West Volusia Hospital Authority BOARD OF COMMISSIONERS REGULAR MEETING

February 15, 2018 5:00 p.m. **DeLand City Hall**

120 S. Florida Ave., DeLand, FL

AGENDA

- 1. Call to Order Regular meeting
- 2. Opening Observance followed by a moment of silence
- 3. Approval of Proposed Agenda
- 4. Consent Agenda
 - A. Approval of Minutes Organizational/Regular Meeting January 18, 2018
- 5. Citizens Advisory Committee (CAC) Voloria Manning, Chair
- 6. Citizens Comments
- 7. Reporting Agenda
 - A. FQHC Report Laurie Asbury, CEO

Northeast Florida Health Services, Inc. (NEFHS)

d/b/a Family Health Source (FHS)

- 1. January Report
- 2. Pharmacy Self-Audit April 2017-December 2017
- B. Contractual Verbal Utilization Reports to the WVHA Board of Commissioners
 - 1. Healthy Start Coalition of Flagler and Volusia
 - 2. Community Life Center
- 8. Hospital Quarterly Report
 - A. Florida Hospital Fish Rob Deininger, CEO and/or Eric Ostarly, CFO
 - B. Florida Hospital DeLand Lorenzo Brown, CEO and/or Nigel Hinds, CFO
- 9. Discussion Items
 - A. POMCO January 2018 Report- Shawn Jacobs, Account Executive
 - B. Proposed Changes to Eligibility Guidelines (EG)
 - C. Funding Application revisions collaboratively made by DRT & TWSPA
 - 1. Primary Care Funding Application Revised 2-15-2018
 - 2. Non-Primary Care Funding Applications Revised 2-15-2018
 - D. Florida Hospital DeLand (FHD)/Florida Hospital Fish Memorial (FHFM)
 Physician Services Status of refunds to WVHA HealthCard members
 erroneously billed as a result of late physician services payments (letter dated
 February 2, 2018 attached)
 - E. Deltona Firefighter's Foundation offer to transfer \$10,000.00 from their WVHA 2017-2018 budget to Stewart-Marchman-Act (SMA) Homeless Services
 - F. Site Visit Follow up/Corrective Actions 2016-2017
 - 1. Stewart-Marchman-Act (SMA) Baker Act
 - 2. Healthy Start Coalition of Flagler and Volusia WIS/NOS
 - G. Board approval to release 2018-2019 Funding Applications Tuesday, February 20, 2018
 - H. Commissioner Andy Ferrari CAC Appointment
 - 1. Lynn Hoganson
 - I. Unauthorized Action by a Commissioner & Counsel (email Andy Ferrari dated 1/24/18 attached)
 - J. Everybody is Somebody-Orange City African American Heritage Festival Friday, February 23, 2018
 - K. Follow Up Items
 - 1. 1st Amendment Hispanic Health Initiative
- 10. Finance Report
 - A. January Financials
- 11. Legal Update
- 12. Commissioner Comments
- 13. Adjournment

January 18, 2018 WVHA Board Meeting Errata Sheet

Page 4. Paragraph 5 there is a typographical error "substativize" changed to correctly state "substantive"

Page 8. Paragraph 6 Delete:

There was Board discussion and consent that Mr. Small continue to attempt to negotiate a reasonable group rate with HHI and to receive assurances from HHI that they would target the indigent residents of the taxing district.

And replace:

Mr. Small explained the lengthy discussions that he has had with the two principals of this agency in trying to negotiate a group rate of reimbursement. He believed that this was an expansion beyond what the Board anticipated in terms of this funding relationship.

WEST VOLUSIA HOSPITAL AUTHORITY WVHA BOARD OF COMMISSIONERS ORGANIZATIONAL/REGULAR MEETING

DeLand City Hall 120 S. Florida Avenue, DeLand, Florida January 18, 2018 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:

Michael Ray Voloria Manning Ann Flowers Alissa Lapinsky Elmer Holt

Others Present:

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

Administrative Support: Eileen Long, DRT

Call to Order Organizational Portion of Meeting

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

Organizational Meeting

Election of Officers

Open floor for nomination of Chair

Chair Girtman opened the floor for nominations for Chair.

Commissioner Ferrari volunteered for the office of Chair.

There were no other nominations for the office of Chair.

By acclimation Commissioner Ferrari was declared Chair.

Chair continues with nominations and Election of remaining Officers

Chair Ferrari entertained nominations for the office of Vice-Chair.

Commissioner Craig volunteered for the office of Vice-Chair.

There were no other nominations for the office of Vice-Chair.

By acclimation Commissioner Craig was declared Vice-Chair.

Chair Ferrari entertained nominations for the office of Secretary.

Commissioner Shepard volunteered to for the office of Secretary.

There were no other nominations for the office of Secretary.

By acclimation Commissioner Shepard was declared Secretary.

Chair Ferrari entertained nominations for the office of Treasurer.

Commissioner Guzman volunteered to serve for the office of Treasurer.

There were no other nominations for the office of Treasurer.

By acclimation Commissioner Guzman was declared Treasurer.

Organizational Matters

Motion and approval confirming location of Authority office and records remains the same

Motion 001 - 2018 Commissioner Craig motioned to confirm the location of Authority office and records remains the same. Commissioner Guzman seconded the motion. The motion passed unanimously.

There was discussion and consent to add Deltona City Hall, 2345 Providence Blvd., Deltona FL to the list of approved meeting locations.

Motion and approval of time and location for Authority meetings

- DeLand City Hall, 120 S. Florida Avenue, DeLand, FL, 5 p.m.
- Dreggors, Rigsby & Teal, P.A., 1006 N. Woodland Blvd., DeLand, FL, 5 p.m.
- DeLand Police Department Community Room, 219 W. Howry Avenue, DeLand, FL, 5 p.m.
- Florida Hospital DeLand (FHD) 701 West Plymouth Avenue, DeLand, FL, 5 p.m.
- Florida Hospital Fish Memorial (FHFM) 1745 Sterling Blvd., Deltona, FL, 5 p.m.
- Wayne Sanborn Center, 815 S. Alabama Ave., DeLand, FL, 5 p.m.
- Deltona City Hall, 2345 Providence Blvd., Deltona, FL 5 p.m.

Motion 002 - 2018 Commissioner Shepard motioned to approve all seven (7) locations and times for Authority meetings. Commissioner Girtman seconded the motion. The motion passed unanimously.

Citizens Advisory Committee Vacancies (CAC)

Chair Ferrari reviewed the current list of CAC members, noting that he had two vacancies.

Commissioner Guzman had an interested applicant for the CAC and asked Ms. Long to send Ms. Lynn Hoganson, Navigator, Health Planning Council of NE Florida an application. Chair Ferrari agreed to accept Commissioner Guzman's recommendation and potential appointment to the CAC.

Allow WVHA Commissioners short comments, concerns and requests for agenda items for regular meetings

There were none.

Adjourn Organizational portion of meeting

Call to Order Regular Meeting

Chair Ferrari called the meeting to order. The meeting took place at DeLand City Hall, 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 003-2018 Commissioner Craig motioned to approve the agenda as presented. Commissioner Guzman seconded the motion. The motion passed unanimously.

Consent Agenda

Approval of Minutes – Regular Meeting Minutes November 16, 2017 2018 Commissioner Check Signing Schedule

Motion 004 - 2018 Commissioner Shepard motioned to approve the Consent Agenda. Commissioner Girtman seconded the motion. The motion passed unanimously.

Citizens Comments

There was one

Mr. Arvin Lewis, CRO, Halifax Medical Center

Mr. Arvin Lewis addressed the Board and introduced Mr. Rafael Ramirez, Marketing Development Specialist, Halifax Health for West Volusia.

Reporting Agenda

POMCO November/December Report -Written Submission

• Revised WVHA HealthCard Template (attached)

Motion 005 – 2018 Commissioner Craig motioned to approve the revised WVHA HealthCard template. Commissioner Guzman seconded the motion. The motion passed unanimously.

There was Board discussion regarding the POMCO January report submittal on page 10, where POMCO explains difficulties in providing the previously discussed case management of utilization review services for the WVHA. Commissioner Shepard did not believe that POMCO provided enough information to the Board in order to make any kind of informed decision.

Mr. Ted Small agreed with Commissioner Shepard, but he believed that it was POMCO's intent to simply give the Board a "heads up" from POMCO's perspective that what they thought they could do back when first submitting this proposal they are now realizing that it will not produce good results. It appears that they are trying to think of a better way to produce good results in coordinating with NEFHS and the hospitals. Therefore, it is now reliant upon POMCO to bring back a modified process and proposal to the Board that POMCO believes will yield better results.

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

Discussion Items

Approval of Management Representation Letter

Mr. Ron Cantlay addressed the Board and explained the purpose of the Management Representation Letter.

Mr. Small asked Mr. Cantlay for the record if there were in substantive changes in the Management Representation Letters from last year.

Mr. Cantlay stated that there were no substantive changes from last year's letters.

Motion 006 – 2018 Commissioner Girtman motioned to accept the Management Representation Letter. Commissioner Craig seconded the motion. The motion passed unanimously.

James Moore & Company WVHA FYE 2017 Audit Presentation, Zach Chalifour, CPA

Mr. Zach Chalifour, CPA, James Moore & Company presented the WVHA audit for FYE 2017.

NEFHS Over Budget 2016-2017 \$214,698.13

- Pharmacy \$194,357.83
- Obstetrics \$1.325.69
- Primary Care \$19,014.61

Mr. Cantlay explained how services are accrued back to the appropriate fiscal year based upon dates of services rendered. The above overage that occurred within the NEFHS budget were identified in the months of October and November, once the claims were processed by the Third Party Administrator (TPA) POMCO and reimbursed by DRT.

There was Board discussion and input from Ms. Laurie Asbury, CEO, NEFHS in regards to what measures could be implemented to avoid this from occurring in the future. Ms. Asbury stated that NEFHS could monitor this more effectively going forward; however she admitted that it would be more difficult to track pharmacy services because that's based upon utilization.

Motion 007 – 2018 Commissioner Shepard motioned to authorize the actions that have already taken place in reimbursing NEFHS the amount of \$214,698.13 over their 2016-2017 established funding budget. Commissioner Girtman seconded the motion. Commissioners Shepard, Girtman, Ferrari and Guzman voted to uphold the motion. Commissioner Craig was opposed. The motion passed.

Site Visit Write Ups 2016-2017

- Healthy Start Coalition of Flagler and Volusia (HSCFV) Women's Intervention Specialist-Neonatal Outreach Specialist (WIS/NOS)
- HSCFV Family Services Coordinator
- Good Samaritan Clinic-Primary Care and Dental Services
- Stewart-Marchman-Act (SMA) Baker Act-Local Match Funding
- SMA-Residential Treatment Beds
- Northeast Florida Health Services (NEFHS), dba Family Health Source (FHS) Prenatal/OB/GYN Services
- NEFHS, dba FHS Primary Care
- NEFHS, dba FHS Pharmacy Services

There was Board discussion in regards to the site visit write ups as presented. SMA Baker Act and HSCFV WIS/NOS were both asked to bring back corrective measures for the findings from their contractual site visit reviews in time for the WVHA February 15, 2018 Regular Meeting.

Motion 007 – 2018 Commissioner Craig motioned to formerly receive the Site Visit Write Ups as presented. Commissioner Guzman seconded the motion. The motion passed unanimously.

WVHA Funded Agencies Exceeding Newly Implemented Quarterly Funding Cap 2017-2018 (in alphabetical order) (E. Long email dated 12/20/2017 attached)

- Florida Department of Health-Dental Services (letter dated 11/27/17 attached)
- Good Samaritan Clinic Primary Care (not seeking waiver)

- HSCFV WIS/NOS Services and Family Services Coordinator (letter dated 1/5/18 attached)
- Hispanic Health Initiative HRA/Education/Case Management (letter dated 12/8/17 attached)
- Rising Against All Odds HIV/Aids Outreach Services (letter dated 1/8/18 attached)
- SMA Homeless Services & Residential Treatment Beds (letters dated 1/3/18 attached)
- The Neighborhood Center-Outreach Services (letter dated 1/8/18 attached)

There was Board discussion and consent that they were glad to see this quarterly accounting of the funded agencies utilization, understanding that there is a natural ebb and flow to that utilization. This cap was not intended to not fund the agencies but to aide them in monitoring their funding, utilization, to identify trends and to seek other sources of funding.

Chair Ferrari asked each agency listed if they wished to pull down their 1st quarterly excesses, understanding that this overage would then be carried over to their 2nd quarterly funding limit.

Motion 008 – 2018 Commissioner Shepard motioned to reimburse The Florida Department of Health the 1st quarterly overage of \$27,818.86. Commissioner Girtman seconded the motion. The motion passed unanimously.

Chair Ferrari stated for the record that Ms. Mary Gusky, Administrator, the Good Samaritan Clinic waived the right to request compensation of their 1st quarterly overage of \$435.82.

Ms. Dixie Morgese, Executive Director, Healthy Start Coalition of Flagler and Volusia submitted a letter stating that they would treat their overage as in-kind services and would seek other sources of funding (attached).

Chair Ferrari addressed the Hispanic Health Initiative's 1st quarterly overage of \$11,896.92.

Ms. Long wanted the Board to be aware that she erroneously over paid HHI the amount of \$2,603.08 during this 1st quarter, which would bring their total quarterly overage to the amount of \$14,500.00, should the Board approve reimbursing the balance of the quarterly overage.

Motion 009 – 2018 Commissioner Craig motioned to reimburse Hispanic Health Initiative the remainder of their 1st quarterly overage of \$11,896.92. Commissioner Girtman seconded the motion. The motion passed unanimously.

Chair Ferrari asked Ms. Brenda Flowers, Executive Director, Rising Against All Odds if she wished to be compensated for their \$1,300.00 quarterly overage.

Ms. Flowers stated that she wanted to roll that overage into the second quarter of WVHA funding.

Motion 010 – 2018 Commissioner Girtman motioned to reimburse the 1st quarterly overages to both the Stewart-Marchman-Act (SMA) Homeless Services in the amount of \$10,885.75 and Residential Services in the amount of \$7,400.25. Commissioner Shepard seconded the motion. The motion passed unanimously.

Motion 011 – 2018 Commissioner Girtman motioned to reimburse the 1st quarterly overage of \$5,650.00 to The Neighborhood Center. Commissioner Craig seconded the motion. The motion passed unanimously.

POMCO/UMR Migration Date July 1, 2018 – Services Affected

- Pharmacy Services Claims
- Hospital Physician Services Claims

Mr. Cantlay explained that once POMCO completes their migration to UMR, UMR has placed the WVHA on notice that the manual way that hospital physician services and pharmacy services are currently processed will cease effective July 1, 2018. What remains unknown is if there is an electronic format by which these claims could be submitted that would be acceptable to UMR. This discussion will be ongoing and DRT wanted to bring this before the Board at the earliest opportunity.

The Board directed that Attorney Small look into this matter further with Shawn Jacobs at POMCO and try to determine UMRs intent in regards to the future relationship with the WVHA.

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 12/19/17)

• FHD/FHFM (Letter dated 1/8/18 attached)

Mr. Nigel Hinds, CFO, FHD explained that their claims manager is looking into transferring this manual process of submitting physician services claims to a universal conversion to an electronic process.

Mr. Small explained that the Board is being asked to approve those payments that have already been paid that were older than 90 days.

Motion 012 – 2018 Commissioner Craig motioned to approve the payment for physician services claims that has already been made for claims that were older than 90 days. Commissioner Shepard seconded the motion.

Commissioner Shepard asked both Mr. Hinds and Mr. Ostarly, CFO's, FHD/FHFM to go back and find out if any of the WVHA HealthCard (HC) members were billed for these physician services, if these HC members paid for those services and what plan the hospitals have to reimburse the HC members.

Both Mr. Hinds and Mr. Ostarly said that they would look into this and bring an update back before the Board.

The motion passed unanimously.

New Funded Agencies Site Visit 2017-2018 - DRT Engagement Letter Attached

- Community Life Center-Outreach Services
- Deltona Firefighters Foundation-Mobile Integrated Healthcare

Motion 013 – 2018 Commissioner Girtman motioned to approve the DRT Engagement Letter to perform site visits for the new funded agencies 2017-2018. Commissioner Shepard seconded the motion. The motion passed unanimously.

Mr. Cantlay stated that these site visits would not be performed until such time as the two newly funded agencies have submitted invoices for reimbursement, as they have not yet done so.

Hispanic Health Initiative (HHI) WVHA Funding Increase Request \$75,000.00 2017-2018 (letter dated 1/8/18 attached)

The request for increased funding submitted by Hispanic Health Initiative failed for lack of a motion.

Follow Up Items

1st Amendment Hispanic Health Initiative Funding Agreement 2017-2018

Mr. Small explained that he was directed by the Board to negotiate a group rate of reimbursement for HHI. This was brought to the Board's attention when Ms. Long forwarded an invoice from HHI for September services to Mr. Small where a group class was held, yet there was not a group rate allowed in the HHI's WVHA Funding Agreement for 2016-2017 nor was there a group rate negotiated for their 2017-2018 Funding Agreement. Mr. Small felt that this was an expansion beyond what the Board anticipated in terms of this relationship and he needed further guidance from the Board as to how they wished for him to proceed.

Mr. Small offered some history that the Board tried to give HHI the opportunity to go out into the community to target the underserved population, reducing many of the eligibility criteria and allowing that HHI only obtain that one piece of government ID for proof of residency. The target population as defined by the WVHA are the indigent residents of the taxing district not those individuals who have other healthcare or access to healthcare services. Mr. Small concluded that the Board either needs to make HHI adhere to all of the WVHA Eligibility Guideline provisions or HHI has to assure the WVHA that they are targeting the indigent and underserved residents of the taxing district.

Mr. Small explained the lengthy discussions that he has had with the two principals of this agency in trying to negotiate a group rate of reimbursement. He believed that this was an expansion beyond what the Board anticipated in terms of this funding relationship.

Mr. Small further explained that this Board is required under its Enabling Legislation to target the indigents who are residents of this taxing district.

Financial Report

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

Motion 014 – 2018 Commissioner Girtman motioned to pay bills totaling \$2,448,138.92 (See attached). Commissioner Craig seconded the motion. The motion passed unanimously.

Legal Update

Mr. Theodore Small, Legal Counsel for the WVHA submitted his legal update memorandum dated January 9, 2018 (See attached).

Commissioner Comments

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

Adjournment,

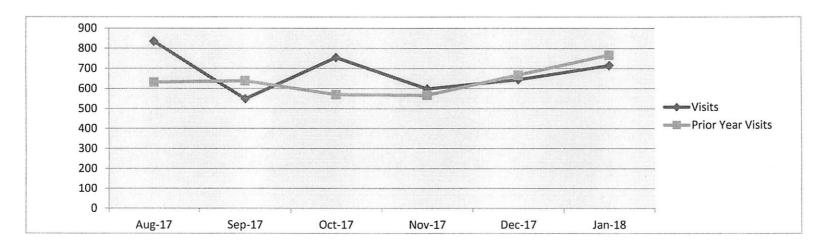
Andy Ferrari, Chair



Northeast Florida Health Services January-18

Patient Visits

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Visits	835	548	754	598	644	714
Prior Year Visits	632	639	570	567	667	766

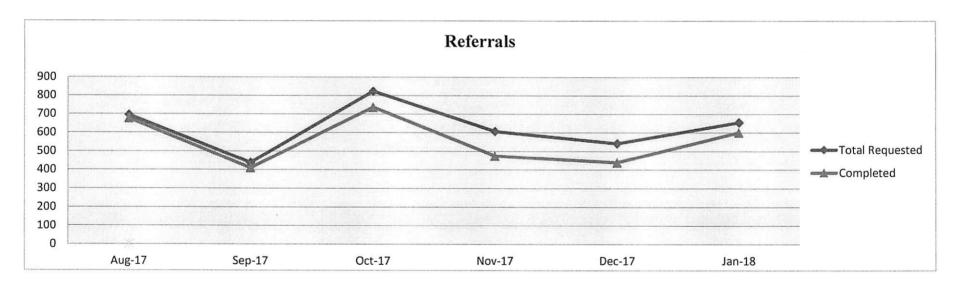


Patient Visits by Location

y								
Location	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18		
Deland Medical	336	249	326	264	270	278		
Deltona Medical	387	251	323	254	283	352		
Pierson Medical	96	41	97	69	84	69		
Daytona	16	7	8	11	7	15		
Total	835	548	754	598	644	714		

Referrals

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
NEFHS Providers (refer to footnote 1)	255	160	299	196	180	174
Internal Specialty Providers (refer to footnote :	439	277	524	411	362	481
Total	694	437	823	607	542	655
Outstanding NEFHS Providers	5	7	23	33	19	10
Outstanding Int. Speciality Providers	13	21	64	100	84	45
Completed	676	409	736	474	439	600
Total Requested	694	437	823	607	542	655



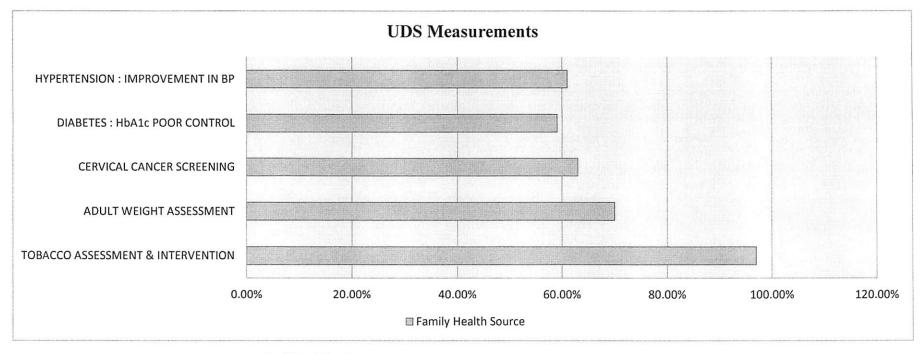
¹ NEFHS provider referrals are generated by NEFHS PCP for imaging and durable medical equipment (DME). 2 Internal specialty provider referrals are generated by NEFHS PCP for consultation with a specialist.

Appointment Times

Location	Provider	Appointments				
Daytona	Johnson	Same Day				
DeLand	Smith	Same Day				
Deland	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 -				
Pierson	Kessack	Same Day				

UDS Measures

Clinical Measures for the month of October 2017	Family Health
TOBACCO ASSESSMENT & INTERVENTION	97.00%
ADULT WEIGHT ASSESSMENT	70.00%
CERVICAL CANCER SCREENING	63.00%
DIABETES : HbA1c POOR CONTROL	59.00%
HYPERTENSION: IMPROVEMENT IN BP	61.00%



Staffing Metrics

	Dec-17	Jan-18
Active Employees at the Beginning of the Month	82	80
New Hires	0	0
Turnover: Clinical Employees-MA's	-2	-1
Ending Monthly Total	80	79



OUR COMMUNITIES"

WVHA Prescription Audit				All the state of t	
Apr 2017 - Jun 2017					
	Apr-17	May-17	Jun-17	Total	
Total Scripts	2,844	3,389	3,337	9,570	
Script Sample	20	20	20	60	
Specialist Scripts	1	2	2	5	
	•	_	2	J	
Total Acute Scripts	2	1	5	8	
Total Chronic Scripts	18	10	15	53	
Total emonic scripts	10	19	15	52	
Total Rx Filled Incorrectly	0	0	0	0	
* All 20 have in the second of					
* All 30 chronic scripts written and filled for 90 days or more.					
	Total Chronic Script in Lot				
	Scripts filled		0		
	•				
	Rx Fill Fee		\$15.00		
	Total Overag	ge	\$0.00		

Deltona	DeLand	Daytona	DeLand-Pediatrics	Administration
2160 Howland Blvd. Deltona, FL 32738	844 W. Plymouth Ave.	801 Beville Rd.	Bot and A 1270	1015 N. Stone St. Defand, FL 32720
336-532-0515	386-738-2422	386 267 6214	386-736-7933	in6-202-6025
fax: 386-532-0516	Tax: 366-736-2423	Fax: 386-999-0414	Tax: 386-736-7934	Lax: 386-269-1149
	www.familyhea	thsource.org		
	2150 Howland Blvd. Deltona, 11-32738 386-532-0515	2160 Howland Blvd. 844 W. Plymouth Ave. Deltona, FL 32738 Del and, FL 32720 386-532-0515 386-738-2422 Lax: 386-532-0516 Lax: 366-738-2423	2160 Howland Blyd. 844 W. Plymonth Ave. 801 Beyille Rd. Deltona, FL 32738 Del and, FL 32720 Daytona, 44, 32) 19 336-532-6515 386-738-2422 386-267, 6214	2160 Howland Blvd. 844 W. Plymouth Ave. 801 Beville Rd. 800 W. Plymouth Ave. Deltona, F1 32738 Del and, F1 32720 Daytona, 41 32119 Del and, 41 32720 336-532-0515 386-738-2422 386-267-6214 386-736-7933 Lax: 396-532-0516 Lax: 366-736-2423 Lax: 386-990-6414 Lax: 386-736-7934



OUR COMMUNITIES"

WVHA Prescription Audit		2000-00-00-00-00-00-00-00-00-00-00-00-00			
Jul 2017 - Sept 2017					
Total Scripts	Jul-17	Aug-17	Sep-17	Total	
Total scripts	3,055	3,052	2,923	9,030	
Script Sample	20	20	20		
	20	20	20	60	
Specialist Scripts	2	3	2	7	
	_	J	-	,	
Total Acute Scripts	5	2	4	11	
Total Chronic Scripts	15	18	16	49	
Total Rx Filled Incorrectly					
Total Ax Filled Incorrectly	0	0	0	0	
* All 30 chronic scripts written and filled for 90 days or more.					
and the same series written and fined for 50 days of filore.					
	Total Chronic	Script in I	ot		
	Scripts filled in error		0		
	out in call citor		J		
	Rx Fill Fee		\$15.00		
	Total Overage	е	\$0.00		

Pierson	Deltona	DeLand	Daytona	DeLand-Pediatrics	Administration
216 N. Frederick St. Pierson, II, 32180	2160 Flowland Blvd. Deltona, FL 32748	844 W. Plymouth Ave. Dictand, II 32720	801 Beville Rd.	800 AV. Plymouth Ave.	1015 N. Stone St.
386-749-94-0	306-532-0515	386-738-2422	Daytona, 11, 32119 386-267-6214	Def and, #1-32720 386-736-7933	Def and, FL 32720 386-202-6025
Fax: 396-749-9447	Fax: 306-532-0516	Fax: 336 738 2123	Fax: 386-999 (9114	Fax: 386-736-7934	Tax: 386-269-1149
		www.familyhea	lthsource.org		



OUR COMMUNITIES"

WVHA Prescription Audit					
Oct 2017 - Dec 2017					
	Oct-17	Nov-17	Dec-17	Total	
Total Scripts	3,138	3,140	3,240	9,518	
Script Sample	20	20	20	60	
Specialist Scripts	4	1	1	6	
Total Acute Scripts	1	2	6	9	
Total Chronic Scripts	19	18	14	51	
Total Rx Filled Incorrectly	0	0	0	0	
* All 30 chronic scripts written and filled for 90 days or more.					
	Total Chronic Script in Lot				
	Scripts filled in error		0		
	Rx Fill Fee		\$10.00		
	Total Overag	е	\$0.00		

Pierson	Deltona	DeLand	Daytona	DeLand-Pediatrics	Administration
216 N. Frederick St.	2160 Howland Blvd	844 W. Plymouth Ave.	801 Beville Rd.	800 W. Plymouth Ave.	1015 N. Stone St.
Pierson, 11, 32130	Deltona, 11, 32738	Def and, 11 32720	Daytona, 11 32119	Def and, 11 32720	Defand f1 32720
386-749-9449	\$10-532-0515	186-738-2422	386-267-6214	386-736-7911	086-202-6025
Fax: 486-740-9447	Tax: 386-532-0516	Lax: 386 736 2423	Fax: 306-090-0414	Tax: 386-736-7934	Tax: 386-269-4149
		www.familyheal	thsource.org		



POMCO February 15, 2018 Submission Report for WVHA Board Members

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POMCO Case Management & Utilization Review Services	

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	36	0	326	88.96%				
	201711	265	29	2	296	89.53%				
	201712	339	8	19	366	92.62%				
	201801	268	5	65	338	79.29%				
	201802									
	201803									
	201804									
	201805									
	201806									
	201807									
	201808									
	201809									
Grand Total		1162	78	86	1326	87.63%				

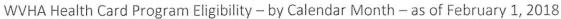
	Applications	Average Approval
Fiscal Year	Processed	Percentage
FY1516	2670	82.28%
FY1617	3963	86.60%
FY1718	1326	87.63%
В	ased on Fiscal ye	ear

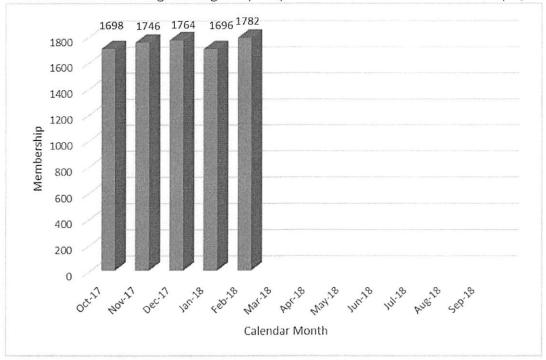
Applications Processed by Fiscal Year – Approval Percentage

Enrollment Applications - Denial Summary Report

	Approved	Date	Denied		Pending	Dote	Total
eriod	Apps	Pctg	Apps	Pctg	Apps 86	Pctg 6.49%	Apps 132
Y1718	1162	87.63%	78	5.88%	0	0.00%	32
201710	290	88.96%	36	11.04%			29
Active Eligible	290	100.00%		0.00%		0.00%	23
Declined - Member Exceeds Asset Level		0.00%		0.00%			
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	
Declined - Member Exceeds Income Level		0.00%	5	0.00%		0.00%	
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	0.00%		0.00%	
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	2
Declined - Req'd Documentation Missing		0.00%	26	0.00%		0.00%	
Declined- Member Request		0.00%	1	0.00%		0.00%	
Declined - Multiple Reasons		0.00%		0.00%		0.00%	
Pending - Multiple Reasons		0.00%		0.00%	10	0.00%	
Pending - Unknown		0.00%		0.00%		0.00%	
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	
201711	265	89.53%	29	9.80%	2	0.68%	29
Active Eligible	265	100.00%		0.00%		0.00%	26
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	
Declined - Member Exceeds Income Level		0.00%	15	0.00%		0.00%	
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	0.00%		0.00%	
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	
Declined - Req'd Documentation Missing		0.00%	8	0.00%		0.00%	
Declined - Multiple Reasons		0.00%	2	0.00%		0.00%	
Pending - Multiple Reasons		0.00%		0.00%	2	0.00%	
Pending - Unknown		0.00%		0.00%		0.00%	
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	
201712	339	92.62%	8	2.19%	19	5.19%	3
Active Eligible	339	100.00%		0.00%		0.00%	3
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	
Declined - Member Exceeds Income Level		0.00%	4	0.00%		0.00%	
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	
Declined - Reg'd Documentation Missing		0.00%	2	0.00%		0.00%	
Declined - Multiple Reasons		0.00%	2	0.00%		0.00%	
Pending - Multiple Reasons		0.00%		0.00%	19	0.00%	
Pending - Unknown		0.00%		0.00%		0.00%	
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	
201801	268	79.29%	5	1.48%	65	19.23%	3:
Active Eligible	268	100.00%		0.00%		0.00%	20
Declined - Member Exceeds Asset Level		0.00%	1	0.00%		0.00%	
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	
Declined - Member Exceeds Income Level		0.00%	2	0.00%		0.00%	
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	1	0.00%		0.00%	
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	
Declined - Reg'd Documentation Missing		0.00%		0.00%		0.00%	
Declined - Multiple Reasons		0.00%	1	0.00%		0.00%	
Pending - Multiple Reasons		0.00%		0.00%	65	0.00%	
Pending - Multiple Reasons Pending - Unknown		0.00%		0.00%	UJ	0.00%	
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	

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.



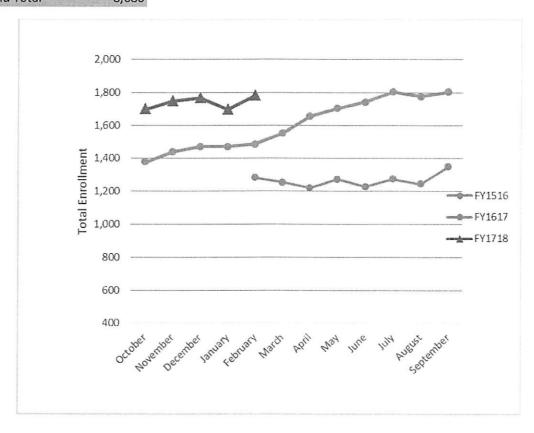


Eligibility reported above reflects eligibility as of the first of each month.

As of February 1, 2018, total program eligibility was 1,782 patients.

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

VV VIIA EIII OIIIII EII	L DY 1 13C
WVHA Enrollment	
By Fiscal Year	
Month of Fiscal Year	FY1718
October	1,698
November	1,746
December	1,764
January	1,696
February	1,782
March	
April	
May	
June	
July	
August	
September	
Grand Total	8,686



Medical and Prescription Drug Claim Data

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

	FY1718								
Month	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	\$30,535.76	\$29,013.60	\$59,549.36	3,140	\$18.96				
December	\$30,023.30	\$29,937.60	\$59,960.90	3,240	\$18.51				
January									
February									
March									
April									
May									
June									
July									
August					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
September									
Grand Total	\$88,582.66	\$87,193.20	\$175,775.86	9,518	\$18.47				

Combined Medical Costs (as of Claims Payment through 01/31/2018)

Fiscal Year	Hospital	Lab	РСР	Specialty	Facility Physicians	Pharmacy	Total Costs	Member Months	Overall Per Member Per Month (PMPM)	Hospital PMPM	Lab РМРМ	РСР РМРМ	Specialty PMPM	Pharmacy PMPM
FY1718	\$1,715,416.07	\$119,082.55	\$283,396.03	\$886,241.07	\$61,136.37	\$254,291.94	\$3,319,564.03	6,988	\$475.04	\$245.48	\$17.04	\$40.55	\$126.82	\$36.39
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		\$154.13	THE RESIDENCE OF STREET
January	\$637,532.80	\$26,904.28	\$67,881.20	\$174,158.48	\$0.00	\$59,960.90	\$966,437.66	1,782	\$542.33	\$357.76	\$15.10	\$38.09	\$97.73	\$33.65
February										•				
March									***************************************		***************************************			
April														
May					**************************************	no accoming the control of the contr	***************************************							
June	***************************************						*****		***************************************					
July	**************************************		***************************************	•••••••••••••••••••••••••••••••••••••••										
August						P. (P. P.)								
September			***************************************			· · · · · · · · · · · · · · · · · · ·			A R					
Grand Total	\$1,715,416.07	\$119,082.55	\$283,396.03	\$886,241.07	\$61,136.37	\$254,291.94	\$3,319,564.03	\$6,988.00	\$475.04	\$245.48	\$17.04	\$40.55	\$126.82	\$36.39

Medical and pharmacy costs are reported on a paid basis

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 01/31/2018)

	FY1718										
Month	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	Total					
October	269	227	232	0	0	728					
November	132	161	161	0	0	454					
December	185	256	223	0	0	664					
January	168	194	202	0	0	564					
February											
March											
April											
May											
June											
July											
August											
September											
Grand Total	754	838	818	0	0	2,410					

PCP encounter claims are reported on a paid basis

Specialty Care Services by Specialty – Top 25 (January, 2018)

	SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR JANUARY									
Order	SPECIALITY	Unique Patients	Claim Volume		Paid	Cost Per Patient				
1	Hematology/Oncology	23	90	\$	38,850.88	\$	431.68			
2	Cardiology	23	65	\$	20,968.50	\$	322.59			
3	Hematology	14	43	\$	17,507.05	\$	407.14			
4	Anesthesiology	25	65	\$	8,790.21	\$	135.23			
5	Physical Therapy	26	110	\$	8,434.27	\$	76.68			
6	Radiology	117	275	\$	8,071.47	\$	29.35			
7	Orthopedic Surgery	20	38	\$	8,015.62	\$	210.94			
8	Amb Surgery Facility	7	14	\$	7,915.28	\$	565.38			
9	Ophthalmology	17	37	\$	6,403.03	\$	173.05			
10	Pulmonary Disease	12	28	\$	5,139.94	\$	183.57			
11	Internal Medicine	14	38	\$	4,838.16	\$	127.32			
12	Surgery	2	10	\$	4,256.29	\$	425.63			
13	Gastroenterology	9	15	\$	4,161.94	\$	277.46			
14	Infectious Disease	8	47	\$	3,859.27	\$	82.11			
15	Urology	12	19	\$	2,870.81	\$	151.10			
16	Obstetrics & Gynecology	12	20	\$	2,771.38	\$	138.57			
17	Nurse Pract in Psychiatry	17	28	\$	2,401.56	\$	85.77			
18	Diagnostic Radiology	25	76	\$	2,046.75	\$	26.93			
19	Radiation Oncology	2	13	\$	1,618.61	\$	124.51			
20	Mental Health Counselor	8	16	\$	1,484.18	\$	92.76			
21	Cardiovascular Surgery	2	12	\$	1,457.00	\$	121.42			
22	Nephrology	8	14	\$	1,192.98	\$	85.21			
23	Dermatology	14	23	\$	1,180.34	\$	51.32			
24	Pathology	113	293	\$	1,108.56	\$	3.78			
25	Critical Care Medicine	2	5	\$	1,090.08	\$	218.02			

Open Items

POMCO Response – Report on POMCO/UMR Migration Date July 1, 2018 – Services Affected

In discussions with Attorney Small it was brought to POMCO's attention that during the January 2018 WVHA board meeting it was reported that POMCO/UMR indicated that we will discontinue the following services upon migration to UMR's platforms effective July 1, 2018.

- Pharmacy Services Claims
- Hospital Physician Services Claims

It was also brought to our attention that there was no written communication to substantiate this report and that it was based on a phone conversation that POMCO had with DRT. While POMCO and DRT have many conversations to discuss ongoing needs for the WVHA Health Card program, we are unaware of, and not familiar with any conversation that the discontinuation of services above was mentioned. Any discontinuation of services would be determined by UMR leadership and not the account management team. Furthermore such a decision would include clear, thorough, and written explanations as to why UMR leadership would need to make such a decision along with a specific effective date and options for the program and client.

UMR's leadership and migration teams have already made the commitment to continue all POMCO client programs as they are administered today; recognizing all contractual obligations. There has been countless discussions, transfer of information, exchange of ideas and lots of effort to ensure the UMR migration and service teams understand all the nuances of this program to ensure they implement it to mimic how it is being administered on the POMCO systems. The following section of this report will help to outline some of the upcoming activities leading up to the effective migration date of July 1, 2018.

Since there are countless conversations and e-mail communications that happen between POMCO, DRT and all the funded agencies/partners of this program, something of this nature (and with this type of significant potential disruption to how the program is being administered), would have been better served with a clarifying conversation or questions via e-mail communication as has been done for far less potentially disruptive issues.

New Items

WVHA Health Card Program Migration Project Timelines

The following are key timelines around our client migration efforts for Wave 3 of the POMCO client program migrations to UMR's systems effective July 1, 2018. Also referenced are resources that will be needed on an intent call and related procedures that will require board reviews and approvals.

Timelines

- February 2, 2018 Migration Kick-off begins (Wave 3)
- June 16, 2018 Scheduled End of Migration Tasks

Requirements, Tasks & Deliverables

- April 16, 2018 *Intent calls must be scheduled and completed prior (estimated 3-4 hours in duration)
- April 25, 2018 Client approval of ID card proofs (General template approval completed but actual production proof will follow for final approval)
- April 30, 2018 Client approval of final medical claims install document (flexibility on this deadline)
- June 15, 2018 ID Cards scheduled mail date (includes ID card mailer notice inserted alongside ID)
- June 16, 2018 **Claims Cutover period begins
- July 1, 2018 Effective date members begin using new ID cards

*Purpose of the Intent Call is for the UMR subject matter experts on the migration team to ask questions based on the details they've documented; confirm that what they've captured is what the plan has intended, and to also share UMR's recommended standards if different from POMCO standards.

**Claims Cutover is when POMCO stops processing claims and batches any claims for the remainder of the month and providers to UMR claims unit to use in their claims test. During this time no claims are processed and paid until the UMR tests have been completed. Afterwards all claims previously held will be released to be processed.

Resources

Intent call will need to include the following key players from the Health Card program:

- DRT
- Ted Small
- Possibly The House Next Door regarding prescreening processes as they relate to the eligibility and enrollment of WVHA health card members

UMR Subject Matter Experts for Intent Call

- Strategic Account Executive Leads the call Shawn Jacobs (SAE)
- Banking Claims Funding
- Billing Service Fee Payments
- Financial Special Services (Vendor Payments i.e. Ritters Pharmacy via NEFHS)
- Eligibility
- Subrogation
- Medicals Claims

Process

- UMR migration teams have already worked with POMCO subject matter experts regarding details of the program and its administration over the past 2 months
- The UMR migration subject matter experts prepare very detailed installation documents for their areas; eligibility, medical claims, banking, billing, subrogation, etc. as the source of truth for the program migration
- Installation documents are used for questions, clarifications, etc. during the intent calls
 - o Subject matter experts join the call at their indicated time slots (see intent call agenda template attached)
- Per the 2nd page on the attached PDF document, the SAE will be reviewing the migration status and deliverables weekly with the migration team
- Each month the SAE will bring back any necessary board-specific items that will require review and sign-offs

Expected Differences with Migration

- New WVHA Health Card ID's
- Claims will go to UMR's Salt Lake City center for processing instead of POMCO's Syracuse facility
- WVHA Provider Service line will be routed to UMR's Lexington, KY call center instead of POMCO's Syracuse facility
 - o Possible new number to be assigned
- New format for Provider explanation of benefits (EOB)

Remains the Same with Migration

- Program structure and benefits
- Program administration services
- Syracuse facility will remain as a UMR service hub
- Our dedication to the program's administration

Other Items

POMCO Case Management & Utilization Review Services

At this time we have not been able to align with the POMCO Case Management and Utilization Review vendor on the proposed modifications to the previously approved programs. As stated in the last POMCO report submission, 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:

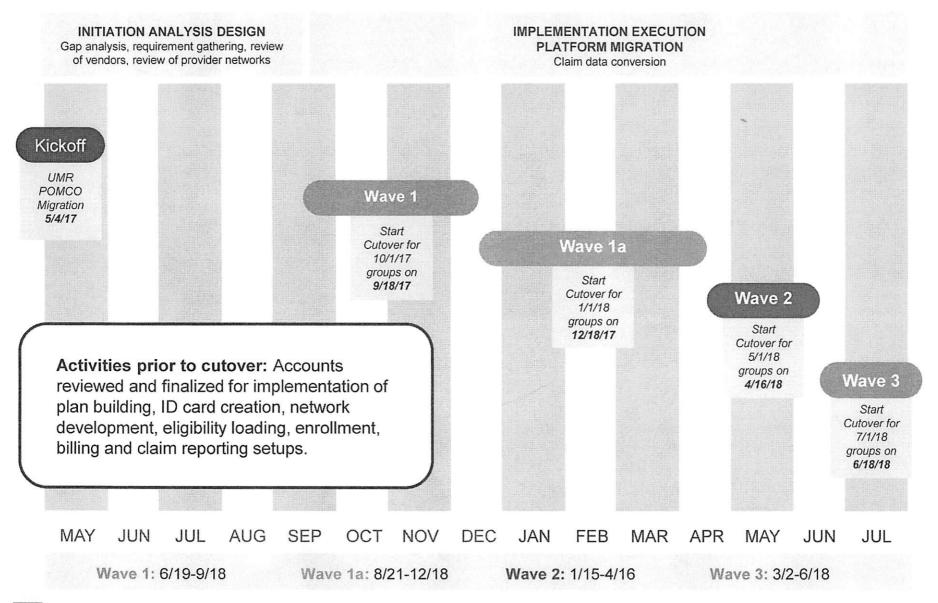
- Oversight will need to be conducted alongside the referral request & approval processes with NEFHS & specialty care providers
- Clinical documentation will need to be requested from the hospitals for inpatient events and with specialty care providers for the outpatient continuing care
- The above 2 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

While we are still outlining the new process and scope of the program to accomplish the initial goal, at this time we are recommending that the program be postponed to align with the migration to the UMR platforms; which would remove the need to try aligning the POMCO vendor capabilities and related costs to the UMR case management and utilization review capabilities. Implementing a new service while initiating the migration is not ideal and could present unforeseen issues.

Scheduled migration timeline







Project management approach for POMCO client migrations



Day 1 – Implementation to completion/Claim ready status Migration waves will occur Oct. 1, 2017, Jan. 1, May 1 and July 1 2018



Experienced transition leader (TL) assigned to manage the POMCO migration

Oversees the implementation team of multiple experts to ensure deadlines and deliverables are met



Deliverables are reviewed weekly with SMEs and their leaders to ensure accountability and escalation as needed TL partners with the POMCO SAEs and SMEs to ensure customer deliverables, dependencies, and deadlines are documented and communicated



SAE will meet weekly with the implementation team to discuss status of all areas, including customer responsibilities

SAE prepares executive status report weekly for the POMCO migration



SAE will meet weekly (or daily if needed) to advise customer of all upcoming deadlines, customer contact on point to deliver, and dependencies if deadline is not able to be met

If deadline is not met, project plan is reviewed, adjusted and communicated with the customer. Escalated as needed, based on impact

Client Focus -

Day 1 to Completion/Green Status

- Senior leaders of the organization from multiple areas review progress weekly
- Director of the transition team facilitates and has authority to engage any leader as necessary to address any migration concern
- Identify any roadblocks, outstanding items, impacted dependencies to ensure any internal obstacles/decisions are handled expeditiously
- SAE advised of any customer-specific item that needs to be brought to the customer contact on the migration
- Identifies delays of receipt of data or information and impact to deliverables
- Requests assistance as needed with customer resources
- Report to UMR CEO, SAE, executive sponsor and UMR leadership weekly on status of all clients



						2/6/20	
Logistics							
Customer Name:	Enter Group Name Here	9					
	Call In Number:		Passcode				
Conference Number:	Meeting Date: Meeting Start Time:						
	8:30 AM	EST	7:30 AM	CST			
NOTES:							
Time needed in total: 1.5 to 2 hours total							
WebEx if applicable:							
Area	UMR Rep Name	E-mail Address	Customer Rep Name	Duration	Start Time CST	Start Time EST	
Account Management : POMCO SAE	ENTER YOUR NAME	ENTER YOUR EMAIL					
Banking	Patty Kastenschmidt	patty_l_kastenschmidt@umr.co	m	20	8:30 AM	9:30 AM	
Billing	Deb Gryniewski	debra_a_gryniewski@umr.com		5	8:50 AM	9:50 AM	
Financial Special Services (Vendor Payment)	Dixie Linc	dixie.linc@umr.com		5	8:55 AM	9:55 AM	
**Electronic Eligibility	N/A			N/A			
**Enrollment (only include if Beth/Judy say they need to)	Beth Besl / Judy Waraksa	<u>beth m besl@umr.com</u> Judy.Waraksa@umr.com		10	9:00 AM	10:00 AM	
**/± Cobra	Molly Rouse	molly.rouse@umr.com		10	9:10 AM	10:10 AM	
**Retiree or Direct Billing	N/A	N/A		N/A			
HSA Vendor (if OptumBank or HSA Bank is sold)	N/A	N/A		N/A			
Flex Eligibility (following Electronic Eligibility)	N/A	N/A		N/A			
**Flex Only	N/A	N/A		N/A			
**Flex w/Debit Card	N/A	N/A		N/A			
^ OptumRx	N/A	N/A		N/A			
Care Management							
**UM/CM	Gillian Waukau	Gillian.Waukau@umr.com		5	9:20 AM	10:20 AM	
Maternity	N/A	N/A		N/A			
Maternity & DM	N/A	N/A		N/A			
Health and Wellness Only	N/A	N/A		N/A			

N/A

Incentive Solutions

Custom: Basic

Custom: Advanced

Live Well Reward\$ Level 1

Live Well Reward\$ Level 2

Live Well Reward\$ Level 3

Live Well Reward\$ Level 4

Area	UMR Rep Name	E-mail Address	Customer Rep Name	Duration	Start Time CST	Start Time EST	
**Subrogation	Andrea Richter	andrea.richter@optum.com		10	9:25 AM	10:25 AM	
Medical Claim/Appeals includes if applicable: Julie Ziebell rovider Network Operations and Customer Solutions Greg Baker		julie.ziebell@umr.com gregory.baker@umr.com		40	9:35 AM	10:35 AM	
Self-Pay Groups - Banking, Medical Claim	N/A	N/A		N/A			
**Dental Claim (include only if Cindy/Justin say they need to)	Cindy Richmond Justin Radtke	Cindy.Richmond@umr.com Justin.Radtke@umr.com		30	10:15 AM	11:15 AM	
**STD	N/A	N/A	N/A	N/A		Assessment American	

^{**} business unit provides a prefilled installation document ahead of the intent call

West Volusia Hospital Authority (WVHA)

Health Card Program

Eligibility Guidelines and Procedures

Revised - May 18, 2017

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WVHA Statement of Purpose

Section 1.01 Purpose

To document the establishment of an eligibility policy.

Section 1.02 Policy

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

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

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

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

Article II. WVHA Summary of Criteria

Section 2.01 Purpose

To provide an overview of the WVHA criteria for eligibility.

Section 2.02 Policy

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

1. Residency (Article VIII).

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

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

2. Identification (Article IX).

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

3. Income (Article X).

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

4. Medical Coverage.

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

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

5. WVHA Affordable Care Act (ACA) Requirements

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

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

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

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

Article III. WVHA Eligibility Determination Process

Section 3.01 Purpose

To summarize the eligibility process.

Section 3.02 Policy

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

Procedures

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

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

ii. If a Special Enrollment Period is indicated, but the cost of a plan is more than 8%, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.

h. Available ACA Plans

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

2. Evaluation and Determination:

- a. Upon receipt of the application and assessment form, the WVHA Enrollment Certifying Agent will evaluate the application and documentation for accuracy and appropriateness.
- b. Prior to submitting an application for WVHA, applicants must first submit an application for insurance on the ACA insurance exchange (www.healthcare.gov)
 - i. Note: The ACA insurance exchange will also be a point of entry for Medicaid applications.
 - ii. Note: Non-citizen Residents of the WVHA Taxing District may submit an attestation from the Farm Workers Association (FWA) in lieu of an ACA Application. The date of the FWA attestation shall not be dated any earlier than 30 days prior to the receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
 - iii. Note: Deferred Action for Childhood Arrivals (DACA) residents may submit proof of their Employment Authorization Card in lieu of an ACA determination letter.
 - iv. Note: Homeless residents of the WVHA Taxing District may submit a Homeless Verification Form (See Appendix G, Section 12.11) in lieu of an ACA Application. The date of the Homeless Verification Form shall not be dated any earlier than 30 days prior to receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
- c. WVHA Applicants must submit an ACA determination letter along with their WVHA application as proof of their ACA application. The date of the ACA Determination Letter shall not be dated any earlier than 30 days prior to the receipt of the WVHA Application to the WVHA Enrollment Certifying Agent; provided however, the ACA may be dated up to and including a date 6 months prior to the receipt of the WVHA Application by the WVHA Enrollment Certifying Agent if the ACA Determination Letter is accompanied by a ACA Pre-Qualifying Form (See Appendix K, Section 12.07) which is completed by a Person Assisting who is approved by WVHA.

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

Article IV. WVHA Application Time Standards

Section 4.01 Purpose

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

Section 4.02 Policy

Time Standards - Applications:

- 1. Date of Application: The application date is determined in one of the followings ways:
 - a. The date the application is received by WVHA Enrollment Certifying Agent becomes the enrollment date should the applicant be found to be eligible.
 - b. The date of emergency room treatment or date of discharge if patient was subsequently admitted to an approved WVHA area hospital. These applicants must be instructed to make arrangements for initial screening and application at designated primary clinic within fifteen (15) business days.
- 2. Time Standards Submission for eligibility determination:
 - a. WVHA Enrollment Certifying Agent will respond to applications and make a determination in a timely manner.
- 3. Reapplication (after denial)
 - a. Effective February 16, 2016, an applicant may reapply 21 days from date of denial should there be a material change in application circumstances. After submitting three (3) applications and receiving three (3) denials, the applicant may reapply ONLY after presenting a money order in the amount of \$21.00 and payable to the WVHA.

4. Renewal

a. A WVHA Enrollee can apply for renewal no earlier than 30 days prior to expiration date of existing card. If a cardholder applies at renewal, and a lapse occurs within 30 days from coverage term date, dates will be adjusted to avoid a lapse in coverage. Each reapplication is treated as a new application and all forms and updated documents need to be submitted accordingly.

5. Eligibility Term

a. WVHA Health Cards are issued for a period of six (6) months. WVHA reserves the right to issue short term eligibility periods for special circumstances to be determined by WVHA Enrollment Certifying Agent.

Article V. WVHA Family Size

Section 5.01 Purpose

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

Section 5.02 Policy

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

Section 5.03 Definitions

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

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

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

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

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

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

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

Eligibility is based on the entire family unit.

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

Article VI. WVHA Qualifying Levels

Section 6.01 Purpose

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

Section 6.02 Policy

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

Section 6.03 Guideline

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

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

Article VII. WVHA Termination

Section 7.01 Purpose

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

Section 7.02 Policy

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

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

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

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

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

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

Article VIII. WVHA Residency

Section 8.01 Purpose

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

Section 8.02 Policy

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

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

Section 8.03 Procedures

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

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

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

• WVHA Homeless Verification Form (<u>Section 12.06</u>) from an approved social service agency. (must have a valid mailing address)

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

- WVHA Verification of Support (<u>Section 12.07</u>)
- Vehicle Registration
- Children registered in West Volusia Schools
- Mail received by applicant in West Volusia County for three (3) month period. (i.e. government
 correspondence, USPO change of address, court documents, other bills) If mail sent to a P.O. Box, the
 applicant's physical address must be noted in document. If online bills are provided they must include Date
 (Billing Period), Name, & Address.
- Property tax bill
- Mortgage payment
- Lease Agreement/Contract
- WVHA Verification of Rent (Section 12.08)

Utility bills

APPLICANT IS ENROLLED IN A FACILITY OR AGENCY PROGRAM:

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

Section 8.04 Definitions

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

Example: Name of applicant

Street Address
Post Office Box
City, State and Zip

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

Article IX. WVHA Identification

Section 9.01 Purpose

To define identification as it relates to WVHA eligibility.

Section 9.02 Policy

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

Section 9.03 Procedures

The following define acceptable documentation for proving identification.

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

Article X. WVHA Income

Section 10.01 Purpose

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

Section 10.02 Policy

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

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

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

Section 10.03 Definitions

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

Section 10.04 Procedures

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

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

- 25. WVHA Verification of Support Form (Section 12.07) (unemployed applicants)
- 26. Most Recent Tax Return, 1040
- 27. Other income from any other source

(a) Verification of Income

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

(b) Calculation of Income

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

works 9 months, then the total amount of earnings during the 9 months will be divided by 12 to arrive at a monthly income amount.

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

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

Article XI. WVHA Assets

Section 11.01 Purpose

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

Section 11.02 Policy

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

Section 11.03 Procedures

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

1. Assets Excluded

- a. One homestead-A homestead is defined as a house, trailer, boat or motor vehicle in which the family unit resides.
- b. Household furnishings
- c. One automobile in operating condition
- d. Clothing
- e. Tools used in employment
- f. Cemetery plots, crypts, vaults, mausoleums and urns
- g. Produce and animals raised for the applicant's personal home consumption
- h. Long term fixed retirement accounts (e.g., 401K, 403B, IRA, SEP). Income from these accounts will still be included when calculating household income.
- i. Assets that are jointly owned by an applicant who is deemed a victim of domestic violence can be excluded when that asset is jointly owned with the accused and the applicant is no longer residing in the homestead.
 - i. Official court documentation, such as a restraining order, must be supplied as proof that the applicant is a victim of domestic violence.
 - ii. The WVHA Health Card program will require a certified statement from a court official, or a notarized statement from the applicant attesting that the applicant is unable to liquidate the subject asset because of a domestic violence situation.

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

2. Assets to be considered

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

- d. Additional automobiles or motor vehicles- applicant should provide either the N.A.D.A. Book value or the vehicle registration and mileage. Otherwise, the WVHA Enrollment Certifying Agent will assign value at the average N.A.D.A. value of the vehicle.
- e. Recreational vehicles-With value determined by a statement from a commercial seller of such vehicles and verified by photocopies of registration.
- f. Trusts. With value based on the principal of the trust and verified by a statement from the Trustee.
- g. Stocks, bonds and other investment assets. With value verified by the value listed in stock value of newspaper or statement from other reliable sources.
- To determine whether Assets are within the Limits for the WVHA Health Card Program, refer to the chart located in Section 12.03.
- If family unit's available assets are less than or equal to the amount shown on the chart for a household of the same size, then the applicant has met the asset criterion for the WVHA Health Card Program.
- If family unit's available assets are greater than the amount shown on the chart for a household of the same size, then the applicant is not eligible to participate in the WVHA Health Card Program.

Article XII. Appendices

Section 12.01 Appendix A - Current Federal Poverty Guidelines

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

Persons in family/household	Poverty guideline	150%		
1	\$12,060	\$18,090		
2	\$16,240	\$24,360		
3	\$20,420	\$30,630		
4	\$24,600	\$36,900		
5	\$28,780	\$43,170		
6	\$32,960	\$49,440		
7	\$37,140	\$55,710		
8	\$41,320	\$61,980		

For families/households with more than 8 people, add \$4,180 for each additional person.

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

Section 12.02 Appendix B - Asset Limits WVHA Health Card Program ASSET LIMITS

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

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

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

Each Additional Person \$500

http://ahca.myflorida.com/Medicaid/statewide mc/pdf/mma/Public Notice.pdf

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

West Volusia Hospital Authority Taxing District

Zip Codes

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

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

Section 12.04 Appendix D - WVHA Health Card Application Form

	WVHA	HEALTH	I CARD	APPL	LICA	TION		
a and the same	Application Date:							
	oplicant Informa plicants in Sectio				ply throu	ıgh same a	pplicat	ion. Please
Last			First	Middle			Mai	den or Other Name
Physical Address (whe	ere you reside)						<u> </u>	
City				County		S	tate	Zip
Mailing Address								
City						S	itate	Zip
How long have you live	ed at residence?	Temp/Perm	Rent/Own/Other	Daytime Telep	ohone	E	vening Tel	ephone
			Sex (circle one) Male Female					
Previous address if les	ss than 3 months							
City				م داد و در این و داد و این			State	Zip
unrelated mir	embers of the Ho nor with proof of come taxes as de	custody, childre	egal spouse, de en over 18 up to	pendent ch 24 years (ildren, s old that a	tepchildre are full tim	n, adop e stude	oted children ents and clair
Name			Applying fo	or Health Card	DOB	Relationsh	ip	SS#
J.			Yes No	(circle one)				
2.			Yes No	(circle one)				
3.			Yes No	(circle one)				
J.			Yes No	(circle one)				
j.		-	Yes No	(circle one)				
	1.8		Yes No	(circle one)	1			

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

Yes No (circle one)

Yes No (circle one)

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

6.

7.

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

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

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

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

Signature of Applicant or Legal Representative	Date
Signature of Applicant or Legal Representative	Date
Signature of Applicant or Legal Representative	Date
Signature of Applicant or Legal Representative	Date
Signature of Applicant or Legal Representative	Date
Signature of Applicant or Legal Representative	Date
Signature of Applicant or Legal Representative	Date
Signature of Applicant or Legal Representative	Date



WVHA HEALTH CARD ASSESSMENT FORM

Screened by (THND Representative):_

Instructions: Please complete this form in its entirety. This form must be completed by all applicants over 18, including

legal spouses Pended appli	s who are not applying. Failure cation.	to provide sep	arate WVHA He	ealth Card	Assessment I	Forms will re	sults in a	
Section 1: 0	General Information.	1.27					System (A.C.)	
Date	Applicant Name		Date of Birth	ate of Birth Clinic				
How did you	hear about the WVHA Health C	ard Program?	Check one box:	I				
☐ WVHA Webp	page	or flyer □	Public meeting	□ Fk	orida Hospital	☐ The Hou	se Next Door	
☐ Rising Again	st All Odds □ The Neighborhood Cer	nter 🗆	Healthy Start	☐ His	panic Health	☐ Other		
Section 2: I	nsurance Information.						agar N	
		☐ Yes						
2.1 Do you ha	ave any Medical Insurance?	If Yes, please	e indicate Carrie	er and ID #	k: 		□ No	
	ligible for COBRA Benefits rent/prior employer?	☐ Yes					□ No	
2.3 Do you ha	ave Medicare A or B?	☐ Yes If Yes, please effective date	□ No					
2.4 Do receive other than	e healthcare assistance or aid WVHA?	☐ Yes If Yes, please effective date	□ No					
injury, is y	seeking services for an our injury due to a work auto accident?	☐ Yes If Yes, please describe ————————————————————————————————————					□ No	
2.6 Proof of M	fledicaid application or denial is	required. Plea	se ensure to inc	clude this	with your subr	nission		
Section 3: F	amily Size.				1.9 (3.1) (3.4) 2.6)			
3.1 Marital Status (Circle One): Married Separated Divorced					Single	Widow	<i>i</i>	
	ave any dependent children	□ Yes					□No	
living in th	e household?	If Yes, how many?					-	
Section 4: le	dentification.							
4.1 Do you ha	ave a Driver License or other ent ID?	☐ Yes If Yes, please	e provide a copy	of ID			□ No	
							j l	

other than a Driver License		1) must be a picture ib. Please clicle any other proof of identification provided				
Non-Picture ID:		Picture ID:				
-Social Security Card		-Passport				
-Birth Certificate		-Green Card				
-Certificate or Official Docume	nt w/ Name	Address, & SSN -Form I-151				
		-Form I-551				
-Farmworkers Association of Florida-Photo ID						
Section 5: Residency.						
5.1 Do you own the house who	ere you live?	ΠYes				
☐ Yes 5.2 Do you rent? If Yes, please provide a copy of current Lease Contract or Verification of Rent Form						
5.3 Do you live in someone else's house? □ Yes If Yes, please provide Verification of Support Form						
5.4 Do you consider yourself homeless? □ Yes If Yes, please provide Homeless Verification Form						
	(2) forms o	show street address within the WVHA Tax District and must be for the past fresidency are required, unless you are homeless applicant. Homeless omeless Verification Form.				
Please circle any other proof o	of residency	provided:				
- Utility Bills (Electric, Water, T	elephone, C	Sas, etc.) - Mail received for three (3) month period				
- Vehicle Registration in the ap	oplicant/spo	use's name - Mortgage Payment				
- Proof of children registered in	n West Volu	sia School				
Section 6: Financial Informa	ation.					
6.1 Have you been employed in the last 8 weeks? □ Yes If Yes, complete the below & provide previous 8 weeks worth of paystubs or DCF Verification of Employment/Loss of Income Form						
Employer Name		Pay Rate (circle one) Hourly Daily Weekly Biweekly Monthly				
Employer Address	· · · · · · · · · · · · · · · · · · ·	Tiodily Daily Weekly Diweekly Monthly				
City	State	Zip				

6.2 Have you lost your job in the last 8 weeks?	of Income F		ation of Employment/Loss	□ No		
6.3 Are you self-employed?		se provide most recent to forms) or self-employmen	ax return (complete with all nt quarterly statement	□ No		
6.4 Are you receiving Unemployment or Worker's Comp benefits?	☐ Yes If Yes, plead Documents	se provide Unemployme	nt or Worker's Comp	□ No		
6.5 Is someone else supporting you financially?	☐ Yes	se provide notarized Ver	ification of Support Form	□ No		
6.6 Do you receive Veteran or Military Benefits?	□ Yes	□ Yes If Yes, please provide benefits paperwork				
6.7 Do you receive any settlements?	☐ Yes	perwork	□ No			
6.8 Do you receive Food Stamps?	☐ Yes If Yes, plead DCF along	□ No				
6.9 Are you receiving any monthly Pension or Retirement Income?		☐ Yes If Yes, please provide documentation with amount you receive, if applicable				
6.10 Do you receive Alimony/Child Support Income?		☐ Yes If Yes, please provide documentation with amount you receive, if applicable				
6.11 Do you receive any income from rental properties?	☐ Yes If Yes, pleas agreement	If Yes, please provide rental income amount and rental				
6.12 Do you receive Social Security Income/Disability Benefits?	☐ Yes	☐ Yes If Yes, please provide supporting documentation				
Section 7: List All Sources of Income for Insurance/Annuity Income, Dividend/Interest Earning, etc.) Please provide all supporting documentation for a	Fraining Stipends,	Compensation for injury/Settle	e for Needy Families, Strike Benefits ment, Gifts-from Churches/family/or	ganizations,		
Individual's Name	Type of Income	Source of Income or Employer	Monthly Amount (before deduction	ons)		
· · · · · · · · · · · · · · · · · · ·						
		<u> </u>				

Section 8: Assets								
Edit and Desire Production (1997) and Conference of the conference	Ī] Yes	- La Control de	the state of the s				
8.1 Do you have a checking/savings accou		Yes, ple or last 3 r	ase provide co nonths	opy of stater	ments for	all the a	ccounts	□ No
8.2 Do you own a Business?	If	☐ Yes If Yes, please provide last Quarter Business Financial Statements and Bank Statements					□ No	
		☐ Yes						
8.3 Do you own property(ies) in other counties/states or country (including ren properties that you own)?	ntal If	If Yes, please list all the properties you own below, including lots, & provide any outstanding mortgage documentation outside of your permanent residence						□ No
Property Address				Is this a	a rental pr	operty?	**	
					☐ Yes			□ No
Property Address				Is this a	a rental pr	operty?		
					☐ Yes			□ No
Property Address				Is this a	rental pr	operty?		
					□ Yes			□ No
		□Yes						
8.4 Have you sold or transferred title to any property in the last 3 years?	y It	If Yes, please list all the properties, including lots and					□ No	
property in the last o years:	s	upply sup	oporting docum	nentation as	entation as proof of this sale			
Property Address	D	Date of Sale:		Is this a	Is this a rental property?			
					☐ Yes			□ No
Property Address		Date of Sale:		Is this a	rental pr	operty?		
	_				☐ Yes			□ No
Property Address	D	Date of Sale:		Is this a	Is this a rental property?			
	_	_//_			□ Yes			□ No
8.5 How many automobiles, motorized vehicles or motorcycles do you own?	_	ior two or	moro vohiolo	o oloo ingluo	do the velo	io oo da	torminad	
Single automobile should only be recorded on on applicant's assessment form	ne b	For two or more vehicles also include the value as determined by N.A.D.A book along with vehicle(s) registration.						
8.6 Do you own any recreational vehicles?		Yes i alue determ	f you do own, plea nined by a stateme	ase provide ve ent from a com	hicle(s) regi mercial selle	stration ale er of such	ong with the vehicle(s)	□ No
Section 9: List All Sources of Assets fo value of life insurance, etc.). Please provide all support					, pensions, :	stocks, tru	ist funds, cash	surrender
Asset Type Sou	rce of Ass	et	Amount		Monthly or	ump Sum		
					☐ Monthly ☐ Le		☐ Lump	Sum
					☐ Mont	hly	☐ Lump	Sum
					☐ Mont	hly	☐ Lump	Sum
					☐ Mont	hly	☐ Lump	Sum
					☐ Mont	hly	☐ Lump	Sum
Section 10: Applicant Certification.				1000 March 1000 M		3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
I certify that the information given by me for the purposauthorize WVHA and its agents to conduct such invest the application process, enrollment or after benefits harmisrepresentation by evidence of submission or omiss	itigation, ave beer	including, l assigned t	but not limited to o to verify the accur	obtaining my cr racy of the info	edit report, a	as necess rided. I un	ary and at any	time during
Signature of Individual or Legal Representa	ative					Date		

	WVHA H	lomeless	Verification	n Form	
Failure t	y Instructions: To be paid of provide all information of	on Homeless Verific			
Section	n 1: General Informati	on.			
Date	Client Name		Date of Birth	Photo ID Numb	er
Section	n 2: Mailing Address.				
Mailing /	Address (where your WV	HA Health Card cor	respondences should	be mailed)	and a second and a second and a second as
City		County		State	Zip
Length	of time in Volusia Co	punty			
Section	n 3: Agency Assessm	ent			
	et the H.U.D. defin t for at least one m				certify that the client Vest Volusia Tax
Agency	Signature:	1.00		Date:	
Client S	Signature:			Date:	

1	TA HO	SPITA	-
1			
13	CARRING	FOR LIFE	E
100	11	8 1	11

WVHA Verification of Support								
Instruction	S: Please complete this fo	orm in its entirety.	Failure to provide all	I information o	on Verificatio	on of Support Form	will result in a <u>Pend</u>	ed application.
	General Informa	tion.						B. 1 (00)
Date	Applicant Name			D	ate of Bi	rth	Last Four	Digits of SSN
	l am presently re	esiding at.						
Physical Add	Iress							
City		County		!	State Zip			
I have bee	n residing at the	above ad	dress since:					
	My previous add	lress was.						
Address								
City			County			State	Zip	
I lived at th	is previous add	ress for: _				-		
	My food and/or I	iving expe	nses are pro	vided by	/.			
Provider Nar	ne							
Applicant Sig	nature			Date				
Section 5:	To be completed	by Provid	er.					
5.1 Do you on applicant?	ly provide a place to	stay (rent free) and no monthly	expenses	s are prov	rided to the	☐ Yes	□ No
5.2 Does the applicant reside with you?						□ No		
 INSTRUCTIONS FOR QUESTIONS 5.3, 5.4, AND 5.5 - The amount listed below should be the household expenses for where the applicant resides. If the provider pays for household expenses on behalf of the applicant (even if they live in separate homes) the dollar amount must be listed here. Question 5.4 would then indicate the qualified family members on the WVHA Health Card application that the provider is supporting. If the provider DOES NOT pay for household expenses on behalf of the applicant, please indicate \$0 or N/A on 5.3 and 5.4 								
5.3 Total monthly household expenses covering all residents (rent, electric, water, groceries, etc.) \$								
5.4 Total nur	nber of people resid	ding in house	ehold (including	the appl	icant)		_	
5.5 In addition to the monthly household expenses, I provide \$ per month to the applicant.								
Provider Name Relationship to Applicant								
Provider Address				City				
State	Zip Provider Phone No.							
	Provider Signatu							
I, the undersigned, being responsible for the named applicant, do hereby swear that the information contained herein is true and correct, and that I am providing support for named applicant.								
Provider Signature:				Date:				

Notary Public	Notary Public Seal:

Section 12.05 Appendix G - WVHA Verification of Support Form

	WVHA Verifica	ition of	Rent		
	s: Please complete this form in its ended application.	entirety. <i>Failt</i>	ure to provide all l	information on	Verification of Rent Form will
Section 1:	General Information.	Alter Sanger vers			
Date:				rth:	Last Four Digits of SSN:
Section 2: I	am presently residing at.				no seleci serie entre entre entre entre
Physical Add	ress				
City		County	State		Zip
2.1 The mo	onthly rent is \$	_•			
2.2 i begar	n renting at the above location	n on the foll	owing date	·	
Applicant Sig	ınature		Date		
Section 3:	Rentor/Lessor Information. M	ust be completed	by the Rentor/Lessor		
Rentor/Lesso	or Name			Rentor/Lesso	r Phone Number
Rentor/Lesso	or Address	,— <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
City		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		State	Zip
Relationship	to Tenant		****		1
Tenant Name	Э				
3.1 I am renting the address listed above in Section 2 to the applicant since(date).					
3.2 The curre	ent monthly rental rate is \$			-	
3.3 The mon utilities.	thly rent does / does not (circle	e one) include	3.4 If yes, list ut	ilities included.	
Section 4: R	Rentor/Lessor Signature			Ž.	
I, the undersi	igned, do hereby swear that the inf	formation cont	ained herein is tro	ue and correct.	
Rentor/Lesso	or Signature		Date		

Section 12.07 Appendix I - ACA Pre-Qualifying Form

Affordable Care Act Enrollment Prequalifying Intake Interview 2016

	Person Assisting	DATE:	2010					
		First Name						
		Zip Code						
The below set of questions will help us determine if you are eligible for the Affordable Care Marketplace. Upon qualification the Person Assisting will help you enroll in HealthCare.Gov.								
attempted to	you're not eligible at this time, you apply for the marketplace. At so for alternative coverage.	ou will be given this suppor such time you will be given	rting document which will serv options for health care and ins	ve as proof you tructions on				
	Those that are not covered by	the marketplace due to ine	ligibility are protected from th	e:				
• \$325	yearly household income penalt 5 per person for the year (\$162 p 5 per family. If you don't have covera			g this method is				
	teran? Yes No If yes, will they	be willing to drop all of their	coverage through VA? (If both Y	es, proceed with				
2. A Na 3. Pare 4. Unde 5. Curr 6. Do y Yes,	5. Currently Covered by Medicaid? Yes No							
	2017 POVERTY GUIDELINES F	OR THE 48 CONTIGUOUS STATE	S & DISTRICT OF COLUMBIA					
	Persons in family/household	Poverty guideline	150%					
	1	\$12,060	\$18,090					
	2	\$16,240	\$24,360					
	3	\$20,420	\$30,630					
	4	\$24,600	\$36,900					
:	5	\$28,780	\$43,170					
	6	\$32,960	\$49,440					
	7	\$37,140	\$55,710					
	8	\$41,320	\$61,980					
	For families/households with	more than 8 people, add \$4,180	for each additional person.					
options for h o I qua o I don o I qua	the Person Assisting has discuss nealthcare. (Check circle that app alify for the Marketplace and I'm n't qualify for the Marketplace be alify for the Marketplace but the y gross annual income.	olies) enrolling today ecause my income falls belo	w the poverty guideline					
	Signature of Consumer	Sign	nature of Person Assisting					

Section 12.08 Appendix J - WVHA Self-Employment Quarterly Statement

wvha h	lealth Card: Self Emp	loyment Qua	urterly Stater	nent	
Instructions: Please comp	lete this form in its entirety	. This form must	be completed in	f you are self	-employed and
do not make enough to file					
application.					
1. APPLICANT'S NAME: (**************************************	(Last)			
2. APPLICANT'S PERCEN	ITAGE OF OWNERSHIP IN	THIS BUSINES	SS:%		
3. BUSINESS OWNER NA	ME(S) (First)	(M.I.) (I	_ast)		
4. BUSINESS NAME:					
5. BUSINESS ADDRESS:			6. BUS	INESS PHO	IE#
<u>Section 1:</u> -Total Gross Income-	MONTH 1	MON	TH 2	MC	NTH 3
Add total monthly income	(MM) (YY)	(MM)	<u>~~~~</u>	(MM)	- ′
and sales from your	1A: \$	2A: \$	(1.17	3A: \$	(11)
business each of the past 3 months.	III. 4	2.11.		JA. V	
		Stephen Page			
<u>Section 2</u> : Business Expenses	DEDUCTIONS	DEDUC	CTIONS	DEDI	JCTIONS
Supplies	\$	\$		\$	
Heat/Utilities/Phone					
Business property rent					
Business Equipment Rent					
Business Vehicle					
Expenses					
Business Taxes					
Advertising					
Insurance					
Bank Charges					
Other (specify)					
TOTAL Business Expenses	1B: \$	2B: \$		3B: \$	
NET INCOME:	1C: \$	2C: \$		3C: \$	
Subtract A FROM B = C	(1A minus 1B)	***************************************	(2A minus 2B)	5416	(3A minus 3C)
Section 3: Calculate avera	ige monthly income				
TOTAL 3 MONTHS: \$ AVERAGE 3 MONTHS: \$					
(ADD 1C, 2C, 3C) (DIVIDE TOTAL 3 MONTHS BY 3)					
APPLICANT SIGNATURE: Applicants must read and sign the below					
I certify that I have no other information is true and corr	way to document the abov	e self-employm			
employment business.					
Cianaturo			Dato		

WEST VOLUSIA HOSPITAL AUTHORITY 1006 N. WOODLAND BLVD C/O DREGGORS, RIGSBY & TEAL, PA DELAND, FLORIDA 32720 TEL: (386) 734-9441

PRIMARY CARE APPLICATION

APPLICATIONS ARE DUE BY 12:00 P.M., NOON, FRIDAY, APRIL 6, 2018

AGENCY	NAME	

Thank you for your recent request for the West Volusia Hospital Authority (WVHA) Funding Application Packet. Please pay close attention to the enclosed information designed to assist your efforts. We look forward to reviewing your proposal.

ELIGIBLE APPLICANTS

Applications will be accepted from other governmental entities or Florida corporations (for-profit or non-profit) with the capacity, competence, and experience to accomplish proposed program goals and objectives. A different application and process is applicable to non-primary health care providers.

ELIGIBLE SERVICES

Services must be provided within the boundaries of the West Volusia Hospital Authority. Only those programs which provide medical, health care related or access to health care services to indigent residents of West Volusia County (as set forth in Chapter 57-2085, Laws of Florida, as amended, and pursuant to section 200.065, Florida Statutes) will be considered for funding. All program requests must include measurable goals or outcomes and cost effectiveness/efficiency data.

CONTENT OF APPLICATIONS

Applications for funding must be submitted in the attached format and must address, at a minimum, the specific information requested in each section. Submissions are limited to no more than 14 pages (not counting required documents) and no smaller than 11 pt. font.

APPLICATION SUBMISSION DEADLINE

One original and seventeen copies of the completed application and attachments must be submitted by **NOON**, **April 6**, **2018**, a strictly enforced deadline, at the following address:

West Volusia Hospital Authority c/o Dreggors, Rigsby & Teal, P.A., CPA 1006 N. Woodland Blvd DeLand, Florida 32720

Applicants are encouraged to submit well in advance of this deadline to avoid any traffic, technical, weather or other unforeseen difficulties that result in missing that strict deadline.

APPLICATION REVIEW

The West Volusia Hospital Authority Board of Commissioners (Board) reviews and makes final determination for funding of primary care applications. The Board will determine finally whether a proposed program is fully funded, funded in part or not funded at all. Generally funding commitments will conform to the October 1st – September 30th fiscal year and require applicants to execute a written funding agreement in a form acceptable to West Volusia Hospital Authority. (Funding agreements for approved new service or access applications will have terms ranging from 6 to 14 months depending on whether the application is submitted in October or April) Applicants that have not previously received funding are encouraged to request a sample of the required written funding agreement to ensure that funding requests comply with the required fee-for-service model and that program participants can be screened individually for qualifications pursuant to the West Volusia Hospital Authority (WVHA) Health Card Program Eligibility Guidelines and Procedures.

REPORTING REQUIREMENTS/INVOICES

Reporting requirements will vary according to program/service and will be determined at the time of approval for funding. Invoices submitted to the Authority for services must include, at a minimum, invoice amount, time period covered, services rendered, a de-identified reference number for the individual client served, the aggregate number of individuals served and the cost per unit of service. No cost or rate of reimbursement charged to the Authority may exceed that charged to any other insurance payer, funding entity, public or private, for the same or substantially the same services. A final report must be submitted to the Authority within 30 days of the end of the fiscal year and shall include services rendered, number served, outcomes and final budget information.

INSTRUCTIONS:

- 1. Application instructions must be followed exactly as written or application may be declined.
- 2. Additional documents that are required must be submitted with application.
- 3. A representative of your agency or corporation must appear before the WVHA Board of Commissioners (BOC) to answer questions regarding your application. Failure to appear may result in the denial of your application.

I have read and understand the instructions and will comply with them.

Signed Date

AGENCY:	·	
EXECUTIVE DIRECTOR/PRESIDENT:		
Address:		
TELEPHONE:	FAX: _	
E-Mail:		
AGENCY STATUS (Circle One) Govern Explain, if Applicable:		
PROPOSED SERVICE IN W. VOLUSIA		
TARGET POPULATION IN W. VOLUSI	IA:	
Number to be Served in W. Volu	SIA:	
MEDICAL OUTCOMES THIS SERVICE		
CONTACT PERSON:	TITLE:	
Address:		
TELEPHONE: ()	FAX: (
E-Mail:	 -	
TOTAL PROGRAM COST: \$	APPLICATION YEAR	PRIOR YEAR GRANTED \$
*WVHA Funds Requested: \$		\$
AVG COST TO PROGRAM/UNIT OF SE	ERVICE: \$	\$
WVHA REIMBURSEMENT RATE: \$_		\$
COMPARATIVE REIMBURSEMENT: MEDICAID	\$	
MEDICARE	\$	
PRIVATE INSURANCE	\$	

	gnificant change be	tween the funds r	equested last yea	ır and this year,
explain below:				
	<u> </u>			

**If your response is N/A, please explain in detail why it is not applicable. If rates vary by carrier, please provide the range of rates:

I. SERVICE DESCRIPTION:

- Hours of operation
- Process for after-hours approval for referrals
- Expected appointment wait times for
 - o Urgent care visit
 - o Routine sick visit
 - o Well care visit
- Post discharge follow up care time frame for
 - o In patient care
 - o Emergency room care
 - o Outpatient care
- State your budgeted clinician ratios per user (enrollee) by type of licensed professional

II. NEED STATEMENT

- Describe why WVHA funding is needed for this service (Even though the Authority is interested in this information about program costs, most all funding commitments will be reimbursed on a fee-for-service basis)
- Are there any other providers of this service in west Volusia County
- Define the geographic areas by zip codes
- Summarize the anticipated population residing in the service areas

III. ELIGIBILITY CRITERIA

- Summarize the demographic makeup of the service area by
 - o Age
 - o Income
- Describe verification procedures

Service Name:	
, , , , , , , , , , , , , , , , , , , ,	

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IV. NUMBER OF PERSONS SERVED

- UTILIZATION (USERS & VISITS) PROPOSED FOR NEXT FISCAL YEAR. INCLUDE BY ALL TYPES OF USERS (WVHA, MEDICAID, MEDICARE, HMO, SELF-PAY AND OTHER)
- REPORT THE CURRENT YEAR UTILIZATION (USERS & VISITS) SEEN THIS FISCAL YEAR BY ALL TYPES (FOLLOW WVHA FISCAL YEAR). INDICATE THE PERIOD THAT ACTUAL UTILIZATION IS BEING REPORTED THROUGH
- REPORT EXPECTED UTILIZATION (USERS & VISITS) FOR THE REMAINDER OF THIS FISCAL YEAR BY ALL TYPES
- STATE THE CURRENT YEAR FINAL APPROVED WVHA UTILIZATION (USERS & VISITS)
 AS WELL AS THE OTHER TYPES OF USERS FOR THE CURRENT FISCAL YEAR
- EXPLAIN ANY SIGNIFICANT CHANGES IN UTILIZATION PATTERNS (USERS & VISITS) FROM THE CURRENT APPROVED BUDGET, CURRENT PROJECTION (CURRENT ACTUAL & EXPECTED) AND THE PROPOSED UTILIZATION FOR THE NEXT FISCAL YEAR

V. MEDICAL OUTCOMES

Detail the current diseases experienced by the WVHA users by disease type. Identify the number of users with co-morbidities by disease type. Indicate if the clinic is providing a disease management for each of the diseases present

- Describe how the clinic will act as the medical home and coordinate the care of members between the other providers in the community
- Describe briefly what quality assurance metrics are captured by the clinic
- Describe the current "clinic health care plan" results vs. the stated goals. Explain any significant variances
- Describe your customer satisfaction metrics, frequency and results obtained this fiscal year
- VI. AGENCY CREDENTIALS (explain your agency's ability to administer this program). Agency credentials must include accreditation of the organization, if any, and qualifications (education, experience, etc.) of personnel pertaining to the proposed services.
 - Agency
 - Administration/Financial Personnel
 - Medical Supervisor/Medical Personnel:

Service Name:		

Revised 2-15-2018 **VII.** BUDGET

- DETAIL THE OTHER LINES OF BUSINESS THAT THE CLINIC HAS CONTRACTED WITH (I.E. MEDICAID, MEDICARE, HMO AND OTHERS)
- DESCRIBE ANY OPPORTUNITIES FOR RECEIVING MATCHING FEDERAL AND STATE INTER-GOVERNMENTAL FUND TRANSFERS (IGT) UTILIZING WVHA FUNDING
- DETAIL THE CLINICS EXPECTED BREAKEVEN POINT FOR OPERATIONS IN TERMS OF PATIENT VOLUMES AND MIX
- DETAIL PROJECTED REVENUE, EXPENSES AND VISITS BY ALL TYPES OF USERS IN WHOLE DOLLARS AND PER VISIT
- DETAIL CURRENT WVHA FISCAL YEAR ACTUAL REVENUES, EXPENSES AND VISITS BY ALL TYPES IN WHOLE DOLLARS AND PER VISIT. INDICATE THE PERIOD RESULTS ARE BEING REPORTED THROUGH
- VIII. BUDGET NARRATIVE (complete a budget narrative for the agency program budget.)
- IX. ATTESTATION STATEMENT (complete the attached form)
- X. STATEMENT OF UNDERSTANDING (complete the attached form)

Service	Name:			

PROPOSED PROGRAM BUDGET

Complete this section only for the program for which funds are being requested. The West Volusia Hospital Authority prior to finalization of the funding agreement may request a copy of the Agency Operating Budget.

Revenue	Amount	% Of Program Revenue
Federal		
State		
County		
Other Local Funding (list)		
In-Kind Contributions		
3 rd Party Reimbursements		
Fees		
Medicaid		
Other (list anything over 10% of Program Revenue)		
novembe)		
Amount Requested from the WVHA		
TOTAL REVENUE		

Program Operation Expenses	Total Expense	Amount Requested From WVHA	% Of WVHA Funding *
Salaries and benefits			
Contracted services			
Administrative and other services			
Travel			
Medical			
Pharmacy			
Other (list anything over 10% of			
Program Expense)			
TOTAL			

^{*} Note: % of Total Program Funds = what percent of the program is supported by WVHA funds? (i.e.: Total ABC Program budget is \$100,000. The ABC agency is providing \$50,000 in resources, funding from the United Way will provide \$25,000, ABC agency is requesting \$25,000 from the WVHA to fund the project. West Volusia Hospital Authority % of Total Program Funds would be 25%)

7	Service Name:	

BUDGET NARRATIVE

Attach, in narrative form, an explanation and justification of all line items listed for this program of service using the following guidelines. All items should be addressed. Indicate N/A where appropriation and explain why not applicable.

Personnel:

List each person who will be employed with position title, description and salary, payroll taxes and cost of benefits for each position.

Contracted Services:

Justify services provided under subcontracts and explain why agency staff cannot perform them.

Administrative and Other Services:

List other categories of expenses incurred in operating Proposed Program. Justify any exceptional amounts.

Food Services (if applicable):

Indicate what types of services are being provided by whom and to whom. How is cost determined?

Medical:

Describe how these services are provided and how cost is determined.

Pharmacy:

Describe how these services are provided and how cost is determined.

Other:

Include any expected costs not listed above. Provide clear justification for each item.

Service Name:		

AGENCY ATTESTATION FORM

AGEN	CY:		
SERVI	ICE NAN	ME:	
REQU	JIREMI 2019, T	ENTS FOR FUNDI	OLUSIA HOSPITAL AUTHORITY APPLICATION ING OF MEDICAL SERVICES FOR FISCAL YEAR ERENCED AGENCY OR CORPORATION ATTESTS
1.			ency is a governmental agency or a corporation registered with ate for the State of Florida.
2.	necess that th deems applica	ary before any approve West Volusia Hosp any proposed modific	t is aware that a mutually agreed written funding agreement is red funding can be disbursed and the applicant will recognize bital Authority reserves the right to disapprove funding if it cation of its standard funding agreement as unacceptable. The mple of this standard funding agreement by contacting the
3.	-		Services will be made available on a nondiscriminatory basis color, gender, national origin, age, handicap or marital status.
4.			will submit the following documents by NOON on April 6 the completed application:
	a) b) c)	independent audit for current financial state A copy of all license proposed services If tax exempt, a Tax Service or signed let	atements, Audit Reports and Management Letter from an or the previous fiscal year (if an audit was performed) or most tement if no audit was performed es that are legally required for Applicant to perform the Exempt Determination Letter from the Internal Revenue tter from CPA verifying filing status
	d) e)	Fire and Health Insp Certificates of insura	pection Certificates for service site(s) (if applicable) ance
5.	vulner	able adults must have	All employees of the agency working directly with children of a background screening completed through the abuse registry the children or vulnerable adults.
6.	FISCA questi		ircle the appropriate response to each of the following
a)	Yes	No	Has your agency ever had a contract canceled for cause?
o)	Yes	No	Does your organization owe any repayment of funds to any funding sources?
:)	Yes	No	Has your organization declared bankruptcy or had any assets attached by any court within the last 3 years?

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If the answer to any of the questions stated above is "yes", please attach a written explanation.

FAILURE TO CERTIFY AND COMPLY WITH THE ABOVE REQUIREMENTS MAY RESULT IN PROGRAM FUNDS BEING DENIED AND, IF ALLOCATED, BEING WITHDRAWN, REALLOCATED, OR DELAYED.

(Chief Agency Officer)	(Date)	
(Type Name/Title)	(Date)	
(Authorized Agency Countersignature)	(Date)	<u></u>
(Type Name/Title)	(Date)	

STATEMENT OF UNDERSTANDING

AGEN	CY:	
SERVI	CE NAME:	
Applica	BLE APPLICANTS ations will be accepted from public or tax exempt agencies we perience to accomplish proposed program goals and objective	
Service those p indiger amende	es must be provided within the boundaries of the West Volubrograms which provide medical, health care related or accept residents of western Volusia County as set forth in Chaptered, and pursuant to section 200.065, Florida Statutes will be mare requests must include measurable goals or outcomes and	ess to health care services to 57-2085, Laws of Florida, as e considered for funding. Al
Applicathe spe	ENT OF APPLICATIONS ations for funding must be submitted in the attached format and cific information requested in each section. Applications musting the budgets, budget narratives, Attestation Statement and	t be no longer than four pages
One O	CATION SUBMISSION riginal and seven copies of the completed application and attact April 6, 2018 at the following address:	chments must be submitted by
	West Volusia Hospital Authority C/o Dreggors, Rigsby & Teal, P.A., 1006 N. Woodland Blvd DeLand, Florida 32720	CPA
The WApplication for final	CATION REVIEW Vest Volusia Hospital Authority Board of Commissione ations will subsequently be placed on the Agenda of the We all determination for funding. Applications may be funded all ding commitments conform to the October 1st – September 30	st Volusia Hospital Authority I, in part or not funded at all
Report of app minimus served days of	RTING REQUIREMENTS/INVOICES ing requirements will vary according to program/service and roval for funding. Invoices submitted to the Authority forum, invoice amount, time period covered, services rendered and the cost per unit of service. A final report must be submit the end of the fiscal year and shall include services rendered, adget information.	r services must include, at a d, the number of individuals ted to the Authority within 30
	(Authorized Signature of Agency)	(Date)
11	Service Name:	

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(Type Name/Title)

(For WVHA Board of Commissioners use)

W	ould you:	
W	odia you.	
A)	Fund this applicant at 100% of the requested amount. Why:	
_		
_		
_		
B)	Not fund this applicant. Why:	
_		
C)	Fund this applicant but not at the requested amount of \$	·
	But fund the amount of \$ W	hy:
_		
_		

WEST VOLUSIA HOSPITAL AUTHORITY C/O DREGGORS, RIGSBY & TEAL, PA 1006 N. WOODLAND BLVD DELAND, FLORIDA 32720

TEL: (386) 734-9441

NON-PRIMARY CARE APPLICATION

(Reviewed Initially by Citizen Advisory Committee)

APPLICATIONS ARE DUE BY 12:00 P.M., NOON, FRIDAY, APRIL 6, 2018

Thank you for your recent request for the West Volusia Hospital Authority (WVHA) Funding Application Packet. Please pay close attention to the enclosed information designed to assist your efforts. We look forward to reviewing your proposal.

ELIGIBLE APPLICANTS

Applications will be accepted from other governmental entities or Florida corporations (for-profit or non-profit) with the capacity, competence, and experience to accomplish proposed program goals and objectives. A different application and process is applicable to primary care providers.

ELIGIBLE SERVICES

Services must be provided within the boundaries of the West Volusia Hospital Authority. Only those programs which provide medical, health care related or access to health care services to indigent residents of West Volusia County (as set forth in Chapter 57-2085, Laws of Florida, as amended, and pursuant to section 200.065, Florida Statutes) will be considered for funding. All program requests must include measurable goals or outcomes and cost effectiveness/efficiency data.

CONTENT OF APPLICATIONS

Applications for funding must be submitted in the attached format and must address, at a minimum, the specific information requested in each section. Submissions are limited to no more than 14 pages (not counting required documents) and no smaller than 11 pt. font.

APPLICATION SUBMISSION DEADLINE

One original and seventeen copies of the completed application and attachments must be submitted by NOON, April 6, 2018, a strictly enforced deadline, at the following address:

West Volusia Hospital Authority c/o Dreggors, Rigsby & Teal, P.A., CPA 1006 N. Woodland Blvd DeLand, Florida 32720

Applicants are encouraged to submit well in advance of this deadline to avoid any traffic, technical, weather or other unforeseen difficulties that result in missing that strict deadline.

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APPLICATION REVIEW

The Citizens Advisory Committee (CAC) of the West Volusia Hospital Authority reviews all applications. Applications will subsequently be placed on the Agenda of the West Volusia Hospital Authority Board of Commissioners (Board) for final determination for funding. The CAC will recommend and the Board will determine finally whether a proposed program is fully funded, funded in part or not funded at all. Generally funding commitments will conform to the October 1st – September 30th fiscal year and require applicants to execute a written funding agreement in a form acceptable to West Volusia Hospital Authority. Applicants that have not previously received funding are encouraged to request a sample of the required written funding agreement to ensure that funding requests comply with the required fee-for-service model and that program participants can be screened individually for qualifications pursuant to the West Volusia Hospital Authority (WVHA) HealthCard Program Eligibility Guidelines and Procedures.

REPORTING REQUIREMENTS/INVOICES

Reporting requirements will vary according to program/service and will be determined at the time of approval for funding. Invoices submitted to the Authority for services must include, at a minimum, invoice amount, time period covered, services rendered, a de-identified reference number for the individual client served, the aggregate number of individuals served and the cost per unit of service. No cost or rate of reimbursement charged to the Authority may exceed that charged to any other insurance payer, funding entity, public or private, for the same or substantially the same services. A final report must be submitted to the Authority within 30 days of the end of the fiscal year and shall include services rendered, number served, outcomes and final budget information.

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AGENC	Y:				
EXECU	TIVES DIR	ECTOR/PRESIDE	NT:		
ADDRES	SS:				
TELEPH	IONE:		FAX:		
CONTA	CT PERSO	N:	TITLE:		
ADDRES	SS:				
TELEPH	IONE:		FAX: _		
E-MAIL	:				
		(Circle One) Gove narked other:	ernment Not for Pr	ofit For Profit C	Other
	ROGRAM C	OST: \$	TION YEAR		
*WVHA	Funds Req	UESTED: \$	\$		
**AVERA	GE COST/UN	NIT OF SERVICE WIT	· · · · · · · · · · · · · · · · · · ·		
Description of Service (Separately describe each type and RX fee)	Agency cost per unit of service	WVHA Reimbursement rate per unit of service	Medicaid Reimbursement rate per unit of service	Medicare Reimbursement rate per unit of service	Private Insurance Reimbursement rate per unit of service
received	last year an	ding last year and t d the funds request	ed this year, please	explain below:	
carrier, 		N/A, please explain de the range of rate ncy:		not applicable. If r	ates vary by
		Page 3 of 10	NAME:		

SECTION I – PROPOSAL (See Appendix A) A. Identify why funds are being requested and how funds will be used: B. Describe your target population (the specific segment of the serviceable population you will be serving – i.e. children, seniors, pregnant, etc) in West Volusia: 1. Identify any obstacles you anticipate in individually qualifying your target population pursuant to the West Volusia Hospital Authority (WVHA) Health Card Program Eligibility Guidelines and Procedures and if any, describe how you will overcome them to comply with those Eligibility Guidelines and Procedures: C. Estimate the total number of people that will be served for the proposed budget year: D. What measurable (i.e. outcomes that can be evaluated) outcomes/goals will this service address E. Describe the outcome measures your agency uses to assess if the goals are met 1. If industry standards are used, identify source: a.) What was your agency's rating against this standard(s): 2. If questionnaires were used: a) Last year how many questionnaires were completed: b) Number of valid complaints issued _____ c) Please attach summary of results. 3. If your agency uses any other monitoring method please explain methodology and outcome:

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NAME:

SECTION II - AGENCY ORGANIZATION

- A. Administrative and/or Financial Personnel provide organizational chart and qualifications related to their role in providing oversight and fiduciary responsibilities
- B. Medical and/or Professional Personnel list the education, experience, qualifications and describe the roles of personnel involved in providing the direct service to be funded by WVHA.

SECTION III - FUNDING

Proposed Program Budget

Complete this section only for the program for which funds are being requested. The West Volusia Hospital Authority prior to finalization of the funding agreement may request a copy of the Agency Operating Budget.

Program Revenue (Program associated with WVHA funding request only) Federal	Amount	% Of Program Revenue**
State		
County	-	
Other Local Funding (list)		
	33.5	
In-Kind Contributions		
3 rd Party Reimbursements		
Fees		
Medicaid/Medicare		
Other (list anything over 10% of Program Revenue)		
Amount Requested from the WVHA		
TOTAL REVENUE *		

Request brief narrative Program Expenses (Program associated with WVHA funding request only)	Amount	% Of Program Expenses **
Salaries and benefits		
Contracted services		
Administrative and other services		
Medical		
Pharmacy		
Other (list anything over 10% of Program Expense)		
TOTAL EXPENSE *		

Revised 2-15-2018 Page 5 of 10	NAME:	
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* TOTAL REVENUE <u>MUST</u> EQUAL TOTAL EXPENSES

**	%	COL	JIMN.	MUST	TOTA	T. 100%

	Describe any upcoming opportunities for receiving matching and/or other funding whether through <u>federal and state</u> governmental funds other than WVHA funding that may become available to support or reduce WVHA financial support of this program in the future.
В.	What attempts have you made to locate other funding sources or partners to meet this program's needs?
C.	If the funding that the agency is requesting from the WVHA is dependent in any way upon another agency's support or activities, show substantiation and identity of that relationship.
D.	Describe how your agency can save the WVHA taxpayers money:
Revise	ed 2-15-2018 Page 6 of 10 NAME:

BUDGET NARRATIVE

Attach, in narrative form, an explanation and justification of all line items listed for this program of service using the following guidelines. All items should be addressed. Indicate N/A where appropriate and explain why not applicable.

Personnel:

List each person who will be employed with position title, description and salary, payroll taxes and cost of benefits for each position.

Contracted Services:

Justify services provided under subcontracts and explain why agency staff cannot perform them.

Administrative and Other Services:

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List other categories of expenses incurred in operating Proposed Program. Justify any exceptional amounts.

Medical:

Describe how these services are provided and how cost is determined.

Pharmacy:

Describe how these services are provided and how cost is determined.

Other:

Include any expected costs not listed above. Provide clear justification for each item.

NAME:_			

AGENCY ATTESTATION FORM

AGEN	CY:				
Servi	CE NAM	1E:			
REQU	IREMI 2019, T	ENTS FOR FU	JNDIN	LUSIA HOSPITAL AUTHORITY APPLICATION G OF MEDICAL SERVICES FOR FISCAL YEAR ENCED AGENCY OR CORPORATION ATTESTS	
1.	<u>INCORPORATION</u> . Applicant is a governmental agency or a corporation registered withe Office of Secretary of State for the State of Florida.				
2.	NEGOTIATION. Applicant is aware that a mutually agreed written funding agreement is necessary before any approved funding can be disbursed and the applicant will recognize that the West Volusia Hospital Authority reserves the right to disapprove funding if it deems any proposed modification of its standard funding agreement a unacceptable. The applicant may request a sample of this standard funding agreement by contacting the WVHA Attorney.				
3.	SERVICE AVAILABILITY. Services will be made available on a nondiscriminatory basi regardless of race, religion, color, sex, national origin, age, handicap or marital status.				
4.	<u>DOCUMENTS</u> . Applicant will submit the following documents by NOON on Ap 2018 with all other parts of the completed application:				
	a) b)	independent a current financi	udit for t ial staten	ments, Audit Reports and Management Letter from ar the previous fiscal year (if an audit was performed) or mos nent if no audit was performed that are legally required for Applicant to perform proposed	
	c) d) e)	services. If tax exempt, Service or sign	a Tax Ex ned letter h Inspec	xempt Determination Letter from the Internal Revenue r from CPA verifying exempt filing status tion Certificates for service site(s) (if applicable)	
5.	vulner	able adults mu	st have	employees of the agency working directly with children of a background screening completed through the abused with children or vulnerable adults.	
6.	FISCA questio		. Circle	the appropriate response to each of the following	
	a)	Yes	No	Has your agency ever had a contract canceled for cause?	
	b)	Yes	No	Does your organization owe any repayment of funds to any funding sources?	
	c)	Yes	No	Has your organization declared bankruptcy or had any	

NAME:

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If the answer to any of the questions stated above is "yes", please attach a written explanation.

FAILURE TO CERTIFY AND COMPLY WITH THE ABOVE REQUIREMENTS MAY RESULT IN PROGRAM FUNDS BEING DENIED AND, IF ALLOCATED, BEING WITHDRAWN, REALLOCATED, OR DELAYED.

(Chief Agency Officer)		(Date)
,		` ,
(Type Name/Title)		(Date)
(Authorized Agency Countersigna	ture)	(Date)
(Type Name/Title)		(Date)

APPENDIX A Guide to Assist Applicants

Identify Why Funds are Being Requested: Examples

- 1. To provide health or mental health care services or access to such services to residents of West Volusia who are experiencing poverty as defined by WVHA.
- 2. To add capacity. I will now be able to serve X amount of people as opposed to Y.
- 3. Program start up. Based on population of X people who are eligible for this service, we propose to provide this particular service and our proposed population will be Y number of people

What Outcome(s)/Goals will this Service Address: Must be quantifiable statements (examples)

- 1. This service will improve health care or access to health care to this target population in the following quantifiable ways.
- 2. X amount of people will receive treatment for Y period of time with an expected rate of recovery of Z%. This is in compliance with the national average of a recovery rate of B based on the standard for this disorder.
- 3. X number of people will receive treatment that will limit hospital emergency room cost. It is estimated that our average cost for this treatment per person is Y where it is estimated that a hospital treatment cost is Z.

Describe the Outcome Measures Your Agency Uses to Assess if the Goals are Met

State what they are and how your agency ranked: e.g. "I used the American Medical Association's scoring standards and we were at X percentile which is Y% above, below, or on the mark of the National Goal."

The following questions will be used in ranking all funding applications

If it were up to you as a member of the CAC or the Board would you:

A)	Fund this applicant at 100% of the requested amount. Why:	
B)	Not fund this applicant. Why:	
C)	Fund this applicant but not at the requested amount of \$	
	But fund the amount of \$	Why:
		·

Revised 2-15-2018 Page 10 of 10	NAME:





February 2, 2018

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

Dear West Volusia Hospital Authority:

As mentioned in our letter dated January 8, 2018, the outstanding physician claims of \$117,834.69 were the result of multiple transitions that occurred within our Organization.

Per Commissioner Shepard's request, we followed up with the two groups that benefit from the WVHA physician reimbursement allocation (Emergency Room Physicians and Hospitalists). Both physician groups confirmed they have not billed any WVHA patients for these outstanding accounts.

We appreciate the Board's consideration to provide an exception for these outstanding claims and we are confident that the plans we outlined in our January 8th letter will help us avoid this happening again in the future.

Thank you for your consideration.

Sincerely,

Nigel Hinds, CFO

Florida Hospital DeLand

Eric Ostarly, CFO

Florida Hospital Fish Memorial

cc:

Theodore W. Small, Jr., Esq.

Dreggors, Rigsby & Teal, P.A.



"exceptional and comprehensive behavioral healthcare"

1220 Willis Avenue, Daytona Beach, Florida 32114 (386) 236-3200 - www.SMAbehavioral.org Access Center 24/7 – (800) 539-4228

January 30, 2018

Ted W. Small, Esq. Law Office of Theodore W. Small, P.A. PO Box 172 DeLand, FL 32721

Dear Ted:

As you are aware, the site visit review of the SMA Baker Act Funding Agreement by Dreggors, Rigsby & Teal, resulted in the following finding; "SMA's eligibility screening did not meet the requirements of the funding agreement". One of the suggested corrective actions was for the WVHA to work with SMA to arrive at contract terms that are agreeable to both parties. The purpose of this letter is to begin a dialogue about the possibility of amending the FY 2017/18 agreement in a way that meets the needs of WVHA but allows SMA to operate in compliance with the agreement. For many years we have made a good faith effort to obtain identification information, proof of residency, and financial information. Often the financial information is self-reported as we are unable to obtain confirming documentation. This level of effort is obviously not fully compliant with the funding agreement.

The services provided under the Baker Act agreement do not lend themselves to the comprehensive financial screening requirements under the Healthcard program. This is an issue that has not been a problem under our other funding agreements with the WVHA. The services provided under the Baker Act agreement are acute, crisis oriented, and typically very short term. The effort to collect client information at this location is hampered by the client's lack of cognitive ability at the time of admission. The majority of clients do not have the mental capacity to communicate effectively until after their condition has stabilized. Discharge from this service location occurs shortly after stabilization. Obtaining assistance in gathering screening information from family members or after discharge with this client population is very rarely effective.

Another complicating factor with the financial screening process is that the WVHA is not the primary funding source under this agreement. The WVHA is providing 25% match for the state funding provided through the Department of Children and Families. Financial requirements under chapter 65E-14 of the Florida Administrative Code and contained in our contract under the state do not require the same level of screening documentation. Our current screening efforts are compliant under the state requirements.















SMA proposes that we amend the SMA Baker Act agreement under the <u>Screening</u> section to be more consistent with the client care environment at this crisis services location. To that end we have drafted the attached procedure for capturing client identification information. We are also working on a draft of a formal procedure documenting our efforts to capture client financial information. Our hope is to reference these procedures as the "Screening Requirements" in an amended agreement. We are looking for feedback from you as to the viability of amending this section of the SMA Baker Act agreement, and guidance about how we would address this with the WVHA board. As you know we are on the next board of commissioners meeting agenda and would like to identify this as part of our corrective action response.

Thank you,

Ivan Cosimi

Chief Executive Officer Icosimi@smabehavioral.org

Access Center: (386) 236-3200 www.SMAbehavioral.org Fax: (386) 236-3157



WVHA – Baker Act Corrective Action Plan

The site visit report for the SMA Baker Act Funding Agreement by Dreggors, Rigsby & Teal, resulted in the following finding; "SMA's eligibility screening did not meet the requirements of the funding agreement". Below are the corrective actions that SMA is taking to ensure that the requirements of the funding agreement are met:

One of the suggested corrective actions by Dreggors Rigsby & Teal was for SMA to work with the WVHA to arrive at contract terms that are agreeable to both parties. SMA has begun dialogue with WVHA's Counsel Theodore W. Small, P.A., to that end. Chapter 2004-421, Section 15 of the enabling legislation states:

"It is intentional that the provisions of this act shall be liberally construed for accomplishing the work authorized and provided for or intended to be provided for in this act, and where strict construction would result in the defeat of the accomplishment of any party of the work authorized by this act, and a liberal construction would permit or assist in the accomplishment thereof, the liberal construction shall be chosen."

The services provided under the Baker Act agreement are acute, crisis oriented, and typically very short in duration. The effort to collect client information at this location is hampered by the client's lack of cognitive ability at the time of admission. The majority of clients do not have the mental capacity to communicate effectively until after their condition has stabilized. Discharge from this service location occurs shortly after stabilization. Obtaining assistance in gathering screening information from family members or after discharge with this client population is very rarely effective. To this end, it is the belief of SMA that the application of the full screening and eligibility requirements to the SMA Baker Act Funding Agreement defeats the intent of the agreement and prevents SMA from accomplishing the work funded by the Authority. SMA proposes to amend the agreement to reflect the good faith efforts to obtain residency and income verification only. A formal request to do so was previously submitted to the Board of Commissioners on January 11, 2016 in response to a previous site visit. While the prior request was not responded to, it is the hope of SMA that the Board will entertain the proposal at this time. Additionally, in reviewing the Funding Agreements for Rise Against All Odds (RAAO) and Hispanic Health Initiatives (HHI) it was found that both agencies are only required to provide one piece of documentation (photo ID). In light of this finding, SMA is formally requesting a contract amendment to reflect similar requirements.

Irrespective of an amended agreement, SMA will also implement the following additional corrective actions:

An operational procedure has been developed to ensure that SMA staff make and document a good faith effort to obtain evidence of a client's residency as well as income. The attached procedure and worksheet will require staff to attempt no less than four times to obtain the client's residency and income verification. In addition to the documented attempts to obtain evidence, SMA staff will obtain a

witnessed statement signed by the client verifying income and dependent information. This statement will include language in accordance with section 817.50 F.S.; acknowledging that by providing false information to defraud an institution for the purpose of obtaining goods or services is a misdemeanor in the second (2nd) degree. The addition of this language to SMA financial documents is consistent with other agencies that provide emergent services in which clients are unlikely to possess evidence of income at the time of the emergency treatment.

SMA greatly values the partnership with the West Volusia Hospital Authority. Additionally, we take the responsibility of adhering to the Funding Agreement seriously as evidenced by the flawless site reviews for the other programs within SMA that receive funding from the Authority. It is our goal to come to terms for the SMA Baker Act Funding Agreement that will afford us the opportunity to demonstrate the same level of compliance.

PINEGROVE OPERATIONAL PROCEDURE: CSR- 109

West Volusia Hospital Authority Worksheet

UNITS: ALL

DATE: 12/1/2017 REVISED: 1/21/2018

PURPOSE: To establish a protocol for attempting to obtain evidence of West Volusia Hospital Authority area residence.

PROCEDURE:

- 1. Per standard operating procedure, the Customer Service Representative (CSR) will ask the client if they are covered by a commercial insurance plan; if so, the CSR will ask for their insurance card along with identification. In addition, the CSR will also verify through Revenue Performance (Emdeon), if the client is covered by a Florida Medicaid plan.
- 2. If a client has no insurance and resides in one of the zip codes listed in the West Volusia Hospital Authority Taxing District Zip Code List, they may be eligible for crisis services funding through the West Volusia Hospital Authority.
- 3. To assist in obtaining evidence of residency, the CSR will utilize the West Volusia Hospital Authority Evidence of Residence Worksheet (WVHA Worksheet).
 - a. The CSR will read the first paragraph on the WVHA Worksheet to the client, and ask the client if they understand or have any questions.
 - b. The CSR will ask the client again if they have any insurance. If the client has any insurance, the client is not eligible for WVHA coverage, and the CSR will document this on the WVHA Worksheet.
 - c. If the client does not have any insurance, the CSR will ask the client for their driver's license or other State issued identification.
 - d. If the client has a driver's license or State issued identification, the CSR will:
 - i. Make a copy for the client's chart,
 - ii. document the zip code on the WVHA Worksheet,
 - iii. and verify that the zip code is on the WVHA Zip Codes List.
 - e. Should the client have no driver's license or other State issued identification with them, the CSR will ask the client who can be contacted to obtain evidence of

- residence and will document the name and phone number of the person on the WVHA Worksheet.
- f. The CSR will read the second paragraph to the client and obtain the client's signature for consent to contact the person identified as having access to evidence of residency.
- 4. The CSR will attempt no less than four times to contact the person identified as having access to evidence of residency and will document each attempt on the WVHA Worksheet.
- 5. Upon discharge, the CSR will review the WVHA worksheet to check if evidence of residency was obtained during the client's stay in crisis services.
- 6. If evidence of residency was not obtained during the client's stay, the CSR will revisit the WVHA Worksheet as indicated by the instructions on the bottom of the form.
- 7. In order to qualify for WVHA coverage, client income must fall into the current Federal Poverty Guidelines criteria. (SMA discounting fee scale reflects the current Federal Poverty Guidelines). To that end, the CSR will obtain a witnessed statement signed by the client (financial assessment form which is witnessed by the CSR), verifying income and dependent information.
- 8. Furthermore, prior to discharge, the client shall sign a statement which is in accordance with section 817.50 F.S.; acknowledging that by providing false information to defraud an institution for the purpose of obtaining goods or services is a misdemeanor in the second (2nd) degree.

West Volusia Hospital Authority Evidence of Residence Worksheet

Client name				MR#		
may help to o	over the	cost of your stay at Volusia Hospital Au	t the Chet Bell Cris othority Funding, w	s Center. In order e will need to kno	West Volusia Hospital Auth to ensure that you are eligi w if you have any type of ddress such as a utility bill.	-
	Do you	have any type of in	surance?	☐ Yes	□ No	
	_	have your driver's erify zip code is WVI		☐ Yes	□ No	
	•	have a State issued erify zip code is WVI	· ·	☐ Yes	□ No	
	issued	do not have a driver ID with you, who ca a copy?				
	Name .		!	Phone		
Volusia Hosp your residen	ital Auth ce to th	ority area, our CSR	will contact the po	erson you listed al ce also includes a	code on it which falls in the pove to have them bring pr a utility bill with your nam	oof of
Signature				Date		
CSR signature	e and ID_			Date		
Date of Co	ntact	Time of Contact	Outcome			

Attach copy of license, State issued ID, or utility bill to this form once obtained.

Revisit form upon discharge and plan for client or person who picks up client to bring in proof of residence if none was obtained during stay.

Eileen Long

From:

Nicole Sharbono <nsharbono@smabehavioral.org>

Sent: To: Tuesday, February 06, 2018 3:25 PM 'Ted Small'; Eric Horst; Ivan Cosimi

Cc: Subject: Rhonda Harvey; Eileen Long; Sheila Jennings RE: WVHA Compliance Review Follow-up

Attachments:

PINEGROVE OPERATIONAL PROCEDURE - West Volusia Hospital Authority Worksheet.doc; WVHA Corrective Action Plan.docx;

WVHA worksheet.docx

Good afternoon Mr. Small,

Below you will find the rates that are paid to SMA for the Baker Act Funding Agreement as well as the average length of stay/cost per WVHA funded client:

		ige Length of Stay \$
Detox	76.98	5.7 \$438.79
CSU	94.31	5.03 \$474.38

Additionally, attached you will find the formal corrective action plan to include a request for a contract amendment as well as the associated procedure and worksheet that have been implemented. I believe this information addresses the questions you posed as well as offers additional information to be included in the packet for the Board to consider.

Respectfully,

Nicole Sharbono, LMHC, CAP Vice President, Volusia County Services 150 Magnolia Avenue Daytona Beach, FL 32114 Office: 386-254-1264

Office: 386-254-1264 Cell: 386-334-8276

From: Ted Small [mailto:tsmall@businessemploymentlawyer.com]

Sent: Tuesday, February 6, 2018 10:18 AM

To: Eric Horst; Ivan Cosimi

Cc: Rhonda Harvey; Nicole Sharbono; 'Eileen Long'; Sheila Jennings

Subject: RE: WVHA Compliance Review Follow-up

Good morning, today is the board meeting packet deadline. Do you have any responses to my questions in the 1/30/18 email? -ts

From: Eric Horst [mailto:ehorst@smabehavioral.org]

Sent: Tuesday, January 30, 2018 6:00 PM

To: 'Ted Small' < tsmall@businessemploymentlawyer.com>; Ivan Cosimi < icosimi@smabehavioral.org>

Cc: Rhonda Harvey < rharvey@smabehavioral.org>; Nicole Sharbono < nsharbono@smabehavioral.org>; Eileen Long (ELong@drtcpa.com)

<<u>ELong@drtcpa.com</u>>; Sheila Jennings <<u>sjennings@smabehavioral.org</u>>

Subject: RE: WVHA Compliance Review Follow-up

Ted:

I apologize, in an effort to get Ivan's letter to you before he left for Tallahassee for the rest of the week, we did not coordinate the e-mail. I attached the client identification information procedure referenced. I also copied Eileen Long and Shelia Jennings. Staff will work on a responses to your questions this week and Ivan will be back in touch with you early next week

Eric Horst

Chief Financial Officer Stewart-Marchman-Act Behavioral Healthcare 1220 Willis Ave. Daytona Beach, FL 32114 (386) 236-1801

From: Ted Small [mailto:tsmall@businessemploymentlawyer.com]

Sent: Tuesday, January 30, 2018 4:52 PM

To: Ivan Cosimi

Cc: Eric Horst; Rhonda Harvey; Nicole Sharbono **Subject:** RE: WVHA Compliance Review Follow-up

Hi Ivan, thanks for reaching out.

I'm not seeing attached the set of procedures you are referencing in your attached letter. Please send or resend.

Additionally, I'd like to know what is your rough estimate of the average amount of money that WVHA reimburses per admission for these Baker Act services? Also I'd like to know in more detail about what efforts were being made to gather the required eligibility information. In a conversation with Ms. Sharbono, it was my understanding that virtually no efforts were being made to collect it because there was no internal awareness that it was required. WVHA has had the same requirements in this contract for 11 years and I seem to recall that you were hitting close to the mark at least up until

some staffing changes a few years ago. We can both check our records on this and see what prior Site Visits revealed. I guestimate we'll need to go back at least 3 years to get an understanding of what was happening versus today.

Please note that your quote from the Site Visit report about modifying the contract is written by DRT, not any reflection of the Board's views on this contract. Before I would recommend any modification of the contract, I need to understand more about why it needs to be changed after all these years and then how is the proposed alternative going to allow WVHA to remain in compliance with its Enabling Legislation requirements to verify that its funding it going to indigent residents of the Tax District. The State has its rules and WVHA has its rules for funding....attempting to merge the two into one isn't going to work.

I look forward to further discussion, ts

From: Ivan Cosimi [mailto:icosimi@smabehavioral.org]

Sent: Tuesday, January 30, 2018 3:30 PM

To: 'Ted Small' < tsmall@businessemploymentlawyer.com>

Cc: Eric Horst <ehorst@smabehavioral.org>; Rhonda Harvey <rharvey@smabehavioral.org>; Nicole Sharbono <nsharbono@smabehavioral.org>

Subject: WVHA Compliance Review Follow-up

Good afternoon Ted,

Hope all is well with you.

I wanted to draft a formal response in regards to the review of our service records as it relates to our contract with WVHA.

I have attached a document that I hope can start our conversation as we work towards a contract that is suitable to both entities and also ensures our compliance going forward.

Please let me know you thoughts.

Ivan

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited and may subject you to criminal or civil penalties. If you are not the intended recipient, please contact the sender and destroy all copies of the original message.

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited and may subject you to criminal or civil penalties. If you are not the intended recipient, please contact the sender and destroy all copies of the original message.



February 6, 2018

ORIGINAL

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

Programs: WVHA Women's Intervention Specialist & Neonatal Outreach Specialist (WIS/NOS)

Dear Chairman,

The following corrective action is proposed in response to our WVHA Contractual Compliance Site Visit for the WVHA Women's Intervention Specialist & Neonatal Outreach Specialist (WIS/NOS).

- The WIS/NOS will attempt to obtain two pieces of identification including a photo of the
 photo identification card and any of the other proof of identification as listed in the
 WVHA eligibility guidelines of the women they encounter through face to face
 encounters:
- 2. We are coordinating with Florida Hospital Deland to obtain information on women who have an infant at the nursery who is being seen by the WIS/NOS.
- 3. We are coordinating with Dr. Rawji's office to obtain a copy of the photo identification card of mutual participants.
- 4. We will amend the HS/SMA subcontract and the monitoring tool to reflect the proposed recommendations.

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 WIS/NOS Contract File

APPLICATION FOR THE WVHA CITIZENS ADVISORY COMMITTEE

NAME: LYNN HOGANSON
ADDRESS: 404 COUNTRY VIEW CIRCLE
DEIAND FL 32720
HOW LONG HAVE YOU BEEN A WEST VOLUSIA COUNTY RESIDENT: 848.
HOME PHONE: N/R CELL PHONE: 407-756-0800
WORK PHONE: 964-962-8612
EMAIL ADDRESS: LHOGANSOND HPCNEF. GRZ
ADDITIONAL INFORMATION (COMMUNITY AFFILIATIONS, EDUCATION, PROFESSIONAL BACKGROUND) THAT YOU FEEL WOULD ASSIST THE BOARD OF COMMISSIONERS IN MAKING A FINAL DETERMINATION:
EURRENTY: NAVIGATOR FOR ACA SINCE 2013
LUKRENTY: NAVIGATOR FOR ACA SINCE 2013 DULING THAT TIME I HAVE WORKED WITH AND, FAMILY HEALTH SOURCE, GOOD SAMARITAN + FLURIDA HUSDITALS.
PRESIDENT NURTHWEST VOL. CTY DEMOCRATS
ON LEADERSHIP BOARD OF DEMO'CRATIC FRECUTIVE COM.
PREVIOUS
Frem 1982-2010 WOKKED FOR hSPS
GOODE OF BICHIET MANGES 7 th abound STATE
MANAGER OF BUSINESS MAIZERS 7 ORLANDO FL DISI.
(of SUPERVISORY POSITIONS 104RS.
MANAGER OF BUSINESS MAIZERS 7 ORLANDO FL. DIST. 1. M. SUPERVISORY POSITIONS 10485. WORKED ON BUDGETS, PRANNING ETC

From: Andrew Ferrari [mailto:andy4deland@gmail.com]

Sent: Wednesday, January 24, 2018 12:03 PM

To: Eileen Long < ELong@drtcpa.com >

Subject: Unauthorized Action by A Commissioner & Counsel

Eileen

It has been brought to my attention by a funded agency that a commissioner has requested a meeting with that agency to express "concerns" AND that this meeting SHALL INCLUDE WVHA COUNSEL.

The board of Commissioners of the WVHA has not to my knowledge authorized any one commissioner to meet with any agency on our behalf with counsel present. I feel that to do so would imply board approval for this action.

If any commissioner wishes to meet with any agency to express personal concerns that seems fine - but to say the meeting "will include counsel (Mr .Small)" implies actions we did not take as a board. If the concerns of the commissioner need to be then vetted by Counsel for possible action and placed on the next possible agenda for board consideration that is fine. No board member can act alone in this manner however as an individual commissioner.

Please include this topic as part of our proposed Discussion Items on the agenda for the February Meeting and forward this email to the WVHA Board of Commissioners, Ted Small and Ron Cantlay.

Thank You Warmest Regards Andy Ferrari, Commissioner

Don't judge a book by its' cover.....

Everybody Is Somebody, Inc.

proudly presents...

Orange City African American Heritage Festival KEEPING "Unity In The Community" ALIVE!

Friday, February 23, 2018
6:00pm until
396 East University Ave. – Orange City United Methodist Church - Orange City, FL

Talent and Gospel Night

Featuring...

Faye Henderson and the Gospel Praise
Ms. Wanda Cobb
Ronald Freeman and the Singing Angels'
Fashions by Klassy Kouture Fashions
and much, much more!!!

Saturday, February 24, 2018
9:00am until
207 East Blue Springs Ave. – Mill Lake Park – Orange City, FL
HERITAGE FESTIVAL
Fun and Excitement for ALL







Featuring Live Entertainment

JUNKANOO NEAR YOU

Arts/Crafts Vendors
STEM Projects

Educational /Health Vendors Brain Bowl Tournament

Sweet Potato Pie Contest

Bring your blanket...Bring your chair!!!

SPONSORSHIP AND VENDOR OPPORTUNITIES AVAILABLE

For additional information contact 407 314 1033; 386 456 0610; 386 453 3282

Visit: www.ocaahf.com

Dear Sir:

We invite your corporation and organization to be a sponsor of the Orange City African American Heritage Festival which has become the quickest growing and largest festival of its type in Volusia County. The event is scheduled for February 23th talent and gospel night; Saturday, February 24th 2018; festival date – fun and excitement; we focuses on Keeping "Unity in the Community" ALIVE ...as well as the Health awareness within our community. It involves the participation of the Central Florida Communities; food and craft vendors, talent and gospel groups, financial institutions, hospitals and health care industry, educational institutions, career opportunities, and many, many more. Your sponsorship will provide a high visibility and recognition for your organization as their name will be fully displayed as a supporter and sponsor during the entire event. We are planning, talent and gospel concert as well as live entertainment for all to enjoy. Donation in any amount is greatly appreciated! SPONSORSHIP LEVELS ARE LISTED BELOW:

PLATINUM (TITLE) SPONSOR \$ 3000.00 •Full page ad in program booklet •Logo on Website Sponsor page and audio mention in ALL Marketing Materials •Opportunity to address the audience at All Heritage events •Booth at the festival (10x10)	GOLD SPONSOR \$ 2500.00 One half (½) page ad in program booklet Mention in Marketing Materials Logo on Website Sponsor page Booth at the festival (10x10)	SILVER SPONSOR \$ 2000.00 One fourth (%) page ad in program booklet Mention in Marketing Materials Logo on Website Sponsor page Booth at the festival (10x10)	BRONZE SPONSOR \$ 1500.00 •One eight (%) page ad in program booklet •Mention in Marketing Materials •Logo on Website •Booth at the festival (10x10)
SPECIAL SPONSOR KID'S ZONE SPONSOR \$ 2000.00 *All Silver sponsor package plus display banner at the KID'S ZONE STORY TELLERS CORNER \$ 1500.00 *All of Bronze Sponsor Package plus banner display at story TELLER'S CORNER	INVEST IN OUR YOUTH STEM PROJECTS Brain Bowl Tournament Poster Contest (grades k-5 th) Open to All Youth Groups of Volusia County!	PROGRAM ADS Full page Color \$200.00 '% Page Color \$100.00 '% page \$50.00 Business Card Ad \$25.00	UNITY IN THE COMMUNITY DONOR •Donate in honor of our eighth year of uniting our community starting at \$8.00 •Names will be published in the program booklet

YES, WE / I WOUL	D LIKE TO BE A PA	RT OF THE VOLUSIA	A COUNTY AFRICA	N AMERICAN HER	ITAGE FESTIVAL A	ND WILL BE PARTICIPATING
□ Platinum Spo	nsor 🗆 Gold Sp	onsor 🗆 Silver	Sponsor 🗆 B	ronze Sponsor	□ Kid's Zone	□ Story Tellers Corner
□ Invest in our Ye	outh –STEM Proje	ects		Brain Bowl		
Poster Contest_			ther/Amount			
Program Ads:	□ Full Page	□ ½ Page	□ ¼ Page	□ 1⁄8 Page	🗆 Unity in t	he Community Donor
Company Name_						
Your Name / Con	tact Name			Email Address _		
Mailing Address						
City				State	 	Zip
For more inf	formation on spo	nsorship opportui	nities and vendo	r application pleas	se visit our websi	te at www.ocaahf.com

West Volusia Hospital Authority Financial Statements January 31, 2018



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

James H. Dreggors, CPA Ann J. Rigsby, CPA/CFP™ Parke S. Teal. CPA/PFS (1954-2011) Ronald J. Cantlay, CPA/CFPTM Robin C. Lennon, CPA John A. Powers, CPA

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

Management is responsible for the accompanying balance sheet (modified cash basis) of West Volusia Hospital Authority, as of January 31, 2018 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.

Dura Rich Tel, P. A.

Certified Public Accountants DeLand, FL

February 02, 2018

MEMBERS

West Volusia Hospital Authority Balance Sheet Modified Cash Basis January 31, 2018

Assets

Current Assets	
Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	6,337,935.42
Intracoastal Bank - Operating	121,375.40
Mainstreet Community Bank - MM	12,039,511.05
Taxes Receivable	 92,073.00
Total Current Assets	 18,590,994.87
Fixed Assets	
Land	145,000.00
Buildings	422,024.71
Building Improvements	350,822.58
Equipment	 251.78
Total Fixed Assets	918,099.07
Less Accum. Depreciation	 (324,657.93)
Total Net Fixed Assets	 593,441.14
Other Assets	
Deposits	 2,000.00
Total Other Assets	 2,000.00
Total Assets	 19,186,436.01

Liabilities and Net Assets

5,110.00
 88,660.00
 93,770.00
7,214,766.86
208,000.00
593,441.14
 11,076,458.01
19,092,666.01
\$ 19,186,436.01

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

For the 1 Month and 4 Months Ended January 31, 2018

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Revenue	Tumbu. Dungu.			
Ad Valorem Taxes	19,910,000.00	897,629.74	17,446,506.95	2,463,493.05
Investment Income	45,000.00	6,945.30	15,593.63	29,406.37
Rental Income	68,304.00	5,691.98	22,767.92	45,536.08
Other Income	0.00	0.00	202.84	(202.84)
Total Revenue	20,023,304.00	910,267.02	17,485,071.34	2,538,232.66
Healthcare Expenditures				
Adventist Health Systems	5,655,654.00	637,532.80	2,466,019.03	3,189,634.97
Northeast Florida Health Services	1,608,362.00	67,881.20	447,980.65	1,160,381.35
Specialty Care	5,208,000.00	201,062.76	1,141,545.05	4,066,454.95
County Medicaid Reimbursement	2,250,000.00	185,652.25	928,261.25	1,321,738.75
The House Next Door	120,000.00	7,268.08	32,066.08	87,933.92
The Neighborhood Center	70,000.00	7,850.00	27,367.50	42,632.50
Community Life Center Outreach Services	25,000.00	0.00		25,000.00
Rising Against All Odds	235,000.00	16,200.00	68,543.69	166,456.31
Community Legal Services	76,931.00	2,164.06	14,189.33	62,741.67
Hispanic Health Initiatives	75,000.00	11,896.92	42,625.00	32,375.00
Deltona Firefighters Foun Access to Hith	75,000.00	0.00	0.00	75,000.00
Florida Dept of Health Dental Svcs	200,000.00	27,974.10	104,772.08	95,227.92
Good Samaritan	79,747.00	2,758.22	14,123.50	65,623.50
Global Healthcare System	0.00	0.00	4,979.94	(4,979.94)
Stewart Marchman - ACT	946,336.00	78,816.97	254,921.41	691,414.59
Health Start Coalition of Flagler & Volusia	142,362.00	5,926.56	46,468.86	95,893.14
HCRA	819,612.00	14,757.30	43,490.11	776,121.89
Other Healthcare Costs	315,047.00	0.00	0.00	315,047.00
Total Healthcare Expenditures	17,902,051.00	1,267,741.22	5,637,353.48	12,264,697.52
Other Expenditures				
Advertising	12,000.00	151.87	(17,806.59)	29,806.59
Annual Independent Audit	15,800.00	12,000.00	12,000.00	3,800.00
Building & Office Costs	6,500.00	215.58	1,707.33	4,792.67
General Accounting	68,100.00	9,361.75	20,774.47	47,325.53
General Administrative	65,100.00	2,742.50	18,957.50	46,142.50
Legal Counsel	70,000.00	2,900.00	24,820.00	45,180.00
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	5,254.00 275,660.24
Tax Collector & Appraiser Fee	625,740.00	17,948.10	350,079.76 170,573.00	547,987.00
TPA Services	718,560.00 92,170.00	116,073.00 12,684.00	12,684.00	79,486.00
Eligibility / Enrollment	72,036.00	5,218.4 4	24,206.84	47,829.16
Healthy Communities Application Screening	72,030.00	5,210.44	24,200.04	11,020.10
Application Screening - THND	189,742.00	15,811.83	59,413.57	130,328.43
Application Screening - THVD Application Screening - RAAO	34,005.00	0.00	3,308.58	30,696.42
Application Screening - NAAS Application Screening - SMA	14,000.00	2,964.00	4,115.20	9,884.80
Workers Compensation Claims	25,000.00	16,249.44	16,249.44	8,750.56
Other Operating Expenditures	32,500.00	37.00	430.75	32,069.25
Total Other Expenditures	2,121,253.00	214,357.51	771,259.85	1,349,993.15
Total Expenditures	20,023,304.00	1,482,098.73	6,408,613.33	13,614,690.67

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

For the 1 Month and 4 Months Ended January 31, 2018

		Current Period	Year To Date	
	Annual Budget	Actual	Actual	Budget Balance
Excess (Deficit)	0.00	(571,831.71)	11,076,458.01	(11,076,458.01)

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

For the 1 Month and 4 Months Ended January 31, 2018

		Current Period	Year To Date	
Manithagua Europalituras	Annual Budget	Actual	Actual	Budget Balance
Healthcare Expenditures				
Adventist Health Systems	2,715,327.00	248,290.48	1,199,150.34	1,516,176.66
Florida Hospital DeLand	2,715,327.00	389,242.32	1,205,732.32	1,509,594.68
Florida Hospital Fish Memorial	112,500.00	0.00	37,031.30	75,468.70
Florida Hospital DeLand - Physicians	112,500.00	0.00	24,105.07	88,394.93
Florida Hospital Fish - Physicians	112,500.00	0.00	24,103.07	00,004.00
Northeast Florida Health Services	660,040.00	0.00	134,781.68	525,258.32
NEFHS - Pharmacy	30,000.00	3,247.61	18,043.76	11,956.24
NEFHS - Obstetrics	918,322.00	64,633.59	295,155.21	623,166.79
NEFHS - Primary Care	910,322.00	04,033.38	290, 100.21	023,100.73
Specialty Care	4 700 000 00	174,158.48	1,007,056.79	3,692,943.21
Specialty Care Services	4,700,000.00 508,000.00	26,904.28	134,488.26	373,511.74
Laboratory Services		185,652.25	928,261.25	1,321,738.75
County Medicaid Reimbursement	2,250,000.00 200,000.00	27,974.10	104,772.08	95,227.92
Florida Dept of Health Dental Svcs	200,000.00	27,974.10	104,772.00	33,221.32
Good Samaritan	25 000 00	1,658.22	7,853.50	17,146.50
Good Samaritan Health Clinic	25,000.00	1,100.00	6,270.00	48,477.00
Good Samaritan Dental Clinic	54,747.00	1,100.00	0,270.00	40,477.00
Global Healthcare System	0.00	0.00	1,383.20	(1,383.20)
Global Health Care	0.00	0.00	3,596.74	(3,596.74)
Global Healthcare System Urgent Care	0.00	0.00		87,933.92
The House Next Door	120,000.00	7,268.08	32,066.08	42,632.50
The Neighborhood Center	70,000.00	7,850.00	27,367.50	
Community Life Center Outreach Services	25,000.00	0.00	0.00	25,000.00
Rising Against All Odds	235,000.00	16,200.00	68,543.69	166,456.31
Community Legal Services	76,931.00	2,164.06	14,189.33	62,741.67
Hispanic Health Initiatives	75,000.00	11,896.92	42,625.00	32,375.00
Deltona Firefighters Foun Access to HIth	75,000.00	0.00	0.00	75,000.00
Stewart Marchman - ACT				
SMA - ARNP Services at THND	7,000.00	299.29	1,271.11	5,728.89
SMA - Homeless Program	64,336.00	10,885.75	26,969.75	37,366.25
SMA - Residential Treatment	550,000.00	50,539.95	144,900.25	405,099.75
SMA - Baker Act - Match	325,000.00	17,091.98	81,780.30	243,219.70
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500.00	5,926.56	29,253.36	44,246.64
HSCFV - Fam Services	68,862.00	0.00	17,215.50	51,646.50
HCRA				
H C R A - In County	400,000.00	9,311.60	37,703.41	362,296.59
H C R A - Outside County	419,612.00	5,445.70	5,786.70	413,825.30
Other Healthcare Costs	315,047.00	0.00	0.00	315,047.00
Total Healthcare Expenditures	17,902,051.00	1,267,741.22	5,637,353.48	12,264,697.52

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

For the 1 Month and 4 Months Ended January 31, 2018 and January 31, 2017

	1 Month Ended January 31, 2018	1 Month Ended January 31, 2017	4 MonthsEnded January 31, 2018	4 Months Ended January 31, 2017
Revenue			4= 440 =00 0=	40 700 450 40
Ad Valorem Taxes	897,629.74	552,339.89	17,446,506.95	10,786,456.49
Investment Income	6,945.30	6,424.65	15,593.63	18,933.67
Rental Income	5,691.98	5,608.42	22,767.92	22,433.68
Other Income	0.00	0.00	202.84	24,779.18
Total Revenue	910,267.02	564,372.96	17,485,071.34	10,852,603.02
Healthcare Expenditures				
Adventist Health Systems	637,532.80	536,437.16	2,466,019.03	2,013,904.39
Northeast Florida Health Services	67,881.20	44,832.75	447,980.65	395,398.71
Specialty Care	201,062.76	254,566.37	1,141,545.05	1,158,171.12
County Medicaid Reimbursement	185,652.25	182,706.67	928,261.25	730,826.68
The House Next Door	7,268.08	6,972.72	32,066.08	31,439.00
The Neighborhood Center	7,850.00	4,911.76	27,367.50	36,292.18
Rising Against All Odds	16,200.00	25,296.60	68,543.69	85,120.84
Community Legal Services	2,164.06	270.08	14,189.33	270.08
Hispanic Health Initiatives	11,896.92	1,700.00	42,625.00	1,700.00
Florida Dept of Health Dental Svcs	27,974.10	10,064.81	104,772.08	23,576.70
Good Samaritan	2,758.22	3,536.50	14,123.50	16,317.00
Global Healthcare System	0.00	1,299.20	4,979.94	7,117.20
Stewart Marchman - ACT	78,816.97	83,807.62	254,921.41	293,126.49
Health Start Coalition of Flagler & Volusia	5,926.56	15,256.16	46,468.86	46,347.72
H C R A	14,757.30	24,661.09	43,490.11	54,772.17
Total Healthcare Expenditures	1,267,741.22	1,196,319.49	5,637,353.48	4,894,380.28
Other Francis diturns				
Other Expenditures	151.87	8,291.67	(17,806.59)	36,424.42
Advertising Annual Independent Audit	12,000.00	12,000.00	12,000.00	12,000.00
Building & Office Costs	215.58	1,016.38	1,707.33	4,070.26
General Accounting	9,361.75	6,182.00	20,774.47	25,818.00
General Administrative	2,742.50	4,292.50	18,957.50	15,990.00
Legal Counsel	2,900.00	3,240.00	24,820.00	24,850.00
City of DeLand Tax Increment District	0.00	38,304.00	69,746.00	38,304.00
Tax Collector & Appraiser Fee	17,948.10	11,020.16	350,079.76	256,205.92
TPA Services	116,073.00	73,889.50	170,573.00	155,639.50
Eligibility / Enrollment	12,684.00	(34,262.00)	12,684.00	11,214.00
Healthy Communities	5,218.44	7,264.76	24,206.84	23,414.24
Application Screening	, -,- ,-,-,-	.,	·	
Application Screening Application Screening - THND	15,811.83	11,978.08	59,413.57	49,572.70
	0.00	0.00	3,308.58	3,008.28
Application Screening - RAAO	2,964.00	0.00	4,115.20	0.00
Application Screening - SMA	16,249.44	0.00	16,249.44	15,155.81
Workers Compensation Claims	37.00	137.50	430.75	858.75
Other Operating Expenditures	214,357.51	143,354.55	771,259.85	672,525.88
Total Other Expenditures	217,007.01		,200.00	
Total Expenditures	1,482,098.73	1,339,674.04	6,408,613.33	5,566,906.16

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

For the 1 Month and 4 Months Ended January 31, 2018 and January 31, 2017

	1 Month Ended	1 Month Ended	4 MonthsEnded	4 Months Ended
	January 31, 2018	January 31, 2017	January 31, 2018	January 31, 2017
Excess (Deficit)	<u>(571,831.71)</u>	(775,301.08)	<u>11,076,458.01</u>	<u>5,285,696.86</u>

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: February 6, 2018

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for February 15, 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 January 9, 2018. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the 1/18/18 Meeting Minutes.

I. 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.

[Refer back to Legal Update Memorandum dated 1/9/18 for additional background details.]

As requested at the January Board meeting, counsel followed up in a direct conversation with Shawn Jacobs (POMCO/UMR) to determine whether there was any validity to the suggestion that POMCO would be discontinuing any of its currently contracted services on or about July 1, 2018.

Mr. Jacobs was not aware of how this suggestion had arisen. Further, he assured counsel (and Chair Ferrari who was conferenced into the call) that if POMCO had any such intentions, that decision would be made at a higher level and it would be conveyed in a formal letter and with adequate time and suggested alternatives to avoid leaving WVHA in a bind.

In addition, Mr. Jacobs explained that all discussions about starting to process pharmacy and NEFHS claims electronically were initiated in the below email dated 1/9/18 from Ms. Long to Mr. Jacobs. Until receiving that email, POMCO was planning to continue processing claims as it has been doing since the start of its TPA contract with WVHA. Mr. Jacobs interpreted the 1/9/18 email from Ms. Long as a request from WVHA that it begin accepting and processing the claims electronically. Any deadlines about formatting systems to begin electronic processing of claims were based on what Mr. Jacobs perceived as a request from WVHA. This switch from manual to electronic processing was not in any way initiated by POMCO, but would be welcomed if it can be implemented without undue burden to all concerned.

From: Eileen Long

Sent: Tuesday, January 09, 2018 1:57 PM

To: siacobs@pomco.com

Cc: <u>LAsbury@familyhealthsource.org</u>; Ron Cantlay < <u>RCantlay@drtcpa.com</u>> **Subject:** Pharmacy claims

Hello Shawn,

It NEFHS/Ritters were able to submit Pharmacy claims electronically A) would UMR continue processing for reimbursement? And B) is there a preferred electronic format that UMR prefers?

Thanks!

Eileen O'Reilly Long 1006 N Woodland Blvd DeLand FL 32720 Phone: (386) 734-9441

Fax: <u>(386) 738-5351</u> E-mail: elong@drtcpa.com

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

[Refer back to Legal Update Memorandum dated 1/9/18 for additional background details.]

In a 1/30/2018 meeting attended by Josephine Mercado, Peter Willems, Dolores Guzman and counsel, HHI acknowledged that it understood that both its funding application and its funding agreement included a requirement that it target "indigent" residents of the Tax District for its Program. However, HHI asserted that it had not interpreted the term "indigent" to exclude residents with private or public health insurance coverage because no such definition was included in their Funding Agreement or explained to them. Counsel explained that this "no insurance coverage" requirement is included in parts of the Eligibility Guidelines that HHI has been exempted from applying in its screening process. This exemption for HHI, along with a few other programs, is based on the Board's determination that the relatively small per participant flat-fee cost of its assessment and education services and low funding limit did not merit full screening for insurance, income and assets. Full screening for insurance, income and assets is required for most other Programs based on their open-ended reimbursement rates and significantly higher overall funding limits.

After discussion with Commissioner Guzman, HHI agreed that it would continue to ask potential Program Participants whether they have private or public health insurance coverage but going forward, it would <u>not</u> seek reimbursement from WVHA if the potential Program Participant has public or private insurance coverage. Based on this new understanding of their screening requirements, HHI expected that its program participation numbers will go down significantly and thus it no longer desired to engage in further discussion about establishing a group rate because such group participation would also be significantly lower.

To avoid similar misunderstandings with other funded entities who are allowed to qualify

residents without full screening under the Eligibility Guidelines, counsel will seek to confirm similar understandings with these other agencies. Counsel will plan to incorporate this "no public or private insurance coverage" requirement explicitly into future funding agreements of any agency that is allowed to qualify residents without full screening.

III. SMA Baker Act/ HSCFV WIS/NOS Site Visit and Corrective Measures.

Following a review of DRT's Site Visit reports, the Board requested SMA--Baker Act and HSCFV WIS/NOS to bring back corrective measures for their negative Site Visit findings in time for the WVHA February 15, 2018 Regular Meeting. To date, counsel has not received SMA's nor HSCFV WIS/NOS full response to the Board.

From SMA, on January 30th, SMA provided counsel with a preliminary letter that focuses more on how to lessen the screening requirements than on how SMA will modify its staffing to achieve greater compliance. Based on a statement of DRT's opinion that was included within the Site Visit report, SMA's preliminary letter was focused on proposals to modify the underlying funding agreement. For example, one of the suggested modifications which SMA has proposed is that it be allowed to satisfy WVHA's screening requirements merely with a certification that it has fully complied with DCF's financial requirements under Section 65E-14 of the Florida Administrative Code.

Counsel responded that same day with requests for additional information to determine exactly what procedures had been in place for SMA to achieve good faith compliance with the Funding Agreement as written and further explanation as to why that Agreement requires modification after over a decade with mostly the same screening requirements. SMA had just approved and signed the subject funding agreement a few months ago. Counsel noted for SMA that in a conversation with Ms. Sharbono after the January meeting, Ms. Sharbono had indicated that she was not even aware (and did not believe her staff was aware) that this Baker Act program had a screening requirement. As of this writing, counsel has not received any response to this request for additional details about what procedures were in place and how they were staffed at the times relevant to the latest Site Visit report.

Although counsel has not reviewed whatever SMA has developed for the Board packet, counsel believes that it would be premature for SMA to declare that it cannot achieve good faith compliance with the same screening that has been required of this program for over a decade when its current manager has acknowledged that she wasn't aware of the requirement. (HSCFV WIS/NOS's CEO similarly acknowledged that she wasn't aware of the subject screening requirements) Further, the suggestion that WVHA's screening requirements be merged into DCF's financial requirements cannot be accepted without verifying that those requirements are the same or greater than the requirements under WVHA's Eligibility Guidelines. The Eligibility Guidelines set forth this Board's longstanding policies for remaining in compliance with its own Enabling Legislation, which is different State law than imposed upon DCF for eligibility to its services.

In addition, the recognition of yet another exemption to full compliance with the Board's

Eligibility Guidelines for the Baker Act Program, which involves significant funding dollars, is a slippery slope that will open the door to virtually every other funded entity claiming that "our target population is special" and we should no longer be required to invest in staffing resources to comply with residency, insurance and financial eligibility guidelines. As the Board recognizes more exemptions, it becomes less justifiable and less fair to enforce full screening on any of the other agencies. It is arguable that all programs funded by WVHA necessarily involve the poorest and sickest individuals in the Tax District for whom it is most difficult to document their eligibility. Arguments focusing on the ability of a newborn baby or mentally incapacitated individual to produce a photo ID or verify income have emotional appeal. (These arguments focus on a particular point in time in a continuum of care and ignore the ability of the supportive family to assist with gathering required documentation and information) However they sidestep the critical issue which is whether this Board is authorized under law to fund programs without some manner of verifying that most of the dollars are spent on indigent residents of the Tax District. The answer is plainly no, it cannot do so without violating the Enabling Legislation. The Board has labored long and hard for nearly a decade to come up with 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. Counsel strongly recommends that the Board avoid further exemptions to these Guidelines and instead simply acknowledge that some programs, however compelling their need, cannot be funded without the Board violating the law.

Although counsel has not received any preliminary responses or letters from HSCFV WIS/NOS, counsel recommends that going forward all programs who receive negative compliance findings in the Site Visit reports be encouraged to come up with creative ways to achieve good faith compliance with their screening requirements or seek funding elsewhere from funding sources that have lesser requirements. Considering that each funded entity applied for funding and agreed in their Funding Application to comply with WVHA's eligibility requirements, the focus of these discussions should be less on why we cannot comply, but how can we comply.

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.

At this juncture, counsel is only prepared to recommend that the Board consider inserting a change to the Eligibility Guidelines (as well as future funding agreements) that would make it clear that a resident who has health insurance coverage (public or private) is not considered "indigent" and ineligible to qualify for WVHA funding. Further, all funded agencies must screen to determine whether a potential Program Participant has health insurance coverage.

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 workers continues to actively treat and submit substantial claims.

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

VII. General Compliance with the Sunshine Law:

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

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

It is impossible to summarize all relevant points of the Sunshine Law, but please note that courts uniformly interpret this provision as prohibiting two or more members of the same board or commission from discussing any matter on which foreseeable action will be taken by the pubic 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.