

West Volusia Hospital Authority
BOARD OF COMMISSIONERS and the CITIZENS ADVISORY
COMMITTEE (CAC) JOINT MEETING
April 19, 2018, 5:00 p.m.
DeLand City Hall
120 S. Florida Avenue, DeLand, FL
AGENDA

1. Call to Order
2. Opening Observance followed by a moment of silence
3. Approval of Proposed Agenda
4. Consent Agenda
 - A. Approval of Minutes - Regular Meeting March 15, 2018
5. Citizens Comments
6. Citizens Advisory Committee-Voloria Manning, Chair
 - A. CAC Meeting Minutes March 6, 2018
7. Reporting Agenda
 - A. POMCO March 2018 Report - Written Submission
 1. POMCO/UMR Migration Update
 - B. FQHC Report - Laurie Asbury, Chief Executive Officer, Northeast Florida Health Services, Inc. (NEFHS) d/b/a Family Health Source (FHS) March 2018 Report
8. Contractual Utilization Reports to the WVHA Board of Commissioners
 - A. Jo Ann Weatherwax, Dental Program Director, Florida Department of Health
9. Discussion Items
 - A. WVHA Funding Applications Received (list attached)
 1. 2018-2019 WVHA Funding Applications Non-Compliant Worksheet
 - B. Tentatively Scheduled Meetings 2018 - May 10, 2018 Workshop
 - C. James Moore and Company, Independent Auditors Engagement Letter Expired FYE 2017
 1. James Moore and Company Engagement Letter Dated April 10, 2018
 - D. Follow Up Items
 1. Eligibility Guidelines Recommendations (see POMCO Board submittal April 19, 2018 and Legal Update attached)
 2. Quarterly Funding Limitation Waivers
 - a. Community Life Center-email dated April 4, 2018
10. Finance Report
 - A. March 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
March 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
Ann Flowers
Lynn Hoganson

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

Commissioner Judy Craig was not present.

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

Motion 023- 2018 Commissioner Guzman motioned to approve the amended agenda as presented. Commissioner Girtman seconded the motion. The motion passed by a 4-0 vote.

Consent Agenda

Approval of Minutes – Regular Meeting Minutes February 15, 2018

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)

Tentative Hearing Date Thursday September 13, 2018 @ 5:05 p.m.

Tentative Final Hearing Date Thursday September 27, 2018 @ 5:05 p.m.

1 of 5 pages
Regular Meeting – Minutes
March 15, 2018

Motion 024 - 2018 Commissioner Shepard motioned to approve the Consent Agenda. Commissioner Guzman seconded the motion. The motion passed by a 4-0 vote.

Citizens Advisory Committee (CAC) Voloria Manning, Chair

CAC Chair Voloria Manning updated the Board in regards to the March 6, 2018 CAC Regular Meeting/Applicant Workshop.

Reporting Agenda

POMCO February 2018 Report – Written Submission

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

Citizens Comments

There was one.

Contractual Utilization Reports to the WVHA Board of Commissioners

- **Waylan Niece, Operations Manager, The Neighborhood Center**
- **Mary Gusky, Administrator, Good Samaritan Clinic (see attached written submittal dated 3/12/2018)**

Ms. Susan Clark, Executive Director, The Neighborhood Center and Mr. Waylan Niece, Operations Director, The Neighborhood Center addressed the Board and provided the Board with their annual verbal utilization report which included a Power Point Presentation (attached).

Commissioner Judy Craig arrived at 5:19 p.m.

Discussion Items

Proposed Changes to Eligibility Guidelines (EG)

POMCO March 15, 2018 Overview of WVHA Eligibility Guidelines Recommended Changes (attached).

Mr. Small communicated with POMCO his recommendation in regards to the WVHA Termination policy, and read, "If terminated for reasons 1, 3, 4, 5, 6, or 7, individuals may be determined temporarily ineligible by any agency contracted by the WVHA to provide enrollment, access to healthcare, or healthcare services to indigent residents. Such temporary ineligibility shall continue until the next WVHA Board meeting where the Board shall determine how long the ineligibility will continue based on all information presented by the individual contracted agency".

Ms. Gail Hallmon, The House Next Door, addressed the Board stating that THND and POMCO have resolved the issue regarding window envelopes as residency verification by making certain that the enclosed document in the window envelope is dated within a reasonable time, within a couple of days, of the post mark.

Ms. Hallmon continued addressing the Board and expressed some frustration with how POMCO is interpreting the WVHA EG's in regards to West Volusia County Zip Codes that don't necessarily corroborate with the USPS or the Volusia County Property Appraiser's website.

POMCO recommended, "Current practice is that if the address in any zip code is not found on the property appraisal site, the client must go into the office and ask for a letter from the Property Appraisal office stating the address is in West Volusia. If everyone has to have this proof, it needs to be clearly stated in the guidelines".

There was Board discussion and directives to Ms. Long to verify with the USPS that the overlapping zip codes are designated as Lake County residences by a 5 digit street address versus 3 or 4 digit addresses.

Mr. Small recommended that Ms. Hallmon reach back out to Shawn Jacobs at POMCO to try to directly resolve this zip code confusion with POMCO.

SMA Baker Act Corrective Action based upon Site Visit Review (letter dated 3/6/2018 attached)

Mr. Eric Horst, CFO and Mr. Tore Gintoli, Chet Bell Facility Administrator, SMA addressed the Board and advised them of the corrective measures that they have implemented based upon the Site Visit Review findings. SMA has stopped all of their billing for February services as part of their effort to demonstrate trying to achieve contractual compliance. They have reached out to local law enforcement for patient identification and Mr. Steve Sally at The House Next Door (THND) in beginning the process of trying to secure the WVHA Eligibility Services provided by THND.

HealthCard Approval Process Transferred Locally to The House Next Door

Ms. Gail Hallmon stated for the record that THND was very interested in providing this service for the WVHA Board of Commissioners.

There was Board consent that Ms. Long send out an email communication to all of the potential WVHA entities interested in submitting a proposal to provide the WVHA HealthCard approval process to submit that proposal in time for the May 17, 2018 Board meeting materials deadline of noon on Tuesday, May 8th, 2018.

Motion 025 – 2018 Commissioner Girtman motioned to submit an invitation for a proposal to provide the WVHA HealthCard Approval Process and delivered to Dreggors, Rigsby and Teal, 1006 N. Woodland Blvd., Deland, FL by noon on Tuesday, May 8, 2018. Commissioner Craig seconded the motion.

There was some discussion whether it should be a sealed bid or open. The Board consented that it should be a sealed bid.

Motion 025 – 2018 (AMENDED) Commissioner Girtman amended her motion to submit an invitation for a proposal to provide the WVHA HealthCard Approval Process and that proposal shall be sealed and delivered to Dreggors, Rigsby and Teal, 1006 N. Woodland Blvd., DeLand, FL by noon on Tuesday, May 8, 2018. Commissioner Craig seconded the amended motion. The motion passed unanimously.

Community Life Center October and November 2017 Late Invoice Submittals (attached)

Motion 026 – 2018 Commissioner Girtman motioned to authorize reimbursement for Community Life Center's October and November 2017 late invoice submittals. Commissioner Guzman seconded the motion. The motion passed unanimously.

NEFHS Response to List of Concerns as Provided by Commissioner Dolores Guzman (attached)

Ms. Cindy Ryan, Ryan Law, Legal Counsel, NEFHS and Ms. Laurie Asbury, CEO, NEFHS addressed the Board in regards to Commissioner Guzman's list of concerns at the NEFHS Deltona Clinic.

After Board discussion no formal Board action was taken.

Schedule Workshop with Adventist Healthcare Systems and WVHA Board of Commissioner to Negotiate New Contract

There was Board discussion and agreement with Mr. Nigel Hinds and Mr. Eric Ostarly, CFO's, Florida Hospital to tentatively schedule a workshop with Adventist Healthcare Systems and the WVHA Board of Commissioners to negotiate a new hospital contract either Thursday, May 10th, 2018 or Thursday, May 24th, 2018 at 5:00 p.m., based upon DeLand City Hall availability.

Florida Hospital DeLand (FHD) and Florida Hospital Fish Memorial (FHFH) Physician Services Claims Older Than 90 Days

Motion 027 – 2018 Commissioner Guzman motioned to approve paying the Florida Hospital Physician Services claims received from August 2017 through January 2018 that were older than 90 days. Commissioner Craig seconded the motion. The motion passed unanimously.

Follow Up Items

Quarterly Funding Limitation Waivers 2017-2018

- **Florida Department of Health (FDOH) -Dental Services (letter dated 3/7/2018 attached)**

Chair Ferrari stated the Florida Department of Health (FDOH) submitted a request for a waiver for the 2nd quarterly funding limitation. For FDOH that overage will be \$35,801.54 should the Board approve their February invoice for services in the amount of \$27,635.02.

Ms. Denise Ayers, Nursing Director and Greg Ballard, Assistant Director, FDOH addressed the Board and were prepared to answer any question.

Motion 028 – 2018 Commissioner Guzman motioned to approve the waiver for the FDOH and pay the February services invoice of \$27,635.02, bringing the FDOH over their 2nd quarterly funding limit by \$35,801.54. Commissioner Girtman seconded the motion. The motion passed unanimously.

Mr. Small shared with the Board that he was contacted by the Chief Legal Counsel for the FDOH, Mr. Dan Medved in regards to their request for increased WVHA funding for dental services for the remainder of this current fiscal year of 2017-2018. If the Board does not indicate that they will consider increasing the FDOH's current funding at this meeting then as of tomorrow, the FDOH will not take on any new WVHA HealthCard clients and will only complete care for those patients who already have existing plans of care.

4 of 5 pages

Regular Meeting – Minutes

March 15, 2018

Motion 028 – 2018 Commissioner Guzman motioned to approve additional funding for the FDOH for Dental Services in the amount of \$100,000.00 and for Hispanic Health Initiative the amount of \$25,000.00 for this current fiscal year of 2017-2018, moving the funding from the Other Healthcare budgeted line item. Commissioner Shepard seconded the motion.

There was Board discussion in regards to increasing the funding for the two agencies per Commissioner Guzman's motion and concern that the Board was only in their second quarter and that it was too early in the budget process to be considering increasing funding.

Roll call:

| | |
|-----------------------|-----------|
| Commissioner Girtman: | No |
| Commissioner Craig: | No |
| Commissioner Guzman: | Yes |
| Commissioner Shepard: | Abstained |
| Commissioner Ferrari: | No |

The motion failed.

Financial Report

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

Motion 029 – 2018 Commissioner Craig motioned to pay bills totaling \$2,211,215.45 (See attached). Commissioner Shepard seconded the motion. The motion passed unanimously.

Legal Update

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

Commissioner Comments

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

Adjournment,

Andy Ferrari, Chair

**CITIZENS ADVISORY COMMITTEE MEETING
WEST VOLUSIA HOSPITAL AUTHORITY
DREGGORS, RIGSBY & TEAL, P.A.
1006 N. WOODLAND BLVD., DE LAND FL
MARCH 6, 2018
5:15PM
MINUTES**

CAC Members/Attendance:

Voloria Manning
Sarah Prado
Michael Ray
Alissa Lapinsky
Ann Flowers
Althea Whittaker
Elmer Holt

CAC Members/Absent:

Lynn Hoganson (unexcused)
Jacquie Lewis (unexcused)

Others Present:

Commissioner Dolores Guzman
Ted Small, Law Office of Theodore W. Small, P.A.
Eileen Long, Dreggors, Rigsby & Teal, P.A.

Call to Order

CAC Chair Voloria Manning opened the meeting with a moment of silence followed by The Pledge of Allegiance.

Approval of Agenda

Michael Ray motioned to approve the agenda. Althea Whittaker seconded the motion. The motion passed unanimously.

Approval of CAC Minutes – February 6, 2018

Michael Ray motioned to approve the CAC meeting minutes from February 6, 2018. Ann Flowers seconded the motion. The motion passed unanimously.

Review WVHA Meeting Minutes February 15, 2018 (Draft)

The draft copy of the minutes from the WVHA Regular Meeting of February 15, 2018 WVHA Regular Meeting were provided to the Committee for their review.

Citizens Comments

There was one.

Attorney Theodore W. Small, WVHA Legal Counsel

Mr. Small went over the WVHA funding applications and explained various aspects of the applications, including comparative rates of reimbursement from other payer sources. This is because the WVHA is the payer of last resort and will not reimburse for services at a greater rate than the least of any funded agencies payers. Also that all final approved funding applications are contractually tied to the WVHA Eligibility Guidelines (EG's).

Mr. Small stressed the importance to the Committee to attend the CAC meetings during this funding process in order to establish a quorum and be fully able to make Committee recommendations to the WVHA Board of Commissioners.

Mr. Small continued stressing the importance of the WVHA EG's and that every application approved for WVHA funding is then tied contractually to those EG's. He pointed out language in the WVHA Applications for Funding, page 8 of 10, "Applicant is aware that a mutually agreed written funding agreement is necessary before any approved funding can be disbursed and the applicant recognizes that the West Volusia Hospital Authority reserves the right to disapprove funding if it deems any proposed modification of its standard funding agreement as unacceptable". He encouraged the CAC to direct all applicants to both the EG's and provide them with an existing WVHA Funding Agreement. Further, only agencies who serve residents of the WVHA taxing district are eligible for WVHA funding consideration.

Mr. Small continued with his address to the Committee explaining that, as an appointed committee of the WVHA Board of Commissioners, the CAC is covered under the Sunshine Law. Mr. Small read a paraphrase from the Sunshine Law, "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 meetings". He explained that there were some subtle exceptions, for example, when emails are forwarded by Ms. Long from another CAC member to the entire Committee with the, "Please do not reply to all or send emails to each other to avoid any violation of the Sunshine Law"; provided nobody replies to all and it is simply a distribution of information, this is not a violation of the Sunshine Law. However, if two or more of the CAC members discuss WVHA matters outside of a public meeting that is a violation of the Sunshine Law.

CAC Review/Overview of Funding Applications

CAC Ranking Sheet

WVHA Funding Applications Non-Compliant Worksheet

Funding Application Calendar 2018-2019

Steps in Funding Review Process 2018

Tentatively Scheduled Meetings 2018

Chair Manning Adjourned the Regular Meeting.

Chair Manning called to Order the Applicant Workshop Meeting.

Review of Application

CAC Chair Voloria Manning opens with a brief explanation of Application Process and review of Funding Application

Chair Manning explained the WVHA application process to those assembled.

Applicant Workshop-Question & Answer session between applicants and CAC Members

There was CAC discussion regarding funding and financial limitations, if any, or any possible consideration for adding new services. There was further discussion explaining that the funding process begins in July for budget considerations for the upcoming fiscal year of 2018-2019. Further, some historical information was shared that there have been some agencies that the CAC did not recommend funding, yet were later approved by the Board for funding and vice-versa, there were some agencies that the CAC did recommend funding and those agencies did not receive funding.

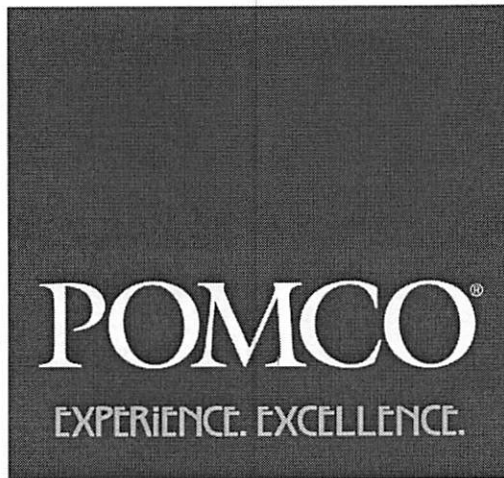
CAC Comments

The CAC requested the prior year's CAC ranking recommendations, the current year's agency budget utilization and the 2017 contractual compliance site visit reviews.

Adjournment

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

Voloria Manning, CAC Chair



POMCO

April 19, 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 | 288 | 35 | 0 | 323 | 89.16% |
| | 201711 | 259 | 37 | 0 | 296 | 87.50% |
| | 201712 | 347 | 22 | 0 | 369 | 94.04% |
| | 201801 | 339 | 39 | 2 | 380 | 89.21% |
| | 201802 | 305 | 30 | 33 | 368 | 82.88% |
| | 201803 | 195 | 11 | 64 | 270 | 72.22% |
| | 201804 | | | | | |
| | 201805 | | | | | |
| | 201806 | | | | | |
| | 201807 | | | | | |
| | 201808 | | | | | |
| | 201809 | | | | | |
| Grand Total | | 1733 | 174 | 99 | 2006 | 86.39% |

| Fiscal Year | Applications Processed | Average Approval Percentage |
|----------------------|------------------------|-----------------------------|
| FY1516 | 2670 | 82.28% |
| FY1617 | 3963 | 86.60% |
| FY1718 | 1733 | 86.39% |
| Based on Fiscal year | | |

Applications Processed by Fiscal Year – Approval Percentage

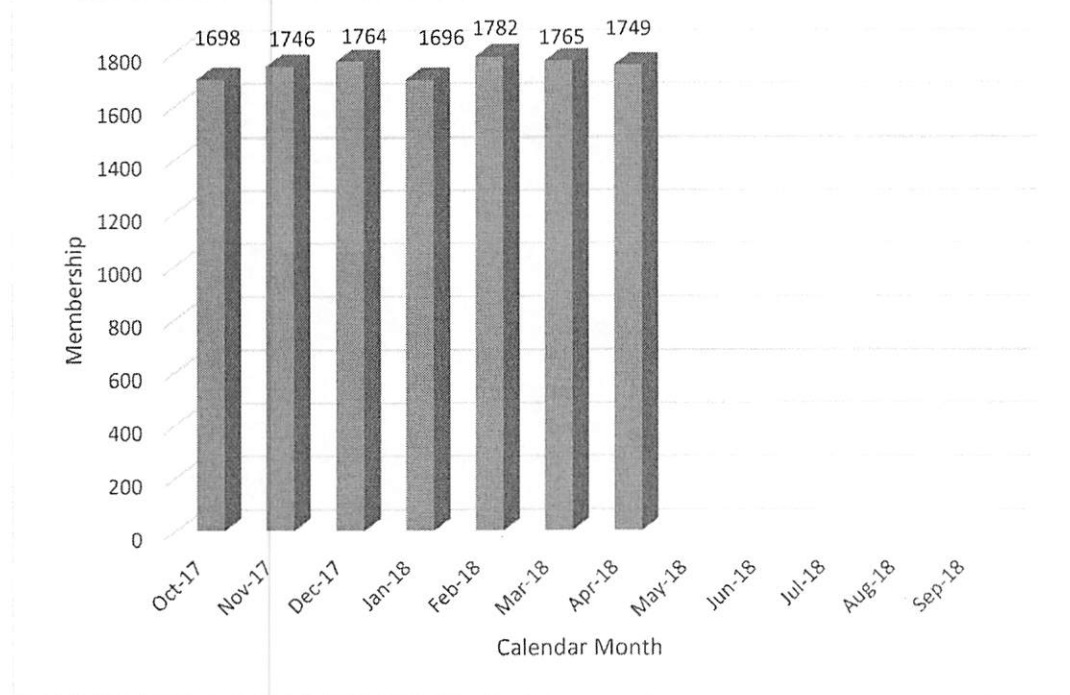
Enrollment Applications – Denial Summary Report

| Period | Approved | | Denied | | Pending | | Total |
|---|-------------|---------------|------------|--------------|-----------|--------------|-------------|
| | Apps | Pctg | Apps | Pctg | Apps | Pctg | |
| FY1718 | 1733 | 86.39% | 174 | 8.67% | 99 | 4.94% | 2006 |
| 201710 | 288 | 89.16% | 35 | 10.84% | 0 | 0.00% | 323 |
| Active Eligible | 288 | 100.00% | | 0.00% | | 0.00% | 288 |
| 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% | 2 | 0.00% | | 0.00% | 2 |
| 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 | 259 | 87.50% | 37 | 12.50% | 0 | 0.00% | 296 |
| Active Eligible | 259 | 100.00% | | 0.00% | | 0.00% | 259 |
| 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% | 14 | 0.00% | | 0.00% | 14 |
| 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% | 15 | 0.00% | | 0.00% | 15 |
| 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% | 2 | 0.00% | | 0.00% | 2 |
| 201712 | 347 | 94.04% | 22 | 5.96% | 0 | 0.00% | 369 |
| Active Eligible | 347 | 100.00% | | 0.00% | | 0.00% | 347 |
| 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% | 15 | 0.00% | | 0.00% | 15 |
| 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 | 339 | 89.21% | 39 | 10.26% | 2 | 0.53% | 380 |
| Active Eligible | 339 | 100.00% | | 0.00% | | 0.00% | 339 |
| 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% | 31 | 0.00% | | 0.00% | 31 |
| Declined - Multiple Reasons | | 0.00% | 1 | 0.00% | | 0.00% | 1 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | 2 | 0.00% | 2 |
| Pending - Unknown | | 0.00% | | 0.00% | | 0.00% | 0 |
| TRM - MEMBER HAS MEDICAID COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |

| | | | | | | | |
|---|-----|---------|----|-------|----|--------|-----|
| 201802 | 305 | 82.88% | 30 | 8.15% | 33 | 8.97% | 368 |
| Active Eligible | 305 | 100.00% | | 0.00% | | 0.00% | 305 |
| 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% | 16 | 0.00% | | 0.00% | 16 |
| 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% | 11 | 0.00% | | 0.00% | 11 |
| Declined - Multiple Reasons | | 0.00% | 2 | 0.00% | | 0.00% | 2 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | 33 | 0.00% | 33 |
| Pending - Unknown | | 0.00% | | 0.00% | | 0.00% | 0 |
| TRM - MEMBER HAS MEDICAID COVERAGE | | 0.00% | | | | 0.00% | 0 |
| 201803 | 195 | 72.22% | 11 | 4.07% | 64 | 23.70% | 270 |
| Active Eligible | 195 | 100.00% | | 0.00% | | 0.00% | 195 |
| 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% | 8 | 0.00% | | 0.00% | 8 |
| Declined - MEMBER HAS MEDICAID COVERAGE | | 0.00% | 2 | 0.00% | | 0.00% | 2 |
| Declined - MEMBER HAS OTHER COVERAGE | | 0.00% | 1 | 0.00% | | 0.00% | 1 |
| Declined - Req'd Documentation Missing | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - Multiple Reasons | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | 64 | 0.00% | 64 |
| 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 April 1, 2018

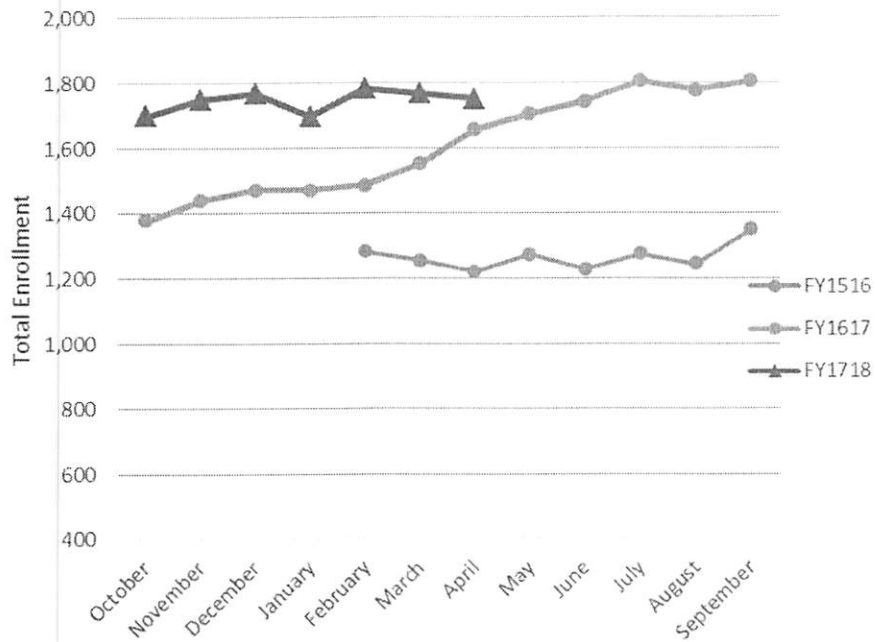


Eligibility reported above reflects eligibility as of the first of each month.

As of April 1, 2018, total program eligibility was 1,749 patients.

WVHA Enrollment by Fiscal Year – as of April 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 | 1,749 |
| May | |
| June | |
| July | |
| August | |
| September | |
| Grand Total | 12,200 |



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 | \$35,473.99 | \$28,080.36 | \$63,554.35 | 3,039 | \$20.91 |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| Grand Total | \$157,380.20 | \$148,777.80 | \$306,158.00 | 16,183 | \$18.92 |

Combined Medical Costs (as of Claims Payment through 03/31/2018)

| 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 | \$2,635,348.59 | \$177,381.71 | \$423,552.79 | \$1,280,510.39 | \$61,136.37 | \$384,674.08 | \$4,962,603.93 | 10,502 | \$472.54 | \$250.94 | \$16.89 | \$40.33 | \$121.93 | \$36.63 |
| 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 | \$401,349.57 | \$27,713.74 | \$62,016.76 | \$166,832.58 | \$0.00 | \$63,554.35 | \$721,467.00 | 1,749 | \$412.50 | \$229.47 | \$15.85 | \$35.46 | \$95.39 | \$36.34 |
| April | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | |
| August | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | |
| Grand Total | \$2,635,348.59 | \$177,381.71 | \$423,552.79 | \$1,280,510.39 | \$61,136.37 | \$384,674.08 | \$4,962,603.93 | 10,502.00 | \$472.54 | \$250.94 | \$16.89 | \$40.33 | \$121.93 | \$36.63 |

Medical and pharmacy costs are reported on a paid basis

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 03/31/2018)

| 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 | 118 | 180 | 219 | 0 | 0 | 517 |
| April | | | | | | |
| May | | | | | | |
| June | | | | | | |
| July | | | | | | |
| August | | | | | | |
| September | | | | | | |
| Grand Total | 1,063 | 1,265 | 1,256 | 0 | 0 | 3,584 |

PCP encounter claims are reported on a paid basis

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

| SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR MARCH | | | | | | |
|---|-------------------------|-----------------|--------------|--------------|------------------|--------|
| Order | SPECIALTY | Unique Patients | Claim Volume | Paid | Cost Per Patient | |
| 1 | Amb Surgery Facility | 29 | 30 | \$ 19,954.05 | \$ | 665.14 |
| 2 | Hematology | 20 | 45 | \$ 17,609.47 | \$ | 391.32 |
| 3 | Physical Therapy | 42 | 157 | \$ 13,968.60 | \$ | 88.97 |
| 4 | Hematology/Oncology | 27 | 62 | \$ 12,070.90 | \$ | 194.69 |
| 5 | Anesthesiology | 54 | 68 | \$ 9,458.12 | \$ | 139.09 |
| 6 | Gastroenterology | 18 | 25 | \$ 8,259.28 | \$ | 330.37 |
| 7 | Orthopedic Surgery | 44 | 51 | \$ 6,722.13 | \$ | 131.81 |
| 8 | Cardiology | 37 | 53 | \$ 6,657.09 | \$ | 125.61 |
| 9 | Pulmonary Disease | 23 | 68 | \$ 6,056.20 | \$ | 89.06 |
| 10 | Radiology | 152 | 260 | \$ 5,226.37 | \$ | 20.10 |
| 11 | Infectious Disease | 28 | 46 | \$ 5,187.64 | \$ | 112.77 |
| 12 | Diagnostic Radiology | 67 | 107 | \$ 5,137.05 | \$ | 48.01 |
| 13 | Internal Medicine | 80 | 99 | \$ 4,545.72 | \$ | 45.92 |
| 14 | Obstetrics & Gynecology | 15 | 17 | \$ 4,119.61 | \$ | 242.33 |
| 15 | Ophthalmology | 23 | 24 | \$ 3,994.55 | \$ | 166.44 |
| 16 | Surgery | 4 | 5 | \$ 3,363.91 | \$ | 672.78 |
| 17 | Urology | 14 | 18 | \$ 3,023.54 | \$ | 167.97 |
| 18 | Optometry | 20 | 26 | \$ 2,982.45 | \$ | 114.71 |
| 19 | Mental Health Counselor | 10 | 25 | \$ 2,768.81 | \$ | 110.75 |
| 20 | Dermatology | 15 | 17 | \$ 2,503.05 | \$ | 147.24 |
| 21 | Gynecology | 10 | 10 | \$ 2,478.50 | \$ | 247.85 |
| 22 | Nephrology | 14 | 27 | \$ 2,315.57 | \$ | 85.76 |
| 23 | Pathology | 208 | 274 | \$ 2,093.82 | \$ | 7.64 |
| 24 | Podiatry | 11 | 14 | \$ 1,815.27 | \$ | 129.66 |
| 25 | Pain Management | 10 | 11 | \$ 1,792.04 | \$ | 162.91 |

Open Items

POMCO Recommended Eligibility Guideline Clarifications

After a discussion with Gail Hallmon from The House Next Door on Friday, March 30th, we clarified that POMCO did not make any recent practices requiring all addresses in every zip code to be checked on the property appraisal website. We do automatically check for the three zip codes as currently outlined in the eligibility guidelines; 32102 (Astor), 32720 (Deland), and 32754 (Mims). However, on occasion when we uncover address discrepancies throughout an application we do check the property appraisal website to confirm the correct address; e.g. 325 Astor Place vs. 325 Astor Road. We also highlighted that the eligibility guidelines require us to check the property appraiser's website to confirm property values as part of the assets verification and therefore another reason that we would be required to check the website.

We further clarified that we also do not send every applicant to the property appraiser's office to get proof of their address. It is not a requirement and only meant as an additional option for the applicant that would allow us to continue processing the application when all other avenues of verification have been exhausted.

Lastly we noted that we did receive and have been using the updated copy of all apartment complexes in Volusia County. That and other similar updates help to prevent the need to use additional verification procedures (including checking the property appraiser website) since it would help to clarify address discrepancies found in an application. We also agreed that continual communication and sharing of updated data will help to minimize extra efforts on both our ends of the eligibility process. And thus with these clarifications there is no need to modify the eligibility guidelines language relative to protocols for address verifications.

New Items

Migration to UMR Platforms

On Friday, April 6th we conducted the migration intent call with Eileen Long and Ted Small for confirmation that the UMR migration teams have captured the plan benefits accurately, to outline the transition of claims funding protocols, to verify the continuation of claims processing, and to highlight areas of recommended benefit changes to align with industry norms and/or provide cost savings.

Attached to this report is the full medical claims installation document that will be used to implement the WVHA benefits onto the UMR systems. This is very detailed since it will be used for coding purposes. However it is a good resource for the board to see the specificity of how claims for the WVHA program will be adjudicated.

Given that the program already has a host of limitations and exclusions implemented previously, the following are the only other recommended changes based on our review from the intent call discussion:

- Manipulations (Chiropractic) – Current Calendar Year Maximum is 30 visits
 - Recommendation to reduce limit to 12-24 visits per calendar year and to conduct medical necessity reviews for any lifetime visits that exceed 25 visits.
 - Rationale is that manipulations is not acute care
- Physical and Occupational Therapy – Currently No Visit Maximums
 - Recommendation to check for medical necessity after 25 visits
 - Rationale is to review medical records to see what progress the patient has made after therapy

We also advised that after communications and discussions with the Hospitals and NEFHS, there is no opportunity to automate or streamline the Hospital physician service claims or the Ritters Pharmacy claims invoicing at this time. Primarily since they advised they would have to continue sending us the details in the same manner that they do today, i.e. via spreadsheets.



A UnitedHealthcare Company

TRADITIONAL INDEMNITY MEDICAL CLAIM INSTALLATION DOCUMENT

Customer Name: West Volusia Hospital Authority Effective Date: 01/01/2017

☒ **Initial** ☐ **Renewal** ☐ **Mid-Term Change**

Plan Number: 7670-00-413413 Benefit Plan(s): 001 Classes: A01

| SUMMARY OF BENEFITS | |
|---|---|
| Does Plan Have Grandfather Status? Annual Deductible per (<input checked="" type="checkbox"/> Calendar <input type="checkbox"/> Plan) Year: <ul style="list-style-type: none"> Per Person (<i>one individual member only</i>) Per Family (<i>combination of two or more members, not to exceed the per person amount</i>) Do the amounts applied in the last 3 months carry over to the following year? If yes, applies to: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Both Is deductible integrated with pharmacy? | <p align="right">Yes/No: n/a</p> <p>\$0</p> <p>\$0</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| Participation Rate (unless otherwise stated): <ul style="list-style-type: none"> Paid by Plan after satisfaction of deductible | <p align="center">100%</p> |
| Annual Out-Of-Pocket Maximum: <ul style="list-style-type: none"> Per Person (<i>one individual member only</i>) <i>Note: Non-grandfathered plans renewing on or after 1/1/18, the out of pocket may not to exceed \$7,350 for in-network services including the deductible.</i> Per Family (<i>combination of two or more members, not to exceed the per person amount</i>) <i>Note: Non-grandfathered plans renewing on or after 1/1/18, the out of pocket may not to exceed \$14,700 for in-network services including the deductible.</i> Do the amounts applied in the last 3 months carry over to the following year? If yes, applies to: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Both Is out-of-pocket integrated with pharmacy? Is there an embedded dental plan? If yes, choose one of the below options: <input type="checkbox"/> Dental will cover required essential health benefits at 100% <input type="checkbox"/> Dental will have a separate out of pocket maximum <input type="checkbox"/> Dental is integrated with medical* *If dental is integrated with medical, integration applies to: (must answer all three questions) <ul style="list-style-type: none"> <input type="checkbox"/> Both deductible and out-of-pocket or <input type="checkbox"/> Out-of-pocket only <input type="checkbox"/> Pediatric and adult services or <input type="checkbox"/> Pediatric services only <input type="checkbox"/> All benefits (EHB and Non-EHB) or <input type="checkbox"/> Only essential health benefits as required by the selected state benchmark plan, in which case, these benefits must be indicated in the installation document as applying toward the out of pocket maximum. Is there an embedded vision plan? If yes, choose one of the below options: <input type="checkbox"/> Vision will cover required essential health benefits at 100% <input type="checkbox"/> Vision will have a separate out of pocket maximum* <input type="checkbox"/> Vision is integrated with medical** *UMR will accumulate all vision services to the separate vision out of pocket limit. **UMR will integrate all vision services to the medical out of pocket limit. Does deductible apply to out-of-pocket maximum? <i>Note: This is mandatory for in-network on non-grandfathered plans renewing on or after 1/1/14 or if the Rx vendor is OptumRx and the deductible and out-of-pocket is integrated with Rx.</i> Do co-pays apply to the out of pocket maximum? <i>Note: This is mandatory for in-network on non-grandfathered plans renewing on or after 1/1/14.</i> | <p>\$unlimited</p> <p>\$unlimited</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| **If United Healthcare Choice Plus or United Healthcare Options PPO network is being accessed for this plan, were approvals received? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Reduction for non-authorization:

Note: (Only complete if the plan has an outside vendor)

****If UMR is the medical management vendor refer to the UMR-Medical management installation document.**

• Authorization provided by: _____

• Should UMR honor notifications or pre-authorizations approved by prior carrier? ☐ Yes ☐ No

All pre-authorizations will apply to In and Out of Network Providers unless otherwise noted. Emergency and routine services do not require a pre-authorization. When this plan is secondary UMR will require certification.

Note: Per Mental Health Parity, any time frames applied to psychological disorders, chemical dependence and alcoholism treatment must be the same as applied to similar types of medical treatment.

☐ **Inpatient Hospitalizations**

☐ Inpatient Maternity stays over 48 hours (normal delivery) or 96 hours (c-section)

☐ Inpatient Behavioral Health

☐ Residential Treatment (only an option if SNF requires authorization)

☐ Transplant and Transplant related services

☐ Skilled Nursing Facilities (extended care facilities)

☐ Partial Hospital Program (outpatient/only an option if HHC requires authorization)

☐ Home Health Care

☐ Durable Medical Equipment

(Excludes braces and orthotics)

☐ Any equipment purchased over \$1500

☐ Rentals over \$500

☐ Prosthetics over \$1000

☐ Clinical Trials

☐ Bariatric Surgery

☐ Additional Requirements (list below):

☐
☐
☐
☐

Prior Authorization Penalty:

Is there a pre-authorization penalty?

☐ Yes ☐ No

If Yes \$ _____ or reduced by _____ %

(Retro authorizations will apply the authorization penalty)

Penalty applies to:

☐ Per Admission (any inpatient hospital stay or extended care facility)

☐ All services requiring pre-authorization

☐ List _____

Comments:

• _____

Authorization requirements for United Healthcare Choice Plus Network providers:

- Physicians, other health care professionals and non-facility providers are responsible for ADVANCE authorization. The list of inpatient services requiring advance authorization is limited to: Orthopedic/Spine Surgeries (spinal surgeries, total knee replacements and total hip replacements), Transplants, Reconstructive/Potentially Cosmetic Procedures, Bariatric Surgeries, Congenital Heart Disease.
- Hospitals, Skilled Nursing Facilities and Acute Rehab Facilities are responsible for ADMISSION authorization. This is required within 24 hours after actual admission.

| Health Care Reform: | |
|---|---|
| This section applies to both Grandfathered and Non-Grandfathered Plans | |
| Remove Annual and Lifetime Maximums (overall plan) | HCR requires all overall annual dollar maximums to be removed after 01-01-14. (UMR cannot support an overall annual or lifetime limit on either non-essential or essential benefits. At this time UMR will only support an overall annual limit on all benefits) |
| | Remove any (overall plan) restricted annual dollar limits in place. * Plans with an annual limit waiver approval from HHS will need to comply with the PPACA on their first renewal upon expiration of the waiver. <input checked="" type="checkbox"/> No annual limit will apply for this plan. <input type="checkbox"/> N/A |
| If plan has an annual limit waiver: | Does the plan have an overall annual maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the maximum? _____ Does that maximum include RX amounts? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| This section applies to both Grandfathered and Non-Grandfathered Plans | |
| Remove Annual and Lifetime Dollar Limits (on specific services) that are considered essential health benefits (EHB) | Self-funded plans are not required to cover all essential health benefits however if they do they cannot have an annual or lifetime dollar limit on the service and non-grandfathered plans must comply with out-of-pocket accumulation rules. UMR's standard approach is to have all member cost-sharing accumulate to the out-of-pocket maximum. |
| | Benchmark that will be used to determine which of the benefits the plan covers are considered essential health benefits: <u>Utah</u> |
| This section applies to both Grandfathered and Non-Grandfathered Plans | |
| Section 1557 Nondiscrimination | Are you a covered entity under Section 1557 of the ACA? <input checked="" type="checkbox"/> No (nothing further is needed unless voluntarily adding coverage) <input type="checkbox"/> Yes. Answer Question 2. Does the plan cover gender dysphoria/gender identity disorder services? <input type="checkbox"/> Yes, plan currently covers gender dysphoria/gender identity disorders in accordance with Section 1557. <input type="checkbox"/> No. Customer will modify their plan using the UHC standard benefits guideline. <input type="checkbox"/> No. Customer will modify their plan with the following parameters (e.g. UHC standard benefits guideline plus coverage for additional services): NOTE: Be very specific in the variations that are being made. |
| This section applies only to non-Grandfathered Plans. Grandfathered plans may abide by this as well; however, it is not required. Do not complete this section unless one of the above applies. | |
| PCP Designation | If allowing or requiring designation of a primary care provider (PCP), include pediatricians and obstetricians/gynecologists in the PCP designation. <input type="checkbox"/> Plan requires designation of PCP and will include pediatricians and obstetricians/gynecologists in the PCP designation and remove authorization/referral requirements to see an OBGYN. <input type="checkbox"/> N/A |

| Health Care Reform: | |
|--|---|
| <p>This section applies only to non-Grandfathered Plans. Grandfathered plans may abide by this as well; however, it is not required. Do not complete this section unless one of the above applies.</p> | |
| Preventive Health Services (Includes Expanded Women's Health Services) | <p>Plans must provide coverage for preventive health services as defined in the statute. Plans may not impose any cost-sharing requirements for such services.</p> <p>These services include but are not limited to:</p> <ul style="list-style-type: none"> Items or services rated A or B in the current recommendations of the US Preventive Services Task Force Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) Evidence-informed preventive care and screenings for infants, children and adolescents as provided in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) Additional preventive care and screening with respect to women provided in the comprehensive guidelines supported by the HRSA Well woman visits including prenatal care HPV DNA testing for all women 30 years and older FDA-approved contraception methods, sterilization procedures and contraceptive counseling Breastfeeding support, supplies, and counseling, including costs for renting breastfeeding equipment—equipment is limited to 1 per pregnancy <p><input type="checkbox"/> Plan will remove network coinsurance and/or co-pays.</p> |
| Preventive Benefit List | <p>Provide coverage for preventive health services according to UMR standard (base) approach and remove cost-sharing requirements from in-network.</p> <p><input type="checkbox"/> Plan will implement preventive services following the UMR standard (base) approach</p> <p>OR</p> <p><input type="checkbox"/> Plan will implement preventive services following the UMR standard approach with modifications: <i>(modifications other than those listed below require prior approval).</i></p> |
| Modifications: (only complete if plan is not going with the UMR standard (base) approach above) | <p>Cover additional recommended preventive services including digital mammography, any screening mammography for all women including 3-D screening mammogram, computed tomographic colonography (virtual colonoscopy), osteoporosis screening for women, HIV testing for all risk levels and prostate cancer screening for men over age 40. (Previously titled recommended list.)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cover contraceptives services for males at the same benefit as women? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*It is not recommended to waive the deductible for this service on a QHDHP.</p> <p>Remove age restriction on HPV testing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| Preventive—Autism Screening | <p>Select One:</p> <p><input type="checkbox"/> UMR standard age range of 0-2 years (ends on 3rd birthday)</p> <p><input type="checkbox"/> Age range 0-21 years</p> <p><input type="checkbox"/> Not applicable. (Grandfathered plan that does not voluntarily cover Preventive services.)</p> |
| Preventive Prescription Coverage: | <p>Is there a PBM? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> If yes, over the counter prescriptions will not be covered under the medical plan. If no, certain over the counter preventive prescriptions will be paid through medical with no cost sharing. |
| FDA-approved contraceptives: | <p>Please confirm how FDA-approved contraceptives will be covered (check one):</p> <p><input type="checkbox"/> Covered under the drug card, unless only available through physician office or if not covered through the drug card (e.g. injections, implants and devices).</p> <p><input type="checkbox"/> If no drug card, covered under the medical plan at 100 percent. Will include: pills, patches, insertable vaginal devices, injections and administration, devices (i.e. IUD, implants) including insertion and removal.</p> <p><input type="checkbox"/> Plan will cover FDA-approved contraceptives as described below:</p> |

Health Care Reform:

This section applies only to non-Grandfathered Plans. Grandfathered plans may abide by this as well; however, it is not required. Do not complete this section unless one of the above applies.
This provision is effective after 01-01-2014

Routine Patient Care Costs incurred during participation in a Qualifying Clinical Trials

~~Routine patient care costs incurred during participation in a qualifying clinical trial. Routine patient care costs may include physician charges, labs, X-rays, professional fees, etc. The actual device/equipment is generally not covered as it is typically provided to the member through the clinical trial. Clinical trials for treatment of the following will be covered as required by PPACA: cancer or other life-threatening disease or condition.~~

- ☐ Plan will provide coverage for routine patient care costs incurred during participation in a qualifying clinical trial.

This section applies only to non-Grandfathered Plans. Grandfathered plans may abide by this as well; however, it is not required. Do not complete this section unless one of the above applies.
This provision is effective after 01-01-2014

Apply limits and accumulation rules for cost sharing (deductible, co-pays and coinsurance) for medical, pharmacy and embedded dental and vision pediatric services.

Select All that Apply:

- ☐ The plan will have separate out-of-pocket maximums for all cost sharing (deductible, coinsurance and co-pays) that in total will not exceed \$7,350 (non-HSA plans) or \$6,650 (HSA plans) for self-only coverage and \$14,700 (non-HSA plans) or \$13,300 (HSA plans) for non-self-only coverage. Confirm limit:
- Medical: \$_____ self only and \$_____ for non-self only
Pharmacy: \$_____ self only and \$_____ for non-self only or N/A _____
Embedded dental*: \$_____ self only and \$_____ for non-self only or N/A _____
Embedded vision*: \$_____ self only and \$_____ for non-self only or N/A _____
Total for all: \$_____ self only and \$_____ for non-self only

OR

- ☐ The plan will implement shared accumulation and will include an overall in-network cost sharing that does not exceed \$7,350 (non-HSA plans) or \$6,650 (HSA plans) for self-only coverage and \$14,700 (non-HSA plans) or \$13,300 (HSA plans) for non-self-only coverage for their plan year that begins on or after Jan. 1, 2017. Confirm limit: \$_____ self only and \$_____ for non-self only (If customer selects this option the SAE must follow the process as outlined in the out-of-pocket maximum FAQ):

This option applies to (check all that apply):

- ☐ Integrate pharmacy plan _____
☐ Integrate embedded dental plan*
☐ Integrate embedded vision plan*

*UMR will integrate all pediatric and adult EHB and non-EHB benefits unless specifically noted elsewhere in the installation document.

Health Care Reform:

~~This section applies only to non-Grandfathered Plans. Grandfathered plans may abide by this as well; however, it is not required. Do not complete this section unless one of the above applies.~~
~~This provision is effective after 01-01-2014~~

Provider non-discrimination

☐ ~~The Plan uses UMR's standard templates and will make UMR's recommended changes to their SPD and plan as outlined in the Provider Scope of License Overview (based on procedure).~~

OR

☐ ~~The Plan will have a benefit differential between provider types (based on provider designation).*~~

OR

☐ ~~The Plan does not use UMR's standard templates and have confirmed they will make the following change(s) to their plan.*~~

~~*Customer will keep document of their justification reason. Customer should be aware that it is their responsibility to be able to justify differences based on cost, quality, performance or reasonable medical management techniques with respect to frequency, method, treatment or setting as allowed under current guidance on the Provider Non-Discrimination Rule.~~

| SUMMARY OF BENEFITS | |
|---|--|
| <p>Manipulations: (provided by any qualified provider)</p> <ul style="list-style-type: none"> Does co-pay apply? If yes, co-pay amount*: Apply Deductible? Paid by plan <p>If the benefit for manipulation is different than the medical office visit the option chosen in HCR's provider non-discrimination provision will apply.</p> <p>*If applying a co-pay for manipulation and it is the same as the co-pay for the office visit, only one co-pay per visit will apply.</p> <p>Maximum visits per</p> <p> <input type="checkbox"/> No visit maximum <input checked="" type="checkbox"/> Calendar year* <input type="checkbox"/> Plan year* </p> <p>Maximum benefit per</p> <p> <input checked="" type="checkbox"/> No visit maximum <input type="checkbox"/> Calendar year* <input type="checkbox"/> Plan year* </p> <p>*Visit/benefit maximums are applied based on provider designation and procedure code (if a provider bills for a manipulation and a therapy on the same claim, only one visit will be applied to the manipulation maximum based on the provider's designation).</p> <p>**Medical necessity review is based on chiropractic designation and procedure code.</p> | <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No \$6 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% </p> <p> <input type="checkbox"/> Apply to procedure <input type="checkbox"/> Apply to chiropractic designation <input checked="" type="checkbox"/> N/A – no benefit difference </p> <p>30</p> <p>If no visit maximum: Our standard is to check medical necessity** after 25 visits per plan/ calendar year do you agree? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, at what point do you want medical necessity checked? _____</p> <p>\$</p> |
| <p>Durable Medical Equipment (includes DME supplies):</p> <ul style="list-style-type: none"> Apply deductible? Paid by plan Maximum benefit per <ul style="list-style-type: none"> <input type="checkbox"/> No benefit maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year Allow cost of repairs not due to misuse? Allow replacement batteries? <p>Comments:</p> | <p>Not Covered</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____% \$_____ </p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </p> |
| <p>Orthotics:</p> <ul style="list-style-type: none"> Is there coverage under the plan for orthotics? Apply deductible? Paid by plan Maximum benefit per <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No benefit maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year <p>Allow Custom Molded foot orthotics?</p> <p>Allow Non-Custom Molded shoe inserts?</p> <p>The only coverage is for joint immobilization</p> | <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% \$ </p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> |
| <p>Prosthetics: (excluding services is not recommended due to possible ADA issues.)</p> <ul style="list-style-type: none"> Is there coverage under the plan for prosthetics? <p>Our standard is to include the initial purchase, fitting, repair and replacement. Do you agree?</p> <p>If no, what should be covered?</p> <ul style="list-style-type: none"> Apply deductible? Paid by plan Maximum benefit per <ul style="list-style-type: none"> <input type="checkbox"/> No benefit maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year | <p>Not Covered</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____% \$_____ </p> |

| SUMMARY OF BENEFITS | |
|--|--|
| Extended Care Facility Benefits such as skilled nursing, convalescent or sub acute facility: <ul style="list-style-type: none"> • Apply deductible? • Paid by Plan • Maximum Days per <input type="checkbox"/> No benefit maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year <input type="checkbox"/> Disability | Not Covered <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ % _____ |
| Hearing Hardware: Does the plan cover: Hearing Aids and fittings If yes, <ul style="list-style-type: none"> • Apply deductible? • Paid by plan • Maximum <input type="checkbox"/> No benefit maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year Implantable hearing devices (ie, cochlear, soundtec) (excluding services is not recommended due to possible ADA issues) If yes, <ul style="list-style-type: none"> • Apply deductible? • Paid by plan • Maximum <input type="checkbox"/> No benefit maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year Are maximums combined? Our standard is to provide a discount hearing program through EPIC. Do you agree with our standard? <input type="checkbox"/> Yes <input type="checkbox"/> No | Not covered <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ % \$ _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ % \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Home Health Care Benefits: <ul style="list-style-type: none"> • Apply deductible? • Paid by Plan • Maximum visits per <input type="checkbox"/> No visit maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year | No Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ % _____ |
| Hospice Care Benefits: <ul style="list-style-type: none"> • Apply deductible? • Paid by Plan Allow Respite Care? <ul style="list-style-type: none"> • If yes, Time Frame: Bereavement Allow bereavement counseling? <ul style="list-style-type: none"> • If yes, maximum for bereavement counseling per <input type="checkbox"/> No maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year • Services must be furnished within _____ months of death If covered - Please note that bereavement and respite care would be paid under the Hospice benefit. | No Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No _____ hours, _____ times per week/month <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ _____ |
| Comments: _____ | |

| SUMMARY OF BENEFITS | |
|--|--|
| Ambulance and Other medically necessary Transportation (ground and air): <ul style="list-style-type: none"> • Apply deductible? • Paid by plan Does air ambulance have a different benefit? If yes, what is the benefit? _____ | Not Covered <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____% <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emergency Room (included physician and facility charges) <ul style="list-style-type: none"> • Does Co-pay apply? *applies to facility charges only • Co-pay amount per visit • Co-pay waived if admitted as an Inpatient within 24 hours? • Apply deductible? • Paid by Plan after co-pay or deductible Comments: _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No \$10 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% |
| Hospital services in an inpatient setting: (includes facility and physician charges) <ul style="list-style-type: none"> • Does Co-pay apply? If yes, Co-pay amount? *Co-pay amount is per admission and applies to facility only • Apply deductible? • Paid by plan | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% |
| Hospital services in an outpatient setting: (includes facility and physician charges) Lab and x-ray (excluding outpatient imaging) <ul style="list-style-type: none"> • Apply deductible? • Paid by plan Outpatient charges for Advanced Imaging (PET/ CT/ MRI/ MRA and Nuclear Medicine) <ul style="list-style-type: none"> • Apply deductible? • Paid by plan Surgery <ul style="list-style-type: none"> • Apply deductible? • Paid by plan All other services <ul style="list-style-type: none"> • Apply deductible? • Paid by plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% |
| Our standard is to pay physician clinic visits in an outpatient hospital setting under the outpatient hospital benefit. Do you agree? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, how should it be covered? _____ | |
| Urgent Care Services: (Our standard is to apply these services to Urgent care facility and urgent care physicians charges) <ul style="list-style-type: none"> • Apply deductible? • Co-pay per visit • Paid by plan Comments: _____ | Urgent care clinic services are excluded Urgent care facilities are covered for specific programs that have a hospital affiliation. |

| | |
|--|---|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | \$ _____ |
| | _____ % |

| SUMMARY OF BENEFITS | |
|--|--|
| <p>Walk in Retail Health Clinics: Does your plan have a separate benefit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes continue, if no skip this section and note these services will be paid according to the benefits outlined in the Medical Office Visit section of this form. Apply deductible? Co-pay per visit Paid by plan Apply U/C?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$ _____ _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Teladoc: check all applicable boxes below</p> <p><input checked="" type="checkbox"/> No coverage for Teladoc <input type="checkbox"/> General Medicine only <input type="checkbox"/> General Medicine with Behavioral Health - effective 10/1/17 <input type="checkbox"/> General Medicine with Dermatology – effective 10/1/17 <input type="checkbox"/> General Medicine with Behavioral Health and Dermatology - effective 10/1/17</p> <p>Note: Benefits must be the same for all Teladoc services chosen</p> | |
| <ul style="list-style-type: none"> Apply deductible? Apply co-pay per occurrence? <p><i>Multiple copays applicable when multiple claims are billed on the same date of service.</i> If yes, co-pay amount</p> <ul style="list-style-type: none"> Paid by plan <p>Note: Plan must pay 100% after co-pay.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$ _____ _____ %</p> |
| <p>Infertility Treatment: (Note: Services performed in a Physician's office will be paid according to the benefits outlined in the Medical Office Visit section of this form. Services performed in a Hospital will be paid according to the benefits outlined in the Hospital section.)</p> <p>Diagnostic Treatment is a covered benefit - Diagnostic infertility tests for determination of the underlying condition and treatment of the medical condition if it is causing the infertility problem, including corrective surgery are covered.</p> | |
| <ul style="list-style-type: none"> Services covered under plan (other than diagnostic testing and treatment of underlying medical conditions) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No coverage* <input type="checkbox"/> Cover surgical reversal of a sterilized state which was a result of a previous surgery. <input type="checkbox"/> Cover direct attempts to cause pregnancy by any means including, but not limited to, hormone or therapy drugs. Are drugs covered under the: <div style="display: flex; align-items: center;"> <input type="checkbox"/> Medical plan <input type="checkbox"/> Drug plan <input type="checkbox"/> Not covered </div> Maximum benefit per <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <input type="checkbox"/> No benefit maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year </div> <div style="flex: 0.2; text-align: center;">\$</div> </div> | |
| <p>If there is a maximum benefit, do you want the maximum to be integrated with Rx? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>*Only ask this question if the Rx vendor is Optum Rx.</i></p> | |
| <p>Comments: _____</p> | |
| <p>* means excluding services is not recommended due to possible ADA issues.</p> | |

| SUMMARY OF BENEFITS | |
|---|--|
| Medical Office Visit: | |
| <p>This section applies to medical services billed from a physician office setting. This section does not apply to:</p> <ul style="list-style-type: none"> Preventive/Routine Services Manipulation services billed by any qualifying provider Dental Services billed by any qualifying provider Therapy services billed by any qualifying provider Any services billed from an Outpatient Hospital Facility | |
| <p>The co-pay's below will not apply to:</p> <ul style="list-style-type: none"> Independent Lab Services billed by Radiologist or Pathologist, including Independent Radiology Facility (Free Standing Radiology Facility) | |
| <ul style="list-style-type: none"> Does a co-pay apply? If yes: <ul style="list-style-type: none"> What is the co-pay amount? Is there a separate co-pay dollar amount for specialists? If yes: <ul style="list-style-type: none"> What is the co-pay amount? | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> \$4 Copay waived for OB/GYN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div style="margin-top: 10px;"> \$6 Referral is required for there to be coverage for a specialist </div> |
| <p>UMR considers the following provider specialties to be Primary Care Physicians (PCPs): Family Practitioner, General Practitioner, Internal Medicine, Pediatrics, OBGYN, Nurse Practitioner, Physician Assistant, and Mental Health/Substance Abuse Providers. (Any specialty not listed here will be considered a Specialist)</p> | |
| <p>Do you agree with this list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>If No, please provide a list of PCP Specialties: Note: Per Mental Health Parity, to apply the specialist co-pay to mental health/substance abuse providers, mental health parity testing must be passed.</p> | |
| <p>If no co-pay, how do we pay?</p> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> Apply deductible? Paid by plan <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A % </div> </div> | |
| CO-PAY OPTION EXAMPLES- PLEASE CHOOSE ONE OF THE OPTIONS BELOW | |
| <input checked="" type="checkbox"/> Option 1 – (Standard) Co-pay taken from any office charge. Balance of all charges is paid at 100%. | |
| <input type="checkbox"/> Option 2 – Co-pay taken on office visit CPT procedure code. Balance of office visit charge and all other services paid at 100%. | |
| <input type="checkbox"/> Option 3 – Co-pay taken on office visit CPT procedure code. Balance of office visit charge and all other services - deductible is applied and balance is paid at participation level. | |
| <input type="checkbox"/> Option 4 – Co-pay taken on office visit CPT procedure code and balance of office visit charge paid at 100%. All other services (on same date) – deductible is applied and balance is paid at participation level. | |
| <input type="checkbox"/> Option 5 – Co-pay taken on office visit CPT procedure code and balance of office visit charge paid at 100%. All other services – deductible is waived and the balance is paid at participation level. | |

| SUMMARY OF BENEFITS | |
|--|---|
| <p>Our standard is to apply a co-pay on all providers billed on a particular day, excluding ologists. Do you agree? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>If no, specify: _____</p> | |
| <p>If co-pay option was selected please complete the following:</p> | |
| <p>Do you want the following office services paid differently than the co-pay option indicated?</p> | |
| <ul style="list-style-type: none"> • Office Surgery | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: Apply deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Participation % |
| <ul style="list-style-type: none"> • Allergy Injections | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: Apply deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Participation % |
| <ul style="list-style-type: none"> • Allergy Testing | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: Apply deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Participation % |
| <ul style="list-style-type: none"> • Allergy Serum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: Apply deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Participation % |
| <ul style="list-style-type: none"> • Office charges for x-ray and lab billed (excluding outpatient imaging) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: Apply deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Participation % |
| <ul style="list-style-type: none"> • Office charges for Advanced Imaging (PET/ CT/ MRI/ MRA and Nuclear Medicine) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: Apply deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Participation % |

SUMMARY OF BENEFITS

General Questions Relating to Mental Health and/or Substance Abuse Charges (Note: Services performed in a Physician's office will be paid according to the benefits outlined in the Medical Office Visit section of this form. Services performed in a Hospital will be paid according to the benefits outlined in the Hospital section.)

Does the plan cover? ☒ Yes ☐ No

If no, is there an outside vendor that is used for a mental health/substance abuse plan? ☐ Yes ☐ No

If yes,

• Who is the vendor? _____

Note: Non-grandfathered plans renewing on or after 1/1/14, the out-of-pocket must be integrated for all services. UMR can only integrate benefits with a separate stand-alone plan with UMR or OptumHealth.

• What is integrated? (standard is to integrate in-network charges only)

☐ Both deductible and out-of-pocket ☐ Out-of-pocket only

• Our standard mental illness exclusions are: personality disorders, sexual/gender identity disorders, behavior and impulse control disorders or "V" codes.

• Do you agree with these exclusions?

☐ Yes ☒ No

If no, what diagnoses are excluded? None of the above, see custom list

Note: Section 1557 requires coverage of sexual/gender identity disorders if customer is a covered entity.

• Do you cover Residential Treatment Facilities?

Note: Mental health parity requires coverage of residential treatment if the customer covers other intermediate care (i.e. skilled nursing facility, inpatient hospital, etc.)

☒ Yes ☐ No

****Please note transitional treatment will pay according to outpatient hospital benefits.
Comments – Outpatient treatment is limited to one physician visit per day
Substance Use Disorder treatment: Excludes participation in programs of a social, recreational or companionship nature.**

Oral Surgery Benefits

- Apply deductible?
- Paid by Plan

☐ Yes ☐ No ☒ N/A
100%

Allow coverage for the following including all related services:

- ☒ Excision of partially or completely impacted teeth (standard)
- ☒ Excision of tumors and cysts of the jaw, cheeks, lips, tongue, roof and floor of the mouth when such conditions require pathological exams (standard)
- ☒ Surgical procedures to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of the mouth. (standard)
- ☒ Reduction of fractures & dislocations of the jaw (standard)
- ☒ External incision and drainage of cellulitis (standard)
- ☒ Incision of accessory sinuses, salivary glands or ducts (standard)
- ☒ Excision of exostosis of jaws and hard palate (standard)
- ☐ Frenectomy – (the cutting of the tissue in the midline of the tongue)
- ☐ Gingival mucosal surgery (gingivectomy, osseous, periodontal surgery and grafting) to treat gingivitis or periodontitis
- ☐ Apicoectomy – (the excision of the tooth root without the extraction of the entire tooth)
- ☐ Root canal therapy if performed in conjunction with an apicoectomy
- ☐ Alveolectomy (leveling of structures supporting teeth for the purpose of fitting dentures). Not payable if performed in conjunction with routine extraction of natural teeth.

Other Dental Services

Dental Vendor. Not covered under medical plan.

~~If dental vendor is not UMR please indicate who would pay primary for the above procedures (dental or medical)~~
Medical

- For dental treatment as a result of an accident do you want to apply a timeframe?
If yes, (standard is 12 months)
- Allow Dental Implants?
If no, would you allow them as a result of an accident?
- Allow Anesthesia, X-ray, and Lab for medically necessary hospital services?
(e.g. young children and mentally disabled)

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☒ Yes ☐ No

- Allow coverage for any other dental services under the medical plan?
If yes, list: _____

☐ Yes ☒ No

SUMMARY OF BENEFITS

Pregnancy Benefits: (Note: Services performed in a Physician's office will be paid according to the benefits outlined in the Medical Office Visit section of this form. Services performed in a Hospital will be paid according to the benefits outlined in the Hospital section EXCEPT: If the plan is non-grandfathered or elected to comply early with the Expanded Women's Health Services, routine prenatal visits are covered with no cost sharing. Global charges will be broken out to pay a percentage at 100% and the remainder toward the medical benefit. This does not apply to high risk or complications of pregnancy.)

- Allow dependent daughter pregnancies?

☐ Yes ☒ No

Note: For non-grandfathered plans and plans complying early with Expanded Women's Health Services, certain preventive services (e.g. prenatal care, gestational diabetes screening) must be covered at 100%.

- Allow outpatient birthing centers?
- Allow home deliveries?
- Allow all elective abortions?

☒ Yes ☐ No

☐ Yes ☒ No

☒ Yes ☐ No

If no, do you cover elective abortions only when the life of mother is in danger or as a result of incest or rape?

☐ Yes ☐ No

Non-grandfathered plans and plans complying early with Expanded Women's Health Services:

- Allow sterilization for men?

☐ Yes ☐ No

Note: Expanded Women's Health Services requires services for women to be covered with no cost sharing.

- Allow breast pumps (when mom/baby separated due to medical condition)?

☐ Yes ☐ No

Grandfathered plans and plans not complying with Expanded Women's Health Services:

- Allow sterilization for men?
- Allow sterilization for women?
- Allow breast pumps for every pregnancy?

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

If no, allow only when mom/baby separated due to medical condition?

☐ Yes ☐ No

If either question is marked yes, payable at the routine benefit, or medical benefit (based on place of service billed)?

- Newborns: Our standard is to process all newborn charges under the newborn.
- Do you want the deductible* and/or co-pay waived for initial newborn stay (Days 0-5)? ☐ Yes ☒ No (standard is no)

If yes: ☐ Deductible waived ☐ Co-pay waived ☐ Deductible and co-pay waived

**QHDHPs can only waive deductibles for preventive/wellness services. Well newborn charges could be argued to fall under preventive guidelines which allow the deductible to be waived, but well newborn services are not specifically listed in the Preventive Safe Harbor guidance and this argument has not been tested in court. If the employer chooses to waive only the well newborn deductible they must understand the risk that their plan could be determined to be non-qualified at some future point in time, if it were challenged and reviewed. Our recommendation is to waive no newborn deductibles for any QHDHP in order to ensure qualified status is maintained*

Comments: _____

| SUMMARY OF BENEFITS | |
|---|--|
| Private Duty Nursing (Outpatient): | |
| • Does the plan cover? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| • Apply deductible? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| • Paid by Plan | _____ % |
| • Maximum benefit per | <input type="checkbox"/> No benefit maximum |
| | <input type="checkbox"/> Calendar year |
| | <input type="checkbox"/> Plan year |
| • Maximum Visits per | <input type="checkbox"/> No day maximum |
| | <input type="checkbox"/> Calendar year |
| | <input type="checkbox"/> Plan year |
| Comments: _____ | |

| SUMMARY OF BENEFITS | |
|--|---|
| Preventive/Routine Care Benefits for children: Is there a different benefit for children? If no, skip to next page. If yes, continue. What is the age limit? Birth through age _____ Does the plan cover? | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Maximum per : _____ <input type="checkbox"/> No benefit maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year If a maximum applies, is there coverage after the maximum has been met? • If yes, apply deductible? • Paid by Plan | \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____% |
| Does a co-pay apply*? If yes, co-pay amount? *Note: The Co-pay's below will not apply to: Independent Lab or services billed by Radiologist or Pathologist, including Independent Radiology Facility (Free Standing Radiology Facility). | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Preventive/Routine Care Benefits For Children Include: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Routine Physical Exams • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____% |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Immunizations* Please note foreign travel immunizations will be covered. • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____% |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Routine Hearing Exams • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____% |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Routine diagnostic test, lab and x-rays • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____% |

| SUMMARY OF BENEFITS | |
|---|---|
| Preventive/Routine Care Benefits: | |
| Does the plan cover? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Maximum per : <input checked="" type="checkbox"/> No benefit maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year If a maximum applies, is there coverage after the maximum has been met? • If yes, apply deductible? • Paid by Plan | \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A % |
| Does a co-pay apply*? If yes, co-pay amount? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No \$4 PCP network, \$6 non-PCP network |
| *Note: The Co-pay's below will not apply to: Independent Lab or services billed by Radiologist or Pathologist, including Independent Radiology Facility (Free Standing Radiology Facility). | |
| Preventive/Routine Care Benefits Include: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Routine Physical Exams • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Immunizations *Please note foreign travel immunizations will NOT be covered. Shingles vaccination is allowed for ages 60 and older (Standard). • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Routine diagnostic test, lab and x-rays • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Routine Mammograms *Please note 3-D Mammograms will be covered. • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan • Allow one per year? If no, what is the benefit? • Is there an age limit? If yes, what is the age limit? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>No Limit</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Routine pap test and pelvic exams • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan • Allow one per year? If no, what is the benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>No Limit</u> |

| SUMMARY OF BENEFITS | |
|---|--|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Routine PSA test and prostate exam <ul style="list-style-type: none"> • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan • Allow one per year? If no, what is the benefit? • Is there an age limit? If yes, what is the age limit? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>No Limit</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>50+, 40+ with family history</u> |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Routine colonoscopy, sigmoidoscopy and similar routine procedures done for preventive reasons <ul style="list-style-type: none"> • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan • Is there an age limit? If yes, what is the age limit? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>50+</u> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Routine hearing exam <ul style="list-style-type: none"> • Include in maximum? • Apply co-pay? • Apply deductible? • Paid by plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A % |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Other List: _____ _____ _____ | |

| SUMMARY OF BENEFITS | |
|---|---|
| Routine Vision Care benefits: Is there a benefit for routine vision care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there separate vision vendor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Vendor Name: _____ Phone Number: _____ | |
| UHC Options and Choice Plus do not contract with Providers for routine vision services. | |
| <ul style="list-style-type: none"> Is there a benefit for routine eye exams and glaucoma testing? <ul style="list-style-type: none"> If yes, are routine eye exams included in the routine benefits maximum or in the vision care benefits? <ul style="list-style-type: none"> Apply co-pay? If yes, co-pay amount? Apply deductible? Paid by plan Allow one per year? If no, | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Routine Benefit <input type="checkbox"/> Vision Care Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> Is there a benefit for routine eye refractions? <ul style="list-style-type: none"> If yes, are eye refractions included in the routine benefits maximum or in the vision care benefits? <ul style="list-style-type: none"> Apply co-pay? If yes, co-pay amount? Apply deductible? Paid by plan Allow one per year? If no, | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Routine Benefit <input type="checkbox"/> Vision Care Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Our standard is to cover: Eye exams and glaucoma testing related to a medical condition. Eye refractions and one set of contact lenses or glasses (Frames and lenses) after cataract surgery. *Note: Services performed in a Physician's office will be paid according to the benefits outlined in the Medical Office Visit section of this form. Services performed in a Hospital will be paid according to the benefits outlined in the Hospital section. | |

| SUMMARY OF BENEFITS | | |
|---|--|---|
| Routine Vision Hardware: Does the plan cover? • Apply deductible? • Paid by plan | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A % | |
| Allow: | | |
| • Lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, • Single? <input type="checkbox"/> Yes <input type="checkbox"/> No • Bifocal? <input type="checkbox"/> Yes <input type="checkbox"/> No • Trifocal? <input type="checkbox"/> Yes <input type="checkbox"/> No • Lenticular? <input type="checkbox"/> Yes <input type="checkbox"/> No • Progressive? <input type="checkbox"/> Yes <input type="checkbox"/> No • Frames? <input type="checkbox"/> Yes <input type="checkbox"/> No • Contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No • Contact Lens Fitting? <input type="checkbox"/> Yes <input type="checkbox"/> No • Safety Lenses and frames? <input type="checkbox"/> Yes <input type="checkbox"/> No • Sunglasses or subnormal vision aids? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are the maximums <input type="checkbox"/> Separate <input type="checkbox"/> Combined • Are the maximums <input type="checkbox"/> Plan/Calendar Year <input type="checkbox"/> Other _____ | If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ Include in exam or hardware benefit? _____ If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ If yes, Dollar maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ | |
| Other Vision Care Services: Does the plan cover? • Apply deductible? • Paid by plan | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A % |
| Allow: | | |
| • Eye Surgeries used to improve/correct eyesight for refractive disorders (ie: lasik surgery, radial keratotomy, etc?) (excluding services is not recommended due to possible ADA issues.) <input type="checkbox"/> Yes <input type="checkbox"/> No • Fitting or dispensing of non-prescription glasses or vision devices whether or not prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No • Vision therapy services including orthoptics? (excluding services is not recommended due to possible ADA issues.) <input type="checkbox"/> Yes <input type="checkbox"/> No • Correction of visual acuity or refractive errors? (excluding services is not recommended due to possible ADA issues.) <input type="checkbox"/> Yes <input type="checkbox"/> No • Aniseikonia? (each eye sees an object differently) (excluding services is not recommended due to possible ADA issues.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| SUMMARY OF BENEFITS | |
|---|--|
| Services in a Country outside of the United States: <ul style="list-style-type: none"> Do you allow? <ul style="list-style-type: none"> If yes: <ul style="list-style-type: none"> Emergency Treatment only? All services (except if sole purpose of travel is to obtain services, drugs or supplies)? <p>(Note: Services performed in a Physician's office will be paid according to the benefits outlined in the Medical Office Visit section of this form. Services performed in a Hospital will be paid according to the benefits outlined in the Hospital section.)</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Temporomandibular Joint Disorder benefits: (excluding services is not recommended due to possible ADA issues and can be covered under medical or dental.) <ul style="list-style-type: none"> Covered Services: <ul style="list-style-type: none"> <input type="checkbox"/> All (surgery, appliances, adjustments) <input type="checkbox"/> Diagnostic only – to determine diagnosis <input type="checkbox"/> Non surgical treatment(includes diagnostic) <input type="checkbox"/> Surgery only <input checked="" type="checkbox"/> No coverage Apply deductible? Paid by plan Maximum benefit per: <ul style="list-style-type: none"> <input type="checkbox"/> No benefit maximum <input type="checkbox"/> Calendar year <input type="checkbox"/> Plan year Do you want the maximum to apply to all services checked above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which services should be included in the maximum? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____% \$ _____ |
| Therapy (Outpatient treatment) provided by any qualified provider: <p>Occupational Therapy and Physical Therapy: Maximum visits for outpatient hospital and office visit combined per: _____ <input checked="" type="checkbox"/> No Visit Maximum <input type="checkbox"/> Calendar Year* <input type="checkbox"/> Plan Year* If no visit maximum: Our standard is to check medical necessity** after 25 visits per plan/calendar year, do you agree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, at what point do you want medical necessity checked? <u>No review</u></p> <p>*Visit/benefit maximums are applied based on provider designation and procedure code (if a provider bills for a manipulation and a therapy on the same claim, only one visit will be applied to the therapy maximum based on the provider's designation). **Medical necessity review is based on physical/occupational therapist designation and procedure code.</p> | |
| Outpatient Hospital Therapy: <ul style="list-style-type: none"> Does a co-pay apply? If yes, co-pay amount* Apply deductible? Paid by plan | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% |
| Outpatient Office Therapy: <ul style="list-style-type: none"> Does a co-pay apply? If yes, co-pay amount* Apply deductible? Paid by plan <p>Occupational therapy: Excludes recreational programs, maintenance therapy, or supplies used in occupational therapy If the benefit for therapy is different than the medical office visit the option chosen in HCR's provider non-discrimination provision will apply.</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$6 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% <input type="checkbox"/> Apply to procedure <input checked="" type="checkbox"/> Apply to PT/OT designation <input type="checkbox"/> N/A – no benefit difference |
| <p>*If applying a co-pay for therapy and it is the same as the co-pay for the office visit, only one co-pay per visit will apply.</p> | |

| SUMMARY OF BENEFITS | |
|--|---|
| Speech Therapy: Maximum visits for outpatient hospital and office visit combined per: _____ <input checked="" type="checkbox"/> No Visit Maximum <input type="checkbox"/> Calendar Year* <input type="checkbox"/> Plan Year* | |
| If no visit maximum: Our standard is to check medical necessity** after 25 visits per plan/calendar year, do you agree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, at what point do you want medical necessity checked? <u>No review</u> | |
| *Visit/benefit maximums are applied based on provider designation and procedure code (if a provider bills for a manipulation and a therapy on the same claim, only one visit will be applied to the therapy maximum based on the provider's designation). **Medical necessity review is based on speech therapist designation and procedure code. | |
| Outpatient Hospital Therapy: <ul style="list-style-type: none"> Does a co-pay apply? If yes, co-pay amount* Apply deductible? Paid by plan | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A \$ <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% |
| Outpatient Office Therapy: <ul style="list-style-type: none"> Does a co-pay apply? If yes, co-pay amount* Apply deductible? Paid by plan | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$6 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% |
| If the benefit for therapy is different than the medical office visit the option chosen in HCR's provider non-discrimination provision will apply. *If applying a co-pay for therapy and it is the same as the co-pay for the office visit, only one co-pay per visit will apply. | <input type="checkbox"/> Apply to procedure <input checked="" type="checkbox"/> Apply to PT/OT designation <input type="checkbox"/> N/A – no benefit difference |
| Is the maximum a combination of PT/OT, and ST? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

| SUMMARY OF BENEFITS | |
|---|---|
| <p>Transplant Services (excluding services is not recommended due to possible ADA issues.) Any service included in the transplant contract will be considered under the transplant benefits. If a service is not included in the transplant contract, the benefits will be payable based on the place of service rendered.</p> <p>• Allow benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(Note: If insured Transplant policy is sold do not ask the questions below.)</p> <p>• What types of transplants should the plan cover?</p> <p><input type="checkbox"/> Medicare-approved transplants only (covered transplants may vary by location)</p> <p><input type="checkbox"/> UMR's standard transplants (kidney, kidney/pancreas, pancreas, liver, heart, lung, heart/lung, small bowel, and bone marrow or stem cell transplants for certain conditions)</p> <p>Please note: Cornea transplants are payable under Medical Benefits not Transplant benefits.</p> <p>Are you aware of any open transplant cases? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>Designated Facility Benefits: Transplant services provided by: _____</p> <p>• Apply deductible? Note: This will always apply to the highest level of benefits.</p> <p>• Paid by plan</p> <p>• Apply to out-of-pocket? Note: This may be mandatory for non-grandfathered plans renewing on or after 1/1/14 based on the benchmark plan.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>_____ %</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Travel and Housing:</p> <p>• Do you want to allow coverage for travel and housing? Note: Travel and housing is covered at 100%, deductible waived except for QHDHPs travel and housing is covered 100% after the deductible. If yes, coverage is allowed for the covered recipient and:</p> <p><input type="checkbox"/> Donor covered by this plan</p> <p><input type="checkbox"/> Non-covered Donor (Note: If donor has other insurance coverage, his/her plan must pay first.)</p> <p>• Is there a maximum per transplant for travel and housing? (Note: Benefits are reimbursed for the recipient and/or donor and one other person (two if patient is a minor) if donors are covered by this plan.)</p> <p>• If yes, what is the maximum amount?</p> <p>• Include the travel maximum in the overall transplant maximum (if applicable)?</p> <p>• Do you agree to cover the following:</p> <p>• Airfare</p> <p>• Tolls/Parking fees</p> <p>• Apartment rental</p> <p>• Hotel rental</p> <p>• Relocation fees</p> <p>• Tax</p> <p>• Gas/Mileage If yes, our standard is to reimburse mileage at the current government rate. Do you wish to apply this standard? If no, at what rate should mileage be reimbursed?</p> <p>• Will benefits for travel and housing be paid beginning with the pre-transplant evaluation and up to one year from the date of transplant? If no, what is the timeframe?</p> <p>• Our standard is to allow travel expenses if a Covered Person (or donor, if donors are covered) lives more than 50 miles from the transplant facility. Do you agree? If no, how many miles?</p> <p>• If Medicare is primary, how should travel and housing benefits be administered?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>\$ _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>\$ _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ miles</p> <p><input type="checkbox"/> Same as above</p> <p><input type="checkbox"/> No coverage</p> |

| | In Network (Tier One) |
|---|--|
| Transplant services – Non Designated Facility | |
| <ul style="list-style-type: none"> • Allow benefits? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <ul style="list-style-type: none"> — If yes: <ul style="list-style-type: none"> • Apply deductible? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <ul style="list-style-type: none"> • Paid by plan | _____% |
| <ul style="list-style-type: none"> • Apply to out-of-pocket? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • Is there a maximum benefit for transplants? <small>Note: This may be mandatory for on non-grandfathered plans renewing on or after 1/1/14 based on the benchmark plan.</small> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • Annual/lifetime dollar maximums may be allowed depending on the benchmark plan selected. | |
| <ul style="list-style-type: none"> • If yes, what is the maximum? | \$ _____ |
| <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <input type="checkbox"/> Per Transplant <input type="checkbox"/> Lifetime <input type="checkbox"/> Calendar Year <input type="checkbox"/> Plan Year </div> </div> | |
| Travel and Housing: | |
| <ul style="list-style-type: none"> • Do you want to allow coverage for travel and housing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • <small>Note: Travel and housing is covered at 100%, deductible waived except for QHDHPs travel and housing is covered 100% after the deductible.</small> | |
| <ul style="list-style-type: none"> • If yes, coverage is allowed for the covered recipient and: <ul style="list-style-type: none"> <input type="checkbox"/> Donor covered by this plan <input type="checkbox"/> Non covered Donor (Note: If donor has other insurance coverage, his/her plan must pay first.) | |
| <ul style="list-style-type: none"> • Is there a maximum per transplant for travel and housing? (Note: Benefits are reimbursed for the recipient and/or donor and one other person (two if patient is a minor) if donors are covered by this plan.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • If yes, what is the maximum amount? | \$ _____ |
| <ul style="list-style-type: none"> • Do you agree to cover the following: <ul style="list-style-type: none"> • Airfare • Tolls/Parking fees • Apartment rental • Hotel rental • Relocation fees • Tax • Gas/Mileage | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • If yes, our standard is to reimburse mileage at the current government rate. Do you wish to apply this standard? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • If no, at what rate should mileage be reimbursed | \$ _____ |
| <ul style="list-style-type: none"> • Will benefits for travel and housing be paid beginning with the pre-transplant evaluation and up to one year from the date of transplant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • If no, what is the timeframe? | _____ |
| <ul style="list-style-type: none"> • Our standard is to allow travel expenses if a Covered Person (or donor, if donor is covered) lives more than 50 miles from the transplant facility. Do you agree? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • If no, how many miles? | _____ miles |
| <ul style="list-style-type: none"> • If Medicare is primary, how should travel and housing benefits be administered? | <input type="checkbox"/> Same as above <input type="checkbox"/> No coverage |

- The following items will be covered under the:

(If OptumRx is the RX vendor please refer to the OptumRx installation document).

| | Medical Plan | Drug Plan | Not Covered |
|--|---|--------------------------|--------------------------|
| Diabetic Supplies <ul style="list-style-type: none"> Apply deductible Paid by Plan (ie: Lancets, alcohol swabs, blood test strips.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 100% \$4 copay PCP network, \$6 copay non-PCP network | <input type="checkbox"/> | <input type="checkbox"/> |
| (Insulin pumps are considered Durable Medical Equipment) | | | |
| Insulin <ul style="list-style-type: none"> Apply deductible Paid by Plan (ie: only insulin, insulin syringes, and pen needles) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% \$4 copay PCP network, \$6 copay non-PCP network | <input type="checkbox"/> | <input type="checkbox"/> |

Please complete:

| | | | |
|---|--|--------------------------|-------------------------------------|
| Growth Hormones <ul style="list-style-type: none"> Apply deductible Paid by Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A % | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Take home medications <ul style="list-style-type: none"> Apply deductible Paid by Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A 100% | <input type="checkbox"/> | <input type="checkbox"/> |

- The following items will be covered under the:

| Contraceptive Products (*EEOC states that it is discriminatory to not provide coverage for prescription contraceptives) | Medical Plan | Medically Necessary (under Medical Plan) | Drug Plan | Not Covered |
|--|--|--|-------------------------------------|--------------------------|
| <ul style="list-style-type: none"> • Contraceptive patches, oral tablets, or self-insertable vaginal devices containing contraceptives hormones (ie: Nuva ring). <i>*If pharmacy is covered under the medical plan, and the plan is non-grandfathered or has elected to comply with the Expanded Women's Health Services early, contraceptives will be covered with no cost sharing (do not fill out questions)</i> | <input type="checkbox"/> <input type="checkbox"/> Routine <input type="checkbox"/> Medical based on the place of service billed. | <input type="checkbox"/> <input type="checkbox"/> Routine <input type="checkbox"/> Medical based on the place of service billed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> • Contraceptive Injections (such as Depo-provera) and its administration. <i>*If the plan is non-grandfathered or has elected to comply with the Expanded Women's Health Services early, contraceptives will be covered with no cost sharing (do not fill out in-network questions)</i> | <input checked="" type="checkbox"/> <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Medical based on the place of service billed. | <input type="checkbox"/> <input type="checkbox"/> Routine <input type="checkbox"/> Medical based on the place of service billed. | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ▪ Contraceptive devices such as, IUDs, implants, including the insertion and removal. <i>*If the plan is non-grandfathered or has elected to comply with the Expanded Women's Health Services early, contraceptives will be covered with no cost sharing (do not fill out in-network questions)</i> | <input checked="" type="checkbox"/> <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Medical based on the place of service billed. | <input type="checkbox"/> <input type="checkbox"/> Routine <input type="checkbox"/> Medical based on the place of service billed. | <input type="checkbox"/> | <input type="checkbox"/> |

If contraceptives are not covered under the medical plan do you want to allow the coinciding office visit? ☒Yes ☐No

NOTE: If the plan is non-grandfathered or has elected to comply with the Expanded Women's Health Services early, the coinciding office visit will be covered with no cost sharing.

**Note: If billed with a diagnosis other than contraceptive management, services are not included in this benefit; however, they are considered under the medical benefit.*

| Exclusions: (Note: Services performed in a Physician's office will be paid according to the benefits outlined in the Medical Office Visit section of this form. Services performed in a Hospital will be paid according to the benefits outlined in the Hospital section.) | Excluded | Covered |
|--|--|--|
| Acupuncture Treatment | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alternative/Complimentary Treatment <ul style="list-style-type: none"> Holistic or homeopathic medicine Hypnosis Other alternative treatment that is not accepted medical practice as determined by the Plan. | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Aquatic Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Augmentation communication devices (excluding services is not recommended due to possible ADA issues.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Autism Spectrum Services (excluding services is not recommended due to possible ADA issues.) <ul style="list-style-type: none"> Intensive Behavioral Therapy, when medically necessary (for example Applied Behavioral Analysis (ABA) Therapy) Other Services for autism spectrum disorders (for example office visits, diagnostic testing, PT/OT/ST, etc) **Due to mental parity no separate maximum is allowed for these services. | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Biofeedback | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Blood Pressure Cuffs/Monitors | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Breast Reductions based on medical necessity | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Counseling (Does not include Home Health or Morbid Obesity provision) <ul style="list-style-type: none"> Diabetic Counseling based on medical necessity Nutritional Counseling based on medical necessity Marriage Counseling | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Developmental Delays (due to possible ADA issues, we recommend language clarifying the exclusion does not apply to procedures that do meet medical necessity for coverage.) <ul style="list-style-type: none"> Occupational Therapy Physical Therapy Speech Therapy Medical Charges | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Experimental/Investigational <ul style="list-style-type: none"> Qualifying Clinical Trial *NOTE: If a plan is non-grandfathered or has elected to comply with the routine patient care costs incurred during a qualifying clinical trial early, these services will be covered following normal plan benefits. Life Threatening condition exception **Please note that allowing this may cause a potential stop loss gap in coverage-stop loss policy may not cover. | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Foot Care Please note: Foot care is always covered if: <ul style="list-style-type: none"> It is done as the result of an infection or disease (ie: removal of ingrown toenails.) Treatment of any condition resulting from weak, strained, flat, unstable or unbalanced feet, when surgery is performed. Physician's office visit for diagnosis of bunions. Treatment of bunions when an open cutting operation or arthroscopy is performed. <ul style="list-style-type: none"> Treatment of corns, calluses and toenails when at least part of the nail root is removed or when needed to treat a metabolic or peripheral vascular disease Palliative foot care Trimming of nails, corns or calluses when there is not a metabolic disease (Routine) | <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Gender Transition Surgery - Standard is to exclude *Note: If plan covers gender transition surgery, then sexual/gender identity disorders should also be covered under the mental health section. If plan is a covered entity under Section 1557 of the ACA, the UHC standard is to cover Gender Transition. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Genetic Counseling or Testing based on medical necessity | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Genetic Counseling or Testing based only on family history | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Exclusions: | Excluded | Covered |
|---|--|--|
| Infant Formula (administered through a tube as the sole source of nutrition for the Covered Person) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Learning Disability | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Wrong Surgeries - Standard is to exclude | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Massage Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Nutritional Supplements <ul style="list-style-type: none"> Enteral Feedings - (administered through a tube as the sole source of nutrition for the Covered Person) Supplies including feeding tubes, pumps, bags and products. Supplemental feedings, over-the-counter nutritional and electrolyte supplements. | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Orthognathic, Prognathic and Maxillofacial Surgery | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Panniculectomy/Abdominoplasty (Please note: these services will be covered if based on medical necessity.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Reconstructive Surgery (Federally mandated breast reconstruction is always covered) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Congenital defects | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cosmetic surgery (Please note: these services will be covered if based on medical necessity.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sales Tax for DME | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sales Tax for other than DME, shipping and handling | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Complications from a non covered service - Standard is to exclude | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sexual Function (excluding services is not recommended due to possible ADA issues.) (any medications, oral or other, used to increase sexual function or satisfaction or penile pumps and erectaid devices) <ul style="list-style-type: none"> Diagnostic Non Surgical Surgical Prescription Drugs If covered is there a dollar maximum? | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Sleep Disorders (excluding services is not recommended due to possible ADA issues) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sleep Studies (excluding services is not recommended due to possible ADA issues) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Telemedicine (includes telephone and internet) <ul style="list-style-type: none"> Patient to Physician Physician to Physician | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Tobacco addiction If covered, <input type="checkbox"/> Apply Routine benefit <input checked="" type="checkbox"/> Apply Normal Plan benefit. **Charges will pay according to the place of service billed. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

COORDINATION OF BENEFITS

Please indicate the COB provisions that you wish to administer:

☐ ~~Option 1 Up to 100% coverage between the primary and secondary plan.~~

~~Example:~~

~~\$5,000 Billed Amount~~

~~\$4,000 Allowed Amount (of the plan with the greater overall claim discount)~~

~~-1,000 Paid by Primary Carrier~~

~~\$3,000 Balance Due~~

~~\$4,000 Allowed Amount (of the plan with the greater overall claim discount)~~

~~-250 UMR Plan Deductible~~

~~\$3,750~~

~~-80% UMR Plan Participation~~

~~\$3,000 UMR Plan Could Pay~~

~~\$3,000 UMR Plan Paid~~

~~\$1,000 Paid by Primary Carrier~~

~~\$4,000 Total Paid on Bill (Amount paid by UMR and Primary Carrier)~~

~~\$ 0 Employee's Responsibility~~

☐ ~~Option 2 Benefits are coordinated by subtracting the primary plan paid amount from the allowed amount (whichever plan is less). The balance is then used to calculate this plan's benefit.~~

~~Example:~~

~~\$5,000 Billed Amount~~

~~\$4,000 Allowed Amount (of the plan with the greater overall claim discount)~~

~~-1,000 Paid by Primary Carrier~~

~~\$3,000 Balance Due~~

~~\$3,000 Balance Due after Primary Payment~~

~~-250 UMR Plan Deductible~~

~~\$2,750~~

~~-80% UMR Plan Participation~~

~~\$2,200 UMR Plan Could Pay~~

~~\$1,000 Paid By Primary Carrier~~

~~\$2,200 UMR Plan Paid~~

~~\$3,200 Total Paid on Bill (Amount paid by UMR and Primary Carrier)~~

~~\$ 800 Employee's Responsibility (UMR deductible and 20% coinsurance)~~

☐ ~~Option 3~~ Benefits are coordinated based on this plan's provision. If this plan's benefit is less than or equal to the other carrier's payment, no payment is made by this plan. If this plan's benefit is greater than the other carrier's payment, this plan will provide a benefit for the difference between the UMR "could pay" and the other carrier's payment. COB savings are not established.

If you choose this option is the calculation based on ☐ Total Charge ☐ Lesser of the Medicare Approved Amount or U&C allowance

☐ Medicare's approved amount. If Medicare's approved amount is 0, then use our U&C allowance.

~~Example:~~

~~\$5,000 Billed Amount~~

~~\$4,000 Allowed Amount (of the plan with the greater overall claim discount)~~

~~-1,000 Paid by Primary Carrier~~

~~\$3,000 Balance Due~~

~~\$4,000 Allowed Amount (of the plan with the greater overall claim discount)~~

~~-250 UMR Plan Deductible~~

~~\$3,750~~

~~-80% UMR Plan Participation~~

~~\$3,000 UMR Plan Could Pay~~

~~-1,000 Paid by Primary Carrier~~

~~\$2,000 UMR Plan Paid~~

~~\$1,000 Paid By Primary Carrier~~

~~\$2,000 UMR Plan Paid~~

~~\$3,000 Total Paid on Bill (Amount paid by UMR and Primary Carrier)~~

~~\$1,000 Employee's Responsibility (UMR deductible and 20% coinsurance)~~

- ~~• Allow internal coordination of benefits, if both employee and spouse are covered under this plan?~~

~~☐ Yes ☐ No~~

~~If yes, can you provide us with a list of members who have dual coverage? ☐ Yes ☐ No~~

- ~~• Our standard is to determine COB by the Birthday rule do you agree? ☐ Yes ☐ No~~

- ~~• Is COB the same for Medicare eligible employees? ☐ Yes ☐ No~~

~~If no, what COB provision should be used for Medicare eligible employees?~~

~~☐ Option 1 ☐ Option 2 ☐ Option 3~~

~~If you choose Option 3 this option is the calculation based on ☐ Total Charge ☐ Lesser of the Medicare Approved Amount or U&C allowance ☐ Medicare's approved amount. If Medicare's approved amount is 0, then use our U&C allowance.~~

- ~~• Medicare If plan is not primary and a covered person has Part A, but has not elected Part B, will this plan reduce the benefits as if Part B was elected? ☐ Yes ☐ No~~

~~If yes, will VA Hospitals be handled the same way? ☐ Yes ☐ No~~

- ~~• **All VA Hospitals will pay at the in-network level of benefits.~~

General Items:

1. The Timely Filing period for initial submission of claims is:

(Timely filing is determined using the date of service to the receipt of the claim in our office)

- ☐ 12 Months ☐ 15 Months ☐ 18 Months ☐ 24 Months ☒ Other (specify) 60 days from date of service, hospitals have 90 days

****Note:** If a claim is denied the member/provider has to send in documentation within the initial appeal guidelines.

2. In situations when a claim is held because of incomplete information and a provider discount is at risk of being lost, how would you like the claim(s) to be administered?

☐ Continue to hold claim for information, accepting the loss of the discount regardless of the discount amount?

☐ Work with the plan authorized representative to help obtain member information keeping the discount intact?

We will contact you for claims with discount amounts in excess of \$5,000.00 for which we have not received information from the member. Please specify if there is a different dollar threshold you would like us to apply.

\$

Any discount below this threshold will be lost if information is not received.

☒ Pay the claim to keep the discount intact, but risk the potential overpayment? *NOTE: Your stop loss carrier may not reimburse you if the condition falls under a plan exclusion.

****Due to network discount prompt payment requirements with provider facilities, many of which require claim payment within 30 days of claim receipt and some sooner, timely approval of all installation documents will assist with securing as many prompt pay discounts as possible for your plan.**

****For claims affected by stoploss UMR will contact the plan authorized representative regardless of the discount amount.**

3. UMR provides the following methods for gathering Other Insurance. Select one option below:

****Please note that not verifying other insurance may cause a potential stop loss gap in coverage-stop loss policy may not cover.**

☐ **(Standard)** Check for other insurance if claim exceeds \$1,000 in billed charges and UMR has not received an other insurance update in the past 12 months. Pursue other insurance if EOB from other payer is received with the claim.

If the standard isn't selected, then choose one of the below options:

Options to Standard:

☐ **(Option 1)** Check for other insurance once, then turn off annual checking. Pursue other insurance if EOB from other payer is received with the claim.

☒ **(Option 2)** Do not check for other insurance and pursue other insurance only if EOB from other payer is received with the claim.

Other Insurance will originally be received:

☐ ID Card Activation Sticker

☐ Survey

☐ Eligibility File

☒ Other: No check.

4. Because the Installation document is completed prior to the actual Plan document/SPD, sometimes claims issue come up that require further interpretation. In that case, choose one of the following options:

☒ Use my former plan document/SPD to aid in interpretation (usually used for customers transitioning to UMR standard language) *Note: Eligible stop loss claims may not be eligible for reimbursement as the current, signed plan document would be utilized for determining reimbursement.*

☐ Use UMR's standard plan document language to aid in interpretation (usually used for brand new groups who don't have a prior plan document/SPD)

Miscellaneous Information

1. Explanation of Benefit forms (EOB's):

- Our standard is to provide an EOB to the employee only.
- Member EOBs are available on our website. Our standard is to suppress all member EOBs when the patient responsibility is \$0 or the patient is responsible for only a flat co-pay and this plan is paying primary. Is this acceptable? ☒ Yes ☐ No Suppress all

2. Accumulations

- Our standard is to start accumulations over. Is this acceptable? ☐ Yes ☒ No
If no, what accumulations need to be transferred? Via data conversion

| | | |
|--------|--|--|
| Other: | | |
| Other: | | |
| Other: | | |

Please note: All accumulators from the prior carrier will be loaded to our system based on the eligibility file that has been received. If an accumulator does not have current eligibility from the file the information will not be applied.

**** See reference guide for specific accumulation transfer examples****

- Expected date to receive the test file: _____
- Expected date to receive the production file: _____
- What format will we receive these in? (Excel or Access) _____
- Note: 1 accumulation file will be accepted. EOBs should be submitted to UMR for any claims processed by the prior carrier after the accumulation file is run to have the accumulations adjusted.
- Information that needs to be included: Employee's social security number, first and last name, date of birth, patient's first and last name, date of birth, relationship to employee, sex, accumulation amount, accumulation type (lifetime, deductible, etc.), accumulation date and plan or class code.

3. Additional Comments, Benefit Clarifications, etc.: (Note : Be very specific regarding any benefits listed below)

- Cardiac Rehab: Limited to 3 times per week and up to a maximum of 18 consecutive weeks per occurrence.
- Chemotherapy: Limited to anticancer treatments that are not in an investigational or experimental stage to include antineoplastic agents(such as anticancer drugs) or agents used to destroy microorganisms (such as antibiotic drugs) - Excludes oral chemotherapy, subcutaneous injections and intra-muscular injections that are not in an investigational or experimental stage.
- Pulmonary Rehab: Limited to a maximum of 36 visits per covered person per lifetime
- Respiratory/Inhalation therapy: excludes custodial or maintenance care
- _____
- _____

4. Are there any other benefits that you feel we have not addressed that are different than the normal plan participation? ☒ Yes ☐ No See below.

Access to Care

The Referral Process:

The Primary Care Physician (PCP) will direct and coordinate all of the Reimbursable Medical Services. Whenever a Medically Necessary Reimbursable Medical Service is needed and cannot be provided by the PCP, the PCP will suggest and choose the appropriate Contracted Provider, such as a specialist or ancillary Provider. Initial referrals to Contracted Providers must be arranged and approved by the PCP.

Specialist who have an active referral from the PCP can submit their own specialty care referrals within the network as needed. Specialist direct referrals will have a maximum 90-day window based on the initial active referral initiated by the PCP. After submitting the referral directly through the referral tool, specialty care providers are required to also fax a copy of their referral request directly to the PCP center where the WVHA member started their care.

Out of Network Specialty Providers:

If a member makes a visit to a provider that is not contracted by the West Volusia Hospital Authority Program (WVHA), any resulting medical bills will be paid by the member.

Non-Emergency Hospital Care:

If a member needs to go to the hospital, the following steps must be followed:

1. The only Hospitals approved by the WVHA Program are Fish Memorial and Florida Hospital DeLand.
2. Hospital services, including patient (overnight stay) or outpatient (one day only), need to be approved by the PCP. WVHA Program will approve claims payment for reimbursable services at participating hospitals only. Exception: Member is treated in the Emergency Room at a participating hospital.
3. The member must show their Plan Identification Card (ID) during admittance to the hospital.

Billing for Services:

Providers and hospitals will submit bills directly to WVHA Program Billing Agency. The member is only responsible for the co-payment.

Payment of Co-payments:

When a co-payment is required, it will be paid directly to the Provider.

| SERVICE TYPE | COPAYMENT |
|------------------------|----------------|
| Primary Care Physician | \$4 copayment |
| Specialist Visits | \$6 copayment |
| Prescription Drug | \$1 copayment |
| Emergency Room | \$10 copayment |
| Hospital | \$0 copayment |

Reimbursable Services

The member may receive reimbursable medical services which are performed, prescribed, or referred by their Primary Care Physician, with the exception of any exclusion listed below. The WVHA Program 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.

| SERVICE TYPE | BENEFIT |
|---------------------------------------|--|
| Preventive Health Care | Includes periodic evaluations and immunizations for pediatrics and adults. Services will be provided by the PCP. |
| Specialist Visits | Reimbursed when approved by the PCP and with participating providers. |
| Ambulatory Outpatient Services | Reimbursed when approved by the PCP and performed in a participating hospital (Fish Memorial and Florida Hospital DeLand). |
| Hospital Admissions | Reimbursed at participating hospitals (Fish Memorial and Florida Hospital DeLand). |
| Laboratory Services | Reimbursed only at Quest Diagnostic Laboratory. |
| Pharmacy Benefits | Medication listed in the Preferred Drug List only. Prescriptions must be filled at Ritter's Pharmacy. |
| Dental Services | Reimbursed when approved by the PCP and with participating Dentists. |
| Mental Health | Reimbursed when approved by the PCP and with participating providers. |

Benefit Exclusions

- (1) All costs associated with the collection and preservation of sperm for artificial insemination.
- (2) Alternative and holistic health care services.
- (3) Ambulance services.
- (4) Any patient treated in a hospital while under arrest by, in custody of, being guarded by a law enforcement officer, or under house arrest.
- (5) Any service provided or received without having been prescribed, directed or authorized by the Health Care district, except in cases of emergency.
- (6) Any services in connection with education and treatment for learning or developmental disabilities.
- (7) Chelation therapy when used for cosmetic reason.
- (8) Complications related to non-covered services.

- (9) Cosmetic, medical, surgical, and non-surgical treatments and procedures provided primarily for cosmetic purposes, which shall include but are not limited to:
- (a) Surgery to the upper and lower eyelid,
 - (b) Penile implant,
 - (c) Augmentation mammoplasty,
 - (d) Reduction mammoplasty for male or female or other cosmetic procedure to the breast,
 - (e) Removal of breast implants except in post mastectomy surgery,
 - (f) Full or partial face lift,
 - (g) Dermabrasion or chemical exfoliation,
 - (h) Scar revision,
 - (i) Otoplasty,
 - (j) Surgical lift, stretch, or reduction of the abdomen, buttock, thighs or upper arm,
 - (k) Silicone injections to any part of the body,
 - (l) Rhinoplasty,
 - (m) Hair transplant, and
 - (n) Tattoo removal.
- (10) Cost of services performed by another institutional facility while hospitalized in a facility.
- (11) Custodial, domiciliary, convalescent or rest care and care in a skilled nursing facility.
- (12) External counter pulsation (ECP).
- (13) Eye glasses or contact lenses.
- (14) Fertility or infertility testing, artificial insemination or invitro fertilization, embryo transplantation, human chorionic gonadotrophin (HCG) injections or reversal of sterilization procedure.
- (15) Gastric stapling, gastric bypass, gastric banding, and other surgical experimental or investigational procedures for the treatment of obesity, weight loss and/or weight management.
- (16) Genetic testing, counseling and other related services.
- (17) Health or beauty aids, or hair analysis.
- (18) Hearing aids.
- (19) Immunizations required for travel and physical examinations needed or employment, insurance, or governmental licensing.
- (20) Occupational, physical, and/or speech therapy unless prescribed by a physician and it's relates to a medical condition.
- (21) Orthodontic services or procedures, periodontal surgery, cast crowns, cast post or core, cast bridges, inlays or onlays, porcelain or resin laminate veneers, space maintainers, implants or any cosmetic dental procedures.
- (22) Orthotics with the exception of joint immobilization.
- (23) Private duty nursing services.

- (24) Scerla therapy.
- (25) Services associated with aiding a patient in the home, such as a homemaker, domestic or maid service.
- (26) Services in connection with long term care, chronic care, or nursing home care.
- (27) Services provided by a family member.
- (28) Services received as a result of an illegal act. Any injury resulted from being arrested by, in custody of, being guarded by a law enforcement officer or under house arrest.
- (29) Services received prior to your eligibility effective date or after the termination date.
- (30) Sex change operations or any sex change related services including services for sexual transformation or sexual dysfunction or inadequacies.
- (31) Travel whether or not recommended by a physician.
- (32) Treatment for conditions covered by Workers' Compensation laws.
- (33) Treatment for military service connected disabilities for which the Veterans Administration and military hospital system provides care to which the member is legally entitled and when such facilities are reasonably available within the service area.
- (34) Treatment of Temporomandibular Joint Disease (TMJ).
- (35) Treatment of varicose veins of the extremities.
- (36) Urgent care clinic services.
- (37) Vision training, eye exercises, orthoptics, or surgery performed to correct or improve myopia.

| |
|----------------------------|
| Benefit Limitations |
|----------------------------|

- (1) Cardiac Rehabilitation**
 - Coverage is limited to frequency up to three times per week and up to a maximum of 18 consecutive weeks
- (2) Chemotherapy Benefits**
 - Limited to anticancer treatments that are not in an investigational or experimental stage to include antineoplastic agents (such as anticancer drugs) or agents used to destroy microorganisms (such as antibiotic drugs)
 - Excludes oral chemotherapy, subcutaneous injections or intra-muscular injections that are not in an investigational or experimental stage
- (3) Chiropractic Care**
 - Benefits are limited to total of 30 visits per covered person per calendar year
- (4) Mental Disorder Treatment**
 - Outpatient Treatment - Physician's visits are limited to one treatment per day
- (5) Occupational Therapy**
 - Excludes recreational programs, maintenance therapy, or supplies used in occupational therapy

(6) Pulmonary Rehabilitation

- Limited to a maximum of 36 visits per covered person per lifetime

(7) Respiratory/Inhalation Therapy

- Excludes custodial or maintenance care

(8) Substance Use Disorder Treatment

- Excludes participation in programs of a social, recreational, or companionship nature

(9) Urgent Care Facility

- Specific to programs that have a hospital affiliation – Consider limiting urgent care coverage to facilities affiliated to the hospital(s) or with urgent care facilities that are bound to the same patient care guidelines as the hospitals

Medical Claim – Run In Questions

(Note: Ask these questions only if the Account Manager indicates we will be paying Run In Claims)

Please indicate run in effective date: **01/01/2017**

1. Will we mirror the prior carrier benefits? ☒ Yes ☐ No
2. Do run in benefits mirror benefits listed in this medical installation document? ☐ Yes ☒ No
- If no, then complete a separate installation document.
If yes, go to the next question.

3. Will claim history be provided?

☒ Yes ☐ No - via data conversion

If yes, when will we receive this information? _____ Will it be electronic or excel?
If no, we will not be able to check for potential duplicate payments.

4. Will we honor deductibles and maximums met under the prior plan? - via data conversion

☒ Yes ☐ No If yes, which accumulators will be converted?

| | | |
|-------------|---|--------------------------|
| Deductibles | Lifetime | <input type="checkbox"/> |
| | Individual & Family | <input type="checkbox"/> |
| Maximums | Annual, participation, out of pocket, MAD, etc. | <input type="checkbox"/> |
| Other: | _____ | |
| Other: | _____ | |
| Other: | _____ | |

Please note: All accumulators from the prior carrier will be loaded to our system based on the eligibility file that has been received. If an accumulator does not have current eligibility from the file the information will not be applied.

- ~~• We need the information electronically.~~
- ~~• Will a test file be received? ☐ Yes ☐ No~~
- ~~• When can we expect the production file? _____~~
- ~~• Information that needs to be included: Employee's social security number, first and last name, date of birth, patient's first and last name, date of birth, relationship to employee, sex, accumulation amount, accumulation type (lifetime, deductible, etc.), accumulation date and plan or class code.~~

5. We will not verify any of the pre-certification requirements for the run in claims.
Is this acceptable? ☐ Yes ☒ No

If no, how will we obtain this information? - via data conversion

6. **Ask this question if the customer has OptumRx:**
Will the run in claims include Rx claims? ☐ Yes ☒ No

If yes, the Rx claims will need to be processed under the medical plan as OptumRx does not support run in claim processing.

7. Do you know how many claims the prior carrier has that have not been processed that will be sent to us?
☐ Yes ☒ No If yes, how many? _____
When will claims be forwarded to UMR? _____
Note: Provide mailing address to the customer/broker.

Customer Name: West Volusia Hospital Authority
Plan Number:
Benefit plan number:
Effective date: 01/01/2017

This Form Completed by:

Customer Implementation Specialist: _____ Date completed: _____

Intent call attendees:

Customer Specialist: _____

SAE: _____

Customer Contact(s) with whom this conversation was held: _____

Broker Contact(s) with whom this conversation was held: _____

CUSTOMER APPROVAL SECTION

Note: Your approval of this installation document is of critical importance. This information is used to code or claim payment system and must accurately reflect your plan document. Claim determinations are based on the information provided to us during this process and in accordance with your plan document. In the event that there is an inconsistency or conflict between the installation document and your plan document, the plan document shall govern.

Any changes requested after you approve this document or after the effective date of your plan, will either need to be effective on a future date or reviewed to determine if claims already processed need to be reconsidered. Depending on the situation, UMR will reprocess a reasonable amount of claims at no cost to you. However, if reprocessing would involve a significant number of claims or extraordinary expense, a fee may be assessed based upon the nature of the change.

Customer Comments (if any)

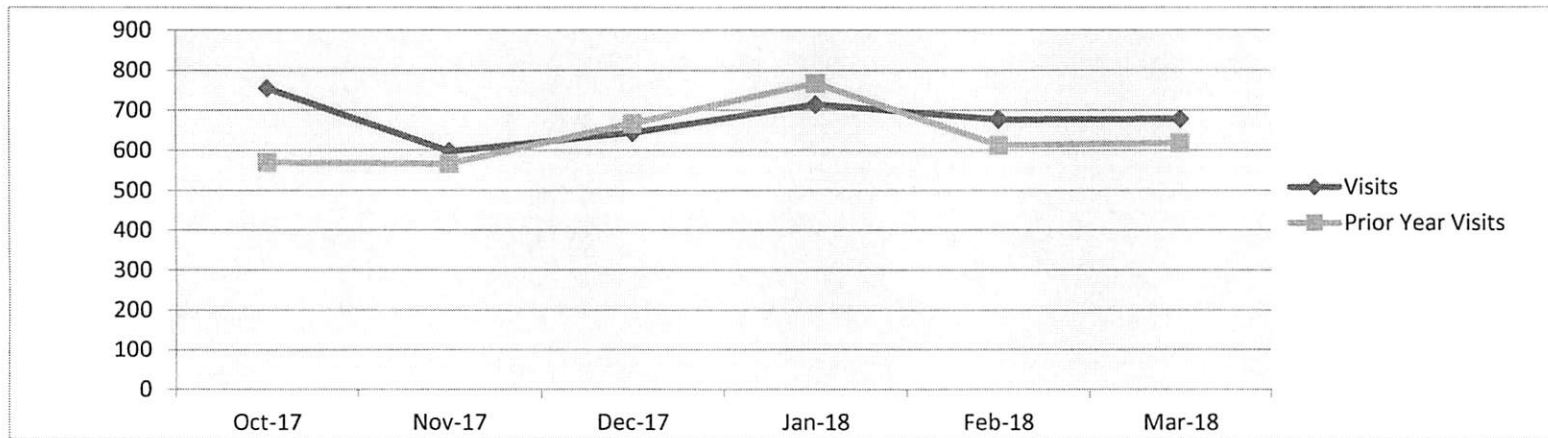
Signature of Customer
(an electronic signature will be accepted)



Northeast Florida Health Services
March-18

Patient Visits

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
|-------------------|--------|--------|--------|--------|--------|--------|
| Visits | 754 | 598 | 644 | 714 | 677 | 678 |
| Prior Year Visits | 570 | 567 | 667 | 766 | 613 | 619 |

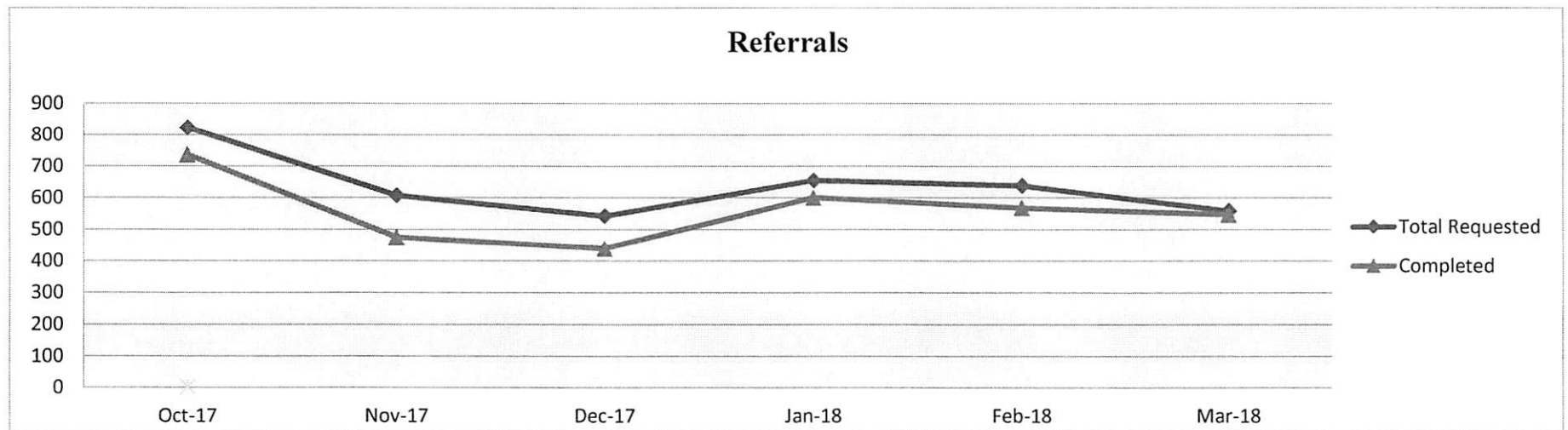


Patient Visits by Location

| Location | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
|-----------------|------------|------------|------------|------------|------------|------------|
| Deland Medical | 326 | 264 | 270 | 278 | 295 | 269 |
| Deltona Medical | 323 | 254 | 283 | 352 | 311 | 329 |
| Pierson Medical | 97 | 69 | 84 | 69 | 60 | 65 |
| Daytona | 8 | 11 | 7 | 15 | 11 | 15 |
| Total | 754 | 598 | 644 | 714 | 677 | 678 |

Referrals

| | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
|--|--------|--------|--------|--------|--------|--------|
| NEFHS Providers (refer to footnote 1) | 299 | 196 | 180 | 174 | 208 | 182 |
| Internal Specialty Providers (refer to footnote 2) | 524 | 411 | 362 | 481 | 430 | 376 |
| Total | 823 | 607 | 542 | 655 | 638 | 558 |
| Outstanding NEFHS Providers | 23 | 33 | 19 | 10 | 12 | 0 |
| Outstanding Int. Speciality Providers | 64 | 100 | 84 | 45 | 58 | 11 |
| Completed | 736 | 474 | 439 | 600 | 568 | 547 |
| | | | | | | |
| Total Requested | 823 | 607 | 542 | 655 | 638 | 558 |



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

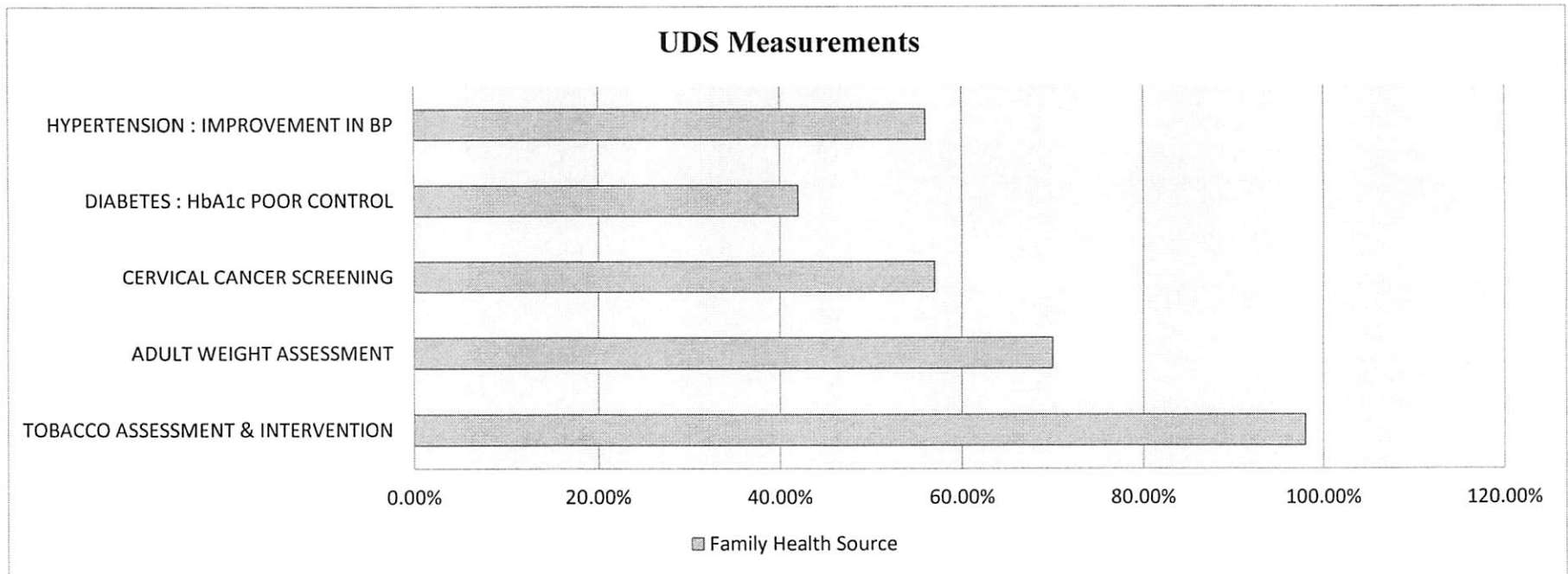
2 Internal specialty provider referrals are generated by NEFHS PCP for consultation with a specialist.

Appointment Times

| Location | Provider | Appointments |
|----------|-------------|--------------|
| Daytona | Johnson | Same Day |
| DeLand | Smith | Same Day |
| Deland | Hoblick | Same Day |
| DeLand | 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 | 98.00% |
| ADULT WEIGHT ASSESSMENT | 70.00% |
| CERVICAL CANCER SCREENING | 57.00% |
| DIABETES : HbA1c POOR CONTROL | 42.00% |
| HYPERTENSION : IMPROVEMENT IN BP | 56.00% |



2018-2019 Funding Applications received by date and time

| Agency name-CAC Review | Date | | Amount | | Difference |
|--|-----------|----------|---------------------|---------------------|-------------------|
| | Received | Time | Requested | Last Year | +/- |
| The Neighborhood Center - Outreach Services | 3/27/2018 | 3:45 PM | 100,000.00 | 70,000.00 | 30,000.00 |
| The House Next Door - Therapeutic Services | 3/28/2018 | 2:00 PM | 120,000.00 | 120,000.00 | 0.00 |
| Florida Department of Health - Dental Services | 4/4/2018 | 3:42 PM | 330,000.00 | 200,000.00 | 130,000.00 |
| Healthy Start Coalition of Flagler and Volusia (HSCFV) Family Services Coordinator | 4/4/2018 | 4:52 PM | 68,859.00 | 68,861.68 | -2.68 |
| HSCFV WIS/NOS Services | 4/5/2018 | 4:47 PM | 73,500.00 | 73,500.00 | 0.00 |
| Community Legal Services of Mid-Florida | 4/5/2018 | 4:50 PM | 80,105.00 | 76,931.00 | 3,174.00 |
| Stewart-Marchman-Act (SMA) Baker Act Servcies | 4/6/2018 | 8:44 AM | 300,000.00 | 325,000.00 | -25,000.00 |
| SMA Residential Treatment Servcies | 4/6/2018 | 8:44 AM | 550,000.00 | 550,000.00 | 0.00 |
| SMA Psychiatric Services to Homeless | 4/6/2018 | 8:44 AM | 126,000.00 | 78,336.00 | 47,664.00 |
| Rising Against All Odds HIV/Aids Outreach | 4/6/2018 | 9:34 AM | 256,034.00 | 235,000.00 | 21,034.00 |
| Hispanic Health Initiative-Education/Outreach | 4/6/2018 | 10:12 AM | 169,508.00 | 75,000.00 | 94,508.00 |
| Commuity Life Center - Outreach Services | 4/6/2018 | 11:50 AM | 40,000.00 | 25,000.00 | 15,000.00 |
| Totals | | | 2,214,006.00 | 1,897,628.68 | 316,377.32 |

THROUGH FEBRUARY 2018

| FYE 2018 | YTD Actual | Difference |
|---------------------|-------------------|---------------------|
| Budget | 2018 | +/- |
| 70,000.00 | 35,000.00 | 35,000.00 |
| 120,000.00 | 43,557.48 | 76,442.52 |
| 200,000.00 | 135,801.54 | 64,198.46 |
| 68,862.00 | 25,682.10 | 43,179.90 |
| 73,500.00 | 29,950.44 | 43,549.56 |
| 76,931.00 | 13,230.22 | 63,700.78 |
| 325,000.00 | 78,656.20 | 246,343.80 |
| 550,000.00 | 275,000.00 | 275,000.00 |
| 64,336.00 | 32,168.00 | 32,168.00 |
| 235,000.00 | 93,000.00 | 142,000.00 |
| 75,000.00 | 47,650.00 | 27,350.00 |
| 25,000.00 | 8,250.00 | 16,750.00 |
| 1,883,629.00 | 817,945.98 | 1,065,683.02 |

| New Agency Applicants | Date | | Amount | | Difference |
|---|----------|----------|-------------------|-------------|-------------------|
| | Received | Time | Requested | Last Year | +/- |
| Halifax Health - Deltona Emergency Department | 4/5/2018 | 4:04 PM | 659,620.00 | 0.00 | 659,620.00 |
| Nautilus Fitness and Health Center | 4/6/2018 | 11:50 AM | 125,000.00 | 0.00 | 125,000.00 |
| Sub-Total | | | 784,620.00 | 0.00 | 784,620.00 |

THROUGH FEBRUARY 2018

| Primary Care/Administrative Applications-Board of Commissioner Review | Date | | Amount | | Difference |
|---|-----------|----------|---------------------|---------------------|-------------------|
| | Received | Time | Requested | Last Year | +/- |
| Halifax Healthy Communities | 3/14/2018 | 3:55 PM | 72,848.80 | 72,036.00 | 812.80 |
| Good Samaritan Clinic Primary Care and Dental Services | 4/3/2018 | 1:53 PM | 60,000.00 | 79,747.00 | -19,747.00 |
| Halifax Health Primary Care - Deltona** | 4/5/2018 | 4:04 PM | 12,000.00 | 0.00 | 12,000.00 |
| Family Health Source | 4/6/2018 | 11:58 AM | 2,038,461.00 | 1,608,362.00 | 430,099.00 |
| Sub-Total | | | 2,183,309.80 | 1,760,145.00 | 423,164.80 |

| FYE 2018 | YTD Actual | Difference |
|--------------|------------|--------------|
| Budget | 2018 | +/- |
| 72,035.92 | 27,455.53 | 44,580.39 |
| 79,747.00 | 20,305.88 | 59,441.12 |
| 0.00 | 0.00 | 0.00 |
| 1,608,362.00 | 682,167.89 | 926,194.11 |
| 1,760,144.92 | 729,929.30 | 1,030,215.62 |

| | | | | | |
|------------------------|--|--|---------------------|---------------------|---------------------|
| Combined Totals | | | 5,181,935.80 | 3,657,773.68 | 1,524,162.12 |
|------------------------|--|--|---------------------|---------------------|---------------------|

| | | |
|---------------------|---------------------|---------------------|
| 3,643,773.92 | 1,547,875.28 | 2,095,898.64 |
|---------------------|---------------------|---------------------|

****New Application**

Funding Year 2018-2019 WVHA Funding Applications Non-Compliant Worksheet
Answer yes or no below.

| | Did not submit application by the established deadline | Otherwise Non-compliant with Application instructions | Fee-for service greater than Medicaid or any other payor | Does not provide fee-for-service reimbursement amount/seeking 100% of the program budget | Does not meet WVHA Enabling Legislation |
|--|--|---|--|--|---|
| CURRENTLY FUNDED AGENCIES | | | | | |
| The Neighborhood Center-Outreach Services | no | no | N/A | no | no |
| The House Next Door-Therapeutic Services | no | no | no | no | no |
| Florida Department of Health-Dental Services | no | no | no | no | no |
| Healthy Start Coalition of Flagler and Volusia (HSCFV) Family Services Coordinator | no | no | none provided | no | no |
| HSCFV WIS/NOS Services | no | no | none provided | no | no |
| | no; however, required additional documentation not received until Monday, April 9, 2018 at 9:53 a.m. | | | | |
| Community Legal Serices of Mid-Florida | | no | none provided | no | no |
| Stewart-Marchman-Act (SMA) Baker Act Services | no | no | no | no | no |
| SMA Residential Services | no | no | no | no | no |
| SMA Psychiatric Services to Homeless | no | no | no | yes | no |
| Rising Against All Odds HIV/Aids Outreach | no | no | N/A | Yes, except in kind | no |
| Hispanic Health Initiative Education/Outreach | no | no | yes/no | Yes, except in kind | no |
| Community Life Center Outreach Services | no | no | N/A | no | no |
| NEW AGENCY APPLICANTS | | | | | |
| Halifax Health Deltona Emergency Department | no | no | rate greater than Medicaid | no | no |
| Halifax Health Primary Care- Deltona | no | no | rate greater than Medicaid | no | no |
| | no; however no required documentation provided | | | | |
| Nautilus Fitness and Health Center | | yes | yes | yes | yes |
| PRIMARY CARE/ADMINISTRATIVE APPLICATIONS/BOARD REVIEW | | | | | |
| Halifax Healthy Communities | no | no | N/A | yes | no |
| Good Samaritan Primary Care and Dental Services | no | no | no | no | no |
| Family Health Source | no | no | no | no | no |

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 10 Board/Adventist Workshop

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)

**July19 (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

April 10, 2018

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

We are pleased to confirm our understanding of the services we are to provide the West Volusia Hospital Authority (hereinafter referred to as “the Authority”, “the Board”, “You”, or “Yours”) for the years ending September 30, 2018, and 2019, with the option to renew for three subsequent one-year periods. We will audit the statements of governmental activities and each major fund, which collectively comprise the basic financial statements, of the Authority as of and for the years ending September 30, 2018, and 2019.

Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management’s discussion and analysis (MD&A), to supplement the Authority’s basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the Authority’s RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of the Authority and its contracted accounting firm regarding the methods of preparing the information and comparing the information for consistency with the responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

1) Management’s Discussion and Analysis

We have also been engaged to report on supplementary information other than RSI that accompanies the Authority’s financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America and will provide an opinion on it in relation to the financial statements as a whole:

1) Schedule of Healthcare Expenditures

Audit Objectives

The objective of our audit is the expression of opinions as to whether your basic financial statements are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles, and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole.

121 Executive Circle
Daytona Beach, FL 32114-1180
Telephone: 386-257-4100

133 East Indiana Avenue
DeLand, FL 32724-4329
Telephone: 386-738-3300

5931 NW 1st Place
Gainesville, FL 32607-2063
Telephone: 352-378-1331

2477 Tim Gamble Place, Suite 200
Tallahassee, FL 32308-4386
Telephone: 850-386-6184

Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America; the standards for financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and Chapter 10.550, Rules of the Auditor General. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the basic financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to error, fraudulent financial reporting, misappropriation of assets, or violations of laws, governmental regulations, grant agreements, or contractual agreements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by the Authority, as well as evaluating the overall presentation of the financial statements. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or to issue a report as a result of this engagement.

We will also provide a report (that does not include an opinion) on internal control related to the financial statements and compliance with the provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a material effect on the financial statements as required by Government Auditing Standards. The report on internal control and compliance will include a statement that the report is intended solely for the information and use of the body or individuals charged with governance, others within the entity, and specific legislative or regulatory bodies and is not intended to be and should not be used by anyone other than these specified parties. If during our audit we become aware that the Authority is subject to an audit requirement that is not encompassed in the terms of this engagement, we will communicate to the Authority that an audit in accordance with U.S. generally accepted auditing standards and the standards for financial audits contained in Government Auditing Standards may not satisfy the relevant legal, regulatory, or contractual requirements.

Authority Responsibilities

The Authority is responsible for the basic financial statements and all accompanying information as well as all representations contained therein. The Authority is also responsible for all accompanying information as well as all representations contained therein. As part of the audit, we will assist with preparation of your financial statements and related notes. You are responsible for making all management decisions and performing all management functions relating to the financial statements and related notes and for accepting full responsibility for such decisions. You will be required to acknowledge in the written representation letter our assistance with preparation of the financial statements and that you have reviewed and approved the financial statements and related notes prior to their issuance and have accepted responsibility for them. Further, you are required to designate an individual with suitable skill, knowledge, or experience to oversee any nonaudit services we provide and for evaluating the adequacy and results of those services and accepting responsibility for them.

The Authority and its contracted accounting firm are responsible for establishing and maintaining effective internal controls, including evaluating and monitoring ongoing activities, to help ensure that appropriate goals and objectives are met; for the selection and application of accounting principles; and for the fair presentation in the financial statements of the respective financial position of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the Authority and the respective changes in financial position and cash flows, where applicable, in conformity with U.S. generally accepted accounting principles.

The Authority and its contracted accounting firm are also responsible for making all financial records and related information available to us and for ensuring that all financial information is reliable and properly

recorded. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and for confirming to us in the written representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud or illegal acts affecting the government involving (1) the Authority's contracted accounting firm, (2) others who have significant roles in internal control, and (3) others where the fraud or illegal acts could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from contractors, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws, regulations, contracts, agreements, and grants for taking timely and appropriate steps to remedy any fraud, illegal acts, violations of contracts or grant agreements, or abuse that we may report.

You are also responsible for the preparation of the supplementary information in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon OR make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) that you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) that the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

The Authority is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. The Authority is also responsible for identifying for us previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. The Authority and its contracted accounting firm are also responsible for providing views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

Audit Procedures—General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by the Authority, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to

obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by the contracted accounting firm or others acting on behalf of the entity. Because the determination of abuse is subjective, *Government Auditing Standards* do not expect auditors to provide reasonable assurance of detecting abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements or noncompliance may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or major programs. However, we will inform the contracted accounting firm and the Board of any material errors or any fraudulent financial reporting or misappropriation of assets that come to our attention. We will also inform the Board of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Audit Procedures—Internal Controls

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. However, during the audit, we will communicate to the Authority and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards and *Government Auditing Standards*.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of Authority's compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

Examination Procedures—Compliance with Section 218.415, Florida Statutes

You have also requested that we examine compliance with Section 218.415, Florida Statutes, *Local Government Investment Policies*, of the Authority for the years ended September 30, 2018, and 2019. We are pleased to confirm our acceptance and our understanding of this examination engagement by means of this letter. Our examination will be conducted with the objective of expressing an opinion as to whether the Authority complied in all material respects with Section 218.415, Florida Statutes, *Local Government Investment Policies*.

Examination Procedures—Practitioner Responsibilities

We will conduct our examination in accordance with the attestation standards related to examinations of the American Institute of Certified Public Accountants. An examination-level attestation engagement involves performing procedures to obtain attest evidence about whether compliance with Section 218.415, Florida Statutes, *Local Government Investment Policies* is fairly presented, in all material respects, in conformity with Section 218.415, Florida Statutes, *Local Government Investment Policies*. The procedures selected depend on the practitioner's judgment, including the assessment of the risks of material misstatement or misrepresentation of the subject matter, whether due to fraud or error.

Because of the inherent limitations of an examination, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements or misrepresentations may not be detected exists, even though the examination is properly planned and performed in accordance with the attestation standards related to examinations of the American Institute of Certified Public Accountants. However, we will inform you of any material errors or fraud that comes to our attention, unless clearly inconsequential.

Examination Procedures—Authority Responsibilities

Our examination will be conducted on the basis that the Authority's contracted accounting firm and, when appropriate, those charged with governance acknowledge and understand that they have responsibility:

- a. For the preparation and fair presentation of the Section 218.415, Florida Statutes, *Local Government Investment Policies* in accordance with Section 218.415, Florida Statutes, *Local Government Investment Policies*;
- b. For the design, implementation, and maintenance of internal control relevant to Section 218.415, Florida Statutes, *Local Government Investment Policies*, which is the best means of preventing or detecting errors or fraud;
- c. For selecting and determining the suitability and appropriateness of the criteria upon which the Section 218.415, Florida Statutes, *Local Government Investment Policies* will be evaluated; and
- d. To provide us with:
 - i. Access to all information of which the Authority and its contracted accounting firm are aware that is relevant to the Section 218.415, Florida Statutes, *Local Government Investment Policies* such as records, documentation, and other matters and that you are responsible for the accuracy and completeness of that information;
 - ii. Additional information that we may request for the purpose of the examination; and
 - iii. Unrestricted access to persons within the entity and its contractors from whom we determine it necessary to obtain attest evidence.

As part of our examination process, we will request from the Authority and its contracted accounting firm regarding Section 218.415, Florida Statutes, *Local Government Investment Policies*, written confirmation concerning representations made to us in connection with the examination.

Examination Procedures—Reporting

We will issue a written report upon completion of our examination of Section 218.415, Florida Statutes, *Local Government Investment Policies*. Our report will be addressed to the Authority. We cannot provide assurance that an unmodified opinion will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion, add an emphasis-of-matter or other-matter paragraph(s), or withdraw from the engagement.

Engagement Administration, Fees, and Other

We understand that your independently contracted accounting firm, currently Dreggors, Rigsby, & Teal, will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

We will provide copies of our reports to the Authority; however, the Authority and its contracted accounting firm are responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of James Moore & Co., P.L. (JMCo) and constitutes confidential information. However, pursuant to authority given by law or regulation, we may be requested to make certain audit documentation available to a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of JMCo personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies. We will also provide selected audit documentation to a successor auditor upon your separate approval.

It is the policy of James Moore & Co. P.L. (the Firm), to keep records related to this engagement for seven years after the completion of our services (the “retention period”), as specified by the Firm’s Record Retention and Destruction Policy. However, the Firm does not keep any original client provided records. Client provided records will be returned to you at the completion of the engagement. Records prepared by us specifically for you as part of this engagement (for example, financial statements and other financial reports, tax returns, general ledgers, depreciation schedules, etc.) and other supporting records prepared by us (for example, adjusting entries and related support, data combining schedules, calculations supporting amounts in tax returns and financial statements, etc.) will remain part of the engagement records. When any records are returned or provided to you, it is your responsibility to retain and protect them for possible future use, including potential examination by any government or regulatory agencies. At the expiration of the retention period, the related engagement records will be destroyed. However, the related engagement records will not be destroyed regardless of the retention period, if the Firm has knowledge of potential or pending litigation and/or investigation by a regulatory agency, and it has been determined by the Firm that the records in question are relevant to said litigation and/or investigation. If it is determined that the records in question are relevant to the litigation and/or investigation, the Firm will impose a litigation hold on the records thereby suspending the scheduled destruction of the records. As potential or pending litigation or investigation may not be public knowledge, we request that you inform us of any such litigation or investigation in a timely manner. Likewise, as it may not be public knowledge

when the litigation or an investigation has been concluded, we request that you inform us when all litigation or investigation has been concluded so that the litigation hold may be lifted and the records related to our engagement destroyed in accordance with our Record Retention and Destruction Policy. Your signature below authorizes us, that upon the expiration of the seven year period, the Firm is free to destroy all records related to this engagement.

Zach Chalifour is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them. We expect to begin our audits in December of the respective year under audit and to issue our reports no later than January 31 of the subsequent year.

At the conclusion of our audit engagement, we will communicate to the Board the following significant findings from the audit:

- Our view about the qualitative aspects of the entity's significant accounting practices;
- Significant difficulties, if any, encountered during the audit;
- Uncorrected misstatements, other than those we believe are trivial, if any;
- Disagreements with the contracted accounting firm, if any;
- Other findings or issues, if any, arising from the audit that are, in our professional judgment, significant and relevant to those charged with governance regarding their oversight of the financial reporting process;
- Material, corrected misstatements that were brought to the attention of the contracted accounting firm as a result of our audit procedures;
- Representations we requested from the contracted accounting firm;
- The contracted accounting firm's consultation with other accountants, if any; and
- Significant issues, if any, arising from the audit that were discussed, or the subject of correspondence, with the Authority or its contracted accounting firm.

We will perform the following nonattest services: preparation of your financial statements, other schedules, and related notes. With respect to any nonattest services we perform, the Authority is responsible for (a) making all management decisions and performing all management functions; (b) assigning a competent individual (Contracted Accountants, Dreggors, Rigsby, & Teal – Ronald Cantlay and/or Al Powers) to oversee the services; (c) evaluating the adequacy of the services performed; (d) evaluating and accepting responsibility for the results of the services performed; and (e) establishing and maintaining internal controls, including monitoring ongoing activities.

We confirm that we are independent of the Authority and we have, and will contain to maintain, the insurance coverage as outlined by the authority in the Request for Proposal – Governmental Auditing services.

Our fees for these services, including expenses, for the years ended September 30, 2018 and 2019, will be \$16,100, and \$16,400, respectively.

Our invoices for these fees will be rendered each month as work progresses and are payable within 45 days of presentment. In accordance with our firm policies, work may be suspended if your account becomes 30 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report(s). You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination.

This agreement can be extended upon the mutual agreement of both parties for up to an additional three years in the form of three additional 1-year periods. All renewals will be evidenced by a formal letter.

This engagement may be terminated by either party provided a 60-day written notice of their intention to terminate the engagement.

All notices, requests, consents and other communications hereunder shall be in writing and shall be made by hand delivery, first class registered or certified mail, postage paid, to the following address:

If to James Moore:

James Moore & Co., P.L.
Attn: Zach Chalifour, CPA
121 Executive Circle
Daytona Beach, FL 32114

If to the Authority:

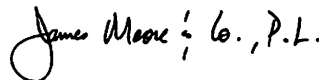
West Volusia Hospital Authority
Attn: Chairman
c/o DREGGORS, RIGSBY & TEAL, PA
1006 N. Woodland Blvd.
DeLand, Florida 32720

or such other address which may have been furnished by one party to the other in writing.

Government Auditing Standards require that we provide you with a copy of our most recent external peer review report and any letter of comment, and any subsequent peer review reports and letters of comment received during the period of the contract. Our 2014 peer review report accompanies this letter.

We appreciate the opportunity to continue to be of service to the West Volusia Hospital Authority and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,



JAMES MOORE & CO., P.L.

RESPONSE:

This letter correctly sets forth the understanding of the West Volusia Hospital Authority.

By: _____ Date: _____

By: _____ Date: _____

Eileen Long

From: Norma Walter <norma@unexpectedkindness.com>
Sent: Wednesday, April 04, 2018 4:31 PM
To: Eileen Long
Subject: Community Life Center's waiver request

Eileen,

Below, please find Community Life Center's waiver request. Please, let me know if anything else is needed. Thank You.

By means of this email, Community Life Center respectfully requests to the WVHA Board of Commissioners, for a waiver of our quarterly limitation of \$6,250.00.

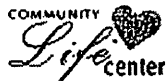
Our February invoice in the amount of \$4,275.00 has exceeded our 2nd quarterly funding balance remaining of \$3,375.00. Community Life Center has diligently served the community at large and many have benefited from access to health care, thanks to the WVHA funds.

Please, let me know if you have any questions.

We appreciate your kind consideration.

Sincerely,

Norma Walter
Executive Director
Community Life Center
1045 E. Normandy Blvd.
Deltona, FL 32725
386-259-9240, ext. 114
Fax 407-324-1616
Cell: 407-252-1487
norma@unexpectedkindness.com
unexpectedkindness.org



**West Volusia Hospital Authority
Financial Statements
March 31, 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 March 31, 2018 and the related statement of revenues and expenditures - budget and actual (modified cash basis) for the month then ended and year-to-date, in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

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

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

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

Dreggors, Rigsby & Teal, P.A.

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

April 03, 2018

MEMBERS

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

Assets

Current Assets

| | |
|----------------------------------|-----------------------------|
| Petty Cash | \$ 100.00 |
| Intracoastal Bank - Money Market | 4,148,883.68 |
| Intracoastal Bank - Operating | 384,465.90 |
| Mainstreet Community Bank - MM | 12,048,271.69 |
| Taxes Receivable | 92,073.00 |
| Total Current Assets | <u>16,673,794.27</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>17,269,235.41</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) | 10,003,095.49 |
| Total Net Assets | <u>17,175,465.41</u> |
| Total Liabilities and Net Assets | <u><u>\$ 17,269,235.41</u></u> |

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 6 Months Ended March 31, 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 | 502,859.85 | 18,330,776.35 | 1,579,223.65 |
| Investment Income | 45,000.00 | 6,197.22 | 27,726.27 | 17,273.73 |
| Rental Income | 68,304.00 | 5,691.98 | 34,151.88 | 34,152.12 |
| Other Income | 0.00 | 0.00 | 202.84 | (202.84) |
| Total Revenue | <u>20,023,304.00</u> | <u>514,749.05</u> | <u>18,392,857.34</u> | <u>1,630,446.66</u> |
| Healthcare Expenditures | | | | |
| Adventist Health Systems | 5,655,654.00 | 466,752.79 | 3,451,354.77 | 2,204,299.23 |
| Northeast Florida Health Services | 1,608,362.00 | 125,571.11 | 682,167.89 | 926,194.11 |
| Specialty Care | 5,208,000.00 | 193,891.02 | 1,233,173.33 | 3,974,826.67 |
| County Medicaid Reimbursement | 2,250,000.00 | 185,652.25 | 1,113,913.50 | 1,136,086.50 |
| The House Next Door | 120,000.00 | 9,265.34 | 43,557.48 | 76,442.52 |
| The Neighborhood Center | 70,000.00 | 3,675.00 | 35,000.00 | 35,000.00 |
| Community Life Center Outreach Services | 25,000.00 | 2,700.00 | 8,250.00 | 16,750.00 |
| Rising Against All Odds | 235,000.00 | 17,875.00 | 93,000.00 | 142,000.00 |
| Community Legal Services | 76,931.00 | 1,959.78 | 13,230.22 | 63,700.78 |
| Hispanic Health Initiatives | 75,000.00 | 4,175.00 | 47,650.00 | 27,350.00 |
| Deltona Firefighters Foun Access to Hlth | 75,000.00 | 278.24 | 660.82 | 74,339.18 |
| Florida Dept of Health Dental Svcs | 200,000.00 | 27,635.02 | 135,801.54 | 64,198.46 |
| Good Samaritan | 79,747.00 | 4,847.94 | 20,305.88 | 59,441.12 |
| Stewart Marchman - ACT | 946,336.00 | 62,754.93 | 387,398.59 | 558,937.41 |
| Health Start Coalition of Flagler & Volusia | 142,362.00 | 10,734.36 | 55,632.54 | 86,729.46 |
| H C R A | 819,612.00 | 737.84 | 34,240.28 | 785,371.72 |
| Other Healthcare Costs | 315,047.00 | 0.00 | 0.00 | 315,047.00 |
| Total Healthcare Expenditures | <u>17,902,051.00</u> | <u>1,118,505.62</u> | <u>7,355,336.84</u> | <u>10,546,714.16</u> |
| Other Expenditures | | | | |
| Advertising | 12,000.00 | 150.62 | 1,247.05 | 10,752.95 |
| Annual Independent Audit | 15,800.00 | 0.00 | 15,800.00 | 0.00 |
| Building & Office Costs | 6,500.00 | 444.00 | 3,300.70 | 3,199.30 |
| General Accounting | 68,100.00 | 2,755.00 | 27,785.00 | 40,315.00 |
| General Administrative | 65,100.00 | 7,012.50 | 26,777.50 | 38,322.50 |
| Legal Counsel | 70,000.00 | 5,770.00 | 29,700.00 | 40,300.00 |
| 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 | 10,048.40 | 460,262.44 | 165,477.56 |
| TPA Services | 718,560.00 | 42,643.50 | 240,466.50 | 478,093.50 |
| Eligibility / Enrollment | 92,170.00 | 3,339.00 | 21,819.00 | 70,351.00 |
| Healthy Communities | 72,036.00 | 4,974.61 | 27,455.53 | 44,580.47 |
| Application Screening | | | | |
| Application Screening - THND | 189,742.00 | 15,811.83 | 79,059.15 | 110,682.85 |
| Application Screening - RAAO | 34,005.00 | 3,072.00 | 8,640.00 | 25,365.00 |
| Application Screening - SMA | 14,000.00 | 222.40 | 4,695.20 | 9,304.80 |
| Workers Compensation Claims | 25,000.00 | 0.00 | 16,249.44 | 8,750.56 |
| Other Operating Expenditures | 32,500.00 | 127.50 | 1,421.50 | 31,078.50 |
| Total Other Expenditures | <u>2,121,253.00</u> | <u>96,371.36</u> | <u>1,034,425.01</u> | <u>1,086,827.99</u> |
| Total Expenditures | <u>20,023,304.00</u> | <u>1,214,876.98</u> | <u>8,389,761.85</u> | <u>11,633,542.15</u> |
| Excess (Deficit) | <u>0.00</u> | <u>(700,127.93)</u> | <u>10,003,095.49</u> | <u>(10,003,095.49)</u> |

See Accountants' Compilation Report

West Volusia Hospital Authority
Schedule I - Healthcare Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 6 Months Ended March 31, 2018

| | Annual Budget | Current Period Actual | Year To Date Actual | Budget Balance |
|---|----------------------|--------------------------|------------------------|----------------------|
| Healthcare Expenditures | | | | |
| Adventist Health Systems | | | | |
| Florida Hospital DeLand | 2,715,327.00 | 253,627.71 | 1,726,196.80 | 989,130.20 |
| Florida Hospital Fish Memorial | 2,715,327.00 | 213,440.87 | 1,664,337.39 | 1,050,989.61 |
| Florida Hospital DeLand - Physicians | 112,500.00 | 0.00 | 37,031.30 | 75,468.70 |
| Florida Hospital Fish - Physicians | 112,500.00 | (315.79) | 23,789.28 | 88,710.72 |
| Northeast Florida Health Services | | | | |
| NEFHS - Pharmacy | 660,040.00 | 63,554.35 | 306,158.00 | 353,882.00 |
| NEFHS - Obstetrics | 30,000.00 | 2,404.60 | 17,101.67 | 12,898.33 |
| NEFHS - Primary Care | 918,322.00 | 59,612.16 | 358,908.22 | 559,413.78 |
| Specialty Care | | | | |
| Specialty Care Services | 4,700,000.00 | 166,177.28 | 1,079,647.07 | 3,620,352.93 |
| Laboratory Services | 508,000.00 | 27,713.74 | 153,526.26 | 354,473.74 |
| County Medicaid Reimbursement | 2,250,000.00 | 185,652.25 | 1,113,913.50 | 1,136,086.50 |
| Florida Dept of Health Dental Svcs | 200,000.00 | 27,635.02 | 135,801.54 | 64,198.46 |
| Good Samaritan | | | | |
| Good Samaritan Health Clinic | 25,000.00 | 2,747.94 | 10,975.88 | 14,024.12 |
| Good Samaritan Dental Clinic | 54,747.00 | 2,100.00 | 9,330.00 | 45,417.00 |
| Global Healthcare System | | | | |
| The House Next Door | 120,000.00 | 9,265.34 | 43,557.48 | 76,442.52 |
| The Neighborhood Center | 70,000.00 | 3,675.00 | 35,000.00 | 35,000.00 |
| Community Life Center Outreach Services | 25,000.00 | 2,700.00 | 8,250.00 | 16,750.00 |
| Rising Against All Odds | 235,000.00 | 17,875.00 | 93,000.00 | 142,000.00 |
| Community Legal Services | 76,931.00 | 1,959.78 | 13,230.22 | 63,700.78 |
| Hispanic Health Initiatives | 75,000.00 | 4,175.00 | 47,650.00 | 27,350.00 |
| Deltona Firefighters Foun Access to Hlth | 75,000.00 | 278.24 | 660.82 | 74,339.18 |
| Stewart Marchman - ACT | | | | |
| SMA - ARNP Services at THND | 7,000.00 | 233.78 | 1,574.39 | 5,425.61 |
| SMA - Homeless Program | 64,336.00 | 0.00 | 32,168.00 | 32,168.00 |
| SMA - Residential Treatment | 550,000.00 | 62,521.15 | 275,000.00 | 275,000.00 |
| SMA - Baker Act - Match | 325,000.00 | 0.00 | 78,656.20 | 246,343.80 |
| Health Start Coalition of Flagler & Volusia | | | | |
| HSCFV - Outreach | 73,500.00 | 5,654.40 | 29,950.44 | 43,549.56 |
| HSCFV - Fam Services | 68,862.00 | 5,079.96 | 25,682.10 | 43,179.90 |
| HCRA | | | | |
| H C R A - In County | 400,000.00 | 737.84 | 28,794.58 | 371,205.42 |
| 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 | 1,118,505.62 | 7,355,336.84 | 10,546,714.16 |

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis
For the 1 Month and 6 Months Ended March 31, 2018 and March 31, 2017

| | 1 Month Ended March 31, 2018 | 1 Month Ended March 31, 2017 | 6 Months Ended March 31, 2018 | 6 Months Ended March 31, 2017 |
|---|---------------------------------|---------------------------------|----------------------------------|----------------------------------|
| Revenue | | | | |
| Ad Valorem Taxes | 502,859.85 | 288,771.35 | 18,330,776.35 | 11,343,891.11 |
| Investment Income | 6,197.22 | 5,591.83 | 27,726.27 | 29,908.33 |
| Rental Income | 5,691.98 | 5,608.42 | 34,151.88 | 33,650.52 |
| Other Income | 0.00 | 0.00 | 202.84 | 24,779.18 |
| Total Revenue | <u>514,749.05</u> | <u>299,971.60</u> | <u>18,392,857.34</u> | <u>11,432,229.14</u> |
| Healthcare Expenditures | | | | |
| Adventist Health Systems | 466,752.79 | 766,786.10 | 3,451,354.77 | 2,427,566.99 |
| Northeast Florida Health Services | 125,571.11 | 96,187.58 | 682,167.89 | 415,841.94 |
| Specialty Care | 193,891.02 | 526,484.68 | 1,233,173.33 | 1,550,737.44 |
| County Medicaid Reimbursement | 185,652.25 | 182,706.67 | 1,113,913.50 | 1,096,240.02 |
| The House Next Door | 9,265.34 | 7,730.28 | 43,557.48 | 39,068.00 |
| The Neighborhood Center | 3,675.00 | 3,132.50 | 35,000.00 | 25,912.04 |
| Community Life Center Outreach Services | 2,700.00 | 0.00 | 8,250.00 | 0.00 |
| Rising Against All Odds | 17,875.00 | 21,879.34 | 93,000.00 | 116,852.54 |
| Community Legal Services | 1,959.78 | 1,239.58 | 13,230.22 | 1,883.61 |
| Hispanic Health Initiatives | 4,175.00 | 5,700.00 | 47,650.00 | 12,400.00 |
| Deltona Firefighters Foun Access to Hlth | 278.24 | 0.00 | 660.82 | 0.00 |
| Florida Dept of Health Dental Svcs | 27,635.02 | 11,429.53 | 135,801.54 | 47,424.02 |
| Good Samaritan | 4,847.94 | 5,163.50 | 20,305.88 | 21,570.00 |
| Global Healthcare System | 0.00 | 1,308.00 | 0.00 | 7,316.80 |
| Stewart Marchman - ACT | 62,754.93 | 97,986.92 | 387,398.59 | 473,131.65 |
| Health Start Coalition of Flagler & Volusia | 10,734.36 | 10,739.16 | 55,632.54 | 60,192.04 |
| H C R A | 737.84 | 3,856.22 | 34,240.28 | 49,189.34 |
| Total Healthcare Expenditures | <u>1,118,505.62</u> | <u>1,742,330.06</u> | <u>7,355,336.84</u> | <u>6,345,326.43</u> |
| Other Expenditures | | | | |
| Advertising | 150.62 | 17,085.58 | 1,247.05 | 63,098.48 |
| Annual Independent Audit | 0.00 | 0.00 | 15,800.00 | 15,500.00 |
| Building & Office Costs | 444.00 | 521.44 | 3,300.70 | 4,121.10 |
| General Accounting | 2,755.00 | 4,232.50 | 27,785.00 | 30,281.25 |
| General Administrative | 7,012.50 | 4,167.50 | 26,777.50 | 25,452.50 |
| Legal Counsel | 5,770.00 | 4,580.00 | 29,700.00 | 31,090.00 |
| City of DeLand Tax Increment District | 0.00 | 0.00 | 69,746.00 | 38,304.00 |
| Tax Collector & Appraiser Fee | 10,048.40 | 5,775.30 | 460,262.44 | 267,354.50 |
| TPA Services | 42,643.50 | 57,619.50 | 240,466.50 | 244,257.50 |
| Eligibility / Enrollment | 3,339.00 | 10,626.00 | 21,819.00 | (8,311.00) |
| Healthy Communities | 4,974.61 | 5,352.78 | 27,455.53 | 27,728.78 |
| Application Screening | | | | |
| Application Screening - THND | 15,811.83 | 11,978.00 | 79,059.15 | 59,890.32 |
| Application Screening - RAAO | 3,072.00 | 839.08 | 8,640.00 | 6,154.83 |
| Application Screening - SMA | 222.40 | 0.00 | 4,695.20 | 0.00 |
| Workers Compensation Claims | 0.00 | 0.00 | 16,249.44 | 0.00 |
| Other Operating Expenditures | 127.50 | 148.75 | 1,421.50 | 837.50 |
| Total Other Expenditures | <u>96,371.36</u> | <u>122,926.43</u> | <u>1,034,425.01</u> | <u>805,759.76</u> |

See Accountants' Compilation Report

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis
For the 1 Month and 6 Months Ended March 31, 2018 and March 31, 2017

| | 1 Month Ended March 31, 2018 | 1 Month Ended March 31, 2017 | 6 Months Ended March 31, 2018 | 6 Months Ended March 31, 2017 |
|---------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|
| Total Expenditures | <u>1,214,876.98</u> | <u>1,865,256.49</u> | <u>8,389,761.85</u> | <u>7,151,086.19</u> |
| Excess (Deficit) | <u><u>(700,127.93)</u></u> | <u><u>(1,565,284.89)</u></u> | <u><u>10,003,095.49</u></u> | <u><u>4,281,142.95</u></u> |

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: April 10, 2018

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for April 19, 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 March 6, 2018. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the 3/15/18 Meeting Minutes.

I. POMCO/UMR Migration Date July 1, 2018.

The UMR Intent Call to review and discuss transitional matters concerning the anticipated POMCO/UMR migration occurred last Friday, April 6th. UMR will present the Board with a full summary of points that either Ms. Long or counsel or both recommended for Board consideration. It is noteworthy here that UMR's Traditional Indemnity Medical Installation document did not at first seem particularly relevant to WVHA's Health Card, governmental benefits program. However, our review of the 42 pages of detail in this document pointed out several potential gaps in WVHA policy which will be fully discussed in UMR's summary, including, but not limited to:

1. whether the Board should establish annual limits on reimbursements for an individual member that is consistent with the private insurance industry standards;
2. . Whether any limitations imposed for preventative screenings should expressly allow doctors to make exceptions based on certain risk factors include race, age and family history of the subject disease?
3. whether there should be a limit on how long a Health Card member should be provided residential mental health care services in the Hospitals before PCP approval is required on certain health care services;
4. whether breast pumps should be excluded from reimbursement as with all other Durable Medical Equipment;
5. Whether sterilization services for men or women should be reimbursed?

UMR will provide the Board with its recommendations based on industry standards concerning each of these areas and others that were discussed.

Additionally, the Call included discussion of a transition from POMCO handling subrogation matters for WVHA without specific contractual obligation and without charge to some contractually agreement with UMR. Although UMR presented us its standard roughly 7 pages of legalese insert for insertion in plans for which it handles subrogation matters in exchange for payment of 30% of all amounts recovered, it was agreed that Mr. Jacobs would confer with

other UMR officials to develop a proposal that is fair to WVHA which has only had 2-3 such matters per year in recent years and the combined dollar amount of recovery was about \$11,000.00 in 2016. Counsel agrees with UMR's recommendation that the Board retain it to settle such small cases with an authority to settle threshold of up to \$15,000, which is lower than UMR's standard threshold of \$25,000. In the past, the Board has generally accepted the recommendation of HS1 or POMCO, as reviewed by counsel without much if any second guessing. For such relatively small amounts, it probably wastes more time and money to consider these matters at a Board meeting than the benefit obtained in any deliberations.

II. Preliminary Discussions Concerning Renewal of Indigent Care Reimbursement Agreement with FHD and FHFM.

On April 3rd, counsel met at FHD with Chair Ferrari, Nigel Hinds and Eric Ostarly to continue discussions about whether both parties are interested in renewing the Indigent Care Reimbursement Agreement (2000) ("Agreement") and if so, what particular provisions should become the subject of renegotiation and public input at the upcoming May 10th workshop on this topic. Those present generally agreed that WVHA, FHD and FHFM would be interested in renewing the Agreement but with negotiation concerning the following provisions:

1. The Term for any renewal contract will likely be agreed between 5 and 10 years.
2. Requirement that the Hospital's Chief of Staff has to sit on the FHD's Board of Directors in view of past experience with conflicts of interest in certain discussions.
3. Overlapping provision within the separate sale agreement that FHD would have to maintain at least 156 beds and also "maintain services" that existed in 2000, particularly given FHD's past shut down of Pediatrics and plans to migrate OB-GYN deliveries after 2020 to FHFM's new tower construction. Hospitals would like to clarify this provision to take into account new abilities to achieve better quality of services by locating them on whichever "campus" is deemed most appropriate by hospital professionals after input from community and WVHA. All were very interested in expanding reimbursed services to include community health programs, including primary care outreach for preventative care.
4. Reimbursement rates established at 105% Medicaid for inpatient and 125% for outpatient care services at both FHD and FHFM. Hospitals anticipate being able to agree on lower rates, but it is too far out to make a definitive commitment.
5. Relationship between maintenance of independent medical staff and clinically integrated network of employed and independent physicians and impact on recruiting and retention of quality physicians.
6. Degree of coordination of ED and hospital services that WVHA may potentially contract to reimburse Halifax for its new West Volusia facilities.
7. It is not expected that any right of first refusal to buy back the hospitals would be any part of the renewal contract.

III. Requirements to Obtain Waiver of Quarterly Funding Limitation

Based on an inquiry from Hispanic Health Initiative and DRT about whether they were required to seek more than one waiver within a single quarter of the new quarterly funding

limitation, counsel provided the following opinion:

Based upon my review of the below string of emails and Paragraph 4.1, I agree that HHI is only required to submit one waiver request per quarter. The provision was drafted with an expectation that the draw-down in funding would correlate much more closely to the quarterly funding limits and that agencies would only exceed those limits toward the end of each quarter. This situation, where an agency has already exceeded the limit at the start of each quarter was not anticipated and thus we are all having to figure out how to handle it. Going forward, all agencies should be directed to only submit one request to cover the entire quarter, not just one invoice for one month.

IV. **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.

V. 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.

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.