Hillsborough County Florida

Accommodation Statement

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Hillsborough County Hospital Authority

AGENDA

QUARTERLY BOARD MEETING
HILLSBOROUGH COUNTY HOSPITAL AUTHORITY
September 10 – 10:00 a.m. - IN-PERSON QUORUM REQUIRED
24th Floor – Fred B. Karl County Center – 601 E. Kennedy Blvd, Tampa, FL 33602

I.	Call To Order	Chair Madeleine Courtney
II.	Approval Of Minutes - May 14, 2025	Chair Madeleine Courtney
III.	Report From The Chair a. Proposed FY 2026 Board Meeting Schedule	Chair Madeleine Courtney
IV.	Treasurer's Report a. FY 2024 Third Quarter Treasurer's Report	Treasurer Dr. Jeffery Johnson
V.	Report From The Secretary a. Document Review & Archive Project	Secretary Lisa Decossas
VI.	Report From Hospital Authority Legal Counsel a. Election of New Officers b. By-Law Revision Review c. Gift Committee Business	HCHA Attorney Jennie Tarr
VII.	Report From The Administrator a. Third Quarter MBE Spend Report b. Indigent Care Third Quarter Report	Administrator Lisa Montelione & Felix Bratslavsky, Manager MBE & Government Relations/TGH
VIII.	Other Business	
IX.	Public Comment	
X.	Next Board Meeting Date – Tentative upon approval of FY 2026 Calendar	
XI.	Adjournment	

Hillsborough County Hospital Authority

Quarterly Meeting Minutes – May 14, 2025 – 10:00 A.M.
Fred B. Karl County Center – 601 E. Kennedy Blvd, 24th Floor Conference Room

BOARD MEMBERS IN ATTENDANCE IN PERSON
Commissioner Donna Cameron Cepeda, Vice Chair James Martin, Jr., Secretary Lisa Decossas, Treasurer Jeffrey Johnson, Ph.D. (virtual at 10:04 a.m./in person arrival 10:10 a.m.), Hon. John Grant, Manoucheca Chantigny, Darby Craddock, Dr. Ebony Owens,

BOARD MEMBERS IN ATTENDANCE VIRTUALLY: Commissioner Hagan, Gautam Krishna Koipallil M.D. (joined at 10:53), Jay Wolfson, Ph.D. (virtual at 10:29 a.m./exited at 10:35 a.m.)

BOARD MEMBERS ABSENT – Chair Madeleine Courtney, Jerome Ryans, Robert Gonzalez, Allison St. Cyr,

OTHERS IN ATTENDANCE IN PERSON:
Tampa General Hospital (TGH): Felix Bratslavsky, Manager MBE & Government Relations; Mark W. Campbell, Vice President, Supply Chain; Lijah P. Lokenauth, CPA, CFE TGH VP, Accounting & Finance
Hillsborough County Hospital Authority (HCHA) Legal Counsel Jennie Tarr
HCHA Administrator, Hillsborough County Government Relations & Strategic Services Lisa J. Montelione
Hillsborough County Management & Budget Michael Podsiad

CALL TO ORDER by Vice Chair Martin at 10:05 a.m., Administrator Montelione called the roll and noted that a quorum was present with 8 members present in person.

Tampa General Hospital Audit Presentation: Mr. Laukenauth reviewed the Florida Health Sciences Center (TGH) Audit report, highlighting their improvement in premium labor by building up their workforce through the use of their internal staffing agency. He reported that expenses were up by $3,000,000 over the same period, attributing this to the growth in medical professional costs and the expansion of service lines into the community and existing programs. The resulting operating income was $170.4 million, $23 million ahead of the prior year. This positive outcome was attributed to the overall financial strategy and operational improvements. When considering non-operating activities, the total revenue gains and other support over expenses amounted to $390.1 million, reflecting a recovery from the investment markets in 2024. Mr. Laukenauth asked members if they had any questions, hearing none, a motion was moved.
Motion to accept the Florida Health Sciences Center Audit Report moved by Secretary Decossas, seconded by the Hon. Member Grant, passed unanimously.

APPROVAL OF RECAP – ***Motion*** to approve the February 25, 2025, Meeting Recap by Hon. Member Grant seconded by Treasurer Dr. Johnson, motion passed unanimously.

***NOTE: The following was taken from the meeting transcript and edited for clarity and brevity.**

Treasurer's Report: Treasurer Dr. Johnson presented the report, highlighting the standardized budget and expenses for the Second Quarter. He reported that the checking account balance is $71,436, and the money market account balance is $303,210.92 for a total cash on hand of $374,646.92. The Administrator will investigate the decrease in interest rates for the money market account. Expenses noted were for insurance, auditing, postage, and a transfer to the money market account. The decrease in interest rates for the money market account. The Bank of Tampa provided information on the applied rates, which requires further clarification.

Treasurer Johnson reviewed the Proposed FY 2026 Budget, noting that there are no significant changes from the previous year. The budget includes a line item for records retention, and any remaining funds will be transferred to the money market account. There was discussion regarding the record retention line item, with staff explaining that it reflects the future expenditure for digitizing the records, securing a server to store the files. Hillsborough County is currently storing some because the County is the manager of the HCHA at present, but file storage is not Hillsborough County's responsibility. Once the storage is secured, all files will be moved to the server.
Motion by Member Craddock seconded by Secretary Decossas to accept the Second Quarter 2025 passed unanimously.
Motion by Hon. Member Grant seconded by Member Craddock to approve the FY 2026 HCHA Budget, passed unanimously.
Motion by Hon. Member Grant, seconded by Secretary Decossas to approve Resolution 25-02 passed unanimously.

Legal report: Attorney Tarr advised she continues to work on the Bylaws Project with a focus on strengthening the attendance portion of the bylaws. Members discussed addressing excessive absenteeism, noting that the bylaws currently articulate that after a certain number of unexcused absences a member may be recommended for removal. Attorney Tarr recalled utilizing that provision only once since she has been involved with the HCHA. She is working on stronger language for the Board's use as a tool. She is hoping to meet with members who volunteered to assist with the revisions and have a draft ready to be presented at the next meeting for review.

Attorney Tarr continued her report with an update on the Gift Committee reviewing its history. She is hoping to schedule another Committee meeting to be held before the next full Board meeting. Questions from Board Members will be addressed including alternative processes with information provided by Board Member Dr. Koipallil , Tampa General's policy on funding project submitted by USF and if there are projects they'd like to add and verify that those presented last August are still relevant. She called Members attention to the recaps of the previous Gift Committee meetings (8/24/24 and 5/9/22) and noted past funding had included a $50,000 gift for vein finder equipment and a significant gift was made during Covid. Members discussed recommendations made by the Gift Committee, noting that without consensus among Board Members, recommendations were not enacted. To move forward with the Gift Committee's objectives the next meeting is to review past recommendations and addressed questions raised. Attorney Tarr will have to determine based on previous meetings if former Treasurer's were part of the Gift Committee and invited Treasurer Johnson to the next meeting. She addressed a question regarding the Request for Proposal "RFP" process, sharing that in the past when the HCHA issued an RFP, there were very few respondents after a time consuming and arduous process. The Board engaged in many philosophical discussions about the HCHA's role which is to help Tampa General. It was rewarding for Members to see that they funded projects that were a huge benefit to Tampa General's patients and funding other ventures was not a part of their mission. She also noted that there is not requirement that a gift is made every year.

Minority Business Enterprise Report: Mr. Bratslavsky noted construction is driving the numbers due to the tower project. The percentages for professional services, general goods and services, and medical supplies were also discussed. This project influences the cyclical nature of the spending percentages. The percentage for professional services was reported at 20.7%, the percentage for general goods and services was 18.3%, medical supplies was 2.7%, with an expectation that this number will increase in the following quarter due to ordering cycles. He directed members to the TGH.org webpage for information on how suppliers can apply as a vendor that they can pass along to their networks, email or call him directly for assistance.
TGH Indigent Care Report: Mr. Bratslavsky noted that the numbers are consistent with the previous quarter. The indigent patient utilization rate is 29.52% that includes major services and newborns, with a total of 15,312 hospital discharges. Members questions regarding the reimbursement process for indigent care patients from other counties posed at the last Board meeting was addressed. The Administrator read into the record an email from Kevin Wagner, Hillsborough County's Director of Health Care Services stating "The answer to this question revolves around something called the Health Care Responsibility Act (HCRA). This act places the financial responsibility for indigent patients out of county emergency care on the county where they live. For example, if a Hillsborough County resident (with or without the HCHCP) goes to Hardee County and goes to the Hospital. That hospital under HCRA guidelines would bill Hillsborough County. The HCRA process is the same regardless of the funding mechanism. Note: If they were an HCHCP member, it would be paid for from the Trust Fund. If they were not an HCHCP member, it would be paid for from the General Fund."
Motion by Member Treasurer Dr. Johnson, seconded by Commissioner Cameron Cepeda to approve the FY 25 Quarter 2 Indigent Care and the FY25 Q2 MBE reports, passed unanimously.

Old Business/New Business: The Administrator reminded everyone that the next meeting is scheduled for September 10, 2025, at 10 a.m. in the same room as this meeting.

Vice Chair Martin adjourned the meeting at 11:20 a.m.

Respectfully submitted,

_____
Lisa Decossas, Secretary, HCHA

Hillsborough County Hospital Authority

QUARTERLY BOARD MEETING DATES
PROPOSED Schedule **FY 2026**

The Board meets quarterly. Meetings are usually held at 10 a.m. on the fourth Tuesday of the month but may be adjusted depending on holidays. The Board will be notified in advance if schedule changes are needed.

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

November 5, 2025 ** (first Wednesday) (this date was approved with the 2025 Meeting Schedule and **must be changed at the September 10, 2025, meeting**)	Quarter 1 FY 2026 Landlord's Inspection Report End-of-Year Activity Reports
February 24, 2026 (fourth Tuesday)	Quarter 2 FY 2026 TGH Audit Report HCHA Audit Report D & O Insurance Renewal
May 26, 2026 (fourth Tuesday)	Quarter 3 FY 2026 2027 Proposed Budget Presentation and approval of Budget Resolution
August 25, 2026 (fourth Tuesday)	Quarter 4 FY 2026 Election of New Board Officers Proposed FY 26 meeting dates Renewal of Contracts
November 17, 2026 (third Tuesday)***	Quarter 1 FY 2027 Landlord's Inspection Report End-of-Year Activity Reports

TGH Tour date to be determined

*** This date was approved before the BOCC 2025 calendar was set. The BOCC Regular meeting is scheduled for Wednesday, November 5, 2025.*

**** Third Tuesday due to Thanksgiving Day on 11/26 (note Election Day 11/3; the two BOCC members may change when the BOCC has its Organizational Meeting – date TBD)*

PLEASE NOTE: these dates are subject to change if any conflicts arise once the 2025 BOCC's official calendar is announced.

Hillsborough County Hospital Authority
Treasurer's Report
For the Third Quarter of Fiscal 2025
April, May, June 2025

Bank of Tampa Checking Account

	Third Qtr Actual	YTD Fiscal 2025
PREVIOUS CLOSING BALANCE	**$71,436.00**	**$28,886.00**

INCOME	**Annual Budget**	**Third Qtr Actual**	**YTD Fiscal 2025**
FHSC Administrative Payment Transfer in	75,000	-	75,000.00
Bank Interest	-	-	-
Miscellaneous	-	-	-
Total	**75,000**	**-**	**75,000.00**

EXPENSES		**Third Qtr Actual**	**YTD Fiscal 2025**	
Administrative Services	35,000.00	-	-	
Healthcare Grant	-	-	-	
Office Supplies	600.00	-	-	
D & O Insurance	3,000.00	-	1,999.00	
Independent Auditing	8,715.00	3,800.00	4,800.00	
Special District Fee	175.00	-	175.00	
Postage	20.00	-	-	
Software Services	800.00	195.00	585.00	
Records Rentention	20,000.00	-		
Miscellaneous	300.00	-	-	
Transfer to Money Market	28,896.00	-	28,886.00	1
Total	**97,506.00**	**3,995.00**	**36,445.00**	

THIRD QUARTER CLOSING BALANCE as of 06/30/2025	**$67,441.00**	**$67,441.00**
Outstanding Checks	-	-
Reconciled balance	**$67,441.00**	**$67,441.00**

(1) Transfer FY2024 year-end balance to money market account

Respectfully submitted by:

Dr. Jeffrey Johnson
Treasurer, Board of Trustees

Hillsborough County Hospital Authority
Treasurer's Report
For the Third Quarter of Fiscal 2025
April, May, June 2025

Bank of Tampa Money Market Account

		Third Qtr Actual	YTD Fiscal 2025	
PREVIOUS CLOSING BALANCE		**$303,210.92**	**$274,097.07**	
INCOME	**Annual Budget**	**Third Qtr Actual**	**YTD Fiscal 2025**	
FHSC Administrative Payment	-	-	-	
Bank Accounts Interest	2,000.00	75.60	303.45	
Transfer from Checking	28,896.00	-	28,886.00	1
Total	**30,896**	**75.60**	**29,189.45**	
EXPENSES	**Annual Budget**	**Third Qtr Actual**	**YTD Fiscal 2025**	
Gifts	-	-	-	
Healthcare Grant	-	-	-	
Office Supplies	-	-	-	
Directors & Officers Insurance	-	-	-	
Independent Auditing	-	-	-	
Special District Fee	-	-	-	
Healthcare Grant Advert	-	-	-	
Miscellaneous	-	-		
Total	**-**	**-**	**-**	
THIRD QUARTER CLOSING BALANCE as of 06/30/2025		**$303,286.52**	**$303,286.52**	
Outstanding Checks		-	-	
Less Reserves		**(100,000.00)**	**(100,000.00)**	2
Available Money Market Funds		**$203,286.52**	**$203,286.52**	

TOTAL CASH		
Checking		**$67,441.00**
Money Market		**$303,286.52**
Total Cash on hand 06/30/2025 MM & Checking		**$370,727.52**

(1) Transfer FY2024 year-end balance to money market account

(2) Earmarked in the Money Market Account

Respectfully submitted by:

Dr. Jeffrey Johnson
Treasurer, Board of Trustees

Name	Priority	Qty Req.	$ per	Total Estimated $	What is the problem we are trying to solve?	Risk Associated with not implementing request
Belmont Rapid Infuser - L&D	3 High Priority	1	$ 41,365.00	$ 41,365.00	L&D is requesting a Belmont rapid infuser for the L&D ORs. L&D is one of the highest users of blood products and activation of MTP. Obstetric hemorrhage is one of the leading causes of maternal mortality in the US. Our current rapid infuser requires anesthesia to manually "push" blood products to the mother. This rapid infuser would free up anesthesia to perform other hemodynamic stabilization efforts. The infuser also allows for safe constant blood flow and allows for autonomy and immediate intervention. This allows for all disciplines to operate at the height of their scope.	Increased time for total transfusion, increased risk of hypovolemic shock and organ failure, & maternal death.
Peds Trauma Bay PAR Ex Supply Cabinets	4 Moderate Priority	3	$ 10,464.19	$ 31,392.57	Requesting 3 new PAR Ex cabinets for the Pediatric Trauma Bay. The new PAR Ex cabinets will allow the trauma team to co-locate all Trauma supplies on the same wall, streamlining processes and decreasing time to treat patients. This is part of the on-going renovation of the Trauma Bay.	Reduced standardization of location of supplies. Could lead to delays in patient care due to high stress nature of a Trauma and trying to locate supplies in two locations.
Karl Storz 3D Laparoscope	4 Moderate Priority	1	$ 24,999.80	$ 24,999.80	A newly recruited physician purchased one for Gyn Onc after using, Dr. Mikhail has determined that this would be a "game changer" for the GYN patients.	
GYN Cart	4 Moderate Priority	1	$ 11,814.25	$ 11,814.25	GYN Providers are consulted to see patients on other adult units. The patient beds on these units are not suitable for GYN exams as they lack adequate places for the patients legs to be propped up. This cart will allow a consulting GYN to turn any patient bed into a GYN bed, allowing for a safer and more thorough exam to be conducted.	GYN providers will continue to perform consults without the proper equipment which could lead to patient or provider injury.
Amico - Delivery tables for sterile instruments	5 Low Priority (Could Defer)	21	$ 2,060.00	$ 43,260.00	Current delivery tables are old and made of laminate. Due to repeated cleaning using Caviwipes, the material is degrading cause it to not be within regulatory standards.. Need to purchase new tables to stay in compliance with infection prevention protocols	At risk for wear and tear to be flagged by the Joint Commission

Name	Priority	Qty Req.	$ per	Total Estimated $	What is the problem we are trying to solve?	Risk Associated with not implementing request
4A Breakroom Renovation	5 Low Priority (Could Defer)	1	$ 40,883.00	$ 40,883.00	4A is requesting a refresh for their breakroom. The requests include installing a sink, replacing the flooring and installing new lockers. They currently are utilizing a breakroom that does not offer a place to wash their hands prior to or after eating. Additionally the floors are in a state of disrepare along with lockers that are to small and provides very little use.	
IntelliVue Patient Monitor X3	5 Low Priority (Could Defer)	3	$ 10,000.00	$ 30,000.00	The NICU has given 3 of their X3s to L&D for monitoring of newborns and neonates. The NICU Transport program has purchased new transporters for AeroMed and is needing an X3 for patient monitoring.	If we dont purchase, the transport team will not be able to accurately monitor patient vital signs to include ECG and respiratory rate.
IntelliVue Patient Monitor MX100	5 Low Priority (Could Defer)	2	$ 9,121.82	$ 18,243.64	Current monitors do not provide ECG monitoring capabilities during procedures. This is a deviate from standard practice in other areas within the Women's Institute.	
General Nursing Request:						
EMG Machine, Bladder Scanners		2	$ 27,000.00	$ 54,000.00	bedside bladder scanners	
Computer on wheels		9	$ 5,600.00	$ 50,400.00	bedside medical record documentation	
	TOTAL Per Each:		$ 183,308.06			
			TOTAL ALL:	$ 346,358.26		

Tampa General Hospital

August 26, 2025

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

Dear Ms. Courtney:

Enclosed is the quarterly indigent care report (report) for the third quarter ended June 30, 2025 as required by Section 10.1 of the Lease Agreement.

The left half of the report presents annual information for each fiscal year 2022 through 2025 and the right half presents our fiscal third quarter (April - June) information for each fiscal year 2022 through 2025. In this report, the information contained therein follows the intent set forth by the Internal Revenue Service (IRS) for Form 990, Schedule H – Hospitals, Part I – Charity Care and Certain Other Community Benefits at Cost. For consistency, we have compiled our report based on costs, as defined by IRS guidelines. The report totals will also be included in the disclosures required by the footnotes to our audited financial statements, in addition to our annual report regarding our community benefit activities.

Total Indigent Care discharges (adjusted for outpatient volume) increased 18.4% due to higher charity volumes during the third quarter. Indigent care costs increase of 52.8% was driven by higher charity volumes, the severity and complexity of patients as well as an increase in expenses. TGH has experienced a decline in Medicaid volume over the past year due to what appears to be a migration of Medicaid patients to ACA insurance exchange plans. Medicaid and HCHCP cost increased due to higher expenses as previously mentioned. Year-over-year Medicaid unreimbursed costs would have been greater if not offset by an increase in supplemental payments.

The cost to provide care to the indigent population also reflects generally higher costs throughout the hospital for additional staffing, USF funding, insurance, and technology innovation. However, our efforts in reducing length of stay as well as other efficiencies has mitigated some of the cost increase. The increased cost over the four-year time horizon has been generally driven by a higher intensity as evidence of a higher case mix of inpatients and a shift towards more ambulatory utilization which is generally paid less on a per case basis than inpatient.

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

Sincerely,

Stephen Harris
Senior Vice President of Payor & Government Affairs

Florida Health Sciences Center, Inc.

Quarterly Report to HCHA-Lease Section 10 1 Requirement
For the 12 months ended September 30, 2025

	Fiscal Year to Date								For the 3rd Quarter April 1, 2025 through June 30, 2025							
	YTD FY22	As a % of Total	YTD FY23	As a % of Total	YTD FY24	As a % of Total	YTD FY25	As a % of Total	3rd Qtr FY22	As a % of Total	3rd Qtr FY23	As a % of Total	3rd Qtr FY24	As a % of Total	3rd Qtr FY25	As a % of Total
1. Total Unreimbursed Cost ***(number in thousands)***																
Medicaid Cost	$ 177,094	9 34%	$ 153,519	7 15%	$ 157,846	6 11%	$ 119,733	5 27%	$ 25,345	5 51%	$ 34,426	6 47%	$ 27,676	4 36%	$ 34,415	4 16%
HCHCP Cost	$ 24,004	1 27%	$ 26,131	1 22%	$ 28,381	1 10%	$ 21,225	0 93%	$ 5,749	1 25%	$ 5,372	1 01%	$ 5,273	0 83%	$ 7,272	0 88%
Charity Cost	$ 7,456	0 39%	$ 50,294	2 34%	$ 51,846	2 01%	$ 46,463	2 05%	$ 12,587	2 73%	$ 1,887	0 35%	$ 4,523	0 71%	$ 15,569	1 88%
Total Indigent Cost	$ 208,554	11 00%	$ 229,943	10 71%	$ 238,073	9 22%	$ 187,421	8 25%	$ 43,681	9 49%	$ 41,685	7 83%	$ 37,472	5 90%	$ 57,257	6 92%
Gross Charges at Cost	$ 1,895,787		$ 2,146,142		$ 2,582,954		$ 2,270,741		$ 460,337		$ 532,214		$ 634,709		$ 827,255	
2. Utilization of Major Services by Indigent Patients:																
Discharges (including Newborns)																
Medicaid	15,576	27 62%	15,685	26 01%	13,827	23 02%	9,299	20 36%	3,519	25 68%	3,560	23 98%	2,867	19 45%	2,846	18 75%
HCHCP	965	1 71%	1,165	1 93%	962	1 60%	621	1 36%	238	1 74%	258	1 74%	211	1 43%	214	1 41%
Charity	3,667	6 50%	6,219	10 31%	6,150	10 24%	4,370	9 57%	1,048	7 65%	696	4 69%	946	6 42%	1,833	12 07%
Total Indigent	20,208	35 83%	23,069	38 25%	20,939	34 85%	14,290	31 29%	4,805	35 07%	4,514	30 41%	4,024	27 31%	4,893	32 23%
Adjusted indigent discharges	29,361		33,099		30,042		20,130		7,315		6,792		6,005		7,107	
Total Discharges	56,404		60,311		60,077		45,669		13,702		14,843		14,737		15,182	
Patient days (including Newborns)																
Medicaid	89,058	26 06%	83,161	24 34%	68,390	20 28%	47,246	18 64%	19,907	23 47%	19,604	23 56%	14,409	17 62%	14,730	17 51%
HCHCP	6,239	1 83%	6,630	1 94%	5,525	1 64%	3,611	1 42%	1,701	2 01%	1,346	1 62%	1,230	1 50%	1,207	1 43%
Charity	21,975	6 43%	36,929	10 81%	35,571	10 55%	23,350	9 21%	5,936	7 00%	3,992	4 80%	5,078	6 21%	9,601	11 41%
Total Indigent	117,272	34 32%	126,720	37 08%	109,486	32 47%	74,207	29 27%	27,544	32 48%	24,942	29 98%	20,717	25 34%	25,538	30 36%
Adjusted indigent patient days	170,390		181,816		157,084		104,532		41,927		37,529		30,917		37,092	
Hospital Patient Days	341,743		341,719		337,236		253,494		84,812		83,204		81,754		84,120	
Average length of stay (including Newborn)																
Medicaid	5 72		5 30		4 95		5 08		5 66		5 51		5 03		5 18	
HCHCP	6 47		5 69		5 74		5 81		7 15		5 22		5 84		5 64	
Charity	5 99		5 94		5 78		5 34		5 66		5 74		5 37		5 24	
Total Indigent	5 80		5 49		5 23		5 19		5 73		5 53		5 15		5 22	
Hospital ALOS	5 92		5 68		5 61		5 55		5 90		5 60		5 55		5 54	
Case mix index (including Newborn)																
Medicaid	1 64		1 64		1 65		1 61		1 62		1 65		1 65		1 55	
HCHCP	1 71		1 53		1 66		1 74		1 67		1 39		1 74		1 84	
Charity	1 87		1 84		1 91		1 88		1 89		1 85		1 81		1 91	
Hospital CMI	1 96		1 95		2 01		2 02		1 97		1 97		2 01		2 01	

Quarterly Report to HCHA-Lease Section
10 1 Requirement Definitions of Terms

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

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

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

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

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

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

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

Case Mix Index: A statistical indicator reflecting the severity of illness in a patient population A case mix index of 1.0 represents "average" severity, whereas case mix indices greater than 1 0 indicate a more severely ill population The case mix index is weighted average acuity level for inpatients only and is derived based upon industry standards

Quarterly Indigent Care Comparison - 3rd Quarter FY 2025

	1st Q '24	2nd Q '24	3rd Q '24	4th Q '24	1st Q '25	2nd Q '25	3rd Q '25
Indigent Patient Utilization (Major Services incl newborns)	33.89%	33.82%	27.30%	34.99%	31.89%	29.52%	32.23%
Total Hospital Discharges	14,993	14,945	14,737	15,308	15,175	15,312	15,182
Indigent Care Patient ALOS*	5.20	5.43	5.15	5.04	5.26	5.30	5.22
Hospital ALOS*	5.57	5.65	5.55	5.64	5.53	5.58	5.54
*Average Length of Stay							
Case Mix Index "CMI" (incl newborn)							
Medicaid	1.59	1.63	1.65	1.59	1.59	1.62	1.55
HCHCP	1.47	1.61	1.74	1.56	1.46	1.67	1.84
Charity	1.78	2.06	1.81	1.97	1.98	1.85	1.91
Hospital CMI	2.00	2.04	2.01	1.99	2.00	2.02	2.01
* ALOS = Avg Length of Stay							

Please refer to the Tampa General Hospital Report prepared by Senior Vice President of Payor Government Affairs for more detailed information

TGH - MBE Spend Report Comparison Summary
Minority Business Enterprise Q3_FY 2025

	4th Q '23	1st Q '24	2nd Q '24	3rd Q '24	4th Q '24	1st Q '25	2nd Q '25	3rd Q '25
Construction - GOAL 16.9%								
MBE Category Total	$862,604.56	$2,303,575.57	$3,077,369.59	$1,689,435.51	$868,824.27	$2,277,373.87	$1,027,397.94	$3,223,579.04
Category Total	$6,224,349.84	$13,270,567.06	$14,004,448.86	$14,867,025.75	$16,386,195.39	$19,240,367.91	$19,199,351.04	$12,614,141.46
MBE Percentage	13.9%	17.4%	22.0%	11.4%	5.3%	11.8%	5.4%	25.6%
Prof. Services - GOAL 11.8%								
MBE Category Total	$3,702,631.15	$4,977,030.78	$6,329,343.20	$ 6,524,143.99	$6,328,646.92	$8,649,249.59	$6,721,021.67	$6,468,997.07
Category Total	$24,386,818.86	$25,574,562.45	$21,541,732.22	$ 32,345,182.71	$31,415,861.72	$28,832,432.54	$32,500,771.41	$30,681,851.25
MBE Percentage	15.2%	19.5%	29.4%	20.2%	20.1%	30.0%	20.7%	21.1%
Gen Goods & Svs - GOAL 6%								
MBE Category Total	$658,713.00	$1,726,961.33	$1,404,210.04	$ 1,459,550.22	$1,291,269.74	$1,750,654.10	$2,026,700.28	$2,080,362.48
Category Total	$5,916,827.86	$10,402,190.20	$7,983,397.88	$ 9,135,132.27	$9,800,024.15	$10,349,131.49	$11,099,212.71	$9,678,964.74
MBE Percentage	11.1%	16.6%	17.6%	16.7%	13.2%	16.9%	18.3%	21.5%
Med Supp & Svs. GOAL 3%								
MBE Category Total	$858,209.44	$1,010,238.60	$911,481.58	$ 923,008.91	$919,445.48	$476,308.17	$658,283.06	$1,047,827.75
Category Total	$17,834,421.72	$22,926,518.70	$22,301,363.40	$ 21,785,545.04	$20,763,463.48	$23,900,106.08	$24,294,965.26	$22,862,012.45
MBE Percentage	4.8%	4.4%	4.1%	4.2%	4.4%	3.1%	2.7%	4.6%