

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**BOARD OF COMMISSIONERS & CITIZENS ADVISORY COMMITTEE**  
**JOINT MEETING**  
**March 21, 2024**  
**5:00 PM**  
**Sanborn Center**  
**815 S. Alabama Avenue, DeLand, FL**  
**AMENDED AGENDA**

1. Call to Order
2. Pledge of Allegiance Followed by a Moment of Silence
3. Approval of Proposed Agenda
4. Consent Agenda:
  - A. Approval of Minutes - Regular Meeting February 15, 2024
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Citizens Advisory Committee – Chair Lyda Kiser
  - A. CAC Applicant Meeting Minutes of February 6, 2024
7. Reporting Agenda:
  - A. EBMS February Report – Written Submission
  - B. WVHA miCare Clinic DeLand/Deltona February Report – Written Submission
  - C. The House Next Door (THND) February HealthCard Report
8. Discussion Items:
  - A. Contractual Site Visit Review Write Up FYE 2023
    1. Healthy Start Coalition of Flagler & Volusia – CARE Specialist Outreach
    2. Healthy Start Coalition of Flagler & Volusia – Family Services Coordination
  - B. WVHA Funding Applications Received Spreadsheet 2024-2025
  - C. Quarterly Hospital Reporting Components
  - D. Letter of Appreciation for Kyle Glass of Advent Health
  - E. Scheduled Meetings 2024
    - Tentative Budget Hearing September 5, 2024 at Sanborn Center
    - Final Budget Hearing September 19, 2024 at Sanborn Center
9. Administrator Report
10. Finance Report
  - A. February Financials
  - B. Approval of Disbursements – Check Register & Estimated Expenditures
11. Legal Update
12. Adjournment

If any person decides to appeal any decision made by the WVHA with respect to any matter considered at this meeting or hearing he/she will need a record of the proceedings, and for such purpose he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based (FS 286.0105). Individuals with disabilities needing assistance to participate in any of these proceedings should contact the WVHA Administrator at least three (3) working days in advance of the meeting date and time at (386) 626-4870.

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

Sanborn Center Ballroom B  
815 S. Alabama Avenue, DeLand, FL  
February 15, 2024  
5:00 PM

**Those in Attendance:**

Commissioner Voloria Manning  
Commissioner Roger Accardi  
Commissioner Judy Craig (arrived at 5:10 p.m.)  
Commissioner Jennifer Coen  
Commissioner Donna Pepin

**CAC Members Present:**

Lyda Kiser  
Thelma Belton  
Heidi Bello  
Teresa Lake

**Others Present:**

Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.  
WVHA Administrator Stacy Tebo

**Call to Order**

Chair Coen called the meeting to order. The meeting took place at the Sanborn Center Ballroom B, located at 815 S. Alabama Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:02 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

**Approval of Proposed Agenda**

**Motion 008 – 2024** Commissioner Manning moved to approve the agenda as presented. Commissioner Accardi seconded the motion. The motion passed 4-0-1.

**Consent Agenda – Approval of Minutes  
Regular Meeting held January 18, 2024**

**Motion 009 – 2024** Commissioner Accardi moved to approve the Consent Agenda. Commissioner Manning seconded the motion. The motion passed 4-0-1.

**Citizen Comments**

None.

**Citizens Advisory Committee – Chair Lyda Kiser – Verbal Update on 2/6/24 Meeting**

Chair Kiser updated the Board on the recent meeting. She said they discussed time limits for future meetings and noted the CAC will also allow three minutes for citizen comments. She said they also decided to allocate five minutes for agency presentations to ensure fairness. Attorney Small reminded the Board that everyone should share the non-primary care funding application available on the website that is due March 7<sup>th</sup>.

**Annual Contractual Utilization Reports to the WVHA Board of Commissioners  
Tachara Ferguson-Reid, FL Department of Health Dental Program**

Ms. Ferguson-Reid outlined her presentation for the Board and audience. She explained the dental services provided through the program and noted that they added tobacco counseling this year. She said they have seen an increase in utilization, and they expect to exhaust funding by the end of the fiscal year.

**Joshua Vizcaino, The Neighborhood Center**

Mr. Vizcaino presented an outline of the Access to Care program for the Board and audience. He also outlined the other programs they provide in the community to help the homeless. He entertained questions from the Board.

**Reporting Agenda**

**EBMS January Report – Written Submission**

**WVHA miCare Clinic DeLand/Deltona January Report – Written Submission**

There was discussion regarding the need to increase the number of Deltona card holders. Commissioner Craig suggested the WVHA might make a presentation at a Deltona City Commission meeting. Chair Coen said she had made presentation there a couple of years ago, and she had a PowerPoint presentation ready that anyone could use. Commissioner Craig said she would be willing to attend a Commission meeting, and Commissioner Pepin said she could also go and help. Ms. Tebo said she would reach out to the City of Deltona regarding getting on their agenda.

**The House Next Door (THND) January Application Processing Report**

**Emergency Services 4<sup>th</sup> Quarter of 2023 (Oct – Dec)**

**Halifax Health | UF Health – Medical Center of Deltona**

**Advent Health DeLand & Advent Health Fish Memorial**

Chair Coen noted that Kyle Glass had relocated, and his replacement Jennifer Ambs would be stepping in as the new Advent Health CFO for West Volusia on February 25<sup>th</sup>. Commissioner Manning suggested they send a letter of appreciation to Mr. Glass. There was consensus that Ms. Tebo should draft a letter to Mr. Glass for the next meeting.

Chair Coen said that EMPros was not included because they are a subcontractor of Advent Health, and it is a duplication of Advent's report.

There was discussion regarding various information the Board could request in the quarterly reporting. Attorney Small articulated some the items the Board might consider and said he would come up with some potential questions for discussion at the next meeting. Chair Coen asked to see an example of an old report. There was consensus for Ms. Tebo to peruse the electronic records to retrieve an old hospital report.

All reports were received into the written record.

**Discussion Items**

**One Voice for Volusia 2024 Health and Resource Summit**

Ms. Tebo briefed the Board on the event and said although it is free to attend, the cost of being an exhibitor with a table is \$100. Chair Coen noted that it would be a networking event.

Jennifer Stephenson of SMA said they would be attending the event, and she would be happy to display WVHA brochures on their table. Commissioner Craig asked Ms. Stephenson if she could report back on the attendance at the event.

### **Letter of Appreciation for CAC Member Jacquie Lewis**

Chair Coen stated that Ms. Lewis had moved and resigned from the CAC on January 23<sup>rd</sup>.

**Motion 010 – 2024** Commissioner Pepin moved to approve the Chair's signature on the letter of appreciation. Commissioner Accardi seconded the motion. The motion passed 5-0.

Attorney Small said that although he did not always agree with Ms. Lewis, he respected the service she provided to the WVHA and Volusia County. Commissioner Pepin agreed and said she would not be in her position if it were not for Jacquie Lewis.

### **CAC Appointment – Commissioner Craig – Thelma Belton**

Commissioner Craig said that she was honored to nominate Ms. Belton. Chair Coen said she was happy to add more diversity to the CAC.

**Motion 011 – 2024** Commissioner Accardi moved to approve the appointment of Thelma Belton to the CAC. Commissioner Pepin seconded the motion. The motion passed 5-0.

### **Administrator Report**

Ms. Tebo said that CAC Member Heidi Bello had just given her written comments, and she would scan and email them to the Board the following day.

She informed the Board that Stetson was hosting a conference on May 3<sup>rd</sup> titled Ending Poverty and Homelessness, and she had forwarded the email regarding registration.

She notified the Board that the tent and table were purchased following the last meeting; that they are being stored at the DeLand clinic; and that the tent color matches the WVHA tablecloth used for events.

She provided the results for the Facebook ad created to direct people to click on the page for the health card application. She said she noticed that The House Next Door processed more applications in January and asked Terrell Irvin if they asked applicants how they heard about the WVHA Health Card program. Mr. Irvin answered that he did not believe they did, but he thought it was a good idea to incorporate that in the future.

### **Finance Report**

#### **January Financials**

#### **Approval of Disbursements – Check Register & Estimated Expenditures**

Ms. Tebo outlined the financials and estimated expenditures for the Board including payment for an old worker's compensation claim.

Attorney Small noted that he had not yet reviewed and approved the payment of the workers comp invoice submitted by Advent Health. Ms. Tebo said she would hold the check until Attorney Small completed his review.

**Motion 012 – 2024** Commissioner Manning moved to approve, authorize, and warrant the payment of the bills outlined in the check register presented by James Moore & Co and estimated expenditures for the next month totaling \$1,895,448. Commissioner Craig seconded the motion. The motion passed 5-0.

### **Legal Update**

Attorney Small stated the hearing for the Medicaid Match litigation was postponed to March 22<sup>nd</sup> at 9:30 a.m. via Zoom. He encouraged everyone to tune in to the hearing, as it very important. He said he would email Ms. Tebo the instructions to connect to the hearing, and she could forward it to everyone that receives notice of the WVHA's agenda posting to the website.

There being no further business to come before the Board, the meeting was adjourned at 6:35 p.m.

Adjournment  
Jennifer Coen, Chair

**CITIZENS ADVISORY COMMITTEE MEETING  
WEST VOLUSIA HOSPITAL AUTHORITY  
THE CENTER AT DELTONA  
1640 Dr. Martin Luther King Blvd., Deltona FL  
February 6, 2024 - 5:30 PM  
MINUTES**

**CAC Members/Attendance:**

Lyda Kiser  
Patrick Rogers  
Maria Valdivia  
Tiffanee Grant  
Teresa Lake  
Heidi Bello (arrived at 5:34 p.m.)  
Thelma Belton

**Absent:**

Christian Brown (excused)  
Joanna Mercier (excused)  
Jennifer Moore (excused)

**Others Present:**

WVHA Commissioner Jennifer Coen  
WVHA Commissioner Donna Pepin  
WVHA Administrator Stacy Tebo

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**Call to Order / Pledge of Allegiance**

Chair Kiser called the CAC Meeting to order at 5:31 p.m.

**Approval of Agenda**

Vice Chair Rogers moved to approve the agenda. Member Valdivia seconded the motion. The motion passed by a 6-0-4 vote.

**Citizens Comments**

There were none.

**Approval of Minutes**

**Meeting on July 25, 2023**

Vice Chair Rogers moved to approve the minutes. Member Valdivia seconded the motion. The motion passed by a 7-0-3 vote.

**Meeting on January 16, 2024**

Vice Chair Rogers moved to approve the minutes. Member Bello seconded the motion. The motion passed by a 7-0-3 vote.

**Review of Updated Non-Primary Care Funding Application**

Ms. Tebo noted the format of the application remains the same as in prior years. She went through the pages and highlighted the changes that were approved by the Board. She pointed out the new

grid on page four item C regarding the number of people served. She emphasized that the outcomes in item D should be specific to WVHA funding. For the proposed program budget on page six, she explained that there was a new column created for in-kind contributions and expenses. She explained that page eight had been edited to delete the word “narrative” in the title and request that applicants list an explanation and justification of all line items for the program budget. She added that applicants could use bullet points if they choose, and they should not include employee names. She directed everyone’s attention to the agency attestation on page nine number four A that was reworded; she stressed that there was no longer a choice to provide either an audit or financial statements if the agency had an audit performed. She reminded everyone that has a current contract with WVHA that their certificates of insurance must list WVHA as additional insured.

Commissioner Coen stated that a big change was the due date had been moved from April to March. Ms. Tebo agreed and stated that the due date is March 7<sup>th</sup> at noon, and agencies were welcome to turn in their applications earlier at the miCare DeLand Clinic.

Chair Kiser said that Attorney Small had previously emphasized the importance of the Medicaid rates being filled in on page three. She asked Ms. Tebo to email everyone the website address where Medicaid rates can be found.

### **Outputs vs. Outcomes**

Chair Kiser explained the graphics she sent to Ms. Tebo for inclusion in the packet to illustrate the difference between outputs and outcomes. She said that was one of the concerns the CAC had in the previous year.

HHI Executive Director Peter Willems discussed how he would articulate outcomes for his program. Vice Chair Rogers stated they would be looking for measurable outcomes. There was discussion amongst the CAC about the expectations for this information. Chair Kiser said that agencies could utilize post program surveys or follow up phone calls.

### **Explanation of Rubric Use**

Ms. Tebo stated that the Board had approved the use of the rubric by CAC Members, but they were not required to use it. She explained that the rubric could help guide the members as they are reviewing the applications to make objective funding recommendations. She added they would still be utilizing the ranking sheet. She said the rubric could also help the applicants prepare a better application.

### **CAC Ranking Sheet**

Ms. Tebo said that she included the ranking sheets from the previous year so that the new members could see what they would be using this year. She added that the dollar amount of each agency request would be listed under the agency name. She said that they would choose A, B, or C for each application; they could recommend full funding, no funding, or funding at a different amount.

### **Discussion of Time Limits & Structure of Future Meetings**

Chair Kiser pointed out that the Board utilizes a three-minute time limit for citizen comments. There was discussion and consensus that the CAC should also allow three minutes for each citizen comment.

Ms. Tebo said that there was also discussion last year that some organizations had more time to speak at meetings, and the CAC had discussed creating parameters to ensure equal time for all agencies.

There was discussion regarding the allotment of time for agency presentations and questions.

There was consensus that agencies should be allotted five minutes to make their presentations, and there would not be a time limit for questions from the CAC at the Q & A meeting scheduled for April 23<sup>rd</sup>. Ms. Tebo advised the members that they did not have to wait until the meeting to ask questions; that they could contact the agencies and herself outside of meetings to ask questions; that they would have forty days to review submitted applications; and that they should feel free to ask questions through the course of their review.

### **Adjournment**

There being no further business before the Committee, the meeting was adjourned at 6:31 p.m.

Lyda Kiser, CAC Chair





EBMS

February 2024

Submission Report for  
WVHA Board Members

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# Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

2/1/2024 to 2/29/2024

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	7028		Charges	\$4,072,122	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$3,598,231	Addl Info Not Provided	\$33,636	0.83%
Medical	\$473,664	\$345	Allowed	\$473,891	Duplicate Charges	\$189,691	4.66%
Professional	\$239,759	\$174	less Member	\$9,583	Plan Limitations	\$1,018,057	25.00%
Facility	\$233,905	\$170	less Adjustments	-\$9,356	Cost Savings	\$2,348,268	57.67%
PBM	\$0	\$0	Paid Benefit	\$473,664	UCR Reductions	\$5,458	0.13%
<b>Total Plan Paid:</b>	<b>\$473,664</b>	<b>\$345</b>	plus Admin Costs	\$274,437	Other	\$3,121	0.08%
			<b>Total Plan Paid:</b>	<b>\$748,101</b>	<b>Total:</b>	<b>\$3,598,231</b>	<b>88.36%</b>

Census										
Census Date: 2/29/2024	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	33	39	72	0	0	0	0	72	0	0
20 to 25	26	42	68	0	0	0	0	68	0	0
26 to 29	36	23	59	0	0	0	0	59	0	0
30 to 39	112	117	229	0	0	0	0	229	0	0
40 to 49	143	159	302	0	0	0	0	302	0	0
50 to 59	174	221	395	0	0	0	0	395	0	0
60 to 64	81	93	174	0	0	0	0	174	0	0
65 and Older	27	48	75	0	0	0	0	75	0	0
<b>Totals</b>	<b>632</b>	<b>742</b>	<b>1374</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1374</b>	<b>0</b>	<b>0</b>
<b>Average Age</b>	<b>45.43</b>	<b>46.58</b>	<b>46.05</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>46.05</b>	<b>0.00</b>	<b>0.00</b>

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 2/29/2024	Employee	Spouse	Dependent
Halifax Hospital Medical	9	\$70,427	0 to 19	\$6,099	\$0	\$0
Adventhealth Deland	47	\$54,145	20 to 25	\$24,834	\$0	\$0
Florida Cancer Specialists	91	\$43,295	26 to 29	\$3,452	\$0	\$0
Adventhealth Fish	56	\$35,939	30 to 39	\$34,072	\$0	\$0
Quest Diagnostics Tampa	404	\$24,681	40 to 49	\$122,212	\$0	\$0
Medical Center Of Deltona	13	\$21,223	50 to 59	\$187,199	\$0	\$0
06 Radiology Associates	149	\$17,467	60 to 64	\$77,582	\$0	\$0
Deland Dialysis	41	\$12,660	65 and Older	\$18,213	\$0	\$0
Wellness Avenue Surgery	17	\$10,610	<b>Totals</b>	<b>\$473,664</b>	<b>\$0</b>	<b>\$0</b>
Shands UF	2	\$10,506				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 23	\$598,474	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 23	\$486,358	Medical	\$20,404	49	\$999,796
December 23	\$460,092	Vision	\$0	16	\$0
January 24	\$743,884	RX	\$10	54	\$540
February 24	\$473,664	<b>Total:</b>			<b>\$1,000,336</b>
<b>Total:</b>	<b>\$2,762,472</b>				



# Executive Summary for 00532

Client: West Volusia Hospital Authority  
Paid Dates: 2/1/2024 to 2/29/2024  
Location: All  
Department: All  
Benefit Plan: All  
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	1	\$7,119	\$7,119	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	44	\$66,536	\$59,230	\$7,306	\$0	\$0	\$7,306	1.54%
CHIROPRACTIC	3	\$98	\$53	\$46	\$10	\$0	\$36	0.01%
DIALYSIS	55	\$635,648	\$616,067	\$19,581	\$0	\$0	\$19,581	4.13%
DME/APPLIANCE	3	\$861	\$861	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	386	\$628,587	\$549,838	\$78,749	\$2,895	\$0	\$75,854	16.01%
HOME HEALTH CARE	2	\$1,794	\$1,794	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	249	\$388,801	\$388,801	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	215	\$59,945	\$46,817	\$13,128	\$0	\$0	\$13,128	2.77%
IP HOSP CHARGES	47	\$868,954	\$797,886	\$71,067	\$500	\$0	\$70,567	14.90%
MATERNITY	1	\$3,000	\$3,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	18	\$1,309	\$978	\$331	\$50	\$0	\$281	0.06%
OFFICE VISIT	662	\$85,931	\$49,419	\$36,512	\$2,960	\$0	\$33,552	7.08%
OP PHYSICIAN	196	\$85,788	\$71,909	\$13,880	\$293	\$0	\$13,586	2.87%
OTHER	201	\$2,451	\$2,451	\$0	\$0	-\$9,356	\$9,356	1.98%
OUTPAT HOSP	5	\$35,790	\$28,065	\$7,726	\$50	\$0	\$7,676	1.62%
PSYCHIATRIC	76	\$41,923	\$33,976	\$7,947	\$345	\$0	\$7,602	1.61%
RADIATION /CHEMO	67	\$129,974	\$96,573	\$33,400	\$9	\$0	\$33,392	7.05%
REHAB	1	\$32,611	\$29,215	\$3,396	\$0	\$0	\$3,396	0.72%
SUBS ABUSE	1	\$18,565	\$18,565	\$0	\$0	\$0	\$0	0.00%
SURG FACILITY	67	\$266,530	\$208,279	\$58,252	\$1,225	\$0	\$57,027	12.04%
SURGERY	174	\$33,966	\$29,534	\$4,432	\$0	\$0	\$4,432	0.94%
SURGERY IP	20	\$53,271	\$45,033	\$8,238	\$0	\$0	\$8,238	1.74%
SURGERY OP	35	\$25,961	\$20,423	\$5,538	\$0	\$0	\$5,538	1.17%
THERAPY	276	\$31,143	\$22,892	\$8,251	\$670	\$0	\$7,581	1.60%
URGENT CARE	8	\$2,215	\$1,847	\$368	\$75	\$0	\$293	0.06%
WELLNESS	510	\$77,952	\$57,029	\$20,923	\$0	\$0	\$20,923	4.42%
XRAY/ LAB	4286	\$485,399	\$410,578	\$74,821	\$500	\$0	\$74,321	15.69%
Totals:	7609	\$4,072,122	\$3,598,231	\$473,891	\$9,583	-\$9,356	\$473,664	



# Executive Summary for 00532

Client: West Volusia Hospital Authority  
Paid Dates: 10/1/2023 to 2/29/2024  
Location: All

Department: All  
Benefit Plan: All  
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	34301		Charges	\$26,803,715	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$23,987,026	Addl Info Not Provided	-\$1,168,992	-4.36%
Medical	\$2,761,304	\$402	Allowed	\$2,816,689	Duplicate Charges	\$666,923	2.49%
Professional	\$1,204,716	\$175	less Member	\$53,775	Plan Limitations	\$8,275,089	30.87%
Facility	\$1,556,588	\$227	less Adjustments	\$442	Cost Savings	\$15,805,099	58.97%
PBM	\$1,168	\$0	Paid Benefit	\$2,762,472	UCR Reductions	\$6,973	0.03%
Vision	\$0	\$0	plus Admin Costs	\$1,476,666	Other	\$401,933	1.50%
<b>Total Plan Paid:</b>	<b>\$2,762,472</b>	<b>\$402</b>	<b>Total Plan Paid:</b>	<b>\$4,239,138</b>	<b>Total:</b>	<b>\$23,987,026</b>	<b>89.49%</b>

Census										
Census Date: 2/29/2024	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	33	39	72	0	0	0	0	72	0	0
20 to 25	26	42	68	0	0	0	0	68	0	0
26 to 29	36	23	59	0	0	0	0	59	0	0
30 to 39	112	117	229	0	0	0	0	229	0	0
40 to 49	143	159	302	0	0	0	0	302	0	0
50 to 59	174	221	395	0	0	0	0	395	0	0
60 to 64	81	93	174	0	0	0	0	174	0	0
65 and Older	27	48	75	0	0	0	0	75	0	0
<b>Totals</b>	<b>632</b>	<b>742</b>	<b>1374</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1374</b>	<b>0</b>	<b>0</b>
<b>Average Age</b>	<b>45.43</b>	<b>46.58</b>	<b>46.05</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>46.05</b>	<b>0.00</b>	<b>0.00</b>

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 2/29/2024	Employee	Spouse	Dependent
Halifax Hospital Medical	60	\$418,330	0 to 19	\$18,703	\$0	\$0
Adventhealth Deland	356	\$389,885	20 to 25	\$78,663	\$0	\$0
Adventhealth Fish	259	\$238,501	26 to 29	\$33,931	\$0	\$0
Medical Center Of Deltona	85	\$184,370	30 to 39	\$254,883	\$0	\$0
Florida Cancer Specialists	449	\$177,820	40 to 49	\$541,284	\$0	\$0
Deland Dialysis	225	\$162,173	50 to 59	\$1,144,570	\$0	\$0
Quest Diagnostics Tampa	1659	\$102,838	60 to 64	\$504,290	\$0	\$0
Wellness Avenue Surgery	148	\$63,324	65 and Older	\$186,149	\$0	\$0
06 Radiology Associates	421	\$47,450	<b>Totals</b>	<b>\$2,762,472</b>	<b>\$0</b>	<b>\$0</b>
5 Palms	17	\$45,622				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 23	\$598,474	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 23	\$486,358	Medical	\$20,404	49	\$999,796
December 23	\$460,092	Vision	\$0	16	\$0
January 24	\$743,884	RX	\$10	54	\$540
February 24	\$473,664	<b>Total:</b>			<b>\$1,000,336</b>
<b>Total:</b>	<b>\$2,762,472</b>				



# Executive Summary for 00532

Client: West Volusia Hospital Authority  
Paid Dates: 10/1/2023 to 2/29/2024  
Location: All  
Department: All  
Benefit Plan: All  
TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	19	\$22,336	\$22,336	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	283	\$392,095	\$350,638	\$41,457	\$0	\$0	\$41,457	1.50%
CHIROPRACTIC	48	\$3,448	\$2,320	\$1,128	\$270	\$0	\$858	0.03%
COVID-19	7	\$971	\$971	\$0	\$0	\$0	\$0	0.00%
DIALYSIS	310	\$5,475,828	\$5,281,462	\$194,366	\$0	\$0	\$194,366	7.04%
DME/APPLIANCE	50	\$23,283	\$23,283	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	1909	\$3,544,099	\$3,140,548	\$403,552	\$15,851	\$0	\$387,700	14.03%
HOME HEALTH CARE	4	\$1,866	\$1,815	\$51	\$0	\$0	\$51	0.00%
HOSPICE CARE	1	-\$27,090	-\$27,090	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	1977	\$2,745,783	\$2,745,783	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	1086	\$294,174	\$225,034	\$69,140	\$0	\$0	\$69,140	2.50%
IP HOSP CHARGES	210	\$5,916,262	\$5,363,187	\$553,075	\$2,950	\$0	\$550,125	19.91%
MATERNITY	9	\$15,000	\$15,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	72	\$14,206	\$13,402	\$804	\$69	\$0	\$736	0.03%
OFFICE VISIT	3674	\$500,431	\$297,148	\$203,283	\$16,120	\$0	\$187,163	6.78%
OP PHYSICIAN	923	\$382,932	\$301,770	\$81,162	\$1,554	\$0	\$79,609	2.88%
OTHER	1054	\$10,635	\$10,200	\$435	\$10	\$442	-\$16	0.00%
OUTPAT HOSP	32	\$49,565	\$40,552	\$9,012	\$242	\$0	\$8,770	0.32%
PSYCHIATRIC	494	\$113,231	\$67,900	\$45,330	\$1,971	\$0	\$43,359	1.57%
RADIATION /CHEMO	268	\$654,226	\$513,331	\$140,895	\$9	\$0	\$140,886	5.10%
REHAB	1	\$32,611	\$29,215	\$3,396	\$0	\$0	\$3,396	0.12%
SUBS ABUSE	21	\$357,612	\$311,990	\$45,622	\$0	\$0	\$45,622	1.65%
SURG FACILITY	426	\$2,842,678	\$2,408,212	\$434,465	\$7,325	\$0	\$427,140	15.46%
SURGERY	959	\$241,755	\$209,076	\$32,679	\$0	\$0	\$32,679	1.18%
SURGERY IP	96	\$215,021	\$181,399	\$33,621	\$0	\$0	\$33,621	1.22%
SURGERY OP	149	\$175,769	\$135,015	\$40,754	\$0	\$0	\$40,754	1.48%
THERAPY	1406	\$161,402	\$111,040	\$50,362	\$4,000	\$0	\$46,362	1.68%
URGENT CARE	34	\$9,839	\$7,263	\$2,576	\$550	\$0	\$2,026	0.07%
VISION	3	\$429	\$429	\$0	\$0	\$0	\$0	0.00%
WELLNESS	2686	\$263,714	\$199,017	\$64,698	\$4	\$0	\$64,693	2.34%
XRAY/ LAB	17322	\$2,369,602	\$2,004,779	\$364,824	\$2,850	\$0	\$361,973	13.10%
<b>Totals:</b>	<b>35533</b>	<b>\$26,803,715</b>	<b>\$23,987,026</b>	<b>\$2,816,689</b>	<b>\$53,775</b>	<b>\$442</b>	<b>\$2,762,472</b>	



# PCORI Membership Count

Block of Business ID: EBMSI  
Client ID: 00532

Eligibility Date: : 1/1/2024 to 2/29/2024

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2024	1445	0	1445
2/1/2024	1446	0	1446
Total Member Days			
1,445.50			



## Enrollment Counts by City and State

Block of Business ID:  
Client ID:

EBMSI  
00532

As Of Date: 2/29/2024

City, State	Employee Count	Dependent Count	Total Count
De Leon Springs, FL	106	0	106
Debary, FL	40	0	40
Deland, FL	657	0	657
Deltona, FL	346	0	346
Enterprise, FL	2	0	2
Lake Helen, FL	14	0	14
Orange City, FL	91	0	91
Osteen, FL	11	0	11
Pierson, FL	76	0	76
Seville, FL	30	0	30
<b>Total</b>	<b>1373</b>	<b>0</b>	<b>1373</b>





# Tier Census by Product 2/5/2024

Block of Business ID: EBMSI  
Client ID: 00532  
Status: A,C,NC,R,V

Products: MM,DE,VI

## 00532 : West Volusia Hospital Authority

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	1360	626	734	0	0	0	0	1360
		Subtotal for Active:	1360	626	734	0	0	0	0	1360
		Total for Medical:	1360	626	734	0	0	0	0	1360



## Benefit Analysis Summary

Block of Business ID: EBMSI  
Client ID: 00532  
Paid Date: 2/1/2024 to 2/29/2024

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	1	7,119.00	7,119.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	44	66,536.20	3,468.00	55,761.88	7,306.32	0.00	0.00	7,306.32	1.54%
CHIROPRACTIC	3	98.40	0.00	52.81	45.59	10.00	0.00	35.59	0.01%
DIALYSIS	55	635,648.14	139,710.40	476,356.44	19,581.30	0.00	0.00	19,581.30	4.13%
DME/APPLIANCE	3	861.00	861.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	386	628,587.04	28,385.63	521,452.11	78,749.30	2,895.49	0.00	75,853.81	16.01%
HOME HEALTH CARE	2	1,793.80	1,793.80	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	249	388,800.94	388,800.94	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	215	59,944.50	26,836.70	19,979.96	13,127.84	0.00	0.00	13,127.84	2.77%
IP HOSP CHARGES	47	868,953.62	458,816.44	339,069.93	71,067.25	500.00	0.00	70,567.25	14.90%
MATERNITY	1	3,000.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	18	1,309.02	0.02	978.45	330.55	50.00	0.00	280.55	0.06%
OFFICE VISIT	662	85,931.18	4,628.00	44,791.06	36,512.12	2,960.00	0.00	33,552.12	7.08%
OP PHYSICIAN	196	85,788.18	19,194.70	52,713.91	13,879.57	293.34	0.00	13,586.23	2.87%
OTHER	212	2,451.00	2,447.00	4.00	0.00	0.00	-9,356.45	9,356.45	1.98%
OUTPAT HOSP	5	35,790.40	8,002.00	20,062.64	7,725.76	50.00	0.00	7,675.76	1.62%
PSYCHIATRIC	76	41,923.30	31,488.00	2,487.84	7,947.46	345.00	0.00	7,602.46	1.61%
RADIATION /CHEMO	67	129,973.68	32,460.68	64,112.61	33,400.39	8.84	0.00	33,391.55	7.05%
REHAB	1	32,611.00	0.00	29,215.01	3,395.99	0.00	0.00	3,395.99	0.72%
SUBS ABUSE	1	18,565.00	18,565.00	0.00	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	67	266,530.30	15,872.60	192,406.14	58,251.56	1,225.00	0.00	57,026.56	12.04%
SURGERY	174	33,965.98	552.00	28,981.71	4,432.27	0.00	0.00	4,432.27	0.94%
SURGERY IP	20	53,270.50	6,470.00	38,562.79	8,237.71	0.00	0.00	8,237.71	1.74%
SURGERY OP	35	25,960.66	5,650.00	14,773.07	5,537.59	0.00	0.00	5,537.59	1.17%
THERAPY	276	31,143.00	6,862.00	16,029.84	8,251.16	670.00	0.00	7,581.16	1.60%
URGENT CARE	8	2,215.00	1,136.00	711.44	367.56	75.00	0.00	292.56	0.06%
WELLNESS	510	77,952.09	95.00	56,934.39	20,922.70	0.00	0.00	20,922.70	4.42%
XRAY/ LAB	4286	485,399.01	56,084.04	354,494.09	74,820.88	500.31	0.00	74,320.57	15.69%
Totals for 00532	7620	4,072,121.94	1,268,298.95	2,329,932.12	473,890.87	9,582.98	-9,356.45	473,664.34	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 06:20:12 on 01 March 2024



# Benefit Analysis Summary

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 10/1/2023 to 2/29/2024

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	19	22,336.30	22,336.30	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	283	392,095.20	85,654.60	264,983.30	41,457.30	0.00	0.00	41,457.30	1.50%
CHIROPRACTIC	48	3,448.40	1,003.50	1,316.86	1,128.04	270.00	0.00	858.04	0.03%
COVID-19	7	971.25	971.25	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	310	5,475,828.14	567,585.79	4,713,876.68	194,365.67	0.00	0.00	194,365.67	7.04%
DME/APPLIANCE	50	23,283.45	23,283.45	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	1909	3,544,099.18	351,910.66	2,788,636.98	403,551.54	15,851.18	0.00	387,700.36	14.03%
HOME HEALTH CARE	4	1,866.06	1,794.06	20.57	51.43	0.00	0.00	51.43	0.00%
HOSPICE CARE	1	-27,090.00	-27,090.00	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	1977	2,745,783.37	2,745,783.37	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	1086	294,173.65	118,157.08	106,876.88	69,139.69	0.00	0.00	69,139.69	2.50%
IP HOSP CHARGES	210	5,916,262.03	2,050,765.82	3,312,420.87	553,075.34	2,950.00	0.00	550,125.34	19.91%
MATERNITY	9	15,000.00	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	72	14,206.15	4,704.15	8,697.66	804.34	68.68	0.00	735.66	0.03%
OFFICE VISIT	3674	500,431.44	40,645.25	256,503.05	203,283.14	16,120.00	0.00	187,163.14	6.78%
OP PHYSICIAN	923	382,932.47	11,714.78	290,055.46	81,162.23	1,553.55	0.00	79,608.68	2.88%
OTHER	1105	10,635.00	8,167.00	2,032.74	435.26	10.00	506.68	-81.42	0.00%
OUTPAT HOSP	32	49,564.60	11,672.69	28,879.77	9,012.14	242.21	0.00	8,769.93	0.32%
PSYCHIATRIC	494	113,230.57	48,952.17	18,948.09	45,330.31	1,971.00	0.00	43,359.31	1.57%
RADIATION /CHEMO	268	654,226.24	32,521.68	480,809.34	140,895.22	8.84	0.00	140,886.38	5.10%
REHAB	1	32,611.00	0.00	29,215.01	3,395.99	0.00	0.00	3,395.99	0.12%
SUBS ABUSE	21	357,612.18	250,855.53	61,134.65	45,622.00	0.00	0.00	45,622.00	1.65%
SURG FACILITY	426	2,842,677.61	391,219.78	2,016,992.47	434,465.36	7,325.00	0.00	427,140.36	15.46%
SURGERY	959	241,754.91	21,431.00	187,644.81	32,679.10	0.00	0.00	32,679.10	1.18%
SURGERY IP	96	215,020.52	50,673.02	130,726.25	33,621.25	0.00	0.00	33,621.25	1.22%
SURGERY OP	149	175,769.06	15,305.96	119,708.87	40,754.23	0.00	0.00	40,754.23	1.48%
THERAPY	1406	161,401.51	21,434.03	89,605.76	50,361.72	4,000.00	0.00	46,361.72	1.68%
URGENT CARE	34	9,839.00	1,671.00	5,591.68	2,576.32	550.00	0.00	2,026.32	0.07%
VISION	3	429.00	429.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	2686	263,714.30	5,853.15	193,163.36	64,697.79	4.48	0.00	64,693.31	2.34%
XRAY/ LAB	17322	2,369,602.22	327,242.06	1,677,536.48	364,823.68	2,850.47	0.00	361,973.21	13.10%
<b>Totals for 00532</b>	<b>35584</b>	<b>26,803,714.81</b>	<b>7,201,648.13</b>	<b>16,785,377.59</b>	<b>2,816,689.09</b>	<b>53,775.41</b>	<b>506.68</b>	<b>2,762,407.00</b>	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 06:13:57 on 01 March 2024



# Summary of Claims Paid By Location

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 2/1/2024 to 2/29/2024

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	1431	194,045.73	0.00	0.00	0.00	0.00	194,045.73
miCareDelton	1241	242,538.20	0.00	0.00	0.00	0.00	242,538.20
miCarePierse	125	37,080.41	0.00	0.00	0.00	0.00	37,080.41
N/A	12	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	2809	473,664.34	0.00	0.00	0.00	0.00	473,664.34



# Summary of Claims Paid By Location

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 10/1/2023 to 2/29/2024

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
<b>00532-West Volusia Hospital Authority</b>							
miCareDeLand	7929	1,435,628.36	0.00	0.00	1,167.78	0.00	1,436,796.14
miCareDelton	5824	1,223,640.21	0.00	0.00	0.00	0.00	1,223,640.21
miCarePierse	559	102,035.81	0.00	0.00	0.00	0.00	102,035.81
N/A	136	0.00	0.00	0.00	0.00	0.00	0.00
<b>00532 Totals:</b>	<b>14448</b>	<b>2,761,304.38</b>	<b>0.00</b>	<b>0.00</b>	<b>1,167.78</b>	<b>0.00</b>	<b>2,762,472.16</b>



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 2/1/2024 to 2/29/2024

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	522	0.00	0.00	0.00	0.00	0.00	0.00



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 10/1/2023 to 2/29/2024

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	2804	0.00	0.00	0.00	0.00	0.00	0.00



## CLAIMS PAID BY MONTH

Paid Date: 10/1/23 to 2/29/24

Location Name	Month	Hospital	Laboratory	PCP	Specialty	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/ Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Specialty PEPM	Facility PEPM
<b>00532 - West Volusia Hospital Authority</b>																
miCareDeLand	10-2023	\$91,816.35	\$13,613.00	\$0.00	\$124,891.59	\$0.00	1532	\$230,320.94	\$0.00	852	\$270.33	\$107.77	\$15.98	\$0.00	\$146.59	\$0.00
miCareDeLand	11-2023	\$103,725.42	\$16,686.73	\$0.00	\$141,229.30	\$0.00	1683	\$261,641.45	\$0.00	860	\$304.23	\$120.61	\$19.40	\$0.00	\$164.22	\$0.00
miCareDeLand	12-2023	\$175,720.86	\$13,167.09	\$0.00	\$114,600.83	\$0.00	1275	\$303,488.78	\$0.00	851	\$356.63	\$206.49	\$15.47	\$0.00	\$134.67	\$0.00
miCareDeLand	01-2024	\$243,901.78	\$24,175.34	\$0.00	\$176,646.00	\$0.00	1966	\$444,723.12	\$0.00	881	\$504.79	\$276.85	\$27.44	\$0.00	\$200.51	\$0.00
miCareDeLand	02-2024	\$71,806.12	\$22,274.00	\$0.00	\$99,965.61	\$0.00	1424	\$194,045.73	\$0.00	886	\$219.01	\$81.05	\$25.14	\$0.00	\$112.83	\$0.00
	<b>Subtotal:</b>	<b>\$686,970.53</b>	<b>\$89,916.16</b>	<b>\$0.00</b>	<b>\$657,333.33</b>	<b>\$0.00</b>	<b>7880</b>	<b>\$1,434,220.02</b>	<b>\$0.00</b>	<b>4330</b>	<b>\$331.23</b>	<b>\$158.65</b>	<b>\$20.77</b>	<b>\$0.00</b>	<b>\$151.81</b>	<b>\$0.00</b>
miCareDelton	10-2023	\$240,491.90	\$15,991.46	\$0.00	\$99,201.08	\$0.00	1115	\$355,684.44	\$0.00	514	\$691.99	\$467.88	\$31.11	\$0.00	\$193.00	\$0.00
miCareDelton	11-2023	\$65,021.78	\$10,271.43	\$0.00	\$122,627.30	\$0.00	1052	\$197,920.51	\$0.00	510	\$388.08	\$127.49	\$20.14	\$0.00	\$240.45	\$0.00
miCareDelton	12-2023	\$71,875.83	\$8,055.61	\$0.00	\$61,840.26	\$0.00	945	\$141,771.70	\$0.00	508	\$279.08	\$141.49	\$15.86	\$0.00	\$121.73	\$0.00
miCareDelton	01-2024	\$117,945.03	\$16,983.57	\$0.00	\$150,796.76	\$0.00	1455	\$285,725.36	\$0.00	498	\$573.75	\$236.84	\$34.10	\$0.00	\$302.80	\$0.00
miCareDelton	02-2024	\$96,426.24	\$16,099.63	\$0.00	\$130,012.33	\$0.00	1239	\$242,538.20	\$0.00	494	\$490.97	\$195.19	\$32.59	\$0.00	\$263.18	\$0.00
	<b>Subtotal:</b>	<b>\$591,760.78</b>	<b>\$67,401.70</b>	<b>\$0.00</b>	<b>\$564,477.73</b>	<b>\$0.00</b>	<b>5806</b>	<b>\$1,223,640.21</b>	<b>\$0.00</b>	<b>2524</b>	<b>\$484.80</b>	<b>\$234.45</b>	<b>\$26.70</b>	<b>\$0.00</b>	<b>\$223.64</b>	<b>\$0.00</b>
miCarePierse	10-2023	\$818.41	\$2,657.79	\$0.00	\$8,992.74	\$0.00	101	\$12,468.94	\$0.00	71	\$175.62	\$11.53	\$37.43	\$0.00	\$126.66	\$0.00
miCarePierse	11-2023	\$14,410.74	\$1,318.11	\$0.00	\$9,658.89	\$0.00	116	\$25,387.74	\$0.00	69	\$367.94	\$208.85	\$19.10	\$0.00	\$139.98	\$0.00
miCarePierse	12-2023	\$3,296.82	\$1,053.55	\$0.00	\$9,312.94	\$0.00	93	\$13,663.31	\$0.00	65	\$210.20	\$50.72	\$16.21	\$0.00	\$143.28	\$0.00
miCarePierse	01-2024	\$5,225.70	\$2,055.00	\$0.00	\$6,154.71	\$0.00	124	\$13,435.41	\$0.00	66	\$203.57	\$79.18	\$31.14	\$0.00	\$93.25	\$0.00
miCarePierse	02-2024	\$20,676.75	\$2,033.97	\$0.00	\$14,369.69	\$0.00	125	\$37,080.41	\$0.00	66	\$561.82	\$313.28	\$30.82	\$0.00	\$217.72	\$0.00
	<b>Subtotal:</b>	<b>\$44,428.42</b>	<b>\$9,118.42</b>	<b>\$0.00</b>	<b>\$48,488.97</b>	<b>\$0.00</b>	<b>559</b>	<b>\$102,035.81</b>	<b>\$0.00</b>	<b>337</b>	<b>\$302.78</b>	<b>\$131.84</b>	<b>\$27.06</b>	<b>\$0.00</b>	<b>\$143.88</b>	<b>\$0.00</b>
N/A	10-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	58	\$0.00	\$294,578.05	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	11-2023	\$1,408.34	\$0.00	\$0.00	\$0.00	\$0.00	40	\$1,408.34	\$314,356.68	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	12-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	17	\$0.00	\$318,022.05	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	01-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6	\$0.00	\$275,272.53	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	02-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	12	\$0.00	\$274,436.64	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Subtotal:</b>	<b>\$1,408.34</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>133</b>	<b>\$1,408.34</b>	<b>\$1,476,665.95</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Total:</b>	<b>\$1,324,568.07</b>	<b>\$166,436.28</b>	<b>\$0.00</b>	<b>\$1,270,300.03</b>	<b>\$0.00</b>	<b>14378</b>	<b>\$2,761,304.38</b>	<b>\$1,476,665.95</b>	<b>7191</b>	<b>\$589.34</b>	<b>\$184.20</b>	<b>\$23.15</b>	<b>\$0.00</b>	<b>\$176.65</b>	<b>\$0.00</b>

### Parameters

Beginning Location:  
Ending Location:  
Paid Date: 10/1/2023-2/29/2024  
Reporting Period: CLIENTYTD  
Location: 000-zzzzz

\*\* Census Count Comments: Membership is counted per location, per department, or per plan for each month; an individual with a change may be counted more than one time.





# WVHA miCare Clinic Deland and Deltona

## February 2024 Report

### miCare Utilization

Deland	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	216	193	89%

Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	160	141	88%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	376	334	89%

**Total Hours Available:** Total hours available for members to schedule, minus scheduled Admin Time

**% Total Utilized Hours:** Total time that has been scheduled (including “no-shows” since this time was unavailable for other members to schedule an appointment

### Key Insights:

- The Utilization measures Physician Assistant/Nurse Practitioner time available to provide direct patient care.
- The Utilization measures the clinician’s scheduled availability to the amount of time used to meet patient appointments.
- Between the two clinics 89% of the available clinician capacity was used for scheduled appointments; 11% of clinician time was available for walk-ins and other patient care activities.
- “No Shows” is where patients didn’t attend their scheduled clinic appointment.
  - DeLand - 7%
  - Deltona - 5%

Such no shows create systematic “waste” since this scheduled appointment slot was not available to other health card members.

- Administrative Time (chart reviews, medication follow-ups, referrals, provider-to-provider communication; etc.) represents approx. 2% of total capacity and is in line with industry standard for this type of patient care model.



## Visit Type Utilization

WVHA miCare Clinic Total Visits for DeLand			
Clinic Services	Number of visits	%	Notes
Total Provider visits	337	39%	Schedulable patient activities
Total Labs	184	21%	Schedulable patient activities
Total Nurse Visits	7	1%	Schedulable patient activities
Total medication pick-up	306		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	22		Don't have a visit type and are not scheduled appointments
<b>Total Visits</b>	<b>856</b>		

### DeLand

- There was a total of 528 clinic visits at the DeLand clinic in February plus 306 medication pick-ups and an additional 22 med pick-ups from the PAP program.
- There were 29 **new patients** that established care at the DeLand clinic last month.
- There were 50 **Physicals** in February – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	Number of visits	%	Notes
Total Provider visits	255	43%	Schedulable patient activities
Total Labs	86	15%	Schedulable patient activities
Total Nurse Visits	8	1%	Schedulable patient activities
Total medication pick-up	209		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	29		Don't have a visit type and are not scheduled appointments
<b>Total Visits</b>	<b>587</b>		

### Deltona

- There was a total of 349 clinic visits at the Deltona clinic in February plus 209 medication pick-ups from Deltona as well as 29 med pick-ups from the PAP program.
- There were 11 **new patients** that established care at the Deltona clinic last month.
- There were 34 **Physicals** in February – Male/Female Wellness – Established Patients



## miCare Member Migration

February 2024

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
<b>Total</b>	669	1,407	48%

\*The data above represents unique members who have completed clinic visits or lab appointments. Several health card members have had multiple encounters for the month.

## PAP (Pharmacy Assistance Program)- WVHA Health Card Members

- The data below demonstrates pharmacy cost avoided for the WVHA for prescribed branded medications.
- WVHA health card members can qualify for manufacture discounts and the ability to receive prescription branded medications with no out of pocket expense to health card members
- The WVHA miCare Clinic care coordinators work with patients to complete the necessary paperwork to qualify for the PAP (Pharmacy Assistance Program) through the pharmaceutical company.

	February 2024	
<b>PAP Summary 2/1/2024- 2/29/2024</b>		
Application Approved	354	\$177,105
Application Pending Approval	10	\$4,943
Application Started but Not Submitted	5	\$2,949
<b>Totals</b>	<b>369</b>	<b>\$184,997</b>
	(Active Applications)	Monthly Savings for <b>February</b>

### Key Insights:

- 515 medications were picked up between both sites.
- 51 PAP medications were picked between the two locations.
- 369 patients had applications for pharmacy assistance programs last month.
- WVHA avoided \$184,997 of the cost for branded medication in February.
- Projected annual cost avoided \$2,219,970.



**Nurturing Families  
Building Communities**

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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)



CREDIBILITY • INTEGRITY • ACHIEVEMENT



March 1, 2024

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of February there were 225 appointments to assist with new applications and 65 appointments to assist with pended applications from August-September. For a total of 290 Interviews with clients.

215 applications were submitted for verification and enrollment. Of these, 215 were processed by the end of the month includes the roll overs 0 from previous month) leaving the balance of 0 to roll over into March 2024 for approval.

Of the 215 that were processed, 203 were approved and 5 were denied. There were 7 pended remaining.

Currently applications are being processed, approved and the client enrolled in 7 business days. Current enrollment with EBMS is taking up to 7-14 days to appear active in system.

How did clients hear about Program: HND-187/CCP-1/Halifax-1/FL Hospital-2/Advent Health-1/RAAO-21 /Other-1/Friend-1/  
Outreach Efforts:

- Attended West Volusia Community Partners meeting.
- Reached out to all clients due to renew with a reminder phone call as well as the reminder letter.
- Communicating with Partners working together to better service the community
- Meeting with new organizations that can possibly benefit from the health Card to partner up with them.
- Attending Events

Respectfully submitted by Gail Hallmon /Terrell Irvin

## **REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS**

To the Board of Commissioners,  
West Volusia Hospital Authority:

We have concluded our engagement to assist you with periodic site visits on funded agencies to perform limited testing over compliance requirements of funding agreements. This report represents our comments and recommendations based on the procedures performed.

We have performed the following procedures enumerated in the engagement letter dated June 23, 2023, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of Healthy Start Coalition of Flagler and Volusia (HSCFV) Outreach Specialist Services Program. The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of HSCFV and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

1. Inquire and document as to the funded agency's monitoring procedures with respect to contract compliance:
  - a. HSCFV provides to WVHA each month's invoices and total hours billed by the Outreach Specialist for the month at an hourly rate of 39.21.
  - b. HSCFV provides reports to WVHA detailing activities of the Outreach Specialist. These reports include locations where applications and brochures are distributed and information regarding events, meetings and presentations attended by Specialist to assist in enrollment of participants. HSCFV promotes program enrollment and other activities performed by the Outreach Specialist to promote program participation.
2. Select a sample of transactions and test compliance with contract provisions:
  - a. April 2023 was chosen for test procedures. From the individual list of 5 client cases for a total of 9 clients including children that were seen in April 2023, 33% were selected for compliance review (3 clients).
  - b. HSCFV provided supporting files of all selected clients for review. One hundred percent (100%) of reimbursed dates of service were verified.
  - c. HSCFV is required to determine residency per the terms of the WVHA Eligibility Guidelines. 1 out of 3 files or 33% had residency documentation properly maintained on file by HSCFV in the form of photo identification with a West Volusia address. For the remaining 2 out of 3 clients or 67% HSCFV provided evidence of numerous attempts to secure proof of residency after the initial virtual/telephonic services visit. For 1 out of 2

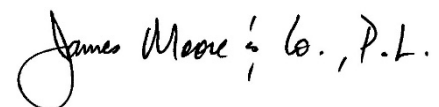
clients with no proof of residency on file, HSCFV was able to provide evidence obtained from the Medicaid system showing the client with a West Volusia address, however this is not an acceptable method of residency verification per the WVHA Eligibility Guidelines. For the second client with no proof of residency on file, HSCFV was able to provide a referral from Department of Children and Families showing the client with a West Volusia address, however this is not an acceptable method of residency verification per the WVHA Eligibility Guidelines.

- d. HSCFV provided copies of most recent payroll rate authorizations for Outreach Specialist Services Program and detail payroll reports for the payroll dates covered by the monthly invoice. All information provided agreed to the monthly invoice.
  - e. HSCFV provides a monthly narrative report of all outreach activities, covering programs and agencies dealt with during each month, specific services provided, monthly results, data collected, services provided, overall program goals, concerns with program implementation along with a monthly utilization report.
  - f. HSCFV performs the Outreach Specialist Services collecting the city zip codes for each unique client. During the month of April, there were 5 encounters with reported zip codes in DeLand, 2 – in Deltona, and 2 – in Orange City for a total of 9 clients.
3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners:
- a. The Utilization Report of Services detailing clients served and demographic data with respect to those clients, which HSCFV provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
  - b. The HSCFV Outreach Specialist Services records appeared to be mostly complete and organized when reviewed for verification of visits.
  - c. The annual budget for HSCFV Outreach Specialist Services Program for the year-ended September 30, 2023 was \$81,560. Since 67% did not have an acceptable method of residency verification per the WVHA Eligibility Guidelines, \$54,645 is the amount funded under HSCFV Outreach Specialist Services Program which was potentially not supported in the files by reasonably expected documentation in accordance with the WVHA Eligibility Guidelines, when extrapolated to the entire population.
  - d. Recommend that HSCFV procure and keep verifiable forms of proof of identification within each file for all clients in accordance with the WVHA Eligibility Guidelines.

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

We appreciate the opportunity to serve and thank you for your cooperation.

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



Daytona Beach, Florida  
March 21, 2024

## **REPORT ON FUNDED AGENCY PROCEDURES AND OBSERVATIONS**

To the Board of Commissioners,  
West Volusia Hospital Authority:

We have concluded our engagement to assist you with periodic site visits on funded agencies to perform limited testing over compliance requirements of funding agreements. This report represents our comments and recommendations based on the procedures performed.

We have performed the following procedures enumerated in the engagement letter dated June 23, 2023, which were agreed to by the Board of Commissioners of West Volusia Hospital Authority (the Authority), solely to assist you in connection with the funding agreement compliance of Healthy Start Coalition of Flagler and Volusia (HSCFV) Family Services Program. The appropriateness and sufficiency of these procedures is solely the responsibility of the parties specified in this report. In performing the procedures, we relied on the cooperation of the management of HSCFV and the information provided by them, including the accuracy and reliability of such information. Our procedures did not constitute an audit, review, or compilation of the information provided. We make no representation regarding the appropriateness and sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose and we express no level of assurance on them. You have reviewed a draft of our report and confirm that the procedures performed were consistent with those requested by you.

The procedures and the associated findings are as follows:

1. Inquire and document as to the funded agency's monitoring procedures with respect to contract compliance:
  - a. HSCFV provides to WVHA a monthly invoice summarizing clients served who received assistance with application for Medicaid, food stamps, WVHA Health Card and other needed services. This report summarizes number of clients served, and zip code of residence.
  - b. HSCFV is reimbursed an all-inclusive capitated rate of \$407.60 per program participant who received FSC services as specifically described in the Funding Request, including, but not limited to, assistance in application for Medicaid Managed Care (MMC), food stamps, and cash assistance through DCF Access, assist in navigating to application sites to obtain the WHHA HealthCard, provide information and/or referral to Women, Infant and Child (WIC) program, Healthy Start and other needed services, provide a referral for women to receive post-partum interconception health care or to parents of children for pediatric care.
2. Select a sample of transactions and test compliance with contract provisions:
  - a. April 2023 was chosen for test procedures. From the individual list of 17 client served, 24% were selected for compliance review (4 clients).
  - b. HSCFV provided supporting files of all selected clients for review. One hundred percent (100%) of reimbursed dates of service were verified.

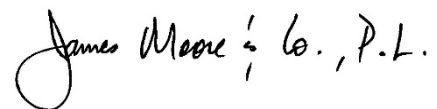
- c. HSCFV is required to determine residency per the terms of the WVHA Eligibility Guidelines. 2 out of 4 files or 50% had residency documentation properly maintained on file by HSCFV in the form of photo identification with a West Volusia address. For the remaining 2 out of 4 clients or 50%, HSCFV provided evidence of numerous attempts to secure proof of residency after the initial virtual/telephonic services visit. For 1 out of 2 clients with proof of residency not originally on file, HSCFV was able to provide evidence obtained from the Medicaid system showing the client with a West Volusia address, however this is not an acceptable method of residency verification per the WVHA Eligibility Guidelines. For the second client with proof of residency not originally on file, HSCFV was able to provide evidence from the HSCFV system showing the client with a West Volusia address however this is not an acceptable method of residency verification per the WVHA Eligibility Guidelines. Based on our understanding obtained, the HSCFV read-only system is integrated directly with the Volusia County Health Department, which collects its data from the Office of Vital Statistics, and all participant data is pulled into the HSCFV system and updated automatically. HSCFV cannot modify the participant data in any way.
  - d. HSCFV performs the Family Services collecting the city zip codes for each unique client. During the month of April, there were 7 encounters with reported zip codes in DeLand, 1 – in DeLeon Springs, 1 – in Pierson, 1 – in DeBary, 7 – in Deltona for a total of 17 clients.
- 3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners:
  - a. The Utilization Report of Services detailing clients served and demographic data with respect to those clients, which HSCFV provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
  - b. The HSCFV Specialist Services records appeared to be mostly complete and organized when reviewed for verification of visits.
  - c. The annual budget for HSCFV Family Services Program for the year-ended September 30, 2023 was \$76,331. Since 50% did not have an acceptable method of residency verification per the WVHA Eligibility Guidelines, \$38,166 is the amount funded under HSCFV Family Services Program which was potentially not supported in the files by reasonably expected documentation in accordance with the WVHA Eligibility Guidelines, when extrapolated to the entire population.
  - d. Recommend that HSCFV procure and keep verifiable forms of proof of identification within each file for all clients in accordance with the WVHA Eligibility Guidelines.

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

We appreciate the opportunity to serve and thank you for your cooperation.

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

Daytona Beach, Florida  
March 21, 2024

 James Moore & Co., P.L.



**2024-2025 Funding Applications received by date. All received on time.**

Agency name-CAC Review	Date	Amount	Last Year	Difference +/-
	Received	Requested		
Florida Department of Health (FDOH) Dental Services	3/6/2024	160,000.00	150,000.00	10000
The Neighborhood Center (TNC) Outreach-Access to Care	3/7/2024	125,000.00	125,000.00	0
The House Next Door (THND) Therapeutic Services	3/7/2024	45,000.00	45,000.00	0
SMA Emergency Behavioral Services	3/5/2024	300,000.00	300,000.00	0
SMA Psychiatric/Homeless Services	3/5/2024	90,000.00	90,000.00	0
SMA Residential Treatment Beds	3/5/2024	550,000.00	550,000.00	0
Community Legal Services of Mid-Florida (CLSMF) MLP Services	3/6/2024	88,500.00	105,833.00	-17333
Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach	3/6/2024	81,560.00	81,560.00	0
HSCFV FSC	3/6/2024	76,331.00	76,331.00	0
Foundations to Freedom, Inc.	3/4/2024	250,000.00	0.00	250000
Hispanic Health Initiative (HHI) <i>(See note below)</i>	3/7/2024	100,000.00	75,000.00	25000
Rising Against All Odds (RAAO) HIV/Aids/Outreach <i>(See note below)</i>	2/29/2024	223,017.06	167,683.00	55334.06
Sub-Total		2,089,408.06	1,766,407.00	323,001.06

Administrative Applications-Board of Commissioner Review	Date	Amount	Last Year	Difference +/-
	Received	Requested		
THND HealthCard Program	3/7/2024	554,622.00	521,989.00	32633
RAAO Prescreening	2/29/2024	97,742.40	86,746.00	10996.4
Healthy Communities Outreach	3/7/2024	72,202.52	72,202.52	0.00
Sub-Total		724,566.92	680,937.52	43629.4

Combined Totals	2,813,974.98	2,447,344.52	361,930.46	2,447,345.00	558,796.00	1,888,549.00
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HHI requested & received additional funds of \$4,700 near the end of FY23  
RAAO requested & received additional funds of \$70,618 near the end of FY23

**THROUGH February 29, 2024**

FYE	YTD Actual	Difference +/-
APPROVED 2024 Budget	2024	
150,000.00	55,838.00	94162
125,000.00	43,875.00	81125
45,000.00	8,993.00	36007
300,000.00	8,275.00	291725
90,000.00	32,790.00	57210
550,000.00	26,125.00	523875
105,833.00	29,388.00	76445
81,560.00	27,604.00	53956
76,331.00	26,113.00	50218
0.00	0.00	0
75,000.00	25,200.00	49800
167,683.00	67,825.00	99858
1,766,407.00	352,026.00	1414381

**THROUGH February 29, 2024**

FYE 2024	YTD Actual	Difference +/-
Budget	2024	
521,989.00	171,626.00	350363
86,746.00	14,976.00	71770
72,203.00	20,168.00	52035
680,938.00	206,770.00	474168

**From:** [Theodore Small](#)  
**To:** [Stacy Tebo](#)  
**Cc:** [Jennifer Coen](#); [Webb Shephard](#)  
**Subject:** FW: Example of Hospital Report from 2017 and Suggested Format for Updated Quarterly Hospitals Network Reporting  
**Date:** Tuesday, March 12, 2024 11:47:38 AM  
**Attachments:** [Hospital reports 5-18-17.pdf](#)  
[image001.png](#)

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Stacy, please include the below and attached in the Board Meeting Packet as my only Legal Update for the upcoming meeting. I have not received any suggested changes over the past week. --ts

**Ted W. Small, Esq.**  
**Outside Counsel to West Volusia Hospital Authority**

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**From:** Theodore Small  
**Sent:** Tuesday, March 5, 2024 1:25 PM  
**To:** Stacy Tebo <stebo@westvolusiahospitalauthority.org>  
**Cc:** Webb Shephard <Webb.Shephard@JMCo.com>  
**Subject:** Example of Hospital Report from 2017 and Suggested Format for Updated Quarterly Hospitals Network Reporting

Dear WVHA Board Members et al.

Stacy found the attached Hospital Report from Florida Hospital/Adventist in May 2017, which includes the type of hospital infection reporting that was once required by the Board to counteract citizen concerns that the hospitals were not doing enough to reduce the frequency of hospital acquired infections.

The 2017 report also contains many other operational reporting requirements that were required by the 20-year Indigent Care Reimbursement Agreement. That Agreement expired in 2020 and Counsel does not recommend resurrecting those operational reporting requirements because WVHA no longer has any contractual basis to exercise any operational control over the hospitals or their independent contractors like EmPros.

However, WVHA does still have an indirect contractual basis (through agreements between EBMS, AdventHealth, Halifax Health and EmPros) for receiving quarterly reporting about the quantity and quality of services that WVHA is providing \$4 million/year to reimburse for hospital and ER care for Health Card Members.

Without receiving any specific direction from WVHA, the prior quarterly reports have focused on the quantity and costs of services being provided by AdventHealth, Halifax Health and EmPros. Some have commented that these prior quantitative reports were in whole or part repetitive of information that is already available in other EBMS generated monthly or annual reports. In addition, these prior quantitative reports have strayed into publicizing how much uncompensated care AdventHealth, Halifax Health or EmPros is providing to their patients who are NOT WVHA Health Card members.

Recommend that going forward that WVHA require quarterly reports with the following guidance:

1. Separate quarterly reports from each of the contracted parties within the EBMS Hospitals Network: AdventHealth, Halifax Health and EmPros;
2. Quarterly reports should not include any quantitative reporting on hospital or emergency room services that is repetitive of information that is already being reported to WVHA in monthly or annual reports generated by EBMS;
3. Quarterly reports should not include any quantitative reporting on hospital or emergency services that is focused on how much uncompensated care is being provided to hospital patients who are NOT WVHA Health Card members;
4. Quarterly reports should include reporting on the quality of hospital or emergency room services that are being made available by each provider, including, but not limited to the following qualitative areas:
  - a. Level of accreditation by the Joint Commission: [www.jointcommission.org](http://www.jointcommission.org)
  - b. Rating by Leapfrog Group Hospital Rating Score: [www.leapfroggroup.org](http://www.leapfroggroup.org)
  - c. Level of accreditation or rating if separately available for ER Department:
  - d. Any customer satisfaction survey scores.
  - e. ER Department Metrics:
    - i. Minutes from Door to Doc:
    - ii. Minutes from Door to Discharge or Inpatient Admission:
    - iii. Left Without Being Seen (LWBS):
    - iv. LWBS/Day:
    - v. LWBS/%:
    - vi. ER Specialists retention or turnover rates:
  - f. Annual Number of Clients Who Left Against Medical Advice (AMA):
  - g. Annual Tracking of Healthcare Associated Infections (Hospital Compare):
  - h. Tracking of Last Three Years of the following specific infection rates:
    - i. Hospital Acquired MRSA.
      1. As % of Admissions
      2. As % of Patient Days
    - ii. Hospital Acquired C-Diff.
      1. As % of Admissions
      2. As % of Patient Days
    - iii. Hospital Acquired CLABS (Central Line-Associated Bloodstream Infection).
      1. As % of Admissions
      2. As % of Patient Days
    - iv. Hospital Acquired CAUTI (Catheter Associated Urinary Tract Infection).
      1. As % of Admissions
      2. As % of Patient Days
    - v. Hospital Acquired SSI (Surgical Site Infection: Colon).
      1. As % of Admissions
      2. As % of Patient Days
    - vi. Hospital Acquired SSI (Surgical Site Infection: Hysterectomy).
      1. As % of Admissions
      2. As % of Patient Days

This is an initial draft and I welcome and look forward to hearing your feedback so that I can finalize a draft to include in the Board Meeting Packet by next week. 386-717-2636.

Thanks, ts

**Ted W. Small, Esq.**  
**Outside Counsel to West Volusia Hospital Authority**

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**From:** Stacy Tebo <[stebo@westvolusiahospitalauthority.org](mailto:stebo@westvolusiahospitalauthority.org)>  
**Sent:** Monday, February 26, 2024 11:54 AM  
**To:** Theodore Small <[tsmall@westvolusiahospitalauthority.org](mailto:tsmall@westvolusiahospitalauthority.org)>  
**Subject:** old hospital report from 2017

Ted,

This was presented in May 2017.

Stacy Tebo  
WVHA Administrator



DISCLAIMER: The information contained in this electronic message is legally privileged and confidential and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient you are hereby notified that any dissemination of this e-mail or any of its attachments or components may constitute a violation of Florida Statute 119. If you have received this e-mail in error, immediately destroy the document, and please contact the sender. Please note that Florida has a broad public records law, and that all correspondence with us via email may be subject to disclosure.



**FLORIDA HOSPITAL  
FISH MEMORIAL**

May 8, 2017

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

Dear West Volusia Hospital Authority:

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

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

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

Sincerely,

Rob Deininger, President/CEO

Eric Ostarly, VP/CFO

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

**Florida Hospital Fish Memorial Quality Indicators for West Volusia Hospital Authority**  
**May 18, 2017 Report**

**Quality References**

Fully accredited by Joint Commission- [www.jointcommission.org](http://www.jointcommission.org)  
 Rated **A** by Leapfrog Group Hospital Safety Score- [www.leapfroggroup.org](http://www.leapfroggroup.org)  
 Other sources of information  
 - [www.healthgrades.com](http://www.healthgrades.com)  
 - [www.medicare.gov](http://www.medicare.gov)

**Emergency Department (ED) Metrics**

			<u>Actual</u>	<u>Goal</u>
Door to Doc (December 2016)			27	<=25 Min
Door to Discharge (December 2016)			138	<= 120 Min
	<u>2014</u>	<u>2015</u>	<u>2016</u>	
Total ED Visits	57,441	61,540	66,190	
Total ED Visits/Day	157	169	181	
Left Without Being Seen (LWBS)	778	902	1,024	
LWBS/Day	2	2	3	
% LWBS	1.35%	1.47%	1.55%	<= 1.0%

	<u>2014</u>	<u>2014 %</u>	<u>2015</u>	<u>2015 %</u>	<u>2016</u>	<u>2016 %</u>	<u>National Average</u>
Patients Left Against Medical Advice (AMA)	244	2.7%	253	2.8%	292	3.0%	1-2%

**Healthcare Associated Infections (Hospital Compare)**

7/1/15-6/30/16 Data - Lag In Data Reporting by CMS

Public Reporting on Hospital Compare

Central line associated bloodstream infections (CLABSI)

Surgical site infections from colon surgery (SSI:Colon)

Methicillin-resistant Staphylococcus Aureus (MRSA)

Clostridium difficile (C. diff)

**Fish**

No Different than National Benchmark

No Different than National Benchmark

No Different than National Benchmark

Better than the National Benchmark

	<u>2014</u>	<u>2015</u>		<u>2016</u>
<b><u>Hospital Acquired CLABSI (Central Line-Associated Bloodstream Infection)</u></b>	0	3	Previous years reporting did not require non-ICU reporting	3
As % of Admissions	0.00%	0.03%		0.03%
As % of Patient Days	0.00%	0.01%		0.01%
<b><u>Hospital Acquired CAUTI (Catheter Associated UTI Infection)</u></b>	0	2	Previous years reporting did not require non-ICU reporting	4
As % of Admissions	0.00%	0.02%		0.04%
As % of Patient Days	0.00%	0.00%		0.01%
<b><u>Hospital Acquired (Surgical Site Infection: Colon)</u></b>	1	0		0
As % of Admissions	0.01%	0.00%		0.00%
As % of Patient Days	0.00%	0.00%		0.00%
<b><u>Hospital Acquired (Surgical Site Infection: Hysterectomy)</u></b>	0	0		0
As % of Admissions	0.00%	0.00%		0.00%
As % of Patient Days	0.00%	0.00%		0.00%
<b><u>Hospital Acquired MRSA</u></b>	0	0		2
As % of Admissions	0.00%	0.00%		0.02%
As % of Patient Days	0.00%	0.00%		0.00%
<b><u>Hospital Acquired C-Diff</u></b>	43	47	High community onset rates Hand hygiene, identify upon admission	23
As % of Admissions	0.49%	0.51%		0.24%
As % of Patient Days	0.11%	0.11%		0.05%
<b><u>Hospital Volumes</u></b>				
Admissions	8,831	9,179		9,668
Patient Days	40,068	42,518		44,787



May 9, 2017

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

Dear West Volusia Hospital Authority:

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

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


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



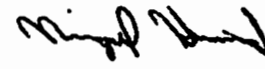
Page Two  
May 9, 2017

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

Sincerely,



Lorenzo Brown, President/CEO



Nigel Hinds, CFO

LB/NH:clm

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



**Florida Hospital DeLand Quality Indicators for West Volusia Hospital Authority**  
**May 18, 2017**

**Quality References**

Fully accredited by Joint Commission- [www.jointcommission.org](http://www.jointcommission.org)  
 Rated A by Leapfrog Group Hospital Safety Score- [www.leapfroggroup.org](http://www.leapfroggroup.org)  
 Other sources of information  
 - [www.healthgrades.com](http://www.healthgrades.com)  
 - [www.medicare.gov](http://www.medicare.gov)

<b>Emergency Department (ED) Metrics</b>			<b>2016 Actual</b>	<b>2016 Goal</b>
Door to Doc (2016 Average)			32 Min	≤ 25 Min
Door to Discharge (2016 Average)			131 Min	≤ 120 Min
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Q1-2017</b>
Total ED Visits	55,359	58,218	59,654	14,870
Total ED Visits/Day	152	160	163	167
Left Without Being Seen (LWBS)	853	888	895	145
LWBS/Day	2	2	2	2
% LWBS	1.54%	1.53%	1.50%	≤ 1.00% 0.98%

	<b>2014</b>	<b>2014 %</b>	<b>2015</b>	<b>2015 %</b>	<b>2016</b>	<b>2016 %</b>	<b>National Average</b>
Patients Left Against Medical Advice (AMA)	145	1.7%	168	1.9%	100	1.1%	1-2%

**Healthcare Associated Infections (Hospital Compare)**

(4/1/15-3/31/16) - Lag in Data Reporting by CMS  
 2015-2016 Public Reporting on Hospital Compare Update

	<b>FH DeLand</b>
Central line-associated blood stream infections (CLABSI)	Not Available
Catheter-associated urinary tract infections (CAUTI)	No Different than US National Benchmark
Surgical site infections from colon surgery (SSI: Colon)	No Different than US National Benchmark
Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)	Not Available
Methicillin-resistant Staphylococcus Aureus (MRSA)	No Different than US National Benchmark
Clostridium difficile (C. diff.)	No Different than US National Benchmark

	<b>2014</b>	<b>2015</b>	<b>2015 Comment</b>	<b>2016</b>	<b>2016 Comment</b>
<b>Hospital Acquired CLABSI (Central Line-Associated Bloodstream Infection)</b>	1	3	Previous years reporting did not require non-ICU reporting	2	
As % of Admissions	0.01%	0.03%		0.02%	
As % of Patient Days	0.003%	0.008%		0.010%	
<b>Hospital Acquired CAUTI (Catheter Associated UTI Infection)</b>	6	6	Previous years reporting did not require non-ICU reporting	1	
As % of Admissions	0.07%	0.07%		0.01%	
As % of Patient Days	0.02%	0.02%		0.00%	
<b>Hospital Acquired (Surgical Site Infection: Colon)</b>	5	1		0	
As % of Admissions	0.06%	0.01%		0.00%	
As % of Patient Days	0.01%	0.003%		0.000%	
<b>Hospital Acquired (Surgical Site Infection: Hysterectomy)</b>	0	1		0	
As % of Admissions	0.00%	0.01%		0.00%	
As % of Patient Days	0.00%	0.003%		0.000%	
<b>Hospital Acquired MRSA</b>	5	1		1	
As % of Admissions	0.06%	0.01%		0.01%	
As % of Patient Days	0.01%	0.00%		0.00%	
<b>Hospital Acquired C-Diff</b>	40	30	High community onset rates Hand Hygiene, Identify upon admission	21	implemented c-diff testing algorithm policy
As % of Admissions	0.50%	0.35%		0.24%	
As % of Patient Days	0.12%	0.08%		0.03%	
<b>Hospital Volumes</b>					<b>Q1-2017</b>
Admissions	8,550	8,688		8,764	2,206
Patient Days	35,752	35,926		37,293	9,467



## West Volusia Hospital Authority

March 21, 2024

Kyle Glass  
Chief Financial Officer | Great Lakes Region  
Regional Administration Office  
5101 Willow Springs Rd  
La Grange, IL 60525

Re: Letter of Appreciation

Dear Mr. Glass:

The WVHA Board of Commissioners would like to express its sincere appreciation for the nine years of service you gave to the West Volusia area working at AdventHealth. We are grateful for the six years you spent as the CFO working directly with us. You were there during the transition to EBMS and worked to renegotiate the AdventHealth contract after the initial twenty-year agreement expired. We thank you for the professionalism you always displayed and your commitment to the health of the community.

Congratulations on your new position with AdventHealth in Chicago. We wish the best to you and your family in the coming years.

Sincerely,

Jennifer Coen  
WVHA Chair

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**SCHEDULED MEETINGS – 2024**

**Citizens Advisory Committee Meetings**

**Tuesdays at 5:30pm**

**Joint Meetings**

**Board of Commissioners Meetings**

**Thursdays at 5:00pm**

**January 16 – CAC Organizational/Orientation**  
**\*Judy Craig Sanborn Center**

**January 18**  
**Sanborn Center**

**February 6 – Mandatory Applicant Meeting**  
**\*Jennifer Coen Center at Deltona**

**February 15 (TNC/FDOH)**  
**Sanborn Center**

**March 21 – 5 p.m. Joint meeting of WVHA Board and CAC – Preliminary Funding**  
**Application Review Sanborn Center**

**April 23 – Mandatory Applicant Workshop Q & A**  
**\*Donna Pepin Center at Deltona**

**April 18 (HSCFV)**  
**Sanborn Center**

**May 7 – Preliminary Ranking**  
**\*Voloria Manning Sanborn Center**

**May 16 (SMA/RAAO) Sanborn Center**

**May 21 – Final Ranking Meeting**  
**\*Jennifer Coen Center at Deltona**

**June 20 – 5:00 p.m. Joint meeting of WVHA Board and CAC–Funding Recommendations**  
**Sanborn Center**

**July (CAC Hiatus)**

**July 18 (4:00 p.m.) Budget**  
**Workshop Followed by Regular**  
**(THND/Healthy Comm)**  
**Sanborn Center**

**August (CAC Hiatus)**

**August 15 (HHI/CLSMF) Sanborn Center**

**September (CAC Hiatus)**

**Sept. 5 Tentative Budget Hearing 5:05 PM**  
**Sanborn Center**

**Sept. 19 Final Budget Hearing/Regular**  
**Meeting 5:05 PM Sanborn Center**

**October (CAC Hiatus)**

**October 17 Sanborn Center**

**November (CAC Hiatus)**

**November 21 Sanborn Center**

**\*WVHA Commissioner to attend CAC Meeting**

**The Sanborn Center 815 S Alabama Avenue DeLand, FL 32720**  
**The Center at Deltona 1640 Dr. Martin Luther King Blvd., Deltona, FL 32725**

# SANBORN ACTIVITY CENTER

# FACILITY USE CONTRACT SINGLE-USE AGREEMENT

Phone: (386) 626-7300

Fax: (386) 736-5033

Web: [www.deland.org](http://www.deland.org)

\*\*\*PLEASE PRINT CLEARLY\*\*\*

## FOR OFFICE USE ONLY

☐ BS&A      ☒ Tax Exempt  
☐ Outlook      ☒ NA Catering  
☐ Board      ☐ PAID IN FULL  
**\*BILLED \_\_\_\_\_\***

EVENT DATE September 5, 2024 CONTRACT # \_\_\_\_\_

DAY OF WEEK: Thursday DATE CONTRACTED: 2-26-24

ROOM RENTED: Ballroom B

**MULTIPLE DATES IF APPLICABLE** \*Continuous contracts receive a 15% savings over comparable rentals (6 or more).


Renter Name: WVHA

Physical Address: PO Box 940 DeLand, FL 32721-0941

\*If refunded, this is the address where the damage deposit will be mailed. Please notify Activity Center management of any address changes.

Renter Phone Numbers, including area codes. Please indicate (\*) preferred number.

Phone: 386-456-1252 Fax or Email: stebo@westvolusiahospitalauthority.org

Name of Group/Event (Bride's last name/Groom's last name when applicable): \_\_\_\_\_

Event Contact (if different from Renter): Stacy Tebo

Phone Number of Contact: 386-456-1252

Type of Activity: WVHA Board Meeting Number of Attendees: 40

**\*\*\* COMPLETE WITH THE ASSISTANCE OF ACTIVITY CENTER STAFF \*\*\***

**RENTAL PERIOD** - Please review the Rental Rates (hourly and block) to determine the most appropriate Rental Period for your event based on the time needed to include setup and cleanup. For all weekend rentals, the Sanborn Activity Center is only open during the hours stated below. The Rental Party is responsible for communicating with all vendors regarding the times they are permitted to enter the facility, and the time they must be out.

\_\_\_\_\_ Daytime Block: Monday – Thursday 8:00 a.m. – 4:30 p.m.

\_\_\_\_\_ Daytime Block: Friday 8:00 a.m. – 2:00 p.m.

☒ Evening Block: Monday – Thursday ~~6:00 p.m. – 10:00 p.m.~~ 5pm - 9pm

\_\_\_\_\_ Friday: Any 7 hr. block between 2:00 p.m. and 12:00 midnight.

\_\_\_\_\_ Saturday: Any 8 hr. block between 10:00 a.m. and 12:00 midnight.

\_\_\_\_\_ Sunday or Holiday Blocks: Any 8 hr. block between 10:00 a.m. and 11:00 p.m.

\_\_\_\_\_ Hourly: 1<sup>st</sup> Entry: \_\_\_\_\_ Exit: \_\_\_\_\_ **TOTAL HRS** \_\_\_\_\_

(see breakdown below)

Caterers ENTER: \_\_\_\_\_ Caterers EXIT: \_\_\_\_\_

Time Actual Ceremony/Event Begins: 5:00PM Event ends/Guests exit BY: 9:00PM

**Rehearsal Info:** A one hour block for rehearsals is included in your Rental Rate. Rehearsals may be scheduled 30 days in advance and must take place Monday through Thursday (excluding Holidays) between 9:00am and 3:30pm based on availability.

**Rental Rate Breakdown**

\$200.00	Hourly rate or Block charge	FACILITY: BR B	
1 Dates	Number of hours (if applicable)		
\$200.00	<b>Subtotal Facility #1</b>		
\$	Hourly rate or Block charge	FACILITY:	
	Number of hours (if applicable)		
\$	<b>Subtotal Facility #2</b>		
\$	Hourly rate or Block charge	FACILITY:	
	Number of hours (if applicable)		
\$	<b>Subtotal Facility #3</b>		
\$200.00	<b>Subtotal of all facilities/items rented</b>		
	Discount	<b>**IF applicable**</b>	
	<b>Subtotal</b>		
	Sales Tax (6.0%) <b>**if exempt, please provide CERTIFICATE OF EXEMPTION**</b>		
	<b>Subtotal</b>		
ON FILE	<b>Damage Deposit</b>		
\$200.00	<b>TOTAL</b>	<b>Make Check Payable To: CITY OF DELAND</b>	
	AMOUNT PAID	DATE PAID	RECEIPT NUMBER
	\$		
	\$		
	\$		

**Rental Fee and Security/Damage Deposit**

A **minimum** Rental Fee Deposit of fifty percent (50%) of the **Subtotal**, together with a signed Facility Use Contract, will secure your Event Date. The balance of the Rental Fee (including tax) and Security/Damage Deposit is due no less than **thirty (30) days** prior to your Event Date. The Sanborn Activity Center reserves the right to cancel the Facility Use Contract if the Rental Fee balance and Security/Damage Deposit are not paid when due.

**ALL REFUNDS WILL BE ISSUED BY CHECK FROM THE CITY OF DELAND.** Damage deposit refund will be mailed to the address on the contract typically within 2-6 weeks of your event if there is no damage or excessive cleaning required by City staff to any part of the rented building or equipment.

\*Sales tax is subject to change as determined by Volusia County and/or the Florida Department of Revenue.

**WEST VOLUSIA HOSPITAL AUTHORITY**

**FINANCIAL STATEMENTS**

**FEBRUARY 29, 2024**



## ACCOUNTANTS' COMPILATION REPORT

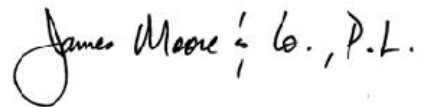
To the Board of Commissioners,  
West Volusia Hospital Authority:

Management is responsible for the accompanying financial statements of West Volusia Hospital Authority (the Authority), which comprise the balance sheet – modified cash basis as of February 29, 2024, and the related statement of revenue and expenditures budget and actual – modified cash basis for the one month and year to date period then ended 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 the completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

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.

DeLand, Florida  
March 21, 2024



**WEST VOLUSIA HOSPITAL AUTHORITY  
BALANCE SHEET - MODIFIED CASH BASIS  
FEBRUARY 29, 2024**

**ASSETS**

Ameris Bank - operating	\$ 2,728,741
Ameris Bank - MM	11,869,646
Ameris Bank - payroll	59,542
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	5,652,637
Surety Bank - MM	1,580,135
Mainstreet Community Bank - Certificates of deposit	5,549,971
Prepaid items and deposits	2,000
<b>Total Assets</b>	<b><u><u>\$ 27,642,672</u></u></b>

**FUND BALANCE**

<b>Total Fund Balance</b>	<b><u><u>\$ 27,642,672</u></u></b>
---------------------------	------------------------------------

See accountants' compilation report.



**WEST VOLUSIA HOSPITAL AUTHORITY**  
**STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS**  
**FOR THE ONE MONTH AND FIVE MONTHS ENDED FEBRUARY 29, 2024**

	<b>One Month Period Actual</b>	<b>Year to Date Actual</b>	<b>Annual Budget</b>	<b>Amount Remaining Budget Balance</b>	<b>Percent Budget Used</b>
<b>Revenues</b>					
Ad valorem taxes	\$ 140,822	\$ 14,251,458	\$ 15,700,000	\$ 1,448,542	91%
Interest income	67,299	230,206	400,000	169,794	58%
Other income	-	102,049	-	(102,049)	0%
Total revenues	<u>208,121</u>	<u>14,583,713</u>	<u>16,100,000</u>	<u>1,516,287</u>	<u>91%</u>
<b>Expenditures</b>					
Healthcare expenditures					
Hospitals					
Halifax Hospital	140,520	362,929			
AdventHealth	85,759	411,940			
Total hospitals	<u>226,279</u>	<u>774,869</u>	3,000,000	2,225,131	26%
Specialty Care Services					
Specialty Care - ER	5,523	23,759			
Specialty Care - Non-ER	243,971	1,207,154			
Total Specialty Care Services	<u>249,494</u>	<u>1,230,913</u>	3,500,000	2,269,087	35%
Emergency Room Care	70,909	305,487	1,000,000	694,513	31%
Primary Care	394,210	912,352	2,500,000	1,587,648	36%
Pharmacy	81,223	168,400	900,000	731,600	19%
Florida Dept of Health Dental Svcs	14,857	55,838	150,000	94,162	37%
Hispanic Health Initiatives	7,350	25,200	75,000	49,800	34%
Community Legal Services	6,646	29,388	105,833	76,445	28%
Rising Against All Odds	19,875	67,825	167,683	99,858	40%
HSCFV - Outreach	7,215	27,604	81,560	53,956	34%
HSCFV - Fam Services	6,829	26,113	76,331	50,218	34%
The House Next Door	2,737	8,993	45,000	36,007	20%
SMA - Homeless Program	6,916	32,790	90,000	57,210	36%
SMA - Residential Treatment	-	26,125	550,000	523,875	5%
SMA - Baker Act - Match	-	8,275	300,000	291,725	3%
County Medicaid Reimbursement	234,200	1,171,002	2,810,405	1,639,403	42%
H C R A - In County	28,707	32,426	400,000	367,574	8%
H C R A - Outside County	2,363	2,363	400,000	397,637	1%
The Neighborhood Center	11,525	43,875	125,000	81,125	35%
Healthy Communities Kid Care Outreach	5,135	20,168	72,203	52,035	28%
Other Healthcare Expenditures	-	-	95,872	95,872	0%
Total healthcare expenditures	<u>1,376,470</u>	<u>4,970,006</u>	<u>16,444,887</u>	<u>11,474,881</u>	<u>30%</u>
Personnel services					
Regular salaries and wages	5,588	27,939	67,556	39,617	41%
FICA	475	2,368	5,168	2,800	46%
Retirement	758	3,791	9,843	6,052	39%
Life and Health Insurance	887	3,677	12,000	8,323	31%
Workers Compensation Claims	57,440	57,440	25,000	(32,440)	230%
Total personnel services	<u>65,148</u>	<u>95,215</u>	<u>119,567</u>	<u>24,352</u>	<u>80%</u>

See accountants' compilation report.

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS**  
**FOR THE ONE MONTH AND FIVE MONTHS ENDED FEBRUARY 29, 2024**

	<b>One Month Period Actual</b>	<b>Year to Date Actual</b>	<b>Annual Budget</b>	<b>Amount Remaining Budget Balance</b>	<b>Percent Budget Used</b>
Other expenditures					
Legal Counsel	4,568	20,138	70,000	49,862	29%
Outside Legal Counsel	5,000	20,311	40,311	20,000	50%
Outside Legislative Advisory	6,000	30,000	72,000	42,000	42%
Audit	-	-	20,500	20,500	0%
General Accounting - Recurring	9,500	38,000	114,000	76,000	33%
General Accounting - Nonrecurring	2,881	6,878	10,000	3,122	69%
Application Screening - THND	43,814	171,626	521,989	350,363	33%
Application Screening - RAAO	4,992	14,976	86,746	71,770	17%
TPA Services (EBMS)	67,186	168,265	500,000	331,735	34%
Building Repairs	10,487	10,487	100,000	89,513	10%
Advertising	847	1,890	10,000	8,110	19%
Other Operating Expenditures	334	12,602	15,000	2,398	84%
Tax Collector & Appraiser Fee	2,816	346,777	650,000	303,223	53%
City of DeLand Tax Increment District	124,098	124,098	125,000	902	99%
Total other expenditures	<u>282,523</u>	<u>966,048</u>	<u>2,335,546</u>	<u>1,369,498</u>	<u>41%</u>
<b>Total expenditures</b>	<u>1,724,141</u>	<u>6,031,269</u>	<u>18,900,000</u>	<u>12,868,731</u>	<u>32%</u>
<b>Excess (deficiency) of revenues over expenditures</b>	<u><u>\$ (1,516,020)</u></u>	<u><u>\$ 8,552,444</u></u>	<u><u>\$ (2,800,000)</u></u>	<u><u>\$ (11,352,444)</u></u>	<u><u>-305%</u></u>

See accountants' compilation report.