

West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
January 18, 2018 5:00 p.m.
DeLand City Hall Commission Chambers
120 S. Florida Avenue, DeLand, FL

AGENDA

1. Call to Order Organizational Portion of Meeting
2. Organizational Meeting
3. Organization of New Board of Commissioners
 - I. Election of Officers
 - A. Open floor for nomination of Chair
 1. Close nominations
 2. Hold vote for Chair
 - B. Chair continues with nominations and election of remaining officers
 1. Vice-Chair
 2. Secretary
 3. Treasurer
 - II. Organizational Matters
 - A. Motion and approval confirming location of Authority office and records remains the same
 - B. Motion and approval of time and location for Authority meetings
 1. DeLand City Hall Commission Chambers, 120 S. Florida Avenue, DeLand, FL, 5:00 p.m.
 2. Dreggors, Rigsby & Teal, P.A., 1006 N. Woodland Blvd., DeLand FL, 5:00 p.m.
 3. DeLand Police Department Community Room, 219 W. Howry Avenue, DeLand, FL, 5:00 p.m.
 4. Florida Hospital DeLand (FHD) 701 West Plymouth Avenue, DeLand, FL, 5:00 p.m.
 5. Florida Hospital Fish Memorial (FHFM) 1745 Sterling Blvd., Deltona, FL, 5:00 p.m.
 6. Wayne Sanborn Center, 815 S. Alabama Ave., DeLand, FL 5:00 p.m.
 - C. Citizens Advisory Committee Vacancies
 - III. Allow WVHA Commissioners short comments, concerns and requests for agenda items for regular meetings
4. Adjourn Organizational portion of meeting

W.V.H.A.
CITIZENS
ADVISORY
COMMITTEE
2017-2018

Judy Craig

Voloria Manning
201 W. Division Street
DeLand, FL 32720
(C) 386-748-9254
volorialmanning@hotmail.com

Ann Flowers
502 Blackstone Avenue
Deltona, FL 32725
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(W) 386-320-6799
ann@lovevolusia.org

Kathie D. Shepard

Althea Whittaker
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Alissa Lapinsky
517 Briar Oak Way
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(W) 386-624-6936
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Dolores Guzman

Michael Ray
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Sarah Prado
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DeLand, FL 32724
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(C) 386-747-2109
(H) 386-734-7001
(W) 386-7384078

Andy Ferrari

Barbara Girtman

Jacquie Lewis
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DeLand, FL 32724
(H) 386-804-5673
Jacquelyn.lewis@att.net

Elmer C. Holt
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DeLand, FL 32724
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Echolt54@gmail.com

West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
January 18, 2018 commencing upon the conclusion of the Organizational
Meeting
DeLand City Hall Commissioner Chambers
120 S. FLORIDA AVENUE, DELAND, FL
AGENDA (continued)

5. Call to Order Regular meeting
6. Opening Observance followed by a moment of silence
7. Approval of Proposed Agenda
8. Consent Agenda:
 - A. Approval of Minutes - Regular Meeting November 16, 2017
 - B. 2018 Commissioner check signing schedule
9. Citizens Comments
10. Mr. Arvin Lewis, CRO, Halifax Medical Center
11. Reporting Agenda:
 - A. POMCO November/December Report – Written Submission
 1. Revised WVHA HealthCard Template (attached)
 - B. FQHC Report - Laurie Asbury, CEO
Northeast Florida Health Services, Inc. (NEFHS)
d/b/a Family Health Source (FHS) November/December Report
12. Discussion Items:
 - A. Approval of Management Representation Letter
 - B. James Moore & Company WVHA FYE 2017 Audit Presentation- Zach Chalifour, CPA
 - C. NEFHS Over Budget 2016-2017 \$214,698.13
 1. Pharmacy \$194,357.83
 2. Obstetrics \$1,325.69
 3. Primary Care \$19,014.61
 - D. Site Visit Write Ups 2016-2017
 1. Healthy Start Coalition of Flagler and Volusia (HSCFV) Women's Intervention Specialist-Neonatal Outreach Specialist (WIS/NOS)
 2. HSCFV Family Services Coordinator
 3. Good Samaritan Clinic-Primary Care and Dental Services
 4. Stewart-Marchman-Act (SMA) Baker Act-Local Match Funding
 5. SMA-Residential Treatment Beds
 6. Northeast Family Health Services (NEFHS), dba Family Health Source (FHS) Prenatal/OB/GYN Services
 7. NEFHS, dba FHS Primary Care
 8. NEFHS, dba FHS Pharmacy Services
 - E. WVHA Funded Agencies Exceeding Newly Implemented Quarterly Funding Cap 2017-2018 (in alphabetical order) (E. Long email dated 12/20/2017 attached)
 1. Florida Department of Health-Dental Services (letter dated 11/27/2017 attached)
 2. Good Samaritan Clinic Primary Care (not seeking waiver)
 3. HSCFV WIS/NOS Services and Family Services Coordinator (letter dated 1/5/2018 attached)
 4. Hispanic Health Initiative HRA/Education/Case Management (letter dated 12/8/2017 attached)
 5. Rising Against All Odds HIV/Aids Outreach Services (letter dated 1/8/18 attached)
 6. SMA Homeless Services & Residential Treatment Beds (letters dated 1/3/2018 attached)
 7. The Neighborhood Center-Outreach Services (letter dated 1/8/2018 attached)

West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
January 18, 2018 commencing upon the conclusion of the Organizational
Meeting
DeLand City Hall Commissioner Chambers
120 S. FLORIDA AVENUE, DELAND, FL
AGENDA (continued)

- F. POMCO/UMR Migration Date July 1, 2018 – Services Affected
 - 1. Pharmacy Services Claims
 - 2. Physician Services Claims
- G. Florida Hospital Deland and Florida Hospital Fish Memorial Physician Services Claims Processed for payment beyond the 90 day filing limit (see attached email from Shawn Jacobs/POMCO dated December 19, 2017)
 - 1. FHD/FHFM Letter dated January 8, 2018 attached
- H. New Funded Agencies Site Visits 2017-2018 - DRT Engagement Letter Attached
 - 1. Community Life Center-Outreach Services
 - 2. Deltona Firefigthers Foundation–Mobile Integrated Healthcare
- I. Hispanic Health Initiative WVHA Funding Increase Request \$75,000.00 2017-2018 (letter dated 1/8/2018 attached)
- J. Follow Up Items
 - 1. 1st Amendment Hispanic Health Initiative Funding Agreement 2017-2018
- 13. Finance Report
 - A. December Financials
- 14. Legal Update
- 15. Commissioner Comments
- 16. Adjournment

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

DeLand City Hall Commission Chamber
120 S. Florida Avenue, DeLand, Florida
November 16, 2017
5:00 pm

Those in Attendance:

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

CAC Members Present:

None

Others Present:

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

Call to Order

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

Approval of Proposed Agenda

Motion 123 - 2017 Commissioner Craig motioned to approve the amended agenda as presented. Commissioner Ferrari seconded the motion. The motion passed unanimously.

Consent Agenda

Approval of Minutes – Final Budget Hearing September 26, 2017
- **Special Meeting September 26, 2017**
- **Regular Meeting Minutes October 19, 2017**

Motion 124 - 2017 Commissioner Ferrari motioned to approve the Consent Agenda. Commissioner Shepard seconded the motion. The motion passed unanimously.

Citizens Comments

There were none

**Citizens Advisory Committee-Michael Ray, Chair
Draft Meeting Minutes September 19, 2017**

Ms. Long explained that the CAC draft Meeting Minutes were included for informational purposes.

Reporting Agenda

POMCO October Report –Written Submission

FQHC Report, Laurie Asbury, CEO, Northeast Florida Health Services, Inc. d/b/a Family Health Source (FHS) October Report

Hospital Quarterly Report

Florida Hospital Fish Memorial – Rob Deininger, President and/or Eric Ostarly, CFO

Mr. Eric Ostarly, CFO, Florida Hospital Fish Memorial presented the hospital quarterly report.

Chair Girtman expressed her gratitude to both Mr. Ostarly and Mr. Hinds for meeting with her and Attorney Ted Small to initiate the discussion in regards to the renegotiation of the contract with the Adventist Hospitals and the WVHA that is expiring in 2020. She appreciated that the hospital stated that they will be keeping their obstetric program and how important that is within our community. Further, the hospitals expressed an interest in pursuing a renegotiated contract with the WVHA that is less than 20 years.

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

Mr. Nigel Hinds, CFO, Florida Hospital DeLand presented the hospital quarterly report.

Mr. Hinds wanted to acknowledge Commissioner Dolores Guzman, as the hospitals try to partner with their clinics and the community members. The hospitals have been working with Commissioner Guzman in providing options within the ACA. Commissioner Guzman works as a Navigator with the Health Planning Council of North East Florida.

Discussion Items

**Citizens Advisory Appointees – Chair Barb Girtman (applications attached)
Jacquelyn (Jacquie) Lewis
Elmer C. Holt**

Motion 125 – 2017 Commissioner Ferrari motioned to approve CAC Appointees Jacquie Lewis and Elmer Holt as Chair Girtman's appointees. Commissioner Shepard seconded the motion. The motion passed unanimously.

**Citizens Advisory Committee Appointees – Commissioner Dolores Guzman
Michael Ray (formerly Commissioner Dickinson's appointee)**

**Sarah Prado (formerly Commissioner Dickinson's appointee)
Ann Flowers (application attached)**

There was Commissioner Discussion that Commissioner Guzman only need 2 CAC appointees, and both Commissioner Ferrari and Commissioner Craig were in need of additional CAC appointees.

Commissioner Judy Craig reminded the Board that Commissioner Guzman was her former CAC appointee and that Commissioner Guzman promised Commissioner Craig that she would find a replacement.

Motion 126 – 2017 Commissioner Shepard motioned to approve CAC appointees Michael Ray and Sarah Prado as Commissioner Guzman's appointees and Ann Flowers as Commissioner Craig's appointee. Commissioner Guzman seconded the motion. The motion passed unanimously.

**Citizens Advisory Committee Appointees – Commission Kathie Shepard
(applications attached)
Althea King Whittaker
Alissa Lapinsky**

Motion 127 – 2017 Commissioner Ferrari motioned to approve Althea Whittaker and Alissa Lapinsky as Commissioner Shepard's appointees. Commissioner Craig seconded the motion. The motion passed unanimously.

The Board expressed sincere appreciation to all the new and current CAC appointees for their interest and dedication.

**Hill & Hollis Enterprises
Second Addendum to WVHA Agreement with Hill & Hollis (attached)**

Motion 128 – 2017 Commissioner Craig motioned to approve the Second Addendum to the WVHA Agreement with Hill and Hollis, as approved to form by Attorney Small, with a refund in the amount of \$20,965.00. Commissioner Guzman seconded the motion. The motion passed unanimously.

Spot 1 and Spot 2 YouTube WVHA Video (attached)

Motion 129 – 2017 Commissioner Ferrari motioned to approve Spot 1 and Spot 2 of the YouTube WVHA Video. Commissioner Craig seconded the motion. The motion passed unanimously.

Sources for Social Media Materials (attached)

Motion 130 – 2017 Commissioner Craig motioned to approve the Sources for Social Media Materials. Commissioner Ferrari seconded the motion. The motion passed unanimously.

NEFHS 2017-2018 Prenatal Care Funding Agreement (attached)

Mr. Small addressed the Board in regards to the changes to the NEFHS 2017-2018 Prenatal Care Services Funding Agreement provided to the Board with the meeting materials (attached) that reflects that the WVHA authorized waiving of the \$4.00 copayment for this patient population. He further explained that the provider of prenatal services with NEFHS, Dr. Hussain Rawji, is a sub-contracted provider and therefore not covered under paragraph 20 - Indemnity, under the Federally Qualified Health Centers (FQHC) Federal Tort Claims Act (FTCA) policy (see T. Small email dated 11/13/2017 attached). NEFHS Legal Counsel, Cynthia Ryan, submitted a letter via email to Mr. Small on November 13, 2017 (attached) summarizing: "Indemnity Provision. Due to the historical and cooperative relationship between NEFHS and Dr. Rawji, NEFHS remains agreeable to providing indemnity to the WVHA for the 2017-2018 funding agreement, although we agree that the contract language will require updating to these circumstances".

Mr. Small handed out a revised NEFHS 2017-2018 Prenatal Care Funding Agreement that includes language whereby under paragraph 20: "Grantee agrees to indemnify, defend, and hold harmless the Authority and all of its officers and agents from all claims, suits, judgments, or damages, consequential or otherwise, including attorneys' fees and costs, arising out of any act, actions neglect, or omissions by the grantee, its contractors, agents, or employees during the performance or operation of this Agreement or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property; provided however, Grantee will not be liable for any damages arising out of injury or damage to persons or property covered by the prenatal contractor's professional or commercial insurance coverage, other applicable coverage, or any damages directly caused or resulting from the sole negligence of the Authority or any of its officers or agents".

Ms. Laurie Asbury, CEO, NEFHS stated that they were agreeable to the contractual language changes.

Motion 131 – 2017 Commissioner Shepard motioned to approve the NEFHS 2017-2018 Prenatal Services Funding Agreement as revised and distributed by Attorney Small. Commissioner Ferrari seconded the motion. The motion passed unanimously.

1st Amendment Rising Against All Odds (RAAO) 2017-2018 Funding Agreement (attached)

Mr. Small addressed the Board explaining that the only change to this contract reduced the amount of funding to the amount requested versus the total cost of the program.

Motion 132 – 2017 Commissioner Shepard motioned to approve the 1st Amendment Rising Against All Odds 2017-2018 Funding Agreement. Commissioner Ferrari seconded the motion. The motion passed unanimously.

Global Healthcare Systems invoices older than 60 days

Chair Girtman explained that her understanding was that Global erroneously sent claims to POMCO, therefore, they were denied and are now older than 60 days old.

Mr. Long explained that the combined total that would be reimbursable, should the Board decide to waive the timely filing requirement is \$4,979.94.

Motion 133 – 2017 Commissioner Shepard motioned to pay Global the amount of \$4,979.94. Commissioner Guzman seconded the motion. The motion passed unanimously.

Request for Reconsideration HealthCard Applicant Tarik Ghannane: WVHA Eligibility Guidelines Revised 5/18/2017, page 12 of 36, Article VII. WVHA Termination, Section 7.02 Policy #3 (page attached) (email communications attached)

Mr. Small stated for the record that he responded to Mr. Ghannane's email that was received late today explaining that he was not required to attend tonight's meeting.

Motion 134 – 2017 Commissioner Ferrari motioned to uphold the Eligibility Guidelines Revised 5/18/2017 and to deny Mr. Ghannane's appeal. Commissioner Shepard seconded the motion.

Chair Girtman asked Ms. Gail Hallmon, Director of Operations, The House Next Door (THND), where the incident occurred with Mr. Ghannane, if she was comfortable speaking about this matter. Chair Girtman acknowledged that initially, THND was willing to let this individual proceed with his WVHA HealthCard (HC) application but not at the Deltona office; rather, he would have to complete it at the DeLand office, where there were more employees in attendance. Would Ms. Hallmon still be agreeable to this?

Ms. Hallmon, Director of Operations, THND, said that after the last week to week-and-a-half, experiencing more encounters with this individual and his accelerated hostility, that, she would not be willing to proceed with this individual's WVHA HC application. Ms. Hallmon expressed concern and inquired if his HC would be pulled indefinitely? She believed that there should be a cooling off period. She further recommended that he continue his application process at another provider's office.

Ms. Brenda Flowers, Executive Director, RAAO stated that her organization would be willing to proceed with this individual's WVHA HC application process.

Mr. Small explained to the Board that, under the terms of the current Eligibility Guidelines, under termination there is no choice given about what to do should an individual be terminated. It is a "single sanction" infraction, if terminated for any of those reasons, HealthCard applicants are ineligible for any future consideration. It is at the Board's discretion to decide not to terminate for this reason, or if the Board should choose to terminate and wants to allow further consideration, they will need to revise their Eligibility Guidelines.

Commissioner Shepard withdrew her second to Commissioner Ferrari's motion. Commissioner Ferrari also withdrew his motion.

There was Board discussion and consent that Ms. Flowers and her organization would proceed to assist this individual in the completion of his HC application and Attorney

Small was directed to contact this individual to direct him to RAAO to complete his application and to explain just how close he came to having his HC benefits terminated permanently.

Mr. Small encouraged the Board to effectively authorize The House Next Door (THND) and Rising Against All Odds (RAAO), as their enrollment agents, that if they should experience disruptive and abusive behavior in working with a HealthCard applicant, that they have the right to terminate that application process pending a review of the WVHA Board of Commissioners at their next scheduled Regular Meeting.

Motion 135 – 2017 Commissioner Shepard motioned to authorize The House Next Door (THND) and Rising Against All Odds (RAAO), as the WVHA enrollment agents, that if they should experience disruptive and abusive behavior in working with a HealthCard applicant, that they have the right to terminate that application process pending a review of the WVHA Board of Commissioners at their next scheduled Regular Meeting. Commissioner Craig seconded the motion. The motion passed unanimously.

Hispanic Health Initiative Request for Amendment 2017-2018 to include a Group Rate of Reimbursement

Ms. Josephine Mercado, Executive Director, Hispanic Health Initiative (HHI) addressed the Board explaining that HHI has two different avenues for providing health education; one is through a group training class that is 5 hours in duration and one is a one-on-one 30 minute session. HHI thought they were billing properly for a group class, even though it was not a one-on-one minimum of 30 minutes, but through a group class. Ms. Mercado stated that she would be willing to negotiate a group rate with Attorney Small.

The Board asked Ms. Mercado if she felt her billing practices were fair but not accurate when billing a group rate times 27 attendees during a 5 hour class at \$50.00 per attendee? Further was HHI paying for the speakers or specialists who hold the class or were they volunteers?

Ms. Mercado answered that they wouldn't have billed for the service if they didn't believe that it was fair, but agreed that it was not accurate. And HHI has both volunteers and paid providers who hold the classes. They also serve the participants breakfast and lunch, as these meals become teaching tools.

Mr. Small explained that when this funding agreement was originally negotiated with HHI it was based on one-on-one encounters. The one-on-one, face-to-face rate was based upon the amount it would cost for that Community Health Worker (CHW) to be paid. Mr. Small continued by stating that what the Board wants is to pay HHI a fair rate of reimbursement to compensate HHI for their costs for providing the service, not based upon the number of people in attendance during a class.

Mr. Small stated that there needs to be a static rate for the class that covers the cost of providing the class, and there does need to be something that moderates that "per head" cost.

Ms. Mercado was not prepared to suggest a group rate during tonight's Board meeting and asked if she could negotiate that group rate with Attorney Small.

Mr. Small expressed that he proceeds with negotiations with all funded agencies in advance of presenting the WVHA Board with the final negotiated contracts. He had hoped that Ms. Mercado would have anticipated this group rate and already negotiated a fair rate of reimbursement for that group rate. Further, he thought she might have had a rate prepared in anticipation of this discussion agenda item during tonight's meeting. Mr. Small stated that he is happy to negotiate a fair group rate of reimbursement with Ms. Mercado between tonight's meeting and before the January 18, 2018 Organizational/Regular Meeting.

Ms. Mercado stated that she was under the impression that she had to wait until after tonight's discussion to propose a group rate of reimbursement.

The Board directed that Attorney Small negotiate a group/class rate with Ms. Mercado between tonight's meeting and the January 18, 2018 Organizational/Regular Meeting.

Proposed Constitutional Amendment P0069/Ending the Authority for Special Taxing Districts to Levy Ad Valorem Taxes in January 2029 (Amendment attached)

Ms. Dee Schaeffer, Halifax Healthy Communities offered general highlights of this proposed constitutional amendment. The Constitution Revision Committee meets every 20 years to review Florida's Constitution. This Committee is comprised of 37 members appointed by the President of the Senate, The Speaker of the House, the Governor, and the Attorney General. They take recommendations from citizens for proposals for amendments that will appear on the next General Election Ballot. They have until May 10, 2018 to decide which issues are going to appear. This particular Amendment was filed by Representative Sprowls, who was appointed by the Speaker of the House. What this would do is prevent any special taxing districts, excepting water taxing districts, from levying any ad valorem taxes into the future. Of the 37 members, only 22 have to approve it to have this placed on the General Election Ballot.

Mr. Small pointed out that the Florida Bar has information in regards to this proposed constitutional amendment on their website.

POMCO Subrogation Case Review Request for Lien Reduction (page 11 of report attached)

Mr. Small recommended approval as the attorney representing this subrogation matter was only requesting 25% as opposed to the usual 1/3rd.

Motion 136 – 2017 Commissioner Shepard motioned to approve the lien reduction. Commissioner Craig seconded the motion. The motion passed unanimously.

Mr. Arvin Lewis, CRO/Halifax requesting placement to "open forum" on January 18, 2018 Organizational/Regular Meeting – Re: Halifax Deltona Campus

There was Board discussion and consent that Mr. Lewis would be allowed to address the Board and be placed on January 18, 2018 Meeting Agenda.

Follow Up Items

7 of 8 pages
Regular Meeting – Minutes
November 16, 2017

There were none.

Financial Report

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

Motion 137 – 2017 Commissioner Craig motioned to pay bills totaling \$3,897,531.98 (See attached). Commissioner Ferrari seconded the motion. The motion passed unanimously.

Legal Update

Mr. Theodore Small, Legal Counsel for the WVHA submitted his legal update that was submitted via email dated November 13, 2017 (See attached).

Commissioner Comments

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

Adjournment,

Barb Girtman, Chair

Tenatative schedule for bi- monthly accounts payables

SCHEDULE FOR 2018

MONTH	COMMISSIONERS	MONTH	COMMISSIONERS
JANUARY		AUGUST	
THURS 1/11	GUZMAN/GIRTMAN	THURS 8/2	GIRTMAN/FERRARI
Board Meeting 1/18/2018		Board Meeting 8/16/2018	
FEBRUARY		THURS 8/30	FERRARI/SHEPARD
THURS 2/1	GIRTMAN/FERRARI	SEPTEMBER	
Board meeting 2/15/2018		THURS 9/13	SHEPARD/GUZMAN
MARCH		THURS 9/27	GUZMAN/GIRTMAN
THURS 3/1	FERRARI/SHEPARD	OCTOBER	
Board Meeting 3/15/2018		THURS 10/11	GIRTMAN/FERRARI
THURS 3/29	SHEPARD/GUZMAN	Board Meeting 10/18/2018	
APRIL		NOVEMBER	
THURS 4/12	GUZMAN/GIRTMAN	THURS 11/1	FERRARI/SHEPARD
Board Meeting 4/19/2018		Board Meeting 11/15/2018	
MAY		THANKSGIVING	
THURS 5/3	GIRTMAN/FERRARI	THURS 11/29	SHEPARD/GUZMAN
Board Meeting 5/17/2018		DECEMBER	
THURS 5/31	FERRARI/SHEPARD	THURS 12/13	GUZMAN/GIRTMAN
JUNE		THURS 12/27	GIRTMAN/FERRARI
THURS 6/14	SHEPARD/GUZMAN	CHRISTMAS & NEW YEARS	
Board Meeting 6/21/2017		NO PAYABLES UNTIL THURSDAY 1/10/2019	
JULY		2019	
THURS 7/5	GUZMAN/GIRTMAN	JANUARY	
Board Meeting 7/19/2018		THURS 1/10	FERRARI/SHEPARD
		Board Meeting 1/17/2019	

Eileen Long

From: Shawn Jacobs <sjacobs@pomco.com>
Sent: Tuesday, January 09, 2018 11:47 AM
To: Eileen Long
Cc: Ted Small (tsmall@businessemploymentlawyer.com); Dominick Nicoletti; Samantha Barnes
Subject: UMR (formerly POMCO) January 2018 WVHA Report Submission
Attachments: 12.December. 2017 Board Report - v2.pdf; 01.January. 2018 Board Report - v2.pdf; WVHA ID Card - Draft for 7.1.18.pdf
Importance: High

Good morning Eileen, Happy New Year and thanks for the reminder.

Attached is our report submission for the December 2017 and January 2018 WVHA board report.

Similar to last year, even though there was no board meeting during the month of December we still prepared the report to show activity for that period.

Regarding the January 2018 report submission, it includes the following:

- Page 10 Open items with an update regarding the Case Management and Utilization Review programs
- Page 11 New items referencing changes on a revised WVHA ID Card template for review and approval
- Revised WVHA ID Card template PDF file as a separate attachment

Let me know if you have any questions.

Regards,
S.A.J.

Shawn A. Jacobs

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

From: Eileen Long [mailto:ELong@drtcpa.com]
Sent: Monday, January 08, 2018 11:17 AM
To: Shawn Jacobs; Dominick Nicoletti; Samantha Barnes; Ted Small (tsmall@businessemploymentlawyer.com)
Subject: Friendly Reminder
Importance: High



Issuer (80840) 911-39026-02



HEALTHCARD PROGRAM

Member ID: 86753090

Group Number: 79-111111

Member: SPOUSE SAMPLE 01 MED

Address Line 1

Address Line 2

City State Zip

PCP: ROBERT SAMPLE MD

PCP Phone: 777-888-9999

Effective Date: MM/DD/YYYY Termination Date: MM/DD/YYYY

COPAYS: PCP \$4 SPC \$0 HOSP \$0 ER \$10 RX \$1

6010

Administered by UMR

This card must be presented each time services are requested.

Printed: 09-24-2017

ALL SERVICES REQUIRE PCP REFERRAL FOR PAYMENT.

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

For Providers:

www.umar.com

877-233-1800

Ritter's Towne Pharmacy:

386-734-6666

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

Pharmacy: Ritter's Towne Pharmacy, 120 E New York Ave, DeLand, FL 32724

Dental Services:

Good Samaritan Clinic

Florida Dept of Health

Laboratory Services:

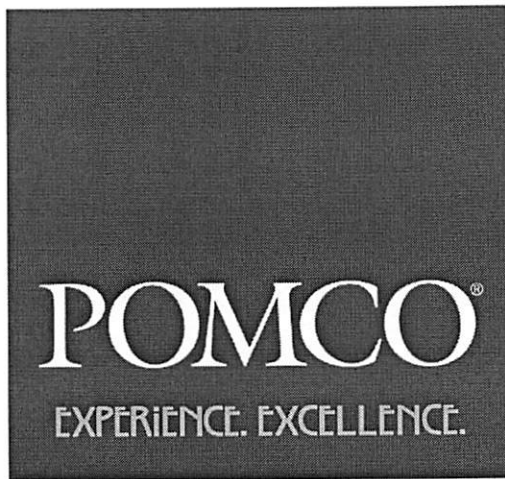
Quest Diagnostic

Labs Only

Hospital Services:

Florida Hospital DeLand

Florida Hospital Fish Memorial



POMCO
December 2017
Submission Report for WVHA Board Members

Table of Contents

Enrollment Processing	3
Applications Received by Fiscal Year for the Period of 10/1/2017 to Present	3
Applications Processed by Fiscal Year – Approval Percentage	3
Enrollment Applications – Denial Summary Report	4
WVHA Health Card Program Eligibility – by Calendar Month – as of December 1, 2017.....	5
WVHA Enrollment by Fiscal Year – as of December 1, 2017	5
Medical and Prescription Drug Claim Data	6
Pharmacy Claims by Fiscal Year by Service Month (Month Prescription Filled).....	6
Combined Medical Costs (as of Claims Payment through 11/30/2017).....	7
Specialty Care Services by Specialty – Top 25 (November, 2017)	9

Enrollment Processing

Applications Received by Fiscal Year for the Period of 10/1/2017 to Present

Applications Received 10/01/2017 - Present

FiscalYr	Month Received	APPROVED	DENIED	PENDING	Grand Total	Approval Percentage
FY1718	201710	276	9	38	323	85.45%
	201711	150	10	55	215	69.77%
	201712					
	201801					
	201802					
	201803					
	201804					
	201805					
	201806					
	201807					
	201808					
	201809					
Grand Total		426	19	93	538	79.18%

Fiscal Year	Applications Processed	Average Approval Percentage
FY1516	2670	82.28%
FY1617	3963	86.60%
FY1718	538	79.18%
Based on Fiscal year		

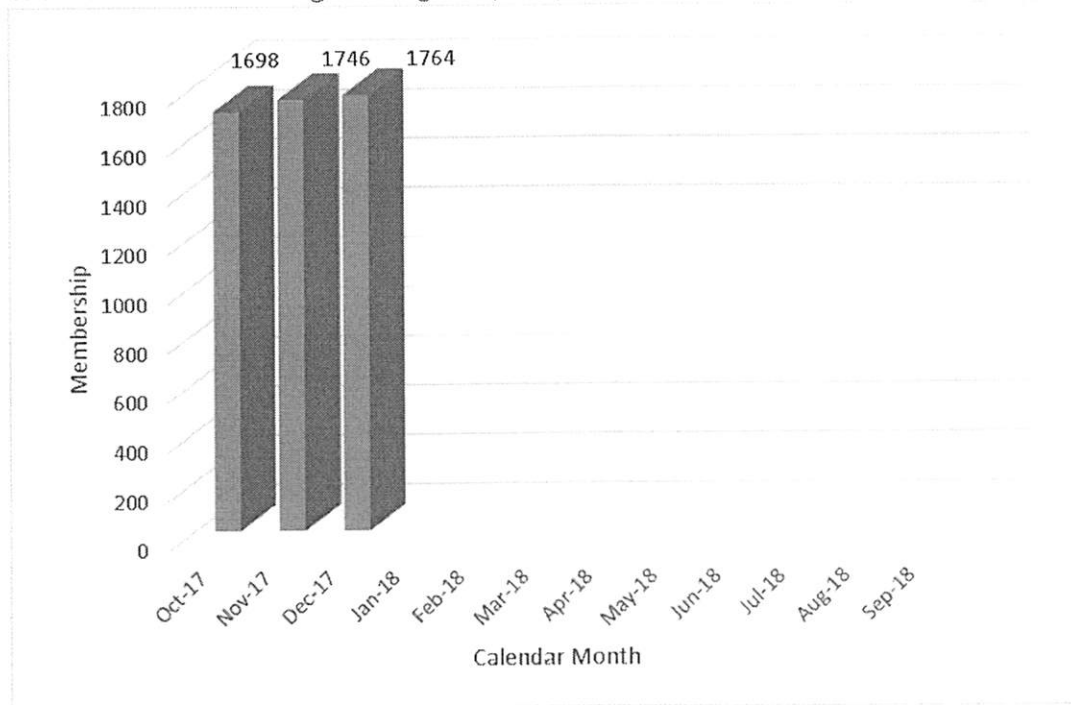
Applications Processed by Fiscal Year – Approval Percentage

Enrollment Applications – Denial Summary Report

Period	Approved		Denied		Pending		Total
	Apps	Pctg	Apps	Pctg	Apps	Pctg	
FY1718	426	79.18%	19	3.53%	93	17.29%	538
201710	276	85.45%	9	2.79%	38	11.76%	323
Active Eligible	276	100.00%		0.00%		0.00%	276
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	5	0.00%		0.00%	5
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	0.00%		0.00%	3
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - Req'd Documentation Missing		0.00%		0.00%		0.00%	0
Declined - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Multiple Reasons		0.00%		0.00%	38	0.00%	38
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
201711	150	69.77%	10	4.65%	55	25.58%	215
Active Eligible	150	100.00%		0.00%		0.00%	150
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	5	0.00%		0.00%	5
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	0.00%		0.00%	3
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%	1	0.00%		0.00%	1
Declined - Multiple Reasons		0.00%	1	0.00%		0.00%	1
Pending - Multiple Reasons		0.00%		0.00%	55	0.00%	55
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0

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 December 1, 2017



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

As of December 1, 2017, total program eligibility was 1,764 patients.

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

WVHA Enrollment

By Fiscal Year

Month of Fiscal Year FY1718

October 1,698

November 1,746

December 1,764

January

February

March

April

May

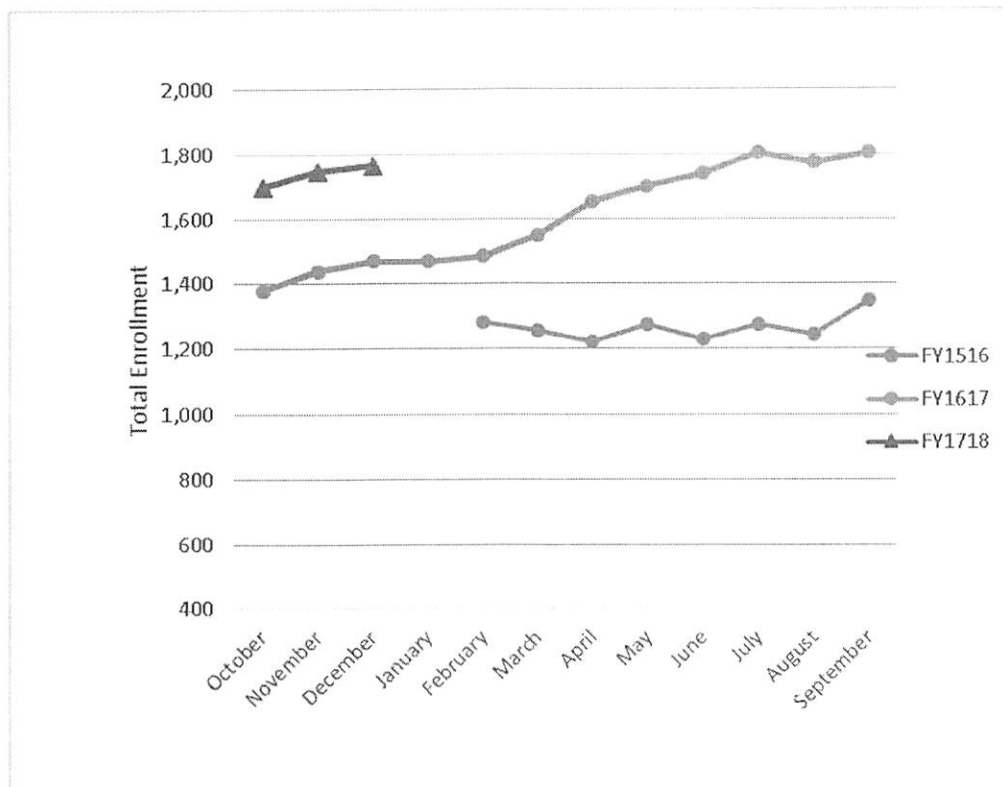
June

July

August

September

Grand Total 5,208



Medical and Prescription Drug Claim Data

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

Month	FY1718				
	Drug Costs	Dispensing Fee Less Copayments	Total Costs	Total Rx's Filled	Avg Cost Per Rx
October	\$28,023.60	\$28,242.00	\$56,265.60	3,138	\$17.93
November					
December					
January					
February					
March					
April					
May					
June					
July					
August					
September					
Grand Total	\$28,023.60	\$28,242.00	\$56,265.60	3,138	\$17.93

Combined Medical Costs (as of Claims Payment through 11/30/2017)

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
FY1718	\$372,038.60	\$64,639.10	\$139,181.84	\$450,680.45	\$61,136.37	\$134,781.68	\$1,222,458.04	3,510	\$348.28	\$105.99	\$18.42	\$39.65	\$128.40	\$38.40
October	\$10,389.55	\$35,420.15	\$85,987.32	\$232,914.44	\$0.00	\$78,516.08	\$443,227.54	1,746	\$253.85	\$5.95	\$20.29	\$49.25	\$133.40	\$44.97
November	\$361,649.05	\$29,218.95	\$53,194.52	\$217,766.01	\$61,136.37	\$56,265.60	\$779,230.50	1,764	\$441.74	\$205.02	\$16.56	\$30.16	\$123.45	\$31.90
December														
January														
February														
March														
April														
May														
June														
July														
August														
September														
Grand Total	\$372,038.60	\$64,639.10	\$139,181.84	\$450,680.45	\$61,136.37	\$134,781.68	\$1,222,458.04	\$3,510.00	\$348.28	\$105.99	\$18.42	\$39.65	\$128.40	\$38.40

Medical and pharmacy costs are reported on a paid basis

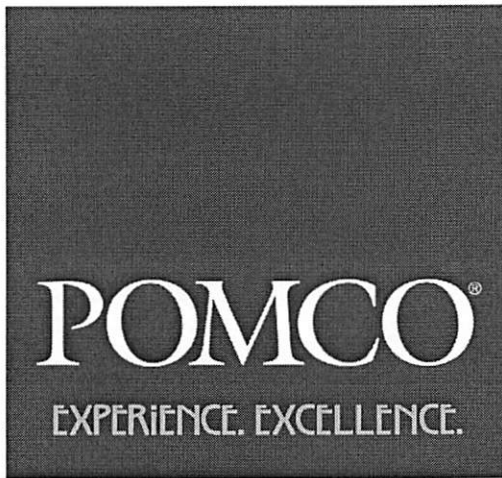
PCP Encounter Claims by Clinic by Month (as of Claims Payment through 11/30/2017)

Month	FY1718					Total
	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	
October	269	227	232	0	0	728
November	132	161	161	0	0	454
December						
January						
February						
March						
April						
May						
June						
July						
August						
September						
Grand Total	401	388	393	0	0	1,182

PCP encounter claims are reported on a paid basis

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

SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR NOVEMBER					
Order	SPECIALTY	Unique Patients	Claim Volume	Paid	Cost Per Patient
1	Hematology/Oncology	21	55	\$ 47,992.72	\$ 872.59
2	Cardiology	20	35	\$ 37,691.42	\$ 1,076.90
3	Amb Surgery Facility	4	24	\$ 16,668.92	\$ 694.54
4	Anesthesiology	27	74	\$ 12,465.56	\$ 168.45
5	Orthopedic Surgery	15	37	\$ 12,265.73	\$ 331.51
6	Hematology	13	31	\$ 11,435.00	\$ 368.87
7	Gastroenterology	9	33	\$ 9,850.67	\$ 298.51
8	Ophthalmology	29	46	\$ 7,500.35	\$ 163.05
9	Physical Therapy	24	84	\$ 7,184.49	\$ 85.53
10	Internal Medicine	36	109	\$ 6,208.95	\$ 56.96
11	Radiology	87	234	\$ 5,825.52	\$ 24.90
12	Pain Management	17	32	\$ 5,495.42	\$ 171.73
13	Optometry	16	23	\$ 3,097.93	\$ 134.69
14	Dermatology	9	19	\$ 3,073.06	\$ 161.74
15	Pulmonary Disease	6	23	\$ 2,823.59	\$ 122.76
16	Urology	8	14	\$ 2,635.10	\$ 188.22
17	Surgery	2	12	\$ 2,386.02	\$ 198.84
18	Certified Social Worker	12	31	\$ 2,183.60	\$ 70.44
19	Diagnostic Radiology	29	79	\$ 2,176.80	\$ 27.55
20	Neurology	8	16	\$ 2,100.46	\$ 131.28
21	Allergy & Immunology	7	17	\$ 1,826.80	\$ 107.46
22	Podiatry	6	12	\$ 1,345.40	\$ 112.12
23	Mental Health Counselor	10	15	\$ 1,304.85	\$ 86.99
24	Physical Medicine + Rehab	10	21	\$ 1,226.44	\$ 58.40
25	Radiation Oncology	3	11	\$ 1,202.67	\$ 109.33



POMCO

January 18, 2018

Submission Report for WVHA Board Members

Table of Contents

Enrollment Processing	3
Applications Received by Fiscal Year for the Period of 10/1/2017 to Present	3
Applications Processed by Fiscal Year – Approval Percentage	3
Enrollment Applications – Denial Summary Report	4
WVHA Health Card Program Eligibility – by Calendar Month – as of January 1, 2018	5
WVHA Enrollment by Fiscal Year – as of January 1, 2018	5
Medical and Prescription Drug Claim Data	6
Pharmacy Claims by Fiscal Year by Service Month (Month Prescription Filled)	6
Combined Medical Costs (as of Claims Payment through 12/31/2017)	7
Specialty Care Services by Specialty – Top 25 (December, 2017)	9
Open Items	10
POMCO Case Management & Utilization Review Services	10
New Items	11
Revised WVHA Health Card Template for UMR Migration	11

Enrollment Processing

Applications Received by Fiscal Year for the Period of 10/1/2017 to Present

Applications Received 10/01/2017 - Present

FiscalYr	Month Received	APPROVED	DENIED	PENDING	Grand Total	Approval Percentage
FY1718	201710	290	26	10	326	88.96%
	201711	248	22	20	290	85.52%
	201712	181	2	37	220	82.27%
	201801					
	201802					
	201803					
	201804					
	201805					
	201806					
	201807					
	201808					
	201809					
Grand Total		719	50	67	836	86.00%

Fiscal Year	Applications Processed	Average Approval Percentage
FY1516	2670	82.28%
FY1617	3963	86.60%
FY1718	836	86.00%
Based on Fiscal year		

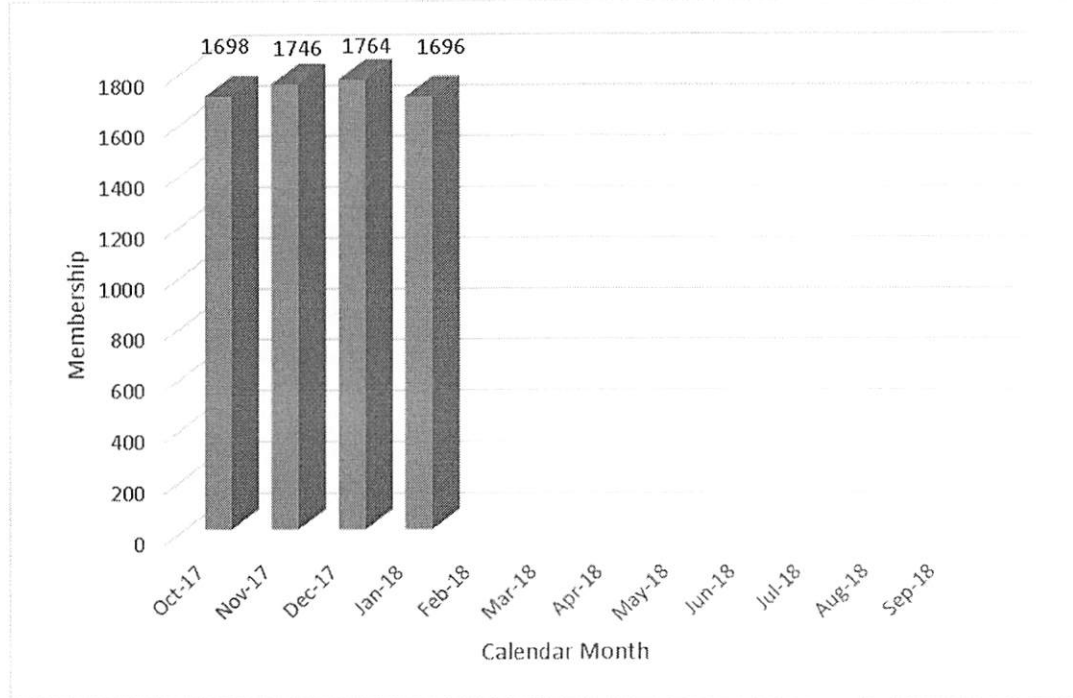
Applications Processed by Fiscal Year – Approval Percentage

Enrollment Applications – Denial Summary Report

Period	Approved		Denied		Pending		Total
	Apps	Pctg	Apps	Pctg	Apps	Pctg	
FY1718	719	86.00%	50	5.98%	67	8.01%	836
201710	290	88.96%	26	7.98%	10	3.07%	326
Active Eligible	290	100.00%		0.00%		0.00%	290
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	5	0.00%		0.00%	5
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	0.00%		0.00%	3
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - Req'd Documentation Missing		0.00%	17	0.00%		0.00%	17
Declined - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Multiple Reasons		0.00%		0.00%	10	0.00%	10
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
201711	248	85.52%	22	7.59%	20	6.90%	290
Active Eligible	248	100.00%		0.00%		0.00%	248
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	15	0.00%		0.00%	15
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	0.00%		0.00%	3
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - Req'd Documentation Missing		0.00%	1	0.00%		0.00%	1
Declined - Multiple Reasons		0.00%	2	0.00%		0.00%	2
Pending - Multiple Reasons		0.00%		0.00%	20	0.00%	20
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
201712	181	82.27%	2	0.91%	37	16.82%	220
Active Eligible	181	100.00%		0.00%		0.00%	181
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	2	0.00%		0.00%	2
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%		0.00%		0.00%	0
Declined - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Multiple Reasons		0.00%		0.00%	37	0.00%	37
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0

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 January 1, 2018



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

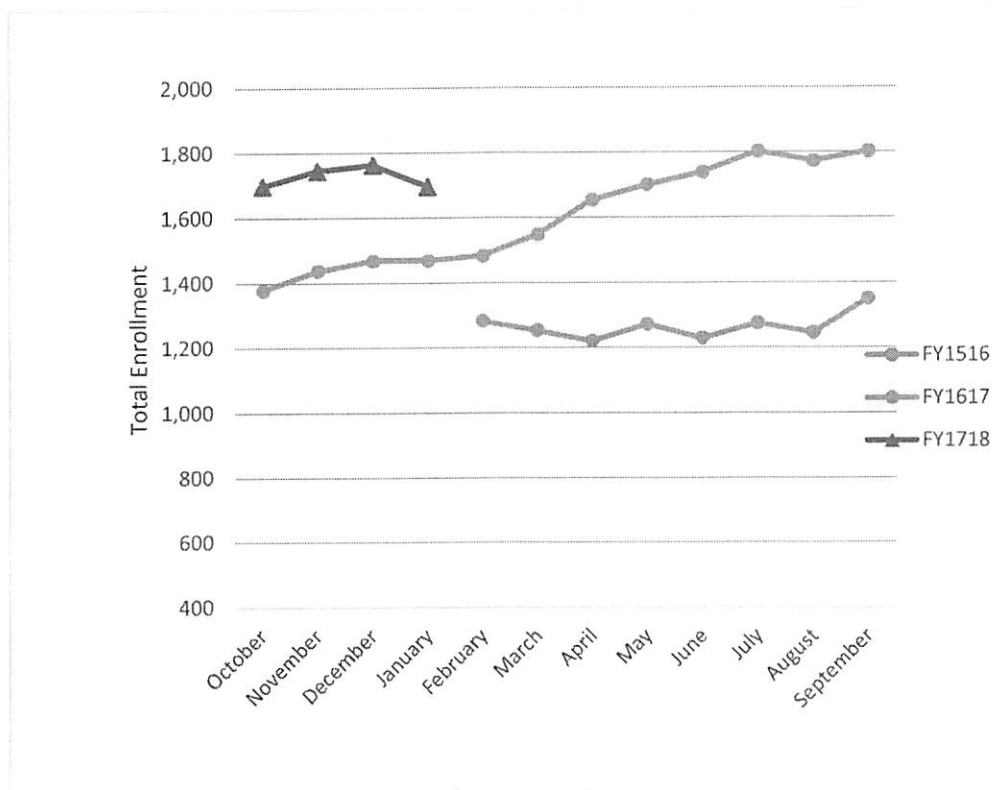
As of January 1, 2018, total program eligibility was 1,696 patients.

WVHA Enrollment by Fiscal Year – as of January 1, 2018

WVHA Enrollment

By Fiscal Year

Month of Fiscal Year	FY1718
October	1,698
November	1,746
December	1,764
January	1,696
February	
March	
April	
May	
June	
July	
August	
September	
Grand Total	6,904



Medical and Prescription Drug Claim Data

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

Month	FY1718				
	Drug Costs	Dispensing	Total Costs	Total Rx's Filled	Avg Cost Per Rx
		Fee Less Copayments			
October	\$28,023.60	\$28,242.00	\$56,265.60	3,138	\$17.93
November	\$30,535.76	\$29,013.60	\$59,549.36	3,140	\$18.96
December					
January					
February					
March					
April					
May					
June					
July					
August					
September					
Grand Total	\$58,559.36	\$57,255.60	\$115,814.96	6,278	\$18.45

Combined Medical Costs (as of Claims Payment through 12/31/2017)

Fiscal Year	Hospital	Lab	PCP	Specialty	Facility Physicians	Pharmacy	Total Costs	Member Months	Overall Per Member Per Month (PMPM)	Hospital PMPM	Lab PMPM	PCP PMPM	Specialty PMPM	Pharmacy PMPM
FY1718	\$1,077,883.27	\$92,178.27	\$215,514.83	\$712,082.59	\$61,136.37	\$194,331.04	\$2,353,126.37	5,206	\$452.00	\$207.05	\$17.71	\$41.40	\$136.78	\$37.33
October	\$10,389.55	\$35,420.15	\$85,987.32	\$232,914.44	\$0.00	\$78,516.08	\$443,227.54	1,746	\$253.85	\$5.95	\$20.29	\$49.25	\$133.40	\$44.97
November	\$361,649.05	\$29,218.95	\$53,194.52	\$217,766.01	\$61,136.37	\$56,265.60	\$779,230.50	1,764	\$441.74	\$205.02	\$16.56	\$30.16	\$123.45	\$31.90
December	\$705,844.67	\$27,539.17	\$76,332.99	\$261,402.14	\$0.00	\$59,549.36	\$1,130,668.33	1,696	\$666.67	\$416.18	\$16.24	\$45.01	\$154.13	\$35.11
January														
February														
March														
April														
May														
June														
July														
August														
September														
Grand Total	\$1,077,883.27	\$92,178.27	\$215,514.83	\$712,082.59	\$61,136.37	\$194,331.04	\$2,353,126.37	\$5,206.00	\$452.00	\$207.05	\$17.71	\$41.40	\$136.78	\$37.33

Medical and pharmacy costs are reported on a paid basis

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 12/31/2017)

Month	FY1718					Total
	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	
October	269	227	232	0	0	728
November	132	161	161	0	0	454
December	185	256	223	0	0	664
January						
February						
March						
April						
May						
June						
July						
August						
September						
Grand Total	586	644	616	0	0	1,846

PCP encounter claims are reported on a paid basis

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

SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR DECEMBER					
Order	SPECIALTY	Unique Patients	Claim Volume	Paid	Cost Per Patient
1	Hematology/Oncology	48	106	\$ 37,646.71	\$ 355.16
2	Cardiology	56	122	\$ 37,277.77	\$ 305.56
3	Anesthesiology	86	110	\$ 17,480.31	\$ 158.91
4	Gastroenterology	33	45	\$ 13,502.95	\$ 300.07
5	Physical Therapy	41	188	\$ 12,741.14	\$ 67.77
6	Radiology	194	316	\$ 10,948.12	\$ 34.65
7	Hematology	36	73	\$ 10,618.04	\$ 145.45
8	Ophthalmology	50	63	\$ 10,255.01	\$ 162.78
9	Orthopedic Surgery	49	66	\$ 10,166.95	\$ 154.04
10	Internal Medicine	61	88	\$ 8,964.75	\$ 101.87
11	Amb Surgery Facility	16	16	\$ 8,133.36	\$ 508.34
12	Pathology	252	372	\$ 6,536.78	\$ 17.57
13	Gynecology	18	30	\$ 6,453.03	\$ 215.10
14	Pulmonary Disease	23	39	\$ 6,165.28	\$ 158.08
15	Podiatry	39	58	\$ 6,100.25	\$ 105.18
16	Urology	19	23	\$ 6,012.61	\$ 261.42
17	Infectious Disease	33	56	\$ 5,827.87	\$ 104.07
18	Optometry	39	43	\$ 5,457.12	\$ 126.91
19	Pain Management	17	32	\$ 5,292.87	\$ 165.40
20	Diagnostic Radiology	86	117	\$ 4,422.98	\$ 37.80
21	Dermatology	25	30	\$ 4,369.65	\$ 145.66
22	Mental Health Counselor	10	41	\$ 3,657.56	\$ 89.21
23	Neurology	41	50	\$ 3,598.54	\$ 71.97
24	Nurse Pract in Psychiatry	36	41	\$ 3,448.59	\$ 84.11
25	Nephrology	17	31	\$ 3,041.74	\$ 98.12

Open Items

POMCO Case Management & Utilization Review Services

While attempting to implement these previously approved programs, it became apparent that the scope would have to change to achieve the intended goal of providing oversight, medical necessity reviews, and ensuring members receive appropriate care while maximizing cost savings. Our rationale for the change in scope stems from the following:

- Oversight will need to be conducted alongside the referral request & approval processes with NEFHS & specialty care providers
- Clinical documentation will need to be requested from the hospitals for inpatient events and with specialty care providers for the outpatient continuing care
- The above 2 items will provide more concrete data to help show cost avoidance
- Migration of the WVHA Health Card program from POMCO systems to UMR/UnitedHealthCare systems while maintaining the program processes
- Possible program cost implications with the change in scope

We are still outlining the new process and scope of the program to accomplish the initial goal. The following is a brief snapshot of our thought process thus far:

- Base the specific inpatient events and outpatient continuing care services previously noted on establishing a pre-determination for medical necessity
- Trigger point will be based on referrals submitted by NEFHS as well as specialty care providers
- POMCO associates that review and approve the referrals will advise NEFHS, Hospitals & specialty care providers which events and services will require the pre-determination review
- Hospitals and specialty care providers will need to submit clinical data prior to the date of service
- We will conduct the review and our determination 7 business days after receiving the clinical data

We expect to have the full process outlined prior to the next board report submission along with a revised proposal showing any necessary cost adjustments.

New Items

Revised WVHA Health Card Template for UMR Migration

In previous report submissions, we advised that the WVHA health card program is scheduled to migrate over to the UMR/UnitedHealthCare systems effective July 1, 2018. As a first step in the migration the ID card team has developed a draft of their version of the WVHA ID card for review and approval. See draft ID card attached separately.

Please note the following differences from the current WVHA ID card:

UMR Logo

- It is standard practice for UMR to include their logo on all ID cards for the programs they administer to help providers identify who is administering the program and thus where all claims and inquiries should be directed

Issuer ID

- Located directly below the UMR logo and is another form of identification to ensure inquiries get to the appropriate teams that are assigned to a particular client & program

Group #

- Located directly below the WVHA logo (draft) and identifies the WVHA program and the specific benefits

Standard Statement

- Located on the back of the ID card (top left) indicating that 'This card must be presented each time services are requested'. That statement is in place of the prior one that read 'This card is for identification only and guarantees neither coverage nor payment'.

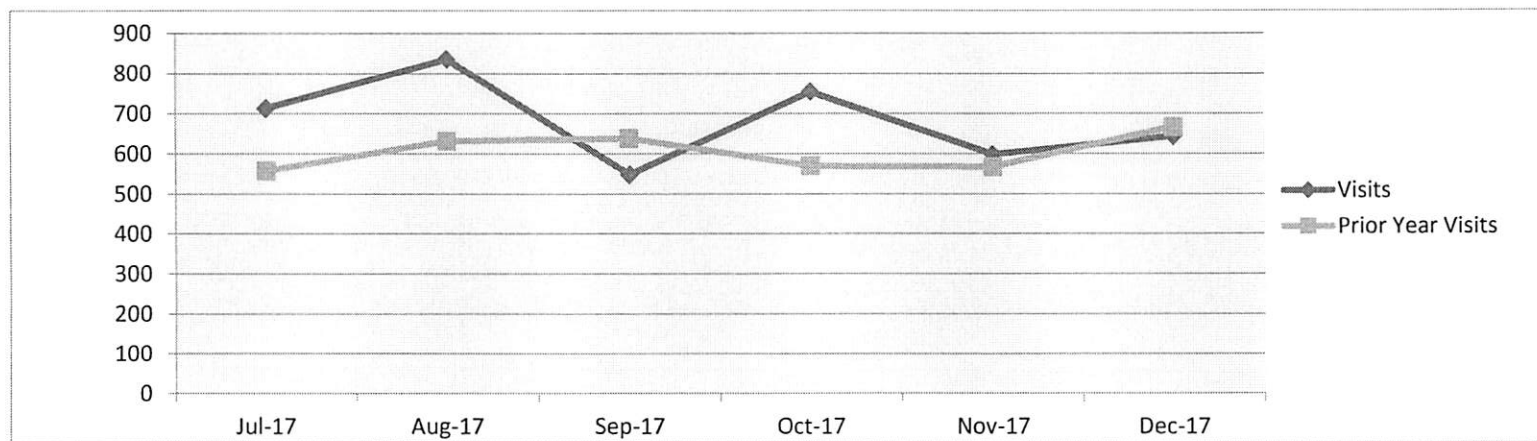
Lastly for the line on the back of the new ID card draft that reads All Services Require PCP Referral for Payment will be changed to read '*All Services Require Referral for Payment*'.



Northeast Florida Health Services
December-17

Patient Visits

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Visits	713	835	548	754	598	644
Prior Year Visits	558	632	639	570	567	667

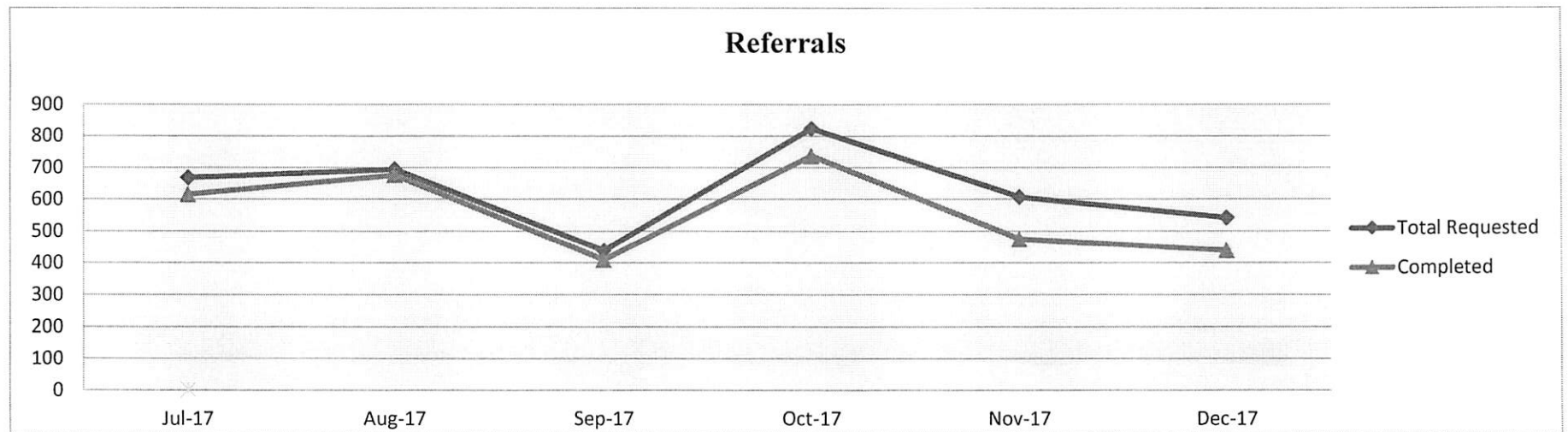


Patient Visits by Location

Location	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Deland Medical	317	336	249	326	264	270
Deltona Medical	304	387	251	323	254	283
Pierson Medical	77	96	41	97	69	84
Daytona	15	16	7	8	11	7
Total	713	835	548	754	598	644

Referrals

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
NEFHS Providers (refer to footnote 1)	244	255	160	299	196	180
Internal Specialty Providers (refer to footnote 2)	424	439	277	524	411	362
Total	668	694	437	823	607	542
Outstanding NEFHS Providers	1	5	7	23	33	19
Outstanding Int. Speciality Providers	52	13	21	64	100	84
Completed	615	676	409	736	474	439
Total Requested	668	694	437	823	607	542



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

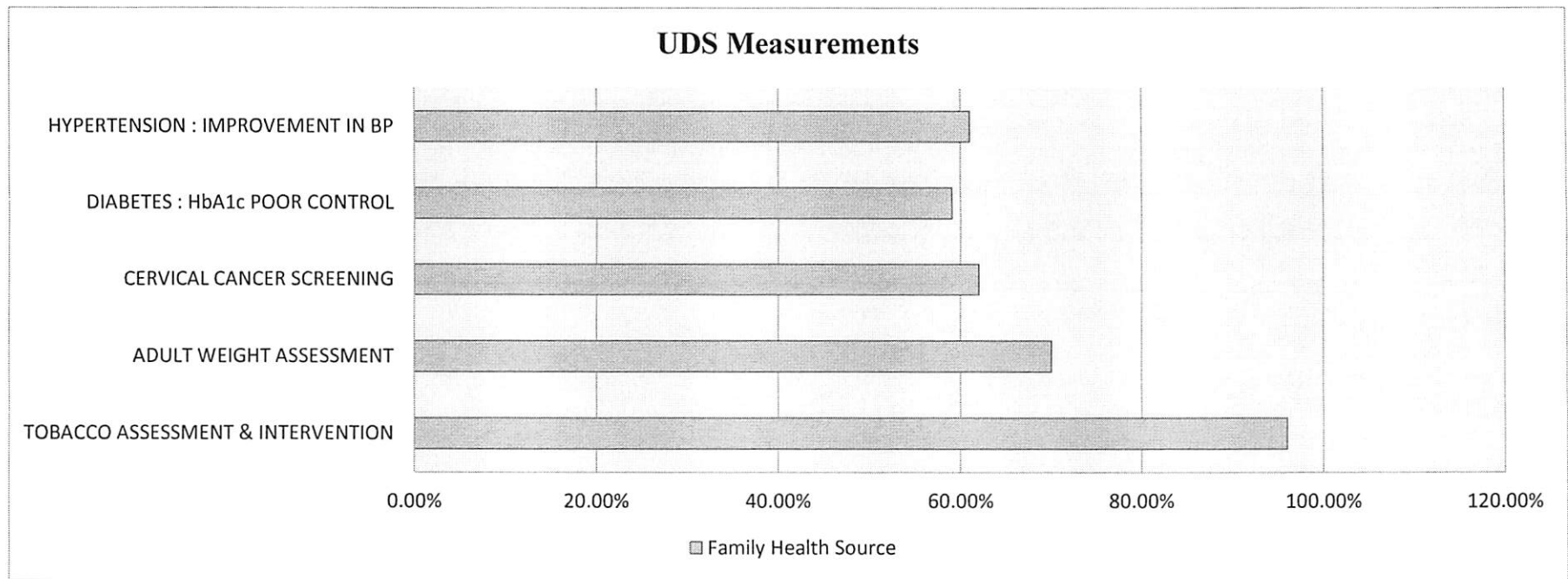
2 Internal specialty provider referrals are generated by NEFHS PCP for consultation with a specialist.

Appointment Times

Location	Provider	Appointments
Daytona	Johnson	Same Day
DeLand	Smith	Same Day
DeLand	Yelle	Same Day
DeLand	Hoblick	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 Measures for the month of October 2017	Family Health
TOBACCO ASSESSMENT & INTERVENTION	96.00%
ADULT WEIGHT ASSESSMENT	70.00%
CERVICAL CANCER SCREENING	62.00%
DIABETES : HbA1c POOR CONTROL	59.00%
HYPERTENSION : IMPROVEMENT IN BP	61.00%



Staffing Metrics

	Nov-17	Dec-17
Active Employees at the Beginning of the Month	78	82
New Hires	5	0
Turnover: Clinical Employees-MA's	-1	-2
Ending Monthly Total	82	80



West Volusia Hospital Authority

January 18, 2018

James Moore & Co., P.L.
121 Executive Circle
Daytona Beach, Florida 32114

This representation letter is provided in connection with your audit of the financial statements of West Volusia Hospital Authority (the Authority) as of September 30, 2017 and for the years then ended, and the related notes to the financial statements, for the purpose of expressing an opinion on whether the basic financial statements present fairly, in all material respects, the financial position, results of operations, and cash flows, where applicable, of the Authority in accordance with accounting principles generally accepted for governments in the United States of America (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of January 18, 2018:

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated September 8, 2015, for the preparation and fair presentation of the financial statements of the Authority referred to above in accordance with U.S. GAAP.
2. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
4. We acknowledge our responsibility for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us.
5. We have reviewed, approved, and taken responsibility for the financial statements and related notes.
6. We have a process to track the status of audit findings and recommendations.
7. We have identified and communicated to you all previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.
8. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
9. There have been no related party transactions.
10. All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
11. There is no summary of unrecorded misstatements shown in an attached schedule since all adjustments proposed by the auditor, material and immaterial, have been recorded.
12. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
13. All funds and activities are properly classified.
14. All funds that meet the quantitative criteria in GASB Statement No. 34, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments*,

GASB Statement No. 37, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments: Omnibus* as amended, and GASB Statement No. 65, *Items Previously Reported as Assets and Liabilities*, for presentation as major are identified and presented as such and all other funds that are presented as major are considered important to financial statement users.

15. All components of net position, nonspendable fund balance, and restricted, committed, assigned, and unassigned fund balance are properly classified and, if applicable, approved.
16. Our policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position/fund balance are available is appropriately disclosed and net position/fund balance is properly recognized under the policy.
17. All expenses have been properly classified in or allocated to functions and programs in the statement of activities, and allocations, if any, have been made on a reasonable basis.
18. All interfund and intra-entity transactions and balances, if any, have been properly classified and reported.
19. Special items and extraordinary items have been properly classified and reported.
20. Deposit and investment risks have been properly and fully disclosed.
21. Capital assets, including infrastructure assets, are properly capitalized, reported, and if applicable, depreciated.
22. All required supplementary information is measured and presented within the prescribed guidelines.
23. Accrued workers' compensation claims have been properly reserved for and the amount recorded is adequate given the circumstances.
24. With regard to investments and other instruments reported at fair value:
 - The underlying assumptions are reasonable and they appropriately reflect the Authority's intent and ability to carry out its stated courses of action.
 - The measurement methods and related assumptions used in determining fair value are appropriate in the circumstances and have been consistently applied.
 - The disclosures related to fair values are complete, adequate, and in accordance with U.S. GAAP.
 - There are no subsequent events that require adjustments to the fair value measurements and disclosures included in the financial statements.

Information Provided

25. We have provided you with:
 - Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements of the Authority referred to above, such as records, documentation, meeting minutes, and other matters;
 - Additional information that you have requested from us for the purpose of the audit; and
 - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
26. All transactions have been recorded in the accounting records and are reflected in the financial statements.
27. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
28. We have no knowledge of any fraud or suspected fraud that affects the entity and involves:
 - The Board of Commissioners of the West Volusia Hospital Authority
 - Employees (if any, whether current or former), contractors, and/or others who have significant roles in internal control; or
 - Others where the fraud could have a material effect on the financial statements.

29. We have no knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, vendors, regulators, or others.
30. Except as disclosed to you, we are not aware of any pending or threatened litigation and claims whose effects should be considered when preparing the financial statements.
31. We have disclosed to you the identity of the entity's related parties. There have been no related party transactions.
32. There have been no communications from regulatory agencies concerning noncompliance with or deficiencies in accounting, internal control, or financial reporting practices.
33. The Authority has no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
34. We have disclosed to you all guarantees, whether written or oral, under which the Authority is contingently liable.
35. We have disclosed to you all significant estimates and material concentrations known to us that are required to be disclosed in accordance with GASB Statement No. 62 (GASB-62), *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*. Significant estimates are estimates at the balance sheet date that could change materially within the next year. Concentrations refer to volumes of business, revenues, available sources of supply, or markets or geographic areas for which events could occur that would significantly disrupt normal finances within the next year.
36. We have identified and disclosed to you the laws, regulations, and provisions of contracts and grant agreements that could have a direct and material effect on financial statement amounts, including legal and contractual provisions for reporting specific activities in separate funds.
37. Except as disclosed to you, we have no knowledge of:
 - Violations or possible violations of laws or regulations, or provisions of contracts or grant agreements whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency, including applicable budget laws and regulations.
 - Unasserted claims or assessments that our lawyer has advised are probable of assertion and must be disclosed in accordance with GASB-62.
 - Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by GASB-62.
38. The Authority has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset or future revenue been pledged as collateral, except as disclosed to you.
39. We have complied with all aspects of grant agreements and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
40. In order to provide oversight of the financial statement preparation services at an appropriate level, we have established effective review policies and procedures including the performance of the following functions:
 - Reconcile general ledger amounts to the draft financial statements utilizing grouping schedules to be provided by you.
 - Review all supporting documentation and explanations for journal entries you proposed and approve the entries.
 - Review the adequacy of financial statement disclosures by completing a disclosure checklist.
 - Review and approve schedules and calculations supporting amounts included in the notes to the financial statements.
 - Apply analytic procedures to the draft financial statements.
 - Perform other procedures as considered necessary by us.
41. In regards to the financial statement preparation assistance services performed by you, we have:
 - Made all management decisions and performed all management functions.
 - Designated a management-level individual (Ronald Cantlay, Dreggors, Rigsby, & Teal) with suitable skill, knowledge, or experience to oversee the services.
 - Evaluated the adequacy and results of the services performed.

- Accepted responsibility for the results of the services.
- Established and maintained internal controls, including monitoring ongoing activities.

Section 218.415, Florida Statutes, *Local Government Investment Policies*

We confirm, to the best of our knowledge and belief, the following representations made to you during your examination engagement:

42. We are responsible for complying with Section 218.415, Florida Statutes, *Local Government Investment Policies*.
43. We are responsible for selecting the criteria and have selected the following: Section 218.415, Florida Statutes, *Local Government Investment Policies*.
44. We have determined that the criteria are suitable and appropriate for our purposes.
45. We are responsible for establishing and maintaining effective internal control over compliance.
46. We assert that the Authority is in compliance with Section 218.415, Florida Statutes, *Local Government Investment Policies* for the year ended September 30, 2017.
47. We have communicated and disclosed to you all known noncompliance.
48. We have communicated and disclosed to you all correspondence or other communications we have received from regulatory authorities, internal auditors, and other practitioners regarding possible noncompliance with the specified requirements.
49. We have made available to you all records and documentation applicable to compliance with the specified requirements.
50. To the best of our knowledge and belief, we have disclosed to you all known noncompliance that has occurred subsequent to through the date of this letter that would affect the presentation of the Section 218.415, Florida Statutes, *Local Government Investment Policies*, or your report.
51. We represent that your report will be available for general use.

Signed: _____

Barb Girtman, Chair, Board of Commissioners

Signed: Ronald Cantlay

Ronald Cantlay, Partner, Dreggors, Rigsby & Teal



Dreggors, Rigsby & Teal, P.A.

Advisors for Life

Certified Public Accountant Registered Investment Advisor

1006 N. Woodland Boulevard ■ DeLand, FL 32720

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Robin C. Lennon, CPA
John A. Powers, CPA

January 18, 2018

West Volusia Hospital Authority
Board of Commissioners
1006 N. Woodland Blvd.
PO Box 940
DeLand, FL 32721

This representation letter is provided in connection with your audit of the financial statements of West Volusia Hospital Authority (the Authority) as of September 30, 2017 and for the year then ended, and the related notes to the financial statements, for the purpose of expressing an opinion on whether the basic financial statements present fairly, in all material respects, the financial position, results of operations, and cash flows, where applicable, of the Authority in accordance with accounting principles generally accepted for governments in the United States of America (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of January 18, 2018:

Financial Statements

1. The financial statements were prepared in accordance with U.S. GAAP.
2. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
4. We acknowledge our responsibility for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us.
5. We have reviewed, approved, and taken responsibility for the financial statements and related notes.
6. We have a process to track the status of audit findings and recommendations.
7. We have identified and communicated to you all previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.
8. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
9. There have been no related party transactions.
10. All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.

MEMBERS

11. There is no summary of unrecorded misstatements shown in an attached schedule since all adjustments proposed by the auditor, material and immaterial, have been recorded.
12. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
13. All funds and activities are properly classified.
14. All funds that meet the quantitative criteria in GASB Statement No. 34, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments*, GASB Statement No. 37, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments: Omnibus* as amended, and GASB Statement No. 65, *Items Previously Reported as Assets and Liabilities*, for presentation as major are identified and presented as such and all other funds that are presented as major are considered important to financial statement users.
15. All components of net position, nonspendable fund balance, and restricted, committed, assigned, and unassigned fund balance are properly classified and, if applicable, approved.
16. The policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position/fund balance are available is appropriately disclosed and net position/fund balance is properly recognized under the policy.
17. All expenses have been properly classified in or allocated to functions and programs in the statement of activities, and allocations, if any, have been made on a reasonable basis.
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 - Additional information that you have requested from us for the purpose of the audit; and
 - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
26. All transactions have been recorded in the accounting records and are reflected in the financial statements.
27. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
28. We have no knowledge of any fraud or suspected fraud that affects the entity and involves:

- The Board of Commissioners of the West Volusia Hospital Authority
 - Employees (if any, whether current or former), contractors, and/or others who have significant roles in internal control; or
 - Others where the fraud could have a material effect on the financial statements.
29. We have no knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, vendors, regulators, or others.
30. Except as disclosed to you, we are not aware of any pending or threatened litigation and claims whose effects should be considered when preparing the financial statements.
31. We have disclosed to you the identity of the entity's related parties. There have been no related party transactions.
32. There have been no communications from regulatory agencies concerning noncompliance with or deficiencies in accounting, internal control, or financial reporting practices.
33. The Authority has no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
34. We have disclosed to you all guarantees, whether written or oral, under which the Authority is contingently liable.
35. We have disclosed to you all significant estimates and material concentrations known to us that are required to be disclosed in accordance with GASB Statement No. 62 (GASB-62), *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*. Significant estimates are estimates at the balance sheet date that could change materially within the next year. Concentrations refer to volumes of business, revenues, available sources of supply, or markets or geographic areas for which events could occur that would significantly disrupt normal finances within the next year.
36. We have identified and disclosed to you the laws, regulations, and provisions of contracts and grant agreements that could have a direct and material effect on financial statement amounts, including legal and contractual provisions for reporting specific activities in separate funds.
37. Except as disclosed to you, we have no knowledge of:
- Violations or possible violations of laws or regulations, or provisions of contracts or grant agreements whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency, including applicable budget laws and regulations.
 - Unasserted claims or assessments that our lawyer has advised are probable of assertion and must be disclosed in accordance with GASB-62.
 - Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by GASB-62.
38. The Authority has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset or future revenue been pledged as collateral, except as disclosed to you.
39. We have complied with all aspects of grant agreements and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
40. In order to provide oversight of the financial statement preparation services at an appropriate level, we have established effective review policies and procedures including the performance of the following functions:
- Reconcile general ledger amounts to the draft financial statements utilizing grouping schedules to be provided by JMCO.
 - Review all supporting documentation and explanations for journal entries proposed and approve the entries.
 - Review the adequacy of financial statement disclosures by completing a disclosure checklist.
 - Review and approve schedules and calculations supporting amounts included in the notes to the financial statements.
 - Apply analytic procedures to the draft financial statements.
 - Perform other procedures as considered necessary by us.

We confirm, to the best of our knowledge and belief, the following representations made to you during your examination engagement:

41. We are responsible for complying with Section 218.415, Florida Statutes, *Local Government Investment Policies*.
42. We are responsible for selecting the criteria and have selected the following: Section 218.415, Florida Statutes, *Local Government Investment Policies*.
43. We have determined that the criteria are suitable and appropriate for our purposes.
44. We are responsible for establishing and maintaining effective internal control over compliance.
45. We assert that the Authority is in compliance with Section 218.415, Florida Statutes, *Local Government Investment Policies* for the year ended September 30, 2017.
46. There is no known noncompliance.
47. There has been no correspondence or other communications we have received from regulatory authorities, internal auditors, and other practitioners regarding possible noncompliance with the specified requirements.
48. We have made available to you all records and documentation applicable to compliance with the specified requirements.
49. There is no known noncompliance that has occurred subsequent to through the date of this letter that would affect the presentation of the Section 218.415, Florida Statutes, *Local Government Investment Policies*, or your report.
50. We represent that your report will be available for general use.

Dreggors, Rigsby & Teal, P.A.

Dreggors, Rigsby & Teal, P.A.

West Volusia Hospital Authority

Annual Audit for the Year Ended
September 30, 2017



Presented by: Zach Chalifour, CPA
January 18, 2018



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Consulting, and Wealth Management Services Since 1964.

Auditors' Reports

- Independent Auditors' Report (pages 1-2)
 - Unmodified opinion
- Independent Auditors' Report on Internal Control in Accordance with *Government Auditing Standards* (pages 17-18)
- Management Letter of Independent Auditors Required by Chapter 10.550, Rules of the Auditor General (pages 19-21)
- Independent Accountants' Examination Report (page 22)



West Volusia Hospital Authority

Annual Audit for the Year Ended
September 30, 2017



Presented by: **Zach Chalifour, CPA**
January 18, 2018



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Auditors' Reports

- Independent Auditors' Report (pages 1-2)
 - Unmodified opinion
- Independent Auditors' Report on Internal Control in Accordance with *Government Auditing Standards* (pages 17-18)
- Management Letter of Independent Auditors Required by Chapter 10.550, Rules of the Auditor General (pages 19-21)
- Independent Accountants' Examination Report (page 22)



Internal Control

- **FY2017 Comments**

- No material weaknesses related to internal control over financial reporting
- No instances of noncompliance
- Other recommendations:
 - 2017-001: Funding Agreements



Fund Balance

- **As of September 30, 2017:**
 - Nonspendable: \$ 2,000
 - Unassigned: \$ 6,576,929
 - Total: \$ 6,578,929
- **Comparison to Annual Budget**
 - Total Assigned + Unassigned FB:
\$ 6,576,929
 - FY17 Expenditures
\$ 16,640,666
 - FB as a % of Expenditures:
39.5%



Financial History

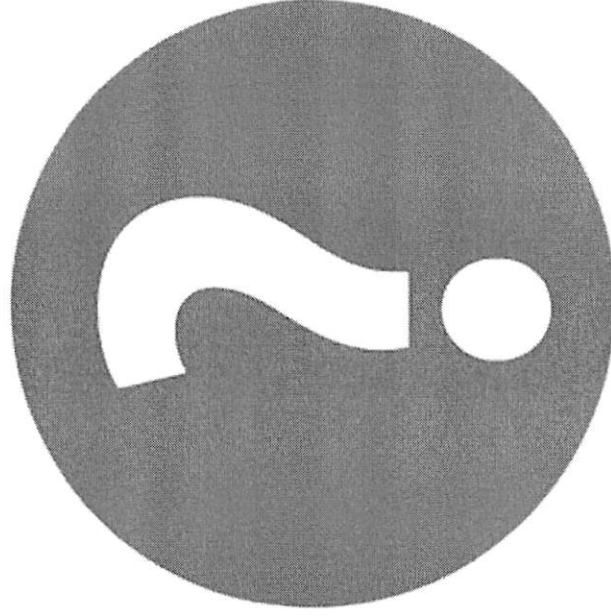
	2017	2016	2015
Revenues	\$ 12,720,264	\$ 12,567,623	\$ 13,774,191
Expenditures	<u>16,640,666</u>	<u>14,599,139</u>	<u>12,217,595</u>
Change in Fund Balance	(3,920,402)	(2,031,516)	(1,556,596)
Beginning FB	<u>10,499,331</u>	<u>12,297,627</u>	<u>10,741,031</u>
Ending FB	<u>\$ 6,578,929</u>	<u>10,499,331</u>	<u>12,297,627</u>
FB % of Exp	39.5%	71.9%	100.7%



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 **James Moore**
Certified Public Accountants and Consultants

Questions?



 **James Moore**
Certified Public Accountants and Consultants

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Consulting, and Wealth Management Services Since 1964.

West Volusia Hospital Authority
Schedule I - Healthcare Expenditures
Report Basis Healthcare Expenditures
Budget and Actual
For the 1 Month and 12 Months Ended September 30, 2017

	ANNUAL BUDGET	CURRENT PERIOD ACTUAL	YEAR TO DATE ACTUAL	BUDGET BALANCE
Healthcare Expenditures				
Adventist Health Systems				
Florida Hospital DeLand	2,675,474.50	(337,930.28)	2,645,451.37	30,023.13
Florida Hospital Fish Memorial	2,675,474.50	(394,048.92)	2,705,497.63	(30,023.13)
Florida Hospital DeLand - Physicians	112,500.00	(28,622.61)	54,134.64	58,365.36
Florida Hospital Fish - Physicians	112,500.00	(2,399.99)	106,133.89	6,366.11
Northeast Florida Health Services				
NEFHS - Pharmacy	688,938.00	179,631.73	883,295.83	(194,357.83)
NEFHS - Obstetrics	30,000.00	6,766.17	31,325.69	(1,325.69)
NEFHS - Primary Care	730,000.00	56,066.43	749,014.61	(19,014.61)
Specialty Care				
Specialty Care Services	3,549,457.00	118,007.97	3,435,227.15	114,229.85
Laboratory Services	307,065.00	20,028.29	392,619.70	(85,554.70)
County Medicaid Reimbursement	2,197,953.00	371,304.50	2,201,316.74	(3,363.74)
Florida Dept of Health Dental Svcs	300,000.00	48,753.46	177,754.78	122,245.22
Good Samaritan				
Good Samaritan Health Clinic	25,000.00	903.00	19,774.70	5,225.30
Good Samaritan Dental Clinic	57,712.00	480.00	29,220.00	28,492.00
Global Healthcare System				
Global Health Care	150,000.00	(582.00)	12,448.80	137,551.20
Global Healthcare System Urgent Care	200,000.00	3,860.74	5,815.94	194,184.06
The House Next Door	181,975.00	7,908.88	97,187.12	84,787.88
The Neighborhood Center	70,000.00	(7,340.46)	70,000.00	0.00
Rising Against All Odds	210,000.00	11,125.09	235,000.00	(25,000.00)
Community Legal Services	80,000.00	9,296.82	20,009.81	59,990.19
Hispanic Health Initiatives	100,000.00	16,700.00	76,875.00	23,125.00
Stewart Marchman - ACT				
SMA - ARNP Services at THND	7,000.00	107.00	4,250.50	2,749.50
SMA - Homeless Program	78,336.00	(3,571.87)	78,336.00	0.00
SMA - Residential Treatment	550,000.00	8,854.45	550,000.00	0.00
SMA - Baker Act - Match	325,000.00	23,445.65	304,019.75	20,980.25
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500.00	5,517.72	72,579.24	920.76
HSCFV - Fam Services	68,900.00	(5,079.96)	68,900.00	0.00
HCRA				
H C R A - In County	400,000.00	53,035.87	173,905.82	226,094.13
H C R A - Outside County	419,612.00	(10,877.80)	31,850.00	387,762.20
Total Healthcare Expenditures	16,376,397.00	151,339.88	15,231,944.71	1,144,452.29



Dreggors, Rigsby & Teal, P.A.

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

November 15, 2017

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

Re: Healthy Start Coalition of Flagler and Volusia (HSCFV) Women's Intervention
Specialist-Neonatal Outreach Specialist (WIS/NOS)

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated August 17, 2017 which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Healthy Start Coalition of Flagler and Volusia (HSCFV) Women's Intervention Specialist-Neonatal Outreach Specialist (WIS/NOS) services for the year ending September 30, 2017. WVHA reimburses HSCFV for outreach provided by WIS/NOS for addicted pregnant women, substance exposed infants, and other extremely high risk pregnant or post-partum women or infants residing within the WVHA boundaries. These procedures were performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance. WVHA funds 1 full time employee (FTE) for a WIS/NOS outreach specialist (sub-contracted by Stewart-Marchman-Act) for addicted pregnant women, substance exposed infants, and other extremely high risk

MEMBERS

pregnant or post-partum women or infants residing within the WVHA boundaries. HSCFV documents activities as follows:

- a. HSCFV provides to WVHA each month's invoices and total hours billed by the Outreach Specialist for the month at an hourly rate of \$35.37.
 - b. HSCFV provides reports to WVHA detailing activities of the Outreach Specialist. These reports include locations where applications and brochures are distributed and information regarding events, meetings and presentations attended by Specialist to assist in enrollment of participants. HSCFV promotes program enrollment and other activities performed by the Outreach Specialist to promote program participation.
2. Select a sample of transactions and test compliance with contract provisions.
- a. June 2017 was chosen for test procedures.
 - b. HSCFV provided copies of most recent payroll rate authorizations for WIS/NOS and detail payroll reports for the payroll dates covered by the monthly invoice. All information provided agreed to the monthly invoice.
 - c. HSCFV provides a monthly narrative report of all outreach activities, covering programs and agencies dealt with during each month, specific services provided, monthly results, data collected, services provided, overall program goals, concerns with program implementation along with a monthly utilization report.

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

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

Duggan Rigsby & Teal, P.A.

Dreggors, Rigsby & Teal, P.A.



Dreggors, Rigsby & Teal, P.A.

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November 15, 2017

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

Re: Healthy Start Coalition of Flagler and Volusia (HSCFV) Family Services Coordinator

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated August 17, 2017, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Healthy Start Coalition of Flagler and Volusia (HSCFV) for the year ending September 30, 2017. WVHA reimburses HSCFV Family Services Coordinator (FSC) for an all-inclusive capitated rate per program participant provided to West Volusia County residents. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
 - a. HSCFV provides to WVHA a monthly invoice summarizing clients served who qualify for WVHA funding. This report summarizes number of clients served and zip code of residence.
 - b. HSCFV personnel complete an income eligibility intake form with information obtained from the patient. This form is completed at the time of the first visit.

MEMBERS

- c. HSCFV is reimbursed an all-inclusive capitated rate of \$564.44 per program participant who received FSC services as specifically described in the Funding Request, including, but not limited to, assistance in application for Medicaid Managed Care (MMC), food stamps, and cash assistance through DCF Access, assist in navigating to application sites to obtain the WVHA HealthCard, provide information and/or referral to Women, Infant and Child (WIC) program, Healthy Start and other needed services, provide a referral for women to receive post-partum interconception health care or to parents of children for pediatric care.
2. Select a sample of transactions and test compliance with contract provisions.
- a. June 2017 was chosen for test procedures. From the individual list of client charges, thirteen (13) clients were seen and four (4) files were selected for compliance review, or thirty-one percent (31%).
 - b. HSCFV provided supporting files of all selected clients for review. One hundred percent (100%) of reimbursed dates of service were verified.
 - c. HSCFV provided supporting eligibility files for all selected clients for review. One hundred percent (100%) had photo identification with West Volusia address.
 - d. HSCFV collects self reported financial information on intake forms for all clients seen, along with copies of paystubs and/or maintains a copy of a valid WVHA HealthCard. One hundred percent (100%) of files contained income verification.
 - e. One hundred percent (100%) of HSCFV clients had proof of Medicaid applications and/or assistance with completing the WVHA HealthCard Application.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
- a. The Utilization Report of Services detailing clients served and demographic data with respect to those clients, which HSCFV provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
 - b. The HSCFV FSC records appeared to be complete and organized when reviewed for verification of visits.
 - c. The HSCFV client records appeared to be complete and organized when reviewed for verification of photo identification with West Volusia address.

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

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

Dreggors, Rigsby & Teal, P.A.

Dreggors, Rigsby & Teal, P.A.



Dreggors, Rigsby & Teal, P.A.

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John A. Powers, CPA

November 20, 2017

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

Re: Good Samaritan Clinic-Primary Care and Dental Services

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated August 17, 2017, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Good Samaritan Primary Care and Dental Services (GSC) for the year ending September 30, 2017. WVHA reimburses GSC for primary care (PC) visits and dental visits provided to West Volusia County residents. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
 - a. GSC provides to WVHA a monthly invoice summarizing clients served who qualify for WVHA funding. This report summarizes number of clients served, zip code of residence, diagnosis code and whether patient was seen by a medical doctor (MD), advanced registered nurse practitioner (ARNP), dentist or hygienist.
 - b. GSC screens program participants for residency, income and assets based upon WVHA Eligibility Guidelines that were adopted May 18, 2017.
2. Select a sample of transactions and test compliance with contract provisions.
 - a. February 2017 was chosen for test procedures. A non-summarized list of client visits was provided (79 visits).

MEMBERS

Good Samaritan Clinic Primary Care and Dental Services

November 20, 2017

Site Visit Review Summary

Page 2 of 2

- b. From the list of client visits, eleven percent (11%) nine (9 visits) were selected for compliance review, four (4) dental and five (5) PC for income and residency eligibility. From this list:
 - i. One hundred percent (100%) of files reviewed had acceptable forms of identification, residency and income.
 - ii. One hundred percent (100%) of medical and dental visits reviewed were compliant as having no insurance coverage or had a valid WVHA HealthCard.
 - iii. One hundred percent (100%) had proof of Medicaid denial and ACA ineligibility.
 - c. Select a sample of transactions and test compliance for dates of service billed.
 - i. GSC provided supporting medical files for all selected clients for review. One hundred percent (100%) of service dates were verified.
- 3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
 - a. The Utilization Report of Services detailing clients served and demographic data with respect to those clients, which GSC provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
 - b. The GSC medical and dental records appeared to be complete and organized when reviewed for verification of medical and dental visits.
 - c. The GSC eligibility records appeared to be complete and organized when reviewed for verification of eligibility requirements.

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

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

Dreggers, Rigsby & Teal, P.A.

Dreggers, Rigsby & Teal, P.A.



Dreggors, Rigsby & Teal, P.A.

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November 27, 2017

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John A. Powers, CPA

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

Re: Stewart-Marchman-Act (SMA) Baker Act – Local Match Funding

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated August 17, 2017, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Stewart-Marchman-Act (SMA) Baker Act – Local Match Funding for the year ending September 30, 2017. WVHA provides local match funding (25%) to provide psychiatric crisis services under the Baker Act. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
 - a. Each month SMA provides to WVHA a list of clients who received services during the prior month. This de-identified list includes the client's city of residence, the admission date and the discharge date.
 - b. SMA personnel complete an income eligibility form with information obtained from the patient. This form is completed at time of admission if possible, or as soon as patient is capable of providing the information.
 - c. SMA multiplies the number of days of service for emergency services and the crisis stabilization unit times the rate established by the State of Florida (\$377.27 per day) plus 25% (local match funding) to equal the invoice total.
 - d. SMA multiplies the number of days of service for detoxification services times the rate established by the State of Florida (\$307.94) plus 25% to equal the invoice total.

MEMBERS

2. Select a sample of transactions and test compliance with contract provisions.
 - a. July 2017 was chosen for test procedures. A de-identified list of client visits was provided (119 client events).
 - b. From the individual list of client visits, ten percent (10%) were selected for compliance review (12 clients) of income and residency eligibility. From this list:
 - c. SMA provided supporting medical files of all selected clients for review. 100% of admission and discharge dates were verified.
 - d. SMA provided admission forms of all selected clients for review. Five (5) files did not contain a photo ID. Of those five (5) files, four (4) or eighty percent (80%) were admitted involuntarily.
 - e. SMA provided financial information forms of all selected clients for review. Of the twelve (12) files sampled, two (2) were for the same patient, eleven (11) were unique patients. Two (2) files had active WVHA HealthCards, eight (8) had self-reported income or did not contain income verification. One (1) file indicated active Medicaid; however, Medicaid does not reimburse for psychiatric services.
 - f. SMA provided a copy of "Exhibit G" of the agreement with the State of Florida to verify the reimbursement rate of \$377.27 established for Adult Mental Health.
 - g. SMA provided a copy of "Exhibit G" of the agreement with the State of Florida to verify the reimbursement rate of \$307.94 established for Substance Abuse Detoxification.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
 - a. The Utilization Report which details clients served and demographic data with respect to those clients, which SMA provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
 - b. SMA's medical files appear to be complete and organized when reviewed for verification of services provided.
 - c. SMA's eligibility screening did not meet the requirements of the funding agreement.

Clients served by the Emergency Services, Detoxification Services and the Crisis Stabilization Units at SMA are admitted due to a psychiatric emergency situation and often are unable to provide necessary information and documentation pertaining to residency and income eligibility. As evidenced from our findings during this site visit and previous site visits, SMA is unable to adequately obtain all information required by their contract with the WVHA. The WVHA Board of Commissioners should either enforce the terms of their current contract or work with SMA to arrive at contract terms that are agreeable to both parties. Clients served at SMA-Baker Act services present an imminent danger to themselves and others.

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



Dreggors, Rigsby & Teal, P.A.



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November 28, 2017

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

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

Re: Stewart-Marchman-Act (SMA) Residential Treatment Beds

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated August 17, 2017, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of SMA for the year ending September 30, 2017. WVHA reimburses SMA for residential treatment beds provided to West Volusia County residents. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
 - a. SMA provides to WVHA with each month's invoices, a list of clients who received services during the prior month. This de-identified list includes the client's city of residence, the admission date and the discharge date.
 - b. SMA personnel complete an income eligibility form with information obtained from the patient. This form is completed at time of admission if possible, or as soon as patient is capable of providing the information.
 - c. SMA is reimbursed a flat fee of \$188.35 per bed day at Level II Residential Treatment and for prescription medications provided to clients at the acquisition cost plus a \$7.00 filling fee per prescription.
2. Select a sample of transactions and test compliance with contract provisions.
 - a. July 2017 was chosen for test procedures. From the individual list of client charges, twenty one (21) clients were treated and five (5) files were selected for compliance review, or twenty four percent (24%).

MEMBERS

SMA Residential Treatment Beds

Site Visit Review Summary

November 28, 2017

Page 2 of 2

- b. SMA provided supporting medical files of all selected clients for review. One Hundred percent (100%) of dates of admission and discharge dates, if applicable, were verified.
 - c. SMA provided supporting eligibility files of all selected clients for review. One hundred percent (100%) had valid photo identification.
 - d. SMA provided financial information for all selected clients for review. One hundred percent (100%) had an active/eligible WVHA HealthCard.
- 3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
 - a. The Utilization Report which details clients served and demographic data with respect to those clients, which SMA provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
 - b. SMA's medical files appeared to be complete and organized when reviewed for verification of services provided.
 - c. SMA's eligibility screening met the requirements of the funding agreement.

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

Dreggors, Rigsby & Teal, P.A.
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John A. Powers, CPA

December 6, 2017

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

Re: Northeast Family Health Services, dba Family Health Source (FHS)
Prenatal/OB/GYN Services

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated August 17, 2017 which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Northeast Florida Health Services dba Family Health Source (FHS) Primary Care Services for the year ending September 30, 2017. WVHA reimburses FHS for prenatal/OB/GYN visits provided to West Volusia County residents. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
 - a. FHS provides to POMCO, the WVHA third party administrator, electronic claims submissions detailing clients served who qualify for WVHA funding.
 - b. FHS – HealthCard eligibility is verified through POMCO electronic portal and through presentation of the WVHA HealthCard and photo identification.

MEMBERS

2. Select a sample of transactions and test compliance with contract provisions.
 - a. June 2017 was chosen for test procedures. A non-summarized list of client visits was provided by POMCO twenty-nine (29 visits).
 - b. From the list of client visits, fourteen percent (14%) were selected for compliance review four (4 visits), of the four (4) files all were unique patients. One hundred percent (100%) of medical visits were confirmed.
 - c. From the list of client's served, four (4) were selected for compliance review. One hundred percent (100%) were determined to be compliant with an active WVHA HealthCard and photo ID.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.

FHS contracts for Prenatal and OB/GYN Services with Dr. Hussain Rawji. FHS then submits Prenatal visit information to the Third Party Administrator to eliminate duplication, ensure eligibility at the time of visit, maintain the quality of the medical information kept on eligible patients and assist the WVHA Board of Commissioners in quantifying individual patients served and dollars spent per patient. This has proven to be an effective and efficient process.

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

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



Dreggors, Rigsby & Teal, P.A.



Dreggors, Rigsby & Teal, P.A.

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December 6, 2017

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

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

Re: Northeast Florida Health Services dba Family Health Source (FHS) Primary Care

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated August 17, 2017 which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Northeast Florida Health Services dba Family Health Source (FHS) Primary Care Services for the year ending September 30, 2017. WVHA reimburses FHS for primary care visits provided to West Volusia County residents. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
 - a. FHS provides to POMCO the WVHA third party administrator, electronic claims submissions detailing clients served who qualify for WVHA funding.
 - b. FHS – HealthCard eligibility is verified through POMCO electronic portal and through presentation of the WVHA HealthCard and photo identification.

MEMBERS

2. Select a sample of transactions and test compliance with contract provisions.
 - a. May 2017 was chosen for test procedures. A non-summarized list of client visits was provided by POMCO (360 visits).
 - b. From the list of client visits, ten percent (10%) were selected for compliance review thirty-six (36 visits), of the thirty-six (36) files all were unique patients. One hundred percent (100%) of medical visits were confirmed.
 - c. From the list of client's served, thirty-six (36) were selected for compliance review. One hundred percent (100%) were determined to be compliant with an active WVHA HealthCard and photo ID.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.

Primary visit information continue to be transmitted to the Third Party Administrator to eliminate duplication, ensure eligibility at the time of visit, maintain the quality of the medical information kept on eligible patients and assist the WVHA Board of Commissioners in quantifying individual patients served and dollars spent per patient. This has proven to be an effective and efficient process.

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

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

Dreggors, Rigsby & Teal, P.A.

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John A. Powers, CPA

December 20, 2017

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

Re: Family Health Source (FHS) - Pharmacy

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated August 17, 2017 which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Northeast Florida Health Services, d/b/a Family Health Source (FHS) – Pharmacy for the year ending September 30, 2017. WVHA reimburses FHS - Pharmacy for prescriptions provided to West Volusia County residents who have qualified for a HealthCard on the date that prescriptions are dispensed. These procedures were performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

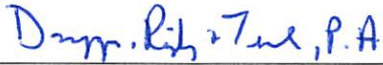
1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
 - a. FHS – Pharmacy provides to the WVHA Third Party Administrators (TPA) a monthly electronic data submission summarizing clients served who qualify for WVHA funding. This report details number of clients served, drug cost for prescriptions filled, filling fee of \$15.00 per prescription filled, less one dollar (\$1) copayment. FHS also provides a summary invoice to accompany the data file.
 - b. FHS – HealthCard eligibility is verified through the TPA electronic file transfer portal and through presentation of the WVHA HealthCard.

MEMBERS

2. Select a sample of transactions and test compliance with contract provisions.
 - a. June 2017 was chosen for test procedures. A non-summarized list of prescriptions was provided of prescriptions.
 - b. From the list of client prescriptions filled, thirty-one (31) patients were selected for compliance review.
 - i. Thirty-one (31) HealthCard member signatures were verified for prescriptions or one-hundred percent (100%).
 - ii. 100% of prescriptions were filled as ordered by the health care provider.
 - iii. 100% of prescription copies were provided and all were valid at the time of filling.
 - iv. Of the thirty-one (31) prescriptions sampled, 1 member had an expired HealthCard or ninety-seven percent (97%) were determined to be compliant with an active WVHA HealthCard.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
 - a. Recommend FHS continue to perform an audit of pharmacy written versus filled prescriptions that are being filled out of the FHS 340B drug program formulary on a quarterly basis and report findings to the WVHA Board.
 - b. Recommend continuing the electronic transmission of FHS Pharmacy information to TPA to eliminate duplication, ensure eligibility at the time of visit, improve the quality of the medical information kept on eligible patients and assist the WVHA Board of Commissioners in quantifying individual patients served and dollars spent per patient.

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

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


Dreggors, Rigsby & Teal, P.A.

Eileen Long

From: Eileen Long
Sent: Wednesday, December 20, 2017 11:38 AM
To: Weatherwax, Jo A; Mary Gusky; Dixie Morgese; Rosha Loach; Thalia Smith; Josephine Mercado; Brenda Flowers Dalley - Rising Against All Odds (bdalley@risingagainstalloods.com); Sheila Jennings; Eric Horst; Nicole Sharbono; waylan niece; Susan Clark
Cc: Ron Cantlay; 'Andy Ferrari'; Barbara Girtman; Dolores Guzman (wvhs.dguzman@gmail.com); Judy Craig (judylesliecraig@aol.com); 'Kathie D Shepard (kathieshepard@gmail.com)'; Ted Small (tsmall@businessemploymentlawyer.com); 'WVHA Email Site'
Subject: WVHA 2017-2018 Newly Implemented Quarterly Funding Limit
Importance: High

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

Hello all,

If your agency is listed below (some are multiple WVHA Funded Accounts), you have either exceeded your newly imposed annual quarterly funding limit and/or you do not have enough remaining in your quarterly budget limitation to cover your anticipated December invoices.

- D. WVHA Funded Agencies Exceeding Newly Implemented Quarterly Funding Cap 2017-2018 (in alphabetical order) (corresponding letters attached)
1. Florida Department of Health-Dental Services
 2. Good Samaritan Clinic Primary Care
 3. HSCFV WIS/NOS Services and Family Services Coordinator
 4. Hispanic Health Initiative HRA/Education/Case Management
 5. Rising Against All Odds HIV/Aids Outreach Services
 6. SMA Baker Act/Homeless/Residential Treatment Beds
 7. The Neighborhood Center-Outreach Services

Per the WVHA Funding Agreements, we can only pay out 25% of your annual budgeted amount quarterly, without Board approval.

Regards,

Eileen O'Reilly Long



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

Certified Public Accountants / Registered Investment Advisors

Eileen Long

From: Weatherwax, Jo A <Jo.Weatherwax@flhealth.gov>
Sent: Tuesday, November 28, 2017 4:04 PM
To: Eileen Long
Subject: Waiver Request
Attachments: Waiver Request.pdf

Eileen,

Please find attached a Waiver Request to the Board along with an explanation of what led up to this request. This request and explanation is a requirement of the 17/18 year Agreement.

As you will remember, VCHD's utilization rate for the 16/17 year was lower than expected. This underutilization led to the Board lowering the funding for the present year.

At about the same time as this decision was made to lower funding, the reason for the low utilization rate was discovered – POMCO distributing incomplete information on coverage to enrollees and identifying only Good Samaritan as a source for dental. Upon correcting the information to enrollees, utilization increased however the funding amount was not reinstated to the requested amount.

Thank you Eileen for forwarding this letter to the Board. Would you like me to deliver the original signed copy to your office?

Jo Ann

Jo Ann Weatherwax, RDH, MSDH
DENTAL PROGRAM DIRECTOR
The Florida Department of Health in Volusia County
1845 HOLSONBACK DRIVE Floor: 01 Room: 204
DAYTONA BEACH, FL 32117
Office: (386) 274-0703
VolusiaHealth.com

Please Take Our Customer Satisfaction Survey!

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

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

Celeste Philip, MD, MPH

Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

November 27, 2017

Attn: Board of Commissioners
c/o Dreggors, Rigsby & Teal, P.A.
1006 N. Woodland Blvd.
Deland, FL 32720

Re: WVHA Dental Services

Dear Board,

In fulfillment of a requirement listed in the DENTAL CARE SERVICES AGREEMENT – WVHA – VCHD 2017-2018 ("Agreement"), we are requesting a waiver to continue serving the dental needs of the WVHA indigent population. The present Agreement provides, in Paragraph 6.a.:

Funding Disbursements will be made in monthly installments up to one-fourth of the Funding Limit per quarter of the Funding Period, subject to and based upon the presentation of invoices within 60 days of the date services are provided with deidentified client listing, their zip code and CDT codes and other supporting information acceptable to the Authority. If

Grantee's combined invoices for any quarter exceed one-fourth the Funding Limit, the Grantee may (before the next regularly scheduled Board meeting materials deadline) submit a written explanation to the Board and request a waiver of this quarterly disbursement limitation. Undisputed invoices submitted by Grantee shall be paid by the Authority within sixty (60) days of presentment. In no event shall the annual aggregate Funding Disbursements provided to Grantee by the Authority under this Agreement be required to exceed the Funding Limit (as defined above).

The quarterly allocation for 2017-2018 Agreement year is \$50,000. To date, November 22, 2017, the combined invoices for October and November total \$48,149.36. With four (4) clinic days remaining in November and in anticipation of exceeding the quarterly amount, I am requesting a waiver to allow us to continue serving the dental needs of the WVHA indigent population.

As an explanation of why our quarterly allocation is being utilized prior to the end of the quarterly period, I will remind the Board that in July 2017, ten months into the 2016-2017 Agreement year, it was discovered that all WVHA enrollees were receiving incomplete information from POMCO. Specifically, a letter limiting their options to emergent dental services at Good Samaritan Clinic only. This incorrect information led to a low utilization rate which led to the Board reducing funding for the present year. Upon this letter being corrected and the enrollees receiving the corrected information, the number of appointment requests for the Volusia County Health Department has quickly increased. This increase in need along with the funding allocation being lowered for the 2017-2018 Agreement year has led to this waiver request.

If you need any addition information, please advise. Thank you for your consideration of this waiver request.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Boswell".

Patricia Boswell
Health Officer/Administrator
Volusia County Health Department

Florida Department of Health
Division of Volusia

1845 Holsonback Drive Bin 334 • Daytona Beach, FL 32117
PHONE: 386-274-0896 • FAX: 386-274-0894

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board



ORIGINAL

January 5, 2018

West Volusia Hospital Authority
Attn: Chairman
c/o Dreggors, Rigsby, Teal, PA
1006 N. Woodland Blvd.
Deland, FL 32720

Programs: *WVHA Family Services Coordinator (FSC) &
Women's Intervention Specialist & Neonatal Outreach Specialist (WIS/NOS)*

Dear Chairman,

Per contract, funding disbursements will be made in monthly installments up to one-fourth of the funding limit per quarter. If grantees combined invoices for any quarter exceed one-fourth the funding limit, the grantee may submit a written explanation to request a waiver.

The Healthy Start Coalition of Flagler & Volusia Counties, Inc has reached the funding limit and we are requesting an exception to exceed the Board's imposed quarterly funding limit for the following programs: WVHA Family Services Coordinator (FSC) & Women's Intervention Specialist & Neonatal Outreach Specialist (WIS/NOS).

Thank you for your consideration. Please contact Thalia Smith, Healthy Start Program Manager at (386) 252-4277 or thalia.smith@healthystartfv.org with any questions or additional information.

Sincerely,

Dixie Morgese
Executive Director

cc: FY17-18 WVHA FSC & WIS/NOS Contract Files

The Healthy Start Coalition of Flagler & Volusia Counties, Inc.
109 Executive Circle, Daytona Beach, FL 32114



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

“Building Healthier Communities
One Person At A Time”

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

December 8, 2017
via email: ELong@drtcpa.com
West Volusia Hospital Authority
ATTN: Board of Commissioners

RE: Request for a waiver of the quarterly disbursement limitation

Dear Commissioner(s):

As per paragraph 4.1 of the 2017-2018 contract between the WVHA and Hispanic Health Initiatives, Inc.(HHI). This letter serves as HHI's formal request to the WVHA Board for their consideration of a waiver of the quarterly disbursement limitation.

The reason for this request is; for the first two months of the 2017-2018 contract year, October and November, HHI has provided service and submitted billing for 222 client encounters totaling \$26,100.00. This amount is almost 35% of HHI's approved annual funding of \$75,000.00. I attribute the increase in clientele to both; the various community partnerships and collaborations HHI has obtained over the past year and the changing of the documentation requirements for a West Volusia resident to access HHI's programs.

Attached you will find the supporting information required with the submission of this letter, including a de-identified listing of clients, their city of residence and zip code.

Thank you in advance for your consideration of this request.

Sincerely,

Josephine Mercado
Founder/Executive Director
Hispanic Health Initiatives, Inc.

**Hispanic Health Initiatives, Inc.
WVHA - Client Billing**

	Oct-17					Billable Units			TOTAL
	CLIENT	EVENT	DATE	ZIP CODE	CITY	Health Risk Assessment	Health & Behavioral Education	Case Management	
						\$100/Unit	\$50/Unit	\$25/Unit	
1	FS0217102946	HRA	7/15/2017	32738	Deltona	0	1	0	\$50.00
2	FS0217102946	HRA	7/19/2017	32738	Deltona	1	0	0	\$100.00
3	CC1017092230	HRA	10/4/2017	32738	Deltona	1	1	0	\$150.00
4	JA1017072460	HRA	10/4/2017	32738	Deltona	1	1	0	\$150.00
5	LR1017061656	HRA	10/4/2017	32713	Debary	1	1	0	\$150.00
6	MC0917092353	HRA	10/4/2017	32738	Deltona	0	1	0	\$50.00
7	NM0417101046	HRA	10/4/2017	32738	Deltona	1	0	1	\$125.00
8	EB1017090967	HRA	10/5/2017	32724	DeLand	1	0	0	\$100.00
9	GA1017092174	HRA	10/5/2017	32763	Orange City	1	1	0	\$150.00
10	JN1017120475	HRA	10/5/2017	32763	Orange City	1	1	0	\$150.00
11	AH1017030564	HRA	10/7/2017	32725	Deltona	1	0	0	\$100.00
12	AM1017022972	HRA	10/7/2017	32738	Deltona	1	0	0	\$100.00
13	AS1017011166	HRA	10/7/2017	32738	Deltona	1	1	0	\$150.00
14	AT1017011160	HRA	10/7/2017	32738	Deltona	1	0	0	\$100.00
15	BN1017010842	HRA	10/7/2017	32725	Deltona	1	0	0	\$100.00
16	DP0617081173	HRA	10/7/2017	32725	Deltona	1	0	0	\$100.00
17	EO1017040177	HRA	10/7/2017	32725	Deltona	1	0	0	\$100.00
18	GH1017030350	HRA	10/7/2017	32725	Deltona	1	1	0	\$150.00
19	GM1017121339	HRA	10/7/2017	32713	Debary	1	0	0	\$100.00
20	IC1017101666	HRA	10/7/2017	32725	Deltona	1	0	0	\$100.00
21	JC1017072762	HRA	10/7/2017	32738	Deltona	1	0	0	\$100.00
22	JH1017073057	HRA	10/7/2017	32738	Deltona	1	0	0	\$100.00
23	LP1017110575	HRA	10/7/2017	32725	Deltona	1	0	0	\$100.00
24	LV1017110373	HRA	10/7/2017	32725	Deltona	1	0	0	\$100.00
25	MH1017032269	HRA	10/7/2017	32764	Osteen	1	0	0	\$100.00
26	MJ1017052137	HRA	10/7/2017	32713	Debary	1	0	0	\$100.00
27	NH1017050762	HRA	10/7/2017	32738	Deltona	1	0	0	\$100.00
28	NM1017120573	HRA	10/7/2017	32738	Deltona	1	0	0	\$100.00
29	NO1017010341	HRA	10/7/2017	32725	Deltona	1	0	0	\$100.00
30	OG1017100567	HRA	10/7/2017	32763	Deltona	1	1	0	\$150.00
31	PH1017041665	HRA	10/7/2017	32738	Deltona	1	0	0	\$100.00
32	RT1017052653	HRA	10/7/2017	32738	Deltona	1	0	0	\$100.00
33	TG1017053074	HRA	10/7/2017	32738	Deltona	1	0	0	\$100.00
34	RH1017010674	HRA	10/10/2017	32180	Pierson	1	1	0	\$150.00
35	MR1017122376	HRA	10/10/2017	32724	DeLand	1	1	0	\$150.00
36	MV0317101071	HRA	10/10/2017	32130	DeLeon Springs	1	0	1	\$125.00
37	JH1017031865	HRA	10/11/2017	32763	Orange City	1	1	0	\$150.00
38	LR0517081361	HRA	10/11/2017	32720	DeLand	1	0	1	\$125.00
39	CH1017072259	HRA	10/12/2017	32725	Deltona	1	1	0	\$150.00
40	VM0917082454	HRA	11/2/2017	32720	DeLand	0	1	0	\$50.00
41	AC0317060151	HRA	10/13/2017	32724	DeLand	1	1	0	\$150.00
42	LC1017021178	HRA	10/13/2017	32180	Pierson	1	1	0	\$150.00
43	TQ1017070558	HRA	10/13/2017	32190	Seville	1	0	0	\$100.00
44	AC1017012278	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
45	AP1017101642	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
46	AA1017040566	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
47	BG1017020563	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
48	BJ1017070861	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
49	CC1017090376	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
50	EV1017070568	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
51	ER1017061687	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
52	FM1017120559	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
53	GG1017050859	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
54	HD1017092776	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
55	JV1017110369	HRA	10/15/2017	32764	Osteen	1	0	0	\$100.00
56	GM1017040651	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
57	JC1017082634	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
58	LD1017112689	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
59	LT1017052956	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
60	LP1017080549	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
61	LL1017100565	HRA	10/15/2017	32724	DeLand	1	0	0	\$100.00
62	LT1017090955	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
63	LN1017051788	HRA	10/15/2017	32763	Orange City	1	0	0	\$100.00
64	LR1017101534	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
65	LT1017122353	HRA	10/15/2017	32763	Orange City	1	0	0	\$100.00
66	MO1017021163	HRA	10/15/2017	32763	Orange City	1	0	0	\$100.00

**Hispanic Health Initiatives, Inc.
WVHA - Client Billing**

67	NR1017101954	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
68	NS1017101750	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
69	RT1017042151	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
70	SF1017072084	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
71	SM1017053067	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
72	SP1017021987	HRA	10/15/2017	32725	Deltona	1	0	0	\$100.00
73	VB1017102959	HRA	10/15/2017	32738	Deltona	1	0	0	\$100.00
74	AD1017120128	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
75	BQ1017041937	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
76	BM1017072824	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
77	BW1017061783	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
78	CM1017122147	HRA	10/16/2017	32763	Orange City	1	0	0	\$100.00
79	CW1017080427	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
80	DS1017022326	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
81	CM1017032435	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
82	DM1017102463	HRA	10/16/2017	32763	Orange City	1	0	0	\$100.00
83	FM1017072234	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
84	JM1017100522	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
85	JP1017090426	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
86	KH1017071338	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
87	KR1017121191	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
88	MG1017041254	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
89	MC1017111826	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
90	MK1017010229	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
91	MR1017021163	HRA	10/16/2017	32725	Deltona	1	0	0	\$100.00
92	MC1017092864	HRA	10/16/2017	32763	Orange City	1	0	0	\$100.00
93	MB1017070229	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
94	NA1017061535	HRA	10/16/2017	32724	DeLand	1	0	0	\$100.00
95	SP1017100535	HRA	10/16/2017	32720	DeLand	1	0	0	\$100.00
96	LP0517012358	HRA	10/17/2017	32738	Deltona	1	0	1	\$125.00
97	MF0517122367	HRA	10/17/2017	32724	DeLand	1	0	1	\$125.00
98	NR0517042578	HRA	10/17/2017	32763	Orange City	1	0	1	\$125.00
99	RP0517111274	HRA	10/17/2017	32763	Orange City	1	0	1	\$125.00
100	BK1017062565	HRA	10/18/2017	32724	DeLand	1	0	0	\$100.00
101	CT1017041523	HRA	10/18/2017	32763	Orange City	1	0	0	\$100.00
102	DS1017071160	HRA	10/18/2017	32763	Orange City	1	0	0	\$100.00
103	GP1017113087	HRA	10/18/2017	32720	DeLand	1	0	0	\$100.00
104	JB1017021332	HRA	10/18/2017	32763	Orange City	1	0	0	\$100.00
105	JK1017082437	HRA	10/18/2017	32763	Orange City	1	0	0	\$100.00
106	JR1017092445	HRA	10/18/2017	32763	Orange City	1	0	0	\$100.00
107	JC1017071736	HRA	10/18/2017	32763	Orange City	1	0	0	\$100.00
108	LM1017121168	HRA	10/18/2017	32725	Deltona	1	0	0	\$100.00
109	LB1017031119	HRA	10/18/2017	32763	Orange City	1	0	0	\$100.00
110	MM1017060524	HRA	10/18/2017	32763	Orange City	1	0	0	\$100.00
111	AC1017072663	HRA	10/25/2017	32180	Pierson	1	0	0	\$100.00
112	EG1017053071	HRA	10/25/2017	32130	Deleon Springs	1	0	0	\$100.00
113	GA1017051287	HRA	10/25/2017	32720	DeLand	1	0	0	\$100.00
114	GC1017123078	HRA	10/25/2017	32180	Pierson	1	0	0	\$100.00
115	JM0317110959	HRA	10/25/2017	32180	Pierson	1	0	1	\$125.00
116	MH0317072978	HRA	10/25/2017	32180	Pierson	1	0	1	\$125.00
117	MH0117051483	HRA	10/25/2017	32180	Pierson	1	0	1	\$125.00
118	AY1017091862	HRA	10/27/2017	32130	Deleon Springs	1	0	0	\$100.00
119	RG1017100444	HRA	10/27/2017	32130	Deleon Springs	1	0	0	\$100.00
120	SB1017061579	HRA	10/27/2017	32130	Deleon Springs	1	0	0	\$100.00
TOTAL						117	17	10	\$12,800.00

**Hispanic Health Initiatives, Inc.
WVHA - Client Billing**

	Nov-17					Billable Units			TOTAL
	CLIENT	EVENT	DATE	ZIP CODE	CITY	Health Risk Assessment	Health & Behavioral Education	Case Management	
						\$100/Unit	\$50/Unit	\$25/Unit	
1	GS1117032957	HRA	11/1/2017	32738	Deltona	1	1	0	\$150.00
2	IF1117111153	HRA	11/1/2017	32738	Deltona	1	1	0	\$150.00
3	JR1117042245	HRA	11/2/2017	32725	Deltona	1	1	0	\$150.00
4	MB1117062358	HRA	11/2/2017	32725	Deltona	1	1	0	\$150.00
5	MO1117061763	HRA	11/2/2017	32725	Deltona	1	1	0	\$150.00
6	VM0917082454	HRA	11/2/2017	32720	DeLand	0	1	0	\$50.00
7	ML1117021958	HRA	11/2/2017	32720	DeLand	1	1	0	\$150.00
8	CB1117072868	HRA	11/3/2017	32720	DeLand	1	0	0	\$100.00
9	CS1117070170	HRA	11/3/2017	32720	DeLand	1	0	0	\$100.00
10	DJ1117071651	HRA	11/3/2017	32724	DeLand	1	0	0	\$100.00
11	DZ1117060769	HRA	11/3/2017	32720	DeLand	1	0	0	\$100.00
12	GG1117033181	HRA	11/3/2017	32720	DeLand	1	0	0	\$100.00
13	JG1117012872	HRA	11/3/2017	32725	Deltona	1	0	0	\$100.00
14	JL1117052679	HRA	11/3/2017	32720	DeLand	1	0	0	\$100.00
15	RE1117020558	HRA	11/3/2017	32720	DeLand	1	0	0	\$100.00
16	RR1117011857	HRA	11/3/2017	32720	DeLand	1	0	0	\$100.00
17	RR1117030462	HRA	11/3/2017	32724	DeLand	1	0	0	\$100.00
18	RS1117072358	HRA	11/3/2017	32720	DeLand	1	0	0	\$100.00
19	TL1117041282	HRA	11/3/2017	32724	DeLand	1	0	0	\$100.00
20	CL0217082458	HRA	11/3/2017	32725	Deltona	1	0	1	\$125.00
21	MA1117062331	HRA	11/8/2017	32763	Orange City	1	1	0	\$150.00
22	MA1117010658	HRA	11/8/2017	32763	Orange City	1	1	0	\$150.00
23	FA1117020554	HRA	11/9/2017	32713	Debary	1	1	0	\$150.00
24	YA1117101471	HRA	11/9/2017	32713	Debary	1	1	0	\$150.00
25	AD1117031671	HRA	11/13/2017	32724	DeLand	1	1	0	\$150.00
26	BS1117072870	HRA	11/13/2017	32724	DeLand	1	1	0	\$150.00
27	GP1117110695	HRA	11/13/2017	32720	DeLand	1	1	0	\$150.00
28	JA1117062287	HRA	11/13/2017	32738	Deltona	1	1	0	\$150.00
29	JR1117042396	HRA	11/13/2017	32720	DeLand	1	1	0	\$150.00
30	KA1117082753	HRA	11/13/2017	32713	Debary	1	1	0	\$150.00
31	LC1117042661	HRA	11/13/2017	32713	Debary	1	1	0	\$150.00
32	TG1117020299	HRA	11/13/2017	32720	DeLand	1	1	0	\$150.00
33	CS1117090494	HRA	11/14/2017	32720	DeLand	1	1	0	\$150.00
34	DN1117021590	HRA	11/14/2017	32724	DeLand	1	0	0	\$100.00
35	ET1117091386	HRA	11/14/2017	32720	DeLand	1	1	0	\$150.00
36	JD1117060490	HRA	11/14/2017	32725	Deltona	1	1	0	\$150.00
37	MB1117011599	HRA	11/14/2017	32724	DeLand	1	0	0	\$100.00
38	MM1117041863	HRA	11/14/2017	32724	DeLand	1	1	0	\$150.00
39	MP1117060441	HRA	11/14/2017	32720	DeLand	1	1	0	\$150.00
40	MR1117010951	HRA	11/14/2017	32720	DeLand	1	1	0	\$150.00
41	MR0617101474	HRA	11/14/2017	32725	Deltona	1	0	1	\$125.00
42	NH1117010271	HRA	11/14/2017	32738	Deltona	1	1	0	\$150.00
43	RB1117020160	HRA	11/14/2017	32724	DeLand	1	1	0	\$150.00
44	AV1117101553	HRA	11/15/2017	32724	DeLand	1	1	0	\$150.00
45	MV1117052756	HRA	11/15/2017	32724	DeLand	1	1	0	\$150.00
46	PL1117021947	HRA	11/16/2017	32738	Deltona	1	1	0	\$150.00
47	MR1117051153	HRA	11/17/2017	32725	Deltona	1	1	0	\$150.00
48	AM1117021759	HRA	11/18/2017	32725	Deltona	1	1	0	\$150.00
49	BO1117020655	HRA	11/18/2017	32725	Deltona	1	1	0	\$150.00
50	CR1117120586	HRA	11/18/2017	32720	DeLand	1	1	0	\$150.00
51	DO1117022462	HRA	11/18/2017	32725	Deltona	1	1	0	\$150.00
52	DS1117032977	HRA	11/18/2017	32725	Deltona	1	1	0	\$150.00

**Hispanic Health Initiatives, Inc.
WVHA - Client Billing**

53	FD1117031480	HRA	11/18/2017	32724	DeLand	1	1	0	\$150.00
54	GA1117050187	HRA	11/18/2017	32190	Seville	1	1	0	\$150.00
55	HV1117041757	HRA	11/18/2017	32724	DeLand	1	1	0	\$150.00
56	HW1117060368	HRA	11/18/2017	32725	Deltona	1	0	0	\$100.00
57	ME1117072272	HRA	11/18/2017	32738	Deltona	1	1	0	\$150.00
58	MO1117012654	HRA	11/18/2017	32725	Deltona	1	1	0	\$150.00
59	MR1117120358	HRA	11/18/2017	32725	Deltona	1	1	0	\$150.00
60	WR1117120475	HRA	11/18/2017	32725	Deltona	1	1	0	\$150.00
61	AC1117112464	HRA	11/19/2017	32738	Deltona	1	0	0	\$100.00
62	BG1117040178	HRA	11/19/2017	32720	DeLand	1	0	0	\$100.00
63	CT1117072682	HRA	11/19/2017	32725	Deltona	1	0	0	\$100.00
64	RJ1117040272	HRA	11/19/2017	32725	Deltona	1	0	0	\$100.00
65	DC1117121078	HRA	11/19/2017	32738	Deltona	1	0	0	\$100.00
66	DQ1117020678	HRA	11/19/2017	32725	Deltona	1	0	0	\$100.00
67	FC1117071358	HRA	11/19/2017	32738	Deltona	1	0	0	\$100.00
68	GA1117020943	HRA	11/19/2017	32725	Deltona	1	0	0	\$100.00
69	GD1117103154	HRA	11/19/2017	32738	Deltona	1	0	0	\$100.00
70	HM1117021939	HRA	11/19/2017	32725	Deltona	1	0	0	\$100.00
71	IM1117031553	HRA	11/19/2017	32725	Deltona	1	0	0	\$100.00
72	IR1117102254	HRA	11/19/2017	32725	Deltona	1	0	0	\$100.00
73	JC1117082361	HRA	11/19/2017	32725	Deltona	1	0	0	\$100.00
74	MV1117092972	HRA	11/19/2017	32725	Deltona	1	0	0	\$100.00
75	OZ1117071679	HRA	11/19/2017	32763	Orange City	1	0	0	\$100.00
76	PC1117090172	HRA	11/19/2017	32738	Deltona	1	0	0	\$100.00
77	RC1117021060	HRA	11/19/2017	32738	Deltona	1	0	0	\$100.00
78	RR1117032388	HRA	11/19/2017	32738	Deltona	1	0	0	\$100.00
79	RM1117111564	HRA	11/19/2017	32725	Deltona	1	0	0	\$100.00
80	RN1117022688	HRA	11/19/2017	32738	Deltona	1	0	0	\$100.00
81	SP1117082664	HRA	11/19/2017	32725	Deltona	1	0	0	\$100.00
82	VG1117122881	HRA	11/19/2017	32763	Orange City	1	0	0	\$100.00
83	RM1117041976	HRA	11/20/2017	32720	DeLand	1	1	0	\$150.00
84	TW1117082961	HRA	11/20/2017	32720	DeLand	1	1	0	\$150.00
85	AA1117012687	HRA	11/27/2017	32738	Deltona	1	1	0	\$150.00
86	AG1117040465	HRA	11/27/2017	32725	Deltona	1	1	0	\$150.00
87	EM1117012670	HRA	11/27/2017	32738	Deltona	1	1	0	\$150.00
88	EM1117021872	HRA	11/27/2017	32738	Deltona	1	1	0	\$150.00
89	ER1117042264	HRA	11/27/2017	32713	Debary	1	1	0	\$150.00
90	KW1117042584	HRA	11/27/2017	32720	DeLand	1	1	0	\$150.00
91	LC1117111885	HRA	11/27/2017	32738	Deltona	1	1	0	\$150.00
92	LG1117082074	HRA	11/27/2017	32738	Deltona	1	1	0	\$150.00
93	LZ1117060584	HRA	11/27/2017	32738	Deltona	1	1	0	\$150.00
94	MA1117122166	HRA	11/27/2017	32763	Orange City	1	1	0	\$150.00
95	XV1117060484	HRA	11/27/2017	32725	Deltona	1	1	0	\$150.00
96	LM1117082060	HRA	11/29/2017	32725	Deltona	1	1	0	\$150.00
97	JM1117120556	HRA	11/29/2017	32725	Deltona	1	1	0	\$150.00
98	AC1117091455	HRA	11/30/2017	32763	Orange City	1	1	0	\$150.00
99	CC1117082054	HRA	11/30/2017	32738	Deltona	1	1	0	\$150.00
100	MB1117072858	HRA	11/30/2017	32725	Deltona	1	1	0	\$150.00
101	MN1117012460	HRA	11/30/2017	32738	Deltona	1	1	0	\$150.00
102	YS1117070767	HRA	11/30/2017	32725	Deltona	1	1	0	\$150.00
TOTAL						101	63	2	\$13,300.00



340 S. Woodland Blvd, Deland, FL 32720 Office: (386)202-4209 Fax: (386) 279-7764

January 8, 2018

West Volusia Hospital Authority
Board of Commissioners

Dear Commissioners,

Rising Against All Odds, Inc. (RAAO) would like your consideration for a waiver of the quarterly funding limitations. RAAO has lived up to and surpassed expectations in providing needed services to the West Volusia County Residents.

RAAO is interested in continuing to improve the wellbeing of our residents as it relates to HIV/AIDS and the WVHA Health Card. Because of our diligence in testing an average of 150 residents, and providing prevention and education to each month; we have made a significant impact in identifying HIV Positive individuals not in care, and newly diagnosed clients who did not know their status. RAAO's Intervention has helped reduce the spread of HIV/AIDS. Because we are here we have also been instrumental in the reduction of residents seeking emergency care due to opportunistic diseases associated with HIV/AIDS by providing linkage and access to Infectious Disease, Mental Health and Primary Care Providers.

Please know that RAAO is actively seeking additional funding sources to help meet the community demands. Please see attachment from Department of Health regarding our diligent and effective work here in West Volusia County.

Thank you for your consideration,

Brenda Flowers Dalley
Founder & CEO, Rising Against All Odds
phone: (386) 202-4209
mobile: (386) 215-7881
address: 312 South Woodland Blvd, DeLand, FL 32720
site: www.risingagainstallodds.com
email: bdalley@risingagainsttheodds.com

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

August 16, 2017

Rising Against All Odds, Inc.
530 E. Voorhis Avenue
Deland, FL 32720

Dear Rising Against All Odds, Inc.:

Thank you for assisting staff from the Florida Department of Health-Volusia County with your recent monitoring visit for your annual Quality Improvement monitoring. The staff of Rising Against All Odds, Inc. was very cooperative and eager to meet the challenges of this monitoring.

The Monitoring Summary lists the findings, recommendations and accomplishments of your agency.

If you have any questions as you review this information please feel free to contact me at (386) 274-0662 or by emailing me at Betty.Davenport@flhealth.gov.

Respectfully,

Betty S. Davenport

Betty S. Davenport
HIV/AIDS Early Intervention Consultant

MONITORING SUMMARY

Memorandum of Agreement	April 7, 2015 – June 30, 2018
Service Description	Annual QI Monitoring
Organization	Rising Against All Odds, Inc. 312 South Woodland Blvd Deland, Florida 32720
Evaluator's Name:	Betty Davenport –HIV Early Intervention Consultant Area 12, Volusia and Flagler Counties
Site Visit Date:	August 16, 2017
Purpose:	Annual QI Monitoring Visit – Program and file review

Monitoring Visit

The HIV Early Intervention Consultant Betty Davenport visited Rising Against All Odds, Inc. on April 21, 2016. Ms. Davenport met with Ms. Brenda Dalley, Executive Director.

The HIV Early Intervention Consultant conducted a services review interview with Ms. Dalley using the QI Monitoring Tool. She also evaluated the DH1628 forms by reviewing client folders for clients tested in 2015. As Ms. Davenport reviewed the client files Ms. Dalley talked in detail about future goals for the agency.

Highlights and Accomplishments

Rising Against All Odds, Inc. has exceeded the number of HIV test required by the Deland Hospital Authority as well as the number of tests required on their MOA with the Florida Department of Health-Volusia. They are to be commended for their continuous hard work and efforts. They have also identified numerous amounts of newly diagnosed HIV positive individuals as well as HIV positive lost to care clients and linked them back in to care. They are well known as an HIV test site in West Volusia County and will continue to provide free testing and counseling to persons at risk for acquiring HIV/AIDS. Rising Against All Odds, Inc. has also established new relationships and maintained ongoing relationships with providers in Volusia County.

Findings:

Agency's DH1628 forms had 4 missing data errors on the files pulled during the monitoring. Corrective actions were assessed and made in order to ensure that this doesn't occur again. Ms. Davenport stressed the importance of accurate data collecting for the purpose of overall statistical data.

Recommendations:

Ms. Davenport recommended that the agency double check the DH1628 forms before sending them to the state lab.

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1220 Willis Avenue, Daytona Beach, Florida 32114
www.SMAbehavioral.org
Access Center 24/7 - (800) 539-4228

January 3, 2018

West Volusia Hospital Authority
Attn. Chairman
c/o Dreggors, Rigsby, Teal, PA
1006 N. Woodland Blvd.
DeLand, FL 32720

Program: Homeless – Wavier

Dear Chairman:

Per contract, funding disbursements will be made in monthly installments up to one-fourth of the funding limit per quarter. If grantees combined invoices for any quarter exceed one-fourth the funding limit, the grantee may submit a written explanation to request a waiver.

SMA Behavioral Health Services has reached the funding limit and we are requesting an exception to exceed the Board's imposed quarterly funding limit. SMA Behavioral does not have enough remaining in our quarterly budget limitation to cover anticipated December invoices.

Please see attached supporting documentation of de-identified listing of clients, city of residence, zip code, and number of medical sessions and duration of each service received for justification.

Thank you for your consideration on this matter.

Sincerely,



Ivan Cosimi
CEO
SMA Behavioral Health Services, Inc.



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"exceptional and comprehensive behavioral healthcare"

1220 Willis Avenue, Daytona Beach, Florida 32114
www.SMAbehavioral.org
Access Center 24/7 – (800) 539-4228

January 3, 2018

West Volusia Hospital Authority
Attn. Chairman
c/o Dreggors, Rigsby, Teal, PA
1006 N. Woodland Blvd.
DeLand, FL 32720

Program: Residential – Wavier

Dear Chairman:

Per contract, funding disbursements will be made in monthly installments up to one-fourth of the funding limit per quarter. If grantees combined invoices for any quarter exceed one-fourth the funding limit, the grantee may submit a written explanation to request a waiver.

SMA Behavioral Health Services has reached the funding limit and we are requesting an exception to exceed the Board's imposed quarterly funding limit. SMA Behavioral does not have enough remaining in our quarterly budget limitation to cover anticipated December invoices.

Please see attached supporting documentation of de-identified listing of clients, city of residence, zip code, and number of medical sessions and duration of each service received for justification.

Thank you for your consideration on this matter.

Sincerely,



Ivan Cosimi
CEO
SMA Behavioral Health Services, Inc.





A UNITED WAY AGENCY™

Neighborhood Center of West Volusia, Inc.



A PLACE WITH A HEART™

434 SOUTH WOODLAND BOULEVARD • DELAND, FLORIDA 32720
PHONE (386) 734-8120 • FAX: (386) 822-9005
theneighborhoodcenterwv.org

1-8-18

West Volusia Hospital Authority
P.O. Box 940
DeLand, FL 32721-0940

The Neighborhood Center of West Volusia is requesting additional quarterly funds for the First Quarter of the 2017-2018 WVHA Grant cycle in the amount of \$5650.00. Per the contract, the Neighborhood Center is allotted 25% (\$17500.00) per quarter and the case managers produced \$23150.00 in vouchers to those in need in the West Volusia area.

October -	\$7100.00
November -	\$8200.00
December -	\$7850.00
TOTAL -	\$23150.00
<i>Overage -</i>	<i>\$5650.00</i>

If you have any questions, please contact us.

Sincerely,

Susan Clark
Executive Director



"GROWING WELLNESS IN
OUR COMMUNITIES"

January 9, 2018

West Volusia Hospital Authority
Board of Commissioners
C/o Dreggors, Rigsby, & Teal
1006 N. Woodland Blvd.
DeLand, FL 32720

Re: POMCO/UMR Migration – Services Affected

Dear Commissioners,

In connection with the POMCO/UMR migration deadline of July 1, 2018, we have been told that the Authority's TPA will no longer process manual claims for reimbursement.

Currently, all of NEFHS' medical claims submitted under the Consolidated Clinics Funding Agreement and all prenatal claims submitted under the Prenatal Services Funding Agreement are already submitted electronically. Because these services are currently billed electronically, we do not expect and have not been told about any needed changes to the process for services or billing of claims for reimbursement under either of these two Agreements.

Regarding the Pharmacy Funding Agreement, services and claims for reimbursement are currently provided through two-parties and in a combination manual and electronic process. The two-parties include NEFHS, who purchases the medications for WVHA patients and processes billings with the TPA, and Ritter's Pharmacy, who receives and dispenses medications to patients. NEFHS receives a monthly dispensing history from Ritter's, including relevant patient information, drugs dispensed and the associated Medicaid pricing structure, and patient co-pays. NEFHS then researches the medications dispensed and converts the reported Medicaid pricing structure into a 340B pricing structure, and prepares and submits a PDF and excel spreadsheet of pharmacy claims via electronic mail to the Authority's TPA for reimbursement of NEFHS drug expense and service.

Pierson	Deltona	DeLand	Daytona	DeLand-Pediatrics	Administration
216 N. Frederick St. Pierson, FL 32180 386.740.9449 Fax: 386.740.9447	2160 Highland Blvd. Deltona, FL 32736 386.742.0727 Fax: 386.742.0736	874 W. Plymouth Ave. DeLand, FL 32720 386.733.2122 Fax: 386.733.2123	801 Beville Rd. Daytona, FL 32119 386.267.6214 Fax: 386.990.9411	800 W. Plymouth Ave. DeLand, FL 32720 386.736.7934 Fax: 386.736.7934	1015 N. Stone St. DeLand, FL 32720 386.202.6015 Fax: 386.269.4149
www.familyhealthsource.org					

To prepare for migration, NEFHS has participated in a preliminary planning meeting to investigate and discuss what criteria will be required for electronic billing. When that information has been identified and communicated, our next step will be to investigate available options through current or alternative electronic billing options necessitated by the change, including potential preliminary transition models if needed.

Sincerely,

A handwritten signature in black ink that reads "Laurie Asbury". The signature is written in a cursive, flowing style.

Laurie Asbury
Chief Executive Officer
Northeast Florida Health Services, Inc.
dba Family Health Source

//



January 8, 2018

West Volusia Hospital Authority
1006 N. Woodland Blvd.
DeLand, FL 32720

Dear West Volusia Hospital Authority:

This letter is in regards to the timely filing of the hospital physician service claims, in the amount of \$117,834.69, that were brought to our attention by POMCO. After some in-depth research, it was determined that this issue is related to the transition of this billing process from the local hospitals to our Central Billing Office (CBO) in Ormond Beach a few years ago. When this process was transitioned to our CBO, the leadership changed soon after the transition, and the new leadership team put a new process in place which affected the timeliness of our physician service claims to POMCO. They felt it was appropriate to wait until we received final approval and payment from POMCO for the hospital charges before we submitted the physician service claims. This is what is causing the delay. The local hospitals were not aware of this change.

These are claims related to the services provided to the WVHA patients by the Emergency Room Physicians and Hospitalists when these patients were in the hospital. While we recognize that we are outside the 90 day window (and we take ownership for this), we are requesting a one-time exception since our intent was to bill the physician service claims accurately. Our action items to ensure this does not happen again include the following:

1. Look at our Accounts Receivable for all WVHA patient encounters not yet paid, going back 60 days, and add the physician items to a spreadsheet and submit them, and/or
2. Run a report out of our Patient Financial System at the beginning of each month for the WVHA patient encounters billed in the prior month and submit a spreadsheet of the physician related charges for those claims.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Nigel Hinds".

Nigel Hinds, CFO
Florida Hospital DeLand

A handwritten signature in blue ink, appearing to read "Eric Ostarly".

Eric Ostarly, CFO
Florida Hospital Fish Memorial

cc: Theodore W. Small, Jr., Esq.
Dreggors, Rigsby & Teal, P.A.

Eileen Long

From: Shawn Jacobs <sjacobs@pomco.com>
Sent: Tuesday, December 19, 2017 4:59 PM
To: Eileen Long
Cc: Dominick Nicoletti; Christy Marchiano
Subject: WVHA Hospital Physician Service Claims

Importance: High

Eileen thanks again for the time earlier today on our call.

As discussed, given the manual spreadsheet claims process for the hospital physician service claims, most of the claims submitted to us are outside of the hospital 90-day claim filing deadline. Thus if we were to hold firm on that rule for the claims in this manual submission process, the following would be denied along with their related dollar impact for this calendar year:

January – 233 claims paid over the filing deadline totaling \$23,858
February – 176 claims paid over the filing deadline totaling \$18,733.55
March – 84 claims paid over the filing deadline totaling \$9,952.57
April – 97 claims paid over the filing deadline totaling 11,306.77
May – 200 claims paid over the filing deadline totaling \$23,331.43
June – 101 claims paid over the filing deadline totaling \$10,620.97
July – 206 claims paid over the filing deadline totaling \$20,031.40
Total dollar impact of Hospitalists claims paid over the filing deadline **\$117,834.69**

Also note that we have yet to receive any spreadsheets for hospital physician service claims for the months of August, September, October or November 2017. Referring back to the 90-day filing deadline, if those outstanding claims were submitted today, all of August and most of September 2017 hospital physician service claims would also be denied.

I agree that this impact needs further discussion from both a claims payment perspective as well as a claims submission process perspective.

Let me know if you have any questions or need any additional detail.

Thanks.

Regards,
S.A.J.



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

January 18, 2018

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

This letter documents our agreement, as administrators for the West Volusia Hospital Authority, to perform these agreed-upon procedures related to grantee site visits for the fiscal year of 2017-18. The procedures are enumerated below. We will meet with you as needed to discuss the agreed-upon procedures, results, and other issues that may arise.

- Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
- Select a sample of transaction and test compliance with contract provisions.
- Prepare a written report summarizing the results with recommendations to the Board of Commissioners.

Our engagement to apply agreed-upon procedures will be conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described above either for the purpose for which this report has been requested or for any other purpose. If, for any reason, we are unable to complete the procedures, we will describe any restrictions on the performance of the procedures in our report, or will not issue a report as a result of this engagement.

Because the agreed-upon procedures listed above do not constitute an examination, we will not express an opinion on financial statements. In addition, we have no obligation to perform any procedures beyond those listed above.

MEMBERS

We will submit a report listing the procedures performed and our findings. This report is intended solely for the use of West Volusia Hospital Authority and should not be used by anyone other than this specified party. Our report will contain a paragraph indicating that had we performed additional procedures, other matters might have come to our attention that would have been reported to you. The documentation for this engagement is the property of Dreggors, Rigsby & Teal, P.A. and constitutes confidential information. If requested, access to such attest documentation will be provided under the supervision of Dreggors, Rigsby & Teal, P.A. personnel. Furthermore, upon request, we may provide copies of selected documentation to West Volusia Hospital Authority. West Volusia Hospital Authority may intend, or decide, to distribute the copies or information contained therein to others at their own discretion.

Our fee for these services will be based upon our prevailing standard hourly rates for the particular staff employed.

We appreciate the opportunity to assist you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us. If the need for additional procedures arises, our agreement with you will need to be revised. It is customary for us to enumerate these revisions in an addendum to this letter.

Acknowledged:

Dreggors, Rigsby & Teal, P.A.
Dreggors, Rigsby & Teal, P.A.

West Volusia Hospital Authority Date



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

“Building Healthier Communities
One Person At A Time”

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

January 8, 2018

WVHA Board of Commissioners
c/o Dreggors, Rigsby & Teal, P.A., CPA
1006 N. Woodland Blvd.
DeLand, FL 32720

Re: 2017/2018 Funding Amount Increase

Dear Board of Commissioners:

I wish all of you a happy and prosperous 2018! As per the contract, this letter is a formal request for the Board to consider a onetime \$75,000 increase in HHI's 2017-2018 funding, in order to prevent any disruptions in the services HHI provides to the community and to support the program's growth.

This deficit was anticipated in August, 2017. In September HHI submitted for Board consideration, a written request for an increase of its funding (see attached letter). Some of the factors involved with the request;

- local collaborations and partnerships that were not yet created as of the beginning of the 2016-2017 year, are now established and on-going, thereby increasing the number of program participants for the 2017-2018 funding cycle
- the change in documents required, enabled a greater number of participants access to HHI's programs, contributing to the program growth
- and just plain old word of mouth, added to the success of the program

That being said, as of September 30, 2017, HHI submitted \$76,875 in billing for the 2016-2017 startup year, which is more than what was allocated for the 2017-2018 funding cycle. In addition, HHI has averaged almost 100 client encounters and a monthly billing of over \$11,000 in the first quarter of this cycle. This amount calculated over a 12 month period equals \$132,000. I expect as the program progresses the participant numbers will continue to grow. Therefore, the \$75,000 approved for HHI's 2017/2018 WVHA budget will create a substantial shortfall. The program will run out of funds in the first 6 months of the 2017-2018 cycle.

Denial of this request will force HHI to stop providing chronic disease prevention and self-management health services for the residents of West Volusia, as well as, the laying off of its trained staff.

HHI has continuously submitted grant applications, where appropriate, to supplement the funding of its programs. Regrettably they were not funded.

Looking forward to your favorable response.

Your Partner in Health

Josephine Mercado
Josephine Mercado
Founder/CEO



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

**“Building Healthier Communities
One Person At A Time”**

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

September 8, 2017

WVHA Board of Commissioners
c/o Dreggors, Rigsby & Teal, P.A., CPA
1006 N. Woodland Blvd.
DeLand, FL 32720

Re: 2017/2018 Budget Amount Approved

Dear Board of Commissioners:

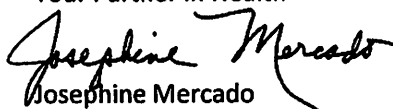
I am writing to request that you reconsider and increase the 2017/2018 funding amount (\$75,000) recently approved for Hispanic Health Initiatives', Inc. (HHI) funding application.

It is my belief that this amount was agreed upon based on, what was at that time the current and projected expenditures of HHI's 2016/2017 program, which was estimated at \$49,000. As of August 31, 2017, HHI has billed the WVHA for allowable costs in the amount of \$67,500 and there is still one more month of billing. Being that 2016/2017 was the first year this new health program was available for west Volusia residents, there are a few factors I believe should be taken in consideration before deciding on HHI's funding limit for 2017/2018. HHI did not receive the WVHA 2016/2017 signed contract giving the organization the green light to begin its community work until November 2016. In addition, starting such a program from scratch comes with a challenge of a slow start. It took 4+ months to create the community collaborations, with venues such as churches, community centers, food pantries, assisted living facilities and others, which are necessary partnerships for the success of the program and to gain the trust of the potential program participants. Those collaborations and partnerships are continuously being made today.

That being said, HHI has averaged a monthly billing of over \$9000 over the past six months and expects as the program progresses the clientele will grow too. Therefore, I feel that the \$75,000 approved for HHI's 2017/2018 WVHA budget will create a shortfall and request that the Board of Commissioners consider increasing the amount approved for 2017/2018 application to \$150,000 to reflect the new applications anticipated program growth.

Looking forward to your favorable response.

Your Partner in Health


Josephine Mercado
Founder/CEO



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Web: HHI2001.org

Email: info@hhi2001.org

Tel: 386-320-0110

Fax: 386-320-0861

1/8/2018

West Volusia Hospital Authority
P.O. Box 940
DeLand, FL 32721-0940

Pursuant to the subject contract, please accept this invoice for services rendered for the period listed below:

December 2017...

Please remit: \$7,150.00 + \$4746.92 (balance of November 2017) = \$11,896.92

All back-up documentation to substantiate activity is maintained at Agency location.
If you have any questions please feel free to contact Josephine Mercado at (386) 320 - 0110.

Sincerely,


Founder/Executive Director

Hispanic Health Initiatives, Inc., 501(c)3 Non-Profit

Office: 70 Spring Vista Dr. Unit #2, Debary, FL. 32713

Mail: P.O. Box 123 Deland, FL. 32721

Dec-17							
CLIENT	EVENT	DATE	ZIP CODE	CITY	Health Risk Assessment	Health & Behavioral Education Case Management	TOTAL
1	AG1217092468	12/1/2017	32720	Deland	1	1	\$150.00
2	AM1217101600	12/1/2017	32738	Deltona	1	1	\$150.00
3	EJ1217032929	12/1/2017	32738	Deltona	1	1	\$150.00
4	KB1217101670	12/1/2017	32720	Deland	1	1	\$150.00
5	LA1217071245	12/1/2017	32725	Deltona	1	1	\$150.00
6	RJ1217102558	12/1/2017	32738	Deltona	1	1	\$150.00
7	TM1217012356	12/1/2017	32725	Deltona	1	1	\$150.00
8	WP1217011286	12/1/2017	32763	Orange City	1	1	\$150.00
9	CF031701154	12/1/2017	32763	Orange City	1	0	\$125.00
10	GG1117033181	12/1/2017	32720	Deltona	1	1	\$150.00
11	EC1217052754	12/5/2017	32725	Deltona	1	1	\$150.00
12	LB1217021568	12/5/2017	32763	Orange City	1	1	\$150.00
13	LM1217121764	12/5/2017	32738	Deltona	1	1	\$150.00
14	SC1217031450	12/5/2017	32725	Deltona	1	1	\$150.00
15	XF1217090772	12/5/2017	32725	Deltona	1	1	\$150.00
16	CA1217102864	12/6/2017	32725	Deltona	1	1	\$150.00
17	LR1217120653	12/6/2017	32713	DeBary	1	1	\$150.00
18	AB1217090640	12/7/2017	32738	Deltona	1	1	\$150.00
19	EG1217070455	12/7/2017	32763	Orange City	1	1	\$150.00
20	GO1217101774	12/7/2017	32738	Deltona	1	1	\$150.00
21	MC1217053057	12/7/2017	32763	Orange City	1	1	\$150.00
22	MD1217080773	12/7/2017	32725	Deltona	1	1	\$150.00
23	AR1217052487	12/7/2017	32720	Deland	1	0	\$100.00
24	IP1217030370	12/7/2017	32725	Deltona	1	1	\$150.00
25	JG1217070974	12/7/2017	32738	Deltona	1	0	\$100.00
26	LP1217010490	12/7/2017	32720	Deland	1	0	\$100.00
27	MP1217010487	12/7/2017	32724	Deland	1	0	\$100.00
28	NR1217012560	12/7/2017	32738	Deltona	1	0	\$100.00
29	SP1217012188	12/7/2017	32720	Deland	1	0	\$100.00
30	SO1217051281	12/7/2017	32738	Deltona	1	0	\$100.00
31	YA1217032197	12/7/2017	32720	Deland	1	0	\$100.00
32	BW1217040763	12/8/2017	32725	Deltona	1	1	\$150.00
33	CA1217082168	12/8/2017	32180	Pierson	1	1	\$150.00
34	JM0317110959	12/8/2017	32180	Pierson	1	0	\$125.00
35	AM1217090681	12/9/2017	32725	Deltona	1	0	\$100.00
36	AW1217121079	12/9/2017	32724	Deland	1	0	\$100.00
37	DM1217011155	12/9/2017	32763	Orange City	1	0	\$100.00
38	EA1217021987	12/9/2017	32130	DeLeon Springs	1	0	\$100.00
39	JM1217081879	12/9/2017	32724	Deland	1	1	\$150.00
40	JM1217090990	12/9/2017	32720	Deland	1	0	\$100.00
41	JU1217041981	12/9/2017	32725	Deltona	1	0	\$100.00
42	MC1217060887	12/9/2017	32725	Deltona	1	0	\$100.00
43	MH1217043083	12/9/2017	32763	Orange City	1	0	\$100.00
44	MM1217092880	12/9/2017	32720	Deland	1	0	\$100.00
45	NR1217052257	12/9/2017	32725	Deltona	1	0	\$100.00
46	OS1217071478	12/9/2017	32725	Deltona	1	0	\$100.00
47	XA1217071886	12/9/2017	32720	Deland	1	0	\$100.00
48	YD1217092278	12/9/2017	32724	Deland	1	0	\$100.00
49	CG1217013037	12/11/2017	32724	Deland	1	0	\$150.00
50	CG1217120477	12/11/2017	32720	Deland	1	0	\$150.00
51	CH1217102857	12/11/2017	32720	Deland	1	0	\$150.00
52	RM1117041976	12/11/2017	32720	Deland	0	1	\$25.00
53	DG1217072356	12/12/2017	32725	Deltona	1	0	\$150.00
54	JM1217081879	12/13/2017	32724	Deland	0	0	\$25.00
55	ML1217082361	12/14/2017	32725	Deltona	1	1	\$150.00
56	JM1217081879	12/18/2017	32724	Deland	0	0	\$25.00
57	IP1217030370	12/18/2017	32725	Deltona	0	0	\$25.00
58	JM1217081879	12/20/2017	32724	Deland	0	0	\$25.00
59	IP1217030370	12/20/2017	32725	Deltona	0	0	\$25.00
60	DB1217022087	12/21/2017	32725	Deltona	1	1	\$7,150.00
TOTAL					54	31	8

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



Dreggors, Rigsby & Teal, P.A.

Advisors for Life

Certified Public Accountants | Registered Investment Advisor

1006 N. Woodland Boulevard ■ DeLand, FL 32720

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

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

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

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

Dreggors, Rigsby & Teal, P.A.

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

January 08, 2018

MEMBERS

American Institute of
Certified Public Accountants

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Certified Public Accountants

West Volusia Hospital Authority

Balance Sheet

Modified Cash Basis

December 31, 2017

Assets

Current Assets

Petty Cash	\$	100.00
Intracoastal Bank - Money Market		8,835,288.14
Intracoastal Bank - Operating		700,115.87
Mainstreet Community Bank - MM		9,535,249.57
Taxes Receivable		92,073.00
Total Current Assets		<u>19,162,826.58</u>

Fixed Assets

Land		145,000.00
Buildings		422,024.71
Building Improvements		350,822.58
Equipment		251.78
Total Fixed Assets		<u>918,099.07</u>
Less Accum. Depreciation		<u>(324,657.93)</u>
Total Net Fixed Assets		<u>593,441.14</u>

Other Assets

Deposits		2,000.00
Total Other Assets		<u>2,000.00</u>
Total Assets		<u><u>19,758,267.72</u></u>

Liabilities and Net Assets

Current Liabilities

Security Deposit		5,110.00
Deferred Revenue		88,660.00
Total Current Liabilities		<u>93,770.00</u>

Net Assets

Unassigned Fund Balance		7,214,766.86
Restricted Fund Balance		208,000.00
Nonspendable Fund Balance		593,441.14
Net Income Excess (Deficit)		11,648,289.72
Total Net Assets		<u>19,664,497.72</u>
Total Liabilities and Net Assets	\$	<u><u>19,758,267.72</u></u>

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 3 Months Ended December 31, 2017

	<u>Annual Budget</u>	<u>Current Period Actual</u>	<u>Year To Date Actual</u>	<u>Budget Balance</u>
Revenue				
Ad Valorem Taxes	19,910,000.00	13,757,413.84	16,548,877.21	3,361,122.79
Investment Income	45,000.00	4,317.70	8,648.33	36,351.67
Rental Income	68,304.00	5,691.98	17,075.94	51,228.06
Other Income	0.00	0.00	202.84	(202.84)
Total Revenue	20,023,304.00	13,767,423.52	16,574,804.32	3,448,499.68
Healthcare Expenditures				
Adventist Health Systems	5,655,654.00	1,395,380.54	1,828,486.23	3,827,167.77
Northeast Florida Health Services	1,608,362.00	76,332.99	380,099.45	1,228,262.55
Specialty Care	5,208,000.00	289,938.71	940,482.29	4,267,517.71
County Medicaid Reimbursement	2,250,000.00	185,652.25	742,609.00	1,507,391.00
The House Next Door	120,000.00	8,500.66	24,798.00	95,202.00
The Neighborhood Center	70,000.00	8,200.00	19,517.50	50,482.50
Community Life Center Outreach Services	25,000.00	0.00		25,000.00
Rising Against All Odds	235,000.00	17,650.00	52,343.69	182,656.31
Community Legal Services	76,931.00	2,943.13	12,025.27	64,905.73
Hispanic Health Initiatives	75,000.00	8,553.08	30,728.08	44,271.92
Deltona Firefighters Foun Access to Hlth	75,000.00	0.00	0.00	75,000.00
Florida Dept of Health Dental Svcs	200,000.00	21,531.58	76,797.98	123,202.02
Good Samaritan	79,747.00	4,088.78	11,365.28	68,381.72
Global Healthcare System	0.00	0.00	4,979.94	(4,979.94)
Stewart Marchman - ACT	946,336.00	78,437.38	176,104.44	770,231.56
Health Start Coalition of Flagler & Volusia	142,362.00	12,697.38	40,542.30	101,819.70
H C R A	819,612.00	6,770.34	28,732.81	790,879.19
Other Healthcare Costs	315,047.00	0.00	0.00	315,047.00
Total Healthcare Expenditures	17,902,051.00	2,116,676.82	4,369,612.26	13,532,438.74
Other Expenditures				
Advertising	12,000.00	0.00	(17,958.46)	29,958.46
Annual Independent Audit	15,800.00	0.00	0.00	15,800.00
Building & Office Costs	6,500.00	996.00	1,491.75	5,008.25
General Accounting	68,100.00	7,242.50	11,412.72	56,687.28
General Administrative	65,100.00	5,228.75	16,215.00	48,885.00
Legal Counsel	70,000.00	3,050.00	21,920.00	48,080.00
Special Accounting	5,000.00	0.00	0.00	5,000.00
City of DeLand Tax Increment District	75,000.00	0.00	69,746.00	5,254.00
Tax Collector & Appraiser Fee	625,740.00	275,145.67	332,131.66	293,608.34
TPA Services	718,560.00	0.00	54,500.00	664,060.00
Eligibility / Enrollment	92,170.00	0.00		92,170.00
Healthy Communities	72,036.00	7,340.52	18,988.40	53,047.60
Application Screening				
Application Screening - THND	189,742.00	15,811.83	43,601.74	146,140.26
Application Screening - RAO	34,005.00	960.00	3,308.58	30,696.42
Application Screening - SMA	14,000.00	612.00	1,151.20	12,848.80
Workers Compensation Claims	25,000.00	0.00	0.00	25,000.00
Other Operating Expenditures	32,500.00	0.00	393.75	32,106.25
Total Other Expenditures	2,121,253.00	316,387.27	556,902.34	1,564,350.66
Total Expenditures	20,023,304.00	2,433,064.09	4,926,514.60	15,096,789.40

See Accountants' Compilation Report

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 3 Months Ended December 31, 2017

	<u>Annual Budget</u>	<u>Current Period Actual</u>	<u>Year To Date Actual</u>	<u>Budget Balance</u>
Excess (Deficit)	<u>0.00</u>	<u>11,334,359.43</u>	<u>11,648,289.72</u>	<u>(11,648,289.72)</u>

West Volusia Hospital Authority
Schedule I - Healthcare Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 3 Months Ended December 31, 2017

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Healthcare Expenditures				
Adventist Health Systems				
Florida Hospital DeLand	2,715,327.00	724,042.41	950,859.86	1,764,467.14
Florida Hospital Fish Memorial	2,715,327.00	671,338.13	816,490.00	1,898,837.00
Florida Hospital DeLand - Physicians	112,500.00	0.00	37,031.30	75,468.70
Florida Hospital Fish - Physicians	112,500.00	0.00	24,105.07	88,394.93
Northeast Florida Health Services				
NEFHS - Pharmacy	660,040.00	0.00	134,781.68	525,258.32
NEFHS - Obstetrics	30,000.00	4,681.59	14,796.15	15,203.85
NEFHS - Primary Care	918,322.00	71,651.40	230,521.62	687,800.38
Specialty Care				
Specialty Care Services	4,700,000.00	262,399.54	832,898.31	3,867,101.69
Laboratory Services	508,000.00	27,539.17	107,583.98	400,416.02
County Medicaid Reimbursement	2,250,000.00	185,652.25	742,609.00	1,507,391.00
Florida Dept of Health Dental Svcs	200,000.00	21,531.58	76,797.98	123,202.02
Good Samaritan				
Good Samaritan Health Clinic	25,000.00	2,488.78	6,195.28	18,804.72
Good Samaritan Dental Clinic	54,747.00	1,600.00	5,170.00	49,577.00
Global Healthcare System				
Global Health Care	0.00	0.00	1,383.20	(1,383.20)
Global Healthcare System Urgent Care	0.00	0.00	3,596.74	(3,596.74)
The House Next Door	120,000.00	8,500.66	24,798.00	95,202.00
The Neighborhood Center	70,000.00	8,200.00	19,517.50	50,482.50
Community Life Center Outreach Services	25,000.00	0.00	0.00	25,000.00
Rising Against All Odds	235,000.00	17,650.00	52,343.69	182,656.31
Community Legal Services	76,931.00	2,943.13	12,025.27	64,905.73
Hispanic Health Initiatives	75,000.00	8,553.08	30,728.08	44,271.92
Deltona Firefighters Foun Access to Hlth	75,000.00	0.00	0.00	75,000.00
Stewart Marchman - ACT				
SMA - ARNP Services at THND	7,000.00	529.68	971.82	6,028.18
SMA - Homeless Program	64,336.00	8,550.23	16,084.00	48,252.00
SMA - Residential Treatment	550,000.00	49,257.00	94,360.30	455,639.70
SMA - Baker Act - Match	325,000.00	20,100.47	64,688.32	260,311.68
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500.00	5,641.80	23,326.80	50,173.20
HSCFV - Fam Services	68,862.00	7,055.58	17,215.50	51,646.50
HCRA				
H C R A - In County	400,000.00	6,770.34	28,391.81	371,608.19
H C R A - Outside County	419,612.00	0.00	341.00	419,271.00
Other Healthcare Costs	315,047.00	0.00	0.00	315,047.00
Total Healthcare Expenditures	17,902,051.00	2,116,676.82	4,369,612.26	13,532,438.74

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

For the 1 Month and 3 Months Ended December 31, 2017 and December 31, 2016

	1 Month Ended December 31, 2017	1 Month Ended December 31, 2016	3 Months Ended December 31, 2017	3 Months Ended December 31, 2016
Revenue				
Ad Valorem Taxes	13,757,413.84	7,972,511.65	16,548,877.21	10,234,116.60
Investment Income	4,317.70	5,048.46	8,648.33	12,509.02
Rental Income	5,691.98	5,608.42	17,075.94	16,825.26
Other Income	0.00	66.17	202.84	24,779.18
Total Revenue	<u>13,767,423.52</u>	<u>7,983,234.70</u>	<u>16,574,804.32</u>	<u>10,288,230.06</u>
Healthcare Expenditures				
Adventist Health Systems	1,395,380.54	245,279.57	1,828,486.23	1,477,467.23
Northeast Florida Health Services	76,332.99	70,041.94	380,099.45	350,565.96
Specialty Care	289,938.71	107,184.90	940,482.29	903,604.75
County Medicaid Reimbursement	185,652.25	182,706.67	742,609.00	548,120.01
The House Next Door	8,500.66	9,416.04	24,798.00	24,466.28
The Neighborhood Center	8,200.00	5,914.16	19,517.50	31,380.42
Rising Against All Odds	17,650.00	24,409.00	52,343.69	59,824.24
Community Legal Services	2,943.13	0.00	12,025.27	0.00
Hispanic Health Initiatives	8,553.08	0.00	30,728.08	0.00
Florida Dept of Health Dental Svcs	21,531.58	9,382.45	76,797.98	13,511.89
Good Samaritan	4,088.78	5,034.50	11,365.28	12,780.50
Global Healthcare System	0.00	2,044.00	4,979.94	5,818.00
Stewart Marchman - ACT	78,437.38	79,610.40	176,104.44	209,318.87
Health Start Coalition of Flagler & Volusia	12,697.38	10,176.20	40,542.30	31,091.56
H C R A	6,770.34	0.00	28,732.81	30,111.08
Total Healthcare Expenditures	<u>2,116,676.82</u>	<u>751,199.83</u>	<u>4,369,612.26</u>	<u>3,698,060.79</u>
Other Expenditures				
Advertising	0.00	2,500.00	(17,958.46)	28,132.75
Building & Office Costs	996.00	1,706.00	1,491.75	3,053.88
General Accounting	7,242.50	10,617.00	11,412.72	19,636.00
General Administrative	5,228.75	6,361.25	16,215.00	11,697.50
Legal Counsel	3,050.00	3,290.00	21,920.00	21,610.00
City of DeLand Tax Increment District	0.00	0.00	69,746.00	0.00
Tax Collector & Appraiser Fee	275,145.67	199,177.44	332,131.66	245,185.76
TPA Services	0.00	0.00	54,500.00	81,750.00
Eligibility / Enrollment	0.00	0.00	0.00	45,476.00
Healthy Communities	7,340.52	5,238.82	18,988.40	16,149.48
Application Screening				
Application Screening - THND	15,811.83	11,978.08	43,601.74	37,594.62
Application Screening - RAAO	960.00	1,539.89	3,308.58	3,008.28
Application Screening - SMA	612.00	0.00	1,151.20	0.00
Workers Compensation Claims	0.00	0.00	0.00	15,155.81
Other Operating Expenditures	0.00	168.75	393.75	721.25
Total Other Expenditures	<u>316,387.27</u>	<u>242,577.23</u>	<u>556,902.34</u>	<u>529,171.33</u>
Total Expenditures	<u>2,433,064.09</u>	<u>993,777.06</u>	<u>4,926,514.60</u>	<u>4,227,232.12</u>

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis
For the 1 Month and 3 Months Ended December 31, 2017 and December 31, 2016

	1 Month Ended December 31, 2017	1 Month Ended December 31, 2016	3 Months Ended December 31, 2017	3 Months Ended December 31, 2016
Excess (Deficit)	<u>11,334,359.43</u>	<u>6,989,457.64</u>	<u>11,648,289.72</u>	<u>6,060,997.94</u>

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: January 9, 2018

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for January 18, 2018 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update dated October 10, 2017. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the 11/16/17 Meeting Minutes.

I. Annual Overview of Funding Agreements or other Contracts:

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

Annual Health Care or Access to Health Care Funding Agreements, 2017-18

- A. Community Legal Services, Inc. Medical-Legal Partnership program.
- B. Community Life Center Outreach Services, Inc.
- C. Deltona Fire Fighters Foundation, Inc.
- D. Good Samaritan Clinic -- Primary and General Dental Care
- E. Healthy Communities -- Kidcare Outreach
- F. Hispanic Health Initiatives, Inc.'s Taking Care of My Health
- G. Northeast Florida Health Services, d/b/a Family Health Source FHS--Clinics
- H. Northeast Florida Health Services, d/b/a Family Health Source FHS—Pharmacy
- I. Northeast Florida Health Services, d/b/a Family Health Source FHS—Prenatal
- J. Rising Against All Odds, Inc. -- HIV/AIDS Outreach and Case Management
- K. Stewart-Marchman-Act (SMA) -- Baker Act Match
- L. SMA -- ARNP @ The House Next Door
- M. SMA -- Homeless Program
- N. SMA—Level II Residential Treatment
- O. The Healthy Start --Access to Healthcare Services—SMA Outreach

- P. The Healthy Start –Family Services Coordinator—Deltona
- Q. The House Next Door – Mental Health Services
- R. The Neighborhood Center of West Volusia “Access to Care”
- S. Volusia County Health Department—Florida Department of Health

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

- A. Eighth Amendment to the Indigent Care Reimbursement Agreement (effective 9/30/2000; termination 9/30/2020). This agreement authorizes reimbursement for certain specified dialysis services and continues previously established reimbursement rates at 105% of Medicare rates for Health Card members to receive inpatient care at hospitals and 125% of Medicare rates for Health Card members to receive outpatient care at hospitals. WVHA’s willingness to redirect payments under these contracts to the State of Florida facilitates the Hospitals’ receipt of matching funding through various State of Florida/ACHA LIP programs.
 - 1. \$800,000 Restricted Cash Account (a/k/a “Additional Charity Care Patient Reimbursement Amount”) terminated on 9/30/2010 pursuant to Amendment dated 7/31/2003.
 - 2. \$333,333 “Additional Indigent/Charity Care Reimbursement” terminated on 9/30/2010, paid for 6 years based on record motion but no final written contract.
- B. Twelfth Addendum to the Primary Care Physicians Indigent Hospital Patient Program Reimbursement Agreement (renewed annually since 2006)

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

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

Administrative Services

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

terminable at will by Board

- G. James Moore and Co., P.L. (audit of financial statements) was signed September, 2015 for three years through September 30, 2017 and then may be renewed by mutual agreement for one 2 year term and 3 additional 1 year terms with 60-days' notice.
- H. Hill & Hollis Enterprises, Inc. (marketing of Health Card program), approved November 17, 2016, as amend on January 19th for 12 month term.

Real Property Agreements

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

II. Potential Modification of Existing Agreement with POMCO for TPA Services and Anticipation of Renewal on December 31, 2018 unless terminated on or about September 30, 2018.

As requested, Counsel requested WVHA's primary account liaison with POMCO, Mr. Shawn Jacobs to consider with other account managers whether the current TPA contract between WVHA and POMCO could be modified to establish higher thresholds than the current 2000 claims and 200 applications before additional, higher \$8.50 per claim and \$21.00 per application fees apply. It was anticipated that POMCO could establish a higher base fee amount that allowed WVHA to have a higher number of claims and applications included in the base monthly fee and thereby reflect the unanticipated growth in Health Card membership and usage since the contract was originally signed in January 2016. As reported to the Board in prior verbal updates, Mr. Jacobs requested WVHA to be patient for several months on a response to WVHA's request for such a modification until after things settled down within the newly merged company, POMCO merged into United Healthcare. After several months, Mr. Jacobs responded with the following email in late December. In a nutshell, it indicates that POMCO cannot envision any modification of the current contract that would result in WVHA paying a less combined total amount than with the current thresholds for base fees and additions. Furthermore, he forewarns WVHA that it should anticipate that overall fees may go up upon renewal based on a new rate structure that would require WVHA to begin paying for services based on a new Per Enrollee Per Month (PEPM) service fee model.

From: Shawn Jacobs [mailto:sjacobs@pomco.com]
Sent: Wednesday, December 20, 2017 2:43 PM
To: 'Ted Small' <tsmall@businessemploymentlawyer.com>
Subject: Final Determinations - Update on Discussion on WVHA Contract Amendment Request
Importance: High

Hi Ted. I hope you are doing well.

I just finished up the last round of discussions with both POMCO finance & UMR underwriting regarding the ask to amend the current WVHA contract.

Given the significant level of effort to administer the WVHA program, a flat monthly fee without the ability to apply extra costs above thresholds for application and claims processing would not be allowed. In fact the analysis showed that we are currently revenue negative on this program. Therefore any change to amend the current contract would be a significant increase in fees as opposed to moving to a flat monthly/stable fee only.

Lastly it is important to note that upon renewal of the contract under the UMR model (January 2019), the renewal will need to change to a Per Enrollee Per Month (PEPM) service fee model. That model allows for the additional effort and work when the membership increases, but then it also helps from a WVHA program cost perspective when the membership decreases.

I am available tomorrow morning for discussion and then I'll be on vacation for the remainder of the month.

Let me know if you want to discuss tomorrow so that we can nail down a time.

Thanks.

Regards,
S.A.J.

III. HHI's Proposal to Revise 2017-18 Funding Agreement to Establish Group Rate [See new info. in italics and bold]

Following the Board's determination at the last meeting that it was unwilling to pay HHI the same rate for group education services as for individual one-one-one education services, Ms. Mercado has now proposed that the Board establish a flat-fee of \$75 for each individual in one of its group classes without any regard to actual fixed costs and without any limits on the number of participants in a group session. Even though Ms. Mercado presents this proposed rate as a 46% discount on what she deems as a comparable Medicare rate for such group education, Counsel has same concerns about the lack of any basis in the proposal for WVHA to determine whether HHI's actual costs justify this rate and how establishing this rate would allow HHI to collect over \$2000 if it has 30 in a group session and nearly \$4,000 if it has 50 in a group session even though its fixed costs may be substantially the same. Counsel has consulted with DRT and will continue to negotiate with HHI on a win-win scenario in hopes of presenting the Board with a mutually agreed draft before the Regular Meeting. Both DRT and Counsel are inclined towards establishing a group rate similar to the one

already established with Rising Against All Odds with some modifications to reflect differences in actual fixed costs and nature of one-on-one services that would be provided to those who attend HHI's group sessions. See below for background on these continuing negotiations:

The November 9th letter from Hispanic Health Initiatives focuses the Board's attention on the 5+ hours of group education that a member would receive in lieu of 30 minutes of one-on-one education, which sounds like a nice trade-off, but the crux of the issue presented for Board determination is whether HHI has a right to unilaterally rewrite the terms of their funding agreement without, CAC or Board input so that they can get paid \$1,350 for 27 participants in a group education class which has fixed costs for the for the 4 speakers who are probably paid for the same hourly rate regardless of whether the class contains 5 or 50 participants. The transformation of this service from one-on-one education to group education should have been described in the funding application and an appropriate group rate should have been negotiated before the agreement was finalized and executed. This change in the mode of education came to counsel's attention when Ms. Long forwarded and raised questions about HHI's 9/23/17, 2017 invoice seeking one-on-one reimbursement rates for 27 individuals in a group class. The November 9th email fails to respond to counsel's suggestion that HHI come up with a separate group rate taking into account its actual fixed (speakers, base facility, base material etc.) versus variable (size of facility, copying, etc.) costs for the Board's consideration. A comparable group rate term is contained in RAAO's HIV-AIDS Outreach Agreement which provides that RAAO as follows:

(iii) a flat-rate of 75.00 per each group class of health and behavioral education and coaching using evidence based curricula and strategies plus a flat rate of \$75.00 to each Program Participant who actually receives one-on-one testing and counseling contemporaneously with the group class,

See below email for further background.

From: Ted Small [<mailto:tsmall@businessemploymentlawyer.com>]
Sent: Friday, November 3, 2017 8:31 AM
To: 'Josephine Mercado' <josephine@hhi2001.org>
Cc: 'DGoodall@drtcpa.com' <DGoodall@drtcpa.com>; 'RCantlay@drtcpa.com' <RCantlay@drtcpa.com>; 'Peter Willems' <pete@hhi2001.org>; 'Eileen Long' <ELong@drtcpa.com>
Subject: RE: HHI - September 2017 Invoice

Good morning Josephine, I appreciate your response expressing acknowledging that your invoicing does not comply with Paragraph 4.2 and desire to get the problem corrected. This is not a "flaw" in the funding agreement which reflects the terms of agreement exactly as you and I negotiated the initial year and the way HHI reapplied for a continuation of that funding this current funding year. Instead, as I now understand your intentions to change the program below, HHI will need to submit a letter to the WVHA Board requesting them to authorize 1. payment at an appropriate group rate for group education services you have already provided; 2. A modification of your current funding agreement

to authorize a group rate reimbursement rate for group education services you will provide going forward. I'm open to negotiating a proposed rate, but your proposal should involve a base rate that covers the basic costs for instructors, materials and any facility charge plus some per participant rate that accounts for the level of any one-on-one services actually being provided. It is not a win-win for WVHA to allow HHI to load up the class with as many participants as possible and seek reimbursement at an individual rate for each one when the fixed costs for doing the class are the same whether there are 5 persons or 25 persons. I recall specifically when we talked about the current \$50 flat rate that you had indicated that would cover HHI for its average amount of time spent educating individuals one-on-one, even though some might take up to an hour or more. You felt that each would get at least that base 30 minutes of one-on-one education counseling and we talked about the cost of time for that instructor for 30 minutes or more. From that jumping off point, I leave it to you to come up with a proposed win-win group rate and to draft an appropriate letter explaining why this request for authorization is coming late, outside of the normal CAC review and funding and contracting process, where all of these matters could have been addressed first by CAC and then during our normal negotiations about the current funding agreement. Send me whatever you desire to review for my input, but ultimately the decision will need to come from the Board. I will give them my advice and counsel.

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.

Board members should begin anticipating the annual EG review process that the Board approved last year. That process will start with a presentation by POMCO of a compilation of proposed changes in March and then after Board review, deliberation and voting by May Regular Meeting, the newly amendments would take effect in June, 2018; provided however, the Board would consider amending the EGs more frequently than annually where it is demonstrated by POMCO and/or other proposers that that such exceptional action is necessary to fulfill the public purposes of WVHA.

- 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. Attorney Tanner Andrews entered an appearance as defense counsel to represent Commissioner Ferrari individually in this lawsuit. Attorney Andrews reported that on or about June 16, 2016, Attorney Boynton filed papers in state court purporting to commence the threatened litigation on behalf of Travis McBride as plaintiff. However, Attorney Boynton failed to serve WVHA with a summons or to pursue this filing in any way against WVHA corporately. Attorney Andrews reported that on or about December 6, 2017, Attorney Boynton filed a Suggestion of Bankruptcy on behalf of Travis McBride. Attorney Andrews reported that McBride's personal bankruptcy case resulted in discharge with the bankruptcy trustee ignoring the lawsuit as an asset, and that Central Florida Mental Health Associates filed for Chapter 7 bankruptcy protection on January 30, 2017. According to Attorney Andrews, the Chapter 7 bankruptcy trustee also decided to ignore the lawsuit as an asset. Following a discharge in the bankruptcy court, on or about August 7 2017 the circuit court granted Attorney Boynton's motion to withdraw from both representations and also granted Attorney Andrew's motion to lift the stay and restart litigation of the case. *Attorney Andrews reported in October that Central Florida Mental Health Associates, a now bankrupt and dissolved corporation, failed to obtain substitute counsel within the 30 days allowed but that Attorney Tania Sayegh (954-368-4050) appeared timely as substitute counsel for Mr. McBride individually. Attorney Sayegh subsequently filed an Amended Complaint, stating two counts of Defamation and Harassment against Andrew Ferrari individually and two separate counts against Andrew Ferrari and WVHA corporately for Intentional Interference with a Business Relationship and Deceptive and Unfair Trade Practices. Attorney Sayegh served the Amended Complaint upon the County of Volusia, but failed to serve the Amended Complaint on WVHA. Apparently unaware that her service of the Amended Complaint upon the County of Volusia was ineffective to effectuate service on WVHA, in November 2017 Attorney Sayegh moved for and obtained a Clerk's Default against WVHA for failure to serve an answer. However, on December 14, 2017, Attorney Sayegh filed a motion to strike the Clerk's Default after Counsel made her aware of the error and the potential for WVHA moving for sanctions against her if she pursued any judgment based on a default obtained without her first effectuating proper service of process,. In a motion filed contemporaneously with her motion to strike the improperly obtain default, Attorney Sayegh moved to withdraw from representing Mr. McBride citing irreconcilable differences. Attorney Sayegh also notified the Court of her intent to file a charging lien in the case which suggests that her not being paid is at least a part of those irreconcilable differences with plaintiff(s).*

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 worker continues to actively treat and submit substantial claims.

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

VII. General Compliance with the Sunshine Law:

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

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

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

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

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

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