

**West Volusia Hospital Authority**  
**WVHA BOARD OF COMMISSIONERS REGULAR MEETING**  
**September 26, 2019**  
To commence upon the conclusion of the Final Budget Hearing of  
**5:05 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 Regular Meeting August 15, 2019
  - B. Approval of Minutes Initial Budget Hearing September 12, 2019
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
  - C. The House Next Door (THND) August HealthCard Report
7. Discussion Items
  - A. Proposed Budget 2019-2020
  - B. Site Visit Write Up FYE 2019
    1. Healthy Start Coalition of Flagler & Volusia (HSCFV) WIS/NOS Services
    2. HSCFV Family Services Coordinator
    3. SMA Residential Treatment Bed Services
    4. SMA Baker Act Services
  - C. SMA Low Income Pool Letter of Agreement \$274,452.00 (attached)
    1. Intergovernmental Transfers Questionnaire (completed by DRT & TWS) (attached)
  - D. UMR Summary Plan Document (SPD) Mailing costs (see attached email dated 9/4/2019, Donna Lupo, UMR)
  - E. Proposal from Veracity Benefits, A Strategic Partner of EMBS, Marilyn "Pepper" Schafer, Principal, Veracity, Mike Espenlaub, Principal, Veracity and James Vertino, CEO, EBMS, Dr. Andrew Murray, EBMS (attached)
  - F. Follow Up Items
    1. Special Meeting to Discuss the Future of Hospital Funding
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 15, 2019  
DeLand, Florida  
5:00 p.m.

**Those in Attendance:**

Commissioner Judy Craig  
Commissioner Dolores Guzman  
Commissioner Andy Ferrari  
Commissioner John Hill  
Commissioner Voloria Manning

**CAC Present:**

Elmer Holt  
Donna Pepin

**Others Present:**

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

**Call to Order**

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

**Approval of Proposed Agenda**

**Motion 075 – 2019** Commissioner Ferrari motioned to approve the agenda as amended. Commissioner Hill seconded the motion. The motion passed unanimously.

**Consent Agenda**

**Approval of Minutes Budget Workshop July 18, 2019**  
**Approval of Minutes Regular Meeting July 18, 2019**

**Motion 076 – 2019** Commissioner Hill motioned to approve the Consent Agenda. Commissioner Guzman seconded the motion. The motion passed unanimously.

**Citizens Comments**

There were two.

## **Reporting Agenda**

**UMR July Report – Written Submission**

**FQHC Report, Laurie Asbury, CEO, Northeast Florida Health Services, Inc.**

**d/b/a/ Family Health Source (FHS) July Report**

**Quarterly Pharmacy Audit**

**The House Next Door (THND) July HealthCard Report**

**Quarterly Report**

## **Hospital Quarterly Report**

**Advent Health DeLand (AHD), Lorenzo Brown, CEO and/or Kyle Glass, CFO**

Mr. Lorenzo Brown, CEO, AHD updated the Board in regards to their Community Care Program to reduce hospital admissions and their success and results.

**Advent Health Fish Memorial, Rob Deininger, CEO and/or Eric Ostarly, CFO**

Mr. Rob Deininger, CEO, AHFM also updated the Board regarding their Community Care Program and partnerships in the community. He also updated the Board in their expanded programs, upcoming OB unit and their free-standing emergency department, which should open in the first week of December 2019.

## **Contractual Utilization Reports to the WVHA Board of Commissioners**

**Hispanic Health Initiative (HHI), Josephine Mercado, Executive Director**

Mr. Peter Willems presented HHI's contractual utilization report to the WVHA Board (attached).

**Community Legal Services of Mid-Florida (CLSMF), Robin Hite, Resource Manager and Grants Manager**

Ms. Christina Walters and Katie Ourand presented CLSMF's contractual utilization report to the WVHA Board (attached).

## **Discussion Items**

### **Review Proposed Budget 2019-2020**

#### **2019-2020 CAC Ranking Recommendations**

There was much discussion about SMA and all their current WVHA funded programs as well as the new application for Healthcare Medication Assisted Treatment program. Commissioner Guzman wanted to consider funding for the new program; Commissioner Hill was not in support of fully funding the new program and further, he questioned the existing SMA WVHA funded line items.

There was much Board discussion regarding the 2019-2020 budget and further Board consent that \$225,000.00 shall remain in the Physician Services budgeted line item and direction to Attorney Small to draft the next amendment to the Physician Services Agreement so that \$175,000.00 is allocated to Emergency Medical Professionals (EMPros)

by the hospitals and \$50,000.00 is allocated to the Hospitalists. Further, remove any additional funding from the EMPros budget line item under “New Applicants” in the 2019-2020 budget presentation.

Commissioner Hill couldn't understand why the WVHA pays the local match for SMA Baker Act Services in the amount of \$300,000.00 and the SE District only funds, per Ms. Nicole Sharbono/SMA, roughly \$38,000.00? Halifax doesn't pay anything.

Ms. Sharbono responded that the SE District is a small district and Halifax has their own crisis service unit.

Mr. Eric Horst, CFO, SMA addressed the Board stating that the County of Volusia provides SMA with other matching dollars in a lump sum.

There was Board discussion and surprise that SMA was receiving matching dollars from the County of Volusia. The Board further requested that the representatives from SMA bring back the dollar amount that they receive from the County of Volusia in matching funds and matching dollars realized.

*Commissioner Andy Ferrari exited the meeting at 6:42 p.m.*

*Commissioner Dolores Guzman left the room to take a phone call at 6:42 p.m.*

#### **WVHA Revised Check Signing Schedule 2019 (attached)**

*Commissioner Dolores Guzman returned to the meeting at 6:47 p.m.*

**Motion 077 – 2019** Commissioner Hill motioned to approve the revised check signing schedule for 2019. Commissioner Guzman seconded the motion. The motion carried by a 4-0-1 vote.

#### **The House Next Door (THND) Budget Increase Request FY 2018-2019 \$14,000.00**

Mr. Al Powers advised the Board that THND was not going to exhaust their 2018-2019 WVHA budgeted line item for their Therapeutic Services Program and, if the Board so desired, they could transfer the additional funding amount from that line item into the HealthCard Processing budgeted line item.

**Motion 078 – 2019** Commissioner Hill motioned to transfer \$14,000.00 from THND's Therapeutic Services Program into their HealthCard Processing budgeted line item. Commissioner Guzman seconded the motion. The motion carried by a 4-0-1 vote.

#### **Rising Against All Odds (RAAO) Budget Increase for Prescreening Services of \$16,688.00 FY 2018-2019**

Mr. Powers again advised the Board that they could take this same action for RAAO, moving \$16,688.00 from their HIV/Aids Outreach WVHA budgeted line item transfer into their prescreening budgeted line item.



**Motion 079 – 2019** Commissioner Manning motioned to transfer \$16,688.00 from RAAO's HIV/Aids Outreach budgeted line item into their prescreening budgeted line item. Commissioner Hill seconded the motion. The motion carried by a 4-0-1 vote.

### **Johnson & Blanton**

Commissioner Hill stated that he asked to have this matter placed on tonight's Board Meeting Agenda. He was in contact with Johnson and Blanton and he now believed, that unless there are some substantial law changes, that the Board is not going to need this level of legislative services. After speaking with Mr. Blanton, Commissioner Hill expressed concern and suggested that the Board should provide Attorney Small with their collective direction and how they wanted to be represented, what specific direction the Board wanted to pursue. Commissioner Hill mistakenly believed that Johnson and Blanton were being hired to investigate the implications of the newly implemented law banning Sanctuary Cities.

Mr. Small, in an effort to avoid any further misunderstandings about the scope of work that Johnson and Blanton (J&B) are to provide for the Board, suggested to the Board that there is another issue that he recommends pursuing a legislative fix for. That would be the Agency for Healthcare Administration (AHCA) Medicaid Match and to persuade AHCA to more accurately identify residents of each of the three taxing districts located in Volusia County. Currently, administratively everything is convenient for AHCA and they are identifying residents by zip codes. As the Board knows there are zip codes in West Volusia County that cross over into Lake County, Flagler County and East Volusia County that the WVHA is potentially being assessed and charged with compensating these non-residents.

**Motion 080 – 2019** Commissioner Hill motioned to direct Attorney Small to ask J&B to pursue a legislative fix for AHCA to more accurately identify residents of each taxing district other than by zip codes. Commissioner Guzman seconded the motion. The motion carried by a 4-0-1 vote.

### **SMA AHCA LIP Match Opportunity, Mr. Eric Horst, CFO**

**Motion 081 – 2019** Commissioner Guzman motioned to provide the LIP Match for SMA from an existing WVHA SMA budgeted line item. Commissioner Hill seconded the motion. The motion carried by a 4-0-1 vote.

### **Follow-Up Items**

There were none.

### **Finance Report**

Mr. Al Powers, DRT reviewed for the Board the July financial statements (see attached).

**Motion 082 - 2019** Commissioner Guzman motioned to pay the bills totaling \$2,223,481.65. Commissioner Hill seconded the motion. The motion passed by a 4-0-1.

**Legal Update**

Mr. Theodore Small, Legal Counsel for the WVHA submitted his legal update memorandum dated August 6, 2019 (See attached).

**Commissioner Comments**

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

Adjournment

Judy Craig, Chair

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**Board of Commissioners Initial Budget Hearing**  
DeLand City Hall  
120 S. Florida Avenue, DeLand, FL  
September 12, 2019  
5:05 p.m.

**Those in Attendance:**

Commissioner Voloria Manning  
Commissioner Judy Craig  
Commissioner Andy Ferrari  
Commissioner Dolores Guzman

**Absent:**

Commissioner John Hill

**CAC Present:**

Elmer Holt  
Donna Pepin

**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 Craig called the meeting to order and confirmed that a quorum was established, and that Commissioner Ferrari was expected to arrive late. The meeting took place at DeLand City Hall, 120 S. Florida Avenue, DeLand, Florida, having been legally noticed on the TRIM Notice mailed by the Volusia County Property Appraiser.

**Millage proposal**

Chair Craig asked for discussion of the proposed millage necessary to fund the budget for Fiscal Year 2019-2020.

Chair Craig moved to public comment.

There was one.

Chair Craig asked for Commissioner discussion.

There was Board consensus to adopt the rolled-back millage rate of 2.0204 during this initial budget hearing.

Chair Craig read the Public Announcement of the West Volusia Hospital Authority 2019-2020 Tentative Millage Rate.

*5:19 p.m. Commissioner Ferrari arrived to the meeting.*

**Resolution 2019 – 003** Chair Craig read into the record Resolution of the West Volusia Hospital Authority to adopt the 2019-2020 Tentative Millage, Resolution 2019-003 (See attached).

**Motion 083 – 2019** Commissioner Ferrari motioned to adopt Resolution 2019-003. Commissioner Guzman seconded the motion.

Roll Call:

Commissioner Craig	Yes
Commissioner Ferrari	Yes
Commissioner Manning	Yes
Commissioner Hill	Absent
Commissioner Guzman	Yes

The motion was adopted by a 4-0-1 vote.

### **Discussion of Tentative Budget**

Chair Craig asked the Board if there was any discussion regarding the proposed budget for FY 2019-2020.

Chair Craig moved to public comment.

There were none.

Mr. Cantlay reviewed the 2019-2020 tentative budget presented for consideration.

Chair Craig invited the Board to engage in further discussion regarding the tentative budget

There was much Commissioner discussion of the proposed 2019-2020 budget. There was consent that The House Next Door's Therapeutic services line item would be reduced by \$10,000.00. Rising Against All Odds (RAAO) HIV/Aids line item would be reduced by \$16,000.00 and that amount would, instead be placed in RAAO's Prescreening line item bringing that up to \$50,000.00. The Board consented to keep Hispanic Health Initiative's funding at the same amount as last year of \$75,000.00. Further the Board consented to fund the new Neighborhood Center application at their original request of \$50,000.00. Mr. Cantlay advised the Board that Dreggors, Rigsby & Teal did not anticipate exhausting their General Administrative line item, so that was reduced from \$65,100.00 down to \$60,000.00. Lastly, there was Board consent to reduce

Other operating Expenses by \$100,000.00. All of this was in the hopes of reducing the mileage rate at the time of the Final Budget Hearing.

**Resolution 2019 – 004** Chair Craig read into the record the Resolution of the West Volusia Hospital Authority to Adopt the 2019-2020 Tentative Budget, Resolution 2019-004 (See attached).

**Motion 084 – 2019** Commissioner Ferrari motioned to adopt Resolution 2019-004. Commissioner Guzman seconded the motion

Roll Call:

Commissioner Craig	Yes
Commissioner Ferrari	Yes
Commissioner Manning	Yes
Commissioner Hill	Absent
Commissioner Guzman	Yes

The Resolution was adopted by a 4-0-1 vote.

#### **Set date of Public Hearing to Adopt Final Millage Rate and Final Budget**

**Resolution 2019 - 005** Chair Craig read into the record the Resolution of the West Volusia Hospital Authority to formally set the date of public hearing to make a final decision on the budget and taxes on Thursday, September 26, 2019 at 5:05 p.m. at DeLand City Hall, 120 S. Florida Avenue, Deland, Florida, Resolution 2018-004 (See attached).

**Motion 085 – 2019** Commissioner Manning motioned to adopt Resolution 2019-005. Commissioner Guzman seconded the motion.

Roll Call:

Commissioner Craig	Yes
Commissioner Ferrari	Yes
Commissioner Manning	Yes
Commissioner Hill	Absent
Commissioner Guzman	Yes

The Resolution was adopted by a 4-0-1 vote.

#### **Publication of Public Notices**

Chair Craig asked the Board to formally set the publication of notice of public hearing to adopt the final millage rate and final budget for Monday, September 23, 2019.

**Motion 086 – 2019** Commissioner Manning motioned to set the publication of notice of public hearing to adopt the final millage rate and final budget for Monday, September 23, 2019. Commissioner Guzman seconded the motion. The motion was adopted by a 4-0-1 vote.

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

Adjournment

Judy Craig, Chair



UMR

September 19, 2019

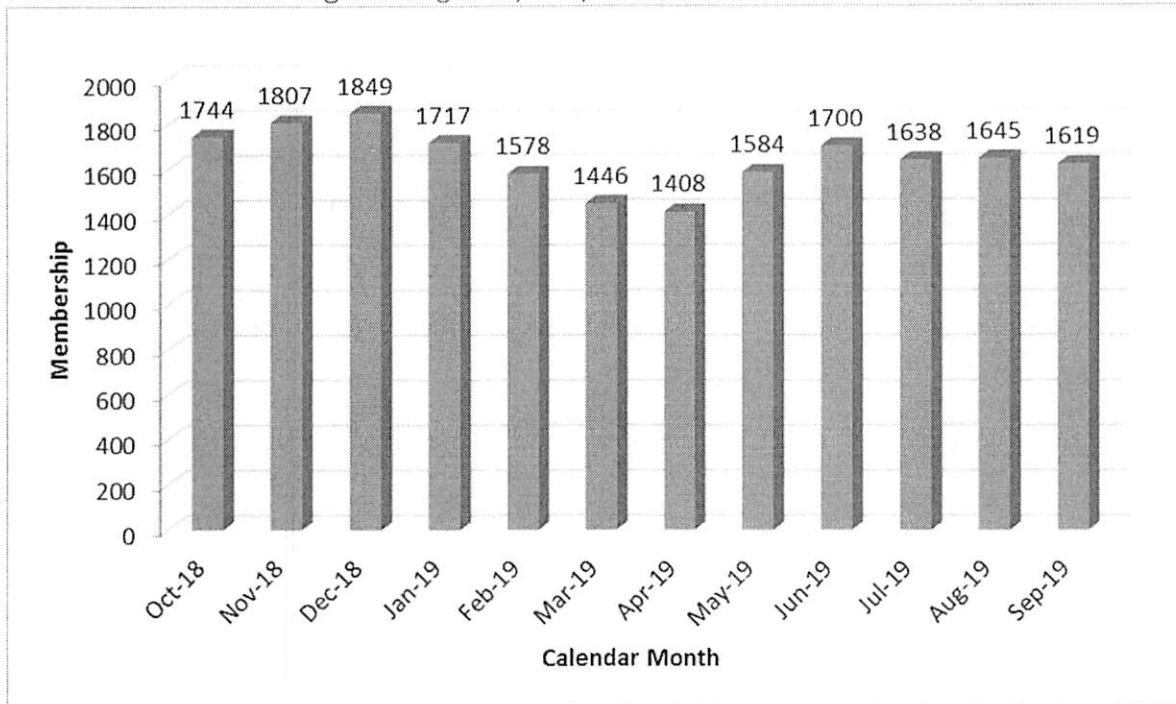
Submission Report for WVHA Board Members

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## WVHA Health Card Program Eligibility – by Calendar Month – as of September 1, 2019

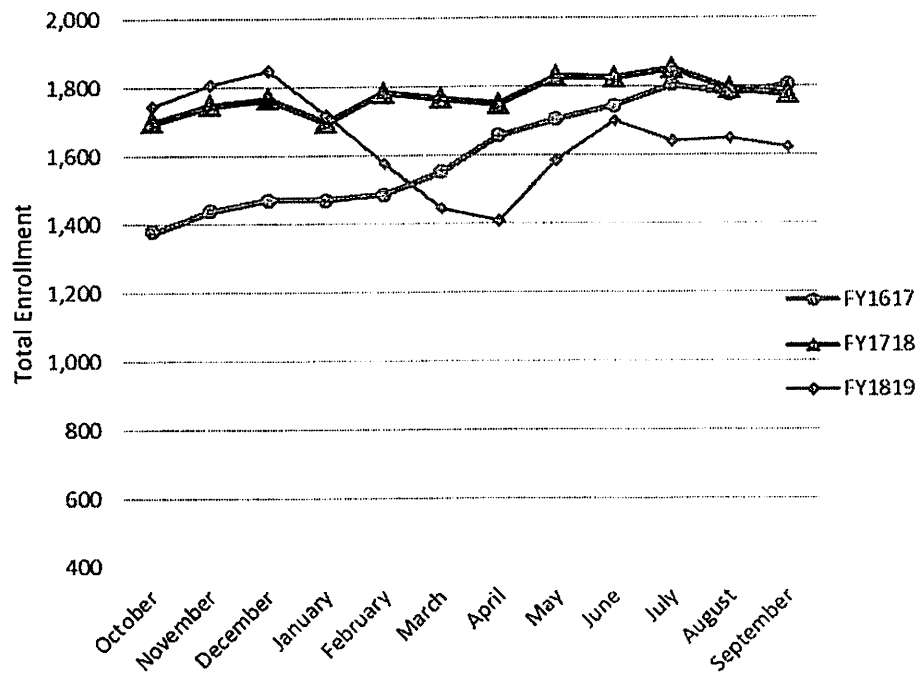


Eligibility reported above reflects eligibility as of the first of each month.

As of September 1, 2019, total program eligibility was 1,619 patients.

## WVHA Enrollment by Fiscal Year – as of September 1, 2019

WVHA Enrollment By Fiscal Year	
Month of Fiscal Year	FY1819
October	1,744
November	1,807
December	1,849
January	1,717
February	1,578
March	1,446
April	1,408
May	1,584
June	1,700
July	1,638
August	1,645
September	1,619
Grand Total	19,735



## WVHA Enrollment by Zip Code – as of September 1, 2019

WVHA Enrollment by Zip Code by Month					
Zip Code	May-19	Jun-19	Jul-19	Aug-19	Sep-19
32102	5	5	5	5	4
32130	62	62	53	53	53
32180	106	106	97	98	95
32190	19	19	20	22	23
32706	2	2	2	2	2
32713	64	64	60	64	62
32720	362	362	327	337	334
32721	4	4	3	3	3
32724	285	285	286	289	281
32725	334	334	336	331	333
32728	3	3	3	4	4
32732	1	1	0	0	0
32738	294	294	288	278	275
32744	26	26	25	24	26
32753	1	1	1	1	1
32759	1	1	1	1	0
32763	113	113	112	113	104
32764	15	15	15	15	14
32774	3	3	2	2	2
32762	1	0	0	0	0
32763	107	113	112	113	104
32764	13	15	15	15	14
32774	3	3	2	2	2

## Medical and Prescription Drug Claim Data

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

	FY1819				
Month	Drug Costs	Dispensing Fee Less Copayments	Total Costs	Total Rx's Filled	Avg Cost Per Rx
October	\$55,005.45	\$7,661.22	\$62,666.67	3,451	\$18.16
November	\$55,658.13	\$7,008.54	\$62,666.67	3,157	\$19.85
December	\$85,000.00	\$4,502.16	\$89,502.16	2,027	\$44.15
January	\$66,232.60	\$4,930.62	\$71,163.22	2,221	\$32.04
February	\$53,124.87	\$5,151.28	\$58,276.15	2,324	\$25.08
March	\$35,517.40	\$4,886.40	\$40,403.80	2,220	\$18.20
April	\$128,722.39	\$5,223.66	\$62,690.09	2,353	\$26.64
May	\$117,732.26	\$5,170.39	\$62,690.09	2,329	\$26.92
June	\$57,473.09	\$5,217.00	\$62,690.09	2,329	\$26.92
July	\$120,878.79	\$5,170.38	\$62,690.09	2,329	\$26.92
August					
September					
Grand Total	\$775,344.98	\$54,921.65	\$635,439.03	24,740	\$25.68

## Combined Medical Costs (as of Claims Payment through 8/31/2019)

Medical and pharmacy costs are reported on a paid basis

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
<b>FY1819</b>	<b>\$5,241,228.41</b>	<b>\$399,807.07</b>	<b>\$859,391.16</b>	<b>\$3,078,732.57</b>	<b>\$143,151.56</b>	<b>\$572,748.94</b>	<b>\$10,295,059.71</b>	<b>18,090</b>	<b>\$569.10</b>	<b>\$289.73</b>	<b>\$22.10</b>	<b>\$47.51</b>	<b>\$170.19</b>	<b>\$31.66</b>
October	\$14,319.08	\$64,081.46	\$124,186.81	\$351,047.84	\$0.00	\$62,666.67	\$616,301.86	1,744	\$353.38	\$8.21	\$36.74	\$71.21	\$201.29	\$35.93
November	\$64,583.26	\$26,032.33	\$74,964.35	\$186,963.92	\$0.00	\$62,666.67	\$415,210.53	1,807	\$229.78	\$35.74	\$14.41	\$41.49	\$103.47	\$34.68
December	\$261,035.64	\$65,053.76	\$91,409.27	\$305,262.72	\$0.00	\$89,502.16	\$812,263.55	1,849	\$439.30	\$141.18	\$35.18	\$49.44	\$165.10	\$48.41
January	\$1,068,458.10	\$23,389.99	\$53,066.17	\$287,311.72	\$39,478.62	\$71,163.22	\$1,542,867.82	1,717	\$898.58	\$622.28	\$13.62	\$30.91	\$167.33	\$41.45
February	\$2,464,398.16	\$36,655.51	\$1,991.59	\$287,643.00	\$0.00	\$58,276.15	\$2,848,964.41	1,578	\$1,805.43	\$1,561.72	\$23.23	\$1.26	\$182.28	\$36.93
March	\$385,346.04	\$34,197.22	\$64,117.36	\$250,263.73	\$23,710.35	\$40,403.80	\$798,038.50	1,446	\$551.89	\$266.49	\$23.65	\$44.34	\$173.07	\$27.94
April	-\$301,802.24	\$30,259.72	\$156,056.93	\$250,402.07	\$0.00	\$62,690.09	\$197,606.57	1,408	\$140.35	-\$214.35	\$21.49	\$110.84	\$177.84	\$44.52
May	\$107,230.45	\$28,429.68	\$95,876.69	\$377,100.46	\$44,489.15	\$62,690.09	\$715,816.52	1,584	\$451.90	\$67.70	\$17.95	\$60.53	\$238.07	\$39.58
June	\$335,243.45	\$23,334.37	\$45,521.42	\$186,653.05	\$0.00	\$62,690.09	\$653,442.38	1,700	\$384.38	\$197.20	\$13.73	\$26.78	\$109.80	\$36.88
July	\$311,232.30	\$20,727.88	\$58,055.86	\$213,176.94	\$22,399.86		\$625,592.84	1,638	\$381.92	\$190.01	\$12.65	\$35.44	\$130.14	\$0.00
August	531184.17	47645.15	94144.71	382907.12	13073.58		\$1,068,954.73	1,619	\$660.26	\$328.09	\$29.43	\$58.15	\$236.51	\$0.00
September							\$0.00							
<b>Grand Total</b>	<b>\$5,241,228.41</b>	<b>\$399,807.07</b>	<b>\$859,391.16</b>	<b>\$3,078,732.57</b>	<b>\$143,151.56</b>	<b>\$572,748.94</b>	<b>\$10,295,059.71</b>	<b>18,090</b>	<b>\$569.10</b>	<b>\$289.73</b>	<b>\$22.10</b>	<b>\$47.51</b>	<b>\$170.19</b>	<b>\$31.66</b>

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 8/31/2019)

Month	FY1819					
	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	Total
October	453	511	158	0	19	1,141
November	274	358	85	0	4	721
December	338	296	121	0	13	768
January	197	233	55	0	11	496
February	33	26	8	0	3	70
March	174	238	103	0	10	525
April	668	634	161	0	17	1,480
May	247	269	67	0	7	590
June	634	643	173	0	15	1,465
July	161	145	63	0	8	377
August	132	150	59	0	5	346
September						0
Grand Total	3,311	3,503	1,053	0	112	7,979

PCP encounter claims are reported on a paid basis

## Specialty Care Services by Specialty – Top 25 (August, 2019)

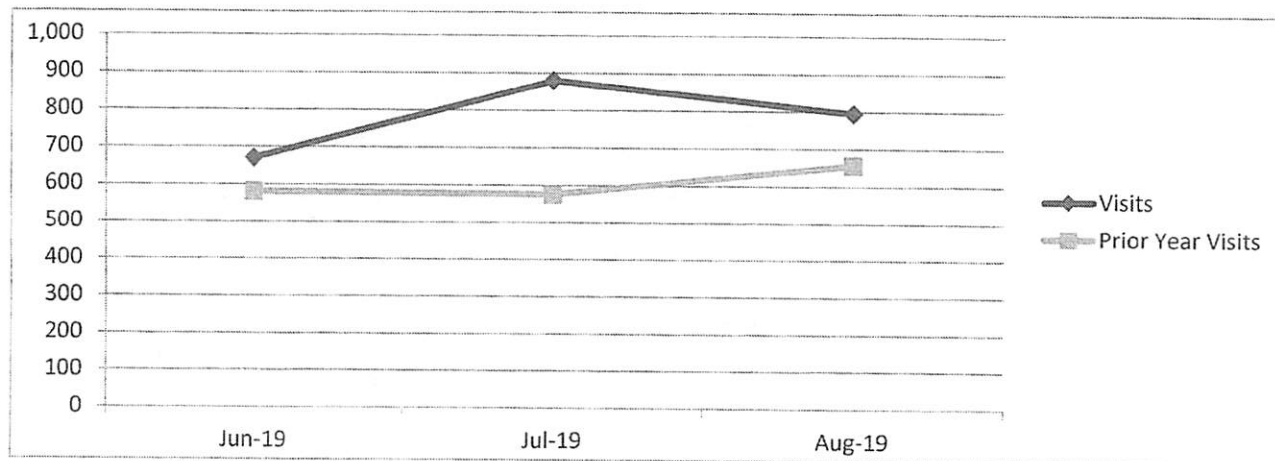
SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR AUGUST					
Order	SPECIALTY	Unique Patients	Claim Volume	Paid	Cost Per Patient
1	Hematology Oncology	35	90	\$ 96,748.37	\$ 1,074.98
2	Internal Medicine	62	130	\$ 32,242.87	\$ 248.02
3	Radiology	394	700	\$ 26,446.92	\$ 37.78
4	Oncology	25	54	\$ 22,320.48	\$ 413.34
5	Gastroenterology	75	119	\$ 22,138.02	\$ 186.03
6	Cardiovascular Diseases	50	77	\$ 20,602.41	\$ 267.56
7	Orthopedic Surgery	59	92	\$ 17,969.23	\$ 195.32
8	Physical & Occupational Therapy	56	256	\$ 17,740.53	\$ 69.30
9	Obstetrics & Gynecology	51	80	\$ 16,655.83	\$ 208.20
10	Ophthalmology	54	70	\$ 10,998.68	\$ 157.12
11	Pain Management	55	74	\$ 10,315.44	\$ 139.40
12	Anesthesiology	56	72	\$ 9,001.77	\$ 125.02
13	Pulmonary Medicine	38	77	\$ 7,673.60	\$ 99.66
14	Urology	26	35	\$ 5,833.73	\$ 166.68
15	Family Practice	40	59	\$ 5,362.31	\$ 90.89
16	Nurse Practitioner	50	61	\$ 5,210.24	\$ 85.41
17	General Surgery	14	21	\$ 4,852.97	\$ 231.09
18	Infectious Diseases	32	45	\$ 4,682.36	\$ 104.05
19	Nurse Anesthetist	33	37	\$ 4,533.82	\$ 122.54
20	Neurology	30	34	\$ 3,448.36	\$ 101.42
21	Cardiology	15	23	\$ 3,214.25	\$ 139.75
22	Counselor / Therapist	27	43	\$ 3,163.82	\$ 73.58
23	Podiatry	16	31	\$ 3,074.85	\$ 99.19
24	Nephrology	25	52	\$ 2,667.28	\$ 51.29
25	Physician Assistant	8	8	\$ 2,201.17	\$ 275.15



Northeast Florida Health Services  
August-19

Patient Visits

	Jun-19	Jul-19	Aug-19
Visits	671	880	796
Prior Year Visits	582	576	658



Patient Visits by Location

Location	Jun-19	Jul-19	Aug-19
Deland Medical	315	410	364
Deltona Medical	233	325	296
Pierson Medical	114	133	123
Daytona	9	12	13
<b>Total</b>	<b>671</b>	<b>880</b>	<b>796</b>

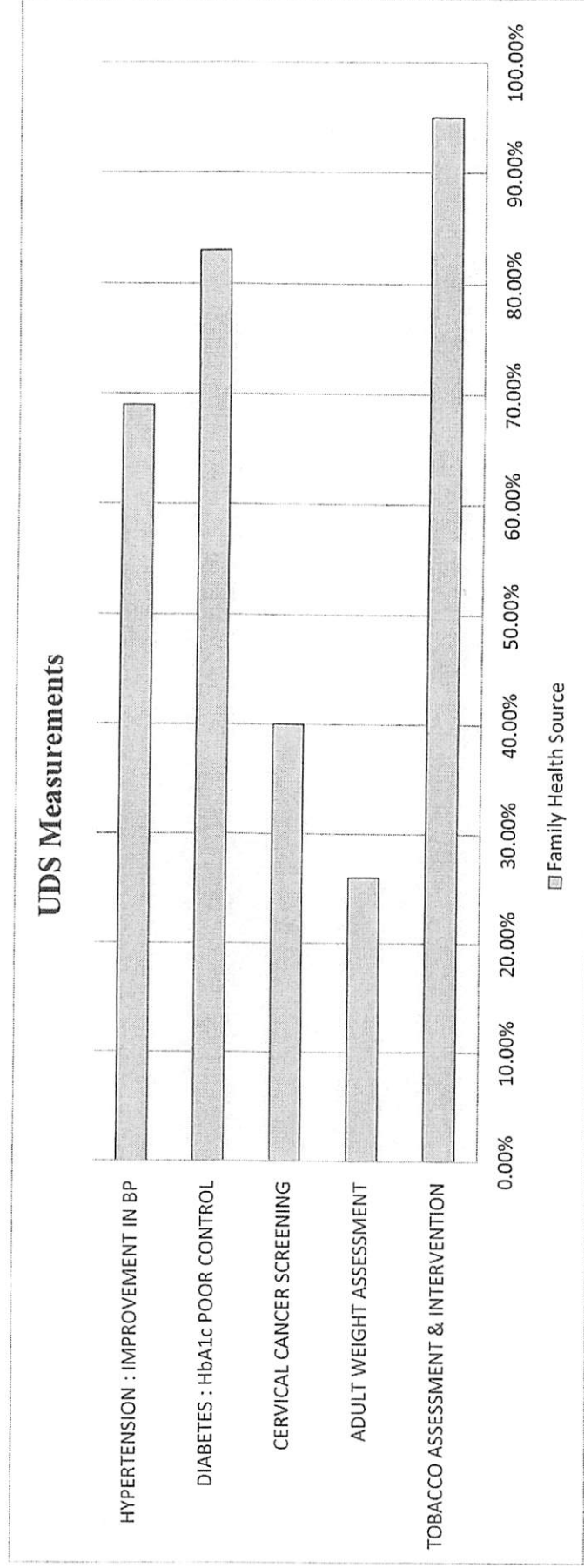


### Appointment Times

Location	Provider	Appointments
Daytona	Johnson	Same Day
Daytona	Fuller	Same Day
DeLand	Sauls	Same Day
DeLand	Fabian	Same Day
DeLand	Smith	Same Day
DeLand	Sanchez	Same Day
DeLand	Vasanji	Same Day
Deltona	Brown	Same Day
Deltona	Rodriguez	Same Day
Deltona	Koback	Same Day
Deltona	Mancini	Same Day
Pierson	Hoblick	Same Day
Pierson	Roberson	Same Day

## UDS Measures

Clinical Measures for the month of August 2019		Family Health
TOBACCO ASSESSMENT & INTERVENTION		95.00%
ADULT WEIGHT ASSESSMENT		26.00%
CERVICAL CANCER SCREENING		40.00%
DIABETES : HbA1c POOR CONTROL		83.00%
HYPERTENSION : IMPROVEMENT IN BP		69.00%





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32720  
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386-734-0252 (fax)

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

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

Flagler Counseling  
Center  
25 N Old Kings Road #7B  
Palm Coast, FL 32137  
386-738-9169  
386-943-8823

S. Daytona Counseling Center  
1000 Big Tree  
Road Daytona  
Beach, FL  
32114 386-301-  
4073  
386-492-7638 (fax)



COURTESY • INTEGRITY • ACHIEVEMENT



September 5, 2019

West Volusia Hospital Authority

## Monthly Enrollment Report

In the month of August there were 302 appointments to assist with new applications and 53 appointments to assist with pended applications from April for a total of 355 face to face contact with clients.

302 applications were submitted for verification and enrollment. Of these, 275 were processed by the end of the month (includes the roll overs from previous month) leaving the balance of 27 to roll over into September for approval.

Of the 275 that were processed, 262 were approved and 9 were denied. The remaining 4 were pended and letters were sent out to the clients.

Currently applications are being processed, approved and the client enrolled in 7 business days. Please note it takes up to five days once we enter the data into the UMR system for the client to be enrolled.

Respectfully submitted by Gail Hallmon



Dreggors, Rigsby & Teal, P.A.

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James H. Dreggors, CPA

Victoria A. Kizma, CPA

Robin C. Lennon, CPA

John A. Powers, CPA

Ann J. Rigsby, CPA/CFP®

Melissa J. Trickey, CPA

August 20, 2019

West Volusia Hospital Authority  
Board of Commissioners  
PO Box 940  
DeLand, FL 32720

Re: Healthy Start Coalition of Flagler and Volusia (HSCFV) Women's Intervention  
Specialist-Neonatal Outreach Specialist (WIS/NOS)

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated July 18, 2019 which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Healthy Start Coalition of Flagler and Volusia (HSCFV) Women's Intervention Specialist-Neonatal Outreach Specialist (WIS/NOS) services for the year ending September 30, 2019. WVHA reimburses HSCFV for outreach provided by WIS/NOS for addicted pregnant women, substance exposed infants, and other extremely high risk pregnant or post-partum women or infants residing within the WVHA boundaries. These procedures were performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance. WVHA funds 1 full time employee (FTE) for a WIS/NOS outreach specialist for addicted pregnant women, substance exposed infants, and other extremely high risk pregnant or post-partum women or infants residing within the WVHA boundaries. HSCFV documents activities as follows:

MEMBERS

- a. HSCFV provides to WVHA each month's invoices and total hours billed by the Outreach Specialist for the month at an hourly rate of \$35.34.
  - b. HSCFV provides reports to WVHA detailing activities of the Outreach Specialist. These reports include locations where applications and brochures are distributed and information regarding events, meetings and presentations attended by Specialist to assist in enrollment of participants. HSCFV promotes program enrollment and other activities performed by the Outreach Specialist to promote program participation.
2. Select a sample of transactions and test compliance with contract provisions.
- a. June 2019 was chosen for test procedures. From the individual list of client charges, twenty-one (21) clients were seen and ten (10) files were selected for compliance review.
  - b. HSCFV provided supporting files of all selected clients for review. One hundred percent (100%) of reimbursed dates of service were verified.
  - c. HSCFV provided supporting eligibility files for all selected clients for review. Nine (9) out of ten (10) files or ninety percent (90%) had photo identification with West Volusia addresses.
  - d. HSCFV provided copies of most recent payroll rate authorizations for WIS/NOS and detail payroll reports for the payroll dates covered by the monthly invoice. All information provided agreed to the monthly invoice.
  - e. HSCFV provides a monthly narrative report of all outreach activities, covering programs and agencies dealt with during each month, specific services provided, monthly results, data collected, services provided, overall program goals, concerns with program implementation along with a monthly utilization report.
  - f. HSCFV performs the WIS/NOS services collecting the city zip codes for each unique client. During the month of June, there were 121 encounters with reported zip codes in DeLand, Deltona, DeLeon Springs and Pierson for a total of 21 clients.

We were not engaged to, and did not, conduct an audit, the objective of which would be the expression of an opinion, on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures; other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the specified users listed above and is not intended to be and should not be used by anyone other than those specified parties.

Dreggors, Rigsby & Teal, P.A.  
Dreggors, Rigsby & Teal, P.A.



# Dreggors, Rigsby & Teal, P.A.

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Melissa J. Trickey, CPA

August 21, 2019

West Volusia Hospital Authority  
Board of Commissioners  
PO Box 940  
DeLand, FL 32720

Re: Healthy Coalition of Flagler and Volusia (HSCFV) Family Services Coordinator

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated July 18, 2019, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Healthy Start Coalition of Flagler and Volusia (HSCFV) for the year ending September 30, 2019. WVHA reimburses HSCFV Family Services Coordinator (FSC) for an all-inclusive capitated rate per program participant provided to West Volusia County residents. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
  - a. HSCFV provides to WVHA a monthly invoice summarizing clients served who qualify for WVHA funding. This report summarizes number of clients served, and zip code of residence
  - b. HSCFV personnel complete an income eligibility intake form with information obtained from the patient. This form is completed at the time of the first visit.
  - c. HSCFV is reimbursed an all-inclusive capitated rate of \$407.60 per program participant who received FSC services as specifically described

#### MEMBERS

in the Funding Request, including, but not limited to, assistance in application for Medicaid Managed Care (MMC), food stamps, and cash assistance through DCF Access, assist in navigating to application sites to obtain the WVHA HealthCard, provide information and/or referral to Women, Infant and Child (WIC) program, Healthy Start and other needed services, provide a referral for women to receive post-partum interconception health care or to parents of children for pediatric care.

2. Select a sample of transactions and test compliance with contract provisions.
  - a. June 2019 was chosen for test procedures. From the individual list of client charges, seventeen (17) clients were seen and ten (10) files were selected for compliance review.
  - b. HSCFV provided supporting files of all selected clients for review. One hundred percent (100%) of reimbursed dates of service were verified.
  - c. HSCFV provided supporting eligibility files for all selected clients for review. One hundred percent (100%) had photo identification with West Volusia address.
  - d. HSCFV collects self reported financial information on intake forms for all clients seen. One hundred percent (100%) of files or ten (10) files contained income verification.
  - e. One hundred percent (100%) of HSCFV eligible clients had proof of Medicaid applications.
  - f. One hundred percent (100%) of HSCFV clients contained referrals for the WVHA HealthCard Program.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
  - a. The Utilization Report of Services detailing clients served and demographic data with respect to those clients, which HSCFV provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
  - b. The HSCFV FSC records appeared to be complete and organized when reviewed for verification of visits.
  - c. The HSCFV client records appeared to be complete and organized when reviewed for verification of photo identification with West Volusia address.

We were not engaged to, and did not, conduct an audit, the objective of which would be the expression of an opinion, on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures; other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the specified users listed above and is not intended to be and should not be used by anyone other than those specified parties.

Dreggors, Rigsby & Teal, P.A.  
Dreggors, Rigsby & Teal, P.A.





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Melissa J. Trickey, CPA

August 29, 2019

Board of Commissioners  
West Volusia Hospital Authority  
PO Box 940  
DeLand, FL 32720

Re: Stewart-Marchman-Act (SMA) Residential Treatment Beds

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated July 18, 2019, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of SMA for the year ending September 30, 2019. WVHA reimburses SMA for residential treatment beds provided to West Volusia County residents. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
  - a. SMA provides to WVHA with each month's invoices, a list of clients who received services during the prior month. This de-identified list includes the client's city of residence, the admission date and the discharge date.
  - b. SMA personnel complete an income eligibility form with information obtained from the patient. This form is completed at time of admission if possible, or as soon as patient is capable of providing the information.
  - c. SMA is reimbursed a flat fee of \$188.35 per bed day at Level II Residential Treatment and for prescription medications provided to clients at the acquisition cost plus a \$7.00 filling fee per prescription.
2. Select a sample of transactions and test compliance with contract provisions.
  - a. April 2019 was chosen for test procedures. From the individual list of client charges, nine (9) clients were treated and five (5) files were selected for compliance review, or fifty-six percent (56%).

MEMBERS

SMA Residential Treatment Beds

Site Visit Review Summary

August 29, 2019

Page 2 of 2

- b. SMA provided supporting medical files of all selected clients for review. One Hundred percent (100%) of dates of admission and discharge dates, if applicable, were verified.
  - c. SMA provided supporting eligibility files of all selected clients for review. One hundred percent (100%) had valid photo identification.
  - d. SMA provided financial information for all selected clients for review. Eighty percent (80%) had an active/eligible WVHA HealthCard. One (1) client had an expired WVHA HealthCard.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
- a. The Utilization Report which details clients served and demographic data with respect to those clients, which SMA provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
  - b. SMA's medical files appeared to be complete and organized when reviewed for verification of services provided.
  - c. SMA's eligibility screening met the requirements of the funding agreement.
  - d. Recommend that SMA verify that clients have an active WVHA HealthCard for the dates of service being invoiced.
  - e. Recommend that SMA refund the WVHA for the four (4) days invoiced to the WVHA in the amount of \$753.40.

We were not engaged to, and did not conduct an audit, the objective of which would be the expression of an opinion, on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you. This report is intended solely for the information and use of the specified users listed above and is not intended to be and should not be used by anyone other than those specified parties.

*Dreggors, Rigsby & Teal, P.A.*

Dreggors, Rigsby & Teal, P.A.



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John A. Powers, CPA

Ann J. Rigsby, CPA/CFP®

Melissa J. Trickey, CPA

September 10, 2019

Board of Commissioners  
West Volusia Hospital Authority  
PO Box 940  
DeLand, FL 32720

Re: Stewart-Marchman-Act (SMA) Baker Act – Local Match Funding

Dear Commissioners:

We have performed the procedures detailed in our engagement letter for grantee site visits, dated July 18, 2019, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Stewart-Marchman-Act (SMA) Baker Act – Local Match Funding for the year ending September 30, 2019. WVHA provides local match funding (25%) to provide psychiatric crisis services under the Baker Act. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
  - a. Each month SMA provides to WVHA a list of clients who received services during the prior month. This de-identified list includes the client's city of residence, the admission date and the discharge date.
  - b. SMA personnel complete a Client Admission Registration Form with information obtained from the patient. This form is completed at time of admission if possible, or as soon as patient is capable of providing the information.
  - c. SMA personnel complete forms specific in identifying WVHA eligible clients to determine residency in West Volusia County along with an asset test worksheet listing the family size and asset limit based upon the WVHA Eligibility Guidelines.

- d. SMA multiplies the number of days of service for emergency services and the crisis stabilization unit times the rate established by the State of Florida (\$377.27 per day) plus 25% (local match funding) to equal the invoice total.
    - e. SMA multiplies the number of days of service for detoxification services times the rate established by the State of Florida (\$307.94) plus 25% to equal the invoice total.
  2. Select a sample of transactions and test compliance with contract provisions.
    - a. May 2019 was chosen for test procedures. A de-identified list of client visits was provided (92 client events).
    - b. From the individual list of client visits, ten percent (10%) were selected for compliance review (10 clients) of income and residency eligibility. From this list:
    - c. SMA provided supporting medical files of all selected clients for review. 100% of admission and discharge dates were verified.
    - d. SMA provided WVHA approved admission forms for all ten (10) clients per paragraph 6 of their WVHA Funding Agreement, or one hundred percent (100%).
    - e. In addition to SMA providing WVHA approved admission forms for all ten (10) clients per paragraph 6 of their WVHA Funding Agreement, four (4) clients had active WVHA HealthCards. One (1) client indicated active Medicaid; however, Medicaid does not reimburse for psychiatric services.
    - f. SMA provided photo ID for five (5) clients of the ten (10) sampled or fifty percent (50%)
    - g. SMA provided a copy of "Exhibit L" of the agreement with the State of Florida to verify the reimbursement rate of \$377.27 established for Adult Mental Health.
    - h. SMA provided a copy of "Exhibit L" of the agreement with the State of Florida to verify the reimbursement rate of \$307.94 established for Substance Abuse Detoxification.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
  - a. The Utilization Report which details clients served and demographic data with respect to those clients, which SMA provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
  - b. SMA's medical files appear to be complete and organized when reviewed for verification of services provided.
  - c. SMA's eligibility screening did not meet the requirements of the funding agreement.
  - d. Recommend that SMA establish a follow up protocol with the WVHA screening agency, The House Next Door (THND) to ensure that these clients apply for and secure valid WVHA HealthCards (HC) and retain a copy of that HC in their client files.

We were not engaged to, and did not conduct an audit, the objective of which would be the expression of an opinion, on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you. This report is intended solely for the information and use of the specified users listed above and is not intended to be and should not be used by anyone other than those specified parties.

*Dreggors, Rigsby & Teal, P.A.*

---

Dreggors, Rigsby & Teal, P.A.

## Eileen Long

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**From:** Eric Horst <ehorst@smahealthcare.org>  
**Sent:** Wednesday, September 11, 2019 5:40 PM  
**To:** Eileen Long; Ted Small (tsmall@businessemploymentlawyer.com)  
**Cc:** Sheila Jennings; Ivan Cosimi; Nicole Sharbono  
**Subject:** SMA Baker Act Match

Eileen/Ted:

I prepared the response below in order to provide WVHA board members with information regarding Baker Act match funding received by SMA. I will be on vacation until the 23<sup>rd</sup> but can respond to any questions after that date.

SMA receives \$25 million in State funding through the Department of Children and Families for the provision of behavioral health services. As a condition of the funding, SMA is required to secure match funding. The amount of the required match is computed and provided to us after the start of each year. The calculation is determined based on the service categories funded and the source of the underlying funding. Dollars SMA receives from four counties and two hospital tax districts count toward meeting our match obligations. During the WVHA meeting on August 15, board members inquired about match dollars received by SMA for services falling under DCF Baker Act funding. In an earlier e-mail Nicole Sharbono referenced Florida Statute requirements for local communities under Chapter 394, part IV. The SMA Crisis Stabilization Unit (CSU) receives base DCF funding of \$2,763,868 annually. In 2017 through, an award under Central Receiving Systems (CRS), we were able to expand the CSU unit by 5 beds with an additional funding level of \$688,518. The resulting total funding level of \$3,452,386 requires 25% local match, or \$863,097, under Florida Statute. The SMA Detox unit receives \$1,608,147 of state funding and \$380,577 of local match funding. The funding detail is shown below.

### SMA Crisis Services

	CSU	Detox	Crisis Support	Total
<b>State Funding Level</b>	\$3,452,386	\$1,608,147	\$1,320,000	\$6,380,533
<b>Match:</b>				
Statutorily required (25%)	863,097	-	-	863,097
Non-statutorily required	110,281	380,577	285,902	776,760
<b>Total match</b>	<b>973,377</b>	<b>380,577</b>	<b>285,902</b>	<b>1,639,856</b>
<b>Match Source:</b>				
West Volusia Hospital Authority	200,000	100,000	-	300,000
Southeast Volusia Hospital District	30,483	-	-	30,483
Volusia County	716,485	212,861	285,902	1,215,248
Flagler County	26,409	67,716	-	94,125

As discussed in the earlier meeting, SMA does not receive Baker Act matching funds from the Halifax Hospital District. Halifax Health Medical Center operates its own Baker Act receiving facility. I do not believe they receive any state funds to operate their adult crises unit. The Halifax Hospital District is effectively funding any indigent clients receiving these services.

**Eric Horst**

## **Low Income Pool Letter of Agreement**

**THIS LETTER OF AGREEMENT (LOA)** is made and entered into in duplicate on the \_\_\_\_\_ day of \_\_\_\_\_ 2019, by and between West Volusia Hospital Authority on behalf of SMA Behavioral 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 Children’s Health Insurance Program (CHIP) shortfall. The state and providers that are participating in Low Income Pool (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 Healthcare Financial Management Association (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 compliant with 42 CFR Part 433 Subpart B.

“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 Senate Bill 2500, the General Appropriations Act of State Fiscal Year 2019-2020, passed by the 2019 Florida Legislature, the West Volusia Hospital Authority and the Agency agree that the West Volusia Hospital Authority will remit IGT funds to the Agency in an amount not to exceed the total of **\$274,452**.
  - a. The West Volusia Hospital 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 West Volusia Hospital 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 West Volusia Hospital Authority will return the signed LOA to the Agency no later than October 1, 2019.
3. The West Volusia Hospital Authority will pay IGT funds to the Agency in an amount not to exceed the total of **\$274,452**. The West Volusia Hospital Authority will transfer payments to the Agency in the following manner:
  - a. Per Florida Statute 409.908, annual payments for the months of July 2019 through June 2020 are due to the Agency no later than October 31, 2019 unless an alternative plan is specifically approved by the agency.
  - b. The Agency will bill the West Volusia Hospital Authority when payment is due.
4. The West Volusia Hospital 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 West Volusia Hospital Authority agrees to maintain books, records, and documents (including electronic storage media) pertinent to performance under this LO A in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided.
- ii. The West Volusia Hospital 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 West Volusia Hospital Authority agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.

**b. Retention of Records**

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

d. Assignment and Subcontracts

- i. The West Volusia Hospital 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. This LOA may only be amended upon written agreement signed by both parties. The West Volusia Hospital 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 West Volusia Hospital 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 West Volusia Hospital Authority agrees the following provision shall be included in any agreements between the West Volusia Hospital 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, 2019 through June 30, 2020 and shall be terminated June 30, 2020.
  - 9. 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.

<b>LIP Local Intergovernmental Transfers (IGTs)</b>	
<b>Program / Amount</b>	<b>State Fiscal Year 2019-2020</b>
LIP Program	\$274,452
<b>Total Funding</b>	<b>\$274,452</b>

**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:** \_\_\_\_\_



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

September 17, 2019

Dear Provider:

Based on feedback expressed by some in the hospital community, the Agency has revised the Letter of Agreement and the Intergovernmental Transfers Questionnaire. Both revised copies accompany this letter. If you have already submitted your questionnaire, then you do not need to re-submit the revised version.

Some of the questions may not be applicable to your organization, but the questionnaire includes an open text box and I encourage you to provide written explanations.

Thank you for your participation and continued partnership.

Sincerely,

A handwritten signature in cursive script, reading "Mary C. Mayhew", is written in dark ink.

Mary C. Mayhew  
Secretary





RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

## Intergovernmental Transfers Questionnaire

1. What type of governmental entity is your organization considered? If other, please explain. (county, city, hospital taxing district, or other)

Hospital Taxing District

2. Does your organization have a relationship with the provider for which you contribute IGTs as named in the preamble of the enclosed Letter of Agreement (LOA)?  
a. If so, please describe your relationship.

Yes, they provide medical services for which we pay on a fee for service basis

- b. Does your organization have a relationship with another provider eligible for LIP, DSH, or GME funding? If so, please describe your relationship.

Have not been notified about such eligibility at this time

3. Please describe the source of the IGT funding for your organization.

Ad Valorem Property Taxes

4. Are the IGTs funds generated from taxes? If yes, please answer the following questions:

- a. Are they generated by "health care related taxes" as specified in 42 CFR §433.68? If yes, please explain.

No

- b. Are they generated by a state or local tax?

Yes, local real property Ad Valorem Taxes



c. What is the tax structure?

Ad Valorem property taxes

d. What entities are taxed?

All non-exempt real property owners in West Volusia County

e. What is the amount or percent of the tax?

Current millage rate 2.1751 FYE 2019

f. Is the tax uniform across all entities being taxed?

Yes

g. Is the tax broad based? A broad based tax can be defined as a tax that is imposed on at least all health care items or services in the class or providers of such items or services furnished by all non-Federal, non-public providers in the State, and is imposed uniformly, pursuant to 42 CFR § 433.68.

Not healthcare related tax, but the local Ad Valorem real property tax in West Volusia County

+

5. If any of the IGT funds are not generated from taxes, please provide the funding source of the IGTs.

a. Are any of the IGT funds related to "provider-related donations" as defined in 42 CFR § 433.52?

No

b. How much of the amount of pledged IGTs is generated from a health care system?

None, except to the extent that a healthcare system is an owner on non-exempt real property

+

- i) Please provide the details of the agreement including the amount between the IGT provider and the health care system.

The agency provides various types of medical services for indigent residents for which WVH/



6. Does any portion of the pledged IGTs constitute as a "bona fide donation" pursuant to 42 CFR § 433.54?
- a. If any portion of the IGTs are generated from taxes, are they considered a "public fund" as delineated in 42 CFR §433.51?

No

- i) If yes, are any of the "public funds" federal funds? If so, please specify.

7. Does your entity have an agreement with one or more providers to guarantee a portion of the Medicaid supplemental funding?

No, a flat fee is paid for units of medical services provided to indigent residents

I \_\_\_\_\_ certify that the statements and information contained in this submittal are true, accurate, and complete.

\_\_\_\_\_  
**Signature of Officer or  
Administrator**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

## Eileen Long

---

**From:** Lupo, Donna E <donna.lupo@umr.com>  
**Sent:** Wednesday, September 04, 2019 9:21 AM  
**To:** Eileen Long; Ron Cantlay  
**Subject:** UMR SPD Mailing

Hi Eileen and Ron,

I hope you did not have much affect from storm! This was a scary hurricane ☹

I wanted to touch base with you both regarding the SPD mailing. Below in red was the last communication from Shawn outlining the cost and I looked in my notes and I did not see an approval to move forward after we sent the pricing. I did work with my internal teams and we did come up with a process to identify only those NEW members, excluding those that have requalified, so that after the global mailing we only send an SPD to any new enrollees.

Here is the current cost of the global mailing with the enrollment from August - ( $\$4.08 \times 1,645 = \$6,711.60$ )

Shawn provided the below information initially in the Board Report from April:

The cost to do a global mailing of the plan document to all current WVHA Health Card members would be approximately \$4.08 for each plan document multiplied by the number of current health card members ( $\$4.08 \times 1,408 = \$5,745$ ). A process to mail plan documents to any new future health card members is still being reviewed.

I didn't want to move forward until I connected with you again to make sure we have approval.

Thanks, and let me know if you want to have a call to discuss.

**Donna E. Lupo** – UMR Strategic Account Executive  
3000 Bayport Dr | Suite 1170 | Tampa, FL 33607  
Phone: (813) 890-4519 | Fax: (813) 890-4550 | Cell (813)-597-4827  
[Donna.Lupo@umr.com](mailto:Donna.Lupo@umr.com)  
DRG0002151 and DRG0004808

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# Proposed Strategic Path Forward for West Volusia Hospital Authority







# Who Is EBMS?

---

- A Third Party Administrator Founded in 1980 in Billings, MT
- National organization
- Full Service TPA

**39**  
years

in business

**325**

employees

**160,000**  
covered

medical lives

**275**

self-funded  
plan sponsors

**14**

employer on-site  
clinics managed



# Who Is Veracity Benefits?

---

- An independent firm focused on helping groups save money without sacrificing quality of care
- Partner of EBMS, national TPA

**25**  
years

principals each have  
over 25 years  
experience in  
working with group  
benefits

**Over a  
dozen**

networks  
developed

**\$1.8M**

dollars saved in  
just the last 6  
months



# Three Core Goals That Drive Everything We Both Do



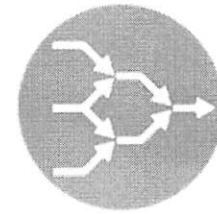
## Reduce Costs

Contain  
costs for  
***organizational  
well-being***



## Improve Care

Improve the  
care experience for  
***member  
well-being***



## Make It Easy


Simplify the  
benefit journey for  
***everyone's  
well-being***



## Current WVHA Situation

- Average members = 1,650
- Clinic visits = 5.5 visits/member/year
- Specialty costs = high dollars
- Clinic and pharmacy costs potentially capped
- 80% member retention year to year
- Primary care access = 4 FWHCs
- Benefits involve little or no member cost-sharing
- Eligibility determined every 6 months





To determine opportunities for improvement, we need to **evaluate these things:**

---

- Effectiveness of clinic
  - Utilization of Specialty Services
    - Caps on Clinic and Pharmacy Spend
    - Cost Sharing by Members
      - Determinations of Eligibility



To determine **opportunities for improvement**, we need -

---

**Targeted data analytics, to analyze:**

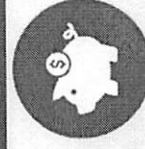
- Cost of clinics vs expanded access
- Cost vs utilization of specialty services
- Cost of benefits vs alternate benefits
- Cost/benefit of eligibility requirements
- Cost of wellness vs long-term payoff





# Phase #1 of Strategic Plan for WVHA.....

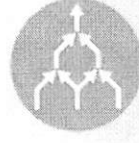
- Claims
- Eligibility Loads
- Banking
- Current Contracts plus specialty network
- Telemedicine
- PBM
- Dedicated Member Services
- Dedicated Provider Services
- WVHA Portal
- Member Portal
- Mobile App



Reduce Costs



Improve Care



Make It Easy

## Hello Stephanie

Member ID: 98Z1be2dd

What would you like to do today?

- Find a Provider >
- Find a Pharmacy >
- Refill a Prescription >
- Submit a Claim >
- Make an Appointment >

### Your benefits summary

#### Medical

(01-01-2019 - 12-31-2019)

Family You Nelson Kenda Wade

In network	Co-insurance 80%
Deductible	\$0.00 of \$300.00
Out Of Pocket	\$0.00 of \$3,000.00

Out of network	Co-insurance 60%
Deductible	\$0.00 of \$3,000.00
Out Of Pocket	\$0.00 of \$43,800.00

#### Dental

(01-01-2019 - 12-31-2019)

Family You Nelson Kenda Wade

In network	Co-insurance 80%
Deductible	\$0.00 of \$150.00
Out Of Pocket	\$0.00 of \$10,400.00

Out of network	Co-insurance 80%
Deductible	\$0.00 of \$150.00
Out Of Pocket	\$0.00 of \$43,800.00

#### Vision

(01-01-2019 - 12-31-2019)

Family You Nelson Kenda Wade

In network	Deductible
Deductible	\$0.00 of \$0.00
Out Of Pocket	\$0.00 of \$0.00

Out of network	Deductible
Deductible	\$0.00 of \$0.00
Out Of Pocket	\$0.00 of \$0.00

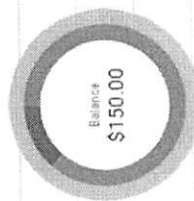
### Health Savings Account

Balance  
**\$150.00**

Available  
\$0.00

Contribution  
\$1,100.00

Spent  
\$950.00



#### Recent Claims

Date	Provider	Amount	Status
07-06-18	Katie A Germany	\$1,800.00	In Progress
07-05-18	Katie A Germany	\$0.00	Completed
07-04-18	Katie A Germany	\$0.00	Completed

[View all medical claims >](#) [Submit medical claims >](#)

#### Recent Claims

Date	Provider	Amount	Status
No recent claims found			

[View all dental claims >](#) [Submit dental claims >](#)

#### Recent Claims

Date	Provider	Amount	Status
No recent claims found			

[View all vision claims >](#) [Submit vision claims >](#)

#### Recent Claims

Date	Description	You Paid	Status
<a href="#">View All Transactions &gt;</a>			

[Submit Claims >](#)

### Quick Actions



Order a new ID card



Update HIPAA Authorization



Request certificate of coverage



Manage Enrollment

### Helpful Information

- [How to navigate the new miBenefits >](#)
- [Understanding your Explanation of Benefits >](#)

Doctor help for less cost than a co-pay?

That's your telemedicine benefit.

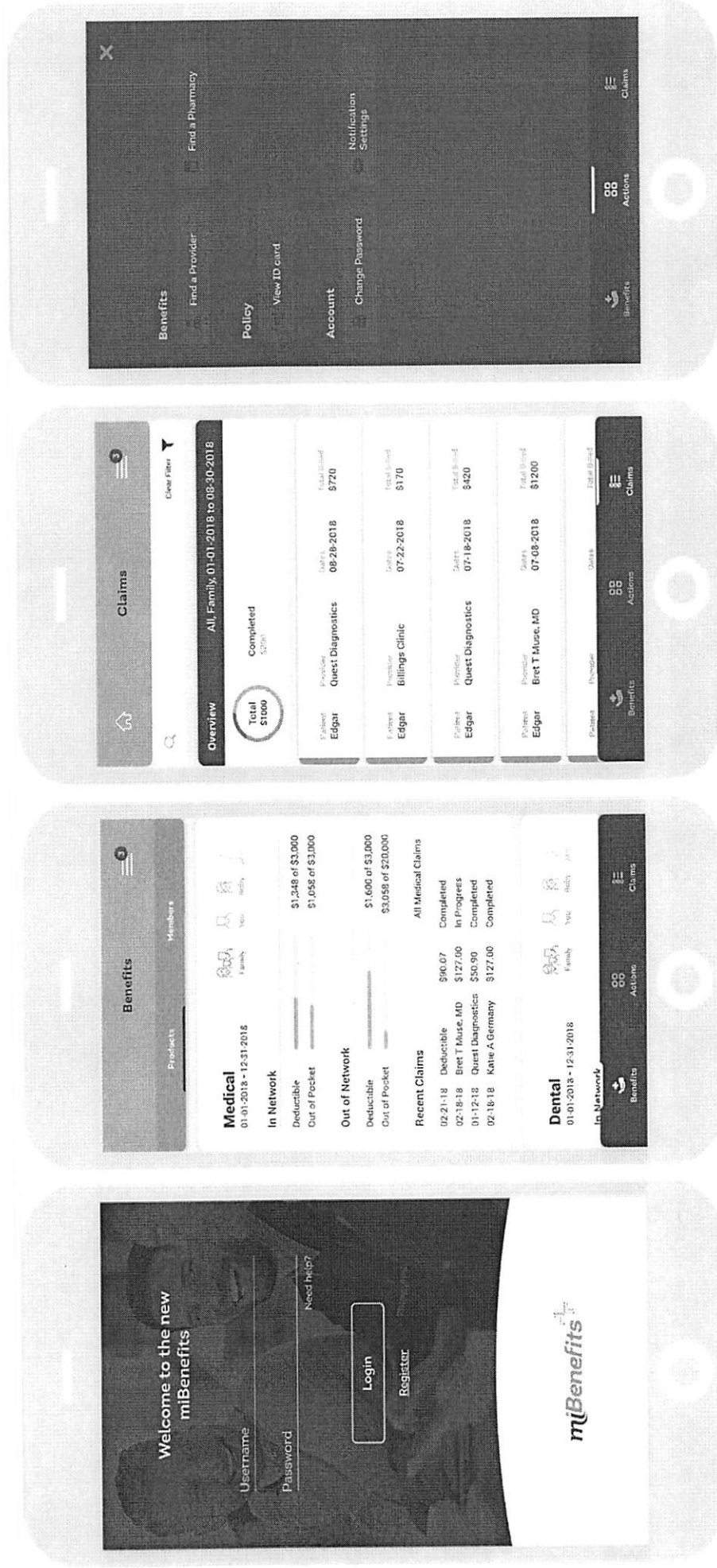
[Click Here](#)

WELL-VIA





## Mobile for Members





# Pharmacy Solutions from VeracityRx



a strategic partner of **ebms**

Transparency and ethical pricing in action

## VeracityRx services:

- Preferred vs non-preferred networks
- Formulary management
- Do not Cover Drug List
- Manage specialty pharmacy selection
- Specialty Pharmacy Savings
- Manufacturers' assistance





# Plan Design Starts With a Dedicated Account Manager and Personalized Services

Someone who  
answers the phone!!



a strategic partner of **ebms**<sup>®</sup>



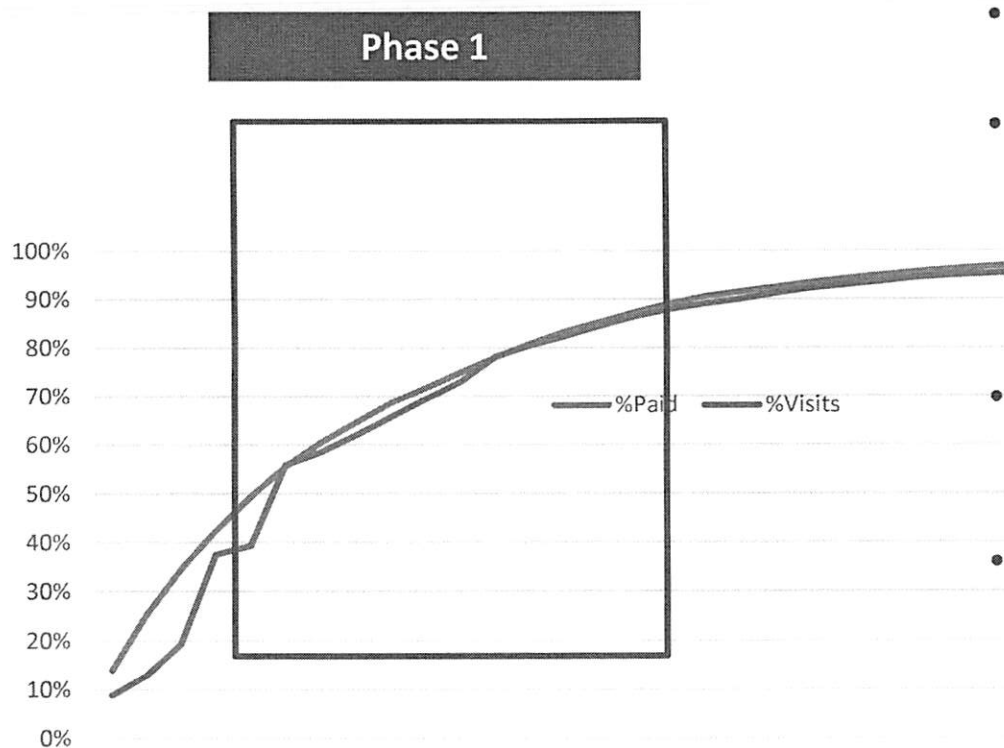
# Plan Design **Recommendations**

---

- Encourage or require each member to get an annual health assessment;
- Issue free glucose monitors;
- Modify copays: increase by \$10-\$25;
- Make Specialty copay higher than PCP;
- Use data analytics to identify opportunities for savings through wellness or chronic disease management.

# Phase 1: Direct network development strategy and prioritization

*Distribution of specialist services by specialty*



*May need 40 - 50 contracts*

## Phase 1

- First 40 - 50 contracts should immediately capture at least 80% of specialist spend
- With miCare clinics managing referrals (and fact that these contracts include multi-specialty providers) we may be able to extend this to capture 85% - 90% of specialist spend
- Additional contracts that may be needed would be to address only the residual spend (~15%)
- We may be able to do so through an RBP wrap at tailored % of Medicare by specialty that achieves the current specialist payout profile
- At time of referral proactively approach provider for direct contract

# Phase 1: Direct network development strategy and prioritization

## Target specific Specialist Providers for Phase 1

### INM - in-patient medical

FLORIDA HOSPITAL HEALTHCARE PA  
FLORIDA CANCER SPECIALISTS  
CENTRAL FLORIDA INPATIENT MEDI  
DAYTONA HEART GROUP  
LEAVITT MEDICAL ASSOCIATES OF  
FLORIDA HOSPITAL DELAND  
PULMONARY PRACTICE ASSOC  
FLORIDA CANCER SPECIALIST  
DELAND MEDICAL ASSOCIATES  
SOUTHWEST VOLUSIA MEDICAL ASSO  
FLORIDA HOSPITAL MEMORIAL DIVI  
SOUTHWEST VOLUSIA HEALTHCARE C  
UNIVERSITY MEDICAL CARE  
CENTRAL FLORIDA MEDICAL ASSOCI  
MID-FLORIDA HEMATOLOGY ONCOLOG

### CAD - cardiology

GARY HECHT  
DAYTONA HEART GROUP  
CEN FL CARDIOVASCULAR CONSULTA  
ORLANDO CARDIAC AND VASCULAR S  
SOUTHWEST VOLUSIA HEALTHCARE C  
SOUUHWEST VOLUSIA HEALTHCARC  
FLORIDA HOSPITAL DELAND  
HALIFAX HEALTH CARE SYSTEMS IN

### HEO - hematology

FLORIDA CANCER SPECIALISTS  
FLORIDA CANCER SPECIALIST  
MID-FLORIDA HEMATOLOGY ONCOLOG  
HALIFAX HEALTH CARE SYSTEMS IN  
FLORIDA HOSPITAL MEDICAL GROUP

### RAD - radiology

FPMG DBA RADIOLOGY SPECIALISTS  
FPMG DBA RADIOLOGY SPECIALIST  
MEDICAL CENTER RADIOLOGY GROUP

### SRG - surgery

ORANGE CITY SURGERY CENTER  
BLUE SPRINGS SURGERY CENTER  
BLUE SPRINGS SURGERY CENT

### PHY - PT & Rehab

TRITTSCHUH PHYSICAL THERAPY IN  
ACUPUNCTURE AND PHYSICAL THERA  
ABILITY HEALTH SERVICES AND RE

### PAM - pain management

PRC ASSOCIATES LLC

### GAS - gastroenterology

DELAND MEDICAL ASSOCIATES  
SOUTHWEST VOLUSIA MEDICAL ASSO  
GASTROENTEROLOGY OF GREATER OR  
SOUTHWEST VOLUSIA HEALTHCARE C  
MEMORIAL HOSPITAL WEST VOLUSIA  
FLORIDA HOSPITAL MEDICAL GROUP

### OPS - orthopedic

FLORIDA ORTHOPAEDIC ASSOCIATES  
NORTH SHORE LIJ MEDICAL PC

### PUD - pulmonology

PULMONARY PRACTICE ASSOC  
DELAND MEDICAL ASSOCIATES  
SOUTHWEST VOLUSIA HEALTHCARE C

### OPH - opthtalmology

HOWARD J SAKOWITZ MD PA  
HOWARD SAKOWITZ  
HOWARD J. SAKOWITZ MD P.A

### INF - infections diseases

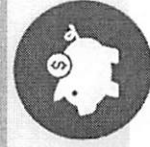
MIDLAND FL ID SPECIALISTS  
DELAND MEDICAL ASSOCIATES





## Phase #2 of Strategic Plan for WVHA

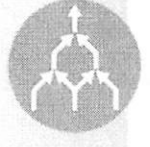
- Primary Care Clinics
- Adoption
- Screenings
- Rx Dispensing
- Eliminate FQHCs
- Additional Specialists Contracted
- Narrow Network
- 340B Rx Program
- Enrollment services in clinics



Reduce Costs



Improve Care



Make It Easy



# Network Analysis

---

## **Proposed network configuration**

- 3 community-based miCare Health Centers
- 1 community-based miRx Pharmacy
- Consider contracting for dedicated Hospitalist services to manage in-patient follow-up care
- 2 Hospitals (Advent Health), supplemented with tight network for infusions and freestanding surgery centers
- Tight network of imaging centers
- Direct provider contracts: ~50 in Phase 1, extended to ~200 in Phase 2

## **Lab Testing strategy**

- Point of care testing and all lab draws at miCare
- Exclusive contract with Quest / LabCorp for specialized off-site tests will fully meet needs





## miCare offers a fully customizable primary care solution for WVHA

### Primary care

**During clinic hours:** All services typically offered in a traditional primary care setting



**After hours:** Remote consultations (telephone or video) for acute problems



### Wellness

Empower patients to promote healthy lifestyles

### Population Health Management

Proactively identify members at risk and coordinate care

### Pharmacy *miRx*

- on-the-spot dispensing of 200 medicines for many common acute conditions
- other medications ordered and delivered to clinic

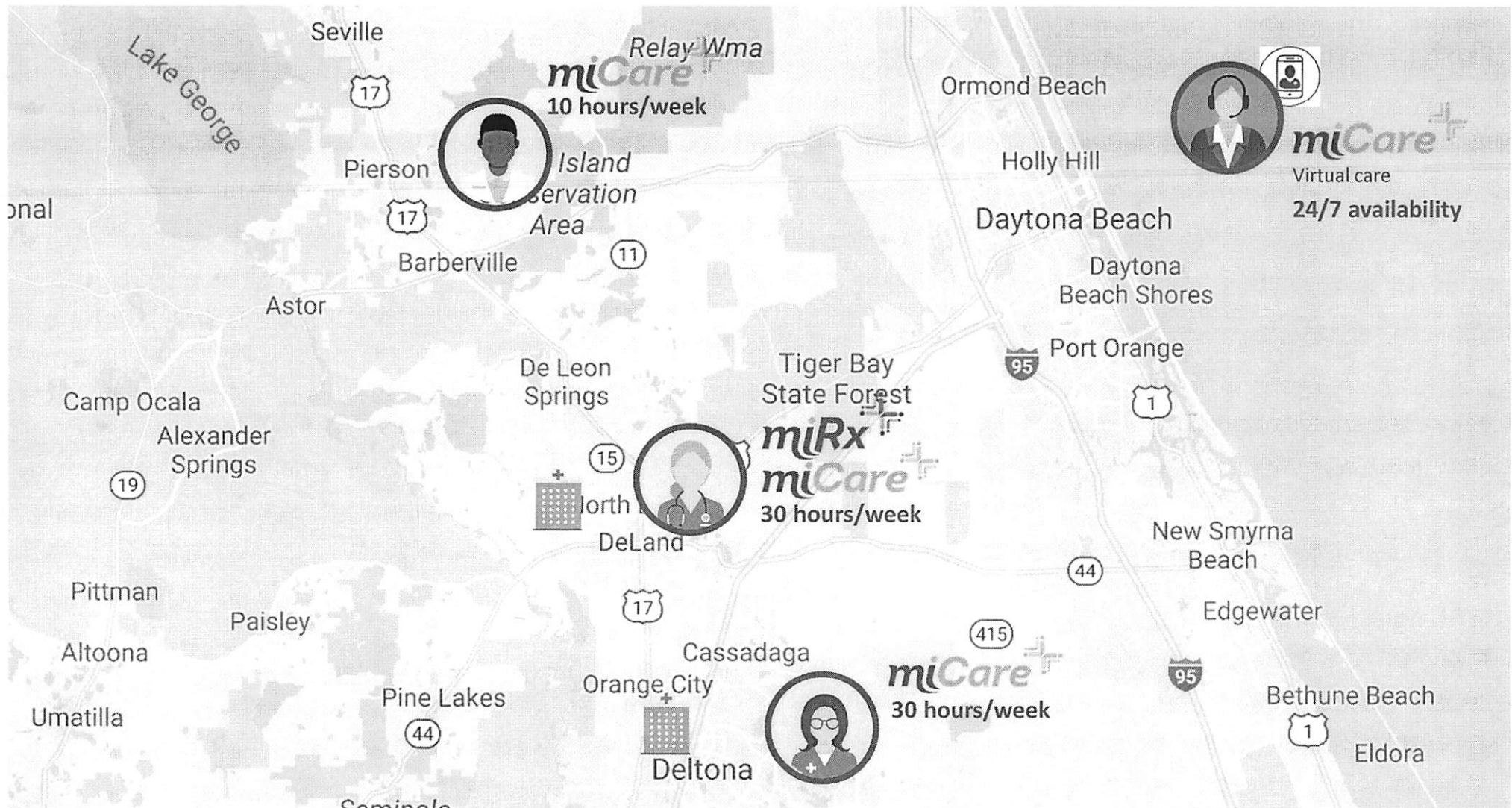
### Laboratory

Testing for diagnostic or monitoring purposes:

- many point-of-care tests
- blood draws for all other lab tests



## Proposed miCare network configuration



AdventHealth Hospital



Health Center



Pharmacy



## The front door to your custom healthcare delivery system



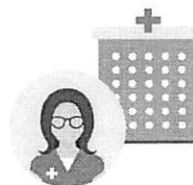
Meet, Jenny, your Personal Health Coach from miCare ...



### Domestic

Your local miCare Health Center and our 24/7 telemedicine service

\$



### High-performance provider network

Local providers we contract with directly

\$\$



### OON Strategy

Navigation  
Transparency  
Protect patients against surprise medical bills

\$\$\$

QUALITY & CONTROL

## Phase 2: Targeted expansion of direct network based on value/volume

***Expect to address  
85% - 90% of  
specialist spend in  
Phase 1***

***Add additional direct contracts as  
needed based on utilization and cost***

**Phase 2**

### **Phase 2**

- Expand set of direct contracts based on residual value, volume and providers' propensity to balance bill
- Tight steerage program to manage risk of providers' balance billing – proactively approach providers at time of referral to establish directly contracted relationship for that and subsequent cases
- Consider migration of certain specials services into the miCare Health Centers to gain more control over high-volume, low complexity, low-variability specialist services



## Phase #3 of Strategic Plan for WVHA.....

Expand to other Tax Funded Entities:

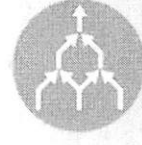
- Employees
- School Districts
- Share Clinics
- Share Contracts
- Save Taxpayer \$
- Form Captive



Reduce Costs



Improve Care



Make It Easy

# Proposed Fee for Phase #1

.....

**\$21.50 Per Participant Per Month  
Effective 2020**

Services include but are not limited to:

Claims Processing

Eligibility Loads

Banking (bank of WVHA's choice)

Current Network Contracts plus Specialty Network

Telemedicine

Dedicated Member and Provider Services

WVHA Portal

Member Portal

Mobile App





## Contacts

---

### EBMS

Jim Vertino, CEO

Andrew Murray, MD

Rod Kastelitz, EVP Sales & Acct. Mgmt.

### Veracity Benefits

Michael Espenlaub, Principal

Pepper Schafer, Principal

### Local Representatives

John Simmons

Keith Giles

Cheryl Bornemann



**West Volusia Hospital Authority  
Financial Statements  
August 31, 2019**





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](http://www.drtcpa.com)

Ronald J. Cantlay, CPA/CFP®

James H. Dreggors, CPA

Victoria A. Kizma, CPA

Robin C. Lennon, CPA

John A. Powers, CPA

Ann J. Rigsby, CPA/PFS/CFP®

Melissa J. Trickey, 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, 2019 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 09, 2019

MEMBERS

**West Volusia Hospital Authority**  
**Balance Sheet**  
**Modified Cash Basis**  
**August 31, 2019**

**Assets**

**Current Assets**

Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	9,962,368.86
Intracoastal Bank - Operating	500,036.88
Mainstreet Community Bank - MM	5,033,727.56
Taxes Receivable	92,073.00
<b>Total Current Assets</b>	<b><u>15,588,306.30</u></b>

**Fixed Assets**

Land	145,000.00
Buildings	422,024.71
Building Improvements	350,822.58
Equipment	251.78
<b>Total Fixed Assets</b>	<b><u>918,099.07</u></b>
Less Accum. Depreciation	<u>(296,440.64)</u>
<b>Total Net Fixed Assets</b>	<b><u>621,658.43</u></b>

**Other Assets**

Deposits	<u>2,000.00</u>
<b>Total Other Assets</b>	<b><u>2,000.00</u></b>
<b>Total Assets</b>	<b><u><u>16,211,964.73</u></u></b>

**Liabilities and Net Assets**

**Current Liabilities**

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

**Net Assets**

Unassigned Fund Balance	10,444,019.53
Restricted Fund Balance	208,000.00
Nonspendable Fund Balance	621,658.43
Net Income Excess (Deficit)	<u>4,844,516.77</u>
<b>Total Net Assets</b>	<b><u>16,118,194.73</u></b>
<b>Total Liabilities and Net Assets</b>	<b><u><u>\$ 16,211,964.73</u></u></b>

**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, 2019**

	<u>Annual Budget</u>	<u>Current Period Actual</u>	<u>Year To Date Actual</u>	<u>Budget Balance</u>
<b>Revenue</b>				
Ad Valorem Taxes	20,194,000	7,530	20,229,159	(35,159)
Investment Income	55,000	11,225	133,342	(78,342)
Reimbursement - SDTF	0	0	70,060	(70,060)
Rental Income	70,968	0	62,612	8,356
Other Income	0	592	592	(592)
<b>Total Revenue</b>	<b>20,319,968</b>	<b>19,347</b>	<b>20,495,765</b>	<b>(175,797)</b>
<b>Healthcare Expenditures</b>				
Adventist Health Systems	5,823,544	623,831	5,673,281	150,263
Northeast Florida Health Services	1,932,281	156,835	1,380,474	551,807
Specialty Care	4,375,000	430,054	3,095,068	1,279,932
County Medicaid Reimbursement	2,385,000	0	1,763,698	621,302
The House Next Door	106,000	8,213	81,419	24,581
The Neighborhood Center	70,000	5,275	70,000	0
Community Life Center Outreach Services	20,000	0	550	19,450
Rising Against All Odds	218,312	20,125	151,828	66,484
Community Legal Services	76,931	8,795	69,078	7,853
Hispanic Health Initiatives	75,000	4,450	54,375	20,625
Florida Dept of Health Dental Svcs	200,000	16,957	187,205	12,795
Good Samaritan	60,000	0	0	60,000
Stewart Marchman - ACT	925,336	5,777	924,059	1,277
Health Start Coalition of Flagler & Volusia	142,359	10,977	119,659	22,700
H C R A	819,612	71,218	264,341	555,271
Other Healthcare Costs	888,412	0	0	888,412
<b>Total Healthcare Expenditures</b>	<b>18,117,787</b>	<b>1,362,507</b>	<b>13,835,035</b>	<b>4,282,752</b>
<b>Other Expenditures</b>				
Advertising	5,000	746	5,577	(577)
Annual Independent Audit	16,000	0	16,100	(100)
Building & Office Costs	6,500	0	3,577	2,923
General Accounting	68,100	7,657	54,729	13,371
General Administrative	65,100	5,355	45,048	20,052
Legal Counsel	70,000	5,980	51,530	18,470
Special Accounting	5,000	0	0	5,000
City of DeLand Tax Increment District	100,000	0	64,265	35,735
Tax Collector & Appraiser Fee	603,880	121	684,318	(80,438)
Legislative Consulting	0	10,000	10,000	(10,000)
TPA Services	500,000	67,990	500,424	(424)
Eligibility / Enrollment	30,000	0	4,221	25,779
Healthy Communities	72,036	5,398	56,919	15,117
Application Screening				
Application Screening - THND	331,872	31,158	264,802	67,070
Application Screening - RAAO	50,693	2,688	36,693	14,000
Application Screening - SMA	3,000	0	84	2,916
Workers Compensation Claims	25,000	0	13,429	11,571
Other Operating Expenditures	250,000	276	4,498	245,502
<b>Total Other Expenditures</b>	<b>2,202,181</b>	<b>137,369</b>	<b>1,816,214</b>	<b>385,967</b>
<b>Total Expenditures</b>	<b>20,319,968</b>	<b>1,499,876</b>	<b>15,651,249</b>	<b>4,668,719</b>

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**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, 2019**

	<u>Annual Budget</u>	<u>Current Period Actual</u>	<u>Year To Date Actual</u>	<u>Budget Balance</u>
<b>Excess ( Deficit)</b>	<u>0</u>	<u>(1,480,529)</u>	<u>4,844,516</u>	<u>(4,844,516)</u>

**West Volusia Hospital Authority**  
**Schedule I - Healthcare Expenditures**  
**Modified Cash Basis**  
**Budget and Actual**  
**For the 1 Month and 11 Months Ended August 31, 2019**

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
<b>Healthcare Expenditures</b>				
Adventist Health Systems				
Florida Hospital DeLand	2,799,272	300,727	2,873,421	(74,149)
Florida Hospital Fish Memorial	2,799,272	310,030	2,656,708	142,564
Florida Hospital DeLand - Physicians	112,500	7,016	77,578	34,922
Florida Hospital Fish - Physicians	112,500	6,058	65,573	46,927
Northeast Florida Health Services				
NEFHS - Pharmacy	752,281	62,690	635,614	116,667
NEFHS - Obstetrics	30,000	3,854	41,042	(11,042)
NEFHS - Primary Care	1,150,000	90,291	703,818	446,182
Specialty Care	4,375,000	430,054	3,095,068	1,279,932
County Medicaid Reimbursement	2,385,000	0	1,763,698	621,302
Florida Dept of Health Dental Svcs	200,000	16,957	187,205	12,795
Good Samaritan				
Good Samaritan Health Clinic	30,000	0	0	30,000
Good Samaritan Dental Clinic	30,000	0	0	30,000
The House Next Door	106,000	8,213	81,419	24,581
The Neighborhood Center	70,000	5,275	70,000	0
Community Life Center Outreach Services	20,000	0	550	19,450
Rising Against All Odds	218,312	20,125	151,828	66,484
Community Legal Services	76,931	8,795	69,078	7,853
Hispanic Health Initiatives	75,000	4,450	54,375	20,625
Stewart Marchman - ACT				
SMA - Homeless Program	75,336	5,777	74,059	1,277
SMA - Residential Treatment	550,000	0	550,000	0
SMA - Baker Act - Match	300,000	0	300,000	0
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500	6,519	50,800	22,700
HSCFV - Fam Services	68,859	4,458	68,859	0
HCRA				
H C R A - In County	400,000	71,218	240,655	159,345
H C R A - Outside County	419,612	0	23,686	395,926
Other Healthcare Costs	888,412	0	0	888,412
<b>Total Healthcare Expenditures</b>	<b>18,117,787</b>	<b>1,362,507</b>	<b>13,835,034</b>	<b>4,282,753</b>

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

**For the 1 Month and 11 Months Ended August 31, 2019 and August 31, 2018**

	1 Month Ended August 31, 2019	1 Month Ended August 31, 2018	11 Months Ended August 31, 2019	11 Months Ended August 31, 2018
<b>Revenue</b>				
Ad Valorem Taxes	7,530	8,011	20,229,159	20,083,565
Investment Income	11,225	7,616	133,342	60,882
Reimbursement - SDTF	0	0	70,060	0
Rental Income	0	5,692	62,612	62,612
Other Income	592	0	592	203
<b>Total Revenue</b>	<u>19,347</u>	<u>21,319</u>	<u>20,495,765</u>	<u>20,207,262</u>
<b>Healthcare Expenditures</b>				
Adventist Health Systems	623,831	54,774	5,673,281	5,250,175
Northeast Florida Health Services	156,835	174,942	1,380,474	1,328,994
Specialty Care	430,054	253,270	3,095,068	2,562,353
County Medicaid Reimbursement	0	391,933	1,763,698	2,062,803
The House Next Door	8,213	0	81,419	75,525
The Neighborhood Center	5,275	8,075	70,000	60,575
Community Life Center Outreach Services	0	1,400	550	17,325
Rising Against All Odds	20,125	18,975	151,828	180,619
Community Legal Services	8,795	4,197	69,078	32,371
Hispanic Health Initiatives	4,450	2,725	54,375	71,450
Deltona Firefighters Foun Access to Hlth	0	0	0	661
Florida Dept of Health Dental Svcs	16,957	4,578	187,205	198,701
Good Samaritan	0	4,192	0	39,112
Stewart Marchman - ACT	5,777	77,374	924,059	707,943
Health Start Coalition of Flagler & Volusia	10,977	18,355	119,659	124,568
H C R A	71,218	27,515	264,341	133,374
<b>Total Healthcare Expenditures</b>	<u>1,362,507</u>	<u>1,042,305</u>	<u>13,835,035</u>	<u>12,846,549</u>
<b>Other Expenditures</b>				
Advertising	746	282	5,577	3,738
Annual Independent Audit	0	0	16,100	15,800
Building & Office Costs	0	0	3,577	4,418
General Accounting	7,657	4,066	54,729	46,508
General Administrative	5,355	4,654	45,048	51,766
Legal Counsel	5,980	3,220	51,530	48,850
City of DeLand Tax Increment District	0	0	64,265	69,746
Tax Collector & Appraiser Fee	121	98	684,318	587,503
Legislative Consulting	10,000	0	10,000	0
TPA Services	67,990	96,958	500,424	455,860
Eligibility / Enrollment	0	11,403	4,221	43,134
Healthy Communities	5,398	5,317	56,919	56,211
Application Screening				
Application Screening - THND	31,158	0	264,802	142,306
Application Screening - RAAO	2,688	3,456	36,693	28,032
Application Screening - SMA	0	0	84	2,379
Workers Compensation Claims	0	0	13,429	26,667
Other Operating Expenditures	<u>276</u>	<u>1,594</u>	<u>4,498</u>	<u>4,207</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, 2019 and August 31, 2018**

	1 Month Ended August 31, 2019	1 Month Ended August 31, 2018	11 Months Ended August 31, 2019	11 Months Ended August 31, 2018
<b>Total Other Expenditures</b>	<u>137,369</u>	<u>131,048</u>	<u>1,816,214</u>	<u>1,587,125</u>
<b>Total Expenditures</b>	<u>1,499,876</u>	<u>1,173,353</u>	<u>15,651,249</u>	<u>14,433,674</u>
<b>Excess ( Deficit)</b>	<u>(1,480,529)</u>	<u>(1,152,034)</u>	<u>4,844,516</u>	<u>5,773,588</u>