

## AGENDA

**QUARTERLY BOARD MEETING  
HILLSBOROUGH COUNTY HOSPITAL AUTHORITY  
May 23, 2023 – 9 a.m.  
Hybrid Meeting  
ROBERT W. SAUNDERS, SR. PUBLIC LIBRARY  
1505 N. NEBRASKA AVENUE, TAMPA, FL 33602**

- I. CALL TO ORDER
- II. APPROVAL OF MINUTES – February 28, 2022
- III. REPORT FROM THE TREASURER
  - a. FY 2022 Second Quarter Treasurer’s Report
  - b. FY 2023 Proposed Budget and Resolution
  - c. Update - HCHA Banking Relationship
- IV. REPORT FROM HOSPITAL AUTHORITY LEGAL COUNSEL
  - a. Update - May 9, 2022 Grant/Community Funding Committee Meeting
- V. REPORT FROM THE CHAIR
  - a. Proposed FY 2023 Board Meeting Schedule
- VI. REPORT FROM THE ADMINISTRATOR
  - a. Second Quarter MBE Spend Report
  - b. Second Quarter Indigent Care Report
- VII. OTHER BUSINESS
- VIII. AUDIENCE PARTICIPATION
- IX. NEXT BOARD MEETING DATE – **August 22, 2022 - Room B-301, West Pavilion, TGH**
- X. ADJOURNMENT

**February 28, 2022**  
**HCHA Meeting**  
**Minutes**

**HILLSBOROUGH COUNTY HOSPITAL AUTHORITY  
QUARTERLY BOARD MEETING MINUTES  
February 28, 2021 – 9:00 A.M.  
HYBRID MEETING  
ROBERT W. SAUNDERS, SR. PUBLIC LIBRARY  
1505 N. NEBRASKA AVENUE, TAMPA, FL 33602**

**BOARD MEMBERS IN ATTENDANCE**

Madeleine Courtney, Chair  
Eddie Adams, Jr., Vice Chair  
J. Patrick Baskette, Treasurer  
Commissioner Harry Cohen  
Commissioner Ken Hagan  
Manoucheca Chantigny  
Lesa Alkire-Doyle  
Robert Gonzalez  
Senator John Grant  
James Martin, Jr.  
Jerome Ryans  
Ronrico Smith  
Jay Wolfson, Ph.D.

**BOARD MEMBERS UNABLE TO ATTEND**

Lisa Decossas, Secretary  
Bryce Bowden

**OTHERS IN ATTENDANCE**

John Couris, Tampa General Hospital (TGH)  
James Kennedy, TGH Legal Counsel  
Mark Runyon, TGH  
Steve Harris, TGH  
Steve Short, TGH  
Lijah Lokenauth, TGH  
Mark Campbell, TGH  
Dustin Pasteur, TGH,  
Felix Bratslavsky, TGH  
Kim Christine, TGH  
Sam Lazarra, Rivero, Gordimer, & Company, P.A.  
Jonathan Stein, Rivero, Gordimer, & Company, P.A.  
Jennie Tarr, HCHA Legal Counsel  
Charlene Williams, HCHA Administrator  
Katherine Spencer, Rasmussen University

Ericka Gaye, Rasmussen University  
Sydney Reeves, Rasmussen University  
Judith Georges, Rasmussen University

## **CALL TO ORDER**

The meeting was called to order at 9:23 a.m. by Chair Courtney. Ms. Williams called the roll and noted a physical quorum of eight members of the Hillsborough County Hospital Authority (HCHA) was present, with the remaining members and guests appearing virtually.

## **APPEARANCE BY JOHN COURIS, CHIEF EXECUTIVE OFFICER, TAMPA GENERAL HOSPITAL (TGH)**

Mr. Couris gave an update of improvements and activities at TGH, including COVID-19 treatments, the Global Emerging Diseases Institute (GEDI) facility, and a new acute care rehabilitation facility and freestanding emergency department located on Kennedy Boulevard. Replying to Vice Chair Adams' inquiry about TGH satellite facilities serving the Black community near 30<sup>th</sup> Street, Mr. Couris confirmed the HealthPark complex was operational and would remain so, noted TGH's commitment to continue investing in HealthPark, and mentioned a planned community garden at the location to address the food desert. Upon Mr. Ryans expressing appreciation for TGH's investment into satellite facilities as a method to decentralize medical care, Mr. Couris stated that TGH currently has 80 physical locations, including 14 urgent care facilities.

Mr. Couris gave a presentation on the TGH Master Facilities Plan; mentioned the need for the Bayshore Pavilion expansion project rezoning; and described the projects contained within the plan, including the central energy plant, a new corporate center parking garage, a freestanding emergency department, the Hillsborough Community college building purchase, and cancer care expansion at Brandon Healthplex. Mr. Dustin Pasteur elaborated on the Bayshore Pavilion expansion project. Vice Chair Adams asked about the burn unit ICU expansion. Mr. Couris advised the burn unit was simply a modernization/renovation of the burn unit and noted TGH was one of the two burn units in the State of Florida. Ms. Alkire-Doyle asked how current staffing shortages would impact the plan to expand the operating rooms and the hospital in general. Mr. Couris stated the long waits currently encountered were primarily caused by the COVID-19 pandemic; pointed out countrywide medical facilities were encountering staffing shortages due to healthcare workers leaving the field because of COVID-19 pressures; noted universities were seeking to fill the gap of healthcare employees; believed that Human Resources staff could address the staffing issues prior to construction completion; and noted TGH was offering employee pay increases.

Treasurer Baskette complimented Mark Campbell and Felix Bratslavsky for their efforts working with the HCHA on the Minority Business Enterprise (MBE) and Small Business Enterprise (SBE) programs. Mr. Couris and Mr. Pasteur commented on and expressed full support for the MBE/SBE outreach efforts at TGH. Mr. Couris responded to Ms. Judith Georges, Rasmussen University student, who inquired about nursing school/TGH partnerships.

Vice Chair Adams suggested TGH's model for MBE/SBE could be shared with the community. Mr. Couris agreed and advised TGH staff would be happy to assist. Mr. Ryans asked about minority hiring at TGH. Mr. Couris advised TGH had recently hired a Director of Diversity, Equity, and Inclusion to address the issue and offered to have Ms. Qualenta Kivett, Executive Vice President, Chief People and Talent Officer appear at a future HCHA meeting to provide more information on the program. Mr. Smith inquired how the area's future healthcare needs were determined and how TGH would meet the demand. Mr. Couris advised TGH was looking into community/neighborhood hospitals with low acuity medical care but were primarily focusing on onsite improvements at the main TGH campus and noted TGH was an academic research facility serving surrounding counties via helicopter service. Mr. Pasteur pointed out that the rehabilitation hospital on Kennedy Boulevard would provide for the transfer of patients to the offsite facility and allow TGH to build more onsite beds in the GEDI facility.

Attorney Tarr reviewed questions previously asked by HCHA members at the November 15, 2021 meeting and noted the legal response from Attorney James Kennedy, TGH General Counsel. Attorney Kennedy advised the HCHA had no financial obligation whatsoever for any TGH bonds; confirmed that when FHSC assumed the lease in 1997, FHSC assumed all financial obligations for outstanding HCHA bonds from 1992; stated that in 2003 FHSC retired the old 1992 debt, assumed new debt, and issued a leasehold mortgage on behalf of some of the bond holders in 2003; mentioned other bonds issued in 2006, 2012, 2013, 2015, 2020; confirmed there were no obligations to the HCHA on any of that debt; and clarified there were no encumbrances on the HCHA real estate.

Dr. Wolfson asked if FHSC went bankrupt, was there any possibility of residual liability attaching to the land itself, to which Attorney Kennedy answered no. Attorney Kennedy further advised that if FHSC went bankrupt, the trustee would appoint someone to oversee the assets and run the hospital. Mark Runyon, Executive Vice President and Chief Financial Officer, TGH, confirmed there was no mortgage associated with the new bonds issued. Attorney Tarr noted the request by the HCHA that TGH bring the HCHA into the bonding/expansion process earlier for future projects by conducting briefings similar to those provided to the Board of County Commissioners.

**Mr. Ryans moved the Board approve the TGH rezoning application. The motion was seconded by Dr. Wolfson and carried unanimously.**

Responding to Vice Chair Adams, Attorney Tarr clarified that the rezoning application was to authorize the HCHA Chair to sign the City of Tampa application for rezoning on behalf of TGH as landowners of the property.

### **FHSC FINANCIAL STATEMENTS WITH AUDITOR'S REPORT**

Mr. Lijah Lokenauth, Vice President of Finance, TGH, presented the 2021 FHSC financial statements and auditor's report.

**Mr. Ryans moved to accept the auditor's report. The motion was seconded by Vice Chair Adams and carried unanimously.**

#### **FY 2021 HCHA FINANCIAL STATEMENTS AND AUDIT REPORT**

Mr. Sam Lazzara and Mr. Jon Stein, Rivero, Gordimer, & Company, P.A., provided an overview of the 2021 FHSC financial statements and auditor's report.

**Vice Chair Adams moved to accept the auditor's report. The motion was seconded by Mr. Ryans and carried unanimously.**

#### **APPROVAL OF MINUTES**

**A motion to approve the November 15, 2021 Quarterly HCHA Board meeting minutes was made by Dr. Wolfson. The motion was seconded by Mr. Martin and carried unanimously.**

#### **REPORT FROM LEGAL COUNSEL**

Attorney Tarr stated that the Director's and Officer's Insurance was up for renewal and noted the quote from Italiano Insurance Services, Inc. was included in the meeting packet and comparable to last year.

**A motion was made by Dr. Wolfson to move authorization of the Director's and Officer's Insurance. The motion was seconded by Commissioner Cohen and carried unanimously.**

Attorney Tarr gave a status update on the Grants/Community Funding Subcommittee Meeting, noting that the January meeting had been cancelled due to an uptick in COVID-19 Omicron cases and that the rescheduled date was immediately following this HCHA quarterly meeting, provided a quorum was met.

Attorney Tarr reviewed questions from Treasurer Baskette and Commissioner Overman from the November 15, 2021 meeting regarding whether or not a TGH property at 606 West Kennedy Boulevard and the Selmon Expressway property were previously owned by the HCHA and clarified that the properties were new purchases by TGH and not connected to the HCHA. Attorney Tarr referred to an email from a citizen received by Commissioner Hagan's office regarding treatment options at area hospitals and would refer matter to the Hillsborough County Health Care Advisory Board.

#### **REPORT FROM THE TREASURER**

Treasurer Baskette presented the FY 2022 First Quarter Treasurer's Report and noted the checking account activity included receipt of the \$75,000 annual lease payment and the transfer of the remaining FY 2021 balance of \$30,308.60 from the checking account to the money market account. Treasurer Baskette advised the money market account activity included interest earned of \$8.36.

**A motion was made by Vice Chair Adams to accept the FY 2022 First Quarter Treasurer’s Report. The motion was seconded by Dr. Wolfson and carried unanimously.**

**REPORT FROM THE ADMINISTRATOR**

- A. The First Quarter 2022 MBE Spend Report was presented by Ms. Williams, who stated the Construction goal is 16.9%, and the MBE percentage for the first quarter was 13.4%. The Professional Services goal is 11.8%, and the first quarter MBE percentage was 22.5%. The General Goods and Services goal is 6%, and the first quarter MBE percentage was 34.8%. The Medical Supplies and Services goal is 3%, and the first quarter MBE percentage was 3.0%.

**A motion was made by Dr. Wolfson to accept the First Quarter 2022 MBE Spend. The motion was seconded by Vice Chair Adams and carried unanimously,**

- A. The First Quarter 2022 Indigent Care Report was given by Ms. Williams, who read from the cover letter that the overall indigent care costs increased by 9.8% as compared to 2021. Medicaid unreimbursed costs increased 9.5% due primarily to higher volume offset by an increase in supplemental payments. HCCB unreimbursed cost increased slightly by 2.7%. From the report, indigent patient utilization was 34.88%; total hospital discharges were 14,025; indigent care patient average length of stay was 5.75 days; and overall hospital average length of stay was 6.00 days. The case mix index was as follows: Medicaid, 1.63; HCHCP, 1.47; Charity, 1.81; with hospital case mix index at 1.94.

**A motion was made by Dr. Wolfson to accept the First Quarter 2022 Indigent Care Report. The motion was seconded by Mr. Ryans and carried unanimously.**

**OTHER BUSINESS**

Treasurer Baskette announced plans to consider changing the HCHA financial banking institution and would work with Ms. Williams and Attorney Tarr to make a recommendation at next meeting .

**AUDIENCE PARTICIPATION**

Ms. Katherine Spencer thanked the HCHA for the opportunity to attend the meeting and spoke regarding the complexities involved in making changes within a healthcare system. Ms. Ericka Gaye expressed appreciation for participating in the meeting and noted the knowledge she gained from the experience.

**NEXT BOARD MEETING DATE – May 23, 2022**

**MOTION TO ADJOURN**

**A motion to adjourn was made by Vice Chair Adams. The motion was seconded by Senator Grant and carried unanimously.** The meeting was adjourned at 11:06 a.m.

Respectfully submitted,

---

Lisa Decossas  
Secretary, HCHA

DRAFT



# **Report from the Treasurer**

FY 2022 Second Quarter  
Treasurer's Report

FY 2023 Proposed Budget and  
Resolution

Discuss HCHA Banking Relationship

Hillsborough County Hospital Authority  
Treasurer's Report  
For the Second Quarter of Fiscal 2022  
January, February, March 2022

<b>Seacoast Checking Account</b>		
<b>FIRST QUARTER CLOSING BALANCE as of 12/31/2021</b>		<b>\$74,827.52</b>
<b>INCOME</b>	<b>Annual Budget</b>	<b>2nd Qtr Actual</b>
FHSC Administrative Payment	75,000	
Bank Accounts Interest	8	1.78
Miscellaneous	-	
<b>Total</b>	<b>75,008</b>	<b>1.78</b>
<b>EXPENSES</b>		
<b>Administrative Services</b>	35,000	
Healthcare Grant	-	
Office Supplies	100	
Directors & Officers Insurance	4,000	3,472.35
Independent Auditing	8,280	4,135.00
Special District Fee	175	
Healthcare Grant Advert	-	
Transfer to Money Market	28,419	
Miscellaneous	100	
<b>Total</b>	<b>76,074</b>	<b>7,607.35</b>
<b>SECOND QUARTER CLOSING BALANCE as of 3/31/2022</b>		<b>\$67,221.95</b>
<b>Bank Statement Closing Balance- 03/31/22</b>		<b>67,221.95</b>
Outstanding Checks		
Reconciled balance		<u><u><b>67,221.95</b></u></u>

Respectfully submitted by:

Patrick Baskette  
Treasurer, Board of Trustees

Hillsborough County Hospital Authority  
Treasurer's Report  
For the Second Quarter of Fiscal 2022  
January, February, March 2022

**Seacoast Money Market Account**

<b>FIRST QUARTER CLOSING BALANCE as of 12/31/2021</b>		<b>\$195,441.54</b>
<b>INCOME</b>	<b>Annual Budget</b>	<b>2nd Qtr Actual</b>
FHSC Administrative Payment	-	18.00
Bank Accounts Interest	40	9.64
Transfer from Checking	28,419	-
<b>Total</b>	<b>28,459</b>	<b>27.64</b>
<b>EXPENSES</b>		<b>2nd Qtr Actual</b>
Administrative Services	-	
Healthcare Grant	-	
Office Supplies	-	
Directors & Officers Insurance	-	
Independent Auditing	-	
Special District Fee	-	
Healthcare Grant Advert	-	
Miscellaneous	-	
<b>Total</b>	<b>-</b>	<b>-</b>
<b>SECOND QUARTER CLOSING BALANCE as of 3/31/2022</b>		<b>\$195,469.18</b>

<b>Bank Statement Closing Balance- 03/31/22</b>	<b>\$195,451.18</b>
Less reserve	(100,000.00)
Less State Unclaimed Funds	(1,898.01)
<b>Available Money Market Funds</b>	<b>93,553.17</b>

	<b>TOTAL CASH</b>
Checking Account	\$ 67,221.95
Money Market	195,451.18
<b>Total Cash on hand 03/31/2022 MM &amp; Checking</b>	<b>\$ 262,673.13</b>

Respectfully submitted by:

Patrick Baskette  
Treasurer, Board of Trustees

Hillsborough County Hospital Authority Board  
Proposed Budget  
Fiscal Year 2023 (Oct 2022 -Sep 2023)

# Proposed Budget

Checking

Seacoast Estimated bank balances 9/30/2022

FY2023 Budget  
28,060

**Budget**

<b>INCOME</b>	<b>BUDGET</b>
FHSC Admin Payment	75,000
Interest Income	8
<b>Total</b>	<b>75,008</b>
<b>EXPENSE</b>	
Administrative Services	35,000
Office Supplies	100
D & O Insurance	4,000
Independent Auditing	8,300
Special District Fee	175
Postage	20
Miscellaneous	80
<b>Total</b>	<b>47,675</b>
Transfer	(28,060)
<b>Changes in Balances</b>	<b>(727)</b>
<b>Projected End of the year balances FY2022</b>	<b>27,333</b>

- Administrative fees remain same as FY2022
- Grants and or gifts are paid from available funds in the Money Market
- Amount of funds available for grants/gifts in FY2023 are \$93,562 (\$195,460 listed as Money Market Balance minus \$100,000 reserve and minus \$1,898 FL State Unclaimed Funds)

**Hillsborough County Hospital Authority Board  
Recommended Budget  
Fiscal Year 2023 (Oct 2022 -Sep 2023)**

# Proposed Budget

Money Market

Seacoast Estimated bank balances 9/30/2022

FY2023 Budget  
195,460

Budget	
INCOME	BUDGET
FHSC Admin Payment	
Interest Income	40
Miscellaneous income	
<b>Total</b>	<b>40</b>
EXPENSE	
Gifts	75,000
Grants	
Healthcare Grant Advertising	
Miscellaneous	
<b>Total</b>	<b>75,000</b>
Transfer in From Checking	28,060
<b>Changes in Balances</b>	<b>(46,900)</b>
<b>Projected End of the year balances</b>	<b>148,560</b>
Reserve	100,000
State of FI Unclaimed Funds	1,898
<b>Projected Cash Available for Grants/Gifts</b>	<b>46,662</b>

- Administrative fees remain same as FY2022
- Grants and or gifts are paid from available funds in the Money Market
- Amount of funds available for grants/gifts in FY2023 are \$93,562 (\$195,460 listed as Money Market Balance minus \$100,000 reserve and minus \$1,898 FL State Unclaimed Funds)

RESOLUTION NO. R 22-01

A RESOLUTION OF THE HILLSBOROUGH COUNTY  
HOSPITAL AUTHORITY PROVIDING FOR THE  
2023 FISCAL YEAR BUDGET.

Upon motion of Board Member [redacted] seconded by Board Member [redacted], the following resolution was adopted by a vote of [redacted]

WHEREAS, the Hillsborough County Hospital authority (“AUTHORITY”), as a dependent special district, is required to adopt a budget for each fiscal year; and

WHEREAS, Florida law requires that the AUTHORITY file the duly adopted budget with Hillsborough County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF THE HILLSBOROUGH COUNTY HOSPITAL AUTHORITY AT A MEETING ASSEMBLED THIS 23<sup>rd</sup> DAY OF MAY 2022.

That the budget for fiscal year October 1, 2022 through September 30, 2023, as reflected on attachment “A” be hereby adopted.

**THIS RESOLUTION SHALL BECOME EFFECTIVE UPON ADOPTION.**

**ADOPTED THIS 23<sup>rd</sup> DAY OF MAY 2022**

**STATE OF FLORIDA )**  
**)**  
**COUNTY OF HILLSBOROUGH )**

I, Lisa Decossas, the Secretary of the Hillsborough County Hospital Authority of Hillsborough County, Florida, do hereby certify that the above and foregoing is a true and correct copy of a Resolution adopted by the Board of the Hillsborough County Hospital authority at its meeting of May 23, 2022, as the same appears of the official records of the Hillsborough County Hospital Authority.

WITNESS my hand and official seal this 23<sup>rd</sup> day of May 2022.

\_\_\_\_\_  
Title: Secretary  
Hillsborough County Hospital Authority

# **Report from Legal Counsel**

Verbal Update - May 9, 2022 Grant/Community  
Funding Committee Meeting

# **Report from the Chair**

Proposed  
FY 2023 Board Meeting Schedule



## Proposed

### QUARTERLY BOARD MEETING DATES Schedule for **2023**

The Board meets quarterly. Meetings are usually held at 9 a.m. on the fourth Monday of the month but may be adjusted depending on holidays. The Board will be notified in advance if schedule changes are needed.

In addition to the regular Board business (Reports from: Chair, Treasurer, Legal Counsel; and Administrator on Indigent Care and MBE activity), the agenda will include the following special items:

November 14, 2023	Landlord's Inspection Report End-of-Year Activity Reports <i>*Second Monday, due to Thanksgiving/BOCC Meeting Free Period the weeks of the 3<sup>d</sup> and 4<sup>th</sup> Mondays.</i>
February 27, 2023	TGH Audit Report HCHA Audit Report D & O Insurance Renewal
May 22, 2023	Next Year's meeting dates Next Year's Budget w/Resolution
August 27, 2023	Election of New Board Officers Renewal of Contracts
November 13, 2023	Landlord's Inspection Report End-of-Year Activity Reports <i>*Second Monday, due to Thanksgiving/BOCC Meeting Free Period the weeks of the 3<sup>d</sup> and 4<sup>th</sup> Mondays.</i>

# **Report from the Administrator**

Second Quarter MBE Spend Report

Second Quarter Indigent Care Report

## MBE Spend Report

### 2nd Quarter Data

### Rolling Eight Quarters Comparison

	3rdQ '20	4thQ '20	1stQ '21	2ndQ '21	3rdQ '21	4th Q '21	1st Q '22	2nd Q '22
<b>Construction - GOAL 16.9%</b>								
<b>MBE Category Total</b>	\$939,400.43	\$2,235,935.78	\$1,168,337.46	\$1,726,277.99	\$2,926,690.29	\$2,028,343.67	\$1,577,744.87	\$1,160,194.19
<b>Category Total</b>	\$5,478,109.82	\$5,462,730.57	\$10,138,006.67	\$9,983,192.41	\$12,327,372.39	\$19,948,872.40	\$11,785,218.41	\$11,324,270.01
<b>MBE Percentage</b>	17.1%	40.9%	11.5%	17.3%	23.7%	10.2%	13.4%	10.2%
<b>Prof. Services - GOAL 11.8%</b>								
<b>MBE Category Total</b>	\$1,746,253.14	\$1,938,624.75	\$1,903,081.66	\$3,000,943.81	\$3,032,411.46	\$3,453,078.83	\$4,497,438.91	\$5,080,822.29
<b>Category Total</b>	\$4,579,635.67	\$4,244,891.24	\$6,925,775.72	\$6,409,522.08	\$8,939,930.17	\$13,063,577.63	\$19,977,556.81	\$26,729,849.52
<b>MBE Percentage</b>	38.1%	45.7%	27.5%	46.8%	33.9%	26.4%	22.5%	19.0%
<b>Gen Goods &amp; Svs - GOAL 6%</b>								
<b>MBE Category Total</b>	\$1,853,257.79	\$1,830,179.04	\$2,313,404.88	\$2,029,303.47	\$2,124,252.73	\$2,285,545.20	\$2,157,319.37	\$2,736,504.12
<b>Category Total</b>	\$4,986,481.87	\$5,774,037.18	\$6,876,345.40	\$5,894,193.79	\$5,737,281.89	\$7,759,595.72	\$6,191,774.42	\$5,993,890.83
<b>MBE Percentage</b>	37.2%	31.7%	33.6%	34.4%	37.0%	29.5%	34.8%	45.7%
<b>Med Supp &amp; Svs. GOAL 3%</b>								
<b>MBE Category Total</b>	\$1,170,296.32	\$952,205.29	\$718,316.57	\$499,241.70	\$925,977.07	\$867,081.74	\$608,128.08	\$588,504.33
<b>Category Total</b>	\$17,179,407.33	\$19,937,069.34	\$19,418,966.34	\$20,520,836.59	\$21,657,923.71	\$18,582,173.91	\$20,521,983.45	\$20,991,054.63
<b>MBE Percentage</b>	6.8%	4.8%	3.7%	2.4%	4.3%	4.7%	3.0%	2.8%

Tampa General Hospital  
 Minority Business Enterprise  
 Fiscal Year 2022 Participation Report  
 Second Quarter (January - March)

	Designation	Construction	Professional Services	General Goods & Services	Medical Supplies & Services	Designation Total
Prime Contractor Spend	African-American	\$ 89,837.00	\$ 74,794.20	\$ 196,296.54	\$ 117,486.20	\$ 478,414
	Hispanic-American	\$ 131,697.50	\$ 258,879.60	\$ 147,819.50	\$ 13,080.00	\$ 551,477
	Women-Owned	\$ 394,335.70	\$ 4,705,972.24	\$ 1,585,320.08	\$ 80,345.90	\$ 6,765,974
	Other (Asian, Native Amer)	\$ -	\$ 41,176.25	\$ 505,901.44	\$ 9,309.64	\$ 556,387
	Tier 1 Subtotal	\$ 615,870.20	\$ 5,080,822.29	\$ 2,435,337.56	\$ 220,221.74	\$ 8,352,252
Subcontract Spend	African-American	\$ 41,933.48	\$ -	\$ 84,553.00	\$ 207,897.24	\$ 334,384
	Hispanic-American	\$ 31,030.83	\$ -	\$ 4,739.00	\$ 4,543.31	\$ 40,313
	Women-Owned	\$ 467,409.68	\$ -	\$ 117,735.56	\$ 110,435.23	\$ 695,580
	Other (Asian, Native Amer)	\$ 3,950.00	\$ -	\$ 94,139.00	\$ 45,406.81	\$ 143,496
	Tier 2 Subtotal	\$ 544,323.99	\$ -	\$ 301,166.56	\$ 368,282.59	\$ 1,213,773
	<b>Minority Category Total</b>	\$ 1,160,194.19	\$ 5,080,822.29	\$ 2,736,504.12	\$ 588,504.33	\$ 9,566,025
	<b>Category Total</b>	\$ 11,324,270.01	\$ 26,729,849.52	\$ 5,993,890.83	\$ 20,991,054.63	\$ 65,039,065
	<b>MBE Percentage</b>	10.2%	19.0%	45.7%	2.8%	

**YEAR TO DATE**

<b>Minority Category Total</b>	\$ 2,737,939.06	\$ 9,578,261.20	\$ 4,893,823.49	\$ 1,196,632.41	\$ 18,406,656
<b>Category Total</b>	\$ 23,109,488.42	\$ 46,707,406.33	\$ 12,185,665.25	\$ 41,513,038.08	\$ 123,515,598
<b>MBE Percentage</b>	11.8%	20.5%	40.2%	2.9%	
<b>Availability</b>	16.9%	11.8%	6%	3%	

*(as defined by the minority business and utilization study)*

Identified (Not Certified) MBE Spend	African-American	\$ -	\$ -	\$ -	\$ -	\$ -
	Hispanic-American	\$ -	\$ -	\$ -	\$ -	\$ 0.00
	Women-Owned	\$ -	\$ 2,649,479.45	\$ -	\$ -	\$ 2,649,479
	Other (Asian, Native Amer)	\$ -	\$ -	\$ -	\$ -	\$ -
	Identified Subtotal	\$ -	\$ 2,649,479.45	\$ -	\$ -	\$ 2,649,479

**MBE Outreach**

1/17/2022	TOBA Annual MLK Breakfast	Attendee
1/26/2022	FSMSDC 2022 Kickoff Breakfast	Member
2/10/2022	Tampa Chamber MBA Advisory Council	Member
2/17/2022	NAACP General Membership Meeting	Attendee
2/23/2022	Supplier Diversity RoundTable Committee Meeting	Member
3/17/2022	Q1 DEI Best Practice Roundtable	Attendee

Medical Supplies decreased slightly this quarter, the reason for the decrease in Medical was due to several factors:

On Nov 1, 2021, TGH switched medical supply distributors, going from Cardinal to Medline, which required the new distributor to bring in new supply quantities of product to their warehouse, ultimately increasing overall spend, this along with final payments to the previous distributor skewed the numbers significantly. We expect this to normalize in Q3.

Also, due to a continuation of global supply chain constraints and challenges, several of our MBE products were backordered. TGH was unable to find MBE subs for many of those backordered products, causing the MBE spend to decrease. We hope this will normalize but expect supply chain constraints through the remainder of this year.

## Quarterly Indigent Care Comparison

### 2nd Quarter Data

### Rolling Nine Quarters

	2nd Q '20	3rd Q '20	4th Q '20	1st Q '21	2nd Q '21	3rd Q '21	4th Q '21	1st Q '22	2nd Q '22
<b>Indigent Patient Utilization</b>	36.35%	35.13%	48.31%	33.09%	36.70%	36.50%	42.96%	34.88%	34.17%
<b>Total Hospital Discharges</b>	13,197	11,213	12,980	13,238	13,033	13,782	14,746	14,025	13,951
<b>Indigent Care Patient ALOS</b>	5.18	5.32	5.43	5.71	5.63	5.53	5.36	5.75	5.60
<b>Hospital ALOS</b>	5.58	5.43	5.71	5.73	5.88	5.89	5.96	6.00	5.90
<b>Case Mix Index (CMI)</b>									
<b>Medicaid</b>	1.53	1.61	1.68	1.68	1.65	1.65	1.65	1.63	1.63
<b>HCHCP</b>	1.58	1.62	1.71	1.45	1.49	1.44	1.50	1.47	1.81
<b>Charity</b>	1.66	1.78	1.73	1.68	1.69	1.84	1.90	1.81	1.87
<b>Hospital CMI</b>	1.77	1.85	1.94	1.93	1.94	1.97	1.94	1.94	1.97



May 12, 2022

Ms. Madeleine Courtney, Chairman  
Hillsborough County Hospital Authority (HCHA)  
P.O. Box 1289 Tampa, FL 33601

Dear Ms. Courtney:

Enclosed is the quarterly indigent care report (report) for the second quarter ended March 31, 2022 as required by Section 10.1 of the Lease Agreement.

The left half of the report presents annual information for each fiscal year 2019 through 2022 and the right half presents our fiscal second quarter (January through March) information for each fiscal year 2019 through 2022. In this report, the information contained therein follows the intent set forth by the Internal Revenue Service (IRS) for Form 990, Schedule H – Hospitals, Part I – Charity Care and Certain Other Community Benefits at Cost. For consistency, we have compiled our report based on costs, as defined by IRS guidelines. The report totals will also be included in the disclosures required by the footnotes to our audited financial statements, in addition to our annual report regarding our community benefit activities.

Total Indigent Care unreimbursed costs have decreased slightly as evidenced by the year over year trends. Overall indigent costs decreased 4.0% as compared to 2021. Medicaid unreimbursed cost increased 7.8% due to higher volume offset by the increase in IME payments. HCCB unreimbursed cost increased, 16.5%. due to higher patient day volume and acuity. Charity unreimbursed cost decreased 24.9% due to lower volume, however patient acuity increased more than 9% as compared with 2021.

The cost to provide care to the indigent population also reflects generally higher costs throughout the hospital for additional staffing, USF funding, insurance, and technology innovation as well as the renovations needed to build out our infectious disease hospital. While our efforts in reducing length of stay have been stymied by an increase in acuity, our continued focus on other efficiencies has mitigated some of the cost increase. Although overall inpatient indigent utilization is relatively flat, the increased cost has been generally driven by a higher intensity as evidenced by a higher case mix of inpatients and a shift towards more ambulatory utilization which is generally paid less on a per case basis than inpatient. The additional costs were offset by new Medicaid IME funding in 2022.

Attached are the definitions of terms used in the report. If you have any questions or concerns, please contact me at (813) 844-4647.

Sincerely,

A handwritten signature in black ink that reads "Stephen Harris".

Stephen Harris

Vice President of Payor & Government Affairs

Florida Health Sciences Center, Inc.  
Quarterly Report to HCHA-Lease Section 10.1 Requirement  
For the 12 months ended September 30, 2022

	Fiscal Year to Date								For the 2nd Quarter January 1, 2022 through March 31, 2022							
	YTD FY19	As a % of Total	YTD FY20	As a % of Total	YTD FY21	As a % of Total	YTD FY22	As a % of Total	2nd Qtr FY19	As a % of Total	2nd Qtr FY20	As a % of Total	2nd Qtr FY21	As a % of Total	2nd Qtr FY22	As a % of Total
<b>1. Total Unreimbursed Cost (number in thousands)</b>																
Medicaid Cost	\$ 72,096	5.03%	\$ 84,309	5.80%	\$ 101,725	6.09%	\$ 54,874	5.98%	\$ 14,092	4.04%	\$ 17,935	4.95%	\$ 22,813	5.67%	\$ 24,593	5.33%
HCHCP Cost	\$ 19,924	1.39%	\$ 21,304	1.46%	\$ 24,855	1.49%	\$ 11,301	1.23%	\$ 4,350	1.25%	\$ 5,533	1.53%	\$ 4,022	1.00%	\$ 4,684	1.01%
Charity Cost	\$ 52,173	3.64%	\$ 63,831	4.39%	\$ 63,453	3.80%	\$ 24,348	2.65%	\$ 12,365	3.54%	\$ 11,659	3.22%	\$ 16,868	4.19%	\$ 12,672	2.74%
Total Indigent Cost	\$ 144,193	10.05%	\$ 169,444	11.65%	\$ 190,033	11.37%	\$ 90,522	9.87%	\$ 30,807	8.82%	\$ 35,127	9.70%	\$ 43,703	10.86%	\$ 41,949	9.09%
Gross Charges at Cost	\$ 1,434,648		\$ 1,454,505		\$ 1,671,033		\$ 917,080		\$ 349,202		\$ 362,207		\$ 402,260		\$ 461,715	
<b>2. Utilization of Major Services by Indigent Patients:</b>																
<b>Discharges (including Newborns)</b>																
Medicaid	14,376	26.68%	14,010	27.56%	15,148	27.64%	7,605	27.18%	3,588	26.27%	3,498	26.51%	3,340	25.63%	3,526	25.27%
HCHCP	975	1.81%	942	1.85%	1,266	2.31%	450	1.61%	232	1.70%	243	1.84%	227	1.74%	201	1.44%
Charity	3,335	6.19%	3,846	7.57%	4,123	7.52%	2,062	7.37%	1,109	8.12%	1,056	8.00%	1,217	9.34%	1,040	7.45%
Total Indigent	18,686	34.68%	18,798	36.98%	20,537	37.48%	10,117	36.16%	4,929	36.09%	4,797	36.35%	4,784	36.71%	4,767	34.17%
Adjusted indigent discharges	28,648		27,255		29,042		14,570		7,603		7,711		6,879		6,946	
Total Discharges	53,888		50,828		54,799		27,976		13,658		13,197		13,033		13,951	
<b>Patient days (including Newborns)</b>																
Medicaid	79,068	26.22%	74,146	25.99%	82,775	25.16%	42,916	25.18%	19,545	25.59%	17,822	24.40%	18,055	23.12%	19,439	22.59%
HCHCP	4,770	1.58%	4,668	1.64%	6,870	2.09%	2,810	1.65%	1,151	1.51%	1,477	2.02%	1,134	1.45%	1,342	1.56%
Charity	16,608	5.51%	20,347	7.13%	24,614	7.48%	11,690	6.86%	6,555	8.58%	5,558	7.61%	7,750	9.92%	5,921	6.88%
Total Indigent	100,446	33.31%	99,161	34.75%	114,259	34.74%	57,416	33.68%	27,251	35.68%	24,857	34.03%	26,939	34.49%	26,701	31.03%
Adjusted indigent patient days	153,997		143,773		161,579		82,685		42,034		36,849		38,738		38,905	
Hospital Patient Days	301,545		285,320		328,943		170,462		76,369		73,053		78,107		86,058	
<b>Average length of stay (including Newborn)</b>																
Medicaid	5.50		5.29		5.46		5.64		5.45		5.09		5.41		5.51	
HCHCP	4.89		4.96		5.43		6.24		4.96		6.08		5.00		6.67	
Charity	4.98		5.29		5.97		5.67		5.91		5.26		6.37		5.69	
Total Indigent	5.38		5.28		5.56		5.67		5.53		5.18		5.63		5.60	
Hospital ALOS	5.58		5.53		5.86		5.95		5.63		5.58		5.88		5.90	
<b>Case mix index (including Newborn)</b>																
Medicaid	1.41		1.57		1.67		1.64		1.40		1.53		1.65		1.63	
HCHCP	1.37		1.66		1.58		1.69		1.42		1.58		1.49		1.81	
Charity	1.54		1.66		1.82		1.86		1.59		1.66		1.69		1.87	
Hospital CMI	1.74		1.84		1.95		1.96		1.77		1.77		1.94		1.97	



## Quarterly Report to HCHA – Lease Section 10.1 Requirement Definitions of Terms

**Indigent Care Patient:** Indigent care patients are individuals with income levels at or below the Federal poverty guidelines, who may qualify for assistance under Federal, State and local government programs. This population includes those patients funded by Medicaid and the Hillsborough County Health Care Plan (“HCHCP”), and those patients unable to pay for services and not eligible to receive assistance from any Federal, State or local government program (i.e., Charity Care).

**Total Un-reimbursed Cost Incurred for Indigent Patients:** The reported dollar amounts are estimated un-reimbursed cost for services rendered according to the community benefit definitions found in the IRS Form 990. For Medicaid and the HCHCP, the amounts reflect the excess of costs over each program’s reimbursement. Charity Care reflects total estimated cost of care for those patients.

**Hospital Gross Charges at Cost:** The reported dollar amounts reflect all patient charges for services rendered regardless of payer source reduced to cost by applying the Hospital’s Medicare cost to charge ratio in conformity with the IRS Form 990 guidelines.

**Discharges:** The total number of inpatients discharged, died, or transferred from the hospital during the reporting period. The number of discharges reported includes newborn discharges.

**Patient Days:** The number of days care was provided to admitted patients during the reporting period. The number of patient days reported includes days related to newborn care.

**Adjusted Discharges and Patient Days:** These benchmarks are intended to incorporate both inpatient and outpatient activity into one statistic, and are calculated using the ratio of total indigent gross revenue to inpatient indigent gross revenue applied to inpatient indigent discharges and patient days.

**Average length of stay (ALOS):** A statistical indicator of the average number of days a patient stays in bed, calculated by dividing the total patient days by the total number of discharges.

**Case Mix Index:** A statistical indicator reflecting the severity of illness in a patient population. A case mix index of 1.0 represents “average” severity, whereas case mix indices greater than 1.0 indicate a more severely ill population. The case mix index is weighted average acuity level for inpatients only and is derived based upon industry standards.