531,362 | 9,401,318 | 4,724,976 | 3,657,586 | 7,232,657 | 3,330,881 | -4,811,763 | 107,394,687 |
| 2020-Mar | 14,293,232 | 7,708,271 | 43,174,522 | 21,095,587 | 15,612,797 | 9,451,021 | 5,872,050 | 4,285,170 | 7,108,775 | 3,003,379 | -5,153,479 | 126,451,324 |
| 2020-Feb | 14,941,891 | 13,843,399 | 52,166,186 | 23,197,624 | 14,130,095 | 9,359,814 | 6,267,482 | 3,331,193 | 7,029,456 | 3,243,806 | -4,895,588 | 142,615,357 |
| 2020-Jan | 16,318,977 | 16,139,514 | 50,415,199 | 20,916,458 | 15,158,588 | 10,066,684 | 4,837,347 | 4,486,636 | 6,848,077 | 3,046,124 | -4,721,851 | 143,511,753 |
| 2019-Dec | 15,982,868 | 13,541,146 | 47,472,420 | 21,643,626 | 14,253,971 | 8,916,299 | 8,582,716 | 4,379,977 | 6,599,454 | 3,502,715 | -5,316,398 | 139,558,794 |
| 2019-Nov | 16,269,175 | 13,028,948 | 49,292,625 | 20,657,208 | 12,341,539 | 10,001,789 | 5,999,158 | 3,796,749 | 6,227,023 | 2,892,694 | -4,795,053 | 135,711,854 |

# Board Reports

Departments reporting to the Board:

- Internal Audit
- Legal
- Compliance
- Board

| | Legal/Compliance Depts: | Current Period | | | | | FYTD | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Actual | Budget | Var | Prior | Var | Actual | Budget | Var | Prior | Var |
| 1. | 119305 - General Counsel | $0.20 | $0.20 | ($0.00) | $0.13 | $0.06 | $2.00 | $2.16 | ($0.16) | $1.49 | $0.51 |
| 2. | 119450 - Board of Comm. | $0.00 | $0.03 | ($0.03) | $0.01 | ($0.01) | $0.12 | $0.32 | ($0.20) | $0.05 | $0.08 |
| 3. | 119460 - Internal Audit | $0.07 | $0.19 | ($0.12) | $0.10 | ($0.02) | $1.02 | $1.59 | ($0.57) | $0.81 | $0.20 |
| 4. | 119480 - Outside Litigation | ($0.42) | $0.61 | ($1.04) | $1.25 | ($1.69) | $3.33 | $6.67 | ($3.34) | $9.31 | ($5.99) |
| 5. | 119660 - Compliance | $0.15 | $0.30 | ($0.15) | $0.03 | $0.12 | $0.71 | $3.23 | ($2.53) | $3.93 | ($3.22) |
| 6. | Total Expenses | $0.00 | $1.32 | ($1.32) | $1.53 | ($1.53) | $7.17 | $13.98 | ($6.80) | $15.59 | ($8.42) |

# Glossary

| Term | Definition |
|---|---|
| Admissions | Inpatient encounter |
| Average Age of Plant | Measures the number of years embedded in accumulated amortized/depreciated costs in the Balance Sheet. Calculated by dividing Accumulated Depreciation by its related Depreciation Expense incurred during the reported period |
| Adjusted Patient Days | Measure that normalizes Inpatient Days to be proportionally equal to the ratio of total patient revenue over inpatient revenue. Allows for the per unit comparison of Total Patient Revenue. |
| Average Length of Stay | Patient Days divided by Admissions. Measures average stay of an inpatient admission in days |
| Capital Expenditures | Expenditures incurred which represent costs that extend beyond the current operating period for the purpose of physical plant, equipment and technology investment or replacement. These costs are depreciated/amortized over its expected useful life which is longer than one operating year |
| Capital Spending Ratio | Ratio of Capital Expenditures to Depreciation Expense for the last 12 months. Attempts to measure how often the organization replenishes one year's worth of depreciated capital |
| Case Mix Index (CMI) - All | The relative value assigned to a diagnosis-related group of all patients in a medical care environment. The CMI value is used in determining the allocation of resources to care for and/or treat the patients in the group |
| Case Mix Index (CMI) - Medicare | The relative value assigned to a diagnosis-related group of Medicare patients in a medical care environment. The CMI value is used in determining the allocation of resources to care for and/or treat the patients in the group |
| Cash to Total Debt | Ratio of Cash and Investments from unrestricted sources to Total Debt |
| Community Benefit | Measure of total uncompensated costs resulting from patient activity subsidized by the organization after accounting for proceeds from all governmental sources |
| Community Health Care Visits | OP Visits to a Community Health Center |
| Days Cash on Hand | Measure of the number of Days existing unrestricted cash and investments can pay for 12 months of operating expenses including interest on Total Debt |
| Days in Accounts Receivable | Measures average age of patients accounts in days |
| EBIDA | Earnings before Interest, Depreciation and Amortization. Approximation of cash generated by operating activities. Deducts non operating activities as well as non cash expenses |
| EBIDA Margin | EBIDA as a percent of Operating Revenue |
| Excess Revenue over Total Expenses | Net profit resulting from revenues (operating and non-operating) and Total Expenses |
| First Pass Denial | |
| FTE | Full Time Equivalent, converts paid hours to its full time equivalent by dividing total paid hours by 2080 (average number of hours worked by a person with a 40 hour per week shift) |
| Hours per Adjusted Patient Days | Computes a global productivity ratio by associating all hours to adjusted patient days |

# Glossary

| | |
|---|---|
| Net Patient Revenue | Expected net proceeds earned from billed patient encounters |
| Non operating Expenses | Incurred costs not related to operating actives. Interest Expense and related. |
| Non Operating Revenue | Expected earned (realized and unrealized) proceeds not resulting from operating actives. Tax proceeds, Investment Income (realized and Unrealized), Donations proceeds |
| Operating Expense | Incurred costs related to activates resulting from the day to day management of the business, directly or indirectly related to the core purpose of the business |
| Operating Income | Net profit resulting from Operating Revenues after recognition of related Operating Expenses |
| Operating Margin | Operating Income as a percent of Operating Revenue |
| OT/Agency % of Productive Hours | Measure of premium pay management. Out of total productive hours what percent came from premium usage |
| Outpatient Medical Center Visits | Measure of all outpatient related visits. Includes, Emergency Treated and Released, Outpatient Surgeries, Referred Outpatient Visits, and Clinic Visits |
| Patient Days | Measure of length of stay for an inpatient admission in days. |
| Physician Practice Visits | Measures of visits conducted by employed physicians. Counts Evaluation and Management CPT codes billed and posted during the reported period |
| Short Stay Cases / (Observation) | Patients that have remained in a bed but do not meet the definition of an inpatient Admission |
| Short Stay / (Observation)Days | Measure of length of stay for a short stay case. May be les than 1 |
| Supplies per Adjusted Patient Days | Computes a global efficiency ratio by associating the cost of all supplies to adjusted patient days. |
| Surgeries | Measure or count of inpatient or outpatient procedures performed in an OR suite or patient room. |
| SWB % of NOR | Measure of cost efficiency for Salary Wages and Benefits as a percent of Net Operating Revenue. Analyzes the organizations ability to flex cost up or down relative to fluxuations in Net Operating Revenue |
| Total Debt | Aggregate of all liabilities, short-term (payable during operating period) and long-term (payable after the current operating period) |
| Total ED Visits | Measure of encounters that took place in the Emergency Department inclusive of Trauma cases. Includes patients treated and released as well as patients subsequently admitted |
| Total Expenses | All incurred expense, operating and non operating |
| Total Operating Revenue | Expected net proceeds earned from operating activities, includes patient and non patient related sources |
| UCC Visits | Measures of visits conducted by employed physicians or qualified Nurse Practitioner in an Urgent Care setting. Counts Evaluation and Management CPT codes billed and posted during the reported period. |

1800 NW 49th Street
Fort Lauderdale, FL 33309
t 954.473.7100

**SUMMARY OF REQUEST**

| | |
|---|---|
| **DATE:** | June 24, 2020 |
| **FACILITY**: | North Broward Hospital District |
| **PROGRAM/PRODUCT LINE:** | *Not Applicable* |
| **REQUEST:** | Acceptance of the Interim Financial Statement for the month of May, 2020 |
| **PURPOSE:** | *Not Applicable* |
| **CAPITAL REQUIRED:** | *Not Applicable* |
| **FISCAL IMPACT:** | *Not Applicable* |
| **BUDGET STATUS**: | *Not Applicable* |
| **LEGAL REVIEW**: | *Not Applicable* |

**APPROVED:** _____ DATE: _____
Gino Santoro, President/CEO BH
Gino Santoro 06/16/2020 16:17 EDT

**APPROVED:** _____ DATE: _____
Alex Fernandez, CFO/Chief Financial Officer
Alex Fernandez 06/15/2020 08:23 EDT

| | 2020 | 2019 |
|---|---|---|
| ASSETS | | |
| CURRENT ASSETS: | | |
| Cash and cash equivalents | 158,723,784.32 | 46,091,619.46 |
| Cash & Investments Externally | 11,881,912.20 | 16,603,277.47 |
| Short-term investments | 481,216,019.51 | 506,256,337.40 |
| Assets whose use is limited and required for current liab | 7,437,000.00 | 6,261,662.00 |
| Due from patients and other net of allowance for uncoll. | 136,550,814.38 | 148,341,633.69 |
| Inventories | 36,095,215.69 | 35,962,025.20 |
| Est. third party payor | 13,718,943.60 | 20,267,966.73 |
| Net Taxes Receivable | 5,162,847.35 | 3,099,240.79 |
| Other Current Assets | 39,707,768.09 | 49,662,498.95 |
| Total current assets | 890,494,305.14 | 832,546,261.69 |
| ASSETS WHOSE USE IS LIMITED: | | |
| Held by trustee under bond indenture agreement for | | |
| Held by trustee for self-ins. | 39,304,693.81 | 38,603,925.61 |
| . | 39,304,693.81 | 38,603,925.61 |
| Less amount required to meet current obligations | (7,437,000.00) | (6,261,662.00) |
| Project Fund - Restricted | 0.00 | 1,140,628.94 |
| Total assets whose use is limited, net | 31,867,693.81 | 33,482,892.55 |
| INVESTMENTS | 190,441,757.38 | 217,506,509.68 |
| CAPITAL ASSETS, NET | 548,064,081.36 | 555,142,759.04 |
| OTHER ASSETS | 26,211,514.55 | 25,856,461.87 |
| TOTAL ASSETS | 1,687,079,352.24 | 1,664,534,884.83 |
| DEFFERED OUTFLOWS OF RESOURCES | | |
| Accumulated decrease in fair | | |
| LOSS ON DEBT REFUNDINGS | 22,604,963.20 | 25,346,197.48 |
| DEFERRED PENSION AMOUNTS | 15,985,370.89 | 28,821,842.55 |
| OPEB | 1,664,509.00 | 0.00 |
| Total Outflows of Resources | 40,254,843.09 | 54,168,040.03 |
| Total Assets & Deferred Outflo | 1,727,334,195.33 | 1,718,702,924.86 |

| | 2020 | 2019 |
|---|---|---|
| LIABILITIES AND NET POSITION | | |
| CURRENT LIABILITIES: | | |
| Current maturities of revenue bonds payable | (5,280,000.00) | (5,025,000.00) |
| Current maturities of lease facility obligations | (1,825,148.58) | (1,716,477.92) |
| Advanced Funds-Property Taxes | (11,287,210.38) | (11,087,583.00) |
| Accounts payable and acc. exp | (110,723,661.75) | (130,807,607.27) |
| Accr salaries and payroll tax | (28,590,359.94) | (22,047,478.70) |
| Accrued personal leave | (28,274,419.42) | (30,442,968.33) |
| Estimated third-party payor | (98,708,629.73) | (29,592,375.60) |
| Interest Payable | (6,420,833.34) | (6,525,520.84) |
| Current portion of self-ins | (7,437,000.00) | (6,261,662.00) |
| Total Current Liabilities | (298,547,263.14) | (243,506,673.66) |
| REVENUE BONDS, NET OF CURRENT | (330,706,007.52) | (337,356,238.56) |
| LEASE FACILITY OBLIG, NET OF | (4,257,060.07) | (6,105,305.48) |
| SELF-INS LIAB, NET OF CURRENT | (24,599,750.96) | (28,479,698.60) |
| NET PENSION LIABILITY | 11,853,255.00 | 1,580,329.00 |
| TOTAL OPEB LIABILITY | (168,900,627.87) | (163,912,140.42) |
| Total liabilities | (815,157,454.56) | (777,779,727.72) |
| DEFERRED INFLOWS OF RESOURCES | | |
| DEFERRED PENSION AMOUNTS | (28,261,457.99) | (30,899,171.99) |
| OPEB | (6,346,907.00) | (5,544,386.00) |
| Total Deferred Inflows | (34,608,364.99) | (36,443,557.99) |
| NET POSITION | | |
| Net Investments in Capital Assets | (228,600,828.39) | (230,285,934.56) |
| Restricted net assets-donor restrictions | (20,559,800.76) | (26,303,754.67) |
| Unrestricted | (628,407,746.26) | (646,749,320.61) |
| Project Fund - Restricted | 0.00 | (1,140,628.94) |
| Total Net Position | (877,568,375.41) | (904,479,638.78) |
| TOTAL LIAB, DEF. INFL & NET PO | (1,727,334,194.96) | (1,718,702,924.49) |

# TOTAL SYSTEM
# OPERATING STATEMENT

May-2020

| For the Month of May | | | | | | YTD Thru May | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| May-2020 Actual | May-2020 Budget | Better/(Worse) Variance | Percent | May-2019 Actual | Description | May-2020 Actual | May-2020 Budget | Better/(Worse) Variance | YTD Percent | May-2019 Actual |
| | | | | | **Patient Revenue** | | | | | |
| 198,823,527 | 227,978,052 | (29,154,525) | (12.8%) | 225,895,452 | Inpatient | 2,413,026,760 | 2,481,222,621 | (68,195,861) | (2.7%) | 2,392,654,583 |
| 110,803,874 | 169,748,824 | (58,944,950) | (34.7%) | 156,898,993 | Outpatient/Emergency | 1,647,729,886 | 1,818,265,225 | (170,535,339) | (9.4%) | 1,676,000,945 |
| **309,627,401** | **397,726,876** | **(88,099,476)** | **(22.2%)** | **382,794,445** | **Total Patient Revenue** | **4,060,756,646** | **4,299,487,846** | **(238,731,200)** | **(5.6%)** | **4,068,655,528** |
| | | | | | **Deductions From Revenue** | | | | | |
| 5,291,517 | 11,569,683 | (6,278,167) | (54.3%) | 11,746,732 | Charity Services | 90,885,662 | 123,349,433 | (32,463,771) | (26.3%) | 120,325,964 |
| 205,465,709 | 257,616,322 | (52,150,613) | (20.2%) | 248,604,000 | Contractual Allowances | 2,697,163,032 | 2,796,425,564 | (99,262,532) | (3.5%) | 2,670,254,597 |
| 31,699,262 | 40,887,780 | (9,188,518) | (22.5%) | 42,030,506 | Bad Debt | 450,833,715 | 437,442,770 | 13,390,945 | 3.1% | 418,890,317 |
| **242,456,488** | **310,073,786** | **(67,617,298)** | **(21.8%)** | **302,381,238** | **Total Deductions** | **3,238,882,410** | **3,357,217,767** | **(118,335,358)** | **(3.5%)** | **3,209,470,878** |
| **67,170,913** | **87,653,091** | **(20,482,178)** | **(23.4%)** | **80,413,207** | **Net Patient Revenue** | **821,874,236** | **942,270,079** | **(120,395,842)** | **(12.8%)** | **859,184,650** |
| 3,437,411 | 2,929,533 | 507,878 | 17.3% | 3,045,204 | Medicaid DSH Payments | 36,680,914 | 32,224,867 | 4,456,047 | 13.8% | 33,497,246 |
| (393,276) | 1,727,055 | (2,120,330) | (122.8%) | (640,728) | Grant Revenue | 37,360,979 | 18,997,601 | 18,363,377 | 96.7% | 15,785,461 |
| 298,234 | 461,355 | (163,120) | (35.4%) | 350,188 | Capitated Revenue | 3,531,980 | 4,812,790 | (1,280,810) | (26.6%) | 4,312,348 |
| **70,513,283** | **92,771,034** | **(22,257,751)** | **(24.0%)** | **83,167,871** | **Total Net Reimbursement** | **899,448,109** | **998,305,336** | **(98,857,228)** | **(9.9%)** | **912,779,704** |
| 6,348,019 | 5,274,633 | 1,073,386 | 20.3% | 5,905,455 | Other Operating Revenue | 61,250,417 | 57,081,108 | 4,169,309 | 7.3% | 50,115,888 |
| **76,861,302** | **98,045,667** | **(21,184,365)** | **(21.6%)** | **89,073,326** | **Total Operating Revenue** | **960,698,526** | **1,055,386,444** | **(94,687,918)** | **(9.0%)** | **962,895,591** |
| | | | | | **Operating Expenses** | | | | | |
| 43,781,990 | 49,999,454 | (6,217,464) | (12.4%) | 44,955,688 | Salaries & Wages | 495,285,213 | 532,175,101 | (36,889,887) | (6.9%) | 478,352,442 |
| 11,349,311 | 11,368,726 | (19,415) | (0.2%) | 10,041,011 | Benefits | 121,379,916 | 122,905,748 | (1,525,832) | (1.2%) | 110,444,018 |
| 4,965,419 | 6,022,976 | (1,057,557) | (17.6%) | 5,371,854 | Fees Physician | 62,420,370 | 65,380,558 | (2,960,188) | (4.5%) | 55,685,691 |
| 10,238,148 | 9,686,126 | 552,022 | 5.7% | 9,525,508 | Fees Other | 98,687,827 | 105,083,438 | (6,395,611) | (6.1%) | 99,579,629 |
| 17,253,233 | 20,708,251 | (3,455,018) | (16.7%) | 18,508,809 | Supplies | 213,024,396 | 221,265,221 | (8,240,826) | (3.7%) | 211,046,460 |
| 176,867 | 945,006 | (768,138) | (81.3%) | 832,032 | Insurance | 8,131,764 | 10,363,445 | (2,231,681) | (21.5%) | 9,090,408 |
| 1,414,850 | 1,838,874 | (424,023) | (23.1%) | 1,533,753 | Maintenance & Repairs | 16,399,274 | 19,951,815 | (3,552,541) | (17.8%) | 18,697,871 |
| 971,411 | 1,068,712 | (97,301) | (9.1%) | 922,348 | Lease and Rental | 10,136,328 | 11,758,247 | (1,621,919) | (13.8%) | 9,664,365 |
| 1,403,320 | 1,626,746 | (223,426) | (13.7%) | 1,562,509 | Utilities | 16,607,058 | 17,774,072 | (1,167,015) | (6.6%) | 16,993,640 |
| 1,029,854 | 1,041,151 | (11,297) | (1.1%) | 1,036,083 | PMATF | 10,726,431 | 11,452,662 | (726,231) | (6.3%) | 11,396,914 |
| 342,463 | 504,976 | (162,513) | (32.2%) | 259,962 | Other Expenses | 2,872,287 | 5,971,665 | (3,099,379) | (51.9%) | 5,134,575 |
| **92,926,865** | **104,810,997** | **(11,884,131)** | **(11.3%)** | **94,549,557** | **Total Operating Expenses** | **1,055,670,863** | **1,124,081,973** | **(68,411,110)** | **(6.1%)** | **1,026,086,013** |
| 0 | 0 | 0 | 0.0% | (36,392) | Common Service | (15) | 0 | (15) | 0.0% | (409,203) |
| 4,362,078 | 4,364,486 | (2,408) | (0.1%) | 4,819,912 | Depreciation & Amortization | 48,336,259 | 49,680,900 | (1,344,641) | (2.7%) | 51,982,658 |
| **97,288,943** | **109,175,483** | **(11,886,539)** | **(10.9%)** | **99,333,077** | **Total Expenses** | **1,104,007,107** | **1,173,762,873** | **(69,755,766)** | **(5.9%)** | **1,077,659,468** |
| **(20,427,641)** | **(11,129,816)** | **(9,297,825)** | **(83.5%)** | **(10,259,751)** | **Gain/(Loss) from Operations** | **(143,308,581)** | **(118,376,429)** | **(24,932,152)** | **21.1%** | **(114,763,877)** |

# TOTAL SYSTEM
# OPERATING STATEMENT

May-2020

| For the Month of May | | | | | | YTD Thru May | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| May-2020 Actual | May-2020 Budget | Better/(Worse) Variance | Percent | May-2019 Actual | Description | May-2020 Actual | May-2020 Budget | Better/(Worse) Variance | YTD Percent | May-2019 Actual |
| | | | | | **Non-Operating Revenue** | | | | | |
| 10,900,393 | 10,898,581 | 1,813 | 0.0% | 10,714,526 | Unrestristricted Tax Revenue | 119,902,445 | 119,884,387 | 18,057 | 0.0% | 117,835,296 |
| 845,177 | 993,662 | (148,485) | (14.9%) | 1,336,956 | Dividend/Interest Income | 12,256,648 | 10,930,283 | 1,326,364 | 12.1% | 12,362,804 |
| 16,238,456 | 1,083,172 | 15,155,283 | 1399.2% | (4,986,933) | Gain/(Loss) on Investment | (4,365,728) | 11,914,893 | (16,280,621) | (136.6%) | 13,106,928 |
| 31,454 | 254,971 | (223,517) | (87.7%) | 615,345 | Donated Revenue | 1,948,500 | 2,804,681 | (856,181) | (30.5%) | 2,630,444 |
| 440,727 | 130,607 | 310,120 | 237.4% | (409,839) | Non Operating Revenue - Other | 2,289,376 | 1,436,677 | 852,699 | 59.4% | (1,739,036) |
| | | | | | Non-Operating Expense | | | | | |
| 1,411,731 | 1,409,678 | 2,053 | 0.1% | 1,436,269 | Interest Expense | 15,674,765 | 15,506,458 | 168,307 | 1.1% | 15,926,145 |
| 196,560 | 236,899 | (40,339) | (17.0%) | 216,691 | Investment Management Fees | 2,332,962 | 2,605,885 | (272,923) | (10.5%) | 2,439,929 |
| (70,789) | 88,357 | (159,146) | (180.1%) | 152,716 | Donated Expense | 2,069,922 | 971,923 | 1,097,999 | 113.0% | 1,146,712 |
| 727,479 | 727,479 | 0 | 0.0% | 747,297 | Medicaid County Funding | 8,002,270 | 8,002,270 | 0 | 0.0% | 8,220,272 |
| **26,191,226** | **10,898,581** | **15,095,214** | **138.5%** | **4,717,081** | **Total Non-Operating** | **103,951,321** | **119,884,386** | **(14,939,682)** | **(12.5%)** | **116,463,379** |
| **5,763,585** | **(231,235)** | **5,994,820** | **(2592.5%)** | **(5,542,670)** | **Excess of Revenue Over Expenses** | **(39,357,260)** | **1,507,958** | **(40,865,218)** | **(2710.0%)** | **1,699,502** |
| | | | | | **Key Indicators** | | | | | |
| 33,731 | 43,807 | (10,075) | (23.0%) | 42,766 | Adj Patient Days | 448,999 | 470,645 | (21,646) | (4.6%) | 467,987 |
| 5,757 | 8,655 | (2,898) | (33.5%) | 8,083 | Adj Admission | 81,482 | 93,132 | (11,650) | (12.5%) | 88,158 |
| 57,035 | 114,748 | (57,713) | (50.3%) | 107,690 | ED/Outp/Sate Visits | 1,031,547 | 1,176,287 | (144,740) | (12.3%) | 1,088,311 |
| 3,697 | 4,961 | (1,264) | (25.5%) | 4,770 | Admissions | 48,419 | 53,746 | (5,327) | (9.9%) | 51,843 |
| 21,660 | 25,110 | (3,450) | (13.7%) | 25,237 | Patient Days | 266,809 | 271,608 | (4,799) | (1.8%) | 275,209 |
| 5.9 | 5.1 | 0.8 | 15.8% | 5.3 | ALOS | 5.5 | 5.1 | 0.5 | 9.0% | 5.3 |
| 71.7% | 62.6% | 9.1% | 14.6% | 61.7% | Sal/Ben % NOR | 64.2% | 62.1% | 2.1% | 3.4% | 61.1% |
| 22.4% | 21.1% | 1.3% | 0.0% | 20.8% | Supplies % NOR | 22.2% | 21.0% | 1.2% | 0.0% | 21.9% |
| 26.7% | 23.2% | 3.5% | 0.0% | 23.6% | Other Exp % NOR | 23.5% | 23.5% | 0.0% | 0.0% | 23.5% |
| -20.9% | -6.9% | -14.0% | 0.0% | -6.1% | Oper EBINTDPR % NOR | -9.9% | -6.5% | -3.4% | 0.0% | -6.5% |
| 907.8 | 1,027.7 | (119.9) | (11.7%) | 964.7 | FTE's - Total | 7,556.4 | 8,030.0 | (474) | (5.9%) | 7,559.8 |
| 6.57 | 5.72 | 0.8 | 14.7% | 5.5 | FTE's/AOB | 5.66 | 5.74 | (0) | (1.4%) | 5.44 |
| 219.5 | 165.3 | 54.2 | 32.8% | 166.1 | Hours/AA | 178.05 | 165.54 | 13 | 7.6% | 164.64 |
| 186.4 | 145.4 | 41.1 | 28.3% | 145.9 | Productive Hours/AA | 153.1 | 145.6 | 7 | 5.1% | 143.1 |
| 37.5 | 32.7 | 4.8 | 14.7% | 31.4 | Hours/APD | 32.3 | 32.8 | (0) | (1.4%) | 31.0 |
| 31.8 | 28.7 | 3.1 | 10.8% | 27.6 | Productive Hours/APD | 27.8 | 28.8 | (1) | (3.6%) | 27.0 |
| 34.65 | 34.95 | (0.30) | (0.9%) | 33.48 | Average Hourly Rate | 34.14 | 34.52 | (0.38) | (1.1%) | 32.96 |
| 1,991 | 2,001 | (9.5) | (0.5%) | 1,880 | Total Reimb/APD | 1,830 | 2,002 | (172) | (8.6%) | 1,836 |
| 2,279 | 2,238 | 40.5 | 1.8% | 2,083 | NOR/APD | 2,140 | 2,242 | (103) | (4.6%) | 2,058 |
| 1,298 | 1,141 | 156.6 | 13.7% | 1,051 | Salary/APD | 1,103 | 1,131 | (28) | (2.4%) | 1,022 |
| 511 | 473 | 38.8 | 8.2% | 433 | Supplies/APD | 474 | 470 | 4 | 0.9% | 451 |
| 2,884 | 2,492 | 392.0 | 15.7% | 2,323 | Total Expense/APD | 2,459 | 2,494 | (35) | (1.4%) | 2,303 |

# TOTAL SYSTEM
# OPERATING STATEMENT

May-2020

| For the Month of May | | | | | | YTD Thru May | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| May-2020 Actual | May-2020 Budget | Better/(Worse) Variance | Percent | May-2019 Actual | Description | May-2020 Actual | May-2020 Budget | Better/(Worse) Variance | YTD Percent | May-2019 Actual |
| 53,780 | 45,954 | 7,825.6 | 17.0% | 47,358 | GPR/AA | 49,836 | 46,166 | 3,671 | 8.0% | 46,152 |
| 13,350 | 11,328 | 2,021.8 | 17.8% | 11,020 | NOR/AA | 11,790 | 11,332 | 458 | 4.0% | 10,922 |
| 16,898 | 12,614 | 4,284.0 | 34.0% | 12,289 | Total Expense/AA | 13,549 | 12,603 | 946 | 7.5% | 12,224 |
| | | | | | | | | | | |
| 1,073,451 | 1,258,127 | (184,676) | (14.7%) | 1,179,434 | Productive Hours | 12,474,494 | 13,560,028 | (1,085,534) | (8.0%) | 12,614,350 |
| 190,229 | 172,447 | 17,782 | 10.3% | 163,404 | Non-Productive Hours | 2,033,637 | 1,857,327 | 176,310 | 9.5% | 1,900,231 |
| 1,263,680 | 1,430,573 | (166,894) | (11.7%) | 1,342,838 | Total Hours | 14,508,131 | 15,417,355 | (909,224) | (5.9%) | 14,514,581 |
| 1.0% | 1.9% | -0.9% | 0.0% | 2.1% | OT% of Prod Hours | 2.1% | 1.9% | 0.2% | 0.0% | 2.4% |
| | | | | | | | | | | |
| | | | | | **Operating Indicators** | | | | | |
| 2,691 | 3,551 | (860) | (24.2%) | 3,461 | Admissions - ED | 35,192 | 38,496 | (3,304) | (8.6%) | 37,374 |
| 310 | 431 | (121) | (28.1%) | 400 | Admissions - Nursery | 4,492 | 4,879 | (387) | (7.9%) | 4,760 |
| 441 | 1,180 | (739) | (62.6%) | 1,085 | Clinic Visits | 8,584 | 12,671 | (4,087) | (32.3%) | 12,415 |
| 3,966 | 4,961 | (995) | (20.1%) | 5,401 | Discharges | 54,215 | 53,746 | 469 | 0.9% | 57,899 |
| 12,615 | 24,682 | (12,067) | (48.9%) | 23,908 | ER/Trauma Visits | 230,773 | 266,990 | (36,217) | (13.6%) | 255,143 |
| 9,432 | 16,513 | (7,081) | (42.9%) | 16,498 | Outpatient Visits | 150,207 | 179,419 | (29,212) | (16.3%) | 177,445 |
| 699 | 983 | (284) | (28.9%) | 973 | Patient Days - Nursery | 10,422 | 11,133 | (711) | (6.4%) | 11,121 |
| 1,473 | 2,191 | (718) | (32.8%) | 2,126 | SSP Cases | 23,799 | 23,526 | 273 | 1.2% | 23,368 |
| 1,958 | 2,988 | (1,030) | (34.5%) | 2,860 | SSP Days | 33,868 | 32,135 | 1,733 | 5.4% | 32,157 |
| 1,809 | 2,527 | (718) | (28.4%) | 2,466 | Surgeries | 23,291 | 27,518 | (4,227) | (15.4%) | 26,224 |
| 38,274 | 67,876 | (29,602) | (43.6%) | 47,076 | Physician RVU's | 510,494 | 596,478 | (85,984) | (14.4%) | 474,077 |
| 34,547 | 47,691 | (13,144) | (27.6%) | 42,291 | Physician Visits | 411,210 | 450,217 | (39,007) | (8.7%) | 388,165 |
| 9,439 | 20,400 | (10,961) | (53.7%) | 12,185 | Pharmacy | 128,138 | 203,594 | (75,456) | (37.1%) | 170,810 |
| 22 | 23 | (1) | (2.9%) | 21 | GC Admits | 261 | 249 | 12 | 4.8% | 243 |
| 47 | 86 | (39) | (45.1%) | 85 | GC Pt Days | 933 | 942 | (9) | (0.9%) | 949 |
| 2,250,881 | 2,356,381 | (105,500) | (4.5%) | 2,637,615 | Procedures | 26,416,555 | 25,361,699 | 1,054,856 | 4.2% | 26,157,571 |
| 516,930 | 645,387 | (128,457) | (19.9%) | 616,143 | Manual Statistics | 7,028,527 | 7,003,588 | 24,939 | 0.4% | 6,739,728 |
| | | | | | | | | | | |
| | | | | | **PAYOR UTILIZ - MED CTR** | | | | | |
| 733 | 952 | (219) | (23.0%) | 944 | Medicare Admissions | 9,544 | 10,354 | (810) | (7.8%) | 9,958 |
| 3,948 | 5,125 | (1,177) | (23.0%) | 5,470 | Medicare Patient Days | 51,229 | 55,640 | (4,411) | (7.9%) | 55,971 |
| 19.83% | 19.19% | 1% | 0.0% | 19.79% | Medicare Utilization | 19.71% | 19.26% | 0% | 0.0% | 19.21% |
| 5.4 | 5.4 | 0 | 0.0% | 5.8 | ALOS - Medicare | 5.4 | 5.4 | (0) | (0.1%) | 5.6 |
| | | | 0.0% | | | | | | | |
| 263 | 418 | (155) | (37.1%) | 393 | Medicaid Admissions | 3,606 | 4,484 | (878) | (19.6%) | 4,471 |
| 2,746 | 2,954 | (208) | (7.0%) | 2,583 | Medicaid Patient Days | 29,910 | 31,621 | (1,711) | (5.4%) | 33,319 |
| 7.11% | 8.43% | | 0.0% | 8.24% | Medicaid Utilization | 7.45% | 8.34% | | | 8.62% |
| 10.4 | 7.1 | 3 | 47.7% | 6.6 | ALOS - Medicaid | 8.3 | 7.1 | 1 | 17.6% | |
| | | | 0.0% | | | | | | | |
| 958 | 1,236 | (278) | (22.5%) | 1,190 | MC - Comm Admissions | 12,222 | 13,419 | (1,197) | (8.9%) | 12,849 |
| 5,317 | 5,752 | (435) | (7.6%) | 5,475 | MC - Comm Patient Days | 60,652 | 62,267 | (1,615) | (2.6%) | 61,784 |
| 25.91% | 33.43% | (0) | 0.0% | 32.19% | MC - Comm Utilization | 330.59% | 362.97% | (0) | (8.9%) | 347.55% |
| 5.6 | 4.7 | 1 | 19.3% | 4.6 | MC - Comm ALOS | 5.0 | 4.6 | 0 | 6.9% | 4.8 |

# COMBINED MONTHLY PAYOR STATISTICS

May-2020

| | For the Month of May | | | | | | YTD Thru May | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | May-2020 Actual | May-2020 Budget | Better/(Worse) Variance | Percent Variance | May-2019 Actual | *** *** | May-2020 Actual | May-2020 Budget | Better/(Worse) Variance | Percent Variance | May-2020 Actual |
| **ADMISSIONS** | | | | | | | | | | | |
| PAYOR TYPE | | | | | | | | | | | |
| MEDICARE | 733 | 952 | (219) | (23.0%) | 944 | | 9,544 | 10,354 | (810) | (7.8%) | 9,958 |
| MEDICAID | 263 | 418 | (155) | (37.1%) | 393 | | 3,606 | 4,484 | (878) | (19.6%) | 4,471 |
| HMO/PPO/COMM | 958 | 1,236 | (278) | (22.5%) | 1,190 | | 12,222 | 13,419 | (1,197) | (8.9%) | 12,849 |
| HMO/PPO-MCARE | 675 | 840 | (165) | (19.6%) | 826 | | 8,589 | 9,121 | (532) | (5.8%) | 8,821 |
| HMO/PPO-MCAID | 503 | 792 | (289) | (36.5%) | 693 | | 6,980 | 8,533 | (1,553) | (18.2%) | 8,136 |
| CHARITY | 63 | 142 | (79) | (55.6%) | 129 | | 970 | 1,520 | (550) | (36.2%) | 1,430 |
| PRIVATE PAY | 502 | 581 | (79) | (13.6%) | 595 | | 6,508 | 6,315 | 193 | 3.1% | 6,178 |
| **TOTAL ADMITS** | **3,697** | **4,961** | **(1,264)** | **(25.5%)** | **4,770** | | **48,419** | **53,746** | **(5,327)** | **(9.9%)** | **51,843** |
| **PATIENT DAYS** | | | | | | | | | | | |
| PAYOR TYPE | | | | | | | | | | | |
| MEDICARE | 3,948 | 5,125 | (1,177) | (23.0%) | 5,470 | | 51,229 | 55,640 | (4,411) | (7.9%) | 55,971 |
| MEDICAID | 2,746 | 2,954 | (208) | (7.0%) | 2,583 | | 29,910 | 31,621 | (1,711) | (5.4%) | 33,319 |
| HMO/PPO/COMM | 5,317 | 5,752 | (435) | (7.6%) | 5,475 | | 60,652 | 62,267 | (1,615) | (2.6%) | 61,784 |
| HMO/PPO-MCARE | 3,988 | 4,516 | (528) | (11.7%) | 4,601 | | 49,363 | 49,145 | 218 | 0.4% | 49,990 |
| HMO/PPO-MCAID | 2,767 | 3,957 | (1,190) | (30.1%) | 3,857 | | 39,441 | 42,534 | (3,093) | (7.3%) | 42,441 |
| CHARITY | 256 | 537 | (281) | (52.3%) | 679 | | 4,449 | 5,806 | (1,357) | (23.4%) | 6,112 |
| PRIVATE PAY | 2,638 | 2,269 | 369 | 16.3% | 2,572 | | 31,765 | 24,595 | 7,170 | 29.2% | 25,592 |
| **TOTAL PAT DAYS** | **21,660** | **25,110** | **(3,450)** | **(13.7%)** | **25,237** | | **266,809** | **271,608** | **(4,799)** | **(1.8%)** | **275,209** |
| **E.R. VISITS** | | | | | | | | | | | |
| PAYOR TYPE | | | | | | | | | | | |
| MEDICAID | 604 | 1,023 | (419) | -41.0% | 784 | | 10,988 | 11,047 | (59) | -0.5% | 10,087 |
| MEDICARE | 1,270 | 2,109 | (839) | -39.8% | 1,915 | | 19,751 | 22,921 | (3,170) | -13.8% | 20,930 |
| MANAGED CARE | 7,416 | 15,376 | (7,960) | -51.8% | 15,105 | | 142,367 | 166,163 | (23,796) | -14.3% | 158,797 |
| CHARITY/PRIV PAY/UNASS | 3,325 | 6,174 | (2,849) | -46.1% | 6,104 | | 57,667 | 66,859 | (9,192) | -13.7% | 65,329 |
| **TOTAL ER VISITS** | **12,615** | **24,682** | **(12,067)** | **(48.9%)** | **23,908** | | **230,773** | **266,990** | **(36,217)** | **(13.6%)** | **255,143** |
| **O.P. VISITS** | **9,432** | **16,513** | **(7,081)** | **(42.9%)** | **16,498** | | **150,207** | **179,419** | **(29,212)** | **(16.3%)** | **177,445** |
| **ALOS** | | | | | | | | | | | |
| MEDICARE | 5.39 | 5.38 | 0.00 | 0.0% | 5.79 | | 5.37 | 5.37 | (0.01) | -0.1% | 5.62 |
| MEDICAID | 10.44 | 7.07 | 3.37 | 47.7% | 6.57 | | 8.29 | 7.05 | 1.24 | 17.6% | 7.45 |
| HMO/PPO/COMM | 5.55 | 4.65 | 0.90 | 19.3% | 4.60 | | 4.96 | 4.64 | 0.32 | 6.9% | 4.81 |
| HMO/PPO-MCARE | 5.91 | 5.38 | 0.53 | 9.9% | 5.57 | | 5.75 | 5.39 | 0.36 | 6.7% | 5.67 |
| HMO/PPO-MCAID | 5.50 | 5.00 | 0.50 | 10.1% | 5.57 | | 5.65 | 4.98 | 0.67 | 13.4% | 5.22 |
| CHARITY | 4.06 | 3.78 | 0.28 | 7.5% | 5.26 | | 4.59 | 3.82 | 0.77 | 20.1% | 4.27 |
| PRIVATE PAY | 5.25 | 3.91 | 1.35 | 34.6% | 4.32 | | 4.88 | 3.89 | 0.99 | 25.3% | 4.14 |
| **SUB TOTAL** | **5.86** | **5.06** | **0.80** | **15.8%** | **5.29** | | **5.51** | **5.05** | **0.46** | **9.04%** | **5.31** |

# North Broward Hospital District
## Summary of Monthly Patient Payments
## January 2017 through December 2020

| *Month of* | *Calendar 2017* | *Calendar 2018* | *Calendar 2019* | *Calendar 2020* |
|---|---|---|---|---|
| January | 82,725,718 | 80,264,778 | 73,798,544 | 73,115,656 |
| February | 75,482,775 | 73,700,385 | 76,751,711 | 76,558,388 |
| March | 87,205,021 | 82,457,515 | 77,078,094 | 86,813,592 |
| April | 75,245,228 | 82,434,673 | 84,003,349 | 67,880,128 |
| May | 93,299,553 | 84,176,586 | 85,925,307 | 57,702,317 |
| June | 78,139,000 | 72,279,255 | 78,444,101 | |
| July | 70,080,337 | 77,332,169 | 80,315,843 | |
| August | 85,291,665 | 79,874,701 | 70,341,481 | |
| September | 70,640,385 | 65,963,088 | 71,892,525 | |
| October | 79,515,110 | 78,146,472 | 82,182,666 | |
| November | 77,732,246 | 76,914,542 | 73,378,169 | |
| December | 75,233,182 | 73,962,391 | 76,639,773 | |
| **Totals** | **950,590,219** | **927,506,554** | **930,751,564** | **362,070,080** |
| **Monthly Average** | **79,215,852** | **77,292,213** | **77,562,630** | **72,414,016** |
| **Last 12 month average** | **78,847,991** | **78,305,488** | **76,835,802** | **74,605,387** |

**North Broward Hospital District**
**Days in Accounts Receivable**
**Period Ended May 31, 2020**

| | | BHMC | BHN | BHIP | BHCS | Total Med Ctrs | Total System |
|---|---|---|---|---|---|---|---|
| **May** | **2018** | 59.3 | 52.6 | 39.6 | 40.9 | 52.5 | 53.9 |
| **June** | **2018** | 61.5 | 53.4 | 45.6 | 40.7 | 54.5 | 55.7 |
| **July** | **2018** | 63.6 | 53.8 | 45.0 | 40.1 | 55.3 | 56.6 |
| **August** | **2018** | 62.3 | 50.0 | 45.3 | 40.3 | 53.9 | 54.9 |
| **September** | **2018** | 65.0 | 50.8 | 45.0 | 42.3 | 55.7 | 55.7 |
| **October** | **2018** | 64.9 | 52.2 | 44.5 | 40.0 | 55.5 | 55.5 |
| **November** | **2018** | 64.6 | 50.9 | 42.7 | 39.4 | 54.6 | 54.5 |
| **December** | **2018** | 65.1 | 51.3 | 45.6 | 39.4 | 55.4 | 56.1 |
| **January** | **2019** | 67.9 | 51.3 | 47.2 | 41.9 | 57.5 | 58.2 |
| **February** | **2019** | 65.2 | 48.6 | 40.0 | 40.6 | 54.4 | 55.2 |
| **March** | **2019** | 67.7 | 49.4 | 40.7 | 43.3 | 56.6 | 57.2 |
| **April** | **2019** | 65.5 | 44.7 | 40.1 | 40.7 | 53.7 | 54.4 |
| **May** | **2019** | 58.1 | 45.5 | 39.4 | 41.3 | 50.4 | 51.0 |
| **June** | **2019** | 56.7 | 43.1 | 39.5 | 38.2 | 48.4 | 49.7 |
| **July** | **2019** | 57.2 | 43.1 | 37.5 | 38.7 | 48.6 | 49.9 |
| **August** | **2019** | 62.4 | 46.6 | 41.7 | 41.4 | 52.8 | 54.0 |
| **September** | **2019** | 64.5 | 47.9 | 40.2 | 43.1 | 54.2 | 54.4 |
| **October** | **2019** | 63.4 | 47.2 | 38.4 | 40.4 | 52.8 | 53.0 |
| **November** | **2019** | 65.2 | 48.0 | 36.7 | 41.7 | 53.8 | 54.1 |
| **December** | **2019** | 64.6 | 49.3 | 37.4 | 40.3 | 53.9 | 54.3 |
| **January** | **2020** | 69.0 | 50.5 | 40.6 | 42.5 | 56.9 | 57.3 |
| **February** | **2020** | 67.1 | 51.6 | 39.8 | 43.6 | 56.4 | 56.7 |
| **March** | **2020** | 63.7 | 45.8 | 34.2 | 37.3 | 51.5 | 51.6 |
| **April** | **2020** | 61.0 | 44.8 | 35.0 | 36.9 | 50.0 | 49.8 |
| **May** | **2020** | 69.3 | 55.5 | 46.4 | 44.8 | 59.2 | 57.4 |

**North Broward Hospital District**
**Days in Accounts Receivable Quarterly Comparison**

| | May 2020 | April 2020 | March 2020 | December 2018 | September 2019 | June 2019 | March 2019 | December 2018 | September 2018 | June 2018 | March 2018 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **ALL MED CTRS** | | | | | | | | | | | |
| Net A/R | 114,530,294 | 105,195,282 | 124,739,552 | 136,627,552 | 133,000,906 | 122,214,124 | 140,210,058 | 138,461,620 | 131,107,341 | 131,606,026 | 146,078,909 |
| Net Revenue/Day | 1,935,563 | 2,103,309 | 2,420,424 | 2,533,667 | 2,455,294 | 2,525,365 | 2,477,798 | 2,501,324 | 2,355,913 | 2,414,611 | 2,661,008 |
| A/R Days | 59.17 | 50.01 | 51.54 | 53.92 | 54.17 | 48.39 | 56.59 | 55.36 | 55.65 | 54.50 | 54.90 |
| **BGMC** | | | | | | | | | | | |
| Net A/R | 63,921,084 | 61,005,072 | 73,438,190 | 79,613,134 | 75,822,527 | 68,428,455 | 83,268,877 | 80,009,734 | 75,339,488 | 75,112,584 | 83,267,554 |
| Net Revenue/Day | 921,739 | 999,322 | 1,152,118 | 1,231,711 | 1,174,902 | 1,205,805 | 1,229,944 | 1,228,982 | 1,159,674 | 1,220,576 | 1,348,704 |
| A/R Days | 69.35 | 61.05 | 63.74 | 64.64 | 64.54 | 56.75 | 67.70 | 65.10 | 64.97 | 61.54 | 61.74 |
| **NBMC** | | | | | | | | | | | |
| Net A/R | 25,141,595 | 22,191,512 | 26,085,525 | 29,276,463 | 27,852,299 | 26,709,171 | 29,164,450 | 28,555,681 | 26,697,045 | 27,449,735 | 32,985,666 |
| Net Revenue/Day | 453,202 | 495,750 | 569,859 | 593,927 | 581,004 | 619,864 | 589,900 | 556,696 | 525,358 | 513,920 | 577,948 |
| A/R Days | 55.48 | 44.76 | 45.78 | 49.29 | 47.94 | 43.09 | 49.44 | 51.29 | 50.82 | 53.41 | 57.07 |
| **IPMC** | | | | | | | | | | | |
| Net A/R | 10,476,833 | 8,066,692 | 9,210,292 | 10,272,858 | 10,972,744 | 10,728,371 | 10,853,725 | 12,322,513 | 11,630,557 | 12,647,078 | 13,729,491 |
| Net Revenue/Day | 225,694 | 230,224 | 269,064 | 274,828 | 273,085 | 271,548 | 266,990 | 269,963 | 258,373 | 277,110 | 330,276 |
| A/R Days | 46.42 | 35.04 | 34.23 | 37.38 | 40.18 | 39.51 | 40.65 | 45.65 | 45.01 | 45.64 | 41.57 |
| **CSMC** | | | | | | | | | | | |
| Net A/R | 14,990,782 | 13,932,007 | 16,005,545 | 17,465,097 | 18,353,337 | 16,348,127 | 16,923,007 | 17,573,691 | 17,440,251 | 16,396,629 | 16,096,199 |
| Net Revenue/Day | 334,928 | 378,013 | 429,383 | 433,200 | 426,302 | 428,148 | 390,964 | 445,682 | 412,509 | 403,005 | 404,080 |
| A/R Days | 44.76 | 36.86 | 37.28 | 40.32 | 43.05 | 38.18 | 43.29 | 39.43 | 42.28 | 40.69 | 39.83 |
| **ALL OTHER** | | | | | | | | | | | |
| Net A/R | 5,725,265 | 5,544,539 | 5,451,783 | 6,068,137 | 5,617,754 | 5,663,965 | 6,706,641 | 6,765,824 | 7,500,981 | 7,878,634 | 9,037,094 |
| Net Revenue/Day | 159,548 | 120,459 | 104,614 | 95,471 | 93,353 | 48,563 | 88,780 | 86,096 | 133,175 | 87,999 | 97,905 |
| A/R Days | 35.88 | 46.03 | 52.11 | 63.56 | 60.18 | 116.63 | 75.54 | 78.58 | 56.32 | 89.53 | 92.30 |
| **CONSOLIDATED** | | | | | | | | | | | |
| Net A/R | 120,255,558 | 110,739,821 | 130,191,334 | 142,695,688 | 138,618,661 | 127,878,088 | 146,916,699 | 145,227,444 | 138,608,322 | 139,484,660 | 155,116,003 |
| Net Revenue/Day | 2,095,110 | 2,223,769 | 2,525,038 | 2,629,138 | 2,548,646 | 2,573,927 | 2,566,577 | 2,587,420 | 2,489,089 | 2,502,609 | 2,758,913 |
| A/R Days | 57.40 | 49.80 | 51.56 | 54.27 | 54.39 | 49.68 | 57.24 | 56.13 | 55.69 | 55.74 | 56.22 |

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# SUMMARY OF REQUEST

| | |
|---|---|
| **DATE:** | June 24th, 2020 |
| **FACILITY**: | Broward Health Medical Center |
| **PROGRAM/PRODUCT LINE:** | Urology on- Call |
| **REQUEST:** | Approval to enter into an on-call agreement for Urology at the 90th percentile. |
| **PURPOSE:** | To continue to provide required on-call urology coverage. |
| **CAPITAL REQUIRED:** | None |
| **FISCAL IMPACT:** | An independent third-party appraiser has determined: (1) the arrangement to be commercially reasonable, and (2) the total maximum compensation is within Fair Market Value (FMV). |
| **BUDGET STATUS**: | Budgeted |
| **LEGAL REVIEW**: | The contract is subject to General Counsel's review and approval as to legal form and conditioned on no material changes in the approved business terms. |

**APPROVED:** Gino Santorio 06/12/2020 09:02 EDT _____ DATE: _____

Gino Santorio, President/CEO BH

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# M E M O R A N D U M

**TO:** Board of Commissioners

**FROM:** Gino Santorio, President/CEO BH

**DATE:** June 24th, 2020

**SUBJECT:** Approval to enter into an on- call agreement for urology at the 90th percentile.

## BACKGROUND

Broward Health Medical Center (BHMC) is requesting approval to enter into contractual agreements for Urology On-Call services. BHMC has documented and objectively determined there is a legitimate business purpose for the services of qualified physicians to provide services in the specialty of Urology.

BHMC is licensed to provide surgical services being an Adult and Pediatric level one Trauma Center for Emergency Services. Hospitals are required under EMTALA to provide evaluation of management of patients presenting to its Emergency Department. BHMC has a need to contract with the group/physicians to provide uninterrupted on-call availability for its emergent patients.

BHMC has four (4) physicians on the call coverage panel. This rate is consistent with the current Urology on call rate.

## ACTION/PROJECT DESCRIPTION

Broward Health is requesting that the Board of Commissioners authorize the District to enter into on-call contractual agreements at the 90th percentile. An independent third-party appraisal report determined that the proposed arrangements are commercially reasonable, and the compensation is within fair market value.

## FINANCIAL/BUDGETARY IMPACT

The proposed on-call dollars are budgeted for FY-20.

## JUSTIFICATION

BHMC has documented and objectively determined that there is a legitimate business purpose to continue to provide paid on-call urology services at BHMC.

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## STAFF RECOMMENDATION

**Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District authorize the District to enter into on-call agreements for urology services at the 90th percentile at Broward Health Medical Center.**

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# SUMMARY OF REQUEST

**DATE:** June 24, 2020

**FACILITY**: Broward Health North

**PROGRAM/PRODUCT LINE:** Emergency Department – Neurological Surgery OnCall

**REQUEST:** Approve to enter into a contractual agreement for Neurological Surgery On-Call services for Broward Health North at the 75th percentile of Fair Market Value

**PURPOSE:** To provide Neurological Surgery On-Call coverage for Broward Health North's Emergency Department

**CAPITAL REQUIRED:** Not applicable

**FISCAL IMPACT:** Annual compensation is within the fair market value and is commercially reasonable as documented by Healthcare Appraisers, Inc.

.

**BUDGET STATUS**: Budgeted

**LEGAL REVIEW**: The contract is subject to General Counsel's review and approval as to legal form and conditioned on no material changes in the approved business terms

**APPROVED:** Gino Santorio 06/12/2020 14:16 EDT _____ DATE: _____

Gino Santorio, President/CEO BH

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**M E M O R A N D U M**

**TO:** Board of Commissioners

**FROM:** Gino Santorio, President/CEO BH

**DATE:** June 24, 2020

**SUBJECT:** Approve to enter into a contractual agreement for Neurological Surgery On-Call services for Broward Health North at the 75th percentile of Fair Market Value

## BACKGROUND

Broward Health North is requesting approval for a Neurological Surgery On-Call agreement at the 75th percentile. Broward Health has documented and objectively determined there is a legitimate business purpose for the services of qualified physicians to provide services in the specialty of Neurological Surgery. As a 24/7 acute care hospital with a Level II Trauma Center, Broward Health North is required to have the availability of Neurological Surgeons.

Neurological Surgery is a specialty related to the diagnosis and treatment of patients with injury to, or diseases/disorders of the brain, spinal cord and peripheral nerves. BHN has provided this service since the inception of the Trauma Program.

A fair market value (FMV) and commercial reasonableness (CR) assessment of the arrangement for Neurological Surgery On-Call services was conducted by an independent third party. The assessment determined that this request, is within FMV for similar services being provided across the region and is commercially reasonable.

## ACTION/PROJECT DESCRIPTION

Approve to enter into a contractual agreement for Neurological Surgery On-Call services at Broward Health North at the 75th percentile of Fair Market Value.

## FINANCIAL/BUDGETARY IMPACT

Annual compensation is within the fair market value and is commercially reasonable as documented by Healthcare Appraisers, Inc.

.

## JUSTIFICATION

To continue to provide Neurological Surgery On-Call services at Broward Health North.

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## STAFF RECOMMENDATION

**Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District authorize the District to approve to enter into a contractual agreement for Neurological Surgery On-Call services at the 75$^{h}$ percentile of Fair Market Value.**

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# SUMMARY OF REQUEST

**DATE:** June 24th, 2020

**FACILITY**: System Wide

**PROGRAM/PRODUCT LINE:** Bedside Glucose Monitoring, Point of Care

**REQUEST:** Approve funding and contract for the implementation of new glucose meters from Nova Biomedical, which is a GPO vendor with FDA certification to perform testing on critically ill patients. This will be a seven year contract.

**PURPOSE:** Bedside glucose testing is essential in monitoring the effectiveness of diabetes control programs. Neo-nates require bedside glucose testing to monitor physiological changes, initiate appropriate interventions, and evaluate outcomes. Bedside glucose testing is also part of evidence based care in critical settings.

**CAPITAL REQUIRED:** No capital required, equipment is included in the price per strip of $0.33 cents.

**FISCAL IMPACT:**

| Facility | Yearly Amount of Strips | Operational Budget (1 year) | Total Spending (7 Years) |
|---|---|---|---|
| BHMC | 360,340 | $118,912 | $832,385 |
| BHN | 192,000 | $63,360 | $443,520 |
| BHC | 96,300 | $31,779 | $222,453 |
| BHIP | 76,400 | $25,212 | $176,484 |
| **Totals:** | **5,075,280** | **$239,263** | **$1,674,842** |

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**BUDGET STATUS**: Yes

**LEGAL REVIEW**: The contract is subject to General Counsel's review and approval as to legal form and conditioned on no material changes in the approved business terms.

**APPROVED:** Gino Santorio 06/12/2020 14:16 EDT _____ DATE: _____

Gino Santorio, President/CEO BH

BROWARD HEALTH

1800 NW 49th Street
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t 954.473.7100

# M E M O R A N D U M

**TO:** Board of Commissioners

**FROM:** Gino Santorio, President/CEO BH

**DATE:** June 24th, 2020

**SUBJECT:** Approve funding and contract for the implementation of new glucose meters from Nova Biomedical, which is a GPO vendor with FDA certification to perform testing on critically ill patients. This contract will have a term of seven years.

## BACKGROUND

Bedside glucose testing is essential in monitoring the effectiveness of diabetes control programs. Neo-nates require bedside glucose testing to monitor physiological changes, initiate appropriate interventions and evaluate outcomes. Bedside glucose testing is also part of evidence based care in critical settings.

## ACTION/PROJECT DESCRIPTION

Approve funding and contract for the implementation of new glucose meters from Nova Biomedical, which is a GPO vendor with FDA certification to perform testing on critically ill patients. The term of this contract will be for a total of seven years.

## FINANCIAL/BUDGETARY IMPACT

| Facility | Yearly Amount of Strips | Operational Budget (1 year) | Total Spending (7 Years) |
|---|---|---|---|
| BHMC | 360,340 | $118,912 | $832,385 |
| BHN | 192,000 | $63,360 | $443,520 |
| BHC | 96,300 | $31,779 | $222,453 |
| BHIP | 76,400 | $25,212 | $176,484 |
| **Totals:** | **5,075,280** | **$239,263** | **$1,674,842** |

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## JUSTIFICATION

The Nova Biomedical glucose monitoring systems are certified by the FDA to perform bedside glucose testing on critically ill patients. Nova Biomedical also provided the best pricing and is a GPO vendor.

## STAFF RECOMMENDATION

**Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District authorize the District to purchase 5,075,280 glucose strips over seven (7) years from a Group Purchasing Organization (GPO) vendor, Nova Biomedical, in accordance with the District's Procurement Code, for $1,674,842.**

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# SUMMARY OF REQUEST

| | |
|---|---|
| **DATE:** | June 24, 2020 |
| **FACILITY**: | Community Health Services, Bernard P. Alicki Health Center |
| **PROGRAM/PRODUCT LINE:** | Healthcare for the Homeless |
| **REQUEST:** | Approve revisions to policy - CHS-003-012 Healthcare for the Homeless Financial Assistance/Discounted Sliding Fee Policy. |
| **PURPOSE:** | To demonstrate compliance with Healthcare for the Homeless Program requirements under section 330 of the Public Health Service (PHS). |
| **CAPITAL REQUIRED:** | None |
| **FISCAL IMPACT:** | FY21 |
| **BUDGET STATUS**: | Not Applicable |
| **LEGAL REVIEW**: | The contract is subject to General Counsel's review and approval as to legal form and conditioned on no material changes in the approved business terms. |

**APPROVED:** Gino Santorio 06/12/2020 14:15 EDT _____ DATE: _____

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BROWARD HEALTH

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# M E M O R A N D U M

**TO:** Board of Commissioners

**FROM:** Gino Santorio, President/CEO BH

**DATE:** June 24, 2020

**SUBJECT:** Approve the revised policy, CHS-003-012 Healthcare for the Homeless Financial Assistance Program/Discounted Sliding Fee Policy.

## BACKGROUND

The Bureau of Primary Health Care under, under Section 330(k)(3)(G) of the PHS Act; and 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u), requires that the health center has board-approved policies for its sliding fee discount program that apply uniformly to all patients and address the following areas: Definitions of income and family; assessment of all patients for sliding fee discount eligibility based only on income and family size, including methods for making such assessments. The policy must be updated annually with the Federal Poverty Guidelines.

## ACTION/PROJECT DESCRIPTION

Approve the revised Policy # CHS-003-012 Healthcare for the Homeless Financial Assistance Program/Discounted Sliding Fee Policy. The Discounted Sliding Fee Schedule is reviewed and revised with the prevailing Federal Poverty Guidelines by Broward Health Finance department annually.

## FINANCIAL/BUDGETARY IMPACT

None.

## JUSTIFICATION

The HCH Program is federally funded by the Health Resources and Services Administration (HRSA) under grant number H80CS00019. Per section 330(k) (3) (`H) of the Public Health Service (PHS) Act (42 U.S.C. 254b, the governing board is responsible for establishing or

adopting policies for the conduct of the Health Center Program project and for updating these policies when needed. Board approval must be documented in the board minutes. The revision to

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policy # CHS-003-012 removes language which makes it necessary for the Board to approve revisions to the policy annually, and allows Healthcare for the Homeless to apply the prevailing Discounted Sliding Fee Schedule as outlined in the policy.

## STAFF RECOMMENDATION

**Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District authorize the District to approve revisions to policy - CHS-003-012 Healthcare for the Homeless Financial Assistance/Discounted Sliding Fee Policy.**

## ATTACHMENT

CHS-003-012 Healthcare for the Homeless Financial Assistance Program/Discounted Sliding Fee Policy

| | |
|---|---|
| **Origination:** | *06/2019* |
| **Effective:** | *05/2020* |
| **Last Reviewed:** | *05/2020* |
| **Last Revised:** | *05/2020* |
| **Next Review:** | *05/2021* |
| **Sponsor:** | *Sandra Coutain: MGR, FINANCE-AMBULATORY SVCS* |
| **Section:** | *CHS-Information Management* |
| **Manuals:** | *Community Health Services* |

# CHS-003-012 Healthcare for the Homeless Financial Assistance Program/Discounted Sliding Fee Policy

**CHS-003-012** Healthcare for the Homeless Financial Assistance Program/Discounted Sliding Fee Policy

**Purpose**

To define the discounted/sliding fee schedule utilized by Broward Health's Healthcare for the Homeless (HCH) Program. HCH provides comprehensive medical and dental services to homeless individuals and families as well as those who are poverty stricken, uninsured, and underinsured. HCH offers discounts on the clinic's fee schedule for self-pay patients who fall 200% below the prevailing Federal Poverty Guidelines (FPG) based on the patient/family's income.

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I. **Policy**

The North Broward Hospital District, d.b.a. Broward Health, HCH program, has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. A discounted/sliding fee schedule is used to ensure that no one who is unable to pay will be denied access to services. The criteria used in the discounted/sliding fee schedule is based upon a percentage of the most current FPG as issued by the Department of Health and Human Services and published in the Federal Register. Based on this discounted/sliding fee schedule, Broward Health will provide a full discount to individuals and families with annual incomes at or below 100% of the FPG (only nominal fees may be charged). Therefore, those with incomes between 100% and 200% of the FPG, must be charged fees in accordance with a sliding discount fee schedule based on family size and income (see attachment). Financial counselors are available to assist patients.

Broward Health does not discriminate against a patient because of race, creed, color, national origin, sex, age, or religion. Broward Health provides a financial assistance program to defray the costs of medically necessary services for those homeless patients who reside in or are visitors in Broward County.

Broward Health Community Health Services is responsible for posting appropriate signage in a prominent place in all registration areas at each facility in English, Creole, and Spanish, advising that financial assistance is available for services rendered or to be rendered.

Broward Health will accept an application for financial assistance from any person. Each application will require a signature from the applicant, or responsible party attesting to the truthfulness and accuracy of the information provided on the application. Any person found to be intentionally providing fraudulent information will have the application denied without reconsideration.

Broward Health Homeless financial assistance applicants will be required to notify an appropriate

representative of Broward Health in the event that their income circumstances change during the effective period of the financial assistance approval. Each financial assistance application will serve to determine eligibility for all uninsured household family members listed within the application.

**Procedure**

II. **HCH will utilize a Discount Sliding Fee Schedule at all HRSA approved Scope of Project sites for both the medical and dental clinics (Attachment 1).**

III. **HCH staff members will ensure that all patients are informed and made aware of the Discount Sliding Fee Schedule program.**

A. As part of the registration process, the front office staff shall explain the Discount Sliding Fee Schedule program to all patients. Staff will inform the patient how the program can help, as well as assist the patient with completing the application form, if needed.

B. The Discount Sliding Fee Schedule application is updated every 12 months.

C. Confidentiality shall be maintained in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

D. The front desk staff verifies all patients' insurance eligibility for each encounter. If the patient receives benefits, a claim will be filed for third party reimbursement for services rendered.

E. Insured patients who qualify may participate in the Discount Sliding Fee program and will be charged the lesser of the patient liability for the visit or the amount that the patient would have been charged as an uninsured sliding fee patient.

IV. **Eligibility: Sliding Fee Schedule discounts will be based on family size and income only.**
HCH uses the Census Bureau definitions for Family and Income, which are as follows:

A. **Family is defined as:** a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

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

C. **Adjusted Gross Income (AGI )-** Gross income minus adjustments to income

D. **Adolescents** seeking confidential services do not require income verification.

E. Review the discount application with the patient to verify the information obtained is correct, then calculate and determine the patient's discount level.

V. **APPLICATION PROCESS:**
**Verification of family size and income is as follows:**

A. Driver's License or Picture Identification (ID) Card

B. Birth Certificate

C. Marriage License

D. Voter Registration Card

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E. Recent check stub, W-2 Form, or a letter from their employer (on company letterhead) stating the patient's annual income.

F. Documentation from the Unemployment Office.

G. Recent Utility (or gas, water, or telephone) Bill

H. Referral letter from a Homeless Shelter or Social Service agency.

I. Rejection letters from Medicaid or other programs required for eligibility.
If the patient is unable to provide proof of verification at the time of service, request that the patient notify the clinic as soon as documentation is received. No one is refused services because of lack of verifying documentation.
**Applying the Sliding Fee Discount:** The discount is applied at the time of service.

VI. **Collecting a Nominal Fee:** The sliding fee schedule charges are intended to mitigate financial access barriers to care.

A. If a patient has insurance coverage, HCH will file a claim for third party reimbursement.
Fees are waived for medical patients who fall at or below 100% of the FPG-Level.
Any patient that falls 101% to 199% of the FPG-Levels will have a nominal charge at the time of service. See the Discount Sliding Fee Schedule for charges.
Dental charges are based upon the different groupings of services (such as preventive and extensive dental) and shall not vary for each procedure. See the differing nominal visit fees on the Discount Sliding Fee Schedule.
If the patient falls 200% or above the FPG-Level F, there is no discount, they must pay 100% of the standard fee schedule.

1. If the patient is unable to pay at the time of service, a payment plan can be arranged and set- up by the Business Office. No one is refused services because of a lack of financial means to pay for services provide by all HCH sites.

B. Process the patient's full or partial payment received and note the amount in the patient's record.
Once the payment is posted to the patient's account, provide the patient with a receipt.
**If the patient is unable to pay the nominal fee at the time of service, a payment plan can be arranged and set-up by the PBO Customer Service Representatives. No one is refused services because of a lack of financial means to pay for services provided by all HCH sites.**
**Waiving of Charges*:*** In certain situations, patients may not be able to pay the nominal fee. Waiving charges must be approved by the HCH Program Director or Business Office Coordinator (see policy: CHS-003-013). Any waiving of charges must be documented in the patient's record along with an explanation (example ability to pay, goodwill, health promotion event).
**Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point, Broward Health will waive the fee and document the explanation as refusal to pay. Broward Health will not initiate Extraordinary Collections Actions for patients in the Healthcare for the Homeless Program.

VII. **To remain consistent with the** FPG, as issued by the Department of Health and Human Services and published in the Federal Register**, the Discounted Sliding Fee Schedule is reviewed and revised by Broward Health Finance annually.**

A. APPROVAL: Once an application is approved for the HCH Discount Sliding Fee assistance, the approved application is valid for twelve (12) months from the date of service established by the HCH

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Program.

B. LEVELS OF AUTHORITY FOR APPROVALS:

1. All completed applications, including all required supporting documentation, which fall within the FPG will be approved by a Homeless representative once verified.
2. Any incomplete or questionable applications, where eligibility cannot be fully verified based on the documentation provided, must be reviewed by the HCH Program Director or designee for determination.

VIII. **Related Policies**

A. Tax Fund Processing in Patient Accounting

B. Indigent Care Program Policy

C. GA-018-125 Self Pay Billing & Collections

D. CHS-003 013 Healthcare for the Homeless Provisions of Waiving Fee(s) and Nominal Charges for Specific Patient Circumstance

IX. **References**

A. F.S. 409.911(1) (c) – Charity Definition

B. National Health Service Corps Site Agreement

C. Federal Poverty Guidelines: https://aspe.hhs.gov/poverty-guidelines

D. The United States Census Bureau

E. The United States Internal Revenue Service:https://www.irs.gov/uac/Definition-of-Adjusted-Gross-Income

F. National Health Service Corps: http://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf

Interpretation and Administration of this policy is the responsibility of the AVP of Operations.

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## Attachments

007-050 FPG DIVISIONS 2020 Homeless.pdf

## Approval Signatures

| Step Description | Approver | Date |
|---|---|---|
| | Heather Woolf: VP, AMBULATORY SVCS | 05/2020 |
| | Aldo Calvo: MED DIR, AMBULATORY CARE | 05/2020 |
| | William Green: EXEC DIR, AMBULATORY OPERATION | 03/2020 |

# NORTH BROWARD HOSPITAL DISTRICT
# COMMUNITY HEALTH SERVICES
# HOMELESS PROGRAM
# FINANCIAL ASSISTANCE GUIDELINES
# EFFECTIVE FEBRUARY 1, 2020

| FAMILY SIZE | 100% OR BELOW THE FPG | 101% - 133% OF THE FPG | | 134% - 150% OF THE | | 151% - 200% OF THE | |
|---|---|---|---|---|---|---|---|
| | W72 | W90 | | W91 | | W92 | |
| | MAXIMUM HOUSEHOLD INCOME | MINIMUM HOUSEHOLD INCOME | MAXIMUM HOUSEHOLD INCOME | MINIMUM HOUSEHOLD INCOME | MAXIMUM HOUSEHOLD INCOME | MINIMUM HOUSEHOLD INCOME | MAXIMUM HOUSEHOLD INCOME |
| 1 | $12,760.00 | $12,760.01 | $16,971.00 | $16,971.01 | $19,140.00 | $19,140.01 | $25,520.00 |
| 2 | $17,240.00 | $17,240.01 | $22,929.00 | $22,929.01 | $25,860.00 | $25,860.01 | $34,480.00 |
| 3 | $21,720.00 | $21,720.01 | $28,888.00 | $28,888.01 | $32,580.00 | $32,580.01 | $43,440.00 |
| 4 | $26,200.00 | $26,200.01 | $34,846.00 | $34,846.01 | $39,300.00 | $39,300.01 | $52,400.00 |
| 5 | $30,680.00 | $30,680.01 | $40,804.00 | $40,804.01 | $46,020.00 | $46,020.01 | $61,360.00 |
| | | | | | | | |
| Doctor Visit | $0.00 | $1.00 | | $2.00 | | $3.00 | |
| Labs Test | $0.00 | $1.00 | | $2.00 | | $3.00 | |
| Prescription | $0.00 | $1.00 | | $2.00 | | $3.00 | |
| Dental | $0.00 | $1.00 | | $2.00 | | $3.00 | |

**Patients registered under the Homeless Grant are not eligible for discounts above 200% of the FPG.**

This health-care provider makes available health care services to all people in the community and does not discriminate against a patient because of race, color, creed, national origin, sex, religion, age This health-care provider does not deny those services to a person who needs them but cannot pay for them. A financial assistance program is available to qualified applicants to defray the costs of medically necessary services for which no other funding sources exist.

1800 NW 49th Street
Fort Lauderdale, FL 33309
t 954.473.7100

# SUMMARY OF REQUEST

| | |
|---|---|
| **DATE:** | June 24, 2020 |
| **FACILITY**: | Community Health Services, Bernard P. Alicki Health Center |
| **PROGRAM/PRODUCT LINE:** | Healthcare for the Homeless |
| **REQUEST:** | Authorize Scope Adjustment Request to make minor modification to scope of project in HRSA Electronic Hand Book (EHB) allowing Healthcare for the Homeless to employ a full-time (40 hours per week) Outreach Worker to provide direct Outreach Services. |
| **PURPOSE:** | To authorize the HCH Program Director to make minor adjustments to the scope of services on Form 5C: Other Activities/Locations, in the HRSA EHB. The adjustment will allow Healthcare for the Homeless to replace Outreach Services provided on a contractual basis with services provided directly by a Broward Health employee. |
| **CAPITAL REQUIRED:** | None |
| **FISCAL IMPACT:** | FY2021 – Fully Grant Funded |
| **BUDGET STATUS**: | Budgeted |
| **LEGAL REVIEW**: | The contract is subject to General Counsel's review and approval as to legal form and conditioned on no material changes in the approved business terms. |

**APPROVED:** Gino Santorio 06/12/2020 14:15 EDT DATE: _____

Gino Santorio, President/CEO BH

BROWARD HEALTH®

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# M E M O R A N D U M

**TO:** Board of Commissioners

**FROM:** Gino Santorio, President/CEO BH

**DATE:** June 24, 2020

**SUBJECT:** Authorize Scope Adjustment Request to make minor modification to scope of project in HRSA Electronic Hand Book (EHB) allowing Healthcare for the Homeless to employ a full-time (40 hours per week) Outreach Worker to provide Outreach Services.

## BACKGROUND

The Healthcare for the Homeless (HCH) Program provides primary and urgent medical care, diagnostic exams/screenings, behavioral health counseling, vision care, prophylaxis, emergency oral health services and non-clinical outreach services to individuals who are experiencing homelessness in Broward County. Outreach Workers interview clients at multiple street locations throughout Broward County to determine health care and mental health needs and provide them with information about where to access services. Outreach Services were provided 40 hours per week through a subservient agreement with Broward House, Inc., by two former homeless individuals. That subservient agreement no longer exists.

## ACTION/PROJECT DESCRIPTION

The scope of the Healthcare for the Homeless Project, under grant number H80CS00019, includes Outreach Services. Healthcare for the Homeless is seeking approval to make minor modification to scope of project in HRSA Electronic Hand Book (EHB). The Scope Adjustment Request will allow Healthcare for the Homeless to employ a full-time (40 hours per week) Outreach Worker to provide Outreach Services.

## FINANCIAL/BUDGETARY IMPACT

The budgeted amount for the contract with Broward House is $74,929. It is anticipated that the annual salary for the outreach worker will be $38,000 - $45,000 per year.

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## JUSTIFICATION

The HCH Program is federally funded by the Health Resources and Services Administration (HRSA) under grant number H80CS00019. Per *Section 330(k)(3)(H) of the PHS Act; 42 CFR 51c.303(i), 42 CFR 56.303(i), 42 CFR 51c.304(d), and 42 CFR 56.304(d); and 45 CFR 75.507(b)(2),* the health center governing board must adopt health care policies, including the Scope and availability of services to be provided, and decisions to subaward or contract for a substantial portion of the services. The health center's governing board must approve Change-in-Scope (CIS) requests prior to submission to HRSA. CIS approvals must be documented in board minutes which must be made available to HRSA upon request.

## STAFF RECOMMENDATION

**Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District authorize the District Authorize Scope Adjustment Request to make minor modification to scope of project in HRSA Electronic Hand Book (EHB) allowing Healthcare for the Homeless to employ a full-time (40 hours per week) Outreach Worker to provide direct Outreach Services.**

## ATTACHMENT

Form 5C- Other Activities

1800 NW 49th Street
Fort Lauderdale, FL 33309
t 954.473.7100



## Self Updates: Activity details

**H80CS00019: North Broward Hospital District, Ft Lauderdale, FL**

**Grant Number:** H80CS00019 **BHCMIS ID:** 0412940 **Project Period:** 11/01/2001 - 01/31/2021

**Budget Period:** 02/01/2020 - 01/31/2021

**Existing Activities/Locations**

| Type of Activity | Frequency of Activity | Description of Activity | Type of Location(s) where Activity is Conducted |
|---|---|---|---|
| Other - Non-Clinical Outreach, Health Fairs/Screenings, Health Education | 16 hours per month - every other week | Provide non-clinical outreach services through social work and support staff. Clients are interviewed about their health care and mental health needs, and are registered for services, which can be accessed at approved service locations. | Feeding Cooperative; clients can receive hot meals, pick up foodstuffs from the food pantry, as well as receive other supportive services (clothing, job placement assistance, counseling. |
| Non-Clinical Outreach | 40 hours per week | Provide non-clinical outreach services to the homeless at identified homeless street locations. Services are provided through a subservient agreement with Broward House, Inc. by two former homeless individuals. Clients are interviewed to determine health care and mental health needs and are provided with information on where to access these services. | Multiple street locations throughout Broward County, where the homeless are known to congregate and seek shelter. |

Close Window

**Resolution FY20-21**

**Resolution to Clarify and Amend the Procurement Policy Pertaining to Construction Services, Electrical Work, and Construction-Related Design Services**

WHEREAS, North Broward Hospital District (the "District") is a special taxing district of the State of Florida, and is authorized and empowered to maintain hospitals and supportive facilities for the care and treatment of the people of said District;

WHEREAS, Section 24 of the Charter of the District (the "Charter") authorizes the District's Board of Commissioners ("Board") to establish procedures governing the purchase of supplies, equipment, materials, and construction services;

WHEREAS, the Board, on October 30, 2019, approved Resolution FY20-07: Resolution Creating a New Procurement Code and Establishing Emergency Waivers, which ratified the District's new Master Procurement Code and its accompanying Procurement Policies and established the framework for the District to follow when procuring such goods and services;

WHEREAS, certain clarifications and revisions are needed in Procurement Policy, GA-001-086, Procurement of Professional Construction Services, Electrical Work, and Construction-Related Design Services ("Procurement Policy");

WHEREAS, the Board wishes to amend those provisions in the Procurement Policy to provide additional guidance to the District when the District is procuring construction-related services; and

WHEREAS, unless context otherwise requires, capitalized terms used but not defined herein have the meanings ascribed to such terms in the Amended and Restated Bylaws of the North Broward Hospital District and its accompanying Codified Resolutions of the Board of Commissioners of the North Broward Hospital District.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners of the North Broward Hospital District, that:

**1.** The District is hereby authorized, as permitted under Florida Law, to hire professional firms for construction management contracts, design-build contracts, continuation contracts, and/or any other construction contracts permitted under Florida Law. The District shall have the right, as an option, to bid construction management services and design-build contracts through sealed bids, proposals submitted in response to a request for proposal, proposals submitted in response to a request for qualifications, proposals submitted for competitive negotiation, or any other procurement method permitted under Florida Law.

**2.** Changes to Procurement Policy, GA-001-086, Procurement of Professional Construction Services, Electrical Work, and Construction-Related Design Services, are adopted as detailed in the tracked-changed version of the Procurement Policy attached hereto and incorporated herein as Exhibit A.

**3.** This Resolution shall become immediately effective upon adoption and apply retroactively to any contracts entered into before the effective date of this Resolution.

**4.** This resolution hereby supersedes, amends, replaces and repeals any conflicting resolution or conflicting policy previously adopted by the Board.

**DULY ADOPTED** this ___ day of June, 2020.

Time Adopted _____ PM

# Exhibit A

# GA-001-086: Procurement of Professional Construction Services, Electrical Work, and Construction-Related Design Services

## I. Purpose

This Policy identifies the steps to be taken in the selection and Procurement of Design and Construction Professionals needed for the construction of District-owned public improvements and for the Procurement of construction services in an efficient, cost-effective, and timely manner in compliance with Florida law.

## II. Definitions

The words and acronyms defined in this Policy shall have the meanings set forth in the ~~he~~ Master Procurement Code, GA-001-150 (the "Code") of North Broward Hospital District (the "District") regardless of whether they are capitalized, unless:

(a) The context in which they are used clearly requires a different meaning; or

(b) A different definition is prescribed for a particular section of this Policy.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

For purposes of this Policy, the below terms shall have the following meanings associated with them:

**"Competitively Award"** or **"Competitively Awarded"** means awarding of Contracts based on the submission of sealed bids, proposals submitted in response to a request for proposal, proposals submitted in response to a request for qualifications, ~~or~~ proposals submitted for competitive negotiation, or any other competitive process permitted under Florida law.

**"Competitive Sealed Bids"** means sealed bids whereby the award will be based upon the Contractor that submitted the lowest-price bid.

**"Competitive Sealed Proposals"** means sealed bids whereby the award will be based upon qualifications and responsive proposals and not price.

**"Construction"** means the undertaking of designing, building, altering, repairing, remodeling, renovating, modifying, improving, or demolishing any structure, or building any real property, owned or under the control of the District.

**"Construction Continuation Contract"** means a Contract with a construction management entity for work on a construction project~~s~~ described by type, which may or may not be identified at the time of entering into the Contract

**"Design Continuation Contract~~s~~"** means a Contract~~s~~ that ~~are~~ is entered into and ~~comply~~ complies with the definition of "continuing contract" under § 287.055(2)(g), Florida Statutes, as amended from time to time.

**"Professional Design Services"** means those services within the scope of the practice of architecture, professional engineering, landscape architecture, or registered surveying and mapping, as defined by the laws of the State of Florida, or those performed by any architect,

professional engineer, landscape architect, or registered surveyor and mapper in connection with his or her professional employment or practice.

## III. Governing Law

The following statutes apply to the District's Procurement of Construction Contracts and Professional Design Services, and it is advised that District personnel review such statutes in conjunction with this Policy. To the extent any of the following statutes or other state or federal laws or regulations conflict ("Applicable Law") with the provisions of this Policy, such Applicable Law shall control as if fully set forth herein.

**(1)** § 255.05, Fla. Stat., Bond of Contractor constructing public buildings; form; action by claimants: performance and payment bond requirements for construction projects;

**(2)** § 255.0525, Fla. Stat., Advertising for competitive bids or proposals: contains notice requirements concerning the Solicitation of competitive bids or proposal for construction projects exceeding certain thresholds;

**(3)** § 255.20, Fla. Stat., Local bids and Contracts for public construction works; specification of state-procured lumber: requires competitive Procurement for public buildings, structures or other public construction projects or electric work exceeding certain thresholds; and

**(4)** § 287.055, Fla. Stat., (Consultants' Competitive Negotiation Act) Acquisition of professional architectural, engineering, landscape architectural, or surveying and mapping services; definitions; procedures; contingent fees prohibited; penalties.

## IV. Policy

**(1)** All Procurement of supplies, materials, equipment, and services paid for from District funds for purposes of Procurement of Professional Design Services, Construction projects, or electrical services shall be made in accordance with this Policy and all applicable Florida Statutes and administrative procedures unless otherwise exempt from this Policy.

**(2)** No person may make any purchase with District funds unless authorized to do so by District policy or by administrative directive.

**(3)** All estimates pertaining to the anticipated cost of Professional Design Services, Construction projects, or electrical work shall be provided in good faith and estimated in accordance with generally accepted cost-accounting principles.

**(4)** Procurements covered by this Policy shall not be divided into more than one purchase order, project, or Contract solely for the purpose of avoiding the provisions of this Policy.

**(5)** The terms and provisions of this Policy shall be deemed by operation of law to be a part of the term and conditions of each Procurement, purchase order, and Contract involving the District's Procurement of Professional Design Services and Construction projects, except to the extent that an authorized official has expressly provided for a written exception to one or more of the requirements provided for in this Policy with respect to a particular Procurement, purchase order, or Contract and such exception is consistent with Florida Law, the Code, and the District's Policies and Procedures.

**(6)** *Advertising*: Any Procurement of Professional Design Services, Construction projects, or electrical work shall be advertised consistent with this Policy unless otherwise exempt under Florida law. All advertisements must include a general description of the project and must indicate how interested Contractors may apply for consideration. To the extent a competitive solicitation is used, even if a competitive solicitation is not required by this Policy, it must be publicly advertised.

**(7)** *Professional Design Services*: All Procurements of Professional Design Services shall be Competitively Awarded to an appropriately-licensed Contractor unless the Procurement of Professional Design Services was pursuant to a Design Continuation Contract.

**(8)** *Construction Services*: Any Procurement of Construction projects or services which are estimated, in accordance with generally accepted cost-accounting principles, to exceed $300,000~~, as provided in the Procurement Policy Table,~~ shall be Competitively Awarded to an appropriately-licensed Contractor unless the Procurement of Construction services was pursuant to a Construction Continuation Contract.

**(9)** *Electrical Work*: Any Procurement of electrical work estimated, in accordance with generally accepted cost-accounting principles, to cost more than $75,000 shall be Competitively Awarded to an appropriately-licensed Contractor.

## V. Procedure

### (1) Competitive Solicitations

Except in the case of an emergency, purchases shall ~~follow either the competitive sealed bid or competitive sealed proposal process~~be Competitively Awarded in the manner ~~as~~ determined by the Chief Procurement Officer and SVP, Operations ~~for award of any subsequent Contract resulting from the Procurement is required~~in accordance with Florida law.

(a) *Competitive Source Selections*

i. The Chief Procurement Officer and the SVP, Operations both have the authority to determine the source selection, unless otherwise exempt from the competitive Procurement process.

ii. The Procurement of Professional Design Services and Construction and Construction-related projects and services shall be made using the appropriate Procurement process as follows:

- Competitive Sealed Bids: An invitation to bid shall be issued which shall include the specifications and appropriate Contract terms and conditions applicable to the Procurement.
- Competitive Sealed Proposals: When it is determined that the use of competitive sealed bidding is either not practical or not advantageous to the District due to the technical or specialized nature of the goods or services being procured, the competitive sealed proposal process may be used.
- Other Methods: When determined appropriate, other Procurement methods consistent with best practices and Competitive Awards may be used provided such methods are in accordance with Florida law.

(b) *Qualification Procedures*

i. Construction Projects and Electrical Work: The qualification procedures for Contractors that submit Bids or Proposals pursuant to a competitive solicitation for Construction projects or electric work shall be determined by the Chief Procurement Officer and delineated in a Standard Operating Procedure established by Supply Chain Services.

ii. Professional Design Services: Any firm or individual desiring to provide Professional Design Services to the District must first be certified by the District as qualified pursuant to law and Broward Health's Policies and Procedures. All firms or individuals to be employed to perform Professional Design Services shall be fully qualified to render the required services. Among the factors to be considered in making this finding are the capabilities, adequacy of personnel, past record, experience of the firm or individual, whether the firm or individual is a certified minority business enterprise as defined by the Florida Small and Minority Business Assistance Act, and other factors determined to be applicable to the project's particular requirements. When securing Professional Design Services, the District should endeavor to meet the minority business enterprise Procurement goals under § 287.09451, F.S.

(c) *Selection Procedures*

i. Construction Projects and Electrical Work: The selection procedures for Contractors that submit Bids or Proposals pursuant to a competitive solicitation for Construction projects or electrical work shall be determined by the Chief Procurement Officer and delineated in a Standard Operating Procedure established by Supply Chain Services.

- If the Construction project or electrical work is to be awarded based on price, the Contract must be awarded to the lowest qualified and responsive bidder in accordance with applicable law.
- If the Construction project or electrical work is subject to competitive negotiations, the Contract must be awarded consistent with the selection procedures used for Professional Design Services Exceeding $325,000 as detailed below.

ii. Professional Design Services Under or Equal to $325,000: The selection procedures for Contractors that submit Bids or Proposals pursuant to a competitive solicitation for Professional Design Services expected to cost under or equal to $325,000 shall be determined by the Chief Procurement Officer and delineated in a Standard Operating Procedure established by Supply Chain Services.

iii. Professional Design Services Exceeding $325,000: The selection procedures for Contractors that submit Bids or Proposals pursuant to a competitive solicitation for Professional Design Services that are expected to exceed $325,000 shall evaluate current statements of qualifications and performance data on file with the District, together with those that may be submitted by other firms regarding the proposed project, and, unless fewer than three (3) Bids or Proposals are submitted following the solicitation for Bids or Proposals, shall conduct discussions with, and may require public presentations by, no fewer

than three (3) firms regarding their qualifications, approach to the project, and ability to furnish the required services. In order of preference, no fewer than three (3) firms deemed to be the most highly qualified to perform the required services shall be selected. In determining whether a firm is qualified, the District shall consider such factors as:

- The ability of professional personnel;
- Whether a firm is a certified minority business enterprise;
- Past performance;
- Willingness to meet time and budget requirements;
- Location;
- Recent, current, and projected workloads of the firms; and
- The volume of work previously awarded to each firm by the agency, with the object of effecting an equitable distribution of Contracts among qualified firms, provided such distribution does not violate the principle of selection of the most highly qualified firms.

In no event may the District request, accept, and consider proposals for the compensation to be paid under the Contract until after an award is made to the most qualified Bidder.

iv. Professional Design Services for a Planning or Study Activity Under or Equal to $35,000: The selection procedures for Professional Design Services that pertain to a planning or study activity and the expected cost is under or equal to $35,000 shall be determined by the Chief Procurement Officer and delineated in a Standard Operating Procedure established by Supply Chain Services.

v. Professional Design Services for a Planning or Study Activity Exceeding $35,000: The selection procedures for Professional Design Services that pertain to a planning or study activity and the expected cost exceeds $35,000 shall be consistent with the selection procedures for Professional Design Services Exceeding $325,000 as delineated above.

**(2) Advertising Procedures**

(a) *Construction*

i. All projects for Construction or electrical work that are to be solicited by a request for proposal or a request for qualifications, even if not required to be competitively solicited, must be publicly advertised and the Contract must be awarded in accordance with Supply Chain Services' Standard Operating Procedure.

ii. All advertisements for solicitation of competitive bids or proposals for Construction projects or services projected to exceed $200,000 and less than or equal to $500,000 shall be publicly advertised at least once in a newspaper of general circulation in Broward County, or in the county where the project is located, at least twenty-one (21) days prior to the established bid opening and at least five (5) days prior to any scheduled prebid conference.

iii. All advertisements for solicitation of competitive bids or proposals for Construction projects or services projected to exceed $500,000 shall be publicly advertised at least once in a newspaper of general circulation in Broward County, or in the county where the project is located, at least thirty (30) days prior to the established bid opening and at least five (5) days prior to any scheduled prebid conference.

iv. Bids or proposals shall be received and opened at the location, date, and time established in the bid or proposal advertisement.

v. If the location, date, or time of the bid opening changes, written notice of the change must be given, as soon as practicable after the change is made, to all persons who are registered to receive any addenda to the plans and specifications.

vi. In cases of emergency, the procedures required in this Section V.(2)(a) may be altered by the Chief Procurement Officer or the SVP, Operations in any manner that is reasonable under the emergency circumstances.

(b) *Electrical Work*

i. Electrical work projected to exceed Threshold Category 4 shall be advertised consistent with the Advertisement Requirements provided in Section X.D.2. of the Code.

(c) *Professional Design Services*

i. Any Procurement of Professional Design Services that pertain to a planning or study activity and the expected cost exceeds $35,000 (except in cases of valid public emergencies certified by the President/CEO) shall be publicly advertised consistent with the Advertisement Requirements provided in Section X.D.2. of the Code.

ii. All other Procurements of Professional Design Services projected to exceed $325,000 (except in cases of valid public emergencies certified by the President/CEO) shall be publicly advertised consistent with the Advertisement Requirements provided in Section X.D.2. of the Code.

iii. If it is anticipated that the Professional Design Services to be procured will be reused in the future, the public notice for the Procurement of the Professional Design Services must contain a statement that provides that the plans are subject to reuse in accordance with the provisions of § 287.055(10), F.S.

**(3) Cone of Silence**

(a) Upon the District's issuance of a Solicitation, the Cone of Silence period shall be in effect and concludes upon the District's notice of intent to award.

(b) Lobbying of Selection/Evaluation Committee members, the District's Board members, District employees, or District officials regarding any type of formal solicitation or Contract during the selection process or bid protest, by the Bidder, protester, or any member of the Bidder's or protestor's staff, an agent of the Bidder or protester, or any person employed by a legal entity affiliated with or representing an organization that has responded to a formal solicitation or Contract or has a pending bid protest, is strictly prohibited. This Cone of Silence shall begin upon the

date on which the competitive solicitation is first advertised by the District and continuing until the later of the date of the final award of the competitive solicitation, the date of rejection of all Bids or responses to the competitive solicitation, or the date of final disposition by the District of any protest of the competitive solicitation.

(c) Nothing herein shall prohibit a prospective Bidder from contacting the Bids Department of Supply Chain Services to address situations such as clarification and/or questions related to the Procurement process as outlined in the formal Solicitation documents.

**(4) Award, Cancellation, or Rejection of Selection**

(a) No award shall be final, and no Contract shall be created or deemed to exist until such time as a written Contract has been executed by the selected Vendor and the District.

i. After the Contract award is made, the District and the selected Bidder will enter into a Contract incorporating the requirements of the applicable Procurement Solicitation and with other terms acceptable to the District. The District shall negotiate the terms and conditions of a Contract (and incorporate provisions acceptable to the District) with any firm or individual selected to provide Professional Design Services, Construction services, or electrical work. The District has the right to rescind the Contract award to the selected Bidder if the District and the selected Bidder do not agree upon the Contract terms. The District further reserves the right to reject a Bidder, even a Bidder or Vendor awarded the Contract, at any time prior to full Contract execution.

ii. For Professional Design Services Contracts:

- The compensation negotiated with the selected firm or individual shall be fair, competitive, and reasonable. In making such determination, the District shall conduct a detailed analysis of the cost of the Professional Design Services required in addition to considering their scope and complexity.
- Any lump-sum or cost-plus-a-fixed-fee Professional Design Services Contract over $195,000, shall require the firm or individual receiving the award to execute a truth-in-negotiation certificate stating that wage rates and other factual unit costs supporting the compensation are accurate, complete, and current at the time of Contracting. Any Professional Design Services Contract under which such a certificate is required must contain a provision that the original Contract price and any additions thereto will be adjusted to exclude any significant sums by which the District determines the Contract price was increased due to inaccurate, incomplete, or noncurrent wage rates and other factual unit costs. All such Contract adjustments must be made within one (1) year following the end of the Contract.
- Should the District be unable to negotiate a satisfactory Contract with the firm considered to be the most qualified at a price the District determines to be fair, competitive, and reasonable, negotiations with that firm must be formally terminated. The District shall then undertake negotiations with the

second most qualified firm. Failing accord with the second most qualified firm, the District must terminate negotiations. The District shall then undertake negotiations with the third most qualified firm. Should the District be unable to negotiate a satisfactory Contract with any of the selected firms, the District shall select additional firms in the order of their competence and qualifications and continue negotiations in accordance with the requirements herein until an agreement is reached.

- In the event the District is going to reuse existing plans from a prior Professional Design Services project, if the original public advertisement contained the statement that provided that the plans are subject to reuse in accordance with the provisions of § 287.055(10), F.S. and the proper public advertisement and selection procedures were utilized, then no further public notice is required and the District does not need to redo the Selection Procedures as provided above.

(b) At any time prior to final award and Contract execution, a Solicitation or Contract award may be cancelled or rescinded, or any or all responses received by the District may be rejected by the Chief Construction Officer and/or the SVP, Operations, in whole or in part, when it is determined that such action is in the best interests of the District.

(c) In the event of delay, cancellation, or rejection, a written notice of delay, cancellation or rejection shall be posted or sent to all persons who submitted a response to a Solicitation.

(d) If all Solicitations are rejected or a Solicitation is cancelled, all Solicitation submittals received may remain confidential, at the discretion of the District, in accordance with chapter 119, Florida Statutes.

**(5) Emergency Procurements**

(a) The Chief Procurement Officer and/or SVP, Operations may make or authorize others to make emergency Procurements of construction and/or construction-related design services, when a threat to public health, welfare, or safety exists, or a situation exists which makes compliance with source selection methods contrary to public interest; provided that such emergency Procurements shall be made with such competition as is practicable under the circumstances.

(b) In the event an official state of emergency has been declared, the President/CEO is expressly authorized to execute Contracts with the State of Florida, Federal Emergency Management Agency (FEMA), and/or other applicable emergency relief entities on behalf of the District in order to accomplish all necessary relief efforts, provided that the requirements of this section have been met.

**(6) Bid Security and Contract Performance Bonds**

(a) Bid Security: The District may require bid security for Solicitations for construction, goods, or service Contracts as the Chief Procurement Officer and/or SVP, Operations deems appropriate in the best interests of the District, in such form and content as is satisfactory to the Chief Procurement Officer and/or SVP, Operations.

(b) Contract Performance and Payment Bonds: Contract performance and payment bonds may be required for any construction, goods, or service Contracts as the Chief Procurement Officer and/or SVP, Operations deems appropriate in the best interests of the District.

(c) In accordance with section 255.05, Florida Statutes, Contractors who are awarded a Contract for the construction of a public building, for the prosecution and completion of a public work, or for repairs upon a public building or public work must, before commencing the work or before recommencing the work after a default or abandonment, execute and furnish a performance and payment bond as a security for faithful performance on contracts over $200,000. Contracts of less than $200,000 but more than $100,000 may require a payment and performance bond at the discretion of the District. Contracts of less than $100,000 do not require a payment and performance bond. When required, surety of such bond shall be in an amount equal to the Contract. Performance and payment bonds must be recorded in the county in which the work is to take place. Bonds will be accepted only from bonding companies licensed to do business in the State of Florida.

(d) Any bond required for any construction, goods, or service Contracts—whether required under law or required in the discretion of the District—shall conform to the minimum standards and requirements as set forth in chapter 255 and section 255.05(1)(a), Florida Statutes, and be in a form and with terms acceptable to the District.

(e) In no event shall any person, entity, or Contractor be required to secure a surety bond from a specific agent or bonding company for construction or repairs of public buildings.

(f) In lieu of the bond required by this Policy and section 255.05, Florida Statutes, a Contractor may file with the District, in the sole discretion of the District, an alternative form of security in the form of cash, a money order, a certified check, a cashier's check, an irrevocable letter of credit, or a security of a type listed in part II of chapter 625, Florida Statutes. Any such alternative form of security shall be for the same purpose and be subject to the same conditions as those applicable to the bond required by this Policy and section 255.05, Florida Statutes. The determination of the value of an alternative form of security shall be made by the Chief Procurement Officer and/or SVP, Operations.

**(7) Determination of Lowest Responsive and Responsible Bidder**

When a Procurement involves the determination of the lowest responsible and responsive Bidder or proposer, in addition to price, the District shall have the discretionary power to render decisions on and may accept or reject Bids or Proposals on the basis of any one or more of the following:

(a) The ability, capacity, skill and sufficiency of resources of the Bidder to perform the Contract and provide the requested service;

(b) The Bidder's ability to perform the Contract within the time specified;

(c) The character, honesty, integrity, reputation, judgment, experience and efficiency of the Bidder;

(d) The quality of performance and conduct of the Bidder on previous Contracts with the District or any other reference or party that the Bidder has performed work or services;

(e) The Bidder's propensity to request change orders based on Bidder's conduct under previous Contracts with the District;

(f) The Bidder's previous failure to meet specified substantial completion dates or other milestone dates on previous Contracts with the District;

(g) A Bidder's current workload and projected workload during the performance of the Contract; and/or

(h) Any other circumstances or factors deemed in the best ~~interestd~~interest of the District as determined by District discretion.

The above factors may be determined by Bidder's past performance with the District, information obtained from other project owners, information submitted as part of the Bid or Proposal or in response to an inquiry by the District, and/or information otherwise known or discovered by the District. The District may conduct detailed inquiries and examinations of Bidders, including of Bidders' personnel, place of business and facilities, compliance with federal, state, and local laws and all relevant licensing and permitting requirements, and other matters of responsibility germane to the Procurement process. Failure to respond or to provide adequate information in response to the District's inquiry in this regard shall be grounds for disqualification in the sole discretion of the District

## VI. Exceptions

**(1)** This Policy does not apply to Emergency Procurements as defined in Section V.(5) above.

**(2)** This Policy does not apply to Construction projects and electrical services if the project or services are undertaken to replace, reconstruct, or repair an existing public building, structure, or other public construction works damaged or destroyed by a sudden unexpected turn of events such as an act of God, riot, fire, flood, accident, or other urgent circumstances, and such damage or destruction creates an immediate danger to the public health or safety; other loss to public or private property which requires emergency government action; or interruptions to essential District services.

**(3)** For Construction projects and electrical services, this Policy does not apply if the project or services are undertaken as repair or maintenance of an existing public facility of the District and conforms to the requirements of § 255.20(1)(c)5., F.S.

**(4)** For Construction projects and electrical services, this Policy does not apply if any of the circumstances provided under § 255.20(1)(c), F.S. exist.

**(5)** This Policy does not apply to Construction projects under or equal to $300,000 that are procured through a continuing project.

**(6)** This Policy does not apply to electrical work services under or equal to $75,000 that are procured through a continuing project.

~~**(6)**~~**(7)** This Policy does not apply to the Procurement of Construction services that are pursuant to a Construction Continuation Contract.

~~(7)~~(8) This Policy does not apply to the Procurement of Professional Design Services that are pursuant to a Design Continuation Contract.

~~(8)~~(9) This Policy does not apply to Professional Design Services Contracts when the District is able to reuse existing plans from a prior project of the District and the original procedures herein were correctly adhered to.

~~(9)~~(10) This Policy does not apply to design-build Contracts, as defined under § 287.055, F.S., and such design-build Contracts are governed by the provisions of § 287.055(9), F.S.

## VII. Spending Thresholds

This Policy is subject to Section XVI., Approval and Execution Authority, of the Code.

## VIII. Related Policies

GA-001-150, Master Procurement Code

GA-001-151, Procurement Policy Table

## IX. Interpretation and Administration

Administration and Interpretation of this policy is the responsibility of the Chief Procurement Officer and the SVP, Operations.