

SOUTH BROWARD HOSPITAL DISTRICT

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

JULY 26, 2022

A Special Meeting of the Board of Commissioners of the South Broward Hospital District (S.B.H.D.) was held at 3111 Stirling Road, in the Executive Conference Room on Tuesday, July 26, 2022, at 5:00 p.m.

The following members were present:

| | |
|-------------------------|---------------------|
| Mr. Douglas Harrison | Chairman |
| Dr. Luis Orta | Vice Chairman |
| Ms. Elizabeth Justen | Secretary Treasurer |
| Mr. Brad Friedman | |
| Mr. Steven Harvey | |
| Ms. Laura Raybin Miller | |

The following member was absent:

Mr. Jose Basulto

1. CALL TO ORDER / PUBLIC MEETING CERTIFICATION

Mr. Harrison called the Special Meeting to order, noting that public attendance and participation is welcome. It was noted that there was a quorum of the Board present.

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

**2. INTRODUCTION TO THE NEW PRESIDENT AND CHIEF EXECUTIVE OFFICER
– MR. K. SCOTT WESTER**

Mr. Harrison welcomed Mr. Wester to Memorial Healthcare System and thanked him for attending the meeting.

Mr. Wester introduced himself to the Board and gave an overview of his vision for Memorial Healthcare System. The Board also discussed short-term and long-term goals with him.

3. ADJOURNMENT

There being no further business to come before the Board, Mr. Harrison declared the meeting adjourned at 8:30 p.m.

THE BOARD OF COMMISSIONERS OF THE SOUTH BROWARD HOSPITAL DISTRICT

By: _____ ATTEST: _____

Douglas Harrison, Chairman

Elizabeth Justen, Secretary Treasurer

SOUTH BROWARD HOSPITAL DISTRICT

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

SEPTEMBER 27, 2022

A Special Meeting of the Board of Commissioners of the South Broward Hospital District (S.B.H.D.) was held at 3111 Stirling Road, in the Executive Conference Room on Tuesday, September 27, 2022, at 4:30 p.m.

The following members were present:

| | |
|-------------------------|---------------------|
| Mr. Brad Friedman | Chairman |
| Ms. Elizabeth Justen | Vice Chairman |
| Mr. Steven Harvey | Secretary Treasurer |
| Mr. Douglas Harrison | |
| Ms. Laura Raybin Miller | |

The following members were absent:

Mr. Jose Basulto
Dr. Luis Orta

1. CALL TO ORDER / PUBLIC MEETING CERTIFICATION

Mr. Friedman called the Special Meeting to order, noting that public attendance and participation is welcome. It was noted that there was a quorum of the Board present.

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

2. UPDATE WITH MR. K. SCOTT WESTER, PRESIDENT AND CHIEF EXECUTIVE OFFICER

Mr. Friedman thanked Mr. Wester for attending the meeting.

Mr. Wester gave the Board an update on his short-term and long-term plans and these were discussed. Mr. Wester also gave the Board an overview of Memorial from his perspective.

Mr. Friedman confirmed that these meetings were intended to be a short overview of Mr. Wester's progress in his new role.

3. ADJOURNMENT

There being no further business to come before the Board, Mr. Friedman declared the meeting adjourned at 7:30 p.m.

THE BOARD OF COMMISSIONERS OF THE SOUTH BROWARD HOSPITAL DISTRICT

By: _____ **ATTEST:** _____

Brad Friedman, Chairman

Steven Harvey, Secretary Treasurer

SOUTH BROWARD HOSPITAL DISTRICT

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

INCLUDING REPRESENTATIVES OF THE MEDICAL STAFF OF EACH OF ITS HOSPITALS

September 28, 2022

A Regular Meeting of the Board of Commissioners of the South Broward Hospital District (S.B.H.D.) was held in person, and by video and telephone conference, on Wednesday, September 28, 2022, at 5:40 p.m.

The following members were present:

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

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

1. CALL TO ORDER / PUBLIC MEETING CERTIFICATION

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

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

2. PRESENTATIONS

a. Recognition of the Animal Assisted Therapy Program

A video was shown of the work carried out by the Animal Assisted Therapy Program. Mr. Friedman then introduced the handlers and their dogs, who were in attendance, and thanked them for the work they carried out with Memorial's patients. Photographs were then taken. Ms. Tracy Meltzer, Director of Nursing at Memorial Regional Hospital, and Therapy Dog Handler, thanked the Board for their support of the Program.

3. APPROVAL OF MINUTES

a. Request Board Approval of the Minutes of the Regular Meeting Held on August 24, 2022

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

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

***THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF
THE REGULAR MEETING HELD ON AUGUST 24, 2022***

The Motion ***carried*** unanimously.

b. Request Board Approval of the Minutes of the Special Meeting Held on September 14, 2022

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

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

***THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF
THE SPECIAL MEETING HELD ON SEPTEMBER 14, 2022***

The Motion ***carried*** unanimously.

4. BOARD REGULAR BUSINESS

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

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

On behalf of Juan Martinez, M.D., Marc Napp, M.D., Executive Vice President and Chief Medical Officer, presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on September 21, 2022, submitted for consideration, a copy of which is on file in the Executive Office.

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

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

The Motion ***carried*** unanimously.

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

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

Fausto De La Cruz, M.D., presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on September 12, 2022, submitted for consideration, a copy of which is on file in the Executive Office.

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

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

The Motion ***carried*** unanimously.

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

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

Juan Villegas, M.D., presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on September 14, 2022, submitted for consideration, a copy of which is on file in the Executive Office.

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

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

The Motion ***carried*** unanimously.

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

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

Blane Shatkin, M.D., presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on September 8, 2022, submitted for consideration, a copy of which is on file in the Executive Office.

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

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

The Motion ***carried*** unanimously.

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

1) *Request Board Acceptance of the Financial Report for the Month of August 2022*

Mr. Smith presented the Financial Report for the month of August 2022.

A discussion ensued, with Mr. Friedman noting that Memorial's losses were not as much as those of other healthcare systems.

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

**THE BOARD OF COMMISSIONERS APPROVES THE
FINANCIAL REPORT FOR THE MONTH OF AUGUST 2022**

The Motion *carried* unanimously.

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

Mr. Rainer informed the Board that he had nothing to report this month.

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

a. Finance Committee Meeting Held on September 19, 2022; Ms. E. Justen, Chair

Ms. Justen presented the Minutes of the Finance Committee Meeting held on September 19, 2022, a copy of which is on file in the Executive Office. Mr. Veda Rampat, Treasurer, gave further details of the items discussed at the meeting.

1) *Request Board Approval of the Minutes of the Finance Committee Meeting Held on September 19, 2022*

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

**THE BOARD OF COMMISSIONERS APPROVES THE
MINUTES OF THE FINANCE COMMITTEE MEETING HELD ON
SEPTEMBER 19, 2022**

The Motion *carried* unanimously.

b. Building Committee Meeting Held on September 19, 2022; Ms. E. Justen, Chair

Ms. Justen introduced the item and presented the Minutes of the Building Committee Meeting held on September 19, 2022, a copy of which is on file in the Executive Office. Mr. David Schlemmer, Vice President, Construction and Property Management, gave further details and took questions.

1) *Request Board Acceptance of the Lowest Responsive and Responsible Bidder, Gerrits Construction, Inc., in the Amount of \$1,712,970, for the Outpatient Nursing Project at Memorial Hospital West and Allocate a \$171,297 Contingency Amount, to be Controlled by Memorial Healthcare System*

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

**THE BOARD OF COMMISSIONERS ACCEPTS THE LOWEST
RESPONSIVE AND RESPONSIBLE BIDDER, GERRITS
CONSTRUCTION, INC., IN THE AMOUNT OF \$1,712,970, FOR
THE OUTPATIENT NURSING PROJECT AT MEMORIAL
HOSPITAL WEST AND TO ALLOCATE A \$171,297
CONTINGENCY AMOUNT, TO BE CONTROLLED BY
MEMORIAL HEALTHCARE SYSTEM**

The Motion *carried* unanimously.

- 2) ***Request Board Acceptance to Authorize Agreements Establishing a Pool of Pre-Qualified General Contractors Authorized to Bid Multiple Projects in the Amount of \$300,000 to \$5 Million for a Three-Year Term with the Following Firms: Engel Construction, Inc., Thornton Construction Company, Inc., Turner Construction Company, Lee Construction Group, Inc., NV2A Group, LLC, and Lego Construction Co., as an Alternate***

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

THE BOARD OF COMMISSIONERS ACCEPTS TO AUTHORIZE AGREEMENTS ESTABLISHING A POOL OF PRE-QUALIFIED GENERAL CONTRACTORS AUTHORIZED TO BID MULTIPLE PROJECTS IN THE AMOUNT OF \$300,000 TO \$5 MILLION FOR A THREE-YEAR TERM WITH THE FOLLOWING FIRMS: ENGEL CONSTRUCTION, INC., THORNTON CONSTRUCTION COMPANY, INC., TURNER CONSTRUCTION COMPANY, LEE CONSTRUCTION GROUP, INC., NV2A GROUP, LLC, AND LEGO CONSTRUCTION CO., AS AN ALTERNATE

The Motion ***carried*** unanimously.

- 3) ***Request Board Approval of the Minutes of the Building Committee Meeting Held on September 19, 2022***

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

THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF THE BUILDING COMMITTEE MEETING HELD ON SEPTEMBER 19, 2022

The Motion ***carried*** unanimously.

c. Contracts Committee Meeting Held on September 21, 2022; Dr. L. Orta, Chair

Dr. Orta introduced the item and presented the Minutes of the Contracts Committee meeting held on September 21, 2022, a copy of which is on file in the Executive Office. Ms. Nina Beauchesne, Executive Vice President and Chief Transformation Officer, gave further details of the individual contracts and took questions.

- 1) ***Request Board Approval of the New Management Services Agreement between South Broward Hospital District and HOPCo South Florida, LLC***

Mr. Matthew Muhart, Executive Vice President and Chief Strategy Officer, gave details of the agreement with HOPCo (Healthcare Outcomes Performance Co.) South Florida, LLC, and introduced the company's President and Chief Transformation Officer, Wael Barsoum, M.D.

Mr. Muhart explained the reason for using a third party for the Musculoskeletal Service Line and confirmed that no other company was offering this type of service line model. Questions were then taken. Dr. Barsoum, who attended the meeting virtually, thanked

Board members for their consideration, and explained how he engages with community physicians. Mr. Friedman thanked Dr. Barsoum for his involvement.

Mr. Scott Wester, President and Chief Executive Officer, and Ms. Leah Carpenter, Executive Vice President and Chief Operations Officer, confirmed that all Memorial's services lines were being revisited, to ensure that the right models were being used.

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

***THE BOARD OF COMMISSIONERS APPROVES THE NEW
MANAGEMENT SERVICES AGREEMENT BETWEEN SOUTH
BROWARD HOSPITAL DISTRICT AND HOPCO SOUTH
FLORIDA, LLC***

The Motion ***carried*** unanimously.

- 2) ***Request Board Approval of the New Physician Employment Agreement between South Broward Hospital District and Terri-Ann Bennett, M.D., for Chief, Maternal Fetal Medicine***

Ms. Justen ***moved, seconded*** by Ms. Miller, that:

***THE BOARD OF COMMISSIONERS APPROVES THE NEW
PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN SOUTH
BROWARD HOSPITAL DISTRICT AND TERRI-ANN BENNETT,
M.D., FOR CHIEF, MATERNAL FETAL MEDICINE***

The Motion ***carried*** unanimously.

- 3) ***Request Board Approval of the New Physician Employment Agreement between South Broward Hospital District and Moiz Mustafa, M.D., for Pediatric General Surgery and Co-Medical Director, Fetal Medicine Program***

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

***THE BOARD OF COMMISSIONERS APPROVES THE NEW
PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN SOUTH
BROWARD HOSPITAL DISTRICT AND MOIZ MUSTAFA, M.D.,
FOR PEDIATRIC GENERAL SURGERY AND CO-MEDICAL
DIRECTOR, FETAL MEDICINE PROGRAM***

The Motion ***carried*** unanimously.

- 4) ***Request Board Approval of the New Physician Employment Agreement between South Broward Hospital District and Houman Khalili, M.D., for Interventional Cardiology***

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

***THE BOARD OF COMMISSIONERS APPROVES THE NEW
PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN SOUTH***

**BROWARD HOSPITAL DISTRICT AND HOUMAN KHALILI,
M.D., FOR INTERVENTIONAL CARDIOLOGY**

The Motion **carried** unanimously.

- 5) ***Request Board Approval of the Renewal Professional Services Agreement between South Broward Hospital District and Pathology Consultants of South Broward, LLC***

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

**THE BOARD OF COMMISSIONERS APPROVES THE
RENEWAL PROFESSIONAL SERVICES AGREEMENT
BETWEEN SOUTH BROWARD HOSPITAL DISTRICT AND
PATHOLOGY CONSULTANTS OF SOUTH BROWARD, LLC**

The Motion **carried** unanimously.

- 6) ***Request Board Approval of the Renewal Physician Employment Agreement between South Broward Hospital District and George Diaz, M.D., for Medical Director, Neurology Satellite Practices***

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

**THE BOARD OF COMMISSIONERS APPROVES THE
RENEWAL PHYSICIAN EMPLOYMENT AGREEMENT
BETWEEN SOUTH BROWARD HOSPITAL DISTRICT AND
GEORGE DIAZ, M.D., FOR MEDICAL DIRECTOR,
NEUROLOGY SATELLITE PRACTICES**

The Motion **carried** unanimously.

Ms. Beauchesne reported on additional contracts, presented for information only.

Mr. Saul Kredi, Vice President, Supply Chain Management, who was attending the meeting virtually, gave details of RFPs for Computer Assisted Physician Documentation Software (CAPD), the Care Coordination Center, and Clinical Trial Management.

Mr. Harrison informed the Board that RFPs are reviewed by an RFP Committee and were not previously brought before the Board. He thanked Ms. Miller for requesting that the Board be made aware of RFPs as they come through the system. Mr. Harrison also thanked Dr. Orta, who was instrumental in ensuring that there is a process of ethics and legality when reviewing RFPs, and that this process also applies to the Board, if members have any business items.

- 7) ***Request Board Approval of the Minutes of the Contracts Committee Meeting Held on September 21, 2022***

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

***THE BOARD OF COMMISSIONERS APPROVES THE
MINUTES OF THE CONTRACTS COMMITTEE MEETING HELD
ON SEPTEMBER 21, 2022***

The Motion ***carried*** unanimously.

Dr. Orta thanked Ms. Beauchesne and Mr. Kredi for their hard work.

6. REPORT OF SPECIAL COMMITTEES

None.

7. ANNOUNCEMENTS

None.

8. UNFINISHED BUSINESS

a. Joint South Broward Hospital District / North Broward Hospital District Community Project Update; Ms. N. Beauchesne, Executive Vice President and Chief Transformation Officer

Ms. Beauchesne gave the monthly update on the collaboration between the two Districts, reporting that North Broward has a new Chief Operating Officer, Mr. Alan Whaley, who is co-leading the collaboration with her. Mr. Friedman thanked Ms. Beauchesne for her hard work, and Mr. Jeffrey Sturman, Senior Vice President and Chief Digital Officer, who continues to act as North Broward's Interim Chief Information Officer.

9. NEW BUSINESS

a. Joint South Broward Hospital District / North Broward Hospital District Community Project

Mr. Friedman confirmed that the next meeting will be held on Monday, November 7, 2022, and will be hosted at Memorial's Conference Center.

10. PRESIDENT'S COMMENTS

Mr. Wester reported the following:

Further to Hurricane Ian, Memorial has offered help to the West Coast and is on standby if anyone needs medical care. Mr. Friedman also confirmed the Board's support.

Over the past several months, Memorial has successfully transitioned three GME training programs from initial to continued accreditation. The programs are Emergency Medicine, Cardiology, and Hematology Oncology.

On September 7, 2022, Executive and senior staff met with Deans and faculty members from Florida Atlantic University's Schools of Medicine, Nursing and Engineering, for a Strategic Planning Meeting. Similar meetings will also take place with Florida International University, Nova Southeastern University and Broward College.

Mr. Wester has visited the IT Department to see how Memorial's digital services are run. He also visited the Simulation Center, where some of Memorial's retired nurses are volunteering to help educate new nurses.

Earlier in the month, Mr. Wester and other senior staff attended an event hosted by the Broward League of Cities. At the event, they were approached and thanked by some of the attendees, who have been either patients at Memorial or members of their families, and who have been touched by the work we do.

The Ribbon Cutting for the Joe DiMaggio Children's Hospital expansion will take place on Tuesday, October 25, 2022.

Joe DiMaggio Children's Hospital, in collaboration with Boston Children's Hospital, will be holding a pediatric symposium, "Teach by the Beach" at the Diplomat Beach Resort in Hollywood over the weekend of November 12 and 13, 2022.

Moffitt Cancer Center's Chief Operating Officer has spent time with Memorial's staff team to discuss the partnership relating to adult cancer services.

Mr. Wester thanked Mr. Vedner Guerrier, Chief Executive Officer of Memorial Hospital West, for chairing the American Diabetes Association's Step Out Walk to Stop Diabetes.

11. CHAIR'S COMMENTS

Mr. Friedman reported that, as per previous years, the Regular meetings for November and December will be combined into one meeting, to be held on Wednesday, December 7, 2022.

Mr. Friedman shared an e-mail he received from a cancer patient who stated how wonderful Memorial's staff were while they were undergoing chemotherapy.

12. COMMISSIONERS' COMMENTS

Ms. Miller informed the Board of the annual Thanksgiving Turkey Drive, run by Ms. Nadine McCrea and the Community Enhancement Center. Ms. Miller will give the Board more information next month and will invite the Board to take part.

Mr. Basulto thanked Mr. Wester, Mr. Guerrier and everyone who took part in the American Diabetes Association's Step Out Walk to Stop Diabetes. There were 700 participants, of whom a third were from Memorial.

Mr. Harrison thanked Mr. Wester for meeting with the Board the previous day. He appreciated Memorial's collaboration with the North Broward Hospital District, especially the IT assistance from Memorial's staff. He thanked Ms. Beauchesne and Mr. Sturman for their help in that regard.

Dr. Orta thanked Mr. Wester and Mr. Rainer for spending time with him to update him on various topics.

Mr. Harvey thanked Mr. Muhart for his diligent work with Dr. Barsoum, and Mr. Wester for his leadership. He voiced the need to celebrate Memorial's small achievements, as these build into bigger achievements.

Ms. Justen visited the expansion at Joe DiMaggio Children's Hospital. She was impressed by the aesthetics and was humbled by the experience.

13. ADJOURNMENT

There being no further business to come before the Board, Mr. Friedman declared the meeting adjourned at 7:21 p.m.

THE BOARD OF COMMISSIONERS OF THE SOUTH BROWARD HOSPITAL DISTRICT

BY: _____

Brad Friedman, Chairman

ATTEST: _____

Steven Harvey, Secretary Treasurer

SOUTH BROWARD HOSPITAL DISTRICT

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

**FINAL TAX BUDGET HEARING FOR ADOPTION OF MILLAGE AND BUDGET
FOR SOUTH BROWARD HOSPITAL DISTRICT FOR FISCAL YEAR 2023**

September 28, 2022

A Special Meeting of the Board of Commissioners of the South Broward Hospital District (S.B.H.D.) for adoption of Final Millage and Budget for Fiscal Year 2023 was held at 3111 Stirling Road in the Perry Board Room, and by video and telephone conference, on Wednesday, September 28, 2022, at 5:30 p.m.

The following members were present:

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

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

1. CALL TO ORDER / PUBLIC MEETING CERTIFICATION

There being a quorum present, Mr. Friedman called the Special Meeting to order.

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

2. FINAL PUBLIC HEARING OF THE SOUTH BROWARD HOSPITAL DISTRICT BOARD OF COMMISSIONERS, FOR ADOPTION OF FINAL MILLAGE AND BUDGET FOR SOUTH BROWARD HOSPITAL DISTRICT, FOR FISCAL YEAR 2023

Mr. David Smith, Executive Vice President and Chief Financial Officer, confirmed that at the Preliminary Tax Hearing on Wednesday, September 14, 2022, the Board of Commissioners adopted a tentative tax rate of 0.1010 mills. With this rate, gross taxes levied are expected to be sufficient to fund the various Governmental pass-throughs for which Memorial is responsible, and will leave no net tax revenue available to fund uncompensated care or Memorial Primary Care.

This would be the eleventh year in a row that the Board has elected to lower the overall millage rate, resulting in the lowest rate in the history of the District. Mr. Smith confirmed that the millage rate of 0.1010 is 3.26% lower than the rolled-back rate, and reflects a decrease of 11.71% from last year's rate.

Mr. Smith then referred to various charts highlighting other important information about the South Broward Hospital District and its ad valorem tax history, in addition to the trend in uncompensated care, and voting requirements. Mr. Smith confirmed that the final millage rate adopted at tonight's meeting can be decreased from the tentative rate adopted of 0.1010; however, it cannot be increased. At the Preliminary Tax Hearing, the Board discussed the District's obligations to fund the Medicaid Match, and Mr. Smith provided some background related to its obligation in this regard.

Mr. Friedman noted for the record that all Board members were in attendance in person, except for Mr. Basulto, who was attending virtually.

Mr. Friedman stated that public participation is welcome and invited members of the public to speak. There being none, the public portion of the meeting was closed.

Mr. Friedman opened the floor for discussion by the Board. There were no comments.

Mr. Smith read Resolution No. 481 for adoption of the final millage rate for the South Broward Hospital District for the Fiscal Year commencing on May 1, 2022, and ending on April 30, 2023, a copy of which is on file in the Executive Office.

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

***THE BOARD ADOPTS THE FINAL MILLAGE RATE OF 0.1010 MILLS
FOR FISCAL YEAR COMMENCING ON MAY 1, 2022, AND ENDING ON
APRIL 30, 2023, AND ADOPTS RESOLUTION NO. 481 AS PRESENTED***

There being no further discussion, a roll call vote was taken.

| | |
|--------------|-----|
| Mr. Friedman | Yes |
| Ms. Justen | Yes |
| Mr. Basulto | Yes |
| Mr. Harrison | Yes |
| Mr. Harvey | Yes |
| Ms. Miller | Yes |
| Dr. Orta | Yes |

The Motion ***carried*** unanimously.

Mr. Smith then read Resolution No. 482 for adoption of the final tax budget for the South Broward Hospital District for the Fiscal Year commencing on May 1, 2022, and ending on April 30, 2023, a copy of which is on file in the Executive Office.

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

***THE BOARD ADOPTS THE FINAL TAX BUDGET OF \$2,842,930,164,
INCLUDING TAX REVENUES OF \$7,439,164 AND OTHER NON-AD
VALOREM OPERATING REVENUES OF \$2,835,491,000, AND ADOPTS
RESOLUTION NO. 482 AS PRESENTED***

There being no further discussion, a roll call vote was taken.

| | |
|--------------|-----|
| Mr. Friedman | Yes |
| Ms. Justen | Yes |
| Mr. Basulto | Yes |
| Mr. Harrison | Yes |
| Mr. Harvey | Yes |
| Ms. Miller | Yes |
| Dr. Orta | Yes |

The Motion ***carried*** unanimously.

Mr. Smith confirmed for the record that the adopted millage rate is lower than the rolled-back rate by 3.26%.

3. **ADJOURNMENT**

There being no further business to come before the Board, Mr. Friedman declared the meeting adjourned at 5.40 p.m.

THE BOARD OF COMMISSIONERS OF THE SOUTH BROWARD HOSPITAL DISTRICT

BY: _____

Brad Friedman, Chairman

ATTEST: _____

Steven Harvey, Secretary Treasurer



October 19, 2022

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

Dear Mr. Friedman:

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

- Memorial Regional Hospital (MRH) and Joe DiMaggio Children's Hospital (JDCH) on October 19, 2022
- Memorial Hospital West (MHW) on October 10, 2022
- Memorial Hospital Pembroke (MHP) on October 13, 2022
- Memorial Hospital Miramar (MHM) on October 12, 2022

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

That the following applicants be approved for membership as indicated:

| New Applicant Name | Specialty (Sponsor) | Status | Adult & Pediatrics | MRH | MHW | MHP | MHM | JDCH | Term | Notes |
|--------------------------------|---|--------|--------------------|-----|----------|-----|----------|------|---------|-------|
| Bdair, Hazem, MD | Internal Medicine | Active | Adult | X | X | X | X | | 2 years | |
| Bithy, Fahima Hossain, AA | Anesthesiologist Assistant (Dr. Walter Diaz) | Allied | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Blumenthal, Joel Bennett, CNIM | Neurointraoperative Monitorist (Dr. Leslie McDougall) | Allied | Adult & Pediatrics | X | X | | | X | 2 years | |
| Brooking, Meghan Leigh, DO | Otolaryngology/ Head and Neck Surgery | Active | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Budowsky, Susan Marie, PA | Internal Medicine (Dr. Chiapon Ting) | Allied | Adult | X | | | | | 2 years | |
| Cannella, Caleb John, AA | Anesthesiologist Assistant (Dr. Kiesha Raphael) | Allied | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Cardenas, Luis Eduardo, DMD | Oral Maxillofacial Surgery | Active | Adult & Pediatrics | | On Staff | | On Staff | X | 2 years | |
| Chadwick, Hannah Asano, PA | Internal Medicine (Dr. Chiapone Ting) | Allied | Adult | X | | | | | 2 years | |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
October 19, 2022
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| New Applicant Name | Specialty (Sponsor) | Status | Adult & Pediatrics | MRH | MHW | MHP | MHM | JDCH | Term | Notes |
|------------------------------------|---|--------|--------------------|----------|-----|-----|-----|----------|----------|---------------------------------|
| Chatoor, Matthew Scott Russell, MD | Trauma Surgery | Active | Adult & Pediatrics | X | | | | X | 2 years | |
| Chen, Stefan, AA | Anesthesiologist Assistant (Dr. Walter Diaz) | Allied | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Chibungu, Abednego, MD | Internal Medicine | Active | Adult | X | X | X | X | | 2 years | |
| Chithriki, Babu Veerendra, MD | Obstetrics and Gynecology | Active | Adult | | X | | X | | 2 years | |
| Cruz Zeno, Elvin J, MD | Anesthesiology | Active | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Deosaran, Ansuya Prithavi, MD | Ophthalmology | Active | Adult | X | X | | | | 2 years | |
| Dhar, Sanjay, MD | Internal Medicine | Active | Adult | X | X | X | X | | 2 years | |
| Forbes, Thomas Joseph, MD | Pediatric Cardiology | Active | Pediatrics | On Staff | X | | X | On Staff | 2 years | |
| Gonzalez, Dulce Inmaculada, MD | Pediatric Emergency Medicine | Active | Pediatrics | | X | | X | X | 2 years | |
| Gonzalez, Javier Hernando, MD | Pediatric Cardiology | Active | Pediatrics | On Staff | X | | X | On Staff | 2 years | |
| Guyon, Peter Wendell, MD | Pediatric Cardiology | Active | Pediatrics | On Staff | X | | X | On Staff | 2 years | |
| Hahn, Marc Alan, PA | Surgical Assistant (Dr. Farid Assouad) | Allied | Adult & Pediatrics | X | X | X | | | 2 years | |
| Hardy, Alexandra Fatima, APRN | Interventional Cardiology (Dr. Luis F. Tami) | Allied | Adult | X | X | X | X | | 2 years | |
| Hernandez, Lazaro Eduardo, MD | Pediatric Cardiology | Active | Pediatrics | On Staff | X | | X | On Staff | 2 years | |
| Highfield, Jennifer Mary, APRN | Pediatric Critical Care Medicine (Dr. Allan Mitchell Greissman) | Allied | Pediatrics | | | | | X | 6 months | Six months pending FPPE results |

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| New Applicant Name | Specialty (Sponsor) | Status | Adult & Pediatrics | MRH | MHW | MHP | MHM | JDCH | Term | Notes |
|----------------------------------|---|--------|--------------------|----------|-----|-----|-----|----------|---------|--|
| Hussain, Yusaf Muhammad, DO | Internal Medicine | Active | Adult | X | X | X | X | | 2 years | |
| Lee, Christian Alfonso, AA | Anesthesiologist Assistant (Dr. Victor Rodriguez) | Allied | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Luma, Nasa-Tate Nasser, MD | Internal Medicine | Active | Adult | X | X | X | X | | 2 years | |
| Nguyen, Alexander H., MD | Sports Medicine | Active | Adult | | | | X | | 2 years | |
| Ogunsile, Foluso, MD | Oncology and Hematology | Active | Adult | X | X | X | X | | 2 years | |
| Pacocha, Katelyn M, APRN | Neonatal Perinatal Medicine (Dr. Lester McIntyre) | Allied | Adult & Pediatrics | | X | | X | X | 2 years | |
| Padilla-Santiago, Luis Angel, MD | Internal Medicine | Active | Adult | X | X | X | X | | 2 years | |
| Parke, Jacob Cole, MD | Urology | Active | Adult | | | X | | | 1 year | One year appointment at MHP with the following conditions: 1) Quarterly meetings with MHP CMO and 2) Quarterly reports from PRN. No proctoring required as practitioner will undergo FPPE. |
| Popp, Tarah Joy, MD | Pediatric Cardiology | Active | Pediatrics | On Staff | X | | X | On Staff | 2 years | |
| Rivero, Ailyn, MD | Endocrinology, Diabetes and Metabolism | Active | Adult | X | | | X | | 2 years | |

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| New Applicant Name | Specialty (Sponsor) | Status | Adult & Pediatrics | MRH | MHW | MHP | MHM | JDCH | Term | Notes |
|---|--|--------|--------------------|----------|----------|-----|-----|------|---------|-------|
| Santana-Rodriguez, Abraham, MD | Internal Medicine | Active | Adult | X | X | X | X | | 2 years | |
| Scaria, Sujamol, APRN | Advanced Heart Failure and Transplant Cardiology (Drs. Priyanka Gosain; Miguel Castro and Iani Patsias) | Allied | Adult | On Staff | On Staff | X | X | | 2 years | |
| Simmons, Okeefe Lauchland, MD | Gastroenterology | Active | Adult | X | | | | | 2 years | |
| Spellman, Alexa, AA | Anesthesiologist Assistant (Dr. Clint Christensen) | Allied | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Summerfield, Gary Allen, APRN | Emergency Medicine & Pediatric Emergency Medicine (Drs. Randy Katz & Heidi Cohen) | Allied | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Tiramai, Tandy, PA | Pediatric Cardiology (Dr. Thomas Forbes) | Allied | Pediatrics | | | | | X | 2 years | |
| Urquiza, Derek, AA | Anesthesiologist Assistant (Dr. Clint Christensen) | Allied | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Valbuena, Rupert John Tapia, APRN, CRNA | Nurse Anesthetist (Dr. Kiesha Raphael) | Allied | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Varughese, Arun Thomas, MD | Family Medicine | Active | Adult | X | X | X | X | | 2 years | |
| Vazquez, Samara, AA | Anesthesia Assistant (Dr. Clint Christensen) | Allied | Adult & Pediatrics | X | X | X | X | X | 2 years | |
| Williams, Samantha, MD | Internal Medicine | Active | Adult | X | X | X | X | | 2 years | |
| Zaruches, Danielle Taylor, PA | Pediatric Emergency Medicine (Dr. Heidi Cohen) | Allied | Pediatrics | | X | | X | X | 2 years | |

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That the following applicants for reappointment be approved as indicated:

[illegible]

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| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|-------------------------------------|---|-----------|--------------|--------|--------|-----|--------|--------|---------|--|
| Chano PA, Marjorie Diana | Gynecologic Oncology (Dr. Jacob Tangir) | 11/1/2022 | Adult | Allied | Allied | | Allied | | 2 years | |
| Chen DMD, Timothy Peter | Dentist | 11/1/2022 | Pediatrics | | | | Active | Active | 1 month | One month reappointment to obtain clarification of Board Certification status. |
| Chiart PSYD, Tevia | Psychology | 11/1/2022 | Adult | Active | | | | | 2 years | |
| Constantinescu MD, Alexandru Razvan | Pediatric Nephrology | 11/1/2022 | Pediatrics | Active | Active | | Active | Active | 2 years | |

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|----------------------------------|---|-----------|-----------------------|--------|--------|--------|--------|--------|------------|--|
| Cooper MD, Jonathan David | Otolaryngology/ Head & Neck Surgery | 11/1/2022 | Adult & Pediatrics | Active | Active | Active | Active | Active | 1 month | One month reappointment to establish if additional Pediatric encounters have been met, reporting 6 out of 9 in a 2 year period. Committee also requested validation of return to work clearance. |
| Contreras APRN, Nuria Lourdes | Cardiovascular Disease (Drs. Walif Aji; Kashmira Bhadha; Michael Entenberg; Bassel Ibrahim; Ralph Levy; Jayant Nath; Otalvaro Orozco; Inbar Saporta; Minaba Wariboko; Omosalewa Adewale; Howard Berlin; Juan Carlos Brenes; Juan Pastor-Cervantes; Jose Guzman; Vamsi Pavuluri; Lawrence Reiss; Jonathan Roberts; Sarah Rosanel; Sunay Shah; Ethan Siev and Selbourne Goode) | 11/1/2022 | Adult | Allied | Allied | Allied | Allied | | 2 years | |

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| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|-------------------------------------|--|-----------|--------------------|--------|--------|--------|--------|--------|---------|---------------------|
| Desimone MD, Alfred Alexander | Orthopedic Surgery | 11/1/2022 | Adult | | Active | | | | 2 years | |
| Dos Santos MD, Edgardo Daniel | Critical Care Medicine | 11/1/2022 | Adult | Active | | | | | 2 years | |
| Drescher APRN, CRNA, Giselle Karina | Nurse Anesthetist (Dr. Sandra Kaufman) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | 2 years | |
| Duerkes DO, James | Obstetrics and Gynecology | 11/1/2022 | Adult | | Active | | | | 2 years | |
| Edele DO, Scott Eric | Family Medicine | 11/1/2022 | Adult | | Active | | Active | | 2 years | |
| Faraci MD, Andrea Victoria | Obstetrics and Gynecology | 11/1/2022 | Adult | | | | Active | | 2 years | |
| Faruqui CNIM, Faizah Ekram | Neurointraoperative Monitorist (Dr. Jason Soriano) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | | Allied | 2 years | |
| Feinstein DO, Stacey Michelle | Emergency Medicine | 11/1/2022 | Adult & Pediatrics | Active | Active | Active | | | 2 years | |
| Fernandez AA, Adam Michael | Anesthesiologist Assistant (Dr. Clint Christensen) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | 2 years | |
| Fernandez APRN, CNM, Meybi Barbara | Nurse Midwife (Dr. Hugo M. Ferrara) | 11/1/2022 | Adult | | | | Allied | | 2 years | |

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| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|-----------------------------------|---|-----------|--------------------|--------|--------|--------|--------|--------|---------|---------------------|
| Frei APRN, Davina Lamar | Interventional Cardiology; Interventional Radiology & Diagnostic Radiology; Vascular & Interventional Radiology (Drs. Brian Ibrahim; David Jurkovich; Nisharahmed Kherada; Juan Pastor-Cervantes; Jonathan Roberts; Eric Rosen; Sunay Shah; Luis Tami; Steven Doukides; Oscar Garcia-Fraga; Richard Baker III; Federico Bengoa; Michael Cohn; David Epstein; Sami Lewin; Amer Naiem and Michael Rainisch) | 11/1/2022 | Adult | Allied | | | | | 2 years | |
| Goldwasser MD, Batya | Oral Maxillofacial Surgery | 11/1/2022 | Adult & Pediatrics | Active | Active | | | Active | 2 years | |
| Gunnlaugsson APRN, CRNA, Ingrid M | Nurse Anesthetist (Dr. Kiesha Raphael) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | 2 years | |
| Hauth AA, Daniel | Anesthesiology (Dr. Walter Diaz) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | 2 years | |
| Henkel DPM, Bert Jochen | Podiatry | 11/1/2022 | Adult | Active | | | | | 2 years | |
| Hill MD, Michelle Alexander | Internal Medicine | 11/1/2022 | Adult | | Active | Active | | | 2 years | |

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| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|-------------------------------|---|------------|--------------|--------------------|--------------------|--------------------|--------------------|------|---------|--|
| Hirsh DPM, Steven Perry | Podiatry | 11/1/2022 | Adult | Active | | | | | 2 years | |
| Hylton MD, Charlene Louise | Obstetrics and Gynecology | 11/1/2022 | Adult | | Active | | Active | | 2 years | |
| Jacobson DPM, George Franklin | Podiatry | 11/1/2022 | Adult | Active | | | | | 2 years | |
| Jamal DO, Amin | Internal Medicine | 11/1/2022 | Adult | Active | Active | Active | Active | | 2 years | |
| Jean-Pierre APRN, CNM, Imelda | Nurse Midwife (Drs. Timothy De Santis; Nicholas Jeffrey; Michael Yuzefovich; Hany Moustafa; Erin Myers; Julie Kang; Hilary Eggers; Wayne McCreath; Fausto Andrade and Wayne Larson) | 11/1/2022 | Adult | Allied | | | | | 2 years | |
| Jimenez MD, Angelica Rocio | Family Medicine | 11/1/2022 | Adult | Active | Active | Active | Active | | 2 years | |
| Kenniff MD, Sean Thomas | Neurology | 11/1/2022 | Adult | Active | Active | | | | 2 years | |
| Khan, Tanzeela, MD | Internal Medicine | 03/01/2022 | Adult | Summary Suspension | Summary Suspension | Summary Suspension | Summary Suspension | | Denied | On February 3, 2022, the Credentials Committee recommended a denial of reappointment for Dr. Tanzeela Khan, citing ongoing quality |

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|------------------------------------|------------------------|------|-----------------|-----|-----|-----|-----|------|------|---|
| | | | | | | | | | | and behavioral issues. That recommendation was upheld by: the Memorial Hospital West Medical Executive Committee on February 14, 2022; the Memorial Hospital Miramar Medical Executive Committee on February 9, 2022; the Memorial Hospital Pembroke Medical Executive Committee on February 10, 2022; and the Memorial Regional Hospital/Joe DiMaggio Children's Hospital Medical Executive Committee on February 16, 2022. Dr. Khan requested |

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|------------------------------------|------------------------|------|-----------------|-----|-----|-----|-----|------|------|--|
| | | | | | | | | | | reconsideration of the denial of reappointment at Memorial Hospital West, but was summarily suspended by Memorial Hospital West on April 7, 2022 for continued quality and behavioral issues. On May 9, the Memorial Hospital West Medical Executive Committee upheld both the denial of reappointment and summary suspension. Dr. Khan has waived her right to due process, and the recommendation for denial of reappointment is brought forward for approval. |

| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|------------------------------|---|-----------|--------------------|--------|--------|--------|--------|--------|---------|---|
| Kirschbaum DO, Neil Isaac | Physical Medicine and Rehabilitation | 11/1/2022 | Adult | Active | Active | Active | Active | | 2 years | Two year reappointment. Discontinue privileges for Steroid Injection (ESI), Lumbar (R), Lumbar facet injection and Sacra-Iliac (SI) joint injection for failure to meet reappointment criteria. |
| La Rosa AA, Richard | Anesthesiology Assistant (Dr. Clint Christensen) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | 2 years | |
| Lasky DO, Stephanie Nicole | Dermatology | 11/1/2022 | Adult | Active | | | | | 2 years | |
| Leader PA, Jason Alan | Gastroenterology & Pulmonary Disease (Drs. Nelson Aldana; Howard Baikovitz and Milton Gedallovich) | 11/1/2022 | Adult | Allied | Allied | Allied | Allied | | 2 years | |
| Lorenzo AA, Pedro Antonio Jr | Anesthesiology Assistant (Dr. Clint Christensen) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | 2 years | |
| Marotta MD, Mabel | Obstetrics and Gynecology | 11/1/2022 | Adult | | Active | | Active | | 2 years | |
| Martin MD, Lucy Kristine | Dermatology | 11/1/2022 | Adult | Active | | | | | 2 years | |

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| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|------------------------------|---|-----------|--------------------|--------|--------|--------|--------|--------|----------|--|
| Mehta DO, Sweta Tina | Obstetrics and Gynecology | 11/1/2022 | Adult | Active | | | | | 2 years | |
| Meister MD, Lynn Ann | Palliative Medicine | 11/1/2022 | Pediatrics | Active | | | Active | Active | 2 years | |
| Mekulik APRN, Andrea Marie | Palliative Medicine (Drs. Jorge Luna and Ravi Samlal) | 11/1/2022 | Adult | Allied | Allied | Allied | Allied | | 2 years | |
| Milu APRN, Danelle Francine | Oncology and Hematology (Drs. Gelenis Domingo; Daren Grosman and Brian Hunis) | 11/1/2022 | Adult | Allied | Allied | | | | 2 years | |
| Naiem MD, Amer Ahmed | Vascular & Interventional Radiology | 11/1/2021 | Adult & Pediatrics | Active | Active | Active | Active | Active | 2 years | |
| Newman MD, Ilana Mara | Palliative Medicine | 11/1/2022 | Adult | Active | Active | Active | Active | | 3 months | Three months reappointment due to low patient encounters, reporting 10 of 17 during a 2 year period. |
| Nguyen AA, Kristy Monglan | Anesthesiology (Dr. Keisha Raphael) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | 2 years | |
| Ocanto DDS, Romer A | Dentist | 11/1/2022 | Pediatrics | | Active | | Active | Active | 1 month | One month reappointment to obtain clarification of Board Certification |

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| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|-----------------------------------|---|-----------|--------------|--------|--------|--------|--------|--------|---------|---------------------|
| | | | | | | | | | | status |
| Osakwe APRN, Evelyn Ehiremhen | Hematology (Dr. Hugo Fernandez) | 11/1/2022 | Adult | | Allied | | | | 2 years | |
| Perez PA, Yilian | Oncology and Hematology (Dr. Matthew Taub) | 11/1/2022 | Adult | Allied | Allied | Allied | Allied | | 2 years | |
| Perez, Eduardo Casto | Obstetrics and Gynecology | 11/1/2022 | Adult | | | | Allied | | 2 years | |
| Perlman DPM, Melissa | Podiatry | 11/1/2022 | Adult | Active | Active | Active | Active | | 2 years | |
| Plourde APRN, CNM, Sarah Michelle | Nurse Midwife (Drs. Hany Moustafa; Fausto A. Rodriguez; Nicholas Jeffrey; Wayne Larson; Julie Kang; Timothy De Santis and Erin Myers) | 11/1/2022 | Adult | Allied | | | | | 2 years | |
| Prida MD, Karen | Internal Medicine | 11/1/2022 | Adult | Active | Active | Active | Active | | 2 years | |
| Rivera-Ocasio MD, Maribel | Pediatrics | 11/1/2022 | Pediatrics | | Active | | | Active | 2 years | |

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| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|---------------------------------|---|-----------|--------------------|--------|--------|--------|--------|--------|---------|---------------------|
| Robbins APRN, Catherine Deutsch | Neurosurgery (Drs. Daniel Aghion; Christopher DeMassi; Clinton Burkett; Brandon Davis; Luis Romero; Dean Hertzler; Laurence Davidson; Simon Buttrick and Daxa Patel) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | 2 years | |
| Robblee PA, Ann Burdena | Interventional Cardiology (Drs. Bassel Ibrahim; Jonathan Roberts and Juan Pastor-Cervantes) | 11/1/2022 | Adult | Allied | Allied | Allied | | | 2 years | |
| Rodriguez PA, Rosanna | Oncology and Hematology (Drs. Anna Abraham; Gelenis Domingo; Pablo Ferraro and Luis Raez) | 11/1/2022 | Adult | Allied | Allied | Allied | Allied | | 2 years | |
| Roman DDS, Celia Marina | Pediatric Dentist | 11/1/2022 | Pediatrics | | | | | Active | 2 years | |
| Rub MD, Mario | Pediatric Pulmonary | 11/1/2022 | Pediatrics | | Active | | | Active | 2 years | |
| Sabacinski DPM, Kenneth A | Podiatry | 11/1/2022 | Adult | Active | Active | Active | | | 2 years | |
| Sacks MD, David Jay | Anesthesiology | 11/1/2022 | Adult & Pediatrics | Active | Active | Active | Active | Active | 2 years | |
| Samuels DO, Mitchell J | Pediatrics | 11/1/2022 | Pediatrics | | Active | | Active | Active | 2 years | |

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| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|--------------------------------------|-------------------------------------|-----------|--------------------|--------|--------|--------|--------|--------|---------|--|
| San Bartolome APRN, Cristina Suzanne | Anesthesiology (Dr. Kiesha) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | 2 years | |
| Seaver MD, Christopher Robert | Surgery | 11/1/2022 | Adult | Active | Active | Active | Active | | 2 years | |
| Sheinman MD, Steven M | Anesthesiology | 11/1/2022 | Adult & Pediatrics | Active | Active | Active | | | 2 years | |
| Shepple APRN, CRNA, Norman Alan | Nurse Anesthetist (Dr. Walter Diaz) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | 2 years | |
| Shuster MD, Bernard Alan | Plastic Surgery | 11/1/2022 | Adult | Active | | | | | 2 years | |
| Sotomayor Castro, Emilio | Surgical Assistant | 11/1/2022 | Adult & Pediatrics | Allied | Allied | | | | 2 years | |
| Stojadinovic MD, Olivera | Dermatology | 11/1/2022 | Adult | Active | | | | | 2 years | |
| Toquica DDS, Tatiana H | Pediatric Dentist | 11/1/2022 | Pediatrics | | | | | Active | 2 years | |
| Tsui DPM, Maria K | Podiatry | 11/1/2022 | Adult | Active | | | | | 2 years | |
| Uzor MD, Robert | Diagnostic Radiology | 11/1/2022 | Adult & Pediatrics | Active | Active | Active | Active | Active | 2 years | |
| Valencia MD, Pablo Antonio | Neonatal Perinatal Medicine | 11/1/2022 | Pediatrics | | Active | | Active | Active | 2 years | |
| Velarde MD, Sylvia Katherine | Obstetrics and Gynecology | 11/1/2022 | Adult | | Active | | | | 2 years | Two year reappointment. Discontinue Robotic privileges for failing to meet reappointment criteria. |

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| Reappointment Applicant Name | Specialty (Sponsor) | Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Term | Action by Committee |
|-------------------------------|--|-----------|--------------------|--------|--------|--------|--------|--------|---------|---------------------|
| Villegas MD, Juan Felipe | Emergency Medicine | 11/1/2022 | Adult | Active | | | Active | | 2 years | |
| Virani MD, Salman Salim | Family Medicine | 11/1/2022 | Adult | Active | Active | Active | Active | | 2 years | |
| Warheit APRN, Melanie G | Anesthesiology (Dr. Keisha Raphael) | 11/1/2022 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | 2 years | |
| Weiser MD, Jonathan Ralph | Plastic Surgery | 11/1/2022 | Adult & Pediatrics | Active | Active | Active | Active | Active | 2 years | |
| Williams APRN, Kimone Natalia | Palliative Medicine (Drs. Ryan Sevel & Amaris Rios-Gerena) | 11/1/2022 | Adult | Allied | Allied | Allied | Allied | | 2 years | |
| Wilson MD, Timothy R | Anesthesiology | 11/1/2022 | Adult & Pediatrics | Active | Active | Active | Active | Active | 2 years | |
| Zamora APRN, Adayiba | Pulmonary Disease (Dr. Nelson Aldana Aldana) | 11/1/2022 | Adult | Allied | Allied | Allied | Allied | | 2 years | |

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

| Name | Specialty (Sponsor) | Request | Privilege | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|---------------------------------|---------------------|------------|---|--------------|-----|-----|-----|-----|------|--|
| Khazeni, Kristina Catherine, MD | Surgery | Additional | Use of the robotic platform in a procedure where the physician is a concurrent privilege holder in laparoscopic or minimally invasive approach. Having previously completed robotic training and having performed several robotic procedures, re-training was waived. | Adult | X | X | X | X | | Robotics privileges approved and re-training course waived. First three cases must be proctored. |
| Levin, Richard | Urology | Additional | Cryosurgery of the | Adult | | X | X | | | Approved. |

| Name | Specialty (Sponsor) | Request | Privilege | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|-----------------------------|---|------------|---|--------------|-----|-----|-----|-----|------|---|
| David, MD | | | prostate and kidney (First 5 cases must be proctored) | | | | | | | First five cases must be proctored. |
| Salah, Mohamed Hassan, MD | Obstetrics and Gynecology | Additional | Use of the robotic platform in a procedure where the physician is a concurrent privilege holder in laparoscopic or minimally invasive approach. | Adult | X | X | X | X | | Approved. First three cases must be proctored. |
| Valiente, George Luis, APRN | Hematology; Oncology and Hematology (Drs. Yehuda Deutsch; Hugo Fernandez; Jose Sandoval-Sus and Fernando Vargas Madueno) | Additional | Administration of Intrathecal Chemotherapy | Adult | X | X | | | | Approved. |

CREW RESOURCE MANAGEMENT TRAINING COURSE:

| Practitioners Name | Specialty (Sponsor) | Appointment Date | Expire Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Comment |
|----------------------------|---|------------------|-------------|--------------------|-----|-----|-----|-----|------|---|
| Freitas, Vanessa L, DDS | Pediatric Dentist | 3/23/2022 | 10/1/2022 | Pediatrics | | | | | X | Discontinue invasive procedures pending completion of CRM course. |
| Joseph, Elizabeth Ann, CNM | Nurse Midwife (Drs. Hany Moustafa; Wayne Larson; Julie Kang; Timothy De Santis and Erin Myers) | 3/23/2022 | 10/1/2022 | Adult | X | | | | | Discontinue invasive procedures pending completion of CRM course. |
| Kaelber, John Herbert, MD | Obstetrics and Gynecology | 3/23/2022 | 10/1/2022 | Adult & Pediatrics | | X | | X | | Discontinue invasive procedures pending completion of CRM course. |

| Practitioners Name | Specialty (Sponsor) | Appointment Date | Expire Date | Age Category | MRH | MHW | MHP | MHM | JDCH | Comment |
|-----------------------------|---------------------------------------|------------------|-------------|--------------------|-----|-----|-----|-----|------|---|
| Ortiz, Victor R, APRN, CRNA | Nurse Anesthesiology (Dr. Amy Pulido) | 3/23/2022 | 10/1/2022 | Adult & Pediatrics | X | X | X | X | X | Discontinue invasive procedures pending completion of CRM course. |

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

The Executive Committees also accepted the following recommendations for changes in staff status as indicated:

| Name | Specialty (Sponsor) | Topic | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|-------------------------------|---|---|--------------|--------|----------|----------|----------|--------|---|
| Andre, Eduardo, MD | Pulmonary Disease | Resignation at MHP only, effective 9/22/2022 | Adult | | On Staff | Active | On Staff | | Accepted resignation at MHP only, effective 9/22/2022. |
| Arias, Anita Evelyn, APRN | Neuroscience (Drs. Brandi Baker; Mohammed Qureshi and Sean Kenniff) | Automatic termination of membership and privileges. No longer providing services in MHS effective 2/7/2022. | Adult | Active | | | | | Automatic termination of membership and privileges. No longer providing services in MHS effective 2/7/2022. |
| Cardona, Nicole Lianne, DO | Internal Medicine | Resigning effective 8/30/2022 | Adult | Active | Active | Active | Active | | Accepted resignation effective 8/30/2022. |
| Carmel, Shimon, MD | Anesthesiology | Practitioner is deceased. | Adult | Active | Active | Active | Active | Active | Automatic termination of membership and privileges within the MHS. Practitioner is deceased. |
| Chen, Lawrence King-Ray, APRN | Urology (Drs. Sanjeev Gupta and Christopher Vendryes) | Resignation at MRH only, effective 9/1/2022 | Adult | Allied | | On Staff | | | Accepted resignation at MRH only, effective 9/1/2022 |
| Cohen, Marc | Anesthesiology | Automatic | Adult & | Active | Active | Active | Active | Active | Automatic |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
October 19, 2022
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| Name | Specialty (Sponsor) | Topic | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|--|--|--|--------------------|--------|--------|----------|--------|--------|--|
| Samuel, MD | | termination of membership and privileges. No longer providing services in MHS through Envision Physician Services effective 7/14/2022. | Pediatrics | | | | | | termination of membership and privileges. No longer providing services in MHS through Envision Physician Services effective 7/14/2022. |
| Coleman-Henderson, Kimberlee Annette, MD | Obstetrics and Gynecology | Resignation effective 9/21/2022 | Adult | | Active | | Active | | Accepted resignation effective 9/21/2022 |
| Dacosta-Green, Ophelia O., APRN | Urology (Drs. Sanjeev Gupta and Christopher Vendryes) | Resignation at MRH only, effective 9/1/2022 | Adult | Allied | | On Staff | | | Accepted resignation at MRH only, effective 9/1/2022 |
| Dechev, Zury Sadai, CNIM | Neurointraoperative Monitorist (Dr. Eric J. Arehart) | Automatic termination of membership and privileges. No longer providing services in MHS through SpecialtyCare, Inc. effective 7/22/2021. | Adult & Pediatrics | Allied | Allied | | | Allied | Automatic termination of membership and privileges. No longer providing services in MHS through SpecialtyCare, Inc. effective 7/22/2021. |
| Garcia, Luisa F., APRN | Surgery (Dr. Brett Cohen) | Automatic termination of membership and privileges, effective 9/22/2022 | Adult | Allied | Allied | Allied | | | Automatic termination of membership and privileges, effective 9/22/2022 |
| Gerenstein, Ricardo Israel, MD | Anesthesiology | Automatic termination of membership and privileges. No longer providing services in MHS through Envision Physician | Adult & Pediatrics | Active | Active | Active | Active | Active | Automatic termination of membership and privileges. No longer providing services in MHS through Envision Physician |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
October 19, 2022
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| Name | Specialty (Sponsor) | Topic | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|---------------------------------|----------------------------|---|--------------------|----------|----------|----------|--------|----------|---|
| | | Services effective 8/29/2022. | | | | | | | Services effective 8/29/2022. |
| Goldwasser, Batya, MD | Oral Maxillofacial Surgery | Resignation at MHP only, effective 9/21/2022 | Adult & Pediatrics | On Staff | On Staff | Active | | On Staff | Accepted resignation at MHP only, effective 9/21/2022 |
| Gonzalez Jr., Jorge Antonio, MD | Sports Medicine | Resignation effective 9/9/2022 | Adult | | | | Active | | Accepted resignation effective 9/9/2022 |
| Gupta, Sanjeev K, MD | Urology | Resignation at MRH only, effective 9/1/2022 | Adult | Active | | On Staff | | | Accepted resignation at MRH only, effective 9/1/2022 |
| Haberland, Swoboda Edmond, MD | Internal Medicine | Resignation effective 8/18/2022 | Adult | Active | | | | | Accepted resignation effective 08/18/2022 |
| Haddad, Tania, MD | Anesthesiology | Resignation effective 9/21/2022 | Adult & Pediatrics | Active | Active | Active | Active | Active | Accepted resignation effective 9/21/2022 |
| Ibrahim, Brian Bassem, MD | Family Medicine | Resignation at MHM only, effective 5/1/2022 | Adult | On Staff | On Staff | On Staff | Active | | Accepted resignation at MHM only, effective 5/1/2022 |
| Joseph, Ivette J., APRN | Internal Medicine | Resignation effective 8/18/2022 | Adult | Allied | Allied | Allied | Allied | | Accepted resignation effective 8/18/2022 |
| Kalomiris, Sophia, MD | Pediatrics | Automatic termination of membership and privileges. Failure to request reappointment effective 11/1/2022. | Pediatrics | | Active | | Active | Active | Automatic termination of membership and privileges. Failure to request Reappointment effective 11/1/2022. |

Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
October 19, 2022
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| Name | Specialty (Sponsor) | Topic | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|-------------------------------------|--|---|-----------------------|--------|--------|--------|--------|--------|---|
| Kaplinisky, Kaira, MD | Emergency Medicine | Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 10/16/2022. | Adult | | | Active | | | Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 10/16/2022. |
| Kashan, Sanaz Behjatnia, MD | Internal Medicine | Resignation effective 11/01/2022 | Adult | Active | | | | | Accepted resignation effective 11/01/2022 |
| Keroff, Frederick Michael, MD | Emergency Medicine | Request Honorary Emeritus staff at MRH, MHW, MHP, MHM, and JDCH | Adult & Pediatrics | Active | Active | Active | Active | Active | Approved, Honorary Emeritus staff at MRH, MHW, MHP and JDCH. MHM MEC to review request at their November meeting. |
| Lamkin, Sharon Diana, PA | Endocrinology, Diabetes and Metabolism (Dr. Paul Jellinger) | Automatic termination. No current sponsor within the MHS, effective 9/26/2022. | Adult | Allied | | | | | Automatic termination. No current sponsor within the MHS, effective 9/26/2022. |
| Miller, Darcia Roshanda, APRN | Urology (Drs. Sanjeev Gupta and Christopher Vendryes) | Resignation effective 09/1/2022 | Adult | Allied | | | | | Accepted resignation effective 09/1/2022 |
| Nellore, Suresh Raghavendrar, MD | Infectious Disease | Automatic termination of membership and privileges. No longer providing services in MHS effective 9/14/2022. | Adult | Active | Active | | | | Automatic termination of membership and privileges. No longer providing services in MHS effective 9/14/2022. |

Memorial Healthcare System Medical Executive Committees
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| Name | Specialty (Sponsor) | Topic | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|--------------------------------------|---|---|-------------------------|------------|------------|------------|------------|-------------|---|
| Ochoa, Erica L., APRN | Neurosurgery (Drs. Brandon J. Davis; Simon Buttrick; Clinton Burkett and Scott Raffa) | Resignation effective 12/31/2021 | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | Accepted resignation effective 12/31/2021 |
| Patel, Pratik Ashvin, MD | Cardiovascular Disease | Resignation at MHS, effective 9/20/2022 | Adult | Active | | | | | Accepted resignation effective 9/20/2022 |
| Pericherla, Venkata Rama Raju, MD | Internal Medicine | Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 4/12/2022. | Adult | Active | Active | Active | Active | | Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 4/12/2022. |
| Perkins, Beckett Saxman, APRN | Neonatal Perinatal Medicine | Resignation effective 9/1/2022. | Pediatrics | | Allied | | Allied | Allied | Accepted resignation effective 09/1/2022. |
| Prigg, Jennifer Noel, DO | Obstetrics and Gynecology | Resignation effective 9/9/2022 | Adult | | Active | | Active | | Accepted resignation effective 9/9/2022 |
| Prosser, Aaron Bennet, CNIM | Neurointraoperative Monitorist (Dr. Eric J. Arehart) | Automatic termination of membership and privileges. No longer providing services in MHS through SpecialtyCare, Inc. effective 2/18/2022. | Adult & Pediatrics | Allied | Allied | Allied | Allied | | Automatic termination of membership and privileges. No longer providing services in MHS through SpecialtyCare, Inc. effective 2/18/2022. |
| Santiesteban, Ruben | Surgical Assistant | Automatic termination of membership and privileges. No longer providing services in MHS through | Adult & Pediatrics | | | | Allied | | Automatic termination of membership and privileges. No longer providing services in MHS through |

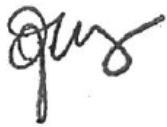
Memorial Healthcare System Medical Executive Committees
Board of Commissioners Report
October 19, 2022
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| Name | Specialty (Sponsor) | Topic | Age Category | MRH | MHW | MHP | MHM | JDCH | Action by Committee |
|---------------------------------|------------------------------------|--|--------------------|----------|----------|----------|--------|--------|--|
| | | Professional Surgical Services effective 9/21/2022. | | | | | | | Professional Surgical Services effective 9/21/2022. |
| Sawyer, Kristen Nieves, APRN | Anesthesiology (Dr. Amy Pulido) | Automatic termination of membership and privileges. No longer providing services in MHS through Envision Physician Services effective 8/23/2022. | Adult & Pediatrics | Allied | Allied | Allied | Allied | Allied | Automatic termination of membership and privileges. No longer providing services in MHS through Envision Physician Services effective 8/23/2022. |
| Selema, Kristen Nicole, DO | Internal Medicine | Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 7/17/2022. | Adult | Active | Active | Active | Active | | Automatic termination of membership and privileges. No longer providing services in MHS through Team Health effective 7/17/2022. |
| Tallman, Christopher Thomas, MD | Urology | Resignation at MRH only, effective 9/1/2022 | Adult | Active | | On Staff | | | Accepted resignation at MRH only, effective 9/1/2022 |
| Tran, Nancy My Ngoc, MD | Nephrology | Resignation at MHP and MHM only, effective 7/29/2022 | Adult | On Staff | On Staff | Active | Active | | Accepted resignation at MHP and MHM only, effective 7/29/2022 |
| Upadhyaya, Prashant, MD | Critical Care Medicine | Resignation effective 9/12/2022 | Adult | Active | Active | Active | Active | | Accepted resignation effective 9/12/2022 |
| Vendryes, Christopher Lee, MD | Urology | Resignation at MRH only, effective 9/1/2022 | Adult | Active | | On Staff | | | Accepted resignation at MRH only, effective 9/1/2022 |

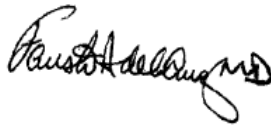
| October 2022 | MHS |
|-------------------------------------|-----|
| New Physician Appointments | 20 |
| New AHP Appointments | 18 |
| Physician Reappointments | 55 |
| AHP Reappointments | 32 |
| Physician Resignations/Terminations | 19 |
| AHP Resignations/Terminations | 11 |

Your approval of these recommendations is requested.

Sincerely,



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



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



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



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

Memorial Healthcare System

Financial Reports for September 2022

October 26, 2022
Board Meeting





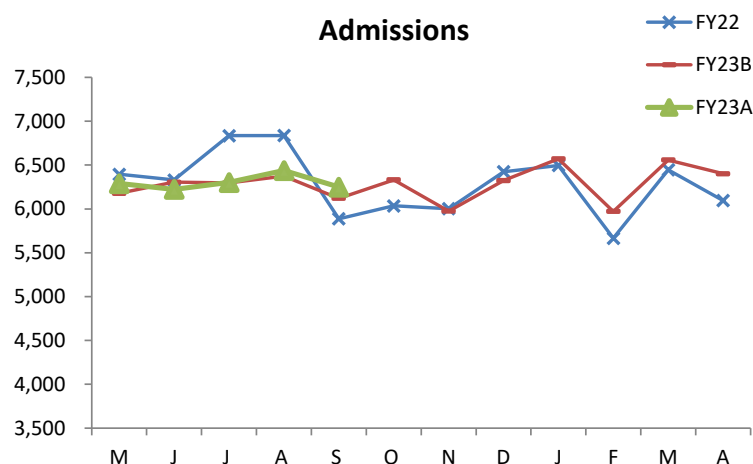
Memorial Healthcare System - Executive Summary - MTD September 2022

- Inpatient Revenue was below budget due to (9.1%) lower emergency department admissions, and (18.3%) lower cardiac surgeries, partially offset by 2.1% higher admissions and 3.1% higher patient days
- Outpatient Revenue was above budget due to 12.7% higher emergency department visits, 4.1% higher outpatient visits, 23.1% higher observation discharges, and 7.3% higher outpatient surgeries
- Net Revenue of \$218.2M was above budget of \$205.0M, and Income from Operations of \$10.0M was higher than the budgeted loss of (\$3.6M)
- Deficit of Revenues over Expenses was (\$61.8M), including an Unrealized Loss of (\$70.9M), compared with the budgeted Deficit of Revenues over Expenses of (\$3.1M)



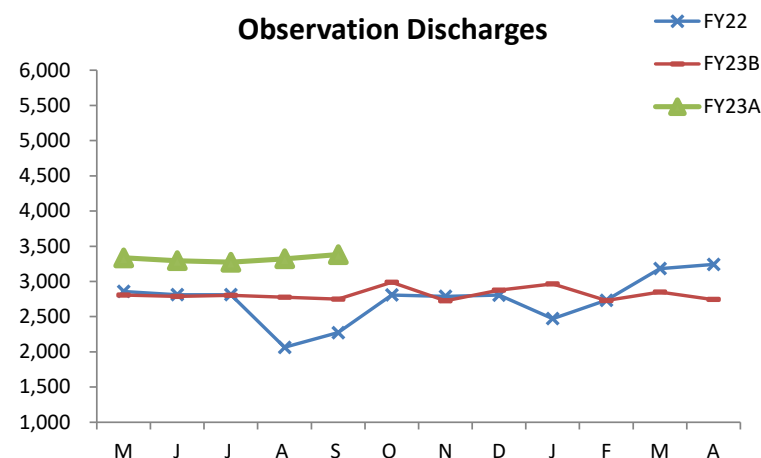
Memorial Healthcare System - Consolidated Volumes - September 2022

Admissions



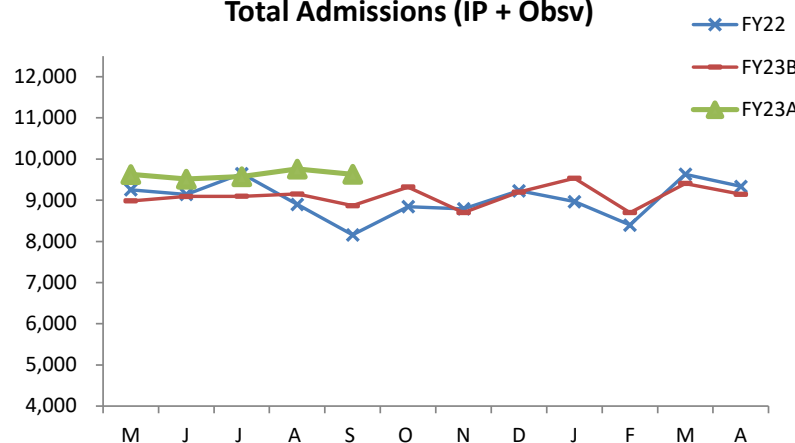
| | <u>FY23A</u> | <u>FY23B</u> | <u>FY22</u> | <u>vs FY23B</u> | <u>vs FY22</u> |
|------|--------------|--------------|-------------|-----------------|----------------|
| MTD: | 6,249 | 6,121 | 5,887 | 2.1% | 6.1% |
| YTD: | 31,500 | 31,273 | 32,282 | 0.7% | -2.4% |

Observation Discharges



| | <u>FY23A</u> | <u>FY23B</u> | <u>FY22</u> | <u>vs FY23B</u> | <u>vs FY22</u> |
|------|--------------|--------------|-------------|-----------------|----------------|
| MTD: | 3,382 | 2,748 | 2,273 | 23.1% | 48.8% |
| YTD: | 16,608 | 13,917 | 12,821 | 19.3% | 29.5% |

Total Admissions (IP + Obsv)

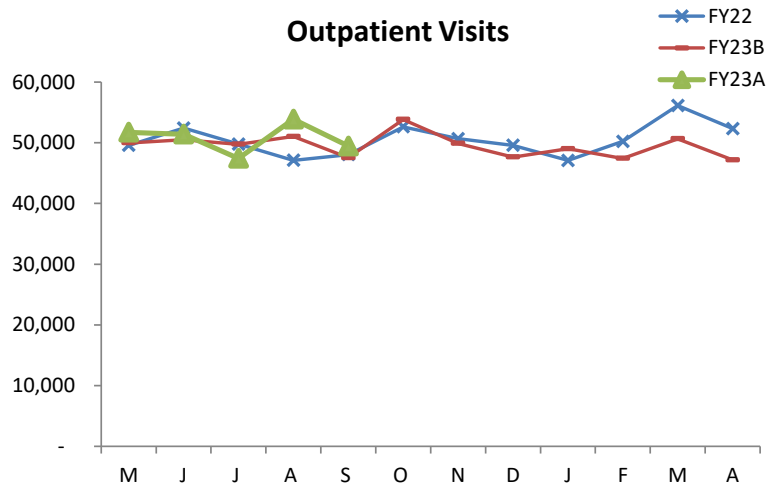


| | <u>FY23A</u> | <u>FY23B</u> | <u>FY22</u> | <u>vs FY23B</u> | <u>vs FY22</u> |
|------|--------------|--------------|-------------|-----------------|----------------|
| MTD: | 9,631 | 8,869 | 8,160 | 8.6% | 18.0% |
| YTD: | 48,108 | 45,190 | 45,103 | 6.5% | 6.7% |



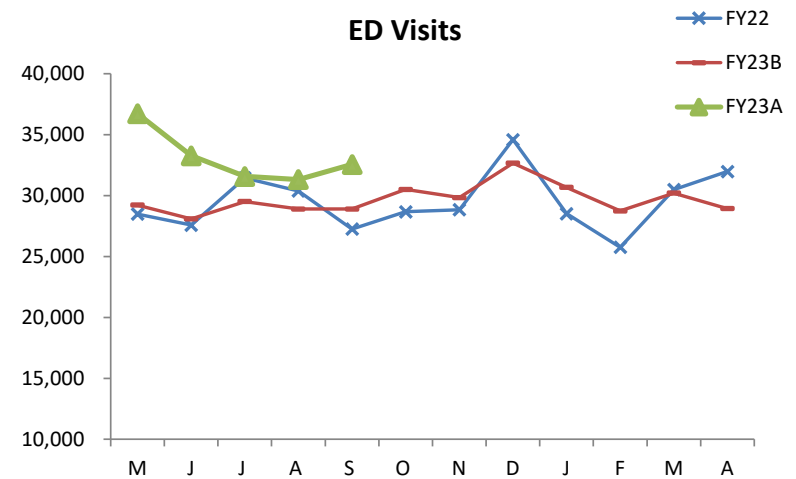
Memorial Healthcare System - Consolidated Volumes - September 2022

Outpatient Visits



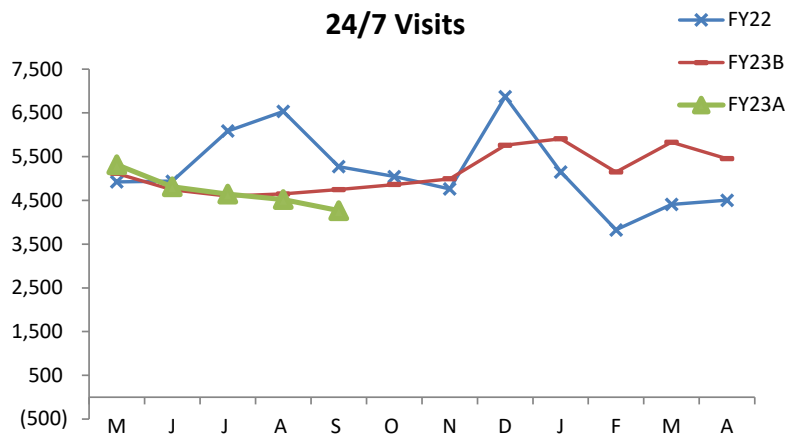
| | <u>FY23A</u> | <u>FY23B</u> | <u>FY22</u> | <u>vs FY23B</u> | <u>vs FY22</u> |
|-------------|--------------|--------------|-------------|-----------------|----------------|
| MTD: | 49,468 | 47,534 | 48,050 | 4.1% | 3.0% |
| YTD: | 253,912 | 248,831 | 246,929 | 2.0% | 2.8% |

ED Visits



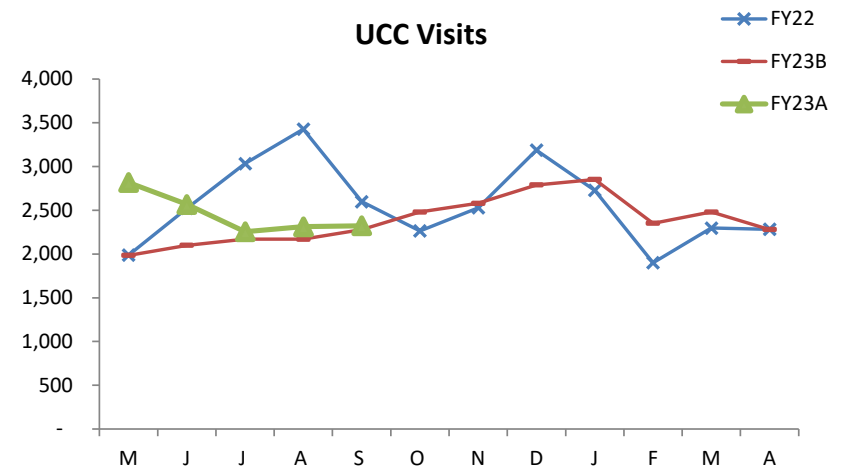
| | <u>FY23A</u> | <u>FY23B</u> | <u>FY22</u> | <u>vs FY23B</u> | <u>vs FY22</u> |
|-------------|--------------|--------------|-------------|-----------------|----------------|
| MTD: | 32,552 | 28,889 | 27,252 | 12.7% | 19.4% |
| YTD: | 165,423 | 144,590 | 145,134 | 14.4% | 14.0% |

24/7 Visits



| | <u>FY23A</u> | <u>FY23B</u> | <u>FY22</u> | <u>vs FY23B</u> | <u>vs FY22</u> |
|-------------|--------------|--------------|-------------|-----------------|----------------|
| MTD: | 4,267 | 4,746 | 5,273 | -10.1% | -19.1% |
| YTD: | 23,558 | 23,848 | 27,758 | -1.2% | -15.1% |

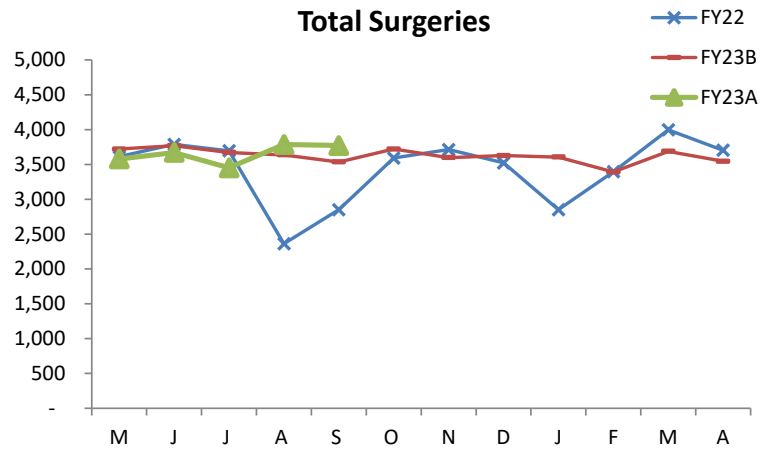
UCC Visits



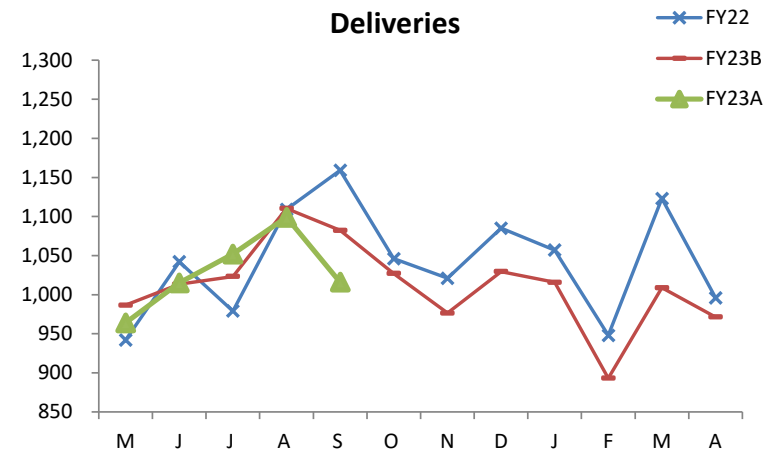
| | <u>FY23A</u> | <u>FY23B</u> | <u>FY22</u> | <u>vs FY23B</u> | <u>vs FY22</u> |
|-------------|--------------|--------------|-------------|-----------------|----------------|
| MTD: | 2,323 | 2,280 | 2,599 | 1.9% | -10.6% |
| YTD: | 12,275 | 10,704 | 13,570 | 14.7% | -9.5% |



Memorial Healthcare System - Consolidated Volumes and Payor Mix - September 2022

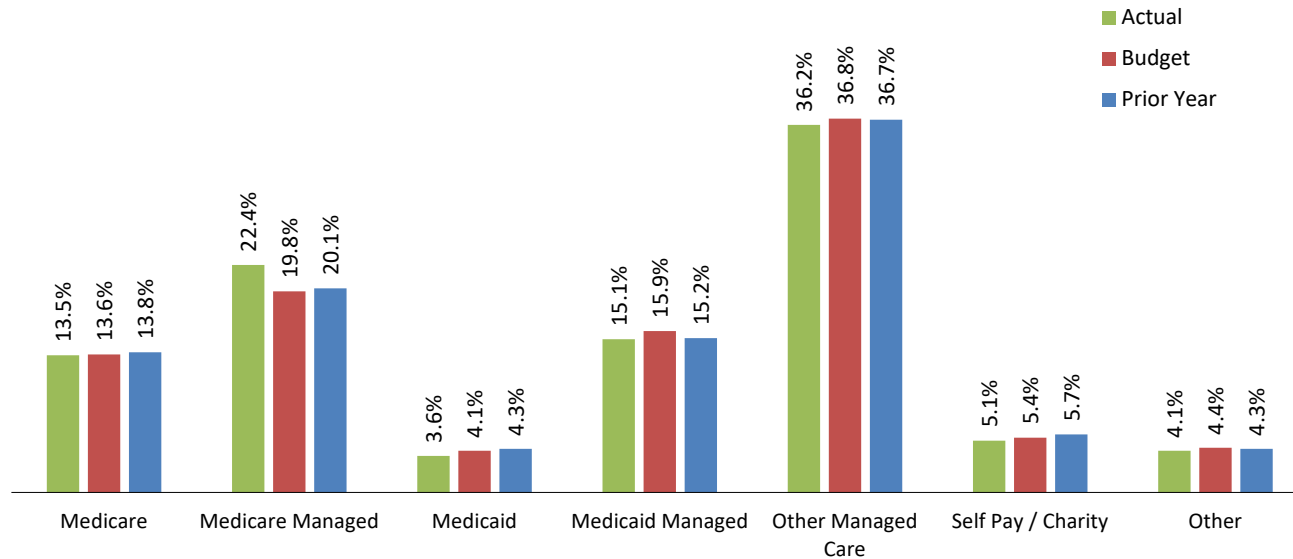


| | <u>FY23A</u> | <u>FY23B</u> | <u>FY22</u> | <u>vs FY23B</u> | <u>vs FY22</u> |
|-------------|--------------|--------------|-------------|-----------------|----------------|
| MTD: | 3,771 | 3,536 | 2,851 | 6.7% | 32.3% |
| YTD: | 18,258 | 18,333 | 16,307 | -0.4% | 12.0% |



| | <u>FY23A</u> | <u>FY23B</u> | <u>FY22</u> | <u>vs FY23B</u> | <u>vs FY22</u> |
|-------------|--------------|--------------|-------------|-----------------|----------------|
| MTD: | 1,016 | 1,082 | 1,159 | -6.1% | -12.3% |
| YTD: | 5,146 | 5,216 | 5,231 | -1.3% | -1.6% |

Payor Mix (Gross Revenue) - MTD





Memorial Healthcare System - Operating Statement - September 2022

| Variance | | | Month to Date | | | \$ thousands | Year to Date | | | Variance | |
|----------|-----------|---------|---------------|-----------|------------|--|--------------|------------|------------|-----------|---------|
| vs PY | vs Budget | | Prior Year | Budget | Actual | | Actual | Budget | Prior Year | vs Budget | vs PY |
| A | (3.7%) | (7.1%) | 745,547 | 773,049 | 718,016 | Inpatient Revenue | 3,652,484 | 3,913,690 | 3,725,381 | (6.7%) | (2.0%) |
| B | 23.7% | 8.3% | 545,479 | 622,826 | 674,817 | Outpatient Revenue | 3,313,433 | 3,194,521 | 2,876,564 | 3.7% | 15.2% |
| C | 7.9% | (0.2%) | 1,291,027 | 1,395,875 | 1,392,833 | Total Patient Revenue | 6,965,917 | 7,108,211 | 6,601,945 | (2.0%) | 5.5% |
| D | 12.3% | 0.4% | 979,659 | 1,095,848 | 1,099,720 | Contractual Allowances | 5,510,671 | 5,586,654 | 5,135,553 | (1.4%) | 7.3% |
| E | 1.9% | (16.8%) | 61,146 | 74,897 | 62,293 | Charity Care | 309,512 | 383,045 | 356,831 | (19.2%) | (13.3%) |
| F | (61.9%) | (37.1%) | 33,178 | 20,116 | 12,649 | Provision for Bad Debt | 100,550 | 102,189 | 111,917 | (1.6%) | (10.2%) |
| G | 9.4% | (1.4%) | 1,073,983 | 1,190,861 | 1,174,661 | Total Deductions | 5,920,733 | 6,071,888 | 5,604,301 | (2.5%) | 5.6% |
| H | 0.5% | 6.4% | 217,044 | 205,015 | 218,172 | Net Patient Revenue | 1,045,184 | 1,036,323 | 997,644 | 0.9% | 4.8% |
| I | >100% | 88.5% | 3,650 | 4,536 | 8,551 | Disproportionate Share Distributions | 35,010 | 21,988 | 21,179 | 59.2% | 65.3% |
| J | 57.0% | 16.6% | 13,934 | 18,762 | 21,883 | Other Operating Revenue | 83,692 | 82,365 | 82,626 | 1.6% | 1.3% |
| K | 73.1% | 30.6% | 17,584 | 23,297 | 30,433 | Total Other Operating Revenue | 118,702 | 104,353 | 103,806 | 13.8% | 14.3% |
| L | 6.0% | 8.9% | 234,627 | 228,312 | 248,605 | Net Revenue | 1,163,886 | 1,140,676 | 1,101,450 | 2.0% | 5.7% |
| M | 12.2% | 2.1% | 105,477 | 115,976 | 118,397 | Salaries & Wages | 600,669 | 592,904 | 511,083 | 1.3% | 17.5% |
| N | 39.8% | 7.9% | 10,202 | 13,217 | 14,259 | Employee Benefits | 73,248 | 71,090 | 65,287 | 3.0% | 12.2% |
| O | 18.7% | (5.1%) | 4,477 | 5,601 | 5,314 | Professional Fees | 25,761 | 27,439 | 24,739 | (6.1%) | 4.1% |
| P | (2.9%) | (4.5%) | 45,356 | 46,133 | 44,035 | Supplies Expense | 227,596 | 238,110 | 226,288 | (4.4%) | 0.6% |
| Q | 16.7% | 8.4% | 22,789 | 24,532 | 26,593 | Purchased Services | 129,661 | 123,026 | 109,818 | 5.4% | 18.1% |
| R | 41.0% | 16.6% | 6,382 | 7,720 | 8,998 | Facilities Expense | 37,080 | 38,547 | 32,541 | (3.8%) | 13.9% |
| S | 8.1% | 0.4% | 6,829 | 7,349 | 7,380 | Depreciation & Amortization | 36,575 | 36,710 | 34,777 | (0.4%) | 5.2% |
| T | 22.8% | 19.6% | 11,068 | 11,368 | 13,595 | Other Operating Expense | 50,792 | 51,662 | 49,417 | (1.7%) | 2.8% |
| V | 12.2% | 2.9% | 212,580 | 231,896 | 238,571 | Total Expenses | 1,181,382 | 1,179,488 | 1,053,950 | 0.2% | 12.1% |
| W | (54.5%) | >100% | 22,047 | (3,584) | 10,034 | Income (Loss) from Operations | (17,496) | (38,812) | 47,500 | 54.9% | <(100%) |
| X | N/A | N/A | - | - | - | Tax Revenue | - | - | - | N/A | N/A |
| Y | (23.6%) | 1.6% | (2,081) | (2,615) | (2,573) | Interest Expense | (12,542) | (13,075) | (10,422) | 4.1% | (20.3%) |
| Z | <(100%) | N/A | (23,195) | - | (70,915) | Unrealized Gain/(Loss) | (93,331) | - | (20,212) | N/A | <(100%) |
| AA | (70.7%) | (48.4%) | 5,548 | 3,147 | 1,624 | Investment & Other | 6,667 | 15,722 | 20,570 | (57.6%) | (67.6%) |
| AB | <(100%) | <(100%) | (19,729) | 532 | (71,864) | Total Non Operating Revenue | (99,205) | 2,647 | (10,064) | <(100%) | <(100%) |
| AC | <(100%) | <(100%) | \$2,318 | (\$3,052) | (\$61,829) | Excess / (Deficit) of Revenues over Expenses | (\$116,702) | (\$36,165) | \$37,435 | <(100%) | <(100%) |
| AD | (43.3%) | >100% | \$34,424 | \$6,912 | \$19,526 | EBITDA | \$26,227 | \$13,620 | \$102,847 | 92.6% | (74.5%) |



Memorial Healthcare System - Operating Statement - MTD September 2022

| \$ thousands | Month to Date | | Variance | |
|---|------------------|------------------|-----------------|---|
| | Actual | Budget | vs Budget | |
| A Inpatient Revenue | 718,016 | 773,049 | (55,033) | Lower emergency department admissions, and lower cardiac surgeries, partially offset by higher admissions and patient days |
| B Outpatient Revenue | 674,817 | 622,826 | 51,991 | Higher emergency department visits, outpatient visits, observation discharges, and outpatient surgeries |
| C Total Patient Revenue | 1,392,833 | 1,395,875 | (3,042) | |
| D Total Deductions | 1,174,661 | 1,190,861 | (16,199) | |
| E Net Patient Revenue | 218,172 | 205,015 | 13,157 | Favorable payor mix, Public Hospital Physician revenue recognition, Medicare Cost Report Settlement, and higher outpatient revenue, partially offset by lower inpatient revenue and acuity |
| F Total Other Operating Revenue | 30,433 | 23,297 | 7,136 | Disproportionate Share revenue and higher shared savings revenue |
| G Net Revenue | 248,605 | 228,312 | 20,293 | |
| H Salaries & Wages | 118,397 | 115,976 | 2,420 | Higher labor costs and incentive pay due to internal coverage for open positions |
| I Employee Benefits | 14,259 | 13,217 | 1,042 | Higher pension expenses due to decrease in pension asset value |
| J Professional Fees | 5,314 | 5,601 | (286) | Lower consulting expenses |
| K Supplies Expense | 44,035 | 46,133 | (2,098) | Lower drug purchases due to lower specialty pharmacy volume, and lower COVID drug volume, partially offset by higher organ acquisition expenses, higher endomechanical purchases, and higher supplies due to the volume of procedures |
| L Purchased Services | 26,593 | 24,532 | 2,062 | Higher purchased outside labor due to nurse travelers support for census, higher laundry processing, higher IT services, and higher coding services |
| M Facilities Expense | 8,998 | 7,720 | 1,278 | Higher repair and maintenance expenses, and higher gas and fuel expenses, partially offset by lower projects due to timing |
| N Depreciation & Amortization | 7,380 | 7,349 | 31 | |
| O Other Operating Expense | 13,595 | 11,368 | 2,227 | Higher shared savings distributions from MHN and Broward Guardian |
| P Total Expenses | 238,571 | 231,896 | 6,675 | |
| Q Income (Loss) from Operations | 10,034 | (3,584) | 13,618 | |
| R Total Non Operating Revenue (Loss) | (71,864) | 532 | (72,396) | Unrealized investment losses |
| S Excess (Deficit) of Revenues Over Expenses | (61,829) | (3,052) | (58,778) | |



Memorial Healthcare System - Operating Statement - YTD September 2022

| \$ thousands | Year to Date | | Variance | |
|---|------------------|------------------|------------------|---|
| | Actual | Budget | vs Budget | |
| A Inpatient Revenue | 3,652,484 | 3,913,690 | (261,206) | Lower emergency department admissions, and lower cardiac surgeries, partially offset by higher admissions and patient days |
| B Outpatient Revenue | 3,313,433 | 3,194,521 | 118,912 | Higher emergency department visits, outpatient visits, observation discharges, and outpatient surgeries |
| C Total Patient Revenue | 6,965,917 | 7,108,211 | (142,294) | |
| D Total Deductions | 5,920,733 | 6,071,888 | (151,155) | |
| E Net Patient Revenue | 1,045,184 | 1,036,323 | 8,861 | Public Hospital Physician revenue recognition and Medicare Cost Report Settlement, partially offset by lower inpatient revenue and acuity |
| F Total Other Operating Revenue | 118,702 | 104,353 | 14,349 | Higher DSH and LIP revenue, higher MHN infrastructure fees, and higher shared savings revenue, partially offset by lower specialty pharmacy revenue due to volume |
| G Net Revenue | 1,163,886 | 1,140,676 | 23,210 | |
| H Salaries & Wages | 600,669 | 592,904 | 7,765 | Higher incentive pay, partially offset by lower expenses due to vacancies |
| I Employee Benefits | 73,248 | 71,090 | 2,159 | Higher pension expenses due to decrease in pension asset value, partially offset by lower employee medical expenses |
| J Professional Fees | 25,761 | 27,439 | (1,678) | Lower physician and consultant fees due to timing |
| K Supplies Expense | 227,596 | 238,110 | (10,514) | Lower drug purchases due to lower specialty pharmacy volume, higher rebates due to timing and lower medical surgical supplies, partially offset by higher lab reagents and implants due to volume |
| L Purchased Services | 129,661 | 123,026 | 6,635 | Higher purchased outside labor due to nurse travelers support for census, higher laundry processing, security services, reference lab, collection fees, and coding services |
| M Facilities Expense | 37,080 | 38,547 | (1,467) | Lower repair and maintenance expenses due to project timing, partially offset by higher gas and fuel expenses as well as telecommunication services |
| N Depreciation & Amortization | 36,575 | 36,710 | (135) | |
| O Other Operating Expense | 50,792 | 51,662 | (870) | Lower shared savings distribution expenses, partially offset by higher advertising expense |
| P Total Expenses | 1,181,382 | 1,179,488 | 1,894 | |
| Q Income (Loss) from Operations | (17,496) | (38,812) | 21,316 | |
| R Total Non Operating Revenue (Loss) | (99,205) | 2,647 | (101,853) | Unrealized and realized losses |
| S Excess (Deficit) of Revenues Over Expenses | (116,702) | (36,165) | (80,537) | |

**Memorial Healthcare System - Consolidated Balance Sheet and Key Indicators - September 2022**

| \$ thousands | | 09/30/2022 | 08/31/2022 | 4/30/2022 |
|---------------------|--|-------------------|-------------------|------------------|
| A | CASH AND INVESTMENTS | \$ 2,393,713 | \$ 2,487,306 | \$ 2,551,218 |
| B | PATIENT ACCOUNTS RECEIVABLE (NET) | 336,829 | 322,936 | 320,357 |
| C | RESTRICTED ASSETS AND ASSETS WHOSE USE IS LIMITED | 124,780 | 126,016 | 178,489 |
| D | CAPITAL ASSETS (NET) | 1,071,046 | 1,065,324 | 1,044,524 |
| E | OTHER ASSETS AND DEFERRED OUTFLOWS | 440,346 | 419,234 | 329,528 |
| F | TOTAL ASSETS AND DEFERRED OUTFLOWS | \$ 4,366,714 | \$ 4,420,816 | \$ 4,424,116 |
| G | CURRENT LIABILITIES | \$ 529,049 | \$ 511,962 | \$ 563,072 |
| H | LONG TERM DEBT | 898,203 | 898,385 | 911,503 |
| I | ESTIMATED CLAIMS LIABILITY | 33,580 | 33,118 | 30,549 |
| J | OTHER NON-CURRENT LIABILITIES AND DEFERRED INFLOWS | 273,101 | 282,741 | 169,509 |
| K | TOTAL LIABILITIES AND DEFERRED INFLOWS | 1,733,933 | 1,726,206 | 1,674,633 |
| L | NET POSITION | 2,632,781 | 2,694,610 | 2,749,483 |
| M | LIABILITIES, NET POSITION AND DEFERRED INFLOWS | \$ 4,366,714 | \$ 4,420,816 | \$ 4,424,116 |
| N | DAYS CASH ON HAND ** | 327.8 | 343.9 | 366.4 |
| O | CASH TO DEBT (%) | 273.3 | 284.0 | 287.4 |
| P | NET DAYS IN AR | 49.3 | 48.7 | 47.0 |
| Q | DEBT TO NET POSITION RATIO | 0.33 | 0.33 | 0.32 |
| R | DEBT TO CAPITALIZATION | 0.25 | 0.25 | 0.24 |
| S | DEBT TO CASH FLOW | 4.90 | 4.53 | 3.52 |
| T | MADS* COVERAGE | 3.89 | 4.18 | 5.39 |

* MAXIMUM ANNUAL DEBT SERVICE

**Excluding accelerated payments that will be refunded, days cash on hand would be 327.3, 343.3, and 361.7 respectively.

LEGAL DEPARTMENT M E M O R A N D U M

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

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

SUBJECT: Exempt Public Records & List of Closed Meetings – 3rd Quarter, 2022

DATE: October 18, 2022

Section 395.3035, Florida Statutes creates certain exemptions from the public records laws, including but not limited to exemptions for trade secrets, managed care, and strategic planning. Section (9)(a) of the Statute requires the Hospital District to report to the governing board on those confidential records that have been requested but withheld or redacted in the preceding quarter based on the exemptions afforded under Section 395.3035. The attached PDF contains all the requests for public records received for the period covering July 1, 2022 through September 30, 2022. There was one request from the third quarter of 2022 and one request from the second quarter for which documents were withheld or redacted pursuant to Section 395.3035, Florida as follows:

June 15, 2022 request by Sean Steinhauser of Oracle for copies Memorial Regional Hospital's complete ERP and/or HCM bids for all software and services as part of the RFP process which Oracle responded to including contracts, pricing, proposals, proposal responses, and scoring documents and including any implementation partner contracts, proposals, and scoring documents for those bids. Agreements and documentation from Infor(US) LLC, Premier, Workday, Inc., Alithya, LLC, Avaap USA LLC, Caber Resource Group, Cognizant Technology Solutions U.S. Corporation, Deloitte Consulting LLP, Huron Consulting Services LLC and KPMG LLP were responsive to the request. Infor(US) LLC, Premier, Workday, Inc., Avaap USA LLC, Cognizant Technology Solutions, Deloitte Consulting LLP, Huron Consulting Services LLC and KPMG LLP all provided redacted documents based on the trade secret exemption. Copies of the redacted documents along with the communications asserting the exemption were provided to the requestor on various dates on a rolling basis. Because the Hospital District is not the party claiming the trade secret exemption, the dates on which the exemptions will expire are unknown.

September 9, 2022 request by Kaitlyn West of Daniels Health for copies for shredding service contract(s) for Memorial Health System. The agreement with Stericycle was responsive to this

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request and Stericycle redacted the agreement based on the trade secret exemption. A copy of the redacted agreement was provided to the requestor on September 23, 2022. Because the Hospital District is not the party claiming the trade secret exemption, the date on which the exemption will expire is unknown.

Further, Section 395.3035(9)(b), Florida Statutes, requires the Hospital District to report to the governing board on meetings or portions of a meeting that were closed under the provisions of this section. There was one closed meeting during this reporting period of July 1, 2022 through September 30, 2022 which are contained on the attached PDF.

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

October ____, 2022

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

RE: South Broward Hospital District d/b/a Memorial Healthcare System
Reporting of Denied Public Records Requests & Closed Meetings under Section
395.3035 Florida Statutes

Dear Governor DeSantis:

Florida Statute Section 395.3035 creates certain exemptions from the public records laws, including exemptions for trade secrets and strategic planning. Please accept this letter for the purpose of the South Broward Hospital District d/b/a Memorial Healthcare System's reporting obligation, pursuant to Section 395.3035(9), Florida Statutes for the period July 1, 2022 through September 30, 2022. Memorial reports the following:

1. Public Records

- a. June 15, 2022 request by Sean Steinhauser of Oracle for copies Memorial Regional Hospital's complete ERP and/or HCM bids for all software and services as part of the RFP process which Oracle responded to including contracts, pricing, proposals, proposal responses, and scoring documents and including any implementation partner contracts, proposals, and scoring documents for those bids. Agreements and documentation from Infor(US) LLC, Premier, Workday, Inc., Alithya, LLC, Avaap USA LLC, Caber Resource Group, Cognizant Technology Solutions U.S. Corporation, Deloitte Consulting LLP, Huron Consulting Services LLC and KPMG LLP were responsive to the request. Infor(US) LLC, Premier, Workday, Inc., Avaap USA LLC, Cognizant Technology Solutions, Deloitte Consulting LLP, Huron Consulting Services LLC and KPMG LLP all provided redacted documents based on the trade secret exemption. Copies of the redacted documents along with the communications asserting the exemption were provided to the requestor on various dates on a rolling basis. Because the Hospital District is not the party claiming the trade secret exemption, the dates on which the exemptions will expire are unknown.
- b. September 9, 2022 request by Kaitlyn West of Daniels Health for copies for shredding service contract(s) for Memorial Health System. The agreement with

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Stericycle was responsive to this request and Stericycle redacted the agreement based on the trade secret exemption. A copy of the redacted agreement was provided to the requestor on September 23, 2022. Because the Hospital District is not the party claiming the trade secret exemption, the date on which the exemption will expire is unknown.

2. Closed Meetings

- a. There was one strategic planning meeting held on August 29, 2022 that was closed under the provisions of Section 395.3035(4)(a), Florida Statutes, the details of which are on the attached PDF.

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

Sincerely,

Frank P. Rainer
Senior Vice President & General Counsel

| TyMetrix Matter# | Date of PRR | Received Date | Individual Name | Vendor Name | Items Requested | Status | Response Date | Follow Up Notes | Objections/Redactions |
|------------------|-------------|---------------|------------------|-------------|--|--------|--|--|-----------------------|
| 4470 | 10/12/2022 | 10/12/2022 | Whiners | N/A | Request for the name(s) of the charge nurse(s) working during the afternoon of August 30, 2021 at Memorial Regional Hospital's Emergency Room located at 3501 Johnson Street in Hollywood. | OPEN | 10/13/2022 - Acknowledgement email sent to requestor | 10/12/2022 - Request received via email. 10/13/2022 - Acknowledgement email sent to requestor. 10/17/2022 - Email to Christine and Veronica requesting name of employee./ Response from Veronica. | |
| 4469 | 10/11/2022 | 10/11/2022 | Andrew Ellenberg | N/A | Request for all contracts and agreements for the Epic electronic medical record system (EMR/EHR), from 2020 to present. | OPEN | 10/11/2022 - Acknowledgement email sent to requestor | 10/11/2022 - Request received via email. 10/11/2022 - Acknowledgement email sent to requestor. 10/12/2022 - Email to Ken Ross requesting agreements. 10/12/2022 - Ken sent agreements/ No redactions needed. 10/12/2022 - Email to vendor. | |

| TyMetrix Matter# | Date of PRR | Received Date | Individual Name | Vendor Name | Items Requested | Status | Response Date | Follow Up Notes | Objections/Redactions |
|------------------|-------------|---------------|-----------------|-------------|---|--------|---|--|-----------------------|
| 4460 | 10/7/2022 | 10/7/2022 | WeiKel Lowe | N/A | <p>1. All documents related to Ken Barnett's malpractice lawsuit, including minutes and transcripts of any publicly noticed meetings, including shade meeting</p> <p>2. IBM's report of Memorial's privacy function after the OCR breach for which it was fined approximately 5.5M dollars.</p> <p>3. ALL Emails to/from Lynn Sessions and Kimarie Stratos related to OCR's fine and/or settlement of the above referenced matter with OCR</p> <p>4. Minutes of all meetings of the Board of Commissioners related to the OCR's fine and/or settlement of the above referenced matter.</p> <p><u>SECOND REQUEST</u></p> <p>1. Leadership video of Frank Rainer presented at Leadership Development Institute sometime between 2019-2021.</p> <p>2. Leadership video of Kimarie Stratos presented at Leadership Development Institute sometime between 2012-2014.</p> <p>3. All public records requests for which Laura Miller or any other Commissioner was asked to provide documents between July 2015 and July 2016</p> <p>4. All Documents produced by Laura Miller, and/or Shutts and Bowen on behalf of Laura Miller in response to public records request(s) in 2015-2016.</p> <p>5. E-mails to/from Jose Basulto and Kimarie Stratos, and to/from Frank Sacco and Kimarie Stratos regarding the securing of health insurance from 2012-2018</p> <p>6. All documents related to Ken Barnett's malpractice lawsuit, including minutes and transcripts of any publicly noticed meetings, including shade meeting</p> <p>7. IBM's report of Memorial's privacy function after the OCR breach for which it was fined approximately 5.5M dollars.</p> <p>8. ALL Emails to/from Lynn Sessions and Kimarie Stratos related to OCR's fine and/or settlement of the above referenced matter with OCR</p> | OPEN | 10/7/2022 - Acknowledgement email sent to requestor | <p>10/7/2022 - Request received via email and CEO Notification.</p> <p>10/7/2022 - Acknowledgement email sent to requestor.</p> <p>10/7/2022 - Internal emails b/t Rich Leon & Pascale.</p> <p>10/10/2022- Email to Tom Aubin re Barnett Litigation.</p> <p>10/10/2022- Emails to Rich and Cesar regarding item #5 and #8. / Estimate time frame is 24 hours.</p> <p>10/12/2022 - Follow up email to Rich Leon re OCR Fine Docs.</p> <p>10/13/2022 - Touch base email sent to requestor.</p> | |

| TyMetrix Matter# | Date of PRR | Received Date | Individual Name | Vendor Name | Items Requested | Status | Response Date | Follow Up Notes | Objections/Redactions |
|------------------|-------------|---------------|-----------------|-------------|--|--------|--|--|-----------------------|
| 4460 | 10/4/2022 | 10/4/2022 | WeiKel Lowe | N/A | *Audio recordings, transcripts and minutes of any meeting of the Board of Commissioners which took place on December 7, 2016; *Leadership Video of Frank Rainer presented at LDI sometime between 2019-2021; *Leadership video of Kimarie Stratos presented at LDI sometime between 2012-2014; *All public records requests for which Laura Miller or any other Commissioner was asked to provide documents between July 2015 and July 2016; *All Documents produced by Laura Miller, and/or Shutts and Bowen on behalf of Laura Miller in response to public records request(s) in 2015-2016; *E-mails to/from Jose Basulto and Kimarie Stratos, and to/from Frank Sacco and Kimarie Stratos regarding the securing of health insurance from 2012-2018; * All documents related to Ken Barnett's malpractice lawsuit, including minutes and transcripts of any publicly noticed meetings, including shade meeting; *IBM's report of Memorial's privacy function after the OCR breach for which it was fined approximately 5.5M dollars; * ALL Emails to/from Lynn Sessions and Kimarie Stratos related to OCR's fine and/or settlement of the above referenced matter with OCR; *Minutes of all meetings of the Board of Commissioners related to the OCR's fine and/or settlement of the above referenced matter | OPEN | 10/07/2022 - Acknowledgement email sent to requestor | 10/04/2022 - Request received via email. 10/04/2022 - Acknowledgement email sent to requestor. 10/06/2022- Additional Request Received 10/07/2022- Internal emails sent to Rich Leon and Cesar regarding PRR request. | |

| TyMetrix Matter# | Date of PRR | Received Date | Individual Name | Vendor Name | Items Requested | Status | Response Date | Follow Up Notes | Objections/Redactions |
|------------------|-------------|---------------|--------------------|-------------|--|--------|--|--|-----------------------|
| 4427 | 8/9/2022 | 8/9/2022 | Satyanarayan Hedge | N/A | Records showing, 1. Names of the search committee members between May 1, 2020 to December 31, 2020. 2. Names of the search committee members between May 1, 2022 to date. 3. Names and Curriculum Vitae of all physician applicants between May 1, 2020 to December 31, 2020. 4. Names and Curriculum Vitae of all physician applicants between January 1, 2022 to date. 5. Notes, memos, emails, evaluations and gradings on my application. 6. The reason/s for not advancing my application to the next stage. 7. Search committee meeting minutes for dates January 1, 2022 to date. PRR #8 Please search the personnel file of each search committee member and provide following records for each of them. a) Curriculum Vitae b) Current employment contract c) Records showing total annual compensation d) Most recent annual evaluation PRR #9 Please provide records showing the candidate evaluation criteria for Pediatric Pulmonology Physician Job position PRR #10 Please provide records showing the candidate selection criteria for Pediatric Pulmonology Physician Job position PRR #11 Please provide records indicating the dates of all meetings of the selection committee members. | OPEN | 8/10/2022 - Acknowledgement email sent to requestor 8/29/2022 - Cost estimate response sent to requestor. 10/5/2022 - Response sent for items 1-4 and 6. | 8/9/2022 - Request received via email 8/10/2022- Acknowledgement email sent to requestor. 8/22/2022 - Follow up email to Mariela Alvarez. 8/29/2022 - Cost estimate response sent to requestor./ Check has been mailed. 9/12/2022 - Check received and sent to Corp Finance to deposit. 9/16/2022 - Response sent to requestor, currently compiling documents requested. There is an additional fee of \$102.60. 9/23/2022 - Follow up emails (internal) with Kenneth Bolis and Mariela regarding pending items. 10/5/2022 - Response sent for items 1-4 and 6. 10/7/2022 - Supplemental request for additional items. 10/11/2022 - Response sent to requestor. The combined CVs were all documents responsive to item #3, request for item #5 will be withdrawn. 10/11/2022 - Internal emails re estimate timeframe/ 2 hours. 10/13/2022 - Response from Cesar Sosa: Estimated time is 24 hours. | |

| TyMetrix Matter# | Date of PRR | Received Date | Individual Name | Vendor Name | Items Requested | Status | Response Date | Follow Up Notes | Objections/Redactions |
|------------------|-------------|---------------|------------------|-------------------|--|--------|--|--|--|
| 4398 | 6/15/2022 | 6/15/2022 | Sean Steinhouser | Oracle | Request a copy of Memorial Regional Hospital's complete ERP and/or HCM bids for all software and services as part of your RFP process which Oracle responded to including contracts, pricing, proposals, proposal responses, and scoring documents. Please also include any implementation partner contracts, proposals, and scoring documents for those bids. | OPEN | <p>6/16/2022 - Acknowledgement email sent to requestor</p> <p>6/20/2022 - Cost estimate response sent.</p> <p>9/15/2022 /9/23/2022- Responses sent to requestor.</p> | <p>6/15/2022 - Request received via email.</p> <p>6/16/2022- Acknowledgement email sent to requestor.</p> <p>6/20/2000 - Cost estimate response sent.</p> <p>8/3/2022 - Email sent from requestor. He will sending a check for the documents.</p> <p>8/17/2022 - Check received from requestor.</p> <p>8/24/2022 - Email sent to the vendors asking if they would like to withhold any information.</p> <p>9/1/2022- Redacted agreements sent from Jonathan Murphyr from Infor.</p> <p>9/13/2022 - Documents requested are being sent to requestor.</p> <p>9/15/2022 - Responses are being sent to requestor as they become available.</p> <p>9/23/2022 - More responsive documents sent to requestor</p> <p>9/29/2022 - Requestor is requesting to send all the scoring documents as part of the RFP.</p> | “trade secret” under Fla. Stat. § 812.01(1)© |
| 4439 | 9/2/2022 | 9/2/2022 | John Mullen | Phelps Dunbar LLP | <p>1. If your Hospital District/Authority is assessed by your County for any portion of the County's Medicaid Match allocation pursuant to section 409.915(5), Florida Statutes, 1 please provide a copy of the record (such as a copy of an invoice or check) that reflects the total amount paid by your Hospital District/Authority in your most recent fiscal year.</p> <p>2. Please provide a copy of your most recent annual budget.</p> | CLOSED | <p>9/6/2022 - Acknowledgement email sent to requestor.</p> <p>9/14/2022 and 9/16/2022 - Responses sent to requestor.</p> | <p>9/2/2022 - Request received via email.</p> <p>9/6/2022 - Acknowledgement email sent to requestor.</p> <p>9/13/2022- Response sent to requestor re item #1 and #2 and requested clarification for item #3.</p> <p>9/14/2022 - Requestor provided clarification.</p> <p>9/16/2022 - Second response provided to Mr. Mullen.</p> | N/A |

| TyMetrix Matter# | Date of PRR | Received Date | Individual Name | Vendor Name | Items Requested | Status | Response Date | Follow Up Notes | Objections/Redactions |
|------------------|-------------|---------------|------------------|------------------|---|--------|---|---|-----------------------|
| 4433 | 8/17/2022 | 8/17/2022 | Chelsea Lewis | The Kepplin Firm | (1) all transcripts of any "shade meetings" of the South Broward Hospital District under section 286.011(8) from September 2018 to the present; and (2) all public notices of any "shade meetings" of the South Broward Hospital under Florida Statute 286.011(8) from September 2018 to the present. (3) all documents1 including but not limited to e-mails and text messages regarding the topic discussed at any "shade meetings" under section 286.011(8) of the South Broward Hospital District d/b/a Memorial Health Care System from September 2018 to the present, or documents regarding the actual shade meeting (both as to substance of meeting and process/setting of shade meeting); and(2) any documents, including but not limited to e-mails and text messages to/from from Frank Rainer or any other member of the legal department or on which Frank Ranier or any other member of the legal department was courtesy copied and/or cc-ed, regarding Mitchell v. South Broward Hospital District, Case No. CACE 14-005044. | CLOSED | 9/7/2022 - Response sent to requestor | 8/17/2022 - Request received via email. 8/15/2022 - Request received via email on 8/29/22 for July Board Mtg Tape. 9/7/2022- Response sent to requestor by email. 10/17/2022 - Closed-No further response, over 30 days. | N/A |
| 4449 | 9/16/2022 | 9/16/2022 | Patricia Manarin | Deltek, Inc | The specifications or any other documents associated with this project: Project Title: Investment Advisory RFP Bid Number: Unknown Posting Date: 9/14/2022 | CLOSED | 9/16/2022 - Acknowledgement email sent to requestor 10/5/2022 - Response sent to requestor | 9/16/2022 - Request received via email. 9/16/2022 - Acknowledgement email sent to requestor. 9/16/2022 - Email to Kirstern to provide RFP. 9/22/2022 - Follow up email to Kirsten. 10/05-2022 - Response sent to requestor with responsive documents. | N/A |

| TyMetrix Matter# | Date of PRR | Received Date | Individual Name | Vendor Name | Items Requested | Status | Response Date | Follow Up Notes | Objections/Redactions |
|------------------|-------------|---------------|-----------------|----------------|--|--------|---|--|------------------------------|
| 4440 | 9/8/2022 | 9/8/2022 | Joseph Kaplan | N/A | <p>The dates of contract review and public comment for the following doctors and nurses affiliated with Memorial Regional Hospital, and Memorial Healthcare Systems.</p> <p>Dr. Jonathan Meyer, DO Dr. Luis Daniel Perez, DPM Dr. Jeffrey A. Hertz, MD, I was told verbally over the phone that Dr. Hertz's review is in 2025, please confirm. Nurse Patricia Quintana, RN Nurse Andrea MacArthur, RN Monique Dunez, Patient Education</p> <p>II. Second Request/ Seeking agreements for Dr. Perez and Dr. Hertz.</p> | CLOSED | <p>9/13/2022 - Acknowledgement email sent to requestor</p> <p>9/29/2022 - Response sent to requestor</p> <p>10/11/2022 - Response sent re supplemental request.</p> | <p>9/8/2022 - Request received via email.</p> <p>9/9/2022- CEO Notification</p> <p>9/13/2022 - Acknowledgement email sent to requestor.</p> <p>9/13/2022 - Email sent to Nina/Jeanette.</p> <p>9/29/2022 - Response sent to requestor.</p> <p>10/10/2022 - Supplemental request - Requesting agreements for Dr. Perez and Dr. Hertz.</p> <p>10/11/2022 - Response sent to request with agreements for Dr. Perez and Dr. Hertz.</p> | N/A |
| 4443 | 9/9/2022 | 9/9/2022 | Kaitlyn West | Daniels Health | Request for shredding service contract(s) for Memorial Health System | CLOSED | <p>9/12/2022 - Acknowledgement email sent to requestor.</p> <p>9/23/2022 - Response sent to requestor.</p> | <p>9/9/2022 - Request received via email.</p> <p>9/12/2022 - Acknowledgement email sent to requestor.</p> <p>9/12/2022 - Email sent to Kirsten at Supply Chain/They will provide the documents.</p> <p>9/16/2022- Joey Malone from Stericycle sent redacted agreement.</p> <p>9/23/2022 - Response sent to Ms. West with requested contracts.</p> | trade secret - pricing terms |
| 4436 | 8/26/2022 | 8/26/2022 | Hayley Miller | Zebersky Payne | Security company was at Memorial Hospital Miramar on the date August 13, 2021. | CLOSED | <p>8/29/2022 - Acknowledgement email sent to requestor</p> <p>9/14/2022 - Response sent to requestor</p> | <p>8/26/2022 - Request received via email.</p> <p>8/29/2022 - Acknowledgement email sent to requestor.</p> <p>9/14/2022 - Response sent to requestor with the name of Security Company.</p> | N/A |

| TyMetrix Matter# | Date of PRR | Received Date | Individual Name | Vendor Name | Items Requested | Status | Response Date | Follow Up Notes | Objections/Redactions |
|------------------|-------------|---------------|-----------------|----------------|---|--------|--|--|-----------------------|
| 4417 | 7/11/2022 | 7/11/2022 | Broward Bulldog | N/A | <p>Facility cost (An itemized accounting of all direct and indirect costs associated with the LDI meeting held on February 25, 2022, including but not limited to:</p> <p>Signature Grand)</p> <p>Food costs (the entire day)</p> <p>Marching Band cost</p> <p>Juggling Act Cost</p> <p>Live music/Band cost</p> <p>Cocktail hour cost</p> <p>Giveaways (bowties, etc)</p> <p>FTE/Labor costs for the people in attendance that day</p> | CLOSED | <p>7/12/2022 - Acknowledgement email sent to requestor</p> <p>7/14/2022 - Cost estimate response sent to requestor</p> | <p>7/11/2022 - Request received via email.</p> <p>7/11/2022 - Internal emails regarding event information and estimate.</p> <p>7/12/2022 - Acknowledgement email sent to requestor.</p> <p>7/14/2022 - Cost estimate email sent to requestor (\$405.13)</p> <p>9/13/2022 - Closed-No further response, over 30 days.</p> | N/A |
| 4400 | 6/29/2022 | 6/29/2022 | Cheray Scott | Broward Health | <p>1. Any bid documents (RFP, RFQ, RFI, etc..) related specifically to Absence & Leave Management - ComPsych.</p> <p>2. If this project was awarded via RFP/RFQ we would also like a copy of the award letter, the bid response from the awarded vendor,</p> <p>3. Lastly, we would like a copy of the contract.</p> | OPEN | <p>6/29/2022 - Acknowledgement email sent to requestor</p> <p>8/10/2022 - Response sent to requestor.</p> | <p>6/29/2022 - Request received via email.</p> <p>6/29/2022- Acknowledgement email sent to requestor.</p> <p>6/29/2022 - Internal emails to Richard Holcomb and Kirsten Abrams to provide documents requested.</p> <p>7/6/2022 - Follup up email to Kirsten.</p> <p>7/6/2022 - Email sent to vendor to check-if they would like to withhold any information.</p> <p>7/13/2022 - sent partial information to requestor./Waiting on other documents from Supply Chain (Kirsten).</p> <p>8/10/2022 -Response sent to requestor.</p> | N/A |

| TyMetrix Matter# | Date of PRR | Received Date | Individual Name | Vendor Name | Items Requested | Status | Response Date | Follow Up Notes | Objections/Redactions |
|------------------|-------------|---------------|-----------------|---------------------------|--|--------|---|---|-----------------------|
| 4419 | 7/15/2022 | 7/15/2022 | Frank Albanese | Financial Investment News | Requesting "Quarterly Investment and Performance Report" of Marketa and Associates concerning our Retirement Plan. | CLOSED | 7/25/2022 - Response sent to requestor. | 7/15/2022 - Received request by phone. 7/18/2022 - Marsha spoke to requestor regarding the requested informaton. 7/18/2022 - Email sent to Veda Rampat. 7/19/2022 - Veda Rampat sent the requested information. 7/25/2022 - Response sent to requestor. | N/A |
| 4405 | 6/29/2022 | 6/30/2022 | Mandy Dorman | Dorman Bell, LLP | Request for a listing of all Memorial Regional Hospital full time employees' first, middle and last names including their job title/position, their campus/office location, date of hire, and email address. Please provide this information in an electronic format such as Excel or .csv format to this email address. | CLOSED | 6/29/2022 - Acknowledgement email sent to requestor 7/11/2022 - Cost estimate email sent to requestor. 8/4/2022 - Response sent to requestor. | 6/29/2022 - Request received via email. 6/30/2022- Acknowledgement email sent to requestor. 7/11/2022 - Cost estimate email sent to requestor, \$38.76. 7/13/2022 - Requestor sent email re forms for payments/ Response: we accept only checks & money orders. He will forward to the dept that handles payments. 7/25/22 - Payment received (money order) 8/3/2022 - Follow up email to Lorrie Jones requesting ETA. 8/4/2022 - Response sent to requestor. | N/A |

| TyMetrix Matter# | Date of PRR | Received Date | Individual Name | Vendor Name | Items Requested | Status | Response Date | Follow Up Notes | Objections/Redactions |
|------------------|-------------|---------------|--------------------|------------------------|---|--------|--|--|-----------------------|
| 4375 | 5/23/2022 | 5/23/2022 | Anna Wilde Mathews | The Wallstreet Journal | For MHW, MRH and MHP: Training or scripting materials, including slides, handouts, scripts or parts of scripts, or other instructions or written procedures, that are used to train or inform staff about how to interact with patients about billing, financial assistance or payment issues. That should include staff working as financial counselors, call center workers and registration workers. We are seeking all such materials that are currently in use, or have been in use in the last three years. We are also seeking all materials, particularly policies and procedures currently in place, related to when and how to apply presumptive eligibility for financial assistance in the billing process. | CLOSED | 5/23/2022 - Acknowledgement email sent to requestor. 5/25/2022 - Cost estimate response sent. | 5/23/2022 - Request received via email. 5/23/2022- Acknowledgement email sent to requestor. 5/23/2022 -Email sent to Cheryl Boucher checking to see if we have these documents and regarding time spend for cost estimate. 5/23/2022 - Response from Cheryl-2-3 hours for each person. 5/25/2022- Cost estimate response sent to requestor, \$383.37. 5/25/2022 - Email from requestor asking to waive the fee. 5/26/2022- Email to requestor-No waiver available. 5/31/2022 - Requestor would like to limit the request. 5/31/2022-Response-the estimate has been reduced to \$186.77./Requestor is | |
| 4319 | 3/14/2022 | 3/14/2022 | Yuliya Uralova | MHS | "a copy of the email(s) or document(s) identified to you on 3/11/2022 at a meeting attended by Alan Willis, Christine Manget and Camilla Escobar and which you were told were authored by several people and which contain negative comments about you. the names of the people who wrote the email(s) or document(s)." | CLOSED | 3/18/2022 - Acknowledgement email sent to requestor. | 3/14/2022 - Request received via email. 3/18/2022- Acknowledgement email sent. 5/3/2022 - Follow up email to Ms. Uralova. We are waiting to hear from HR concerning the resolution of the matter. 5/16/2022 - Email sent to Ms. Uralova requesting further information. 7/06/2022 - Closed-No further response, over 30 days | |

| Date of Meeting | Date of Notice | Approximate length of time meeting was closed | General Description of Subject of Meeting | Description of Format of Meeting | Titles of Meeting Participants |
|-----------------|----------------|---|---|--|--|
| 8/29/2022 | 8/22/2022 | 5:36 p.m. - 8:42 pm. | Strategic Planning Committee Meeting | Executive Conference Room, 3111 Stirling Road, Hollywood, FL 33312 | BRAD FRIEDMAN - CHAIR LUIS ORTA - Commissioner ELIZABETH JUSTIN - Commissioner JOSE BASULTO - Commissioner STEVEN HARVEY - Commissioner LAURA RAYBIN MILLER - Commissioner DOUGLAS HARRISON - Commissioner MHS President & CEO Executive Vice President and Chief Strategy Officer Executive Vice President & Chief Transformation Officer MHS CMO General Counsel& SVP VP Strategic Planning Director Strategic Planning CEO Memorial Regional Hospital District Medical Director of Emergency Services Buket Huber, Corporate Development Senior Vice President for Service Lines |

RESOLUTION NO. 483

RESOLUTION OF THE BOARD OF COMMISSIONERS OF THE
SOUTH BROWARD HOSPITAL DISTRICT DELEGATING
AUTHORITY TO THE PRESIDENT/CHIEF EXECUTIVE
OFFICER/ADMINISTRATOR TO APPROVE MEDICAL STAFF
EXECUTIVE COMMITTEE REPORTS UNTIL FURTHER
MEETING OF THE BOARD OF COMMISSIONERS

WHEREAS, the Board of Commissioners of South Broward Hospital District does on a monthly basis approve the Medical Staff Executive Committee Reports for each of the Hospitals that are owned and/or operated by the South Broward Hospital District; and

WHEREAS, the Board of Commissioners will not conduct its regular meetings in the months of November and December, 2022, and will instead conduct a single meeting on December 7, 2022; and

WHEREAS, the Medical Staff Executive Committee Reports for some or all of the Hospitals may require approval between now and the Board's December 7, 2022, meeting and/or between the Board's December 7, 2022, meeting and the Board's January 25, 2023, meeting; and

WHEREAS, the Board of Commissioners wishes to delegate authority to approve the Medical Staff Executive Committee Reports during the above referenced period, as necessary, to its President/Chief Executive Officer/Administrator, K. Scott Wester;

NOW, THEREFORE, it is hereby resolved:

That K. Scott Wester shall have the authority to approve Medical Staff Executive Committee Reports in advance of and between the aforementioned meetings; and

All resolutions and all parts of any resolution in conflict herewith are hereby repealed to the extent of such conflict.

This Resolution shall be in force and take effect immediately upon its passage and adoption.

Passed and adopted by the South Broward Hospital District Board of Commissioners, Hollywood, Florida, on this 26th day of October, 2022.

ATTEST:

SECRETARY

South Broward Hospital District

BOARD OF COMMISSIONERS

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

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

| | | | |
|-----------------------|--|------------------|---------------------------|
| Group: | Contracts Committee | Date: | October 17, 2022 |
| Chair: | Dr. Luis E. Orta | Time: | 4:00 p.m. |
| Vice Chair: | Steven Harvey | Location: | Executive Conference Room |
| In Attendance: | Dr. Luis E. Orta, Steven Harvey, K. Scott Wester, Frank Rainer, Nina Beauchesne, Leah A. Carpenter, Dave Smith, Marc Napp, M.D., Sarah Griffith, and Jeanette Aleu | | |

The Contracts Committee meeting convened at 4:00 p.m. on October 17, 2022.

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

The following agenda items were discussed:

1. New Physician Employment Agreement between John Melvan, M.D. - Cardiac Surgery and South Broward Hospital District.

The Committee reviewed the new Physician Employment Agreement between the South Broward Hospital District and John Melvan, M.D., for Cardiac Surgery Services.

Dr. Melvan received a Bachelor's degree from the University of Wisconsin, Madison, WI (2006), a Doctor of Philosophy degree (2011) and a Doctor of Medicine degree (2013) from Louisiana State University Health Sciences Center. He completed a six year Integrated Cardiothoracic Surgery Residency at Emory University School of Medicine, Atlanta, GA (2019). He has been practicing in the community as a Cardiothoracic Surgeon on staff at Holy Cross Hospital, Fort Lauderdale, FL since 2019. Additionally, Dr. Melvan has served as an Adjunct Assistant Professor of Surgery and Instructor, General Surgery Residency Program at University of Miami School of Medicine since 2019. He is Board-Certified in Thoracic Surgery.

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

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

The Employment Agreement shall be effective February 17, 2023, and shall remain in effect for three (3) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, after the first year of the Term by giving the other party at least 180 days prior written notice.

During the Term of the Agreement and for a period of two (2) years following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus fifteen (15) miles. Physician may resume employment in the specialty within the restricted area only at Holy Cross.

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Following further discussion:

The Contracts Committee Recommends to the Board of Commissioners Approval of the New Physician Employment Agreement Between the South Broward Hospital District and John Melvan, M.D., for Cardiac Surgery Services.

2. New Physician Employment Agreement between Laurie Scott, M.D. - Medical Director, Academics and Clinical Research, Maternal Fetal Medicine, and South Broward Hospital District.

The Committee reviewed the new Physician Employment Agreement between the South Broward Hospital District and Laurie Scott, M.D., for Medical Director, Academics and Clinical Research, Maternal Fetal Medicine Services.

Dr. Scott received a Bachelor's degree from Oral Roberts University, Tulsa, OK (1982) and a Doctor of Medicine degree from University of Oklahoma College of Medicine, Oklahoma City, OK (1987). She completed an Obstetrics and Gynecology Internship and Residency at St. Paul Medical Center, Dallas, TX (1991) and a Maternal-Fetal Medicine Fellowship at Parkland Memorial Hospital University of Texas Southwestern Medical Center at Dallas (1993). Dr. Scott has practiced in our community as a practice partner and Assistant Medical Director at Sunlife Perinatal Associates (1996-2006), as the owner and Medical Director of Perinatal Centers of Florida (2006-2014) Envision Healthcare Services - Perinatal Centers of Florida, where she also served as the Medical Director from 2014-2019. Dr. Scott has served as a Medical Director for Memorial Healthcare System in Maternal Fetal Medicine (2012-2022) and the Memorial Regional Perinatal Intensive Care Center (2012-2022). Additionally, she has been involved in the Memorial Healthcare System OB-GYN Residency Program since 2020. Dr. Scott is Board-Certified in Obstetrics and Gynecology and Maternal Fetal Medicine.

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

The details of Dr. Scott's compensation package were discussed. The Committee noted that Dr. Scott's salary was evaluated based upon the 2022-2023 Physician Salary Matrix for Medical Director, Maternal Fetal Medicine.

The Employment Agreement shall be effective November 1, 2022, and shall remain in effect for three (3) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, after the first year of the Term by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of two (2) years following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles. Physician may resume her private practice or employment with Envision Physician Services at the location(s) where Physician previously practiced.

Following further discussion:

The Contracts Committee Recommends to the Board of Commissioners Approval of the New Physician Employment Agreement Between the South Broward Hospital District and Laurie Scott, M.D., for Medical Director, Academics and Clinical Research, Maternal Fetal Medicine Services.

3. Renewal Physician Employment Agreement between Marcelo Blaya, M.D. - Adult Hematology Oncology - Breast Oncology and South Broward Hospital District.

The Committee reviewed the renewal Physician Employment Agreement between the South Broward Hospital District and Marcelo Blaya, M.D., for Adult Hematology Oncology - Breast Oncology Services.

At the Pontificia Universidade Catolica do Rio Grande do Sul School of Medicine, Porto Alegre, RS, Brazil, Dr. Blaya received his M.D. Degree in 1997 and completed a Residency in Internal Medicine in 2000. At

Jackson Memorial Hospital / University of Miami, FL, he completed an Internal Medicine Internship in 2002 and Residency in 2004, as well as a Fellowship in Hematology and Oncology in 2007. From 2007 – 2012, Dr. Blaya served as Assistant Professor of Clinical Medicine at Tulane University Health Sciences Center and Director of the Tulane Cancer Management Program. He was on staff at East Jefferson General Hospital, Metairie, LA (2011-2014), and served as the Chief of its Division of Hematology and Oncology from 2013 – 2014. Dr. Blaya is board-certified in Internal Medicine and Medical Oncology. He is board-eligible in Hematology. He has been practicing at Memorial since 2015.

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

The details of Dr. Blaya's compensation package were discussed. The Committee noted that Dr. Blaya's salary was evaluated based upon the 2022–2023 Physician Salary Matrix for Hematology Oncology.

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

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

Following further discussion:

The Contracts Committee Recommends to the Board of Commissioners Approval of the Renewal Physician Employment Agreement Between the South Broward Hospital District and Marcelo Blaya, M.D., For Adult Hematology Oncology- Breast Oncology Services.

4. Renewal Physician Employment Agreement between Robert J. Klecz, M.D. - Physical Medicine and Rehabilitation and South Broward Hospital District.

The Committee reviewed the renewal Physician Employment Agreement between the South Broward Hospital District and Robert J. Klecz, M.D., for Physical Medicine and Rehabilitation Services.

Dr. Klecz completed his undergraduate studies at Queens College, City University of New York (1984) and received a Doctor of Medicine degree from Medical Academy of Warsaw, Poland (1990). He completed an Internship and Residency in Internal Medicine (1992) and a Residency Physical Medicine and Rehabilitation (1995) at UMDNJ-NJMS, Newark, NJ. Dr. Klecz practiced as an attending Physiatrist for Atlantic Medical Group, Atlantic Rehabilitation Institute, Morristown, NJ (2013-2019). He is certified by the American Board of Physical Medicine and Rehabilitation. He has been employed by Memorial since 2020.

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

The details of Dr. Klecz's compensation package were discussed. The Committee noted that Dr. Klecz's salary was evaluated based upon the 2022–2023 Physician Salary Matrix for Physical Medicine and Rehabilitation.

The Employment Agreement shall be effective December 9, 2022, and shall remain in effect for five (5) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, after the first year of the Term by giving the other party at least 90 days prior written notice.

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

Following further discussion:

The Contracts Committee Recommends to the Board of Commissioners Approval of the Renewal Physician Employment Agreement Between the South Broward Hospital District and Robert J. Klecz, M.D., For Physical Medicine and Rehabilitation Services.

5. Renewal Physician Employment Agreement between Heather Wright, M.D. - Chief, Breast Surgical Oncology and South Broward Hospital District.

The Committee reviewed the renewal Physician Employment Agreement between the South Broward Hospital District and Heather Wright, M.D., for Chief, Breast Surgical Oncology Services.

Dr. Wright received a B.A. Degree in 1994 from the University of Virginia, Charlottesville, VA, and her M.D. Degree in 1999 from the University's School of Medicine. She completed a General Surgery Residency at the University of Kentucky Chandler Medical Center (1999 – 2004), Lexington, KY. Dr. Wright then completed a Breast Oncology Fellowship at Cleveland Clinic Foundation, Cleveland, OH (2004 – 2005). She served on the staff at the Markey Cancer Center/University of Kentucky, as Co-Director (2005 – 2009) and Director (2009 – 2014) of the Comprehensive Breast Care Center. She has been practicing at Memorial since 2015. Dr. Wright is board-certified in General Surgery.

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

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

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

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

Following further discussion:

The Contracts Committee Recommends to the Board of Commissioners Approval of the Renewal Physician Employment Agreement Between the South Broward Hospital District and Heather Wright, M.D., for Chief, Breast Surgical Oncology Services.

6. FYI Contracts:

- a) New Physician Employment Agreement between Jesus Fabregas, M.D. – Hematology Oncology and South Broward Hospital District. The Employment Agreement shall be effective March 27, 2023, and shall remain in effect for three (3) years. The proposed salary, as reflected in the 2022 – 2023 Physician Salary Matrix for Hematology Oncology is within the President and CEO's Board-approved authority.
- b) New Physician Employment Agreement between Joseph Habib, M.D. - Vascular Surgery and South Broward Hospital District. The Employment Agreement shall be effective February 1, 2023, and shall remain in effect for three (3) years. The proposed salary, as reflected in the 2022 – 2023 Physician Salary Matrix for Vascular Surgery is within the President and CEO's Board-approved authority.

- c) Renewal Physician Employment Agreement between Brandi Baker, M.D. - Neurohospitalist and South Broward Hospital District. The Employment Agreement shall be effective January 1, 2023, and shall remain in effect for five (5) years. The proposed salary, as reflected in the 2022 – 2023 Physician Salary Matrix for Neurology is within the President and CEO's Board-approved authority.

There being no further business, the meeting was adjourned at 4:10 p.m.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Luis E. Orta". The signature is fluid and cursive, with the first name "Luis" being the most prominent part.

Dr. Luis E. Orta

Chair

Contracts Committee

South Broward Hospital District

BOARD OF COMMISSIONERS

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

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

| | | | |
|-----------------------|--|------------------|---------------------------|
| Group: | S.B.H.D. Audit and Compliance Committee | Date: | October 17, 2022 |
| Chair: | Steven Harvey | Time: | 4:35 p.m. |
| Vice Chair: | Douglas Harrison | Location: | Executive Conference Room |
| In Attendance: | Steven Harvey, Douglas Harrison, Dr. Luis Orta, Christopher McFarlane (Non-Voting), K. Scott Wester, Leah A. Carpenter, Frank Rainer, Pascale Prepetit, David Smith, Irfan Mirza, Dr. Marc Napp, Jeff Sturman, Richard Leon, Denny DiCesare, Robin Conner, Carlos Hernandez of RSM and Kirk Cormick of RSM | | |

1. SUBJECT: Public Meeting Notice Requirement

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

2. SUBJECT: Review of the Audit and Compliance First Quarter Report:

a. Written Standards and Procedures

The Corporate Policy on Drug and Smoke Free Workplace was reviewed, and the Corporate Policies on Charity Contributions and Grants was revised during the quarter.

b. Compliance Officer

The Compliance Officer attended one session of the American Hospital Association Chief Compliance Officer's Roundtable during the quarter, as part of her ongoing efforts to stay abreast of emerging industry compliance matters.

c. Training and Education

The Compliance Department provided compliance training at ten sessions of New Employee Orientation and one session of Compliance Working Committee.

d. Monitoring & Auditing

e. Response & Prevention

1) Internal Audits were conducted of:

- Assistance Provided to RSM for Memorial Healthcare System's FY 2022 Audit.
- Audit Assistance was provided to RSM in conjunction with the 2022 fiscal year-end audit of the System's financial statements.

2) Recurring Internal Audits were conducted of:

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

No irregularities were found in the audits.

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3) Compliance Audits were conducted of:

- a. 340B Program at Memorial Healthcare System for FY 2023 First Quarter;
- b. Pembrolizumab 1 mg Injection in the Memorial Cancer Institute at MRH;
- c. Unna Boot in the Wound Care Center at MHP;
- d. Level Two Evaluation and Management Facility Charges in the ED at MRH;
- e. Immunization Program at MHM Outpatient Pharmacy;
- f. Balloon Dilation of the Esophagus, Stomach, and/or Upper Small Bowel Procedure at MRH;
- g. Injection of Anesthetic and/or Steroid Drug in Sacral Spine at MRHS; and
- h. Neurology and Neurosurgery Evaluation and Management at MPG Coding and Billing.

Opportunities for improvement in record documentation were noted in the 340B Program at Memorial Healthcare System for FY 2023 First Quarter; Unna Boot in the Wound Care Center at MHP; Level Two Evaluation and Management Facility Charges in the ED at MRH; Immunization Program at MHM Outpatient Pharmacy; Injection of Anesthetic and/or Steroid Drug in Sacral Spine at MRHS; and Neurology and Neurosurgery Evaluation and Management at MPG Coding and Billing. Management has developed detailed corrective action plans for each of these audits.

4) The following other reports were provided to the Committee:

- a. Committee members were provided with a copy of the Investor Contact Log for the quarter.
- b. Committee members were provided with a copy of the list of RSM and Zomma Group Non-Audit Engagements for the quarter.
- c. Committee members were provided with an update on the nationwide audit and investigation activities of various federal and state agencies.

f. Open Lines of Communication

1) Hotline Calls

During the quarter, 22 calls, two of which were callbacks, were placed to the System's Compliance Hotline covering 18 new topics and one old topic. Four topics were compliance allegations (three calls, one callback). One topic was quality of care or service allegations (one call). One topic was a workplace safety allegation (one call).

All of the calls were investigated and two of the compliance allegations were substantiated.

Finally, one topic was informational (one call, one callback), and 12 topics (14 calls) were employee-management relations issues. The employee-management relations issues have been forwarded to the Employee Relations and Human Resources Departments.

2) Privacy Report

Pascale Prepetit, Director of Privacy and Chief Privacy Officer, updated the Committee on the number of investigations for the second quarter of calendar year 2022 and the HIPAA/FIPA breaches that resulted from those investigations. Ms. Prepetit also updated the Committee on the current response to an OCR inquiry.

g. Enforcement & Discipline

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

There being no further business, the meeting was adjourned at 5:35 p.m.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Steven Harvey". The signature is fluid and cursive, with the first name "Steven" written in a larger, more prominent script than the last name "Harvey".

Steven Harvey
Chairman, Audit and Compliance Committee



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DATE: July 31, 2022

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

**SUBJECT: AUDIT AND COMPLIANCE – FIRST QUARTERLY REPORT
FISCAL YEAR 2023**

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

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

A handwritten signature in black ink, reading 'Denise D. DiCesare'.

Denise (Denny) DiCesare
Chief Compliance and Internal Audit Officer

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

I. WRITTEN STANDARDS AND PROCEDURES

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

Reviewed:

- Drug and Smoke Free Workplace.

Revised:

- Charity Contributions and Grants.

II. COMPLIANCE OFFICER

The compliance officer attended the following meetings during the quarter:

- American Hospital Association - Chief Compliance Officer's Roundtable: One Session

III. TRAINING AND EDUCATION

The following compliance training was provided during the quarter:

- New Employee Orientation: Ten Sessions
- Compliance Working Committee: One Session

IV. MONITORING & AUDITING

V. RESPONSE & PREVENTION

A. Internal Audit

Assistance Provided to RSM for Memorial Healthcare System's FY 2022 Audit

Background

As part of the annual financial audit, we provide audit assistance as directed by RSM US LLP (RSM), our external auditors.

We performed walkthrough testing of key business processes including payroll; prepaid expenses; fixed assets and depreciation; and purchases, payables, and payments. We also performed substantive testing of samples of payroll; fixed assets and construction in progress additions; patient revenue; accounts receivable hindsight; operating expenses; charity and financial assistance; and credit balances.

The purpose of this internal audit report was to summarize the results of the audit assistance provided.

Observations

There were no exceptions noted or recommendations made.

Recommendations

None.

South Broward Hospital District Construction Projects

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

South Broward Hospital District Requests for Proposal and Competitive Quotes

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

Board Expenses

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

B. Compliance

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

Background

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

prescription drugs; over-the-counter drugs written on a prescription; biological products that can be dispensed only by a prescription (other than vaccines); or FDA-approved insulin.

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

Observations

Of the 240 pharmacy claims reviewed, there were five pharmacy claims with a location that was not listed on the eligible locations at the time of the audit. According to Ms. Soto, the pre-admission testing (PAT) location is 340B-eligible. However, the five claims occurred in the surgical area, which is also a 340B-eligible location, instead of the PAT location. The clinicians, when removing the medications from the Automated Dispensing Cabinet (ADC/Pyxis medication system), selected the patient's PAT account instead of the outpatient surgical account. These led to the five pharmacy claims duplicating medication charges with the ADC overrides, and therefore, accumulating 340B dispensations twice. These observations were discussed with Ms. Soto and Ms. Antonopoulos. Subsequent to this audit, the five pharmacy claims determined with duplicate charges were corrected.

Recommendations

We recommended to review the accounts with PAT locations for the same time period, audit for duplicate medication charges and correct, if necessary. We recommended to include Epic review of ADC stations set up and monitor ADC overrides for 340B medications to avoid double charges. We recommended to set up parameters for target audits specific to PAT locations as well as increased oversight over mixed use to audit based on hospital locations.

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

Compliance Audit of Documentation and Billing of Pembrolizumab 1 mg Injection in the Memorial Cancer Institute at Memorial Regional Hospital

Background

The Memorial Cancer Institute (MCI) at Memorial Regional Hospital (MRH) provides services such as chemotherapy and immunotherapy to patients with different types and stages of cancer. Pembrolizumab is an immunotherapy in a class of medications called monoclonal antibody that binds to either programmed death receptor-1 (PD-1) or the programmed death ligand1 (PD-L1) which acts as substitute antibodies that can restore, enhance or mimic the immune system's attack on cancer cells. It can be used alone or in combination with other therapeutic agents (medicines) that work with the immune system to kill cancer cells. It is approved by the Food and Drug Administration (FDA) for intravenous (IV) injection use for the treatment of different types of

cancers such as skin cancers, head and neck cancers, breast and lung cancers, gastrointestinal cancers, bladder, and reproductive system cancers, and lymphoma. Pembrolizumab is packaged in a single-use vial of 100mg/4ml. The recommended dosages are 200mg every three weeks or 400mg every six weeks infused over 30 minutes. Treatment should continue until disease progression, unacceptable toxicity, or up to 24 months. It is not recommended to reduce dosage, only withhold for severe adverse reaction or permanently discontinue for life threatening adverse reactions.

Pembrolizumab is a high-cost drug that Memorial Healthcare System (MHS) purchases at a significantly reduced price through the 340B Drug Pricing Program. Centers for Medicare & Medicaid Services (CMS) established Healthcare Common Procedure Coding System (HCPCS) modifier JG to identify and report 340B-acquired drugs or biologicals when billing outpatient drugs. Outpatient drugs administered to Medicare beneficiaries are reported using the standardized codes called HCPCS and report units of service to cover the cost of the drug only. Correct payment depends on properly and accurately reporting the correct HCPCS codes and units of service. Based on the HCPCS J9271 code descriptor, 1 mg is equal to one unit billed. According to the American Medical Association's (AMA) Current Procedural Terminology (CPT) Manual, when billing the medical procedural codes for drug administration, use the actual time over which the infusion is administered. The standard clinical practice is to document the actual start and stop times or total times in the patient's medical records. Pembrolizumab is infused over 30 minutes and coded with a CPT code 96413, chemotherapy administration, intravenous infusion technique up to one hour, single or initial substance/drug.

The MHS's Compliance and Internal Audit Department received a Comparative Billing Report, an educational letter from First Coast Service Options, Inc. (FCSO), our Medicare Administrative Contractor (MAC), indicating that their recent data analyses identified that an aberrancy existed at MRH from December 1, 2020, through November 1, 2021, for HCPCS J9271, Injection, Pembrolizumab 1 mg. In response to this notice, the Compliance and Internal Audit Department performed an audit of the only location with charges for HCPCS code J9271, the MCI at MRH. The purpose of this audit was to determine if documentation supports medical necessity, accuracy of coding, charging, and billing for Pembrolizumab 1 mg injection administration in the MCI at MRH.

Observations

All 29 accounts with 192 encounters reviewed had physician orders and appropriate documentation to support medical necessity for Pembrolizumab administration. The medical record documentation for all 192 encounters had the appropriate patient's diagnosis with the ordered dosage and the frequency of administration. The start and stop time of medication was recorded on the Medication Administration Record (MAR) for all 192 encounters. All 192 encounters had the required HCPCS JG modifier documented appropriately. All 192 encounters with J9271 were coded, charged, and billed the correct units of medication administered. Also, the medical procedural codes for drug administration CPT code 96413 were coded, charged, and billed correctly.

Recommendations

None.

Peter Powers, Administrator and Chief Executive Officer, MRH, and Walter Bussell Chief

Financial Officer, MRH, agreed with the findings and recommendations of this audit and have provided an action plan.

Compliance Audit of Documentation and Billing of Strapping, Unna Boot in the Wound Care Center at Memorial Hospital Pembroke

Background

Unna boot is a paste bandage which consists of gauze that has been impregnated with zinc oxide, gelatin, glycerin, and sometimes calamine. The bandage is applied to the leg from the toe to the knee by overlapping wraps of impregnated gauze forming a semi rigid soft cast. The Unna boot bandage restricts the volume of the leg, controls edema, and encourages more normal prograde venous blood flow with reduction in the subcutaneous blood pressure. The net effect is improved healing of venous stasis ulcers of the lower extremities. First Coast Service Options, Inc. (FCSO), our Medicare Administrative Contractor (MAC), had a Local Coverage Determination (LCD) titled “Strapping” that was retired on July 23, 2020. According to the retired LCD, the use of the Unna boot bandage will be considered medically reasonable and necessary for the following indications: to treat venous vascular insufficiency; for the treatment of ulcers with and without inflammation of the lower extremities which are caused by increased venous pressure, venous insufficiency, or capillary dysfunction; and for the management of sprains, strains, dislocations and minor fractures. Although the LCD is retired, the indication and limitation for the Unna boot holds true as the mechanism of action and the medical benefit derived from the therapy remains the same. Currently, Medicare covers the Strapping, Unna boot under the LCD “Wound care”. Medicare coverage for wound care on a continuing basis is contingent upon evidence documented in the patient’s medical record that the wound is improving in response to the wound care being provided. At a minimum, the documentation must include the current wound volume; presence or absence of obvious signs of infection; presence or absence of necrotic, devitalized, or non-viable tissue; and other material in the wound that is expected to inhibit healing or promote adjacent tissue breakdown. The medical record must have a plan of care containing treatment goals and physician follow-up. The LCD also mentioned that the application of Unna Boot may be useful adjuncts to wound care management.

Memorial Healthcare System’s (MHS) Compliance and Internal Audit Department received a Comparative Billing Report (CBR), an educational letter from FCSO, indicating that their recent data analyses have identified an aberrancy exists at Memorial Hospital Pembroke (MHP) for Current Procedural Terminology (CPT) code, 29580, Strapping, Unna Boot for dates of service October 1, 2020, through September 1, 2021. In response to this notice, the Compliance and Internal Audit Department performed an audit of the only location at MHP with charges for CPT code 29580, the Memorial Center for Wound Healing and Hyperbaric Oxygen Therapy (Wound Care Center/WCC) at the MHP. With this background, the purpose of this audit was to determine if documentation supports medical necessity for Strapping, Unna Boot and the accuracy of coding, charging and billing in the Wound Care Center at Memorial Hospital Pembroke.

Observations

We reviewed a total of 30 accounts with 106 dates of service. One out of 106 dates of service did not meet medical necessity for wound care services per Medicare Wound Care LCD. According to the LCD, presence of a wound meets criteria for wound care services and not for lymphedema which is covered by Medicare under a different LCD. Also, out of 106, there were 105 dates of

service with detailed medical record documentation of wound type, size, location, description, and evidence of improvement. One date of service was missing documentation from the medical provider for the Evaluation and Management (E&M) service; and was also missing the documentation from the wound care nurses for the wound care service. Of the 106 dates of service reviewed, there were 86 dates of service coded for procedure 29580. Eleven of the 86, were coded appropriately for the procedure performed. One of 86 dates of service did not meet criteria for the wound care service but is covered under a different LCD as previously mentioned. Seventy-four of 86 dates of service had the incorrect CPT code for the procedure performed according to medical record documentation. Also, we noted five of the 106 dates of service had wound care procedures other than the Unna boot strapping, and were coded, charged, and billed appropriately. There were 21 of 106 dates of service coded, charged and billed with E&M services, of which 20 were appropriate since one date of service was missing documentation for the E&M service provided as previously mentioned. Of the 20 dates of service with E&M services, seven were reported with modifier 25 and were supported by medical record documentation that the services were separately identifiable, reasonable, necessary and distinct from the wound care service provided as the encounter were for establishing new patient consultation and providing wound care service. There were nine dates of service coded and charged for chemical wound cautery performed on the same day as the Unna boot strapping and should not have been reported separately. Subsequently, Medicare did not reimburse for the wound cautery procedure which was appropriate.

Recommendations

We recommended WCC management reeducate providers on the medical necessity for wound care services as per Wound Care LCD. We recommended WCC management reeducate nurses on the completeness of medical record documentation. We recommended WCC leadership team conduct timely and regular audits on medical record documentation for patient encounters. We recommended Accounts Receivable Management (ARM) review the identified account which did not meet medical necessity for wound care services and the one date of service with missing documentation for the encounter and refund, if necessary. We recommended WCC management reeducate nurses on the difference between procedures strapping Unna boot and the application of a multilayer compression dressing. We also recommended reeducating nurses on wound care LCD that second wound care services such as chemical wound cautery should not be reported as a separate procedure. We recommended ARM review the identified accounts with incorrect CPT codes for claim correction or refund, if necessary. We recommended WCC management work with the facility CEO and CFO to disclose audit findings on the incorrect CPT code claims to Medicare as part of the self-initiated audit performed in response to the CBR received from FCSO, even though CPT codes 29580 and 29581 are assigned to the same APC Group, as they have similar characteristics and costs. As such, there was no overpayment and no reimbursement difference from Medicare.

Stephen Demers, Chief Executive Officer, MHP, and Patrick Connor, Chief Financial Officer, MHP, agreed with the findings and recommendations of this audit and has provided an action plan.

Compliance Audit of Level Two Evaluation and Management Facility Charges in the Emergency Department at Memorial Regional Hospital

Background

The Centers for Medicare and Medicaid Services (CMS) requires hospitals to report facility

resources used for emergency department (ED) visits by use of Current Procedural Terminology (CPT) evaluation and management (E/M) codes. Facility coding guidelines are different from professional coding guidelines. Facility coding reflects the volume and intensity of resources utilized by the facility to provide patient care, whereas professional codes are determined based on the complexity and intensity of provider performed work which include the cognitive effort expended by the provider. There is no national standard for hospital assignment of ED facility E/M codes, so CMS instructed hospitals to develop their own internal guidelines for reporting E/M facility codes for ED encounters.

According to the Memorial Healthcare System's (MHS) ED facility charge calculator point guidelines, facility fees are designed to capture charges based on the intensity of patient care and the typical resources needed for each patient. The acuity classification system is defined by the number and types of interventions required to care for the patient. The costs associated with nursing care account for a large portion of the E/M facility fee. The acuity classification criteria range from simple re-check (level one) to trauma care (level seven). E/M ED facility charges are based on a point system, automatically calculated according to the established criteria and a point value attached to each qualifying service documented. Point calculation is dependent on the accurate and comprehensive documentation of the ED services by the providers and nurses. If services are not properly documented, the E/M facility charge could result in reporting a higher or lower level affecting reimbursement. This audit was focused on ED visit, level two which comprised of a point system of 20-59.

The MHS's Compliance and Internal Audit Department received a Comparative Billing Report, an educational letter from First Coast Service Options, Inc. (FCSO), our Medicare Administrative Contractor (MAC), indicating that their recent data analyses identified that an aberrancy existed at Memorial Regional Hospital (MRH) from September 1, 2020, through August 1, 2021, for ED facility E/M code CPT 99282, ED visit, low to moderately severe problem. In response to this notice, the Compliance and Internal Audit Department performed an audit of charges for CPT code 99282, level two which comprises of the point value of qualifying services from 20-59 at MRH. The purpose of this audit was to determine the medical necessity of the services provided; and determine if documentation supports the level two E/M ED facility charge for CPT code 99282 at MRH.

Observations

All 30 accounts had appropriate documentation to support medical necessity of the services provided during the ED visit. All 30 accounts had completed ED notes signed and dated by the ED Physician or by Non-Physician Practitioners (NPPs), which were also cosigned by the ED physician concurring with the NPPs's documentation. Orders for medication administration or laboratory testing when necessary, disposition prescription when necessary and appropriate disposition were documented by the providers. All 30 accounts had triage, initial assessment, and ongoing assessment when medically necessary, disposition and patient education documented by nurses. One of 30 accounts had incomplete documentation for visual acuity which has a ten point value attached. The incomplete documentation caused the facility charge calculator point to increase by ten points; however, it did not make a difference in the E/M ED facility level charged. Randi Alfonzo, Director of Nursing ED Service and MHS Disaster, Emergency Room at MRH will reeducate the specific nurse and the staff on appropriate and complete documentation of visual acuity. We noted a routine neurological assessment had a 20-point value attached. When

neurological assessment is completed by nurses, it could make a difference in the E/M ED facility level charge. According to Randi Alfonzo, neurological assessment is routine for ED patients, due to the Level I trauma center documentation requirements. There were three accounts that had a neurological assessment documented by nurses which increased the points calculated, however, it did not affect the level of E/M ED facility charges. Although we are following the guidelines set by MHS, subsequent to this observation, Tiffany Cook, Director, Charge Management, Corporate Finance, and Jay Chua, Application Architect, Information Technology Administrator for MHS have agreed to review and make necessary adjustments to the current MHS point value and guidelines for calculating an E/M ED facility charge. Modifier CS was used appropriately for accounts with COVID-19 testing-related services. All accounts were coded, charged, and billed appropriately based on the established MHS point-value and guidelines for calculating an E/M ED facility charge and consistent with CMS guidelines.

Recommendations

We recommended ED management reeducate all nurses on appropriate and complete documentation of visual acuity. We recommended ED management reeducate nurses on the MHS “Patient Care Services Guidelines for Clinical Documentation; electronic medical record (EMR)” policy and procedure. We recommended Corporate Finance review and make the necessary adjustments to the current MHS point value and guidelines for calculating an E/M ED facility charge.

Peter Powers, Administrator and Chief Executive Officer, MRH, and Walter Bussell Chief Financial Officer, MRH, agreed with the findings and recommendations of this audit and have provided an action plan.

Compliance Audit of the Immunization Program at Memorial Miramar Outpatient Pharmacy

Background

Effective January 27, 2020, the 2019 novel coronavirus (COVID-19) was declared a public-health emergency (PHE) for the United States (US). One of the key components in the federal government’s response is for access to COVID-19 vaccines across the US. Under Florida Statutes (FS) 465.189 certified pharmacists and registered pharmacy interns under the supervision of a certified pharmacist are allowed to administer immunizations or vaccinations listed in the Adult Immunization by the Centers for Disease Control and Prevention (CDC), vaccines recommended for international travel, those licensed for use or which have been authorized for emergency use by the Food and Drug Administration (FDA) and lastly, the vaccines approved by the board in response to a state of emergency declared by the Governor. Memorial Healthcare System (MHS) initiated the Pharmacist Immunization Program in February 2021. Under the MHS policy, certified immunizing pharmacists and pharmacy interns employed by MHS may administer vaccinations to eligible persons without a written order pursuant to a protocol in accordance with the current CDC/Advisory Committee on Immunization Practices (ACIP) guidelines, FS 465.189 or when provided with a prescription from an eligible provider. The Immunization Program involves MHS Community Pharmacy, which includes Pembroke Road Pharmacy, Hallandale Pharmacy, Miramar Outpatient Pharmacy (OPP) and West OPP. For this audit, we focused on the Miramar OPP location. The purpose of this audit was to determine if the Immunization Program at Memorial Miramar Outpatient Pharmacy is in accordance with the Florida Statutes for vaccine administration

by Pharmacy and determine if the services are coded, charged, and billed correctly.

All pharmacists and registered pharmacy interns participating in the immunization program at the Miramar OPP are credentialed to immunize by the Florida Board of Pharmacy and have a valid Basic Life Support (BLS) license. The MHS Pharmacy Services has a written protocol that detailed the terms, scope, and conditions for immunizations by the trained and credentialed pharmacist or registered pharmacy intern (both will be referred as the immunizers) under the supervision of Dr. Paula Eckardt. We verified that the immunizers are active employees of MHS for the time period in our audit and are covered under the Certificate of Liability Insurance for the South Broward Hospital District that includes Memorial Miramar OPP. We verified the participating immunizers' written acknowledgment of reading the MHS Pharmacist Immunization Program Policy and the MHS Pharmacy Immunization Handbook. We verified records of Miramar OPP enrollment in the Vaccines for Children/Adults (VFC/VFA) Program to become a vaccine provider and registration with the Florida State Health Online Tracking System (SHOTS).

Observations

We reviewed a total of 48 vaccination records at the Miramar OPP. All 48 vaccinations reviewed had adult immunization screening, vaccine administration record, Vaccine Information Statements (VIS) publication date, name of the pharmacist or registered pharmacy intern who administered the vaccine, ordering or requesting provider, National Drug Code (NDC) including Manufacturer/Lot number and expiration date of the vaccine. Out of 48 vaccinations, there were three vaccination records that were missing the consent forms for the immunization. Also, we noted an opportunity for improvement with one Zoster vaccination that was missing the scanned vaccine administration form in Epic Willow Ambulatory (WAMB). However, the same Zoster vaccination is noted as given in the immunization history in Epic Hyperspace. Other opportunities for improvement include documentation for three vaccinations showing the immunizing pharmacy intern in the scanned vaccine administration form while another pharmacist or pharmacy technician was logged into the system. All vaccinations administered were reported to Florida SHOTS as verified from the vaccine utilization report. All 48 vaccinations reviewed were coded, charged, and billed appropriately using the National Council for Prescription Drug Programs, Inc. (NCPDP) format for pharmacy billing.

The Memorial Pharmacy Services "Pharmacist Immunization Handbook", and the "Eleventh Revised Protocol for Immunizations by Pharmacy" details standard physical requirements including supplies, vaccine storage and handling requirements that must be met at each pharmacy to administer vaccines. It is with these standards that our audit included an on-site visit of the location address to verify compliance with their protocol. We verified standard physical requirement and supplies were readily available, except for the refrigerator assigned to the storage of vaccine products that was not connected to an electrical outlet (red outlet) powered by a back-up generator in case of power loss and the absence of an eye wash station and bottles of eye wash saline. For documentation, the Protocol for Immunizations states that immunization information is entered in Epic and in the Florida SHOTS and the written Immunization Screening and Consent Forms are retained.

Recommendations

We recommended Pharmacy management enhance Standard of Practice (SOP) to indicate that immunizer ensures consent is in Epic Hyperspace for COVID vaccinations and scanned in Epic

WAMB for non-COVID vaccinations prior to administration. We recommended to update SOP to indicate that immunizer should be scanning consent and administration forms while being logged into the system. We recommended pharmacy management address access for back-up generator power with upper management. We recommended pharmacy management stock OPP with eyewash bottles to comply with existing policy and meet Occupational Safety and Health Administration (OSHA) requirements. We recommended the current protocol be updated at the next revision to clarify that the completed Audit Immunizations Screening and Consent form is retained in Epic.

Dorinda Segovia, Vice President, Pharmacy Services, MHS, Sergio Santos, Admin Director-Finance-Ancillary Services, Corporate Finance, MHS, agree with the findings and recommendations and have provided an action plan.

Compliance Audit of Documentation, Coding and Billing of Balloon Dilation of the Esophagus, Stomach, and/or Upper Small Bowel Procedure at Memorial Regional Hospital

Background

Upper gastrointestinal endoscopy or Esophagogastroduodenoscopy (EGD) is performed with a lighted, flexible, fiberoptic instrument passed through the oral cavity to examine, obtain samples and treat pathological conditions. A diagnostic EGD allows the examiner to visualize abnormalities detectable by the technique and to photograph, biopsy, and/or remove lesions as appropriate. The purpose of the therapeutic EGD is to manage hemorrhage; remove foreign bodies and neoplastic growths; to relieve obstruction due to stricture, malignancy, or other causes through dilatation or the placement of stents; and to assist in the placement of percutaneous gastrostomy tubes. First Coast Service Option Inc. (FCSO) our Medicare Administrative Contractor (MAC), has a Local Coverage Determination (LCD), "Diagnostic and Therapeutic EGD" which describes the conditions that EGD will be considered medically reasonable and necessary for diagnostic and therapeutic purposes. Dilatation of strictures may be accomplished with a balloon placed through the endoscope and inflated using hydrostatic pressure. Esophageal dilation is performed after a definitive diagnosis has been established in patients exhibiting dysphagia.

Current Procedural Terminology (CPT) code 43249 is coded for the Esophagogastroduodenoscopy, flexible, transoral; transendoscopic balloon dilation of esophagus less than 30 mm diameter. Biopsies are often performed when medical necessity is indicated. CPT code 43239 EGD with biopsy, single or multiple is reported for this procedure. CPT guidelines permit the reporting of multiple endoscopy codes on the same date of service, as appropriate. An XU modifier is attached indicating Unusual Non-Overlapping Service. Both codes, however, include upper gastrointestinal diagnostic endoscopy service and payment adjustments should be expected for the duplicative portion.

Memorial Healthcare System (MHS) Compliance and Internal Audit Department received a Comparative Billing Report, an educational letter from FCSO, indicating that their recent data analyses have identified an aberrancy exists at Memorial Regional Hospital (MRH) for CPT code 43249, Balloon Dilation of the Esophagus, Stomach, and/or Upper Small Bowel for dates of service November 1, 2020, through October 1, 2021. In response to this notice, the Compliance and Internal Audit Department performed an audit at MRH for Medicare accounts with charges for CPT code 43249. The purpose of this audit was to determine if documentation supports medical necessity for Balloon Dilation of the Esophagus, Stomach, and/or Upper Small Bowel and the

accuracy of coding, charging, and billing at MRH.

Observations

All accounts met medical necessity for the procedure according to the Medicare LCD. The medical record documentation supported CPT code 43249 charged on all accounts. We also noted that the medical record documentation supported additional procedure codes which were appropriate. All of the coding and billing were correct except for one account. There was a code for the guidewire on one account which was inherent to the procedure and should not be reported separately. This appears to be an isolated error but had no effect on reimbursement. The accounts were paid appropriately.

Recommendations

None.

Peter Powers, Administrator and Chief Executive Officer, MRH and Walter Bussell, Chief Financial Officer, MRH agreed with the findings.

Compliance Audit of Documentation and Billing of Injection of Anesthetic and/or Steroid Drug into Sacral Spine at Memorial Regional Hospital South

Background

An epidural steroid injection (ESI) is a non-surgical minimally invasive procedure used for the treatment of chronic and acute back and neck pain to help reduce or alleviate pain caused by inflammation of the spinal nerves. ESIs must be performed under computed tomography (CT) or fluoroscopy image guidance with contrast to confirm the correct placement of the injection which are inclusive components and are not reported separately. The goal of an ESI is to reduce pain so that the patient may resume normal activities and pain relief may last for several days or even years. An assessment of the procedure's outcome depends on the patient's subjective and objective responses; therefore, documentation must include pre- and post-procedure evaluations using the same objective pain measurement scale, and patient education. If a positive response is not obtained from a series of injection, then repeating another series at that level is considered not medically necessary.

Memorial Regional Hospital South (MRHS) charges and bills the technical portion for the procedure and the physician charges and bills for professional services. First Coast Service Options, Inc. (FCSO), our Medicare administrative contractor, had a superseded Local Coverage Determination (LCD) and a current LCD to provide guidance for indications and limitations of coverage and medical necessity criteria for the multiple approaches of ESI. The MHS's Compliance and Internal Audit Department received a Comparative Billing Report from FCSO indicating that an aberrancy existed at MRH from October 1, 2020, through August 1, 2021, for Current Procedural Terminology (CPT) 64483, Injection of Anesthetic and/or Steroid Drug into Sacral Spine at Memorial Regional Hospital (MRH). In response, the Compliance and Internal Audit Department performed an audit to determine if documentation supports medical necessity and the accuracy of coding, charging and billing of the only location with charges for CPT code 64483, the Surgical Services at MRHS.

Observations

We reviewed a total of 30 dates of service according to the LCD guidelines in effect during the

time frame of the comparative billing accounts. All of the 30 dates of service met medical necessity, had supportive documentation of the procedure performed including the reason for the procedure and the use of fluoroscopy image guidance with injections of contrast to confirm correct needle placement as required. All dates of service had the correct procedure start and end times documented. We noted inconsistency in documenting the patient's subjective description of the pain and objective assessment using the same scale for pre- and post-evaluation of pain.

For the current LCD, we reviewed a total of 10 accounts to ensure compliance with the required medical necessity, limitation, covered indication, and documentation. All 10 dates of service met medical necessity with supporting documentation and LCD pre-procedure requirements. According to CMS physical examination (H&P) must be completed within 30 days prior to surgery or procedure. One date of service had H&P completed more than 90 days prior to the admission date however, the surgical H&P update documented on the date of service attesting that the current medical status has not changed since the prior H&P completed within 30 days prior to admission. The pre-procedure pain assessment and post-procedure percentage of pain relief achieved immediately post-injection was not documented on the operative procedure note as required. Three of 10 dates of service had documented monitored anesthesia care (MAC) which is considered medically unreasonable and unnecessary. We noted inconsistency in documenting the pre- and post-procedure pain evaluation.

ESIs are charged based on Operating Room (OR) time. All accounts had the correct OR time entered and the correct CPT code 64483 attached to the OR time charges and the required modifiers indicating that the procedure was performed on the right, left, or bilateral side. All accounts with MAC were charged and billed, but not reimbursed by Medicare which was appropriate. All 40 dates of service were coded, charged, billed, and reimbursed by Medicare appropriately.

Recommendations

We recommended the Director of Billing and Compliance, Memorial Physician Group (MPG) reeducate the ESI performing providers on the current LCD guidelines and documentation requirements. We recommended that the Medical Director of MPG Physical Medicine and Rehabilitation, and Director of Billing and Compliance, MPG reeducate ESI performing providers on the completeness of medical record documentation including current H&P as required. We recommended surgical services management update the templated operative procedure note documentation in Epic to include pre-procedure pain assessment and post-procedure pain relief achieved immediately post-injection to meet the current LCD requirement. We recommended the surgical services management work with the medical director to reeducate providers on the updated operative procedure note. We recommended Director of Billing and Compliance, MPG reeducate the ESI performing provider's office staff on the two-week post-procedure follow-up pain assessment documentation to be accurately completed and concurrent with the current LCD requirements. We recommended Medical Director of MPG Physical Medicine and Rehabilitation and Director of Billing and Compliance, MPG review and reeducate ESI performing providers on the current LCD guidelines and requirements regarding anesthesia use.

Douglas A Zaren, Chief Executive Officer, MRHS, David Webb, Chief Financial Officer, MRHS, Mario Salceda-Cruz, Chief Operating Officer, MPG and Esther Surujon, Chief Financial Officer, MPG, MPC & UCC agreed with the findings and recommendations of this audit and will provide an action plan, which will be attached.

Compliance Audit of Neurology and Neurosurgery Evaluation and Management Services at Memorial Physician Group Professional Coding and Billing

Background

Memorial Neuroscience Institute has a multidisciplinary team of providers that includes neurologists, neurosurgeons, and other subspecialties which offers comprehensive treatments for complex neurological conditions such as stroke, epilepsy, multiple sclerosis, headaches, and spinal disorders. Physician services are the professional services including diagnosis, therapy, surgery, consultation, and care plan oversight. A medically reasonable and necessary evaluation and management (E/M) visit documents the patient's medical needs and medical decisions on the appropriate measures of care for specific clinical circumstances. Billing for an E/M service requires the selection of a Current Procedural Terminology (CPT) code that best represents a patient type, place of service, and level of E/M service performed. Place of service can be the physician's office or other outpatient facility, hospital inpatient, Emergency Department (ED) and telemedicine. Modifiers are appended on a claim for additional information. Advanced Practice Registered Nurses (APRNs) can report services independently, under the incident-to guidelines or shared/split visit guidelines. A visit provided by a teaching physician with a resident physician aiding in patient care is billed using an appropriate modifier. Physician and teaching physician E/M services can be provided through telehealth. Telehealth billing codes are based on the provider's documentation that the telecommunications used was either audio-video or audio only and appended using an appropriate modifier. The purpose of this audit was to determine whether documentation & coding complied with the Medicare requirements when billing for Neurology and Neurosurgery E/M services.

Observations

We reviewed 217 E/M services accounts for 21 physicians and three APRNs. Of the 217 E/M services, 41 were teaching physician services, 31 were telehealth services, two were telephone services, four were incident-to services, and 25 were shared services. We noted that there are E/M, billing compliance, teaching physician/GME, incident-to, and shared/split services policies and procedures for all MPG physicians. We also noted that there are no policies for telehealth visits. We noted that for 127 accounts, the E/M CPT codes were appropriate for the services provided. There were 11 accounts coded at two or more E/M service levels higher than the documentation supported. We noted that the documentation for 43 accounts supported a different CPT code. We noted that the documentation for 34 accounts were insufficient to support billing for services. There were 10 accounts for services provided at a non-Memorial nursing home without the capability to interface with Memorial's Epic Electronic Health Record (EHR) so the medical record documentation was scanned in Epic. We noted the visit frequency, CPT and place of service codes were not appropriate for nursing home visits and the documentation scanned was insufficient to determine the appropriate CPT codes. We noted that 36 of the 41 teaching physician services accounts met the Center for Medicare and Medicaid Services (CMS) teaching physician guidelines. Eighteen of the 31 telehealth service accounts met CMS telehealth billing requirements. One of the four incident-to visits and 18 of the 25 shared/split visits agreed with the CMS guidelines. We noted that the modifiers were applied appropriately to 35 of 94 accounts and in the remaining accounts, reimbursement was not affected because the modifiers were informational in nature. There were 55 accounts that the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes were appropriate for the documented

medical necessity. In the remaining accounts, we noted that medical diagnosis documentation supported additional or different ICD-10 codes in accordance with coding guidelines.

Recommendations

We recommended that Memorial Physician Group (MPG) Business Office develop and implement the written policies and procedures for documentation, coding, and billing of telehealth services. We recommended that MPG Business Office review, update, and make available all required policies and procedures for staff and physicians. We recommended that the Director of Billing and Compliance, MPG Business Office and the Administrative Director of the Neurosciences educate the staff and physicians on the policies and procedures and where they are found. We recommended that MPG Business Office correct and rebill or refund accounts as appropriate. We recommended that the Medical Director of the Neurosciences, the Director of Billing and Compliance and the Administrative Director of the Neurosciences reeducate providers on medical record documentation, coding, and billing to support medical necessity and services billed, as the MPG Business Office does not code E/M or ICD-10 codes. We recommended continued training for the providers on documenting and reporting telehealth services appropriately. We recommended that the MPG Business Office work with the Information Technology (IT) department to create and implement a standardized IT solution and process to capture medical record documentation and report the physician services provided at the external site of service at non-Memorial facilities that do not have the capability to interface with Epic.

Mario Salceda-Cruz, Chief Operating Officer, MPG and Esther Surujon, Chief Financial Officer, MPG agreed with the findings and recommendations and have provided a detailed action plan.

D. Services Provided by Protiviti

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

E. Other Reports

Investor Log

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

Non-Audit Engagements

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

Compliance Environment

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

VI. OPEN LINES OF COMMUNICATION

A. Hotline Calls

During the quarter, 22 calls, two of which were callbacks, were placed to the System's Compliance Hotline covering 18 new topics and one old topic. Four topics were compliance allegations (three calls, one callback). One topic was quality of care or service allegations (one call). One topic was a workplace safety allegation (one call). All of the calls were investigated and two of the compliance allegations were substantiated.

Finally, one topic was informational (one call, one callback), and 12 topics (14 calls) were employee-management relations issues. The employee-management relations issues have been forwarded to the Employee Relations and Human Resources Departments.

VII. ENFORCEMENT & DISCIPLINE

Sanction checks were conducted of employees, physicians, vendors, volunteers, and students. Two Non-Referring Physicians were sanctioned. Accounts Receivable Management was notified so that appropriate action can be taken.

| | Ambulatory Surgery Center ANF Group, Inc. #450218ASC MHM | MOB Renovation ANF Group, Inc. #831720 MHW | Family Birthplace Turner Construction Co. #400121 MRH | Wind Retrofit Turner Construction Co. #409020 MRH | Dishwasher Renovation Gerritts Construction Inc. #400618 MRH |
|-------------------------------|--|---|--|--|---|
| | Amount | Amount | Amount | Amount | Amount |
| Original Contract Sum | \$ 5,589,844 | \$ 2,841,210 | \$ 3,658,618 | \$ 4,924,483 | \$ 1,391,697 |
| Prior Change Orders | (1,340,949) | (396,452) | | (155.09) | |
| Current Change Orders | | | | | 25,007 |
| Prior Owner Purchase Orders | | (71,689) | (646,487) | (782,925) | |
| Current Owner Purchase Orders | | | | 639,647 | |
| Current Contract Sum to Date | \$ 4,248,894 | \$ 2,373,070 | \$ 3,012,131 | \$ 4,781,050 | \$ 1,416,704 |
| Previous Payments | 4,124,271 | 2,250,880 | 507,211 | 2,357,320 | 1,361,755 |
| | | 13 97,676 | 4 277,318 | 10 623,413 | |
| | | | 5 148,901 | 11 546,816 | |
| Total Payments | 4,124,271 | 2,348,557 | 933,429 | 3,527,549 | 1,361,755 |
| Balance | \$ 124,623 | \$ 24,513 | \$ 2,078,701 | \$ 1,253,501 | \$ 54,949 |
| Owner Purchased Materials | | | | | |
| Retainage | | | 88,640 | 131,314 | |
| Payments | 4,124,271 | 2,348,557 | 933,429 | 3,527,549 | 1,361,755 |
| Work completed | \$ 4,124,271 | \$ 2,348,557 | \$ 1,022,069 | \$ 3,658,863 | \$ 1,361,755 |
| Status | Active | Active | Active | Active | Active |

| | MOB Women Center ANF Group, Inc. #450218 MHM | Memorial Cancer Center Expansion DPR Construction #431019 MHW | Hurricane Hardening Thornton Construction Co. #410121 MRHS | Family Birthplace Replacement Thornton Construction Co. #430321 MHW | Lift Station & Force Main Thornton Construction Co. #401720 MHM |
|-------------------------------|---|---|---|---|--|
| | Amount | Amount | Amount | Amount | Amount |
| Original Contract Sum | \$ 35,067,236 | \$ 86,165,924 | \$ 13,613,113 | \$ 2,110,655 | \$ 4,677,865 |
| Prior Change Orders | (5,101,409) | (10,241,860) | | | |
| Current Change Orders | | (3,045,191) | | | |
| Prior Owner Purchase Orders | (750,000) | | (2,000,000) | (225,832) | (728,004) |
| Current Owner Purchase Orders | | | | | |
| Current Contract Sum to Date | \$ 29,215,826 | \$ 72,878,873 | \$ 11,613,113 | \$ 1,884,823 | \$ 3,949,861 |
| Previous Payments | 27,790,363 | 11,406,283 | 5,834,724 | 1,193,451 | 2,924,238 |
| | | 7 2,288,084 | 7 392,284 | 7 441,223 | 7 225,384 |
| | | 8 1,573,750 | 8 286,011 | | 8 190,203 |
| | | 9 2,855,479 | 9 | | 9 299,958 |
| Total Payments | 27,790,363 | 18,123,595 | 6,513,019 | 1,634,674 | 3,639,784 |
| Balance | \$ 1,425,464 | \$ 54,755,278 | \$ 5,100,094 | \$ 250,149 | \$ 310,077 |
| Owner Purchased Materials | | | | | |
| Retainage | | 1,349,505 | 342,790 | 181,630 | 191,568 |
| Payments | 27,790,363 | 18,123,595 | 6,513,019 | 1,634,674 | 3,639,784 |
| Work completed | \$ 27,790,363 | \$ 19,473,099 | \$ 6,855,809 | \$ 1,816,304 | \$ 3,831,352 |
| Status | Active | Active | Active | Active | Active |

| | MRI Expansion Engel Construction, Inc. #402417 MRH | Memorial Cancer Institute ANF Group, Inc. #401820 MHS | Cath Lab#6 Engel Construction, Inc. #400320 MRH | JDCH Vertical Expansion Robins & Morton Group #460117 JDCH |
|-------------------------------|---|---|--|---|
| | Amount | Amount | Amount | Amount |
| Original Contract Sum | \$ 1,335,578 | \$ 3,318,035 | \$ 1,047,757 | \$ 108,993,259 |
| Prior Change Orders | 74,758 | (642,606) | | |
| Current Change Orders | 869 | 82,153 | | |
| Prior Owner Purchase Orders | 108,906 | 17,830 | 73,879 | (16,270,441) |
| Current Owner Purchase Orders | | | (34,023) | |
| Current Contract Sum to Date | \$ 1,520,111 | \$ 2,775,412 | \$ 1,087,614 | \$ 92,722,818 |
| Previous Payments | 1,402,775 | 2,471,961 | 1,033,233 | 66,841,682 |
| 19 826 | | 17 132,027 | 16 54,381 | 20 2,677,333 |
| | | 18 54,561 | | 21 4,876,154 |
| Total Payments | 1,403,601 | 2,658,550 | 1,087,613 | 74,395,168 |
| Balance | \$ 116,510 | \$ 116,863 | \$ 0 | \$ 18,327,649 |
| Owner Purchased Materials | | | | |
| Retainage | 73,874 | | | 4,710,340 |
| Payments | 1,403,601 | 2,658,550 | 1,087,613 | 74,395,168 |
| Work completed | \$ 1,477,474 | \$ 2,658,550 | \$ 1,087,613 | \$ 79,105,508 |
| Status | Active | Active | Active | Active |

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

| RFPs | Current Phase - 1st Quarter FY 2023 | Audited Through | Exceptions |
|---|--|------------------------|-------------------|
| 1 Interpretation & Translation Services | Oral Presentation | Selection | None |
| 2 Computer Assisted Physician Documentation (CAPD) Software | Oral Presentation | Selection | None |
| 3 General Contracting Services | Selection | Analysis | None |
| 4 Disaster Debris Removal and Disposal | Oral Presentation | Analysis | None |
| 5 Valet Parking Service, Booth Attendant and Shuttle Services | Oral Presentation | Receipt | None |
| 6 Care Coordination Center Software | Selection | Design | None |
| 7 Clinical Trial Management System | Oral Presentation | Analysis | None |
| | | | |

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

| Completed Competitive Quotes | Amount \$ | Exceptions |
|--|------------------|-------------------|
| 1 Endoscopy Equipment for JDCH | 156,808 | None |
| 2 Equipment for Surgical Tower Replacement Project at MHW | 1,854,114 | None |
| 3 Replacement Equipment for Room 1 in the Cardiovascular Imaging (CVI) Suites at MRH | 1,314,560 | None |
| 4 Laparoscopic Video Equipment Upgrades for Surgical Services at JDCH | 1,400,958 | None |
| 5 Patient Room Reclining Sleeper Chairs for JDCH | 576,394 | None |
| 6 Emergency Department Corridor Enclosure for MHM | 499,183 | None |
| 7 Outpatient Behavioral Health Furniture for MHS | 307,015 | None |
| 8 Annual Renewal for Patient Direct Connect Solution at MHS | 507,800 | None |
| 9 COVID-19 Pandemic Test Kits for MHS | 918,000 | None |
| 10 Renewal Subscription for Vendor Portal Application Support | 227,172 | None |
| 11 Five Year Support for Neurology Equipment at JDCH | 185,663 | None |
| 12 Architectual design for MPG U18 Sports Medicine Facility in Hollywood | 145,860 | None |
| 13 Non-Gynecologic Cytology Processing Instrument at MRH | 120,000 | None |
| 14 Furniture for Eighth Floor Family Area at JDCH | 100,517 | None |
| 15 Cardiac Rhythm Management Devices for MRH | 165,000 | None |
| 16 COVID-19 Pandemic Test Kits for MHS | 816,000 | None |
| 17 Annual Maintenance for Centricity Perinatal Software for MRH, MHW, & MHM | 489,594 | None |
| 18 Main Electrical Panel Upgrades for MRHS | 1,120,307 | None |
| 19 Laparoscopic Equipment for Operating Room at MHP | 1,331,764 | None |
| 20 Network Switches for MHS | 192,614 | None |
| 21 Full-Service Maintenance Agreement for Laboratory Equipment at MHS | 124,999 | None |
| 22 MRI Ventilators for JDCH | 215,608 | None |
| 23 Camera Heads & Laparoscopes for Operating Room at MRHS | 429,622 | None |
| 24 Clinical Equipment for Vertical Expansion Project at JDCH | 459,130 | None |
| 25 Surgical Navigation System for JDCH | 456,075 | None |
| 26 MHW and Medical Office Building Stairwell and Chair Rails Project | 182,123 | None |
| 27 Isilon Node Expansion for Network Storage at MHS | 159,956 | None |
| 28 Pyxis Equipment for JDCH | 238,960 | None |
| 29 Support for Data storage Equipment HPE 3PAR for MHS | 189,294 | None |
| 30 Full Service Agreement of Blood Gas Analyzers for MRH Laboratory | 115,372 | None |

Memorial Healthcare System
Investor Contact Log
Fiscal Year 2023

| Quarter: Ended | Contact: | Representing: | Discussion: |
|----------------|----------|---------------|-------------|
| July 31,2022 | | None | |
| | | | |
| | | | |
| | | | |

**Memorial Healthcare System
Non Audit Engagement Report
Q1 FY 2023**

| Quarter Ended | RSM US LLP Engagement: | |
|----------------------|--|------------------|
| Q1 FY2023 | For professional services rendered and expenses incurred in connection with the preparation of Memorial Healthcare System year end 4/30/2021 tax returns. | \$ 15,000 |
| | For professional services rendered and expenses incurred in connection with consulting services for Community Health Needs Assessment. | \$ 5,000 |
| | For professional services rendered and expenses incurred in connection with the preparation of Memorial Healthcare System year end 4/30/2022 excise tax returns. | \$ 4,000 |
| | For professional services rendered and expenses incurred in connection with consulting services for payroll taxes. | \$ 2,509 |
| | For professional services rendered and expenses incurred in connection with Memorial Health Network (MHN) IRS Audit for tax year ending 4/30/2019. | \$ 11,500 |
| | For professional services rendered and expenses incurred in connection with the preparation of MHN year end 4/30/2021 tax returns. | \$ 2,756 |
| | For professional services rendered and expenses incurred in connection with implementing GASB 87 Technical Lease accounting. | \$ 5,880 |
| | Total | \$ 46,645 |
| Q1 FY2022 | Total spend, provided for comparative purpose | \$ - |

| Quarter Ended | Zomma Group LLP Engagement: | |
|----------------------|--|------|
| Q1 FY2023 | For professional services rendered and expenses incurred in connection with Non Audit Engagements. | \$ - |
| Q1 FY2022 | Total spend, provided for comparative purpose | \$ - |



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

Date: July 29, 2022

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


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


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

| Recommendations | Response/Action Plan | Estimated Completion Date |
|--|---|---------------------------|
| We recommend to review the accounts with pre-admission testing (PAT) locations for the same time period, audit for duplicate medication charges and correct, if necessary. | 340B Team reviewed all dispensations from the 1 st day of operations at MHMMOBPAT location. A total of 54 drug charges were considered duplicate and have now been reversed by the Charge Team. | 7/1/2022 |
| We recommend to include Epic review of the Automated Dispensing Cabinet (ADC) stations set up and monitor ADC overrides for 340B medications to avoid duplicate charges. | 340B Team discussed with Application Analyst team of the audit issue found and emphasized on oversight and testing procedures for new Pyxis machine set-ups. Per Analyst, the reason this happened is because MHM MOB2 PAT was a new department and when the record was updated, it wasn't moved to Epic PRD. The other facilities do not have two PAT departments. This one may have been missed because of the amount of department changes that were going on around the same time with the COVID units. | 7/1/2022 |

| | | |
|---|---|----------|
| We recommend to set up target audit parameters specific to PAT locations as well as increase oversight over mixed use to audit based on hospital locations. | 340B Team is to adjust auditing procedures for mixed-use areas/Hospital and will work to set up additional resources to increase oversight. | 7/1/2022 |
|---|---|----------|

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

DocuSigned by:

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Dorinda Segovia,
Vice President, Pharmacy Services





Scott Davis,
Administrative Director, Reimbursement
and Revenue Integrity



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

Date: September 13, 2022

From: Stephen Demers, Chief Executive Officer, MHP 
Patrick Connor, Chief Financial Officer, MHP 

Subject: **Action Plan: COMPLIANCE AUDIT OF DOCUMENTATION AND BILLING OF STRAPPING, UNNA BOOT IN THE WOUND CARE CENTER AT MEMORIAL HOSPITAL PEMBROKE**

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

| Recommendations | Response/Action Plan | Estimated Completion Date |
|--|---|--|
| We recommend Wound Care Center (WCC) management reeducate providers on the medical necessity for wound care services as per Wound Care Local Coverage Determination (LCD). | WCC management will educate providers on medical necessity as per wound care LCD. | September 30, 2022 |
| We recommend WCC management reeducate nurses on the completeness of medical record documentation. | WCC management will reeducate nurses on completeness of medical record documentation. | September 30, 2022 |
| We recommend WCC leadership team conduct timely and regular audits on medical record documentation for patient encounters. | WCC management will conduct timely and regular audits on medical record documentation sampling four patient encounters monthly. | First audit to be completed by October 31, 2022 then monthly thereafter. |
| We recommend Accounts Receivable Management (ARM) review the identified account with missing documentation for the encounter and the one date of service which did not meet medical necessity for wound care services, and refund, if necessary. | Claims for the identified account were refunded to Medicare and the patient's supplemental coverage. | July 19, 2022 |

| | | |
|---|---|--------------------|
| We recommend WCC management reeducate nurses on the difference between procedures strapping Unna boot and the application of a multilayer compression dressing. | WCC management will reeducate nurses of difference between strapping Unna boot and multilayer compression dressing. | September 30, 2022 |
| We recommend reeducating nurses on wound care LCD that second wound care services such as chemical wound cautery should not be reported as a separate procedure. | WCC management will reeducate nurses on wound care LCD for situations in which specific procedures are not separately reportable. As of June 1, 2022 with migration to EPICs Wound Care module, chemical wound cautery has been eliminated as a reportable/chargeable item as it would never be performed as a stand-alone service. | September 30, 2022 |
| We recommend ARM review the identified accounts with incorrect Current Procedural Terminology (CPT) codes for claim correction or refund, if necessary. | Claims were rebilled to Medicare and the patient's supplemental coverage for the identified accounts. | July 19, 2022 |
| We recommend WCC management work with the facility CEO and CFO to disclose findings on the incorrect CPT code claims to Medicare as part of the self-initiated audit performed in response to the Comparative Billing Report received from First Coast Service Options, Inc., even though CPT codes 29580 and 29581 are assigned to the same Ambulatory Payment Classification (APC) Group as they have similar characteristics and costs. As such, there was no overpayment and no reimbursement difference from Medicare. | Hospital leadership has sent a letter with language recommended from Compliance to First Coast Service Options. Letter was signed by the Hospital CFO. | September 9, 2022 |

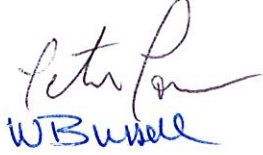
cc: K. Scott Wester, President and Chief Executive Officer, MHS



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

Date: August 17, 2022

From: Peter Powers, Chief Executive Officer, MRH
Walter Bussell, Chief Financial Officer, MRH 

Subject: **Action Plan:** Compliance Audit of Level Two Evaluation and Management Facility Charges in the Emergency Department at Memorial Regional Hospital

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

| Recommendations | Response/Action Plan | Estimated Completion Date |
|---|---|-----------------------------|
| We recommend ED management reeducate all nurses on appropriate and complete documentation of visual acuity. | Emergency Room leadership will provide education to MRH ED RNs regarding documentation. | 8/30/2022 |
| We recommend ED management reeducate nurses on the MHS "Patient Care Services Guidelines for Clinical Documentation; Electronic Medical Record" policy and procedure. | Emergency Room leadership will provide education to MRH ED RNs regarding the policy and procedure. | 8/30/2022 |
| We recommend Corporate Finance review and make the necessary adjustments to the current MHS point value and guidelines for calculating an E/M ED facility charge. | Director Charge Management reviewed point value structure with EPIC IT expert and determined the system is working as intended. These leaders will review the structure to determine if any updates to point values are necessary. | 7/20/2022 12/15/2022 |

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



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

Date: August 30th, 2022

From: Dorinda Segovia, VP and Chief Pharmacy Officer, Pharmacy Services, MHS

Sergio Santos, Administrative Director, Finance

Subject: Action Plan: Compliance Audit of the Immunization Program at Memorial Miramar Outpatient Pharmacy

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

| Recommendations | Response/Action Plan | Estimated Completion Date |
|---|-------------------------------------|---------------------------|
| We recommend Pharmacy management enhance Standard of Practice (SOP) to indicate that immunizer ensures consent is in Epic Hyperspace for COVID vaccinations and scanned in Epic Willow Ambulatory for non-COVID vaccinations prior to administration. | "Immunizations" SOP been updated | Completed 8/30/22 |
| We recommend to update the SOP to indicate that immunizer should be scanning consent and administration forms while being logged into the system. | "Immunization" SOP has been updated | Completed 8/30/22 |

| | | |
|---|--|-----------------------------|
| We recommend pharmacy management address access for back-up generator power with upper management. | In consultation with property management for emergency power quote and install. Facility has 24/7 remote refrigeration monitoring. | Oct 15 th , 2022 |
| We recommend pharmacy management stock Outpatient Pharmacy with eyewash bottles to comply with existing policy and meet Occupational Safety and Health Administration requirements. | All stores have confirmed eye wash stations in place. | Completed 8/29/22 |
| We recommend the eleventh revised Protocol for Immunizations by Pharmacy be updated at the next revision to clarify that the completed Audit Immunizations Screening and Consent is retained in Epic. | Current protocol already calls for consent to be retained. The immunization SOP lists where the consent is retained All vaccines retained in EPIC willow and Covid vaccines in Epic Hyperspace | Completed 8/29/22 |

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



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

Date: September 19, 2022

From: Douglas A Zaren Chief Executive Officer, MRHS
David Webb, Chief Financial Officer, MRHS
Mario Salceda-Cruz, Chief Operating Officer, MPG
Esther Surujon, Chief Financial Officer, MPG, MPC & UCC

DS
MSC
DS
ES

Subject: Action Plan: Compliance Audit of Documentation and Billing of Injection of Anesthetic and/or Steroid Drug into Sacral Spine at Memorial Regional Hospital South

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

| Recommendations | Response/Action Plan | Estimated Completion Date |
|---|---|---------------------------|
| We recommend Director of Billing and Compliance, MPG reeducate the ESI performing providers on the current FCSO LCD guidelines and documentation requirements. | Director of Billing and Compliance MPG will pull the current FCSO LCD guidelines and documentation requirements on ESI to prepare training material. ESI performing providers will be reeducated. | 11/30/2022 |
| We recommend Medical Director of MPG Physical Medicine and Rehabilitation and Director of Billing and Compliance, MPG reeducate ESI performing providers on the completeness of medical record documentation to ensure the H&P exam is current as required. | Director of Billing and Compliance MPG will pull CMS/CPT guidelines on how to properly document medical records to ensure the H&P exam is current. ESI performing providers will be reeducated. | 11/30/2022 |
| We recommend surgical services management update the templated operative procedure note in Epic to include the pre-procedure pain assessment and post-procedure pain relief achieved immediately post- | | |

| | | |
|--|--|------------|
| injection to meet the current LCD requirement. | | |
| We recommend the surgical services management work with the medical director to reeducate providers on the updated operative procedure note. | | |
| We recommend Director of Billing and Compliance, MPG reeducate the ESI performing provider's office staff on the two-week post-procedure follow-up pain assessment documentation to be accurately completed and concurrent with the current LCD requirements | Director of Billing and Compliance MPG will pull CMS guidelines on how to properly document post-procedure follow up pain assessment to accurately completed and concurrent with current LCD requirements. ESI performing providers and office staff will be reeducated. | 11/30/2022 |
| We recommend that the Medical Director of MPG Physical Medicine and Rehabilitation and the Director of Billing and Compliance, MPG review and reeducate ESI performing providers on the current LCD guidelines and requirements regarding anesthesia use. | Director of Billing and Compliance MPG will pull the current FCSO LCD guidelines and documentation requirements on anesthesia use. . ESI performing provider will be reeducated. | 11/30/2022 |

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



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

Date: September 19, 2022

From: Douglas A Zaren Chief Executive Officer, MRHS
David Webb, Chief Financial Officer, MRHS
Mario Salceda-Cruz, Chief Operating Officer, MPG
Esther Surujon, Chief Financial Officer, MPG, MPC & UCC

Subject: **Action Plan: Compliance Audit of Documentation and Billing of Injection of Anesthetic and/or Steroid Drug into Sacral Spine at Memorial Regional Hospital South**

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

| Recommendations | Response/Action Plan | Estimated Completion Date |
|---|---|---------------------------|
| We recommend Director of Billing and Compliance, MPG reeducate the ESI performing providers on the current FCSO LCD guidelines and documentation requirements. | | |
| We recommend Medical Director of MPG Physical Medicine and Rehabilitation and Director of Billing and Compliance, MPG reeducate ESI performing providers on the completeness of medical record documentation to ensure the H&P exam is current as required. | | |
| We recommend surgical services management update the templated operative procedure note in Epic to include the pre-procedure pain assessment and post-procedure pain relief achieved immediately post-injection to meet the current LCD requirement. | <ul style="list-style-type: none">H&P will be modified to include current MHS numeric 0-10 pain scalePost Procedure Op Note will be modified to include current MHS numeric 0-10 pain scale to indicate pain | 10/26/22 10/26/22 |

| | | |
|--|--|----------|
| | <p>relief achieved immediately after procedure</p> <ul style="list-style-type: none"> • 14 day in-office post procedure follow up note will be modified to include current MHS numeric 0-10 pain scale | 10/26/22 |
| We recommend the surgical services management work with the medical director to reeducate providers on the updated operative procedure note. | <ul style="list-style-type: none"> • Surgical Services Director and Director of Quality and Regulatory Compliance at MRHS will work closely with MPG physicians to educate providers on LCD requirements and updated documentation note requirements. | 10/26/22 |
| We recommend Director of Billing and Compliance, MPG reeducate the ESI performing provider's office staff on the two-week post-procedure follow-up pain assessment documentation to be accurately completed and concurrent with the current LCD requirements | | |
| We recommend that the Medical Director of MPG Physical Medicine and Rehabilitation and the Director of Billing and Compliance, MPG review and reeducate ESI performing providers on the current LCD guidelines and requirements regarding anesthesia use. | | |

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



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

Date: September 12, 2022

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

Subject: **Action Plan:** Compliance Audit of Neurology & Neurosurgery Evaluation and Management Services for Memorial Physician Group Professional Coding and Billing

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

| Recommendations | Response/Action Plan | Estimated Completion Date |
|---|--|---------------------------|
| We recommend that the Memorial Physician Group (MPG) Business Office develop, and implement the written policies and procedures for documentation, coding, and billing of telehealth services. | MPG BSO will work with MDIV – Telehealth Department to create a System wide Telehealth policy to include Documentation requirements and billing process | 12/1/2022 |
| We recommend that MPG Business Office review, update, and make available all required policies and procedures for staff and physicians. | Business Office will review the existing policy and procedures. Update on Service Know as necessary | 12/1/2022 |
| We recommend that the Director of Billing and Compliance, MPG Business Office, and the Administrative Director of the Neurosciences educate the staff and physicians on the policies and procedures and where they are found. | Business Office will work with Director of Billing and Compliance, MPG Business Office, and the Administrative Director of the Neurosciences educate the staff and physicians on the policies and procedures and where they are found. Business Office will update existing P&P first. | 12/1/2022 |
| We recommend that MPG Business | Business Office will have | 10/01/2022 |

| | | |
|---|---|------------|
| Office correct and rebill or refund accounts as appropriate. | completed | |
| We recommend that the Medical Director of the Neurosciences, the Director of Billing and Compliance and the Administrative Director of the Neurosciences reeducate providers on medical record documentation, coding, and billing to support medical necessity and services billed, as the MPG Business Office does not code E/M or ICD-10 codes. | Director of Billing and Compliance to will perform training | 11/25/2022 |
| We recommend continued training for the providers on documenting and reporting telehealth services appropriately. | Director of Billing and Compliance to will preform training | 11/25/2022 |
| We recommend that the MPG Business Office work with the Information Technology (IT) department to create and implement a standardized IT solution and process to capture medical record documentation and report the physician services provided at the external site of service at non-Memorial facilities that do not have the capability to interface with Epic. | Business Office has already begun working with IT. Business Office will continue to work with IT, Administrative Director of Adult Neuroscience, and Director Billing/Compliance to put together an effective workflow for the Practice to follow. Once a draft is completed will have Corporate Compliance review to ensure that process meets all compliant guidelines. | 12/1/2022 |

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

South Broward Hospital District

BOARD OF COMMISSIONERS

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

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

| | | | |
|-----------------------|---|------------------|---------------------------|
| Group: | Building Committee | Date: | October 19, 2022 |
| Chair: | Elizabeth Justen | Time: | 4:30 p.m. |
| Vice Chair: | Jose Basulto | Location: | Executive Conference Room |
| In Attendance: | Elizabeth Justen – Chairman, Scott Wester, Walter Bussell, Matt Muhart, Peter Powers, Frank Rainer, David Schlemmer, David Smith, Doug Zaren, Rebecca Farmer, and Mark Greenspan. Attending via telephone was: Dr. Luis E. Orta | | |

There being a quorum present, the meeting was called to order by Chairman Justen.

The meeting was called to Order and Legal Certification of compliance with Florida's Public Meetings Law was given by Frank Rainer, Senior Vice President and General Counsel.

1. **SUBJECT:** Construction Progress Report

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

2. **SUBJECT:** Projects in Planning Report

- a. The Committee reviewed the report. There were no changes since the Committee last met.

3. **SUBJECT:** Bid Opening

- a. Memorial Regional Hospital – Interventional Radiology

Bids for the Interventional Radiology Project were opened on October 12, 2022, in the Executive Conference Room of the 3111 Stirling Road Building.

Bids from four Board approved, pre-qualified construction contractors were received for the project. The low bidder was Turner Construction Company in the amount of \$1,826,576.75. In order to account for any unforeseen conditions that may arise during the performance of the work, the Healthcare System will allocate \$274,000 of contingency dollars within the total project budget. These funds will be controlled and used solely by Memorial Healthcare System. After review and discussion,

The Building Committee Recommends to the Board of Commissioners Acceptance of The Lowest Responsive and Responsible Bidder, Turner Construction Company, in the Amount of \$1,826,576.75, for the Interventional Radiology Project at Memorial Regional Hospital, and Allocate a \$274,000 Contingency Amount to be Controlled by Memorial Healthcare System

4. **SUBJECT:** Guaranteed Maximum Price (GMP) Family Birthplace, Fourth Floor, Memorial Regional Hospital

- a. The Committee reviewed and discussed the \$43,850,159 Guaranteed Maximum Price (GMP) from the Board approved firm of Turner Construction for the Family Birthplace Project at Memorial Regional Hospital. Mr. Schlemmer noted that the GMP submitted was below the independent cost estimate of \$44,742,920. He informed the Committee of the process involved in obtaining the GMP. After review and discussion,

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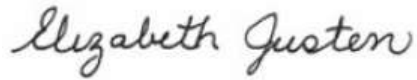
**The Building Committee Recommends to the Board of Commissioners
Acceptance of the Guaranteed Maximum Price from Turner Construction
in the Amount of \$43,850,159 for the Fourth Floor Family Birthplace
Project at Memorial Regional Hospital**

5. **SUBJECT:** Other

- a. Mr. Schlemmer informed the Committee that the three (3) year architectural services agreements will expire in July of 2023 and that staff would begin the process of soliciting firms interested in providing those services.

There being no further business, the meeting was adjourned at 4:53 p.m.

Respectfully submitted,

A handwritten signature in cursive script that reads "Elizabeth Justen".

Elizabeth Justen
Chair
Building Committee

South Broward Hospital District
Board Building Committee
Construction Progress Report
September 2022

| <i>Active Projects</i> | <i>Contractor/Architect</i> | <i>Scheduled Completion Date</i> | <i>Current Status</i> | <i>Comments</i> |
|--|---------------------------------------|----------------------------------|-----------------------|-----------------|
| <u>Memorial Regional Hospital</u> | | | | |
| Labor & Delivery Renovation | Turner Construction/HKS | May 2022 | October 2022 | Supply Chain |
| Linear Accelerator Replacement | Gerrits Construction/ACAI Associates | **June 2023 | On Schedule | None |
| Emerg Dept and Trauma Bay Renovation | Turner Construction/Harvard Jolly | **January 2025 | On Schedule | None |
| <u>Joe DiMaggio Children's Hospital</u> | | | | |
| Bed Tower Expansion Floors 5-8 | Robins & Morton/HKS Architects | November 2022 | On Schedule | None |
| Emergency Department Renovation | Engel Construction/Harvard Jolly | **August 2023 | On Schedule | None |
| <u>Memorial Regional Hospital South</u> | | | | |
| OR Electrical Upgrade | Engel Construction/Saltz Michelson | November 2022 | June 2023 | Supply Chain |
| Wind Retrofit | Thornton Construction/Saltz Michelson | December 2023 | On Schedule | None |
| Main Electrical Feeders | Thornton Construction/Saltz Michelson | **April 2023 | On Schedule | None |
| <u>Memorial Hospital West</u> | | | | |
| Cancer Institute Expansion | DPR Construction/HKS Architects | May 2023 | On Schedule | None |
| Central Sterile Processing | Thornton Construction/Saltz Michelson | **September 2023 | On Schedule | None |
| *Outpatient Nursing | Gerrits Construction/ACAI Associates | **June 2023 | On Schedule | None |
| <u>Memorial Healthcare System</u> | | | | |
| Outpatient Behavioral Health | ANF Group, Inc./Saltz Michelson | August 2022 | November 2022 | Supply Chain |
| MOBII Pediatric FitOut 2 & 3 FI Tenant Bld | Thornton Construction/Harvard Jolly | **August 2023 | On Schedule | None |
| Urgent Care Center Miami Gardens | Gerrits Construction/Saltz Michelson | **March 2023 | On Schedule | None |
| Primary Care Center Weston | Gerrits Construction/Saltz Michelson | **March 2023 | On Schedule | None |
| <u>Memorial Hospital Miramar</u> | | | | |
| Service Elevator | Engel Construction/Saltz Michelson | January 2023 | On Schedule | None |

*Denotes Item Added to Report

**Estimate Pending Permit



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South Broward Hospital District
Board Building Committee
Projects in Planning
September 2022

| <u>Memorial Regional Hospital</u> | Contractor / Architect | |
|--|-------------------------------|-----------------|
| Family Birthplace 4 th Floor | Turner Construction | HKS Architects |
| Interventional Radiology | TBD | ACAI Associates |
| Kitchen Renovation | Robins & Morton | Harvard Jolly |
| Master Plan | Robins & Morton | HKS Architects |
| <u>Joe DiMaggio Children's Hospital</u> | | |
| Imaging Equipment Replacement | TBD | TBD |
| Rehab and U18 Expansion | TBD | Harvard Jolly |
| <u>Memorial Regional Hospital South</u> | | |
| Chiller Replacement | TBD | Saltz Michelson |
| HVAC System | TBD | Saltz Michelson |
| <u>Memorial Hospital West</u> | | |
| 3 West HEPA Filtration | TBD | HKS Architects |
| Master Plan ICU/ED/MCI | TBD | HKS Architects |
| OR/Family Birthplace | TBD | HKS Architects |
| <u>Memorial Healthcare System</u> | | |
| Command Center | TBD | Saltz Michelson |
| DIO PAC Offices | TBD | Saltz Michelson |
| Free Standing Emergency Department | TBD | HKS Architects |
| Wellington ASC Conversion | TBD | Harvard Jolly |
| <u>Memorial Hospital Miramar</u> | | |
| Interventional Radiology Room | TBD | ACAI Associates |
| <u>Memorial Hospital Pembroke</u> | | |
| Chiller Replacement | TBD | Saltz Michelson |



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TO: Scott Wester, President and Chief Executive Officer
FROM: David Schlemmer, Vice President
Construction and Property Management
SUBJECT: Bid Opening: Interventional Radiology – Memorial Regional Hospital
DATE: October 12, 2022

Bids for the Interventional Radiology Project at Memorial Regional Hospital were opened at 4:00 P.M. on Wednesday, October 12, 2022, in the Executive Conference Room and through Teleconference. In attendance were Scott Wester, Leah Carpenter, David Smith, Paola Buitron-Bouw and David Schlemmer. Also in attendance (via telephone) were Walter Bussell and representatives from Engel Construction, Inc., Gerrits Construction, Inc., Thornton Construction Company, Inc., and Turner Construction Company.

The following bids were received for Interventional Radiology at Memorial Regional Hospital:

| | |
|---------------------------------------|-----------------|
| ➤ Engel Construction, Inc. | \$ 1,895,083.31 |
| ➤ Gerrits Construction, Inc. | \$ 2,971,553.00 |
| ➤ Thornton Construction Company, Inc. | \$ 2,252,505.00 |
| ➤ Turner Construction Company | \$ 1,826,576.75 |

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

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



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TO: Scott Wester, President and Chief Executive Officer
FROM: David Schlemmer, Vice President
Construction and Property Management
SUBJECT: Guaranteed Maximum Price – Family Birthplace, 4th Floor,
Memorial Regional Hospital
DATE: October 11, 2022

Turner Construction, the Board approved Top Ranked Firm selected for construction of the Family Birthplace Project on the 4th Floor of Memorial Regional Hospital, submitted the attached Guaranteed Maximum Price (GMP) in the amount of \$43,850,159.

Vermeulens, our cost estimating firm, provided an estimated construction value of \$44,742,920 for the 4th Floor Family Birthplace Project at Memorial Regional Hospital.

Turner Construction issued competitive subcontractor bids based on construction documentation provided by the project architect, HKS Architects. Bids were received directly by the Memorial Healthcare System construction staff and opened in a controlled manner with oversight by myself, MHS Construction Services and MHS Office of the General Counsel. Turner Construction compiled the bids received and developed a schedule of values for the Healthcare System's review. Concurrently Memorial hired an independent construction estimator, Vermeulens, to provide assistance in validating the construction manager's costs. Subsequently construction services staff, myself, along with our architect, engineers and estimator, met with Turner Construction, in order to analyze the results of the bids and to compare those figures to the values produced by Vermeulens.

The Guaranteed Maximum Price (GMP) provided by Turner Construction is within the cost estimates of our independent cost estimator. Recommendation for approval of the submitted \$ 43,850,159 GMP will be presented at the next regularly scheduled Board Building Committee meeting.

ATTACHMENTS



September 26, 2022

Mr. David Schlemmer
Vice President
Memorial Healthcare System
3111 Stirling Rd
Fort Lauderdale, FL 33312

Re: Memorial Regional Hospital Family Birthplace 4th Floor Renovation Project.

Dear Mr. Schlemmer:

This letter shall serve as confirmation of our Guaranteed Maximum Price for the Memorial Regional Family Birthplace 4th Floor Renovation Project, in the amount of \$43,850,159.

Thank you again for the opportunity and looking forward to another successful project with The Memorial Regional Health Systems.

Sincerely,

A handwritten signature in black ink, appearing to read "Carmen S. Gonzalez".

Turner Construction
Carmen S. Gonzalez
Project Executive

Memorial Healthcare System
3501 Johnson Street
Hollywood, FL 33021

9.23.2022

Attention: David Schlemmer, VP - Construction & Property Management

Re: Memorial Regional Hospital – 4th Floor Family Birthplace Renovation

Dear David,

Please find enclosed our independent cost estimate for the above project based on contract documents. Based on our analysis, the estimated cost of construction should not exceed: \$44,742,920.

This estimate includes all direct construction costs, general contractor's overhead, and profit and contractor's contingencies.

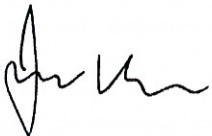
Excluded from the estimate are hazardous waste removal, loose furnishings, and equipment, moving, administrative and financing costs.

This estimate is based on an analysis of comparable projects and adjustments for local market conditions.

If you have any questions or require further analysis, please do not hesitate to contact us.

Yours very truly,

James Vermeulen, PQS
Managing Partner



SBHD/NBHD Partnership

SBHD Executive Lead: Nina Beauchesne
NBHD Executive Lead: Alan Whaley

IT Workgroup

SBHD Exec. Lead: Jeff Sturman
NBHD Exec. Lead: Alan Whaley /
Alex Fernandez

Specialty Services Collaboration

Pediatric Services

SBHD Exec. Lead: Caitlin Stella
NBHD Exec. Lead: Heather Havericak

Adult Services

SBHD Exec. Lead: Peter Powers
NBHD Exec. Lead: Heather Havericak

Sunrise Facility Workgroup

SBHD Exec. Lead: Nina Beauchesne
NBHD Exec. Lead: David Clark

Corporate Services Synergy

SBHD Exec. Lead: Dave Smith
NBHD Exec. Lead: Alex Fernandez

Team Members:

- Rich Leon
- Patrick Schilling
- Anthony Hamedl
- Ana Rodriguez
- Monica Puga
- Ken Ross
- Alan Whaley
- Alex Fernandez
- Abbie Forster
- Katy Branch
- Yami Diaz

Team Members:

- Scott Singer
- Dr. Ron Ford
- Jineal Shinn
- Dr. Gerald Lavandosky
- Dr. Frank Scholl
- Dr. Mike Jofe
- Dr. Diana Martinez
- Dr. Dean Hertzler
- Dr. Brian Cauff
- Dr. Holly Neville
- Dr. Deanna Soloway-Simon
- Heather Havericak
- Dr. Patricia Rowe-King
- Dr. Hector Rodriguez
- Dr. Venu Devabhaktuni
- Dr. Johnny Tryzmel
- Dr. Michele Markley

Team Members:

- Donald Kim, MD
- Leslie Pollart
- Michele Slane
- Michael Cortelli, MD
- I-wen Wang, MD
- Ralph Levy, MD
- Priyanka Gosain, MD
- Juan Plate, MD
- Sunil Kumar, MD
- Ken Herskowitz, MD
- Yordanka Reyna, MD
- Teresa Deasy
- Donna Small
- Rose Valderosa

Team Members:

- Matt Muhart
- Nina Beauchesne
- Leah Carpenter
- Robert Alonso
- David Schlemmer
- Jen Connelly
- Scott Singer
- Caitlin Stella
- Alan Whaley
- David Clark
- Alex Fernandez
- Alisa Bert
- Heather Havericak
- Jared Smith

Team Members:

- Dave Smith
- Jennifer Connelly
- Margie Vargas
- Robert Alonso
- Saul Kredi
- Scott Davis
- Alan Whaley
- Alex Fernandez
- Mark Sprada
- Jorge Hernandez
- Alisa Brit

BULLETS KEY: • SBHD ▪ NBHD

IT Workgroup

- SBHD Executive Lead: Jeff Sturman
- NBHD Executive Lead: Alan Whaley / Alex Fernandez

- Ongoing recruitment of a full-time BH CIO is underway with external recruitment firm. Several candidates going through interview process.
 - Meanwhile, MHS Digital Leadership providing day-to-day IT executive oversight.
 - MHS Digital Leadership contracted through end of Nov 2022, with an addendum in progress until May 2023.
 - MHS and BH to begin a process and engage a third party to facilitate and project manage next steps of an IT and other shared services arrangement.
- Impact Advisors/MHS presented final EHR cost options in August.
 - Request for Quote (RFQ) development underway by BH, to be completed by the end of October, with anticipated responses by end of November.
 - Two bids from consulting firms in process for Implementation Planning (Phase 0).
 - Implementation of EHR options for BH anticipated to start by mid-2023 with a planned activation in 2025.

Specialty Services Collaboration

Pediatric Services

- SBHD Executive Lead: Caitlin Stella
- NBHD Executive Lead: Heather Havericak

■ Clinical Service Collaboration

- Final affiliation agreement executed/signed
- Joint meetings have kicked off for key operational areas including quality/safety, patient experience, child life/patient family centered care and business development
- JDCH & BH are drafting quality/safety and patient experience dashboards as well as joint marketing agreement
- Continuing to participate in space planning meetings for free-standing ED in City of Sunrise
- Met with City of Sunrise leadership on 10/5/22 and will continue to do so as needed
- Preparations for joint clinical/physician leadership visioning meeting in progress including focus groups/surveys; Scheduled for 11/18/22
- ECMO-specific protocols/coverage/draft agreement in progress; Weekly work group in progress
- Continued progress with various specialties based on clinical needs

■ Physician Privileging/Credentialing

- ECMO-related privileging submitted to BHMC by JDCH; 1 physician complete and 2 still in process

Specialty Services Collaboration Adult Services

- SBHD Executive Lead: Peter Powers
- NBHD Executive Lead: Heather Havericak

- Adult Services Collaboration
 - Focus on heart failure services and collaboration between teams for advanced heart failure
- ECMO / eCPR
 - Broward Health invited to ongoing ECMO / eCPR drills at Memorial Regional Hospital

Sunrise Facility Workgroup

- SBHD Executive Lead: Nina Beauchesne
- NBHD Executive Lead: Alan Whaley / David Clark

- Officially submitted a planning and zoning package to the Development Review Committee (DRC) at the City of Sunrise on 10/12/2022. All comments received are addressable and the team is preparing a resubmission within 30-45 days.
- The project team completed the schematic design phase and anticipate the commencement of construction documents on or before Q1 of 2023.
- The Sunrise Project Executive Committee met with the City Manager for recent update on 10/05/2022 to discuss project intent, relationship between BH and MHS, EMS, and community impact.
- Additional outreach zoom event schedule for 11/09/2022 with the neighboring community.

Corporate Services Synergy

- SBHD Executive Lead: Dave Smith
- NBHD Executive Lead: Alex Fernandez

- Medicaid Payment Models
 - Collaboration on revised DSH redistribution for both MHS and BH
 - Reviewing Directed Payment Program enhancements used in Louisiana
- Group Medicare Wage Index enhancements completed
- 340B Optimization – reviewing contracted pharmacies and ineligible claims for additional opportunities
- TPN (IV nutrition) – awaiting fair market value pricing study
- Home infusion – finalizing ROI to replace outside service with MHS
- Reviewing joint Supply Chain RFP opportunities

QUESTIONS

