

AGENDA
QUARTERLY BOARD MEETING
HILLSBOROUGH COUNTY HOSPITAL AUTHORITY
August 22, 2022 – 9 a.m.
Hybrid Meeting
THE CHILDREN’S BOARD
1002 E. PALM AVENUE, TAMPA, FL 33605

- I. CALL TO ORDER
- II. APPROVAL OF MINUTES – February 28, 2022
May 23, 2022
- III. REPORT FROM THE TREASURER
 - a. FY 2022 Second Quarter Treasurer’s Report
 - b. FY 2022 Third Quarter Treasurer’s Report
 - c. FY 2023 Proposed Budget and Resolution
 - d. Update - HCHA Banking Relationship
- IV. REPORT FROM HOSPITAL AUTHORITY LEGAL COUNSEL
 - a. Update - May 9, 2022 and July 11, 2022 Grant/Community Funding Committee Meetings
 - b. Renewal of Auditor Contract
- V. REPORT FROM THE CHAIR
 - a. Proposed FY 2023 Board Meeting Schedule
 - b. Annual Landlord’s Briefing
- VI. ELECTION OF NEW OFFICERS
- VII. REPORT FROM THE ADMINISTRATOR
 - a. Second Quarter MBE Spend Report
 - b. Third Quarter MBE Spend Report
 - c. Second Quarter Indigent Care Report
 - d. Third Quarter Indigent Care Report
- VIII. OTHER BUSINESS
- IX. AUDIENCE PARTICIPATION
- X. NEXT BOARD MEETING DATE – **November 14, 2022 – Children’s Board**
- XI. ADJOURNMENT

**February 28, 2022
HCHA Meeting
Minutes**

**May 23, 2022
HCHA Meeting – No
Quorum**

**HILLSBOROUGH COUNTY HOSPITAL AUTHORITY
QUARTERLY BOARD MEETING MINUTES
February 28, 2022 – 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
Manouchecha 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

James Kennedy, TGH Legal Counsel
Felix Bratslavsky, TGH
Kim Christine, TGH
Jennie Tarr, HCHA Legal Counsel
Charlene Williams, HCHA Administrator

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 at TGH. Vice Chair Adams asked about TGH satellite facilities serving the Black community and asked if TGH planned to address the issue. Mr. Couris confirmed the

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 30th 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

**HILLSBOROUGH COUNTY HOSPITAL AUTHORITY
QUARTERLY BOARD MEETING MINUTES
May 23, 2022 – 9:00 A.M.
HYBRID MEETING
ROBERT W. SAUNDERS, SR. PUBLIC LIBRARY
1505 N. NEBRASKA AVENUE, TAMPA, FL 33602**

BOARD MEMBERS IN ATTENDANCE

Eddie Adams, Jr., Vice Chair
J. Patrick Baskette, Treasurer
Lisa Decossas, Secretary (virtual)
Commissioner Harry Cohen (virtual)
Commissioner Ken Hagan(virtual)
Bryce Bowden
Manouchecha Chantigny
Robert Gonzalez (virtual)
Senator John Grant
Jay Wolfson, Ph.D.

BOARD MEMBERS UNABLE TO ATTEND

Madeleine Courtney, Chair
Lesia Alkire-Doyle
James Martin, Jr.
Jerome Ryans
Ronrico Smith

OTHERS IN ATTENDANCE

Mark Campbell, Tampa General Hospital (TGH) (virtual)
Felix Bratslavsky, TGH (virtual)
Jennie Tarr, HCHA Legal Counsel
Charlene Williams, HCHA Administrator

CALL TO ORDER

At 9:17 a.m., Ms. Williams called the roll and noted that since only six members of the Hillsborough County Hospital Authority (HCHA) were present, a quorum had not been established. HCHA Legal Counsel Jennie Tarr advised that a physical quorum of eight members of the HCHA was not present and, therefore, the HCHA could not take any action.

NEXT BOARD MEETING DATE – August 22, 2022

Respectfully submitted,

Lisa Decossas
Secretary, HCHA

Report from the Treasurer

- A.** FY 2022 Second Quarter Treasurer's Report
- B.** FY 2022 Third Quarter Treasurer's Report
- C.** FY 2023 Proposed Budget and Resolution
- D.** Update – HCHA Banking Relationship

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

Seacoast Checking Account		
FIRST QUARTER CLOSING BALANCE as of 12/31/2021		\$74,827.52
INCOME	Annual Budget	2nd Qtr Actual
FHSC Administrative Payment	75,000	
Bank Accounts Interest	8	1.78
Miscellaneous	-	
Total	75,008	1.78
EXPENSES		2nd Qtr Actual
Administrative Services	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	
Total	76,074	7,607.35
SECOND QUARTER CLOSING BALANCE as of 3/31/2022		\$67,221.95
Bank Statement Closing Balance- 03/31/22		67,221.95
Outstanding Checks		
Reconciled balance		<u><u>67,221.95</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

FIRST QUARTER CLOSING BALANCE as of 12/31/2021	\$195,441.54
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INCOME	Annual Budget	2nd Qtr Actual
FHSC Administrative Payment	-	18.00
Bank Accounts Interest	40	9.64
Transfer from Checking	28,419	-
Total	28,459	27.64

EXPENSES		2nd Qtr Actual
Administrative Services	-	
Healthcare Grant	-	
Office Supplies	-	
Directors & Officers Insurance	-	
Independent Auditing	-	
Special District Fee	-	
Healthcare Grant Advert	-	
Miscellaneous	-	
Total	-	-

SECOND QUARTER CLOSING BALANCE as of 3/31/2022	\$195,469.18
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Bank Statement Closing Balance- 03/31/22	\$195,451.18
Less reserve	(100,000.00)
Less State Unclaimed Funds	(1,898.01)
Available Money Market Funds	93,553.17

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

Respectfully submitted by:

Patrick Baskette
Treasurer, Board of Trustees

Treasurer's Report
 For the Third Quarter of Fiscal 2022
 April, May, June 2022

Seacoast Checking Account

SECOND QUARTER CLOSING BALANCE as of 03/31/2022	\$67,221.95
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INCOME	Annual Budget	3rd Qtr Actual
FHSC Administrative Payment	75,000	
Bank Accounts Interest	8.00	1.42
Miscellaneous	-	
Total	75,008	1.42

EXPENSES		3rd Qtr Actual
Administrative Services	35,000	35,000
Healthcare Grant	-	-
Office Supplies	100	-
Directors & Officers Insurance	4,000	-
Independent Auditing	8,280	4,165
Special District Fee	175	
Healthcare Grant Advert	-	
Transfer to Money Market	28,419	
Miscellaneous	100	
Total	76,074	39,165.00

THIRD QUARTER CLOSING BALANCE as of 06/30/2022	\$28,058.37
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Bank Statement Closing Balance- 06/30/2022	28,058.37
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Outstanding Checks		
Reconciled balance		28,058.37

Respectfully submitted by:
 Patrick Baskette
 Treasurer, Board of Trustees

Treasurer's Report
For the Third Quarter of Fiscal 2022
April, May, June 2022

Seacoast Money Market Account

SECOND QUARTER CLOSING BALANCE as of 03/31/2022	\$195,451.18
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INCOME	Annual Budget	3rd Qtr Actual
FHSC Administrative Payment	-	
Bank Accounts Interest	40	9.74
Transfer from Checking	28,419	
Total	28,459	9.74

EXPENSES	Annual Budget	3rd Qtr Actual
Administrative Services	-	-
Healthcare Grant	-	-
Office Supplies	-	-
Directors & Officers Insurance	-	-
Independent Auditing	-	-
Special District Fee	-	
Healthcare Grant Advert	-	-
Miscellaneous	-	
Total	-	-

THIRD QUARTER CLOSING BALANCE as of 06/30/2022	\$195,460.92
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Bank Statement Closing Balance- 06/30/2022	\$195,460.92
Less reserve	(100,000.00)
Less State Unclaimed Funds	(1,898.01)
Available Money Market Funds	93,562.91

	<u>TOTAL CASH</u>
Checking	\$ 28,058.37
Money Market	195,460.92
Total Cash on hand 06/30/2022 MM & Checking	\$ 223,519.29

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

INCOME	BUDGET
FHSC Admin Payment	75,000
Interest Income	8
Total	75,008
EXPENSE	
Administrative Services	35,000
Office Supplies	100
D & O Insurance	4,000
Independent Auditing	8,300
Special District Fee	175
Postage	20
Miscellaneous	180
Total	47,775
Transfer	(28,060)
Changes in Balances	(827)
Projected End of the year balances FY2023	27,233

- 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	
Total	40
EXPENSE	
Gifts	75,000
Grants	
Healthcare Grant Advertising	
Miscellaneous	
Total	75,000
Transfer in From Checking	28,060
Changes in Balances	(46,900)
Projected End of the year balances	148,560
Reserve	100,000
State of FI Unclaimed Funds	1,898
Projected Cash Available for Grants/Gifts	46,662

- 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 seconded by Board Member , the following resolution was adopted by a vote of

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 22nd DAY OF AUGUST 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 22nd DAY OF AUGUST 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 August 22, 2022, as the same appears of the official records of the Hillsborough County Hospital Authority.

WITNESS my hand and official seal this 22nd day of August 2022.

Title: Secretary
Hillsborough County Hospital Authority

Report from Legal Counsel

- A.** Update – May 9, 2022 & July 11, 2022
Grant/Community Funding Committee Meetings
- B.** Renewal of Auditor Contract

**HILLSBOROUGH COUNTY HOSPITAL AUTHORITY
GRANT/COMMUNITY FUNDING COMMITTEE MEETING
MAY 9, 2022 – 10:00 A.M.
HYBRID MEETING
ROBERT W. SAUNDERS, SR. PUBLIC LIBRARY
1505 N. NEBRASKA AVENUE, TAMPA, FL 33602**

COMMITTEE MEMBERS IN ATTENDANCE

Eddie Adams, Jr., Committee Chair
Bryce Bowden
Lesia Alkire-Doyle
Robert Gonzalez
James Martin, Jr.

COMMITTEE MEMBERS UNABLE TO ATTEND

None.

OTHERS IN ATTENDANCE

Jennie Tarr, HCHA Legal Counsel
Charlene Williams, HCHA Administrator

CALL TO ORDER

The meeting was called to order at 10:11 a.m. by Jennie Tarr, HCHA Legal Counsel (Attorney Tarr). Ms. Charlene Williams, HCHA Administrator (Ms. Williams) called the roll and noted that a physical quorum of the Hillsborough County Hospital Authority (HCHA) Grant/Community Funding Committee was present, with Ms. Doyle attending virtually.

OVERVIEW OF MEETING PURPOSE

Attorney Tarr reviewed motions relating to grants/gifts from the November 15, 2021 HCHA meeting minutes. Attorney Tarr reviewed a motion following Tampa General Hospital (TGH) presentations directing the HCHA Grant/Community Funding Committee to review the funding opportunities and bring back recommendations to the HCHA. Subsequent motions clarified and focused the scope of review to TGH community funding requests and additional projects submitted by TGH.

Responding to Attorney Tarr, Ms. Williams confirmed the balance of the Seacoast money market account as of March 31, 2022 was \$93,553.17.

Committee Chair Eddie Adams, Jr. (Chair Adams) asked clarifying questions to the scope and process of review, for which Attorney Tarr provided answers. Chair Adams noted his intention of funding programs

for both TGH and the community. Attorney Tarr noted that some opportunities presented by TGH serve the community, allowing the HCHA to provide funding to the community with TGH as a conduit.

Mr. Gonzalez asked for the time period required to build up the money market balance, and Ms. Williams advised that approximately \$20,000 rolls over each fiscal year from the operating account to the money market account. Ms. Williams indicated that the most recent gift provided from the money market account was \$50,000 for COVID-19 relief in 2020.

Attorney Tarr reviewed the materials provided for each program as outlined on the agenda:

Community Program Funding Opportunities

1. Continued support for evidence-based interventions (EBIs) in the community
2. Support for Tampa General Hospital car seat program
3. Equipment support for TGH HealthPark Pediatric Clinic

Community Partnerships Programs & Outreach Events

4. FoodRx Program for food insecure populations
5. Preventative colorectal cancer screenings for underserved populations
6. Support for transitional care and case management program

Chair Adams began discussions with a suggestion to fund #1, Continued support for evidence-based interventions in the community, and #2, Support for Tampa General Hospital's car seat program, at \$20,000 per program. Attorney Tarr clarified that the request for #2, car seat program, is actually a \$40,000, two-year request with funding going towards car seats and facilitation. Chair Adams expressed an interest in investigating more on #5, Preventative colorectal cancer screenings for underserved populations; considered how the HCHA could work collaboratively with the American Cancer Society, USF, and Moffitt Cancer Center; and noted the impact of colorectal cancer on Black and Hispanic men. Mr. Gonzalez suggested the HCHA reserve/set aside funds for emergency requests, providing COVID-19 as an example, and was interested in funding #3, Equipment support for TGH HealthPark Pediatric Clinic.

Mr. Bowden expressed an interest in supporting preventative programs. Mr. Gonzalez pointed out that TGH was funding the car seat program and would probably continue to do so without support from the HCHA. Chair Adams had no problem with funding items #1, Continued support for evidence-based interventions in the community, and #3, Equipment support for TGH HealthPark Pediatric Clinic, providing the funding for #3 was not more than \$20,000. Dialogue ensued on requesting additional information from TGH on #5, Preventative colorectal cancer screenings for underserved populations.

Mr. Martin moved the following proposed funding distribution totaling \$40,000 be recommended to the HCHA: \$20,000 for #1, Continued support for evidence-based interventions (EBIs) in the

community; and \$20,000 for #3, Equipment support for TGH HealthPark Pediatric Clinic. The motion was seconded by Mr. Bowden and carried unanimously.

Ms. Williams advised that Ms. Doyle had dropped off the call prior to the vote being taken.

Mr. Gonzalez moved for the Grant/Community Funding Committee to seek further information regarding supporting colorectal screening through TGH, USF, and the American Cancer Society. The motion was seconded by Mr. Martin and carried unanimously.

Ms. Williams sought clarification on the questions for TGH regarding the colorectal screenings. Chair Adams and Attorney Tarr clarified that TGH is not currently involved with the colorectal screenings at USF and the question is whether there is an opportunity for TGH to work collaboratively with USF regarding colorectal cancer screening for underserved populations such that the Hospital Authority could make a contribution to some type of a joint venture.

Mr. Bowden requested additional information on the diabetes program listed under #1, Continued support for evidence-based interventions (EBIs) in the community, and was curious if there is follow up beyond the information provided. Mr. Gonzalez also expressed interest in what is included in the diabetes course.

Following suggestion by Mr. Gonzalez, the Grant/Community Funding Committee requested to meet with Ms. Kim Christine from TGH to provide additional information on #1, Continued support for evidence-based interventions (EBIs) in the community, including the diabetic program; #3, Equipment support for TGH HealthPark Pediatric Clinic; #5, Preventative colorectal cancer screenings for underserved populations; and further requested that Ms. Christine supply the information in written format.

MOTION TO ADJOURN

A motion to adjourn was made by Mr. Martin. The motion was seconded by Mr. Gonzalez and carried unanimously. The meeting was adjourned at 11:33 a.m.

**HILLSBOROUGH COUNTY HOSPITAL AUTHORITY
GRANT/COMMUNITY FUNDING COMMITTEE MEETING
JULY 11, 2022 – 11:00 A.M.
HYBRID MEETING
ROBERT W. SAUNDERS, SR. PUBLIC LIBRARY
1505 N. NEBRASKA AVENUE, TAMPA, FL 33602**

COMMITTEE MEMBERS IN ATTENDANCE

Eddie Adams, Jr., Committee Chair
Bryce Bowden
Lesa Alkire-Doyle (virtual)
Robert Gonzalez
James Martin, Jr.

COMMITTEE MEMBERS UNABLE TO ATTEND

None.

HILLSBOROUGH COUNTY HOSPITAL AUTHORITY (HCHA) MEMBERS IN ATTENDANCE

Ronrico Smith (virtual)

OTHERS IN ATTENDANCE

Jennie Tarr, HCHA Legal Counsel
Charlene Williams, HCHA Administrator
Kim Christine, Tampa General Hospital (TGH) (virtual)
Tamika Powe, TGH (virtual)
Stephanie McLean, American Cancer Society (virtual)

CALL TO ORDER

The meeting was called to order at 11:11 a.m. by Jennie Tarr, HCHA Legal Counsel (Attorney Tarr). Ms. Charlene Williams, HCHA Administrator (Ms. Williams), called the roll and noted that a physical quorum of the Hillsborough County Hospital Authority (HCHA) Grant/Community Funding Committee (Committee) was present, with Ms. Doyle attending virtually. Ms. Williams also noted that HCHA member Ronrico Smith was attending virtually. Ms. Kim Christine (Ms. Christine) and Ms. Tamika Powe (Ms. Powe) from Tampa General Hospital (TGH) and Ms. Stephanie McLean (Ms. McLean) with the American Cancer Society were also attending virtually.

OVERVIEW OF MEETING PURPOSE

Attorney Tarr reviewed motions relating to grants/gifts from the May 9, 2022 Committee meeting minutes.

OVERVIEW OF TGH COMMUNITY PROGRAM FUNDING OPPORTUNITIES DISCUSSED AT THE MAY 9, 2022 GRANT/COMMUNITY FUNDING COMMITTEE MEETING

Continued Support for Evidence-Based Interventions (EBI) in the Community

At the request of Committee Chair Adams (Chair Adams), Ms. Christine reviewed background material, detailed the funding requests by TGH for each program, and introduced Ms. Powe and Ms. McLean. Ms. Powe gave details about the current evidence-based interventions (EBI) programs offered by TGH and elaborated on the diabetes program, as previously requested by the Committee. Responding to Mr. Gonzalez, Ms. Powe clarified that the EBI programs were offered at no cost to the program participants and noted that the diabetes program required that a patient be diagnosed with pre-diabetes or diabetes by a physician. Mr. Gonzalez asked if patients were screened for insurance. Ms. Powe stated that the programs did not require any insurance. Following questions by Mr. Bowden, Ms. Powe noted the participant completion rate in the EBI programs was about 50%.

Equipment Support for TGH Healthpark Pediatric Clinic

Ms. Christine reviewed the reduced funding request, as indicated in backup materials. Mr. Gonzalez appreciated the updated details provided by TGH.

Preventative Colorectal Cancer Screenings for Underserved Populations

Ms. Powe reviewed TGH's current colorectal cancer education and screening program and elaborated on the fecal immunochemical test (FIT) program. Ms. McLean described the partnership between TGH and the American Cancer Society and detailed plans to expand the program with a greater community outreach.

Subsequent to Mr. Gonzalez asking if the program was already in operation, Ms. Powe stated it was a program offered by TGH since 2019 and noted that at the end of the most recent program year, TGH had mailed out 370 kits and received back 175 completed kits, pointing out the difficulties encountered due to the COVID-19 pandemic, and advising that four positive results were received.

Chair Adams asked if there was a way the HCHA could be a part of the colorectal cancer screenings being conducted at the University of South Florida (USF) with the Moffitt Cancer Center (Moffitt). Ms. Christine advised that TGH had reached out to USF, who confirmed that they currently had two colorectal cancer clinical trials ongoing but did not have any community colorectal cancer screening projects. Ms. Christine noted that TGH had contacted Moffitt but had not yet received a response. Ms. McLean advised the Moffitt program was for colonoscopy screenings. Chair Adams asked that Dr. B. Lee Green at Moffitt be contacted to facilitate a potential partnership. Ms. Powe agreed to contact Dr. Green. Attorney Tarr asked TGH to keep the HCHA in the loop and provide any updates, so the Committee could consider possible future funding of such a venture.

Mr. Gonzalez commented on the fact that FIT tests were frequently mailed out but not returned and stated the HCHA wanted to assist with providing actual screenings.

Attorney Tarr summarized that the Committee was interested in hearing about a physical location for actual testing rather than a mail-in test and wanted TGH to work with USF and come back with a proposal for the HCHA to consider for additional funding. Mr. Bowden stated the physical tests should be in addition to the mailed FIT tests. Ms. Christine agreed to reach out to both USF and Moffit to discuss the opportunity. Attorney Tarr advised that the full HCHA would meet on August 22, 2022, and any update could be included on that agenda.

Mr. Gonzalez asked about the timelines for the programs presented. Ms. Christine explained that the programs were currently in operation. After confirming TGH was still sending out notices to the community regarding the classes offered by TGH, Attorney Tarr asked that the information also be sent to Ms. Williams to be shared with the Committee members. Ms. Powe agreed to add Ms. Williams to the newsletter distribution list. Attorney Tarr asked how someone would sign up for the EBI programs. Ms. Powe stated that for grant funded EBIs, TGH markets/pulls data for that defined population and sends out direct mailers to the targeted audience. Ms. Powe agreed to also provide that information to Ms. Williams.

Chair Adams suggested that since the colorectal cancer screening program did not yet have a price point, the Committee should wait until the information had been received from TGH prior to making a recommendation to the full HCHA. Mr. Gonzalez noted that, after receiving the information on a potential colorectal cancer screening program, the Committee might want to consider giving a larger gift for that program instead of smaller amounts for the EBI and Healthpark Pediatric clinic.

Attorney Tarr summarized the two previous motions from the May 9, 2022 Grant/Community Funding meeting, which were: continued funding to support the EBIs at \$20,000 and provide equipment support for TGH Healthpark Pediatric Clinic at \$20,000; and to seek further information from TGH regarding supporting colorectal screening through TGH, USF, and the American Cancer Society. Attorney Tarr provided options for the Committee related to the previous motions.

Mr. Martin moved to delay the Committee recommendation to the full HCHA. The motion was seconded by Mr. Gonzalez. The motion carried unanimously.

Attorney Tarr suggested the Committee provide an update at the August 22nd HCHA meeting.

MOTION TO ADJOURN

A motion to adjourn was made by Mr. Bowden. The motion was seconded by Ms. Doyle and carried unanimously. The meeting was adjourned at 12:02 p.m.

Report from the Chair

- A. FY 2023 Meeting Schedule**
- B. Annual Landlord's Briefing**

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^d and 4th 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^d and 4th Mondays.</i>

Report from the Administrator

- A. Second Quarter MBE Spend Report
- B. Third Quarter MBE Spend Report

- C. Second Quarter Indigent Care Report
- D. Third 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
Construction - GOAL 16.9%								
MBE Category Total	\$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
Category Total	\$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
MBE Percentage	17.1%	40.9%	11.5%	17.3%	23.7%	10.2%	13.4%	10.2%
Prof. Services - GOAL 11.8%								
MBE Category Total	\$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
Category Total	\$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
MBE Percentage	38.1%	45.7%	27.5%	46.8%	33.9%	26.4%	22.5%	19.0%
Gen Goods & Svs - GOAL 6%								
MBE Category Total	\$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
Category Total	\$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
MBE Percentage	37.2%	31.7%	33.6%	34.4%	37.0%	29.5%	34.8%	45.7%
Med Supp & Svs. GOAL 3%								
MBE Category Total	\$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
Category Total	\$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
MBE Percentage	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
	Minority Category Total	\$ 1,160,194.19	\$ 5,080,822.29	\$ 2,736,504.12	\$ 588,504.33	\$ 9,566,025
	Category Total	\$ 11,324,270.01	\$ 26,729,849.52	\$ 5,993,890.83	\$ 20,991,054.63	\$ 65,039,065
	MBE Percentage	10.2%	19.0%	45.7%	2.8%	

YEAR TO DATE

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

MBE Spend Report

3rd Quarter Data

Rolling Eight Quarters Comparison

	4thQ '20	1stQ '21	2ndQ '21	3rdQ '21	4th Q '21	1st Q '22	2nd Q '22	3rd Q '22
Construction - GOAL 16.9%								
MBE Category Total	\$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	\$1,291,058.24
Category Total	\$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	\$15,099,552.76
MBE Percentage	40.9%	11.5%	17.3%	23.7%	10.2%	13.4%	10.2%	8.6%
Prof. Services - GOAL 11.8%								
MBE Category Total	\$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	\$5,874,876.66
Category Total	\$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	\$32,237,885.52
MBE Percentage	45.7%	27.5%	46.8%	33.9%	26.4%	22.5%	19.0%	18.2%
Gen Goods & Svs - GOAL 6%								
MBE Category Total	\$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	\$1,958,730.05
Category Total	\$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	\$8,338,129.73
MBE Percentage	31.7%	33.6%	34.4%	37.0%	29.5%	34.8%	45.7%	23.5%
Med Supp & Svs. GOAL 3%								
MBE Category Total	\$952,205.29	\$718,316.57	\$499,241.70	\$925,977.07	\$867,081.74	\$608,128.08	\$588,504.33	\$712,609.95
Category Total	\$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	\$19,986,424.92
MBE Percentage	4.8%	3.7%	2.4%	4.3%	4.7%	3.0%	2.8%	3.6%

Tampa General Hospital
 Minority Business Enterprise
 Fiscal Year 2022 Participation Report
 Third Quarter (April - June)

	Designation	Construction	Professional Services	General Goods & Services	Medical Supplies & Services	Designation Total
Prime Contractor Spend	African-American	\$ 75,275.00	\$ 134,198.98	\$ 194,740.14	\$ 306,086.45	\$ 710,301
	Hispanic-American	\$ 151,686.50	\$ 381,297.38	\$ 421,682.34	\$ 91,062.39	\$ 1,045,729
	Women-Owned	\$ 58,483.65	\$ 5,356,590.30	\$ 202,903.15	\$ 75,404.61	\$ 5,693,382
	Other (Asian, Native Amer)	\$ -	\$ 2,790.00	\$ 748,728.55	\$ -	\$ 751,519
	Tier 1 Subtotal	\$ 285,445.15	\$ 5,874,876.66	\$ 1,568,054.18	\$ 472,553.45	\$ 8,200,929
Subcontract Spend	African-American	\$ 53,635.95	\$ -	\$ 97,222.50	\$ 97,820.91	\$ 248,679
	Hispanic-American	\$ 113,346.53	\$ -	\$ 6,853.00	\$ 10,455.94	\$ 130,655
	Women-Owned	\$ 836,134.61	\$ -	\$ 182,496.73	\$ 119,138.05	\$ 1,137,769
	Other (Asian, Native Amer)	\$ 2,496.00	\$ -	\$ 104,103.64	\$ 12,641.60	\$ 119,241
	Tier 2 Subtotal	\$ 1,005,613.09	\$ -	\$ 390,675.87	\$ 240,056.50	\$ 1,636,345
	Minority Category Total	\$ 1,291,058.24	\$ 5,874,876.66	\$ 1,958,730.05	\$ 712,609.95	\$ 9,837,275
	Category Total	\$ 15,099,552.76	\$ 32,237,885.52	\$ 8,338,129.72	\$ 19,986,424.92	\$ 75,661,993
	MBE Percentage	8.6%	18.2%	23.5%	3.6%	

YEAR TO DATE

	Minority Category Total	\$ 4,028,997.30	\$ 15,453,137.86	\$ 6,852,553.54	\$ 1,909,242.36	\$ 28,243,931
	Category Total	\$ 38,209,041.18	\$ 78,945,291.85	\$ 20,523,794.97	\$ 61,499,463.00	\$ 199,177,591
	MBE Percentage	10.5%	19.6%	33.4%	3.1%	
	Availability	16.9%	11.8%	6%	3%	

(as defined by the minority business and utilization study)

Identified (Not Certified) MBE Spend	African-American	\$ -	\$ -	\$ -	\$ -	\$ -
	Hispanic-American	\$ -	\$ -	\$ -	\$ 93,500.00	\$ 93,500.00
	Women-Owned	\$ -	\$ 4,020,196.95	\$ -	\$ -	\$ 4,020,197
	Other (Asian, Native Amer)	\$ -	\$ -	\$ -	\$ -	\$ -
	Identified Subtotal	\$ -	\$ 4,020,196.95	\$ -	\$ 93,500.00	\$ 4,113,697

MBE Outreach

4/7/2022	MBA Leadership Advisory Council Meeting	Member
5/18/2022	FSMSDC Supplier Diversity Roundtable	Member
6/9/2022	MBA Leadership Advisory Council Meeting	Member

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
Indigent Patient Utilization	36.35%	35.13%	48.31%	33.09%	36.70%	36.50%	42.96%	34.88%	34.17%
Total Hospital Discharges	13,197	11,213	12,980	13,238	13,033	13,782	14,746	14,025	13,951
Indigent Care Patient ALOS	5.18	5.32	5.43	5.71	5.63	5.53	5.36	5.75	5.60
Hospital ALOS	5.58	5.43	5.71	5.73	5.88	5.89	5.96	6.00	5.90
Case Mix Index (CMI)									
Medicaid	1.53	1.61	1.68	1.68	1.65	1.65	1.65	1.63	1.63
HCHCP	1.58	1.62	1.71	1.45	1.49	1.44	1.50	1.47	1.81
Charity	1.66	1.78	1.73	1.68	1.69	1.84	1.90	1.81	1.87
Hospital CMI	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
1. Total Unreimbursed Cost (number in thousands)																
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	
2. Utilization of Major Services by Indigent Patients:																
Discharges (including Newborns)																
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	
Patient days (including Newborns)																
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	
Average length of stay (including Newborn)																
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	
Case mix index (including Newborn)																
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.

Quarterly Indigent Care Comparison

3rd Quarter Data

Rolling Nine Quarters

	3rd Q '20	4th Q '20	1st Q '21	2nd Q '21	3rd Q '21	4th Q '21	1st Q '22	2nd Q '22	3rd Q '22
Indigent Patient Utilization	35.13%	48.31%	33.09%	36.70%	36.50%	42.96%	34.88%	34.17%	35.07%
Total Hospital Discharges	11,213	12,980	13,238	13,033	13,782	14,746	14,025	13,951	13,702
Indigent Care Patient ALOS	5.32	5.43	5.71	5.63	5.53	5.36	5.75	5.60	5.73
Hospital ALOS	5.43	5.71	5.73	5.88	5.89	5.96	6.00	5.90	5.90
Case Mix Index (CMI)									
Medicaid	1.61	1.68	1.68	1.65	1.65	1.65	1.63	1.63	1.62
HCHCP	1.62	1.71	1.45	1.49	1.44	1.50	1.47	1.81	1.67
Charity	1.78	1.73	1.68	1.69	1.84	1.90	1.81	1.87	1.89
Hospital CMI	1.85	1.94	1.93	1.94	1.97	1.94	1.94	1.97	1.97



August 10, 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 third quarter ended June 30, 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 third quarter (April through June) 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 out 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 evidence by the year over year trends. Overall indigent costs decreased 1.1% as compared to 2021. Medicaid unreimbursed cost decreased 7.4% due to lower volume and an increase in GME/IME payments. HCCB unreimbursed cost increased, 34.0% due to higher volume and acuity. Charity unreimbursed cost increased slightly, 0.62% due to higher volumes 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 evidence of 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, appearing to read '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 3rd Quarter April 1, 2022 through June 30, 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	3rd Qtr FY19	As a % of Total	3rd Qtr FY20	As a % of Total	3rd Qtr FY21	As a % of Total	3rd Qtr FY22	As a % of Total
1. Total Unreimbursed Cost (number in thousands)																
Medicaid Cost	\$ 72,096	5.03%	\$ 84,309	5.80%	\$ 101,725	6.09%	\$ 91,529	6.51%	\$ 11,781	3.29%	\$ 14,323	4.50%	\$ 27,377	6.43%	\$ 25,345	5.51%
HCHCP Cost	\$ 19,924	1.39%	\$ 21,304	1.46%	\$ 24,855	1.49%	\$ 18,576	1.32%	\$ 6,725	1.88%	\$ 4,281	1.35%	\$ 4,290	1.01%	\$ 5,749	1.25%
Charity Cost	\$ 52,173	3.64%	\$ 63,831	4.39%	\$ 63,453	3.80%	\$ 37,839	2.69%	\$ 9,429	2.63%	\$ 5,380	1.69%	\$ 12,509	2.94%	\$ 12,587	2.73%
Total Indigent Cost	\$ 144,193	10.05%	\$ 169,444	11.65%	\$ 190,033	11.37%	\$ 147,943	10.52%	\$ 27,935	7.80%	\$ 23,984	7.54%	\$ 44,176	10.37%	\$ 43,681	9.49%
Gross Charges at Cost	\$ 1,434,648		\$ 1,454,505		\$ 1,671,033		\$ 1,406,332		\$ 358,209		\$ 318,254		\$ 426,000		\$ 460,337	
2. Utilization of Major Services by Indigent Patients: Discharges (including Newborns)																
Medicaid	14,376	26.68%	14,010	27.56%	15,148	27.64%	11,386	27.32%	3,398	25.76%	3,246	28.95%	3,757	27.26%	3,519	25.68%
HCHCP	975	1.81%	942	1.85%	1,266	2.31%	764	1.83%	348	2.64%	192	1.71%	245	1.78%	238	1.74%
Charity	3,335	6.19%	3,846	7.57%	4,123	7.52%	3,112	7.47%	799	6.06%	501	4.47%	1,028	7.46%	1,048	7.65%
Total Indigent	18,686	34.68%	18,798	36.98%	20,537	37.48%	15,262	36.62%	4,545	34.46%	3,939	35.13%	5,030	36.50%	4,805	35.07%
Adjusted indigent discharges	28,648		27,255		29,042		22,303		7,323		5,422		7,177		7,315	
Total Discharges	53,888		50,828		54,799		41,678		13,191		11,213		13,782		13,702	
Patent days (including Newborns)																
Medicaid	79,068	26.22%	74,146	25.99%	82,775	25.16%	64,173	25.14%	19,002	25.96%	17,325	27.02%	20,586	24.86%	19,907	23.47%
HCHCP	4,770	1.58%	4,668	1.64%	6,870	2.09%	4,955	1.94%	1,502	2.05%	957	1.49%	1,241	1.50%	1,701	2.01%
Charity	16,608	5.51%	20,347	7.13%	24,614	7.48%	17,650	6.91%	4,083	5.88%	2,691	4.20%	5,983	7.23%	5,936	7.00%
Total Indigent	100,446	33.31%	99,161	34.75%	114,259	34.74%	86,778	33.99%	24,587	33.59%	20,973	32.71%	27,810	33.59%	27,544	32.48%
Adjusted indigent patient days	153,997		143,773		161,579		126,817		39,617		28,870		39,678		41,927	
Hospital Patient Days	301,545		285,320		328,943		255,274		73,194		64,125		82,796		84,812	
Average length of stay (including Newborn)																
Medicaid	5.50		5.29		5.46		5.64		5.59		5.34		5.48		5.66	
HCHCP	4.89		4.96		5.43		6.49		4.32		4.98		5.07		7.15	
Charity	4.98		5.29		5.97		5.67		5.11		5.37		5.82		5.66	
Total Indigent	5.38		5.28		5.56		5.69		5.41		5.32		5.53		5.73	
Hospital ALOS	5.58		5.53		5.86		5.95		5.57		5.43		5.89		5.90	
Case mix index (including Newborn)																
Medicaid	1.41		1.57		1.67		1.64		1.48		1.62		1.65		1.62	
HCHCP	1.37		1.66		1.58		1.66		1.31		1.62		1.44		1.67	
Charity	1.54		1.66		1.82		1.87		1.56		1.78		1.84		1.89	
Hospital CMI	1.74		1.84		1.95		1.96		1.77		1.85		1.97		1.97	

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