

**West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
March 16, 2017 5:00 p.m.
DeLand City Hall Commission Chamber
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 - Regular Meeting February 16, 2017
5. Citizens Advisory Committee (CAC), Michael Ray, Chair
 - a. CAC Applicant Workshop March 7, 2017 – Verbal Update
6. Citizens Comments
7. Reporting Agenda
 - a. POMCO February 2017 Report - Written Submission
 - b. POMCO Announcement – Being acquired by UMR- United Healthcare's Third Party Administrator business
 - c. FQHC Report - Laurie Asbury, CEO, Northeast Florida Health Services, Inc. (NEFHS), d/b/a Family Health Source (FHS) February 2017 Report
8. Contractual Utilization Reports to the WVHA Board of Commissioners
 - a. Susan Clark, CEO, The Neighborhood Center
 - b. Mary Gusky, Administrator, Good Samaritan Clinic
 - c. Jo Ann Weatherwax, Dental Program Director, Florida Department of Health
9. Discussion Items
 - a. Tentative Hearing Date Thursday September 14, 2017 @ 5:15 p.m.
 - b. Tentative Final Hearing Date Thursday September 26, 2017 @ 5:15 p.m.
 - c. Site Visit Write Ups
 1. Hispanic Health Initiative
 2. Global Healthcare Services-Urgent Care
 3. Community Legal Services of Mid-Florida
 - d. Hill & Hollis Marketing Quarterly Update
 - e. Proposed Changes to Eligibility Guidelines-POMCO Submission
 - f. WVHA HealthCard adding Quest Diagnostic-Laboratory Services
 - g. WVHA and DRT entering into a Business Associates Agreement
10. Follow Up Items
 - a. Impact of Increased Enrollment 2017
 - b. POMCO Member Demographics-Data Trends
11. Finance Report
 - a. February Financials
12. Legal Update
13. Commissioner Comments
14. Adjournment

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

DeLand City Hall Commission Chambers

120 S. Florida Avenue, DeLand, FL

February 16, 2017

DeLand, Florida

5:00 pm

Those in Attendance:

Commissioner Ross N. Dickinson

Commissioner Andy Ferrari

Commissioner Judy Craig

Commissioner Barbara Girtman

Commissioner Kathie D. Shepard

CAC Members Present:

Michael Ray

Voloria Manning

Others Present:

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

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

Administrative Support: Eileen Long, DRT

Call to order Regular Meeting

Chair Dickinson called the meeting to order. The meeting took place at DeLand City Hall in the Commission Chamber located at 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 agenda as presented.

Commissioner Shepard requested an amendment to the agenda; adding "The sponsorship of George Marks Elementary Spring Fling."

Ms. Long suggested that would be new agenda item 9. C.

Motion 018 – 2017 Commissioner Girtman motioned to approve and amend the agenda as requested by Commissioner Shepard. Commissioner Shepard seconded the motion. The motion passed unanimously.

Consent Agenda

Approval of Minutes – Regular Meeting January 19, 2017

Motion 019 – 2017 Commissioner Shepard motioned to approve the consent agenda. Commissioner Ferrari seconded the motion. The motion passed unanimously.

Citizens Comments

There was one.

Citizens Advisory Committee (CAC), Michael Ray, Chair

Michael Ray addressed the Board stating that he was looking forward to the upcoming funding cycle and assisting the WVHA Board with that process.

Reporting Agenda

FQHC Report - Laurie Asbury, CEO

**Northeast Florida Health Services, Inc. d/b/a Family Health Source
(FHS) November/December 2016 Report**

Ms. Livia Gifford, Chief Operating Officer (COO), NEFHS addressed the Board in Ms. Asbury's absence.

Commissioner Girtman noticed that the specialty care referrals have doubled since November of 2016 and she wanted to know why that increase occurred.

Ms. Gifford said it could partially be due to a new software program and that they are capturing more data.

Ms. Paula Yaryan, NEFHS explained that the clinics switched to the new Athena software program in November, and their numbers were reduced significantly while they were undergoing that training and therefore their schedule was reduced by roughly 50% while getting that system up and running.

Ms. Gifford added that she would go back and review all of the prior months to determine where the increase in specialty care referrals occurred.

Contractual Utilization Reports to the WVHA Board of Commissioners Healthy Start Coalition of Flagler and Volusia

Ms. Dixie Morgese, Executive Director, Healthy Start Coalition of Flagler and Volusia provided a Power Point Presentation for the Board to review.

Hospital Quarterly Report

Florida Hospital Fish (FHFM) – Rob Deininger, CEO and/or Eric Ostarly, CFO

Mr. Eric Ostarly, CFO, FHFM addressed the Board. During 2016 FHFM had 66,000 emergency department (ED) visits or roughly 180 per day. The number of patients left without being seen was 6% or roughly 3 patients per day. In 2016 FHFM had 9,700 admissions. There is new Florida Hospital Centre Care being built on the corner of Saxon Blvd. and Interstate 4 in Orange City and should be open by June of this year.

Florida Hospital DeLand (FHD) – Lorenzo Brown, CEO and/or Nigel Hinds, CFO Discussion Items

2 of 7 pages

February 16, 2017 Regular Meeting

Mr. Nigel Hinds, CFO, FHD addressed the Board updating them on the new Florida Hospital Centre Care in DeLand. FHD has realized a decrease in their lower acuity patients in the ED since it opened last October. During 2016 FHD had 60,000 ED visits and 8,700 admissions. FHD has implemented a process to ensure patients can be discharged more timely by establishing multi-disciplinary rounds as a means of improving communication between providers.

Mr. Hinds reminded the Board that, while the hospital was expanding and building a new lab roughly 3 years ago, bones were discovered. The construction was halted and archeologists were brought in. The bones dated back to the 1800-1940's. There were no family members located. The location was an old Potters Field. The State of Florida, the hospital, Pat Patterson, Pastor Johnny Long and Cheryl Lankford have come together and determined that the bones will be cremated, they will hold a non-denominational service in early Spring and they will be buried at the Oakdale Cemetery.

Chair Dickinson asked Mr. Hinds if the hospital was actively working on recruitment and retention of doctors?

Mr. Hinds stated that the hospital was in good condition with providers and they were not actively recruiting doctors. However, several local doctors have sought employment at the hospital.

Mr. Eric Ostarly responded that FHFM does have one gap in their provider services and that is a vascular surgeon. FHFM is actively recruiting a vascular surgeon to fill that gap.

POMCO January 2017 Report – Shawn Jacobs, Account Executive

Mr. Shawn Jacobs, Account Executive, POMCO addressed the Board. He wanted to address some concerns that had come up in prior WVHA Board meetings. Mr. Jacobs compared POMCO's statistics regarding approval rates, denial rates, and the increase in HealthCard Members against the former TPA's 9 years' historical data.

Commissioner Girtman asked Mr. Jacobs if he would share that demographic and percentage breakdown comparisons with the Board?

Mr. Jacobs said that he would.

Mr. Jacobs continued by explaining POMCO's Medicaid recovery process; to date they have over \$16,000 in Medicaid recoveries; POMCO's subrogation process, to date they have recovered over \$11,000. He expressed unknowns in regards to Obamacare and the new Trump Administration and the ACA repeal and replace campaign process. POMCO is preparing for the worst and hoping for the best. POMCO is also considering what could occur if the new administration changes the law regarding Deferred Action for Childhood Arrivals (DACA) and how that will affect POMCO's TPA services administratively in regards to the HealthCard Program.

Commissioner Girtman reiterated her request that POMCO share all of the data that Mr. Jacobs reviewed during tonight's meeting.

Mr. Jacobs again assured the Board that he would share that data.

The Board collectively expressed their appreciation for the level of detail that POMCO has engaged in preparing for any unknown outcomes in regards to the new presidential administration and possible changes to ACA.

Proposed Changes to Eligibility Guidelines (EG)

Mr. Small counseled the Board to be prepared for the POMCO recommended changes to the EG's during the March Regular Meeting.

George Marks Elementary Spring Fling Event-Sponsorship

Motion 020 – 2017 Commissioner Shepard motioned to approve WVHA sponsorship of the George Marks Spring Fling Event Scheduled to be held on Saturday, March 4, 2017. Commissioner Girtman seconded the motion. The motion passed unanimously.

Tentatively Scheduled Meetings 2017 – Annual Verbal Report Florida Department of Health March 16, 2017

Ms. Long explained that this schedule is being presented for Board approval and to add Florida Department of Health to the March 16, 2017 meeting schedule to present their annual verbal utilization report to the Board.

Motion 021 – 2017 Commissioner Ferrari motioned to approve the Tentatively Scheduled Meetings 2017 – Annual Verbal Report, Florida Department of Health on March 16, 2017. Commissioner Craig seconded the motion. The motion passed unanimously.

Funding Application revisions collaboratively made by DRT & TWSPA Primary Care Funding Application Revised 2/16/2017 Non-Primary Care Funding Application Revised 2/16/2017

Mr. Small reviewed the changes made to both funding applications.

There was some discussion in regards to the Agency Attestation Form, Paragraph 4. Subparagraph a). After discussion it was agreed that the language in that subparagraph a) would read: "Basic financial statements, audit report and management letter from a certified audit for the previous fiscal year (if an audit was performed) or most current financial statement if no audit was performed".

Motion 022 – 2017 Commissioner Ferrari motioned to approve both funding applications as presented, with the amendment to the Agency Attestation Form, paragraph 4. Documents. Subparagraph a) Basic financial statements, audit report and management letter from a certified audit for the previous fiscal year (if an audit was performed) or most current financial statement if no audit was performed. Commissioner Shepard seconded the motion.

Mr. Cantlay explained that the proper term is an independent audit, not a certified audit.

Motion 022 – 2017 (AMENDED) Commissioner Ferrari amended his motion to approve both funding applications as presented, with the amendment to the Agency Attestation Form, paragraph 4. Documents. Subparagraph a) Basic financial statements, audit report and management letter from an independent audit for the previous fiscal year (if an audit was performed) or most current financial statement if no audit was performed. Commissioner Shepard seconded the amended motion. The motion passed unanimously.

Board Approval to Release 2017-2018 Funding Applications Tuesday, February 21, 2017

Motion 023 – 2017 Commissioner Shepard motioned to release the Funding Applications revised February 16, 2017 on Tuesday, February 21, 2017. Commissioner Girtman seconded the motion. The motion passed unanimously.

Chair Dickinson encouraged all funding applicants to deliver their funding applications well in advance of the deadline to allow for extenuating circumstances and to provide ample time to make revisions, should the need arise.

Commissioner Andy Ferrari CAC Appointment – Sandy Adams

Motion 024 – 2017 Commissioner Ferrari motioned to appoint Ms. Sandy Adams to the CAC. Commissioner Girtman seconded the motion. The motion passed unanimously.

Follow Up Items

Requiring Independent Audits for WVHA Funded Agencies

Chair Dickinson had this item placed on the agenda and his intent was to request a services audit. He believes that this is already verified in the contractual site visit reviews and he would like to withdraw this agenda item.

Funded Agencies reporting patient outcomes

Chair Dickinson wants to go back and review what the funded agencies are providing in regards to patient outcomes and he would like to withdraw this item at this time.

Mr. Small suggested that the Board might want to table this matter since Chair Dickinson is going to review further and bring it back at a later date.

There was Board consensus to table this matter for later review and discussion.

Hill & Hollis marketing strategy update and POMCO collaboration

Mr. Harper Hill of Hill & Hollis (H&H) addressed the Board explaining that H&H will be bringing a quarterly update to the Board during their March 16, 2017 Regular Meeting. H&H has been in communication with Mr. Shawn Jacobs of POMCO discussing the logistics of sending out a WVHA mass mailing to the WVHA HealthCard population marketing the WVHA funded agencies and the costs that would be incurred if pursued.

Chair Dickinson was not in favor of a mail out and further believed that the WVHA funded agencies should be engaged in the practice of marketing the WVHA.

Commissioner Girtman was not opposed to educating the WVHA HealthCard population with the revisions to the WVHA Member Handbook, but she did not agree with the WVHA marketing any individual WVHA funded agency.

Commissioner Craig was opposed to mailers as well, they are extremely expensive and usually end up in the trash.

Commissioner Shepard suggested that the letter that POMCO mails out to new HealthCard members providing them with their new HealthCard could include a WVHA flyer with that HealthCard.

Commissioner Ferrari asked Mr. Hill if H&H has already been provided with the WVHA Member Handbook?

Mr. Hill said yes and that H&H has already begun the process of redesigning that WVHA Member Handbook and including all of the WVHA funded agencies within the handbook. He believes that each new HealthCard member is handed that Member Handbook at their primary care appointment or at The House Next Door.

Commissioner Shepard would like to see that WVHA Member Handbook available on the WVHA website.

Mr. Hill said that H&H could place the WVHA Member Handbook on the WVHA website.

Impact of Increased Enrollment 2017

Mr. Cantlay reviewed the projections if enrollment continues to increase that could potentially impact the WVHA 2016-2017 budget.

Financial Report

Mr. Ron Cantlay, DRT reviewed for the Board the January financial statements (See attached).

Motion 025 - 2017 Commissioner Shepard motioned to pay bills totaling \$2,224,217.84 (See attached). Commissioner Girtman seconded the motion. The motion passed unanimously.

Legal Update

There was no legal update submitted for the month of January.

Commissioner Comments

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

Adjournment

Eileen Long

From: Shawn Jacobs <sjacobs@pomco.com>
Sent: Tuesday, March 07, 2017 11:55 AM
To: Eileen Long
Cc: Ted Small - Law Offices of Theodore W. Small P.A. (tsmall@businessemploymentlawyer.com); Penny Barron; Justine Langdon; Holly Bryant
Subject: POMCO Submission - March 2017 WVHA Board Report
Attachments: 03 March 2017 Board Report - v2.pdf; POMCO WVHA EG Recommendations for Board Review - 03.16.17.pdf; WVHA Health Card Eligibility Guidelines Procedures (with proposed changes - March 2017).pdf; POMCO_Announcement_030617.pdf

Importance: High

Good morning Eileen.

Attached please find POMCO's submission for the March 2017 WVHA Board report packet as follows:

1. March 2017 Report
 - a. Includes an application appeal starting on page 8
2. WVHA Eligibility Guideline Recommendations
 - a. To be reviewed with the redlined version of the latest WVHA EG document
3. Redlined Copy of WVHA Eligibility Guidelines Document with Proposed Changes
4. POMCO Announcement – Per discussions yesterday

Let me know if you have any questions.

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

March 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 March 1, 2017	5
WVHA Enrollment by Fiscal Year – as of March 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 2/28/2017).....	7
PCP Encounter Claims by Clinic by Month (as of Claims Payment through 2/28/2017)	7
Application Appeal.....	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	204	46	0	250	81.60%
	201612	279	65	0	344	81.10%
	201701	324	38	24	386	83.94%
	201702	244	16	67	327	74.62%
	201703				0	0.00%
	201704				0	0.00%
	201705				0	0.00%
	201706				0	0.00%
	201707				0	0.00%
Grand Total		1287	211	91	1589	80.99%

Fiscal Year	Applications Processed	Average Approval Percentage
FY1516	2670	82.28%
FY1617	1589	80.99%

Based on Fiscal year

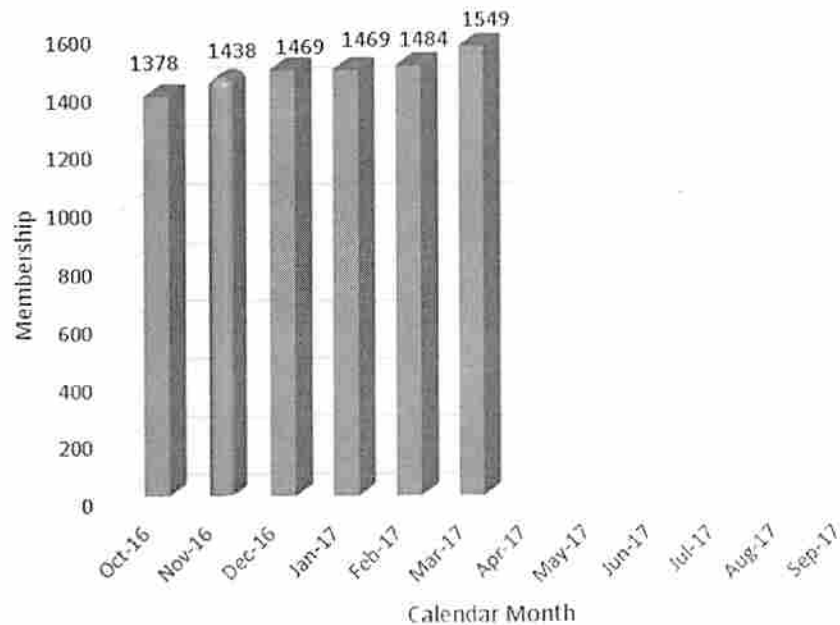
Applications Processed by Fiscal Year – Approval Percentage

Enrollment Applications – Denial Summary Report

Period	Approved		Denied		Pending		Total
	Apps	Pctg	Apps	Pctg	Apps	Pctg	
FY1617	1287	80.99%	211	13.28%	91	5.73%	1589
201610	236	83.69%	46	16.31%	0	0.00%	282
Active Eligible	236	100.00%		0.00%		0.00%	236
Declined - Member exceeds asset level		0.00%	3	100.00%		0.00%	3
Declined - Member Exceeds Income Level		0.00%	8	100.00%		0.00%	8
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	1	100.00%		0.00%	1
Declined - Not Elig for Plan		0.00%	15	100.00%		0.00%	15
Declined - REQUIRED DOCUMENTATION MISSING		0.00%	18	100.00%		0.00%	18
Terminated - Member has medicaid coverage		0.00%	1	0.00%		0.00%	1
201611	204	81.60%	46	18.40%	0	0.00%	250
Active Eligible	204	100.00%		0.00%		0.00%	204
Declined - Member Exceeds Income Level		0.00%	14	100.00%		0.00%	14
Declined - Not Elig for Plan		0.00%	8	100.00%		0.00%	8
Declined - Req'd Documentation Missing		0.00%	23	100.00%		0.00%	23
Declined - Member has other coverage		0.00%	1	100.00%		0.00%	1
201612	279	81.10%	65	18.90%	0	0.00%	344
Active Eligible	279	100.00%		0.00%		0.00%	279
Declined - ACA PREM COST <8% INCOME		0.00%	2	100.00%		0.00%	2
Declined - MEMBER EXCEEDS INCOME LEVEL		0.00%	8	100.00%		0.00%	8
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	1	100.00%		0.00%	1
Declined - Member Exceeds Asset Level		0.00%	2	100.00%		0.00%	2
Declined - Member has other coverage		0.00%	2	100.00%		0.00%	2
Declined - Not Elig for Plan		0.00%	12	100.00%		0.00%	12
Declined - Req'd Documentation Missing		0.00%	38	0.00%		0.00%	38
201701	324	83.94%	38	9.84%	24	6.22%	386
Active Eligible	324	324.00%		0.00%		0.00%	324
Declined - MEMBER EXCEEDS INCOME LEVEL		0.00%	18	100.00%		0.00%	18
Declined - ACA PREM COST <8% INCOME		0.00%	1	100.00%		0.00%	1
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	5	100.00%		0.00%	5
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	100.00%		0.00%	1
Declined - MEMBER OOS AREA		0.00%	1	100.00%		0.00%	1
Declined - Not Elig for Plan		0.00%	3	100.00%		0.00%	3
Declined - Req'd Documentation Missing		0.00%	9	100.00%		0.00%	9
Pending - Multiple Reasons		0.00%		0.00%	24	100.00%	24
201702	244	74.62%	16	4.89%	67	20.49%	327
Active Eligible	244	100.00%		0.00%		0.00%	244
Declined - Member Exceeds Asset Level		0.00%	1	100.00%		0.00%	1
Declined - Member Exceeds Income Level		0.00%	8	100.00%		0.00%	8
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	5	100.00%		0.00%	5
Declined - Not Elig for Plan		0.00%	2	100.00%		0.00%	2
Pending - Multiple Reasons		0.00%		0.00%	67	100.00%	67

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 March 1, 2017

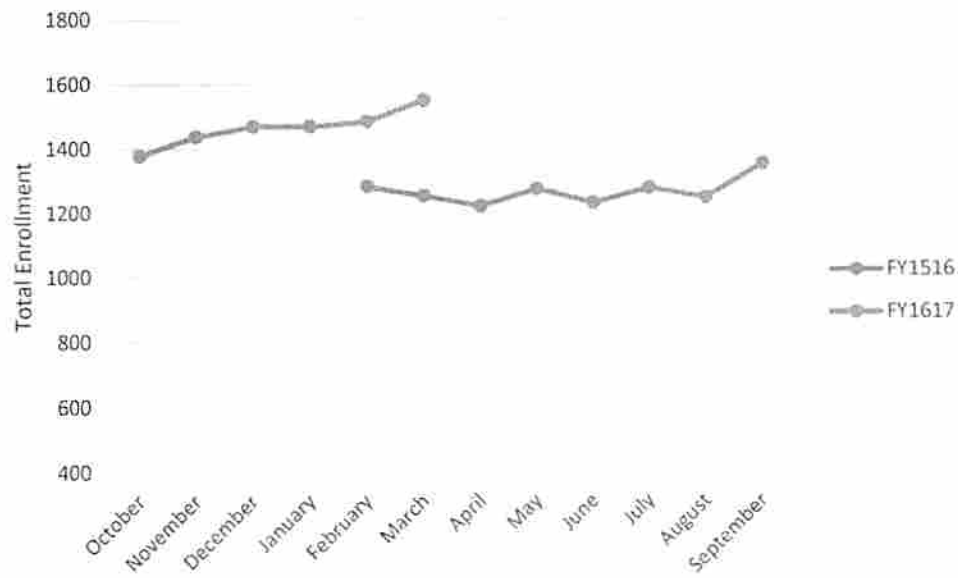


Eligibility reported above reflects eligibility as of the first of each month.

As of March 1, 2017, total program eligibility was 1,549 patients.

WVHA Enrollment by Fiscal Year – as of March 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	1,549
April	
May	
June	
July	
August	
September	
Grand Total	8,787



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 Rx's Filled	Avg Cost Per Rx
		Fee Less Copayments			
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	\$19,912.78	\$39,018.00	\$58,930.78	2,787	\$21.14
February					
March					
April					
May					
June					
July					
August					
September					
Grand Total	\$86,008.69	\$145,306.00	\$231,314.69	10,379	\$22.29

Combined Medical Costs (as of Claims Payment through 2/28/2017)

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	\$2,181,146.16	\$119,810.85	\$189,168.00	\$1,324,503.25	\$94,152.31	\$291,284.32	\$4,200,064.89	7,318	\$573.94	\$298.05	\$16.37	\$25.85	\$180.99	\$39.80
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	\$63,383.10	\$871,201.51	1,484	\$587.06	\$313.87	\$12.50	\$24.26	\$189.26	\$42.71
February	\$441,337.13	\$37,520.22	\$15,499.75	\$344,625.79	\$15,506.77	\$58,930.78	\$913,420.44	1,549	\$589.68	\$284.92	\$24.22	\$10.01	\$222.48	\$38.04
Grand Total	\$2,181,146.16	\$119,810.85	\$189,168.00	\$1,324,503.25	\$94,152.31	\$291,284.32	\$4,200,064.89	7,318	\$573.94	\$298.05	\$16.37	\$25.85	\$180.99	\$39.80

Medical and pharmacy costs are reported on a paid basis

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 2/28/2017)

Month	FY1617				
	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	Total
October	0	225	292	0	517
November	0	152	219	0	371
December	0	76	134	0	210
January	7	135	108	0	250
February	30	89	24	0	143
Grand Total	7	588	753	0	1,491

PCP encounter claims are reported on a paid basis

Application Appeals

Appeal for Denied Application - POMCO Member # 891090270

POMCO Denial Reason: Applicant exceeds income limits - Total yearly gross income of \$24,189.23 exceeds the WVHA guideline limits of \$24,030.00 for a household of two

Income provided: Paystubs and Verification of Support

The following is POMCO's calculation of the applicant's income followed by the member's message of appeal.

- Your income is too high to qualify for the WVHA HealthCard Program.
 - Per the WVHA HealthCard Guidelines, the annual income limit for a household size of 2 is: \$24,030.00.
Your household income per the WVHA HealthCard calculation method is: \$24,189.23.

The details of the WVHA HealthCard calculation is as follows (all income must be annualized):

Income Source	Annual Total	How this was calculated
Paychecks from Perkins:	\$5,860.23	Total from 12 weeks submitted = \$1,352.36, average monthly income = \$450.79, multiplied by 12 months
Food Stamps	\$3,900.00	\$325.00 per month multiplied by 12 months
Social Security Benefits	\$8,820.00	\$735.00 multiplied by 12 months
Verification of Support Form	\$3,600.00 *	\$300.00 per month multiplied by 12 months
Gifts from your daughter	\$2,009.00 *	Per your bank account deposits and written verification, \$2,909.00 total in gifts was received as income in the past 3 months. This was counted as one-time income. \$900.00 was then subtracted from this total because \$300.00 per month from the verification of support form (same source of income) was already included.
Total	\$24,189.23	*The lower amount was utilized.

• Please be advised, although the below items were not a definitive reason for this denied application these items were incomplete and could have resulted in an increased income calculation:

- 1) You submitted a Verification of Support Form showing you receive \$300-\$400 per month from your daughter. A range of income is not acceptable, however, when the lower amount was used for your income calculation it still results in denial of your application, therefore, we did not request you verify this information.**
- 2) The Verification of Support Form shows \$300-\$400 per month income, however, you are receiving additional recurring gifts from your daughter. Recurring income is calculated differently from one-time gifts. These recurring gifts should have been included on your Verification of Support Form and thus placed in your monthly recurring income instead of one-time income over the past 12 months, however, even when the gift money was calculated as one-time instead of recurring, it still resulted in disqualification under this program due to being over the income limit. Therefore, we did not request you verify this information.**
- 3) You indicated you received a cash advance on 9/23/16 of \$400.00, but you did not advise if this money was recurring. Therefore, we did not include this amount in your income calculation. Even without this income, the application was denied for being over income.**

Appeal for Denied Application - POMCO Member # 891090270 (continued)

Member Message:

Dear Sirs

01/18/2017

I received your letter of denial due to being over the limit of income. I believe this is in error. I believe that there is a miscalculation. I will document all of my income below which is well below the 24,030.00 limit.

Income from perkins $407.00 \times 12 \text{ months} = 4939$

Income from food stamps $335.00 \text{ per month} = 4020.00$

Joan's SSI income $733 \text{ per month} \times 12 = 8796.00$

Income from my daughter $400 \text{ month} \times 12 = 4800.00$

Total 22,555

How I came up with income from perkins is I added all gross earnings for the last 3 months divided by 4 and mult by 12 and came up with yearly gross.

As I calculated all income to be 22,555 which is below the 24,030.00 I believe my insurance should be reinstated.

Thank you for your consideration



Dear POMCO Client,

Throughout the history of POMCO, our company has focused on two simple ideals – to be an organization that delivers on its promises and to provide cost effective options of traditional health insurance. Today, we are announcing a step to ensure POMCO will be able to continue to serve the specific needs of the organizations we serve. We are combining our business with one of the leading health care companies in America – UnitedHealthcare. POMCO is being acquired by UMR, UnitedHealthcare's Third Party Administrator business.

With the changing healthcare marketplace and the need to continue to provide clients with new innovative, cost effective and quality solutions, UnitedHealthcare is the right partner to help meet customer needs.

UnitedHealthcare is proven market innovator who will bring vast cost management, technological and capital resources to ensure investments in not only our clients but our employees, providers and region. Together, POMCO and UnitedHealthcare will continue offering you high quality and low cost solutions to medical and workers compensation administration.

As we undertake this change, I want to ensure you that we will do everything possible to ensure that the transition is seamless to you:

- There will be no changes in your account management team.
- The phone numbers and website links you access for customer service will remain the same.
- Your administrative agreement with us and your provider network are unaffected.

POMCO's current location in Syracuse will serve as a Northeast Service Hub for UMR, staffed by POMCO employees and led by local POMCO management.

If you have any questions or would like more information, please contact your Account Executive or call me directly at 315.432.9171 x- 44339. We begin this next chapter in POMCO's history with a firm belief it is in the best interest of our clients, our people and our community.

We value and thank you for your partnership.

Sincerely,

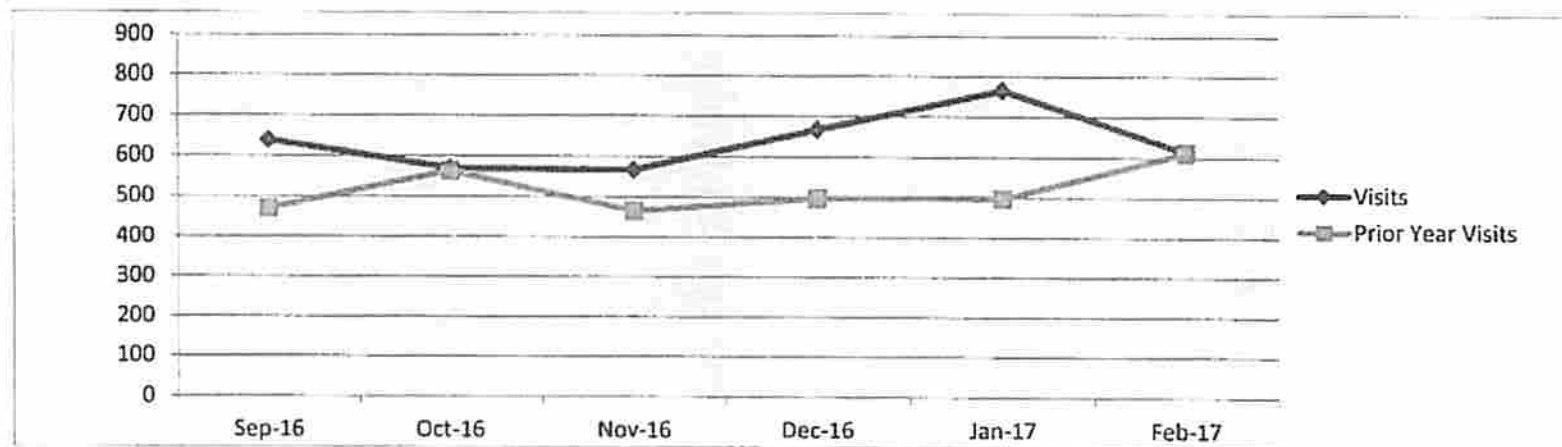
Donald P. Napier
Senior Executive Vice President



Northeast Florida Health Services
January-17

Patient Visits

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Visits	639	570	567	667	766	613
Prior Year Visits	470	564	464	498	498	612



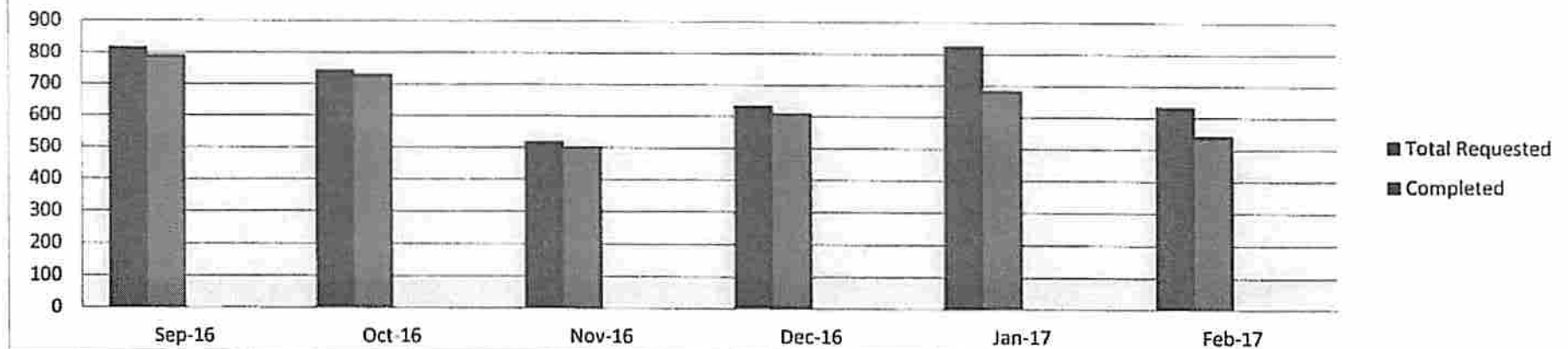
Patient Visits by Location

Location	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Deland Medical	254	220	245	334	345	280
Deltona Medical	287	250	234	298	331	261
Pierson Medical	98	100	78	35	90	72
Total	639	570	567	667	766	613

Referrals

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
NEFHS Providers			228	273	385	207
Specialty Providers			290	359	440	428
Total			518	632	825	635
Outstanding NEFHS Providers	26	23	17	23	34	19
Outstanding Specialty Providers					108	74
Completed	791	730	501	609	683	542
Total Requested	817	743	518	632	825	635

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 Specialty 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	Same Day
Deltona	Macalua	Same Day
Deltona	Mancini	Tempoary Leave of Absence
Pediatrics	Rojas-Sanchez	
Pediatrics	Desouza	Same Day

UDS Measures

Clinical Measure	Family Health	HEDIS [®] Measures
TOBACCO ASSESSMENT & INTERVENTION	83.00%	80.00%
ADULT WEIGHT ASSESSMENT	51.00%	60.00%
CERVICAL CANCER SCREENING	45.00%	60.00%
DIABETES : HbA1c POOR CONTROL	32.00%	30.00%
HYPERTENSION : IMPROVEMENT IN BP	62.00%	60.00%

* Healthcare Effectiveness Data and Information Set

Staffing Metrics

	Jan-17	Feb-17
Total Active Employees	73	71
Turnover: Clinical Employees-MA's	2	4



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.drtpca.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

March 2, 2017

Board of Commissioners
West Volusia Hospital Authority
PO Box 940
DeLand, FL 32720

Re: Hispanic Health Initiative (HHI) Health Risk Assessment/Behavioral
Education/Case Management (HRA/BE/CM)

We have performed the procedures detailed in our engagement letter for grantee site visits, dated January 19, 2017, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Hispanic Health Initiative (HHI) for Health Risk Assessment (HRA), Behavioral Education (BE), and Case Management (CM) for the year ending September 30, 2017. WVHA provides reimbursement of \$100.00 for one unit of HRA, \$50.00 per thirty minutes of BE, and \$25.00 per thirty minutes of CM. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
 - a. Each month HHI provides to WVHA a list of clients who received services during the prior month. This de-identified list includes the client's city of residence, the date services were rendered, and the units of service billed in units of service and/or thirty minute increments.
 - b. HHI determines eligibility by presentation of a photo identification reflecting an address within the WVHA taxing district, copies of utility bills, vehicle registration, property tax bill, lease agreement/contract, etc. all reflecting an address within the WVHA taxing district.

MEMBERS

- c. HHI provides HRA in one unit of \$100.00 along with BE in one unit of \$50.00, and CM at \$25.00 per 30 minute units of service to calculate the invoice total.
2. Select a sample of transactions and test compliance with contract provisions.
 - a. December 2016 and January 2017 were chosen for test procedures. A de-identified list of client visits was provided (53 client events).
 - b. From the individual list of client visits, nineteen percent (19%) were selected for compliance review (10 clients). From this list:
 - i. HHI provided supporting medical files of all selected clients for review. All ten (10) or 100% of service dates were verified.
 - ii. HHI provided HRA consent and Release for Screening and Photos/Video assessment forms of all selected clients for review. All ten (10) files or 100% contained a completed HRA Form.
 - iii. HHI provided BE for all ten (10) clients sampled or 100%.
 - iv. For HHI clients who received additional CM, five (5) out of ten (10) clients sampled received CM. Of the five (5) clients receiving additional CM, 100% contained appropriate documentation to support the 30 minutes units of service billed.
 - v. HHI provided a copy of a photo ID for all ten (10) files or 100%.
 - vi. Of the ten (10) files sampled, all ten (10) files or 100% contained proof of residency.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
 - a. The Utilization Report which details clients served and demographic data with respect to those clients, which HHI provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
 - b. HHI's medical files appear to be complete and organized when reviewed for verification of services provided.
 - c. HHI's residency screening met the requirements of the funding agreement.

We were not engaged to, and did not conduct an audit, the objective of which would be the expression of an opinion, on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you. This report is intended solely for the information and use of the specified users listed above and is not intended to be and should not be used by anyone other than those specified parties.


Dreggors, Rigsby & Teal, P.A.



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

March 2, 2017

West Volusia Hospital Authority
Board of Commissioners
PO Box 940
DeLand, FL 32720

Re: Global Healthcare Systems Urgent Care

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated January 19, 2017, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Global Healthcare Systems (GSC) Urgent Care Services for the year ending September 30, 2017. WVHA reimburses GSC for Urgent care visits provided to eligible WVHA HealthCard members. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
 - a. GSC provides to WVHA a monthly invoice summarizing clients served who had eligible WVHA HealthCards. This report summarizes number of clients served, address and zip code of residence and dates seen.
 - b. GSC determines eligibility by the presentation of the WVHA HealthCard and photo identification.
2. Select a sample of transactions and test compliance with contract provisions.

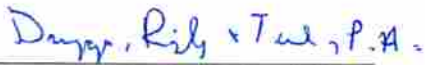
MEMBERS

- a. November 2016 through January 2017 was chosen for test procedures. A non-summarized list of client visits was provided by GSC consisting of eight (8) clients and nine (9) visits.
 - b. From the list of client visits, one hundred percent (100%) were selected for compliance review, nine (9) visits. Eight (8) visits were verified or eighty-nine percent (89%) of medical visits were confirmed.
 - c. From the list of clients served one hundred percent (100%) had proof of photo identification.
 - d. From the list of client visits, one (1) client had an expired WVHA HealthCard on the date of service billed.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.

It is our recommendation the GSC verify that each WVHA HealthCard member provide an active WVHA HealthCard and photo identification to maintain in their patient charts.

We were not engaged to, and did not, conduct an audit, the objective of which would be the expression of an opinion, on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the specified users listed above and is not intended to be and should not be used by anyone other than those specified parties.


Dreggors, Rigsby & Teal, P.A.



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

March 3, 2017

Board of Commissioners
West Volusia Hospital Authority
PO Box 940
DeLand, FL 32720

Re: Community Legal Services of Mid-Florida (CLSMF)

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated January 19, 2017, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Community Legal Services of Mid-Florida (CLSMF) fiscal year ending September 30, 2017. WVHA provides CLSMF reimbursement of \$69.25/hour billable in 1/10 hour increments for legal services rendered to WVHA eligible HealthCard (HC) members to resolve legal issues preventing them from qualifying for Medicaid, Medicare, Veterans Administration, Social Security Disability or private insurance as an alternative to the WVHA HC Program. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
 - a. CLSMF provides to WVHA a monthly Report of Services summarizing clients served who qualify for WVHA funding. This report summarizes number of clients served, client ID, Activity Code, time spent providing legal counseling, city of residence and zip code.

MEMBERS

- b. CLSMF, in order to meet income qualifications under the WVHA Funding Agreement, clients must have a currently active WVHA HealthCard on the date of service.
- 2. Select a sample of transactions and test compliance with contract provisions.
 - a. December 2016 and January 2017 were chosen for test procedures. From the individual list of four (4) clients receiving legal counseling, 100% were selected for compliance review (4 files).
 - b. CLSMF provided itemized billing for three (3) of four (4) clients counseled. One (1) client was billed to the WVHA in error.
 - c. Of the remaining three (3) clients served, none (0) of the client files contained any proof of photo ID.
 - d. Of the remaining three (3) clients served, none (0) of the client files contained a valid/active HealthCard.
 - e. CLSMF's client records were not reviewed; rather the itemized billing was utilized per the terms of the Florida Bar Associations' requirements protecting Attorney Client privileges. CLSMF provides an Activity Code on invoices submitted for reimbursement; however when reviewing the itemized bills, CLSMF provided activity codes that did not correspond with the codes submitted with the original invoice.
 - f. Of the remaining three (3) clients served, all three (3) itemized bills matched the time units originally invoiced.
- 3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
 - a. The Report of Services detailing clients served and demographic data with respect to those clients, which CLSMF provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
 - b. CLSMF's client records were not reviewed; rather the itemized billing was utilized per the terms of the Florida Bar Associations' requirements protecting Attorney Client privileges. Recommend that CLSMF utilize the same codes which represent legal counseling services in pursuit of alternative health care coverage; Social Security (72), SSD (74), SSI (75) or Medicaid (51) on both the invoices they submit for reimbursement and the itemized bills they maintain.
 - c. Recommend that CLSMF retain in their files photo copies of the active HealthCard ID card and Photo ID.
 - d. Recommend that CLSMF contact the WVHA's Third Party Administrator (TPA) POMCO to gain access to their provider portal in order to verify HealthCard eligibility and to obtain physical copies of active WVHA HealthCard ID's and members' photo ID's.

- e. The administrative team for the WVHA volunteered to access the POMCO provider portal in order to obtain copies of the three (3) clients missing HealthCard ID's and Photo ID's. Photo ID's were obtained for all three (3) clients, however, only two (2) out of the three (3) clients counseled had an active/eligible HealthCard on the dates of service.

CLSMF refunded to the WVHA for the client that was billed in error on dates of service in December of 2016 on their invoice for reimbursement for February 2017 legal counseling services.

We were not engaged to, and did not conduct an audit, the objective of which would be the expression of an opinion, on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you. This report is intended solely for the information and use of the specified users listed above and is not intended to be and should not be used by anyone other than those specified parties.


Dreggors, Rigsby & Teal, P.A.

Marketing Update

Prepared Exclusively for



HILL & HOLLIS
— ENTERPRISES, INC. —

713 W. NEW YORK AVE. DELAND, FL 32720 ♦ 386.279.0123 ♦ HILLHOLLIS.COM

Objectives

- Establish West Volusia Hospital Authority (WVHA) as the source for lower income healthcare
- Identify and engage in promotional opportunities and bring about brand awareness
- Foster media opportunities
- Establish brand identity
- Evaluate WVHA logo and create a slogan to incorporate into marketing campaigns
- Meet with partnering program directors to accurately convey new brand identity
- Involve local law enforcement in the promotional process and brand awareness
- Develop an active social media/search engine presence
- Revamp and create website content
- Develop TV commercials to promote the WVHA
- Drive traffic to the website
- Develop and implement marketing, community relations, and public relations campaigns
- Create a following on social media (Facebook, Twitter, Instagram, YouTube, and LinkedIn)
- Develop marketing collateral to further brand awareness
- Assist with writing/editing of website and content for social media pages
- Develop and manage a Google AdWords advertising campaign
- Develop SEO strategy to maintain and grow online presence
- Negotiate the best pricing on all hard costs associated with marketing initiatives
- Establish a marketing budget for the items listed above
- Promote writing opportunities in media

Measurements of success



- ✓ Increase overall awareness and understanding of what WVHA does as well as how and where they operate
- Increase in website visitors and followers
- ✓ Creation of social media
- Increase in social media following
- Established social media campaign(s) using Facebook, Twitter, Instagram, YouTube, etc.
- Placement of local, regional, national news stories
- Development of brand identity
- ✓ Implementation of marketing strategy for both short-term and long-term goals
- Recognition of your brand as the leading resource for lower income health care in WV
- Write scripts, film, and edit two TV commercials
- Implementation of an advertising tracking program
- Management of Google AdWords campaign and tracking click through rates
- Increase in patient applicants and accepted patients
- Establish relationships for potential partnerships and/or promotional opportunities
- Creation of email list for newsletters and email blasts
- Establish relationships with law enforcement officials to help promote the WVHA
- Creation of both digital and print marketing collateral
- Development of website that compliments brand

Measurements of success



WVHA

HEALTH CARD

IF YOU DO NOT HAVE HEALTH INSURANCE YOU MAY QUALIFY FOR WVHA:

- ☒ \$4 CLINIC VISITS
- ☒ \$1 PRESCRIPTION MEDICINES
- ☒ \$10 EMERGENCY ROOM VISITS
- ☒ \$6 SPECIALIST VISITS

INSPIRED BY LIFE, DRIVEN BY HOPE.

Mondays Only:

The House Next Door 840K Deltona Blvd Deltona, FL 32725 9 am - 5 pm • (386) 860-1776	The House Next Door Florida Farm Workers Association 111 Fountain Drive Pensacola, FL 32180 12 pm - 5 pm • (386) 734-7571	The House Next Door 804 N. Woodland Blvd DeLand, FL 32720 9 am - 5 pm • (386) 734-7571
--	--	--

APPLY AT ABOVE LOCATIONS: WESTVOLUSIAHOSPITALAUTHORITY.ORG



[Like](#)
[Follow](#)
[More](#)

[Contact Us](#)

About

GENERAL

Category: Government Organization Edit

Name: West Volusia Hospital Authority Edit

Username: [Username](#) Create Page Superadmin

BUSINESS INFO

- Edit business details
- Edit Start date
- Mission: INSPIRED BY HOPE, DRIVEN BY LIFE

CONTACT INFO

Call: 3867349441 Message Now

West Volusia Hospital Authority

Edit email

<http://westvolusiahospitalauthority.org/>

Edit Other Accounts

ABOUT INFO

About

The West Volusia Hospital Authority (WVHA) is an independent special saving district established by the State of Florida for the purpose of providing access to health care for indigent residents of the district.

INSPIRED BY HOPE, DRIVEN BY LIFE

Edit Impressum

STATUS

WVHA funding supports over 150 employees of local agencies — people who live and work right here in West Volusia.

WVHA also encourages funded agencies to work together to combine resources and reduce costs. Our goal is to keep costs down and keep your tax dollars close to home.

WVHA has extremely low administrative overhead. Over 80% of WVHA funds are applied directly to patient care. See More

Edit

Logo Options



Current Logo

West Volusia
Hospital Authority



Inspired By Hope • Driven By Life

Option 1



WEST VOLUSIA
HOSPITAL AUTHORITY
INSPIRED BY HOPE. DRIVEN BY LIFE.

Option 2



WEST VOLUSIA
HOSPITAL AUTHORITY
INSPIRED BY HOPE. DRIVEN BY LIFE.

Option 3



Updated Timeline for Measurements of success

- Drafts of marketing materials will be ready for approval by the April board meeting
- Social media will be up and running by the April board meeting
- Development website will be ready for approval by next reporting period (June meeting)
- Billboards will be designed and awaiting approval by next reporting period (June Meeting)
- Bus benches will be designed and awaiting approval by next reporting period (June Meeting)



Thank you for your time.

GOAL ORIENTED. RESULTS DRIVEN.

Get social with us



HILL & HOLLIS

— ENTERPRISES, INC. —

713 W. NEW YORK AVE. DELAND, FL 32720 ♦ 386.279.0123 ♦ HILLHOLLIS.COM



POMCO

March 16, 2017

Eligibility Guidelines Recommended Changes for WVHA Board
Review and Approval



Recommended Change: Question 6.2 on Assessment Form

Overview

On question 6.2 of the assessment form, page 28, add request for 8 most recent weeks of paystubs.

- **Current Question:** Have you lost your job in the last 8 years. If yes, please provide DCF Verification of Employment/Loss of Income Form
- **Proposed Question:** Have you lost your job in the last 8 years. If yes, please provide your *8 most recent weeks of paystubs* or DCF Verification of Employment/Loss of Income Form

Reason for Recommendation

Previously the assessment form only asked the applicant to supply a DCF income form, however many applicants have valid paystubs that they could also submit. POMCO believes it is in the best interest of the program if paystubs are provided whenever they are available because a hand-written form results in more room for error and therefore invalid calculation of income.

Recommended Change: Question 6.3 of Assessment Form

Overview

Question 6.3 of assessment form, page 28, currently asks for a work calendar, we would like to replace work calendar with 'Most Recent Tax Return' and 'Quarterly Financial Statement'.

- **Current Question:** Are you self-employed? If yes, please provide 8 week WVHA Work Calendar, or last quarter's business financial statement.
- **Current Eligibility Guideline** (Page 16, #20): "Self-employment Income. Defined as the amount of "net profit (loss)" as reported on tax return Form 1040 Schedule C, line 31. The WVHA Enrollment Certifying Agent may request supporting documentation for deductions not in line with industry standards. Deductions for personal expenses and wages will be adjusted accordingly. (Include last Quarter Financial Statements, bank settlements and most recent Tax Return)"
- **Proposed Question:** Are you self-employed? If yes, please provide most recent *tax return* (complete with all schedules/forms) or *quarterly self-employment statement*.

Reason for Recommendation

This is so that the request for documentation matches what the eligibility guidelines state.



Recommended Change: Replace Work Calendar Throughout with a Quarterly Financial Statement

Overview

The guidelines state a quarterly financial statement is acceptable. However, applicants are not submitting the statement because the assessment form does not request one. In addition, the program did not have a template to provide for this. The prior work calendars are not a complete statement of what ones self-employment status or profits are. Therefore, we created a quarterly financial form for the applicant to submit that will replace the work calendar.

Reason for Recommendation

Work calendars are not a complete picture of one's self-employment income. The previous work calendar form did not ask pertinent information such as the business name and address. The proposed new quarterly financial statement is a more inclusive form for someone who is applying as a self-employed individual. It asks important financial questions and requires the applicant to attest more information, therefore resulting in an accurate calculation of income for qualification purposes under this program.

Recommended Change: Update Verification of Support Form

Overview

Remove directions under 5.3 and 5.4 of the Verification of Support form. Provide an instructions section on the Verification of Support form.

Reason for Recommendation

The sentences under questions 5.3 and 5.4 were causing confusion to all parties and miscalculations of income. For example, household expenses were being included where the applicant did not reside. We are replacing the prior sentences with an instruction section for questions #'s: 5.3, 5.4, and 5.5.



Recommended Change: Update Language Regarding Health Coverage Exclusions

Overview

POMCO would like to update the health coverage exclusions to identify two programs as acceptable to be enrolled in when applying for the WVHA Health Card program.

- **Page 5 of Eligibility Guidelines:** “WVHA is the payer of last resort and assists patients with no medical benefits. Patients that have health coverage are excluded from the program. Certain programs, such as ‘Aids Drugs Assistance Program’ (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify an applicant from the WVHA Health Card program because such programs are not considered inclusive medical benefits. “

Reason for Recommendation

Patients with other health coverage are excluded from the program. The Board previously approved the following programs to not be considered as health coverage, ‘Aids Drugs Assistance Program’ (ADAP) and Family Planning programs.

Recommended Change: Add Language to Assets Section Regarding Jointly Owned Assets When a Victim of Domestic Violence

Overview

POMCO would like to exclude jointly owned property from the asset calculation when the applicant no longer resides in the homestead on the basis of domestic violence.

Eligibility Guidelines: Section 11.03 Procedures; Assets Excluded (Page 19)

- i. Assets that are jointly owned by a person who is deemed a victim of domestic violence can be excluded when that asset is jointly owned with the accused.
 - i. Official court documentation must be supplied as proof that the applicant is a victim of domestic dispute. This may include a restraining order.
 - ii. The WVHA Health Card program will require a notarized statement from a court official, or the applicant, attesting that the applicant is unable to liquidate that asset specifically due to the domestic violence situation.

Reason for Recommendation

An applicant attesting to be a victim of domestic violence with property co-ownership is likely unable to liquidate the asset in fear it would put them in danger with the accused. Therefore if the asset can not be readily liquidated and if the applicant is no longer residing in the homestead we feel that the property asset should be excluded under these circumstances. Based on our estimates we don’t expect more than 5 instances of these specific circumstances per year and therefore would not result in significant increase in approved health card applicants.



Recommended Change: Add Language to Assets Section for Adding Family Loans in Asset Calculations Regarding Encumbrances.

Overview

To clarify the language relative to the determination of equity value of real property in regards to what may or may not be subtracted as encumbrances.

Eligibility Guidelines: Section 11.03 Procedures; Assets to be considered (Page 19 #2b)

- Equity value of real property other than homestead. The value is verified by the county appraiser of the county in which the property is located. The equity value is determined by subtracting the amount of any encumbrances from the value of the asset. The encumbrances subtracted from the property value [for the purpose of the asset calculation under this program] must be tied to the property through formalized legal obligation. Generally this is a lien or mortgage where the financial institution retains the title to a property until the borrower repays the amount, in turn prohibiting the owner from exercising full control over their property (i.e. receiving payment from a buyer when selling or transferring the title). *A private or informal loan provided to the property owner [for example a loan from a friend or family member] is not considered an encumbrance for asset amount determination.*

Reason for Recommendation

Based on a previous application appeal where there was a loan from a relative that was not deemed an encumbrance to be subtracted from the asset calculation.

Recommended Change: Question 8.4 of Assessment Form

Overview

On question 8.4 of the assessment form, page 29, add language requesting the date the property was sold or transferred as well as supporting documentation.

- Current Question: Have you sold or transferred title to any property in the last 3 years? If yes, please list all the properties, including lots.
- Proposed Question: Have you sold or transferred title to any property in the last 3 years? If yes, please list all the properties, including lots and *supply supporting documentation as proof of this sale.*

Reason for Recommendation

Previously the assessment form only asked the applicant to provide a list of all the properties including lots. POMCO is requesting the date of the sale/transfer to be captured on the assessment form as well as supporting documentation to determine if the sale occurred within the past year. This information will allow POMCO to do further research to determine if money was provided to the applicant and if it still remains an asset or if it should be considered income.

West Volusia Hospital Authority (WVHA)

Health Card Program

Eligibility Guidelines and Procedures

Revised – June 16, 2016

proposed 2017 Revision date

Contents

WVHA Statement of Purpose	4
Section 1.01 Purpose	4
Section 1.02 Policy	4
Article II. WVHA Summary of Criteria	5
Section 2.01 Purpose	5
Section 2.02 Policy	5
Article III. WVHA Eligibility Determination Process	76
Section 3.01 Purpose	76
Section 3.02 Policy	76
Article IV. WVHA Application Time Standards	109
Section 4.01 Purpose	109
Section 4.02 Policy	109
Article V. WVHA Family Size	1140
Section 5.01 Purpose	1140
Section 5.02 Policy	1140
Section 5.03 Definitions	1140
Article VI. WVHA Qualifying Levels	1244
Section 6.01 Purpose	1244
Section 6.02 Policy	1244
Section 6.03 STATE Guideline	1244
Article VII. WVHA Termination	1342
Section 7.01 Purpose	1342
Section 7.02 Policy	1342
Article VIII. WVHA Residency	1443
Section 8.01 Purpose	1443
Section 8.02 Policy	1443
Section 8.03 Procedures	1443
Section 8.04 Definitions	1514
Article IX. WVHA Identification	1645
Section 9.01 Purpose	1645
Section 9.02 Policy	1645
Section 9.03 Procedures	1645
Article X. WVHA Income	1746
Section 10.01 Purpose	1746
Section 10.02 Policy	1746
Section 10.03 Definitions	1746
Section 10.04 Procedures	1746
(a) Verification of Income	1847
(b) Calculation of Income	1847
Article XI. WVHA Assets	2049
Section 11.01 Purpose	2049
Section 11.02 Policy	2049
Section 11.03 Procedures	2049
Article XII. Appendices	2224
Section 12.01 Appendix A – Current Federal Poverty Guidelines	2224
Section 12.02 Appendix B - Asset Limits	2322

Section 12.03	Appendix C - WVHA Taxing District (Zip Codes Included in District)	2423
Section 12.04	Appendix D - WVHA Health Card Application Form.....	2524
Section 12.05	Appendix E - WVHA Health Card Assessment Form.....	2726
Section 12.06	Appendix F - WVHA Homeless Verification Form.....	3130
Section 12.07	Appendix G WVHA Verification of Support Form	3331
Section 12.08	Appendix H - WVHA Verification of Rent Form	3432
Section 12.09	Appendix I - ACA Pre-Qualifying Form.....	3533
Section 12.10	Appendix J - WVHA Work Calendar	3934

WVHA Statement of Purpose

Section 1.01 Purpose

To document the establishment of an eligibility policy.

Section 1.02 Policy

The West Volusia Hospital Authority (WVHA) Enabling Act recognizes that it is in the public interest to provide a source of funding for indigent and medically needy residents of the West Volusia Hospital Authority Taxing District and to maximize the health and well-being of residents by providing comprehensive planning, funding, and coordination of health care service delivery. Program elements may include, but not be limited to, preventive health services, community nursing services, ambulatory care, outpatient services, hospital services, trauma health services, and rehabilitative services, as feasible. All programs should be coordinated to maximize the delivery of quality health care.

The WVHA Board of Commissioners has established policies and procedures to qualify clients who are in need of medical services, who do not have the ability to pay, and are residents of the WVHA Taxing District.

WVHA Health Card availability is restricted until all other means of payment have been exhausted, including, but not limited to, bank accounts, certificates of deposit, stock ownership, bank loans, savings accounts, mutual funds, non-exempt property, insurance loans, family member loans and the like. If an individual or a family member receives benefits under WVHA Health Card to treat an injury or medical condition that was caused by a third party, then WVHA hereby claims a right to be subrogated to the rights of that beneficiary to recover damages from that third party (e.g. a defendant in a lawsuit or a defendant's insurer). WVHA must be reimbursed for the benefits it has paid if the WVHA Health Card member or his/her family recovers any damages or receives payments from that third party or an insurer on account of that injury or medical condition.

As this policy cannot cover all variables, it should be noted that on occasion a determination must be made upon the available facts coupled with the good judgment of the WVHA Enrollment Certifying Agent.

Article II. WVHA Summary of Criteria

Section 2.01 Purpose

To provide an overview of the WVHA criteria for eligibility.

Section 2.02 Policy

Each applicant must meet the following criteria for consideration of enrollment:

1. Residency (Article VIII).

All applicants must reside within the WVHA District (refer to Section 12.03)

- a. Residency exists when the applicant has been residing for at least three (3) months within the District.
- b. Exception - Those qualified as "homeless" are subject to a one (1) month residency requirement.

2. Identification (Article IX).

An applicant must provide the forms of identification that are required under this policy.

3. Income (Article X).

The calculated family income must be equal to or below the West Volusia Hospital Authority Board approved percentage of the Federal Poverty Level Guidelines for that family unit size.

4. Medical Coverage.

All applicants must produce proof of Medicaid application or denial before consideration for WVHA programs. Denials for reasons of noncompliance will not be accepted.

Note: The ACA insurance exchange will also be a point of entry for Medicaid applications

5. WVHA Affordable Care Act (ACA) Requirements

The WVHA policy is that the WVHA Health Care Program funds health care for indigent residents only as a payer of last resort (thereby avoiding replacement of affordable private insurance or displacement of available federal programs). It is the policy of the WVHA Board of Commissioners that an application for insurance coverage, tax credits, and subsidies under the ACA insurance exchange (www.healthcare.gov) is a requirement before an applicant can qualify for a WVHA health card. All other provisions of the WVHA Eligibility Guidelines are in addition to the ACA requirements.

Denials of eligibility, tax credits or cost-sharing subsidies for reasons of noncompliance with established exchange procedures will not be accepted.

WVHA reserves the right to verify all information. Verification includes but is not limited to income, assets, credit, and employment. This may be accomplished at any time during the application process, enrollment or after benefits have been assigned. If any information is discovered to be false or altered in any way, WVHA may deny the application or dis-enroll the member and recover any charges previously adjusted under this program. Any member or applicant denied for falsification of information may be prohibited from ever applying again.

WVHA is the payer of last resort and assists patients with no medical benefits. Patients that have health coverage are excluded from the program. Certain programs such as 'Aids Drugs Assistance Program' (ADAP) that are

Formatted: Font color: Red

Formatted: Font: Italic

targeted to offer limited services towards one specific disease, will not disqualify an applicant from the WVHA HealthCard program because such programs are not considered inclusive medical benefits.

Formatted: Font color: Red

Formatted: Font color: Red

Formatted: Font: Italic

Article III. WVHA Eligibility Determination Process

Section 3.01 Purpose

To summarize the eligibility process.

Section 3.02 Policy

All applicants follow a three (3) step process to verify enrollment into WVHA programs. The steps include: Application, Evaluation and Determination, and Enrollment. The Evaluation, Determination, and Enrollment steps are performed exclusively by a WVHA Enrollment Certifying Agent.

Procedures

The following is the procedure used for determining eligibility for the WVHA program:

1. Application: The application (Section 12.04) and assessment form (Section 12.05) must be fully completed by the applicant. The following documentation is required to complete the application.
 - a. Proof of residency in WVHA Taxing District (Article VIII)
 - b. Identification (Article IX)
 - c. Proof of Income (Article X)
 - d. Proof of Assets (Article XI)
 - e. Proof of Medicaid Application or Medicaid Application Denial Letter
 - f. Proof of Affordable Care Act (www.healthcare.gov) Application
 - g. Applicants can only apply for WVHA Assistance during periods of Open Enrollment as defined by the Federal Government for coverage under the Affordable Care Act. WVHA adopts the Open Enrollment Period set forth by the Federal Government, including Special Enrollment Periods.
 - i. Exceptions:
 1. New applicants: applicants that were not eligible during the prior six (6) months AND were NOT eligible during the last Open Enrollment Period may apply for WVHA assistance outside of the Open Enrollment Period set forth by the Federal Government.
 - a. Unless the new applicant is determined to have a non-citizen resident exemption, all new applicants must still apply for and obtain an ACA Determination Letter to be submitted with their application for WVHA Assistance.
 - i. If a Special Enrollment Period is indicated, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.
 - ii. If no Special Enrollment Period is indicated, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.
 2. Renewal applicants: applicants that were eligible on the date that their application was received by the Enrollment Certifying Agent.
 - a. Unless the renewal applicant is determined to have a non-citizen resident exemption, all renewal applicants must still apply for and obtain an ACA Determination Letter to be submitted with their application for WVHA Assistance.
 - i. If a Special Enrollment Period is indicated, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.
 - ii. If no Special Enrollment Period is indicated, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.
 3. Applicants Eligible for ACA Special Enrollment Periods

- i. If a Special Enrollment Period is indicated on the ACA Determination Letter, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.
- ii. If a Special Enrollment Period is indicated, but the cost of a plan is more than 8%, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.

h. Available ACA Plans

- i. If the cost of a plan, net of premium tax credits, is less than 8% of gross income (excluding child support, gifts, Supplemental Security Income (SSI), Veteran's disability payments, Worker's compensation, proceeds from loans (like student, home equity or bank loans)), the WVHA application may be denied entirely, or approved for a shortened period of assistance.
 - 1. The WVHA Enrollment Certifying Agent will make the determination of whether or not a plan is available at a cost of less than 8% of the applicant's annual gross income by reviewing premium costs for the applicant (based upon age, gender, residence) indicated on the ACA Marketplace website in concert with the ACA Determination Letter information.
 - a. In this case, the WVHA Application will be denied
 - b. If, however, the applicant submits proof of coverage within the month they enroll for the ACA plan, and the applicant meets all other WVHA eligibility guidelines, the WVHA Enrollment Certifying Agent may approve a shortened period of eligibility. This is to allow for WVHA assistance during the short period prior to the patient's effective date with the ACA Plan.
 - i. Patients that apply for an ACA plan prior to the 15th of the month become effective for the ACA plan on the 1st day of the following month.
 - ii. Patients that apply for an ACA plan after the 15th of the month become effective on the first day of the second month following enrollment.
 - 1. WVHA assistance for the gap between the date the patient enrolled in an ACA plan and the ACA plan effective date shall not exceed a period of 45 days.

2. Evaluation and Determination:

- a. Upon receipt of the application and assessment form, the WVHA Enrollment Certifying Agent will evaluate the application and documentation for accuracy and appropriateness.
- b. Prior to submitting an application for WVHA, applicants must first submit an application for insurance on the ACA insurance exchange (www.healthcare.gov)
 - i. Note: The ACA insurance exchange will also be a point of entry for Medicaid applications.
 - ii. Note: Non-citizen Residents of the WVHA Taxing District may submit an attestation from the Farm Workers Association (FWA) in lieu of an ACA Application. The date of the FWA attestation shall not be dated any earlier than 30 days prior to the receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
 - iii. Note: Deferred Action for Childhood Arrivals (DACA) residents may submit proof of their Employment Authorization Card in lieu of an ACA determination letter.
 - iv. Note: Homeless residents of the WVHA Taxing District may submit a Homeless Verification Form (See Appendix G, Section 12.11) in lieu of an ACA Application. The date of the Homeless Verification Form shall not be dated any earlier than 30 days prior to receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
- c. WVHA Applicants must submit an ACA determination letter along with their WVHA application as proof of their ACA application. The date of the ACA Determination Letter shall not be dated any earlier than 30 days prior to the receipt of the WVHA Application to the WVHA Enrollment Certifying Agent; provided however, the ACA may be dated up to and including a date 6 months prior to the receipt of the WVHA Application by the WVHA Enrollment Certifying Agent if the ACA Determination

Letter is accompanied by a ACA Pre-Qualifying Form (See Appendix K, Section 12.09) which is completed by a Person Assisting who is approved by WVHA.

- i. Note: Non-citizen Residents of the WVHA Taxing District may submit an attestation from the Farm Workers Association in lieu of an ACA Determination Letter. The date of the attestation from FWA must be within 30 days of the application.
- ii. Note: Homeless residents of the WVHA Taxing District may submit a Homeless Verification Form (See Appendix G, Section 12.11) in lieu of an ACA Determination Letter. The date of the Homeless Verification Form shall not be dated any earlier than 30 days prior to receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
- iii. If the WVHA Applicant's Household income is less than 100% of the Federal Poverty Guidelines, and the ACA Determination Letter requests additional information in order to process the ACA insurance application, the WVHA applicant must provide the information in order for their WVHA application to be considered complete.
 1. If the only item that the ACA Determination Letter requests additional information to complete the application is to confirm tax filing status, the ACA Determination Letter shall be considered complete.
- iv. If the WVHA Applicant's Household income is greater than or equal to 100% of the Federal Poverty Guidelines, and the ACA Determination Letter requests additional information in order to process the ACA insurance application, the WVHA applicant must provide the information in order for their WVHA application to be considered complete.
 1. The WVHA applicant **CANNOT** be approved for WVHA assistance unless the ACA Determination Letter is complete (does not require additional information to determine eligibility for coverage or eligibility for premium tax credits or out of pocket costs credits/subsidies).
 - v. The WVHA Enrollment Certifying Agent has discretion to approve an applicant if the ACA Determination Letter is plainly in error based on a generally known computer glitch or other similar problem that prevents the issuance of accurate ACA Determination Letters, but the Agent may exercise this discretion only after verifying that this computer glitch or other problem has been reported in writing to CMS and/or HHS officials who have responsibility to work on a solution. This includes the attestation process where FHS has assisted the applicant with uploading documentation after verifying that the application would not meet the ACA subsidy or tax credit requirement based on income.
- d. The information provided in the application and accompanying documentation is the basis for one of three determinations. The application determination must be made on a timely basis.
 - a. Denied- The case is denied and a "Notice of Determination" is sent to the applicant and documented. Applicant does not proceed to enrollment.
 - b. Pending - The case may be returned for corrections or the submission of additional information. Cases can only be pending for a total of 30 calendar days. While an application is pending submission of additional information, the WVHA Enrollment Certifying Agent has discretion to accept in lieu of requested documents the written clarifications on basic questions about an applicant (e.g., marital status, relationship to applicant) submitted by a supervisory level staff member at a WVHA funded agency; provided however, the applicant must be mailed a copy of any such clarification with notice that it will be considered as a part of the application unless objected. If the required information or some such clarification is not received, the case will be denied on the 31st calendar day.
 - c. Approved - The case is approved. "Notice of Determination" is sent to the applicant. Applicant proceeds to enrollment.
3. Enrollment: The enrollment process includes:
 - a. Explanation of the benefits covered under the assigned plan and how to receive care.
 - b. Explaining the policy and providing a copy of the WVHA guidelines.
 - c. The issuance and explanation of the WVHA Health Card.

Article IV. WVHA Application Time Standards

Section 4.01 Purpose

To define the allowable time standards for submission of applications and supporting documentation for the purpose of eligibility determination.

Section 4.02 Policy

Time Standards – Applications:

1. **Date of Application:** The application date is determined in one of the followings ways:
 - a. The date the application is received by WVHA Enrollment Certifying Agent becomes the enrollment date should the applicant be found to be eligible.
 - b. The date of emergency room treatment or date of discharge if patient was subsequently admitted to an approved WVHA area hospital. These applicants must be instructed to make arrangements for initial screening and application at designated primary clinic within fifteen (15) business days.
2. **Time Standards – Submission for eligibility determination:**
 - a. WVHA Enrollment Certifying Agent will respond to applications and make a determination in a timely manner.
3. **Reapplication – (after denial)**
 - a. Effective February 16, 2016, an applicant may reapply 21 days from date of denial should there be a material change in application circumstances. After submitting three (3) applications and receiving three (3) denials, the applicant may reapply **ONLY** after presenting a money order in the amount of \$21.00 and payable to the WVHA.
4. **Renewal**
 - a. A WVHA Enrollee can apply for renewal no earlier than 30 days prior to expiration date of existing card. If a cardholder applies at renewal, and a lapse occurs within 30 days from coverage term date, dates will be adjusted to avoid a lapse in coverage. Each reapplication is treated as a new application and all forms and updated documents need to be submitted accordingly.
5. **Eligibility Term**
 - a. WVHA Health Cards are issued for a period of six (6) months. WVHA reserves the right to issue short term eligibility periods for special circumstances to be determined by WVHA Enrollment Certifying Agent.

Article V. WVHA Family Size

Section 5.01 Purpose

To identify the person or persons to be considered as part or all of a family unit.

Section 5.02 Policy

WVHA Enrollment Certifying Agent shall consider family size as part of the eligibility process. Inmates under the control of a law enforcement authority or under prison control are excluded from consideration.

Section 5.03 Definitions

To determine if the family unit's gross income is within the WVHA income standards, it must first be determined who is in the applicant's family unit.

A family unit is defined as one or more persons residing together in the same household, whose needs, income, and assets are included in the household budget (excluding: roomers, boarders, lodgers, wards, employees, foster children, or adult dependents who are not Full Time Students). Members include the applicant, legal spouse, dependent children, stepchildren, adopted children, unrelated minor children for whom the individual has legal guardianship or custody, legal guardian, or natural parents of minor children, or minor siblings.

Other relatives under the age of 18 and living in the household must be dependent on the Head of the Family for financial support and claimed as a dependent for income tax purposes and does not have an independent income, to be considered part of the family unit.

Full Time Students-Persons 18 years of age or older who are full-time students (this must be proven and documented by IRS tax documentation in which the student is claimed as a dependent) are considered part of the family unit size until 24 years of age, after which they are considered as a separate family unit. Documentation must be provided and placed in the eligibility file.

Persons Not Considered Part of the Family Unit- Parent, grandparent, son, daughter, brother, or sister 18 years of age or older who resides in the family residence is not considered part of the family unit size, but a separate family except as described above. (Full Time Students)

Emancipated persons are not considered part of the family unit size, but rather as a separate family.

If a residence is shared by one or more family units, the Federal Poverty Level Guideline levels are applied to each family unit and not to the residence as a whole.

Eligibility is based on the entire family unit.

Qualifying Levels - The family size along with the gross income is compared to approved qualifying levels for the purpose of determining eligibility.

Formatted: Font: Italic

Article VI. WVHA Qualifying Levels

Section 6.01 Purpose

To identify the application of qualifying levels based on family size and income.

Section 6.02 Policy

WVHA utilizes the Federal Poverty Level Guidelines, published annually in the Federal Register and approved for use on April 1 of each year. The guidelines are used to determine qualifying levels for eligibility. The WVHA Board establishes the qualifying percentages which cannot be modified without WVHA Board approval.

Section 6.03 Guideline

150% of the approved Federal Poverty Level Guidelines for children and adults - Link below: (See Appendix A – Current Federal Poverty Guidelines).

<http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html>

Article VII. WVHA Termination

Section 7.01 Purpose

To establish criteria for the termination of member eligibility for WVHA Health Card programs.

Section 7.02 Policy

Termination of individuals from assigned programs may occur if evidence of the following is discovered:

1. Providing false information by evidence of submission or omission.
2. Failure to keep appointments
3. Abusive or disruptive behavior
4. Inappropriate or excessive use of Emergency Room Services
5. Inappropriate or excessive use of other provided services, including altered RX Prescriptions
6. Illegal possession of firearms or weapons
7. Physical or verbal threats
8. Enrollment in a Health Insurance Plan
9. Eligible for Medicaid
10. Eligible to enroll in ACA Marketplace private insurance, net of premium tax credits, for cost that is less than 8% of gross income.

If terminated for reasons 1,3,4,5,6,or 7, individuals are ineligible for future consideration.

Termination of entire family unit from assigned programs may occur if evidence of the following is discovered:

1. Providing false information by evidence of submission or omission; changing, tampering or altering information printed on a Health Card in any way
2. Income exceeds guidelines
3. Assets exceed guidelines

If terminated for reason 1, entire family unit is ineligible for future consideration.

Article VIII. WVHA Residency

Section 8.01 Purpose

This section defines residency as it relates to the WVHA Health Card eligibility process and identifies acceptable documentation to prove residency in the WVHA Taxing District (Appendix C - WVHA Taxing District (Zip Codes Included in District)).

Section 8.02 Policy

The applicant must reside in WVHA Taxing District. Except for those qualified as "homeless", residency exists when the applicant has lived within the WVHA Taxing District and has been a permanent resident for a minimum of three (3) months.

- Homeless residency is established when a homeless applicant registers at an approved social service agency and has been seen by that agency for at least one (1) month.
- Residency does not exist when the stay is for a temporary purpose or there is intent to return to another location outside of the WVHA Taxing District.
- Admission to an institution located within WVHA Taxing District does not constitute fulfillment of the residency requirement.
- A student attending school away from home is considered a resident of the county in which his parents reside if he is claimed as a dependent for federal income tax purposes.
- A visit to West Volusia County for any purpose does not qualify as residency.
- A temporary living arrangement in WVHA Taxing District prior to admission/treatment in a medical facility does not qualify as residency.
- Documentation supplied by the applicant to prove residency may not be used to verify the applicant's identity.
- For applications containing multiple applicants from the same household, documents for the head of household shall apply to all applicants in the same application for the purposes of establishing residency.

Section 8.03 Procedures

All residency documentation must be copied and placed in the applicant's permanent case file. WVHA may request to see original documentation.

Residency for WVHA programs is satisfied when an applicant provides proof of WVHA Taxing District residency by presenting any two (2) of the following documents (The documents may be from different street addresses, as long as the street addresses are within the WVHA Tax District).

APPLICANT IS HOMELESS (only one (1) document required):

- WVHA Homeless Verification Form (Section 12.06) from an approved social service agency. (must have a valid mailing address)

APPLICANT LIVES WITH OTHERS OR RENTS/OWNS (Two (2) Documents required):

- WVHA Verification of Support (Section 12.07)
- Vehicle Registration
- Children registered in West Volusia Schools
- Mail received by applicant in West Volusia County for three (3) month period. (i.e. government correspondence, USPO change of address, court documents, other bills) If mail sent to a P.O. Box, the applicant's physical address must be noted in document. If online bills are provided they must include Date (Billing Period), Name, & Address.
- Property tax bill
- Mortgage payment
- Lease Agreement/Contract

- WVHA Verification of Rent (Section 12.08)
- Utility bills

APPLICANT IS ENROLLED IN A FACILITY OR AGENCY PROGRAM:

- Letter from agency or group home where applicant is enrolled.
- Proof of West Volusia residency as outlined above for immediate past three (3) month period,
- If applicant was homeless prior to enrollment, then proof of residency for one (1) month as outlined above.

Section 8.04 Definitions

- Property Tax Bill - For current or prior year depending on the date of application (most recent bill issued). WVHA Enrollment Certifying Agent will confirm data from Volusia County website.
 - Lease Agreement/Contract - The lease must be for the current year. The documentation must include landlord's name, address, telephone number, and lease start and end date.
 - Rent Receipts - The rent receipts must be for the immediate past three (3) months. If the required receipts are not available, a WVHA Verification of Rent form may be completed and signed by the rentor/lessor (Section 12.08).
 - Utility Bills - Electric, water, telephone, gas or other city or county utilities or other contracted service (i.e. pest control, cable service...) that would indicate the address the service is provided, for the past immediate three (3) months. These are only accepted as proof of residency for applicants that own or rent and must be in the same name as the applicant.
 - Enrollment in a Facility or Agency Program - Letter from agency or group home where applicant is enrolled. This form of documentation must be accompanied by an approved proof of residence for the past immediate three (3) months in the WVHA Taxing District prior to enrollment in the facility program. (Homeless - one (1) month - (Section 12.06))
 - WVHA Verification of Support- if the applicant is living with another party (Section 12.07).
 - WVHA Homeless Verification Form from a WVHA approved social service agency (Section 12.06)
 - Vehicle Registration in the name of applicant/spouse. Must be current and include address in the WVHA Taxing District.
 - Proof of children registered in area schools.
- Applicants that provide a WVHA Verification of Support, may be subject to verification through skip tracing, credit report and property search tools. The relationship between the applicant(s) and the person providing support to the applicant must be indicated.
 - All proof of residency documents must show street address within the WVHA Tax District.
 - Post office boxes may be used for mailing purposes only. Applicants mailing address must include their residence physical address. Applicants with post office boxes are still required to meet all residency requirements. The USPO will deliver mail to a post office box shown on the line directly above City and State line and physical address shown below name.

Example: Name of applicant
 Street Address
 Post Office Box
 City, State and Zip

Note: Any WVHA member mail or correspondence returned to WVHA Enrollment Certifying Agent as undeliverable or with an invalid address will be subject to suspension of coverage until a new application can be processed or address is verified by applicant.

Formatted: Font: Italic

Article IX. WVHA Identification

Section 9.01 Purpose

To define identification as it relates to WVHA eligibility.

Section 9.02 Policy

Every applicant must provide copies of two (2) acceptable documents (one must be a photo I.D.) to prove his/her identity. Identification must be current.

Section 9.03 Procedures

The following define acceptable documentation for proving identification.

- a. Birth Certificate
- b. Florida Picture Identification Card (Such as Florida Driver's License with West Volusia address)
- c. Social Security Card
- d. The Farmworker Association of Florida, Inc. (Photo Identification with correct address)
- e. Passport
- f. Certificate or official document that includes name, address, and social security number (such as a tax form or social security document).
- g. Alien Registration receipt card, (Green card, Form I-151 or I-551)
- h. Any government issued photo identification

Article X. WVHA Income

Section 10.01 Purpose

To identify the sources, calculation, and verification of income and how it relates to the WVHA Health Card eligibility process.

Section 10.02 Policy

The WVHA Board will set the income levels allowable for inclusion into the WVHA programs.

All income must be verified by the source of the income.

Income will be calculated using a Quarterly (thirteen weeks) or Annual (fifty-two weeks) method.

Section 10.03 Definitions

Gross Income-The amount of income received as of the date of the application for the prior twelve (12) month time period under consideration. For family size of two or more, income for all household members must be included.

Section 10.04 Procedures

The following are considered as sources of income or value for the purposes of determining eligibility:

1. Wages, salaries and gratuities, Pay Stubs for previous 8 weeks
2. Social Security Benefits for any household member
3. Supplemental Social Security Income (SSI) or Disability Benefits
4. Temporary Assistance for Needy Families (TANF)
5. Retirement or Pension Benefits, Stocks, Bonds and Annuities (e.g., 401K, 403B, IRA, SEP)
6. Royalties and Rents/Income from Rental Property
7. Unemployment/Worker's Compensation Statement
8. Veterans or Military Benefits/Allotments
9. Strike Benefits
10. Insurance and Annuity Income
11. Dividends and Interest Earnings (stocks, bonds, etc...)
12. Estate and Trust Fund Income
13. Private Loans of a Recurring Nature
14. Training Stipends
15. Alimony/Child Support
16. Inheritance
17. Compensation for an Injury/Settlements
18. Gifts-(include donations from churches, other organizations and family members.)
19. Insurance Payments
20. Self-employment Income. Defined as the amount of "net profit (loss)" as reported on tax return Form 1040 Schedule C, line 31. The WVHA Enrollment Certifying Agent may request supporting documentation for deductions not in line with industry standards. Deductions for personal expenses and wages will be adjusted accordingly. (Include last Quarter Financial Statements, bank settlements and most recent Tax Return)
21. All sources of value including free rent and barter goods will be used to determine the applicant's income
22. Housing Assistance Statement (Section Eight)
23. Food Stamps/Social Pensions
24. DCF Verification of Employment/Loss of Income Form

~~25. WVHA Work Calendar for last 8 weeks (Section 12.10)~~

~~26-25. WVHA Verification of Support Form (Section 12.07) (unemployed applicants)~~

~~27-26. Most Recent Tax Return, 1040~~

~~28-27. Other income from any other source~~

(a) Verification of Income

1. Income verification is accomplished by submitting copies of the

- a. Most recent individual income tax return, Form 1040 and W-2's for all wage earners in household
- b. Recent paystubs- Eight (8) weeks prior or Florida DCF Verification of Employment/Loss of Income Form from current employer and/or Year to Date for all jobs.
 1. If applicant has recently lost their job, the Loss of Income Section of the DCF Verification of Employment/Loss of Income Form must be completed.
- c. Bank Statements (previous three (3) months) include all pages
- d. Medicaid Denial Letter or proof of Medicaid application and date of application. (Clinics, specialists, pharmacy and hospitals should check for Medicaid eligibility each time a patient presents for services, even if the patient has a current WVHA Health Card). Applicants unable to provide documentation of citizenship will be exempt from applying for Medicaid.
- e. Unemployment/Worker's Compensation Statement. Applicants unable to provide documentation of citizenship will be exempt from applying for unemployment benefits.
- f. Child Support/Alimony
- g. Social Security Benefits for any family member
- h. Pensions/Retirements/Interest
- i. Veterans Benefits
- j. Any settlements, court ordered or otherwise. Evidence of amount and duration of all settlements are required.
- k. Other appropriate supporting documents.
- l. Self-Employment
 1. Bank Statements for all business accounts for the last 3 (three) months; all pages must be included
 2. Previous Year's Business Tax Return-complete w/attachments/schedules
 3. ~~Current Business Financial Statements~~ Most recent quarterly financial statement

(b) Calculation of Income

2. The calculation of income is calculated by the annual method. This method calculates the previous twelve (12) months of gross earnings received to establish a monthly average income (MAI). This MAI is compared to the WVHA Board approved level as it relates to the Federal Poverty Level Guidelines, to determine qualification for the WVHA programs.
3. The following methods shall be used to compute MAI:
 - a. Hourly rate known x 2080 hours (year) divided by 12 = monthly income
 - b. Weekly rate known x 52 weeks (year) divided by 12 = monthly income
 - c. Bi-weekly rate known x 26 weeks (year) divided by 12 = monthly income
 - d. Yearly rate known divided by 12 = monthly income

- e. If the applicant has worked or will work part of the year, the monthly income amount will be determined predicated upon the number of months worked. For example, if the applicant works 9 months, then the total amount of earnings during the 9 months will be divided by 12 to arrive at a monthly income amount.

If an applicant is claiming \$0 income and lives alone, the applicant must provide a notarized WVHA Verification of Support Form which includes statement of monthly household expenses that are paid on his/her behalf. This amount is considered applicant's monthly income. The relationship between the applicant(s) and the person providing support to the applicant must be indicated.

If an applicant is claiming \$0 income and resides with others the applicant must provide a notarized Verification of Support Form which includes statement of monthly household expenses and the number of people in the household. (Divide the total expenses by the number of people in household to calculate the applicant's monthly income amount) The relationship between the applicant(s) and the person providing support to the applicant must be indicated.

Article XI. WVHA Assets

Section 11.01 Purpose

To identify sources, calculation and verification of assets and how it relates to the WVHA Health Card eligibility process

Section 11.02 Policy

The WVHA Board will set the asset levels allowable for inclusion into the WVHA programs.

Section 11.03 Procedures

The following are considered assets that are *excluded* from asset calculations.

1. Assets Excluded

- a. One homestead-A homestead is defined as a house, trailer, boat or motor vehicle in which the family unit resides.
- b. Household furnishings
- c. One automobile in operating condition
- d. Clothing
- e. Tools used in employment
- f. Cemetery plots, crypts, vaults, mausoleums and urns
- g. Produce and animals raised for the applicant's personal home consumption
- h. Long term fixed retirement accounts (e.g., 401K, 403B, IRA, SEP). Income from these accounts will still be included when calculating household income.
- i. Assets that are jointly owned by a person who is deemed a victim of domestic violence can be excluded when that asset is jointly owned with the assaulter.
 - i. Official court documentation must be supplied as proof that the applicant is a victim of domestic dispute, this may include a restraining order.
 - ii. The WVHA HealthCard program will require a notarized statement from a court official, or the applicant themselves, attesting that the applicant is unable to liquidate that asset specifically due to the domestic violence situation and fear it would cause harm to the applicant.

Formatted

Formatted

Formatted: List Paragraph, Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.25" + Tab after: 1.5" + Indent at: 1.5"

In order to be considered, an asset must first be "available" to the applicant or family unit. An asset is available if the applicant or member of the family unit has the right, authority or power to liquidate the property or his share of the property. The following assets, if "available," must be considered toward the asset limit:

2. Assets to be considered

- a. Checking and saving accounts- the value of a checking or savings account excludes amounts deposited in the four (4) weeks prior to application because such funds are counted as income.
- b. Equity value of real property other than homestead. The value is verified by the county appraiser of the county in which the property is located. The equity value is determined by subtracting the amount of any encumbrances from the value of the asset. The encumbrances subtracted from the property value [for the purpose of the asset calculation under this program] must be tied to the property through formalized legal obligation. Generally this is a lien or mortgage where the financial institution retains the title to a property until the borrower repays the amount, in turn prohibiting the owner from exercising full control over their property (i.e.: receiving payment from a buyer when selling or transferring the title). A private or informal loan provided to the property owner, for example a loan from a friend or family member, is not considered an encumbrance for asset amount determination.
- c. Cash surrender value of life insurance, if the combined face value of all policies owned by the family unit exceeds \$1,500.

Formatted: Font: Italic

- d. Additional automobiles or motor vehicles- applicant should provide either the N.A.D.A. Book value or the vehicle registration and mileage. Otherwise, the WVHA Enrollment Certifying Agent will assign value at the average N.A.D.A. value of the vehicle.
- e. Recreational vehicles-With value determined by a statement from a commercial seller of such vehicles and verified by photocopies of registration.
- f. Trusts. With value based on the principal of the trust and verified by a statement from the Trustee.
- g. Stocks, bonds and other investment assets. With value verified by the value listed in stock value of newspaper or statement from other reliable sources.

g.

Formatted: Indent: Left: 0.75", No bullets or numbering

- To determine whether Assets are within the Limits for the WVHA Health Card Program, refer to the chart located in Section 12.03.
- If family unit's available assets are less than or equal to the amount shown on the chart for a household of the same size, then the applicant has met the asset criterion for the WVHA Health Card Program.
- If family unit's available assets are greater than the amount shown on the chart for a household of the same size, then the applicant is not eligible to participate in the WVHA Health Card Program.

Article XII. Appendices

Section 12.01 Appendix A - Current Federal Poverty Guidelines

2016 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline	150%
1	<u>\$11,880</u>	<u>\$17,820</u>
2	<u>\$16,240</u>	<u>\$24,360</u>
3	<u>\$20,420</u>	<u>\$30,630</u>
4	<u>\$24,600</u>	<u>\$36,900</u>
5	<u>\$28,780</u>	<u>\$43,170</u>
6	<u>\$32,960</u>	<u>\$49,440</u>
7	<u>\$37,140</u>	<u>\$55,710</u>
8	<u>\$40,890</u>	<u>\$61,335</u>
For families/households with more than 8 people, add \$4,180 for each additional person.		

SOURCE: <https://aspe.hhs.gov/poverty-guidelines>

Section 12.02 Appendix B - Asset Limits

WVHA Health Card Program

ASSET LIMITS

If family unit's available assets are \leq the amount shown on the chart for a household of the same size, then the patient has met the asset criterion for the WVHA Health Card Program.

If family unit's available assets are $>$ the amount shown on the chart for a household of the same size, then the applicant is not eligible to participate in the WVHA Health Card Program.

FAMILY SIZE	ASSET LIMIT
1	\$5,000
2	\$5,500
3	\$6,000
4	\$6,500
5	\$7,000
6	\$7,500
7	\$8,000
8	\$8,500
9	\$9,000
10	\$9,500

Each Additional Person \$500

http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/Public_Notice.pdf

These limits follow limits set forth in the Medicaid Medically Needy guidelines and may be updated accordingly.

Section 12.03 Appendix C - WVHA Taxing District (Zip Codes Included in District)

West Volusia Hospital Authority Taxing District

Zip Codes

32102	Astor * (Only Volusia County Side)
If address has 5 numbers- Lake County	
32105	Barberville
32130	DeLeon Springs
32180	Pierson
32190	Seville
32706	Cassadaga
32713	DeBary
32720	DeLand * (Only Volusia County Side)
If address has 5 numbers – Lake County Side	
32721	DeLand (P.O. Boxes)
32722	Glenwood
32723	DeLand
32724	DeLand
32725	Deltona
32728	Deltona
32738	Deltona
32739	Deltona
32744	Lake Helen
32754	Mims * (Only Volusia County)
32763	Orange City
32764	Osteen
32774	Orange City

* These zip codes overlap other counties. Look up record on *Volusia County Property Appraiser* or *Volusia County Tax Collector* websites to confirm they are located within the county.

Section 12.04 Appendix D – WVHA Health Card Application Form



WVHA HEALTH CARD APPLICATION

Application Date:

Section 1: Applicant Information. All members of Household may apply through same application. Please indicate all applicants in Section 2 'Members of the Household'.

Last		First	Middle	Maiden or Other Name	
Physical Address (where you reside)					
City		County	State	Zip	
Mailing Address					
City				State	Zip
How long have you lived at residence?	Temp/Perm	Rent/Own/Other	Daytime Telephone	Evening Telephone	
Date of Birth	Sex (circle one) Male Female		Social Security Number		
Previous address if less than 3 months					
City				State	Zip

Section 2: Members of the Household. List legal spouse, dependent children, stepchildren, adopted children, unrelated minor with proof of custody, children over 18 up to 24 years old that are full time students and claimed on parent's income taxes as dependents.

Name	Applying for Health Card	DOB	Relationship	SS#
1.	Yes No (circle one)			
2.	Yes No (circle one)			
3.	Yes No (circle one)			
4.	Yes No (circle one)			
5.	Yes No (circle one)			
6.	Yes No (circle one)			
7.	Yes No (circle one)			
8.	Yes No (circle one)			

Section 3: Authorization to Release Medical and Individually-Identifiable Protected Health Information (PHI).

All Applicants over 18 must sign below or application will be pending.

I on my behalf and on behalf of any applying family member under the age of 18, do hereby authorize West Volusia Hospital Authority (WVHA), Northeast Florida Health Services, Inc. (NFHS), and any of their successors and/or assigns and any of their independent sub-contractors and participating providers, to release and exchange any and all data, records and information related to medical records and individually identifiable protected health information (PHI) in their respective capacities as covered entities under HIPAA, and as allowable under federal and state laws, including but not limited to the data, records and information as necessary to provide care and/or administer the WVHA Indigent Health Card Program.

I hereby waive, relinquish and release the organizations referenced above, who have been granted the authority to release information to each other and otherwise, from any and all claims arising out of my authorization to release this information in accordance with the terms of this document.

A photocopy of this Authorization is considered as valid as the original. You are entitled to make and return a photocopy of this authorization. The authorization referenced above in regards to medical records shall remain in effect indefinitely unless properly terminated by written notice.

I certify that the information given by me for the purpose of qualifying for the WVHA Health Card Program is true and correct. I understand and hereby authorize WVHA and its agents to conduct such investigation, including, but not limited to obtaining my credit report, as necessary to verify the accuracy of the information provided. I understand that any misrepresentation by evidence of submission or omission may result in my termination from the WVHA Health Card Program.

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Section 12.05 Appendix E - WVHA Health Card Assessment Form



WVHA HEALTH CARD ASSESSMENT FORM

Screened by
(THND Representative): _____

Instructions: Please complete this form in its entirety. This form must be completed by all applicants over 18, including legal spouses who are not applying. *Failure to provide separate WVHA Health Card Assessment Forms will result in a Pended application.*

Section 1: General Information.

Date	Applicant Name	Date of Birth	Clinic
------	----------------	---------------	--------

Section 2: Insurance Information.

2.1 Do you have any Medical Insurance?	<input type="checkbox"/> Yes <i>If Yes, please indicate Carrier and ID #:</i> _____	<input type="checkbox"/> No
2.2 Are you eligible for COBRA Benefits from a current/prior employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3 Do you have Medicare A or B?	<input type="checkbox"/> Yes <i>If Yes, please indicate which coverage you are enrolled in & effective date</i> _____	<input type="checkbox"/> No
2.4 Do you receive healthcare assistance or aid other than WVHA?	<input type="checkbox"/> Yes <i>If Yes, please indicate the assistance and/or aid you receive & effective date</i> _____	<input type="checkbox"/> No
2.5 If you are seeking services for an injury, is your injury due to a work related or auto accident?	<input type="checkbox"/> Yes <i>If Yes, please describe</i> _____	<input type="checkbox"/> No

2.6 Proof of Medicaid application or denial is required. Please ensure to include this with your submission

Section 3: Family Size.

3.1 Marital Status (Circle One):	<input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Widow	
3.2 Do you have any dependent children living in the household?	<input type="checkbox"/> Yes <i>If Yes, how many?</i> _____	<input type="checkbox"/> No

Section 4: Identification.

4.1 Do you have a Driver License or other Government ID?	<input type="checkbox"/> Yes <i>If Yes, please provide a copy of ID</i>	<input type="checkbox"/> No
--	--	-----------------------------

4.2 Two (2) forms of ID are required, one (1) must be a picture ID. Please circle any other proof of identification provided other than a Driver License.

Non-Picture ID:

-Social Security Card

-Birth Certificate

-Certificate or Official Document w/ Name, Address, & SSN

Picture ID:

-Passport

-Green Card

-Form I-151

-Form I-551

-Farmworkers Association of Florida-Photo ID

Section 5: Residency.

5.1 Do you own the house where you live?

☐ Yes

If Yes, please provide Property Tax Bill of current or prior year

☐ No

5.2 Do you rent?

☐ Yes

If Yes, please provide a copy of current Lease Contract or Verification of Rent Form

☐ No

5.3 Do you live in someone else's house?

☐ Yes

If Yes, please provide Verification of Support Form

☐ No

5.4 Do you consider yourself homeless?

☐ Yes

If Yes, please provide Homeless Verification Form

☐ No

5.5 All proof of residency documents must show street address within the WVHA Tax District and must be for the past immediate 3 months. Two (2) forms of residency are required, unless you are homeless applicant. Homeless applications only need to submit the Homeless Verification Form.

Please circle any other proof of residency provided:

- Utility Bills (Electric, Water, Telephone, Gas, etc.)

- Mail received for three (3) month period

- Vehicle Registration in the applicant/spouse's name

- Mortgage Payment

- Proof of children registered in West Volusia School

Section 6: Financial Information.

6.1 Have you been employed in the last 8 weeks?

☐ Yes

If Yes, complete the below & provide previous 8 weeks worth of paystubs or DCF Verification of Employment/Loss of Income Form

☐ No

Employer Name

Pay Rate (circle one)

Hourly Daily Weekly Biweekly Monthly

Employer Address

City

State

Zip

Section 8: Assets			
8.1 Do you have a checking/savings account?	<input type="checkbox"/> Yes <i>If Yes, please provide copy of statements for all the accounts for last 3 months</i>		<input type="checkbox"/> No
8.2 Do you own a Business?	<input type="checkbox"/> Yes <i>If Yes, please provide last Quarter Business Financial Statements and Bank Statements</i>		<input type="checkbox"/> No
8.3 Do you own property(ies) in other counties/states or country (including rental properties that you own)?	<input type="checkbox"/> Yes <i>If Yes, please list all the properties you own below, including lots, & provide any outstanding mortgage documentation outside of your permanent residence</i>		<input type="checkbox"/> No
Property Address		Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address		Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address		Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.4 Have you sold or transferred title to any property in the last 3 years?	<input type="checkbox"/> Yes <i>If Yes, please list all the properties, including lots and supply supporting documentation as proof of this sale</i>		<input type="checkbox"/> No
Property Address	Date of Sale: ____/____/____	Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address	Date of Sale: ____/____/____	Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address	Date of Sale: ____/____/____	Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.5 How many automobiles, motorized vehicles or motorcycles do you own? <small>Single automobile should only be recorded on one applicant's assessment form</small>	<input type="checkbox"/> Yes <i>For two or more vehicles also include the value as determined by N.A.D.A book along with vehicle(s) registration.</i>		
8.6 Do you own any recreational vehicles?	<input type="checkbox"/> Yes <i>If you do own, please provide vehicle(s) registration along with the value determined by a statement from a commercial seller of such vehicle(s)</i>		<input type="checkbox"/> No
Section 9: List All Sources of Assets for the Household (i.e. IRAs, CDs, inheritances, pensions, stocks, trust funds, cash surrender value of life insurance, etc.). Please provide all supporting documentation for any assets listed below.			
Asset Type	Source of Asset	Amount	Monthly or Lump Sum
			<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
Section 10: Applicant Certification.			
I certify that the information given by me for the purpose of qualifying for the WVHA Health Card Program is true and correct. I understand and hereby authorize WVHA and its agents to conduct such investigation, including, but not limited to obtaining my credit report, as necessary and at any time during the application process, enrollment or after benefits have been assigned to verify the accuracy of the information provided. I understand that any misrepresentation by evidence of submission or omission may result in my termination from the WVHA Health Card Program.			
Signature of Individual or Legal Representative			Date

Formatted Table

Section 12.06 Appendix F – WVHA Homeless Verification Form



WVHA Homeless Verification Form

Agency Instructions: To be printed on Agency letterhead. Please complete this form in its entirety.
Failure to provide all information on Homeless Verification Form will result in a Pended application.

Section 1: General Information.

Date	Client Name	Date of Birth	Photo ID Number
------	-------------	---------------	-----------------

Section 2: Mailing Address.

Mailing Address (where your WVHA Health Card correspondences should be mailed)

City	County	State	Zip
------	--------	-------	-----

Length of time in Volusia County

Section 3: Agency Assessment.

I, _____, based on my assessment certify that the client has met the H.U.D. definition of homeless and has been within the West Volusia Tax District for at least one month.

Agency Signature:	Date:
Client Signature:	Date:



WVHA Verification of Support

Instructions: Please complete this form in its entirety. Failure to provide all information on Verification of Support Form will result in a Pended application.

Section 1: General Information.

Date	Applicant Name	Date of Birth	Last Four Digits of SSN
------	----------------	---------------	-------------------------

Section 2: I am presently residing at.

Physical Address

City	County	State	Zip
------	--------	-------	-----

I have been residing at the above address since: _____

Section 3: My previous address was.

Address

City	County	State	Zip
------	--------	-------	-----

I lived at this previous address for: _____

Section 4: My food and/or living expenses are provided by.

Provider Name

Applicant Signature	Date
---------------------	------

Section 5: To be completed by Provider.

5.1 Do you only provide a place to stay (rent free) and no monthly expenses are provided to the applicant?

☐ Yes
If Yes,
complete
questions
5-3, 5-4,
& 5-5 with
'N/A'

☐ No
☐ No

Formatted: Font: 9 pt

Formatted Table

5.2 Does the applicant reside with you?

☐ Yes
If Yes,
answer
questions
5-3, 5-4,
& 5-5

☐ No
If No,
complete
questions
5-3 & 5-4
with 'N/A' &
question 5-5
with the
appropriate
amount

Formatted: Font: 9 pt

5.3 Total monthly household expenses covering all residents (rent, electric, water, groceries, etc.) \$ _____

INSTRUCTIONS FOR QUESTIONS 5.3, 5.4, AND 5.5 -

• The amount listed here below should be the household expenses for where the applicant resides.

• If the provider pays for household expenses on behalf of the applicant (even if they live in separate homes) the dollar amount must be listed here. Question 5.4 would then indicate the qualified family members on the WVHAHealthCard application that the provider is supporting.

• If the provider DOES NOT pay for household expenses on behalf of the applicant, please indicate \$0 or N/A on 5.3 and 5.4.

5.4 Total number of people residing in household (including the applicant) _____

5.3 Total monthly household expenses covering all residents (rent, electric, water, groceries, etc.) \$ _____

5.4 Total number of people residing in household (including the applicant) _____

5.5 In addition to the monthly household expenses, I provide \$ _____ per month to the applicant.

Provider Name	Relationship to Applicant
---------------	---------------------------

Provider Address	City
------------------	------

Formatted: Font: 9 pt, Italic

Formatted: Line spacing: single, Pattern: Clear (Background 1)

Formatted: Font: 9 pt, Bold, Italic

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold


Formatted: Indent: Left: 0"

Formatted Table

State	Zip	Provider Phone No.
Section 6: Provider Signature & Notary.		
I, the undersigned, being responsible for the named applicant, do hereby swear that the information contained herein is true and correct, and that I am providing support for named applicant.		
Provider Signature:		Date:
Notary Public		

Section 12.07 Appendix G WVHA Verification of Support Form

Section 12.08 Appendix H – WVHA Verification of Rent Form

 WVHA Verification of Rent			
Instructions: Please complete this form in its entirety. <i>Failure to provide all information on Verification of Rent Form will result in a <u>Pended</u> application.</i>			
Section 1: General Information.			
Date:	Applicant Name:	Date of Birth:	Last Four Digits of SSN:
Section 2: I am presently residing at.			
Physical Address			
City	County	State	Zip
2.1 The monthly rent is \$_____.			
2.2 I began renting at the above location on the following date _____.			
Applicant Signature		Date	
Section 3: Rentor/Lessor Information. <i>Must be completed by the Rentor/Lessor</i>			
Rentor/Lessor Name		Rentor/Lessor Phone Number	
Rentor/Lessor Address			
City	State	Zip	
Relationship to Tenant			
Tenant Name			
3.1 I am renting the address listed above in Section 2 to the applicant since _____ (date).			
3.2 The current monthly rental rate is \$_____.			
3.3 The monthly rent does / does not (circle one) include utilities.		3.4 If yes, list utilities included:	
Section 4: Rentor/Lessor Signature			
I, the undersigned, do hereby swear that the information contained herein is true and correct.			
Rentor/Lessor Signature		Date	

Section 12.09 Appendix I - ACA Pre-Qualifying Form

Affordable Care Act Enrollment Prequalifying Intake Interview 2015

Person Assisting _____ DATE: _____

Last Name _____ First Name _____ MI _____

Phone # _____ Zip Code _____ County _____

The below set of questions will help us determine if you are eligible for the Affordable Care Marketplace. Upon qualification the Person Assisting will help you enroll in HealthCare.Gov.

In the event you're not eligible at this time, you will be given this supporting document which will serve as proof you attempted to apply for the marketplace. At such time you will be given options for health care and instructions on how to apply for alternative coverage.

Those that are not covered by the marketplace due to ineligibility are protected from the:

- 2% yearly household income penalty or
- \$325 per person for the year (\$162 per child under 18. The maximum penalty per family using this method is \$925 per family.

If you don't have coverage in 2015, you'll pay the higher of these two amounts.

1. A Veteran? Yes ___ No ___ If yes, will they be willing to drop all of their coverage through VA? (If both Yes, proceed with enrollment)
 2. A Native American? Yes ___ No ___ (If yes, will not qualify for subsidy.)
 3. Parent of children already on Healthy Kids plan? Yes ___ No ___
 4. Under age 64? Yes ___ No ___ If older, they are or soon will be covered by Medicare
 5. Currently Covered by Medicaid? Yes ___ No ___
 6. Do you or anyone in your household have employer coverage or been offered employer coverage? Yes ___ No ___ (If Yes, will not qualify for subsidy but may still shop the marketplace)
- Do you have verifiable income? Yes ___ No ___ Threshold is \$11,770 for 1 person or \$15,930 for a couple.

2017 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES & DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline	150%
1	\$12,060	\$18,090
2	\$16,240	\$24,360
3	\$20,420	\$30,630
4	\$24,600	\$36,900
5	\$28,780	\$43,170
6	\$32,960	\$49,440
7	\$37,140	\$55,710
8	\$41,320	\$61,980
For families/households with more than 8 people, add \$4,180 for each additional person.		

AND THE DISTRICT OF COLUMBIA

Persons-in-family/household	Poverty-guideline	150%
1	\$11,880	\$17,820
2	\$16,020	\$24,030
3	\$20,160	\$30,240
4	\$24,300	\$36,450
5	\$28,440	\$42,660
6	\$32,580	\$48,870

Formatted: Numbered + Level: 1 +
Numbering Style: 1, 2, 3, ... + Start at: 1 +
Alignment: Left + Aligned at: 0.25" + Tab
after: 0.5" + Indent at: 0.5"

Formatted: Indent: Left: 0.5", No bullets or
numbering

Formatted: Font: Not Bold

Formatted Table

Formatted: Left

Formatted Table

7	\$36,730	\$55,095
8	\$40,890	\$61,335
For families/households with more than 8 persons, add \$4,160 for each additional person.		

I attest that the Person Assisting has discussed the qualifications to enroll and that I understand my eligibility and options for healthcare. (Check circle that applies)

- ☐ I qualify for the Marketplace and I'm enrolling today
- ☐ I don't qualify for the Marketplace because my income falls below the poverty guideline
- ☐ I qualify for the Marketplace but the cost of the premiums (net of any tax credits/subsidies) is more than 8% of my gross annual income.

Signature of Consumer

Signature of Person Assisting

12.10 Appendix I - WVHA Self-Employment Quarterly Statement



WVHA HealthCard: Self Employment Quarterly Statement

Instructions: Please complete this form in its entirety. This form must be completed if you are self-employed and do not make enough to file on income taxes. *Failure to provide all information on the form will result in a Pended application.*

1. APPLICANT'S NAME: (First) _____ (M.I.) _____ (Last) _____	
2. APPLICANT'S PERCENTAGE OF OWNERSHIP IN THIS BUSINESS: _____ %	
3. BUSINESS OWNER NAME(S) (First) _____ (M.I.) _____ (Last) _____	
4. BUSINESS NAME: _____	
5. BUSINESS ADDRESS: _____	6. BUSINESS PHONE # _____

Section 1: Total Gross Income: Add total monthly income and sales from your business each of the past 3 months.	MONTH 1 ____/____/____ (MM) (YY)	MONTH 2 ____/____/____ (MM) (YY)	MONTH 3 ____/____/____ (MM) (YY)
1A: \$	2A: \$	3A: \$	

Section 2: Business Expenses	DEDUCTIONS	DEDUCTIONS	DEDUCTIONS
Supplies	\$	\$	\$
Heat/Utilities/Phone			
Business property rent			
Business Equipment Rent			
Business Vehicle Expenses			
Business Taxes			
Advertising			
Insurance			
Bank Charges			
Other (specify)			
TOTAL Business Expenses	1B: \$	2B: \$	3B: \$
NET INCOME: Subtract A FROM B = C	1C: \$ (1A minus 1B)	2C: \$ (2A minus 2B)	3C: \$ (3A minus 3C)

Section 3: Calculate average monthly income	
TOTAL 3 MONTHS: \$ (ADD 1C, 2C, 3C)	AVERAGE 3 MONTHS: \$ (DIVIDE TOTAL 3 MONTHS BY 3)

APPLICANT SIGNATURE: Applicants must read and sign the below
 I certify that I have no other way to document the above self-employment income and that all of the above information is true and correct. I attest that all income and expenses on this form are truly for my self-employment business.

Signature _____	Date _____
-----------------	------------

Formatted: Normal, Centered, No bullets or numbering

Formatted: Normal, No bullets or numbering

Formatted: Font: Italic

|

Section 12.10—Appendix J—WVHA Work Calendar



WVHA Work Calendar

Instructions: Please complete this form in its entirety. This form must be completed if you are self-employed and do not make enough to file on income taxes. A separate WVHA Work Calendar must be completed for all applicable months. Enter the date, gross amount of money earned, and total number of hours worked for each day. *Failure to provide all information on the Work Calendar will result in a Pended application.*

Section 1: General Information:

Date	Applicant Name
------	----------------

Section 2: Work Calendar & Signature:

Month:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____
Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____
Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____
Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____
Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____	\$: _____
Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____	Hrs: _____

Date:

Applicant Signature:

Eileen Long

From: Shawn Jacobs <sjacobs@pomco.com>
Sent: Thursday, March 09, 2017 11:20 AM
To: Eileen Long
Subject: RE: Specialty Care Network Provider's Referring out Health card Members
Attachments: Capture.png

Hi Eileen. Per your note below we had actually already started to mock-up the WVHA ID card template to include Quest Laboratory. See attached.

However I don't believe the card has enough available real estate to include the Hospitals. I'll have the ID card team review to see if possible.

Costs would be about \$2.25 per card for \$1,550 cards for an estimated total of \$3,487.50 as a full replacement option for all existing Health cards.

I'll follow-up when I have the feedback on the ID card real estate to include the Hospitals.

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

All Services Require PCP Referral for Payment

Please contact the member's Primary Care Physician prior to rendering services.

Participating Providers Submit Claims To:

POMCO
PO Box 6329
Syracuse, NY 13217
Payer ID# 16111
Provider Only Claims Inquiries 1-844-344-8308

Pharmacy:

Ritter's Towne Pharmacy
120 E New York Ave
DeLand, FL 32724
386-734-6666

Laboratory Services:

Quest Diagnostics

This card is for identification only and guarantees neither coverage nor payment.

WVHA
Projection For Selected Accounts for Increase in Enrollment

	ANNUAL BUDGET	Year to Date Annualized	Increase in expenditures Over Annualized Amount	
			25% Enrollment Increase	50% Enrollment Increase
Specialty Care	2,919,675.00	3,666,493.30	916,623.33	1,833,246.65
Northeast Florida Health Services	1,448,938.00	1,150,490.54	287,622.64	575,245.27
TPA Services	400,000.00	447,931.20	111,982.80	223,965.60
	4,768,613.00	5,264,915.04	1,316,228.76	2,632,457.52
Over Budget at Annualized Projection		496,302.04		

Eileen Long

From: Shawn Jacobs <sjacobs@pomco.com>
Sent: Monday, February 27, 2017 12:58 PM
To: Eileen Long
Cc: Ted Small - Law Offices of Theodore W. Small P.A.
(tsmall@businessemploymentlawyer.com); Penny Barron; Holly Bryant; Justine Langdon
Subject: Follow-up - POMCO Submission - February 2017 WVHA Board Report
Attachments: WVHA_HC Member Demographics_Data Trends.pdf; POMCO vs. HS1 Approval Percentages.pdf

Hi Eileen.

Per the request during the February WVHA board meeting, attached are the health card member demographic statistics that I spoke about. The columns on the left represent the health card member demographics based on the eligibility file transfer from HS1 and the columns on the right represent the health card member demographics after a full year of applications processed by POMCO.

I have also attached the application approval percentage comparison for POMCO vs. HS1. You'll notice that after the 15/16 fiscal the POMCO approval percentage ended at 82.28% which is higher than the past 6 of the 7 fiscals done by HS1 with the exception of the 13/14 fiscal year.

Let me know if there are any questions.

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

WVHA HEALTH CARD MEMBER DEMOGRAPHIC TRENDS

BEFORE - FEBRUARY 2016				AFTER - FEBRUARY 2017			
City	Total	Percentage		City	Total	Percentage	difference
DELAND	465	36.90%		DELAND	882	38.36%	1.46%
DELTONA	445	35.32%		DELTONA	825	35.89%	0.57%
ORANGE CITY	106	8.41%		ORANGE CITY	186	8.09%	-0.32%
PIERSON	89	7.06%		PIERSON	139	6.05%	-1.02%
DELEON SPRINGS	58	4.60%		DELEON SPRINGS	99	4.31%	-0.30%
DEBARY	50	3.97%		DEBARY	81	3.52%	-0.44%
SEVILLE	23	1.83%		SEVILLE	36	1.57%	-0.26%
LAKE HELEN	16	1.27%		LAKE HELEN	27	1.17%	-0.10%
OSTEEN	5	0.40%		OSTEEN	11	0.48%	0.08%
ASTOR	1	0.08%		ASTOR	4	0.17%	0.09%
CASSADAGA	1	0.08%		BARBERVILLE	2	0.09%	0.01%
DELEON	1	0.08%		PORT ORANGE	2	0.09%	0.01%
ORANGE	1	0.08%		CASSADAGA	1	25.00%	24.92%
				COOKEVILLE	1	0.04%	0.04%
				DABARY	1	0.04%	0.04%
				ENTERPRISE	1	0.04%	0.04%
				GLENWOOD	1	0.04%	0.04%
				OAKHILL	1	0.04%	0.04%
				SANFORD	1	0.04%	0.04%
Gender	Total	Percentage		Gender	Total	Percentage	difference
Female	753	59.76%		Female	1305	56.76%	-3.00%
Male	507	40.24%		Male	994	43.24%	3.00%
Age Group	Total	Percentage		Age Group	Total	Percentage	difference
Under 10	2	0.16%		Under 10	9	0.39%	0.23%
Age 11 - 15	15	1.19%		Age 11 - 15	18	0.78%	-0.41%
Age 16 - 20	29	2.30%		Age 16 - 20	59	2.57%	0.26%
Age 21 - 25	33	2.62%		Age 21 - 25	104	4.52%	1.90%
Age 26 - 30	74	5.87%		Age 26 - 30	159	6.92%	1.04%
Age 31 - 35	75	5.95%		Age 31 - 35	178	7.74%	1.79%
Age 36 - 40	120	9.52%		Age 36 - 40	232	10.09%	0.57%
Age 41 - 45	120	9.52%		Age 41 - 45	231	10.05%	0.52%
Age 46 - 50	171	13.57%		Age 46 - 50	304	13.22%	-0.35%
Age 51 - 55	217	17.22%		Age 51 - 55	383	16.66%	-0.56%
Age 56 - 60	192	15.24%		Age 56 - 60	331	14.40%	-0.84%
Age 60 - 65	171	13.57%		Age 60 - 65	241	10.48%	-3.09%
Age 66 - 69	10	0.79%		Age 66 - 69	17	0.74%	-0.05%
Over 70	19	1.51%		Over 70	18	0.78%	-0.72%

PDMCO

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 Processing

451

Applications Received By Fiscal Year for the Period of 1/1/2009 - Present

Applications Received 01/01/2009 - Present						
FiscalYr	Month Received	APPROVED	DENIED	PENDING	Grand Total	Approval Percentage
FY0809		2,693	647		3,340	81%
FY0910		4,198	1,076		5,274	80%
FY1011		4,313	1,185		5,498	78%
FY1112		4,403	1,526		5,929	74%
FY1213		4,321	1,379		5,700	76%
FY1314		2,645	865		3,510	75%
FY1415	201410	198	35		233	85%
	201411	101	27		128	79%
	201412	180	85		265	68%
	201501	297	81		378	79%
	201502	204	25		229	89%
	201503	265	85		350	76%
	201504	138	67		205	67%
	201505	177	51		228	78%
	201506	242	59		301	80%
	201507	228	56		284	80%
	201508	255	77		332	77%
	201509	224	44		268	84%
FY1415 Total		2,509	692		3,201	78%
FY1516	201510	166	32	36	234	71% *
FY1516 Total		166	32	36	234	71%
Grand Total		25,248	7,402	36	32,686	77%

Applications Processed By Fiscal Year - Approval Percentage:

Fiscal Year	Applications Processed	Average Approval Pctg
FY0809	3,340	80.63%
FY0910	5,274	79.60%
FY1011	5,498	78.45%
FY1112	5,929	74.26%
FY1213	5,700	75.81%
FY1314	3,510	83.58%
FY1415	3,201	78.38%
FY1516	234	77.24%

**West Volusia Hospital Authority
Financial Statements
February 28, 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 February 28, 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

March 6, 2017

MEMBERS

American Institute of
Certified Public Accountants

the *CPAlliance* network

Florida Institute of
Certified Public Accountants

West Volusia Hospital Authority
Balance Sheet
Modified Cash Basis
February 28, 2017

Assets

Current Assets

Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	6,006,829.58
Intracoastal Bank - Operating	313,120.54
Mainstreet Community Bank - MM	10,011,842.55
Taxes Receivable	<u>126,422.00</u>
Total Current Assets	<u>16,458,314.67</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 **\$17,081,973.10**

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>

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>4,042,507.97</u>
Total Net Assets	<u>16,967,418.10</u>

Total Liabilities and Net Assets **\$17,081,973.10**

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

For the 1 Month and 5 Months Ended February 28, 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	\$ 268,663.27	\$11,055,119.76	\$ 1,444,880.24
Investment Income	65,000.00	5,382.83	24,316.50	40,683.50
Rental Income	67,301.00	5,608.42	28,042.10	39,258.90
Other Income	0.00	0.00	24,779.18	(24,779.18)
Total Revenue	12,632,301.00	279,654.52	11,132,257.54	1,500,043.46
Healthcare Expenditures				
Adventist Health Systems	5,575,949.00	596,443.25	2,610,347.64	2,965,601.36
Northeast Florida Health Services	1,448,938.00	83,972.35	479,371.06	969,566.94
Specialty Care	2,919,675.00	369,534.42	1,527,705.54	1,391,969.46
County Medicaid Reimbursement	2,197,953.00	182,706.67	913,533.35	1,284,419.65
The House Next Door	181,975.00	7,177.72	38,616.72	143,358.28
The Neighborhood Center	70,000.00	5,012.00	41,304.18	28,695.82
Rising Against All Odds	210,000.00	23,787.68	108,908.52	101,091.48
Community Legal Services	80,000.00	373.95	644.03	79,355.97
Hispanic Health Initiatives	100,000.00	5,000.00	6,700.00	93,300.00
Florida Dept of Health Dental Svcs	300,000.00	13,817.79	37,394.49	262,605.51
Good Samaritan	82,712.00	4,730.50	21,047.50	61,664.50
Global Healthcare System	350,000.00	1,069.60	8,186.80	341,813.20
Stewart Marchman - ACT	960,336.00	108,584.56	401,711.05	558,624.95
Health Start Coalition of Flagler & Volusi	142,400.00	14,127.28	60,475.00	81,925.00
H C R A	819,612.00	20,672.03	75,444.20	744,167.80
Other Healthcare Costs	936,847.00	0.00	0.00	936,847.00
Total Healthcare Expenditures	16,376,397.00	1,437,009.80	6,331,390.08	10,045,006.92
Other Expenditures				
Advertising	112,000.00	9,588.48	46,012.90	65,987.10
Annual Independent Audit	15,500.00	3,500.00	15,500.00	0.00
Building & Office Costs	6,500.00	673.59	4,743.85	1,756.15
General Accounting	68,100.00	4,536.75	30,354.75	37,745.25
General Administrative	65,100.00	5,295.00	21,285.00	43,815.00
Legal Counsel	120,000.00	4,060.00	28,910.00	91,090.00
Special Accounting	5,000.00	0.00	0.00	5,000.00
City of DeLand Tax Increment District	40,000.00	0.00	38,304.00	1,696.00
Tax Collector & Appraiser Fee	500,000.00	5,373.28	261,579.20	238,420.80
TPA Services	400,000.00	30,998.50	186,638.00	213,362.00
Eligibility / Enrollment	85,745.00	2,163.00	13,377.00	72,368.00
Healthy Communities	72,036.00	5,146.96	28,561.20	43,474.80
Application Screening	205,477.00	14,285.55	66,866.53	138,610.47
Workers Compensation Claims	15,000.00	0.00	15,155.81	(155.81)
Other Operating Expenditures	10,000.00	212.50	1,071.25	8,928.75
Total Other Expenditures	1,720,458.00	85,833.61	758,359.49	962,098.51
Total Expenditures	18,096,855.00	1,522,843.41	7,089,749.57	11,007,105.43
Excess (Deficit)	<u>\$(5,464,554.00)</u>	<u>\$ (1,243,188.89)</u>	<u>\$ 4,042,507.97</u>	<u>\$ 9,507,061.97</u>

See Accountants' Compilation Report

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

For the 1 Month and 5 Months Ended February 28, 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	\$ 202,044.73	\$ 1,053,297.63	\$ 1,622,176.87
Florida Hospital Fish Memorial	2,675,474.50	385,719.62	1,473,067.64	1,202,406.86
Florida Hospital DeLand - Physicians	112,500.00	2,452.61	40,895.66	71,604.34
Florida Hospital Fish - Physicians	112,500.00	6,226.29	43,086.71	69,413.29
Northeast Florida Health Services				
Primary Care Clinics	730,000.00	19,363.75	235,556.02	494,443.98
Obstetrics	30,000.00	1,225.50	11,461.50	18,538.50
Pharmacy	688,938.00	63,383.10	232,353.54	456,584.46
Specialty Care				
Specialty Care Providers	2,612,610.00	335,968.71	1,391,568.05	1,221,041.95
Laboratory Services	307,065.00	33,565.71	136,137.49	170,927.51
County Medicaid Reimbursement	2,197,953.00	182,706.67	913,533.35	1,284,419.65
Florida Dept of Health Dental Svcs	300,000.00	13,817.79	37,394.49	262,605.51
Good Samaritan				
Good Samaritan Health Clinic	25,000.00	2,190.50	8,727.50	16,272.50
Good Samaritan Dental Clinic	57,712.00	2,540.00	12,320.00	45,392.00
Global Healthcare System				
Global Health Care	150,000.00	957.60	7,178.80	142,821.20
Global Healthcare System Urgent Care	200,000.00	112.00	1,008.00	198,992.00
The House Next Door	181,975.00	7,177.72	38,616.72	143,358.28
The Neighborhood Center	70,000.00	5,012.00	41,304.18	28,695.82
Rising Against All Odds	210,000.00	23,787.68	108,908.52	101,091.48
Community Legal Services	80,000.00	373.95	644.03	79,355.97
Hispanic Health Initiatives	100,000.00	5,000.00	6,700.00	93,300.00
Stewart Marchman - ACT				
SMA - ARNP Services at THND	7,000.00	124.00	1,479.50	5,520.50
SMA - Homeless Program	78,336.00	6,551.55	34,042.40	44,293.60
SMA - Residential Treatment	450,000.00	79,240.65	235,066.55	214,933.45
SMA - Baker Act - Match	425,000.00	22,668.36	131,122.60	293,877.40
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500.00	6,225.12	30,559.68	42,940.32
HSCFV - Fam Services	68,900.00	7,902.16	29,915.32	38,984.68
HCRA				
H C R A - In County	400,000.00	14,189.12	32,716.40	367,283.60
H C R A - Outside County	419,612.00	6,482.91	42,727.80	376,884.20
Other Healthcare Costs	936,847.00	0.00	0.00	936,847.00
Total Healthcare Expenditures	\$16,376,397.00	\$ 1,437,009.80	\$ 6,331,390.08	\$10,045,006.92

See Accountants' Compilation Report

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

For the 1 Month and 5 Months Ended February 28, 2017 and February 29, 2016

	<u>1 Month Ended February 28, 2017</u>	<u>1 Month Ended February 29, 2016</u>	<u>5 Months Ended February 28, 2017</u>	<u>5 Months Ended February 29, 2016</u>
Revenue				
Ad Valorem Taxes	\$ 268,663.27	\$ 232,346.03	\$11,055,119.76	\$10,953,828.65
Investment Income	5,382.83	6,437.11	24,316.50	24,492.52
Rental Income	5,608.42	5,573.00	28,042.10	27,865.00
Other Income	0.00	0.00	24,779.18	68.00
Total Revenue	<u>279,654.52</u>	<u>244,356.14</u>	<u>11,132,257.54</u>	<u>11,006,254.17</u>
Healthcare Expenditures				
Adventist Health Systems	596,443.25	19,990.58	2,610,347.64	1,420,651.93
Northeast Florida Health Services	83,972.35	63,368.07	479,371.06	487,223.21
Specialty Care	369,534.42	68,352.21	1,527,705.54	903,778.93
County Medicaid Reimbursement	182,706.67	175,195.50	913,533.35	875,977.50
Florida Dept of Health Dental Svcs	13,817.79	0.00	37,394.49	0.00
Good Samaritan	4,730.50	8,175.00	21,047.50	34,944.50
Global Healthcare System	1,069.60	0.00	8,186.80	112.00
The House Next Door	7,177.72	6,579.28	38,616.72	23,024.36
The Neighborhood Center	5,012.00	3,433.22	41,304.18	12,479.88
Rising Against All Odds	23,787.68	11,272.52	108,908.52	48,505.34
Community Legal Services	373.95	0.00	644.03	0.00
Hispanic Health Initiatives	5,000.00	0.00	6,700.00	0.00
Stewart Marchman - ACT	108,584.56	70,918.81	401,711.05	325,700.27
Health Start Coalition of Flagler & Volusi	14,127.28	11,588.04	60,475.00	19,223.54
H C R A	20,672.03	81,805.26	75,444.20	121,628.93
Total Healthcare Expenditures	<u>1,437,009.80</u>	<u>520,678.49</u>	<u>6,331,390.08</u>	<u>4,273,250.39</u>
Other Expenditures				
Advertising	9,588.48	1,148.24	46,012.90	5,866.58
Annual Independent Audit	3,500.00	0.00	15,500.00	10,000.00
Building & Office Costs	673.59	0.00	4,743.85	1,515.65
General Accounting	4,536.75	3,185.50	30,354.75	26,374.50
General Administrative	5,295.00	8,168.75	21,285.00	23,555.00
Legal Counsel	4,060.00	9,640.00	28,910.00	43,090.00
Other Operating Expenditures	212.50	4,377.50	1,071.25	13,741.91
City of DeLand Tax Increment District	0.00	0.00	38,304.00	24,299.00
Tax Collector & Appraiser Fee	5,373.28	4,819.64	261,579.20	270,588.67
TPA Services	30,998.50	142,016.00	186,638.00	197,476.00
Eligibility / Enrollment	2,163.00	11,413.00	13,377.00	21,755.00
Healthy Communities	5,146.96	5,154.28	28,561.20	28,504.01
Application Screening	14,285.55	9,089.33	66,866.53	41,358.32
Workers Compensation Claims	0.00	0.00	15,155.81	15,389.78
Total Other Expenditures	<u>85,833.61</u>	<u>199,012.24</u>	<u>758,359.49</u>	<u>723,514.42</u>
Total Expenditures	<u>1,522,843.41</u>	<u>719,690.73</u>	<u>7,089,749.57</u>	<u>4,996,764.81</u>
Excess (Deficit)	<u>\$ (1,243,188.89)</u>	<u>\$ (475,334.59)</u>	<u>\$ 4,042,507.97</u>	<u>\$ 6,009,489.36</u>

See Accountants' Compilation Report

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: March 7, 2017

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for March 16, 2017 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update dated January 10, 2017. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the 2/16/17 Meeting Minutes.

I. Annual Overview of Funding Agreements or other Contracts:

Each Board member is responsible for making his or her own independent determination about whether the terms of a particular contract are consistent with the public interest. Counsel, as well as the accounting and administrative team at DRT, PA, are available to answer your questions and offer counsel about accounting and business or legal matters, each respectively; but, the Board retains the ultimate authority to approve or disapprove the terms of all proposed agreements after due consultation. For your convenience, the following is a listing of the major contracts and funding agreements between the Authority and other entities with notation of termination dates, if any. Please note well in advance that the Indigent Care Reimbursement Agreement with the Hospitals is scheduled to terminate effective September 30, 2020.

Annual Health Care or Access to Health Care Funding Agreements, 2016-17

- A. Global Health Care Systems—Primary Care
- B. Good Samaritan Clinic -- Primary and General Dental Care
- C. Healthy Communities – Kidcare Outreach
- D. The House Next Door – Mental Health Services
- E. Rising Against All Odds, Inc. -- HIV/AIDS Outreach and Case Management
- F. The Neighborhood Center of West Volusia “Access to Care”
- G. Northeast Florida Health Services, d/b/a Family Health Source FHS--Clinics
- H. Northeast Florida Health Services, d/b/a Family Health Source FHS—Pharmacy
- I. Northeast Florida Health Services, d/b/a Family Health Source FHS—Prenatal
- J. Global Health Care Systems—Urgent Care
- K. Stewart-Marchman-Act (SMA) – Baker Act Match
- L. SMA – ARNP @ The House Next Door
- M. SMA – Homeless Program
- N. SMA—Level II Residential Treatment
- O. The Healthy Start --Access to Healthcare Services—SMA Outreach

- P. The Healthy Start –Family Services Coordinator—Deltona
- Q. Community Legal Services, Inc. Medical-Legal Partnership program.
- R. Dental Care Services Agreement—WVHA-VCHD 2016-2017
- S. Hispanic Health Initiatives, Inc.'s Taking Care of My Health

Hospital (Florida Hospital DeLand (FHD), Florida Hospital Fish Memorial (FHFM)) Agreements

- A. Seventh Amendment to the Indigent Care Reimbursement Agreement (effective 9/30/2000; termination 9/30/2020). This agreement authorizes reimbursement for certain specified dialysis services and continues previously established reimbursement rates at 105% of Medicare rates for Health Card members to receive inpatient care at hospitals and 125% of Medicare rates for Health Card members to receive outpatient care at hospitals.
 - 1. \$800,000 Restricted Cash Account (a/k/a "Additional Charity Care Patient Reimbursement Amount") terminated on 9/30/2010 pursuant to Amendment dated 7/31/2003.
 - 2. \$333,333 "Additional Indigent/Charity Care Reimbursement" terminated on 9/30/2010, paid for 6 years based on record motion but no final written contract.
- B. Eleventh Addendum to the Primary Care Physicians Indigent Hospital Patient Program Reimbursement Agreement (renewed annually since 2006)

HCRA (Hospital Coverage and Physician Indigent Hospital Patient Program Reimbursement Agreement)

- A. Second Amended HCRA dated 9/23/2010, terminable at will by either party upon 60 days written notice.
 - 1) Establishes reimbursement rate consistent with HCRA guidelines, as opposed to 105% of Medicare rate (except for adult psychiatric and medical device implants) which was agreed in prior agreements dated 11/20/2008 and 4/19/2007.

Administrative Services

- A. POMCO, Inc. dated 1/1/2016 (Third Party Administrator services) with a term of 3 years until December 31, 2018. This Administrative Agreement contains an option for WVHA to renew for an initial one year term with subsequent one year renewals becoming automatic unless or terminable by WVHA upon 90-days written notice.
- B. The House Next Door Prescreening Services, effective 10/1/2016, renewable on annual basis.
- C. Rising Against All Odds, Inc. – Health Card Enrollment and Retention, effective 10/1/2016, renewable on annual basis.
- D. Dreggors, Rigsby & Teal, P.A. dated 9/27/2012 (accounting services), is terminable at will by either party upon 90 days written notice.
- E. Dreggors, Rigsby & Teal, P.A. dated 9/27/2012 (administrative services), is terminable at will by either party upon 90 days written notice.
- F. Law Office Of Theodore W. Small, P.A. dated 11/2006 (outside legal counsel), terminable at will by Board
- G. James Moore and Co., P.L. (audit of financial statements) was signed September,

2015 for three years through September 30, 2017 and then may be renewed by mutual agreement for one 2 year term and 3 additional 1 year terms with 60-days notice.

- H. Hill & Hollis Enterprises, Inc. (marketing of Health Card program), approved November 17, 2016, as amend on January 19th or 12 month term.

Real Property Agreements

- a. Lease Agreement Between West Volusia Hospital Authority and Northeast Florida Health Services, Inc. effective 8/31/2010, terminating on September 30, 2020 re: WVHA-owned premises at 842, 844 and 846 West Plymouth Avenue. Pursuant to a renewal agreement effective October 1, 2015, NFHS exercised one of its two five-year renewal options under the Lease Agreement. NFHS may exercise the second option by notifying WVHA of its exercise at least 60 days before the September 30, 2020 termination date.

II. HIPAA Compliance Relating to Site Visits by Contracted Accounting Firm and Administrative Assistant.

As requested, counsel has undertaken preliminary research to determine whether WVHA or Dreggors Rigsby Teal, P.A. ("DRT") should take additional steps to ensure compliance with the Health Insurance Portability and Accountability Act of 1996, as amended, ('HIPAA'), the Health Information Technology for Economic and Clinical Health Act, as amended, ('HITECH') and the American Recovery and Reinvestment Act of 2009, as amended, ("ARRA"), and their implementing regulations, including:

- (a) **"Privacy Rule"** shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and subparts A and E of part 164.
- (b) **"Protected Health Information "** shall have the same meaning as defined by 45 C.F.R. 160.103.
- (c) **"Security Rule"** shall mean the Standards for Security of Individually Identifiable Health Information at 45 C.F.R. part 160 and subparts A and C of part 164.

Although HIPAA, HITECH, ARRA and each set of implementing regulations are labryrinths of compliance traps which would require much more extensive research and analysis to ensure certainty of full compliance, counsel believes that the WVHA's current practice of hiring a contractor, DRT, to review PHI for the limited purpose of ensuring compliance with eligibility requirements for a government sponsored health care program is more likely than not covered within the exception for permitted disclosures to a "health oversight agency" as defined under 45 C.F.R. Section 164.512(d)(ii) and (iii) and related regulations:

(d)Standard: Uses and disclosures for health oversight activities -

(1)Permitted disclosures. A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal

investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

- (i) The health care system;
- (ii) Government benefit programs for which health information is relevant to beneficiary eligibility;
- (iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
- (iv) Entities subject to civil rights laws for which health information is necessary for determining compliance.

Counsel was not aware until consulting with Ms. Long that her site visits often includes her having access to the entire health care file for individuals in the sample to verify eligibility, appropriateness of the billed amount and other compliance factors under the relevant funding agreement. Although 45 C.F.R. Section 164.512 is probably adequate to permit the funded agencies, which are Covered Entities, to provide DRT with such access for these limited purposes, counsel in the abundance of caution recommends that the Board consider having DRT enter into the standard Business Associate Agreement so that the funded agencies can be assured that all DRT staff will, in fact, treat the Protected Health Information as required under the law. The "standard Business Associate Agreement" is the same agreement which was originally developed by HSI in 2009 to permit free exchange of information between the Hospitals and HSI, and has subsequently been signed by POMCO, House Next Door and funded agencies to allow access and ensure proper maintenance and handling of PHI.

III. WVHA Health Card Program Eligibility Guidelines. *[See new info. in italics and bold]*

[Refer back to Legal Update Memorandum dated 4/9/14, 7/19/14, 9/17/14, 11/12/14, 2/11/15, 6/10/2015, 10/7/15, 11/11/15, 3/9/16 and 4/12/16 for additional background details.]

From the inception, the Guidelines were adopted from a legal perspective to establish uniform, fair and non-discriminatory standards to comply with the Enabling Legislation's requirement that tax dollars are spent on primarily individuals who are both "residents" of the Tax District and who are "indigent" as defined within the Guidelines.

It is noteworthy that currently the Guidelines are utilized by WVHA in two distinct ways which are often confused by providers, potential providers and applicants for funding:

1. First, they are utilized by WVHA's third party administrator ("TPA"), currently POMCO, as the governing rules for determining who is eligible to receive a WVHA Health Card. Once deemed eligible by POMCO, an applicant receives a Health Card (effective usually for 6 months) which automatically makes them eligible to receive hospital care, primary care, dental care, specialty care and pharmacy benefits at any provider who has signed a funding agreement to provide such services to those who are currently enrolled in the Health Card Program;
2. Second, the Guidelines are incorporated in whole or part as the governing rules for a funded agency to qualify some of their individual clients to become eligible for WVHA

reimbursement (at the contracted rate) for contracted services at that agency only. Even though these individuals are generally required to provide the same information, including proof that they have applied for the ACA and that they are not qualified for Medicaid or other affordable private health insurance, the individuals who qualify through these funded agencies do not receive a Health Card and therefore are not automatically eligible to receive other healthcare services available at other funded agencies, the hospitals, specialty care providers, pharmacy benefits, etc.

For the next round of overall revisions to the Eligibility Guidelines, Counsel will consult with POMCO and develop a joint recommendation regarding Commissioner Dickinson's concern about the potential overbreadth of "any encumbrances" in the current Eligibility Guidelines concerning what encumbrances will be considered by POMCO when evaluating the equity value of real property. See Eligibility Guidelines Revised 6/16/2016, Section 11:03 Procedures (2. Assets to be considered; b. Equity value of real property other than homestead. The value is verified by the property appraiser of the county in which the property is located. The equity value is determined by subtracting the amount of any encumbrances from the value of the asset).

Counsel anticipates POMCO revising its "Suggested Schedule and Process of WVHA Eligibility Guideline Recommended Changes" to reflect the Board's consensus guidance upon review of the initial draft during the November 17th meeting, including: 1. the addition of DRT and Board members themselves as proposers of EG changes and 2. establishment of an annual EG review schedule starting with a presentation by POMCO of a compilation of proposed changes in March and then after Board review, deliberation and voting by May Regular Meeting, the newly amendments would take effect in June of each year; provided however, the Board would consider amending the EGs more frequently than annually where it is demonstrated by POMCO and/or other proposers that that such exceptional action is necessary to fulfill the public purposes of WVHA. *Counsel has consulted preliminarily with POMCO regarding its drafting of a new asset calculation exemption for certain jointly held assets of applicants who can verify separation from a spouse because of domestic violence and also concerning its drafting of a potential modification to Section 12.05, Appendix E, Question 8.4 of the Eligibility Guidelines. In the next Legal Update, counsel will provide Board with a recommendation on these proposals after reviewing the final POMCO recommendation which will be shared in POMCO's compilation of proposed changes.*

IV. Formal Notice of Potential Claim for Damages against WVHA corporately and Chair Ferrari individually by Travis McBride and Central Florida Mental Health Associates, LLC. [See new info. in italics and bold]

[Refer back to Legal Update Memorandum dated 6/10/15 and 8/12/15 for additional background details.]

In a second certified letter to Counsel dated 5/19/2015, McBride's attorney (Gary J. Boynton, Esq of Winter Park) notified WVHA that McBride and his company intend to sue Chair Ferrari individually and WVHA "corporately". Regarding the basis for the threatened lawsuit, this

second letter modifies the original notice by including the following dates of alleged damage:

“The nature of the claim includes, but is not limited to, defamation, slander and interference with their contractual relationship. The onset of these damages began on June 22, 2014 and again on 07/24/14, 07/25/14, 08/22/14, 08/24/14, 08/25/14, 03/11/15, and continuing.”

Based on public record search and shared information from Commissioner Ferrari, Attorney Boynton filed the threatened lawsuit on June 16, 2016 against Andy Ferrari individually and West Volusia Hospital Authority as defendants. The Case is pending in the Volusia County Circuit Court (civil) and it has been assigned to Judge Randell H. Rowe. The docket reflects that a 20-day summons was issued for WVHA, but Ms. Long has confirmed that this summons has not been served upon WVHA at its official address. The Complaint available online reveals that Travis McBride is alleging two counts (“tortious interference with a business relationship” and “deceptive and unfair and trade practices”) against both WVHA and Ferrari and one count of “defamation” against Ferrari individually. In layman’s terms, both counts against WVHA contend that WVHA is liable because Ferrari made statements or took actions that caused harm to Central Florida Mental Health Associates (“CFMHA”) while he was acting as the “agent”, “servant” or “employee” of WVHA.

As previously authorized by the Board, Counsel intends to vigorously defend these claims against WVHA once it has been properly served. Counsel will depend on DRT to notify Counsel as soon as it receives the summons so that an appropriate response can be filed within the 20-day time limit. Counsel was copied on a letter from the County of Volusia’s Legal Department notifying CFMHA’s attorney that he had misdirected a summons to the Chair of the County Council instead of directing it to the actual named co-defendant, WVHA. Counsel has been contacted by Attorney Boynton’s legal assistant acknowledging that the summons was erroneously served on the Chair of the County Council. Counsel advised the legal assistant that WVHA insists upon formal service of such matters and directed the legal assistant to <http://westvolusiahospitalauthority.org/> in order to obtain contact information.

It is also noteworthy that Attorney Tanner Andrews has notified Counsel that he has entered an appearance as defense counsel to represent Commissioner Ferrari individually in this lawsuit. Attorney Andrews has also made Counsel aware that on December 6, 2016, Attorney Boynton filed Suggestion of Bankruptcy on behalf of Mr. McBride but to date the trustee in the federal bankruptcy case has not entered an appearance to assert any rights to the case as a potential asset of the bankruptcy estate. *Attorney Andrews has made Counsel aware that McBride’s personal bankruptcy case resulted in discharge with the bankruptcy trustee ignoring the lawsuit as an asset, and that on March 1st Central Florida Mental Health Associates notified the Circuit Court that it filed for Chapter 7 bankruptcy protection on January 30, 2017.*

V. Workers Compensation Case. [See new info. in italics and bold]

[Refer back to Legal Update Memorandum dated 1/7/15, 5/8/13, 11/7/12, 8/10/12, 3/10/15 and 2/10/16 for additional background details.]

Contrary to most common sense expectations, the Authority--which terminated its last employees in 2006 and sold the hospitals in 2000--remains liable on periodic "tail" treatment claims for injuries to its former hospital employees. Since 2000, these treatment claims have been processed (assessed for relationship to original injury and eligibility for payment determined) by Adventist Health System's Worker's Compensation Department ("Adventist"). Adventist has retained specialized worker's compensation counsel (Jeffrey J. Branham of the firm of Dean, Ringers, Morgan & Lawton, P.A.) to handle any of the specialized legal matters that come up from time to time. The undersigned oversees the separately retained counsel by reviewing and giving provisional approval for Adventist to pay their bills. Of the many worker's compensation claims that were active in 2000, by 2007 only one former hospital workers continues to actively treat and submit substantial claims.

The Adventist Claims Manager, Rhonda Fletcher, who is responsible for this one remaining claim provided Counsel with an update on the current status of Adventist's periodic filings to the State's Special Disability Trust Fund ("SDTF") for reimbursement of WVHA's payments on behalf of this one remaining claimant who is 81 years old. Ms. Fletcher with counsel from Attorney Branham submitted the latest request to SDTF on September 8, 2016 seeking on behalf of WVHA reimbursement at 100% of its payments of \$62,859.89 which WVHA has reimbursed to Adventists since the last request to continue treatments for this claimant. SDTF's published turnaround on such requests is 36 months, but it has generally processed payments within a year if it doesn't find any errors on the request. Counsel has notified DRT of this anticipated reimbursement so that it can be tracked appropriately on all accounting records.

VI. General Compliance with the Sunshine Law:

The Government in the Sunshine Law, section 286.011, Florida Statutes, provides in pertinent part:

'All meetings of any board or commission . . . of any agency or authority of any county, municipal corporation, or political subdivision . . . at which official acts are to be taken are declared to be public meetings open to the public at all times, and no resolution, rule, or formal action shall be considered binding except as taken or made at such meeting.'

It is impossible to summarize all relevant points of the Sunshine Law, but please note that courts uniformly interpret this provision as prohibiting two or more members of the same board or commission from discussing any matter on which foreseeable action will be taken by the public board or commission. (If your discussion with another board member concerns personal or business matters unrelated to the Authority, the Sunshine Law does not apply)

Please note that the Sunshine Law DOES apply to "off-the record" chats during meetings or during breaks, written correspondence, telephone conversations and e-mails exchanges between two or more board members if such communication concerns matters likely to come before the Board. It also prohibits nonmembers (staff, lawyers, accountants,

and members of the public) from serving as liaisons between Board members concerning matters likely to come before the Board.

Please note that as the Board's attorney, Counsel's role is to assist the aggregate Board with legal compliance, not to provide individualized legal opinions to a particular board member. For specific questions concerning your own compliance, please direct those inquiries to the Florida Commission on Ethics. Their website can be found at <http://www.ethics.state.fl.us/>. Although their website material suggests the need for a written inquiry, each individual Board member is a "public officer" and thereby has the right to obtain informal telephone advice on common questions at (850) 488-7864.