

West Volusia Hospital Authority
WVHA BOARD OF COMMISSIONERS REGULAR MEETING
July 19, 2018 5:00 p.m.
DeLand City Hall Commission Chamber
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 Primary Care Application/RFP for HealthCard Approval Process Workshop Meeting June 21, 2018
 - B. Joint Meeting Minutes with the CAC June 21, 2018
5. Citizens Comments
6. Citizens Advisory Committee (CAC), Voloria Manning, Chair
7. Reporting Agenda
 - A. UMR June Report, Shawn Jacobs, Account Executive
 - B. FQHC Report, Laurie Asbury, CEO, Northeast Florida Health Services, Inc.
d/b/a/ Family Health Source (FHS) June Report
 1. Pharmacy Quarterly Self-Audit
8. Contractual Utilization Reports to the WVHA Board of Commissioners
 - A. Steve Parris, Community Health Manager, Halifax Healthy Communities-Outreach Program
 - B. Gail Hallmon, Operations Director, The House Next Door (THND)-Therapeutic Services
9. Discussion Items
 - A. CAC Applicant Jenneffer Pulapaka (application attached)
 - B. Proposed Millage Rate
 - C. Hispanic Health Initiative 17th "Festival de la Familia" health Fair August 11, 2018
 - D. Hispanic Health Initiative Request for increased funding \$15,000.00 for FY 2017-2018
 - E. WVHA Tentatively Scheduled Meetings 2018 (attached)
 - F. Third Party Administrator (TPA) RFP (draft)
 1. List of online search for TPA's
 2. Special Meeting to commence at the conclusion of the Initial Budget Hearing of Thursday, September 13, 2018
 - G. Site Visits 2017-2018 - DRT Engagement Letter attached
 1. Florida Department of Health – Emergency Dental Services
 2. Rising Against All Odds – Outreach/HIV/Aids Counseling
 3. Stewart-Marchman-Act (SMA) ARNP @ THND
 4. SMA-Homeless Program
 5. The House Next Door (THND)-Therapeutic Services
 6. The Neighborhood Center (TNC)-Outreach Services
 7. Community Legal Services of Mid-Florida
 8. Hispanic Health Initiative
 - H. Reducing Federal Poverty Level (FPL) from current WVHA eligibility criteria at 150% FPL to match Medicaid at 135% FPL
 - I. Follow-Up Items
10. Finance Report
 - A. June Financials
11. Legal Update
12. Commissioner Comments
13. Adjournment

**WEST VOLUSIA HOSPITAL AUTHORITY
WVHA BOARD OF COMMISSIONERS PRIMARY CARE
APPLICATION/HEALTHCARD APPLICATION APPROVAL
PROCESS WORKSHOP**

DeLand City Hall
120 S. Florida Avenue, DeLand, FL

June 21, 2018

4:00 pm

Those in Attendance:

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

CAC Present:

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

Absent:

Althea Whittaker (excused)
Jacquie Lewis (excused)
Lynn Hoganson (excused)

Others Present:

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

Call to Order

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

Approval of Proposed Agenda

Motion 042 – 2018 Commissioner Craig motioned to approve the agenda. Commissioner Shepard seconded the motion. The motion passed unanimously.

Primary Care Applications for Funding FY 2018-2019 Questions and Answers

Good Samaritan Clinic

Questions and Answers

Ms. Mary Gusky, Administrator, Good Samaritan Clinic (GSC) presented to the Board for questions.

Chair Ferrari commented that GSC was requesting less funds this year from last year.

Ms. Gusky responded that GSC was fully aware that “money is tight” and explained that GSC had a very successful fund raiser last year and they are betting that this year will be their best fund raiser yet.

The Board of Commissioners expressed their gratitude to Ms. Gusky.

Family Health Source Primary Care (FHS), OB/GYN and Pharmacy Services

Questions and Answers

Ms. Laurie Asbury, CEO, Family Health Source (FHS) and Mr. Greg Lefils, CPA presented to the Board for questions.

Commissioner Shepard asked Ms. Asbury for an overview or explanation for the FHS \$430,000.00 request for increased funding from the WVHA?

Ms. Asbury referred to page 5 of the FHS WVHA request for funding where they stated, “An increase in medical expenses due to a 13% growth increase in visits. Last year’s proposed visits were 8,145 with a projected 2017 visits being 7,757. The proposal for 2018 includes a 7.5% increase projecting 9,895 visits. This increase equates to an approximate cost of \$213,290.00. The pharmacy projection also includes a 7.5% growth of prescriptions which equates to an approximate increase in cost \$49,500.00”. Ms. Asbury also explained that their Medicaid rate of reimbursement increased.

There was Board discussion that money could possibly be placed in the Other Healthcare budgeted line as reserves should FHS need the full amount requested, but suggested not to budget that full amount in the FHS budgeted line item.

Mr. Ron Cantlay wanted to caution the Board that wherever they place that funding, any increases to the budget last year to this year will still result in an increase to the property taxes. That is because the WVHA does not have any reserves to supplement any increase in the budget above what was raised this year. Therefore, any increase to the existing budgeted line items will result in a property tax increase.

There was more discussion regarding the budget and raising the same revenue as raised this year for the upcoming year of 2018-2019. If that is accomplished, that would allow the Board to adopt the rolled-back rate, which would not translate into any type of tax increase. What Mr. Cantlay and Mr. Small wanted to impress upon the Commissioners is that would mean not increasing any budgeted line items for the upcoming 2018-2019 fiscal year.

WVHA RFP Proposals HealthCard Approval Process FY 2018-2019

Rising Against All Odds (RAAO) Proposal for Prescreening

Questions and Answers

Ms. Brenda Flowers, Executive Director, Rising Against All Odds (RAAO) presented to the Board for questions. She continued by stating, in hearing the concerns from the Commissioners in regards to the WVHA budget, RAAO would be willing to reduce the amount of funding that they originally applied for from \$99,499.97 down to the same funding request of last year of \$34,005.00.

The House Next Door (THND) Proposal for HealthCard Eligibility Process

Questions and Answers

Ms. Gail Hallmon, Operations Director, THND presented to the Board for questions.

Chair Ferrari asked Ms. Hallmon what the projected start date was for THND to begin the HealthCard Eligibility Process?

Ms. Hallmon explained that they included the timeline projections in their proposal. THND would continue with the WVHA prescreening process October 1st through December 31st, 2018 and would take over the HealthCard approval process January 1st, 2019.

There was Board discussion regarding what the savings would look like moving the WVHA HealthCard approval process from UMR (formerly POMCO) to THND.

Mr. Cantlay explained that DRT has already reached out to Mr. Shawn Jacobs, Account Executive, UMR in the normal process of projecting the budget for the upcoming 2018-2019 fiscal year. Mr. Jacobs implied that the earliest that UMR could advise the WVHA of their impending TPA fees would be September of this year. Mr. Cantlay reminded Mr. Jacobs that the WVHA budgeting process begins in July and is finalized in the month of September and stressed that the WVHA would need at least a good faith estimate for budgeting purposes in advance of the July WVHA Board meeting.

Mr. Small stated that he forwarded THND's proposal to Mr. Shawn Jacobs, UMR to ensure that there wasn't anything that UMR (formerly POMCO) was providing as the certifying agent for the WVHA that THND did not include in their proposal. Mr. Jacobs identified three things that were not delineated in THND's proposal:

1. An electronic database of all applications and outcomes. Files will be maintained for seven years. Access to other authorized agencies of the WVHA HealthCard Program, such as Dreggors, Rigsby & Teal, will be provided. Authorized agencies will be determined by the West Volusia Hospital Authority Board.
2. Maintenance and Management of Eligibility Guidelines. The House Next Door will maintain the WVHA Eligibility Guidelines, modify per Board approved updates and keep record of historical changes.
3. The House Next Door will solicit from funded agencies suggestions for changes to the eligibility guidelines, review suggestions, compile a proposal of recommended changes and present to the West Volusia Hospital Authority Board annually.

Ms. Hallmon revised THND's original proposal to include those three items not previously delineated in their original proposal and she handed out copies to the WVHA

Board (attached). Ms. Hallmon stated that, with the purchase of the necessary data base, their original proposal was increased by \$3,500.00.

Mr. Small reminded the Board that there would be some additional costs involved for DRT to go in and perform a periodic contractual site visit review.

Mr. Cantlay estimated that the costs incurred would be roughly \$1,000.00 per visit and it would be up to the WVHA Board to determine how many visits they wanted to authorize per year.

Application Outreach Services (grandfathered in)

Healthy Communities

Questions and Answers

Mr. Steve Parris, Community Health Manager, Healthy Communities presented to the Board for questions.

Mr. Small asked Mr. Parris if Healthy Communities was expecting any change in the demographics that they are currently serving?

Mr. Parris did not anticipate significant changes due to the uncertainty of the ACA and some children falling off of those roles and then qualifying for Kidcare.

Commissioner Comments

There were none.

Adjournment

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

Andy Ferrari, Chair

**WEST VOLUSIA HOSPITAL AUTHORITY
WVHA BOARD OF COMMISSIONERS JOINT MEETING WITH
THE CITIZENS ADVISORY COMMITTEE**

DeLand City Hall
120 S. Florida Avenue, DeLand, FL
June 21, 2018
5:30 pm

Those in Attendance:

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

CAC Present:

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

Absent:

Althea Whittaker (excused)
Jacquie Lewis (excused)
Lynn Hoganson (excused)

Others Present:

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

Call to Order

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

Opening Observance followed by a moment of silence

Approval of Proposed Agenda

Motion 043 – 2018 Commissioner Craig motioned to approve the amended agenda as presented. Commissioner Girtman seconded the motion. The motion passed unanimously.

Consent Agenda

Approval of Minutes of Adventist/Hospital Workshop May 10, 2018
Approval of Minutes Regular Meeting May 17, 2018

Motion 044 – 2018 Commissioner Girtman motioned to approve the consent agenda. Commissioner Guzman seconded the motion. The motion passed unanimously.

Citizens Comments

There were none.

**Citizens Advisory Committee (CAC), Voloria Manning, Chair
Minutes Ranking Meeting May 22, 2018**

Chair Manning entertained a motion to approve the CAC Minutes of May 22, 2018

Michael Ray motioned to approve the CAC meeting minutes of May 22, 2018. Ann Flowers seconded the motion. The motion passed unanimously.

**CAC Ranking Results and Comments May 22, 2018 (spreadsheets attached)
Ranking Sheet Created by Member Jacquie Lewis (attached)
Email Member Ann Flowers dated 5/23/2018 preferring current Ranking Sheet (attached)**

Commissioner Shepard asked the CAC members if they would feel comfortable, knowing now the dire straits that the WVHA budget is in, and go back and reevaluate their ranking recommendations; knowing that the WVHA will have to raise taxes in order to fund all of these agencies for the full amount that they had requested?

There was Board consent that the CAC members were invited to reevaluate their original funded agency ranking recommendations and to submit those reevaluations to Ms. Long, in advance of the July Budget Workshop.

Ms. Flowers addressed the Board stating that she felt that the current ranking sheet was strategically and professionally laid out and was sufficient.

Michael Ray also concurred that the current ranking form was sufficient.

CAC meeting adjournment (CAC members may exit if desired)

Reporting Agenda

**POMCO May 2018 Report – Written Submission
FQHC Report - Laurie Asbury, Chief Executive Officer
Northeast Florida Health Services, Inc. (NEFHS)
d/b/a Family Health Source (FHS)-May Report**

Finance Report

May Financials

June 1, 2018 pre-preliminary Tax Roll Values per F.S. 200.065(8)

Mr. Cantlay explained that this agenda item was pushed up due to the impending budget process. He explained that during the July meeting DRT will be bringing to the WVHA Board of Commissioners the preliminary budget figures. He recommended that the Board needs to be thinking about where they can cut costs, because any increase above this year's funding (2017-2018) will most likely result in a property tax increase.

Mr. Cantlay recommended that the Commissioners contact him in advance of the July Budget workshop meeting, and he will be happy to go over the budget numbers with each of them on a one-on-one basis.

Motion 045 – 2018 Commissioner Girtman motioned to pay bills totaling \$2,210,782.96 (See attached). Commissioner Guzman seconded the motion. The motion passed unanimously.

Mr. Small reminded the Board that they could change their eligibility requirements from 150% of the Federal Poverty Levels (FPL) for qualifying for eligibility into the HealthCard program to lower that threshold in order to avoid a tax increase.

2 of 6 pages

June 21, 2018 Joint Meeting with the CAC

There was Board consent that they might consider aligning with the Medicaid FPL rates of 135-138% of the FPL. The Board directed that Ms. Long place this on the July 19, 2018 Board Meeting Discussion Agenda.

Discussion Items

RFP for TPA Services

Chair Ferrari reminded the Board that the UMR migration from POMCO occurs July 1, 2018 and the POMCO TPA contract expires in 6 months, on December 31, 2018. He felt that if the Board wanted to consider an RFP for TPA services the time to discuss this is at this current meeting.

Motion 046 – 2018 Commissioner Guzman motioned to issue an RFP for TPA services to be due on August 15, 2018 for proposals.

There was discussion that August 15 was one day prior to the WVHA Board Meeting of August 16, 2018.

The motion failed for lack of a second.

Motion 047 – 2018 Commissioner Guzman motioned to issue an RFP for TPA services to be due August 7, 2018 by noon. Commissioner Craig seconded the motion.

Mr. Small stated that when considering an RFP the earliest this can go out would be after the RFP has been drafted, reviewed and presented to the Board during the July 19, 2018 meeting. At a minimum, the timing of this needs to give a month to a month and a half for this to be properly submitted. That would bring the Board into September before they could expect a return on this proposal.

Mr. Small suggested that the RFP proposals be due the first Friday in September, September 7, 2018 by noon.

Motion 047 – 2018 (AMENDED) Commissioner Guzman amended her motion to issue an RFP for TPA services and all proposals will be due by noon on Friday, September 7th, 2018. Commissioner Craig seconded the amended motion.

Mr. Small suggested that the Board convene a special meeting to commence after the September 13, 2018 Initial Budget Hearing to discuss this TPA RFP proposal.

The motion passed unanimously.

RFP Responses to WVHA HealthCard Approval Process

- 1. Rising Against All Odds (RAAO) – Proposal for Prescreening**
- 2. The House Next Door (THND) Proposal for the HealthCard Eligibility Process**

Chair Ferrari restated that Ms. Flowers agreed to reduce her funding request from the original request of \$99,499.97 to what was budgeted last year in the amount of \$34,005.00 during the workshop meeting.

Ms. Flowers corrected Chair Ferrari that she agreed to reduce it down to approximately \$46,000.00.

Motion 048 – 2018 Commissioner Shepard motioned to fund RAAO in the amount of \$50,000.00. Commissioner Girtman seconded the motion.

Chair Ferrari asked Mr. Cantlay how will this increase to RAAO's budgeted line item affect the budget process?

Mr. Cantlay was hesitant to answer because the TPA service costs are unknown. Theoretically, the TPA services should decrease due to the eligibility process being removed and placed locally with THND. If the TPA service fees are reduced by the amount that THND and RAAO are requesting in funding, then it could be a wash. There are just too many unknowns at this time. If RAAO's funding is increased by \$16,000.00 then another budgeted line item will need to be reduced by that same amount.

Mr. Small cautioned that the Board needs to be consistent in the way that they appropriate funds to any funded agency and to apply that same consideration across the board to all funded agencies. He further cautioned that the Board might consider just approving the continued funding to these two agencies but not to define the amounts until further into the budget process.

Commissioner Shepard withdrew her motion.

Motion 049 – 2018 Commissioner Shepard motioned to approve the proposal as received from RAAO for prescreening services to at least fund it at the level it was funded in the current year, 2017-2018. Commissioner Girtman seconded the motion. The motion passed unanimously.

After much discussion in regards to THND's proposal that included applications in the amount of 250 per month, and each additional application above that number will incur a charge of \$18.00 per application. Mr. Small will negotiate this in good faith with Ms. Hallmon.

Ms. Hallmon will go back and calculate the actual average number of applications that have been processed by THND over the last 12 months to ensure that their proposed inclusive number of 250 applications per month is accurate.

Motion 050 – 2018 Commissioner Craig motioned to accept THND's RFP for WVHA prescreening and eligibility determination process as presented to the WVHA Board during tonight's meeting for a total amount of \$317,872.00, subject to negotiation of the per application overage rates to be determined between THND and counsel. Commissioner Shepard seconded the motion. The motion passed unanimously.

Annual Filing Requirement Statement of Interest Form 1 (attached)

Chair Ferrari asked the Commissioners if everyone has filed their Statement of Interest Form I and the response was affirmative from all five Commissioners.

Volusia County Medicaid Match percentages/historical data (see email dated May 30, 2018 attached)

Mr. Small referred to his legal update (attached) for the Board to be familiar with this process and how it will affect the budget in the future. It was his and DRT's recommendation to continue with the historical percentages.

Motion 051 – 2018 Commissioner Shepard motioned to continue utilizing the current historical percentages for calculating Medicaid reimbursement. Commissioner Guzman seconded the motion. The motion passed unanimously.

WVHA Subrogation Procedural Steps (see attached)

Mr. Small referred to his legal update (attached) and explained that POMCO has been handling subrogation matters for the WVHA for free, but once the UMR migration occurs, UMR will charge 30% for every settlement captured. Subrogation matters were not included in the original RFP for TPA services, therefore UMR is unwilling to negotiate. Mr. Small and Ms. Long assured the Board that this subrogation process will be included in the RFP for TPA services that was approved during tonight's Board meeting.

Motion 052 – 2018 Commissioner Girtman motioned to formally acknowledge that the WVHA Board wants DRT and Attorney Small to handle subrogation matters and take this out of UMR's process. Commissioner Guzman seconded the motion. The motion passed unanimously.

Community Life Center (CLC) Outreach Services Site Visit Write Up 2017-2018

Ms. Yvonne Levesque, Operations and Communications Manager, CLC presented to the Board and introduced herself to them as well.

Ms. Long updated the Board in regards to the findings in the contractual site visit review and write up (attached). DRT recommends an additional contractual site visit review of CLC's third quarter to allow CLC time to implement their corrective actions.

Motion 053 – 2018 Commissioner Shepard motioned for DRT to perform an additional contractual site visit review of CLC's third quarter. Commissioner Girtman seconded the motion. The motion passed unanimously.

CLC Executive Norma Walter no longer with the Agency (see CLC letter dated 6/1/2018 and emails 6/11/2018 attached)

Questions to RAAO from Commissioner Guzman (email dated 5/18/2018 attached)

Commissioner Guzman wanted clarification from Ms. Flowers due to a comment that Ms. Flowers made during the previous WVHA Board meeting where it was her understanding that Ms. Flowers stated that a client at RAAO receives a new client ID at each visit.

Ms. Flowers explained that every HIV test is identified with a bar code and it is recommended by the Centers for Disease Control (CDC) that each client get tested a second time within a three month period, and that will generate another bar code for that client.

Requiring an Independent Audit of all WVHA Funded Agencies over \$200,000.00

Commissioner Guzman had this matter placed upon the agenda for Board discussion simply to protect the WVHA Board and the WVHA funded agencies.

Commissioner Girtman questions why \$200,000.00 versus \$100,000.00?

Commissioner Guzman was agreeable to lowering the amount to \$100,000.00.

Motion 054 – 2018 Commissioner Guzman motioned that all WVHA agencies funded in the amount of \$100,000.00 or more be required to have an independent audit.

There was discussion in regards to the frequency of contractual site visits and consent that extra site visits would only occur when DRT has uncovered findings.

Ms. Long suggested that she would identify those agencies that are due to have a contractual site visit review for FYE 2018 and list them on the July 19, 2018 Meeting Agenda, rather than waiting until September.

The motion died for lack of a second.

Follow Up Items

1. WVHA Eligibility Guidelines Revised 6/21/2018

Mr. Small reviewed the revisions as submitted by POMCO and recommended approval to the changes as presented.

Motion 055 – 2018 Commissioner Shepard motioned to approve the Eligibility Guideline revisions as submitted by POMCO. Commissioner Girtman seconded the motion. The motion passed unanimously.

- 2. POMCO/UMR Recommendation to make Copayment changes effective October 1, 2018 (see email dated 5/24/2018 attached)**
- 3. SMA Corrective Actions to Contractual Site Visit Review (attached)**

Mr. Small stated that he has been working with Ms. Nicole Sharbono and Tore Gintoli, SMA and he likes what they have done to encapsulate inquiries into residency, income and assets, demonstrating to the WVHA Board that they are undertaking a good faith effort to inquire of these things before discharge. Mr. Small proposed that the process submitted by SMA (attached) will be attached to their future WVHA funding contracts. Further, the only thing that the Board needs to do at this point is to agree to remove this from future agendas as this has now been resolved.

- 4. Quarterly Funding Limitation Waivers**
 - a) Hispanic Health Initiative email dated 6/7/2018 (attached)**

Motion 056 – 2018 Commissioner Girtman motioned to approve Hispanic Health Initiatives request for a quarterly funding limitation waiver. Commissioner Guzman seconded the motion. The motion passed unanimously.

Legal Update

Commissioner Comments

There were none.

Adjournment

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

Andy Ferrari, Chair

Eileen Long

From: Jacobs, Shawn A <s.jacobs@umr.com>
Sent: Tuesday, July 10, 2018 2:42 PM
To: Eileen Long
Cc: Barnes, Samantha E; Ted Small (tsmall@businessemploymentlawyer.com); Nicoletti, Dominick
Subject: POMCO/UMR Submission - July 2018 WVHA Board Report Submission Friendly reminder
Attachments: 07.July. 2018 Board Report - v2.pdf; ID card insert WVHA.pdf; WEST VOLUSIA ID - ALL MEMBERS.pdf; WVHA Referral Process Letter Final - UMR.pdf; WVHA Provider Referral Process Flyer_Final.pdf; WVHA Subrogation Lien Reduction Request - July 2018.pdf; WVHA POMCO to UMR Compare_Application Pend Letter_Template - Red Lined Changes.pdf; WVHA Application Pend Letter_Template - After Changes.pdf; WVHA Application POMCO to UMR Compare_Renewal Letter_Template - Red Lined Changes.pdf; WVHA Application Renewal Letter_Template - After Changes.pdf; WVHA Application POMCO to UMR Pend to Deny Letter_Template - Red Lined Changes.pdf; WVHA Application Pend to Deny Letter_Template - After Changes.pdf

Importance: High

Thanks Eileen. Attached please find POMCO/UMR's report submission for the July 2018 WVHA Board meeting.

Please note the following inclusions:

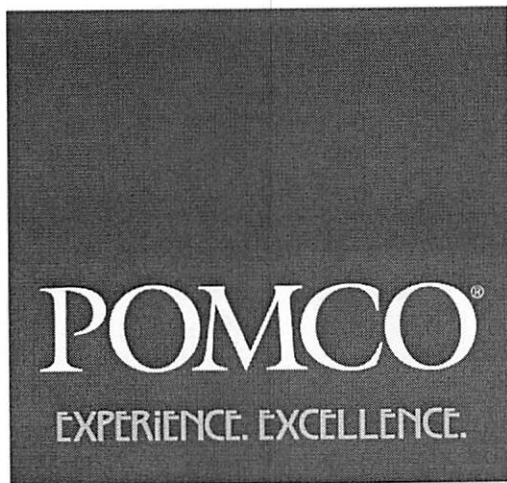
- Page 11
 - Final update on the migration to the UMR platforms with specifics on new Health Card member ID cards, the UMR referral process, and UMR's start of processing WVHA program claims
- Page 12
 - A subrogation lien reduction request
 - Updated application response letter templates for board review

Also attached are the supporting documents for the above as mentioned within the report details.

Let me know if you have any questions.

****Please Notice My New Direct-Dial Phone Number Below****

Regards,
S.A.J.



POMCO

July 19, 2018

Submission Report for WVHA Board Members

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Enrollment Processing

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

Applications Received 10/01/2017 - Present

| FiscalYr | Month Received | APPROVED | DENIED | PENDING | Grand Total | Approval Percentage |
|--------------------|----------------|-------------|------------|-----------|-------------|---------------------|
| FY1718 | 201710 | 288 | 35 | 0 | 323 | 89.16% |
| | 201711 | 259 | 36 | 0 | 295 | 87.80% |
| | 201712 | 348 | 22 | 0 | 370 | 94.05% |
| | 201801 | 343 | 40 | 0 | 383 | 89.56% |
| | 201802 | 321 | 49 | 0 | 370 | 86.76% |
| | 201803 | 335 | 39 | 0 | 374 | 89.57% |
| | 201804 | 295 | 37 | 0 | 332 | 88.86% |
| | 201805 | 292 | 21 | 15 | 328 | 89.02% |
| | 201806 | 257 | 8 | 31 | 296 | 86.82% |
| | 201807 | | | | | |
| | 201808 | | | | | |
| | 201809 | | | | | |
| Grand Total | | 2738 | 287 | 46 | 3071 | 89.65% |

| Fiscal Year | Applications Processed | Average Approval Percentage |
|----------------------|------------------------|-----------------------------|
| FY1516 | 2670 | 82.28% |
| FY1617 | 3963 | 86.60% |
| FY1718 | 2738 | 89.65% |
| Based on Fiscal year | | |

Applications Processed by Fiscal Year – Approval Percentage

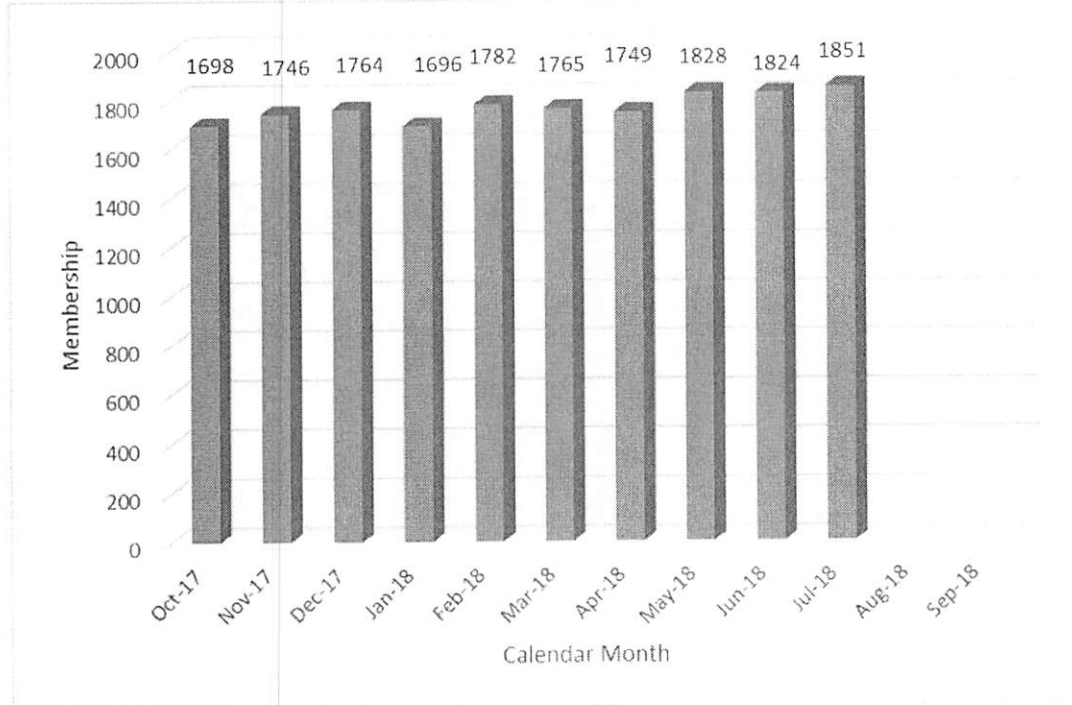
Enrollment Applications – Denial Summary Report

| Period | Approved | | Denied | | Pending | | Total |
|---|----------|---------|--------|--------|---------|-------|-------|
| | Apps | Pctg | Apps | Pctg | Apps | Pctg | |
| FY1718 | 2738 | 89.65% | 287 | 9.40% | 29 | 0.95% | 3054 |
| 201710 | 288 | 89.16% | 35 | 10.84% | 0 | 0.00% | 323 |
| Active Eligible | 288 | 100.00% | | 0.00% | | 0.00% | 288 |
| Declined - Member Exceeds Asset Level | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - ACA PREM COST <8% INCOME | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - Member Exceeds Income Level | | 0.00% | 5 | 0.00% | | 0.00% | 5 |
| Declined - MEMBER HAS MEDICAID COVERAGE | | 0.00% | 2 | 0.00% | | 0.00% | 2 |
| Declined - MEMBER HAS OTHER COVERAGE | | 0.00% | 1 | 0.00% | | 0.00% | 1 |
| Declined - Req'd Documentation Missing | | 0.00% | 26 | 0.00% | | 0.00% | 26 |
| Declined- Member Request | | 0.00% | 1 | 0.00% | | 0.00% | 1 |
| Declined - Multiple Reasons | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Unknown | | 0.00% | | 0.00% | | 0.00% | 0 |
| TRM - MEMBER HAS MEDICAID COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |
| 201711 | 259 | 87.80% | 36 | 12.20% | 0 | 0.00% | 295 |
| Active Eligible | 259 | 100.00% | | 0.00% | | 0.00% | 259 |
| Declined - Member Exceeds Asset Level | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - ACA PREM COST <8% INCOME | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - Member Exceeds Income Level | | 0.00% | 13 | 0.00% | | 0.00% | 13 |
| Declined - MEMBER HAS MEDICAID COVERAGE | | 0.00% | 3 | 0.00% | | 0.00% | 3 |
| Declined - MEMBER HAS OTHER COVERAGE | | 0.00% | 1 | 0.00% | | 0.00% | 1 |
| Declined - Req'd Documentation Missing | | 0.00% | 15 | 0.00% | | 0.00% | 15 |
| Declined - Multiple Reasons | | 0.00% | 2 | 0.00% | | 0.00% | 2 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Unknown | | 0.00% | | 0.00% | | 0.00% | 0 |
| TRM - MEMBER HAS MEDICAID COVERAGE | | 0.00% | 2 | 0.00% | | 0.00% | 2 |
| 201712 | 348 | 94.05% | 22 | 5.95% | 0 | 0.00% | 370 |
| Active Eligible | 348 | 100.00% | | 0.00% | | 0.00% | 348 |
| Declined - Member Exceeds Asset Level | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - ACA PREM COST <8% INCOME | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - Member Exceeds Income Level | | 0.00% | 4 | 0.00% | | 0.00% | 4 |
| Declined - MEMBER HAS MEDICAID COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - MEMBER HAS OTHER COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - Req'd Documentation Missing | | 0.00% | 15 | 0.00% | | 0.00% | 15 |
| Declined - Multiple Reasons | | 0.00% | 2 | 0.00% | | 0.00% | 2 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Unknown | | 0.00% | 1 | 0.00% | | 0.00% | 1 |
| TRM - MEMBER HAS MEDICAID COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |
| 201801 | 343 | 89.56% | 40 | 10.44% | 0 | 0.00% | 383 |
| Active Eligible | 343 | 100.00% | | 0.00% | | 0.00% | 343 |
| 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% | 3 | 0.00% | | 0.00% | 3 |
| Declined - MEMBER HAS MEDICAID COVERAGE | | 0.00% | 1 | 0.00% | | 0.00% | 1 |
| Declined - MEMBER HAS OTHER COVERAGE | | 0.00% | 1 | 0.00% | | 0.00% | 1 |
| Declined - Req'd Documentation Missing | | 0.00% | 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 |

| | | | | | | | |
|---|-----|---------|----|--------|----|--------|-----|
| 201802 | 321 | 86.76% | 49 | 13.24% | 0 | 0.00% | 370 |
| Active Eligible | 321 | 100.00% | | 0.00% | | 0.00% | 321 |
| 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 - Req'd Documentation Missing | | 0.00% | 30 | 0.00% | | 0.00% | 30 |
| 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 | 335 | 89.57% | 39 | 10.43% | 0 | 0.81% | 374 |
| Active Eligible | 335 | 100.00% | | 0.00% | | 0.00% | 335 |
| 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% | 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 - Req'd Documentation Missing | | 0.00% | 20 | 0.00% | | 0.00% | 20 |
| Declined - Multiple Reasons | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Unknown | | 0.00% | | 0.00% | | 0.00% | 0 |
| TRM - MEMBER HAS MEDICAID COVERAGE | | 0.00% | 1 | 0.00% | | 0.00% | 1 |
| 201804 | 295 | 88.86% | 37 | 11.14% | | 0.00% | 332 |
| Active Eligible | 295 | 100.00% | | 0.00% | | 0.00% | 295 |
| 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% | 12 | 0.00% | | 0.00% | 12 |
| Declined - MEMBER HAS MEDICAID COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - MEMBER HAS OTHER COVERAGE | | 0.00% | 2 | 0.00% | | 0.00% | 2 |
| Declined - Req'd Documentation Missing | | 0.00% | 23 | 0.00% | | 0.00% | 23 |
| Declined - Multiple Reasons | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Unknown | | 0.00% | | 0.00% | | 0.00% | 0 |
| TRM - MEMBER HAS MEDICAID COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |
| 201805 | 292 | 89.02% | 21 | 6.40% | 15 | 4.57% | 328 |
| Active Eligible | 292 | 100.00% | | 0.00% | | 0.00% | 292 |
| 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% | 11 | 0.00% | | 0.00% | 11 |
| Declined - MEMBER HAS MEDICAID COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - MEMBER HAS OTHER COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - Req'd Documentation Missing | | 0.00% | 10 | 0.00% | | 0.00% | 10 |
| Declined - Multiple Reasons | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | 15 | 0.00% | 0 |
| Pending - Unknown | | 0.00% | | 0.00% | | 0.00% | 0 |
| TRM - MEMBER HAS MEDICAID COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |
| 201806 | 257 | 86.82% | 8 | 2.70% | 31 | 10.47% | 296 |
| Active Eligible | 257 | 100.00% | | 0.00% | | 0.00% | 257 |
| 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% | 6 | 0.00% | | 0.00% | 6 |
| Declined - MEMBER HAS MEDICAID COVERAGE | | 0.00% | 2 | 0.00% | | 0.00% | 2 |
| Declined - MEMBER HAS OTHER COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - Req'd Documentation Missing | | 0.00% | | 0.00% | | 0.00% | 0 |
| Declined - Multiple Reasons | | 0.00% | | 0.00% | | 0.00% | 0 |
| Pending - Multiple Reasons | | 0.00% | | 0.00% | 31 | 0.00% | 31 |
| Pending - Unknown | | 0.00% | | 0.00% | | 0.00% | 0 |
| TRM - MEMBER HAS MEDICAID COVERAGE | | 0.00% | | 0.00% | | 0.00% | 0 |

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

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



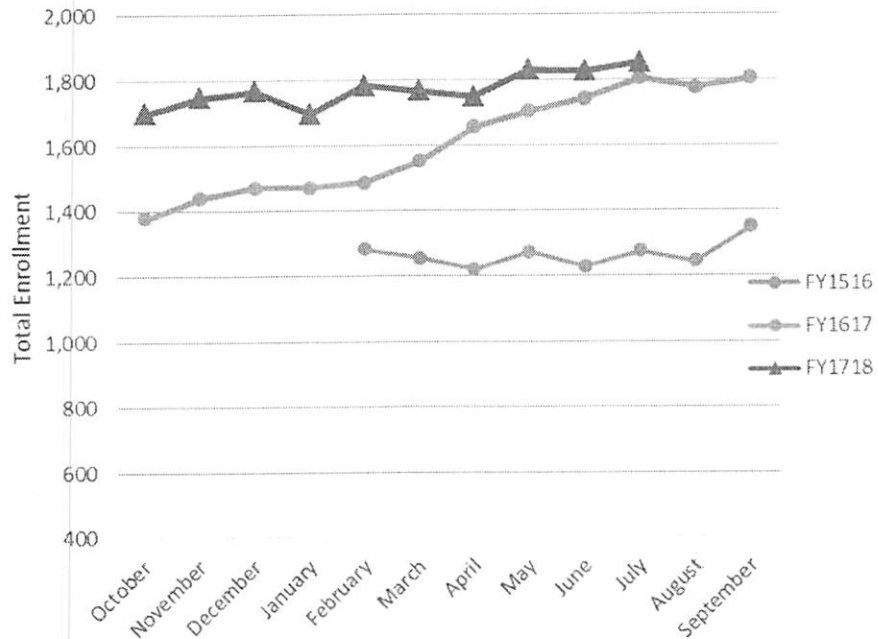
Eligibility reported above reflects eligibility as of the first of each month.

As of July 1, 2018, total program eligibility was 1,851 patients.

WVHA Enrollment by Fiscal Year – as of July 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 | 1,824 |
| July | 1,851 |
| August | |
| September | |
| Grand Total | 17,703 |



Medical and Prescription Drug Claim Data

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

| Month | FY1718 | | | | |
|-------------|--------------|--------------------------------|--------------|-------------------|-----------------|
| | Drug Costs | Dispensing Fee Less Copayments | Total Costs | Total Rx's Filled | Avg Cost Per Rx |
| October | \$28,023.60 | \$28,242.00 | \$56,265.60 | 3,138 | \$17.93 |
| November | \$30,535.76 | \$29,013.60 | \$59,549.36 | 3,140 | \$18.96 |
| December | \$30,023.30 | \$29,937.60 | \$59,960.90 | 3,240 | \$18.51 |
| January | \$33,323.55 | \$33,504.24 | \$66,827.79 | 3,626 | \$18.43 |
| February | \$35,473.99 | \$28,080.36 | \$63,554.35 | 3,039 | \$20.91 |
| March | \$24,573.77 | \$28,847.28 | \$53,421.05 | 3,122 | \$17.11 |
| April | \$31,246.34 | \$30,214.80 | \$61,461.14 | 3,270 | \$18.80 |
| May | \$30,697.99 | \$33,125.40 | \$63,823.39 | 3,585 | \$17.80 |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| Grand Total | \$243,898.30 | \$240,965.28 | \$484,863.58 | 26,160 | \$18.53 |

Combined Medical Costs (as of Claims Payment through 06/30/2018)

| Fiscal Year | Hospital | Lab | PCP | Specialty | Facility Physicians | Pharmacy | Total Costs | Member Months | Overall Per Member Per Month (PMPM) | Hospital PMPM | Lab PMPM | PCP PMPM | Specialty PMPM | Pharmacy PMPM |
|-------------|----------------|--------------|--------------|----------------|---------------------|--------------|----------------|---------------|-------------------------------------|---------------|----------|----------|----------------|---------------|
| FY1718 | \$3,978,200.70 | \$298,996.41 | \$678,237.83 | \$2,059,102.95 | \$219,119.20 | \$563,379.66 | \$7,797,036.75 | 16,005 | \$487.16 | \$248.56 | \$18.68 | \$42.38 | \$128.65 | \$35.20 |
| 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 | \$531,118.52 | \$54,540.42 | \$116,513.00 | \$323,132.18 | \$60,325.84 | \$61,461.14 | \$1,147,091.10 | 1,824 | \$628.89 | \$291.18 | \$29.90 | \$63.88 | \$177.16 | \$33.70 |
| June | \$451,494.40 | \$33,901.24 | \$67,456.54 | \$246,386.22 | \$68.42 | \$63,823.39 | \$863,130.21 | 1,851 | \$466.30 | \$243.92 | \$18.32 | \$36.44 | \$133.11 | \$34.48 |
| July | | | | | | | | | | | | | | |
| August | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | |
| Grand Total | \$3,978,200.70 | \$298,996.41 | \$678,237.83 | \$2,059,102.95 | \$219,119.20 | \$563,379.66 | \$7,797,036.75 | \$16,005.00 | \$487.16 | \$248.56 | \$18.68 | \$42.38 | \$128.65 | \$35.20 |

Medical and pharmacy costs are reported on a paid basis

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 06/30/2018)

| Month | FY1718 | | | | | Total |
|-------------|--------------|---------------|---------------|--------------------|---------------|-------|
| | NEFHS Deland | NEFHS Deltona | NEFHS Pierson | NEFHS Stone Street | NEFHS Daytona | |
| October | 269 | 227 | 232 | 0 | 0 | 728 |
| November | 132 | 161 | 161 | 0 | 0 | 454 |
| December | 185 | 256 | 223 | 0 | 0 | 664 |
| January | 168 | 194 | 202 | 0 | 0 | 564 |
| February | 191 | 247 | 219 | 0 | 0 | 657 |
| March | 118 | 180 | 219 | 0 | 0 | 517 |
| April | 112 | 216 | 256 | 0 | 0 | 584 |
| May | 174 | 266 | 228 | 0 | 0 | 668 |
| June | 160 | 231 | 161 | 0 | 0 | 552 |
| July | | | | | | |
| August | | | | | | |
| September | | | | | | |
| Grand Total | 1,509 | 1,978 | 1,901 | 0 | 0 | 5,388 |

PCP encounter claims are reported on a paid basis

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

| SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR JUNE | | | | | |
|--|---------------------------|-----------------|--------------|--------------|------------------|
| Order | SPECIALTY | Unique Patients | Claim Volume | Paid | Cost Per Patient |
| 1 | Hematology/Oncology | 39 | 123 | \$ 53,954.27 | \$ 438.65 |
| 2 | Hematology | 18 | 45 | \$ 17,445.20 | \$ 387.67 |
| 3 | Anesthesiology | 43 | 46 | \$ 13,361.03 | \$ 290.46 |
| 4 | Physical Therapy | 35 | 121 | \$ 11,832.96 | \$ 97.79 |
| 5 | Amb Surgery Facility | 22 | 23 | \$ 11,465.91 | \$ 498.52 |
| 6 | Obstetrics & Gynecology | 26 | 39 | \$ 10,757.88 | \$ 275.84 |
| 7 | Radiology | 212 | 371 | \$ 10,506.91 | \$ 28.32 |
| 8 | Cardiology | 56 | 85 | \$ 10,210.61 | \$ 120.12 |
| 9 | Pulmonary Disease | 26 | 69 | \$ 9,048.73 | \$ 131.14 |
| 10 | Internal Medicine | 63 | 82 | \$ 9,040.31 | \$ 110.25 |
| 11 | Diagnostic Radiology | 98 | 146 | \$ 8,369.17 | \$ 57.32 |
| 12 | Ophthalmology | 40 | 48 | \$ 7,597.28 | \$ 158.28 |
| 13 | Orthopedic Surgery | 44 | 57 | \$ 7,432.67 | \$ 130.40 |
| 14 | Gastroenterology | 21 | 31 | \$ 7,346.76 | \$ 236.99 |
| 15 | Pain Management | 31 | 38 | \$ 7,148.75 | \$ 188.13 |
| 16 | Urology | 17 | 24 | \$ 4,595.16 | \$ 191.47 |
| 17 | Radiation Oncology | 7 | 13 | \$ 4,308.22 | \$ 331.40 |
| 18 | Infectious Disease | 24 | 48 | \$ 4,116.30 | \$ 85.76 |
| 19 | Dermatology | 16 | 29 | \$ 4,020.41 | \$ 138.63 |
| 20 | Multi-specialty | 12 | 38 | \$ 3,017.65 | \$ 79.41 |
| 21 | Mental Health Counselor | 11 | 46 | \$ 2,893.90 | \$ 62.91 |
| 22 | Nurse Pract in Psychiatry | 32 | 33 | \$ 2,831.47 | \$ 85.80 |
| 23 | Pathology | 214 | 299 | \$ 2,811.26 | \$ 9.40 |
| 24 | Podiatry | 20 | 25 | \$ 2,400.77 | \$ 96.03 |
| 25 | Optometry | 15 | 16 | \$ 2,284.17 | \$ 142.76 |

Previous Items

Migration to UMR Platforms

The migration efforts of the WVHA Health Card program have been successfully completed effective July 1, 2018. Please note the following highlights:

1. All current WVHA Health Card members were issued new ID cards with new member ID numbers on June 13, 2018. Included with the ID cards was an insert advising Health Card members of the following:
 - a. POMCO & UMR are now one team administering the WVHA Health Card program
 - b. Start using the new ID card on and after July 1, 2018
 - c. Present the card wherever they seek services for the program
 - d. Continue to use their current ID card issued by POMCO through the end of day June 30, 2018
 - e. Refer to the new ID card for their local Primary Care Physician office when seeking services in the program
 - f. Indication that resources with The House Next Door and the Primary Care Center have not changed

A sample of the ID card insert is attached under separate cover. Also attached separately is a copy of the UMR generated ID card template that the WVHA Board approved during their January 18, 2018 meeting.

2. The UMR referral process was completed and tested on June 7, 2018. A letter along with an instructional flyer was mailed On June 19, 2018 to all Specialty care providers, contacts at NEFHS, and to both Hospitals. The notice informed all recipients of the following:
 - a. Reminder of the POMCO acquisition by UMR
 - b. Effective June 26, 2018 they would need to use the UMR referral system on UMR.com for the WVHA Health Card program and discontinue using the POMCO referral system
 - c. Reminder of the WVHA rules for specialty care providers to submit their own referrals
 - d. Communication of the new provider service line (877) 233-1800 which should be used for all referral inquiries

A sample of the notice and the instructional flyer is attached under separate cover.

3. The UMR audit process to ensure claims are being processed correctly via auto adjudication was completed on July 2, 2018. All batches of claims held during the cutover process awaiting the results of the audit process were released for processing on July 6, 2018.

New Items

Subrogation Lien Reduction Request

POMCO/UMR has been working on a subrogation case regarding a WVHA health card member claims that have confirmed third party liability.

In our attempt to recover the funds for WVHA, the health card member's attorney is requesting that WVHA reduce the liability from \$1,204.76 down to \$795.14 based on Florida statute 768.76(4). UMR casts no decree on the validity of any such statute and is submitting the attached for board review and determination.

As a reminder however, on subrogation cases we normally see a request for a 1/3 reduction on the lien whenever a member has employed an attorney with the goal of keeping as much of the third party settlement in the hands of the member/plaintiff. The decision however is always up to the program sponsor.

A de-identified version of the health card member attorney's request is attached separately.

Application Response Letter Template Updates

With the migration over to UMR, we also needed to update the application response notices to change references from POMCO to UMR, update the address for application appeal submissions and for some grammatical corrections.

Attached are two versions of the following templates for the board's review and approval:

1. Application pend notice – redlined changes and letter template with the changes applied
2. Notice about renewal/reapplication – redlined changes and letter template with the changes applied
3. Application denial notice after being pended past the allowed timeframe – redlined changes and letter template with the changes applied



New ID cards, effective July 1

POMCO and UMR are now one team working together to serve your health plan services for the West Volusia Hospital Authority (WVHA) Health Card program. Beginning July 1st, you have a new ID Card that will alert your provider how to submit claims on your behalf.

Your new WVHA health card program card is enclosed. **Beginning July 1, 2018**, please present this card whenever you seek healthcare services or fill a prescription.

You should continue to use your current card until the end of the day June 30, 2018.

Refer to your ID Card for your PCP phone number when you are seeking health care services.

Your resources with the House Next Door and your Primary Care Center have not changed.



PO Box 30543
Salt Lake City UT 84130-0543

001

ADDRESS SERVICE REQUESTED

>000003 0000000 003122
A SAMPLE
115 W WAUSAU AVE
WAUSAU WI 54401

Enclosed find your new identification card(s). Please be sure to present your card to your health care provider to ensure proper claims filings.

Visit us at www.umar.com to access online claims, benefits, locate a health care provider, and research health-related topics of interest. Our customer service team is also available to assist you with your benefits or claims questions Monday through Friday by calling the toll-free number listed on the back of your card.

We are pleased to be working with you to administer your health benefit plan!

UMR Customer Service

INTENTIONALLY BLANK



Issuer (80840) 911-39026-02



HEALTHCARD PROGRAM

Member ID: 19559928

Group Number: 76-413413

Member: A SAMPLE 00 MED

115 W WAUSAU AVE
WAUSAU, WI 54401

PCP: FAMILY HEALTH SOURCE - DELAND

PCP Phone: 386-202-6025

Effective Date: 07/01/2018 Termination Date: 12/31/2018

COPAYS: PCP \$4 SPC \$6 HOSP \$0 ER \$10 RX \$1

8010

Administered by UMR

This card must be presented each time services are requested.

Printed: 05-17-2018

ALL SERVICES REQUIRE REFERRAL FOR PAYMENT.

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

For Providers:

www.umar.com

877-233-1800

Ritter's Towne Pharmacy:

386-734-6666

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

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

Dental Services:

Good Samaritan Clinic:

Florida Dept of Health

Laboratory Services:

Quest Diagnostic

Labs Only

Hospital Services:

Florida Hospital DeLand

Florida Hospital Fish Memorial

Shipper ID: 00000000
Shipping Method: DIRECT
CARRIER: USPS
Address:
A SAMPLE
115 W WAUSAU AVE
WAUSAU, WI 54401

Mailing/Meter Date:

Insert #1
Insert #3
Insert #5
Insert #7
Insert #9
Insert #11

Insert #2
Insert #4
Insert #6
Insert #8
Insert #10
Insert #12

Cycle Date: 20180517

PDF Date: Thu May 17, 2018 @ 09:49:37

MaxMover: N

UHG JOB ID: 8100 GRP: 76413413 PV: 001 RC: EMP MKT:

MT: 00 SA: 90 OI: 02 FORM: K2H000 CPAY: PKG ID:

DALE BROWN: N LETTER NM: LETTER2 DIVISION : CARD TYPE:

TEMPLATE: TPA B10 : IND PCP T80 : 2SHRT

SORT HCN:



Street Address, Suite Number
Address second line as needed
City, State Zip Code

ADDRESSEE'S NAME
TITLE
COMPANY NAME
STREET ADDRESS
CITY STATE ZIP CODE

June 19, 2018

As you may know, POMCO was recently acquired by UMR, the third-party administrator for UnitedHealthcare. Effective June 26, 2018, please go to umr.com to submit any referrals on behalf of the West Volusia Hospital Authority (WVHA) health card program.

If you are the member's primary care physician (PCP) or a contracted specialty care provider, please begin using umr.com to submit any new referrals using the instructions attached.

As a reminder, the following provisions apply for submitting referrals by a contracted specialty care provider:

- Must first have an initial, active referral on file that was generated by the health card member's primary care physician (PCP)
- Referrals submitted directly by specialty care providers will be bound to a maximum 90-day window based on the initial active referral from the WVHA health card member's PCP per above
- If the maximum 90-day window has expired, a new referral must be issued through the WVHA health card member's PCP
- After submitting the referral via the umr.com referral process, specialty care providers are required to also fax a copy of their referral request directly to the PCP center where the WVHA health card member started their care, so that the health card member's PCP has record of the continuity of care.

See the appropriate fax numbers below:

- Deland Medical Clinic: 386-738-2423
- Deltona Medical Clinic: 386-532-0516
- Pierson Medical Clinic: 386-749-9447
- Daytona Medical Clinic: 386-999-0414

Under all of the rules mentioned above, specialty care providers can also refer WVHA health card members to another specialty care provider that is contracted for the WVHA health card program. Referrals to another specialty care provider is also bound to the maximum 90-day window of the initial, active referral generated by the WVHA health card member's PCP.



Please note: In addition to the maximum 90-day window rule indicated above, referrals will also be time-bound to the WVHA health card member's eligibility. Therefore, it is important to confirm the effective dates of the WVHA health card member's eligibility in the program, which is indicated on their ID cards.

We believe that providing you with direct access to the umr.com referral tool should help to streamline the referral process. It does still require your interaction with the primary care providers and the referral approval codes necessary to process your claims for this program.

We have enclosed a flyer with instructions on how to access and submit your referrals via the umr.com referral tool.

If you have any questions regarding this update and the umr.com referral tool, please contact UMR at (877) 233-1800.

Sincerely,

UMR

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: July 10, 2018

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for July 19, 2018 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update dated June 12, 2018. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the 6/21/18 Meeting Minutes.

I. Legal Context for Budget Workshop/TRIM Procedure [Tax/Budgeting]

Please note that the Authority's budget process is governed by the Truth in Millage ("TRIM") process as set forth in Chapter 200, Florida Statutes and the related Department of Revenue compliance regulations. In general, TRIM requires that taxing entities such as the Authority hold two public hearings for open discussion on their proposed millage rate and proposed budget. Such public hearings must first deal with any increase in millage over the statutory rolled-back rate (RBR) necessary to fund the proposed budget, if any, and the specific purposes for which taxes are being increased. The millage rate must be adopted first and then the budget must be adopted with a separate vote. Notices for the first public hearing ("TRIM Notice") is mailed to taxpayers by the County Property Appraiser on the Notice of Proposed Property Taxes. Notice for the second public hearing is handled by the Authority with a newspaper advertisement in a statutorily mandated format and publication deadline.

For Board member personal vacation scheduling purposes, please note that the Authority's TRIM budgeting process usually starts in July coincident with the Property Appraiser's certification of the tax roll and ends in late September with a final budget hearing and submission of certifications of compliance to the State's TRIM Compliance Office. Therefore, even though tentative dates have already been voted upon (see below in Paragraph H *infra*), Board members should maintain as much flexibility as possible in their September schedules in order to ensure a quorum and whatever majority is necessary to satisfy the TRIM requirements.

For most years since 2007, the Board has voted to adopt millage at the "rolled-back rate" ("RBR"), which is the rate calculated with a statutory formula to allow the Board to raise the same amount of revenue as it did in the immediate past tax year with a simple majority vote. Refer to counsel's 9/17/2014 for a complete history of final millage votes.

The following are descriptions of the exceptional years where the Board has voted to set its final millage rate either below or above that statutory rolled-back rate, which meant a tax decrease or tax increase in layman's terms:

Regarding the 2017-18 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 26, 2017, and the Board voted 4-0-1 to set its final millage at 2.366 mills with a separate 4-0-1 to adopt the Authority's 2017-18 final budget of \$20,023,304.00. Therefore, the 2017-18 tax year's millage of 2.366 mills was a 58% increase over the 1.4966 mills rolled-back rate.

Regarding the 2015-16 budget year, the TRIM Final Budget Hearing was held on Thursday, September 17, 2015, and the Board voted 5-0 to set its final millage at 1.6679 mills with a separate 5-0 to adopt the Authority's 2015-16 final budget of \$16,741,063.00. Therefore, the 2015-16 tax year's millage of 1.6679 mills was a 10% decrease over the 1.8532 mills rolled-back rate;

Regarding the 2014-15 budget year, the TRIM Final Budget Hearing was held on Thursday, September 25, 2014, and the Board voted 4-0-1 (vacant) to set its final millage at 1.9237 mills with a separate 4-0-1 (vacant) to adopt the Authority's 2014-15 final budget of \$15,989,676.00. Therefore, the 2014-15 tax year's millage of 1.9237 mills was a 15% decrease over the 2.2632 rolled-back rate;

Regarding the 2013-14 budget year, the TRIM Final Budget Hearing was held on Thursday, September 19, 2013, and the Board voted 5-0 to set its final millage at 2.3759 mills with a separate 5-0 to adopt the Authority's 2013-14 final budget of \$17,453,695.00. Therefore, the 2013-14 tax year's millage of 2.3759 mills was a 1.5% decrease over the 2.4121 rolled-back rate;

Regarding the 2009-10 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 22, 2009, and the Board voted unanimously to set its final millage at 1.745 mills with a separate unanimous vote to adopt the Authority's 2008-09 final budget of \$15,680,000.00. Therefore, the 2009-10 tax year's millage of 1.745 mills was a 2.04% decrease over the 1.7813 rolled-back rate;

Regarding the 2007-2008 budget year, the TRIM Final Budget Hearing was held on Wednesday, September 12, 2007, and the Board unanimously voted to set its final millage at 1.2619 mills with a separate unanimous vote to adopt the Authority's 2007-08 final budget of \$18,414,937.00. Therefore, the current tax year's millage of 1.2619 mills is the same as the final millage adopted for 2006-07, but it represented a 10.37 percent increase over the statutory rolled-back rate of 1.1433 mills.

On June 1, 2018, the Volusia County Property Appraiser sent the Authority official notification that based on its "pre-preliminary estimate", the total taxable value of property in the Authority's tax district is \$9,336,227,639, which represents a net change of approximately +7.15% from 2017 taxable value (8,713,096,463).

For Board planning purposes please begin to anticipate the following TRIM deadlines and special meeting dates during the next few months:

- A The process will begin with the Property Appraiser certifying the tax roll by July 1,

2018;

- B By a date to be set by the Board, the accountants must circulate a proposed budget to the Board;
- C At its July 19, 2018 Regular Meeting, the Authority will need to determine its proposed millage rate, including considerations of any increase above the rolled-back rate, and the date, time and place of the first of two required public hearings ("Tentative Budget Hearing"). The Tentative Budget Hearing must take place no earlier than September 3 and no later than September 18.
- D By August 4th, the Authority (via DRT) will need to notify the Property Appraiser of prior year millage rate, proposed current millage rate, RBR and date, time and place for the Tentative Budget Hearing;
- E By August 24th, the Property Appraiser will send out the required TRIM Notice. The Authority also generally advertises the Tentative Budget Hearing as it would for a regular meeting even though such supplemental advertisement is not required;
- F Within 15 days after the Tentative Budget Hearing occurs and the Tentative Millage and Budget are adopted, the Authority will need to advertise its second and final public hearing on the millage and budget ("Final Budget Hearing"). The advertisement for the Final Budget Hearing must be published at least 2, but no more than 5 days before the hearing takes place.
- G Hearing dates selected by the Volusia County Council and Volusia County School Board take priority. Based on information DRT received from these entities, the School Board will have its TRIM hearings on July 24th and September 11th. The County Council will have its TRIM hearings on September 4th and September 18th.
- H To reconcile these statutory scheduling requirements with the Authority's current meeting schedule and depending on any changes to the County Council or School Board schedule, the Tentative Budget Hearing has been scheduled for 5:05p.m. on Thursday, September 13, 2018 followed immediately by a regular meeting already scheduled for that same date; Monday, September 24 as the tentatively scheduled date for publication of the Final Budget Hearing which is proposed to occur in a special meeting on Thursday, September 27, 2018 at 5:05p.m.
- I Within 3 days of the Final Budget Hearing, the Authority (via DRT) must forward the resolution adopting the final millage rate to the Property Appraiser.
- J Within 30 days of the Final Budget Hearing, the Authority (via DRT) must submit its TRIM Compliance package (DR-422).

Regarding voting and advertising requirements, the following is a recap of how to distinguish between the "true rolled-back rate" and the "maximum millage rolled-back rate". WVHA will be able to approve the required millage resolutions with a majority vote unless its proposed increase in the millage rate exceeds the "maximum millage rolled-back rate" that will be calculated by DRT according to DOR Form 420MM-P. Counsel confirmed with the TRIM office that their regulatory forms define two separate and distinct rolled-back rates, one to trigger special voting requirements (DR 410MM-P which the TRIM office thinks of as the "maximum millage rolled-back rate") and another to trigger size of advertising and other requirements for advertising and other TRIM requirements (DR 420 which the TRIM office thinks of as the "true rolled-back rate"). Any millage rate above the true rolled-back rate will require a quarter page ad notifying the public of a "TAX INCREASE".

**WEST VOLUSIA HOSPITAL AUTHORITY
PRELIMINARY AD VALOREM TAX RESOLUTION
ADOPTED AT A MEETING HELD ON JULY 18, 2018
RESOLUTION 2018-00__**

BE IT RESOLVED, by the Commissioners of the West Volusia Hospital Authority, a Special Taxing District of Volusia County, Florida, that the Property Appraiser's Form DR-420MM shall be completed by inserting the following information and filing it with the Property Appraiser by August 4, 2018:

1. The date, time and place of the first public budget hearing shall be on **Thursday, the 13th day of September, 2018 at 5:05 p.m., at DeLand City Hall Commission Chamber, 120 S. Florida Avenue, DeLand, Florida** at which time the proposed millage and the 2018-2019 Tentative Budget will be discussed and adopted.
2. The proposed millage rate to be discussed and adopted at that meeting will be _____.
3. The current year rolled-back rate to be discussed at that meeting will be _____.

ADOPTED and subscribed to this 19th day of July, 2018.

CHAIR, Andrew N. Ferrari
West Volusia Hospital Authority

I HEREBY CERTIFY that the foregoing resolution is true and correct as adopted by a _____ vote of the Board of Commissioners of the West Volusia Hospital Authority at its monthly regular meeting, and held on Thursday, July 19, 2018 at 5:00 p.m. at DeLand City Hall Commission Chamber, 120 S. Florida Avenue, DeLand, Florida. In a roll call, the following Commissioners voted on the resolution as follows: Commissioner Judith L. Craig (yes/no/absent), Commissioner Andrew N. Ferrari (yes/no/absent), Commissioner Barbara E. Girtman (yes/no/absent), Commissioner Dolores Guzman (yes/no/absent) and Commissioner Kathie D. Shepard (yes/no/absent).

SECRETARY, Kathie D. Shepard
West Volusia Hospital Authority

II. Preliminary Discussions Concerning Renewal of Indigent Care Reimbursement Agreement with FHD and FHFM. [*See new info. in italics and bold*]

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

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

III. General Compliance with the Sunshine Law:

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

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

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

the public board or commission. (If your discussion with another board member concerns personal or business matters unrelated to the Authority, the Sunshine Law does not apply)

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

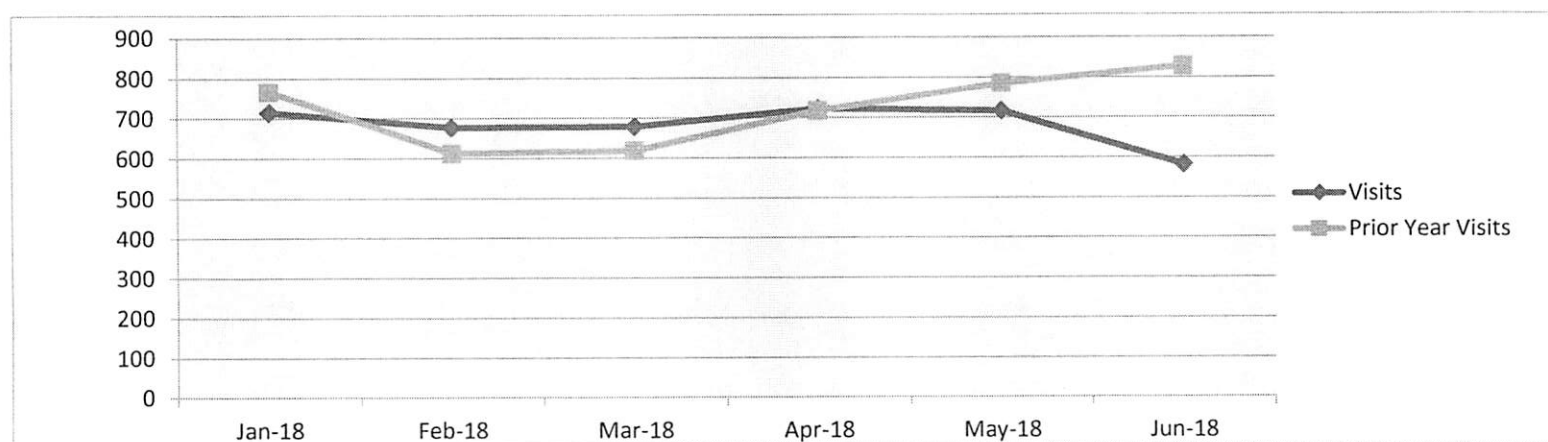
Please note that as the Board's attorney, Counsel's role is to assist the aggregate Board with legal compliance, not to provide individualized legal opinions to a particular board member. For specific questions concerning your own compliance, please direct those inquiries to the Florida Commission on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



Northeast Florida Health Services
June-18

Patient Visits

| | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 |
|-------------------|--------|--------|--------|--------|--------|--------|
| Visits | 714 | 677 | 678 | 722 | 716 | 582 |
| Prior Year Visits | 766 | 613 | 619 | 717 | 785 | 828 |

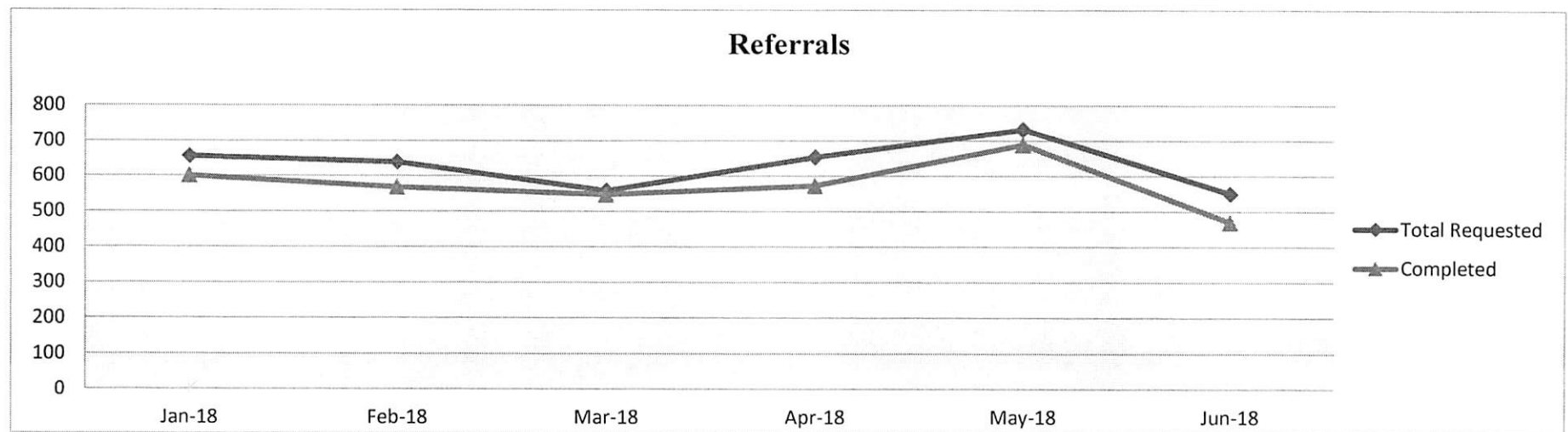


Patient Visits by Location

| Location | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 |
|-----------------|--------|--------|--------|--------|--------|--------|
| Deland Medical | 278 | 295 | 269 | 294 | 303 | 212 |
| Deltona Medical | 352 | 311 | 329 | 360 | 345 | 336 |
| Pierson Medical | 69 | 60 | 65 | 54 | 59 | 21 |
| Daytona | 15 | 11 | 14 | 14 | 9 | 13 |
| Total | 714 | 677 | 677 | 722 | 716 | 582 |

Referrals

| | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 |
|--|--------|--------|--------|--------|--------|--------|
| NEFHS Providers (refer to footnote 1) | 174 | 208 | 182 | 229 | 245 | 154 |
| Internal Specialty Providers (refer to footnote 2) | 481 | 430 | 376 | 424 | 487 | 396 |
| Total | 655 | 638 | 558 | 653 | 732 | 550 |
| Outstanding NEFHS Providers | 10 | 12 | 0 | 32 | 13 | 11 |
| Outstanding Int. Speciality Providers | 45 | 58 | 11 | 49 | 31 | 70 |
| Completed | 600 | 568 | 547 | 572 | 688 | 469 |
| | | | | | | |
| Total Requested | 655 | 638 | 558 | 653 | 732 | 550 |



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

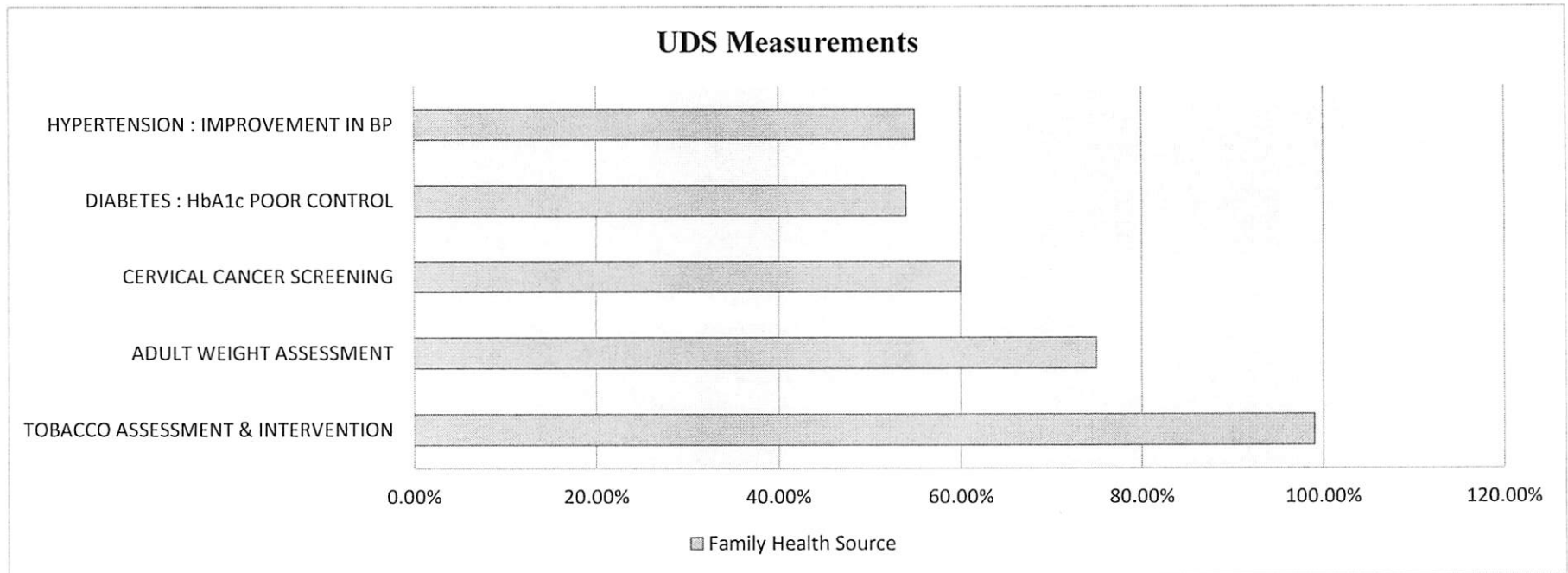
2 Internal specialty provider referrals are generated by NEFHS PCP for consultation with a specialist.

Appointment Times

| Location | Provider | Appointments |
|----------|-------------|--------------|
| Daytona | Johnson | Same Day |
| DeLand | Smith | Same Day |
| DeLand | Hoblick | Same Day |
| DeLand | Vasanji | Same Day |
| Deltona | Rivera-Bobe | Same Day |
| Deltona | Rodriguez | Same Day |
| Deltona | Macalua | Same Day |
| Deltona | Mancini | Same Day |
| Pierson | Kessack | Same Day |

UDS Measures

| Clinical Measures for the month of October 2017 | Family Health |
|---|---------------|
| TOBACCO ASSESSMENT & INTERVENTION | 99.00% |
| ADULT WEIGHT ASSESSMENT | 75.00% |
| CERVICAL CANCER SCREENING | 60.00% |
| DIABETES : HbA1c POOR CONTROL | 54.00% |
| HYPERTENSION : IMPROVEMENT IN BP | 55.00% |





"GROWING WELLNESS IN
OUR COMMUNITIES"

WVHA Prescription Audit
Apr 2018-Jun 2018

| | Apr-18 | May-18 | Jun-18 | Total |
|-----------------------------|--------|--------|--------|-------|
| Total Scripts | 3,270 | 3,585 | 2,951 | 9,806 |
| Script Sample | 20 | 20 | 20 | 60 |
| Specialist Scripts | 4 | 3 | 1 | 8 |
| Total Acute Scripts | 5 | 6 | 5 | 16 |
| Total Chronic Scripts | 15 | 14 | 15 | 44 |
| Total Rx Filled Incorrectly | 0 | 0 | 0 | 0 |

* All 30 chronic scripts written and filled for 90 days or more.

| | |
|-----------------------------|---------|
| Total Chronic Script in Lot | |
| Scripts filled in error | 0 |
| Rx Fill Fee | \$10.24 |
| Total Overage | \$0.00 |

| Pierson | Deltona | DeLand | Daytona | DeLand-Pediatrics | Administration |
|--|---|---|---|---|--|
| 210 N. Frederick St. Pierson, FL 32180 386-749-9449 Fax: 386-749-9447 | 2160 Howland Blvd Deltona, FL 32738 386-532-0515 Fax: 386-532-0516 | 844 W. Plymouth Ave. DeLand, FL 32720 386-738-2422 Fax: 386-738-2423 | 801 Beville Rd. Daytona, FL 32119 386-267-6214 Fax: 386-999-0414 | 800 W. Plymouth Ave. DeLand, FL 32720 386-736-7933 Fax: 386-736-7934 | 1015 N. Stone St. DeLand, FL 32720 386-202-6025 Fax: 386-269-4149 |
| www.familyhealthsource.org | | | | | |

APPLICATION FOR THE WVHA CITIZENS ADVISORY
COMMITTEE

NAME: Jenneffer Pulapaka

ADDRESS: 844 N. Stone St, #208
DeLand, FL 32720

HOW LONG HAVE YOU BEEN A WEST VOLUSIA COUNTY
RESIDENT: 13 yrs

HOME PHONE: _____ CELL PHONE: 386 747 1361

WORK PHONE: 386 758 3733

EMAIL ADDRESS: jenneffer@jenneffer.com

ADDITIONAL INFORMATION (COMMUNITY AFFILIATIONS,
EDUCATION, PROFESSIONAL BACKGROUND) THAT YOU FEEL
WOULD ASSIST THE BOARD OF COMMISSIONERS IN MAKING A
FINAL DETERMINATION:

Please see attached
sheet

Dr. Jenneffer Pulapaka, DPM

Biography

"My goal has been to study, travel, drink, and eat with others to inspire change."
-- Jenneffer Pulapaka



Over the past thirteen years, Dr. Jenneffer Pulapaka's expertise in podiatric surgery has helped thousands of patients. She opened her practice in 2005, **DeLand Foot and Leg Center** (DFALC), where she currently sees patients. DFALC was the first female podiatric surgeon's office in a community where less than 10% of the surgeons were women. It is the first and longest-running female surgical practice in West Volusia County. *"I believe every patient needs a physician who will be an advocate to help them regain their health"*. Her surgical training has taken her to Miami for her residency and the Ilizarov Institute for her fellowship. She was the first certified Women-Owned medical practice in the United States.
www.DeLandPodiatry.com

Women Inspiring Change & Community Development (WICCD) was founded in 2017, by Dr. Pulapaka to encourage women in round-table discussions, podcasts, and talks with decision makers who seek ideal aspirations, goals, missions and objectives while inspiring positive change. www.WICCD.org

by Women Marketplace is under development by Dr. Pulapaka to provide business women and men a single venue for purchasing products and unique services that are women owned, produced, or designed. This allows our customers and vendors the ability to secure quality products that are consciously sourced in focused markets, saving them valuable time. As a business we believe in supporting and nurturing the work of talented women, of all nationalities, working cooperatively with others to uphold equal humanity. www.ByWomenMarketplace.com

Dr. Pulapaka is also a Co-owner/General Manager and Wine Director of **Cress Restaurant**, a business dedicated to improving our food system, through local sources, sustainable practices, and refined flavours. She is a member of the Monterey Bay Aquarium Blue Ribbon Task Force, a team of culinary advisors that provide guidance and feedback to their Seafood Watch program and sustainable seafood work. Additionally she has been an active participant in helping and promoting programs by Chef Active Network. CAN is a proud partner with the James Beard Foundation's Chefs Boot Camps for Policy and Change. This program helps chefs use their powerful voice and extensive networks to positively influence changes to our food system. *"Cress has relationships with where our food comes from, with the individuals who are growing them: the farmers, the fishermen, the cattlemen. Sustainability rests on the principle that we must meet the needs of the present without compromising the ability of future generations."* www.CressRestaurant.com

Dr. Pulapaka's husband, Executive Chef Hari Pulapaka, has been a driving force along with her family. Their support enabled Dr. Pulapaka to be recognized in 2013 Top Influential Women in Business Volusia / Flagler County, 2014 Orlando Sentinel Culinary Hall of Fame, *James Beard Foundation* for her contributions over multiple years, 2015 Wine contributor in *Dreaming in Spice*, 2014 Founding Member goFLA & #Sunshineplate, 2014 Power Couple Central Florida, and 2014 Emeril's Florida Season 2 Premiere – Coming to America! Her other projects including two podcast productions *From the Blade* & *Podiatry DocTalk*, along with a community program "Cookin' in a SNAP" to empower and educate individuals about healthier cooking and options on a modest budget.

TOPIC OF CONVERSATION:

"Over the last year, I had been looking for professional leadership and women's rights resources in our area. I was coming up empty. This was surprising to me, as my food advocacy experience, with the, ie. James Beard Foundation, Seafood Watch and Wholesome Wave, had exposed me to a powerful community of women and national advocates in LA, Monterey, Seattle, NOLA, New York, Charleston, Asheville, and DC. I woke up one morning and realized for three decades I had been an accomplished modern-day renaissance woman; yet, I had not done anything impactful to support women's rights or leadership in my community. So what was the problem? Women

between the ages of 35-55 have done very little to maintain the equality milestones our predecessors created. We are living in a desert for women's rights and leadership, which spans five counties: Volusia, Lake, Seminole, Orange, and Flagler. I wanted to inspire our community's development.

Women Inspiring Change and Community Development (WICCD) will transition from a one-time event into an annual resource. We have established programs that in these Counties, but they need encouragement to remain current and active. The Chef's Action Network is an example of how hosting a salon or symposium can ignite an advocate or be a catalyst for a stronger community. WICCD, with its diverse topics, is that broader platform which can drive women to become more engaged or seek out our local programs with a solid foundation that just need to be dusted off.

I want to encourage women in our community to refine their skills, understand women's struggles, gain strategies to prepare for and negotiate better deals, and energize the advocate within themselves."



PODIATRY DOCTALK



| | Rollback | Majority(60%) | 2/3 (4 out of 5) |
|--|---------------|---------------|------------------|
| Line 18 - Current yr gross taxable value | 9,671,299,305 | 9,671,299,305 | 9,671,299,305 |
| Millage Rate for Calculation | 2.1751 | 2.3003 | 2.5303 |
| Taxes Levied | 21,036,043 | 22,246,890 | 24,471,289 |
| | 96% | 96% | 96% |
| | 20,194,601 | 21,357,014 | 23,492,437 |
| Used | 2.1751 | 2.3003 | 2.5303 |
| Rollback Rate | 2.1751 | 2.1751 | 2.1751 |
| Difference | 0 | 0.1252 | 0.3552 |
| Percent Increase in Millage | 0.0% | 5.8% | 16.3% |
| From DR-420MM-P | | | |
| Majority vote maximum millage rate allowed | 2.3003 | | |
| Two-thirds vote maximum millage rate allowed | 2.5303 | | |
| Rollback Rate | 2.1751 | | |

Eileen Long

From: Josephine Mercado <josephine@hhi2001.org>
Sent: Tuesday, June 19, 2018 7:50 AM
To: Eileen Long
Subject: Sponsorship Request
Attachments: Aug 11 2018 Festival Sponsorship Levels June 4, 2018.pdf; August 11th Sponsor Commitment Form.pdf; August 11th Sponsor Invitation Ltr 6 5 18.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good Morning Eileen!

Please forward the sponsorship attachment to WVHA commissioners for their consideration. We understand that their sponsorship approval may be late, however, we can add the logo to the event flyer and other promotional material once we receive the approval.

Thanks!

"Affordable Health Care is not a Political Issue...Affordable Health Care is a Human Right!"
Central Florida Health Care for All, May, 2010

Josephine Mercado, JD
Hispanic Health Initiatives, Inc.
Founder/CEO
2018 NHMA Hispanic Health Leadership Award
2014 Encore Purpose Prize Fellow
2010 Robert Wood Johnson Community Health Leader
2009 Families USA, Consumer Health Advocate
Office: 386-320-0110
Cell:407-739-0699
Mailing: PO Box #123, DeLand, FL 32721
Office: 70 Spring Vista Drive, Unit 2, DeBary, FL 32713
Email:josephine@hhi2001.org

HISPANIC
HEALTH
INIITIATIVES®
ABRIENDO CAMINOS®

June 5, 2018

***Re: Saturday, August 11, 2018 –
Seventeenth “Festival de la Familia” Health Fair***

Dear Friend of Hispanic Health Initiatives:

On Saturday, August 11, 2018, from 9:00am- 1:00pm at Fancy Fruit & Produce, 911 South Volusia Avenue (SR 17/92), Orange City, FL, Hispanic Health Initiatives, Inc. (HHI), will be hosting its Seventeenth Annual Health Fair “Festival de la Familia”. Among the activities planned for that day are a variety of FREE health screening, such as, diabetes, cholesterol, blood pressure, HIV/AIDs, STDs, etc. HHI helps create the opportunity where the entire family can participate in the free health screening offered by community partners, that is health providers, who collaborate with HHI to bring valuable health services and information to medically uninsured or underinsured families. HHI would greatly appreciate your agency’s participation in this important health event as a sponsor.

The event will be promoted through public service announcements presented on the radio, television and the written press, as well as, social media. Flyers and posters will be widely distributed throughout Seminole and Volusia Counties by HHI volunteers. The event is open to the general public of Central Florida, with a focus on West Volusia residents.

HHI will make special mention of major sponsors on promotional material, provided we receive sponsorship commitment by June 29, 2018. HHI would like to include you as a sponsor.

The registration form and sponsorship levels are enclosed for your convenience. Please fax to (386) 320-0861, the registration form and your sponsorship commitment by or before June 29th, in order for us to plan accordingly. Please feel free to contact Josephine Mercado or Pete Willems at (386) 320-0110 or josephine@hhi2001.org or Pete@hhi2001.org should you have any questions or concerns.

Looking forward to your favorable response, and continued support, we remain,

Your Partner in Health,
Josephine Mercado
Founder/CEO

Enc. Registration Form & Sponsorship Levels

HISPANIC HEALTH INITIATIVES®
EDUCATE • ADVOCATE • CONNECT
“Building Healthier Communities
One Person At A Time”

Seventeenth Festival De La Familia Health Fair
Fancy Fruit & Produce, 911 South Volusia Avenue, Orange City, FL
Saturday August 11, 2018, from 9:00am – 1:00pm

Gold

\$1500 +

Designation as a Gold Sponsor on all promotional material
Special Recognition during the Health Fair and speaking remarks
Designation of a prime 10 X 10 space/location at the Health Fair
Prominent display of banner at the Health Fair
Display of Sponsor provided signage
Company Name or Logo on all media opportunities

Silver

\$1000

Designation as a Silver Sponsor on all promotional material
Company Recognition during the Health Fair and speaking remarks
Prominent display of banner at the Health Fair
Display of Sponsor provided signage
10 X 10 space/location at the Health Fair

Bronze

\$800

Designation as a Bronze Sponsor on all promotional material
Company Recognition during the Health Fair and speaking remarks
Prominent display of banner at the Health Fair
10 X 10 space/location at the health fair.

HHI is a 501 (c) 3 charitable organization, donations are tax deductible. EIN #59-3654481

HISPANIC HEALTH INITIATIVES®

EDUCATE • ADVOCATE • CONNECT

"Building Healthier Communities

One Person At A Time"

2018 Festival de la Familia Health Fair

Saturday, August 11, 2018 – 9:00 a.m. - 1:00 p.m.

Fancy Fruit & Produce

911 South Volusia Avenue, (SR 17/92) Orange City, FL

Sponsorship Commitment Form

DATE: _____ AGENCY/COMPANY _____

ADDRESS: _____

CONTACT: _____

TELEPHONE _____ FAX _____

E-MAIL _____ CELLULAR _____

Person to Contact on August 11, 2018 _____

Telephone: _____ or Cellular _____

YES, you can count on us! () GOLD - \$1500; () SILVER - \$1000; () BRONZE - \$800

Also, we will provide the following screening services or the following information: _____

We will provide these incentive gifts, raffle prizes or other amenities for participant's door prizes:

PLANNING IS ESSENTIAL TO SUCCESS! We need your commitment and logo ASAP!

Provide your logo in JPG or PNG by June 29th to ensure you meet printer's deadline. Please bring a tent, table and chairs for your 10 X 10 space.

MAIL/FAX TO: **HISPANIC HEALTH INITIATIVES, INC**

70 Spring Vista Drive, Unit 2, DeBary, FL 32713

TEL. (386)320-0110 FAX (386) 320-0861

ATT: Josephine Mercado or Pete Willems

Eileen Long

From: Peter <pete@hhi2001.org>
Sent: Tuesday, July 10, 2018 1:52 PM
To: Eileen Long
Subject: July Agenda item
Attachments: HHI-WVHA Board request for funding increase July 2018.pdf

Importance: High

Hi Eileen;

I hope your day is going well. I have attached a letter of request to the WVHA Board, for inclusion in the agenda for the July 2018 meeting. If you have any questions or concerns feel free to contact me.

Thank you in advance.

Be safe!

Pete...

Peter Willemis

Director of Operations

Hispanic Health Initiatives, Inc.

P:(386)320-0110

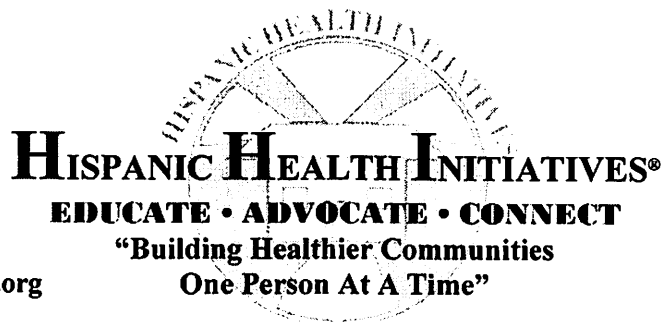
F:(386)320-0861

EMAIL: pete@hhi2001.org

WEB: www.hhi2001.org

IMPORTANT

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

“Building Healthier Communities
One Person At A Time”

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

July 10, 2018

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

Re: Request for additional funding to cover Aug. & Sept. 2018

Dear Board of Commissioners:

As per paragraph 3 "Funding" of the HHI 2017-2018 funding agreement, this letter is a formal request for the Board to consider additional funding in the amount of \$15,000, in order to prevent any disruption of HHI's community program services for the last two service months (Aug. & Sept.) of this contract year.

Due to a lower than requested budget amount funded, a deficit was anticipated earlier in the year and as a result HHI proceeded to implement some protocols such as, HHI's Executive Director and Director of Operations received no pay most weeks, the number of clients serviced was limited and staff hours were cut (one actually had to leave employment at HHI to seek fulltime work elsewhere). These protocols were an effort to stretch the funding for the entire year. Unfortunately, due to the demand for HHI's services this attempt was insufficient and the current 2017-2018 funds allocated will not be enough. As of the end of July / beginning of August, the awarded \$75,000 funds will finish, forcing HHI to stop providing chronic disease prevention and self-management health services for the residents of West Volusia, as well as, the laying off the remainder of its trained staff and a possibility of having to close its doors for good.

Additionally, HHI has submitted more than 10 grant applications throughout the 2017-2018 program year, to third party funding sources, in an attempt to supplement the WVHA funding. Regrettably, to date, none have been funded.

We renew our request for additional funds in order to continue servicing the community in need.

Looking forward to your favorable response.

Your Partner in Health

Josephine Mercado
Josephine Mercado
Founder/CEO

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

TENTATIVELY SCHEDULED MEETINGS - 2018

Citizens Advisory Committee Meetings

Tuesdays at 5:15pm

Joint Meetings

Board of Commissioners Meetings

Thursdays at 5:00pm

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

January 18 - Organizational/Regular

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

March 6 – Applicant Workshop *Andy Ferrari

March 15 (TNC/Good Sam/FDOH)

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

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

May 10 Board/Adventist Workshop

May 22 - Scoring Meeting *Dolores Guzman

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

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

July (CAC Hiatus)

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

August (CAC Hiatus)

August 16 (FLA HOSP/HHI/CLSMF)

September (CAC Hiatus)

**September 13 – Initial Budget
Hearing/Special Meeting RFP Proposals**

**September 27 - Final Budget Hearing/Regular
Meeting**

October (CAC Hiatus)

October 18

November (CAC Hiatus)

November 15 (FLA HOSP)

***WVHA Commissioner to attend CAC Meeting**

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

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

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

W:\Commis\WVHA Meeting Schedules\Tentatively Scheduled Meetings-2018.docm

Updated 4/19/2018

TPA'S FOUND THROUGH WEB SEARCHES

http://www.thehartford.com/sites/thehartford/files/TPA-services_.pdf

<http://www.keenan.com/health-care/employee-benefits/tpa-services/>

<http://www.webtpa.com/>

<https://www.umar.com/>

<http://wexhealthinc.com/solutions-third-party-administrators/>

<http://www.prairieontheweb.com/prairie2/web-build/pdf/tpa-white-paper.pdf>

<https://www.murrayins.com/>

<https://www.helmsmantpa.com/Pages/Index.aspx#prettyPhoto>

<https://www.pmacompanies.com/tpa.html>

<https://www.healthplan.org/tpaservices>

http://www.fhatpa.com/company_overview.htm

<http://findrfp.com/>

<http://www.iasadmin.com/>

<http://www.selfinsuredplans.com/products.html>

<http://www.bsitpa.com/services/>

<https://www.cigna.com/employers-brokers/who-we-serve/third-party-administrators>

<http://www.preferredtpa.com/>

<https://www.pgcs-tpa.com/About.cfm>

<https://www.pbaclaims.com/>

<https://helmsmantpa.com/Pages/About.aspx>

<http://www.littleongroup.com/services/third-party-administration/>

<http://tpaadmininc.com/>

<http://www.usadminclaims.com/about-us.aspx>

<https://www.unifiedgrp.com/about/mission>

<https://www.amerihealthcaritas.com/who-we-serve/expertise.aspx>

<http://www.bbinsurance.com/>

www.bennettinsuranceservices.com

Additional Recipients RFP's

Dee Schaeffer, Halifax Medical Center

Bob Williams, Halifax Medical Center

Sharon Warriner, Volusia Health network

Deanna.Schaeffer@halifax.org

Bob.Williams@halifax.org

Sharon.warriner@halifax.org

RFP REGISTRATION

You MUST register using this form in order to receive notice of any addenda to these documents. Please fax the completed form to the WVHA Administrator as soon as possible. It is the vendor's responsibility to verify if addenda have been issued.

RFP Title: Third Party Administrator (TPA) for WVHA HealthCard

Receiving Period: Monday, July 23, 2018 10:00 a.m. & prior to 2:00 p.m.

Proposals are due Friday, September 7, 2018 prior to 12:00 p.m.

Proposals to be Opened: 2:00 p.m., Friday, September 7, 2018

This form is for bid registration only. Please scroll down for additional information.

Special Instructions: N/A

**BIDDER REGISTRATION
FAX THIS FORM BACK IMMEDIATELY
FAX: (386) 738-5351**

Carefully complete this form and mail or fax it to the WVHA Administrator. You must submit one form for each bid that you are registering for.

Company Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Cut along the outer border and affix this label to your sealed bid envelope to identify it as a "Sealed Bid". Be sure to include the name of the company submitting the bid where requested.

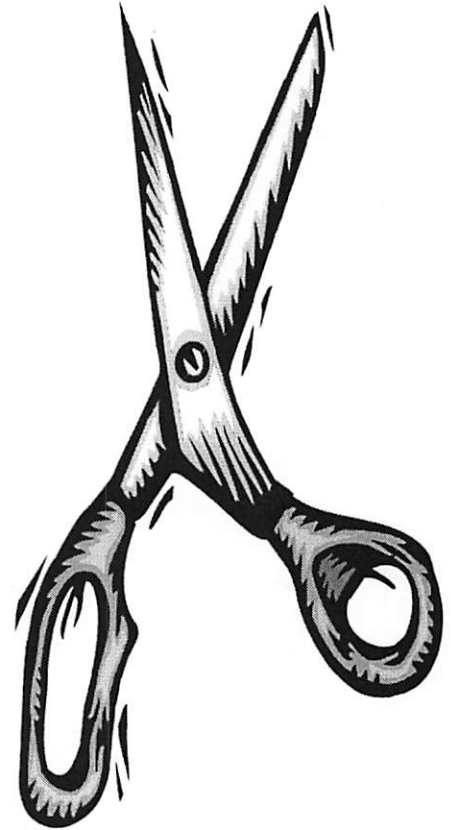
SEALED RFP • DO NOT OPEN

RFP TITLE: Third Party Administrator

DUE DATE/TIME: September 7, 2018 prior to 12:00 p.m.

SUBMITTED BY: _____

DELIVER TO: West Volusia Hospital Authority
Board of Commissioners
C/O Dreggors, Rigsby & Teal, P.A.
1006 N Woodland Blvd
DeLand, Florida 32720



WEST VOLUSIA HOSPITAL AUTHORITY BOARD OF COMMISSIONERS

REQUEST FOR PROPOSAL THIRD PARTY ADMINISTRATOR (TPA) for WVHA HealthCard Program

Sealed proposals will be received in the Authority Office, **Friday, September 7, 2018 prior to 12:00p.m.**

Attached are important instructions and specifications regarding responses to this Request for Proposal. Failure to follow these instructions could result in Proposer disqualification.

Questions regarding this proposal must be in writing and must be sent to Eileen Long, WVHA Administrator, email: elong@drtcpa.com; fax (386) 738-5351. All questions must be received by August 31, 2018.

Proposals may be mailed, express mailed or hand delivered to:

**West Volusia Hospital Authority
Board of Commissioners
C/O Dreggors, Rigsby & Teal, P.A.
1006 N Woodland Blvd
DeLand, Florida 32720**

STATEMENT OF NO PROPOSAL

If you do not intend to submit a proposal, please complete the information below and return this form to the address above.

- | | |
|--|--|
| <input type="checkbox"/> Insufficient time to respond | <input type="checkbox"/> Unable to meet specifications |
| <input type="checkbox"/> Schedule would not permit us to perform | <input type="checkbox"/> Do not offer this product |
| <input type="checkbox"/> Specifications unclear | <input type="checkbox"/> Other (please specify below) |

Company Name: _____ Date: _____

Signature: _____ Telephone Number: _____

INTRODUCTION

The West Volusia Hospital Authority (WVHA), an independent special tax district, is soliciting proposals from qualified firms to administer in whole, the following Third Party Administrator functions:

Enrollment Certifying Agent, Including:

- Letters/ communications
- ID card issuance
- ID card number (member ID)
- ID card stock
- Maintain and report on Member Eligibility
- WVHA Member Handbook (Exhibit A)

Claims processing and adjudication, including:

- Specialty physicians (CMS 1500 form)
- Primary care (FQHC) via an 837 electronic file
- Hospital (UB 04)
- Dental via an 837 electronic file
- Pharmacy (NCPDP data file)
- Hospital Based physician payments (manual submission via excel spreadsheet)
- Hospital AHCA Match Processing/Tracking

Authorizations

- All specialty services require an authorization by the FQHC
- Once a valid referral is on file for Specialist(s)-Specialist can generate additional referrals

Referrals

- All specialty services require a referral to be issued by the FQHC before treatment can begin and before payment can be made
- Once a valid referral is on file for Specialist(s)-Specialist can generate additional referrals

Provider contracting

Provider credentialing

- Specialty providers must have privileges at one of the two local hospitals

Provider network development and retention

Provider education and orientation

Provider appeals and grievances

Medicaid recoveries, confirm WVHA Member is not eligible for Medicaid prior to paying claims, as well as retrospective review of claims previously paid routinely

Reporting for all areas of Plan administrative functions described herein

Process all subrogation matters

Provide local bank account, endorsement stamp, deposit slips for provider reimbursements

Assist WVHA Administrative and Accounting Staff with annual budget projections for claims

Compile year-end (October 1st-September 30th) report by claims paid by unique/unduplicated

Members visits utilized, and costs incurred

Eligibility can be supplied to TPA via an excel format, or the eligibility vendor can key that data via enrollment files (EDI 834) or via TPA portal

Any changes to applicable laws or WVHA policies may significantly change the requirements of the TPA functions.

All proposals must delineate separately, each category group of services as outlined in Section II.

EXISTING PROGRAM OVERVIEW

The following information is provided as an introduction to the West Volusia Hospital Authority (WVHA) indigent care program.

The WVHA is an independent special tax district encompassing the western portion of Volusia County, Florida (the "Tax District"), created by a special act of the Florida Legislature, Chapter 57-2085, Laws of Florida, as amended and re-codified, for the purpose of, either directly or through third parties, providing access to health care for indigent residents of the Tax District. The WVHA is a governmental entity subject to both the Public Records and Sunshine Laws.

The governance of the WVHA is vested in its Board of Commissioners. The Board consists of five (5) elected Commissioners who serve staggered four (4) year terms, without compensation.

The Program's goal is to provide an avenue for comprehensive quality health care services in a cost effective and efficient manner for qualified West Volusia residents. The targeted population served by this Program is those individuals (working or non-working) who have limited income, limited assets, are uninsured, and have no other medical benefits available to them (Medicaid, Medicare, other commercial insurance). Medical services are available to eligible residents through a network of care that has been made possible through partnerships with hospitals, physicians, diagnostic testing facilities and other medical professionals.

GENERAL INFORMATION

- The WVHA is not a licensed insurance company.
- The WVHA serves a population that is not eligible for other Federal and State programs such as Medicaid or Medicare. The WVHA is the payor of last resort.
- The WVHA does not supplement third party funding sources
- Many clients served by the WVHA are working individuals who have families and either do not have insurance available to them through their employer or cannot afford health insurance and be able to provide for their families.
- The WVHA is for West Volusia County residents who met established eligibility criteria and promotes access to health care benefits through local health care provider partners.
- WVHA eligibility is effective from the date of enrollment through the established termination date.
- Generally the enrollment period is six (6) months
 - Note that patients can and do become eligible and/or terminate every day of the month.

WVHA Goals

- Increase access to medical care for the uninsured and underinsured residents of the WVHA Taxing District.
- Stabilize or reduce the inappropriate utilization of our local emergency departments by increasing access to health care services for the uninsured residents of the WVHA Taxing District.

Covered Services

- Hospitalization
 - Inpatient
 - Outpatient
 - Emergency Room
- Primary Care
- Specialty Care
- Diagnostic Services
- Pharmaceuticals
 - Pharmacy administered by the FQHC
- Dental Services
- OB/Prenatal Services

The TPA will administer the program as referred and approved by a separately retained entity that will determine whether applicants are eligible to become WVHA HealthCard Members.

WVHA Eligibility

See attached Eligibility Guidelines (Exhibit B).

Premiums, Deductibles, and Co-Payments

- There are no premiums or deductibles related to the WVHA program.
- WVHA clients are responsible to pay co-payments as approved by the WVHA Board for certain medical services, such as primary care and specialty care office visits, emergency room visits and prescription medications.

Identification Card

All WVHA clients are issued an identification card issued by WVHA's TPA , and are instructed to present it to the health care provider prior to receiving medical services. The identification card denotes the client's name, member ID number, co-payment responsibility, other information and effective dates of enrollment.

Member Handbook

The TPA shall provide a printed copy of the WVHA Member Handbook to each eligible HealthCard member or Family Unit. The TPA shall be required to make periodic updates to the WVHA Member Handbook. (Exhibit A)

Reasons for Plan Termination

See Eligibility Guidelines and Member Handbook (Exhibits A & B).

Projected Statistical Information

For the first twelve months of FY 18/19 (through June 2018), Exhibit C.

DATA COLLECTION

The TPA will be expected to provide data to the WVHA Board for purposes of Plan operations, disease management services and health education, and for other purposes as determined by the WVHA.

All data collected by the TPA will become the property of the WVHA.

The TPA will be expected to provide and implement an industry standard group plan document.

The WVHA will approve all payments to providers and will require detailed claims summary for review. Non-covered services as identified by the WVHA will be the financial responsibility of Members themselves.

During FY 2018/2019, it is projected that the TPA will process approximately \$13 million in claims.

SECTION I: STATEMENT OF QUALIFICATIONS

GENERAL

1. Please provide:

- The legal name and tax ID number of entity
- Business address of applying entity and service location (if different)
- A description of the organization,
- Where the organization is registered, and
- How the organization is licensed or certified.

2. Do you hold an active certificate of authority to act as an insurance administrator (third party administrator or TPA) in Florida, pursuant to Chapter 626, Part VII, Florida Statutes? Please provide:

- Documentation of same,
- A copy of the state required Fidelity Bond, and as evidence of current professional liability coverage, general liability coverage and errors and omissions coverage, including limits.

If "no" to question 2, are you established as a fiscal intermediary service organization meeting the requirements of Section 641.316, F.S.?

3. How long has your organization provided claims payment services?

4. How many organizations and members do you serve as a TPA?

5. Do you have a claim/customer service office in central Florida? If yes, where? If not, which office would service the WVHA?

6. Would WVHA have a dedicated unit and/or dedicated staff? If yes, describe.

7. Do you now have, or have you had experience in dealing with a customer base of uninsured and/or indigent persons? If yes, please describe in detail.

8. Please provide the name, address, telephone number and contact person from at least three HMO/EPO references. Please include:

- One organization which retained your services during the past 12 months;
- One organization which has utilized your services for two years or

- more; and
 - One organization which serves an indigent and/or uninsured population
9. If you were awarded a contract, how long would you need for start up prior to implementation?
 10. Is your organization accredited by NCQA, AAAHC and/or JCAHO? If yes, what is your current status?
 11. Do you have any pending legal action against your organization? Please include this information as related to claims, recent judgments against entity or its affiliates, and officers. If any, please explain.
 12. Does your organization possess a SOC 1 type 1 certification?
 13. Do you have any other certifications that you believe are relevant for our consideration of your proposal?
 14. Describe your procedures for maintaining the security of claim and plan member information..

FINANCIAL

1. What is your proposed fee structure? Please provide a breakdown on a per claim/per enrollment basis by the categories as follows:
 - Start Up Services
 - Enrollment Certifying agent Services
 - Provider Services & Specialty Network, including O/P lab
 - Claims
 - Reports
 - Subrogation
 - Other

You may provide another alternative cost basis in addition to the per claim/per enrollment cost basis above.

2. Please specify prices for subsequent years of service.

SOFTWARE/SYSTEM CAPABILITIES

1. What type of system/software is utilized? Is it an internally or externally developed system?
2. Who maintains the system?
3. Is the processing software indemnity based or managed care based? Is it an indemnity-based system converted to a managed care system?

4. Are CPT-4 and ICD-9 codes maintained in the system? Does the system cross-reference these codes? Does the system support for the ICD- 10 conversion of October 2015?
5. Is the claims system compliant with the Health Insurance Portability Accountability Act of 1996 (HIPAA)? (Exhibit D)
6. Does your claim system identify date of receipt, real time accurate history of actions taken on each provider (i.e. paid, denied, suspended, appealed, etc.)
7. Do you have an active fraud detection and prevention program? If yes please describe.
8. Do you offer on-line access for providers? If so, what are the services that can be accessed and what are the options for connectivity? Do you encourage providers to submit and receive claims information through electronic data exchange (EDI), i. e. electronic claims?
9. For fee schedules based on the Medicare fee schedule, how much time do you take to update your system from when the federal government establishes their annual updates to the fee schedule? Can you maintain and administer multiple years at the same time?
10. Please describe the procedures you have implemented to ensure HIPPA compliance related to security and administrative simplification.
11. Can you support an automated clearinghouse (ACH) mechanism that allows providers to request and receive electronic funds transfer (EFT) of claims payments?

HARDWARE

1. What type of hardware do you use?
2. Please describe specifically the hardware we need to use and the mechanisms used to achieve the required interconnection (phone lines, Internet, etc.)
3. What type of hardware do we need to use: 1) to download administrative and clinical data and reports; 2) to connect for utilization management functions (authorizations and referrals) and 3) for the WVHA approved enrollment agent services?
4. Who maintains your hardware?
5. What is the disk capacity, and what percent is currently being used?

6. What is the user capacity, and what percent is currently being used?
7. Is there dedicated staff maintaining hardware?
8. What are the back-up processes?

DISASTER RECOVERY

1. How often is your server backed-up and how quickly can it be recovered? What are the back-up procedures? Can policies and procedures be obtained? Media used? How and where are they stored?
2. How fast can the system be replaced in the case of a disaster? Are the disaster recovery plan and timeframes outlined? Please provide your policies and procedures.

MEMBER/ELIGIBILITY MANAGEMENT

1. Can you provide eligibility membership data electronically? Can your system issue and maintain ID numbers? Can you issue ID numbers and maintain eligibility spans based on daily certification compared to the first of the next month? Note that patients can and do become eligible and/or terminate every day of the month.
2. Does the system maintain historical eligibility information? For how long, and what type of information is maintained?
3. Can you accept and maintain medical information from other sources on clients in the eligibility file (diagnostic codes)?
4. Are you able to maintain daily enrollment, disenrollment and change information and report each month, by patient (including date of birth)?
5. How long will it take for you to populate enrollment eligibility to PCPs and WVHA providers from the entity that qualifies the WVHA HealthCard Members?
6. How can you provide the enrollment information to PCPs and WVHA providers?
 - Electronically
 - Paper
 - Internet access

CLAIM PROCESSING CAPABILITIES

1. Please define your average turnaround time for processing claims. How much time do you take to process "clean claims"?

2. How will WVHA approve payment of claim data?
3. How frequently can WVHA expect to receive claims data for approval?
4. Please describe your electronic and/or Internet capability for claim submission, any extra payment for claims submitted and provider access to claim status.
5. If claim processors pay claims that were not approved, how do you recover mispaid dollars. What systems are in place to monitor and minimize this activity?
6. Are you willing to be audited by the WVHA for claim payment and reporting accuracy?
7. Is your system capable of loading providers with multiple tax ID's and locations?
8. What are your performance goals for claim processing services: timeliness and accuracy?
9. What were your performance results for 2016 and 2017.
10. Are you able to check for Medicaid coverage before issuing a claims payment?

PROVIDER SERVICES

1. Do you have procedures for evaluating and resolving providers' complaints and appeals? If yes please describe.
2. How do you track and report provider complaints?
3. Do you maintain a toll-free line for provider services?
4. What type of phone system do you use for call distribution and monitoring?
5. What are your performance goals for provider services: telephone time and provider satisfaction?
6. What were your performance results for 2016 and 2017?
7. Can you ensure that all of your network providers have knowingly and willfully agreed to participate in your network that is servicing the WVHA?

QUALITY IMPROVEMENT/INTERNAL AUDIT

1. How do you conduct quality improvement and internal audit functions?
2. Do you have written policies and procedures? If so, please describe or attach.
3. What percentage of claims and calls are audited?
4. How are audit results used in staff evaluations?
5. What are your audit goals?
6. What were your audit results for the years 2016 and 2017?

DATA MANAGEMENT

1. Can you identify specific members who, according to demographics, diagnosis, and/or services received, may be at risk for specific health problems?
2. Do you have data warehousing software?
3. Is there an additional fee associated with customized reports? If so, please state the hourly rate.
4. Can your system accommodate the loading of non-physician providers?
5. How long do you take to load a provider's data once the information is received?
6. Does your system allow retroactive eligibility for providers?

**Third Party Administrator
Services**

SECTION II Administrative

Services List Instructions

This Section displays a breakdown of services required from the TPA.

Please indicate whether you have the capability to deliver each service by placing an "X" in the appropriate column.

PLEASE BE SURE TO CLARIFY WHICH SERVICES ARE INCLUDED IN THE FEE STRUCTURE PROPOSED IN THE FINANCIAL SECTION ABOVE AND WHICH ARE AN ADDITIONAL CHARGE. PLEASE SPECIFY THE EXTRA COSTS IN THE COLUMN PROVIDED.

THIRD PARTY ADMINISTRATOR START UP

| | Responsible Party | | Included the Fee | Available But Extra charge | Not Available | Specify Cost if Extra |
|--|-------------------|-----|------------------|----------------------------|---------------|-----------------------|
| REQUIRED SERVICES | WVHA | TPA | | | | |
| IMPLEMENTATION AND TRAINING | | | | | | |
| Account Coordinator for implementation | | X | | | | |
| Implementation set-up | | X | | | | |
| System training <ul style="list-style-type: none"> • Initial • Follow-up | | X | | | | |
| Software support | | X | | | | |
| Custom programming | | X | | | | |
| Set up group and account data | | X | | | | |
| Build benefit plans | | X | | | | |
| Interpretation of benefit plan issues | X | X | | | | |

MEMBER SERVICES

| | Responsible Party | | Included in the fee | Available But Extra Charge | Not Available | Specify Cost if Extra |
|---|-------------------|-----|---------------------|----------------------------|---------------|-----------------------|
| REQUIRED SERVICES | WVHA | TPA | | | | |
| ELIGIBILITY/MEMBERSHIP | | | | | | |
| Posting of electronic daily eligibility | | X | | | | |
| Verification of accuracy of eligibility | X | X | | | | |
| Ongoing maintenance of eligibility | X | X | | | | |
| Print ID cards | | X | | | | |
| Mailing ID cards and new member materials | | X | | | | |
| Mailing/Printing WVHA Member Handbook | | X | | | | |

CLAIMS ADMINISTRATION

| REQUIRED SERVICES | Responsible Party | | Included in fee | Available but Extra Charge | Not Available | Specify Cost if Extra |
|---|-------------------|-----|-----------------|----------------------------|---------------|-----------------------|
| | WVHA | TPA | | | | |
| CLAIMS PROCESSING | | | | | | |
| Accept paper and electronic claims | | X | | | | |
| Data entry and adjudication of claims | | X | | | | |
| Production of EOBs | | X | | | | |
| Mail EOB's and related correspondence | | X | | | | |
| Production of batched claims | | X | | | | |
| Production of checks | | X | | | | |
| Approval to release checks | X | X | | | | |
| Mail checks | | X | | | | |
| Internet or electronic access for providers to check claim status | | X | | | | |
| Production of 1099s | | X | | | | |
| EDI and EFT Capability | | X | | | | |
| REPORTS | | | | | | |
| Produce standard reports. See section III for detail (page 19) | | X | | | | |
| Report writer for client generated custom reports | | X | | | | |
| TPA produced special/customized reports | | X | | | | |
| Data warehousing capability | | X | | | | |

PROVIDER SERVICES

| | Responsible Party | | Included in the fee | Available But Extra Charge | Not Available | Specify Cost if Extra |
|---|-------------------|------------|---------------------|----------------------------|---------------|-----------------------|
| REQUIRED SERVICES | WVHA | TPA | | | | |
| PROVIDER SERVICES | | | | | | |
| Provide provider add, change and termination information | | X | | | | |
| Enter/maintain provider data in system | | X | | | | |
| Enter/maintain provider fee schedules | | X | | | | |
| Toll-free line for providers | | X | | | | |
| Providers' phone inquiries – verify eligibility and benefits, claim status | | X | | | | |
| Automated phone system for call service management and reporting | | X | | | | |
| Monthly eligibility to providers via the web | | X | | | | |
| Electronic access to member data | | X | | | | |
| Preparation of provider directory and other material (including languages spoken) | | X | | | | |
| EDI or Internet provider access to member eligibility | | X | | | | |
| Internet or electronic access for providers to create and verify referrals and authorizations | | X | | | | |
| Provider satisfaction surveys re: TPA services | X | X | | | | |

SECTION III

Report List Instructions

“Yes” indicates that the report is included in the monthly fee charged.

| | Yes | Yes but extra charge- | No |
|---|-----|-----------------------|----|
| In Patient Reports | | | |
| Total bed days and admits in current and prior periods, YTD | | | |
| Bed days and admits per 1,000 members for current and prior periods | | | |
| Bed days and admits per hospital | | | |
| Bed days and admits by diagnosis | | | |
| Bed days and admits by PCP | | | |
| Re-admissions within 30 days of prior discharge, by patient and diagnosis | | | |
| Outpatient Services Reports | | | |
| ED visits in current and prior periods, YTD | | | |
| ED visits by diagnosis | | | |
| ED visits by PCP | | | |
| ED visits by facility and PCP | | | |
| Outpatient surgery by diagnosis and facility | | | |
| Included preventive procedures by recommended category | | | |
| Included disease related procedures per disease | | | |
| Included disease related procedures per disease per PCP | | | |
| Other procedures per PCP | | | |
| Specialty visits per type of specialist | | | |
| Specialist visit per diagnosis | | | |
| Specialist visit by PCP | | | |
| Financial and Claims Data Reports | | | |
| Turn-around-time reports/claims lag reports | | | |
| Percent and age of pended claims by reason code | | | |
| Duplicate claims reports by member and provider | | | |

| | Yes | Yes but extra charge-specify | No |
|---|-----|------------------------------|----|
| Subrogation Services | | | |
| Outlier report – Claims billed, paid, denied for claim charge amounts exceeding \$10,000. | | | |
| Claims total billed, paid, denied | | | |
| Per member per month medical costs by age and sex (groupings) | | | |
| High dollar payments by member name (top 25) and diagnosis | | | |
| High volume claims by CPT Code, total, and provider | | | |

| Eligibility /Member Management and Member/Provider Services Reports | Yes | Yes but extra charge-specify | No |
|---|-----|------------------------------|----|
| Membership by unduplicated enrollment | | | |
| New members lists | | | |
| Terminated members lists | | | |
| | | | |
| Membership by demographics | | | |
| Membership by diagnostic category total and by PCP | | | |
| Monthly membership report based on information provided to TPA by separately contracted entity that qualifies the WVHA HealthCard Members | | | |
| | | | |
| Access to telephone services: - Average time to reach a non-recorded voice - Abandonment rates | | | |
| Number and type of complaints and appeals from members and providers | | | |

| Administrative | Yes | Yes but extra charge-specify | No |
|--|-----|------------------------------|----|
| Number of claims submitted for tracking only | | | |
| By provider | | | |
| Total | | | |

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The selected firm shall comply with any prohibitions, restrictions, limitations, conditions, or other requirements to the extent applicable to the firm directly or indirectly pursuant to HIPAA and its implementing regulation concerning privacy of individual identifiable health information as set forth in 45 CFR, Parts 160-164, as amended from time to time. As a part of the agreement with the WVHA, the selected firm shall sign a HIPAA business agreement. In substantially the form attached here to as Exhibit E.

AGREEMENT

The initial term of this agreement will be for three (3) years. The WVHA shall have the option of extending the agreement for two one (1) year terms as approved by the WVHA, at the same terms and conditions by giving the firm written notice not less than Sixty (60) days prior to the expiration of the initial term.

SUBMITTAL

Each proposal shall contain:

- Name, company name, address, telephone number, fax number.
- Statement of Qualifications and Fees – Section I
(page 9)
- Completed Administrative Services List – Section II
(page 14)
- Completed Report List – Section III
(page 19)
- Financial Statement
This statement will be an audited report with comment not older than one (1) year. If the most current report has not yet been audited, the previous audited report with comments shall accompany the most recent financial statement.
(Submit in separate envelope) Pursuant to Chapter 119.07(3)(t), Florida Statutes, financial information will be exempt from examination by anyone other than legally authorized WVHA Commissioners, Attorney and Accountants.

EVALUATION OF PROPOSALS

The WVHA Board of Commissioners will review proposals that are received. Proposals that are non-responsive to the above requirements may not be included for evaluation for possible short-listing.

The specific criteria and point value established for this Request for Proposal is as follows:

| | | |
|----|--|-----------|
| 1. | Capacity to Perform All Administration Functions | 30 points |
| 2. | Capability to Meet Time & Budget Requirements | 35 points |
| 3. | Location of Firm | 5 points |
| 4. | Financial Stability and Professionalism of Firm | 5 points |
| 5. | Price for required Administration services | 25 points |

The Board reserves the following rights:

- Conduct pre-award discussion with any or all, responsive and responsible proposers who submit proposals determined to be reasonably acceptable of being selected for award; conduct personal interviews or require presentations of any or all proposers prior to selection.
- Request that proposer(s) modify their proposal to more fully meet the needs of the WVHA or to furnish additional information as the WVHA may reasonably require.
- Accord fair and equal treatment with respect to any opportunity for discussions and revisions of proposals. Such revisions may be permitted after submission of proposals and prior to award.
- Process the selection of the successful proposer without further discussion.
- Accept or reject qualifications or proposals in part or in whole.
- Request additional qualification information.
- Limit and/or determine the actual contract services to be included in a contract, if applicable.
- Obtain information for use in evaluating submittals from any source.
- Waive any irregularity in any proposal, or reject any or all submittals, should it be deemed in the best interest of the WVHA to do so.
- Revise, amend or withdraw this proposal or reject all bids and restart the bid process at any time to protect its interest.
- The Board shall be the sole judge of proposers' qualifications.

SUBMITTAL OF PROPOSALS

Interested parties are invited to submit one (1) original marked **ORIGINAL** and eight (8) copies marked **COPY** of their proposal in a sealed envelope. The envelope should be labeled "**RFP – Third Party Administrator (TPA)**" Proposals may be mailed or delivered to:

**West Volusia Hospital Authority
Board of Commissioners
C/O Dreggors, Rigsby & Teal, P.A.
1006 N. Woodland Boulevard
DeLand, FL 32720**

The submittal shall be received by the WVHA only at the above address prior to **12:00 p.m., Friday, September 7, 2018.**

The delivery of the submittal on the above date and prior to the specified time is solely the responsibility of the respondent.

The submittal may be withdrawn either by written notice to the WVHA Administrator or in person, if properly identified, at any time prior to the above submittal deadline.

GENERAL CONDITIONS

CONTACT

After the issuance of any Request for Proposal, prospective proposers shall not contact, communicate with or discuss any matter relating in any way to the Request for Proposal with the Board of Commissioners or any employee of UMR, The Law Offices of Theodore W. Small or Dreggors, Rigsby & Teal, P.A. other than the WVHA Administrator or as directed in the cover page of the Request for Proposal. This prohibition begins with the issuance of any Request for Proposal and ends upon execution of the final contract. Such communications initiated by a proposer **shall** be grounds for disqualifying the offending proposer from consideration for award of the proposal and/or any future proposal.

INSURANCE REQUIREMENTS

The selected firm, if any, shall maintain, at all times, the following minimum levels of insurance and; shall, without in any way altering their liability, obtain, pay for and maintain insurance for the coverages and amounts of coverage not less than those set forth below. Provide to the WVHA original Certificates of Insurance satisfactory to the WVHA to evidence such coverage before any work commences. The WVHA shall be named as an additional insured on all policies related to the project; excluding workers' compensation and professional liability. The policies shall contain a waiver of subrogation as against WVHA. All insurance coverage shall be written with a company having an A.M. Best Rating of at least the "A" category and size category of VIII. The firm's self-insured retention or deductible per line of coverage shall not exceed \$25,000 without the permission of the WVHA. The WVHA requires 30 days written notice of cancellation and 15 days written notice of non-payment. In the event of any failure by the firm to comply with the provisions; the WVHA may, at its option, on notice to the firm suspend the project for cause until there is full compliance. Alternatively, the WVHA may purchase such insurance at the firm's expense, provided that the WVHA shall have no obligation to do so and if the WVHA shall do so, the firm shall not be relieved of or excused from the obligation to obtain and maintain such insurance amounts and coverages.

Worker's Compensation and Employer's Liability Insurance providing statutory benefits, including those that may be required by any applicable federal statute:

Admitted in Florida

Yes

| | |
|------------------------|-----------|
| Employer's Liability | \$100,000 |
| All States Endorsement | Statutory |
| Voluntary Compensation | Statutory |

Commercial General Liability Insurance. \$1,000,000 combined single limit of liability for bodily injuries, death, and property damage, and personal injury resulting from any one occurrence, including the following coverages:

Premises and Operations:

Broad Form Commercial General Liability Endorsement to include blanket contractual liability (specifically covering, but not limited to, the contractual obligations assumed by the Firm); Personal Injury (with employment and contractual exclusions deleted) and Broad Form Property Damage coverages;
Independent Contractors;

Independent Contractors:

Delete Exclusion relative to Collapse, Explosion and Underground Property Damage Hazards; and Cross Liability Endorsement.

Comprehensive Automobile Liability Insurance. \$1,000,000 combined single limit of liability for bodily injuries, death, and property damage, and personal injury resulting from any one occurrence, including all owned, hired and non-owned vehicles.

Professional Liability Insurance. \$1,000,000 for design errors and omissions, exclusive of defense costs. Selected firm shall be required to provide continuing Professional Liability Insurance to cover the project for a period of two (2) years after the projects are completed.

INDEMNIFICATION

The firm shall, in addition to any other obligation to indemnify the WVHA and to the fullest extent permitted by law, protect, defend, indemnify and hold harmless the WVHA, their agents, elected officials and contracted legal and accounting professionals from and against all claims, actions, liabilities, losses, costs, including attorney's fees, arising out of any actual or alleged bodily injury, sickness, disease or death, or injury to or destruction of tangible property including the loss of use resulting from, or any other damage or loss arising out of or resulting from or claims to have resulted in whole or in part from any actual or alleged act or omission of the firm, any subcontractor, anyone directly or indirectly employed by any of them, of anyone for whose acts any of them may be liable in the performance of the work; or violation of law, statute, ordinance, governmental administration order, rule, regulation or infringement of patent rights by the firm in the performance of the work; or liens, claims or actions made by the firm or any subcontractor or other party performing the work.

PUBLIC ENTITY CRIMES STATEMENT

A person or affiliate who has been placed on the convicted vendor list following a

conviction for a public entity crime may not submit a bid/proposal on a contract to provide any goods or services to a public entity; may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list. By submitting this proposal, the proposer hereby certifies that they have complied with said statute.

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION

The WVHA is committed to equal opportunity employment effort; and expects firms that do business with the WVHA to have a vigorous affirmative action program.

WOMEN/MINORITY BUSINESS ENTERPRISE OUTREACH

The WVHA hereby notifies all Proposers that W/MBE's are to be afforded a full opportunity to participate in any request for proposal by the WVHA and will not be subject to discrimination on the basis of race, color, religion, sex, national origin, age, disability or marital status.

AFFIRMATION

By submitting his/her proposal, the Proposer affirms that the proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; the Proposer has not directly or indirectly induced or solicited any other person to submit a false or sham proposal; the Proposer has not solicited or induced any person, firm or corporation to refrain from submitting a proposal; and the Proposer has not sought by collusion to obtain for him/herself any advantage over other persons or over the WVHA.

DEVELOPMENT COSTS

Neither the WVHA nor its representative(s) shall be liable for any expenses incurred in connection with preparation of a response to the RFP. Proposers should prepare their proposals simply and economically, providing a straightforward and concise description of the proposer's ability to meet the requirements of the RFP.

ADDENDA

The WVHA may record its responses to inquiries and any supplemental instructions in the form of written addenda. The WVHA may mail written addenda before the date fixed for receiving the proposals. Proposers shall contact the WVHA Administrator to ascertain whether any addenda have been issued. Failure to do so could result in an unresponsive proposal. Any oral explanation given before the RFP opening will not

be binding. All inquiries shall be in writing and addressed to the WVHA Administrator, 1006 N Woodland Blvd, DeLand, FL 32720.

[The remainder of this page intentionally left blank]

CODE OF ETHICS

If any proposer violates or is a party to a violation of the code of ethics of WVHA or the State of Florida, with respect to this proposal, such proposer may be disqualified from performing the work described in this proposal or from furnishing the goods or services for which the proposal is submitted and shall be further disqualified from bidding on any future proposals for work, goods, or services for the WVHA.

DRUG FREE WORKPLACE

Preference shall be given to businesses with Drug Free Workplace (DFW) programs. Whenever two or more proposals, which are equal with respect to price, quality and service, are received by the WVHA for the procurement of commodities or contractual services, a proposal received from a business that has provided a statement that it is a DFW shall be given preference in the award process.

APPLICABLE LAWS AND COURTS

This RFP and any resulting agreements shall be governed in all respects by the laws of the State of Florida and any litigation with respect thereto shall be brought only in the courts of Volusia County, State of Florida or the Middle District of Florida, Volusia County, Florida. The proposer shall comply with all applicable federal, state and local laws and regulations.

CONTRACT

All contracts are subject to final approval of the WVHA Board of Commissioners. Persons or firms which incur expenses or change position in anticipation of a contract prior to the Board's approval do so at their own risk.

PROPOSAL ACCEPTANCE PERIOD

A proposal shall be binding upon the offeror and irrevocable by it for ninety (90) calendar days following the proposal opening date. Any proposal in which offeror shortens the acceptance period may be rejected.

ADDITION/DELETION

The WVHA reserves the right to add to or delete any item from this proposal or resulting agreements when deemed to be in the best interest of the WVHA.

PROPRIETARY INFORMATION

In accordance with Chapter 119 of the Florida Statutes (Public Records Law), and except as may be provided by other applicable State and Federal Law, all proposers should be aware that Request for Proposals and the responses thereto are in the public domain. However, the proposers are **required to identify specifically** any information contained in their proposals which they consider confidential and/or proprietary and which they believe to be exempt from disclosure, **citing specifically the applicable exempting law.**

All proposals received from proposers in response to this Request for Proposal will become the property of the WVHA and will not be returned to the proposers. In the event of contract award, all documentation produced as part of the contract will become the exclusive property of the WVHA.

LIMITATIONS

The WVHA reserves the right to revise, amend or withdraw this proposal at any time to protect its interest. Proposers will not be compensated by the WVHA for costs incurred in preparation of responses to this RFP.

[The remainder of this page intentionally left blank]

EXHIBIT D

WEST VOLUSIA HOSPITAL AUTHORITY HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Addendum to the agreement between West Volusia Hospital Authority ("WVHA") and ("Provider") for the provision of ____

WITNESSETH:

WHEREAS, the U.S. Department of Health and Human Services ("HHS") has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), governing the privacy of individually identifiable health information ("Protected Health Information", or "PHI") obtained, created or maintained by certain entities, including healthcare providers (the "HIPAA Privacy Rule"); and

WHEREAS, Provider and its employees, affiliates, agents or representatives may access paper and/or electronic records containing PHI in carrying out their obligations to the WVHA pursuant to either an existing or contemporaneously executed agreement for services ("Services Agreement"); and

WHEREAS, the HIPAA Privacy Rule requires that the WVHA and Provider execute this Addendum in order to protect the privacy of PHI;

NOW, THEREFORE, for and in consideration of the premises and mutual covenants and agreements contained herein the parties agree as follows:

1. **Use and Disclosure of PHI to Provide Services.** The Provider will not use or further disclose PHI (as such term is defined in the HIPAA Privacy Rule) other than as permitted or required by the terms of the Services Agreement or as required by law. Except as otherwise provided in this document, the Provider may make any and all uses of PHI necessary to perform its obligations under the applicable Services Agreement. All other uses not authorized by this Addendum are prohibited.
2. **Additional Provider Activities.** Except as otherwise provided in this Addendum, the Provider may also:
 - 2.1 Use the PHI in its possession for its proper management and administration and/or to fulfill any present or future legal responsibilities of the Provider, provided that such uses are permitted under state and federal confidentiality laws.
 - 2.2 Disclose the PHI in its possession for the purpose of its proper management and administration and/or to fulfill any present or future legal responsibilities of the Provider. Provider represents to WVHA that (i) any disclosure it makes will be permitted under applicable laws, and (ii) the Provider will obtain reasonable written assurances from any person to whom the PHI will be disclosed that the PHI will be held confidentially and used or further disclosed only as required and permitted under the HIPAA Privacy Rule and other applicable laws, that any such person agrees to be governed by the same restrictions and conditions contained

in this Addendum, and that such person will notify the Provider of any instances of which it is aware in which the confidentiality of the PHI has been breached.

- 2.3 To bring together the WVHA's PHI in Provider's possession with the PHI of other covered entities that the Provider has in its possession through its capacity as a Provider to such other covered entities, provided that the purpose of bringing the PHI information together is to provide the WVHA with data analyses relating to its Healthcare Operations, as such term is defined in the HIPAA Privacy Rule. The Provider will not disclose the PHI obtained from WVHA to another covered entity without written authorization from the WVHA.
- 2.4 De-identify any and all PHI provided that the de-identification conforms to the requirements of applicable law as provided for in 42 C.F.R. § 164.514(b) and that Provider maintains such documentation as required by applicable law, as provided for in 42 C.F.R. § 164.514(b). The Parties understand that properly de-identified information is not PHI under the terms of this Addendum.

3. Provider Covenants. Provider agrees to:

- 3.1 Use or further disclose the minimum necessary PHI in performing the activities called for under the Services Agreement;
- 3.2 Not to use or further disclose PHI except as permitted under this Addendum, the HIPAA Privacy Rule, and applicable State law, each as amended from time to time;
- 3.3 Use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for in this Addendum;
- 3.4 Report to the WVHA any use or disclosure of the PHI not permitted by this Addendum within five (5) days of the Provider becoming aware of such use or disclosure;
- 3.5 In conjunction with the requirements of Section 2.2, ensure that any subcontractors or agents to whom it provides PHI received from, or created or received by the Provider on behalf of the WVHA agree to the same restrictions and conditions that apply to the Provider with respect to the PHI;
- 3.6 Within ten (10) days of a request by WVHA, report to WVHA all disclosures of PHI to a third party for a purpose other than Treatment, Healthcare Operations or Payment, as such terms are defined in the HIPAA Privacy Rule. The report to the WVHA shall identify: (i) the subject of the PHI (i.e., patient name or identifier), (ii) the PHI disclosed, and (iii) the purpose of the disclosure in accordance with the accounting requirements of 45 C.F.R. § 164.528;
- 3.7 Maintain the integrity of any PHI transmitted by or received from WVHA;
- 3.8 Comply with WVHA policies and procedures with respect to the privacy and security of PHI and other WVHA records, as well as policies and procedures with respect to access and use of WVHA's equipment and facilities;

3.9 Provide the rights of access, amendment, and accounting as set forth in **Sections 5, 6 and 7.**

4. **WVHA Covenants.** The WVHA agrees to notify Provider of material limitations to the consents or authorizations that have been obtained by the WVHA from their patients, clients or employees and any other restrictions on the use or disclosure of PHI as agreed to by the WVHA.
5. **Access to PHI.** Within five (5) days of a request by the WVHA for access to PHI about a patient, client or employee contained in a Designated Record Set, as such term is defined in the HIPAA Privacy Rule, the Provider shall make available to the WVHA, or the patient, client or employee to whom such PHI relates or his or her authorized representative, such PHI for so long as such information is maintained in the Designated Record Set as defined in 45 C.F.R. § 164.524. In the event any patient requests access to PHI directly from the Provider, the Provider shall, within five (5) days, forward such request to the WVHA. Any denials of access to the PHI requested shall be the responsibility of the WVHA.
6. **Amendment of PHI.** Within ten (10) days of receipt of a request from the WVHA for the amendment of a patient's, client's or employee's PHI or a record contained in a Designated Record Set the Provider shall, as required by 45 C.F.R. § 164.526, incorporate any such amendments in the PHI; provided, however, that the WVHA has made the determination that the amendment(s) is/are necessary because the PHI that is the subject of the amendment(s) has been, or foreseeably could be, relied upon by the Provider or others to the loss of the individual who is the subject of the PHI to be amended. The obligation in this Section 6 shall apply only for so long as the PHI is maintained by Provider in a Designated Record Set.
7. **Accounting for Disclosures of PHI.** Within thirty (30) days of notice by the WVHA to the Provider that it has received a request for an accounting of disclosures of PHI regarding an individual, the Provider shall make available to the WVHA such information as is in the Provider's possession and is required for the WVHA to make the accounting required by 45 C.F.R. § 164.528. In the event the request for an accounting is delivered directly to the Provider, the Provider shall, within five (5) days, forward the request to the WVHA. It shall be the WVHA's responsibility to prepare and deliver any such accounting requested.
8. **Access to Books and Records Regarding PHI.** The Provider will make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by the Provider on behalf of, the WVHA available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining the WVHA's compliance with the HIPAA Privacy Rule.
9. **Disposition of PHI Upon Termination.** The Provider will, at termination or expiration of the Services Agreement, if feasible, return or destroy all PHI received from, or created or received by the Provider on behalf of, the WVHA which the Provider and/or its subcontractors or agents still maintain in any form, and will not retain any copies of such information. If such return or destruction is not feasible, the Provider will notify the WVHA of such event in writing, and will therefore extend the protections of this Addendum to the PHI and limit further uses and disclosures to those purposes that make the return or destruction of the PHI not feasible.

10. Representations and Warranties

10.1 Mutual Representations and Warranties of the Parties. Each Party represents and warrants to the other Party:

- (a) that it is duly organized, validly existing, and in good standing under the laws of the jurisdiction in which it is organized or licensed, it has the full power to enter into this Addendum and to perform its obligations described in this Addendum, and that the performance by it of its obligations under this Addendum have been duly authorized by all necessary corporate or other actions and that such performance will not violate any provision of any organizational charter or bylaws.
- (b) that neither the execution of the Services Agreement, including this Addendum, nor its performance, will directly or indirectly violate or interfere with the terms of another agreement to which it is a party, or give any governmental entity the right to suspend, terminate, or modify any of its governmental authorizations or assets required for its performance.
- (c) that all of its employees, agents, representatives and members of its workforce, whose services may be used to fulfill obligations under this Addendum are or shall be appropriately informed of the terms of this Addendum and are under legal obligation to each Party, respectively, by contract or otherwise, sufficient to enable each Party to fully comply with all provisions of this Addendum.
- (d) that it will reasonably cooperate with the other Party in the performance of the mutual obligations under this Addendum.

11. Term. Unless otherwise terminated as provided in Section 12, this Addendum shall become effective on the Effective Date of the Services Agreement and shall have a term that shall run concurrently with that of the Services Agreement.

12. Termination and Survival of Certain Provisions

12.1 Generally. This Addendum will automatically terminate without any further action of the Parties upon the termination or expiration of the Services Agreement; provided, however, certain provisions and requirements of this Addendum shall survive such expiration or termination, as provided herein.

12.2 Termination by the WVHA. As provided for under 45 C.F.R. § 164.504(e)(2)(iii), the WVHA may immediately terminate this Addendum, the Services Agreement and any related agreements if the WVHA makes the determination that Provider has breached a material term of this Addendum. Alternatively, and in the sole discretion of the WVHA, the WVHA may choose to provide Provider with written notice of the existence of the breach and provide Provider with thirty (30) calendar days to cure said breach upon mutually agreeable terms. In the event that mutually agreeable terms cannot be reached within this thirty (30) day period, Provider shall cure said breach to the satisfaction of the WVHA within an additional fifteen (15) days. Failure by Provider to cure said breach or violation in the manner set forth above shall be grounds for

immediate termination of the Services Agreement by the WVHA. If termination is not feasible, WVHA has the right to report the problem to the Secretary of the U.S. Department of Health and Human Services.

- 12.3 Termination by the Provider. If Provider determines that the WVHA has breached a material term of this Addendum, then the Provider shall provide the WVHA with written notice of the existence of the breach and shall provide the WVHA with thirty (30) calendar days to cure said breach upon mutually agreeable terms. In the event that mutually agreeable terms cannot be reached within this thirty (30) day period, the WVHA shall cure said breach to the satisfaction of the Provider within an additional fifteen (15) days. Failure by the WVHA to cure said breach or violation in the manner set forth above shall be grounds for immediate termination of the Services Agreement by the Provider.
13. **Effect of Termination.** Upon termination pursuant to Section 12, Provider agrees to return or destroy all PHI pursuant to 45 C.F.R. § 164.504(e)(2)(I), if it is feasible to do so. Prior to doing so, the Provider further agrees to recover any PHI in the possession of its subcontractors or agents. If it is not feasible for the Provider to return or destroy all PHI, the Provider will notify the WVHA in writing. Such notification shall include: (i) a statement that the Provider has determined that it is infeasible to return or destroy the PHI in its possession, and (ii) the specific reasons for such determination. Provider further agrees to extend any and all protections, limitations and restrictions contained in this Addendum to the Provider's use and/or disclosure of any PHI retained after the termination of this Addendum, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI not feasible. If it is not feasible for the Provider to obtain from a subcontractor or agent any PHI in the possession of the subcontractor or agent, the Provider must provide a written explanation to the WVHA and require the subcontractors and agents to agree to extend any and all protections, limitations and restrictions contained in this Addendum to the subcontractors' and/or agents' use and/or disclosure of any PHI retained after the termination of this Addendum, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI not feasible.



Dreggors, Rigsby & Teal, P.A.

Advisors for Life

Certified Public Accountant | Registered Investment Advisor

1006 N. Woodland Boulevard ■ DeLand, FL 32720

(386) 734-9441 www.drtcpa.com

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

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

July 19, 2018

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

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

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

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

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

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

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

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

Acknowledged:



Dreggors, Rigsby & Teal, P.A.

West Volusia Hospital Authority Date

**West Volusia Hospital Authority
Financial Statements
June 30, 2018**



Dreggors, Rigsby & Teal, P.A.

Advisors for Life

Certified Public Accountants | Registered Investment Advisor

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

James H. Dreggors, CPA
Ann J. Rigsby, CPA/CFP™
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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 June 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.

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

July 02, 2018

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West Volusia Hospital Authority

Balance Sheet

Modified Cash Basis

June 30, 2018

Assets

Current Assets

| | | |
|----------------------------------|----|----------------------|
| Petty Cash | \$ | 100.00 |
| Intracoastal Bank - Money Market | | 5,270,740.65 |
| Intracoastal Bank - Operating | | 411,256.54 |
| Mainstreet Community Bank - MM | | 8,059,968.86 |
| Taxes Receivable | | 92,073.00 |
| Total Current Assets | | 13,834,139.05 |

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 | | 14,429,580.19 |

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) | | 7,163,440.27 |
| Total Net Assets | | 14,335,810.19 |
| Total Liabilities and Net Assets | \$ | 14,429,580.19 |

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 9 Months Ended June 30, 2018

| | <u>Annual Budget</u> | <u>Current Period Actual</u> | <u>Year To Date Actual</u> | <u>Budget Balance</u> |
|---|----------------------|----------------------------------|--------------------------------|-----------------------|
| Revenue | | | | |
| Ad Valorem Taxes | 19,910,000 | 731,686 | 20,060,013 | (150,013) |
| Investment Income | 45,000 | 6,144 | 46,024 | (1,024) |
| Rental Income | 68,304 | 5,692 | 51,228 | 17,076 |
| Other Income | 0 | 0 | 203 | (203) |
| Total Revenue | 20,023,304 | 743,522 | 20,157,468 | (134,164) |
| Healthcare Expenditures | | | | |
| Adventist Health Systems | 5,655,654 | 451,494 | 5,186,144 | 469,510 |
| Northeast Florida Health Services | 1,608,362 | 131,280 | 1,153,703 | 454,659 |
| Specialty Care | 5,208,000 | 280,287 | 2,279,950 | 2,928,050 |
| County Medicaid Reimbursement | 2,250,000 | 185,652 | 1,670,870 | 579,130 |
| The House Next Door | 120,000 | 7,871 | 66,962 | 53,038 |
| The Neighborhood Center | 70,000 | 8,075 | 51,150 | 18,850 |
| Community Life Center Outreach Services | 25,000 | 0 | 15,925 | 9,075 |
| Rising Against All Odds | 235,000 | 18,750 | 141,075 | 93,925 |
| Community Legal Services | 76,931 | 2,922 | 22,759 | 54,172 |
| Hispanic Health Initiatives | 75,000 | 6,025 | 62,350 | 12,650 |
| Deltona Firefighters Foun Access to Hlth | 75,000 | 0 | 661 | 74,339 |
| Florida Dept of Health Dental Svcs | 200,000 | 9,664 | 186,155 | 13,845 |
| Good Samaritan | 79,747 | 3,585 | 30,684 | 49,063 |
| Stewart Marchman - ACT | 946,336 | 73,876 | 588,593 | 357,743 |
| Health Start Coalition of Flagler & Volusia | 142,362 | 12,147 | 94,631 | 47,731 |
| H C R A | 819,612 | 27,599 | 105,859 | 713,753 |
| Other Healthcare Costs | 315,047 | 0 | 0 | 315,047 |
| Total Healthcare Expenditures | 17,902,051 | 1,219,227 | 11,657,471 | 6,244,580 |
| Other Expenditures | | | | |
| Advertising | 12,000 | 325 | 2,542 | 9,458 |
| Annual Independent Audit | 15,800 | 0 | 15,800 | 0 |
| Building & Office Costs | 6,500 | 225 | 3,698 | 2,802 |
| General Accounting | 68,100 | 4,154 | 38,957 | 29,143 |
| General Administrative | 65,100 | 6,141 | 42,921 | 22,179 |
| Legal Counsel | 70,000 | 4,050 | 41,030 | 28,970 |
| Special Accounting | 5,000 | 0 | 0 | 5,000 |
| City of DeLand Tax Increment District | 75,000 | 0 | 69,746 | 5,254 |
| Tax Collector & Appraiser Fee | 625,740 | 14,591 | 541,013 | 84,727 |
| TPA Services | 718,560 | 46,256 | 331,653 | 386,907 |
| Eligibility / Enrollment | 92,170 | 0 | 31,731 | 60,439 |
| Healthy Communities | 72,036 | 7,207 | 45,643 | 26,393 |
| Application Screening | | | | |
| Application Screening - THND | 189,742 | 15,812 | 126,495 | 63,247 |
| Application Screening - RAAO | 34,005 | 2,880 | 16,896 | 17,109 |
| Application Screening - SMA | 14,000 | 0 | 5,067 | 8,933 |
| Workers Compensation Claims | 25,000 | 0 | 21,730 | 3,270 |
| Other Operating Expenditures | 32,500 | 0 | 1,634 | 30,866 |
| Total Other Expenditures | 2,121,253 | 101,641 | 1,336,556 | 784,697 |
| Total Expenditures | 20,023,304 | 1,320,868 | 12,994,027 | 7,029,277 |
| Excess (Deficit) | 0 | (577,346) | 7,163,441 | (7,163,441) |

See Accountants' Compilation Report

West Volusia Hospital Authority
Schedule I - Healthcare Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 9 Months Ended June 30, 2018

| | Annual Budget | Current Period Actual | Year To Date Actual | Budget Balance |
|---|-------------------|--------------------------|------------------------|------------------|
| Healthcare Expenditures | | | | |
| Adventist Health Systems | | | | |
| Florida Hospital DeLand | 2,715,327 | 217,865 | 2,599,666 | 115,661 |
| Florida Hospital Fish Memorial | 2,715,327 | 233,629 | 2,361,479 | 353,848 |
| Florida Hospital DeLand - Physicians | 112,500 | 0 | 116,103 | (3,603) |
| Florida Hospital Fish - Physicians | 112,500 | 0 | 108,897 | 3,603 |
| Northeast Florida Health Services | | | | |
| NEFHS - Pharmacy | 660,040 | 63,823 | 484,864 | 175,176 |
| NEFHS - Obstetrics | 30,000 | 4,697 | 32,225 | (2,225) |
| NEFHS - Primary Care | 918,322 | 62,760 | 636,615 | 281,707 |
| Specialty Care | | | | |
| Specialty Care Services | 4,700,000 | 246,386 | 1,989,361 | 2,710,639 |
| Laboratory Services | 508,000 | 33,901 | 290,589 | 217,411 |
| County Medicaid Reimbursement | 2,250,000 | 185,652 | 1,670,870 | 579,130 |
| Florida Dept of Health Dental Svcs | 200,000 | 9,664 | 186,155 | 13,845 |
| Good Samaritan | | | | |
| Good Samaritan Health Clinic | 25,000 | 2,385 | 16,724 | 8,276 |
| Good Samaritan Dental Clinic | 54,747 | 1,200 | 13,960 | 40,787 |
| Global Healthcare System | | | | |
| The House Next Door | 120,000 | 7,871 | 66,962 | 53,038 |
| The Neighborhood Center | 70,000 | 8,075 | 51,150 | 18,850 |
| Community Life Center Outreach Services | 25,000 | 0 | 15,925 | 9,075 |
| Rising Against All Odds | 235,000 | 18,750 | 141,075 | 93,925 |
| Community Legal Services | 76,931 | 2,922 | 22,759 | 54,172 |
| Hispanic Health Initiatives | 75,000 | 6,025 | 62,350 | 12,650 |
| Deltona Firefighters Foun Access to Hlth | 75,000 | 0 | 661 | 74,339 |
| Stewart Marchman - ACT | | | | |
| SMA - ARNP Services at THND | 7,000 | 80 | 1,791 | 5,209 |
| SMA - Homeless Program | 64,336 | 4,763 | 48,252 | 16,084 |
| SMA - Residential Treatment | 550,000 | 69,033 | 412,500 | 137,500 |
| SMA - Baker Act - Match | 325,000 | 0 | 126,050 | 198,950 |
| Health Start Coalition of Flagler & Volusia | | | | |
| HSCFV - Outreach | 73,500 | 6,503 | 49,193 | 24,307 |
| HSCFV - Fam Services | 68,862 | 5,644 | 45,438 | 23,424 |
| HCRA | | | | |
| H C R A - In County | 400,000 | 18,773 | 85,487 | 314,513 |
| H C R A - Outside County | 419,612 | 8,826 | 20,373 | 399,239 |
| Other Healthcare Costs | 315,047 | 0 | 0 | 315,047 |
| Total Healthcare Expenditures | 17,902,051 | 1,219,227 | 11,657,474 | 6,244,577 |

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis
For the 1 Month and 9 Months Ended June 30, 2018 and June 30, 2017

| | 1 Month Ended June 30, 2018 | 1 Month Ended June 30, 2017 | 9 Months Ended June 30, 2018 | 9 Months Ended June 30, 2017 |
|---|--------------------------------|--------------------------------|---------------------------------|---------------------------------|
| Revenue | | | | |
| Ad Valorem Taxes | 731,686 | 405,479 | 20,060,013 | 12,506,624 |
| Investment Income | 6,144 | 3,948 | 46,024 | 43,505 |
| Rental Income | 5,692 | 5,608 | 51,228 | 50,476 |
| Other Income | 0 | 0 | 203 | 25,734 |
| Total Revenue | <u>743,522</u> | <u>415,035</u> | <u>20,157,468</u> | <u>12,626,339</u> |
| Healthcare Expenditures | | | | |
| Adventist Health Systems | 451,494 | 396,089 | 5,186,144 | 4,490,745 |
| Northeast Florida Health Services | 131,280 | 190,604 | 1,153,703 | 1,009,182 |
| Specialty Care | 280,287 | 306,409 | 2,279,950 | 2,582,017 |
| County Medicaid Reimbursement | 185,652 | 182,707 | 1,670,870 | 1,644,360 |
| The House Next Door | 7,871 | 7,922 | 66,962 | 65,380 |
| The Neighborhood Center | 8,075 | 5,639 | 51,150 | 38,793 |
| Community Life Center Outreach Services | 0 | 0 | 15,925 | 0 |
| Rising Against All Odds | 18,750 | 15,067 | 141,075 | 174,014 |
| Community Legal Services | 2,922 | 1,925 | 22,759 | 7,714 |
| Hispanic Health Initiatives | 6,025 | 8,200 | 62,350 | 37,200 |
| Deltona Firefighters Foun Access to Hlth | 0 | 0 | 661 | 0 |
| Florida Dept of Health Dental Svcs | 9,664 | 15,694 | 186,155 | 89,219 |
| Good Samaritan | 3,585 | 3,174 | 30,684 | 35,634 |
| Global Healthcare System | 0 | 1,388 | 0 | 10,752 |
| Stewart Marchman - ACT | 73,876 | 41,498 | 588,593 | 726,265 |
| Health Start Coalition of Flagler & Volusia | 12,147 | 9,031 | 94,631 | 100,017 |
| H C R A | 27,599 | 0 | 105,859 | 65,040 |
| Total Healthcare Expenditures | <u>1,219,227</u> | <u>1,185,347</u> | <u>11,657,471</u> | <u>11,076,332</u> |
| Other Expenditures | | | | |
| Advertising | 325 | 8,474 | 2,542 | 90,510 |
| Annual Independent Audit | 0 | 0 | 15,800 | 15,500 |
| Building & Office Costs | 225 | 893 | 3,698 | 5,034 |
| General Accounting | 4,154 | 6,109 | 38,957 | 46,860 |
| General Administrative | 6,141 | 7,161 | 42,921 | 41,773 |
| Legal Counsel | 4,050 | 4,160 | 41,030 | 44,310 |
| City of DeLand Tax Increment District | 0 | 0 | 69,746 | 38,304 |
| Tax Collector & Appraiser Fee | 14,591 | 8,028 | 541,013 | 369,983 |
| TPA Services | 46,256 | 27,250 | 331,653 | 336,063 |
| Eligibility / Enrollment | 0 | 2,205 | 31,731 | 1,307 |
| Healthy Communities | 7,207 | 5,099 | 45,643 | 44,144 |
| Application Screening | | | | |
| Application Screening - THND | 15,812 | 11,978 | 126,495 | 95,825 |
| Application Screening - RAAO | 2,880 | 0 | 16,896 | 8,672 |
| Application Screening - SMA | 0 | 0 | 5,067 | 0 |
| Workers Compensation Claims | 0 | 0 | 21,730 | 12,479 |
| Other Operating Expenditures | 0 | 106 | 1,634 | 1,484 |
| Total Other Expenditures | <u>101,641</u> | <u>81,463</u> | <u>1,336,556</u> | <u>1,152,248</u> |

See Accountants' Compilation Report

West Volusia Hospital Authority
Schedule II - Statement of Revenue and Expenditures
Modified Cash Basis
For the 1 Month and 9 Months Ended June 30, 2018 and June 30, 2017

| | 1 Month Ended June 30, 2018 | 1 Month Ended June 30, 2017 | 9 Months Ended June 30, 2018 | 9 Months Ended June 30, 2017 |
|---------------------------|--------------------------------|--------------------------------|---------------------------------|---------------------------------|
| Total Expenditures | <u>1,320,868</u> | <u>1,266,810</u> | <u>12,994,027</u> | <u>12,228,580</u> |
| Excess (Deficit) | <u><u>(577,346)</u></u> | <u><u>(851,775)</u></u> | <u><u>7,163,441</u></u> | <u><u>397,759</u></u> |

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: July 10, 2018

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for July 19, 2018 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update dated June 12, 2018. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the 6/21/18 Meeting Minutes.

I. Legal Context for Budget Workshop/TRIM Procedure [Tax/Budgeting]

Please note that the Authority's budget process is governed by the Truth in Millage ("TRIM") process as set forth in Chapter 200, Florida Statutes and the related Department of Revenue compliance regulations. In general, TRIM requires that taxing entities such as the Authority hold two public hearings for open discussion on their proposed millage rate and proposed budget. Such public hearings must first deal with any increase in millage over the statutory rolled-back rate (RBR) necessary to fund the proposed budget, if any, and the specific purposes for which taxes are being increased. The millage rate must be adopted first and then the budget must be adopted with a separate vote. Notices for the first public hearing ("TRIM Notice") is mailed to taxpayers by the County Property Appraiser on the Notice of Proposed Property Taxes. Notice for the second public hearing is handled by the Authority with a newspaper advertisement in a statutorily mandated format and publication deadline.

For Board member personal vacation scheduling purposes, please note that the Authority's TRIM budgeting process usually starts in July coincident with the Property Appraiser's certification of the tax roll and ends in late September with a final budget hearing and submission of certifications of compliance to the State's TRIM Compliance Office. Therefore, even though tentative dates have already been voted upon (see below in Paragraph H *infra*), Board members should maintain as much flexibility as possible in their September schedules in order to ensure a quorum and whatever majority is necessary to satisfy the TRIM requirements.

For most years since 2007, the Board has voted to adopt millage at the "rolled-back rate" ("RBR"), which is the rate calculated with a statutory formula to allow the Board to raise the same amount of revenue as it did in the immediate past tax year with a simple majority vote. Refer to counsel's 9/17/2014 for a complete history of final millage votes.

The following are descriptions of the exceptional years where the Board has voted to set its final millage rate either below or above that statutory rolled-back rate, which meant a tax decrease or tax increase in layman's terms:

Regarding the 2017-18 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 26, 2017, and the Board voted 4-0-1 to set its final millage at 2.366 mills with a separate 4-0-1 to adopt the Authority's 2017-18 final budget of \$20,023,304.00. Therefore, the 2017-18 tax year's millage of 2.366 mills was a 58% increase over the 1.4966 mills rolled-back rate.

Regarding the 2015-16 budget year, the TRIM Final Budget Hearing was held on Thursday, September 17, 2015, and the Board voted 5-0 to set its final millage at 1.6679 mills with a separate 5-0 to adopt the Authority's 2015-16 final budget of \$16,741,063.00. Therefore, the 2015-16 tax year's millage of 1.6679 mills was a 10% decrease over the 1.8532 mills rolled-back rate;

Regarding the 2014-15 budget year, the TRIM Final Budget Hearing was held on Thursday, September 25, 2014, and the Board voted 4-0-1 (vacant) to set its final millage at 1.9237 mills with a separate 4-0-1 (vacant) to adopt the Authority's 2014-15 final budget of \$15,989,676.00. Therefore, the 2014-15 tax year's millage of 1.9237 mills was a 15% decrease over the 2.2632 rolled-back rate;

Regarding the 2013-14 budget year, the TRIM Final Budget Hearing was held on Thursday, September 19, 2013, and the Board voted 5-0 to set its final millage at 2.3759 mills with a separate 5-0 to adopt the Authority's 2013-14 final budget of \$17,453,695.00. Therefore, the 2013-14 tax year's millage of 2.3759 mills was a 1.5% decrease over the 2.4121 rolled-back rate;

Regarding the 2009-10 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 22, 2009, and the Board voted unanimously to set its final millage at 1.745 mills with a separate unanimous vote to adopt the Authority's 2008-09 final budget of \$15,680,000.00. Therefore, the 2009-10 tax year's millage of 1.745 mills was a 2.04% decrease over the 1.7813 rolled-back rate;

Regarding the 2007-2008 budget year, the TRIM Final Budget Hearing was held on Wednesday, September 12, 2007, and the Board unanimously voted to set its final millage at 1.2619 mills with a separate unanimous vote to adopt the Authority's 2007-08 final budget of \$18,414,937.00. Therefore, the current tax year's millage of 1.2619 mills is the same as the final millage adopted for 2006-07, but it represented a 10.37 percent increase over the statutory rolled-back rate of 1.1433 mills.

On June 1, 2018, the Volusia County Property Appraiser sent the Authority official notification that based on its "pre-preliminary estimate", the total taxable value of property in the Authority's tax district is \$9,336,227,639, which represents a net change of approximately +7.15% from 2017 taxable value (8,713,096,463).

For Board planning purposes please begin to anticipate the following TRIM deadlines and special meeting dates during the next few months:

A The process will begin with the Property Appraiser certifying the tax roll by July 1,

2018;

- B By a date to be set by the Board, the accountants must circulate a proposed budget to the Board;
- C At its July 19, 2018 Regular Meeting, the Authority will need to determine its proposed millage rate, including considerations of any increase above the rolled-back rate, and the date, time and place of the first of two required public hearings ("Tentative Budget Hearing"). The Tentative Budget Hearing must take place no earlier than September 3 and no later than September 18.
- D By August 4th, the Authority (via DRT) will need to notify the Property Appraiser of prior year millage rate, proposed current millage rate, RBR and date, time and place for the Tentative Budget Hearing;
- E By August 24th, the Property Appraiser will send out the required TRIM Notice. The Authority also generally advertises the Tentative Budget Hearing as it would for a regular meeting even though such supplemental advertisement is not required;
- F Within 15 days after the Tentative Budget Hearing occurs and the Tentative Millage and Budget are adopted, the Authority will need to advertise its second and final public hearing on the millage and budget ("Final Budget Hearing"). The advertisement for the Final Budget Hearing must be published at least 2, but no more than 5 days before the hearing takes place.
- G Hearing dates selected by the Volusia County Council and Volusia County School Board take priority. Based on information DRT received from these entities, the School Board will have its TRIM hearings on July 24th and September 11th. The County Council will have its TRIM hearings on September 4th and September 18th.
- H To reconcile these statutory scheduling requirements with the Authority's current meeting schedule and depending on any changes to the County Council or School Board schedule, the Tentative Budget Hearing has been scheduled for 5:05p.m. on Thursday, September 13, 2018 followed immediately by a regular meeting already scheduled for that same date; Monday, September 24 as the tentatively scheduled date for publication of the Final Budget Hearing which is proposed to occur in a special meeting on Thursday, September 27, 2018 at 5:05p.m.
- I Within 3 days of the Final Budget Hearing, the Authority (via DRT) must forward the resolution adopting the final millage rate to the Property Appraiser.
- J Within 30 days of the Final Budget Hearing, the Authority (via DRT) must submit its TRIM Compliance package (DR-422).

Regarding voting and advertising requirements, the following is a recap of how to distinguish between the "true rolled-back rate" and the "maximum millage rolled-back rate". WVHA will be able to approve the required millage resolutions with a majority vote unless its proposed increase in the millage rate exceeds the "maximum millage rolled-back rate" that will be calculated by DRT according to DOR Form 420MM-P. Counsel confirmed with the TRIM office that their regulatory forms define two separate and distinct rolled-back rates, one to trigger special voting requirements (DR 410MM-P which the TRIM office thinks of as the "maximum millage rolled-back rate") and another to trigger size of advertising and other requirements for advertising and other TRIM requirements (DR 420 which the TRIM office thinks of as the "true rolled-back rate"). Any millage rate above the true rolled-back rate will require a quarter page ad notifying the public of a "TAX INCREASE".

**WEST VOLUSIA HOSPITAL AUTHORITY
PRELIMINARY AD VALOREM TAX RESOLUTION
ADOPTED AT A MEETING HELD ON JULY 18, 2018
RESOLUTION 2018-00__**

BE IT RESOLVED, by the Commissioners of the West Volusia Hospital Authority, a Special Taxing District of Volusia County, Florida, that the Property Appraiser's Form DR-420MM shall be completed by inserting the following information and filing it with the Property Appraiser by August 4, 2018:

1. The date, time and place of the first public budget hearing shall be on **Thursday, the 13th day of September, 2018 at 5:05 p.m., at DeLand City Hall Commission Chamber, 120 S. Florida Avenue, DeLand, Florida** at which time the proposed millage and the 2018-2019 Tentative Budget will be discussed and adopted.
2. The proposed millage rate to be discussed and adopted at that meeting will be _____.
3. The current year rolled-back rate to be discussed at that meeting will be _____.

ADOPTED and subscribed to this 19th day of July, 2018.

CHAIR, Andrew N. Ferrari
West Volusia Hospital Authority

I HEREBY CERTIFY that the foregoing resolution is true and correct as adopted by a _____ vote of the Board of Commissioners of the West Volusia Hospital Authority at its monthly regular meeting, and held on Thursday, July 19, 2018 at 5:00 p.m. at DeLand City Hall Commission Chamber, 120 S. Florida Avenue, DeLand, Florida. In a roll call, the following Commissioners voted on the resolution as follows: Commissioner Judith L. Craig (yes/no/absent), Commissioner Andrew N. Ferrari (yes/no/absent), Commissioner Barbara E. Girtman (yes/no/absent), Commissioner Dolores Guzman (yes/no/absent) and Commissioner Kathie D. Shepard (yes/no/absent).

SECRETARY, Kathie D. Shepard
West Volusia Hospital Authority

II. Preliminary Discussions Concerning Renewal of Indigent Care Reimbursement Agreement with FHD and FHFM. [*See new info. in italics and bold*]

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

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

III. General Compliance with the Sunshine Law:

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

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

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

the public board or commission. (If your discussion with another board member concerns personal or business matters unrelated to the Authority, the Sunshine Law does not apply)

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

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