West Volusia Hospital Authority BOARD OF COMMISSIONERS REGULAR MEETING

May 17, 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 Joint Meeting April 19, 2018
- 5. Citizens Comments
- 6. Citizens Advisory Committee-Voloria Manning, Chair
 - A. Overview CAC Meeting May 8, 2018 Discussion/Q&A
- 7. Contractual Utilization Reports to the WVHA Board of Commissioners
 - A. Nicole Sharbono, VP, Stewart-Marchman-Act
 - B. Brenda Flowers, CEO/Founder, Rising Against All Odds
 - C. John Fleemin, Executive Appointee, Deltona Firefighters Foundation
- 8. Reporting Agenda
 - A. POMCO April 2018 Report Written Submission
 - B. FQHC Report Laurie Asbury, Chief Executive Officer,
 Northeast Florida Health Services, Inc. (NEFHS)
 d/b/a Family Health Source (FHS)
 - 1. April Report
 - 2. Quarterly Prescription Audit
- 9. Hospital Quarterly Report
 - A. Florida Hospital Fish Rob Deininger, President and/or Eric Ostarly, CFO
 - 1. FHFM Annual Certification of Compliance
 - 2. FHFM Quality Indicators May 17, 2018
 - B. Florida Hospital DeLand Lorenzo Brown, CEO and/or Nigel Hinds, CFO
 - 1. FHD Annual Certification of Compliance
 - 2. FHD Quality Indicators May 17, 2018
- 10. Discussion Items
 - A. RFP Responses to WVHA HealthCard Approval Process
 - 1. Rising Against All Odds <u>Unsealed Bid</u> received Thursday, May 3, 2018 4:15 p.m.
 - 2. The House Next Door <u>Sealed Bid</u> received Tuesday, May 8, 2018 11:00 a.m.
 - B. SMA Baker Act Corrective Actions from Contractual Site Visit Write Up
 - C. Follow Up Items
 - 1. WVHA Eligibility Guidelines Revised/Updated 5/17/2018
 - 2. Impact to Budget if HealthCard Enrollment Increases (See attached Spreadsheet prepared by Dreggors, Rigsby & Teal)
- 11. Finance Report
 - A. April Financials
- 12. Legal Update
- 13. Commissioner Comments
- 14. Adjournment

WEST VOLUSIA HOSPITAL AUTHORITY WVHA BOARD OF COMMISSIONERS JOINT MEETING WITH THE

CITIZENS ADVISORY COMMITTEE

DeLand City Hall 120 S. Florida Avenue, DeLand, Florida April 19, 2018 5:00 pm

Those in Attendance:

Commissioner Barb Girtman Commissioner Judy Craig Commissioner Andy Ferrari

Absent:

Commissioner Dolores Guzman Commissioner Kathie D. Shepard

CAC Members Present:

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

Absent:

Lynn Hoganson (unexcused)

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

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

Approval of Proposed Agenda

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

Motion 030-2018 Commissioner Craig motioned to approve the agenda as presented. Commissioner Girtman seconded the motion. The motion passed unanimously.

Consent Agenda

Approval of Minutes - Regular Meeting Minutes March 15, 2018

1 of 4 pages Joint Meeting – Minutes April 19, 2018 Motion 031 - 2018 Commissioner Craig motioned to approve the Consent Agenda. Commissioner Girtman seconded the motion. The motion passed unanimously.

Citizens Advisory Committee (CAC) Voloria Manning, Chair CAC Meeting Minutes March 6, 2018

CAC Chair Voloria Manning updated the Board in regards to the March 6, 2018 CAC Regular Meeting/Applicant Workshop. Chair Manning asked the Committee for a motion to approve the CAC Meeting Minutes of March 6, 2018.

Mr. Ray motioned to approve the CAC Meeting Minutes of March 6, 2018. Ms. Flowers seconded the motion. The motion passed unanimously.

Reporting Agenda

POMCO March 2018 Report – Written Submission POMCO/UMR Migration Update

Mr. Small referenced pages 12 and 13 of the late POMCO submittal that was distributed today to the Board where POMCO makes recommended changes and preventive care standards in the specialty care network based on their review from the intent call discussion held on April 6, 2018.

Motion 032 – **2018** Commissioner Girtman motioned to approve the specialty care recommendations as outlined on pages 12 and 13 of the POMCO report dated April 19, 2018 that was distributed to the Board late today. Commissioner Craig seconded the motion. The motion passed unanimously.

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

Citizens Comments

There were two.

Contractual Utilization Reports to the WVHA Board of Commissioners

• Jo Ann Weatherwax, Dental Program Director, Florida Department of Health

Ms. Jo Ann Weatherwax submitted a written utilization report covering dental services from October 2017 through March 2018 (attached).

Discussion Items

WVHA Funding Applications Received (list attached)

• 2018-2019 WVHA Funding Applications Non-Compliant Worksheet

There was much Board discussion in regards to the Halifax Emergency Department application for funding in the amount of \$659,620.00 that indicated an anticipated increase in the WVHA HealthCard member program of an additional 1,200 members which could create a significant impact to the WVHA upcoming budget and millage rate considerations for fiscal year 2018-2019.

Mr. Steve Mach, Director of Patient Financial Services, Halifax Medical Center, addressed the Board stating that they have treated one patient with the WVHA HealthCard in the last month and a half. They believe that they will see an influx of new residents, up to 1,200 people, who don't

2 of 4 pages Joint Meeting – Minutes April 19, 2018 have a funding source who could qualify for the WVHA HealthCard. Mr. Mach stated that Halifax has already reached out to The House Next Door to determine the best process to get these patients screened for the WVHA HealthCard.

Mr. Michael Ray, CAC Member, wondered why Halifax Medical Center didn't pursue credentialing through POMCO rather than pursuing funding directly through the WVHA funding process.

Ms. Jacquie Lewis, CAC Member questioned, prior to endeavoring to build this hospital campus, didn't Halifax look at their topographical overview and their payer mix? Ms. Lewis wanted to know how Halifax was currently triaging their patient population? If a patient needs to be admitted, where are they being referred? What is their current continuity of care?

There was Board direction for Mr. Ron Cantlay to work up some budget numbers representing what that budget increase would look like if the WVHA HealthCard population were to be increased by 600, 1,000 or 1,200 members.

Tentatively Scheduled Meetings 2018 - May 10, 2018 Workshop

Motion 033 - 2018 Commissioner Craig motioned to approve the Tentatively Scheduled Meetings 2018 - May 10, 2018 Workshop. Commissioner Girtman seconded the motion. The motion passed unanimously.

Mr. Small referenced his Legal Update, page 2, where he outlined a meeting agenda for the upcoming May 10, 2018 Workshop.

James Moore and Company, Independent Auditors Engagement Letter Expired FYE 2017

• James Moore and Company Engagement Letter Dated April 10, 2018

Motion 034 – 2018 Commissioner Craig motioned to approve the James Moore and Company Engagement Letter dated April 10, 2018. Commissioner Girtman seconded the motion. The motion passed unanimously.

Follow Up Items

Eligibility Guidelines Recommendations (see POMCO Board submittal April 19, 2018 and Legal Update attached)

Ms. Gail Hallmon, The House Next Door explained that the three zip codes, 32720, DeLand, 32102, Astor, and 32754, Mims were defined as West Volusia County if the address had less than 5 numbers. Ms. Hallmon believed that the Board was waiting for Ms. Long to verify this with the USPS.

Ms. Long stated that she contacted the DeLand Postal Office and they did confirm that if an address had 5 numbers, it was located outside of West Volusia; however, they would only give verbal confirmation and they would not provide written confirmation.

Mr. Small suggested that the Board wait for POMCO to provide a consolidated set of Eligibility Guideline recommendations and act upon this during next month's Board meeting.

Quarterly Funding Limitation Waivers 2017-2018

• Community Life Center – email dated April 4, 2018

Motion 035 – 2018 Commissioner Girtman motioned to approve Community Life Center's quarterly funding limitation request for a waiver. Commissioner Craig seconded the motion. The motion passed unanimously.

Financial Report

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

Motion 036 – 2018 Commissioner Girtman motioned to pay bills totaling \$2,204,160.46 (See attached). Commissioner Craig seconded the motion. The motion passed unanimously.

Legal Update

Mr. Theodore Small, Legal Counsel for the WVHA submitted his legal update memorandum dated April 10, 2018 (See attached).

Mr. Small reminded the Board that SMA still needs to bring back their corrective actions from their contractual site visit review.

Commissioner Comments

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

Adjournment,

Andy Ferrari, Chair



POMCO May 17, 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	36	0	295	87.80%
	201712	348	22	0	370	94.05%
	201801	341	38	0	379	89.97%
	201802	315	51	0	366	86.07%
	201803	320	35	13	368	86.96%
	201804	230	9	37	276	83.33%

Grand rotal 2101 22101 2226 50 2377 88(39%

Fiscal Year	Applications Processed	Average Approval Percentage
FY1516	2670	82.28%
FY1617	3963	86.60%
FY1718	2101	88.39%
В	ased on Fiscal ye	ear

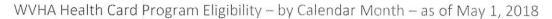
Applications Processed by Fiscal Year – Approval Percentage

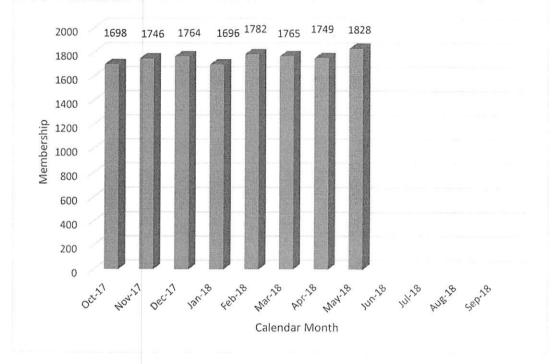
Enrollment Applications – Denial Summary Report

	Approved		Denied		Pending		Total
Period	Apps	Pctg	Apps	Pctg	Apps	Pctg	Apps
Y1718	2101	88.39%	226	9.51%	50	2.10%	2377
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%	(
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	(
Declined - Member Exceeds Income Level		0.00%	5	0.00%		0.00%	
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	2	0.00%		0.00%	
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	
Declined - Req'd Documentation Missing		0.00%	26	0.00%		0.00%	26
Declined- Member Request		0.00%	1	0.00%		0.00%	
Declined - Multiple Reasons		0.00%		0.00%		0.00%	(
Pending - Multiple Reasons		0.00%		0.00%		0.00%	
Pending - Unknown		0.00%		0.00%		0.00%	
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	
201711	259	87.80%	36	12.20%	0	0.00%	29
Active Eligible	259	100.00%		0.00%		0.00%	25
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	
Declined - Member Exceeds Income Level		0.00%	13	0.00%		0.00%	1
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	0.00%		0.00%	
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	
Declined - Reg'd Documentation Missing		0.00%	15	0.00%		0.00%	1
Declined - Multiple Reasons		0.00%	2	0.00%		0.00%	
Pending - Multiple Reasons		0.00%		0.00%		0.00%	
Pending - Unknown		0.00%		0.00%		0.00%	
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	2	0.00%		0.00%	
201712	348	94.05%	22	5.95%	0	0.00%	37
Active Eligible	348	100.00%		0.00%		0.00%	34
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	
Declined - Member Exceeds Income Level		0.00%	4	0.00%		0.00%	
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	
Declined - Req'd Documentation Missing		0.00%	15	0.00%		0.00%	1
Declined - Multiple Reasons		0.00%	2	0.00%		0.00%	
Pending - Multiple Reasons		0.00%		0.00%		0.00%	
Pending - Unknown		0.00%		0.00%		0.00%	
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	1	0.00%		0.00%	
201801	341	89.97%	38	10.03%	0	0.00%	379
Active Eligible	341	100.00%		0.00%		0.00%	34:
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	(
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	(
Declined - Member Exceeds Income Level		0.00%	3	0.00%		0.00%	
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	1	0.00%		0.00%	
Declined - MEMBER HAS OTHER COVERAGE		0.00%	•	0.00%		0.00%	
Declined - McMBER HAS OTHER COVERAGE Declined - Reg'd Documentation Missing		0.00%	32	0.00%		0.00%	32
Declined - Ned a Documentation Missing Declined - Multiple Reasons		0.00%	1	0.00%		0.00%	3
Pending - Multiple Reasons		0.00%		0.00%		0.00%	(
Pending - Unknown TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	1	0.00%		0.00%	1

201802	315	86.07%	51 *	13.93%	0	0.00%	366
Active Eligible	315	100.00%		0.00%		0.00%	315
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	15	0.00%		0.00%	15
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	0
Declined - Reg'd Documentation Missing		0.00%	32	0.00%		0.00%	32
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
201803	320	86.96%	35	9.51%	13	3.53%	368
Active Eligible	320	100.00%		0.00%		0.00%	320
Dedined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Dedined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	12	0.00%		0.00%	12
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	- 5	0.00%		0.00%	5
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - Reg'd Documentation Missing		0.00%	16	0.00%		0.00%	16
Declined - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Multiple Reasons		0.00%		0.00%	13	0.00%	13
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	1	0.00%		0.00%	1
201804	230	83.33%	9	3.26%	37 1	L3.41%	276
Active Eligible	230	100.00%		0.00%		0.00%	230
Dedined - 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%	6	0.00%		0.00%	6
Dedined - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
Dedined - MEMBER HAS OTHER COVERAGE		0.00%	2	0.00%		0.00%	2
Declined - Req'd Documentation Missing		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%	37	0.00%	37
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0

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



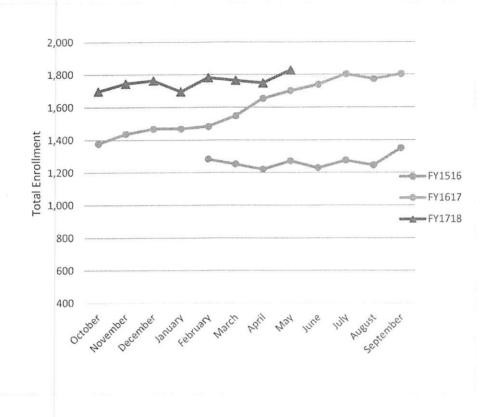


Eligibility reported above reflects eligibility as of the first of each month.

As of May 1, 2018, total program eligibility was 1,828 patients.

WVHA Enrollment by Fiscal Year – as of May 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	1,828
June	
July	
August	
September	
Grand Total	14,028



Medical and Prescription Drug Claim Data

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

			FY1718		
Month	Drug Costs	Dispensing Fee Less Copayments	Total Costs	Total Rx's Filled	Avg Cost Per Rx
October	\$28,023.60	\$28,242.00	\$56,265.60	3,138	\$17.93
November	\$30,535.76	\$29,013.60	\$59,549.36	3,140	\$18.96
December	\$30,023.30	\$29,937.60	\$59,960.90	3,240	\$18.51
January	\$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	\$24,573.77	\$28,847.28	\$53,421.05	3,122	\$17.11
April					
May					
June					
July					
August					
September					
Grand Total	\$181,953.97	\$177,625.08	\$359,579.05	19,305	\$18.63

Combined Medical Costs (as of Claims Payment through 04/30/2018)

Fiscal Year	Hospital	Lab	PCP	Specialty	Facility Physicians	Pharmacy	Total Costs	Member Months	Overall Per Member Per Month (PMPM)	Hospital PMPM	Lab РМРМ	РСР РМРМ	Specialty PMPM	Pharmacy PMPM
FY1718	\$2,995,587.78	\$210,554.75	\$494,268.29	\$1,489,584.55	\$158,724.94	\$438,095.13	\$5,786,815.44	12,330	\$469.33	\$242.95	\$17.08	\$40.09	\$120.81	\$35.53
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	\$360,239.19	\$33,173.04	\$70,715.50	\$209,074.16	\$97,588.57	\$53,421.05	\$824,211.51	1,828	\$450.88	\$197.07	\$18.15	\$38.68	\$114.37	\$29.22
May														
June														
July														
August														
September														
Grand Total	\$2,995,587.78	\$210,554.75	\$494,268.29	\$1,489,584.55	\$158,724.94	\$438,095.13	\$5,786,815.44	\$12,330.00	\$469.33	\$242.95	\$17.08	\$40.09	\$120.81	\$35.53

Medical and pharmacy costs are reported on a paid basis

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 04/30/2018)

		FY1718										
Month	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	Total						
October	269	227	232	0	0	728						
November	132	161	161	0	0	454						
December	185	256	223	0	0	664						
January	168	194	202	0	0	564						
February	191	247	219	0	0	657						
March	118	180	219	0	0	517						
April	112	216	256	0	0	584						
May												
June												
July												
August												
September												
Grand Total	1,175	1,481	1,512	0	0	4,168						

PCP encounter claims are reported on a paid basis

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

	SPECIALTY C	ARE SERVICES BY SPE	CIALTY - TOP 25 FO	R APRII	_		
Order	SPECIALITY	Unique Patients	Claim Volume		Paid	Cost	Per Patient
1	Anesthesiology	37	114	\$	23,349.84	\$	204.82
2	Cardiology	32	82	\$	19,642.65	\$	239.54
3	Hematology/Oncology	19	73	\$	19,623.86	\$	268.82
4	Gastroenterology	12	55	\$	13,124.43	\$	238.63
5	Amb Surgery Facility	12	31	\$	12,923.80	\$	416.90
6	Physical Therapy	41	204	\$	10,297.90	\$	50.48
7	Ophthalmology	34	58	\$	10,184.68	\$	175.60
8	Orthopedic Surgery	33	70	\$	10,042.52	\$	143.46
9	Radiology	93	324	\$	8,748.51	\$	27.00
10	Pulmonary Disease	19	48	\$	8,325.12	\$	173.44
11	Hematology	12	54	\$	6,876.09	\$	127.34
12	Internal Medicine	31	83	\$	6,131.97	\$	73.88
13	Pain Management	11	38	\$	5,787.40	\$	152.30
14	Dermatology	10	27	\$	5,345.25	\$	197.97
15	Pathology	152	352	\$	4,456.33	\$	12.66
16	Obstetrics & Gynecology	9	23	\$	4,245.80	\$	184.60
17	Diagnostic Radiology	38	132	\$	4,041.55	\$	30.62
18	Mental Health Counselor	8	43	\$	3,975.42	\$	92.45
19	Infectious Disease	16	38	\$	3,790.75	\$	99.76
20	Nurse Pract in Psychiatry	19	40	\$	3,568.88	\$	89.22
21	Optometry	17	26	\$	3,397.64	\$	130.68
22	Surgery	4	14	\$	3,237.87	\$	231.28
23	Urology	7	15	\$	3,235.44	\$	215.70
24	Certified Social Worker	8	32	\$	2,396.38	\$	74.89
25	Physical Medicine + Rehab	3	8	\$	1,858.96	\$	232.37

New Items Migration to UMR Platforms

The following is a brief update on migration related items:

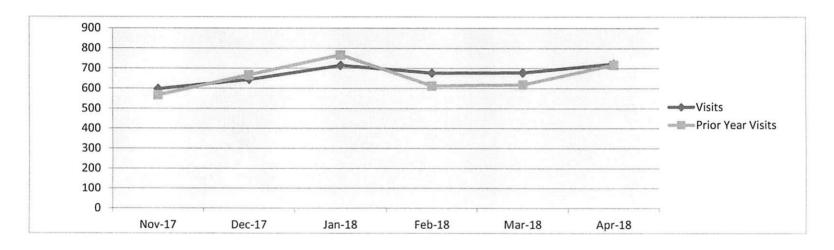
- The West Volusia Hospital Authority provider service line established by POMCO will change and will be routed to a UMR team that will be handling all WVHA provider related service inquiries
- The new referral tool is still being developed and tested and expected to be completed prior to the July 1, 2018 migration date
- Communication and training to all Primary Care Physician offices and specialty providers is being developed to prepare for the July 1, 2018 migration
- The approved recommended benefit changes have been updated to the programs installation documentation and set to be coded for the migration effective date



Northeast Florida Health Services April-18

Patient Visits

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Visits	598	644	714	677	678	722
Prior Year Visits	567	667	766	613	619	717

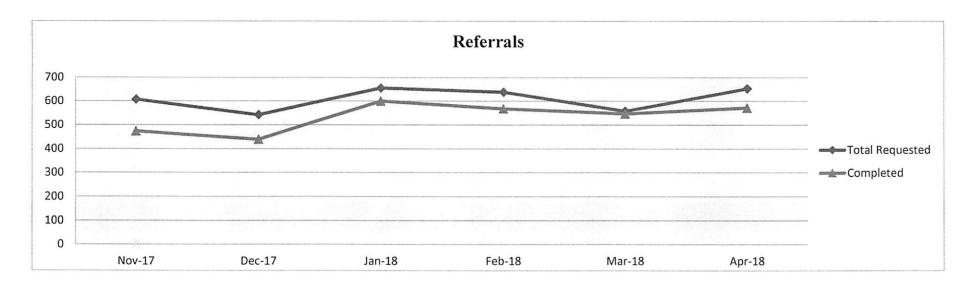


Patient Visits by Location

Location	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18			
Deland Medical	264	270	278	295	269	294			
Deltona Medical	254	283	352	311	329	360			
Pierson Medical	69	84	69	60	65	54			
Daytona	11	7	15	11	14	14			
Total	598	644	714	677	677	722			

Referrals

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
NEFHS Providers (refer to footnote 1)	196	180	174	208	182	229
Internal Specialty Providers (refer to footnote a	411	362	481	430	376	424
Total	607	542	655	638	558	653
Outstanding NEFHS Providers	33	19	10	12	0	32
Outstanding Int. Speciality Providers	100	84	45	58	11	49
Completed	474	439	600	568	547	572
Total Requested	607	542	655	638	558	653



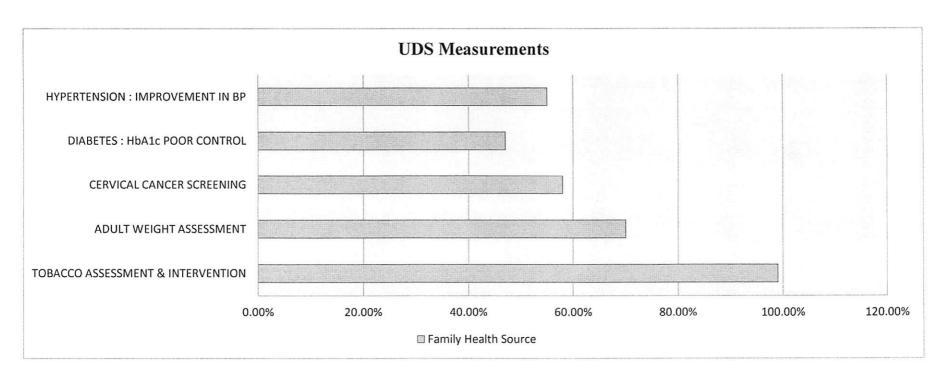
¹ NEFHS provider referrals are generated by NEFHS PCP for imaging and durable medical equipment (DME). 2 Internal specialty provider referrals are generated by NEFHS PCP for consultation with a specialist.

Appointment Times

Tappoint Ames							
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	99.00%
ADULT WEIGHT ASSESSMENT	70.00%
CERVICAL CANCER SCREENING	58.00%
DIABETES : HbA1c POOR CONTROL	47.00%
HYPERTENSION: IMPROVEMENT IN BP	55.00%





OUR COMMUNITIES"

WVHA Prescription Audit					
Jan 2018-Mar 2018					
	Jan-18	Feb-18	Mar-18	Total	
Total Scripts	3,626	3,039	3,122	9,787	
Script Sample	20	20	20	60	
och produiting	20	20	20	00	
Specialist Scripts	2	0	3	5	
Total Acute Scripts	8	1	8	17	
Total Chronic Soviete	40	4.5	22		
Total Chronic Scripts	12	19	12	43	
Total Rx Filled Incorrectly	0	0	0	0	
	•			· ·	
* All 30 chronic scripts written and filled for 90	days or more.				
	Total Chron		Lot		
	Scripts filled	Scripts filled in error 0			
	Rx Fill Fee		\$10.24		
	Total Overa	ge.	\$0.00		
Lawrence and the second se	Total Overa	P.	JU.00		

Pierson	Deltona	DeLand	Daytona	DeLand-Pediatrics	Administration
216 N. Frederick St.	2160 Howland Blvd	844 W. Plymouth Ave.	801 Beville Rd.	800 W. Plymouth Ave.	1015 N. Stone St.
Pierson, 11 12180	Deltona, H 32738	Defand, Ft 32720	Daytona, 11, 32119	Dolland, FL 32720	Def and, 11, 32720
386-749-9449	386-332-0315	386-738-2422	886-267-6214	(86-736-7933	386-202-6025
Fax: 486-749-0447	Fax: 306-532-0516	Fax: 306-730-2423	Fax: 386-999-0414	Lax: 386-736-7934	Tax: 336-269-3149
		www.familyheal	thsource.org		
		hanta zadilan irrikita k	Affin Andry White Helps		7514



May 1, 2018

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

Dear West Volusia Hospital Authority:

As requested, this annual certification of compliance attests that we are meeting requirements per Agreement executed on September 29, 2000 between MEMORIAL HOSPITAL-WEST VOLUSIA, INC., SOUTHWEST VOLUSIA HEALTHCARE CORPORATION D/B/A FLORIDA HOSPITAL FISH MEMORIAL and WEST VOLUSIA HOSPITAL AUTHORITY (WVHA) and amended as of 5/16/2002, 7/31/2003, 11/18/2010, 8/23/2011, 9/10/2012, 9/19/2013, 6/2/2014, 6/3/2015 and 6/1/2016 as sub-agreements incorporated into the Termination of Lease, Settlement and Asset Transfer Agreement dated 9/29/2000.

Southwest Volusia Healthcare Corporation d/b/a Florida Hospital Fish Memorial hereby duly affirms we continue compliant as it relates to the requirements under said agreement.

- Upon request from the WVHA, we will provide evidence that the Hospital is duly licensed, certified and accredited. (Indigent Care Reimbursement Agreement ¶7.1).
- We will also promptly notify the WVHA of any legal or governmental action, "or any other matter", that could materially affect the Hospital's performance under the Indigent Care Reimbursement Agreement. (Indigent Care Reimbursement Agreement ¶7.2).

Eric Ostarly, VP/CFO

Sincerely,

CC:

Rob Deininger, President/CEO

Theodore W. Small, Jr., Esquire

Dreggors, Rigsby & Teal, P.A.

Florida Hospital Fish Memorial Quality Indicators for West Volusia Hospital Authority May 17, 2018 Report

	Quality References Fully accredited by Joint Commission- www.jointcommission.org
i	Rated A by Leapfrog Group Hospital Safety Score- www.leapfroggroup.org
	Other sources of information
	- www.healthgrades.com
	- www.medicare.gov

Emergency Department (ED) Metrics			Actual	Goal
Door to Doc (December 2017)			20	<=25 Min
Door to Discharge (December 2017)			133	<= 120 Min
·	<u> 2015</u>	<u>2016</u>	<u> 2017</u>	
Total ED Visits	61,540	66,190	59,679	
Total ED Visits/Day	169	181	164	
Left Without Being Seen (LWBS)	902	1,024	585	
LWBS/Day	2	3	2	
% LWBS	1.47%	1.55%	0.98%	<= 1.0%

	<u>2015</u>	2015 %	<u>2016</u>	<u>2016 %</u>	2017	2017 %	National Average
Patients Left Against Medical Advice (AMA)	253	2.8%	292	3.0%	272	2.9%	1-2%

Healthcare Associated Infections (Hospital Compare)	
7/1/16-6/30/17 Data - Lag in Data Reporting by CMS	
Public Reporting on Hospital Compare	
	<u>Fish</u>
Central line associated bloodstream infections (CLABSI)	No Different than National Benchmark
Surgical site infections from colon surgery (SSI:Colon)	No Different than National Benchmark
Methicillin-resistant Staphylococcus Aureus (MRSA)	No Different than National Benchmark
Clostridium difficile (C. diff)	No Different than National Benchmark

	2015	2045	8047	
Household Associated #1 AREL (Frankes) 11 Associated Mississipper 1 Associated	<u>2015</u>	<u>2016</u>	<u>2017</u>	
Hospital Acquired CLABSI (Central Line-Associated Bloodstream Infection)	3	3	4	
As % of Admissions	0.03%	0.03%	0.04%	
As % of Patient Days	0.01%	0.01%	0.01%	
Hospital Acquired CAUTI (Catheter Associated UTI Infection)	2	4	1	
As % of Admissions	0.02%	0.04%	0.01%	
As % of Patient Days	0.00%	0.01%	0.00%	
Hospital Acquired (Surgical Site Infection: Colon)	0	0	0	
As % of Admissions	0.00%	0.00%	0.00%	
As % of Patient Days	0.00%	0.00%	0.00%	
·				
Hospital Acquired (Surgical Site Infection: Hysterectomy)	0	0	0	
As % of Admissions	0.00%	0.00%	0.00%	
As % of Patient Days	0.00%	0.00%	0.00%	
Hospital Acquired MRSA	0	2	1	
As % of Admissions	0.00%	0.02%	0.01%	
As % of Patient Days	0.00%	0.00%	0.00%	
Hospital Acquired C-Diff	47	23	13	
As % of Admissions	0.51%	0.24%	0.14%	
As % of Patient Days	0.11%	0.05%	0.03%	
Hospital Volumes				
Admissions	9,179	9,668	9,464	
Patient Days	42,518	44,787	43,640	
			· · · · · · · · · · · · · · · · · · ·	



May 7, 2018

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

Dear West Volusia Hospital Authority:

As requested we are sending this annual certification of compliance to attest that we are meeting the requirements per Agreement (Florida Hospital DeLand) between West Volusia Hospital Authority ("WVHA") and Memorial Hospital-West Volusia, Inc. ("MH-WV") dated 9/29/2000; the Indigent Care Reimbursement Agreement between Memorial Hospital-West Volusia, Inc. d/b/a Florida Hospital DeLand ("Memorial"), Southwest Volusia Healthcare Corporation d/b/a Florida Hospital Fish Memorial ("Southwest Volusia"), and West Volusia Hospital Authority (the "Authority") dated 9/30/2000 and amended as of 5/16/2002, 7/31/2003, 11/18/2010, 8/23/2011, 9/10/2012, 9/19/2013, 6/2/2014, 6/3/2015, 6/1/2016, and 5/9/2017; as subagreements incorporated into the Termination of Lease, Settlement and Asset Transfer Agreement dated 9/29/2000.

The hospital thereby duly affirms we are compliant as relates to the following requirements under agreements selling "West Volusia Memorial Hospital" to Memorial Hospital-West Volusia, Inc. d/b/a "Florida Hospital DeLand" (the "Hospital"):

- 1. Yes, we maintain a licensed general acute care hospital accredited by The Joint Commission (TJC) or equivalent accrediting body. (Agreement ¶3(a))
 - a. Yes, we informed the WVHA Board of our continuing accreditation during the Regular Meeting following our accreditation review. (Agreement ¶3(a))
 - b. Yes, we will provide evidence that the Hospital is duly licensed, certified and accredited upon request from the Authority. (Indigent Care Reimbursement Agreement ¶7.1)
- 2. Yes, we maintain not less than 156 licensed beds. (Agreement ¶3(b))
- 3. Yes, we still maintain the name of "Florida Hospital DeLand". (Agreement ¶3(c))
- 4. Yes, we maintain the same medical programs and services in the same location and have no plans to make any changes between now and the next certification. If it is determined that a change needs to be made, we will demonstrate that the program/service has been maintained according to industry standards and nevertheless such maintenance will have a "material adverse effect" on financial condition of Hospital. (Agreement ¶3(d))

- 5. Yes, we provide emergency services to qualified indigent patients on a non-discriminatory basis, and do not bill such patients unless the patients receive third-party monies for such services. (Agreement ¶3(e))
- 6. Yes, we maintain an independent medical staff. (Agreement ¶3(f))
- 7. Yes, we maintain not less than 10 members on the Hospital Board and not less than 4 are residents of the DeLand, Florida area. (Agreement ¶3(q))
- 8. Yes, we will give the WVHA Board at least 15 days notice and right of first refusal prior to any solicitations to sell the Hospital. (Agreement ¶3(h))
- 9. Yes, we will promptly notify WVHA of any legal or governmental action, "or any other matter", that could materially affect the Hospital's performance under the Indigent Care Reimbursement Agreement. (Indigent Care Reimbursement Agreement ¶7.2)

Sincerely,

Lorenzo Brown, President/CEO

Nigel Hinds, CFO

LB/NH:clm

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

Florida Hospital DeLand Quality Indicators for West Volusia Hospital Authority May 17, 2018

Quality References

Fully accredited by Joint Commission- www.jointcommission.org

Rated A by Leapfrog Group Hospital Safety Score- www.leapfroggroup.org

Other sources of information

- www.healthgrades.com
- www.medicare.gov

Emergency Department (ED) Metrics					2017 Actual	2017 Goal	
Door to Doc (2017 Average)					21 Min	≤ 25 Min	
Door to Discharge (2017 Average)					122 Min	≤ 120 Min	
	<u>2015</u>		<u> 2016</u>		<u> 2017</u>		Q1-2018
Total ED Visits	58,218		59,654		56,680		15,045
Total ED Visits/Day	160		163		155		167
Left Without Being Seen (LWBS)	888		895		410		160
LWBS/Day	2		2		1		2
% LWBS	1.53%		1.50%		0.72%	≤ 1.00%	1.06%
<u></u>	2015	2015 %	2016	2016 %	2017	2017%	National Average
Patients Left Against Medical Advice (AMA)	168	1.9%	556	0.9%	182	2.1%	1-2%

Healthcare Associated Infections (Hospital Compare)

(7/1/16-6/30/17) - Lag in Data Reporting by CMS

2016-2017 Public Reporting on Hospital Compare Update

Central line-associated blood stream infections (CLABSI)

Catheter-associated urinary tract infections (CAUTI)

Surgical site infections from colon surgery (SSI: Colon)

Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)

Methicillin-resistant Staphylococcus Aureus (MRSA)

Clostridium difficile (C. diff.)

FH DeLand

Better than US National Benchmark
Better than US National Benchmark
No Different than US National Benchmark
Not Available (due to small denominator)
No Different than US National Benchmark
Better than US National Benchmark

	<u> 2015</u>		<u>2016</u>		<u> 2017</u>	
Hospital Acquired CLABSI (Central Line-Associated Bloodstream Infection)	3	Previous years reporting did	2		0	
As % of Admissions	0.03%	not require non-ICU reporting	0.02%		0.00%	
As % of Patient Days	0.008%	. •	0.010%		0.000%	
Hospital Acquired CAUTI (Catheter Associated UTI Infection)	6	Previous years reporting did	1		0	
As % of Admissions	0.07%	not require non-ICU reporting	0.01%		0.00%	
As % of Patient Days	0.02%	1.550.16	0.00%		0.000%	
Hospital Acquired (Surgical Site Infection: Colon)	1		0		0	
As % of Admissions	0.01%		0.00%		0.00%	
As % of Patient Days	0.003%		0.000%		0.000%	
Hospital Acquired (Surgical Site Infection: Hysterectomy)	1		0		1	
As % of Admissions	0.01%		0.00%		0.01%	
As % of Patient Days	0.003%		0.000%		0.003%	
Hospital Acquired MRSA	1		1		0	
As % of Admissions	0.01%		0.01%		0.00%	
As % of Patient Days	0.00%		0.00%		0.000%	
Hospital Acquired C-Diff	30	High community onset rates	21	Implemented c-diff testing	8	
As % of Admissions	0.35%	Hand Hygiene, Identify upon admission	0.24%	algorithm policy	0.09%	
As % of Patient Days	0.08%		0.03%		0.022%	
<u>Hospital Volumes</u>						<u>Q1-2018</u>
Admissions	8,688		8,764		8,709	2,360
Patient Days	35,926		37,293		36,277	10,036

312 South Woodland Blvd. • Deland, Florida 32720 • 386 202 4209, risingagainstallodds.com

April 23, 2018

West Volusia Hospital Authority

Recd 5/3/2018 4:15 pm Original

Re: Proposal for Prescreening of the West Volusia Hospital Authority Health Card Program

Rising Against All Odds, Inc., (RAAO)'s objective is to work closely with The House Next Door (THND) in supporting Prescreening opportunity to hard to reach communities. We propose to extend comprehensive case management services to disadvantaged populations who qualify in our taxing district.

RAAO is continuously committed to going into areas that are often overlooked, disparaged and who otherwise would not be informed of the West Volusia Hospital Authority Health Card. Funds will be used to reduce the barriers and assist our West Volusia residents in the prescreening application process. A noteworthy reality is that the underserved residents' ability to apply is hindered by cultural, financial, transportation, literacy and proximity to access point issues.

Outreach Programs enable RAAO to provide services to a wider spectrum of the most vulnerable and equally intended recipients of the WVHA Health Card. It is advantageous to incorporate RAAO's outreach case management assistance for pre-screening Health Card applications into the Authorities efforts of providing opportunity for health care to qualifying West Volusia residents.

Case management for pre-screening would allow RAAO the following:

- To assist applicants with filling out applications by providing hands on, direct participant assistance.
 - Applicants that are referred from Florida Hospital Deland, applications are started while patients are in hospital and/or home visit or set up upon release from hospital for completion.
- Campaigning by outreach, in areas not accustomed to WVHA Health Card or its process,
 will give opportunity for pre-screening for the Health Card to be offered to a broader
 spectrum of residents, whose realities of coping with daily challenges would not even
 allow them to seek assistance.

The ranges of people we will serve will be across the entire spectrum. The spectrum spreads from the homeless population, substance abuse community who cannot get treatment without the WVHA Health Card; HIV positives who are not in treatment, people with mental illness, uninformed citizens who live primarily in multifaceted poverty areas, particularly those with educational and technology barriers, etc.

Badett

2018 WVHA Health Card Prescreening Program Proposed Budget

Proposed Program Budget Fiscal Year 18-19 % of Program Amount **Program Revenue** Revenue*** 0% \$0.00 Federal 0% \$0.00 State 0% Other Local Funding (list) \$0.00 **In-Kind Contributions** \$11,000.00 10% \$0.00 0% Fees 0% \$0.00 **Fund Raising** \$0.00 0% Rent Medicaid \$0.00 0% 0% \$0.00 Other 90% \$99,499.97 Amount Requested from the WVHA 100% **Total Revenue** \$110,499.97 % of Program **Program Operating Expenses** Amount Revenue*** Salaries and benefits \$89,144.97 81% **Contracted services** \$0.00 0% **Rent Utilities and Insurance** \$4,800.00 4% \$5,555.00 5% Adminstrative \$1,200.00 1% Vehicle/Equipment/Maintenance 2% Office Supplies \$2,000.00 Administration \$3,300.00 3% \$2,100.00 2% **Outreach Transport** Telephone equipment/mobile data \$2,400.00 2%

\$110,499.97

Total Expenses

100%

Budget Narrative

Salaries

Program Development		Description		Salaries	Fringe	Fica Payroll taxes 7.65%	Total Yearly Cost
Charity Care Case Manager	Overall budget & Progam Supervis Compliance and Quality Assurance	ion. Oversee staff and files review HIPPA e		13,436	2,164	1,193	16,793
Retention Re-enrollment	Assist with securing documents ne released patients	eded. Assist wigh Florida Hospital Impati	ent or	11,645	1,875	1,034	14,554
Retention Re-enrollment	Assist clients who present w/barri applications process	ers to complete/navigate Health Card		22,394	3,606	1,989	27,989
Retention Re-enrollment				11,197	1,803	995	13,995
Retention Re-enrollment				8,958	1,442	796	11,196
Transporter	Provide Case Manger, Insurance Pr	rocessor and client necessary transport		3,695	595	328	4,618
Total Payroll cost	t			71,324	11,486	6,335	89,145
Administrative and Other Services:							
Client Picture ID/Driver's License 15@ \$27 each Client Birth Certificates 15@ \$42 each Vehicle Gas for 52 trips 52@ \$ 5 per (Prescreening assistance transport)						\$ 405 \$ 630 \$ <u>260</u>	
Medical: (FHS fee charged for clients who do not have Health Card or insurance) FHS Primary Care Physician visits, 12 persons @ \$35 per person \$ 420 \$ 420							
Equipment: Lap top/scanner (mobile use for outreach locations)			00		S 600		
Professional Fees Payroll Service (payroll fees @ 120 per month)			\$ 1	440		\$ 1440	
Pharmacy: Prescription Costs while client is waiting for Health Card Ritter's Pharmacy will be used, for health card holders, health card pen			\$1,8 ling, d			<u>\$1,800</u>	
medicines prescribed for released hospital patients.			TO	ΓAL:		\$5,555	
Rent and Utilities 400@ 12 months			TO	ΓAL:		\$4800	
All In-Ki	nd Services:						
Office Sup Administra Outreach T	ition	In-Kind In-Kind In-Kind In-Kind	\$1,20 \$2,00 \$3,30 \$2,10 <u>\$2,40</u> TOT	00 00 00 <u>00</u>		\$11,000	



The House Next Door

Serving Volusia and Flagler Counties

Administrative Offices 804 North Woodland Blvd. DeLand, FL 32720 386-734-7571 386-734-0252 (fax)

DeLand Counseling Center 121 W. Pennsylvania Ave. DeLand, FL 32720 Counseling: 386-738-9169 Programs: 386-734-2236 386-943-8823 (fax)

Deltona Counseling Center 840 Deltona Blvd., Suite K Deltona, FL 32725 Counseling and Programs: 386-860-1776 386-860-6006 (fax)







ORICINAL
Rec'd =/8/2018

West Volusia Hospital Authority c/o Dreggors, Rigsby and Teal, P. A. P.O. Box 940 DeLand, FL 32721-0940

May 7, 2018

Dear Hospital Authority Commissioners,

The House Next Door is excited to have the opportunity to provide a proposal for the Health Card Eligibility process.

In considering our proposal, we ask you to reflect on the following agency strengths:

- Our familiarity with our community
- Our knowledge of the process
- Our positive history of providing contracted services
- Our solid reputation both with clients and funders

I am certain that having a local agency, knowledgeable in both the community and the process, will expedite the eligibility process. As a result, both the clients and the Hospital Authority will be better served.

Thank you for considering our proposal.

Sincerely,

Stephen R. Sally, CEO

visit our website at www.thehousenextdoor.org

Response to Proposal for WVHA Eligibility Determination Process

The House Next Door is submitting a proposal to the West Volusia Hospital Authority for the Eligibility Determination Process for the West Volusia Hospital Authority Health Card.

Experience & Qualifications

The House Next Door has successfully contracted with the West Volusia Hospital Authority (WVHA) for twenty years, without ever being out of contract compliance or requiring a corrective action plan.

This year is the fourth year that The House Next Door has successfully performed the 'pre-application' screening for the WVHA. In that period of time we have diligently worked to understand the guidelines, how they are interpreted and applied by the WVHA Enrollment Certifying Agent, and assisted clients in submitting applications that meet those guidelines. As a result, the current approval rating is above 88% as reported by POMCO.

The House Next Door currently holds 13 contracts with 6 funders. We are in good standing with all our funders and are in the process of renewing many of our contracts.

The House Next Door is accredited by The Council on Accreditation which is an international, independent, nonprofit, human service accrediting organization. Management and Financial processes are among the standards that are part of accreditation. The agency has achieved perfect scores for the last eight years.

The House Next Door is experienced in understanding eligibility and compliance beyond our own services. We were selected to be the lead agency for the County of Volusia Family Violence Prevention Services in 2012, and renewed for an additional five years in 2015. Our responsibility is to monitor and assure that the subcontracted agencies are delivering quality service and are meeting all contractual goals. In addition, we have provide the monitoring for the Child Care Food Program for the Department of Health in five Counties. This oversight assures that all federal child nutrition guidelines are met, that monies earned through the program are spent on food items, verification of meals billed, and prevent fraudulent practices. Currently, there are 1,998 children in that program. Dollars earned by the providers are paid to HND and we in turn disburse them to the providers monthly. This contract has been renewed annually since 2008.

The House Next Door maintains an internal computer network system that is HIPPA compliant and is backed up daily in on off-site location. The system is managed by the MIS staff at Stewart Marchman Act Behavioral Health Care.



Scope of Work

Screening Process:

The House Next Door will:

- Continue to provide the screening process for the applications in Pierson, DeLand, and Deltona
- Assist the applicant in applying for ACA and Medicaid
- Work closely as a unit (Screening and Certification) to assure a minimum pended rate
- Provide outreach and follow-up for applicants with pended applications to assist in understanding what needs to be submitted and to meet timelines
- Provide information on the program at community events and fairs that we participate in as an agency
- · Provide technical support regarding the process to partner agencies

Certification Process:

The House Next Door will:

- Verify proof of residency in the WVHA taxing district.
- Verify assets
- Verify income is within the established limits
- Verify the applicant does not have Medicaid or other coverage and is not eligible for them
- Request additional information from the screeners as needed for clarification in addition to sending letters to applicants if screeners are unable to provide the information needed
- Keep screeners well informed on the verification process and any changes that may occur

Approval Process:

The House Next Door will:

- Notify the third party administrator daily of new or renewed clients. Notification will be done electronically
- Issue letters of acceptance or denial to the applicants

The House Next Door will establish an appeal process for applicants that have been denied. The appeal must be in writing and submitted to the HND administrative office within 60 days. A written response will be made to the applicant within 90 days.

The House Next Door's established Grievance Procedure will be used for any client complaints regarding services or the Health Card staff. Please see attached.



The House Next Door will maintain an electronic database of all applications and the outcome. Files will be maintained for seven years.

Quality Assurance

The Health Card Eligibility program will participate in the agency's quality assurance program. This means that 10% the applications will be audited each quarter for accuracy and that client satisfaction surveys will complied and reviewed annually.

Outcome Measures:

- 90% or better approval rate
- 90% or better Client satisfaction rate
- 100% adherence to guidelines
- 99% timely processing of application (within 30 days)

Reports Provided:

- · Membership by unduplicated numbers
- · Membership demographic profile
- New member list
- Terminated member list
- Number and types appeals and complaints from member or applicants



Budget:

*Budget is for 12 months of screening services (October – September) and 9 months (January – September) of approval process and provides for 250 applications per month. Any additional application will be processed at a cost of \$18 each.

Revenue	Amount	% of Program Revenue
Federal		
State	-	0%
County	-	0%
Other Local Funding United Way	-	0%
In-Kind Contributions	10,581	3%
3rd Party Reimbursements	-	0%
Fees	-	0%
Medicaid	-	0%
Other (List)	-	0%
Amount Requested from the WVHA	314,372	97%
TOTAL REVENUE	324,954	100%

Program Operation Expenses	Total Expense		Amount Requested From WVHA	% of Funding
Salaries and Benefits	233,943		226,325	72%
Contracted Services		-	2 .)	0%
Administrative and Other Services	91,011		88,047	28%
Food Services		-	-	0%
Medical		-	-	0%
Pharmacy		-	_	0%
Other			-	0%
TOTAL	324,954		314,372	100%



Budget Narrative

Position Title Operations Director	Salaries 13,928
Site Supervisor	2,223
Health Card Screeners	24,516
Health Card Screeners Health Card Screeners	23,739 23,802
Health Card Screeners	23,256
Health Card Screeners	18,720
Health Card Certifier	18,720
Health Card Supervisor	21,372
·	\$170,276
FICA @ 7.65%; Unemployment Tax @ 1.26%; Workers Compensation @ 1.77% x Employee Wage	
Rent: Deltona Office - 1 location at 16/sqft x 1200sqft, 200sqft @ 7.76/sqft plus Pierson Rent \$50/month. Storage and Shredding	17,552
Travel: Mileage expense @ .50/mile, and travel, to and from	548
service sites weekly	
Staff Training	781
Equipment Rental: Copy/Scan/Fax machines rental expense at the DeLand and Deltona locations, plus maintenance agreement fees	6,870
Professional Fees: Audit fees / MIS fees	2,644
Membership and Dues	0
Insurance: Property and D&O	1,788
Telephones: Local, Long Distance, Cell Phones, Internet at DeLand and Deltona locations	3,850
Utilities: Electric and Water at DeLand and Deltona locations	3,750
Repairs & Maintenance: Expenses related to building and equipment at DeLand and Deltona locations	950
Supplies: Office, Housekeeping, Educational and Client Supplies	5,075
Postage: correspondence to client	1,875
Equipment - 3 workstations / computers	4,575
Licenses & Permits	0

6,856

In-Kind Rent: DeLand and Pierson locations



In-Kind Start up cost:	3,725
Miscellaneous Expense: Background checks, Application pickup & Disposal	631
Administrative & Quality Assurance: Based on Revenue Distribution	29,541
Total Other Expense	91,011
Total Personnel and Other Expense	\$324,954

Client Grievance

REGULATORY CODES: COA CR 3

POLICY:

All House Next Door consumers have the right to lodge grievances with the agency in accordance with the proper grievance procedures. This includes the right to file a grievance without interference or retaliation.

Hearing impaired clients will be provided with a translator, using the their preferred mode of communication when possible, throughout the process.

Complainants will receive timely written notification of the resolution along with any explanation of any further appeal, rights, or recourse. This includes the right to file an appeal with DCF or the DHHS Office of Civil Rights. The agency will respect the right of the consumer or family member to be heard by a person delegated to review responsibility.

PROCEDURE:

- 1. If a person receiving services at The House Next Door has a grievance involving services, program, location, a supervisor or other agency staff members they may request a grievance form from the program site at which they have received service, or the administrative office, located in Deland, at 804 N. Woodland Boulevard.
- 2. This form is to be completed by the complainant within 90 days of the incident. The assistance of an agency staff person will be provided if necessary.
- 3. This form shall then be submitted to the Chief Executive Officer who will assign an appropriate person or persons to investigate the complaint.
- 4. The investigative team will fill out the grievance investigation form upon completion of their work and submit it to both the Chief Executive Officer and the complainant.
- 5. The Chief Executive Officer will follow up with a resolution with all involved in the grievance within 30 days after receiving the initial report.
- 6. If the grievance is not settled to the satisfaction of the complainant, the complainant can request that the grievance be reviewed by the agency Board of Directors for final resolution of the matter. Follow up will be conducted within 60 days.
- 7. If the grievance is related to a civil rights issue, to include deaf and hard of hearing, and is not settled to the satisfaction of the complainant, the complainant will be given written information informing them of their right to make an appeal to the Florida Department of Children and Families and/or the federal Office for Civil Rights. The written material will include the contact information for both offices.

Rev. 4/2013



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May 8, 2018

West Volusia Hospital Authority Board of Commissioners:

SMA has prepared this response as a result of additional information requested at the April 19th, 2018 joint board meeting. During that meeting Mr. Small stated that SMA still needed to provide corrective actions from the contractual site review. Attached is documentation of previous communication of corrective actions since the contractual site review (see attached for February 6, 2018 and March 6, 2018).

Since the previous communications, SMA has continued to monitor the initial corrective actions identified: the implementation of a new internal procedure for documenting efforts to obtain ID and financial verification. A breakdown of the data for the month of April will be available at the Board meeting on May 17th, 2018.

In addition to the continued monitoring of our process, SMA postponed submitting an invoice for services provided until the internal process was clarified. Even more importantly, SMA has begun to partner with the House Next Door to assist in completing the screening and eligibility for clients who present to SMA services without the necessary documentation and/or are unable to complete the process due to their level of crisis at the time. Please see the attached procedure that was modified to include the referral and partnership with the House Next Door. Furthermore, we have connected with Deputy Chief Gary Batten of the DeLand Police Department to look for ways to improve our ability to ensure proper identification of people from the WVHA catchment area who do not have State issued identification. Our intent is to use the process that is put in place with the DeLand PD as a template for the identification of people from the other municipalities that comprise the catchment area.

These three steps comprise the most recent corrective action taken to ensure the necessary documentation is obtained either while the client is receiving inpatient care or shortly thereafter.

We hope this update regarding our corrective actions will demonstrate that we continue to review the internal processes at SMA to ensure that we are making every effort to obtain the necessary screening and eligibility information.



PINEGROVE OPERATIONAL PROCEDURE: 0

CSR-111

West Volusia Hospital Authority Health

Card Application Process

UNITS: ALL

DATE: 3/27/2018 REVISED: 4/23/2018

PURPOSE: To establish a protocol for connecting indigent West Volusia Hospital Authority area residents that access services at the Chet Bell Crisis Center with The House Next Door for West Volusia Hospital Authority Health Card application processing after discharge from an acute level of care.

PROCEDURE:

- 1. The CSR will complete the West Volusia Hospital Authority Worksheet (WVHA), pursuant to operational procedure CSR 109.
- 2. The CSR will email the Care Coordination Specialists and copy the Clinical Director of Crisis Services with the name of the WVHA eligible candidate and a summary of what information was obtained.
- 3. The Care Coordination Specialist will meet with the client as soon as the client is stable enough to consent to assistance with completing the WVHA Health Card Application.
- 4. If the client accepts the offer of Care Coordination, the Care Coordination Specialist will open a Care Coordination episode for the client.
- 5. If the client declines the offer of Care Coordination, the Care Coordination Specialist will open a Care Coordination episode for the client, document that the client declined the assistance, and then close the episode.
- 6. The Care Coordination Specialist will review the WVHA Health Card Program information sheet that accompanies this procedure with the client and provide the client with a copy.
- 7. The Care Coordination Specialist will contact the appropriate staff at The House Next Door (based on the client's location within West Volusia) to schedule an appointment for the client to receive assistance with the Health Card application after their discharge from the acute level of care.
- 8. The Care Coordination Specialist will ensure that the client has transportation to the appointment.

- a. If needed the Care Coordination Specialist may issue two 24 hour bus passes to the client so that they are able to get to the appointment and back, and will have another bus pass for an additional appointment if needed
- 9. The Care Coordination Specialist will contact the client the day prior to their appointment to remind them about it.
- 10. The Care Coordination Specialist will follow up with the client no more than three days after the appointment to see if they made it to the appointment, what the outcome was and if any further assistance is needed connecting with The House Next Door.
- 11. The Care Coordination Specialist will documents all contact with the client in the client's electronic medical record.
- 12. When the client has successfully connected with The House Next Door for WVHA Health Card application processing, the Care Coordination Specialist may close the client's episode.

Eileen Long

From: Nicole Sharbono <nsharbono@smabehavioral.org>

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

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

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

WVHA worksheet.docx

Good afternoon Mr. Small,

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

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

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

Respectfully,

Nicole Sharbono, LMHC, CAP Vice President, Volusia County Services 150 Magnolia Avenue Daytona Beach, FL 32114

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

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

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

To: Eric Horst; Ivan Cosimi

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

Subject: RE: WVHA Compliance Review Follow-up

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

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

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

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

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

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

Subject: RE: WVHA Compliance Review Follow-up

Ted:

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

Eric Horst

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

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

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

To: Ivan Cosimi

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

Hi Ivan, thanks for reaching out.

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

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

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

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

I look forward to further discussion, ts

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

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

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

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

Subject: WVHA Compliance Review Follow-up

Good afternoon Ted,

Hope all is well with you.

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

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

Please let me know you thoughts.

Ivan

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PINEGROVE OPERATIONAL PROCEDURE: CSR- 109

West Volusia Hospital Authority Worksheet

UNITS: ALL

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

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

PROCEDURE:

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

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



WVHA – Baker Act Corrective Action Plan

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

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

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

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

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

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

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

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

West Volusia Hospital Authority Evidence of Residence Worksheet

Client name				MR#		
may help to copossibly received	over the ve West	the zip codes in We cost of your stay at Volusia Hospital Au need a copy of a dr	the Chet Bell Crist thority Funding, v	sis Center. In order we will need to kno	to ensure that yo w if you have any	u are eligible to type of
	Do you	have any type of in	surance?	☐ Yes	□ No	
	•	have your driver's rify zip code is WVF		☐ Yes	□No	
	•	have a State issued rify zip code is WVI	· · · · · · · · · · · · · · · · · · ·	☐ Yes	□ No	
	•	o not have a driver D with you, who ca a copy?				
	Name _			Phone		-
Volusia Hospi your residenc	tal Authore	river's license or Sta ority area, our CSR e CBCC. Acceptable below indicates tha	will contact the perpoof of resider	erson you listed al nce also includes a	ove to have the	m bring proof of
Signature				Date		
CSR signature	and ID_			Date		
Date of Co	ntact	Time of Contact	Outcome			
			1			

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

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



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March 6, 2018

West Volusia Hospital Authority Board of Commissioners:

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

As you know, the services provided under the Baker Act agreement do not lend themselves to the comprehensive financial screening requirements under the Healthcard program. The services provided under the Baker Act agreement are acute, crisis oriented, and typically very short term. The effort to collect client information at this location is hampered by the client's lack of cognitive ability at the time of admission. The majority of clients do not have the mental capacity to communicate effectively until after their condition has stabilized. Discharge from this service location occurs shortly after stabilization.

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

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

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



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

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

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

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

Sincerely

Ivan Cosimi

Chief Executive Officer

386-236-1811

icosimi@smabehavioral.org

Expansion for Halifax

			Enrollment			
	PMPM Cost	Annual	300	600	1200	
Lab	16.89	202.68	60,804.00	121,608.00	243,216.00	
Primary Care	40.33	483.96	145,188.00	290,376.00	580,752.00	
Speciality Care	121.93	1,463.16	438,948.00	877,896.00	1,755,792.00	
Pharmacy	36.63	439.56	131,868.00	263,736.00	527,472.00	
POMCO Budget Used 1800 -\$810,730 as budgeted	450.00	810,000.00	135,000.00	270,000.00	540,000.00	
Total Fixed Cost			911,808.00	1,823,616.00	3,107,232.00	
Hospital	250.94	3,011.28	903,384.00	1,806,768.00	3,613,536.00	
Total Excluding Property Appraiser			1,815,192.00	3,630,384.00	6,720,768.00	
Property Appraiser			57,049.63	114,098.26	211,224.17	
Total			1,872,241.63	3,744,482.26	6,931,992.17	

Dreggors, Rigsby & Teal, PA Certified Public Accountants 1006 N. Woodland Blvd. DeLand, FL 32720 Credgors, Pigsby & Teal, PA
Certified Public Accountants
1006 M. Woodland Blvd.
Detand, FL 32720

) (1)

West Volusia Hospital Authority Financial Statements April 30, 2018 1006 N. Woodland Boulevard ■ DeLand, FL 32720 (386) 734-9441

www.drtcpa.com

James H. Dreggors, CPA
Ann J. Rigsby, CPA/CFPTM
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 April 30, 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. Certified Public Accountants

Down, Rich + Tel P.A.

DeLand, FL

May 02, 2018

MEMBERS

West Volusia Hospital Authority Balance Sheet Modified Cash Basis April 30, 2018

Assets

Current Assets	
Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	3,385,094.59
Intracoastal Bank - Operating	674,283.60
Mainstreet Community Bank - MM	12,052,728.69
Taxes Receivable	 92,073.00
Total Current Assets	16,204,279.88
Fixed Assets	
Land	145,000.00
Buildings	422,024.71
Building Improvements	350,822.58
Equipment	 251.78
Total Fixed Assets	918,099.07
Less Accum. Depreciation	 (324,657.93)
Total Net Fixed Assets	 593,441.14
Other Assets	
Deposits	 2,000.00
Total Other Assets	 2,000.00
Total Assets	 16,799,721.02

Liabilities and Net Assets

Current Liabilities	
Security Deposit	5,110.00
Deferred Revenue	88,660.00
Total Current Liabilities	93,770.00
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) 9,	533,581.10
Total Net Assets 16,	705,951.02
Total Liabilities and Net Assets \$ 16,	799,721.02

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

For the 1 Month and 7 Months Ended April 30, 2018

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Revenue	7.111100. 200301			
Ad Valorem Taxes	19,910,000.00	750,121.32	19,080,897.67	829,102.33
Investment Income	45,000.00	5,805.00	33,531.27	11,468.73
Rental Income	68,304.00	5,691.98	39,843.86	28,460.14
Other Income	0.00	0.00	202.84	(202.84)
Total Revenue	20,023,304.00	761,618.30	19,154,475.64	868,828.36
Healthcare Expenditures				
Adventist Health Systems	5,655,654.00	442,626.77	3,893,981.54	1,761,672.46
Northeast Florida Health Services	1,608,362.00	108,829.30	790,997.19	817,364.81
Specialty Care	5,208,000.00	213,937.60	1,447,110.93	3,760,889.07
County Medicaid Reimbursement	2,250,000.00	185,652.25	1,299,565.75	950,434.25
The House Next Door	120,000.00	8,168.86	51,726.34	68,273.66
The Neighborhood Center	70,000.00	0.00	35,000.00	35,000.00
Community Life Center Outreach Services	25,000.00	6,350.00	14,600.00	10,400.00
Rising Against All Odds	235,000.00	14,450.00	107,450.00	127,550.00
Community Legal Services	76,931.00	4,840.58	18,070.80	58,860.20
Hispanic Health Initiatives	75,000.00	5,600.00	53,250.00	21,750.00
Deltona Firefighters Foun Access to Hlth	75,000.00	0.00	660.82	74,339.18
Florida Dept of Health Dental Svcs	200,000.00	25,600.54	161,402.08	38,597.92
Good Samaritan	79,747.00	3,124.12	23,430.00	56,317.00
Stewart Marchman - ACT	946,336.00	47,393.60	434,792.19	511,543.81
Health Start Coalition of Flagler & Volusia	142,362.00	15,269.76	70,902.30	71,459.70
HCRA	819,612.00	43,885.76	78,126.04	741,485.96
Other Healthcare Costs	315,047.00	0.00	0.00	315,047.00
Total Healthcare Expenditures	17,902,051.00	1,125,729.14	8,481,065.98	9,420,985.02
Other Expenditures				
Advertising	12,000.00	147.44	1,394.49	10,605.51
Annual Independent Audit	15,800.00	0.00	15,800.00	0.00
Building & Office Costs	6,500.00	(20.00)	3,280.70	3,219.30
General Accounting	68,100.00	3,212.50	30,997.50	37,102.50
General Administrative	65,100.00	5,816.25	32,593.75	32,506.25
Legal Counsel	70,000.00	4,100.00	33,800.00	36,200.00
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	61,263.11	521,525.55	104,214.45
TPA Services	718,560.00	0.00	240,466.50	478,093.50
Eligibility / Enrollment	92,170.00	0.00	21,819.00	70,351.00
Healthy Communities	72,036.00	5,623.02	33,078.55	38,957.45
Application Screening				
Application Screening - THND	189,742.00	15,811.83	94,870.98	94,871.02
Application Screening - RAAO	34,005.00	3,456.00	12,096.00	21,909.00
Application Screening - SMA	14,000.00	342.40	5,037.60	8,962.40
Workers Compensation Claims	25,000.00	5,481.00	21,730.44	3,269.56
Other Operating Expenditures	32,500.00	170.00	1,591.50	30,908.50
Total Other Expenditures	2,121,253.00	105,403.55	1,139,828.56	981,424.44
Total Expenditures	20,023,304.00	1,231,132.69	9,620,894.54	10,402,409.46
Excess (Deficit)	0.00	(469,514.39)	9,533,581.10	(9,533,581.10)
	See Accountants' Cou	mnilation Penort		

See Accountants' Compilation Report

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

For the 1 Month and 7 Months Ended April 30, 2018

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Healthcare Expenditures	Aillidai Budget	/ lotadi	7101441	
Adventist Health Systems				
Florida Hospital DeLand	2,715,327.00	235,712.15	1,961,908.95	753,418.05
Florida Hospital Fish Memorial	2,715,327.00	115,504.87	1,779,842.26	935,484.74
Florida Hospital DeLand - Physicians	112,500.00	36,304.99	73,336.29	39,163.71
Florida Hospital Fish - Physicians	112,500.00	55,104.76	78,894.04	33,605.96
Northeast Florida Health Services				
NEFHS - Pharmacy	660,040.00	53,421.05	359,579.05	300,460.95
NEFHS - Obstetrics	30,000.00	3,364.04	20,465.71	9,534.29
NEFHS - Primary Care	918,322.00	52,044.21	410,952.43	507,369.57
Specialty Care				
Specialty Care Services	4,700,000.00	187,317.30	1,266,964.37	3,433,035.63
Laboratory Services	508,000.00	26,620.30	180,146.56	327,853.44
County Medicaid Reimbursement	2,250,000.00	185,652.25	1,299,565.75	950,434.25
Florida Dept of Health Dental Svcs	200,000.00	25,600.54	161,402.08	38,597.92
Good Samaritan				
Good Samaritan Health Clinic	25,000.00	1,524.12	12,500.00	12,500.00
Good Samaritan Dental Clinic	54,747.00	1,600.00	10,930.00	43,817.00
Global Healthcare System				
The House Next Door	120,000.00	8,168.86	51,726.34	68,273.66
The Neighborhood Center	70,000.00	0.00	35,000.00	35,000.00
Community Life Center Outreach Services	25,000.00	6,350.00	14,600.00	10,400.00
Rising Against All Odds	235,000.00	14,450.00	107,450.00	127,550.00
Community Legal Services	76,931.00	4,840.58	18,070.80	58,860.20
Hispanic Health Initiatives	75,000.00	5,600.00	53,250.00	21,750.00
Deltona Firefighters Foun Access to Hith	75,000.00	0.00	660.82	74,339.18
Stewart Marchman - ACT				
SMA - ARNP Services at THND	7,000.00	0.00	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	0.00	275,000.00	275,000.00
SMA - Baker Act - Match	325,000.00	47,393.60	126,049.80	198,950.20
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500.00	6,803.16	36,753.60	36,746.40
HSCFV - Fam Services	68,862.00	8,466.60	34,148.70	34,713.30
HCRA				
H C R A - In County	400,000.00	37,784.58	66,579.16	333,420.84
H C R A - Outside County	419,612.00	6,101.18	11,546.88	408,065.12
Other Healthcare Costs	315,047.00	0.00	0.00	315,047.00
Total Healthcare Expenditures	17,902,051.00	1,125,729.14	8,481,065.98	9,420,985.02

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

For the 1 Month and 7 Months Ended April 30, 2018 and April 30, 2017

	1 Month Ended April 30, 2018	1 Month Ended April 30, 2017	7 MonthsEnded April 30, 2018	7 Months Ended April 30, 2017
Revenue				
Ad Valorem Taxes	750,121.32	607,404.94	19,080,897.67	11,951,296.05
Investment Income	5,805.00	4,944.35	33,531.27	34,852.68
Rental Income	5,691.98	5,608.42	39,843.86	39,258.94
Other Income	0.00	0.00	202.84	24,779.18
Total Revenue	761,618.30	617,957.71	19,154,475.64	12,050,186.85
Healthcare Expenditures				
Adventist Health Systems	442,626.77	606,438.15	3,893,981.54	3,034,005.14
Northeast Florida Health Services	108,829.30	142,968.35	790,997.19	558,810.29
Specialty Care	213,937.60	238,938.95	1,447,110.93	1,789,676.39
County Medicaid Reimbursement	185,652.25	182,706.67	1,299,565.75	1,278,946.69
The House Next Door	8,168.86	9,763.92	51,726.34	48,831.92
The Neighborhood Center	0.00	4,210.08	35,000.00	30,122.12
Community Life Center Outreach Services	6,350.00	0.00	14,600.00	0.00
Rising Against All Odds	14,450.00	21,058.31	107,450.00	137,910.85
Community Legal Services	4,840.58	2,756.15	18,070.80	4,639.76
Hispanic Health Initiatives	5,600.00	12,425.00	53,250.00	24,825.00
Deltona Firefighters Foun Access to Hith	0.00	0.00	660.82	0.00
Florida Dept of Health Dental Svcs	25,600.54	15,011.92	161,402.08	62,435.94
Good Samaritan	3,124.12	5,981.50	23,430.00	27,551.50
Global Healthcare System	0.00	1,170.40	0.00	8,487.20
Stewart Marchman - ACT	47,393.60	100,971.31	434,792.19	574,102.96
Health Start Coalition of Flagler & Volusia	15,269.76	6,508.08	70,902.30	66,700.12
HCRA	43,885.76	0.00	78,126.04	49,189.34
Total Healthcare Expenditures	1,125,729.14	1,350,908.79	8,481,065.98	7,696,235.22
·				
Other Expenditures		4 000 00	1 004 10	04.005.47
Advertising	147.44	1,896.69	1,394.49	64,995.17
Annual Independent Audit	0.00	0.00	15,800.00	15,500.00
Building & Office Costs	(20.00)	0.00	3,280.70	4,121.10
General Accounting	3,212.50	5,885.28	30,997.50	36,166.53
General Administrative	5,816.25	4,590.00	32,593.75	30,042.50
Legal Counsel	4,100.00	4,100.00	33,800.00	35,190.00
City of DeLand Tax Increment District	0.00	0.00	69,746.00	38,304.00
Tax Collector & Appraiser Fee	61,263.11	12,136.31 0.00	521,525.55	279,490.81 244,257.50
TPA Services	0.00		240,466.50 21,819.00	(8,311.00)
Eligibility / Enrollment	0.00	0.00		
Healthy Communities	5,623.02	5,869.93	33,078.55	33,598.71
Application Screening	45.044.00	44.070.00	04.070.00	74 000 40
Application Screening - THND	15,811.83	11,978.08	94,870.98	71,868.40
Application Screening - RAAO	3,456.00	1,468.39	12,096.00	7,623.22
Application Screening - SMA	342.40	0.00	5,037.60	0.00
Workers Compensation Claims	5,481.00	0.00	21,730.44	0.00
Other Operating Expenditures	170.00	114.92	1,591.50	952.42
Total Other Expenditures	105,403.55	48,039.60	1,139,828.56	853,799.36

See Accountants' Compilation Report

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

For the 1 Month and 7 Months Ended April 30, 2018 and April 30, 2017

	1 Month Ended April 30, 2018	1 Month Ended April 30, 2017	7 MonthsEnded April 30, 2018	7 Months Ended April 30, 2017
Total Expenditures	1,231,132.69	1,398,948.39	9,620,894.54	8,550,034.58
Excess (Deficit)	(469,514.39)	(780,990.68)	9,533,581.10	3,500,152.27

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