

**West Volusia Hospital Authority
Joint Meeting of the
WVHA BOARD OF COMMISSIONERS and the CITIZENS
ADVISORY COMMITTEE (CAC)
June 15, 2017 5:30 p.m.
DeLand City Hall Commission Chamber
120 S. Florida Avenue, DeLand, 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 May 18, 2017
5. Citizens Comments
6. Citizens Advisory Committee (CAC), Michael Ray, Chair
 - A. Minutes Scoring Meeting May 23, 2017
 - B. CAC Ranking Results May 23, 2017 (spreadsheet attached)
7. CAC meeting adjournment (CAC members may exit if desired)
8. Reporting Agenda
 - A. POMCO May 2017 Report – Written Submission
 - B. FQHC Report - Laurie Asbury, Chief Executive Officer
Northeast Florida Health Services, Inc. (NEFHS)
d/b/a Family Health Source (FHS)-May Report
9. Discussion Items
 - A. Impact of Increased Enrollment 2017
 - B. County Medicaid Match Based on Historical Data
 - C. Kelly James, Florida Blue Center for Health Policy
 1. Health Reform Update May 2017
 2. Overview of the American Health Care Act (AHCA)
 - D. Additional Funds Request Formal Policy
 - E. Andy Ferrari/budgeted line items underutilized/SMA Residential II Treatment
Bed Program 2016-2017
 - F. Brenda Flowers, Rising Against All Odds Requesting additional \$50,304.57
for fiscal year 2016-2017 funding
 - G. Annual Filing Requirement Statement of Interest Form 1
 - H. Hill & Hollis Enterprises WVHA Design Proposals
 - I. Follow Up Items
 1. Potential Specialty Care Network Exclusions
 - a. POMCO Report May 2017
 - b. Board of Commissioner Recommendations
 - c. June 15, 2017 Workshop Discussion continued
10. Finance Report
 - A. May Financials
 - B. June 1, 2017 pre-preliminary Tax Roll Values per F.S. 200.065(8)
11. Legal Update
12. Commissioner Comments
13. Adjournment

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

Florida Hospital Fish Memorial Deltona Campus

1745 Sterling Silver Blvd., Deltona FL

May 18, 2017

DeLand, Florida

5:00 pm

Those in Attendance:

Commissioner Ross Dickinson

Commissioner Andy Ferrari

Commissioner Barb Girtman

Commissioner Kathie Shepard

Commissioner Judy Craig

CAC Present:

Dolores Guzman

Michael Ray

Others Present:

Attorney for the Authority: Theodore Small

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

Administrative Support: Eileen Long, DRT

Call to Order

Chair Dickinson called the meeting to order. The meeting took place at Florida Hospital Fish Memorial's Deltona Campus located at 1745 Sterling Silver Blvd., Deltona, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County. Chair Dickinson opened the meeting with a moment of silence, followed by the Pledge of Allegiance.

Approval of Proposed Agenda

Motion 048 – 2017 Commissioner Ferrari motioned to approve the amended agenda as presented. Commissioner Girtman seconded the motion. The motion passed unanimously.

Consent Agenda

Approval of Minutes - April 20, 2017 Joint Meeting

Motion 049 - 2017 Commissioner Ferrari motioned to approve the minutes of the Joint Meeting of April 20, 2017. Commissioner Craig seconded the motion. The motion passed unanimously.

Citizens Comments

There were three.

Citizens Advisory Committee (CAC) – Michael Ray, Chair

- **Overview CAC Meeting May 9, 2017 - Discussion/Q&A**

Mr. Michael Ray, CAC Chair provided the Board with an update from the CAC Discussion/Q&A meeting stating that a lot of the conversation revolved around a common theme; some of the applicants have asked for a large amount of money and have not spent down their appropriated WVHA budget dollars; another was that there seems to be some overlap or duplication of services and some agencies might consider collaborating with other agencies to a greater degree; and in that duplication of services there seems to be a broad spectrum of fees being charged to the WVHA for services characterized as outreach, case management, or educational that seem to be common titles and under that guise the CAC wondered why there seemed to be such a disparity between the fee-for-services. He concluded that the CAC was contemplating if this qualified as medical or is it educational and does it qualify for WVHA funding.

Contractual Utilization Reports to the WVHA Board of Commissioners

- **Nicole Sharbono, VP, Stewart-Marchman-Act (SMA) (see attached)**

Commissioner Shepard requested a breakdown by unique WVHA client's services received at the SMA Residential Treatment Facility.

Chair Dickinson requested the breakdown by ethnicities served be sent to Ms. Long.

- **Brenda Flowers, CEO, Rising Against All Odds (RAAO) (see attached)**
- **Lindsey Cree, VP Marketing, Global Healthcare Systems**

Ms. Cree provided the Board with a verbal utilization update.

Reporting Agenda

- **POMCO April 2017 Report - Written Submission**

There was discussion regarding the WVHA budget and increased HealthCard enrollment numbers. There was also the mention of the uncertainty with the current Administration in the White House and what will become of Obama Care and its replacement. The Board may need to cap particular services or reduce funding.

Mr. Ron Cantlay explained that POMCO has been asked to bring back industry standards for limitations of specialty care services.

Mr. Small directed everybody to look to page 10 of the POMCO report where POMCO has listed several specialty care services that limitation considerations could be imposed. Mr. Small reminded the Board of the voting limitations placed upon them in order to raise the millage rate.

FQHC Report - Laurie Asbury, CEO

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

Hospital Quarterly Report

- **Florida Hospital Fish Memorial, Rob Deininger, CEO and/or Eric Ostarly, CFO**
 - **FHFM Annual Certificate of Compliance**
 - **FHFM Quality Indicators May 18, 2017**

Mr. Eric Ostarly introduced to the WVHA Board Ms. Danielle Johnson, Chief Operating Officer, FHFM who gave the hospital quarterly report to the Board. FHFM is the second busiest emergency department (ED) in Volusia County. FHFM has implemented the Healthcare Information and Management Systems Society (HIMSS) Level 7 system which is the highest level of automation and computerization that a hospital can achieve. They have doubled the size of their rehabilitation and wellness center, which includes physical therapy, occupational therapy, speech therapy and cardiac/pulmonary rehabilitation. FHFM received an echo grant for a community garden.

The Board expressed interest in the community garden and who could participate, also were there any plans to pursue a community garden in DeLand?

Ms. Johnson explained that this garden is for the community to bring it together and foster that community. She encouraged all who were interested in participating are welcome. There is a meeting scheduled on May 24th and it is being organized by Ms. Maureen Mercho. At this time there are no plans to pursue a community garden in DeLand.

- **Florida Hospital Deland - Lorenzo Brown, CEO and/or Nigel Hinds, CFO**
 - **FHD Annual Certification of Compliance**
 - **FHD Quality Indicators May 18, 2017**

Mr. Nigel Hinds, CFO addressed the Board and presented the FHD quarterly report.

Chair Dickinson referred to item #4 in the FHD Annual Certification of Compliance and wanted to be reassured by Mr. Hinds that all programs and services will be maintained.

Mr. Hinds assured the Board that is the purpose of the annual certification of compliance and if there are any serious discussions to be held regarding a change to any programs or services at the hospital, they would be certain to include the WVHA Board in those discussions.

Mr. Small wanted the newest Board members to be aware that this annual certification of compliance letter became required as FHD closed down the pediatrics department at FHD before notifying the WVHA Board of this discontinued service a number of years ago. Further, something else to consider is that the contract between the hospital and the WVHA expires in 2020 and perhaps it is time to begin dialogue as to how the hospitals and the WVHA Board are going to proceed.

Mr. Eric Ostarly, CFO, FHFM agreed with Mr. Small that it would be wise to initiate the dialogue between the hospitals and the WVHA Board of Commissioners regarding the hospital contract with the WVHA, as 2020 was not that far away.

Chair Dickinson suggested that legal counsel and DRT begin the dialogue with the hospitals and there was Board consent.

Discussion Items

Impact of Increased Enrollment 2017

- **Budget Transfer \$936,847.00 from Other Healthcare Costs to Specialty Care Services**

Mr. Ron Cantlay addressed the Board regarding the rapid increase to the WVHA HealthCard membership. The current budget was based upon enrollment at 1,250 members and the enrollment is currently at 1,702 and growing. At this rate, specialty care is trending to be over budget by \$1 million to \$1.5 million. The WVHA Ad Valorem tax dollars for this fiscal year have almost all been received at \$11.9 million of the anticipated \$12.5 million, with roughly \$600 thousand remaining to be received. We estimate that \$6 - \$7 million dollars in reserves are needed to cover the first quarter of the next year before Ad Valorem taxes resume sometime near the end of November. The reserves that were previously built over the last few years when reducing the tax millage rate are gone as of the end of this year. If enrollment goes up 35% and if the Board increased the millage rate by 10%, that would require four Commissioners to agree, the WVHA revenues would increase to \$13,750,000.00 and would not cover the expenditures of \$18,000,000.00 if the Board does not cut any of what they are funding.

Chair Dickinson asked Mr. Cantlay if it was a true statement that the WVHA was already \$5 million into their reserves.

Mr. Cantlay stated that the reserves will be depleted after the end of this year. If the Board maintains services at this current level and enrollment continues to increase the alternative is to increase the millage rate.

Mr. Cantlay suggested that the Board keep roughly \$3 million in reserves which would potentially cover two months' worth of average monthly expenditures, ultimately striving to maintain \$4.5 million to cover three months' worth of expenditures.

Mr. Small said that any increase of the millage rate over 10% would take a unanimous vote of the WVHA Board of Commissioners. As the Board talks about this they need to consider this in a much more collegial manner rather than believing that you only need three votes to pass.

Mr. Cantlay recommended that the Board determine what they are going to fund and at what level and what they are going to cut in order to determine the need, and then the Board can determine the necessary millage rate. Also, the Board needs to decide if they are going to implement limits within the specialty care network.

Chair Dickinson moved on to the recommendation from DRT to transfer from Other Healthcare Costs into Specialty Care Services the full amount of \$936,847.00 to try to close the gap between what was budgeted in Specialty Care Services and the overage that is projected of \$1.5 million.

Motion 050 – 2017 Commissioner Shepard motioned to transfer \$936,847.00 from Other Healthcare Costs into Specialty Care Services budgeted line item. Commissioner Ferrari seconded the motion. The motion passed unanimously.

WVHA Eligibility Guidelines Revised 5/18/2017

Mr. Small noticed a difference between the Word document versus the .pdf version and he suggested amending the word “HealthCard” to “Health Card” throughout the .pdf document. Otherwise he recommends the revisions as to form.

Motion 051 – 2017 Commissioner Ferrari motioned to approve the .pdf version of the WVHA Eligibility Guidelines revised 5-18-2017, amending the word “HealthCard” to reflect “Health Card”. Commissioner Shepard seconded the motion. The motion passed unanimously.

Florida Hospital Fish Memorial (Letter from Eric Ostarly, CFO attached)

- **Hospital LIP/DSH Letter of Agreement**
- **8th Amendment Indigent Care Reimbursement Agreement**

Mr. Eric Ostarly explained to the Board how the LIP/DSH dollars became available and requested that the WVHA Board of Commissioners approve a transfer of \$250,000.00 out of the Florida Hospital Fish Memorial (FHFH) budget to be sent to the Agency for Health Care Administration (AHCA) in order for FHFH to realize matching dollars up to \$287,000.00 in Medicaid reimbursement.

There was Board consent to approve this AHCA advance on behalf of FHFH.

Ms. Small explained that the 8th Amendment Indigent Care Reimbursement Agreement would need to be approved first and then the Hospital LIP/DSH Letter of Agreement could be approved.

Motion 052 – 2017 Commissioner Ferrari motioned to approve the 8th Amendment Indigent Care Reimbursement Agreement. Commissioner Girtman seconded the motion. The motion passed unanimously.

Motion 053 – 2017 Commissioner Ferrari motioned to authorize Chair Dickinson to sign the Hospital LIP/DSH Letter of Agreement. Commissioner Girtman seconded the motion. The motion passed unanimously.

Motion to rescind the vote at the March meeting increasing SMA’s Funding Limit from \$450K to \$650K

- **First Amendment to WVHA SMA Level II Treatment Services 2016-2017**

Commissioner Shepard explained that she had this matter placed on the agenda.

Motion 054 – 2017 Commissioner Shepard motioned to rescind the vote to increase SMA’s Level II Treatment from \$450K to \$650K. Commissioner Ferrari stated that he would second the motion in order to discuss.

Commissioner Ferrari asked Commissioner Shepard if it was because she was trying to clarify how the Board agreed to the dollar amount?

Commissioner Shepard stated that it is because she does not believe that the WVHA can afford this budget increase. Commissioner Shepard further stated that she believed that the Board should establish a policy to wait a month if an agency requests an increase in funding to allow for time to give it proper consideration.

Commissioner Ferrari was strongly opposed to cutting the budget for mental healthcare and drug rehabilitation and withdrew his second.

Commissioner Girtman seconded Commissioner Shepard's motion to rescind the vote to increase SMA's Level II Treatment from \$450K to \$650K.

Roll Call:

Commissioner Shepard	Yes
Commissioner Girtman	Yes
Commissioner Ferrari	No
Commissioner Craig	No
Chair Dickinson	Yes

The motion passed

NAACP 27th Annual Freedom Funds and Awards Banquet – Public Awareness Campaign (see attached)

Mr. Harper Hill, Hill and Hollis Enterprises (H&H) addressed the Board and stated that this event fits under the WVHA's Public Awareness Campaign and it was H&H's recommendation to attend this event.

Motion 055 - 2017 Commissioner Girtman motioned to approve the Public Awareness Campaign for the 27th Annual Freedom Fund Banquet, at the Platinum level of \$1,500.00, with the caveat that Commissioner Girtman be allowed to speak at the event. Commissioner Shepard seconded the motion.

Commissioner Girtman believes that the black minority community is underserved and there are a few events throughout the year where that population can be reached. She volunteered to speak at this event.

There was discussion that the Board would like for H&H to distribute 7 of the 8 banquet tickets throughout the WVHA funded agency representatives. Commissioner Girtman would use one of the 8 banquet tickets as she would be speaking at the event.

Motion 055 – 2017 (AMENDED) Commissioner Girtman amended her motion to approve the Public Awareness Campaign for the 27th Annual Freedom Fund Banquet, at the Platinum level of \$1,500.00, with the caveat that Commissioner Girtman be allowed to speak at the event. Amending that 7 of the 8 banquet tickets will be distributed by H&H to WVHA funded agency representatives. Commissioner Shepard seconded the

amended motion. Commissioner Shepard, Girtman and Dickinson voted approval, Commissioner Ferrari and Craig voted as opposed. The motion passed.

Hispanic Health Initiative “Festival de la Familia” – Public Awareness Campaign (see attached)

Mr. Harper Hill continued by recommending attending this event as it fits under the WVHA’s Public Awareness Campaign at the \$250.00 registration level.

Motion 056 – 2017 Commissioner Girtman motioned to approve Hispanic Health Initiative’s “Festival de la Familia” Public Awareness Campaign at the \$250.00 registration level to be attended by H&H. Commissioner Shepard seconded the motion. The motion passed unanimously.

Follow Up Items

HS1 Transition to POMCO: Specialty Care Network Referral Challenges (attached Ryan Law letter)

Mr. Small explained that he has been attempting to secure a collaborative proposal to resolve the difficulty whereby NEFHS has to channel all specialty care provider referrals through the POMCO provider portal. After much discussion between all parties, he proposed that the Board authorize POMCO to open up their provider portal to the specialty care network providers to request their own referrals; these are specialists who already have received a referral from NEFHS and these specialists then determine that they need make additional referrals into the specialty care network. Further, POMCO would direct their specialty care network providers to advise NEFHS via facsimile where these patients are being referred to. This would allow NEFHS to have a continuum of care for their patients.

Mr. Small continued by suggesting that the Board might want to ask of POMCO to perform utilization reviews in regards to the specialty network providers making their own referrals, but not necessarily pursue this aspect of the discussion during tonight’s meeting.

Motion 057 – 2017 Commissioner Ferrari motioned to open up the POMCO provider portal for specialty care referrals to specialists’ who already have an authorized referral from NEFHS to have the ability to request additional specialty care network referrals. Further those specialists need to be directed by POMCO to print out and fax those referrals to NEFHS so that the record of the referral is a part of the NEFHS patient’s continuum of care record. Commissioner Girtman seconded the motion. The motion passed unanimously.

Mr. Small further explained that the next part of this referral process involves the hospitals who provide NEFHS/HealthCard members with discharge orders to random specialists without sending those patients back to their primary care providers/NEFHS in order to appropriately secure a referral. To that end, the WVHA Member Handbook has been updated (and will be presented tonight for Board approval) to state, “Referrals made by hospital doctors (known as “hospitalists”) in hospital discharge instructions WILL

NOT be accepted as a substitute for your PCP's approval of those specialty care referrals".

Mr. Ostarly agreed with Mr. Small's assertions above and stated that they have implemented a discharge policy at both hospitals to discharge all patients, especially the HealthCard population, to their primary care providers. He confirmed that both hospitals have direct access to the NEFHS Athena electronic medical records (EMR) software and have the ability to make these appointments directly in the NEFHS system.

There was much productive discussion regarding the gap in care from hospital discharge to specialists and back to the appropriate primary care providers to secure the needed referrals so that the WVHA HealthCard members do not incur any unnecessary bills.

Potential Specialty Care Network Exclusions

- **Board of Commissioner Recommendations**
- **POMCO April 2017 Report Recommendations above**

Mr. Small suggested tabling this matter until such time as POMCO can respond more thoroughly and appropriately with the known industry standards applied for specialty care services. The Board consented to this suggestion.

WVHA Member Handbook and Tri-Fold Brochure

Mr. Harper Hill, H&H addressed the Board regarding the WVHA Member Handbook and Tri-Fold Brochure that was redesigned with the help of the students at Deltona High School. He let the Board know that they are hosting a pizza party at Deltona High School tomorrow at noon and invited the Board members to let him know if they would like to attend.

Mr. Hill continued with the presentation of the WVHA Tri-Fold brochure explaining that the only change that has been made to the document presented to them is the new WVHA dedicated phone number has been listed as 386-626-4870.

Motion 058 – 2017 Commissioner Girtman motioned to approve the WVHA Tri-Fold Brochure with the new WVHA dedicated phone number, but including a photo with less diversity on the back of the brochure. Commissioner Shepard seconded the motion. The motion passed unanimously.

Mr. Hill continued with the presentation of the WVHA Member Handbook. When they were redesigning the Member Handbook, they noticed that the hospital disclaimer that is included on the back of the WVHA Tri-Fold Brochure was not included in the Member Handbook. Therefore, they have added, "The WVHA does not directly own or manage any hospital or clinic. It provides funding to hospitals and not-for-profit agencies to support health care for eligible low-income residents of the taxing district". Also, anywhere throughout the handbook that referenced the word "coverage" has been changed to be described as "benefit(s)".

Mr. Small noted some more needed edits on page 11 under covered services, first paragraph, third sentence references, "community nursing services" and that needs to be removed.

Motion 059 – 2017 Commissioner Ferrari motioned to approve the WVHA Member Handbook contingent upon the changes as noted by Mr. Hill and Mr. Small. Commissioner Craig seconded the motion. The motion passed unanimously.

Financial Report

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

Motion 061 - 2017 Commissioner Girtman motioned to pay bills totaling \$2,559,863.42 (See attached). Commissioner Ferrari seconded the motion. The motion passed unanimously.

Legal Update

Mr. Theodore Small submitted his legal update memorandum dated May 9, 2017 (See attached).

Commissioner Comments

Commissioner Shepard brought back up the WVHA Member Handbook and questioned under Preventative Health Care, “Includes well child care from birth”. There was further discussion with Mr. Small and Laurie Asbury, NEFHS under Preventative Health Care that “well child care from birth” needs to be deleted as well.

Motion 060 – 2017 Commissioner Shepard motioned, in addition to Motion 059-2017 to delete “well child care from birth”. Commissioner Girtman seconded the motion. The motion passed unanimously.

There was some Board discussion to return this May meeting to the DeLand City Hall location.

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

Adjournment

Ross Dickinson, Chair

**CITIZENS ADVISORY COMMITTEE MEETING
WEST VOLUSIA HOSPITAL AUTHORITY
DREGGORS, RIGSBY & TEAL CONFERENCE ROOM
MAY 23, 2017
5:15PM
MINUTES**

CAC Members/Attendance:

Michael Ray
Voloria Manning
Sarah Prado
Dolores Guzman

Absent:

Krystal Brown (unexcused)
Sandy Adams (unexcused)

Others Present:

Commissioner Barb Girtman
Eileen Long, Dreggors, Rigsby & Teal

Call to Order

Chair Ray called the meeting to order and opened the meeting with a moment of silence followed by the Pledge of Allegiance.

Approval of Agenda

Ms. Manning motioned to approve the Agenda. Ms. Prado seconded the motion. The motion passed unanimously.

Approval CAC Q&A/Discussion Meeting Minutes – May 9, 2017

Ms. Manning motioned to approve the CAC Q&A Meeting Minutes of May 9, 2017. Ms. Guzman seconded the motion. The motion passed unanimously.

WVHA Commissioner Barb Girtman

Chair Ray thanked Commissioner Girtman for attending.

Citizens Comments

There was one.

Ranking for currently funded applicants

The CAC members announced their Ranking of the applications during the meeting and the results and comments were compiled into an Excel spreadsheet by Ms. Long (see attached).

Community Legal Services of Mid-Florida (CLSMF)
Florida Department of Health – Dental Services
SMA Baker Act
SMA Residential Treatment Beds
SMA Homeless-Psychiatric Services
SMA ARNP @ THND
The House Next Door – Therapeutic Services
The Neighborhood Center – Outreach Services
Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services
HSCFV WIS/NOS Services
Global Healthcare Systems – Urgent Care
Hispanic Health Initiative Outreach-Education Services
Rising Against All Odds HIV/Aids Outreach Services

Ranking for new funding applicants

Community Life Center – Outreach Services
Affordable Financial Services
HSCFV Outreach Proposal (2)
Deltona Firefighters Foundation – Access to Healthcare Services

CAC Comments

The CAC submitted their completed CAC Ranking Sheet which included their comments for Board consideration.

The Committee thanked every applicant for taking the time to apply and stated that they appreciated all of the hard work that goes into completing the WVHA Application for funding and to attend all of the meetings leading up to funding determinations. Chair Ray reminded all present that the WVHA Board of Commissioners make the final funding determinations and they take the CAC's recommendations into consideration.

Ms. Long reminded the Committee that the June 15th Board meeting is the Joint meeting with the CAC where the CAC ranking scores will be provided to the Board. This meeting will be held at DeLand City Hall in the Commission Chambers.

Adjournment

There being no further business before the committee, the meeting was adjourned.

Michael Ray, Citizens Advisory Committee Chair

WVHA Funding Applicants 2017-2018	CAC Member/Ranking A) Fund this applicants at 100%, B) Not Fund this applicant, or C) Fund this applicant but not at the requested amount but fund at the amount of \$ _____ (see attached completed ranking sheets with CAC comments)
-----------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	Dolores Guzman	Voloria Manning	Sarah Prado	Michael Ray
Community Legal Services of Mid-Florida	C) \$50K I understand they had a slow start and administration issues with personnell- still needs to show the program will benefit our members	C) \$40K half requested	C) \$60K - lack of utilization	B) this member believes current organizational resources support assistance to West Volusia residents at current utilization
Florida Department of Health Dental	A) A healthy mouth/a healthy person-looking forward to all our members utilizing the dental services	A) 100%	C)\$200K requested very big amount	C) fund at \$110K based on current utilization trend
SMA Baker Act	A) Services are needed in our community and have showed that members benefit from all the programs SMA offer	A) 100%	A) 100%	C) fund at \$300K based on utilization
SMA Residential Treatment Beds	A) Services are needed in our community and have showed that members benefit from all the programs SMA offer	A) 100%	A) 100%	A)contemporary epidemics has increased utilization beyond current funding levels
SMA Homeless	A) Services are needed in our community and have showed that members benefit from all the programs SMA offer	A) 100%	A) 100%	C) \$95K-add additional funding and agency seek deficit from other sources
SMA ARNP @ THND	A) Services are needed in our community and have showed that members benefit from all the programs SMA offer	A) 100%	A) 100%	A) maintain funding and encourage collaboration
The House Next Door Therapeutic Services	C) \$100K Fund at a lower amount-utilization for the year is low at the rate of utilization right now-they will not reach budgeted amount from this fiscal year	A) 100%	A) 100% established & there's a need	C) \$95K fund at current and previous utilization levels

Dolores
GuzmanVolusia
ManningSarah
PradoMichael
Ray

	C) Fund at \$70K/current year funding-leave at the same amount funded for this fiscal year-utilization not maximized and will not reach amount requested this year. They do amazing work but we need to make drastic cuts			
The Neighborhood Center Outreach Services		A) 100%	A) 100% established and needed by the community	C) fund for growth but at current utilization levels \$50K
Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services	A) Continue the good work you do	A) 100%	A) 100%	A) fund at requested level of utilization
HSCFV WIS/NOS Services	A) continue the good work you do	C) \$50% of requested \$36,750.00	C) \$40K	A) fund at requested level of utilization
Global Healthcare Systems Urgent Care	C) \$50K-utilization is not there at all but I do not consider to eliminate the services at all. Recommend to market their agency to increase utilization	A) 100%	B) it's not working, having a lot of difficulties	B) continue to seek credentialing through POMCO using standard E&M codes such as 99203, 99204, 99205, etc
Hispanic Health Initiative Outreach/Educational	C) \$75K - lowering funding because utilization has been low through the year-needs to find other sources of funding	B) 50% of requested \$95,500.00	C) \$90K requested more than what's utilized by the community	C) \$60K-fund at current utilization taking into consideration agency did not get funding until Dec 2016-fund at \$60K
Rising Against All Odds HIV/Aids Outreach	C) no increase for the coming year because of all the healthcare changes	A) 100%	A) 100% there's a need	C) \$240K Fund at current utilization plus modest growth-agency must seek additional funding-rising healthcare at current growth trajectory
WVHA New Funding Applicants 2017-2018				
Community Life Center Outreach Services	C) \$10K This will be a new service in the area of Deltona that is much needed. Transportation for the homeless is a real issue (to reach the DeLand office) I want them to show the need	A) 100%	C) \$30K-not sure of start up cost	B) encourage agency to collaborate with other funded agencies to achieve goals and serve residents of West Volusia
Affordable Financial Services	B) duplication of services throughout the taxing authority district-should send clients with need to our supporting agencies as a service to the community	C) 50% \$32,500.00	C) \$30K	B) Applicant did not show (up) at CAC meeting and application does not make a strong enough connection to healthcare or access to healthcare

Dolores
Guzman

Valeria
Manning

Sarah
Prado

Michael
Ray

HSCFV Proposal (2) Family Services Coordinator	B) Explanation given at our CAC meeting was not very clear and confusing to me. Did not show the need for another case manager	B) Not fund at this time	B) not fund	B) application appears to shift mission with an attempt to fund other program viability- request funds on primary application if underfunded
Deltona Firefighters Foundation-Mobile Integrated Wellness Unit	A) A service that will help out members and the hospital decrease repeat visits. This service will save money in the long run to the WVHA	A) 100%	C) \$80K no need to go high tech on the first year-I am excited what they can bring to the table for the population	C) fund at \$50K focusing more on personal encounters and less on technology as program develops from its' infancy

WVHA/CAC Ranking Sheet

CAC Member:

Dolores Guzman

Please write your answers below for questions A), B), or C) if it were up to you would you:

A) Fund this applicant at 100% of the requested amount, why:

B) Not fund this applicant, why:

C) Fund this applicant but not at the requested amount but fund the amount of \$ _____, why:

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2017-2018

A, B or C

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2017-2018		A, B or C
1	Community Legal Services of Mid Florida	
	A)	
	B)	
	C) \$50,000 - I understand they had a slow start and ADMINISTRATION issues with personnel - still needs to show IS A PROGRAM our members will benefit from our members.	C
2	Florida Department of Health Dental Service	
	A) A healthy mouth a healthy person - looking forward	
	B) to all our member utilizing the DENTAL services.	A
	C)	
3	SMA Baker Act	
	A)	
	B)	
	C)	
4	SMA Residential Treatment Beds	
	A)	
	B)	
	C)	
5	SMA Homeless-Psychiatric Services	
	A)	
	B)	
	C)	
6	SMA ARNP @ THND	
	A)	
	B)	
	C)	
7	The House Next Door Therapeutic Services	
	A)	
	B)	
	C) Fund @ A lower amount \$100,000 - utilization for the year is low. At the rate of utilization right now they will not reach budgeted amount from this fiscal year.	C

the program

Services are needed in our community and members showed that all the benefits from the offer.

3	Checkmate Services International-	
A)		
B)	Application was cancelled	
C)		
4	HSCFV Outreach Proposal (2)	
A)		
B)	Explanation given at our CAC meeting, was not very clear and confusing to me - did not show the need for another case manager.	
5	Deltona Firefighters Foundation Access to Healthcare Services	
A)	A service that will help our members and	
B)	the hospital decrease repeat visits.	
C)	this service will save money in the long run to the WVHA.	

Note:

Let me start by saying that all of your applications have been really considered and I am making my recommendations to the Board as I have studied ~~and~~ in detail all of the funding.

~~I am sorry for the cases that we~~
~~are not funding at the Board~~
~~level.~~ ~~As a CAC member~~

I want to make sure that I am a good steward ^{with my recommendations} of the funds our citizens give the WVHA for health services. As the Federal Government changes health care ~~and~~ we ~~are not~~ do not know how this will impact us at the local level.

Volera Mannin

WVHA/CAC Ranking Sheet

CAC Member: _____

Please write your answers below for questions A), B), or C) if it were up to you would you:

A) Fund this applicant at 100% of the requested amount, why:

B) Not fund this applicant, why:

C) Fund this applicant but not at the requested amount but fund the amount of \$ _____, why:

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2017-2018

A, B or C

1 Community Legal Services of Mid Florida

A)

B)

C) Half 40,000

C

2 Florida Department of Health Dental Service

A) 100%

B)

C)

A

3 SMA Baker Act

A) 100%

B)

C)

A

4 SMA Residential Treatment Beds

A) 100%

B)

C)

A

5 SMA Homeless-Psychiatric Services

A) 100%

B)

C)

A

6 SMA ARNP @ THND

A) 100%

B)

C)

A

7 The House Next Door Therapeutic Services

A) 100%

B)

C)

A

8	The Neighborhood Center Outreach Services	A) 100% B) C)	A
9	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services	A) 100% B) C)	A
10	HSCFV WIS/NOS Services	A) B) C) Half 150,000	C
11	Global Healthcare Systems Urgent Care	A) 100% B) Not Eligible C)	A
12	Hispanic Health Initiative Outreach-Educational Services	A) B) C) Half	C
13	Rising Against All Odds HIV/Aids Outreach Services	A) 100% B) C)	A
NEW AGENCY APPLICANTS FOR 2017-2018			
1	Community Life Center Outreach Services	A) 100% B) C)	A
2	Affordable Financial Services	A) B) C) Half	C

	3	Checkmate Services International	X
		A)	
		B)	
		C)	
	4	HSCFV Outreach Proposal (2)	B
		A)	
		B) NOT fund at this time	
		C)	
	5	Deltona Firefighters Foundation Access to Healthcare Services	A
		A) 100%	
		B)	
		C)	

WVHA/CAC Ranking Sheet

CAC Member: Sarah D. Prado

Please write your answers below for questions A), B), or C) if it were up to you would you:

A) Fund this applicant at 100% of the requested amount, why:

B) Not fund this applicant, why:

C) Fund this applicant but not at the requested amount but fund the amount of \$ _____, why:

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2017-2018

A, B or C

1 Community Legal Services of Mid Florida

A) ☒ - there's a need

B)

C) ☒ - lack of utilization
\$0,000 -

2 Florida Department of Health Dental Service

A)

B)

C) ☒ - very big amount
\$20,000 -

3 SMA Baker Act

A) ☒ -

B)

C)

4 SMA Residential Treatment Beds

A) ☒

B)

C)

5 SMA Homeless-Psychiatric Services

A) ☒

B)

C)

6 SMA ARNP @ THND

A) ☒

B)

C) ☒

7 The House Next Door Therapeutic Services

A) ☒ - Established + there's a need

B)

C)

8 The Neighborhood Center Outreach Services

A) ☒ - Established + needed by

B)

C)

the community

9 Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services

A) ✓

B)

C)

10 HSCFV WIS/NOS Services

A)

B)

C) ✓ - \$0,000 - -

11 Global Healthcare Systems Urgent Care

A)

B) ✓

C) - it's not working, having a lot of difficulties

12 Hispanic Health Initiative Outreach-Educational Services

A)

B)

C) ✓ - requested more than what's utilized by the community

13 Rising Against All Odds HIV/Aids Outreach Services

A) ✓ - there's a need

B)

C) ✓ - requested more than what's utilized by

NEW AGENCY APPLICANTS FOR 2017-2018

1 Community Life Center Outreach Services

A) ✓ - needed by com

B)

C) ✓ - not sure of start up cost

2 Affordable Financial Services

A)

B)

C) ✓ - \$30,000 -

4 HSCFV Outreach Proposal (2)

A)

B) ✓ - d

C) ✓

5 Deltona Firefighters Foundation Access to Healthcare Services

A)

B)

c) ✓ - No need to go all high tech on first year
\$80,000.

I am excited what they
can bring into the table
for their population

WVHA/CAC Ranking Sheet

CAC Member: MICHAEL RAY

Please write your answers below for questions A), B), or C) if it were up to you would you:

A) Fund this applicant at 100% of the requested amount, why:

B) Not fund this applicant, why:

C) Fund this applicant but not at the requested amount but fund the amount of \$ _____, why:

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2017-2018

A, B or C

1 Community Legal Services of Mid Florida

A)

B) THIS MEMBER BELIEVES CURRENT ORGANIZATION

C) AL RESOURCES SUPPORT ASSISTANCE TO WEST
VOWSIA RESIDENTS AT CURRENT UTILIZATION

B

2 Florida Department of Health Dental Service

A)

B)

C) FUND AT \$110,000 BASED ON CURRENT
UTILIZATION TRENDS

C

3 SMA Baker Act

A)

B)

C) FUND AT \$300,000 BASED ON UTILIZATION ?

~~SEVERAL YEARS OF DEPENDENT TREATMENT~~

C

4 SMA Residential Treatment Beds

A)

C) CONTEMPORARY EPIDEMICS HAS INCREASED

B) UTILIZATION BEYOND CURRENT FUNDING LEVELS

C)

A

5 SMA Homeless-Psychiatric Services

A)

B)

C) ADD ADDITIONAL FUNDING AND AGENCY SEEK
DEFICIT FROM OTHER SOURCES \$95K

C

6 SMA ARNP @ THND

A)

B)

C)

A) MAINTAIN FUNDING & ENCOURAGE COLLABORATION

A

7 The House Next Door Therapeutic Services

A)

B)

C) FUND AT CURRENT & PREVIOUS YEAR
UTILIZATION LEVELS \$95K

C

8	The Neighborhood Center Outreach Services	
	A)	
	B)	
	C)	FUND FOR GROWTH BUT AT CURRENT UTILIZATION LEVELS \$50,000
9	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services	
	A)	FUND AT REQUESTED LEVEL OF UTILIZATION
	B)	
	C)	
10	HSCFV WIS/NOS Services	
	A)	FUND AT REQUESTED LEVEL OF UTILIZATION
	B)	
	C)	
11	Global Healthcare Systems Urgent Care	
	A)	CONTINUE TO SEEK CREDITING
	B)	THROUGH PENACO USING STANDARD ERM
	C)	CODES SUCH AS 99203, 99204, 99205, ETC
12	Hispanic Health Initiative Outreach-Educational Services	
	A)	
	B)	FUND AT CURRENT UTILIZATION TAKING INTO
	C)	CONSIDERATION AGENCY DID NOT GET FUNDING UNTIL DEC 2016. FUND AT \$60,000
13	Rising Against All Odds HIV/Aids Outreach Services	
	A)	
	B)	
	C)	FUND AT CURRENT UTILIZATION PLUS MODEST GROWTH AGENCY MUST SEEK ADDITIONAL FUNDING ELSEWHERE AT CURRENT GROWTH TRAJECTORY - FUND \$240,000
NEW AGENCY APPLICANTS FOR 2017-2018		
1	Community Life Center Outreach Services	
	A)	
	B)	ENCOURAGE AGENCY TO COLLABORATE
	C)	WITH OTHER FUNDED AGENCIES TO ACHIEVE GOALS AND SERVE RESIDENTS OF WEST VOLUSIA
2	Affordable Financial Services	
	A)	
	B)	APPLICATION DID NOT SHOW AT CAC
	C)	MEETING AND APPLICATION DOES NOT MAKE A STRONG ENOUGH CONNECTION TO HEALTHCARE OR ACCESS TO HEALTHCARE

3	Checkmate Services International	
	A)	
	B)	WITHDRAWN
	C)	
4	HSCFV Outreach Proposal (2)	
	A)	
	B)	EDUCATIONAL APPEALS TO SHIP MISSION
	C)	WAS AN ATTEMPT TO FUND OTHER PROGRAM - VIABILITY. REQUEST FUNDS ON PRIMARY APPLICATION IF UNDERFUNDED
5	Deltona Firefighters Foundation Access to Healthcare Services	
	A)	
	B)	
	C)	FUND AT \$50,000 FOCUSING MORE ON PERSONAL ENCOUNTERS AND LESS ON TECHNOLOGY AS PROGRAM DEVELOPS FROM ITS INFANCY

B

B

C

Eileen Long

From: Shawn Jacobs <sjacobs@pomco.com>
Sent: Tuesday, June 06, 2017 11:52 AM
To: Eileen Long
Cc: Ted Small (tsmall@businessemploymentlawyer.com); Penny Barron; Jessica Swartwood; Barbara Rhodes
Subject: POMCO June Report Submission - WVHA Board material submittal deadline
Attachments: 06.June 2017 Board Report-v2.pdf; WVHA Subrogation Lien Reduction Request-masked.pdf

Good morning Eileen. Attached please find POMCO's submission report for the June WVHA board materials.

Included in the report this month are the following:

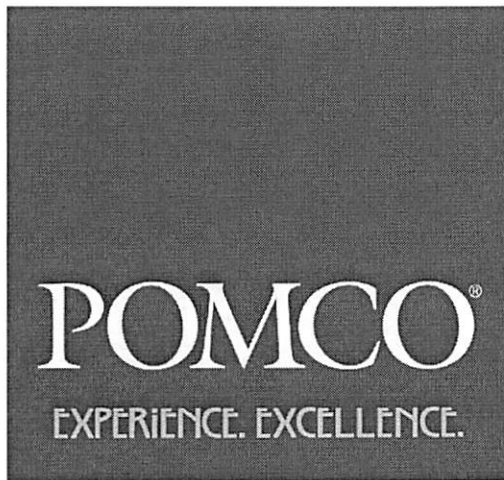
1. Industry standard & limits for specialty care services on page 9
2. Update on our progress regarding the board's motion to open up the specialty care network referral system to specialty providers – page 10
3. Lien reduction request for a subrogation case – page 10
 - a. De-identified copy of the lien reduction request from the health card member's attorney

Let me know if you have any questions.

Thanks.

Regards,
S.A.J.

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



POMCO

June 15, 2017

Submission Report for WVHA Board Members

Table of Contents

Enrollment Processing	3
Applications Received by Fiscal Year for the Period of 10/1/2016 to Present	3
Applications Processed by Fiscal Year – Approval Percentage	3
Enrollment Applications – Denial Summary Report	4
WVHA Health Card Program Eligibility – by Calendar Month – as of June 1, 2017	5
WVHA Enrollment by Fiscal Year – as of June 1, 2017	5
Medical and Prescription Drug Claim Data	6
Pharmacy Claims by Fiscal Year by Service Month (Month Prescription Filled)	6
Combined Medical Costs (as of Claims Payment through 5/31/2017)	7
PCP Encounter Claims by Clinic by Month (as of Claims Payment through 5/31/2017)	7
Specialty Care Services by Specialty – Top 25 (May, 2017)	8
WVHA Specialty Cost Containment Recommendations	9
Industry Standard and Limits	9
POMCO Specialty Care Network Referral System	10
Specialty Care Provider Access	10
Subrogation Case Review	10
Request for Lien Reduction	10

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	336	55	0	391	86.19%
	201702	326	40	0	366	89.32%
	201703	353	31	0	384	92.61%
	201704	239	26	7	272	83.20%
	201705	209	19	33	261	80.08%
	201706				0	0.00%
	201707				0	0.00%
Grand Total		2184	327	40	2551	85.61%

Fiscal Year	Applications Processed	Average Approval Percentage
FY1516	2670	82.28%
FY1617	2551	85.61%
Based on Fiscal year		

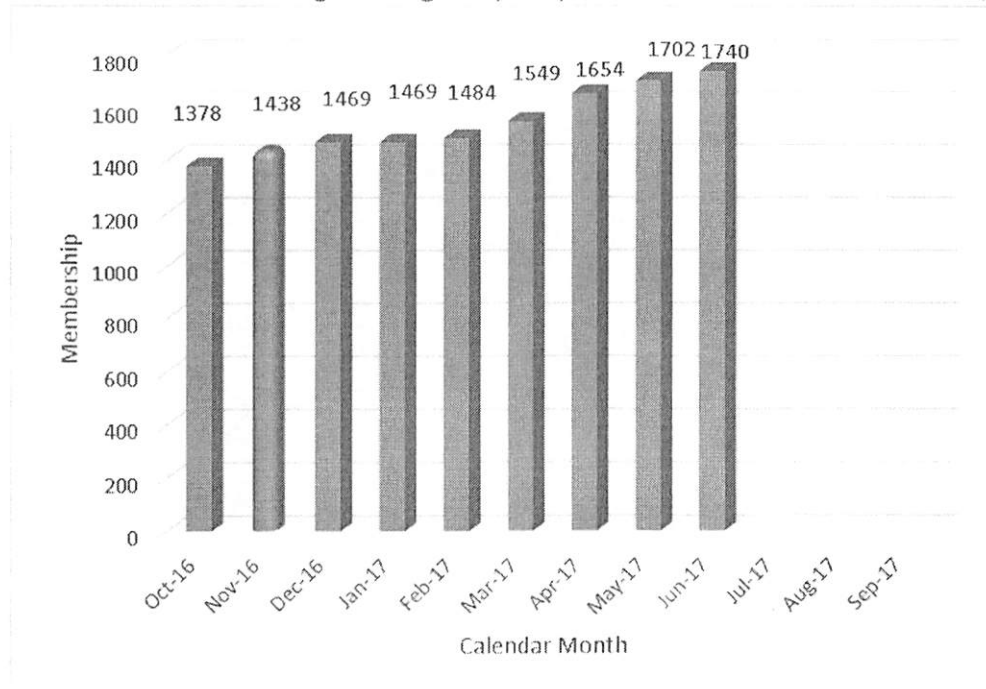
Applications Processed by Fiscal Year – Approval Percentage

Enrollment Applications – Denial Summary Report

Period	Approved		Denied		Pending		Total
	Apps	Pctg	Apps	Pctg	Apps	Pctg	
FY1617	2184	85.61%	327	12.82%	40	1.57%	2551
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	336	85.93%	55	14.07%	0	0.00%	391
Active Eligible	336	324.00%		0.00%		0.00%	336
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%	3	100.00%		0.00%	3
Declined - Req'd Documentation Missing		0.00%	25	100.00%		0.00%	25
201702	326	89.07%	40	10.93%	0	0.00%	366
Active Eligible	326	100.00%		0.00%		0.00%	326
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	353	91.93%	31	8.07%	0	0.00%	384
Active Eligible	353	100.00%		0.00%		0.00%	353
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	87.87%	26	9.56%	7	2.57%	272
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%	3	100.00%		0.00%	3
Pending - Multiple Reasons		0.00%		0.00%	7	100.00%	7
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	2	100.00%		0.00%	2
201705	209	80.08%	19	7.28%	33	12.64%	261
Active Eligible	209	100.00%		0.00%		0.00%	209
Declined - Member Exceeds Asset Level		0.00%	2	0.00%		0.00%	2
Declined - Member Exceeds Income Level		0.00%	7	100.00%		0.00%	7
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	7	100.00%		0.00%	7
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	100.00%		0.00%	1
Declined - Req'd Documentation Missing		0.00%	2	5.00%		0.00%	2
Pending - Multiple Reasons		0.00%		0.00%	33	100.00%	33

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 June 1, 2017

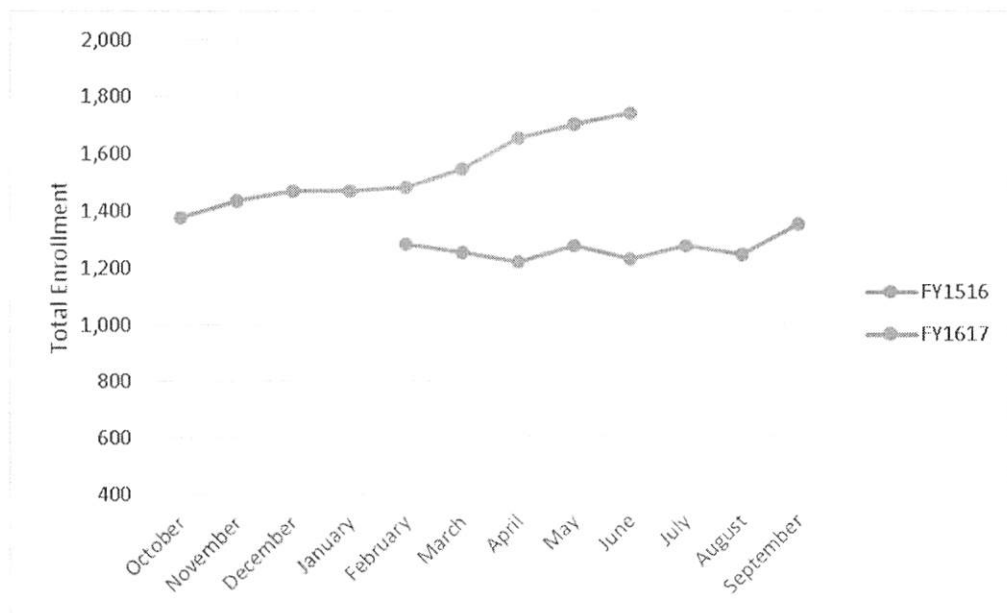


Eligibility reported above reflects eligibility as of the first of each month.

As of June 1, 2017, total program eligibility was 1,740 patients.

WVHA Enrollment by Fiscal Year – as of June 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	
August	
September	
Grand Total	13,883



Medical and Prescription Drug Claim Data

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

Month	FY1617				
	Drug Costs	Dispensing	Total Costs	Total Rx's Filled	Avg Cost Per Rx
		Fee Less Copayments			
October	\$21,581.37	\$32,676.00	\$54,257.37	2,334	\$23.25
November	\$19,925.44	\$34,818.00	\$54,743.44	2,487	\$22.01
December	\$24,589.10	\$38,794.00	\$63,383.10	2,771	\$22.87
January	\$19,912.78	\$39,018.00	\$58,930.78	2,787	\$21.14
February	\$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					
June					
July					
August					
September					
Grand Total	\$201,390.21	\$264,852.00	\$466,242.21	18,918	\$24.65

Combined Medical Costs (as of Claims Payment through 5/31/2017)

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	\$3,927,184.13	\$230,687.75	\$390,495.89	\$2,305,525.90	\$143,333.00	\$526,211.84	\$7,523,438.51	12,414	\$606.04	\$316.35	\$18.58	\$31.46	\$185.72	\$42.39
October	\$436,938.88	\$22,404.35	\$59,210.80	\$242,154.19	\$25,870.70	\$59,969.63	\$846,548.55	1,378	\$614.33	\$317.08	\$16.26	\$42.97	\$175.73	\$43.52
November	\$296,882.47	\$28,933.91	\$44,819.95	\$246,468.41	\$29,728.18	\$54,257.37	\$701,090.29	1,438	\$487.55	\$206.46	\$20.12	\$31.17	\$171.40	\$37.73
December	\$540,201.66	\$12,404.58	\$33,630.75	\$210,398.02	\$16,425.65	\$54,743.44	\$867,804.10	1,469	\$590.74	\$367.73	\$8.44	\$22.89	\$143.23	\$37.27
January	\$465,786.02	\$18,547.79	\$36,006.75	\$280,856.84	\$6,621.01	\$63,383.10	\$871,201.51	1,484	\$587.06	\$313.87	\$12.50	\$24.26	\$189.26	\$42.71
February	\$441,337.13	\$37,520.22	\$15,499.75	\$344,625.79	\$15,506.77	\$58,930.78	\$913,420.44	1,549	\$589.68	\$284.92	\$24.22	\$10.01	\$222.48	\$38.04
March	\$713,669.44	\$46,444.04	\$53,204.80	\$431,775.22	\$33,068.59	\$81,731.84	\$1,359,893.93	1,654	\$822.18	\$431.48	\$28.08	\$32.17	\$261.05	\$49.41
April	\$560,786.76	\$25,783.62	\$69,201.03	\$266,890.37	\$0.00	\$81,275.50	\$1,003,937.28	1,702	\$589.86	\$329.49	\$15.15	\$40.66	\$156.81	\$47.75
May	\$471,581.77	\$38,649.24	\$78,922.06	\$282,357.06	\$16,112.10	\$71,920.18	\$959,542.41	1,740	\$551.46	\$271.02	\$22.21	\$45.36	\$162.27	\$41.33
Grand Total	\$3,927,184.13	\$230,687.75	\$390,495.89	\$2,305,525.90	\$143,333.00	\$526,211.84	\$7,523,438.51	12,414	\$606.04	\$316.35	\$18.58	\$31.46	\$185.72	\$42.39

Medical and pharmacy costs are reported on a paid basis

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 5/31/2017)

	FY1617					
Month	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	Total
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
Grand Total	999	1,106	1,434	0	0	3,539

PCP encounter claims are reported on a paid basis

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

SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR MAY					
Order	SPECIALTY	Unique Patients	Claim Volume	Paid	Cost Per Patient
1	Hematology/Oncology	23	115	\$ 48,243.19	\$ 419.51
2	Cardiology	45	163	\$ 39,780.08	\$ 244.05
3	Hematology	15	63	\$ 26,793.64	\$ 425.30
4	Gastroenterology	38	85	\$ 22,743.49	\$ 267.57
5	Anesthesiology	27	85	\$ 14,515.12	\$ 170.77
6	Obstetrics & Gynecology	11	33	\$ 10,921.65	\$ 330.96
7	Ophthalmology	23	53	\$ 10,823.28	\$ 204.21
8	Amb Surgery Facility	6	20	\$ 10,541.13	\$ 527.06
9	Physical Therapy	14	99	\$ 7,718.66	\$ 77.97
10	Radiology	103	350	\$ 7,469.11	\$ 21.34
11	Orthopedic Surgery	20	44	\$ 6,973.85	\$ 158.50
12	Surgery	7	16	\$ 6,616.84	\$ 413.55
13	Pain Management	20	39	\$ 6,417.73	\$ 164.56
14	Pulmonary Disease	8	40	\$ 4,879.75	\$ 121.99
15	Urology	2	17	\$ 4,660.64	\$ 274.16
16	Optometry	16	53	\$ 3,953.72	\$ 74.60
17	Nurse Pract in Psychiatry	24	48	\$ 3,945.42	\$ 82.20
18	Neurology	13	37	\$ 3,799.83	\$ 102.70
19	Radiation Oncology	1	19	\$ 3,777.71	\$ 198.83
20	Diagnostic Radiology	30	104	\$ 3,735.69	\$ 35.92
21	Internal Medicine	38	116	\$ 3,721.18	\$ 32.08
22	Gynecology	11	21	\$ 3,175.23	\$ 151.20
23	Nephrology	7	47	\$ 3,109.47	\$ 66.16
24	Infectious Disease	10	34	\$ 3,047.21	\$ 89.62
25	Pathology	109	310	\$ 2,879.69	\$ 9.29



WVHA Specialty Cost Containment Recommendations

Industry Standard and Limits

POMCO's benefits and compliance units have compiled the following lists of health insurance industry standards and limits for specialty care services. This is based on standards and limits common among self-insured employer-based programs. The board may want to consider these standards and limits. However, POMCO recommends that both Family Health Source and the WVHA Hospital representatives should have an opportunity to review and provide their perspective on the appropriateness of the limits for the WVHA patient population; which is significantly different from that of an employer-based program.

- **Cardiac Rehabilitation**
 - Coverage is limited to frequency up to three times per week and up to a maximum of 18 consecutive weeks
- **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
- **Chiropractic Care**
 - Benefits are limited to total of 30 visits per covered person per calendar year
- **Mental Disorder Treatment**
 - Outpatient Treatment - Physician's visits are limited to one treatment per day
- **Occupational Therapy**
 - Excludes recreational programs, maintenance therapy, or supplies used in occupational therapy
- **Pulmonary Rehabilitation**
 - Limited to a maximum of 36 visits per covered person per lifetime
- **Respiratory/Inhalation Therapy**
 - Excludes custodial or maintenance care
- **Substance Use Disorder Treatment**
 - Excludes participation in programs of a social, recreational, or companionship nature
- **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



POMCO Specialty Care Network Referral System

Specialty Care Provider Access

With the board's decision to open up POMCO's referral system to specialty care providers, we have reviewed best ways to implement the request given the specifics of the motion that was passed; *'...to open up the POMCO provider portal for specialty care referrals to specialists' who already have an authorized referral from NEFHS to have the ability to request additional specialty care network referrals. Further those specialists need to be directed by POMCO to print out and fax those referrals to NEFHS so that the record of the referral is a part of the NEFHS patient's continuum of care record'*.

Protocols are currently being implemented to match the motion as approved. POMCO will communicate the rules, processes and coordination requirements to our specialty care provider network and NEFHS when the protocols have been implemented.

As we monitor referral trends post implementation of this approved motion, the board may consider having POMCO perform utilization reviews as an added layer of oversight of the patient's care throughout the specialty care provider network.

Subrogation Case Review

Request for Lien Reduction

POMCO has been working on a subrogation case regarding a WVHA health card member claims that have confirmed third party liability.

In our attempt to recover the funds for WVHA, the health card member's attorney is asking if WVHA will accept 1/3 less of the lien from an expected refund of \$1,685.78 down to \$1,096.85.

On subrogation cases we normally see this type of request for 1/3 reduction in the lien whenever the member has employed an attorney with the goal of keeping as much of the third party settlement in the hands of the member/plaintiff. However the decision is always up to the program/plan sponsor.

A de-identified version of the health card member attorney's request is attached separately.

POLITIS & MATOVINA
Established 1993 *TheJusticeAttorneys.com*

TO: Kimberley Bigos - POMCO
FAX NO: 315-437-9466
FROM: Michael J. Politis, Esquire / dh
RE: [REDACTED]
DATE: May 18, 2017

REDUCTION REQUEST

Lien amount: \$1,685.78
Total amount of reduction requested: \$561.93 (1/3 reduction)
Total amount to be paid: \$1,096.85

APPROVED? YES NO

Signed: _____

Comments: Thank you for your consideration.

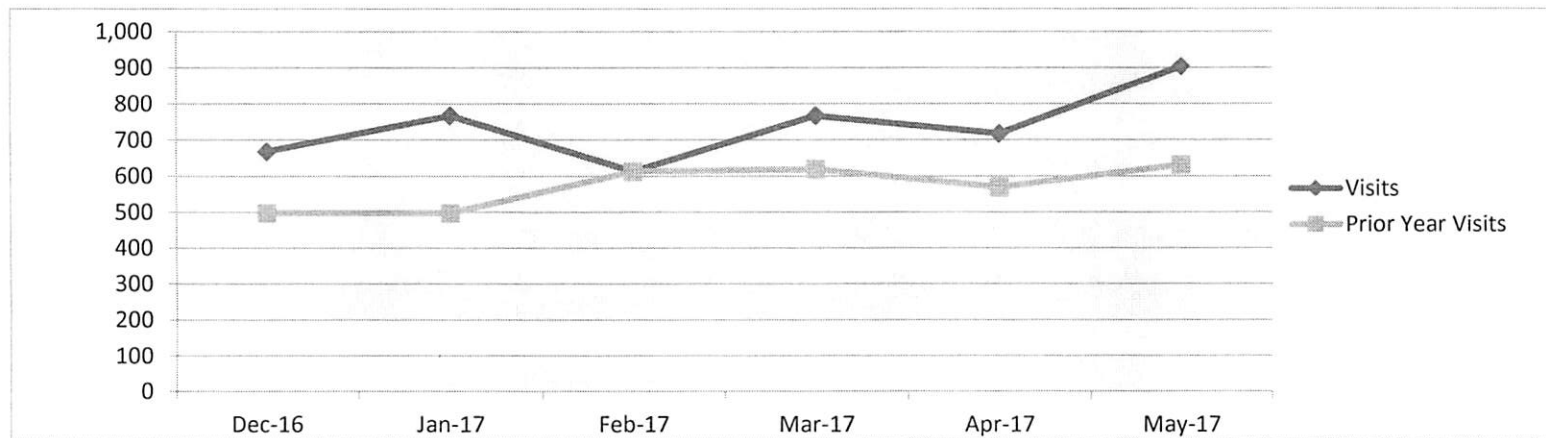
PLEASE FAX BACK TO DIANE at (386)775-1994!! THANK YOU!!



Northeast Florida Health Services
May-17

Patient Visits

	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Visits	667	766	613	766	717	903
Prior Year Visits	498	498	612	619	569	631

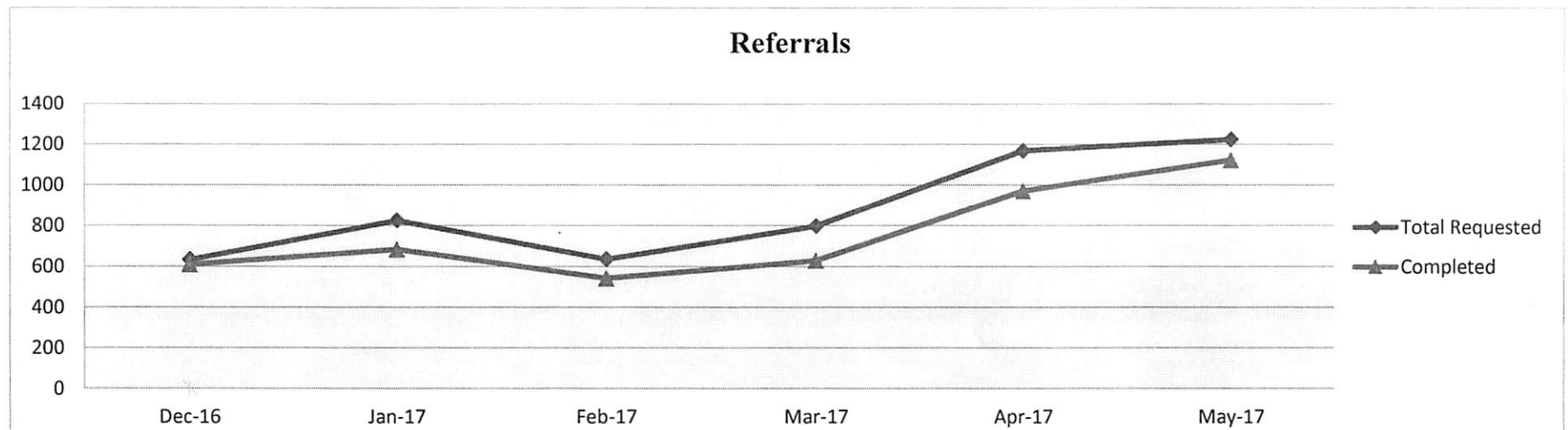


Patient Visits by Location

Location	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Deland Medical	334	345	280	385	263	359
Deltona Medical	298	331	261	296	349	421
Pierson Medical	35	90	72	85	99	91
Daytona	0	0	0	0	6	32
Total	667	766	613	766	717	903

Referrals

	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
NEFHS Providers (refer to footnote 1)	273	551	207	218	343	338
Internal Specialty Providers (refer to footnote 2)	359	274	428	580	552	606
External Specialty Providers(refer to footnote 3)	0	0	0	0	273	279
Total	632	825	635	798	1168	1223
Outstanding NEFHS Providers	23	34	19	22	11	4
Outstanding Int. Speciality Providers	0	108	74	148	186	97
Completed	609	683	542	628	971	1122
Total Requested	632	825	635	798	1168	1223



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.

3 External specialty provider referrals are generated by specialists for additional diagnostic testing and care.

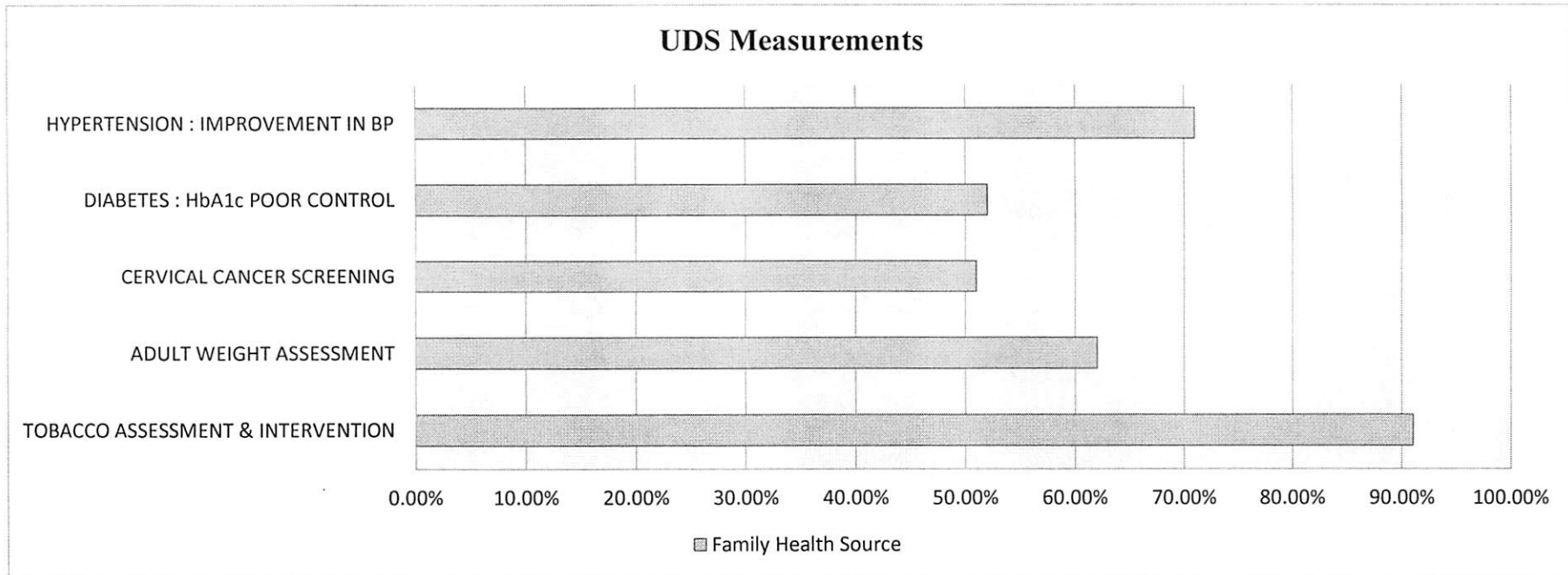
Appointment Times

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	91.00%
ADULT WEIGHT ASSESSMENT	62.00%
CERVICAL CANCER SCREENING	51.00%
DIABETES : HbA1c POOR CONTROL	52.00%
HYPERTENSION : IMPROVEMENT IN BP	71.00%

UDS Measurements



Staffing Metrics

	Apr-17	May-17
Active Employees at the Beginning of the Month	69	73
New Hires	7	0
Turnover: Clinical Employees-MA's	3	1
Ending Monthly Total	73	72

WVHA
Projection For Selected Accounts for Increase in Enrollment

	ANNUAL BUDGET	Year to Date Annualized	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	4,168,591.32	1,042,147.83	5,210,739.15	2,084,295.66	6,252,886.98
Northeast Florida Health Services	1,448,938.00	1,467,441.75	366,860.44		733,720.88	
TPA Services	400,000.00	463,219.50	115,804.88		231,609.75	
	5,705,460.00	6,099,252.57	1,524,813.14		3,049,626.29	
Over Budget at Annualized Projection		393,792.57				

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Annualized for Fiscal Year 10/01/2016 to 09/30/2017

	ANNUAL BUDGET	ACTUAL AS OF 05/31/2017	ANNUALIZED THRU 09/30/2017
Revenue			
Ad Valorem Taxes	12,500,000.00	12,101,145.01	12,500,000.00
Investment Income	65,000.00	39,556.73	59,335.10
Rental Income	67,301.00	44,867.36	67,301.04
Other Income	0.00	25,733.62	25,733.62
Total Revenue	12,632,301.00	12,211,302.72	12,652,369.76
Healthcare Expenditures			
Adventist Health Systems	5,575,949.00	5,044,222.75	5,325,949.00 Capped at budget
Northeast Florida Health Services	1,448,938.00	978,294.50	1,467,441.75
Specialty Care	3,856,522.00	2,779,060.88	4,168,591.32
County Medicaid Reimbursement	2,197,953.00	1,461,653.36	2,192,480.04
The House Next Door	181,975.00	64,736.96	97,105.44
The Neighborhood Center	70,000.00	51,679.02	70,000.00 Capped at budget
Rising Against All Odds	210,000.00	172,882.29	210,000.00 Capped at budget
Community Legal Services	80,000.00	5,789.31	8,683.97
Hispanic Health Initiatives	100,000.00	29,000.00	43,500.00
Florida Dept of Health Dental Svcs	300,000.00	74,924.29	112,386.44
Good Samaritan	82,712.00	37,100.50	55,850.75
Global Healthcare System	350,000.00	11,542.00	17,313.00
Stewart Marchman - ACT	960,336.00	711,333.08	960,336.00 Capped at budget
Health Start Coalition of Flagler & Volusia	142,400.00	102,007.96	142,400.00 Capped at budget
H C R A	819,612.00	95,150.64	142,725.96
Other Healthcare Costs	0.00	0.00	0.00
Total Healthcare Expenditures	16,376,397.00	11,619,377.54	15,014,563.66
Other Expenditures			
Advertising	112,000.00	82,036.30	123,054.45
Annual Independent Audit	15,500.00	15,500.00	15,500.00
Building & Office Costs	6,500.00	5,285.69	7,928.54
General Accounting	68,100.00	45,056.28	67,584.42
General Administrative	65,100.00	34,611.25	51,916.88
Legal Counsel	120,000.00	42,550.00	63,825.00
Special Accounting	5,000.00	0.00	0.00
City of DeLand Tax Increment District	40,000.00	38,304.00	38,304.00
Tax Collector & Appraiser Fee	500,000.00	361,954.33	485,000.00
TPA Services	400,000.00	308,813.00	463,219.50
Eligibility / Enrollment	85,745.00	31,416.00	47,124.00
Healthy Communities	72,036.00	45,229.98	67,844.97
Application Screening	205,477.00	106,157.01	159,235.52
Workers Compensation Claims	15,000.00	27,634.83	27,634.83
Other Operating Expenditures	10,000.00	1,759.92	2,639.88
Total Other Expenditures	1,720,458.00	1,146,308.59	1,620,811.98
Total Expenditures	18,096,855.00	12,765,686.13	16,635,375.64
Excess (Deficit)	-5,464,554.00	-554,383.41	-3,983,005.88



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

Certified Public Accountant | Registered Investment Advisor

1006 N. Woodland Boulevard ■ DeLand, FL 32720

(386) 734-9441  www.drtpa.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

June 15, 2017

Dear WVHA Commissioners:

Allocation of Medicaid Match Responsibility

In 2015 the three Volusia County hospital districts agreed that the best way to distribute the County Medicaid responsibility was to base it on past actual history since so much has changed with the implementation of managed care. The invoices for care are no longer tracked on a fee for service basis by district and there was a problem with some zip codes that cross into other taxing districts as well as other counties. The percentages that were derived to allocate among the districts and county were based on 4 years of historical data of actual invoices. All of the entities (County and districts) agreed to use the percentages to allocate the responsibility and it was agreed upon again last year as a method to allocate the Medicaid responsibility. **We recommend that this methodology continue to be used** as it is highly unlikely to obtain the necessary information from the managed care plans that would be needed to replicate the formula for each of the three taxing districts.

Using this methodology WVHA's monthly share would increase from \$182,706.67 to \$185,652.24.

MEMBERS

American Institute of
Certified Public Accountants

the *CPAlliance* network

Florida Institute of
Certified Public Accountants

From: Watson, Alicia
Sent: Thursday, May 25, 2017 9:20 AM
To: Bailey, Kent; Law Office--Ted Small; Jeffrey Davidson (jeff.davidson@sevhd.com)
Cc: Sabotka, Deborah; Schaeffer, Deanna
Subject: RE: County Medicaid Match
Importance: High

Good morning. Please accept this message as notification that the county has received its new allocation of the Medicaid costs. It has increased from \$7,067,956 to \$7,181,905. Dona DeMarsh would like to place this item on the County Council agenda for discussion at the June 15th meeting. Her deadline for submission of agenda items for that meeting is June 2nd, so she will need a reply by June 1st as to how the districts wish to proceed.

Per Dee's below email, in past years we have used older historical data to allocate each districts share of the match. This is likely still the best option until the state begins using 100% of the total enrollment in SFY19-20. Based on historical data the percentages we previously used were as follows:

Halifax – 41.14%
Southeast - 6.89%
West Volusia – 31.02%
County (nursing home) – 20.95%

Please give it some thought and let us know how you wish to proceed on or before May 31st.

As always, your attention to this request is most appreciated.

Thank you.

Alicia D. Watson, Administrative Services Coordinator
Asst. to Deanna Schaeffer, Governmental Affairs Officer
Halifax Health Healthy Communities
(386) 425-7921; fax 323-0008

"Exceptional Service · Every Encounter · Every Day · Everyone"

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

From: Schaeffer, Deanna
Sent: Wednesday, May 17, 2017 9:41 AM
To: Bailey, Kent; Law Office--Ted Small; Jeffrey Davidson (jeff.davidson@sevhd.com)
Cc: Watson, Alicia; Sabotka, Deborah; Schaeffer, Deanna; Schaeffer, Deanna
Subject: County Medicaid Match

Eileen Long

From: James, Kelly <Kelly.James@bcbsfl.com>
Sent: Wednesday, May 31, 2017 4:07 PM
To: Eileen Long
Subject: Repeal and Replace Info
Attachments: health reform update may 2017.pdf; AHCA overview may 31 2017.docx

Eileen, it was nice to discuss your information needs this afternoon regarding the current ACA repeal and replace effort. I will certainly be glad to help however I can.

Attached for your review are materials that I have shared with the Navigator group here in Jacksonville. They represent overviews of the American Health Care Act (AHCA) and have been updated to reflect the most current information available.

I will be glad to attend your workshop and discuss this material with your group. However, because everything related to the repeal and replace effort is so turbulent, I would be wary of relying on this information as a benchmark for 2018 budget development purposes. I am not convinced there will be certainty regarding the repeal and replace effort before you are due to complete your 2018 budget planning.

Please feel free to contact me to discuss any further questions you have or if you need anything else.

Kelly James
Florida Blue Center for Health Policy
(904) 905-5742
kelly.james@floridablue.com

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. You may access the Non-Discrimination and Accessibility Notice [here](#).

Language Assistance Available:

Español, Kreyol Ayisien, Tiếng Việt, Português, 中文, français, Tagalog, русский, italiano, Deutsche, 한국어, Polskie, Gujarati, ไทย, العربية, 日本語, فارسی

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc. Blue Cross and Blue Shield of Florida, Inc., and its subsidiary and affiliate companies are not responsible for errors or omissions in this e-mail message. Any personal comments made in this e-mail do not reflect the views of Blue Cross and Blue Shield of Florida, Inc. The information contained in this document may be confidential and intended solely for the use of the individual or entity to whom it is addressed. This document may contain material that is privileged or protected from disclosure under applicable law. If you are not the intended recipient or the individual responsible for delivering to the intended recipient, please (1) be advised that any use, dissemination, forwarding, or copying of this document IS STRICTLY PROHIBITED; and (2) notify sender immediately by telephone and destroy the document. THANK YOU.

Overview of the American Health Care Act (AHCA)

On May 4, the House of Representatives voted 217 – 213 to pass the American Health Care Act (AHCA) as the first step in the Republican strategy to “repeal and replace” the Affordable Care Act (ACA). Here is an overview of how the AHCA was introduced, amended and ultimately passed by the House.

Introduction of the AHCA

The AHCA was introduced on March 6 and would repeal significant components of the ACA, such as the:

- Individual and employer mandates and related penalties
- Various taxes and fees (including the health insurer tax)
- Financial assistance provided by premium tax credit and cost-sharing reduction (CSR) subsidies
- Federal funding for state expansion of the Medicaid program

In addition, the AHCA introduces:

- New tax credits based on an individual's age for the purchase of health insurance
- Enhanced rules for the use of funds in various types of health savings accounts
- A “continuous coverage” requirement for new enrollees to avoid premium surcharges
- New federal funding models for states to manage their Medicaid program

The Congressional Budget Office (CBO) is a nonpartisan federal agency tasked with analyzing the costs and impacts of proposed legislation. In their original March 23 report, the CBO estimated that the AHCA would:

- Reduce federal deficits by \$337 billion over the 2017-2026 period through reduced spending on tax credits and Medicaid
- Add 14 million more people to the uninsured population in 2018 as individuals decide to drop health coverage due to the lack of the individual mandate
- Increase average premiums in the individual market by 15 - 20 percent in 2018 to reflect the elimination of the individual mandate and loss of healthier enrollees from the market

March Amendments to AHCA and Withdrawal of Bill from House Floor

On March 20, a series of amendments to the AHCA were introduced in an attempt to build additional support for the legislation among Republican representatives. These amendments included additional funding for tax credits for older enrollees and expanded state options for Medicaid funding and administration. However, these proposals had no overall impact on the level of Republican support for the bill, as changes to pacify some members ended up alienating others. The CBO also updated their scoring of the AHCA to reflect these amendments and showed that savings would be reduced to \$150 billion with no increase in the number of people covered. On March 24, House Speaker Paul Ryan announced that a vote on the AHCA would not be held when it became apparent that there was not enough support for the bill to pass the House of Representatives.

April Amendments to the AHCA

In late April, a series of amendments to the AHCA were made to provide additional funding for programs to support patients with high-cost medical conditions and establish various waivers that states can apply for to opt out of specific provisions of the ACA. States could apply for three different kinds of waivers:

1. For plan years beginning on or after Jan. 1, 2018, a waiver to set an age ratio “higher” than the 5 to 1 ratio established by the AHCA for the individual and small group markets.
2. For plan years beginning on or after Jan. 1, 2020, a waiver for the state to specify their own set of essential health benefits for the individual and small group markets. This would allow states to define what categories of benefits would have to be covered by insurers, but also the benefits—for example the kinds of drugs—that would have to be covered within each category. In addition, since the ACA's prohibitions of lifetime and annual limits and cap on out-of-pocket expenditures also only apply to essential health benefits, states granted a waiver would be able to define these protections as well.
3. After the 2018 open enrollment period, a waiver for states to allow insurers to engage in health status underwriting if the state meets certain conditions. To obtain a waiver the state would have to operate a program under the AHCA's Patient and State Stability Fund to provide financial assistance to help high-

Overview of the American Health Care Act (AHCA)

risk individuals get coverage in the individual market, establish a reinsurance program, or participate in the federal individual high risk sharing program. A state that implements one of these programs would be allowed, for any year beginning with special enrollment periods in plan year 2018 to permit insurers to impose health status underwriting on individuals who do not maintain continuous coverage (have a gap of at least 63 days in coverage during the preceding year), in lieu of the 30 percent premium surcharge provided by the AHCA.

Depending on the waiver a state applies for, their application must also:

1. Specify the higher age ratio that the state intends to allow;
2. Specify the essential health benefits the state intends to require; and
3. If the state allows health status underwriting for people who fail to maintain continuous coverage, demonstrate that it has a program in place that meets the requirements described above, which must remain in place for the duration of the waiver.

Waivers would be automatically approved by HHS unless they were disapproved within 60 days for noncompliance with the requirements of the statute. Each state's application is required to be submitted in the time and manner required by HHS, specify the period for which the waiver would be effective (up to 10 years) and describe how the waiver would satisfy at least one of the following criteria:

- Reduce average premiums for health insurance coverage in the state
- Increase insurance enrollment
- Stabilize the market for insurance coverage
- Stabilize premiums for people with preexisting coverage
- Increase the choice of health plans in the state

These amendments ultimately won enough support from Republicans in the House to successfully pass the AHCA on May 4 by a vote of 217 – 213.

Next Steps

The bill now moves to the Senate for review and consideration. The Senate is expected to make changes to the House version of the AHCA, such as:

- Increasing tax-credit funding for low-income and/or older individuals;
- Extending the proposed 2020 end date for the ACA's Medicaid expansion; and
- Shoring up protections for individuals with pre-existing conditions.

The CBO also updated their scoring to reflect the final House version of the AHCA and showed that savings would be reduced to \$119 billion with no increase in the number of people covered.

The Senate will face at least two significant challenges related to their work on the AHCA. First, any changes to the House provisions will need to find middle ground among Republican Senators, since they can only lose two senators to ensure passage of their bill. Second, there is uncertainty on whether the state waiver options will survive review by the Senate parliamentarian to determine if they belong in a budget bill (the "Byrd Rule").

Conclusion

It is important to note that:

- The passage of the AHCA is just the first procedural step in the effort to repeal and replace the ACA.
- The AHCA now goes to the Senate for review and consideration, where its provisions are expected to be modified.
- Any differences between the two bills must be reconciled so that a single bill approved by both chambers can be sent to the President for his signature.
- It is unclear at this time how long the legislative process in the Senate will take.
- Until a final AHCA bill is signed into law by the President, the ACA is still the law of the land and all of its provisions remain in force.

Health Care Reform Update

May 2017



In the pursuit of health

2017 Florida Marketplace At a Glance

- Enrollees: 1,760,025
- Enrollees Receiving Advance Premium Tax Credits (APTC): 1,584,909 **(90%)**
- Enrollees Receiving Cost Sharing Reductions (CSRs): 1,269,493 **(72%)**

Average Monthly
Premium

\$444

Average Monthly
APTC

\$360

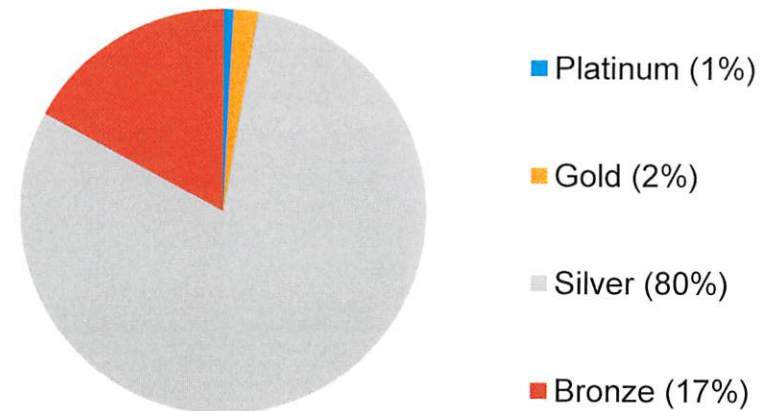
Average Monthly Premium
after APTC

\$84

FPL	Enrollees
100 – 150%	952,810 (54%)
150 – 200%	340,655 (19%)
200 – 250%	169,306 (10%)
250 – 300%	84,937 (5%)
300 – 400%	81,568 (5%)
Other	130,749 (7%)

83% of enrollees have incomes under 250% FPL (\$11,880 - \$29,700 for an individual)

Plan Selection



97% of enrollees have Silver or Bronze plans

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-03-15.html>

ACA Repeal and Replace Overview

House Speaker Paul Ryan has outlined a “three pronged approach” to repeal and replace the Affordable Care Act (ACA):

Reconciliation

March – April 2017

- Eliminates funding for premium tax credits, cost-sharing reductions
- Eliminates individual and employer mandates
- Eliminates funding for Medicaid expansion
- Eliminates ACA taxes
- Expands use of funds in health savings accounts
- Creates high-risk pools
- Medicaid funding under a per-capita model
- Establishes flat-dollar age-based tax credits

Administrative Actions

Ongoing

Actions by HHS Secretary Price to deregulate the market such as:

- Relaxing Essential Health Benefit (EHB) requirements
- Removing contraceptive coverage as a preventive health benefit
- Potential changes to coverage for preventive services at \$0 cost-share

New Legislation

Summer/Fall 2017

New legislation to provide additional choice and competition such as:

- Establish association health plans
- Allow sale of health insurance across state lines
- Medical malpractice reform

American Health Care Act (AHCA)

The AHCA was filed in March 2017 to begin the process of repealing and replacing the ACA:

Year	Key Provision
Enactment	<ul style="list-style-type: none">• Repeals ACA individual and employer mandates (and related penalties) as of January 2016
2018	<ul style="list-style-type: none">• Repeals DSH cuts for states that did not expand Medicaid• Adds safety net funding for states that did not expand Medicaid• Repeals most ACA taxes• Establishes Patient and State Stability funding program• Makes premium tax credits available for off-Exchange plans• Enhances rules for health savings accounts (HSAs, HRAs, FSAs, MSAs)• Modifies age rating bands from 3:1 to 5:1
2019	<ul style="list-style-type: none">• Adds “continuous coverage” rule for new enrollees – must have 12 months of prior coverage or pay 30% surcharge in addition to premiums for 1 year
2020 and beyond	<ul style="list-style-type: none">• Repeals ACA Medicaid expansion rules and enhanced federal funding• Establishes “per capita” funding model for Medicaid program• Repeals actuarial value rules, metal plan definitions for health plans• Repeals ACA premium tax credits and cost-sharing reductions• Establishes new premium tax credits based on age• Delays “Cadillac tax” effective date to January 2026

ACA vs. AHCA

How major provisions of the ACA compare to the AHCA:

Policy Element	ACA	AHCA
Tax credit to offset health plan premiums	Based on income, household size, and geography	Based on age
Help with out-of-pocket costs (deductibles, coinsurance, copayments)	Cost-sharing reductions (CSRs) for enrollees with incomes under 250% FPL	Enhanced health savings accounts and new rules for covered expenses
Individual mandate	Yes – people must have qualifying health coverage or pay an annual fee	No – but those without continuous coverage would pay a 30% surcharge
Employer mandate	Yes – large employers must offer qualifying coverage to full-time employees	No
Protections for individuals with pre-existing conditions	Yes – health history is not used for rating or eligibility	Yes – federal funding to offset expenses for enrollees with high-cost conditions
Allow dependents to stay on their parents' plan until age 26	Yes	Yes
Medicaid	Open-ended funding, states open to expand to anyone under 138% FPL with additional federal funding	Capped funding, creates “per capita” model for federal funding based on costs for current beneficiaries

Amendments to the AHCA

In late April, amendments to the AHCA established three waivers for states to opt out of specific provisions of the ACA:

- For plan years beginning on or after Jan. 1, 2018, a waiver to set an age ratio “higher” than the 5 to 1 ratio established by the AHCA for the individual and small group markets.
- For plan years beginning on or after Jan. 1, 2020, a waiver for the state to specify their own set of essential health benefits for the individual and small group markets.
- After the 2018 open enrollment period, a waiver for states to allow insurers to engage in health status underwriting if the state operates a program to support lowering costs for high-risk individuals.

State waiver applications must describe how they would (at least one):

- Reduce average premiums for health insurance coverage in the state
- Increase insurance enrollment
- Stabilize the market for insurance coverage
- Stabilize premiums for people with preexisting coverage
- Increase the choice of health plans in the state

Status of the AHCA

- The amended AHCA was passed by the House on May 4 by a vote of 217 – 213 and is the first procedural step to repeal and replace the ACA.
- The bill now moves to the Senate for review, and they are expected to make significant revisions such as:
 - Increasing tax-credit funding for low-income and/or older individuals
 - Extending the proposed 2020 end date for Medicaid expansion
 - Maintaining protections for individuals with pre-existing conditions
- The Senate will face two significant challenges related to the AHCA:
 - Any changes to the House provisions will require consensus among Republican Senators since they can only lose two votes to ensure passage of their bill.
 - There is uncertainty on whether the state waiver options will survive review by the Senate parliamentarian to determine if they belong in a budget bill (the “Byrd Rule”).
- Any differences between the House and Senate bills must be reconciled so that a single bill approved by both chambers can be sent to the President.
- Until a final AHCA bill is signed into law by the President, the ACA is still the law of the land and all of its provisions remain in force.

Cost-Sharing Reductions (CSRs) Lawsuit

The main issue facing the 2018 Marketplace is the outcome of the *House v. Price* lawsuit over the ACA's cost-sharing reduction (CSR) payments.

- The ACA requires insurers to reduce deductibles and other out-of-pocket costs for consumers with incomes below 250% FPL who enroll in specific Silver plans.
- In November 2014, House Republicans sued the Obama administration for making unlawful CSR payments without formal Congressional appropriation.
- In May 2016, a Federal District Court judge agreed but allowed the payments to continue while the Obama Administration appealed the decision.
- With the election of President Trump, action on the case was delayed until February 2017 to allow for discussion of a settlement or legislative resolution.
- The parties agreed to reconvene in court every three months to discuss their progress on resolution, with the next appearance scheduled for August 21.
- Stopping CSR payments would cause immediate disruption in the individual market as impacted enrollees – **up to 1.2 million in Florida** – lose this financial assistance.
- The Kaiser Family Foundation estimates that the average premium for a Silver Marketplace plan would need to increase by 19 percent to compensate for the loss of CSR funding.

Questions



Kelly James
Director, Florida Blue Center for Health Policy
kelly.james@bcbsfl.com
(904) 905-5742



312 South Woodland Blvd. • Deland, Florida 32720 • 386 202 4209, risingagainstallodds.com

May 16, 2017

West Volusia Hospital Authority Board of Commissioners
1006 N. Woodland Blvd
DeLand, FL 32721

Chair Dickerson and Board Members;

“RAAO IS HERE” to actively address HIV in our community. Our monthly average for HIV Test administered is 67. This amount of testing to our key area population within our targeted population has led to RAAO’s experiencing **one newly diagnosed** HIV Positive individual per week.

We are also able to capture the “Hard to Reach” population of HIV Positive individuals who have been previously diagnosed but are not in care. Likewise with the later group, we have successfully assisted with getting immediate access to care (within 2 days) through Mid Florida Research, Ryan White, Family Health Source and Global Health. With the approval of WVHA Healthcard, we continue to assist with their transition onto Medicaid, off the Healthcard, when applicable.

In our targeted population of 16-24 year olds being tested, we find that this population require additional individual counseling and advocating for services. They are frequently covered under their parent's insurance and, because of the shock and shame of being a newly diagnosed positive, the first instinct, is to say “I do not want their parents to know”. With our support and post-testing counseling sessions, we are able to support them in disclosing their status to their parents so they can get into medical care.


With the number of positives we are detecting and because we are getting other positives into care, Continuing with Prevention, Education and Testing is key to a Healthier Community and saving taxpayers dollars. I respectfully request your consideration for an additional funding amount of \$50,304.57. This would make (RAAO) total funding for 2016-2017 \$260,307. The requested \$50,304.57 is based on units of service being maintained at an average of 250 hours per month, or \$21,000.

Once again, because of the HIV epidemic, injection drug epidemic and our ability to meet the needs in this area of service, we have exceeded the projected number of targeted population. As of the end of April, 814 West Volusia Residents have received 1,710 units of services.

One person that is prevented from HIV is \$36,000.00 savings per year; one person identified as positive will reduce the chances of spreading the disease, eliminating additional cost and saving millions.

RAAO has been diligent in our outreach activities, keeping in mind our goal “Getting to Zero”, Our focus has been far reaching into the target population; (Black and Hispanics, Women and Girls, Men Having Sex With Men, Sex Workers who are ap part of the Hard to Reach Population, along with our low income, homeless/displaced and marginalized individuals).

Respectfully,


Brenda Flowers-Dalley, CEO

TERMINOLOGY GUIDELINES Used

- Pre screening Assessment: WVHA eligibility guidelines reviewed by Testor/Counselor prior to being referred for WVHA Application at NO CHARGE
- Pre screening Assistance: Participant is given assistance with filling the WVHA Application, collecting documents, and all other required forms.
- Key Affected Populations: female sex workers, men who have sex with men (MSM), and injecting drug users.
- Target Population: Includes KAP along with other residents who do not have access to social, economics necessities to access care and are faced with multiple barriers to care. They are our hard to reach population.

Key Affected Populations (KAP) & Targeted Population (TP)

KAP are identified as

- female sex workers,
- men who have sex with men (MSM),
- injecting drug users.

KAP have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviors are often stigmatized, and even criminalized.

TP are identified as

- Hispanic and Black Racial/ethnic groups,
- young people ages 16-24,
- Women and girls,
- People Living With HIV who are not in care
- newly diagnosed.
- individuals with social, economic and demographic barriers.
- Underserved, hard to reach who may perceive or experience stigma and discrimination

“Barriers to Care” Addressed by RAAO

- Lack of social support
- Intellectual disability
- Lack of money
- Lack of knowledge of rights,
- Lack of literacy or numeracy skills
- Lack of transportation, time constraints
- Issues related to race, gender, sexuality, and age barriers
- Homelessness or without a stable physical location
- Lack of confidence
- Mental or physical health issues

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2016**

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE****** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ********DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☐ DECEMBER 31, 2016 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]

(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]

(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART G — TRAINING

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**SIGNATURE OF FILER:**

Signature: _____

Date Signed: _____

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:**WHAT TO FILE:**After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).

NOTE:**MULTIPLE FILING UNNECESSARY:**

A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

WHEN TO FILE:**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.**Candidates** must file at the same time they file their qualifying papers.**Thereafter**, file by July 1 following each calendar year in which they hold their positions.**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.

NOTICE

Annual Statements of Financial Interests are due July 1. If the annual form is not filed or postmarked by September 1, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. Failure to file also can result in removal from public office or employment. [s. 112.3145, F.S.]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [s. 112.317, F.S.]

WHO MUST FILE FORM 1:

1) Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.

2) Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding members of solely advisory bodies, but including judicial nominating commission members; Directors of Enterprise Florida, Scripps Florida Funding Corporation, and Career Source Florida; and members of the Council on the Social Status of Black Men and Boys; the Executive Director, Governors, and senior managers of Citizens Property Insurance Corporation; Governors and senior managers of Florida Workers' Compensation Joint Underwriting Association; board members of the Northeast Fla. Regional Transportation Commission; members of the board of Triumph Gulf Coast, Inc.; members of the board of Florida Is For Veterans, Inc.; and members of the Technology Advisory Council within the Agency for State Technology.

3) The Commissioner of Education, members of the State Board of Education, the Board of Governors, and the local Boards of Trustees and Presidents of state universities.

4) Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file Form 6.

5) Appointed members of the following boards, councils, commissions, authorities, or other bodies of county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; community college or junior college district boards of trustees; boards having the power to enforce local code provisions; boards of adjustment; community redevelopment agencies; planning or zoning boards having the power to recommend, create, or modify land planning or zoning within a political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards, and except for representatives of a military installation acting on behalf of all military installations within that jurisdiction; pension or retirement boards empowered to invest pension or retirement funds or determine entitlement to or amount of pensions or other retirement benefits.

6) Any appointed member of a local government board who is required to file a statement of financial interests by the appointing authority or the enabling legislation, ordinance, or resolution creating the board.

7) Persons holding any of these positions in local government: mayor; county or city manager; chief administrative employee or finance

director of a county, municipality, or other political subdivision; county or municipal attorney; chief county or municipal building inspector; county or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator with power to grant or deny a land development permit; chief of police; fire chief; municipal clerk; appointed district school superintendent; community college president; district medical examiner; purchasing agent (regardless of title) having the authority to make any purchase exceeding \$20,000 for the local governmental unit.

8) Officers and employees of entities serving as chief administrative officer of a political subdivision.

9) Members of governing boards of charter schools operated by a city or other public entity.

10) Employees in the office of the Governor or of a Cabinet member who are exempt from the Career Service System, excluding secretarial, clerical, and similar positions.

11) The following positions in each state department, commission, board, or council: Secretary, Assistant or Deputy Secretary, Executive Director, Assistant or Deputy Executive Director, and anyone having the power normally conferred upon such persons, regardless of title.

12) The following positions in each state department or division: Director, Assistant or Deputy Director, Bureau Chief, Assistant Bureau Chief, and any person having the power normally conferred upon such persons, regardless of title.

13) Assistant State Attorneys, Assistant Public Defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel, Public Counsel, full-time state employees serving as counsel or assistant counsel to a state agency, administrative law judges, and hearing officers.

14) The Superintendent or Director of a state mental health institute established for training and research in the mental health field, or any major state institution or facility established for corrections, training, treatment, or rehabilitation.

15) State agency Business Managers, Finance and Accounting Directors, Personnel Officers, Grant Coordinators, and purchasing agents (regardless of title) with power to make a purchase exceeding \$20,000.

16) The following positions in legislative branch agencies: each employee (other than those employed in maintenance, clerical, secretarial, or similar positions and legislative assistants exempted by the presiding officer of their house); and each employee of the Commission on Ethics.

INSTRUCTIONS FOR COMPLETING FORM 1:

INTRODUCTORY INFORMATION (Top of Form): If your name, mailing address, public agency, and position are already printed on the form, you do not need to provide this information unless it should be changed. To change any of this information, write the correct information on the form, and contact your agency's financial disclosure coordinator. You can find your coordinator on the Commission on Ethics website: www.ethics.state.fl.us.

NAME OF AGENCY: The name of the governmental unit which you serve or served, by which you are or were employed, or for which you are a candidate.

OFFICE OR POSITION HELD OR SOUGHT: The title of the office or position you hold, are seeking, or held during the disclosure period even if you have since left that position. If you are a candidate for office or are a new employee or appointee, check the appropriate box.

PUBLIC RECORD: The disclosure form and everything attached to it is a public record. Your Social Security Number is not required and you should redact it from any documents you file. If you are an active or former officer or employee listed in Section 119.071, F.S., whose home address is exempt from disclosure, the Commission will maintain that confidentiality if you submit a written request.

DISCLOSURE PERIOD: The tax year for most individuals is the calendar year (January 1 through December 31). If that is the case for you, then your financial interests should be reported for the calendar year 2016; check that box. If you file your IRS tax return based on a tax year that is not the calendar year, you should specify the dates of your tax year in this portion of the form and check the appropriate box. This is the "disclosure period" for your report.

MANNER OF CALCULATING REPORTABLE INTEREST

Filers have the option of reporting based on either thresholds that are comparative (usually, based on percentage values) or thresholds that are based on absolute dollar values. The instructions on the following pages specifically describe the different thresholds. Check the box that reflects the choice you have made. You must use the type of threshold you have chosen for each part of the form. In other words, if you choose to report based on absolute dollar value thresholds, you cannot use a percentage threshold on any part of the form.

IF YOU HAVE CHOSEN DOLLAR VALUE THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

PART A — PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(b)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose the amount of income received, and you need not list your public salary from serving in the position(s) which requires you to file this form. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded \$2,500 of gross income received by you in your own name or by any other person for your use or benefit.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

Examples:

- If you were employed by a company that manufactures computers and received more than \$2,500, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$2,500, list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded \$2,500, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and bonds, list each individual company from which you derived more than \$2,500. Do not aggregate all of your investment income.
- If more than \$2,500 of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.
- If more than \$2,500 of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

PART B — SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A "Primary Sources of Income," if it meets the reporting threshold. You will not have anything to report unless, during the disclosure period:

- (1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of

a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and,**

- (2) You received more than \$5,000 of your gross income during the disclosure period from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

- You are the sole proprietor of a dry cleaning business, from which you received more than \$5,000. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).
- You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the above thresholds. List each tenant of the mall that provided more than 10% of the partnership's gross income and the tenant's address and principal business activity.

PART C — REAL PROPERTY

[Required by s. 112.3145(3)(b)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

PART D — INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(b)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than \$10,000 and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CDs and savings accounts with the same bank. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number found on the lease document).

PART E — LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed more than \$10,000 at any time during the disclosure period. The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. You are not required to list the amount of any debt. You do not have to disclose credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, then it is not a contingent liability.

PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145(5), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies; utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure period an interest in, or held any of certain positions with the types of businesses listed above. You must make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

PART G — TRAINING CERTIFICATION

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer whose service began before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

(End of Dollar Value Thresholds Instructions.)

IF YOU HAVE CHOSEN COMPARATIVE (PERCENTAGE) THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

PART A — PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose the amount of income received, and you need not list your public salary received from serving in the position(s) which requires you to file this form, but this amount should be included when calculating your gross income for the disclosure period. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income when calculating your gross income and disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded 5% of the gross income received by you in your own name or by any other person for your benefit or use during the disclosure period.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

Examples:

— If you were employed by a company that manufactures computers and received more than 5% of your gross income from the company, list the name of the company, its address, and its principal business activity (computer manufacturing).

— If you were a partner in a law firm and your distributive share of partnership gross income exceeded 5% of your gross income, then list the name of the firm, its address, and its principal business activity (practice of law).

— If you were the sole proprietor of a retail gift business and your gross income from the business exceeded 5% of your total gross income, list the name of the business, its address, and its principal business activity (retail gift sales).

— If you received income from investments in stocks and bonds, list each individual company from which you derived

more than 5% of your gross income. Do not aggregate all of your investment income.

— If more than 5% of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address, and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.

— If more than 5% of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

PART B — SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A, "Primary Sources of Income," if it meets the reporting threshold. You will not have anything to report unless during the disclosure period:

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); **and**,

(2) You received more than 10% of your gross income from that business entity; **and**,

(3) You received more than \$1,500 in gross income from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than 10% of your gross income—an amount that was more than \$1,500. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, and the tenant's address and principal business activity.

PART C — REAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes, if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

PART D — INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than 10% of your total assets, and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product *contained in* a brokerage account, IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CD's and savings accounts with the same bank.

Calculations: To determine whether the intangible property exceeds 10% of your total assets, total the fair market value of all of your assets (including real property, intangible property, and tangible personal property such as jewelry, furniture, etc.). When making this calculation, do not subtract any liabilities (debts) that may relate to the property. Multiply the total figure by 10% to arrive at the disclosure threshold. List only the intangibles that exceed this threshold amount. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number which can be found on the lease document). Property that is only jointly owned property should be valued according to the percentage of your joint ownership. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%. None of your calculations or the value of the property have to be disclosed on the form.

Example: You own 50% of the stock of a small corporation that is worth \$100,000, the estimated fair market value of your home and other property (bank accounts, automobile, furniture, etc.) is \$200,000. As your total assets are worth \$250,000, you must disclose intangibles worth over \$25,000. Since the value of the stock exceeds this threshold, you should list "stock" and the name of the corporation. If your accounts with a particular bank exceed \$25,000, you should list "bank accounts" and bank's name.

PART E — LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed any amount that, at any time during the disclosure period, exceeded your net worth. You are not required to list the amount of any debt or your net worth. You do not have to disclose: credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, it is not a contingent liability.

Calculations: To determine whether the debt exceeds your net worth, total all of your liabilities (including promissory notes, mortgages, credit card debts, judgments against you, etc.). The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. Subtract the sum total of your liabilities from the value of all your assets as calculated above for Part D. This is your "net worth." List each creditor to whom your debt exceeded this amount unless it is one of the types of indebtedness listed in the paragraph above (credit card and retail installment accounts, etc.). Joint liabilities with others for which you are "jointly and severally liable," meaning that you may be liable for either your part or the whole of the obligation, should be included in your calculations at 100% of the amount owed.

Example: You owe \$15,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 (with spouse) to a savings and loan for a home mortgage. Your home (owned by you and your spouse) is worth \$80,000 and your other property is worth \$20,000. Since your net worth is \$20,000 (\$100,000 minus \$80,000), you must report only the name and address of the savings and loan.

PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145, F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies; utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure period an interest in, or held any of certain positions with, the types of businesses listed above. You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

PART G — TRAINING CERTIFICATION

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer whose service began before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

(End of Percentage Thresholds Instructions.)

Eileen Long

From: Haley Long <haley@hillhollis.com>
Sent: Tuesday, June 06, 2017 11:26 AM
To: Eileen Long
Cc: Ted Small (tsmall@businessemploymentlawyer.com); Harper Hill
Subject: June Meeting
Attachments: BusBench.WVHA.pdf; Billboard.WVHA.pdf; WVHAFacebook.png

Hi Eileen,

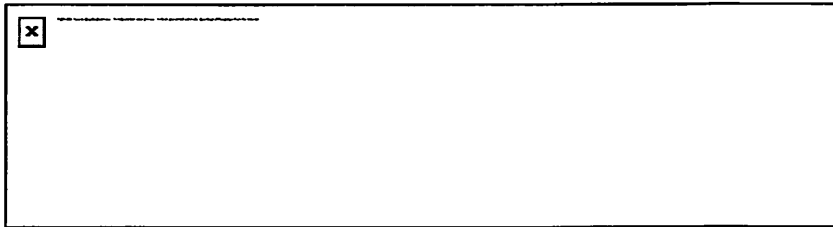
Here is the information that we will present at the June Meeting on 6/15. We want to present some future advertising ideas that we have ready to go should we want to move forward with other advertising opportunities.

- Bus Bench design proposal
- Billboard design proposal
- WVHA Facebook
- Development website <http://dev1.floridaswebdesign.com/wvha/>

Let me know if you have any questions.

Thank you

--





DON'T QUALIFY FOR ACA?
WE MAY BE ABLE TO HELP!



FOR MORE INFORMATION: WESTVOLUSIAHOSPITALAUTHORITY.ORG





DON'T QUALIFY FOR ACA?
WE MAY BE ABLE TO HELP!



FOR MORE INFORMATION: WESTVOLUSIAHOSPITALAUTHORITY.ORG



West Volusia Hospital Authority

Home
Posts
Photos
Shop
Videos
Events
About
Likes

Promote

DON'T QUALIFY FOR ACA? WE MAY BE ABLE TO HELP!

WEST VOLUSIA HOSPITAL AUTHORITY HEALTH CARD!

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



Like Follow Share ...

Contact Us

About

Edit Page Info

GENERAL

Category Government Organization Edit
Name West Volusia Hospital Authority Edit
Username Create Page @username

BUSINESS INFO

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

CONTACT INFO

- Call 386-626-4870
- West Volusia Hospital Authority Send Message
- + Enter email
- <http://westvolusiahospitalauthority.org/>
- Edit Other Accounts

MORE INFO

- About
The West Volusia Hospital Authority (WVHA) is an independent special taxing district established by the State of Florida for the purpose of providing access to health care for indigent residents of the district.
INSPIRED BY HOPE, DRIVEN BY LIFE
- General Information
The WVHA does not directly own or manage any hospital or clinic. It provides funding to hospitals and not-for-profit agencies to support health care for eligible low-income residents of the taxing district.

STORY

Edit

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

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

WVHA has extremely low administrative overhead. Over 90% of WVHA funds are applied directly to patient care...
[See More](#)

West Volusia Hospital Authority
Financial Statements
May 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
Ann J. Rigsby, CPA/CFP™
Parke S. Teal, CPA/PFS (1954-2011)

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

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

Management is responsible for the accompanying balance sheet (modified cash basis) of West Volusia Hospital Authority, as of May 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

June 01, 2017

MEMBERS

American Institute of
Certified Public Accountants

the *CPAlliance* network

Florida Institute of
Certified Public Accountants

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

Assets

Current Assets

Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	4,272,143.65
Intracoastal Bank - Operating	439,848.73
Mainstreet Community Bank - MM	7,022,908.91
Taxes Receivable	126,422.00
Total Current Assets	<u>11,861,423.29</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>12,485,081.72</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>(554,383.41)</u>
Total Net Assets	<u>12,370,526.72</u>
Total Liabilities and Net Assets	<u><u>\$ 12,485,081.72</u></u>

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 8 Months Ended May 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	149,848.96	12,101,145.01	398,854.99
Investment Income	65,000.00	4,704.05	39,556.73	25,443.27
Rental Income	67,301.00	5,608.42	44,867.36	22,433.64
Other Income	0.00	954.44	25,733.62	(25,733.62)
Total Revenue	<u>12,632,301.00</u>	<u>161,115.87</u>	<u>12,211,302.72</u>	<u>420,998.28</u>
Healthcare Expenditures				
Adventist Health Systems	5,575,949.00	1,060,650.86	5,044,222.75	531,726.25
Northeast Florida Health Services	1,448,938.00	259,767.51	978,294.50	470,643.50
Specialty Care	3,856,522.00	485,931.71	2,779,060.88	1,077,461.12
County Medicaid Reimbursement	2,197,953.00	182,706.67	1,461,653.36	736,299.64
The House Next Door	181,975.00	8,626.04	64,736.96	117,238.04
The Neighborhood Center	70,000.00	3,032.26	51,679.02	18,320.98
Rising Against All Odds	210,000.00	21,036.12	172,882.29	37,117.71
Community Legal Services	80,000.00	1,149.55	5,789.31	74,210.69
Hispanic Health Initiatives	100,000.00	4,175.00	29,000.00	71,000.00
Florida Dept of Health Dental Svcs	300,000.00	11,088.35	74,924.29	225,075.71
Good Samaritan	82,712.00	4,908.00	37,100.50	45,611.50
Global Healthcare System	350,000.00	876.80	11,542.00	338,458.00
Stewart Marchman - ACT	960,336.00	110,663.80	711,333.08	249,002.92
Health Start Coalition of Flagler & Volusia	142,400.00	24,285.72	102,007.96	40,392.04
H C R A	819,612.00	15,850.22	95,150.64	724,461.36
Total Healthcare Expenditures	<u>16,376,397.00</u>	<u>2,194,748.61</u>	<u>11,619,377.54</u>	<u>4,757,019.46</u>
Other Expenditures				
Advertising	112,000.00	17,041.13	82,036.30	29,963.70
Annual Independent Audit	15,500.00	0.00	15,500.00	0.00
Building & Office Costs	6,500.00	20.40	5,285.69	1,214.31
General Accounting	68,100.00	4,583.75	45,056.28	23,043.72
General Administrative	65,100.00	4,568.75	34,611.25	30,488.75
Legal Counsel	120,000.00	4,960.00	42,550.00	77,450.00
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	82,463.52	361,954.33	138,045.67
TPA Services	400,000.00	64,555.50	308,813.00	91,187.00
Eligibility / Enrollment	85,745.00	7,413.00	31,416.00	54,329.00
Healthy Communities	72,036.00	5,446.07	45,229.98	26,806.02
Application Screening	205,477.00	13,026.93	106,157.01	99,319.99
Workers Compensation Claims	15,000.00	12,479.02	27,634.83	(12,634.83)
Other Operating Expenditures	10,000.00	425.00	1,759.92	8,240.08
Total Other Expenditures	<u>1,720,458.00</u>	<u>216,983.07</u>	<u>1,146,308.59</u>	<u>574,149.41</u>

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 8 Months Ended May 31, 2017

	<u>ANNUAL BUDGET</u>	<u>CURRENT PERIOD ACTUAL</u>	<u>YEAR TO DATE ACTUAL</u>	<u>BUDGET BALANCE</u>
Total Expenditures	<u>18,096,855.00</u>	<u>2,411,731.68</u>	<u>12,765,686.13</u>	<u>5,331,168.87</u>
Excess (Deficit)	<u><u>(5,464,554.00)</u></u>	<u><u>(2,250,615.81)</u></u>	<u><u>(554,383.41)</u></u>	<u><u>(4,910,170.59)</u></u>

West Volusia Hospital Authority
Schedule I - Healthcare Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 8 Months Ended May 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	379,682.55	2,082,899.01	592,575.49
Florida Hospital Fish Memorial	2,675,474.50	664,856.21	2,810,322.34	(134,847.84)
Florida Hospital DeLand - Physicians	112,500.00	9,787.77	75,320.49	37,179.51
Florida Hospital Fish - Physicians	112,500.00	6,324.33	75,680.91	36,819.09
Northeast Florida Health Services				
NEFHS - Pharmacy	688,938.00	153,195.68	526,211.84	162,726.16
NEFHS - Obstetrics	30,000.00	1,713.27	17,765.77	12,234.23
NEFHS - Consolidated Primary Care Clinics	730,000.00	104,858.56	434,316.89	295,683.11
Specialty Care				
Specialty Care Services	3,549,457.00	431,339.49	2,518,735.47	1,030,721.53
Laboratory Services	307,065.00	54,592.22	260,325.41	46,739.59
County Medicaid Reimbursement	2,197,953.00	182,706.67	1,461,653.36	736,299.64
Florida Dept of Health Dental Svcs	300,000.00	11,088.35	74,924.29	225,075.71
Good Samaritan				
Good Samaritan Health Clinic	25,000.00	1,908.00	14,620.50	10,379.50
Good Samaritan Dental Clinic	57,712.00	3,000.00	22,480.00	35,232.00
Global Healthcare System				
Global Health Care	150,000.00	744.80	10,158.00	139,842.00
Global Healthcare System Urgent Care	200,000.00	132.00	1,384.00	198,616.00
The House Next Door	181,975.00	8,626.04	64,736.96	117,238.04
The Neighborhood Center	70,000.00	3,032.26	51,679.02	18,320.98
Rising Against All Odds	210,000.00	21,036.12	172,882.29	37,117.71
Community Legal Services	80,000.00	1,149.55	5,789.31	74,210.69
Hispanic Health Initiatives	100,000.00	4,175.00	29,000.00	71,000.00
Stewart Marchman - ACT				
SMA - ARNP Services at THND	7,000.00	626.00	3,047.50	3,952.50
SMA - Homeless Program	78,336.00	10,108.13	61,914.25	16,421.75
SMA - Residential Treatment	450,000.00	73,199.95	439,230.55	10,769.45
SMA - Baker Act - Match	425,000.00	26,729.72	207,140.78	217,859.22
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500.00	5,659.20	48,386.16	25,113.84
HSCFV - Fam Services	68,900.00	18,626.52	53,621.80	15,278.20
HCRA				
H C R A - In County	400,000.00	15,850.22	52,422.84	347,577.16
H C R A - Outside County	419,612.00	0.00	42,727.80	376,884.20
Total Healthcare Expenditures	16,376,397.00	2,194,748.61	11,619,377.54	4,757,019.46

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis
For the 1 Month and 8 Months Ended May 31, 2017 and May 31, 2016

	1 Month Ended May 31, 2017	1 Month Ended May 31, 2016	8 Months Ended May 31, 2017	8 Months Ended May 31, 2016
Revenue				
Ad Valorem Taxes	149,848.96	151,766.84	12,101,145.01	11,987,843.98
Investment Income	4,704.05	5,849.62	39,556.73	42,197.29
Rental Income	5,608.42	5,573.00	44,867.36	44,584.00
Other Income	954.44	0.00	25,733.62	68.00
Total Revenue	161,115.87	163,189.46	12,211,302.72	12,074,693.27
Healthcare Expenditures				
Adventist Health Systems	1,060,650.86	497,209.72	5,044,222.75	2,478,385.75
Northeast Florida Health Services	259,767.51	142,933.74	978,294.50	933,291.35
Specialty Care	485,931.71	291,010.85	2,779,060.88	1,495,768.56
County Medicaid Reimbursement	182,706.67	175,195.50	1,461,653.36	1,401,564.00
The House Next Door	8,626.04	12,076.28	64,736.96	41,906.56
The Neighborhood Center	3,032.26	2,004.80	51,679.02	18,970.42
Rising Against All Odds	21,036.12	16,731.26	172,882.29	95,237.48
Community Legal Services	1,149.55	0.00	5,789.31	0.00
Hispanic Health Initiatives	4,175.00	0.00	29,000.00	0.00
Florida Dept of Health Dental Svcs	11,088.35	350.00	74,924.29	350.00
Good Samaritan	4,908.00	0.00	37,100.50	45,281.00
Global Healthcare System	876.80	1,008.00	11,542.00	2,240.00
Stewart Marchman - ACT	110,663.80	171,067.92	711,333.08	609,068.76
Health Start Coalition of Flagler & Volusia	24,285.72	16,102.08	102,007.96	53,129.92
H C R A	15,850.22	9,135.22	95,150.64	112,749.69
Total Healthcare Expenditures	2,194,748.61	1,334,825.37	11,619,377.54	7,287,943.49
Other Expenditures				
Advertising	17,041.13	1,945.22	82,036.30	10,407.54
Annual Independent Audit	0.00	0.00	15,500.00	15,200.00
Building & Office Costs	20.40	108.90	5,285.69	2,008.55
General Accounting	4,583.75	2,834.25	45,056.28	36,548.50
General Administrative	4,568.75	5,406.25	34,611.25	42,223.05
Legal Counsel	4,960.00	6,280.00	42,550.00	62,210.00
City of DeLand Tax Increment District	0.00	0.00	38,304.00	24,299.00
Tax Collector & Appraiser Fee	82,463.52	2,771.15	361,954.33	419,664.52
TPA Services	64,555.50	42,005.50	308,813.00	446,620.50
Eligibility / Enrollment	7,413.00	17,779.00	31,416.00	41,508.00
Healthy Communities	5,446.07	5,574.02	45,229.98	44,338.66
Application Screening	13,026.93	27,276.92	106,157.01	82,273.70
Workers Compensation Claims	12,479.02	0.00	27,634.83	15,389.78
Other Operating Expenditures	425.00	1,320.00	1,759.92	19,831.91
Total Other Expenditures	216,983.07	113,301.21	1,146,308.59	1,262,523.71

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis
For the 1 Month and 8 Months Ended May 31, 2017 and May 31, 2016

	1 Month Ended May 31, 2017	1 Month Ended May 31, 2016	8 Months Ended May 31, 2017	8 Months Ended May 31, 2016
Total Expenditures	<u>2,411,731.68</u>	<u>1,448,126.58</u>	<u>12,765,686.13</u>	<u>8,550,467.20</u>
Excess (Deficit)	<u><u>(2,250,615.81)</u></u>	<u><u>(1,284,937.12)</u></u>	<u><u>(554,383.41)</u></u>	<u><u>3,524,226.07</u></u>



Larry Bartlett, J.D.
Property Appraiser

June 1, 2017

West Volusia Hospital Authority
PO Box 940
DeLand, FL 32721-0940

Attention: Eileen Long, Administrator

Re: June 1 Estimate of 2017 Tax Roll Values per F.S. 200.065(8)
Taxing Authority Number(s): 0070

Dear Ms. Long:

Our office has compiled the following estimates of the 2017 taxable value within your jurisdiction. Please remember this is an estimate. The official Preliminary tax roll will be certified to you by the DR420 form on or before July 1, 2017.

Estimated 2017 Values

Just Value	\$15,401,837,253
Taxable Value	\$8,713,096,463
New Construction	\$123,940,333
Annexations	\$0

Annexations: A listing and map of any annexed property will be in a separate correspondence.

Community Redevelopment Areas (CRA): If your taxing authority has CRA(s) the taxable value will be included in a separate correspondence.

Sincerely,



Larry Bartlett
Volusia County Property Appraiser