

**West Volusia Hospital Authority**  
**WVHA BOARD OF COMMISSIONERS REGULAR MEETING**  
**July 20, 2017 5:00 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 Primary Care Application/Prescreening/Fee-For-Service Workshop Meeting June 15, 2017
  - B. Joint Meeting Minutes with the CAC June 15, 2017
5. Citizens Comments
6. Arvin Lewis, Chief Revenue Officer (CRO) Halifax Medical
7. Citizens Advisory Committee (CAC), Michael Ray, Chair
8. Reporting Agenda
  - A. POMCO June Report, Shawn Jacobs, Account Executive, Jeannette Flowers, Director of Account Management
  - B. FQHC Report, Laurie Asbury, CEO, Northeast Florida Health Services, Inc. d/b/a/ Family Health Source (FHS) June Report
9. Contractual Utilization Reports to the WVHA Board of Commissioners
  - A. Steve Parris, Community Health Manager, Halifax Healthy Communities-Outreach Program
  - B. Gail Hallmon, Operations Director or Steve Sally, President, The House Next Door (THND)- Therapeutic Services
10. Discussion Items
  - A. Impact of Increased Enrollment 2017
  - B. Proposed Millage Rate
  - C. POMCO to Perform Utilization Reviews/Oversight for Specialty Care Provider Network (see POMCO report 6/15/2017 Page 10 attached)
  - D. Hill & Hollis Enterprises WVHA Website Design Proposal and Commercials
  - E. One Voice for Volusia Annual "Early Bird" Renewal \$100.00
  - F. Access Point Discussion
  - G. NEFHS Covered Bus Stop Proposal West Plymouth Avenue
  - H. First Amendment to WVHA SMA Level II Treatment Services 2016-2017
  - I. First Amendment to Rising Against All Odds HIV/Aids Outreach Program 2016-2017
  - J. Follow-Up Items
    1. Agency responses to email dated June 19, 2017 (attached)
      - a. Prescreening Services
      - b. Outreach Services, Education Services, Case Management Services
      - c. Potential Specialty Care Network Exclusions
11. Finance Report
  - A. June Financials
12. Legal Update
13. Commissioner Comments
14. Adjournment

**WEST VOLUSIA HOSPITAL AUTHORITY  
WVHA BOARD OF COMMISSIONERS PRIMARY CARE  
APPLICATION/PRESCREENING SERVICES/FEE-FOR-SERVICE  
WORKSHOP**

DeLand City Hall Commission Chamber  
120 S. Florida Avenue, DeLand, FL

June 15, 2017

4:00 pm

**Those in Attendance:**

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

**CAC Present:**

Voloria Manning  
Dolores Guzman  
Michael Ray

**Others Present:**

Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.  
Accountant for the Authority: Ron Cantlay, Dreggors, Rigsby & Teal (DRT)  
Administrative Support: Eileen Long, DRT

**Call to Order**

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

**Approval of Proposed Agenda**

**Motion 062 – 2017** Commissioner Girtman motioned to approve the agenda. Commissioner Shepard seconded the motion. The motion passed unanimously.

Chair Dickinson reminded all agency representatives present that they had been asked to submit information about what they do for prescreening services, not just what was charged, but to define the process. Only two agencies responded, The House Next Door and The Neighborhood Center.

**Primary Care Applications for Funding FY 2017-2018 Questions and Answers**

**Good Samaritan Clinic**

Commissioner Shepard stated for the record that she sees that Good Samaritan has requested less funding this year from last year. Further that they have not utilized a significant amount of their funding this current year.

Ms. Mary Gusky, Administrator, Good Samaritan Clinic did not have a good explanation for their underutilized WVHA funding dollars, they are currently looking into this to determine the cause.

**Family Health Source Primary Care (FHS), OB/GYN and Pharmacy Services**

Ms. Laurie Asbury, CEO, FHS addressed the Board regarding their WVHA application for funding.

Commissioner Girtman asked Ms. Asbury if they anticipated any major changes in funding coming up in this next 12 month period?

Ms. Asbury stated that she received an email in the last couple of days from the Florida Association of Community Health Centers (FACHC) that there is talk of an opportunity to pursue Low Income Pool (LIP) matching funds from the State of Florida.

Commissioner Girtman expanded her question to encompass 24 to 36 months and if Ms. Asbury anticipated any major changes in funding?

Ms. Asbury explained that FHS secured a three year grant from FACHC from 2017 through 2020, and this is their primary funding source. They will know a good 18 months in advance regarding future funding before their funding ends from FACHC that is good through 2020.

*Commissioner Judy Craig arrived at 4:15 p.m.*

**Global Healthcare Systems of Florida Primary Care**

There was not a representative present from Global Healthcare Systems.

**WVHA Prescreening Funding Requests 2017-2018 Questions and Answers**

**Stewart-Marchman-Act (SMA) Psychiatric Services to Homeless - Eligibility Certification**

Ms. Jennifer Stephenson, Senior Director of Outpatient Services of SMA was present for the Board to question in regards to SMA's request for prescreening-eligibility-certification reimbursement. She apologized that SMA did not respond to the Board's request to define their prescreening services, she was not aware of the Board's request.

Commissioner Shepard asked Ms. Stephenson if SMA still provided their clients with copies of all of the WVHA application supporting documentation and then refer their patient's to The House Next Door (THND) with their completed packet of information.

Ms. Stephenson said that they do.

Commissioner Shepard asked if SMA assisted clients with obtaining their driver's license, or transportation to locations or provide financial assistance to aide them in obtaining these items?

Ms. Stephenson stated that SMA does not provide transportation or financial assistance, rather they advise their clients where they need to go to obtain that information.

Mr. Small asked if he could propose a question to all of the agencies who are requesting reimbursement for prescreening services: "if the Board were considering a flat rate to reimburse for prescreening services, would your entity be able to continue providing those services if that flat rate were set at a number that was an average", "that roughly equates in my mind to \$35-\$40 per half hour".

Ms. Stephenson replied that \$35-\$40 per half hour equates to a rate of reimbursement greater than what they are currently bill, so their agency would be able to continue.

Mr. Small amended the suggested rate to \$25 per half hour.

Chair Dickinson reiterated the Board request that those agencies that are billing for prescreening services bring back to the Board within the next two weeks the definition of their process and justify their current requested fee for services, breaking it down and defining the specific services performed for their requested fee.

Mr. Cantlay asked if the agencies can bring back the average time that it takes to complete the prescreening process.

Ms. Stephenson stated that she had that information with her tonight and that it takes SMA 2 to 2 ½ hours to complete the WVHA prescreening process.

Commissioner Shepard stated that if it takes SMA 2 to 2 ½ hours to complete the WVHA HealthCard prescreening process at \$48 per 1 hour increment, the Board is incurring a fee for that prescreening service of \$96 - \$120.

Commissioner Girtman asked if the clients seen at SMA Psychiatric Services for the Homeless come to SMA's outpatient clinic on their own; she asked if SMA performs any field outreach services for these clients?

Ms. Stephenson stated that SMA Homeless does not perform any outreach services.

### **The House Next Door (THND) FY 2017-2018**

Ms. Gail Hallmon, Operations Director, was present for THND to answer any questions that the Board might have.

Commissioner Girtman asked Ms. Hallmon how the process was going with the other agencies that are submitting their WVHA prescreened applications to THND in order for THND to then send the applications up to the WVHA Third Party Administrator (TPA), POMCO?

Ms. Hallmon replied that it depends on numerous variables, the agency, the client, etc., and at least half of the time the applications coming in are ready to be submitted to POMCO. If they are not ready, THND does not forward them up to POMCO. Often, if the client is brought in by an agency provider and needs to provide additional documentation, those clients then return without the agency provider to complete the process with THND.



Commissioner Girtman further wanted to know if that additional work brought about by outside agencies delivering incomplete WVHA Applications is costing THND additional costs that they are not being compensated for?

Ms. Hallmon responded that THND is paid the same amount of dollars if they handle an application one time or four times, they are reimbursed the same amount. THND is reimbursed a flat annual rate regardless of how many WVHA applications that they process and submit up to POMCO. She determined that rate per application by taking the 1st quarter of 2017 to arrive at an average of \$44.25 per application, they do not bill in units of time.

Commissioner Shepard asked Ms. Hallmon if they performed outreach out in the community?

Ms. Hallmon responded that they participate in community fairs, the Idignity Program, etc. they do not perform home visits. They assist with obtaining documentation that is available online and print that out for the clients. Further, THND Application Counselors follow up via the POMCO website to see if any of the applicants have been pended, why they were pended, and they reach out to those applicants right away to get the process of submitting that additional information uploaded to POMCO so that the application is not timed out and denied.

Commissioner Shepard wanted to be sure she understood that THND does not actually take clients to obtain a driver's license, or a birth certificate, etc. But rather directs them where to go to obtain those documents. They do not assist with the costs involved in obtaining these items?

Ms. Hallmon agreed with Commissioner Shepard's statement.

There was discussion as to tracking where the WVHA prescreening applications were originating from outside agencies and delivered to THND. The Board requested that all of the agencies who are performing these services and are being reimbursed for WVHA HealthCard prescreening services, to track the agencies providing that prescreening assistance and report that data back to the Board.

There was further discussion trying to determine what the root cause was for the increase in the HealthCard member enrollment.

Ms. Dolores Guzman, CAC Member and Navigator for Health Planning Council of Northeast Florida (HPCNF) stated that HPCNF has placed an ACA Navigator in both Florida Hospital DeLand (FHD) and Florida Hospital Fish Memorial (FHFH) to assist those patients without any insurance coverage, 5 days per week; once they have determined that the patient is not eligible for ACA or Medicaid, they give the patients the WVHA HealthCard application and assist them in securing an appointment with one of the three locations that THND has Application Counselors available to assist with the completion of the application process and finally submit the applications to POMCO. She suggested that this could be contributing to the increase in HealthCard membership.

Ms. Hallmon further stated that when they get a new client in treatment for their therapeutic services who is uninsured, they also process these clients for the WVHA HealthCard, after ruling out ACA or Medicaid eligibility.

Mr. Small asked the Board if they thought it would be helpful for Ms. Long to send out an email to all of the funded agencies that help with the WVHA HealthCard prescreening process, if an applicant that they helped to go through the process actually now has secured a HealthCard and if they could send that number to Ms. Long. Further, to report if their agency assisted them in obtaining an alternative healthcare source through their endeavors.

The Board agreed that would be useful feedback from the agencies.

*Commissioner Andy Ferrari arrived at 5:00 p.m.*

**Rising Against All Odds (RAAO) Case Management/Prescreening Informal Proposal FY 2017-2018**

Ms. Brenda Flowers Dalley, Executive Director, RAAO addressed the Board explaining the very distinct population that she targets in the indigent population, people who are marginalized, areas where there are sex workers, high drug usage, and this population is not aware of the HealthCard and RAAO encourages these individuals to pursue the process. RAAO does pay for driver's licenses and birth certificates for their clients.

Commissioner Girtman asked Ms. Flowers if she collects and tracks the information showing the clients that they assist with the prescreening process who successfully obtain the HealthCard, or if they successfully assist them in obtaining other health coverage?

Ms. Flowers said that she has that demographic data and can produce it, not easily, but she has the ability to track it.

Commissioner Girtman asked Ms. Flowers how much time does her agency spend, on average, per prescreening application?

Ms. Flowers replied on average she spends 4 hours per application, her clients are computer illiterate, they have to aide them in acquiring the required documentation, it can take multiple appointments and they track the amount of time it takes for each application to reach completion.

Mr. Small reiterated his question, that if the Board were to establish a going rate of \$25 per half hour, would your agency be able to continue doing what you do within that rate, and now that you have a tracking protocol to track it?

Ms. Flowers said yes she would be able to continue at that rate.

Commissioner Shepard asked Ms. Flowers directly if RAAO pays for driver's licenses and birth certificates, and if so, where does that funding come from?

Ms. Flowers replied yes, RAAO pays for driver's licenses and birth certificates and that it was included in her budget in the WVHA Application for Funding for their prescreening services.

**Applications for Outreach, Case Management or Educational Services/Fee-For-Services Disparity Discussion**

**The Neighborhood Center (see email dated 5/24/17 attached)**  
**Healthy Start Coalition of Flagler & Volusia (HSCFV) WIS/NOS Services**  
**HSCFV Family Services Coordinator Services**  
**Hispanic Health Initiative**  
**Rising Against All Odds**

**New Applications for Outreach, Case Management or Educational Services/Fee-For-Services Disparity Discussion**

**Community Life Center**  
**Affordable Financial Services**  
**HSCFV Family Services Coordinator (2)**

Chair Dickinson wanted a better understanding of what each agency was providing, breaking that down and defining the specific services performed for the agency requested fees.

Commissioner Shepard suggested that the agencies should be allowed two weeks to provide the Board with their follow up responses.

Mr. Small restated that if the Board were going to establish a uniform fee-for-service of \$25 per half hour, could your agency operate the services that you are providing within that rate structure. And if not, why not?

Ms. Long asked if the Board wanted to cap the time allowed to perform said services?

Mr. Small suggested that could be addressed once the agencies have responded to the request and the Board can make a better determination.

Chair Dickinson suggested that he was interested in capping the time allowed for performing these services.

Mr. Small reiterated what Chair Dickinson has been requesting and that is each agency needs to define their services clearly.

**Commissioner Comments**

There were none.

**Adjournment**

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

ERRATA SHEET FOR THE WVHA JOINT MEETING WITH THE CAC  
JUNE 15, 2017

**Page 3 of 8, third paragraph, end of first sentence add:**

Mr. Cantlay estimated a projected cash balance of \$7,454,735.00 at 9/30/2017; cash needed to cover expenditures until ad valorem tax money is received during the first quarter of the next fiscal year is \$6,000,000.00; therefore, that leaves the WVHA with cash reserves in the amount of \$1,454,735.00, **which only represents 3/4ths of a month in expenditures.**

**Page 3 of 8, third paragraph, delete last sentence:**

"The amount of money remaining in reserves at the beginning of the next fiscal year only represents 3/4ths of a month in expenditures".

**WEST VOLUSIA HOSPITAL AUTHORITY  
WVHA BOARD OF COMMISSIONERS JOINT MEETING WITH  
THE CITIZENS ADVISORY COMMITTEE (CAC)**

DeLand City Hall Commission Chamber

120 S. Florida Avenue, DeLand FL

June 15, 2017

DeLand, Florida

5:30 pm

**Those in Attendance:**

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

**CAC Present:**

Voloria Manning  
Michael Ray  
Dolores Guzman

**Absent:**

Sarah Prado (Excused)  
Krystal Brown (Not Excused)  
Sandy Adams (Not Excused)

**Others Present:**

Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.  
Accountant for the Authority: Ron Cantlay, Dreggors, Rigsby & Teal (DRT)  
Administrative Support: Eileen Long, DRT

**Call to Order**

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

**Approval of Proposed Agenda**

Chair Dickinson entertained a motion to approve the agenda.

**Motion 063 – 2017** Commissioner Girtman motioned to approve the agenda. Commissioner Craig seconded the motion.

Ms. Long asked the Board if they would consider amending their motion to approve the amended agenda as presented.

**Motion 063 – 2017 (AMENDED)** Commissioner Girtman amended her motion to approve the amended agenda as presented. Commissioner Craig seconded the amended motion. The motion passed unanimously.

## **Consent Agenda**

### **Approval of Minutes - May 18, 2017 Regular Meeting**

**Motion 064 - 2017** Commissioner Ferrari motioned to approve the minutes of the Regular Meeting of May 18, 2017. Commissioner Girtman seconded the motion. The motion passed unanimously.

### **Citizens Comments**

There were five.

#### **Citizens Advisory Committee (CAC) – Michael Ray, Chair**

- **Minutes Ranking Meeting May 23, 2017**
- **CAC Ranking Results May 23, 2017 (spreadsheet attached)**

CAC Chair Michael Ray updated the Board as to the outcomes from the CAC Ranking Meeting and that the CAC realized that funds are getting really tight, so the CAC looked at utilization and took that into consideration as one of the metrics when making their recommendations.

The Board expressed their sincere appreciation of all of the hard work that the CAC puts into ranking the WVHA Funding Applications.

There was discussion that a couple of CAC members have missed three meetings in a row, and therefore will be removed from the Committee.

Mr. Small suggested that the Board ask the funded agency Representatives and the CAC members to help in recruiting new CAC members in order to reach the full membership of 10 members.

**Motion 065 – 2017** Ms. Dolores Guzman motioned to approve the CAC meeting Minutes of May 23, 2017. Ms. Voloria Manning seconded the motion. The motion passed unanimously.

**The CAC Meeting was adjourned**

### **Reporting Agenda**

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

There was discussion regarding understanding the specialty care referral process as reported in the NEFHS May Report as well as how prescriptions are filled if written by a specialty care provider through the NEFHS 340B Drug Program.

Mr. Small recommended amending the agenda to add Follow Up Item 9. I. 3. Subrogation matter negotiation/settlement (see POMCO Report June 15, 2017 attached).

2 of 8 pages

June 15, 2017 Joint Meeting with the CAC

**Motion 066 – 2017** Commissioner Ferrari motioned to add Follow Up Item 9. I. 3. Subrogation matter negotiation/settlement. Commissioner Shepard seconded the motion. The motion passed unanimously.

## **Discussion Items**

### **Impact of Increased Enrollment 2017**

Mr. Ron Cantlay, DRT presented the Board with a Power Point Presentation laying out financial projections for fiscal year ending 2017. Mr. Cantlay reminded the Board that their independent auditors, James Moore and Company recommended a few years ago that the WVHA Board spend down their reserves. Therefore, the budget was planned to spend more in expenditures than what the Board was going to receive in ad valorem tax revenues. Due to the rapid enrollment increase and large specialty care costs, the Board has spent down more than anticipated. DRT has been trying to bring these projections to the Board on a regular monthly basis, beginning in February of 2017.

Mr. Cantlay estimated a projected cash balance of \$7,454,735.00 at 9/30/2017; cash needed to cover expenditures until ad valorem tax money is received during the first quarter of the next fiscal year is \$6,000,000.00; therefore, that leaves the WVHA with cash reserves in the amount of \$1,454,735.00, which only represents 3/4ths of a month in expenditures. There has been a 29% increase in enrollment in the WVHA HealthCard member program since 10/1/2016 of 1,349 members to 5/31/2017 to 1,740 members. There was no way that anybody could predict that enrollment would rise as fast as it did

Mr. Cantlay continued by recommending that the Board set a goal to maintain a reserve balance equal to approximately 3 months of expenditures, or roughly \$5,400,000.00. He believed it would take several years to attain these reserves based on the need for an increase in taxes already existing. Further, the time when the Board had an abundance of reserves is gone. It is now up to the Board to make the tough decisions about how to reduce expenditures and how much to raise taxes. To receive enough money to cover the current year estimated expenditures, the Board will need to increase revenues by 36%. Mr. Cantlay closed by stating that the current year underutilized budgeted line item amounts are needed to minimize tax increases next year.

Mr. Small explained the requirements for imposing a tax increase, Board voting requirements and ad publication requirements.

There was Board discussion that they would have liked to have had this clear understanding of how dire the budget was before now. The Board understood that there was an increase in enrollment but did not comprehend the ramifications to the budget and the need to increase the tax millage rate.

Chair Dickinson stated that there have been several years where the WVHA Board has lowered taxes and increased expenses at the same time.

Commissioner Girtman admitted that the WVHA has been putting forth the resources and the awareness to create this increase in services. Commissioner Girtman questioned

whether or not the advice that James Moore and Company gave the Board in regards to spending down the reserves was good guidance, considering where the Board is now.

Mr. Cantlay stated that he would provide the Board with the budget numbers any way that they need them to understand the budget ramifications. Mr. Cantlay explained that DRT has been providing the Board with a budget projection reflecting an increase at 25% or 50% in the specialty care network and enrollment membership since February of 2017. This has been provided to the Board along with their meeting materials and how much the Board would be over budget at an annualized projection. He believed that DRT was communicating this information to the Board, but now realizes that he needs to come up with a better way to make it more effective so that the Board is aware.

Mr. Cantlay stated that the discussion regarding implementing exclusions and limitations in the specialty care network came about because the specialty care budgeted line item is at an all-time high while HealthCard membership is not at an all-time high.

Commissioner Ferrari suggested that the WVHA could consider purchasing an insurance plan, i.e. Florida Blue HMO, pay the premiums and the deductibles, and quite possibly not spend as much as is currently being spent.

Commissioner Shepard explained that HMO's can opt out of paying for certain services, i.e. prenatal care, pre-existing conditions, etc. and she believed this would cause great harm to this population.

Mr. Small explained that the Board has occasionally talked about this concept but has never really directed that this idea be explored or pursue any estimates from any insurers.

There was discussion that the Board could invite several insurers to present different proposals to the Board for consideration. There was further consent that this wouldn't happen during this current budget year, but possibly within the next WVHA budget cycle of 2018-2019.

#### **Kelly James, Florida Blue Center for Health Policy**

- 1. Health Reform Update May 2017**
- 2. Overview of the American Health Care Act (AHCA)**

There was not much discussion in regards to this information as there were still too many unknowns that have not yet passed through Congress.

#### **County Medicaid Match Based on Historical Data**

Mr. Cantlay explained how this formula was calculated based upon historical share of costs for each taxing district and the County of Volusia.

*Chair Dickinson passed the gavel to Vice-Chair Girtman and exited the room at 6:59 p.m.*

**Motion 067 – 2017** Commissioner Shepard motioned to continue utilizing the formula that was adopted based upon historical data. Commissioner Ferrari seconded the motion. The motion passed with four affirmative votes from Commissioners Shepard, Ferrari, Craig and Girtman.



## **Additional Funds Request Formal Policy**

Commissioner Shepard had this item added to the agenda as she believed that the Board should implement a formal policy to wait a month between an agency requesting additional funds and making a decision the following month.

*Chair Dickinson returned to the room at 7:04 p.m.*

**Motion 068 – 2017** Commissioner Shepard motioned to authorize Attorney Small to draft a formal policy for agencies who are requesting additional funding to wait a month before making a decision.

Chair Dickinson felt that the agencies should submit their request in writing in time to be included with the Board materials.

Commissioner Ferrari seconded the motion to allow for more discussion.

Commissioner Girtman did not believe the Board needed to develop a formal policy. The agency should fully expect to explain why they need the additional funding and justify the request.

Mr. Small requested clarity as to what the Board's expectation was for him in regards to a formal policy. He believed they were retracting the need for him to draft a formal policy; however, he suggested that during the contracting process he would draft a quarterly draw down limit for each funded agency of 25% per quarter of their total funding amount.

Commissioner Ferrari withdrew his second.

There was Board consensus that Attorney Small draft the funding agreements to limit the amount that each agency can draw down of only 25% of their authorized budgeted amount per quarter.

## **Andy Ferrari/Budgeted line items underutilized/SMA Residential II Treatment Bed Program 2016-2017**

Mr. Carl Gandy, SMA Director of Men's Residential Services, Jonathan Nelson, Clinical Director, and Eric Horst, CFO addressed the WVHA Board of Commissioners. They asked the Board if they could move \$100,000.00 from the SMA Baker Act WVHA budgeted line item into the SMA Residential II Treatment Bed program budgeted item.

**Motion 069 – 2017** Commissioner Ferrari motioned to move \$100,000.00 from the SMA Baker Act WVHA budgeted line item into the SMA Residential II Treatment Bed Program budgeted line item for fiscal year ending 9/30/2017. Commissioner Girtman seconded the motion.

Commissioner Shepard had asked other SMA Representatives to advise the Board as to the success rate for completion of the residential program. To date they have not yet received an answer to this inquiry.

Mr. Gandy replied that the completion rate of their men's residential treatment program in the last two years that SMA has been running this program is roughly 73%. He made an educated guess of 3 or 4 WVHA HealthCard members who left the program and returned.

Mr. Jonathan Nelson further explained that some of these residents become incarcerated, or they have a warrant for their arrest and therefore they leave, they have clients that they try to persuade to stay in the treatment who decide to leave. They are not a locked facility.

Commissioners Ferrari, Girtman, Craig and Dickinson voted affirmatively, Commissioner Shepard was opposed. The motion passed.

### **Brenda Flowers, Rising Against All Odds Requesting Additional \$50,304.57 for fiscal year 2016-2017 Funding**

There was discussion regarding the difficulties that the WVHA is facing in regards to the budget, shortfalls and the likelihood of increasing taxes, Ms. Flowers was asked if a lesser amount would be sufficient to see her through to the end of the fiscal year of 9/30/2017.

**Motion 070 – 2017** Commissioner Girtman motioned to approve an additional \$25,000.00 for Rising Against All Odds for fiscal year ending 9/30/2017. Commissioner Shepard seconded the motion. The motion passed unanimously.

Mr. Small reminded those present that every agency has a contractual obligation to provide their WVHA funding/agency utilization report at the end of every fiscal year, reflecting those services that they are compensated for and those services that are being provided without compensation.

### **Annual Filing Requirement Statement of Interest Form 1**

Ms. Long addressed the Board explaining that Commissioners Craig, Dickinson and Girtman have already filed their Statement of Interest Forms online. Commissioner Shepard stated that hers was mailed off today, and Commissioner Ferrari said his was completed but not yet mailed.

### **Hill & Hollis Enterprises WVHA Design Proposals**

Mr. Harper Hill, Hill & Hollis (H&H) Enterprises presented the Board with the new WVHA Design proposals for the Facebook page, bus bench ad and bill board ad.

Commissioner Craig pointed out that the advertising materials still contains the language that the WVHA only funds "not-for-profit agencies" and that is no longer a true statement.

Mr. Hill explained that they would simply change that in all of the materials to reflect "provides funding to the hospitals and agencies".

**Motion 071 – 2017** Commissioner Ferrari motioned to approve the WVHA Facebook page, with the modifications to replace "provides funding to hospitals and not-for-profit agencies" to "provides funding to hospitals and agencies". Commissioner Shepard seconded the motion.

Mr. Small made the suggestion to change the phrase “Don’t Qualify for ACA” to rather reflect “Can’t Afford Healthcare” in all of the design proposals presented.

**Motion 071 – 2017 (AMENDED)** Commissioner Ferrari amended his motion to approve the WVHA Facebook page, with the modifications to replace “provides funding to hospitals and not-for-profit agencies” to “provides funding to hospitals and agencies”. Also, to change “Don’t Qualify for ACA” to state “Can’t Afford Healthcare”. Commissioner Shepard seconded the amended motion. The motion passed unanimously.

Mr. Hill continued with the bus bench ad design and the bill board ad design, explaining that they would make the same changes as discussed above in those advertisements.

There was some discussion in regards to including a phone number.

Mr. Small suggested tabling the bus bench ad and the bill board ad until such time as Mr. Hill has an opportunity to iron out a telephone number solution.

### **Follow Up Items**

#### **1. Potential Specialty Care Network Exclusions**

- a. POMCO Perform Utilization Reviews/Oversight Specialty Care Provider Network**
- b. Board of Commissioner Recommendations**

Chair Dickinson suggested that Ms. Long forward to all funded agencies the specialty care network list of exclusions from West Palm Beach County, along with the POMCO June 15, 2017 Board report reflecting industry standards and limitations applied to specialty care services, seeking their input regarding applying any limitations.

Ms. Long stated that she had already provided this material to Florida Hospital Deland (FHD), Florida Hospital Fish Memorial (FHFH) and the NEFHS clinics, per POMCO’s request, but she would gladly send it out to all funded agencies for their input as well. The agency representatives were asked to submit their recommendations or comments within the next two weeks.

#### **2. June 15, 2017 Workshop Discussion Continued**

There was not further discussion.

#### **3. Subrogation matter negotiation/settlement (see POMCO May 2017 Report)**

Mr. Small referred to the POMCO June 15, 2017 Report and recommended accepting the settlement check for this subrogation matter in the amount of \$1,096.85.

**Motion 072 – 2017** Commissioner Ferrari motioned to accept the settlement amount of \$1,096.85 for the above subrogation matter. Commissioner Girtman seconded the motion. The motion passed unanimously.

### **Financial Report**

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

**Motion 073 - 2017** Commissioner Girtman motioned to pay bills totaling \$2,486,557.51 (See attached). Commissioner Craig seconded the motion. The motion passed unanimously.

**June 1, 2016 pre-preliminary Tax Roll Values per F.S. 200.065(8)**

This was presented for Board review in anticipation of the upcoming Budget process.

**Legal Update**

Mr. Theodore Small provided the Board with a verbal Legal Update throughout the Meeting.

**Commissioner Comments**

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

Adjournment

Ross Dickinson, Chair

## Eileen Long

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**From:** Shawn Jacobs <sjacobs@pomco.com>  
**Sent:** Tuesday, July 11, 2017 12:40 PM  
**To:** Eileen Long  
**Cc:** Ted Small (tsmall@businessemploymentlawyer.com); Jessica Swartwood; Barbara Rhodes  
**Subject:** POMCO July Report Submission - WVHA Board material submittal deadline  
**Attachments:** 06.July 2017 Board Report - v2.pdf; REPORT SAMPLE UM UTILIZATION SUMMARY.pdf

Eileen. Attached please find POMCO's submission report for the July WVHA board materials.

Included in the report this month are the following:

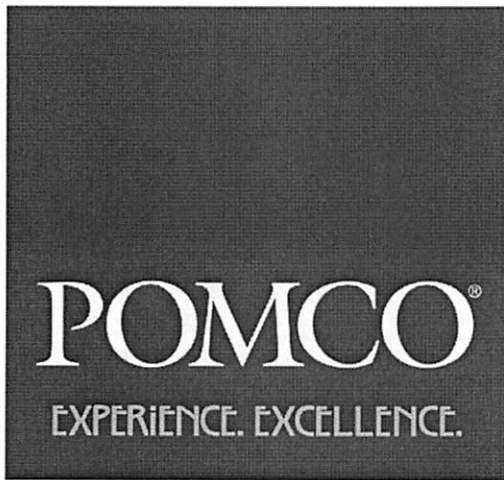
1. Completion of the protocols to open up the specialty care network referral system to specialty providers – page 9
2. Snapshot on WVHA Health Card Enrollment Trend – page 9
3. POMCO Utilization Review Overview – Page 10
  - a. No program costs are included at this time. I will request a quote and hope to have it available at the meeting next week
4. Sample of quarterly utilization review reporting

Let me know if you have any questions.

Thanks.

Regards,  
S.A.J.

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POMCO

July 20, 2017

Submission Report for WVHA Board Members

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## Enrollment Processing

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

### Applications Received 10/01/2016 - Present

FiscalYr	Month Received	APPROVED	DENIED	PENDING	Grand Total	Approval Percentage
FY1617	201610	236	46	0	282	83.69%
	201611	204	46	0	250	81.60%
	201612	281	64	0	345	81.45%
	201701	334	54	0	388	86.08%
	201702	326	40	0	366	89.07%
	201703	353	31	0	384	91.93%
	201704	239	33	0	272	87.87%
	201705	245	26	1	272	90.07%
	201706	309	15	28	352	87.78%
	201707				0	0.00%
Grand Total		2527	355	29	2911	86.81%

Fiscal Year	Applications Processed	Average Approval Percentage
FY1516	2670	82.28%
FY1617	2911	86.81%
Based on Fiscal year		

Applications Processed by Fiscal Year – Approval Percentage

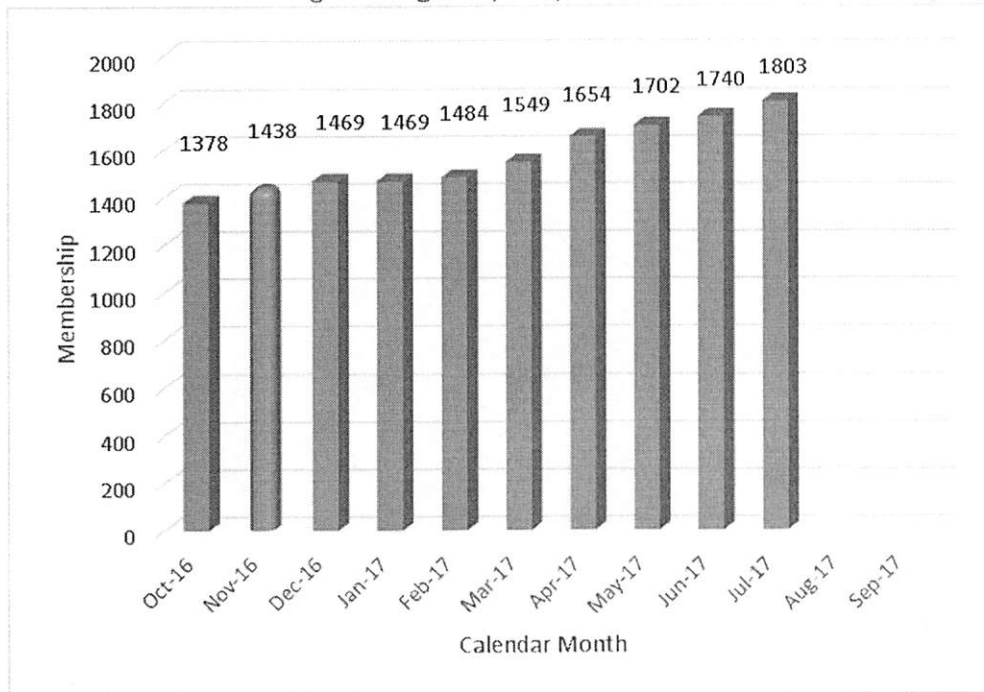


## Enrollment Applications – Denial Summary Report

Period	Approved Apps	Pctg	Denied Apps	Pctg	Pending Apps	Pctg	Total Apps
FY1617	2527	86.81%	355	12.20%	29	1.00%	2911
201610	236	83.69%	46	16.31%	0	0.00%	282
Active Eligible	236	100.00%		0.00%		0.00%	236
Declined - Member exceeds asset level		0.00%	3	100.00%		0.00%	3
Declined - Member Exceeds Income Level		0.00%	8	100.00%		0.00%	8
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	1	100.00%		0.00%	1
Declined - Not Elig for Plan		0.00%	15	100.00%		0.00%	15
Declined - REQUIRED DOCUMENTATION MISSING		0.00%	18	100.00%		0.00%	18
Terminated - Member has medicaid coverage		0.00%	1	0.00%		0.00%	1
201611	204	81.60%	46	18.40%	0	0.00%	250
Active Eligible	204	100.00%		0.00%		0.00%	204
Declined - Member Exceeds Income Level		0.00%	14	100.00%		0.00%	14
Declined - Not Elig for Plan		0.00%	8	100.00%		0.00%	8
Declined - Req'd Documentation Missing		0.00%	23	100.00%		0.00%	23
Declined - Member has other coverage		0.00%	1	100.00%		0.00%	1
201612	281	81.45%	64	18.55%	0	0.00%	345
Active Eligible	281	100.00%		0.00%		0.00%	281
Declined - ACA PREM COST <8% INCOME		0.00%	2	100.00%		0.00%	2
Declined - MEMBER EXCEEDS INCOME LEVEL		0.00%	9	100.00%		0.00%	9
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	1	100.00%		0.00%	1
Declined - Member Exceeds Asset Level		0.00%	2	100.00%		0.00%	2
Declined - Member has other coverage		0.00%	2	100.00%		0.00%	2
Declined - Multiple Reasons		0.00%	12	100.00%		0.00%	12
Declined - Req'd Documentation Missing		0.00%	36	0.00%		0.00%	36
201701	334	86.08%	54	13.92%	0	0.00%	388
Active Eligible	334	324.00%		0.00%		0.00%	334
Declined - MEMBER EXCEEDS INCOME LEVEL		0.00%	17	100.00%		0.00%	17
Declined - ACA PREM COST <8% INCOME		0.00%	2	100.00%		0.00%	2
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	6	100.00%		0.00%	6
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	100.00%		0.00%	1
Declined - MEMBER OOS AREA		0.00%	1	100.00%		0.00%	1
Declined - Multiple Reasons		0.00%	2	100.00%		0.00%	2
Declined - Req'd Documentation Missing		0.00%	25	100.00%		0.00%	25
201702	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%	33	12.13%	0	0.00%	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%	10	100.00%		0.00%	10
Pending - Multiple Reasons		0.00%		100.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	2	100.00%		0.00%	2
201705	245	90.07%	26	9.56%	1	0.37%	272
Active Eligible	245	100.00%		0.00%		0.00%	245
Declined - Member Exceeds Asset Level		0.00%	2	0.00%		0.00%	2
Declined - Member Exceeds Income Level		0.00%	6	100.00%		0.00%	6
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%	10	5.00%		0.00%	10
Pending - Multiple Reasons		0.00%		0.00%	1	100.00%	1
201706	309	87.78%	15	4.26%	28	7.95%	352
Active Eligible	309	100.00%		0.00%		0.00%	309
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	12	100.00%		0.00%	12
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	100.00%		0.00%	3
Declined - MEMBER HAS OTHER COVERAGE		0.00%		100.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%		5.00%		0.00%	0
Pending - Multiple Reasons		0.00%		0.00%	28	100.00%	28

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 July 1, 2017

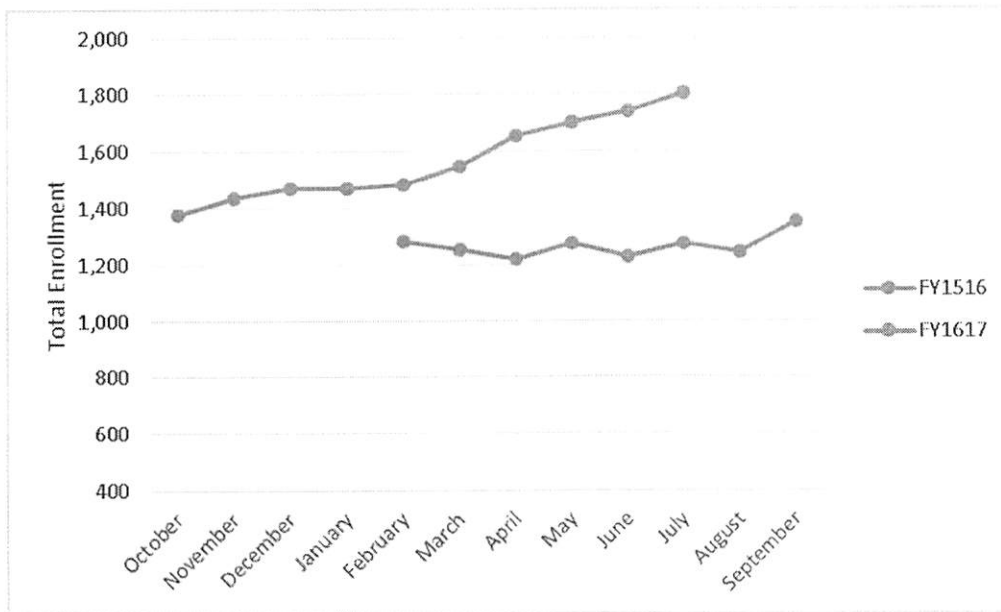


Eligibility reported above reflects eligibility as of the first of each month.

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

### WVHA Enrollment by Fiscal Year – as of July 1, 2017

WVHA Enrollment By Fiscal Year	
Month of Fiscal Year	FY1617
October	1,378
November	1,438
December	1,469
January	1,469
February	1,484
March	1,549
April	1,654
May	1,702
June	1,740
July	1,803
August	
September	
Grand Total	15,686



## 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	\$44,290.67	\$47,446.00	\$91,736.67	3,389	\$27.07
June					
July					
August					
September					
Grand Total	\$245,680.88	\$312,298.00	\$557,978.88	22,307	\$25.01

Combined Medical Costs (as of Claims Payment through 6/30/2017)

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
<b>FY1617</b>	<b>\$4,248,828.42</b>	<b>\$273,038.58</b>	<b>\$489,363.39</b>	<b>\$2,569,672.59</b>	<b>\$143,333.00</b>	<b>\$617,948.51</b>	<b>\$8,342,184.49</b>	<b>13,883</b>	<b>\$600.89</b>	<b>\$306.05</b>	<b>\$19.67</b>	<b>\$35.25</b>	<b>\$185.09</b>	<b>\$44.51</b>
October	\$436,938.88	\$22,404.35	\$59,210.80	\$242,154.19	\$25,870.70	\$59,969.63	\$846,548.55	1,378	\$614.33	\$317.08	\$16.26	\$42.97	\$175.73	\$43.52
November	\$296,882.47	\$28,933.91	\$44,819.95	\$246,468.41	\$29,728.18	\$54,257.37	\$701,090.29	1,438	\$487.55	\$206.46	\$20.12	\$31.17	\$171.40	\$37.73
December	\$540,201.66	\$12,404.58	\$33,630.75	\$210,398.02	\$16,425.65	\$54,743.44	\$867,804.10	1,469	\$590.74	\$367.73	\$8.44	\$22.89	\$143.23	\$37.27
January	\$465,786.02	\$18,547.79	\$36,006.75	\$280,856.84	\$6,621.01	\$63,383.10	\$871,201.51	1,469	\$593.06	\$317.08	\$12.63	\$24.51	\$191.19	\$43.15
February	\$441,337.13	\$37,520.22	\$15,499.75	\$344,625.79	\$15,506.77	\$58,930.78	\$913,420.44	1,484	\$615.51	\$297.40	\$25.28	\$10.44	\$232.23	\$39.71
March	\$713,669.44	\$46,444.04	\$53,204.80	\$431,775.22	\$33,068.59	\$81,731.84	\$1,359,893.93	1,549	\$877.92	\$460.73	\$29.98	\$34.35	\$278.74	\$52.76
April	\$560,786.76	\$25,783.62	\$69,201.03	\$266,890.37	\$0.00	\$81,275.50	\$1,003,937.28	1,654	\$606.98	\$339.05	\$15.59	\$41.84	\$161.36	\$49.14
May	\$471,581.77	\$38,649.24	\$78,922.06	\$282,357.06	\$16,112.10	\$71,920.18	\$959,542.41	1,702	\$563.77	\$277.08	\$22.71	\$45.36	\$162.27	\$41.33
June	\$321,644.29	\$42,350.83	\$98,867.50	\$264,146.69	\$0.00	\$91,736.67	\$818,745.98	1,740	\$470.54	\$184.85	\$24.34	\$45.36	\$162.27	\$41.33
<b>Grand Total</b>	<b>\$4,248,828.42</b>	<b>\$273,038.58</b>	<b>\$489,363.39</b>	<b>\$2,569,672.59</b>	<b>\$143,333.00</b>	<b>\$617,948.51</b>	<b>\$8,342,184.49</b>	<b>13,883</b>	<b>\$600.89</b>	<b>\$306.05</b>	<b>\$19.67</b>	<b>\$35.25</b>	<b>\$185.09</b>	<b>\$44.51</b>

Medical and pharmacy costs are reported on a paid basis

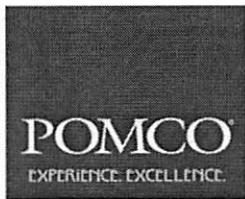
PCP Encounter Claims by Clinic by Month (as of Claims Payment through 6/30/2017)

Month	FY1617					
	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
June	313	318	260	0	0	891
<b>Grand Total</b>	<b>1,312</b>	<b>1,424</b>	<b>1,694</b>	<b>0</b>	<b>0</b>	<b>4,430</b>

PCP encounter claims are reported on a paid basis

## Specialty Care Services by Specialty – Top 25 (June, 2017)

SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR JUNE					
Order	SPECIALITY	Unique Patients	Claim Volume	Paid	Cost Per Patient
1	Hematology/Oncology	20	101	\$ 49,213.52	\$ 487.26
2	Hematology	6	55	\$ 29,504.89	\$ 536.45
3	Gastroenterology	20	74	\$ 18,934.32	\$ 255.87
4	Radiology	154	409	\$ 12,040.77	\$ 29.44
5	Ophthalmology	24	56	\$ 10,950.45	\$ 195.54
6	Amb Surgery Facility	9	20	\$ 10,879.14	\$ 543.96
7	Cardiology	30	94	\$ 10,293.46	\$ 109.50
8	Physical Therapy	19	120	\$ 9,731.05	\$ 81.09
9	Anesthesiology	60	142	\$ 9,516.79	\$ 67.02
10	Pulmonary Disease	11	52	\$ 9,398.37	\$ 180.74
11	Infectious Disease	18	89	\$ 9,274.03	\$ 104.20
12	Urology	13	23	\$ 8,869.25	\$ 385.62
13	Pathology	8	46	\$ 7,819.88	\$ 170.00
14	Internal Medicine	50	134	\$ 5,032.27	\$ 37.55
15	radiation oncology	5	26	\$ 4,872.09	\$ 187.39
16	Nurse Pract in Psychiatry	17	52	\$ 4,598.12	\$ 88.43
17	Orthopedic Surgery	20	40	\$ 4,583.54	\$ 114.59
18	Diagnostic Radiology	28	75	\$ 4,477.53	\$ 59.70
19	Neurology	21	41	\$ 4,333.31	\$ 105.69
20	Optometry	19	32	\$ 4,164.82	\$ 130.15
21	Pain Management	18	35	\$ 3,890.47	\$ 111.16
22	Gynecology	12	22	\$ 3,795.82	\$ 172.54
23	Surgery	5	14	\$ 3,532.23	\$ 252.30
24	Obstetrics & Gynecology	11	15	\$ 3,294.10	\$ 219.61
25	Nephrology	12	37	\$ 3,291.24	\$ 88.95



## POMCO Specialty Care Network Referral System

### Specialty Care Provider Access

POMCO has completed the implementation of necessary protocols and related processes to open up the referral system to specialty care providers. We have also informed the specialty care providers that their ability to submit referral requests directly to POMCO is bound to the rules set forth by the WVHA board:

- All referrals submitted directly to POMCO by a contracted specialty care provider for WVHA health card members must first have an initial, active referral on file that was generated by the health card member's primary care physician (PCP)
- After submitting the referral directly to POMCO via the MYPOMCO referral tool, specialty care providers are required to also fax a copy of their referral request directly to the PCP center where the WVHA health card member started their care so that the health card member's PCP has record of the additional visits

Specialty care provider referral submissions will also be time bound to a 3-month period in which the health card member had seen their PCP and the health card member's eligibility end date in the program.

Details regarding the rules, processes and coordination requirements have also been communicated to NEFHS as well as Global Health Care Systems.

## WVHA Health Card Enrollment Trend

### Enrollment

Relative to the discussions on the impact of increased enrollment, our records show that the WVHA Health Card membership has grown 31% (from 1,378 to 1,803) since the beginning of the 2016/17 fiscal year. If that trend continues, we estimate that the health card membership could increase to about 1,890 by the end of the current fiscal year.

Assuming that trend continues into the 2017/18 fiscal year, the health card membership could hit 2,400 by the end of that fiscal.

## POMCO Utilization Review

### Specialty Care Services

POMCO's Utilization Management/Utilization Review (UM/UR) is provided through American Health Holding URAC-accredited Utilization Management program which provides medical necessity reviews that ensure members receive appropriate care while maximizing opportunities for cost savings. Members benefit from our program's registered nurse reviewers, American Health's board certified medical director, an internal panel of board certified, practicing physician specialists and an external panel of specialists.

Cases are continually monitored to ensure quality and appropriateness of care, and we report all never events (scheduled but not completed care) and avoidable hospital conditions. The review is supported by American Health's state-of-the-art proprietary software, iSuite, that facilitates all steps in the utilization review process and automatically makes referrals to Case Management (as applicable to the needs of the health program)

### Product Highlights:

- Facilitation of all steps in the utilization review process, from initial provider or patient contact through criteria application, evaluation and recommendation
- Services guided by American Health's Total Quality Management program, which sets the highest priority on timeliness, accuracy, quality of care and cost-effectiveness
- Utilization Management reports benchmarked using MedInsight from Milliman, Inc

### Utilization Management – Key Statistics

Average Utilization Management ROI – 5.0 to 1 (variable)

Percent of Utilization Management cases referred to American Health Case Management – 21.5% (on average)

### Reporting & Metrics

A sample quarterly report is attached. Actual reports will vary based on the services covered under the utilization reviews as applicable to the health program.

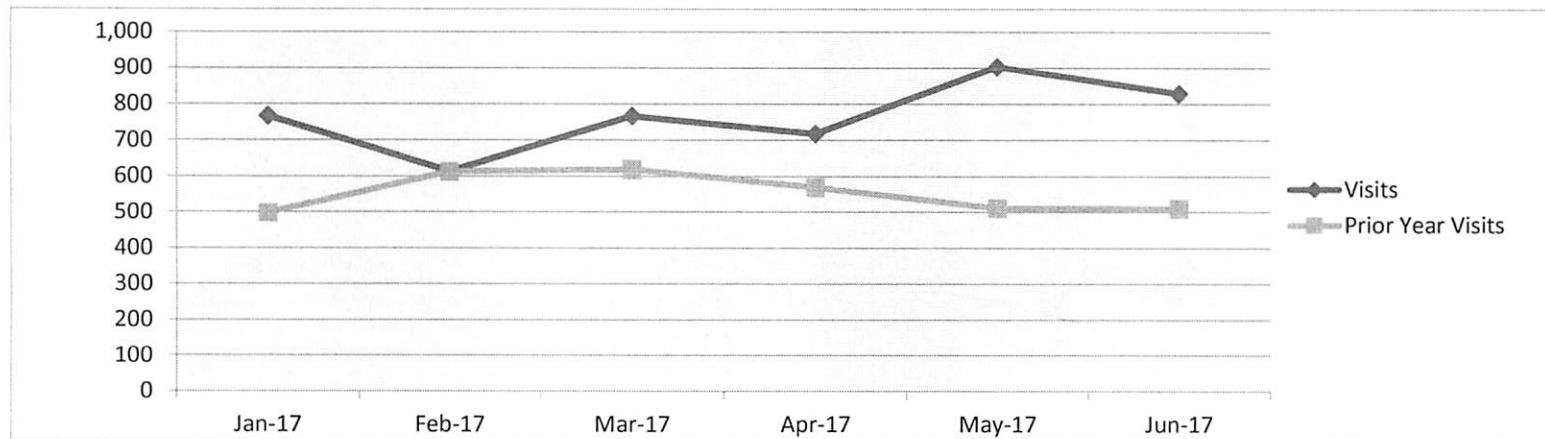




**Northeast Florida Health Services**  
6/31/2017

**Patient Visits**

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Visits	766	613	766	717	903	828
Prior Year Visits	498	612	619	569	512	510



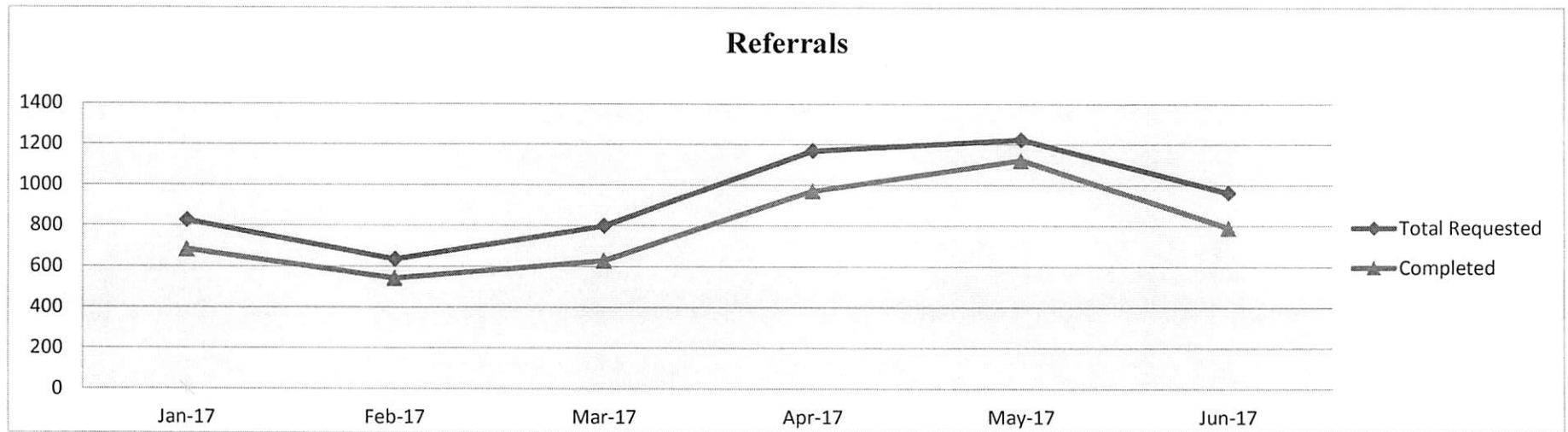
**Patient Visits by Location**

Location	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Deland Medical	345	280	385	263	359	349
Deltona Medical	331	261	296	349	421	368
Pierson Medical	90	72	85	99	91	93
Daytona	0	0	0	6	32	18
<b>Total</b>	<b>766</b>	<b>613</b>	<b>766</b>	<b>717</b>	<b>903</b>	<b>828</b>



### Referrals

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
NEFHS Providers (refer to footnote 1)	551	207	218	343	338	205
Internal Specialty Providers (refer to footnote 2)	274	428	580	552	606	436
External Specialty Providers(refer to footnote 3)	0	0	0	273	279	322
Total	825	635	798	1168	1223	963
Outstanding NEFHS Providers	34	19	22	11	4	55
Outstanding Int. Speciality Providers	108	74	148	186	97	118
Completed	683	542	628	971	1122	790
Total Requested	825	635	798	1168	1223	963



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.

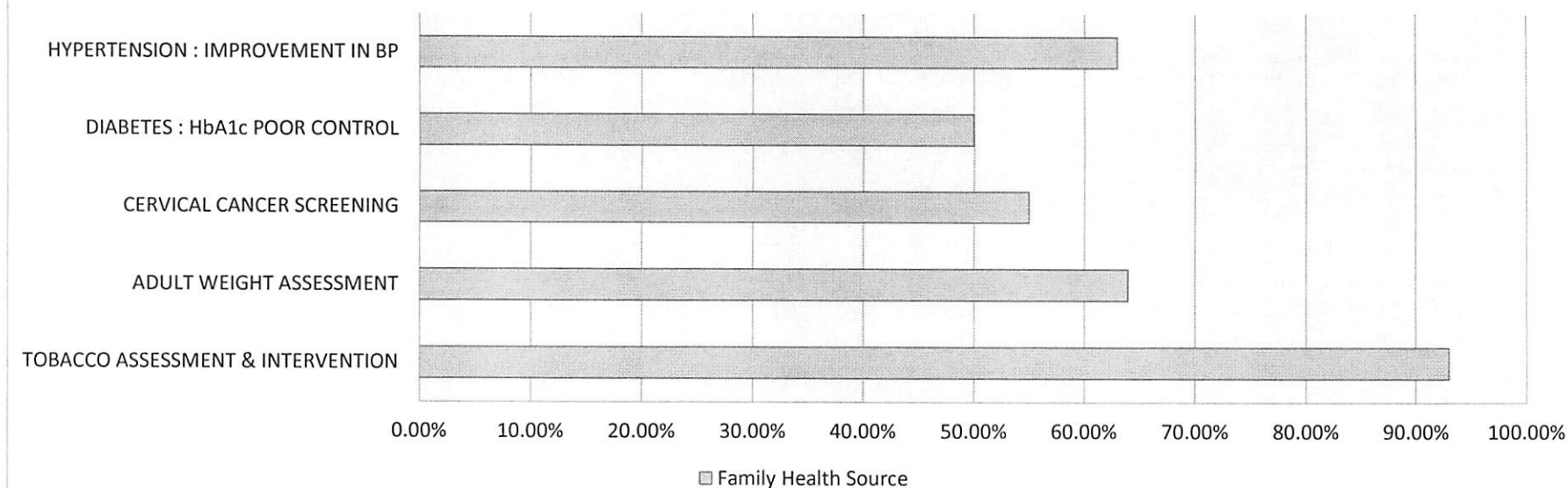
### Appointment Times

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	93.00%
ADULT WEIGHT ASSESSMENT	64.00%
CERVICAL CANCER SCREENING	55.00%
DIABETES : HbA1c POOR CONTROL	50.00%
HYPERTENSION : IMPROVEMENT IN BP	63.00%

### UDS Measurements



### Staffing Metrics

	May-17	Jun-17
Active Employees at the Beginning of the Month	73	72
New Hires	0	2
Turnover: Clinical Employees-MA's	1	0
Ending Monthly Total	72	74

West Volusia Hospital Authority

	ANNUAL BUDGET	YEAR TO DATE ACTUAL	Year to Date Annualized Or Estimated	
<b>Healthcare Expenditures</b>				
Adventist Health Systems	5,575,949.00	5,440,312.03	5,575,949.00	Capped at budget
Northeast Florida Health Services	1,448,938.00	1,168,898.67	1,558,531.56	
Specialty Care	3,856,522.00	3,085,470.12	4,113,960.16	
County Medicaid Reimbursement	2,197,953.00	1,644,359.99	2,192,479.99	
The House Next Door	181,975.00	72,659.16	96,878.88	
The Neighborhood Center	70,000.00	57,317.52	70,000.00	Capped at budget
Rising Against All Odds	210,000.00	187,949.30	250,599.07	
Community Legal Services	80,000.00	7,714.46	10,285.95	
Hispanic Health Initiatives	100,000.00	37,200.00	49,600.00	
Florida Dept of Health Dental Svcs	300,000.00	90,618.57	120,824.76	
Good Samaritan	82,712.00	40,274.50	53,699.33	
Global Healthcare System	350,000.00	12,930.00	17,240.00	
Stewart Marchman - ACT	960,336.00	752,830.85	960,336.00	Capped at budget
Health Start Coalition of Flagler & Volusia	142,400.00	111,039.00	142,400.00	Capped at budget
H C R A	819,612.00	95,170.64	442,000.00	
Other Healthcare Costs		-	-	
Total Healthcare Expenditures	16,376,397.00	12,804,744.81	15,654,784.70	
<b>Other Expenditures</b>				
Advertising	112,000.00	90,510.10	120,680.13	
Annual Independent Audit	15,500.00	15,500.00	15,500.00	
Building & Office Costs	6,500.00	6,178.19	8,237.59	
General Accounting	68,100.00	51,165.53	68,220.71	
General Administrative	65,100.00	41,772.50	55,696.67	
Legal Counsel	120,000.00	46,710.00	62,280.00	
Special Accounting	5,000.00	-	-	
City of DeLand Tax Increment District	40,000.00	38,304.00	38,304.00	
Tax Collector & Appraiser Fee	500,000.00	369,982.66	400,000.00	
TPA Services	400,000.00	336,063.00	448,084.00	
Eligibility / Enrollment	85,745.00	33,621.00	44,828.00	
Healthy Communities	72,036.00	50,328.71	67,104.95	
Application Screening	205,477.00	118,135.09	157,513.45	
Workers Compensation Claims	15,000.00	27,634.83	27,634.83	
Other Operating Expenditures	10,000.00	1,866.17	2,488.23	
Total Other Expenditures	1,720,458.00	1,227,771.78	1,516,572.55	
Total Expenditures	18,096,855.00	14,032,516.59	17,171,357.25	

WVHA  
Projection For Selected Accounts for Increase in Enrollment

	ANNUAL BUDGET	Year to Date Annualized	Projected (Over) Under Budget FYE 9/30/17	25% Enrollment Increase	Budget Required for 2018 Specialty Care with 25% Increase	50% Enrollment Increase	Budget Required for 2018 Specialty Care with 50% Increase
Specialty Care	3,856,522.00	4,113,960.16	(257,438.16)	1,028,490.04	5,142,450.20	2,056,980.08	6,170,940.24
Northeast Florida Health Services	1,448,938.00	1,558,531.56	(109,593.56)	389,632.89		779,265.78	
TPA Services	400,000.00	448,084.00	(48,084.00)	112,021.00		224,042.00	
	5,705,460.00	6,120,575.72		1,530,143.93		3,060,287.86	
Over Budget at Annualized Projection		415,115.72	(415,115.72)				

West Volusia Hospital Authority  
Preliminary Budget 2017-2018

No new agencies No new agencies  
No increases No increases

	Millage Rate 1.59 2016-2017	Actual Annualized	Millage Rate 2.52 2017-2018 Proposed at 100% of Requested	Millage Rate 2.36 2017-2018 Recommended	Millage Rate 2.4 2017-2018 2338 members	Without Any Funded Agencies
<b>Millage</b>						
<b>Revenues</b>						
Taxes	12,500,000	12,507,000	21,210,000	19,530,000	20,200,000	18,200,000
Investment income	65,000	52,745	45,000	45,000	45,000	45,000
Rent Income	67,301	67,301	68,000	68,000	68,000	68,000
Other Income		34,311				
Other Sources - Use of Reserves		-				
<b>Total Revenues &amp; Other Sources</b>	<b>12,632,301</b>	<b>12,661,357</b>	<b>21,323,000</b>	<b>19,643,000</b>	<b>20,313,000</b>	<b>18,313,000</b>
<b>Healthcare Expenditures</b>						
Hospitals						
Hospitals	5,350,949	5,350,949	5,460,000	5,460,000	5,460,000	5,460,000
Physicians	225,000	225,000	225,000	225,000	225,000	225,000
NEFHS - Primary care clinics	730,000	710,775	918,322	918,322	918,322	918,322
Pharmacy	688,938	823,932	660,040	660,040	660,040	660,040
Pre-Natal	30,000	23,839	30,000	30,000	30,000	30,000
Lab Services	307,065	404,000	508,000	508,000	552,000	404,000
Specialty Care	3,549,457	3,710,392	4,776,000	4,776,000	5,195,000	5,210,739
County of Volusia Medicaid Reimbursement	2,197,953	2,200,000	2,250,000	2,250,000	2,250,000	2,250,000
HCRA-In County	400,000	150,000	400,000	400,000	400,000	400,000
HCRA-Outside County	419,612	60,000	419,612	419,612	419,612	419,612
Local Match Funding						
SMA-Baker Act	325,000	304,000	425,000	325,000	325,000	
Other funded agencies						
FL Dept of Health - Dental	300,000	120,825	300,000	125,000	125,000	
Good Samaritan						
Health Clinic	25,000	22,000	25,000	25,000	25,000	
Dental	57,712	33,500	54,747	54,747	54,747	
Global Health Care-Primary care	150,000	15,250	150,000			
Healthy Start Coalition of Flagler & Volusia-Outreach	73,500	73,246	73,500	73,500	73,500	
Healthy Start Coalition of Flagler & Volusia-Fam Services	68,900	60,000	68,862	68,862	68,862	
The House Next Door	181,975	75,000	181,975	110,000	110,000	
The Neighborhood Center	70,000	70,000	100,000	70,000	70,000	
SMA Residential	550,000	550,000	650,000	550,000	550,000	
Rising Against All Odd-HIV/Aids	210,000	251,000	280,265	210,000	210,000	
SMA ARNP Services @ THND	7,000	5,000	7,000	7,000	7,000	
SMA Homeless Program	78,336	78,336	110,257	78,336	78,336	
Hispanic Health Initiatives	100,000	49,600	191,000			

Global Healthcare System Urgent Care	200,000	2,150	200,000			
Community Legal Services	80,000	10,300	76,931			
New programs						
Community Life Center Outreach Services			40,000			
Affordable Financial Services			65,000			
HSCFV outreach Proposals (2)			49,725			
Deltona Firefighters Foundation Access to Healthcare			104,410			
Other Healthcare			264,826	108,053	296,553	
Total Healthcare Expenditures	<u>16,376,397</u>	<u>15,379,094</u>	<u>19,065,472</u>	<u>17,452,472</u>	<u>18,103,972</u>	<u>15,977,713</u>
Total Healthcare Expenditures						
Other Operating						
Tax Coll/Appraiser Fees	500,000	479,000	767,000	700,000	718,500	790,000
Tax Increment Districts	40,000	38,304	75,000	75,000	75,000	75,000
TPA Services	400,000	450,000	720,000	720,000	720,000	720,000
Eligibility/Enrollment	85,745	45,000	85,745	85,745	85,745	85,745
Healthy Communities(Kid Care)	72,036	68,200	72,036	72,036	72,036	72,036
Application Screening (RAAO & THND)	205,477	159,650	237,747	237,747	237,747	237,747
Other operating fees	417,200	370,000	300,000	300,000	300,000	317,200
Total Operating expenditures	<u>1,720,458</u>	<u>1,610,154</u>	<u>2,257,528</u>	<u>2,190,528</u>	<u>2,209,028</u>	<u>2,297,728</u>
Total Expenditures	<u>18,096,855</u>	<u>16,989,248</u>	<u>21,323,000</u>	<u>19,643,000</u>	<u>20,313,000</u>	<u>18,275,441</u>
Excess revenue over expenditures	<u>(5,464,554)</u>	<u>(4,327,891)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>37,559</u>

## Eileen Long

---

**From:** Shawn Jacobs <sjacobs@pomco.com>  
**Sent:** Thursday, July 13, 2017 10:20 AM  
**To:** Eileen Long  
**Cc:** Ted Small (tsmall@businessemploymentlawyer.com); Ron Cantlay  
**Subject:** RE: POMCO July Report Submission - WVHA Board material submittal deadline

**Importance:** High

Good morning Eileen. Below is an illustration based on several assumptions. Its important to understand that this would not be guaranteed results.

Program Components	Rates	Population/Case Assumptions	Costs	Estimated Savings
Utilization Management	\$5.00 PMPM**	2,000 Members	\$120,000	\$600,000*
Inpatient Review	\$120 Per Claim	Assumes 500 Reviews	\$60,000	\$300,000*
Case Management	\$160 Per Hour	Assumes 125 Cases	\$20,000	\$100,000*

\*Based on average return on investment (5.0 to 1) if all components implemented with all appropriate services; including inpatient care.

\*\*Per Member Per Month

Another important note is that the above rates are not at all confirmed at this time.

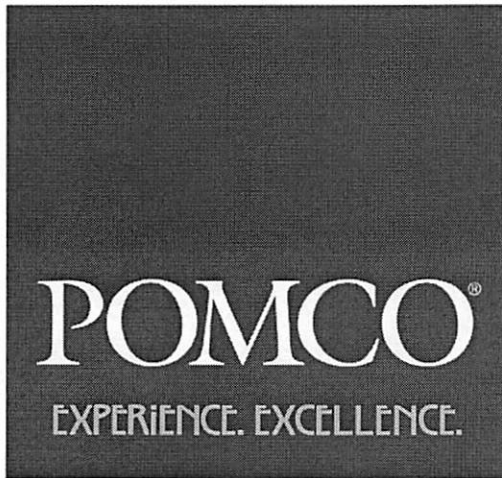
Let me know if that helps.

Thanks.

Regards,  
S.A.J.

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





POMCO

June 15, 2017

Submission Report for WVHA Board Members



## 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.



**ABC Company**  
**Utilization Summary Report**  
**01/01/2013 to 03/31/2013**

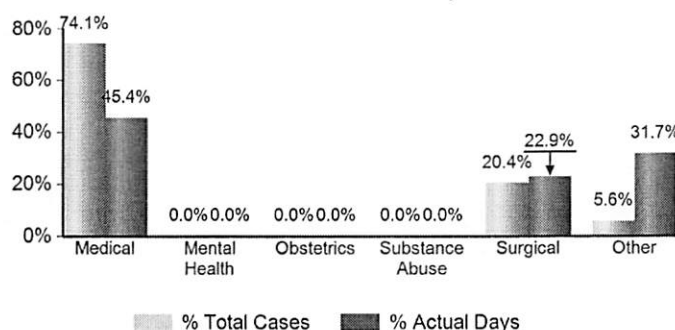
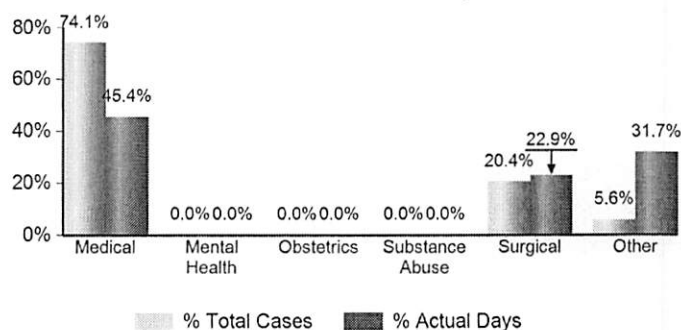
**Inpatient Savings Summary**

	Report Period Statistics				Year-to-date Statistics			
	# Cases	Requested Days	Saved Days	Savings	# Cases	Requested Days	Saved Days	Savings
<b>Acute Inpatient</b>								
Medical Emergent	37	131	7	\$24,675	37	131	7	\$24,675
Medical Urgent	2	3	1	\$3,525	2	3	1	\$3,525
Medical Elective	1	1	1	\$3,525	1	1	1	\$3,525
Subtotals	40	135	9	\$31,725	40	135	9	\$31,725
Mental Health Emergent	0	0	0	\$0	0	0	0	\$0
Mental Health Urgent	0	0	0	\$0	0	0	0	\$0
Mental Health Elective	0	0	0	\$0	0	0	0	\$0
Subtotals	0	0	0	\$0	0	0	0	\$0
Obstetrics Emergent	0	0	0	\$0	0	0	0	\$0
Obstetrics Urgent	0	0	0	\$0	0	0	0	\$0
Obstetrics Elective	0	0	0	\$0	0	0	0	\$0
Subtotals	0	0	0	\$0	0	0	0	\$0
Substance Abuse Emergent	0	0	0	\$0	0	0	0	\$0
Substance Abuse Urgent	0	0	0	\$0	0	0	0	\$0
Substance Abuse Elective	0	0	0	\$0	0	0	0	\$0
Subtotals	0	0	0	\$0	0	0	0	\$0
Surgical Emergent	2	13	0	\$0	2	13	0	\$0
Surgical Urgent	0	0	0	\$0	0	0	0	\$0
Surgical Elective	9	53	0	\$0	9	53	0	\$0
Subtotals	11	66	0	\$0	11	66	0	\$0
Acute Inpatient Totals	51	201	9	\$31,725	51	201	9	\$31,725
<b>Other Inpatient</b>								
Medical Rehab Emergent	0	0	0	\$0	0	0	0	\$0
Medical Rehab Urgent	0	0	0	\$0	0	0	0	\$0
Medical Rehab Elective	1	19	0	\$0	1	19	0	\$0
Hospice Inpatient	0	0	0	\$0	0	0	0	\$0
Long Term Acute	1	28	0	\$0	1	28	0	\$0
Skilled Nsg Facility	1	43	0	\$0	1	43	0	\$0
Residential Mental Health	0	0	0	\$0	0	0	0	\$0
Residential Substance Abuse	0	0	0	\$0	0	0	0	\$0
Other Inpatient Totals	3	90	0	\$0	3	90	0	\$0
Grand Totals	54	291	9	\$31,725	54	291	9	\$31,725

Inpatient Savings are calculated as the number of saved days multiplied by the Milliman Commercial Population average cost per day by service category. Please refer to the Glossary of Terms page for more information.

**Inpatient Activity Summary**

	Report Period Statistics					Year-to-date Statistics				
	# Cases	% Total Cases	Actual Days	% Actual Days	Average LOS	# Cases	% Total Cases	Actual Days	% Actual Days	Average LOS
<b>Acute Inpatient</b>										
Medical Emergent	37	68.5%	126	44.4%	3.4	37	68.5%	126	44.4%	3.4
Medical Urgent	2	3.7%	3	1.1%	1.5	2	3.7%	3	1.1%	1.5
Medical Elective	1	1.9%	0	0.0%	0.0	1	1.9%	0	0.0%	0.0
Subtotals	40	74.1%	129	45.4%	3.2	40	74.1%	129	45.4%	3.2
Mental Health Emergent	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Mental Health Urgent	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Mental Health Elective	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Subtotals	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Obstetrics Emergent	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Obstetrics Urgent	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Obstetrics Elective	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Subtotals	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Substance Abuse Emergent	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Substance Abuse Urgent	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Substance Abuse Elective	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Subtotals	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Surgical Emergent	2	3.7%	13	4.6%	6.5	2	3.7%	13	4.6%	6.5
Surgical Urgent	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Surgical Elective	9	16.7%	52	18.3%	5.8	9	16.7%	52	18.3%	5.8
Subtotals	11	20.4%	65	22.9%	5.9	11	20.4%	65	22.9%	5.9
Acute Inpatient Totals	51	94.4%	194	68.3%	3.8	51	94.4%	194	68.3%	3.8
<b>Other Inpatient</b>										
Medical Rehab Emergent	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Medical Rehab Urgent	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Medical Rehab Elective	1	1.9%	19	6.7%	19.0	1	1.9%	19	6.7%	19.0
Hospice Inpatient	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Long Term Acute	1	1.9%	28	9.9%	28.0	1	1.9%	28	9.9%	28.0
Skilled Nsg Facility	1	1.9%	43	15.1%	43.0	1	1.9%	43	15.1%	43.0
Residential Mental Health	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Residential Substance Abuse	0	0.0%	0	0.0%	0.0	0	0.0%	0	0.0%	0.0
Other Inpatient Totals	3	5.6%	90	31.7%	30.0	3	5.6%	90	31.7%	30.0
<b>Grand Totals</b>	<b>54</b>	<b>100.0%</b>	<b>284</b>	<b>100.0%</b>	<b>5.3</b>	<b>54</b>	<b>100.0%</b>	<b>284</b>	<b>100.0%</b>	<b>5.3</b>

**Percent Total Cases and Actual Days - Period**

**Percent Total Cases and Actual Days - YTD**


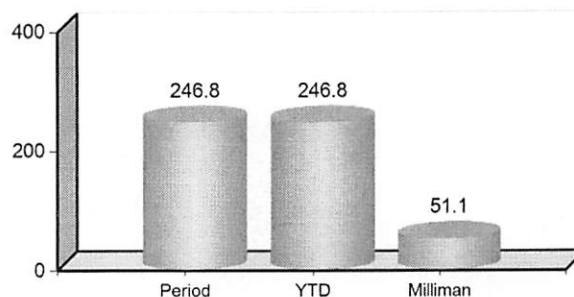
Acute Inpatient Statistics

Case Count by Category

	Medical	Mental Health	Obstetrics	Substance Abuse	Surgical	Totals
Period	40	0	0	0	11	51
YTD	40	0	0	0	11	51

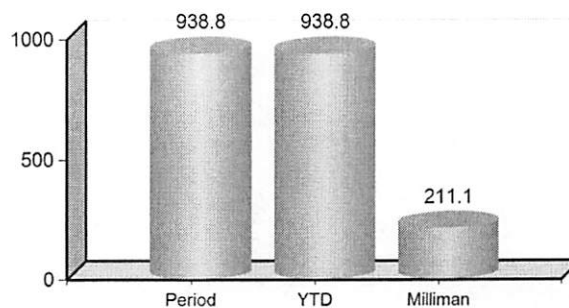
Admissions / 1000

	Period	YTD	Milliman
Medical	193.5	193.5	19.4
Mental Health	0.0	0.0	2.1
Obstetrics	0.0	0.0	11.8
Substance Abuse	0.0	0.0	1.8
Surgical	53.2	53.2	16.0
Totals	246.8	246.8	51.1



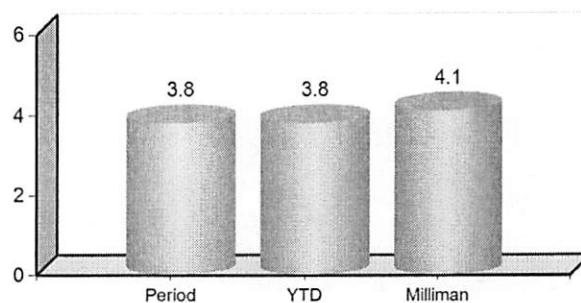
Days/1000

	Period	YTD	Milliman
Medical	624.3	624.3	69.1
Mental Health	0.0	0.0	21.7
Obstetrics	0.0	0.0	28.4
Substance Abuse	0.0	0.0	25.8
Surgical	314.5	314.5	66.1
Totals	938.8	938.8	211.1



Average LOS

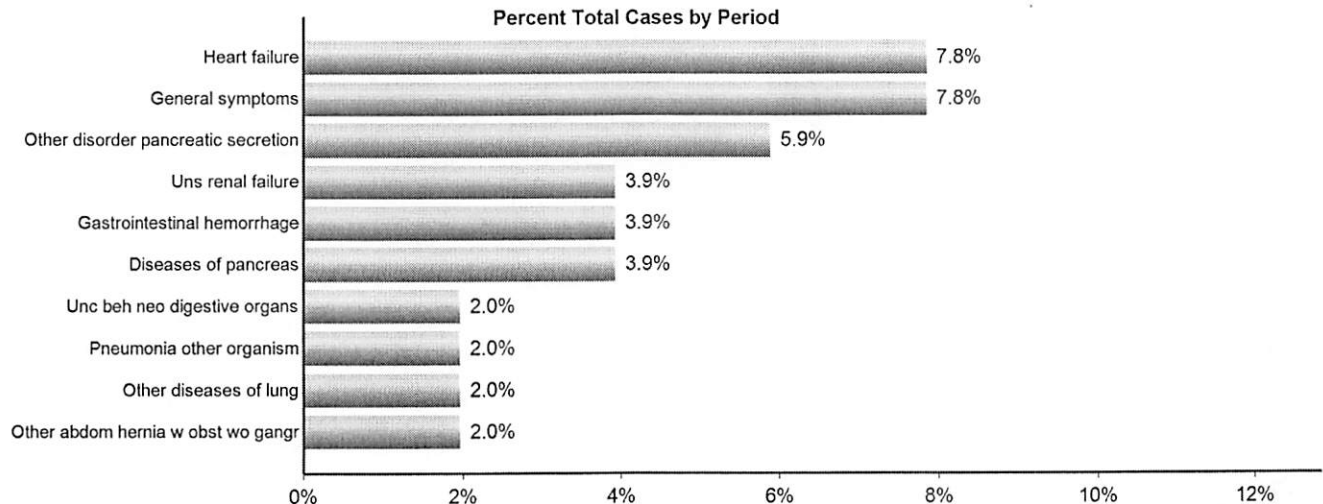
	Period	YTD	Milliman
Medical	3.2	3.2	3.6
Mental Health	0.0	0.0	10.3
Obstetrics	0.0	0.0	2.4
Substance Abuse	0.0	0.0	14.7
Surgical	5.9	5.9	4.1
Totals	3.8	3.8	4.1

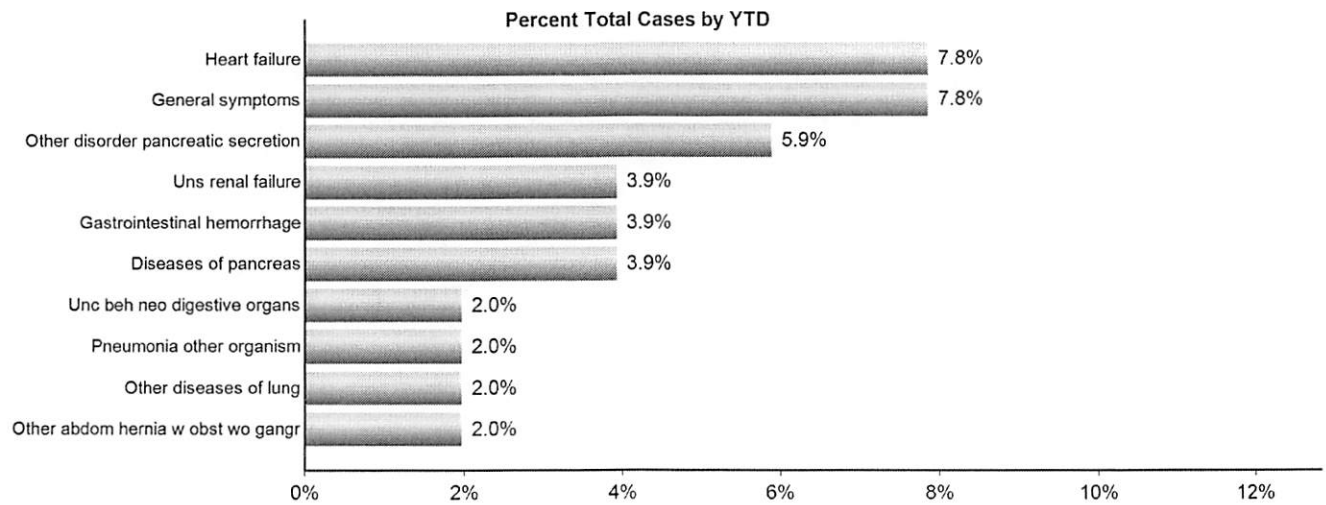


Number of Subscribers: 586  
 Total Lives - Period: 838  
 Total Lives - YTD: 838  
 2012 Milliman Commercial Population

Diagnostic Summary- Highest Days of Utilization

ICD-9 code	Diagnosis Description	Report Period Statistics					Year-to-date Statistics				
		# Cases	% Total Cases	Actual Days	% Actual Days	Average LOS	# Cases	% Total Cases	Actual Days	% Actual Days	Average LOS
428	Heart failure	4	7.8%	40	20.6%	10.0	4	7.8%	40	20.6%	10.0
586	Uns renal failure	2	3.9%	17	8.8%	8.5	2	3.9%	17	8.8%	8.5
780	General symptoms	4	7.8%	15	7.7%	3.8	4	7.8%	15	7.7%	3.8
518	Other diseases of lung	1	2.0%	11	5.7%	11.0	1	2.0%	11	5.7%	11.0
578	Gastrointestinal hemorrhage	2	3.9%	11	5.7%	5.5	2	3.9%	11	5.7%	5.5
577	Diseases of pancreas	2	3.9%	10	5.2%	5.0	2	3.9%	10	5.2%	5.0
483	Pneumonia other organism	1	2.0%	8	4.1%	8.0	1	2.0%	8	4.1%	8.0
235	Unc beh neo digestive organs	1	2.0%	7	3.6%	7.0	1	2.0%	7	3.6%	7.0
251	Other disorder pancreatic secretion	3	5.9%	7	3.6%	2.3	3	5.9%	7	3.6%	2.3
552	Other abdom hernia w obst wo gangr	1	2.0%	7	3.6%	7.0	1	2.0%	7	3.6%	7.0
OTHER	OTHER	30	58.8%	61	31.4%	2.0	30	58.8%	61	31.4%	2.0
Grand Totals		51	100.0%	194	100.0%	3.8	51	100.0%	194	100.0%	3.8



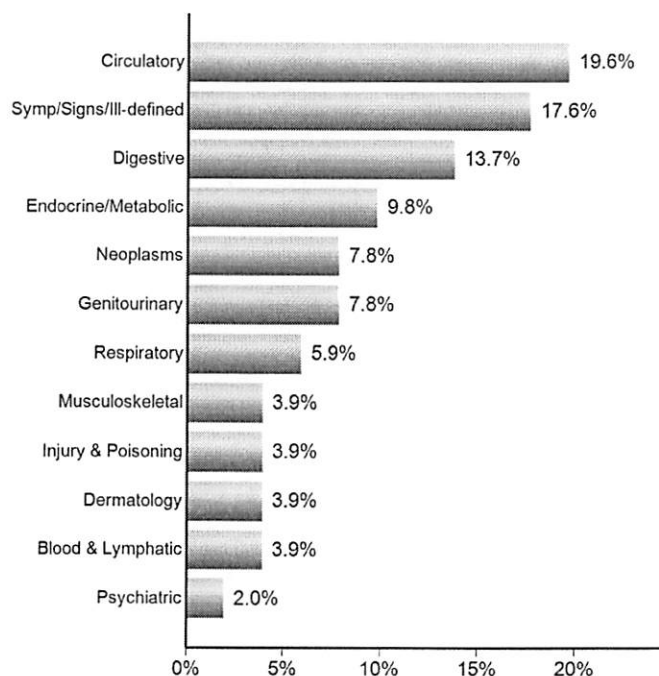




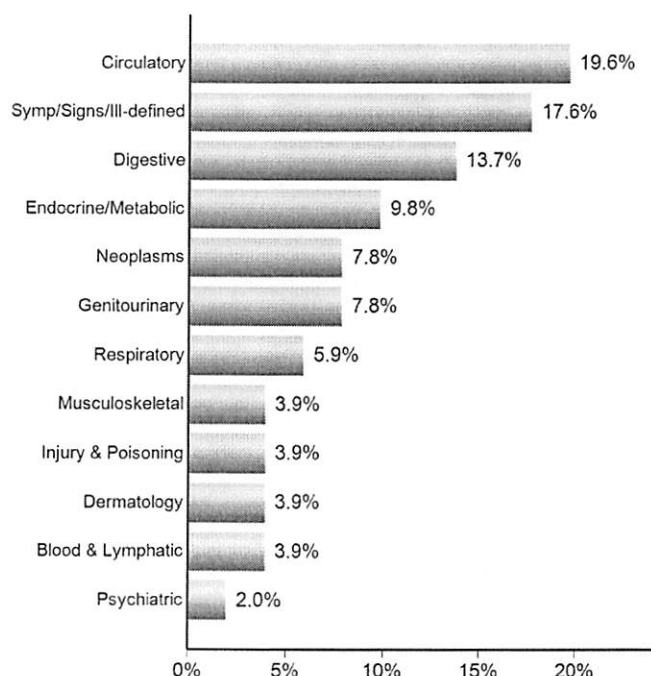
# Diagnostic Summary- Most Common Diagnoses by Category

ICD-9 Description	Report Period Statistics					Year-to-date Statistics				
	# Cases	% Total Cases	Actual Days	% Actual Days	Average LOS	# Cases	% Total Cases	Actual Days	% Actual Days	Average LOS
Circulatory	10	19.6%	48	24.7%	4.8	10	19.6%	48	24.7%	4.8
Symp/Signs/Ill-defined	9	17.6%	26	13.4%	2.9	9	17.6%	26	13.4%	2.9
Digestive	7	13.7%	34	17.5%	4.9	7	13.7%	34	17.5%	4.9
Endocrine/Metabolic	5	9.8%	10	5.2%	2.0	5	9.8%	10	5.2%	2.0
Genitourinary	4	7.8%	22	11.3%	5.5	4	7.8%	22	11.3%	5.5
Neoplasms	4	7.8%	12	6.2%	3.0	4	7.8%	12	6.2%	3.0
Respiratory	3	5.9%	19	9.8%	6.3	3	5.9%	19	9.8%	6.3
Dermatology	2	3.9%	6	3.1%	3.0	2	3.9%	6	3.1%	3.0
Musculoskeletal	2	3.9%	5	2.6%	2.5	2	3.9%	5	2.6%	2.5
Blood & Lymphatic	2	3.9%	4	2.1%	2.0	2	3.9%	4	2.1%	2.0
Injury & Poisoning	2	3.9%	3	1.5%	1.5	2	3.9%	3	1.5%	1.5
Psychiatric	1	2.0%	5	2.6%	5.0	1	2.0%	5	2.6%	5.0
<b>Grand Totals</b>	<b>51</b>	<b>100.0%</b>	<b>194</b>	<b>100.0%</b>	<b>3.8</b>	<b>51</b>	<b>100.0%</b>	<b>194</b>	<b>100.0%</b>	<b>3.8</b>

Percent Total Cases by Period



Percent Total Cases by YTD

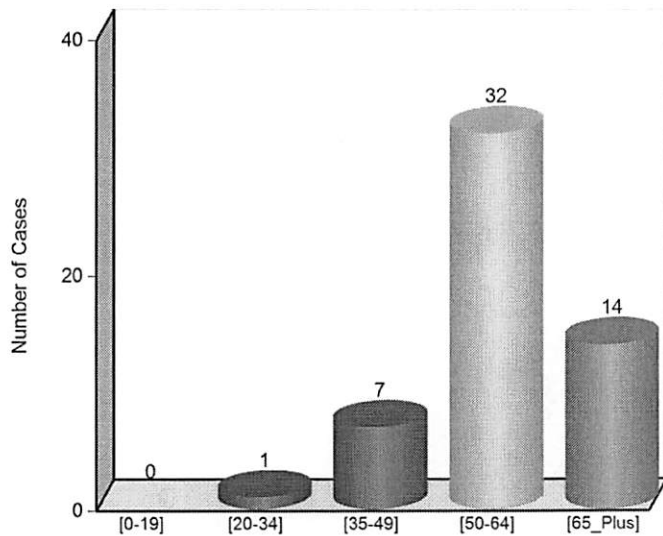


**Inpatient Medical Management Summary**

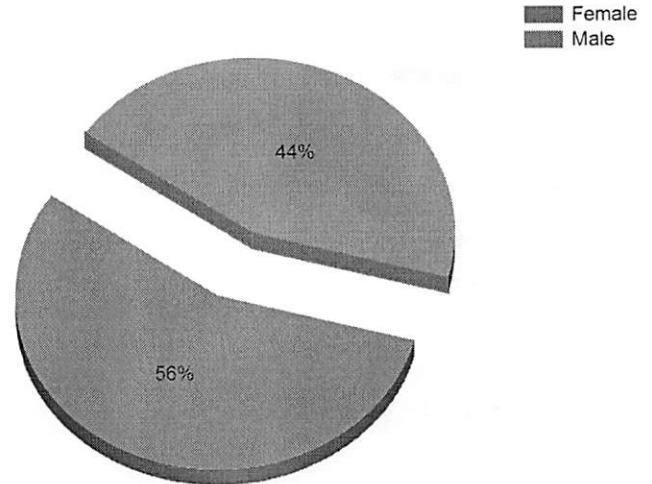
	Report Period Statistics				Year-to-date Statistics			
	# Cases	Physician Review	CM Referral	CM Accepted	# Cases	Physician Review	CM Referral	CM Accepted
<b>Acute Inpatient</b>								
Medical Emergent	37	2	0	0	37	2	0	0
Medical Urgent	2	0	0	0	2	0	0	0
Medical Elective	1	0	0	0	1	0	0	0
Subtotals	40	2	0	0	40	2	0	0
Mental Health Emergent	0	0	0	0	0	0	0	0
Mental Health Urgent	0	0	0	0	0	0	0	0
Mental Health Elective	0	0	0	0	0	0	0	0
Subtotals	0	0	0	0	0	0	0	0
Obstetrics Emergent	0	0	0	0	0	0	0	0
Obstetrics Urgent	0	0	0	0	0	0	0	0
Obstetrics Elective	0	0	0	0	0	0	0	0
Subtotals	0	0	0	0	0	0	0	0
Substance Abuse Emergent	0	0	0	0	0	0	0	0
Substance Abuse Urgent	0	0	0	0	0	0	0	0
Substance Abuse Elective	0	0	0	0	0	0	0	0
Subtotals	0	0	0	0	0	0	0	0
Surgical Emergent	2	0	0	0	2	0	0	0
Surgical Urgent	0	0	0	0	0	0	0	0
Surgical Elective	9	2	0	0	9	2	0	0
Subtotals	11	2	0	0	11	2	0	0
Acute Inpatient Totals	51	4	0	0	51	4	0	0
<b>Other Inpatient</b>								
Long Term Acute	1	1	0	0	1	1	0	0
Skilled Nsg Facility	1	1	0	0	1	1	0	0
Hospice Inpatient	0	0	0	0	0	0	0	0
Medical Rehab Emergent	0	0	0	0	0	0	0	0
Medical Rehab Urgent	0	0	0	0	0	0	0	0
Medical Rehab Elective	1	0	0	0	1	0	0	0
Residential Mental Health	0	0	0	0	0	0	0	0
Residential Substance Abuse	0	0	0	0	0	0	0	0
Other Inpatient Totals	3	2	0	0	3	2	0	0
Grand Totals	54	6	0	0	54	6	0	0

Inpatient Utilization Demographics

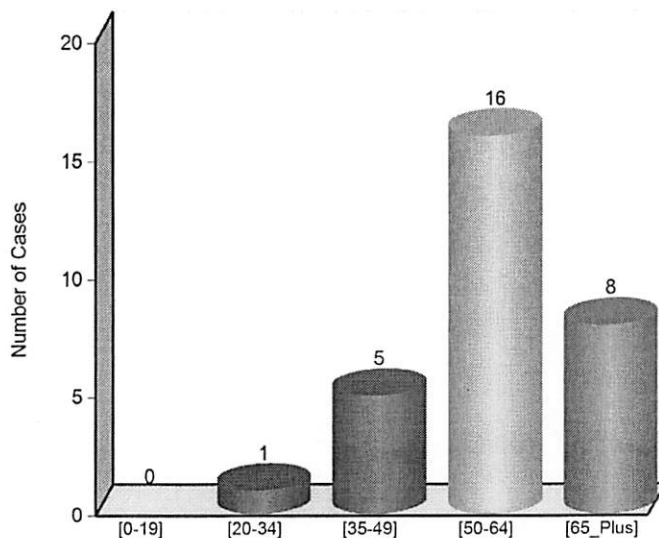
Utilization By Age Group



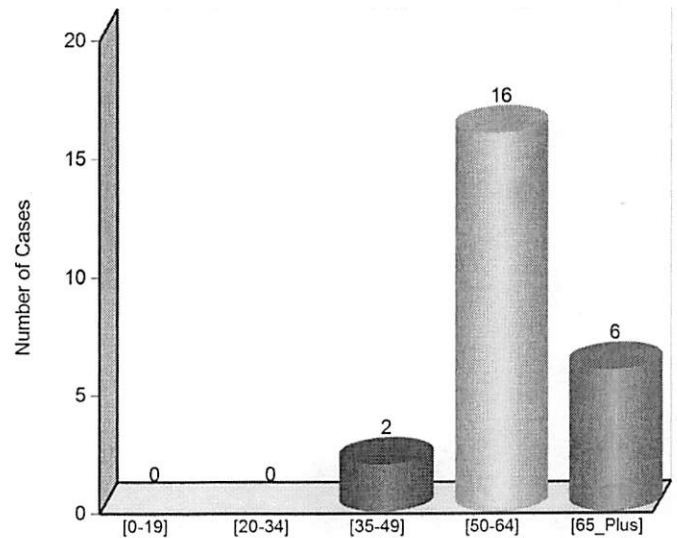
Utilization By Gender



Utilization By Age Group - Female

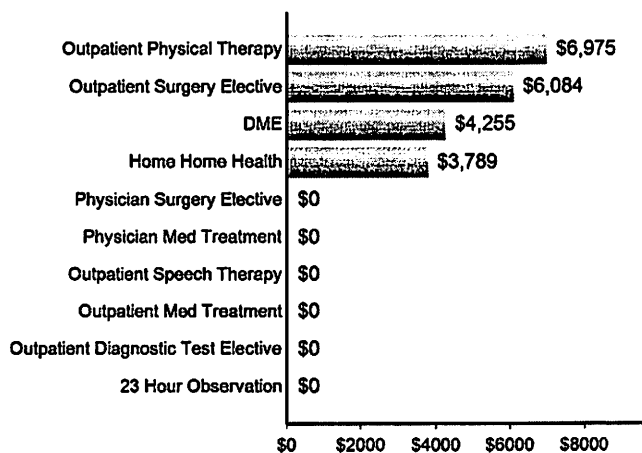
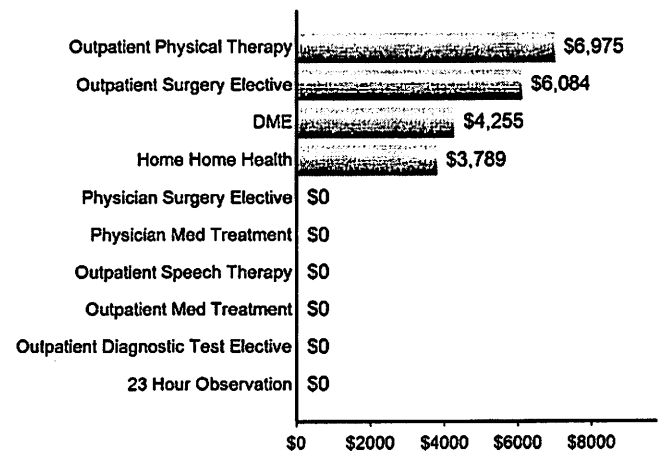


Utilization By Age Group - Male



**Outpatient Savings Summary**
**Report Period Statistics**
**Year-to-date Statistics**

<b>Top Outpatient Services</b>	<b># Cases</b>	<b># Requests</b>	<b># Certified</b>	<b>Savings</b>	<b># Cases</b>	<b># Requests</b>	<b># Certified</b>	<b>Savings</b>
Outpatient Physical Therapy	1	87	79	\$6,975	1	87	79	\$6,975
Outpatient Surgery Elective	4	10	3	\$6,084	4	10	3	\$6,084
DME	13	1,093	912	\$4,255	13	1,093	912	\$4,255
Home Home Health	18	477	466	\$3,789	18	477	466	\$3,789
Outpatient Diagnostic Test Elective	104	112	112	\$0	104	112	112	\$0
23 Hour Observation	20	20	23	\$0	20	20	23	\$0
Outpatient Med Treatment	9	47	47	\$0	9	47	47	\$0
Physician Med Treatment	3	28	28	\$0	3	28	28	\$0
Physician Surgery Elective	2	12	12	\$0	2	12	12	\$0
Outpatient Speech Therapy	1	78	78	\$0	1	78	78	\$0
Other	0	0	0	\$0	0	0	0	\$0
<b>Grand Totals</b>	<b>175</b>	<b>1,964</b>	<b>1,760</b>	<b>\$21,103</b>	<b>175</b>	<b>1,964</b>	<b>1,760</b>	<b>\$21,103</b>

**Top Outpatient Services By Savings - Period**

**Top Outpatient Services By Savings - YTD**


\* Outpatient savings are estimated using Milliman national averages for billable amounts. Lowest billable amounts were selected for savings calculations as procedure costs can vary significantly. Reported savings may not be inclusive of all procedures.

\*\* Outpatient Savings match rate for Period equals 101.5% and YTD equals 101.5%.

**Outpatient Activity Summary**

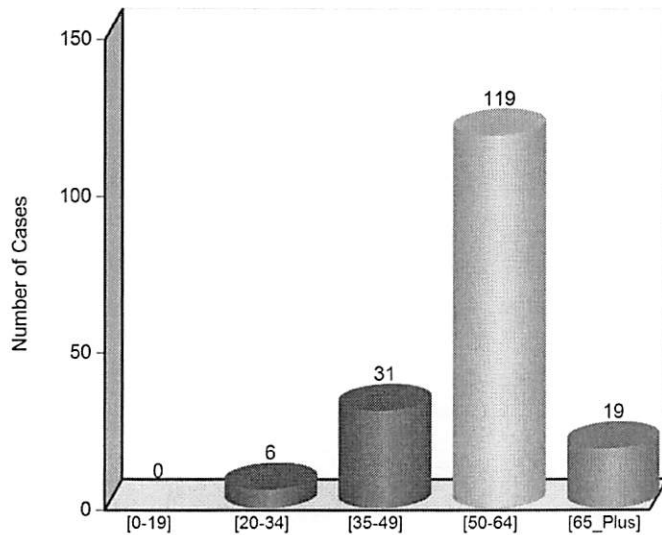
Outpatient	Report Period Statistics					Year-to-date Statistics				
	# Cases	% Total Cases	# Services Requested	# Services Certified	% Certified	# Cases	% Total Cases	# Services Requested	# Services Certified	% Certified
23 Hour Observation	20	11.4%	20	23	115.0%	20	11.4%	20	23	115.0%
DME	13	7.4%	1,093	912	83.4%	13	7.4%	1,093	912	83.4%
Chiropractic	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Diagnostic Test Elective	104	59.4%	112	112	100.0%	104	59.4%	112	112	100.0%
Diagnostic Test Emergent	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Diagnostic Test Urgent	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Hospice Home	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Home Home Health	18	10.3%	477	466	97.7%	18	10.3%	477	466	97.7%
IOP MH	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
IOP SA	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Med Treatment	9	5.1%	47	47	100.0%	9	5.1%	47	47	100.0%
Occupational Therapy	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Partial day MH	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Partial day SA	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Physical Therapy	1	0.6%	87	79	90.8%	1	0.6%	87	79	90.8%
Home Private Duty	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Speech Therapy	1	0.6%	78	78	100.0%	1	0.6%	78	78	100.0%
Surgery Elective	4	2.3%	10	3	30.0%	4	2.3%	10	3	30.0%
Surgery Emergent	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Surgery Urgent	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Outpatient Totals	170	97.1%	1,924	1,720	89.4%	170	97.1%	1,924	1,720	89.4%
<b>Physician's Office</b>										
Chiropractic	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Diagnostic Test Elective	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Diagnostic Test Emergent	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Diagnostic Test Urgent	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
IOP MH	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
IOP SA	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Med Treatment	3	1.7%	28	28	100.0%	3	1.7%	28	28	100.0%
MH/SA Office visits	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Occupational Therapy	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Physical Therapy	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Speech Therapy	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Surgery Elective	2	1.1%	12	12	100.0%	2	1.1%	12	12	100.0%
Surgery Emergent	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Surgery Urgent	0	0.0%	0	0	0.0%	0	0.0%	0	0	0.0%
Physician's Office Totals	5	2.9%	40	40	100.0%	5	2.9%	40	40	100.0%
Grand Totals	175	100.0%	1,964	1,760	89.6%	175	100.0%	1,964	1,760	89.6%

**Outpatient Medical Management Summary**

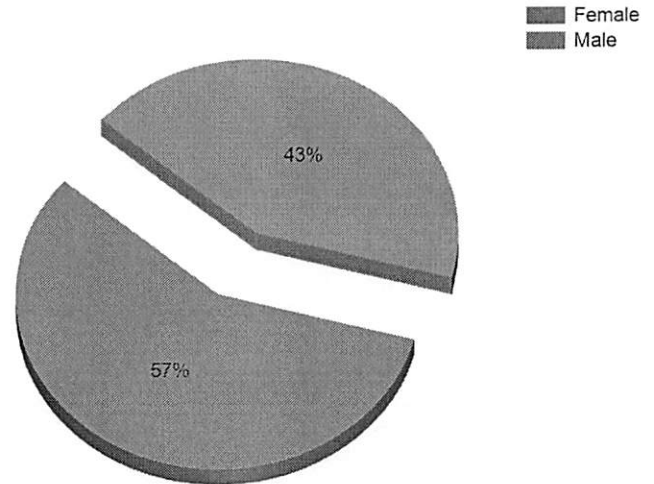
Outpatient	Report Period Statistics				Year-to-date Statistics			
	# Cases	Physician Review	CM Referral	CM Accepted	# Cases	Physician Review	CM Referral	CM Accepted
23 Hour Observation	20	0	0	0	20	0	0	0
DME	13	1	0	0	13	1	0	0
Chiropractic	0	0	0	0	0	0	0	0
Diagnostic Test Emergent	0	0	0	0	0	0	0	0
Diagnostic Test Urgent	0	0	0	0	0	0	0	0
Diagnostic Test Elective	104	0	2	2	104	0	2	2
Hospice Home	0	0	0	0	0	0	0	0
Home Home Health	18	0	0	0	18	0	0	0
IOP MH	0	0	0	0	0	0	0	0
IOP SA	0	0	0	0	0	0	0	0
Med Treatment	9	0	1	0	9	0	1	0
Occupational Therapy	0	0	0	0	0	0	0	0
Partial day MH	0	0	0	0	0	0	0	0
Partial day SA	0	0	0	0	0	0	0	0
Physical Therapy	1	0	1	1	1	0	1	1
Home Private Duty	0	0	0	0	0	0	0	0
Speech Therapy	1	0	0	0	1	0	0	0
Surgery Emergent	0	0	0	0	0	0	0	0
Surgery Urgent	0	0	0	0	0	0	0	0
Surgery Elective	4	1	0	0	4	1	0	0
Outpatient Totals	170	2	4	3	170	2	4	3
<b>Physician's Office</b>								
Chiropractic	0	0	0	0	0	0	0	0
Diagnostic Test Emergent	0	0	0	0	0	0	0	0
Diagnostic Test Urgent	0	0	0	0	0	0	0	0
Diagnostic Test Elective	0	0	0	0	0	0	0	0
IOP MH	0	0	0	0	0	0	0	0
IOP SA	0	0	0	0	0	0	0	0
Med Treatment	3	1	0	0	3	1	0	0
MH/SA Office visits	0	0	0	0	0	0	0	0
Occupational Therapy	0	0	0	0	0	0	0	0
Physical Therapy	0	0	0	0	0	0	0	0
Speech Therapy	0	0	0	0	0	0	0	0
Surgery Emergent	0	0	0	0	0	0	0	0
Surgery Urgent	0	0	0	0	0	0	0	0
Surgery Elective	2	1	0	0	2	1	0	0
Physician's Office Totals	5	2	0	0	5	2	0	0
Grand Totals	175	4	4	3	175	4	4	3

Outpatient Utilization Demographics

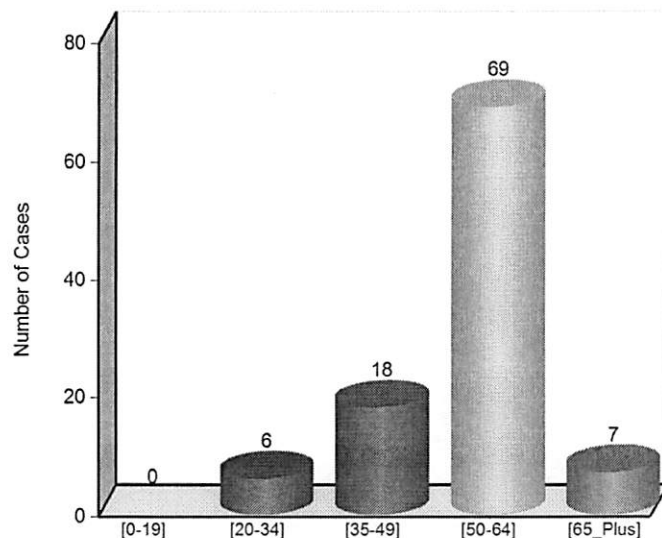
Utilization By Age Group



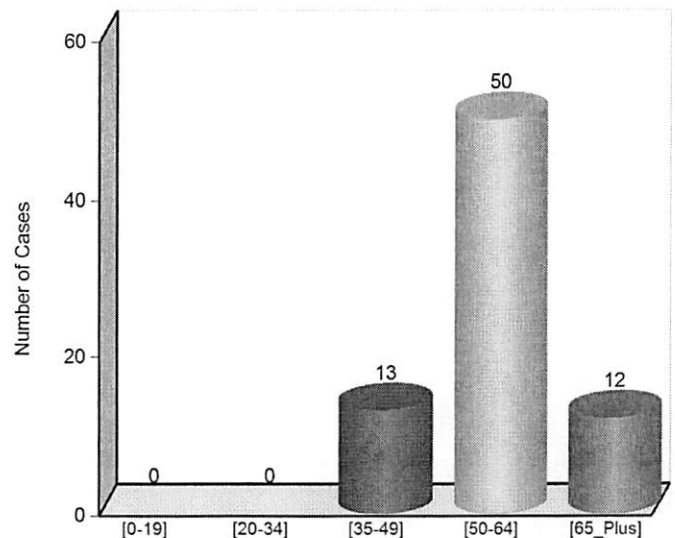
Utilization By Gender



Utilization By Age Group - Female



Utilization By Age Group - Male



**Detail Summary**

	Acute Inpatient Period					Acute Inpatient YTD				Other Inpatient	
	# Subscr	# Cases	Adm/ 1000	Days/ 1000	AVG LOS	# Cases	Adm/ 1000	Days/ 1000	AVG LOS	# Cases Period	# Cases YTD
ABC Company	586	51	246.8	938.8	3.8	51	246.8	938.8	3.8	3	3
<b>Totals</b>	<b>586</b>	<b>51</b>	<b>246.8</b>	<b>938.8</b>	<b>3.8</b>	<b>51</b>	<b>246.8</b>	<b>938.8</b>	<b>3.8</b>	<b>3</b>	<b>3</b>



**Inpatient Statistics**

- **Emergent-** Admission via emergency room
- **Urgent-** Direct admission from a doctor's office or other provider without an emergency room visit
- **Elective-** Scheduled admission for elective services
- **Medical-** Medical treatment without surgical intervention for diagnosis, includes admissions for complications of pregnancy without delivery
- **Surgical-** Surgical procedure performed during an admission
- **Obstetrics-** Admission associated with a delivery
- **Mental Health-** Psychiatric Conditions
- **Substance Abuse-** Chemical substance abuse and alcohol dependency in which detoxification and rehab requires acute monitoring

**Other Inpatient**

- **Medical Rehab-** Admission to an acute level of care for rehabilitation services due to a medical/surgical condition
- **Long Term Acute-** Admission to a long term acute/sub-acute facility
- **Skilled Nursing Facility (SNF)-** Admission to a facility for skilled level of care
- **Residential Substance Abuse-** Admission for continuation of rehab from substance abuse

**Outpatient Statistics**

- **Outpatient-** Services are provided in a hospital on an outpatient basis or a free standing facility
- **Surgery-** Includes percutaneous transluminal coronary angioplasty (ptca) procedures
- **Diagnostic Test-** Radiology testing or other invasive procedures for diagnostic purposes
- **PT/OT/ST-** Physical Therapy, Occupational Therapy, or Speech Therapy services
- **Medical Treatment-** Includes services such as chemotherapy, radiation therapy, allergy testing/treatment, cardiac rehab services, and pulmonary rehab services
- **Home Health-** Services provided in the home, includes infusion therapy
- **DME-** Durable medical equipment, orthotics, and prosthesis
- **Hospice Home-** Home hospice care

**Physician's Office**

- **Office surgeries, MH/SA visits, etc.-** All reported services in a physician's office

**Statistics**

- **Report Period-** Data based on cases with discharge/end date within the report period
- **Plan Year-to-Date-** Data based on cases with discharge/end date from beginning of the plan year to the end of the report period (does not always coincide with the calendar year)
- **Calendar Year-to-Date-** Data based on cases with discharge/end date from beginning of the year to the end of the report period (not the same as a plan year)
- **# Cases-** Number of completed cases with a discharge date within the time period
- **% Total Cases-** Number of cases for line item divided by the total number of cases
- **Actual Days-** Sum of actual Length of Stay for all cases on a line item
- **% Actual Days-** Actual days divided by sum of subtotal actual days
- **Avg LOS- Average Length of Stay-** Actual days divided by number of cases for a line item
- **CM Accepted-** Counted when a UR case has been referred to and opened to case management. This does not indicate communication has occurred between a CM and patient or that they are accepting of CM Services.

**Acute Inpatient Statistics**

- **Milliman Commercial Population-** National Benchmark for acute care utilization statistics for a loosely managed population
- **Admissions/1000- Period-** Number of admission in period per 1000 total lives (# of admissions for present qtr times 4 divided by total lives)  
YTD- Annualized # of admissions per 1000 total lives (# of admissions YTD times 4 divided by present qtr divided by total lives)
- **Days/1000- Period-** Number of actual inpatient days per 1000 total lives (# of days for present qtr times 4 divided by total lives)  
YTD- Annualized number of admissions per 1000 total lives (# of days YTD times 4 divided by present qtr divided by covered lives)
- **ALOS- Average Length of Stay-** Number of inpatient days divided by the number of cases

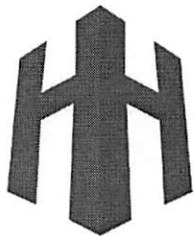
**Savings Summary**

- **Requested Days-** Total number of days requested by a provider for all cases
- **Saved Days-** Requested days minus Certified Days
- **Savings-** Number of Saved Days times amount listed in legend
- **Top Requested Services-** Top ten services for which values occur within the reporting period

2010 Milliman Commercial Population Average Cost per Day	2012 Milliman Commercial Population Average Cost per Day
• Surgical.....\$7,322	• Surgical.....\$7,794
• Medical.....\$3,433	• Medical.....\$3,525
• Obstetrics.....\$2,767	• Obstetrics.....\$2,930
• Mental Health.....\$1,082	• Mental Health.....\$774
• Substance Abuse.....\$1,052	• Substance Abuse.....\$985
• Residential Substance Abuse.....\$960	• Residential Substance Abuse.....\$1,003
• Medical Rehab.....\$668	• Medical Rehab.....\$1,949
• Residential Mental Health.....\$701	• Residential Mental Health.....\$568

**Utilization Management Report Parameters**

<u>Label</u>	<u>Option</u>
<b>Report Name</b>	Utilization Summary Report
<b>Company</b>	ABC Company
<b>Report Group</b>	ABC Company
<b>Period Start Date</b>	01/01/2013
<b>Period End Date</b>	03/31/2013
<b>YTD Option</b>	Calendar Year-to-Date
<b>YTD Start Date</b>	01/01/2013
<b>YTD End Date</b>	03/31/2013
<b>Type Group Names</b>	Acute Inpatient, Other Inpatient, Outpatient
<b>Branding Option</b>	AHH Report Logo



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*WVHA Commercial Pitches And You Films - 2017*

## **30s Spot 01 – “What Is The WVHA?”**

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

NARRATOR:

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

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

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

- Neighborhood Center employee

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

- Florida Hospital employee

**“From volunteer primary care...”**

- Good Samaritan volunteer

**“...to behavioral health care...”**

- Stewart-Marchman-Act employee

**“...to mental health services.”**

- House Next Door employee

*[Time-lapse of busy traffic in West Volusia]*

NARRATOR:

**The WVHA serves nearly 6,000 patients each year.**

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

**“Patients who need confidential testing...”**

- Rising Against All Odds employee

**“...Women coping with pregnancy...”**

- Healthy Start Coalition employee

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

- Healthy Communities employee

*[B-Roll of various community partners.]*

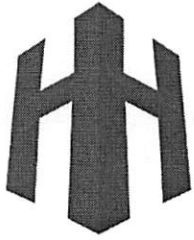
NARRATOR:

**The WVHA unites the community to keep West Volusia healthy.**

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

NARRATOR

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



**HILL & HOLLIS**

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WVHA Commercial Pitches And You Films - 2017

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

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

NARRATOR:

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

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

**“You may know someone who qualifies:”**

- House Next Door employee

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

- Healthy Communities employee

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

- Northeast Florida Health Services employee

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

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

*[Time-lapse of busy traffic in West Volusia]*

NARRATOR:

**The WVHA serves nearly 6,000 patients each year.**

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

**“...by funding local outreach agencies.”**

- Neighborhood Center employee

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

- Florida Hospital employee

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

- Good Samaritan Clinics volunteer

*[B-Roll of various community partners.]*

NARRATOR:

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

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

NARRATOR

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



## INVOICE

160 N. Beach Street, Daytona Beach, Florida 32114 •  
386-947-8301 • [www.onevoiceforvolusia.org](http://www.onevoiceforvolusia.org)

DATE: JULY 11, 2017

To:  
West Volusia Hospital Authority  
Eileen O'Reilly Long  
PO Box 940  
DeLand, FL 32720

FOR:  
2017-2018 One Voice for Volusia Coalition  
Subscription Fee

DESCRIPTION	AMOUNT
2017-2018 One Voice for Volusia Non-Profit Subscription Fee <i>Term: July 2017 to June 30, 2018</i> Category: <ul style="list-style-type: none"><li>Organization (\$100)</li></ul>	\$100.00
<b>Subscription Benefits:</b>	
The (one) subscriber can attend monthly meetings and submit your suggestions for Coalition meeting topics and speakers	
Receive annual membership directory of over 150 agency and individual contacts <i>(based on membership in August)</i>	
Receive recognition with our agency website linked on the new One Voice for Volusia website (5000 monthly hits)	
May submit information to be sent out via the Community Connector (e- blast with 2800+ individual recipients who are eager to hear about your event or opportunity)	
Receive Community Connector messages	
Receive discounts on One Voice for Volusia events and trainings	

Make all checks payable to **One Voice for Volusia**

Subscription fees may be paid online via PayPal (\$5 handling fee) at the request of the subscriber

If you have any questions concerning this invoice, contact Julie Barrow at 386-947-8301 or [julie@ovfv.org](mailto:julie@ovfv.org)

## Non-Profits, Individuals, Students 2017-18 Early-bird Renewal

Please update information and return this form with your Payment.

☐ Please update my subscription good through June 2018 at last year's prices (available through July 15).

Main Contact Name & Title:		Email:	
Agency:			
Mailing Address, City, Zip:			
Additional Names/Emails if selecting Unlimited Subscription:			
Name/Email:		Name/Email:	
Name/Email:		Name/Email:	
Phone:		Main Contact Cell:	
Phone:		Fax:	
We serve:	<input type="checkbox"/> Adults	<input type="checkbox"/> Youth	<input type="checkbox"/> Families
	<input type="checkbox"/> Seniors	<input type="checkbox"/> Ages 0-5	

**Questions?** Julie Barrow at [julie@ovfv.org](mailto:julie@ovfv.org) To request a separate Invoice or PayPal for Credit Payments contact [Chantal@ovfv.org](mailto:Chantal@ovfv.org)  
To fax form use 386-675-1467 or mail with check to: 160 N. Beach Street, Daytona Beach, FL 32114

Please Mark all that apply	<input type="checkbox"/> We enjoy meeting people and would like to help as we can with greeting new visitors and members.
	<input type="checkbox"/> Please consider us as a resource or speaker! We have a specialty in:
	<input type="checkbox"/> Please contact me for committee work (Data, Youth Substance Abuse Prevention, Community Health Improvement Planning)
	<input type="checkbox"/> Our organization would like learn more about supporting the Community Agenda ( <a href="http://www.agendavf.org">www.agendavf.org</a> )

Subscription Benefits (Please Circle Your Preferred Subscription Level):	Unlimited \$150	Organization \$100	Individual \$50.00	Student \$25.00
Any of your staff can attend monthly coalition meetings that host 100 community leaders in attendance for networking, distributing your literature, making announcements and obtaining training (2 <sup>nd</sup> Wednesday 9am to 10:30 am at the Florida Department of Health)	X			
The (one) subscriber can attend monthly meetings and submit your suggestions for Coalition meeting topics and speakers	X	X	X	X
Receive recognition with your agency website linked on the One Voice for Volusia website (3000 monthly hits)	X	X		
Submit information to be sent out via the Community Connector (e- blast with 2800+ individual recipients who are eager to hear about your event or opportunity)	X	X		
Receive discounts on One Voice for Volusia events and trainings	X	X	X	X
TOTAL Subscription Amount	\$	\$	\$	\$
Our organization would like to reserve our One Voice for Volusia Sponsorship spot at last year's price of \$200.00 for the month/s of _____.	\$			
Our organization would like to reserve a booth at the 2017 Health and Human Services Summit on October 27 at last year's price of \$75.00.	\$			
TOTAL	\$			

Checks can be made payable to One Voice for Volusia. For an additional \$5 handling fee, credit cards may be processed.  
Fax: 386-675-1467, Mail: 160 N. Beach Street, Daytona Beach, FL 32114, Email: [julie@ovfv.org](mailto:julie@ovfv.org)

## Eileen Long

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**From:** Mindy Nadeau <mindy@swannre.com>  
**Sent:** Monday, June 12, 2017 1:45 PM  
**To:** Eileen Long; Paula Yaryan  
**Subject:** Bus Stop proposal  
**Attachments:** Bus stop draft 06122017.doc

Eileen,

I've attached a copy of the bus stop proposal. It has been discussed, and the architectural committee, along with the Votran representative, agree that the covered bus stop, requested by Family Health Source, would best be located at the corner near the FHS building. There is no charge to the property owner, but the agreement would be between Votran and the owner of that parcel, which is West Volusia Hospital Authority. The contact person for Votran is Steve Sherrer [ssherrer@volusia.org](mailto:ssherrer@volusia.org). Please let me know if you have any questions, or if you need anything from me.

Thank you,

*Mindy Nadeau*  
Swann Real Estate  
386-738-3688  
[www.swannre.com](http://www.swannre.com)

**JOINT PROJECT AGREEMENT BETWEEN  
THE COUNTY OF VOLUSIA AND  
WEST VOLUSIA HOSPITAL AUTHORITY  
FOR BUS STOP CONSTRUCTION AND MAINTENANCE**

THIS JOINT PROJECT AGREEMENT ("Agreement") is made and entered into by and between the County of Volusia ("County"), a political subdivision of the State of Florida; and the West Volusia Hospital Authority ("Owner"), an independent special taxing district in Volusia County, Florida,, to establish parameters and procedures for the construction and maintenance of a bus stop located at 842 West Plymouth Avenue, DeLand, Florida 32720. Each of the above individually may be referred to as Party, and collectively as Parties.

**WITNESSETH:**

**WHEREAS**, the County owns and operates Votran, a public transit system established by the County in 1975, which currently includes a fleet of fixed route buses and paratransit vehicles; and

**WHEREAS**, Votran provide public transit services to many residents within the County, and has numerous bus stops located within the County to serve those residents and visitors; and

**WHEREAS**, the Parties are dedicated to providing effective and efficient transportation to persons traveling to and from Florida Hospital DeLand, located at 842 West Plymouth Avenue, DeLand, Florida ("Florida Hospital") and other nearby medical facilities; and

**WHEREAS**, the Parties acknowledge that effective and efficient transportation requires accessibility for all persons, including those with disabilities; and

**WHEREAS**, the Parties desire to work together to construct an ADA accessible pad with a shelter at Florida Hospital; and

**WHEREAS**, the Parties have determined that it's necessary to clearly define the maintenance responsibilities for such bus stop and shelter, as well as provide a method for future modifications thereto; and

**WHEREAS**, the parties have determined that it would be in the best interest of the general public to enter into this Agreement.

**NOW, THEREFORE**, in consideration of the mutual covenants, promises, warranties and undertakings of the parties contained herein and other good and valuable consideration given by each party to the other, the receipt and sufficiency of which is hereby acknowledged, the parties hereto stipulate and agree as follows:



## **A. STATEMENT OF PURPOSE**

The purpose of this Agreement is to construct and provide for the maintenance of an ADA accessible bus stop pad and shelter to serve people traveling to and from Florida Hospital, DeLand, located at 842 West Plymouth Avenue, DeLand, Florida, which pad and shelter shall be located on a portion of **Parcel #09-17-30-01-38-0019**, which parcel is more particularly described as set forth in **Exhibit A** of this Agreement, which is attached hereto and incorporated herein. The specific location of such bus stop pad and shelter ("Bus Stop") on such parcel is depicted in **Exhibit B** attached hereto and incorporated herein. This Agreement shall also clearly designate the maintenance responsibilities and methods for improvement and modification of the Bus Stop.

## **B. DEFINITIONS**

The following words, terms and phrases when used in this Agreement, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

1. "ADA" means the Americans with Disabilities Act of 1990, as subsequently modified by the ADA Amendments Act of 2008, and as may be further amended from time to time together with the 2010 ADA Standards for Accessible Design, as may be amended from time to time, and any regulations duly promulgated and adopted pursuant thereto.
2. "Bus Stop" means the bus stop identified in Article A. Statement of Purpose *supra* and located at the site depicted in **Exhibit A** attached hereto and incorporated herein.
3. "Improvements" means those improvements to be constructed at the Bus Stop, which shall include the following components installed or constructed in accordance with the latest ADA standards and Florida Department of Transportation ("FDOT") safety standards for improvements located within the right-of-way: a bus stop sign, a boarding and alighting area, a bus shelter and bench, and an accessible route to and from the adjoining sidewalk or such other accessible path as may be present. For the purposes of this Agreement, the boarding and alighting area constructed shall, if not structurally impracticable pursuant to current ADA standards, be of a size and configuration so as to accommodate a bus bench and shelters pursuant to the current ADA standards for placement of such bench and shelter.
4. "Optional Additions" means modifications or additions to the Bus Stop, which may include the following optional additions or modifications as mutually agreed upon by the County and Owner and constructed in accordance with the latest ADA standards and FDOT safety standards for facilities, furnishings, and structures located within the right-of-way: any bus bench(es) or bus shelter(s) in addition to the initial benches or shelters to be provided as part of the Improvements, if any, and/or other structures, amenities, furnishings, or facilities not otherwise included in the definition of Improvements as set forth in this Agreement. Such Optional Additions are optional and need not be

commenced or completed at any time unless and until requested and agreed to pursuant to this Agreement.

#### **D. MUTUAL COOPERATION**

The County and Owner shall mutually participate in this Agreement and shall work cooperatively to coordinate and accomplish all aspects of the Improvements and Optional Additions (if any) as set forth herein. The County and Owner agree to endeavor to fulfill their respective responsibilities and complete the work set forth in this Agreement as expeditiously as possible.

#### **E. BUS STOP IMPROVEMENTS**

##### **1. Bid Documents.**

At no expense to the Owner, the County shall prepare or otherwise arrange for the preparation of all necessary plans and documents relating to the Improvements for the Bus Stop, including, but not limited to, any engineering, architectural, or design costs associated therewith. Regardless of the foregoing, the cost and expense of necessary plans and documents related to Optional Additions, if any, at such Bus Stop shall be borne by the party requesting such Optional Addition(s) as set forth in Article E.3. Funding *infra*. All requests for Optional Additions shall be presented to the other party in writing.

##### **2. Solicitations for Contractual Services.**

If the County has not already done so, the County shall procure services for the design and construction of Improvements in accordance with the County's duly adopted purchasing policies, procedures, and ordinances. Optional Additions, if any, shall be procured by the entity requesting or initiating such Optional Additions. Both parties shall work cooperatively together to ensure that any Improvements or Optional Additions comply with the relevant and applicable requirements of the ADA and do not otherwise unduly interfere with either party's respective operations or interests in the areas affected by the project.

##### **3. Funding.**

The County agrees to bear the cost of designing, engineering, constructing, and installing the Improvements at the Bus Stop. Optional Additions, unless otherwise agreed to pursuant to an addendum or amendment to this Agreement, shall be solely funded, designed, engineered, constructed, and installed by the party requesting such Optional Additions; however, both parties shall still communicate with each other in the design, engineering, installation, and construction of any Optional Additions to ensure that the Optional Additions are successfully integrated with the Improvements and that any Optional Additions, once constructed, do not render the Bus Stop inaccessible or otherwise violate the ADA's applicable facilities or accessibility requirements. Any

Improvements or Optional Additions to the Bus Stop that are unilaterally constructed and/or installed by one party without the consent of the other party or outside the purview of this Agreement (or another written and duly executed agreement between the parties) shall be the sole financial responsibility and liability of the party constructing or otherwise installing such Improvements or Optional Additions.

#### **4. Construction of Improvements.**

All services and work provided in connection with the Improvements shall be performed under the supervision and to the satisfaction of the County's assigned project manager. All services or work provided in connection with Optional Additions (if any) shall be performed under the supervision and to the satisfaction of the project manager of the party requesting or initiating the Optional Additions. Unless otherwise stated herein, all questions, difficulties and disputes of whatever nature that may arise under a contract for work or services to be performed pursuant to this Agreement, including, but not limited to, the prosecution and fulfillment of the services thereunder and the character, quality, amount and value thereof, shall be decided by the contract's project manager after consultation with the other party. The decision of the project manager upon all such questions, difficulties and disputes arising under such contract shall be final. No final payment shall be issued and no work shall be accepted unless (i) the contractor(s) submits written certification to the appropriate project manager(s) that the completed Improvements and Optional Additions (if any) meet all applicable requirements of the ADA and the FDOT safety standards for improvements located within the right of way, and (ii) the appropriate project manager reviews and approves such Improvements and any Optional Additions (if any) thereto as ADA compliant and meeting the FDOT safety standards for improvements located within the right-of-way. Regardless of the foregoing, the Owner shall be solely responsible for the cost of any necessary design, plans, engineering installation, and construction work that may be necessary to ensure that the Bus Stop and any Improvements and Optional Additions constructed thereon are connected to the Owner's streets, sidewalks, or pedestrian pathways by an accessible route as required by the ADA.

#### **F. OWNERSHIP AND MAINTENANCE**

1. **County Responsibilities.** Unless otherwise agreed pursuant to an amendment or modification to this Agreement, the County shall maintain the Improvements constructed pursuant to this Agreement at the Bus Stop together with any Optional Additions that were initiated by the County; however, the County shall not assume ownership of, jurisdiction over, or responsibility for the underlying real property or any Optional Additions initiated by the Owner. The County agrees that it shall maintain the Improvements (and any Optional Additions initiated by the County) as follows:
  - a. Maintain and keep in good repair, or cause to be maintained and kept in good repair, all such Improvements and County-initiated Optional Improvements at the Bus Stop. For the purposes of this requirement, maintenance and repair

responsibilities shall be limited to structural modifications or repairs and shall not extend to sanitation or cleaning or the removal of transitory substances or graffiti;

- b. Comply with all applicable provisions of the law including, but not limited to, the applicable provisions of the ADA and the FDOT safety standards for improvements located within the right-of-way; and
- c. Conform with all other applicable regulations of the County and FDOT pertaining to any work or activity conducted or any facilities or furnishings located within the public rights-of-way.

2. **Owner Responsibilities.** Unless otherwise agreed pursuant to an amendment or modification to this Agreement, the Owner shall continue to own and have responsibility for the underlying property on which the Bus Stop is located and be the owner of any Optional Additions constructed or installed by or at the request of the Owner (*i.e.*, Optional Additions initiated by the Owner). The Owner shall also (i) be responsible for sanitation and at and about the Bus Stop, (ii) regularly inspect any completed Improvements and Optional Additions, regardless of whether owned or administered by the Owner or the County, for damage or deficiencies, and (iii) continue to maintain the landscaping adjacent to and abutting the Bus Stop. The Owner shall notify the County, in writing, of any damage or defects at the Bus Stop, including any damage to or defects in the Improvements or Optional Additions located thereon promptly upon discovery. Upon receipt of such notification, the County shall perform repairs to such items to the extent that the damage or defects concern County-initiated Optional Additions or any Improvements constructed pursuant to this Agreement. Regardless of the foregoing, the County shall not be responsible for: (i) maintenance or repair of any Owner initiated Optional Additions, (ii) maintenance or repair of any Improvements unilaterally constructed by the Owner in disregard of this Agreement or a third party, or (iii) maintenance or repair of any damage to Improvements or Optional Additions where such damage has been caused by the Owner or any employee, officer, agent, tenant, or contractor thereof.
3. **FDOT.** It is understood that FDOT may, under certain circumstances, cause or direct the removal, relocation, or modification of the Bus Stop if it is located along state roads or other rights of way if consistent with FDOT's statutory authority. In such cases, the terms of this Agreement, including, but not limited to, those provisions regarding the inspection and maintenance of the Bus Stop, shall apply to the extent not contradicted by FDOT's authority, control, or jurisdiction over the Bus Stop or any separate agreements that either of the parties may enter into with FDOT regarding the Bus Stop.

## **G. MODIFICATIONS**

Neither the Owner nor the County shall make any alteration to the Bus Stop without the prior written approval of the other party. For the purposes of this Agreement, the term "alteration" shall be synonymous with the term "alteration" as defined and used in the ADA, and shall not be deemed to include repairs or maintenance that do not qualify as alterations under the ADA.

## **H. SOVEREIGN IMMUNITY**

The County expressly retains all rights, benefits and immunities of the doctrine of sovereign immunity in accordance with Section 768.28, Florida Statutes, and nothing in this Agreement shall be deemed as a waiver of the doctrine of sovereign immunity or any of the limits of liability of the County beyond any statutorily limited waiver of immunity or those limits of liability which have been or may be adopted by the Florida Legislature. Furthermore, the cap on the amount and liability of the County for damages, losses, attorney's fees and costs, regardless of the number or nature of claims in tort, equity, or contract, shall not exceed the dollar amount set by the state legislature for tort. Nothing in this section or this Agreement shall be interpreted to inure to the benefit of any third party for the purpose of allowing any claim against the County, which claim would otherwise be barred under the doctrine of sovereign immunity or by operation of law.

## **I. MISCELLANEOUS**

### **1. Notices.**

Any notice, statement, demand or other communication required or permitted to be delivered, served or given by either Party to the other shall be deemed delivered, served or given, if mailed in any general or branch United States Post Office (USPS) enclosed in a registered or certified envelope addressed to the respective Party, as follows:

TO COUNTY:

Mr. Steve Sherrer  
Votran General Manager  
950 Big Tree Road  
South Daytona, FL 32119

Ms. Donna de Peyster  
Deputy County Manager/CFO  
123 West Indiana Avenue  
DeLand, FL 32720-4613

TO OWNER:

West Volusia Hospital Authority

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**2. Appropriation.**

The County's responsibility under this Agreement is contingent upon the appropriation of funds required for the Improvements or Optional Additions, as appropriate. If appropriations are not made or are insufficient to cover the cost of the Improvements or any ongoing maintenance responsibilities in any given budget year, the County may terminate this Agreement at no penalty or liability to the County and with or without notice to the Owner. If the County terminates this Agreement for any reason other than default by the Owner, County shall, within 60 days of termination and at its own expense, remove all of the Improvements and Optional Additions and restore the underlying real property to substantially the condition it was in prior to commencement of the construction of the Improvements.

**3. Law/Venue.**

The applicable laws of the State of Florida shall govern the validity, interpretation, construction and performance of this Agreement. Venue for and jurisdiction over any suit involving this Agreement shall, if in state court, be the Seventh Judicial Circuit in and for Volusia County, Florida, or, if in federal court, the Middle District of Florida, Orlando Division. In any litigation arising from this Agreement, each party shall bear its own attorneys' fees and costs.

**4. Effective Date and Term.**

The effective date of this Agreement shall be the date this Agreement becomes executed by both parties. This Agreement shall remain in effect in perpetuity until such time as the County or another governmental entity having authority over the placement or use of such Bus Stop removes, discontinues, or relocates the Bust Stop.

**5. Force Majeure.**

Neither the County nor the Owner shall be liable to the other for any failure to perform under this Agreement to the extent such performance is prevented by an act of God, war, riot, natural catastrophe, or other event beyond the control of the nonperforming Party and which could not have been avoided or overcome by the exercise of due diligence; provided that the Party claiming the excuse from performance has (a) promptly notified the other Party of the occurrence of the event and its estimated duration; (b) promptly remedied or mitigated the effect of the event to the extent possible; and (c) resumed performance as soon as possible.

**6. Assignment.**

No assignment, delegation, transfer or novation of this Agreement or any part thereof shall be made unless memorialized in a document duly approved by the County and Owner. Regardless of the foregoing, this Agreement shall be automatically assigned and transferred without need of a separate writing to any subsequent owner of the underlying fee on which the Improvements or Optional Additions are located.

**7. Headings.**

All section headings contained herein are included for convenience only and shall not affect in any manner the construction or interpretation of the Agreement.

**8. Severability.**

If any provision of this Agreement shall for any reason be determined invalid, illegal, or unenforceable in any respect, the Parties hereto shall negotiate in good faith and agree to such amendments, modifications or supplements to this Agreement or such other appropriate actions as shall implement and give effect to the intentions of the Parties reflected herein. All other provisions of this Agreement, as amended, modified, supplemented or otherwise affected by such action, shall remain in full force and effect.

**9. Amendment.**

The Agreement may only be amended, modified, or supplemented in writing which must be duly approved and executed by the County and Owner.

**10. Entire Agreement.**

All negotiations, proposals and draft agreements prior to the date of execution of this Agreement are hereby superseded by this Agreement. This Agreement shall constitute the entire Agreement of the County and Owner with respect to the subject matter contained herein. By entering into this Agreement, neither the County nor Owner have any intention to create any rights or obligations as to any other third parties or entities or to create a third party beneficiary relationship, and no one other than Owner, County, or their lawful successors in interest, shall have any right, title, or claim under this Agreement or any right to enforce such.

**11. Successors and Assigns.**

This Agreement shall be binding upon and inure to the benefit of the respective successors, assigns, administrators and managers of the County and Owner.

**12. Execution of Documents / Recordation.**

This Agreement shall be executed in three (3) duplicate originals, any of which shall be

regarded for all purposes as an original and all of which shall constitute one and the same instrument. The County shall retain two (2) fully executed originals and the Owner shall retain one (1) fully executed original. A memorandum summarizing the contents of this Agreement shall be executed by both parties and recorded within the public records of Volusia County so as to appear within the chain of title of the affected property.

### **13. Early Termination.**

If the Bus Stop is to be located within the jurisdictional boundaries of a municipality, the municipality has jurisdiction over the rights-of-ways therein and therefore, whether by permit or other means, must approve the location of the Bus Stop. County shall engage in good faith efforts to obtain all appropriate approvals and permits to construct the Bus Stop as described herein; however, if the City refuses to grant such approvals or permits or later orders removal of the Bus Stop, then the County may terminate this Contract at no penalty or consequence to the County. If modifications have been made to the property prior to the withdrawal or refusal of necessary approvals or permits, the County shall restore the underlying real property to substantially the condition it was in prior to commencement of the construction of the Improvements.

IN WITNESS WHEREOF, the Parties hereto have made and executed this Joint Project Agreement between the County of Volusia and West Volusia Hospital Authority for Bus Stop Construction and Maintenance as written below:

**ATTEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WEST VOLUSIA HOSPITAL  
AUTHORITY**

BY: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE : \_\_\_\_\_

**ATTEST:**

\_\_\_\_\_  
JAMES T. DINNEEN  
COUNTY MANAGER

**VOLUSIA COUNTY**

BY: \_\_\_\_\_

ED KELLEY, CHAIR  
COUNTY COUNCIL

DATE: \_\_\_\_\_



**FIRST AMENDMENT TO WEST VOLUSIA HOSPITAL AUTHORITY –  
SMA (Level II Residential Treatment Services) 2016-2017 FUNDING AGREEMENT (“First  
Amendment”)**

This First Amendment is entered into as of the 20th day of July, 2017, between West Volusia Hospital Authority, a special taxing district, public body corporate and politic of the State of Florida in Volusia County, Florida (the "Authority") and SMA BEHAVIORAL HEALTH SERVICES, INC ("Grantee").

Whereas, Grantee and the Authority entered into the West Volusia Hospital Authority—SMA (Level II Residential Treatment Services) 2016-2017 Funding Agreement (hereinafter the “Funding Agreement”); and

Whereas, Grantee and the Authority desire to continue with the Program under the Funding Agreement as amended in this First Amendment.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree that the Funding Agreement is amended as follows:

1. Paragraphs 3 shall be amended and restated as follows:
  3. Funding. The Authority agrees to provide up to \$550,000.00 in Funding, (“Funding Limit”) to reimburse Allowable Costs of the Program as defined in paragraph 4. Grantee acknowledges that the additional \$100,000.00 reflected in this amended and restated Funding Limit is being moved from the SMA Baker Act WVHA budgeted line item into the SMA Residential II Treatment Bed Program budgeted line item for fiscal year ending 9/30/2017. Grantee acknowledges that the Authority has not approved additional funding, and there is no obligation of any kind on the part of the Authority to provide additional funding, for the Program, however Grantee may apply for additional funding consistent with Authority practices. Grantee agrees to continue to seek additional third party funding for all of its programs, including this Program.
2. Any term not defined herein shall have the same meaning as under the Agreement.
3. The provisions of the Funding Agreement shall continue to control the relationship of the parties, except as specifically modified by the content of this First Amendment.

**IN WITNESS THEREOF**, the parties have executed this First Amendment as of the effective day and year set forth above.

**WEST VOLUSIA HOSPITAL AUTHORITY**

By: \_\_\_\_\_  
Ross N. Dickinson, Its Chair  
West Volusia Hospital Authority

P.O. Box 940  
DeLand, FL 32721-0940  
Date:

ATTEST

By: \_\_\_\_\_  
Andrew N. Ferrari, Its Secretary

SMA BEHAVIORAL HEALTH SERVICES INC.

By: \_\_\_\_\_  
Ivan A. Cosimi II  
Its: Chief Executive Officer

Date: \_\_\_\_\_  
ATTEST

By: \_\_\_\_\_  
Its Secretary

**FIRST AMENDMENT TO WEST VOLUSIA HOSPITAL AUTHORITY –RISING  
AGAINST ALL ODDS, INC. (HIV/AIDS OUTREACH) 2016-2017 FUNDING  
AGREEMENT (“First Amendment”).**

This First Amendment is entered into as of the 20th day of July, 2017, between West Volusia Hospital Authority, a special taxing district, public body corporate and politic of the State of Florida in Volusia County, Florida (the "Authority") and RISING AGAINST ALL ODDS, INC. ("Grantee").

Whereas, Grantee and the Authority entered into the West Volusia Hospital Authority—Rising Against All Odds, Inc. (HIV/AIDS OUTREACH) 2016-2017 Funding Agreement (hereinafter the “Funding Agreement”); and

Whereas, Grantee and the Authority desire to continue with the Program under the Funding Agreement as amended in this First Amendment.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree that the Funding Agreement is amended as follows:

1. Paragraphs 3 shall be amended and restated as follows:
  3. Funding. The Authority agrees to provide up to \$235,000.00 (Two Hundred Thirty Five Thousand Dollars) in Funding, (“Funding Limit”) to reimburse Allowable Costs of the Program as defined in paragraph 4. *Grantee acknowledges that the Authority has not approved additional funding, and there is no obligation of any kind on the part of the Authority to provide additional funding, for the Program, however Grantee may apply for additional funding consistent with Authority practices. Grantee agrees to continue to seek additional third party funding for all of its programs, including this Program.*
2. Any term not defined herein shall have the same meaning as under the Agreement.
3. The provisions of the Funding Agreement shall continue to control the relationship of the parties, except as specifically modified by the content of this First Amendment.

**IN WITNESS THEREOF**, the parties have executed this First Amendment as of the effective day and year set forth above.

**WEST VOLUSIA HOSPITAL AUTHORITY**

By: \_\_\_\_\_  
Ross N. Dickinson, Its Chair  
West Volusia Hospital Authority  
P.O. Box 940  
DeLand, FL 32721-0940  
Date:

ATTEST

By: \_\_\_\_\_  
Andrew N. Ferrari, Its Secretary

**RISING AGAINST ALL ODDS, INC.**

By: \_\_\_\_\_  
Brenda Flowers  
Its: Executive Director

Date: \_\_\_\_\_

ATTEST

By: \_\_\_\_\_  
\_\_\_\_\_ Its Board Secretary

## Eileen Long

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**From:** Eileen Long  
**Sent:** Monday, June 19, 2017 1:16 PM  
**To:** Asbury, Laurie; Bennett, Amy; Brenda Flowers Dalley; Cindy Martin (cindy.martin@fhdeland.org); Dee Schaeffer; Dixie Morgese; Eric Ostarly (eric.ostarly@ahss.org); Gail Hallmon; Helene Ryan; Ivan Cosimi; Jennifer Stephenson; Josephine Mercado; Katelyn Alley; Laura Pichardo-Cruz; Mary Gusky - Good Samaritan Clinic (gsdld1@gmail.com); Mustafa Ali; Nigel Hinds - Florida Hospital DeLand (hindsmn@yahoo.com); nigel.hinds@fhdeland.org; Parris, Steven; Quinones, Cary; Robin Hite; Rosha Loach; Segura, Maribel; Sheila Jennings; Steve Sally; Susan Clark (susan.clark@cfl.rr.com); Watson, Alicia; Waylan Niece; Weatherwax, Jo A  
**Cc:** Shawn Jacobs; Ron Cantlay; 'Andy Ferrari'; Barbara Girtman; Judy Craig (judylesliecraig@aol.com); 'Kathie D Shepard (kathieshepard@gmail.com)'; Ross Dickinson (ross3954@yahoo.com); Ted Small (tsmall@businessemploymentlawyer.com); 'WVHA Email Site'; 'Dolores Guzman'; Krystal Brown; 'Michael Ray'; Sandy Adams (gatorbucks7@gmail.com); 'Sarah Prado'; Voloria Manning (voloriamanning@hotmail.com)  
**Subject:** Input regarding Specialty Care Network Exclusions  
**Attachments:** West Palm Beach County Specialty Care Exlusions May 2012.pdf; 06.June 2017 Board Report-v2.pdf  
**Importance:** High

***PLEASE DO NOT REPLY TO ALL OR SEND EMAILS TO EACH OTHER TO AVOID ANY VIOLATION OF THE SUNSHINE LAW***

Good afternoon all,

During the last WVHA Board meeting, The Board issued a few requests of the funded agencies:

1. If your agency assists the WVHA Board HealthCard Applicants with the prescreening process and you are reimbursed for this assistance, please advise the Board how many applications you assisted with and sent to The House Next Door (THND) for submittal to POMCO (for example from October 1, 2016 through to the present). Or whether or not your agency assisted them with securing an alternative health coverage source through your endeavors, how many.
2. If your agency is reimbursed for outreach services, educational services, case management services, could your agency accept and survive on a flat fee for service, e.g. \$25 per half hour? Further Board discussion indicated limiting units of time for these services.
3. If you are currently being reimbursed for outreach, educational, case management services, please justify your current requested fee for service, breaking it down and defining the specific services performed for your requested fee.
4. And, the Board has been discussing imposing exclusions within the specialty care network. Please see pages 9 and 10 of the attached June 15, 2017 POMCO report as well as the list of exclusions imposed by Palm Beach County. Both POMCO and the WVHA Board of Commissioners would like your feedback in regards to imposing specialty care network exclusions and your opinion in regards to the impact on patient care.

If you could please compile your replies to all of the above and submit your responses to me by Monday, July 3, 2017, this will allow all time to review the data.

As always, thank you for your time and consideration.

Eileen O'Reilly Long



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

Certified Public Accountants | Registered Investment Advisor

1006 N Woodland Blvd  
DeLand FL 32720  
386-734-9441 Office  
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[elong@drtcpa.com](mailto:elong@drtcpa.com)

## **Health Card Application Process at The House Next Door**

**Amount Requested: \$189,742**

**Expected # of Applications Processed: 4,288** (based on 1<sup>st</sup> quarter of 2017)

**Cost per Application: \$44.25**

### **Steps in the Process**

- 1) Applications are kept stocked in both English and Spanish, with some left in a box on the door for easy pick up. They are distributed to other agencies on request.
- 2) An agency developed check list is included in the application that identifies the federal poverty levels, the eligible zip codes and all items required to apply. As time allows, staff will go over the required documentation when the individual picks up the application.
- 3) Client makes an appointment to review the document with the Application Specialist. As needed the Application Specialist will:
  - a) Assist in completing the ACA application
  - b) Print the ACA application and Medicaid denials
  - c) Print bank statements
  - d) Print utility bills and food stamp benefits
- 4) As needed the Application Specialist will problem solve with the client how to obtain needed documentation, what is acceptable and what is not.
- 5) As needed the Application Specialist will notarize documents at no charge.
- 6) Each site keeps a log of all applications uploaded to track status.
- 7) Each site uploads the applications at the end of the day.

### **Outreach Efforts**

- 1) An Application Specialist is based in Pierson one day a week at the Farm Workers office.
- 2) HND staff participate in community fairs and distribute health card information.
- 3) Any WVHA eligible client that comes in for Therapy Services is required to apply for the health card.
- 4) Assisting other providers in understanding the process and helping them successfully submit applications for their clients.
- 5) The application tracker is updated daily and the client is called when:
  - a) The application has been pended. Staff will let the client know why and what they need to gather. This allows the client to be pro-active in getting the information together and results in better compliance with the 21 day window to resubmit, as that clock starts when the notification letter is mailed, not when the client receives it. Often the missing information or clarification can be gathered over the phone and resubmitted the same day.
  - b) The client is nearing the end of his/her window to resubmit for a pended application to remind them they only have a short time left.

- c) When a client is approved, if it is known they are waiting on approval for a medical procedure. We will then print the card out for them to take to the medical provider to expedite their getting service.

### **Description of the Process**

- Appointments are available in under a week. We have Spanish speakers at all sites.
- All clients are asked to make appointments. However, if they come in without an appointment and staff have had a cancelation or no show, they will see clients on a walk in basis.
- Clients often have to come in more than once to complete the application as they are often missing documentation or mis-understood what documentation was required.
- All copying/printing is done at no cost to the client.
- WVHA applications are printed by HND.

### **Statistics**

Number of schedule appointments January – March was **1,276**

Number of walk ins that were served for January – March was **88**

**Total number of appointments for the quarter was 1,364**

Number of applications completed through HND Pierson outreach: **49**

Number of applications submitted by other providers in the quarter:

SMA/Stone Street	18
SMA/Out Pt	22
SMA/Project Warm	1
RAAO	14

**Number of submitted applications first quarter of 2016 vs. 2017**

**2016** January 335; February 266; March 293 (**894 total**)

**2017** January 389; February 365; March 318 (**1,072 total**)

Average approval rate for year: 2016 82.28%; 2017 84.09%

While serving an increased number of individuals, our approval rates increased by almost two percent.



**Program Budget**

<b>Position Title</b>	<b>Salaries</b>	<b>Fringe</b>
Operations Director	12,482	2,743
Site Supervisor	2,080	555
Health Card Specialist	25,180	9,055
Health Card Specialist	24,747	9,001
Health Card Specialist	24,574	8,980
Health Card Specialist	24,574	8,980
	<b><u>\$113,636</u></b>	<b><u>\$39,314</u></b>

**Fringe Benefits:** Fringe benefits are calculated at the following rates:

FICA @ 7.65%; Unemployment Tax @ 1.36%;

Workers Compensation @ 1.86% x Employee Wage

Health and Life Insurance @ \$484.18/full time FTE; and 3% Pension Match

**Proposed**

<b>Rent:</b> Deltona Office - 2 offices at 64.68/Month, 200sqft @ 7.76/sqft plus Pierson Rent \$50/month. Storage and Shredding	3,152
<b>Travel:</b> Mileage expense @ .50/mile, and travel, to and from Pearson once a week	
<b>Staff Training</b>	500
<b>Equipment Rental:</b> Copy/Sacn/Fax machines rental expense at the DeLand and Deltona locations, plus maintenance agreement fees	5,500
<b>Professional Fees:</b> Audit fees and licensed Psychiatrist fees	
<b>Membership and Dues</b>	
<b>Insurance:</b> Property and D&O	1,200
<b>Telephones:</b> Local, Long Distance, Cell Phones, Internet at DeLand and Deltona locations	2,500
<b>Utilities:</b> Electric and Water at DeLand and Deltona locations	3,000
<b>Repairs &amp; Maintenance:</b> Expenses related to building and equipment at DeLand and Deltona locations	800
<b>Supplies:</b> Office, Housekeeping, Educational and Client Supplies	1,200
<b>Equipment</b> - Laptop for mobile sites	1,200
<b>Licenses &amp; Permits</b>	0
<b>Depreciation</b>	0
<b>In-Kind Rent:</b> DeLand and Pierson locations	1,550

**Miscellaneous Expense:** Background  
checks, Postage, Application pickup & Disposal

350

**Administrative & Quality Assurance:**  
Based on Revenue Distribution

17,390

**Total Other Expense**

**38,343**

**Total Personnel and Other Expense**

<b>\$191,292</b>
------------------

## Eileen Long

---

**From:** Brenda Dalley <bdalley@risingagainstallodds.com>  
**Sent:** Monday, July 03, 2017 7:28 PM  
**To:** Eileen Long  
**Subject:** As Requested  
**Attachments:** HealthCard Process and Applications by Month.pdf; RAAO Expense Comparison.pdf; RAAO Billing Guidelines.pdf; RAAO Demographic Report.pdf; WVHA Applicant Casenote.pdf; response.pdf

1. Number of applications for reimbursement-Health Card Process doc.  
(The alternative health coverage was at a minimum. It consisted of six HIV participants, transferring from WVHA to PAC Waiver Medicaid program for HIV/AIDS and approximately ten veterans to VA Medical)
2. RAAO would be able to operate on a flat rate fee of \$25.00 per half hour for the WVHA Health Card. HIV Program would be adversely effected and limited, we are know hoping to retain/add qualified administrative staff to assist HIV/Testers with compiling data.
3. Breakdown of Fee for Service-RAAO Billing Guidelines.
4. Exclusions- Not Applicable

--

**Brenda Flowers Dalley**

Founder, Rising Against All Odds

phone: (386) 202-4209

mobile: (386) 215-7881

address: 340 South Woodland Blvd, DeLand, FL 32720

site: [www.risingagainstallodds.com](http://www.risingagainstallodds.com)

email: [risingagainsttheodds@gmail.com](mailto:risingagainsttheodds@gmail.com)

October	November	December	January	February	March	April	May		
7	7	9	2	4	7	5	2	43	

#### 2016-2017 Health Card Totals

#### Strategy

It is estimated that there are potential customers within our defined outreach area. RAAO will focus on these defined areas to ensure we are duplicating the routine work other agencies may provide. RAAO will focus/increase exposure in indigent and low income communities of West Volusia County. This organization has a window of opportunity to introduce its services and gain a significant sector of low income and indigent consumers. Our outreach in targeted locations serves this demographic.

#### Project Description

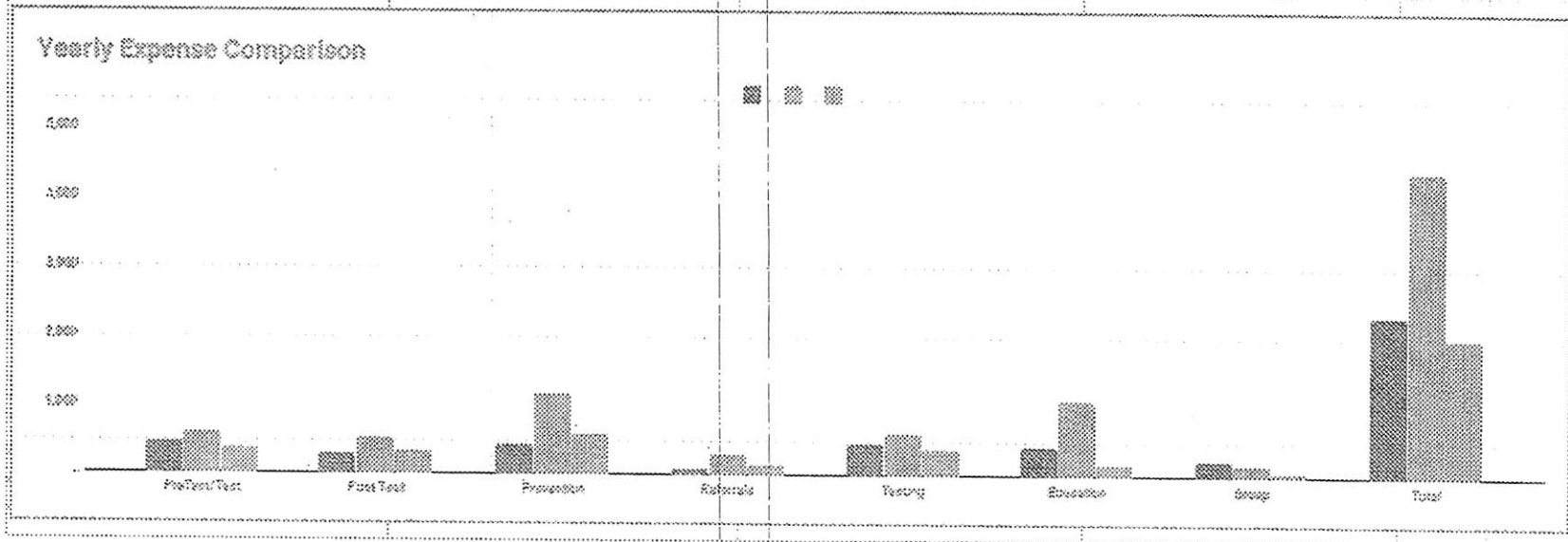
- Phase one: RAAO will verify eligibility for participants by administering a pre screening assessment at time of contact. This process will enable staff to acknowledge that participant meets qualifying guidelines.
  - "Is applicant capable of completing application and supplying necessary documents within their socio economic demographic, illiteracy challenges, mental health challenges, physical disabilities, ect. If Targeted Population is deemed to have any barriers; RAAOs' staff will continue to assist applicant with the entire process.
- Phase two: staff will engage proactively with assisting applicant. We will work closely with applicants to identify and collect all documentation required for completion and submission of application. (Many of the participants are recovering from hospitalization from various diseases and illnesses; others become frustrated and agitated at the process of having to locate ACCESS information/email info-email setup; some have a disbelief of being able to obtain Health Card) This has taken a full day with some of our clients. We do go into nursing homes, family homes and hospitals when requested by Florida Hospital Social Workers.
- Phase three: RAAO will be able to directly verify and attach the denial documentation from the ACA/Medicaid application and begin the West Volusia Healthcare Card application process immediately.
- Having a completed application ready for review and acceptance by THND during our regular scheduled appointment time.

October	November	December	January	February	March	April	May		
7	7	9	2	4	7	5	2	43	

October	November	December	January	February	March	April	May	
7	7	9	2	4	7	5	2	43

2016-2017 Health Card Totals

RAAO Expense Comparison			
Expense Category	October 2014-September 2015	October 2015-September 2016	October 2016 - May 2017
PreTest/Test	450	601	376
Post Test	292	512	318
Prevention	422	1,150	567
Referrals	70	291	142
Testing	445	589	365
Education	410	1,080	166
Group	219	169	54
Total	2,308	4,392	1,988



## BILLING INSTRUCTIONS

### Testing

1.00	Pre Test Counseling	INCLUDES EDUCATION AND PREVENTION- video, questionnaire, awareness facts, hiv facts, at risk behaviors, true stories
0.50	Test	(Must have pretest with test) test consist of filling 1628 form, asking questions to document, and administering oral swab
0.50	Verify/scan supporting documents	(VVHA Tracking) all participants must be entered/updated on registry, verify residency, and photo ID

### Post

.5	Post-test counseling/reassessing risk factors
.5	prevention and follow-up appt noted condoms/lubs etc. given
.5	verify/scanning supporting documents

### REFERRAL

.5	Education (.5 education=identify risk/plan of action
.5	PREVENTIC CONDOMS risk reduction continuation
0	ENTERING DATA ON Registry/supporting documents

(All referrals are opportunities for Ed/Prev)

### Continuum of Care for Non-Clinical case mgmt

1.00	Living Positive When Positive Group based on "CLEAR" CLEAR: Choosing Life: Empowerment! Action! Results!
0.50	Set Up/Break Down/Transportation

### Transportation

0.25	deland	transportation will be contingent on location/wait-time/lab visits during appt etc.
0.5	orange city	continuum of care, other agencies for services relating to access to care, medications, mh, casemanagement
0.75	deltona	scheduled appts/dr HIV ID, chronic conditions relating to HIV diagnosis and opportunist conditions PCP (to and from)
1	West Volusia to vchd (Daytona)	hours if out of west volusia ie. Health department in Daytona Includes Peer Advocacy/Support

### GROUPS

2.5 Family or two-four participants

3.5 HOURS =Groups over five-ten participants

4. Ten or more participants

Group Calculations FOR local FTC, SMA, Springhill, Deland

Time Allocation		Time Allocation Explained
Set Up/Break Down	0.5	At location
RV/Van	0.5	To and From Location
Introduction	0.5	RAAO HIV Program and Services/ State and Local Statistical Information discussed/Stigmas and barriers to HIV Test discussed
Pretest	0.5	Documents are gathered, verified, HIV forms are explained and consen
Prev	0.5	Discussion of how to sensualizing safe sex, proper female and Male condom use, powerpoint/discussion/questions and answer period
Education	0.75	closing education, remarks and concerns addresssed test procedure explained
Counseling	0.5	1628 and private session
Test	0.25	Test Administered

[illegible]



32102	1	1	0	0					
32105	2	0	0	0					
32130	1	7	0	9	1	2	2	2	
32180	1	13	0	3	3	3	1	14	
32190	1	2	0	0					
32706	0	0	0	0					
32713	2	3	0	3	2	2	10	1	
32720	83	116	114	120	91	144	152	117	
32721	1	0	0	0	1				
32722	0	0	0	0			1		
32723	0	0	12		2		2	1	
32724	22	26	34	42	24	6	12	18	
32725	7	9	9	2	3		7	7	
32728	4	8	6	7		23			
32738	5	0	16	1	14	6	12	13	
32739	0	0	0	0					
32744	0		0	0	4	2			
32754	0	0	0	0					
32763	4	5	10	5	1	2	10	13	
32764	1	0	0	0					
32774	0	0	0	0					
	135	180	201	192	146	190	209	186	0

## WVHA Applicant Tracking Case Note

Initial of  
Assistant \_\_\_\_\_

Participants Name \_\_\_\_\_

Participants Phone # \_\_\_\_\_

Application Start Date \_\_\_\_\_

Application Completion Date \_\_\_\_\_

Provide explanation reason participant needs assistance

### Verification of Identity

Date ID  
obtained \_\_\_\_\_

Start Time \_\_\_\_\_ Start Time \_\_\_\_\_

Please give detailed account of action taken, include transportation and cost of ID

### Verification of Residence

Date Res  
obtained \_\_\_\_\_

Start Time \_\_\_\_\_ Start Time \_\_\_\_\_

Please give detailed account of action taken, was client homeless, was referral needed, what factors contributed to time to complete print and assist with referral

### Proof of Income

Date POI  
obtained \_\_\_\_\_

Start Time \_\_\_\_\_ Start Time \_\_\_\_\_

Did client need assistance obtaining verification of support, how did coordination of supporter and client happen

Additional Notes: List any circumstances and/or situations that are notable for our target population and KAP population

Total Calculated completion time from start to finish to process this application (Add all start and finish times) \_\_\_\_\_

## Eileen Long

---

**From:** Susan Clark <susan.clark@nhcww.org>  
**Sent:** Wednesday, May 24, 2017 1:17 PM  
**To:** Eileen Long  
**Cc:** Waylan Niece  
**Subject:** Neighborhood Center of West Volusia

Eileen, after the CAC application review meeting last evening we wanted to follow up with an email to clarify to the WVHA Board and the CAC what may seem like an under-utilization of 2017 funds ( \$70k)year to date and the increase request identified in to 2018 WVHA Application ( \$100k)

- 1) The CAC ranked the NHC application with 2 members recommending Full Funding at \$100k for 2018 and 2 members recommending at the current 2017 award amount (\$70k) .....( 2 CAC members did not participate)
- 2) The Neighborhood has utilized \_ 47% of the 2017 award through April 2017 and we are expected to reach 60% utilization by the end of May 2017. ....which will actually put us at the right utilization rate within this grant cycle.
- 3) The 2018 Neighborhood Center application reflected an increase of \$30k related directly to the significant increase in clientele in need of the WVHA card and the 2018 forecasted notable increase resulting from the additional housing components serving individuals and families that will most certainly will be in need of WVHA Referral services.

Please share this with the WVHA Board Members and the Citizen Advisory Committee members in advance of the next WVHA Board meeting.

Respectfully,  
Susan

Susan Clark, CAP, ICADC  
Executive Director  
The Neighborhood Center of West Volusia  
[Susan.clark@nhcww.org](mailto:Susan.clark@nhcww.org)

## **COMMUNITY LIFE CENTER OUTREACH SERVICES WVHA PROGRAM JUSTIFICATION**

- 1. THE CITY OF DELTONA CITIZENS ARE IN NEED OF ACCESSING HEALTH CARE.**
- 2. THERE IS AN INHERENT TRANSPORTATION PROBLEM FOR ANY PERSON IN DELTONA IN NEED TO APPLY FOR THE WVHA HEALTH CARD.**
- 3. COMMUNITY LIFE CENTER SERVES THE COMMUNITY WITH A FOOD PANTRY WITH AN AVERAGE OF 25 INDIVIDUALS ON A DAILY BASIS, AS WELL AS PROVIDING OTHER VITAL SERVICES, SUCH AS HELP PAYING UTILITIES, CASE MANAGEMENT, REFERRALS, FINANCIAL EDUCATION WORKSHOPS, AND CONNECTING INDIVIDUALS TO OUR DCF/ ACCESS CENTER.**

### **INTAKE PROCESS:**

- CLIENTS FILL OUT AN APPLICATION FOR HELP**
- CASE WORKER WILL DEVELOP A CASE MANAGEMENT PLAN AT THE BEGINNING OF THE INTAKE SESSION**
- PROSPECTIVE CLIENT MUST QUALIFY ACCORDING TO THE FEDERAL POVERTY GUIDELINES AND MUST SHOW ID, AND SHOW PROOF OF RESIDENCY**
- INTAKE WORKER WILL ASK AT THAT POINT IF THE INDIVIDUAL HAS HEALTH INSURANCE**
- ANY WVHA ELIGIBLE CLIENT THAT COMES IN FOR SERVICES WILL BE PRE-SCREENED FOR THE HEALTH CARD. THOSE ELIGIBLE WILL BE REFERRED TO WVHA PARTNER AGENCIES, (FOR EXAMPLE: THND, ETC.)**
- WVHA FUNDS WILL ALLOW CLIENTS TO BE SCREENED FOR OUTREACH REFERRALS TO WVHA APPROVED PARTNERS PROCESSING MEDICAL CARDS**
- INTAKE WORKER WILL ASSIST IN COMPLETING PRE-APPLICATION AND WILL VERIFY THAT THE CLIENT EXISTS WITHIN THE HMIS SYSTEM, OR ENTER THE CLIENT INFORMATION WITHIN THE HMIS SYSTEM.**
- CASE WORKER WILL HAVE AN OPPRTUNITY TO FOLLOW-UP WHEN THE CLIENT RETURNS TO CLC FOR SERVICES**

### **PROGRAM BUDGET:**

**TOTAL COST OF THE PROGRAM: \$52,972.00 OR 100% OF PROGRAM**

**WVHA AMOUNT REQUESTED: \$40,000.00 - \$75% OF PROGRAM**

### **PERSONNEL:**

<b>POSITIONS TO BE FUNDED:</b>	<b>SALARY</b>
<b>OPERATIONS DIRECTOR/ED</b>	<b>\$1,966.66/MOX12MOS</b>
<b>PROGRAM ADMINISTRATOR</b>	<b>\$1,100/MOX12MOS</b>
<b>CASE MANAGERS (2)</b>	<b>\$1,100/MOX12 MOS</b>

**THE ABOVE ARE PARTIAL SALARIES TO COVER THE IMPLEMENTATION OF THE PROGRAM.**

### **ADMINISTRATIVE COSTS:**

**OFFICE SUPPLIES (PAPER, COPYING, ETC) \$743.00**

**EQUIPMENT (DESKTOP OR LAPTOP FOR INTAKE 2) \$2,229.00**

## Eileen Long

---

**From:** Cary Quinones <cquinones@familyhealthsource.org>  
**Sent:** Friday, June 30, 2017 3:56 PM  
**To:** Eileen Long  
**Cc:** Laurie Asbury; Paula Yaryan  
**Subject:** RE: Input regarding Specialty Care Network Exclusions  
**Attachments:** WVHA Board Member Reply Letter.doc

**Importance:** High

Hi Eileen attached is our reply in regard to the inquiries regarding prescreening and outreach for the health card. I'll be out on Monday, so I wanted to make sure you received before deadline. Thank you and have a safe and happy 4<sup>th</sup> of July weekend.

**Cary Quinones**  
Marketing & Enabling Services Manager



[www.familyhealthsource.org](http://www.familyhealthsource.org)

Primary Medical Care for the entire family!

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

### FAMILY HEALTH SOURCE

#### ADMINISTRATIVE OFFICES

1015 N. Stone St, Deland, FL 32720

Office: (386) 202-6025 X2727

Cell: (407) 415-1500

CONFIDENTIALITY NOTICE: This message and any attachments are for the sole use of the intended recipient(s) and may contain confidential and privileged information that is exempt from public disclosure.

**From:** Eileen Long [mailto:ELong@drtcpa.com]

**Sent:** Monday, June 19, 2017 1:16 PM

**To:** Laurie Asbury <lasbury@familyhealthsource.org>; Bennett, Amy <AMY.BENNETT@fhdeland.org>; Brenda Flowers Dalley <bdalley@risingagainstallodds.com>; Cindy Martin (cindy.martin@fhdeland.org) <cindy.martin@fhdeland.org>; Dee Schaeffer <Deanna.Schaeffer@halifax.org>; Dixie Morgese <Dixie.Morgese@healthystartfv.org>; Eric Ostarly (eric.ostarly@ahss.org) <eric.ostarly@ahss.org>; Gail Hallmon <ghallmon@thehnd.com>; Helene Ryan <hryan@smabehavioral.org>; Ivan Cosimi <icosimi@smabehavioral.org>; Jennifer Stephenson <jstephenson@smabehavioral.org>; Josephine Mercado <josephine@hhi2001.org>; Katelyn Alley <Katelyn.Alley@healthystartfv.org>; Laura Pichardo-Cruz <laurap@clsmf.org>; Mary Gusky - Good Samaritan Clinic (gsdld1@gmail.com) <gsdld1@gmail.com>; Mustafa Ali <manager@promptcarefl.com>; Nigel Hinds - Florida Hospital DeLand (hindsmn@yahoo.com) <hindsmn@yahoo.com>; nigel.hinds@fhdeland.org; Parris, Steven <Steven.Parris@halifax.org>; Cary Quinones <cquinones@familyhealthsource.org>; Robin Hite <robinh@clsmf.org>; Rosha Loach <rosha.loach@healthystartfv.org>; Livia Gifford <lgifford@familyhealthsource.org>; Sheila Jennings <sjennings@smabehavioral.org>; Steve Sally <ssally@thehnd.com>; Susan Clark (susan.clark@cfl.rr.com) <susan.clark@cfl.rr.com>; Watson, Alicia <Alicia.Watson@halifax.org>; Waylan Niece <wniece3@gmail.com>;

Weatherwax, Jo A <Jo.Weatherwax@flhealth.gov>

**Cc:** Shawn Jacobs <sjacobs@pomco.com>; Ron Cantlay <RCantlay@drtcpa.com>; Andy Ferrari <andy4deland@gmail.com>; Barbara Girtman <barbaragirtman@yahoo.com>; Judy Craig (judylesliecraig@aol.com) <judylesliecraig@aol.com>; Kathie D Shepard (kathieshepard@gmail.com) <kathieshepard@gmail.com>; Ross Dickinson (ross3954@yahoo.com) <ross3954@yahoo.com>; Ted Small (tsmall@businessemploymentlawyer.com) <tsmall@businessemploymentlawyer.com>; WVHA <WVHA@drtcpa.com>; Dolores Guzman <WVHS.dguzman@gmail.com>; Krystal Brown <united4justice386@yahoo.com>; Michael Ray <mikeleeray@gmail.com>; Sandy Adams (gatorbucks7@gmail.com) <gatorbucks7@gmail.com>; Sarah Prado <msmprado@aol.com>; Voloria Manning (volorialmanning@hotmail.com) <volorialmanning@hotmail.com>

**Subject:** Input regarding Specialty Care Network Exclusions

**Importance:** High

**PLEASE DO NOT REPLY TO ALL OR SEND EMAILS TO EACH OTHER TO AVOID ANY VIOLATION OF THE SUNSHINE LAW**

Good afternoon all,

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If you could please compile your replies to all of the above and submit your responses to me by Monday, July 3, 2017, this will allow all time to review the data.

As always, thank you for your time and consideration.

Eileen O'Reilly Long



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

Certified Public Accountants • Registered Investment Advisor

1006 N Woodland Blvd  
DeLand FL 32720  
386-734-9441 Office



"GROWING WELLNESS IN  
OUR COMMUNITIES"

June 30, 2017

## NEFHS Response to WVHA Board of Commissioners Inquiry

1. If your agency assists the WVHA Board Health Card Applicants with the prescreening process and you are reimbursed for this assistance, please advise the Board how many applications you assisted with and sent to The House Next Door (THND) for submittal to POMCO (for example from October 1, 2016 through to the present). Or whether or not your agency assisted them with securing an alternative health coverage source through your endeavors, how many.

NEFHS is not reimbursed for any prescreening assistance provided by our Enabling Services Specialists to health card applicants. They always look to see if client qualifies for ACA, WVHA or our Slide Fee Discount Program. Our Enabling Services/Outreach provided application/information (Oct 2016-Jun 2017) approximately in the office (not including front desk staff handing out applications, not while we're at events/outreach in community):

Apps submitted for client directly to THND:

13

Apps printed & explained on what to do to apply & where to go:

812

2. If your agency is reimbursed for outreach services, educational services, case management services, could your agency accept and survive on a flat fee for service, e.g. \$25 per half hour? Further Board discussion indicated limiting units of time for these services.

Our agency is not reimbursed for any outreach services, educational services, or case management services. NEFHS has attended or hosted the following events (list attached):

**Oct 2016-Dec 2016 = 7 outreach events**

**Jan 2017-Jun 2017 = 37 outreach events**

**Jul 2017-Dec 2017 = 8 outreach events**

NEFHS always has the WVHA Health Card Application and trifold at all events we host or attend.

Our outreach staff is very familiar with the application, needed documents and eligibility guidelines, so they inform people in the community about the health card in West Volusia County and where to go to apply.

We never charge for our services!

3. If you are currently being reimbursed for outreach, educational, case management services, please justify your current requested fee for service, breaking it down and defining the specific services performed for your requested fee.  
**Not applicable.**

**Submitted by: Cary Quinones, Enabling Services & Marketing Manager**

Pierson	Deltona	DeLand	Daytona	DeLand-Pediatrics	Administration
216 N. Frederick St. Pierson, FL 32180 386-749-9449 Fax: 386-749-9447	2160 Howland Blvd. Deltona, FL 32738 386-532-0515 Fax: 386-532-0516	844 W. Plymouth Ave. DeLand, FL 32720 386-738-2422 Fax: 386-738-2423	801 Beville Rd. Daytona, FL 32119 386-267-6214 Fax: 386-999-0414	800 W. Plymouth Ave. DeLand, FL 32720 386-736-7933 Fax: 386-736-7934	1015 N. Stone St. DeLand, FL 32720 386-202-6025 Fax: 386-269-4149
<p><a href="http://www.familyhealthsource.org">www.familyhealthsource.org</a> Non-Profit Federally Qualified Health Center of Northeast Florida Health Services, Inc.</p>					

**MARKETING/OUTRE  
ACH EVENTS  
OCTOBER 2016-  
DECEMBER 2017**



WHEN	TIME	WHAT	SPONSORED BY	WHERE	WHO'S ATTENDING
Sat, Oct 1, 2016	10:00a m- 12:00p m	Fall Festival	Aging Tree	Aging Tree, Orange City	Jeannette
Wed, Oct 26, 2016	12pm- 4pm	Health Fair/Feria de Salud	Farmworkers Association	Pierson	Sandy Guzman
Fri, Oct 28, 2016	10:00a m- 3:00p m	12th Annual Health & Human Services Summit	One Voice for Volusia	Ocean Center, Daytona Beach	Sandy/Madeline/Cary
Sat, Oct 29, 2016	7:00a m- 9:00a m	Breast Cancer/ Making Strides Walk	American Cancer Society	Riverfront Park, Daytona Beach	Sandy/Madeline/Cary/Jeanette/Melissa, Livia, etc
Wed, Nov 17, 2016	5:50p m- 7pm	Fairs (Families and Community Together)	Volusia County School	Deland Middle School	Madeline Vicente
Fri, Dec 2, 2016	10:00a m- 2:00p m	World AIDS Day Awareness Event	Spring Hill Ctr	Deland	Madeline Vicente
Sat, Dec 10, 2016	9:30a m- 11:30a m	Pierson Wellness & Community Partnership Event	Family Health Source - Pierson	216 N. Frederick St, Pierson Clinic	All O/E team
				<b>7 Events from Oct 2016- Dec 2016</b>	
Mon, Jan 16, 2017	12pm- 3pm	MLK Small Business Expo	City of Deland, WVHA Commissioners	Sanbord Center, Deland	Sandy Guzman



Sat, Jan 28, 2017	8am-10am	ME STRONG 5K	ME STRONG, City of Deland	W. Indiana Ave, Downtown Deland	Sandy Guzman
Sat, Feb 4, 2017	10am-12pm	Winter Wellness Festival	Aging Tree	Orange City	Madeline Vicente
Tue, Feb 7, 2017	10am-3pm	Community Yard Sale & Free Giveaways	Spring Hill Ctr	Springhill Resource Ctr, Deland	Madeline Vicente
Wed, Feb 8, 2017	4:30P M-5:30p m	FWA meeting with Sheriff of Volusia County	Farmworker s Association	Pierson, Fl	Sandy Guzman
Mon, Feb 13, 2017	12pm-2pm	Healthy Start Annual Celebration Luncheon	Healthy Start	Daytona Beach, FL	Laurie, Livia, Melissa, Sandy, Jeannette & Madeline
Wed, Feb 15, 2017	5pm-9pm	97th Annual Dinner Meeting	Daytona Chamber of Commerce	Daytona Beach, FL	Executive team, some board members, other staff & ES team
Sat, Feb 18, 2017	1pm-5pm	Celebration Of Art	Culture builds Fl/ Farmworker s Association	Pierson, Fl	Sandy Guzman
Thu, Feb 23, 2017	6pm-8pm	Migrant Impact Meeting	Migrant Program of Volusia County	Pierson, FL	Sandy Guzman
Fri, Feb 24, 2017	5pm-7pm	Malloy Head Start Parent/Teacher Meeting	Malloy Head Start	Deleon Springs	Sandy Guzman
Sat, Feb 25, 2017	10am-2pm	Fun Festival	Pierson Elementary PTA	1 W. First Ave, Pierson, Fl	Sandy Guzman
Sat, Feb 25, 2017	9am-1pm	Heritage Spring Festival	Everybody is Somebody & WVHA	Mill Lake Park, 207 E. Blue Spgs Ave, Orange City, FL	Jeannette Reyes
Thu, Mar 2, 2017	5:30p m-7pm	FACT Fair-Family & Comm.	Volusia County School	Deltona Middle School, Deltona	Jeannette Reyes

		Together	District		
Sat, Mar 4, 2017	8am-12pm	Keep DeLand Beautiful Day	Deland Chamber	Earl Brown Park, Deland, FL	Madeline Vicente
Fri, Mar 24, 2017	10am-12pm	Leadership Daytona Healthcare Day	YMCA	YMCA Ormond Bch	Sandy Guzman
Sat, Mar 25, 2017	10am-3pm	Dash for Downs 5K & Spring Festival	Welcoming Hearts	Gemini Spgs Pk, 37 Dirksen Dr, Debary, FL	Jeannette Reyes
Thu, Apr 6, 2017	5:30pm-7pm	FACT Fair-Family & Comm. Together	Volusia County School District	Campbell Middle School, Daytona	Sandy Guzman/Evelda Ash
Wed, Apr 12, 2017	4pm-6pm	Block Party for Child Abuse Prevention	My FL Families	Holly Hill City Hall	Evelda Ash
Fri, Apr 14, 2017	5pm-8pm	3rd Annual Jackie Robinson Day/Friday Night Done right	One Voice for Volusia	Daytona Tortugas Stadium	Evelda Ash
Wed, Apr 19, 2017	4pm	Daytona Site Ribbon Cutting/Grand Opening	FHS	801 Beville Rd, Daytona, FL	All Staff
Thu, April 20, 2017	6pm-8pm	Migrant Impact Meeting	Migrant Program of Volusia County	Pierson, FL	Sandy Guzman
Sun, Apr 23, 2017	3pm-5pm	Zumba Fundraiser employee's relative	Taylor Middle High School	Pierson, FL	Sandy Guzman
Mon, Apr 24, 2017	4pm-6pm	Halifax Grand Opening of ER	Halifax Hospital	Deltona, FL	Livia, Cary & Jennette Reyes

Tue, Apr 25, 2017	7:30a m- 9:30a m	West Volusia Chamber Meeting	W. Volusia Chamber	Debary, FL	Sandy Guzman
Thu, Apr 27, 2017	11:30a m- 1:30p m	United Way 75th Anniversary Lunch	United Way	Daytona Beach	Cary Quinones & Evelda Ash
Fri, Apr 28, 2017	3pm- 5pm	Open House	Career Source	Orange City, FL	Cary Quinones
Sat, Apr 29, 2017	11am- 1pm	Healthy Kids Day	YMCA	Jackie Robinson Ballpark, Daytona Beach	Evelda Ash
Sat April 29, 2017	10am- 2pm	Community Unity Day	CHAMBER DELAND FLORIDA	Earl Brown Park, Deland FL	Madeline Vicente
Sat, Apr 29, 2017	6pm- 9pm	Females About Business	Deland Chamber	Sanborn Center, Deland	Jennette Reyes/Cary Quinones
Fri, May 5, 2017	5pm- 7pm	Cinco de Mayo Community Celebration	Farmworker s Assoc.	San Jose Church, Pierson	Sandy Guzman
Sat, May 6, 2017	6pm- 9pm	HUM 8th Annual Gala	Halifax Urban Ministries	Oceanside Country Club, Ormond	Paula, Juan, Angela, Cary, Jennette, Madeline, Evelda, Sandy
Thu, May 18, 2017	6pm- 7:30p m	Second Chance Workshop	Spring Hill Resource Center	Deland City Hall	Madeline Vicente
Sat, May 20, 2017	9am- 2pm	Veterans in Need Stand Down	Career Source	250 N. Beach St, Daytona Bch	Sandy Guzman/Angela Salazar
Wed, May 31, 2017	5pm- 6pm	Grand Opening Wellness & Rehab Care	Florida Hospital Fish Memorial	Orange City, FL	Cary Quinones
Sat, Jun 3, 2017	10am- 1pm	Health Fair	City of Deltona	City Hall, Deltona, FL	Jeannette Reyes/Sandy Guzman
Sat, Jun 17, 2017	11am- 3pm	7th Annual Community Celebration	Juneteenth Festival Committee	925 George W. Engram Blvd, Daytona	Evelda Ash

Tue, Jun 27, 2017	8am-1pm	Community Care Network	DOH	Daytona	Evelda Ash
				<b>37 Events from Jan 2017-Jun 2017</b>	
Tue, Jul 4, 2017	4pm-8:30pm	Town of Pierson 4th of July Event	Town of Pierson	Pierson, Fl	Sandy Guzman
Fri, Aug 4, 2017	9:30am-2:30pm	The Big Latch On 2017	Breastfeeding Coalition & DOH	1845 Holsonback Dr, Daytona Beach	Evelda Ash
Sat, Aug 5, 2017	8am-10am	Deland Mayor Backpack Giveaway	City of Deland/Spring Hill Resource Ctr	Earl Brown Park, Deland	Madeline Vicente/Karina Rivera/Dr. Sanchez
Sat, Aug 12, 2017	7:30pm-9pm	Motown Concert Series	City of Daytona	Daytona Beach	Evelda Ash
Fri, Sept 8, 2017	7:30am-12pm	Health, Wellness & Benefits Fair	Volusia County	Deland	Madeline Vicente
Mon, Sept 11, 2017	7:30am-12pm	Health, Wellness & Benefits Fair	Volusia County	Deland	Madeline Vicente
Tue, Sept 12, 2017	7:30am-12pm	Health, Wellness & Benefits Fair	Volusia County	Deland	Madeline Vicente
Sat, Dec 16, 2017	9am-11am	FHS 2nd Annual Diabetic Health Fair-Deltona?	Family Health Source	New Deltona Community Ctr	All Enabling Staff
				<b>8 Events coming up Jul 2017-Dec 2017</b>	

## Eileen Long

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**From:** Jennifer Stephenson <jstephenson@smabehavioral.org>  
**Sent:** Friday, June 30, 2017 5:12 PM  
**To:** Eileen Long  
**Cc:** Nicole Sharbono; Eric Horst; Sheila Jennings; Lynda M. Tarus  
**Subject:** RE: Input regarding Specialty Care Network Exclusions  
**Attachments:** Pre Screening Services Description.docx

Please see attached description of SMA's prescreening process for the WVHA card.

Thank you.

*Jennifer Stephenson, LMFT*  
*Senior Director of Outpatient Services*



*(386) 236-3296 (office)*  
*(386) 804-0363 (cell)*  
*[jstephenson@smabehavioral.org](mailto:jstephenson@smabehavioral.org)*

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**From:** Eileen Long [mailto:ELong@drtcpa.com]  
**Sent:** Monday, June 19, 2017 1:16 PM  
**To:** Asbury, Laurie; Bennett, Amy; Brenda Flowers Dalley; Cindy Martin (cindy.martin@fhdeland.org); Dee Schaeffer; Dixie Morgese; Eric Ostarly (eric.ostarly@ahss.org); Gail Hallmon; Helene Ryan; Ivan Cosimi; Jennifer Stephenson; Josephine Mercado; Katelyn Alley; Laura Pichardo-Cruz; Mary Gusky - Good Samaritan Clinic (gsdld1@gmail.com); Mustafa Ali; Nigel Hinds - Florida Hospital DeLand (hindsnm@yahoo.com); nigel.hinds@fhdeland.org; Parris, Steven; Quinones, Cary; Robin Hite; Rosha Loach; Segura, Maribel; Sheila Jennings; Steve Sally; Susan Clark (susan.clark@cfl.rr.com); Watson, Alicia; Waylan Niece; Weatherwax, Jo A  
**Cc:** Shawn Jacobs; Ron Cantlay; Andy Ferrari; Barbara Girtman; Judy Craig (judylesliecraig@aol.com); Kathie D Shepard (kathieshepard@gmail.com); Ross Dickinson (ross3954@yahoo.com); Ted Small (tsmall@businessemploymentlawyer.com); WVHA; Dolores Guzman; Krystal Brown; Michael Ray; Sandy Adams (gatorbucks7@gmail.com); Sarah Prado; Voloria Manning (volorialmanning@hotmail.com)  
**Subject:** Input regarding Specialty Care Network Exclusions

**PLEASE DO NOT REPLY TO ALL OR SEND EMAILS TO EACH OTHER TO AVOID ANY VIOLATION OF THE SUNSHINE LAW**

Good afternoon all,

During the last WVHA Board meeting, The Board issued a few requests of the funded agencies:

1. If your agency assists the WVHA Board HealthCard Applicants with the prescreening process and you are reimbursed for this assistance, please advise the Board how many applications you assisted with and sent to The House Next Door (THND) for submittal to POMCO (for example from October 1, 2016 through to the present). Or whether or not your agency

assisted them with securing an alternative health coverage source through your endeavors, how many.

2. If your agency is reimbursed for outreach services, educational services, case management services, could your agency accept and survive on a flat fee for service, e.g. \$25 per half hour? Further Board discussion indicated limiting units of time for these services.
3. If you are currently being reimbursed for outreach, educational, case management services, please justify your current requested fee for service, breaking it down and defining the specific services performed for your requested fee.
4. And, the Board has been discussing imposing exclusions within the specialty care network. Please see pages 9 and 10 of the attached June 15, 2017 POMCO report as well as the list of exclusions imposed by Palm Beach County. Both POMCO and the WVHA Board of Commissioners would like your feedback in regards to imposing specialty care network exclusions and your opinion in regards to the impact on patient care.

If you could please compile your replies to all of the above and submit your responses to me by Monday, July 3, 2017, this will allow all time to review the data.

As always, thank you for your time and consideration.

Eileen O'Reilly Long



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

Certified Public Accountants Registered Investment Advisor

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## Pre-Screening Services at SMA

SMA sees clients at the Outpatient Clinic who are uninsured; as they come in for their appointment our pre-screening specialist discusses the advantages of the WVHA card and does a preliminary screening. If the client appears that they would qualify for WVHA program, she schedules an appointment with them to complete the application and asks them to bring a picture ID, Social Security card, 3 pieces of mail proving their address or a homeless letter, pay stubs or a notarized statement of support, bank statements, and Medicaid denial letter if they have them.

At the scheduled meeting, the pre-screening specialist assists the client in completing the application, going online to complete the Affordable Care Act application, printing the results along with Medicaid denial. If it is determined the client does meet criteria for the Affordable Care Act or Medicaid coverage during this screening process, the client is diverted from continuing to pursue the WVHA card. The pre-screening specialist reviews all the items the client was requested to bring with them to determine if all the items are present and appropriate. She then makes copies of the entire application and all supporting documents and places all the items into an envelope for the client to take with them to The House Next Door. She then calls The House Next Door with the client so the client can schedule a time to drop off their application which is usually approximately 3 weeks out.

In the instance where the client does not have all the documents needed, the pre-screening specialist will inform the client to obtain those items and come back to see her in order to complete the application or if it is a simple item like their social security card or ID she will tell them to take it to The House Next Door with their completed application for their appointment so the client does not have to make extra trips to the SMA office. If the items are complicated she will schedule a follow up appointment with the client and ask that they bring the items back to her so she can review them and make copies in order to complete the application before calling The House Next Door for an appointment.

This pre-screening and eventual approval of the WVHA card allows the client to be seen at the outpatient clinic for medication management, obtain medications at no cost to them, receive individual and group therapy as well as crisis services, residential substance abuse services and life skills services with SMA. The life skills coach meets on an ongoing basis with identified clients for life skills services to help meet the client's needs of enhancing their life skills in order for the client to function more efficiently in the community. She assists them with understanding their illness, symptoms, treatment team functions, recovering from mental illness, understanding their treatment, preventing relapse, avoiding crisis situations, coping with symptoms and side effects, managing crisis and emergency situations, fitness and exercise and nutrition as the client's needs dictate and within her scope.

During the application meeting our pre-screening specialist discusses possible needs the client has and links the client to appropriate resources in the community to help meet their needs. She also discusses Social Security Disability with the client and will refer the client to a SOAR Processor if appropriate for assistance with their SS application.

SMA's records indicate that we have provided these eligibility services to 390 clients between October 1, 2016-April 30, 2017 which is an average of just over 55 clients per month. We currently charge \$48 per hour for eligibility services, with average time spent working on the WVHA eligibility being approximately 2.3 hours per client. If the WVHA determines they will pay a flat rate of \$25 per half hour for eligibility services, SMA will be able to continue to provide the service.



## Eileen Long

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**From:** Rosha Loach <Rosha.Loach@healthystartfv.org>  
**Sent:** Monday, July 03, 2017 5:03 PM  
**To:** Eileen Long  
**Cc:** Dixie Morgese; Thalia Smith  
**Subject:** RE: Input regarding Specialty Care Network Exclusions  
**Attachments:** UOS worksheet.xlsx; FY16-17-Monthly WVHA WIS-NOS UOS Calculations.pdf  
  
**Importance:** High

Good afternoon Eileen,

As per email below, my responses are as follows:

1. WVHA FSC: From October 1, 2016 to March 31, 2017 we have prescreened 155 general public and target population unduplicated clients at the Healthy Start Family Place. This includes finding an alternate payer source such as Medicaid or Affordable Care Act.
2. WVHA WIS-NOS: Outreach Services are paid as per attached FY16-17 Monthly WVHA WIS-NOS UOS Calculations that are submitted each month. I have also attached the UOS Worksheet that breaks down the rate if we were to use this methodology for the FSC positions to serve our pregnant/postpartum/babies and the general populations. The rate is less than \$25 per half hour so we would be will to accept and survive the flat fee for service.
3. WVHA FSC: Fee for service based on our current Medicaid pregnancy rate.
4. Exclusions for treatment for mental disorders and substance use disorders will greatly reduce the chances for very high risk patients to receive the care they need.

Hope this helps. Please let us know if you need more information. Thanks for all you do!

Hope you have a great holiday!

Rosha Loach, MPH  
Program Director



Healthy Start Coalition of Flagler & Volusia Counties, Inc  
109 Executive Circle  
Daytona Beach, FL 32114  
**Phone:** 386-252-4277, ext 307

# Healthy Start Coalition of Flagler & Volusia

## Family Support Services Cost per Unit/Hour

(Based on 2080 work hours per year per 1.0 FTE)

	WVHA Funds Requested	2080 units/hours per year	\$	33.11	per unit/hour
Family Services Coordination - Prenatal, post-partum & young children (Includes .20 FTE Supervisor + 10% administration/general overhead)	\$ 68,861.68	2080			
Family Services Coordination - General Population (nothing budgeted for supervisor or administration/general overhead)	\$ 49,724.97	2080			
If combined into one contract	\$ 118,586.65	4160			
		units/hours per year	\$	28.51	per unit/hour

**West Volusia Hospital Authority (WVHA)**

**Women's Intervention Specialist (WIS)/Neonatal Outreach Specialist (NOS)**

**Funding Period: October 2016 to September 2017**

**Monthly Unit of Service (UOS) Calculations**

		1.0 FTE WIS-NOS	
# of		40 hr. FT	Total Hours/ Units of Service
Month	wk days	1.0	(UOS)
		hrs/mth	
Oct-16	21	168	168.00
Nov-16	22	176	176.00
Dec-16	22	176	176.00
Jan-17	22	176	176.00
Feb-17	20	160	160.00
Mar-17	23	184	184.00
Apr-17	20	160	160.00
May-17	23	184	184.00
Jun-17	22	176	176.00
Jul-17	21	168	168.00
Aug-17	23	184	184.00
*Sep-17	21	168	166.00
Total Annual	260		2,078.00

35.37

Total Contract Award \$ 73,500

\*Sept-17: decreased UOS for month by 2 so that total annual UOS = total UOS in contract.

**Based on 1 full time FTE @ 40/hrs per week x 52 weeks = 2,080 hours**



Web: HHI2001.org  
Email: info@hhi2001.org

"Building Healthier Communities  
One Person At A Time"

Tel: 386-320-0110  
Fax: 386-320-0861

RE: WVHA Board request of its funded agencies – July 3, 2017

**1. If your agency assists the WVHA Board Health Card Applicants with the prescreening process and you are reimbursed for this assistance, please advise the Board how many applications you assisted with and sent to The House Next Door (THND) for submittal to POMCO (for example from October 1, 2016 through to the present). Or whether or not your agency assisted them with securing an alternative health coverage source through your endeavors, how many.**

Hispanic Health Initiatives, Inc. (HHI) is not reimbursed for and does not assist West Volusia Hospital Authority (WVHA) health card applicants with the prescreening process. However, as per paragraph 5 of the WVHA/HHI 2016-2017 funding agreement, HHI provides information regarding other Authority programs and encourages Program Participants to apply for a WVHA Health Card or any other federal or state health care programs that Program Participants may be eligible for.

**2. If your agency is reimbursed for outreach services, educational services, case management services, could your agency accept and survive on a flat fee for service, e.g. \$25 per half hour? Further Board discussion indicated limiting units of time for these services.**

HHI's current flat fee rates for Health Risk Assessment, one-on-one education and case management are outlined below as part of question #3.

At this time HHI feels its current rates are fair reimbursement for the services provided and changing the reimbursement rate to a flat rate of \$25/.5hr across the board for all services provided will impose a significant financial hardship.

**3. If you are currently being reimbursed for outreach, educational, case management services, please justify your current requested fee for service, breaking it down and defining the specific services performed for your requested fee.**

Before developing its current rates, HHI approached two professional medical billing experts to help verify if the State of Florida had a fee for service rate under Medicaid or Medicare for comparable services as those HHI was providing. They did not find any. Since HHI is not a medical provider, and its current award from the WVHA is the first



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grant requiring HHI to develop a fee for service rate fashioned in the manner of a medical provider, HHI relied on guidance from both Mr. Smalls and Commissioner Dickerson in developing the fee for service rate.

HHI's current fee for service rates and their justifications are as follows:

1. Health Risk Assessment (HRA) - A fee of \$100 for each health risk assessment consisting of biological and behavioral screenings for risks of metabolic (diabetes) and cardiovascular disease, which is performed for a Program Participant by a Certified, paraprofessional Community Health Worker (CCHW):

This fee encompasses all direct and indirect costs related to the provision of the Health Risk Assessment, Diabetes Type II class and Health Fair.

An example of direct costs (resources consumed at the time of the services) are, but not limited to:

- Staff salaries and Benefits not including administrative
- Mileage reimbursement (The majority of HHI's services are performed in the community)
- Screening supplies (test strips, lancets, alcohol swabs, gloves, sharps containers, band-aids, test meters, etc...)
- Program supplies (Participant enrollment incentives [portion plates, measuring cups, resistance bands], breakfast & lunch cooking samples as a part of the Buddies/Los Amigos Diabetes Type II curriculum, etc...)

An example of indirect costs (resources not directly consumed during the provision of the services) are, but not limited to:

- Staff Salaries and Benefits including administrative
- Mileage Reimbursement (Participant and partner meetings)
- Office supplies (copy paper, file folders and accessories, data storage devices, miscellaneous items [pens, correction fluid, paper clips, note pads], etc...)
- Telephone and communications including broadband expense
- Printer and copier expense
- Hazardous materials disposal

2. One-on-One Education - A flat fee of \$50.00 for each one-half hour (30 minutes) of health and behavioral education using evidence based curricula and strategies which is performed for a Program Participant by a CCHW.



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HRA program participants receive behavioral education using evidence based curricula and strategies for those showing an increased risk for chronic disease. Behavioral education focuses on nutrition, regular physical activity, prevention and self-management of chronic disease such as diabetes and cardiovascular disease. The coaching and behavioral education includes recommendations for ongoing primary and/or behavioral health care as indicated by the screening outcomes. All HRA participants are encouraged to set personal goals for modifying behaviors that are linked to increased risk for developing chronic disease or worsening the progression of the such diseases. High-risk participants are referred to their PCP or Northeast Florida Health Services clinics for follow-up primary care. Participants are also screened for eligibility for supportive social services, the WVHA Health card and connected with the appropriate agency(s) to receive the needed services.

During the 6 hour Diabetes Type II class the health education is infused throughout the day's activities, beginning with a pre-test of participants' knowledge of modifiable health risks followed by a plenary session featuring presentations by healthcare professionals (Diabetes, Pharmacist, Nutritionist and Fitness experts), each session lasts approximately one hour with a Q&A for participants at the end. The class concludes with a post-test to determine the increase in participants knowledge as measured from pre to post test results. One education flat fee per participant is charged for the entire class.

3. Case management - a flat fee of \$25.00 for each one-half hour (30 minutes) of direct case management activity for a Program Participant including contacting and collaborating with relevant health care providers, providing immediate referrals to appropriate health care providers and connecting with WVHA's Health Card prescreening enrollment service provider

Follow-up telephone or one-on-one in person consultations are provided to those participants in need. Follow-up is needed to gain new biological screen results in order to track participant progress over baseline results, assist participants to overcome any barriers that may arise in accomplishing their personal health goals and continue any help needed in connecting participants with supportive social services.



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**4. And, the Board has been discussing imposing exclusions within the specialty care network. Please see pages 9 and 10 of the attached June 15, 2017 POMCO report as well as the list of exclusions imposed by Palm Beach County. Both POMCO and the WVHA Board of Commissioners would like your feedback in regards to imposing specialty care network exclusions and your opinion in regards to the impact on patient care.**

Hispanic Health Initiatives is not a medical provider and does not employ medical professionals (Doctors, Nurses, Medical assistants, etc...). Therefore, HHI will abstain from providing an opinion on the specialty care network exclusions.

## Eileen Long

**From:** Susan Clark <susan.clark@nhcwv.org>  
**Sent:** Wednesday, July 05, 2017 11:36 AM  
**To:** Eileen Long  
**Cc:** Waylan Niece  
**Subject:** Neighborhood Center and WVHA

Good Morning Eileen, In response to the em requesting Agency Feedback about Outreach Services the following is The neighborhood Center's position:

1) Question – could your agency accept and survive on a flat fee of \$25 per half hour for case management? Yes although in the most recent application we increased the rate of reimbursement based on the actual cost of providing professional case management, therefore \$30 per half hour is reasonable rate of reimbursement. Note- Outreach Caseworkers are typically non medical personnel.

2) Services performed for requested fee--*The Neighborhood Center of West Volusia is requesting funds to provide the West Volusia Hospital Authority (WVHA) Intensive Case Management services. A "unit of service" will equal .5 (30minutes) of direct client case management activity whereas the case worker will meet with the client, assess medical need (based on client report and medical documentation stating medical issue), contact and collaborate with the appropriate agency that provides the relevant healthcare and provide a referral immediately to "access healthcare".*

*Services provided in the "Access to Healthcare" Program include intensive case management, counseling and ancillary services which promote a holistic approach to treating the whole person.*

*Funds will be used to implement a referral system between medical providers and indigent clients in need of services.*

*The target population is indigent residents of West Volusia in need of "referral for direct access to medical care". The "Access to Care" Program will provide immediate referrals provided by Neighborhood Center caseworker to a West Volusia medical provider that will intervene in the process of addressing the client's medical needs before their illness or medical need requires a emergency room visit at the hospital. Funds will be used to create an effective, seamless process and a strategic collaborative effort for indigent clients to Access Healthcare in West Volusia. The Neighborhood Center partners with other West Volusia agencies, such as Stewart-Marchman Act Behavioral Services, Healthy Start, RAO, and The House Next Door, through a memorandum of understanding, whereas each of these medical providers will participate in a collaborative effort to expedite care and share information to benefit the clients medical needs. Through these collaborative efforts indigent residents will be treated for non-emergency medical needs in relation to substance abuse, mental illness, dental issues, prescription care and vision care without unnecessary utilization of the emergency room.*

Note-Definitions of Case management ( medical vs non medical) with time limits may be part of the solution for the Board to determine and then assign rates of reimbursement for the providers. For comparable work....just a thought.

Thank you  
Susan

Susan Clark, CAP, ICADC  
Executive Director  
The Neighborhood Center of West Volusia  
[Susan.clark@nhcwv.org](mailto:Susan.clark@nhcwv.org)



username password 

## Exclusions

- All costs associated with the collection and preservation of sperm for artificial insemination.
- Allergy testing and immunotherapy.
- Alternative and holistic health care services.
- Ambulance Services.
- Amniocentesis.
- Any medical service provided or received outside of Palm Beach County will not be considered for reimbursement by the Health Care District of Palm Beach County unless authorized by the Health Care District.
- Any patient treated in a hospital while under arrest by, in custody of, being guarded by a law enforcement officer, or under house arrest.
- Any service provided or received without having been prescribed, directed or authorized by the Health Care District, except in cases of emergency.
- Any services in connection with education and treatment for learning or developmental disabilities.
- Bone Stimulators.
- Care or treatment of anorexia or bulimia.
- Chelation therapy.
- Chiropractic treatment or services.
- Complications related to non-covered services.
- Cosmetic, medical, surgical, and non-surgical treatments and procedures provided primarily for cosmetic purposes, which shall include but are not limited to: (1) surgery to the upper and lower eyelid; (2) penile implant; (3) augmentation mammoplasty; (4) reduction mammoplasty for male or female or other cosmetic procedures to the breast, (5) removal of breast implants, except in post mastectomy surgery; (6) full or partial face lift; (7) dermabrasion or chemical exfoliation; (8) scar revision, (9) otoplasty; (10) surgical lift, stretch, or reduction of the abdomen, buttocks, thighs, or upper arm; (11) silicone injections to any part of the body; (12) rhinoplasty; (13) hair transplant; and (14) tattoo removal.
- Cost of services performed by another institutional facility while you are hospitalized in a facility.
- Custodial, domiciliary, convalescent or rest care and care in a skilled nursing facility.
- Diabetic shoes.
- Dialysis for chronic renal failure after the 90th day of treatment from first day of dialysis treatment; dialysis treatments within the home.
- ECP (External Counter Pulsation).
- Experimental medical, surgical or psychiatric procedures and pharmacological regimes that are not generally accepted by the medical community or the Health Care District.
- External defibrillator vest.
- Eye glasses or contact lenses.
- Fertility or infertility testing, artificial insemination or invitro fertilization, embryo transplantation, human chorionic gonadotropin (HCG) injections or reversal of sterilization procedure.
- Foot care, such as removal of warts, corns, or calluses, including, but not limited to, podiatric treatment of bunions, toenails, flat feet, fallen arches, hammertoes, and chronic foot strain, unless determined to be acute and medically necessary or resulting from acute injury.
- Gastric stapling, gastric bypass, gastric banding, and other surgical experimental or investigational procedures for the treatment of obesity, weight loss and/or weight management. Diet or nutritional programs and any variants thereof or exercise programs.

- Genetic testing, counseling and other related services.
- Health or beauty aids, or hair analysis.
- Hearing aids.
- Immunizations required for travel and physical examinations needed for employment, insurance, or governmental licensing.
- Joint replacements - limit one (1) per calendar year.
- Medical or rehabilitation services related to the abuse of or addiction to alcohol, drugs, or other substances.  
Mental or Behavioral Health services including any services related to the abuse of alcohol, drugs, or other substances.
- Occupational, physical, and/or speech therapy unless prescribed by a physician and as it relates to a medical condition.
- Orthodontic services or procedures, periodontal surgery, cast crowns, cast post or core, cast bridges, inlays or onlays, porcelain or resin laminate veneers, space maintainers, implants, or any cosmetic dental procedures.
- Orthotics (except for joint immobilization).
- Pain management.
- Private duty nursing services.
- Prosthetics - limit one (1) prosthetic per limb per lifetime.
- Repair of prosthetic or other DME obtained prior to eligibility.
- Sclera therapy.
- Services associated with aiding a patient in the home, such as homemaker, domestic or maid service.
- Services in connection with long term care, chronic care, or nursing home care.
- Services provided by a family member.
- Services provided in a hospital setting when the member leaves against medical advice (AMA).
- Services received as a result of an illegal act. Any injury resulted from being arrested by, in custody of, being guarded by a law enforcement officer or under house arrest.
- Services received prior to your eligibility effective date or after the termination date.
- Sex change operations or any sex change related services including services for sexual transformation or sexual dysfunction or inadequacies.
- Suicide, attempted suicide, or self-inflicted injury.
- Transplants and any related service to transplants, including transplant donor expenses, or stem cell transplant.
- Transportation.
- Travel, whether or not recommended by a physician.
- Treatment and/or repair of chronic congenital abnormalities.
- Treatment for acne or non symptomatic lesions, which may include but are not limited to warts, moles, nevi, lipomas, or cysts.
- Treatment for conditions covered by Workers' Compensation laws.
- Treatment for military service-connected disabilities for which the Veterans Administration and military hospital system provides care to which the member is legally entitled and when such facilities are reasonably available within the service area.
- Treatment of Temporomandibular Joint Disease (TMJ).
- Treatment of varicose veins of the extremities.
- Urgent care clinic services.
- Vision training, eye exercises, orthoptics, or surgery performed primarily to correct or improve myopia.
- Wound VAC.

## Eileen Long

---

**From:** Schaeffer, Deanna <Deanna.Schaeffer@halifax.org>  
**Sent:** Friday, June 23, 2017 1:02 PM  
**To:** Eileen Long  
**Subject:** Fwd: RE: Emailing - West Palm Beach County Specialty Care Exlusions May 2012.pdf

Hi, Eileen. Please see the below response from Halifax patient assistance staff member.

Also, I have a few comments.

Bullet 6 for services out of county - as you are aware, WVHA covers the Volusia County HCRA obligations that are either emergencies or pre-approved.

Complications so from a non covered service maybe a case by case call.

WV does fund treatment for alcohol rehab and it is very much needed.

Suicide attempts that require medical care that MUST be provided should be covered.

Urgent care - I believe WV funds this? Good for cost savings.

That's all I have.

Take care,

Dee

----- Original Message -----

From: "Shinners, Deborah" <Deborah.Shinners@halifax.org>  
Date: Wed, Jun 21, 2017, 11:48 AM  
To: "Dees, Alisa" <alisa.dees@halifax.org>, "Bolte, Angela" <Angela.Bolte@halifax.org>  
CC: "Watson, Alicia" <Alicia.Watson@halifax.org>, "Schaeffer, Deanna" <Deanna.Schaeffer@halifax.org>  
Subject: RE: Emailing - West Palm Beach County Specialty Care Exlusions May 2012.pdf

*Looking at the list the majority of what is listed we do not cover.  
There were one or two I had a carve out on.*

*The under arrest one, if they are actually under arrest then no, we bill the jail. If they have not been processed and there are no formal charges on them they are a self pay which could make them able to request assistance.*

*As to the foot care, if the Patient is referred by our PCP it may be covered.*

*We do not do joint replacements.*

*We do not do Prosthetics.*

*Assistance with AMA Patients would be a individual call.*

*We will go back and pick up accounts prior to eligibility date with in a set time limit.*

*If the Patient is sent home with a wound VAC and it provides a safe discharge then yes.*

*Please let me know if anything else is needed.*

*Deb.*

---

**From:** Dees, Alisa  
**Sent:** Monday, June 19, 2017 3:01 PM  
**To:** Bolte, Angela; Shinnors, Deborah  
**Cc:** Watson, Alicia; Schaeffer, Deanna  
**Subject:** FW: Emailing - West Palm Beach County Specialty Care Exlusions May 2012.pdf  
**Importance:** High

Angela / Deb,

Please see Alicia Watson's email below and respond. Please cc me.

Thank you,

*Alisa Dees*, CSRMP

Assistant to the SR VP & Chief Revenue Officer  
Halifax Health-PBFS  
303 North Clyde Morris Blvd.  
Daytona Beach, FL 32114  
(P) 386-425-4826  
(F) 386-239-2325  
[Alisa.Dees@Halifax.org](mailto:Alisa.Dees@Halifax.org)



POMCO

June 15, 2017

Submission Report for WVHA Board Members



## 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.

**Example of Covered/Excluded Health Care Services Florida Hospital Silver Care Advantage Health Plan**

Outpatient Services. Note: Authorization rules may apply.		Member Cost share		WVHA Cost Share
Primary Care Physician Visit		50.00		4.00
Specialists Office Visit		75.00		6.00
Chiropractic Services <b>26 visit maximum per calendar year</b>		75.00		6.00
Podiatry Services		75.00		6.00
Maternity Office Visit (not including perinatology) <b>up to 15 visits per calendar year are covered without cost-sharing in-network.</b> Additional visits are subject to appropriate physician office cost-share		0.00		4.00
Maternity Ultrasounds		deductible + coinsurance		6.00
Diagnostic Lab Services (excludes genetic testing) (e.g. blood work) including independent clinical labs		0.00		6.00
Radiology Services (per visit, per type)		deductible + coinsurance		6.00
Emergency Room Visit (Facility copayment waived if admitted)		200.00		10.00
<b>Hospital Services. Note: Authorization rules may apply.</b>				
Inpatient Hospital Services (Per admission) <b>Inpatient Rehabilitation Services limited to 21 days per year</b>		deductible + coinsurance		0.00
Outpatient Surgery Services		200.00		10.00
Outpatient Observation		200.00		10.00
<b>Other Medical Services. Note: Authorization rules may apply.</b>				
Skilled Nursing Facility (Per admission) <b>120 days maximum per calendar year</b>		deductible + coinsurance		Not covered
Home Health Care <b>60 visit maximum per calendar year</b>		deductible + coinsurance		Not covered
Outpatient Rehabilitation and Habilitation services, physical, speech, occupational therapies - <b>20 hours per year, per condition</b> (authorization may be required after the benefit limit has been met when therapy is for a different condition)		deductible + coinsurance		6.00
Cardiac & Pulmonary Rehabilitation <b>36 sessions per lifetime, per service</b> (Additional days may be authorized when medically necessary)		deductible + coinsurance		6.00

Hyperbaric Oxygen Therapy		deductible + coinsurance		6.00
Hospice Services		deductible + coinsurance		Not covered
All other covered medically necessary services		deductible + coinsurance		6.00
Urgent Care Visit		75.00		4.00
<b>Mental Health Services: Note: Authorization rules may apply.</b>				
Inpatient Mental Health Care (Per Adminssion		deductible + coinsurance		0.00
Outpatient Mental Health Care		75.00		6.00
Patient Hospitalization		75.00		0.00
Inpatient Substance Abuse (Per admission) (Detox & acute care only for alcohol/substance abuse)		deductible + coinsurance		0.00
Outpatient Substance Abuse Office Visit (Alcohol/substance abuse)		75.00		6.00
<b>Prescription Drug Benefit</b>				
Tier 1 - Preferred Generic (as compared to 340B Drug Formulary)		2.00		1.00



## Eileen Long

---

**From:** Laurie Asbury <lasbury@familyhealthsource.org>  
**Sent:** Thursday, July 06, 2017 1:32 PM  
**To:** Eileen Long; Cary Quinones; Paula Yaryan  
**Cc:** Shawn Jacobs; Ron Cantlay; Al Powers  
**Subject:** RE: Input regarding Specialty Care Network Exclusions

Hi Eileen

Our apology for overlooking the last question.

4. NEFHS position of primary care provider agrees and does not foresee the Palm Coast list of exclusion specialty out of the "ordinary and customary " coverage.

Again apologies for the oversight!

---

**From:** Eileen Long [mailto:ELong@drtcpa.com]  
**Sent:** Thursday, July 6, 2017 1:24 PM  
**To:** Cary Quinones <cquinones@familyhealthsource.org>; Laurie Asbury <lasbury@familyhealthsource.org>; Paula Yaryan <pyaryan@familyhealthsource.org>  
**Cc:** Shawn Jacobs <sjacobs@pomco.com>; Ron Cantlay <RCantlay@drtcpa.com>; Al Powers <APowers@drtcpa.com>  
**Subject:** FW: Input regarding Specialty Care Network Exclusions  
**Importance:** High

Hi all,

I have only just had a moment to review your submittal and I don't see where NEFHS has responded to questions #4 in regards to the specialty care network and implementing limitations. If we do not address the budgeted line item of specialty care costs, the WVHA annual budget is unsustainable.

We need NEFHS, as our clinical primary care provider, to assist the Board in reducing the specialty care network costs. Even if limitations and exclusions are implemented within the specialty care network, the biggest problem that the Board is facing is the increase in utilization. Since May of 2016, the per member/per month (PM/PM) cost for specialty care was \$107.25; as of May 2017 the PM/PM cost is \$204.30, all while the WVHA HC membership IS NOT at an all-time high (currently about 1,750-historic high of 2,200).

Please provide your input for the WVHA Board to consider while going through this upcoming budget process.

If you could respond before Tuesday, July 11, 2017 by noon, that would greatly be appreciated.

Eileen O'Reilly Long



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*Advisors for Life*

Certified Public Accountants | Registered Investment Advisor

1006 N Woodland Blvd  
DeLand FL 32720  
386-734-9441 Office  
386-738-5351 Fax  
[elong@drtcpa.com](mailto:elong@drtcpa.com)

**From:** Cary Quinones [<mailto:cquinones@familyhealthsource.org>]  
**Sent:** Friday, June 30, 2017 3:56 PM  
**To:** Eileen Long <[ELong@drtcpa.com](mailto:ELong@drtcpa.com)>  
**Cc:** Laurie Asbury <[lasbury@familyhealthsource.org](mailto:lasbury@familyhealthsource.org)>; Paula Yaryan <[pyaryan@familyhealthsource.org](mailto:pyaryan@familyhealthsource.org)>  
**Subject:** RE: Input regarding Specialty Care Network Exclusions  
**Importance:** High

Hi Eileen attached is our reply in regard to the inquiries regarding prescreening and outreach for the health card. I'll be out on Monday, so I wanted to make sure you received before deadline. Thank you and have a safe and happy 4<sup>th</sup> of July weekend.

**Cary Quinones**  
Marketing & Enabling Services Manager



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## **FAMILY HEALTH SOURCE**

### **ADMINISTRATIVE OFFICES**

1015 N. Stone St, Deland, FL 32720

Office: (386) 202-6025 X2727

Cell: (407) 415-1500

CONFIDENTIALITY NOTICE: This message and any attachments are for the sole use of the intended recipient(s) and may contain confidential and privileged information that is exempt from public disclosure.

**From:** Eileen Long [<mailto:ELong@drtcpa.com>]  
**Sent:** Monday, June 19, 2017 1:16 PM  
**To:** Laurie Asbury <[lasbury@familyhealthsource.org](mailto:lasbury@familyhealthsource.org)>; Bennett, Amy <[AMY.BENNETT@fhdeland.org](mailto:AMY.BENNETT@fhdeland.org)>; Brenda Flowers Dalley <[bdalley@risingagainstallodds.com](mailto:bdalley@risingagainstallodds.com)>; Cindy Martin <[cindy.martin@fhdeland.org](mailto:cindy.martin@fhdeland.org)> <[cindy.martin@fhdeland.org](mailto:cindy.martin@fhdeland.org)>; Dee Schaeffer <[Deanna.Schaeffer@halifax.org](mailto:Deanna.Schaeffer@halifax.org)>; Dixie Morgese <[Dixie.Morgese@healthystartfv.org](mailto:Dixie.Morgese@healthystartfv.org)>; Eric Ostarly <[eric.ostarly@ahss.org](mailto:eric.ostarly@ahss.org)> <[eric.ostarly@ahss.org](mailto:eric.ostarly@ahss.org)>; Gail Hallmon <[ghallmon@thehnd.com](mailto:ghallmon@thehnd.com)>; Helene Ryan <[hryan@smabehavioral.org](mailto:hryan@smabehavioral.org)>; Ivan Cosimi <[icosimi@smabehavioral.org](mailto:icosimi@smabehavioral.org)>; Jennifer Stephenson <[jstephenson@smabehavioral.org](mailto:jstephenson@smabehavioral.org)>; Josephine Mercado <[josephine@hhi2001.org](mailto:josephine@hhi2001.org)>; Katelyn Alley <[Katelyn.Alley@healthystartfv.org](mailto:Katelyn.Alley@healthystartfv.org)>; Laura Pichardo-Cruz <[laurap@clsmf.org](mailto:laurap@clsmf.org)>; Mary Gusky - Good Samaritan Clinic <[gstdld1@gmail.com](mailto:gstdld1@gmail.com)> <[gstdld1@gmail.com](mailto:gstdld1@gmail.com)>; Mustafa Ali <[manager@promptcarefl.com](mailto:manager@promptcarefl.com)>; Nigel Hinds - Florida Hospital DeLand <[hindsmn@yahoo.com](mailto:hindsmn@yahoo.com)> <[hindsmn@yahoo.com](mailto:hindsmn@yahoo.com)>; [nigel.hinds@fhdeland.org](mailto:nigel.hinds@fhdeland.org); Parris, Steven <[Steven.Parris@halifax.org](mailto:Steven.Parris@halifax.org)>; Cary Quinones <[cquinones@familyhealthsource.org](mailto:cquinones@familyhealthsource.org)>; Robin Hite <[robinh@clsmf.org](mailto:robinh@clsmf.org)>;

## Eileen Long

---

**From:** Laurie Asbury <lasbury@familyhealthsource.org>  
**Sent:** Thursday, July 06, 2017 5:03 PM  
**To:** Eileen Long; Paula Yaryan; Livia Gifford  
**Cc:** Ron Cantlay; Al Powers; Shawn Jacobs  
**Subject:** RE: Rise in per member per month costs in specialty care

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

I understand. I would like to involve our CMO to speak more to this as this is clinically and Provider related. She is on vacation returns on the 14<sup>th</sup>.

Thank you!

**From:** Eileen Long [mailto:ELong@drtcpa.com]  
**Sent:** Thursday, July 6, 2017 4:03 PM  
**To:** Laurie Asbury <lasbury@familyhealthsource.org>; Paula Yaryan <pyaryan@familyhealthsource.org>; Livia Gifford <lgifford@familyhealthsource.org>  
**Cc:** Ron Cantlay <RCantlay@drtcpa.com>; Al Powers <APowers@drtcpa.com>; Shawn Jacobs <sjacobs@pomco.com>  
**Subject:** RE: Rise in per member per month costs in specialty care

Hi again,

Laurie, I wanted you to understand the direction of the conversation that is being held between ourselves, POMCO and we'd like NEFHS to join in as well.

The specialty care network services has imploded. Simply implementing exclusions and limitations is not going to slow this course and/or the increasing utilization. Please see Shawn Jacobs last paragraph below (highlighted and underlined) and provide us with your thoughts and suggestions as to how NEFHS can assist the WVHA in reining this in.

Thanks so much!

Eileen O'Reilly Long



**Dreggors, Rigsby & Teal, P.A.**  
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386-738-5351 Fax  
[elong@drtcpa.com](mailto:elong@drtcpa.com)

**From:** Shawn Jacobs [mailto:sjacobs@pomco.com]  
**Sent:** Thursday, July 06, 2017 1:31 PM  
**To:** Eileen Long <ELong@drtcpa.com>  
**Cc:** Ron Cantlay <RCantlay@drtcpa.com>; Al Powers <APowers@drtcpa.com>  
**Subject:** RE: Rise in per member per month costs in specialty care

Eileen per our conversation the PMPM specialty care cost increase can be answered partially from the membership increase perspective and from a utilization perspective.

We already know that an increase in membership will have an impact in overall costs. Additionally, from a utilization perspective, if the membership pool is comprised of members with multiple medical issues then we would expect to see high utilization. Since I don't expect the nature of the membership in the program to change then we can expect to continue to see high utilization and thus the upward PMPM trend.

**The open question on utilization however is regarding the clinical landscape. FHS is referring WVHA health card members out to the specialty care providers because they recognize clinical issues that need specialty care attention. We would need to understand from their perspective what increases in clinical issues they've been seeing that in turn is driving the increased referrals and utilization in the specialty care network.**

**Let me know if that helps and what else I can bring to the conversation.**

Regards,  
S.A.J.

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

**West Volusia Hospital Authority  
Financial Statements  
June 30, 2017**



# Dreggors, Rigsby & Teal, P.A.

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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 June 30, 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

July 06, 2017

#### MEMBERS

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Florida Institute of  
Certified Public Accountants

**West Volusia Hospital Authority**  
**Balance Sheet**  
**Modified Cash Basis**  
**June 30, 2017**

**Assets**

**Current Assets**

Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	3,357,588.09
Intracoastal Bank - Operating	500,031.03
Mainstreet Community Bank - MM	7,025,506.89
Taxes Receivable	<u>126,422.00</u>
<b>Total Current Assets</b>	<b><u>11,009,648.01</u></b>

**Fixed Assets**

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

**Other Assets**

Deposits	<u>2,000.00</u>
<b>Total Other Assets</b>	<b><u>2,000.00</u></b>
<b>Total Assets</b>	<b><u><u>11,633,306.44</u></u></b>

**Liabilities and Net Assets**

**Current Liabilities**

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

**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>(1,406,158.69)</u>
<b>Total Net Assets</b>	<b><u>11,518,751.44</u></b>
<b>Total Liabilities and Net Assets</b>	<b><u><u>\$ 11,633,306.44</u></u></b>

**West Volusia Hospital Authority**  
**Statement of Revenue and Expenditures**  
**Modified Cash Basis**  
**Budget and Actual**  
**For the 1 Month and 9 Months Ended June 30, 2017**

	<u>Annual Budget</u>	<u>Current Period Actual</u>	<u>Year To Date Actual</u>	<u>Budget Balance</u>
<b>Revenue</b>				
Ad Valorem Taxes	12,500,000.00	405,478.89	12,506,623.90	(6,623.90)
Investment Income	65,000.00	3,947.87	43,504.60	21,495.40
Rental Income	67,301.00	5,608.42	50,475.78	16,825.22
Other Income	0.00	0.00	25,733.62	(25,733.62)
<b>Total Revenue</b>	<b>12,632,301.00</b>	<b>415,035.18</b>	<b>12,626,337.90</b>	<b>5,963.10</b>
<b>Healthcare Expenditures</b>				
Adventist Health Systems	5,575,949.00	396,089.28	5,440,312.03	135,636.97
Northeast Florida Health Services	1,448,938.00	190,604.17	1,168,898.67	280,039.33
Specialty Care	3,856,522.00	306,409.24	3,085,470.12	771,051.88
County Medicaid Reimbursement	2,197,953.00	182,706.63	1,644,359.99	553,593.01
The House Next Door	181,975.00	7,922.20	72,659.16	109,315.84
The Neighborhood Center	70,000.00	5,638.50	57,317.52	12,682.48
Rising Against All Odds	210,000.00	15,067.01	187,949.30	22,050.70
Community Legal Services	80,000.00	1,925.15	7,714.46	72,285.54
Hispanic Health Initiatives	100,000.00	8,200.00	37,200.00	62,800.00
Florida Dept of Health Dental Svcs	300,000.00	15,694.28	90,618.57	209,381.43
Good Samaritan	82,712.00	3,174.00	40,274.50	42,437.50
Global Healthcare System	350,000.00	1,388.00	12,930.00	337,070.00
Stewart Marchman - ACT	960,336.00	41,497.77	752,830.85	207,505.15
Health Start Coalition of Flagler & Volusia	142,400.00	9,031.04	111,039.00	31,361.00
H C R A	819,612.00	0.00	95,150.64	724,461.36
Capital Outlay	0.00	0.00	0.00	0.00
<b>Total Healthcare Expenditures</b>	<b>16,376,397.00</b>	<b>1,185,347.27</b>	<b>12,804,724.81</b>	<b>3,571,672.19</b>
<b>Other Expenditures</b>				
Advertising	112,000.00	8,473.80	90,510.10	21,489.90
Annual Independent Audit	15,500.00	0.00	15,500.00	0.00
Building & Office Costs	6,500.00	892.50	6,178.19	321.81
General Accounting	68,100.00	6,109.25	51,165.53	16,934.47
General Administrative	65,100.00	7,161.25	41,772.50	23,327.50
Legal Counsel	120,000.00	4,160.00	46,710.00	73,290.00
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	8,028.33	369,982.66	130,017.34
TPA Services	400,000.00	27,250.00	336,063.00	63,937.00
Eligibility / Enrollment	85,745.00	2,205.00	33,621.00	52,124.00
Healthy Communities	72,036.00	5,098.73	50,328.71	21,707.29
Application Screening	205,477.00	11,978.08	118,135.09	87,341.91
Workers Compensation Claims	15,000.00	0.00	27,634.83	(12,634.83)
Other Operating Expenditures	10,000.00	106.25	1,866.17	8,133.83
<b>Total Other Expenditures</b>	<b>1,720,458.00</b>	<b>81,463.19</b>	<b>1,227,771.78</b>	<b>492,686.22</b>
<b>Total Expenditures</b>	<b>18,096,855.00</b>	<b>1,266,810.46</b>	<b>14,032,496.59</b>	<b>4,064,358.41</b>
<b>Excess ( Deficit)</b>	<b>(5,464,554.00)</b>	<b>(851,775.28)</b>	<b>(1,406,158.69)</b>	<b>(4,058,395.31)</b>



**West Volusia Hospital Authority**  
**Schedule I - Healthcare Expenditures**  
**Modified Cash Basis**  
**Budget and Actual**  
**For the 1 Month and 9 Months Ended June 30, 2017**

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
<b>Healthcare Expenditures</b>				
Adventist Health Systems				
Florida Hospital DeLand	2,675,474.50	389,817.48	2,472,716.49	202,758.01
Florida Hospital Fish Memorial	2,675,474.50	6,271.80	2,816,594.14	(141,119.64)
Florida Hospital DeLand - Physicians	112,500.00	0.00	75,320.49	37,179.51
Florida Hospital Fish - Physicians	112,500.00	0.00	75,680.91	36,819.09
Northeast Florida Health Services				
NEFHS - Pharmacy	688,938.00	91,736.67	617,948.51	70,989.49
NEFHS - Obstetrics	30,000.00	113.25	17,879.02	12,120.98
NEFHS - Primary Care	730,000.00	98,754.25	533,071.14	196,928.86
Specialty Care				
Specialty Care Services	3,549,457.00	264,058.41	2,782,793.88	766,663.12
Laboratory Services	307,065.00	42,350.83	302,676.24	4,388.76
County Medicaid Reimbursement	2,197,953.00	182,706.63	1,644,359.99	553,593.01
Florida Dept of Health Dental Svcs	300,000.00	15,694.28	90,618.57	209,381.43
Good Samaritan				
Good Samaritan Health Clinic	25,000.00	1,274.00	15,894.50	9,105.50
Good Samaritan Dental Clinic	57,712.00	1,900.00	24,380.00	33,332.00
Global Healthcare System				
Global Health Care	150,000.00	1,276.80	11,434.80	138,565.20
Global Healthcare System Urgent Care	200,000.00	111.20	1,495.20	198,504.80
The House Next Door	181,975.00	7,922.20	72,659.16	109,315.84
The Neighborhood Center	70,000.00	5,638.50	57,317.52	12,682.48
Rising Against All Odds	210,000.00	15,067.01	187,949.30	22,050.70
Community Legal Services	80,000.00	1,925.15	7,714.46	72,285.54
Hispanic Health Initiatives	100,000.00	8,200.00	37,200.00	62,800.00
Stewart Marchman - ACT				
SMA - ARNP Services at THND	7,000.00	388.00	3,435.50	3,564.50
SMA - Homeless Program	78,336.00	9,873.95	71,788.20	6,547.80
SMA - Residential Treatment	550,000.00	10,769.45	450,000.00	100,000.00
SMA - Baker Act - Match	325,000.00	20,466.37	227,607.15	97,392.85
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500.00	0.00	48,386.16	25,113.84
HSCFV - Fam Services	68,900.00	9,031.04	62,652.84	6,247.16
HCRA				
H C R A - In County	400,000.00	0.00	52,422.84	347,577.16
H C R A - Outside County	419,612.00	0.00	42,727.80	376,884.20
<b>Total Healthcare Expenditures</b>	<b>16,376,397.00</b>	<b>1,185,347.27</b>	<b>12,804,724.81</b>	<b>3,571,672.19</b>

**West Volusia Hospital Authority**  
**Schedule II - Statement of Revenue and Expenditures**  
**Modified Cash Basis**  
**For the 1 Month and 9 Months Ended June 30, 2017 and June 30, 2016**

	1 Month Ended June 30, 2017	1 Month Ended June 30, 2016	9 Months Ended June 30, 2017	9 Months Ended June 30, 2016
<b>Revenue</b>				
Ad Valorem Taxes	405,478.89	424,221.93	12,506,623.90	12,412,065.91
Investment Income	3,947.87	5,145.61	43,504.60	47,342.90
Rental Income	5,608.42	5,573.00	50,475.78	50,157.00
Other Income	0.00	1,617.14	25,733.62	1,685.14
<b>Total Revenue</b>	<u>(415,035.18)</u>	<u>(436,557.68)</u>	<u>(12,626,337.90)</u>	<u>(12,511,250.95)</u>
<b>Healthcare Expenditures</b>				
Adventist Health Systems	396,089.28	552,640.64	5,440,312.03	3,031,026.39
Northeast Florida Health Services	190,604.17	135,173.55	1,168,898.67	1,068,464.90
Specialty Care	306,409.24	349,830.97	3,085,470.12	1,845,599.53
County Medicaid Reimbursement	182,706.63	175,195.50	1,644,359.99	1,576,759.50
The House Next Door	7,922.20	3,776.10	72,659.16	45,682.66
The Neighborhood Center	5,638.50	1,929.62	57,317.52	20,900.04
Rising Against All Odds	15,067.01	16,464.98	187,949.30	111,702.46
Community Legal Services	1,925.15	0.00	7,714.46	0.00
Hispanic Health Initiatives	8,200.00	0.00	37,200.00	0.00
Florida Dept of Health Dental Svcs	15,694.28	700.00	90,618.57	1,050.00
Good Samaritan	3,174.00	5,628.00	40,274.50	50,909.00
Global Healthcare System	1,388.00	3,136.00	12,930.00	5,376.00
Stewart Marchman - ACT	41,497.77	98,549.45	752,830.85	707,618.21
Health Start Coalition of Flagler & Volusia	9,031.04	8,764.38	111,039.00	61,894.30
H C R A	0.00	0.00	95,150.64	112,749.69
<b>Total Healthcare Expenditures</b>	<u>1,185,347.27</u>	<u>1,351,789.19</u>	<u>12,804,724.81</u>	<u>8,639,732.68</u>
<b>Other Expenditures</b>				
Advertising	8,473.80	161.82	90,510.10	10,569.36
Annual Independent Audit	0.00	0.00	15,500.00	15,200.00
Building & Office Costs	892.50	517.55	6,178.19	2,526.10
General Accounting	6,109.25	2,834.25	51,165.53	39,382.75
General Administrative	7,161.25	7,801.25	41,772.50	50,024.30
Legal Counsel	4,160.00	6,260.00	46,710.00	68,470.00
City of DeLand Tax Increment District	0.00	0.00	38,304.00	24,299.00
Tax Collector & Appraiser Fee	8,028.33	8,482.16	369,982.66	428,146.68
TPA Services	27,250.00	46,406.50	336,063.00	493,027.00
Eligibility / Enrollment	2,205.00	9,885.50	33,621.00	51,393.50
Healthy Communities	5,098.73	5,186.90	50,328.71	49,525.56
Application Screening	11,978.08	13,638.46	118,135.09	95,912.16
Workers Compensation Claims	0.00	0.00	27,634.83	15,389.78
Other Operating Expenditures	106.25	1,612.50	1,866.17	21,444.41
<b>Total Other Expenditures</b>	<u>81,463.19</u>	<u>102,786.89</u>	<u>1,227,771.78</u>	<u>1,365,310.60</u>
<b>Total Expenditures</b>	<u>1,266,810.46</u>	<u>1,454,576.08</u>	<u>14,032,496.59</u>	<u>10,005,043.28</u>
<b>Excess ( Deficit)</b>	<u>(1,681,845.64)</u>	<u>(1,891,133.76)</u>	<u>(26,658,834.49)</u>	<u>(22,516,294.23)</u>

See Accountants' Compilation Report

## LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: July 12, 2017

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for July 20, 2017 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last verbal legal updates on June 15, 2017. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the 6/15/17 Meeting Minutes.

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

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

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

For most years since 2007, the Board has voted to adopt millage at the "rolled-back rate" ("RBR"), which is the rate calculated with a statutory formula to allow the Board to raise the same amount of revenue as it did in the immediate past tax year with a simple majority vote. Refer to counsel's 9/17/2014 for a complete history of final millage votes. Regarding the 2016-17 budget year, the TRIM Final Budget Hearing was held on Thursday, September 27, 2016, and the Board voted 5-0 to set its final millage at 1.5900 mills with a separate 5-0 to adopt the Authority's 2016-17 final budget of \$18,096,855.00. Therefore, the 2016-17 tax year's millage of

1.5900 mills was a 0% decrease over the 1.5900 mills rolled-back rate.

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

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

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

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

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

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

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

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

- A The process will begin with the Property Appraiser certifying the tax roll by July 1, 2017;
- B By a date to be set by the Board, the accountants must circulate a proposed budget to

- the Board;
- C At its July 20, 2017 Regular Meeting, the Authority will need to determine its proposed millage rate, including considerations of any increase above the rolled-back rate, and the date, time and place of the first of two required public hearings ("Tentative Budget Hearing"). The Tentative Budget Hearing must take place no earlier than September 3 and no later than September 18.
  - D By August 4<sup>th</sup>, the Authority (via DRT) will need to notify the Property Appraiser of prior year millage rate, proposed current millage rate, RBR and date, time and place for the Tentative Budget Hearing;
  - E By August 24<sup>th</sup>, the Property Appraiser will send out the required TRIM Notice. The Authority also generally advertises the Tentative Budget Hearing as it would for a regular meeting even though such supplemental advertisement is not required;
  - F Within 15 days after the Tentative Budget Hearing occurs and the Tentative Millage and Budget are adopted, the Authority will need to advertise its second and final public hearing on the millage and budget ("Final Budget Hearing"). The advertisement for the Final Budget Hearing must be published at least 2, but no more than 5 days before the hearing takes place.
  - G Hearing dates selected by the Volusia County Council and Volusia County School Board take priority. Based on information DRT received from these entities, the School Board will have its TRIM hearings on July 25<sup>th</sup> and September 12<sup>th</sup>. The County Council will have its TRIM hearings on September 7<sup>th</sup> and September 28<sup>th</sup>.
  - H To reconcile these statutory scheduling requirements with the Authority's current meeting schedule and depending on any changes to the County Council or School Board schedule, the Tentative Budget Hearing has been scheduled for 5:05p.m. on Thursday, September 14, 2017 followed immediately by a regular meeting already scheduled for that same date; Thursday, September 22 as the tentatively scheduled date for publication of the Final Budget Hearing which is proposed to occur in a special meeting on Tuesday, September 26, 2017 at 5:05p.m.
  - I Within 3 days of the Final Budget Hearing, the Authority (via DRT) must forward the resolution adopting the final millage rate to the Property Appraiser.
  - J Within 30 days of the Final Budget Hearing, the Authority (via DRT) must submit its TRIM Compliance package (DR-422).

## II. WVHA 2017-18 Funding Applications.

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

However for future funding application cycles, counsel recommends that the Board clarify its lowest comparable rate policy and the "Average Cost/Unit of Service with Comparative Reimbursement" question in order to achieve its overall purpose of obtaining quality services at the lowest rates for taxpayers. The lowest comparable rate policy has most often been interpreted by the Board as requiring that funded agencies be reimbursed at a rate that is equal to or less than the lowest comparable rate, which is usually the Medicaid rate. This interpretation is broader than what is actually stated in Paragraph 4.3 of the funding agreements. The limited contractual provision creates a basis for inconsistent treatment for those entities that actually bill or charge Medicaid (e.g., NEFHS, HND, SMA) relative to those

that only bill or charge WVHA for the contracted services (e.g., Healthy Start, Hispanic Health, RAAO, TNC, CLSMF, etc.). Pursuant to Paragraph 4.3 as written, those that only bill WVHA for the contracted services can negotiate a rate well above a comparable Medicaid rate as compared to those that actually bill both WVHA and Medicaid, Medicare or private insurance.

To correct this potential for inconsistent application, the Board should consider a motion that for future funding cycles that the CAC should only consider and the Board will only approve reimbursement rates that are equal to or less than the lowest comparable rate as demonstrated by information the applicant provides in the “Average Cost/Unit of Service With Comparative Reimbursement” chart along with explanations, and an “N/A” response is only acceptable if the applicant is certifying that it has conducted a reasonable amount of research and is unable to ascertain a comparable rate for similar services in either Medicaid, Medicare or private insurance and have checked published Medicaid rates in other states if the services are not reimbursed by Florida Medicaid. As indicated by the extensive comparable rate information included in the RAAO clarification pages, sometimes comparable rate information can be obtained from outside of Florida because other states may reimburse for services that the Florida Medicaid program does not.

### III. Follow-up on HSI Transition to POMCO: Specialty Care Network Referral Challenges *[See new info. in italics and bold]*

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

As mentioned briefly during the March meeting, counsel had been approached by NEFHS's counsel, Cynthia Brennan Ryan, Esq. about a number of concerns. Chief among those concerns was NEFHS's belief that the Specialty Care Network (“SCN”) referral process requires attention from the Board to alleviate what NEFHS views as liability, administrative, client service and other coordination burdens that have been imposed upon it because Specialty Care physicians no longer have direct online access to input their own referrals into POMCO's SCN. See letter from Attorney Ryan to counsel dated May 1, 2017 for detailed explanation.

The issues identified in the May 1<sup>st</sup> letter also make mention of a related SCN referral issue concerning discharge instructions from hospitalists which sometimes result in Health Card members receiving bills for services that they receive from specialist who perform services pursuant to discharge instructions without first obtaining a referral from the PCP.

*Counsel is leaving this section in until POMCO reports that the Board approved changes in the referral process have been fully implemented and have resolved the challenges.*

### IV. WVHA Health Card Program Eligibility Guidelines. *[See new info. in italics and bold]* *[Refer back to Legal Update Memorandum dated 4/9/14, 7/19/14, 9/17/14, 11/12/14, 2/11/15, 6/10/2015, 10/7/15, 11/11/15, 3/9/16, 4/12/16 and 5/9/17 for additional background details.]*

From the inception, the Guidelines were adopted from a legal perspective to establish uniform, fair and non-discriminatory standards to comply with the Enabling Legislation's requirement

that tax dollars are spent on primarily individuals who are both “residents” of the Tax District and who are “indigent” as defined within the Guidelines.

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

1. First, they are utilized by WVHA’s third party administrator (“TPA”), currently POMCO, as the governing rules for determining who is eligible to receive a WVHA Health Card. Once deemed eligible by POMCO, an applicant receives a Health Card (effective usually for 6 months) which automatically makes them eligible to receive hospital care, primary care, dental care, specialty care and pharmacy benefits at any provider who has signed a funding agreement to provide such services to those who are currently enrolled in the Health Card Program;
2. Second, the Guidelines are incorporated in whole or part as the governing rules for a funded agency to qualify some of their individual clients to become eligible for WVHA reimbursement (at the contracted rate) for services at that agency only. Even though these individuals are generally required to provide the same information, including proof that they have applied for the ACA and that they are not qualified for Medicaid or other affordable private health insurance, the individuals who qualify through these funded agencies do not receive a Health Card and therefore are NOT automatically eligible to receive other healthcare services available at other funded agencies, the hospitals, specialty care providers, pharmacy benefits, etc.

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

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

In a second certified letter to Counsel dated 5/19/2015, McBride’s attorney (Gary J. Boynton, Esq of Winter Park) notified WVHA that McBride and his company intend to sue Chair Ferrari individually and WVHA “corporately”. Regarding the basis for the threatened lawsuit, this second letter modifies the original notice by including the following dates of alleged damage:

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

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

against WVHA contend that WVHA is liable because Ferrari made statements or took actions that caused harm to Central Florida Mental Health Associates (“CFMHA”) while he was acting as the “agent”, “servant” or “employee” of WVHA.

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

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

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

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

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



The Adventist Claims Manager, Rhonda Fletcher, who is responsible for this one remaining claim provided Counsel with an update on the current status of Adventist's periodic filings to the State's Special Disability Trust Fund ("SDTF") for reimbursement of WVHA's payments on behalf of this one remaining claimant who is 81 years old. Ms. Fletcher with counsel from Attorney Branham submitted the latest request to SDTF on September 8, 2016 seeking on behalf of WVHA reimbursement at 100% of its payments of \$62,859.89 which WVHA has reimbursed to Adventists since the last request to continue treatments for this claimant. SDTF's published turnaround on such requests is 36 months, but it has generally processed payments within a year if it doesn't find any errors on the request. Counsel has notified DRT of this anticipated reimbursement so that it can be tracked appropriately on all accounting records. Ms. Fletcher notified counsel on May 4<sup>th</sup> that after much struggle and legal wrangling by Attorney Branham, SDTF has approved reimbursement to WVHA at 100% of its payments. Ms. Fletcher will forward the \$62,859.89 check to WVHA's PO Box when received from SDTF. Ms. Fletcher also noted that the subject claimant turned 82 years old and continues to receive regular treatments for pain from Dr. Khromov.

## VII. General Compliance with the Sunshine Law:

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

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

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

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

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