

Whole Family Health Center
Gifford Health Center Proposal Amendment
May 16, 2019

Summary of Services Provided by Whole Family Health Center

Services to be provided on-site at the Gifford Health Center

1. Pediatric care Monday-Thursday 7:30am to 6:00 pm; Friday 7:30 am to 5:00 pm
2. Full time patient navigator
3. Full time facilities coordinator
4. Van shuttle service to Whole Family Health Center Vero Beach clinic (2.5-mile trip)
5. Limited CLIA-waived tests
6. Courier service for discounted medications (will be delivered daily to the Gifford Health Center)
7. Vaccines for Children program
8. Lactation consultations
9. Community collaboration with monthly themed events to include classes, educational opportunities, outreach and networking
10. Collaborative community organization to include VNA, We Care, Healthy Start, Gifford Health Council, District Trustee, WFHC facility coordinator, patient navigator and selected Gifford community members
11. Limited acute adult care
12. Collaboration with on-site community partners including Healthy Start and We Care
13. Collaborate with VNA mobile clinic for extended hours to include Saturday hours/TBD
14. Collaborate with Mental Health Association to cover Substance Abuse Disorders
15. Indigent Care Program to provide waived fees if patients have no ability to pay
16. We do not send any unpaid balances to collection agencies

Services to be provided at Whole Family Health Center 981 37th Place, Vero Beach, FL (2.5-mile trip)

1. Adult and pediatric mental health services (psychiatry and behavioral health counseling) Monday-Thursday 7:30 am to 6:00 pm; Friday 7:30 am to 5:00 pm
2. Adult, geriatric, and pediatric acute and chronic care health services
3. Infectious disease services, specializing in Hepatitis C, Hepatitis B, Hepatitis A prevention, HIV, and AIDS
4. Full service 340B pharmacy
5. Full CLIA-waived tests
6. Case management
7. Social services and outreach

Cost to patient

Same day discount pricing: A patient \$10.00, B patient \$25.00, C patient \$30.00, D patient \$40.00

Cost to Hospital District

\$274,672 NOTE: Add \$33,480 for optional funding (please refer to budget)

Whole Family Health Center, Inc.
 REVISED BUDGET WITH PEDIATRICS AND LIMITED ACUTE PRIMARY CARE ON SITE

REVISED PAYOR MIX BASED ON GHC DATA

% of visits # of visits # of visits # of visits

			7,200	9,000	10,500
REVENUES			GIFFORD YEAR 1	GIFFORD YEAR 2	GIFFORD YEAR 3
Medicaid	Change Payor Mix based on data received	43.64%	399,696	499,621	582,891
Medicare		3.61%	35,181	43,977	51,306
Private Insurance		4.81%	20,922	26,153	30,511
Self Pay		47.94%	103,546	129,433	151,005
PHARMACY REVENUES			889,999	1,557,499	2,224,998
Total Revenues		100.00%	1,449,345	2,256,682	3,040,711

EXPENSES			GIFFORD YEAR 1	GIFFORD YEAR 2	GIFFORD YEAR 3
PROVIDER SALARIES			175,000	262,500	350,000
PROVIDER BENEFITS			43,750	65,625	87,500
STAFF SALARIES			150,000	205,000	260,000
STAFF BENEFITS			30,000	41,000	52,000
Staffing Totals			398,750.00	574,125.00	749,500.00

ADVERTISING/MARKETING/GHC EVENTS			100,000	50,000	25,000
ASSISTANCE TO INDIVIDUALS			-	-	-
BAD DEBT			32,221	56,386	80,552
BOOKS/SUBSCRIPTIONS			-	-	-
CONFERENCE COSTS			-	-	-
EHR FEES	Add EHR fees for patients seen at GHC	5.25%	46,008	57,510	67,095
INSURANCE	Add provider insurance	3.75%	27,072	33,840	39,480
IT/SOFTWARE MAINTENANCE	Add additional IT costs for staff	7.44%	53,568	66,960	78,120
LEGAL FEES			-	-	-
MAINTENANCE	Add Custodial, Grounds	1.21%	10,872	13,590	15,855
PHARM MANAGEMENT FEES			118,529	207,426	296,323
MEDICATION COSTS			768,360	1,344,631	1,920,901
MINOR EQUIPMENT			-	-	-
MISCELLANEOUS EXPENSES			500	515	530
OCCUPANCY			1	1	1
PRINTING			-	-	-
PROFESSIONAL FEES			37,262	65,209	93,155
PURCHASED SERVICES			-	-	-
SUPPLIES	Add Medical Exam Room and Lab Supplies	6.22%	37,584	46,980	54,810
TELEPHONE			2,400	2,472	2,546
TRAVEL			5,200	5,356	5,517
UTILITIES			15,000	15,450	15,914
Total Expenses			\$ 1,653,327	\$ 2,540,450	\$ 3,445,299

Net profit (loss) (203,982) (283,769) (404,587)

CAPITAL NEEDS (see below table) 70,690 - -

NET OUTFLOW (FUNDS REQUESTED) (274,672) (283,769) (404,587)

*NOTE: 3,480 estimated self pay visits at \$10 per visit for patients 100% or less: (33,480)

Request with "Optional" funding of \$33,480 (308,152)

NEW VEHICLE FOR TRANSPORTING CLIENTS	25,000
IT/SECURITY INFRASTRUCTURE	10,000
Add: Fit out four (4) medical exam rooms: wall units, tal	23,990
Add Lab Equipment	1,500
Exam Table- Adult	8,000
Scales	1,000
AED / Emergency Kit	1,200
TOTAL START UP FUNDING	70,690