

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**BOARD OF COMMISSIONERS**  
**REGULAR MEETING**  
**April 18, 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 - Joint Meeting March 21, 2024
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Annual Contractual Utilization Report to the WVHA Board of Commissioners – Thalia Smith, Program Director for Healthy Start Coalition of Flagler & Volusia Counties
7. Reporting Agenda:
  - A. EBMS March Report – Written Submission
  - B. WVHA miCare Clinic DeLand/Deltona March Report – Written Submission
    1. 2024 Quarter Two Report (Jan – March)
  - C. The House Next Door (THND) March HealthCard Report
8. Discussion Items:
  - A. Request for Lien Reduction from John Lawes at Dan Newlin Injury Attorneys
  - B. Request from THND for FY 2023-2024 Funding Increase of \$3,961.92 for Eligibility Health Card Screening Services and Amended FY 24/25 Budget Request
  - C. Resignation of CAC Member Christian Brown 3/25/24 & Letter of Appreciation
  - D. Appointment of CAC Member Wakia Muhammad – Commissioner Manning
  - E. Eligibility Guidelines
9. Administrator Report
10. Finance Report
  - A. March 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 & CITIZENS ADVISORY COMMITTEE  
JOINT MEETING**

Sanborn Center Ballroom B  
815 S. Alabama Avenue, DeLand, FL  
March 21, 2024  
5:00 PM

**Those in Attendance:**

Commissioner Voloria Manning  
Commissioner Judy Craig  
Commissioner Jennifer Coen  
Commissioner Donna Pepin

**Absent:**

Commissioner Roger Accardi

**CAC Members Present:**

Lyda Kiser  
Thelma Belton  
Heidi Bello  
Jennifer Moore  
Tiffanee Grant  
Joanna Mercier  
Patrick Rogers (arrived at 5:15 p.m.)

**CAC Members Absent:**

Teresa Lake  
Christian Brown  
Maria Valdivia

**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 5:08 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

**Approval of Proposed Agenda**

**Motion 013 – 2024** Commissioner Manning moved to approve the amended agenda as presented. Commissioner Pepin seconded the motion. The motion passed 4-0-1.

**Consent Agenda – Approval of Minutes**

**Regular Meeting held February 15, 2024**

**Motion 014 – 2024** Commissioner Pepin 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**  
**CAC Applicant Meeting held February 6, 2024**

Chair Kiser updated the Board on the recent meeting 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. She asked for a motion to approve the minutes.

Member Bello moved to approve the minutes of February 6<sup>th</sup>, and Member Belton seconded. The motion passed 6-0-4. *(Member Rogers arrived just after the vote).*

The CAC members introduced themselves.

**Reporting Agenda**

**EBMS February Report – Written Submission**

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

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

All reports were received into the written record.

**Discussion Items**

**Contractual Site Visit Review Write Up FYE 2023**

Chair Coen recognized new Healthy Start Executive Director Sarah Papert. Ms. Papert introduced Senior Program Manager Brandy Panariello.

**Healthy Start Coalition of Flagler & Volusia – CARE Specialist Outreach**

**Healthy Start Coalition of Flagler & Volusia – Family Services Coordination**

Chair Coen gave a short recap of the reports and noted the deficiencies found by James Moore & Co. regarding residency verification.

Commissioner Manning voiced concern regarding the site visit reports and stressed that agencies must remain in compliance with verification requirements.

Ms. Panariello explained how the CARE Specialist receives referrals from other agencies such as child welfare or hospitals; that the referrals list the clients' address; that many clients do not have a photo ID; and that they try to secure other residency documentation. Ms. Papert added that vetting is done through the Office of Vital Statistics and the Department of Children and Families.

Attorney Small advised that he emailed the applicable portion of the WVHA Eligibility Guidelines for residency and identification requirements to Healthy Start just prior to the meeting. He explained that there is a comprehensive list of documentation that can be obtained to verify residency beyond a photo ID. He stressed that funded agencies cannot rely upon other agency referrals to verify residency.

Attorney Small addressed the Board and suggested that they might want to have James Moore perform additional testing, as it was a small sample size for both site visit reports.

**Citizen Comments**

Tanner Andrews suggested that they might consider a self-audit.

Attorney Small said he liked the notion that Healthy Start would evaluate themselves to determine

what happened. He added that a critical component of the self-study would be to evaluate the amount of time that the client was living in West Volusia.

**Motion 015 – 2024** Commissioner Craig moved to require Healthy Start to perform a self-audit of both programs for the period of 10/1/22 through 9/30/23 and report back to the Board in May. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Chair Coen asked the Board what sample size they felt was appropriate for a follow-up site visit. Attorney Small recommended that the Board rely upon James Moore's expertise to determine the parameters of the additional site visit, and that they allow James Moore to coordinate with Healthy Start as to when they perform the work.

**Motion 016 – 2024** Commissioner Craig moved to authorize James Moore & Co to perform an additional site visit of Healthy Start's programs for fiscal year 2022-2023 at their discretion. Commissioner Manning seconded the motion. The motion passed 4-0-1.

### **WVHA Funding Applications Received Spreadsheet 2024-2025**

Chair Coen read aloud a statement from Webb Shephard of James Moore & Co. reminding the Board about planning for the budget and the incremental tax increases discussed last September. She pointed out that the spreadsheet indicated an overall increase in the requests of \$361,930 if all applications for funding were approved.

CAC Chair Kiser thanked the Board for providing the information from the accountant, as the CAC is cognizant of the budget limitations with respect to funding recommendations.

Commissioner Pepin and Commissioner Manning asked Foundations to Freedom to briefly discuss how their application fits into WVHA's mission as prescribed by its enabling legislation.

Representatives from Foundations to Freedom briefly explained their program.

There were a few questions from the CAC members, and Chair Coen reminded everyone that the formal Q & A is scheduled for April 23<sup>rd</sup>. CAC Chair Kiser noted that the meeting was mandatory for all applicants.

Commissioner Manning congratulated Rising Against All Odds' CEO and Founder, Brenda Flowers-Dalley, for her achievement as JSL Woman of the Year. The Commission recognized her and invited her to the podium.

Chair Coen noted that the CAC members were welcome to stay for the remainder of the meeting, but the joint meeting was adjourned at 6:50 p.m.

### **Quarterly Hospital Reporting Components**

Attorney Small outlined his recommendations for the Board and referenced the hospital report from 2017 included in the agenda materials. He explained he took the relevant elements from the old report to prepare his recommendations for future reporting.

Halifax Hospital Administrator, Ben Eby, addressed the Board and stated that much of the information is public, and they could provide most of the items listed in Attorney Small's recommendations. He noted he was not in agreement with two items and provided his reasons for the exception of items 4e(vi) and 4f.

Maureen France, Physician Liaison for Emergency Medicine Professionals (EMPros), spoke about

the recommendations and agreed with Mr. Eby. She said that EMPros works for AdventHealth, and they collect the data on the emergency room statistics. She answered questions from the Board.

### **Citizen Comments**

CAC Member Bello and Tanner Andrews remarked on the quarterly reports.

**Motion 017 – 2024** Commissioner Manning moved to require future quarterly reports with the guidance provided by Attorney Small in its entirety as presented. Commissioner Craig seconded the motion. The motion failed 2-2-1, with Commissioner Pepin and Chair Coen dissenting.

**Motion 018 – 2024** Commissioner Manning moved to require future quarterly reports with the guidance provided by Attorney Small for items one through three in their entirety and item four excluding 4e(vi) and 4f. Commissioner Pepin seconded the motion. The motion passed 3-1-1, with Commissioner Craig dissenting.

### **Letter of Appreciation for Kyle Glass of Advent Health**

**Motion 019 – 2024** Commissioner Craig moved to approve the letter of appreciation to Mr. Glass and authorize the signature from all Board members on the letter. Commissioner Pepin seconded the motion. The motion passed 4-0-1.

### **Scheduled Meetings 2024**

**Tentative Budget Hearing September 5,2024 at Sanborn Center**

**Final Budget Hearing September 19,2024 at Sanborn Center**

Ms. Tebo stated the dates for the budget hearings have been finalized for September 5<sup>th</sup> and September 19<sup>th</sup>, and there is a check included in the payables for the Sanborn rental.

**Motion 020 – 2024** Commissioner Manning moved to approve the hearing dates as presented. Commissioner Pepin seconded the motion. The motion passed 4-0-1.

### **Administrator Report**

Ms. Tebo informed the Board that she made a request to the City of Deltona for the WVHA to make a presentation at one of their meetings, and it was approved; that Commissioners Pepin and Craig would be attending the meeting on May 6<sup>th</sup>; that there would be a housing fair on April 6<sup>th</sup> at The Center at Deltona from 10 a.m. to 2 p.m., and she would attend on behalf of the WVHA; that SMA would be going to the DeLand miCare clinic on Monday mornings beginning on April 15<sup>th</sup> from 8 a.m. to noon; that she met with non-profit Vessel of Honor in Deltona at the Providence Plaza regarding them referring their clients to the WVHA program; that Joshua with The Neighborhood Center also attended with her, and he plans to send a representative to their location monthly to assist Deltona residents; that Heffley & Associates sent a report regarding bills passed by the Legislature; and that she would be discussing the new requirements of the bill regarding special districts at an upcoming meeting.

### **Finance Report**

**February Financials**

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

Ms. Tebo outlined the financials and estimated expenditures for the Board.

**Motion 021 – 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 \$1,766,872. Commissioner Craig seconded the motion. The motion passed 4-0-1.

### **Legal Update**

Attorney Small reminded everyone that the hearing for the Medicaid Match litigation was scheduled for the next day at 9:30 a.m. via Zoom. Ms. Tebo said she would forward the email with instructions to connect to the hearing after the meeting adjourned.

There being no further business to come before the Board, the meeting was adjourned at 7:50 p.m.

Adjournment  
Jennifer Coen, Chair

## **ERRATA SHEET**

In the draft version circulated to Board members on March 30<sup>th</sup>, the following was contained in the document.

**Motion 018 – 2024** Commissioner Manning moved to require future quarterly reports with the guidance provided by Attorney Small for items one through three in their entirety and item four excluding 4e(vi) and 4f. Commissioner Pepin seconded the motion. The motion passed 3-1-1, with Commissioner ***Manning*** dissenting.

The final version of the minutes was corrected noting that Commissioner ***Craig*** dissented, and not Commissioner Manning.

# Utilization Reports

## West Volusia Hospital Authority (WVHA) Funding Contracts Fiscal Year: Oct 1, 2022 to Sep 30, 2023

### Prenatal, Post-partum & Infant Access To Health Care Services:

**#1) Family Services Coordinator**

**#2) CARE Specialist (Coordinating Advocacy Resources & Education)**





# **UTILIZATION REPORT #1**

## **WVHA FUNDING AGREEMENT ACCESS TO HEALTH CARE SERVICES FOR**

### **PRENATAL, POST-PARTUM & INFANT BY FAMILY SERVICES COORDINATOR**

### **OB/GYN OFFICE & VIRTUAL, TELEPHONIC**



# FY22-23 FSC (Family Services Coordinator)

## UTILIZATION REPORT

WVHA Funding contract for October 1, 2022 to September 30, 2023

**Total Amount of Contract for Family Services Coordinator = \$76,331.00**

### **Program Goals:**

*The Family Services Coordinator (FSC) to serves to provide assistance in*

- Completing the application for Medicaid Managed Care (MMC), food stamps, and cash assistance through DCF ACCESS,
- Navigating to application sites to obtain the WVHA HealthCard,
- Connecting to the WIC program, Healthy Start and other needed services,
- Connecting pregnant, post-partum and interconception women to health care and to parents of children for pediatric care.





# ANNUAL UTILIZATION REPORT (FSC)

## Report for Oct 1, 2022 – Sep 30, 2023



- Face-to-face, virtual and telephonic assistance for ACCESS to health and human services
- “Warm” Referrals to resources (i.e., Career Source, Early Learning Coalition, FindHelp, Help Me Grow, The House Next Door and other WVHA funded agencies)
- Referrals to eligible home-visiting programs:
  - Healthy Start Care Coordination
  - Healthy Families
  - Early Head Start
  - Nurse Home Visiting
- The Healthy Start Coalition of Flagler/Volusia counties received **3,512** referrals for residents of West Volusia (**2,495 w/Medicaid**) and successfully contacted and completed **1,977** Initial Intakes



# **ANNUAL UTILIZATION REPORT (FSC)**

**Report for Oct 1, 2022 – Sep 30, 2023**

<b><u>WVHA FSC Billable Unique Clients</u></b>	<b><u>Number</u></b>
Pregnant	79
Post Partum	49
<u>Infants (0-3 years old)</u>	<u>62</u>
<b>Total</b>	<b>190</b>

**WVHA Funding Amount for FSC: \$76,331.00**

# FY22-23 FSC (Family Services Coordinator)

## Performance Measures:

- 100% cases were screened for West Volusia residency
- 100% of referred cases received an initial contact within 5 business days
- 100% of cases received assistance in accessing DCF ACCESS in-person, virtually and/or telephonically as applicable
- 74% of cases were eligible and received a completed initial intake

### FAMILY SERVICES COORDINATOR PARTICIPANT NEEDS SUMMARY

*Time Period: Oct 1, 2022 – Sept 30, 2023*

- **190** Finding Health Insurance (Medicaid/ACA/WVHA Card)
- **79** Access to Prenatal Care/Family Planning/Primary Care
- **62** Access to Pediatric Care/Primary Care

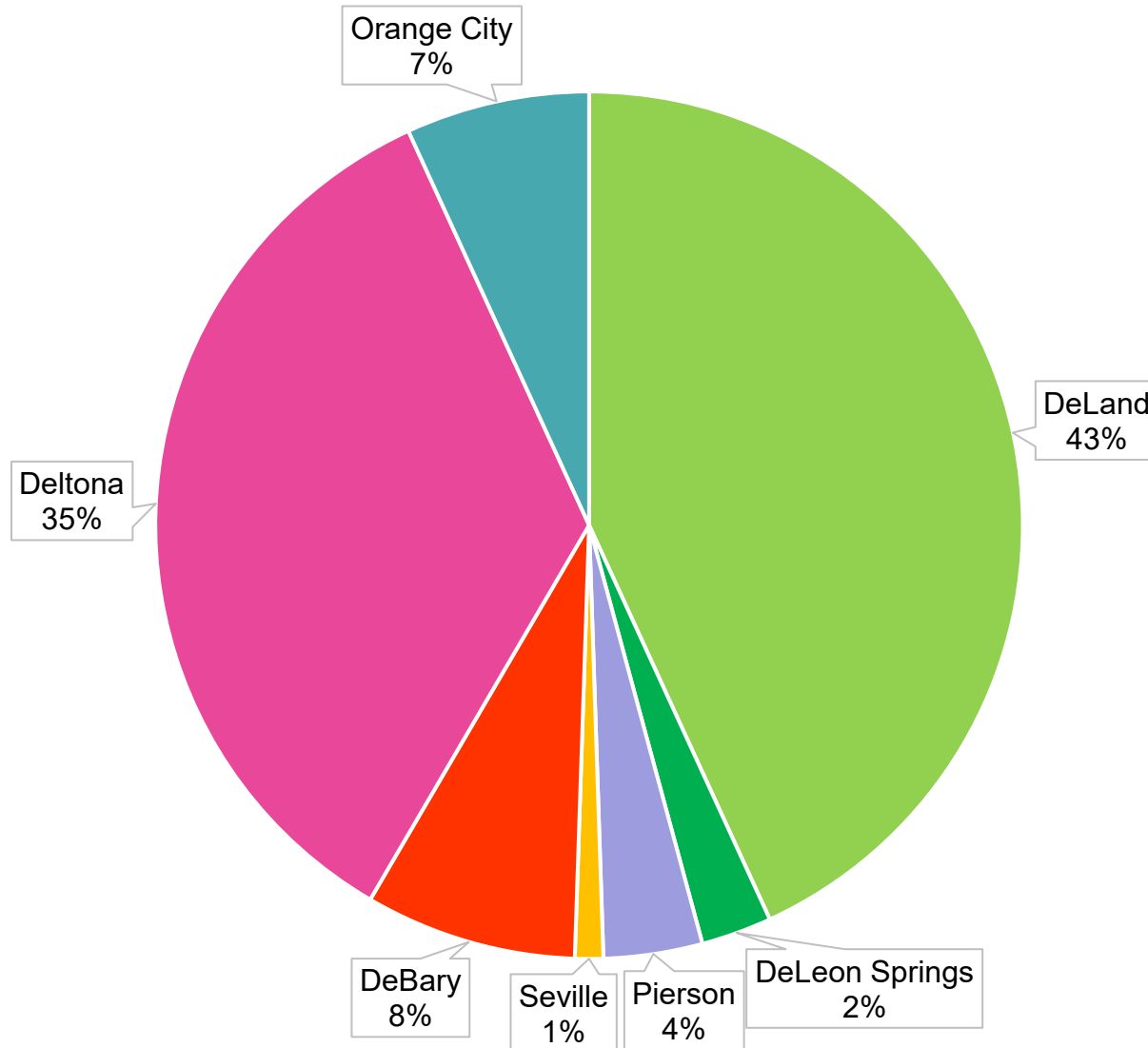


# FY22-23 FSC Client Characteristics

Client Characteristics	Total Clients (FY22-23)
<b>Age</b>	
<b>0-5</b>	<b>62</b>
<b>6-10</b>	<b>0</b>
<b>11-17</b>	<b>3</b>
<b>18-29</b>	<b>62</b>
<b>30-54</b>	<b>63</b>
<b>55-64</b>	<b>0</b>
<b>Not Documented</b>	<b>0</b>
<b>Gender</b>	
<b>Male</b>	<b>26</b>
<b>Female</b>	<b>164</b>
<b>Race</b>	
<b>White</b>	<b>74</b>
<b>Black/African American</b>	<b>13</b>
<b>Other</b> <small>Includes: Asian/Pacific Islander, American Indian, Other</small>	<b>103</b>
<b>Residence</b>	
<b>DeLand 32720, 32721, 32722, 32723, 32724</b>	<b>82</b>
<b>DeLeon Springs 32130</b>	<b>5</b>
<b>Pierson 32180</b>	<b>7</b>
<b>Seville 32190</b>	<b>2</b>
<b>DeBary 32713, 32753</b>	<b>15</b>
<b>Deltona 32725, 32728, 32738, 32739</b>	<b>66</b>
<b>Orange City 32763, 32774</b>	<b>13</b>
<b>Osteen 32764</b>	<b>0</b>
<b>TOTAL SERVED BY TIME PERIOD</b>	<b>190</b>

# FY22-23 FSC Client Characteristics

FSC (Client Characteristics - Residence)



## **UTILIZATION REPORT #2**

**WVHA FUNDING AGREEMENT  
ACCESS TO HEALTH CARE SERVICES  
FOR  
PRENATAL, POST-PARTUM & INFANT BY  
CARE Specialist (Coordinating Advocacy  
Resources & Education)  
SERVING WEST VOLUSIA RESIDENTS**





# FY22-23 CARE Specialist

## UTILIZATION REPORT

WVHA Funding contract for October 1, 2022 to September 30, 2023

**Total Amount of Contract for CARE Specialist Services = \$81,560.00**

### **Program Goals:**

*The CARE Specialist provides outreach by*

- Contacting pregnant women upon referral to assess service needs,
- Ensuring that infants in the Neonatal Intensive Care Unit at local hospitals have a pediatric medical provider,
- Attempting to engage mothers in the Healthy Start programs
- Encouraging and providing breastfeeding support to mothers
- Providing relevant information about health care options,
- Developing Individualized Plan of Care,
- Contacting and collaborating with relevant health care providers
- Providing immediate referrals to appropriate health care providers.





# **ANNUAL UTILIZATION REPORT (CRS)**

## **Report for Oct 1, 2022 – Sep 30, 2023**



- Face-to-face, virtual and telephonic outreach
- Completes a Plan of Safe Care
- Referrals to eligible home-visiting programs:
  - Healthy Start Care Coordination, Healthy Families
  - Early Head Start, Nurse Home Visiting
- Provides linkages to the following within 72 hours of hospital discharge:
  - Breastfeeding support
  - Specialized parenting services
  - Postpartum depression screening
  - Pediatric care/medical home
  - Children's Medical Services as appropriate
- “Warm” Referrals to resources (i.e., Career Source, Early Learning Coalition, FindHelp, Help Me Grow, The House Next Door and other WVHA funded agencies)



# FY22-23 CARE Specialist

## **Performance Measures:**

- 100% cases were screened for West Volusia residency
- 100% of referred cases received an initial contact within 5 business days
- 95% of women and infants accepting CARE Specialist services completed an assessment
- 92% of women and infants accepting CARE Specialist services with a completed assessment completed a Plan of Safe Care
- 69% of infant cases accepting services had documented follow-up with a pediatric provider
- 95% of women and infants accepting CARE Specialist services completed an assessment





# **ANNUAL UTILIZATION REPORT (CRS)**

**Report for Oct 1, 2022 – Sep 30, 2023**

<b><u>WVHA CRS Billable Unique Clients</u></b>	<b><u>Number</u></b>
Pregnant	23
Post Partum	95
<u>Infants (0-3 years old)</u>	<u>97</u>
<b>Total</b>	<b>215</b>

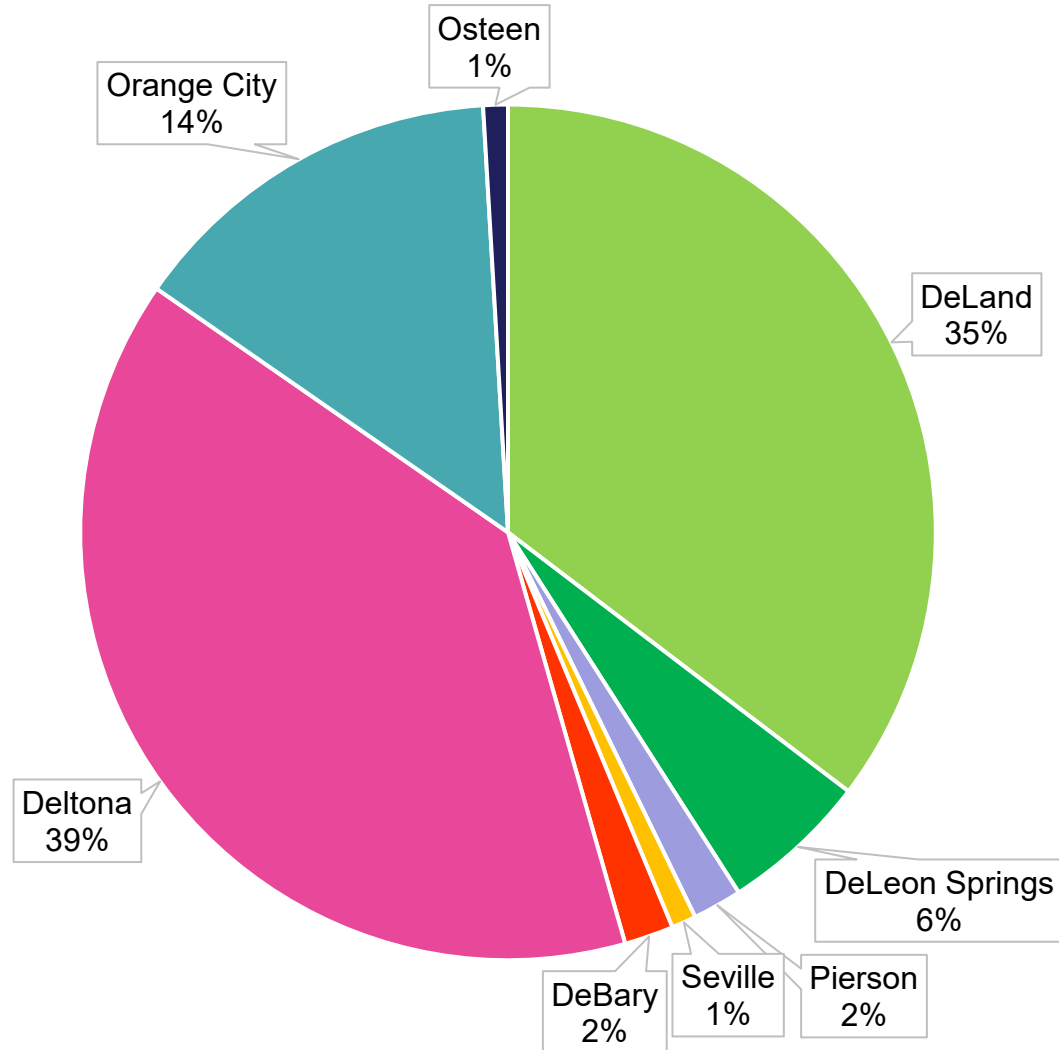
**WVHA Funding Amount for CRS: \$81,560.00**

# FY22-23 CARE Specialist Client Characteristics

Client Characteristics	Total Clients (FY22-23)
<b>Age</b>	
<b>0-5</b>	<b>97</b>
<b>6-10</b>	<b>0</b>
<b>11-17</b>	<b>9</b>
<b>18-29</b>	<b>63</b>
<b>30-54</b>	<b>46</b>
<b>55-64</b>	<b>0</b>
<b>Not Documented</b>	<b>0</b>
<b>Gender</b>	
<b>Male</b>	<b>60</b>
<b>Female</b>	<b>155</b>
<b>Race</b>	
<b>White</b>	<b>88</b>
<b>Black/African American</b>	<b>50</b>
<b>Other</b> <small>Includes: Asian/Pacific Islander, American Indian, Other</small>	<b>77</b>
<b>Residence</b>	
<b>DeLand 32720, 32721, 32722, 32723, 32724</b>	<b>76</b>
<b>DeLeon Springs 32130</b>	<b>12</b>
<b>Pierson 32180</b>	<b>4</b>
<b>Seville 32190</b>	<b>2</b>
<b>DeBary 32713, 32753</b>	<b>4</b>
<b>Deltona 32725, 32728, 32738, 32739</b>	<b>84</b>
<b>Orange City 32763, 32774</b>	<b>31</b>
<b>Osteen 32764</b>	<b>2</b>
<b>TOTAL SERVED BY TIME PERIOD</b>	<b>215</b>

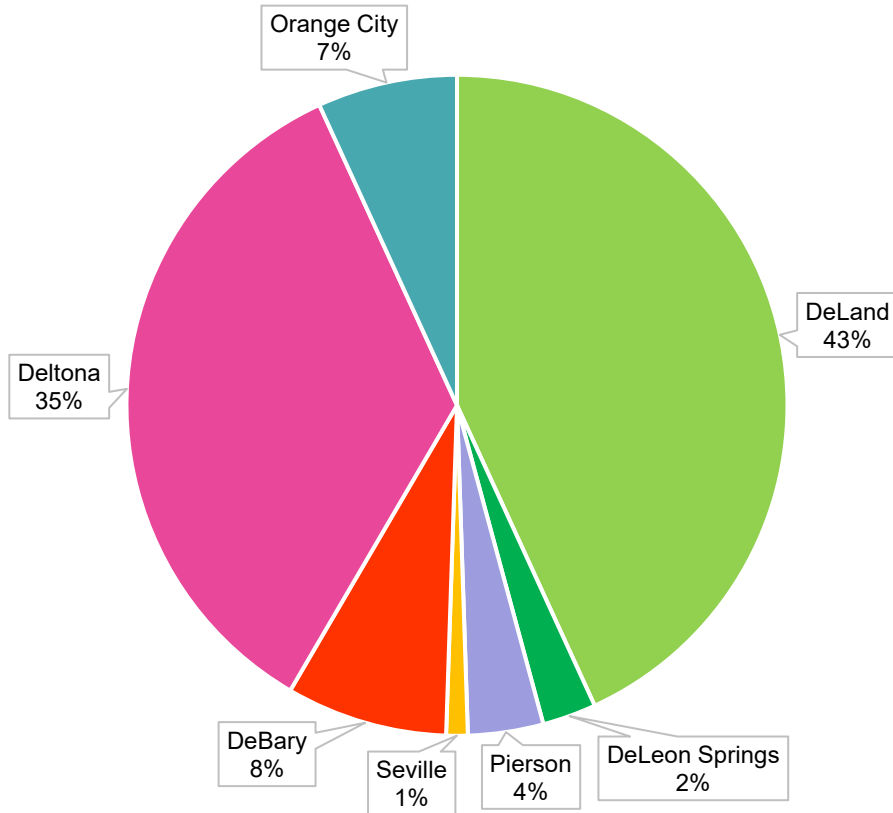
# FY22-23 CARE Specialist Client Characteristics

CARE Specialist (Client Characteristics - Residence)

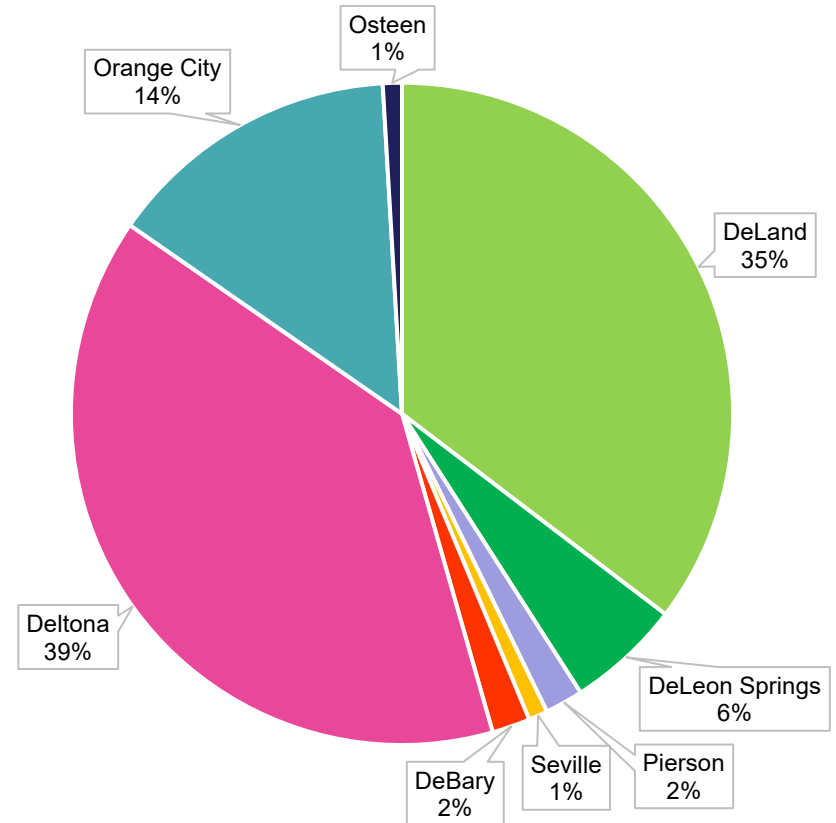


# FY22-23 CARE Specialist & FSC Client Characteristics

**FSC** (Client Characteristics - Residence)



**CARE Specialist** (Client Characteristics - Residence)





# Related Activities



- Outreach and coordination with to delivery hospitals with Level II & III NICU's
- Participation in the **West Volusia Hospital Collaborative** Meeting and coordination with other WVHA funded agencies
- Coordination with **Dr. Rawji** for clinic support through identification and coordination of services
- Participation in the **Substance Exposed Newborn (SEN)** Task Force and weekly SEN Staffings with the **Department of Children and Families (DCF)**
- Coordination with DCF in the completing **Plans of Safe Care** in accordance with the CARA Federal Legislation and DCF Operational Procedure 170-8.
- Coordination with other WVHA partners to ensure collaboration with other related services for **HIV, legal support, medical care, mental health services, and health education**
- Participation in the **Florida Perinatal Quality Collaborative** to promote successful outcomes for these very high-risk women and infants. (MORE – Maternal Opioid Reduction Effort)
- Coordination with medical providers for **detox for pregnant and post partum women.**
- Participation in **statewide maternal and child health collaborative** to better coordinate services



# Other Services

- Healthy Start Doulas - G.R.O.W. Doula Model
  - a non-medical professional trained to support mothers and families with physical, emotional, and evidence-based information before, during, and after birth
  - Currently 13 trained doulas
- Parent Partners
  - Parents with lived experience support parents who have an open child dependency case
- Fatherhood Engagement
  - offers education, training, and support to help men become responsible, engaged, and empowered fathers





Working together to keep moms, babies and families safe, healthy, and happy for a **STRONG** future!





EBMS

March 2024

Submission Report for  
WVHA Board Members

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# Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

3/1/2024 to 3/31/2024

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	5355		Charges	\$6,458,432	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$5,610,886	Addl Info Not Provided	\$618	0.01%
Medical	\$840,187	\$602	Allowed	\$847,546	Duplicate Charges	\$85,227	1.32%
Professional	\$250,382	\$179	less Member	\$9,476	Plan Limitations	\$1,334,541	20.66%
Facility	\$589,804	\$423	less Adjustments	-\$2,117	Cost Savings	\$4,189,285	64.87%
PBM	\$0	\$0	Paid Benefit	\$840,187	UCR Reductions	\$170	0.00%
<b>Total Plan Paid:</b>	<b>\$840,187</b>	<b>\$602</b>	plus Admin Costs	\$274,969	Other	\$1,045	0.02%
			<b>Total Plan Paid:</b>	<b>\$1,115,156</b>	<b>Total:</b>	<b>\$5,610,886</b>	<b>86.88%</b>

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
3/31/2024	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	36	35	71	0	0	0	0	71	0	0
20 to 25	26	45	71	0	0	0	0	71	0	0
26 to 29	37	22	59	0	0	0	0	59	0	0
30 to 39	117	121	238	0	0	0	0	238	0	0
40 to 49	147	159	306	0	0	0	0	306	0	0
50 to 59	176	227	403	0	0	0	0	403	0	0
60 to 64	82	88	170	0	0	0	0	170	0	0
65 and Older	27	50	77	0	0	0	0	77	0	0
<b>Totals</b>	<b>648</b>	<b>747</b>	<b>1395</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1395</b>	<b>0</b>	<b>0</b>
<b>Average Age</b>	<b>45.25</b>	<b>46.61</b>	<b>45.98</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>45.98</b>	<b>0.00</b>	<b>0.00</b>

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 3/31/2024	Employee	Spouse	Dependent
Adventhealth Deland	83	\$159,576	0 to 19	\$28,461	\$0	\$0
Medical Center Of Deltona	27	\$148,711	20 to 25	\$10,146	\$0	\$0
Halifax Hospital Medical	15	\$122,695	26 to 29	\$12,123	\$0	\$0
Adventhealth Fish	119	\$115,304	30 to 39	\$94,224	\$0	\$0
Florida Cancer Specialists	96	\$44,694	40 to 49	\$99,483	\$0	\$0
Quest Diagnostics Tampa	418	\$26,458	50 to 59	\$393,962	\$0	\$0
06 Radiology Associates	186	\$20,545	60 to 64	\$142,761	\$0	\$0
Quest Diagnostics Nichols	77	\$15,048	65 and Older	\$59,026	\$0	\$0
Deland Dialysis	17	\$14,941	<b>Totals</b>	<b>\$840,187</b>	<b>\$0</b>	<b>\$0</b>
Wellness Avenue Surgery	23	\$14,712				

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	\$20,069	48	\$963,312
December 23	\$460,092	Vision	\$0	13	\$0
January 24	\$743,884	RX	\$8	54	\$432
February 24	\$473,664	<b>Total:</b>			<b>\$963,744</b>
March 24	\$840,187				
<b>Total:</b>	<b>\$3,602,659</b>				



# Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

3/1/2024 to 3/31/2024

Benefit Plan: All

Location:

All

TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
AMBULANCE	5	\$9,058	\$9,058	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	42	\$35,541	\$31,434	\$4,107	\$0	\$0	\$4,107	0.49%
CHIROPRACTIC	21	\$925	\$477	\$448	\$100	\$0	\$348	0.04%
DIALYSIS	40	\$431,701	\$410,745	\$20,957	\$0	\$0	\$20,957	2.49%
DME/APPLIANCE	7	\$5,481	\$5,481	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	372	\$996,269	\$902,555	\$93,715	\$1,700	\$0	\$92,015	10.95%
INELIGIBLE	258	\$127,337	\$127,337	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	245	\$69,384	\$49,688	\$19,697	\$0	\$0	\$19,697	2.34%
IP HOSP CHARGES	96	\$2,896,756	\$2,524,946	\$371,810	\$1,450	\$0	\$370,360	44.08%
MATERNITY	7	\$21,000	\$21,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	20	\$1,831	\$1,470	\$361	\$87	\$0	\$273	0.03%
OFFICE VISIT	403	\$97,787	\$59,320	\$38,467	\$3,150	\$0	\$35,317	4.20%
OP PHYSICIAN	224	\$112,303	\$97,197	\$15,106	\$354	\$0	\$14,751	1.76%
OTHER	4	\$1,099	\$1,011	\$88	\$0	-\$2,117	\$2,205	0.26%
OUTPAT HOSP	45	\$5,983	\$5,856	\$127	\$127	\$0	\$0	0.00%
PSYCHIATRIC	96	\$35,519	\$12,597	\$22,922	\$525	\$0	\$22,397	2.67%
RADIATION /CHEMO	73	\$274,464	\$220,952	\$53,512	\$0	\$0	\$53,512	6.37%
SUBS ABUSE	7	\$111,452	\$101,371	\$10,082	\$0	\$0	\$10,082	1.20%
SURG FACILITY	51	\$539,292	\$459,434	\$79,858	\$600	\$0	\$79,258	9.43%
SURGERY	51	\$22,311	\$20,642	\$1,669	\$0	\$0	\$1,669	0.20%
SURGERY IP	9	\$3,267	\$2,028	\$1,239	\$0	\$0	\$1,239	0.15%
SURGERY OP	24	\$22,627	\$17,660	\$4,967	\$0	\$0	\$4,967	0.59%
THERAPY	224	\$31,697	\$24,065	\$7,632	\$550	\$0	\$7,082	0.84%
URGENT CARE	3	\$619	\$619	\$0	\$0	\$0	\$0	0.00%
WELLNESS	277	\$42,996	\$32,908	\$10,088	\$0	\$0	\$10,088	1.20%
XRAY/ LAB	3047	\$561,732	\$471,034	\$90,698	\$833	\$0	\$89,865	10.70%
<b>Totals:</b>	<b>5651</b>	<b>\$6,458,432</b>	<b>\$5,610,886</b>	<b>\$847,546</b>	<b>\$9,476</b>	<b>-\$2,117</b>	<b>\$840,187</b>	



# Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

10/1/2023 to 3/31/2024

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	39917		Charges	\$33,262,147	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$29,597,912	Addl Info Not Provided	-\$1,168,374	-3.51%
Medical	\$3,601,491	\$430	Allowed	\$3,664,235	Duplicate Charges	\$752,150	2.26%
Professional	\$1,455,099	\$174	less Member	\$63,252	Plan Limitations	\$9,609,631	28.89%
Facility	\$2,146,392	\$256	less Adjustments	-\$1,676	Cost Savings	\$19,994,384	60.11%
PBM	\$1,168	\$0	Paid Benefit	\$3,602,659	UCR Reductions	\$7,142	0.02%
Vision	\$0	\$0	plus Admin Costs	\$1,751,635	Other	\$402,978	1.21%
<b>Total Plan Paid:</b>	<b>\$3,602,659</b>	<b>\$430</b>	<b>Total Plan Paid:</b>	<b>\$5,354,294</b>	<b>Total:</b>	<b>\$29,597,912</b>	<b>88.98%</b>

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
3/31/2024	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	36	35	71	0	0	0	0	71	0	0
20 to 25	26	45	71	0	0	0	0	71	0	0
26 to 29	37	22	59	0	0	0	0	59	0	0
30 to 39	117	121	238	0	0	0	0	238	0	0
40 to 49	147	159	306	0	0	0	0	306	0	0
50 to 59	176	227	403	0	0	0	0	403	0	0
60 to 64	82	88	170	0	0	0	0	170	0	0
65 and Older	27	50	77	0	0	0	0	77	0	0
<b>Totals</b>	<b>648</b>	<b>747</b>	<b>1395</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1395</b>	<b>0</b>	<b>0</b>
<b>Average Age</b>	<b>45.25</b>	<b>46.61</b>	<b>45.98</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>45.98</b>	<b>0.00</b>	<b>0.00</b>

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 3/31/2024	Employee	Spouse	Dependent
Adventhealth Deland	439	\$549,461	0 to 19	\$46,516	\$0	\$0
Halifax Hospital Medical	75	\$541,025	20 to 25	\$89,341	\$0	\$0
Adventhealth Fish	378	\$353,805	26 to 29	\$46,170	\$0	\$0
Medical Center Of Deltona	112	\$333,081	30 to 39	\$343,539	\$0	\$0
Florida Cancer Specialists	545	\$222,514	40 to 49	\$635,948	\$0	\$0
Deland Dialysis	242	\$177,114	50 to 59	\$1,540,460	\$0	\$0
Quest Diagnostics Tampa	2077	\$129,296	60 to 64	\$641,736	\$0	\$0
Wellness Avenue Surgery	171	\$78,036	65 and Older	\$258,949	\$0	\$0
06 Radiology Associates	607	\$67,995	<b>Totals</b>	<b>\$3,602,659</b>	<b>\$0</b>	<b>\$0</b>
Quest Diagnostics Nichols	353	\$59,629				

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	\$20,069	48	\$963,312
December 23	\$460,092	Vision	\$0	13	\$0
January 24	\$743,884	RX	\$8	54	\$432
February 24	\$473,664	<b>Total:</b>			<b>\$963,744</b>
March 24	\$840,187				
<b>Total:</b>	<b>\$3,602,659</b>				



# Executive Summary for 00532

Client: West Volusia Hospital Authority  
Paid Dates: 10/1/2023 to 3/31/2024  
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	24	\$31,395	\$31,395	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	325	\$427,636	\$382,072	\$45,564	\$0	\$0	\$45,564	1.26%
CHIROPRACTIC	69	\$4,373	\$2,797	\$1,576	\$370	\$0	\$1,206	0.03%
COVID-19	7	\$971	\$971	\$0	\$0	\$0	\$0	0.00%
DIALYSIS	350	\$5,907,529	\$5,692,207	\$215,322	\$0	\$0	\$215,322	5.98%
DME/APPLIANCE	57	\$28,764	\$28,764	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	2281	\$4,540,369	\$4,043,103	\$497,266	\$17,551	\$0	\$479,715	13.32%
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	2235	\$2,873,121	\$2,873,121	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	1331	\$363,558	\$274,722	\$88,836	\$0	\$0	\$88,836	2.47%
IP HOSP CHARGES	306	\$8,813,019	\$7,888,133	\$924,886	\$4,400	\$0	\$920,486	25.55%
MATERNITY	16	\$36,000	\$36,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	92	\$16,037	\$14,872	\$1,165	\$156	\$0	\$1,009	0.03%
OFFICE VISIT	4077	\$598,219	\$356,469	\$241,750	\$19,270	\$0	\$222,480	6.18%
OP PHYSICIAN	1147	\$495,235	\$398,967	\$96,268	\$1,908	\$0	\$94,360	2.62%
OTHER	1057	\$11,734	\$11,211	\$523	\$10	-\$1,676	\$2,189	0.06%
OUTPAT HOSP	77	\$55,548	\$46,409	\$9,139	\$369	\$0	\$8,770	0.24%
PSYCHIATRIC	590	\$148,750	\$80,498	\$68,252	\$2,496	\$0	\$65,756	1.83%
RADIATION /CHEMO	341	\$928,690	\$734,283	\$194,407	\$9	\$0	\$194,398	5.40%
REHAB	1	\$32,611	\$29,215	\$3,396	\$0	\$0	\$3,396	0.09%
SUBS ABUSE	28	\$469,065	\$413,361	\$55,704	\$0	\$0	\$55,704	1.55%
SURG FACILITY	477	\$3,381,969	\$2,867,646	\$514,323	\$7,925	\$0	\$506,398	14.06%
SURGERY	1010	\$264,065	\$229,718	\$34,348	\$0	\$0	\$34,348	0.95%
SURGERY IP	105	\$218,288	\$183,427	\$34,860	\$0	\$0	\$34,860	0.97%
SURGERY OP	173	\$198,396	\$152,674	\$45,722	\$0	\$0	\$45,722	1.27%
THERAPY	1630	\$193,098	\$135,105	\$57,993	\$4,550	\$0	\$53,443	1.48%
URGENT CARE	37	\$10,458	\$7,882	\$2,576	\$550	\$0	\$2,026	0.06%
VISION	3	\$429	\$429	\$0	\$0	\$0	\$0	0.00%
WELLNESS	2963	\$306,710	\$231,925	\$74,785	\$4	\$0	\$74,781	2.08%
XRAY/ LAB	20369	\$2,931,334	\$2,475,812	\$455,521	\$3,683	\$0	\$451,838	12.54%
<b>Totals:</b>	<b>41183</b>	<b>\$33,262,147</b>	<b>\$29,597,912</b>	<b>\$3,664,235</b>	<b>\$63,252</b>	<b>-\$1,676</b>	<b>\$3,602,659</b>	





PCORI Membership Count

Block of Business ID: EBMSI  
Client ID: 00532

Eligibility Date: : 1/1/2024 to 3/31/2024

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2024	1445	0	1445
2/1/2024	1454	0	1454
3/1/2024	1468	0	1468
Total Member Days			1,455.67



# Enrollment Counts by City and State

Block of Business ID: EBMSI  
Client ID: 00532

As Of Date: 3/31/2024

City, State	Employee Count	Dependent Count	Total Count
De Leon Springs, FL	102	0	102
Debary, FL	39	0	39
Deland, FL	667	0	667
Deltona, FL	346	0	346
Enterprise, FL	2	0	2
Lake Helen, FL	15	0	15
Orange City, FL	88	0	88
Osteen, FL	9	0	9
Pierson, FL	78	0	78
Seville, FL	33	0	33
Total	1379	0	1379



# Tier Census by Product 3/6/2024

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	1368	633	735	0	0	0	0	1368
		Subtotal for Active:	1368	633	735	0	0	0	0	1368
		Total for Medical:	1368	633	735	0	0	0	0	1368



# Tier Census by Product 3/15/2024

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	1367	632	735	0	0	0	0	1367
		Subtotal for Active:	1367	632	735	0	0	0	0	1367
		Total for Medical:	1367	632	735	0	0	0	0	1367



## Benefit Analysis Summary

Block of Business ID: EBMSI  
Client ID: 00532  
Paid Date: 3/1/2024 to 3/31/2024

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	5	9,058.20	9,058.20	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	42	35,541.18	3,538.98	27,895.37	4,106.83	0.00	0.00	4,106.83	0.49%
CHIROPRACTIC	21	924.96	32.00	444.78	448.18	100.00	0.00	348.18	0.04%
DIALYSIS	40	431,701.27	526.00	410,218.61	20,956.66	0.00	0.00	20,956.66	2.49%
DME/APPLIANCE	7	5,481.00	5,481.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	372	996,269.42	201,323.09	701,231.79	93,714.54	1,700.00	0.00	92,014.54	10.95%
INELIGIBLE	258	127,337.33	127,337.33	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	245	69,384.38	17,818.38	31,869.47	19,696.53	0.00	0.00	19,696.53	2.34%
IP HOSP CHARGES	96	2,896,756.49	825,470.56	1,699,475.63	371,810.30	1,450.00	0.00	370,360.30	44.08%
MATERNITY	7	21,000.00	21,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	20	1,831.03	200.03	1,270.45	360.55	87.36	0.00	273.19	0.03%
OFFICE VISIT	403	97,787.37	9,163.81	50,156.54	38,467.02	3,150.00	0.00	35,317.02	4.20%
OP PHYSICIAN	224	112,302.74	43,391.88	53,805.08	15,105.78	354.47	0.00	14,751.31	1.76%
OTHER	11	1,099.00	0.00	1,011.00	88.00	0.00	-2,117.18	2,205.18	0.26%
OUTPAT HOSP	45	5,982.91	4,495.11	1,360.99	126.81	126.81	0.00	0.00	0.00%
PSYCHIATRIC	96	35,519.20	485.00	12,112.48	22,921.72	525.00	0.00	22,396.72	2.67%
RADIATION /CHEMO	73	274,463.68	41,364.51	179,587.31	53,511.86	0.00	0.00	53,511.86	6.37%
SUBS ABUSE	7	111,452.44	49,112.00	52,258.87	10,081.57	0.00	0.00	10,081.57	1.20%
SURG FACILITY	51	539,291.82	12,749.97	446,684.03	79,857.82	600.00	0.00	79,257.82	9.43%
SURGERY	51	22,310.52	261.00	20,380.74	1,668.78	0.00	0.00	1,668.78	0.20%
SURGERY IP	9	3,267.00	1,176.00	852.22	1,238.78	0.00	0.00	1,238.78	0.15%
SURGERY OP	24	22,627.00	1,129.00	16,530.65	4,967.35	0.00	0.00	4,967.35	0.59%
THERAPY	224	31,696.58	5,993.00	18,071.82	7,631.76	550.00	0.00	7,081.76	0.84%
URGENT CARE	3	619.00	619.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	277	42,995.91	1,297.70	31,610.56	10,087.65	0.00	0.00	10,087.65	1.20%
XRAY/ LAB	3047	561,731.52	38,557.39	432,476.53	90,697.60	832.71	0.00	89,864.89	10.70%
Totals for 00532	5658	6,458,431.95	1,421,580.94	4,189,304.92	847,546.09	9,476.35	-2,117.18	840,186.92	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 04:38:09 on 01 April 2024



# Benefit Analysis Summary

Block of Business ID: EBMSI  
 Client ID: 00532  
 Paid Date: 10/1/2023 to 3/31/2024

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
AMBULANCE	24	31,394.50	31,394.50	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	325	427,636.38	89,193.58	292,878.67	45,564.13	0.00	0.00	45,564.13	1.26%
CHIROPRACTIC	69	4,373.36	1,035.50	1,761.64	1,576.22	370.00	0.00	1,206.22	0.03%
COVID-19	7	971.25	971.25	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	350	5,907,529.41	568,111.79	5,124,095.29	215,322.33	0.00	0.00	215,322.33	5.98%
DME/APPLIANCE	57	28,764.45	28,764.45	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	2281	4,540,368.60	553,233.75	3,489,868.77	497,266.08	17,551.18	0.00	479,714.90	13.32%
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	2235	2,873,120.70	2,873,120.70	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	1331	363,558.03	135,975.46	138,746.35	88,836.22	0.00	0.00	88,836.22	2.47%
IP HOSP CHARGES	306	8,813,018.52	2,876,236.38	5,011,896.50	924,885.64	4,400.00	0.00	920,485.64	25.55%
MATERNITY	16	36,000.00	36,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	92	16,037.18	4,904.18	9,968.11	1,164.89	156.04	0.00	1,008.85	0.03%
OFFICE VISIT	4077	598,218.81	49,809.06	306,659.59	241,750.16	19,270.00	0.00	222,480.16	6.18%
OP PHYSICIAN	1147	495,235.21	55,106.66	343,860.54	96,268.01	1,908.02	0.00	94,359.99	2.62%
OTHER	1116	11,734.00	8,167.00	3,043.74	523.26	10.00	-1,610.50	2,123.76	0.06%
OUTPAT HOSP	77	55,547.51	16,167.80	30,240.76	9,138.95	369.02	0.00	8,769.93	0.24%
PSYCHIATRIC	590	148,749.77	49,437.17	31,060.57	68,252.03	2,496.00	0.00	65,756.03	1.83%
RADIATION /CHEMO	341	928,689.92	73,886.19	660,396.65	194,407.08	8.84	0.00	194,398.24	5.40%
REHAB	1	32,611.00	0.00	29,215.01	3,395.99	0.00	0.00	3,395.99	0.09%
SUBS ABUSE	28	469,064.62	299,967.53	113,393.52	55,703.57	0.00	0.00	55,703.57	1.55%
SURG FACILITY	477	3,381,969.43	403,969.75	2,463,676.50	514,323.18	7,925.00	0.00	506,398.18	14.06%
SURGERY	1010	264,065.43	21,692.00	208,025.55	34,347.88	0.00	0.00	34,347.88	0.95%
SURGERY IP	105	218,287.52	51,849.02	131,578.47	34,860.03	0.00	0.00	34,860.03	0.97%
SURGERY OP	173	198,396.06	16,434.96	136,239.52	45,721.58	0.00	0.00	45,721.58	1.27%
THERAPY	1630	193,098.09	27,427.03	107,677.58	57,993.48	4,550.00	0.00	53,443.48	1.48%
URGENT CARE	37	10,458.00	2,290.00	5,591.68	2,576.32	550.00	0.00	2,026.32	0.06%
VISION	3	429.00	429.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	2963	306,710.21	7,150.85	224,773.92	74,785.44	4.48	0.00	74,780.96	2.08%
XRAY/ LAB	20369	2,931,333.74	365,799.45	2,110,013.01	455,521.28	3,683.18	0.00	451,838.10	12.54%
<b>Totals for 00532</b>	<b>41242</b>	<b>33,262,146.76</b>	<b>8,623,229.07</b>	<b>20,974,682.51</b>	<b>3,664,235.18</b>	<b>63,251.76</b>	<b>-1,610.50</b>	<b>3,602,593.92</b>	



# Summary of Claims Paid By Location

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 3/1/2024 to 3/31/2024

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	2	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	1356	386,982.41	0.00	0.00	0.00	0.00	386,982.41
miCareDelton	1071	425,162.85	0.00	0.00	0.00	0.00	425,162.85
miCarePierse	76	28,041.66	0.00	0.00	0.00	0.00	28,041.66
N/A	9	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	2514	840,186.92	0.00	0.00	0.00	0.00	840,186.92



# Summary of Claims Paid By Location

Block of Business ID: EBMSI  
Client ID: 00532

Paid Date: 10/1/2023 to 3/31/2024

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
<b>00532-West Volusia Hospital Authority</b>							
DeLand	2	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	9285	1,822,610.77	0.00	0.00	1,167.78	0.00	1,823,778.55
miCareDelton	6895	1,648,803.06	0.00	0.00	0.00	0.00	1,648,803.06
miCarePierse	635	130,077.47	0.00	0.00	0.00	0.00	130,077.47
N/A	145	0.00	0.00	0.00	0.00	0.00	0.00
<b>00532 Totals:</b>	16962	3,601,491.30	0.00	0.00	1,167.78	0.00	3,602,659.08





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 3/31/2024

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 3/31/24

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
00532 - West Volusia Hospital Authority																
DeLand	03-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	2	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	2	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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	1967	\$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	1425	\$194,045.73	\$0.00	889	\$218.27	\$80.77	\$25.06	\$0.00	\$112.45	\$0.00
miCareDeLand	03-2024	\$241,567.35	\$26,119.63	\$0.00	\$119,295.43	\$0.00	1349	\$386,982.41	\$0.00	902	\$429.03	\$267.81	\$28.96	\$0.00	\$132.26	\$0.00
	Subtotal:	\$928,537.88	\$116,035.79	\$0.00	\$776,628.76	\$0.00	9231	\$1,821,202.43	\$0.00	5235	\$347.89	\$177.37	\$22.17	\$0.00	\$148.35	\$0.00
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	499	\$486.05	\$193.24	\$32.26	\$0.00	\$260.55	\$0.00
miCareDelton	03-2024	\$302,299.51	\$19,039.70	\$0.00	\$103,823.64	\$0.00	1071	\$425,162.85	\$0.00	499	\$852.03	\$605.81	\$38.16	\$0.00	\$208.06	\$0.00
	Subtotal:	\$894,060.29	\$86,441.40	\$0.00	\$668,301.37	\$0.00	6877	\$1,648,803.06	\$0.00	3028	\$544.52	\$295.26	\$28.55	\$0.00	\$220.71	\$0.00
miCarePierso	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
miCarePierso	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
miCarePierso	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
miCarePierso	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
miCarePierso	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
miCarePierso	03-2024	\$17,087.07	\$1,344.64	\$0.00	\$9,609.95	\$0.00	76	\$28,041.66	\$0.00	67	\$418.53	\$255.03	\$20.07	\$0.00	\$143.43	\$0.00
	Subtotal:	\$61,515.49	\$10,463.06	\$0.00	\$58,098.92	\$0.00	635	\$130,077.47	\$0.00	404	\$321.97	\$152.27	\$25.90	\$0.00	\$143.81	\$0.00
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
N/A	03-2024	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	9	\$0.00	\$274,969.04	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$1,408.34	\$0.00	\$0.00	\$0.00	\$0.00	142	\$1,408.34	\$1,751,634.99	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$1,885,522.00	\$212,940.25	\$0.00	\$1,503,029.05	\$0.00	16887	\$3,601,491.30	\$1,751,634.99	8667	\$617.64	\$217.55	\$24.57	\$0.00	\$173.42	\$0.00

### Parameters

Beginning Location:  
Ending Location:  
Paid Date: 10/1/2023-3/31/2024  
Reporting Period: CLIENTYTD  
Location: 000-zzzzz

\*\* Census Count Comments: Membership is counted per location, per department, or per



# WVHA miCare Clinic Deland and Deltona

## March 2024 Report

### miCare Utilization

Deland	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	220	208	95%

Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	162	136	84%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2024	382	344	90%

**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 90% of the available clinician capacity was used for scheduled appointments; 10% 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 - 6%
  - 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	355	44%	Schedulable patient activities
Total Labs	191	24%	Schedulable patient activities
Total Nurse Visits	9	1%	Schedulable patient activities
Total medication pick-up	228		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	26		Don't have a visit type and are not scheduled appointments
<b>Total Visits</b>	<b>809</b>		

### DeLand

- There was a total of 555 clinic visits at the DeLand clinic in March plus 228 medication pick-ups and an additional 26 med pick-ups from the PAP program.
- There were 41 **new patients** that established care at the DeLand clinic last month.
- There were 52 **Physicals** in March – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	Number of visits	%	Notes
Total Provider visits	265	45%	Schedulable patient activities
Total Labs	116	20%	Schedulable patient activities
Total Nurse Visits	6	1%	Schedulable patient activities
Total medication pick-up	191		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	14		Don't have a visit type and are not scheduled appointments
<b>Total Visits</b>	<b>592</b>		

### Deltona

- There was a total of 387 clinic visits at the Deltona clinic in March plus 191 medication pick-ups from Deltona as well as 14 med pick-ups from the PAP program.
- There were 16 **new patients** that established care at the Deltona clinic last month.
- There were 36 **Physicals** in March – Male/Female Wellness – Established Patients



## miCare Member Migration

**March 2024**

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
<b>Total</b>	674	1,404	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.

	March 2024	
<b>PAP Summary 3/1/2024- 3/31/2024</b>		
Application Approved	349	\$176,323
Application Pending Approval	9	\$5,495
Application Started but Not Submitted	6	\$3,234
<b>Totals</b>	<b>364</b>	<b>\$185,052</b>
	(Active Applications)	Monthly Savings for <b>March</b>

### Key Insights:

- **419 medications were picked up between both sites.**
- **40 PAP medications were picked between the two locations.**
- **364 patients had applications for pharmacy assistance programs last month.**
- **WVHA avoided \$185,052 of the cost for branded medication in March.**
- **Projected annual cost avoided \$2,220,620.**



# WVHA miCare Clinic Deland and Deltona

## Quarter Two Report

January 1<sup>st</sup> – March 31st, 2024

### Clinical Utilization

Deland Q2	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2023	510	425	83%
2024	668	610	91%

Deltona Q2	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2023	446	350	78%
2024	498	425	85%

Deland and Deltona Q2	Hours Available for Scheduling	Hours Used for Appointments	% Of Total Time Scheduled
2023	956	775	81%
2024	1,166	1,035	88%

**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



## No Show Rate

Q2	DeLand	Deltona
2023	6%	11%
2024	7%	5%

## miCare Member Migration

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
Total 2023	882	1,334	66%
Total 2024	991	1,404	71%

\*The data above represents unique members, several of who had multiple clinic visits on month

### Key Insights:

- There was an overall increase in utilization of both sites in 2024.
- Between the two clinics 88% of the available clinician capacity was used for scheduled appointments; 12% of clinician time was available for walk-ins and other patient care activities.
- “No Shows” is where patients that did not attend their scheduled clinic appointment.
  - DeLand - 7%
  - Deltona - 5%
- Overall Member Migration is 71%
- Survey results for Q2 show an overall rating of 4.9 stars.





## miCare Visit Type Frequency

### DeLand

WVHA miCare Clinic Total Visits for DeLand		Q2 - 2024	
Clinic Services	Number of visits	%	Notes
Total Provider visits	1,074	41%	Schedulable patient activities
Total Labs	549	21%	Schedulable patient activities
Total Nurse Visits	31	1%	Schedulable patient activities
Total medication pick-up	868		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	76		Don't have a visit type and are not scheduled appointments
<b>Total Visits</b>	<b>2,598</b>		

- There was a total of 1,654 clinic visits at the DeLand clinic in Q2 2024, with an additional 868 medication pick-ups and 76 med pick-ups from the PAP program.
- There were 92 new patients that established care at the DeLand clinic in this quarter.

### Deltona

WVHA miCare Clinic Total Visits for Deltona		Q2 - 2024	
Clinic Services	Number of visits	%	Notes
Total Provider visits	789	43%	Schedulable patient activities
Total Labs	322	17%	Schedulable patient activities
Total Nurse Visits	23	1%	Schedulable patient activities
Total medication pick-up	652		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	58		Don't have a visit type and are not scheduled appointments
<b>Total Visits</b>	<b>1,844</b>		

- There was a total of 1,134 clinic visits at the Deltona clinic in Q2 2024, with an additional 652 medication pick-ups along with 58 medication pick-ups from the PAP program.
- There were 47 new patients that established care at the Deltona clinic in this quarter.



## **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.

	Q2 – 2023-2024	
<b>PAP Summary 01/01/2024 – 03/31/2024</b>		<b><u>Average per month</u></b>
Application Approved	352	\$177,760
Application Pending Approval	9	\$5,495
Application Started but Not Submitted	6	\$3,234
<b>Totals</b>	<b>367</b>	<b>\$186,488</b>
	(Active Applications)	<b><u>Quarterly Savings for Q2 2024</u></b>

## **ER Diversion Results**

<b>Total ER visits Q2 2023-2024</b>	
Halifax	91
Advent	4
<b>Total ER visits</b>	
Appropriate ER Visits	70
PCP Appropriate	25
Established Patients (miCare)	88
Follow up scheduled at miCare	72
Follow up completed at miCare	53



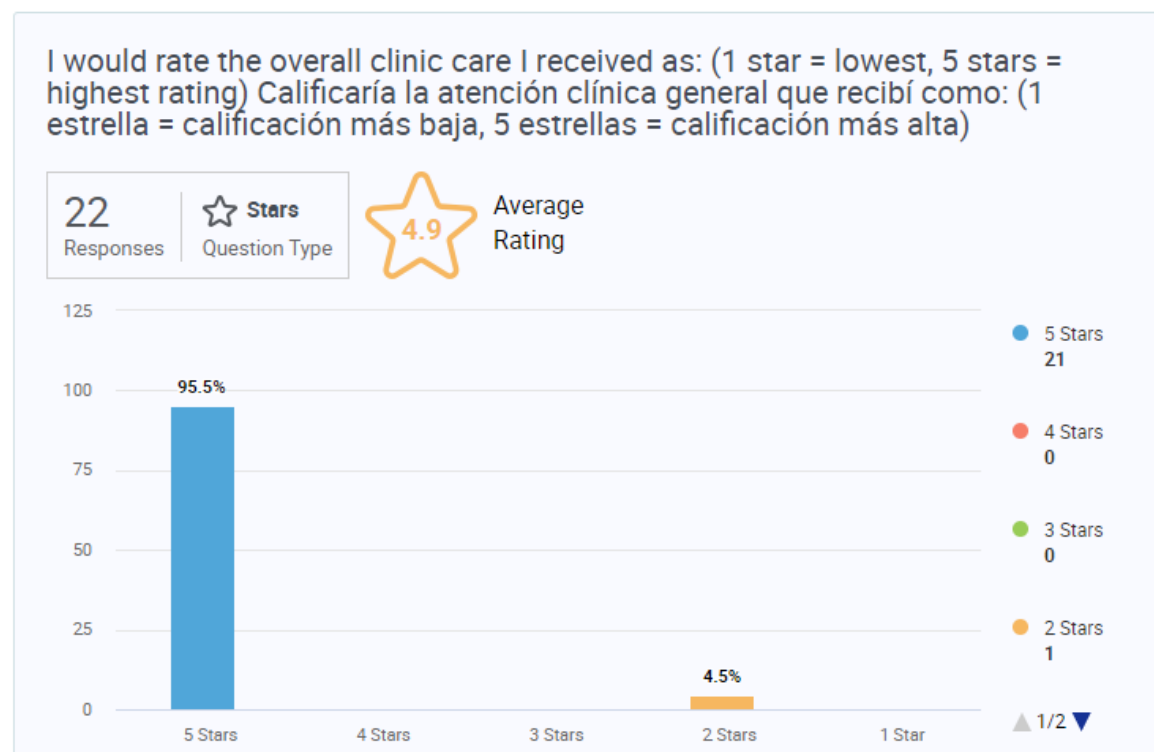
### Key Insights:

- Total patients between Halifax and Advent were 95 (91 Halifax and 4 Advent)
- Out of the 95 patients that went to the ER, 88 of them had established at miCare.
- Out of the patients that sought care in the ER, 70 were appropriate and 25 could have been seen outside of the ER.
- 72 patients scheduled follow up appointments at miCare of those, 53 completed their follow up in the clinic.

## Post Visit Survey Results

### Q2

January - March 202



## Survey Results- Comments

- Not long. It was good.
- Thank you I love the service there professional precise a little comical which is fun they're fantastic.
- A mere 10 minutes
- Fast



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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)



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April 1, 2024

West Volusia Hospital Authority

## Monthly Enrollment Report

In the month of March there were 300 appointments to assist with new applications and 66 appointments to assist with pended applications from August-September. For a total of 366 Interviews with clients.

270 applications were submitted for verification and enrollment. Of these, 270 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 April 2024 for approval.

Of the 270 that were processed, 237 were approved and 21 were denied. There were 12 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-232/Halifax-1/FL Hospital CCP-8/Advent Health-6/RAAO-16/Other-1/SMA-4/Clinic-2

### 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

# DAN NEWLIN

## INJURY ATTORNEYS

Orlando | Lake Mary | Melbourne | Tampa | Ocala | Gainesville | Clermont | Altamonte | Champions Gate

### Attorneys at Law

Dan Newlin  
Gregory Ackerman  
Christian Anderson  
George H. Anderson  
Jason Arnold  
John Arnold  
Dean Bartzokis  
Antonio Bayon  
Katherine A. Bloch  
Laura Blundy  
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Belen Casco  
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Ashlye Cox  
Brenda Czekanski  
Dianne Downie  
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David Evelev  
Marc Erlich  
Elizabeth Everson  
Tiffany Faddis  
Rachel Fenton  
Jessica Fernandez  
Mark Friesen  
Gina Garcia  
Michael Ghaly  
Jeffrey Gionet  
Amanda Glenz  
Thomas Glenz  
Todd Gretton  
Jason Grundorf  
Vernon Guirguis  
Michael Hale  
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Ali Kamalzadeh  
Maxwell Karrick  
Mychal Katz  
Connor Kelly  
Devry Kelley  
Rachel Kilbert  
Ethan Kim  
Lydia LaBar  
Tamara Laso  
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Michael Lentini  
Melissa Lewis  
Heidi J. Livingston  
Christopher Long  
David H. Novack  
Lanise Parker  
Daniel Madden  
David Mallen  
Natalia Mejia  
Lina Mondragon  
Natalie Morales  
Loucas Moraris  
Sheena Murray  
Deborah O'Brien  
Amanda O'Dell  
Justin Patrou  
Nicola Papy  
Brian Pink  
Suzanne Race  
Jonathan Ray  
Ryan Rhyce  
Brent Riggle  
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Kevin Russell  
Joseph Scarpa, Jr.  
Kelsey Schott  
Nadia Schowob  
Thomas B. Sherod  
Laura L. Shields  
Joshua Silberman  
Dustin Smith  
Nicole Smith  
Paige Staudenmaier  
Alexandra Steele-Duff  
Michelle Stein  
Emily Stottlemeyer  
Tyler Swift  
Matthew Swihart  
Tara Tamoney  
Cynthia M. Thomas  
Steven J. Tomesko  
Luis Torres  
John Tricoli  
Michael H. Truax  
Colleen Tuohy-Fleming  
Adam Vandever  
Monica Vandever  
Karen Wasson  
Lance Weber  
Aaron Wong  
Logan Young

**Board Certified**  
Cosmo Bloom  
Richard Dellinger  
Michael Donsky  
Scott Liotta

April 4, 2024

**VIA FACSIMILE (386) 738-5351**

23-026831  
Stacy Tebo  
West Volusia Hospital Authority  
PO Box 940  
Deland, FL 32721

**In Reference to:**

**Our Client:**

**Date of Loss:**

**Date of Birth:**

**Balance:**

December 3, 2023

\$3,647.46

To Whom It May Concern:

As you are aware, we represent the above-named client for injuries sustained in the above-referenced loss. It is our understanding that [REDACTED] received medical treatment under your care, and, as a result, may have an outstanding balance.

This case settled for \$10,000.00 current outstanding billing is as follows:

Orlando Health Medical Pavilion - All	\$25,577.00
miCare - Lien:	\$3,647.46
Emergency Medicine Professionals, P.A.	\$2,026.00
Next Medical Florida - Deland - Medical:	\$741.46

We anticipate a reduction in attorney fees to \$2,500.

Please allow this letter to serve as notice that a settlement is currently pending in this case. In an effort to amicably resolve this matter and ensure that our client retains enough funds to cover their loss, we ask that you please reduce their balance to \$1,000.

Please understand that acceptance of this request pertains only to our client and will not preclude you from pursuing owed funds from any insurance carriers. Please sign this letter and return to our office via fax at (407) 986-1419. We sincerely appreciate the quality care given to our client and your understanding in this matter.

Thank you in advance for your consideration.

Sincerely,

John Lawes  
Attorney at Law

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_



Stacy,

We would like to request that Gail Hallmon, on behalf of The House Next Door, be added to the next WVHA agenda. The rent at the Deltona WVHA health card office will be increasing as explained in the following paragraph.

We are currently paying \$1,179.36/month which is \$8.50 per sq ft, which is well below market value. The reason we have this rate is because the previous owner believed in the work The House Next Door provides and wanted to ensure we were in the community providing services. Unfortunately, Mr. Kent passed away and the family has since sold the property. The new owners have raised the rent to all tenants to \$22 per sq ft. The current property managers are going to give us FY 24 - 25 at a one year rate of \$15 per sq ft for a total of \$30,000. This increases our current budget in the rent category by \$3,961.92 for this current contract ending in September 2024. We are requesting to amend our current budget (fiscal year 2023-2024) by this amount.

For the budget we just submitted for review FY 24 - 25 the rent line item needs to be amended. The rent amount line item needs to be. Nine months at \$15 (2000 sq ft) for a total of \$22,500, three months at \$22 per sq ft for \$11,000 for the Deltona rent. Deland still @ \$3,414.45 \* 16% = 546.31 per month totaling \$6,55.75 and \$1,200 for medical storage. Our rent for FY 24 - 25 will be \$41,256.50.

The reason for the increases is the property managers are moving everyone to the commercial rate for the area. We are thankful for the one year at the \$15 rate. We would like you to amend our contract because we want to stay in close proximity to the ME Care Clinic. What better way to that than to be in the same complex.

Tavaughn Thomas  
Controller  
The House Next Door  
804 North Woodland Blvd  
DeLand, FL 32720  
386-734-6691 ext. 1115

**From:** Stacy Tebo <[stebo@westvolusiahospitalauthority.org](mailto:stebo@westvolusiahospitalauthority.org)>  
**Sent:** Thursday, April 4, 2024 10:44 AM  
**To:** Tavaughn Thomas <[tthomas@thehnd.com](mailto:tthomas@thehnd.com)>  
**Cc:** Gail Hallmon <[ghallmon@thehnd.com](mailto:ghallmon@thehnd.com)>; Jennifer Nadelkov <[jnadelkov@thehnd.com](mailto:jnadelkov@thehnd.com)>  
**Subject:** RE: Agenda request

Tavaughn,

This is confusing, and it needs to be rewritten. You said, "The current property managers are going to give us FY 24 - 25 at a one-year rate of \$15 per sq ft for a total of \$30,000. This increases our current budget in the rent category by \$3,961.92 for this current contract ending in September 2024." I don't understand why you're wanting to increase FY23-24 when you say the \$15 rate is for FY 24-25. In what month is the new \$15 rate taking effect?

I would also suggest that you provide your amended budget for FY 24-25.

Stacy

We are currently paying \$1,179.36, which we have budgeted for July - Sept is \$3538.08. As of July 1<sup>st</sup> we will have a new lease. For the three months we will be paying \$15 per sq ft (2,000) which is \$7,500 for the three months. The difference from what we already have budgeted for those three months is \$3,961.92. This is the amount we are asking to increase our current by.

I am attaching the amended budget for FY 24 - 25 with the increase of the new rental rates. The difference between the original that was already submitted and the one I am attaching is \$9,279.

Does this answer your questions?

Tavaughn Thomas  
Controller  
The House Next Door  
804 North Woodland Blvd  
DeLand, FL 32720  
386-734-6691 ext. 1115



## THND Revised Budget for Card Screening Services FY 2024-2025

<b><u>Proposed Program Budget</u></b>			
<b><u>Fiscal Year 24-25</u></b>			
Complete this section only for the program for which funds are being requested. The West Volusia Hospital Authority prior to finalization of the funding agreement may request a copy of the Agency Operating Budget.			
	<b>Amount</b>	<b>% of Program Revenue</b>	
<b>Revenue</b>			
Federal	\$ -	0%	
State	-	0%	
County	-	0%	
Other Local Funding		0%	
United Way	-	0%	
In-Kind Contributions	8,585	2%	
3rd Party Reimbursements	-	0%	
Fees	-	0%	
Medicaid	-	0%	
Other (List)	-	0%	
<b>Amount Requested from the WVHA</b>	<b>563,761</b>	<b>99%</b>	
<b>TOTAL REVENUE</b>	<b>\$ 572,347</b>	<b>100%</b>	
	<b>Total Expense</b>	<b>Amount Requested From WVHA</b>	<b>% of Funding</b>
<b>Program Operation Expenses</b>			
Salaries and Benefits	\$ 406,423	\$ 400,326	71%
Contracted services		-	0%
Administrative and other services	\$ 165,924	\$ 163,435	29%
Medical		-	0%
Pharmacy		-	0%
Other (list anything over 10% of Program Expense)		-	0%
<b>Total Expense *</b>	<b>\$ 572,347</b>	<b>\$ 563,761</b>	<b>100%</b>

## WVHA FY 24-25 BUDGET NARRATIVE

### **Personnel Expenses**

<b>Position Title</b>	<b>FTE's</b>	<b>Salaries</b>	<b>Fringe</b>	<b>Total</b>
Dir of Cx Services	20.28%	\$ 15,354	1,891	17,245
Health Card Supervisor	100.00%	\$ 43,805	13,309	57,113
Health Card Certifier	100.00%	\$ 36,774	11,351	48,125
Health Card Specialist	100.00%	\$ 31,366	3,024	34,391
Health Card Certifier	100.00%	\$ 36,234	12,389	48,622
Health Card Specialist	100.00%	\$ 31,366	3,965	35,332
Health Card Specialist	100.00%	\$ 33,530	4,228	37,758
Health Card Specialist	100.00%	\$ 33,530	3,222	36,752
Health Card Admin Assistant	100.00%	\$ 30,285	10,757	41,042
Health Card Admin Assistant	100.00%	\$ 30,285	11,666	41,951
IT	10.00%	\$ 6,448	1,643	8,092
	<b>9.30</b>	<b>\$328,977</b>	<b>\$77,445</b>	<b>\$406,423</b>

#### **Fringe benefits are calculated at the following rates:**

FICA @ 7.65%, Unemployment Tax @ .97%, and Workers Compensation @ 1.50%

Health and Life Insurance @ \$659.86/Month

Retirement matched at a maximum of 3% for participating employees

### **Operating Expenses**

<b>Rent:</b> Deltona Office - \$2,500 per Month (\$15 per sq ft 2000)for 9 months Oct through June. Then from July - Sept \$3,666.67 per month (\$22 per sq ft 2000) for 3 months, Deland FTE 2 or 16% of \$3414.45 per month; annual medical records storage estimated at \$1200.76	\$ 41,256
<b>Utilities:</b> Electric and Water at DeLand and Deltona locations	5,394
<b>Repairs &amp; Maintenance:</b> Expenses related to building at DeLand and Deltona locations	551
<b>Professional Fees:</b> Audit fees and Housekeeping	12,051
<b>Travel:</b> Mileage expense @ .50/mile, and travel, to and from service sites weekly	300
<b>Staff Training</b>	2,000
<b>Equipment</b> - Computers and office equipment	7,110
<b>Equipment Rental:</b> Copy/Scan/Fax machines rental expense at the DeLand and Deltona locations, plus maintenance agreement fees	5,355
<b>Subcontracted Expenses:</b> Technology and software support	0
<b>Insurance:</b> Professional/Property/General Liability	3,780
<b>Communications:</b> Local, Long Distance, Cell Phones, Internet at DeLand and Deltona locations	9,180
<b>Supplies:</b> Office, Housekeeping, Educational and Client Supplies	2,622
<b>In-Kind Rent:</b> Deltona and DeLand	8,524
<b>Other Operating Expenses:</b> Licenses/Permits/Dues, Recruitment, Background, Postage, Other Professional Fees	9,600
<b>Administrative &amp; Quality Assurance:</b> Based on Revenue Distribution	58,200
<b>Total Other Expense</b>	<b>165,924</b>
<b>Total Personnel and Other Expense</b>	<b>\$572,347</b>

**Cost per application** \$167.35

**Cost per application/WVHA** \$164.84

**Number of applications to be processed: 285/Month** 3,420



## West Volusia Hospital Authority

April 18, 2024

Christian Brown  
912 Tamerlane Street  
Deltona, FL 32725

Re: Letter of Appreciation

Dear Mr. Brown:

The WVHA Board of Commissioners would like to express its sincere appreciation for the years of services rendered by you as a member of the Citizens Advisory Committee (CAC).

Your dedication to the CAC and your input have been invaluable. We want to express our appreciation for all you have done on our behalf. Your efforts in volunteering with this committee impressed both the WVHA Board and your fellow CAC members. We thank you for finding time in your busy schedule outside of your chaplain duties and your work to educate people on “How Money Works” in our community.

We wish the best to you and your family in the coming years.

Sincerely,

Jennifer Coen  
WVHA Chair

APPLICATION FOR THE WVHA CITIZENS ADVISORY  
COMMITTEE

NAME: Wakia M. Muhammad

ADDRESS: 5006 Grand Teton Ct.  
Deland, FL 32724

HOW LONG HAVE YOU BEEN A WEST VOLUSIA COUNTY  
RESIDENT: 3 years

HOME PHONE:            CELL PHONE: (716) 291-3271

WORK PHONE: (386) 450-1114

EMAIL ADDRESS: wakiamuhammad@gmail.com

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

I have assisted a ministry in Buffalo, NY,  
as an administrator for over 5 years by the  
name of Apostolic Christian Churches.  
I have worked for several health insurance  
entities over the course of 23 years as  
a customer service representative, claims  
specialist, data management, network  
management and enrollment coordinator.  
I studied Medical Assistance at the  
University of Buffalo and completed my  
internship at Buffalo General Hospital.

# West Volusia Hospital Authority (WVHA)

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## *HealthCard Program*

### *Eligibility Guidelines and Procedures*

*Revised – June 15, 2023*

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## **WVHA Statement of Purpose**

### **Section 1.01 Purpose**

To document the establishment of an eligibility policy.

### **Section 1.02 Policy**

The West Volusia Hospital Authority (WVHA) Enabling Act recognizes that it is in the public interest to provide a source of funding for indigent and medically needy residents of the West Volusia Hospital Authority Taxing District and to maximize the health and well-being of residents by providing comprehensive planning, funding, and coordination of health care service delivery. Program elements may include, but not be limited to, preventive health services, ambulatory care, outpatient services, hospital services, trauma health services, and rehabilitative services, as feasible. All programs should be coordinated to maximize the delivery of quality health care.

The WVHA Board of Commissioners has established policies and procedures to qualify clients who are in need of medical services, who do not have the ability to pay, and are residents of the WVHA Taxing District.

WVHA Health Card availability is restricted until all other means of payment have been exhausted, including, but not limited to, bank accounts, certificates of deposit, stock ownership, bank loans, savings accounts, mutual funds, non-exempt property, insurance loans, family member loans and the like. If an individual or a family member receives benefits under WVHA Health Card to treat an injury or medical condition that was caused by a third party, then WVHA hereby claims a right to be subrogated to the rights of that beneficiary to recover damages from that third party (e.g., a defendant in a lawsuit or a defendant's insurer). WVHA must be reimbursed for the benefits it has paid if the WVHA Health Card member or his/her family recovers any damages or receives payments from that third party or an insurer on account of that injury or medical condition.

As this policy cannot cover all variables, it should be noted that on occasion a determination must be made upon the available facts coupled with the good judgment of the WVHA Enrollment Certifying Agent.



## Article II. WVHA Summary of Criteria

### Section 2.01 Purpose

To provide an overview of the WVHA criteria for eligibility.

### Section 2.02 Policy

Each applicant must meet the following criteria for consideration of enrollment:

1. Residency ([Article VIII](#)).

All applicants must reside within the WVHA District (refer to Section 11.03)

- a. Residency exists when the applicant has been residing for at least three (3) months within the District.
- b. Exception - Those qualified as “homeless” are subject to a one (1) month residency requirement.

2. Identification (Article VIII).

An applicant must provide the forms of identification that are required under this policy.

3. Income (Article IX).

The calculated family income must be equal to or below the West Volusia Hospital Authority Board approved percentage of the Federal Poverty Level Guidelines for that family unit size.

4. Medical Coverage.

All US Citizens must produce proof of Medicaid application or denial before consideration for WVHA programs. Denials for reasons of noncompliance will not be accepted.

Note: The ACA insurance exchange will also be a point of entry for Medicaid applications

5. WVHA Affordable Care Act (ACA) Requirements

The WVHA policy is that the WVHA Health Care Program funds health care for indigent residents only as a payer of last resort (thereby avoiding replacement of affordable private insurance or displacement of available federal programs). It is the policy of the WVHA Board of Commissioners that an application for insurance coverage, tax credits, and subsidies under the ACA insurance exchange ([www.healthcare.gov](http://www.healthcare.gov)) is a requirement before an applicant can qualify for a WVHA health card. All other provisions of the WVHA Eligibility Guidelines are in addition to the ACA requirements.

Denials of eligibility, tax credits or cost-sharing subsidies for reasons of noncompliance with established exchange procedures will not be accepted.

WVHA reserves the right to verify all information. Verification includes but is not limited to income, assets, credit, and employment. This may be accomplished at any time during the application process, enrollment or after benefits have been assigned. If any information is discovered to be false or altered in any way, WVHA may deny the application or dis-enroll the member and recover any charges previously adjusted under this program. Any member or applicant denied for falsification of information may be prohibited from ever applying again.

WVHA is the payer of last resort and assists patients with no medical benefits. Patients that have health coverage are excluded from the program. Certain programs, such as ‘Aids Drugs Assistance Program’ (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify an applicant from the WVHA Health Card program because such programs are not considered inclusive medical benefits.

## Section 2.03 Purpose

To summarize the eligibility process.

## Section 2.04 Policy

All applicants follow a three (3) step process to verify enrollment into WVHA programs. The steps include: Application, Evaluation and Determination, and Enrollment. The Evaluation, Determination, and Enrollment steps are performed exclusively by a WVHA Enrollment Certifying Agent.

### *Procedures*

The following is the procedure used for determining eligibility for the WVHA program:

1. Application: The application ([Section 12.04](#)) and assessment form ([Section 12.05](#)) must be fully completed by the applicant. The following documentation is required to complete the application.
  - a. Proof of residency in WVHA Taxing District ([Article VIII](#))
  - b. Identification ([Article IX](#))
  - c. Proof of Income ([Article X](#))
  - d. Proof of Assets ([Article XI](#))
  - e. Proof of Medicaid Application or Medicaid Application Denial Letter
  - f. Proof of Affordable Care Act ([www.healthcare.gov](http://www.healthcare.gov)) Application
  - g. **Applicants can only apply for WVHA Assistance during periods of Open Enrollment as defined by the Federal Government for coverage under the Affordable Care Act. WVHA adopts the Open Enrollment Period set forth by the Federal Government, including Special Enrollment Periods.**
    - i. Exceptions:
      1. New applicants: applicants that were not eligible during the prior six (6) months AND were NOT eligible during the last Open Enrollment Period may apply for WVHA assistance outside of the Open Enrollment Period set forth by the Federal Government.
        - a. Unless the new applicant is determined to have a non-citizen resident exemption, all new applicants must still apply for and obtain an ACA Determination Letter to be submitted with their application for WVHA Assistance.
          - i. If a Special Enrollment Period is indicated, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.
          - ii. If no Special Enrollment Period is indicated, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.
        2. Renewal applicants: applicants that were eligible on the date that their application was received by the Enrollment Certifying Agent.
          - a. Unless the renewal applicant is determined to have a non-citizen resident exemption, all renewal applicants must still apply for and obtain an ACA Determination Letter to be submitted with their application for WVHA Assistance.
            - i. If a Special Enrollment Period is indicated, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.
            - ii. If no Special Enrollment Period is indicated, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.
        3. Applicants Eligible for ACA Special Enrollment Periods
          - i. If a Special Enrollment Period is indicated on the ACA Determination Letter, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.

- ii. If a Special Enrollment Period is indicated, but the cost of a plan is more than 8%, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.

h. Available ACA Plans

- i. If the cost of a plan, net of premium tax credits, is less than 8% of gross income (excluding child support, gifts, Supplemental Security Income (SSI), Veteran's disability payments, Worker's compensation, proceeds from loans (like student, home equity or bank loans)), the WVHA application may be denied entirely, or approved for a shortened period of assistance.
  - 1. The WVHA Enrollment Certifying Agent will make the determination of whether or not a plan is available at a cost of less than 8% of the applicant's annual gross income by reviewing premium costs for the applicant (based upon age, gender, residence) indicated on the ACA Marketplace website in concert with the ACA Determination Letter information.
    - a. In this case, the WVHA Application will be denied
    - b. If, however, the applicant submits proof of coverage within the month they enroll for the ACA plan, and the applicant meets all other WVHA eligibility guidelines, the WVHA Enrollment Certifying Agent may approve a shortened period of eligibility, This is to allow for WVHA assistance during the short period prior to the patient's effective date with the ACA Plan.
      - i. Patients that apply for an ACA plan prior to the 15<sup>th</sup> of the month become effective for the ACA plan on the 1st day of the following month.
      - ii. Patients that apply for an ACA plan after the 15<sup>th</sup> of the month become effective on the first day of the second month following enrollment.
        - 1. WVHA assistance for the gap between the date the patient enrolled in an ACA plan and the ACA plan effective date shall not exceed a period of 45 days.

2. Evaluation and Determination:

- a. Upon receipt of the application and assessment form, the WVHA Enrollment Certifying Agent will evaluate the application and documentation for accuracy and appropriateness.
- b. Prior to submitting an application for WVHA, applicants must first submit an application for insurance on the ACA insurance exchange ([www.healthcare.gov](http://www.healthcare.gov))
  - i. Note: The ACA insurance exchange will also be a point of entry for Medicaid applications.
  - ii. Note: Non-citizen Residents of the WVHA Taxing District may submit an attestation from the Farm Workers Association (FWA) in lieu of an ACA Application. The date of the FWA attestation shall not be dated any earlier than 30 days prior to the receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
  - iii. Note: Deferred Action for Childhood Arrivals (DACA) residents may submit proof of their Employment Authorization Card in lieu of an ACA determination letter.
  - iv. Note: Homeless residents of the WVHA Taxing District may submit a Homeless Verification Form (See Appendix G, Section 12.11) in lieu of an ACA Application. The date of the Homeless Verification Form shall not be dated any earlier than 30 days prior to receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
- c. WVHA Applicants must submit an ACA determination letter along with their WVHA application as proof of their ACA application. The date of the ACA Determination Letter shall not be dated any earlier than 30 days prior to the receipt of the WVHA Application to the WVHA Enrollment Certifying Agent; provided however, the ACA may be dated up to and including a date 6 months prior to the receipt of the WVHA Application by the WVHA Enrollment Certifying Agent if the ACA Determination Letter is accompanied by a ACA Pre-Qualifying Form (See Appendix K, 0) which is completed by a Person Assisting who is approved by WVHA.

- i. Note: Non-citizen Residents of the WVHA Taxing District may submit an attestation from the Farm Workers Association in lieu of an ACA Determination Letter. The date of the attestation from FWA must be within 30 days of the application.
- ii. Note: Homeless residents of the WVHA Taxing District may submit a Homeless Verification Form (See Appendix G, Section 12.11) in lieu of an ACA Determination Letter. The date of the Homeless Verification Form shall not be dated any earlier than 30 days prior to receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
- iii. If the WVHA Applicant's Household income is less than 100% of the Federal Poverty Guidelines, and the ACA Determination Letter requests additional information in order to process the ACA insurance application, the WVHA applicant must provide the information in order for their WVHA application to be considered complete.
  - 1. If the only item that the ACA Determination Letter requests additional information to complete the application is to confirm tax filing status, the ACA Determination Letter shall be considered complete.
- iv. If the WVHA Applicant's Household income is greater than or equal to 100% of the Federal Poverty Guidelines, and the ACA Determination Letter requests additional information in order to process the ACA insurance application, the WVHA applicant must provide the information in order for their WVHA application to be considered complete.
  - 1. The WVHA applicant **CANNOT** be approved for WVHA assistance unless the ACA Determination Letter is complete (does not require additional information to determine eligibility for coverage or eligibility for premium tax credits or out of pocket costs credits/subsidies).
- v. The WVHA Enrollment Certifying Agent has discretion to approve an applicant if the ACA Determination Letter states that the applicant is ineligible or likely ineligible in whatever wording is being utilized to indicate an interim determination of Medicaid ineligibility: e.g., "likely not eligible due to the state the applicant resides in". The WVHA Enrollment Certifying Agent also has discretion to approve an applicant if the ACA Determination Letter is plainly in error based on a generally known computer glitch or other similar problem that prevents the issuance of accurate ACA Determination Letters, but the Agent may exercise this discretion only after verifying that this computer glitch or other problem has been reported in writing to CMS and/or HHS officials who have responsibility to work on a solution. This includes the attestation process where the WVHA Enrollment Certifying Agent has assisted the applicant with uploading documentation after verifying that the application would not meet the ACA subsidy or tax credit requirement based on income.
- d. The information provided in the application and accompanying documentation is the basis for one of three determinations. The application determination must be made on a timely basis.
  - a. Denied- The case is denied and a "Notice of Determination" is sent to the applicant and documented. Applicant does not proceed to enrollment.
  - b. Pending – The case may be returned for corrections or the submission of additional information. Cases can only be pended for a total of 30 calendar days. While an application is pending submission of additional information, the WVHA Enrollment Certifying Agent has discretion to accept in lieu of requested documents the written clarifications on basic questions about an applicant (e.g., marital status, relationship to applicant) submitted by a supervisory level staff member at a WVHA funded agency; provided however, the applicant must be mailed a copy of any such clarification with notice that it will be considered as a part of the application unless objected. If the required information or some such clarification is not received, the case will be denied on the 31st calendar day.
  - c. Approved – The case is approved. "Notice of Determination" is sent to the applicant. Applicant proceeds to enrollment.
- 3. Enrollment: The enrollment process includes:
  - a. Explanation of the benefits covered under the assigned plan and how to receive care.
  - b. Explaining the policy and providing a copy of the WVHA guidelines.
  - c. The issuance and explanation of the WVHA Health Card.

## Article III. WVHA Application Time Standards

### Section 3.01 Purpose

To define the allowable time standards for submission of applications and supporting documentation for the purpose of eligibility determination.

### Section 3.02 Policy

Time Standards – Applications:

1. Date of Application: The application date is determined in one of the followings ways:
  - a. The date the application is received by WVHA Enrollment Certifying Agent becomes the enrollment date should the applicant be found to be eligible.
  - b. The date of emergency room treatment or date of discharge if patient was subsequently admitted to an approved WVHA area hospital. These applicants must be instructed to make arrangements for initial screening and application at designated WVHA Enrollment Certifying Agent within fifteen (15) business days.
2. Time Standards – Submission for eligibility determination:
  - a. WVHA Enrollment Certifying Agent will respond to applications and make a determination in a timely manner.
3. Reapplication – (after denial)
  - a. Effective February 16, 2016, an applicant may reapply 21 days from date of denial should there be a material change in application circumstances. After submitting three (3) applications and receiving three (3) denials, the applicant may reapply ONLY after presenting a money order in the amount of \$21.00 and payable to the WVHA.
4. Renewal
  - a. A WVHA Enrollee can apply for renewal no earlier than 30 days prior to expiration date of existing card. If a cardholder applies at renewal, and a lapse occurs within 30 days from coverage term date, dates will be adjusted to avoid a lapse in coverage. Each reapplication is treated as a new application and all forms and updated documents need to be submitted accordingly.
5. Eligibility Term
  - a. WVHA Health Cards are issued for a period of six (6) months. WVHA reserves the right to issue short term eligibility periods for special circumstances to be determined by WVHA Enrollment Certifying Agent.

## Article IV. WVHA Family Size

### Section 4.01 Purpose

To identify the person or persons to be considered as part or all of a family unit.

### Section 4.02 Policy

WVHA Enrollment Certifying Agent shall consider family size as part of the eligibility process. Inmates under the control of a law enforcement authority or under prison control are excluded from consideration.

### Section 4.03 Definitions

To determine if the family unit's gross income is within the WVHA income standards, it must first be determined who is in the applicant's family unit.

A family unit is defined as one or more persons residing together in the same household, whose needs, income, and assets are included in the household budget (excluding: roomers, boarders, lodgers, wards, employees, foster children, or adult dependents who are not Full Time Students). Members include the applicant, legal spouse, dependent children, stepchildren, adopted children, unrelated minor children for whom the individual has legal guardianship or custody, legal guardian, or natural parents of minor children, or minor siblings.

**Other relatives under the age of 18 and living in the household** must be dependent on the Head of the Family for financial support and claimed as a dependent for income tax purposes and does not have an independent income, to be considered part of the family unit.

**Full Time Students**-Persons 18 years of age or older who are full-time students (this must be proven and documented by IRS tax documentation in which the student is claimed as a dependent) are considered part of the family unit size until 24 years of age, after which they are considered as a separate family unit. Documentation must be provided and placed in the eligibility file.

**Persons Not Considered Part of the Family Unit**- Parent, grandparent, son, daughter, brother, or sister 18 years of age or older who resides in the family residence is not considered part of the family unit size, but a separate family except as described above. (Full Time Students)

**Emancipated persons** are not considered part of the family unit size, but rather as a separate family.

If a residence is shared by one or more family units, the Federal Poverty Level Guideline levels are applied to each family unit and not to the residence as a whole.

Eligibility is based on the entire family unit.

**Qualifying Levels** - The family size along with the gross income is compared to approved qualifying levels for the purpose of determining eligibility.

## **Article V. WVHA Qualifying Levels**

### **Section 5.01 Purpose**

To identify the application of qualifying levels based on family size and income.

### **Section 5.02 Policy**

WVHA utilizes the Federal Poverty Level Guidelines, published annually in the Federal Register and approved for use on April 1 of each year. The guidelines are used to determine qualifying levels for eligibility. The WVHA Board establishes the qualifying percentages which cannot be modified without WVHA Board approval.

### **Section 5.03 Guideline**

150% of the approved Federal Poverty Level Guidelines for children and adults - Link below: (See [Appendix A – Current Federal Poverty Guidelines](#)).

## Article VI. WVHA Termination

### Section 6.01 Purpose

To establish criteria for the termination of member eligibility for WVHA Health Card programs.

### Section 6.02 Policy

Termination of individuals from assigned programs may occur if evidence of the following is discovered:

1. Providing false information by evidence of submission or omission.
2. Failure to keep appointments
3. Abusive or disruptive behavior
4. Inappropriate or excessive use of Emergency Room Services
5. Inappropriate or excessive use of other provided services, including altered RX Prescriptions
6. Illegal possession of firearms or weapons
7. Physical or verbal threats
8. Enrollment in a Health Insurance Plan
9. Eligible for Medicaid
10. Eligible to enroll in ACA Marketplace private insurance, net of premium tax credits, for cost that is less than 8% of gross income.
11. Repeated failure to cooperate with the recommendations of WVHA miCare team and/or other agencies to ensure that Members receive the right care at the right time and at best pricing for WVHA Taxpayers.

If terminated for reasons 1,4,5,6, or 7, individuals may be determined temporarily ineligible by any agency contracted by WVHA to provide enrollment, access to healthcare, or healthcare services to indigent residents. Such temporary ineligibility shall continue until the next WVHA Board meeting where the Board shall determine how long the ineligibility will continue based on all information presented by the individual and contracted agency.

Termination of entire family unit from assigned programs may occur if evidence of the following is discovered:

1. Providing false information by evidence of submission or omission; changing, tampering or altering information printed on a Health Card in any way
2. Income exceeds guidelines
3. Assets exceed guidelines

If terminated for reason 1, entire family unit is ineligible for future consideration.



## Article VII. WVHA Residency

### Section 7.01 Purpose

This section defines residency as it relates to the WVHA Health Card eligibility process and identifies acceptable documentation to prove residency in the WVHA Taxing District ([Appendix C - WVHA Taxing District \(Zip Codes Included in District\)](#)).

### Section 7.02 Policy

The applicant must reside in WVHA Taxing District. Except for those qualified as “homeless”, residency exists when the applicant has lived within the WVHA Taxing District and has been a permanent resident for a minimum of three (3) months.

- Homeless residency is established when a homeless applicant registers at an approved social service agency and has been seen by that agency for at least one (1) month.
- Residency does not exist when the stay is for a temporary purpose or there is intent to return to another location outside of the WVHA Taxing District.
- Admission to an institution located within WVHA Taxing District does not constitute fulfillment of the residency requirement.
- A student attending school away from home is considered a resident of the county in which his parents reside if he is claimed as a dependent for federal income tax purposes.
- A visit to West Volusia County for any purpose does not qualify as residency.
- A temporary living arrangement in WVHA Taxing District prior to admission/treatment in a medical facility does not qualify as residency.
- Documentation supplied by the applicant to prove residency may not be used to verify the applicant’s identity.
- For applications containing multiple applicants from the same household, documents for the head of household shall apply to all applicants in the same application for the purposes of establishing residency.
- For addresses not verifiable through the Volusia County Property Appraiser or Volusia County Tax Collector website, supporting documentation can be provided from the Property Appraiser or County Tax office confirming the street residence listed on the application is within the Volusia County taxing district. This is an option for the applicant to allow processing of the application to continue without being pended or denied.

### Section 7.03 Procedures

All residency documentation must be copied and placed in the applicant’s permanent case file. WVHA may request to see original documentation.

Residency for WVHA programs is satisfied when an applicant provides proof of WVHA Taxing District residency by presenting any two (2) of the following documents (The documents may be from different street addresses, as long as the street addresses are within the WVHA Tax District).

APPLICANT IS HOMELESS (only one (1) document required):

- WVHA Homeless Verification Form ([Section 12.06](#)) from an approved social service agency. (must have a valid mailing address)

APPLICANT LIVES WITH OTHERS **OR** RENTS/OWNS (Two (2) Documents required):

- WVHA Verification of Support ([Section 12.07](#))
- Vehicle Registration
- Children registered in West Volusia Schools
- Mail received by applicant in West Volusia County for three (3) month period. (i.e., government correspondence, USPO change of address, court documents, other bills) If mail sent to a P.O. Box, the applicant’s physical address must be noted in document. If online bills are provided, they must include Date (Billing Period), Name, & Address.

- Property tax bill
- Mortgage payment
- Lease Agreement/Contract
- WVHA Verification of Rent ([Section 12.08](#))
- Utility bills

#### APPLICANT IS ENROLLED IN A FACILITY OR AGENCY PROGRAM:

- Letter from agency or group home where applicant is enrolled.
- Proof of West Volusia residency as outlined above for immediate past three (3) month period,
- If applicant was homeless prior to enrollment, then proof of residency for one (1) month as outlined above.

### Section 7.04 Definitions

- Property Tax Bill - For current or prior year depending on the date of application (most recent bill issued). WVHA Enrollment Certifying Agent will confirm data from Volusia County website.
- Lease Agreement/Contract - The lease must be for the current year. The documentation must include landlord's name, address, telephone number, and lease start and end date.
- Rent Receipts – The rent receipts must be for the immediate past three (3) months. If the required receipts are not available, a WVHA Verification of Rent form may be completed and signed by the renter/lessor ([Section 12.08](#)).
- Utility Bills - Electric, water, telephone, gas or other city or county utilities or other contracted service (i.e., pest control, cable service...) that would indicate the address the service is provided, for the past immediate three (3) months. These are only accepted as proof of residency for applicants that own or rent and must be in the same name as the applicant.
- Enrollment in a Facility or Agency Program - Letter from agency or group home where applicant is enrolled. This form of documentation must be accompanied by an approved proof of residence for the past immediate three (3) months in the WVHA Taxing District prior to enrollment in the facility program. (Homeless – one (1) month –([Section 12.06](#)))
- WVHA Verification of Support- if the applicant is living with another party ([Section 12.07](#)).
- WVHA Homeless Verification Form from a WVHA approved social service agency ([Section 12.06](#))
- Vehicle Registration in the name of applicant/spouse. Must be current and include address in the WVHA Taxing District.
- Proof of children registered in area schools.
  - Applicants that provide a WVHA Verification of Support, may be subject to verification through skip tracing, credit report and property search tools. The relationship between the applicant(s) and the person providing support to the applicant must be indicated.
  - All proof of residency documents must show street address within the WVHA Tax District.
  - Post office boxes may be used for mailing purposes only. Applicants mailing address must include their residence physical address. Applicants with post office boxes are still required to meet all residency requirements. The USPO will deliver mail to a post office box shown on the line directly above City and State line and physical address shown below name.

Example:      Name of applicant  
                  Street Address  
                  Post Office Box  
                  City, State and Zip

Note: Any WVHA member mail or correspondence returned to WVHA Enrollment Certifying Agent as undeliverable or with an invalid address will be subject to suspension of coverage until a new application can be processed or address is verified by applicant.

## **Article VIII.      WVHA**

### **Identification**

#### **Section 8.01      Purpose**

To define identification as it relates to WVHA eligibility.

#### **Section 8.02      Policy**

Every applicant must provide copies of two (2) acceptable documents (one must be a photo I.D.) to prove his/her identity. Children who are Members of the Household of an adult applicant, but are too young to have a middle or high school photo I.D. may satisfy this requirement with their birth certificate along with verification of the photo I.D. of both parents. Identification must be current.

#### **Section 8.03      Procedures**

The following define acceptable documentation for proving identification.

- a. Birth Certificate
- b. Florida Picture Identification Card (Such as Florida Driver's License with West Volusia address)
- c. Social Security Card
- d. The Farmworker Association of Florida, Inc. (Photo Identification with correct address)
- e. Passport
- f. Certificate or official document that includes name, address, and social security number (such as a tax form or social security document).
- g. Alien Registration receipt card, (Green card, Form I-151 or I-551)
- h. Any government issued photo identification

## **Article IX. WVHA Income**

### **Section 9.01 Purpose**

To identify the sources, calculation, and verification of income and how it relates to the WVHA Health Card eligibility process.

### **Section 9.02 Policy**

The WVHA Board will set the income levels allowable for inclusion into the WVHA programs.

All income must be verified by the source of the income.

Income will be calculated using a Quarterly (thirteen weeks) or Annual (fifty-two weeks) method.

### **Section 9.03 Definitions**

Gross Income-The amount of income received as of the date of the application for the prior twelve (12) month time period under consideration. For family size of two or more, income for all household members must be included.

### **Section 9.04 Procedures**

The following are considered as sources of income or value for the purposes of determining eligibility:

1. Wages, salaries and gratuities, Pay Stubs for previous 8 weeks
2. Social Security Benefits for any household member
3. Supplemental Social Security Income (SSI) or Disability Benefits
4. Temporary Assistance for Needy Families (TANF)
5. Retirement or Pension Benefits, Stocks, Bonds and Annuities (e.g., 401K, 403B, IRA, SEP)
6. Royalties and Rents/Income from Rental Property
7. Unemployment/Worker's Compensation Statement
8. Veterans or Military Benefits/Allotments
9. Strike Benefits
10. Insurance and Annuity Income
11. Dividends and Interest Earnings (stocks, bonds, etc.)
12. Estate and Trust Fund Income
13. Private Loans of a Recurring Nature
14. Training Stipends
15. Alimony/Child Support
16. Inheritance
17. Compensation for an Injury/Settlements
18. Gifts-(include donations from churches, other organizations and family members.)
19. Insurance Payments
20. Self-employment Income. Defined as the amount of "net profit (loss)" as reported on tax return Form 1040 Schedule C, line 31. The WVHA Enrollment Certifying Agent may request supporting documentation for deductions not in line with industry standards. Deductions for personal expenses and wages will be adjusted accordingly. (Include last Quarter Financial Statements, bank settlements and most recent Tax Return)
21. All sources of value including free rent and barter goods will be used to determine the applicant's income
22. Housing Assistance Statement (Section Eight)
23. Food Stamps/Social Pensions
24. DCF Verification of Employment/Loss of Income Form

25. WVHA Verification of Support Form ([Section 12.07](#)) (unemployed applicants)
26. Most Recent Tax Return, 1040
27. Other income from any other source

#### **(a) Verification of Income**

1. Income verification is accomplished by submitting copies of the
  - a. Most recent individual income tax return, Form 1040 and W-2's for all wage earners in household
  - b. Recent paystubs- Eight (8) weeks prior or Florida DCF Verification of Employment/Loss of Income Form from current employer and/or Year to Date for all jobs.
    1. If applicant has recently lost their job, the Loss of Income Section of the DCF Verification of Employment/Loss of Income Form must be completed.
  - c. Bank Statements (previous three (3) months) include all pages
  - d. Medicaid Denial Letter or proof of Medicaid application and date of application. (Clinics, specialists, pharmacy and hospitals should check for Medicaid eligibility each time a patient presents for services, even if the patient has a current WVHA Health Card). Applicants unable to provide documentation of citizenship will be exempt from applying for Medicaid.
  - e. Unemployment/Worker's Compensation Statement. Applicants unable to provide documentation of citizenship will be exempt from applying for unemployment benefits.
  - f. Child Support/Alimony
  - g. Social Security Benefits for any family member
  - h. Pensions/Retirements/Interest
  - i. Veterans Benefits
  - j. Any settlements, court ordered or otherwise. Evidence of amount and duration of all settlements are required.
  - k. Other appropriate supporting documents.
  - l. Self-Employment
    1. Bank Statements for all business accounts for the last 3 (three) months; all pages must be included
    2. Previous Year's Business Tax Return-complete w/attachments/schedules
    3. Most recent self-employment quarterly financial statement

#### **(b) Calculation of Income**

2. The calculation of income is calculated by the annual method. This method calculates the previous twelve (12) months of gross earnings received to establish a monthly average income (MAI). This MAI is compared to the WVHA Board approved level as it relates to the Federal Poverty Level Guidelines, to determine qualification for the WVHA programs.
3. The following methods shall be used to compute MAI:
  - a. Hourly rate known x 2080 hours (year) divided by 12 = monthly income
  - b. Weekly rate known x 52 weeks (year) divided by 12 = monthly income
  - c. Bi-weekly rate known x 26 weeks (year) divided by 12 = monthly income
  - d. Yearly rate known divided by 12 = monthly income
  - e. If the applicant has worked or will work part of the year, the monthly income amount will be determined predicated upon the number of months worked. For example, if the applicant

works 9 months, then the total amount of earnings during the 9 months will be divided by 12 to arrive at a monthly income amount.

If an applicant is claiming \$0 income and **lives alone**, the applicant must provide a notarized WVHA Verification of Support Form which includes statement of monthly household expenses that are paid on his/her behalf. This amount is considered applicant's monthly income. The relationship between the applicant(s) and the person providing support to the applicant must be indicated.

If an applicant is claiming \$0 income and **resides with others** the applicant must provide a notarized Verification of Support Form which includes statement of monthly household expenses and the number of people in the household. (Divide the total expenses by the number of people in household to calculate the applicant's monthly income amount) The relationship between the applicant(s) and the person providing support to the applicant must be indicated.

## Article X. WVHA Assets

### Section 10.01 Purpose

To identify sources, calculation and verification of assets and how it relates to the WVHA Health Card eligibility process

### Section 10.02 Policy

The WVHA Board will set the asset levels allowable for inclusion into the WVHA programs.

### Section 10.03 Procedures

The following are considered assets that are **excluded** from asset calculations.

#### 1. Assets Excluded

- a. One homestead-A homestead is defined as a house, trailer, boat or motor vehicle in which the family unit resides.
- b. Household furnishings
- c. One automobile in operating condition
- d. Clothing
- e. Tools used in employment
- f. Cemetery plots, crypts, vaults, mausoleums and urns
- g. Produce and animals raised for the applicant's personal home consumption
- h. Long term fixed retirement accounts (e.g., 401K, 403B, IRA, SEP). Income from these accounts will still be included when calculating household income.
- i. Assets that are jointly owned by an applicant who is deemed a victim of domestic violence can be excluded when that asset is jointly owned with the accused and the applicant is no longer residing in the homestead.
  - i. Official court documentation, such as a restraining order, must be supplied as proof that the applicant is a victim of domestic violence.
  - ii. The WVHA Health Card program will require a certified statement from a court official, or a notarized statement from the applicant attesting that the applicant is unable to liquidate the subject asset because of a domestic violence situation.

In order to be considered, an asset must first be "available" to the applicant or family unit. An asset is available if the applicant or member of the family unit has the right, authority or power to liquidate the property or his share of the property. The following assets, if "available," must be considered toward the asset limit:

#### 2. Assets to be considered

- a. Checking and saving accounts- the value of a checking or savings account excludes amounts deposited in the four (4) weeks prior to application because such funds are counted as income.
- b. Equity value of real property other than homestead. The value is verified by the county appraiser of the county in which the property is located. The equity value is determined by subtracting the amount of any encumbrances from the value of the asset. The encumbrances subtracted from the property value (for the purpose of the asset calculation under this program) must be tied to the property through formalized legal obligation. Generally, this is a recorded lien or mortgage where the financial institution retains the title to a property until the borrower repays the amount, in turn prohibiting the owner from exercising full control over their property (i.e., receiving payment from a buyer when selling or transferring the title). An unrecorded loan provided to the property owner [for example a loan from a friend or family member] is not considered an encumbrance for asset amount determination.
- c. Cash surrender value of life insurance, if the combined face value of all policies owned by the family unit exceeds \$1,500.

- d. Additional automobiles or motor vehicles- applicant should provide either the N.A.D.A. Book value or the vehicle registration and mileage. Otherwise, the WVHA Enrollment Certifying Agent will assign value at the average N.A.D.A. value of the vehicle.
  - e. Recreational vehicles-With value determined by a statement from a commercial seller of such vehicles and verified by photocopies of registration.
  - f. Trusts. With value based on the principal of the trust and verified by a statement from the Trustee.
  - g. Stocks, bonds and other investment assets. With value verified by the value listed in stock value of newspaper or statement from other reliable sources.
- 
- To determine whether Assets are within the Limits for the WVHA Health Card Program, refer to the chart located in [Section 11.02](#).
  - If family unit's available assets are less than or equal to the amount shown on the chart for a household of the same size, then the applicant has met the asset criterion for the WVHA Health Card Program.
  - If family unit's available assets are greater than the amount shown on the chart for a household of the same size, then the applicant is not eligible to participate in the WVHA Health Card Program.



## Article XI. Appendices

### Section 11.01      Appendix A – Current Federal Poverty Guidelines

#### **2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

<b>Persons in family/household</b>	<b>Poverty guideline</b>	<b>150%</b>
1	\$15,060	\$22,590
2	\$20,440	\$30,660
3	\$25,820	\$38,730
4	\$31,200	\$46,800
5	\$36,580	\$54,870
6	\$41,960	\$62,940
7	\$47,340	\$71,010
8	\$52,720	\$79,080
For families/households with more than 8 persons, add \$5,380 for each additional person.		

The federal poverty guidelines are updated every January, and WVHA utilizes the most current numbers available at the following website. WVHA uses the column labeled 150%.

<https://aspe.hhs.gov/poverty-guidelines>

WVHA Health Card Program

ASSET LIMITS

If family unit’s available assets are <= the amount shown on the chart for a household of the same size, then the patient has met the asset criterion for the WVHA Health Card Program.

If family unit’s available assets are > the amount shown on the chart for a household of the same size, then the applicant is not eligible to participate in the WVHA Health Card Program.

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

Each Additional Person \$500

**West Volusia Hospital Authority Taxing District**

## Zip Codes

32102	Astor * (Only Volusia County Side)
If address has 5 numbers- Lake County	
32105	Barberville
32130	DeLeon Springs
32180	Pierson
32190	Seville
32706	Cassadaga
32713	DeBary
32720	DeLand * (Only Volusia County Side)
If address has 5 numbers – Lake County Side	
32721	DeLand (P.O. Boxes)
32722	Glenwood
32723	DeLand
32724	DeLand
32725	Deltona
32728	Deltona
32738	Deltona
32739	Deltona
32744	Lake Helen
32754	Mims * (Only Volusia County)
32763	Orange City
32764	Osteen
32774	Orange City

\* These zip codes overlap other counties. Look up record on ***Volusia County Property Appraiser*** or ***Volusia County Tax Collector*** websites to confirm they are located within the county.



# WVHA HEALTH CARD APPLICATION

Application Date:

**Section 1: Applicant Information.** All members of Household may apply through same application. Please indicate all applicants in Section 2 'Members of the Household'.

Last		First	Middle	Maiden or Other Name	
Physical Address (where you reside)					
City			County	State	Zip
Mailing Address					
City				State	Zip
How long have you lived at residence?	Temp/Perm	Rent/Own/Other	Daytime Telephone	Evening Telephone	
Date of Birth	Sex (circle one) Male      Female		Social Security Number		
Previous address if less than 3 months					
City				State	Zip

**Section 2: Members of the Household.** List legal spouse, dependent children, stepchildren, adopted children, unrelated minor with proof of custody, children over 18 up to 24 years old that are full time students and claimed on parent's income taxes as dependents.

Name	Applying for Health Card	DOB	Relationship	SS#
1.	Yes No (circle one)			
2.	Yes No (circle one)			
3.	Yes No (circle one)			
4.	Yes No (circle one)			
5.	Yes No (circle one)			
6.	Yes No (circle one)			
7.	Yes No (circle one)			
8.	Yes No (circle one)			

**Section 3: Authorization to Release Medical and Individually-Identifiable Protected Health Information (PHI).**

*All Applicants over 18 must sign below or application will be pended.*

I on my behalf and on behalf of any applying family member under the age of 18, do hereby authorize West Volusia Hospital Authority (WVHA), WVHA miCare Clinics and any of their successors and/or assigns and any of their independent sub-contractors and participating providers, to release and exchange any and all data, records and information related to medical records and individually identifiable protected health information (PHI) in their respective capacities as covered entities under HIPAA, and as allowable under federal and state laws, including but not limited to the data, records and information as necessary to provide care and/or administer the WVHA Indigent Health Card Program.

I hereby waive, relinquish and release the organizations referenced above, who have been granted the authority to release information to each other and otherwise, from any and all claims arising out of my authorization to release this information in accordance with the terms of this document.

A photocopy of this Authorization is considered as valid as the original. You are entitled to make and return a photocopy of this authorization. The authorization referenced above in regards to medical records shall remain in effect indefinitely unless properly terminated by written notice.

I understand that if I or any of my family members receive benefits under WVHA HealthCard to treat an injury or medical condition that was caused by a third party, then WVHA claims a right to be subrogated to the rights of that beneficiary to recover damages from that third party (to be subrogated will mean that WVHA must be reimbursed for the benefits it has paid if the WVHA HealthCard member or his/her family recovers any damages or receives payments from that third party or an insurer on account of that injury or medical condition).

I certify that the information given by me for the purpose of qualifying for the WVHA HealthCard Program is true and correct. I understand that is my responsibility to report to the WVHA Enrollment Certifying Agent (The House Next Door) with fifteen (15) days any change in my residence and/or mailing address and if my household income goes higher than the 150% gross income limit for my household size. I understand and hereby authorize WVHA and its agents to conduct such investigation, including, but not limited to obtaining my credit report, as necessary to verify the accuracy of the information provided. I understand that any misrepresentation by evidence of submission or omission may result in my termination from the WVHA HealthCard Program.

\_\_\_\_\_  
Signature of Applicant or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant or Legal Representative

\_\_\_\_\_  
Date

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Signature of Applicant or Legal Representative

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Signature of Applicant or Legal Representative

\_\_\_\_\_  
Date



# WVHA HEALTH CARD ASSESSMENT FORM

Screened by \_\_\_\_\_  
(THND Representative): \_\_\_\_\_

**Instructions:** Please complete this form in its entirety. This form must be completed by all applicants over 18, including legal spouses who are not applying. *Failure to provide separate WVHA Health Card Assessment Forms will result in a Pended application.*

## Section 1: General Information.

Date	Applicant Name	Date of Birth	Clinic
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How did you hear about the WVHA Health Card Program? Check one box:

<input type="checkbox"/> WVHA Webpage	<input type="checkbox"/> Printed advertisement or flyer	<input type="checkbox"/> Public meeting	<input type="checkbox"/> Florida Hospital	<input type="checkbox"/> The House Next Door
<input type="checkbox"/> Rising Against All Odds	<input type="checkbox"/> The Neighborhood Center	<input type="checkbox"/> Healthy Start	<input type="checkbox"/> Hispanic Health	<input type="checkbox"/> Other

## Section 2: Insurance Information.

<b>2.1</b> Do you have any Medical Insurance?	<input type="checkbox"/> Yes <i>If Yes, please indicate Carrier and ID #: _____</i>	<input type="checkbox"/> No
<b>2.2</b> Are you eligible for COBRA Benefits from a current/prior employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.3</b> Do you have Medicare A or B?	<input type="checkbox"/> Yes <i>If Yes, please indicate which coverage you are enrolled in &amp; effective date _____</i>	<input type="checkbox"/> No
<b>2.4</b> Do receive healthcare assistance or aid other than WVHA?	<input type="checkbox"/> Yes <i>If Yes, please indicate the assistance and/or aid you receive &amp; effective date _____</i>	<input type="checkbox"/> No
<b>2.5</b> If you are seeking services for an injury, is your injury due to a work related or auto accident?	<input type="checkbox"/> Yes <i>If Yes, please describe _____</i>	<input type="checkbox"/> No
<b>2.6</b> Proof of Medicaid application or denial is required. Please ensure to include this with your submission		

## Section 3: Family Size.

<b>3.1</b> Marital Status (Circle One):	Married	Separated	Divorced	Single	Widow
<b>3.2</b> Do you have any dependent children living in the household?	<input type="checkbox"/> Yes <i>If Yes, how many? _____</i>	<input type="checkbox"/> No			

## Section 4: Identification.

<b>4.1</b> Do you have a Driver License or other Government ID?	<input type="checkbox"/> Yes <i>If Yes, please provide a copy of ID</i>	<input type="checkbox"/> No
---	--	-----------------------------

4.2 Two (2) forms of ID are required, one (1) must be a picture ID. Please circle any other proof of identification provided other than a Driver License.

Non-Picture ID:

-Social Security Card

-Birth Certificate

-Certificate or Official Document w/ Name, Address, & SSN - Form I-151

Picture ID:

-Passport

-Green Card

-Form I-551

-Farmworkers Association of Florida-Photo ID

Section 5: Residency.

5.1 Do you own the house where you live?

☐ Yes

*If Yes, please provide Property Tax Bill of current or prior year*

☐ No

5.2 Do you rent?

☐ Yes

*If Yes, please provide a copy of current Lease Contract or Verification of Rent Form*

☐ No

5.3 Do you live in someone else's house?

☐ Yes

*If Yes, please provide Verification of Support Form*

☐ No

5.4 Do you consider yourself homeless?

☐ Yes

*If Yes, please provide Homeless Verification Form*

☐ No

5.5 All proof of residency documents must show street address within the WVHA Tax District and must be for the past immediate 3 months. Two (2) forms of residency are required, unless you are homeless applicant. Homeless applications only need to submit the Homeless Verification Form.

Please circle any other proof of residency provided:

- Utility Bills (Electric, Water, Telephone, Gas, etc.)

- Mail received for three (3) month period

- Vehicle Registration in the applicant/spouse's name

- Mortgage Payment

- Proof of children registered in West Volusia School

Section 6: Financial Information.

6.1 Have you been employed in the last 8 weeks?

☐ Yes

*If Yes, complete the below & provide previous 8 weeks worth of paystubs or DCF Verification of Employment/Loss of Income Form*

☐ No

Employer Name

Pay Rate (circle one)

Hourly

Daily

Weekly

Biweekly

Monthly

Employer Address

City

State

Zip

6.2 Have you lost your job in the last 8 weeks?	<input type="checkbox"/> Yes <i>If Yes, please provide a DCF Verification of Employment/Loss of Income Form</i>	<input type="checkbox"/> No
6.3 Are you self-employed?	<input type="checkbox"/> Yes <i>If Yes, please provide most recent tax return (complete with all schedules/forms) or self-employment quarterly statement</i>	<input type="checkbox"/> No
6.4 Are you receiving Unemployment or Worker's Comp benefits?	<input type="checkbox"/> Yes <i>If Yes, please provide Unemployment or Worker's Comp Documents</i>	<input type="checkbox"/> No
6.5 Is someone else supporting you financially?	<input type="checkbox"/> Yes <i>If Yes, please provide notarized Verification of Support Form</i>	<input type="checkbox"/> No
6.6 Do you receive Veteran or Military Benefits?	<input type="checkbox"/> Yes <i>If Yes, please provide benefits paperwork</i>	<input type="checkbox"/> No
6.7 Do you receive any settlements?	<input type="checkbox"/> Yes <i>If Yes, please provide settlement paperwork</i>	<input type="checkbox"/> No
6.8 Do you receive Food Stamps?	<input type="checkbox"/> Yes <i>If Yes, please provide supporting documentation from Florida DCF along with approved amount.</i>	<input type="checkbox"/> No
6.9 Are you receiving any monthly Pension or Retirement Income?	<input type="checkbox"/> Yes <i>If Yes, please provide documentation with amount you receive, if applicable</i>	<input type="checkbox"/> No
6.10 Do you receive Alimony/Child Support Income?	<input type="checkbox"/> Yes <i>If Yes, please provide documentation with amount you receive, if applicable</i>	<input type="checkbox"/> No
6.11 Do you receive any income from rental properties?	<input type="checkbox"/> Yes <i>If Yes, please provide rental income amount and rental agreement</i>	<input type="checkbox"/> No
6.12 Do you receive Social Security Income/Disability Benefits?	<input type="checkbox"/> Yes <i>If Yes, please provide supporting documentation</i>	<input type="checkbox"/> No

**Section 7: List All Sources of Income for the Household** (i.e., Temporary Assistance for Needy Families, Strike Benefits, Insurance/Annuity Income, Dividend/Interest Earning, Training Stipends, Compensation for Injury/Settlement, Gifts-from Churches/family/organizations, etc.) Please provide all supporting documentation for any income listed below.

Individual's Name	Type of Income	Source of Income or Employer	Monthly Amount (before deductions)

**Section 8: Assets**

8.1 Do you have a checking/savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------



	<i>If Yes, please provide copy of statements for all the accounts for last 3 months</i>		
8.2 Do you own a Business?	<input type="checkbox"/> Yes <i>If Yes, please provide last Quarter Business Financial Statements and Bank Statements</i>	<input type="checkbox"/> No	
8.3 Do you own property(ies) in other counties/states or country (including rental properties that you own)?	<input type="checkbox"/> Yes <i>If Yes, please list all the properties you own below, including lots, &amp; provide any outstanding mortgage documentation outside of your permanent residence</i>	<input type="checkbox"/> No	
Property Address	Is this a rental property? <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>		
Property Address	Is this a rental property? <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>		
Property Address	Is this a rental property? <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>		
8.4 Have you sold or transferred title to any property in the last 3 years?	<input type="checkbox"/> Yes <i>If Yes, please list all the properties, including lots and supply supporting documentation as proof of this sale</i>	<input type="checkbox"/> No	
Property Address	Date of Sale: ____/____/____	Is this a rental property? <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>	
Property Address	Date of Sale: ____/____/____	Is this a rental property? <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>	
Property Address	Date of Sale: ____/____/____	Is this a rental property? <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>	
8.5 How many automobiles, motorized vehicles or motorcycles do you own?  Single automobile should only be recorded on <u>one</u> applicant's assessment form	_____ <i>For two or more vehicles also include the value as determined by N.A.D.A book along with vehicle(s) registration.</i>		
8.6 Do you own any recreational vehicles?	<input type="checkbox"/> Yes <i>If you do own, please provide vehicle(s) registration along with the value determined by a statement from a commercial seller of such vehicle(s)</i>	<input type="checkbox"/> No	
<b>Section 9: List All Sources of Assets for the Household</b> (i.e., IRAs, CDs, Inheritances, pensions, stocks, trust funds, cash surrender value of life insurance, etc.). Please provide all supporting documentation for any assets listed below.			
Asset Type	Source of Asset	Amount	Monthly or Lump Sum
			<input type="checkbox"/> Monthly <span style="float: right;"><input type="checkbox"/> Lump Sum</span>
			<input type="checkbox"/> Monthly <span style="float: right;"><input type="checkbox"/> Lump Sum</span>
			<input type="checkbox"/> Monthly <span style="float: right;"><input type="checkbox"/> Lump Sum</span>
			<input type="checkbox"/> Monthly <span style="float: right;"><input type="checkbox"/> Lump Sum</span>
			<input type="checkbox"/> Monthly <span style="float: right;"><input type="checkbox"/> Lump Sum</span>
<b>Section 10: Applicant Certification.</b> I certify that the information given by me for the purpose of qualifying for the WVHA Health Card Program is true and correct. I understand and hereby authorize WVHA and its agents to conduct such investigation, including, but not limited to obtaining my credit report, as necessary and at any time during the application process, enrollment or after benefits have been assigned to verify the accuracy of the information provided. I understand that any misrepresentation by evidence of submission or omission may result in my termination from the WVHA Health Card Program.			
Signature of Individual or Legal Representative			Date



## WVHA Homeless Verification Form

**Agency Instructions:** *To be printed on Agency letterhead. Please complete this form in its entirety. Failure to provide all information on Homeless Verification Form will result in a Pended application.*

### Section 1: General Information.

Date	Client Name	Date of Birth	Photo ID Number
------	-------------	---------------	-----------------

### Section 2: Mailing Address.

Mailing Address (where your WVHA Health Card correspondences should be mailed)			
City	County	State	Zip

Length of time in Volusia County

### Section 3: Agency Assessment.

I, \_\_\_\_\_, based on my assessment certify that the client has met the H.U.D. definition of homeless and has been within the West Volusia Tax District for at least one month.

Agency Signature:	Date:
Client Signature:	Date:

## Section 12.07 Appendix G - WVHA Verification of Support Form



# WVHA Verification of Support

**Instructions:** Please complete this form in its entirety. Failure to provide all information on Verification of Support Form will result in a Pended application.

### Section 1: General Information.

Date	Applicant Name	Date of Birth	Last Four Digits of SSN
------	----------------	---------------	-------------------------

### Section 2: I am presently residing at.

Physical Address

City	County	State	Zip
------	--------	-------	-----

I have been residing at the above address since: \_\_\_\_\_

### Section 3: My previous address was.

Address

City	County	State	Zip
------	--------	-------	-----

I lived at this previous address for: \_\_\_\_\_

### Section 4: My food and/or living expenses are provided by.

Provider Name

Applicant Signature	Date
---------------------	------

### Section 5: To be completed by Provider.

5.1 Do you only provide a place to stay (rent free) and no monthly expenses are provided to the applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2 Does the applicant reside with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### - INSTRUCTIONS FOR QUESTIONS 5.3, 5.4, AND 5.5 -

- The amount listed below should be the household expenses for where the applicant resides.
- If the provider pays for household expenses on behalf of the applicant (even if they live in separate homes) the dollar amount must be listed here. Question 5.4 would then indicate the qualified family members on the WVHA Health Card application that the provider is supporting.
- If the provider DOES NOT pay for household expenses on behalf of the applicant, please indicate \$0 or N/A on 5.3 and 5.4

5.3 Total monthly household expenses covering all residents (rent, electric, water, groceries, etc.) \$ \_\_\_\_\_

5.4 Total number of people residing in household (including the applicant) \_\_\_\_\_

5.5 In addition to the monthly household expenses, I provide \$ \_\_\_\_\_ per month to the applicant.

Provider Name	Relationship to Applicant
---------------	---------------------------

Provider Address	City
------------------	------


State	Zip	Provider Phone No.
-------	-----	--------------------

### Section 6: Provider Signature & Notary.

I, the undersigned, being responsible for the named applicant, do hereby swear that the information contained herein is true and correct, and that I am providing support for named applicant.

Provider Signature:	Date:
---------------------	-------

Notary Public	Notary Public Seal:
---------------	---------------------

 <h1 style="margin: 0;">WVHA Verification of Rent</h1>			
<b>Instructions:</b> Please complete this form in its entirety. <i>Failure to provide all information on Verification of Rent Form will result in a <u>Pended</u> application.</i>			
<b>Section 1: General Information.</b>			
Date:	Applicant Name:	Date of Birth:	Last Four Digits of SSN:
<b>Section 2: I am presently residing at.</b>			
Physical Address			
City	County	State	Zip
2.1 The monthly rent is \$_____.			
2.2 I began renting at the above location on the following date _____.			
Applicant Signature		Date	
<b>Section 3: Renter/Lessor Information.</b> Must be completed by the Renter/Lessor			
Renter/Lessor Name		Renter/Lessor Phone Number	
Renter/Lessor Address			
City		State	Zip
Relationship to Tenant			
Tenant Name			
3.1 I am renting the address listed above in Section 2 to the applicant since _____ (date).			
3.2 The current monthly rental rate is \$_____.			
3.3 The monthly rent does / does not (circle one) include utilities.		3.4 If yes, list utilities included.	
<b>Section 4: Renter/Lessor Signature</b>			
I, the undersigned, do hereby swear that the information contained herein is true and correct.			
Renter/Lessor Signature		Date	

## Section 12.09 Appendix I – WVHA Self-Employment Quarterly Statement



### WVHA Health Card: Self Employment Quarterly Statement

**Instructions:** Please complete this form in its entirety. This form must be completed if you are self-employed and do not make enough to file on income taxes. *Failure to provide all information on the form will result in a Pended application.*

<b>1. APPLICANT'S NAME:</b> (First) _____ (M.I.) _____ (Last) _____			
<b>2. APPLICANT'S PERCENTAGE OF OWNERSHIP IN THIS BUSINESS:</b> _____ %			
<b>3. BUSINESS OWNER NAME(S)</b> (First) _____ (M.I.) _____ (Last) _____			
<b>4. BUSINESS NAME:</b> _____			
<b>5. BUSINESS ADDRESS:</b> _____			<b>6. BUSINESS PHONE #</b> _____

<b>Section 1:</b> -Total Gross Income- Add total monthly income and sales from your business each of the past 3 months.	<b>MONTH 1</b> _____/_____ (MM) (YY)	<b>MONTH 2</b> _____/_____ (MM) (YY)	<b>MONTH 3</b> _____/_____ (MM) (YY)
<b>1A: \$</b>	<b>2A: \$</b>	<b>3A: \$</b>	

<b>Section 2:</b> Business Expenses	<b>DEDUCTIONS</b>	<b>DEDUCTIONS</b>	<b>DEDUCTIONS</b>
Supplies	\$	\$	\$
Heat/Utilities/Phone			
Business property rent			
Business Equipment Rent			
Business Vehicle Expenses			
Business Taxes			
Advertising			
Insurance			
Bank Charges			
Other (specify)			
<b>TOTAL Business Expenses</b>	<b>1B: \$</b>	<b>2B: \$</b>	<b>3B: \$</b>
<b>NET INCOME:</b> Subtract A FROM B = C	<b>1C: \$</b> (1A minus 1B)	<b>2C: \$</b> (2A minus 2B)	<b>3C: \$</b> (3A minus 3C)

<b>Section 3: Calculate average monthly income</b>	
<b>TOTAL 3 MONTHS:</b> \$ _____ (ADD 1C, 2C, 3C)	<b>AVERAGE 3 MONTHS:</b> \$ _____ (DIVIDE TOTAL 3 MONTHS BY 3)

<b>APPLICANT SIGNATURE:</b> Applicants must read and sign the below	
I certify that I have no other way to document the above self-employment income and that all of the above information is true and correct. I attest that all income and expenses on this form are truly for my self-employment business.	
<b>Signature</b> _____	<b>Date</b> _____

**WEST VOLUSIA HOSPITAL AUTHORITY**

**FINANCIAL STATEMENTS**

**MARCH 31, 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 March 31, 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  
April 18, 2024

**WEST VOLUSIA HOSPITAL AUTHORITY  
BALANCE SHEET - MODIFIED CASH BASIS  
MARCH 31, 2024**

**ASSETS**

Ameris Bank - operating	\$ 2,393,416
Ameris Bank - MM	11,902,698
Ameris Bank - payroll	52,572
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	5,669,419
Surety Bank - MM	1,580,269
Mainstreet Community Bank - Certificates of deposit	5,587,959
Prepaid items and deposits	2,000
<b>Total Assets</b>	<b><u><u>\$ 27,388,333</u></u></b>

**FUND BALANCE**

<b>Total Fund Balance</b>	<b><u><u>\$ 27,388,333</u></u></b>
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See accountants' compilation report.



**WEST VOLUSIA HOSPITAL AUTHORITY**  
**STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS**  
**FOR THE ONE MONTH AND SIX MONTHS ENDED MARCH 31, 2024**

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
<b>Revenues</b>					
Ad valorem taxes	\$ 430,789	\$ 14,682,247	\$ 15,700,000	\$ 1,017,753	94%
Interest income	87,957	318,163	400,000	81,837	80%
Other income	135	102,184	-	(102,184)	0%
Total revenues	518,881	15,102,594	16,100,000	997,406	94%
<b>Expenditures</b>					
Healthcare expenditures					
Hospitals					
Halifax Hospital	162,037	524,966			
AdventHealth	162,990	574,930			
Total hospitals	325,027	1,099,896	3,000,000	1,900,104	37%
Specialty Care Services					
Specialty Care - ER	2,826	26,585			
Specialty Care - Non-ER	167,153	1,374,307			
Total Specialty Care Services	169,979	1,400,892	3,500,000	2,099,108	40%
Emergency Room Care	40,624	346,111	1,000,000	653,889	35%
Primary Care	3,872	916,224	2,500,000	1,583,776	37%
Pharmacy	-	168,400	900,000	731,600	19%
Florida Dept of Health Dental Svcs	12,735	68,573	150,000	81,427	46%
Hispanic Health Initiatives	7,600	32,800	75,000	42,200	44%
Community Legal Services	5,736	35,124	105,833	70,709	33%
Rising Against All Odds	15,575	83,400	167,683	84,283	50%
HSCFV - Outreach	6,587	34,191	81,560	47,369	42%
HSCFV - Fam Services	5,624	31,737	76,331	44,594	42%
The House Next Door	2,558	11,551	45,000	33,449	26%
SMA - Homeless Program	6,875	39,665	90,000	50,335	44%
SMA - Residential Treatment	-	26,125	550,000	523,875	5%
SMA - Baker Act - Match	-	8,275	300,000	291,725	3%
County Medicaid Reimbursement	-	1,171,002	2,810,405	1,639,403	42%
H C R A - In County	-	32,426	400,000	367,574	8%
H C R A - Outside County	-	2,363	400,000	397,637	1%
The Neighborhood Center	9,725	53,600	125,000	71,400	43%
Healthy Communities Kid Care Outreach	7,011	27,179	72,203	45,024	38%
Other Healthcare Expenditures	-	-	95,872	95,872	0%
Total healthcare expenditures	619,528	5,589,534	16,444,887	10,855,353	34%
Personnel services					
Regular salaries and wages	5,588	33,527	67,556	34,029	50%
FICA	428	2,796	5,168	2,372	54%
Retirement	759	4,550	9,843	5,293	46%
Life and Health Insurance	886	4,563	12,000	7,437	38%
Workers Compensation Claims	-	57,440	25,000	(32,440)	230%
Total personnel services	7,661	102,876	119,567	16,691	86%

See accountants' compilation report.

**WEST VOLUSIA HOSPITAL AUTHORITY**  
**STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS**  
**FOR THE ONE MONTH AND SIX MONTHS ENDED MARCH 31, 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	3,600	23,738	70,000	46,262	34%
Outside Legal Counsel	5,000	25,311	40,311	15,000	63%
Outside Legislative Advisory	6,000	36,000	72,000	36,000	50%
Audit	-	-	20,500	20,500	0%
General Accounting - Recurring	9,500	47,500	114,000	66,500	42%
General Accounting - Nonrecurring	704	7,582	10,000	2,418	76%
Application Screening - THND	42,974	214,600	521,989	307,389	41%
Application Screening - RAAO	4,224	19,200	86,746	67,546	22%
TPA Services (EBMS)	-	168,265	500,000	331,735	34%
Building Repairs	-	10,487	100,000	89,513	10%
Advertising	150	2,040	10,000	7,960	20%
Other Operating Expenditures	1,039	13,641	15,000	1,359	91%
Tax Collector & Appraiser Fee	72,840	419,617	650,000	230,383	65%
City of DeLand Tax Increment District	-	124,098	125,000	902	99%
Total other expenditures	<u>146,031</u>	<u>1,112,079</u>	<u>2,335,546</u>	<u>1,223,467</u>	<u>48%</u>
<b>Total expenditures</b>	<u>773,220</u>	<u>6,804,489</u>	<u>18,900,000</u>	<u>12,095,511</u>	<u>36%</u>
<b>Excess (deficiency) of revenues over expenditures</b>	<u>\$ (254,339)</u>	<u>\$ 8,298,105</u>	<u>\$ (2,800,000)</u>	<u>\$ (11,098,105)</u>	<u>-296%</u>

See accountants' compilation report.