

**West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
February 16, 2017 5:00 p.m.
DeLand City Hall Commission Chambers
120 S. Florida Ave., DeLand, FL**

AGENDA

1. Call to Order Regular meeting
2. Opening Observance followed by a moment of silence
3. Approval of Proposed Agenda
4. Consent Agenda
 - A. Approval of Minutes - Organizational/Regular Meeting January 19, 2017
5. Citizens Advisory Committee (CAC) Michael Ray, Chair
6. Citizens Comments
7. Reporting Agenda
 - A. FQHC Report - Laurie Asbury, CEO
Northeast Florida Health Services, Inc. (NEFHS)
d/b/a Family Health Source (FHS)
 1. January Report
 - B. Contractual Utilization Reports to the WVHA Board of Commissioners
 1. Healthy Start Coalition of Flagler and Volusia
8. Hospital Quarterly Report
 - A. Florida Hospital Fish – Rob Deininger, President and/or Eric Ostarly, CFO
 - B. Florida Hospital DeLand – Lorenzo Brown, CEO and/or Nigel Hinds, CFO
9. Discussion Items
 - A. POMCO January 2017 Report- Shawn Jacobs, Account Executive
 - B. Proposed Changes to Eligibility Guidelines (EG)
 - C. Tentatively Scheduled Meetings 2017 Annual Verbal Report
 1. Florida Department of Health March 16, 2017
 - D. Funding Application revisions collaboratively made by DRT & TWSPA
 1. Primary Care Funding Application Revised 2-16-2017
 2. Non-Primary Care Funding Applications Revised 2-16-2017
 - E. Board approval to release 2017-2018 Funding Applications Tuesday, February 21, 2017
 - F. Commissioner Andy Ferrari CAC Appointment
 1. Sandy Adams
 - G. Follow Up Items
 1. Requiring Independent Audits for WVHA Funded Agencies
 2. Funded Agencies reporting patient outcomes
 3. Hill & Hollis marketing strategy update and POMCO collaboration (email thread from 12/12/2016 through 2/7/2017 attached)
 4. Impact of Increased Enrollment 2017
10. Commissioner Comments
11. Finance Report
 - A. January Financials
12. Legal Update
13. Adjournment

**WEST VOLUSIA HOSPITAL AUTHORITY
WVHA BOARD OF COMMISSIONERS
ORGANIZATIONAL/REGULAR MEETING**

DeLand City Hall Commission Chambers

120 S. Florida Avenue, DeLand, FL

January 19, 2017

DeLand, Florida

5:00 pm

Those in Attendance:

Commissioner Ross N. Dickinson

Commissioner Andy Ferrari

Commissioner Judy Craig

Commissioner Barbara Girtman

Absent:

Commissioner Kathie D. Shepard

CAC Members Present:

Dolores Guzman

Others Present:

Attorney for the Authority: Ted Small, Law Office of Theodore W. Small, P.A.

Accountant for the Authority: Al Powers, Dreggors, Rigsby & Teal, P.A. (DRT)

Administrative Support: Eileen Long, DRT

Call to Order Organizational Portion of Meeting

Chair Girtman called the Organizational meeting to order. The meeting took place at the City Hall Commission Chambers, 120 S. Florida Avenue, DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County.

Organizational Meeting

Swearing in of the New Commissioner by Honorable James R. Clayton

Commissioner Barbara Girtman

Commissioner Andy Ferrari

Commissioner Judy Craig

Commissioners Barbara Girtman, Andy Ferrari and Judy Craig were sworn in by Honorable James R. Clayton.

Election of Officers

Open floor for nomination of Chair

Chair Girtman opened the floor for nominations for Chair.

Commissioner Ferrari nominated Commissioner Dickinson for the office of Chair.

There were no other nominations for the office of Chair.

Commissioner Dickinson accepted the nomination for the office of Chair.

Commissioner Dickinson was declared Chair.

Chair continues with nominations and Election of remaining Officers

Chair Girtman entertained nominations for the office of Vice-Chair.

Chair Girtman nominated herself for the office of Vice-Chair.

There were no other nominations for the office of Vice-Chair.

Chair Girtman was declared Vice-Chair.

Chair Girtman entertained nominations for the office of Secretary.

Commissioner Ferrari volunteered to serve as Secretary.

There were no other nominations for the office of Secretary.

Commissioner Ferrari was declared Secretary.

Chair Girtman entertained nominations for the office of Treasurer.

Commissioner Craig volunteered to serve as Treasurer.

There were no other nominations for the office of Treasurer.

Commissioner Craig was declared Treasurer.

Organizational Matters

Motion and approval confirming location of Authority office and records remains the same

Motion 001 - 2017 Commissioner Ferrari motioned to confirm the location of Authority office and records remains the same. Commissioner Dickinson seconded the motion. The motion passed unanimously.

Motion and approval of time and location for Authority meetings

- 1006 N. Woodland Blvd., DeLand, FL, 5 p.m.
- DeLand Police Department Community Room, 219 W. Howry Avenue, DeLand, FL, 5 p.m.
- Florida Hospital DeLand (FHD) 701 West Plymouth Avenue, DeLand, FL, 5:00 p.m.
- Florida Hospital Fish Memorial (FHFH) 1745 Sterling Blvd., Deltona, FL, 5:00 p.m.
- Wayne Sanborn Center, 815 S. Alabama Ave., DeLand, FL, 5:00p.m.

Motion 002 - 2017 Commissioner Dickinson motioned to approve all six (6) locations and times for Authority meetings. Commissioner Ferrari seconded the motion. The motion passed unanimously.

Citizens Advisory Committee Vacancies (CAC)

Chair Girtman reviewed the current list of CAC members.

Allow WVHA Commissioners short comments, concerns and requests for agenda items for regular meetings

There were none.

Adjourn Organizational portion of meeting

Call to order Regular Meeting

Chair Dickinson called the meeting to order. The meeting took place at DeLand City Hall, 120 S. Florida Avenue, DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County. Chair Dickinson opened the meeting with a moment of silence followed by The Pledge of Allegiance.

Approval of Proposed Agenda

Chair Dickinson requested a motion to approve the amended agenda as presented.

Motion 003 – 2017 Commissioner Ferrari motioned to approve the amended agenda as presented. Commissioner Girtman seconded the motion. The motion passed unanimously.

Consent Agenda

Approval of Minutes – Regular Meeting November 17, 2016 2016-2017 Commissioner Check Signing Schedule

Motion 004 – 2017 Commissioner Ferrari motioned to approve the consent agenda. Commissioner Craig seconded the motion. The motion passed unanimously.

Citizens Comments

There was one.

Reporting Agenda

POMCO November/December 2016 Report – Written Submission

Commissioner Girtman wanted to identify where the patient increase was originating.

Mr. Small asked Commissioner Girtman to send this question to him in the form of an email and he would see that it was communicated and sent to POMCO, The House Next Door and Rising Against All Odds. He further reminded the Board that it was discussed

in prior Board meetings as to whether or not the question of “How did you hear about the WVHA HealthCard Program” should be included in the HealthCard application.

Motion 005 – 2017 Commissioner Ferrari motioned to amend the agenda such that agenda item 10. A. 1. “POMCO Eligibility Guideline Revisions and Scheduled Timeline for implementation” be moved under Discussion Item 11. D. Commissioner Girtman seconded the motion. The motion passed unanimously.

FQHC Report - Laurie Asbury, CEO

**Northeast Florida Health Services, Inc. d/b/a Family Health Source
(FHS) November/December Report**

There was some Board discussion that the patient visits dropped during November of 2016.

Ms. Paula Yaryan, NEFHS addressed the Board and explained that the clinics implemented a new electronic health records (EHR) system in November which is why there was a decrease in patient visits during that month.

Discussion Items

Approval of Management Representation Letter

Mr. Al Powers addressed the Management Representation Letter and requested approval from the Board to have the Chair sign the letter.

Motion 006 – 2017 Commissioner Ferrari motioned to authorize the Chair to sign the Management Representation Letter as presented. Commissioner Girtman seconded the motion. The motion passed unanimously.

James Moore & Company WVHA FYE 2016 Audit Presentation – Zach Chalifour, CPA

Mr. Zach Chalifour, CPA, James Moore & Company presented the WVHA audit for FYE 2016.

Motion 007 -2017 Commissioner Ferrari motioned to receive the WVHA FYE 2016 audit as presented by James Moore & Company. Commissioner Girtman seconded the motion. The motion passed unanimously.

Aids Drug Assistance Program (ADAP)

Per the POMCO report submittal dated January 19, 2017 (attached), “ADAP provides HIV/Aids medication to low-income individuals who are living with HIV and have limited or no health coverage from private insurance, Medicaid or Medicare. In addition, this program provides disease management training as well as other information exclusive to their HIV/Aids diagnosis. ADAP does not cover medical care”. “POMCO would like the WVHA Board to consider this program as an exemption to the guidelines outlined on Page 5”, of the WVHA Eligibility Guidelines.

Motion 008 – 2017 Commissioner Girtman motioned to accept the POMCO recommendation to exempt ADAP for WVHA HealthCard approval. Commissioner Craig seconded the motion. The motion passed unanimously.

POMCO Eligibility Guideline Revisions and Scheduled Timeline for Implementation

Mr. Small addressed this matter and the timeline as presented/revised by POMCO for revisions to the WVHA Eligibility Guidelines (EG). Mr. Small believed that this timeline would work out well for the Board to allow these revisions to be considered in a timely manner to allow due consideration when determining the budget and millage rate for the upcoming year(s).

Commissioner Ferrari asked if there were any EG revisions under consideration currently?

Mr. Small recalled that there was something that Chair Dickinson suggested in regards to property and encumbrances and how that is considered in calculating assets.

Motion 009 – 2017 Commissioner Ferrari motioned to approve the timeline as presented by POMCO. Commissioner Girtman seconded the motion. The motion passed unanimously.

Commissioner Judy Craig CAC Appointees Dolores Guzman and Voloria Manning

Motion 010 – 2017 Commissioner Craig motioned to approve her appointments to the CAC, Dolores Guzman and Voloria Manning. Commissioner Ferrari seconded the motion. The motion passed unanimously.

Independent Audits required for WVHA Funded Agencies in excess of \$200K

Char Dickinson had this matter placed on the agenda. He wanted to allow the Board an opportunity to discuss this recommendation, rather than acting upon it during tonight's meeting. He felt that requiring an independent audit for those agencies who are funded by the WVHA with large sums of money, not necessarily \$200K. He offered that amount as a suggested amount open for further Board discussion. He asked that this matter be brought back during the February Board meeting for further discussion.

Commissioner Girtman was hesitant to enforce the requirement of an independent audit if it was not currently a known industry standard.

Mr. Small suggested that Ms. Long could send out an email to all funded agencies asking if this would prove to be an undue burden to their agency.

Funded Agencies Reporting patient outcomes

Chair Dickinson had this matter placed on the agenda. The Federal Government and states are requiring entities to report patient outcomes when receiving federal or state funding dollars.

Ms. Long suggested that she could ask the funded agencies to respond to both the independent audit email inquiry as well as asking the agencies if they were tracking patient outcomes.

Mr. Small suggested that the inquiry to the funded agencies could be made more specific by asking what patient outcomes does the agency capture internally and would that be reportable to the WVHA Board on an annual basis?

Community Legal Services of Mid-Florida (CLSMF) Request of the Board to directly contact WVHA HealthCard members (Letter and email dated 12/22/2016 attached)

Ms. Robin Hite, CLSMF addressed the Board and introduced Attorney Claire Wheeler.

Mr. Wheeler addressed the Board seeking opportunities to educate the WVHA HealthCard members in becoming aware of their services. Ms. Wheeler was requesting that the WVHA third party administrator (TPA), POMCO mail out a brief postcard on behalf of CLSMF to the WVHA HealthCard population, and CLSMF would compensate POMCO for this mailing.

Mr. Small suggested that the Board would want POMCO's input before pursuing this matter any further. Further, now that the Board has hired the services of Hill & Hollis (H&H) to create an overall marketing strategy; this is the type of pursuit that H&H should be engaged to aid in this endeavor.

There was Board consent that CLSMF should pursue any marketing opportunities through H&H.

Tentatively Scheduled Meetings 2017 Annual Verbal Reports for newly funded agencies

Global Healthcare Systems PCP and Urgent Care – May 18, 2017

Hispanic Health Initiative – August 17, 2017

Community Legal Services of Mid-Florida – August 17, 2017

Motion 011 – 2017 Commissioner Craig motioned to approve the dates above for the new funded agencies to present their annual verbal report to the Board. Commissioner Ferrari seconded the motion. The motion passed unanimously.

Site Visit Write Ups 2015-2016

Rising Against All Odds HIV/Aids Outreach Services

Stewart-Marchman-Act (SMA) Homeless Program

SMA ARNP @ THND

Motion 012 – 2017 Commissioner Ferrari motioned to accept the site visit write ups as presented. Commissioner Craig seconded the motion. The motion passed unanimously.

Site Visits 2016-2017 – DRT Engagement Letter attached

Global Healthcare Systems Urgent Care Services

Hispanic Health Initiative

Community Legal Services of Mid-Florida

Motion 013 – 2017 Commissioner Ferrari motioned to approve the DRT Site Visit Engagement Letter as presented. Commissioner Craig seconded the motion. The motion passed unanimously.

Orange City African American Heritage Festival Sponsorship February 24 – 26, 2017

Commissioner Girtman brought this event to the Board for approval in the hopes of bringing WVHA visibility to the Orange City community. Last year the Board approved \$1,000.00 and Commissioner Girtman was requesting that same amount for this year's event.

Motion 014 – 2017 Commissioner Girtman motioned to approve \$1,000.00 for the WVHA to participate with the Orange City African American Heritage Festival over the weekend of February 24th through the 26th, 2017. Commissioner Ferrari seconded the motion.

Mr. Small suggested that, going forward, the Board would consider asking H&H to give their overall plan for which of these events the Board should sponsor throughout the year and as it fits into the WVHA overall marketing strategy.

The motion passed unanimously.

Motion 015 – 2017 Commissioner Girtman explained that the Martin Luther King (MLK) event provided the WVHA with a promotional item. Commissioner Girtman would like to make a motion to donate this MLK promotional item to the newest Commissioner, Commissioner Craig. Commissioner Ferrari seconded the motion. The motion passed unanimously.

Follow Up Items

HS1 Comparison versus POMCO denial rates January through October 2015 and January through October 2016

There was Board discussion that The House Next Door or Rising Against All Odds are not tasked with determining if the WVHA HealthCard applicant is eligible or not, but rather they were responsible to ensure that the applications were complete. They are simply responsible to prescreen the HealthCard applications, not make the final eligibility determination. That final determination lies with the WVHA TPA, POMCO.

Mr. Small stated that he would add to the list for EG revisions to see if POMCO is tracking any trends in the HealthCard application denials that they are processing.

Hill & Hollis Enterprises Addendum 1 to WVHA Agreement

Motion 016 – 2017 Commissioner Ferrari motioned to approve the H&H Enterprises Addendum 1 to the WVHA Agreement. Commissioner Girtman seconded the motion. The motion passed unanimously.

Financial Report

Mr. Al Powers, DRT reviewed for the Board the December financial statements (See attached).

Motion 017 - 2017 Commissioner Girtman motioned to pay bills totaling \$3,666,206.96 (See attached). Commissioner Craig seconded the motion. The motion passed unanimously.

Legal Update

Mr. Theodore Small submitted his legal update memorandum dated January 10, 2017 (See attached).

Mr. Small suggested that the Board start thinking about the fact that the longstanding, 20-year contract with hospitals is going to terminate in less than three years. This relationship that has been held steady for all of this period of time is going to be up for some level of negotiation. He suggested scheduling some workshops to work this out sometime in the near future.

The Board requested that DRT present some projections anticipating impacts to the WVHA budget should ACA be repealed or if there should be a need to increase the millage rate.

Commissioner Comments

There being no further business to come before the Board, the meeting was adjourned.

Adjournment

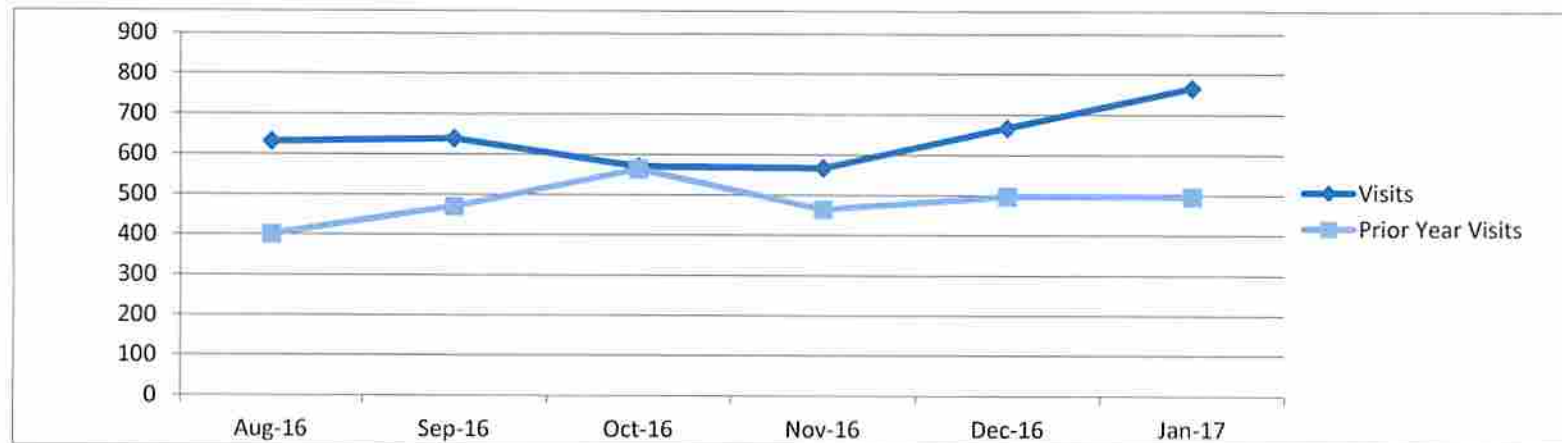
Ross Dickinson, Chair



Northeast Florida Health Services
January-17

Patient Visits

| | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 |
|-------------------|--------|--------|--------|--------|--------|--------|
| Visits | 632 | 639 | 570 | 567 | 667 | 766 |
| Prior Year Visits | 401 | 470 | 564 | 464 | 498 | 498 |



Patient Visits by Location

| Location | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | |
|-----------------|--------|--------|--------|--------|--------|--|
| Deland Medical | 254 | 220 | 245 | 334 | 345 | |
| Deltona Medical | 287 | 250 | 234 | 298 | 331 | |
| Pierson Medical | 98 | 100 | 78 | 35 | 90 | |
| Total | 639 | 570 | 567 | 667 | 766 | |

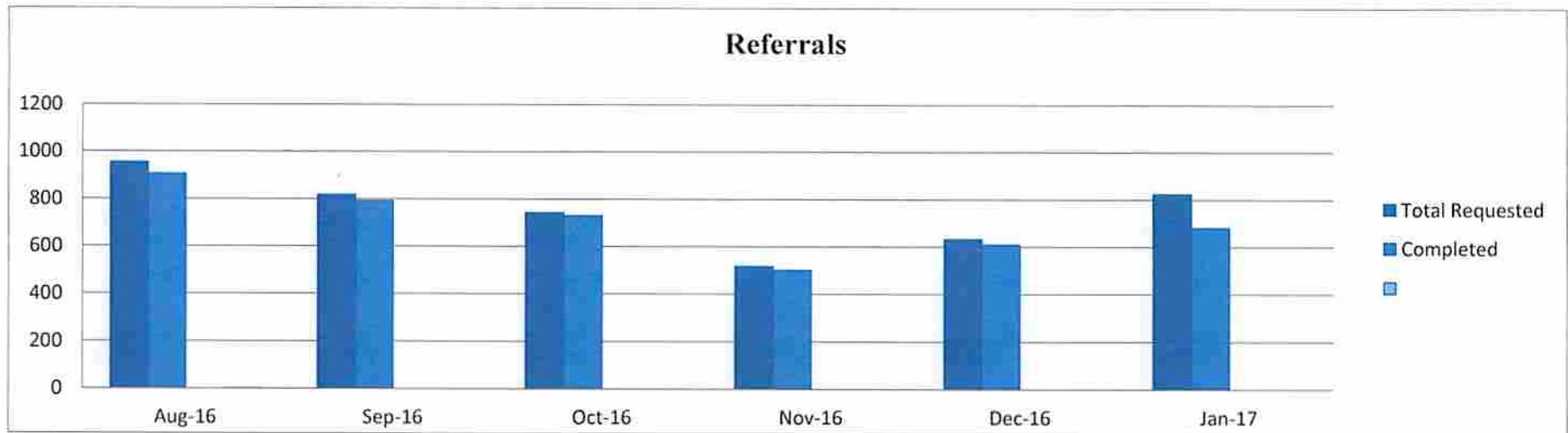
Patient Visits: Saturday Walk-ins (DeLand)

| Date | Scheduled | Walk-ins | No Shows | R/S | Cancel | Total Seen |
|------------|-----------|----------|----------|-----|--------|------------|
| 11/5/2016 | 3 | 0 | 0 | 3 | 0 | 0 |
| 11/12/2016 | 4 | 0 | 0 | 0 | 0 | 4 |
| 11/19/2016 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11/26/2016 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12/3/2016 | 6 | 0 | 0 | 0 | 0 | 6 |
| 12/10/2016 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12/17/2016 | 3 | 0 | 0 | 0 | 0 | 3 |
| 12/31/2016 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1/7/2017 | 2 | 0 | 0 | 0 | 0 | 2 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Referrals

| | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 |
|----------------------------------|--------|--------|--------|--------|--------|--------|
| Requested by NEFHS Providers | | | | 228 | 273 | 551 |
| Requested by Specialty Providers | | | | 290 | 359 | 274 |
| Total | | | | 518 | 632 | 825 |
| Outstanding NEFHS Providers | 49 | 26 | 13 | 17 | 23 | 34 |
| Outstanding Speciality Providers | | | | | | 108 |
| Completed | 905 | 791 | 730 | 501 | 609 | 683 |
| | | | | | | |
| Total Requested | 954 | 817 | 743 | 518 | 632 | 825 |

Referrals



* Speciality Provider referrals are referrals that the Speciality Provider is seeking for approval from POMCO in order to provide the care for which the Speciality Provider is authorized.

The Speciality Provider MUST receive Authorization /Approval from POMCO PRIOR providing ANY care to the WVHA patient. EXAMPLE - Oncologist identifies WVHA card holder has Cancer. Oncologist has to request a SEPARATE referral processed 100% by the PCP provider prior to the WVHA Card holder (patient) to receive a PORT for a patient to begin receiving treatment -such as Chemotherapy or radiation.

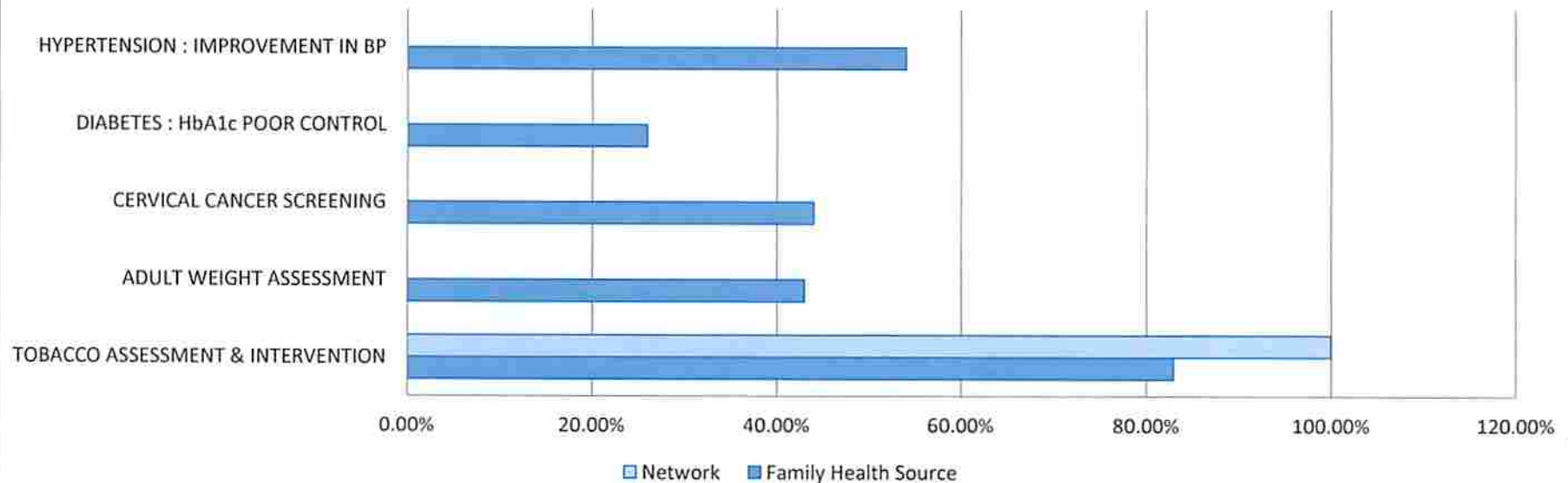
Appointment Times

| Location | Provider | Appointments |
|------------|---------------|--------------|
| Pierson | Kessack | Same Day |
| DeLand | Smith | Same Day |
| DeLand | Johnson | Same Day |
| Deltona | Rodriguez | General Appt |
| Deltona | Macalua | Same Day |
| Deltona | Mancini | General Appt |
| Pediatrics | Rojas-Sanchez | Same Day |
| Pediatrics | Desouza | Same Day |

UDS Measures

| Clinical Measure | Family Health |
|-----------------------------------|---------------|
| TOBACCO ASSESSMENT & INTERVENTION | 83.00% |
| ADULT WEIGHT ASSESSMENT | 43.00% |
| CERVICAL CANCER SCREENING | 44.00% |
| DIABETES : HbA1c POOR CONTROL | 26.00% |
| HYPERTENSION : IMPROVEMENT IN BP | 54.00% |

UDS Measurements



Staffing Metrics

| | Dec-16 | Jan-17 |
|-----------------------------------|--------|--------|
| Total Active Employees | 72 | 73 |
| Turnover: Clinical Employees-MA's | 0 | 2 |

FLORIDA ASSOCIATION OF FACHC COMMUNITY HEALTH CENTERS THE VOICE OF PRIMARY CARE

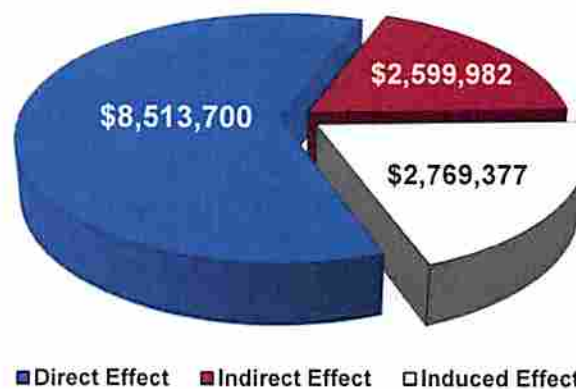
Family Health Source's \$13.9 Million Economic Impact

Florida's federally qualified health centers (FQHCs) have provided comprehensive, culturally competent, quality primary health care services to medically underserved communities for more than 45 years. There are 49 Florida FQHCs that treated over 1.3 million patients at over 450 locations statewide in 2015. Sites include mobile medical, dental, and vision units.

Family Health Source (FHS) operates five locations (four service sites) in Volusia County. These sites provided 32,000 visits to 10,400 unduplicated patients in 2015 – of which 84.9% of those patients reporting their status had incomes at or below 200% of the poverty level and 73.1% were either covered by Medicaid or had no insurance at all.

Using IMPLAN modeling software, the state primary care association, the Florida Association of Community Health Centers (FACHC), has determined the overall economic impact of Family Health Source's five Volusia County locations in 2016 was **\$13.9 million** – an increase of \$1.9 million over the previous year.

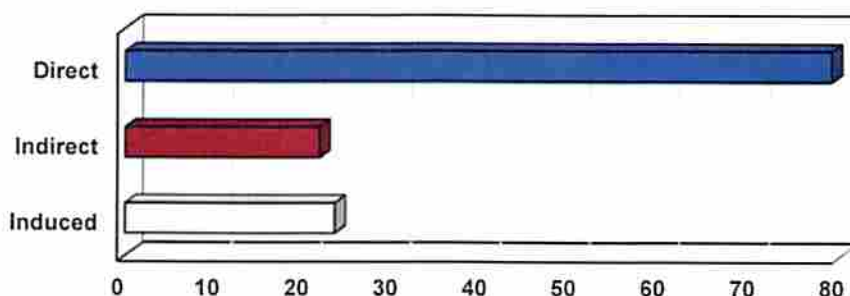
Family Health Source 2016 Economic Impact



There is an **additional return on investment of \$0.63** for each \$1.00 invested in FHS.

Family Health Source acts as a valuable employer, accounting for 124 jobs in 2016 throughout their service area. In addition to the 79 positions at the health center (direct jobs), the five locations also contribute to 45 additional indirect/induced jobs as a result of responding of monies throughout the community, at large.

Family Health Source Job Creation in 2016





www.familyhealthsource.org

Primary Medical Care for the entire family!

NON-PROFIT FEDERALLY QUALIFIED HEALTH CENTER OF NORTHEAST FLORIDA HEALTH SERVICES, INC IN VOLUSIA COUNTY, FLORIDA

"GROWING WELLNESS IN
OUR COMMUNITIES"

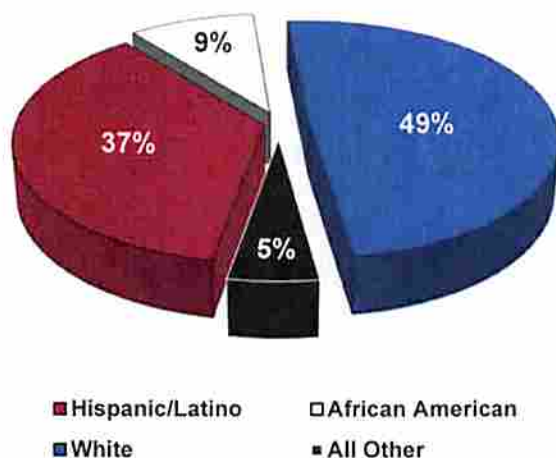
"Provide quality primary healthcare services, accessible to all persons in our community by promoting individual health wellness through services, education, and resources."

We will provide quality care to all, regardless of age, race, nationality, income, employment, or health insurance. Services will not be denied base upon ability to pay.

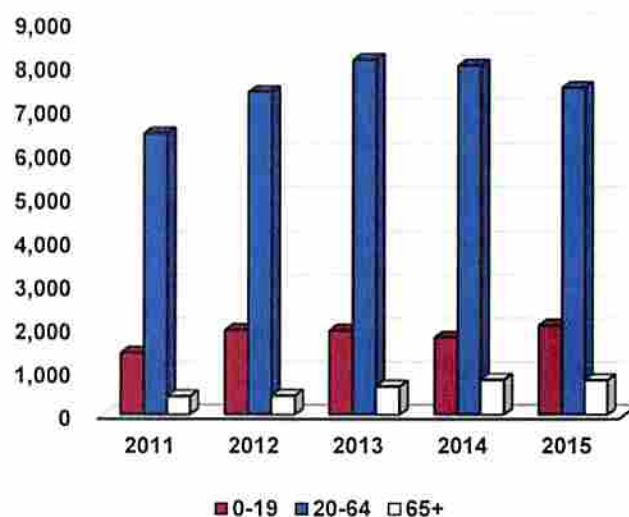
A group of community leaders concerned about the rural health needs of the region established the Pierson Medical Center as the first federally recognized Community Health Center in Volusia County. Since then the organization has grown to become a system of Community Health Centers under a new name serving the needs of the region.

Family Health Source meets the pediatric thru geriatric primary care needs of Volusia County residents. Our medical centers are located in Pierson, Deltona, and DeLand and are operated by Northeast Florida Health Services, Inc. doing business as Family Health Source.

FHS Patient Ethnicity
Average 2011 - 2015



Family Health Source
Patients by Age
2011 - 2015



The Florida Association of Community Health Centers (FACHC) is designated as Florida's Primary Care Association (PCA). The primary mission of FACHC is to improve access to quality health services by bringing together agencies, legislators and key persons able to affect health care services. Learn more about FACHC and the FQHCs detailed in this report at our website: <http://www.fachc.org>

Learn more about FQHCs at the U.S. Bureau of Primary Care (BPHC) website: <http://bphc.hrsa.gov/index.html>

Eileen Long

From: Rosha Loach <Rosha.Loach@healthystartfv.org>
Sent: Wednesday, February 08, 2017 1:48 PM
To: Eileen Long
Cc: Thalia Smith; Dixie Morgese; Kiara Anderson; Clarissa Tate
Subject: RE: Power Point Presentation-Annual current year utilizations/verbal report to the WVHA Board
Attachments: FY16-17-WVHA_Presentation Q2-02-07-2017.pptx; WVHA_Presentation 10-31-16 Final.pptx
Importance: High

Good afternoon Eileen,

Please find attached a separate Powerpoint for FY16-17 Utilization Report for Quarter 1. I have also attached the Powerpoint for FY15-16 that we originally sent to you last month of our annual data.

We are happy to add additional information to the FY16-17 PowerPoint. Just let us know.

Thanks!

Rosha Loach, MPH
Program Director



Healthy Start Coalition of Flagler & Volusia Counties, Inc
109 Executive Circle
Daytona Beach, FL 32114
Phone: 386-252-4277, ext 307
Fax: 386-252-4270
Email: rosha.loach@healthystartfv.org
Website: www.healthystartfv.org



From: Rosha Loach
Sent: Tuesday, January 17, 2017 11:04 AM
To: 'Eileen Long' <ELong@drtcpa.com>
Cc: Thalia Smith <Thalia.Smith@healthystartfv.org>; Dixie Morgese <Dixie.Morgese@healthystartfv.org>
Subject: FW: Annual Verbal Report to the WVHA Board of Commissioners
Importance: High

Good morning Eileen,

FISCAL YEAR 2016 - 2017 HEALTHY START UTILIZATION REPORTS

QUARTER 1: OCT 1, 2016 TO DEC 31, 2016

PRENATAL, POST-PARTUM & INFANT ACCESS TO HEALTH CARE SERVICES



 **Healthy Start**

Coalition of Flagler & Volusia Counties, Inc.

Strengthening Our Future



UTILIZATION REPORT #1 PRENATAL, POST-PARTUM & INFANT ACCESS TO HEALTH CARE SERVICES PROVIDED BY:

Family Services Coordinator (FSC)

- Assists in navigation to access health insurance (ie. Medicaid, ACA, WVHA Health Card)
- Provides referrals to Healthy Start, WIC and other community services
- Provides referrals for postpartum & pediatric health care services
- Coordinates with other WVHA funded agencies
- Partners with Local OB/GYN & FQHC on West Side
- DCF ACCESS Community Partner Site Located at Family Place in Deltona with computers, internet, printing, phone and fax machine



FISCAL YEAR 2016 - 2017
QUARTER 1: OCT 1, 2016 TO DEC 31, 2016

HEALTHY START UTILIZATION REPORTS: FAMILY SERVICES COORDINATOR (FSC)

| Month | Pregnant | Postpartum | Infants | Monthly Billable to WVHA |
|------------------------|-----------|------------|----------|--------------------------|
| October | 3 | 1 | 3 | 7 |
| November | 3 | 2 | 2 | 7 |
| December | 11 | 1 | 4 | 16 |
| Quarter 1 Total | 17 | 4 | 9 | 30 |



FY16-17 QUARTER 1 UTILIZATION REPORT

Leveling Performance Outcomes

| Performance Outcome | Goal | Achieved |
|---|-------------|-----------------|
| <u>95%</u> of level 3 enrollees shall receive at least two (2) encounters every thirty (30) calendar days. | 95% | 88% |
| <u>95%</u> of level 2 enrollees shall receive at least one (1) encounter every thirty (30) calendar days. | 95% | 100% |
| <u>95%</u> of level 1 enrollees shall receive at least one (1) encounter every sixty (60) calendar days. | 95% | 100% |



FY16-17 QUARTER 1 UTILIZATION REPORT (WIS-NOS)

WVHA Funding contract for October 1, 2016 to December 31, 2016

Program Goals:

The Women's Intervention Specialist (WIS)-Neonatal Outreach Specialist (NOS) provides outreach by

- *Contacting pregnant women upon referral to assess service needs*
- *Ensuring that infants in the Neonatal Intensive Care Unit at local hospitals have a pediatric medical provider,*
- *Attempting to engage mothers in the Healthy Start program*
- *Encouraging and providing breastfeeding support to mothers*
- *Providing relevant information about health care options,*
- *Developing Individualized Plan of Care,*
- *Contacting and collaborating with relevant health care providers*
- *Providing immediate referrals to appropriate health care providers.*



WOMENS INTERVENTION SERVICES (WIS)

WVHA Funding contract for October 1, 2016 to December 31, 2016

| Measure | # Served | # Achieved | % |
|--|----------|------------|------|
| 95% of referred women will receive an initial contact or attempt to contact within five (5) business days of the receipt of the referral | 25 | 25 | 100% |
| 95% of eligible women accepting Women's Intervention Services will have a completed assessment | 15 | 12 | 80% |
| 95% of women with a completed assessment will have documentation of an Individualized Plan of Care | 17 | 17 | 100% |



NEONATAL OUTREACH SERVICES (NOS)

WVHA Funding contract for October 1, 2016 to December 31, 2016

| Measure | # Served | # Achieved | % |
|--|----------|------------|-------|
| 85% of women and infants will have completed a HS screen or referral | 11 | 11 | 100% |
| 95% of women referred will agree to participate in services | 11 | 8 | 72.7% |
| 95% eligible women will have a documented attempt to contact within 72 hours of discharge* | 11 | 11 | 100% |
| 95% of women who choose to breastfeed will receive breastfeeding education | 5 | 5 | 100% |
| 85% of enrolled women will have a documented appointment with a pediatric provider. | 8 | 8 | 100% |
| 95% of enrolled women will have documentation that the NOS followed up with the pediatric provider | 8 | 8 | 100% |

* These are women eligible under the WVHA eligibility guidelines. All others who coordinate with the WIS/NOS are referred into high risk services for ongoing care. All are West Volusia residents.



RELATED ACTIVITIES

- Coordination with NEFHS for clinic support
- Outreach to delivery hospitals with Level III NICU's
- Training of staff regarding the WIS/NOS in West Volusia
- Memorandum of Agreement with VCBJ and Armor Health
- Participation in statewide maternal and child health collaborative to better coordinate services



THANK YOU FOR FUNDING US 😊



**“Children are the world’s
most valuable resource
and its best hope for the
future.”**

John F. Kennedy



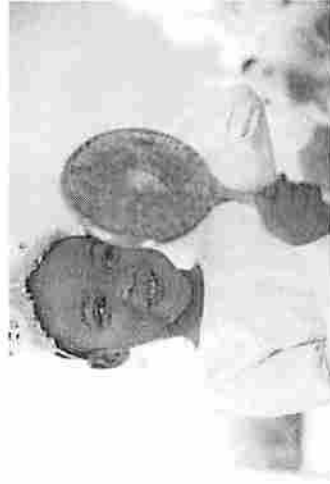


Healthy Start

Coalition of Flagler & Volusia Counties, Inc.

Strengthening Our Future

Let's work together to keep them ALL
safe, healthy, and happy for a **STRONG**
future!



Eileen Long

From: Shawn Jacobs <sjacobs@pomco.com>
Sent: Tuesday, February 07, 2017 11:39 AM
To: Eileen Long
Cc: Ted Small - Law Offices of Theodore W. Small P.A.
(tsmall@businessemploymentlawyer.com); Penny Barron; Holly Bryant; Justine Langdon
Subject: POMCO Submission - February 2017 WVHA Board Report
Attachments: 02. February 2017 WVHA Board Report-v2.pdf

Hi Eileen. Attached please find POMCO's submission for the February WVHA board report packet.

Note that I've included a miscellaneous section on the last page of the report to address an inquiry that came in last month.

Also as I mentioned in a previous note I am preparing talking points to address the noted inquiry from the board regarding the application approval percentages for POMCO vs. HS1 and will also be including some other talking points regarding other items expressed in the January board meeting draft notes.

I'm looking forward to seeing everyone on the 16th.

Thanks.

Regards,
S.A.J.

Shawn A. Jacobs
Account Executive
POMCO
565 Taxter Road
Suite 100
Elmsford, NY 10523
(w) 914.347.7960 x44071 – *please note my new phone extension*
(f) 315.703.4896 (u) POMCO.com
sjacobs@pomco.com



POMCO

February 16, 2016

Submission Report for WVHA Board Members

Table of Contents

| | |
|--|----------|
| Enrollment Processing | 3 |
| Applications Received by Fiscal Year for the Period of 10/1/2016 to Present | 3 |
| Applications Processed by Fiscal Year – Approval Percentage | 3 |
| Enrollment Applications – Denial Summary Report | 4 |
| WVHA Health Card Program Eligibility – by Calendar Month – as of February 1, 2017 | 5 |
| WVHA Enrollment by Fiscal Year – as of February 1, 2017..... | 5 |
| Medical and Prescription Drug Claim Data | 6 |
| Pharmacy Claims by Fiscal Year by Service Month (Month Prescription Filled)..... | 6 |
| Combined Medical Costs (as of Claims Payment through 1/31/2017)..... | 7 |
| PCP Encounter Claims by Clinic by Month (as of Claims Payment through 1/31/2017) | 7 |
| Miscellaneous Item(s) | 8 |

Enrollment Processing

Applications Received by Fiscal Year for the Period of 10/1/2016 to Present

Applications Received 10/01/2016 - Present

| FiscalYr | Month Received | APPROVED | DENIED | PENDING | Grand Total | Approval Percentage |
|--------------------|----------------|------------|------------|-----------|-------------|---------------------|
| FY1617 | 201610 | 236 | 46 | 0 | 282 | 83.69% |
| | 201611 | 205 | 45 | 1 | 251 | 81.67% |
| | 201612 | 277 | 44 | 20 | 341 | 81.23% |
| | 201701 | 262 | 28 | 66 | 356 | 73.60% |
| | 201702 | | | | 0 | 0.00% |
| | 201703 | | | | 0 | 0.00% |
| | 201704 | | | | 0 | 0.00% |
| | 201705 | | | | 0 | 0.00% |
| | 201706 | | | | 0 | 0.00% |
| | 201707 | | | | 0 | 0.00% |
| Grand Total | | 980 | 163 | 87 | 1230 | 79.67% |

| Fiscal Year | Applications Processed | Average Approval Percentage |
|-------------|------------------------|-----------------------------|
| FY1516 | 2670 | 82.28% |
| FY1617 | 1230 | 79.67% |

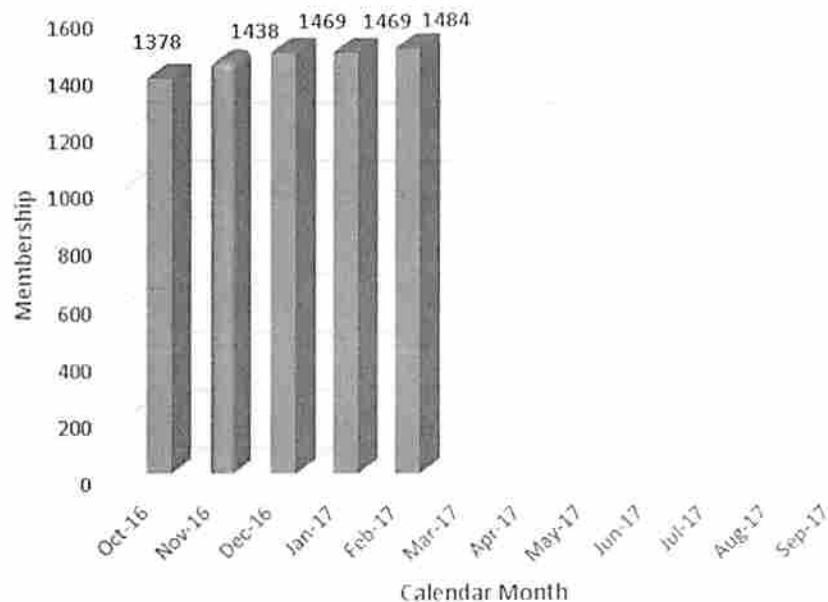
Applications Processed by Fiscal Year – Approval Percentage

Enrollment Applications – Denial Summary Report

| Period | Approved Apps | Pctg | Denied Apps | Pctg | Pending Apps | Pctg | Total Apps |
|---|------------------|---------|----------------|---------|-----------------|---------|---------------|
| FY1617 | 980 | 79.67% | 163 | 13.25% | 87 | 7.07% | 1230 |
| 201610 | 236 | 83.69% | 46 | 16.31% | 0 | 0.00% | 282 |
| Active Eligible | 236 | 100.00% | | 0.00% | | 0.00% | 236 |
| Terminated - MEMBER HAS MEDICAID COVERAGE | | 0.00% | 1 | 100.00% | | 0.00% | 1 |
| Dedined - Not Elig for Plan | | 0.00% | 43 | 100.00% | | 0.00% | 43 |
| REQUIRED DOCUMENTATION MISSING | | 0.00% | 2 | 100.00% | | 0.00% | 2 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | | | 0 |
| 201611 | 205 | 81.67% | 45 | 17.93% | 1 | 0.40% | 251 |
| Active Eligible | 205 | 100.00% | | 0.00% | | 0.00% | 205 |
| Dedined - Member Exceeds Asset Level | | 0.00% | | 0.00% | | 0.00% | 0 |
| Dedined - Not Elig for Plan | | 0.00% | 35 | 100.00% | | 0.00% | 35 |
| Terminated - Req'd Documentation Missing | | 0.00% | 10 | 0.00% | | 0.00% | 10 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | 1 | 100.00% | 1 |
| 201612 | 277 | 81.23% | 44 | 12.90% | 20 | 5.87% | 341 |
| Active Eligible | 277 | 100.00% | | 0.00% | | 0.00% | 277 |
| Dedined - Member Exceeds Asset Level | | 0.00% | | 0.00% | | 0.00% | 0 |
| Dedined - Not Elig for Plan | | 0.00% | 44 | 100.00% | | 0.00% | 44 |
| Terminated - Req'd Documentation Missing | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | 20 | 100.00% | 20 |
| 201701 | 262 | 73.60% | 28 | 7.87% | 66 | 18.54% | 356 |
| Active Eligible | 262 | 100.00% | | 0.00% | | 0.00% | 262 |
| Dedined - Member Exceeds Asset Level | | 0.00% | | 0.00% | | 0.00% | 0 |
| Dedined - Not Elig for Plan | | 0.00% | 27 | 100.00% | | 0.00% | 27 |
| Terminated - Req'd Documentation Missing | | 0.00% | 1 | 0.00% | | 0.00% | 1 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | 66 | 100.00% | 66 |

Note that because patients can and do become eligible and/or terminate every day of the month, when reporting by month, the most current status only will be reflected on the monthly reports. If a member is approved but then is denied/termed in the same or subsequent month, the status of denied/termed will be reported and the approved status will be removed.

WVHA Health Card Program Eligibility – by Calendar Month – as of February 1, 2017

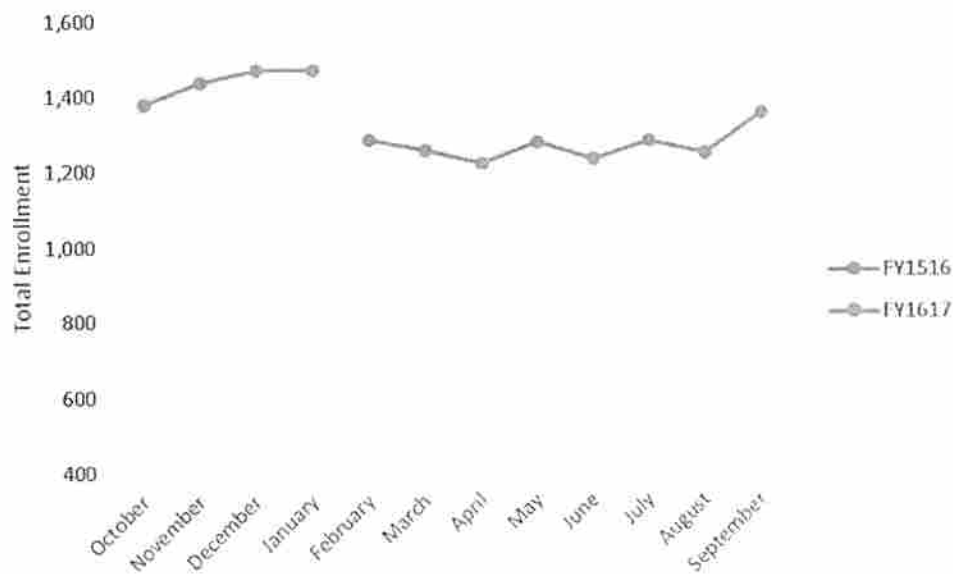


Eligibility reported above reflects eligibility as of the first of each month.

As of February 1, 2017, total program eligibility was 1,484 patients.

WVHA Enrollment by Fiscal Year – as of February 1, 2017

| WVHA Enrollment By Fiscal Year | |
|--------------------------------|--------|
| Month of Fiscal Year | FY1617 |
| October | 1,378 |
| November | 1,438 |
| December | 1,469 |
| January | 1,469 |
| February | 1,484 |
| March | |
| April | |
| May | |
| June | |
| July | |
| August | |
| September | |
| Grand Total | 7,238 |



Medical and Prescription Drug Claim Data

Pharmacy Claims by Fiscal Year by Service Month (Month Prescription Filled)

| Month | FY1617 | | | | |
|-------------|-------------|---------------------|--------------|-------------|-------------|
| | Drug Costs | Dispensing | Total Costs | Total | Avg |
| | | Fee Less Copayments | | Rx's Filled | Cost Per Rx |
| October | \$21,581.37 | \$32,676.00 | \$54,257.37 | 2,334 | \$23.25 |
| November | \$19,925.44 | \$34,818.00 | \$54,743.44 | 2,487 | \$22.01 |
| December | \$24,589.10 | \$38,794.00 | \$63,383.10 | 2,771 | \$22.87 |
| January | | | | | |
| February | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| Grand Total | \$66,095.91 | \$106,288.00 | \$172,383.91 | 7,592 | \$22.71 |

Combined Medical Costs (as of Claims Payment through 1/31/2017)

| Fiscal Year | Hospital | Lab | PCP | Specialty | Facility Physicians | Pharmacy | Total Costs | Member Months | Overall Per Member Per Month (PMPM) | Hospital PMPM | Lab PMPM | PCP PMPM | Specialty PMPM | Pharmacy PMPM |
|--------------------|-----------------------|--------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|---------------|-------------------------------------|-----------------|----------------|----------------|-----------------|----------------|
| FY1617 | \$1,274,023.01 | \$63,742.84 | \$137,661.50 | \$699,020.62 | \$72,024.53 | \$232,353.54 | \$2,478,826.04 | 4,285 | \$578.49 | \$297.32 | \$14.88 | \$32.13 | \$163.13 | \$54.22 |
| October | \$436,938.88 | \$22,404.35 | \$59,210.80 | \$242,154.19 | \$25,870.70 | \$59,969.63 | \$846,548.55 | 1,378 | \$614.33 | \$317.08 | \$16.26 | \$42.97 | \$175.73 | \$43.52 |
| November | \$296,882.47 | \$28,933.91 | \$44,819.95 | \$246,468.41 | \$29,728.18 | \$54,257.37 | \$701,090.29 | 1,438 | \$487.55 | \$206.46 | \$20.12 | \$31.17 | \$171.40 | \$37.73 |
| December | \$540,201.66 | \$12,404.58 | \$33,630.75 | \$210,398.02 | \$16,425.65 | \$54,743.44 | \$867,804.10 | 1,469 | \$590.74 | \$367.73 | \$8.44 | \$22.89 | \$143.23 | \$37.27 |
| January | \$465,786.02 | \$18,547.79 | \$36,006.75 | \$280,856.84 | \$6,621.01 | \$172,383.91 | \$980,202.32 | 1,484 | \$660.51 | \$313.87 | \$12.50 | \$24.26 | \$189.26 | \$116.16 |
| Grand Total | \$1,274,023.01 | \$63,742.84 | \$137,661.50 | \$699,020.62 | \$72,024.53 | \$232,353.54 | \$2,478,826.04 | 4,285 | \$578.49 | \$297.32 | \$14.88 | \$32.13 | \$163.13 | \$54.22 |

Medical and pharmacy costs are reported on a paid basis

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 1/31/2017)

| Month | FY1617 | | | | Total |
|--------------------|--------------|---------------|---------------|--------------------|--------------|
| | NEFHS Deland | NEFHS Deltona | NEFHS Pierson | NEFHS Stone Street | |
| October | 0 | 225 | 292 | 0 | 517 |
| November | 0 | 152 | 219 | 0 | 371 |
| December | 0 | 76 | 134 | 0 | 210 |
| January | 7 | 135 | 108 | 0 | 250 |
| Grand Total | 7 | 588 | 753 | 0 | 1,348 |

PCP encounter claims are reported on a paid basis

Miscellaneous Item(s)

Proposed Communication - Community Legal Services of Mid-Florida

POMCO has reviewed a request from Community Legal Services of Mid-Florida regarding their goal of sending a post card or flyer to current WVHA Health Card members. In that initial communication request the question was asked if permission would be allowed to get the names and addresses of current Health Card members. Although that part of the request was retracted after some e-mail communication, its is important for us to advise that providing a list of WVHA Health Card members to any of the funded agencies could be considered an infringement on the privacy of Health Card members. Therefore it is POMCO's recommendation that Health Card member lists should not be provided to any of the funded agencies.

Global communications to Health Card members should be in the context of "...The West Volusia Hospital Authority is sending this (note/flyer/postcard, etc.) to advise you of all the programs and resources available to you as a Health Card member..." POMCO can then initiate the mailing on behalf of WVHA. POMCO has been in contact with Hill & Hollis regarding this recommendation and we are both in agreement with this approach.

There are costs associated with the set-up, reproduction, postage and mailing. Below are rough estimates based on the type of mailer and whether or not the materials are supplied to POMCO.

Supplied Postcard

- Postcards would be delivered to POMCO to generate mailing labels and apply postage
- Range of \$2,700 - \$4,000 per mailing based on 1,500 Health Card members

Supplied Flyer

- Flyer would be delivered to POMCO to generate mailing labels, insert into envelopes and apply postage
- One to five pages – Range of \$2,750 - \$3,800 per mailing based on 1,500 Health Card members

POMCO Reproduction

- POMCO reproduces multipage note or flyer, generates mailing labels, insert into envelopes and apply postage
- Black & White – One to five pages – Range of \$3,675 - \$5,200 per mailing based on 1,500 Health Card members
- Color – One to five pages – Range of \$5,175 - \$6,800 per mailing based on 1,500 Health Card members

WEST VOLUSIA HOSPITAL AUTHORITY
DeLand City Hall-Commission Chambers
120 S. Florida Avenue, DeLand, FL

TENTATIVELY SCHEDULED MEETINGS - 2017

Citizens Advisory Committee Meetings

Tuesdays at 5:15pm

Joint Meetings

Board of Commissioners Meetings

Thursdays at 5:00pm

February 7 - CAC Organizational/Orientation
*Kathie Shepard

January 19 - Organizational/Regular

February 16 (FLA HOSP/HSCFV)
(POMCO to Attend)

March 7 – Applicant Workshop *Ross Dickinson

March 16 (TNC/Good Sam/FDOH)

April 20 – 5 p.m. Joint meeting of WVHA Board and CAC – Preliminary Funding
application review

May 9 - Discussion/Q&A Meeting *Andy Ferrari

***May 23 - Scoring Meeting *Barb Girtman

** May 18 (FLA HOSP-SMA/RAAO/Global
PCP & Urgent Care)

June 15 – 4 p.m. Primary Care Application Workshop (duration 1 ½ hours)
June 15 – 5:30 p.m. Joint meeting of WVHA Board and CAC–Funding Recommendations

July (CAC Hiatus)

July 20 (4:00 p.m.) Budget
Workshop Followed by Regular
(THND/Healthy Comm)
(POMCO to Attend)

August (CAC Hiatus)

***August 17 (FLA HOSP/HHI/CLSMF)

September 12 – New Services Mandatory
Applicant Workshop (CAC representative present)

***September 14 – Initial Budget Hearing

**** September 26 - Final Budget/Regular
Meeting **TUESDAY**

October (CAC Hiatus)

October 19

November 14 – New Services Applicant Review
*New Commissioner

November 16 (FLA HOSP)

*WVHA Commissioner to attend CAC Meeting

Meetings to be held at DeLand City Hall Commission Chamber 120 S. Florida Avenue, DeLand FL

**Meeting to be held at Florida Hospital Fish Memorial 1745 Sterling Blvd., Deltona FL

*** Meeting to be held at DRT, 1006 N. Woodland Blvd., DeLand, FL

****Meeting to be held at Wayne Sanborn Center, 815 S. Alabama Ave, DeLand FL

W:\Commis\WVHA Meeting Schedules\Tentatively Scheduled Meetings-2017.docm

Updated 2/16/2017

**WEST VOLUSIA HOSPITAL AUTHORITY
1006 N. WOODLAND BLVD
C/O DREGGORS, RIGSBY & TEAL, PA
DELAND, FLORIDA 32720
TEL: (386) 734-9441**

PRIMARY CARE APPLICATION

**APPLICATIONS ARE DUE BY 12:00 P.M.,
NOON, FRIDAY, APRIL 7, 2017**

AGENCY NAME _____

Thank you for your recent request for the West Volusia Hospital Authority (WVHA) Funding Application Packet. Please pay close attention to the enclosed information designed to assist your efforts. We look forward to reviewing your proposal.

ELIGIBLE APPLICANTS

Applications will be accepted from other governmental entities or Florida corporations (for-profit or non-profit) with the capacity, competence, and experience to accomplish proposed program goals and objectives. A different application and process is applicable to non-primary health care providers.

ELIGIBLE SERVICES

Services must be provided within the boundaries of the West Volusia Hospital Authority. Only those programs which provide medical, health care related or access to health care services to indigent residents of West Volusia County (as set forth in Chapter 57-2085, Laws of Florida, as amended, and pursuant to section 200.065, Florida Statutes) will be considered for funding. All program requests must include measurable goals or outcomes and cost effectiveness/efficiency data.

CONTENT OF APPLICATIONS

Applications for funding must be submitted in the attached format and must address, at a minimum, the specific information requested in each section. Submissions are limited to no more than 14 pages (not counting required documents) and no smaller than 11 pt. font.

APPLICATION SUBMISSION DEADLINE

One original and seventeen copies of the completed application and attachments must be submitted by **NOON, April 7, 2017**, a strictly enforced deadline, at the following address:

West Volusia Hospital Authority
c/o Dreggors, Rigsby & Teal, P.A., CPA
1006 N. Woodland Blvd
DeLand, Florida 32720

Applicants are encouraged to submit well in advance of this deadline to avoid any traffic, technical, weather or other unforeseen difficulties that result in missing that strict deadline.

APPLICATION REVIEW

The West Volusia Hospital Authority Board of Commissioners (Board) reviews and makes final determination for funding of primary care applications. The Board will determine finally whether a proposed program is fully funded, funded in part or not funded at all. Generally funding commitments will conform to the October 1st – September 30th fiscal year and require applicants to execute a written funding agreement in a form acceptable to West Volusia Hospital Authority. (Funding agreements for approved new service or access applications will have terms ranging from 6 to 14 months depending on whether the application is submitted in October or April) Applicants that have not previously received funding are encouraged to request a sample of the required written funding agreement to ensure that funding requests comply with the required fee-for-service model and that program participants can be screened individually for qualifications pursuant to the *West Volusia Hospital Authority (WVHA) Health Card Program Eligibility Guidelines and Procedures*.

REPORTING REQUIREMENTS/INVOICES

Reporting requirements will vary according to program/service and will be determined at the time of approval for funding. Invoices submitted to the Authority for services must include, at a minimum, invoice amount, time period covered, services rendered, a de-identified reference number for the individual client served, the aggregate number of individuals served and the cost per unit of service. No cost or rate of reimbursement charged to the Authority may exceed that charged to any other insurance payer, funding entity, public or private, for the same or substantially the same services. A final report must be submitted to the Authority within 30 days of the end of the fiscal year and shall include services rendered, number served, outcomes and final budget information.

INSTRUCTIONS:

1. Application instructions must be followed exactly as written or application may be declined.
2. Additional documents that are required must be submitted with application.
3. A representative of your agency or corporation must appear before the WVHA Board of Commissioners (BOC) to answer questions regarding your application. Failure to appear may result in the denial of your application.

I have read and understand the instructions and will comply with them.

Signed

Date

AGENCY: _____

EXECUTIVE DIRECTOR/PRESIDENT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

AGENCY STATUS (Circle One) Government Not for Profit For Profit Other (explain)

Explain, if Applicable: _____

PROPOSED SERVICE IN W. VOLUSIA: _____

TARGET POPULATION IN W. VOLUSIA: _____

NUMBER TO BE SERVED IN W. VOLUSIA: _____

MEDICAL OUTCOMES THIS SERVICE WILL ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: (____) _____ FAX: (____) _____

E-MAIL: _____

| | APPLICATION YEAR | PRIOR YEAR GRANTED |
|---------------------|------------------|--------------------|
| TOTAL PROGRAM COST: | \$ _____ | \$ _____ |

| | | |
|------------------------|----------|----------|
| *WVHA FUNDS REQUESTED: | \$ _____ | \$ _____ |
|------------------------|----------|----------|

| | | |
|--------------------------------------|----------|----------|
| AVG COST TO PROGRAM/UNIT OF SERVICE: | \$ _____ | \$ _____ |
|--------------------------------------|----------|----------|

| | | |
|--------------------------|----------|----------|
| WVHA REIMBURSEMENT RATE: | \$ _____ | \$ _____ |
|--------------------------|----------|----------|

COMPARATIVE REIMBURSEMENT:

MEDICAID \$ _____

MEDICARE \$ _____

PRIVATE INSURANCE \$ _____

*** If there is a significant change between the funds requested last year and this year, explain below:**

****If your response is N/A, please explain in detail why it is not applicable. If rates vary by carrier, please provide the range of rates:**

I. SERVICE DESCRIPTION :

- Hours of operation
- Process for after-hours approval for referrals
- Expected appointment wait times for
 - Urgent care visit
 - Routine sick visit
 - Well care visit
- Post discharge follow up care time frame for
 - In patient care
 - Emergency room care
 - Outpatient care
- State your budgeted clinician ratios per user (enrollee) by type of licensed professional

II. NEED STATEMENT

- Describe why WVHA funding is needed for this service (**Even though the Authority is interested in this information about program costs, most all funding commitments will be reimbursed on a fee-for-service basis**)
- Are there any other providers of this service in west Volusia County
- Define the geographic areas by zip codes
- Summarize the anticipated population residing in the service areas

III. ELIGIBILITY CRITERIA

- Summarize the demographic makeup of the service area by
 - Age
 - Income
- Describe verification procedures

IV. NUMBER OF PERSONS SERVED

- UTILIZATION (USERS & VISITS) PROPOSED FOR NEXT FISCAL YEAR. INCLUDE BY ALL TYPES OF USERS (WVHA, MEDICAID, MEDICARE, HMO, SELF-PAY AND OTHER)
- REPORT THE CURRENT YEAR UTILIZATION (USERS & VISITS) SEEN THIS FISCAL YEAR BY ALL TYPES (FOLLOW WVHA FISCAL YEAR). INDICATE THE PERIOD THAT ACTUAL UTILIZATION IS BEING REPORTED THROUGH
- REPORT EXPECTED UTILIZATION (USERS & VISITS) FOR THE REMAINDER OF THIS FISCAL YEAR BY ALL TYPES
- STATE THE CURRENT YEAR FINAL APPROVED WVHA UTILIZATION (USERS & VISITS) AS WELL AS THE OTHER TYPES OF USERS FOR THE CURRENT FISCAL YEAR
- EXPLAIN ANY SIGNIFICANT CHANGES IN UTILIZATION PATTERNS (USERS & VISITS) FROM THE CURRENT APPROVED BUDGET, CURRENT PROJECTION (CURRENT ACTUAL & EXPECTED) AND THE PROPOSED UTILIZATION FOR THE NEXT FISCAL YEAR

V. MEDICAL OUTCOMES

Detail the current diseases experienced by the WVHA users by disease type. Identify the number of users with co-morbidities by disease type. Indicate if the clinic is providing a disease management for each of the diseases present

- Describe how the clinic will act as the medical home and coordinate the care of members between the other providers in the community
- Describe briefly what quality assurance metrics are captured by the clinic
- Describe the current "clinic health care plan" results vs. the stated goals. Explain any significant variances
- Describe your customer satisfaction metrics, frequency and results obtained this fiscal year

VI. AGENCY CREDENTIALS (explain your agency's ability to administer this program). Agency credentials must include accreditation of the organization, if any, and qualifications (education, experience, etc.) of personnel pertaining to the proposed services.

- Agency
- Administration/Financial Personnel
- Medical Supervisor/Medical Personnel:

VII. BUDGET

- **DETAIL THE OTHER LINES OF BUSINESS THAT THE CLINIC HAS CONTRACTED WITH (I.E. MEDICAID, MEDICARE, HMO AND OTHERS)**
- **DESCRIBE ANY OPPORTUNITIES FOR RECEIVING MATCHING FEDERAL AND STATE INTER-GOVERNMENTAL FUND TRANSFERS (IGT) UTILIZING WVHA FUNDING**
- **DETAIL THE CLINICS EXPECTED BREAKEVEN POINT FOR OPERATIONS IN TERMS OF PATIENT VOLUMES AND MIX**
- **DETAIL PROJECTED REVENUE, EXPENSES AND VISITS BY ALL TYPES OF USERS IN WHOLE DOLLARS AND PER VISIT**
- **DETAIL CURRENT WVHA FISCAL YEAR ACTUAL REVENUES, EXPENSES AND VISITS BY ALL TYPES IN WHOLE DOLLARS AND PER VISIT. INDICATE THE PERIOD RESULTS ARE BEING REPORTED THROUGH**

VIII. BUDGET NARRATIVE (complete a budget narrative for the agency program budget.)

IX. ATTESTATION STATEMENT (complete the attached form)

X. STATEMENT OF UNDERSTANDING (complete the attached form)

PROPOSED PROGRAM BUDGET

Complete this section only for the program for which funds are being requested. The West Volusia Hospital Authority prior to finalization of the funding agreement may request a copy of the Agency Operating Budget.

| Revenue | Amount | % Of Program Revenue |
|---|---------------|-----------------------------|
| Federal | | |
| State | | |
| County | | |
| Other Local Funding (list) | | |
| | | |
| | | |
| In-Kind Contributions | | |
| 3 rd Party Reimbursements | | |
| Fees | | |
| Medicaid | | |
| Other (list anything over 10% of Program Revenue) | | |
| | | |
| | | |
| Amount Requested from the WVHA | | |
| TOTAL REVENUE | | |

| Program Operation Expenses | Total Expense | Amount Requested From WVHA | % Of WVHA Funding * |
|---|----------------------|-----------------------------------|----------------------------|
| Salaries and benefits | | | |
| Contracted services | | | |
| Administrative and other services | | | |
| Travel | | | |
| Medical | | | |
| Pharmacy | | | |
| Other (list anything over 10% of Program Expense) | | | |
| TOTAL | | | |

*** Note: % of Total Program Funds = what percent of the program is supported by WVHA funds? (i.e.: Total ABC Program budget is \$100,000. The ABC agency is providing \$50,000 in resources, funding from the United Way will provide \$25,000, ABC agency is requesting \$25,000 from the WVHA to fund the project. West Volusia Hospital Authority % of Total Program Funds would be 25%)**

BUDGET NARRATIVE

Attach, in narrative form, an explanation and justification of all line items listed for this program of service using the following guidelines. All items should be addressed. Indicate N/A where appropriation and explain why not applicable.

Personnel:

List each person who will be employed with position title, description and salary, payroll taxes and cost of benefits for each position.

Contracted Services:

Justify services provided under subcontracts and explain why agency staff cannot perform them.

Administrative and Other Services:

List other categories of expenses incurred in operating Proposed Program. Justify any exceptional amounts.

Food Services (if applicable):

Indicate what types of services are being provided by whom and to whom. How is cost determined?

Medical:

Describe how these services are provided and how cost is determined.

Pharmacy:

Describe how these services are provided and how cost is determined.

Other:

Include any expected costs not listed above. Provide clear justification for each item.

AGENCY ATTESTATION FORM

AGENCY: _____

SERVICE NAME: _____

TO COMPLY WITH WEST VOLUSIA HOSPITAL AUTHORITY APPLICATION REQUIREMENTS FOR FUNDING OF MEDICAL SERVICES FOR FISCAL YEAR 2017-2018, THE ABOVE REFERENCED AGENCY OR CORPORATION ATTESTS THAT:

1. **INCORPORATION.** The agency is a governmental agency or a corporation registered with the Office of Secretary of State for the State of Florida.

2. **NEGOTIATION.** Applicant is aware that a mutually agreed written funding agreement is necessary before any approved funding can be disbursed and the applicant will recognize that the West Volusia Hospital Authority reserves the right to disapprove funding if it deems any proposed modification of its standard funding agreement as unacceptable. The applicant may request a sample of this standard funding agreement by contacting the WVHA Attorney.

3. **SERVICE AVAILABILITY.** Services will be made available on a nondiscriminatory basis regardless of race, religion, color, gender, national origin, age, handicap or marital status.

4. **DOCUMENTS.** Applicant will submit the following documents by NOON on April 7, 2017 with all other parts of the completed application:
 - a) A certified audit for the previous fiscal year (if an audit was performed) or most current financial statement if no audit was performed
 - b) A copy of all licenses that are legally required for Applicant to perform the proposed services
 - c) If tax exempt, a Tax Exempt Determination Letter from the Internal Revenue Service or signed letter from CPA verifying filing status
 - d) Fire and Health Inspection Certificates for service site(s) (if applicable)
 - e) Certificates of insurance

5. **BACKGROUND CHECK.** All employees of the agency working directly with children or vulnerable adults must have a background screening completed through the abuse registry prior to working directly with children or vulnerable adults.

6. **FISCAL CONDITIONS.** Circle the appropriate response to each of the following questions:

| | | | |
|----|-----|----|--|
| a) | Yes | No | Has your agency ever had a contract canceled for cause? |
| b) | Yes | No | Does your organization owe any repayment of funds to any funding sources? |
| c) | Yes | No | Has your organization declared bankruptcy or had any assets attached by any court within the last 3 years? |

Revised 2-16-2017

If the answer to any of the questions stated above is "yes", please attach a written explanation.

**FAILURE TO CERTIFY AND COMPLY WITH THE ABOVE REQUIREMENTS
MAY RESULT IN PROGRAM FUNDS BEING DENIED AND, IF ALLOCATED,
BEING WITHDRAWN, REALLOCATED, OR DELAYED.**

(Chief Agency Officer)

(Date)

(Type Name/Title)

(Date)

(Authorized Agency Countersignature)

(Date)

(Type Name/Title)

(Date)

STATEMENT OF UNDERSTANDING

AGENCY: _____

SERVICE NAME: _____

ELIGIBLE APPLICANTS

Applications will be accepted from public or tax exempt agencies with the capacity, competence, and experience to accomplish proposed program goals and objectives.

ELIGIBLE SERVICES

Services must be provided within the boundaries of the West Volusia Hospital Authority. Only those programs which provide medical, health care related or access to health care services to indigent residents of western Volusia County as set forth in Chapter 57-2085, Laws of Florida, as amended, and pursuant to section 200.065, Florida Statutes will be considered for funding. All program requests must include measurable goals or outcomes and cost effectiveness/efficiency data.

CONTENT OF APPLICATIONS

Applications for funding must be submitted in the attached format and must address, at a minimum, the specific information requested in each section. Applications must be no longer than four pages excluding the budgets, budget narratives, Attestation Statement and Statement of Understanding.

APPLICATION SUBMISSION

One Original and seven copies of the completed application and attachments must be submitted by **NOON, April 7, 2017** at the following address:

West Volusia Hospital Authority
C/o Dreggors, Rigsby & Teal, P.A., CPA
1006 N. Woodland Blvd
DeLand, Florida 32720

APPLICATION REVIEW

The West Volusia Hospital Authority Board of Commissioners reviews all applications. Applications will subsequently be placed on the Agenda of the West Volusia Hospital Authority for final determination for funding. Applications may be funded all, in part or not funded at all. All funding commitments conform to the October 1st – September 30th fiscal year.

REPORTING REQUIREMENTS/INVOICES

Reporting requirements will vary according to program/service and will be determined at the time of approval for funding. Invoices submitted to the Authority for services must include, at a minimum, invoice amount, time period covered, services rendered, the number of individuals served and the cost per unit of service. A final report must be submitted to the Authority within 30 days of the end of the fiscal year and shall include services rendered, number served, outcomes and final budget information.

(Authorized Signature of Agency)

(Date)

(Type Name/Title)

(For WVHA Board of Commissioners use)

Would you:

A) Fund this applicant at 100% of the requested amount. Why:

B) Not fund this applicant. Why:

C) Fund this applicant but not at the requested amount of \$ _____
But fund the amount of \$ _____. Why:

**WEST VOLUSIA HOSPITAL AUTHORITY
C/O DREGGORS, RIGSBY & TEAL, PA
1006 N. WOODLAND BLVD
DELAND, FLORIDA 32720
TEL: (386) 734-9441**

NON-PRIMARY CARE APPLICATION

(Reviewed Initially by Citizen Advisory Committee)

**APPLICATIONS ARE DUE BY 12:00 P.M.,
NOON, FRIDAY, APRIL 7, 2017**

Thank you for your recent request for the West Volusia Hospital Authority (WVHA) Funding Application Packet. Please pay close attention to the enclosed information designed to assist your efforts. We look forward to reviewing your proposal.

ELIGIBLE APPLICANTS

Applications will be accepted from other governmental entities or Florida corporations (for-profit or non-profit) with the capacity, competence, and experience to accomplish proposed program goals and objectives. A different application and process is applicable to primary care providers.

ELIGIBLE SERVICES

Services must be provided within the boundaries of the West Volusia Hospital Authority. Only those programs which provide medical, health care related or access to health care services to indigent residents of West Volusia County (as set forth in Chapter 57-2085, Laws of Florida, as amended, and pursuant to section 200.065, Florida Statutes) will be considered for funding. All program requests must include measurable goals or outcomes and cost effectiveness/efficiency data.

CONTENT OF APPLICATIONS

Applications for funding must be submitted in the attached format and must address, at a minimum, the specific information requested in each section. Submissions are limited to no more than 14 pages (not counting required documents) and no smaller than 11 pt. font.

APPLICATION SUBMISSION DEADLINE

One original and seventeen copies of the completed application and attachments must be submitted by **NOON, April 7, 2017**, a strictly enforced deadline, at the following address:

West Volusia Hospital Authority
c/o Dreggors, Rigsby & Teal, P.A., CPA
1006 N. Woodland Blvd
DeLand, Florida 32720

Applicants are encouraged to submit well in advance of this deadline to avoid any traffic, technical, weather or other unforeseen difficulties that result in missing that strict deadline.

APPLICATION REVIEW

The Citizens Advisory Committee (CAC) of the West Volusia Hospital Authority reviews all applications. Applications will subsequently be placed on the Agenda of the West Volusia Hospital Authority Board of Commissioners (Board) for final determination for funding. The CAC will recommend and the Board will determine finally whether a proposed program is fully funded, funded in part or not funded at all. Generally funding commitments will conform to the October 1st – September 30th fiscal year and require applicants to execute a written funding agreement in a form acceptable to West Volusia Hospital Authority. (Funding agreements for approved new service or access applications will have terms ranging from 6 to 14 months depending on whether the application is submitted in October or April) Applicants that have not previously received funding are encouraged to request a sample of the required written funding agreement to ensure that funding requests comply with the required fee-for-service model and that program participants can be screened individually for qualifications pursuant to the *West Volusia Hospital Authority (WVHA) HealthCard Program Eligibility Guidelines and Procedures*.

REPORTING REQUIREMENTS/INVOICES

Reporting requirements will vary according to program/service and will be determined at the time of approval for funding. Invoices submitted to the Authority for services must include, at a minimum, invoice amount, time period covered, services rendered, a de-identified reference number for the individual client served, the aggregate number of individuals served and the cost per unit of service. No cost or rate of reimbursement charged to the Authority may exceed that charged to any other insurance payer, funding entity, public or private, for the same or substantially the same services. A final report must be submitted to the Authority within 30 days of the end of the fiscal year and shall include services rendered, number served, outcomes and final budget information.

AGENCY: _____

EXECUTIVES DIRECTOR/PRESIDENT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

AGENCY STATUS (Circle One) Government Not for Profit For Profit Other
Explanation, if you marked other: _____

TOTAL PROGRAM COST: APPLICATION YEAR PRIOR YEAR GRANTED
\$ _____ \$ _____

*WVHA FUNDS REQUESTED: \$ _____ \$ _____

**AVERAGE COST/UNIT OF SERVICE WITH COMPARATIVE REIMBURSEMENT:

| Description of Service (Separately describe each type and RX fee) | Agency cost per unit of service | WVHA Reimbursement rate per unit of service | Medicaid Reimbursement rate per unit of service | Medicare Reimbursement rate per unit of service | Private Insurance Reimbursement rate per unit of service |
|--|---------------------------------|---|---|---|--|
| | | | | | |

* If you received funding last year and there is a significant change between the funds received last year and the funds requested this year, please explain below:

**If your response is N/A, please explain in detail why it is not applicable. If rates vary by carrier, please provide the range of rates:

Mission of your Agency:

SECTION I – PROPOSAL (See Appendix A)

A. Identify why funds are being requested and how funds will be used: _____

B. Describe your target population (the specific segment of the serviceable population you will be serving – i.e. children, seniors, pregnant, etc) in West Volusia:

C. Estimate the total number of people that will be served for the proposed budget year:

D. What measurable (i.e. outcomes that can be evaluated) outcomes/goals will this service address

E. Describe the outcome measures your agency uses to assess if the goals are met

1. If industry standards are used, identify source: _____

a.) What was your agency's rating against this standard(s): _____

2. If questionnaires were used:

a) Last year how many questionnaires were completed: _____

b) Number of valid complaints issued _____

c) Please attach summary of results.

3. If your agency uses any other monitoring method please explain methodology and outcome:

SECTION II - AGENCY ORGANIZATION

A. Administrative and/or Financial Personnel provide organizational chart and qualifications related to their role in providing oversight and fiduciary responsibilities

B. Medical and/or Professional Personnel list the education, experience, qualifications and describe the roles of personnel involved in providing the direct service to be funded by WVHA.

SECTION III – FUNDING

Proposed Program Budget

Complete this section only for the program for which funds are being requested. The West Volusia Hospital Authority prior to finalization of the funding agreement may request a copy of the Agency Operating Budget.

| Program Revenue (Program associated with WVHA funding request only) | Amount | % Of Program Revenue** |
|---|---------------|-------------------------------|
| Federal | | |
| State | | |
| County | | |
| Other Local Funding (list) | | |
| | | |
| | | |
| In-Kind Contributions | | |
| 3 rd Party Reimbursements | | |
| Fees | | |
| Medicaid/Medicare | | |
| Other (list anything over 10% of Program Revenue) | | |
| | | |
| | | |
| Amount Requested from the WVHA | | |
| TOTAL REVENUE * | | |

| Request brief narrative... Program Expenses (Program associated with WVHA funding request only) | Amount | % Of Program Expenses ** |
|---|---------------|---------------------------------|
| Salaries and benefits | | |
| Contracted services | | |
| Administrative and other services | | |
| Medical | | |
| Pharmacy | | |
| Other (list anything over 10% of Program Expense) | | |
| TOTAL EXPENSE * | | |

*** TOTAL REVENUE MUST EQUAL TOTAL EXPENSES**

**** % COLUMN MUST TOTAL 100%**

- A. Describe any upcoming opportunities for receiving matching and/or other funding whether through federal and state governmental funds other than WVHA funding that may become available to support or reduce WVHA financial support of this program in the future.

- B. What attempts have you made to locate other funding sources or partners to meet this program's needs?

- C. If the funding that the agency is requesting from the WVHA is dependent in any way upon another agency's support or activities, show substantiation and identity of that relationship.

- D. Describe how your agency can save the WVHA taxpayers money:

BUDGET NARRATIVE

Attach, in narrative form, an explanation and justification of all line items listed for this program of service using the following guidelines. All items should be addressed. Indicate N/A where appropriate and explain why not applicable.

Personnel:

List each person who will be employed with position title, description and salary, payroll taxes and cost of benefits for each position.

Contracted Services:

Justify services provided under subcontracts and explain why agency staff cannot perform them.

Administrative and Other Services:

List other categories of expenses incurred in operating Proposed Program. Justify any exceptional amounts.

Medical:

Describe how these services are provided and how cost is determined.

Pharmacy:

Describe how these services are provided and how cost is determined.

Other:

Include any expected costs not listed above. Provide clear justification for each item.

AGENCY ATTESTATION FORM

AGENCY: _____

SERVICE NAME: _____

TO COMPLY WITH WEST VOLUSIA HOSPITAL AUTHORITY APPLICATION REQUIREMENTS FOR FUNDING OF MEDICAL SERVICES FOR FISCAL YEAR 2017-2018, THE ABOVE REFERENCED AGENCY OR CORPORATION ATTESTS THAT:

1. **INCORPORATION.** Applicant is a governmental agency or a corporation registered with the Office of Secretary of State for the State of Florida.
2. **NEGOTIATION.** Applicant is aware that a mutually agreed written funding agreement is necessary before any approved funding can be disbursed and the applicant will recognize that the West Volusia Hospital Authority reserves the right to disapprove funding if it deems any proposed modification of its standard funding agreement as unacceptable. The applicant may request a sample of this standard funding agreement by contacting the WVHA Attorney.
3. **SERVICE AVAILABILITY.** Services will be made available on a nondiscriminatory basis regardless of race, religion, color, sex, national origin, age, handicap or marital status.
4. **DOCUMENTS.** Applicant will submit the following documents by NOON on April 7, 2017 with all other parts of the completed application:
 - a) A certified audit for the previous fiscal year (if an audit was performed) or most current Financial statements if no audit is performed
 - b) A copy of all licenses that are legally required for Applicant to perform proposed services.
 - c) If tax exempt, a Tax Exempt Determination Letter from the Internal Revenue Service or signed letter from CPA verifying exempt filing status
 - d) Fire and Health Inspection Certificates for service site(s) (if applicable)
 - e) Certificates of insurance
5. **BACKGROUND CHECK.** All employees of the agency working directly with children or vulnerable adults must have a background screening completed through the abuse registry prior to working directly with children or vulnerable adults.
6. **FISCAL CONDITIONS.** Circle the appropriate response to each of the following questions:

| | | | |
|----|-----|----|--|
| a) | Yes | No | Has your agency ever had a contract canceled for cause? |
| b) | Yes | No | Does your organization owe any repayment of funds to any funding sources? |
| c) | Yes | No | Has your organization declared bankruptcy or had any assets attached by any court within the last 3 years? |

If the answer to any of the questions stated above is "yes", please attach a written explanation.

**FAILURE TO CERTIFY AND COMPLY WITH THE ABOVE REQUIREMENTS
MAY RESULT IN PROGRAM FUNDS BEING DENIED AND, IF ALLOCATED,
BEING WITHDRAWN, REALLOCATED, OR DELAYED.**

(Chief Agency Officer)

(Date)

(Type Name/Title)

(Date)

(Authorized Agency Countersignature)

(Date)

(Type Name/Title)

(Date)

APPENDIX A
Guide to Assist Applicants

Identify Why Funds are Being Requested: Examples

1. To provide health or mental health care services or access to such services to residents of West Volusia who are experiencing poverty as defined by WVHA.
2. To add capacity. I will now be able to serve X amount of people as opposed to Y.
3. Program start up. Based on population of X people who are eligible for this service, we propose to provide this particular service and our proposed population will be Y number of people

What Outcome(s)/Goals will this Service Address: Must be quantifiable statements (examples)

1. This service will improve health care or access to health care to this target population in the following quantifiable ways.
2. X amount of people will receive treatment for Y period of time with an expected rate of recovery of Z%. This is in compliance with the national average of a recovery rate of B based on the standard for this disorder.
3. X number of people will receive treatment that will limit hospital emergency room cost. It is estimated that our average cost for this treatment per person is Y where it is estimated that a hospital treatment cost is Z.

Describe the Outcome Measures Your Agency Uses to Assess if the Goals are Met

State what they are and how your agency ranked: e.g. "I used the American Medical Association's scoring standards and we were at X percentile which is Y% above, below, or on the mark of the National Goal."

The following questions will be used in ranking all funding applications

If it were up to you as a member of the CAC or the Board would you:

- A) Fund this applicant at 100% of the requested amount. Why:
B) Not fund this applicant. Why:
C) Fund this applicant but not at the requested amount of \$ _____.
But fund the amount of \$ _____. Why:

Eileen Long

From: Eileen Long
Sent: Monday, January 30, 2017 4:22 PM
To: Asbury, Laurie; Bennett, Amy; Brenda Flowers Dalley (risingagainsttheodds@gmail.com); Christine Green; Cindy Martin (cindy.martin@fhdeland.org); Dee Schaeffer; Dixie Morgese; Eric Ostarly (eric.ostarly@ahss.org); Gail Hallmon; Helene Ryan; Ivan Cosimi; Jennifer Stephenson; Josephine Mercado; Laura Pichardo-Cruz; Mary Gusky - Good Samaritan Clinic (gsdld1@gmail.com); Mustafa Ali; nigel.hinds@fhdeland.org; Parris, Steven; Quinones, Cary; Robin Hite; Rosha Loach; Segura, Maribel; Sheila Jennings; Steve Sally; Susan Clark (susan.clark@cfl.rr.com); Watson, Alicia; Waylan Niece; Weatherwax, Jo A
Cc: Ted Small (tsmall@businessemploymentlawyer.com); Ross Dickinson (ross3954@yahoo.com); Ron Cantlay
Subject: Two requests from the WVHA Board of Commissioners
Importance: High

Good afternoon,

The WVHA Board of Commissioners discussed the two matters below during the January 19, 2017 WVHA Organizational/Regular meeting.

- The WVHA Board would like to inquire of all funded entities that do not already provide an annual independent audit to the WVHA Board, if the requirement to do so would prove to be an undue burden to your agency. If so, how and why?
- What patient outcomes does your agency capture internally and would this de-identified data be reportable to the WVHA Board on an annual basis?

Please reply to this email before NOON on Tuesday, February 7, 2017.

Thanking you in advance for your cooperation.

Eileen O'Reilly Long



Dreggors, Rigsby & Teal, P.A.
Advisors for Life

Certified Public Accountants | Registered Investment Advisor

*1006 N Woodland Blvd
DeLand FL 32720
Phone: (386) 734-9441
Fax: (386) 738-5351
E-mail: elong@drtcpa.com*

Eileen Long

Healthy Start Coalition of F+V

From: Dixie Morgese <Dixie.Morgese@healthystartfv.org>
Sent: Monday, January 30, 2017 10:10 PM
To: Eileen Long
Subject: RE: Two requests from the WVHA Board of Commissioners

Hi Eileen!

Question #1 - We do conduct an independent audit and send a copy to all our funders upon completion
Question #2 - We have many sets of data that is aggregated annually. We can provide a copy of each funder report with associated data. (Screening data, Healthy Start, Healthy Families, Parent Partner, MomCare, and Family Place data are all available)

I hope this is what you wanted.

Dixie

Dixie Morgese, BA, CAP, ICADC
Executive Director
Healthy Start of Flagler & Volusia Counties
109 Executive Circle
Daytona Beach, FL 32114

Phone: 386-252-4277 Fax: 386-252-4270

 www.healthystartfv.org

"In matters of truth and justice, there is no difference between large and small problems – for issues concerning the treatment of people are all the same." *Albert Einstein*

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From: Eileen Long [mailto:ELong@drtcpa.com]
Sent: Monday, January 30, 2017 4:22 PM
To: Asbury, Laurie; Bennett, Amy; Brenda Flowers Dalley (risingagainsttheodds@gmail.com); Christine Green; Cindy Martin (cindy.martin@fhdeland.org); Dee Schaeffer; Dixie Morgese; Eric Ostarly (eric.ostarly@ahss.org); Gail Hallmon; Helene Ryan; Ivan Cosimi; Jennifer Stephenson; Josephine Mercado; Laura Pichardo-Cruz; Mary Gusky - Good Samaritan Clinic (gsdld1@gmail.com); Mustafa Ali; nigel.hinds@fhdeland.org; Parris, Steven; Quinones, Cary; Robin Hite; Rosha Loach; Segura, Maribel; Sheila Jennings; Steve Sally; Susan Clark (susan.clark@cfl.rr.com); Watson, Alicia; Waylan Niece; Weatherwax, Jo A
Cc: Ted Small (tsmall@businessemploymentlawyer.com); Ross Dickinson (ross3954@yahoo.com); Ron Cantlay
Subject: Two requests from the WVHA Board of Commissioners
Importance: High

Good afternoon,

The WVHA Board of Commissioners discussed the two matters below during the January 19, 2017 WVHA Organizational/Regular meeting.

Healthy start Coalition of F&V

From: Gail Hallmon <ghallmon@thehnd.com>
Sent: Tuesday, January 31, 2017 11:49 AM
To: Eileen Long; Asbury, Laurie; Bennett, Amy; Brenda Flowers Dalley (risingagainsttheodds@gmail.com); Christine Green; Cindy Martin (cindy.martin@fhdeland.org); Dee Schaeffer; Dixie Morgese; Eric Ostarly (eric.ostarly@ahss.org); Helene Ryan; Ivan Cosimi; Jennifer Stephenson; Josephine Mercado; Laura Pichardo-Cruz; Mary Gusky - Good Samaritan Clinic (gsdld1@gmail.com); Mustafa Ali; nigel.hinds@fhdeland.org; Parris, Steven; Quinones, Cary; Robin Hite; Rosha Loach; Segura, Maribel; Sheila Jennings; Steve Sally; Susan Clark (susan.clark@cfl.rr.com); Watson, Alicia; Waylan Niece; Weatherwax, Jo A
Cc: Ted Small (tsmall@businessemploymentlawyer.com); Ross Dickinson (ross3954@yahoo.com); Ron Cantlay
Subject: RE: Two requests from the WVHA Board of Commissioners

We do have an independent audit each year and it is sent to you.
The outcome measures we use in therapy are included in our grant application. Successful completion is based on movement on the Functional Assessment Rating Scale (FARS) and achieving a minimum of 2/3 of the treatment plan goals that are set jointly with the client.

Gail Hallmon

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The House Next Door nurtures and empowers families to help build stronger communities.

From: Eileen Long [mailto:ELong@drtcpa.com]
Sent: Monday, January 30, 2017 4:22 PM
To: Asbury, Laurie <LAsbury@nefhs.org>; Bennett, Amy <AMY.BENNETT@fhdeland.org>; Brenda Flowers Dalley (risingagainsttheodds@gmail.com) <risingagainsttheodds@gmail.com>; Christine Green <christine.green@healthystartfv.org>; Cindy Martin (cindy.martin@fhdeland.org) <cindy.martin@fhdeland.org>; Dee Schaeffer <Deanna.Schaeffer@halifax.org>; Dixie Morgese <Dixie.Morgese@healthystartfv.org>; Eric Ostarly (eric.ostarly@ahss.org) <eric.ostarly@ahss.org>; Gail Hallmon <ghallmon@thehnd.com>; Helene Ryan <hryan@smabehavioral.org>; Ivan Cosimi <icosimi@smabehavioral.org>; Jennifer Stephenson <jstephenson@smabehavioral.org>; Josephine Mercado <josephine@hhi2001.org>; Laura Pichardo-Cruz <laurap@clsmf.org>; Mary Gusky - Good Samaritan Clinic (gsdld1@gmail.com) <gsdld1@gmail.com>; Mustafa Ali <manager@promptcarefl.com>; nigel.hinds@fhdeland.org; Parris, Steven <Steven.Parris@halifax.org>; Quinones, Cary <CQuinones@nefhs.org>; Robin Hite <robinh@clsmf.org>; Rosha Loach <rosha.loach@healthystartfv.org>; Segura, Maribel <MSegura@nefhs.org>; Sheila Jennings <sjeppings@smabehavioral.org>; Steve Sally <Ssally@thehnd.com>; Susan Clark (susan.clark@cfl.rr.com) <susan.clark@cfl.rr.com>; Watson, Alicia <Alicia.Watson@halifax.org>; Waylan Niece <wniece3@gmail.com>; Weatherwax, Jo A <Jo.Weatherwax@flhealth.gov>
Cc: Ted Small (tsmall@businessemploymentlawyer.com) <tsmall@businessemploymentlawyer.com>; Ross Dickinson

The Horse Next Door

Eileen Long

Healthy Communities

From: Parris, Steven <Steven.Parris@halifax.org>
Sent: Tuesday, January 31, 2017 12:31 PM
To: Eileen Long
Subject: RE: Two requests from the WVHA Board of Commissioners

Hi Eileen,

Regarding the requested information: Healthy Communities provided Halifax's annual audit during the most recent funding application cycle. Since we provide outreach for access to service, we do not have any patient outcomes to report.

Steve Parris
Community Health and Outreach Supervisor
Halifax Health Healthy Communities
1688 W. Granada Blvd., Suite 2-D
Ormond Beach, Florida 32174
(386) 425-7920
Fax: (386) 323-0008

Exceptional Service • Every Encounter • Every Day • Everyone

Electronic communications originating from or sent to Halifax Health (HH) are subject to monitoring and public inspection under § 119.07, Florida Statutes. This message and any attachments are the property of HH and are intended to be received only by the individuals or entities identified in the message. If you have received this message in error, please take notice: 1) that any use, copying, printing, forwarding or distribution of this message in any form is strictly prohibited, and 2) please notify the HH Compliance Department at (386) 254-4278 and/or forward the message to compliance@halifax.org, and please delete or destroy all copies of the message and any attachments.

From: Eileen Long [<mailto:ELong@drtcpa.com>]
Sent: Monday, January 30, 2017 4:22 PM
To: Asbury, Laurie; Bennett, Amy; Brenda Flowers Dalley (risingagainsththeodds@gmail.com); Christine Green; Cindy Martin (cindy.martin@fhdeland.org); Schaeffer, Deanna; Dixie Morgese; Eric Ostarly (eric.ostarly@ahss.org); Gail Hallmon; Helene Ryan; Ivan Cosimi; Jennifer Stephenson; Josephine Mercado; Laura Pichardo-Cruz; Mary Gusky - Good Samaritan Clinic (gsdld1@gmail.com); Mustafa Ali; nigel.hinds@fhdeland.org; Parris, Steven; Quinones, Cary; Robin Hite; Rosha Loach; Segura, Maribel; Sheila Jennings; Steve Sally; Susan Clark (susan.clark@cfl.rr.com); Watson, Alicia; Waylan Niece; Weatherwax, Jo A
Cc: Ted Small (tsmall@businessemploymentlawyer.com); Ross Dickinson (ross3954@yahoo.com); Ron Cantlay
Subject: [External Sender] Two requests from the WVHA Board of Commissioners
Importance: High

This message came from an external source. Please do not click links or open attachments if unexpected or unusual.

Begin Original Message:

Good afternoon,

The WVHA Board of Commissioners discussed the two matters below during the January 19, 2017 WVHA Organizational/Regular meeting.

- The WVHA Board would like to inquire of all funded entities that do not already provide an annual independent audit to the WVHA Board, if the requirement to do so would prove to be an undue burden to your agency. If so, how and why?

Healthy Communities

Eileen Long

The Neighborhood
Center

From: Susan Clark <susan.clark@nhcwv.org>
Sent: Tuesday, January 31, 2017 5:18 PM
To: Eileen Long
Subject: RE: Two requests from the WVHA Board of Commissioners

Eileen The NHC conducts and Annual External Audit and is available to the WVHA. NHC captures all direct services for all clients and the data is de identified.

Susan Clark, CAP, ICADC
Executive Director
The Neighborhood Center of West Volusia
Susan.clark@nhcwv.org

From: Eileen Long [mailto:ELong@drtcpa.com]
Sent: Monday, January 30, 2017 4:22 PM
To: Asbury, Laurie <LAsbury@nefhs.org>; Bennett, Amy <AMY.BENNETT@fhdeland.org>; Brenda Flowers Dalley <risingagainsttheodds@gmail.com> <risingagainsttheodds@gmail.com>; Christine Green <christine.green@healthystartfv.org>; Cindy Martin <cindy.martin@fhdeland.org> <cindy.martin@fhdeland.org>; Dee Schaeffer <Deanna.Schaeffer@halifax.org>; Dixie Morgese <Dixie.Morgese@healthystartfv.org>; Eric Ostarly <eric.ostarly@ahss.org> <eric.ostarly@ahss.org>; Gail Hallmon <ghallmon@thehnd.com>; Helene Ryan <hryan@smabehavioral.org>; Ivan Cosimi <icosimi@smabehavioral.org>; Jennifer Stephenson <jstephenson@smabehavioral.org>; Josephine Mercado <josephine@hhi2001.org>; Laura Pichardo-Cruz <laurap@clsmf.org>; Mary Gusky - Good Samaritan Clinic <gsdld1@gmail.com> <gsdld1@gmail.com>; Mustafa Ali <manager@promptcarefl.com>; nigel.hinds@fhdeland.org; Parris, Steven <Steven.Parris@halifax.org>; Quinones, Cary <CQuinones@nefhs.org>; Robin Hite <robinh@clsmf.org>; Rosha Loach <rosha.loach@healthystartfv.org>; Segura, Maribel <MSegura@nefhs.org>; Sheila Jennings <sjennings@smabehavioral.org>; Steve Sally <ssally@thehnd.com>; Susan Clark <susan.clark@cfl.rr.com> <susan.clark@cfl.rr.com>; Watson, Alicia <Alicia.Watson@halifax.org>; Waylan Niece <wniece3@gmail.com>; Weatherwax, Jo A <Jo.Weatherwax@flhealth.gov>
Cc: Ted Small <tsmall@businessemploymentlawyer.com> <tsmall@businessemploymentlawyer.com>; Ross Dickinson <ross3954@yahoo.com> <ross3954@yahoo.com>; Ron Cantlay <RCantlay@drtcpa.com>
Subject: Two requests from the WVHA Board of Commissioners
Importance: High

Good afternoon,

The WVHA Board of Commissioners discussed the two matters below during the January 19, 2017 WVHA Organizational/Regular meeting.

- The WVHA Board would like to inquire of all funded entities that do not already provide an annual independent audit to the WVHA Board, if the requirement to do so would prove to be an undue burden to your agency. If so, how and why?
- What patient outcomes does your agency capture internally and would this de-identified data be reportable to the WVHA Board on an annual basis?

Please reply to this email before NOON on Tuesday, February 7, 2017.

Thanking you in advance for your cooperation.

Eileen O'Reilly Long

the neighborhood
center

Eileen Long

Hispanic Health

Initiative

From: Josephine Mercado <josephine@hhi2001.org>
Sent: Wednesday, February 01, 2017 7:41 AM
To: Eileen Long
Subject: Two requests from the WVHA Board of Commissioners

Importance: High

Hi Eileen!

We hope that the following will prove helpful to the Board of Commissioners:

Re: Audit

It is our understanding that the Federal government does not require audits on grants less than \$750,000, therefore, the \$250,000 threshold may not justify the audit expense for some of the small budget organizations. In HHI's case it would create a financial hardship unless the funding source covers the cost. Audits may cost anywhere from \$3,000-\$5,000, or more depending on the budget of the organization. HHI files an annual IRS Form 990 which is shared with funding sources, upon request, besides it is a public document.

In the case of small non-profits such as HHI, even though our grant is less than \$250,000, it would be a financial burden to require an audit on a threshold of \$250,000. We expect that most of the large non-profits, as regular practice, are required to provide audits for their other funding sources, in which case, they will be in compliance with the WVHA audit request without incurring additional expenses.

Re: Client Outcomes

We provide very basic screening and health awareness, as well as, information on chronic disease prevention.

Some of Hispanic Health Initiatives' expected measurable outcomes from its West Volusia project are:

- The number of HRA screening clinics, Los Amigos Diabetes classes, health fairs & Community Health Worker training events held for the project period
- The number of participants for each event
- Increased knowledge and awareness of project participant health status, health options, prevention and self-management of disease conditions
- The number of participants CHWs engage in 1-on-1 coaching and health education.
- The number of participants who reach a score of 90% or better on post-intervention knowledge tests
- The number of uninsured participants and persons without medical homes who are linked to a health center for primary care

Outcomes vary based on the amount of funding a project receives. The more extensive the case management or the more services provided per participant, the more in depth the outcomes will be, (i.e. # of participants who visited the E.R. less this year compared to last year, the # of diagnosed Diabetics who lowered there A1C to a level of 7% or less).

"Affordable Health Care is not a Political Issue... Affordable Health Care is a Human Right!"
Central Florida Health Care for All, May, 2011

Josephine Mercado, JD
Founder/Executive Director

Initiative
Hispanic Health

SMA

Eileen Long

From: Sheila Jennings <sjennings@smabehavioral.org>
Sent: Wednesday, February 01, 2017 10:05 AM
To: Eileen Long
Cc: Ivan Cosimi; Eric Horst
Subject: RE: Two requests from the WVHA Board of Commissioners

Organizational/Regular meeting.

- The WVHA Board would like to inquire of all funded entities that do not already provide an annual independent audit to the WVHA Board, if the requirement to do so would prove to be an undue burden to your agency. If so, how and why?
- We provide annual independent audit reports annually.
- What patient outcomes does your agency capture internally and would this de-identified data be reportable to the WVHA Board on an annual basis?
- Patient outcomes are listed in the application and on a monthly basis we send in a utilization report de-identified data to WVHA for billing purposes. In addition, we maintain spreadsheet data on the number of participants that received service and type of service.

Sheila Jennings, M.B.A.
Contract Manager
SMA Behavioral Health Services, Inc.
1220 Willis Ave, Daytona Beach, FL 32114
386-236-3294
Fax: 386-236-3178

From: Eileen Long [mailto:ELong@drtcpa.com]
Sent: Monday, January 30, 2017 4:22 PM
To: Asbury, Laurie; Bennett, Amy; Brenda Flowers Dalley (risingagainsttheodds@gmail.com); Christine Green; Cindy Martin (cindy.martin@fhdeland.org); Dee Schaeffer; Dixie Morgese; Eric Ostarly (eric.ostarly@ahss.org); Gail Hallmon; Helene Ryan; Ivan Cosimi; Jennifer Stephenson; Josephine Mercado; Laura Pichardo-Cruz; Mary Gusky - Good Samaritan Clinic (gsdd1@gmail.com); Mustafa Ali; nigel.hinds@fhdeland.org; Parris, Steven; Quinones, Cary; Robin Hite; Rosha Loach; Segura, Maribel; Sheila Jennings; Steve Sally; Susan Clark (susan.clark@cfl.rr.com); Watson, Alicia; Waylan Niece; Weatherwax, Jo A
Cc: Ted Small (tsmall@businessemploymentlawyer.com); Ross Dickinson (ross3954@yahoo.com); Ron Cantlay
Subject: Two requests from the WVHA Board of Commissioners

Good afternoon,

The WVHA Board of Commissioners discussed the two matters below during the January 19, 2017 WVHA Organizational/Regular meeting.

- The WVHA Board would like to inquire of all funded entities that do not already provide an annual independent audit to the WVHA Board, if the requirement to do so would prove to be an undue burden to your agency. If so, how and why?
- What patient outcomes does your agency capture internally and would this de-identified data be reportable to the WVHA Board on an annual basis?

Please reply to this email before NOON on Tuesday, February 7, 2017.

Eileen Long

Good Samaritan

From: Mary Gusky <gsdld1@gmail.com>
Sent: Sunday, February 05, 2017 1:23 PM
To: Eileen Long
Subject: GOOD SAMARITAN RESPONSE

Hi Eileen:

We are in receipt of your email with the request from the WVHA.

1. We have our books audited monthly. Our accountant reviews all account and submits and P&L along with a breakdown. Will this suffice? Also, how often does the Board want this to happen?

2. Regarding patient outcomes: as you know our patient progress is ongoing; i.e. if a diabetic patient - is sent periodically for an A1c to check to see if they are compliant and level of medication is working.

- Patient with high blood pressure: They are followed monthly usually, however I do not have a way to recover outcomes.

I'm willing to try and figure out a way to comply with this, however it is not something we are tracking at this time overall.

Thank you
Mary Gusky, Administrator
Good Samaritan Clinic
136 E. Plymouth Avenue
DeLand, FL 32724

Good Zambian

FIA HOSP

Eileen Long

From: Hinds, Nigel <nigel.hinds@ahss.org>
Sent: Monday, February 06, 2017 4:54 PM
To: Eileen Long
Cc: Ostarly, Eric
Subject: RE: Two requests from the WVHA Board of Commissioners

Eileen,

Eric and I spoke about this request this morning. We both believe the annual quality report we present to the Commissioners meets their expectation, but we are open to council. The patient outcomes we share usually tie to Medicare outcomes that are shown on their website. At this point, it would be very difficult for us to run specific outcome data just for the WVHA patients.

There are many payers that we work with that produce this information on their own. Have the Commissioners thought about asking POMCO to provide this type of information for them?

Nigel

From: Eileen Long [mailto:ELong@drtcpa.com]
Sent: Monday, January 30, 2017 4:22 PM
To: Asbury, Laurie <LASbury@nefhs.org>; Bennett, Amy <AMY.BENNETT@fhdeland.org>; Brenda Flowers Dalley (risingagainsttheodds@gmail.com) <risingagainsttheodds@gmail.com>; Christine Green <christine.green@healthystartfv.org>; Martin, Cindy <Cindy.Martin@fhdeland.org>; Dee Schaeffer <Deanna.Schaeffer@halifax.org>; Dixie Morgese <Dixie.Morgese@healthystartfv.org>; Ostarly, Eric <Eric.Ostarly@ahss.org>; Gail Hallmon <ghallmon@thehnd.com>; Helene Ryan <hryan@smabehavioral.org>; Ivan Cosimi <icosimi@smabehavioral.org>; Jennifer Stephenson <jstephenson@smabehavioral.org>; Josephine Mercado <josephine@hhi2001.org>; Laura Pichardo-Cruz <laurap@clsmf.org>; Mary Gusky - Good Samaritan Clinic (gsdld1@gmail.com) <gsdld1@gmail.com>; Mustafa Ali <manager@promptcarefl.com>; Hinds, Nigel <nigel.hinds@ahss.org>; Parris, Steven <Steven.Parris@halifax.org>; Quinones, Cary <CQuinones@nefhs.org>; Robin Hite <robinh@clsmf.org>; Rosha Loach <rosha.loach@healthystartfv.org>; Segura, Maribel <MSegura@nefhs.org>; Sheila Jennings <sjennings@smabehavioral.org>; Steve Sally <ssally@thehnd.com>; Susan Clark (susan.clark@cfl.rr.com) <susan.clark@cfl.rr.com>; Watson, Alicia <Alicia.Watson@halifax.org>; Waylan Niece <wniece3@gmail.com>; Weatherwax, Jo A <Jo.Weatherwax@flhealth.gov>
Cc: Ted Small (tsmall@businessemploymentlawyer.com) <tsmall@businessemploymentlawyer.com>; Ross Dickinson (ross3954@yahoo.com) <ross3954@yahoo.com>; Ron Cantlay <RCantlay@drtcpa.com>
Subject: Two requests from the WVHA Board of Commissioners
Importance: High

Good afternoon,

The WVHA Board of Commissioners discussed the two matters below during the January 19, 2017 WVHA Organizational/Regular meeting.

- The WVHA Board would like to inquire of all funded entities that do not already provide an annual independent audit to the WVHA Board, if the requirement to do so would prove to be an undue burden to your agency. If so, how and why?
- What patient outcomes does your agency capture internally and would this de-identified data be reportable to the WVHA Board on an annual basis?

9204 A17

POMCO

Eileen Long

From: Shawn Jacobs <sjacobs@pomco.com>
Sent: Tuesday, February 07, 2017 12:35 PM
To: Eileen Long; Nigel Hinds (nigel.hinds@ahss.org); 'Ostarly, Eric' (Eric.Ostarly@ahss.org)
Cc: Ted Small - Law Offices of Theodore W. Small P.A. (tsmall@businessemploymentlawyer.com); Penny Barron
Subject: RE: Two requests from the WVHA Board of Commissioners

Eileen per the inquiry, notes and suggestion below, POMCO has independent audits conducted annually as a benefit plan administrator to confirm suitability and effectiveness of our operating procedures and quality controls. That was provided to you back in December under our annual SSAE 16 report. That annual requirement is in addition to POMCO's own internal audits conducted monthly using a stratified random sampling of our total book of business to ensure production quality measures are met and/or exceeded. The random internal audit is also to review processed claims for accuracy and compliance to plan benefit parameters, system and office procedures. POMCO requires a 95% confidence level, with a plus or minus 3% precision for an accuracy rate of 98% for financial accuracy and 95% for statistical accuracy.

Additionally we do have clients that request to have an independent audit of their claims details along with POMCO's system controls to confirm claim process accuracy from a financial perspective as well as an operational control perspective. However that evaluation is not something that could speak to the quality of patient outcomes. Keep in mind that POMCO does not conduct any utilization management, case management, clinical reviews or medical management authorizations for the WVHA Health Card program. Our understanding is that type of clinical monitoring is happening between NEFHS and the Hospitals.

Unless I misunderstood the inquiry from the Board and the suggestion from Florida Hospital, I don't believe POMCO would be the appropriate resource for this type of independent audit request.

Regards,
S.A.J.

Shawn A. Jacobs
Account Executive
POMCO
565 Taxter Road
Suite 100
Elmsford, NY 10523
(w) 914.347.7960 x44071 – *please note my new phone extension*
(f) 315.703.4896 (u) POMCO.com
sjacobs@pomco.com

© JMO9

Eileen Long

From: Robin Hite <robinh@clsmf.org>
Sent: Tuesday, February 07, 2017 11:03 AM
To: Eileen Long
Subject: RE: Two requests from the WVHA Board of Commissioners

Eileen,

Thank you for your inquiry. Our answers to the questions are:

- CLSMF has an annual, independent audit, so this is not a problem for our agency. With that said, I have worked in numerous nonprofits of differing size and am a firm believer in having annual independent audits performed. This practice provides financial transparency.
- For all CLSMF cases, we record the legal outcomes we achieved for our clients at case closing. This includes benefits received, advice given, damages obtained, etc. For MLP cases, we also record predicted health outcomes. This data indicates how the client's health may have benefited from our legal services. Health outcomes might include: access to health insurance; money to pay copays; better nutrition; reduced risk of accidents; etc. Those outcomes are all recorded in our case management system at case closing. We record predicted health outcomes of our clients.

Let me know if you need any additional information.

Robin Hite

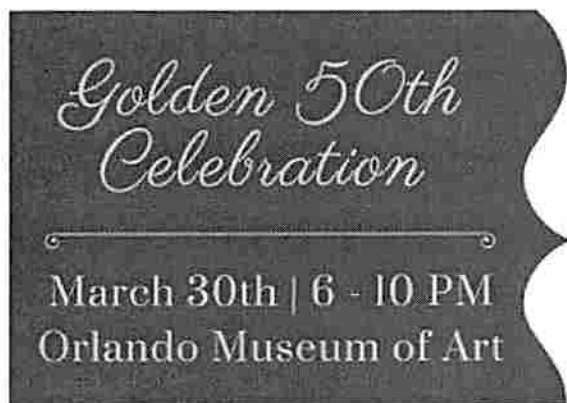
Resource Development and Grants Manager

robinh@clsmf.org | O: (386) 255-6573, extension 2447

128 Orange Avenue, Suite 300 • Daytona Beach, FL 32114

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Eileen Long

NEFHS

From: Laurie Asbury <lasbury@familyhealthsource.org>
Sent: Tuesday, February 07, 2017 11:53 AM
To: Eileen Long
Subject: RE: Two requests from the WVHA Board of Commissioners

Hi Eileen
My apologies.

1. We currently have an independent Audit process in place and provide to the Commissioners annually.
2. Our internal Quality Measures (Health 20/20 Federal) are reported each month on our monthly report to the Commissioners.



Laurie Asbury
Chief Executive Officer
386-202-6025 ext 2718
386-624-1054 cell



From: Eileen Long [mailto:ELong@drtcpa.com]
Sent: Tuesday, February 07, 2017 11:50 AM
To: Laurie Asbury <lasbury@familyhealthsource.org>; Bennett, Amy <AMY.BENNETT@fhdeland.org>; Brenda Flowers Dalley (risingagainsttheodds@gmail.com) <risingagainsttheodds@gmail.com>; Christine Green <christine.green@healthystartfv.org>; Cindy Martin (cindy.martin@fhdeland.org) <cindy.martin@fhdeland.org>; Dee Schaeffer <Deanna.Schaeffer@halifax.org>; Dixie Morgese <Dixie.Morgese@healthystartfv.org>; Eric Ostarly (eric.ostarly@ahss.org) <eric.ostarly@ahss.org>; Gail Hallmon <ghallmon@thehnd.com>; Helene Ryan <hryan@smabehavioral.org>; Ivan Cosimi <icosimi@smabehavioral.org>; Jennifer Stephenson <jstephenson@smabehavioral.org>; Josephine Mercado <josephine@hhi2001.org>; Laura Pichardo-Cruz <laurap@clsmf.org>; Mary Gusky - Good Samaritan Clinic (gsdld1@gmail.com) <gsdld1@gmail.com>; Mustafa Ali <manager@promptcarefl.com>; nigel.hinds@fhdeland.org; Parris, Steven <Steven.Parris@halifax.org>; Cary Quinones <cquinones@familyhealthsource.org>; Robin Hite <robinh@clsmf.org>; Rosha Loach <rosha.loach@healthystartfv.org>; Livia Gifford <lgifford@familyhealthsource.org>; Sheila Jennings <sjeppings@smabehavioral.org>; Steve Sally <ssally@thehnd.com>; Susan Clark (susan.clark@cfl.rr.com) <susan.clark@cfl.rr.com>; Watson, Alicia <Alicia.Watson@halifax.org>; Waylan Niece <wniece3@gmail.com>; Weatherwax, Jo A <Jo.Weatherwax@flhealth.gov>
Cc: 'Ted Small (tsmall@businessemploymentlawyer.com)' <tsmall@businessemploymentlawyer.com>; 'Ross Dickinson (ross3954@yahoo.com)' <ross3954@yahoo.com>; Ron Cantlay <RCantlay@drtcpa.com>

Global Health Care

Eileen Long

From: Mustafa Ali <manager@promptcarefl.com>
Sent: Tuesday, February 07, 2017 12:19 PM
To: Eileen Long
Subject: Re: Two requests from the WVHA Board of Commissioners

Partial
response

Hi Eileen,

We do not do any independent audit for our business as we are not required to do so,, It would be a undue burden for our agency.

Thanks

Mustafa Ali,
Administrator
Global Health Care Systems
1133 Saxon Blvd, Ste 100
Orange City, FL
(O) 386.218.2353
(M) 407.923.4183

On 1/30/2017 4:21:56 PM, Eileen Long <elong@drncpa.com> wrote

Good afternoon,

The WVHA Board of Commissioners discussed the two matters below during the January 19, 2017 WVHA Organizational/Regular meeting.

- The WVHA Board would like to inquire of all funded entities that do not already provide an annual independent audit to the WVHA Board, if the requirement to do so would prove to be an undue burden to your agency.. If so, how and why?
- What patient outcomes does your agency capture internally and would this de-identified data be reportable to the WVHA Board on an annual basis?

Please reply to this email before NOON on Tuesday, February 7, 2017.

Thanking you in advance for your cooperation.

Eileen O'Reilly Long

Global Health Care

Location

1625002

Eileen Long

FDOH Partial

From: Weatherwax, Jo A <Jo.Weatherwax@flhealth.gov>
Sent: Tuesday, February 07, 2017 1:26 PM
To: Eileen Long
Subject: RE: Two requests from the WVHA Board of Commissioners

Eileen,

Here is the response from our Finance Director.

Jo Ann

From: Ballard, Gregory A
Sent: Tuesday, January 31, 2017 12:57 PM
To: Weatherwax, Jo A <Jo.Weatherwax@flhealth.gov>; Boswell, Patricia <Patricia.Boswell@flhealth.gov>
Subject: RE: Two requests from the WVHA Board of Commissioners

Our records are actually rolled up to the State level and the audit done there. Generally, for these type requests, there is a confirming letter that Central Office posts which we just forward to the requesting entity. (Not sure I can find it on the new and improved website, but will try if needed).

Greg Ballard
Assistant Director
Florida Department of Health in Volusia County
Office: (386) 274-0785

Jo Ann Weatherwax, RDH, MSDH
DENTAL PROGRAM DIRECTOR
Florida Department of Health in Volusia County
Office: (386) 274-0703

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Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

From: Eileen Long [mailto:ELong@drtcpa.com]
Sent: Tuesday, February 07, 2017 11:50 AM
To: Asbury, Laurie <LASbury@nefhs.org>; Bennett, Amy <AMY.BENNETT@fhdeland.org>; Brenda Flowers Dalley (risingagainsttheodds@gmail.com) <risingagainsttheodds@gmail.com>; Christine Green <christine.green@healthystartfv.org>; Cindy Martin (cindy.martin@fhdeland.org) <cindy.martin@fhdeland.org>; Dee Schaeffer <Deanna.Schaeffer@halifax.org>; Morgese, Dixie <dixie.morgese@healthystartfv.org>; Eric Ostarly (eric.ostarly@ahss.org) <eric.ostarly@ahss.org>; Gail Hallmon <ghallmon@thehnd.com>; Helene Ryan <hryan@smabehavioral.org>; Ivan Cosimi <icosimi@smabehavioral.org>; Jennifer Stephenson

FDOH - Portia

Eileen Long

RAAO

Subject:

FW: Two requests from the WVHA Board of Commissioners

Eileen O'Reilly Long



Dreggors, Rigsby & Teal, P.A.
Advisors for Life

Certified Public Accountants Registered Investment Advisor

1006 N Woodland Blvd

DeLand FL 32720

Phone: (386) 734-9441

Fax: (386) 738-5351

E-mail: elong@drtcpa.com

From: BRENDA Dalley [mailto:risingagainsttheodds@gmail.com]

Sent: Wednesday, February 08, 2017 6:28 PM

To: Eileen Long <ELong@drtcpa.com>

Subject: Two requests from the WVHA Board of Commissioners

Eileen, my internet and phone services were disrupted temporarily with my relocating. I also have been away training. Please accept the requested information.

The following information is provided in response to the recent requests received from the WVHA Board of Commissioners:

- The WVHA Board would like to inquire of all funded entities that do not already provide an annual independent audit to the WVHA Board, if the requirement to do so would prove to be an undue burden to your agency. If so, how and why.

RAAO response:

RAAO acknowledges the many reasons for the WVHA Board to request an annual audit, but this expense was not anticipated and was not budgeted for RAAO this fiscal year. In order for the agency to secure an audit for the fiscal year of 2015 - 2016, RAAO would need to divert fundraising monies from direct services to indirect services, which would limit some unfunded activities, such as medication purchasing and providing transportation to medical appointments.

- What patient outcomes does your agency capture internally and would this de-identified data be reportable to the WVHA Board on an annual basis?

RAAO response:

RAAO has been reporting client outcomes for HIV screening, as well as HealthCard Pre-screening, e.g., how many clients tested; how many clients tested HIV positive; how many clients followed-through with medical care and how many clients received the WVHA HealthCard.

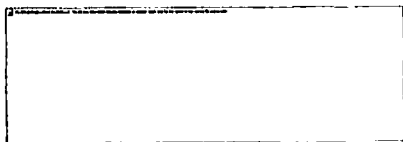
RAAO has not formalized tracking several services provided to clients, but is exploring how to implement such tracking including: transportation to medical appointments, medication purchases and referral effectiveness. These services have been included in Non-Clinical Case Management.

Please do not hesitate to contact me for clarification or further information.

Brenda Flowers, CEO

386-202-4209

ext: 1301



Brenda Flowers Dalley

Founder, Rising Against All Odds

phone: (386) 202-4209

mobile: (386) 215-7881

address: 340 South Woodland Blvd, DeLand, FL 32720

site: www.risingagainstallodds.com

email: risingagainsttheodds@gmail.com

I am only one, But still I am one. I cannot do everything, But still I can do something;

And because I cannot do everything, I will not refuse to do the something I can do. *By the grace of God, I will!*

Edward Everett Hale

Eileen Long

To: Harper Hill
Subject: RE: Details Needed - WVHA HC Mailing Inquiry - Question about WVHA Card Members -- POMCO

From: Harper Hill [mailto:harper@hillhollis.com]
Sent: Tuesday, February 07, 2017 2:20 PM
To: Ted Small <tsmall@businessemploymentlawyer.com>
Cc: Eileen Long <ELong@drtcpa.com>; Ross Dickinson <ross3954@yahoo.com>; Ron Cantlay <RCantlay@drtcpa.com>; Al Powers <APowers@drtcpa.com>; Shawn Jacobs <sjacobs@pomco.com>; Will Hollis <will@hillhollis.com>
Subject: Re: Details Needed - WVHA HC Mailing Inquiry - Question about WVHA Card Members -- POMCO

All,

I spoke with Shawn from POMCO on Friday. Any mailing they do must come on behalf of the WVHA. We think the most logical solution is to come up with a mail piece that is economical to send and would be inclusive of all WVHA partner/providers contact info. Hill & Hollis will work on a design to see if this is feasible and will then work with POMCO to determine the cost and present this back to the board. Thanks!

On Mon, Jan 30, 2017 at 8:40 AM, Harper Hill <harper@hillhollis.com> wrote:

I'll get with Shawn from POMCO on this issue this week. It was also my understanding that the board wanted equal opportunity marketing for each partner organization and that HH would work with POMCO to determine the best route to take. We are currently editing the handbook which should be a good start. Thanks!

On Fri, Jan 27, 2017 at 8:18 PM, Ted Small <tsmall@businessemploymentlawyer.com> wrote:

Ms. Long is correct that the Board is expecting both POMCO and H&H to vet this proposed communication from CLSMF to determine whether it 1. can and 2. should be done with due consideration to any extra costs and administrative burdens and in view of the Board's expectation that H&H is developing an overall marketing plan to promote the availability of services from all funded agencies equally. I don't believe there was any consensus on the Board for the notion that this program should receive special treatment when all agencies are trying to increase awareness of their services. I think the next step is for POMCO and Hill & Hollis to develop their recommendations and for the Board to consider this proposal in light of their recommendations during the February meeting. I'm available to discuss further as needed. Call my direct dial next week at 386-740-0787. --ts

From: Eileen Long [mailto:ELong@drtcpa.com]
Sent: Thursday, January 26, 2017 11:35 AM
To: Ross Dickinson (ross3954@yahoo.com) <ross3954@yahoo.com>; Ted Small (tsmall@businessemploymentlawyer.com) <tsmall@businessemploymentlawyer.com>; Ron Cantlay <RCantlay@drtcpa.com>; Al Powers <APowers@drtcpa.com>
Cc: Shawn Jacobs <sjacobs@pomco.com>; Harper Hill <harper@hillhollis.com>; Will Hollis <will@hillhollis.com>
Subject: FW: Details Needed - WVHA HC Mailing Inquiry - Question about WVHA Card Members -- POMCO

Hello all,

Please offer up some clarification. I was not under the impression that the Board gave Ms. Wheeler the "green light" to proceed with this matter with POMCO? Rather, my take away was that Ms. Wheeler was to engage with Hill & Hollis to get their recommendation as to how the Board would best proceed with marketing strategies for ALL WVHA Funded Agencies.

Your input is requested.

Eileen O'Reilly Long

From: Claire Wheeler [<mailto:clairew@clsmf.org>]
Sent: Thursday, January 26, 2017 11:22 AM
To: Shawn Jacobs <sjacobs@pomco.com>
Cc: Eileen Long <ELong@drtcpa.com>; Robin Hite <robinh@clsmf.org>; Kimberly Amiro <kimberlya@clsmf.org>; Laura M. Pichardo-Cruz <laurap@clsmf.org>
Subject: RE: Details Needed - WVHA HC Mailing Inquiry - Question about WVHA Card Members - POMCO

Dear Mr. Jacobs,

Thank you very much for responding. I have CC'd our Communications Coordinator, Kim Amiro, on this email.

We anticipated mailing a small postcard or flyer to card holders, advertising our new services. We do not yet have a specific postcard ready for mailing. We have received conflicting information about whether something like this is even possible. If you could tell me how many current card holders there are, that would give us some idea of the feasibility, and cost, of this mailing.

Let me clarify that we do not wish the addresses of card holders to be released to us. This means POMCO would do the actual mailing. We are happy to reimburse for that.

Ideally, this would be done on a quarterly basis. As you know, there is a lot of turnover amongst card holders.

Regards,

Claire M. Wheeler, Esq.

Community Legal Services of Mid-Florida

Medical-Legal Partnership of West Volusia

Phone: (386) 222-0280

E-mail: clairew@clsmf.org

From: Shawn Jacobs [<mailto:sjacobs@pomco.com>]
Sent: Wednesday, January 18, 2017 5:30 PM
To: 'Ted Small' <tsmall@businessemploymentlawyer.com>; Claire Wheeler <clairew@clsmf.org>
Cc: Eileen Long <ELong@drtcpa.com>

Subject: Details Needed - WVHA HC Mailing Inquiry - Question about WVHA Card Members -- POMCO

Hi Claire I am the POMCO Account Executive assigned to the WVHA program.

Per Ted's note below please send me what materials you are hoping to get to the WVHA Health Card members and if your intent is for this to be a on-time or regular mailing on a quarterly or annual interval.

As Ted noted below we would review to determine if there would be any member privacy concerns and suggestions on how the mailing should be initiated.

Please send the details to my attention and let me know if you have any other questions.

Regards,

S.A.J.

Shawn A. Jacobs

From: Ted Small [<mailto:tsmall@businessemploymentlawyer.com>]

Sent: Tuesday, January 17, 2017 7:41 PM

To: 'Claire Wheeler'

Cc: Eileen Long; Shawn Jacobs

Subject: RE: Question about WVHA Card Members -- POMCO

Thanks Claire for the kind New Year's message! I left the office early on Friday and allowed this to get buried in my pile until Eileen mentioned it at a meeting today. She reminded me that the occasions in the past where HIS and POMCO sent out mailings to all Health Card members were all concerning major changes in program requirements such as a new requirement that all applicants apply for the ACA during open enrollment or special enrollment periods or notice of the transition from HSI to POMCO as the TPA. At this time, neither Ms. Long nor I could anticipate when POMCO would have occasion for such an expensive mailing in the near future. As mentioned in an earlier email, you should present your proposal in further specific detail to POMCO and get their feedback on whether what you are proposing is feasible in light of HIPAA and member privacy considerations and also to let the Board know exactly what information you would like to convey.

Have a great evening, ts

From: Claire Wheeler [<mailto:clairew@clsmf.org>]

Sent: Friday, January 13, 2017 2:45 PM

To: Ted Small <tsmall@businessemploymentlawyer.com>; Robin Hite <robinh@clsmf.org>; 'Eileen Long' <ELong@drtcpa.com>

Cc: 'Ron Cantlay' <RCantlay@drtcpa.com>; Laura M. Pichardo-Cruz <laurap@clsmf.org>

Subject: RE: Question about WVHA Card Members -- POMCO

Dear Mr. Small,

I hope you had a very happy holiday season. In your reply to Robin Hite (below), you noted that some agencies have been mentioned in correspondence that was already being mailed by

POMCO. Would you be so kind as to clarify what kind of correspondence you were referring to? We want to be prepared when we address the Commission on the 19th.

As always, thank you very much for your time and attention.

Happy new year,

Claire M. Wheeler

From: Ted Small [<mailto:tsmall@businessemploymentlawyer.com>]
Sent: Friday, December 16, 2016 11:47 AM
To: Robin Hite <robinh@clsmf.org>; 'Eileen Long' <ELong@drtcpa.com>
Cc: 'Ron Cantlay' <RCantlay@drtcpa.com>; Laura M. Pichardo-Cruz <laurap@clsmf.org>; Claire Wheeler <clairew@clsmf.org>
Subject: RE: Question about WVHA Card Members -- POMCO

Apologies Robin, this slipped during a busy week. I believe the question of whether a funded agency should be have access to POMCO's mailing list of Health Card members for purposes of a direct mailing to solicit clients. is a thorny one that CLSMF should write up on its letterhead to present to the Board in January on the Discussion Agenda. I'd have to research this, but I cannot think of another funded agency that has been allowed to do a direct mailing. But I can recall that the services of some agencies may have been mentioned in correspondence that was already being mailed by POMCO. CLSMF may want to consider asking the Board for that type of "spotlight" of its new services as opposed to dealing with the slippery slope and ethical issues in the alternative. I also hope Eileen has or will get information about this new service on the website and incorporated into any other WVHA sponsored informational materials.

Hope this helps, ts

From: Robin Hite [<mailto:robinh@clsmf.org>]
Sent: Friday, December 16, 2016 10:24 AM
To: Eileen Long <ELong@drtcpa.com>
Cc: Ted Small (tsmall@businessemploymentlawyer.com) <tsmall@businessemploymentlawyer.com>; Ron Cantlay <RCantlay@drtcpa.com>; Laura M. Pichardo-Cruz <laurap@clsmf.org>; Claire Wheeler <clairew@clsmf.org>
Subject: RE: Question about WVHA Card Members -- POMCO

Hi! Can I get an answer on my question below? Thank you so much!

Robin Hite

From: Robin Hite
Sent: Monday, December 12, 2016 3:19 PM
To: 'Eileen Long' <ELong@drtcpa.com>
Cc: Ted Small (tsmall@businessemploymentlawyer.com) <tsmall@businessemploymentlawyer.com>; Ron Cantlay <RCantlay@drtcpa.com>; Laura M. Pichardo-Cruz <laurap@clsmf.org>; Claire Wheeler <clairew@clsmf.org>
Subject: Question about WVHA Card Members -- POMCO

Greetings!

Claire (CLSMF's MLP Attorney) would like to send a post card or flyer to current WVHA cardholders announcing the availability of legal services available through our funding agreement with the WVHA. We understand POMCO is the holder of the list and was wondering if we would be allowed permission to: 1) Get the names and addresses of current cardholders from POMCO and do the mailing ourselves, or, 2) Prepare the material and send it to POMCO to mail on our behalf.

We are trying to assist any WVHA cardholder needing legal help under the terms of our agreement with WVHA.

Thank you!

Robin Hite

**West Volusia Hospital Authority
Analysis of Projected Expenditures**

We have prepared two spreadsheets. The first spreadsheet annualizes the expenditures based on current enrollment. As you can see, the specialty care line item looks as if it will certainly be over budget (\$500,000 - \$600,000) at current enrollment numbers. It's kind of interesting that primary care is not trending the same way. There are certain other accounts that could exceed their line item budget but in our illustration they been capped at budget. These are Adventist Health Systems, The Neighborhood Center and Rising Against All Odds line items. If enrollment increases throughout the fiscal year our projection would change. We have also shown our best guess of the Authority's ending cash balances at September 30, 2017.

The second page shows selected accounts (with a 25% and 50% increase in enrollment) that regardless of what was budgeted would be paid. It is difficult to predict a timetable for any increases in enrollment due to the dismantling of the Affordable Care Act. We have not projected any other expense accounts because they can be controlled by how much is budgeted.

West Volusia Hospital Authority

| | ANNUAL BUDGET | YEAR TO DATE ACTUAL | Year to Date Annualized | |
|--|---------------------|------------------------|----------------------------|------------------|
| Healthcare Expenditures | | | | |
| Adventist Health Systems | 5,575,949.00 | 2,013,904.39 | 5,575,949.00 | Capped at budget |
| Northeast Florida Health Services | 1,448,938.00 | 395,398.71 | 1,186,196.13 | |
| Specialty Care | 2,919,675.00 | 1,158,171.12 | 3,474,513.36 | |
| County Medicaid Reimbursement | 2,197,953.00 | 730,826.68 | 2,192,480.04 | |
| The House Next Door | 181,975.00 | 31,439.00 | 94,317.00 | |
| The Neighborhood Center | 70,000.00 | 36,292.18 | 70,000.00 | Capped at budget |
| Rising Against All Odds | 210,000.00 | 85,120.84 | 210,000.00 | Capped at budget |
| Community Legal Services | 80,000.00 | 270.08 | 810.24 | |
| Hispanic Health Initiatives | 100,000.00 | 1,700.00 | 5,100.00 | |
| Florida Dept of Health Dental Svcs | 300,000.00 | 23,576.70 | 70,730.10 | |
| Good Samaritan | 82,712.00 | 16,317.00 | 48,951.00 | |
| Global Healthcare System | 350,000.00 | 7,117.20 | 21,351.60 | |
| Stewart Marchman - ACT | 960,336.00 | 293,126.49 | 879,379.47 | |
| Health Start Coalition of Flagler & 'H C R A | 142,400.00 | 46,347.72 | 139,043.16 | |
| | 819,612.00 | 54,772.17 | 164,316.51 | |
| Other Healthcare Costs | 936,847.00 | - | - | |
| Total Healthcare Expenditures | 16,376,397.00 | 4,894,380.28 | 14,133,137.61 | |
| Other Expenditures | | | | |
| Advertising | 112,000.00 | 36,424.42 | 109,273.26 | |
| Annual Independent Audit | 15,500.00 | 12,000.00 | 15,500.00 | |
| Building & Office Costs | 6,500.00 | 4,070.26 | 12,210.78 | |
| General Accounting | 68,100.00 | 25,818.00 | 68,100.00 | |
| General Administrative | 65,100.00 | 15,990.00 | 47,970.00 | |
| Legal Counsel | 120,000.00 | 24,850.00 | 74,550.00 | |
| Special Accounting | 5,000.00 | - | - | |
| City of DeLand Tax Increment Distr | 40,000.00 | 38,304.00 | 38,304.00 | |
| Tax Collector & Appraiser Fee | 500,000.00 | 256,205.92 | 500,000.00 | |
| TPA Services | 400,000.00 | 155,639.50 | 466,918.50 | |
| Eligibility / Enrollment | 85,745.00 | 11,214.00 | 33,642.00 | |
| Healthy Communities | 72,036.00 | 23,414.24 | 70,242.72 | |
| Application Screening | 205,477.00 | 52,580.98 | 157,742.94 | |
| Workers Compensation Claims | 15,000.00 | 15,155.81 | 45,467.43 | |
| Other Operating Expenditures | 10,000.00 | 858.75 | 2,576.25 | |
| Total Other Expenditures | 1,720,458.00 | 672,525.88 | 1,642,497.88 | |
| Total Expenditures | 18,096,855.00 | 5,566,906.16 | 15,775,635.49 | |
| Cash at 1/31/2017 | 17,575,081.56 | | | |
| Projected remaining receipts | 2,200,000.00 | | | |
| Projected remaining expenditures | (10,250,000.00) | | | |
| Projected Cash - 9/30/17 | <u>9,525,081.56</u> | | | |

**West Volusia Hospital Authority
Financial Statements
January 31, 2017**



Dreggors, Rigsby & Teal, P.A.

Advisors for Life

Certified Public Accountant | Registered Investment Advisor

1006 N. Woodland Boulevard ■ DeLand, FL 32720

(386) 734-9441 ■ www.drtcpa.com

James H. Dreggors, CPA
Ann J. Rigsby, CPA/CFP™
Parke S. Teal, CPA/PFS (1954-2011)

Ronald J. Cantlay, CPA/CFP™
Robin C. Lennon, CPA
John A. Powers, CPA

To The Board of Commissioners
West Volusia Hospital Authority
P. O. Box 940
DeLand, FL 32720-0940

Management is responsible for the accompanying balance sheet (modified cash basis) of West Volusia Hospital Authority, as of January 31, 2017, and the related statement of revenue and expenditures - budget and actual (modified cash basis) for the month then ended and year-to-date, in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The accompanying supplemental information contained in Schedules I and II is presented for purposes of additional analysis and is not a required part of the basic financial statements. This information is the representation of management. The information was subject to our compilation engagement; however, we have not audited or reviewed the supplementary information and, accordingly, do not express an opinion, a conclusion, nor provide any assurance on such supplementary information.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Authority's financial position, results of operations, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to West Volusia Hospital Authority.

Dreggors, Rigsby & Teal, P.A.

Dreggors, Rigsby & Teal, P.A.
Certified Public Accountants
DeLand, FL

February 6, 2017

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Florida Institute of
Certified Public Accountants

West Volusia Hospital Authority
Balance Sheet
Other Basis
January 31, 2017

Assets

Current Assets

| | |
|----------------------------------|-----------------------------|
| Petty Cash | \$ 100.00 |
| Intracoastal Bank - Money Market | 6,665,620.04 |
| Intracoastal Bank - Operating | 900,974.50 |
| Mainstreet Community Bank - MM | 10,008,387.02 |
| Taxes Receivable | <u>126,422.00</u> |
| Total Current Assets | <u>17,701,503.56</u> |

Fixed Assets

| | |
|-------------------------------|--------------------------|
| Land | 145,000.00 |
| Buildings | 422,024.71 |
| Building Improvements | 350,822.58 |
| Equipment | <u>251.78</u> |
| Total Fixed Assets | <u>918,099.07</u> |
| Less Accum. Depreciation | <u>(296,440.64)</u> |
| Total Net Fixed Assets | <u>621,658.43</u> |

Other Assets

| | |
|---------------------------|------------------------|
| Deposits | <u>2,000.00</u> |
| Total Other Assets | <u>2,000.00</u> |

| | |
|---------------------|-----------------------------|
| Total Assets | <u>18,325,161.99</u> |
|---------------------|-----------------------------|

Liabilities and Net Assets

Current Liabilities

| | |
|----------------------------------|--------------------------|
| Security Deposit | 5,110.00 |
| Deferred Revenue | <u>109,445.00</u> |
| Total Current Liabilities | <u>114,555.00</u> |

Long Term Liabilities

| | |
|--------------------------|--------------------------|
| Total Liabilities | <u>114,555.00</u> |
|--------------------------|--------------------------|

Net Assets

| | |
|-----------------------------|-----------------------------|
| Nonspendable Fund Balance | 621,658.43 |
| Restricted Fund Balance | 208,000.00 |
| Assigned Fund Balance | 5,464,554.00 |
| Unassigned Fund Balance | 6,630,697.70 |
| Net Income Excess (Deficit) | <u>5,285,696.86</u> |
| Total Net Assets | <u>18,210,606.99</u> |

| | |
|---|-------------------------------|
| Total Liabilities and Net Assets | <u>\$18,325,161.99</u> |
|---|-------------------------------|

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Budget and Actual

For the 1 Month and 4 Months Ended January 31, 2017

| | <u>ANNUAL BUDGET</u> | <u>CURRENT PERIOD ACTUAL</u> | <u>YEAR TO DATE ACTUAL</u> | <u>BUDGET BALANCE</u> |
|--|--------------------------------|----------------------------------|--------------------------------|-------------------------------|
| Revenue | | | | |
| Ad Valorem Taxes | \$12,500,000.00 | \$ 552,339.89 | \$10,786,456.49 | \$ 1,713,543.51 |
| Investment Income | 65,000.00 | 6,424.65 | 18,933.67 | 46,066.33 |
| Rental Income | 67,301.00 | 5,608.42 | 22,433.68 | 44,867.32 |
| Other Income | 0.00 | 0.00 | 24,779.18 | (24,779.18) |
| Total Revenue | 12,632,301.00 | 564,372.96 | 10,852,603.02 | 1,779,697.98 |
| Healthcare Expenditures | | | | |
| Adventist Health Systems | 5,575,949.00 | 536,437.16 | 2,013,904.39 | 3,562,044.61 |
| Northeast Florida Health Services | 1,448,938.00 | 44,832.75 | 395,398.71 | 1,053,539.29 |
| Specialty Care | 2,919,675.00 | 254,566.37 | 1,158,171.12 | 1,761,503.88 |
| County Medicaid Reimbursement | 2,197,953.00 | 182,706.67 | 730,826.68 | 1,467,126.32 |
| The House Next Door | 181,975.00 | 6,972.72 | 31,439.00 | 150,536.00 |
| The Neighborhood Center | 70,000.00 | 4,911.76 | 36,292.18 | 33,707.82 |
| Rising Against All Odds | 210,000.00 | 25,296.60 | 85,120.84 | 124,879.16 |
| Community Legal Services | 80,000.00 | 270.08 | 270.08 | 79,729.92 |
| Hispanic Health Initiatives | 100,000.00 | 1,700.00 | 1,700.00 | 98,300.00 |
| Florida Dept of Health Dental Svcs | 300,000.00 | 10,064.81 | 23,576.70 | 276,423.30 |
| Good Samaritan | 82,712.00 | 3,536.50 | 16,317.00 | 66,395.00 |
| Global Healthcare System | 350,000.00 | 1,299.20 | 7,117.20 | 342,882.80 |
| Stewart Marchman - ACT | 960,336.00 | 83,807.62 | 293,126.49 | 667,209.51 |
| Health Start Coalition of Flagler & Volusi | 142,400.00 | 15,256.16 | 46,347.72 | 96,052.28 |
| H C R A | 819,612.00 | 24,661.09 | 54,772.17 | 764,839.83 |
| Other Healthcare Costs | 936,847.00 | 0.00 | 0.00 | 936,847.00 |
| Total Healthcare Expenditures | 16,376,397.00 | 1,196,319.49 | 4,894,380.28 | 11,482,016.72 |
| Other Expenditures | | | | |
| Advertising | 112,000.00 | 8,291.67 | 36,424.42 | 75,575.58 |
| Annual Independent Audit | 15,500.00 | 12,000.00 | 12,000.00 | 3,500.00 |
| Building & Office Costs | 6,500.00 | 1,016.38 | 4,070.26 | 2,429.74 |
| General Accounting | 68,100.00 | 6,182.00 | 25,818.00 | 42,282.00 |
| General Administrative | 65,100.00 | 4,292.50 | 15,990.00 | 49,110.00 |
| Legal Counsel | 120,000.00 | 3,240.00 | 24,850.00 | 95,150.00 |
| Special Accounting | 5,000.00 | 0.00 | 0.00 | 5,000.00 |
| City of DeLand Tax Increment District | 40,000.00 | 38,304.00 | 38,304.00 | 1,696.00 |
| Tax Collector & Appraiser Fee | 500,000.00 | 11,020.16 | 256,205.92 | 243,794.08 |
| TPA Services | 400,000.00 | 73,889.50 | 155,639.50 | 244,360.50 |
| Eligibility / Enrollment | 85,745.00 | (34,262.00) | 11,214.00 | 74,531.00 |
| Healthy Communities | 72,036.00 | 7,264.76 | 23,414.24 | 48,621.76 |
| Application Screening | 205,477.00 | 11,978.08 | 52,580.98 | 152,896.02 |
| Workers Compensation Claims | 15,000.00 | 0.00 | 15,155.81 | (155.81) |
| Other Operating Expenditures | 10,000.00 | 137.50 | 858.75 | 9,141.25 |
| Total Other Expenditures | 1,720,458.00 | 143,354.55 | 672,525.88 | 1,047,932.12 |
| Total Expenditures | 18,096,855.00 | 1,339,674.04 | 5,566,906.16 | 12,529,948.84 |
| Excess (Deficit) | <u>\$(5,464,554.00)</u> | <u>\$ (775,301.08)</u> | <u>\$ 5,285,696.86</u> | <u>\$10,750,250.86</u> |

See Accountants' Compilation Report

West Volusia Hospital Authority
Schedule I - Healthcare Expenditures
Modified Cash Basis

Budget and Actual

For the 1 Month and 4 Months Ended January 31, 2017

| | <u>ANNUAL BUDGET</u> | <u>CURRENT PERIOD ACTUAL</u> | <u>YEAR TO DATE ACTUAL</u> | <u>BUDGET BALANCE</u> |
|---|--------------------------|----------------------------------|--------------------------------|---------------------------|
| Healthcare Expenditures | | | | |
| Adventist Health Systems | | | | |
| Florida Hospital DeLand | \$ 2,675,474.50 | \$ 192,050.77 | \$ 851,252.90 | \$ 1,824,221.60 |
| Florida Hospital Fish Memorial | 2,675,474.50 | 341,107.45 | 1,087,348.02 | 1,588,126.48 |
| Florida Hospital DeLand - Physicians | 112,500.00 | 0.00 | 38,443.05 | 74,056.95 |
| Florida Hospital Fish - Physicians | 112,500.00 | 3,278.94 | 36,860.42 | 75,639.58 |
| Northeast Florida Health Services | | | | |
| Primary Care Clinics | 730,000.00 | 43,473.75 | 216,192.27 | 513,807.73 |
| Obstetrics | 30,000.00 | 1,359.00 | 10,236.00 | 19,764.00 |
| Pharmacy | 688,938.00 | 0.00 | 168,970.44 | 519,967.56 |
| Specialty Care | | | | |
| Specialty Care Providers | 2,612,610.00 | 236,624.31 | 1,055,599.34 | 1,557,010.66 |
| Laboratory Services | 307,065.00 | 17,942.06 | 102,571.78 | 204,493.22 |
| County Medicaid Reimbursement | 2,197,953.00 | 182,706.67 | 730,826.68 | 1,467,126.32 |
| Florida Dept of Health Dental Svcs | 300,000.00 | 10,064.81 | 23,576.70 | 276,423.30 |
| Good Samaritan | | | | |
| Good Samaritan Health Clinic | 25,000.00 | 1,516.50 | 6,537.00 | 18,463.00 |
| Good Samaritan Dental Clinic | 57,712.00 | 2,020.00 | 9,780.00 | 47,932.00 |
| Global Healthcare System | | | | |
| Global Health Care | 150,000.00 | 851.20 | 6,221.20 | 143,778.80 |
| Global Healthcare System Urgent Care | 200,000.00 | 448.00 | 896.00 | 199,104.00 |
| The House Next Door | 181,975.00 | 6,972.72 | 31,439.00 | 150,536.00 |
| The Neighborhood Center | 70,000.00 | 4,911.76 | 36,292.18 | 33,707.82 |
| Rising Against All Odds | 210,000.00 | 25,296.60 | 85,120.84 | 124,879.16 |
| Community Legal Services | 80,000.00 | 270.08 | 270.08 | 79,729.92 |
| Hispanic Health Initiatives | 100,000.00 | 1,700.00 | 1,700.00 | 98,300.00 |
| Stewart Marchman - ACT | | | | |
| SMA - ARNP Services at THND | 7,000.00 | 289.50 | 1,355.50 | 5,644.50 |
| SMA - Homeless Program | 78,336.00 | 8,079.48 | 27,490.85 | 50,845.15 |
| SMA - Residential Treatment | 450,000.00 | 49,153.50 | 155,825.90 | 294,174.10 |
| SMA - Baker Act - Match | 425,000.00 | 26,285.14 | 108,454.24 | 316,545.76 |
| Health Start Coalition of Flagler & Volusia | | | | |
| HSCFV - Outreach | 73,500.00 | 6,225.12 | 24,334.56 | 49,165.44 |
| HSCFV - Fam Services | 68,900.00 | 9,031.04 | 22,013.16 | 46,886.84 |
| HCRA | | | | |
| H C R A - In County | 400,000.00 | 9,651.60 | 18,527.28 | 381,472.72 |
| H C R A - Outside County | 419,612.00 | 15,009.49 | 36,244.89 | 383,367.11 |
| Other Healthcare Costs | 936,847.00 | 0.00 | 0.00 | 936,847.00 |
| Total Healthcare Expenditures | \$16,376,397.00 | \$ 1,196,319.49 | \$ 4,894,380.28 | \$11,482,016.72 |

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis

For the 1 Month and 4 Months Ended January 31, 2017 and January 31, 2016

| | <u>1 Month Ended January 31, 2017</u> | <u>1 Month Ended January 31, 2016</u> | <u>4 Months Ended January 31, 2017</u> | <u>4 Months Ended January 31, 2016</u> |
|--|---|---|--|--|
| Revenue | | | | |
| Ad Valorem Taxes | \$ 552,339.89 | \$ 473,585.46 | \$10,786,456.49 | \$10,721,482.62 |
| Investment Income | 6,424.65 | 5,487.35 | 18,933.67 | 18,055.41 |
| Rental Income | 5,608.42 | 5,573.00 | 22,433.68 | 22,292.00 |
| Other Income | 0.00 | 42.00 | 24,779.18 | 68.00 |
| Total Revenue | <u>564,372.96</u> | <u>484,687.81</u> | <u>10,852,603.02</u> | <u>10,761,898.03</u> |
| Healthcare Expenditures | | | | |
| Adventist Health Systems | 536,437.16 | 619,871.78 | 2,013,904.39 | 1,400,661.35 |
| Northeast Florida Health Services | 44,832.75 | 68,403.00 | 395,398.71 | 423,855.14 |
| Specialty Care | 254,566.37 | 267,363.80 | 1,158,171.12 | 835,426.72 |
| County Medicaid Reimbursement | 182,706.67 | 175,195.50 | 730,826.68 | 700,782.00 |
| Florida Dept of Health Dental Svcs | 10,064.81 | 0.00 | 23,576.70 | 0.00 |
| Good Samaritan | 3,536.50 | 5,636.50 | 16,317.00 | 26,769.50 |
| Global Healthcare System | 1,299.20 | 112.00 | 7,117.20 | 112.00 |
| The House Next Door | 6,972.72 | 2,568.96 | 31,439.00 | 16,445.08 |
| The Neighborhood Center | 4,911.76 | 3,458.28 | 36,292.18 | 9,046.66 |
| Rising Against All Odds | 25,296.60 | 10,096.45 | 85,120.84 | 37,232.82 |
| Community Legal Services | 270.08 | 0.00 | 270.08 | 0.00 |
| Hispanic Health Initiatives | 1,700.00 | 0.00 | 1,700.00 | 0.00 |
| Stewart Marchman - ACT | 83,807.62 | 80,731.11 | 293,126.49 | 254,781.46 |
| Health Start Coalition of Flagler & Volusi | 15,256.16 | 7,635.50 | 46,347.72 | 7,635.50 |
| H C R A | 24,661.09 | 0.00 | 54,772.17 | 39,823.67 |
| Total Healthcare Expenditures | <u>1,196,319.49</u> | <u>1,241,072.88</u> | <u>4,894,380.28</u> | <u>3,752,571.90</u> |
| Other Expenditures | | | | |
| Advertising | 8,291.67 | 148.74 | 36,424.42 | 4,718.34 |
| Annual Independent Audit | 12,000.00 | 10,000.00 | 12,000.00 | 10,000.00 |
| Building & Office Costs | 1,016.38 | 319.82 | 4,070.26 | 1,515.65 |
| General Accounting | 6,182.00 | 5,827.75 | 25,818.00 | 23,189.00 |
| General Administrative | 4,292.50 | 3,865.00 | 15,990.00 | 15,386.25 |
| Legal Counsel | 3,240.00 | 4,420.00 | 24,850.00 | 33,450.00 |
| Other Operating Expenditures | 137.50 | 1,245.00 | 858.75 | 9,364.41 |
| City of DeLand Tax Increment District | 38,304.00 | 24,299.00 | 38,304.00 | 24,299.00 |
| Tax Collector & Appraiser Fee | 11,020.16 | 9,471.70 | 256,205.92 | 265,769.03 |
| TPA Services | 73,889.50 | 0.00 | 155,639.50 | 55,460.00 |
| Eligibility / Enrollment | (34,262.00) | 0.00 | 11,214.00 | 10,342.00 |
| Healthy Communities | 7,264.76 | 8,083.30 | 23,414.24 | 23,349.73 |
| Application Screening | 11,978.08 | 8,657.33 | 52,580.98 | 32,268.99 |
| Workers Compensation Claims | 0.00 | 0.00 | 15,155.81 | 15,389.78 |
| Total Other Expenditures | <u>143,354.55</u> | <u>76,337.64</u> | <u>672,525.88</u> | <u>524,502.18</u> |
| Total Expenditures | <u>1,339,674.04</u> | <u>1,317,410.52</u> | <u>5,566,906.16</u> | <u>4,277,074.08</u> |
| Excess (Deficit) | <u>\$ (775,301.08)</u> | <u>\$ (832,722.71)</u> | <u>\$ 5,285,696.86</u> | <u>\$ 6,484,823.95</u> |

See Accountants' Compilation Report