

**West Volusia Hospital Authority  
BOARD OF COMMISSIONERS SPECIAL MEETING  
October 17, 2019 4:00 p.m.  
DeLand City Hall  
120 S. Florida Avenue, DeLand, FL  
AGENDA**

- 1. Call to Order**
- 2. Approval of Proposed Agenda**
- 3. Citizens Comments**
- 4. Discussion Items**
  - A. Budget and Healthcare Financing Matters**
  - B. Veracity/EBMS**
- 5. Commissioner Comments**
- 6. Adjournment**

West Volusia Hospital Authority  
BOARD OF COMMISSIONERS REGULAR MEETING  
October 17, 2019 5:00 p.m.  
DeLand City Hall  
120 S. Florida Avenue, DeLand, FL  
**AGENDA**

1. Call to Order
2. Opening Observance followed by a moment of silence
3. Approval of Proposed Agenda
4. Consent Agenda
  - A. Final Budget Hearing September 26, 2019
  - B. Regular Meeting Minutes September 26, 2019
5. Citizens Comments
6. Reporting Agenda
  - A. UMR September Report – Written Submission
  - B. FQHC Report - Laurie Asbury, CEO  
Northeast Florida Health Services, Inc. (NEFHS)  
d/b/a Family Health Source (FHS) September Report
  - C. The House Next Door (THND) September HealthCard Report
7. Discussion Items
  - A. Funding Agreements 2019-2020
    1. Community Legal Services, Inc. Medical-Legal Partnership program.
    2. Healthy Communities – Kidcare Outreach
    3. Hispanic Health Initiatives, Inc.'s Taking Care of My Health
    4. Northeast Florida Health Services, d/b/a Family Health Source  
FHS—Clinics
    5. Northeast Florida Health Services, d/b/a Family Health Source FHS—  
Pharmacy
    6. Northeast Florida Health Services, d/b/a Family Health Source  
FHS—Prenatal
    7. Rising Against All Odds, Inc. – HIV/AIDS Outreach and Case  
Management
    8. Rising Against All Odds, Inc.—Health Card Enrollment & Retention  
Services
    9. SMA Healthcare – Baker Act Match
    10. SMA Healthcare—Homeless Program
    11. SMA Healthcare —Level II Residential Treatment
    12. The Healthy Start —Access to Healthcare Services WIS/NOS
    13. The Healthy Start —Family Services Coordinator
    14. The House Next Door – Mental Health Services
    15. The House Next Door—Eligibility Determination Services
    16. The Neighborhood Center of West Volusia “Access to Care”
    17. The Neighborhood Center of West Volusia “Health Care Navigation”
    18. Volusia County Health Department—Florida Department of Health  
(Dental Care)
    19. Fourteenth Addendum—Primary Care Physicians Indigent Hospital  
Patient
  - B. WVA Investment Policy Statement October 17, 2019
  - C. Veracity/EBMS Proposal
  - D. Follow Up Items
    1. SMA Baker Act WVA Verification Forms (attached)
8. Finance Report
  - A. September Financials
9. Legal Update
10. Commissioner Comments
11. Adjournment

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**Board of Commissioners Final Budget Hearing**  
September 26, 2019  
DeLand City Hall  
120 S. Florida Avenue  
DeLand, Florida  
5:05 p.m.

**Those in Attendance:**

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

**Absent:**

Commissioner Judy Craig

**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

**CAC Members Present:**

Elmer Holt  
Donna Pepin  
Lynn Hoganson  
Ann Flowers  
Alyssa Lapinsky  
Jenneffer Pulapaka

**Call to Order**

Vice-Chair Guzman called the meeting to order and confirmed that a quorum was established. The meeting took place at The DeLand City Hall located at 120 S. Florida Avenue, DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County.

*Due to a scheduling conflict, the meeting convened in the TRC Room at DeLand City Hall, located at 120 S. Florida Avenue, DeLand, at 5:05 p.m. across the hall from the Commission Chamber. Ms. Terri Burns of the City of DeLand directed the public to the TRC room until such time as the City of DeLand, Code Enforcement concluded their meeting.*

Vice-Chair Guzman explained the procedures regarding the Final Budget Hearing and stated for the public record that a quorum was established.

## **Millage Proposal**

Vice-Chair Guzman asked for public comment for the proposed millage necessary to fund the budget for Fiscal Year 2019-2020.

There were three.

There was Board discussion and consent to set the millage rate below the rolled-back rate of 2.0204 mills at 1.908 mills.

Vice-Chair Guzman read for the record the Public Announcement of the West Volusia Hospital Authority 2019-2020 adopting the Millage rate of 1.908 mills (attached).

**Resolution 2019 - 006** Vice-Chair Guzman read for the record The Resolution of the West Volusia Hospital Authority to adopt the 2019-2020 Final Millage rate of 1.908, Resolution 2019-006 (attached).

**Motion 087 – 2019** Commissioner Ferrari motioned to adopt Resolution 2019-006 of the West Volusia Hospital Authority to adopt the 2019-2020 Final Mileage rate of 1.908. Commissioner Guzman seconded the motion.

Roll Call:

Commissioner Ferrari	Yes
Commissioner Hill	No
Commissioner Craig	Absent
Commissioner Guzman	Yes
Commissioner Manning	Yes

The Resolution was adopted by a majority vote of 3-1-1.

## **Discussion of Budget Fiscal Year 2019-2020**

Vice-Chair Guzman opened the floor for discussion of the proposed budget.

Vice-Chair Guzman invited public comment regarding the budget.

There were three.

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

Commissioner Hill was recognized by the Vice-Chair.

*5:45 p.m. Vice-Chair Guzman adjourned the WVHA Final Budget Hearing in order to reconvene in the Commission Chamber.*



*5:58 p.m. Vice-Chair Guzman reconvened the WVHA Final Budget Hearing at DeLand City Hall, 120 S. Florida Avenue, Commission Chamber.*

Vice-Chair Guzman reminded those assembled that Commissioner Hill still had the floor.

Commissioner Hill went through the budget by line items; He wanted to appropriate the \$225,000.00 currently budgeted for Advent Health Physician Services over to EMPros (Emergency Medical Professionals); He wanted to reduce the NEFHS line item by \$1,000,000.00 and place that dollar amount in Other Healthcare Expenditures. He only wanted to fund RAAO HIV/Aids/Outreach at \$100,000.00 not the requested \$235,000.00; He only wanted to fund the FDOH Dental at \$200,000.00 not the requested \$228,000.00; He did not want to fund SMA Baker Act (\$300,000.00) or Residential Treatment Services (\$550,000.00), but would leave \$125,000.00 for funding for SMA Homeless Services, not the requested \$126,000.00. He did not adjust any other healthcare budgeted line items that had previously been adjusted by the Board and as presented.

Commissioner Hill continued reviewing the budget for Other Expenditures; for RAAO Application Screening requested \$34,005.00 and SMA Application Screening requested \$1,000.00, he did not want to fund either and had those line items zeroed out in his budget proposal column.

**Resolution 2019 – 007** Vice-Chair Guzman read for the record The Resolution of the West Volusia Hospital Authority to adopt the 2019-2020 Final Budget of \$19,556,988.00, Resolution 2019-007 (attached).

**Motion 088 – 2019** Commissioner Ferrari motioned to adopt The Resolution of the West Volusia Hospital Authority to adopt the Final Budget of \$19,556,988.00, Resolution 2019-007 (attached).

Roll Call:

Commissioner Ferrari	Yes
Commissioner Hill	No
Commissioner Craig	Absent
Commissioner Guzman	Yes
Commissioner Manning	Yes

The Resolution was adopted by a majority vote of 3-1-1.

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

Adjournment

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

DeLand City Hall  
120 S. Florida Avenue, DeLand, FL  
September 26, 2019  
DeLand, Florida

Commencing upon the conclusion of the Final Budget Hearing

**Those in Attendance:**

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

**Absent:**

Commissioner Judy Craig

**CAC Present:**

Elmer Holt  
Donna Pepin  
Lynn Hoganson  
Alyssa Lapinsky  
Ann Flowers  
Jenneffer Pulapaka

**Others Present:**

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

**Call to Order**

Vice-Chair Guzman 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, commencing upon the conclusion of the Final Budget Hearing. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

**Approval of Proposed Agenda**

**Motion 089 – 2019** Commissioner Hill motioned to approve the agenda as amended and presented. Commissioner Manning seconded the motion. The motion carried by a 4-0-1 vote.

**Consent Agenda**

**Approval of Minutes August 15, 2019**

**Approval of Minutes Initial Budget Hearing September 12, 2019**

**Motion 090 – 2019** Commissioner Ferrari motioned to approve the Consent Agenda. Commissioner Manning seconded the motion. The motion carried by a 4-0-1 vote.

## **Citizens Comments**

There were three.

## **Reporting Agenda**

**UMR August Report – Written Submission**  
**FQHC Report, Laurie Asbury, CEO, Northeast Florida Health Services, Inc.**  
**d/b/a/ Family Health Source (FHS) August Report**  
**Quarterly Pharmacy Audit**  
**The House Next Door (THND) August HealthCard Report**  
**Quarterly Report**

## **Discussion Items**

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

### **Site Visit Write Ups FYE 2019**

**Healthy Start Coalition of Flagler & Volusia (HSCFV) WIS/NOS Services**  
**HSCFV Family Services Coordinator**  
**SMA Residential Treatment Bed Services**  
**SMA Baker Act Services**

Attorney Small expressed concern over the lack of compliance in securing photo identification from SMA Baker Act Services.

Commissioner Ferrari explained the difficulties in securing photo identification for individuals who are in a crisis situation and most likely brought in by law enforcement as a danger to themselves and others.

Commissioner Hill asked what were the requirements with the State of Florida/Department of Children & Families (DCF) imposed on SMA Baker Act?

Mr. Tore Gintoli, SMA addressed the Board and explained that they have very different and lenient requirements with the State of Florida/DCF.

Mr. Eric Horst, CFO, SMA explained that the State of Florida/DCF has a “No Wrong Door” initiative. The residency is not taken into consideration in receiving State/DCF funding. They still perform a financial assessment. There is not a strong requirement by the State/DCF to determine residency.

Vice-Chair Guzman wanted clarification and understanding that Mr. Horst was telling the Board that the WVHA requirements are much stricter than those of the State of Florida/DCF.

Mr. Horst agreed that the WVHA requirements are much stricter than the State of Florida/DCF’s requirements.

Mr. Gintoli stated that SMA was willing to improve upon the process that they have initiated for the WVHA.

Vice-Chair Guzman stated that she would review the process that SMA has been utilizing and the Board will discuss this further at the next WVHA Board Meeting.

**SMA Low Income Pool Letter of Agreement \$274,452.00 (attached)  
Intergovernmental Transfers Questionnaire (completed by DRT & TWS  
attached)**

**Motion 091 – 2019** Commissioner Manning motioned to approve the SMA Low Income Pool Letter of Agreement of \$274,452.00 and authorize Vice-Chair Guzman to sign. Commissioner Ferrari seconded the motion. The motion carried by a 4-0-1 vote.

**UMR Summary Plan Document (SPD) Mailing costs (see attached email dated 9/4/2019, Donna Lupo, UMR)**

**Motion 092 – 2019** Commissioner Manning motioned to approve the printing and mailing costs of \$6,711.60 for the WVHA SPD. Commissioner Ferrari seconded the motion. The motion carried by a 4-0-1 vote.

**2019-2020 Medicaid Contribution Formula**

**Motion 093 – 2019** Commissioner Manning motioned to execute the agreement presented by the County of Volusia dated September 20, 2019. Commissioner Hill seconded the motion. The motion carried by a 4-0-1 vote.

**Proposal from Veracity Benefits, A Strategic Partner of EBMS, Marilynn “Pepper” Schafer, Principal, Veracity, Mike Espenlaub, Principal, Veracity, James Vertino, CEO, EBMS, and Dr. Andrew Murray, EBMS (attached)**

The entire team of Veracity Benefits and EBMS presented their three-phase proposal to the Board.

Mr. Cantlay advised the Board that Veracity & EBMS provided 10 professional references that DRT will check should the Board decide that this is something they want to look into.

There was Board discussion and consent that they were interested in finding out more about the Veracity and EBMS proposal and wanted this added to the October 17, 2019 Regular Meeting agenda.

**Follow-Up Items**

**Special Meeting to Discuss the Future of Hospital Funding**

There was Board discussion regarding the special meeting that was established to commence at 4:00 p.m. on Thursday, October 17<sup>th</sup>, 2019 in advance of the Regular Meeting to discuss the future of hospital funding. The hospitals previously agreed to this meeting but have since asked the Board for more time. The Board decided that they would still convene this meeting to discuss budget and finance matters.

**Finance Report**

3 of 4 pages  
September 26, 2019 Regular Meeting

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

**Motion 094 - 2019** Commissioner Hill motioned to pay the bills totaling \$2,251,267.27. Commissioner Ferrari seconded the motion. The motion passed by a 4-0-1 vote.

### **Legal Update**

Mr. Theodore Small, Legal Counsel for the WVHA did not submit a written Legal Update for August.

### **Commissioner Comments**

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

### **Adjournment**

Dolores Guzman, Vice-Chair



UMR

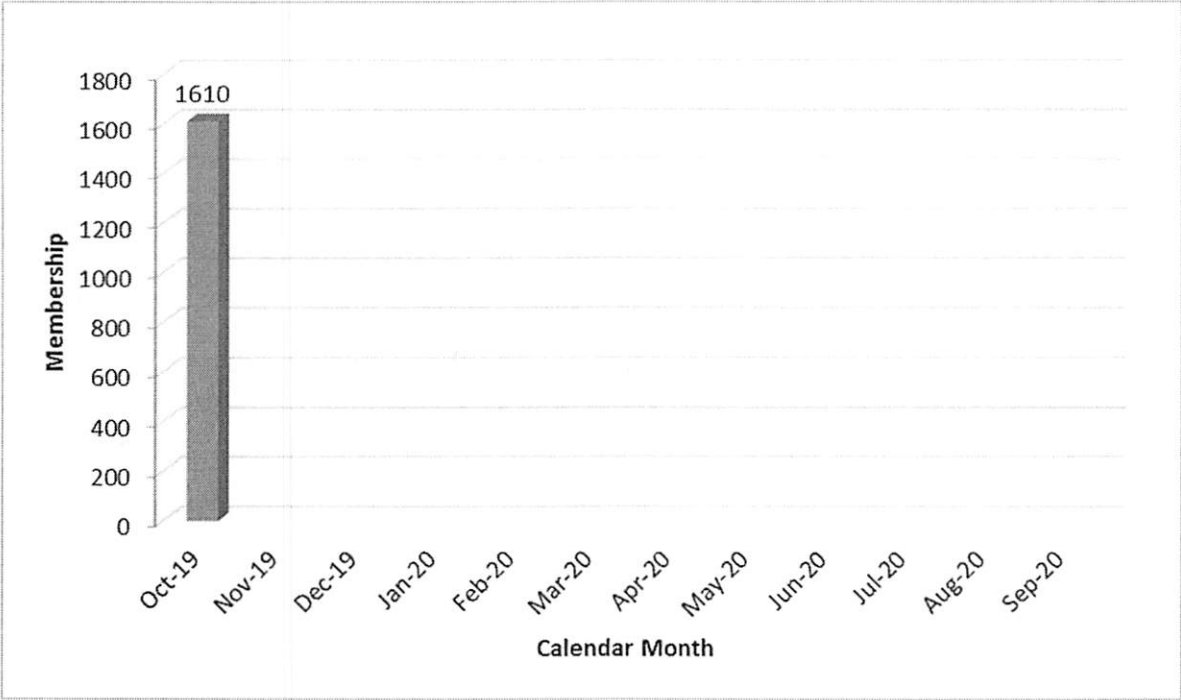
October 17, 2019

Submission Report for WVHA Board Members

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



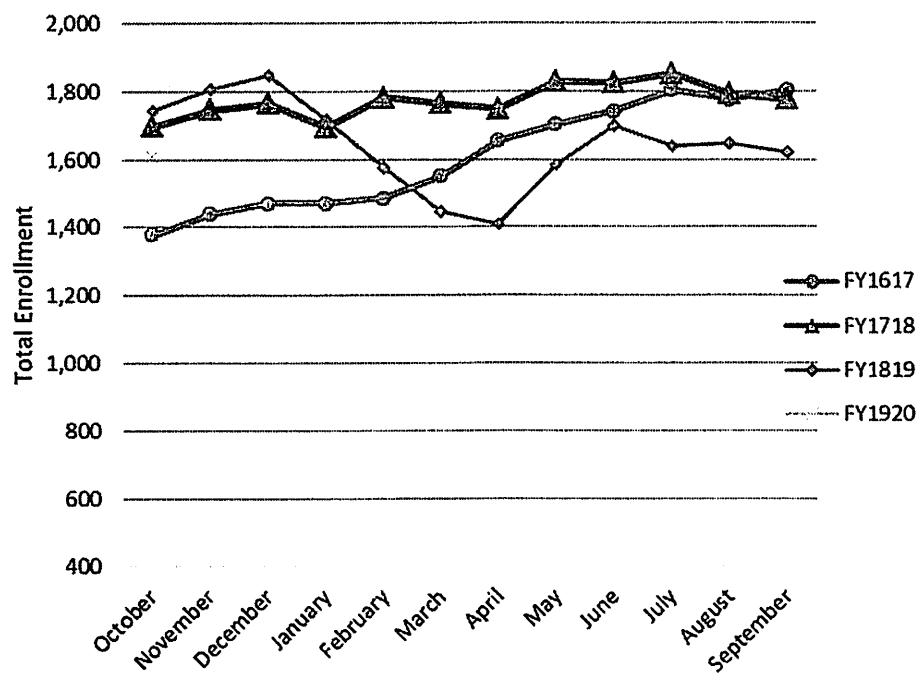
Eligibility reported above reflects eligibility as of the first of each month.

As of October 1, 2019, total program eligibility was 1,610 patients.

WVHA Enrollment by Fiscal Year – as of October 1, 2019

WVHA Enrollment	
By Fiscal Year	
Month of Fiscal Year FY1920	
October	1,610
November	
December	
January	
February	
March	
April	
May	
June	
July	
August	
September	
Grand Total	1,610





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

WVHA Enrollment by Zip Code by Month						
Zip Code	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
32102	5	5	5	5	4	4
32130	62	62	53	53	53	48
32180	106	106	97	98	95	93
32190	19	19	20	22	23	24
32706	2	2	2	2	2	2
32713	64	64	60	64	62	66
32720	362	362	327	337	334	344
32721	4	4	3	3	3	4
32724	285	285	286	289	281	262
32725	334	334	336	331	333	327
32728	3	3	3	4	4	4
32732	1	1	0	0	0	0
32738	294	294	288	278	275	275
32744	26	26	25	24	26	25
32753	1	1	1	1	1	1
32759	1	1	1	1	0	0
32763	113	113	112	113	104	104
32764	15	15	15	15	14	13
32774	3	3	2	2	2	2
32762	1	0	0	0	0	0
32763	107	113	112	113	104	104
32764	13	15	15	15	14	13
32774	3	3	2	2	2	2

## Medical and Prescription Drug Claim Data

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

Month	FY1819				
	Drug Costs	Dispensing	Total Costs	Total Rx's Filled	Avg Cost Per Rx
		Fee Less Copayments			
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	\$117,546.25	\$6,978.00	\$62,690.09	2,326	\$26.96
September					
Grand Total	\$892,891.23	\$61,899.65	\$698,129.12	27,066	\$25.79

## Combined Medical Costs (as of Claims Payment through 9/19/2019)

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>\$5,653,513.80</b>	<b>\$430,287.31</b>	<b>\$903,073.70</b>	<b>\$3,361,779.82</b>	<b>\$143,151.56</b>	<b>\$698,129.12</b>	<b>\$11,189,935.31</b>	<b>19,700</b>	<b>\$568.02</b>	<b>\$286.98</b>	<b>\$21.84</b>	<b>\$45.84</b>	<b>\$170.65</b>	<b>\$35.44</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	\$62,690.09	\$688,282.93	1,638	\$420.20	\$190.01	\$12.65	\$35.44	\$130.14	\$38.27
August	\$ 531,184.17	\$ 47,645.15	\$ 94,144.71	\$ 382,907.12	\$ 13,073.58	\$62,690.09	\$1,131,644.82	1,619	\$698.98	\$328.09	\$29.43	\$58.15	\$236.51	\$38.72
September	\$ 412,285.39	\$ 30,480.24	\$ 43,682.54	\$ 283,047.25	\$ -		\$769,495.42	1,610	\$477.95	\$256.08	\$18.93	\$27.13	\$175.81	\$0.00
<b>Grand Total</b>	<b>\$5,653,513.80</b>	<b>\$430,287.31</b>	<b>\$903,073.70</b>	<b>\$3,361,779.82</b>	<b>\$143,151.56</b>	<b>\$698,129.12</b>	<b>\$11,189,935.31</b>	<b>19,700</b>	<b>\$568.02</b>	<b>\$286.98</b>	<b>\$21.84</b>	<b>\$45.84</b>	<b>\$170.65</b>	<b>\$35.44</b>

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 9/19/2019)

Month	FY1819					Total
	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	
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	496	139	65	0	6	706
Grand Total	3,807	3,642	1,118	0	118	8,685

PCP encounter claims are reported on a paid basis

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

This table goes into the Board Report

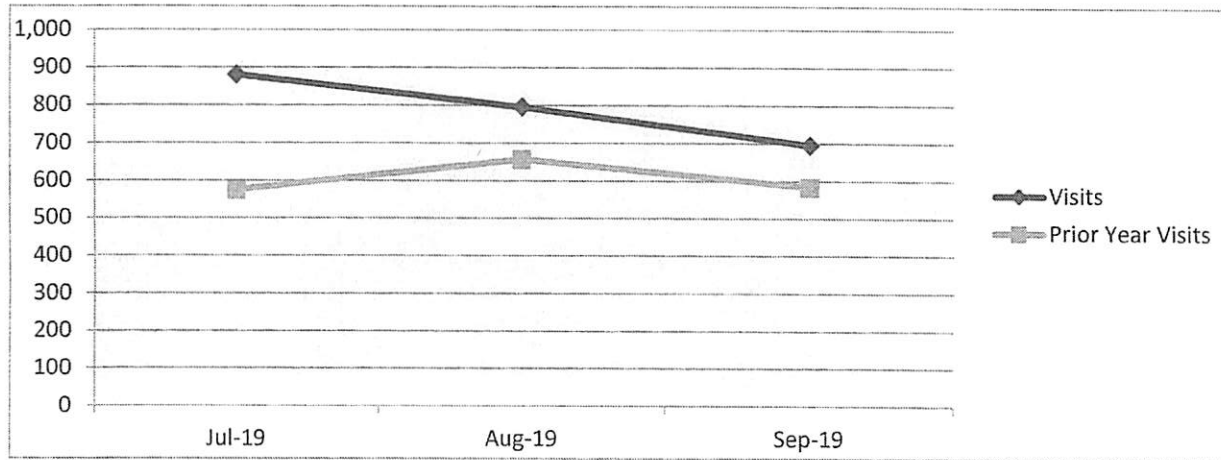
SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR AUGUST					
Order	SPECIALTY	Unique Patients	Claim Volume	Paid	Cost Per Patient
1	Internal Medicine	68	138	\$ 50,742.06	\$ 367.70
2	Hematology Oncology	31	60	\$ 48,328.76	\$ 805.48
3	Oncology	23	48	\$ 31,423.32	\$ 654.65
4	Radiology	216	402	\$ 15,294.48	\$ 38.05
5	Cardiovascular Diseases	44	70	\$ 14,029.94	\$ 200.43
6	Physical & Occupational Therapy	42	129	\$ 12,173.04	\$ 94.36
7	Surgery Center	20	21	\$ 12,169.46	\$ 579.50
8	Gastroenterology	54	68	\$ 10,800.16	\$ 158.83
9	Orthopedic Surgery	52	70	\$ 10,549.42	\$ 150.71
10	Obstetrics & Gynecology	32	53	\$ 10,494.21	\$ 198.00
11	Pulmonary Medicine	25	55	\$ 9,842.74	\$ 178.96
12	Pain Management	40	54	\$ 8,534.89	\$ 158.05
13	Ophthalmology	45	53	\$ 7,548.65	\$ 142.43
14	General Surgery	12	18	\$ 6,142.02	\$ 341.22
15	Anesthesiology	34	37	\$ 5,104.27	\$ 137.95
16	Family Practice	28	51	\$ 4,317.32	\$ 84.65
17	Urology	17	20	\$ 3,987.35	\$ 199.37
18	Cardiology	13	19	\$ 3,591.67	\$ 189.04
19	Nurse Practitioner	36	37	\$ 3,232.82	\$ 87.37
20	Podiatry	19	29	\$ 3,103.76	\$ 107.03
21	Nurse Anesthetist	22	23	\$ 2,429.25	\$ 105.62
22	Dermatology	15	17	\$ 1,976.83	\$ 116.28
23	Neurology	14	14	\$ 1,593.06	\$ 113.79
24	Physiatrists / Phys Med Dr.	6	9	\$ 1,505.31	\$ 167.26
25	Optometry	14	19	\$ 1,400.19	\$ 73.69



**Northeast Florida Health Services**  
*September-19*

**Patient Visits**

	Jul-19	Aug-19	Sep-19
Visits	880	796	696
Prior Year Visits	576	658	585

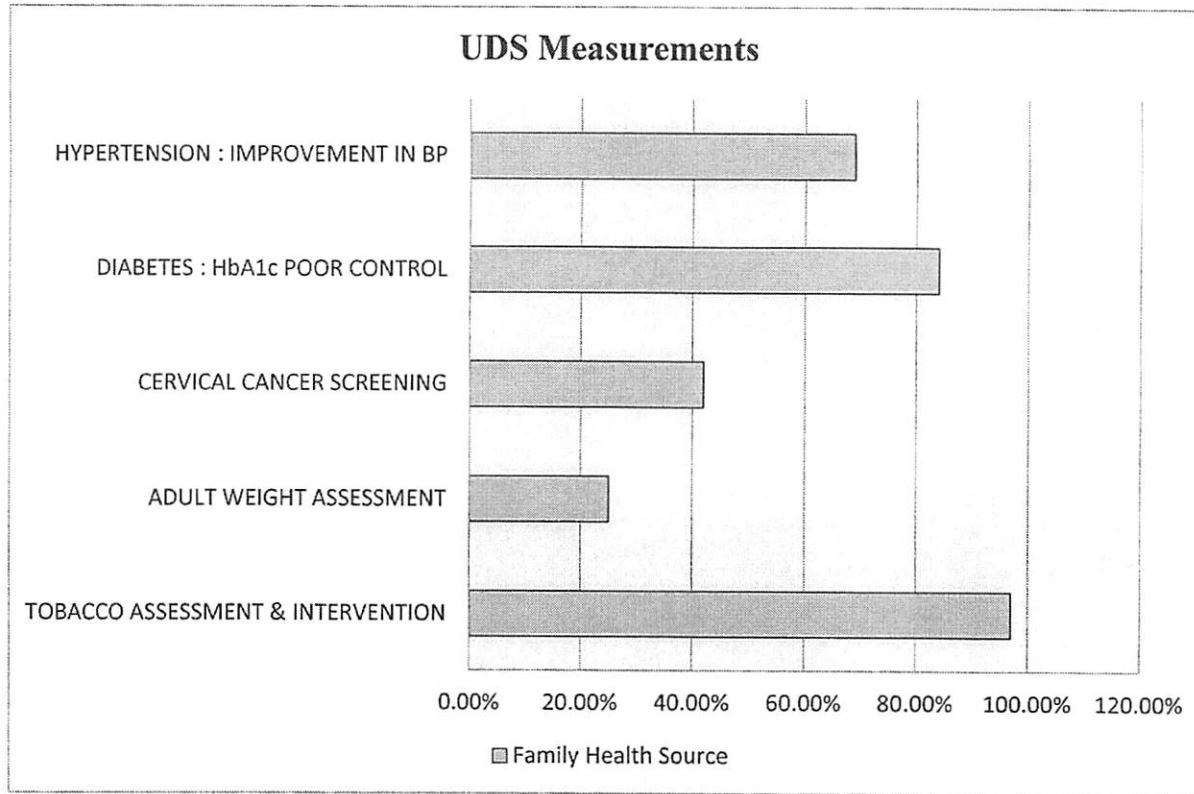


**Patient Visits by Location**

Location	Jul-19	Aug-19	Sep-19
Deland Medical	410	364	280
Deltona Medical	325	296	274
Pierson Medical	133	123	132
Daytona	12	13	10
Total	880	796	696

### UDS Measures

Clinical Measures for the month of September 2019	Family Health
TOBACCO ASSESSMENT & INTERVENTION	97.00%
ADULT WEIGHT ASSESSMENT	25.00%
CERVICAL CANCER SCREENING	42.00%
DIABETES : HbA1c POOR CONTROL	84.00%
HYPERTENSION : IMPROVEMENT IN BP	69.00%







American Heart Association.  
Check. Change. Control.  
Cholesterol™

# CERTIFICATE OF RECOGNITION

AWARDED TO

**Family Health Source**

Check.  
Change.  
Control.  
Cholesterol™

The American Heart Association's Check. Change. Control. Cholesterol™ program recognizes this organization for participating in improving awareness, detection, and management of high cholesterol by educating and empowering patients with evidence-based information and tools. Improving quality of care for patients through AHA's Check. Change. Control. Cholesterol initiative.

A handwritten signature in black ink, reading "Nancy A Brown".

Nancy Brown  
Chief Executive Officer  
American Heart Association

A handwritten signature in black ink, reading "James Langabeer, II, PhD, MBA".

James Langabeer, II, PhD, MBA  
Chairperson,  
Ambulatory Quality Improvement (AQI) Advisory Group

A handwritten signature in black ink, reading "Robert A. Harrington, MD, FAHA".

Robert A. Harrington, MD, FAHA  
President American Heart Association

\*For more information, please visit [Heart.org/ChangeCholesterol](http://Heart.org/ChangeCholesterol)



TARGET:BP™

## Northeast Florida Health Services

In recognition of your commitment to improving  
blood pressure control among your adult patients.





**Nurturing Families  
Building Communities**

**The House Next Door**  
*Serving  
Volusia and Flagler Counties*

Administrative

Offices 804

North Woodland

Blvd. DeLand, FL

32720

386-734-7571

386-734-0252 (fax)

DeLand Counseling Center

121 W. Pennsylvania Ave.

DeLand, FL 32720

Counseling: 386-738-9169

Programs: 386-734-2236

386-943-8823 (fax)

Deltona Counseling

Center 840 Deltona

Blvd., Suite K Deltona,

FL 32725

Counseling and Programs:

386-860-1776

386-860-6006 (fax)

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



October 4, 2019

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of September there were 226 appointments to assist with new applications and 46 appointments to assist with pended applications from August-Sept. for a total of 272 face to face contact with clients.

221 applications were submitted for verification and enrollment. Of these, 276 were processed by the end of the month (includes the roll overs -55- from previous month) leaving the balance of 11 to roll over into October for approval.

Of the 276 that were processed, 247 were approved and 17 were denied. The remaining 12 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

	July	August	September
# Appts.	391	355	318
# Submitted	303	305	232
# Processed*	313	275	276
# Approved	253	262	247
# Pended	27	4	12
# Denied	32	9	17
# Carried Over	25	55	11
Days to Process	7	7	7

1,064

840 plus 35 from RO=875

864 plus 11 that RO=875

762 88%

43 5%

58 7%

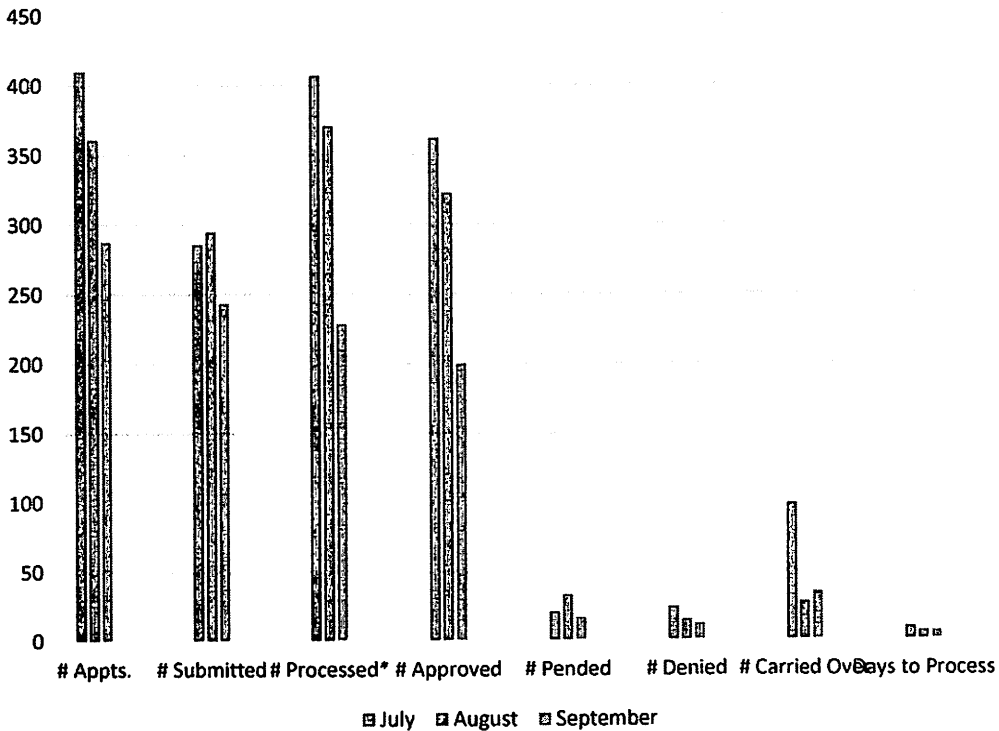
**Achievements**  
\*Lower Pend  
Rates

\*Reduced  
processing time  
to minimal  
possible.

**Process  
Improvements**

\* #s processed include carry overs from previous month

### Application Process



**WEST VOLUSIA HOSPITAL AUTHORITY**  
***Investment Policy Statement***  
***October 17, 2019***

- I. **Purpose:** To provide a policy for the prudent investment of fixed income funds to generate a competitive return.

A. **Investment Guidelines and Policy:** The Commissioners of the West Volusia Hospital Authority, Volusia County Florida (the Authority) sets forth the following investment objectives and parameters for the management of its surplus funds. These policies are designed to ensure the prudent management of the Authority's funds, the availability of funds when needed, and an investment return with comparable funds and financial market indices. This investment policy applies to all surplus cash and investments controlled by the West Volusia Hospital Authority, Volusia County Florida.

**B. Investment Objectives**

1. ***Safety of Capital*** - the foremost objective is the safety of the principal.
2. ***Liquidity of Capital*** - portfolios are to be designed to provide anticipated cash flow and sufficient liquidity for efficient operations.
3. ***Return on Investments*** - portfolios shall have the objective of attaining fair market returns based on acceptable conservative investment risk.

**C. Performance Measurement**

1. Benchmarks will be used by the Commission to measure investment returns against other investors with similar conservative investment risk.
2. Performance returns shall be calculated consistent with the Association for Investment Management and Research (AIMR) standards or other nationally recognized methods.

**D. Prudence and Ethical Standards**

1. ***“Prudent Person Rule”*** – Investments should be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived from the investment.” This rule shall be applied in the context of managing the overall investment portfolio.
2. Any person, or firm, hired or retained to invest, monitor, or advise concerning these assets shall be held to the higher standard of “Prudent Expert.”

**E. Listing of Authorized Investments**

1. Direct obligations of the U.S. Government
2. Obligations guaranteed by the U.S. Government as to principal and interest.
3. Time deposits and demand deposit accounts in banks and savings and loan associations that are qualified public depositories as defined in s.280.02 Florida Statutes.
4. Mutual Funds, open end or closed end, which invest in repurchase agreements fully collateralized by such U.S. Government obligations.
5. Repurchase agreements done through a commercial bank or government securities dealer, the underlying collateral of which shall be any U.S. Government security in which the market value is equal to at least 102% of the agreement.

#### **F. Maturity and Liquidity Requirements**

1. Average maturity of the investment portfolio should generally not exceed one year but may exceed one year when the risk reward perspective looks attractive within the investment objectives; provided however, the investment portfolio must be structured in such a manner as to provide sufficient liquidity to pay obligations as they come due.
2. The longest maturity of any individual security should not exceed five years.

#### **G. Portfolio Composition**

The following are guidelines which represents the maximum percentage of authorized investment holdings in each category.

1. U.S. Treasury Bills/Notes/Bonds	100%
2. Other U.S. Government Agencies	100%
3. Repurchase Agreements	50%
4. Certificates of Deposit	20%

#### **H. Risk and Diversification**

Assets shall be diversified to control risk of loss resulting from over concentration.

**I. Authorized Investment Institutions and Dealers**

1. ***Banks*** – Certificates of deposit will be purchased from Qualified Public Depositories of the State of Florida (QPD) and/or reinvested by the QPD in compliance with Fl. Statute 218.415(23).
2. ***Broker/Dealer Approvals*** - primary dealers, banks, regional investment advisory firms and other recognizable brokerage firms in the general securities business.

**J. Third-Party Custodial Agreements**

1. Securities shall be held in the name of the Authority
2. Securities transactions involving purchase or sale of securities by transfer of monies or securities must be made on a “delivery v. payment” basis, if applicable, to ensure that the custodian will have the security or money, as appropriate, in hand at the conclusion of the transaction.
3. Securities shall be held in safekeeping by a third party custodial bank or other custodial institution, chartered by the U.S. Government or the State of Florida.
4. Custodian will provide at least quarterly detailed reports.

**K. Master Repurchase Agreement** - All approved institutions and dealers transacting repurchase agreements shall execute and perform as stated in the Master Repurchase Agreement which is a document widely used by the government and the broker/dealer community.

**L. Bid Requirement** – Competitive bids for investment counsel and/or investment returns while not required, should be obtained when deemed appropriate by the Commissioners.



**West Volusia Hospital Authority**  
**Investment Policy Statement**  
**October 17, 2019**  
**Page 5 of 5**

- M. Internal Controls** – Proper controls should be established and maintained for investments and shall be reviewed by independent auditors as a part of any financial audit periodically required of the Authority. All transfer or payment of funds from bank of original receipt (operating bank account) shall require signatures of two commissioners. All funds held in investment accounts shall be transferred only to Authority's bank operating account.
- N. Continuing Education** – A Commissioner, if someone is so appointed, or designated investment oversight administrator, shall attend one day of study annually related to investments.
- O. Reporting** – Annually or more often as needed a detailed portfolio report shall be presented by a representative of the investment counsel used for the period being reported.
- P. Written Investment Policies** – the Board will review, update and/or ratify this investment policy on an annual basis at the last regularly scheduled meeting of each calendar year.
- Q. Investment Authority** – the Board may employ an investment manager (counsel), such manager must be registered under the Investment Advisors Act of 1940. The manager will be reviewed and ratified for retaining on an annual basis at the last regularly scheduled meeting of each calendar year.



# Implementation Timeline

## Assumptions:

**Effective date – January 1, 2020**

**Decision by October 15, 2019**

### Immediate:

- Assign dedicate phone number
- Assign dedicated Account Manager
- Identify physician contracting needs
- Obtain hospital and FQHC contracts for loading

### From October 15-November 15

- Develop benefits for plan document and claims processing
- Identify needs for eligibility loading
- Proceed with physician contracting
- Develop mobile app



# Implementation Timeline

## Assumptions:

Effective date – January 1, 2020

Decision by October 15, 2019

### From November 15 – December 15

- Provide draft of plan document
- Hold enrollment meetings
- Load eligibility and produce ID cards
- Complete 70% of physician contracting
- Establish banking procedure with WVHA bank

**Plan effective date – begin Phase #1**

# 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



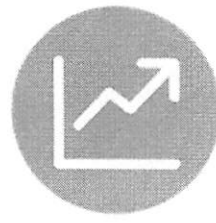


# Three Core Goals That Drive Everything We Both Do



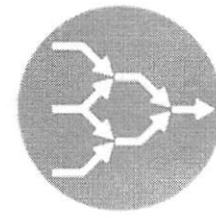
## Reduce Costs

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

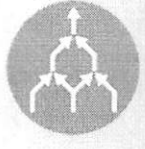
- Claims
- Eligibility Loads
- Banking
- Current Contracts plus specialty network
- Telemedicine
- PBM
- Dedicated Member Services
- Dedicated Provider Services
- WVHA Portal
- Member Portal
- Mobile App



Reduce Costs



Improve Care



Make It Easy

## Quick Actions



Order a new ID card



Update HIPAA Authorization



Request certificate of coverage



Manage Enrollment

## 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)

[Details](#)



Family

You

Nelson

Kenzie

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

#### Recent Claims

Date	Provider	Amount	Status
07-06-18	Katie A Germany	\$1,800.00	In Process
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 >](#)

#### Dental

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

[Details](#)



Family

You

Nelson

Kenzie

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 90%

Deductible \$0.00 of \$150.00

Out Of Pocket \$0.00 of \$43,800.00

#### Recent Claims

Date	Provider	Amount	Status
No recent claims found			

[View all dental claims >](#)

[Submit dental claim >](#)

#### Vision

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

[Details](#)



Family

You

Nelson

Kenzie

Wade

In network

Deductible \$0.00 of \$0.00

Out Of Pocket \$0.00 of \$0.00

Out of network

Deductible \$0.00 of \$0.00

Out Of Pocket \$0.00 of \$0.00

#### Recent Claims

Date	Provider	Amount	Status
No recent claims found			

[View all vision claims >](#)

[Submit vision claims >](#)

### Health Savings Account

Balance  
**\$150.00**

Available  
\$0.00

Contribution  
\$1,100.00

Spent  
\$950.00



#### Recent Claims

Date	Description	You Paid	Status
------	-------------	----------	--------

[View All Transaction >](#)

[Submit Claims >](#)

### Helpful Information

[How to navigate the new miBenefits >](#)

[Understanding your Explanation of Benefits >](#)

Doctor help for less  
cost than a co-pay?

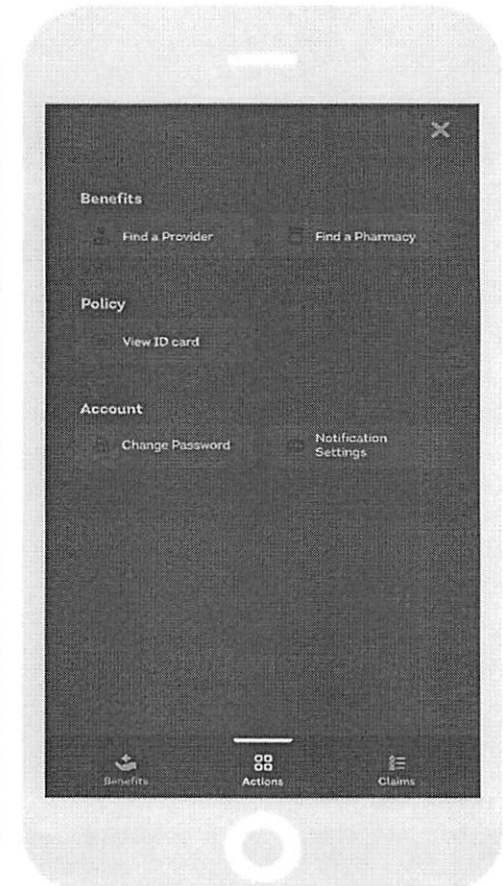
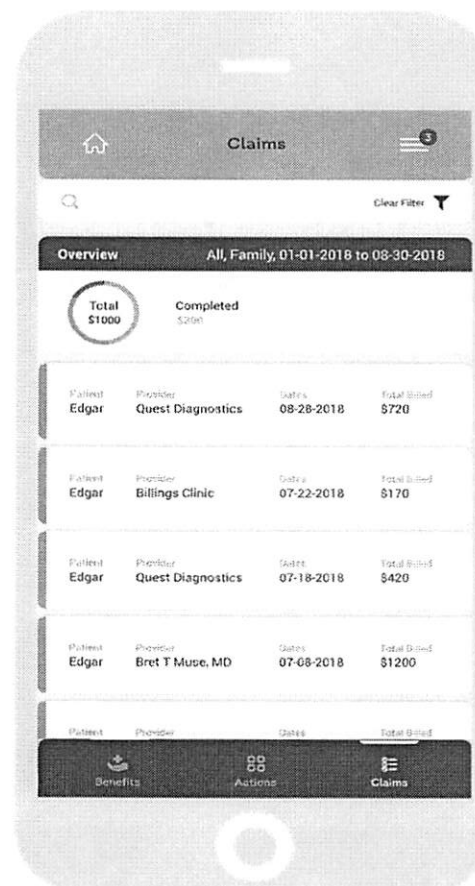
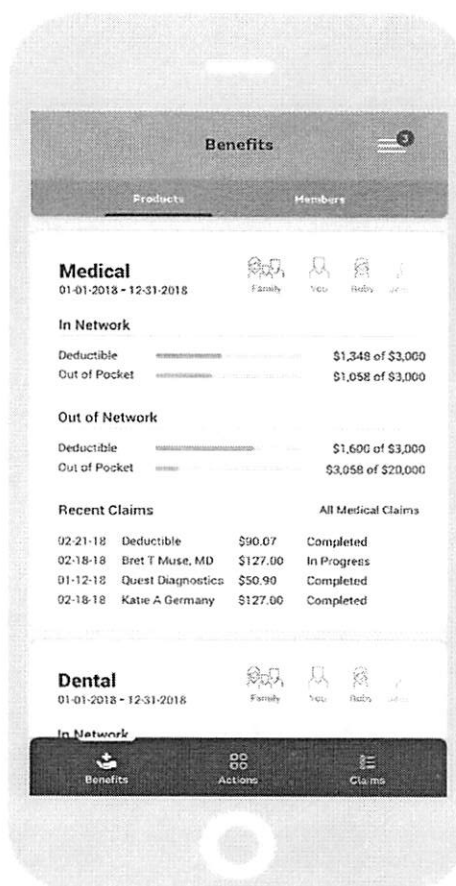
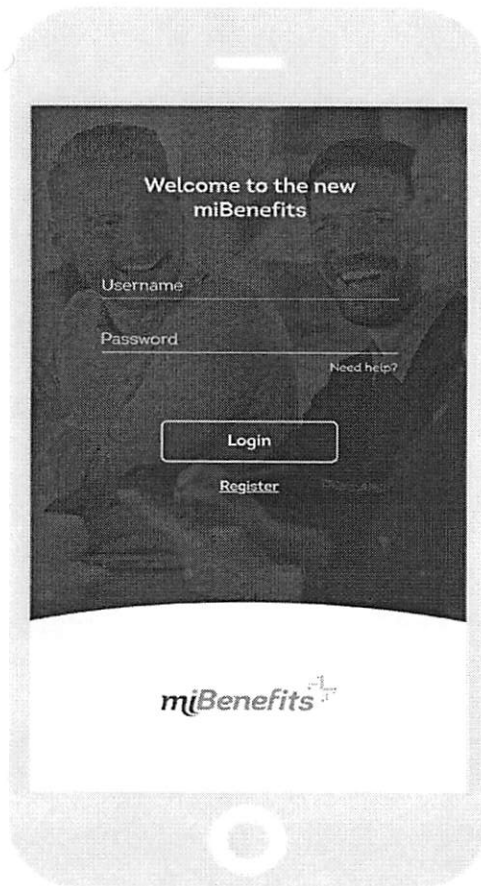
That's your  
telemedicine benefit.

[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



a strategic partner of **ebms**

Someone who  
answers the phone!!



# Plan Design **Recommendations**

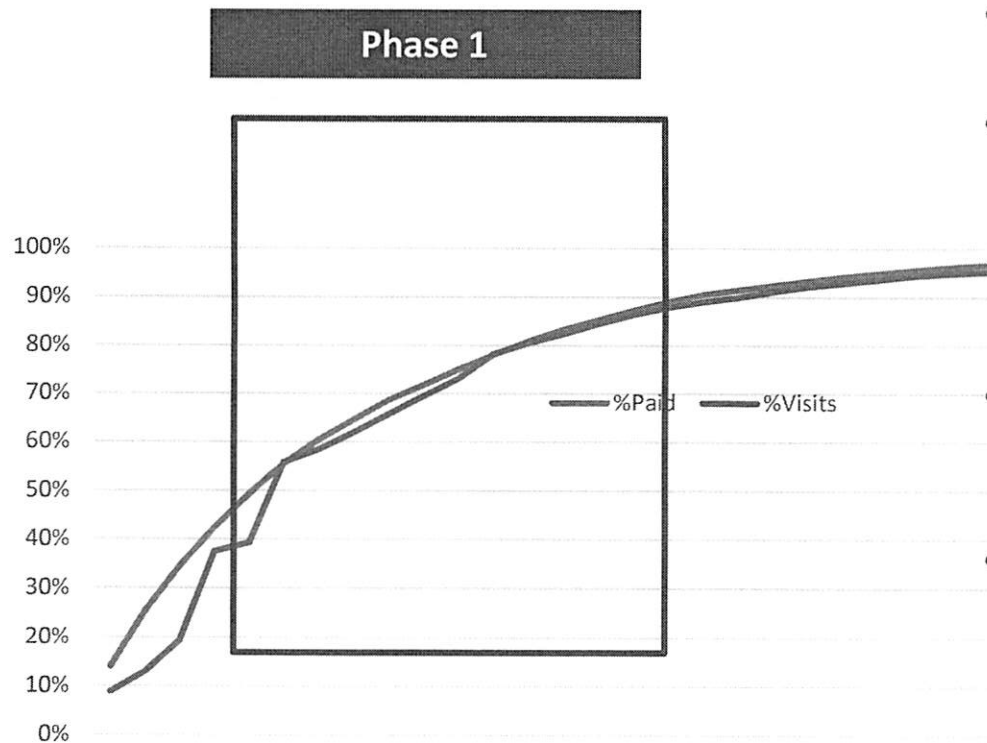
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- Encourage or require each member to get an annual health assessment;
- Issue free glucose monitors;
- Modify copays: increase by \$10-\$25;
- Make Specialty copay higher than PCP;
- Use data analytics to identify opportunities for savings through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

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

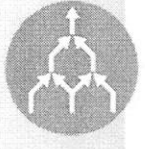
- Primary Care Clinics
  - Adoption
  - Screenings
  - Rx Dispensing
- Eliminate FQHCs
- Additional Specialists Contracted
- Narrow Network
- 340B Rx Program
- Enrollment services in clinics



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**

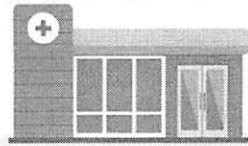
- Point of care testing and all lab draws at miCare
- Exclusive contract with Quest / LabCorp for specialized off-site tests will fully meet needs



## 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



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

### Laboratory

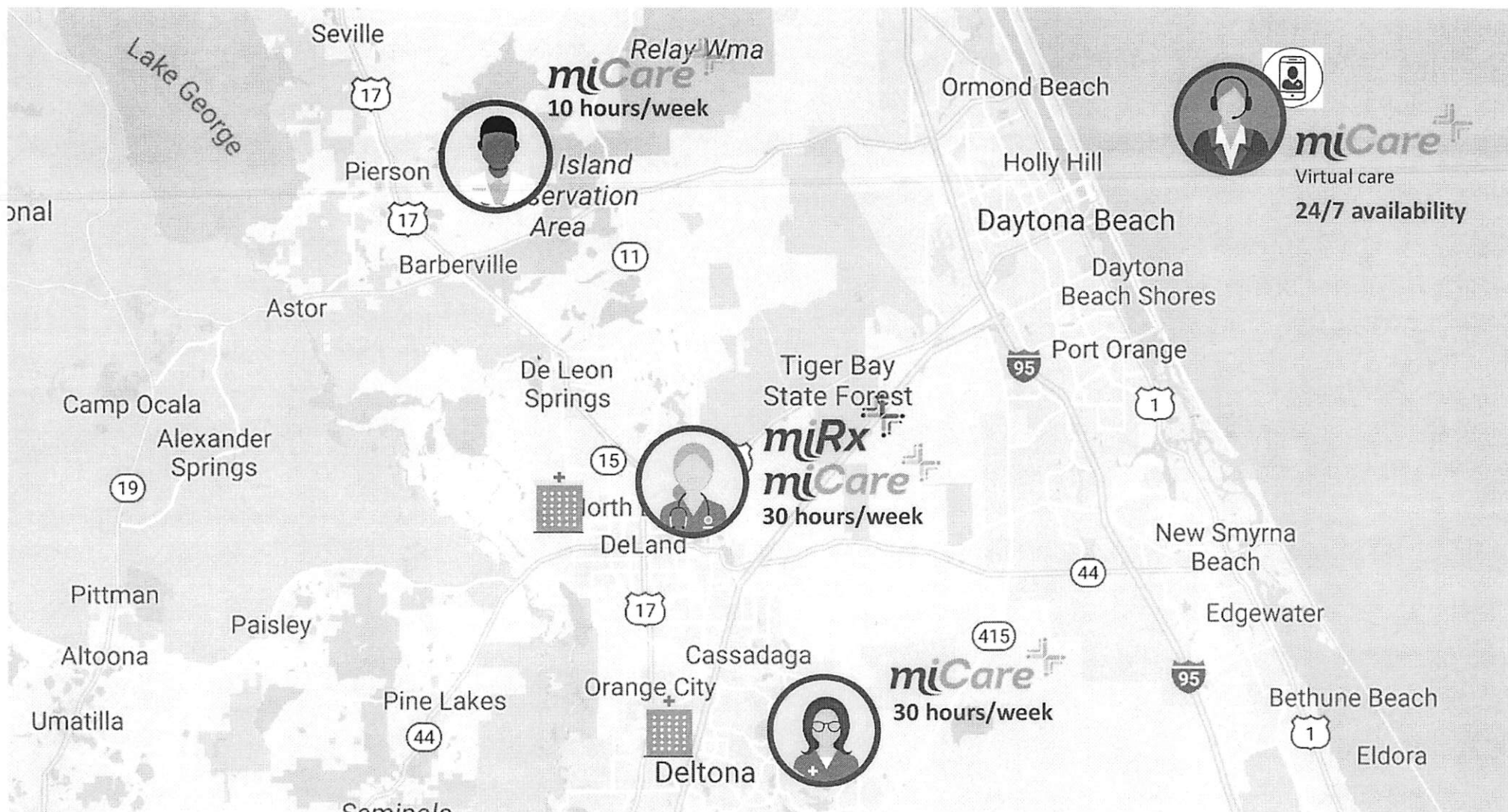
Testing for diagnostic or monitoring purposes:

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





## Proposed miCare network configuration



AdventHealth Hospital



miCare Health Center



miRx Pharmacy



## The front door to your custom healthcare delivery system



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



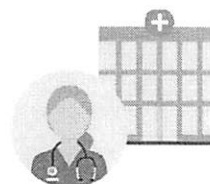
### Domestic

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



of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation.** WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation. Certain programs, such as 'Aids Drugs Assistance Program' (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify a resident from Program Participation because such programs are not considered inclusive medical benefits. "Program Participants" are those persons utilizing the Grantee's Program, reside in the Tax District and who are income eligible to have their medical care subsidized with Authority funding. A Program Participant is considered income eligible if they have income of up to and including 150% of the then applicable Federal Poverty Guidelines. The Program is to operate in, and benefit the health of residents of, the Tax District with an emphasis on providing care to, and improving the health of, indigent residents. Grantee shall also provide information regarding other Authority programs and encourage Participants to apply for a WVHA Health Card or any other federal or state health care program that Participants may be eligible.

6. **Screening.** In order to meet income qualification under this Agreement, Grantee shall screen Program Participants for residency, income and assets eligibility through collection and examination of the documents and information as the Authority may from time to time require, based on the application checklist and the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, Revised June 21, 2018 ("Screening Requirements") which Grantee will implement through CBCC Operational Procedure: CSR 111 West Volusia Hospital Authority Income Verification and Health Card Application Process dated 3/27/2018 as revised on 6/20/2018. The Authority reserves the right to amend these Screening Requirements with an effective date fifteen (15) days after Grantee has been provided a copy of the amended Screening Requirements. The Authority reserves the right to require additional reasonable qualification procedures in the event that it finds Grantee's testing materially insufficient.

7. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. Utilization Reports shall include a de-identified listing of clients, city of residence, zip code, admit date and discharge date; however, the Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall provide the Authority with reports made by it to other entities funding the Program, and Grantee shall also provide copies of any evaluations and reports made by other private or governmental groups that relate to the Project and/or this Agreement when they become available to the Grantee. Grantee is not required to provide information related to non-parties to this Agreement to the Authority that is protected under Florida or Federal privacy or non-disclosure laws. In addition, Grantee shall make at least one (1) verbal report to the Authority board during the year detailing aspects of program utilization and efficacy. Grantee's

# SMA Healthcare

## Client Admission – Registration Form

Reason for Today's Visit

- ☐ Mental Health  
☐ Substance Abuse

Client Number: \_\_\_\_\_

Last Name		First Name		Middle Name	
Date	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Social Security Number	Other Names Known by _____ <input type="checkbox"/> Not Applicable	
RU 1110	Staff	Type of ES Admission (Staff Only) <input type="checkbox"/> Initial <input type="checkbox"/> Mental Health <input type="checkbox"/> Readmission <input type="checkbox"/> Substance Abuse		Source of ES Admission (Staff Only) <input type="checkbox"/> Clinical <input type="checkbox"/> Family <input type="checkbox"/> Judge <input type="checkbox"/> LEO <input type="checkbox"/> Voluntary (family) <input type="checkbox"/> Voluntary (self)	
Residence Address		City	State	Zip Code	County
Mailing Address <input type="checkbox"/> Same as Above		City	State	Zip Code	County
Home Phone		Work Phone	Cell Phone	Primary Language	Secondary Language
Email Address				Education Completed	
<b>Race</b> <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian		<b>Marital Status</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Unreported <input type="checkbox"/> Widowed		<input type="checkbox"/> 1 <sup>st</sup> Grade <input type="checkbox"/> 2 <sup>nd</sup> Grade <input type="checkbox"/> 3 <sup>rd</sup> Grade <input type="checkbox"/> 4 <sup>th</sup> Grade <input type="checkbox"/> 5 <sup>th</sup> Grade <input type="checkbox"/> 6 <sup>th</sup> Grade <input type="checkbox"/> 7 <sup>th</sup> Grade <input type="checkbox"/> 8 <sup>th</sup> Grade <input type="checkbox"/> 9 <sup>th</sup> Grade <input type="checkbox"/> 10 <sup>th</sup> Grade <input type="checkbox"/> 11 <sup>th</sup> Grade <input type="checkbox"/> High School Graduate <input type="checkbox"/> One Year College <input type="checkbox"/> Two Years College <input type="checkbox"/> Three Years College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Vocational Technical School <input type="checkbox"/> GED <input type="checkbox"/> No Formal School <input type="checkbox"/> None/Ungraded <input type="checkbox"/> Unknown	
<b>Ethnicity</b> <input type="checkbox"/> Cuban <input type="checkbox"/> Haitian <input type="checkbox"/> Mexican <input type="checkbox"/> None of the Above <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Puerto Rican		<b>Do you identify as transgender or transsexual</b> <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Unsure <input type="checkbox"/> Yes		<b>If yes to transgender, do you identify as</b> <input type="checkbox"/> Transgender man/trans man <input type="checkbox"/> Transgender woman/trans woman	
<b>Employment Status</b> <input type="checkbox"/> Active Military Overseas <input type="checkbox"/> Active Military USA <input type="checkbox"/> Criminal Inmate <input type="checkbox"/> Disabled <input type="checkbox"/> Full Time <input type="checkbox"/> Homemaker <input type="checkbox"/> Inmate Other <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Not Authorized to Work <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Terminated/Unemployed <input type="checkbox"/> Unpaid Family Worker		<b>Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> Medicare <input type="checkbox"/> No <input type="checkbox"/> Medicaid <input type="checkbox"/> Other _____		<b>Smoker</b> <input type="checkbox"/> Current Every Day Smoker <input type="checkbox"/> Current Some Day Smoker <input type="checkbox"/> Former Smoker <input type="checkbox"/> Never Smoked	
		<b>Homeless Indicator</b> <input type="checkbox"/> In a Homeless Shelter <input type="checkbox"/> Not Homeless <input type="checkbox"/> On the Streets		<b>Current Resident Code (Staff Only)</b>	
		<b>Annual Income</b>		<b># in Household</b> <b># of dependents</b>	
		<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Voter Registration</b> <input type="checkbox"/> Home Visit <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> On Line <input type="checkbox"/> Telephone <input type="checkbox"/> Web Service – Electronic <input type="checkbox"/> Remote <input type="checkbox"/> Already Registered <input type="checkbox"/> Not Interested	
Emergency Contact/Guardian Information:		Emergency Contact/Guardian Live with Client <input type="checkbox"/> Yes <input type="checkbox"/> No		Guardianship Papers on File <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name		First Name		Relationship to Client	
Mailing Address		City	State	Zip Code	Contact Number
<hr/> Signature of Client/Guardian Signature <span style="float: right;">Date</span>					
<hr/> Signature of Staff/ID <span style="float: right;">Date</span>					

# SMA Healthcare

## ES/CSU/DETOX Episode Form

<b>RU</b> <b>1110</b>	Admit Date	Arrival Time (Lobby)	Time RN Notified of Triage	Triage Screening Time
ES Arrival Time	Type of Admission <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Voluntary <input type="checkbox"/> LEO <input type="checkbox"/> Provider <input type="checkbox"/> Legal		Source of Admission <input type="checkbox"/> Flagler Hospital <input type="checkbox"/> FH Deland <input type="checkbox"/> FH Flagler <input type="checkbox"/> FM Daytona <input type="checkbox"/> Halifax <input type="checkbox"/> Other Hospital <input type="checkbox"/> Jail <input type="checkbox"/> NSB <input type="checkbox"/> Other Community <input type="checkbox"/> SMA-O <input type="checkbox"/> SMA-R	
Time Chart Completed (CSR)	Screening Time	RN Screener #	O&E Time	Discharge Type <input type="checkbox"/> AMA <input type="checkbox"/> CSU <input type="checkbox"/> Did Not Meet Criteria <input type="checkbox"/> Detox <input type="checkbox"/> Jail <input type="checkbox"/> Hospital (medical) <input type="checkbox"/> Other _____
Discharge Date	Discharge Time	Provider	Medication (Psych) Education Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Risk Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
HIV Education Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		Previously Tested <input type="checkbox"/> Yes <input type="checkbox"/> No	Requesting Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication Education Completed <input type="checkbox"/> Yes <input type="checkbox"/> No

**RU**

**1120/1501**

### Admit RU

Admit Date	Admit Time	Type of Admission <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Voluntary <input type="checkbox"/> LEO <input type="checkbox"/> Provider <input type="checkbox"/> Legal		
Source of Admission <input type="checkbox"/> Flagler Hospital <input type="checkbox"/> FH Deland <input type="checkbox"/> FH Flagler <input type="checkbox"/> FM Daytona <input type="checkbox"/> Halifax <input type="checkbox"/> Other Hospital <input type="checkbox"/> Jail <input type="checkbox"/> NSB <input type="checkbox"/> Other Community <input type="checkbox"/> SMA-Outpatient <input type="checkbox"/> SMA-Residential				
Discharge Date	Discharge Time	Discharge Type <input type="checkbox"/> AMA <input type="checkbox"/> Completed <input type="checkbox"/> CSU <input type="checkbox"/> Detox <input type="checkbox"/> Hospital (medical) <input type="checkbox"/> Jail <input type="checkbox"/> Other _____		

**RU**

**1120/1501**

### Admit RU (if transferred)

Admit Date	Admit Time	Legal Status at Transfer <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Voluntary <input type="checkbox"/> LEO <input type="checkbox"/> Provider <input type="checkbox"/> Legal		
Source of Admission <input type="checkbox"/> Flagler Hospital <input type="checkbox"/> FH Deland <input type="checkbox"/> FH Flagler <input type="checkbox"/> FM Daytona <input type="checkbox"/> Halifax <input type="checkbox"/> Other Hospital <input type="checkbox"/> Jail <input type="checkbox"/> NSB <input type="checkbox"/> Other Community <input type="checkbox"/> SMA-Outpatient <input type="checkbox"/> SMA-Residential				
Discharge Date	Discharge Time	Discharge Type <input type="checkbox"/> AMA <input type="checkbox"/> Completed <input type="checkbox"/> CSU <input type="checkbox"/> Detox <input type="checkbox"/> Hospital (medical) <input type="checkbox"/> Jail <input type="checkbox"/> Other _____		

**RU**

**1110**

### DSM-IV Diagnostic Impression

<b>AXIS I</b> P: _____ S: _____ T: _____	<input type="checkbox"/> V11.0 History of Schizophrenia <input type="checkbox"/> V11.1 History of Bipolar <input type="checkbox"/> V11.3 History of Alcoholism <input type="checkbox"/> V11.8 Other Mental Disorder <input type="checkbox"/> V61.20 Relationship distress parent/child <input type="checkbox"/> V61.8 Relationship distress spouse/intimate partner/family member	<input type="checkbox"/> V62.84 Suicidal Ideation <input type="checkbox"/> V62.84 Passive Suicidal Ideation <input type="checkbox"/> V62.85 Homicidal Behavior / Ideation <input type="checkbox"/> V70.1 Psychiatric Exam requested by Authority <input type="checkbox"/> V70.4 Examination for Baker Acts <input type="checkbox"/> V71.01 Observation for Adult Antisocial Disorder <input type="checkbox"/> V71.89 Observation following alleged suicide attempt		
Admission due to Suicide Attempt <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes Method <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Jumping <input type="checkbox"/> Cut Wrist <input type="checkbox"/> Poisoning <input type="checkbox"/> Gunshot <input type="checkbox"/> Overdose <input type="checkbox"/> Hanging <input type="checkbox"/> Other _____	Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Violence of <input type="checkbox"/> Person <input type="checkbox"/> Property	Baker Acted <input type="checkbox"/> Yes <input type="checkbox"/> No

**West Volusia Hospital Authority Evidence of Residence Worksheet**

Client's name \_\_\_\_\_ MR# \_\_\_\_\_

**Instructions for Staff:** Fully complete this worksheet for any person admitted from the West Volusia Hospital Area catchment area (see list of acceptable zip codes attached) who does not have a WVHA Health Card or any other type of insurance. Read the italicized text below to the client to determine proof of their residence and absence of any insurance. Use the West Volusia Hospital Authority Evidence of Residence Tracking Sheet to log all attempts to secure evidence of residence.

*If you reside in one of the zip codes in West Volusia, the West Volusia Hospital Authority may help to cover the cost of your stay at the Chet Bell Crisis Center. In order to ensure that you are eligible to possibly receive West Volusia Hospital Authority Funding, we will need to know if you have any type of insurance and we will need a copy of a driver's license, ID, or other proof of address such as a utility bill.*

Do you have any type of insurance? ☐ Yes ☐ No  
(If yes, inform the client that they are not eligible for WVHA coverage and make a copy of insurance card.)

Do you have your driver's license with you? ☐ Yes ☐ No  
(If yes, make a copy of license and verify zip code is WVHA. Zip code = \_\_\_\_\_)

Do you have a State issued ID with you? ☐ Yes ☐ No  
(If yes, make a copy of ID and verify zip code is WVHA. Zip code = \_\_\_\_\_)

*If you do not have a driver's license or State issued ID with you, who may we contact to obtain a copy?*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

*We will contact the person or people you listed above and ask them bring proof of your residence to the CBCC. In addition to and ID, acceptable proof of residence also includes a utility bill with your name and address on it. Signing below indicates that you consent to this contact.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

CSR signature and ID# \_\_\_\_\_ Date \_\_\_\_\_

☐ Refused: Date \_\_\_\_\_ Time \_\_\_\_\_

[illegible]



**West Volusia Hospital Authority Asset Test Worksheet**

Client's name \_\_\_\_\_ MR# \_\_\_\_\_

**Instructions for Staff:** Fully complete this worksheet for any person admitted from the West Volusia Hospital Area catchment area (see list of acceptable zip codes attached) who does not have a WVHA Health Card or any other type of insurance. Read the italicized text below to the client to determine if the client's assets are within the limits for the WVHA Health Card Program.

*If you reside in one of the zip codes in West Volusia, the West Volusia Hospital Authority may help to cover the cost of your stay at the Chet Bell Crisis Center. In order to ensure that you are eligible to possibly receive West Volusia Hospital Authority Funding, we will need to ask you about any assets that you possess that would affect your eligibility. Please note that giving false information is a violation of State Statute and a misdemeanor of the second degree.*

Do you have checking or savings accounts? ☐ Yes ☐ No

(If yes, record the total value here: \_\_\_\_\_)

Do you own more than one home? ☐ Yes ☐ No

(If yes, ask what the value of the additional home is, minus any outstanding mortgage balance.

Record that total value here: \_\_\_\_\_)

Do you own more than one vehicle? ☐ Yes ☐ No

(If yes, ask what the value of the additional vehicle or vehicles is, minus any outstanding loan balance. Record that total value here: \_\_\_\_\_)

Do you have life insurance? ☐ Yes ☐ No

(If yes, ask what the cash value of the life insurance is. Record that total value here:

\_\_\_\_\_)

Do you own any recreational vehicles? ☐ Yes ☐ No

(If yes, ask what the value of the recreational vehicle or vehicles is, minus any outstanding loan balance. Record that total value here: \_\_\_\_\_)

Do you own any stocks, bonds, or trusts? ☐ Yes ☐ No

(If yes, ask what the value of the stocks, bonds, or trusts is. Record that total value here:

\_\_\_\_\_)

**Instructions for Staff:** Determine the total value of the client's assets by adding up the total values on Page 1 of this worksheet and recording the total value of all assets here:

\_\_\_\_\_.

Refer to the chart below. If the family's assets are less than or equal to the amount shown, then the client has met the asset criteria for the WVHA Health Card Program. If the family's assets are greater than the amount shown, then the client is not eligible to participate in the WVHA Health Card Program.

FAMILY SIZE	ASSET LIMIT
1	\$5,000
2	\$5,500
3	\$6,000
4	\$6,500
5	\$7,000
6	\$7,500
7	\$8,000
8	\$8,500
9	\$9,000
10	\$9,500

Each additional person adds \$500.

Based on this asset test, is this client eligible for the WVHA Health Card Program?

☐ Yes      ☐ No

By signing below you indicate that you understand that providing false information to defraud an institution for the purpose of goods or services is a misdemeanor in the second degree in accordance with section 817.50 FS.

Signature \_\_\_\_\_

Date \_\_\_\_\_

CSR signature and ID# \_\_\_\_\_

Date \_\_\_\_\_

☐ Refused:    Date \_\_\_\_\_ Time \_\_\_\_\_

**West Volusia Hospital Authority  
Financial Statements  
September 30, 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)

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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 September 30, 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

October 03, 2019

MEMBERS

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Certified Public Accountants

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Certified Public Accountants

**West Volusia Hospital Authority**

**Balance Sheet**

**Modified Cash Basis**

**September 30, 2019**

**Assets**

**Current Assets**

Petty Cash	\$	100.00
Intracoastal Bank - Money Market		9,504,849.76
Intracoastal Bank - Operating		297,952.78
Mainstreet Community Bank - MM		5,037,659.49
Taxes Receivable		92,073.00
<b>Total Current Assets</b>		<b>14,932,635.03</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>918,099.07</b>
Less Accum. Depreciation		(296,440.64)
<b>Total Net Fixed Assets</b>		<b>621,658.43</b>

**Other Assets**

Deposits		2,000.00
<b>Total Other Assets</b>		<b>2,000.00</b>
<b>Total Assets</b>		<b>15,556,293.46</b>

**Liabilities and Net Assets**

**Current Liabilities**

Security Deposit		5,110.00
Deferred Revenue		88,660.00
<b>Total Current Liabilities</b>		<b>93,770.00</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)		4,188,845.50
<b>Total Net Assets</b>		<b>15,462,523.46</b>
<b>Total Liabilities and Net Assets</b>	<b>\$</b>	<b>15,556,293.46</b>

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

**For the 1 Month and 12 Months Ended September 30, 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	4,428	20,233,587	(39,587)
Investment Income	55,000	10,207	143,549	(88,549)
Reimbursement - SDTF	0	0	70,060	(70,060)
Rental Income	70,968	11,691	74,303	(3,335)
Other Income	0	0	592	(592)
<b>Total Revenue</b>	<u>20,319,968</u>	<u>26,326</u>	<u>20,522,091</u>	<u>(202,123)</u>
<b>Healthcare Expenditures</b>				
Adventist Health Systems	5,823,544	62,802	5,736,083	87,461
Northeast Florida Health Services	1,932,281	106,373	1,486,848	445,433
Specialty Care	4,375,000	313,133	3,408,201	966,799
County Medicaid Reimbursement	2,385,000	0	1,763,698	621,302
The House Next Door	106,000	6,639	88,058	17,942
The Neighborhood Center	70,000	0	70,000	0
Community Life Center Outreach Services	20,000	0	550	19,450
Rising Against All Odds	218,312	22,570	174,398	43,914
Community Legal Services	76,931	7,853	76,931	0
Hispanic Health Initiatives	75,000	6,800	61,175	13,825
Florida Dept of Health Dental Svcs	200,000	11,870	199,075	925
Good Samaritan	60,000	0	0	60,000
Stewart Marchman - ACT	928,252	4,193	928,251	1
Health Start Coalition of Flagler & Volusia	142,359	6,220	125,879	16,480
H C R A	819,612	28,260	292,601	527,011
Other Healthcare Costs	888,412	0	0	888,412
<b>Total Healthcare Expenditures</b>	<u>18,120,703</u>	<u>576,713</u>	<u>14,411,748</u>	<u>3,708,955</u>
<b>Other Expenditures</b>				
Advertising	5,000	1,705	7,282	(2,282)
Annual Independent Audit	16,000	0	16,100	(100)
Building & Office Costs	6,500	92	3,669	2,831
General Accounting	68,100	5,620	60,348	7,752
General Administrative	65,100	3,591	48,639	16,461
Legal Counsel	70,000	8,760	60,290	9,710
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	59	684,377	(80,497)
Legislative Consulting	0	5,000	15,000	(15,000)
TPA Services	500,000	37,454	537,877	(37,877)
Eligibility / Enrollment	30,000	0	4,221	25,779
Healthy Communities	72,036	5,397	62,315	9,721
Application Screening				
Application Screening - THND	331,872	30,492	295,294	36,578
Application Screening - RAAO	50,693	6,123	42,816	7,877
Application Screening - SMA	84	0	84	0
Workers Compensation Claims	25,000	0	13,429	11,571
Other Operating Expenditures	250,000	991	5,489	244,511
<b>Total Other Expenditures</b>	<u>2,199,265</u>	<u>105,284</u>	<u>1,921,495</u>	<u>277,770</u>
<b>Total Expenditures</b>	<u>20,319,968</u>	<u>681,997</u>	<u>16,333,243</u>	<u>3,986,725</u>
<b>Excess ( Deficit)</b>	<u>0</u>	<u>(655,671)</u>	<u>4,188,848</u>	<u>(4,188,848)</u>

See Accountants' Compilation Report

**West Volusia Hospital Authority**  
**Schedule I - Healthcare Expenditures**  
**Modified Cash Basis**  
**Budget and Actual**  
**For the 1 Month and 12 Months Ended September 30, 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	(14,595)	2,858,826	(59,554)
Florida Hospital Fish Memorial	2,799,272	83,009	2,739,717	59,555
Florida Hospital DeLand - Physicians	112,500	(5,612)	71,967	40,533
Florida Hospital Fish - Physicians	112,500	0	65,573	46,927
Northeast Florida Health Services				
NEFHS - Pharmacy	752,281	62,691	698,305	53,976
NEFHS - Obstetrics	30,000	1,204	42,246	(12,246)
NEFHS - Primary Care	1,150,000	42,478	746,297	403,703
Specialty Care	4,375,000	313,133	3,408,201	966,799
County Medicaid Reimbursement	2,385,000	0	1,763,698	621,302
Florida Dept of Health Dental Svcs	200,000	11,870	199,075	925
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	6,639	88,058	17,942
The Neighborhood Center	70,000	0	70,000	0
Community Life Center Outreach Services	20,000	0	550	19,450
Rising Against All Odds	218,312	22,570	174,398	43,914
Community Legal Services	76,931	7,853	76,931	0
Hispanic Health Initiatives	75,000	6,800	61,175	13,825
Stewart Marchman - ACT				
SMA - Homeless Program	78,252	4,193	78,252	0
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	6,220	57,020	16,480
HSCFV - Fam Services	68,859	0	68,859	0
HCRA				
H C R A - In County	400,000	22,462	263,118	136,882
H C R A - Outside County	419,612	5,798	29,484	390,128
Other Healthcare Costs	888,412	0	0	888,412
<b>Total Healthcare Expenditures</b>	<b>18,120,703</b>	<b>576,713</b>	<b>14,411,750</b>	<b>3,708,953</b>

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

**For the 1 Month and 12 Months Ended September 30, 2019 and September 30, 2018**

	1 Month Ended September 30, 2019	1 Month Ended September 30, 2018	12 Months Ended September 30, 2019	12 Months Ended September 30, 2018
<b>Revenue</b>				
Ad Valorem Taxes	4,428	6,890	20,233,587	20,090,454
Investment Income	10,207	7,030	143,549	67,912
Reimbursement - SDTF	0	0	70,060	0
Rental Income	11,691	5,692	74,303	68,304
Other Income	0	0	592	203
<b>Total Revenue</b>	<u>26,326</u>	<u>19,612</u>	<u>20,522,091</u>	<u>20,226,873</u>
<b>Healthcare Expenditures</b>				
Adventist Health Systems	62,802	387,862	5,736,083	5,638,037
Northeast Florida Health Services	106,373	322,717	1,486,848	1,651,711
Specialty Care	313,133	755,520	3,408,201	3,317,873
County Medicaid Reimbursement	0	195,966	1,763,698	2,258,770
The House Next Door	6,639	29,406	88,058	104,932
The Neighborhood Center	0	9,425	70,000	70,000
Community Life Center Outreach Services	0	2,325	550	19,650
Rising Against All Odds	22,570	37,975	174,398	218,594
Community Legal Services	7,853	7,950	76,931	40,321
Hispanic Health Initiatives	6,800	3,550	61,175	75,000
Deltona Firefighters Foun Access to Hlth	0	0	0	661
Florida Dept of Health Dental Svcs	11,870	1,299	199,075	200,000
Good Samaritan	0	7,254	0	46,366
Stewart Marchman - ACT	4,193	165,597	928,251	873,540
Health Start Coalition of Flagler & Volusia	6,220	14,975	125,879	139,542
H C R A	28,260	182,533	292,601	315,907
<b>Total Healthcare Expenditures</b>	<u>576,713</u>	<u>2,124,354</u>	<u>14,411,748</u>	<u>14,970,904</u>
<b>Other Expenditures</b>				
Advertising	1,705	1,718	7,282	5,456
Annual Independent Audit	0	0	16,100	15,800
Building & Office Costs	92	633	3,669	5,051
General Accounting	5,620	8,806	60,348	55,314
General Administrative	3,591	7,870	48,639	59,636
Legal Counsel	8,760	11,400	60,290	60,250
City of DeLand Tax Increment District	0	0	64,265	69,746
Tax Collector & Appraiser Fee	59	92	684,377	587,595
Legislative Consulting	5,000	0	15,000	0
TPA Services	37,454	91,120	537,877	546,980
Eligibility / Enrollment	0	(1,953)	4,221	41,181
Healthy Communities	5,397	11,723	62,315	67,934
Application Screening				
Application Screening - THND	30,492	47,435	295,294	189,742
Application Screening - RAAO	6,123	6,912	42,816	34,944
Application Screening - SMA	0	0	84	2,379
Workers Compensation Claims	0	6,206	13,429	32,873

See Accountants' Compilation Report



**West Volusia Hospital Authority**  
**Schedule II - Statement of Revenue and Expenditures**  
**Modified Cash Basis**  
**For the 1 Month and 12 Months Ended September 30, 2019 and September 30, 2018**

	1 Month Ended September 30, 2019	1 Month Ended September 30, 2018	12 Months Ended September 30, 2019	12 Months Ended September 30, 2018
Other Operating Expenditures	991	776	5,489	4,983
<b>Total Other Expenditures</b>	<b><u>105,284</u></b>	<b><u>192,738</u></b>	<b><u>1,921,495</u></b>	<b><u>1,779,864</u></b>
<b>Total Expenditures</b>	<b><u>681,997</u></b>	<b><u>2,317,092</u></b>	<b><u>16,333,243</u></b>	<b><u>16,750,768</u></b>
<b>Excess ( Deficit)</b>	<b><u>(655,671)</u></b>	<b><u>(2,297,480)</u></b>	<b><u>4,188,848</u></b>	<b><u>3,476,105</u></b>

## LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: October 8, 2019

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for October 17, 2019 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the September 26, 2019 Meeting Minutes.

### I. Funding Agreements for 2019-20:

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 approved 2019-20 Final Budget, counsel circulated proposed "redlined" drafts of funding agreements to each of the funded providers. Counsel also circulated copies of the redlined drafts to members of the Board and to accounting and administrative staff at DRT. To the extent practicable, suggested changes were incorporated into final drafts and circulated to the agencies for final review and execution. Unlike past years where some final agreements were still pending for further negotiation, counsel expects to recommend approval of all agreements as to form except NEFHS's Consolidated Clinics and Prenatal Agreement and SMA's Baker Act Match agreements.

Regarding the two NEFHS agreements, the agency preferred to respond directly to Board questions concerning the comparable rate spreadsheet that was distributed by Commissioner Hill at the end of the September meeting. In light of the information in the spreadsheet, the agency also needs to confirm that it is in compliance with the Board's longstanding policy that the rates it pays do NOT exceed the rate charged by NEFHS to any other insurance payer, funding entity, public or private for the same or substantially the same services.

For the SMA Baker Act agreement, counsel is waiting for the agency to confirm that it has consulted with interested members of the Board and interested citizen John Simmons and has improved the screening protocol to achieve the highest level of compliance with the Enabling Legislation that is practicable.

It is noteworthy that once again this year several agencies did not provide adequate comparable rate information in the “**AVERAGE COST/UNIT OF SERVICE WITH COMPARATIVE REIMBURSEMENT**” section of the Funding Application. When counsel requested this follow-up, all agencies were able to provide some comparable rate information (even if it required looking at rates paid in states other than Florida) except Hispanic Health Initiative (“HHI”). HHI represented that it had searched but could not find any such information. Counsel is willing to defer this year to the continued validity of past negotiations with HHI over its reimbursement rate, but recommends that the CAC scrutinize this comparable rate information carefully for all applications in future funding cycles so that the Board has a factual basis for determining whether the proposed reimbursement rate is competitive.

With those clarifications, counsel anticipates recommending approval as to their legal form all proposed agreements except D,F and I:

- A. Community Legal Services, Inc. Medical-Legal Partnership program.
- B. Healthy Communities – Kidcare Outreach
- C. Hispanic Health Initiatives, Inc.’s Taking Care of My Health
- D. Northeast Florida Health Services, d/b/a Family Health Source FHS--Clinics
- E. Northeast Florida Health Services, d/b/a Family Health Source FHS—Pharmacy
- F. Northeast Florida Health Services, d/b/a Family Health Source FHS—Prenatal
- G. Rising Against All Odds, Inc. -- HIV/AIDS Outreach and Case Management
- H. Rising Against All Odds, Inc.—Health Card Enrollment & Retention Services
- I. SMA Healthcare – Baker Act Match
- J. SMA Healthcare– Homeless Program
- K. SMA Healthcare —Level II Residential Treatment
- L. The Healthy Start --Access to Healthcare Services—SMA Outreach
- M. The Healthy Start –Family Services Coordinator—Deltona
- N. The House Next Door – Mental Health Services
- O. The House Next Door—Eligibility Determination Services
- P. The Neighborhood Center of West Volusia “Access to Care”
- Q. The Neighborhood Center of West Volusia “Health Care Navigation”
- R. Volusia County Health Department—Florida Department of Health (Dental Care)
- S. Fourteenth Addendum—Primary Care Physicians Indigent Hospital Patient

## II. Legal Context for Budget Workshop/TRIM Procedure [Tax/Budgeting] [*See new info. in italics and bold*]

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

Property Taxes. Notice for the second public hearing is handled by the Authority with a newspaper advertisement in a statutorily mandated format and publication deadline.

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

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

*Regarding the 2019-20 budget year, the TRIM Final Budget Hearing was held on Thursday, September 26, 2019, and the Board voted 3-1-1 to set its final millage at 1.908 mills with a separate 3-1-1 to adopt the Authority’s 2019-20 final budget of \$19,556,988. Therefore, the 2019-20 tax year’s millage of 1.908 mills was a 5.563% decrease over the 2.0204 mills rolled-back rate.*

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

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

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

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

Regarding the 2009-10 budget year, the TRIM Final Budget Hearing was held on Tuesday, September 22, 2009, and the Board voted unanimously to set its final millage

at 1.745 mills with a separate unanimous vote to adopt the Authority's 2008-09 final budget of \$15,680,000.00. Therefore, the 2009-10 tax year's millage of 1.745 mills was a 2.04% decrease over the 1.7813 rolled-back rate;

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

On June 1, 2019, 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 \$10,519,658,760, which represents a net change of approximately +12.68% from 2018 taxable value (9,336,227,639).

*Most steps in the TRIM process have already occurred. The following additional steps are required to complete the 2019-2020 TRIM process:*

- A Within 30 days of the Final Budget Hearing, the Authority (via DRT) must submit its TRIM Compliance package (DR-422).

III. **Downtown DeLand CRA: Notice of Amendment to Extend CRA Expiration from September 30, 2025 to December 31, 2036. [See new info. in italics and bold] [Refer back to Legal Update Memorandum dated 3/21/19 for additional background details.]**

The City Commission formally considered and rejected WVHA exemption request at the June 17<sup>th</sup> City Commission meeting. Counsel forwarded to Board members an electronic copy of the City's formal notice of its denial of the request in an email dated August 1, 2019. The notice of denial mentions twice that the City desires to maintain a good community partner relationship with WVHA and invites WVHA to reapply for the exemption closer to the start of the Extension Period, which runs 2025-2036. Nevertheless, the City denied the request and adopted the staff analysis of the statutory factors that it was required to consider. In a nutshell, the City's analysis of the Section 163.387(d)(2) factors acknowledges that the CRA has no bond or other debt, no special projects at all within its approved plan, much less any CRA projects that would benefit the provision health care or access to health care. Both of these factors should have been weighted in favor of the requested exemption. Instead, the City's analysis is focused solely on the fiscal impact factor, i.e., the loss of a future revenue stream which the CRA could possibly need in the future if it subsequently approves special projects or incurs debt. The analysis in the notice of denial also undervalues the degree to which the health care access outreach programs of Rising Against All Odds, The Neighborhood Center and Hispanic Health Initiative target potentially unhealthy and homeless residents and provide them with a means to get off the streets of the Downtown DeLand area and access health, housing and welfare programs. Using the City's analytical emphasis on the uncertainty of fiscal impact of lost future revenue, it is hard to imagine how any entity would ever qualify for an exemption under Section 163.387(d)(1). It is doubtful that this was the intent of the

Legislature to have this provision be a nullity as applied. *Counsel continues to explore alternative strategies for obtaining the exemption requested and denied by the City from this extension of the CRA tax; counsel will update the Board as appropriate.*

IV. WVHA as Plaintiff in Federal Multidistrict Litigation for National Prescription Opiate Litigation, James Vickaryous, Managing Partner of Vickaryous Law Firm.  
[See new info. in italics and bold]

Counsel talked preliminarily with Jim Vickaryous, the Managing Partner of the Vickaryous Law Firm about WVHA retaining his law firm to represent WVHA on a contingency basis and file a lawsuit on behalf of WVHA in the federal multidistrict litigation for national prescription opiate litigation. Attorney Vickaryous plans to present a formal proposal to explain the details, but in a nutshell the proposed representation would offer WVHA a seat at the table among many other governmental and private entities around the nation that are suing pharmaceutical companies. These lawsuits are seeking to recover damages related to the substantial health care and prescription costs that have been paid to treat residents who became addicted to opioids. As of this writing, counsel has not yet received a draft of the proposed retainer agreement or the presentation materials. Attorney Vickaryous has indicated in an introductory call that if desired, WVHA would become one of several Florida based local government clients which his firm would represent. The contingency basis of the representation would provide that the Vickaryous Law Firm would be paid 20% of any net recovery after costs and WVHA would keep the remaining 80%. Attorney Vickaryous believes that it would be important to get WVHA's lawsuit on file as soon as practicable before settlement talks begin and conclude concerning a Tier 1 lawsuit that is scheduled for trial in Ohio during October, 2019. Attorney Vickaryous believes that the defendants in that lawsuit may want to negotiate a global settlement of all pending lawsuits and it would be advantageous for WVHA to have a seat at that table, particularly in light of the substantial annual budget expenses being paid to SMA and for prescriptions that are directly related to the opioid epidemic. Counsel expects to receive and review the details prior to the March meeting and have a recommendation as to the form of the retainer agreement at that time. As an overall matter, the proposal sounds like a potential opportunity for WVHA to recoup substantial taxpayer dollars, but it may take some time before any recovery is obtained. Following the Board's authorization of Chair Craig to sign the proposed contingency agreement subject to a clarification that the net of any recovery to WVHA only be reduced to reimburse "reasonable" attorney's fees, Chair Craig has executed the revised agreement and it is being circulated for signatures by all the retained co-counsel. *As previously emailed, WVHA's complaint in the national opioid litigation was initially filed in federal court in the Middle District of Florida on September 10, 2019. On September 26, 2019, that case was transferred to the Northern District of Ohio where it has been consolidated with the thousands of other pending cases in that multidistrict opioid litigation.*

V. General Compliance with the Sunshine Law [See new info. in italics and bold]

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 talking about or discussing any matter on which foreseeable action will be taken by the public board or commission. (If your conversation 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; provided however, it is permissible for one board member to send correspondence to the rest of the board outside of a public meeting as long as this correspondence does not result in replies or other back and forth exchanges until a public meeting is convened for such discussion and also the correspondence is made available to interested members of the public.

The Sunshine Law 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.

*With the increased use of social media accounts, including Facebook and other community and political blogs, Board members should be mindful of the following Florida Attorney General guidance before posting on Facebook, or other blogs an opinion or viewpoint on matters likely to come before the Board. In AG Opinion 08-07, the Florida Attorney General concluded that the use of a website blog or message board to solicit comment from other members of the board or commission by their response on matters that would come before the board would trigger the requirements of the Sunshine Law. As stated therein:*

*'While there is no statutory prohibition against a city council member posting comments on a privately maintained electronic bulletin board or blog, . . . members of the board or commission must not engage in an exchange or discussion of matters that foreseeably will come before the board or commission for official action. The use of such an electronic means of posting one's comments and the inherent availability of other participants or contributors to act as liaisons would create an environment that could easily become a forum for members of a board or commission to discuss official issues which should most appropriately be conducted at a public meeting in compliance with the Government in the Sunshine Law. It would be incumbent upon the commission members to avoid any action that could be construed as an attempt to evade the requirements of the law.'*