

**AGENDA FOR PUBLIC HEARING TO ADOPT 2017-2018
FINAL MILLAGE RATE AND BUDGET**

**WEST VOLUSIA HOSPITAL AUTHORITY
DeLand Police Department Community Room
219 W. Howry Avenue, DeLand, FL
Thursday, September 27, 2018, 5:05 p.m.**

1. Call to order
2. Establish Quorum
3. Comment by Chair regarding meeting procedure as outlined in 4 and 5 (below)
4. Discussion of the tentatively adopted millage rate of 2.1751, a 0% percentage increase over the rolled-back rate necessary to fund the budget
 - A. Public comment regarding proposed in ad valorem tax revenues and millage
 - B. Commissioner Discussion
 - C. Recompute the proposed millage rate, if necessary based on discussion
 - D. Publicly announce the proposed millage and the percent, if any, by which the recomputed proposed millage rate exceeds the rolled-back rate. (The percentage shall be characterized as the percentage increase in property taxes adopted by the Authority). (See attached Public Announcement)
 - E. Amend the proposed millage rate, if necessary based on any comments
 - F. Publicly read in full the final millage rate Resolution 2018-005
 - G. Adopt the final millage rate
5. Discussion of the tentatively adopted operating budget of \$20,319,968.00 for fiscal year 2018-2019
 - A. Discussion of the proposed budget
 - B. Public comment regarding the proposed budget
 - C. Commissioner Discussion
 - D. Amend the proposed budget, if necessary based on discussion
 - E. Publicly read in full the final budget Resolution 2018-006
 - F. Adopt the final operating budget
6. Adjournment of the Hearing

**West Volusia Hospital Authority
Statement of Revenue and Expenditures**

	ANNUAL BUDGET 2018	Per Discussion 9/13/2018
Enrollment		
Revenue		
Ad Valorem Taxes - Proposed rolled-back	2.1751 19,910,000.00	20,194,000.00
Investment Income	45,000.00	55,000.00
Rental Income	68,304.00	70,968.00
Other Income	0.00	
Total Revenue	20,023,304.00	20,319,968.00
Healthcare Expenditures		
Adventist Health Systems	5,655,654.00	5,848,544.00
Northeast Florida Health Services	1,608,362.00	1,700,603.00
Specialty Care	5,208,000.00	4,375,000.00
County Medicaid Reimbursement	2,250,000.00	2,385,000.00
The House Next Door	120,000.00	120,000.00
The Neighborhood Center	70,000.00	70,000.00
Community Life Center Outreach Services	25,000.00	20,000.00
Rising Against All Odds	235,000.00	235,000.00
Community Legal Services	76,931.00	76,931.00
Hispanic Health Initiatives	75,000.00	75,000.00
Deltona Firefighters	75,000.00	-
Florida Dept of Health Dental Svcs	200,000.00	200,000.00
Good Samaritan - Dental	54,747.00	30,000.00
Good Samaritan - Medical	25,000.00	30,000.00
Stewart Marchman - ARNP	7,000.00	-
Stewart Marchman - Baker Act	325,000.00	300,000.00
Stewart Marchman - Treatment	550,000.00	550,000.00
Stewart Marchman - Homeless	64,336.00	64,336.00
Health Start Coalition - Outreach	68,862.00	68,859.00
Health Start Coalition - Family Services	73,500.00	73,500.00
H C R A	819,612.00	819,162.00
Other Healthcare Costs	315,047.00	300,000.00
Total Healthcare Expenditures	17,902,051.00	17,341,935.00
Other Expenditures		
Advertising	12,000.00	5,000.00
Annual Independent Audit	15,800.00	16,000.00
Building & Office Costs	6,500.00	6,500.00
General Accounting	68,100.00	68,100.00
General Administrative	65,100.00	65,100.00
Legal Counsel	70,000.00	70,000.00
Special Accounting	5,000.00	5,000.00
City of DeLand Tax Increment District	75,000.00	100,000.00
Tax Collector & Appraiser Fee	625,740.00	603,880.00
TPA Services	718,560.00	500,000.00
Eligibility / Enrollment	92,170.00	30,000.00
Healthy Communities	72,036.00	72,036.00
Application Screening - THND	189,742.00	317,872.00
Application Screening - RAAO	34,005.00	34,005.00
Application Screening - SMA	14,000.00	14,000.00
Workers Compensation Claims	25,000.00	25,000.00
Other Operating Expenditures	32,500.00	250,000.00
Total Other Expenditures	2,121,253.00	2,182,493.00
Total Expenditures	20,023,304.00	19,524,428.00
Excess (Deficit)	0.00	795,540.00

Hospital	5,598,544.00
Physicians contract	250,000.00
Adventist Health	<u>5,848,544.00</u>

Required payments total **3,529,162.00**

West Volusia Hospital Authority
WVHA BOARD OF COMMISSIONERS REGULAR MEETING
September 27, 2018
To commence upon the conclusion of the Final Budget Hearing of
5:05 p.m.
DeLand Police Department Community Room
219 W. Howry Avenue, DeLand, FL

AGENDA

1. Call to Order
2. Opening Observance followed by a moment of silence
3. Approval of Proposed Agenda
4. Consent Agenda
 - A. Approval of Minutes Regular Meeting August 16, 2018
 - B. Approval of Minutes Initial Budget Hearing September 13, 2018*
 - C. Approval of Minutes Special Meeting September 13, 2018***Pending transcription*
5. Citizens Comments
6. Reporting Agenda
 - A. UMR August Report – Written Submission
 - B. FQHC Report, Laurie Asbury, CEO, Northeast Florida Health Services, Inc. d/b/a/ Family Health Source (FHS) August Report
7. Discussion Items
 - A. Proposed Budget 2018-2019
 - B. Funding Agreements 2018-2019
 1. Healthy Communities – Kidcare Outreach
 2. The Healthy Start --Access to Healthcare Services—SMA Outreach
 3. Rising Against All Odds, Inc. – Health Card Enrollment and Retention
 4. Rising Against All Odds, Inc. – HIV/AIDS Outreach and Case Management
 5. Stewart-Marchman-Act (SMA) – Homeless Program
 6. SMA—Level II Residential Treatment
 7. SMA) – Baker Act Match
 8. SMA—Low Income Pool Letter Agreement
 9. The House Next Door—Community Based Mental Health Counseling
 10. The House Next Door—Eligibility Determination Services
 11. The Neighborhood Center of West Volusia “Access to Care”
 12. Volusia County Health Department—Florida Department of Health
 13. Northeast Florida Health Services, d/b/a Family Health Source FHS-- Clinics
 14. Northeast Florida Health Services, d/b/a Family Health Source FHS— Prenatal
 - C. Funding Agreements 2018-2019 Pending Final Confirmation
 15. Community Legal Services, Inc. Medical-Legal Partnership program,
 16. Community Life Center Outreach Services, Inc.
 17. Good Samaritan Clinic of West Volusia County, Inc.
 18. Hispanic Health Initiatives, Inc.'s Taking Care of My Health
 19. Thirteenth Addendum--Primary Care Physicians Indigent Hospital Patient Program
 - D. Funding Agreements 2018-2019 Subject to Further Negotiation
 20. The Healthy Start – Family Services Coordinator
 21. Northeast Florida Health Services, d/b/a Family Health Source FHS – Pharmacy

AGENDA

- E. Community Life Center – Outreach Services-Site Visit of Fourth Quarter
- F. LIP Match Funding Request-Budget Transfer SMA Behavioral Services
(email dated 9/14/2018 from Eric Horst, CFO attached)
- G. SMA Fund reallocation request for Homeless Services Budget for 2017-2018
and 2018-2019 (see letter dated 9/18/2018 attached)
- H. Hispanic Health Initiative “Celebrating Champions of Health” luncheon,
October 11, 2018 at the Debary Golf and Country Club
- I. TPA Services Agreement – Renewal Deadline September 30, 2018
- J. Follow Up Items
 - 1. Reducing Federal Poverty Level (FPL) from current WVHA eligibility
criteria at 150% FPL
 - 2. Quarterly Funding Limit Exhausted-Request for Waiver
- 8. Finance Report
 - A. August Financials
- 9. Legal Update
- 10. Commissioner Comments
- 11. Adjournment

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

DeLand City Hall
120 S. Florida Avenue, DeLand, FL
August 16, 2018
DeLand, Florida
5:15 pm

Those in Attendance:

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

CAC Present:

Voloria Manning
Michael Ray
Elmer Holt
Jacquie Lewis
Alissa Lapinsky

Others Present:

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

Call to Order

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

Commissioner Craig was on her way to the meeting.

Approval of Proposed Agenda

There was an amended agenda presented to the Commissioners and general public.

Motion 068 – 2018 Commissioner Shepard motioned to approve the amended agenda as presented. Commissioner Girtman seconded the motion to approve the amended agenda. The motion passed unanimously.

Consent Agenda

**Approval of Minutes – July 19, 2018 Budget Workshop
- July 19, 2018 Regular Meeting**

Motion 069 - 2018 Commissioner Girtman motioned to approve the Consent Agenda. Commissioner Guzman seconded the motion. The motion passed unanimously.

Citizens Comments

There was one.

Citizens Advisory Committee (CAC) – Voloria Manning, Chair

Reporting Agenda

- **UMR July 2018 Report – Written Submission**
- **FQHC Report - Laurie Asbury, CEO**
 - **Northeast Florida Health Services, Inc. d/b/a Family Health Source (FHS) July Report**

Hospital Quarterly Reporting

- **Florida Hospital DeLand – Lorenzo Brown, CEO and/or Kyle Glass, CFO**
- **Florida Hospital Fish Memorial – Rob Deininger, CEO and/or Eric Ostarly, CFO**

The hospital representatives asked to give their quarterly update and make their name change announcement/presentation during the Discussion Items of the WVHA Meeting Agenda.

Contractual Utilization Reports to the WVHA Board of Commissioners

- **Hispanic Health Initiative, Josephine Mercado, Executive Director**

Ms. Josephine Mercado addressed the Board and provided Hispanic Health Initiatives utilization report for the current fiscal year (attached).

- **Community Legal Services of Mid-Florida, Robin Hite, Resource manager and Grants Manager**

5:15 p.m. Commissioner Craig arrived to the meeting.

Ms. Christina Russo, Managing Attorney addressed the Board in Ms. Robin Hite's absence and provided Community Legal Services of Mid-Florida's contractual utilization report for this current fiscal year (attached).

Discussion Items

Florida Hospital DeLand/Florida Hospital Fish Memorial name change effective January 1, 2019 Advent Health DeLand/Advent Health Fish Memorial

Mr. Lorenzo Brown, CEO and Mr. Steve Jenkins, Director of Marketing addressed the Board to publicly seek the WVHA Board of Commissioners formal approval of the hospitals proposed name change and presented a Power Point Presentation (attached).

Motion 070 – 2018 Commissioner Craig motioned that the West Volusia Hospital Authority agrees to waive paragraph 3. C. in the Agreement dated September 29, 2000 to

allow Memorial Hospital West Volusia, Inc. and its successors to rename Florida Hospital DeLand to change its name to Advent Health DeLand. Commissioner Guzman seconded the motion.

Commissioner Craig asked if the hospital would be willing to cover the WVHA costs incurred to change all brochures, update the WVHA website, and the issuance of new WVHA HealthCards, just to name a few?

Mr. Lorenzo Brown assured the Board that the hospital would be willing to cover those costs.

The motion passed unanimously.

Communication to WVHA HealthCard population regarding increased copayment amounts

There was Board consent that the draft letter (attached) was a little too curt and needed some editing to soften the tone. Any Board members with recommendations will submit those recommendations to Ms. Long. This will be brought back before the Board during the September Regular Meeting.

NEFHS Reduction to Primary Care Funding Request for Fiscal Year 2018-2019 (letter dated 8/8/2018 attached)

Chair Ferrari referred to the attached letter from NEFHS offering the WVHA Board a reduction to their funding request for fiscal year 2018-2019 dated 8/8/2018 in the amount of \$337,858.00. The Board expressed appreciation of this gesture and directed Ms. Long to keep this matter on the September agendas near the budget discussions.

Review Proposed Budget 2018-2019

Mr. Cantlay reviewed the budget as presented, explaining that the Board directed that the funding amounts for funded agencies be reduced to the same levels of funding as fiscal year 2017-2018, and that reduction is presented within the proposed budget presentation.

Hispanic Health Initiative request for additional funding of \$7,500.00 for fiscal year 2017-2018

Ms. Josephine Mercado addressed the Board requesting an additional \$7,500.00 for the remainder of fiscal year 2017-2018.

There was no Board action.

Community Life Center – Outreach Services – Site Visit Third Quarter – services not performed due to no invoices submitted since April 2018 (\$1,325.00)

Ms. Long explained to the Board that Dreggors, Rigsby & Teal (DRT) has not performed the third quarter contractual site visit review for Community Life Center (CLC) due to the fact that CLC has not submitted any invoices for May or June and only just presented an invoice for July services and that has been presented with the payables before the Board

this evening. Once CLC has submitted invoices for July, August and September of 2018, DRT will complete the contractual site visit review for that final quarter of this fiscal year.

The Board agreed to this timeline for the contractual site visit review.

Follow Up Items

Reducing Federal Poverty Level (FPL) from current WVHA eligibility criteria at 150% FPL

There was Commissioner discussion to consider curtailing funding to those agencies that do not provide direct medical care. However, there was further discussion pointing out that those agencies that provide access to healthcare represents the smallest portion of the overall WVHA budget.

Mr. Small reminded the Board that this is on the agenda as an “escape valve” should the enrollment numbers drastically increase with the uncertainty of ACA.

Quarterly Funding Limit Exhausted – Request for Waiver

- **Healthy Start Coalition of Flagler & Volusia (HSCFV) first quarter underfunded – request for reimbursement \$9,313.18 (letter dated 8/6/2018 attached)**

Motion 071 – 2018 Commissioner Guzman motioned to reimburse HSCFV for their unpaid services rendered in the first quarter of this fiscal year of 2017-2018 in the amount of \$9,313.18, but not to exceed their annual funding budget amount. Commissioner Girtman seconded the motion. The motion passed unanimously.

Financial Report

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

Motion 072 - 2018 Commissioner Guzman motioned to pay bills totaling \$2,684,800.93 (See attached). Commissioner Girtman seconded the motion. The motion passed unanimously.

Legal Update

Mr. Theodore Small did not submit a legal update memorandum.

Commissioner Comments

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

Adjournment

Andy Ferrari, Chair

4 of 4 pages

August 16, 2018 Regular Meeting

Eileen Long

From: Jacobs, Shawn A <s.jacobs@umr.com>
Sent: Tuesday, September 11, 2018 11:26 AM
To: Eileen Long
Cc: Ron Cantlay; Nicoletti, Dominick; Hibbard, Adam M; Lupo, Donna E; 'Ted Small (tsmall@businessemploymentlawyer.com)'
Subject: UMR September 2018 Board Report Submission - West Volusia Hospital Authority
Attachments: 09.September. 2018 Board Report - v2.pdf

Importance: High

Eileen, attached please find the UMR board submission report for September 2018.

Note that page 12 includes details around the healthcard copay changes effective 10/01/2018 and the transition of the Enrollment Certifying Agent duties to THND. In the next day or two I will also be sending an update of the ID card drafts showing the new copays and the new Rx pharmacy details as reported by THND.

Page 13 includes details about the Hospital facility claims payments relative to possibly exceeding the current fiscal's budget.

Let me know if there are any questions.

Thanks.

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

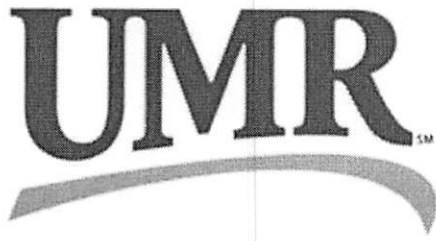
Regards,
S.A.J.

Shawn A. Jacobs
Strategic Account Executive | UMR
A UnitedHealthcare Company



shawn.jacobs@umr.com | Tel: 315.937.2790 | Fax: 315.703.4896

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UMR

September 20, 2018

Submission Report for WVHA Board Members

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Enrollment Processing

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

Applications Processed 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	299	21	8	328	91.16%
	201806	371	14	6	391	94.88%
	201807	333	14	19	366	90.98%
	201808	176	4	27	207	85.02%
	201809					
Grand Total		3368	311	60	3739	90.08%

Fiscal Year	Applications Processed	Average Approval Percentage
FY1516	2670	82.28%
FY1617	3963	86.60%
FY1718	3739	90.08%
Based on Fiscal year		

Applications Processed by Fiscal Year – Approval Percentage

Enrollment Applications – Denial Summary Report

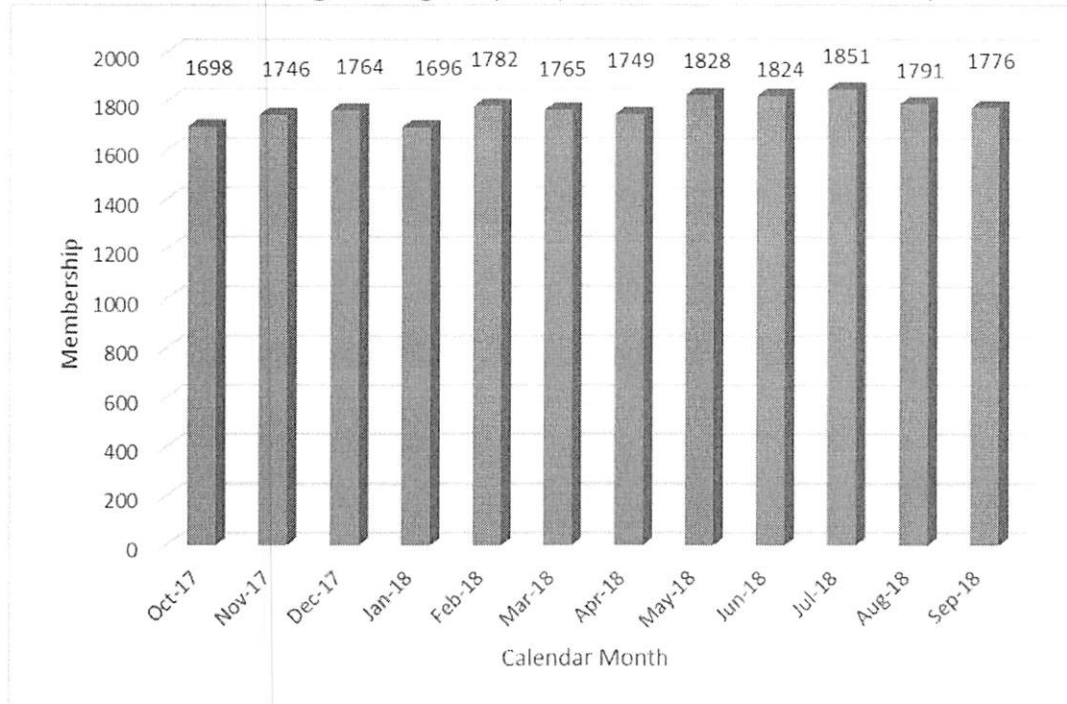
Period	Approved		Denied		Pending		Total
	Apps	Pctg	Apps	Pctg	Apps	Pctg	
FY1718	3368	90.08%	311	8.32%	60	1.60%	3739
201710	288	89.16%	35	10.84%	0	0.00%	323
Active Eligible	288	100.00%		0.00%		0.00%	288
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		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	299	91.16%	21	6.40%	8	2.44%	328
Active Eligible	299	100.00%		0.00%		0.00%	299
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%	8	0.00%	8
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0

201806	371	94.88%	14	3.58%	6	1.53%	391
Active Eligible	371	100.00%		0.00%		0.00%	371
Declined - Member Exceeds Asset Level		0.00%	2	0.00%		0.00%	2
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	5	0.00%		0.00%	5
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	0.00%		0.00%	3
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%	4	0.00%		0.00%	4
Declined - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Multiple Reasons		0.00%		0.00%	6	0.00%	6
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
201807	333	90.98%	14	3.83%	19	5.19%	366
Active Eligible	333	100.00%		0.00%		0.00%	333
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%	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%	19	0.00%	19
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
201808	176	85.02%	4	1.93%	27	13.04%	207
Active Eligible	176	100.00%		0.00%		0.00%	176
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%		0.00%		0.00%	0
Declined - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Multiple Reasons		0.00%		0.00%	27	0.00%	27
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 September 1, 2018

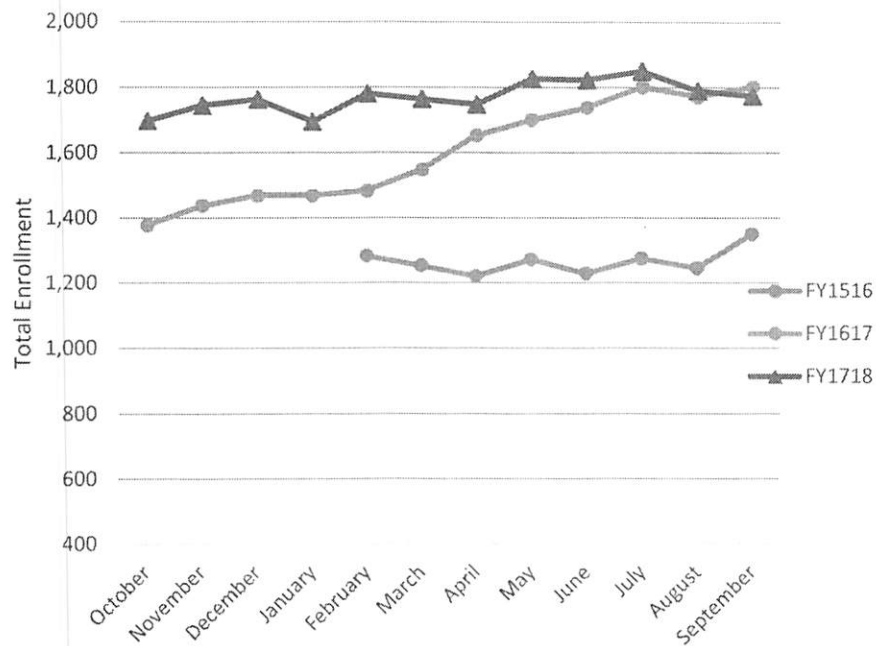


Eligibility reported above reflects eligibility as of the first of each month.

As of September 1, 2018, total program eligibility was 1,776 patients.

WVHA Enrollment by Fiscal Year – as of September 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	1,791
September	1,776
Grand Total	21,270



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	\$26,549.76	\$27,267.24	\$53,817.00	2,951	\$18.24
July	\$22,462.34	\$26,324.76	\$48,787.10	2,849	\$17.12
August					
September					
Grand Total	\$292,910.40	\$294,557.28	\$587,467.68	31,960	\$18.38

Combined Medical Costs (as of Claims Payment through 08/31/2018)

Fiscal Year	Hospital	Lab	PCP	Specialty	Facility Physicians	Pharmacy	Total Costs	Member Months	Overall Per Member Per Month (PMPM)	Hospital PMPM	Lab PMPM	PCP PMPM	Specialty PMPM	Pharmacy PMPM
FY1718	\$3,963,289.47	\$342,141.23	\$750,808.15	\$2,269,227.72	\$219,119.20	\$602,160.37	\$8,146,746.14	19,572	\$416.24	\$202.50	\$17.48	\$38.36	\$115.94	\$30.77
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	\$53,817.00	\$853,123.82	1,851	\$460.90	\$243.92	\$18.32	\$36.44	\$133.11	\$29.07
July	\$0.00	\$0.00	\$232.86	\$0.00	\$0.00	\$48,787.10	\$49,019.96	1,791	\$27.37	\$0.00	\$0.00	\$0.13	\$0.00	\$27.24
August	-\$14,911.23	\$43,144.82	\$72,337.46	\$210,124.77	\$0.00		\$310,695.82	1,776	\$174.94	-\$8.40	\$24.29	\$40.73	\$118.31	\$0.00
September														
Grand Total	\$3,963,289.47	\$342,141.23	\$750,808.15	\$2,269,227.72	\$219,119.20	\$602,160.37	\$8,146,746.14	19,572	\$416.24	\$202.50	\$17.48	\$38.36	\$115.94	\$30.77

Medical and pharmacy costs are reported on a paid basis

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 08/31/2018)

Month	FY1718					Total
	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	
October	269	227	232	0	0	728
November	132	161	161	0	0	454
December	185	256	223	0	0	664
January	168	194	202	0	0	564
February	191	247	219	0	0	657
March	118	180	219	0	0	517
April	112	216	256	0	0	584
May	174	266	228	0	0	668
June	160	231	161	0	0	552
July	0	0	0	0	0	0
August	276	336	34	0	12	658
September						
Grand Total	1,785	2,314	1,935	0	12	6,046

PCP encounter claims are reported on a paid basis

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

SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR AUGUST					
Order	SPECIALTY	Unique Patients	Claim Volume	Paid	Cost Per Patient
1	Hematology Oncology	36	121	\$ 46,624.86	\$ 385.33
2	Orthopedic Surgery	52	96	\$ 27,194.50	\$ 283.28
3	Radiology	240	493	\$ 19,518.33	\$ 39.59
4	Gastroenterology	43	81	\$ 14,266.17	\$ 176.13
5	Internal Medicine	34	66	\$ 13,254.88	\$ 200.83
6	Physical & Occupational Therapy	29	100	\$ 12,745.78	\$ 127.46
7	Infectious Diseases	25	87	\$ 9,232.15	\$ 106.12
8	Pulmonary Medicine	36	68	\$ 8,708.13	\$ 128.06
9	Pain Management	36	53	\$ 7,981.49	\$ 150.59
10	Obstetrics & Gynecology	26	37	\$ 5,958.77	\$ 161.05
11	Ophthalmology	23	27	\$ 5,803.99	\$ 214.96
12	Anesthesiology	25	27	\$ 4,518.00	\$ 167.33
13	Optometry	32	44	\$ 3,573.85	\$ 81.22
14	Cardiology	14	28	\$ 2,982.19	\$ 106.51
15	Cardiovascular Diseases	25	34	\$ 2,975.21	\$ 87.51
16	Urology	9	11	\$ 2,396.20	\$ 217.84
17	Neurology	22	22	\$ 2,181.72	\$ 99.17
18	Physiatrists / Phys Med Dr.	8	13	\$ 2,125.91	\$ 163.53
19	Chiropractor	8	20	\$ 2,034.75	\$ 101.74
20	General Surgery	2	3	\$ 2,017.41	\$ 672.47
21	Podiatry	12	15	\$ 1,789.31	\$ 119.29
22	Dermatology	15	18	\$ 1,746.56	\$ 97.03
23	Oncology	6	21	\$ 1,637.80	\$ 77.99
24	Nephrology	20	43	\$ 1,607.72	\$ 37.39
25	Rheumatology	10	11	\$ 1,075.78	\$ 97.80

Previous Items

Healthcard Copay Changes

Per the WVHA board decision to increase the Healthcard copay changes during their May 2018 meeting, we have completed our coding changes for a 10/01/2018 effective date coinciding with the beginning of WVHA's new fiscal year. We expect that the related ID card update proofs will be available prior to the September 20th board meeting for review and approval. In addition to the copay changes the updated ID card proofs will also have the new pharmacy location and phone numbers as reported by Family Health Source; also effective 10/01/2018.

We understand that the board will be reviewing another draft of their copay change notification during the September 13th budget hearing and special meeting. We look forward to receiving the final notice to mail to current Healthcard members along with their new ID cards so they can be delivered prior to 10/01/2018.

New Items

WVHA Enrollment Certifying Agent Transition – UMR to The House Next Door

We began to engage with The House Next Door back in July to initiate discussions, make decisions, work on processes and finalize timing towards transitioning the WVHA Healthcard application process from UMR to The House Next Door effective January 1, 2019.

To that end, UMR will provide the House Next Door with the entire history of healthcard applications, training will be scheduled with THND team for checking healthcard member eligibility in the UMR system and we will also provide them the ability to get copies of healthcard member ID cards.

Lastly, UMR will likely stop processing of healthcard applications on December 15, 2018 to ensure all applications received as of that date have been processed completely. It is expected that it will take UMR 2 to 3 weeks to complete any application in inventory with the goal to have all completed by January 1, 2019 and thus the December 15th cut-off date based on that expectation.

September 2018 Reporting Data

The UMR reporting data this month for hospital claims shows a credit amount based on refunds and/or voids. Additionally no other hospital claim payments are reported because the claims unit is manually reviewing current claims inventory to confirm what hospital claims can be processed for payment without exceeding this fiscal's budget. Those payments will appear on next month's reporting.

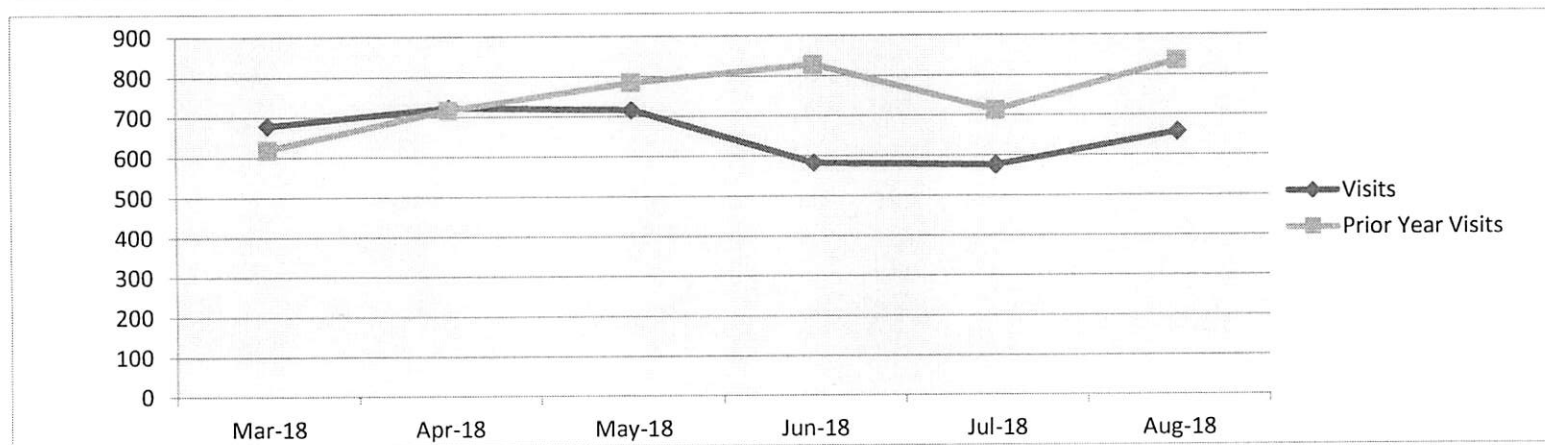
All remaining claims will then receive the custom denial stating that the budget has been exhausted. As with last year, during the month of October we will pull a report of all hospital claims that were denied for exceeding the budget for the WVHA board to review and approve for payment release from the 2018/19 fiscal budget.



Northeast Florida Health Services
August-18

Patient Visits

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Visits	678	722	716	582	576	658
Prior Year Visits	619	717	785	828	713	835

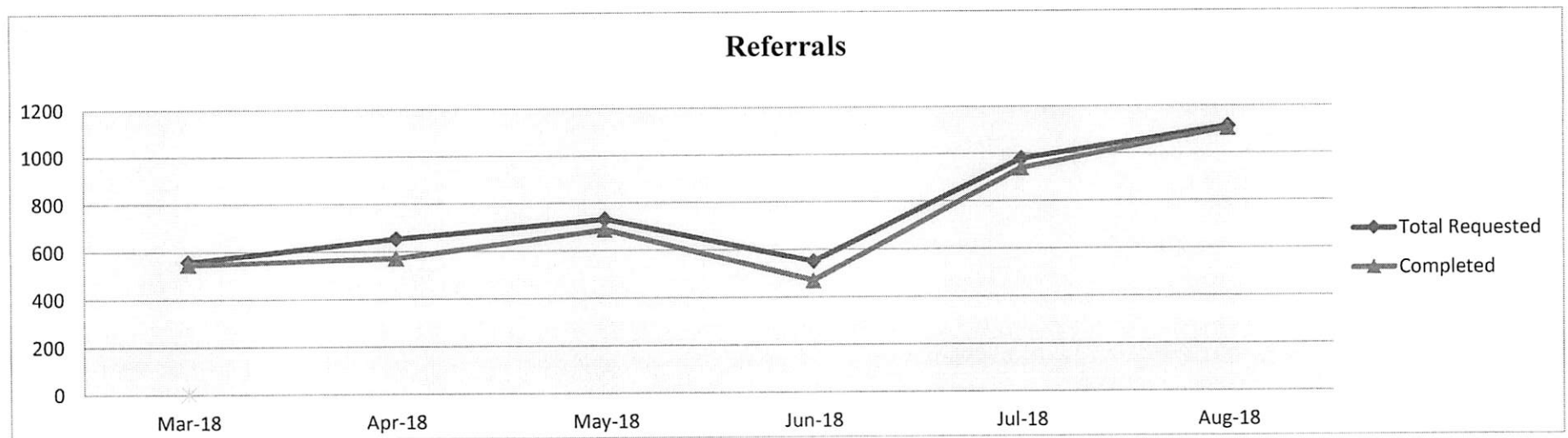


Patient Visits by Location

Location	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Deland Medical	269	294	303	212	234	282
Deltona Medical	329	360	345	336	249	299
Pierson Medical	65	54	59	21	76	69
Daytona	14	14	9	13	17	8
Total	677	722	716	582	576	658

Referrals

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
NEFHS Providers (refer to footnote 1)	182	229	245	154	266	295
Internal Specialty Providers (refer to footnote 2)	376	424	487	396	712	820
Total	558	653	732	550	978	1115
Outstanding NEFHS Providers	0	32	13	11	3	0
Outstanding Int. Speciality Providers	11	49	31	70	36	8
Completed	547	572	688	469	939	1107
Total Requested	558	653	732	550	978	1115



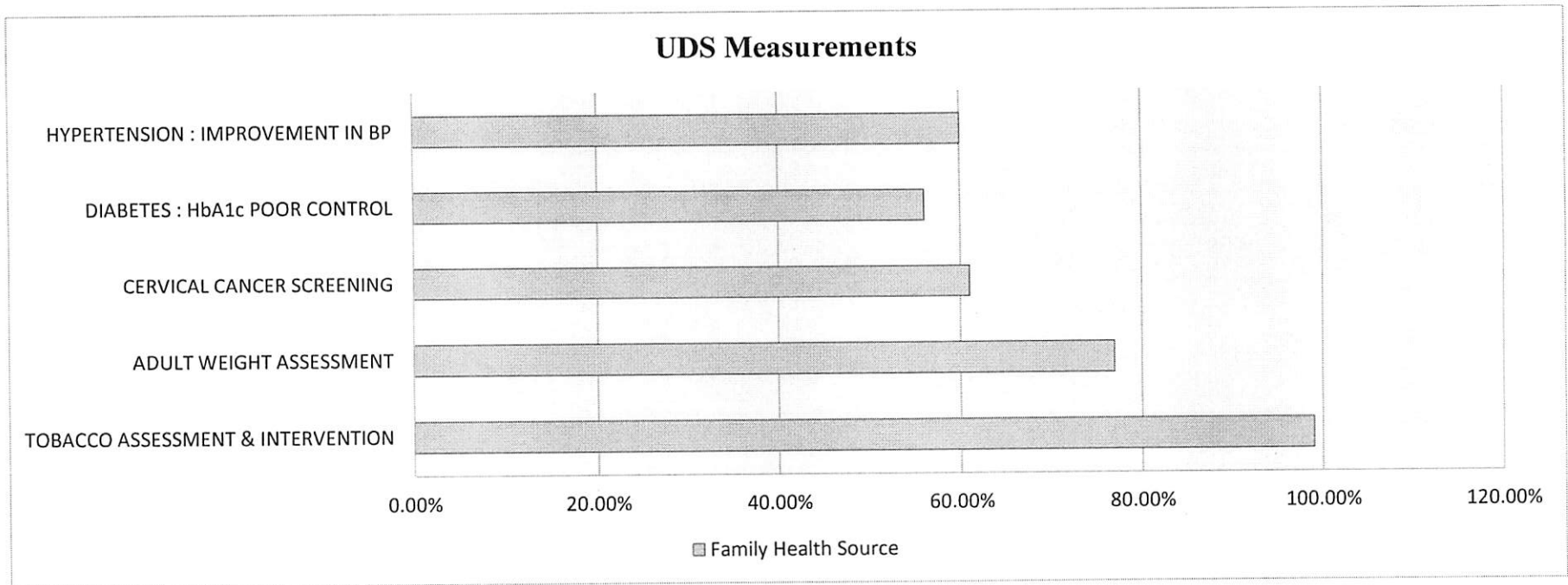
- 1 NEFHS provider referrals are generated by NEFHS PCP for imaging and durable medical equipment (DME).
 2 Internal specialty provider referrals are generated by NEFHS PCP for consultation with a specialist.

Appointment Times

Location	Provider	Appointments
Daytona	Johnson	Same Day
DeLand	Angelopoulos	Same Day
DeLand	Smith	Same Day
DeLand	Hoblick	Same Day
DeLand	Sanchez	Same Day
DeLand	Vasanji	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 August 2018	Family Health
TOBACCO ASSESSMENT & INTERVENTION	99.00%
ADULT WEIGHT ASSESSMENT	77.00%
CERVICAL CANCER SCREENING	61.00%
DIABETES : HbA1c POOR CONTROL	56.00%
HYPERTENSION : IMPROVEMENT IN BP	60.00%



**West Volusia Hospital Authority
Statement of Revenue and Expenditures**

	ANNUAL BUDGET 2018	Per Discussion 9/13/2018
Enrollment		
Revenue		
Ad Valorem Taxes - Proposed rolled-back	2.1751 19,910,000.00	20,194,000.00
Investment Income	45,000.00	55,000.00
Rental Income	68,304.00	70,968.00
Other Income	0.00	
Total Revenue	20,023,304.00	20,319,968.00
Healthcare Expenditures		
Adventist Health Systems	5,655,654.00	5,848,544.00
Northeast Florida Health Services	1,608,362.00	1,700,603.00
Specialty Care	5,208,000.00	4,375,000.00
County Medicaid Reimbursement	2,250,000.00	2,385,000.00
The House Next Door	120,000.00	120,000.00
The Neighborhood Center	70,000.00	70,000.00
Community Life Center Outreach Services	25,000.00	20,000.00
Rising Against All Odds	235,000.00	235,000.00
Community Legal Services	76,931.00	76,931.00
Hispanic Health Initiatives	75,000.00	75,000.00
Deltona Firefighters	75,000.00	-
Florida Dept of Health Dental Svcs	200,000.00	200,000.00
Good Samaritan - Dental	54,747.00	30,000.00
Good Samaritan - Medical	25,000.00	30,000.00
Stewart Marchman - ARNP	7,000.00	-
Stewart Marchman - Baker Act	325,000.00	300,000.00
Stewart Marchman - Treatment	550,000.00	550,000.00
Stewart Marchman - Homeless	64,336.00	64,336.00
Health Start Coalition - Outreach	68,862.00	68,859.00
Health Start Coalition - Family Services	73,500.00	73,500.00
H C R A	819,612.00	819,162.00
Other Healthcare Costs	315,047.00	300,000.00
Total Healthcare Expenditures	17,902,051.00	17,341,935.00
Other Expenditures		
Advertising	12,000.00	5,000.00
Annual Independent Audit	15,800.00	16,000.00
Building & Office Costs	6,500.00	6,500.00
General Accounting	68,100.00	68,100.00
General Administrative	65,100.00	65,100.00
Legal Counsel	70,000.00	70,000.00
Special Accounting	5,000.00	5,000.00
City of DeLand Tax Increment District	75,000.00	100,000.00
Tax Collector & Appraiser Fee	625,740.00	603,880.00
TPA Services	718,560.00	500,000.00
Eligibility / Enrollment	92,170.00	30,000.00
Healthy Communities	72,036.00	72,036.00
Application Screening - THND	189,742.00	317,872.00
Application Screening - RAAO	34,005.00	34,005.00
Application Screening - SMA	14,000.00	14,000.00
Workers Compensation Claims	25,000.00	25,000.00
Other Operating Expenditures	32,500.00	250,000.00
Total Other Expenditures	2,121,253.00	2,182,493.00
Total Expenditures	20,023,304.00	19,524,428.00
Excess (Deficit)	0.00	795,540.00
Hospital	5,598,544.00	
Physicians contract	250,000.00	
Adventist Health	5,848,544.00	
Required payments total	3,529,162.00	

Eileen Long

From: Eric Horst <ehorst@smabehavioral.org>
Sent: Friday, September 14, 2018 5:11 PM
To: Eileen Long
Cc: Sheila Jennings; 'Ted Small (tsmall@businessemploymentlawyer.com)'; Nicole Sharbono; Ivan Cosimi
Subject: RE: LIP Funding for SMA Behavioral Health Services
Attachments: West Volusia Hospital Authority_SMA Behavioral Health_SFY 1819_LIP LOA.PDF

Eileen:

I have a follow-up to my September 4th e-mail. ACHA has approved SMA's request to access LIP funding for the state fiscal year 2018-19. I have attached the final version of the Low Income Pool Letter of Agreement provided by ACHA. We are requesting that you include this agreement on the September 27th board meeting agenda. We would need execution of the agreement prior to October 1, 2018 in order for SMA to be eligible to receive LIP funding. I will attend the board meeting and can hopefully answer any questions from the board members.

Eric Horst

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

From: Eric Horst
Sent: Tuesday, September 04, 2018 3:18 PM
To: Eileen Long (ELong@drtcpa.com)
Cc: Sheila Jennings; Ted Small (tsmall@businessemploymentlawyer.com); Nicole Sharbono; Ivan Cosimi
Subject: LIP Funding for SMA Behavioral Health Services

Eileen:

The Agency for Health Care Administration (AHCA) has published the Low Income Pool (LIP) model summary for the state 2018-19 fiscal year. This year they have added "Group 4" which is for Behavioral Health Providers. SMA is one of 9 providers in the state that are eligible to receive LIP funding as a result of the Central Receiving System funding that we were awarded in 2017. This is very similar to the LIP funding that hospitals receive now. Under this program, SMA will receive payments from ACHA for uncompensated charity care provided through our Central Receiving System. As a "Tier 1" provider, 60.69% of the payment will come from federal dollars and 39.31% must come from a state or local government source as match.

SMA will be requesting that a portion of our current "Baker Act" funding be redirected as an Intergovernmental Transfer (IGT) to AHCA where it will pick up the federal match and paid back to SMA as LIP funding for uncompensated charity care. I have talked to Ted Small and this is a very similar process to the one currently in place for the WVHA supported hospitals. This will not require any additional funding, but will allow SMA to utilize current WVHA funding to leverage those dollars with federal dollars to pay for additional services for patients in need of these services. Currently our Central Receiving System funding through the Department of Children and Families pays for CSU beds, crisis support/emergency services, and care coordination.

Specifically, SMA will need the WVHA to execute a LIP Letter of Agreement with AHCA on behalf of SMA. A draft of the agreement is attached. There may be some minor wording changes to the agreement to remove references to hospital charges. As I discussed with Ted, the agreement format is driven by AHCA and there is little ability to modify the LIP agreement. The final version of the agreement would name WVHA and SMA, and identify the dollar amount. The executable version of the contract will be available in advance of the September 27 board meeting, but is not available at this time. I am providing the information now so that board members can ask questions in advance of being asked to approve the agreement on September 27th

Let me know what steps I can take now to move this process along.

Thank you,

Eric Horst

Chief Financial Officer

Stewart-Marchman-Act Behavioral Healthcare

150 Magnolia Ave.

Daytona Beach, FL 32114

(386) 236-1801

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

Low Income Pool Letter of Agreement

THIS LETTER OF AGREEMENT (LOA) is made and entered into in duplicate on the 14th day of September 2018, by and between **West Volusia Hospital Authority** (the "Authority") on behalf of **SMA Behavioral Health Services**, and the State of Florida, **Agency for Health Care Administration** (the "Agency"), for good and valuable consideration, the receipt and sufficiency of which is acknowledged.

DEFINITIONS

"Charity care" or "uncompensated charity care" means that portion of hospital charges reported to the Agency for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, bad debt, or Medicaid and CHIP shortfall. The state and providers that are participating in LIP will provide assurance that LIP claims include only costs associated with uncompensated care that is furnished through a charity care program and that adheres to the principles of the HFMA operated by the provider.

"Intergovernmental Transfers (IGTs)" means transfers of funds from a non-Medicaid governmental entity (e.g., counties, hospital taxing districts, providers operated by state or local government) to the Medicaid agency. IGTs must be considered a bona fide donation pursuant to 42 CFR § 433.54.

"Low Income Pool (LIP)" means providing government support for safety-net providers for the costs of uncompensated charity care for low-income individuals who are uninsured. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, "bad debt," or Medicaid and CHIP shortfall.

"Medicaid" means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations thereunder, as administered in Florida by the Agency.

A. GENERAL PROVISIONS

1. Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2018-2019, passed by the 2018 Florida Legislature, the Authority and the Agency agree that the Authority will remit IGT funds to the Agency in an amount not to exceed the total of **\$135,388**.
 - a. The Authority and the Agency have agreed that these IGT funds will only be used to increase the provision of health services for the charity care of the Authority and the State of Florida at large.
 - b. The increased provision of charity care health services will be accomplished through the following Medicaid programs:
 - i. LIP payments to hospitals, federally qualified health centers, Medical School Physician Practices, community behavioral health providers, and

rural health centers pursuant to the approved Centers for Medicare & Medicaid Services Special Terms and Conditions.

2. The Authority will return the signed LOA to the Agency no later than October 1, 2018.
3. The Authority will pay IGT funds to the Agency in an amount not to exceed the total of **\$135,388**. The Authority will transfer payments to the Agency in the following manner:
 - a. Per Florida Statute 409.908, annual payments for the months of July 2018 through June 2019 are due to the Agency no later than October 31, 2018 unless an alternative plan is specifically approved by the agency.
 - b. The Agency will bill the Authority when payment is due.
4. The Authority and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this LOA.
 - a. Audits and Records
 - i. The Authority agrees to maintain books, records, and documents (including electronic storage media) pertinent to performance under this LOA in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided.
 - ii. The Authority agrees to assure that these records shall be subject at all reasonable times to inspection, review, or audit by state personnel and other personnel duly authorized by the Agency, as well as by federal personnel.
 - iii. The Authority agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.
 - b. Retention of Records
 - i. The Authority agrees to retain all financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to performance under this LOA for a period of six (6) years after termination of this LOA, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings.
 - ii. Persons duly authorized by the Agency and federal auditors shall have full access to and the right to examine any of said records and documents.
 - iii. The rights of access in this section must not be limited to the required retention period but shall last as long as the records are retained.
 - c. Monitoring

- i. The Authority agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the Authority which are relevant to this LOA.

d. Assignment and Subcontracts

- i. The Authority agrees to neither assign the responsibility of this LOA to another party nor subcontract for any of the work contemplated under this LOA without prior written approval of the Agency. No such approval by the Agency of any assignment or subcontract shall be deemed in any event or in any manner to provide for the incurrence of any obligation of the Agency in addition to the total dollar amount agreed upon in this LOA. All such assignments or subcontracts shall be subject to the conditions of this LOA and to any conditions of approval that the Agency shall deem necessary.
- 5. The Authority and the Agency agree that any modifications to this LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
 - 6. The Authority confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned charity care supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
 - 7. The Authority agrees the following provision shall be included in any agreements between the Authority and local providers where IGT funding is provided pursuant to this LOA: "Funding provided in this Agreement shall be prioritized so that designated IGT funding shall first be used to fund the Medicaid program (including LIP or DSH) and used secondarily for other purposes."
 - 8. This LOA covers the period of July 1, 2018 through June 30, 2019 and shall be terminated June 30, 2019.
 - 9. This LOA may only be amended upon written agreement signed by both parties.
 - 10. This LOA may be executed in multiple counterparts, each of which shall constitute an original, and each of which shall be fully binding on any party signing at least one counterpart.

SFY 2018-2019 LIP Intergovernmental Transfers	
Program	IGT Amount
LIP Program	\$135,388
Total Funding	\$135,388

WITNESSETH:

IN WITNESS WHEREOF, the parties have caused this page Letter of Agreement to be executed by their undersigned officials as duly authorized.

WEST VOLUSIA HOSPITAL AUTHORITY

**STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION**

SIGNED
BY: _____

NAME: _____

TITLE: _____

DATE: _____

SIGNED
BY: _____

NAME: _____

TITLE: _____

DATE: _____

STEWART-MARCHMAN-ACT
BEHAVIORAL HEALTHCARE

"exceptional and comprehensive behavioral healthcare"

September 18, 2018

WVHA Board of Commissioners
1006 N. Woodland Blvd.
DeLand, FL 32720

Dear WVHA Board of Commissioners:

SMA is requesting a budget transfer for this current fiscal year in the amount of \$11,620.00 from the Certification/Eligibility to the Pharmacological, Psychiatric, and Individual Therapy budget.

In addition, for this coming fiscal year (18-19) SMA requests a budget transfer in the amount of \$11,000 from Certification/Eligibility to the Pharmacological, Psychiatric, and Individual Therapy budget.

Please consider our request for reallocation.

Sincerely,



Eric Horst
Chief Financial Officer
SMA Behavioral Health Services, Inc.

Eileen Long

From: Josephine Mercado <josephine@hhi2001.org>
Sent: Thursday, September 13, 2018 11:09 PM
To: Eileen Long
Subject: HHI's Sponsorship Request
Attachments: HHI One pager 2018 (2).pdf; HHI 10-11-18 Sponsor Levels.pdf; HHI 10-30-18 WVHA Sponsor Request Rev 9 11 18.pdf
Importance: High

Hi Eileen!

Hope you are feeling better today!

Please send the attachments and the email appearing below to the WVHA commissioners for their consideration of HHI's request. Thanks!

Dear WVHA Commissioners,

As I stated during tonight's regular meeting, HHI has been blessed with the gift of a Medical Mobile Unit (MMU) which will enable the organization and a community partner, to do outreach in rural areas and other places where medically disadvantage West Volusia residents reside.

On Tuesday, October 30th from 12 noon-1:00pm I am hosting a fundraising Free Luncheon where invited guests will be asked to help HHI by making donations to support its programs and to help pay for the expenses associated with the MMU. Please feel free to contact me on my cell (407) 739-0699 if you have any questions.

HHI is seeking the WVHA's sponsorship of this event. We attached the sponsorship request letter, the sponsorship level sheet and HHI's one pager. Please feel free to share with others you may think would be interested in donating.

Also, we need Table Captains, therefore, please feel free to suggest or recommend someone we should approach to ask them to become a Table Captain.

Have a great weekend!



EDUCATE • ADVOCATE • CONNECT

Vision: Hispanic Health Initiatives, Inc's vision is a Central Florida community, educated and empowered with the ability to make informed decisions about their health, wellness and care options.

Mission: To educate, advocate for and connect medically underserved individuals and families to services available in their community, by disseminating accurate information in a culturally sensitive and linguistically competent manner.

Values: Provide appropriate, meaningful access to healthcare with compassion and respect, for each and every client regardless of social status, gender, race or religion.

Guiding Principle: Creating meaningful access to healthcare will enhance the quality of life for all.

Hispanic Health Initiatives, Inc.

Building Healthier Communities

One Person at a Time!

In HHI's four county service area, there are over 90,000 Hispanic Adults who have been told they are diabetic.

About us

Hispanic Health Initiatives, Inc (HHI) is a 501 (c) 3, non-profit organization established in 2000 to help address the unmet health needs of Hispanics and other medically disadvantaged populations of Central Florida. HHI is a volunteer driven organization that has amassed a volunteer force of 75+ members who mirror the community being served. As a community based grassroots organization, HHI's "take it to the community" approach, has helped HHI emerge as an effective community leader in bridging the gap between the medically underserved and the health care providers who serve them. Providing services to all, regardless of age, sex, race or ethnicity, HHI is the only Hispanic health agency in central Florida specifically targeting the Hispanic community. Since its inception over 15 years ago, HHI has provided health services to thousands of Orange, Osceola, Seminole and Volusia County individuals and families.

Programs

Community Health Workers/Promotoras de Salud:

HHI trained Community Health Workers (CHW) teach medically and socially under-served individuals and their families, how to navigate the health and social systems. Utilizing bilingual/bicultural CHW's has put HHI at the forefront of chronic disease awareness, education and prevention within central Florida communities for more than 18 years. HHI has developed several successful programs educating the community on healthy nutrition and simple to follow exercise techniques as a means to prevention and control of chronic disease. It is HHI's belief that with encouragement, compassion and emotional support, individuals can begin to incorporate behavioral lifestyle changes known to promote wellness. In addition to direct services and the navigation of the healthcare system, CHW's connect clients to free and/or low cost medical and social services available to them in their community.

Services

Chronic Disease Awareness and Education

"Taking Care of My Health"/ "Cuidando Mi Salud" –Chronic Disease Health Risk Assessment Program

"Buddies"/ "Los Amigos" – Diabetes Type II Prevention and Self-Management Class

Nutrition Education

NCLR's "Healthy Choices Healthy Life"/ "Selección Sana y Vida Saludable"

NCLR's "Shopping Healthy and Smart"/ "Comprando Rico y Sano"

Cancer Awareness and Education

"My Health in My Hands"/"Mi Salud en Mis Manos" BSE demonstration

Breast Health Educational Bingo

HHI's Rainbow/El Arco Iris de HHI a cancer support group for Hispanic Men and Women.

Annual Health Fairs and Forums

"Festival De La Familia"/"Family Festival" Health Fair

Cancer and Diabetes Health Forums



HHI's Community Health Workers



EDUCATE • ADVOCATE • CONNECT

***"Building Healthier Communities
One Person At A Time"***

For over 18 years Hispanic Health Initiatives, Inc. has improved the quality of life of our families, friends and neighbors by providing chronic disease Education, Advocating for Health Care Reform and Connecting the community to needed health services. These services have impacted thousands throughout Central Florida.

Your contribution will go a long way in supporting HHI and its community service.

HHI's 18th Anniversary Campaign celebrates the organization's work, its volunteers and supporters, but most importantly, the lives of those in need that were improved or even saved.

We look forward to celebrating with you!

When: Thursday, October 11, 2018
11:30am- 1pm

Where: DeBary Golf & Country Club
300 Plantation Club Dr.
DeBary, FL 32713

Gold Champion of Health \$5,000

- One Table at the event for 8 people
- Company recognition incorporated into 18th anniversary funding campaign
- Logo on all print and online material pre and post event
- Opportunity to place company marketing material in giveaway goodie bags
- Company banner display opportunity at event
- One skirted, 6-foot, company exhibitor table (upon request)

Silver Champion of Health \$3,000

- One Table at the event for 8 people
- Company recognition incorporated into 18th anniversary funding campaign
- Logo on all print and online material pre and post event
- Opportunity to place company marketing material in giveaway goodie bags

Bronze Champion of Health \$1,500

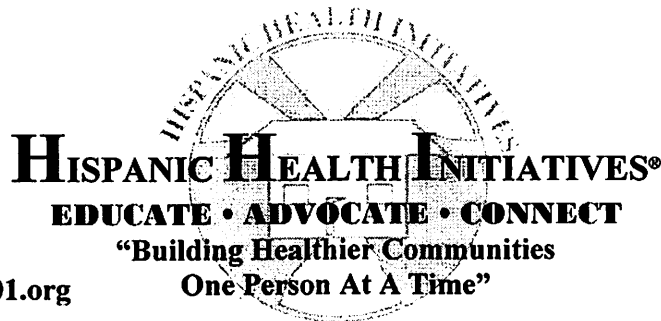
- One Table at the event for 8 people
- Company recognition incorporated into 18th anniversary funding campaign
- Logo on all print and online material pre and post event

*****Your financial support in any amount is always welcomed, please contact me at josephine@hhi2001.org or 407-739-0699 for more information*****

Hispanic Health Initiatives, Inc., 501(c)3 Non-Profit (EIN#59-3654481)

Office: 70 Spring Vista Dr. Ste. 2, DeBary, FL. 32713

Mail: P.O. Box #123 Deland, FL. 32721



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

“Building Healthier Communities
One Person At A Time”

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

September 13, 2018
Via Electronic Mail: Eileen Long, ELong@drtcpa.com
West Volusia Hospital Authority Commissioners

Re: Support for HHI's "Celebrating Champions of Health"- Luncheon October 30, 2018

Dear WVHA Commissioners:

I am Josephine Mercado, the Founder and CEO of Hispanic Health Initiatives, Inc. (HHI), a 501(c)3 non-profit, grassroots community serving organization. On June 2, 2018, HHI, proudly celebrated eighteen (18) years of successfully addressing the unmet health and social service needs of our medically disadvantaged families, friends and neighbors residing in the counties of Orange, Osceola, Seminole and Volusia.

Over the years HHI's programs have evolved from handing out health information to providing, award winning chronic disease awareness and education programs, thereby, empowering individuals to implement healthier lifestyles and improving their quality of life. Since 2008, HHI's Community Health Workers, staff and volunteers, have coached, educated and screened more than 7000 individuals. At the same time, over 10,000 attendees received hundreds of thousands of dollars in free health care services at countless health events hosted by HHI. From the beginning, HHI has been a leading advocate for the health care needs of the working poor, always meeting and surpassing the expectations of everyone involved.

As HHI grows, there is a realization that it must look to community leaders, businesses and private donors, such as yourself, to support HHI's future programs.

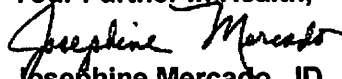
On Thursday, October 30, 2018, from 12 noon to 1:00pm, I am hosting a Free Fundraising luncheon at the DeBary Golf & Country Club, invited guests will be asked to help HHI by making donations to support its programs and the expenses associated with a recently donated Mobile Medical Unit (MMU). The MMU will be implemented into HHI's current chronic disease awareness and education program, to enhance the program, as well as, allow for HHI and its community partners to reach medically disadvantaged persons living in rural areas with limited access to health care.

This cannot be accomplished without your support!

I have enclosed a Sponsorship form and HHI's program information for you to consider when deciding to become one of HHI's Champions of Health.

I will be contacting you shortly to confirm your participation. In the meantime if you have any questions feel free to contact me on my cell (407) 739-0699.

Looking forward to your favorable response and to working with you, I remain,
Your Partner in Health,



Josephine Mercado, JD
Founder/CEO

Enc. Sponsors Sheet, HHI One-Pager

Hispanic Health Initiatives, Inc., 501(c)3 Non-Profit (59-3654481)

Office: 70 Spring Vista Dr. Ste. 2, DeBary, FL. 32713

Mail: P.O. Box #123 Deland, FL. 32721

**West Volusia Hospital Authority
Financial Statements
August 31, 2018**



Dreggors, Rigsby & Teal, P.A.

Advisors for Life

Certified Public Accountants | Registered Investment Advisor

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

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

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

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

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

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

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

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

Dreggors, Rigsby & Teal, P.A.

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

September 05, 2018

MEMBERS

West Volusia Hospital Authority

Balance Sheet

Modified Cash Basis

August 31, 2018

Assets

Current Assets

Petty Cash	\$	100.00
Intracoastal Bank - Money Market		7,112,455.56
Intracoastal Bank - Operating		171,584.97
Mainstreet Community Bank - MM		5,068,071.31
Taxes Receivable		92,073.00
Total Current Assets		12,444,284.84

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		13,039,725.98

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)		5,773,586.06
Total Net Assets		12,945,955.98
Total Liabilities and Net Assets	\$	13,039,725.98

West Volusia Hospital Authority
Statement of Revenue and Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 11 Months Ended August 31, 2018

	<u>Annual Budget</u>	<u>Current Period Actual</u>	<u>Year To Date Actual</u>	<u>Budget Balance</u>
Revenue				
Ad Valorem Taxes	19,910,000	8,011	20,083,565	(173,565)
Investment Income	45,000	7,616	60,882	(15,882)
Rental Income	68,304	5,692	62,612	5,692
Other Income	0	0	203	(203)
Total Revenue	20,023,304	21,319	20,207,262	(183,958)
Healthcare Expenditures				
Adventist Health Systems	5,655,654	54,774	5,250,175	405,479
Northeast Florida Health Services	1,608,362	174,942	1,328,994	279,368
Specialty Care	5,208,000	253,270	2,562,353	2,645,647
County Medicaid Reimbursement	2,250,000	391,933	2,062,803	187,197
The House Next Door	120,000	0	75,525	44,475
The Neighborhood Center	70,000	8,075	60,575	9,425
Community Life Center Outreach Services	25,000	1,400	17,325	7,675
Rising Against All Odds	235,000	18,975	180,619	54,381
Community Legal Services	76,931	4,197	32,371	44,560
Hispanic Health Initiatives	75,000	2,725	71,450	3,550
Deltona Firefighters Foun Access to Hlth	75,000	0	661	74,339
Florida Dept of Health Dental Svcs	200,000	4,578	198,701	1,299
Good Samaritan	79,747	4,192	39,112	40,635
Stewart Marchman - ACT	946,336	77,374	707,943	238,393
Health Start Coalition of Flagler & Volusia	142,362	18,355	124,568	17,794
H C R A	819,612	27,515	133,374	686,238
Other Healthcare Costs	315,047	0	0	315,047
Total Healthcare Expenditures	17,902,051	1,042,305	12,846,549	5,055,502
Other Expenditures				
Advertising	12,000	282	3,738	8,262
Annual Independent Audit	15,800	0	15,800	0
Building & Office Costs	6,500	0	4,418	2,082
General Accounting	68,100	4,066	46,508	21,592
General Administrative	65,100	4,654	51,766	13,334
Legal Counsel	70,000	3,220	48,850	21,150
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	98	587,503	38,237
TPA Services	718,560	96,958	455,860	262,700
Eligibility / Enrollment	92,170	11,403	43,134	49,036
Healthy Communities	72,036	5,317	56,211	15,825
Application Screening				
Application Screening - THND	189,742	0	142,306	47,436
Application Screening - RAAO	34,005	3,456	25,344	8,661
Application Screening - SMA	14,000	0	5,067	8,933
Workers Compensation Claims	25,000	0	26,667	(1,667)
Other Operating Expenditures	32,500	1,594	4,207	28,293
Total Other Expenditures	2,121,253	131,048	1,587,125	534,128
Total Expenditures	20,023,304	1,173,353	14,433,674	5,589,630
Excess (Deficit)	0	(1,152,034)	5,773,588	(5,773,588)

See Accountants' Compilation Report

West Volusia Hospital Authority
Schedule I - Healthcare Expenditures
Modified Cash Basis
Budget and Actual
For the 1 Month and 11 Months Ended August 31, 2018

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Healthcare Expenditures				
Adventist Health Systems				
Florida Hospital DeLand	2,715,327	78,264	2,679,343	35,984
Florida Hospital Fish Memorial	2,715,327	(23,490)	2,345,833	369,494
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	103,327	588,190	71,850
NEFHS - Obstetrics	30,000	0	32,225	(2,225)
NEFHS - Primary Care	918,322	71,615	708,579	209,743
Specialty Care				
Specialty Care Services	4,700,000	210,125	2,224,552	2,475,448
Laboratory Services	508,000	43,145	337,801	170,199
County Medicaid Reimbursement	2,250,000	391,933	2,062,803	187,197
Florida Dept of Health Dental Svcs	200,000	4,578	198,701	1,299
Good Samaritan				
Good Samaritan Health Clinic	25,000	1,752	20,502	4,498
Good Samaritan Dental Clinic	54,747	2,440	18,610	36,137
Global Healthcare System				
The House Next Door	120,000	0	75,525	44,475
The Neighborhood Center	70,000	8,075	60,575	9,425
Community Life Center Outreach Services	25,000	1,400	17,325	7,675
Rising Against All Odds	235,000	18,975	180,619	54,381
Community Legal Services	76,931	4,197	32,371	44,560
Hispanic Health Initiatives	75,000	2,725	71,450	3,550
Deltona Firefighters Foun Access to Hlth	75,000	0	661	74,339
Stewart Marchman - ACT				
SMA - ARNP Services at THND	7,000	250	2,041	4,959
SMA - Homeless Program	64,336	9,985	58,237	6,099
SMA - Residential Treatment	550,000	47,628	460,128	89,872
SMA - Baker Act - Match	325,000	19,512	187,537	137,463
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500	6,220	61,350	12,150
HSCFV - Fam Services	68,862	12,135	63,217	5,645
HCRA				
H C R A - In County	400,000	24,205	109,692	290,308
H C R A - Outside County	419,612	3,310	23,682	395,930
Other Healthcare Costs	315,047	0	0	315,047
Total Healthcare Expenditures	17,902,051	1,042,306	12,846,549	5,055,502

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

For the 1 Month and 11 Months Ended August 31, 2018 and August 31, 2017

	1 Month Ended August 31, 2018	1 Month Ended August 31, 2017	11 Months Ended August 31, 2018	11 Months Ended August 31, 2017
Revenue				
Ad Valorem Taxes	8,011	10,438	20,083,565	12,521,119
Investment Income	7,616	3,412	60,882	50,694
Reimbursement - SDTF	0	62,860	0	62,860
Rental Income	5,692	5,608	62,612	61,693
Other Income	0	400	203	26,134
Total Revenue	<u>21,319</u>	<u>82,718</u>	<u>20,207,262</u>	<u>12,722,500</u>
Healthcare Expenditures				
Adventist Health Systems	54,774	662,766	5,250,175	5,324,653
Northeast Florida Health Services	174,942	141,190	1,328,994	1,261,455
Specialty Care	253,270	488,194	2,562,353	3,186,358
County Medicaid Reimbursement	391,933	185,652	2,062,803	1,830,012
The House Next Door	0	7,309	75,525	81,999
The Neighborhood Center	8,075	9,022	60,575	58,816
Community Life Center Outreach Services	1,400	0	17,325	0
Rising Against All Odds	18,975	18,484	180,619	209,940
Community Legal Services	4,197	1,821	32,371	10,713
Hispanic Health Initiatives	2,725	13,125	71,450	60,175
Deltona Firefighters Foun Access to Hlth	0	0	661	0
Florida Dept of Health Dental Svcs	4,578	17,230	198,701	127,601
Good Samaritan	4,192	2,705	39,112	42,971
Global Healthcare System	0	835	0	12,808
Stewart Marchman - ACT	77,374	117,743	707,943	881,205
Health Start Coalition of Flagler & Volusia	18,355	16,440	124,568	130,019
H C R A	27,515	19,956	133,374	133,487
Total Healthcare Expenditures	<u>1,042,305</u>	<u>1,702,472</u>	<u>12,846,549</u>	<u>13,352,212</u>
Other Expenditures				
Advertising	282	8,585	3,738	107,387
Annual Independent Audit	0	0	15,800	15,500
Building & Office Costs	0	124	4,418	5,828
General Accounting	4,066	8,002	46,508	62,362
General Administrative	4,654	4,888	51,766	52,100
Legal Counsel	3,220	5,200	48,850	54,250
City of DeLand Tax Increment District	0	0	69,746	38,304
Tax Collector & Appraiser Fee	98	39,782	587,503	409,829
TPA Services	96,958	0	455,860	364,308
Eligibility / Enrollment	11,403	0	43,134	4,751
Healthy Communities	5,317	5,131	56,211	56,297
Application Screening				
Application Screening - THND	0	11,978	142,306	119,781
Application Screening - RAAO	3,456	2,926	25,344	12,227
Application Screening - SMA	0	0	5,067	0
Workers Compensation Claims	0	0	26,667	19,967
Other Operating Expenditures	<u>1,594</u>	<u>255</u>	<u>4,207</u>	<u>1,802</u>

See Accountants' Compilation Report

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

For the 1 Month and 11 Months Ended August 31, 2018 and August 31, 2017

	1 Month Ended August 31, 2018	1 Month Ended August 31, 2017	11 Months Ended August 31, 2018	11 Months Ended August 31, 2017
Total Other Expenditures	<u>131,048</u>	<u>86,871</u>	<u>1,587,125</u>	<u>1,324,693</u>
Total Expenditures	<u>1,173,353</u>	<u>1,789,343</u>	<u>14,433,674</u>	<u>14,676,905</u>
Excess (Deficit)	<u><u>(1,152,034)</u></u>	<u><u>(1,706,625)</u></u>	<u><u>5,773,588</u></u>	<u><u>(1,954,405)</u></u>

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: September 18, 2018

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for September 27, 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. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the 8/20/18 Meeting Minutes.

I. Legal Context for Budget Workshop/TRIM Procedure [*See new info. in italics and bold*]
[Tax/Budgeting] [*Refer back to Legal Update Memorandum dated 7/10/18 for additional background details.*]

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.

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).

The following TRIM deadlines are required to complete the 2018-19 TRIM process:

- A 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.

- B 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.
- C 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”.

II. Funding Agreements for 2018-19:

Please note that each Board member is responsible for making his or her own independent determination about whether the terms of a particular contract is consistent with the public interest. Counsel, UMR as well as the accounting and administrative team at DRT, PA, are available to answer your questions and offer counsel about accounting and business or legal matters, each respectively; but, the Board retains the ultimate authority to approve or disapprove the terms of all proposed agreements after due consultation.

Based on the 2018-19 Draft Budget where the Board committed itself to hold the line funding at last year’s Funding Limits unless the funded agency requested less total funding even if allocated differently between programs, counsel prepared and circulated draft agreements to all funded agencies by September 7th. Regarding substantive changes, the proposed agreements reflect 1. updates regarding the latest revisions to the Eligibility Guidelines Agreements, 2. transition of named TPA from POMCO to UMR and named Enrollment Certifying Agent from POMCO to HND, 3. modification to Paragraph 4.1 to remove the “one-fourth of the Funding Limit per quarter” as a quarterly spending limit but to continue to require agencies who overspend in any quarter to submit the Board a written explanation and notice of any intention to request additional WVHA funding before year-end; 4. for agencies that do their own limited or full eligibility screening, insertion of language from the Eligibility Guidelines to make it clear that those who have other comprehensive health insurance are not eligible for WVHA reimbursements. Regarding individual agreements, counsel scheduled a conference call with HND and DRT to discuss the new “Eligibility Determination Services” agreement and come up with a jointly recommended best estimate of how to define “Applications” and what should be the threshold number to trigger an extra \$18 per application fee. The issues were resolved and drafted into the recommended agreement with a note that we did not have the data tracked in a useful way to actually know how many applications were processed each month last year because POMCO and HND reported the number of applications based on completely different definitions of what counts as an

“application”. The proposed agreement defines “Applications” in a manner we agreed was the best win-win for now until after the data is tracked by HND during this inaugural year.

With those clarifications, counsel anticipates recommending approval as to their legal form the following proposed agreements, A-S:

- A. Healthy Communities – Kidcare Outreach
- B. The Healthy Start --Access to Healthcare Services—SMA Outreach
- C. Rising Against All Odds, Inc. – Health Card Enrollment and Retention
- D. Rising Against All Odds, Inc. -- HIV/AIDS Outreach and Case Management
- E. Stewart-Marchman-Act (SMA) – Homeless Program
- F. SMA—Level II Residential Treatment
- G. SMA) – Baker Act Match
- H. SMA—Low Income Pool Letter Agreement
- I. The House Next Door—Community Based Mental Health Counseling
- J. The House Next Door—Eligibility Determination Services
- K. The Neighborhood Center of West Volusia “Access to Care”
- L. Volusia County Health Department—Florida Department of Health
- M. Northeast Florida Health Services, d/b/a Family Health Source FHS--Clinics
- N. Northeast Florida Health Services, d/b/a Family Health Source FHS—Prenatal

Below is a summary of the status of all other pending agreements that counsel has not received final confirmation regarding the agency’s acceptance of the proposed agreement:

Counsel does not anticipate that the form of the following agreements will need to be changed prior to their final approval by the Board. HHI did once again note in its funding application a request for approval of a group rate, but counsel does not recommend that the Board devote additional time to consider a rate structure that it recently rejected after extensive discussion and debate, particularly where HHI is advocating that it’s approved Funding Limit won’t be enough for it to provide the individualized services that the Board has approved. On that basis, counsel will include a final draft in the Board Materials and update the Board if some change is needed.

- O. Community Legal Services, Inc. Medical-Legal Partnership program,
- P. Community Life Center Outreach Services, Inc.
- Q. Good Samaritan Clinic of West Volusia County, Inc.
- R. Hispanic Health Initiatives, Inc.’s Taking Care of My Health
- S. Thirteenth Addendum--Primary Care Physicians Indigent Hospital Patient Program

Counsel was also asked by NEFHS—Pharmacy, SMA, HHI, Healthy Start Family Services to make significant changes to their reimbursement rate structures. SMA, upon further discussion about the ramifications, withdrew their request and as discussed, counsel is not recommending the one proposed by HHI. For NEFHS and Healthy Start, counsel is unable to recommend approval of the agencies’ proposed changes until counsel receives and analyzes the

supplemental information to support of those proposed changes. Counsel will circulate these agreements via email once the reimbursement terms are finalized:

- T. The Healthy Start –Family Services Coordinator
- U. Northeast Florida Health Services, d/b/a Family Health Source FHS—Pharmacy

Although each of these reimbursement rate changes were noted somehow in the underlying funding applications, as well as one requested by SMA for its Baker Act Match program, these notations should have been much more substantially explained and highlighted so that the proposals could have been fully vetted by the CAC and the Board much earlier in this funding process. Going forward, counsel recommends that the funding applications be changed to require a separate question as to “Whether the proposed reimbursement rate structure is significantly different from last year’s and, if so, please attach a separate letter to explain in detail why you are proposing this change and how it will increase or decrease quality of services, quantity of services and costs per unit of service?” or something to that effect.

Also, counsel had to request follow-up comparable rate information from several agencies that failed to include anything showing a good faith effort to find comparable rates either in Florida or other states, in Medicaid, Medicare or private insurance for the subject services. Most agencies were able to provide this information when requested. Counsel recommends that the CAC pay much closer attention to these responses and obtain this follow-up during their Q&A process.

III. 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 FHFH. Hospitals anticipate being able to agree on lower rates, but it is too far out to make a definitive commitment.
5. Relationship between maintenance of independent medical staff and clinically integrated network of employed and independent physicians and impact on recruiting and retention of quality physicians.
 6. Degree of coordination of ED and hospital services that WVHA may potentially contract to reimburse Halifax for its new West Volusia facilities.
 7. It is not expected that any right of first refusal to buy back the hospitals would be any part of the renewal contract.

IV. 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.