CITY OF HOLLY HILL, FLORIDA

CITY COMMISSION

AGENDA ● MAY 17, 2016

City Commission Chamber	Special Meeting	6:00 PM

CITY HALL
1065 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

City Clerk's office: (386) 248-9441 - Fax: (386) 248-9448

City Commission Chamber
City Hall
1065 Ridgewood Avenue
Holly Hill, FL 32117

CITY COMMISSION MEMBERS

Mayor
John Penny

District 1 - Commissioner
Arthur J. Byrnes

District 2 - Commissioner
Penny Currie

District 3 - Commissioner
John F. Capers

District 4 - Commissioner
Elizabeth Albert

CITY MANAGER
Joseph Forte

CITY CLERK
Valerie Manning

1. CALL TO ORDER

2. HEALTH BENEFITS UPDATES

1. Health Benefits Update with Brown & Brown
   (Requested by Diane Cole, Human Resources)

3. MID-YEAR BUDGET REVIEW

1. Mid Year Budget Review
   (Requested by Kurt Swartzlander, Finance)

4. ADJOURNMENT

Website Address – www.hollyhillfl.org (City Clerk)

NOTICE – If any person decides to appeal any decision of the City Commission at this meeting, he/she will need a record of the proceedings and, for that purpose, he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. The City does not prepare or provide such a record.

For special accommodations, please notify the City Clerk's Office at least 72 hours in advance. (386) 248-9441

Help for the hearing impaired is available through the Assistive Listening System. Receivers can be obtained from the City Clerk's Office.

In accordance with the Americans with Disabilities Act (ADA), persons needing a special accommodation to participate in the Commission proceedings should contact the City Clerk's Office no later than three (3) days prior to the proceedings.

City Commission
1065 Ridgewood Ave
Holly Hill, FL 32117

SCHEDULED

Meeting: 05/17/16 06:00 PM
Department: Human Resources
Category: Presentation
Prepared By: Diane Cole
Initiator: Diane Cole
Sponsors:
DOC ID: 1344

PRESENTATION - WORKSHOP ITEMS (ID # 1344)

Health Benefits Update with Brown & Brown

PowerPoint presentation to the Mayor and City Commissioners for an update on health benefits by Brown & Brown.

2016 – 2017 Benefits Review & Utilization Summary

Executive Summary

- The City of Holly Hill offers three plans through Florida Health Care Plans (FHCP), consisting of the following:
  - HMO (G23)
  - HMO (G66)
  - H.S.A. Plan (G95)
    - Includes a contribution to members' Health Savings Accounts (H.S.A.).

- The richest HMO Option (G23) has been a heavily enrolled/utilized plan historically and continues to heavily impact overall plan experience.
  - Plan experience for the most recent 12 months is included in total, and separated by plan option to highlight utilization by plan.
  - Alternative plan options are included from FHCP as a way to encourage appropriate plan use and to align with current coverage standards.
  - Benchmarking is provided as a line of sight to other local government plan options and coverage level standards.

Plan Utilization Overview

Monthly Experience – All Plans Combined

Plan Year	Month	Total Subscribers	Total Members	Capitation & Clinic	Inpatient Paid	Outpatient Paid	Professional	Pharmacy & Supplies	Other	Total Combined	Paid Premium
2015	April	104	156	$16,085	$0	$17,804	$9,623	$6,100	$80	$49,692	$75,263
2015	May	104	158	$8,619	$0	$18,618	$12,108	$6,837	$1,154	$47,336	$75,286
2015	June	104	155	$13,682	$0	$17,690	$12,003	$6,423	$707	$50,505	$75,057
2015	July	102	153	$13,615	$0	$25,914	$9,149	$6,231	$2,081	$56,990	$73,725
2015	August	104	155	$10,510	$0	$8,634	$9,619	$6,543	$276	$35,582	$74,897
2015	September	103	148	$13,868	$0	$5,980	$8,871	$7,683	$116	$36,518	$73,499
2015	October	102	147	$14,955	$10,011	$21,057	$11,427	$5,675	$71	$63,196	$82,206
2015	November	106	152	$15,253	$29,118	$20,147	$19,255	$6,353	$95	$90,221	$85,368
2015	December	108	157	$14,620	$6,657	$10,866	$13,155	$4,645	$182	$50,125	$86,254
2016	January	107	157	$14,882	$0	$15,890	$7,824	$6,670	$489	$45,755	$84,911
2016	February	107	157	$12,990	$0	$19,850	$7,869	$6,513	$404	$47,626	$86,106
2016	March	108	158	$13,535	$5,823	$13,044	$12,160	$5,131	$1,012	$50,705	$86,457
Totals				$162,614	$51,609	$195,494	$133,063	$74,804	$6,667	$624,251	$959,029
											65%

Monthly Experience – HMO Plan G23

Plan Year	Month	Total Subscribers	Total Members	Capitation & Clinic	Inpatient Paid	Outpatient Paid	Professional	Pharmacy & Supplies	Other	Total Combined	Paid Premium
2015	April	39	64	$9,369	$0	$13,554	$7,445	$3,849	$80	$34,297	$33,407
2015	May	40	64	$4,580	$0	$18,618	$10,957	$5,116	$1,143	$40,414	$33,600
2015	June	40	64	$9,782	$0	$6,074	$8,246	$3,860	$707	$28,669	$33,600
2015	July	38	62	$7,926	$0	$12,441	$5,524	$4,961	$2,081	$32,933	$32,268
2015	August	38	62	$6,029	$0	$6,030	$5,933	$5,233	$276	$23,501	$32,268
2015	September	37	55	$9,134	$0	$4,803	$6,020	$5,590	$116	$25,663	$30,870
2015	October	34	50	$7,737	$0	$15,161	$2,284	$3,438	$11	$28,631	$31,964
2015	November	34	50	$6,545	$0	$14,386	$15,013	$4,627	$78	$40,649	$31,964
2015	December	34	50	$6,853	$1,123	$10,193	$6,361	$3,184	$68	$27,782	$31,964
2016	January	34	50	$6,239	$0	$4,481	$3,972	$4,114	$100	$18,906	$31,964
2016	February	33	49	$6,833	$0	$7,294	$2,147	$5,050	$389	$21,713	$31,202
2016	March	33	49	$5,838	$0	$11,338	$4,237	$2,577	$32	$24,022	$31,202
Totals				$86,865	$1,123	$124,373	$78,139	$51,599	$5,081	$347,180	$386,273
Loss Ratio											90%

Monthly Experience – HMO Plan G66

Plan Year	Month	Total Subscribers	Total Members	Capitation & Clinic	Inpatient Paid	Outpatient Paid	Professional	Pharmacy & Supplies	Other	Total Combined	Paid Premium
2015	April	55	72	$6,398	$0	$4,250	$2,178	$2,163	$0	$14,989	$35,583
2015	May	54	74	$3,445	$0	$0	$736	$1,639	$11	$5,831	$35,413
2015	June	54	71	$3,671	$0	$11,351	$3,681	$2,500	$0	$21,203	$35,184
2015	July	54	71	$5,354	$0	$13,473	$3,625	$1,148	$0	$23,600	$35,184
2015	August	56	73	$4,308	$0	$1,634	$3,686	$1,226	$0	$10,854	$36,356
2015	September	56	73	$2,894	$0	$1,177	$2,851	$1,970	$0	$8,892	$36,356
2015	October	58	77	$6,857	$10,011	$5,896	$9,143	$2,188	$60	$34,155	$43,969
2015	November	62	82	$8,222	$29,118	$5,761	$4,242	$1,656	$17	$49,016	$47,131
2015	December	62	82	$7,312	$5,534	$673	$6,596	$1,415	$114	$21,644	$47,131
2016	January	60	80	$7,713	$0	$11,409	$3,852	$2,540	$389	$25,903	$45,788
2016	February	60	80	$4,503	$0	$12,556	$5,597	$1,332	$15	$24,003	$45,788
2016	March	60	79	$6,750	$5,823	$1,706	$7,501	$2,408	$980	$25,168	$45,311
Totals				$67,427	$50,486	$69,886	$53,688	$22,185	$1,586	$265,258	$489.194
Loss Ratio											54%

Monthly Experience – H.S.A. Plan G95

Plan Year	Month	Total Subscribers	Total Members	Capitation & Clinic	Inpatient Paid	Outpatient Paid	Professional	Pharmacy & Supplies	Other	Total Combined	Paid Premium
2015	April	10	20	$318	$0	$0	$0	$88	$0	$406	$6,273
2015	May	10	20	$594	$0	$0	$415	$82	$0	$1,091	$6,273
2015	June	10	20	$229	$0	$265	$76	$63	$0	$633	$6,273
2015	July	10	20	$335	$0	$0	$0	$122	$0	$457	$6,273
2015	August	10	20	$173	$0	$970	$0	$84	$0	$1,227	$6,273
2015	September	10	20	$1,840	$0	$0	$0	$123	$0	$1,963	$6,273
2015	October	10	20	$361	$0	$0	$0	$49	$0	$410	$6,273
2015	November	10	20	$486	$0	$0	$0	$70	$0	$556	$6,273
2015	December	12	25	$455	$0	$0	$198	$46	$0	$699	$7,159
2016	January	13	27	$930	$0	$0	$0	$16	$0	$946	$7,159
2016	February	14	28	$1,654	$0	$0	$125	$131	$0	$1,910	$9,116
2016	March	15	30	$947	$0	$0	$422	$146	$0	$1,515	$9,944
Totals				$8,322	$0	$1,235	$1,236	$1,020	$0	$11,813	$83,562
											14%

Current & Prior 12 Months
High Cost Conditions (> $50,000 in paid claims)

Reporting Summary	**Current Plan Year**
Dates Included	April 1, 2015 - March 31, 2016

Claimant #	Primary Diagnosis	Relationship to Employee	Total Paid Claims (Medical & Rx)
1	End Stage Renal Disease (ESRD)	Employee	$84,879

Reporting Summary	**Prior Plan Year**
Reporting Basis	April 1, 2014 - March 31, 2015

Claimant #	Primary Diagnosis	Relationship to Employee	Total Paid Claims (Medical & Rx)
1	Coronary Atherosclerosis of Native Coronary Artery	Employee	$120,621
2	Radiotherapy	Spouse	$118,901
3	End Stage Renal Disease (ESRD)	Employee	$66,939

Key Plan Performance Indicators

Summary Cost Per Employe / Member	April 1, 2015 - March 31, 2016	Δ from Prior Period	April 1, 2014 - March 31, 2015
Per Employee Per Year Payments	$5,950	($1,506)	$7,456
Per Member Per Year Payments	$4,044	($909)	$4,952
Average Employees Enrolled	105	0%	105
Average Members Enrolled (inc. dependents)	154	-2%	157

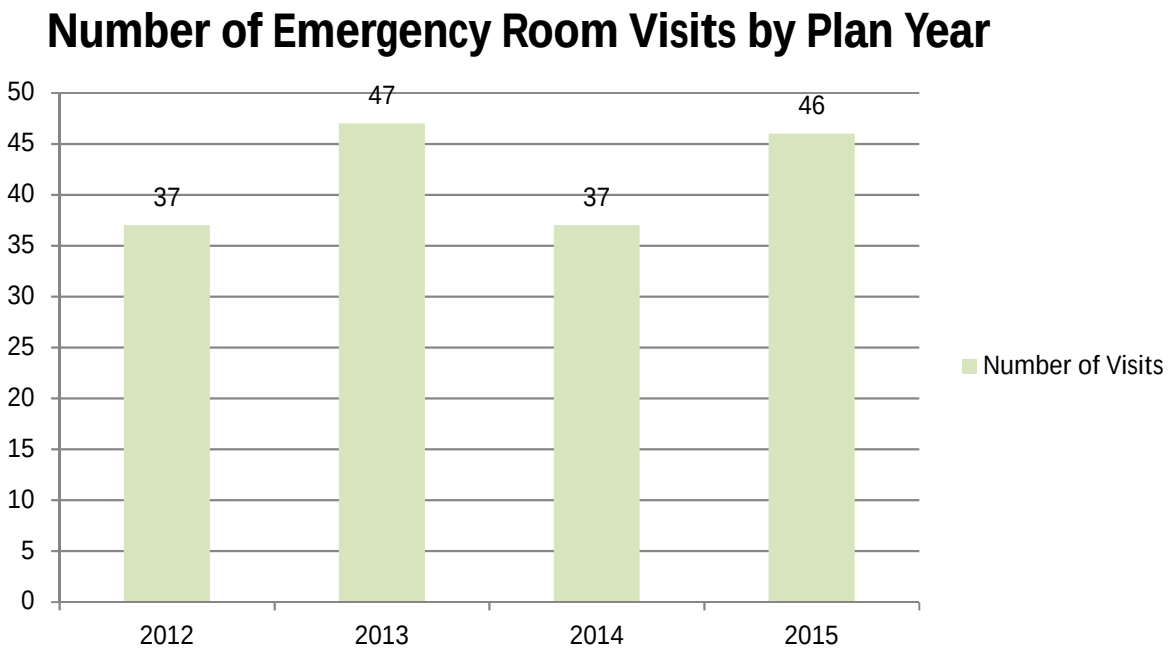
Summary of Payments by Place of Service	Total Charges	Per Member Per Month	Δ in Total Charges	Total Charges	Per Member Per Month
Inpatient Facility	$51,609	$28	($124,010)	$175,619	$93
Outpatient Facility	$195,495	$106	($40,110)	$235,605	$125
Professional	$272,748	$147	$15,656	$257,092	$136
Capitation	$22,933	$12	($2,559)	$25,492	$14
Other (DME, Injectables, Ambulance, etc.)	$6,666	$4	$227	$6,439	$3
Pharmacy	$74,806	40.38	($4,115)	$78,921	$42

Utilization by Place of Service

Utilization Period	March 1, 2015 - Feburary 29, 2016			
Provider Service Type	Subcategory	Paid Claims	Visits	Cost per Visit
Hospital Outpatient	Surgical	$46,784	14	$3,342
Hospital Outpatient	Emergency Room	$55,243	44	$1,256
Professional | Institutional	Surgery, Anesthesia	$26,693	53	$504
Professional | Office	Radiology	$30,551	68	$449
Professional | Office	Office Visits	$80,399	266	$302
Professional | Office	Surgery, Anesthesia	$34,498	116	$297
Professional | Office	Preventive	$15,684	60	$261
Hospital Outpatient	Medicine	$74,412	355	$210
Hospital Outpatient	HH | Hospice	$10,256	71	$144
Professional | Office	Medicine & Pathology	$52,383	1549	$34

Opportunity for Improvement.

Emergency Room Utilization



Emergency Room (ER) visits increased in 2015 to 46 visits (24% increase) in comparison to 2014 (46 visits in 2015 vs 37 visits in 2014), which raises concerns over potential misuse of the emergency room, when a more suitable / accessible option is appropriate (urgent or convenience care).

Highest Cost Utilized Medications

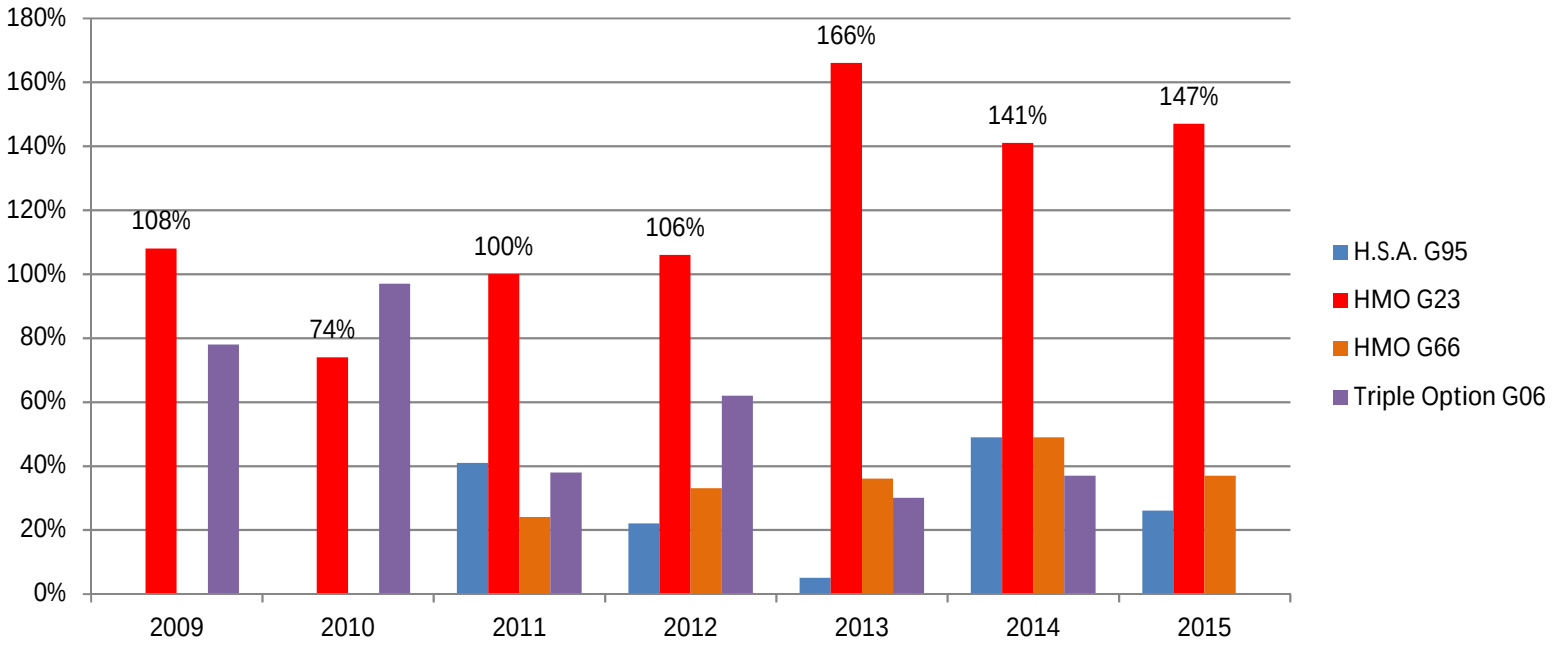
Utilization Period	October 1, 2015 - Feburary 29, 2016 (YTD)				
Ranking by Spend	Drug Name	Paid Claims	Associated Condition	# of Scripts	Cost per Script
1	Renvela	$3,027	Kidney Dialysis	2	$1,513
2	Novolin	$2,016	Diabetes	4	$504
3	Victoza	$1,961	Diabetes	4	$490
4	Levemir	$1,619	Diabetes	7	$231
5	Amitiza	$1,478	Laxative	2	$739
6	Lyrica	$1,326	Fibromyalgia	3	$442
7	Atrovent	$1,157	Bronchodilator	5	$231
8	Aripiprazole	$917	Antisychotic / Depression / Autism	6	$153
9	Bydureon	$847	Diabetes	2	$424
10	Omeprazole	$736	Proton Pump Inhibitor (PPI)	24	$31

Utilization Period	October 1, 2014 - September 30, 2015				
Ranking by Spend	Drug Name	Paid Claims	Associated Condition	# of Scripts	Cost per Script
1	Novolin	$6,730	Diabetes	15	$449
2	Bydureon	$5,256	Diabetes	14	$375
3	Humalog	$4,126	Diabetes	12	$344
4	Victoza	$2,966	Diabetes	6	$494
5	Amitiza	$2,877	Laxative	12	$240
6	Tanzeum	$2,819	Diabetes	10	$282
7	Atrovent	$2,739	Bronchodilator	9	$304
8	Renvela	$2,713	Kidney Dialysis	3	$904
9	Levemir	$2,132	Diabetes	10	$213
10	Dulera	$1,611	Bronchodilator	9	$179

Diabetes is a chronic condition that is highly prevalent at the City of Holly Hill – continued emphasis and education for membership on prevention and adherence to a treatment regimen is highly recommended.

Historical Plan Performance

Historical Loss Ratio by Plan



	Current Plans			Terminated Option
Plan Year	H.S.A. G95	HMO G23	HMO G66	Triple Option G06
2009	n/a	108%	n/a	78%
2010	n/a	74%	n/a	97%
2011	41%	100%	24%	38%
2012	22%	106%	33%	62%
2013	5%	166%	36%	30%
2014	49%	141%	49%	37%
2015	26%	147%	37%	n/a
Average	29%	120%	36%	57%

Current & Alternate Plan Design Options

Current & Alternate Plan Design Options
H.S.A. G95 Plan

	Current | Expiring	Alternate	Benchmark - Government
Plan Name	HDHP H.S.A. G95	LG HDHP POS T95	
Plan Type	HDHP w/ Health Savings Account	HDHP w/Health Savings Account	30% offer a CDHP alongside other options
H.S.A. Seed	$1,894 Annually	TBD	72% of Employers Contribute Median Seed: $500 Single | $1,200 Family
Plan Details	**Network**	**Network**	
Plan Deductible	$1,300 Single | $2,600 Family	$1,300 Single | $2,600 Family	$1,500 Single | $3,000 Family
Embedded Deductible:	No	No	
Calendar or Policy Year:	Calendar	Calendar	
Coinsurance:	20%	20%	Median: 20% Coinsurance
Maximum Out-of-Pocket:	$3,000 Single | $6,000 Family	$3,000 Single | $6,000 Family	$3,000 Single | $6,000 Family
(Includes Deductible, Copay, Rx)	Yes, Yes, Yes	Yes, Yes, Yes	
Physician Services			
Workforce Wellness Provider:	$5	$5	
Office Visit Copay:	Deductible + Coinsurance	Deductible + Coinsurance	
Specialist Copay:	Deductible + Coinsurance	Deductible + Coinsurance	
Chiropractic Copay:	Deductible + Coinsurance	Deductible + Coinsurance	
Hospital | Emergency Services			
Inpatient Hospital Per Admission Copay:	Deductible + Coinsurance	Deductible + Coinsurance	
Emergency Room Copay:	Deductible + Coinsurance	Deductible + Coinsurance	
Urgent Care Copay:	Deductible + Coinsurance	Deductible + Coinsurance	
Workforce Wellness Provider:	$5	$5	
All Other Urgent Care Locations	Deductible + Coinsurance	Deductible + Coinsurance	
Outpatient Surgical Facility Copay:	Deductible + Coinsurance	Deductible + Coinsurance	
Ambulatory Surgery Center:	Deductible + Coinsurance	Deductible + Coinsurance	
Diagnostic Services			
Lab, X-Ray & Diagnostics Outpatient:	Deductible + Coinsurance	Deductible + Coinsurance	
Lab, X-Ray & Major Diagnostics Outpatient:	Deductible + Coinsurance	Deductible + Coinsurance	
Prescription Drug			
Deductible:	Calendar Year Deductible	Calendar Year Deductible	
Tier 1:	$3	$0 (Ded Waived) / $3	
Tier 2:	$10	$10 / $15 (Walgreens)	Median: $10 Copay
Tier 3:	$30	$30 / $35 (Walgreens)	Median: $25 Copay
Tier 4:	$55	$55 / $60 (Walgreens)	Median: $45 Copay
Tier 5:	$100	$125 (Specialty)	Median: $105 Copay
Mail Order Prescription:	$6/$27/$87/$162 (3 mth Supply)	$0/$6/$27/$87/$162 (3 mth Supply)	Median: $20 / $60 / $100 Copay

Brown & Brown INSURANCE

Notes
Alternative proposed plans with changes are highlighted in red (less rich) or green (richer) text.

Benchmark Notes
Highlights a benefit less rich than benchmark.
Highlights a benefit richer than benchmark.

Current & Alternate Plan Design Options
HMO G23 Plan

	Current | Expiring	Alternate	Benchmark - Government
Plan Name	Premium HMO G23	LG HMO T28-MOD	
Plan Type	HMO	HMO	33% offer at least one HMO
Plan Details	**Network Only**	**Network Only**	
Deductible:	$0	$0 ($0 Family)	39% Require Plan Deductible
Embedded Deductible:	N/A	N/A	
Calendar or Policy Year:	Calendar	Calendar	
Coinsurance:	n/a	n/a	
Maximum Out-of-Pocket:	$1,500 Single | $3,000 Family	$2,000 ($4,000 Family)	
(Includes Deductible):	n/a	Yes	
(Includes Copay):	Yes	Yes	
(Includes Rx):	No	Yes	
Physician Copay			
Workforce Wellness Providers	$5	$5	Median: $20 Copay
Office Visit Copay:	$10	$20	Median: $20 Copay
Specialist Copay:	$20	$35	Median: $30 Copay
Chiropractic Copay:	$10	$15	
Hospital / Emergency Services			
Inpatient Hospital Per Admission Copay:	$200	$250 / Day (Days 1-5)	Median: $250 Deductible
Emergency Room Copay:	$75	$200	Median: $100 Copay
Urgent Care Copay:			
Workforce Wellness Copay:	$5	$5	
All Other Urgent Care Providers:	$25	$75	
Outpatient Surgical Facility Copay:	$0	$200	61% Req. Copay|Median: $125 Copay
Ambulatory Surgery Center:	$0	$200	
Diagnostic Services			
Lab, X-Ray & Diagnostics Outpatient:	$0	$0	
Lab, X-Ray & Major Diagnostics Outpatient	$0	$25	
Preventive Adult Wellness	100% Covered	100% Covered	
Prescription Drug Deductible:	n/a	n/a	
Tier 1:	$3	$0 (Preventive) /$3	
Tier 2:	$10 ($15 Walgreens)	$10 / $15 (Walgreens)	Median: $10 Copay
Tier 3:	$30 ($35 Walgreens)	$30 / $35 (Walgreens)	Median: $25 Copay
Tier 4:	$55 ($60 Walgreens)	$55 / $60 (Walgreens)	Median: $45 Copay
Tier 5:	$100	$125 (Specialty)	Median: $105 Copay
Mail Order Prescription:	$6/$27/$87/$162 (3 mth Supply)	$0/$6/$27/$87/$162 (3 mth Supply)	Median: $20 / $60 / $100 Copay

Brown & Brown INSURANCE

Notes
Out of Network Benefits not offered with the exception of Emergency Room Services.
Alternative proposed plans with changes are highlighted in red text.

Benchmark Notes
Highlights a benefit less rich than benchmark.
Highlights a benefit richer than benchmark.

Current & Alternate Plan Design Options
HMO G66 Plan

	Current | Expiring	Alternate	Benchmark - Government
Plan Name	Balance HMO G66	LG HMO T39	
Plan Type	HMO	HMO	
Plan Details	**Network Only**	**Network Only**	
Deductible:	$250 Single | $750 Family	$250 ($500 Family)	39% Require Plan Deductible
Embedded Deductible:	Yes	Yes	
Calendar or Policy Year:	Calendar	Calendar	
Coinsurance:	10%	10%	
Maximum Out-of-Pocket:	$2,000 Single | $4,000 Family	$3,500 ($7,000 Family)	
(Includes Deductible):	Yes	Yes	
(Includes Copay):	Yes	Yes	
(Includes Rx):	No	Yes	
Physician Copay			
Workforce Wellness Provider Copay	$5	$5	Median: $20 Copay
Office Visit Copay:	$20	$20	Median: $20 Copay
Specialist Copay:	$35	$40	Median: $30 Copay
Chiropractic Copay:	$20	$20	
Hospital / Emergency Services			
Inpatient Hospital Per Admission Copay:	Deductible + Coinsurance	Deductible + Coinsurance	Median: $250 Deductible
Emergency Room Copay:	$100	$350	Median: $100 Copay
Urgent Care Copay			
Workforce Wellness Locations	$5	$5	
Non-Workforce Wellness Locations	$50	$100	
Outpatient Surgical Facility Copay	Deductible + Coinsurance	Deductible + Coinsurance	61% Req. Copay| Median: $125 Copay
Ambulatory Surgery Center	Deductible + Coinsurance	Deductible + Coinsurance	
Diagnostic Services			
Lab, X-Ray & Diagnostics Outpatient	$0 (Lab), $35 (X-Ray)	$0 (Lab), Deductible + Coinsurance (X-Ray)	
Preventive Adult Wellness			
Prescription Drugs			
Deductible:	n/a	n/a	
Tier 1:	$3	$0 (Preventive) /$3	
Tier 2:	$10 ($15 Walgreens)	$10 / $15 (Walgreens)	Median: $10 Copay
Tier 3:	$30 ($35 Walgreens)	$30 / $35 (Walgreens)	Median: $25 Copay
Tier 4:	$55 ($60 Walgreens)	$55 / $60 (Walgreens)	Median: $45 Copay
Tier 5:	$100	$125 (Specialty)	Median: $105 Copay
Mail Order Prescription:	$6/$27/$87/$162 (3 mth Supply)	$0/$6/$27/$87/$162 (3 mth Supply)	Median: $20 / $60 / $100 Copay

Brown & Brown INSURANCE

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Out of Network Benefits not offered with the exception of Emergency Room Services.
Alternative plans with changes are highlighted in red (downgrade) or green text (enhancement).

Benchmark Notes

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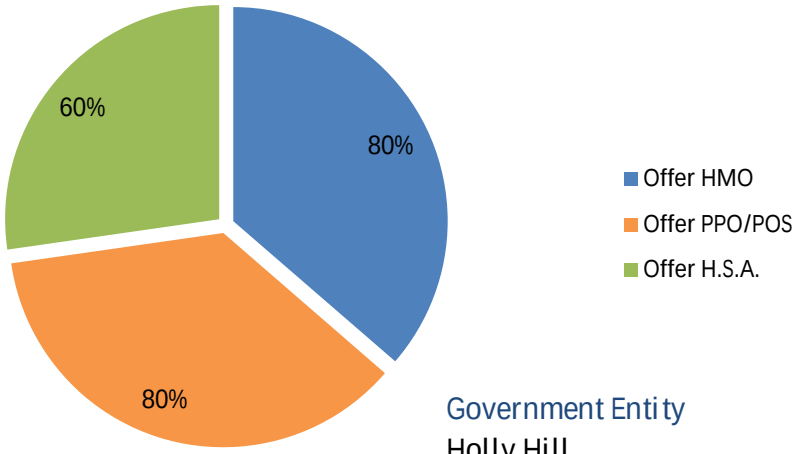
Highlights a benefit richer than benchmark.

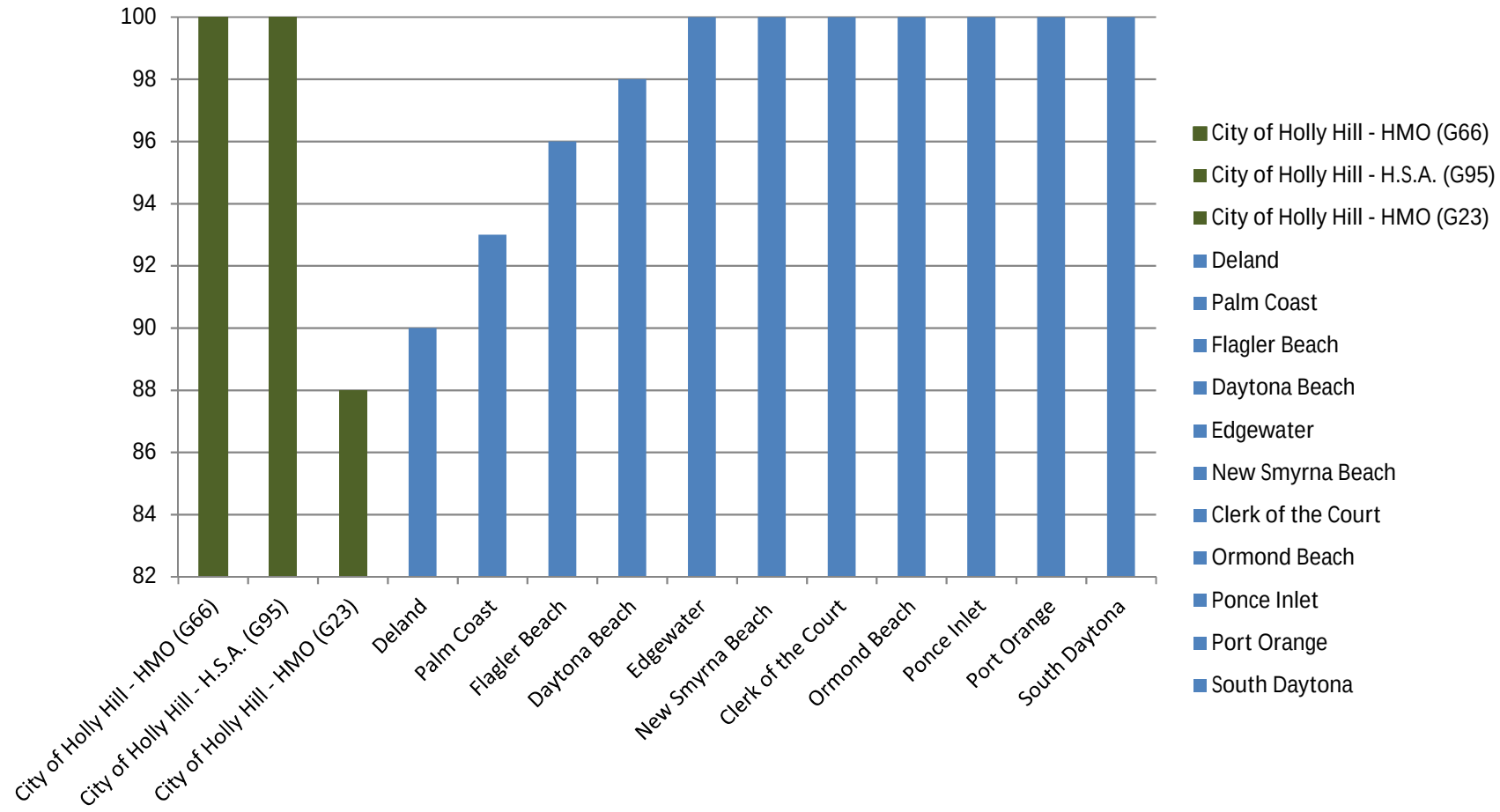
Local Benchmarks

Local Benchmark
Plan Type Offered by Entity(%)

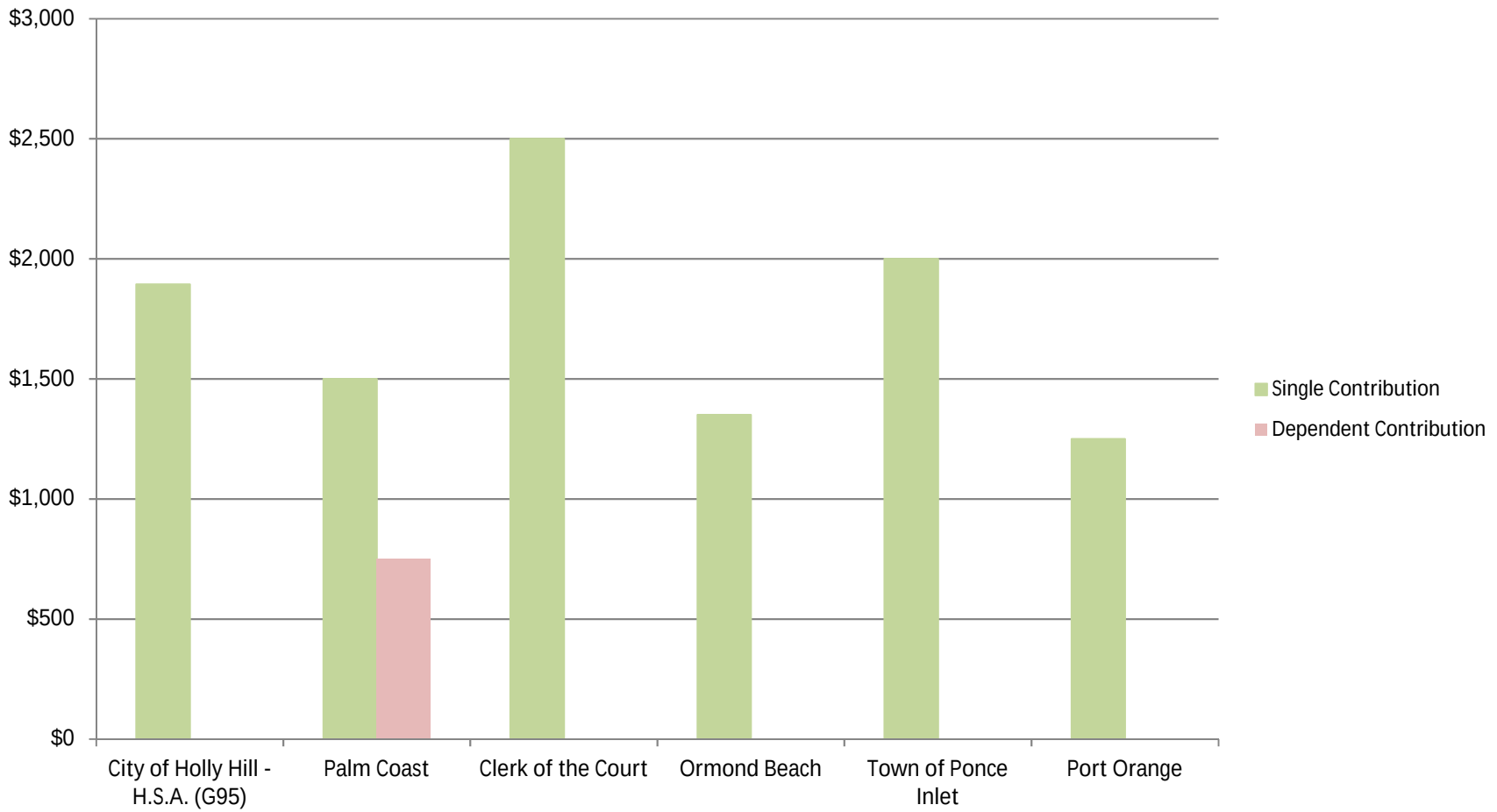


Government Entity	Offer HMO	Offer PPO/POS	Offer H.S.A.
Holly Hill	Yes	No	Yes
Daytona Beach	Yes	Yes	Yes
Deland	Yes	Yes	No
Palm Coast	No	Yes	Yes
Edgewater	Yes	Yes	No
Flagler Beach	Yes	Yes	No
New Smyrna Beach	Yes	Yes	No
Volusia County Clerk of the Court	Yes	Yes	Yes
Ormond Beach	No	Yes	Yes
Town of Ponce Inlet	Yes	No	Yes
Local Government Entities that Offer	8	8	6
Total Entities	10	10	10

Local Benchmark
Employer Contribution for Single Coverage (%)



Local Benchmark
Contribution to Health Savings Account ($)



Open Forum & Next Steps

City Commission
1065 Ridgewood Ave
Holly Hill, FL 32117

SCHEDULED

Meeting: 05/17/16 06:00 PM
Department: Finance
Category: Presentation
Prepared By: Kurt Swartzlander
Initiator: Kurt Swartzlander
Sponsors:
DOC ID: 1343

PRESENTATION - WORKSHOP ITEMS (ID # 1343)

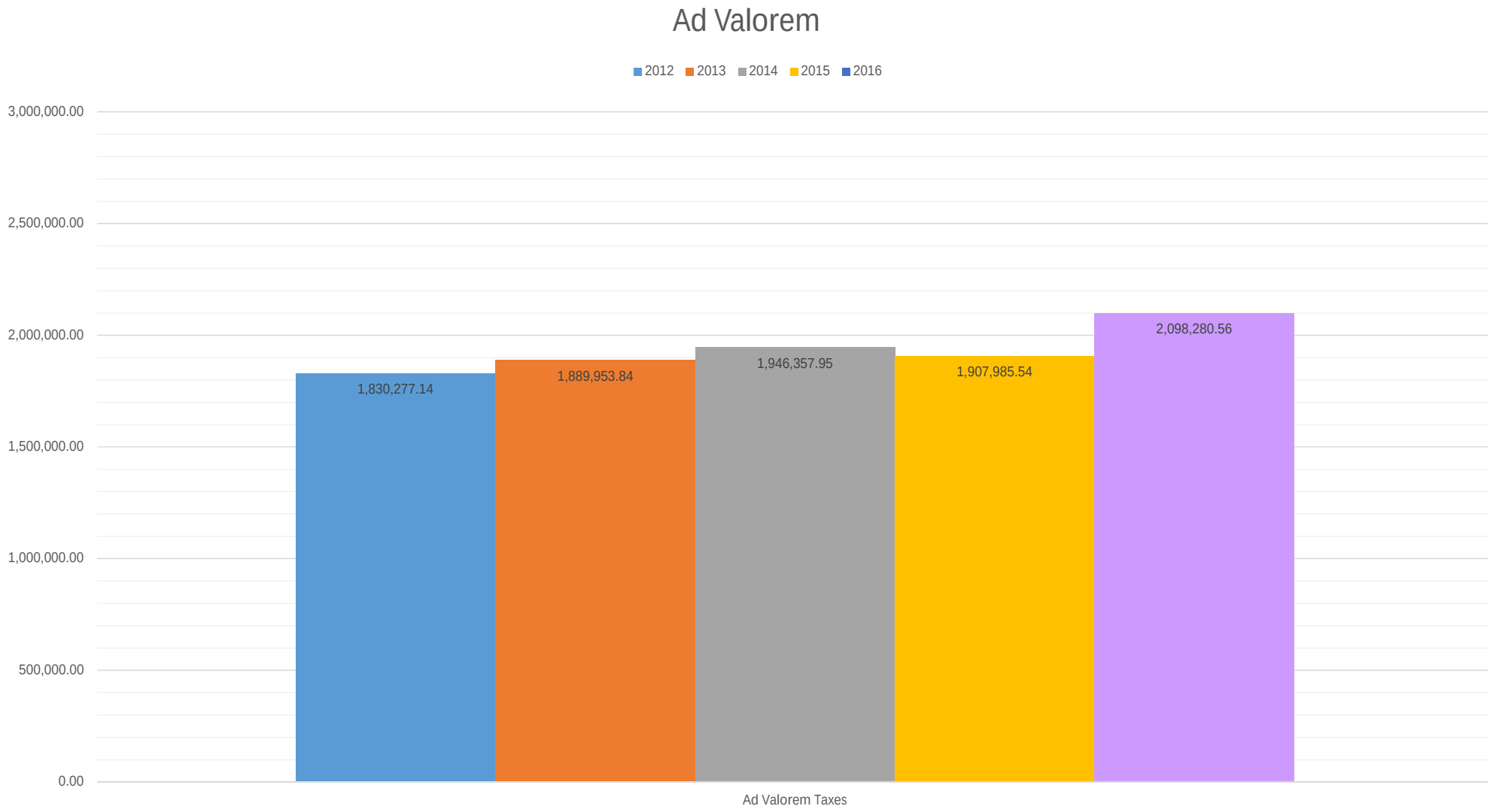
Mid Year Budget Review

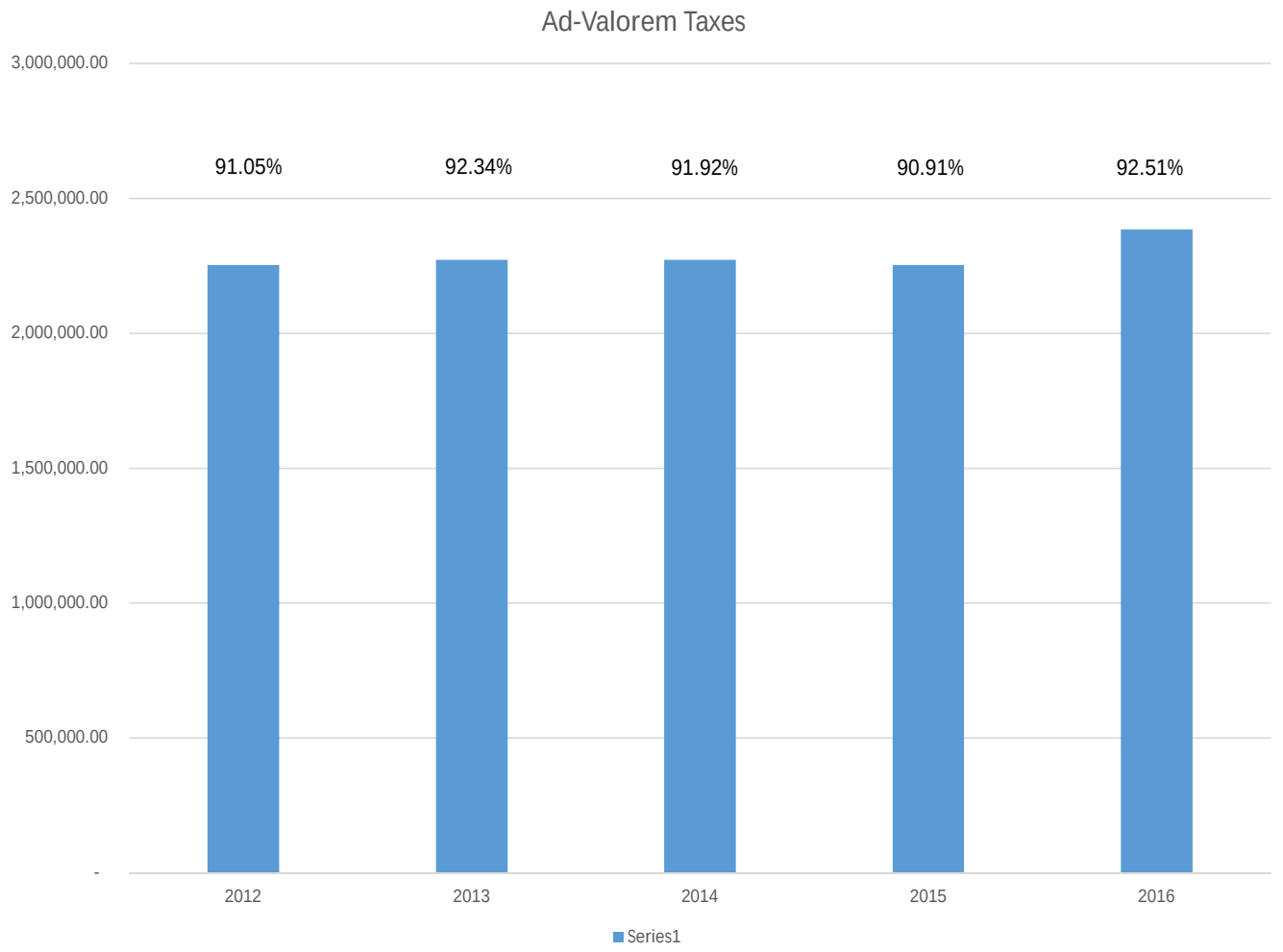
FISCAL YEAR 2015-16
MID-YEAR BUDGET REVIEW

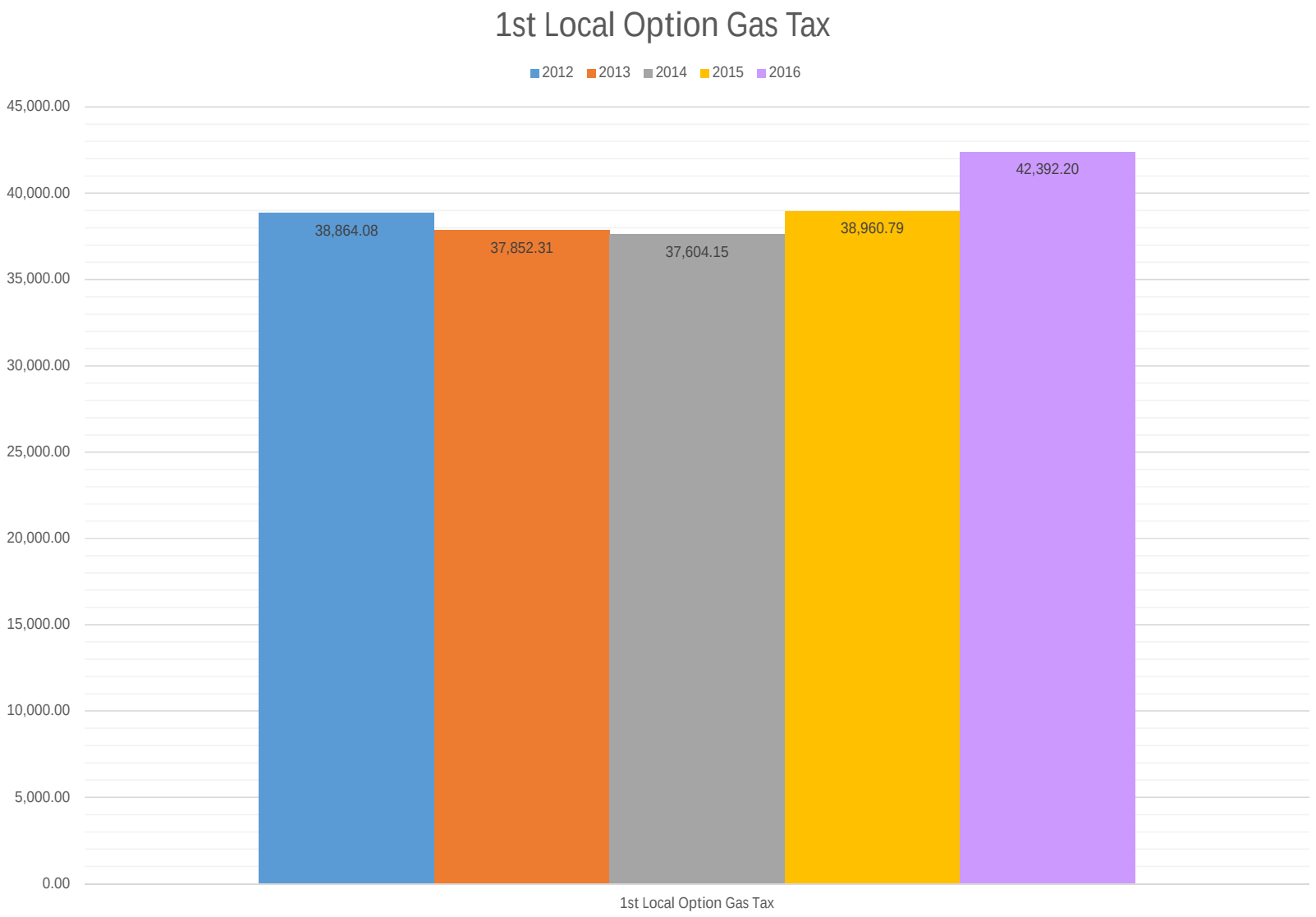
Fiscal Year 2016
Mid-Year Budget Review

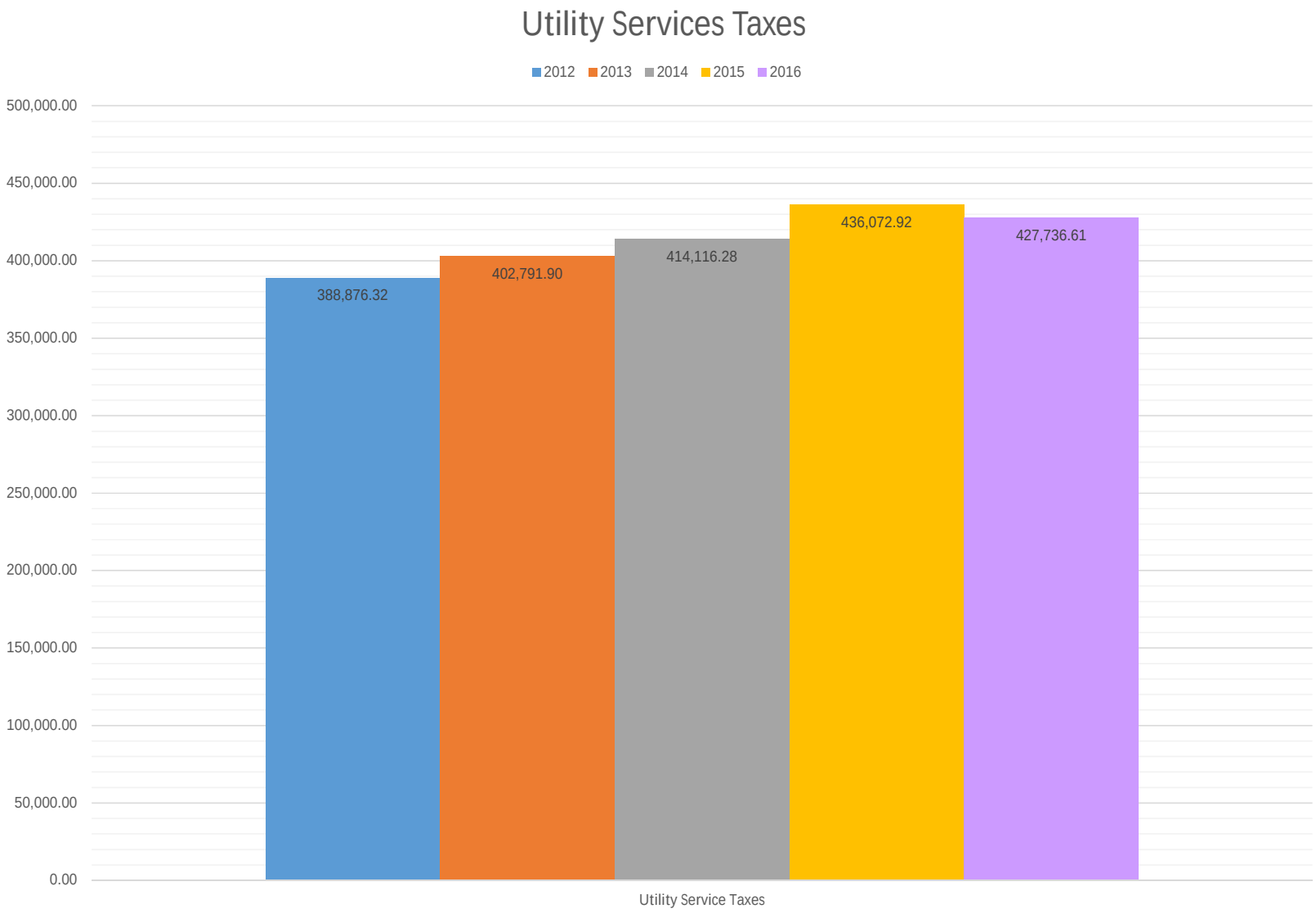
- Setting the Stage
  - October through February revenues/expenditures for each fund/year.
  - Approximately 42% of the year complete.
  - Last five years data for Revenue and One Year v. Budget for Expenditures.
  - Scale is different on each slide.
  - Only Major Funds
- Review Revenues
- Review Expenditures
- Review Capital Expenditures.

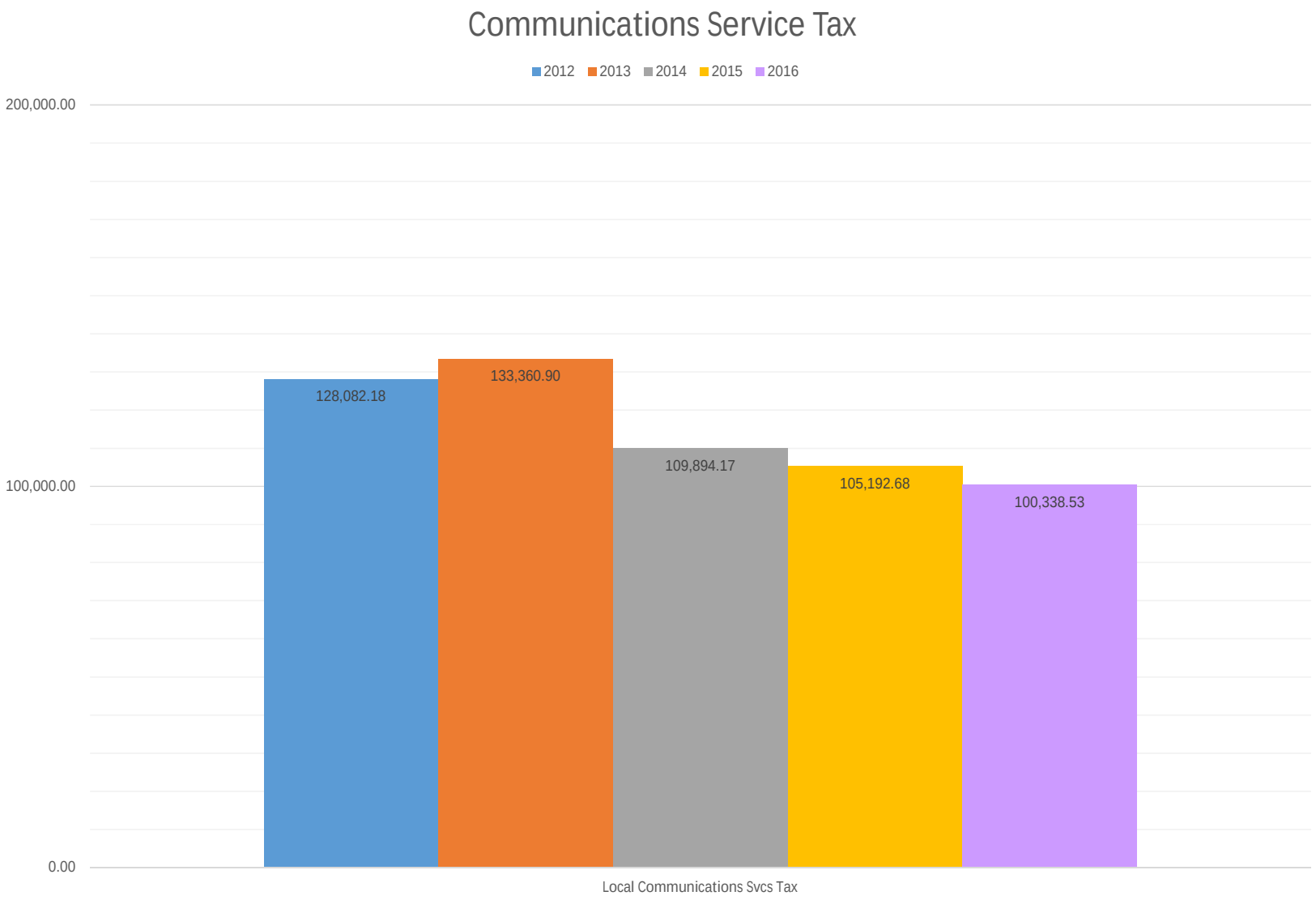
REVENUES

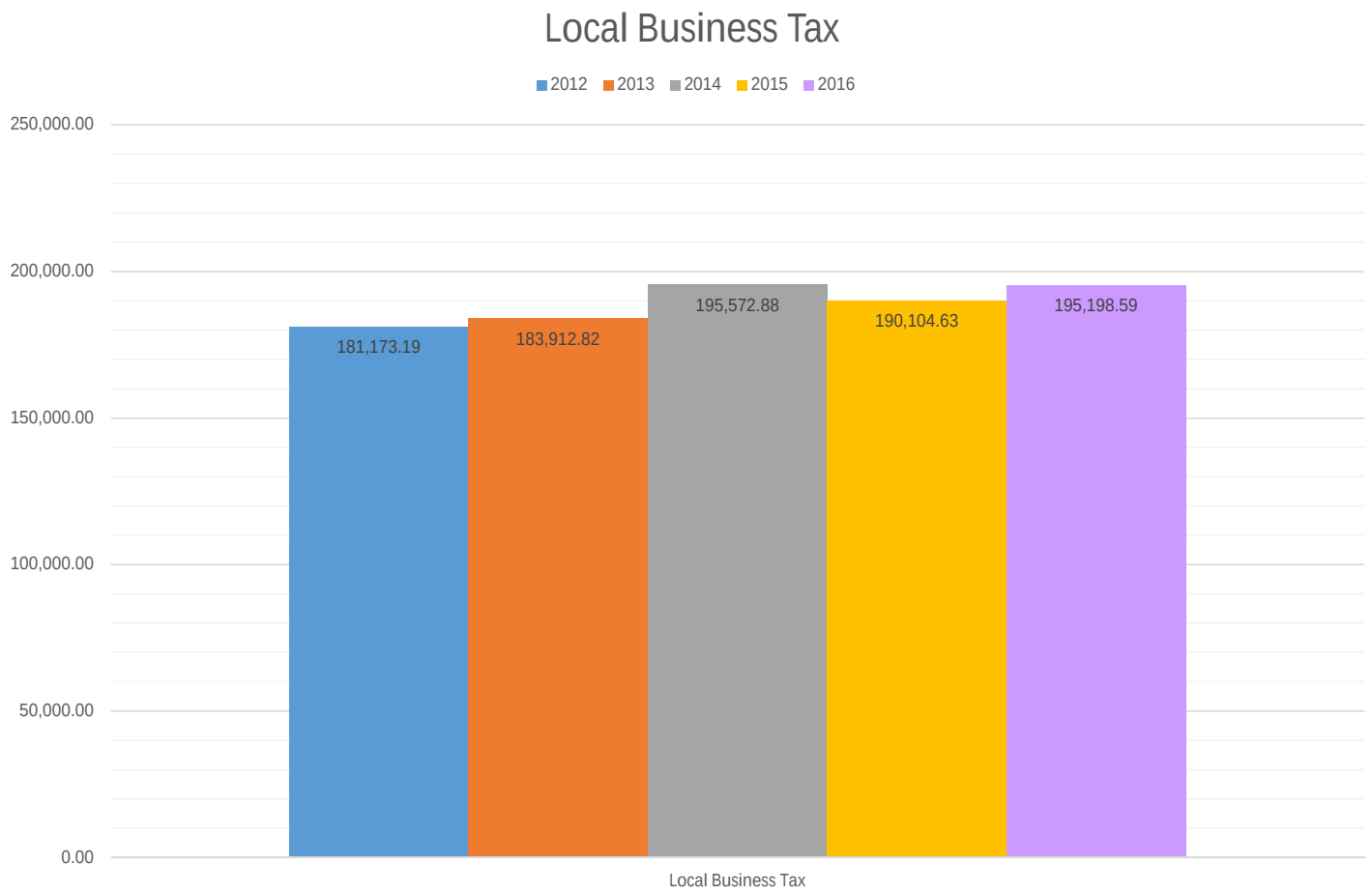


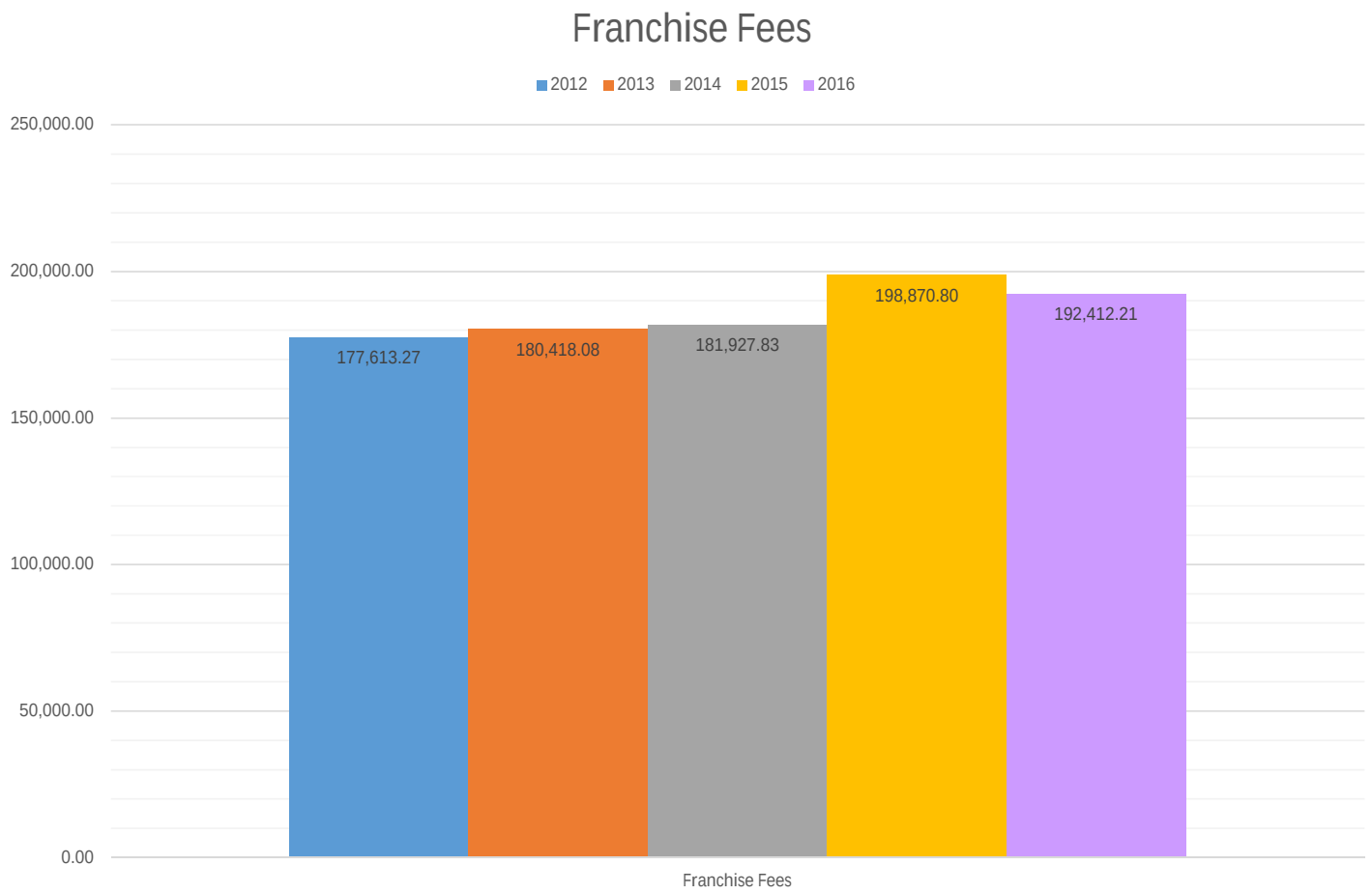


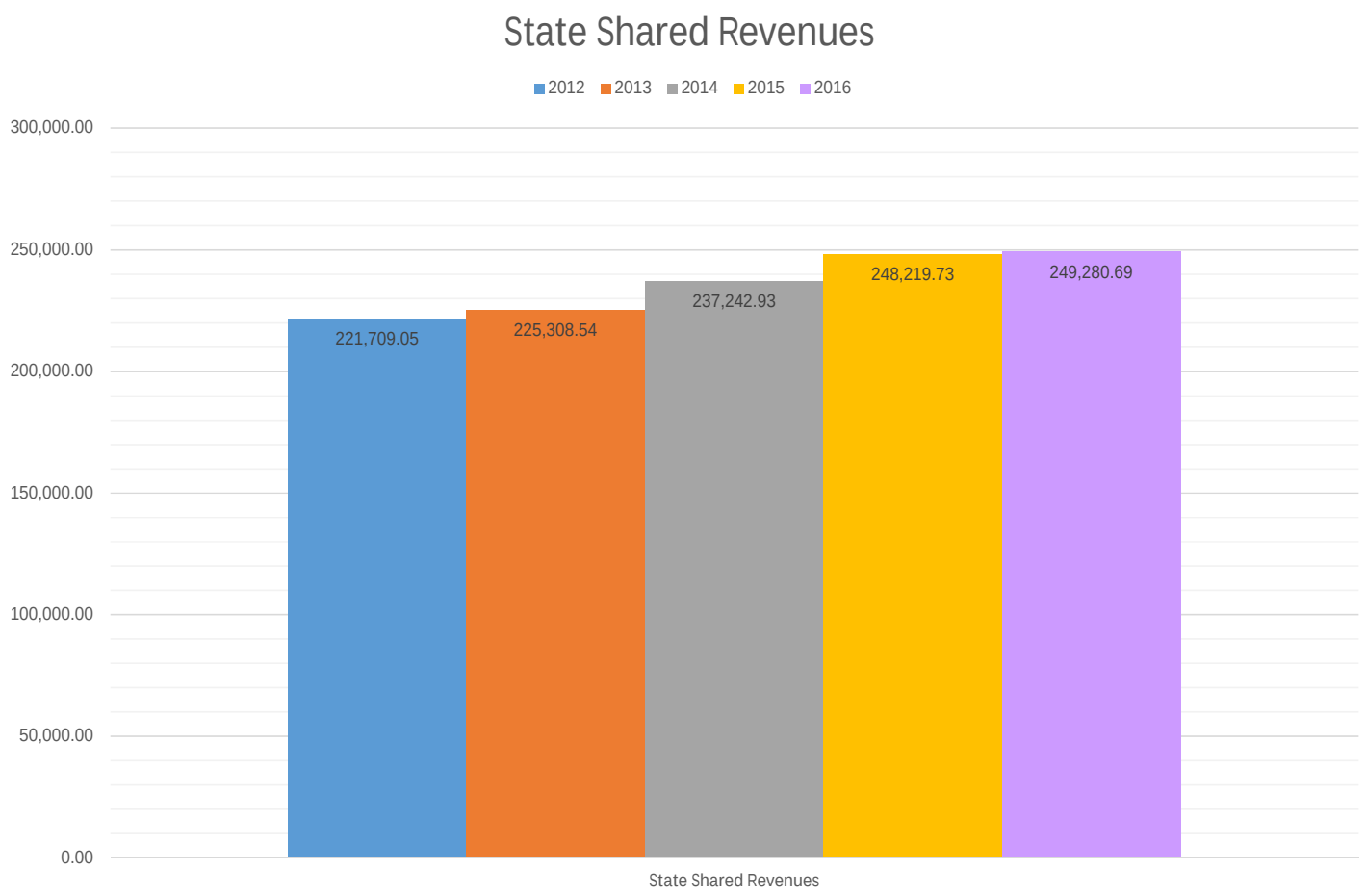


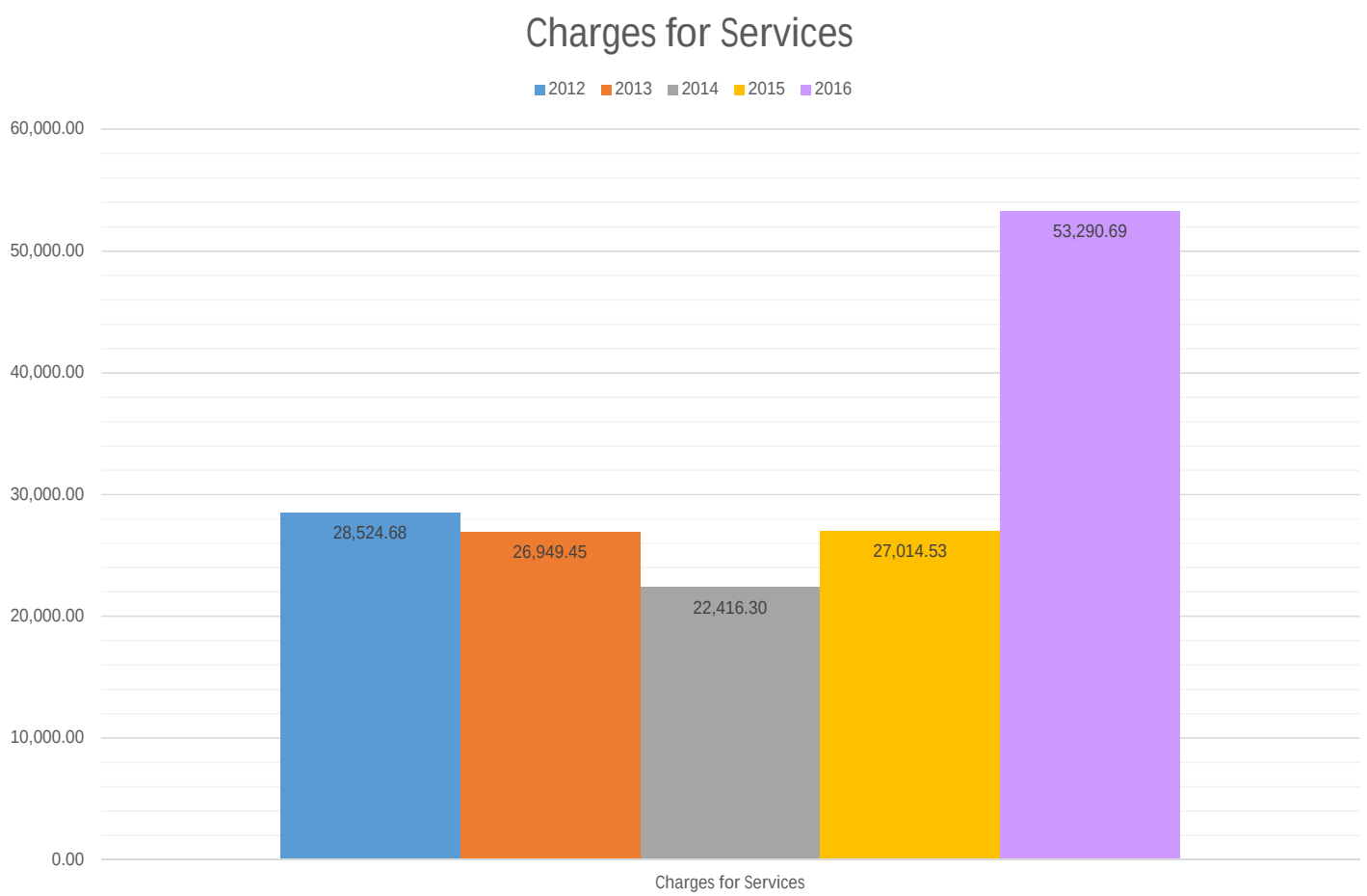


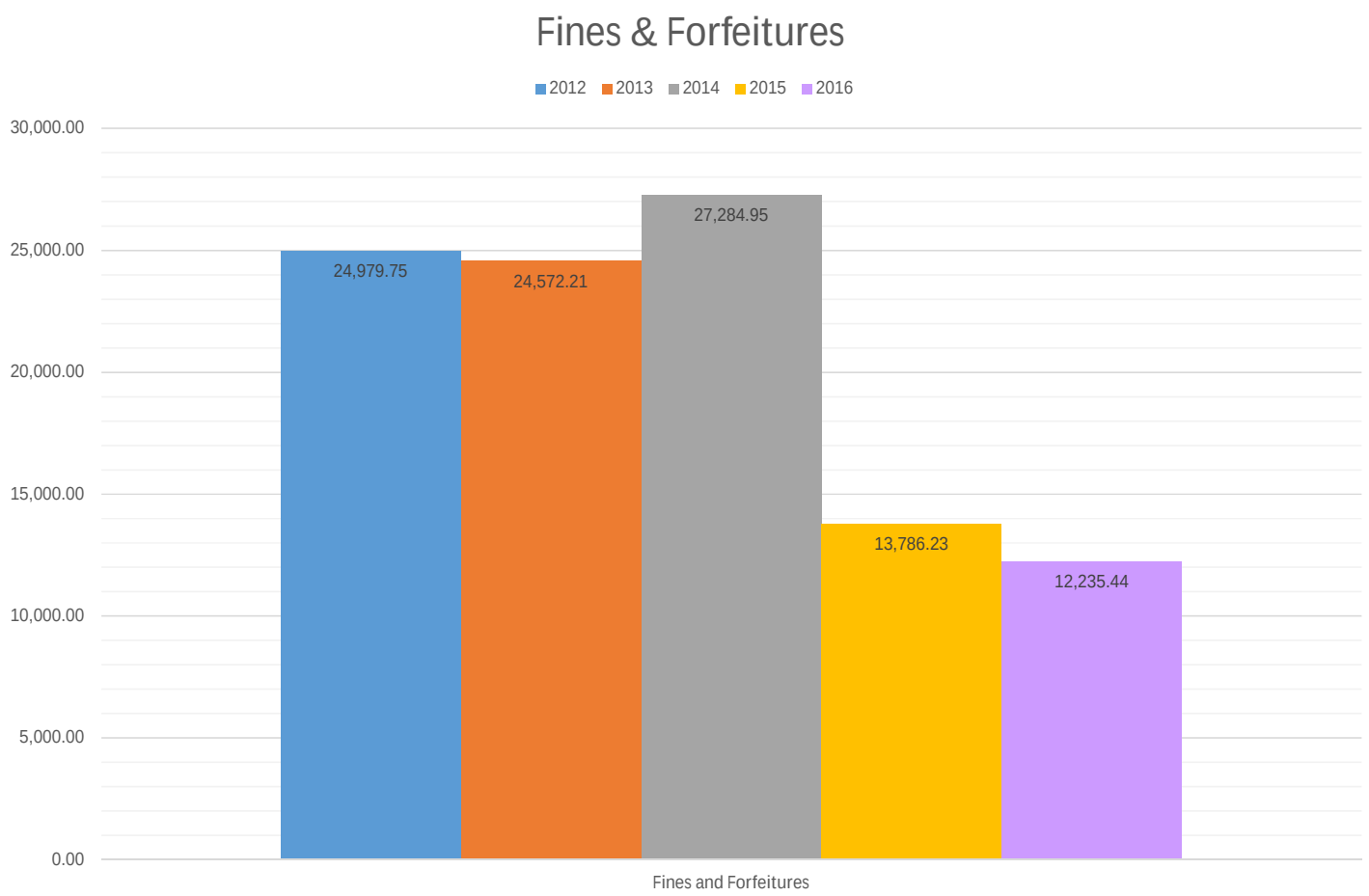


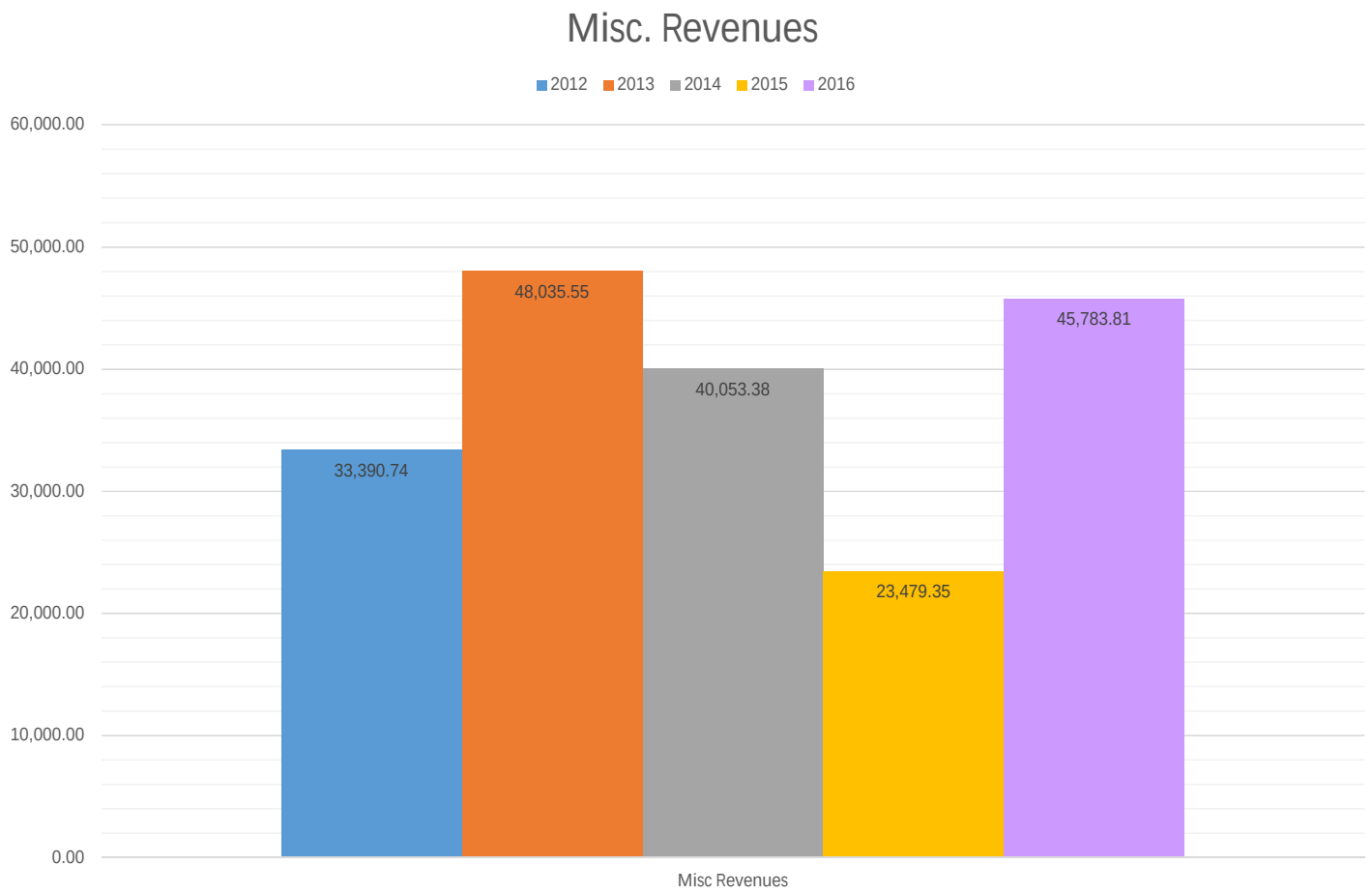


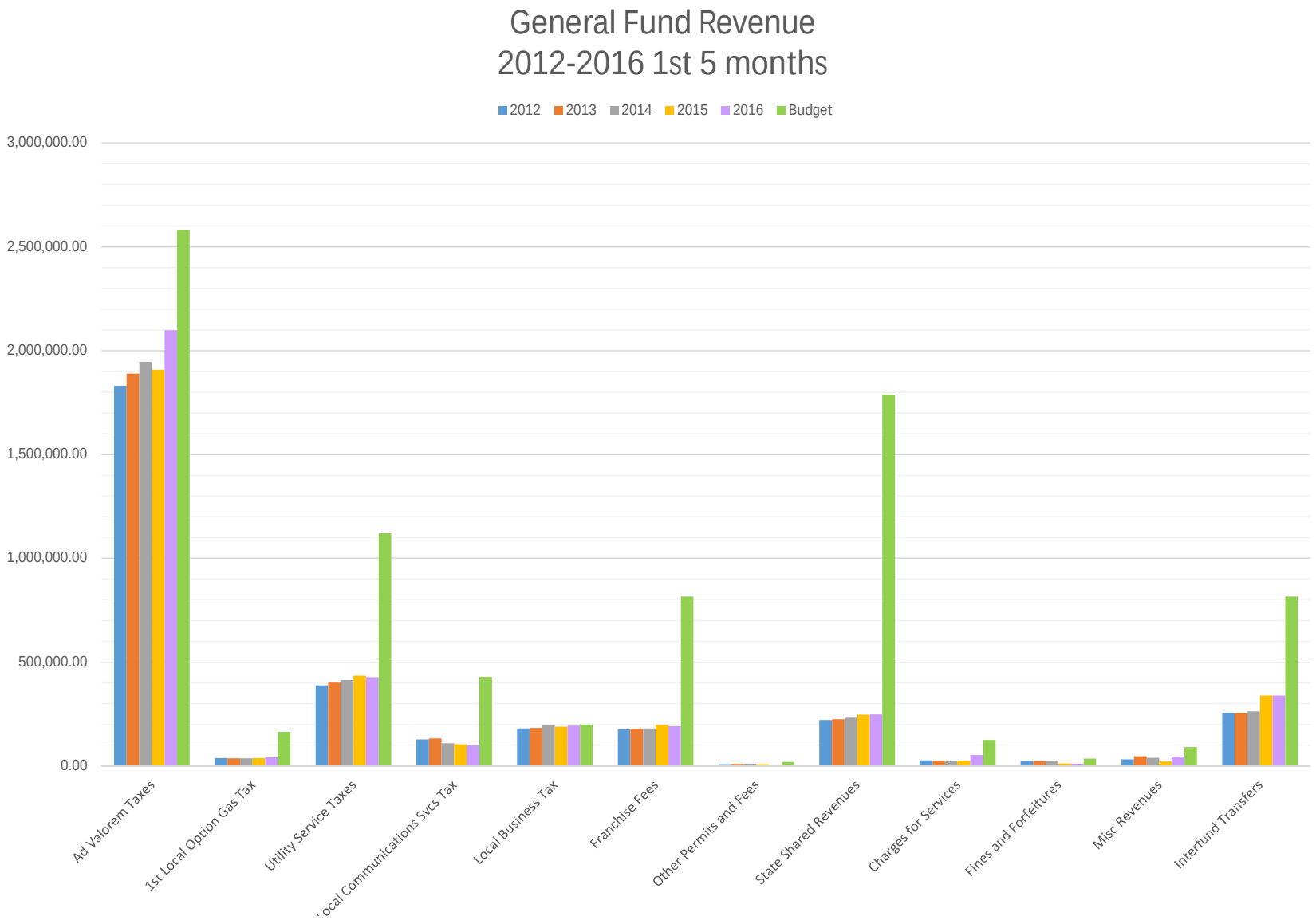


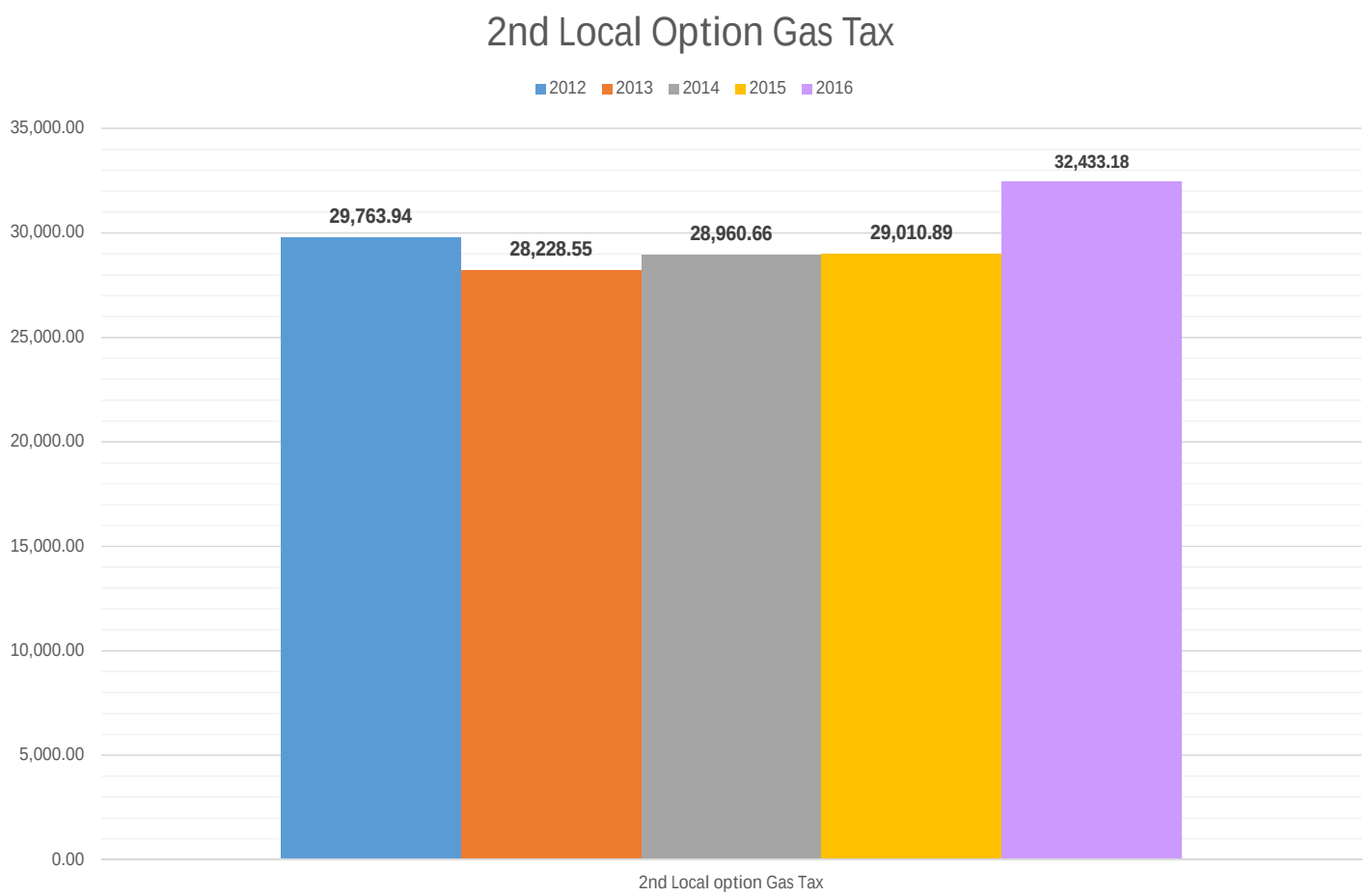


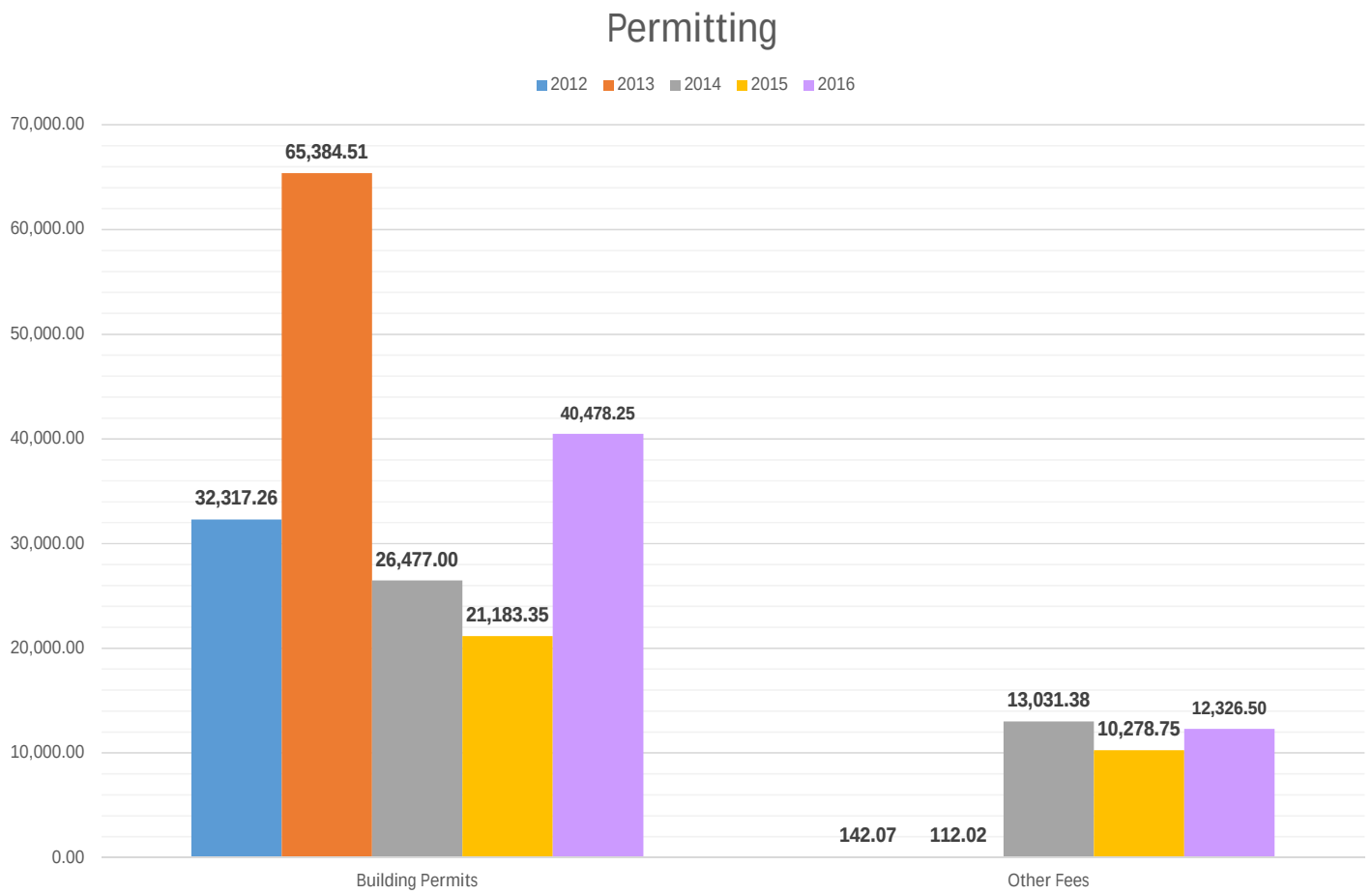


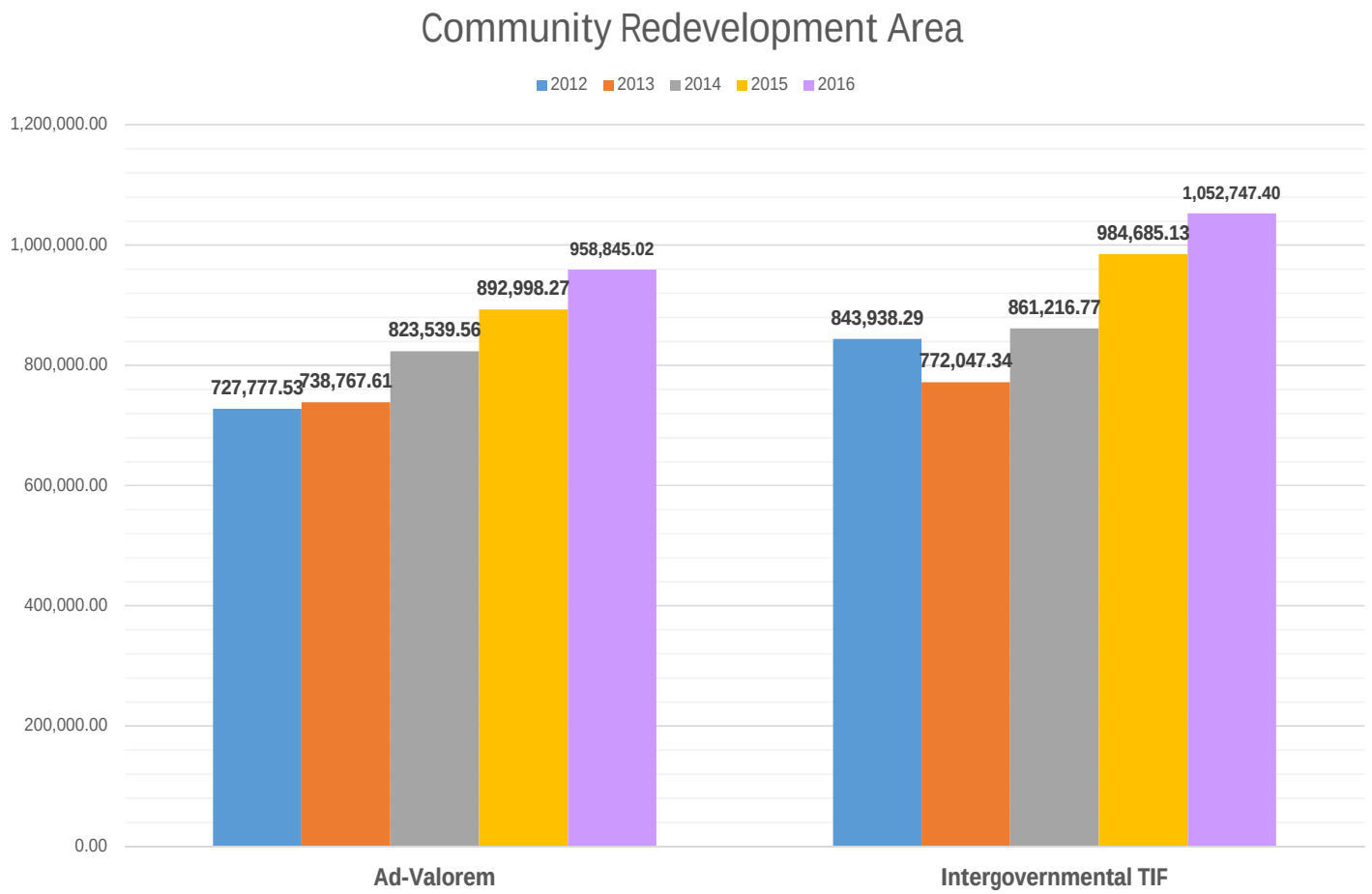


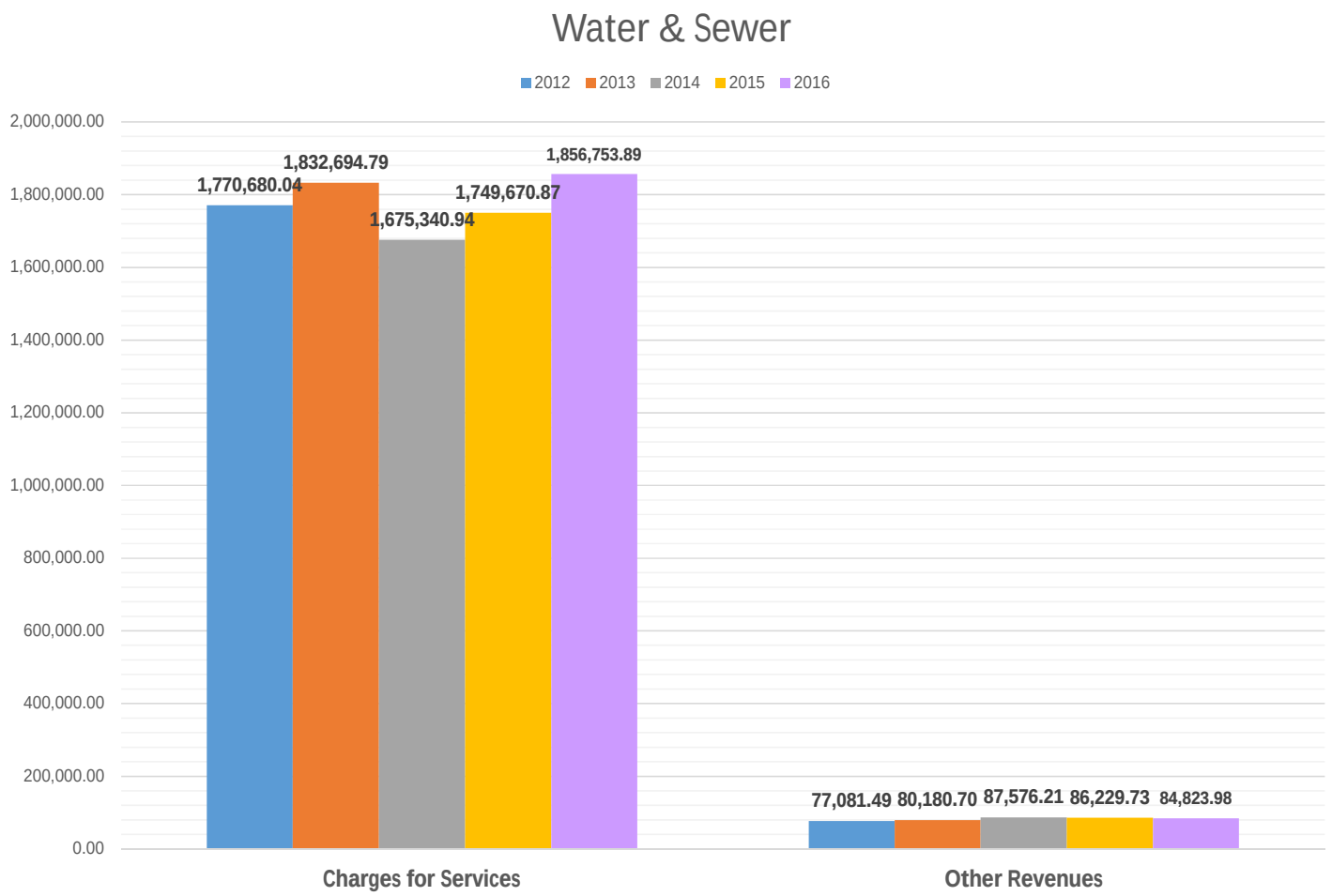


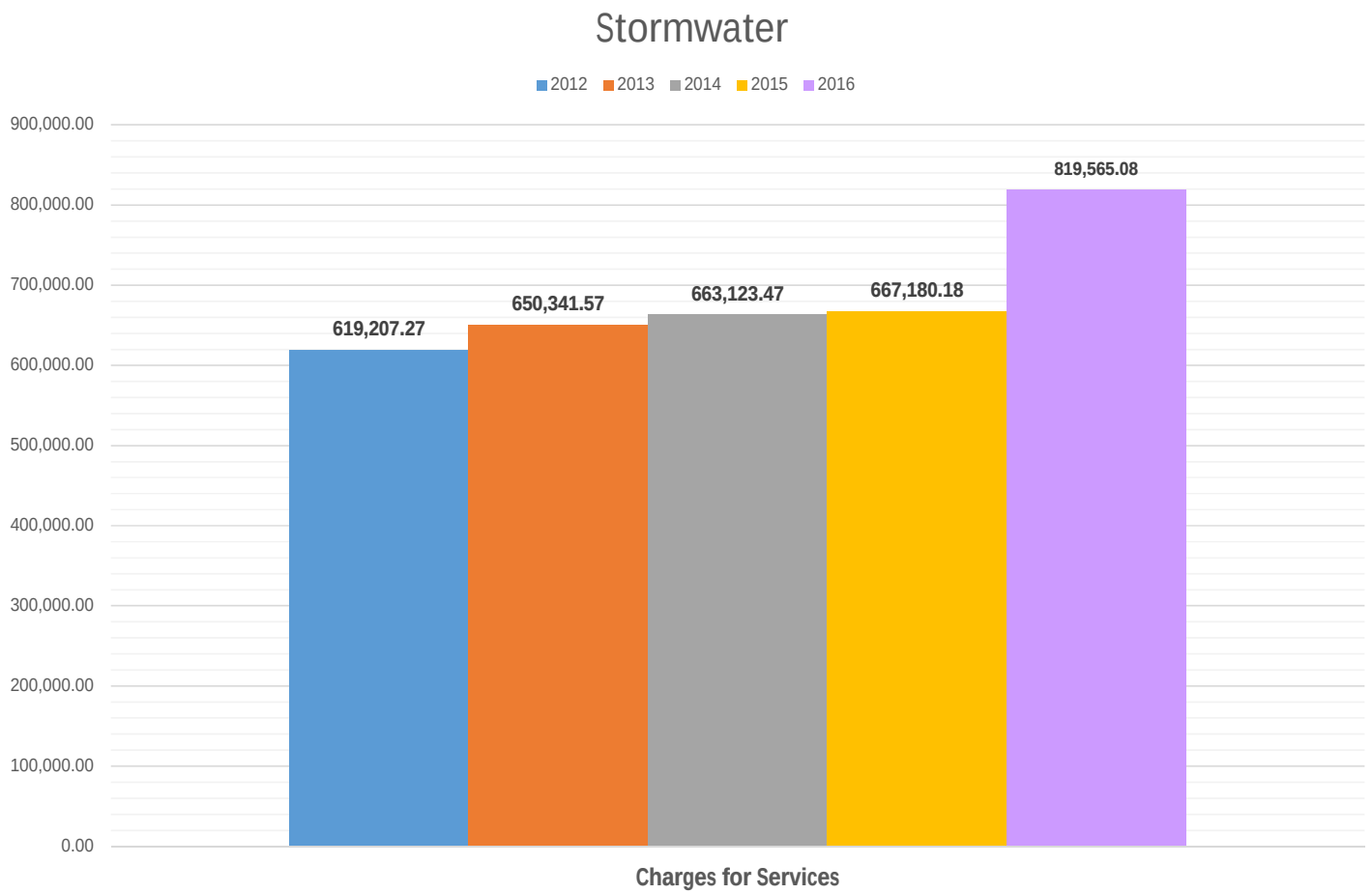


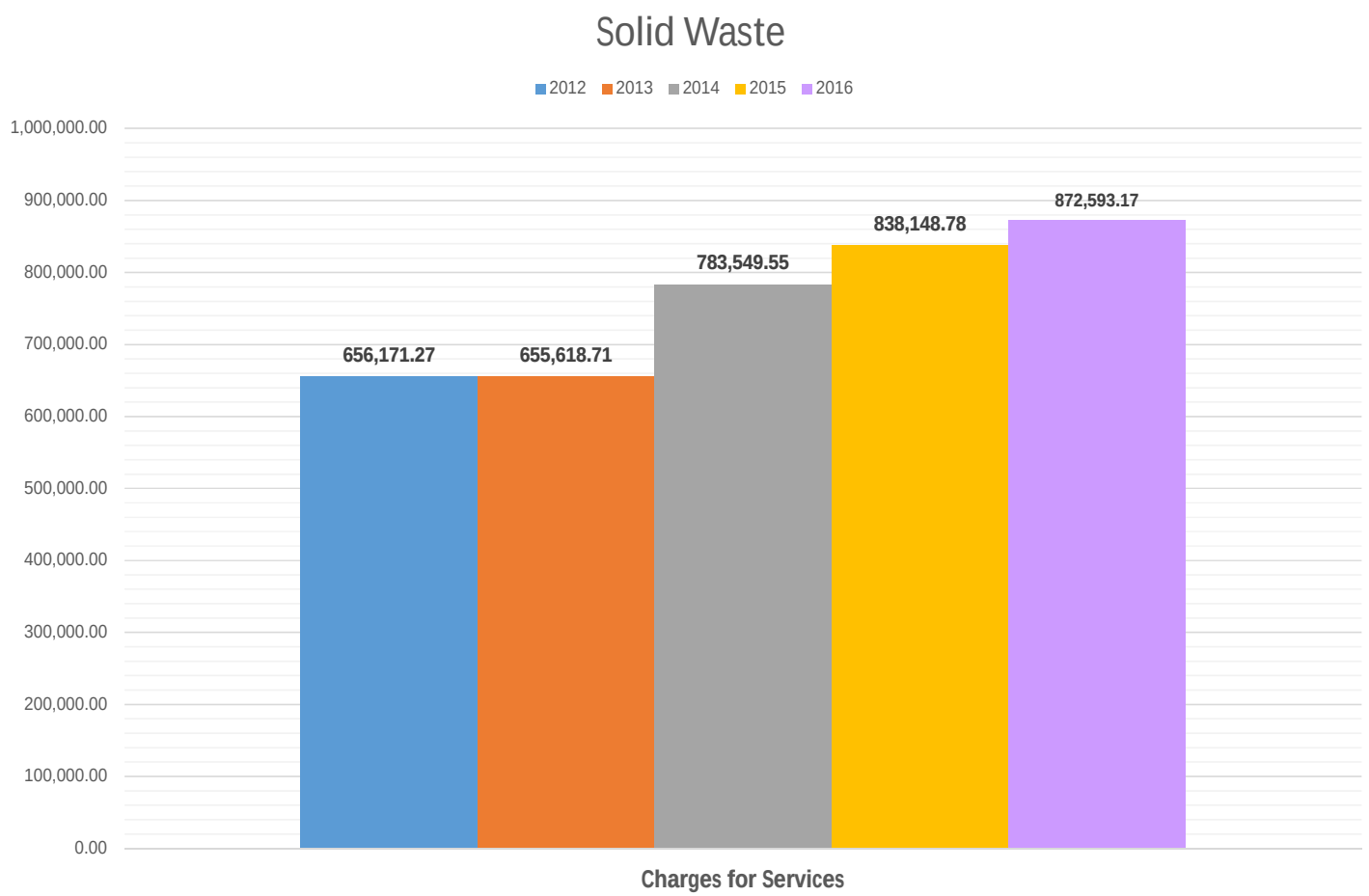




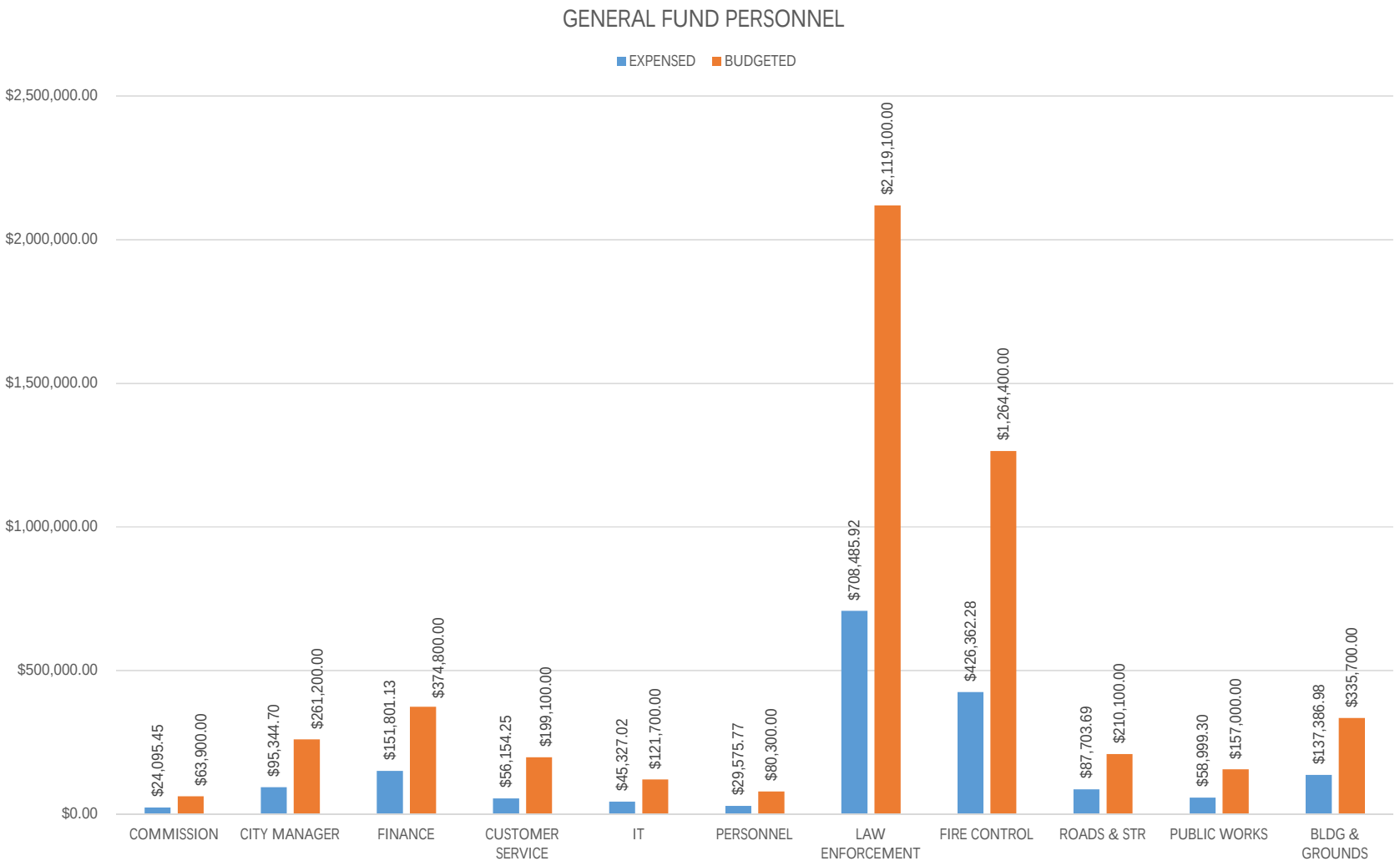


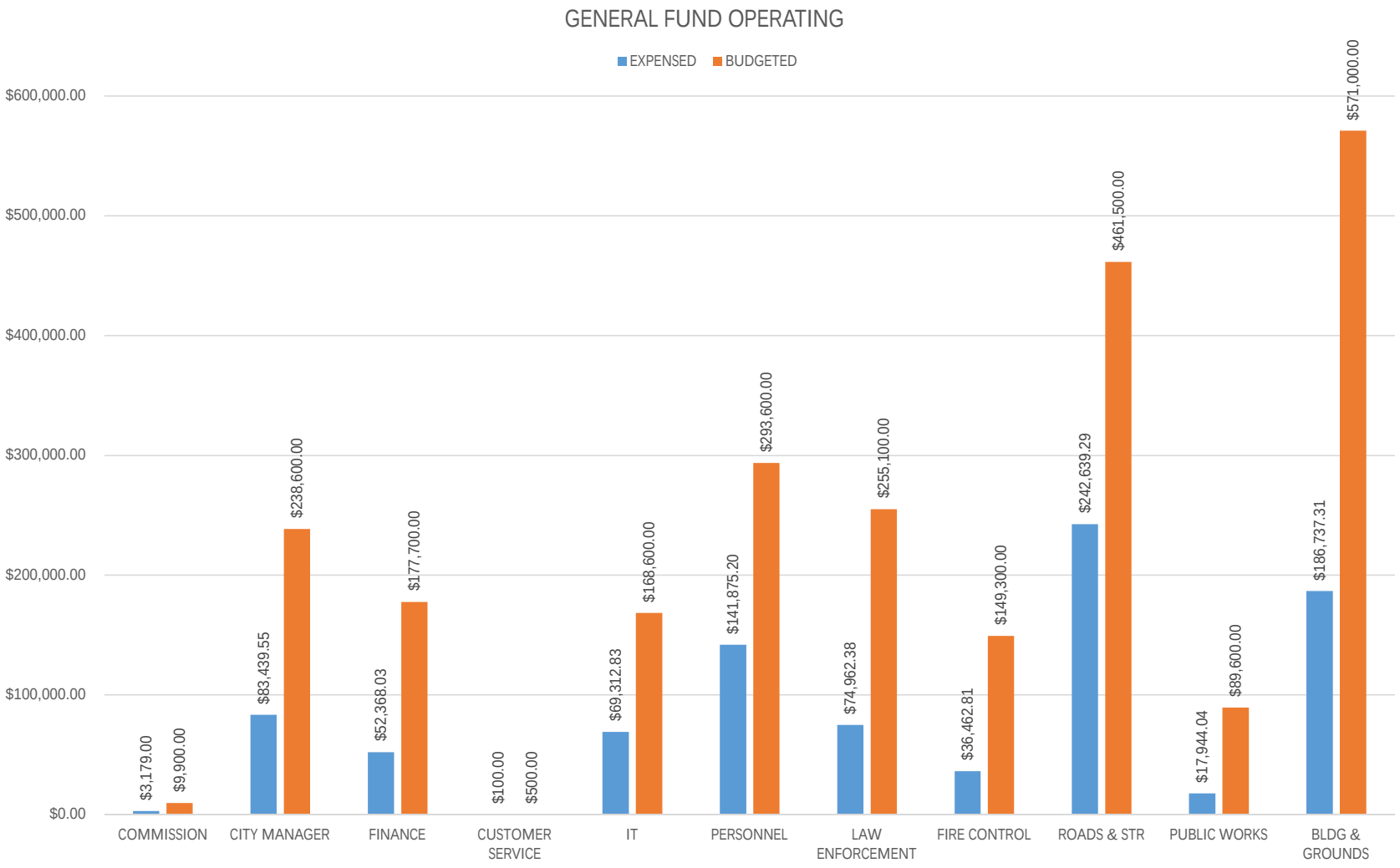


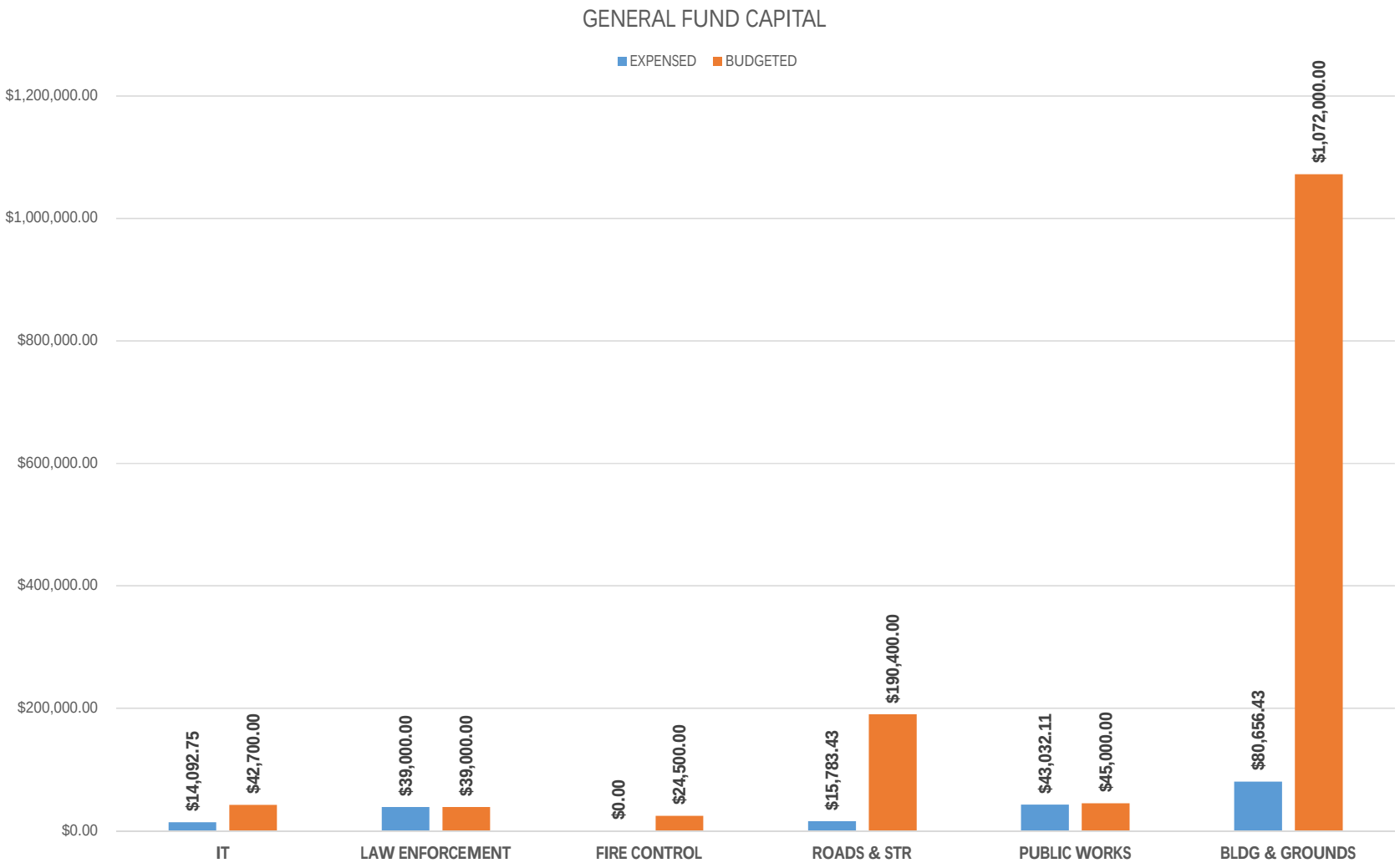


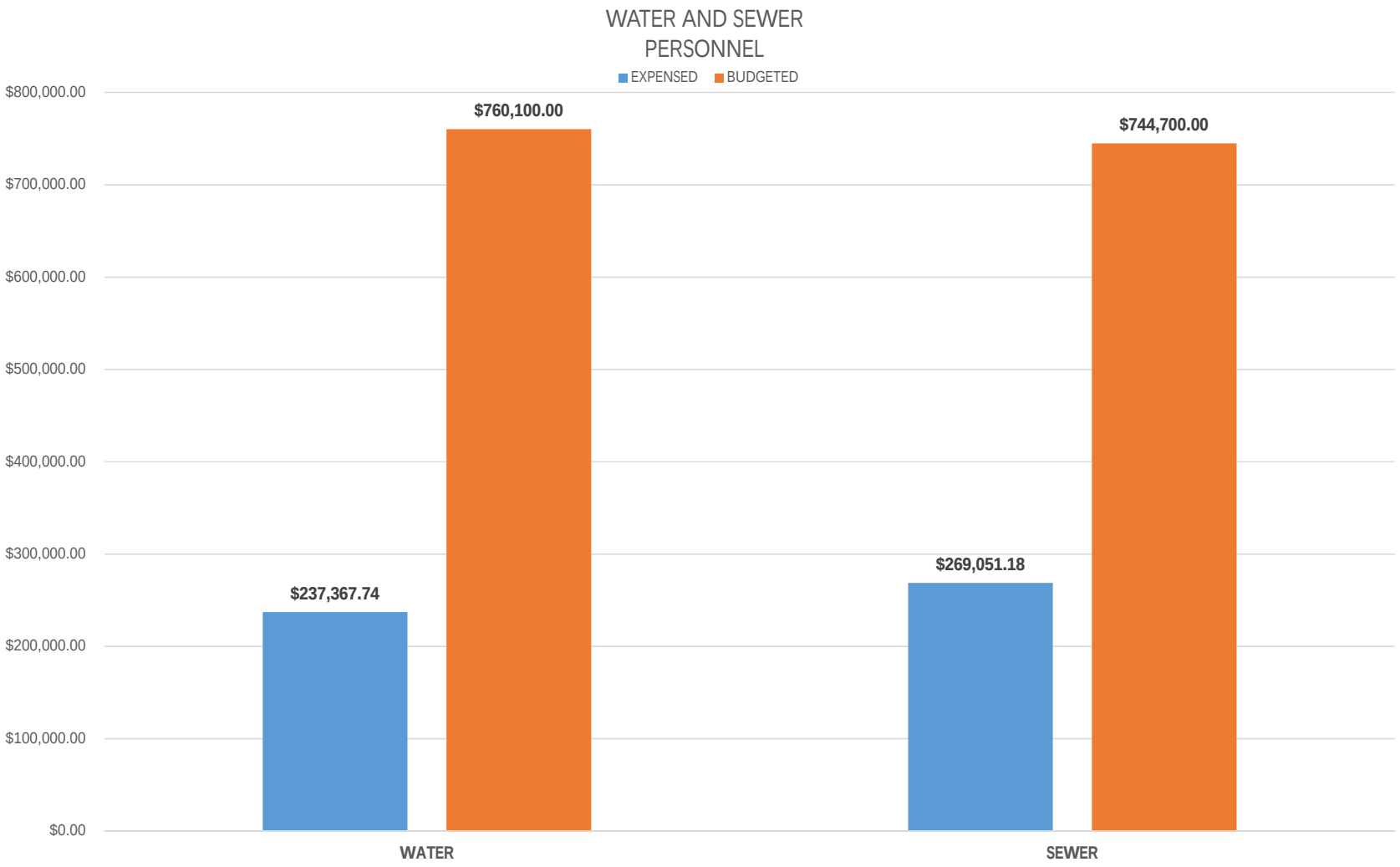


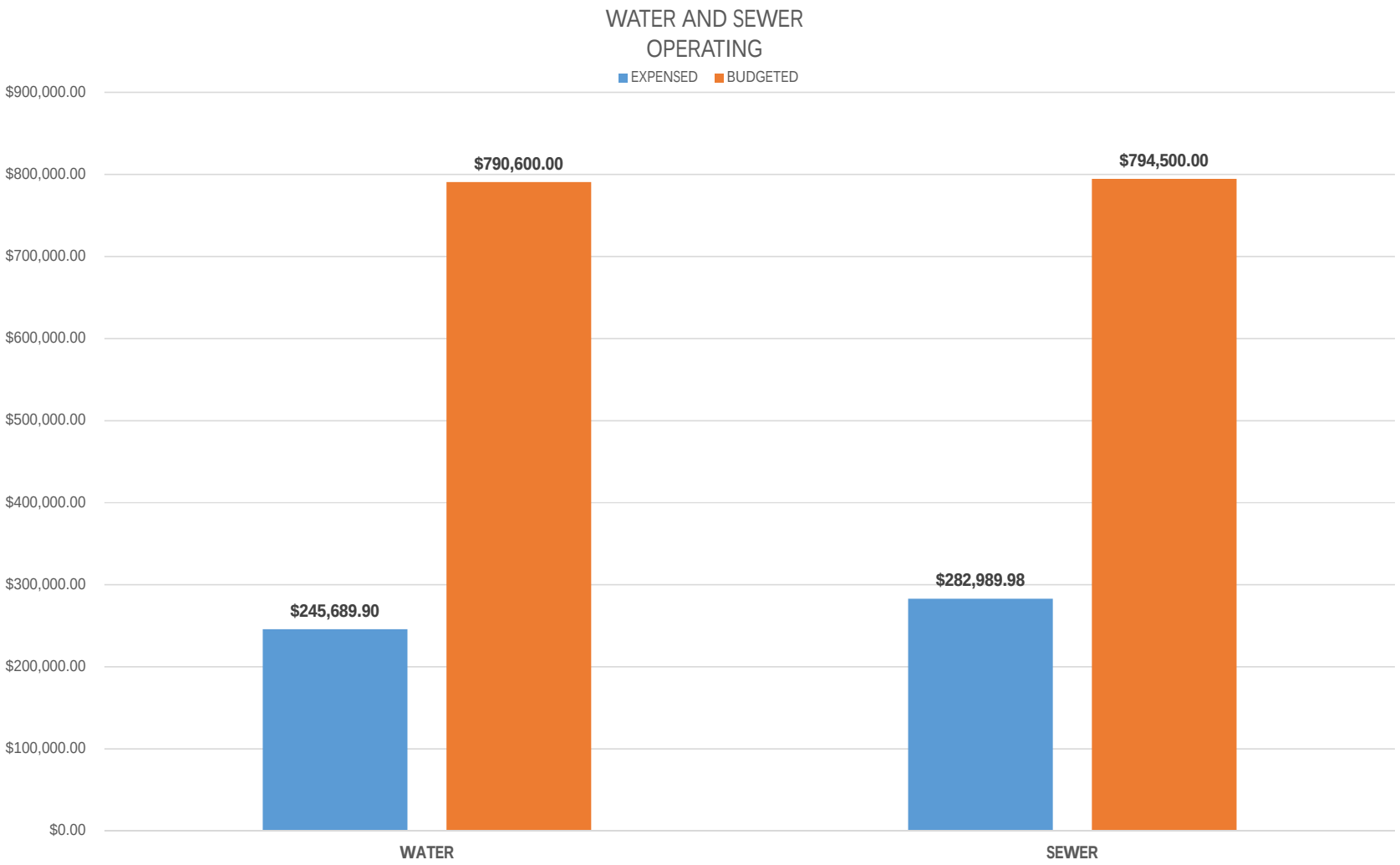
EXPENSES

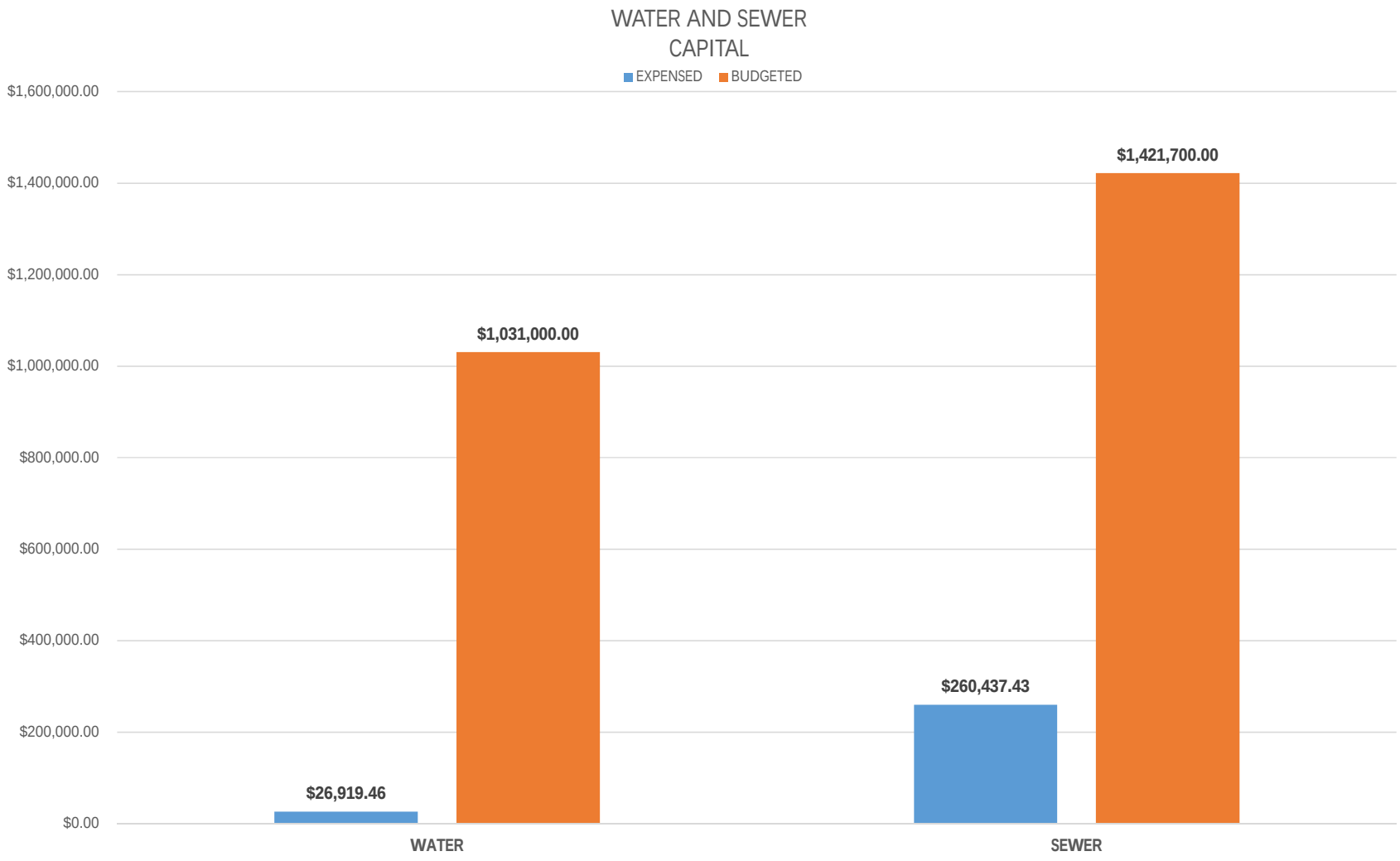


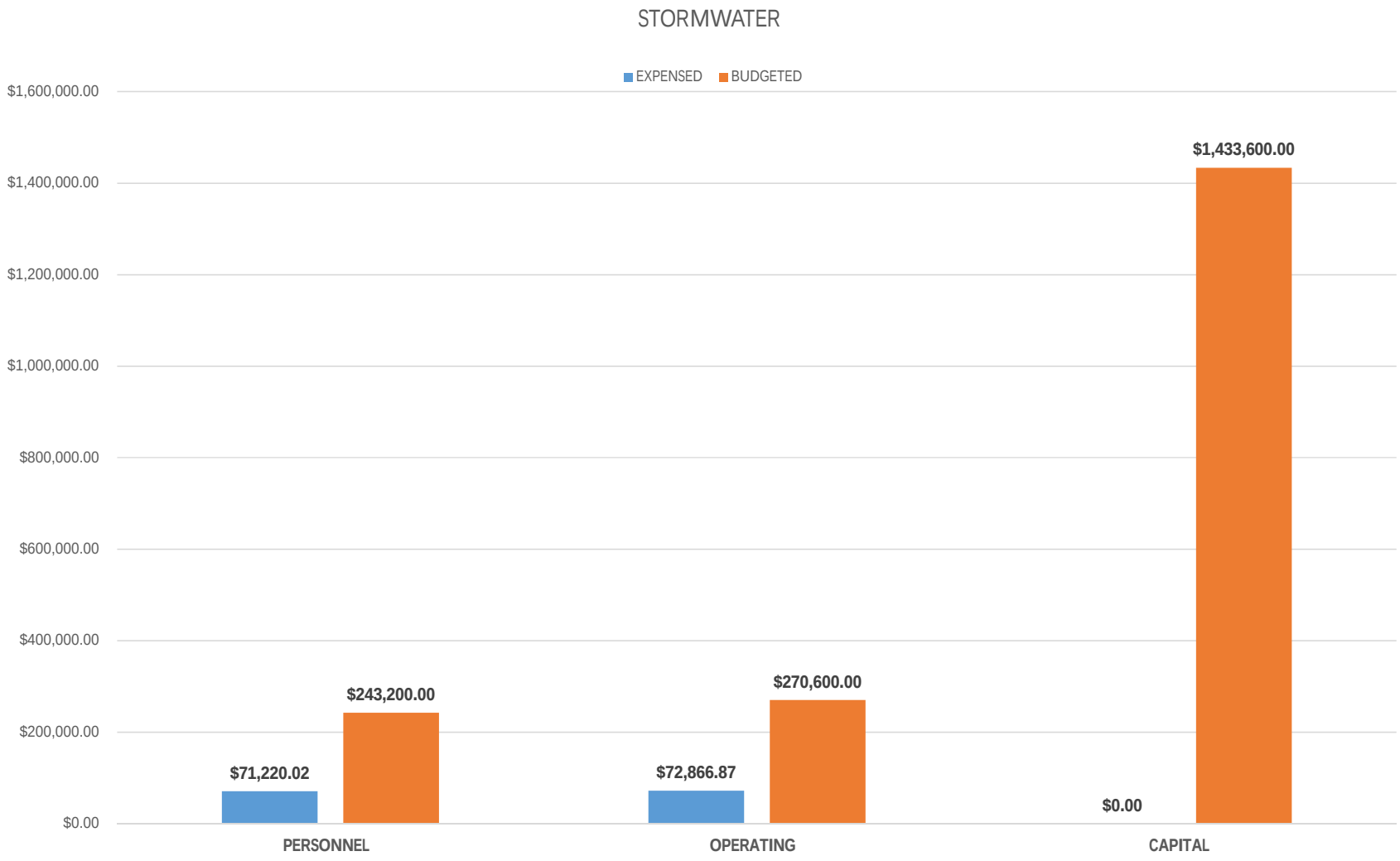


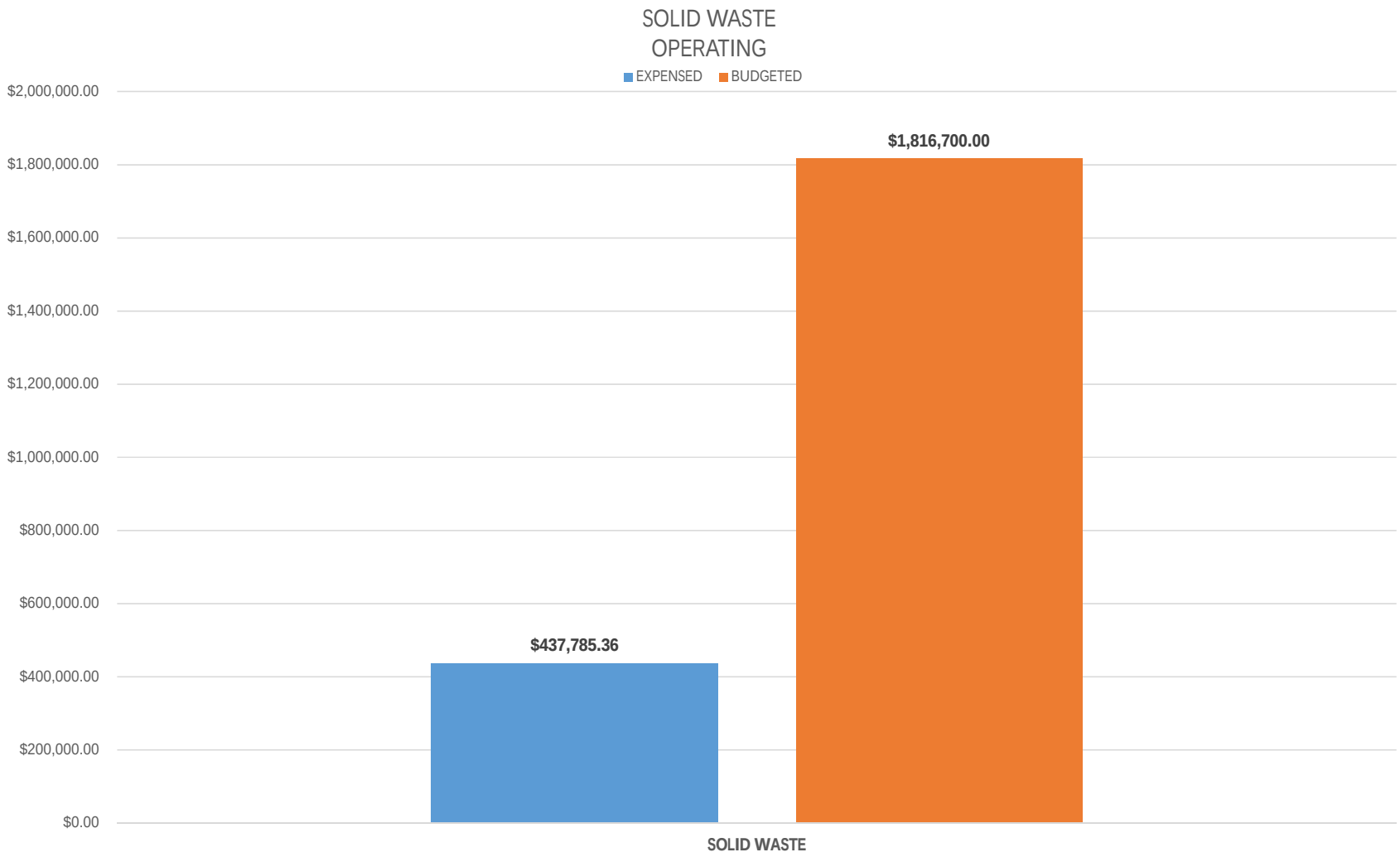












TOTAL YTD EXPENDITURES

Fund Name	Fund	YTD Expense	Budget	% Expensed
GENERAL FUND	001 Total	$2,981,738.34	$9,157,700.00	32.56%
LOCAL OPTION FUEL TAX	002 Total	$0.00	$274,600.00	0.00%
PERMITTING	004 Total	$100,810.31	$285,000.00	35.37%
COMMUNITY REDEVELOPMT	130 Total	$580,650.64	$5,122,100.00	11.34%
CDBG FUND	140 Total	$298.79	$97,300.00	0.31%
WATER & SEWER FUND	400 Total	$2,598,932.48	$6,843,100.00	37.98%
PROPRIETARY R&R FUND	407 Total	$398,333.38	$588,000.00	67.74%
STORMWATER FUND	460 Total	$144,086.89	$513,800.00	28.04%
RENEWAL & REPLACEMENT	480 Total	$287,356.89	$2,452,700.00	11.72%
SOLID WASTE ENTERPRISE	495 Total	$496,410.36	$2,380,100.00	20.86%
	Grand Total	$7,588,618.08	$29,148,000.00	26.03%

CAPITAL PROJECTS

Account	Dept	Item Description	Budgeted Amount	Completed	In Progress (Estimated completion Date)	Not Started (Estimated Start and Finish Dates)	Not Doing
001-2210-522-64-00	FD	SCBA CARRYOVER	36,000.00	X			
001-1306-516-64-00	IT	PC REPLACEMENT PROGRAM	16,000.00	X			
001-1306-516-64-00	IT	EXAGRID NAS BACKUP DEVICE	14,500.00	X			
001-1306-516-64-00	IT	NETWORK SECURITY FIREWALL REPLACEMENT	24,000.00	X			
001-2110-521-64-00	PD	USED PATROL VEHICLES	15,000.00	X			
001-2110-521-64-00	PD	POLICE MOTORCYCLE	24,000.00	X			
110-2120-521-64-00	PD	SPEED TRAILER	12,000.00				X

Account	Dept	Item Description	Budgeted Amount	Completed	In Progress (Estimated completion Date)	Not Started (Estimated Start and Finish Dates)	Not Doing
001-4141-541-63-00	PW	CARRYOVER -- CALLE GRANDE SIDEWALK RR PED XING	27,700.00	X			
001-4141-541-63-00	PW	FEC TRACK CROSSING REHAB ANNUAL ESTIMATE	90,000.00			Unknown	
001-4141-541-63-00	PW	FLOMICH ST SIDEWALK CONSTRUCTION EST 10% TPO MATCH	52,000.00			Carryover - TBD	
001-4141-541-63-00	PW	CENTER AV SIDEWALK (NORTH) STUDY EST 10% TPO MATCH	5,000.00			Carryover - TBD	
001-4141-541-63-00	PW	CENTER AV SIDEWALK (SOUTH) STUDY EST 10% TPO MATCH	5,000.00			Carryover - TBD	
001-4141-541-63-00	PW	1831 N NOVA DEVELOPMENT AGMT CONTRIBUTION	9,000.00	X			
001-4141-541-63-00	PW	CARRYOVER -- ROADWAY RESURFACING	340,000.00	X			
001-4141-541-64-00	PW	STIHL SAW (FOR CUTTING STREETS)	1,700.00	X			
001-4160-519-64-00	PW	WELDER (REPLACES #2006002023)	5,000.00	X			
001-4160-519-64-00	PW	EQUIPMENT LIFT (FOR FIRE TRUCK, DUMP TRUCK, ETC)	30,000.00	X			
001-4172-572-62-00	PW	SET ASIDE FOR AIR CONDITIONER REPLACEMENTS	10,000.00			Unknown	
001-4172-572-62-00	PW	SICA HALL GENERAL REPAIRS	35,000.00		May-16		
001-4172-572-62-00	PW	RENOVATIONS TO PD FRONT RECEPTION AREA	10,000.00		Jun-16		
001-4172-572-62-00	PW	UTILITY BILLING RELOCATION	25,000.00	X			
001-4172-572-63-00	PW	CARRYOVER-DOCK REPAIRS-SUNRISE & ROSS POINT PARKS	100,000.00		Carryover - TBD		
001-4172-572-64-00	PW	72" DECK Z-TURN MOWER (REPLACING #753)	9,500.00		Jul-16		
001-4172-572-64-00	PW	60"DECK Z-TURN MOWER(REPL #757,771,843) @ $9400 EA	28,200.00		Jul-16		
001-4172-572-65-00	PW	SUNRISE PK S BOAT RAMP IMPRV DESIGN/PERMITTING	65,300.00		Sep-16		
001-4172-572-65-00	PW	SUNRISE PK S IMPRV CONSTRUCTION	650,000.00		2018		
001-4172-572-65-00	PW	SUNRISE PK S IMPRV CONST GRANT WRITING/ADMIN (EST)	31,000.00		Sep-16		
001-4172-572-65-00	PW	7TH ST NEIGHBORHOOD PARK IMPROVEMENTS	60,000.00		Sep-16		

Account	Dept	Item Description	Budgeted Amount	Completed	In Progress (Estimated completion Date)	Not Started (Estimated Start and Finish Dates)	Not Doing
002-4141-541-63-10	PW	STREET RESURFACING	114,600.00	X			
130-5510-552-62-00	PW	REROOF MARKET PHASE 1 (OF3) IN PROGRESS	150,000.00		May-16		
130-5510-552-62-00	PW	REROOF MARKET PHASE 2(OF3)	300,000.00				X
130-5510-552-63-00	PW	CRA DIST. OVERHEAD TO UNDERGROUND UTIL CARRYOVER	2,884,800.00		Carryover - TBD		
130-5510-552-65-00	PW	TRAFFIC MAST ARM(6TH OR 8TH STREET)TPO MATCH	30,000.00			Carryover - TBD	
139-5590-552-65-00	PW	CRA DIST.CONV OVERHEAD TO UNDERGROUND CARRYOVER	4,135,000.00		Carryover - TBD		
140-3020-535-63-00	PW	CDBG WW LIFT STATION #12 IMPROVEMENTS	57,300.00		Sep-16		
140-4172-572-63-00	PW	CDBG ROSS POINT PARK PLAYGROUND EQUIPMENT	15,000.00		Sep-16		
460-3080-538-61-00	STW	STORMWATER MASTER PLAN LAND ACQUISITION	500,000.00				X
460-3080-538-63-00	STW	STORMWATER MASTER PLAN IMPROVEMENT PROJECTS	795,600.00		Carryover: Sep-17		
460-3080-538-64-00	STW	REPLACEMENT VAN (V#47 - INMATES)	25,000.00		May-16		
460-3080-538-64-00	STW	REPLACEMENT MINI DUMP TRUCK (V#756)	28,000.00		Jun-16		
460-3080-538-64-00	STW	REPLACEMENT END LOADER (V#886)	85,000.00	X			

Account	Dept	Item Description	Budgeted Amount	Completed	In Progress (Estimated completion Date)	Not Started (Estimated Start and Finish Dates)	Not Doing
480-3020-535-63-00	SWR	CARRYOVER -- REHAB TO LIFT STATION #17	230,000.00		Jun-16		
480-3020-535-63-00	SWR	CLEANING OF BACTERIOLOGICAL TREATMENT UNIT #1	142,000.00		Carryover: TBD		
480-3020-535-63-00	SWR	SMOKE TESTING (LS #2, #11, #14, #24)	25,000.00	X			
480-3020-535-63-00	SWR	SANDBLAST & PAINT D.A.F. UNIT	55,000.00		Carryover: TBD		
480-3020-535-64-00	SWR	CARRYOVER -- WA & WW PLANT GENERATOR UPGRADE @ 50%	155,000.00		Aug-16		
480-3020-535-64-00	SWR	BELT PRESS ROLLER REPLACEMENT/RECOATING	40,000.00		Sep-16		
480-3020-535-64-00	SWR	2 TON ELECTRIC CHAIN HOIST FOR CHEMICAL STORAGE	4,200.00	X			
480-3020-535-65-00	SWR	SCADA SYSTEM UPGRADE ENGINEERING @ 50% WA/WW	37,500.00		Sep-16		
480-3020-535-65-00	SWR	REHABILITATION OF LIFT STATION #16	380,000.00		Sep-16		
480-3020-535-65-00	SWR	REHABILITATION OF LIFT STATION #12	305,000.00		Sep-16		
480-3020-535-65-00	SWR	RE-ROUTE OF LIFT STATION #14 FORCE MAIN	48,000.00		Sep-16		
480-3010-533-63-00	WTR	WATER SYSTEM IMPROVEMENTS PHASE 2 - RIVERSIDE DRIVE	400,000.00		Sep-16		
480-3010-533-63-00	WTR	CARRYOVER -- WELL #12A REHABILITATION	30,000.00	X			
480-3010-533-63-00	WTR	SHELTER STRUCTURE FOR CO2 TANK	6,000.00	X			
480-3010-533-64-00	WTR	CARRYOVER -- WA & WW PLANT GENERATOR UPGRADE @ 50%	155,000.00		Aug-16		
480-3010-533-64-00	WTR	REPLACEMENT UTILITY TRAILER (V#28)	2,500.00	X			
480-3010-533-64-00	WTR	GENERATOR FOR WESTERN WELLFIELD	325,000.00		Carryover: Dec-16		
480-3010-533-64-00	WTR	GENERATOR & CONTROLS FOR WELL #11 & ELEVATED TANK	75,000.00		Carryover: Dec-16		
480-3010-533-65-00	WTR	SCADA SYSTEM UPGRADE ENGINEERING @ 50% WA/WW	37,500.00		Sep-16		
487-3010-533-63-00	WTR	RAW WATER LINE RELOCATION DUE TO LPGA WIDENING	85,000.00		Carryover: TBD		

FISCAL YEAR 2015-16
MID YEAR BUDGET REVIEW

QUESTIONS ?