

WEST VOLUSIA HOSPITAL AUTHORITY
Initial Budget Hearing
September 14, 2017, 5:05 p.m.
Florida Hospital Deltona Medical Park
1745 Sterling Silver Blvd., Deltona FL
DeLand, Florida

1. Call to Order
2. Establish Quorum
3. Comment by Chair regarding meeting procedure
4. Discussion of the percentage increase or decrease in millage, if any, over the rolled-back rate necessary to fund the budget
 - A. Discussion of the specific purposes for which ad valorem tax revenues are being/not being increased
 - B. Public comment regarding proposed increase, if any, in ad valorem tax revenues and proposed increase in millage over the rolled-back rate
 - C. Commission discussion
 - D. Recompute the proposed millage rate, if necessary to reflect a consensus proposed change based on Commission discussion
 - E. Publicly announce the name of the taxing authority, the rolled-back rate and the percent, if any, by which the recomputed proposed millage rate exceeds the rolled-back rate (The percentage shall be characterized as the percentage increase in property taxes tentatively adopted by the Authority)
 - F. Amend the tentative millage rate, if necessary
 - G. Publicly read in full the Tentative Millage Rate Resolution
 - H. Adopt the tentative millage rate
5. Discussion of the tentative budget
 - A. Discussion of the tentative budget
 - B. Public comment regarding the tentative budget
 - C. Commission discussion
 - D. Amend the tentative budget, if necessary to reflect a consensus proposed change based on Commission discussion
 - E. Publicly read in full the tentative Budget Resolution
 - F. Adopt the tentative budget
6. Set date of public hearing to adopt final millage rate and final budget (must be within 2-5 days of public notice). The date proposed for this final hearing is Tuesday, September 26, 2017, at 5:05 p.m.
7. Set date for publication of notice of public hearing to adopt the final millage rate and final budget (must be within 5 days of the final scheduled meeting). Date that was proposed for this publication is September 22, 2017
8. Adjournment

West Volusia Hospital Authority
Preliminary Budget 2017-2018

Millage Rate

2.5291

2016-2017 Millage Rate (1.5900)

	<u>2016-17 Budget</u>	<u>2016-17 Actual Annualized</u>	<u>Budget Workshop Discussion</u>
Revenues			
Taxes	12,500,000	12,521,119	21,287,000
Investment income	65,000	54,000	45,000
Reimbursement -SDTF		62,860	
Rent Income	67,301	67,301	68,304
Other Income		27,000	
Total Revenues & Other Sources	12,632,301	12,732,280	21,400,304
Healthcare Expenditures			
Hospitals			
Hospitals	5,350,949	5,350,949	5,430,654
Physicians	225,000	225,000	225,000
NEFHS - Primary care clinics	730,000	755,950	918,322
Pharmacy	688,938	767,650	660,040
Pre-Natal	30,000	26,800	30,000
Lab Services	307,065	406,465	508,000
Specialty Care	3,549,457	3,618,785	5,155,700
County of Volusia Medicaid Reimbursement	2,197,953	2,015,665	2,250,000
HCRA-In County	400,000	150,000	400,000
HCRA-Outside County	419,612	50,000	419,612
Local Match Funding			
SMA-Baker Act	325,000	307,000	325,000
Other funded agencies			
FL Dept of Health - Dental	300,000	140,730	200,000
Good Samaritan			
Health Clinic	25,000	20,590	25,000
Dental	57,712	31,350	54,747
Global Health Care-Primary care	150,000	14,215	-
Healthy Start Coalition -Outreach	73,500	73,500	73,500
Healthy Start Coalition -Fam Services	68,900	68,900	68,862
The House Next Door	181,975	89,278	120,000
The Neighborhood Center	70,000	70,000	70,000
SMA Residential	550,000	550,000	550,000
Rising Against All Odd-HIV/Aids	210,000	244,000	235,000
SMA ARNP Services @ THND	7,000	4,600	7,000
SMA Homeless Program	78,336	78,336	78,336
Hispanic Health Initiatives	100,000	65,645	75,000
Global Healthcare System Urgent Care	200,000	2,150	-
Community Legal Services	80,000	10,725	76,931
New programs			

Community Life Center Outreach Services			25,000
Affordable Financial Services			-
HSCFV outreach Proposals (2)			-
Deltona Firefighters Foun Access to Healthcare			75,000
Other Healthcare			300,000
Total Healthcare Expenditures	<u>16,376,397</u>	<u>15,138,283</u>	<u>18,356,704</u>
Other Operating			
Tax Coll/Appraiser Fees	500,000	447,090	625,740
Tax Increment Districts	40,000	38,304	75,000
TPA Services	400,000	400,000	829,716
Eligibilty/Enrollment	85,745	40,435	92,170
Healthy Communities(Kid Care)	72,036	68,200	72,036
Application Screening (RAAO & THND)	205,477	159,000	237,747
Other operating fees	417,200	370,000	300,000
Total Operating expenditures	<u>1,720,458</u>	<u>1,523,029</u>	<u>2,232,409</u>
Total Expenditures	<u>18,096,855</u>	<u>16,661,312</u>	<u>20,589,113</u>
Excess revenue over expenditures	<u>(5,464,554)</u>	<u>(3,929,032)</u>	<u>811,191</u>
Increase in expenditures over prior year (advertised increase)			13.7718%

West Volusia Hospital Authority

	ANNUAL BUDGET	YEAR TO DATE ACTUAL	Year to Date Annualized Or Estimated	
Healthcare Expenditures				
Adventist Health Systems	5,575,949.00	5,575,949.00	5,575,949.00	Capped at budget
Northeast Florida Health Services	1,448,938.00	1,421,171.80	1,550,369.24	
Specialty Care	3,856,522.00	3,689,810.59	4,025,247.92	
County Medicaid Reimbursement	2,197,953.00	1,830,012.24	1,996,376.99	
The House Next Door	181,975.00	89,278.24	97,394.44	
The Neighborhood Center	70,000.00	77,340.46	70,000.00	Capped at budget
Rising Against All Odds	210,000.00	223,874.91	244,227.17	
Community Legal Services	80,000.00	10,712.99	11,686.90	
Hispanic Health Initiatives	100,000.00	60,175.00	65,645.45	
Florida Dept of Health Dental Svcs	300,000.00	129,001.32	140,728.71	
Good Samaritan	82,712.00	47,611.70	51,940.04	
Global Healthcare System	350,000.00	14,986.00	16,348.36	
Stewart Marchman - ACT	960,336.00	907,771.02	960,336.00	Capped at budget
Health Start Coalition of Flagler & Volusia	142,400.00	141,041.48	142,000.00	Capped at budget
H C R A	819,612.00	163,597.75	178,470.27	
Other Healthcare Costs		-	-	
Total Healthcare Expenditures	16,376,397.00	14,382,334.50	15,126,720.50	
Other Expenditures				
Advertising	112,000.00	107,386.79	117,149.23	
Annual Independent Audit	15,500.00	15,500.00	15,500.00	
Building & Office Costs	6,500.00	6,862.42	7,486.28	
General Accounting	68,100.00	66,667.53	72,728.21	
General Administrative	65,100.00	52,100.00	56,836.36	
Legal Counsel	120,000.00	56,650.00	61,800.00	
Special Accounting	5,000.00	-	-	
City of DeLand Tax Increment District	40,000.00	38,304.00	38,304.00	
Tax Collector & Appraiser Fee	500,000.00	409,829.06	447,086.25	
TPA Services	400,000.00	364,307.50	397,426.36	
Eligibility / Enrollment	85,745.00	37,065.00	40,434.55	
Healthy Communities	72,036.00	62,482.00	68,162.18	
Application Screening	205,477.00	145,646.56	158,887.16	
Workers Compensation Claims	15,000.00	35,122.73	35,122.73	
Other Operating Expenditures	10,000.00	2,184.92	2,383.55	
Total Other Expenditures	1,720,458.00	1,400,108.51	1,519,306.85	
Total Expenditures	18,096,855.00	15,782,443.01	16,646,027.35	

WVHA
 Projection For Selected Accounts for Increase in Enrollment
 Uses Blended Cost per Member Rates Going Back to Beginning of 2017 Fiscal Year

	ANNUAL BUDGET	Year to Date Annualized	Projected (Over) Under Budget FYE 9/30/17	25% Enrollment Increase	Budget Required for 2018 Specialty Care with 25% Increase	50% Enrollment Increase	Budget Required for 2018 Specialty Care with 50% Increase
Specialty Care	3,856,522.00	3,841,940.47	14,581.53	960,485.12	4,802,425.59	1,920,970.24	5,762,910.71
Northeast Florida Health Services	1,448,938.00	1,558,531.56	(109,593.56)	389,632.89		779,265.78	
TPA Services	400,000.00	437,169.00	(37,169.00)	109,292.25		218,584.50	
	5,705,460.00	5,837,641.03		1,459,410.26		2,918,820.52	
Over Budget at Annualized Projection		132,181.03					
Most recent cost per member per month	200						
Projected enrollment end of 2018 year		2338					

**PUBLIC ANNOUNCEMENT
OF THE WEST VOLUSIA HOSPITAL AUTHORITY
2017-2018 TENTATIVE MILLAGE**

The Board of Commissioners of the West Volusia Hospital Authority hereby announces that the tentative millage rate of _____ mills [*equals/is lower than/higher than*] the rolled-back rate of **1.4966** mills, thereby [*increasing/decreasing*] the proposed taxes of the West Volusia Hospital Authority _____ percent for the fiscal year 2017-2018.

**RESOLUTION OF THE WEST VOLUSIA HOSPITAL AUTHORITY TO
ADOPT THE 2017-2018 TENTATIVE MILLAGE
RESOLUTION 2017-002**

BE IT RESOLVED by the Commissioners of the West Volusia Hospital Authority, an independent special taxing district of Volusia County, Florida, created and existing under and by virtue of Chapter 57-2085, Laws of Florida, as amended, that pursuant to Section 200.065, Florida Statutes:

1. The tentative millage for the operating budget shall be _____ mills; and
2. The roll-back rate shall be 1.4966 mills; and
3. The (increase above) (decrease below) roll back rate shall be _____ percent.
4. This resolution shall take effect immediately upon adoption.

ADOPTED and subscribed to this 14th day of September, 2017, at a public hearing as required by Florida Statute 200.065.

ACTING CHAIR, Barbara E. Girtman
West Volusia Hospital Authority

I HEREBY CERTIFY that the foregoing resolution is true and correct as adopted by a _____ vote of the Board of Commissioners of the West Volusia Hospital Authority at its Initial Budget Hearing, and held on Thursday, September 14, 2017 at 5:05 p.m. at Florida Hospital Deltona Medical Park, 1745 Sterling Silver Blvd, Deltona, Florida. In a roll call, the following Commissioners voted on the resolution as follows: Commissioner Judith L. Craig (yes/no/absent), Commissioner Andrew N. Ferrari (yes/no/absent), Commissioner Barbara E. Girtman (yes/no/absent) and Commissioner Kathie D. Shepard (yes/no/absent), Group B, Seat 1 (vacant).

SECRETARY, Andrew N. Ferrari
West Volusia Hospital Authority

**RESOLUTION OF THE WEST VOLUSIA HOSPITAL AUTHORITY TO
ADOPT 2017-2018 TENTATIVE BUDGET
RESOLUTION 2017-003**

BE IT RESOLVED by the Board of Commissioners of the West Volusia Hospital Authority, an independent special taxing district in Volusia County, Florida, created and existing under and by virtue of Chapter 57-2085, Laws of Florida, as amended, that pursuant to Section 200.065, Florida Statutes, the following fiscal determination has been made:

That the tentative operating budget (setting forth appropriations and revenue estimates) for the fiscal year 2017-2018 shall be \$_____.
This resolution shall take effect immediately upon adoption.

ADOPTED and subscribed to this 14th day of September, 2017, at a public hearing as required by Florida Statute 200.065.

ACTING CHAIR, Barbara E. Girtman
West Volusia Hospital Authority

I HEREBY CERTIFY that the foregoing resolution is true and correct as adopted by a _____ vote of the Board of Commissioners of the West Volusia Hospital Authority at its Initial Budget Hearing, and held on Thursday, September 14, 2017 at 5:05 p.m. at Florida Hospital Deltona Medical Park, 1745 Sterling Silver Blvd, Deltona, Florida. In a roll call, the following Commissioners voted on the resolution as follows: Commissioner Judith L. Craig (yes/no/absent), Commissioner Andrew N. Ferrari (yes/no/absent), Commissioner Barbara E. Girtman (yes/no/absent) and Commissioner Kathie D. Shepard (yes/no/absent), Group B, Seat 1 (vacant).

SECRETARY, Andrew N. Ferrari
West Volusia Hospital Authority

**RESOLUTION FOR PUBLICATION
RESOLUTION 2017-004**

BE IT RESOLVED by the Commissioners of the **WEST VOLUSIA HOSPITAL AUTHORITY**, an independent special taxing district in Volusia County, Florida, created and existing under and by virtue of Chapter 57-2085, Laws of Florida, as amended, that pursuant to Section 200.065, Florida Statutes, as amended, the following advertisements shall be published as required by law.

- 1. NOTICE OF BUDGET HEARING**
- 2. BUDGET SUMMARY [*WITH/WITHOUT*] STATEMENT OF INCREASE**

THE WEST VOLUSIA HOSPITAL AUTHORITY has tentatively adopted a budget for Fiscal Year 2017-2018. A public hearing to make a **FINAL DECISION** on the **BUDGET AND TAXES** will be held on **Tuesday, September 26, 2017 at 5:05 p.m.** at the 1006 N. Woodland Blvd, DeLand, Florida.

ADOPTED and subscribed to this 14th day of September, 2017.

ACTING CHAIR, Barbara E. Girtman
West Volusia Hospital Authority

I HEREBY CERTIFY that the foregoing resolution is true and correct as adopted by a _____ vote of the Board of Commissioners of the West Volusia Hospital Authority at its Initial Budget Hearing, and held on Thursday, September 14, 2017 at 5:05 p.m. at Florida Hospital Deltona Medical Park, 1745 Sterling Silver Blvd, Deltona, Florida. In a roll call, the following Commissioners voted on the resolution as follows: Commissioner Judith L. Craig (yes/no/absent), Commissioner Andrew N. Ferrari (yes/no/absent), Commissioner Barbara E. Girtman (yes/no/absent) and Commissioner Kathie D. Shepard (yes/no/absent), Group B, Seat 1 (vacant).

SECRETARY, Andrew N. Ferrari
West Volusia Hospital Authority

West Volusia Hospital Authority
WVHA BOARD OF COMMISSIONERS REGULAR MEETING
September 14, 2017 commencing at the conclusion of the Initial
Budget Hearing scheduled at 5:05 p.m.
Florida Hospital Deltona Medical Park
1745 Sterling Silver Blvd., Deltona, FL

AGENDA

1. Call to Order
2. Opening Observance followed by a moment of silence
3. Approval of Proposed Agenda
4. Consent Agenda
 - A. Approval of Minutes Regular Meeting August 17, 2017
5. Citizens Comments
6. Reporting Agenda
 - A. POMCO August Report – Written Submission
 - B. FQHC Report, Laurie Asbury, CEO, Northeast Florida Health Services, Inc. d/b/a Family Health Source (FHS) August Report
7. Discussion Items
 - A. Board Authorization for Vice-Chair Girtman to sign the TRIM Form DR-487 Certification of Compliance
 1. Review Proposed Budget and Impact of Increased Enrollment 2017
 - B. Announce Final Budget Hearing **Tuesday, September 26, 2017** commencing at 5:05 p.m. located at the Wayne Sanborn Center, 815 S. Alabama Avenue, DeLand, FL
 - C. Process for Appointment of Person to Fill Vacancy for Ross Dickinson (see Attorney Small's Legal Update pages 4 and 5 attached)
 1. Special Meeting to fill Board vacancy to commence upon the conclusion of the Final Budget Hearing of Tuesday, September 26, 2017
 - D. Site Visit Write Up Community Legal Services of Mid-Florida
 - E. ACA Enrollment Event November 18, 2017-Authorization to Post to WVHA Website (email from Dolores Guzman, 8/22/2017 attached)
 - F. Hill & Hollis Quarterly Update
 1. Commercial Scripts
 - G. Follow Up Items
 - a. POMCO utilization Review/proposed WVHA Cost Savings
 - b. POMCO Update to WVHA Access to Care
8. Finance Report
 - A. August Financials
9. Legal Update
10. Commissioner Comments
11. Adjournment

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

Dreggors, Rigsby and Teal, P.A.
1006 N. Woodland Blvd., DeLand, FL
August 17, 2017
DeLand, Florida
5:15 pm

Those in Attendance:

Commissioner Andy Ferrari
Commissioner Barb Girtman
Commissioner Kathie D. Shepard
Commissioner Judy Craig

Absent:

Commissioner Ross Dickinson

CAC Present:

Voloria Manning
Michael Ray
Dolores Guzman

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 (DRT)
Administrative Support: Eileen Long, DRT

Call to Order

Vice-Chair Girtman called the meeting to order. The meeting took place at Dreggors, Rigsby & Teal, P.A., 1006 N. Woodland Blvd., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County. Vice-Chair Girtman opened the meeting with a moment of silence, asking for all to keep Commissioner Dickinson in your prayers, followed by the Pledge of Allegiance.

Approval of Proposed Agenda

There was an amended agenda presented to the Commissioners and general public.

Motion 087 – 201 Commissioner Ferrari motioned to approve the amended agenda as presented. Commissioner Shepard seconded the motion to approve the amended agenda. The motion passed unanimously.

Consent Agenda

**Approval of Minutes – July 20, 2017 Budget Workshop
- July 20, 2017 Regular Meeting**

Motion 088 - 2017 Commissioner Shepard motioned to approve the Consent Agenda. Commissioner Ferrari seconded the motion. The motion passed unanimously.

Citizens Comments

There were two.

Reporting Agenda

- **POMCO July 2017 Report – Written Submission**
- **FQHC Report - Laurie Asbury, CEO**
 - **Northeast Florida Health Services, Inc. d/b/a Family Health Source (FHS) July Report**

Hospital Quarterly Report

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

Mr. Nigel Hinds provided the Board with their quarterly update regarding Florida Hospital DeLand.

Vice-Chair Girtman asked Mr. Hinds if he or Mr. Eric Ostarly had discussed with the hospital's management team about the impending expiration of the WVHA and Adventist Health Systems contract coming up in September of 2020?

Mr. Hinds responded that they have been discussing this impending contractual expiration date, but thought that they could begin that discussion process after the WVHA had completed their current budget process and during the beginning of the WVHA fiscal year of 2017-2018.

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

Mr. Eric Ostarly provided the Board with their quarterly update regarding Florida Hospital Fish Memorial.

Contractual Utilization Reports to the WVHA Board of Commissioners

- **Hispanic Health Initiative, Josephine Mercado, Executive Director (report attached)**

Ms. Josephine Mercado updated the Board in regards to Hispanic Health Initiative's contractual utilization during the current fiscal year.

- **Community Legal Services of Mid-Florida, Robin Hite, Resource Development and Grants Manager (report attached)**

Ms. Robin Hite, Resource Development and Grants Manager, and Laura Pichardo-Cruz, Managing Attorney addressed the Board and presented their verbal utilization report for the current fiscal year.

Discussion Items

Review Proposed Budget 2017-2018 Impact of Increased Enrollment 2017

WVHA Tentative Meeting Schedule 2017

- **September 14, 2017 Initial Budget Hearing/Regular Meeting**

WVHA Funding Application release date Tuesday August 22, 2017

Motion 089 – 2017 Commissioner Ferrari motioned to approve the release of the WVHA Funding Application on Tuesday, August 22, 2017. Commissioner Craig seconded the motion.

Mr. Small suggested adding language, on page 3, second to the last paragraph on the bottom of that page, to amend the language to add after, “If your response is N/A, please explain in detail why it is not applicable”. Inserting: “Even if your agency does not charge Medicare, Medicaid, or private insurance for this service, please provide comparative rates through research of the state Medicaid system or other state’s Medicaid systems”.

Motion 089 – 2017 (AMENDED) Commissioner Ferrari amended his motion to approve the release of the WVHA Funding Application on Tuesday, August 22, 2017, adding Mr. Small’s suggested insertion, “Even if your agency does not charge Medicare, Medicaid, or private insurance for this service, please provide comparative rates through research of the state Medicaid system or other state’s Medicaid systems”. Commissioner Craig seconded the amended motion. The motion passed unanimously.

Halifax Healthy Communities FY 2016-2017 \$1,500.00 from current WVHA budget to spend on marketing and promotional items

Motion 090 – 2017 Commissioner Ferrari motioned to approve \$1,500.00 from the Halifax Healthy Communities FY 2016-2017 WVHA budgeted line item for use for public awareness campaigns. Commissioner Shepard seconded the motion. The motion passed unanimously.

Recent Approved Specialty Care Exclusion “Diet or nutritional programs and any variants thereof or exercise programs”

Motion 091 – 2017 Commissioner Shepard motioned to delete from the recently approved specialty care exclusions the sentence, “Diet or nutritional programs and any variants thereof or exercise programs.” Commissioner Ferrari seconded the motion. The motion passed unanimously.

Site Visits 2016-2017 – DRT Engagement Letter (attached)

1. **Family Health Source (FHS) Consolidated Clinics/Pharmacy/OB**
2. **Good Samaritan Clinic PCP and Dental Services**
3. **Stewart-Marchman-Act (SMA) Baker Act Services**
4. **SMA Residential Treatment Bed Services**
5. **Healthy Start Coalition of Flagler & Volusia (HSCFV) WIS/NOS Services and Family Services Coordinator**

Motion 092 – 2017 Commissioner Shepard motioned to accept the DRT Engagement letter to perform the contractual utilization site visits for the listed agencies. Commissioner Craig seconded the motion. The motion passed unanimously.

Follow Up Items

Prescreening Services

Outreach Services, Education Services, Case Management Services

There was Board discussion and consensus to table the prescreening and outreach/education/case management matters indefinitely.

POMCO Utilization Review/Proposed WVHA Cost Savings

There was Board discussion that there wasn't enough time to review the POMCO proposal, as it was delivered late in the day on August 17, 2017 and this matter would be tabled until the September 14, 2017 Regular Meeting.

Bus Stop Proposal

Mr. Small did not recommend the Board approving the bus stop proposal in its' current form and referred to his Legal Update pages 6 and 7.

Increasing "Funding Limit" in Existing Agreements

Mr. Small referred to his Legal Update, pages 8 and 9 with a proposed policy to enforce when currently funded agencies wish to request additional funding.

Motion 093 – 2017 Commissioner Shepard motioned to adopt the proposed policy outlined in Mr. Small's Legal Update, dated August 8, 2017, pages 7 and 8. Commissioner Ferrari seconded the motion. The motion passed unanimously.

Ms. Long was directed to email out Mr. Small's Legal Update dated August 8, 2017 to all WVHA contacts and funded agencies to make all aware of this new policy.

Financial Report

Mr. Ron Cantlay, DRT reviewed for the Board the July financial statements (see attached).

Motion 094 - 2017 Commissioner Craig motioned to pay bills totaling \$2,278,663.62 (See attached). Commissioner Ferrari seconded the motion. The motion passed unanimously.

Legal Update

Mr. Theodore Small submitted his legal update memorandum dated August 8, 2017 (See attached).

Commissioner Comments

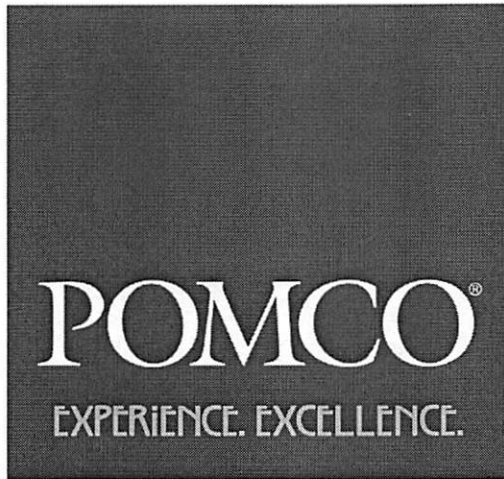
There being no further business to come before the Board, the meeting was adjourned.

Adjournment

Barb Girtman, Vice-Chair

4 of 4 pages

August 17, 2017 Regular Meeting



POMCO

September 14, 2017

Submission Report for WVHA Board Members

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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	281	64	0	345	81.45%
	201701	334	54	0	388	86.08%
	201702	325	40	0	365	89.04%
	201703	352	31	0	383	91.91%
	201704	239	34	0	273	87.55%
	201705	247	28	0	275	89.82%
	201706	376	31	2	409	91.93%
	201707	340	27	14	381	89.24%
	201708	254	14	53	321	79.13%
Grand Total		3188	415	69	3672	86.82%

Fiscal Year	Applications Processed	Average Approval Percentage
FY1516	2670	82.28%
FY1617	3672	86.82%
Based on Fiscal year		

Applications Processed by Fiscal Year – Approval Percentage

Enrollment Applications – Denial Summary Report

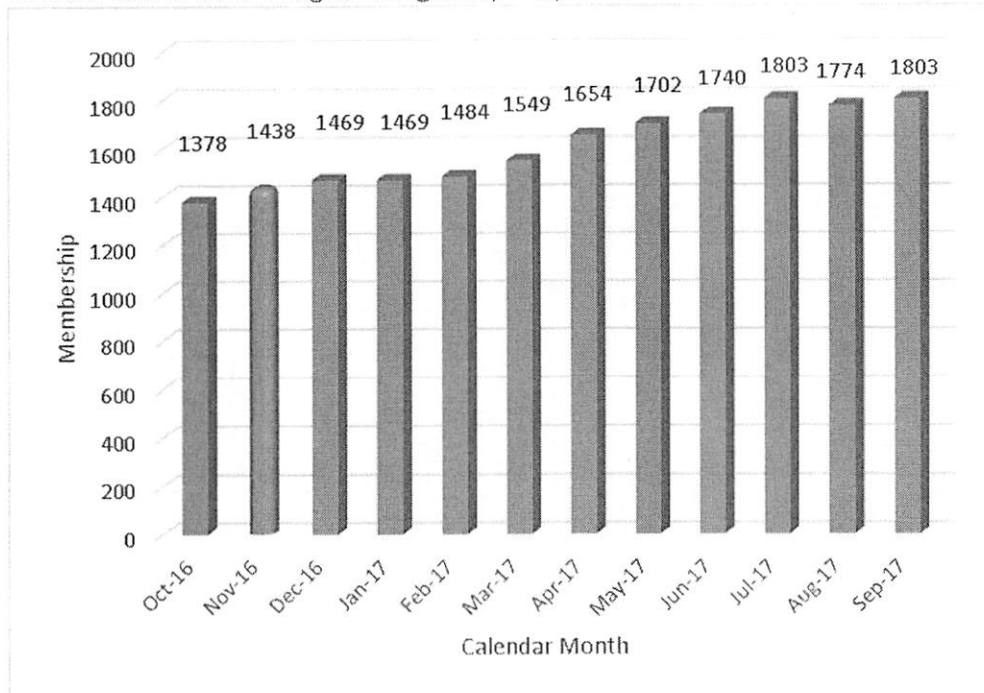
Period	Approved		Denied		Pending		Total
	Apps	Pctg	Apps	Pctg	Apps	Pctg	
FY1617	3188	86.82%	415	11.30%	69	1.88%	3672
201610	236	83.69%	46	16.31%	0	0.00%	282
Active Eligible	236	100.00%		0.00%		0.00%	236
Declined - Member exceeds asset level		0.00%	3	100.00%		0.00%	3
Declined - Member Exceeds Income Level		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	281	81.45%	64	18.55%	0	0.00%	345
Active Eligible	281	100.00%		0.00%		0.00%	281
Declined - ACA PREM COST <8% INCOME		0.00%	2	100.00%		0.00%	2
Declined - MEMBER EXCEEDS INCOME LEVEL		0.00%	9	100.00%		0.00%	9
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 - Multiple Reasons		0.00%	12	100.00%		0.00%	12
Declined - Req'd Documentation Missing		0.00%	36	0.00%		0.00%	36
201701	334	86.08%	54	13.92%	0	0.00%	388
Active Eligible	334	324.00%		0.00%		0.00%	334
Declined - MEMBER EXCEEDS INCOME LEVEL		0.00%	17	100.00%		0.00%	17
Declined - ACA PREM COST <8% INCOME		0.00%	2	100.00%		0.00%	2
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	6	100.00%		0.00%	6
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 - Multiple Reasons		0.00%	2	100.00%		0.00%	2
Declined - Req'd Documentation Missing		0.00%	25	100.00%		0.00%	25
201702	325	89.04%	40	10.96%	0	0.00%	365
Active Eligible	325	100.00%		0.00%		0.00%	325
Declined - Member Exceeds Asset Level		0.00%	1	100.00%		0.00%	1
Declined - Member Exceeds Income Level		0.00%	11	100.00%		0.00%	11
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	5	100.00%		0.00%	5
Declined - MEMBER HAS OTHER COVERAGE		0.00%		100.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%	21	100.00%		0.00%	21
Declined - Multiple Reasons		0.00%	2	100.00%		0.00%	2
201703	352	91.91%	31	8.09%	0	0.00%	383
Active Eligible	352	100.00%		0.00%		0.00%	352
Declined - Member Exceeds Asset Level		0.00%	1	100.00%		0.00%	1
Declined - Member Exceeds Income Level		0.00%	12	100.00%		0.00%	12
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	4	100.00%		0.00%	4
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	100.00%		0.00%	1
Declined - Req'd Documentation Missing		0.00%	12	100.00%		0.00%	12
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	1	100.00%		0.00%	1
201704	239	87.55%	34	12.45%	0	0.00%	273
Active Eligible	239	238.00%		0.00%		0.00%	239
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	16	100.00%		0.00%	16
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	5	100.00%		0.00%	5
Declined - MEMBER HAS OTHER COVERAGE		0.00%		100.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%	10	100.00%		0.00%	10
Pending - Multiple Reasons		0.00%		100.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	3	100.00%		0.00%	3

Enrollment Applications – Denial Summary Report (Continued)

Period	Approved		Denied		Pending		Total Apps
	Apps	Pctg	Apps	Pctg	Apps	Pctg	
201705	247	89.82%	28	10.18%	0	0.00%	275
Active Eligible	247	100.00%		0.00%		0.00%	247
Declined - Member Exceeds Asset Level		0.00%	2	100.00%		0.00%	2
Declined - Member Exceeds Income Level		0.00%	6	100.00%		0.00%	6
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	8	100.00%		0.00%	8
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	100.00%		0.00%	1
Declined - Req'd Documentation Missing		0.00%	11	100.00%		0.00%	11
Pending - Multiple Reasons		0.00%		0.00%		0.00%	0
201706	376	91.93%	31	7.58%	2	0.49%	409
Active Eligible	376	100.00%		0.00%		0.00%	376
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	13	100.00%		0.00%	13
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	100.00%		0.00%	3
TRM - MEMBER HAS OTHER COVERAGE		0.00%	2	100.00%		0.00%	2
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%	13	100.00%		0.00%	13
Pending - Multiple Reasons		0.00%		0.00%	2	100.00%	2
201707	340	89.24%	27	7.09%	14	3.67%	381
Active Eligible	340	100.00%		0.00%		0.00%	340
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	15	100.00%		0.00%	15
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	2	100.00%		0.00%	2
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%	8	0.00%		0.00%	8
Declined - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Multiple Reasons		0.00%		0.00%	14	100.00%	14
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	2	100.00%		0.00%	2
201708	254	79.13%	14	4.36%	53	16.51%	321
Active Eligible	254	100.00%		0.00%		0.00%	254
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	10	100.00%		0.00%	10
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	2	100.00%		0.00%	2
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%		1.00%		0.00%	0
Declined - Multiple Reasons		0.00%	1	100.00%		0.00%	1
Pending - Multiple Reasons		0.00%		0.00%	53	100.00%	53
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	1	100.00%		0.00%	1

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 September 1, 2017

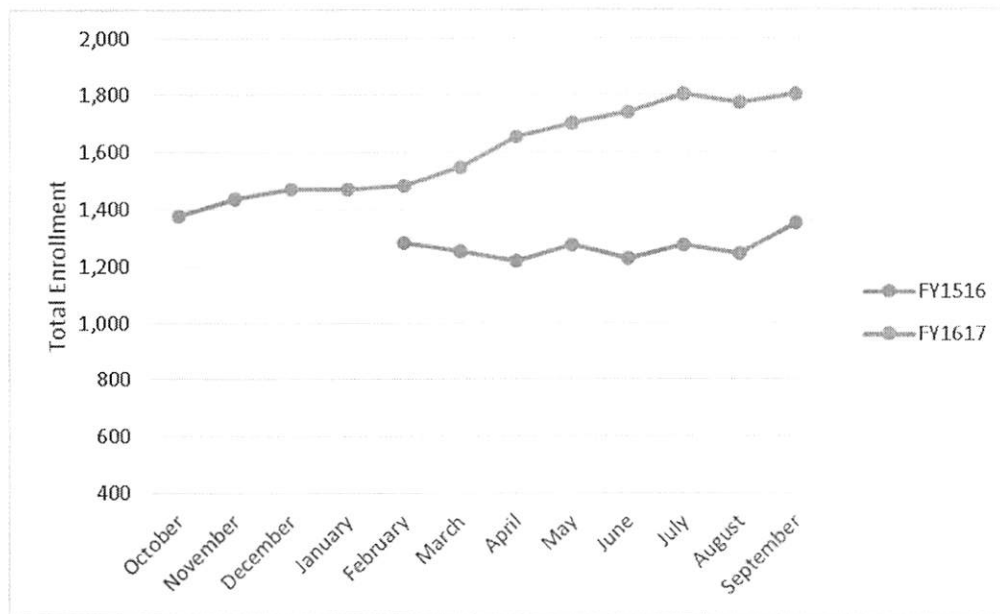


Eligibility reported above reflects eligibility as of the first of each month.

As of September 1, 2017, total program eligibility was 1,803 patients.

WVHA Enrollment by Fiscal Year – as of September 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	1,654
May	1,702
June	1,740
July	1,803
August	1,774
September	1,803
Grand Total	19,263



Medical and Prescription Drug Claim Data

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

Month	FY1617				
	Drug Costs	Dispensing	Total Costs	Total	Avg
		Fee Less Copayments		Rx's Filled	Cost Per Rx
October	\$21,581.37	\$32,676.00	\$54,257.37	2,334	\$23.25
November	\$19,925.44	\$34,818.00	\$54,743.44	2,487	\$22.01
December	\$24,589.10	\$38,794.00	\$63,383.10	2,771	\$22.87
January	\$19,912.78	\$39,018.00	\$58,930.78	2,787	\$21.14
February	\$44,939.84	\$36,792.00	\$81,731.84	2,628	\$31.10
March	\$38,337.50	\$42,938.00	\$81,275.50	3,067	\$26.50
April	\$32,104.18	\$39,816.00	\$71,920.18	2,844	\$25.29
May	\$44,290.67	\$47,446.00	\$91,736.67	3,389	\$27.07
June	\$38,997.59	\$46,718.00	\$85,715.59	3,337	\$25.69
July	\$31,293.28	\$42,770.00	\$74,063.28	3,055	\$24.24
August					
September					
Grand Total	\$315,971.75	\$401,786.00	\$717,757.75	28,699	\$25.01

Combined Medical Costs (as of Claims Payment through 8/31/2017)

Fiscal Year	Hospital	Lab	PCP	Specialty	Facility Physicians	Pharmacy	Total Costs	Member Months	Overall Per Member Per Month (PMPM)	Hospital PMPM	Lab PMPM	PCP PMPM	Specialty PMPM	Pharmacy PMPM
FY1617	\$5,003,245.43	\$342,953.75	\$655,994.64	\$3,104,719.44	\$183,622.73	\$777,727.38	\$10,068,263.37	17,460	\$576.65	\$286.55	\$19.64	\$37.57	\$177.82	\$44.54
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	1,469	\$593.06	\$317.08	\$12.63	\$24.51	\$191.19	\$43.15
February	\$441,337.13	\$37,520.22	\$15,499.75	\$344,625.79	\$15,506.77	\$58,930.78	\$913,420.44	1,484	\$615.51	\$297.40	\$25.28	\$10.44	\$232.23	\$39.71
March	\$713,669.44	\$46,444.04	\$53,204.80	\$431,775.22	\$33,068.59	\$81,731.84	\$1,359,893.93	1,549	\$877.92	\$460.73	\$29.98	\$34.35	\$278.74	\$52.76
April	\$560,786.76	\$25,783.62	\$69,201.03	\$266,890.37	\$0.00	\$81,275.50	\$1,003,937.28	1,654	\$606.98	\$339.05	\$15.59	\$41.84	\$161.36	\$49.14
May	\$471,581.77	\$38,649.24	\$78,922.06	\$282,357.06	\$16,112.10	\$71,920.18	\$959,542.41	1,702	\$563.77	\$277.08	\$22.71	\$46.37	\$165.90	\$42.26
June	\$321,644.29	\$42,350.83	\$98,867.50	\$264,146.69	\$0.00	\$91,736.67	\$818,745.98	1,740	\$470.54	\$184.85	\$24.34	\$56.82	\$151.81	\$52.72
July	\$399,122.27	\$26,330.45	\$46,417.75	\$198,069.41	\$21,173.52	\$85,715.59	\$776,828.99	1,803	\$430.85	\$221.37	\$14.60	\$25.74	\$109.86	\$47.54
August	\$355,294.74	\$43,584.72	\$120,213.50	\$336,977.44	\$19,116.21	\$74,063.28	\$949,249.89	1,774	\$535.09	\$200.28	\$24.57	\$67.76	\$189.95	\$41.75
Grand Total	\$5,003,245.43	\$342,953.75	\$655,994.64	\$3,104,719.44	\$183,622.73	\$777,727.38	\$10,068,263.37	17,460	\$576.65	\$286.55	\$19.64	\$37.57	\$177.82	\$44.54

Medical and pharmacy costs are reported on a paid basis

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 8/31/2017)

Month	FY1617					Total
	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	
October	7	225	298	0	0	530
November	28	152	224	0	0	404
December	83	76	135	0	0	294
January	65	135	112	0	0	312
February	37	89	29	0	0	155
March	191	85	198	0	0	474
April	297	134	216	0	0	647
May	291	210	222	0	0	723
June	313	318	260	0	0	891
July	176	105	143	0	0	424
August	353	375	313	0	0	1041
Grand Total	1,841	1,904	2,150	0	0	5,895

PCP encounter claims are reported on a paid basis

Specialty Care Services by Specialty – Top 25 (August, 2017)

SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR AUGUST					
Order	SPECIALTY	Unique Patients	Claim Volume	Paid	Cost Per Patient
1	Hematology	17	102	\$56,707.24	\$ 555.95
2	Cardiology	42	157	\$35,315.93	\$ 224.94
3	Hematology/Oncology	21	128	\$33,977.69	\$ 265.45
4	Anesthesiology	36	117	\$20,914.66	\$ 178.76
5	Gastroenterology	34	86	\$20,155.54	\$ 234.37
6	Physical Therapy	28	206	\$18,481.08	\$ 89.71
7	Amb Surgery Facility	11	25	\$15,998.14	\$ 639.93
8	Radiology	175	572	\$15,675.69	\$ 27.41
9	Ophthalmology	37	80	\$15,345.59	\$ 191.82
10	Orthopedic Surgery	25	76	\$12,150.39	\$ 159.87
11	Nurse Pract in Psychiatry	24	78	\$6,897.18	\$ 88.43
12	Pulmonary Disease	13	40	\$6,816.75	\$ 170.42
13	Diagnostic Radiology	41	153	\$6,638.43	\$ 43.39
14	Physical Medicine + Rehab	12	40	\$5,485.51	\$ 137.14
15	Pain Management	12	51	\$5,413.03	\$ 106.14
16	Surgery	4	20	\$5,249.62	\$ 262.48
17	Internal Medicine	57	136	\$5,103.52	\$ 37.53
18	Neurology	17	43	\$4,634.50	\$ 107.78
19	Gynecology	8	28	\$4,627.67	\$ 165.27
20	Urology	8	24	\$4,554.35	\$ 189.76
21	Infectious Disease	13	54	\$4,542.79	\$ 84.13
22	Mental Health Counselor	12	46	\$4,018.79	\$ 87.37
23	Dermatology	15	27	\$4,003.77	\$ 148.29
24	Podiatry	15	34	\$3,627.43	\$ 106.69
25	Pathology	32	109	\$3,303.36	\$ 30.31

Specialty Care Network Referrals

Preliminary Tracking

As indicated in our July 2017 report submission, specialty care providers have access to submit referrals directly given the rules set forth by the WVHA board. The following is our preliminary referral tracking showing activity with the direct specialty care provider referral submissions:

	PCP Submissions	Specialist Submissions	Monthly Total
May 2017	1256	N/A	1256
June 2017	1078	N/A	1078
July 2017	955	22	977
August 2017	1292	69	1361
Total	4581	91	4672

The above chart basically shows referral submission activity 2 months prior to specialty care providers having the ability to submit referral requests directly as compared to the 2 months in which they've had access thus far.

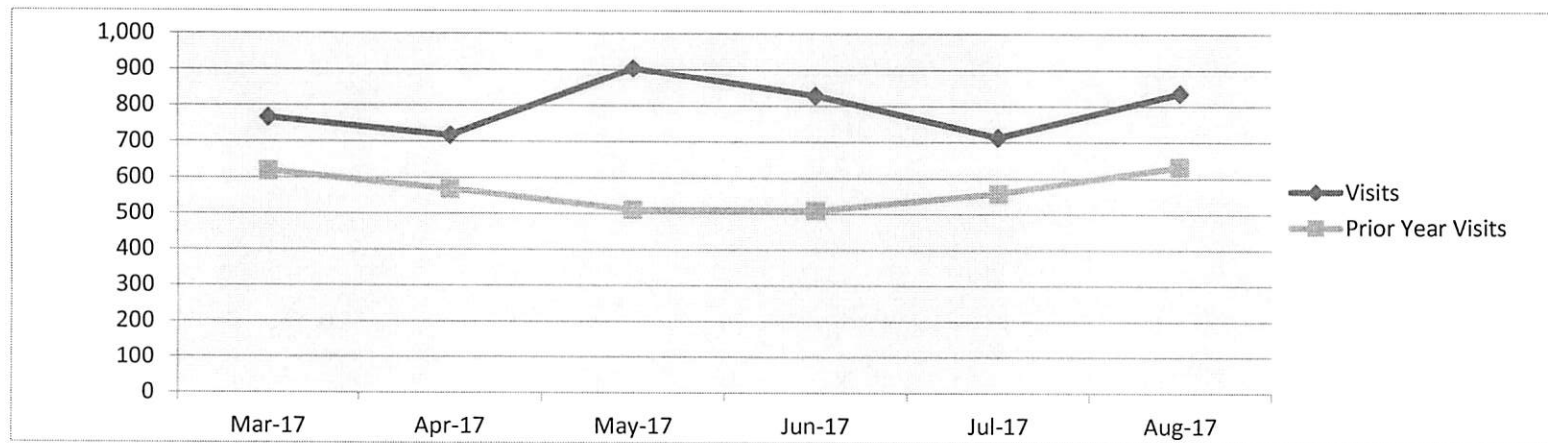
The above tracking doesn't show any major shifts but the direct referral access for specialty care providers is still fairly new and we'll continue to track the activity on a quarterly basis for any notable change in trends.



Northeast Florida Health Services
August-17

Patient Visits

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Visits	766	717	903	828	713	835
Prior Year Visits	619	569	512	510	558	632

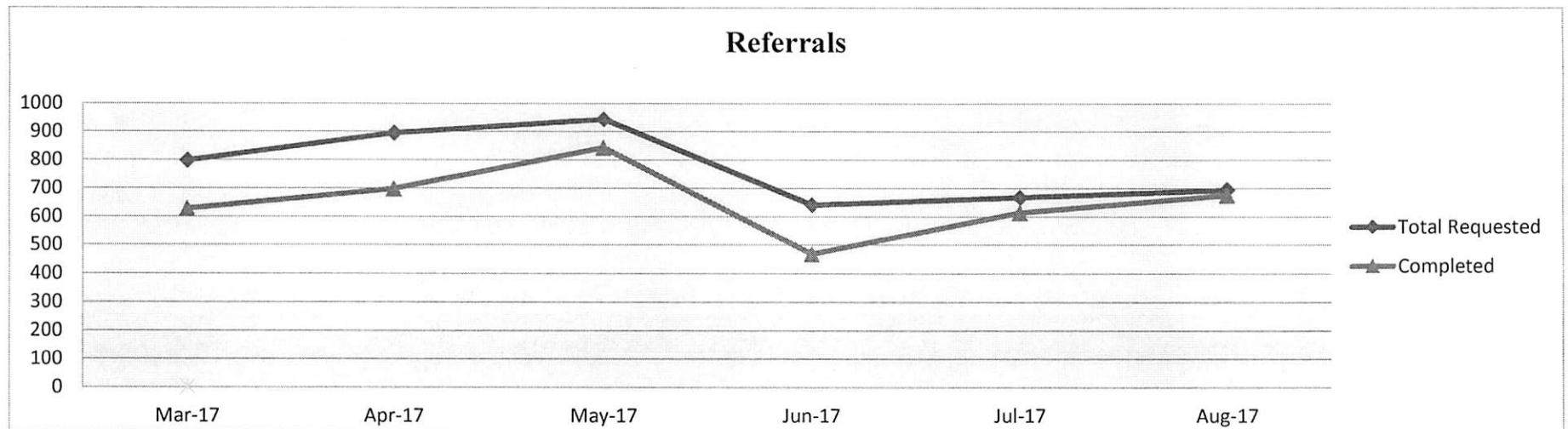


Patient Visits by Location

Location	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Deland Medical	385	263	359	349	317	336
Deltona Medical	296	349	421	368	304	387
Pierson Medical	85	99	91	93	77	96
Daytona	0	6	32	18	15	16
Total	766	717	903	828	713	835

Referrals

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
NEFHS Providers (refer to footnote 1)	218	343	338	205	244	255
Internal Specialty Providers (refer to footnote 2)	580	552	606	436	424	439
Total	798	895	944	641	668	694
Outstanding NEFHS Providers	22	11	4	55	1	5
Outstanding Int. Speciality Providers	148	186	97	118	52	13
Completed	628	698	843	468	615	676
Total Requested	798	895	944	641	668	694



1 NEFHS provider referrals are generated by NEFHS PCP for imaging and durable medical equipment (DME).

2 Internal specialty provider referrals are generated by NEFHS PCP for consultation with a specialist.

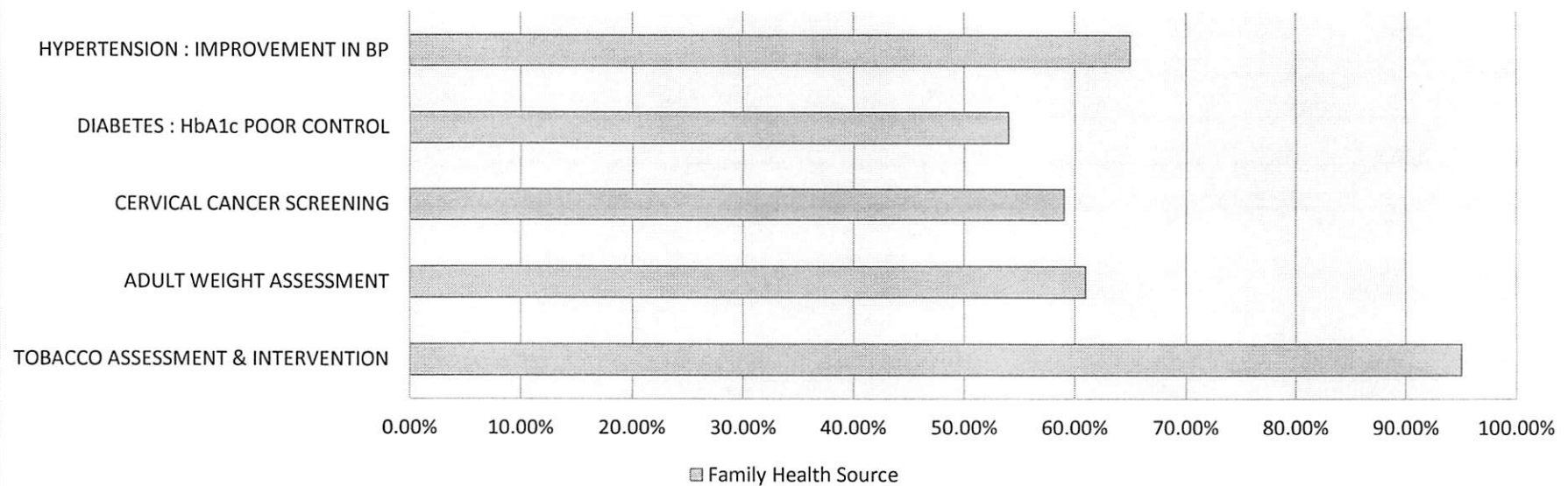
Appointment Times

Location	Provider	Appointments
Daytona	Johnson	Same Day
Deland	Dereher	Same Day
DeLand	Smith	Same Day
Deland	Omary	Same Day
DeLand	Vasanji	Same Day
Deltona	Rivera-Bobe	Same Day
Deltona	Rodriguez	Same Day
Deltona	Macalua	Same Day
Deltona	Mancini	Same Day
Pediatrics	Rojas-Sanchez	Same Day
Pediatrics	Desouza	Same Day
Pierson	Kessack	Same Day

UDS Measures

Clinical Measure	Family Health
TOBACCO ASSESSMENT & INTERVENTION	95.00%
ADULT WEIGHT ASSESSMENT	61.00%
CERVICAL CANCER SCREENING	59.00%
DIABETES : HbA1c POOR CONTROL	54.00%
HYPERTENSION : IMPROVEMENT IN BP	65.00%

UDS Measurements



Staffing Metrics

	Jul-17	Aug-17
Active Employees at the Beginning of the Month	74	79
New Hires	5	0
Turnover: Clinical Employees-MA's	2	2
Ending Monthly Total	77	77



CERTIFICATION OF COMPLIANCE

Chapter 200, Florida Statutes
and Sections 218.23 and 218.63, Florida Statutes

DR-487
R. 5/13
Rule 12D-16.002
Florida Administrative Code
Effective 5/13
Provisional

☒ Check if E-TRIM Participant

FISCAL YEAR: 2016-2017		County: Volusia		
<input type="checkbox"/> Check if new address				
Taxing Authority: West Volusia Hospital Authority		Taxing authorities must file the DR-487 with the required attachments within 30 days of the final hearing. Send completed "TRIM" Compliance packages by mail, certified mail, or overnight delivery to: Florida Department of Revenue Property Tax Oversight - TRIM Section P. O. Box 3000 Tallahassee, Florida 32315-3000		
Mailing Address: PO Box 940				
Physical Address: 1006 N Woodland Blvd				
City, State, Zip: DeLand, FL 32721				
Date of Final Hearing: 09/27/2016				
All Taxing Authorities, Except School Districts E-TRIM Participants only need to submit items 1-3 WITHIN 30 DAYS OF FINAL HEARING send this signed certification* with: <input checked="" type="checkbox"/> 1. Proof of Publication from the newspaper for all newspaper advertisements. <input checked="" type="checkbox"/> 2. Ordinance or Resolution: a. Adopting the final millage rate, with percent change of rolled-back rate shown and b. Adopting the final budget, indicating order of adoption. DO NOT SEND ENTIRE BUDGET. <input checked="" type="checkbox"/> 3. ENTIRE PAGE(s) from the newspaper for all newspaper advertisements a. Budget Summary Advertisement. b. Notice of Proposed Tax Increase or Budget Hearing Advertisement. c. COUNTIES ONLY: DR-529, Notice - Tax Impact of the Value Adjustment Board, within 30 days of completion. <input type="checkbox"/> 4. Copy of DR-420, Certification of Taxable Value, include DR-420TIF, Tax Increment Adjustment Worksheet and DR-420DEBT, Certification of Voted Debt Millage, if applicable. <input type="checkbox"/> 5. DR-420MM, Maximum Millage Levy Calculation Final Disclosure. <input type="checkbox"/> 6. DR-487V, Vote Record for Final Adoption of Millage Levy. <input type="checkbox"/> 7. DR-422, Certification of Final Taxable Value,** and DR-422DEBT Certification of Final Voted Debt Millage, if applicable. *(See Rule 12D-17.004(2)(a), F.A.C.)		School Districts E-TRIM Participants only need to submit items 1-4 WITHIN 30 DAYS OF FINAL HEARING send this signed certification* with: <input type="checkbox"/> 1. ESE 524, Millage Resolution. <input type="checkbox"/> 2. Resolution or Ordinance Adopting Budget, indicating order of adoption. <input type="checkbox"/> 3. ENTIRE PAGE(s) from the newspaper for all newspaper advertisements: a. Budget Summary Advertisement. b. Notice of Proposed Tax Increase or Budget Hearing Advertisement. c. Notice of Tax for School Capital Outlay. d. Amended Notice of Tax for School Capital Outlay. <input type="checkbox"/> 4. Proof of Publication from the newspaper for all newspaper advertisements. <input type="checkbox"/> 5. Copy of DR-420S, Certification of School Taxable Value and DR-420DEBT, Certification of Voted Debt Millage, if applicable. <input type="checkbox"/> 6. DR-422, Certification of Final Taxable Value** and DR-422DEBT, Certification of Final Voted Debt Millage, if applicable. *(See Rule 12D-17.004(2)(b), F.A.C.)		
**If you have not received the DR-422, do not delay submitting your TRIM package. It is due within 30 days of your final hearing. If you do not include all required documents, the Department of Revenue will find you non-compliant with Section 218.26(4), F. S. Taxing authorities and units of local government participating in revenue sharing may lose these funds for twelve months, under Sections 200.065, 218.23, 218.26(4), and 218.63. F.S. Ad valorem proceeds from any millage above the rolled-back rate must be placed in escrow.				
S I G N H E R E	Taxing Authority Certification		I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of s. 200.065 and the provisions of either s. 200.071 or s. 200.081, F.S.	
	Signature of Chief Administrative Officer: <i>Barbara E. Girtman</i>		Date: <i>9-28-16</i>	
	<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms.	Print Name of Chief Administrative Officer: Barbara E. Girtman	Title: Chair, WVHA Board of Commissioners	
	Contact Name and Contact Title: Eileen Long, Administrator		E-mail Address: elong@drtpa.com	
	Phone Number: (386) 734-9441		Fax Number: (386) 738-5351	

All TRIM forms for taxing authorities are available on our website at: <http://dor.myflorida.com/dor/property/trim>



Dreggors, Rigsby & Teal, P.A.

Advisors for Life

Certified Public Accountant Registered Investment Advisor

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(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

August 22, 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 and maintain a copy of a current photo-identification.
- 2. Select a sample of transactions and test compliance with contract provisions.
 - a. February 2017 through June 2017 were chosen for test procedures. From the individual list of (13) unique clients receiving legal counseling, 38% were selected for compliance review (5 clients).
 - b. CLSMF provided itemized billing for five (5) of five (5) clients counseled. 100% of the billable hours were confirmed.
 - c. Of the five (5) clients served, 100% of the client files contained proof of photo ID.
 - d. Of the five (5) clients served, four (4) of the five (5) client files contained a valid/active HealthCard. One (1) client had an active WVHA HealthCard the month before and the month after the client was counseled, but did not have an active HealthCard during the month when services were sampled.
 - 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. CLSMF provided activity codes that corresponded with the codes submitted with the original invoice.
- 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 volunteered to provide access to one (1) client file that was not selected for review; but rather to show a legal case where they successfully transitioned an active HealthCard member to Florida Medicaid.
 - c. Recommend that CLSMF contact the WVHA's Third Party Administrator (TPA) POMCO to gain access to their new provider portal called "ShareFile" in order to verify HealthCard eligibility and to obtain physical copies of active WVHA HealthCard ID's and members' photo ID's.

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.

Eileen Long

From: Dolores Guzman <dguzman@hpcnef.org>
Sent: Tuesday, August 22, 2017 12:02 PM
To: Eileen Long
Cc: Joyce Case
Subject: ACA Enrollment Event

Dear Partners and Community Leaders!!

As you know the Affordable Health Care Law is still the law of the land and soon to come we will be enrolling persons Interested in having HealthCare for the year 2018.

The enrollment time has been cut to 45 days as stated by the law on the 5th year it would run for less time. The Health Planning Council and the City of Deltona are partnering to have the event at the City Chamber on November 18, 2017 from 9:00AM to 3:00PM.

Our plans is to have 10 Navigators there that day and be able to service as many residents that need healthcare.

We will need all of you to join our efforts in enrolling and giving residents information about healthcare and community services throughout Volusia County.

This is a FREE service to all.

Please let us know as soon as possible of your participation as we want to make flyer and bring to all Libraries in the County.

We will need your company Logo and information to include you in the flyer. If your company has a Website please make an announcement of SAVE THE DATE so everyone that visits your site will make a note of it.

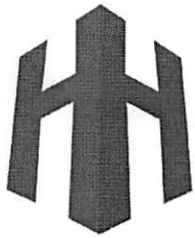
Thank you in advance for your help and support.

Dolores Guzman

Navigator
Health Planning Council Of NE Florida
4201 Baymeadows Road, Suite 2
Jacksonville, FL 32217
904.762.8605
Schedule an appointment with an ACA Navigator
www.hpcnef.org



Please note that under Florida's very broad public records law, email communications to and from officials at the Health Planning Council are subject to public disclosure.



HILL & HOLLIS
— ENTERPRISES, INC. —

WVHA Commercial Pitches And You Films - 2017

30s Spot 01 – “What Is The WVHA?”

[Sunrise over West Volusia. Medical B-Roll.]

NARRATOR:

Health care is expensive. But for those who cannot afford support, the West Volusia Hospital Authority is active in your community, and is here to help.

[A lightly-animated WVHA logo fills the screen. We cut to various community members who work for WVHA-funded organizations, speaking directly to the camera, as the camera pans slowly, dramatically by them. Their sub-titles reveal their organizations.]

“The WVHA works with partners in your neighborhood to seek out those most in need.”

- Neighborhood Center employee

“They grant funding to local hospitals and local agencies to fill those needs:”

- Florida Hospital employee

“From volunteer primary care...”

- Good Samaritan volunteer

“...to behavioral health care...”

- Stewart-Marchman-Act employee

“...to mental health services.”

- House Next Door employee

[Time-lapse of busy traffic in West Volusia]

NARRATOR:

The WVHA serves nearly 6,000 patients each year.

[Return to various speakers, representing the united community effort of the WVHA]

“Patients who need confidential testing...”

- Rising Against All Odds employee

“...Women coping with pregnancy...”

- Healthy Start Coalition employee

“...Children looking for a helping hand.”

- Healthy Communities employee

[B-Roll of various community partners.]

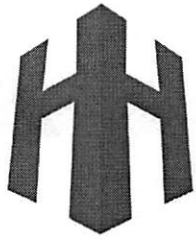
NARRATOR:

The WVHA unites the community to keep West Volusia healthy.

[WVHA logo with contact info and/or website – perhaps over a West Volusia sunset]

NARRATOR

Inspired by life; Driven by Hope: The West Volusia Hospital Authority.



HILL & HOLLIS

— ENTERPRISES, INC. —

WVHA Commercial Pitches And You Films - 2017

30s Spot 02 – “Who Qualifies For WVHA Assistance?”

[Sunrise over West Volusia. Medical B-Roll.]

NARRATOR:

Health care is expensive. But for those who cannot afford support, the West Volusia Hospital Authority is active in your community, and is here to help.

[A lightly-animated WVHA logo fills the screen. We cut to various community members who work for WVHA-funded organizations, speaking directly to the camera, as the camera pans slowly, dramatically by them. Their sub-titles reveal their organizations.]

“You may know someone who qualifies:”

- House Next Door employee

“Poverty-level families in West Volusia...”

- Healthy Communities employee

“Residents caught between the cracks of Federal Health Care...”

- Northeast Florida Health Services employee

“...those who need last resort assistance.”

- Rising Against All Odds employee (or Stewart Marchman-ACT employee)

[Time-lapse of busy traffic in West Volusia]

NARRATOR:

The WVHA serves nearly 6,000 patients each year.

[Return to various speakers, representing the united community effort of the WVHA]

“...by funding local outreach agencies.”

- Neighborhood Center employee

“...by offering a Health Card with options at local Hospitals...”

- Florida Hospital employee

“...by providing a buffer until private insurance or Federal aid kicks-in.”

- Good Samaritan Clinics volunteer

[B-Roll of various community partners.]

NARRATOR:

The WVHA provides a safety net to keep your community healthy.

[WVHA logo with contact info and/or website – perhaps over a West Volusia sunset]

NARRATOR

Inspired by life; Driven by Hope: The West Volusia Hospital Authority.

Eileen Long

Subject: FW: Correction - POMCO Case Management & Utilization Review Proposal - WVHA
Attachments: West_Volusia_Hospital_Authority_Final.pdf
Importance: High

From: Shawn Jacobs
Sent: Thursday, August 17, 2017 2:58 PM
To: Eileen Long - Dreggors, Rigsby & Teal (elong@drtcpa.com)
Cc: Ted Small - Law Offices of Theodore W. Small P.A. (tsmall@businessemploymentlawyer.com); Ron Cantlay (rcantlay@drtcpa.com); Jessica Swartwood
Subject: POMCO Case Management & Utilization Review Proposal - WVHA
Importance: High

Hi Eileen. Attached is the Case Management & Utilization Review Proposal for the WVHA Board. My apologies that this was not available sooner.

We took a different approach on this proposal showing only a subset of a fully integrated utilization and case management program. The rationale on proposing a subset is based on the following factors:

1. Utilization review (particular on inpatient care) is a direct and tangible way of finding opportunities to prevent over utilization and under-utilization; leading to cost avoidance and best patient outcomes
2. WVHA Healthcard members are only enrolled for a 6-month period and some case management could take a minimum of a month or two to be impactful to the member's outcome
3. Case management opportunities will be primarily focused on chemotherapy and radiation triggers since this is the #1 cost driver in the WVHA specialty care claims experience
4. Utilization Review for outpatient continuing care will include the following categories
 - Chemotherapy
 - Radiation
 - Experimental/Investigational Procedures
 - Hyperbaric Oxygen (where applicable)
 - Injectables, excluding vaccinations – all Injectables that cost \$2,000 or more per drug per month
 - Outpatient Physical Therapy

We believe that the approach above for the attached proposal is the most appropriate given the nature of the WVHA Healthcard program while keeping the related costs to a minimum.

In regards to estimating potential savings, our teams noted that we did not have enough relevant data to make a specific assessment/estimate since case management outcomes depend on many factors including the patients medical records of which we don't have available. Member engagement with case managers is another critical factor and within a 6-month healthcard eligibility window where members are not part of an employer group, it is difficult to determine what the level of engagement would be. However we can indicate how many inpatient events would have gone through utilization review and how many oncology events would have triggered case management outreach. See below:

November 2016

- 20 Inpatient Admissions with an average length of stay of 4.65 days
- 143 Oncology Services

March 2017

- 42 Inpatient Admissions with an average length of stay of 5.90 days
- 173 Oncology Services

May 2017

- 30 Inpatient Admissions with an average length of stay of 5.30 days
- 89 Oncology Services

Let me know if you or the board have any questions.

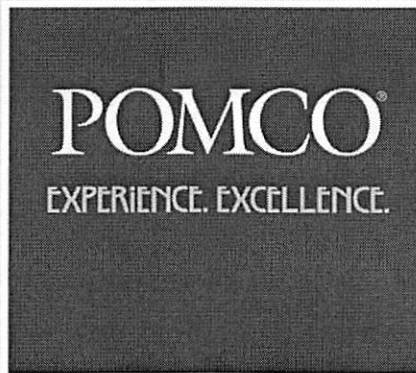
Thanks.

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

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**Response to Proposal for
Case Management & Utilization Review
Services for
West Volusia Hospital Authority**



The information in this proposal is deemed confidential and proprietary information of POMCO. The recipient of this proposal, as set forth on the cover page, including the recipient's employees, subsidiaries and assignees, shall not use the confidential information in this proposal for: (i) its own benefit or the benefit of any third party; (ii) any purpose other than performance of the prospective business relationship being discussed pursuant to which it is disclosed or later associated; or (iii) in any manner unnecessary to performance of the prospective business relationship being discussed in the absence of the prior written consent of POMCO. In California POMCO, Inc. DBA POMCO Administrators, Inc.



Effective Date: 10/1/2017

Plan Administration Fees; Optional Services

Utilization Review

- Inpatient \$0.90 PMPM
- Outpatient Continuing Care..... \$0.25 PMPM

Case Management Case Rate..... \$745 Per Month

Administrative Fee Assumptions

Rates are based upon the effective date noted for the census provided during the proposal process



Our clinical experts balance quality of care for members while maximizing plan savings

American Health's URAC-accredited Case Management services are designed to improve the quality of patient care while maximizing cost savings. Our Utilization Management triggers cases that may benefit from Case Management intervention, helping to facilitate early identification, prevent rehospitalization and significantly reduce costs.

American Health case managers are registered nurses and licensed social workers who function as advocates, facilitators and educators, ensuring that members receive appropriate care at the right time, the right setting and the right cost.

Our experienced clinicians:

- Collaborate with providers to ensure the member receives high-quality, cost-effective care
- Complete telephonic assessments that assist in determining the member's needs and requirements
- Review treatment plans for medical necessity and standards of care
- Help members and their families understand what to expect during the course of treatment
- Supply education materials about treatment options
- Assist members and families in understanding available benefits
- Steer members to network providers
- Work closely with stop loss carriers to manage high-cost, complex cases

Specialty services for maternity, neonatal and pediatrics, oncology and transplant

- Program Highlights -

Comprehensive approach to patient-focused support and life management

Dedicated case managers interact with patients and families, offering a complete support network

Experienced case managers supported by American Health's board-certified medical director and a panel of board-certified, practicing physician specialists

We report all never events and avoidable hospital conditions

Mitigating plan exposure and providing group- and member-specific reporting



American Health Holding, Inc.

7400 West Campus Road, F-510 New Albany, Ohio 43054
Phone 866-614-4244 | www.americanhealthholding.com

Customized solutions. Consultative partnerships. Healthy outcomes.



Medical necessity review of both inpatient and outpatient procedures

American Health's URAC-accredited Utilization Management program provides medical necessity reviews that ensure members receive appropriate care while maximizing opportunities for cost savings. Members benefit from our program's registered nurse reviewers, American Health's board-certified medical director, an internal panel of board-certified, practicing physician specialists and an external panel of specialists.

Our clinical professionals benchmark against MCG Health's days per 1,000, admits per 1,000 and average length of stay criteria to certify treatments. Cases are continually monitored to ensure quality and appropriateness of care, and we report all never events and avoidable hospital conditions.

All admission evaluations and reviews are conducted by registered nurses with an average of 10 or more years of clinical experience or by board-certified physician reviewers. The review is supported by American Health's state-of-the-art proprietary software, iSuite, that facilitates all steps in the utilization review process and automatically makes referrals to Case Management.

Our proprietary iSuite software supports customization of utilization rules according to the group plan.

- Program Highlights -

Facilitation of all steps in the utilization review process, from initial provider or patient contact through criteria application, evaluation and recommendation

Services guided by American Health's Total Quality Management program, which sets the highest priority on timeliness, accuracy, quality of care and cost-effectiveness

Ability to customize group rules to maximize in-network utilization

Utilization Management reports benchmarked using MedInsight from Milliman, Inc.



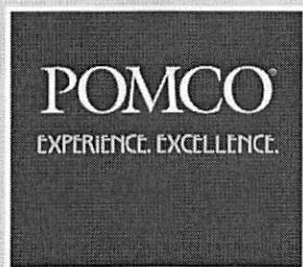
ACCREDITED
Health Utilization
Management
Expires 10/01/2017



ACCREDITED
Case Management
Expires 10/01/2017



ACCREDITED
Disease Management
Expires 10/01/2017



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315.432.9171 or 800.934.2459

Eileen Long

From: Shawn Jacobs <sjacobs@pomco.com>
Sent: Wednesday, September 06, 2017 4:18 PM
To: Eileen Long
Cc: 'Finch, Mike'; Ron Cantlay; 'Harper Hill'; 'Dawn Nelson'; Jessica Swartwood
Subject: Update Attached - WVHA Updated Summary of Benefits
Attachments: West Volusia Hospital Authority 2017 SOB.PDF

Hi Eileen. Please see attached per our previous correspondence below.

We'll need approval on this to put it into effect.

Thanks.

Regards,
S.A.J.

Shawn A. Jacobs
Strategic Account Executive | POMCO
A Unit of UMR
2425 James Street | Syracuse, NY | 13206
sjacobs@pomco.com | Tel: 315.432.9171 x44071 | Fax: 315.703.4896

From: Shawn Jacobs
Sent: Wednesday, August 30, 2017 11:51 AM
To: 'Eileen Long'
Cc: Finch, Mike; Ron Cantlay; Harper Hill; Dawn Nelson; Jessica Swartwood
Subject: Changes In Process - WVHA Updated Summary of Benefits

Eileen per your note below, we'll make those 2 changes and provided the updated summary of benefits when ready.

Thanks.

Regards,
S.A.J.

Shawn A. Jacobs
Strategic Account Executive | POMCO
A Unit of UMR
2425 James Street | Syracuse, NY | 13206
sjacobs@pomco.com | Tel: 315.432.9171 x44071 | Fax: 315.703.4896

From: Eileen Long [<mailto:ELong@drtcpa.com>]
Sent: Tuesday, August 29, 2017 12:00 PM
To: Shawn Jacobs
Cc: Finch, Mike; Ron Cantlay; Harper Hill; Dawn Nelson
Subject: FW: FW: Records request | News-Journal

**WEST VOLUSIA HOSPITAL AUTHORITY (WVHA)
REIMBURSEMENT PROGRAM**

Access to Care

The program's third party administrator is POMCO.

The program's claim filing deadline is 60 days from date of service, with Hospitals having 90 days.

The Referral Process:

The Primary Care Physician (PCP) will direct and coordinate all of the Reimbursable Medical Services. Whenever a Medically Necessary Reimbursable Medical Service is needed and cannot be provided by the PCP, the PCP will suggest and choose the appropriate Contracted Provider, such as a specialist or ancillary Provider. Referral to Contracted Providers must be arranged and approved by the PCP.

Out of Network Specialty Providers:

If a member makes a visit to a provider that is not contracted by the West Volusia Hospital Authority Program (WVHA), any resulting medical bills will be paid by the member. All referrals MUST be approved by the PCP.

Non-Emergency Hospital Care:

If a member needs to go to the hospital, the following steps must be followed:

1. The only Hospitals approved by the WVHA Program are Fish Memorial and Florida Hospital DeLand.
2. Hospital services, including patient (overnight stay) or outpatient (one day only), need to be approved by the PCP. WVHA Program will approve claims payment for reimbursable services at participating hospitals only. Exception: Member is treated in the Emergency Room at a participating hospital.
3. The member must show their Plan Identification Card (ID) during admittance to the hospital.

Billing for Services:

Providers and hospitals will submit bills directly to WVHA Program Billing Agency. The member is only responsible for the co-payment.

Payment of Co-payments:

When a co-payment is required, it will be paid directly to the Provider.

SERVICE TYPE	COPAYMENT
Primary Care Physician	\$4 copayment
Specialist Visits	\$6 copayment
Prescription Drug	\$1 copayment
Emergency Room	\$10 copayment
Hospital	\$0 copayment

Reimbursable Services

The member may receive reimbursable medical services which are performed, prescribed, or referred by their Primary Care Physician, with the exception of any exclusion listed below. The WVHA Program 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.

SERVICE TYPE	BENEFIT
Preventive Health Care	Includes periodic evaluations and immunizations for pediatrics and adults. Services will be provided by the PCP.
Specialist Visits	Reimbursed when approved by the PCP and with participating providers.
Ambulatory Outpatient Services	Reimbursed when approved by the PCP and performed in a participating hospital (Fish Memorial and Florida Hospital DeLand).
Hospital Admissions	Reimbursed at participating hospitals (Fish Memorial and Florida Hospital DeLand).
Laboratory Services	Reimbursed only at Quest Diagnostic Laboratory.
Pharmacy Benefits	Medication listed in the Preferred Drug List only. Prescriptions must be filled at Ritter's Pharmacy.
Dental Services	Reimbursed when approved by the PCP and with participating Dentists.
Mental Health	Reimbursed when approved by the PCP and with participating providers.

Benefit Exclusions

- (1) All costs associated with the collection and preservation of sperm for artificial insemination.
- (2) Alternative and holistic health care services.
- (3) Ambulance services.
- (4) Any patient treated in a hospital while under arrest by, in custody of, being guarded by a law enforcement officer, or under house arrest.
- (5) Any service provided or received without having been prescribed, directed or authorized by the Health Care district, except in cases of emergency.
- (6) Any services in connection with education and treatment for learning or developmental disabilities.
- (7) Chelation therapy when used for cosmetic reason.
- (8) Complications related to non-covered services.

- (9) Cosmetic, medical, surgical, and non-surgical treatments and procedures provided primarily for cosmetic purposes, which shall include but are not limited to:
- (a) Surgery to the upper and lower eyelid,
 - (b) Penile implant,
 - (c) Augmentation mammoplasty,
 - (d) Reduction mammoplasty for male or female or other cosmetic procedure to the breast,
 - (e) Removal of breast implants except in post mastectomy surgery,
 - (f) Full or partial face lift,
 - (g) Dermabrasion or chemical exfoliation,
 - (h) Scar revision,
 - (i) Otoplasty,
 - (j) Surgical lift, stretch, or reduction of the abdomen, buttock, thighs or upper arm,
 - (k) Silicone injections to any part of the body,
 - (l) Rhinoplasty,
 - (m) Hair transplant, and
 - (n) Tattoo removal.
- (10) Cost of services performed by another institutional facility while hospitalized in a facility.
- (11) Custodial, domiciliary, convalescent or rest care and care in a skilled nursing facility.
- (12) External counter pulsation (ECP).
- (13) Eye glasses or contact lenses.
- (14) Fertility or infertility testing, artificial insemination or invitro fertilization, embryo transplantation, human chronic gonadotrophin (HCG) injections or reversal of sterilization procedure.
- (15) Gastric stapling, gastric bypass, gastric banding, and other surgical experimental or investigational procedures for the treatment of obesity, weight loss and/or weight management.
- (16) Genetic testing, counseling and other related services.
- (17) Health or beauty aids, or hair analysis.
- (18) Hearing aids.
- (19) Immunizations required for travel and physical examinations needed or employment, insurance, or governmental licensing.
- (20) Occupational, physical, and/or speech therapy unless prescribed by a physician and it's relates to a medical condition.
- (21) Orthodontic services or procedures, periodontal surgery, cast crowns, cast post or core, cast bridges, inlays or onlays, porcelain or resin laminate veneers, space maintainers, implants or any cosmetic dental procedures.
- (22) Orthotics with the exception of joint immobilization.
- (23) Private duty nursing services.
- (24) Scerla therapy.

- (25) Services associated with aiding a patient in the home, such as a homemaker, domestic or maid service.
- (26) Services in connection with long term care, chronic care, or nursing home care.
- (27) Services provided by a family member.
- (28) Services received as a result of an illegal act. Any injury resulted from being arrested by, in custody of, being guarded by a law enforcement officer or under house arrest.
- (29) Services received prior to your eligibility effective date or after the termination date.
- (30) Sex change operations or any sex change related services including services for sexual transformation or sexual dysfunction or inadequacies.
- (31) Travel whether or not recommended by a physician.
- (32) Treatment for conditions covered by Workers' Compensation laws.
- (33) Treatment for military service connected disabilities for which the Veterans Administration and military hospital system provides care to which the member is legally entitled and when such facilities are reasonably available within the service area.
- (34) Treatment of Temporomandibular Joint Disease (TMJ).
- (35) Treatment of varicose veins of the extremities.
- (36) Urgent care clinic services.
- (37) Vision training, eye exercises, orthoptics, or surgery performed to correct or improve myopia.

Benefit Limitations

- (1) Cardiac Rehabilitation**
 - Coverage is limited to frequency up to three times per week and up to a maximum of 18 consecutive weeks
- (2) Chemotherapy Benefits**
 - Limited to anticancer treatments that are not in an investigational or experimental stage to include antineoplastic agents (such as anticancer drugs) or agents used to destroy microorganisms (such as antibiotic drugs)
 - Excludes oral chemotherapy, subcutaneous injections or intra-muscular injections that are not in an investigational or experimental stage
- (3) Chiropractic Care**
 - Benefits are limited to total of 30 visits per covered person per calendar year
- (4) Mental Disorder Treatment**
 - Outpatient Treatment - Physician's visits are limited to one treatment per day
- (5) Occupational Therapy**
 - Excludes recreational programs, maintenance therapy, or supplies used in occupational therapy

(6) Pulmonary Rehabilitation

- Limited to a maximum of 36 visits per covered person per lifetime

(7) Respiratory/Inhalation Therapy

- Excludes custodial or maintenance care

(8) Substance Use Disorder Treatment

- Excludes participation in programs of a social, recreational, or companionship nature

(9) Urgent Care Facility

- Specific to programs that have a hospital affiliation – Consider limiting urgent care coverage to facilities affiliated to the hospital(s) or with urgent care facilities that are bound to the same patient care guidelines as the hospitals

IN WITNESS WHEREOF this agreement has been executed on behalf of the West Volusia Hospital Authority.

By _____

Title _____

Date _____

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



Dreggors, Rigsby & Teal, P.A.

Advisors for Life

Certified Public Accountants | Registered Investment Advisor

1006 N. Woodland Boulevard ■ DeLand, FL 32720
(386) 734-9441 ■ www.drtcpa.com

James H. Dreggors, CPA
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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 August 31, 2017 and the related statement of revenues 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

September 05, 2017

MEMBERS

American Institute of
Certified Public Accountants

the *CPA Alliance* network

Florida Institute of
Certified Public Accountants

West Volusia Hospital Authority
Balance Sheet
Modified Cash Basis
August 31, 2017

Assets

Current Assets

Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	1,288,401.09
Intracoastal Bank - Operating	211,679.81
Mainstreet Community Bank - MM	7,030,879.09
Taxes Receivable	126,422.00
Total Current Assets	<u>8,657,481.99</u>

Fixed Assets

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

Other Assets

Deposits	<u>2,000.00</u>
Total Other Assets	<u>2,000.00</u>
Total Assets	<u><u>9,281,140.42</u></u>

Liabilities and Net Assets

Current Liabilities

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

Net Assets

Unassigned Fund Balance	6,630,697.70
Restricted Fund Balance	208,000.00
Assigned Fund Balance	5,464,554.00
Nonspendable Fund Balance	621,658.43
Net Income Excess (Deficit)	<u>(3,758,324.71)</u>
Total Net Assets	<u>9,166,585.42</u>
Total Liabilities and Net Assets	<u><u>\$ 9,281,140.42</u></u>

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 11 Months Ended August 31, 2017

	<u>Annual Budget</u>	<u>Current Period Actual</u>	<u>Year To Date Actual</u>	<u>Budget Balance</u>
Revenue				
Ad Valorem Taxes	12,500,000.00	10,438.44	12,521,118.58	(21,118.58)
Investment Income	65,000.00	3,411.92	50,693.53	14,306.47
Reimbursement - SDTF	0.00	62,859.89	62,859.89	(62,859.89)
Rental Income	67,301.00	5,608.42	61,692.62	5,608.38
Other Income	0.00	400.00	26,133.62	(26,133.62)
Total Revenue	12,632,301.00	82,718.67	12,722,498.24	(90,197.24)
Healthcare Expenditures				
Adventist Health Systems	5,575,949.00	662,766.28	6,274,219.33	(698,270.33)
Northeast Florida Health Services	1,448,938.00	141,189.54	1,421,171.80	27,766.20
Specialty Care	3,856,522.00	488,193.53	3,689,810.59	166,711.41
County Medicaid Reimbursement	2,197,953.00	185,652.25	1,830,012.24	367,940.76
The House Next Door	181,975.00	7,309.00	89,278.24	92,696.76
The Neighborhood Center	70,000.00	9,021.60	77,340.46	(7,340.46)
Rising Against All Odds	210,000.00	18,484.27	223,874.91	(13,874.91)
Community Legal Services	80,000.00	1,821.28	10,712.99	69,287.01
Hispanic Health Initiatives	100,000.00	13,125.00	60,175.00	39,825.00
Florida Dept of Health Dental Svcs	300,000.00	17,229.59	129,001.32	170,998.68
Good Samaritan	82,712.00	2,705.20	47,611.70	35,100.30
Global Healthcare System	350,000.00	835.00	14,986.00	335,014.00
Stewart Marchman - ACT	960,336.00	117,743.17	907,771.02	52,564.98
Health Start Coalition of Flagler & Volusia	142,400.00	16,439.64	141,041.48	1,358.52
H C R A	819,612.00	19,956.36	163,597.75	656,014.25
Total Healthcare Expenditures	16,376,397.00	1,702,471.71	15,080,604.83	1,295,792.17
Other Expenditures				
Advertising	112,000.00	8,585.02	107,386.79	4,613.21
Annual Independent Audit	15,500.00	0.00	15,500.00	0.00
Building & Office Costs	6,500.00	123.60	6,972.03	(472.03)
General Accounting	68,100.00	8,002.00	66,667.53	1,432.47
General Administrative	65,100.00	4,887.50	52,100.00	13,000.00
Legal Counsel	120,000.00	5,200.00	56,650.00	63,350.00
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	39,782.32	409,829.06	90,170.94
TPA Services	400,000.00	0.00	364,307.50	35,692.50
Eligibility / Enrollment	85,745.00	0.00	37,065.00	48,680.00
Healthy Communities	72,036.00	5,131.29	62,482.00	9,554.00
Application Screening	205,477.00	14,904.08	145,646.56	59,830.44
Workers Compensation Claims	15,000.00	0.00	35,122.73	(20,122.73)
Other Operating Expenditures	10,000.00	255.00	2,184.92	7,815.08
Total Other Expenditures	1,720,458.00	86,870.81	1,400,218.12	320,239.88
Total Expenditures	18,096,855.00	1,789,342.52	16,480,822.95	1,616,032.05
Excess (Deficit)	(5,464,554.00)	(1,706,623.85)	(3,758,324.71)	(1,706,229.29)

See Accountants' Compilation Report

West Volusia Hospital Authority
Schedule I - Healthcare Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 11 Months Ended August 31, 2017

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Healthcare Expenditures				
Adventist Health Systems				
Florida Hospital DeLand	2,675,474.50	413,208.63	2,983,381.65	(307,907.15)
Florida Hospital Fish Memorial	2,675,474.50	227,920.41	3,099,546.55	(424,072.05)
Florida Hospital DeLand - Physicians	112,500.00	342.10	82,757.25	29,742.75
Florida Hospital Fish - Physicians	112,500.00	21,295.14	108,533.88	3,966.12
Northeast Florida Health Services				
NEFHS - Pharmacy	688,938.00	0.00	703,664.10	(14,726.10)
NEFHS - Obstetrics	30,000.00	6,680.50	24,559.52	5,440.48
NEFHS - Primary Care	730,000.00	134,509.04	692,948.18	37,051.82
Specialty Care				
Specialty Care Services	3,549,457.00	430,590.43	3,317,219.18	232,237.82
Laboratory Services	307,065.00	57,603.10	372,591.41	(65,526.41)
County Medicaid Reimbursement	2,197,953.00	185,652.25	1,830,012.24	367,940.76
Florida Dept of Health Dental Svcs	300,000.00	17,229.59	129,001.32	170,998.68
Good Samaritan				
Good Samaritan Health Clinic	25,000.00	1,685.20	18,871.70	6,128.30
Good Samaritan Dental Clinic	57,712.00	1,020.00	28,740.00	28,972.00
Global Healthcare System				
Global Health Care	150,000.00	532.00	13,030.80	136,969.20
Global Healthcare System Urgent Care	200,000.00	303.00	1,955.20	198,044.80
The House Next Door	181,975.00	7,309.00	89,278.24	92,696.76
The Neighborhood Center	70,000.00	9,021.60	77,340.46	(7,340.46)
Rising Against All Odds	210,000.00	18,484.27	223,874.91	(13,874.91)
Community Legal Services	80,000.00	1,821.28	10,712.99	69,287.01
Hispanic Health Initiatives	100,000.00	13,125.00	60,175.00	39,825.00
Stewart Marchman - ACT				
SMA - ARNP Services at THND	7,000.00	236.00	4,143.50	2,856.50
SMA - Homeless Program	78,336.00	1,410.20	81,907.87	(3,571.87)
SMA - Residential Treatment	550,000.00	91,145.55	541,145.55	8,854.45
SMA - Baker Act - Match	325,000.00	24,951.42	280,574.10	44,425.90
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500.00	12,450.24	67,061.52	6,438.48
HSCFV - Fam Services	68,900.00	3,989.40	73,979.96	(5,079.96)
HCRA				
H C R A - In County	400,000.00	19,956.36	120,869.95	279,130.05
H C R A - Outside County	419,612.00	0.00	42,727.80	376,884.20
Total Healthcare Expenditures	16,376,397.00	1,702,471.71	15,080,604.83	1,295,792.17

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

For the 1 Month and 11 Months Ended August 31, 2017 and August 31, 2016

	1 Month Ended August 31, 2017	1 Month Ended August 31, 2016	11 Months Ended August 31, 2017	11 Months Ended August 31, 2016
Revenue				
Ad Valorem Taxes	10,438.44	0.00	12,521,118.58	12,425,062.27
Investment Income	3,411.92	4,961.82	50,693.53	56,993.03
Rental Income	5,608.42	5,573.00	61,692.62	61,303.00
Other Income	400.00	2,290.79	26,133.62	3,975.93
Total Revenue	<u>19,858.78</u>	<u>12,825.61</u>	<u>12,659,638.35</u>	<u>12,547,334.23</u>
Healthcare Expenditures				
Adventist Health Systems	662,766.28	392,691.19	6,274,219.33	3,867,349.89
Northeast Florida Health Services	141,189.54	133,091.80	1,421,171.80	1,257,274.96
Specialty Care	488,193.53	328,904.01	3,689,810.59	2,450,758.52
County Medicaid Reimbursement	185,652.25	182,706.63	1,830,012.24	1,942,172.76
The House Next Door	7,309.00	0.00	89,278.24	62,775.42
The Neighborhood Center	9,021.60	2,932.02	77,340.46	27,816.60
Rising Against All Odds	18,484.27	17,996.09	223,874.91	147,028.94
Community Legal Services	1,821.28	0.00	10,712.99	0.00
Hispanic Health Initiatives	13,125.00	0.00	60,175.00	0.00
Florida Dept of Health Dental Svcs	17,229.59	1,400.00	129,001.32	3,945.88
Good Samaritan	2,705.20	7,081.00	47,611.70	64,911.50
Global Healthcare System	835.00	4,368.00	14,986.00	13,552.00
Stewart Marchman - ACT	117,743.17	47,007.53	907,771.02	867,943.21
Health Start Coalition of Flagler & Volusia	16,439.64	8,764.34	141,041.48	79,705.98
H C R A	19,956.36	20,426.93	163,597.75	185,999.92
Total Healthcare Expenditures	<u>1,702,471.71</u>	<u>1,147,369.54</u>	<u>15,080,604.83</u>	<u>10,971,235.58</u>
Other Expenditures				
Advertising	8,585.02	2,078.26	107,386.79	12,944.60
Annual Independent Audit	0.00	0.00	15,500.00	15,200.00
Building & Office Costs	123.60	(30.00)	6,972.03	3,058.65
General Accounting	8,002.00	4,502.50	66,667.53	48,697.50
General Administrative	4,887.50	4,975.00	52,100.00	60,470.55
Legal Counsel	5,200.00	5,480.00	56,650.00	81,850.00
City of DeLand Tax Increment District	0.00	0.00	38,304.00	24,299.00
Tax Collector & Appraiser Fee	39,782.32	42,886.58	409,829.06	471,121.70
TPA Services	0.00	60,251.00	364,307.50	553,278.00
Eligibility / Enrollment	0.00	35,128.50	37,065.00	86,522.00
Healthy Communities	5,131.29	5,103.31	62,482.00	61,433.61
Application Screening	14,904.08	0.00	145,646.56	109,550.62
Workers Compensation Claims	(62,859.89)	0.00	(27,737.16)	15,389.78
Other Operating Expenditures	255.00	531.25	2,184.92	23,505.66
Total Other Expenditures	<u>24,010.92</u>	<u>160,906.40</u>	<u>1,337,358.23</u>	<u>1,567,321.67</u>
Total Expenditures	<u>1,726,482.63</u>	<u>1,308,275.94</u>	<u>16,417,963.06</u>	<u>12,538,557.25</u>
Excess (Deficit)	<u>(1,706,623.85)</u>	<u>(1,295,450.33)</u>	<u>(3,758,324.71)</u>	<u>8,776.98</u>

See Accountants' Compilation Report

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: September 5, 2017

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for September 14, 2017 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal updates on August 8, 2017. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the 8/17/17 Meeting Minutes.

I. Legal Context for Budget Workshop/TRIM Procedure [Tax/Budgeting]

Please note that the Authority's budget process is governed by the Truth in Millage ("TRIM") process as set forth in Chapter 200, Florida Statutes and the related Department of Revenue compliance regulations. In general, TRIM requires that taxing entities such as the Authority hold two public hearings for open discussion on their proposed millage rate and proposed budget. Such public hearings must first deal with any increase in millage over the statutory rolled-back rate (RBR) necessary to fund the proposed budget, if any, and the specific purposes for which taxes are being increased. The millage rate must be adopted first and then the budget must be adopted with a separate vote. Notices for the first public hearing ("TRIM Notice") is mailed to taxpayers by the County Property Appraiser on the Notice of Proposed Property Taxes. Notice for the second public hearing is handled by the Authority with a newspaper advertisement in a statutorily mandated format and publication deadline.

For Board member personal vacation scheduling purposes, please note that the Authority's TRIM budgeting process usually starts in July coincident with the Property Appraiser's certification of the tax roll and ends in late September with a final budget hearing and submission of certifications of compliance to the State's TRIM Compliance Office. Therefore, even though tentative dates have already been voted upon (see below in Paragraph H *infra*), Board members should maintain as much flexibility as possible in their September schedules in order to ensure a quorum and whatever majority is necessary to satisfy the TRIM requirements.

For most years since 2007, the Board has voted to adopt millage at the "rolled-back rate" ("RBR"), which is the rate calculated with a statutory formula to allow the Board to raise the same amount of revenue as it did in the immediate past tax year with a simple majority vote. Refer to counsel's 9/17/2014 for a complete history of final millage votes. Regarding the 2016-17 budget year, the TRIM Final Budget Hearing was held on Thursday, September 27, 2016, and the Board voted 5-0 to set its final millage at 1.5900 mills with a separate 5-0 to adopt the

Authority's 2016-17 final budget of \$18,096,855.00. Therefore, the 2016-17 tax year's millage of 1.5900 mills was a 0% decrease over the 1.5900 mills rolled-back rate.

The following are descriptions of the exceptional years where the Board has voted to set its final millage rate either below or above that statutory rolled-back rate, which meant a tax decrease or tax increase in layman's terms:

Regarding the 2015-16 budget year, the TRIM Final Budget Hearing was held on Thursday, September 17, 2015, and the Board voted 5-0 to set its final millage at 1.6679 mills with a separate 5-0 to adopt the Authority's 2015-16 final budget of \$16,741,063.00. Therefore, the 2015-16 tax year's millage of 1.6679 mills was a 10% decrease over the 1.8532 mills rolled-back rate;

Regarding the 2014-15 budget year, the TRIM Final Budget Hearing was held on Thursday, September 25, 2014, and the Board voted 4-0-1 (vacant) to set its final millage at 1.9237 mills with a separate 4-0-1 (vacant) to adopt the Authority's 2014-15 final budget of \$15,989,676.00. Therefore, the 2014-15 tax year's millage of 1.9237 mills was a 15% decrease over the 2.2632 rolled-back rate;

Regarding the 2013-14 budget year, the TRIM Final Budget Hearing was held on Thursday, September 19, 2013, and the Board voted 5-0 to set its final millage at 2.3759 mills with a separate 5-0 to adopt the Authority's 2013-14 final budget of \$17,453,695.00. Therefore, the 2013-14 tax year's millage of 2.3759 mills was a 1.5% decrease over the 2.4121 rolled-back rate;

Regarding the 2009-10 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 22, 2009, and the Board voted unanimously to set its final millage at 1.745 mills with a separate unanimous vote to adopt the Authority's 2008-09 final budget of \$15,680,000.00. Therefore, the 2009-10 tax year's millage of 1.745 mills was a 2.04% decrease over the 1.7813 rolled-back rate;

Regarding the 2007-2008 budget year, the TRIM Final Budget Hearing was held on Wednesday, September 12, 2007, and the Board unanimously voted to set its final millage at 1.2619 mills with a separate unanimous vote to adopt the Authority's 2007-08 final budget of \$18,414,937.00. Therefore, the current tax year's millage of 1.2619 mills is the same as the final millage adopted for 2006-07, but it represented a 10.37 percent increase over the statutory rolled-back rate of 1.1433 mills.

On June 1, 2017, the Volusia County Property Appraiser sent the Authority official notification that based on its "pre-preliminary estimate", the total taxable value of property in the Authority's tax district is \$8,713,096,463, which represents a net change of +6.49% from 2016 taxable value.

For Board planning purposes please begin to anticipate the following TRIM deadlines and special meeting dates during the next few months:

- A The process will begin with the Property Appraiser certifying the tax roll by July 1, 2017;

- B By a date to be set by the Board, the accountants must circulate a proposed budget to the Board;
- C At its July 20, 2017 Regular Meeting, the Authority will need to determine its proposed millage rate, including considerations of any increase above the rolled-back rate, and the date, time and place of the first of two required public hearings ("Tentative Budget Hearing"). The Tentative Budget Hearing must take place no earlier than September 3 and no later than September 18.
- D By August 4th, the Authority (via DRT) will need to notify the Property Appraiser of prior year millage rate, proposed current millage rate, RBR and date, time and place for the Tentative Budget Hearing;
- E By August 24th, the Property Appraiser will send out the required TRIM Notice. The Authority also generally advertises the Tentative Budget Hearing as it would for a regular meeting even though such supplemental advertisement is not required; *as required, the Property Appraiser mailed notice to all taxpayers of the Authority's Tentative Budget Hearing at 5:05p.m. on September 14th at 1745 Sterling Silver Blvd, Deltona, FL. Because of Commissioner Dickinson's death, his Group B, Seat 1 is deemed vacant but still countable for purposes of determining TRIM vote requirements. The Enabling Legislation requires the presence of 3 Commissioners for any business to be conducted. TRIM requires 3 of the remaining 4 Commissioners to approve a tentative millage rate. Therefore, it is especially important for all remaining Commissioners to be present on September 14th. Counsel has prepared the appropriate Board resolutions to memorialize the Board's roll-call vote in compliance with TRIM requirements.*
- F Within 15 days after the Tentative Budget Hearing occurs and the Tentative Millage and Budget are adopted, the Authority will need to advertise its second and final public hearing on the millage and budget ("Final Budget Hearing"). The advertisement for the Final Budget Hearing must be published at least 2, but no more than 5 days before the hearing takes place.
- G Hearing dates selected by the Volusia County Council and Volusia County School Board take priority. Based on information DRT received from these entities, the School Board will have its TRIM hearings on July 25th and September 12th. The County Council will have its TRIM hearings on September 7th and September 28th.
- H To reconcile these statutory scheduling requirements with the Authority's current meeting schedule and depending on any changes to the County Council or School Board schedule, the Tentative Budget Hearing has been scheduled for 5:05p.m. on Thursday, September 14, 2017 followed immediately by a regular meeting already scheduled for that same date; Thursday, September 22 as the tentatively scheduled date for publication of the Final Budget Hearing which is proposed to occur in a special meeting on Tuesday, September 26, 2017 at 5:05p.m.
- I Within 3 days of the Final Budget Hearing, the Authority (via DRT) must forward the resolution adopting the final millage rate to the Property Appraiser.
- J Within 30 days of the Final Budget Hearing, the Authority (via DRT) must submit its TRIM Compliance package (DR-422).

The following is adapted for the Board's convenience from counsel's 6/15/17 email concerning how to distinguish between the "true rolled-back rate" and the "maximum millage rolled-back

rate”, which only a simple majority, 3 out of 4, of the remaining Commissioners can approve. Counsel will defer to DRT to provide the Board with the precise maximum millage rolled-back rate based on its calculations using DOR Form 420MM-P:

After further research on what would be the voting requirements for WVHA to substantially increase its millage rate above the “true rolled-back rate” which is 1.4966 for the current 2017-18 year, WVHA will be able to approve the required millage resolutions with a majority vote unless its proposed increase in the millage rate exceeds the “maximum millage rolled-back rate” that will be calculated by DRT according to DOR Form 420MM-P.

Counsel confirmed with the TRIM office that their regulatory forms define two separate and distinct rolled-back rates, one to trigger special voting requirements (DR 410MM-P which the TRIM office thinks of as the “maximum millage rolled-back rate”) and another to trigger size of advertising and other requirements for advertising and other TRIM requirements (DR 420 which the TRIM office thinks of as the “true rolled-back rate”).

Any millage rate above the true rolled-back rate which is roughly estimated at 1.4966, will require a quarter page ad notifying the public of a “TAX INCREASE”.

II. Process for Board Making Appointment to Fill Vacancy Created by Death of Former Commissioner Ross N. Dickinson

The process for filling the vacancy created by the death of former Commissioner Ross N. Dickinson is governed by the WVHA Enabling Legislation, HB 837 (2004) Section 2, Subsection 2:

the board shall by majority action of the remaining members appoint a commissioner or commissioners to fill any vacancy or vacancies in office from among the qualified persons residing in the district to serve until the expiration of the term of each such vacancy in the office, or until the election and qualification of a successor or successors following the next general election.

Further, Subsection 2 of the Enabling Legislation requires that a majority (3) of the remaining four commissioners are required to agree upon appointment to fill a vacancy within 45 days or the Governor “shall” have a right to fill the vacancy pursuant to Section 114.04.

Because the vacancy was created by the death of Commissioner Dickinson’s on Friday, August 19, 2017, the Board has until Monday, October 2nd to appoint a duly “qualified” successor by a majority vote of at least 3 of the 4 remaining commissioners. Such an appointed successor could continue to serve until a successor is able to qualify to run and be elected in the general election which occurs on November 6, 2018, and then until that elected successor is installed on January 17, 2019, which is coincident with date Commissioner Dickinson’s term would have expired. See Enabling Legislation, Subsection 3 (all officers shall continue to serve until their successors are both elected and installed)

Although it may be difficult for the Board to divert attention from memorializing Commissioner Dickinson at the service which has been rescheduled for September 30th to the business of

appointing a successor, it is recommended that the Board do so in order to preserve its statutorily authorized local prerogative over this appointments process. Therefore, after considering the October 2nd deadline and in view of the Board's existing calendar of meetings, the following suggested process would allow the Board an opportunity to receive applications and statements of interest, hear from candidates and vote:

1. Discuss and adopt a process for filling vacancy at the September 14th Regular Meeting, scheduled to commence immediately following the Initial Budget Hearing.
2. Approve a form of application which has been jointly developed by DRT and counsel (see attached).
3. Establish Thursday, September 21st at noon, 12:00p.m. EST as the deadline for interested persons to submit the completed application and Oath of Candidate (also attached), which will be the same as the Oath utilized by the Supervisor of Elections.
4. Establish Friday, September 22nd at noon 12:00p.m. EST as the deadline for DRT to make those completed applications available for pick-up by the Board and made available to the public.
5. Establish September 26th during the Special Meeting, scheduled to commence immediately after the Final Budget Hearing, as date and time for the Board to hear from candidates and vote on a successor appointment to fill the vacancy created by the death of former Commissioner Ross N. Dickinson.
6. Authorize DRT to distribute notice of the vacancy and process to fill the vacancy to "all interested parties," which definition the Board should discuss and give specific directions at the September 14th meeting. If desired, the Board could direct DRT to advertise the vacancy and process in the local paper; but, such advertisement is not required.

III. WVHA 2017-18 Funding Applications.

[Refer back to Legal Update Memorandum dated 5/9/17 and 8/8/17 for additional background details.]

For future funding application cycles, counsel recommends that the Board clarify its lowest comparable rate policy and the "*Average Cost/Unit of Service with Comparative Reimbursement*" question in order to achieve its overall purpose of obtaining quality services at the lowest rates for taxpayers. The lowest comparable rate policy has most often been interpreted by the Board as requiring that funded agencies be reimbursed at a rate that is equal to or less than the lowest comparable rate, which is usually the Medicaid rate. This interpretation is broader than what is actually stated in Paragraph 4.3 of the funding agreements. The limited contractual provision creates a basis for inconsistent treatment for those entities that actually bill or charge Medicaid (e.g., NEFHS, HND, SMA) relative to those that only bill or charge WVHA for the contracted services (e.g., Healthy Start, Hispanic Health, RAAO, TNC, CLSMF, etc.). Pursuant to Paragraph 4.3 as written, those that only bill WVHA for the contracted services can negotiate a rate well above a comparable Medicaid rate as compared to those that actually bill both WVHA and Medicaid, Medicare or private insurance.

To correct this potential for inconsistent application, the Board should consider a motion that

for future funding cycles that the CAC should only consider and the Board will only approve reimbursement rates that are equal to or less than the lowest comparable rate as demonstrated by information the applicant provides in the “Average Cost/Unit of Service With Comparative Reimbursement” chart along with explanations, and an “N/A” response is only acceptable if the applicant is certifying that it has conducted a reasonable amount of research and is unable to ascertain a comparable rate for similar services in either Medicaid, Medicare or private insurance and have checked published Medicaid rates in other states if the services are not reimbursed by Florida Medicaid. As indicated by the extensive comparable rate information included in the RAAO clarification pages, sometimes comparable rate information can be obtained from outside of Florida because other states may reimburse for services that the Florida Medicaid program does not. *Counsel has begun circulating draft 2017-18 funding agreements with modifications to Paragraph 4.3 to reflect this new Board policy which was also incorporated into the requirements of the New Access Funding Applications which the Board approved at the August 17th Regular Meeting.*

Further, the conclusion that coming up with a uniform rate structure is inadvisable, as meaning that the Board can do nothing if it has concerns about the reasonableness of reimbursements for certain contracted services. In talking with Ms. Long, counsel learned that some of the bills may well include billing methodology that was not contemplated when the funding agreements were negotiated. To avoid such billing misunderstandings, counsel has requested Ms. Long to forward him copies of the first couple invoices in the fiscal year so that counsel can actually see how the written contract is being translated into actual invoices. And counsel welcomes Board members who notice something unreasonable on an agency invoice when signing checks to raise those concerns with DRT or counsel so that any inconsistent interpretations of what an agency is allowed to bill is cleared up and counsel can consider how to clarify provisions in future funding agreements.

IV. 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, 4/12/16 and 5/9/17 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 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.

V. **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. Attorney Andrews has made Counsel aware that the bankruptcy trustee has decided to ignore the lawsuit as an asset and that Mr. McBride's attorney has moved to withdraw from the representation. *Attorney Andrews filed a motion on behalf of Commissioner Ferrari to lift the stay and restart litigation of the case in which WVHA has still not been served. Further, Attorney Andrews reported that plaintiffs' attorney, Gary Boynton filed a motion to withdraw as to both Mr. McBride individually and as to CFMHA as a corporation. According to Attorney Andrews, on or about August 7th the Court granted Commissioner Ferrari's motion to lift the stay and restart the litigation, the Court gave Mr. McBride 30 days to have his own new counsel appear or he can represent himself as to his individual claims but the case will be dismissed as the CFMHA if it doesn't obtain its own new counsel.*

VI. 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. Ms. Fletcher notified counsel on May 4th that after much struggle and legal wrangling by Attorney Branham, SDTF has approved reimbursement to WVHA at 100% of its payments. Ms. Fletcher also noted that the subject claimant turned 82 years old and continues to receive regular treatments for pain from Dr. Khromov. *DRT has received the \$62,859.89 check reimbursement from SDTF.*

VII. 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.