

MEMORIAL
Health Forward >>



Memorial Neuroscience Institute

Service Line Spotlight

April 26, 2023

QUALITY SAFETY FINANCE PEOPLE GROWTH SERVICE COMMUNITY



Memorial Neuroscience Institute

Physician Leadership



Christopher DeMassi, MD
Chief of Neurosciences Institute & Neurosurgery



Tarek Zakaria, MD
Chief of Neurology &
Epilepsy Program
Medical Director



Adnan Subei, MD
Medical Director of
Multiple Sclerosis & Neurology
Residency Program



George Diaz, MD
Medical Director of
Neurology
Satellite Clinics



Brijesh Mehta, MD
Director of Comprehensive
Stroke Program
& Neurointerventional Surgery



Norman Ajiboye, MD
Medical Director of Stroke
Program (MHM & MHP)

Care Team

- 8 Neurologist
- 4 Neuro-hospitalist
- 3 Neurointerventionalist
- 6 Neurosurgeons
- 1 Neuropsychologist
- 2 Psychologist
- 2 Neuro Critical Care
- 3 Pediatric Neurosurgeons
- 18 Advanced Practice Providers
- 6 Neuro Radiology
- 16 Neurology Residency
- 4 Stroke Program Managers / Coordinators
- 2 Navigators & Care Coordinators



Strategic Plan Overview



STAFFING

Recruit and retain highly-qualified, top talent who embody the culture of Memorial Healthcare System



ACCESS

Provide consumers with timely and convenient access to MNI providers and services



EXPANSION

Establish Memorial Neuroscience Institute as the provider of choice to meet the growing demands of consumers



QUALITY

Implement a care delivery model that optimizes care coordination and strengthens our commitment to high-quality, patient and-family-centered care

LEADERSHIP – Dedicated service line leader to provide formal structure to overall program

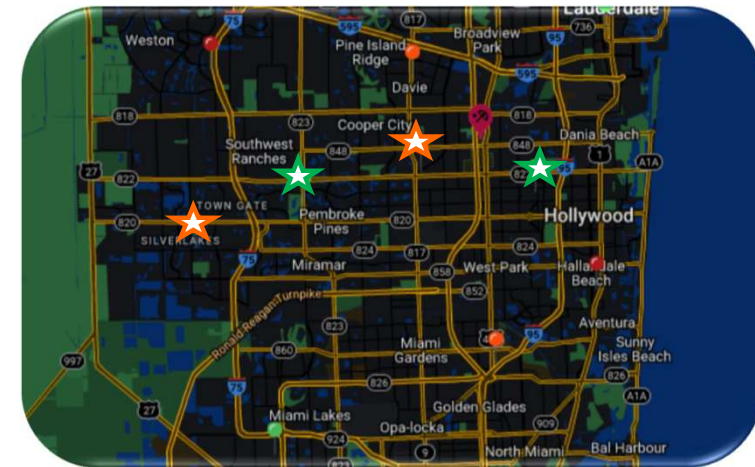
BUSINESS DEVELOPMENT- Streamlined business development efforts to grow MNI practices and institute

SYSTEMNESS – Integrate a systemness mentality within MNI across the enterprise



Stroke Highlights

- MRH & MHW are Comprehensive Stroke Centers
- MHM & MHP are Primary Stroke Centers
- Artificial Intelligence (AI) allows for immediate detection and response to care for stroke patients
- Brijesh Mehta, MD cofounded South Florida Stroke Coalition
- Expansive clinical research
- Selected by the Society of Vascular and Interventional Neurology (SVIN) as the subject matter expert to perform global education of neurointerventional treatments
- AHA/ASA Get with the Guidelines – Stroke Gold Plus, since 2008
- AHA/ASA Get with the Guidelines Stroke Honor Roll Elite Gold Plus Achievement Award, since 2017



- Comprehensive Stroke Center Nationally Certified
- Primary Stroke Center Nationally Certified
- Thrombectomy-Capable Stroke Center Nationally Certified
- Acute Stroke Ready Center Nationally Certified



Neurology & Neurosurgery Highlights

- Established neurology residency program
- Designated as a Comprehensive MS Center by the National MS Society Partners
- MRH is a Level IV National Association of Epilepsy Center (NAEC) accredited epilepsy center, since 1999
- MRHS is Commission on Accreditation of Rehabilitation Facility (CARF) accredited, since 1996
- Advanced technology and imaging including robotics, 3T MRI, and intraoperative imaging and navigation
- Performed the first robotic assisted epilepsy surgery for minimally invasive Stereoelectroencephalography (SEEG)
- Deep Brain Stimulation (DBS) for essential tremor and Parkinson's disease
- Performed the first robotic assisted DBS surgery for Parkinson's Disease in South Florida
- Awarded "Blue Distinction Center +" for spine surgery, the highest distinction by BC/BS of Florida for delivering high quality, effective, cost-efficient specialty care
- Advocacy & Community support (80 + events per year)



Advance Technology



AIRO



CURVE



STEALTH



ROSA



Memorial Neuroscience Institute



[Stephanie's Epilepsy Journey](#)



Key Performance Indicators (May – Feb)

Overall volume are up with a + or – EBITDA margin of XYZ



Neurology

New Patients

Var: (-16%)



Neurosurgery

New Patients

Var: 12%



Neurosurgery

Surgical Volume

Var: 13%



NeuroInterventional

Surgical Volumes

Var: 24%

FY 24 Priorities

- Continue to focus on recruitment & retention of key clinical specialist and support staff
- Further develop disease specific programs with a multidisciplinary approach
- Improve patient experience throughout the continuum
- Optimize service distribution across campuses
- Identify opportunities for transition of care
- Further develop clinical research
- Bring brand awareness to patient and other providers via business development, marketing, and outreach
- Evaluate & expand programs and geographic footprint

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Questions?

SOUTH BROWARD HOSPITAL DISTRICT

**REGULAR MEETING OF THE BOARD OF COMMISSIONERS OF THE
SOUTH BROWARD HOSPITAL DISTRICT**

INCLUDING REPRESENTATIVES OF THE MEDICAL STAFF OF EACH OF ITS HOSPITALS

March 22, 2023

A Regular Meeting of the Board of Commissioners of the South Broward Hospital District (S.B.H.D.) was held in person, and by video and telephone conference, on Wednesday, March 22, 2023, at 5:34 p.m.

The following members were present:

Mr. Brad Friedman	Chairman	In person
Ms. Elizabeth Justen	Vice Chairman	In person
Mr. Steven Harvey	Secretary Treasurer	In person
Mr. Jose Basulto		By video
Mr. Douglas Harrison		In person
Dr. Luis Orta		In person
Ms. Laura Raybin Miller		By video

A registration sheet listing attendees in person is on file in the Executive Office.

1. CALL TO ORDER / PUBLIC MEETING CERTIFICATION

There being a physical quorum present, the meeting was called to order by Mr. Friedman, who noted that public participation is welcome.

Mr. Frank Rainer, Senior Vice President and General Counsel, confirmed and provided his certification as General Counsel that all public notice and open meeting (Sunshine) legal requirements had been complied with for this meeting.

2. PRESENTATIONS

a. Memorial Cancer Institute (MCI); Ms. M. Feinberg

Ms. Meredith Feinberg, Vice President, Oncology Services, gave an update on the Memorial Cancer Institute (MCI) service line.

Ms. Feinberg introduced the care team leadership, and presented an overview of the MCI strategic plan. She gave details on the service line highlights, including key growth. She reported that the MCI, in partnership with Florida Atlantic University (FAU), was designated a Florida Cancer Center of Excellence in 2021. In addition, Luis Raez, M.D., MCI's Medical Director and Chief Scientific Officer, has been appointed by the Florida Hospital Association (FHA) as its representative to the Florida Cancer Control and Research Advisory Council (CCRAB). Ms. Feinberg then listed the MCI's partnership and program priorities for the fiscal year 2023-2024, and expansion opportunities. She anticipated that the move-in date would be November or December 2023.

Ms. Feinberg took questions and was thanked by the Board for her presentation.

3. APPROVAL OF MINUTES

a. Request Board Approval of the Minutes of the Regular Meeting Held on February 22, 2023

A copy of the Minutes is on file in the Executive Office.

Dr. Orta *moved, seconded* by Mr. Harrison, that:

***THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF
THE REGULAR MEETING HELD ON FEBRUARY 22, 2023***

The Motion *carried* unanimously.

b. Request Board Approval of the Minutes of the Special Meeting Held on March 13, 2023

A copy of the Minutes is on file in the Executive Office.

Mr. Harvey *moved, seconded* by Mr. Harrison, that:

***THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF
THE SPECIAL MEETING HELD ON MARCH 13, 2023***

The Motion *carried* unanimously.

4. BOARD REGULAR BUSINESS

Mr. Scott Wester, Memorial's President and Chief Executive Officer, introduced Aharon Sareli, M.D., who has been appointed Memorial's new Executive Vice President and Chief Medical Officer, effective immediately. He further confirmed that Holly Neville, M.D., has been appointed Memorial's Chief Physician and Associate Chief Medical Officer.

Board members voiced their approval of the new appointments.

Dr. Sareli thanked the Board and Mr. Wester for entrusting them with this responsibility, and further thanked Ms. Nina Beauchesne, Executive Vice President and Chief Transformation Officer, and Candice Sareli, M.D., Vice President and Chief Medical Research Officer, for their support. He confirmed that he would also continue with his clinical role, as would Dr. Neville, to help strengthen the link between the leadership team and the front-line medical staff. He recognized Dr. Neville's accomplishments and thanked her for partnering with him in her new role.

Dr. Neville thanked the Board and echoed Dr. Sareli's sentiments. She acknowledged the benefits of bringing her experience of GME, surgery, and pediatric care into her role.

a. **Report from the Chief of Staff, Joe DiMaggio Children's Hospital; J. Martinez, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

On behalf of Juan Martinez, M.D., Benjamin Freedman, M.D., congratulated Dr. Sareli and Dr. Neville on their appointments, and then presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on March 15, 2023, submitted for consideration, a copy of which is on file in the Executive Office.

Mr. Harvey *moved, seconded* by Mr. Harrison, that:

**THE BOARD OF COMMISSIONERS APPROVES
RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE OF
THE MEDICAL STAFF AT MEMORIAL REGIONAL HOSPITAL
AND JOE DIMAGGIO CHILDREN'S HOSPITAL**

The Motion *carried* unanimously.

b. **Report from the Chief of Staff, Memorial Hospital West; F. De La Cruz, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

On behalf of Fausto De La Cruz, M.D., Juan Villegas, M.D., presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on March 13, 2023, submitted for consideration, a copy of which is on file in the Executive Office.

Dr. Orta *moved, seconded* by Mr. Harrison, that:

**THE BOARD OF COMMISSIONERS APPROVES
RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE OF
THE MEDICAL STAFF AT MEMORIAL HOSPITAL WEST**

The Motion *carried* unanimously.

c. **Report from the Chief of Staff, Memorial Hospital Miramar; J. Villegas, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

Juan Villegas, M.D., presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on March 8, 2023, submitted for consideration, a copy of which is on file in the Executive Office.

Mr. Harvey *moved, seconded* by Dr. Orta, that:

**THE BOARD OF COMMISSIONERS APPROVES
RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE OF
THE MEDICAL STAFF AT MEMORIAL HOSPITAL MIRAMAR**

The Motion *carried* unanimously.

d. **Report from the Chief of Staff, Memorial Hospital Pembroke; B. Shatkin, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

Blane Shatkin, M.D., congratulated Dr. Sareli and Dr. Neville on their appointments, and reported that this would be his last report to the Board as Chief of Staff. Dr. Shatkin then presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on March 9, 2023, submitted for consideration, a copy of which is on file in the Executive Office.

Mr. Harrison *moved, seconded* by Dr. Orta, that:

**THE BOARD OF COMMISSIONERS APPROVES
RECOMMENDATIONS OF THE EXECUTIVE COMMITTEE OF
THE MEDICAL STAFF AT MEMORIAL HOSPITAL PEMBROKE**

The Motion *carried* unanimously.

Mr. Harrison informed Dr. Shatkin that it had been a pleasure to work with him and he would miss his reports to the monthly Board meeting.

e. **Financial Report; Mr. D. Smith, Executive Vice President and Chief Financial Officer**

1) ***Request Board Acceptance of the Financial Report for the Month of February 2023***

Mr. David Smith presented the Financial Report for the month of February 2023 and took questions.

Mr. Harrison gave further information to Dr. Sareli and Dr. Neville regarding Memorial's pension plans.

Mr. Wester and Dr. Sareli gave the Board an example of how Memorial is finding ways to save money.

Mr. Harvey *moved, seconded* by Mr. Harrison, that:

**THE BOARD OF COMMISSIONERS APPROVES THE
FINANCIAL REPORT FOR THE MONTH OF FEBRUARY 2023**

Mr. Basulto and Ms. Miller thanked Mr. Smith and his team for their hard work.

The Motion *carried* unanimously.

f. **Legal Counsel; Mr. F. Rainer, Senior Vice President and General Counsel**

Mr. Rainer had nothing to report.

5. **REPORTS TO THE BOARD; REPORTS FROM BOARD OFFICERS AND STANDING COMMITTEES**

a. **Personnel Committee Meeting Held on March 13, 2023; Mr. S. Harvey, Chair**

Mr. Friedman chaired the meeting in Mr. Harvey's absence, and presented the Minutes of the Personnel Committee Meeting held on March 13, 2023, a copy of which is on file in the Executive Office. Ms. Margie Vargas, Senior Vice President and Chief Human Resources Officer, gave further details of the items discussed at the meeting and took questions.

1) ***Request Board Approval to Increase the Memorial Healthcare System Minimum Wage as Presented***

Mr. Harrison *moved, seconded* by Mr. Harvey, that:

THE BOARD OF COMMISSIONERS APPROVES TO INCREASE THE MEMORIAL HEALTHCARE SYSTEM MINIMUM WAGE AS PRESENTED

The Motion *carried* unanimously.

2) ***Request Board Approval to Amend the Defined Contribution Plans as Presented***

Mr. Harrison *moved, seconded* by Mr. Harvey, that:

THE BOARD OF COMMISSIONERS APPROVES TO AMEND THE DEFINED CONTRIBUTION PLANS AS PRESENTED

The Motion *carried*. A vote was not received from Ms. Miller.

3) ***Request Board Approval to Issue Budgeted Discretionary Recognition Bonuses to Senior Executive Staff and to Administrative Teams Including Vice Presidents and Other Eligible Positions as Presented***

Ms. Justen *moved, seconded* by Mr. Harvey, that:

THE BOARD OF COMMISSIONERS APPROVES TO ISSUE BUDGETED DISCRETIONARY RECOGNITION BONUSES TO SENIOR EXECUTIVE STAFF AND TO ADMINISTRATIVE TEAMS INCLUDING VICE PRESIDENTS AND OTHER ELIGIBLE POSITIONS AS PRESENTED

The Motion *carried*, with Dr. Orta voting nay.

4) ***Request Board Approval of Memorial Healthcare System's Short Term Incentive Plan as Presented***

Mr. Harvey *moved, seconded* by Mr. Harrison, that:

THE BOARD OF COMMISSIONERS APPROVES MEMORIAL HEALTHCARE SYSTEM'S SHORT TERM INCENTIVE PLAN AS PRESENTED

The Motion *carried*, with Dr. Orta voting nay.

5) ***Request Board Approval of the Minutes of the Personnel Committee Meeting Held on March 13, 2023***

Mr. Harvey *moved, seconded* by Mr. Harrison, that:

THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF THE PERSONNEL COMMITTEE MEETING HELD ON MARCH 13, 2023

The Motion *carried* unanimously.

b. **Finance Committee Meeting Held on March 15, 2023; Ms. E. Justen, Chair**

Ms. Justen presented the Minutes of the Finance Committee Meeting held on March 15, 2023, a copy of which is on file in the Executive Office. Mr. Veda Rampat, Treasurer, gave further details of the items discussed at the meeting and took questions.

1) ***Request Board Acceptance of the Actuarial Report from Willis Towers Watson for the Retirement Plan for Employees of the South Broward Hospital District for the 2022 / 2023 Plan Year***

Ms. Denise Miller of Willis Towers Watson clarified various details.

Mr. Harvey *moved, seconded* by Mr. Harrison, that:

THE BOARD OF COMMISSIONERS ACCEPTS THE ACTUARIAL REPORT FROM WILLIS TOWERS WATSON FOR THE RETIREMENT PLAN FOR EMPLOYEES OF THE SOUTH BROWARD HOSPITAL DISTRICT FOR THE 2022 / 2023 PLAN YEAR

The Motion *carried* unanimously.

2) ***Request Board Approval of the Minutes of the Finance Committee Meeting Held on March 15, 2023***

Mr. Harrison *moved, seconded* by Mr. Harvey, that:

THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF THE FINANCE COMMITTEE MEETING HELD ON MARCH 15, 2023

The Motion *carried* unanimously.

6. **REPORT OF SPECIAL COMMITTEES**

None.

7. ANNOUNCEMENTS

None.

8. UNFINISHED BUSINESS

Upon request by Mr. Harrison, Mr. Wester gave an update on action taken to address the accommodation needs of Ms. Lubby Navarro, Vice President, Government Affairs, when working in Tallahassee.

9. NEW BUSINESS

Mr. Friedman reminded everyone of the Joint South Broward Hospital District and North Broward Hospital District Board meeting at Broward Health on April 12.

10. PRESIDENT'S COMMENTS

Mr. Wester reported the following:

Ms. Beauchesne was honored by the Health Foundation of South Florida as one of its Inspiring Women of Health for 2023.

Memorial won two Stevie Awards for IT services; the Gold Stevie Award for Innovation in Customer Service, and the Silver Stevie Award to Mr. Jeffrey Sturman, Senior Vice President and Chief Digital Officer, for Best Use of Thought Leadership in Customer Service.

Over 13,000 applications were received for the 67 residency placements for Memorial's Graduate Medical Education (GME) programs.

The country singer Mr. Garth Brooks visited Joe DiMaggio Children's Hospital on March 7 to officially open the Garth Brooks Teammates for Kids Child Life Zone.

Memorial hosted a visit from the senior executive team of Boston Children's Hospital, and will continue to work with them on the complex care for children specialty clinic.

Memorial Hospital West facilitated and supported the retirement tradition for Davie Fire Captain Richard Hudson, as he is currently undergoing cancer treatment at the hospital.

Last week, Mr. Wester attended the Florida Hospital Association (FHA) Hospital Days in Tallahassee, along with Commissioners Justen, Harrison and Basulto. Thanks to Ms. Navarro, they had a very productive couple of days and met with several key leaders.

Tammy Tucker, PSYD, Vice President, Behavioral Health, attended the Broward Days in Tallahassee yesterday and today, and was a keynote speaker on the mental health crisis.

Executives from Florida Blue visited Memorial's Behavioral Health Center and were very impressed with everything they saw.

Memorial is waiting for United Healthcare to finalize the managed care contract, and is hopeful that this will be achieved by May 1.

11. CHAIR'S COMMENTS

Mr. Friedman deferred his comments, to allow the other Board members to speak first.

After the Board members had given their remarks, Mr. Friedman recounted a story of how he had delayed making an appointment to see a dermatologist until he read a magazine article on preventative medicine a couple of years later. At the appointment, the physician confirmed that his ailment was nothing serious, but stressed the need for regular checkups every six months. Mr. Friedman voiced his appreciation of the knowledge and experience that the physicians bring to their work, and extended his gratitude to all the physicians for everything they do.

12. COMMISSIONERS' COMMENTS

Ms. Miller thanked everyone for their hard work. She was most proud of the new cancer center, which she opined was a great addition to Memorial's service lines and will change lives in the South Broward community. She congratulated Dr. Sareli and Dr. Neville on their new roles and looked forward to their leadership. Finally, she thanked everyone for her birthday cake and was sorry she could not share this with everyone in person. Mr. Friedman wished her happy birthday.

Mr. Basulto echoed Ms. Miller's comments and wished her happy birthday. He attended the FHA Hospital Days in Tallahassee and noted how quickly Mr. Wester has settled into his new role. He enjoyed the opportunity to spend time with him, and thanked him for his leadership.

Mr. Harrison had attended the YMCA of South Palm Beach earlier this month, where he saw former professional football player Mr. Emmitt Smith, and met Ms. Jennifer Mossadeghi, Director, Community Relations. He echoed Mr. Basulto's words regarding their trip to Tallahassee for the FHA Hospital Days, and noted Mr. Wester had made a great connection with Speaker Moffitt and others. He thanked Commissioners Justen and Basulto for their pleasant company and thanked Ms. Navarro for her great support. He reported that he will attend the Broward Workshop Forum this coming Friday, and supported Mr. Wester to represent the South Broward Hospital District at the Broward Workshop. Mr. Wester confirmed that Ms. Melida Akiti, Vice President, Ambulatory and Community Services, will be a speaker at the Forum. Finally, Mr. Harrison congratulated Dr. Sareli and Dr. Neville on their promotions.

Ms. Justen congratulated Dr. Sareli and Dr. Neville on their new roles. She thanked Mr. Wester and Ms. Navarro for doing a great job in Tallahassee, and enjoyed her time with Commissioners Harrison and Basulto. She looked forward to other events that they can share together.

Dr. Orta reported that the previous week he was given a Community Plunge Tour of four of Memorial's facilities. He thanked Ms. Ivonne Diaz, Executive Assistant to Mr. Wester, Ms. Beauchesne, Ms. Akiti and Mr. Tim Curtin, Executive Director, Community Youth Services, for setting this up. He was very grateful for the opportunity and was impressed with the facilities and people he met.

Mr. Harvey thanked Ms. Vargas and her team for reaching out to schools to inform them of Memorial's employment opportunities. He congratulated Dr. Sareli and Dr. Neville on their new roles. He noted Dr. Sareli's leadership during the Covid pandemic and looked forward to the work he was going to do. Mr. Harrison encouraged Ms. Vargas to also reach out to Sheridan Technical College and similar schools.

13. ADJOURNMENT

There being no further business to come before the Board, Mr. Friedman declared the meeting adjourned at 7:25 p.m.

THE BOARD OF COMMISSIONERS OF THE SOUTH BROWARD HOSPITAL DISTRICT

BY: _____

Brad Friedman, Chairman

ATTEST: _____

Steven Harvey, Secretary Treasurer

SOUTH BROWARD HOSPITAL DISTRICT

**SPECIAL MEETING OF THE BOARD OF COMMISSIONERS OF THE
SOUTH BROWARD HOSPITAL DISTRICT**

APRIL 3, 2023

A Special Meeting of the Board of Commissioners of the South Broward Hospital District (S.B.H.D.) was held at 3111 Stirling Road, in the Executive Conference Room on Monday, April 3, 2023, at 4:03 p.m.

The following members were present:

Mr. Brad Friedman	Chairman	In person
Ms. Elizabeth Justen	Vice Chairman	In person
Mr. Steven Harvey		In person
Mr. Jose Basulto		In person
Mr. Douglas Harrison		In person
Dr. Luis Orta		By video
Ms. Laura Raybin Miller		By video

Also in attendance were:

Mr. K. Scott Wester, President and Chief Executive Officer
Mr. Matthew Muhart, Executive Vice President and Chief Strategy Officer
Mr. Frank Rainer, Senior Vice President and General Counsel
Mr. Robert Alonso, Vice President, Strategic Planning
Ms. Melissa Masters, Administrative Director, Strategic Planning

1. CALL TO ORDER - PUBLIC MEETING NOTICE CERTIFICATION / PUBLIC COMMENT – F. RAINER

The Special Meeting of the South Broward Hospital District Board of Commissioners convened at 4:03 p.m. on Monday, April 3, 2023. The meeting was certified by Mr. Frank Rainer and the following agenda items were discussed. This meeting was reconvened in a Special Meeting format, further to the Strategic Planning Committee Meeting held on Wednesday, March 29, 2023.

2. THE PURCHASE CONTRACT AND ACQUISITION OF 101 S. STATE ROAD 7, HOLLYWOOD, FLORIDA

The notice to proceed and title deed were sent on Friday, March 31, to move forward with the contract. Mr. Rainer made the seller aware of the title issues and believes that Memorial will be able to reach an agreement to resolve them. Memorial is good to proceed regarding disclaimers, waivers and acknowledgments.

The title insurance will come via Fidelity National. The external attorney and surveyor have looked at the property, and Mr. Rainer has asked the surveyor to rewrite the property description to ensure better accuracy.

The title insurance will show exceptions on the title policy, and these will not be covered. The insurance covers items that may come up such as any additional leases and items that are not on the exceptions that Memorial objected to on Friday, March 31.

No issues were raised by the Board members.

Mr. Rainer read Resolution No. 484 and confirmed that today's meeting was reconvened from the Strategic Planning Committee Meeting held on Wednesday, March 29, for management to acquire the parcel of land. He certified both meetings at which various Executives presented analysis of terms. Due diligence is under way for the Board to consider the acquisition necessary for the District to acquire 101 S. State Road 7, and to authorize Mr. Wester to proceed with all activities to move forward to execute. The conveyance will be a solely owned subsidiary.

Mr. Friedman asked for a Motion to accept Resolution No. 484.

Ms. Justen *moved, seconded* by Mr. Basulto, that:

THE BOARD OF COMMISSIONERS APPROVES RESOLUTION NO. 484

Discussion then took place, with Mr. Rainer confirming that nothing had changed since the Strategic Planning Committee Meeting on March 29. All the Board members were pleased with the acquisition.

The Motion *carried* unanimously.

Mr. Muhart stated this is a wonderful project and the city of Hollywood is happy that Memorial will be developing the location.

3. NEW BUSINESS

a. Discretionary Bonus

Mr. Wester asked for approval of the discretionary bonus. He stated that the LDI group was not included, but for the last 16 or 17 years, the LDI group has received this bonus. He confirmed that the bonus equates to one to two weeks of bonus, which is \$2.4M for over 400 people. He further reported that the retention plan in January included the LDI group, except the Executive team, noting that retention and discretionary bonuses are not the same and the funds were available. As a result, this item is not budgeted, and Board approval is required. Moving forward, this will be known as the short-term incentive payment.

Mr. Harrison confirmed his support, and stated this should be addressed at the Board Regular Meeting. It was agreed that this will be discussed at the Finance Committee Meeting, and then brought to the Regular Board Meeting. This was agreed by the Board members.

4. ADJOURNMENT

Board members thanked the staff for a good meeting.

The meeting adjourned at 4:31 p.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Brad Friedman", written in a cursive style.

Brad Friedman
Chairman
Board of Commissioners



April 20, 2023

Mr. Brad Friedman
 Chairman
 Board of Commissioners
 South Broward Hospital District

Dear Mr. Friedman:

The Executive Committees of the Medical Staff met on these dates:

- Memorial Regional Hospital (MRH) and Joe DiMaggio Children’s Hospital (JDCH) on April 19, 2023
- Memorial Hospital West (MHW) on April 10, 2023
- Memorial Hospital Pembroke (MHP) on April 17, 2023
- Memorial Hospital Miramar (MHM) on April 12, 2023

All committees made a recommendation to accept the report of the Credentials Committee as follows:

That the following applicants be approved for membership as indicated:

New Applicant Name	Specialty (Sponsor)	Status	Adult & Pediatrics	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Abdul, Haleem, MD	Internal Medicine	Active	Adult	X	X	X	X		2 years	
Amjad, Ibrahim Hosain, MD	Plastic Surgery	Active	Adult & Pediatrics	X	X	X		X	2 years	
Arocha, Christopher, APRN	Neurology (Dr. Maïke Blaya)	Allied	Adult	X	X				6 months	Six month initial appointment pending FPPE results
Baddaloo, Reshma, DMD	Dentist	Active	Adult		X				2 years	
Boccio, Richard J., MD	Emergency Medicine	Active	Adult	X	X				2 years	

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New Applicant Name	Specialty (Sponsor)	Status	Adult & Pediatrics	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Cao, Carlos Ernesto, MD	Emergency Medicine	Active	Adult				X		2 years	Two year initial appointment. Use of Ultrasound privileges were not approved. Supporting documentation not supplied, pending 0.75 hours of ultrasound course.
Da Rocha Hensley, Alexandra, MD	Internal Medicine	Active	Adult	On Staff	X	X	X		1 year	One year initial appointment to MHW, MHP and MHM pending Internal Medicine Board Certification that is required by 6/30/2023.
Daigle, Amy Kathleen, APRN	Plastic Surgery (Dr. Eric Stelnicki)	Allied	Adult & Pediatrics	X				X	2 years	
Diaz, Jay, APRN, DNP	Oncology and Hematology (Dr. Matthew Taub)	Allied	Adult	X	X	X	X		2 years	
Florida, Cristina R. APRN	Hospice and Palliative Medicine (Dr. Paul Rozynes)	Allied	Adult	X	X	X	X		2 years	
Herrera, Rosa Maria, MD	Internal Medicine	Active	Adult	X	X	X	X		2 years	

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New Applicant Name	Specialty (Sponsor)	Status	Adult & Pediatrics	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
John, Sheril, APRN	Infectious Disease (Dr. Edison Cano Cevallos)	Allied	Adult	On Staff	On Staff		X		2 years	
Joseph, Namita Robin, MD	Advanced Heart Failure and Transplant Cardiology	Active	Adult	X	X	X	X		2 years	Requires proctoring of up to 5 cases per procedure of Diagnostic Invasive Cardiology Procedures.
Kaplan, Chad Michael, MD	Ophthalmology	Active	Adult		X				2 years	
Llenes, Rey Philip G, MD	Anesthesiology	Active	Adult & Pediatrics	X	X	X	X	X	2 years	
Macrohon-Sabaitue, Sharon Suzette, APRN	Internal Medicine (Dr. Moises Issa)	Allied	Adult		X				6 months	Six month initial appointment pending FPPE results
Morales, Marylin, APRN	Transplant Nephrology & Transplant Surgery (Drs. Basit Javaid; Heather LaGuardia; Joseph Africa; Edson Franco; Linda Chen & Seyed Ghasemian)	Allied	Adult	X					6 months	Six month initial appointment pending FPPE results
Morera, Rebecca Marie, MD	Internal Medicine	Active	Adult	X	X	X	X		2 years	

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New Applicant Name	Specialty (Sponsor)	Status	Adult & Pediatrics	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Philippe, Sherica, APRN	Obstetrics and Gynecology (Dr. Jeanine Carbone-Lazarus)	Allied	Adult	X			X		6 months	Six month initial appointment pending FPPE results
Quick, Nicole Lee, APRN	Pediatrics (Drs. Yolanda Valdes; Harold Deulofeut & Marco Leon)	Allied	Pediatrics				X		2 years	
Reinherz, Benjamin Jeremy, DO	Ophthalmology	Active	Adult	X					2 years	
Romano, Mark Adrian, DO	Surgery	Active	Adult	On Staff	X	On staff			2 years	
Rozynes, Paul Louis, MD	Hospice and Palliative Medicine	Active	Adult	X	X	X	X		2 years	
Ruiz, Jorge Gamaniel, MD	Geriatric Medicine	Active	Adult	X	X	X	X		2 years	
Santos, Selin, PSYD	Psychologist, Rehabilitation	Active	Adult	X					2 years	
Sasi, Bindu Madathinanchira, APRN	Advanced Heart Failure and Transplant Cardiology (Dr. Priyanka Gosain)	Allied	Adult	X	X		X		2 years	
Shitta-Bey, Abiola Aina, MD	Obstetrics and Gynecology	Active	Adult	X	X		X		2 years	
Tamim, Mohammed, MD	Internal Medicine	Active	Adult	X	X	X	X		2 years	

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New Applicant Name	Specialty (Sponsor)	Status	Adult & Pediatrics	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Teran, Claudia, APRN	Obstetrics and Gynecology (Dr. Clones Lans)	Allied	Adult	X					2 years	
Varunshri, Janie Kullmar, CNIM	Neurointraoperative Monitorist (Dr. Jason Soriano)	Allied	Adult & Pediatrics	On Staff	On Staff			X	2 years	
Zapata, Dario, PA	Emergency Medicine (Dr. Juan Villegas)	Allied	Adult		X	X	X		2 years	

That the following applicants for reappointment be approved as indicated:

Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Abbasi MD, Nuzhat Aziz	Internal Medicine	5/1/2023	Adult		Active				2 years	
Abid MD, Farhan	Nephrology	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Ajiboye MD, Oluwadamilola Susan	Internal Medicine	5/1/2023	Adult	Active	Active	Active	Active		2 years	

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Albisu APRN, Ingried	Neonatal Perinatal Medicine (Drs. Mesfin Afework; Yasser Al-Jebawi; Richard Auerbach; Sharell Bindom; Gianina Davila; Cristian Esquer; Cherie Foster; Angela Hernandez; Vicki Johnson; Doron Kahn; Lester McIntyre; Estela Pina; Mariela Rosado; Bruce Schulman; Mona Shehab; Max Shenberger; Flavio Soliz & Pablo Valencia)	5/1/2023	Pediatrics		Allied		Allied	Allied	2 years	
Alvarado MD, Anel	Surgery	5/1/2023	Adult		Active	Active	Active		2 years	
Ansari-Lari MD, PHD, Mohammad Ali	Anatomic & Clinical Pathology	5/1/2023	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Areopagita, MD, Jesse Natividad	Internal Medicine	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Atherley MD, Norville Clesbert	Emergency Medicine	5/1/2023	Adult			Active			2 years	
Benhayon Lanes MD, Daniel Alberto	Electrophysiology	5/1/2023	Adult & Pediatrics	Active	Active	Active		Active	2 years	Two year reappointment. Granted additional Pediatric Cardiology

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
										privileges at MRH.
Bennett DO, Richard S	Pediatrics	5/1/2023	Pediatrics					Active	2 years	
Birman MD, Alex	Obstetrics and Gynecology	5/1/2023	Adult	Active					2 years	
Birriel-Cardona MD, Jose A	Pediatric Pulmonary Medicine	5/1/2023	Pediatrics					Active	2 years	
Blum MD, David Ari	Orthopedic Surgery	5/1/2023	Adult		Active				2 years	
Bou Nemer MD, Laurice	Reproductive Endocrinology	5/1/2023	Adult		Active		Active		2 years	
Brown APRN, CRNA, Tamara M	Nurse Anesthetist (Dr. Kiesha Raphael)	5/1/2023	Adult & Pediatrics	Allied	Allied	Allied	Allied	Allied	2 years	
Camp PA, Erik Guilford	Emergency Medicine (Drs. William Veloz; Manuel Fernandez; Michael Estreicher; Daphne Pitts; Stacy Feinstein; Michael Flanders; Boaz Rosenblat & Ashley Lisiewski)	5/1/2023	Adult	Allied		Allied			2 years	
Caplan PA, Michael Gregory	Emergency Medicine (Drs. Louis Jane & Adam Rubin)	5/1/2023	Adult	Allied	Allied	Allied	Allied		2 years	
Cauff MD, Brian Eric	Pediatric Oncology & Hematology	5/1/2023	Pediatrics	Active	Active		Active	Active	2 years	
Delgado MD,	Pediatrics	5/1/2023	Pediatrics					Active	2 years	

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Pilar										
Ditchek MD, Jordan Jay	Diagnostic Radiology	5/1/2023	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Docobo MD, Ramon Andres	Internal Medicine	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Dupuy DO, Gladys	Obstetrics and Gynecology	5/1/2023	Adult				Active		2 years	
Egozi MD, Leon	Surgery	5/1/2023	Adult	Active					2 years	
Escorcía APRN, Julissa Jimenez	Pediatric Cardiology (Dr. Maximo Aguirre)	5/1/2023	Pediatrics		Allied		Allied	Allied	2 years	
Fields MD, Tricia Charlene	Internal Medicine	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Fisher AA, Paul Joseph III	Anesthesiologist Assistant (Dr. Walter Diaz)	5/1/2023	Adult & Pediatrics	Allied	Allied	Allied	Allied	Allied	2 years	
Fishman MD, Arthur M	Ophthalmology	5/1/2023	Adult		Active				2 years	
Flack, MD, Charles Edward	Pediatric Urology	5/1/2023	Pediatrics					Active	2 years	Two year reappointment, beginning April 1, 2023, with a transfer of membership and privileges to Community Affiliate status. Change in privileges from Pediatric Urology Core to Community

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
										Affiliate Status Privileges only.
Fregeolle APRN, Angela Marie	Neonatal Perinatal Medicine (Drs. Mesfin Afework; Yasser Al-Jebawi; Richard Auerbach; Sharell Bindom; Gianina Davila; Cristian Esquer; Cherie Foster; Vicki Johnston; Doron Kahn; Lester McIntyre; Estela Pina-Rodrigues; Bruce Schulman; Mona Shehab; Flavio Ahmed Soliz; Pablo Valencia; Angela Leon Hernandez; Mariela Sanchez Rosado & Max Shenberger)	5/1/2023	Pediatrics		Allied		Allied	Allied	2 years	
Friefeld MD, Richard Stuart	Obstetrics and Gynecology	5/1/2023	Adult				Active		2 years	
Gadh DO, Ruchika Thapar	Family Medicine	5/1/2023	Adult		Active				2 years	
Garcia De Viera MD, Jocelyn	Pediatric Cardiology	5/1/2023	Pediatrics					Active	2 years	
Garcia MD, Berenice A	Internal Medicine	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Goldberg MD, Lester Roy	Diagnostic Radiology	5/1/2023	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Gomez PA, Johnny Edward	Internal Medicine (Dr. Robert Perry)	5/1/2023	Adult		Allied				2 years	
Graubard MD, Howard Mark	Family Medicine	5/1/2023	Adult		Active				2 years	
Hall APRN, Anne Marie Gillia	Pediatric Emergency Medicine (Dr. Heidi Jane Cohen)	5/1/2023	Pediatrics		Allied		Allied	Allied	2 years	
Harris PA, Shatril	Female Pelvic and Reconstructive Surgery (Dr. Jennifer Pollak)	5/1/2023	Adult		Allied	Allied			2 years	
Helderman CNIM, Mark	Neurointraoperative Monitorist (Dr. Jason Soriano)	5/1/2023	Adult & Pediatrics	Allied	Allied	Allied		Allied	2 years	
Higgins MD, Calvin Constantine	Internal Medicine	5/1/2023	Adult		Active	Active	Active		2 years	
Highfield, APRN, Jennifer Mary	Pediatric Critical Care Medicine (Dr. Allan Mitchell Greissman)	5/1/2023	Pediatrics					Allied	2 years	
Hirsch MD, Robert Alan	Oncology and Hematology	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Hussein MD, Atif Mahmoud	Oncology and Hematology	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Ibrahim MD, Bassel Badie	Interventional Cardiology	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Johnson PA, Lauren	Pediatric Orthopedic Surgery (Dr. Randolph Cohen)	5/1/2023	Pediatrics	Allied			Allied	Allied	2 years	

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Jules MD, Clinton	Internal Medicine	5/1/2023	Adult	Active					2 years	
Kallman MD, Brandon Eric	Plastic Surgery	5/1/2023	Adult & Pediatrics		Active					
Kanaroglou MD, Androniki	Pediatric Urology	5/1/2023	Pediatrics					Active to Community Affiliate	2 years	Two year reappointment with a transfer of membership and privileges to Community Affiliate status. Change in privileges from Pediatric Urology Core to Community Affiliate Status Privileges only.
Kandinov MD, Lev David	Obstetrics and Gynecology	5/1/2023	Adult	Active					2 years	
Kelegama MD, Ana Dilukshi	Family Medicine	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Kim MD, Peter	Critical Care Medicine	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Kinchelow-Kulendran MD, Tosca J	Orthopedic Surgery	5/1/2023	Adult		Active				2 years	
Kohlsaatt AA, Christine Jennifer	Anesthesiologist Assistant (Dr. Walter Diaz)	5/1/2023	Adult & Pediatrics	Allied	Allied	Allied	Allied	Allied	2 years	

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Korenge MD, Mark Michael	Anesthesiology	5/1/2023	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Lacson PA, Philip	Pulmonary Disease (Dr. Waddah Allaf)	5/1/2023	Adult	Allied					2 years	
Landman MD, Jaime	Pediatric Allergy & Immunology	5/1/2023	Adult & Pediatrics	Active				Active	2 years	
Le MD, Quang Thanh	Dermatology	5/1/2023	Adult		Active				2 years	
Leclerc AA, Jermaine	Anesthesiologist Assistant (Dr. Kiesha Raphael)	5/1/2023	Adult & Pediatrics	Allied	Allied	Allied	Allied	Allied	2 years	
Levy MD, Jean-Pierre Rene	Internal Medicine	5/1/2023	Adult	Active					2 years	
Llanes MD, Sharlene Joan	Pediatric Allergy & Immunology and Allergy & Immunology	5/1/2023	Adult & Pediatrics		Active	Active	Active		2 years	
Lovera MD, Karen Adriana	Internal Medicine	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Lugo-Arendell MD, Luis Horacio	Internal Medicine	5/1/2023	Adult		Active		Active		2 years	
Madrigal APRN, Jose Javier	Cardiovascular Disease (Dr. Yale Cohen)	5/1/2023	Adult	Allied	Allied	Allied	Allied		2 years	
Mazza AA, Lucia Mary	Anesthesiologist Assistant (Dr. Kiesha Raphael)	5/1/2023	Adult & Pediatrics	Allied	Allied	Allied	Allied	Allied	2 years	
Mendez DO, Jose Edward	Family Medicine	5/1/2023	Adult	Active	Active	Active	Active		2 years	

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Minars MD, Norman	Dermatology	5/1/2023	Adult	Active					2 years	
Montes MD, Aldo Ray	Internal Medicine	5/1/2023	Adult		Active	Active			2 years	Two year reappointment. Approved relinquishment of privileges to Admit to inpatient or appropriate level of care.
Neville MD, Holly Leigh	Pediatric Surgery	5/1/2023	Pediatrics	Active	Active		Active	Active	2 years	
Nolan Lu MD, Katherine	Dermatology	5/1/2023	Adult	Active					2 years	
Ohring MD, Marshall David	Pediatrics	5/1/2023	Pediatrics					Active	2 years	
Paz MD, Cintia Alejandra	Family Medicine	5/1/2023	Adult			Active			2 years	
Peralta Lee MD, Dihloren Antonia	Internal Medicine	5/1/2023	Adult		Active		Active		2 years	
Reid APRN, CRNA, Andrene Rose Marie	Nurse Anesthetist (Dr. Kiesha Raphael)	5/1/2023	Adult & Pediatrics	Allied	Allied	Allied	Allied	Allied	2 years	
Reiss MD, Lawrence Michael	Cardiovascular Disease	5/1/2023	Adult	Active	Active	Active			2 years	
Reyes Padilla MD, Alvaro Abel	Internal Medicine	5/1/2023	Adult	Active	Active	Active	Active		2 years	
Rodriguez MD, Victor L	Anesthesiology	5/1/2023	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Rothstein DO,	Family Medicine	5/1/2023	Adult	Active					2 years	

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Jeffrey										
Salama MD, Moises	Plastic Surgery	5/1/2023	Adult	Active					2 years	
Salsbury MD, Helen Margaret	Obstetrics and Gynecology	5/1/2023	Adult				Active		2 years	
Sareli MD, Aharon Eliezer	Critical Care Medicine	5/1/2023	Adult	Active	Active	Active	Active		2 years	Two year reappointment. Approved, additional privileges for Care of a patient with acute stroke (MHW).
Scaria APRN, Sujamol	Advanced Heart Failure and Transplant Cardiology (Drs. Priyanka Gosain & Iani Patsias)	5/1/2023	Adult	Allied	Allied	Allied	Allied		2 years	
Schwartz MD, Harvey D	Neurology	5/1/2023	Adult	Community Affiliate					2 years	
Segal MD, Scott Daniel	Psychiatry	5/1/2023	Adult & Pediatrics	Active				Active	2 years	
Shen MD, Michael Yue-Hua	Cardiovascular Disease	5/1/2023	Adult	Active	Active	Active	Active		Denied	Discontinue membership and privileges for failing to maintain Board Certification as required by

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
										the Joint Policies and Procedures.
Siegel DDS, Marc Alan	Dentist	5/1/2023	Adult & Pediatrics		Active		Active	Active	2 years	
Sinicrope DO, Pasquale	Emergency Medicine	5/1/2023	Adult		Active				2 years	
Sipos APRN, Kristine Maurie	Vascular Surgery (Dr. Rodrigo Fonseca)	5/1/2023	Adult		Allied	Allied	Allied		2 years	
Sterling MD, Glenn Barry	Dermatology	5/1/2023	Adult		Active				2 years	
Tache DO, Jason Eli	Oncology and Hematology	5/1/2023	Adult		Active				6 months	Six months reappointment due to low patient encounters, reporting 17 of 20 encounters during a 2 year period.
Tello MD, Edna Lillian	Pediatrics	5/1/2023	Pediatrics					Active	2 years	
Vera-Arroyo MD, Verushka Dariana	Obstetrics and Gynecology	5/1/2023	Adult		Active		Active		2 years	
Villafane PA, Laura	Dermatology (Dr. Phi-Van Le)	5/1/2023	Adult		Allied				2 years	

Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
West-Williams APRN, CRNA, Marvette Kerine	Nurse Anesthetist (Dr. Walter Diaz)	5/1/2023	Adult & Pediatrics	Allied	Allied	Allied	Allied	Allied	2 years	
Williams DPM, Marie L	Podiatry	5/1/2023	Adult	Active					2 years	
Wu MD, Timothy Peter	Dermatology	5/1/2023	Adult	Active					2 years	
Younes MD, Souhad Boutros	Anatomic and Clinical Pathology	5/1/2023	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	

That the following changes in privileges for lack of Crew Resource Management Training Course be approved:

Practitioners Name	Specialty (Sponsor)	Appointment Date	Expirable Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Comment
Safvati, Niloufar, MD	Obstetrics and Gynecology	9/28/2022	4/1/2023	Adult	X					Discontinue invasive privileges pending completion of CRM course.
Santoro, Mailys, APRN	Advanced Practice Registered Nurse (Emergency Medicine)	9/28/2022	4/1/2023	Pediatrics		X		X	X	Discontinue invasive privileges pending completion of CRM course.
Zabian Sanchez, Salime Del Pilar, APRN	Surgical Assistant	9/28/2022	4/1/2023	Adult & Pediatrics				X		Discontinue invasive privileges pending completion of CRM course.

That the following requests for changes, additions or relinquishment of privileges be approved:

Name	Specialty (Sponsor)	Request	Privilege	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Abers, Kaitlin Nicole, PA	Trauma Services (Dr. Andrew Rosenthal)	Additional	<ul style="list-style-type: none"> • Insertion of central venous catheter (CVC) • Insertion of arterial line • Obtain arterial blood sample • Venous access via cutdown • Removal of venous or arterial sheath • Insertion/removal of nasogastric tube • Insertion/removal of urinary catheter • Insertion/removal of suprapubic cystotomy tube • Insertion of pleural tube • Management and removal of pleural tube • Thoracentesis • Ultrasound-guided thoracentesis • Paracentesis • Ultrasound-guided Paracentesis • Application and removal of splint or cast • Splinting and immobilization of fractures • Management of 	Adult	X					Recommend approval

Name	Specialty (Sponsor)	Request	Privilege	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
			traction apparatus <ul style="list-style-type: none"> • Suprapubic bladder tap • Endotracheal intubation • Endoscopic vein harvest 							
Arciniegas, Jonathan Joel, DO	Emergency Medicine	Additional	Administration of approved general anesthetic agents in the management for procedural sedation. (Does not require proctoring)	Adult	X					Recommend approval
Beck, Kathleen Susan, PA	Emergency Medicine (Dr. Steven Katz)	Additional	Prescribe/order controlled substances (DEA required)	Adult		X		X		Recommend approval
Blanc, Nadege M., APRN	Advanced Heart Failure and Transplant Cardiology (Dr. Priyanka Gosain)	Additional	ADD: 1-Removal of intra-aortic balloon pump (IABP) 2-Removal of venous or arterial sheath 3-Prescribe/order controlled substances (DEA required) RELINQUISH: 1-Obtain arterial blood sample	Adult	X	X		X		Recommend approval
Bloomstone, Joshua A, MD	Anesthesiology	Relinquish	Patients 1 to 9 years (limited to ASA I and ASA II)	Adult & Pediatrics	X	X	X	X	X	Recommend approval

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Name	Specialty (Sponsor)	Request	Privilege	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Bredy, Marjorie Rachelle, APRN	Orthopedic Surgery (Dr. Alex Fokin, Jr.)	Additional	Prescribe/order controlled substances (DEA required)	Adult	X					Recommend approval
Bridgewater, Richard L., MD	Obstetrics and Gynecology	Additional	Robotic Assisted Surgery- First 3 cases must be proctored	Adult		X		X		Recommend approval. First three robotic cases must be proctored.
De La Cabada, Armando, MD	Surgery	Additional	Robotic Assisted Surgery- First 3 cases must be proctored	Adult		X	X	X		Recommend approval. First three robotic cases must be proctored.
Deklavon, Jessica Patricia, PA	Orthopedic Surgery (Drs. Alex Fokin, Jr.; Marvin Smith; Daniel Chan & Geden Franck)	Additional	Prescribe/order controlled substances (DEA required)	Adult	X					Recommend approval
Depamaylo, Lenie Apolinario, APRN	Interventional Cardiology and Vascular & Interventional Radiology (Drs. Juan Pastor Cervantes; Jonathan Stuart Roberts; Bassel Badie Ibrahim; Sunay Shah, Luis Felipe Tami; David Jurkovich; Eric	Additional	Prescribe/order controlled substances (DEA required)	Adult & Pediatrics	X				X	Recommend approval

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Name	Specialty (Sponsor)	Request	Privilege	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
	Rosen; Nisharahmed Ishakbhai Kherada; Federico Bengoa; Anastas Nenov; Michael Cohen; David Epstein; Richard Baker; Sami Lewin; Steven Doukides; Amer Naiem; Michael Rainisch; Charles Myers; Oscar Garcia-Fraga & Jared Green)									
Hernandez Reyes, Daylen, PA	Surgical Oncology and Surgery (Drs. David Bimston & Courtney Edwards)	Additional	Prescribe/order controlled substances (DEA required)	Adult & Pediatrics	X	X	X	X	X	Recommend approval
McFeely, Neva Mari, APRN	Critical Care Medicine (Drs. Kevin Dushay; Niral Patel; Aharon Sareli & Akilan Selvaraju)	Additional	Prescribe/order controlled substances (DEA required)	Adult	X	X	X	X		Recommend approval
Thalassites, Stacy Ann, APRN	Transplant Surgery (Drs. Edson Franco; Sayed Ghassemian; Basit Javaid; Heather LaGuardia & Kathryn Shaw)	Additional	Prescribe/order controlled substances (DEA required)	Adult	X					Recommend approval
Willis, Malik Mark Anthony, MD	Emergency Medicine	Additional	Use of Ultrasound	Adult				X		Recommend approval

Please be advised that these applicants for appointment and reappointment were processed through the Board approved Credentialing Procedure that meets and exceeds the requirements of Florida Statute 395.011, and the standards of The Joint Commission.

The Executive Committees also accepted the following recommendations from their respective Advisory Councils for changes in staff status as indicated:

Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Andrade, Denise Lynn, PA	Orthopedic Surgery (Dr. Barry Schapiro)	Request resignation effective 5/1/2023.	Adult	Allied					Accepted resignation effective 5/1/2023.
Bean, Teri Anne, APRN, CRNA	Nurse Anesthetist (Dr. Amy Pulido)	Automatic termination of membership and privileges. No longer providing services in MHS through Envision effective 5/1/2023.	Adult & Pediatrics	Allied	Allied	Allied	Allied	Allied	Automatic termination of membership and privileges. No longer providing services in MHS through Envision effective 5/1/2023.
Casaretto, Alberto, MD	Nephrology	Request resignation effective 5/1/2023.	Adult	Active					Accepted resignation effective 5/1/2023.
Daphnis, Aliaha, APRN, CNM	Nurse Midwife (Dr. Clones Lans)	Request resignation effective 2/17/2023.	Adult	Allied					Accepted resignation effective 2/17/2023.
Doherty, Maureen A, DO	Anesthesiology	Automatic termination of membership and privileges. No longer providing services in MHS through Envision effective 3/10/2023.	Adult & Pediatrics	Active	Active	Active	Active	Active	Automatic termination of membership and privileges. No longer providing services in MHS through Envision effective 3/10/2023.
Feliz, Monicka Stella, MD	Internal Medicine	Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 8/12/2022.	Adult	Active	Active	Active	Active		Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 8/12/2023.

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Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Fernandez Duarte, Jose Roberto, MD	Internal Medicine	Request resignation effective 5/1/2023.	Adult	Active	Active	Active	Active		Accepted resignation effective 5/1/2023.
Ferrer, Nora Vergara, APRN	Surgical Oncology (Dr. David Bimston)	Request resignation effective 4/4/2023.	Adult	Allied					Accepted resignation effective 4/4/2023.
Garcia De Viera Jocelyn, MD	Pediatric Cardiology	Request resignation at MHW and MHM only, effective 5/1/2023.	Pediatrics		Active		Active	On staff	Accepted resignation at MHW and MHM only, effective 5/1/2023.
Gerrick, Alyssa Rae, PA	Otolaryngology/ Head & Neck Surgery (Drs. Samuel Ostrower & Sweeti Shah)	Request resignation effective 2/24/2023.	Adult & Pediatrics	Allied				Allied	Accepted resignation effective 2/24/2023.
Gimbel, Zachary, MD	Emergency Medicine	Request resignation effective 5/20/2023.	Adult		Active				Accepted resignation effective 5/20/2023.
Hardin, Dawn Mac Quarrie, RNFA	Plastic Surgery (Drs. Yoav Barnavon, Yin Hwee & Jason Levine)	Request resignation effective 3/6/2023.	Adult & Pediatrics	Allied	Allied				Accepted resignation effective 3/6/2023.
Hyland, Michelle, PA	Surgical Assistant (Dr. Farid Assouad)	Automatic termination of membership and privileges. No longer providing services in MHS through AP Health effective 2/27/2023.	Adult & Pediatrics	Allied	Allied	Allied			Automatic termination of membership and privileges. No longer providing services in MHS through AP Health effective 2/27/2023.

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 20, 2023
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Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Iosava, Zurab A., SA	Surgical Assistant	Automatic termination of membership and privileges. No longer providing services in MHS through AP Health effective 3/3/2023.	Adult & Pediatrics	Allied	Allied				Automatic termination of membership and privileges. No longer providing services in MHS through AP Health effective 3/3/2023.
Isaac, Yanick Alana, MD	Emergency Medicine	Request resignation effective 5/1/2023.	Adult				Active		Accepted resignation effective 5/1/2023.
Jacobson, Richard David, MD	Neurointraoperative Monitorist	Request resignation effective 5/2/2023.	Adult & Pediatrics	Active	Active	Active		Active	Accepted resignation effective 5/2/2023.
Leader-Landau, Robin, MD	Pediatrics	Automatic termination of membership and privileges due to no primary office, effective 3/21/2021.	Pediatrics		Active		Active	Active	Automatic termination of membership and privileges due to no primary office, effective 3/21/2021.
Mahon, Alexandra Faith, APRN	Internal Medicine (Dr. Victor Totfalusi)	Request resignation effective 2/24/2023.	Adult	Allied	Allied	Allied			Accept resignation effective 2/24/2023.
Malek, Paul Allen, MD	Anatomic and Clinical Pathology	Requesting resignation and Honorary Emeritus at all MHS facilities effective 4/2/2023	Adult & Pediatrics	Active	Active	Active	Active	Active	Accepted resignation effective 4/2/2023. Approved Honorary Emeritus staff status at MRH, MHW, MHP, MHM and JDCH.
Manohar, Akshay, MD	Infectious Disease	Automatic termination of membership and privileges due to no primary office, effective 9/14/2022.	Adult	Active	Active				Automatic termination of membership and privileges due to no primary office, effective 9/14/2022.

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 20, 2023
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Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Marcum, Stephanie Ruth, PA	Emergency Medicine (Drs. Boaz Rosenblat; Juan Villegas & Steven Katz)	Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 2/17/2023.	Adult	Allied	Allied	Allied	Allied		Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 2/17/2023.
Martinez, Angelique, Thai MD	Pediatric Hospitalist	Automatic termination of membership and privileges due to no primary office effective 4/16/2022.	Pediatrics					Active	Automatic termination of membership and privileges due to no primary office effective 4/16/2022.
McCray, Yolande Simone, APRN	Interventional Cardiology and Cardiovascular Disease (Dr. William Alexis)	Request resignation effective 12/31/2022.	Adult		Allied				Accepted resignation effective 12/31/2022.
Nehrenz, Kendra Elyse, PA	Interventional Cardiology and Cardiovascular Disease (Drs. Randy Gould & Mark Sabbota)	Request resignation effective 2/17/2023.	Adult	Allied	Allied	Allied	Allied		Accepted resignation effective 2/17/2023.
Razi, Syed Shahzad, MD	Thoracic Surgery	Automatic termination of membership and privileges. No longer providing services in MHS effective 3/13/2023.	Adult	Active	Active	Active	Active		Automatic termination of membership and privileges. No longer providing services in MHS effective 3/13/2023.

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 20, 2023
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Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Reikher, Daniel, MD	Internal Medicine	Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 8/23/2022.	Adult	Active	Active	Active	Active		Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 8/23/2022.
Reyes, Antonio, MD	Urology	Request resignation at MHM only, effective 3/7/2023.	Adult	On staff	On staff	On staff	Active		Accepted resignation at MHM only, effective 3/7/2023.
Rodriguez, Adriana, APRN	Pediatric Emergency Medicine (Dr. Deanna Soloway-Simon)	Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 3/17/2023.	Pediatrics					Allied	Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 3/17/2023.
Schapiro, Barry Edward, MD	Orthopedic Surgery	Request resignation effective 5/1/2023.	Adult	Active					Accepted resignation effective 5/1/2023.
Sharpe, Neville Anthony, PA	Cardiovascular Disease (Dr. Yale Cohen)	Request resignation at MHM only, effective 5/8/2023.	Adult	On staff	On staff	On staff	Allied		Accepted resignation at MHM only, effective 5/8/2023.
Sikha, Anita Rao, MD	Internal Medicine	Request resignation effective 5/1/2023.	Adult	Active	Active	Active	Active		Accepted resignation effective 5/1/2023.
Voccia, Ryan James, PA	Emergency Medicine (Drs. Randy Katz & Steven Katz)	Automatic termination of membership and privileges. No longer providing services in MHS through Team Health	Adult	Allied	Allied	Allied	Allied		Automatic termination of membership and privileges. No longer providing services in MHS through Team Health

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
April 20, 2023
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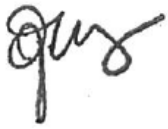
Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
		effective 1/8/2023.							effective 1/8/2023.
Weingrad, Daniel Neal, MD	Surgery	Request resignation effective 3/11/2023.	Adult	Active					Accepted resignation effective 3/11/2023.
Yasavolian, Matthew, MD	Emergency Medicine	Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 3/16/2023.	Adult	Active					Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 3/16/2023.
Zapata, Alessandra, APRN	Physical Medicine and Rehabilitation (Drs. Alan Novick; Andrew Chang; Ian Miller; Ivor Nugent; Janice Cohen; Jeremy Jacobs; James Salerno; Joanne Delgado-Lebron; Jackson Cohen; Raul Rolon Torres & Robert Klecz)	Request resignation effective 2/21/2023.	Adult	Allied	Allied				Accepted resignation effective 2/21/2023.

April 2023	MHS
New Physician Appointments	16
New AHP Appointments	11
Physician Reappointments	72
AHP Reappointments	23
Physician Resignations/Terminations	18

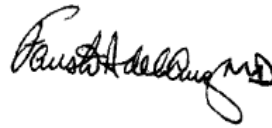
AHP Resignations/Terminations	15
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Your approval of these recommendations is requested.

Sincerely,



Juan Carlos Martinez, M.D.
President
Memorial Regional Hospital
Joe DiMaggio Children's Hospital



Fausto A. De La Cruz, M.D.
Chief of Staff
Memorial Hospital West



Juan Villegas, M.D.
Chief of Staff
Memorial Hospital Miramar



Blane T. Shatkin, M.D.
Chief of Staff
Memorial Hospital Pembroke

Executive Summary of Revisions to Joint Medical Staff Bylaws - February 2023
Presentation to Board of Commissioners – April 2023

Note that all revisions were approved by the Bylaws Committee, all hospital Medical Executive Committees, and were posted on the MHS Intranet for the required 30 days, with no objections raised.

1. Waiver of self-imposed requirements and Board Certification – A new entry to **Bylaws Article 4.2** See **page 2** for details.

- **Bylaws item:** Upon recommendation of the MEC, the Board of Commissioners may waive certain qualifications for membership for good cause when reasonable and necessary to meet the needs of the patients of hospitals. This is limited to MHS self-imposed criteria and does not pertain to legal or regulatory requirements.

2. Structure and voting process for MEC's – Revisions to **Bylaws Article 12.4**. See **page 2** for details

- **Bylaws item:**
 - For all facilities, MEC representation per departmental size standardized to 1 representative for every 40 members
 - For MHM, MHW, MHP, departmental representation is capped at 4 members (to reflect historical and current actual practice)
 - Description of representation for MRH/JDCH Advisory Councils added to Bylaws section (previously reflected only in Policies and Procedures)
 - Duties of the Medical Advisory Council members added to Bylaws section (previously reflected only in Policies and Procedures)

3. Housekeeping – revision of documents to correct typographical errors, errors in numbering and lettering sequences, spaces, indents, etc. No content changes will result from these corrections.

Item 1: Added to 4.2: Qualifications for Membership

Waiver of a Qualification for Membership

The Board of Commissioners, upon the recommendation of the Medical Executive Committee, may waive certain of the Qualifications for Membership on the Medical or Allied Professional Staff and Clinical Privileges established pursuant to these Bylaws, the Medical Staff Rules & Regulations, or any Medical Staff or Hospital policy for good cause shown, if the Board of Commissioners determines that such waiver is reasonable and necessary to meet the needs of the patients and the Hospital. There is no obligation to grant any such waiver and Practitioners have no right to have such waivers considered or granted. A refusal by the Board of Commissioners to waive any Qualification shall not entitle any practitioner to a Hearing or any other rights of review.

Item 2: Revisions to structure/voting of the Medical Executive Committee:

Sec. 12.4 Executive Committee

The organized Medical Staffs delegate the authority to the respective Executive Committees to act on their behalf by electing representatives to sit on the Executive Committee as outlined in Sections 10.2 and 10.3 and Sections 11.2, 11.3, 11.12 and 11.13. Such authority may be removed by following the procedures outlined in Section 10.7, Section 11.7 and 11.16.

- A. Each Hospital will have its own separate and distinct Executive Committee with the exception of Memorial Regional Hospital Division, Memorial Regional Hospital South, and Joe DiMaggio Children's Hospital Division, which is one unified Medical Staff with one unified Executive Committee. The functions, duties, procedures and criteria specified in this section apply equally to the Executive Committees of each Hospital, except as specifically stated otherwise.
- B. Each Executive Committee shall consist of the following members of the respective Hospital's Medical Staff. Members of the Executive Committee shall be licensed doctors of medicine or doctors of osteopathic medicine actively practicing in the Hospital.

1. The Chief of Staff, Vice Chief of Staff, and the Secretary-Treasurer of the Medical Staff, each elected by the Medical Staff with the procedures described in Section 10.3.

For Memorial Regional Hospital, the Executive Committee members shall consist of the three (3) officers of each of the Advisory Councils for Memorial Regional Hospital Division and Joe DiMaggio Children's Hospital Division. Each officer shall have one (1) vote.

2. For all hospitals, departmental representation on the Executive Committee, or in the case of Memorial Regional Hospital and Joe DiMaggio Children's Hospital, the Medical Advisory Councils, will be determined by the number of Active Staff members in each department in increments of 40. Department volumes will be calculated each May. ~~With the exception of the Memorial Regional Hospital Executive Committee, the elected Chiefs of the Departments as stated below. Each May, the number of active staff members in each Department will be recalculated to ensure proper representation at the Executive Committee.~~ For purposes of counting members, physicians who are in multiple Departments must designate one Department as their primary Department. Hospital-based Departments and Sections will only be entitled to one (1) vote as stated in subsection (3) below. ~~With the exception of Memorial Regional Hospital and Joe DiMaggio Children's Hospital, participation in the Executive Committee shall be determined as follows:~~

- 1-40 active members - Department Chief
- 41-80 active members – Vice Chief
- 81-120 active members – 1st member-at-large
- 121+ active members – 2nd member-at-large

~~For Memorial Regional Hospital and Joe DiMaggio Children's Hospital Advisory Councils, participation is as follows:~~

~~Members of the Advisory Council shall be licensed doctors of medicine or doctors of osteopathic medicine actively practicing in the respective Hospital. Each Department shall be entitled to one (1) vote on the Advisory Council for each forty (40) ~~twenty (20)~~ active members in the Department, plus one (1) vote for each fraction thereof and excluding all Department~~

members who are members of a group that has an exclusive contract with the Hospital or District to provide services. No individual on the Advisory Council shall personally cast more than two (2) votes. Each May, the number of Active Staff members in each Department will be recalculated to ensure proper representation at the Advisory Council. For purposes of counting members at the memorial Regional Hospital Division, physicians who are in multiple Departments must designate one (1) Department as their primary Department.

a. The Advisory Council of the Memorial Regional Hospital Division shall consist of the following members of the Medical Staff:

(1) The Chief of Staff, Vice Chief of Staff, and the Secretary-Treasurer of the Memorial Regional Hospital Division, each elected by the Medical Staff with the procedures described in the Bylaws. Each of the the three (3) officers of the Medical Staff shall have one (1) vote.

(2) The elected Chief of the Departments. As provided in above, each Chief of a Department with ~~1-20~~ 40 active members (excluding all Department members who are members of a group that has an exclusive contract with the Hospital or District to provide services) shall be entitled to one (1) vote and those Departments with ~~21-40~~ 41-80 active members (excluding all Department members who are members of a group that has a contract with the Hospital or District to provide services) shall be entitled to two (2) votes.

(3) Those Departments with ~~41-60~~ 81-120 and ~~61-80~~ 121-160 active members (excluding all Department members who are members of a group that has a contract with the Hospital or District to provide services) shall have its Vice Chief serve on the Advisory Council with the right to cast one (1) or two (2) votes, respectively. When Departments have over ~~80~~ 160 active members (excluding all Department members who are members of a group that has a contract with the Hospital or District to provide services), similar increments shall continue in the same ratio. The Departments shall determine how they will elect members-at-large. Members-at-large shall take office on the first day of the Medical Staff year, May 1st, and shall serve a two (2) year term. Members-at-large may serve additional terms if so elected.

b. The Advisory Council of the Joe DiMaggio Children's Hospital Division shall consist of the following members of the Medical Staff:

(1) The Chief of Staff, Vice Chief of Staff, and the Secretary-Treasurer of the Joe DiMaggio Children's Hospital Division, each elected by the Medical Staff with the procedures described in the Bylaws. Each of the three (3) officers of the Medical Staff shall have one (1) vote.

(2) The Department of Medicine will have a total number of votes equal to the total members of the Department divided by ~~30~~ 40 plus one (1) for any remainder thereof. The following will each have one of the required total votes for the Department: Chief of Medicine, Vice Chief of Medicine, representative from Radiology, a representative from Emergency Medicine, and a representative from the Neuroscience section. Additional votes to equal the total votes for the Department will be at-large positions elected by the Department of Medicine. The at-large positions shall include a representative from the Neonatal Intensive Care and a representative from the Pediatric Intensive Care if they are not so represented by virtue of another Medical Staff leadership position. The Departments will determine how they will elect members-at-large. Members-at-large shall take office on the first day of the Medical Staff year, May 1st, and shall serve a two (2) year term. Members-at-large may serve additional terms if so elected.

(3) The Department of Surgery will have a total number of votes equal to the total members of the Department divided by ~~30~~ 40 plus one (1) for any remainder thereof. The following will each have one representative of the required total votes for the Department: Chief of Surgery, Vice Chief of Surgery, representative from Anesthesiology, representative from pathology, and a representative from the Cardiovascular section. Additional votes to equal the total votes for the Department will be at-large positions elected by the Department of Surgery. The Departments will determine how they will elect members-at-large. Members-at-large shall take office on the first day of the Medical Staff year, May 1st, and shall serve a two (2) year term. Members-at-large may serve additional terms if so elected.

~~For Memorial Hospital Pembroke, each Chief of a Department with 1 to 20 active members shall be entitled to one (1) vote, and those of Departments with 21 to 40 active members shall be entitled to two (2) votes. No Chief of a Department will be entitled to more than two (2) votes on the Executive Committee. The Physician Advisory Committee shall have one (1) vote on the Executive Committee of Memorial Regional Hospital.~~

~~For those Departments with 41 to 60 and 61 to 80 active members, the Vice Chief of Staff of that Department will serve on the Executive Committee and cast one (1) or two (2) votes, respectively. When Departments have over 80 active members, similar increments shall continue in the same ratio and the remaining votes shall be distributed based on seniority.~~

~~For Memorial Hospital Miramar and Memorial Hospital West, each Chief of a Department with 1 to 40 active members shall be entitled to one (1) vote, and those of Departments with 41 to 80 active members shall be entitled to two (2) votes. No Chief of a Department will be entitled to more than two (2) votes on the Executive Committee.~~

~~For those Departments with 21 to 40 and 41 to 60 active members, the Vice Chief of Staff of that Department will serve on the Executive Committee and cast one (1) or two (2) votes, respectively. When Departments have over 60 active members, similar increments shall continue in the same ratio and the remaining votes shall be distributed based on seniority.~~

- C. The Chiefs of any hospital-based Department (Anesthesiology, Radiology, Pathology, or Emergency Medicine), shall only be entitled to one (1) vote.

The Chiefs of any hospital-based Section (Anesthesiology, Radiology, Pathology, or Emergency Medicine), shall only be entitled to one (1) vote.

- D. The following administrators shall sit on the Executive Committees and shall be ex-officio members without a vote:

For Memorial Regional Hospital, the Administrators of the Memorial Regional Hospital Division and the Joe DiMaggio Children's Hospital Division, the Chief Medical Officer, the Chief Medical Officers of the Memorial Regional Hospital Division and the Joe DiMaggio Children's Hospital Division, and other administrative staff as deemed appropriate.

For Memorial Hospital Pembroke, the Administrator, the Chief Medical Officer, the Chief Medical Officer of Memorial Hospital Pembroke, the immediate past Chief of Staff, Chief Nursing Officer, and other administrative staff as deemed appropriate.

For Memorial Hospital Miramar, the Administrator, the Chief Medical Officer, the Chief Medical Officer of Memorial Hospital Miramar, the immediate past Chief of Staff, the Chief Operating Officer/Chief Nursing Officer, and other administrative staff as deemed appropriate.

For Memorial Hospital West, the Administrator, the Chief Medical Officer, the Chief Medical Officer of Memorial Hospital West, the immediate past Chief of Staff, the Chief Nursing Officer, the Chief Financial Officer and other administrative staff as deemed appropriate, a Hospitalist, the Medical Director of Critical Care, the Medical Director for the Memorial Cancer Institute at Memorial Hospital West, and other administrative staff as deemed appropriate.

(4) Members of other Memorial Healthcare System Executive Committees may sit on an Executive Committee, other than Officers, Department Chiefs, and Vice Chiefs, and shall also be ex-officio members without a vote. Members shall be limited to sit on a maximum of two (2) Advisory Councils or Executive Committees.

(5) Specially invited guests are permitted to attend Executive Committee meetings upon the request of the Chief of Staff.

(6) At large members on the Executive Committee or an Advisory Council Advisory Council of the Memorial Regional Hospital Division or Joe DiMaggio Children's Hospital Division who represent Departments shall be elected by the active members of the Department in accordance with the procedures set forth in Section 11.3. If a vacancy occurs within a position on the Executive Committee or an Advisory Council to be filled by an at large member, the Chief of the Department shall appoint an at large member who will serve the remainder of the term.

E. The duties of the Executive Committee shall be as follows:

1. To represent and act on behalf of the Medical Staff, subject to those limitations set forth in these Bylaws;

2. To coordinate the activities and general policies of the different services;

3. To receive and act on reports of Medical Staff committees, Departments, and other assigned activity groups;

4. To implement those Medical Staff policies for which the Departments are not responsible;

5. To provide a liaison mechanism between the Medical Staff, the Administrator, and ultimately the Board;

6. To make recommendations to the Board, through the Administrator, on Hospital-management matters;

7. To fulfill the Medical Staff's responsibility to the Board by accounting for the medical care rendered to each Hospital's patients;

8. To ensure that the Medical Staff is kept abreast of the Joint Commission standards and to inform the staff of the Hospital's accreditation status;

9. To provide for the preparation of all staff meeting programs, either directly

or by delegating this responsibility to a program committee or some other individual;

10. To review the credentials of all applicants and to make subsequent recommendations regarding staff membership, assignment to Departments and delineation of clinical privileges to the Board;

11. To periodically review all available information regarding the performance and clinical competence of staff members and other practitioner's clinical privileges for making subsequent recommendations regarding reappointments and renewal of changes in clinical privileges;

12. To take all reasonable steps for ensuring competent clinical performance and professionally ethical conduct by all members of the Medical Staff, including the initiation of and/or participation in warranted corrective or review measures for the Medical Staff;

13. To provide each member of the Medical Staff with information regarding significant Executive Committee actions;

14. Review and recommend amendments to the Bylaws;

15. To make recommendations regarding the mechanism to review credentials and delineated individual clinical privileges to the Board;

16. To organize the Medical Staff performance improvement activities and establish a mechanism designed to conduct, evaluate, and revise such activities;

17. To develop the mechanism by which Medical Staff membership may be terminated;

18. To create the mechanism for hearing procedures outlined in Article 8; and

19. To make recommendations regarding the organized Medical Staff's structure.

F. **The duties of the Medical Advisory Councils at Memorial Regional Hospital and Joe Di Maggio Children's Hospital shall be as follows:**

1. To represent and act on behalf of the Medical Staff members of the application Hospital division, subject to those limitations set forth in these Bylaws;
2. To coordinate the activities and general policies of the different services;
3. To receive and act on reports of Medical Staff committees, Departments, and other assigned activity groups;
4. To implement those Medical Staff policies for which the Departments are not responsible;
5. To provide a liaison mechanism between the Medical Staff, the Executive Committee, the Administrator, and ultimately the Board;
6. To make recommendations to the Board, through the Executive Committee, and/or through the Administrator, on Hospital-management matters;
7. To fulfill the Medical Staff's responsibility to the Board by accounting for the medical care rendered to each Hospital's patients;
8. To ensure that the Medical Staff is kept abreast of the Joint Commission standards, CMS Conditions of Participation, State of Florida practitioner licensure and/or hospital licensure requirements, and the requirements of other licensure and accreditation agencies and to inform the Medical Staff of the Hospital's accreditation status;
9. To provide for the preparation of all staff meeting programs, either directly or by delegating this responsibility to a program committee or some other individual;
10. To review the credentials of all applicants and to make subsequent recommendations regarding staff membership, assignment to Departments and delineation of clinical privileges to the Executive Committee.
11. To periodically review all available information regarding the performance and clinical competence of staff members and other practitioner's clinical privileges for making subsequent
12. To take all reasonable steps for ensuring competent clinical performance and professionally ethical conduct by all members of the Medical Staff, including the initiation of and/or participation in warranted corrective or review measures for the medical Staff;
13. To provide each member of the Medical Staff with information regarding significant Executive Committee actions;

14. Review and recommend amendments to the Bylaws;
15. To make recommendations regarding the mechanism to review credentials and delineated individual clinical privileges to the Executive Committee;
16. To organize the Medical Staff performance improvement activities and establish a mechanism designed to conduct, evaluate, and revise such activities;
17. To develop the mechanism by which Medical Staff membership may be terminated and report it to the Executive Committee;
18. To represent and act on behalf of the Medical Staff, subject to those limitations set forth in these Bylaws:
19. To create the mechanism for hearing procedures outlined in Article 8; and
20. To make recommendations regarding the organized medical Staff's structure to the Executive Committee.

Memorial Healthcare System

Financial Reports for March 2023

April 26, 2023
Board Meeting





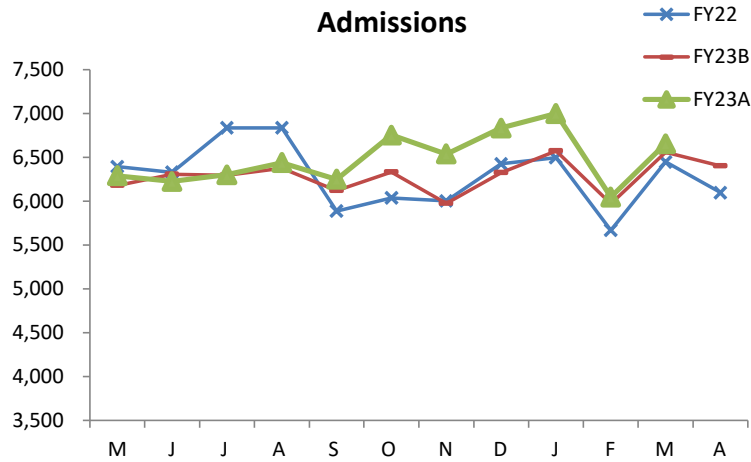
Memorial Healthcare System - Executive Summary - MTD March 2023

- Inpatient Revenue was above budget due to higher inpatient volumes, including 1.5% higher admissions, 4.3% higher patient days, and 2.3% higher inpatient surgeries
- Outpatient Revenue was above budget due to 18.4% higher emergency department visits, 27.6% higher observation discharges, 19.1% higher outpatient surgeries, and 11.4% higher outpatient visits
- Net Revenue of \$259.6M was above the budget of \$237.8M, and Income from Operations of \$16.8M was higher than the budget of \$10.0M
- Excess of Revenues over Expenses was \$56.7M, including an Unrealized Gain of \$33.8M, compared with the budgeted Excess of Revenues over Expenses of \$10.5M



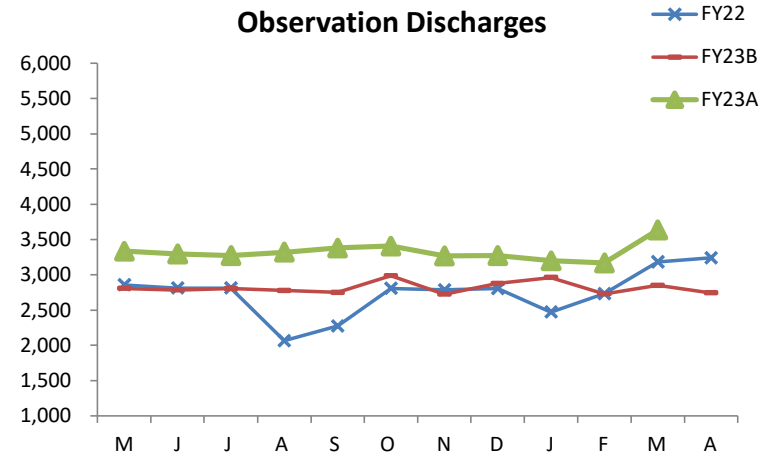
Memorial Healthcare System - Consolidated Volumes - March 2023

Admissions



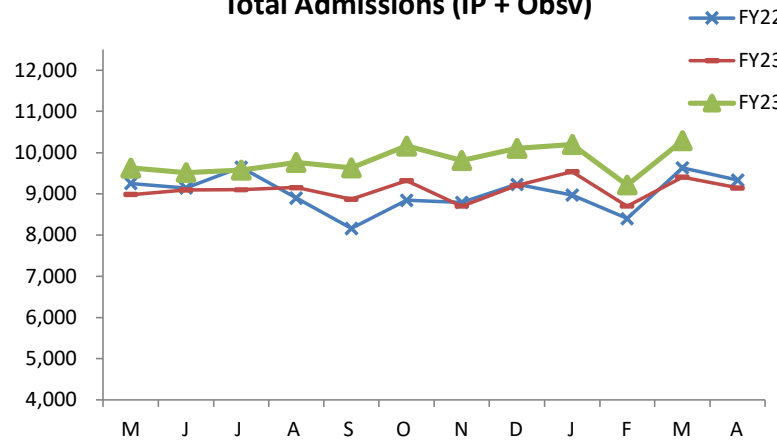
	<u>FY23A</u>	<u>FY23B</u>	<u>FY22</u>	<u>vs FY23B</u>	<u>vs FY22</u>
MTD:	6,653	6,557	6,446	1.5%	3.2%
YTD:	71,319	69,000	69,351	3.4%	2.8%

Observation Discharges



	<u>FY23A</u>	<u>FY23B</u>	<u>FY22</u>	<u>vs FY23B</u>	<u>vs FY22</u>
MTD:	3,636	2,849	3,183	27.6%	14.2%
YTD:	36,564	31,047	29,611	17.8%	23.5%

Total Admissions (IP + Obsv)

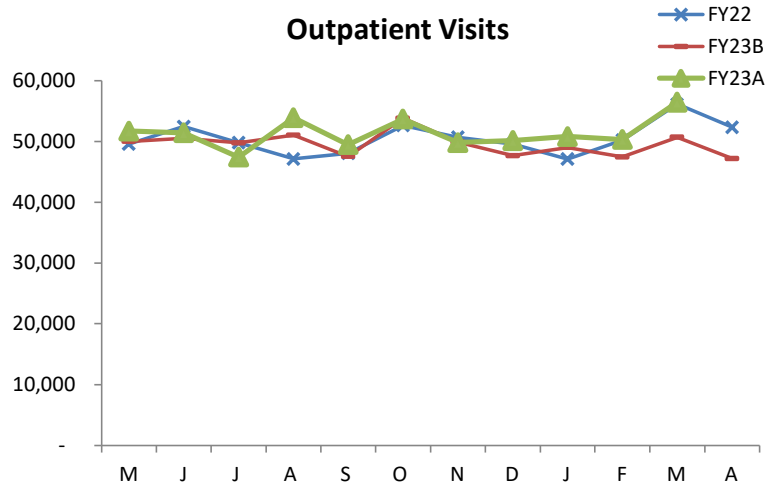


	<u>FY23A</u>	<u>FY23B</u>	<u>FY22</u>	<u>vs FY23B</u>	<u>vs FY22</u>
MTD:	10,289	9,406	9,629	9.4%	6.9%
YTD:	107,883	100,047	98,962	7.8%	9.0%



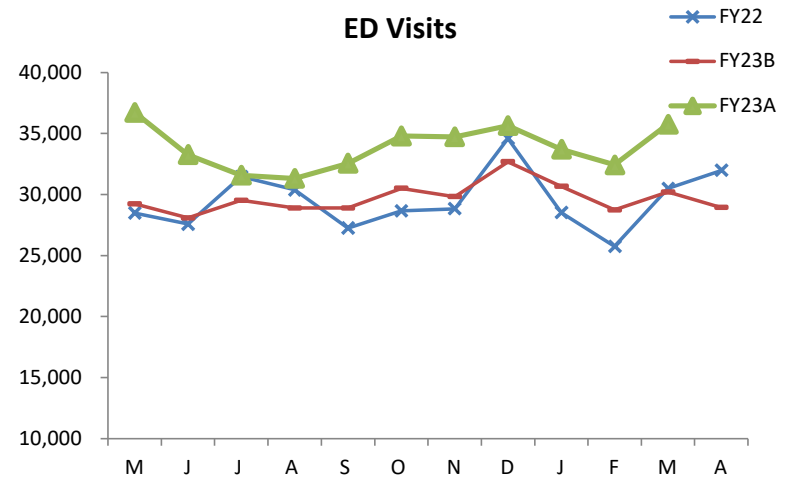
Memorial Healthcare System - Consolidated Volumes - March 2023

Outpatient Visits



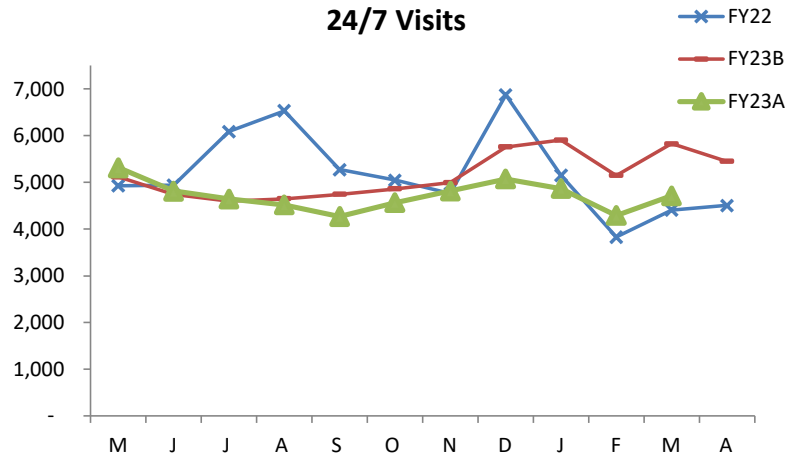
	<u>FY23A</u>	<u>FY23B</u>	<u>FY22</u>	<u>vs FY23B</u>	<u>vs FY22</u>
MTD:	56,434	50,654	56,135	11.4%	0.5%
YTD:	565,061	547,294	553,247	3.2%	2.1%

ED Visits



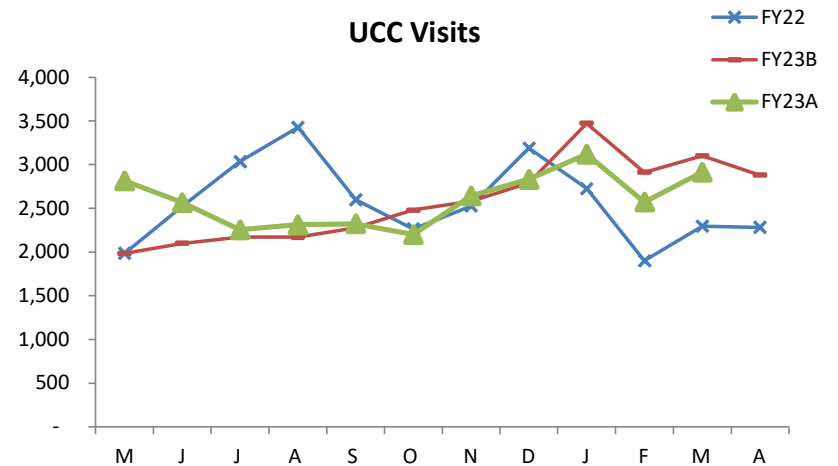
	<u>FY23A</u>	<u>FY23B</u>	<u>FY22</u>	<u>vs FY23B</u>	<u>vs FY22</u>
MTD:	35,753	30,199	30,493	18.4%	17.2%
YTD:	372,471	327,171	321,992	13.8%	15.7%

24/7 Visits



	<u>FY23A</u>	<u>FY23B</u>	<u>FY22</u>	<u>vs FY23B</u>	<u>vs FY22</u>
MTD:	4,715	5,827	4,408	-19.1%	7.0%
YTD:	51,885	56,346	57,824	-7.9%	-10.3%

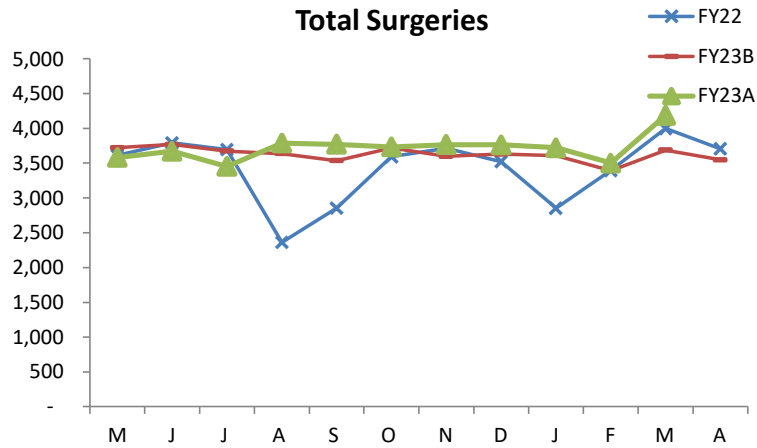
UCC Visits



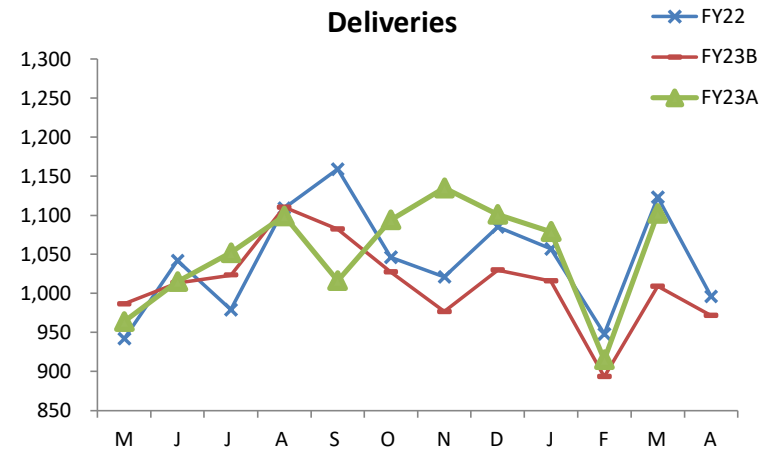
	<u>FY23A</u>	<u>FY23B</u>	<u>FY22</u>	<u>vs FY23B</u>	<u>vs FY22</u>
MTD:	2,913	3,100	2,297	-6.0%	26.8%
YTD:	28,559	28,038	28,475	1.9%	0.3%



Memorial Healthcare System - Consolidated Volumes and Payor Mix - March 2023

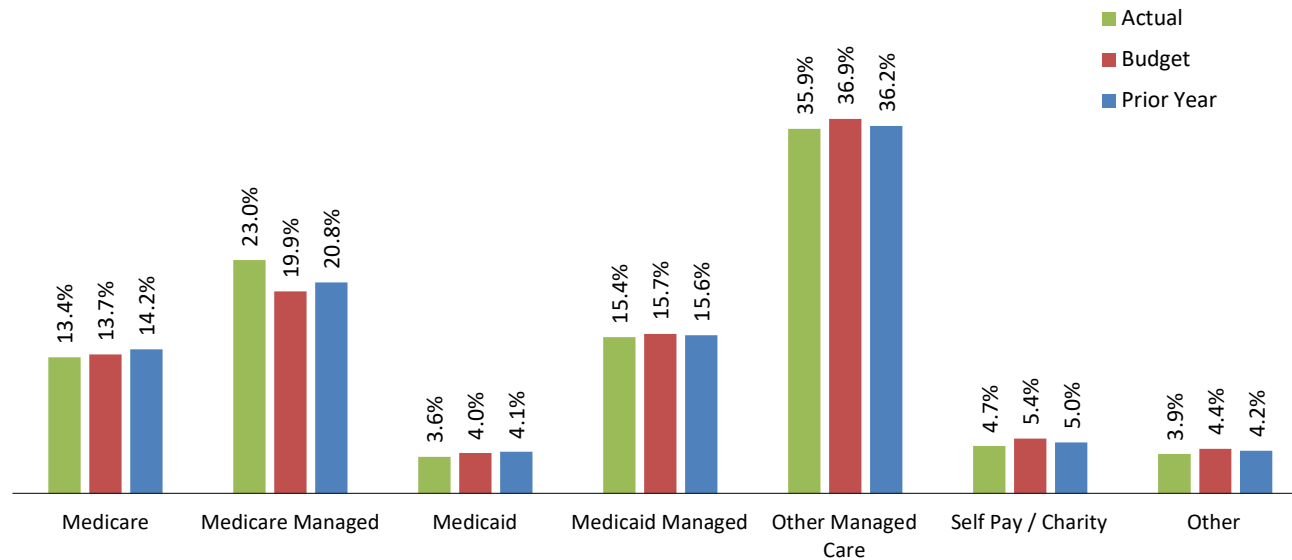


	<u>FY23A</u>	<u>FY23B</u>	<u>FY22</u>	<u>vs FY23B</u>	<u>vs FY22</u>
MTD:	4,185	3,688	3,996	13.5%	4.7%
YTD:	40,921	39,962	37,372	2.4%	9.5%



	<u>FY23A</u>	<u>FY23B</u>	<u>FY22</u>	<u>vs FY23B</u>	<u>vs FY22</u>
MTD:	1,102	1,009	1,123	9.2%	-1.9%
YTD:	11,572	11,167	11,511	3.6%	0.5%

Payor Mix (Gross Revenue) - YTD





Memorial Healthcare System - Operating Statement - March 2023

	Variance		Month to Date				\$ thousands	Year to Date			Variance	
	vs PY	vs Budget	Prior Year	Budget	Actual			Actual	Budget	Prior Year	vs Budget	vs PY
A	19.6%	0.5%	658,608	783,203	787,387	Inpatient Revenue	8,276,566	8,563,234	7,834,375	(3.3%)	5.6%	
B	11.6%	13.0%	671,543	662,739	749,180	Outpatient Revenue	7,436,477	7,105,059	6,517,474	4.7%	14.1%	
C	15.5%	6.3%	1,330,151	1,445,942	1,536,567	Total Patient Revenue	15,713,043	15,668,293	14,351,849	0.3%	9.5%	
D	9.8%	8.7%	1,114,329	1,126,221	1,223,697	Contractual Allowances	12,398,408	12,245,362	11,208,313	1.2%	10.6%	
E	(13.3%)	(27.5%)	66,366	79,317	57,509	Charity Care	672,565	846,604	728,050	(20.6%)	(7.6%)	
F	>100%	(16.1%)	(77,917)	20,784	17,433	Provision for Bad Debt	222,211	225,061	79,858	(1.3%)	>100%	
G	17.8%	5.9%	1,102,778	1,226,322	1,298,639	Total Deductions	13,293,184	13,317,028	12,016,222	(0.2%)	10.6%	
H	4.6%	8.3%	227,373	219,620	237,928	Net Patient Revenue	2,419,859	2,351,265	2,335,628	2.9%	3.6%	
I	40.5%	29.8%	4,190	4,536	5,887	Disproportionate Share Distributions	62,721	49,201	46,322	27.5%	35.4%	
J	19.4%	15.7%	13,252	13,673	15,817	Other Operating Revenue	165,887	164,658	157,061	0.7%	5.6%	
K	24.4%	19.2%	17,443	18,209	21,704	Total Other Operating Revenue	228,608	213,859	203,383	6.9%	12.4%	
L	6.1%	9.2%	244,816	237,829	259,632	Net Revenue	2,648,467	2,565,124	2,539,011	3.2%	4.3%	
M	1.0%	10.8%	121,713	111,037	122,982	Salaries & Wages	1,315,569	1,265,737	1,199,913	3.9%	9.6%	
N	29.9%	(6.9%)	10,197	14,227	13,243	Employee Benefits	167,129	159,538	139,630	4.8%	19.7%	
O	16.5%	(7.4%)	4,369	5,494	5,088	Professional Fees	59,766	60,815	53,062	(1.7%)	12.6%	
P	11.4%	10.2%	47,132	47,639	52,493	Supplies Expense	518,419	524,495	495,449	(1.2%)	4.6%	
Q	(13.6%)	4.0%	29,106	24,186	25,162	Purchased Services	279,319	268,794	277,077	3.9%	0.8%	
R	(4.1%)	(7.2%)	7,680	7,938	7,364	Facilities Expense	72,493	85,488	74,561	(15.2%)	(2.8%)	
S	9.6%	12.9%	9,065	8,801	9,937	Depreciation & Amortization	99,537	84,752	82,063	17.4%	21.3%	
T	(18.2%)	(22.4%)	8,067	8,507	6,598	Other Operating Expense	100,597	102,107	100,982	(1.5%)	(0.4%)	
V	2.3%	6.6%	237,329	227,829	242,867	Total Expenses	2,612,829	2,551,726	2,422,737	2.4%	7.8%	
W	>100%	67.7%	7,487	10,000	16,765	Income/(Loss) from Operations	35,638	13,398	116,274	>100%	(69.3%)	
X	N/A	N/A	-	-	-	Tax Revenue	-	-	-	N/A	N/A	
Y	2.4%	3.3%	(2,590)	(2,615)	(2,529)	Interest Expense	(29,845)	(28,763)	(32,445)	(3.8%)	8.0%	
Z	>100%	N/A	(27,613)	-	33,837	Unrealized Gain/(Loss)	(8,623)	-	(108,044)	N/A	92.0%	
AA	52.5%	>100%	5,639	3,079	8,602	Investment & Other	43,987	34,330	49,343	28.1%	(10.9%)	
AB	>100%	>100%	(24,564)	464	39,910	Total Non Operating Revenue/(Loss)	5,520	5,567	(91,147)	(0.8%)	>100%	
AC	>100%	>100%	(\$17,076)	\$10,464	\$56,675	Excess/(Deficit) of Revenues over Expenses	\$41,157	\$18,965	\$25,126	>100%	63.8%	
AD	59.4%	61.7%	\$22,192	\$21,879	\$35,372	EBITDA	\$180,053	\$132,480	\$247,680	35.9%	(27.3%)	



Memorial Healthcare System - Operating Statement - MTD March 2023

\$ thousands	Month to Date		Variance	
	Actual	Budget	vs Budget	
A Inpatient Revenue	787,387	783,203	4,184	Higher admissions, patient days, and inpatient surgeries
B Outpatient Revenue	749,180	662,739	86,441	Higher emergency department visits, observation discharges, outpatient surgeries, and outpatient visits
C Total Patient Revenue	1,536,567	1,445,942	90,625	
D Total Deductions	1,298,639	1,226,322	72,317	
E Net Patient Revenue	237,928	219,620	18,308	Higher gross revenue impact from higher volumes and Humana settlement
F Total Other Operating Revenue	21,704	18,209	3,495	Higher Disproportionate Share revenue, retail pharmacy revenue due to volume, and higher MHN infrastructure fees
G Net Revenue	259,632	237,829	21,803	
H Salaries & Wages	122,982	111,037	11,945	Higher labor costs related to staffing to higher volumes and rate adjustments, partially offset by lower incentive payments
I Employee Benefits	13,243	14,227	(985)	Lower employee medical and dental claims, partially offset by higher FICA due to higher salaries
J Professional Fees	5,088	5,494	(405)	Lower physician fees due to timing, partially offset by higher consulting fees related to service line support
K Supplies Expense	52,493	47,639	4,854	Higher medical and surgical supplies, lab reagents, implants, and drug purchases due to external contracting pharmacy and higher volume, especially in surgical and procedural areas
L Purchased Services	25,162	24,186	976	Higher reference lab, laundry processing, security services, and other purchased outside services, partially offset by lower purchased outside labor
M Facilities Expense	7,364	7,938	(574)	Lower rent due to new leasing standard GASB 87 implementation, partially offset by higher costs related to Joint Commission preparations, and higher electricity
N Depreciation & Amortization	9,937	8,801	1,136	Adjustment to record a new leasing standard GASB 87 implementation
O Other Operating Expense	6,598	8,507	(1,909)	Lower professional liability expenses (annual malpractice adjustment to reflect actuarial analysis), partially offset by higher advertising, shared savings distribution expenses, and recruitment expenses for nurses
P Total Expenses	242,867	227,829	15,038	
Q Income/(Loss) from Operations	16,765	10,000	6,765	
R Total Non Operating Revenue/(Loss)	39,910	464	39,446	Unrealized investment gains and higher realized investment income
S Excess/(Deficit) of Revenues over Expenses	56,675	10,464	46,210	



Memorial Healthcare System - Operating Statement - YTD March 2023

\$ thousands	Year to Date		Variance	
	Actual	Budget	vs Budget	
A Inpatient Revenue	8,276,566	8,563,234	(286,668)	Due to a decrease in COVID Inpatient cases and acuity, revenue was lower for pharmacy and respiratory therapy, partially offset by higher overall inpatient volume
B Outpatient Revenue	7,436,477	7,105,059	331,418	Higher emergency department visits and observation discharges
C Total Patient Revenue	15,713,043	15,668,293	44,750	
D Total Deductions	13,293,184	13,317,028	(23,844)	
E Net Patient Revenue	2,419,859	2,351,265	68,594	Higher Directed Payment Program due to extension of the Public Health Emergency, Public Hospital Physician revenue recognition, and Medicare Cost Report settlement, partially offset by lower inpatient revenue due to a decrease in COVID IP cases and acuity
F Total Other Operating Revenue	228,608	213,859	14,749	Higher Disproportionate Share revenue, higher MHN infrastructure fees, higher retail pharmacy, and higher shared savings revenue, partially offset by lower specialty pharmacy fill volumes
G Net Revenue	2,648,467	2,565,124	83,342	
H Salaries & Wages	1,315,569	1,265,737	49,832	Higher staffing due to higher volumes and replacement of contract labor, and higher incentive pay
I Employee Benefits	167,129	159,538	7,591	Higher pension expenses due to decrease in pension asset value, and higher FICA due to higher salaries, partially offset by lower employee medical and dental expenses, and admin fees
J Professional Fees	59,766	60,815	(1,050)	Lower specialty physician fees, partially offset by higher consultant and legal fees
K Supplies Expense	518,419	524,495	(6,076)	Lower COVID-related pharmacy purchases, partially offset by higher implants, medical and surgical supplies, and lab reagents due to volume and price increases
L Purchased Services	279,319	268,794	10,525	Higher laundry processing, reference lab, security, coding services, collection fees, billing services, and ambulance fees, partially offset by lower purchased outside labor
M Facilities Expense	72,493	85,488	(12,996)	Lower rent due to new leasing standard GASB 87 implementation, lower repair and maintenance expenses due to project timing, partially offset by higher gas and fuel expenses as well as higher telecommunication services
N Depreciation & Amortization	99,537	84,752	14,785	Adjustment to record a new leasing standard GASB 87 implementation
O Other Operating Expense	100,599	102,107	(1,508)	Lower professional liability expenses and lower equipment rentals due to new leasing standard GASB 87 implementation, partially offset by higher advertising expenses and recruitment expenses
P Total Expenses	2,612,829	2,551,726	61,103	
Q Income/(Loss) from Operations	35,637	13,398	22,239	
R Total Non Operating Revenue/(Loss)	5,520	5,567	(47)	Unrealized investment losses, partially offset by higher realized investment gains, and higher interest debt and bond premiums
S Excess/(Deficit) of Revenues over Expenses	41,157	18,965	22,192	



Memorial Healthcare System - Consolidated Balance Sheet and Key Indicators - March 2023

\$ thousands	03/31/2023	02/28/2023	4/30/2022
A CASH AND INVESTMENTS	\$ 2,390,622	\$ 2,429,953	\$ 2,551,218
B PATIENT ACCOUNTS RECEIVABLE (NET)	348,321	336,050	320,357
C RESTRICTED ASSETS AND ASSETS WHOSE USE IS LIMITED	92,892	91,513	178,489
D CAPITAL ASSETS (NET)	1,198,807	1,189,499	1,044,524
E OTHER ASSETS AND DEFERRED OUTFLOWS	469,077	461,294	329,528
F TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 4,499,719	\$ 4,508,309	\$ 4,424,116
G CURRENT LIABILITIES	\$ 464,393	\$ 516,160	\$ 563,072
H LONG TERM DEBT	897,111	897,293	911,503
I ESTIMATED CLAIMS LIABILITY	31,483	35,769	30,549
J OTHER NON-CURRENT LIABILITIES AND DEFERRED INFLOWS	311,815	321,657	169,509
K TOTAL LIABILITIES AND DEFERRED INFLOWS	1,704,802	1,770,879	1,674,633
L NET POSITION	2,794,917	2,737,431	2,749,483
M LIABILITIES, NET POSITION AND DEFERRED INFLOWS	\$ 4,499,719	\$ 4,508,309	\$ 4,424,116
N DAYS CASH ON HAND	321.9	327.6	366.4
O CASH TO DEBT (%)	251.4	255.2	287.4
P NET DAYS IN AR	43.0	43.0	47.0
Q DEBT TO NET POSITION RATIO	0.34	0.35	0.32
R DEBT TO CAPITALIZATION	0.25	0.26	0.24
S DEBT TO CASH FLOW	5.05	5.42	3.52
T MADS* COVERAGE	4.08	3.81	5.39

* MAXIMUM ANNUAL DEBT SERVICE



MEMORIAL REGIONAL HOSPITAL | MEMORIAL REGIONAL HOSPITAL SOUTH | JOE DIMAGGIO CHILDREN'S HOSPITAL
MEMORIAL HOSPITAL WEST | MEMORIAL HOSPITAL MIRAMAR | MEMORIAL HOSPITAL PEMBROKE

LEGAL DEPARTMENT MEMORANDUM

TO: South Broward Hospital District Board of Commissioners & K. Scott Wester,
President and Chief Executive Officer, MHS

FROM: Frank P. Rainer, Senior Vice President and General Counsel

SUBJECT: Exempt Public Records & List of Closed Meetings – 1st Quarter, 2023

DATE: April 21, 2023

Section 395.3035, Florida Statutes creates certain exemptions from the public records laws, including but not limited to exemptions for trade secrets, managed care, and strategic planning. Section (9)(a) of the Statute requires the Hospital District to report to the governing board on those confidential records that have been requested but withheld or redacted in the preceding quarter based on the exemptions afforded under Section 395.3035. The attached PDF contains all the requests for public records received for the period covering January 1, 2023 through March 31, 2023. There were no requests from the first quarter of 2023 for which documents were withheld or redacted pursuant to Section 395.3035, Florida Statutes.

Further, Section 395.3035(9)(b), Florida Statutes, requires the Hospital District to report to the governing board on meetings or portions of a meeting that were closed under the provisions of this section. There were no closed meetings during this reporting period of January 1, 2023 through March 31, 2023.

If you have any questions, please do not hesitate to contact me.



MEMORIAL REGIONAL HOSPITAL • MEMORIAL REGIONAL HOSPITAL SOUTH • JOE DIMAGGIO  CHILDREN'S HOSPITAL
MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL MIRAMAR • MEMORIAL HOSPITAL PEMBROKE

April ____, 2023

Governor Ron DeSantis
State of Florida, Office of the Governor
The Capitol
400 S. Monroe St.
Tallahassee, FL 32399-0001

RE: South Broward Hospital District d/b/a Memorial Healthcare System
Reporting of Denied Public Records Requests & Closed Meetings

Dear Governor DeSantis:

Please accept this letter for the purpose of the South Broward Hospital District d/b/a Memorial Healthcare System's reporting obligation, pursuant to section 395.3035(9)(a) Fla. Stat. for the period January 1, 2023 through March 31, 2023. Memorial reports the following:

1. Public Records – There were no public records requests in which public records were withheld pursuant to Section 395.3035, Florida Statutes during the quarter.
2. Closed Meetings – There were no meetings or portions of meetings that were closed under the provisions of Section 395.3035(4)(a), Florida Statutes.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Frank P. Rainer
Senior Vice President & General Counsel

3111 Stirling Road / Fort Lauderdale, FL 33312 / 954-265-5933 / MHS.net

South Broward Hospital District

PRR CHART 2023

TyMetrix Matter#	Date of PRR	Received Date	Individual name	Vendor Name	Items Requested	Cost	Date Funds Received	Status	Response Date	Objections/Redactions
4645	4/20/2023	4/20/2023	Lori A. Brown	Law Office Robert S. Tanner	<p>MHS Urgent Care Center project. The contact person for the project is Rebecca Smith in Hollywood, Florida.</p> <p>THIS REQUEST IS LIMITED TO:</p> <ol style="list-style-type: none"> 1. All documents relating to payments requested by Contractor after October 1, 2022, including such documents relating rejecting Contractor's applications for payment or otherwise withholding payments requested by Contractor, including <ol style="list-style-type: none"> a. All applications for payment; b. Documents showing actions taken by You and/or Your consultants on each application for payment submitted by Contractor; c. communications sent to and/or received from Contractor; d. communications sent to and/or received from Your consultants on the Project; and, e. communications internally between Your personnel (excluding attorney-client protected communications). 2. All schedules for the project and schedule updates and revisions. 3. All notices of default, responses thereto, and related communications. 4. All requests for extensions submitted by Contractor. 5. All notices of nonpayment received by you. 6. Each prime contract, including Your contract with Gerrits Construction, Inc. 7. All minutes of meetings after October 1, 2022. 8. All punch lists and related communications. 9. All bonds. 			Open	4-21-23 Acknowledge- ment email sent to Requestor	

PRR CHART 2023

TyMetrix Matter#	Date of PRR	Received Date	Individual name	Vendor Name	Items Requested	Cost	Date Funds Received	Status	Response Date	Objections/Redactions
4634	4/10/2023	4/11/2023	Andrew Ellenberg		copy of all contracts and agreements between the SBHD and: Sarah Plourde; All Women's Healthcare, Inc.			Open	4-11-23 Acknowledgement email sent to Requestor	
4622	4/7/2023	4/7/2023	Mitchell J. Burnstein	Weiss Serota Helfman Cole + Bierman, P.A.	An agreement for legal services of any type between Memorial Healthcare System (or a subsidiary or related entity such as the South Broward Hospital District) and Robert A. Schreiber, Robert A. Schreiber, P.A., Robert A. Schreiber, Esq., and / or Tobin & Schreiber, PLLC.			Open	4-7-23 Acknowledgement email sent to Requestor	
4620	3/30/2023	3/30/2023	Andrew Ellenberg		Adverse Event Monitoring Please kindly provide all information created, from 2017-present, pursuant to "Protocol – MRH MBSAQIP Standard 7.1 Adverse Event Monitoring"			Open	3-31-23 Acknowledgement email sent to Requestor	
4612	3/27/2023	3/27/2023	Haus Onfyre		District Indemnificatin Policies 1. Any indemnification policy or other writing providing details related to the District and its indemnification of officers, employees, board members and/or agents. To the extent indemnification policies have changed, please provide the policy/written guidelines/documents reflecting the process in place in 2014 and any revised policies/written guidelines/processes in place reflecting subsequent changes. Please include all metadata associated with requested documents when providing documents. 2. Any indemnification policy/written guidelines/documents reflecting the process presently in place. Please include all metadata associated with requested documents when providing documents.			Open	3-27-23 Acknowledgement email sent to Requestor	

PRR CHART 2023

TyMetrix Matter#	Date of PRR	Received Date	Individual name	Vendor Name	Items Requested	Cost	Date Funds Received	Status	Response Date	Objections/Redactions
4611	3/27/2023	3/27/2023	Haus Onfyre		<p>Lawsuits/Corres from 2018, PRR's from 2015</p> <ol style="list-style-type: none"> 1. All public records requests received related to any lawsuit known by the person responding to the request at the time or now to be related to any lawsuit from 2018 to the present, and any related correspondence between the requestor and the District's responder. 2. All public records requests received from 2015 to the present. 3. To the extent the District maintains a log of public records requests, a copy of that complete log from 2015 to the present. 4. A list of the search words and identification of mailboxes searched to find the requested documents. 			Open	3-28-23 Acknowledge- ment email sent to Requestor	
4610	3/23/2023	3/23/2023	Haus Onfyre		<p>Board's Annual Budget, Expenses, 2023 Minutes & Audio - Election, CEO Info.</p> <ol style="list-style-type: none"> 1. The annual budget of the board of directors, including line items & information regarding actual general expenditures & specific expenditures by individual directors for the last 10 years. Any submissions for reimbursement by Board of Director members & any Director requests for payment for events for any director to attend or for charity contributions to be made. 2. Documents showing requests by Directors for payment to profit or non-profits, including community contributions to charity, & what was paid for the last 10 years. 3. All info. gathered regarding the current CEO prior to his selection. 4. Audio & minutes of 2023 Board election meeting 			Open	3-27-23 Acknowledge- ment email sent to Requestor	

PRR CHART 2023

TyMetrix Matter#	Date of PRR	Received Date	Individual name	Vendor Name	Items Requested	Cost	Date Funds Received	Status	Response Date	Objections/Redactions
4609	3/23/2023	3/23/2023	Haus Onfyre		Retention Policy/Joint Commission Survey 1. Your current public records retention policy. 2. The last written report provided by Joint Commission after its most recent survey showing outcome and any follow up documentation to or from Joint Commission.			Open	3-27-23 Acknowledge ment email sent to Requestor	
4607	3/15/2023	3/15/2023	Weikel Lowe	The KLK Law Firm	Any and all documents, including emails, between Jose Basulto, Kimarie Stratos , Matt Muhart, Frank Sacco and/or Aurelio Fernandez regarding the possibility of including board members and/or Jose Basulto in the District's group health insurance and the legality of same.			Open	3-16-23 Acknowledge- ment email sent to Requestor	

PRR CHART 2023

TyMetrix Matter#	Date of PRR	Received Date	Individual name	Vendor Name	Items Requested	Cost	Date Funds Received	Status	Response Date	Objections/Redactions
4517	1/11/2023	1/11/2023	Julie Selesnick	Berger Montague	1. All documents which detail the contracted negotiated rates for health services or supplies, including contracts with insurers or third-party administrators. 2. All documents which reflect any communications or agreements between you and any third-party credit or financing companies including any and all contracts. 3. All documents which reflect any communications or agreements between you and any third-party debt collector. 4. All Form 990s filed with the Internal Revenue Service from year 2017 to present with all supporting documentation regarding your provision of charity care under I.R.C. 501(r).			Open	1-12-2023 Acknowledgement email sent to Requestor	

PRR CHART 2023

TyMetrix Matter#	Date of PRR	Received Date	Individual name	Vendor Name	Items Requested	Cost	Date Funds Received	Status	Response Date	Objections/Redactions
4517 PARTII			Julie Selesnick Part II							

PRR CHART 2023

TyMetrix Matter#	Date of PRR	Received Date	Individual name	Vendor Name	Items Requested	Cost	Date Funds Received	Status	Response Date	Objections/Redactions
4545	2/16/2023	2/16/2023	Andrew Ellenberg		<p>PRR: copies of all rules, regulations, policies, procedures, standards and guidelines for the bariatric surgery service. PRR rules, regulations, policies, procedures, standards and guidelines for Memorial Weight-Loss Surgery Program;PRR contracts and agreements with Jeremy Gallego Eckstein.</p> <p>SUPPLEMENTAL REQUEST -3-30-23 Please kindly provide all information created, from 2017-present, pursuant to “Protocol – MRH MBSAQIP Standard 7.1 Adverse Event Monitoring”.</p>	\$22.50 \$26.25	22.50 26.25	Open	<p>2-16-23 Acknowledgement email sent to requestor 3-30-23 Response sent to Requestor via email</p> <p>Supplemental Rqst. 3-30-23 Acknowledgement email sent to requestor</p>	
4621	3/29/2023	3/29/2023	Patricia Manarin	Deltek, Inc	<p>Pet Insurance Documents associated with: Project Title: Healthcare System with voluntary Pet Insurance Plan Bid Number: Unknown Posting Date: 3/27/2023</p>	N/A		Closed	<p>3-31-23 Acknowledgement email sent to Requestor 4-12-23 Response sent to Requestor via email</p>	

PRR CHART 2023

TyMetrix Matter#	Date of PRR	Received Date	Individual name	Vendor Name	Items Requested	Cost	Date Funds Received	Status	Response Date	Objections/Redactions
4587	3/8/2023	3/8/2023	Andrew Ellenberg		<p>Envision Healthcare Complete copy of all contracts and agreements with Envision Healthcare, Envision Physician Services, and any other Envision entity for the provision of obstetrical care, and the provision of maternal-fetal care, including all addenda and endorsements by physicians, allied healthcare providers, nurse practitioners, midwives and nurses, in 2022</p>	\$ 4.12	4.12	Closed	3-9-23 Acknowledgement email sent to Requestor	
4608	3/24/2023	3/24/2023	Cody Brumgard	Open Minds	<p>SOLICITATION NUMBER: RFP-29-0-2022/KV SOLICITATION TITLE: Florida Seeks Case Management Utilization Review Services SOLICITATION DUE DATE: January 16, 2023 Name, contact person, mailing address, e-mail address, and telephone number of the organization(s) awarded a Contract as a result of this solicitation Contract award date, award period, & award amount List of additional organizations that responded to this RFP copy of the contract, a copy of the winning proposal, and a list of the additional organizations that bid</p>			Closed	3-27-23 Acknowledgement email sent to Requestor 3-27-23 Response sent to Requestor via email	

PRR CHART 2023

TyMetrix Matter#	Date of PRR	Received Date	Individual name	Vendor Name	Items Requested	Cost	Date Funds Received	Status	Response Date	Objections/Redactions
4562	2/22/2023	2/22/2023	Joshua Solano		All information over the last 10 years related to the emergency medicine contract & the salary information for emergency medicine physicians/midlevels in the memorial system			Closed	2-23-23 Acknowledgement email sent to Requestor	
4561	2/22/2023	2/22/2023	Andrew Ellenberg		complete copy of all contracts and agreements with all people and entities who/which provide emergency medicine services at Memorial Health System in 2022.	\$5.66	3/16/2023	Closed	2-22-23 Acknowledgement email sent to Requestor 3-16-23 Response sent to Requestor via email	
4543	2/16/2023	2/16/2023	Janine Montes	Lieberman Cabrera Thompson & Reitman, PLLC	1. Any and all contracts between Michael Cortelli, M.D. and South Broward Hospital District, dlb/a Memorial Hospital Miramar that were in effect in 2019, 2020, 2021, 2022, or 2023. 2. Any and all contracts between South Broward Hospital District, dlb/a Memorial Hospital Miramar and any Professional Association wherein Michael Cortelli, M.D., is a member, manager and/or director that were in effect in 2019, 2020, 2021, 2022, or 2023. 3. Please provide the total compensation paid by South Broward Hospital District, dlb/a Memorial Hospital Miramar to Michael Cortelli, M.D. in 2019, 2020, 2021, and 2022. 4. Please state the annual salary for Michael Cortelli, M.D., for 2019, 2020, 2021, and 2022.	N/A		Closed	2-16-23 Acknowledgement email sent to requestor 3-16-23 Response sent to Requestor via email	
4546	2/16/2023	2/16/2023	Julia Piotrowski	AON Public Sector Partnership	The Investment Advisory RFP for the South Broward Hospital District.	N/A		Closed	2-17-23 Acknowledgement & Response email sent to requestor	

PRR CHART 2023

TyMetrix Matter#	Date of PRR	Received Date	Individual name	Vendor Name	Items Requested	Cost	Date Funds Received	Status	Response Date	Objections/Redactions
4541	2/15/2023	2/15/2023	Patricia Manarin	Deltek, Inc	Project Title: INVESTMENT ADVISORY Bid Number: Unknown Posting Date: 2/13/2023	N/A		Closed	2-15-23 Acknowledgement email sent to requestor 2-16-23 Response sent to Requestor via email	
4520	1/17/2023	1/17/2023	Weikel Lowe	The KLK Law Firm	1. All audio recordings, and minutes for the Board of Commissioners meetings for 2022. 2. All the legal department minutes in 2022. 3. Any minutes pertaining to ongoing litigation claiming any exception(s) to the Sunshine law, including but not limited to date, time and confirmation that a court reporter was present.			Closed	1-18-23 Acknowledgement email sent to requestor	

PRR CHART 2023

TyMetrix Matter#	Date of PRR	Received Date	Individual name	Vendor Name	Items Requested	Cost	Date Funds Received	Status	Response Date	Objections/Redactions
4518	1/12/2023	1/12/2023	Mike Diaz		electronic copies of any management consulting or technology consulting contract entered into by the District since January 1, 2021 in excess of \$500,000 in aggregate contract value.			Closed	1-13-2023 Acknowledgement email sent to requestor	
4511	1/4/2023	1/4/2023	Kristi Upton	Acme Research	Public spending information, including both capital & operating expenditures, for payments made by or on behalf of MHS during fiscal year 2022. Specifically, for any payee, other than an employee, that was paid a cumulative total amount of \$10,000 or more, we seek the payee name, address, and the cumulative total dollar amount paid to the subject payee over the relevant time period.	\$ 150.00	1/19/2023	Closed	1-4-2023 Acknowledgement email sent to Requestor 1-20-23 Response sent to Requestor via email	

RESOLUTION NO. 485

A RESOLUTION OF THE BOARD OF COMMISSIONERS (“BOARD”) OF SOUTH BROWARD HOSPITAL DISTRICT D/B/A MEMORIAL HEALTHCARE SYSTEM, AN INDEPENDENT SPECIAL DISTRICT, (THE “DISTRICT”). THE BOARD AS A BODY CORPORATE, GOVERNMENTAL AND AS OTHERWISE AUTHORIZED BY LAW OF THE DISTRICT, DO HEREBY ADOPT THE FOLLOWING RESOLUTIONS BOARD OF COMMISSIONERS OF THE DISTRICT, AND STATE AS FOLLOWS:

RECITALS

WHEREAS, at a duly and properly noticed, as certified by General Counsel, a Building Committee Meeting, was held on April 14, 2023, at which management presented for the Board’s approval a contract to acquire the real estate which contract is attached hereto as Exhibit “A” (the “Contract”)

WHEREAS, at the meeting, various executives and employees of the District presented to the Board, their analysis of the contract terms and results of the due diligence that has been conducted to date as to the real estate acquisition transaction which is the subject matter of the Contract.

WHEREAS, after being presented with an analysis of the title and survey matters concerning the property, an appraisal of the property, and other due diligence matters as communicated by executives and other employees of the District, the Board duly considered, discussed and after determining that the acquisition of such real estate is proper and expedient, and necessary for the use of the District, adopted the following resolutions.

_____, moved to adopt the following resolutions, which was seconded by _____. Upon vote of _____, the following resolutions were adopted:

RESOLVED, that the District be and is hereby authorized and directed to enter into, execute, proceed forward and deliver any and all agreements and documents necessary or desirable to effect the purchase by the District of that certain real property having a street address of 10175 Pines Boulevard, Pembroke Pines, Florida 33026 and more particularly described in the Exhibit “B” attached hereto and made a part hereof (the "Property");

FURTHER RESOLVED, that K. Scott Wester, as Chief Executive Officer, supervisor and administrator of the District, be and is hereby authorized and directed to take or cause to be taken any and all action to execute and deliver any and all contracts for purchase, agreements, affidavits, assignments, certificates, closing statements, instructions, notices or other documents, in connection with the purchase of the Property (all of which are to be in form and substance as the such officer may, upon advice of counsel, deem necessary or desirable, the execution thereof by such officer to be conclusive evidence of the approval of such form and substance by the such officer) and to do any and all things which in its discretion it may deem to be necessary or desirable to effectuate the foregoing resolutions and to carry out the purposes thereof; and

FURTHER RESOLVED, that each officer of the District is hereby authorized to disburse such funds of this corporation as may be necessary or appropriate to conclude said purchase.

RESOLUTION NO. 485

FURTHER RESOLVED, that the conveyance of title to the property may be done into a special purpose, wholly-owned subsidiary entity of the District, that Mr. Wester determines after advice of other executives and consultant professionals, determines is appropriate and advisable.

FURTHER RESOLVED, that any and all acts of the District or its officers in connection with the purchase of the Property by the District to date are hereby ratified.

IN WITNESS WHEREOF, we have hereunto subscribed my name and affixed the seal of the District this ____ day of April, 2023.

Attest:

(CORPORATE SEAL)

Brad Friedman, as Chairman

Attest:

Steven Harvey, as Secretary/Treasurer

RESOLUTION NO. 485

EXHIBIT A

PURCHASE AGREEMENT

RESOLUTION NO. 485

EXHIBIT B

LEGAL DESCRIPTION

A portion of Tract A, as shown on PINES-PALM WEST, according to the plat thereof as recorded in Plat Book 126, Page 30, of the Public Records of Broward County, Florida, and being more particularly described as follows:

Commence at Southwest corner of Tract A of said PINES-PALM WEST; thence North 87°49'48" East, along the South line of said Tract A, for a distance of 1458.69 feet to the POINT OF BEGINNING; thence North 02°07'41" West, a distance of 200.00 feet; thence North 87°49'48" East, along a line parallel with the said South line of Tract A, for a distance of 166.02 feet; thence South 02°07'41" East, to a point on the said South line of Tract A, for a distance of 200.00 feet; thence South 87°49'48" West, along said South line of Tract A, for a distance of 166.02 feet to the POINT OF BEGINNING.

Said lands lying and being in the City of Pembroke Pines, Broward County, Florida.

TOGETHER WITH: Non-Exclusive Easement Rights for Ingress/Egress Easements as set forth in that certain Declaration of Covenants and Cross Easements recorded in Official Records Book 20514, Page 7, of the Public Records of Broward County, Florida, over, under and across the lands described therein.

TOGETHER WITH: Non-Exclusive Easements Rights as set forth in that certain Reciprocal Easements Agreement recorded in Official Records Book 37443, Page 814, of the Public Records of Broward County, Florida, over, under and across the lands described therein.

TOGETHER WITH: Non-Exclusive Easement Rights as set forth in Operating Easement Agreement dated February 1, 2017 and recorded February 10, 2017 in Official Records Instrument No. 114202477, of the Public Records of Broward County, Florida, over, under and across the lands described therein.

South Broward Hospital District

BOARD OF COMMISSIONERS

Brad Friedman, *Chairman* • **Elizabeth Justen**, *Vice Chairman* • **Steven Harvey**, *Secretary Treasurer*
Jose Basulto • **Douglas A. Harrison** • **Dr. Luis E. Orta** • **Laura Raybin Miller**

K. Scott Wester, *President and Chief Executive Officer* • **Frank P. Rainer**, *Senior Vice President and General Counsel*

Group:	Contracts Committee	Date:	April 5, 2023
Chairman:	Dr. Luis E. Orta	Time:	4:00 p.m.
Vice Chairman:	Steven Harvey	Location:	Executive Conference Room
In Attendance:	Dr. Luis E. Orta, Steven Harvey, Brad Friedman, Elizabeth Justen, Nina Beauchesne, David Smith, Sarah Griffith, Esther Surujon, Frank Rainer and Jeanette Aleu		

The Contracts Committee meeting convened at 4:00 p.m. on April 5, 2023.

The meeting was called to Order and Legal Certification of compliance with Florida's Public Meetings Law was given by Frank Rainer, General Counsel. The meeting materials were not posted based on assertion of Confidentiality.

The following agenda items were discussed:

1. New Physician Employment Agreement between Daniel Mayer, M.D. - Chief, Critical Care Services and South Broward Hospital District.

Dr. Mayer received a Bachelor's degree (1994) and a Doctor of Medicine degree (1999) from the University of the Witwatersrand: Johannesburg, South Africa. He completed an Internship and Residency in Internal Medicine (2003) and served as Chief Resident Internal Medicine (2004) at St. Mary's Health Center, St Louis University and a Fellowship in Pulmonary and Critical Care Medicine at Mount Sinai Medical Center – Department of Pulmonary, Critical Care and Sleep Medicine, New York, NY (2007). Dr. Mayer served practiced as a Pulmonary, Critical Care and Sleep Medicine Attending Physician at Mt Sinai Medical Center, NY (2007-2008), an Intensivist/ICU Attending Physician at Robert Wood Johnson University Hospital, NJ (2009-2010) and an Attending Physician in in Pulmonary, Critical Care and Sleep Medicine at Pulmonary and Intensive Care Specialists of New Jersey (2008-2010). Dr. Mayer has been employed by MHS as an Intensivist for Critical Care Medicine since 2011, Associate Medical Director, Critical Care Medicine since 2012 and Vice Chief, Critical Care since 2019. He is board- certified in Pulmonary Disease, Critical Care Medicine, Internal Medicine and Sleep Medicine.

Dr. Mayer will be responsible for providing Critical Care Services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of a Critical Care physician. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Mayer may also be required to perform other medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Mayer's compensation package were discussed. The Committee noted that Dr. Mayer's salary was evaluated based upon the 2022 – 2023 Physician Salary Matrix for Chief Critical Care Services.

The Employment Agreement shall be effective May 1, 2023 and shall remain in effect for five (5) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, after the first year of the Term by giving the other party at least 90 days prior written notice.

MEMORIAL HEALTHCARE SYSTEM

MEMORIAL REGIONAL HOSPITAL • MEMORIAL REGIONAL HOSPITAL SOUTH • JOE DIMAGGIO CHILDREN'S HOSPITAL
MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL MIRAMAR • MEMORIAL HOSPITAL PEMBROKE • MEMORIAL MANOR

During the Term of the Agreement and for a period of one (1) year following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles.

The Contracts Committee recommends to the Board of Commissioners approval of the new Physician Employment Agreement between the South Broward Hospital District and Daniel Mayer, M.D., for Chief, Critical Care Services.

2. New Physician Employment Agreement between Eduardo Natal Albelo, M.D. – Adult Orthopaedic Services and Hand Surgery and South Broward Hospital District.

Dr. Natal-Albelo received a Bachelor’s degree (2012), a Doctor of Medicine degree (2016) and completed an Orthopedic Surgery Residency (2021) at the University of Puerto Rico, San Juan, P.R. Additionally, he completed a Hand and Upper Extremity Fellowship at the University of Virginia (2022) and is currently completing a Sports Medicine Fellowship at INOVA Hospital, Virginia. He is board eligible for certification by the American Board of Orthopedic Surgery.

Dr. Natal-Albelo will be responsible for providing Adult Orthopaedic Services and Hand Surgery Services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of an Adult Orthopedist and Hand Surgeon. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Natal-Albelo may also be required to perform other medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Natal-Albelo ’s compensation package were discussed. The Committee noted that Dr. Natal-Albelo ’s salary was evaluated based upon the 2022 – 2023 Physician Salary Matrix for Orthopaedic Surgery-Hand.

The Employment Agreement shall be effective, September 4, 2023, and shall remain in effect for three (3) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, after the first year of the Term by giving the other party at least 120 days prior written notice.

During the Term of the Agreement and for a period of two (2) years following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles.

The Contracts Committee recommends to the Board of Commissioners approval of the new Physician Employment Agreement between the South Broward Hospital District and Eduardo Natal Albelo, M.D. for – Adult Orthopaedic Services and Hand Surgery Services.

3. New Physician Employment Agreement between Srikant Das, M.D. - Medical Director Pediatric Electrophysiology and South Broward Hospital District.

Dr. Das received his Bachelor’s (1998) and Doctor of Medicine (2002) degrees at All India Institute of Medical Sciences, New Delhi, India. He practiced as a resident in the Department of Pediatrics at Albert Einstein Medical Center, Philadelphia, PA (2007) and as a Hospitalist in the Cardiac Intensive Care Unit at Children’s Hospital of Philadelphia, Philadelphia, PA (2008). Dr. Das completed a Fellowship in Pediatric Cardiology (2011), an Advanced Fellowship in Pediatric Cardiac Electrophysiology (2012) and an Advanced Fellowship in Pediatric Cardiac Cath and Intervention (2013) at Sibley Heart Center, Children’s Healthcare of Atlanta, Emory University, Atlanta, Georgia. He is board- certified in Adult Congenital Heart Disease Certification by the

American Board of Internal Medicine, Pediatrics by the American Board of Pediatrics and a certified Electrophysiology Specialist - Adult and Pediatric (CEPS-A and CEPS-P) by the International Board of Heart Rhythm Examiners.

Dr. Das will be responsible for providing Pediatric Electrophysiology Services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of a Pediatric Electrophysiologist. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Das may also be required to perform other medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Das's compensation package were discussed. The Committee noted that national compensation benchmark data does not exist for Medical Director Pediatric Electrophysiology. Thus, a compensation benchmark percentile cannot be established at this time. A fair market value appraisal was performed by outside independent consultants to confirm compensation range.

The Employment Agreement shall be effective, June 1, 2023, and shall remain in effect for three (3) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, after the first year of the Term by giving the other party at least 180 days prior written notice.

During the Term of the Agreement and for a period of two (2) years following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Dade, Broward, and Palm Beach Counties.

The Contracts Committee recommends to the Board of Commissioners approval of the new Physician Employment Agreement between the South Broward Hospital District and Srikant Das, M.D. for Medical Director Pediatric Electrophysiology Services.

4. New Physician Employment Agreement between Yasmine Yousef, M.D. - Pediatric General Surgery/Fetal Surgery and South Broward Hospital District.

Dr. Yousef received her College Diploma, Health Sciences at Marianopolis College, Montreal, Qc, Canada (2009) and a Doctor of Medicine degree (2014) at McGill University, Montreal, Qc, Canada, where she is also currently completing a PhD in Experimental Surgery as part of the J.M. Laberge Research Fellowship in Global Pediatric Surgery. She completed a General Surgery Residency at McMaster University, Hamilton, ON, Canada (2015), a General Surgery Residency at University of Montreal, Montreal, Qc, Canada (2019), the J.M. Laberge Research Fellowship in Global Pediatric Surgery (2017), and a Pediatric Surgery Fellowship (2022) at Montreal Children's Hospital, Harvey E. Beardmore Division of Pediatric Surgery, McGill University Health Center, Montreal, Qc, Canada, and is expected to complete a Fetal Surgery Fellowship at Necker Hospital in Paris, France in 2024.

Dr. Yousef will be responsible for providing Pediatric General Surgery/Fetal Surgery Services consistent with the clinical scope of her privileges. She will provide medical care and treatment to all patients who require the services of a Pediatric General and Fetal surgeon. She shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Yousef may also be required to perform other medical administrative services. Under this employment agreement, she will be required to perform such services at any Hospital District location.

The details of Dr. Yousef's compensation package were discussed. The Committee noted that Dr. Yousef's salary was evaluated based upon the 2022 – 2023 Physician Salary Matrix for Pediatric General Surgery.

The Employment Agreement shall be effective July 15, 2024 and shall remain in effect for three (3) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, after the first year of the Term by giving the other party at least 180 days prior written notice.

During the Term of the Agreement and for a period of two (2) years following the Term, physician shall not, without the prior written consent of the Hospital District, provide Pediatric General Surgery and Fetal Surgery services within the geographic boundaries of the Restricted Area of Palm Beach, Broward, and Miami-Dade Counties.

The Contracts Committee recommends to the Board of Commissioners approval of the new Physician Employment Agreement between the South Broward Hospital District and Yasmine Yousef, M.D. for Pediatric General Surgery/Fetal Surgery Services.

5. Renewal Physician Employment Agreement between Vamsi Pavuluri, M.D. – Medical Director Cardiac Imaging Operations and South Broward Hospital District.

Dr. Pavuluri completed his medical education from Osmania Medical College, Hyderabad, India (2007). He completed an internal medicine residency at the University of Connecticut Health Center (2012), a Cardiology Fellowship at the University of Connecticut Health Center (2016) and an Advanced Cardiac Imaging Fellowship at St. Francis Hospital, Roslyn, NY (2017). Dr. Pavuluri is certified by the American Board of Internal Medicine (2012), National Board of Echocardiography (2015), Cardiovascular Disease through ABIM (2016), and the Certification Board for Nuclear Cardiology (2016). He has been employed by MHS since 2017.

Dr. Pavuluri will be responsible for providing Cardiac Imaging services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of a Clinical Cardiologist. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Pavuluri may also be required to perform other medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Pavuluri's compensation package were discussed. The Committee noted that Dr. Pavuluri's salary was evaluated based upon the 2022 – 2023 Physician Salary Matrix for Chief, Imaging Cardiology.

The Employment Agreement shall be effective July 1, 2023 and shall remain in effect for two (2) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of two (2) years following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles.

The Contracts Committee recommends to the Board of Commissioners approval of the renewal Physician Employment Agreement between the South Broward Hospital District and Vamsi Pavuluri, M.D. for Medical Director Cardiac Imaging Operations Services.

6. Renewal Physician Employment Agreement between Jonathan Silberstein, M.D. - Chief of Urology and Uro-Oncology Program and South Broward Hospital District.

Dr. Silberstein received a Bachelor's degree from the University of Pennsylvania, Philadelphia, PA (1999) and a Medical Doctor degree from the State University of New York, Upstate Medical University, Syracuse, NY (2004). He completed an Internship in General Surgery (2005) and a Residency in Urology (2010) at the

University of California at San Diego, San Diego, CA. He also completed a Urologic Oncology Fellowship, Division of Urology at Memorial Sloan-Kettering Cancer Center, New York, NY (2013). Dr. Silberstein received a Master's in Business Administration from the Freeman School of Business, Tulane University, New Orleans, LA (2018). Dr. Silberstein served as an Assistant Professor, Chief, Section of Urologic Oncology Tulane University School of Medicine, New Orleans, LA (2013- 2019). He has been employed by MHS since 2020.

Dr. Silberstein will be responsible for providing Uro-Oncology Services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of an Uro-Oncologist. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Silberstein may also be required to perform other medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Silberstein's compensation package were discussed. The Committee noted that Dr. Silberstein's salary was evaluated based upon the 2022 – 2023 Physician Salary Matrix for Chief, Urology services.

The Employment Agreement shall be effective June 1, 2023 and shall remain in effect for three (3) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of one (1) year following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles.

The Contracts Committee recommends to the Board of Commissioners approval of the renewal Physician Employment Agreement between the South Broward Hospital District and Jonathan Silberstein, M.D. for Chief of Urology and Uro-Oncology Program Services.

7. Renewal Physician Employment Agreement between Alian Aguila, M.D. - Medical Director of Clinical Cardiology MHW and MHM and South Broward Hospital District.

Dr. Aguila received a B.S. Degree in 2003 from Florida International University, Miami, FL, and his M.D. Degree in 2008 from University of Miami Leonard M. Miller School of Medicine, Miami, FL. He completed an Internship (2009) and Residency (2011) in Internal Medicine at University of Rochester School of Medicine, Rochester NY, and a Cardiovascular Disease Fellowship in 2014 at the University of Florida College of Medicine, Gainesville, FL. Dr. Aguila is board-certified in Internal Medicine and Cardiovascular Disease and has been employed by MHS since 2015.

Dr. Aguila will be responsible for providing Clinical Cardiology services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of a Clinical Cardiologist. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Aguila may also be required to perform other medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Aguila's compensation package were discussed. The Committee noted that Dr. Aguila's salary was evaluated based upon the 2022 – 2023 Physician Salary Matrix for Medical Director Clinical Cardiology.

The Employment Agreement shall be effective July 1, 2023 and shall remain in effect for five (5) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of two (2) years following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles.

The Contracts Committee recommends to the Board of Commissioners approval of the renewal Physician Employment Agreement between the South Broward Hospital District and Alian Aguila, M.D. for Medical Director of Clinical Cardiology MHW and MHM Services.

8. Renewal Professional Services Agreement between Pediatric Hospitalists of South Florida and South Broward Hospital District.

PHOSF has been providing these services to Joe DiMaggio Children's Hospital since 2007. Positive results for the program have been achieved as demonstrated through quality indicators, patient/family/staff satisfaction, efficiency, and outcome measurements.

Group will provide in-house pediatric hospitalist services for patients who have no personal physician on the Hospital District Medical Staffs, or have a personal physician who is not available, to ensure the medical needs of such patients are met.

PHOSF will provide in-house pediatric hospitalist services at Joe DiMaggio Children's Hospital (JDCH) 24 hours per day/seven (7) days per week.

Group shall provide oversight for medical students and pediatric residents for rotations approved by the Hospital District.

PHOSF shall appoint a Medical Director of the Pediatric Hospitalist Program with prior approval of the Hospital District.

Group agrees that the total staffing levels of physicians shall be nine (9) on average with one (1) physician required to be physically present at JDCH on a 24-hour basis and a second physician during the day shift every day of the calendar year.

PHOSF must maintain insurance with limits of \$250,000 per occurrence and \$750,000 in the aggregate for all occurrences during each annual policy period for all Physicians and APRNs providing services under this Agreement. Hospital District shall be responsible for billing and collection of all hospital services pursuant to this Agreement.

In addition to Group's collections from billing, Hospital District shall pay \$166,087.92 per month as compensation for services rendered, subject to annual increases at the lower of 5% or the Medical CPI. Additionally, Group shall be eligible to receive a Management Fee / Management Bonus up to \$99,652.75 at risk based on annual performance criteria. This financial model was approved by outside independent appraisers for fair market value.

The renewal agreement shall be effective as of May 1, 2023 and shall remain in effect for three years. PHOSF understands and agrees that upon the termination of this Agreement, Hospital District shall have the right to hire, or retain directly or indirectly, any Physician or APRN currently employed or retained by PHOSF who provides or has provided services hereunder. The Agreement may be terminated by either party with 90 days written notice.

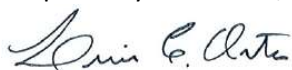
The Contracts Committee recommends to the Board of Commissioners approval of the renewal Professional Services Agreement between the South Broward Hospital District and Pediatric Hospitalists of South Florida, P.A. (PHOSF) for pediatric hospitalist administrative and professional services.

9. FYI Contracts:

- a) New Physician Employment Agreement between **Mohamed Nasser, M.D.** – Adult Neurology and Epilepsy and South Broward Hospital District. The Employment Agreement shall be effective August 14, 2023 and shall remain in effect for three (3) years. The proposed salary, as reflected in the 2022 – 2023 Physician Salary Matrix for Neurology is within the President and CEO’s Board-approved authority.
- b) New Physician Employment Agreement between **Daniela Colimodio, M.D.** – Internal Medicine - Memorial Primary Care and South Broward Hospital District. The Employment Agreement shall be effective October 1, 2024 and shall remain in effect for three (3) years. The proposed salary, as reflected in the 2022 – 2023 Physician Salary Matrix for Internal Medicine is within the President and CEO’s Board-approved authority.
- c) New Physician Employment Agreement between **Dustin Hanos, M.D.** – Trauma Acute Care Surgery and South Broward Hospital District. The Employment Agreement shall be effective October 2, 2023, and shall remain in effect for three (3) years. The proposed salary, as reflected in the 2022 – 2023 Physician Salary Matrix for Trauma Acute Care Surgery is within the President and CEO’s Board-approved authority.
- d) New Physician Employment Agreement between **Giorgio Negron, M.D.** - Non-Operative Sports Medicine and South Broward Hospital District. The Employment Agreement shall be effective September 19, 2023 and shall remain in effect for three (3) years. The proposed salary, as reflected in the 2022 – 2023 Physician Salary Matrix for Sports Medicine is within the President and CEO’s Board-approved authority.
- e) New Physician Employment Agreement between **Mariella Martinez Velez, M.D.** - Adult Cardiology and South Broward Hospital District. The Employment Agreement shall be effective August 28, 2023 and shall remain in effect for three (3) years. The proposed salary, as reflected in the 2022 – 2023 Physician Salary Matrix for Adult Cardiology is within the President and CEO’s Board-approved authority.
- f) New Physician Employment Agreement between **Shery Goril, M.D.** - Memorial Primary Care - Family Medicine and South Broward Hospital District. The Employment Agreement shall be effective September 1, 2023 and shall remain in effect for three (3) years. The proposed salary, as reflected in the 2022 – 2023 Physician Salary Matrix for Family Medicine is within the President and CEO’s Board-approved authority.
- g) New Physician Employment Agreement between **Namita Joseph, M.D.** – Cardiology - Advanced Heart Failure and South Broward Hospital District. The Employment Agreement shall be effective April 10, 2023 and shall remain in effect for three (3) years. The proposed salary, as reflected in the 2022 – 2023 Physician Salary Matrix for Cardiology-Advanced Heart Failure is within the President and CEO’s Board-approved authority.

There being no further business, the meeting was adjourned at 4:33 p.m.

Respectfully Submitted,



Dr. Luis E. Orta

Chair

Contracts Committee

South Broward Hospital District

BOARD OF COMMISSIONERS

Brad Friedman, *Chairman* • **Elizabeth Justen**, *Vice Chairman* • **Steven Harvey**, *Secretary Treasurer*
Jose Basulto • **Douglas A. Harrison** • **Dr. Luis E. Orta** • **Laura Raybin Miller**

K. Scott Wester, *President and Chief Executive Officer* • **Frank P. Rainer**, *Senior Vice President and General Counsel*

Group: Audit and Compliance Committee **Date:** April 14, 2023
Chairman: Steven Harvey **Time:** 8:32 a.m.
Vice Chairman: Douglas Harrison **Location:** Executive Conference Room
In Attendance: Steven Harvey, Brad Friedman, Christopher McFarlane (Non-Voting), Scott Wester, Matthew Muhart, Dr. Aharon Sareli, Frank Rainer, Pascale Prepetit, David Smith, Irfan Mirza, Jeffrey Sturman, Richard Leon, Denise DiCesare, Robin Conner, Valerie Morris, Carlos Hernandez of RSM, Kirk McCormick of RSM, and Jenny Ballesteros of Zomma Group, LLP

1. PUBLIC MEETING NOTICE REQUIREMENT

Mr. Frank Rainer, Senior Vice President and General Counsel, confirmed that all public notice requirements had been complied with.

2. REVIEW OF THE AUDIT AND COMPLIANCE THIRD QUARTER REPORT

a. **Written Standards and Procedures**

The Code of Conduct was reviewed and revised during the quarter.

b. **Compliance Officer**

The Compliance Officer attended one session each of the American Hospital Association Compliance Officer's Roundtable, Health Care Compliance Association Healthcare Enforcement Compliance Conference, Institute of Internal Auditors Environment, Social, and Governance Conference, and Florida Hospital Association Compliance Roundtable during the quarter, as part of her ongoing efforts to stay abreast of emerging industry compliance matters.

c. **Training and Education**

The Compliance Department provided compliance training at twelve sessions of New Employee Orientation, one session of Leadership Essentials, and one session of the Compliance Working Committee.

d. **Monitoring and Auditing**

e. **Response and Prevention**

(i) **Internal Audits were Conducted of:**

- Conflicts of Interest for Calendar Year 2022 Survey Results
- Internal Audit of Clinical Engineering at MHS.

No irregularities were found in the audits.

MEMORIAL HEALTHCARE SYSTEM

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MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL MIRAMAR • MEMORIAL HOSPITAL PEMBROKE • MEMORIAL MANOR

(ii) Recurring Internal Audits were Conducted of:

- Construction Projects;
- Requests For Proposal And Competitive Quotes; and
- Board Expenses.

No irregularities were found in the audits.

(iii) Compliance Audits were Conducted of:

- 340B Program at Memorial Healthcare System - FY 2023 Third Quarter;
- Pertuzumab 1mg Injection in the MCI at MHW;
- Rituximab-ABBS, Biosimilar, (Truxima), in MCI at MHW;
- Cystourethroscopy with Fulguration and Bladder Tumor Resection, Medium, at MRH
- Blood or Blood Components Transfusion Service Indirect, in MCI at MHW; and
- Neurology and Neurosurgery Procedures for MPG Professional Coding and Billing.

Opportunities for improvement in record documentation were noted in the 340B Program at Memorial Healthcare System FY 2023 Third Quarter, Cystourethroscopy with Fulguration and Bladder Tumor Resection, Medium, at MRH, and Neurology and Neurosurgery Procedures for MPG Coding and Billing. Management has developed detailed corrective action plans for each of these audits.

(iv) Follow-up Compliance Audit was Conducted of:

- Bone Marrow Aspiration and Biopsy at MHW.

Opportunities for improvement in record documentation were noted in the Follow-Up Compliance Audit of the Documentation of Bone Marrow Aspiration and Biopsy at MHW. Management has developed a detailed corrective action plan for this audit.

(v) The following other reports were provided to the Committee:

Mr. Richard Leon, Chief Information Security Officer, provided the Committee members with the services provided by Protiviti during the quarter and the remediation to the subsequent observations. The Committee was presented with the established protection measures and the legal and regulatory requirements for Microsoft 365 Cloud Security. Mr. Leon updated Committee on the current cybersecurity posture.

Committee members were provided with a copy of the Investor Contact Log for the quarter.

Committee members were provided with a copy of the list of RSM and Zomma Group Non-Audit Engagements for the quarter.

Committee members were provided with an update on the nationwide audit and investigation activities of various federal and state agencies.

f. Open Lines of Communication

(i) Hotline Calls

During the quarter, 49 calls, seven of which were callbacks, were placed to the System's Compliance Hotline covering 33 new topics and one old topic.

Five topics were compliance allegations (five calls, four callbacks). One topic was a HIPAA privacy allegation (one call). Three topics were quality of care or service allegations (three calls). One topic was wasting resources allegation (one call).

All of the calls were investigated and one of the compliance allegations was substantiated.

Finally, one topic was informational (one call), and 22 topics (31 calls, three callbacks) were employee-management relations issues. The employee-management relations issues have been forwarded to the Employee Relations and Human Resources Departments.

(ii) Privacy Report

Ms. Pascale Prepetit, Chief Privacy Officer, updated the Committee on the number of investigations for the fourth quarter of calendar year 2022 and the HIPAA/FIPA breaches that resulted from those investigations. The Committee was provided with an overview of the breaches reported during 2022. Ms. Prepetit also updated the Committee on the status of the OCR case resolution.

g. Enforcement and Discipline

Sanction checks were conducted of employees, physicians, vendors, volunteers and students. Three non-staff referring physicians were sanctioned. Accounts Receivable Management was notified so that appropriate action can be taken.

h. New Business

(i) Audit and Compliance Work Plan – FY 2024

The Committee reviewed and approved the Audit and Compliance Work Plan for Fiscal Year 2024.

Request Board Approval of the Fiscal Year 2024 Compliance and Audit Work Plan.

(ii) Request for RSM Partner Continue Until April 30, 2025

The Committee discussed audit engagement partner Mr. Carlos Hernandez of RSM is in his fifth year as partner. According to Board Policy on Engagement of Auditing Firms, the Hospital District will evaluate auditing firms every seven years through a formal solicitation of proposals and the Hospital District will change the engagement partner at least every five years.

The Audit and Compliance Committee recommends to the Board that the five-year standard to change the engagement partner be waived and to extend Mr. Hernandez of RSM as partner for two more years to end upon issuance of the April 30, 2025 audit.

Request Board Approval to waive the five-year standard and extend the engagement partner for an additional two years.

There being no further business, the meeting was adjourned at 10:10 a.m.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Steven Harvey". The signature is written in a cursive, flowing style.

Steven Harvey
Chairman
Audit and Compliance Committee



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DATE: January 31, 2023
TO: K. Scott Wester, President and Chief Executive Officer, MHS
**SUBJECT: AUDIT AND COMPLIANCE – THIRD QUARTERLY REPORT
FISCAL YEAR 2023**

Attached is a copy of the third quarterly report of fiscal year 2023 summarizing the activities of the Internal Audit and Compliance Department from November 1, 2022, through January 31, 2023, for your records.

Please let me know if you have any questions regarding this report.

A handwritten signature in black ink that reads 'Denise D. DiCesare'.

Denise (Denny) DiCesare
Chief Compliance and Internal Audit Officer

cc: Leah Carpenter, Executive Vice President and Chief Operations Officer, MHS
Matt Muhart, Executive Vice President and Chief Strategy Officer, MHS
Dave Smith, Executive Vice President and Chief Financial Officer, MHS
Frank Rainer, Senior Vice President and General Counsel, SBHD

I. WRITTEN STANDARDS AND PROCEDURES

The following policies and procedures were reviewed and/or revised during the quarter:

Reviewed:

- None

Revised:

- Code of Conduct.

II. COMPLIANCE OFFICER

The Compliance Officer attended the following meetings during the quarter:

- American Hospital Association - Chief Compliance Officer's Roundtable: One Session,
- Health Care Compliance Association – Healthcare Enforcement Compliance Conference: One Session,
- Institute of Internal Auditors – Environment, Social, and Governance Conference: One Session, and
- Florida Hospital Association - Compliance Roundtable: One Session.

III. TRAINING AND EDUCATION

The following compliance training was provided during the quarter:

- New Employee Orientation: Twelve Sessions,
- Leadership Essentials: One Session, and
- Compliance Working Committee: One Session.

IV. MONITORING & AUDITING

V. RESPONSE & PREVENTION

A. Internal Audit

Conflicts of Interest Calendar Year 2022 Survey Results

Background

The Memorial Healthcare System (MHS) Business Ethics and Conflicts of Interest (COI) Standard Practice states that, “No Memorial Healthcare System officer or management or physician employee or any other employee who may be affected by a potential conflict of interest (as determined by MHS) shall have an ownership or financial interest in, or permit his spouse or minor children to have an ownership or financial interest, direct or indirect, in any outside concerns, unless an exception applies and he is willing and able to report the full facts concerning such relations to the Board immediately upon learning of such relations or upon request.” A conflict of interest can be considered to exist in any instance where the actions or activities of an individual on behalf of the Healthcare System also involve the obtaining of an improper gain or advantage, or an adverse effect on the Healthcare System's interest. Employees with outside employment may pose a conflict of interest if it appears that the employee is representing MHS, the services are like the services MHS provides or is considering providing, or employees perform services for individuals or entities who may refer patients to MHS or to whom MHS may refer patients.

The Business Ethics and COI Standard Practice further states that MHS shall annually request an accounting of its employees by means of a circularized questionnaire and the Compliance and Internal Audit Department is responsible for annually circulating the electronic COI Questionnaire, managing the replies and submitting the results to the President and Chief Executive Officer (CEO), MHS.

A link to the COI questionnaire was placed in Aspire online learning management system which allows the employee to conveniently launch to the SharePoint location where the COI questionnaire is stored. Aspire produces a completion certificate and status once launched in Aspire and is not contingent on the COI being completed. There is also an icon on the MHS Citrix application web page for the COI questionnaire, which forwards the user to Aspire. The COI questionnaire is made up of eight questions. The employee may answer yes and provide additional information about the potential conflict. A *not started* status results when an employee has not attempted the questionnaire or launched it incorrectly. An *incomplete* status results when an employee attempts to complete the COI questionnaire and does not answer all of the questions or missed a step in the completion process. A *not me* status results when an employee fails to confirm the username by answering no to the user verification question. The employee may also answer yes in error to one or more of the questions due to misunderstanding, indicating a potential conflict of interest. The purpose of this audit was to determine if MHS employees are in compliance with disclosing potential conflicts by completing the calendar year (CY) 2022 COI questionnaire.

Observations

Of the 15,027 employees as of January 25, 2023, 140 were in the process of termination or onboarding during December 2022 leaving an adjusted employee total of 14,887 required to complete the COI for 2022. A total of 14,511 employees completed the CY 2022 COI questionnaire for a 97.47% completion rate. Of the 376 remaining employees who did not complete the questionnaire, 208 did not start the questionnaire, 154 started but did not complete the questionnaire, and 14 answered no to the user verification question.

There were 109 employees who answered yes to one or more questions on the COI questionnaire. Upon review, we noted 44 employees answered yes in error because the employees misunderstood one or more questions. Sixty-five of the yes answers required additional research. Twenty-six of the 65 were the same disclosed potential conflict from the previous year with no changes in the circumstances and were previously approved by the President and CEO of MHS. All 65 disclosures were presented to Mr. K. Scott Wester, President and CEO for discussion. Controls are in place to manage potential COIs.

Recommendations

The Compliance and Internal Audit Department will continue providing the scheduled notification and education to employees and leadership regarding the mandatory disclosure of potential conflicts of interest and the process of correctly completing the COI Questionnaire. The Conflicts of Interest Questionnaire is no longer linked in Aspire; however, a process is in place to ensure that the completion status is recorded in Aspire and a certificate generated.

Internal Audit of Clinical Engineering at Memorial Healthcare System

Background

In May of 2013, Memorial Healthcare System (MHS) contracted with ABM Healthcare Support Services (ABM HSS) to provide Comprehensive Clinical Engineering (CCE) Management and

Technical Support Services to all MHS facilities. In 2021, after internal discussions and collaboration with MHS's Strategic Management's Clearinghouse Initiative, the decision was made to exercise MHS's contractual option to terminate the contract with ABM HSS and to establish the Clinical Engineering Department internally.

As part of the analysis necessary to make this decision, MHS Information Technology contracted the services of OC Reilly, Inc. d/b/a OCR Medical Equipment Management (OCR MEM) to perform an assessment of MHS's then clinical engineering program. Contract terms included an evaluation of the fees and costs associated with ABM HSS's CCE program. The objective of insourcing the clinical engineering program was to further reduce operational expenses and to allow the potential for MHS to generate revenue by offering Clinical Engineering Services to other organizations.

The Compliance and Internal Audit Department was asked by the leaders of the MHS Clinical Engineering Department to perform an audit of the department which had completed its first year in-house. The purpose of this internal audit was to evaluate the operations of the Clinical Engineering Department and determine if the policies and procedures support the operational and financial objectives of MHS.

Observations

We interviewed all Clinical Engineering managers and the program director to discuss their roles within the department. We met with the laboratory directors of Memorial Regional Hospital (MRH) and Memorial Hospital West (MHW) to discuss their interaction with Clinical Engineering staff. We reviewed the department's financial reports for the audit period of February 2022, to July 2022; policies and procedures over the management of medical equipment; and relevant procedures over Accounts Payable (AP) and Supply Chain Management (SCM). We selected a sample of 30 equipment service agreements and 30 accounts payable invoices to perform audit testing. In addition, we reviewed the fees that were paid by MHS to OCR MEM.

Concerns shared with us during discussions included software limitations within Infor Lawson (Lawson), and MediTract contract management software. The laboratory directors shared their frustrations with bottlenecks caused by the length of time it takes to renew service agreements, and the lack of clarity on the management of the service agreements. The department managers shared difficulties with sourcing equipment parts and the effects of delays with new vendors not previously credentialed by SCM. These are ongoing, known issues that are being addressed by the department leaders. There were no significant findings in either sample of service agreements or AP expense invoices. All 30 service agreements supported department expenditure. AP invoices were properly supported, approved, and expensed. In both samples, the vendor credentialing procedures were based on SCM criteria. All payments made to OCR MEM agreed to contract terms; were properly approved; and monitored by Corporate Finance.

Recommendations

None.

Jeffrey Sturman, Senior Vice President and Chief Digital Officer, MHS agreed with our findings. Since there were no recommendations noted, an action plan was not required.

South Broward Hospital District Construction Projects

Twenty payment vouchers for 11 construction projects were audited during the quarter, as shown on Exhibit A. No irregularities were found during these audits.

South Broward Hospital District Requests for Proposal and Competitive Quotes

Five Requests for Proposal and 30 Competitive Quotes were audited during the quarter, as shown on Exhibit B. No irregularities were found during these audits.

Board Expenses

Board Expenses were audited during the quarter. The list of expenses audited for the quarter will be presented and discussed during the meeting.

B. Compliance

Compliance Audit of the 340B Program at Memorial Healthcare System - FY 2023 Third Quarter

Background

The 340B Program is administered and overseen by the Health Resources and Services Administration (HRSA) which is within the Health and Human Services Department (HHS). The 340B Drug Pricing Program requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices. The 340B Program allows covered entities to extend limited federal resources as far as possible, reaching more eligible patients and providing more comprehensive services. Eligible health care organizations are defined by the section 340B of the Public Health Service Act (PHSA) "Limitation on Prices of Drugs Purchased by Covered Entities." To participate in the 340B Program, eligible organizations must register and be enrolled with the 340B Program and comply with all the requirements. The requirements include maintaining an up-to-date 340B database; recertifying eligibility every year; and preventing duplicate discounts by having mechanisms in place to prevent receiving a 340B price and a Medicaid drug rebate for the same drug. Covered entities must accurately report how they bill Medicaid drugs on the Medicaid Exclusion File and prevent diversion by not reselling or transferring 340B drugs to ineligible patients. Covered entities are subject to audit by manufacturers or the federal government. Any covered entity that fails to comply with 340B Program requirements may be liable to manufacturers for refunds of the discounts obtained. To be eligible to receive 340B-purchased drugs, patients must receive health care services other than drugs from the 340B covered entity. The patient is treated in a hospital-based mixed-use area, a location serving patient type of both inpatient and outpatient, and is classified as an outpatient by Memorial Healthcare System (MHS) electronic health record (EHR) at the time of administration of the medication, and has an eligible medication order or prescription. An individual may receive a 340B drug in connection with treatment rendered outside the covered entity if the treatment is proximate in type and time to prior services provided by the covered entity. A non-hospital prescription is proximate in type and time to hospital-based services if the prescription or refill is presented within an appropriate timeframe of the MHS encounter and the prescriber's services are part of the same continuum of care as the prior hospital encounter. A continuum of care exists if MHS makes a referral to the outside provider for follow-up care and there is an established patient care relationship with MHS. Infusion orders that are written outside of MHS but are infused in MHS or at a registered child site are 340B-eligible because MHS hospitals are responsible for the infusions provided to patients by a MHS healthcare professional, regardless of where the order is written. The only exception is patients of state-operated or -funded acquired immunodeficiency syndrome (AIDS) drug purchasing assistance programs. Generally, the 340B Program covers the following outpatient drugs: Food and Drug Administration (FDA)-approved prescription drugs; over-the-counter drugs written on a prescription; biological products that can be dispensed only by a prescription (other than vaccines); or FDA-approved insulin.

MHS participates in the 340B Program for Memorial Regional Hospital (MRH) which includes Memorial Regional Hospital South (MRHS) and Joe DiMaggio Children's Hospital (JDCH); Memorial Hospital Pembroke (MHP); Memorial Hospital West (MHW); and Memorial Hospital Miramar (MHM). In order to manage the 340B Program, MHS uses split-billing software from Verity Solutions Group. The Verity Solutions application helps MHS determine what each pharmacy needs to purchase at the 340B price. Replenishment is accumulated each time a drug is administered to an outpatient, and it meets all the program compliance checks. The purpose of this audit was to determine if MHS is in compliance with the HRSA 340B Program requirements at each of the six Memorial hospitals.

Observations

Of the 240 pharmacy claims reviewed, there was one pharmacy claim at MHM that we were unable to find the medication administration record (MAR) nor the original prescription order by the provider in Epic. According to Alexandra Soto, Director, 340B Program, CORP - Corporate Finance, this encounter is similar to the previous 340B mixed audit finding where the clinicians selected the patient's pre-admissions testing (PAT) account instead of the outpatient surgical account. Both locations are 340B eligible. The claim charge was created by the automated dispensing cabinet (ADC) override, but the medication administration was not found in Epic, hence, it did not accumulate duplicate 340B dispensation. These observations were discussed with Ms. Soto and Ms. Antonopoulos. In the previous audit, our recommendation included that Pharmacy management review the ADC stations set up and monitor ADC overrides for 340B medications to avoid duplicate charges. These actions were completed.

Recommendations

We recommended reversing the charge for the one claim with the missing MAR and original prescription order. We recommended continuing to monitor and include PAT locations and ADC overrides to target audit parameters for increased oversight over mixed use based on hospital locations.

Dorinda Segovia, Vice President, Pharmacy Services, MHS and Scott Davis, Vice President, Reimbursement and Revenue Integrity, MHS agreed with the finding and recommendations and have provided an action plan.

Compliance Audit of Documentation and Billing of Pertuzumab One mg Injection in the Memorial Cancer Institute at Memorial Hospital West

Background

The Memorial Cancer Institute (MCI) at Memorial Hospital West (MHW) provides services such as chemotherapy and immunotherapy to patients with different types and stages of cancer. Perjeta (Pertuzumab) belongs to a group of targeted therapies medications known as humanized monoclonal antibody. These medications target and bind to cancer cells and interfere with the growth and spread of cancer cells in the body. Pertuzumab is used only in combination with trastuzumab and can be given along with chemotherapy docetaxel to treat patients with human epidermal growth factor receptor 2 (HER2) positive breast cancer. These cancers tend to grow and spread faster than breast cancers that are HER2-negative but are much more likely to respond to treatment with drugs that target the HER2 protein. The U.S. Food and Drug Administration (FDA) has approved Pertuzumab in combination with trastuzumab for neoadjuvant (before surgery) treatment and adjuvant (after surgery) treatment of HER2-positive early breast cancer at high risk of recurrence, locally advanced, inflammatory, and metastatic breast cancer who has not received prior anti-HER2 therapy or chemotherapy. Pertuzumab is packaged in a single-use vial of 420mg/14ml. The recommended dosage is an initial dose of 840 mg administered as a 60-minute

intravenous infusion, followed by 420 mg every 3 weeks administered as an intravenous infusion over 30 to 60 minutes. Treatment should continue until disease progression, unacceptable toxicity, or up to 12 months. It is not recommended to reduce dosage, only withhold for severe adverse reaction or permanently discontinue for life threatening adverse reactions.

Pertuzumab is a high-cost drug that Memorial Healthcare System (MHS) purchases at a significantly reduced price through the 340B Drug Pricing Program. The Centers for Medicare & Medicaid Services (CMS) established Healthcare Common Procedure Coding System (HCPCS) modifier - JG to identify and report 340B-acquired drugs or biologicals when billing outpatient drugs. Outpatient drugs administered to Medicare beneficiaries are reported using the standardized codes called HCPCS and report units of service to cover the cost of the drug only. Correct payment depends on properly and accurately reporting the correct HCPCS codes and units of service. Based on the HCPCS J9306 code descriptor, 1 mg is equal to one unit billed. The MHS Compliance and Internal Audit Department received a Comparative Billing Report (CBR), an educational letter from First Coast Service Options, Inc. (FCSO), our Medicare Administrative Contractor (MAC), indicating that their recent data analyses identified that an aberrancy existed at MHW from April 1, 2021, through March 31, 2022, for HCPCS J9306, Injection, Pertuzumab 1 mg. In response to this notice, the Compliance and Internal Audit Department performed an audit of the only location with charges for HCPCS code J9306, the MCI at MHW. The purpose of this audit was to determine if documentation supported medical necessity for Pertuzumab 1 mg injection administration and the accuracy of coding, charging, and billing at the MCI, MHW.

Observations

All eight accounts with 74 encounters reviewed had provider orders for Pertuzumab in combination with trastuzumab and appropriate documentation to support medical necessity for administration. The medical record documentation for all 74 encounters had the appropriate patient's diagnosis with the ordered dosage and the frequency of administration. The start and stop time of medication was recorded on the Medication administration record (MAR) for all 74 encounters. All 74 encounters had the required HCPCS - JG modifier documented appropriately. All 74 encounters with J9306 were coded, charged, and billed with the correct units of medication administered and were paid appropriately.

Recommendations

None.

Vedner Guerrier, Chief Executive Officer, MHW, Felicia Turnley, Chief Operating Officer, MHW and Kevin Corcoran, Chief Financial Officer, MHW agreed with the results of this audit. Since there were no recommendations, an action plan was not required.

Compliance Audit of Documentation and Billing of Rituximab-ABBS, Biosimilar, (Truxima), 10 mg Injection (Q5115) in the Memorial Cancer Institute at Memorial Hospital West

Background

The Memorial Cancer Institute (MCI) at Memorial Hospital West (MHW) provides services such as chemotherapy and immunotherapy infusion to patients with different types and stages of cancer. Rituximab is an immunotherapy in a class of medications called monoclonal antibody. Monoclonal antibodies are used to treat multiple conditions such as cancer, autoimmune or inflammatory disorders, infections, organ transplant rejection and nervous system disorders. When used for the treatment of cancer, rituximab can be used alone or in combination with other therapeutic agents

(medicines) that work with the immune system to kill cancer cells. Rituximab binds specifically to the antigen CD20 which is present on 90% of B-cell Non-Hodgkin's Lymphomas (NHL). Rituximab is approved by the Food and Drug Administration (FDA) for the treatment of CD20 positive NHL, Chronic Lymphocytic Leukemia (CLL), Rheumatoid Arthritis (RA), Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA). Rituximab-ABBS Biosimilar (Truxima) is the first FDA-approved biosimilar rituximab, meaning that it is highly similar to rituximab with no clinically meaningful difference. Hence, Truxima is used for the same indications as Rituximab. Truxima is supplied as 100mg/10 mL and 500 mg/50 mL, single-use vial. The recommended dosages depend on its indication and can only be administered as an intravenous (IV) infusion, and not as an IV push or bolus.

Truxima is a high-cost drug that Memorial Healthcare System (MHS) purchases at a significantly reduced price through the 340B Drug Pricing Program. Outpatient drugs administered to Medicare beneficiaries are reported using the standardized codes called Healthcare Common Procedure Coding System (HCPCS) and units of service to cover the cost of the drug only. Correct payment depends on accurately reporting the HCPCS codes and units of service. Based on the HCPCS Q5115 code descriptor, 10 mg is equal to one unit billed. Due to the medication supplied as a single-use vial type, the provider may bill for the amount administered as well as the amount appropriately discarded. Centers for Medicare & Medicaid Services (CMS) established HCPCS modifier JW to identify and report the discarded amount. When a physician, hospital, or other provider, or supplier must discard the remainder of a single-use vial or other single-use package after administering a dose/quantity of the drug or biological to a Medicare patient, CMS provides payment for the discarded drug or biological amount as well as the dose administered, up to the amount of the drug or biological as indicated on the vial or package label. The standard clinical practice for documenting infusion administration is to document the actual start and stop times or total time in the patient's medical records.

The MHS's Compliance and Internal Audit Department received a Comparative Billing Report (CBR), an educational letter from First Coast Service Options, Inc. (FCSO), our Medicare Administrative Contractor (MAC), indicating that their recent data analyses identified that an aberrancy existed at MHW from May 1, 2021, through April 30, 2022, for HCPCS Q5115, Injection, Truxima 10mg. In response to this notice, the Compliance and Internal Audit Department performed an audit of charges for HCPCS code Q5115 in the MCI at MHW. The purpose of this audit was to determine if documentation supports medical necessity for Truxima 10mg injection administration, and to ensure the accuracy of coding, charging, and billing in the MCI at MHW.

Observations

All 21 accounts with 55 dates of service reviewed had physician orders and documentation to support medical necessity for Truxima administration. The medical record documentation for all 21 accounts had the appropriate patient's diagnosis as per FDA indication with the appropriate ordered dosage and the frequency of administration. The actual start and stop times of the medication were recorded on the Medication Administration Record (MAR) for all 55 dates of service and were noted to be administered appropriately. There were 12 dates of service reported with JW modifier which were appropriate. All 55 dates of service were coded, charged, billed and paid appropriately. One claim was rejected by Medicare appropriately due to ineligibility because services were billed while the beneficiary was unlawfully present in the United States. Based on the outcome of this audit, the suspected aberrancy indicated in the FCSO CBR is not substantiated and the data is believed to be a correlation result due to MCI being a high patient volume cancer treatment center.

Recommendations

None.

Vedner Guerrier, Chief Executive Officer, MHW, Felicia Turnley, Chief Operating Officer, MHW and Kevin Corcoran, Chief Financial Officer, MHW agreed with the results of this audit. Since there were no recommendations, an action plan was not required.

Compliance Audit of Documentation and Billing of Cystourethroscopy with Fulguration Procedures and Bladder Tumor Resection, Medium, CPT Code 52235 at Memorial Regional Hospital

Background

Urinary Bladder Cancer accounts for the fourth most common cancer among men as reported by the American Cancer Society. Bladder cancer is diagnosed by a combination of diagnostic imaging such as Computed tomography (CT) or ultrasound, and cystoscopy, which is the use of a rigid or flexible fiber optic scope inserted in the bladder through the urethra such as in cystourethroscopy to view the urinary structures or lesions, and to obtain biopsy. Treatment is done by cystourethroscopy with fulguration procedure which is removing growth of tumors using high-frequency electric current transurethral resection, radical surgery, chemotherapy, radiation therapy or a combination depending on the type and stage of the urinary bladder carcinoma. Coding for transurethral surgery and bladder tumor resection depends on the presence and size of the tumor removed, as well as the performance and reason for the fulguration. Current Procedural Terminology (CPT) code 52234 is assigned to the procedure Cystourethroscopy, with fulguration and/or resection of small bladder tumor(s). CPT code 52235 is assigned to the resection of medium bladder tumor(s), and CPT code 52240 involves the resection of large bladder tumors. Only one of the above-mentioned codes may be reported per session. The procedures are performed as an outpatient service paid by Medicare under the Outpatient Prospective Payment System (OPPS) Ambulatory Payment Classifications (APC) based on CPT code procedures.

Memorial Healthcare System (MHS) Compliance and Internal Audit Department received a Comparative Billing Report, an educational letter from First Coast Service Options, Inc. (FCSO), our local Medicare Administrative Contractor (MAC) indicating that their recent data analyses identified that an aberrancy exists at Memorial Regional Hospital (MRH) for CPT code 52235, Destruction and/or Removal of growth of bladder and urethra, medium, using cystourethroscopy with fulguration procedures for dates of service May 1, 2021, through April 30, 2022. In response to this notice, the Compliance and Internal Audit Department performed an audit of Medicare accounts at MRH with charges for CPT codes 52235, as well as 52234 and 52240. The purpose of this audit was to determine if documentation supports medical necessity for cystourethroscopy with fulguration procedures and Bladder tumor resection, medium and the accuracy of coding, charging and billing at MRH.

Observations

We reviewed a total of 21 Medicare patients with CPT codes 52234, 52235 and 52240. All 21 accounts had medical record documentation of bladder cancer and met medical necessity. Of the 21 accounts reviewed, seven accounts were missing the documentation of the size of the tumor removed in the operative (OP) report. There were also two out of 21 accounts that had an unclear description of the tumor size removed as the description of the size of the tumor did not correspond with the numerical data reported as per CPT code guidelines.

For hospital accounts reviewed, seven out of 21 accounts with the missing provider documentation of the size of the tumor removed were reported with an inappropriate CPT code. We noted that one of the accounts with an inappropriate CPT code had another procedure done on the same day of service that also had an incorrect CPT code reported. On the remaining two accounts that had unclear description of the size of the tumor removed, Health Information Management (HIM) recommended using the specific measurement rather than the verbiage. This resulted in the two accounts to be recoded at a lower CPT code than reported. Subsequently, HIM corrected the coding and the accounts were sent to Accounts Receivable Management (ARM) for correction or rebill.

For the physician billing reviewed, we noted 13 accounts reported with the incorrect CPT code as medical record documentation did not support the CPT code used for billing. Subsequently, Memorial Physician Group (MPG) business office corrected and rebilled the identified accounts with the incorrect CPT code, if appropriate.

Recommendations

We recommended MPG management reeducate providers on the completeness and clarity of medical record documentation particularly on the size of tumor removed in the operative records. We recommended MPG management audit physician documentation in the OP records for the size of the tumor removed on cystourethroscopy with fulguration procedures and bladder tumor resection for adequacy of documentation, as needed. We recommended HIM management include the procedure cystourethroscopy with fulguration procedures and bladder tumor resection in their continuing education provided to coding staff and in their routine audits. We recommended MPG management audit providers' medical record documentation for cystourethroscopy with fulguration procedures and bladder tumor resection to ensure that the CPT code used is supported by medical record documentation. We recommended MPG coders and billers be retrained in coding for procedures for cystourethroscopy with fulguration procedures and bladder tumor resection.

Peter Powers, Administrator and Chief Executive Officer, MRH, Walter Bussell, Chief Financial Officer, MRH, Mario Salceda-Cruz, Chief Operating Officer, MPG, and Esther Surujon, Chief Financial Officer, MPG, MPC & UCC agreed with the findings and recommendations of this audit and have provided an action plan.

Compliance Audit of Documentation and Billing of Blood or Blood Components Transfusion Service Indirect, CPT Code 36430 in the Memorial Cancer Institute at Memorial Hospital West

Background

Blood is made up of different components or products which include red blood cells, plasma, and platelets. These products are separated from whole blood and transfused individually to provide the missing blood component. Blood or blood component transfusions increase blood volume, replace important clotting factors, and/or improve the blood's ability to carry oxygen in the body.

The Centers for Medicare and Medicaid Services (CMS) covers blood and blood component transfusions under the Hospital Outpatient Prospective Payment System (OPPS). CMS requires outpatient departments report blood or blood products using Healthcare Common procedure Coding System (HCPCS) P-codes that reflects the specific type of blood or blood product and the number of units transfused. Also, the appropriate Current Procedural Terminology (CPT) code for the specific transfusion services (36430–36460) should be billed along with an appropriate revenue

code 0391, Blood Administration Service, or other allowed revenue codes per CMS data entry edits once per day regardless of the number of units or different types of blood products transfused.

Hospitals and outpatient centers receive blood and blood components from blood donation centers that are regulated and monitored by the Food and Drug Administration (FDA). Memorial Hospital West (MHW) Laboratory Department receives all blood and blood products from OneBlood Donation Center then distributes the products appropriately after the order for transfusion is received from the providers. The Memorial Healthcare System (MHS) Compliance and Internal Audit Department received a Comparative Billing Report, an educational letter from First Coast Service Options, Inc (FCSO), our Medicare Administrative Contractor (MAC), indicating their recent data analyses identified that an aberrancy existed at MHW for the Blood or Blood Components Transfusion Service Indirect, CPT Code 36430. In response to this notice, the Compliance and Internal Audit Department performed an audit of the location with the highest charges for CPT Code 36430, the Memorial Cancer Institute (MCI) at MHW to determine if documentation supports medical necessity for CPT code 36430 blood or blood component transfusion services and the accuracy of coding, charging and billing.

Observations

All 30 accounts had the appropriate provider order which supported medical necessity for the transfusion of blood or blood products with the appropriate International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis code(s). All 30 accounts had the correct HCPCS P-code which reflected the specific type of blood or blood product and the number of units transfused billed appropriately. All 30 accounts were coded correctly. Twenty-two of 30 accounts were appropriately charged and billed once per day. Eight of 30 accounts had twice- per- day charges of CPT Code 36430 billed to Medicare. The Blood Administration Flowsheet is used to enter transfusion service charges. There was a field where the number could be amended however, according to the Director of Charge Management system, an upgrade to only capture one per day charge for CPT code 36430 was completed on May 15, 2022. We verified the eight accounts that were billed twice per day were all prior to the system upgrade. We noted 18 of 30 accounts were charged with the appropriate revenue code 0391, Blood Administration. Twelve of 30 accounts were charged with revenue code 0361, Operating Room Services. According to the Director of Charge Management, revenue code 0361 is appropriate for CPT Code 36430. However, subsequent to this finding, the revenue code was changed to 0391 which is a more appropriate reflection of the services rendered. All 30 accounts including the twice per day service billed were reimbursed only for the once per day service which was appropriate. According to the Director of Charge Management, there was no overpayment of the accounts reviewed and the quantity in the Uniform Billing Form is one per each date of service. The system change in place is working as designed therefore, there is no need to rebill accounts.

Recommendations

None.

Vedner Guerrier, Chief Executive Officer, MHW, Felicia Turnley, Chief Operating Officer, MHW and Kevin Corcoran, Chief Financial Officer, MHW agreed with the results of this audit. Since there were no recommendations, an action plan was not required.

Compliance Audit of Neurology and Neurosurgery Procedures for Memorial Physician Group Professional Coding and Billing

Background

Memorial Neuroscience Institute's highly skilled multidisciplinary team includes neurologists,

neurosurgeons, neuro-interventional surgeons, and subspecialists that provide high quality care in treating complex conditions such as stroke, epilepsy, brain tumors, multiple sclerosis, and spinal disorders. Health care providers use medical record documentation to indicate services that were provided and why the services were needed. Current Procedural Terminology (CPT) codes are used to report services and procedures. Modifiers are appended to the CPT codes to report services that are altered under certain circumstances. International Classification of Diseases, 10th Revision (ICD-10–CM) diagnosis codes are used to indicate the reason for care. Services may also be performed and reported as teaching physicians training the resident physicians as per Centers for Medicare and Medicaid Services (CMS) guidelines. The Physician Payments Sunshine Act, part of the Affordable Care Act of 2010, requires manufacturers and distributors of medical devices and drugs to track and report payments to physicians, nurse practitioners, and teaching hospitals. These payments are made available by use of publicly accessible database through the Open Payments Program, which is a federally mandated disclosure program promoting transparent and accountable healthcare systems. The purpose of this audit was to determine whether documentation and coding complied with Medicare requirements when billing for Neurology and Neurosurgery procedures.

Observations

A comprehensive audit scope was used for review in all 174 accounts with some accounts having more than one finding. We noted that for 114 accounts, the CPT procedure codes used for billing were supported by medical record documentation. Of the remaining 60 accounts, there were 20 over coded and 16 under coded accounts in which documentation supported billing for different CPT codes than reported. There were 24 accounts in which documentation did not support billing for the services. Out of those 24 accounts where documentation did not support billing, there were ten accounts in which the services were provided at non-Memorial Healthcare System (MHS), external site. These ten accounts were for Electroencephalography (EEG) services. We noted opportunities for improvement for reporting CPT codes for EEG services. We also noted opportunities for improvement with the charge capture and billing process for office-based Botox injection procedures. Of the 17 Botox injection procedure claims reviewed, seven had charging errors resulting in incorrect billing. Of the 174 accounts audited, we had 17 accounts where services were performed as a teaching physician. We noted that nine of the 17 teaching physician services accounts met the CMS teaching physician guidelines. We noted opportunities for improvement in correctly coding with modifiers. Eighty-six accounts needed a billing modifier of which 62 accounts had appropriately applied modifiers. Of the 174 accounts, we noted on 75 accounts the ICD-10-CM codes used for billing were in accordance with the coding guidelines. Out of 174 accounts reviewed, we identified 6 accounts for non-payment for various reasons such as coordination of benefits not updated, incorrect modifiers used, and lack of authorization. These accounts are in collections or appeals, being corrected and expected to get paid. We collected and analyzed the CMS Open Payments data for each of the physicians in this audit. There were no significant findings.

Recommendations

We recommended that Neurology providers be reeducated on medical record documentation, coding, and billing of EEG services. We recommended Memorial Physician Group (MPG) Business Office monitor the implemented process for compliance with documentation, coding, and billing of Botox and EEG services. We recommended MPG Business Office initiate a retrospective review of Botox injection services from date of the audit back six years to identify documentation and charge capture errors and correct and rebill if appropriate.

Subsequent to this audit the providers were reeducated in medical necessity documentation to support services billed. The coders and billers were reeducated on coding, billing, and appropriately reporting neurology and neurosurgery procedures. The claims that required correction were recoded, submitted, and refunds were processed. An edit was implemented in Epic to force a manual review of all Botox injections.

Mario Salceda-Cruz, Chief Operating Officer, MPG and Esther Surujon, Chief Financial Officer, MPG, agreed with the findings and recommendations and have provided an action plan, which is attached.

Follow Up Compliance Audit of Documentation and Billing of Bone Marrow Aspiration and Biopsy at Memorial Hospital West

Background

Bone marrow is the soft spongy tissue found in the center of the large bones in our body. It makes different types of blood cells such as red blood cells, white blood cells, and platelets. Bone marrow tests verify if your bone marrow is working correctly and making normal amounts of blood cells. Bone marrow aspiration refers to the test where a small amount of bone marrow fluid is collected. Bone marrow biopsy refers to the test where a solid portion of the bone marrow is collected. The procedures are done with imaging guidance either by Computed Tomography (CT) scan or Ultrasound to guide the provider to get an adequate sample and prevent complications like excessive bleeding. Bone marrow aspiration and bone marrow biopsy tests are usually performed at the same time in the inpatient and outpatient settings. The Current Procedural Terminology (CPT) codes in the bone marrow procedure are 38220 for bone marrow aspirations only, 38221 for bone marrow biopsy only, and 38222 for combined bone marrow aspiration and biopsy done on the same day on the same site.

Centers for Medicare and Medicaid Services (CMS)'s established Appropriate Use Criteria (AUC) program for Advanced Diagnostic Imaging Services (ADIS). The purpose of the program is to increase the rate of ADIS provided to Medicare beneficiaries by requiring providers ordering these procedures consult a qualified Clinical Decision Support Mechanism (CDSM). Bone marrow procedures are not included in the AUC program for ADIS. CMS implemented Healthcare Common Procedure Coding System (HCPCS) Level II modifiers for AUC program and associated HCPCS - G codes, which are currently reported voluntarily for educational and operations testing.

The Memorial Healthcare System (MHS) Compliance and Internal Audit Department performed an audit of documentation, coding and billing of CPT codes 38220, 38221, and 38222 in July, 2021 of the Interventional Radiology (IR) Department at Memorial Hospital West (MHW) in response to a Comparative Billing Report (CBR) received from First Coast Service Options, Inc. (FCSO), our Medicare Administrative Contractor, indicating that there was an aberrancy in the data for utilization and average number of units and dollars paid compared to other providers billing for CPT code 38221 for bone marrow biopsy. There were findings with orders of bone marrow biopsy that did not concur with the detailed documentation of the procedure performed which was a combined bone marrow aspiration and biopsy. The consents were not obtained according to standard practice and all accounts were billed for bone marrow biopsy but should have been combined bone marrow aspiration and biopsy. The purpose of this follow-up audit was to determine if MHW has completed the action plan recommendations from the previous compliance audit for orders in Epic to concur with the medical record documentation of the procedure performed, obtaining consents according to standard practice, and correctly coding and

billing the combined bone marrow aspiration and biopsy procedures as supported by documentation.

Observations

All 14 accounts reviewed for CPT Code 38222 and one account reviewed for CPT code 38221 had a provider order, appropriate diagnosis, and documentation which supported medical necessity. All 14 accounts ordered for combined aspiration and bone marrow biopsy reflected the order in Epic and concurred with the detailed documentation of procedure performed. The one account for CPT code 38221 did not reflect the order in Epic and the detailed documentation of the procedure indicated combined bone marrow aspiration and biopsy was performed. The revised and correct order set was changed for these procedures on January 7, 2022, and the one procedure with CPT code 38221 was performed prior to the final change. All 15 accounts reviewed had documentation of Monitored Anesthesia Care (MAC) or conscious sedation provided by trained registered nurses. We noted improvement on obtaining consents according to standard practice. Two of 15 accounts had incomplete anesthesia or procedure consent. One account had a missing time of the provider's signature on the anesthesia consent. One account did not concur with the detailed documentation of the procedure performed and was missing the time of the patient's signature on the procedure consent. Also, the same account had missing time to patient signature on the anesthesia consent.

All 14 accounts reviewed for CPT Code 38222 were billed and paid correctly. The one account reviewed for bone marrow biopsy (38221) was billed incorrectly and should have been billed for combined bone marrow aspiration and biopsy (38222) which was the procedure ordered in Epic and performed according to documentation. The one account with CPT code 38221 had a lower reimbursement. We noted eight out of 15 accounts had HCPCS- MG modifier indicating the accounts were evaluated by the CDSM even though bone marrow procedures are excluded. Subsequent to this finding, bone marrow biopsies were removed by CDSM. We noted one of 15 accounts did not have a charge for MAC entered by the Surgical Services Department. MAC reimbursement is included with the procedure performed. Four of 15 accounts had conscious sedation and were not charged which were appropriate.

Recommendations

We recommended IR management continue to ensure and monitor that the order entered in EPIC concurs with the procedure performed. We recommended IR management to reeducate the staff on obtaining appropriate consents to ensure that the consent forms are filled completely according to standard practice and concur with the actual procedure to be performed. We recommended MHW Surgical Services develop a process and monitor to ensure MAC are charged consistently. We recommended IR management develop a process and monitor to ensure that all consent forms are filled according to standard practice. We recommended Accounts Receivable Management (ARM) review the identified account with charging and reimbursement errors to determine if the account need to be rebilled. We recommended ARM review the identified account with MAC charging error to determine if the account need to be rebilled.

Vedner Guerrier, Chief Executive Officer, MHW, Felicia Turnley, Chief Operating Officer, MHW and Kevin Corcoran, Chief Financial Officer, MHW agreed with the findings and recommendations of this audit and has provide an action plan.

D. Services Provided by Protiviti

A list of Services Provided by Protiviti for the quarter will be discussed during the meeting.

E. Other Reports

Investor Log

The Investor Contact Log for the quarter is attached for your review. See Exhibit C.

Non-Audit Engagements

A list of RSM and Zomma Group Non-Audit Engagements for the quarter is attached for your review. See Exhibit D.

Compliance Environment

A discussion of Nationwide Audit and Investigation Activities for the quarter will be held during the meeting.

VI. OPEN LINES OF COMMUNICATION

A. Hotline Calls

During the quarter, 49 calls, seven of which were callbacks, were placed to the System's Compliance Hotline covering 33 new topics and one old topic. Five topics were compliance allegations (five calls, four callbacks). One topic was a HIPAA privacy allegation (one call). Three topics were quality of care or service allegations (three calls). One topic was wasting resources allegation (one call). All of the calls were investigated and one of the compliance allegations was substantiated.

Finally, one topic was informational (one call), and 22 topics (31 calls, three callbacks) were employee-management relations issues. The employee-management relations issues have been forwarded to the Employee Relations and Human Resources Departments.

VII. ENFORCEMENT & DISCIPLINE

Sanction checks were conducted of employees, physicians, vendors, volunteers, and students. There were three referring physicians who were sanctioned during the quarter.

	MRI Expansion Engel Construction, Inc. #402417 MRH	Memorial Cancer Institute ANF Group, Inc. #401820 MHS	Emergency Department Trauma Center Turner Construction Company #400222 MRH	JDCH Vertical Expansion Robins & Morton Group #460117 JDCH
	Amount	Amount	Amount	Amount
Original Contract Sum	\$ 1,335,578	\$ 3,318,035	\$ 16,401,716	\$ 108,993,259
Prior Change Orders	75,627	(642,606)		
Budget Transfer				
Current Change Orders				
Prior Owner Purchase Orders	108,906	182,424		(16,270,441)
Current Owner Purchase Orders	(38,983)			
Current Contract Sum to Date	\$ 1,481,127	\$ 2,857,853	\$ 16,401,716	\$ 92,722,818
Previous Payments	1,403,601	2,744,328		78,984,261
	20 77,527		1 716,250	24 2,534,323
Total Payments	1,481,127	2,744,328	716,250	81,518,585
Balance	\$ (0)	\$ 113,525	\$ 15,685,466	\$ 11,204,233
Owner Purchased Materials				
Retainage				3,550,315
Payments	1,481,127	2,744,328	716,250	81,518,585
Work completed	\$ 1,481,127	\$ 2,744,328	\$ 716,250	\$ 85,068,899
Status	Active	Active	Active	Active

**Memorial Healthcare System
RFP and Competitive Quote Audits**

RFPs	Current Phase - 3rd Quarter FY 2023	Audited Through	Exceptions
1 Investment Advisory	Analysis	Analysis	None
2 Disaster Debris Removal and Disposal	Analysis	Analysis	None
3 Valet Parking Service, Booth Attendant and Shuttle Services	Analysis	Analysis	None
4 Care Coordination Center Software	Selection	Selection	None
5 Clinical Trial Management System	Selection	Oral Presentation	None

**Memorial Healthcare System
RFP and Competitive Quote Audits**

Completed Competitive Quotes	Amount \$	Exceptions
1 Interior Work for Wind Retrofit Project at MRHS	389,858	None
2 Three Year Accounts Payable ERP Integration Software for MHS	345,600	None
3 Airconditioners for Memorial Support Services	328,890	None
4 Candidate Engagement and Messaging Subscription of ERP for MHS	1,973,536	None
5 Three Year Laproscopic Equipment Service Agreement for MHW	474,615	None
6 Four Year Lung Screening Equipment Service Agreement for MHS	472,995	None
7 Patient Monitoring Equipment Replacement at MHW	320,031	None
8 Memorial Medical Office Center Hollywood Construction Project	314,881	None
9 EPIC Claims Data Integration Services for MHN Network	284,016	None
10 Software Subscription for Quality Management, Incident Reporting & Patient Tracking Services at MHS	234,427	None
11 Two Year Salesforce Licenses Renewal for MHS	226,620	None
12 Labor and Material for Endoscopy Equipment Replacement at MHM	215,477	None
13 Janitorial Services for Medical Office Building at MHM	214,650	None
14 Support and Maintenance Renewal for Early Warning Scoring System MHS	208,986	None
15 Maintenance Renewal for Servers at Data Centers MHS	179,060	None
16 Software for Patient Engagement for Marketing & Communication MHS	177,038	None
17 Highway Billboards & Mobile Advertisements for MHS	175,507	None
18 Replacement of Food Service Equipment at MHW	166,415	None
19 Call Manager Upgrade at MHW	149,850	None
20 Coding Software License Agreement Renewal for Health Information Management MHS	144,000	None
21 Three Year Surgical Service Equipment Agreement at MRH	142,259	None
22 Television Media Campaign for MHS	137,000	None
23 Replacement Equipment for MRHS Laboratory	122,386	None
24 Equipment for Miami Lakes Urgent Care Center	114,779	None
25 Server Capacity Resources for Data Center at MHS	114,223	None
26 Three Year Surgical Service Equipment Agreement at MHW	110,648	None
27 Media Campaign for Memorial Cardiac & Vascular Institute	110,000	None
28 Data Cable Installation at MHM Medical Office Building	107,023	None
29 Phase Two Media Campaign for Memorial Cardiac & Vascular Institute	105,625	None
30 Architectural Fees for Surgical Intensive Care Unit Tower at MRH	6,229,637	None

**Memorial Healthcare System
Investor Contact Log
Fiscal Year 2023**

Quarter: Ended	Contact:	Representing:	Discussion:
July 31, 2022			None
October 31, 2022			None
January 31, 2023	Christopher Grimbel	Fidelity	One-off investor inquiry

**Memorial Healthcare System
Non Audit Engagement Report
Q3 FY 2023**

Quarter Ended	RSM US LLP Engagement:		
Q3 FY2023	For professional services rendered and expenses incurred in connection with Memorial Health Network (MHN) IRS Audit for tax year ending 4/30/2019.	\$	5,000
	For professional services rendered and expenses incurred in connection with the preparation of MHN year end 4/30/2022 tax returns.	\$	2,888
	For professional services rendered and expenses incurred in connection with preparation of Memorial Healthcare System's amended Tax form 990T and F1120X for the years ending April 30, 2019, 2020 and 2021.	\$	21,000
	For professional services rendered and expenses incurred in connection with preparation of Memorial Healthcare System's year end 4/30/2021 extension and preparation of the year ended 4/30/2022 estimated payments.	\$	3,150
	For professional services rendered and expenses incurred in connection with the preparation of Joe DiMaggio Children's Hospital Foundation and Memorial Foundation YE 12/31/21 tax returns.	\$	9,266
	For professional services rendered and expenses incurred in connection with implementing GASB 87 Technical Lease accounting.	\$	22,785
	Total	\$	64,089
Q3 FY2022	Total spend, provided for comparative purpose	\$	34,973

Quarter Ended	Zomma Group LLP Engagement:		
Q3 FY2023	For professional services rendered and expenses incurred in connection with Non Audit Engagements.	\$	-
Q3 FY2022	Total spend, provided for comparative purpose	\$	-

**MEMORIAL HEALTHCARE SYSTEM
AUDIT AND COMPLIANCE WORK PLAN
FISCAL YEAR 2024**

SUMMARY

	HOURS						
	FY 2024 Budget	FY 2023 Budget	Mar 1, 2022 thru Feb 28, 2023 Actual				
I. INTERNAL AUDIT							
RECURRING ANNUAL AUDITS	1,150	950	1,035				
RECURRING QUARTERLY AUDITS	1,160	1,160	1,643				
INFORMATION SYSTEMS AUDITS	950	950	961				
OTHER INTERNAL AUDITS	2,800	1,150	1,540				
INTERNAL AUDIT TOTAL	6,060	4,210	5,178				
II. COMPLIANCE							
FACILITY BILLING AUDITS	4,350	4,150	4,150				
PROFESSIONAL BILLING AUDITS	1,810	1,810	1,840				
FACILITY AND PROFESSIONAL BILLING AUDITS	600	740	816				
OTHER COMPLIANCE AUDITS	800						
COMPLIANCE AUDIT TOTAL	7,560	6,700	6,805				
III. PRIVACY & SECURITY							
PRIVACY AUDITS	450	450	446				
SECURITY AUDITS	760	760	767				
PRIVACY & SECURITY TOTAL	1,210	1,210	1,213				
IV. HOTLINE AND OTHER INVESTIGATIONS							
	1,400	1,400	1,275				
V. ADMINISTRATIVE & OTHER							
	1,800	1,800	1,790				
VI. PAID LEAVE							
	1,890	1,890	2,013				
GRAND TOTAL	19,920	17,210	18,274				
SUMMARY BY STAFFING							
	INTERNAL AUDIT	COMPLIANCE	PRIVACY & SECURITY	HOTLINE & INVESTIGATIONS	OTHER	PAID LEAVE	TOTAL
CHIEF COMPLIANCE & INTERNAL AUDIT OFFICER	596	770	157	605	369	87	2,584
DIRECTOR OF COMPLIANCE	304	841	156	121	309	305	2,036
COMPLIANCE AUDITORS	135	2,943	128	126	401	474	4,205
COMPLIANCE AUDITOR - MPG	106	1,441	108	17	79	339	2,088
DIRECTOR OF INTERNAL AUDIT	1,258	182	235	57	154	408	2,293
INTERNAL AUDITORS	1,954	132	128	274	285	216	2,989
SENIOR IT & PRIVACY AUDITOR	826	497	302	76	194	185	2,079
TOTALS	5,178	6,805	1,213	1,275	1,790	2,013	18,274

I. INTERNAL AUDIT	Hours
A. RECURRING ANNUAL AUDITS	1,150
Conflicts of Interest Review and evaluate system to determine that conflicts of interest are identified, evaluated and mitigated. Determine that the risks of purchase schemes, kickbacks, bid rigging, etc. are mitigated. Determine that related party transactions are identified, evaluated and mitigated.	450
Pension Plan Annual audit of pension plan activity for compliance with plan document. Audit of Contributions.	150
RSM Annual Audit Assist RSM with annual financial audit.	550
B. RECURRING QUARTERLY AUDITS	1,160
Construction Audit of construction disbursements for all projects with an estimated cost of \$1,000,000 or greater.	200
RFPs and Competitive Quotes Audit to determine that all Requests for Proposal (RFPs) and Competitive Quotes are conducted according to System policies.	200
Board, Executive Staff Travel & Administrative Team Travel Audit to determine that all travel and entertainment expenses incurred by Board members and members of the Executive and Administrative Staffs are consistent with System policies.	200
RSM Non Audit Engagements Identify and report to the Audit and Compliance Committee all RSM engagements that are not related to their main audit activities.	60
Facilities Management Coordinate and review services provided by Elevate.	200
Food Services Coordinate and review services provided by Elevate.	200
Pharmacy Services Coordinate and review services provided by Premier Performance Partners (PPP).	100
C. INFORMATION SYSTEMS AUDITS	950
Assistance Provided to Protiviti Coordinate and review services provided by Protiviti.	200
Audit Workpaper Software Maintenance of the Audit Department management system, including the development of automated reports and management response process, development of risk assessments, updates to project program steps, and create and maintain audit summary dashboard.	250
Conflicts of Interest Dual Access Monitoring Verify that the Memorandum of Understanding is effective for employees with a second job who were educated and agreed to the control obligations through monitoring user activities to ensure that their patient access does not pose a conflict of interest until automated monitoring can be established.	250
Risk Management Framework Review the standards and guidelines for assessing and managing risks, which include setting objectives, establishing principles for corrective actions, identifying threats and vulnerabilities, analyzing the impact that PHI, PII and sensitive information losses may have and developing criteria for accepting risk levels.	250

I. **INTERNAL AUDIT**

Hours

	2,800
Non-Monetary Compensation to Physicians Determine whether non-monetary compensation are provided to physicians for medical staff incidental benefits that can include meals, parking, and items or incidental services. Verify that an inventory of non-monetary compensation and benefits exists.	250
Supply Chain Evaluate the supply chain governance, risk management and control processes appropriately reduce operations costs, increase competitive advantage, and inventory sole source providers, and verify supplier selection process ensures that they provide quality goods and services, timely delivery and follow up on delays, have strong cybersecurity controls, have service level audits, and are held to ethical standards.	300
Construction Services Determine whether operational and financial internal controls are in place and operating properly. Review policies and procedures, evaluate RFP process, bid documentation and review payment application and close-out process.	250
Contract Management Identify contract processing stages, performance of contract management software, including approval routings, tracking obligations, alerts, and functions that ensure contracts contain the appropriate clauses and sensitive information is managed securely.	250
Memorial Health Network Review the current policies and procedures for this program to determine whether it meets the objectives and is consistent with clinical integrated network (CIN) of independent physicians, physician groups, and hospitals that are expected to provide patient focused coordinated care through collaboration that expands coverage and controls costs.	250
Corporate Credit Cards Review corporate credit cards policy, determine when receipts are required and charges are to be pre-approved, permitted or prohibited. Assess credit card usage limitations, issuance approval process, and reconciliation process.	1,500
INTERNAL AUDIT TOTAL	<u>6,060</u>

II. COMPLIANCE**Hours**

A. FACILITY BILLING AUDITS	4,350
DRG Coding Conduct coding audits of MS-DRGs that have been nationally identified as subject to manipulation. Determine whether the services provided were medically necessary. Audit the coding process to determine that the assignment of DRGs is appropriate and reasonable.	300
APCs & Outpatient Services Conduct coding audits that have been nationally identified as subject to manipulation. Determine whether the services provided were medically necessary. Audit to determine whether issues of medical necessity, diagnosis and procedure coding, and bundling and unbundling of services relating to the outpatient prospective payment system are properly handled.	300
Medicaid Services Determine whether the services are medically necessary. Determine whether the services are billed according to Medicaid guidelines.	300
340B Drug Pricing Program - Hospital Determine whether the patients are appropriate candidates. Determine if the provider is 340B eligible. Audit for potentially abusive practices, such as duplicate discounts. Audit to determine adequacy of documentation. Determine if the location is an eligible location.	400
340B Drug Pricing Program - Contract Pharmacies Determine whether the patients are appropriate candidates. Determine if the provider is 340B eligible. Audit for potentially abusive practices, such as duplicate discounts. Audit to determine adequacy of documentation. Determine if the location is an eligible location.	400
New Programs and Services Determine whether issues of medical necessity, diagnosis and procedure coding, and bundling and unbundling of services relating to new programs are properly handled. Includes LUNA, HOPCo, OB Emergency Services, Comprehensive Stroke Designation at MHW, RN Fellowship Program.	400
Total Heart Center and Adult Congenital Heart Disease Program Audit for potentially abusive practices such as upcoding; examine for adequacy of patient record documentation.	200
Clinical Trials Audit to assess program safeguards related to clinical trial claim processing requirements. Audit to assess that payment only includes items and services that Medicare would otherwise have covered if they were not provided in the context of a clinical trial.	200
Memorial Cancer Institute Audit for potentially abusive practices such as upcoding; examine for adequacy of patient record documentation.	200
Memorial/Moffitt Cancer Program Audit to ensure all policies, care plans, and other documentation are in order, medication adherence rates are monitored; examine for adequacy of patient record documentation.	200
Regulatory Audits Conduct audits that determine whether we are following the rules which allow us to be Medicare and Medicaid providers, such as, the Medicare Outpatient Observation Notice, the Important Message from Medicare, the Detailed Notice of Discharge, signage, Pregnancy Termination after 15 weeks, etc.	250

II. COMPLIANCE**Hours**

Medicare Administrative Contractor Comparative Billing Reports 400
Conduct audits to review First Coast Service Options, Inc. letters of utilization units and dollars paid, average number of units and dollars paid as compared to our peer group to identify opportunities to refine Medicare billing and utilization.

Partnerships and Outside Services Programs 400
Conduct audits that determine whether we are following the rules which allow us to be Medicare and Medicaid providers with our partnerships and outside services, including LUNA, HOPCo, Solis, and Maternal Fetal Medicine Services.

Behavioral Health Audit 400
Determine whether issues of medical necessity, diagnosis and procedure coding, and bundling and unbundling of services relating to include medication adherence such as in the Spravato Program.

B. PROFESSIONAL BILLING AUDITS 1,810

Coding and Billing Practices of Employed Physicians 1,810
Audit for potentially abusive practices such as upcoding; examine for adequacy of patient record documentation, include telehealth reviews and teach physician services for Hospitalists, Lung Cancer, Oncologists, Pediatric GI Program, and Primary Care Physicians.

C. FACILITY AND PROFESSIONAL BILLING AUDITS 600

Medical Necessity, Coding and Billing Audits for Hospital and MPG 600
Audit for compliance with Medicare and Medicaid requirements for medical record documentation of medical necessity, diagnosis and procedure coding, and medication adherence for both technical component and professional components in programs such as Chronic Care Pediatrics, and NICU III.

D. OTHER COMPLIANCE AUDITS 800

CCP Network 40
Perform the function of compliance committee member at the Community Care Plan.

Excluded Party Searches 320
Perform annual searches of all employees, physicians, non staff physicians, non physician practitioners, traveling nurses, students, volunteers, vendors and vendor principles to ensure that none have been excluded from participation in federal programs.

Compliance Policies and Procedures 480
Update policies and procedures.
Audit to determine whether the Compliance Program policies and procedures are being followed.

COMPLIANCE AUDIT TOTAL**7,560**

III. <u>PRIVACY & SECURITY</u>	<u>Hours</u>
A. <u>PRIVACY AUDITS</u>	450
Privacy Technical Issues Participation in the management of Privacy Technical issues including log management and development, remote and system access, software application privacy compliance, investigation tools, and privacy monitoring.	75
Population Health Services Assess the current policies and procedures for this program to determine whether it meets the objectives and is consistent with the privacy and security standards	150
General Data Protection Regulation Review patients and employees for residence in the European Union and evaluate privacy requirements are met to ensure data protections at rest and transit, use and disclosure, and data retention meet the requirements of GDPR.	150
Break the Glass Evaluate a sample of the break the glass report for escalated access to ePHI for appropriateness.	75
B. <u>SECURITY AUDITS</u>	760
Ransomware Readiness Evaluate effectiveness of controls to mitigate ransomware attacks at the Memorial Healthcare System network perimeter.	200
Remote log-in geo-location Evaluate geographical location controls when logging into Memorial Healthcare System remotely.	150
Identity and Access Management Evaluate access controls as employees and vendors change roles within Memorial Healthcare System.	160
Transmission Security Review electronic transmission of ePHI, verify a mechanism to encrypt the ePHI was implemented appropriately, to include email, texting, application sessions, FTP, remote backups, remote access and support sessions (VPN) and web conferencing.	250
PRIVACY & SECURITY TOTAL	1,210
IV. <u>HOTLINE AND OTHER INVESTIGATIONS</u>	
Hotline Investigate and respond to compliance hotline calls.	700
Internal Reports Investigate and respond to Internal Reports of suspected noncompliance.	700
INVESTIGATIONS TOTAL	<u>1,400</u>
V. <u>ADMINISTRATIVE & OTHER</u>	
Compliance and Internal Audit Training and Development Includes New Employee Orientation, Leadership Essentials, Management Updates, Compliance Working Committee, Physician Compliance Training and other sessions as needed.	1,200
Administrative and Other Includes special projects, meetings, etc. Includes Credit Union	600
TRAINING, STAFF DEVELOPMENT & OTHER TOTAL	<u>1,800</u>

VI. WORK PERFORMED BY OUTSIDE AUDIT FIRMS

A. ANNUAL IT SECURITY AUDITS	Firm
<p>External Penetration Testing Conduct an annual scan to identify and evaluate the security posture and risk exposures of external MHS environments (Internet perimeter) and to identify information security system issues. Conduct scans of new, outward facing features such as ePrescribing and Patient Medical Records.</p>	Protiviti
<p>Internal Penetration Test Internal Penetration Test, with a focus on Ransomware attack vectors, would be performed to evaluate the risk the organization faces if an attacker, malicious code, or internal employee were to attempt to perpetrate an attack on the network from the inside, otherwise bypassing external network controls that would prevent an external attacker.</p>	Protiviti
<p>Internal Vulnerability Assessment Conduct an annual scan to identify and evaluate the security posture and risk exposures of internal MHS environments and to identify information security system issues.</p>	Protiviti
B. NEW IT SECURITY AUDITS	Firm
<p>Cloud Strategy, Governance, and Security Configuration Review Protiviti will perform evaluation of rules and policies adopted to run services in the cloud, cloud governance that facilitates effective and efficient security management and operations in the cloud environment, review the application's supporting cloud infrastructure for effective cloud application using a cloud provider's security controls to protect workloads, data security, and manage risk.</p>	Protiviti
<p>Workday Pre-Implementation Assessment/Roadmap This review will focus on the Workday implementation and focus on the IT General Controls in place protecting the data contained therein including access controls, logging, and retention/backup of the application database as well as the configuration of system based controls to protect confidentiality, integrity and availability of the underlying system.</p>	Protiviti
<p>Application Review (i.e. Epic, Infor, Population Health) Protiviti will assist MHS to evaluate the system and security controls of Epic, Infor, and Population Health, including an evaluation of the databases, servers, and infrastructure that support the applications, access management, and data governance.</p>	Protiviti
<p>Incident Response Program Assessment Assess Information Technology Incident Response Program against industry best practices and standards to identify potential risks and vulnerabilities, measure maturity, forensic capabilities, and lessons learned process.</p>	Protiviti
<p>Digital Identity and Access Management Assessment Assess the business processes, policies and technologies that facilitates the management of electronic or digital identities, including products, processes, and policies used to manage user identities and regulate user access within an organization..</p>	Protiviti
<p>Customer Experience (TalkDesk) Assessment</p>	Protiviti
C. INTERNAL & COMPLIANCE AUDITS	Firm
<p>Facilities Management Regular quarterly audits to determine: That goods and services are ordered, received, approved and paid according to MHS policies. That conflicts of interest are identified, evaluated and mitigated. That the risks of purchase schemes, kickbacks, bid rigging, etc. are mitigated.</p>	Elevate
<p>Food Services Regular quarterly audits to determine: That goods and services are ordered, received, approved and paid according to MHS policies. That conflicts of interest are identified, evaluated and mitigated. That the risks of purchase schemes, kickbacks, bid rigging, etc. are mitigated.</p>	Elevate
<p>Pharmacy Regular quarterly audits to determine medication adherence</p>	PPP

VI. WORK PERFORMED BY OUTSIDE AUDIT FIRMS

Physician Agreements	Nelson Mullins Broad & Cassel
Determine whether Physician Agreements, including lease agreements, are in compliance with federal regulations. Verify that the work being performed and the payments being made are in accordance with an executed and current contract.	
Behavioral Health Program	TBD
Determine whether the services are medically necessary. Determine whether the patient has been placed in the appropriate status (inpatient, observation or outpatient). Audit for potentially abusive practices such as upcoding. Audit to determine adequacy of documentation.	
Evaluation of Corporate Compliance Programs	TBD
Determine that the Compliance Program effectively articulates and demonstrates the organization's commitment to the compliance process and ethical business practices, a culture that promotes prevention, detection and resolution of conduct that does not conform to Federal and State laws.	
Price Transparency	TBD
Assess the MHS cost of hospital items and services are appropriately available to the public and contains comprehensive machine-readable files with all items and services, and shoppable services are available in a consumer-friendly format to meet the CMS requirements.	
Transplant Program	TBD
Determine transplant program policies and procedures align with regulatory requirements and data reporting, and coding and billing are appropriate.	
Compliance Risk Assessment	TBD
Identify areas lacking internal control, evaluate potential compliance risks to possible outcomes, and prioritize legal and regulatory risks based on the severity of possible operational, legal, and financial damage associated with each.	



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To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS

Date: January 25, 2023

From: Dorinda Segovia, Vice President, Pharmacy Services, MHS
 Scott Davis, Vice President, Reimbursement and Revenue Integrity, MHS

Subject: **Action Plan: Compliance Audit of the 340B Program at Memorial Healthcare System - FY 2023 Third Quarter**

Attached is our Action Plan, which identifies the steps which will be taken to address the recommendations made in the above referenced audit.

Recommendations	Response/Action Plan	Estimated Completion Date
<p>We recommend reversing the charge for the one claim with the missing medication administration record (MAR) and original prescription order.</p>	<p>Patients drug was charged, but not documented as given due to the pyxis set up issue to be set up as charge on dispense. Extensive review off all charge on dispense charges to be completed by MHM. Will need to pull report of all charge on dispense items. This one charge will be manually credited by MHM Pharmacy.</p>	<p>3/1/2023</p>
<p>We recommend continuing to monitor and include pre-admissions testing (PAT) locations and the automated dispensing cabinet (ADC) overrides to target audit parameters for increased oversight over mixed use based on hospital locations.</p>	<p>MHM MOB Pyxis was set-up to charge on dispense and not as charge on administration since they opened. On 6/22/22 this was corrected, and duplicate charges credited. However, nursing was logging in to a non-clinical department MHM PAT, where additional incorrect charges were found. Since, an epic report was created for MHM to audit all charges documented as charge on dispense. They'll have to audit all the charges to determine what was</p>	<p>2/7/23</p>

	administered. Nursing and Pharmacy leadership teams have been notified.	
IT Pyxis Machine Charging Set-ups	As “charge on dispense” continues to be an issue. A better audit process needs to be developed to prevent this from coming up in future audits.	2/8/23

cc: K. Scott Wester, President and Chief Executive Officer, MHS



Dorinda Segovia,
Vice President, Pharmacy Services



Scott Davis,
Administrative Director, Reimbursement
and Revenue Integrity



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To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS
Date: February 24, 2023
From: Peter Powers, Administrator and Chief Executive Officer, MRH *Peter Powers*
 Walter Bussell, Chief Financial Officer, MRH *WBussell*
 Diane Evangelista, Administrative Director, HIM, MHS *DE*
Subject: **Action Plan: COMPLIANCE AUDIT OF DOCUMENTATION AND BILLING OF CYSTOURETHROSCOPY WITH FULGURATION PROCEDURES AND BLADDER TUMOR RESECTION, MEDIUM, CPT CODE 52235 AT MEMORIAL REGIONAL HOSPITAL**


Attached is our Action Plan, which identifies the steps which will be taken to address the recommendations made in the above referenced audit.

Recommendations	Response/Action Plan	Estimated Completion Date
<p>We recommend Health Information Management include the procedure cystourethroscopy with fulguration procedures and bladder tumor resection in their continuing education provided to coding staff and in their routine audits.</p>	<p>HIM will provide continuing education to coding staff for cystourethroscopy with fulguration and resection for bladder tumor and lesions. This will also be included in routine audits. A physician query process has been developed by HIM to address missing documentation for these procedures. When query is unanswered, coder will either code bladder lesion procedure with an unspecified CPT code or use pathology report in the following scenarios: for single lesions, code the size in centimeters documented on path report; for multiple lesions, when a range in size is documented in centimeters, coding the largest size documented in the range.</p>	<p>6/30/2023</p>

cc: K. Scott Wester, President and Chief Executive Officer, MHS



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To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS
Date: February 24, 2023
From: Mario Salceda-Cruz, Chief Operating Officer, MPG 
 Esther Surujon, Chief Financial Officer, MPG, MPC & UCC
Subject: **Action Plan: COMPLIANCE AUDIT OF DOCUMENTATION AND BILLING OF CYSTOURETHROSCOPY WITH FULGURATION PROCEDURES AND BLADDER TUMOR RESECTION, MEDIUM, CPT CODE 52235 AT MEMORIAL REGIONAL HOSPITAL**

Attached is our Action Plan, which identifies the steps which will be taken to address the recommendations made in the above referenced audit.

Recommendations	Response/Action Plan	Estimated Completion Date
We recommend Memorial Physician Group (MPG) management reeducate providers on the completeness and clarity of medical record documentation particularly on the size of tumor removed in the operative (OP) records.	Urology Providers has been reeducated on completeness and clarity of medical record documentation particularly on the size of tumor removed in the operative (OP) records.	03/03/2023
We recommend MPG management audit physician documentation in the OP records of the size of the tumor removed for cystourethroscopy with fulguration procedures and bladder tumor resection for adequacy of documentation, as needed.	Beginning 3/31/2023, Business Office will randomly select 5 Op reports for cystourethroscopy with fulguration procedures and bladder tumor resection and audit for proper documentation and coding. At the end of the month, the findings will be summarized and presented to Business Office – Admin Director. After 6 months this audit process will be conducted on an annual basis.	03/31/2023
We recommend MPG management audit providers medical record documentation of cystourethroscopy	Beginning 3/31/2023, Business Office will randomly select 5 in office cystourethroscopy with	

<p>with fulguration procedures and bladder tumor resection to ensure that the Current Procedural Terminology (CPT) code used is supported by medical record documentation.</p>	<p>fulguration procedures and bladder tumor resection and audit for proper documentation and CPT coding. At the end of the month, the findings will be summarized and presented to Business Office – Admin Director. After 6 months this audit process will be conducted on an annual basis.</p>	
<p>We recommend MPG coders and billers be retrained in coding for cystourethroscopy with fulguration procedures and bladder tumor resection.</p>	<p>MPG coders and billers were retrained in coding and billing for cystourethroscopy with fulguration procedures and bladder tumor resection.</p>	<p>2/22/2023</p>

cc: K. Scott Wester, President and Chief Executive Officer, MHS

Certificate Of Completion

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Envelope Stamping: Enabled	Kim Taylor Capers
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	3111 Stirling Road
	Fort Lauderdale , FL 33312
	ktaylorcapers@mhs.net
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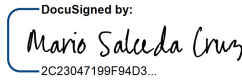
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Mario Salceda Cruz
 MSalceda@mhs.net
 COO Memorial Physician Group
 Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style
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 Signed using mobile

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Editor Delivery Events

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Intermediary Delivery Events

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Certified Delivery Events

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Carbon Copy Events

Status

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Loretta Burbridge
 LBurbridge@mhs.net
 Security Level: Email, Account Authentication (None)



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Payment Events	Status	Timestamps
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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact South Broward Hospital System d/b/a Memorial Healthcare System:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: jaleu@mhs.net

To advise South Broward Hospital System d/b/a Memorial Healthcare System of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at jaleu@mhs.net and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from South Broward Hospital System d/b/a Memorial Healthcare System

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to jaleu@mhs.net and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with South Broward Hospital System d/b/a Memorial Healthcare System

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to jaleu@mhs.net and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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- Until or unless you notify South Broward Hospital System d/b/a Memorial Healthcare System as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by South Broward Hospital System d/b/a Memorial Healthcare System during the course of your relationship with South Broward Hospital System d/b/a Memorial Healthcare System.



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To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS

Date: November 4, 2022

From: Mario Salceda-Cruz, Chief Operating Officer, MPG ^{DS}MSC
 Esther Surujon, Chief Financial Officer, MPG, MPC ^{DS}ES

Subject: Action Plan: Compliance Audit of Neurology & Neurosurgery Procedures for Memorial Physician Group Professional Coding and Billing

Attached is our Action Plan, which identifies the steps which will be taken to address the recommendations made in the above referenced audit.

Recommendations	Response/Action Plan	Estimated Completion Date
We recommend that Neurology providers be reeducated on medical record documentation, coding, and billing of EEG services.	Majority of the Neurology providers have received reeducation. Remaining Neurology providers are in the process of being scheduled for reeducation.	03/30/2023
We recommend MPG Business Office monitor the implemented process for compliance with documentation, coding, and billing of Botox and EEG services.	Monthly audits will be conducted for 6 months. Business Office will randomly select 5 accounts for Botox, EMGs, and Procedures. Additionally, 5 Outpatient claims and 5 Inpatient claims will be audited. At the end of the month, the findings will be summarized and presented to Business Office – Admin Director. After 6 months this audit process will be conducted on an annual basis	03/31/2023

<p>We recommend MPG Business Office initiate a retrospective review of Botox injection services from date of the audit back six years to identify documentation and charge capture errors and correct and rebill if appropriate.</p>	<p>Business Office has requested 6 years of Botox billing CPT J0585 & J0586 (01/01/2016-12/31/2022). Once obtained billing will be audited to capture any errors and correct and rebill if appropriate.</p>	<p>05/31/2023</p>
<p>We recommend that MPG Administration ensure that MHS covered recipients are registered in both the Open Payments system and CMS Identity Management (IDM) system and review and dispute the data on their behalf.</p>	<p>Practice Managers will receive training at the March 2023 Practice Managers meeting. The Practice Managers will be shown on how to enroll each of the providers into the IDM and then request access to Open Payments. Each manager will have to do this for each provider. Once granted access, they must log into each account and review the provider's reported payments. They will then need to sit with each provider and review what has been reported. If a provider is going to dispute a payment, the manager will have to work with the provider to complete the dispute.</p>	<p>03/31/2023</p>

cc: K. Scott Wester, President and Chief Executive Officer, MHS



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To: Denise DiCesare, Chief Compliance and Internal Audit Officer, MHS

Date: February 22, 2023

From: Vedner Guerrier, Chief Executive Officer, MHW *Vedner Guerrier*
 Felicia Turnley, Chief Operating Officer, MHW *Felicia G Turnley*
 Kevin Corcoran, Chief Financial Officer, MHW *Kevin Corcoran 3/6/23*
 Denise Reynolds, Chief Nursing Officer, MHW *Denise V. Reynolds 3/6/23*

Subject: Action Plan: Follow-Up Compliance Audit of Documentation and Billing of Bone Marrow Aspiration and Biopsy at Memorial Hospital West

Attached is our Action Plan, which identifies the steps which will be taken to address the recommendations made in the above referenced audit.

Recommendations	Response/Action Plan	Estimated Completion
We recommend IR management continue to ensure and monitor that the order entered in EPIC concurs with the procedure performed.	IR management will assure and monitor that the appropriate order for the bone marrow biopsies include the aspiration portion.	3/3/2023
We recommend IR management reeducate the staff obtaining consents ensure that the consent forms are filled completely according to standard practice and concur with the actual procedure to be performed.	The IR management team had re-educated the staff on the required elements of an informed consent.	3/3/2023
We recommend IR management develop a process and monitor to ensure that all consent forms are filled according to standard practice.	The IR management team will be enforcing the education of the need to verify all areas of the consents prior to the procedure and lately during the obligatory CRM time-out.	3/10/2023

<p>We recommend MHW Surgical Services develop a charge capture process and monitor that to ensure MAC are charged consistently.</p>	<p>Surgical services will review Anesthesia charges daily for prior day. The Status Board is used to review every case and each patient's account and then compared to the Final Anesthesia Type.</p>	<p>3/3/2023</p>
<p>We recommend ARM review the identified account with charging and reimbursement errors to determine if the account needs to be rebilled.</p>	<p>Charges corrected based on audit findings</p>	<p>2/14/2023</p>
<p>We recommend ARM review the identified account with MAC charging error to determine if the account need to be rebilled.</p>	<p>Account was rebilled to Medicare and is pending reimbursement</p>	<p>2/14/2023</p>

cc: K. Scott Wester, President and Chief Executive Officer, MHS

South Broward Hospital District

BOARD OF COMMISSIONERS

Brad Friedman, *Chairman* • Elizabeth Justen, *Vice Chairman* • Steven Harvey, *Secretary Treasurer*
Jose Basulto • Douglas A. Harrison • Dr. Luis E. Orta • Laura Raybin Miller

K. Scott Wester, *President and Chief Executive Officer* • Frank P. Rainer, *Senior Vice President and General Counsel*

Group: Building Committee
Chairman: Elizabeth Justen
Vice-Chairman: Jose Basulto
In Attendance: Brad Friedman, Scott Wester, Leah Carpenter, Matthew Muhart, David Smith, Frank Rainer, Douglas Zaren, Denise Dicesare, Mark Greenspan and David Schlemmer.
Attending via telephone were Peter Powers and Stephen Demers

Date: April 14, 2023
Time: 10:14 a.m.
Location: Executive Conference Room

There being a quorum present, the meeting was called to order by Mr. Friedman.

1. Public Meeting Notice Certification

Mr. Rainer, Senior Vice President and General Counsel, provided the Legal Certification of compliance with Florida's Public Meeting Laws.

2. Construction Progress Report

Mr. Schlemmer provided an overview on the status of each of the projects. All projects remain on schedule as indicated.

3. Projects in Planning Report

The Committee reviewed the report. Additions since the Committee last met were the Douglas Road Master Plan, Free Standing Emergency Department (Red Road), Miramar MOB Chiller Replacement and the Manor FEMA Hardening project.

4. Bid Openings

a. **Memorial Regional Hospital South – Chiller Replacement**

Bids for the Chiller Replacement Project were opened on April 10, 2023, in the Executive Conference Room of the 3111 Stirling Road Building.

Bids from five, Board approved, pre-qualified construction contractors were received for the project. The low bidder was Lee Construction Group, Inc., in the amount of \$1,456,277.00. In order to account for any unforeseen conditions that may arise during the performance of the work, Memorial Healthcare System will allocate \$218,000.00 of contingency dollars within the total project budget. These funds will be controlled and used solely by Memorial Healthcare System. After review and discussion,

The Building Committee recommends to the Board of Commissioners acceptance of the lowest responsive and responsible bidder, Lee Construction Group, Inc. in the amount of \$1,456,277.00 for the Chiller Replacement Project at Memorial Regional Hospital South and allocate a \$218,000 contingency amount to be controlled by Memorial Healthcare System

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b. Memorial Healthcare System – Miramar MOB Chiller Replacement

Bids for the MOB Chiller Replacement Project were opened on April 10, 2023, in the Executive Conference Room of the 3111 Stirling Road Building.

Bids from five, Board approved, pre-qualified construction contractors were received for the project. The low bidder was Lee Construction Group, Inc., in the amount of \$1,446,438.00. In order to account for any unforeseen conditions that may arise during the performance of the work, Memorial Healthcare System will allocate \$216,000.00 of contingency dollars within the total project budget. These funds will be controlled and used solely by Memorial Healthcare System. After review and discussion,

The Building Committee recommends to the Board of Commissioners acceptance of the lowest responsive and responsible bidder, Lee Construction Group, Inc., in the amount of \$1,446,438 for the Miramar MOB Chiller Replacement Project and allocate a \$216,000 contingency amount to be controlled by Memorial Healthcare System

5. Pines Property Acquisition

Mr. Schlemmer presented a PowerPoint presentation of a 0.76-acre parcel at 10175 Pines Boulevard that was most recently a Chase Bank. The 4,640 square foot building, located at Pines Boulevard and Palm Avenue, is well positioned for future Urgent and Primary Care Services. Memorial Healthcare System is in negotiations to acquire the property for \$3,250,000. After review and discussion,

The Building Committee recommends to the Board of Commissioners approval for Management to finalize a sales contract on the property at 10175 Pines Boulevard and authorizes Management to close on the property at a cost of \$3,250,000, assuming an acceptable Purchase and Sale Agreement

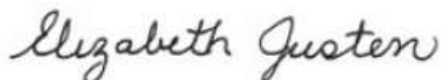
Mr. Rainer will provide a written resolution at the Board meeting.

6. New Business

Mr. Schlemmer informed the Committee that he and Mr. Greenspan met with the Management of Turner Construction Company, expressing concerns of recent bids not being as competitive as the rest of the general contracting pool. Turner clearly understood the position and advised that they look to be the highest value provider of general contracting and construction management work to Memorial Healthcare System. They concluded they are unable to provide that value in the current pool of bidders and therefore respectfully requested to be withdrawn from the pool. Mr. Schlemmer and Mr. Greenspan agreed with the decision and will make arrangements to withdraw Turner's participation. Additionally, they agreed that a pool of four general contractors would accommodate the needs of Memorial Healthcare System.

There being no further business, the meeting adjourned at 10:51 a.m.

Respectfully submitted,



Elizabeth Justen
Chairman
Building Committee

South Broward Hospital District
Board Building Committee
Construction Progress Report
March 2023

<i>Active Projects</i>	<i>Contractor/Architect</i>	<i>Scheduled Completion Date</i>	<i>Current Status</i>	<i>Comments</i>
Memorial Regional Hospital				
Linear Accelerator Replacement	Gerrits Construction/ACAI Associates	May 2024	On Schedule	None
Emerg Dept and Trauma Bay Renovation	Turner Construction/Harvard Jolly	**January 2025	On Schedule	None
Interventional Radiology	Turner Construction/ACAI Associates	April 2024	On Schedule	None
Family Birthplace 4th floor	Turner Construction/HKS Architects	July 2024	On Schedule	None
Joe DiMaggio Children's Hospital				
Emergency Department Renovation	Engel Construction/Harvard Jolly	November 2023	On Schedule	None
Memorial Regional Hospital South				
OR Electrical Upgrade	Engel Construction/Saltz Michelson	November 2022	June 2023	Supply Chain
Wind Retrofit	Thornton Construction/Saltz Michelson	December 2023	On Schedule	None
Main Electrical Feeders	Thornton Construction/Saltz Michelson	January 2024	February 2024	Supply Chain
Memorial Hospital West				
Cancer Institute Expansion	DPR Construction/HKS Architects	May 2023	June 2023	Supply Chain
Central Sterile Processing	Thornton Construction/Saltz Michelson	January 2024	March 2024	Supply Chain
Outpatient Nursing	Gerrits Construction/ACAI Associates	**October 2023	On Schedule	None
Memorial Healthcare System				
*Command Center	Lee Construction/Saltz Michelson	**December 2023	On Schedule	None
*DIO PAC Offices	Lee Construction/Saltz Michelson	**September 2023	On Schedule	None
MOBII Pediatric FitOut 2 & 3 FI Tenant Bld	Thornton Construction/Harvard Jolly	August 2023	On Schedule	None
Urgent Care Center Miami Gardens	Gerrits Construction/Saltz Michelson	May 2023	On Schedule	None
Primary Care Center Weston	Gerrits Construction/Saltz Michelson	April 2023	On Schedule	None
Memorial Hospital Miramar				
Service Elevator	Engel Construction/Saltz Michelson	January 2023	July 2023	Supply Chain

*Denotes Item Added to Report

**Estimate Pending Permit



MEMORIAL REGIONAL HOSPITAL • MEMORIAL REGIONAL HOSPITAL SOUTH • JOE DIMAGGIO CHILDREN'S HOSPITAL
 MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL MIRAMAR • MEMORIAL HOSPITAL PEMBROKE • MEMORIAL MANOR

South Broward Hospital District
 Board Building Committee
 Projects in Planning
 March 2023

<u>Memorial Regional Hospital</u>	Contractor / Architect	
Kitchen Renovation	Robins & Morton	Harvard Jolly
Master Plan	Robins & Morton	HKS Architects
<u>Joe DiMaggio Children's Hospital</u>		
Imaging Equipment Replacement	TBD	TBD
<u>Memorial Regional Hospital South</u>		
Chiller Replacement	TBD	Saltz Michelson
<u>Memorial Hospital West</u>		
Master Plan ICU/ED/MCI	TBD	HKS Architects
OR/Family Birthplace	TBD	HKS Architects
<u>Memorial Healthcare System</u>		
Free Standing Emergency Dept (Douglas Rd)	TBD	HKS Architects
*Douglas Road Master Plan	TBD	HKS Architects
*Free Standing Emergency Dept (Red Road)	TBD	HKS Architects
*Miramar MOB Chiller Replacement	TBD	HCS Engineers
*Manor FEMA Hardening	TBD	Saltz Michelson
Wellington ASC Conversion	TBD	Harvard Jolly
<u>Memorial Hospital Miramar</u>		
Interventional Radiology Room	TBD	ACAI Associates
<u>Memorial Hospital Pembroke</u>		
Chiller Replacement	TBD	Saltz Michelson

*Denotes Item Added to Report



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MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL MIRAMAR • MEMORIAL HOSPITAL PEMBROKE • MEMORIAL MANOR

TO: Scott Wester, President and Chief Executive Officer
FROM: David Schlemmer, Vice President
Construction and Property Management
SUBJECT: Bid Openings: Memorial Regional Hospital South Chiller Replacement
Memorial Hospital Miramar MOB Chiller Replacement
DATE: April 10, 2023

Bids for the Memorial Regional Hospital South Chiller Replacement and Memorial Hospital Miramar MOB Chiller Replacement were opened at 2:30 P.M. on Monday, April 10, 2023, in the Executive Conference Room and via teleconference. In attendance were Brad Friedman, Elizabeth Justen, Scott Wester, Leah Carpenter, Matthew Muhart, David Smith, David Webb, Joseph Stuczynski, Douglas Zaren, Stephen Demers, Frank Rainer, Mark Greenspan and David Schlemmer. In attendance (via telephone) were representatives from Engel Construction, Inc., Lee Construction, Inc., Lego Construction Co., Thornton Construction Company, Inc., and Turner Construction Company.

The following bids were received for the Memorial Regional Hospital South Chiller Replacement:

➤ Engel Construction, Inc.	\$ 2,272,151.70
➤ Lee Construction Group, Inc.	\$ 1,456,277.00
➤ Lego Construction Co.	\$ 1,824,729.90
➤ Thornton Construction Company, Inc.	\$ 1,736,110.00
➤ Turner Construction Company	\$ 3,388,184.86

The following bids were received for the Memorial Hospital Miramar MOB Chiller Replacement:

➤ Engel Construction, Inc.	\$ 1,939,435.05
➤ Lee Construction Group, Inc.	\$ 1,446,438.00
➤ Lego Construction Co.	\$ 1,658,287.05
➤ Thornton Construction Company, Inc.	\$ 1,579,744.00
➤ Turner Construction Company	\$ 2,303,970.90

Mr. Schlemmer informed the group, as has been the standard practice, that the bids would be reviewed and verified for accuracy.

Recommendation for award will be presented at the next regularly scheduled Board Building Committee Meeting.

changes), remain on Alert Status, but are both expected to be removed in the coming months. As of March 31, 2023, the assets in the operating funds totaled \$2.392 billion.

The monthly flash report was presented for informational purposes only.

No Action is required by the Board of Commissioners.

5. 403/457/401(a) Plans Monthly Flash Report

Mr. Wesner next reviewed the Monthly Flash Performance Report for the defined contribution plans. As of March 31, 2023, assets in the defined contribution plans totaled \$1.301 billion. The largest concentration of investments continues to be in the JPMorgan blend target date funds (60.2%). All funds have performed well in the long run and continue to provide employees a good selection of low-cost investment options.

The monthly flash report was presented for informational purposes only.

No Action is required by the Board of Commissioners.

6. Nurse Staffing Update Presentation

Ms. Puga and Ms. Blandon presented an overview of the Nurse staffing environment. They noted a significant increase in nursing costs (including external contractors and employed staff) over the past three years, with a heavy reliance on expensive contracted labor. There has also been a large increase in nurse vacancy and turnover rates at both the national and regional level. To help tackle the nursing shortage, the District is taking steps to expand its internal Nurse Residency and Registered Nurse Fellowship Programs, as well as implementing a new system-wide Nurse Float Pool Program. Overall, the District has been successful in hiring into the Nurse Residency/Fellowship Programs and Nurse Float Pool Program, which has allowed us to decrease the spend on RN traveler and outside per diem staffing.

No Action is required by the Board of Commissioners.

7. Financial Report – March 2023

Mr. Mirza provided an overview of the financial results for the month of March 2023. A full report will be given at the April Board meeting, at which time Board approval of the operating results will be required.

No Action is required by the Board of Commissioners.

8. Financial Assistance Policy and IRS Section 501(r) Update

Annually, the Board of Commissioners reviews and adopts a Financial Assistance Policy. The Affordable Care Act of 2010 created Section 501(r) of the Internal Revenue Code that includes added requirements for tax-exempt hospitals related to Community Health Needs Assessments, Financial Assistance Policies, Limitations on Charges and Billing and Collection Policies.

Ms. Boucher reviewed the existing financial assistance program and policies and discussed a few small changes that were provided to the Finance Committee in draft form. After discussion, a Motion was made and seconded, as follows:

The Finance Committee recommends the Board of Commissioners adopts the Financial Assistance Policy for Memorial Healthcare System that complies with Section 501(r) of the Internal Revenue Code.

9. **Standard Practice – Transfer/Access to Emergency Care**

Ms. Boucher next discussed the requirement for Board review and approval of the System’s policy related to transfer and access to emergency care, which is also generally referred to as EMTALA (Emergency Medical Treatment Active Labor Act). Both Federal and State Statutes create certain obligations on the part of hospitals, with emergency departments and physicians providing emergency care and services. The Standard Practice was last revised in October 2021 and no changes are recommended at this time. A Motion was made and seconded, as follows:

The Finance Committee recommends the Board of Commissioners approves the Memorial Healthcare System Standard Practice – Transfer/Access to Emergency Care Financial Assistance Policy.

10. **New Business**

There were two new items of business.

- A. Mr. Wester recapped the discussion held previously with the Board at the Strategic Planning Committee, related to providing a discretionary recognition to the LDI group for Fiscal Year 2023, at a cost of \$2.4 million. A Motion was made and seconded, as follows:

The Finance Committee recommends the Board of Commissioners approves a discretionary recognition to the LDI group.

- B. Mr. Rampat presented an overview of the Investment Advisor RFP and the process undertaken by the Board Selection Committee. The Committee’s recommendation was to award the RFP to NEPC, LLC, which is now being brought to Finance Committee for further action. After discussion, a Motion was made and seconded, as follows:

The Finance Committee recommends the Board of Commissioners approves the award of the Investment Advisory RFP to NEPC, LLC.

There being no further business, the Finance Committee adjourned at 12:06 p.m.

Respectfully submitted,



Steven Harvey
Vice Chair
Finance Committee

U.S. Equity Returns

	Mar	YTD	1 Yr
S&P 500	3.7%	7.5%	-7.7%
Russell 3000	2.7%	7.2%	-8.6%
NASDAQ	6.8%	17.0%	-13.3%
Dow Jones	2.1%	0.9%	-2.0%

Non-U.S. Equity Returns

	Mar	YTD	1 Yr
ACWI	3.1%	7.3%	-7.4%
ACWI ex. US	2.4%	6.9%	-5.1%
EAFE Index	2.5%	8.5%	-1.4%
EAFE Local	0.5%	7.5%	3.8%
EAFE Growth	5.3%	11.1%	-2.8%
EAFE Value	-0.3%	5.9%	-0.3%
EAFE Small Cap	-0.2%	4.9%	-9.8%
Emerging Markets	3.0%	4.0%	-10.7%
EM Small Cap	0.9%	3.9%	-11.0%

Regional Returns

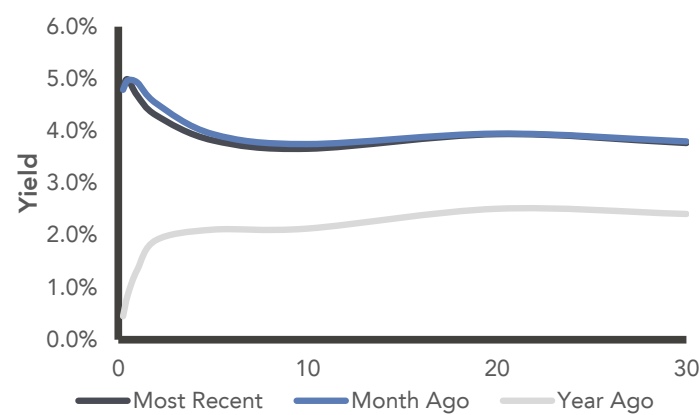
	Mar	YTD	1 Yr
Europe	2.3%	10.4%	1.4%
Asia ex-Japan	3.5%	4.3%	-8.9%
EM Latin America	0.8%	3.9%	-11.1%
UK	-0.6%	6.1%	-0.8%
Germany	4.0%	14.7%	2.2%
France	3.1%	14.6%	8.8%
Japan	4.0%	6.2%	-5.2%
China	4.5%	4.7%	-4.7%
Brazil	-0.3%	-3.2%	-18.7%
India	1.2%	-6.4%	-12.2%

Real Estate Returns

	Qtr	YTD	1 Yr
NCREIF NPI National*	-3.5%	5.5%	5.5%
FTSE NAREIT	1.5%	1.5%	-19.8%

*Returns as of December 31, 2022

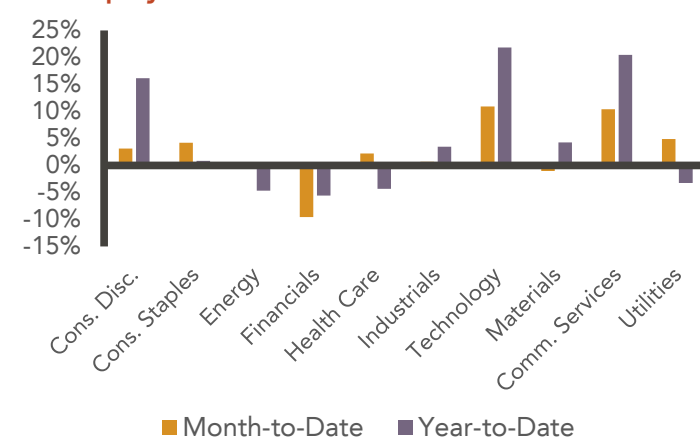
Yield Curve



Style Index Returns

	Month-to-Date			Year-to-Date		
	Value	Core	Growth	Value	Core	Growth
Large	-0.5%	3.2%	6.8%	1.0%	7.5%	14.4%
Mid	-3.1%	-1.5%	1.4%	1.3%	4.1%	9.1%
Small	-7.2%	-4.8%	-2.5%	-0.7%	2.7%	6.1%

U.S. Equity Sector Returns



Fixed Income Returns

	Mar	YTD	1 Yr
Aggregate	2.5%	3.0%	-4.8%
Universal	2.3%	2.9%	-4.6%
Government	2.9%	3.0%	-4.4%
Treasury	2.9%	3.0%	-4.5%
Int. Gov/Credit	2.3%	2.3%	-1.7%
Long Gov/Credit	4.4%	5.8%	-13.4%
TIPS	2.9%	3.3%	-6.1%
Municipal 5 Year	1.9%	1.9%	1.8%
High Yield	1.1%	3.6%	-3.3%
Bank Loans	-0.1%	3.1%	2.1%
Global Hedged	2.2%	2.9%	-3.9%
EM Debt Hard Currency	1.0%	1.9%	-6.9%

Hedge Fund Returns*

	Mar	YTD	1 Yr
HFRX Global	-1.4%	-0.2%	-3.3%
HFRX Hedged Equity	-0.3%	0.6%	-2.3%
HFRX Event Driven	-1.9%	-0.5%	-6.0%
HFRX Macro	-3.1%	-2.6%	0.2%
HFRX Relative Value	-0.9%	0.9%	-3.6%
CBOE PutWrite	3.0%	6.8%	-3.1%

*HFRX returns as of March 30, 2023

Commodity Returns

	Mar	YTD	1 Yr
GSCI Total	-1.1%	-4.9%	-10.0%
Precious Metals	9.2%	6.3%	-0.4%
Livestock	-2.3%	-4.3%	-2.8%
Industrial Metals	-0.3%	-2.1%	-22.1%
Energy	-6.9%	-18.7%	-25.1%
Agriculture	1.0%	0.0%	-3.6%
WTI Crude Oil	-1.6%	-5.2%	-14.4%
Gold	7.6%	8.1%	0.7%



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Marquette Update

2Q 2023



Save the date!

Our Symposium will be held as a hybrid event again this year, with an in-person option in Chicago at the Union League Club and a virtual livestream online. We're excited to welcome Frank Kelly and Ben Mezrich as featured speakers and our research team will also present several flash talks. All clients are invited — full invitation coming in July!

Friday, September 15TH

\$337B

assets under advisement

99%

client retention rate

37th

year in business

100%

employee-owned¹

25

partners

130+

employees



QUARTERLY RESEARCH

April 20

1Q Market Insights

Webinar: 4/20

YouTube: 4/21

April 25

Letter from the
Director of Research

Follow us on [YouTube](#) [Twitter](#) [LinkedIn](#) Subscribe to email alerts at MarquetteAssociates.com

IN THE INDUSTRY

- ▶ Amy Miller was named to Kayo Conference Series' 23 in '23 Women in Endowments & Foundations list ([link](#))
- ▶ Tom Latzke presented at Opal Group's Public Funds Summit 2023 1/12 ([link](#))
- ▶ Catherine Callaghan presented at DePaul University's Females in Finance Initiative 1/18 ([link](#))
- ▶ Dave Smith presented at the Community Foundation of Northeast Iowa's Professional Advisor Education Series 1/18 ([link](#))
- ▶ Kweku Obed presented at the National Association of Securities Professionals' (NASP) Diverse Manager Forum 1/19 ([link](#))
- ▶ Glenn E. Ross presented at the 2023 College Savings Plan Network Prepaid Mini Conference 2/28 ([link](#))
- ▶ Evan Frazier and Frank Valle presented at the Ohio Institutional Forum hosted by Markets Group 3/2 ([link](#))
- ▶ Kweku Obed presented at the Georgia Association of Public Pension Trustees (GAPPT) Annual Conference 3/21 ([link](#))
- ▶ Jessica Noviskis presented at the OCIO Central Summit hosted by Portfolio Summits 3/22 ([link](#))

Client data as of December 31, 2022; firm data as of April 2023. Client retention rate calculated as the average annual retention rate trailing ten years. ¹By current and former employees. Marquette is an independent investment adviser registered under the Investment Advisers Act of 1940, as amended. Registration does not imply a certain level of skill or training. More information about Marquette including our investment strategies, fees and objectives can be found in our ADV Part 2, which is available upon request and on our website.



Retirement Plan

South Broward Hospital District

Retirement Plan

Monthly Flash Report

March 31, 2023

PRELIMINARY

Market Value: \$876.6 Million and 100.0% of Fund

Investment Manager	Asset Class	Status	Reason
C.S. McKee Aggregate Fixed Income	Core Fixed Income	In Compliance	---
Chartwell High Yield	High Yield Fixed Income	Alert	Organizational Issues
Pacific Floating Rate Income	Senior Secured Loans	In Compliance	---
Vanguard Total Stock Market Fund	All-Cap Core	In Compliance	---
Parametric Defensive Equity	Defensive Equity	In Compliance	---
Dodge & Cox	Global Value Equity	In Compliance	---
Walter Scott & Partners	Global Growth Equity	In Compliance	---
Vanguard Global Minimum Volatility	Global Low-Volatility	In Compliance	---

Open-End Investment Manager Evaluation Terminology

The following terminology has been developed by Marquette Associates to facilitate efficient communication among the Investment Manager, Investment Consultant, and the Plan Sponsor. Each term signifies a particular status with the Fund and any conditions that may require improvement. In each case, communication is made only after consultation with the Trustees and/or the Investment Committee of the Plan.

In Compliance – Marquette has not been notified of any issues or changes to the investment manager that would materially impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

Alert – The investment manager has experienced a problem in performance (usually relative to a benchmark), a change in investment characteristics, an alteration in management style, ownership, or key investment professionals, and/or any other irregularities that may impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

On Notice – The investment manager has experienced continued concern with one or more Alert issues. Failure to improve upon stated issues within a certain time frame may justify termination.

Termination – The investment manager has been terminated and transition plans are in place.

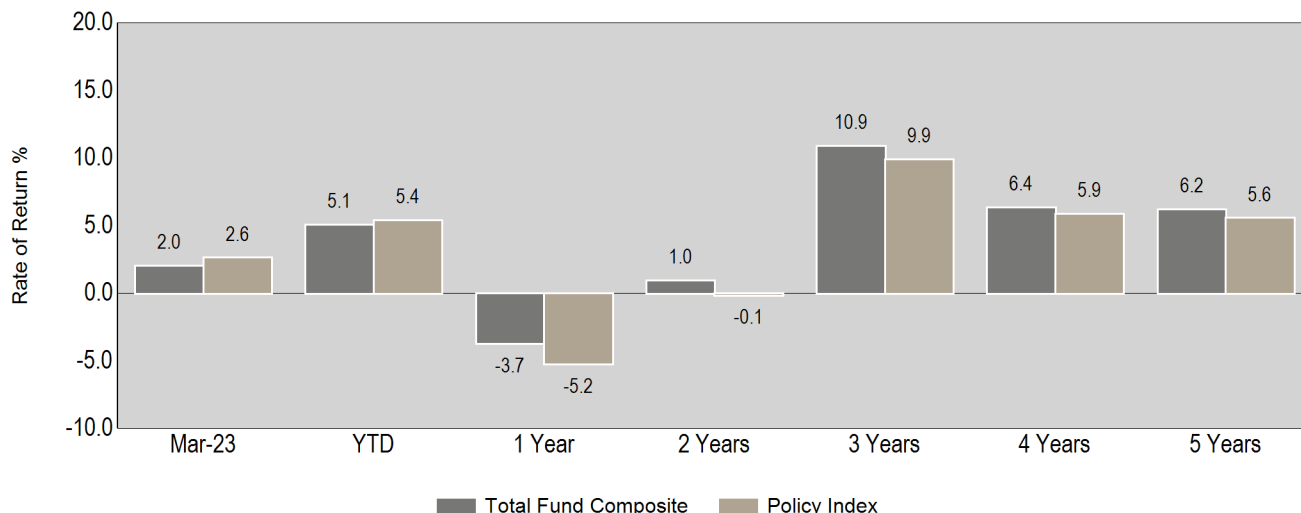
Interpreting and Understanding This Report

This Report, including all data, information, calculations and comments contained in the pages herein, should be viewed in its entirety.

Total Fund Composite

Market Value: \$876.6 Million and 100.0% of Fund

Return Summary Ending March 31, 2023



Statistics Summary 3 Months Ending March 31, 2023

Asset Allocation vs. Target As Of March 31, 2023

	Anlzd Return
Total Fund Composite	5.1%
Fixed Income Composite	2.7%
U.S. Equity Composite	6.3%
Global Equity Composite	6.2%

	Current	Current	Policy	Difference*	%
Fixed Income Composite	\$272,683,620	31.1%	35.0%	-\$34,120,484	-3.9%
U.S. Equity Composite	\$181,722,779	20.7%	20.0%	\$6,406,149	0.7%
Global Equity Composite	\$415,897,497	47.4%	45.0%	\$21,435,078	2.4%
Cash Composite	\$6,279,257	0.7%	--	--	--

Summary of Cash Flows

	Last Month	Year-To-Date	One Year	Three Years
Beginning Market Value	\$859,044,326.84	\$833,725,297.78	\$907,735,052.40	\$639,811,720.30
Net Cash Flow	-\$212,549.88	-\$195,503.87	\$95,227.92	-\$3,638,237.93
Net Investment Change	\$17,751,375.73	\$43,053,358.78	-\$31,247,127.63	\$240,409,670.32
Ending Market Value	\$876,583,152.69	\$876,583,152.69	\$876,583,152.69	\$876,583,152.69

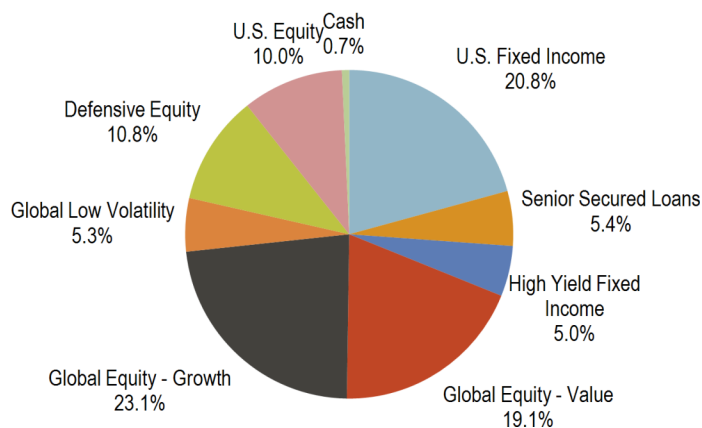
Total Fund Composite

Market Value: \$876.6 Million and 100.0% of Fund

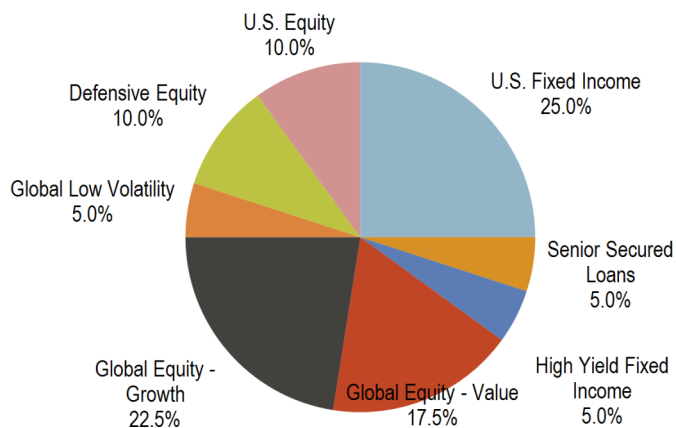
Ending March 31, 2023

Asset Class	Market Value	1 Mo Net Cash Flows	% of Portfolio	Policy %	Policy Range	Policy Difference	
Total Fund Composite	\$876,583,153	-\$212,550	100.0%	100.0%		\$0	
Fixed Income Composite	\$272,683,620	\$0	31.1%	35.0%	30.0% - 40.0%	-\$34,120,484	
C.S. McKee Aggregate Fixed Income	Core Fixed Income	\$181,906,267	\$0	20.8%	25.0%	20.0% - 30.0%	-\$37,239,521
Chartwell High Yield	High Yield Fixed Income	\$43,523,811	\$0	5.0%	5.0%	2.5% - 7.5%	-\$305,346
Pacific Floating Rate Income	Senior Secured Loans	\$47,240,996	\$0	5.4%	5.0%	2.5% - 7.5%	\$3,411,839
Wellington LCP Legacy Portfolio	Workout Portfolio	\$12,544	\$0	0.0%			
U.S. Equity Composite	\$181,722,779	-\$336,369	20.7%	20.0%	15.0% - 25.0%	\$6,406,149	
Vanguard Total Stock Market Fund	All-Cap Core	\$87,322,348	-\$336,369	10.0%	10.0%	5.0% - 15.0%	-\$335,967
Parametric Defensive Equity	Defensive Equity	\$94,400,431	\$0	10.8%	10.0%	5.0% - 15.0%	\$6,742,116
Global Equity Composite	\$415,897,497	\$0	47.4%	45.0%	40.0% - 50.0%	\$21,435,078	
Dodge & Cox	Global Value Equity	\$167,663,503	\$0	19.1%	17.5%	12.5% - 22.5%	\$14,261,451
Walter Scott & Partners	Global Growth Equity	\$202,210,059	\$0	23.1%	22.5%	17.5% - 27.5%	\$4,978,850
Vanguard Global Minimum Volatility	Global Low-Volatility	\$46,023,935	\$0	5.3%	5.0%	2.5% - 7.5%	\$2,194,777
Cash Composite	\$6,279,257	\$123,819	0.7%	--		\$6,279,257	
Money Market	Cash & Equivalents	\$2,798,442	\$331,345	0.3%			
Vanguard Treasury Money Market	Cash & Equivalents	\$3,480,815	-\$207,526	0.4%			

Current Asset Allocation



Target Asset Allocation



Investment Manager

Annualized Performance (Net of Fees)

Market Value: \$876.6 Million and 100.0% of Fund

Ending March 31, 2023

	1 Mo	3 Mo	Fiscal YTD	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs
Total Fund Composite	2.0%	5.1%	2.1%	-3.7%	1.0%	10.9%	6.4%	6.2%
<i>Policy Index</i>	2.6%	5.4%	0.6%	-5.2%	-0.1%	9.9%	5.9%	5.6%
Fixed Income Composite	1.8%	2.7%	0.2%	-2.8%	-2.7%	0.0%	0.9%	1.4%
<i>Custom Index</i>	1.9%	2.9%	0.1%	-2.8%	-2.7%	-0.1%	1.0%	1.7%
C.S. McKee Aggregate Fixed Income	2.5%	2.8%	-1.0%	-4.9%	-4.6%	-2.3%	0.0%	--
<i>Bloomberg US Aggregate TR</i>	2.5%	3.0%	-1.0%	-4.8%	-4.5%	-2.8%	0.0%	0.9%
Chartwell High Yield	0.7%	1.5%	2.5%	1.0%	0.0%	4.0%	2.1%	2.6%
<i>BofA Merrill Lynch 1-3 Yrs High Yield BB</i>	0.7%	2.2%	3.3%	1.8%	0.7%	5.4%	3.1%	3.6%
Pacific Floating Rate Income	0.3%	3.5%	2.9%	2.7%	3.0%	6.8%	3.3%	3.2%
<i>CSFB Leveraged Loan</i>	-0.1%	3.1%	1.9%	2.1%	2.7%	8.4%	3.6%	3.5%
Wellington LCP Legacy Portfolio								
U.S. Equity Composite	2.5%	6.3%	2.3%	-5.7%	2.7%	15.8%	9.1%	8.8%
<i>CRSP US Total Market TR USD</i>	2.6%	7.2%	0.3%	-8.8%	0.9%	18.4%	10.8%	10.4%
Vanguard Total Stock Market Fund	2.7%	7.2%	0.4%	-8.8%	0.9%	18.3%	10.7%	10.4%
<i>CRSP US Total Market TR USD</i>	2.6%	7.2%	0.3%	-8.8%	0.9%	18.4%	10.8%	10.4%
Parametric Defensive Equity	2.4%	5.6%	4.2%	-2.5%	4.3%	12.5%	6.8%	6.6%
<i>50% S&P 500/50% 91 Day T-Bill</i>	2.1%	4.3%	2.4%	-2.1%	2.7%	9.9%	6.7%	6.6%
<i>CBOE S&P 500 Covered Combo Index</i>	1.8%	6.4%	-2.5%	-7.9%	2.1%	12.3%	5.2%	5.1%
Global Equity Composite	2.0%	6.2%	3.3%	-3.4%	2.5%	16.8%	8.7%	8.3%
<i>MSCI ACWI</i>	3.1%	7.3%	0.6%	-7.4%	-0.4%	15.4%	8.0%	6.9%
Dodge & Cox	-0.2%	5.1%	3.4%	-3.2%	3.5%	22.5%	9.4%	7.1%
<i>MSCI ACWI Value</i>	-0.3%	1.2%	-0.5%	-5.5%	1.4%	15.2%	5.2%	4.3%
Walter Scott & Partners	4.1%	8.4%	3.6%	-4.3%	1.5%	14.0%	8.5%	9.3%
<i>MSCI World Growth</i>	6.9%	15.1%	2.4%	-9.8%	-0.8%	15.9%	11.4%	10.4%
Vanguard Global Minimum Volatility	1.1%	1.4%	1.7%	-0.2%	2.6%	9.7%	3.8%	4.9%
<i>MSCI ACWI Minimum Volatility Index</i>	3.7%	1.5%	-1.9%	-6.1%	1.0%	8.2%	4.1%	5.0%

Investment Manager

Calendar Performance (Net of Fees)

Market Value: \$876.6 Million and 100.0% of Fund

	2022	2021	2020	2019	2018
Total Fund Composite	-11.9%	13.4%	11.0%	19.5%	-3.7%
<i>Policy Index</i>	-13.9%	12.6%	11.7%	19.6%	-4.7%
<i>InvMetrics All DB Net Rank</i>	27	40	73	41	32
Fixed Income Composite	-9.5%	-0.2%	6.3%	8.6%	-0.6%
<i>Custom Index</i>	-10.0%	0.1%	6.7%	8.7%	0.5%
<i>InvMetrics All DB Total Fix Inc Net Rank</i>	35	42	70	53	57
C.S. McKee Aggregate Fixed Income	-12.9%	-1.8%	7.6%	8.9%	--
<i>Bloomberg US Aggregate TR</i>	-13.0%	-1.5%	7.5%	8.7%	0.0%
<i>eV US Core Fixed Inc Net Rank</i>	42	76	73	54	--
Chartwell High Yield	-3.0%	2.3%	4.2%	7.0%	0.7%
<i>BofA Merrill Lynch 1-3 Yrs High Yield BB</i>	-3.1%	3.2%	5.4%	8.7%	1.3%
<i>High Yield Bond MStar MF Rank</i>	4	99	74	96	7
Pacific Floating Rate Income	-0.8%	4.6%	1.6%	8.3%	--
<i>CSFB Leveraged Loan</i>	-1.1%	5.4%	2.8%	8.2%	1.1%
Wellington LCP Legacy Portfolio					
U.S. Equity Composite	-13.8%	21.8%	13.6%	23.5%	-4.1%
<i>CRSP US Total Market TR USD</i>	-19.5%	25.7%	21.0%	30.8%	-5.2%
<i>InvMetrics All DB US Eq Net Rank</i>	6	92	89	98	7
Vanguard Total Stock Market Fund	-19.5%	25.7%	21.0%	30.7%	-5.2%
<i>CRSP US Total Market TR USD</i>	-19.5%	25.7%	21.0%	30.8%	-5.2%
<i>All Cap MStar MF Rank</i>	59	45	38	36	37
Parametric Defensive Equity	-7.7%	17.2%	5.0%	16.0%	-2.9%
<i>50% S&P 500/50% 91 Day T-Bill</i>	-8.2%	13.7%	9.9%	16.1%	-1.0%
<i>CBOE S&P 500 Covered Combo Index</i>	-13.8%	20.8%	-0.2%	19.5%	-4.9%

- Policy Index is currently 40% MSCI ACWI, 5% MSCI ACWI Minimum Volatility, 25% Barclays U.S. Aggregate, 10% CRSP US Total Market Index, 10% 50% CBOE Put Write Index, 5% BofA ML 1-3 Year High Yield BB, and 5% Credit Suisse Leveraged Loan Index.

- All Data is to be considered preliminary until the release of the final quarterly report.

- InvestorForce is a subsidiary of MSCI. The platform is utilized by 45 Investment Consulting firms, with over 3,500 members, totaling roughly \$4 trillion in assets. Peer universes include over 1,000 Defined Benefit Plans, including over 230 with between \$250 million and \$1 billion in assets.

Investment Manager

Calendar Performance (Net of Fees)

Market Value: \$876.6 Million and 100.0% of Fund

	2022	2021	2020	2019	2018
Global Equity Composite	-12.8%	19.0%	12.4%	27.1%	-6.2%
<i>MSCI ACWI</i>	-18.4%	18.5%	16.3%	26.6%	-9.4%
<i>InvMetrics All DB Gbl Eq Net Rank</i>	16	14	69	28	26
Dodge & Cox	-5.8%	20.8%	6.0%	23.8%	-12.6%
<i>MSCI ACWI Value</i>	-7.5%	19.6%	-0.3%	20.6%	-10.8%
<i>Global Large Stock Mstar MF Rank</i>	11	24	78	72	76
Walter Scott & Partners	-19.6%	18.7%	18.9%	30.5%	-2.3%
<i>MSCI World Growth</i>	-29.2%	21.2%	33.8%	33.7%	-6.7%
<i>eV Global All Cap Growth Eq Net Rank</i>	15	21	97	52	16
Vanguard Global Minimum Volatility	-4.5%	12.0%	-3.9%	22.7%	-1.7%
<i>MSCI ACWI Minimum Volatility Index</i>	-10.3%	13.9%	2.7%	21.1%	-1.6%
<i>eV Global Low Volatility Equity Net Rank</i>	8	93	83	22	1

- Policy Index is currently 40% MSCI ACWI, 5% MSCI ACWI Minimum Volatility, 25% Barclays U.S. Aggregate, 10% CRSP US Total Market Index, 10% 50% CBOE Put Write Index, 5% BofA ML 1-3 Year High Yield BB, and 5% Credit Suisse Leveraged Loan Index.

- All Data is to be considered preliminary until the release of the final quarterly report.

- InvestorForce is a subsidiary of MSCI. The platform is utilized by 45 Investment Consulting firms, with over 3,500 members, totaling roughly \$4 trillion in assets. Peer universes include over 1,000 Defined Benefit Plans, including over 230 with between \$250 million and \$1 billion in assets.

Retirement Plan

Portfolio Reconciliation By Manager

Month Ending March 31, 2023

	Beginning Market Value	Contributions	Withdrawals	Net Cash Flow	Net Investment Change	Ending Market Value
C.S. McKee Aggregate Fixed Income	\$177,420,730	\$0	\$0	\$0	\$4,485,537	\$181,906,267
Chartwell High Yield	\$43,205,623	\$0	\$0	\$0	\$318,188	\$43,523,811
Pacific Floating Rate Income	\$47,094,102	\$0	\$0	\$0	\$146,895	\$47,240,996
Wellington LCP Legacy Portfolio	\$12,537	\$0	\$0	\$0	\$7	\$12,544
Vanguard Total Stock Market Fund	\$85,362,836	\$0	-\$336,369	-\$336,369	\$2,295,880	\$87,322,348
Parametric Defensive Equity	\$92,178,060	\$0	\$0	\$0	\$2,222,371	\$94,400,431
Dodge & Cox	\$167,916,580	\$0	\$0	\$0	-\$253,077	\$167,663,503
Walter Scott & Partners	\$194,191,908	\$0	\$0	\$0	\$8,018,151	\$202,210,059
Vanguard Global Minimum Volatility	\$45,518,178	\$0	\$0	\$0	\$505,758	\$46,023,935
Money Market	\$2,457,626	\$340,175	-\$8,831	\$331,345	\$9,471	\$2,798,442
Vanguard Treasury Money Market	\$3,686,147	\$3,302,999	-\$3,510,525	-\$207,526	\$2,194	\$3,480,815
Total	\$859,044,327	\$3,643,174	-\$3,855,724	-\$212,550	\$17,751,376	\$876,583,153

DISCLOSURE

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Operating Funds

South Broward Hospital District

Operating Funds

Monthly Flash Report

March 31, 2023

PRELIMINARY

Market Value: \$2,391.5 Million and 100.0% of Fund

Investment Manager	Asset Class	Status	Reason
Smith Graham Low Duration	Short-Term Govt. Fixed Income	Alert	Professional Turnover
Galliard Intermediate Government	Int. Govt. Fixed Income	Alert	Organizational Issues
Galliard Opportunistic	Opportunistic Fixed Income	Alert	Organizational Issues
Merganser Intermediate Bond	Int. Govt. Fixed Income	In Compliance	---
Merganser Opportunistic	Opportunistic Fixed Income	In Compliance	---
Lord Abbett Short Duration	Short-Term Govt. Fixed Income	In Compliance	---
Lord Abbett Intermediate Bond	Int. Govt. Fixed Income	In Compliance	---
Fort Washington Intermediate Bond	Int. Govt. Fixed Income	In Compliance	---
Fort Washington Active Fixed Income	Opportunistic Fixed Income	In Compliance	---
PFM - Self Insurance Fund	Int. Govt. Fixed Income	In Compliance	---
PFM - Disability Fund	Int. Govt. Fixed Income	In Compliance	---
PFM - Workmen's Compensation Fund	Int. Govt. Fixed Income	In Compliance	---
PFM - Health & Dental Fund	Int. Govt. Fixed Income	In Compliance	---
Vanguard Global Minimum Volatility	Global Low-Volatility	In Compliance	---
Parametric Global Defensive Equity	Defensive Equity	In Compliance	---
PNC Treasury Management	Cash & Equivalents	In Compliance	---

Open-End Investment Manager Evaluation Terminology

The following terminology has been developed by Marquette Associates to facilitate efficient communication among the Investment Manager, Investment Consultant, and the Plan Sponsor. Each term signifies a particular status with the Fund and any conditions that may require improvement. In each case, communication is made only after consultation with the Trustees and/or the Investment Committee of the Plan.

In Compliance – Marquette has not been notified of any issues or changes to the investment manager that would materially impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

Alert – The investment manager has experienced a problem in performance (usually relative to a benchmark), a change in investment characteristics, an alteration in management style, ownership, or key investment professionals, and/or any other irregularities that may impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

On Notice – The investment manager has experienced continued concern with one or more Alert issues. Failure to improve upon stated issues within a certain time frame may justify termination.

Termination – The investment manager has been terminated and transition plans are in place.

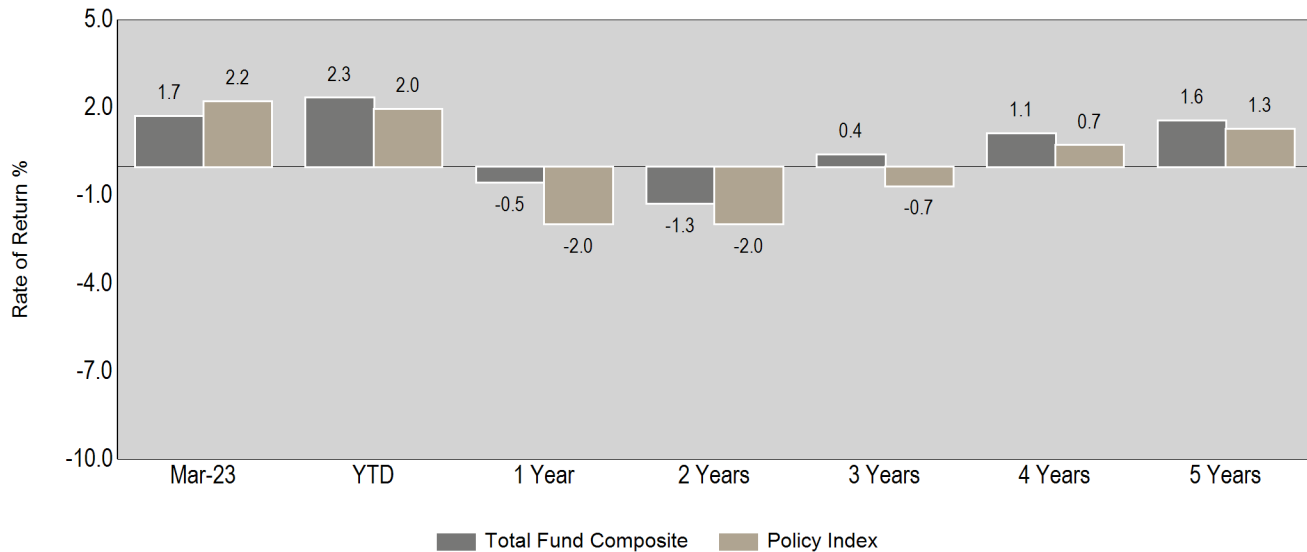
Interpreting and Understanding This Report

This Report, including all data, information, calculations and comments contained in the pages herein, should be viewed in its entirety.

Total Fund Composite

Market Value: \$2,391.5 Million and 100.0% of Fund

Return Summary Ending March 31, 2023



Statistics Summary

3 Months Ending March 31, 2023

Asset Allocation vs. Target

As Of March 31, 2023

	Anlzd Return		Current	Current	Policy	Difference*	%
Total Fund Composite	2.3%	Cash & Equivalents	\$258,102,848	10.8%	15.0%	-\$100,627,252	-4.2%
Short Term Composite	2.0%	Short-Term Govt. Fixed Income	\$239,062,664	10.0%	10.0%	-\$90,735	0.0%
Intermediate Term Composite	2.3%	Int. Govt. Fixed Income	\$923,215,248	38.6%	35.0%	\$86,178,349	3.6%
Opportunistic Composite	2.5%	Opportunistic Fixed Income	\$463,311,031	19.4%	20.0%	-\$14,995,768	-0.6%
Global Equity Composite	3.3%	Global Core Equity	--	--	5.0%	-\$119,576,700	-5.0%
		Global Low-Volatility	\$252,122,035	10.5%	7.5%	\$72,756,985	3.0%
		Defensive Equity	\$255,720,171	10.7%	7.5%	\$76,355,122	3.2%
		Total	\$2,391,533,997	100.0%	100.0%		

Summary of Cash Flows

	Last Month	Last Three Months	One Year	Three Years
Beginning Market Value	\$2,350,815,559	\$2,449,882,733	\$2,569,783,145	\$2,203,237,124
Net Cash Flow	-\$21,264	-\$115,064,519	-\$165,260,177	\$159,392,169
Net Investment Change	\$40,739,702	\$56,715,783	-\$12,988,971	\$28,904,704
Ending Market Value	\$2,391,533,997	\$2,391,533,997	\$2,391,533,997	\$2,391,533,997

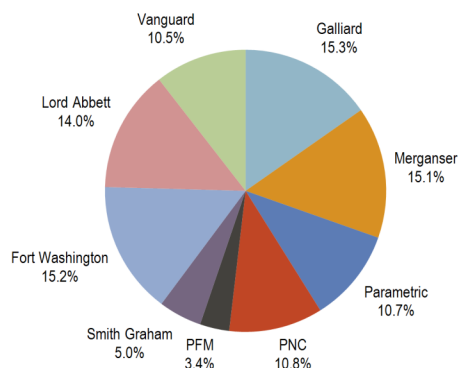
Total Fund Composite

Market Value: \$2,391.5 Million and 100.0% of Fund

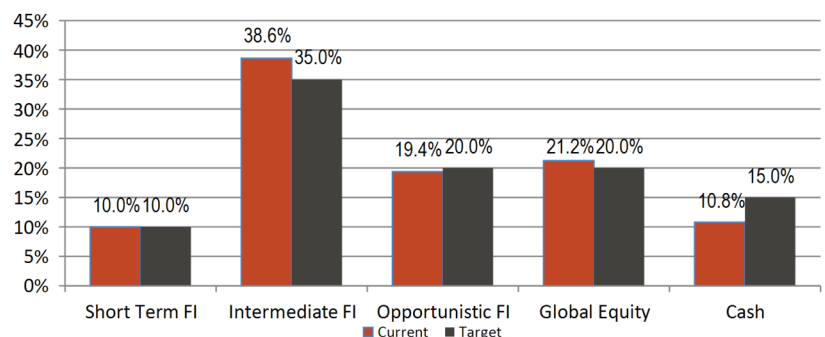
Ending March 31, 2023

	Asset Class	Market Value	1 Mo Net Cash Flows	% of Portfolio	Policy %	Policy Range	Policy Difference
Total Fund Composite		\$2,391,533,997	-\$21,264	100.0%	100.0%		\$0
Short Term Composite		\$239,062,664	\$0	10.0%	10.0%	5.0% - 15.0%	-\$90,735
Lord Abbett Short Duration	Short-Term Govt. Fixed Income	\$120,182,172	\$0	5.0%			
Smith Graham Low Duration	Short-Term Govt. Fixed Income	\$118,880,492	\$0	5.0%			
Intermediate Term Composite		\$923,215,248	\$0	38.6%	35.0%	30.0% - 40.0%	\$86,178,349
Galliard Intermediate Government	Int. Govt. Fixed Income	\$223,037,363	\$0	9.3%			
Merganser Intermediate Bond	Int. Govt. Fixed Income	\$217,411,619	\$0	9.1%			
Fort Washington Intermediate Bond	Int. Govt. Fixed Income	\$186,776,699	\$0	7.8%			
Lord Abbett Intermediate Bond	Int. Govt. Fixed Income	\$215,341,946	\$0	9.0%			
PFM - Self Insurance Fund	Int. Govt. Fixed Income	\$44,733,762	\$0	1.9%			
PFM - Disability Fund	Int. Govt. Fixed Income	\$19,804,998	\$0	0.8%			
PFM - Workmen's Compensation Fund	Int. Govt. Fixed Income	\$10,804,066	\$0	0.5%			
PFM - Health & Dental Fund	Int. Govt. Fixed Income	\$5,304,795	\$0	0.2%			
Opportunistic Composite		\$463,311,031	\$0	19.4%	20.0%	15.0% - 25.0%	-\$14,995,768
Galliard Opportunistic	Opportunistic Fixed Income	\$143,011,724	\$0	6.0%			
Merganser Opportunistic	Opportunistic Fixed Income	\$143,242,752	\$0	6.0%			
Fort Washington Active Fixed Income	Opportunistic Fixed Income	\$177,056,555	\$0	7.4%			
Global Equity Composite		\$507,842,206	\$0	21.2%	20.0%	15.0% - 25.0%	\$29,535,407
Vanguard Global Minimum Volatility	Global Low-Volatility	\$252,122,035	\$0	10.5%			
Parametric Global Defensive Equity	Defensive Equity	\$255,720,171	\$0	10.7%			
Cash Composite		\$258,102,848	-\$21,264	10.8%	15.0%	15.0% - 20.0%	-\$100,627,252
PNC Treasury Management	Cash & Equivalents	\$258,102,752	-\$21,264	10.8%			
U.S. Bank Cash	Cash & Equivalents	\$95	\$0	0.0%			

Current Manager Concentration



Target Asset Allocation



Investment Manager

Annualized Performance (Net of Fees)

Market Value: \$2,391.5 Million and 100.0% of Fund

Ending March 31, 2023

	1 Mo	3 Mo	Fiscal YTD	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs
Total Fund Composite	1.7%	2.3%	1.2%	-0.5%	-1.3%	0.4%	1.1%	1.6%
Policy Index	2.2%	2.0%	0.2%	-2.0%	-2.0%	-0.7%	0.7%	1.3%
Short Term Composite	1.9%	2.0%	1.0%	0.0%	-2.1%	-1.0%	0.3%	0.8%
Bloomberg US Govt/Credit 1-5 Yr. TR	1.8%	1.8%	0.7%	-0.3%	-2.1%	-0.8%	0.8%	1.3%
Lord Abbett Short Duration	1.8%	1.9%	0.9%	0.0%	--	--	--	--
Bloomberg US Govt/Credit 1-5 Yr. TR	1.8%	1.8%	0.7%	-0.3%	-2.1%	-0.8%	0.8%	1.3%
Smith Graham Low Duration	2.0%	2.2%	1.0%	0.0%	-2.1%	-1.0%	0.3%	0.8%
Bloomberg US Govt/Credit 1-5 Yr. TR	1.8%	1.8%	0.7%	-0.3%	-2.1%	-0.8%	0.8%	1.3%
Intermediate Term Composite	1.9%	2.3%	0.5%	-1.4%	-2.9%	-1.3%	0.3%	0.9%
Bloomberg US Govt/Credit Int TR	2.3%	2.3%	0.3%	-1.7%	-2.9%	-1.3%	0.7%	1.4%
Galliard Intermediate Government	1.8%	2.4%	0.4%	-1.8%	-2.9%	-1.3%	0.3%	0.9%
Bloomberg US Govt/Credit Int TR	2.3%	2.3%	0.3%	-1.7%	-2.9%	-1.3%	0.7%	1.4%
Merganser Intermediate Bond	1.8%	2.2%	0.5%	-1.4%	-3.0%	-1.3%	0.2%	0.9%
Bloomberg US Govt/Credit Int TR	2.3%	2.3%	0.3%	-1.7%	-2.9%	-1.3%	0.7%	1.4%
Fort Washington Intermediate Bond	2.0%	2.3%	0.5%	-1.6%	--	--	--	--
Bloomberg US Govt/Credit Int TR	2.3%	2.3%	0.3%	-1.7%	-2.9%	-1.3%	0.7%	1.4%
Lord Abbett Intermediate Bond	2.2%	2.5%	0.4%	-1.5%	--	--	--	--
Bloomberg US Govt/Credit Int TR	2.3%	2.3%	0.3%	-1.7%	-2.9%	-1.3%	0.7%	1.4%
PFM - Self Insurance Fund	1.7%	1.8%	0.7%	-0.3%	-1.9%	-0.7%	0.8%	1.3%
BofA Merrill Lynch US Treasury/Agency 1-5 Yrs	2.0%	1.8%	0.5%	-0.4%	-2.1%	-1.4%	0.6%	1.1%
PFM - Disability Fund	1.6%	1.7%	0.6%	-0.3%	-2.0%	-0.8%	0.8%	1.3%
BofA Merrill Lynch US Treasury/Agency 1-5 Yrs	2.0%	1.8%	0.5%	-0.4%	-2.1%	-1.4%	0.6%	1.1%
PFM - Workmen's Compensation Fund	1.6%	1.7%	1.1%	0.6%	-0.9%	-0.4%	0.8%	1.2%
BofA Merrill Lynch US Agencies 1-3 Yrs	1.6%	1.6%	0.6%	0.1%	-1.3%	-0.7%	0.6%	1.0%
PFM - Health & Dental Fund	1.5%	1.7%	1.0%	0.5%	-0.9%	-0.4%	0.8%	1.2%
BofA Merrill Lynch US Agencies 1-3 Yrs	1.6%	1.6%	0.6%	0.1%	-1.3%	-0.7%	0.6%	1.0%

Investment Manager

Annualized Performance (Net of Fees)

Market Value: \$2,391.5 Million and 100.0% of Fund

Ending March 31, 2023

	1 Mo	3 Mo	Fiscal YTD	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs
Opportunistic Composite	2.0%	2.5%	0.2%	-2.0%	-3.0%	-1.6%	0.5%	1.2%
<i>Bloomberg US Int TR</i>	2.1%	2.4%	-0.3%	-2.8%	-3.6%	-2.0%	0.2%	1.0%
Galliard Opportunistic	2.1%	2.6%	-0.1%	-2.5%	-3.2%	-1.6%	0.5%	1.2%
<i>Bloomberg US Int TR</i>	2.1%	2.4%	-0.3%	-2.8%	-3.6%	-2.0%	0.2%	1.0%
Merganser Opportunistic	1.9%	2.4%	0.2%	-1.8%	-2.9%	-1.5%	0.5%	1.2%
<i>Bloomberg US Int TR</i>	2.1%	2.4%	-0.3%	-2.8%	-3.6%	-2.0%	0.2%	1.0%
Fort Washington Active Fixed Income	2.0%	2.4%	0.4%	-1.8%	--	--	--	--
<i>Bloomberg US Int TR</i>	2.1%	2.4%	-0.3%	-2.8%	-3.6%	-2.0%	0.2%	1.0%
Global Equity Composite	1.7%	3.3%	2.7%	-0.3%	2.7%	10.3%	4.8%	5.4%
<i>MSCI ACWI Minimum Volatility Index</i>	3.7%	1.5%	-1.9%	-6.1%	1.0%	8.2%	4.1%	5.0%
Vanguard Global Minimum Volatility	1.1%	1.4%	1.7%	-0.2%	2.6%	9.7%	3.8%	4.9%
<i>MSCI ACWI Minimum Volatility Index</i>	3.7%	1.5%	-1.9%	-6.1%	1.0%	8.2%	4.1%	5.0%
Parametric Global Defensive Equity	2.3%	5.2%	3.8%	-0.5%	2.8%	10.7%	4.8%	--
<i>50% MSCI ACWI / 50% 91 Day T-Bill</i>	1.8%	4.2%	2.1%	-2.0%	0.8%	8.3%	5.0%	4.5%
Cash Composite								
PNC Treasury Management	0.5%	1.1%	2.6%	2.6%	1.3%	0.9%	1.3%	1.4%
<i>91 Day T-Bills</i>	0.4%	1.1%	2.5%	2.5%	1.3%	0.9%	1.1%	1.3%

Investment Manager

Calendar Performance (Net of Fees)

Market Value: \$2,391.5 Million and 100.0% of Fund

	2022	2021	2020	2019	2018	2017	2016	2015	2014
Total Fund Composite	-5.9%	1.1%	3.9%	5.3%	1.2%	1.3%	1.1%	1.1%	1.7%
<i>Policy Index</i>	-7.1%	1.0%	3.9%	5.7%	1.2%	0.8%	0.9%	0.8%	1.3%
Short Term Composite	-5.2%	-1.0%	3.2%	3.5%	1.6%	0.7%	0.8%	0.6%	0.6%
<i>Bloomberg US Govt/Credit 1-5 Yr. TR</i>	-5.5%	-1.0%	4.7%	5.0%	1.4%	1.3%	1.6%	1.0%	1.4%
<i>Lord Abnett Short Duration</i>	-4.9%	--	--	--	--	--	--	--	--
<i>Bloomberg US Govt/Credit 1-5 Yr. TR</i>	-5.5%	-1.0%	4.7%	5.0%	1.4%	1.3%	1.6%	1.0%	1.4%
<i>Smith Graham Low Duration</i>	-5.6%	-0.9%	3.2%	3.5%	1.6%	0.7%	1.0%	0.4%	0.5%
<i>Bloomberg US Govt/Credit 1-5 Yr. TR</i>	-5.5%	-1.0%	4.7%	5.0%	1.4%	1.3%	1.6%	1.0%	1.4%
Intermediate Term Composite	-7.5%	-1.0%	4.8%	4.6%	1.5%	1.3%	1.2%	1.2%	1.9%
<i>Bloomberg US Govt/Credit Int TR</i>	-8.2%	-1.4%	6.4%	6.8%	0.9%	2.1%	2.1%	1.1%	3.1%
<i>Galliard Intermediate Government</i>	-8.1%	-0.6%	5.1%	4.6%	1.5%	1.4%	1.3%	1.1%	2.0%
<i>Bloomberg US Govt/Credit Int TR</i>	-8.2%	-1.4%	6.4%	6.8%	0.9%	2.1%	2.1%	1.1%	3.1%
<i>Merganser Intermediate Bond</i>	-7.6%	-1.0%	4.6%	4.6%	1.5%	1.3%	1.2%	1.0%	1.8%
<i>Bloomberg US Govt/Credit Int TR</i>	-8.2%	-1.4%	6.4%	6.8%	0.9%	2.1%	2.1%	1.1%	3.1%
<i>Fort Washington Intermediate Bond</i>	-7.9%	--	--	--	--	--	--	--	--
<i>Bloomberg US Govt/Credit Int TR</i>	-8.2%	-1.4%	6.4%	6.8%	0.9%	2.1%	2.1%	1.1%	3.1%
<i>Lord Abnett Intermediate Bond</i>	-7.7%	--	--	--	--	--	--	--	--
<i>Bloomberg US Govt/Credit Int TR</i>	-8.2%	-1.4%	6.4%	6.8%	0.9%	2.1%	2.1%	1.1%	3.1%
PFM - Self Insurance Fund	-5.0%	-0.9%	4.6%	4.6%	1.4%	1.1%	1.3%	1.0%	1.3%
<i>BofA Merrill Lynch US Treasury/Agency 1-5 Yrs</i>	-5.2%	-1.1%	4.2%	4.2%	1.5%	0.7%	1.1%	1.0%	1.2%
PFM - Disability Fund	-5.1%	-0.9%	4.6%	4.6%	1.3%	1.1%	1.3%	1.0%	1.3%
<i>BofA Merrill Lynch US Treasury/Agency 1-5 Yrs</i>	-5.2%	-1.1%	4.2%	4.2%	1.5%	0.7%	1.1%	1.0%	1.2%
PFM - Workmen's Compensation Fund	-3.0%	-0.5%	2.8%	3.5%	1.6%	0.7%	1.0%	0.7%	0.6%
<i>BofA Merrill Lynch US Agencies 1-3 Yrs</i>	-3.8%	-0.4%	2.7%	3.5%	1.8%	0.7%	1.0%	0.7%	0.7%
PFM - Health & Dental Fund	-3.1%	-0.5%	2.8%	3.5%	1.7%	0.7%	1.0%	0.7%	0.6%
<i>BofA Merrill Lynch US Agencies 1-3 Yrs</i>	-3.8%	-0.4%	2.7%	3.5%	1.8%	0.7%	1.0%	0.7%	0.7%

Investment Manager

Calendar Performance (Net of Fees)

Market Value: \$2,391.5 Million and 100.0% of Fund

	2022	2021	2020	2019	2018	2017	2016	2015	2014
Opportunistic Composite	-8.5%	-1.4%	6.3%	5.9%	1.3%	2.0%	1.6%	1.5%	3.2%
<i>Bloomberg US Int TR</i>	-9.5%	-1.3%	5.6%	6.7%	0.9%	2.3%	2.0%	1.2%	4.1%
Galliard Opportunistic	-9.2%	-1.1%	6.6%	5.9%	1.3%	2.2%	1.6%	1.4%	3.4%
<i>Bloomberg US Int TR</i>	-9.5%	-1.3%	5.6%	6.7%	0.9%	2.3%	2.0%	1.2%	4.1%
Merganser Opportunistic	-8.3%	-1.4%	5.9%	5.8%	1.4%	1.7%	1.6%	1.2%	2.5%
<i>Bloomberg US Int TR</i>	-9.5%	-1.3%	5.6%	6.7%	0.9%	2.3%	2.0%	1.2%	4.1%
Fort Washington Active Fixed Income	-8.2%	--	--	--	--	--	--	--	--
<i>Bloomberg US Int TR</i>	-9.5%	-1.3%	5.6%	6.7%	0.9%	2.3%	2.0%	1.2%	4.1%
Global Equity Composite	-6.0%	12.7%	1.4%	17.0%	--	--	--	--	--
<i>MSCI ACWI Minimum Volatility Index</i>	-10.3%	13.9%	2.7%	21.1%	-1.6%	17.9%	7.4%	2.8%	11.0%
Vanguard Global Minimum Volatility	-4.5%	12.0%	-3.9%	22.7%	--	--	--	--	--
<i>MSCI ACWI Minimum Volatility Index</i>	-10.3%	13.9%	2.7%	21.1%	-1.6%	17.9%	7.4%	2.8%	11.0%
Parametric Global Defensive Equity	-7.5%	13.1%	2.6%	14.1%	--	--	--	--	--
<i>50% MSCI ACWI / 50% 91 Day T-Bill</i>	-8.5%	9.0%	9.0%	13.9%	-3.7%	11.9%	4.2%	-1.0%	2.2%
Cash Composite									
PNC Treasury Management	1.3%	0.1%	0.8%	2.4%	1.9%	0.9%	0.5%	0.2%	--
<i>91 Day T-Bills</i>	1.5%	0.0%	0.5%	2.1%	1.9%	0.9%	0.3%	0.0%	0.0%

Operating Funds

Portfolio Reconciliation By Manager

Month Ending March 31, 2023

	Beginning Market Value	Contributions	Withdrawals	Net Cash Flow	Net Investment Change	Ending Market Value
Lord Abbett Short Duration	\$118,097,042	\$0	\$0	\$0	\$2,085,130	\$120,182,172
Smith Graham Low Duration	\$116,509,534	\$0	\$0	\$0	\$2,370,958	\$118,880,492
Galliard Intermediate Government	\$219,043,344	\$0	\$0	\$0	\$3,994,020	\$223,037,363
Merganser Intermediate Bond	\$213,583,155	\$0	\$0	\$0	\$3,828,464	\$217,411,619
Fort Washington Intermediate Bond	\$183,092,007	\$0	\$0	\$0	\$3,684,692	\$186,776,699
Lord Abbett Intermediate Bond	\$210,703,763	\$0	\$0	\$0	\$4,638,183	\$215,341,946
PFM - Self Insurance Fund	\$44,002,560	\$0	\$0	\$0	\$731,202	\$44,733,762
PFM - Disability Fund	\$19,482,677	\$0	\$0	\$0	\$322,321	\$19,804,998
PFM - Workmen's Compensation Fund	\$10,635,775	\$0	\$0	\$0	\$168,290	\$10,804,066
PFM - Health & Dental Fund	\$5,224,924	\$0	\$0	\$0	\$79,872	\$5,304,795
Galliard Opportunistic	\$140,119,701	\$0	\$0	\$0	\$2,892,023	\$143,011,724
Merganser Opportunistic	\$140,613,727	\$0	\$0	\$0	\$2,629,024	\$143,242,752
Fort Washington Active Fixed Income	\$173,549,580	\$0	\$0	\$0	\$3,506,975	\$177,056,555
Vanguard Global Minimum Volatility	\$249,351,463	\$0	\$0	\$0	\$2,770,572	\$252,122,035
Parametric Global Defensive Equity	\$249,865,120	\$0	\$0	\$0	\$5,855,051	\$255,720,171
PNC Treasury Management	\$256,941,091	\$0	-\$21,264	-\$21,264	\$1,182,925	\$258,102,752
U.S. Bank Cash	\$95	\$0	\$0	\$0	\$0	\$95
Total	\$2,350,815,559	\$0	-\$21,264	-\$21,264	\$40,739,702	\$2,391,533,997

- Policy Index is 35% Bloomberg Intermediate Gov/Credit, 20% Bloomberg Intermediate Aggregate, 10% Bloomberg 1-5 Year Gov/Credit, 20% MSCI ACWI Minimum Volatility Index, and 15% 91 Day T-Bills.

- InvestorForce is a subsidiary of MSCI. The platform is utilized by 45 Investment Consulting firms, with over 3,500 members, totaling roughly \$4 trillion in assets. Peer universes include over 1,000 Defined Benefit Plans, including over 230 with between \$250 million and \$1 billion in assets.

Comparisons of Fund Composites and Manager performance to the InvestorForce Peer universes reflect asset allocation weightings. The Funds and Managers reflected above are currently 100% invested in fixed income securities. The InvestorForce universes reflected above are currently invested in fixed income securities, equities and other asset classes. Accordingly, such Funds and Managers outperform Peers in periods when equity and/or other asset class returns underperform fixed income returns and underperform Peers when equity and/or other asset class returns outperform fixed income returns.

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Memorial Healthcare System

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Monthly Flash Report

March 31, 2023

Market Value: \$1,300.9 Million and 100.0% of Fund

Investment Manager	Asset Class	Status	Reason
MetWest Total Return Bond	Core Fixed Income	In Compliance	---
Vanguard Inflation Protected Securities Fund	TIPS	In Compliance	---
American Beacon Large Cap Value Fund	Large-Cap Value	In Compliance	---
Fidelity Spartan 500 Index	Large-Cap Core	In Compliance	---
Neuberger Berman Socially Responsive Investing	Large-Cap Core	In Compliance	---
Vanguard Russell 1000 Growth Index	Large-Cap Growth	In Compliance	---
Vanguard S&P Mid-Cap 400 Index Fund	Mid-Cap Core	In Compliance	---
Dimensional US Targeted Value Strategy	Small-Cap Value	In Compliance	---
T. Rowe Price New Horizons	Small-Cap Growth	In Compliance	---
Dodge & Cox International	Non-U.S. Large-Cap Core	In Compliance	---
Vanguard International-Growth	Non-U.S. Large-Cap Growth	In Compliance	---
JPMorgan SmartRetirement Blend Income	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2020	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2025	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2030	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2035	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2040	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2045	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2050	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2055	Target Date	In Compliance	---
JPMorgan SmartRetirement Blend 2060	Target Date	In Compliance	---

Open-End Investment Manager Evaluation Terminology

The following terminology has been developed by Marquette Associates to facilitate efficient communication among the Investment Manager, Investment Consultant, and the Plan Sponsor. Each term signifies a particular status with the Fund and any conditions that may require improvement. In each case, communication is made only after consultation with the Trustees and/or the Investment Committee of the Plan.

In Compliance – Marquette has not been notified of any issues or changes to the investment manager that would materially impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

Alert – The investment manager has experienced a problem in performance (usually relative to a benchmark), a change in investment characteristics, an alteration in management style, ownership, or key investment professionals, and/or any other irregularities that may impede upon its ability to execute the investment strategy or adhere to any applicable investment guidelines.

On Notice – The investment manager has experienced continued concern with one or more Alert issues. Failure to improve upon stated issues within a certain time frame may justify termination.

Termination – The investment manager has been terminated and transition plans are in place.

Interpreting and Understanding This Report

This Report, including all data, information, calculations and comments contained in the pages herein, should be viewed in its entirety.

Total Fund Composite

Market Value: \$1,300.9 Million and 100.0% of Fund

Ending March 31, 2023

	Asset Class	Market Value 2/28/23	Market Value 3/31/23	% of Portfolio
Total Fund Composite		\$1,256,628,936	\$1,300,859,398	100.0%
Transamerica Stable Value	Stable Value	\$991,275	\$471,533	0.0%
Transamerica Guaranteed Investment Option	Stable Value	\$155,561,494	\$155,020,405	11.9%
MetWest Total Return Bond	Core Fixed Income	\$28,049,720	\$28,305,932	2.2%
Vanguard Inflation Protected Securities Fund	TIPS	\$16,494,214	\$15,595,033	1.2%
American Beacon Large Cap Value Fund	Large-Cap Value	\$19,895,287	\$19,335,911	1.5%
Fidelity Spartan 500 Index	Large-Cap Core	\$77,801,051	\$82,213,668	6.3%
Neuberger Berman Socially Responsive Investing	Large-Cap Core	\$10,501,363	\$10,917,960	0.8%
Vanguard Russell 1000 Growth Index	Large-Cap Growth	\$48,913,969	\$54,405,967	4.2%
Vanguard S&P Mid-Cap 400 Index Fund	Mid-Cap Core	\$33,483,738	\$33,710,971	2.6%
Dimensional US Targeted Value Strategy	Small-Cap Value	\$19,357,388	\$18,606,576	1.4%
T. Rowe Price New Horizons	Small-Cap Growth	\$37,271,715	\$37,151,647	2.9%
Dodge & Cox International	Non-U.S. Large-Cap Core	\$20,693,382	\$21,283,579	1.6%
Vanguard International-Growth	Non-U.S. Large-Cap Growth	\$23,092,440	\$24,587,050	1.9%
JPMorgan Target Date Funds		\$748,589,376	\$782,949,201	60.2%
JPMorgan SmartRetirement Blend Income	Target Date	\$42,684,832	\$43,875,383	3.4%
JPMorgan SmartRetirement Blend 2020	Target Date	\$79,762,525	\$81,060,245	6.2%
JPMorgan SmartRetirement Blend 2025	Target Date	\$125,435,431	\$129,402,374	9.9%
JPMorgan SmartRetirement Blend 2030	Target Date	\$126,748,886	\$131,888,553	10.1%
JPMorgan SmartRetirement Blend 2035	Target Date	\$106,544,181	\$111,905,355	8.6%
JPMorgan SmartRetirement Blend 2040	Target Date	\$82,121,368	\$85,834,671	6.6%
JPMorgan SmartRetirement Blend 2045	Target Date	\$73,885,667	\$78,154,302	6.0%
JPMorgan SmartRetirement Blend 2050	Target Date	\$66,311,402	\$70,493,585	5.4%
JPMorgan SmartRetirement Blend 2055	Target Date	\$32,843,212	\$35,886,360	2.8%
JPMorgan SmartRetirement Blend 2060	Target Date	\$12,251,872	\$14,448,373	1.1%
Charles Schwab Personal Choice	Self-Directed Brokerage	\$15,932,524	\$16,303,966	1.3%

Investment Manager

Annualized Performance (Net of Fees)

Market Value: \$1,300.9 Million and 100.0% of Fund

Ending March 31, 2023

	1 Mo	3 Mo	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs	7 Yrs	10 Yrs
Transamerica Stable Value	0.2%	0.5%	1.9%	1.4%	1.3%	1.4%	1.4%	1.3%	1.2%
91 Day T-Bills	0.4%	1.1%	2.5%	1.3%	0.9%	1.1%	1.3%	1.2%	0.8%
Transamerica Guaranteed Investment Option	0.2%	0.5%	2.2%	2.2%	2.1%	2.0%	1.9%	1.6%	1.4%
91 Day T-Bills	0.4%	1.1%	2.5%	1.3%	0.9%	1.1%	1.3%	1.2%	0.8%
MetWest Total Return Bond	2.9%	3.6%	-5.8%	-5.2%	-2.4%	0.2%	1.1%	1.1%	1.5%
Bloomberg US Aggregate TR	2.5%	3.0%	-4.8%	-4.5%	-2.8%	0.0%	0.9%	0.9%	1.4%
Vanguard Inflation Protected Securites Fund	2.9%	3.5%	-6.2%	-1.1%	1.7%	2.9%	2.9%	2.4%	1.4%
Bloomberg US TIPS 1-10 Yr TR	2.8%	2.9%	-2.9%	0.4%	2.9%	3.3%	3.2%	2.5%	1.5%
American Beacon Large Cap Value Fund	-2.1%	0.0%	-4.7%	3.2%	21.5%	9.4%	8.0%	10.0%	9.3%
Russell 1000 Value	-0.5%	1.0%	-5.9%	2.5%	17.9%	8.0%	7.5%	9.0%	9.1%
Fidelity Spartan 500 Index	3.7%	7.5%	-7.7%	3.3%	18.6%	11.6%	11.2%	12.4%	12.2%
S&P 500	3.7%	7.5%	-7.7%	3.3%	18.6%	11.6%	11.2%	12.4%	12.2%
Neuberger Berman Socially Responsive Investing	3.4%	6.1%	-8.1%	-0.3%	17.7%	9.6%	8.7%	10.3%	10.2%
MSCI KLD 400 Social Index	4.1%	9.0%	-8.7%	2.2%	18.2%	11.5%	11.1%	12.1%	11.9%
S&P 500	3.7%	7.5%	-7.7%	3.3%	18.6%	11.6%	11.2%	12.4%	12.2%
Vanguard Russell 1000 Growth Index	6.8%	14.3%	-11.0%	1.2%	18.5%	13.8%	13.6%	14.9%	14.5%
Russell 1000 Growth	6.8%	14.4%	-10.9%	1.2%	18.6%	13.9%	13.7%	15.0%	14.6%
Vanguard S&P Mid-Cap 400 Index Fund	-3.2%	3.8%	-5.2%	-0.4%	22.0%	8.9%	7.6%	9.9%	9.7%
S&P 400 MidCap	-3.2%	3.8%	-5.1%	-0.4%	22.1%	9.0%	7.7%	9.9%	9.8%
Dimensional US Targeted Value Strategy	-6.6%	1.0%	-3.6%	3.4%	31.6%	10.7%	7.7%	9.8%	9.2%
Russell 2000 Value	-7.2%	-0.7%	-13.0%	-5.2%	21.0%	5.7%	4.5%	7.9%	7.2%
T. Rowe Price New Horizons	-1.0%	7.5%	-16.1%	-13.0%	10.2%	7.5%	9.6%	13.9%	13.2%
Russell 2000 Growth	-2.5%	6.1%	-10.6%	-12.5%	13.4%	4.4%	4.3%	8.7%	8.5%
Dodge & Cox International	0.9%	6.1%	-0.5%	1.2%	17.3%	5.8%	2.9%	6.7%	5.1%
MSCI EAFE Value	-0.3%	5.9%	-0.3%	1.6%	14.6%	3.8%	1.7%	5.1%	3.7%
Vanguard International-Growth	5.5%	12.5%	-6.8%	-11.6%	13.5%	9.0%	6.5%	11.3%	8.8%
MSCI EAFE Growth	5.3%	11.1%	-2.8%	-2.1%	10.9%	6.5%	4.9%	7.0%	6.0%

Investment Manager

Annualized Performance (Net of Fees)

Market Value: \$1,300.9 Million and 100.0% of Fund

Ending March 31, 2023

	1 Mo	3 Mo	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs	7 Yrs	10 Yrs
JPMorgan Target Date Funds									
JPMorgan SmartRetirement Blend Income	2.1%	4.5%	-4.7%	-2.4%	5.1%	3.1%	3.1%	4.1%	3.9%
<i>Target Date 2000-2010</i>	2.1%	4.0%	-4.9%	-2.1%	5.0%	3.4%	3.4%	4.3%	4.0%
JPMorgan SmartRetirement Blend 2020	2.0%	4.5%	-4.8%	-2.4%	5.5%	3.4%	3.3%	4.8%	4.9%
<i>Target Date 2016-2020</i>	2.2%	4.5%	-5.7%	-2.3%	6.1%	3.8%	3.7%	4.9%	4.5%
JPMorgan SmartRetirement Blend 2025	2.1%	5.0%	-5.3%	-2.3%	7.5%	4.2%	4.0%	5.7%	5.7%
<i>Target Date 2021-2025</i>	2.2%	4.7%	-6.1%	-2.2%	7.4%	4.3%	4.1%	5.6%	5.3%
JPMorgan SmartRetirement Blend 2030	2.2%	5.5%	-5.8%	-2.1%	9.4%	5.0%	4.6%	6.5%	6.5%
<i>Target Date 2026-2030</i>	2.2%	5.1%	-6.5%	-2.1%	9.0%	5.1%	4.7%	6.4%	5.8%
JPMorgan SmartRetirement Blend 2035	2.2%	6.0%	-6.1%	-1.5%	11.4%	5.9%	5.3%	7.3%	7.1%
<i>Target Date 2031-2035</i>	2.3%	5.6%	-6.8%	-1.9%	10.9%	5.9%	5.3%	7.2%	6.6%
JPMorgan SmartRetirement Blend 2040	2.1%	6.2%	-6.3%	-1.2%	12.9%	6.5%	5.8%	7.9%	7.6%
<i>Target Date 2036-2040</i>	2.2%	5.8%	-7.1%	-1.8%	12.2%	6.3%	5.6%	7.6%	6.8%
JPMorgan SmartRetirement Blend 2045	2.2%	6.5%	-6.5%	-1.0%	14.1%	6.9%	6.2%	8.2%	7.7%
<i>Target Date 2041-2045</i>	2.3%	6.2%	-7.0%	-1.5%	13.3%	6.9%	6.1%	8.1%	7.3%
JPMorgan SmartRetirement Blend 2050	2.2%	6.5%	-6.6%	-1.0%	14.2%	7.0%	6.2%	8.2%	7.8%
<i>Target Date 2046-2050</i>	2.3%	6.3%	-7.1%	-1.5%	13.7%	7.0%	6.1%	8.2%	7.4%
JPMorgan SmartRetirement Blend 2055	2.2%	6.5%	-6.5%	-0.9%	14.2%	7.0%	6.2%	8.2%	7.7%
<i>Target Date 2051-2055</i>	2.3%	6.3%	-7.1%	-1.5%	14.0%	7.1%	6.2%	8.4%	7.6%
JPMorgan SmartRetirement Blend 2060	2.2%	6.5%	-6.4%	-0.9%	--	--	--	--	--
<i>Target Date 2056-2060</i>	2.3%	6.4%	-7.1%	-1.6%	14.0%	7.0%	6.2%	8.3%	7.9%

DISCLOSURE

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FINANCIAL ASSISTANCE POLICY

Revised April 2023

NOTE: UPDATES TO THE POLICY BELOW ARE INTENDED AS CLARIFICATION OF THE LONGSTANDING MHS POLICY AND DO NOT CONSTITUTE A CHANGE OF THE BASIS FOR ELIGIBILITY OR AMOUNT OF FINANCIAL ASSISTANCE PROVIDED

I. FINANCIAL ASSISTANCE POLICY

Any Patient may ask for financial assistance. Anyone else who is responsible for paying for the patient's care may also ask for financial assistance. All emergency and medically necessary care is covered under the financial assistance policy. Memorial Healthcare System (MHS) provides screening for and treatment of emergency medical conditions in accord with the Standard Practice titled "Transfer/Access to Emergency Care", attached to this policy. In cases where this Standard Practice does not apply, requests to schedule Memorial Healthcare services in advance are reviewed for financial assistance on a case by case basis. Patients seeking Emergency Care will be treated without regard for whether they are eligible for Financial Assistance under this policy.

This policy applies to all South Broward Healthcare District facilities. Note that Memorial Ambulatory Surgery Centers are not included because they are either not owned or operated by the South Broward Hospital District.

This Financial Assistance Policy will help you understand when financial assistance will be given.

Financial Assistance may mean charity care (as defined by either the State of Florida or District policies) or certain uninsured discounts, as explained further below.

For charity care, the patient or responsible party must not be able to pay for the patient's medical care. The ability to pay is determined by using the Federal Poverty Guidelines (FPG), patient or guarantor income, and family size. The federal government updates these guidelines annually. The ability to pay is also determined by examining assets and, if required, liabilities and potential litigation results for pending third party liability claims.

When asked, MHS will determine if the patient or responsible party has the ability to pay. This examination, or screening, for financial assistance is free of charge. The amount of the requested financial assistance must be more than \$500, for all accounts combined.

Patients may elect not to provide financial documentation but instead be provided financial assistance in the form of discounted self-pay rates. These are available for Emergency Department visits as well as most outpatient procedures and inpatient stays. Financial assistance will not be granted to any non-resident of the South Broward Hospital District for non-emergent, medically necessary care that can be provided by their local safety net facility. If no safety net provider exists for that patient, financial assistance will be determined on a case by case basis.

The rest of this Financial Assistance Policy provides more information about how you may ask for financial assistance. It tells you when you will be considered eligible to get financial assistance. It tells you how much financial assistance you will get when you meet the requirements of this Financial Assistance Policy.

II. ELIGIBILITY CRITERIA AND DISCOUNT AMOUNTS

- A. MHS will perform credit and asset checks to determine the patient's or responsible party's ability to pay. MHS will gather information about a patient's or other responsible party's income and assets and, if required, their expenses and liabilities. The result will determine their eligibility for financial assistance, the amount of the discount they will receive and the amount they will be required to pay.
- B. MHS will provide Financial Assistance counseling upon request, without additional charge, before or after the patient receives services.
- C. All inpatient admissions will be screened for Medicaid eligibility. If screening criteria indicate potential eligibility, the patient/responsible party must submit the application to Medicaid prior to evaluation for Financial Assistance.
- D. A Patient or responsible party may request financial assistance for any debt greater than \$500. This means all uninsured patient responsibility amounts as well as insured patient balances after insurance payment. This includes deductibles, coinsurance, copayments and non-covered charges. The following criteria is used when MHS considers the request:
 - i. Patient or responsible party may qualify for 100% discount if the following applies:
 - 1. The Patient or responsible party must complete a signed Financial Evaluation Form.
 - 2. The Patient or responsible party has a total household income of less than or equal to 200% of the FPG (Per the 2023 FPG a family of four which makes \$60,000 per year is at 200% of the FPG), as described in Table A; and
 - 3. The Patient or responsible party has household liquid assets less than \$5,000. Liquid assets include cash, checking account balances, savings account balances, vehicles, boats, marketable personal property, stocks, bonds, or other negotiable instruments, and real property other than homestead. Liquid assets do not include primary residence, first vehicle or retirement funds not accessible without incurring a penalty; or

4. The Patient or responsible party has a balance due which exceeds 25% of their annual household income, but only if the annual household income is less than 4 times the FPG for a family of 4 or
 5. The Patient is unidentified after 6 months. During the 6 months MHS will exhaust all efforts to identify the patient including working with local, state and federal law enforcement agencies.
- ii. Patient or responsible party may qualify for a sliding scale discount if the following applies:
1. Patient or responsible party has a total household income of between 201% and 400% (Per the 2023 FPG a family of four which makes \$120,000 is at 400%) of the FPG;
 2. The amount of discount depends on the income of the Patient or responsible party and the facility. (See Table A for guidance); or
 3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.
- iii. Patients may be presumptively screened for financial assistance without a signed financial assistance application. This screening uses the Transunion community based proprietary model. MHS will also consider prior accounts incurred within the prior twelve months.
1. Patient or responsible party has a total household income of less than or equal to 200% of the FPG will qualify for the 100% discount.
 2. Patient or responsible party with a total household income of between 201% and 400% will qualify for the sliding scale discount.
 3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.
- iv. Other financial assistance may be provided under the abbreviated Financial Assistance approval process described below:
1. Medicaid exhausted days or outpatient benefits
 2. Involuntary treatment under the Baker Act
 3. The patient is deceased, no estate has been filed with the court of the patient's county of residence after one year from the date of death. When this criterion has been verified by MHS, the outstanding balances will be discounted by 100%.

4. Patients who have a valid financial assistance approval from the North Broward Hospital District will not have to reapply for South Broward Hospital District financial assistance for emergent services.
- E. Income and asset information for residents of the South Broward Hospital District who qualify for financial assistance will be accepted for one year, unless MHS has reason to question it. When MHS approves financial assistance for a Patient or responsible party, MHS will also consider accounts incurred within the prior twelve months. For purposes of the Financial Assistance Policy, a Resident is: one who makes his or her home in the geographic boundaries of the South Broward Hospital District, where he or she dwells permanently or for an extended period of time and not as a visitor, tourist, or for some other temporary purpose or temporary convenience, and not acting a sham of dwelling in residence.
- F. Patients or responsible parties can apply for financial assistance for up to one year after the date of service.
- G. Residents of the South Broward Hospital District who have been accepted into membership in the Memorial Primary Care will have co-payments for:
 - i. Outpatient Pharmacy services
 - ii. Primary Care Clinic visits
 - iii. Hospital outpatient services
 - iv. Emergency Department visits
- H. Patients or responsible parties who qualify for financial assistance and do not reside in the South Broward Hospital District will be approved only for each date of service.
- I. Upon request from the patient or responsible party, MHS will send a written statement that they qualify for financial assistance.
- J. This Financial Assistance Policy only applies to services provided by MHS at its facilities and services provided by MHS employed physicians. A listing of the medical staff reflecting their adherence to this Financial Assistance Policy may be found here:

<https://www.mhs.net/-/media/mhs/files/patients-and-visitors/financial-assistance/en/providers.pdf?la=en>

III. BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS

Once MHS determines that a Patient or responsible party is eligible to receive financial assistance under this Financial Assistance Policy, he or she will not be charged more than the Amounts Generally Billed (AGB). At MHS the AGB is determined through the "Look-back method" which is calculated as follows:

MHS reviews *all* past claims that have been paid in a twelve month period. This includes claims for Medicare, commercial and managed care plans over a 12-month period. This amount does include patient co-insurance; copayments and deductibles. Medicaid replacement plans are not included in these calculations. This amount is the *sum of expected payments*.

The AGB percentage is calculated by dividing the sum of the payments by the sum of total charges billed. This percentage is then multiplied by the total charges for each patient encounter to arrive at the AGB for that encounter. MHS calculated the AGB for each facility and adopted the lowest rate for each MHS facility. Patients may request in writing the current AGB for each facility and/or how the uninsured discount compares to insurance discounts.

IV. FINANCIAL ASSISTANCE APPLICATION PROCESS

The patient or responsible party may ask for an appointment with Patient Financial Services by calling (954)276-5501 or the Eligibility Department by calling (954)276-5760. The patient may also ask in person at any of the MHS acute care facilities Admitting/Registration departments or the Eligibility Department at 2900 Corporate Way in Miramar. These requests must be made between the hours of 8:00 am – 4:30 pm Monday – Friday. MHS will provide information or assistance in the eligibility process when any patient or responsible party states they are not able to pay their balance, or requests an application for financial assistance. The statement must be made to the MHS Eligibility Department, or MHS Patient Financial Services, or Accounts Receivable department.

- A. In order to qualify for a 100% charity discount, the patient or responsible parties are required to complete a Financial Evaluation Form, which can be found in Table C. All patients must provide all requested documentation as described in Table D, as soon as possible. Extraordinary collection activity will be placed on

hold up to 120 days from the date of request for assistance, while patient or responsible parties are in the Financial Assistance Policy application process. This hold on the collection activity allows a reasonable time to receive all required documents to determine eligibility. The Eligibility department staff will notify the patient in writing or by phone call of missing or incomplete documentation.

- B. MHS may supplement or confirm information given by the Patient or responsible party by using any of the following:
 - i. LexisNexis – provides access to public records
 - ii. TransUnion – provides credit information
 - iii. Experian – provides credit information
 - iv. MapQuest – provides address information
 - v. Various websites providing public record information as noted in Table E
- C. All applications will receive equal consideration and have a determination made based on the FPG and the patient’s ability to pay.

V. APPEAL OF ELIGIBILITY DETERMINATION

Any patient or responsible party can request an appeal when MHS denies financial assistance. The request must be made in writing. The amount of the total denied accounts must exceed \$5,000.00. The appeal process is outlined in a separate policy attached to this policy.

VI. ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON PAYMENT

- A. The following steps will be taken to collect patient balances if no financial assistance is requested or otherwise applied under the above policies, or after financial assistance has been denied:
 - i. An initial bill is sent to the Patient or responsible party after discharge.

- ii. A statement is sent 30 days after the initial bill, with further statements every 30 days over the next 90 days. If a partial payment is received, the statement series will be restarted and continue for 120 days.
 - iii. Calls may be placed during this time period.
 - iv. 120 days after discharge, if no one has requested financial assistance, or if no payment plan has been put into place, and no partial payment received, the account may be placed with a primary debt collection agency
 - v. After 1 year the account may be placed with a secondary debt collection agency
- B. In the case of a Public Health Emergency (PHE) MHS may determine that no patient statements will be sent until such time as the PHE impact has been reduced in South Broward County. This determination will be made by the Vice President of Revenue Cycle and the Chief Financial Officer of MHS.
- C. During the first 120 days from the date the first post-discharge billing statement is provided, MHS will not begin any of the collection actions stated below in this section. Further, MHS will notify the Patient or responsible party 30 days in advance of beginning any of the collections actions stated below in this section.
- i. filing any lawsuit
 - ii. filing for a judgment
 - iii. reporting to one or more credit bureau(s)
 - iv. Defer or deny care after an Emergency Medical Condition has been determined not to exist by the patient's physician if the Patient or responsible party has outstanding balances placed with bad debt agencies until adequate payment arrangements have been made for their bad debt balances.

VII. EFFORTS TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

- A. MHS will make the Financial Assistance Policy, the Financial Evaluation Form and a plain language summary of the Financial Assistance Policy available on its website, www.mhs.net/financialaid, in all languages required by Section 501(r) regulations. These documents can also be requested in person at any MHS hospital facility or by calling the Patient Financial Services Department at (954) 276-5501.

- B. Public notices will be clearly and conspicuously posted in locations visible to the public including all registration areas. These notices will explain that MHS offers a Financial Assistance Program to individuals who are uninsured or underinsured.

Notification of this policy, which shall include contact information, shall be distributed by MHS by various means, including notices attached to patient statements and notices attached to the patient admission forms in admitting and registration areas and through other public places as MHS may elect. The Financial Assistance Policy, Financial Assistance Program Application Form and the Plain Language Summary will be made available in English, Spanish, French, French Creole, Portuguese, Vietnamese and Russian. Questions regarding this policy can be made during business hours at (954) 276-5501.



FINANCIAL ASSISTANCE POLICY

Revised April 2023

NOTE: UPDATES TO THE POLICY BELOW ARE INTENDED AS CLARIFICATION OF THE LONGSTANDING MHS POLICY AND DO NOT CONSTITUTE A CHANGE OF THE BASIS FOR ELIGIBILITY OR AMOUNT OF FINANCIAL ASSISTANCE PROVIDED

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Financial Assistance may mean charity care (defined by either the State of Florida or District policies) or certain uninsured discounts, as explained further below.

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When asked, MHS will determine if the patient or responsible party has the ability to pay. This examination, or screening, for financial assistance is free of charge. The amount of the requested financial assistance must be more than \$500, which may be for one account or multiple-all accounts combined.

Patients may elect not to provide financial documentation but instead ~~take advantage of~~ [be provided financial assistance in the form of the](#) discounted self-pay rates. These are available for Emergency Department visits as well as most outpatient procedures and inpatient stays. Financial assistance will not be granted to any non-resident of the South Broward Hospital District for non-emergent, medically necessary care that can be provided by their local safety net facility. If no safety net provider exists for that patient, financial assistance will be determined on a case by case basis.

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- B. MHS will provide Financial Assistance counseling upon request, without additional charge, before or after the patient receives services.
- C. All inpatient admissions Patients will be screened for Medicaid eligibility. If screening criteria indicate potential eligibility, the patient/responsible party must submit and must complete the application to Medicaid process prior to evaluation for Financial Assistance.
- ~~D. Patients may be presumptively screened for financial assistance. This screening includes review of assets, liabilities, income and expenses using Transunion community based and credit based proprietary models.~~
- E.D. A Patient or responsible party may request financial assistance for any debt greater than \$500. This ~~includes means all uninsured patient responsibility amounts as well as insured patient account~~ balances after insurance payment. This includes deductibles, coinsurance, copayments and non-covered charges. The following criteria is used when MHS considers the request:
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 2. The Patient or responsible party has a total household income of less than or equal to 200% of the FPG (-Per the 2023~~2~~ FPG a family of four which makes ~~\$55,500~~60,000 per year is at 200% of the FPG), as described in Table A; and
 3. The Patient or responsible party has household liquid assets less than \$5,000. Liquid assets include cash, checking account balances, savings account balances, vehicles, boats, marketable personal

property, stocks, bonds, or other negotiable instruments, and real property other than homestead. Liquid assets do not include primary residence, first vehicle or retirement funds not accessible without incurring a penalty; or

4. The Patient or responsible party has a balance due which exceeds 25% of their annual household income, but only if the annual household income is less than 4 times the FPG for a family of 4 or
5. The Patient is unidentified after 6 months. During the 6 months MHS will exhaust all efforts to identify the patient including working with local, state and federal law enforcement agencies.

ii. Patient or responsible party may qualify for a sliding scale discount if the following applies:

1. Patient or responsible party has a total household income of between 201% and 400% (Per the 2023 FPG a family of four which makes \$120,000-111,000 is at 400%-) of the FPG;
2. The amount of discount depends on the income of the Patient or responsible party and the facility. (See Table A for guidance); or
3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.

~~iii. Patients who have a valid financial assistance approval from the North Broward Hospital District will not have to reapply for South Broward Hospital District financial assistance for emergent services.~~

iii. Patients may be presumptively screened for financial assistance without a signed financial assistance application. This screening uses the Transunion community based proprietary model. MHS will also consider prior accounts incurred within the prior twelve months.

1. Patient or responsible party has a total household income of less than or equal to 200% of the FPG will qualify for the 100% discount.
2. Patient or responsible party with a total household income of between 201% and 400% will qualify for the sliding scale discount.
3. At no point will a patient who qualifies for financial assistance be responsible for more than 10% of their annual total household income.

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iv. Other financial assistance may be provided under the abbreviated Financial Assistance approval process described below:

1. Medicaid exhausted days or outpatient benefits
2. Involuntary treatment under the Baker Act
3. The patient is deceased, no estate has been filed with the court of the patient's county of residence after one year from the date of death. When this criterion has been verified by MHS, the outstanding balances will be discounted by 100%.
4. Patients who have a valid financial assistance approval from the North Broward Hospital District will not have to reapply for South Broward Hospital District financial assistance for emergent services.

~~F. MHS will send a written statement to patients or responsible parties when they qualify for Financial Assistance.~~

~~G. This Financial Assistance Policy only applies to services provided by MHS at its facilities and services provided by MHS employed physicians. A listing of the medical staff reflecting their adherence to this Financial Assistance Policy may be found here: <https://www.mhs.net/-/media/mhs/files/patients-and-visitors/financial-assistance/en/providers.pdf?la=en>~~

~~E. Income and assets, information and if required expense and liability information, for residents of the South Broward Hospital District who qualify for financial assistance will be accepted for one year, unless MHS has reason to question it. When MHS approves financial assistance for a Patient or responsible party, MHS will also consider accounts incurred within the prior twelve months. For purposes of the Financial Assistance Policy, a Resident is: one who makes his or her home in the geographic boundaries of the South Broward Hospital District, where he or she dwells permanently or for an extended period of time and not as a visitor, tourist, or for some other temporary purpose or temporary convenience, and not acting a sham of dwelling in residence.~~

~~H.F. Patients or responsible parties can apply for financial assistance for up to one year after the date of service.~~

~~H.G. Residents of the South Broward Hospital District who have been accepted into membership in the Memorial Primary Care will have co-payments for:~~

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- ii. Primary Care Clinic visits
- iii. Hospital outpatient services
- iv. Emergency Department visits

~~J. Patients can apply for financial assistance up to 1 year after the date of service.~~

H. Patients or responsible parties who qualify for financial assistance and do not reside in the South Broward Hospital District will be approved only for each date of service.

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III. BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS

Once MHS determines that a Patient or responsible party is eligible to receive financial assistance under this Financial Assistance Policy, he or she will not be charged more than the Amounts Generally Billed (AGB). At MHS the AGB is determined through the “Look-back method” which is calculated as follows:

MHS reviews *all* past claims that have been paid in a twelve month period. This includes claims for Medicare, commercial and managed care plans over a 12-month period. This amount does include patient co-insurance; copayments and deductibles. Medicaid replacement plans are not included in these calculations. This amount is the *sum of expected payments*.

The AGB percentage is calculated by dividing the sum of the payments by the sum of total charges billed. This percentage is then multiplied by the total charges for each patient encounter to arrive at the AGB for that encounter. MHS calculated the AGB for each facility and adopted the lowest rate for each MHS facility. Patients may request in writing the current AGB for each facility and/or how the uninsured discount compares to insurance discounts.

IV. FINANCIAL ASSISTANCE APPLICATION PROCESS

The patient or responsible party may ask for an appointment with Patient Financial Services by calling (954)276-5501 or the Eligibility Department by calling (954)276-5760. The patient may also ask in person at any of the MHS acute care facilities Admitting/Registration departments or the Eligibility Department at 2900 Corporate Way in Miramar. These requests must be made between the hours of 8:00 am – 4:30 pm Monday – Friday. MHS will provide information or assistance in the eligibility process when any ~~P~~patient or responsible party states they are not able to pay their balance, or requests an application for financial assistance. The statement must be made to the MHS Eligibility Department, or MHS Patient Financial Services, or Accounts Receivable department. ~~Prior to assessing the patient for MHS financial assistance, the Eligibility staff will determine if the patient qualifies for Medicaid or any other assistance program.~~

- A. In order to qualify for a 100% charity discount, the patient or responsible parties are required to complete a Financial Evaluation Form, which can be found in Table C. All patients must provide all requested documentation as described in Table D, as soon as possible. Extraordinary collection activity will be placed on hold up to 120 days from the date of request for assistance, while patient or responsible parties are in the Financial Assistance Policy application process. This hold on the collection activity allows a reasonable time to receive all required documents to determine eligibility. The Eligibility department staff will notify the patient in writing ~~and or~~ by phone call of missing or incomplete documentation.
- B. MHS may supplement or confirm information given by the Patient or responsible party by using any of the following:
 - i. LexisNexis – provides access to public records
 - ii. TransUnion – provides credit information
 - iii. Experian – provides credit information
 - iv. MapQuest – provides address information
 - v. Various websites providing public record information as noted in Table E

~~C. MHS may use an abbreviated Financial Assistance approval process for Patients or responsible parties or accounts that meet the following criteria:~~

- ~~i. Medicaid exhausted days or outpatient benefits~~
- ~~ii. Involuntary treatment under the Baker Act~~
- ~~iii. The patient is deceased and no estate has been filed with the court of the patient's county of residence, after one year from the date of death. When this criterion has been verified by MHS, the outstanding balances will be discounted by 100%.~~

~~D.C.~~ All applications will receive equal consideration and have a determination made based on the FPG and the patient's ability to pay.

V. APPEAL OF ELIGIBILITY DETERMINATION

Any patient or responsible party can request an appeal when MHS denies financial assistance. The request must be made in writing. The amount of the total denied accounts must exceed \$5,000.00. The appeal process is outlined in a separate policy attached to this policy.

VI. ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NON PAYMENT

- A. The following steps will be taken to collect patient balances if no financial assistance is requested or otherwise applied under the above policies, or after financial assistance has been denied:
 - i. An initial bill is sent to the Patient or responsible party after discharge.
 - ii. A statement is sent 30 days after the initial bill, with further statements every 30 days over the next 90 days. If a partial payment is received, the statement series will be restarted and continue for 120 days.
 - iii. Calls may be placed during this time period.

- iv. 120 days after discharge, if no one has requested financial assistance, or if no payment plan has been put into place, and no partial payment received, the account may be placed with a primary debt collection agency
 - v. After 1 year the account may be placed with a secondary debt collection agency
- B. In the case of a Public Health Emergency (PHE) MHS may determine that no patient statements will be sent until such time as the PHE impact has been reduced in South Broward County. This determination will be made by the Vice President of Revenue Cycle and the Chief Financial Officer of MHS.
- C. During the first 120 days from the date the first post-discharge billing statement is provided, MHS will not begin any of the collection actions stated below in this section. Further, MHS will notify the Patient or responsible party 30 days in advance of beginning any of the collections actions stated below in this section.
- i. filing any lawsuit
 - ii. filing for a judgment
 - iii. reporting to one or more credit bureau(s)
 - iv. Defer or deny care after an Emergency Medical Condition has been determined not to exist by the patient's physician if the Patient or responsible party has outstanding balances placed with bad debt agencies until adequate payment arrangements have been made for their bad debt balances.

VII. EFFORTS TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY

- A. MHS will make the Financial Assistance Policy, the Financial Evaluation Form and a plain language summary of the Financial Assistance Policy available on its website, www.mhs.net/financialaid , in all languages required by Section 501(r) regulations. These documents can also be requested in person at any MHS

hospital facility or by calling the Patient Financial Services Department at (954) 276-5501.

- B. Public notices will be clearly and conspicuously posted in locations visible to the public including all registration areas. These notices will explain that MHS offers a Financial Assistance Program to individuals who are uninsured or underinsured.

Notification of this policy, which shall include contact information, shall be distributed by MHS by various means, including notices attached to patient statements and notices attached to the patient admission forms in admitting and registration areas and through other public places as MHS may elect. The Financial Assistance Policy, Financial Assistance Program Application Form and the Plain Language Summary will be made available in English, Spanish, French, French Creole, Portuguese, Vietnamese and Russian. Questions regarding this policy can be made during business hours at (954) 276-5501.

Table A: Financial Assistance Discount Matrix

Memorial Regional Hospital

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount 81% Discount
351% - 400% of FPG	79% Discount 81% Discount

Memorial Regional Hospital South

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount 81% Discount
351% - 400% of FPG	79% Discount 81% Discount

Joe DiMaggio Hospital

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount 81% Discount
351% - 400% of FPG	79% Discount 81% Discount

Memorial Hospital West

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	82% Discount 83% Discount
351% - 400% of FPG	82% Discount 83% Discount

Memorial Hospital Pembroke

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	81% Discount
351% - 400% of FPG	81% Discount

Memorial Employed Physician Group/Urgent Care/Specialty Pharmacy

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	75% Discount

Memorial Hospital Miramar

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount
351% - 400% of FPG	79% Discount 77% Discount

Memorial Primary Care Centers and Outpatient Behavioral Health

BALANCES DUE FROM PATIENT	
INCOME	AMOUNT OF DISCOUNT
Up to 200% of FPG	100% Discount
201% - 250% of FPG	90% Discount
251% - 300% of FPG	85% Discount
301% - 350% of FPG	80% Discount 81% Discount
351% - 400% of FPG	79% Discount 81% Discount

PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

Overview

Any patient may ask for financial assistance. Anyone else who is responsible for paying for the patient's care may also ask for financial assistance under the Memorial Healthcare System's (MHS) Financial Assistance Policy.

This policy is available to anyone by calling the Patient Financial Services Department at (954)276-5501, Eligibility Department at (954)276-5760 or by asking in person in the admitting/registration areas of any of the MHS acute care facilities located off of the main lobby of each facility or at the Eligibility offices at 2900 Corporate Way Miramar. ~~During the Public Health Emergency the 2900 Corporate Way Miramar building is closed.~~ Staff members are available to discuss and explain the FAP Monday through Friday from 8am – 4:30pm.

The Financial Assistance Policy is also available through the MHS website at <https://www.mhs.net/patients-visitors/billing/financial-assistance>

Financial assistance is only available to the patient or responsible party if they are unable to pay for the patient's medical care. The ability to pay is determined by using the Federal Poverty Guidelines (FPG). The federal government updates these guidelines annually. The ability to pay is also determined by examining assets. Financial assistance will not be given for medical care unless it is medically necessary. Elective cases for patients that are not residents of the South Broward Hospital district will be reviewed on a case by case basis.

Availability of Financial Assistance

If the patient or responsible party requests financial assistance, MHS will determine if the patient or responsible party has the ability to pay. This examination, or screening, for financial assistance is free of charge. The amount of the requested financial assistance must be more than \$500. Financial assistance is not available when the patient elects to pay at the self pay package rate that applies only when the payment is made prior to service or discharge.

Patients or responsible parties will be considered for discounts up to 100% if they have a total household income of less than 200% of the FPG. Patients or responsible parties will also be considered for discounts up to 100% if their total balance due is more than 25% of their total household's annual income. They will also be considered if their total household's annual income is not more than 4 times the FPG for a family of 4.

Patients or responsible parties will be considered for discounts from 75% to 90% when their total household's income is between 201% and 400% of the Federal Poverty Guidelines.

Please refer to the full policy for a complete explanation and details

How to apply for Financial Assistance

The patient or responsible party need only notify the MHS Patient Financial Services Department at (954)276-5501, or the Eligibility Department at (954)276-5760 that they would like to apply for financial assistance. If they make this request or tell us that they might need help paying their bill, they will be given a Financial Evaluation Form. They will also be given a list of documents they will have to provide so MHS staff members can see if they meet the requirements for financial assistance.

Both the application and the list of required documents are available at <https://www.mhs.net/patients-visitors/billing/financial-assistance>

The patient or responsible party has up to 120 days to give MHS staff members all of the requested information. The MHS staff will then review the information and determine whether the patient or responsible party meets the financial assistance guidelines. MHS will tell the patient or responsible party in writing whether or not they qualify under the Financial Assistance Policy guidelines.

Once MHS determines that a Patient or responsible party is eligible to receive financial assistance under this Financial Assistance Policy, he or she will not be charged more than the Amounts Generally Billed (AGB). At MHS the AGB is determined through the "Look-back method" which calculates the average percentage of charges insurance companies pay and applies that percentage to the patient's accounts. The calculation is available at MHS.net or in the Registration areas of any of the facilities.

Please refer to the full policy for a complete explanation of the calculation.

The Financial Assistance Policy, Financial Evaluation Form, and this plain language summary shall be prepared in English, Spanish, French, Portuguese, Haitian Creole, Vietnamese and Russian. All of these documents are available at

www.mhs.net/patients-visitors/billing/financial-assistance/policy#languages

MEMORIAL HEALTHCARE SYSTEM

STANDARD PRACTICE

Date: March 1992

Date Reviewed: March 1999; August 2002; September 2002; April 2004; May 2005; November, 2010; January 2011; November 2013; September 2014; October 2018; October 2021

Date Revised: March 1999; August 2002; September 2002; April 2004; May 2005; November 2010; November 2013; September 2014; April 2016; March 2017; October 2021

Title: **TRANSFER/ACCESS TO EMERGENCY CARE**

I. In no event shall the provision of emergency services, the acceptance of a medically necessary transfer or the return of a patient pursuant to Section III.(B) below, be based upon, or affected by, the person's race, ethnicity, religious/national origin, citizenship, age, gender, pre-existing medical condition, physical or mental handicap, insurance/economic status, or sexual preference.

II. 42 U.S.C. 1395 dd (sometimes referred to as Emergency Medical Treatment Active Labor Act or "EMTALA") and regulations promulgated thereunder at 42 CFR Section 489 et. Seq., and Ch. 395.1041, Fla Stat. create certain obligations on the part of hospitals with emergency departments and on the part of physicians providing emergency services and care.

III. In compliance with applicable law, Memorial Healthcare System ("MHS") hospitals shall provide emergency services and care for any emergency medical condition when:

- A. Any person requests either personally or through an authorized individual (such as a healthcare surrogate or proxy) emergency services and care; or
- B. Emergency services and care are requested on behalf of a person by:
 - 1. An emergency medical services provider who is rendering care or transporting the person; or
 - 2. Another hospital, when such hospital is seeking medically necessary transfer.

IV. The term "emergency medical condition" means:

- A. A medical condition manifesting itself by acute symptoms of sufficient severity (which may include severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 - 1. Serious jeopardy to patient health, including a pregnant woman or fetus;
 - 2. Serious impairment to bodily functions; or

3. Serious dysfunction of any bodily organ or part.

B. With respect to a pregnant woman:

1. That there is inadequate time to effect safe transfer to another hospital prior to delivery;
2. That a transfer may pose a threat to the health and safety of the patient or fetus; or
3. That there is evidence of labor, which means the process of childbirth beginning with the latent or early phase of labor or there is onset and persistence of uterine contractions or there is rupture of the membranes and continuing through the delivery of the placenta.

NOTE: For purposes of this Standard Practice, a patient experiencing contractions should be considered to be in true labor unless a physician certifies that after a reasonable time of observation the patient is in false labor.

V. The term “emergency services and care” means:

- A. An appropriate medical screening examination within the capabilities of the Hospital’s Emergency Department including ancillary services available to the Emergency Department, to determine if an emergency medical condition exists. The examinations must be conducted by persons determined by the Hospital as qualified to conduct such examinations.
- B. Examination and evaluation by a physician or to the extent permitted by applicable law by other appropriate personnel under the supervision of a physician, who determine if an emergency medical condition exists.
- C. If an emergency medical condition does exist, the care, treatment or surgery by a physician necessary to stabilize the emergency medical condition, within the service capability of the facility.

“Stabilize or stabilized” means that no material deterioration of the patient’s condition is likely, within reasonable medical probability, to result from or occur during the transfer.

VI. Under the law, neither the hospital nor its employees, nor any physician, dentist, or podiatrist shall be liable in any action arising out of a refusal to render emergency services or care if the refusal is made after screening, examining and evaluating the patient and is based on the determination that the person is either not suffering from an emergency medical condition, that the hospital does not have the service capability, or is at service capacity and unable to render those services.

Procedure:

I. Access to Care

Emergency services and care and appropriate screening to determine the existence or absence of an emergency medical condition shall not be delayed in order to

ascertain the ability to pay for such emergency services and care. Inquiries may be made regarding ability to pay if those inquiries do not cause a delay in medical screening or treatment. Each MHS Hospital accepting a person in need of emergency services and care via transfer from another hospital shall not require the transferring hospital, or any person or entity, to guarantee payment as a condition of receiving the transferred patient. The Hospital shall not require any contractual agreement, any type of pre-planned transfer agreement, or any other arrangement to be made prior to or at the time of transfer as a condition of receiving a transferred patient.

II. Posting of Notice

Notice in English, Spanish and Creole, specifying the patient's rights to emergency services and care and the service capability of the hospital shall at all times be conspicuously posted in the Emergency Departments.

III. Transfer Arrangements

- A. Medically necessary transfers shall be made to the geographically closest hospital able to provide the needed service, unless the geographically closest hospital is either at service capacity or unless a prior arrangement between hospitals is in place.
- B. When the condition of the patient improves, and the service capability of the receiving hospital is no longer required, the receiving hospital may transfer the patient to another hospital and the transferring hospital shall receive the patient within its service capability.

IV. Transfer of Patients from a Memorial Healthcare System Hospital

- A. A patient suffering from an emergency medical condition may not be transferred from the hospital to another hospital unless:
 - 1. The patient or a person who is legally responsible for the patient and acting on the patient's behalf, after being informed of the hospital's obligation under this section and of the risk of transfer, requests the transfer. The hospital will seek to obtain this request in writing, indicating the reasons for the request as well as the risks and benefits of the transfer; or
 - 2. A physician has signed a certification that based upon the reasonable risks and benefits to the patient and based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another hospital, outweigh potential increased risks to the patient's medical condition; or

3. If a physician is not physically present in the emergency services area at the time an individual is transferred, a qualified medical person may sign a certification that a physician with staff privileges, and after appropriate consultation, has determined that the medical benefits, reasonably expected from the provision of appropriate medical treatment at another medical facility, outweigh the potential increased risks to the individual's medical condition. The certification shall summarize the basis for such determination. The consulting physician must subsequently sign the certification.
- B. Each MHS Hospital will not transfer a patient unless the patient has been accepted for transfer by the facility for which transfer is sought.
- C. If the medical benefits of transfer do not outweigh the risks, patients who are not stable will be discouraged from requesting transfer and shall be advised of risks. If the patient or the legally responsible person acting on the patient's behalf persists in the transfer request, the request shall be made in writing, signed by the person making the request and the transfer shall be considered Against Medical Advice. The attached form (see Attachment #1) may be used to document the request.
- D. In medical emergencies, when a transfer must be made due to the hospital's inability to provide treatment as described above, such transfer must be approved by the Administrator-on-Call. The Nursing Director or Administrative Officer can approve the transfers to Memorial Regional Hospital if the need is of the above specified nature and a log of the patient's name, transferring and receiving physician, as well as the appropriate reason for transfer must be maintained.
- E. **All** air ambulance transfers, regardless of the receiving facility, must be approved by the Administrator-on-Call. For local (South Florida) air ambulance transfer of emergencies, contact the appropriate agency listed on Attachment #2.
- F. Nursing Director/Administrative Officer will complete transfer request form attached (see Attachment #3) and coordinate transport.
- G. Indigent Patients

When for medical reasons an indigent patient requires transfer to another hospital, transportation must be arranged either through a public agency or at the hospital's expense, with Administration's approval.

1. When transferring to the Veterans Administration Hospital ("VAH"), the attending physician should contact the VAH admitting physician, request and receive authorization for VAH transportation.

2. When transferring to Jackson Memorial Hospital (“JMH”) or another institution outside Broward County, a 24-hour advance notice should be provided to the Clinical Effectiveness Department; this will allow adequate time to secure transportation or approval for payment from the appropriate public agency, (i.e., Health and Rehabilitative Services (“HRS”), Broward County Primary Care, U.S. Public Health Department.

If the transfer to JMH is an emergency and the patient is an active Medicaid recipient, the ambulance company is provided the Medicaid number for billing purposes and the Clinical Effectiveness Department is notified of the transfer as soon as possible for follow-up with HRS.

3. If payment for transportation cannot be obtained from any other source, or if possibility of assistance from a public agency cannot be determined, the transfer may be billed to the hospital, with Administration approval. The Clinical Effectiveness Department should be contacted to investigate possible retroactive reimbursement.

V. Transfer of Patients to Memorial Healthcare System Hospitals

- A. Subject to appropriate bed availability, staffing and other resources needed in the provision of care, patients in other hospitals having no insurance or other financial means of payment for services rendered, will receive approval for transfer if **all** of the following conditions are met:
 1. The patient requires emergency treatment (which includes patients in active labor); and
 2. The hospital seeking transfer does not have the service available to prevent deterioration of the patient’s condition; and
 3. An agreement exists between both the referring and accepting ER physicians concerning the stability of the patient’s condition for transfer.

IN SUCH CIRCUMSTANCES, THE MEMORIAL HEALTHCARE SYSTEM HOSPITAL WILL NOT ASK QUESTIONS ABOUT THE PATIENT’S ABILITY TO PAY UNLESS THE TRANSFER IS APPROVED.

- B. Subject to the above requirements and the availability of appropriate bed space, staffing, and other resources needed for the care of specific patients, MHS may approve requests for transfer of the following patients:
 1. Patients requiring or preferring services at a MHS Hospital who have adequate insurance or other financial resources to pay for hospitalization, shall receive approval for transfer. The Accounts Receivable Management Office will verify that insurance is in force and

the nature of the benefits. Nothing in this section limits the Memorial Healthcare System's right to receive payment for services rendered to such patient or Memorial Healthcare System's right to seek transfer of the patient to any facility, including the original referring facility once the patient's condition is stabilized.

2. Telephone calls may be received at any time of the day or night from administrators, nurses, social workers and doctors representing hospitals in and out of the South Broward Hospital District when seeking consent from an MHS representative, for a patient's acceptance to an MHS Hospital.

3. Transfers within MHS Facilities:

The requirements specified in this Standard Practice apply equally to transfers between MHS facilities, including, without limitation, transfers between Memorial Regional Hospital, Memorial Regional Hospital South, Memorial Hospital West, Memorial Hospital Miramar and Memorial Hospital Pembroke. For transfers to MHP between MHS Facilities, the Administrator On-Call's Designee is the receiving Hospital's Admitting/Bed Control Department. For difficult and/or complicated cases needing transfer to the respiratory care floor, prior approval must be obtained by the Director and/or Administrator as appropriate.

"Decanted" patients will be considered those patients in a MHS ED that require admission but can be transferred to an appropriate MHS facility due to capacity concerns at the present facility. "Decanting" as it relates to patients, is a process to relieve the pressure in an ED that is approaching capacity and level patient volumes across MHS.

"Decanting" is driven by the patient's diagnosis and initiated by a physician decision that the patient is medically appropriate to transfer. After the patient/Healthcare Surrogate gives consent to transfer, the patient is transferred to a MHS hospital unit.

4. Medical Condition:

The following information should be obtained by the receiving physician (accepting physician/ER physician if emergent) concerning the patient's medical condition:

- a. Does the patient's condition warrant emergency or elective care?
- b. Does the patient have a condition, illness, injury or disease which cannot be treated at the requesting facility?

5. **Except in situations involving patients who require emergency treatment,**
the following information must be obtained prior to the transfer request being evaluated by the Administrator-on-Call:
 - a. **Residency:** The residency of the patient in the South Broward Hospital District should be verified by reference to the local telephone directory, current cross reference directory and through communication when required, with the patient, family members or friends. A resident of the South Broward Hospital District shall be defined as “any person” making his/her home or place of abode within the geographical boundaries of the hospital district and with no present intention of moving outside of the district.
 - b. **Financial Data:** The Accounts Receivable Management Office will verify insurance coverage and/or financial resources including eligibility for government assistance programs and district charity to pay for hospitalization.
 - c. **Stable for Transfer:** The patient transfer shall not be approved unless both the referring and receiving physician confer and reach a unanimous decision that the patient is in stable condition for transfer.
6. **Treating Physicians:** All transfer patients must be admitted by a member of MHS’ medical staff. A physician may then be assigned when appropriate, in accordance with the Medical Staff By-laws and policies concerning assignment of patients.
7. **Clinical Effectiveness Department:** A Case Manager will evaluate the appropriateness of the transfer, based on MHS’ criteria used for services to be rendered.
8. **Medical Records:** All transfers require any copies of pertinent portions of inpatients’ and/or outpatients’ medical records which include at a minimum, lab results, x-ray reports, EKG report, History & Physical and consultative reports, which are not contained in the electronic medical record.
9. **Hospital In-Patient Transfer Procedure from non-MHS Hospitals.**

For Memorial Hospital West:

- a. Day (8:00 a.m. – 6:30 p.m., Monday – Friday; 7:00 a.m. – 3:30 p.m., Saturday and Sunday): Calls should be routed to Bed Control. Bed Control will complete the Inter-Hospital Transfer Request form.

- b. Bed Control will verify the patient's insurance and obtain transfer and admission authority action, when necessary.
- c. The Nursing Director or the Administrative Officer when appropriate, will be notified of Transfer Request and will contact the Administrator-on-Call for approval.

For Memorial Hospital Pembroke:

- a. Weekdays (7:00 am to 4:00 pm): Calls should be routed to Admissions: Patient Financial Representative will contact the administrator on call for approval/disapproval;
 - i. Admitting will notify the referring hospital of the approval/disapproval;
 - ii. Admitting will complete the Inter-Hospital Transfer Request form; original will remain with the patient chart, yellow copy to be forwarded to the nursing office.
- b. Weekends, evenings, nights (4:00 pm to 7:00 am) and holidays: Calls should be routed to the Administrative Officer who will consult with the Patient Financial Representative and obtain approval for the transfer from the Administrator-On-Call.
 - i. Administrative Officer will notify the referring hospital of approval/disapproval.
 - ii. Administrative Officer will ensure that the Inter-Hospital Transfer Request form is completed. Original will remain with the patient chart, yellow copy to be forwarded to the nursing office.

For Memorial Hospital Miramar:

- a. Weekdays (8:00 am to 4:00 pm): Calls should be routed to the Clinical Effectiveness Department. The CE Director or designee will contact Bed Control to review demographics, reason for transfer, referring physician service availability and for verification of insurance coverage and authorization. The CE Director or designee will then contact the Administrator on Call for approval.
 - i. If approved, Bed Control will complete the Inter-Hospital Transfer Request form and the CE Director or designee will notify the originating facility; the original form will remain with the patient chart, yellow copy to be forwarded to the nursing office.
- b. Weekends, evenings, nights (4:00 pm to 8:00 am) and holidays: Calls should be routed to the Administrative Officer who will contact the Clinical Effectiveness Director or designee to obtain approval for the transfer from the Administrator-On-Call.

- i. Administrative Officer will notify the referring hospital of approval/disapproval.
- ii. Administrative Officer will ensure that the Inter-Hospital Transfer Request form is completed.
Original will remain with the patient chart, yellow copy to be forwarded to the nursing office.

For Memorial Regional Hospital/ Memorial Regional Hospital South/Joe DiMaggio Children's Hospital:

- a. Calls should be routed to the Call Center/Transfer Center 24/7. The Transfer Center RN or Bed Control Representative will complete the Inter-Hospital Transfer Request form, for all transfers other than ED to ED.
 - i. Inter-Hospital Transfer Request form will be forwarded to Patient Financial Service Representatives/Bed Control for insurance verification.
 - ii. Patient Financial Service Representative recommends approval/disapproval of insurance and forwards Inter-Hospital Transfer Request form to Transfer Center RN.
 - iii. Transfer Center RN/ Director of MHS Transfer Center/ Administrative Director of Patient Financial Services or designee approves/disapproves transfer request.
 - iv. Bed Control will be notified of approval/disapproval in a timely manner.
 - v. The Transfer Center RN or Bed Control will notify the referring hospital of approval/disapproval. After business hours, the Transfer Center RN will notify the Administrative Officer for approval/disapproval. The Administrator-On-Call is notified at the discretion of the Administrative Officer.
- b. Requests for all Behavioral Health patient transfers, whether from an inpatient or emergency department setting, will be routed through the Call Center/Transfer Center.

Joe DiMaggio Children's Hospital Transport Team

When a request is made for transportation using the services of the Neonatal/Pediatric Transport Team for the Joe DiMaggio Children's Hospital, the following procedure should be followed:

- a. The request will be evaluated by the Transport Team and the Neonatologist or Pediatric Intensivist on duty at the Joe DiMaggio Children's Hospital. If the transport or transfer request is accepted by the Transport Team, in conjunction with the Transfer Center RN and the Neonatologist or Pediatric Intensivist, approval by the Administrator-on-Call is not required, except for International patients.

- b. All transfer requests are routed via the Transfer Center, (954) 986-6330 and the transfer nurse will facilitate Physician to Physician communication via a recorded line for quality assurance purposes. Once the patient has been accepted by the JDCH Physician, the transfer nurse will notify the appropriate transport team. The transport nurse will call to obtain patient report from the referral facility.
- c. If the request for transport or transfer is not accepted by the Transport Team, the request for transfer shall be forwarded to the Nurse Manager/Supervisor and the procedure applicable to all other transfer requests shall be followed.

Memorial Regional Transport Team

When a request is made for transportation using the services of the Adult Transport Team (Cardiovascular, Maternal Fetal or Neuro Science Transport Team) the following procedure should be followed:

- a. All transfer requests are routed via the Transfer Center, (954) 265-6338 and the transfer nurse will facilitate Physician to Physician communication via a recorded line for quality assurance purposes. Once the patient has been accepted by the MRH Physician, the transfer nurse will notify the appropriate transport team. The transport nurse will call to obtain patient report from the referral facility.
10. ED to ED Transfers: Calls will be routed to the Call Center/Transfer Center 24/7 and the patient will be approved based on physician to physician report.
 11. Maintenance of Records and Logs
Each MHS Hospital shall maintain records of each transfer made or received for a period of ten years. These records shall be included in a transfer log, as well as in the permanent medical record of any patient being transferred or received. Each MHS Hospital shall maintain a record log of all patients who request emergency care and services, or persons on whose behalf emergency care and services are requested, for a period of ten years.
- VI. Emergency Response on Hospital Property
Hospital property means the entire main hospital campus, including the parking lot, sidewalk and driveway, but excluding other areas or structures that are located within 250 yards of the hospital's main building and are not part of the hospital, such as physician offices, restaurants, shops, or other non-medical facilities. It also includes medical facilities of MHS that function as departments of a MHS hospital, including those located off the hospital campus.

If any person on hospital property requires or reasonably appears to need examination or treatment for an emergency medical condition, staff shall respond to the extent of

available staff and equipment and when necessary and appropriate, arrange for transportation of the person to the hospital's emergency department.

When necessary and appropriate to arrange for treatment and/or transportation, staff may dial 911 and obtain EMS services. Treatment if required, shall be provided to the extent of available staff and resources and should continue while awaiting EMS response.

VII. Transportation of a Patient from an Off-Campus Hospital Department

A. Department personnel shall:

1. Arrange for transportation of the patient unless refused by the patient or guardian or healthcare surrogate or proxy.
2. Transportation shall be the closest and most appropriate facility necessary to prevent injury to the patient.
3. Whenever possible, consistent with (1.) and (2.) above, arrange for transportation to the closest MHS Hospital with appropriate facilities to provide emergency services and care to the patient. Transportation shall be by EMS unless refused by the patient or determined not to be necessary by a physician.
4. Contact the destination Emergency Department to prepare for the patient's arrival.

FOR PATIENTS UNDER THE BAKER ACT, REFER TO THE MHS STANDARD PRACTICES TITLED "INVOLUNTARY COMMITMENT, BAKER ACT" AND "TRANSFER REQUEST—BAKER ACT."



Aurelio M. Fernandez, III, FACHE
President and Chief Executive Officer

ATTACHMENT #1

REQUEST FOR TRANSFER AGAINST MEDICAL ADVICE

READ THIS FORM CAREFULLY AND COMPLETELY BEFORE SIGNING

I have been advised that my medical condition is considered "unstable" and the physician caring for me strongly recommends against transfer. The risks of transfer include the following:

I understand that there may be additional risks and it is not possible to list every complication that may result from transfer.

I understand that this transfer is considered against medical advice, and I willingly and knowingly assume all risks associated with the transfer.

I have read and fully understand the above form and I am requesting to be transferred to:

Signature of Patient
Time

Date

Signature of Legal Representative Witness

ATTACHMENT #2Air Ambulance Agencies

Administrator-On-Call approval is needed prior to contact.

Local Emergency Transfer (Orlando and South)

1. Broward Sheriff's Department
305-765-4321 Dispatch
305-772-3670 Airport Station
2. Metro Dade
305-596-8571 Dispatch
305-233-5000 Special Detail Office
3. Coast Guard Air Station
305-536-5611 Rescue Coordination Center
Agencies to Contact (Fixed Wings)
Long Distance (North of Orlando)

Air Force (Mast) Assistance/Coast Guard (Miami):

To be used as last resort in the event that no commercial carrier is available, or medical intervention of immediate nature is needed;
Contact Coast Guard Rescue Coordination Center at **305-536-5611**.

Commercial Air Ambulances.

Aero Ambulance Int'l.	800-749-2376
Air Ambulance America	800-262-8526
Air Ambulance Professional	800-752-4195
Air Care Int'l	800-762-7060
Air Medical Services	800-443-0013
Air Trek, Inc.	800-633-5387
Airborne Medical Service	800-241-1234
Care Flight	800-282-6878
Corporate Angels (Indgt)	914-328-1313
Eastern Air Charter	800-370-8680
Federal Air Ambulance	800-336-4586
Lifeguard Air Ambulance	800-262-4688
Lifeguard Air Rescue	800-446-7142

Nurse Staffing Update Finance Committee



April 2023



QUALITY SAFETY FINANCE PEOPLE GROWTH SERVICE COMMUNITY



Florida & Nationwide Trends

- Labor costs UP
- Vacancy rates UP

HOW HAVE LABOR COSTS CHANGED?



OVER NEARLY THREE YEARS...

Florida hospitals' utilization of contracted staff soared



OVER
↑ 328%

The total dollars spent on contract labor skyrocketed



OVER
↑ 489%

Salary market adjustments increased



ALMOST
↑ 300%

HOW HAS THE WORKFORCE CHANGED?

HOSPITALS CONTINUE TO FACE AN UNPRECEDENTED SHORTAGE OF NURSES

Florida hospitals and health care providers continue to face a workforce crisis with critical staffing shortages, exponential increases in labor costs, and an ongoing dependency on temporary staffing and travel nurses. The analysis presented here was surveyed from Florida hospitals to gather data on hospital workforce staffing issues such as vacancy and turnover rates. This data presents the very dire situation Florida's hospitals are facing.

RN NURSE
VACANCY RATE

FLORIDA
21% ↑ 10%
FROM 2021

NATIONAL*
17% ↑ 7%
FROM 2021

RN NURSE
TURNOVER RATE

32% ↑ 7%
FROM 2021

27% ↑ 8%
FROM 2021

*NSI Nursing Solutions 2022 Retention and Staffing Report.



MHS Workforce Development

Further develop nursing pipeline to address the nursing shortage

 **Nurse Residency**
at Memorial Healthcare System

Expand & Optimize Nurse Residency

- Established in 2018
- Graduated 1,119 to date
- FY24- Goal of 600
- One year retention rate 93%

RN Fellowship 
Nursing just as you always imagined.

Expand & Optimize RN Fellowship

- Established 2021
- Graduated 73 to date
- FY 24- Goal of 240
- 22 Program tracks with RN Fellowship Program

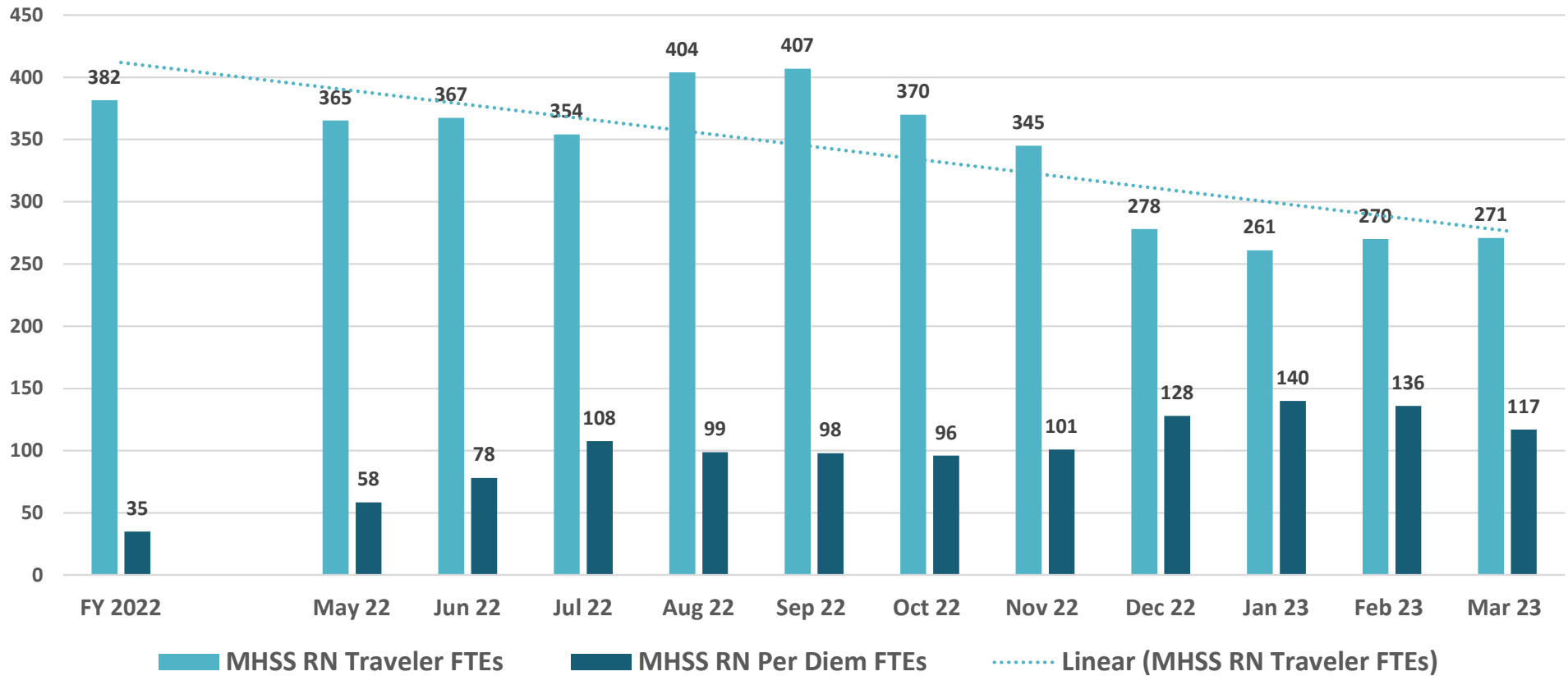


NEW MHS System Float Pool

- Established 2023
- 110 RNs hired/ in process
- Remaining to be hired- 118 FTEs
- Encompasses various areas of specialty including: ICU, IMCU, ED, Pediatrics, Resp Therapy, OR

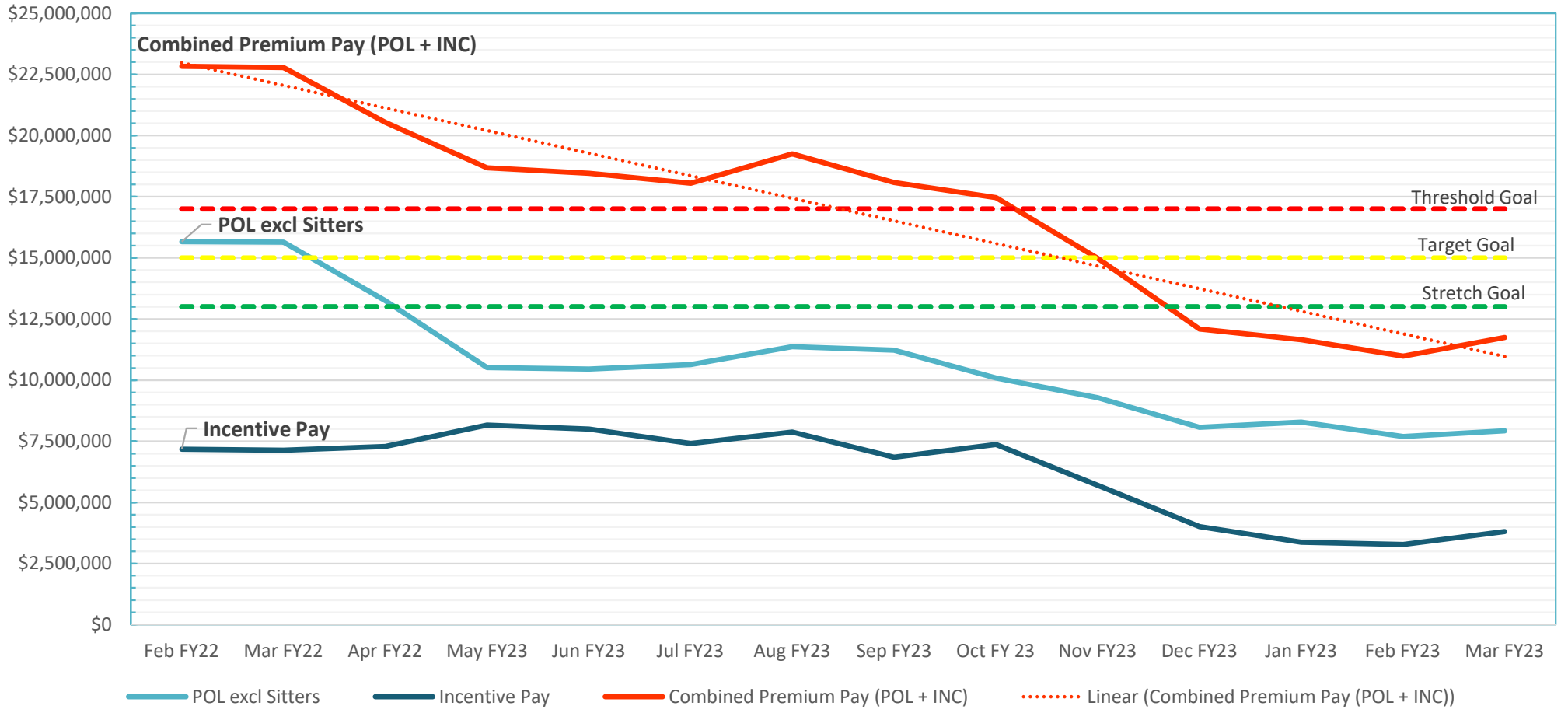


Agency RN Trending





MAR 2023 Rolling 12 Month Trend - Purchased Outside Labor & Shift Incentives





POL and Incentives Spend

	Purchased Outside Labor (POL)	Incentives	TOTAL (POL & Incentives)
Fiscal Year 22 Actual Spend	\$155 million	\$67 million	\$222 million
Fiscal Year 23 Projected Spend	\$113 million	\$72 million	\$185 million
Fiscal Year 24 Projected Spend	\$62 million	\$48 million	\$110 million

FY 24 Projected Savings= \$75 million

Thank you.
Questions?



QUALITY SAFETY FINANCE PEOPLE GROWTH SERVICE COMMUNITY