

**LAKE SHORE HOSPITAL AUTHORITY  
BOARD OF TRUSTEES**

**Special Meeting – November 1, 2022, 5:15 p.m.**

**This meeting was conducted as a public meeting and a Virtual meeting.**

**Present:** Brandon Beil, Chair  
Stephen M. Douglas, Vice-Chair

Lory Chancy – Secretary/Treasurer  
Don Kennedy, Trustee

**Absent:**

**Also**

**Present:** Dale Williams, Executive Director  
Fred Koberlein, Attorney  
Cynthia Watson, LSHA Staff  
Don Savoie, Meridian  
Alan Paulin, Meridian  
Mike Peacock, Hope Bridges  
Sylvester Warren  
Joshua Garner

Sonja Markham, LSHA Staff  
Karl Plenge, NOC  
Barbara Lemley  
Lauren Cohn, Meridian  
Richard Anderson, Meridian  
Molly White, Your ER Solutions  
Morgan McMullen, Lake City Reporter  
Vanessa George

14 participants participated in the LSHA Virtual Regular Board Meeting.

**CALL TO ORDER**

Chairman Beil called the in person/virtual November 1, 2022, Special Meeting to order at 5:20 P.M. Chairman Beil called for additions/deletions to the Agenda. Mr. Dale Williams advised that due to this special meeting falling on November 1, October bank statements and the monthly staff report will not be available until the next scheduled meeting. Agenda additions requested are: LSH – Option 4, Mr. Mike Peacock (memo attached), D & O insurance renewal, and a legal services agreement with RKK attorneys. Agenda deletions requested are: removal of the Lake City Medical Center presentation. **Motion** by Mrs. Lory Chancy to approve adoption of the Agenda. **Second** by Mr. Don Kennedy. All in favor. **Motion carried.**

**INDIVIDUAL APPEARANCES**

Comments by Ms. Barbara Lemley. (handout provided by Ms. Lemley, attached to minutes)

**NEW BUSINESS**

Lake Shore Hospital – Presentation by Mr. Michael Peacock, representing Hope Bridges VA Transitional Housing and ACE Medical.

Lake Shore Hospital – Presentation by Mr. Don Savoie, representing Meridian Behavioral Healthcare. (Three (3) ring binder provided at the meeting. A copy is available in the offices of LSHA).

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LSHA - Special Meeting Minutes

November 1, 2022

Lake Shore Hospital - Mr. Williams reminded the Trustees of Option #3 regarding the use of the main hospital - Razing the Building

The Authority indicated it would consider razing the main hospital building as an option. The estimated cost to raze the building is \$2.5 million. It should be noted this is an estimate only. It was not determined by bid or by a professional consultant.

Women's Center – Presentation by Dr. Molly White representing Emergency Medical Physicians at Lake Shore (EM PALS) f.k.a. Your ER Solutions. (attached)

Women's Center - Mr. Richard Powell explained Option #2 - LSHA Urgent Care Facility (attached)

Women's Center – Mr. Williams reported on his conversation with Ms. Jill Adams, Administrator, Lake City Medical Center. HCA is in the process of creating an Urgent Care division. When complete, HCA may have an interest in leasing a building from the Authority.

Mr. Williams recommended to the Trustees to hold off on decisions related to the Pharmacy and Dental services until final decisions are made on the Hospital Building and the Women's Center.

Public comments by Ms. Barbara Lemley, Mr. Sylvester Warren, Ms. Vanessa George and Mr. Joshua Garner.

Comments and discussion on the proposals by the Trustees.

**Motion** by Mr. Don Kennedy to proceed with negotiations on the Women's Center immediately with Dr's Michael and Molly White to get them up and running. **Second** by Mr. Stephen Douglas. All in favor. **Motion carried.**

**Motion** by Mr. Brandon Beil to discontinue negotiations with Hope Bridges. **Second** by Mr. Don Kennedy. **Motion failed.**

Mr. Williams will work on behalf of the Authority and work with Meridian Behavioral Healthcare to schedule community meetings for Meridian to answer questions pertaining to utilization of the hospital for behavioral healthcare services. The Trustees requested that a report on Meridian outreach efforts be made by the January regular scheduled meeting. The other option will be to raze the hospital building.

November 14, 2022, Regular Board Meeting

The November 14, 2022 will take place at the Authority office at 5:15 pm.

**UNFINISHED BUSINESS**

None.

**STAFF REPORT**

Staff report will be in the November 14, 2022, packet.

**BOARD MEMBER COMMENTS**

Comment by Mr. Stephen Douglas.

Chairman Beil called for a Motion to adjourn meeting.

Meeting adjourned.

Respectfully submitted,

  
\_\_\_\_\_  
Lory Chancy, Secretary/Treasurer

12-12-2022  
Date of Approval

COLUMBIA COUNTY, FL – Tonight's meeting of the Infamous Lake Shore Hospital Authority should be a doozie. Hospital Authority Manager Dale Williams once again waited until the last minute to have the backup material available for public inspection. Absent from the backup material is any mention of the \$33,000,000 Willie Peacock settlement.

## **Background**

In May 2020, the Lake Shore Hospital Authority Governor's Board (the Board) was advised that its tenant, CHS, was abandoning the Hospital.

On June 25, 2020, the Board authorized part-time Authority Manager Dale Williams to request Statements of Interest.

Three weeks later, at the July 2020 Board meeting, there wasn't one mention of the Statements of Interest.

One month later, on September 10, the Governor's Board was still trying to figure out what to do. The Hospital was within thirty days of abandonment. Four months had passed since Manager Williams was advised the Hospital was being abandoned.

During a special September 14, 2020, meeting, Manager Williams explained that maintaining the vacated Hospital would cost \$147,000 a month. The Board approved \$150k.

During the October and November Board meetings, there was no mention of the previously agreed Request for Proposal/Statements of Interest. The Hospital was now vacant for sixty days.

Finally, during the first meeting in January, Manager Williams mentioned the proposals and asked the Board members to contact the staff to set up a date.

During the February 8, 2021, meeting, there was no mention of any of the proposers for the Hospital. While Hospital Authority Manager Williams provided no documents showing the expenditures to keep the Hospital vacant, it appeared from the earlier figures the cost was about \$620,000.

After spending approximately \$620,000 to keep the empty Hospital going, one proposer appeared in front of the Board on March 17. On March 18, there was a regular meeting of the Authority. None of the proposals were mentioned in the minutes.

By May 10, 2021, one year after the Board discovered CHS was leaving town, only one proposer visited the Authority, Ace Medical.

## **Hospital Authority Loses the Required Board Member**

Sometime after May, Dr. Mark Thompson had to resign from the Board. He moved out of the County. The Florida legislation establishing the Authority required that one Board member must be a physician practicing at the Hospital and also a Columbia County resident. Both requirements had to be met. Dr. Thompson was out.

In January 2022, Governor DeSantis appointed former public defender investigator and Republican operative Don Kennedy to be on the Board. He is not a physician practicing at the Hospital. He has stated he doesn't want to be on the Board.

Now almost a year and a half after the Hospital was vacated and having spent over a million dollars on the vacated Hospital, there still was no urgency by Authority Manager Williams or the Governor's Board to get the ball rolling.

In January, the Board blew off a proposal from Meridian CEO Don Savoie.

In March 2022, Willie Peacock appeared at the Board meeting as the representative of Haven Health. His presentation disappeared, and Manager Williams said it could not be found.

In April, Heaven Health Peacock reappeared as Hope Bridges Peacock. He claimed that his attorney advised him to switch horses.

In May, now two years after Manager Williams knew CHS was vacating the Hospital, he informed the Board that he was working on scheduling a meeting of respondents to the RFP.

In June, Florida Gateway College President Larry Barrett made a presentation. The FGC Board was not behind President Barrett's proposal.

Mike Peacock was also back, this time with a gaggle of folk, including Ace Medical. A new player, Julie Smith, appeared as an expert in veteran housing. However, her dream project was stalled in Tallahassee. She was silent about that.

Also, Meridian made a second presentation.

The big event during the June 2022 meeting was Board member Stephen Douglas making a motion for Authority Attorney Fred Koberlein, Jr., and Authority accountant-auditor-external auditor-financial advisor (all one person) Richard Powell, CPA, a forty-year friend of Manager Williams, to work out a lease and other details with Hope Bridges principal, Willie Peacock. The motion passed unanimously.

## **Willie Peacock - Hope Bridges, Willie Peacock - Well Care: A \$33 million settlement**

On November 3, 2020, in the US District Court Southern District of Florida, Gilead Sciences filed suit against many defendants. Highlighted in the media was one defendant, Willie Peacock.

Yes, that is the same Peacock making a play to take over the Authority's vacated Hospital, Shands at Lake Shore.

In every article exploring the Well Care sham found by the Observer, Well Care and its president, Mike Peacock, are highlighted.

In June of this year, Well Care and certain executives settled with Gilead for \$33,000,000.

The 2020 [complaint](#) [alleged](#) that Mike Peacock and others wrongfully obtained millions of dollars in illicit profits by exploiting Gilead's charitable program, which provided the qualifying uninsured with free, life-saving HIV drugs.

Fierce Pharma, an industry publication, reported, "At the time, the company said the defendants established a scheme to recruit homeless or low-income people in Florida to seek fraudulent preexposure prophylaxis (PrEP) prescriptions through the company's free-drug access program."

"Then the participating clinics pocketed reimbursement payments and often took the medicines back to repackage them and sell them on the black market."

[Zoey Becker](#) of Fierce Pharma reported that a Gilead spokesperson explained the scheme this way. "Well Care and its president, Mike Peacock, played a central role in the conspiracy by partnering with one of the main defendant groups to expand the fraudulent scheme to Jacksonville and enrich themselves at Gilead's expense. The Well Care defendants actively recruited and paid thousands of vulnerable Floridians to enroll in Gilead's free-drug program for PrEP regardless of whether they wanted or needed PrEP medication, putting patient safety at risk."

Paul Schlosser of Endpoints News reported on the Gilead settlement, explaining that the lawsuit took 18 months and 860 court filings.

Mr. Schlosser wrote on June 29, 2022, "Gilead, along with healthcare clinic Well Care and execs Mike Peacock and Shajuandrine Garcia, reached a settlement worth \$33 million last week."

Mr. Scholsser highlighted the following from Gilead's initial 138-page filing stating that the "schemes included a common modus operandi":

"...recruiting individuals who earn low incomes or are homeless to serve as placeholder "patients"; prescribing those "patients" medically unnecessary, inappropriate, and often unwanted PrEP medication; falsely certifying to Gilead's representatives that the prescriptions are medically necessary and appropriate; seeking reimbursement from Gilead, under false pretenses, for the cost of those fraudulently dispensed medications; unlawfully removing PrEP medication from its original, FDA-approved packaging and separating it from its original, FDA-approved labeling; repackaging PrEP medication in an unlawful, trademark-infringing, and potentially dangerous manner for dispensation to the recruited "patients"; and unlawfully repurchasing those medications back from "patients" for pennies on the dollar so they can be resold at a higher price on the black market. In addition to defrauding Gilead out of tens of millions of dollars and jeopardizing Gilead's hard-earned goodwill, Defendants' schemes have placed at risk the health — and even the lives—of Floridians who are economically challenged."

Mr. Scholsser continued, "Gilead further blasted the defendants in its original filing, calling the schemes 'a colossal financial fraud.'"

### **Where is the Governor's Board?**

Weeks ago, Barbara Jeffords Lemley made a public record request for the contract and other information surrounding the Willie Peacock Hope Bridges deal.

Ms. Lemley was stonewalled and received nothing.

Even though there hasn't been a meeting of the Board in two months, Manager Williams did not provide the backup material to the public until yesterday.

Attorney Fred Koberlein billed the Authority for writing a contract. So far, he has not produced the contract.

### **Epilogue**

In about an hour the Governor's illegally constituted Board meets.

Under Board Chairman Bell, the rest of the Governor's appointments, and Authority part-time Manager Dale Williams, anything is possible

LAKE SHORE HOSPITAL AUTHORITY  
DR. WHITE ER ALTERNATIVE  
PROPOSAL

**OPTION 1**

	2023			2024		
	EST. ANNUAL VISITS	REIMB RATE	TOTAL	EST. ANNUAL VISITS	REIMB. RATE	TOTAL
MEDICAID (SUPPLEMENT)	1710 (5 visits per day)	\$ 150	\$ 256,500	2394 (7 visits per day)	\$ 150	\$ 359,100
LSHA PATIENTS	1710 (5 visits per day)	\$ 611	1,044,810	2565 (8 visits per day)	\$ 452	1,159,380
	3,420		1,301,310	4,959		1,518,480
PROPERTY TAXES			10,000			10,000
			1,311,310			1,528,480
HEALTHCARE SERVICES BUDGET			(350,000)			(350,000)
NET COST TO AUTHORITY			\$ 961,310			\$ 1,178,480
EQUIVALENT MILLAGE			0.28 MILLS			0.34 MILLS
START-UP COSTS			\$650,000			\$ -
<b>PER VISIT RATES:</b>	<b>RATE</b>	<b>ANNUAL</b>	<b>TOTAL (Mid Range)</b>	<b>ANNUAL (max)</b>	<b>TOTAL (max)</b>	
0-7.9 PER DAY	\$ 611	1,368	\$ 835,848	2,702	\$ 1,650,800	
8-12.9 PER DAY	\$ 452	3,420	\$ 1,545,840	4,412	\$ 1,994,134	
>15 PER DAY	\$ 283	5,164	\$ 1,461,469	6,840	\$ 1,935,720 (20 per day)	

**OPTION 2**

REVENUE GUARANTEE @ \$125,000 PER MONTH FOR \$1,500,000 PER YEAR FOR THREE YEARS

UNDER THIS ALTERNATE PROPOSAL, LSHA WOULD GUARANTEE EMS PALS \$1,500,000 IN OPERATING REVENUE PER YEAR FOR THREE YEARS. THE REVENUE WOULD CONSIST OF LSHA PATIENT FEES AT THE ABOVE RATES OR OTHER RATES, AND CASH SUBSIDIES TO THE EXTENT THAT PATIENT FEES WERE INADEQUATE. AFTER DEDUCTING THE CURRENT HEALTHCARE SERVICES BUDGET OF \$350,000 THIS WOULD RESULT IN \$1,150,000 IN ADDITIONAL FUNDING FROM LSHA PER YEAR OR APPROXIMATELY 0.34 MILLS.

Women's Center - 2 story building - Option 1



# Emergency Medicine Physicians at Lake Shore

## What we will do

Provide Emergency Medicine level care for Columbia County.

## Cost of Emergency Medicine care

Quality healthcare is expensive. In 2018/2019 the cost to run Lake Shore's ER was over \$7 million per year

CHS spent around \$5 million per year and the groups staffing the ER spent over \$2 million per year.

## So why did CHS and ER groups run Lake Shore?

CHS made money off admissions and procedures

The ER groups made money off *other* CHS contracts outside of Columbia County

## Our cost

We estimate a cost reduction of more than 70% compared to CHS.

As opposed to \$7 million per year combined cost of CHS and ER contract groups -- our cost should be less than \$2 million per year.

Since we would not be a hospital we will not receive revenue from admissions or procedures.

Our costs include:

1. More than 10 employees
2. Will offer services exceeding free standing ERs
3. Will offer higher quality of care
4. Maintenance of equipment
5. Pharmaceuticals and equipment (sutures, procedure kits, etc.)
6. All materials to run a free-standing ER

## Why is our cost more than 70% less?

1. Significant reduction in administrative overhead
2. Open during peak hours (as opposed to 24/7)
3. Ability to adjust hours to community demand
4. Use rapid point of care testing as opposed to a full-fledged lab. Send out testing by courier available.
5. No in house radiologist. Instead, our providers will offer many real time interpretations of x-rays.
6. Will staff more efficiently.
7. We will offer simplified billing as opposed to multiple bills after the visit
8. We are excited to offer telehealth
9. Our focus is on reducing hospital admissions and providing on going care as needed

### **What care are we proposing?**

As a minimum we perform all procedures, interventions and treatments offered at a free-standing ER (see table).

Although the term has been used, we are not proposing an urgent care and will offer a distinctly different level of care.

In fact, we will be most like a full-fledged hospital-based ER with the following exceptions:

1. We will focus on keeping patients out of hospitals by offering ongoing visits and treatments designed specifically to help people avoid unnecessary hospital admission.
2. If admission is needed, we will partner with hospitals to offer best options to our patients.
3. We will not have specialists on call.
4. We will limit use of narcotics and controlled substances. We believe through sedation we should be able to rectify most painful conditions. We also feel on going narcotic treatment is best delivered in an inpatient setting.

### **Why are we more than an ER?**

1. We will be emergency medicine physician led (as opposed to administratively led).
2. We will offer procedural sedation when appropriate. For example, dislocation reduction, fracture management, complex lacerations, large abscesses, etc.
3. We plan to offer IV-less sedation. To our knowledge this is not available in any Emergency Room in the United States.
4. We plan to offer tele-medicine
5. We plan to offer the ability to schedule appointments
6. When needed we would like to provide on call after hours (tele health)
7. We are looking into the option of home visits
8. We would like to offer durable medical equipment such as walkers, wheelchairs and similar.

### **Startup costs**

This includes Emergency Medicine related equipment and would be purchased and owned by the board. We believe it would be best for the board to own the equipment and building and for our business to rent the space and maintain the equipment through service contracts.

### **Authority board rates**

Our rates are significantly less than what was paid to CHS in 2018/2019. We made no adjustment for inflation or for increased cost of care for the last 5 years.

The average cost of care in 2018/2019 was \$611.30 per visit. Given ER cost of care is never evenly distributed (some patients cost a lot and others cost much less) we considered median (or middle) cost and quartile.

Median cost paid by Authority Board to CHS in 2018/2019 was \$453.50

Upper and Lower quartile cost paid by Authority Board to CHS in 2018/2019 was \$736 and \$297 respectively.

We expect business to grow rapidly and build a reduced cost model based on authority board visits per day.

At low volumes (<8 authority visits per day) the clinic would be reimbursed at more than \$100 per visit below 2018 CHS upper quartile rates.

At 8 to less than 13 visits per day we would be paid at less than the median rate for CHS in 2018.

Beyond 13 or more visits per day, the clinic would receive significantly less than the lower quartile for CHS in 2018.

We are offering a better product at a significant cost reduction from CHS from five years ago.

### **Medicaid**

The authority board has an interest in moving patients from authority board to Medicaid. We have an interest to provide care regardless of insurance. Medicaid reimbursement is too low for any private clinic to accept without loss. For our ER services we ask for a Medicaid supplement for the first 24 months and then a rate two thirds less thereafter. We believe this will offer a tremendous service to our community at a reduced cost to the board while continuing to provide Medicaid recipients a community-based care alternative.

### **Why a staggered model based on volume?**

We are in this for the long haul and view the authority board and community as our partners. Reduced cost with volume growth only make sense as it reduces risk to the board while allowing us to continue to deliver excellence to the community.

### **Given significantly lower risk -- Why would we risk opening a clinic?**

We both entered medicine to take care of people and have been blessed with long careers. We believe we have a calling to give back to a community that has given so much to us over the nearly 20 years.

Working with our patients in our clinic would truly be a privilege.

Moreover, Emergency Medicine, like any other business, is reliant on customers. We believe we will offer the best product and therefore believe we will be able to care for a significant number of people. We believe any relative losses will disappear as word-of-mouth spreads and our volumes grow.

### **Two Models**

We outlined two models. One has a revenue guarantee and the other does not. We prefer the model without the guarantee as we believe our model will be successful. No income guarantee represents a greater risk to us, but we believe in what we are offering and do not think it is the board's responsibility to ensure our success.

## Dale Williams

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**From:** Michael White <mjw22@hotmail.com>  
**Sent:** Monday, October 31, 2022 7:36 AM  
**To:** Dale Williams  
**Subject:** Authority board table

	EM PALS	Urgent Care	Free Standing ER	Hospital Based ER
Chest pain	✓	X	✓	✓
Abdominal Pain	✓	X	✓	✓
Trouble breathing	✓	X	✓	✓
EKG	✓	rarely	✓	✓
Cardiac Labs	✓	rarely	✓	✓
Ultrasound	✓	X	X	✓
Xray	✓	sometimes	✓	✓
CT scan	✓	X	✓	✓
Lacerations	✓	only simple	✓	✓
Abscess	✓	only simple	✓	✓
Rapid Lab results	✓	limited	X	X
Little to no wait time	✓	X	X	X
Short care start to care complete	✓	Variable	X	X
Efficient billing	✓	Variable	X	X
Fracture reduction	✓	X	X	✓
IV fluids	✓	X	✓	✓
IV medications	✓	X	✓	✓
Sedation for painful procedures	✓	X	X	✓

**LAKE SHORE HOSPITAL AUTHORITY**  
**PRIMARY CARE AND URGENT CARE CENTER**  
**PROPOSED BUSINESS PLAN**

**OVERVIEW**

After directly operating the Shands Lake Shore Hospital for many years, in 1987 the Lake Shore Hospital Authority (LSHA) leased the hospital facilities to Santa Fe Healthcare. Under the terms of the lease LSHA began funding indigent care at the hospital based upon specific conditions contained in the various versions of the lease agreement. LSHA levied a millage up to three mills to support this indigent care program. This millage rate was .962 during recent years. In 2020 the existing lessee, Community Health Systems, elected to terminate the lease and closed the hospital and returned the building facilities to LSHA. The Authority received a \$7.5 million termination fee from Community Health Systems at that time.

For the subsequent two years LSHA has attempted to find tenants for the vacated facilities, especially tenants who would provide health care services to the underserved population surrounding the hospital campus. While several prospects made proposals to operate hospital and urgent care facilities out of the vacated buildings, all proposals required the LSHA to make significant expenditures and guarantees regarding building improvements, equipment purchases and operating costs, including patient reimbursements. These amounted to requiring the LSHA to make significant outlays of public funds without adequate oversight of the use of the funds. Proposals that did not require significant LSHA expenditures also did not provide for comprehensive, high level medical care to the targeted underserved population.

During this time LSHA maintained contracts with several individual medical providers for patient services, but these providers were under-utilized, primarily due to qualification criteria. This resulted in only 315 patient visits during the past year, although it is acknowledged that there is a much greater need for medical services by the county indigent population.

**BUSINESS PLAN**

In the light of these circumstances, LSHA staff has prepared a study of the projected costs of directly operating a combined primary care and indigent care center in the vacant two story building referenced as the "Women's Center". The proposed Clinic would operate 10 hours per day week days and 5 hours per day on weekends. Hours would be adjusted as necessary based on patient volumes. Services would include all services normally provided by primary health Clinics and urgent care centers, with enhanced diagnostic services generally found in emergency department settings. Such services will be enhanced and expanded in future years.

**REVENUES**

The Clinic would apply for designation as a "Rural Health Clinic" which would allow it to collect substantially higher reimbursement rates from Medicare and Medicaid patients than would otherwise be possible. That would make these patients able to substantially contribute to the facility's operating costs. Additionally the guidelines for authority board patients would be streamlined and modernized for visits to the Clinic. These patients would be billed on a sliding fee basis and would be encouraged to utilize the

Women's Center (2 story building) - Option 2

Clinic for both primary and urgent care needs. The new qualifications would only apply to visits at the LSHA Clinic. For the purpose of this study the estimated patient volumes by payor class included in the initial outside clinic proposal were utilized.

This business plan is formulated based on the following criteria for patient services:

1. All existing service contracts would be cancelled and future patient services would only be performed at the LSHA Clinic.
2. LSHA would no longer fund any portion of hospital inpatient services. Such services would be performed and funded in accordance with individual hospital policies and guidelines.
3. If emergency room or hospital facilities are required by LSHA patients, they would be referred to and transported to the hospital of their choice, by EMS based upon their criteria.

### EXPENSES

The primary strategy to reduce Clinic costs below other proposals is to utilize to the greatest extent possible, the existing LSHA operating budget. This creates substantial savings in administrative personnel, insurance, telephone/ internet, professional, and occupancy costs. Thus nearly the entire Operating Fund budget can be allocated to the clinical facility.

Personnel include 6.3 professional positions including a fulltime doctor and ARNP or PA and 4.3 FTE nursing and technical positions. This staffing level will provide capacity for at least 6,000 patient visits. Compensation levels have been calculated at the upper range of comparable Florida positions, and include FRS retirement and health insurance at the rate for Columbia County employees. There is a possibility that certain of these positions will be retained on a contractual basis.

Other operating expenses are based on information in the above-referenced outside study.

### INITIAL COSTS

The estimated initial, non-recurring costs are as follows:

Building renovations	\$280,500
Equipment	269,500
Marketing campaign	<u>100,000</u>
Total	<u>\$650,000</u>

The costs are detailed on page 4 of this report.

Women's Center (2 story building) Option 2

**FINANCIAL PROJECTION**

As shown on page 2, the projected finances of this project would be as follows for the first full year:

Estimated Facility Costs	\$ 1,600,844
Operating Fund budget offset	(457,221)
Healthcare Services Fund offset	(350,000)
Patient revenue	<u>(403,500)</u>
Net Required Subsidy	<b><u>\$(390,123)</u></b>

To increase this subsidy to \$700,000 per year to provide a contingency would require a millage rate of 0.20 mills.

Women's Center (2 story building) Option 2

LAKE SHORE HOSPITAL AUTHORITY  
 PRIMARY AND URGENT CARE CENTER  
 PROPOSED BUDGET  
 LSHA BUDGET

	FTE	TOTAL	OFFSET	NET BUDGET
<b>PERSONNEL SERVICES</b>				
PHYSICIAN	1	\$ 300,000	\$ -	\$ 300,000
REGISTERED NURSE	1.42	106,500	-	106,500
LPN/PARAMEDIC	1.42	71,000	-	71,000
XRAY/ULTRASOUND TECH	1.42	85,200	-	85,200
ARNP/PA	1	110,000	-	110,000
PRN SALARY ALLOWANCE		40,000		40,000
OFFICE MANAGER	1	75,000	(75,000)	-
GREETER/REGISTRATION	1.42	56,800	(56,800)	-
	<u>8.68</u>	<u>844,500</u>	<u>(131,800)</u>	<u>712,700</u>
FICA		64,604	(10,082)	54,522
RETIREMENT (FRS)		96,540	(15,815)	80,725
HEALTH INS		86,400	-	86,400
WORKERS COMP		15,000	(2,500)	12,500
		<u>1,107,044</u>	<u>(160,197)</u>	<u>946,847</u>
<b>OPERATING EXPENSES</b>				
EHR BILLING COMPANY		30,000	-	30,000
RADIOLOGY READS		34,200	-	34,200
LICENSES		1,900	-	1,900
CLOUD STORAGE		4,000	-	4,000
INTERNET		5,000	(3,000)	2,000
WEBSITE		10,000	(5,000)	5,000
TELEPHONE		10,000	(7,000)	3,000
COMPUTER MAINTENANCE		5,000	(3,000)	2,000
INSURANCE		40,000	(40,000)	-
FINANCIAL MANAGEMENT		40,000	-	40,000
EQUIPMENT SERVICE		5,000	-	5,000
MEDICAL EQUIPMENT SERVICE CONTRACTS		13,600	-	13,600
LAB		62,800	-	62,800
PHARMACY		25,000	-	25,000
OPHTHOLOGY		2,300	-	2,300
BIOMEDICAL CONTRACT		8,000	-	8,000
CONTINUING EDUCATION		5,000	-	5,000
QUALITY ASSURANCE		10,000	-	10,000
PHARMACY SUPPLIES		35,000	-	35,000
LAB SUPPLIES		7,000	-	7,000
NEEDLES/IVS		25,000	-	25,000
PAPER SUPPLIES		10,000	-	10,000
RENT/UTILITIES		50,000	(50,000)	-
ACCOUNTING/LEGAL		45,000	(45,000)	-
ADVERTISING		50,000	(4,000)	46,000
		<u>533,800</u>	<u>(157,000)</u>	<u>336,800</u>
		<u>\$ 1,600,844</u>	<u>\$ (317,197)</u>	<u>\$ 1,283,647</u>
OPERATING FUND BUDGET BALANCE				(140,024)
HEALTHCARE SERVICES BUDGET BALANCE				(350,000)
REVENUES NEEDED TO BALANCE				<u>793,623</u>
<b>REVENUES</b>				
MEDICARE 700 @ \$125		\$ 87,500	\$ (87,500)	
MEDICAID 1,700 @ \$125		212,500	(212,500)	
COMMERCIAL INS 685 @ \$100		68,500	(68,500)	
SELF PAY 350 @ \$100		35,000	(35,000)	
LSHA PATIENTS 2600 @ \$150		325,000	(390,000)	
		<u>\$ 728,500</u>	<u>(793,500)</u>	
NET RECURRING FUNDING NEEDED			\$ 500,000	
EQUIVALENT MILLAGE			0.15 MILLS	

*... Center (existing building) Option 2.*



LAKE SHORE HOSPITAL AUTHORITY  
PRIMARY AND URGENT CARE STUDY PROPOSED STAFFING PLAN

POSITION	SALARY.COM		FTE	TOTAL
	SALARY RANGE	BUDGET SALARY		
URGENT CARE/ ER PHYSICIAN	\$177,600-\$350,000	\$ 300,000	1.00	\$ 300,000
URGENT CARE ARNP	106,500-116,500	110,000	1.00	110,000
URGENT CARE REGISTERED NURSE	64,500-83,000	75,000	1.42	106,500
LPN/PARAMEDIC	44,000-54,000	50,000	1.42	71,000
XRAY/ULTRASOUND TECH	54,000-65,000	60,000	1.42	85,200
OFFICE MANAGER	59,500-74,000	70,000	1.00	75,000
GREETER/ REGISTRATION	N/A	40,000	1.42	56,800
				<u>\$ 804,500</u>

PATIENT VISIT CAPACITY	ANNUAL VISITS
PHYSICIAN	4,200
ARNP/PA	2,200
	<u>6,400</u>

PROJECTED VISITS		
MEDICARE @ \$125	700	\$ 87,500
MEDICAID @ \$125	1,700	212,500
COMMERCIAL INS @ \$100	685	68,500
SELF PAY @ \$100	350	35,000
LSHA @ \$150	2,600	390,000
	<u>6,035</u>	<u>\$ 793,500</u>
PERCENT OF CAPACITY	<u>94.20%</u>	

Women's Center (2 story building) Option 2

LAKE SHORE HOSPITAL AUTHORITY  
 PRIMARY AND URGENT CARE CENTER  
 ESTIMATED STARTUP COSTS

<u>BUILDING RENOVATIONS</u>	<u>COST</u>
A/C UNIT	\$ 15,000
GUTTER REPAIR	4,600
REFRESH INTERIOR	34,900
CLEANING EXTERIOR	23,000
LED LIGHTING	33,000
REFRESH CEILING TILE	20,000
PAINTING PARKING LOT	60,000
REPAIR & CERTIFY ELEVATORS	50,000
FIRE SYSTEM INSPECTION	15,000
LANDSCAPING	25,000
	<u>280,500</u>

EQUIPMENT

DIGITAL XRAY- FIXED	40,000
DIGITAL XRAY- PORTABLE	10,000
EQUIPMENT -STERILE CLAMPS	20,000
ULTRASOUND STERILIZER	8,000
LAB EQUIPMENT	20,000
MEDICINES SAFE	2,000
PICCOLO CHEMISTRY ANALYZER	10,000
POCHI (HEMATOLOGY ANALYZER)	9,000
ISTAT BLOOD ANALYZER	10,000
URINALYSIS	4,000
COVID	10,000
FLU/ RSV	20,000
NITROUS OXIDE PLUS CAPTURE	30,000
EXAM TABLES/RECLINER (5)	20,000
TONOPEN	5,000
MINI VENTILATOR + BIPAP	10,000
MINI CPAP	2,000
SLIT LAMP	5,000
BLACK LIGHT	500
PYXIS	10,000
BLANKET WARMER	3,000
FLUID WARMER	3,000
MEDICATION SCAN SYSTEM	5,000
REFRIGERATOR (2)	8,000
CENTRAL MONITORING SYSTEM	5,000
	<u>269,500</u>

OTHER

MARKETING CAMPAIGN	100,000
TOTAL START UP (NON-RECURRING)	<u><u>\$ 650,000</u></u>

Women's Center (9 story building) Option 2