

West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
March 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 - Regular Meeting February 15, 2018
 - b. Redaction from January 18, 2018 Board Meeting Minutes, page 7 of 9, POMCO/UMR Migration Date July 1, 2018 – Services Affected: Pharmacy Services and Hospital Physician Services Claims (see Legal Update 3/6/2018 pages 1-2 attached) (Revised Meeting Minutes 1/18/2018 attached)
 - c. POMCO February 2018 Report - Written Submission
 - d. FQHC Report - Laurie Asbury, CEO, Northeast Florida Health Services, Inc. (NEFHS), d/b/a Family Health Source (FHS) February 2018 Report
 - e. Tentative Hearing Date Thursday September 13, 2018 @ 5:05 p.m.
 - f. Tentative Final Hearing Date Thursday September 27, 2018 @ 5:05 p.m.
5. Citizens Advisory Committee (CAC), Voloria Manning, Chair
 - a. CAC Applicant Workshop March 6, 2018 – Verbal Update
6. Citizens Comments
7. Contractual Utilization Reports to the WVHA Board of Commissioners
 - a. Waylan Niece, Case Manager, The Neighborhood Center
 - b. Mary Gusky, Administrator, Good Samaritan Clinic
8. Discussion Items
 - a. Proposed Changes to Eligibility Guidelines-POMCO Submission (attached)
 - b. SMA Baker Act Corrective Action based upon Site Visit Review (letter dated 3/6/2018 attached)
 - c. HealthCard Approval Process Transferred Locally to The House Next Door
 - d. Community Life Center October and November 2017 Late Invoice Submittals (attached)
 - e. NEFHS Response to List of Concerns as Provided by Commissioner Dolores Guzman (attached)
 - f. Schedule Workshop with Adventist Healthcare Systems and WVHA Board of Commissioners to Negotiate New Contract
 - g. Hospital Physician Services Claims older than 90 days
9. Follow Up Items
 - a. Quarterly Funding Limitations Waivers
 1. Florida Department of Health – Dental Services Waiver (letter dated 3/7/2018 attached)
10. Finance Report
 - a. February Financials
11. Legal Update
12. Commissioner Comments
13. Adjournment

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

DeLand City Hall
120 S. Florida Avenue, DeLand, Florida
February 15, 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
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 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

Chair Ferrari asked for a motion to approve the amended agenda as presented.

Commissioner Shepard asked to have added under Discussion Items scheduling a workshop or two with Adventist Health Systems to discuss negotiating the hospital contract with the WVHA that is due to expire September 30, 2020.

Motion 015- 2018 Commissioner Shepard motioned to approve the amended agenda as presented and adding the proposed hospital workshops under Discussion Items. Commissioner Girtman seconded the motion. The motion passed unanimously.

Consent Agenda

Approval of Minutes – Organizational/Regular Meeting Minutes January 18, 2018

Motion 016 - 2018 Commissioner Girtman motioned to approve the Consent Agenda. Commissioner Craig seconded the motion. The motion passed unanimously.

Citizens Advisory Committee (CAC) Voloria Manning, Chair

CAC Vice-Chair Michael Ray updated the Board in regards to the February 6, 2018 CAC Organizational/Orientation Meeting.

Citizens Comments

There were none.

Reporting Agenda

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

- **Pharmacy Self-Audit April 2017 – December 2017**

Contractual Verbal Utilization Reports to the WVHA Board of Commissioners

- **Healthy Start Coalition of Flagler and Volusia**
- **Community Life Center**

Neither of the agency representatives were present. Chair Ferrari passed this agenda item and will revisit it once the representatives arrive to the meeting.

Hospital Quarterly Report

- **Florida Hospital Fish Memorial, Rob Deininger, CEO and/or Eric Ostarly, CFO**
- **Florida Hospital DeLand, Lorenzo Brown, CEO and/or Nigel Hinds, CFO**

Mr. Lorenzo Brown, CEO, FHD, Dr. Christopher “Joe” Smith, CMO, FHD, and Mr. Eric Ostarly, CFO, FHFH, collectively addressed the WVHA Board of Commissioners. Mr. Brown updated the Board with plans at Florida Hospital Fish Memorial (FHFH) to invest \$100 million in expansions and for women’s services, of the \$100 million, \$20 million will be dedicated to women’s services, obstetrics (OB), gynecology, as well as outpatient OB and prenatal care services at Florida Hospital DeLand (FHD). This is a three year plan and the hospitals are actively recruiting OB’s and pediatricians.

Mr. Small asked the representatives from FHFH if they would provide the support data that the hospitals utilized in determining that this expansion shift of services to Orange City was driven by data that supports that this need is greatest in the Deltona and Orange City area. He further stated that the WVHA contract with the hospitals will sunset in 2020 and the Board is currently in negotiations as to how to transition and what services will continue to be maintained for the community. He did not want there to be a perception that this Board has the legal authority over the hospitals to insist upon services; however, the Board does have the discretion in terms of any renewal agreement about whether they are going to renew an exclusive agreement with these hospitals or other competitive hospitals and what types or portfolio of services they are going to bring to the table. Also, what plans has the hospital considered for those in the community who cannot arrange for or afford transportation to Orange City?

Dr. Smith agreed that the transportation matter was a concern of theirs as well and admitted that it is a difficult concern. They are working closely with their EVAC services and he looked forward to working with the Board to address this concern.

Commissioner Shepard requested payer mix data from both FHFH and FHD.

Mr. Ostarly responded that he would be happy to get what is publicly available for the aggregate payer mix data for the total population.

Contractual Verbal Utilization Reports to the WVHA Board of Commissioners

2 of 8 pages

Regular Meeting – Minutes

February 15, 2018

- **Healthy Start Coalition of Flagler and Volusia**
- **Community Life Center**

Chair Ferrari stated that both of the agency representatives have made it to the meeting and invited Ms. Dixie Morgese, Executive Director, Healthy Start Coalition of Flagler and Volusia (HSCFV) to address the Board.

Ms. Dixie Morgese, Executive Director, HSCFV presented the Board with a prepared Power Point Presentation (attached) to review the current fiscal year 2017-2018 utilization of WVHA funding.

Chair Ferrari invited Ms. Norma Walter, Executive Director, Community Life Center to address the Board.

Ms. Norma Walter, Executive Director, Community Life Center (CLC) expressed to the Board the overwhelming response that they encountered from the City of Deltona. She apologized for her late submittal of her WVHA invoices. CLC saw an increase in clients of roughly 3,500-4,000 in total clients from January 2017 through August 2017 to over 4,900 individuals over the months of September, October and November. Many of these individuals came to Florida from Puerto Rico, The Virgin Islands, and even Haiti evacuating from hurricanes Irma and Maria. They have partnered with Community Legal Services of Mid-Florida and the Deltona Firefighters Foundation to provide additional services to their clients.

The Board expressed appreciation for the current collaboration that Community Life Center has engaged in and they also consented that they would like to encourage Ms. Walter and her agency to collaborate with all of the WVHA Funded Agencies.

Chair Ferrari asked Ms. Long to add to the March Meeting Agenda the late invoices submitted by Community Life Center from October and November services, since they were submitted beyond the contractual 60 day submission period.

Discussion Items

POMCO January 2018 Report-Shawn Jacobs, Account Executive

Mr. Shawn Jacobs, Account Executive, POMCO addressed the Board and introduced Jeanette Flowers, Director of Account Management, POMCO. Mr. Jacobs reviewed the POMCO January 2018 report to the Board. He explained how the migration to UMR would proceed and the timeline of said migration would be July 1, 2018. He assured the Board that there would be no disruption of services during this transition and all services currently provided to the WVHA by POMCO will be provided by UMR up to the current contract expiration date of December 31, 2018.

Commissioner Girtman asked if the WVHA would incur any additional fees due to the transition from POMCO to UMR?

Mr. Jacobs assured the Board that the WVHA would not realize any charges as a result of this acquisition and transition.

Mr. Small asked Mr. Jacobs if UMR were to make any recommendations or changes to the current WVHA program, that they would give advance notice to the WVHA and the funded agencies and opportunities to transition without causing any undue burden to these agencies before the end of this current contract?

Mr. Jacobs assured Mr. Small and the Board that is correct and even though this program is transitionally migrating effective July 1st, any of the recommendations that are or will be made are not required to be completed in time for that July 1st, 2018 migration date. He further stated that the agencies can self-determine whether or not they can make these changes to more standardized formats and making things a little more efficient. The decision to do so is up to the funded agencies as well as the Board and the timing is based upon whatever is going to suit the Board or those funded agencies.

Commissioner Shepard referred back to the January POMCO report, page 11 and the misunderstanding that took place and she stressed that this kind of misunderstanding cannot occur again going forward.

Mr. Cantlay responded to Commissioner Shepard's concern and stated that DRT has already implemented a procedure going forward that a follow up email will be sent out to all parties confirming the points that were or will be discussed during future conference calls to ensure that all parties are in agreement.

Mr. Jacobs further requested that the Board redact that portion of the January meeting minutes that referenced the POMCO/UMR Migration date and services affected.

The Board consented to adding Mr. Jacob's request to the March 15, 2018 Discussion Agenda Items.

Chair Ferrari asked Mr. Jacobs if he expected any changes in the processing of the pharmacy claims payments that would get them processed more expeditiously with the new UMR system?

Mr. Jacobs stated that once this moves to UMR they are going to recommend an electronic process for those claims. This will be discussed in the Intent Calls as outlined in the POMCO report.

Mr. Cantlay asked Mr. Jacobs when this converts over from POMCO to UMR will the WVHA historical data be maintained by POMCO and/or UMR? How will that data be maintained?

Mr. Jacobs responded that an entire year of historical data is being transferred over to the UMR system. That way all of the UMR customer service and claims processing teams have that data ready and available. In addition to that one year of data, the POMOC systems will be available and accessible through December 31, 2018.

Mr. Cantlay asked Mr. Jacobs if POMCO/UMR could provide that data in an acceptable electronic or digital format to DRT for records retention storage?

Mr. Jacobs agreed that he would make that electronic or digital data available to DRT.

Commissioner Girtman asked if there was any anticipation in an increase of fees and rates under UMR? Further, could POMCO/UMR help the WVHA Board understand and what to anticipate for budgeting considerations?

Mr. Jacobs explained that the WVHA program does not fit into any mold, it's not easily automated and it takes a lot of manual intervention and manual work to manage this program. Actuaries and underwriters are going to look at the level of effort to maintain and administer this program. He expressed that it is likely and expected that the current fees may increase. He further stated that this was likely even if the program remained under the POMCO umbrella and going through the renewal of that contract.

Commissioner Girtman believed that one good thing that came out of the conversation in regards to the POMCO/UMR migration date of July 1, 2018 is the opportunity to have this standardization discussion regarding the hospital physician services and pharmacy services claims process. Therefore, when UMR, the actuaries and underwriters propose the renewal of this contract, ask them to take into consideration how standardization could decrease the impact to those anticipated fee increases and bring that back to the Board for analysis as early as possible. The Board has to do their due diligence as well.

There was Board discussion and inquiry if the eligibility piece were removed and performed locally, how would that impact the fees? How big is that eligibility piece in terms of the fees?

Mr. Jacobs admitted that the eligibility piece and that process is the highest percent of the program administration performed by POMCO/UMR. With any other program the carrier does not determine eligibility, rather it's the client or program sponsor that tells the TPA who is eligible and sends them that information. That eligibility process is by far the leading cost driver.

The Board reiterated that when UMR is evaluating the renewal of this program contract, to evaluate it with and without those pieces; standardized claims submissions by the hospitals and NEFHS pharmacy and the removal of the eligibility piece to be taken into consideration.

Mr. Cantlay reminded all present that the WVHA begins the review of their budget process during the month of June. Further, they need to take into consideration that the POMCO/UMR contract expires three months into the WVHA fiscal year 2018-2019. The budget process is completed by September, 2018.

Mr. Small asked Mr. Jacobs if this Board did decide that they wanted to separate the eligibility piece from the rest of the processing, would POMCO be unhappy with that decision?

Ms. Jeannette Flowers responded not at all, they are prepared to support whatever the best option is for the WVHA Board.

Commissioner Shepard asked if UMR could consider renewing the new contract to coincide with the WVHA fiscal year end?

There was discussion that the renewal of the contract could be a three and a half year term to coincide with the WVHA fiscal year end of September 30th.

Mr. Jacobs explained that leading up to this migration and holding that intent call prior to April 16, 2018 that recommendations are going to come out from that call, and that information will be fed back to the related funded agencies to see whether or not they can start to align to some of the more standardization. If they can do so prior to September 2018 then that will give a good point of assessment for the UMR actuaries and underwriters to assess where the program is at that point and how they would write out the renewal based upon what they are experiencing at that point. If more standardization is in place prior to September 2018 that will help UMR to start to work upon the renewal projections.

Proposed Changes to Eligibility Guidelines (EG)

Mr. Small reminded the Board that this was put on the agenda as a part of the process that the Board voted upon last year to begin this discussion at this February meeting. The Board should begin thinking about what they might anticipate for changes to the eligibility guidelines to be voted upon over the next couple of months. The next step is for POMCO to compile all of the suggestions that they have received from Board members, funded agencies, DRT, and himself, and to compile that data in time for the March 15, 2018 Board meeting material deadline. From

there the Board would consider those changes to the eligibility guidelines and decide sometime before July to implement those changes and recommendations.

Funding Application revisions collaboratively made by DRT and TWSPA

- **Primary Care Funding Application Revised 2-15-2018**
- **Non-Primary Care Funding Application Revised 2-15-2018**

Mr. Small explained to the Board the changes that he made specifically in making it abundantly clear that all WVHA funding agreements are tied to the terms of the WVHA Eligibility Guidelines and that the dates were updated in the applications. Mr. Small recommended approval as to form.

Motion 017 – 2018 Commissioner Craig motioned to approve the Primary Care Funding Application Revised 2-15-2018 and the Non-Primary Care Funding Application Revised 2-15-2018. Commissioner Guzman seconded the motion. The motion passed unanimously.

Board approval to release 2018-2019 Funding Applications Tuesday, February 20, 2018

Motion 018 – 2018 Commissioner Shepard motioned to release the 2018-2019 WVHA Funding Applications on Tuesday, February 20, 2018. Commissioner Craig seconded the motion. The motion passed unanimously.

Florida Hospital DeLand (FHD) and 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 2/2/2018 attached)

There was Board discussion and appreciation to both FHD and FHFM for their timely response and assurances that no HealthCard members were billed for physician services.

Deltona Firefighters Foundation offer to transfer \$10,000.00 from their WVHA 2017-2018 budget to Stewart-Marchman-Act (SMA) Homeless Services

There was Board discussion that the Board could accept the offer from Mr. John Fleemin, Deltona Firefighters Foundation, but as a Board they have to decide where that money would be directed.

Mr. Fleemin stated that they would not wish to relinquish that money. They made that offer because so many behavioral problems are the cause of further co-morbidities. That was why they wanted it tied back directly to SMA Homeless Services.

There was no Board action taken.

Site Visit Follow Up/Corrective Actions 2016-2017

- **Stewart-Marchman-Act (SMA) Baker Act**

Ms. Nicole Sharbono, VP, Volusia County Services, SMA and Tore Gintoli, Chet Bell Crisis Center Administrator, SMA addressed the Board and Mr. Gintoli explained how the services are rendered at SMA Crisis Service Center for individuals who require detoxification services or mental stabilization services.

There was Board discussion regarding what good faith efforts SMA has engaged in to collect the screening information that is required per the terms of their WVHA Funding Agreement.

Ms. Nicole Sharbono addressed the Board explaining the corrective actions that they have implemented in trying to provide a good faith effort to obtain the required screening documentation (attached). However, Ms. Sharbono stated that SMA would formally like to request a modification to the SMA Baker Act WVHA Funding Agreement.

Chair Ferrari suggested that SMA could possibly utilize the information collected by law enforcement officers and their calls into central dispatch that can include photo copies of an individual's identification, along with home address, etc. that the law enforcement officers collect before transporting these individuals to SMA.

There was much Board discussion not wanting to pursue any modifications to the current SMA Baker Act WVHA Funding Agreement. Rather the Board asked SMA to make a good faith effort to comply with the terms of the WVHA Funding Agreement and bring that back to the Board during the March 15, 2018 Regular Board Meeting. Further, the Board suggested that SMA go to the Good Samaritan Clinic's website at www.gsdlc.org and download their WVHA patient application as it represents a very comprehensive example of how to obtain the required documentation.

Ms. Sharbono explained that SMA Baker Act's primary source of funding is through Lutheran Services of Florida who pays for 75% of the Baker Act Services and the WVHA represents the local match and pays 25%. The information that they have presented tonight in the hopes of obtaining Board approval mirrors what SMA is required to produce for their Lutheran Services of Florida funding.

- **Healthy Start Coalition of Flagler and Volusia WIS/NOS**

Ms. Dixie Morgese, Executive Director, HSCFV addressed the Board and reviewed their corrective actions (attached).

Commissioner Andy Ferrari CAC Appointment – Lynn Hoganson

Motion 019 – 2018 Commissioner Girtman motioned to approve Chair Ferrari's CAC appointee, Ms. Lynn Hoganson. Commissioner Guzman seconded the motion. The motion passed unanimously.

Unauthorized Action by a Commissioner & Counsel (email Andy Ferrari dated 1/24/2018 attached)

There was Board discussion and consent that if there is a concern or a benefit to the Commissioners and a need to utilize legal counsel in between monthly WVHA Board meetings then the Commissioners should have the authority to utilize that resource.

Mr. Small explained that this whole matter came up due to a Commissioner stating that she had received multiple reports that a funded agency had been acting in a discriminatory way toward some HealthCard members.

Commissioner Guzman did meet with the representatives at NEFHS and she went over her points of concern with them. She wanted to afford them the opportunity to make the corrections that were only recently brought to their attention. She wanted to stress that hearsay is involved and she wanted to give them the opportunity to allow both sides to address these matters.

The Board directed that Ms. Long ask Ms. Asbury, Executive Director, NEFHS to bring back their response to the points of concern that Commissioner Guzman brought to their attention in time for the March 15, 2018 Board Meeting.

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Regular Meeting – Minutes
February 15, 2018

Everybody is Somebody-Orange City African American Heritage Festival Friday, February 23, 2018

Commissioner Girtman wanted to bring this before the Board and wanted the entire Board to determine if they felt Orange City awareness or resources were up to par. Commissioner Girtman made the recommendation for consideration of a full page color ad for the cost of \$200.00 as a public awareness campaign effort.

Motion 020 – 2018 Commissioner Girtman motioned to run a full page color ad in the Everybody is Somebody Orange City African American Heritage Festival Ad Program for the cost of \$200.00. Commissioner Shepard seconded the motion. The motion passed unanimously.

Attorney Theodore W. Small to attend CAC Applicant Workshop March 6, 2018

There was Board discussion and consent to authorize Mr. Theodore Small to attend the CAC Applicant Workshop of Tuesday March 6, 2018.

Late Submittals Requesting Exceptions to Quarterly Funding Limitations 2017-2018

- **Florida Department of Health-Dental Services (email dated 2/12/2018 attached)**
- **Hispanic Health Initiative HRA/Education/Case Management (email dated 2/8/2018 attached)**

Chair Ferrari stated that the two agencies, Florida Department of Health (FDOH) and Hispanic Health Initiative (HHI) both submitted requests for waivers for the quarterly funding limitations. For FDOH that overage is \$8,166.52 and for HHI that overage is \$5,975.00.

Motion 021 – 2018 Commissioner Girtman motioned to reimburse the 2nd quarterly overages to both FDOH in the amount of \$8,166.52 and HHI in the amount of \$5,975.00. Commissioner Guzman seconded the motion. The motion passed unanimously.

WVHA Board to Schedule Workshops with Adventist Health Systems

The Board directed that Ms. Long add this item to the March 15, 2018 Regular Meeting Agenda.

Follow Up Items

Financial Report

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

Motion 022 – 2018 Commissioner Craig motioned to pay bills totaling \$2,364,509.92 (See attached). Commissioner Girtman seconded the motion. The motion passed unanimously.

Legal Update

Mr. Theodore Small, Legal Counsel for the WVHA submitted his legal update memorandum dated February 6, 2018 (See attached).

Commissioner Comments

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

Adjournment,
Andy Ferrari, Chair

8 of 8 pages
Regular Meeting – Minutes
February 15, 2018

**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

1 of 9 pages

Organizational - Regular Meeting – Minutes

January 18, 2018

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 (FHFH) 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

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Organizational - Regular Meeting – Minutes

January 18, 2018

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.

[POMCO subsequently provided the following clarification: *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.

7 of 9 pages

Organizational - Regular Meeting – Minutes
January 18, 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.]

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

9 of 9 pages

Organizational - Regular Meeting – Minutes
January 18, 2018

Eileen Long

From: Shawn Jacobs <s.jacobs2@umr.com>
Sent: Tuesday, March 06, 2018 10:49 AM
To: Eileen Long
Cc: 'Ted Small - Law Offices of Theodore W. Small P.A. (tsmall@businessemploymentlawyer.com)'; Dominick Nicoletti; Ron Cantlay
Subject: POMCO Submission Attached - WVHA March 2018 Report Submission
Attachments: 03.March. 2018 Board Report - v2.pdf; WVHA Health Card Eligibility Guidelines Procedures_2018 Changes - DRAFT.pdf

Importance: High

Eileen. Please find attached the POMCO report submission for the WVHA March 2018 board meeting along with supporting material.

Included this month are the recommended changes for the WVHA Eligibility Guidelines per the annual process established back in 2016.

Let me know if you have any questions.

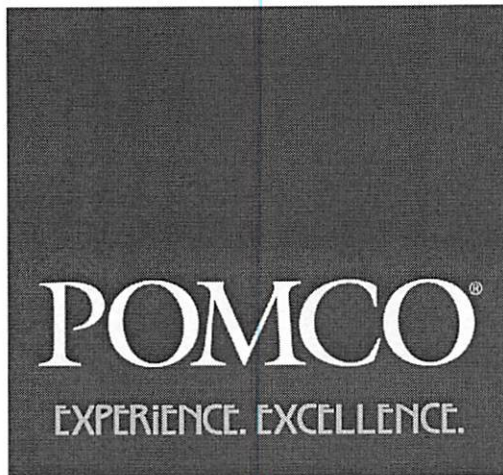
Thanks.

Regards,
S.A.J.

Shawn A. Jacobs

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

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POMCO

March 15, 2018

Submission Report for WVHA Board Members

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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	291	36	0	327	88.99%
	201711	265	35	0	300	88.33%
	201712	352	14	0	366	96.17%
	201801	338	10	31	379	89.18%
	201802	229	14	57	300	76.33%
	201803					
	201804					
	201805					
	201806					
	201807					
	201808					
	201809					
Grand Total		1475	109	88	1672	88.22%

Fiscal Year	Applications Processed	Average Approval Percentage
FY1516	2670	82.28%
FY1617	3963	86.60%
FY1718	1672	88.22%
Based on Fiscal year		

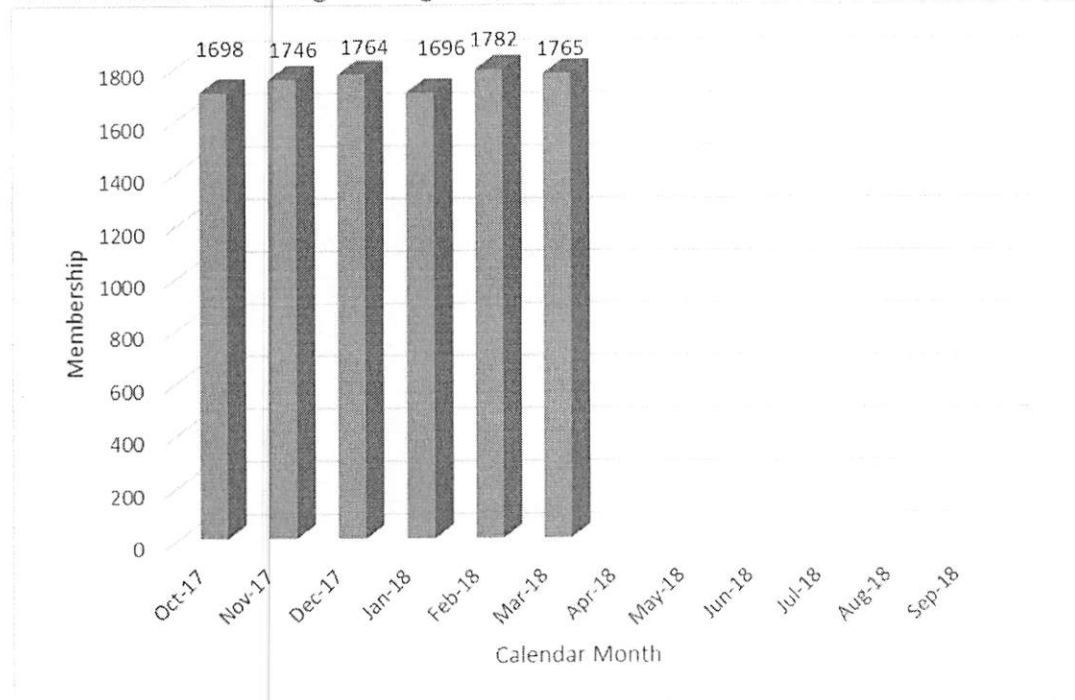
Applications Processed by Fiscal Year – Approval Percentage

Enrollment Applications – Denial Summary Report

Period	Approved Apps	Pctg	Denied Apps	Pctg	Pending Apps	Pctg	Total Apps
FY1718	1475	88.22%	109	6.52%	88	5.26%	1672
201710	291	88.99%	36	11.01%	0	0.00%	327
Active Eligible	291	100.00%		0.00%		0.00%	291
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	5	0.00%		0.00%	5
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	0.00%		0.00%	3
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - Req'd Documentation Missing		0.00%	26	0.00%		0.00%	26
Declined - Member Request		0.00%	1	0.00%		0.00%	1
Declined - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
201711	265	88.33%	35	11.67%	0	0.00%	300
Active Eligible	265	100.00%		0.00%		0.00%	265
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	15	0.00%		0.00%	15
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	0.00%		0.00%	3
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - Req'd Documentation Missing		0.00%	14	0.00%		0.00%	14
Declined - Multiple Reasons		0.00%	2	0.00%		0.00%	2
Pending - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
201712	352	96.17%	14	3.83%	0	0.00%	366
Active Eligible	352	100.00%		0.00%		0.00%	352
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	4	0.00%		0.00%	4
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%	7	0.00%		0.00%	7
Declined - Multiple Reasons		0.00%	2	0.00%		0.00%	2
Pending - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	1	0.00%		0.00%	1
201801	338	89.18%	10	2.64%	31	8.18%	379
Active Eligible	338	100.00%		0.00%		0.00%	338
Declined - Member Exceeds Asset Level		0.00%	1	0.00%		0.00%	1
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	4	0.00%		0.00%	4
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - Req'd Documentation Missing		0.00%	2	0.00%		0.00%	2
Declined - Multiple Reasons		0.00%	1	0.00%		0.00%	1
Pending - Multiple Reasons		0.00%		0.00%	31	0.00%	31
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
201802	229	76.33%	14	4.67%	57	19.00%	300
Active Eligible	229	100.00%		0.00%		0.00%	229
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	13	0.00%		0.00%	13
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%		0.00%		0.00%	0
Declined - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Multiple Reasons		0.00%		0.00%	57	0.00%	57
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0

Note that because patients can and do become eligible and/or terminate every day of the month, when reporting by month, the most current status only will be reflected on the monthly reports. If a member is approved but then is denied/termed in the same or subsequent month, the status of denied/termed will be reported and the approved status will be removed.

WVHA Health Card Program Eligibility – by Calendar Month – as of March 1, 2018

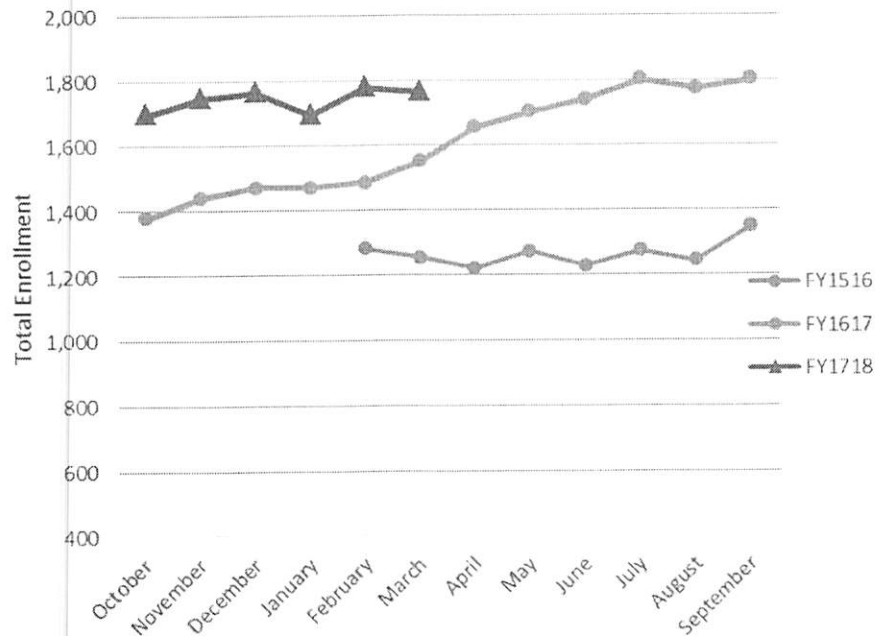


Eligibility reported above reflects eligibility as of the first of each month.

As of March 1, 2018, total program eligibility was 1,765 patients.

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

WVHA Enrollment By Fiscal Year	
Month of Fiscal Year	FY1718
October	1,698
November	1,746
December	1,764
January	1,696
February	1,782
March	1,765
April	
May	
June	
July	
August	
September	
Grand Total	10,451



Medical and Prescription Drug Claim Data

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

Month	FY1718				
	Drug Costs	Dispensing Fee Less Copayments	Total Costs	Total Rx's Filled	Avg Cost Per Rx
October	\$28,023.60	\$28,242.00	\$56,265.60	3,138	\$17.93
November	\$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	\$33,323.55	\$33,504.24	\$66,827.79	3,626	\$18.43
February					
March					
April					
May					
June					
July					
August					
September					
Grand Total	\$121,906.21	\$120,697.44	\$242,603.65	13,144	\$18.46

Combined Medical Costs (as of Claims Payment through 02/28/2018)

Fiscal Year	Hospital	Lab	PCP	Specialty	Facility Physicians	Pharmacy	Total Costs	Member Months	Overall Per Member Per Month (PMPM)	Hospital PMPM	Lab PMPM	PCP PMPM	Specialty PMPM	Pharmacy PMPM
FY1718	\$2,233,999.02	\$149,667.97	\$361,536.03	\$1,113,677.81	\$61,136.37	\$321,119.73	\$4,241,136.93	8,753	\$484.54	\$255.23	\$17.10	\$41.30	\$127.23	\$36.69
October	\$10,389.55	\$35,420.15	\$85,987.32	\$232,914.44	\$0.00	\$78,516.08	\$443,227.54	1,746	\$253.85	\$5.95	\$20.29	\$49.25	\$133.40	\$44.97
November	\$361,649.05	\$29,218.95	\$53,194.52	\$217,766.01	\$61,136.37	\$56,265.60	\$779,230.50	1,764	\$441.74	\$205.02	\$16.56	\$30.16	\$123.45	\$31.90
December	\$705,844.67	\$27,539.17	\$76,332.99	\$261,402.14	\$0.00	\$59,549.36	\$1,130,668.33	1,696	\$666.67	\$416.18	\$16.24	\$45.01	\$154.13	\$35.11
January	\$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	\$518,582.95	\$30,585.42	\$78,140.00	\$227,436.74	\$0.00	\$66,827.79	\$921,572.90	1,765	\$522.14	\$293.81	\$17.33	\$44.27	\$128.86	\$37.86
March														
April														
May														
June														
July														
August														
September														
Grand Total	\$2,233,999.02	\$149,667.97	\$361,536.03	\$1,113,677.81	\$61,136.37	\$321,119.73	\$4,241,136.93	\$8,753.00	\$484.54	\$255.23	\$17.10	\$41.30	\$127.23	\$36.69

Medical and pharmacy costs are reported on a paid basis

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 02/28/2018)

Month	FY1718					Total
	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	
October	269	227	232	0	0	728
November	132	161	161	0	0	454
December	185	256	223	0	0	664
January	168	194	202	0	0	564
February	191	247	219	0	0	657
March						
April						
May						
June						
July						
August						
September						
Grand Total	945	1,085	1,037	0	0	3,067

PCP encounter claims are reported on a paid basis

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

SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR FEBRUARY					
Order	SPECIALTY	Unique Patients	Claim Volume	Paid	Cost Per Patient
1	Hematology/Oncology	17	91	\$ 49,415.19	\$ 543.02
2	Physical Therapy	39	326	\$ 25,561.63	\$ 78.41
3	Hematology	11	62	\$ 23,359.37	\$ 376.76
4	Anesthesiology	40	100	\$ 18,092.48	\$ 180.92
5	Gastroenterology	20	44	\$ 11,080.11	\$ 251.82
6	Ophthalmology	20	55	\$ 10,347.94	\$ 188.14
7	Radiology	88	299	\$ 9,256.69	\$ 30.96
8	Pulmonary Disease	10	72	\$ 7,516.32	\$ 104.39
9	Orthopedic Surgery	17	46	\$ 6,492.36	\$ 141.14
10	Amb Surgery Facility	3	17	\$ 6,139.56	\$ 361.15
11	Internal Medicine	17	53	\$ 4,838.92	\$ 91.30
12	Cardiology	7	40	\$ 4,541.46	\$ 113.54
13	Diagnostic Radiology	43	107	\$ 4,295.81	\$ 40.15
14	Infectious Disease	9	64	\$ 4,019.68	\$ 62.81
15	Surgery	2	9	\$ 3,722.44	\$ 413.60
16	Pathology	107	362	\$ 3,398.05	\$ 9.39
17	Dermatology	13	33	\$ 3,215.70	\$ 97.45
18	Nurse Pract in Psychiatry	16	39	\$ 3,054.26	\$ 78.31
19	Urology	9	23	\$ 2,647.49	\$ 115.11
20	Gynecology	10	20	\$ 2,534.32	\$ 126.72
21	Nephrology	9	36	\$ 2,367.75	\$ 65.77
22	Optometry	12	19	\$ 2,077.90	\$ 109.36
23	Podiatry	6	13	\$ 1,920.29	\$ 147.71
24	Mental Health Counselor	5	22	\$ 1,872.73	\$ 85.12
25	Radiation Oncology	3	15	\$ 1,766.14	\$ 117.74

New Items

POMCO Recommended Eligibility Guideline Changes

This year, the only substantial change that POMCO is recommending for the WVHA Eligibility Guidelines is the necessary update to the income limits to match the 2018 Federal Poverty Guidelines. We're also recommending a couple formatting changes. All recommended changes are shown below and are outlined in the attached draft. Note that the actual effective date located on the cover page and at the bottom of each subsequent page will change based on the final board approved version of the 2018 WVHA Eligibility Guidelines.

- Table of contents update for appendices (see pages 2 and 3 of 35)
- Adjusted the federal poverty guidelines & subsequently the WVHA qualifying limit for income levels (see page 22 of 35)
- Updated the year to show 2018 on the ACA Prequalifying Intake form (see page 34 of 35)

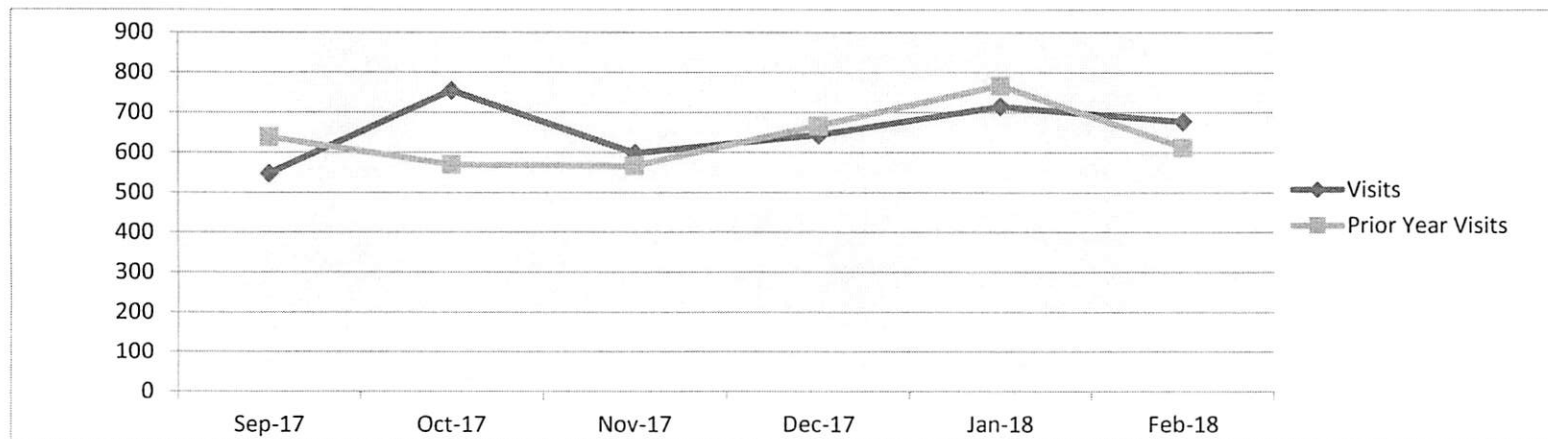
At this time no other authorized parties have submitted recommended changes for our review. Authorized parties include WVHA board members, DRT, THND, NEFHS and Attorney Small. Per the approved annual process, deliberation and voting by the WVHA Board members is expected by the May board meeting.



Northeast Florida Health Services
February-18

Patient Visits

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Visits	548	754	598	644	714	677
Prior Year Visits	639	570	567	667	766	613



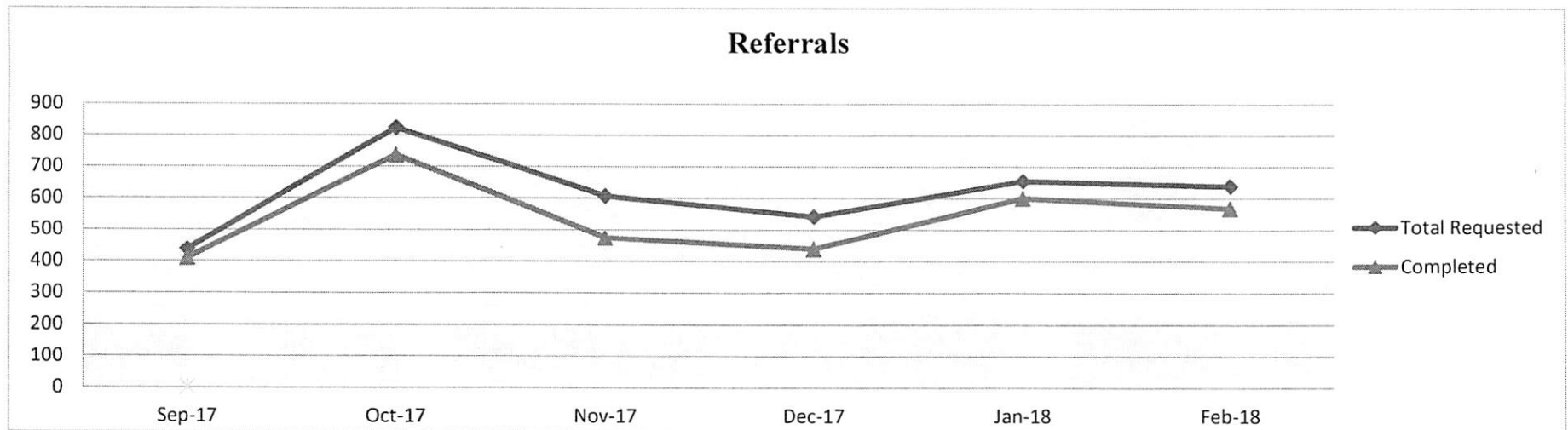
Patient Visits by Location

Location	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Deland Medical	249	326	264	270	278	295
Deltona Medical	251	323	254	283	352	311
Pierson Medical	41	97	69	84	69	60
Daytona	7	8	11	7	15	11
Total	548	754	598	644	714	677

Referrals

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
NEFHS Providers (refer to footnote 1)	160	299	196	180	174	208
Internal Specialty Providers (refer to footnote 2)	277	524	411	362	481	430
Total	437	823	607	542	655	638
Outstanding NEFHS Providers	7	23	33	19	10	12
Outstanding Int. Speciality Providers	21	64	100	84	45	58
Completed	409	736	474	439	600	568
Total Requested	437	823	607	542	655	638

Referrals



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

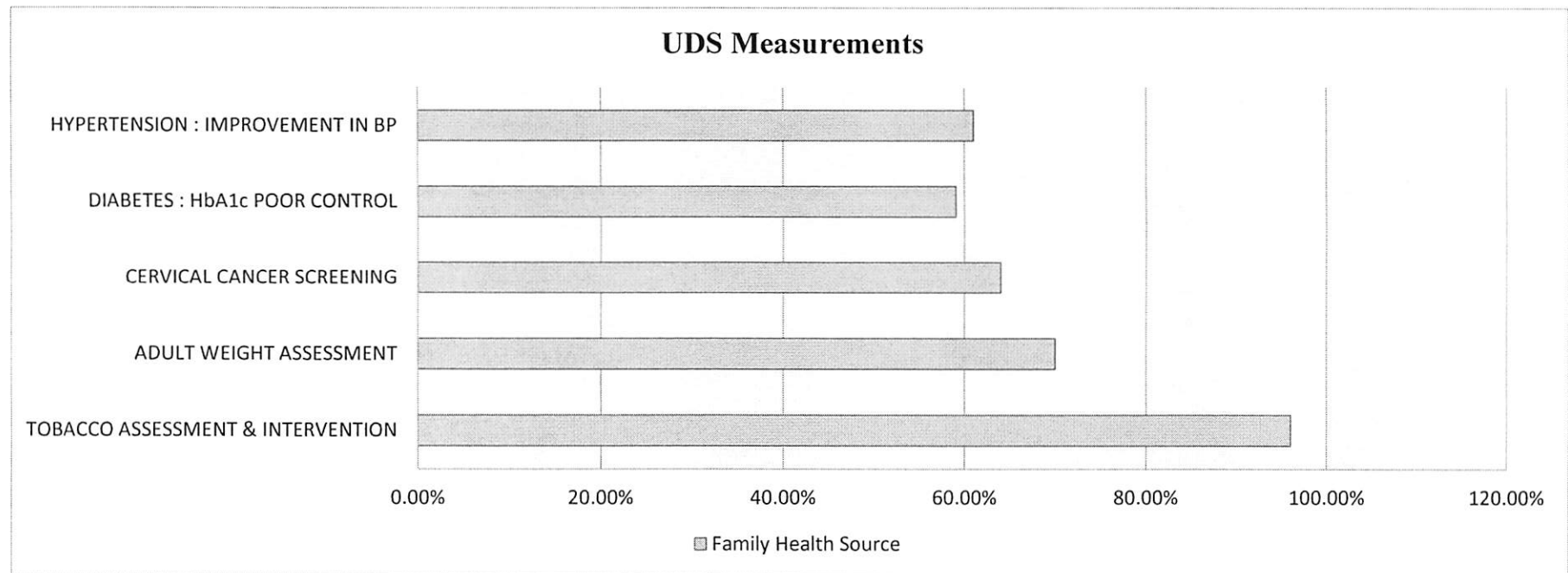
2 Internal specialty provider referrals are generated by NEFHS PCP for consultation with a specialist.

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	96.00%
ADULT WEIGHT ASSESSMENT	70.00%
CERVICAL CANCER SCREENING	64.00%
DIABETES : HbA1c POOR CONTROL	59.00%
HYPERTENSION : IMPROVEMENT IN BP	61.00%



WEST VOLUSIA HOSPITAL AUTHORITY
DeLand City Hall
120 S. Florida Avenue, DeLand, FL

TENTATIVELY SCHEDULED MEETINGS - 2018

Citizens Advisory Committee Meetings

Tuesdays at 5:15pm

Joint Meetings

Board of Commissioners Meetings

Thursdays at 5:00pm

February 6 - CAC Organizational/Orientation
***Judy Craig**

January 18 - Organizational/Regular

**February 15 (FLA
HOSP/HSCFV/Community Life Center)
(POMCO to Attend)**

March 6 – Applicant Workshop *Andy Ferrari

March 15 (TNC/Good Sam/FDOH)

**April 19 – 5 p.m. Joint meeting of WVHA Board and CAC – Preliminary Funding
application review**

May 8 - Discussion/Q&A Meeting *Barb Girtman

May 22 - Scoring Meeting *Dolores Guzman

**May 17 (FLA HOSP-SMA/RAAO/Deltona
Fire Fighters)**

June 21 – 4 p.m. Primary Care Application Workshop (duration 1 ½ hours)
June 21 – 5:30 p.m. Joint meeting of WVHA Board and CAC–Funding Recommendations

July (CAC Hiatus)

**July 19 (4:00 p.m.) Budget
Workshop Followed by Regular
(THND/Healthy Comm)
(POMCO to Attend)**

August (CAC Hiatus)

August 16 (FLA HOSP/HHI/CLSMF)

September (CAC Hiatus)

**September 13 – Initial Budget
Hearing/Regular Meeting**

September 27 - Final Budget Hearing

October (CAC Hiatus)

October 18

November (CAC Hiatus)

November 15 (FLA HOSP)

***WVHA Commissioner to attend CAC Meeting**

Meetings to be held at DeLand City Hall Commission Chamber 120 S. Florida Avenue, DeLand FL

Meetings to be held at DRT, 1006 N. Woodland Blvd., DeLand, FL

**Meeting to be held at DeLand Police Department Community Room 219 W. Howry Ave, DeLand
FL**

West Volusia Hospital Authority (WVHA)

Health Card Program

Eligibility Guidelines and Procedures

Revised --~~March 2nd, 2018~~May 18, 2017

Formatted: Superscript

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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.
 - 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.
 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.
 1. 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 **CANNOT** 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 pending 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 Appendix A – Current Federal Poverty Guidelines).

<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 (Appendix C - WVHA Taxing District (Zip Codes Included in District)).

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 (Section 12.06) 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 (Section 12.07)
- 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

- 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.
 - 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.
 - 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).
 - 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.
 - 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))
 - WVHA Verification of Support- if the applicant is living with another party (Section 12.07).
 - WVHA Homeless Verification Form from a WVHA approved social service agency (Section 12.06)
 - Vehicle Registration in the name of applicant/spouse. Must be current and include address in the WVHA Taxing District.
 - 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

2018~~7~~ POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline	150%
1	\$12,060 <u>140</u>	\$18,090 <u>210</u>
2	\$16,240 <u>460</u>	\$24,360 <u>690</u>
3	\$20,420 <u>780</u>	\$30,630 <u>1,170</u>
4	\$25,100 <u>4,600</u>	\$36,900 <u>7,650</u>
5	\$28,780 <u>9,420</u>	\$43,170 <u>14,130</u>
6	\$33,740 <u>32,960</u>	\$49,440 <u>50,610</u>
7	\$38,060 <u>37,140</u>	\$55,710 <u>57,090</u>
8	\$41,320 <u>42,380</u>	\$61,980 <u>63,570</u>
For families/households with more than 8 people, add \$4,180 <u>4,320</u> 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 \leq 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](http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/Public%20Notice.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.



WVA HEALTH CARD APPLICATION

Application Date:

Section 1: Applicant Information. All members of Household may apply through same application. Please indicate all applicants in Section 2 'Members of the Household'.

Last First Middle Maiden or Other Name

Physical Address (where you reside)

City County State Zip

Mailing Address

City State Zip

How long have you lived at residence?

Temp/Perm

Rent/Own/Other

Daytime Telephone

Evening Telephone

Date of Birth

Sex (circle one)
Male Female

Social Security Number

Previous address if less than 3 months

City State Zip

Section 2: Members of the Household. List legal spouse, dependent children, stepchildren, adopted children, unrelated minor with proof of custody, children over 18 up to 24 years old that are full time students and claimed on parent's income taxes as dependents.

Name Applying for Health Card DOB Relationship SS#

Yes No (circle one)

Yes No (circle one)

Yes No (circle one)

Yes No (circle one)

Yes No (circle one)

Yes No (circle one)

Yes No (circle one)

Section 3: Authorization to Release Medical and Individually-Identifiable Protected Health Information (PHI).
All Applicants over 18 must sign below or application will be denied.

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 properly 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 who are not applying. *Failure to provide separate WVHA Health Card Assessment Forms will result in a Pended application.*

Section 1: General Information.

Date	Applicant Name	Date of Birth	Clinic
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How did you hear about the WVHA Health Card Program? Check one box:

- ☐ WVHA Webpage
 ☐ Printed advertisement or flyer
 ☐ Public meeting
 ☐ Florida Hospital
 ☐ The House Next Door
☐ Rising Against All Odds
☐ The Neighborhood Center
☐ Healthy Start
☐ Hispanic Health
☐ Other

Section 2: Insurance Information.

2.1 Do you have any Medical Insurance?	<input type="checkbox"/> Yes If Yes, please indicate Carrier and ID #: _____	<input type="checkbox"/> No
2.2 Are you eligible for COBRA Benefits from a current/prior employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3 Do you have Medicare A or B?	<input type="checkbox"/> Yes If Yes, please indicate which coverage you are enrolled in & effective date _____	<input type="checkbox"/> No
2.4 Do you receive healthcare assistance or aid other than WVHA?	<input type="checkbox"/> Yes If Yes, please indicate the assistance and/or aid you receive & effective date _____	<input type="checkbox"/> No
2.5 If you are seeking services for an injury, is your injury due to a work related or auto accident?	<input type="checkbox"/> Yes If Yes, please describe _____	<input type="checkbox"/> No

2.6 Proof of Medicaid application or denial is required. Please ensure to include this with your submission

Section 3: Family Size.

3.1 Marital Status (Circle One):	Married Separated Divorced Single Widow	
3.2 Do you have any dependent children living in the household?	<input type="checkbox"/> Yes If Yes, how many? _____	<input type="checkbox"/> No

Section 4: Identification.

4.1 Do you have a Driver License or other Government ID?	<input type="checkbox"/> Yes If Yes, please provide a copy of ID _____	<input type="checkbox"/> No
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4.2 Two (2) forms of ID are required, one (1) must be a picture ID. Please circle any other proof of identification provided other than a Driver License.

<u>Non-Picture ID:</u> -Social Security Card -Birth Certificate -Certificate or Official Document w/ Name, Address, & SSN	<u>Picture ID:</u> -Passport -Green Card -Form I-151 -Form I-551 -Farmworkers Association of Florida-Photo ID
--	--

Section 5: Residency.

5.1 Do you own the house where you live?	<input type="checkbox"/> Yes If Yes, please provide Property Tax Bill of current or prior year	<input type="checkbox"/> No
5.2 Do you rent?	<input type="checkbox"/> Yes If Yes, please provide a copy of current Lease Contract or Verification of Rent Form	<input type="checkbox"/> No
5.3 Do you live in someone else's house?	<input type="checkbox"/> Yes If Yes, please provide Verification of Support Form	<input type="checkbox"/> No
5.4 Do you consider yourself homeless?	<input type="checkbox"/> Yes If Yes, please provide Homeless Verification Form	<input type="checkbox"/> No
5.5 All proof of residency documents must show street address within the WVHA Tax District and must be for the past immediate 3 months. Two (2) forms of residency are required, unless you are homeless applicant. Homeless applications only need to submit the Homeless Verification Form.		

Please circle any other proof of residency provided:

- Utility Bills (Electric, Water, Telephone, Gas, etc.)	- Mail received for three (3) month period
- Vehicle Registration in the applicant/spouse's name	- Mortgage Payment
- Proof of children registered in West Volusia School	


Section 6: Financial Information.

6.1 Have you been employed in the last 8 weeks?	<input type="checkbox"/> Yes If Yes, complete the below & provide previous 8 weeks worth of paystubs or DCF Verification of Employment/Loss of Income Form	<input type="checkbox"/> No
Employer Name	Pay Rate (circle one) Hourly Daily Weekly Biweekly Monthly	
Employer Address		
City	State	Zip


6.2 Have you lost your job in the last 8 weeks?	<input type="checkbox"/> Yes <i>If Yes, please provide a DCF Verification of Employment/Loss of Income Form</i>	<input type="checkbox"/> No	
6.3 Are you self-employed?	<input type="checkbox"/> Yes <i>If Yes, please provide most recent tax return (complete with all schedules/forms) or self-employment quarterly statement</i>	<input type="checkbox"/> No	
6.4 Are you receiving Unemployment or Worker's Comp benefits?	<input type="checkbox"/> Yes <i>If Yes, please provide Unemployment or Worker's Comp Documents</i>	<input type="checkbox"/> No	
6.5 Is someone else supporting you financially?	<input type="checkbox"/> Yes <i>If Yes, please provide notarized Verification of Support Form</i>	<input type="checkbox"/> No	
6.6 Do you receive Veteran or Military Benefits?	<input type="checkbox"/> Yes <i>If Yes, please provide benefits paperwork</i>	<input type="checkbox"/> No	
6.7 Do you receive any settlements?	<input type="checkbox"/> Yes <i>If Yes, please provide settlement paperwork</i>	<input type="checkbox"/> No	
6.8 Do you receive Food Stamps?	<input type="checkbox"/> Yes <i>If Yes, please provide supporting documentation from Florida DCF along with approved amount.</i>	<input type="checkbox"/> No	
6.9 Are you receiving any monthly Pension or Retirement Income?	<input type="checkbox"/> Yes <i>If Yes, please provide documentation with amount you receive, if applicable</i>	<input type="checkbox"/> No	
6.10 Do you receive Alimony/Child Support Income?	<input type="checkbox"/> Yes <i>If Yes, please provide documentation with amount you receive, if applicable</i>	<input type="checkbox"/> No	
6.11 Do you receive any income from rental properties?	<input type="checkbox"/> Yes <i>If Yes, please provide rental income amount and rental agreement</i>	<input type="checkbox"/> No	
6.12 Do you receive Social Security Income/Disability Benefits?	<input type="checkbox"/> Yes <i>If Yes, please provide supporting documentation</i>	<input type="checkbox"/> No	
Section 7: List All Sources of Income for the Household (i.e. Temporary Assistance for Needy Families, Strike Benefits, Insurance/Annuity Income, Dividend/Interest Earning, Training Stipends, Compensation for Injury/Settlement, Gifts from Churches/family/organizations, etc.) Please provide all supporting documentation for any income listed below.			
Individual's Name	Type of Income	Source of Income or Employer	Monthly Amount (before deductions)

Section 8: Assets			
8.1 Do you have a checking/savings account?	<input type="checkbox"/> Yes <i>If Yes, please provide copy of statements for all the accounts for last 3 months</i>		<input type="checkbox"/> No
8.2 Do you own a Business?	<input type="checkbox"/> Yes <i>If Yes, please provide last Quarter Business Financial Statements and Bank Statements</i>		<input type="checkbox"/> No
8.3 Do you own property(ies) in other counties/states or country (including rental properties that you own)?	<input type="checkbox"/> Yes <i>If Yes, please list all the properties you own below, including lots, & provide any outstanding mortgage documentation outside of your permanent residence</i>		<input type="checkbox"/> No
Property Address		Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address		Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address		Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.4 Have you sold or transferred title to any property in the last 3 years?	<input type="checkbox"/> Yes <i>If Yes, please list all the properties, including lots and supply supporting documentation as proof of this sale</i>		<input type="checkbox"/> No
Property Address	Date of Sale: ____/____/____	Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address	Date of Sale: ____/____/____	Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address	Date of Sale: ____/____/____	Is this a rental property?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.5 How many automobiles, motorized vehicles or motorcycles do you own?	<input type="checkbox"/> Yes <i>For two or more vehicles also include the value as determined by N.A.D.A book along with vehicle(s) registration.</i>		<input type="checkbox"/> No
<small>Single automobile should only be recorded on one applicant's assessment form</small>			
8.6 Do you own any recreational vehicles?	<input type="checkbox"/> Yes <i>If you do own, please provide vehicle(s) registration along with the value determined by a statement from a commercial seller of such vehicle(s)</i>		<input type="checkbox"/> No
Section 9: List All Sources of Assets for the Household (i.e. IRAs, CDs, Inheritances, pensions, stocks, trust funds, cash surrender value of life insurance, etc.). Please provide all supporting documentation for any assets listed below.			
Asset Type	Source of Asset	Amount	Monthly or Lump Sum
			<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly <input type="checkbox"/> Lump Sum
Section 10: Applicant Certification.			
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 and at any time during the application process, enrollment or after benefits have been assigned 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 Individual or Legal Representative			Date


Section 12.046 Appendix F – WVHA Homeless Verification Form

 WVHA Homeless Verification Form			
Agency Instructions: <i>To be printed on Agency letterhead. Please complete this form in its entirety. Failure to provide all information on Homeless Verification Form will result in a <u>Pended</u> application.</i>			
Section 1: General Information.			
Date	Client Name	Date of Birth	Photo ID Number
Section 2: Mailing Address.			
Mailing Address (where your WVHA Health Card correspondences should be mailed)			
City	County	State	Zip
Length of time in Volusia County			
Section 3: Agency Assessment.			
I, _____, based on my assessment certify that the client has met the H.U.D. definition of homeless and has been within the West Volusia Tax District for at least one month.			
Agency Signature:		Date:	
Client Signature:		Date:	

Section 12.057 Appendix G - WVHA Verification of Support Form

 WVHA Verification of Support			
Instructions: Please complete this form in its entirety. Failure to provide all information on Verification of Support Form will result in a <u>Pended</u> application.			
Section 1: General Information.			
Date	Applicant Name	Date of Birth	Last Four Digits of SSN
Section 2: I am presently residing at.			
Physical Address			
City	County	State	Zip
I have been residing at the above address since: _____			
Section 3: My previous address was.			
Address			
City	County	State	Zip
I lived at this previous address for: _____			
Section 4: My food and/or living expenses are provided by.			
Provider Name			
Applicant Signature		Date	
Section 5: To be completed by Provider.			
5.1 Do you only provide a place to stay (rent free) and no monthly expenses are provided to the applicant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2 Does the applicant reside with you?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 number of people residing in household (including the applicant) _____			
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.	
Section 6: Provider Signature & Notary.			
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:	

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 WVHA Verification of Rent			
Instructions: Please complete this form in its entirety. <i>Failure to provide all information on Verification of Rent Form will result in a <u>Pended</u> application.</i>			
Section 1: General Information.			
Date:	Applicant Name:	Date of Birth:	Last Four Digits of SSN:
Section 2: I am presently residing at.			
Physical Address			
City	County	State	Zip
2.1 The monthly rent is \$_____.			
2.2 I began renting at the above location on the following date _____.			
Applicant Signature		Date	
Section 3: Rentor/Lessor Information. Must be completed by the Rentor/Lessor			
Rentor/Lessor Name		Rentor/Lessor Phone Number	
Rentor/Lessor Address			
City	State	Zip	
Relationship to Tenant			
Tenant Name			
3.1 I am renting the address listed above in Section 2 to the applicant since _____ (date).			
3.2 The current monthly rental rate is \$_____.			
3.3 The monthly rent does / does not (circle one) include utilities.		3.4 If yes, list utilities included.	
Section 4: Rentor/Lessor Signature			
I, the undersigned, do hereby swear that the information contained herein is true and correct.			
Rentor/Lessor Signature		Date	

2017-18

Section 12.07 Section 12.09 Appendix I - ACA Pre-Qualifying Form

Affordable Care Act Enrollment Prequalifying Intake Interview 2016-18

Person Assisting _____ DATE: _____

Last Name _____ First Name _____ MI _____

Phone # _____ Zip Code _____ County _____

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.

In the event you're not eligible at this time, you will be given this supporting document which will serve as proof you attempted to apply for the marketplace. At such time you will be given options for health care and instructions on how to apply for alternative coverage.

Those that are not covered by the marketplace due to ineligibility are protected from the:

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- 2% yearly household income penalty or
- \$325 per person for the year (\$162 per child under 18. The maximum penalty per family using this method is \$925 per family.

If you don't have coverage in 2016, you'll pay the higher of these two amounts.

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1. A Veteran? Yes ___ No ___ If yes, will they be willing to drop all of their coverage through VA? (If both Yes, proceed with enrollment)
2. A Native American? Yes ___ No ___ (If yes, will not qualify for subsidy.)
3. Parent of children already on Healthy Kids plan? Yes ___ No ___
4. Under age 64? Yes ___ No ___ If older, they are or soon will be covered by Medicare
5. Currently Covered by Medicaid? Yes ___ No ___
6. Do you or anyone in your household have employer coverage or been offered employer coverage? Yes ___ No ___ (If Yes, will not qualify for subsidy but may still shop the marketplace)
7. Do you have verifiable income? Yes ___ No ___ Threshold is \$11,770 for 1 person or \$15,930 for a couple.

what is 2018 threshold?
update to 2018

2017 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES & 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.

I attest that the Person Assisting has discussed the qualifications to enroll and that I understand my eligibility and options for healthcare. (Check circle that applies)

- I qualify for the Marketplace and I'm enrolling today
- I don't qualify for the Marketplace because my income falls below the poverty guideline
- I qualify for the Marketplace but the cost of the premiums (net of any tax credits/subsidies) is more than 8% of my gross annual income.

Signature of Consumer

Signature of Person Assisting


WVHA Health Card: Self Employment Quarterly Statement

Instructions: Please complete this form in its entirety. This form must be completed if you are self-employed and do not make enough to file on income taxes. Failure to provide all information on the form will result in a *Pended* application.

1. APPLICANT'S NAME: (First) _____ (M.I.) _____ (Last) _____				
2. APPLICANT'S PERCENTAGE OF OWNERSHIP IN THIS BUSINESS: _____ %				
3. BUSINESS OWNER NAME(S) (First) _____ (M.I.) _____ (Last) _____				
4. BUSINESS NAME: _____				
5. BUSINESS ADDRESS: _____		6. BUSINESS PHONE # _____		
Section 1: Total Gross Income- Add total monthly income and sales from your business each of the past 3 months	MONTH 1 _____ / _____ (MM) (YY)		MONTH 2 _____ / _____ (MM) (YY)	
	MONTH 3 _____ / _____ (MM) (YY)			
	1A: \$ _____	2A: \$ _____	3A: \$ _____	
Section 2: Business Expenses	DEDUCTIONS		DEDUCTIONS	
	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: \$ _____
	NET INCOME:		3B: \$ _____	
Subtract A FROM B = C (1A minus 1B)		(2A minus 2B)	(3A minus 3C)	
Section 3: Calculate average monthly income				
TOTAL 3 MONTHS: \$ _____ (ADD 1C, 2C, 3C)		AVERAGE 3 MONTHS: \$ _____ (DIVIDE TOTAL 3 MONTHS BY 3)		
APPLICANT SIGNATURE: Applicants must read and sign the below				
I certify that I have no other way to document the above self-employment income and that all of the above information is true and correct. I attest that all income and expenses on this form are truly for my self-employment business.				
Signature _____		Date _____		

STEWART-MARCHMAN-ACT BEHAVIORAL HEALTHCARE

"exceptional and comprehensive behavioral healthcare"

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

March 6, 2018

West Volusia Hospital Authority Board of Commissioners:

SMA has prepared this response as a result of additional information requested at the February 15, 2018 board meeting. The agenda item from that meeting was - Site Visit Follow up/Corrective Actions 2016-2017 SMA Baker Act agreement.

As you know, the services provided under the Baker Act agreement do not lend themselves to the comprehensive financial screening requirements under the Healthcard program. 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.

As requested at the last meeting, during the first 4 months of SMA's FY 2017/18 contract we have treated 567 unduplicated clients. 383 clients were seen under Emergency Services, 106 under Detox, and 78 under CSU.

In January 2018, SMA implemented a new internal procedure in an effort to document our efforts to obtain ID and financial verification in absence of the WVHA Card. In an effort to respond to the Board's request that SMA quantify our "good faith efforts" to comply with the WVHA Eligibility Guidelines, SMA staff have reviewed all client service data for the month of January.

For the month of January 2018 our emergency crisis unit served 71 unduplicated clients treated under this agreement. As you can see by the chart below, for 11 or 15.5% of the clients we obtained a full screening or actual WVHA health card. For the remaining 60 clients who were served, we were able to obtain a Financial Eligibility Form for 58 or 96.7% of those clients. In addition, we were able to obtain either an ID or ID worksheet in 71.7% of the cases. In only 2 cases we were not able to obtain any financial assessment information at the time of service. The table below summarizes our January findings.



SMA Baker Act Funding Agreement January 2018 Eligibility Documentation					
	Full Screen or WVHA Card	Financial Eligibility Form	ID	ID Worksheet	No Documentation
# of Clients Percent	11 15.5%	58 96.7%	22 36.7%	21 35.0%	2 3.3%

While these efforts do not produce strict compliance with the agreement, we can assure you that our commitment to the process has not diminished over time. The ability to obtain financial information has always been a challenge at this location. We are committed to monitoring this activity monthly in order to exhibit our efforts to comply with the agreement.

At the suggestion of the Board, we also looked at eligibility forms utilized by other organizations, for example we reviewed the Good Samaritan process, and noted that while somewhat simplified; the challenge of gathering all information would continue to be present in our setting. Other suggestions from the Board included obtaining police reports in order to establish residency verification. In addition, we could add verification efforts after the client is stabilized and discharged that involve seeking out the client in their "home" setting. This would likely need to be resourced separately from staff at the Chet Bell Crisis Center and would face challenges given the level of homelessness in this client population and requirements to maintain patient confidentiality.

We are committed to demonstrating to the Board that we are reviewing the internal processes at SMA to ensure that we are making every effort to obtain the necessary information. We hope that this overview of January will illustrate those efforts.

Sincerely,



Ivan Cosimi
Chief Executive Officer
386-236-1811
icosimi@smabehavioral.org

COMMUNITY
Life CENTER



Executive Director:

Norma Walter

Board Members:

Rev. Josias Andujar
(Board Chairman)

Michelle Charles

Sonia Sierra

Jude Charles

Eric Raimundo

Heather Scofield

Pastor Nain Colon

Mailing Address:

1045 E. Normandy Blvd.
Deltona, FL 32725

Operation Site:

1045 E. Normandy Blvd.
Deltona, FL 32725

Telephone:

386-259-9240
Extension 114

Facsimile:

(407) 324-1616

Email:

info@unexpectedkindness.com

Web Page:

www.unexpectedkindness.org

2-14-2018

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

Per Community Life Center's contract, please accept this invoice for services rendered for the period listed below:

October 2017

Please remit: \$800.00

All back-up documentation to substantiate activity is maintained at Agency location.

If you have any questions please feel free to contact Norma Walter at 386-259-9240, ext. 114

Sincerely,

Norma Walter

Norma Walter
Executive Director

543.1

October +
November
\$2,700.00

OCTOBER WVHA

	CLIENT ID	CITY	ZIP CODE	EVENT DATE	DURATION OF	BILLABLE	CASE MAGMT	OTHER
					SERVICES	UNITS	\$25.00	
					MINUTES	30 MINUTES	PER UNIT	
1	3585	DELTONA	32738	10/19/2017	30	1	\$25.00	
2	4069	DELTONA	32738	10/19/2017	30	1	\$25.00	
3	4070	DELTONA	32738	10/19/2017	30	1	\$25.00	
4	7128	DELTONA	32725	10/19/2017	30	1	\$25.00	
5	17337	DELTONA	32738	10/19/2017	30	1	\$25.00	
6	17338	DELTONA	32738	10/19/2017	30	1	\$25.00	
7	20142	DELTONA	32738	10/19/2017	30	1	\$25.00	
8	21248	DELTONA	32738	10/19/2017	30	1	\$25.00	
9	21249	DELTONA	32738	10/19/2017	30	1	\$25.00	
10	21250	DELTONA	32738	10/24/2017	30	1	\$25.00	
11	22248	DELTONA	32738	10/24/2017	30	1	\$25.00	
12	23263	DELTONA	32725	10/24/2017	30	1	\$25.00	
13	24149	DELTONA	32738	10/24/2017	30	1	\$25.00	
14	25493	DELTONA	32738	10/24/2017	30	1	\$25.00	
15	25494	DELTONA	32738	10/24/2017	30	1	\$25.00	
16	25495	DELTONA	32738	10/24/2017	30	1	\$25.00	
17	25496	DELTONA	32725	10/24/2017	30	1	\$25.00	
18	25500	DELTONA	32725	10/24/2017	30	1	\$25.00	
19	27266	DELTONA	32738	10/26/2017	30	1	\$25.00	
20	27928	DELTONA	32738	10/26/2017	30	1	\$25.00	
21	27939	DELTONA	32738	10/26/2017	30	1	\$25.00	
22	27940	DELTONA	32738	10/26/2017	30	1	\$25.00	
23	28782	DELTONA	32738	10/26/2017	30	1	\$25.00	
24	28994	DELTONA	32738	10/26/2017	30	1	\$25.00	
25	29426	DELTONA	32738	10/26/2017	30	1	\$25.00	
26	29427	DELTONA	32738	10/26/2017	30	1	\$25.00	
27	30944	DELTONA	32738	10/31/2017	30	1	\$25.00	
28	30946	DELTONA	32738	10/31/2017	30	1	\$25.00	
29	31809	DELTONA	32738	10/31/2017	30	1	\$25.00	
30	31835	DELTONA	32725	10/31/2017	30	1	\$25.00	
31	31836	DELTONA	32725	10/31/2017	30	1	\$25.00	
32	9486	DELTONA	32738	10/31/2017	30	1	\$25.00	
							\$800.00	

COMMUNITY
Life CENTER



Executive Director:

Norma Walter

Board Members:

Rev. Josias Andujar
(Board Chairman)

Michelle Charles

Sonia Sierra

Jude Charles

Eric Raimundo

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2-14-2018

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

Per Community Life Center's contract, please accept this invoice for services rendered for the period listed below:

November 2017

Please remit: \$1900.00

543.1

All back-up documentation to substantiate activity is maintained at Agency location.

If you have any questions please feel free to contact Norma Walter at 386-259-9240, ext. 114

Sincerely,

Norma Walter
Executive Director

NOVEMBER WVHA

	CLIENT ID	CITY	ZIP CODE	EVENT DATE	DURATION OF	BILLABLE	CASE MAGMT	OTHER
					SERVICES	UNITS	\$25.00	
					MINUTES	30 MINUTES	PER UNIT	
1	3585	Deltona	32725	11/2/2017	30	1	\$ 25.00	
2	4069	Deltona	32725	11/2/2017	30	1	\$ 25.00	
3	4070	Deltona	32725	11/2/2017	30	1	\$ 25.00	
4	7128	Deltona	32725	11/2/2017	30	1	\$ 25.00	
5	17337	Deltona	32725	11/2/2017	30	1	\$ 25.00	
6	17338	Deltona	32725	11/2/2017	30	1	\$ 25.00	
7	20142	Deltona	32725	11/2/2017	30	1	\$ 25.00	
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11	22248	Deltona	32725	11/2/2017	30	1	\$ 25.00	
12	23263	Deltona	32725	11/2/2017	30	1	\$ 25.00	
13	24149	Deltona	32725	11/2/2017	30	1	\$ 25.00	
14	25493	Deltona	32725	11/2/2017	30	1	\$ 25.00	
15	25494	Deltona	32725	11/2/2017	30	1	\$ 25.00	
16	25495	Deltona	32725	11/2/2017	30	1	\$ 25.00	
17	25496	Deltona	32725	11/2/2017	30	1	\$ 25.00	
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24	28994	Deltona	32725	11/7/2017	30	1	\$ 25.00	
25	29426	Deltona	32725	11/7/2017	30	1	\$ 25.00	
26	29427	Deltona	32725	11/7/2017	30	1	\$ 25.00	
27	30944	Deltona	32725	11/7/2017	30	1	\$ 25.00	
28	30946	Deltona	32725	11/7/2017	30	1	\$ 25.00	
29	31809	Deltona	32725	11/7/2017	30	1	\$ 25.00	
30	31835	Deltona	32725	11/7/2017	30	1	\$ 25.00	
31	31836	Deltona	32725	11/7/2017	30	1	\$ 25.00	
32	32641	Deltona	32725	11/7/2017	30	1	\$ 25.00	
33	32642	Deltona	32725	11/7/2017	30	1	\$ 25.00	
34	32867	Deltona	32725	11/7/2017	30	1	\$ 25.00	
35	33602	Deltona	32725	11/7/2017	30	1	\$ 25.00	
36	34225	Deltona	32725	11/7/2017	30	1	\$ 25.00	
37	37090	Deltona	32725	11/7/2017	30	1	\$ 25.00	
38	37838	Deltona	32725	11/9/2017	30	1	\$ 25.00	
39	38765	Deltona	32725	11/9/2017	30	1	\$ 25.00	

[illegible]

Laurie Asbury

From: Dolores Guzman <wvhs.dguzman@gmail.com>
Sent: Thursday, February 1, 2018 9:27 PM
To: Laurie Asbury
Cc: Deborah Hall; Kristin Swarts; Jackie Peterson; Vilma Cruz; Melanie Stacy
Subject: Re: flu vouchers from Walgreens

Hi Laurie

As my day comes to an end now, I want to thank you and your staff for your hospitality and how welcoming you all made me feel.

I look forward to working with all of you to better the quality of the services our members receive.

I will touch base with the District Manager from Walgreens to see how we can get enough vaccines for our WVHA member next year.

I spoke with Commissioner Nabicht today and he said that we should request a meeting with Jerry Mayes and he will be the one to recommend how to go about it. He knows of all the buildings around Deltona. I have faith and hope that something great will come our way.

I am really excited about your project and the growth of services for our community.

Thank you again for all that you do and your staff and by the way thanks for all the good information you shared with me today.

Have a great day tomorrow.

Dolores Guzman
WVHA Commissioner
407-314-4007

On Feb 1, 2018, at 3:55 PM, Laurie Asbury <lasbury@familyhealthsource.org> wrote:

Hi Dolores!

I just wanted to thank you so much for your time with us today at our Deltona Clinic. It is so welcoming to have the collaboration and partnership in helping us ensure we are providing our patients and our communities with the highest quality of care.

Please never hesitate to contact me at any time in the future or any team members you met today.

Related to the flu vaccines - Cary and I touched based after you and I met, and she has provided me some information she received in our efforts to get more vaccines for our patients. Just wanted to share with you what we received.

I also forgot to give you my personal cell. Please call me anytime. 386-624-1054.

Laurie Asbury
Chief Executive Officer



"GROWING WELLNESS IN
OUR COMMUNITIES"

The Board of Commissioners
West Volusia Hospital Authority
Post Office Box 940
DeLand, FL 32720-0940
c/o Dreggers, Rigsby & Teal, P.A.
ELong@drtcpa.com
Re. Board Meeting, March 19, 2018

March 5, 2018

Dear Commissioners,

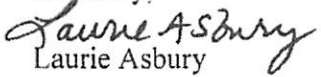
You requested we provide our "findings" subsequent to a meeting with Commissioner Guzman regarding our Deltona Clinic location. Foremost, we respect our patients' and employees' rights to privacy, and as a matter of law and policy, we do not discuss or disclose confidential internal matters publicly, although we can share the following.

Consistent with our high expectations for our clinics, services, and staff, we are grateful for both compliments and opportunities for improvement. In this case, Commissioner Guzman inquired about flu vaccines given the flu epidemic, and shared customer service concerns, but had no information identifying any person who experienced a service issue, no information identifying any employee providing such service, and no date on which such an event may have occurred.

Here, where there is an absence of information and specifics, there is limited ability to determine accuracy or appropriate changes. Nonetheless, we took the opportunity to remind our team and staff of our high expectations and standards, and as a re-training opportunity for all personnel handling patient appointments or having other direct contact with the public. Patients and excellence in primary care services remain top priorities.

We appreciate Commissioner Guzman's subsequent comments complimenting NEFHS and our growth of services for our patient community.

Sincerely,


Laurie Asbury
Chief Executive Officer

Pierson	Deltona	DeLand	Daytona	DeLand-Pediatrics	Administration
216 N. Frederick St. Pierson, FL 32180 386-749-9449 Fax: 386-749-9447	2160 Howland Blvd. Deltona, FL 32738 386-732-0515 Fax: 386-732-0516	804 W. Plymouth Ave. DeLand, FL 32720 386-736-2422 Fax: 386-736-2423	801 Beville Rd. Daytona, FL 32119 386-267-6213 Fax: 386-999-0414	800 W. Plymouth Ave. DeLand, FL 32720 386-736-7933 Fax: 386-736-7934	1015 N. Stone St. DeLand, FL 32720 386-202-6025 Fax: 386-269-1119
www.familyhealthsource.org					

Eileen Long

From: Shawn Jacobs <s.jacobs2@umr.com>
Sent: Wednesday, March 07, 2018 4:37 PM
To: 'Andrew Ferrari'; Eileen Long
Cc: 'Law Office--Ted Small'; 'Hinds, Nigel'; 'Ostarly, Eric'; Ron Cantlay; Dominick Nicoletti; Christy Marchiano
Subject: RE: WVHA Hospital Physician Service Claims-Tentative January 18, 2018 Organizational/Regular Meeting Agenda

Minor correction highlighted below.

Thanks.

Regards,
S.A.J.

Shawn A. Jacobs

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

From: Shawn Jacobs
Sent: Wednesday, March 07, 2018 4:36 PM
To: 'Andrew Ferrari'; Eileen Long
Cc: Law Office--Ted Small; Hinds, Nigel; Ostarly, Eric; Ron Cantlay; Dominick Nicoletti; Christy Marchiano
Subject: RE: WVHA Hospital Physician Service Claims-Tentative January 18, 2018 Organizational/Regular Meeting Agenda

All, thanks for the dialogue below.

We will look forward to the board's motion regarding the following so we can release these claims for processing based on their decision.

August 2017 – Received 12/4/17 -- 221 lines for the months of May, June, July --- All past the filing deadline

September 2017 – Received 1/4/18 - 117 claims for the months of June, July and August - All past the filing deadline

October 2017– Received 1/4/18 – 23 claims for the months of July and August – All past the filing deadline

November 2017 - Received 1/5/18 – 58 claims for the month of October - Some past the filing deadline

December 2017 – Received 1/17/18 – 495 claims for the month of August, September, October, November – Some past the filing deadline

January 2018 – Received 2/16/18 - 190 claims for the months of September, October, November, December - Some past the filing deadline

Regards,
S.A.J.

Shawn A. Jacobs

Strategic Account Executive | UMR formerly POMCO

2425 James Street | Syracuse, NY | 13206

sjacobs@pomco.com | Tel: 315.432.9171 x44071 | Fax: 315.703.4896

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

Sent: Wednesday, February 21, 2018 9:25 PM

To: Eileen Long

Cc: Law Office--Ted Small; Shawn Jacobs; Hinds, Nigel; Ostarly, Eric; Ron Cantlay; Dominick Nicoletti; Christy Marchiano

Subject: RE: WVHA Hospital Physician Service Claims-Tentative January 18, 2018 Organizational/Regular Meeting Agenda

I never entertained a motion to approve. I certainly MEANT to (was in my notes) but I specifically recall moving along without doing so. I am so sorry -please place this matter on Agenda for March 2018 regular meeting.

Andy Ferrari
2018 Chair WVHA

On Feb 21, 2018 4:45 PM, "Eileen Long" <ELong@drtcpa.com> wrote:

Hello all,

This matter has been added to the March 15, 2018 Board Meeting Agenda so that we can all obtain clear Board guidance in regards to the hospital physician services claims.

Eileen Long

From: Hinds, Nigel <nigel.hinds@ahss.org>
Sent: Wednesday, February 21, 2018 8:13 PM
To: Eileen Long; Law Office--Ted Small; Andrew Ferrari
Cc: Shawn Jacobs; Ostarly, Eric; Ron Cantlay; Dominick Nicoletti; Christy Marchiano; Schmude, Beth
Subject: RE: WVHA Hospital Physician Service Claims-Tentative January 18, 2018 Organizational/Regular Meeting Agenda
Attachments: [EXTERNAL] FW: WVHA Hospital Physician Service Claims; WVHA POMCO Claims Letter 01 08 18.doc

All,

Due to all the moving pieces within our Organization, the local hospitals did not become aware of this issue until POMCO/DRT brought this to our attention in the attached email on 12/21/17. We immediately researched the issue and sent the attached letter to the WVHA on 1/8/18 with our explanation and action plans.

We could not do much about the May-December 2017 claims because we were not aware of this issue and we were getting paid. We have been pushing hard to correct this situation ASAP and that is why we have submitted so many claims in a short period of time. Our hope is that we can get an exception for these outstanding claims and reinstate the 90-day filing deadline as of 1/1/18. Thank you.

Nigel

From: Eileen Long [mailto:ELong@drtcpa.com]
Sent: Wednesday, February 21, 2018 4:45 PM
To: Law Office--Ted Small <tsmall@businessemploymentlawyer.com>; Andrew Ferrari <andy4deland@gmail.com>
Cc: Shawn Jacobs <s.jacobs2@umr.com>; Hinds, Nigel <nigel.hinds@ahss.org>; Ostarly, Eric <Eric.Ostarly@ahss.org>; Ron Cantlay <RCantlay@drtcpa.com>; Dominick Nicoletti <dnicolet@pomco.com>; Christy Marchiano <c.marchiano@umr.com>
Subject: [EXTERNAL] RE: WVHA Hospital Physician Service Claims-Tentative January 18, 2018 Organizational/Regular Meeting Agenda

**** WARNING:** This email originated outside of AHS. **** DO NOT CLICK** links or attachments unless you recognize the sender and know the content is safe.

Hello all,

This matter has been added to the March 15, 2018 Board Meeting Agenda so that we can all obtain clear Board guidance in regards to the hospital physician services claims.

Regards,



January 8, 2018

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

Dear West Volusia Hospital Authority:

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

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

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

Thank you for your consideration.

Sincerely,

Nigel Hinds, CFO
Florida Hospital DeLand

Eric Ostarly, CFO
Florida Hospital Fish Memorial

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

Mission:

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



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

March 7, 2018

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

Re: WVHA Dental Services

Dear Board,

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

Funding Disbursements will be made in monthly installments up to one-fourth of the Funding Limit per quarter of the Funding Period, subject to and based upon the presentation of invoices within 60 days of the date services are provided with deidentified client listing, their zip code and CDT codes and other supporting information acceptable to the Authority. If Grantee's combined invoices for any quarter exceed one-fourth the Funding Limit, the Grantee may (before the next regularly scheduled Board meeting materials deadline) submit a written explanation to the Board and request a waiver of this quarterly disbursement limitation. Undisputed invoices submitted by Grantee shall be paid by the Authority within sixty (60) days of presentment. In no event shall the annual aggregate Funding Disbursements provided to Grantee by the Authority under this Agreement be required to exceed the Funding Limit (as defined above).

The 2nd quarter funding allocation for 2017-2018 has been exceeded by \$35,801.54 which would include the charges for February services. We are requesting a waiver for this amount. Moving forward we would like to request the Boards consideration and approval of a waiver for our March, April and May services with anticipation that the 2017 – 2018 funding of \$200,000 will be exhausted at that.

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



Health Department has quickly increased. This increase in need along with the funding allocation being lowered for the 2017-2018 Agreement year has led to this waiver request.

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

Sincerely,

A handwritten signature in black ink that reads "Patricia Boswell". The script is cursive and fluid, with the first name "Patricia" being more prominent than the last name "Boswell".

Patricia Boswell
Health Officer/Administrator
Department of Health in Volusia County

**West Volusia Hospital Authority
Financial Statements
February 28, 2018**



Dreggors, Rigsby & Teal, P.A.

Advisors for Life

Certified Public Accountants | Registered Investment Advisor

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

James H. Dreggors, CPA
Ann J. Rigsby, CPA/CFP™
Parke S. Teal, CPA/PFS (1954-2011)

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

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

Management is responsible for the accompanying balance sheet (modified cash basis) of West Volusia Hospital Authority, as of February 28, 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.

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

March 02, 2018

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Certified Public Accountants

West Volusia Hospital Authority
Balance Sheet
Modified Cash Basis
February 28, 2018

Assets

Current Assets

Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	5,121,611.30
Intracoastal Bank - Operating	116,470.06
Mainstreet Community Bank - MM	12,043,667.84
Taxes Receivable	92,073.00
Total Current Assets	<u>17,373,922.20</u>

Fixed Assets

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

Other Assets

Deposits	2,000.00
Total Other Assets	<u>2,000.00</u>
Total Assets	<u><u>17,969,363.34</u></u>

Liabilities and Net Assets

Current Liabilities

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

Net Assets

Unassigned Fund Balance	6,370,928.78
Restricted Fund Balance	208,000.00
Nonspendable Fund Balance	593,441.14
Net Income Excess (Deficit)	10,703,223.42
Total Net Assets	<u>17,875,593.34</u>
Total Liabilities and Net Assets	<u><u>\$ 17,969,363.34</u></u>

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

For the 1 Month and 5 Months Ended February 28, 2018

	<u>Annual Budget</u>	<u>Current Period Actual</u>	<u>Year To Date Actual</u>	<u>Budget Balance</u>
Revenue				
Ad Valorem Taxes	19,910,000.00	381,409.55	17,827,916.50	2,082,083.50
Investment Income	45,000.00	5,935.42	21,529.05	23,470.95
Rental Income	68,304.00	5,691.98	28,459.90	39,844.10
Other Income	0.00	0.00	202.84	(202.84)
Total Revenue	<u>20,023,304.00</u>	<u>393,036.95</u>	<u>17,878,108.29</u>	<u>2,145,195.71</u>
Healthcare Expenditures				
Adventist Health Systems	5,655,654.00	518,582.95	2,984,601.98	2,671,052.02
Northeast Florida Health Services	1,608,362.00	264,478.05	556,596.78	1,051,765.22
Specialty Care	5,208,000.00	258,022.16	1,039,282.31	4,168,717.69
County Medicaid Reimbursement	2,250,000.00	185,652.25	928,261.25	1,321,738.75
The House Next Door	120,000.00	8,482.90	34,292.14	85,707.86
The Neighborhood Center	70,000.00	8,175.00	31,325.00	38,675.00
Community Life Center Outreach Services	25,000.00	5,550.00	5,550.00	19,450.00
Rising Against All Odds	235,000.00	16,375.00	75,125.00	159,875.00
Community Legal Services	76,931.00	2,742.30	11,270.44	65,660.56
Hispanic Health Initiatives	75,000.00	10,225.00	43,475.00	31,525.00
Deltona Firefighters Foun Access to Hlth	75,000.00	382.58	382.58	74,617.42
Florida Dept of Health Dental Svcs	200,000.00	30,347.66	108,166.52	91,833.48
Good Samaritan	79,747.00	4,057.94	15,457.94	64,289.06
Stewart Marchman - ACT	946,336.00	92,640.05	324,643.66	621,692.34
Health Start Coalition of Flagler & Volusia	142,362.00	9,889.20	44,898.18	97,463.82
H C R A	819,612.00	11,974.80	33,502.44	786,109.56
Other Healthcare Costs	315,047.00	0.00	0.00	315,047.00
Total Healthcare Expenditures	<u>17,902,051.00</u>	<u>1,427,577.84</u>	<u>6,236,831.22</u>	<u>11,665,219.78</u>
Other Expenditures				
Advertising	12,000.00	498.06	1,096.43	10,903.57
Annual Independent Audit	15,800.00	3,800.00	15,800.00	0.00
Building & Office Costs	6,500.00	926.37	2,856.70	3,643.30
General Accounting	68,100.00	5,058.75	25,030.00	43,070.00
General Administrative	65,100.00	6,620.00	19,765.00	45,335.00
Legal Counsel	70,000.00	6,860.00	23,930.00	46,070.00
Special Accounting	5,000.00	0.00	0.00	5,000.00
City of DeLand Tax Increment District	75,000.00	0.00	69,746.00	5,254.00
Tax Collector & Appraiser Fee	625,740.00	100,134.28	450,214.04	175,525.96
TPA Services	718,560.00	27,250.00	197,823.00	520,737.00
Eligibility / Enrollment	92,170.00	5,796.00	18,480.00	73,690.00
Healthy Communities	72,036.00	5,057.14	22,480.92	49,555.08
Application Screening				
Application Screening - THND	189,742.00	15,811.83	63,247.32	126,494.68
Application Screening - RAAO	34,005.00	3,456.00	5,568.00	28,437.00
Application Screening - SMA	14,000.00	357.60	4,472.80	9,527.20
Workers Compensation Claims	25,000.00	0.00	16,249.44	8,750.56
Other Operating Expenditures	32,500.00	905.75	1,294.00	31,206.00
Total Other Expenditures	<u>2,121,253.00</u>	<u>182,531.78</u>	<u>938,053.65</u>	<u>1,183,199.35</u>
Total Expenditures	<u>20,023,304.00</u>	<u>1,610,109.62</u>	<u>7,174,884.87</u>	<u>12,848,419.13</u>
Excess (Deficit)	<u>0.00</u>	<u>(1,217,072.67)</u>	<u>10,703,223.42</u>	<u>(10,703,223.42)</u>

See Accountants' Compilation Report

West Volusia Hospital Authority
Schedule I - Healthcare Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 5 Months Ended February 28, 2018

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Healthcare Expenditures				
Adventist Health Systems				
Florida Hospital DeLand	2,715,327.00	273,418.75	1,472,569.09	1,242,757.91
Florida Hospital Fish Memorial	2,715,327.00	245,164.20	1,450,896.52	1,264,430.48
Florida Hospital DeLand - Physicians	112,500.00	0.00	37,031.30	75,468.70
Florida Hospital Fish - Physicians	112,500.00	0.00	24,105.07	88,394.93
Northeast Florida Health Services				
NEFHS - Pharmacy	660,040.00	186,338.05	242,603.65	417,436.35
NEFHS - Obstetrics	30,000.00	3,608.90	14,697.07	15,302.93
NEFHS - Primary Care	918,322.00	74,531.10	299,296.06	619,025.94
Specialty Care				
Specialty Care Services	4,700,000.00	227,436.74	913,469.79	3,786,530.21
Laboratory Services	508,000.00	30,585.42	125,812.52	382,187.48
County Medicaid Reimbursement	2,250,000.00	185,652.25	928,261.25	1,321,738.75
Florida Dept of Health Dental Svcs	200,000.00	30,347.66	108,166.52	91,833.48
Good Samaritan				
Good Samaritan Health Clinic	25,000.00	1,977.94	8,227.94	16,772.06
Good Samaritan Dental Clinic	54,747.00	2,080.00	7,230.00	47,517.00
Global Healthcare System				
The House Next Door	120,000.00	8,482.90	34,292.14	85,707.86
The Neighborhood Center	70,000.00	8,175.00	31,325.00	38,675.00
Community Life Center Outreach Services	25,000.00	5,550.00	5,550.00	19,450.00
Rising Against All Odds	235,000.00	16,375.00	75,125.00	159,875.00
Community Legal Services	76,931.00	2,742.30	11,270.44	65,660.56
Hispanic Health Initiatives	75,000.00	10,225.00	43,475.00	31,525.00
Deltona Firefighters Foun Access to Hlth	75,000.00	382.58	382.58	74,617.42
Stewart Marchman - ACT				
SMA - ARNP Services at THND	7,000.00	192.00	1,340.61	5,659.39
SMA - Homeless Program	64,336.00	5,198.25	32,168.00	32,168.00
SMA - Residential Treatment	550,000.00	67,578.60	212,478.85	337,521.15
SMA - Baker Act - Match	325,000.00	19,671.20	78,656.20	246,343.80
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500.00	6,502.56	24,296.04	49,203.96
HSCFV - Fam Services	68,862.00	3,386.64	20,602.14	48,259.86
HCRA				
H C R A - In County	400,000.00	11,974.80	28,056.74	371,943.26
H C R A - Outside County	419,612.00	0.00	5,445.70	414,166.30
Other Healthcare Costs	315,047.00	0.00	0.00	315,047.00
Total Healthcare Expenditures	17,902,051.00	1,427,577.84	6,236,831.22	11,665,219.78

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

For the 1 Month and 5 Months Ended February 28, 2018 and February 28, 2017

	1 Month Ended February 28, 2018	1 Month Ended February 28, 2017	5 Months Ended February 28, 2018	5 Months Ended February 28, 2017
Revenue				
Ad Valorem Taxes	381,409.55	268,663.27	17,827,916.50	11,055,119.76
Investment Income	5,935.42	5,382.83	21,529.05	24,316.50
Rental Income	5,691.98	5,608.42	28,459.90	28,042.10
Other Income	0.00	0.00	202.84	24,779.18
Total Revenue	<u>393,036.95</u>	<u>279,654.52</u>	<u>17,878,108.29</u>	<u>11,132,257.54</u>
Healthcare Expenditures				
Adventist Health Systems	518,582.95	596,443.25	2,984,601.98	1,660,780.89
Northeast Florida Health Services	264,478.05	83,972.35	556,596.78	319,654.36
Specialty Care	258,022.16	369,534.42	1,039,282.31	1,024,252.76
County Medicaid Reimbursement	185,652.25	182,706.67	928,261.25	913,533.35
The House Next Door	8,482.90	7,177.72	34,292.14	31,337.72
The Neighborhood Center	8,175.00	5,012.00	31,325.00	22,779.54
Community Life Center Outreach Services	5,550.00	0.00	5,550.00	0.00
Rising Against All Odds	16,375.00	23,787.68	75,125.00	94,973.20
Community Legal Services	2,742.30	373.95	11,270.44	644.03
Hispanic Health Initiatives	10,225.00	5,000.00	43,475.00	6,700.00
Deltona Firefighters Foun Access to Hlth	382.58	0.00	382.58	0.00
Florida Dept of Health Dental Svcs	30,347.66	13,817.79	108,166.52	35,994.49
Good Samaritan	4,057.94	4,730.50	15,457.94	16,406.50
Global Healthcare System	0.00	1,069.60	0.00	6,008.80
Stewart Marchman - ACT	92,640.05	108,584.56	324,643.66	375,144.73
Health Start Coalition of Flagler & Volusia	9,889.20	14,127.28	44,898.18	49,452.88
H C R A	11,974.80	20,672.03	33,502.44	45,333.12
Total Healthcare Expenditures	<u>1,427,577.84</u>	<u>1,437,009.80</u>	<u>6,236,831.22</u>	<u>4,602,996.37</u>
Other Expenditures				
Advertising	498.06	9,588.48	1,096.43	46,012.90
Annual Independent Audit	3,800.00	3,500.00	15,800.00	15,500.00
Building & Office Costs	926.37	673.59	2,856.70	3,599.66
General Accounting	5,058.75	4,536.75	25,030.00	26,048.75
General Administrative	6,620.00	5,295.00	19,765.00	21,285.00
Legal Counsel	6,860.00	4,060.00	23,930.00	26,510.00
City of DeLand Tax Increment District	0.00	0.00	69,746.00	38,304.00
Tax Collector & Appraiser Fee	100,134.28	5,373.28	450,214.04	261,579.20
TPA Services	27,250.00	30,998.50	197,823.00	186,638.00
Eligibility / Enrollment	5,796.00	2,163.00	18,480.00	(18,937.00)
Healthy Communities	5,057.14	5,146.96	22,480.92	22,376.00
Application Screening				
Application Screening - THND	15,811.83	11,978.08	63,247.32	47,912.32
Application Screening - RAAO	3,456.00	2,307.47	5,568.00	5,315.75
Application Screening - SMA	357.60	0.00	4,472.80	0.00
Workers Compensation Claims	0.00	0.00	16,249.44	0.00
Other Operating Expenditures	905.75	212.50	1,294.00	688.75
Total Other Expenditures	<u>182,531.78</u>	<u>85,833.61</u>	<u>938,053.65</u>	<u>682,833.33</u>

See Accountants' Compilation Report

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis
For the 1 Month and 5 Months Ended February 28, 2018 and February 28, 2017

	1 Month Ended February 28, 2018	1 Month Ended February 28, 2017	5 Months Ended February 28, 2018	5 Months Ended February 28, 2017
Total Expenditures	<u>1,610,109.62</u>	<u>1,522,843.41</u>	<u>7,174,884.87</u>	<u>5,285,829.70</u>
Excess (Deficit)	<u><u>(1,217,072.67)</u></u>	<u><u>(1,243,188.89)</u></u>	<u><u>10,703,223.42</u></u>	<u><u>5,846,427.84</u></u>

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: March 6, 2018

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for March 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 February 6, 2018. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the 2/15/18 Meeting Minutes.

I. POMCO Request to Redact a Portion of Previously Approved January 9, 2018 Meeting Minutes.

During its February 15, 2018 in-person report, POMCO requested that WVHA consider redacting the following portion of the already Board approved January 9, 2018 Meeting Minutes on grounds that the report from DRT was not accurate and could potentially misinform future readers:

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.

Counsel recommends against the proposed redaction of the official Meeting Minutes because they do accurately reflect what DRT reported. To the extent that a majority of the Board is inclined to take action in order to clarify the record and avoid the potential for misunderstanding, counsel would suggest that the Board direct Ms. Long to insert the following clarifying information from the February POMCO Report in brackets immediately after the subject report:

[POMCO subsequently provided the following clarification: *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.]

II. **SMA Baker Act/ HSCFV WIS/NOS Site Visit and Corrective Measures.** [See new info. in italics and bold]

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.

III. 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.

As noted previously, counsel has recommended in the past and continues to recommend that the Board’s strongest legal position is maintained when it only approves funding for applicants that can fully screen its clients pursuant to all policies within the Eligibility Guidelines. However, based on past decisions of the Board to carve out exceptions for certain programs for which it deemed essential to the overall functioning of the indigent healthcare system, and after further review and analysis of the current form of the Eligibility Guidelines, the funding agreements for the funded agencies that are not required to do full screening and the Enabling Legislation, counsel has developed the following suggested way to categorize these limited screening funded agencies:

- I. Access to Healthcare—Primarily Enrollment and Referral Type Services*
 - a. Healthy Communities – Kidcare Outreach,*
 - b. Healthy Start—Access to Health Care Program,*
 - c. The Neighborhood Center—Access to Health Care Program,*
 - d. Community Life Center Outreach Services, Inc--Access to Healthcare*

For these Category I programs, it is arguable that the current limited screening is justified because these agencies are assisting WVHA with its administrative gatekeeper function to either enroll eligible residents in other available health insurance programs or identify, screen and refer potentially indigent residents into the appropriate door of the healthcare system. And based on the very limited per client cost for their services and lack of any provision of actual healthcare, an application of the “no public or private insurance coverage” requirement, as set forth in Section 2.02(4)&(5) of the Eligibility Guidelines would make it impossible for WVHA to obtain what it and the CAC have determined are necessary access to health care functions.

- II. Access to Healthcare—Discrete and Limited Cost Healthcare Screening Testing and Education w/ Case Management Services*
 - a. Rising Against All Odds, Inc. -- HIV/AIDS Outreach and Case Management*
 - b. Hispanic Health Initiatives, Inc.’s Taking Care of My Health*

For these Category II programs, limited screening was originally approved on the belief that these agencies, as promised in their funding application, would target their outreach to the most impoverished neighborhoods within the Tax District and that to the extent

that any nonindigents would be served, it would only be “incidental” to their providing testing, education and case management services to indigent residents as required under the Enabling Legislation (See Section 1 of Enabling Legislation (2004). Unfortunately based on recent self-reporting by Hispanic Health, it is now clear that significant numbers of individuals with other public or private health insurance can obtain these services unless these agencies at least screen out those with insurance based on good faith self-reporting and collection of data. Accordingly, counsel has recommended (and the Board approved) that these agencies be required to implement the “no public or private insurance coverage” requirement, as set forth in Section 2.02(4)&(5) of the Eligibility Guidelines by at least asking potential clients whether they have insurance coverage and maintaining these self-reported responses in their files. Eventually, counsel would develop an attachment for future funding agreements that would require these agencies to obtain executed verification of their client’s insurance status after they have been warned about providing false statements.

If an agency has not been mentioned in the two categories above, counsel recommends that their full screening requirements be maintained within their funding agreements. Instead, counsel recommends that any deficiencies in their screening be addressed after they have at least fully implemented good faith efforts to comply with the currently contracted screening requirements. If the above stated recommendations are accepted and approved, counsel is not recommending any substantive changes to the Eligibility Guidelines. Any changes indicated above can be implemented in revised funding agreement for the coming 2018-19 fiscal year.

IV. 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 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).

V. 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.

VI. General Compliance with the Sunshine Law:

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

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

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

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

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